

A time for action in South Australia

POLICY PROPOSALS TO BEAT HEART DISEASE



The Heart Foundation

Our vision is for Australia to be free of heart disease.

The Heart Foundation's purpose is to improve the heart health of all Australians through our work in prevention, care and research.

By implementing the following priority actions, the next SA Government can work with the Heart Foundation and other stakeholders to increase productivity and quality of life, reduce the burden of heart disease and reduce hospital admissions for the people of South Australia.

Here's to good health.

Imelda Lynch, CEO Heart Foundation SA



The Challenge

Let's start with the good news: Australia's life expectancy is one of the highest in the world, the incidence of heart attacks and death from cardiovascular disease have improved and a smaller proportion of people smoke today than 20 years ago.¹

Yet despite this, chronic disease is still responsible for 83% of all premature deaths in Australia², and the Australian Institute of Health and Welfare has identified chronic disease as Australia's biggest health challenge.³

In Australia, cardiovascular disease (heart, stroke and blood vessel disease) is still the costliest disease group at \$7.7bn a year, or 10.4% of direct healthcare expenditure, including \$4.5bn in hospital admissions and \$1.65bn in pharmaceuticals.⁴

In South Australia, heart disease is the leading single cause of death.⁵

We know that people living in rural and remote areas, people living in the lowest socioeconomic areas, Aboriginal and Torres Strait Islanders, and people living with disability fare worse than others in terms of their health and longevity. For this reason, inequality in health is one of the important drivers of our policy recommendations.

Let's pledge to work together towards better heart health for South Australians.



In 2011/12 there were almost 30,000 hospital separations due to CVD in SA, 3,000 of these for heart attack, potentially costing \$55M per annum.

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01

Keep people out of hospital

The Heart Foundation Heart Health Check service



Recommended action: Partner with the Heart Foundation, and other funding partners, to deliver a mobile Heart Health Check and education service.

Alarming, the prevalence of risk factors for heart disease in South Australia is higher than the national average. In regional areas rates are amongst the highest in Australia in all categories except smoking.

Early detection of people at risk of developing heart disease is critical if South Australia is to successfully contain the cost of treating chronic disease as the population ages. These rates are increasing and it is now urgent that we take action. Early detection of people at risk can be achieved through a process of absolute risk assessment, including blood pressure, cholesterol and blood glucose.

The Heart Foundation consulted with a group of leading South Australian cardiologists who recommended developing a free screening service and healthy community intervention, as most likely to have impact in our community. A new Heart Foundation Heart Health Check Bus will travel across our State, including to Aboriginal communities, and will be the first of its kind in South Australia.

The Heart Foundation Bus will be staffed with trained health professionals, and will:

- Raise awareness about heart disease
- Identify those at risk of developing heart disease
- Provide counselling for those with heart disease
- Provide the community with education, resources and help them to improve their health
- Collect data and develop a database specific to SA
- Provide increased opportunity for research in SA.

The Absolute Cardiovascular Risk Assessment (or Heart Health Checks) will be a key function of the Heart Foundation Bus. Local engagement will ensure that the community is encouraged and supported to use the service.

Economic benefits

We know that for every \$1 invested in prevention the government can save \$5 in health spending.

Cardiovascular disease has the highest level of healthcare expenditure of any disease group with 55% of funds provided in hospital care. It is one of the biggest burdens on our economy, accounting for an estimated \$14.2 billion in both direct health system costs and indirect financial costs in 2004⁶.

Heart disease is attributed to:

- almost 149,000 hospitalisations across Australia in 2013/14⁷ and costs approximately \$2.38 billion each year, representing approximately 27% of total expenditure
- an admission to hospital for a heart attack costs approximately \$25,000 per person.



The Heart Foundation
Bus could save the
hospital system
\$22.5M



In 2014-15 it was estimated that 3% of the population aged 18 and over had heart disease⁸. If the mobile Heart Health Check service identifies and positively influences the behaviour of 900 (ie 3%) of the estimated 30,000 people over the age of 45 years in the broader Mid-Upper North area, it could potentially save the South Australian Government \$22.5m in hospital admission costs per year (based on avoiding one hospital admission per person at \$25,000 per admission).

Pilot study

During Heart Week 2017, the Heart Foundation partnered with the Uni SA Health Science Faculty to pilot a program to conduct free risk assessments through a 'Heart Health Check' to the community in Northern Adelaide.

Of the 253 Heart Health Checks performed nearly 30% of participants had high blood pressure and a staggering 65% of participants were overweight or obese.

The results are just the tip of what could be achieved by the Heart Foundation Bus in addressing the alarming rise of hospitalisations, heart disease and its risk factors.

A randomised controlled trial to evaluate vascular screening of older men⁹ clearly demonstrated screening efficacy and cost effectiveness over 15 years. Recent analysis indicated that there were no serious negative side effects of the screening program and it was considered relatively cheap to perform.¹⁰ The trial provides a guide to developing a protocol for a state-wide permanent screening program for cardiovascular disease.

Next steps

Our Business Plan and funding model will extend the above pilot study to a wider area of SA commencing in the Port Pirie, Whyalla and Port Augusta regions identified by Heart Foundation Heart Maps as areas that need urgent action.

The project has been canvassed widely amongst cardiologists, philanthropists, PHNs, GPs, SAAS, SAHMRI and CATCH to name a few.

This is an ambitious project led by the Heart Foundation and has much support from many collaborative partners. It will prove to be a lasting legacy for the people of SA.

This major project has already been partially funded through the kindness and generosity of Heart Foundation donors.

Proposal for consideration:

SA Government to commit \$1.35m to fund the first 12 months of the project.

Heart Foundation will fund Year 2 of the project and develop an endowment fund to continue the service perpetually subject to final costings and normal approval processes.

By funding the Heart Foundation Screening Bus the SA Government can continue our valued partnership to reduce the burden of heart disease on our state, reduce hospital admissions and ultimately improve quality of life for the people of South Australia.



02

Invest in our children's health



Recommended action : Invest in active school travel to increase children's physical activity levels.

Enabling and encouraging children to commute actively and safely to school should be a government priority.

The facts about our children's activity levels:

- about 80% of students at our public primary schools are driven to school despite living within two kilometres
- almost one in four children aged five to twelve have never walked, cycled, or scooted to school, supervised or not¹¹
- over 70% of children and 91.5% of young people do not meet physical activity recommendations¹²
- declining rates of physical activity are contributing to rising rates of overweight and obesity in children
- regular physical activity improves academic performance
- active travel, such as walking, scooting and cycling to school, is one of the easiest ways to incorporate physical activity into everyday life.

The evidence tells us that active travel to and from school is effective in increasing physical activity levels. However, rates of active travel to school have declined substantially in Australia since the 1970s, with walking and cycling trips replaced mainly by car trips.

Parents' worry about road safety is one of the major barriers to children commuting actively to school.

We want more done to address the barriers and to reverse this massive decline in active school travel.

Policies and programs aimed at increasing active travel to school should be directed at changing parental behaviour as well as changing the physical, policy/regulatory, and social/cultural environments that shape parents' and children's travel behaviour.

In line with the recent evidence and consensus statements released from the Australian Health Policy Collaboration and the National Heart Foundation¹³, we recommend the following solutions to help address children's inactivity:

1. develop an Integrated Active Travel Strategy for all South Australians;
2. expand and invest in the Way2Go Program in South Australia to create active environments adjacent to all schools, that prioritises pedestrians and cyclists, and bike education for all children;
3. collect robust and rigorous data that is comparable across councils and states on active travel to school, and adoption of targets;
4. establish a virtual knowledge hub for schools, communities and local government to provide best practice examples, and for sharing local knowledge.

03

Tackle overweight and obesity

Urgent action required to address South Australia's deteriorating health

4.9% of SA kids meet the fruit & veg recommendation of



Source: National Health and Medical Research Council (2013).



Recommended action 1: Renew and strengthen SA *Right Bite* policy implementation.

We know that 25.6% of Australia's children and 29.5% young people are overweight or obese and the data suggests that we are not tracking well to reach 2025 targets.¹⁴ In South Australia, nearly a quarter of children are overweight or obese.¹⁵

Since most children spend a large portion of their lives in educational settings, schools have the potential to model behaviours and thereby encourage healthy lifestyles including healthy eating. Community-based interventions in schools have been shown to effectively prevent obesity and overweight in children.¹⁶⁻¹⁷

A 2011 Cochrane review indicated that the most promising policies and strategies are those which improve the nutritional quality of the food supply in schools.¹⁸ Reviews which focused on healthy food provision in schools indicated that healthy food procurement policies/programs and/or nutrition standards in these settings can contribute to increased consumption of healthy food or decreased consumption of unhealthy food.¹⁸⁻¹⁹⁻²⁰ These findings are particularly strong when healthy food provision is paired with other interventions - already present in South Australian schools - namely nutrition education and moderate cost.

The Right Bite Easy Guide to Healthy Food and Drink Supply, based on National School Canteen Dietary guidelines, was developed and implemented in South Australian schools in 2008. Although schools are required to comply with the Guide, the program is not adequately and transparently monitored, supported or evaluated. There is evidence that compliance is poor in many schools.²¹⁻²²⁻²³

Leadership and commitment to the policy are key.

The 2015 South Australian *Healthy Laws Citizens' Jury* felt this was a sufficiently serious issue that they recommended that school canteens in South Australia should be better monitored and the guidelines more effectively enforced.²⁴ The Jury recommended a systematic method of canteen compliance monitoring should be instituted with an initial survey of all state schools and biennial sampling of schools in future years. Supports for schools which are non-compliant should be implemented. A system of empowering students to monitor their own canteens is also recommended.

Every state and territory has implemented the LiveLighter campaign except South Australia.



Recommended action 2: Fund a health promotion campaign such as *LiveLighter*.

While individual-focussed health promotion programs can lead to short-term behaviour change, sustainable, population level changes frequently require multiple interventions at individual, environmental and policy level.

Social marketing health promotion campaigns can positively influence health behaviours. The *LiveLighter* campaign engages with the community through social media, online and printed resources, advocacy and retailers. It graphically illustrates negative health effects of overweight and recommends alternatives to obesogenic behaviours.

Campaigns and information have included: Toxic Fat, Sugary Drinks, Grabbable Gut, Junk Food, Seasonal fruits, Healthy Body Weight, Eating Out, Healthy Recipes and Meal Plans.

Every state and territory in Australia has implemented the LiveLighter campaign except South Australia.

Evaluation from WA has shown positive results for short, medium and long-term outcomes. Phase One achieved promotion awareness and motivation for achieving a healthy weight and lifestyle. Phase Two showed evidence of behaviour change with reduced sugary drinks consumption. At Phase Three, *LiveLighter* was associated with increased support for public policies favourable to reducing obesity.

Has the advertising been controversial? Yes! Is it confronting? Yes! But the ads have been carefully designed to address the epidemic of overweight and obesity, without shaming. However, the message is urgent. It is not healthy to carry excess fat around your abdomen.



Recommended action 3: Implement a kilojoule education campaign.

While the implementation of the kilojoule labelling scheme on menu boards in SA has been successful in terms of compliance, the numbers on the menus are meaningless without a supportive and targeted public education campaign to raise community awareness about dietary energy requirements to ensure the provision of kilojoule information is understood.

The NSW Government has invested in a successful education campaign which included the 8700 website²⁵ to inform consumers about their daily requirements, the kj content of a range of foods and the new legislation. Evaluation in 2013 showed that the display of information, together with supporting public education, resulted in a significant decrease of the median kj purchased during the evaluation period, with an overall reduction of 519kj, equivalent to a 15% decrease.²⁶

8700.com.au
FIND YOUR IDEAL FIGURE



The *LiveLighter* campaign could support a comprehensive public education campaign around kilojoules, and recommended daily intake, and support the menu board labelling scheme to be better understood, and make a meaningful health impact.

Recommended action 4: Restrict unhealthy food marketing directed to children.

Reducing food marketing to children has been acknowledged as a significant factor in obesity prevention by the World Health Organisation (WHO).²⁷ 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.²⁸

The Heart Foundation recommends that marketing to children is reduced on commercial television, free-to-air and pay television, radio, cinema, print media, the internet, email, mobile telephone (such as SMS), sponsorship of schools and children's sport, product placement, in-store displays, point of sale promotions and product packaging and labelling.

In line with the Public Health Association of Australia's policy on Marketing Food and Beverages to Children, we call for the Government to:

- prioritise the protection of children and adolescents from the influence of the marketing of unhealthy energy-dense nutrient-poor food and beverages
- lead development of a strengthened regulatory approach that effectively reduces children's exposure to unhealthy food and beverage marketing.



Reducing food marketing to children has been acknowledged as a significant factor in obesity prevention by the WHO.



04

Keep tobacco control a priority

Tobacco's effects on heart disease in Australia

- The risk of heart disease rises with any increase in the number of cigarettes smoked per day.²⁹
- Smokers are three times more likely to suffer sudden cardiac death than non-smokers.³⁰

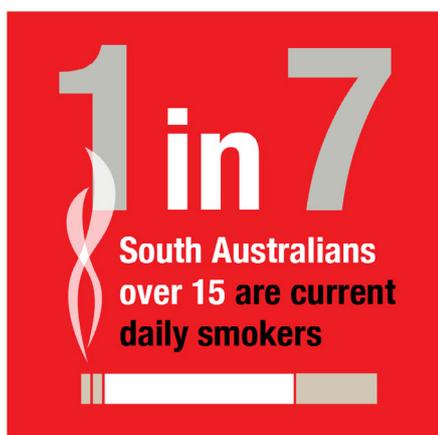
Recommended action 1: Regulate to reduce the availability of tobacco.

It is critical that tobacco control remains a priority for the South Australian Government and we urge the Government to continue to prioritise, fund and implement the South Australian Tobacco Control Strategy 2017-2020.

SA has made significant progress in reducing the prevalence of smoking. In contrast, little has been done to reduce the *availability* of tobacco. SA's existing licensing scheme should be reviewed and strengthened with the objective of reducing the number of tobacco sellers. The licensing fee should reflect the actual costs of administering the scheme, as well as the cost to society of the burden of tobacco.

There are 2,296 issued Retail Tobacco Merchant's Licences, and the current annual fee is \$271. There are currently no restrictions on the number of licences, or the location and type of retailer to which the licence is granted to. As a first step to reducing availability, we would advise the next South Australian Government to increase the Retail Tobacco Merchant's Licence fee to a minimum of \$1,000, and then ban the sale through mobile vendors (pop-up shops) and vending machines.

A reduction in the availability of tobacco will contribute to efforts to encourage smoking cessation, reduce relapse for smokers who have quit and prevent uptake.



Source: ABS National Health Survey 2014/2015.



Source: Monograph 21: The Economics of Tobacco and Tobacco Control, January 2017.

SA's existing licensing scheme should be reviewed and strengthened with the objective of reducing the number of tobacco sellers.

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Recommended action 2: Maintain evidence-based levels of mass media quit smoking campaigns.

We strongly oppose any cuts to mass media quit smoking campaigns.

Mass media is vitally important in helping to drive Quitline traffic and generating quit attempts more generally. Mass media can help prevent relapse if it is seen in early days of a person's quit attempt. QuitSA provides significant motivation and support to assist people who smoke to stop smoking. Without their help, these groups will suffer from the illness and death associated with tobacco smoking. The greatest burden will be among those with the highest rates of smoking in our community, those who can least afford it including; the unemployed, sole parents, those with a mental illness and Aboriginal and Torres Strait Islander People.

We know it works. Following a 2010 increase in Quit campaign TARPS to 700, we saw the most dramatic drop in smoking prevalence in South Australia for over 10 years.³¹



05

Increase leadership, investment and innovation in public health and health promotion



Source : Research Australia Opinion Polling 2016 Report 'Australia Speaks'

Recommended action: Boost the position of Chief Public Health Officer to provide leadership for innovation in population health and social determinants.

