Women and Heart Disease Forum Report

December 2011
The purpose of this report is to outline the key findings and outcomes from a Women and Heart Disease Forum held on 16 November 2010, where the current evidence of cardiovascular disease in women was presented and priorities for future action were identified.

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1. Executive summary

As the leading cause of death, heart disease is an important issue for all Australian women and the health services that monitor their risk factors and provide for their treatment and care.

For the first time in Australia, the Heart Foundation convened a Women and Heart Disease Forum in November 2010 to engage key stakeholders from the government, research, academic and the non-government sectors to present the evidence on the extent of heart disease in women, discuss the issues, and make recommendations on future directions.

The Forum objectives were:

1. To showcase current Australian evidence about women and heart disease.
2. To discuss prevention, management, policy and research initiatives.
3. To identify emerging issues, gaps, opportunities and potential collaborations that will inform future actions taken to reduce the burden of cardiovascular disease (CVD) on Australian women.

At the end of the Forum, a number of significant priorities were identified for consideration in future decision-making and funding in the prevention, reduction and management of heart disease. These included:

- Increasing interventions to improve consumer awareness, knowledge and skills about CVD and enable them to reduce their risks.
- Adopting new workplace based strategies, in alignment with new national funding and initiatives in this setting.
- Educating health professionals about the gender differences in diagnosis, prevention, treatment and rehabilitation with a focus on primary care providers and health workers in at-risk communities.
- Reviewing and simplifying CVD clinical guidelines for general practitioners with a focus on the use of an absolute risk method of assessing multiple risk factors of CVD rather than a single risk factor approach.
- Developing an integrated and collaborative gendered approach for modifiable risk factors and prevention strategies common to all major chronic conditions.
- Greater use of e-health strategies and decision support tools for practitioner support.
- Increased research into the gender differences of women and CVD.
- Increasing access to both prevention programs and cardiac services for women, through a greater understanding of the barriers of health literacy, culture, inequities and the social determinants of health.
- Improving data linkage through the creation of a national acute coronary syndrome database.

Significant challenges exist in improving long-term health outcomes for women, awareness of the relevance of heart disease and in managing those living with CVD. These include the major structural reform currently underway in the health sector, fragmentation of services at a local level, and ongoing challenges in accessing high risk communities. A collaborative, strategic and integrated cross-sectoral approach is required in the future in order to see any real and sustainable improvements in addressing the burden of CVD in Australian women.
2. Introduction

The Heart Foundation has identified ‘Engaging Women’ as one of six strategic themes under its current national strategic plan, *Championing Hearts 2008–2012*.

The Engaging Women strategy has four specific objectives which are to:

1. Increase women’s awareness of their risk of CVD.
2. Increase corporate and community support to extend the reach of the Heart Foundation’s key messages on women and CVD.
3. Increase health professionals’ awareness of Heart Foundation key messages to ensure these messages are reinforced.
4. Increase recognition of CVD as an important health issue for women among relevant women’s health, research and policy networks.

Hosting a Women and Heart Disease Forum was a way to engage key stakeholders in prioritising gender-related CVD issues.

Held on 16 November 2010, the Women and Heart Disease Forum brought together 44 individuals from across Australia to present the current evidence on heart disease in women, discuss the issues and identify some effective change strategies (see agenda in Appendix 1). Participants were invited from a range of backgrounds including research centres and universities, federal and state government departments, clinicians, health providers and consumer advocates (see participant list in Appendix 2). Forum participants had high levels of expertise in their own fields, extensive experience in CVD, and a particular interest in, and knowledge of, women and CVD issues.

The Forum commenced with senior staff from the Heart Foundation setting the broad context for women and heart disease in Australia, before invited experts presented the current evidence and issues related to six identified topics:

- research
- primary prevention
- cardiac services
- women’s experience of health services
- high risk groups (Aboriginal and Torres Strait Islander people, culturally and linguistically diverse communities and low socioeconomic status populations)
- the policy environment.

Following this, participants engaged in small group discussions, to set priorities and identify future directions for women and heart disease.

Desired outcomes from the Forum were to:

- highlight current qualitative and quantitative evidence available on CVD in women in Australia
- map future priorities for programs, research and service delivery on women and heart disease in Australia
- identify opportunities for inter-agency collaboration on cardiovascular research, service delivery and programs for women and heart disease
- develop a road map on short-term, medium-term and long-term actions around CVD in Australian women
- identify opportunities for future networking.
3. Extent of the problem

Research has indicated that Australian women are still largely unaware of the heart disease risk they face, with population surveys showing that only 31% understand that heart disease is the number one killer of women in this country.¹

Research reveals that the majority of women mistakenly believe that breast cancer is the leading cause of death, when in fact women are four times more likely to die of heart disease. In 2008, heart disease claimed the lives of 11,221 Australian women while 2,774 died of breast cancer.²

Research also indicates that many women mistakenly believe that heart disease is only a male problem, with women tending to dismiss their symptoms or not seek help until their condition becomes serious. This is of concern because heart disease risk in women increases significantly over the age of 45 years.

