

Media Release



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Mapping Out Australia's Heart Health

New heart-related hospital admissions data mapped by the Heart Foundation reveals disturbing gaps between those living in the city and those in regional Australia.

A concerning trend among the hotspots was the correlation between access to services, particularly for those considered disadvantaged, and the rates of heart-related hospital admissions.

Heart Foundation has today launched Australian Heart Maps, which is an online service highlighting how indicators for heart disease are distributed throughout Australia's hospital network.

Heart Foundation National Chief Executive Officer Adjunct Professor John Kelly said these maps brought together for the first time a national picture of hospital admission rates for heart-related conditions at a national, state and regional level.

"Among the key findings of the Heart Maps is the positive correlation between heart admissions and obesity, smoking and physical inactivity," Adj Prof Kelly said.

"Northern Territory Outback and Queensland Outback have the highest heart admissions with an age-standardised rate (ASR) of 161.0 and 100.9 (per 10,000 people), with the third-highest Darwin at 79.0."

Queensland dominates the list of hotspots with 12 regions included in the top 20. This compared to four from New South Wales, two from Northern Territory and one each from Western Australia and Victoria.

The best regions are North Sydney & Hornsby and Sydney's northern beaches area, with other inner city regions of Melbourne, Adelaide and Brisbane following.

The worst -			
1	Northern Territory - Outback	NT	161.0
2	Queensland - Outback	QLD	100.9
3	Darwin	NT	79.0
4	Ipswich	QLD	77.4
5	Wide Bay	QLD	75.6

The best -			
1	Sydney - North Sydney and Hornsby	NSW	31.3
2	Sydney - Northern Beaches	NSW	32.9
3	Sydney - Eastern Suburbs	NSW	33.1
4	Sydney - Ryde	NSW	34.4
5	Sydney - Baulkham Hills and Hawkesbury	NSW	35.7

NOTE: Tables of national, state and regional data below

"Those regions that rate in the top hotspot areas are regions where a large proportion of residents are of significant disadvantage. This disadvantage includes a person's access to education, employment, housing, transport, affordable healthy food and social support," he said.

“This contrasts to areas with the lowest rates – particularly the northern suburbs of Sydney, where there is little disadvantage of the community.

“There is a five-fold difference of hospital admissions between Northern Territory Outback and the region with the lowest admission rates North Sydney & Hornsby, which highlights the association between remoteness, disadvantage and our heart health.

“The lowest rate we see in the northern suburbs of Sydney tells us what is possible, what we should be striving for across the country.”

Adj Prof Kelly added that the Heart Maps would serve as a valuable tool for health professionals, health services, local governments, researchers and policy makers to be used to set strategy, plan services and target prevention initiatives to areas of greatest need.

“What we need is a greater focus on prevention and management of heart disease in rural and remote Australia and in areas of disadvantage,” he said.

“For those with established heart disease, we want to work with health planners to ensure everyone has good access to co-ordinated cardiac services to reduce hospital readmissions and the development of further chronic disease.”

The Heart Foundation Heart Maps display hospital admission rates for two years of hospital separation data, with a separation defined as a completed episode of patient care in hospital resulting in discharge, death, transfer or change in type of care (ie: acute to rehabilitation).

The Heart Maps display separations for four key heart diagnosis – NSTEMI, STEMI, Unstable Angina and Heart Failure, with data for all heart-related admissions presented.

The data is shown on interactive online maps that drill down into each region looking at the number of hospital admissions as well as identify the risk factors for heart problems by high blood pressure, high cholesterol, obesity, smoking and physical inactivity.

Further Away You're Closer to a Heart Related Hospital Visit

Living in a very remote area, you're nearly twice as likely to need to visit a hospital for a heart event.

In figures available as part of the Heart Foundation Australian Heart Maps, the further a person lives from a major city the greater the rate of heart related hospitalisations.

Those living in major cities had an ASR of 47.1, with rates increasing for people living in regional areas (inner regional 53.1; outer regional 57.6; remote 62.2; very remote 92.5).

“If Australians in outer regional and beyond had the same hospital admissions rate as those in major cities, there would be more than 3400 avoidable hospital visits for a serious heart event each year,” Adj Prof John Kelly said.

“That would mean 1700 fewer admissions for a heart attack, which is more than four a day.

“The Heart Foundation urges regional service providers and State and local governments to use this information to ensure all Australians have access to preventative health care and facilities to reduce the risk factors.”

“Along with higher rates of smoking, obesity and physical inactivity, remote Australia experiences higher levels of disadvantage, has poorer access to health services and the conditions needed for health such as an environment that supports physical activity, access to affordable healthy food, access to education and secure employment.”

Australia’s Indigenous Community Hurting in the Heart

Aboriginal and Torres Strait Islander peoples are two-and-a-half times more likely to be admitted to hospital for heart events than non-Indigenous Australians.

Of all the four heart events (STEMI and NSTEMI, unstable angina and heart failure), admission rates for Aboriginal and Torres Strait Islander peoples is at least double that of non-Indigenous Australians.