Strong, visible and innovative political leadership is required to improve the declining health of South Australians.

We need more than projects, and silos, and short-term thinking – we need a comprehensive, innovative and inclusive approach – and urgently.

The practice of health promotion recognises that health status is significantly determined by social factors such as access to fresh food, housing, a healthy built environment and public services. These are known as the 'social determinants of health'. Health must be considered in other portfolios such as housing, transport, environment, and education and funds from these areas allocated to improve the social determinants – and boost the limited health portfolio funds directed to prevention.

We need the Government to move away from the 'individual responsibility' mantra to a responsible public health approach. Historically, improvements in health have been achieved largely as a result of economic, environmental and legislative factors. There are excellent examples in creating healthy built environments, and South Australia is a leader in collaborative work in this area through the SA Active Living Coalition.

We call on the next South Australian Government to prioritise innovation in public health and health promotion, and to tackle the root causes of poor health through the social determinants of health.

The role of the Chief Public Health Officer is opportune to provide leadership in innovation, and to take into account our changing population, our changing environments, as well as emerging technologies and trends.

We need more than projects, silos & short-term thinking - we need a comprehensive, innovative & inclusive approach - & urgently.

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06

Improve the health of our most vulnerable and high risk populations



Heart Foundation

Learn the warning signs of a heart attack

Each year, almost 10,000 Australians die of a heart attack – that's one Australian life claimed every 53 minutes.

Heart attack symptoms can vary from person to person and they may not always be sudden or severe. The sooner you seek treatment by calling Triple Zero (000) the less damage is done.

Learn the warning signs today and survive tomorrow.

Get your Action Plan. Go to www.heartattackfacts.org.au or call 1300 36 27 87.

AURIZON

Will you recognise your heart attack?

1 STOP all red flags

2 TALK to someone who can help

3 CALL 000 Triple Zero

The Heart Foundation is committed to reducing disparity in health outcomes.



Recommended action: Develop a health-promoting prisons program

Prisoners and those in the criminal justice system are among the most vulnerable in our society. Prisoners have poorer health outcomes than the general population; they experience disproportionate levels of chronic and complex disease and require more frequent hospitalisation.

Prisoners should be discharged from prison healthier, and able to manage their chronic conditions.

The United Nations and the World Health Organization stipulate prisoners should receive health care equivalent to that available in their community, without discrimination based on their legal situation. These principles are duly embedded within the Australian legal, social justice and health systems. Correctional services are an opportunity for these health issues to be reviewed. Health services aim to ensure that the health of prisoners is not worsened by their incarceration and that the opportunity is taken to manage health conditions and influence risky behaviours.

The Heart Foundation is committed to reducing disparity in health outcomes. As part of this commitment, we support the delivery of a health-promoting prison program in South Australia.

Prisons provide a unique opportunity for accessing the hard-to-reach with important aspects of health promotion, health education and disease prevention. The goal is to improve public health by addressing health and health care in prisons.³²

Rationale:

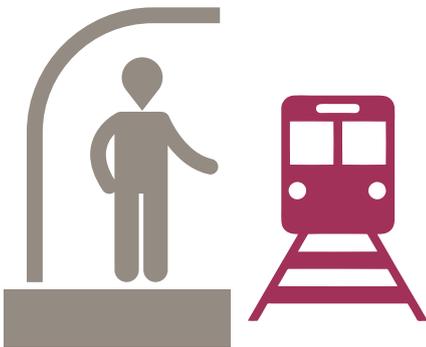
- the increasing prison rates – up by almost 10% in SA since 2012;
- the disproportional representation of Aboriginal and Torres Strait Islander people (over 25% in SA);
- the number of ageing prisoners (a 200% increase in prisoners aged 50 and over since 2012)
- 75% of prisoners smoke on entry - Quitting smoking in prison presents prisoners with unique circumstances and obstacles particularly shared cells where other prisoners smoke.