Most women recognise that smoking and obesity are major heart disease risk factors along with poor nutrition, lack of exercise and family history. However, research suggests that there is poor understanding among women of the dangers posed by high cholesterol, high blood pressure and diabetes.

The economic impact of CVD in Australia is substantial with $2,682.8 million spent in 2004–2005, making it the second most expensive disease in terms of health system expenditure on women.³

In 2006–2007, 200,000 women were hospitalised for CVD, accounting for about 5% of total women hospitalised. Of total hospitalisations for CVD, women only account for 39% of patients based on age-standardised rates.³

Once admitted to hospital, available evidence indicates that compared to men, women have lower rates of in-hospital procedures for a range of conditions including coronary angiographies, echocardiography, percutaneous coronary interventions, coronary bypass grafting, heart defibrillator implantations and carotid endarterectomies.¹ It is unclear whether this difference in treatment and procedures represent a real disparity in care or if there are other factors that need to be considered.

In the primary healthcare environment, CVD represented one-third of problems managed by general practitioners in 2007–2008.³ At least one CVD problem was managed in 20% of general practice encounters with women in the same period.³ Hypertension was the most common CVD problem among female patients at 11%, followed by heart disease and heart failure.⁴

While women have fewer heart attacks than men, when they have a heart attack they often experience inferior outcomes with higher levels of mortality.² Contributing factors include under-recognition, under-treatment at an earlier stage, atypical symptoms and fewer diagnostic tools leading to delayed diagnosis.³

Although heart disease tragically claims the lives of 31 Australian women every day, the good news is that much of this could be prevented.²
4. Key findings based on Heart Foundation research

Cardiovascular disease is a global concern that affects both men and women. However, research indicates that women are not responding to heart health messages as readily as they should, with perceptions of risk and awareness rating low among women.

In 2004 the American Heart Association launched their Go Red for Women campaign to raise awareness about heart disease in women. This campaign has subsequently provided an important blueprint for Australia’s response to this important health issue (see key presentation points in Appendix 3) and the Go Red for Women campaign has run nationally in Australia since 2009. It aims to dispel the myths that heart disease only affects older men and raise awareness that heart disease is the number one killer of women. Run in June each year, the campaign uses social marketing, engagement and fundraising strategies to communicate health and self-efficacy messages to women aged 45–65 years. Visit goredforwomen.org.au for more information.

The Heart Foundation has made a long-term commitment to address this important issue, identifying it as one of six key themes in its strategic plan Championing Hearts 2008–2012.

Since 2009, investment in this area has created a baseline of available evidence through the following four actions:

1. Commissioning the Australian Institute of Health and Welfare to develop a benchmark report Women and heart disease; cardiovascular profile of women in Australia released in June 2010.¹
2. Undertaking a literature review on women and heart disease.
3. Establishing an online consumer tracking survey (Heart Watch) with Australians aged 30–65 years on attitudes and beliefs related to CVD.
4. Exploring the attitudes, perceptions, barriers and enablers of women and heart disease through focus groups of 45–64-year-old women.

Key findings from this evidence indicates that heart disease in women is largely being undiagnosed, under-managed and under-reported, with a poorer prognosis, greater likelihood of disability and higher rates of illness and death compared with men. Social determinants such as socioeconomic status, cultural background, health literacy, and rurality also adversely impact on cardiovascular health in women. Findings from focus groups indicate that women view heart disease of low personal relevance, as an easily fixable condition, and have limited understanding of the clinical risk factors. In addition, changing social norms about body shape and eating patterns indicate women are more likely to view themselves as healthy even if they are overweight or have other risk factors, meaning they are less likely to respond to prompts to improve their heart health (see key presentation points in Appendix 4).
5. Current status and implications of heart disease in Australian women

Six invited experts presented on the current status and implications for each of the Forum topic areas: research, primary prevention, cardiac services, women’s experiences of health services, high risk groups and the policy environment. A short summary of the key points of their presentations is captured here.

Research
Professor Annette Dobson, Director, Australian Longitudinal Study on Women’s Health, University of Queensland

Key findings
• While heart disease is the overall leading cause of death in women, it is not as relevant among younger age groups, with cancer the highest killer of women aged 25–64 years old.
• Heart failure is the leading cause of death in the oldest female age group, particularly in women aged over 65 years.
• Depression is a significant comorbid factor for women with CVD.

Implications
• As women age, CVD becomes an increasingly important issue in terms of both morbidity and mortality.
• Greater education of the medical profession is required to improve treatment and health outcomes in women, with stronger links across clinical disciplines, for example, psychiatry and cardiology.

