A Strategy for the Prevention of Cardiovascular Disease

Heart Foundation Submission to the Chronic Disease Inquiry

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Submission overview

The Heart Foundation welcomes the opportunity to make comment to the Social Development Committee's Chronic Disease Inquiry.

The Heart Foundation submission mainly addresses why improving cardiovascular disease has the greatest potential for health gains and reducing health care costs in Queensland. Our submission will also address the questions posed under the Terms of Reference of the Inquiry as follows:

(a) What new programs should be adopted to help Queensland communities embrace healthier lifestyles?

(b) What enhancements can be made to service delivery, particularly improvements that foster coordinated approaches and which focus on prevention and early intervention?

(c) What is the impact of potential investment in new and innovative research focused on chronic disease prevention?

(d) What programs should be adopted to encourage children and young people to develop and maintain individual responsibility for their own health and well-being throughout their adult lives?

While this submission cannot cover all of the available evidence, supporting references are cited which provide much greater detail. The Heart Foundation's Policy Proposals for 2009-2012, Heart, stroke and blood vessel disease: A time for Action in Queensland (Heart Foundation 2009a) is also attached.

Queensland needs action!

A great deal of evidence is available to guide what needs to be done to prevent and manage the current epidemic of chronic disease and into the future. The critical step needed now is for this evidence to be enacted upon in a systematic way to make a real difference.

There have been a range of key consultation processes with resultant strategies undertaken in Queensland to address this issue over the last decade. The Heart Foundation has been extensively involved in the majority of these and is generally supportive of their recommendations. Examples include:

- Smart State Council Report (Smart State Council 2008)
- Queensland Strategy for Chronic Disease 2005-2015 (Queensland Health 2005)
- Cardiac Services Strategy for Coronary Heart Disease, Chronic Heart Failure and Rheumatic Heart Disease for Queensland 2005-2015 (Queensland Health 2006a)
- The Health of Queenslanders 2008: Prevention of Chronic Disease, Second Report of the Chief Health Officer, Queensland (Queensland Health 2008).

All of these strategies have consistently identified the need to prioritise the prevention and management of chronic diseases and their associated risk factors. However, the implementation of the recommendations has occurred differentially and adequate funding has not always been provided to make the difference needed.

The Heart Foundation Policy Proposals for 2009-2012, Heart, stroke and blood vessel disease: A time for action in Queensland (Heart Foundation 2009a), was submitted to the Queensland Government in February 2009. This clearly demonstrates many of the strategies needed to improve the cardiovascular health of all Queenslanders and the overwhelming evidence available to support them.

The report *A Healthier Future for All Australians* released by the National Health and Hospitals Reform Commission (Australian Government 2009) this week has made 123 recommendations and reinforces the need for systemic change and action to defeat the epidemic of chronic disease facing Australia. The report and recommendations from the National Preventative Taskforce have been provided to the Federal health Minister and are likely to be released publicly in the near

future. The Social Development Committee should also consider these recommendations and acknowledge that a comprehensive approach is required. There is no magic bullet.

Whole-of-government approach

Health is much more than health care – restoring health through the health system only contributes 25% to the health of the population (Standing Senate Committee 2001). We can no longer afford to wait until people get sick. The answer lies in coordinated preventative action.

Population health, however, is largely affected by factors outside the health sector – frequently called the determinants of health. Health determinants include, for example, the environment, education, child development, social capital, housing, transportation, and employment. Typically, in present government structures, sectors other than health are responsible for these determinants and no single sector can influence them alone.

Therefore, the Heart Foundation believes that a whole-of-government approach is needed to address chronic disease, as highlighted in the Smart State Council Report (2009). There is a need for departments other than health to identify and address the impact of their decisions on health outcomes. A dedicated Healthy Living Ministry outside of the Health Department is required; in a similar way to the establishment of the Climate Change Ministry.

If the Queensland Towards Q2 targets (Queensland Government 2008) are to be reached by 2020, it is essential that all sectors consider how new policies, regulations and laws will assist the achievement of these goals. Traditional thinking within departments needs to break down. For example, transport issues will impact greatly on the achievement of all the Q2 targets in Strong, Green, Smart, Healthy and Fair sections. All sectors will need to communicate and cooperate.

Many strategies in different sectors already have significant overlap and can address green and health issues at the same time. For example, many of the strategies to reduce carbon emissions will also assist the reduction of chronic disease. To demonstrate this, if our planning and infrastructure focus is re-directed towards active transport (public transport, walking and cycling); then we will achieve a reduction in car use and carbon emissions while at the same time increasing the physical activity levels of the population and reducing their risk of developing chronic disease.

New programs, increased investment in existing strategies and a new Ministry of Healthy Living is needed if we are to achieve the Toward Q2 health targets by 2020 of cutting by one-third obesity, smoking, heavy drinking and unsafe sun exposure and achieving the shortest public hospital waiting times in Australia.

For a whole-of-government approach to be effective, processes need to be put in place as follows:

- Ministry and Agency for Healthy Living
- Contestable incentive funding that government departments can apply for;
- Accountability of all government departments for chronic disease prevention at Cabinet level;
- Requirement of a chronic diseases impact statement for cabinet submissions/departmental plans; facilitated by inclusion in the Cabinet Handbook;
- Inclusion of requirements to contribute to chronic disease prevention in Ministerial Charter Letters and Deputy-General performance letters;
- Performance measures at an outcome level and at a departmental level specific to their contributions with clear targets; and
- Public accountability of progress against performance measures.

Prevention is the missing link

Traditionally, the predominant focus of the health system and health budget has been on the treatment of those who are “sick”, with limited commitment to the prevention of chronic disease. As identified by the Smart State Council report, although disease prevention and early intervention provide a means of reducing demand for health services in the longer term, current levels of government investment in preventive health are insufficient. The Smart State Council advises that

the evidence is clear; a greater focus on prevention is a critical and largely missing part of our health system.

For every $1 spent on disease prevention programs (increasing physical activity, improving nutrition and reducing smoking), there is a return on investment of $5.60 within five years.
In 2006-07, Queensland's recurrent health expenditure was $16.6 billion, rising from $12.3 billion in 2003-04. But less than 2 percent of this was spent on activities which aim to improve health and prevent illness (Smart State Council 2008).

Cardiovascular disease burden

Cardiovascular disease is arguably the major chronic disease confronting Queenslanders and remains the greatest challenge facing our health system. It is Queensland's biggest killer and accounts for over 16% of the State's total burden of disease (Queensland Health 2008). The prevalence of cardiovascular disease increased 18% over the last decade and it is expected to affect one in four people in 2051.

The Second Report of the Chief Health Officer, The Health of Queenslanders 2008: Prevention of Chronic Disease Report (Queensland Health 2008) concludes that reducing cardiovascular disease is a key to improving the health of Queenslanders. Coronary heart disease death rates are 11% higher and stroke death rates 8% higher in Queensland than national rates. These conditions cause about one quarter of the difference in health adjusted life expectancy throughout the state:

The Chief Health Officer also reports that:

- 7726 Queenslanders died of cardiovascular disease in 2006
- 67% of the cardiovascular disease burden is due to the joint effect of high blood pressure, high blood cholesterol, physical inactivity, overweight and obesity, smoking, and insufficient fruit and vegetables (plus six other factors)
- coronary heart disease death rates are 62% higher in males, 29% higher in disadvantaged areas and 39% higher in areas with a larger Aboriginal and Torres Strait Islander population.

Most of the gains in reducing heart disease risk have been offset by the increased prevalence of diabetes and obesity. However, coronary heart disease remains the condition with the greatest potential for health gains and reducing health care costs in Queensland (Queensland Health 2006).

Cardiovascular disease is costly to our economy, accounting for an estimated $14.2billion in both direct health system costs and indirect financial costs in Australia in 2004 (Access Economics 2005). Of this, the direct health system costs of cardiovascular disease were estimated at $7.6 billion in 2004 (11% of total health spending) (Access Economics 2005). In Queensland, this equates to $918 million in 2008 – 2009 (11% of the $8.35 billion health budget).The loss of earnings alone from reduced employment and absenteeism associated with cardiovascular disease was estimated at $2.3 billion in 2004 (Queensland Health 2006).

Why invest in cardiovascular health?

In Australia, investment in research, prevention and clinical management over the past decade has been shown to reduce the incidence of cardiovascular disease events and mortality rates and to arrest growth in health costs over the medium term. Every dollar invested in cardiovascular research has provided an eight-fold return to the community, the highest return from any form of medical research (Access Economics 2003).

Public health campaigns aimed at reducing coronary heart disease in Australia have also been evaluated as having an estimated benefit-cost ratio of more than 11:1 (Applied Economics 2001). For tobacco control programs in Australia this report concluded that even the most conservative estimates indicated savings of about $2 for every $1 of expenditure on public health programs.

The World Health Organisation (WHO) has stated that a "modest reduction in blood pressure, obesity, cholesterol and tobacco use would more than halve the incidence of cardiovascular disease, if these reductions were population-wide and simultaneous" (WHO 2002).

For risk factors affecting cardiovascular disease, the World Health Organisation estimates that over a 10 year period from 2000-2010, about one-third of the attributable disease burden would have been avoided by a 25% reduction in risk factors.

Failure to act now on what we know will see the burden of disease grow, the suffering increase and the health costs escalate. Coronary heart disease remains the condition with the greatest potential for health gains and reducing health care costs in Queensland (Queensland Health 2006).

Addressing the Inquiry Terms of Reference

(a) What new programs should be adopted to help Queensland communities embrace healthier lifestyles?

New programs
The Inquiry into Chronic Disease proposes 47 initiatives to consider under section (a) New programs. These proposals were drawn from the recent reports by the Chief Health Officer of Queensland and the working group of the Smart State Council.

The Heart Foundation has provided comments below on the initiatives that are relevant to our work, indicating whether or not we support the proposal and identifying available evidence to support that proposal. We have also included some additional proposals that the Heart Foundation recommends are adopted.

Investing in prevention

- Increase the Queensland and Australian Government investment for public health and wellbeing and disease prevention to $100 per capita (approximately $400 million per annum) by 2010, and to 5 percent of Queensland's recurrent health expenditure (approximately $800 million in today's terms) by 2012

  Comment: √ Strongly Support
  Current funding for public health and wellbeing and disease prevention is inadequate. Unless it is increased to a sufficient level, we will never stem the tide of chronic disease in our hospitals.

  For every $1 spent on disease prevention programs (increasing physical activity, improving nutrition and reducing smoking), there is a return on investment of $5.60 within five years. In 2006-07 Queensland's recurrent health expenditure was $16.6 billion, rising from $12.3 billion in 2003-04. But less than 2 percent of this was spent on activities which aim to improve health and prevent illness (Smart State Council 2008).

  The Heart Foundation recommends even greater increases in the public health budget than proposed; with an increase to 5 percent of Queensland's recurrent health expenditure in the next financial year 2010-2011, and increasing to 10 percent by 2012 (Heart Foundation 2009a).

Leadership

- Appoint a Minister for Healthy Living

  Comment: √ Strongly Support
  As outlined, the Heart Foundation fully supports the establishment of a Healthy Living Ministry and agency to oversee the prevention of chronic diseases (Heart Foundation 2009a). Under the current system, hospitals and treatment are given precedence to prevention measures. A separate Healthy Living Ministry will provide a focus to reduce the enormous burden of chronic disease, and along with a whole-of-government approach, give a "health lens" to all of the Government's work.

- Establish a separate agency for healthy living and wellbeing to better coordinate whole-of-Government policy and action

  Comment: √ Strongly Support
  The Heart Foundation strongly supports the establishment of a separate agency for healthy living and wellbeing. This agency, working with the Minister for Healthy Living, can assist a whole-of-government approach to health, in a similar way to the new Climate Change and Sustainability Ministry and agency. This would provide a "health lens" to all Government policies and programs (Heart Foundation 2009a).

Increasing community awareness of healthy living and disease prevention

- Run a sustained and comprehensive social marketing campaign/s which provide Queenslanders with information and "how to" on healthy behaviours, focusing on physical activity, healthy eating, stopping smoking and responsible drinking

  Comment: √ Strongly Support
  Social marketing campaigns are extremely effective. Where sustained and comprehensive social marketing campaigns have been implemented, improvements in health behaviour have resulted. For example, tobacco control social marketing campaigns, in particular the Quit campaign, have achieved great success in reducing tobacco consumption. For tobacco control programs in Australia, even the most conservative estimates indicated savings of about $2 for every $1 expended on public health programs.

