Improving heart health outcomes for New Zealand

HEART FOUNDATION WHITE PAPER | 4 AUGUST 2020

Heart Foundation™

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Executive summary

Heart health outcomes for New Zealanders are still unacceptable

Cardiovascular disease is a group of conditions that affect the heart and blood vessels. Together these conditions are responsible for a third of all deaths and are New Zealand's leading cause of health loss.

This white paper for heart health provides a high-level view of heart health outcomes in New Zealand and the need for a coordinated national action plan to improve them for all New Zealanders.

Including those suffering from hypertension (high blood pressure), almost a million New Zealanders are living with cardiovascular disease.

Ten thousand New Zealanders die from cardiovascular disease each year, and almost 1 in 4 of these deaths could be avoided with effective strategies for prevention, diagnosis and timely treatment and care.

The burden of heart disease falls unequally on Māori, Pacific and South Asian people and people with severe mental illness. Almost half of the deaths from heart disease each year in these populations are premature and avoidable.

Good heart health starts with prevention and New Zealand still has large disparities in known risk factors for heart disease, such as smoking, obesity and poor nutrition status.

The risk of heart disease is increased as a result, with rates of diabetes, and high blood pressure up to three times higher in the most deprived communities than the least deprived.

Access to health care is not equal. Even though New Zealand has world-class tools for detecting, treating and managing heart disease, they are not reaching everyone who needs them. The most at-risk populations, especially Māori, Pacific and low-income New Zealanders, are still the least likely to access health care when it matters the most.

The impact is that Māori and Pacific people are 1.3 times more likely to suffer a heart attack or stroke, and 4 times more likely to die of heart disease before the age of 65 than non-Māori. Those with mental illness are up to 3 times more likely to die from heart disease. New Zealanders living in the most deprived areas are twice as likely to die from avoidable heart disease before the age of 65 compared to the least deprived.

Outcomes for heart health in New Zealand are not equitable and this is unjust.

Much of the burden of heart disease can be avoided through strengthening prevention in children's early lives, improving access to screening and detection and ensuring people can access timely and effective health care. For those who suffer heart events outside of hospital, we also have the opportunity to increase survival rates through better awareness of and access to an effective first response.

There is an urgent need for a more coordinated and purposeful heart health system that prioritises those most affected.

Develop a New Zealand heart health action plan

Currently, there is no national plan to address heart health.

A longer-term, national heart health action plan is needed to address the systemic barriers and inequities within the prevention and health systems, especially for Māori and Pacific people.

A national heart health action plan must work with patients, priority populations and across the health sector to prioritise equitable outcomes. It must set clear accountable actions to achieve these outcomes, with a transparent purpose to improve the heart health of all New Zealanders.

We recommend that a national heart health action plan focuses on five key areas that build on current strengths and have the potential to significantly reduce the impact of heart disease and stroke on all New Zealanders.

1. Prevention

- Implement stronger actions to set-up healthier lives from childhood, reduce smoking, create a healthier food system and empower healthier lives.
- Maintain commitment to Smokefree Aotearoa 2025, improve public awareness about good nutrition and work with communities on actions for healthy eating, physical activity and healthy weight.

2. Early detection and management of heart disease

- All New Zealanders must have access to regular heart health risk assessment checks in line with current guidelines.
- Implement targeted community/workplace risk screening for heart disease with focus on high-risk populations.

3. Timely access to effective care and support

- Work with communities at high risk of heart disease and stroke to better understand and overcome the barriers to accessing health care.
- Ensure all New Zealanders with heart disease and stroke have sustainable and timely access to evidence-based treatment, care and support.

4. Survival

- Educate New Zealanders about early warning symptoms of heart disease and stroke, and how to access appropriate health care promptly.
- Introduce CPR and AED training as part of the school curriculum to increase rates of bystander CPR, improve access to early defibrillation and achieve better outcomes for people suffering out-of-hospital cardiac arrest.

5. A more transparent and accountable health system

- The health system must track performance towards preventing, screening, treating and reducing heart disease, act on the information and share information with the New Zealand public.

The Heart Foundation calls for recognition of the urgent need for a national action plan for heart health that includes practical improvements in prevention, detection and management, timely access to care and support, survival and system performance.

We are committed to better outcomes for all New Zealanders and to working with Government, the health sector and New Zealand communities to achieve that.

About the Heart Foundation

The Heart Foundation is New Zealand's heart charity, leading the fight against our country's single biggest killer - heart disease - since 1968.