Primary prevention
Dr Fiona Turnbull, Co-Director, CVD Division, The George Institute for Global Health

Key findings
• There is similar efficacy for preventative therapies for men and women, for example, use of medicines for lowering blood pressure or cholesterol.
• The risk of coronary events in women is significantly underestimated compared with men and as a result women are under-treated with fewer interventions and preventative therapies.
• There is a fragmentation of general practice guidelines in Australia – currently there are 14 clinical guidelines on CVD and risk.

Implications
• Awareness and education with general practitioners is needed to address the under-treatment in women.
• Simplification and integration of the CVD and risk guidelines for health professionals is required to improve best practice.
• Use of electronic clinical decision support tools in real time is needed in the primary healthcare environment.
Cardiac services
Ms Carolyn Astley, Manager, Clinical Effectiveness, Cardiology Department, Flinders Medical Centre

Key findings
- Gender differences do exist in some areas of CVD with women tending to have:
  - higher levels of hypertension
  - higher levels of renal dysfunction
  - lower rates of coronary angiograms and re-vascularisation procedures following hospital presentation
  - lower rates of recommended therapies for acute coronary care, on hospital discharge.

Implications
- There is a need to focus on improving the delivery of optimal care regardless of gender.
- One integrated national CVD clinical guideline is required to improve clinical effectiveness.
- The establishment of a national acute coronary syndrome database will improve data collection and research.

Women's experience of health services
Associate Professor Juleen Cavanaugh, heart attack survivor

Key findings
- CVD can affect any woman at any time.
- There is a need for women to take the issue of CVD, heart disease and heart attacks more seriously.
- This can be done through better promotion of the importance of women having a heart health check, knowing their numbers and knowing their personal level of risk.

Implications
- Women need timely and relevant information on CVD and associated risk factors.
- Women need support to be confident in challenging medical opinions if they are unsure, don’t understand or don’t agree with the diagnosis and treatment.
- More education about CVD in women is required among general practitioners and other clinicians.

High risk groups
Professor Patricia Davidson, Professor of Cardiovascular and Chronic Care, Curtin University of Technology

Key findings
- High risk groups for CVD are Aboriginal and Torres Strait Islander people, culturally and linguistically diverse populations, women with comorbidities and older women living with a disability.
- Social isolation, depression and marginalisation are all predictors of ill-health.
- A ‘one size fits all’ approach doesn’t work.
- Smoking is a key common risk factor across all high risk groups.

Implications
- Greater understanding is needed about the relationship between CVD and depression.
- Health literacy is a key issue, with culturally appropriate interventions required and also translation of information into other languages.
- A whole of community approach is required for high risk groups, to address the social determinants of health.
**Policy environment**

*Associate Professor Rosemary Knight, Principal Adviser for Mental Health and Chronic Disease Division, Department of Health and Ageing*

**Current status**

- Women and CVD is a priority issue for the federal Australian government with a strong emphasis on preventative action, as evidenced by the establishment of the new Australian National Preventive Health Agency.
- A settings based approach is the focus of key government initiatives (i.e. workplaces), as well as a focus on key target groups, such as Aboriginal and Torres Strait Islander populations.
- The new Australian Health Survey including collection of biometric data is currently underway.
- A renewed primary care strategy is about to commence roll out.
- The imminent release of the National Women’s Health Policy 2010’.
- Health reform is underway, with a focus on increased efficiencies, local responsiveness to health and aged services and more equitable access.

**Implications**

- This is a time of change with shifting responsibilities at a federal and state/territory level for hospital services, planning and performance.
- Health reform will focus on addressing the ageing population, workforce shortages, service gaps, inequities, quality and safety and performance.
- There is a need for strategies to ensure women and CVD is on the policy agenda, especially for high risk populations.
6. Priority setting, opportunities and barriers

Discussions from the presentations and small group work were then used as the basis to identify current priorities for women and CVD, barriers to change and opportunities for action. Six key priorities were identified as broad strategic directions to guide future planning processes and funding decisions. These are summarised below.

Priorities (in no particular order)

1. Adopt a consumer focused approach to prevention and settings
   - Increase the number of social marketing interventions to improve consumer awareness, knowledge and skills about CVD and healthy behaviours to reduce their risks.
   - Ensure culturally appropriate strategies are undertaken for reaching at-risk populations, including translating key CVD resources into other languages and approaches to improve health literacy.
   - Adopt a flexible and innovative approach to dealing with chronic disease, for example, within workplaces and within health settings.

2. Improve health workforce and training
   - Educate health professionals about the gender differences in diagnosis, prevention, treatment and rehabilitation.
   - Improve general practice training to enable a greater understanding about gender issues and CVD, and up-skilling to enable early symptom identification and a risk management response.
   - Engage with the Deans of Medical Schools to ensure medical students are appraised of the importance of women and CVD, and with general practice networks for continuing education programs.
   - Review and simplify general practice CVD guidelines, with a focus on using an absolute risk approach for assessment of CVD risk.
   - Strengthen engagement with the health workforce working with at-risk populations, for example, Multicultural Health Workers and Aboriginal Health Workers.
   - Develop performance measures for health services to benchmark and improve provision of local cardiac services.
   - Focus on the development of cardiovascular multidisciplinary teams in the care of CVD patients.