  Other successful social marketing campaigns include Go for 2&5, Active Australia (NSW) and Find Your Thirty (WA). Of importance, a comprehensive social marketing campaign is not just about multi-media; support strategies, such as programs, and environmental and legislative changes, need to be in place to help Queenslanders to take positive action.

  Culturally appropriate social marketing campaigns targeting Indigenous Peoples also need to be funded and implemented on a sustained basis. Action is needed because Indigenous Australians have much poorer health than non-Indigenous Australians. For example, smoking rates are about 50% of the Indigenous population compared to the overall Queensland population average of 17%. Examples of where this has been done successfully include the Smoke Check program (Queensland) and the Indigenous component of the Go for 2&5 campaign.

- Create a healthy living (web) portal to make it easier for Queenslanders to find information about healthy living and disease prevention

  Comment: √ Support
  Providing a one-stop shop with consistent messages would be one useful strategy in a suite of strategies that combine to make a comprehensive approach to chronic disease. This could be an extension of the existing Eat Well Be Active website.

Building environments for active and healthy living

- Establish planning and development guidelines for healthy communities, including 'healthy by design' principles and guidelines in regional and urban planning instruments for Government and Local Authority regulations

  Comment: √ Strongly Support
  Supportive Environments for Physical Activity and Healthy Eating (SEPAHE) is a joint project between Queensland Health, the Heart Foundation and the Local Government Association of Queensland. The Heart Foundation has been named as a Foundation Q2 Partner for this project.

  SEPAHE provides practical guidance to support planners in local governments to provide environments that support physical activity and healthy eating. The project is due to be

launched later this year. Inter-sectoral cooperation will be essential to ensure that planning changes are achieved through this project.

- Create incentives, such as fast-tracking approval processes, for developers to undertake exceptional healthy environment strategies

  Comment: √ Strongly Support
  Providing incentives such as reduced time for approvals will encourage developers to implement guidelines that create supportive environments such as those provided in SEPAHE. The review of the Integrated Planning Act and the subsequent changes has addressed this issue and put in place measures to reduce approval times, however this needs to be closely monitored to ensure that it is effective.

- Develop a 'Health Star' rating system for healthy planning and design, comparable to the 'Green Star' rating system for environmental planning and design

  Comment: √ Support
  The Heart Foundation supports the development of a Health Star rating system for healthy planning and design. Real change and advances in planning needs to occur through setting benchmarks, developing policies and legislative requirements.

  Both the proposed Health Star and the existing Green Star rating system (Green Building Council of Australia) could be integrated, because as stated in the introduction, there is much synergy between green and healthy interventions. A community that is planned to support active living and healthy food choices is one that will reduce carbon emissions and improve the health of the population at the same time.

  A separate Health Star rating, however, is recommended in addition to the Green Star rating, as there would be a number of mandatory requirements for the Health Star which are not included in the Green Star criteria. Also, due to the methodology of aggregate scoring across a number of categories for the Green Star rating, a building could achieve a high Green Star rating without addressing important health criteria.

- Establish an 'Australian Business Health Foundation' in Queensland, comparable to the Australian Business Arts Foundation (ABAF) which encourages philanthropy from the business and development communities aimed towards specific health and wellness projects

  Comment: √ Support
  If the funds from business can be directed to improving the health of the population through the establishment of an Australian Business Health Foundation, then the Heart Foundation supports this proposal. It would be important to apply methods that have succeeded in other jurisdictions before establishing a Foundation that may well be costly to administer. It may be better to work with existing NGO's to funnel business dollars through to achieve the same results at a lesser cost. In Western Australia, Healthway is a Health Promotion Foundation which has provided some excellent health promotion interventions and contributed greatly to the reduction in smoking rates.. This kind of model may be useful to explore.

- Increase investment in pedestrian and cycling facilities, end of trip facilities, and public transport to promote active and public transport

  Comment: √ Strongly Support
  The Heart Foundation strongly supports this proposal because less than half of the adult population in Queensland are undertaking enough physical activity to provide health benefits (Queensland Health 2008). There has also been a significant decline in active forms of transport (e.g. walking, cycling) over the past decade.

For many people, finding the time to incorporate planned recreational physical activity into their day is a major barrier. To achieve this, evidence indicates that we must provide an environment that supports people to incorporate physical activity into their day through active and public transport (Heath et al., 2006). Increasing walking, cycling and public transport use would have the dual benefits of improving health and meeting environmental sustainability objectives.

Public and active transport use should be encouraged in all sectors and communities by investing in infrastructure and providing financial subsidies to make it more efficient and affordable than using a car. The *South East Queensland Infrastructure Plan and Program (SEQIPP) 2008 – 2026* recognises the need for smarter delivery of transport infrastructure to provide for and promote the use of more sustainable transport options (public transport, walking and cycling) (Queensland Government 2008b).

- Give pedestrians, cyclists and active transport the highest priority when developing or maintaining roads.

Comment: √ Strongly Support
The Heart Foundation strongly supports this proposal because there is an urgent need to change the current bias which prioritises private car use ahead of all other modes of transport. The evidence indicates that the features of the built environment that influence people to undertake active transport include connected street networks, dedicated pedestrian paths and cycleways, mixed land uses and having a variety of destinations within their local community (Heart Foundation, 2009d). Pedestrians and cyclists need to be provided with a safe environment as part of Queensland's road network, including access to public transport networks.

Creating a healthy public sector

- Require all Queensland Government departments, statutory authorities and Government Owned Corporations to provide workplace health and wellness programs for employees

Comment: √ Strongly Support
The Heart Foundation strongly supports this proposal whereby workplaces become supportive environments for healthy choices by employees. The Productivity Commission has identified the clear need to keep Australians in the workforce healthy to continue to service our needs. The Queensland Government is an employer of a large number of Queenslanders and could therefore lead the way for other Queensland businesses.

WorkSafe Victoria has recognised the need to assist workplaces to establish ongoing workplace health and wellness programs for employees. The Queensland Government has already invested in their Healthy Public Sector initiative, but this should be made a requirement, rather than voluntary, as greater health gains can be achieved.

A health and wellbeing policy could ensure that healthy choices can be made the easier choices; including improved nutrition options; the promotion of physical activity and reduced sitting time. Some examples include removing junk food vending machines, ensuring healthy food choices at canteens, having catering guidelines, holding 10,000 Step challenges, opening stairwell access, standing work stations and an active travel policy.

- Use surplus WorkCover funds to provide tax incentives and/or other financial support to employers who provide workplace health and wellness programs to their employees

Comment: √ Strongly Support
The Heart Foundation supports any innovation that provides incentives to employers to implement supportive environments for healthy and wellbeing of employees. WorkSafe Victoria has recognised the need to provide assistance to workplaces to establish ongoing workplace health and wellness programs for employees.

- Adopt Queensland Health's A Better Choice Food and Drink Supply Strategy in all Queensland Government owned facilities (including hospitals, mental health and correctional facilities)

  Comment: √ Strongly Support
  The Heart Foundation strongly supports the implementation of this policy throughout all Queensland Government owned facilities both for staff and clients. Only through mandating the implementation of such a policy can real systemic change be achieved. The Heart Foundation also recommends the adoption of healthy catering policies by the NGO and private sector, such as the Heart Foundation's Catering Guidelines . The Queensland Government could support employers to develop policies by providing successful examples on the proposed healthy living web portal.

- Require all Queensland Government owned sport and entertainment venues (including Stadiums Queensland), to provide healthy food and drink choices at food outlets and vending machines

  Comment: √ Strongly Support
  The Heart Foundation strongly supports this proposal to make this a requirement.
  A healthy food and drinks supply policy could be implemented in a similar way to the Smart Choices policy in Queensland schools.
  In large venues where external contractors provide food and drinks, the Heart Foundation recommends that mandatory conditions be considered in the tender documents stipulating that the successful contractor must provide Heart Foundation Tick approved meals. This has already been successfully done in other venues, for example, Etihad Stadium in Melbourne. In this venue, Heart Foundation Tick approved meals have been added to the menu choices. For more information - http://www.heartfoundation.org.au/Healthy_Living/Eating_and_Drinking/Heart_Foundation_Tick/Eating_Out/Pages/default.aspx

- Prioritise funding for whole-of-government chronic disease prevention initiatives from the Government's Prevention and Early Intervention Fund

  Comment: √ Strongly Support
  The Heart Foundation is not aware of this Fund, but if it entails dedicated funding for whole-of-government processes as outlined above (Health Living Ministry and agency), we would be supportive.

- Improve access to affordable and nutritious foods in Indigenous and remote communities by subsidising transport of fresh foods

  Comment: √ Support
  The Heart Foundation recommends that subsidising the transport of fresh foods be considered as one option in a suite of options to consider: including applying grants, subsidies or rebates subsidising the cost of fresh vegetables and fruit, reducing taxes relevant to remote food supply, subsidising the cost of wages and other overheads, or a combination of these strategies (Heart Foundation 2009c).
  It is important for these policies to be implemented to achieve equity in the cost and availability of healthy food options for Indigenous and remote communities.

Providing comparative health & wellness information

- Develop a Queensland Wellness Footprint to provide specific data and information on the health and wellness qualities and characteristics of communities across Queensland

  Comment: √ Strongly Support

Investment in data and research is an important component of a comprehensive plan to improve health in Queensland. Data are required to support services and programs across the continuum at all stages, including planning, delivery and evaluation. If you can't measure it, you can't manage it. A Queensland Wellness Footprint would assist with identifying potential gaps and problems, and help with comprehensive service planning. The Queensland Government already has a lot of this data, but it is not systematically reported or made publicly available.

Early detection

- Develop a state-wide web-based chronic disease risk factor assessment program or "health check" to enable all Queenslanders to undertake self-assessment of their health, identify those at risk of disease and refer them to appropriate health professionals

  Comment: √ Strongly Support
  Self-assessment of risk can be a useful strategy in raising awareness among consumers. However, support strategies are also needed to then refer them to health professionals to confirm this self-assessment by, as well as to, services to help reduce the risk.

- Develop an 'absolute risk' assessment tool for use by health professionals

  Comment: √ Strongly Support
  The Heart Foundation is partnering with Queensland Health to progress this targeted cardiovascular health check intervention in general practice. The Heart Foundation strongly recommends that the absolute risk assessment tool that has already been developed should be implemented in Queensland. Absolute Risk Assessments or 'Cardiovascular Health Checks' would be funded by government and provided to all people 45-74 years. Those people identified with increased risk of cardiovascular disease would then be referred to appropriate services to reduce their risk. This program would greatly increase the early detection of CVD and save healthcare costs (Heart Foundation 2009b)

Specific proposals to reduce obesity

- Scale up physical activity and healthy eating programs in early learning centres, schools, and workplaces

  Comment: √ Strongly Support
  The Heart Foundation recommends that physical activity and healthy eating programs are mandatory and are linked to accreditation. Eat Well Be Active has been an important development, however there is a need for planning now for beyond 2012.

- Totally ban junk food advertising to protect children and others from inappropriate marketing of unhealthy foods and beverages

  Comment: √ Strongly Support
  The Heart Foundation believes that this is an important starting point to address the imbalance between the marketing of core and non-core foods and beverages and to reinforce healthy eating and lifestyle messages consistent with national policy guidelines to promote health and reduce chronic disease risk.

  Reducing food marketing to children has been acknowledged as a significant factor in obesity prevention by the World Health Organization (WHO 2003). The WHO has called upon member states and governments to implement policies and strategies that promote the responsible marketing of foods and beverages to children in order to reduce the impact of unhealthy food (WHO 2008).

  Recent studies have found a direct correlation between children's exposure to food advertisements and their food preferences (Hastings et al 2003 & Livingstone 2004).. Research also confirms that the majority of foods advertised on television during periods when children are likely to be watching are high in sugar and fat (Neville 2005).

However, a ban on junk food advertising directed to children would not be effective in isolation. Tobacco control initiatives, which have included a suite of interventions, have been very successful in reducing children's smoking rates. Similarly, to improve the nutritional profile of children's diets, a multi-strategy approach is required including; restrictions and bans on advertising and promotion of unhealthy foods, policies to ensure healthy choices such as the Smart Choices policy in Queensland schools, restrictions on unhealthy food outlets (SEPAHE project recommendation), mandating healthy choices in food outlets, stadiums and so on.

- Increase the frequency, reach and intensity of social marketing campaigns to encourage healthier food choices and increased physical activity in all social groups

  Comment: √ Strongly Support
  The Heart Foundation recommends that the current approach to social marketing campaigns which are time limited and poorly resourced is insufficient to result in significant long term behaviour change.

  For example, Australian research has found that heavier television use and more frequent commercial television viewing were independently associated with more positive attitudes toward junk food. Heavier TV use was also independently associated with higher reported junk food consumption. The researchers found that advertising for nutritious foods promoted positive attitudes and beliefs concerning these foods.

