



Queensland State Budget Submission 2016 – 2017

Proposals to tackle our most costly disease groups: **Heart attack and stroke**

The Heart Foundation has four policy proposals for funding in the next State budget to build a healthier Queensland and reduce pressure on our health budgets.

We congratulate the Queensland Government on delivering on their election commitments and more in the 2015-2016 budget.

Our proposals seek to build on the achievements of 2015-2016 by increasing investment in the key policy areas of:

1. **Preventive health**
2. **Active transport**
3. **Cardiac rehabilitation**
4. **Cardiovascular research**

Cardiovascular disease is the most expensive disease group in Queensland, costing 10% of total allocated recurrent health expenditure at \$2.01 billion in 2011-12¹.

It results in more than 100,000 hospitalisations in Queensland every year. Two thirds of Queenslanders are in danger of developing cardiovascular disease as they have at least one of the following risk factors - high blood pressure, high cholesterol, obesity or diabetes.

Queensland state budget policy proposals	Investment
<p>1. Preventive Health - Increase investment in preventive health to tackle obesity, nutrition, physical inactivity, smoking and early detection including:</p> <ul style="list-style-type: none"> 1.1 Increase investment in the Queensland Health Promotion Commission 1.2 Rebuild the health promotion workforce in Queensland <p>2. Active Transport - Increase investment in active transport to incentivise more people to walk, cycle and use public transport including:</p> <ul style="list-style-type: none"> 2.1 Fund and build a Cross River Rail solution 2.2 Greater public transport fare discounting or zone review 2.3 Reinvest in programs known to work - Healthy Active School Travel 2.4 Continue local government grant funding for infrastructure and make it simpler to secure 2.5 Ensure household travel surveys occur regularly 2.6 Adequately fund and implement a cycling and walking strategy <p>3. Cardiac Rehabilitation - Invest in improved access to cardiac rehabilitation services including:</p> <ul style="list-style-type: none"> 3.1 Extend funding for the Quality Improvement Payment – Cardiac Rehabilitation to incentivise HHS to refer patients 3.2 Reinstate funding for a State-wide Cardiac Rehabilitation Co-ordinator <p>4. Cardiovascular research - Co-invest in the Heart Foundation’s newly established Queensland Cardiovascular Research Network to support advancement of Queensland’s cardiovascular research outcomes and to retain the best and the brightest researchers in Queensland.</p>	<p>Build to 5% of health budget = \$680m annually (\$13.6b health budget)</p> <p>Build to 10% of transport budget = \$540m annually (\$5.4b transport budget)</p> <p>\$5m annually</p> <p>\$250,000 annually</p> <p>\$50,000</p>

1. Preventive Health - Increase investment in preventive health to tackle obesity, nutrition, physical activity, smoking and early detection including:

- 1.1 Increase investment in the Queensland Health Promotion Commission
- 1.2 Rebuild the health promotion workforce in Preventive Health branch and in HHSs.

Investment: Build to 5% of health budget = \$680m annually (5% of \$13.6b)

The Heart Foundation warmly welcomes the priority given to preventive health in 2015 by the Queensland Government. We will continue to work in partnership with the Queensland Government in 2016 and beyond. Our budget proposals for 2016-2017 aim to build on the good work established in 2015.

We recommend that the preventive health budget be increased significantly each year, building to reach 5% of the total health budget. Queensland's health budget takes up 27% of the total state budget. This is unsustainable into the future unless we invest in prevention and early detection.

Chronic diseases (heart disease, stroke, cancer and diabetes) cause 89% of all deaths and cost Queensland \$7.7 billion annually¹. We must prevent chronic diseases as well as help people with chronic disease stay as healthy as possible by investing in prevention across the health continuum. Government funding to prevention falls well short of best practice at less than 2%. New Zealand spends 7%, Canada 6.5% and Slovakia 5%².

1.1 Increase investment in the Queensland Health Promotion Commission:

\$7.5 million over four years was committed to establish a state-wide Queensland Health Promotion Commission (QHPC), currently under consideration by the Parliamentary Health and Ambulance Services Committee. We welcome this initial investment.

However, a greater investment will be needed for the QHPC to be effective into the future. A figure more commensurate to the task would be similar to the \$6 million annually provided to the Queensland Mental Health Commission.

1.2 Rebuild the health promotion workforce in Queensland:

As the Preventive Health budget is grown over consecutive years, it is critical that the workforce is grown to support the comprehensive approach including education, campaigns, early detection programs, legislative reforms and building healthy communities.

The total workforce in health promotion needs to increase to support the increased focus on prevention. The workforce needs to grow across government in acknowledgement that many departments influence health outcomes.

For example, the workforce could be grown within the QHPC, the lost capacity in the Preventive Health Branch could be restored, the workforce in the Department of Justice and Attorney General could be secured to continue the Healthy Worker Initiative, and the workforce needs building across other departments like transport, planning and infrastructure, education, employment, housing and so on.

2. Active transport - Increase investment in active transport to incentivise more people to walk, cycle and use public transport including:

- 2.1 Fund and build a Cross River Rail solution
- 2.2 Greater public transport fare discounting
- 2.3 Reinvest in programs known to work - Healthy Active School Travel
- 2.4 Continue local government grant funding for infrastructure and make it simpler to secure
- 2.5 Ensure household travel surveys occur regularly
- 2.6 Adequately fund and implement a cycling and walking strategy

Investment: Build to 10% of transport budget = \$540m annually (10% of \$5.4b)

The Heart Foundation recommends a greater investment in active travel as a strategy to improve people's health through incidental exercise, while combating congestion and pollution. Active travel, including walking, cycling and using public transport, is one of the most cost effective ways of increasing physical activity.