3. Develop an integrated cross-sector approach to chronic conditions
   - Apply a gender-based approach to the prevention of modifiable risk factors common to all major chronic conditions, for example physical inactivity, poor nutrition and smoking.
   - Adopt a major focus on overweight and obesity, which is a complex issue, and also a precursor to a range of conditions, including CVD.
   - Adopt a multifaceted approach to women’s health and the development of clear and consistent messages relevant to the lives of culturally and linguistically diverse communities, Aboriginal and Torres Strait Islander peoples and other marginalised high risk groups.
   - Adopt a life-course approach to maintaining good health and apply this across the continuum of care, rather than using a biomedical approach focused on symptom management.
   - Strengthen cross-sector engagement with organisations collaborating towards meeting agreed goals, for example, working with the Australian Chronic Disease Prevention Alliance and the Australian National Preventive Health Agency.
4. Strengthen recognition of the social determinants of health when planning strategies around CVD prevention, management and treatment

- Ensure the social determinants of health are given an equal emphasis to biomedical considerations when addressing CVD and other chronic diseases, particularly in understanding the burden of disease in lower socioeconomic status populations and the barriers for improvement, for example, low health literacy.
- Develop greater focus and target resources towards reaching low socioeconomic status communities who are at higher risk of developing CVD, through effective community engagement and social marketing strategies.
- Develop insights into the cultural factors that inhibit and/or facilitate the participation of ‘high risk’ women in programs. More meaningful consultation with certain groups of women will ensure their beliefs, their information needs and strategies are considered in targeting appropriate communication channels.

5. Ensure gender focused evidence and research on CVD

- Increase research on CVD and gender differences, age differences and for gender-appropriate behaviour change interventions.
- Increase investment to support translation of research findings into practice and to improve outcomes for consumers/patients.
- Improve the understanding of the effectiveness of the dual role that medicines and cardiac rehabilitation play in CVD management.
- Ensure greater understanding of the barriers for women who have experienced CVD in participating in cardiac rehabilitation and how to make improvements.

6. Improve data linkage

- Develop an acute coronary syndrome register to better track the impact of acute coronary syndrome on women.
- Improve data collection and linkage on heart failure, peripheral vascular disease, rheumatic heart disease as well as cardiac rehabilitation.

Opportunities

In the current Australian health context, three broad opportunities were identified for improving CVD outcomes in Australian women.

1. e-health

   e-health is the new frontier for the communication of chronic disease information through tele-health and an expansion of broadband networks. New technology is important for both clinicians and patients, particularly in improving access to regional and remote areas. Increasing interactivity and accessibility means e-health tools can be used more effectively by patients for self-management in living with heart disease.

2. Strategic integration

   The federal government’s focus on preventative health provides an important opportunity to advocate for policy initiatives on CVD, through influencing the agendas of the new Australian National Preventive Health Agency, National Partnership on Preventative Health and working through the Council of Australian Governments (COAG).

3. Health reform

   Health reform is underway, with a focus on increased efficiencies, local responsiveness to health and aged care, and more equitable access. Opportunities exist to ensure CVD strategies are part of the policy and reform agendas given the significant burden of disease.
Barriers to change

Six major barriers were identified that impact on the ability to improve CVD outcomes in Australian women.

1. Low consumer awareness, skills and action

Women’s lack of awareness of the importance and relevance of CVD and their poor understanding of risks and risk factors means the issue is not taken as seriously as it needs to be. Women report they know ‘what’ to change but need up-skilling in knowing ‘how’ to integrate sustainable heart healthy changes into their lifestyles. Women are also more likely to have atypical symptoms of heart attacks, such as jaw pain and nausea, and their denial, fear and embarrassment can make them slow to act to seek medical attention. For at-risk populations, cultural, access, institutionalised racism and literacy barriers compound these issues.

2. Poor access and communication with health services

Communication issues between health professionals and consumers can be a barrier to adopting healthier behaviours and concordance with treatment and medicine in primary prevention. For secondary prevention, there is limited diversity in cardiac rehabilitation services to appropriately meet patient needs, with considerations needed for different languages, cultures, genders and ages.

3. Health workforce issues

The general practice funding model of 10-minute consultations means that there is often not enough time for appropriate consideration of health issues with patients. A lack of trained health professionals, particularly in rural and remote areas, and entrenched beliefs in medical training and education can also be barriers for addressing CVD in women.

4. Lack of funding for long-term commitments

Short-term projects and a lack of funding means there are continuing gaps in research on CVD issues in women and low consumer awareness of the risks through limited social marketing campaigns and health promotion interventions.