  The study concluded that changing the food advertising environment of children's television to one where nutritious foods are promoted and junk foods are relatively unrepresented would help to normalise and reinforce healthy eating (Livingstone 2008).

- Increase policy and accreditation supports for the promotion of health in childcare facilities and early learning centres

  Comment: √ Strongly Support
  Economic and social changes have meant that parents in Australia are increasingly utilising care arrangements for their children outside the home. In 2005 in Queensland, 25.7% of children aged 0 – 12 were using some type of formal day care, with 13.5% of children in long day care (8 or more hours in care) (ABS 2005). Nationally, in June 2008, seven out of ten (72%) of children aged 3-6 years who were not attending school were usually attending a preschool or a preschool program in long day care, according to new findings from the ABS Childhood Education and Care Survey (CEaCS). CEaCS also found that 82% of school children aged 4-8 years had attended a preschool program in the year before commencing school.

  Under the current accreditation process by the National Childcare Accreditation Council, the Quality Practices Guide outlines the standards required for services to achieve accreditation. In relation to food and nutrition, to achieve Satisfactory Care, a centre need only have a food and nutrition policy with food provided being consistent with this policy; as well as other general standards relating to menu availability and the food environment.

  Although the standards instruct services to have a food and nutrition policy, this is vague and provides no direction on what children require to adequately meet their nutritional requirements. This emphasises the need not just for comprehensive standards mandating that healthy food is provided, but also the need for implementation guides that specify what is meant by healthy food, and *what amounts are considered adequate*.
  A child should be provided with 50% of their nutrient requirements by the centre for each 8 hours of attendance, in the form of one main meal and two snacks, according to the NSW state licensing standards (NSW Government 1998).

- Strengthen implementation of Smart Choices and Smart Moves programs in all Queensland schools

Comment: √ Strongly Support

The Heart Foundation recommends greater support be provided to Queensland state and private schools to implement Smart Choices and Smart Moves effectively.

Findings from the Queensland Association of School Tuckshop Queensland School Canteen Survey Summary Report (2008) show that *Smart Choices* has almost eliminated high energy, micro-nutrient poor foods (RED items under *Smart Choic*es) from tuckshop menus. AMBER foods under *Smart Choices* are high in energy, saturated fat or salt and generally low in fibre but may contribute valuable nutrients to the diet. These foods are most prevalent on tuckshop menus despite the recommendations that they should be selected carefully to ensure that they don't dominate the menu. Tuckshop convenors generally underestimate the percentage of AMBER items on their menu, believing their menus to be healthier than they are. Non-government schools have menus with a higher percentage of AMBER items on their menu.

It is clear from these findings that schools need further support to meet the objectives of Smart Choices, which is to ensure GREEN items dominate the menu. Further, Smart Choices should be adopted by non-government schools, possibly linking compliance with government funding.

Smart Moves is an excellent policy innovation, however implementation needs to be strengthened to ensure that it is rolled out fully in all schools in Queensland. A rigorous evaluation needs to be undertaken to determine whether this approach is working or whether it needs to be strengthened.

- Increase the availability, affordability and accessibility of healthy foods, and especially improve access to healthy food at reasonable prices in remote and Indigenous communities

Comment: √ Strongly Support

The Heart Foundation recognises the opportunity presented by the recently announced national remote store licensing scheme (agreed in principle by COAG, July 2009) to improve the operation of remote community stores. This scheme should ensure any licensing requirements have a strong nutrition and health component which guarantees the availability, affordability and accessibility of healthy foods for people living in remote communities.

Efforts to improve the food supply to remote Indigenous communities must however be housed in the context of other social improvement measures such as income and wealth distribution, education, standard of housing and household infrastructure, and standards of health care.

Remote stores should be run as an essential community service rather than as profit-making ventures; and have a strong nutrition and health agenda which is set out in a Store Nutrition Policy. Support for the use of the Remote Indigenous Stores and Takeaways (RIST 2008) resources should be provided for remote store managers, and the Heart Foundation *Buyer's Guide for managers of remote Indigenous stores and takeaways* should be used to develop a minimum core range of healthier foods.

- Enhance programs and infrastructure to promote active forms of transport including cycling and pedestrian infrastructure and promotion of travel behaviour change programs such as TravelSmart in schools and workplaces

  Comment: √ Strongly Support
  The Heart Foundation strongly supports whole of government approaches that will change the environment (in new developments and retrofitting established environments) to encourage active travel. To achieve this requires a major shift in the way communities are planned and the services that are provided, as well as a concerted public education campaign to encourage people to change their travel behaviour.

- Alter obesity-promoting environments so that they offer more opportunities to be active, including provision of end-of-trip facilities and opportunities for incidental physical activity such as stairwell access

  Comment: √ Strongly Support
  The Heart Foundation strongly supports environmental changes to help make the healthy choices the easier choices. End of trip facilities are integral to encouraging people to actively commute to destinations such as workplaces and higher education facilities. Detailed information for cycling and end of trip facilities are provided in Cycle Notes from the Department of Transport (also refer readers to Austroads):
  http://www.transport.qld.gov.au/Home/General_information/Cycling/Bike_user_guide/Technical_information/

- Deliver workplace health promotion programs in all state government departments and incentives developed to encourage private industry to support evidence based workplace health promotion programs

  Comment: √ Strongly Support
  The Heart Foundation strongly recommends that all workplaces develop programs that encourage staff at a minimum to engage in health lifestyle behaviours such as healthy eating and active travel to and from and during working hours.

  The Future@Work Health Report (Wesley Corporate Health 2006) found that the workplace environment can have a negative effect on employee health and productivity. Chronic diseases are the major health issues facing today's worker, including heart disease, obesity, diabetes, cancer and mental health.
  This study estimated that the effect on the Australian economy from lost productivity due to ill health was $34.8 billion per annum. The report found that proactive organisations which implement health promotion strategies in the workplace can reduce their employee's health risk factors by up to 56%.

- Ensure planning policies consistently consider the physical, social and mental health aspects of Queenslander's health

  Comment: √ Strongly Support
  The program, SEPAHE (cited previously) provides practical guidance to support planners in local governments to provide environments that support physical activity and healthy eating. Also, the mandatory use of Health and Social Impact Assessments would assist the effective implementation of this proposal. The important issue is that planning applies a whole-of-government approach, ensuring that the 'health lens' is applied to all new and retrofitted developments.

- Use a Health Impact Assessment as a tool to inform planning and decision making

  Comment: √ Strongly Support
  The Heart Foundation supports the mandatory application of Health and Social Impact Assessments, incorporated in to the planning process of all new policies, programs and projects. There are similarities between this and the proposed Chronic Disease Impact Assessment Tool. Environmental impact assessments are a means for discharging a statutory duty to take environmental considerations into account in the relevant decision making process and a similar process needs to be established for considering health and social impacts.

- Increase the use and support of the primary health care sector to provide community education and advice about nutrition, physical activity and the management of weight problems and obesity, including providing an appropriately skilled workforce

  Comment: √ Strongly Support
  The Heart Foundation recommends that dedicated funding be available for general practice to address disease prevention in all attending patients at incremental visits. A monitoring and referral system utilising all access points and health disciplines along the continuum should be employed. eg. assessment and GP referral from a domiciliary nurse, practice nurse or pharmacist.

Specific proposals to reduce tobacco smoking

- Increase tobacco taxation

  Comment: √ Strongly Support
  The Heart Foundation strongly supports increasing tobacco excise because it is the single most important strategy to implement in tobacco control to reduce consumption. The excise has not been increased since 1999. The Heart Foundation believes that this tax does not punish those on low incomes, rather it is a particularly effective method of prompting people in lower socio-economic groups to quit smoking.

  Disadvantaged groups, including Indigenous Peoples, bear a disproportionately heavy tobacco death and disease burden, so it's important to use effective interventions. The Queensland Government can play a role in ensuring that the Federal Government brings this reform into being. Newspoll research shows that 73% of Australians support a tobacco tax increase, rising to 88% if the revenue is used for disease prevention (Cancer Council and Heart Foundation 2008).

- Totally ban tobacco product displays at retail outlets

  Comment: √ Strongly Support
  The Heart Foundation recommends that legislation be enacted to put tobacco product displays out of sight because this is an effective method to further protect children from exposure to smoking.

  Legislation has been enacted in the ACT and NSW, and in Tasmania with minor exemptions; and is before Parliaments in Victoria and WA; and is proposed by the NT Government.

  Exposure to tobacco advertising is one of the key factors that influences children to take up smoking. Tobacco product display is a powerful form of advertising. The tobacco industry provides these advertising displays free of charge to retailers, a strong indicator that they believe they are an effective method of promoting their deadly products.

  There is good evidence to support the total ban of tobacco displays in retail outlets. Wakefield's (2006) study on the effects of cigarette displays and advertising on school

children showed that the children tended to recall cigarette brands, and their resolve to not smoke in the future tended to be weakened, compared to children who weren't exposed.

Wakefield (2007) also found that cigarette displays in shops interfere with attempts to quit smoking by tempting would-be quitters (including children and pregnant women) into "impulse buying".

- Ensure every health professional asks and records patient smoking status, providing immediate advice that the best thing for improved health is to not smoke, and following with assistance or referral to Quitline (13 QUIT)

  Comment: √ Strongly Support
  The Heart Foundation strongly supports this systematic intervention. This ensures that the issue of smoking is discussed with all patients including a brief intervention to assist that patient to quit smoking.

  This system ensures that every patient receives a brief intervention to quit smoking. This is a particularly useful method to ensure that Indigenous Peoples, including pregnant women, also receive interventions because this will occur at a whole of population level.

  Another benefit of this population based method is to ensure that good data is collected on the smoking status of all patients in Queensland, including Indigenous Peoples. Reliable data is essential to measure the success or otherwise of interventions.

- Increase the frequency, reach and intensity of social marketing campaigns to discourage smoking in all social groups

  Comment: √ Strongly Support
  The success of social marketing campaigns is not only their content, but their frequency, reach and intensity. Evidence from commercial marketing shows that success is most often driven by the amount of exposure (TARPS) that can be purchased (VicHealth Centre for Tobacco Control 2001). Scollo advised that marketing budgets for major Australian corporations were around $60m to $70m per annum back in 2001.

  Tobacco control campaigns have achieved significant success with less than commercial investment. Even the most conservative estimates indicated savings of about $2 for every $1 expended on public health programs. If spending was increased to commercial levels, consumption would be driven down dramatically and save lives and costs.

  The Heart Foundation recommends that social marketing campaigns on tobacco receive greater funding of $6.10 annually per capita (Commonwealth of Australia 2005), with the State Government taking on the greatest responsibility.

- Increase the availability of nicotine replacement therapy (NRT)

  Comment: √ Strongly Support
  Smokers need support to quit smoking. Nicotine replacement therapy (NRT) is an effective pharmaceutical support for smokers and it is recommended that it be more accessible. The Heart Foundation recommends this proposal which is supported by the National Tobacco Strategy 2004-2009 (2005). Every smoker should be able to afford a clinically appropriate pharmacotherapy, and such treatments should be subsidised where the patient is also undertaking a behavioural support program.

- A multi-strategy effort to tackle smoking among Indigenous people including enhancing Quitline to provide more culturally sensitive services and NRT, expanding the SmokeCheck program, exploring innovative strategies targeting specific groups such as young people and

pregnant women, and working with communities to promote and enforce smokefree environments

Comment: √ **Strongly Support**
The Heart Foundation supports a multi-strategy approach to tobacco control in Indigenous communities. It is important to ensure Aboriginal and Torres Strait Islander people have equitable access, via integrated tobacco control programs, to tobacco cessation treatments and services, including Quitline, counselling, group behaviour therapy, and proven pharmaceutical treatments (e.g. NRT, Zyban and Champix), and that these are provided in a culturally appropriate way.

- Implement strategies specifically aimed at reducing smoking amongst pregnant women

Comment: √ **Strongly Support**
Ongoing funding needs to be committed to continuing the training of health professionals, including midwives, GPs and obstetricians, in brief interventions with women early in their pregnancy. This process was commenced through the national smokefree pregnancy project and needs to continue. Helping pregnant women to quit smoking will save the health system from addressing neo-natal complications at birth and after, as well as the health of the mother in the future. Systematic, mandatory brief interventions for all pregnant women would support pregnant women to quit smoking.