“For all separations, Aboriginal and Torres Strait Islander peoples have a rate of 117.9 compared to non-Indigenous of 48.9,” Adj Prof John Kelly said.

“If Aboriginal and Torres Strait Islander peoples had the same rate of admissions, there would be 2300 fewer hospital admissions each year including close to 900 fewer admitted for a heart attack.

“For both sexes, Aboriginal and Torres Strait Islander peoples are more likely to have high blood pressure, be obese, smoke and a poor diet.

“Adding to the risk is they’re more likely to have comorbidities, which is having at least two or more conditions/illnesses such as heart disease, respiratory disease and kidney disease.

“For almost every social indicator (education, income, housing security etc) Aboriginal and Torres Strait Islander peoples fare worse than their non-indigenous counterparts.

“These poorer social and economic conditions lead to higher rates of smoking, hypertension, and obesity for Aboriginal and Torres Strait Islander peoples.

“Yet, for historical, geographic and cultural reasons, primary healthcare services remain under-used by Aboriginal and Torres Strait Islander peoples.

“As a result, poorer health and lower quality of life becomes the “norm” until a critical event like a heart attack happens.

“Many of the hospital admissions for Aboriginal and Torres Strait Islander peoples are preventable and the Heart Foundation is committed to closing the gap in health outcomes for Aboriginal and Torres Strait Islander peoples.”

Economics and Lifestyle Play a Part in your Heart Health

The more disadvantaged the area you live in, the greater the risk of being admitted to hospital for a heart attack, unstable angina or heart failure.

Australians listed in the most disadvantaged areas are more than twice as likely to be admitted to hospital for a heart event than those living in the most advantaged areas.

“These higher rates are not because poor people make unhealthy choices. They are the result of a combination of social, economic and physical conditions, like a person’s access to education, employment, housing, transport, affordable healthy food, and social support,” Adj Prof John Kelly said.

“These conditions shape matters such as people’s eating habits, participation in physical activity and their likelihood to see a doctor.

“We can’t afford to ignore the issue of inequities in heart disease. It is costing governments, communities and families through reduced quality of life, lost productivity and an ever-increasing hospital burden.

“According to projections, we know that these inequities in heart health will only worsen as the gap between the rich and the poor widens.

“We need to work together with governments, other sectors, local governments and health services to improve access and opportunities for good health.”

“Prevention programs work, simple early detection and heart health checks by doctors can help early identification of the risk factors and reduce hospital admissions.

“Health is a basic human right.

“It should not matter who you are, how much you earn or where you live.

“We all have a responsibility to take care of our own health, but it isn’t right when things outside our control impact on our heart health.”

TABLES:

Top 20 Regions for Heart-Related Hospital Admissions

	Region	State	ASR	HYP %	CHOL %	Obese %	Smoke %	Inactive %
1	Northern Territory - Outback	NT	161.0	21.1	26.1	28.9	28.6	60.5
2	Queensland - Outback	QLD	100.9	13.6	50.4	43.7	25.6	35.7
3	Darwin	NT	79.0	24.2	30.9	26.8	24.0	63.5
4	Ipswich	QLD	77.4	25.6	21.0	38.9	21.2	68.9
5	Wide Bay	QLD	75.6	37.4	37.5	28.5	18.8	72.5
6	Mackay	QLD	73.8	33.2	38.0	41.0	25.9	65.1
7	Logan – Beaudesert	QLD	71.0	40.9	27.5	35.0	24.2	66.2
8	Riverina	NSW	69.9	32.6	42.9	33.2	14.9	81.2
9	Moreton Bay – North	QLD	69.8	36.5	25.9	33.2	26.3	50.9
10	Western Australia – Outback	WA	66.0	20.2	42.5	32.4	26.2	72.4
11	Fitzroy	QLD	65.8	25.4	22.5	39.0	24.4	64.2
12	Townsville	QLD	65.0	29.9	27.3	36.3	22.8	61.5
13	Far West and Orana (remote)	NSW	64.9	50.9	n/a	35.7	18.4	64.5
14	Darling Downs – Maranoa	QLD	63.2	47.3	34.3	44.2	22.3	74.5
15	Cairns	QLD	63.2	29.0	39.1	30.5	27.1	75.6
16	Brisbane – North	QLD	61.9	25.6	31.6	28.6	17.3	60.3
17	Sydney – Blacktown	NSW	60.3	28.6	31.8	28.8	18.5	60.1
18	Toowoomba	QLD	59.4	34.6	42.1	35.6	21.3	66.0
19	Shepparton	VIC	59.0	38.2	37.7	36.1	25.7	77.1
20	Hunter Valley (excl Newcastle)	NSW	58.8	32.0	26.3	33.6	12.4	50.9

(Column order: Region, State, ASR (Heart admissions – age standardised rate), hypertension, high total cholesterol, obese, smoke, insufficiently active)