5. Limited focus on at-risk populations

A ‘one size fits all approach’ rather than a long-term tailored approach means messages don’t always get the ‘cut through’ with at-risk audiences. Delivery channels to reach these groups are often inappropriate and the lack of translated information is a barrier for culturally and linguistically diverse audiences.

6. No national strategic plan on CVD

The lack of a national CVD action plan in Australia means there is no coordinated national ‘road map’ for tackling a range of critical health issues such as CVD.
7. 2011 and beyond

Since holding the Women and Heart Disease Forum in late 2010, there have been several changes in the health and political settings. These need to be considered as we frame our actions for the future.

Global context – mobilising women for a healthy future
With 50,000 women dying from non-communicable diseases (NCDs) globally every day, 12 women’s health organisations, led by US not-for-profit agency Arogya World, have collaborated in the Women for a Healthy Future global advocacy initiative. A petition has been created to mobilise women from around the world in the fight against NCDs by providing educational materials empowering women to help their children and families make healthy choices. For more information and to sign the petition please visit: http://www.change.org/petitions/join-the-fight-against-chronic-disease

Launch of the Australian National Preventive Health Agency (ANPHA)
The Australian Government established ANPHA on 1 January 2011 to strengthen Australia’s investment and infrastructure in preventative health, with Louise Sylvan as the Chief Executive Officer. The agency is the catalyst for strategic partnerships, including the provision of technical advice and assistance to all levels of government and in all sectors, to promote health and reduce risk and inequalities. More information is available at: www.anpha.gov.au

Australian Health Survey
Under the auspices of the Australian Bureau of Statistics, the Australian Health Survey 2011–13 (AHS) aims to provide a greater understanding of the health of people living in Australia. The first AHS report is due for release in May 2013, and inclusion of prevalence of CVD risk factors, general health and wellbeing, physical activity and nutrition information in women will be available. For more information please visit: http://www.abs.gov.au/websitedbs/D3310114.nsf/Home/Australian+Health+Survey?OpenDocument

NSW Health and Medical Research Strategic review
As part of the Better patient care: Boost for medical research 2011 election policy, the NSW government committed to the development of a 10-year Health and Medical Research Strategic Plan that enables the development of new treatments, techniques and devices that will drive NSW health reform now and into the future.

A Health and Medical Research Strategic Review Committee, chaired by Mr Peter Wills AC, has been appointed to work with the research community to develop the plan, which is due for release in February 2012. For more information about the strategic review, please visit: www.health.nsw.gov.au/omr/review

Update on Heart Foundation funded research
The Heart Foundation currently funds 11 projects specifically looking into the relationship between women and CVD. Projects being undertaken include:

- maternal influences on the transfer of CVD to future generations
- hormone replacement therapy and CVD: understanding the links
- associations between physical activity and risk of depression in socioeconomically disadvantaged women
- preventing high blood pressure in underweight babies
- developing sex-specific strategies for cardio-protection
- cardiovascular risk in women with high blood sugar in pregnancy
- depression and CVD in a cohort of middle-aged Australian women.

For 2012 grants, the call for applications opens in early 2012. For deadline dates and other information, please contact research@heartfoundation.org.au or phone 03 9321 1581.
The Heart Foundation Go Red for Women campaign and Healthy Heart Challenge

In June 2011, the Heart Foundation ran its national Go Red for Women campaign for the third year. The key call to action for this campaign was the inaugural Healthy Heart Challenge (HHC), a 10-week online program where women chose one goal from six healthy options. Over 17,000 people participated and were supported to make small changes to their long-term heart health. The post-Challenge survey of 1,717 self-reported responses indicated a range of benefits. Seventy eight per cent of respondents indicated that the Challenge was effective in changing their lifestyle, 86% indicated it was effective at improving their heart health knowledge and 82% indicated they had increased their physical activity as a result of participating.

Planning for the 2012 Go Red campaign is underway with the intent to run a 6-week Healthy Heart Challenge starting in the first week of June. For more information, visit goredforwomen.org.au or email: healthyheartchallenge@heartfoundation.org.au
8. Conclusions

Cardiovascular disease remains a significant threat for Australian women, requiring a multifaceted response that addresses upstream systemic barriers within government and the health system as well as addressing downstream barriers and low awareness among the community.

Evidence presented by the Heart Foundation and invited presenters at the 2010 Women and Heart Disease Forum highlighted this issue and confirmed the need for gender-specific CVD strategies within a broader response required to address the fragmentation of clinical guidelines, poor access to services and gaps in quality data collection and linkage.

A strong theme from this Forum was that more gender-focused CVD research is required with greater translation of findings into practice, combined with social marketing and education strategies.

However, while the Heart Foundation plays an important role in providing leadership and advocacy for CVD issues in women, responsibility for progressing the outcomes from the Forum does not rest with the Heart Foundation alone. Moving forward on these priorities requires a collaborative approach with other non-government agencies as well as public health practitioners within the policy sector, research institutes and clinical environments.