- Increase the multi-strategy effort to reduce smoking in young people and socioeconomically disadvantaged people

Comment: √ **Support**
A multi-strategy approach in tobacco control for the whole population is extremely important. Legislation banning smoking in public places, banning the advertising, promotion and display of tobacco products and increasing tobacco taxes are extremely effective interventions for reducing the uptake of smoking by young people and amongst socioeconomically disadvantaged people.

Further reform is needed in this area using proven methods, including increasing the tobacco excise, banning the display of tobacco products in the retail sector, and bringing in plain packaging.

Social marketing campaigns are also a very important strategy as part of a multi-strategy approach. It is important that funding commitments are evidence-based. There is evidence that misguided “youth smoking prevention” programs can be ineffective, even counter-productive – and have even been supported by tobacco companies who have known this to be the case.

We support this important proposal, but it is important that such measures be evidence-based.

- Deliver additional and tailored Quitline services

Comment: √ **Strongly Support**

The National Tobacco Strategy 2004–2009 outlines an integrated national strategy for improving the quality of, and access to, services and treatment for smokers as part of a comprehensive approach to reducing tobacco-related harm. Ideally, telephone callback and internet services would be available to smokers from any part of the country and the benefits of Quitlines and other services would be vigorously promoted.

Every smoker would be able to afford a clinically appropriate pharmacotherapy, and such treatments would be subsidised where the patient was also undertaking a behavioural

support program. All general practitioners, community pharmacists, practice nurses, dentists and other health professionals would be trained and supported to identify and encourage smokers to quit.

GPs and other health professionals in all parts of the country would be able to refer patients to the Quitline. Quitline counsellors would provide feedback to GPs, and pharmacists and practice nurses would support GP advice and counselling. Identification and treatment of smokers would be national performance indicator for Australian hospitals.

The Heart Foundation has additional recommendations to make to this Inquiry that are low cost and would be effective methods for further prevention of chronic diseases caused by tobacco use.

- **Remove exemption for smoking in gaming rooms**

  Comment – √Strongly support
  Queensland has led the way in establishing the current Australian best-practice legislation on smokefree workplaces. One inequitable exemption remains, that of gaming rooms, where smoking is allowed indoors and workers continue to be exposed to secondhand smoke. Other jurisdictions (ACT, Tasmania, SA and WA) no longer have these exemptions. Queensland has previously flagged its willingness to co-operate with NSW and Victoria on an agreed date to end these exemptions. No agreement has yet been reached and we urge the Queensland Government to renew its efforts through the Australian Health Ministers' Conference to reach an agreement.
  Enclosed gaming rooms expose workers and patrons to high levels of secondhand smoke, in conflict with Occupational Health and Safety rights and Article 8 of the FCTC.No Australian worker should be exposed to secondhand smoke while earning a living.

- **Support plain packaging reform**

  Comment: √Strongly Support
  There are many remaining and powerful forms of tobacco advertising and sponsorhips (TAPS). The Heart Foundation supports the comprehensive banning of TAPS, in line with the global treaty, the *Framework Convention on Tobacco Control* (FCTC) Article 13. The tobacco industry's marketing experts are very creative in finding new ways of promoting tobacco, including: on the internet; in films; and at point of sale, using prizes and other incentives for retailers to promote and sell tobacco products.

  The Commonwealth has responsibility for the Tobacco Advertising Prohibition (TAP) Act 1994; health groups have raised concerns in previous submissions that have to date not been acted upon. We urge the Queensland Government to seek Commonwealth support to close the loopholes by amending the TAP Act without further delays.

  A key recommendation is to mandate plain packaging of tobacco products. This, when combined with larger packet health warnings, would assist greatly in reducing smoking rates of current and future generations. The Heart Foundation urges the Queensland Government to work with the Federal Government to ensure that plain packaging is introduced nationally.

Specific proposals to reduce excessive alcohol consumption √ Support

The cardiovascular health benefits of extremely moderate use of alcohol are not significant enough that non-drinkers would be encouraged to drink. The costs of alcohol abuse in healthcare costs and reduced participation in the workforce are greater than these small health benefits from moderate use only.

Tobacco Control measures have been extremely effective in reducing tobacco consumption and can be applied to alcohol consumption. A comprehensive approach is needed for alcohol consumption control, just as it has been for tobacco control. For example, pricing increases, reduction of access, social marketing campaigns, legislative reform, banning

promotion and advertising; and education have all been used successfully to reduce tobacco consumption and save lives.

Increasing the price of a product through taxation is one of the most effective ways to reduce consumption; in particular underage consumption because young people are more price sensitive.

The Heart Foundation supports the following measures:

- Increase alcohol taxation
- Totally ban alcohol advertising and other forms of promotion for example in relation to sports Increase restrictions on the sale of alcohol through reducing density of supply outlets in particular in disadvantaged areas, reducing outlet opening hours including pubs and clubs, and continuing the prohibition of the sale of alcohol in supermarkets

(b) What enhancements can be made to service delivery, particularly improvements that foster coordinated approaches and which focus on prevention and early intervention?

Whole-of-government approach
The Inquiry into Chronic Disease advises that the Smart State Council report suggests that there is a lot of activity across government to address chronic disease, however, there is a lack of coordination of programs and little alignment with activities of the non-government sector, private sector and other levels of government.

The Heart Foundation agrees with this position and that there is no substantial whole-of-Government policy platform to provide a uniform direction and focus for these activities. That is why the Heart Foundation is also proposing the establishment of a separate agency headed by a Minister for Healthy Living or similar.

The Heart Foundation supports the Smart State Council recommendation of the:

- Development of a comprehensive, whole-of-Government and community plan to reduce chronic disease.
- Application of a “health in all policies” approach to government decision making (Heart Foundation 2008)

This would work in a similar way to the establishment of the Climate Change and Sustainability Ministry, whereby a Ministry and separate agency for Healthy Living would be established to coordinate a whole-of-government approach.

It is essential, however, that the Ministry for Healthy Living does not become the only Department to deal with Healthy Living, but that the “health in all policies” be applied through the many departments that impact on health, including Infrastructure and Planning, Transport, Climate Change and Sustainability, Local Government and Aboriginal and Torres Strait Islander Partnerships, Education, Employment, Emergency Services, Community Services and Housing, and Sport.

Evidence based educational tools for patients
Despite proven benefits of Cardiac Rehabilitation it continues to remain underutilised and underfunded due to a lack coordination and lack of access to diverse models appropriate to the patients’ needs and location.

Program referral is fragmented and other multi-factoral barriers impact on program participation. The Heart Foundation recommends that well funded, co-ordinated and multifaceted program models be investigated and implemented across Queensland using the “opt-out” method of recruitment. This would mean that in all hospitals throughout Queensland patients would be automatically referred to cardiac rehabilitation, unless they choose not to participate.

The Heart Foundation has a vision that all patients in Queensland will receive a useful and effective educational tool to assist in their recovery from a heart event and improvement in their lifestyle behaviours. The Heart Foundation is currently partnering Queensland Health in the provision of the patient booklet, My Heart My Life as a standard patient resource. The Heart Foundation recommends that Queensland Health continues to fund this resource; as well as develop a web-based interactive tool so that access for patients can be increased. This would also enable individuals to tailor appropriate information to their specific circumstances.

Since implementation in 2007, this resource has been distributed to more that 50,000 patients with an exceptional response both from practitioners and patients. We also recommend that Queensland Health continue to support existing health practitioner educational tools for the effective use of this resource.

(c) What is the impact of potential investment in new and innovative research focused on chronic disease prevention?

The potential investment in new and innovative research focused on chronic disease prevention is enormous. The savings in lives and health costs would be substantial. There is good evidence that targeted spending on cardiovascular disease research can reap enormous benefits. As stated in the introductory section, every dollar invested in cardiovascular research has provided an eight-fold return to the community, the highest return from any form of medical research (Access Economics 2003).

The Heart Foundation supports greater investment in the highest quality cardiovascular research, providing major advances in knowledge that will lead to improved cardiovascular health and better prevention and management of cardiovascular health. There is an $8 return for every $1 invested in cardiovascular research, the highest return from any form of medical research (Access Economics 2003). Investment in research also benefits the economy and society, through job creation, as well as improving the health and research "literacy" of the population.

Specific proposals from the Smart State Council that the Heart Foundation will comment on include:

- Utilising Queensland's biomedical research base to take a leadership position in the identification of early stage biomarkers for cancers and other chronic diseases

  Comment: √ Support
  With the prevalence of chronic conditions increasing, the early identification of chronic diseases will be important so that evidence-based management strategies can be put in place as soon as possible. With appropriate research investment and technological advances, identification of early stage biomarkers for cancers and other chronic diseases will likely be an affordable reality in the near future. However, this should not negate the importance of investing in prevention to stem the tide of chronic disease.

- Funding a six-month demonstration project to build a repository of information linking basic applied research with clinical need

  Comment: √ Support
  The Heart Foundation is supportive of any efforts such as this to increase research translation. This proposal is of great interest because it if offering a novel way of connecting biomedical research with clinical practice. Because fewer clinicians are interested in continuing a research career, this has a significant impact on reducing research translation, because often it is the clinicians who can link together what they see in practice with their research work. This would make an important contribution to the literature in this area of international concern.

(d) What programs should be adopted to encourage children and young people to develop and maintain individual responsibility for their own health and well-being throughout their adult lives?

Specific proposals from the Smart State Council working group report aimed at encouraging children and young people to develop and maintain individual responsibility for their own health and well-being throughout their adult lives are:

- Require all Queensland Government licensed child care centres, home based day care and outside school hours care providers to provide healthy food and drink choices, promote Healthy lunchbox policies and programs, and implement age-appropriate physical activity programs

  Comment: √ Strongly Support
  Increasingly, children are spending more time in child care facilities. Research funded by Health Promotion Queensland has shown that the uptake of health promotion programs into this sector is poor for a variety of reasons. The Heart Foundation would support that recommendations in the resultant report be adopted.

  Out of school hours programs are also an avenue where programs can be expanded. In Queensland, the Physical Activity and Nutrition Out of School Hours (PANOSH) resource, developed by Queensland Health, is being implemented.

  The Heart Foundation Eat Smart Play Smart (ESPS) manual is another option that also promotes healthy eating and active play for children that attend outside school hours care (OSHC). The program has been evaluated and results reveal that the ESPS program has been successful in improving nutrition and physical activity practices at OSHC services. Following the purchase of the manual, services have significantly increased the everyday provision of:
  – fruit (from 76% to 91%)
  – dairy products (from 36% to 55%)
  – wholegrain breads and cereals (from 30% to 54%)
  – vegetables (from 31% to 47%).
  The number of services providing cordial, soft drinks and sports drinks every day dropped from 8% to 3%. Statistically significant increases in the number of services offering active games were evident following the purchase of the manual. The ESPS manual is available from the Heart Foundation for $55.

  We would also support the development of an early childhood and primary school curriculum and teach children about their “healthy bodies”.

- Expand healthy eating and physical activity programs in Queensland schools

  Comment: √ Strongly Support
  By using existing, successful programs, Education Queensland could expand healthy eating and physical activity programs in Queensland schools both within the school curriculum and also in the out of school hours programs.

  The Heart Foundation Jump Rope for Heart program has been successfully implemented in schools throughout Australia for 26 years. Evaluation indicates that the program has been able to develop children’s fundamental movement skills and increase their levels of moderate to vigorous physical activity levels. The program could be implemented in Queensland schools as part of the curriculum, including Smart Moves, that has a comprehensive approach to increasing physical activity levels.

- Require all sport and recreation clubs and associations in receipt of Queensland Government funding to provide healthy food and drink choices through canteens/food outlets

  Comment: √ Strongly Support
  The Heart Foundation is currently working in partnership with the Department of Communities (Sport and Recreation Services) and Queensland Health on a project to develop guidelines for healthy food and drink choices for Queensland sport and recreation organisations.

  The guidelines are intended for community-level sport and recreation organisations and facilities, and to provide information on what constitutes healthy choice and why it is considered healthy. The broad intention is to adopt the traffic light approach to grouping food and drink types in line with similar health and education sector policy initiatives. Unlike these policy initiatives, the guidelines for health food and drink choices in sport and recreation organisations are unlikely to be mandatory.

  The Heart Foundation recommends that the guidelines produced are mandatory for all community-level sport and recreation facilities, or at the very least, any government funding provided for these organisations is dependent on the facilities meeting the guidelines.

- Ban “junk food” advertising during children’s television viewing times

  Comment: √ Strongly Support
  The Heart Foundation put in a comprehensive submission to the Queensland Government discussion paper, *Have your say: Junk food advertising on children’s television* (Heart Foundation 2008).

  The Heart Foundation wants to see this ban go further than banning junk food advertising; rather our position is to ban all food advertising to children under 16 and at times beyond children’s television viewing times.