Top 10 Regions with the lowest heart-related hospital admission rates

	Region	State	ASR	HYP %	CHOL %	Obese %	Smoke %	Inactive %
1	Sydney - North Sydney and Hornsby	NSW	31.3	24.4	27.4	17.0	9.7	42.0
2	Sydney - Northern Beaches	NSW	32.9	27.9	26.4	17.5	7.3	49.1
3	Sydney - Eastern Suburbs	NSW	33.1	24.9	26.0	13.7	14.6	26.2
4	Sydney - Ryde	NSW	34.4	28.4	28.0	19.0	16.8	45.2
5	Sydney - Baulkham Hills and Hawkesbury	NSW	35.7	31.0	53.6	30.5	10.4	60.6
6	Sydney - Sutherland	NSW	35.9	33.4	46.3	30.0	15.1	57.5
7	Melbourne - Inner East	VIC	36.9	32.0	39.6	13.4	9.6	50.3
8	Western Australia - Wheat Belt	WA	37.5	44.2	43.4	34.2	19.2	64.0
9	Adelaide - Central and Hills	SA	37.6	31.8	33.1	21.5	12.0	57.1
10	Brisbane Inner City	Qld	38.2	17.0	25.6	20.2	15.2	39.5

(Column order: Region, State, ASR, hypertension, high total cholesterol, obese, smoke, insufficiently active)

Individual State Tables

Northern Territorians (87.4) are most likely to be hospitalised from a heart episode at a rate nearly twice-as-likely as the lowest New South Wales (45.8).

Queenslanders are a clear second at 61.8, with the remaining states and territories within four percentage points (South Australia 49.7; ACT 47.8; Tasmania 47.8; Victoria 47.5; Western Australia 46.9).

Due to data suppression, rates for ACT and Tasmania cannot be presented separately.

Victoria

Region	ASR	HYP %	CHOL %	Obese %	Smoke %	Inactive %
Shepparton	59.0	38.2	37.7	36.1	25.7	77.1
Bendigo	54.6	37.4	44.0	29.4	18.5	63.7
Melbourne – North West	53.6	39.3	31.3	24.7	18.2	57.6
Mornington Peninsula	52.3	38.4	39.2	27.1	22.6	52.8
North West	51.5	34.6	26.3	30.9	24.9	52.0

(Column order: Region, State, ASR, hypertension, high total cholesterol, obese, smoke, insufficiently active)

New South Wales

Region	ASR	HYP %	CHOL %	Obese %	Smoke %	Inactive %
Riverina	69.9	32.6	42.9	33.2	14.9	81.2
Far West and Orana	64.9	50.9	n/a	35.7	18.4	64.5
Sydney – Blacktown	60.3	28.6	31.8	28.8	18.5	60.1
Hunter Valley exc Newcastle	58.8	32.0	26.3	33.6	12.4	50.9
Richmond - Tweed	58.3	39.1	38.2	26.9	15.8	70.5

(Column order: Region, State, ASR, hypertension, high total cholesterol, obese, smoke, insufficiently active)

Queensland

Region	ASR	HYP %	CHOL %	Obese %	Smoke %	Inactive %
Queensland – Outback	100.9	13.6	50.4	43.7	25.6	35.7
Ipswich	77.4	25.6	21.0	38.9	21.2	68.9
Wide Bay	75.6	37.4	37.5	28.5	18.8	72.5
Mackay	73.8	33.2	38.0	41.0	25.9	65.1
Logan - Beaudesert	71.0	40.9	27.5	35.0	24.2	66.2

(Column order: Region, State, ASR, hypertension, high total cholesterol, obese, smoke, insufficiently active)

South Australia

Region	ASR	HYP %	CHOL %	Obese %	Smoke %	Inactive %
Adelaide - North	57.5	34.2	33.5	34.5	19.5	64.5
South Australia- South East	54.0	36.6	43.1	36.9	19.4	72.5
South Australia – Outback	53.9	36.6	54.1	36.8	19.8	66.8
Adelaide West	51.8	34.0	30.7	29.8	21.5	63.0

(Column order: Region, State, ASR, hypertension, high total cholesterol, obese, smoke, insufficiently active)

Western Australia

Region	ASR	HYP %	CHOL %	Obese %	Smoke %	Inactive %
Western Australia – Outback	66.0	20.2	42.5	32.4	26.2	72.4
Perth – North East	50.0	29.9	24.9	28.7	20.4	59.1
Perth – North West	48.2	26.5	31.5	24.3	18.6	51.2
Perth – South East	46.9	29.8	31.1	27.4	21.3	66.4

(Column order: Region, State, ASR, hypertension, high total cholesterol, obese, smoke, insufficiently active)

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Note:

* Age standardised rates (ASR) have been adjusted or standardised to remove the effect of factors such as age and enable a fair comparison after removing the effects of those factors.

** The SA4 regions are the largest sub-State regions in the main ABS data structures with populations in the range of 100,000 to 500,000.