Looking towards the future, the challenge will be to ensure that the CVD priorities recommended in this Report are integrated into current practice and influence decision-making in a way that improves the prevention, treatment and management of CVD to the benefit of all Australian women.
9. References


10. Appendices

Appendix 1. Women and Heart Disease Forum Agenda

Facilitator: Ms Libby Darlison, The Miller Group

1. Welcome, introductions and purpose
   Welcome to Country
   Ms Donna Ingram

2. Heart Foundation’s vision and long-term commitment to women and cardiovascular disease
   Chief Executive Officer – National, Heart Foundation
   Dr Lyn Roberts

3. Overview of current Heart Foundation evidence and application about women and heart disease
   Qualitative and quantitative data, current programs and initiatives
   Engaging Women Theme Chair, Heart Foundation
   Ms Julie-Anne Mitchell

4. Women and heart disease panel – current status in Australia
   • Research – Professor Annette Dobson, Director of Australian Longitudinal Study on Women’s Health, University of Queensland
   • Primary Prevention – Dr Fiona Turnbull, Co-Director, Cardiovascular Division, The George Institute
   • Cardiac services – Ms Carolyn Astley, Clinical Effectiveness Manager, Department of Cardiology, Flinders Medical Centre
   • Women’s experience of health services – Associate Professor Juleen Cavanaugh
   • High risk groups (Aboriginal and Torres Strait Islander people and Culturally and Linguistically Diverse Communities) – Professor Patricia Davidson, Professor of Cardiovascular and Chronic Care, Curtin University of Technology
   • Policy environment – Associate Professor Rosemary Knight, Principal Adviser for Mental Health and Chronic Disease Division, Department of Health and Ageing

   Facilitated discussion
   Identification of emerging issues and gaps
   Current status – other projects or research underway

5. In-depth discussion (six small groups)

   Questions to consider
   a) What are the current priorities for women and heart disease?
   b) Where are the key opportunities for improvement?
   c) What are the barriers to change?

   Themes:
   • Research
   • Primary prevention
   • Cardiac services
   • Women’s experience of health services
   • High risk groups
   • Policy environment

   Facilitated large group discussion about overall priorities, opportunities and barriers for women and heart disease. Prioritisation of key issues.
6. **Opportunities for the future** (see Appendix 5)
   - Where are the potential links and collaborations across the health sector? How do we progress this work?
   - Heart Foundation – future plans for women and heart disease
     
     National Manager – Engaging Women, Heart Foundation
     
     Ms Hannah Baird

7. **Meeting summation and outcomes**

   Ms Libby Darlison

   Dr Lyn Roberts
## Appendix 2. List of participants

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<th>Title</th>
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Appendix 3. Heart Foundation’s vision and long-term commitment to women and cardiovascular disease

Presentation by Dr Lyn Roberts, CEO – National, Heart Foundation

CVD is a global concern that affects both women and men but it is still largely thought of as an ‘older man’s disease’.

**CVD in women is becoming an increasing problem as it is recognised that:**
- women are not responding to heart health messages
- there is a low perception of risk among many women
- gains in reducing mortality and morbidity are not as significant among some groups
- there is increasing evidence to suggest that CVD in women is under-reported, under-managed and under-researched.

In 2004, the American Heart Association (AHA) developed the campaign Go Red for Women to dispel the myths and raise awareness of heart disease as the number one killer of women.

The AHA provided the components of their campaign on license to the World Heart Federation. As a result of the global promotion of the Go Red for Women campaign by the World Heart Federation, over 35 countries now support the campaign.

In Australia the National Heart Foundation of Australia (NHF) developed its Go Red for Women campaign nationally in 2009 underpinned by a comprehensive strategy.

Women and CVD was nominated as one of the six key strategies of the Heart Foundation’s *Championing Hearts Strategic Plan 2008–2012.*

**Initial research indicated that:**
- only three in 10 women are aware heart disease is the leading cause of death
- one in five women indicate they had not discussed heart disease or any of the major risk factors with their general practitioner in the past two years.

**The NHF’s commitment is long term – up to 2025. The strategy has three key components:**
- awareness 2009–2012
- engagement 2013–2018
- action (results and changes) 2019–2025.
Appendix 4. Overview of Heart Foundation evidence in relation to women and heart disease.

Presentation by Julie Anne Mitchell, Chair Engaging Women Strategy, Heart Foundation

This presentation provided an overview of the results from the Heart Foundation’s investment in research over the past three years, the implications of these findings and how they have informed the development of the Engaging Women Strategy.

1. What was already known about heart disease in women in 2008:
   - A leading cause of death
   - A disease that disproportionately affects some women
   - A significant cause of disability
   - A condition under-diagnosed, under-managed and under-researched in women as evidenced by international research
   - A disease with low awareness amongst Australian women, but with some early indications that the American Heart Association’s Go Red for Women campaign was starting to raise American women’s recognition.