The Queensland Government has been demonstrating a commitment to improving access to active travel, but more needs to be done to combat our sedentary lives.

The Heart Foundation's *Blueprint for an Active Australia* outlines a suite of actions that governments and communities can implement to increase active travel and physical activity levels in our community³. The Heart Foundation would welcome all opportunities to work with the Queensland Government to implement these actions.

Physical inactivity is associated with obesity and is responsible for \$1.5 billion a year in healthcare costs across the country¹. One quarter of this cost is due to coronary heart disease. Queensland has the highest rate of adult obesity in Australia; and 65% of adults and 28% of children are either overweight or obese¹.

We know people who use public transport walk at least 30 minutes more a day than people who travel in cars⁴, and yet:

- Only 30% of Queensland adults walk for transport at least five days a week.
- Only 6% of Queensland adults cycle at least one day per week¹.
- 50% of primary school students are driven to school within walking distance⁵
- 40% of car trips are less than two kilometres and could be cycled or walked⁶.

3. Cardiac Rehabilitation - Invest in improved access to cardiac rehabilitation services including:

- 3.1 Extend funding for the Quality Improvement Payment – Cardiac Rehabilitation for another 12 months to incentivise HHS to refer patients.
- 3.2 Reinstate funding for a State-wide Cardiac Rehabilitation Coordinator

Investment: \$5 million for annual QIP and \$250,000 for CR state-wide coordinator

The Heart Foundation 2016-017 budget proposals seek to build on the achievements and commitments from 2015. We congratulate the Queensland Government on its significant focus and increase in funding for cardiac rehabilitation in the 2015 including:

- \$100,000 for the enhancement of the Cardiac Rehabilitation and Heart Failure Services Directory;
- \$250,000 to develop an online version of *My heart, my life*;
- \$910,000 to support HHS to increase referral and access to cardiac rehabilitation.

3.1 Extend the Quality Improvement Payment (QIP) – Cardiac Rehabilitation for 12 months

The Heart Foundation warmly welcomes this commitment of \$5 million in 2015-2016, which is over and above election commitments.

It will be important that HHSs are given every opportunity to succeed at putting this QIP into operation. As the QIP commencement was delayed, and HHS only have until June 2016 to achieve targets, the Heart Foundation recommends a 12 month extension.

Due to the success of the stroke care QIP and smoking cessation QIP, these were each extended a further 12 months. An extension of the cardiac rehabilitation QIP in 2016-2017 and/or embedding it in HHS KPIs into the future will further enhance its success in reducing repeat heart attacks.

3.2 Reinstate funding for the State-wide Cardiac Rehabilitation Coordinator

The Heart Foundation recommends that to efficiently coordinate all of these cardiac rehabilitation investments and services throughout the state, the reinstatement of the State-wide Cardiac Rehabilitation Coordinator would be an efficient and cost effective measure.

This State-wide Cardiac Rehabilitation Coordinator would oversee the new state-wide electronic data set platform, support cardiac rehabilitation services, partner the Heart Foundation on the promotion of the online *My heart, my life* patient resource and to update the services directory.

A greater investment in cardiac rehabilitation is crucial because the total economic cost of just one heart attack is \$281,000⁷. Repeat heart attacks are costing Queensland \$1.6 billion every year and make up more than 30% of hospital admissions for heart attacks⁷. Repeat heart attacks are projected to increase by over 40% by 2020, requiring an extra 4,000 hospital beds and costing an extra 1,400 lives each year⁷.

Cardiac rehabilitation boosts recovery, saves health costs and reduces repeat heart attacks. It can reduce hospital readmissions within one year by up to 45% and increase survival⁸.

4. Research - Co-invest in the newly established Queensland Cardiovascular Research Network

The Heart Foundation seeks a co-investment from the Queensland Government to support the Heart Foundation's newly established Queensland Cardiovascular Research Network (QCVRN) to boost cardiovascular research in Queensland. The QCVRN has strong support from Queensland's leading research universities and institutes, as well as HHSs, who are founding members.

The QCVRN will support the advancement of Queensland's cardiovascular research outcomes by encouraging collaboration, seeking increased funding capacity for Queensland and retaining the best and the brightest researchers in Queensland.

Investment: Co-contribution \$50,000

The QCVRN will directly support the *Advance Queensland* policy to create well-paid, knowledge-based jobs of the future and to improve collaboration between researchers and industries.

Cardiovascular disease is the most expensive disease group in Queensland. By better coordinating cardiovascular disease research, we will be able to secure more funds for the future, and develop research solutions to health problems experienced in Queensland and internationally.

Queensland is not reaching its research potential, despite the quality of our researchers. Better research collaboration delivers better quality research, outcomes and translation. Queensland researchers have told the Heart Foundation they often feel isolated from other cardiovascular researchers. Without a network or institute, there is limited pooled knowledge about other research projects or the availability of research facilities, services and expertise. This causes duplication and gaps, and leads to researchers leaving our State.

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References

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² Australian National Preventive Health Agency (2013). *State of Preventive Health 2013*. Australian Government.

³ National Heart Foundation of Australia (2014). *Blueprint for an active Australia*, 2nd edn. Melbourne.

⁴ Bus Association Victoria (2010). *Briefing Paper, Public Transport use a Ticket to Health*.

⁵ Deloitte (2014). *Healthy Active School Survey*.

⁶ [Victoria Walks](#) on trips within the Melbourne metropolitan area, Accessed 18/12/15.

⁷ Access Economics (2009). *The economic costs of heart attack and chest pain (Acute Coronary Syndrome)*.

⁸ Brieger D and Redfern J (2013). *Contemporary themes in acute coronary syndrome management: from acute illness to secondary prevention*. MJA 199 (3), 5 August 2013.