In 2014, the Heart Foundation piloted a program into prisons through prison health staff. The package included: *'My heart my life'*, *'Warning Signs'*, *'Be AWARE'*, Aboriginal resources and *'Absolute Risk'*. Staff were introduced to a range of supporting programs including Heart Foundation Walking and Helpline.

The Heart Foundation suggests that the next South Australian Government consider how the health of both prisoners and staff can be improved through a health-promoting prisons approach.

07

Invest in a regular, robust Household Travel Survey



Recommended action: Conduct a regular Adelaide Household Travel Survey that encompasses walking for transport including who walks, where to, and patterns over time.

Why? Because what gets measured, gets done.

Transport agencies all over Australia and the world conduct household travel surveys at least once in 10 years. In South Australia, the last survey was conducted in 1999, over 17 years ago.³³

A Greater Adelaide Household Travel Survey would provide robust and current data that would inform policy makers, advocates and service providers about the active travel patterns of our urban population.

Household Travel Surveys are conducted in transport jurisdictions worldwide to provide data for transport modelling and planning. They are usually conducted at the state level with traditional face-to-face data collection being replaced by new methods and technologies.

The Surveys provide information on the day-to-day travel behaviour of households, including how and why they travel, at what time of day trips are made and the average trip distance and duration. Results inform infrastructure and public transport planning, helping to ensure the transport system is ready for future growth and demand.

The Heart Foundation supports the Survey because it will provide a robust and regular indication about who walks and cycles, where to, and how the patterns have changed over time.

The Heart Foundation argues that there is a distinct paucity of data collected in SA to measure walking levels. While walking rates are ignored, we cannot work towards improving walking levels, services, programs or interventions. Because what is measured and monitored, matters and counts!

Walking (and cycling) data should be included in a SA Household Travel Survey, and this information used to set targets and increase the frequency of walking trips, particularly at the local neighbourhood level.



08

Provide accessible rehabilitation services for metropolitan heart attack patients

Secondary prevention can lead to reduced heart events

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Heart Foundation
HELPLINE
13 11 12

Recommended action: Extend the Country Health cardiac rehabilitation phone service to metropolitan Adelaide

The Heart Foundation commends the work that has been implemented by SA Health to establish a telephone cardiac rehabilitation service and central referral service for country patients.

Now it is time to expand the country service, and make it available for metropolitan survivors of a cardiac event, including culturally appropriate services available for Aboriginal and Torres Strait Islander people.

People who have had a heart attack or other cardiac event, such as unstable angina, are at high risk of a future heart attack. This risk can be markedly reduced through effective cardiac rehabilitation and secondary prevention approaches such as lifestyle modification and quality use of medicines.

The Heart Foundation supports a continuum of care starting with:

- hospital discharge resources such as *My Heart My Life*
- phone support services once the patient has left the hospital
- cardiac rehabilitation
- secondary prevention, and help managing risk factors.

These strategies are designed to encourage lifestyle modification, address psychosocial risk factors and enhance the quality use of medicines which improve health outcomes in this group.

Effective secondary prevention and management of heart disease patients must follow the individual from the point of diagnosis and acute care, through to discharge and medium to longer-term care in primary and community settings.

These life-saving programs can lead to a 26% reduction in mortality. However, many eligible patients do not take part. This leads to poorer health and recovery after a cardiac event raising the risk of readmission to hospital and increased costs for Government.

In South Australia each year, around 30,000 patients are admitted to hospital due to cardiovascular disease.³⁴ As length of stay in hospital decreases, so does the time staff have to provide in-hospital support and rehabilitation services. Cardiac rehabilitation services must form part of the clinical pathway for patients.

In 2013, the SA Cardiology Clinical Network Minimum Data Set found that for over 5,000 referrals to cardiac rehabilitation programs, only 14% of those people in metropolitan Adelaide completed the program with others dropping out due to lack of interest, return to work or being unwell. Referred patients were waiting between 21 days and 2 months from discharge to the start of the program.

In addition, Aboriginal and Torres Strait Islander people are less likely to attend cardiac rehabilitation and only 24% of Aboriginal people who were referred completed the program.³⁵

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Helpline: 13 11 12

heartfoundation.org.au

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