2. What the Heart Foundation needed to know:
   - What impact was CVD having on Australian women in terms of prevention, diagnosis and management?
   - What were Australian women’s knowledge and beliefs around heart disease?
   - Who else was working in this space in terms of research and policy development?
   - What contribution could the Heart Foundation make to this public health issue?

Findings and implications from commissioned research


As a first step, the Heart Foundation felt it was important to compile available data into one report. This will serve as an important baseline to measure CVD changes in women over time. A copy of the full report is available at: www.heartfoundation.org.au/driving-change/go-red-for-women/Pages/Go-Red-for-Professionals.aspx.

Key findings included:
   - Confirmation that heart disease is the number one killer of Australian women.
   - Identification that more than 90% of Australian women have at least one modifiable risk factor for CVD, and half of all women have two or three.
   - Estimation that on average healthcare expenditure on CVD is 20% less per person for women than men ($261 and $322, respectively).
   - Indication that of women hospitalised with heart disease in 2006–2007, only 70% were as likely as men to receive a vital and common treatment for heart attack.
   - Evidence of lower rates of in-hospital procedures for women in relation to coronary angioplasty (stenting), coronary bypass grafting, having a heart defibrillator implanted and carotid endarterectomy.

The implications of the report are that action is required on a number of fronts, including:
   - Improvements in data collection across the spectrum of prevention, diagnosis and management.
   - Social marketing activities to raise public awareness of the issue.
   - Improved workforce training for health professionals.
   - Further research into health service utilisation.
Limitations in the report include:

- No provision of trend analysis.
- No additional data provided on Aboriginal women or women from culturally and linguistically diverse communities.
- No access to recent risk factor analysis, or national data collection on attendance at cardiac rehabilitation.
- Limited access to data on cardiac procedures and management of chronic heart failure.
- Whether the identified areas of difference between men and women can be explained or whether they relate to true disparities in care for women.

2. **A literature review with a national and international focus.**

Key findings included:

- CVD in women is characterised by a poorer prognosis, greater disability, and a higher rate of illness and early death after a heart attack compared with men – yet explanations for this remain unresolved.
- Social determinants of health play an important role in cardiovascular health including rurality, cultural background, health literacy and socioeconomic status.
- Culture is an important factor in determining health status and in health seeking behaviours for Aboriginal and culturally diverse populations.
- Teasing out the relationship between biologic (sex) and behavioural (gender) factors in relation to women and heart disease remains a challenge.
- Gender alongside social, economic, political and cultural factors has a significant effect on health seeking behaviours, decision-making and access to resources that can improve women's health and wellbeing.
- Key modifiable risk factors more likely to affect women include diabetes, high cholesterol, hypertension, physical inactivity and psychosocial distress.
- Despite prevalence, only 20% of women participate in structured cardiac rehabilitation programs.
- Poor representation of women in clinical trials hinders definitive recommendations in specific areas.
- The complex interrelationship between the individual, provider and systemic issues in addressing CVD in women calls for a multifaceted and gendered approach to raising awareness and reducing the risks.
- A number of organisations internationally and nationally including Oxfam, AusAid and The Jean Hailes Foundation are already active in raising the profile of heart disease in women.

Implications of the literature review include the need to:

- Adopt a life-course approach to support ongoing health and wellbeing to ensure the foundations of a healthy lifestyle are developed early.
- Enhance health professionals’ awareness of heart disease in women in undergraduate, postgraduate and continuing professional development curricula.
- Support further research into health service utilisation to investigate differences in diagnosis and management of heart disease in women.
- Negotiate performance measures related to treatment and ongoing management of heart disease among women.
- Explore alternative models of cardiac rehabilitation to enhance participation by women and reduce barriers to attendance.
- Develop collaborations with women researchers to investigate gaps in data and service provision, and source funding opportunities.
- Advocate for a gendered approach to cardiovascular healthcare and prevention in government policies and healthcare procedures.
- Work with peak organisations to support strategies to extend the reach of messages into Aboriginal, low income and rural communities.
3. **The Heart Watch Study**

The *Heart Foundation Heart Watch* study is an omnibus online survey that is conducted with a sample of Australian adults aged 30–65 years on a regular basis.

**The findings for women aged 45–54 years at June 2010 included:**

- A total of 30% of women identified heart-related diseases as the leading cause of death in women.
- A total of 53% of women were more likely to believe that heart-related diseases were the leading cause of death for men than they were for women.
- A total of 45% of women agreed that women are at greater risk of heart disease once they have been through menopause.
- A total of 83% of women reported they had spoken to their general practitioner or other health professional about their heart health or related issues in the previous two years.
- When asked what a person can do to reduce their risk of heart disease,
  - Over 80% focused on exercise or a healthy diet
  - 6% mentioned lowering/monitoring cholesterol
  - Only 2% of women mentioned lowering/monitoring blood pressure.
- Women’s awareness of heart-related diseases as a cause of death for women increases with age.
- A total of 17% of women indicated that it is difficult to find accurate and easy to understand information about heart disease and women.
- A total of 28% of women perceived their risk of heart attack in the next five years was high (compared to 38% of men who thought they had a high risk).