  There is much evidence to show that children’s behaviour is influenced by advertising. This is a very popular move with the community who want to see children protected from the promotion of unhealthy food and parents want to reduce the pressure of “pester power”.

  Tobacco control measures to protect children from advertising and promotion have been extremely effective in reducing consumption by children. There is much that can be applied from the successes of tobacco control to the consumption of unhealthy foods.

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Heart Foundation™

Heart, stroke and blood vessel disease

A time for action in Queensland

Heart Foundation policy proposals for Queensland 2009 - 2012

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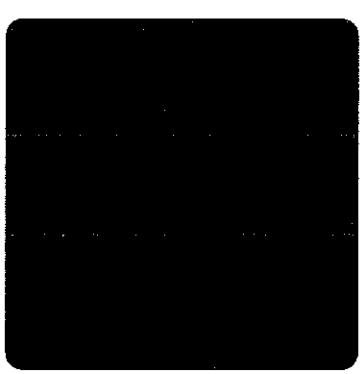
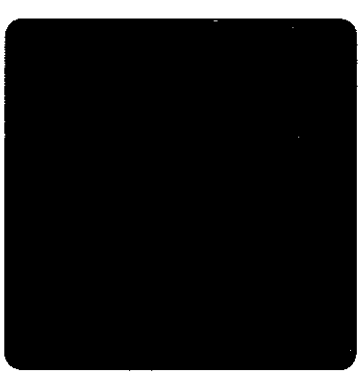
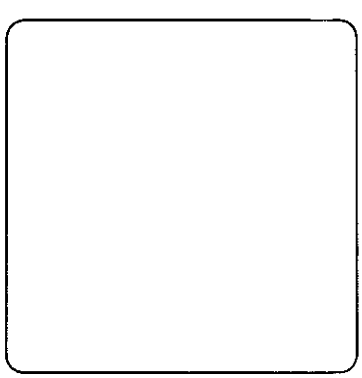
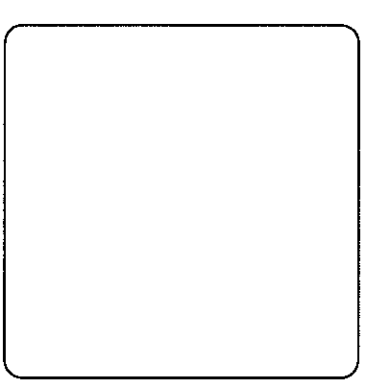

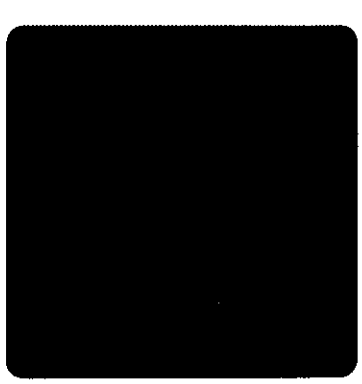
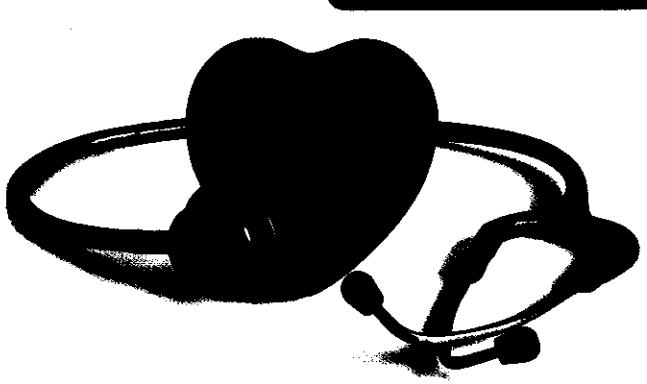

Heart Foundation Policy Proposals for Queensland 2009 - 2012

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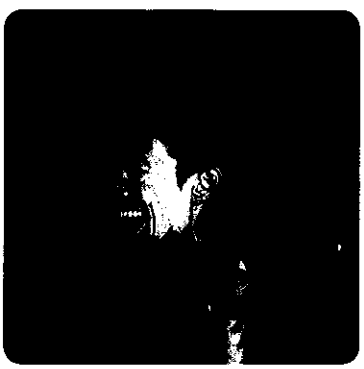


Executive Summary

Queensland has both a growing population and an ageing population. If we are to reach the goal of making Queenslanders Australia's healthiest people, as stated in *Toward Q2: Tomorrow's Queensland* (Department of Premier and Cabinet 2008), the prevention, treatment and ongoing management of heart, stroke and blood vessel disease (cardiovascular disease) will need to be adequately addressed.

In Queensland, *Advancing Health Action* (Queensland Government 2008a), the *Health of Queenslanders: Prevention of Chronic Disease report* (Queensland Health 2008a), and *Queensland Strategy for Chronic Disease 2005 -2015* (Queensland Health 2005) have all consistently identified the need to prioritise the prevention and management of chronic diseases and their associated risk factors. In addition, the Smart State Council is currently developing a report on the prevention and early detection of chronic disease in recognition of the significant burden that such conditions place on the health system, the economy and communities in Queensland.

Cardiovascular disease is arguably the major chronic disease confronting Queenslanders and the greatest challenge facing our health system. It is Queensland's biggest killer, causing 7726 deaths in 2006 and accounting for over 16% of the State's total burden of disease (Queensland Health 2008a).

Coronary heart disease death rates are 11% higher in Queensland than the Australian average and stroke rates are 8% higher. Significantly, 83% of the burden from coronary heart disease and 66% of the burden from stroke is due to the joint effect of several common risk factors (high blood cholesterol, high blood pressure, smoking, overweight and obesity, physical inactivity and poor nutrition), which are largely preventable (Queensland Health 2008a).

The prevalence of cardiovascular disease has increased 18% over the last decade and it is expected to affect one in four people by 2051. It is one of the biggest burdens on our economy accounting for an estimated $14.2 billion in both direct health systems costs and indirect financial costs in 2004 in Australia (Access Economics 2005).

The Heart Foundation is seeking to work in partnership with the Queensland Government to address these tragic consequences affecting Queensland families, employers and Government. We are seeking an increased commitment to reduce the impact of cardiovascular disease in Queensland, which will have the benefit of making the single biggest contribution to our *Towards Q2: Tomorrow's Queensland* health targets. A realignment of the health budget with a greater commitment to public health preventative measures, and a greater emphasis on ambulatory care in the community, will reduce the pressures on Queensland's hospital system and improve survival and quality of life.

In addition, a commitment by the Government to increased infrastructure spending to support active living and sustainable modes of transport will improve cardiovascular health and reduce obesity in the community, while decreasing traffic congestion, pollution and Queensland's environmental impact.

The recommendations in this submission are detailed in two parts: firstly those the Heart Foundation recommends the Queensland Government fund and implement; and, secondly, those for which the Heart Foundation is seeking direct partnership funding.

Part One: Fund Queensland Government initiatives to make Queenslanders the healthiest Australians:

Recommendation 1:
Adopt a *Health in All Policies* process with the appointment of a separate Minister and government agency responsible for overseeing a whole of government approach to health promotion, healthy living and disease prevention.

Recommendation 2:
Increase funding for public health to 5% of the annual health budget in 2009-2010 and to 10% of the annual health budget by 2011-2012 to enable:

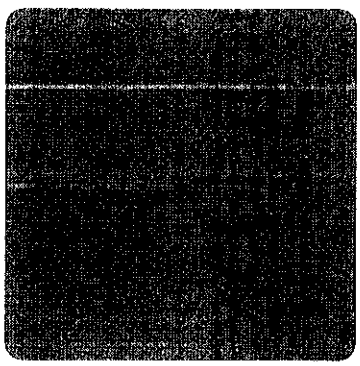
- increased funding for a comprehensive tobacco control program
- initiatives to be funded to close the gap for Indigenous Peoples
- increased funding for a comprehensive healthy weight strategy.

Recommendation 3:
Fund a comprehensive, coordinated state-wide cardiac rehabilitation service to reduce the risk of heart patients having further heart attacks and cardiac events.

Recommendation 4:
Increase funding to build infrastructure that supports active living and invest more in sustainable transport modes (walking, cycling and public transport) to support Queenslanders to be Australia's healthiest people and contribute towards cutting our carbon footprint by one-third.

Part Two : Fund partnerships between the Heart Foundation and the Queensland Government

Recommendation 5:
Fund cardiovascular health checks. These checks will detect people who are at high risk of having heart and vascular events. Patients identified as most at risk can then be managed through lifestyle interventions and the use of lipid lowering, antihypertensive and other medications to reduce their risk of developing disease, having cardiovascular events and being hospitalised or dying prematurely.



Recommendation 6:
Continue to fund Heart Foundation Walking, Queensalnd's biggest walking program. Walking programs have been delivered to thousands of people throughout Queensland by this successful partnership of more than ten years between the Queensland Government through Sport and Recreation Queensland and the Heart Foundation.

Recommendation 7:
Continue to fund the dissemination of the *My Heart My Life* patient resource to all cardiac patients. Cardiac patients throughout Queensland are provided *My Heart My Life* as a standardised resource to help their recovery and reduce further events and return visits to hospital. This is a Queensland Government - Queensland Health and Heart Foundation partnership.

An exceptional return on investment

Cardiovascular disease is one of the biggest burdens on our economy, accounting for an estimated $14.2 billion in both direct health systems costs and indirect financial costs in Australia in 2004 (Access Economics 2005). Of this, the direct health system costs of cardiovascular disease were estimated at $7.6 billion in 2004 (11% of total health spending) (Access Economics 2005). In Queensland, this equates to $918 million in 2008-2009 (11% of the $8.35 billion health budget).

The loss of earnings alone from reduced employment and absenteeism associated with cardiovascular disease was estimated at $2.3 billion in 2004 (Queensland Health 2006).

Increased investment in the prevention, early detection, and treatment of cardiovascular disease will help Queenslanders be healthier, will create more productive Queensland communities and will lead to a healthier and more productive workforce.

In Australia, investment in research, prevention and clinical management over the past decade has been shown to reduce the incidence of cardiovascular disease events and mortality rates and to arrest growth in health costs over the medium term. Every dollar invested in cardiovascular research has provided an eight-fold return to the community, the highest return from any form of medical research (Access Economics 2003).

Public health campaigns aimed at reducing coronary heart disease in Australia have also been evaluated as having an estimated benefit-cost ratio of more than 11:1 (Applied Economics 2001). For tobacco control programs in Australia this report concluded that even the most conservative estimates indicated savings of about $2 for every $1 of expenditure on public health programs.

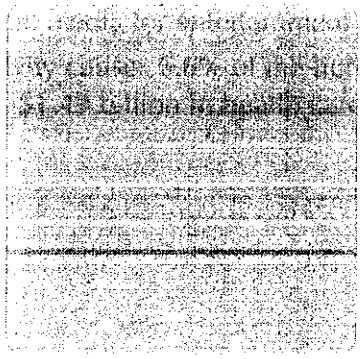
If the Queensland Government provides more adequate resources, based on good evidence, to the prevention, treatment and ongoing management of cardiovascular disease, it will contribute significantly to reducing the burden of disease and growing health care costs in the context of scarce health resources.

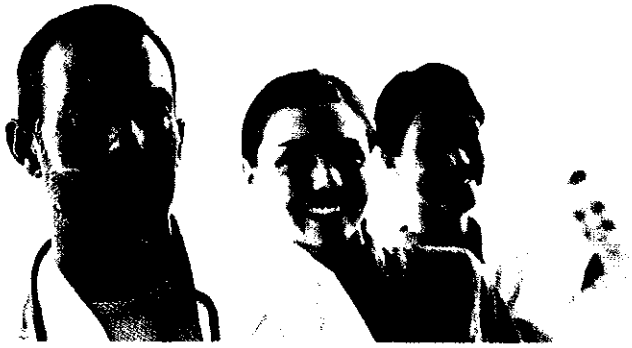
So much of the burden of cardiovascular disease is avoidable. The World Health Organisation has stated that a "modest reduction in blood pressure, obesity, cholesterol and tobacco use would more than halve the incidence of cardiovascular disease, if these reductions were population-wide and simultaneous" (WHO 2002).

For risk factors affecting cardiovascular disease, the World Health Organisation estimates that over a 10 year period from 2000 to 2010, about one-third of the attributable disease burden would be avoided by a 25% reduction in risk factors. If the *Towards Q2: Tomorrow's Queensland* targets of reducing tobacco, overweight and obesity and alcohol by one third are met, this could have an even greater impact on reducing the disease burden from cardiovascular disease in Queensland.

The need for action to reduce the burden of cardiovascular disease is clear. With an ageing population and some major risk factors for cardiovascular disease becoming more prevalent, action is needed now to improve the way we prevent and manage cardiovascular disease. Failure to act will see the burden of disease grow, the suffering increase and the costs escalate.

These critical health investments need to be considered even more importantly in light of Queensland's growing and ageing population and the shifting patterns of chronic disease. Coronary heart disease death rates are 11% higher in Queensland than the Australian average and stroke rates are 8% higher. Coronary heart disease remains the condition with the greatest potential for health gains and reducing health care costs in Queensland (Queensland Health 2006).





Facts and trends in cardiovascular disease

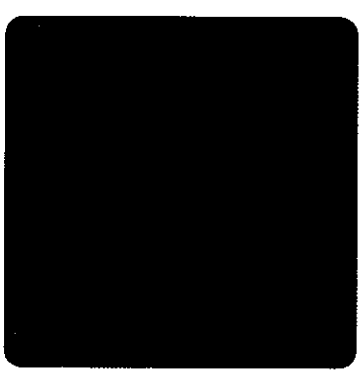
Cardiovascular disease is arguably the major chronic disease confronting Queenslanders and remains the greatest challenge facing our health system. It is Queensland's biggest killer and accounts for over 16% of the State's total burden of disease (Queensland Health 2008a). The prevalence of cardiovascular disease increased 18% over the last decade and it is expected to affect one in four people by 2051.

The *Chief Health Officer's Report The Health of Queenslanders 2008: Prevention of Chronic Disease Report* (Queensland Health 2008a) concludes that reducing cardiovascular disease is a key to improving the health of Queenslanders. Coronary heart disease death rates are 11% higher and stroke death rates 8% higher than national rates. These conditions cause about one quarter of the difference in health adjusted life expectancy throughout the state.

The Chief Health Officer also reports that:

- 7726 Queenslanders died of cardiovascular disease in 2006
- 67% of the cardiovascular disease burden is due to the joint effect of high blood pressure, high blood cholesterol, physical inactivity, overweight and obesity, smoking, and insufficient fruit and vegetables (plus six other factors)
- coronary heart disease death rates are 62% higher in males, 29% higher in disadvantaged areas and 39% higher in areas with a larger Aboriginal and Torres Strait Islander population.

Most of the gains in reducing heart disease risk have been offset by the increased prevalence of diabetes and obesity. However, coronary heart disease remains the condition with the greatest potential for health gains and reducing health care costs in Queensland (Queensland Health 2006).



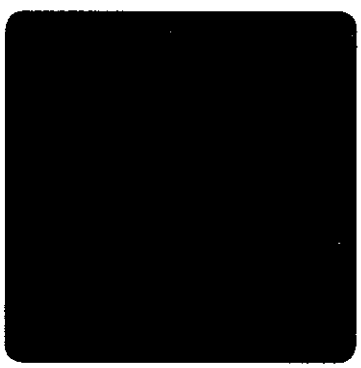
The Chief Health Officer (Queensland Health 2008a) also reports that Queenslanders continue to have some of the highest rates of risk factors for cardiovascular disease in Australia:

Smoking

- 17.2% of Queenslanders aged 14 years and older smoke daily. Queensland rates declined by 13% between 2004 and 2007. Taking into account population increase, there are about 87,000 fewer smokers, however Queensland rates are still 4% higher than the overall Australian rates.
- About 50% of the Australian adult Indigenous population were daily smokers in 2004-05 (ABS 2006).
- 20.3% of women smoke during pregnancy and twice as many teenage and Aboriginal and Torres Strait Islander mothers smoke.
- Smoking causes 3458 deaths and 34,138 hospitalisations, 8.1% of the burden of disease, and 11% of coronary heart disease each year. In total, smoking costs the Australian economy $31.5 billion each year which equates to $6.3 billion each year in Queensland.

Overweight and obesity

- 56.8% of Queensland adults are overweight or obese – 62.7% of males and 50.6% of females. This equates to 600,000 Queenslanders being obese and another 1.6 million overweight.
- The obesity rate for Aboriginal and Torres Strait Islander adults is double that of non-Indigenous Australians (ABS 2006).
- 21% of children are overweight or obese - at least 36,000 children are obese and another 120,000 are overweight. Obesity prevalence in young people means that the life expectancy of the current generation of children may be shorter than for their parents.
- Recent trends suggest obesity prevalence is projected to increase by up to 200% by 2025 to 1.4 million obese Queenslanders.
- Obesity currently costs Queensland $11.6 billion per year, an increase of 42% in three years (Access Economics 2008).



Physical inactivity and sedentary behaviour

- Only 53% of adults do enough physical activity, with even lower percentages in disadvantaged areas. Rates have increased in recent years but remain one of the worst in the country.
- 28% of adults are sedentary (average of seven hours or more sitting each day of the week). This is significant as sedentary behaviour is an independent risk factor for weight gain.
- Only 43% of children aged 5-12 years and 51% of those aged 14-17 years do enough physical activity.
- 23% of Queensland children aged 5-17 years spend more time on screen based electronic media for entertainment than is recommended.
- Physical inactivity causes 6.6% of the burden of disease, 316 deaths each year and costs $1.49 billion in health care in Australia each year.

Facts and trends in cardiovascular disease

Poor nutrition

- 16% of premature death and ill health are caused by poor nutrition.
- The cost of healthy food 24.2% higher in very remote areas and 32.6% higher in towns more than 2000 kilometres from Brisbane.
- Adults don't eat enough fruit and vegetables:
  - Only 9% eat at least five serves of vegetables per day.
  - 54.6% of adults eat at least two serves of fruit per day.
  - Queenslanders consume an average 4.3 serves of fruit and vegetable per person per day (compared to the recommended seven serves). Consumption has increased in recent years.
- Low fruit and vegetable intake costs the economy more than $5 billion nationally per year, including direct health care costs of about $3 billion. It accounted for about 14% of the annual Queensland hospital budget ($192 million) (National Public Health Partnership 2000).

High blood pressure

- 25% of adults have high blood pressure with only about 60% of those being treated by medication. About 3% of Australian adults aged 25 years and older develop high blood pressure each year.
- Causes 6.6% of the burden of disease.

High blood cholesterol

- About 50% of adults have high blood cholesterol.
- Causes 6.2% of the burden of disease.

Spectrum of interventions to improve cardiovascular disease outcomes

Best practice for the prevention and treatment of cardiovascular disease involves a spectrum of interventions, including:

- integrated risk reduction through population-wide approaches
- early detection and prevention and treatment services to manage the disease (both acute and long-term care).

These stages are not discrete; rather, in an effective health care system, the services in each stage need to be integrated, and a person's journey through them needs to be as seamless as possible.

Recommendations

Part One: Fund Queensland Government initiatives to make Queenslanders Australia's healthiest people

Recommendation 1:
That the Queensland Government adopts a *Health in All Policies* process with the appointment of a separate Minister and government agency responsible for overseeing the coordinated implementation of a whole of government approach to health promotion, healthy living and disease prevention.

There is a need for a whole of government approach to the prevention of chronic disease: *Health in all Policies*. Traditionally, the predominant focus of the health system and health budget has been on the treatment of those who are "sick", with limited commitment to the prevention of chronic disease.

Health is much more than health care – restoring health through the health system only contributes 25% to the health of the population (Standing Senate Committee 2001). We can no longer afford to wait until people get sick. The answer lies in preventative action. Currently, less than 2% of the health budget is being spent on public health and prevention.

Population health, however, is largely affected by factors outside the health sector – frequently called the determinants of health. Health determinants include, for example, the environment, education, child development, social capital, housing, transportation and employment. Typically, in present government structures, sectors other than health are responsible for these determinants and no single sector can influence them alone.

Queensland needs to have a whole of government approach to health, as well as an injection of funds, to improve the health and wellbeing of Queenslanders. *Health in All Policies* aims to address complex health challenges through an integrated policy response across portfolio boundaries.

Health in All Policies was adopted as an approach by the European Union last year during the Finnish Presidency. It follows from a unique and explicit policy mandate of the European Commission to integrate health into all other community policies. This horizontal and policy related strategy emphasises that population health is largely affected by factors outside the health sector.

Therefore, *Health in All Policies* requires a whole of government approach that is cross-sectional and multi-level across the many portfolios that impact on health. The ultimate aim is to support evidence-based policy making by assessing and discussing the possible health impacts of existing policies, as well as proposed policy alternatives.

It is essential that the *Health in All Policies* process be owned at the highest level of government. This could be achieved by appointing a separate Minister who is responsible for overseeing the process, to ensure there is truly a whole of government approach. This new Ministry could then oversee a government agency devoted to the maintenance of good health, with the authority to develop and implement a whole of government approach to disease prevention. This strategy would be similar to the Ministry for Climate Change, which also needs a whole of government approach to be a success.

Recommendations

Recommendation 2:
Increase funding for public health to 5% of the annual health budget in 2009-2010 and to 10% of the annual health budget by 2011-2012.

Substantially increased priority and funding are needed for chronic disease prevention and management, including cardiovascular disease, through population health measures across government.

The current unsustainable demands on Queensland's healthcare system will continue to grow unless we address the current imbalance between maintaining good health and treating disease.

In 2008-09 Queensland's health budget of $8.35 billion included less than 2% for activities which aim to improve health and prevent illness (Queensland Government 2008b). This level of funding is inadequate and unsustainable for the health of Queenslanders. If the Queensland Government is going to achieve its *Toward Q2* target of reducing tobacco, overweight and obesity and alcohol by one-third, a significant funding increase will be required.

As a first step, we urge the Queensland Government to commit to growing the public health budget to a minimum of 5% of the annual health budget in 2009-2010. This should be further increased to 10% of the annual health budget by 2012.

Prevention measures are now a high priority for all governments. At the federal level, the health reform agenda has identified the need to stem the flow of chronic disease by preventing illness and promoting health. The Council of Australian Governments (COAG 2008) has recently announced several health reform initiatives, including:

- new National Healthcare Agreements, which include managing the key risk factors that contribute to ill health
- a health prevention national partnership between the Commonwealth, states and territories aimed at "improving the health of all Australians", by reducing the proportion of people who smoke, have an unhealthy body-weight, and/or do not meet national guidelines for physical activity and healthy eating
- the development of a National Preventative Health Strategy by the National Preventative Health Taskforce to tackle the burden of chronic disease through primary prevention measures
- An Indigenous health national partnership to close the life expectancy gap between Indigenous and non-Indigenous Australians within a generation.

In Queensland, *Advancing Health Action* (Queensland Government 2008a), the *Health of Queenslanders: Prevention of Chronic Disease* report (Queensland Health 2008a), and *Queensland Strategy for Chronic Disease 2005 -2015* (Queensland Health 2005) have all consistently identified the need to prioritise the prevention and management of chronic diseases and their associated risk factors.

In addition, the Smart State Council is currently developing a report on the prevention and early detection of chronic diseases in recognition of the significant burden that such conditions place on the health system, the economy and communities in Queensland.

The Queensland hospital system is increasingly burdened by an influx of people with chronic diseases, mostly for hospital admissions which are avoidable. An appropriate level of funding for comprehensive public health preventative measures and a greater emphasis on ambulatory care in the community will reduce the pressures on Queensland's hospital system.

Significantly, 83% of the burden from coronary heart disease and 66% of the burden from stroke is due to the joint effect of several common risk factors (high blood cholesterol, high blood pressure, smoking, overweight and obesity, physical inactivity and poor nutrition), which are largely preventable (Queensland Health 2008a).

The National Preventative Health Taskforce (National Preventative Health Taskforce 2008) has set targets for Australia to be the healthiest country by 2020. Their four targets are to:

- halt and reverse the rise in overweight and obesity
- reduce the prevalence of daily smoking to 9% or less
- reduce the prevalence of daily drinking for all Australians by 30%
- contribute to the 'Close the Gap' target for Indigenous people, reducing the 17 year life expectancy gap between Indigenous and non-Indigenous people.

These targets align closely with the policy proposals in this document. To achieve these targets, jurisdictions will need to reflect an increased prioritisation of prevention in their budget commitments annually. Without adequate funding to address the prevention of all chronic diseases, the hospital system will continue to face increasing pressure and associated costs.

Quick gains have been achieved with preventative spending. For example, a Canadian study showed that when patients quit smoking their rates of death and hospitalisation were significantly reduced within a short time of quitting (Anthonisen et al). Smoking cessation was associated with significant reductions in fatal or non-fatal cardiovascular disease and coronary artery disease. This study shows that well-resourced, appropriately targeted programs to help people quit will yield quick and impressive results.

For tobacco control programs in Australia, even the most conservative estimates indicated savings of about $2 for every $1 expended on public health programs. Spending on prevention saves lives and saves huge costs to the health system.

Critical areas of need within this public health spending are:

2.1 Tobacco Control

2.2 Indigenous Health

2.3 Healthy Weight

Recommendations

Recommendation 2.1:
Tobacco Control: Increase funding for a comprehensive Tobacco Control Program

Tobacco is the single largest cause of preventable death and disease in Australia and is accountable for over 15,000 deaths each year. In Queensland, the Chief Health Officer has advised that there were on average 3,458 deaths per year attributed to smoking and an average of 34,138 hospitalisations (Queensland Health 2008a).

There are still significant gaps in tobacco control legislation and prevention measures in Queensland are not adequately funded to achieve the *Toward Q2: Tomorrow's Queensland* targets of reducing smoking rates by one-third by 2020. In fact, the 2008-09 Queensland budget showed a reduction in the commitment to Tobacco Control of $400,000 from $7,748,000 (2007/08, 2006/07 and 2005/06) to $7,356,096. With Queensland smoking rates 4% higher than Australian rates, the Tobacco Control budget needs a significant increase, rather than a reduction.

The Chief Health Officer highlights that a multi-strategy approach to smoking, combined with a multi-million dollar investment would potentially save 5,000 lives and at the same time save $112.4 million in treatment costs over the next 30 years (Queensland Health 2008a). Conversely, by reducing current funding, we can expect that treatment costs to Queensland Health will increase.

Best practice recommends that national funding should be at least $6.10 annually per capita (Commonwealth of Australia 2005). This equates to over $26 million each year in Queensland, with the State Government taking on the greatest responsibility to fund a comprehensive Tobacco Control Program. It is estimated that the 30% decline of smoking between 1975 and 1995 prevented over 400,000 premature deaths and saved costs of over $8.4 billion, more than 50 times greater than the amount spent on anti-smoking campaigns over that period (National Preventative Health Taskforce 2008).

Aboriginal and Torres Strait Islander Peoples need specific tobacco control programs to curb their smoking rates which are at about 50% compared to the Queensland average of 17%.

A comprehensive Tobacco Control Program should include:

- further reforms to tobacco legislation including banning cigarette displays
- adequately funded social marketing campaigns to achieve audience cut-through with resultant increased quit smoking rates
- education campaigns to support the implementation of new reforms to tobacco legislation
- an education campaign to inform Queenslanders that it is illegal to smoke in cars with anyone under 16
- culturally appropriate programs targeting smoking rates amongst Aboriginal and Torres Strait Islander peoples, including prevention and cessation.

No single action by the State Government could do more to improve health, reduce disease and prevent death than strengthening the State's Tobacco Control Program. Although good progress has been made, smoking levels among adults and children remain disturbingly high, particularly in disadvantaged groups.

Recommendation 2.2:
Indigenous Health: Fund 'Close the Gap' measures to improve Indigenous health

Advancing Health Action (Queensland Government 2008) and the Close the Gap campaign (NACCHO & OA 2007) highlight the need to reduce the gaps in health equality for all Indigenous Queenslanders. There is currently a gap in life expectancy of 17.7 years for men, and 19.7 years for women among Indigenous Australians compared to other Australians.

COAG has agreed to an Indigenous health national partnership worth $1.6 billion over four years, with federal funding of $806 million and the states and territories contributing $772 million to reduce the burden of chronic disease for Aboriginal and Torres Strait Islander peoples and closing the life expectancy gap within one generation.

Cardiovascular disease is the leading cause of death for Indigenous Australians and therefore presents the biggest opportunity for health gains and reductions in the life expectancy gap. Reduced access to health services and interventions, and increased mortality from acute events, are major contributors to the poorer overall cardiovascular disease health outcomes among Indigenous Australians.

Failure to substantially reduce cardiovascular disease among Aboriginal and Torres Strait Islander people reflects the lack of substantial change in risk factor prevalence and access to treatment and rehabilitation services; persisting social, economic and environmental circumstances; and slow implementation of strategies to reduce levels of cardiovascular disease (Bramley D et al 2004; NACCHO & OA 2007). As a result, some biomedical and behavioural risk factors are more prevalent in the Indigenous population than in the non-Indigenous population.

For behavioural risk factors (ABS 2006 & Queensland Health 2008a):

- Indigenous adults are more likely to smoke than non-Indigenous adults - 50% compared to the State average of 17%
- Indigenous adults are more likely to misuse alcohol than non-Indigenous adults -17% compared to 8%
- Indigenous adults are less likely to engage in physical activity than non-Indigenous adults - 50% of adult Indigenous Australians living in non-remote areas undertook no physical activity in the two weeks before the survey, compared with 30% of non-Indigenous respondents
- Indigenous adults have much higher risk from very low fruit and vegetable intake than non-Indigenous adults - 45% of Indigenous adults eating two or more serves of fruit per day, compared with 54% of non-Indigenous adults
- Indigenous Australians are more likely to be overweight or obese than non-Indigenous Australians - overall 62% of Indigenous Australians were overweight or obese, compared with 51% of non-Indigenous Australians.

Recommendations

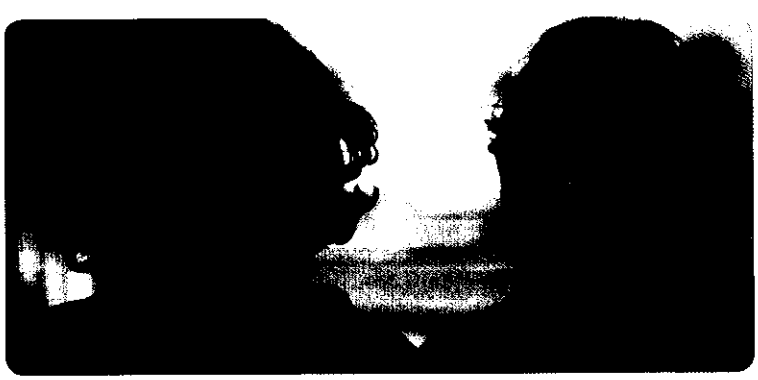
Indigenous Peoples are currently receiving fewer diagnostic procedures and fewer treatments for cardiovascular disease in hospital than non-Indigenous people. For example, compared with other Australians, Indigenous Australians have:

- three times the rate of major coronary events such as heart attack
- 1.4 times the out-of-hospital death rate from coronary heart disease
- more than twice the in-hospital coronary heart disease death rate
- 40% lower rate of angiography investigations
- 40% lower rate of coronary angioplasty or stent procedures
- 20% lower rate of coronary bypass surgery (AIHW 2006).

If cardiovascular disease rates were brought to the same level, 6.5 years of the life expectancy gap could be closed from improvements in cardiovascular health alone (ABS 2002).

The Heart Foundation is calling for a $20 million targeted initiative to improve the prevention and patient journey for Indigenous Australians. The Heart Foundation has a range of suggested strategies which further outline where this funding could be targeted. Three of the major priorities would be:

- to close the in-hospital intervention gap for acute coronary syndromes by developing a protocol to address rates of cardiovascular disease interventions accessed by Indigenous people in hospital and support systemic change through incentive payments and benchmarks built into appropriate federal/state funding programs such as the Australian Health Care Agreements
- to provide culturally appropriate information to increase the likelihood of Aboriginal and Torres Strait Islander Peoples taking action if they experience chest pain or other warning signs of heart attack
- improve access to and funding for public health programs including tobacco control, nutrition and physical activity.

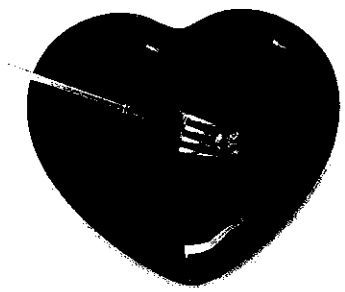


Recommendation 2.3:
Healthy Weight: Increase funding for a comprehensive and long-term strategy to reduce the prevalence of overweight and obesity

Obesity is a global problem and Australia is one of the worst affected nations, with more than 7 million adults being overweight or obese. Obesity alone cost $58 billion in Australia in 2008 (Queensland Health 2008a) and yet the health sector in Australia "probably spends less than $1 per person per year on preventing obesity, against $70 per person per year on treating the consequences" (Catford JC et al 2003). In Queensland, 56.8% of adults are overweight or obese – 62.7% of males and 50.6% of females (Queensland Health 2008b). One in five adult Queenslanders is obese (20.5%).

The National Preventative Health Taskforce (2008) has outlined strategies that would be needed to reduce overweight and obesity based on the latest available evidence.

- Improved access and availability to healthier food and activity choices.
- Protect children and other Australians from inappropriate marketing of unhealthy food and beverages and increase exposure to marketing of healthy options.
- Embed physical activity and healthy eating in every day activities through schools, workplaces and the community.
- Reshape urban environments so they are conducive to healthier options through better urban planning and infrastructure for active living.
- Strengthen, skill and support the primary health care sector to support people in making healthier choices.
- Close the gap for disadvantaged communities.



While Queensland currently has programs and initiatives focusing on physical activity and healthy eating funded through *Eat Well Be Active*, the current level of funding is not adequate to meet the impact of the problem. If the Queensland Government is going to achieve its *Toward Q2: Tomorrow's Queensland* target to cut obesity by one-third by 2020, much more will need to be done.

Existing strategies that the Queensland Government has in place are a good start, but there needs to be a sustained, well-funded, and comprehensive healthy weight strategy across all sectors of government and the community, to turn this tide.

Summary of Recommendations

Recommendation 1: That the Queensland Government adopts a *Health in All Policies* process with the appointment of a separate Minister and government agency responsible for overseeing the coordinated implementation of a whole of government approach to health promotion, healthy living and disease prevention.

Recommendation 2: Increase spending on public health to a minimum of 5% of the annual health budget in 2009-2010, building to 10% by 2012 (indexed) including:

Recommendation 2.1: Fund a comprehensive tobacco control program to at least $26 million annually; including a minimum of $2 million directed to Indigenous initiatives.

Recommendation 2.2: Fund comprehensive Indigenous prevention, treatment and rehabilitation programs to $20 million annually for three years.

Recommendation 2.3: Fund a comprehensive prevention strategy for overweight and obesity with an additional $25 million annually for three years.

Recommendations

Recommendation 3:
Increase funding for a comprehensive, coordinated state-wide cardiac rehabilitation service.

The Queensland Strategy for Chronic Disease 2005-2015 has recognised the need to provide timely, coordinated and integrated cardiac rehabilitation services (Queensland Health 2005). The evidence of the benefits from cardiac rehabilitation services is well documented helping to improve risk factor management and quality of life, while reducing avoidable hospital admissions and the risk of further cardiac events (Joliffe 2003).

There is currently poor access to – and therefore participation in – rehabilitation following a cardiac event, increasing a patient's chances of having a further event. Effective secondary prevention and management of people with coronary heart disease must follow the individual from the point of diagnosis and acute care, through to discharge and medium to longer term care in primary care and community settings.

Acute coronary syndromes are highly prevalent and represent a major health burden in Australia. Data show that 50% of those who will experience a myocardial infarction or coronary death in the next 15 years will have existing heart disease. The fact remains people who have had a heart attack are in a high risk group for future heart attack.

Fortunately, there is strong evidence to show that this risk can be markedly reduced through the implementation of evidence-based clinical recommendations delivered through cardiac rehabilitation and other secondary prevention approaches. These strategies are designed to encourage lifestyle modification, address psychosocial risk factors including depression, and enhance the quality use of medicines which have been shown to improve health outcomes in this group (these include lipid lowering, antihypertensive, anti-platelet and other medications).

Although the World Health Organisation and the Heart Foundation recommend that all patients who have had a heart attack, heart surgery, or other heart or blood vessel disease are routinely referred to an appropriate cardiac rehabilitation and prevention program, only a minority of patients access these services.

A Queensland study showed that 70% of acute coronary syndrome patients did not access cardiac rehabilitation programs (Scott I et al 2003). Overall, the biggest contributor to non-completion of cardiac rehabilitation has been found to be lack of referral to a cardiac program, accounting for 74% of non-completers (Nagle A et al 2002).

Queensland needs to establish a comprehensive, coordinated state-wide cardiac rehabilitation service to ensure that people with coronary heart disease receive cardiac rehabilitation and ongoing prevention following discharge from hospital. Adequate and centrally administered cardiac rehabilitation services throughout Queensland will save lives and health system expenditure.

The Heart Foundation strongly recommends the establishment of an automated mandatory referral system for cardiac rehabilitation to ensure access for all Queenslanders with cardiovascular disease, including those with heart failure.

The Heart Foundation is also calling for effective models of cardiac rehabilitation to be developed and implemented to improve access across Queensland, including models which will cater for Aboriginal and Torres Strait Islander peoples and other under-represented groups.

Recommendation 4:
Increase funding to build infrastructure that supports active living and invest more in sustainable transport modes (walking, cycling and public transport) to support Queenslanders to be Australia's healthiest people and contribute towards cutting our carbon footprint by one-third.

Significant economic and community benefits can be gained by improved investment in sustainable transport infrastructure, including public transport, cycling and pedestrian facilities. With Queensland's rapidly expanding population, sustainable transport options beyond car dependence need to be greatly increased to reduce traffic congestion, road maintenance costs, accident rates, greenhouse gas emissions and obesity levels. *Toward Q2: Tomorrow's Queensland* (Department of Premier and Cabinet 2008) has set a target to reduce the carbon footprint of Queenslanders by one-third through reduced car use and other means (and also to reduce obesity levels by one third).

The Health of Queenslanders 2006 report (Queensland Health 2006) acknowledges that improvements in health will require an increased focus on creating supportive environments and improving the walkability of our communities. To achieve this, the Heart Foundation recommends that the Queensland Government:

a. Re-orient transport policy to prioritise planning and promotion for sustainable transport options (walking, cycling and public transport)

Healthy environments that support active living incorporate ways to develop and use community services to improve health and quality of life – the 'healthy by design' principle. In the past decade, there has been a significant decline in active forms of transport (e.g. walking, cycling). Increasing walking, cycling and public transport use have the dual benefits of improving health and meeting environmental sustainability objectives.

Public and active transport use should be encouraged in all sectors and communities by investing in infrastructure and providing financial subsidies to make it more efficient and affordable than using a car. *The South East Queensland Infrastructure Plan and Program* (SEQIPP) 2008 – 2026 recognises the need for smarter delivery of transport infrastructure to provide for and promote the use of more sustainable transport options (public transport, walking and cycling) (Queensland Government 2008c).

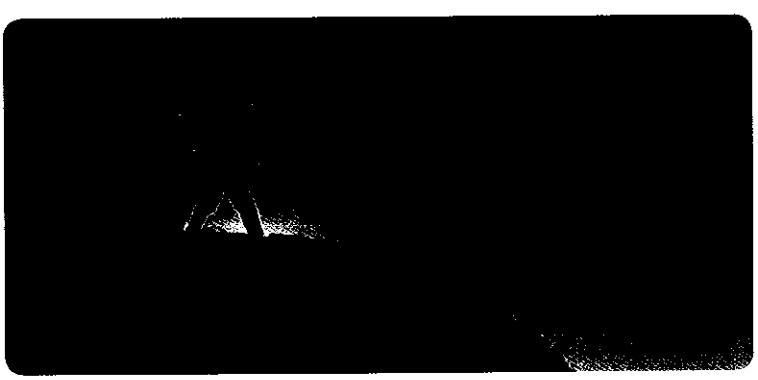
Recommendations

A major re-orientation of transport funding is needed in the next and subsequent state budgets to make this change in transport mode share more sustainable. Queensland's budget 2008-2009 committed $6.9 billion to the Roads and Transport capital works program, the majority of which went to roads. Sustainable transport infrastructure needs to be given at least the same priority for funding as roads and tunnels in order to achieve the *Toward Q2: Tomorrow's Queensland* targets. As a first step, the Queensland Government should transfer 5% of the Roads and Transport capital works budget from roads and tunnels to public transport infrastructure. This would equate to $345 million per annum based on the 2008-2009 Roads and Transport capital works budget.

SEQIPP recognises the need to accelerate the development of the Principal Cycle Network. The Queensland Government should particularly commit to completing the Principal Cycle Network for South East Queensland in a much shorter time frame. At the current funding rates, the planned Principal Cycle Network will not be delivered until after 2040, making it difficult for the State Government to reach its *Toward Q2: Tomorrow's Queensland* targets for a healthy and green Queensland. A State Government commitment of $100 million each year for four years would allow the completion of the Principal Cycle Network for South East Queensland and dramatically improve cycle networks elsewhere in Queensland. This would complement the Brisbane City Council's commitment of $25 million each year for four years.

The Queensland Government also needs to prioritise investment in walking infrastructure, which should commence through earlier investment in the Subregional Walking Network Program (currently only proposed for funding from 2019-2025 in SEQIPP, Action 4.34). In Queensland, there isn't currently any coordinated funding mechanism for walking infrastructure.

We are calling for the Queensland Government to develop a program of matched funding grants to local government (i.e. 50% from local government and 50% from Queensland Government) for developing pathways and other walking infrastructure. The SEQIPP outlines the need for alternative funding, including the increased use of public, private and inter-governmental partnerships, which these funding grants would satisfy (Queensland Government, 2008c).



b. Build and retrofit neighbourhoods to provide infrastructure and services for recreational physical activity, as well as accessibility for pedestrians and cyclists to shops, workplaces, public transport and services, rather than focusing on the mobility of motor vehicles.

Behavioural changes towards a more active lifestyle need to occur with a minimum amount of effort. People who have access to safe places for recreational physical activity and live in neighbourhoods that encourage walking are more likely to be active (Sallis JF et al 2006). Walking, cycling and recreational physical activity depend on neighbourhoods that are characterised by:

- higher density, mixed-use zoning
- interconnected (walkable) streets
- access to public transport
- reduced traffic
- parks and open spaces.

However, access alone does not guarantee use – good communication and promotion of available facilities are also needed. Integration of environmental approaches with media campaigns (such as Find Your 30) is essential.

Summary of Recommendations

Recommendation 3: Fund a comprehensive, coordinated state-wide cardiac rehabilitation service with $10 million per annum for three years.

Recommendation 4: Increase funding to build infrastructure that supports active living and invest more in sustainable transport modes (walking, cycling and public transport) to support Queenslanders to be Australia's healthiest people and contribute towards cutting our carbon footprint by one-third.

Recommendation 4.1: Transfer 5% of the Roads and Transport capital works budget from roads and tunnels to public transport infrastructure, equating to $345 million per annum based on the 2008-2009 budget.

Recommendation 4.2: Commit $100 million per year over four years to cycling infrastructure, to complete the Principal Cycle Network for South East Queensland and improve Queensland's cycle networks overall.

Recommendation 4.3: Prioritise investment in walking infrastructure, commencing with earlier investment of $25 million in 2009-2010 for the Subregional Walking Network Program and a program of matched funding grants to local government for developing pathways and other walking infrastructure.

Recommendations

Part Two: Fund Partnerships between the Heart Foundation and the Queensland Government

Recommendation 5:
Fund cardiovascular health checks

The Queensland Strategy for Chronic Disease 2005 -2015 acknowledges the importance of the early detection and early management of chronic disease markers (Queensland Health 2005) Promoting cardiovascular disease absolute risk assessment in general practice and supporting ongoing management for people identified to be at high risk is an important strategy for the early detection and management of cardiovascular disease.

Cardiovascular disease absolute risk is the probability of suffering an acute cardiovascular event, such as heart attack or stroke, in a given period. Prevention of cardiovascular disease can be strengthened by incorporating absolute risk assessment into early detection strategies – for example, by estimating the likelihood that a person will develop heart, stroke or vascular disease over a certain period of time.

An absolute risk approach to cardiovascular disease treatment uses a multifaceted approach by addressing the complex combination of risk factors, rather than each one in isolation (National Health Priority Action Council 2006). An absolute risk approach to cardiovascular disease treatment will optimise resource allocation by targeting patients most at risk (Tonkin A et al 2003), that is, through this approach lifestyle interventions and the use of lipid lowering, antihypertensive and other medications can be directed to those that have the most to benefit.

Funding an implementation trial in Queensland for this new and innovative screening program will help to detect people at a high absolute risk for cardiovascular disease (>15% chance over the next 5 years) and allocate resources appropriately to managing this risk.

Recommendation 6:
Continue to fund Heart Foundation Walking, Queensland's Biggest Walking Program

Heart Foundation Walking (formerly Just Walk It), partnered by Sport and Recreation Queensland, has successfully delivered free community walking groups throughout Queensland for the past 12 years. The current funding agreement ceases on 30 June 2009 and it is critical for continuity that funding of $675,000 (indexed) be committed for the next three years.

In relation to the Queensland Government's *Toward Q2: Tomorrow's Queensland* goal to make Queenslanders Australia's healthiest people, this program is a success story. It has been comprehensively evaluated and shown to target people who are most likely to be insufficiently active, and helps them to either increase or maintain their physical activity levels in a safe and supportive social environment.

The program also has community benefits, using volunteers extensively and helping to reduce social isolation for participants. The success of Heart Foundation Walking relies on a proven, effective partnership between the State Government and a leading non-Government organisation - the Heart Foundation.

This small investment in the health of Queenslanders is more than cost effective. The advertising value equivalent of Heart Foundation Walking media coverage for January to June 2008 was $173,683 in Queensland.

Recommendation 7:
Continue to fund the dissemination of *My Heart My Life* to all cardiac patients

In keeping with the *Cardiac Services Strategy for Queensland 2005 – 2015* (Queensland Health 2004), Queensland Health selected an education resource developed by the Heart Foundation, designed specifically for patients who have had Acute Coronary Syndromes. The standardised patient education resource, *My Heart My Life - a manual for patients*, provides information and education specifically aimed at patients who have been admitted to hospital following a cardiovascular event.

The manual is designed to be given to these patients and their carers, in consultation with their cardiologist/cardiac nurse or cardiac rehabilitation educator, before being discharged from hospital.

The use of *My Heart My Life* was piloted in selected Queensland Health facilities in 2007 via the State-wide Cardiac Clinical Network which supported the 6-month pilot of *My Heart My Life* as a way of providing a standardised education resource for all patients across Queensland.

Recommendations

The pilot was evaluated in mid 2008 with a survey to look at how health professionals were using the resource with patients; whether patients were receptive to the information; any suggested changes to the resource; and whether there were any training needs around either the resource or behaviour change more broadly. Overall, the survey highlighted the following:

- The education resource is clearly supported by health professionals, patients and carers.
- Health professionals identified the need for further education and training regarding both the resource and how to support patients with cardiovascular disease to make behavioural change.

Due to the positive uptake of *My Heart My Life*, the State-wide Cardiac Clinical Network approved a further 12 month supply of the resource for all Queensland Health hospitals to 30 June 2009.

To date, the Heart Foundation, partnered by Queensland Health, has successfully disseminated 55,000 copies of the Heart Foundation patient resource, *My Heart My Life*, to all public hospitals in Queensland to be made available on discharge to all patients with cardiovascular disease.

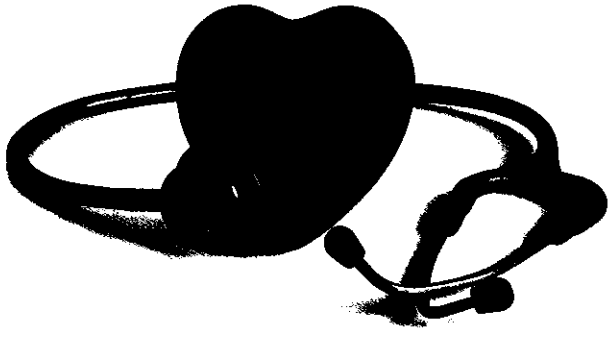
The Heart Foundation wants to continue to disseminate this resource in public hospitals and also extend dissemination to private hospitals and clinics. The Heart Foundation also plans to develop an online web-based interactive resource for use by patients and practitioners, with the aim of increasing access to heart health and lifestyle information for patients.

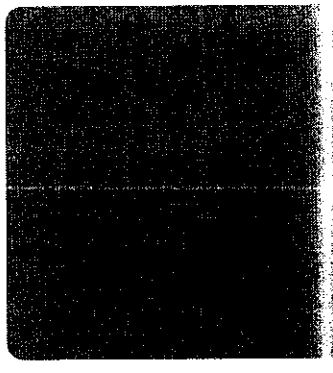
Summary of Recommendations

Recommendation 5: Fund the development and implementation of cardiovascular health checks (costs are currently being determined based on discussions with the National Vascular Disease Prevention Alliance).

Recommendation 6: Fund the Heart Foundation Walking program $675,000 over 3 years ($225,000 annually, indexed).

Recommendation 7: Fund the Heart Foundation to disseminate and further develop *My Heart My Life* resources $500,000 over 3 years ($200,000 in the first year for web-based development, and $150,000 recurrent).





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