Our purpose is to stop all people in New Zealand dying prematurely from heart disease and enable people with heart disease to live full lives.

Every day, we connect with communities across the country providing much-needed support, care and advice to people and their families affected by heart disease.

Since 1968, we have funded more than $74 million of leading-edge research and specialist cardiologist training.

Our education and prevention programmes tackle heart disease head-on in the community, where it is needed most. The work that we do with young children creates a foundation for keeping hearts healthy into the future.

What is cardiovascular disease?

Cardiovascular disease is a group of conditions that affect the heart and blood vessels. These include angina, heart failure, heart attacks, coronary artery diseases, stroke and other conditions.

Altogether, cardiovascular disease is responsible for a third of all mortality and is the leading cause of health loss in New Zealand.

Heart disease is highly preventable and treatable. Much of the current burden of it could be avoided with effective strategies for prevention, diagnosis and timely treatment and care.

The burden of heart disease and stroke in New Zealand

Including hypertension, more than 1 in 5 adults in New Zealand are living with cardiovascular disease, increasing to 1 in 2 people over the age of 40[1]. Often, these people face the challenges of living with a disability or increased risk of complications from other conditions.

The impact of heart disease is far from equal. Almost half of Māori, Pacific and South Asian deaths from heart disease are premature (before the age of 75) and avoidable. This is more than three times the rate for non-Māori. People with severe mental illness are up to three times more likely to die from heart disease or stroke, and these deaths are often in middle age.

There are unacceptable disparities in heart health outcomes

The causes, impact and outcomes of heart disease in New Zealand are strongly linked to poverty, ethnic inequalities and co-morbidities, particularly diabetes and mental ill-health.

There are marked inequities in the outcomes of heart disease for the least privileged New Zealanders. Those most at-risk of heart disease, and with the poorest outcomes, are Māori, Pacific and South Asian people, and people on low incomes.

The disparities in heart health outcomes are particularly stark when viewed by decile and ethnicity. Not only do avoidable deaths increase with deprivation, but there are startling inequities by ethnicity regardless of deprivation.

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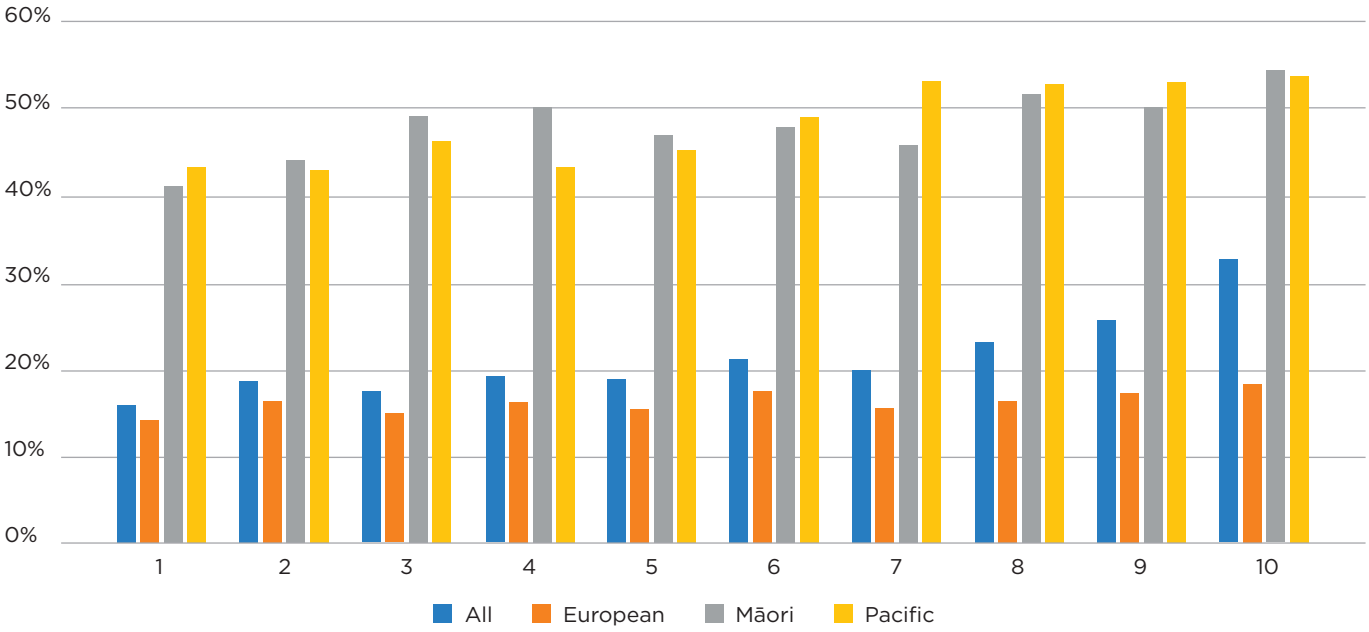
[1] Ministry of Health. 2019. Annual Data Explorer 2018/19: New Zealand Health Survey cardiovascular health URL: https://minhealthnz.shinyapps.io/nz-health-survey-2018-19-annual-data-explorer/ Accessed MAY 2020.

Figure 1. Rates of deaths from heart disease that were avoidable by ethnicity and New Zealand deprivation (1 is least, 10 is most deprived). (2012-2016)



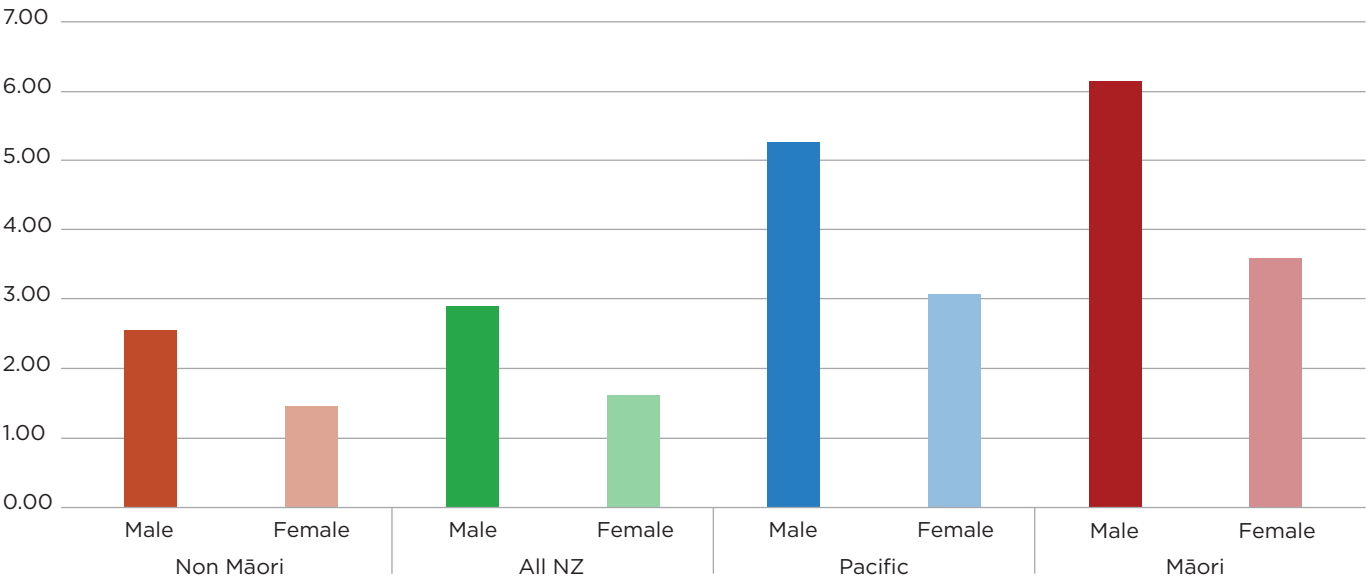
Ethnic disparities

As much as a year of the life expectancy gap between Māori, Pacific and Pākehā New Zealanders is attributable to deaths from heart disease that could have been avoided.

Māori are disproportionally affected with heart failure and on average suffer onset 15 years earlier than non-Māori. Atrial Fibrillation, a common cardiac rhythm disorder associated with preventable stroke risk, is twice as likely to occur in Māori and on average presents 10 years earlier in Māori and Pacific people compared to non-Māori, non Pacific people

The mortality rate from heart disease for Māori is more than double that for non-Māori. Māori men have a mortality rate almost six times that of the lowest risk group, non-Māori women[2].

Figure 2. Age standardised rates of heart disease mortality 2017. (Standardised to Māori population)



[2] Ministry of Health 2019. Mortality Data Table 2017 (provisional)

As well as increased rates of heart disease, Māori and Pacific deaths are much more likely to occur prematurely. Whereas around 1 in 5 deaths from heart disease occur before the age of 75 in New Zealand as a whole, this rises to almost 2 of out every 3 for Māori and Pacific people. These deaths have a serious impact on the wellbeing of families and communities.

Socio-economic disparities

Heart disease is a consequence of poverty...

A higher risk of heart disease is directly linked to living in a high-deprivation area, smoking, diet, nutrition and obesity, all of which disproportionately affect lower-income New Zealanders.

Around a quarter of New Zealanders living in the lowest income groups smoke - four times the rate for the highest income group. The poorest New Zealanders are also less likely to access healthy food and have a greater risk of obesity[3].

As a result, New Zealanders living in the most deprived areas are twice as likely to die from avoidable heart disease before the age of 65, compared to those living in the least deprived areas.

...and a contributor to poverty

Many deaths from heart disease are preceded by chronic illness. This has a profound impact on the economic and social wellbeing of families and communities.

Almost half of Māori and Pacific deaths from heart disease are premature (before the age of 75). Māori and Pacific people are eight times more likely to receive jobseekers allowances than non-Māori as a result of disability caused by heart disease[4]. There is approximately 1 Māori person on jobseekers benefit for every 15 living with heart disease. This compares to 1 in 200 for non-Māori.

Heart health and co-morbidities

Heart disease and mental health

People with severe mental illness are two to three times more likely to die as a result of heart disease. Established risk factors, such as smoking and diet, do not fully account for this increased risk[5].

Heart disease and diabetes

New Zealanders with type 2 diabetes are two to four times more likely to experience heart disease, and to have more serious outcomes[6].

This should be reflected in joint strategies to prevent, detect and treat both conditions.

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[3] Ministry of Health. 2019. Annual Data Explorer 2018/19: New Zealand Health Survey.
URL: https://minhealthnz.shinyapps.io/nz-health-survey-2018-19-annual-data-explorer/ Accessed MAY 2020.

[4] Ministry of Social Development. National Level Benefit Data for quarter ending September 2019. Accessed March 2020.

[5] Osborn DP, Levy G, Nazareth I, et al. 2007. Relative risk of cardiovascular and cancer mortality in people with severe mental illness from the United Kingdom's General Practice Research Database. Archives of General Psychiatry 64(2): 242–9.

[6] Bertoluci, M. C., & Rocha, V. Z. (2017). Cardiovascular risk assessment in patients with diabetes. Diabetology & metabolic syndrome, 9, 25. https://doi.org/10.1186/s13098-017-0225-1.

Five areas to improve heart health in New Zealand

As much as half of the current burden from heart disease could be avoided through a combination of better prevention, improved early detection, timely access to effective care and support, improvements in survival rates and a more transparent and accountable health system.

1. Prevention

Prevention is about reducing the risk factors for heart disease early. This starts young and includes working in children's early years to develop skills, knowledge and healthy habits. It also includes working to reduce risks such as smoking and obesity, through both preventing them in the first place and by changing behaviour. For example, by helping people to quit smoking or reduce their body mass index.

Strengthening healthier lives in early years

Early years are a vital time for establishing healthy behaviours. Interventions on diet and physical activity are shown to reduce the risk of obesity in children and set them up for a healthier life[7]. Examples include supporting education providers to work with their communities on healthy kai policies and increasing physical activity.

Despite guidance issued to all schools in New Zealand in 2016 to restrict drinks to water and milk, a 2018 survey found that 9 in 10 secondary schools still sold sugary drinks to pupils. Efforts to create healthy learning environments must be strengthened. Schools require better support to meet their requirements to provide healthy learning environments and promote good nutrition for all students.

Case study – Making families healthier with nutrition courses

Auckland's early learning service cooks are discovering new ways of cooking up nutritious, heart-healthy meals for under-fives, thanks to a specialised Community Nutrition Course run by the Heart Foundation's Pacific Heartbeat and Education teams, with the support of the Ministry of Health.

Since 2015, many courses have been held for early learning service cooks and other staff who help with food preparation. Each centre's cook influences the food intakes of between 30-120 children daily. The benefits of learning important skills like heart-healthy menu planning, portion sizes, label reading, and basic nutrition concepts have far reaching implications for young New Zealanders.

The decision to focus on cooks from early learning services was due to their influence on pre-schoolers' daily food intakes. Establishing healthy habits in the early years provides children with a strong foundation for good health and wellbeing throughout their lives.

Menu changes can include reducing high-fat and high-sugar options and increasing the availability of fruits and vegetables by providing new food items.

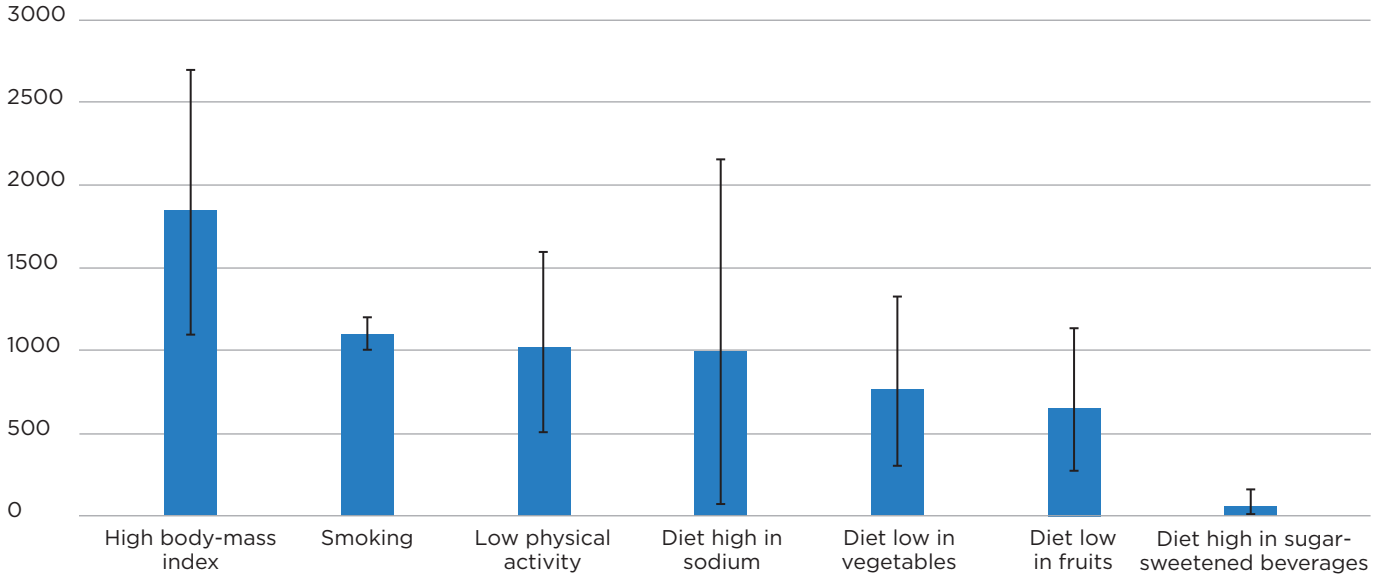
The 2019 Healthy Auckland Scorecard reports some encouraging signs as the rate of obesity among Auckland's pre-schoolers declines, but there is more work to do.

[7] https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD001871.pub4/full?highlightAbstract=obes%7Cchildhood%7Cobesity

Reducing risk factors

Lifestyle risk factors for heart disease such as smoking, diet and physical inactivity need to be addressed and reduced. Around 1 in 10 deaths from heart disease is a result of smoking, and as many as 1 in 6 is linked to obesity.

Figure 3. Deaths from heart disease attributable to risk behaviours and high BMI. New Zealand 2017[8].



The incidence of preventable risks increases with deprivation. Obesity rates in the most deprived parts of New Zealand are almost twice that of the least deprived. Smoking rates are 3.5 times higher in the most deprived communities, who are also least likely to achieve the Smokefree Aotearoa 2025 goal. In fact, almost all behavioural risk factors, including low fruit and vegetable intake and physical inactivity, are higher for those living in the most deprived parts of New Zealand.

Efforts need to address prevention as an equity issue, moving beyond a focus on individual behaviour and instead to work with communities on the barriers and enablers for change. For example, the density of fast food outlets and access to cigarettes is greatest in areas of high deprivation. There are significant physical and economic barriers to accessing affordable healthy food[9].

Case study – Reducing sugar and salt in New Zealand's shopping carts

Since 2007, the Heart Foundation has delivered the national food reformulation programme targeting high-volume, low-cost food products for salt reduction. In 2016, the programme expanded to include sugar reduction.

Working with manufacturers, the programme focuses on reaching achievable goals for reformulating a number of everyday products bought by Kiwi families. In the last year more than 330 tonnes of excess salt was removed from the food system, and top-selling brands of yoghurt and flavoured milk have reduced their sugar content by a third.

[8] Global Burden of Disease 2017. Global Health Data Exchange, Institute for Health Metrics and Evaluation. University of Washington. Gdhx.healthdata.og. Accessed May 2020.

[9] Benchmarking the New Zealand Food Environment. Evidence Summary for Expert Panel. Food EPI 2017-2019. The International Network for Food and Obesity/NCDs Research, Monitoring and Action Support (INFORMAS) The University of Auckland 2019.

2. Early detection and management

Access to regular heart health checks

In 2019, the Ministry of Health published the new risk equations that predict an individual's future risk of heart disease. Implementation guidelines prioritise priority populations, including screening Māori men from age 30 and people with severe mental illness from age 25[10].

This has huge potential to improve outcomes for heart health. However, implementation has relied on putting the equations into the public domain to encourage private sector providers to develop tools for clinical settings.

This creates multiple barriers to access for priority populations as it relies on them having access to a clinic, a reason to visit a clinic and that clinic having access to the risk tool.

Community and workplace heart health checks

Risk assessment can be done remotely, outside of the clinical setting. Reaching priority populations requires a pro-equity model that does not rely on clinical settings and seeks to increase access to screening for those most at-risk.

The risk assessment is a prime opportunity to offer brief interventions on key risk factors such as smoking, weight management and cholesterol. It prompts conversations about heart health and identifying and managing risk factors, such as high blood pressure and cholesterol, early on.

Case study – Bringing heart health checks to communities

In 2019, the Heart Foundation partnered with an iwi health provider and a manufacturer to pilot a consumer-facing digital risk assessment tool in the community. We wanted to test if we could reach Māori men in low socio-economic communities with a tool designed specifically to assess their heart health risk. This is a population that is among the highest risk, but are also least likely to visit a GP.

The pilot set out to see if a partnership with the local kaiāwhina from the iwi health provider and occupational health staff in a large manual workplace could help reach these men and engage them in a conversation about manawa ora. The Heart Foundation developed a digital tool for the kaiāwhina to use. Several ways of communicating risk were tested, including heart age, emojis, graphs of future risk and showing how changes in behaviour would affect risk.

More than 100 checks were run in the community and workplace, of which 60% were with Māori. Many tested were identified as having medium to high-risk. Even for those at low-risk the future predictions were valuable in starting conversations about prevention. More than 80% of the people who had a heart check committed to a lifestyle change, such as stopping smoking or losing weight.

The pilot has given important insights into the value of heart health tools that can be used by community providers and ways to work with local communities who can lead conversations about heart health.

The Heart Foundation is currently translating the learning points from the pilot and developing the risk assessment tool to be a digital resource for consumers that can be used throughout New Zealand by the general public and in the community.

[10] Ministry of Health. 2018. Cardiovascular Disease Risk Assessment and Management for Primary Care. Wellington: Ministry of Health.

3. Timely access to effective care and support

Improving timely responses to heart disease can save more lives in the short-term than almost any other action. Through early diagnosis and treatment those with heart conditions can live longer and healthier lives.

New Zealand has world-class cardiac care, but access is not equitable. Often a lack of timely screening for risk, poor access to health care, being late to seek help or having a poor experience with the health system contribute to lost opportunities for effective treatment.

Many people are not accessing the care they need. High blood pressure is one of the leading causes of stroke, heart disease, and kidney failure. It is poorly treated in 1 in 3 people. Māori are half as likely as non-Māori to be prescribed with, and persevere with effective drug treatment for cardiovascular health.

Work with communities at high-risk of heart disease to better understand and overcome the barriers to accessing health care

Some populations are less likely to seek medical treatment in time, there are longer waits for treatments in some parts of the country and access to life-saving equipment is not always aligned to need.

Māori and Pacific people are much more likely to enter hospital with a critical heart condition, one that could have been avoided or managed through drug treatment if diagnosed in a more timely manner. For every 3 Māori or Pacific hospitalisations for heart disease, there is 1 death. This compares to 1 death for every 7 hospitalisations for non-Māori and is indicative that those populations are not receiving the medical help they need soon enough. This is likely due to barriers accessing the health system.

Case Study – Perceptions of Māori heart health in Te Tai Tokerau

In 2018, the Heart Foundation collaborated with the social innovation agency Innovation Unit to try to understand what would encourage Māori men to get a heart health check. A series of workshops were run with Māori living in Te Tai Tokerau who were eligible for screening, but had not had it done. The conversations were in people's homes, workplaces and marae.

Heart disease was something everyone had experience of through losing whānau, and many accepted was part of their fate. However, it was also rarely talked about and respondents felt it was hard to discuss with the doctor. A common issue was that Māori men felt the doctor was disconnected from te ao Māori. Wellbeing as tāne or wahine Māori was connected to whānau, whenua and to a strong sense of self. The doctor was seen as reactive and distant from their life as Māori. People were being put off the medical system by a lack of understanding of them as Māori. This could have been as basic as mispronouncing their name or not feeling the doctor was part of the community because they were never seen in the community.

The project reinforced that there are substantial barriers for Māori in the health system. It also emphasised the importance of community in influencing how people talk about and engage in heart health. Respondents strongly advocated for more community-led heart health checks, and the need for strong partnerships with local leaders and influencers who could help bridge the gap between the health system and te ao Māori.

Ensure New Zealanders with heart disease have sustainable access to effective treatment, care and support

There are also inequities in how people experience the health system. Pharmac estimated that in 2013 there was a shortfall in scripts for heart medicines for Māori, resulting in almost 300,000 treatments that Māori were not receiving. No other Pharmac-funded drug group has such a large shortfall in access[11].

Not only are Māori less likely to get prescribed treatments, but, when they do, they are also less likely to collect and persevere with treatments, suggesting a lack of follow-up support.

The health system needs to work with populations at highest risk of heart disease and experiencing the worst outcomes to better understand and overcome barriers to accessing health care.

To help address this, the Heart Foundation and the Healthier Lives National Science Challenge joined forces in 2019 to tackle the inequities in health outcomes from heart disease amongst Māori and Pacific people[12].

A new, three-year study aims to ensure that Māori and Pacific peoples get access to the health care which has the potential to achieve equity in heart health outcomes for all New Zealanders. The research involves finding out what barriers people face in accessing health care and coming up with a plan to reduce them.

4. Improve survival rates for heart events

Improving the response to heart events significantly improves outcomes. This includes making sure that when people do have a heart event, they recognise the signs and seek help early, and that the people who respond first act quickly.

However, only around half of New Zealanders who have a heart attack get to hospital or call an ambulance within an hour of the first signs of their attack. Only about half of those who have a serious heart attack are given a stent or other device within the recommended time[13].

Improve awareness of heart health symptoms and how to respond

Many New Zealanders are unaware of the early signs of heart disease, heart conditions or indeed a heart attack, and often seek help too late. For example, in the most recent Heart Foundation awareness campaign for atrial fibrillation, pulse checkpoints were set up in community settings. Around 1 in 13 people who dropped in for a random check had an irregular pulse, and 1 in 20 were referred to their GP.

Heart-related hospitalisations for Māori are more likely to be life-threatening. The leading cause of heart hospitalisation for Māori is heart failure, four times the rate for non-Māori[14].

This is indicative of a lower awareness of heart disease signs, later presentation to the health system or missed opportunity for prevention and early risk management.

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[11] University of Auckland. Variation in medicines use by ethnicity: a comparison between 2006/7 and 2012/13. Report prepared for PHARMAC. January 2018.

[12] https://healthierlives.co.nz/research/access/

[13] https://public.tableau.com/profile/hqi2803#!/vizhome/Howhearthealthyisyourhealthservice/Dashboard

[14] Ministry of Health 2019. Publicly funded hospital discharges June 2016 – July 2017. https://www.health.govt.nz/publication/publicly-funded-hospital-discharges-1-july-2016-30-june-2017 Accessed May 2020.

Case Study – Mapping access to life-saving Automated External Defibrillators (AEDs)

Each year around 2,000 New Zealanders experience a cardiac arrest outside of hospital. Sadly, only 12% survive. Survival rates improve by up to 20% when publicly accessible defibrillators are used immediately after cardiac arrest.

To help improve public access to defibrillators, the Heart Foundation along with others, has supported the development of an AED location map that ambulance services and the public can use to search for a nearby device. The mapping has led to the development of an app that can alert members of the public, trained in CPR and AEDs, when they need to respond. Since 2014, the use of public defibrillators in out-of-hospital cardiac arrests has increased by 50%.

In 2019, the AED location data was mapped against cardiac arrests in New Zealand. While the most deprived neighbourhoods in New Zealand had the highest incidence of out-of-hospital cardiac arrests, they also had the least access to publicly accessible defibrillators.

Introduce CPR and AED training in schools, and improving access to AEDs in rural, high-deprivation and Māori and Pacific communities

Around 70% of out-of-hospital cardiac arrests happen in the home and 22% in public. The chances of survival increase significantly the sooner someone can offer CPR and a defibrillating shock. Teaching these skills in schools is a simple addition to the curriculum that will save lives.

Addressing the discrepancy between higher rates of cardiac arrest in high deprivation areas, but lower access to AEDs, would also improve outcomes.

5. A more transparent and accountable health system

New Zealand lags behind other countries in the proactive disclosure of health system performance and outcomes.

The purpose of increased transparency and accountability is to support public trust in the system and to encourage improvement. A transparent health system requires clear accountability to those most at-risk of heart disease, and the data used systematically to measure and improve impact.

During the Covid-19 pandemic, New Zealand has been recognised across the world for setting the standard for transparency with daily public reports on cases. This commitment to transparency has resulted in significant public trust and engagement with the Government's pandemic response.

Since the previous targets on heart and diabetes screening, there has been no systematic and transparent reporting on heart health care. While we can measure risks, such as smoking, and outcomes, such as hospitalisations and deaths, there are no systematic measures of prevention and treatment of heart health.

Case study – Co-designing a transparent cardiac care system for the public

Since 2016, the Health Quality and Safety Commission has worked alongside the Ministry of Health to increase transparency of cardiac health care data in New Zealand through a co-design process with consumers and clinicians. The purpose has been to help health providers to improve quality and provide transparent information to the public.

The project draws on data collected from all 41 public hospitals in New Zealand about Acute Coronary Syndrome and has data from more than 60,000 patient admissions and 120,000 procedures. This data has been used to recommend clinical and performance indicators for cardiac care and to drive health system improvements that benefit patients.

Until recently, the data was shared to DHBs and via peer-reviewed publications. While the heart health community was determined to improve public accountability, the complexity of the data created many challenges to do so in a meaningful way.

To address this problem, clinicians, the Ministry of Health and the Commission ran a co-design workshop that brought them together with heart patients to exchange experiences and ideas about making the data more accessible to consumers.

An outcome was the creation of a dashboard that maps DHB performance at different stages of acute coronary care, from diagnosis through to treatment phases and post-discharge from hospital. The dashboard also allows consumers to compare data across the country.

The public-facing dashboard can be accessed on the Heart Foundation website and the data is updated biannually. Consumers saw the Heart Foundation as a trusted source of information, and one that was acting on their behalf.

Recommendation

Develop a New Zealand heart health action plan

Currently, there is no national plan to address heart health.

A longer-term, national heart health action plan is needed to address the systemic barriers and inequities within the prevention and health systems, especially for Māori and Pacific people.

A national heart health action plan must work with patients, priority populations and across the health sector to prioritise equitable outcomes. It must set clear accountable actions to achieve these outcomes, with a transparent purpose to improve the heart health of all New Zealanders.

We recommend that a national heart health action plan focuses on five key areas that build on current strengths and have the potential to significantly reduce the impact of heart disease and stroke on all New Zealanders.

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- All New Zealanders must have access to regular heart health risk assessment checks in line with current guidelines.
- Implement targeted community/workplace risk screening for heart disease with focus on high-risk populations.

3. Timely access to effective care and support

- Work with communities at high-risk of heart disease and stroke to better understand and overcome the barriers to accessing health care.
- Ensure all New Zealanders with heart disease and stroke have sustainable and timely access to evidence-based treatment, care and support.

4. Survival

- Educate New Zealanders about early warning symptoms of heart disease and stroke, and how to access appropriate health care promptly.
- Introduce CPR and AED training as part of the school curriculum to increase rates of bystander CPR, improve access to early defibrillation and achieve better outcomes for people suffering out-of-hospital cardiac arrest.

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- The health system must track performance towards preventing, screening, treating and reducing heart disease, act on the information and share information with the New Zealand public.

The Heart Foundation calls for recognition of the urgent need for a national action plan for heart health that includes practical improvements in prevention, detection and management, timely access to care and support, survival and system performance.

We are committed to better outcomes for all New Zealanders and to working with Government, the health sector and New Zealand communities to achieve that.

Heart Foundation™

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