4. **Qualitative research**

Five consumer focus groups were conducted in Sydney, Melbourne, Dubbo and Ballarat in 2009/2010 with women in the 45–64 year age group. The focus groups investigated participants’ attitudes and perceptions of heart disease.

**The findings indicated that:**

- The mechanics of heart disease are poorly understood.
- Heart disease is considered of low personal relevance – women see it as a man’s disease.
- Breast cancer is considered a greater cause of concern.
- Women tend to self-exempt their level of risk by rationalising they are not as ‘at risk’ as some in the community – this view is particularly tied to body shape.
- There is a poor understanding of clinical risk factors associated with disease, for example, high blood pressure and high blood cholesterol.
- Women view heart disease as easily fixable – poor recognition of the disability that can be associated from living with heart disease.
- Because women don’t understand what heart disease is, they are unsure about how to personally apply the information about risks and diagnosis.

**Implications of the findings indicate that messages should include information that:**

- Increases the relevance for women in this age group to get a heart health check.
- Places greater emphasis on clinical risk factors as this is where women’s knowledge and understanding is poor.
- Dispels the common myths women have about heart disease and provide them with the facts in a way that is clear and easy to understand.
- Encourages more women to ‘know their numbers’ (blood pressure, cholesterol and blood sugars) and develop tools to support them with this.
- Provides simple and easy ideas on how to make sustainable lifestyle changes.
5. **Strategy development**

The findings from these different research studies have been integrated into the Heart Foundation’s Go Red for Women campaigns in the following ways:

- Helped to define the target group of women aged 45–65 years.
- Informed the development of our communication strategy focused on the myths and facts as a simple but effective way to impart key messages around heart disease.
- Informed the broader Engaging Women Strategy which is a long-term approach that the Heart Foundation is committed to in this first 4-year strategic phase.
- Reinforced that messages need to have relevance for a range of audiences including women, public health practitioners, health services, researchers and policy makers.
Appendix 5. Opportunities for the future

Presentation by Hannah Baird, National Manager – Engaging Women Strategy, Heart Foundation

Heart Foundation – future plans
This presentation focused on the key strategies the Heart Foundation will employ in 2011 to continue the momentum to improve heart disease awareness in Australian women. This includes the Go Red for Women campaign in June, the availability of research grants and the upcoming Heart Foundation conference.

Go Red for Women campaign 2011
Key objectives:
1. To achieve a 5% increase in awareness of heart disease as the leading cause of death among women since December 2010.
2. To raise funds for the campaign through fundraising activities.

Strategies to be used to achieve these objectives include:
- integrated social marketing campaign in June
- implement a Healthy Heart Challenge
- engage corporate sponsors to raise funds and extend reach of messages
- notify health professionals about the campaign
- engage MPs, corporate, community and health organisations to pass on messages to their constituents, staff, patients and members.

Healthy Heart Challenge
Goal for 2011: 20,000 participants.
Research and evaluation from the Go Red for Women campaign in 2010 indicated women's need for practical and tangible tools to be ‘heart healthy’. This new Challenge will be launched in 2011, to motivate women to make small changes to their lifestyles with a focus on raising awareness rather than behaviour change modification.

The Challenge will involve the following:
- time line: 10 weeks from 1 June
- participating women will choose a goal that suits their lifestyle
- messages focused on risk factor modification, healthy eating, physical activity, know your numbers
- encouragement to have a heart health check with general practitioner before the participating in the Challenge
- supported through PR, e-newsletters and Health Information Service
- evaluation at three points – pre, post and 3 months following the end of the Challenge.

Research
As part of the Strategy there will also be opportunities to undertake more research through the auspices of the Heart Foundation, including:
- Grant-in-Aid
  Call for applications: Late January 2011
  Due date: 8 April 2011
- Scholarships and fellowships
  Call for applications: Late January 2011
  Due date: 24 June 2011
- State based funding (SA only)
  Call for applications: December 2011
  Due date: 15 April 2011
Heart Foundation Conference March 2011

The Heart Foundation conference ‘Heart to Heart: from Access to Action’ was held from 17–19 March 2011 in Melbourne.

A Keynote address titled ‘Prevention, diagnosis and management of women and CVD’ was presented by: Professor C Noel Bairey Merz MD, Professor of Medicine at Cedars-Sinai Medical Center and Director, Women’s Heart Center, Women’s Guild Endowed Chair, Women’s Health, United States of America

For a copy of the papers and publications, please visit: