

**LEGISLATIVE ASSEMBLY FOR THE
AUSTRALIAN CAPITAL TERRITORY**

NOTICE OF MOTION

Dr Marisa Paterson MLA: I give notice that I shall move - That this Assembly:

(1) Notes that:

- a. The Heart Foundation states that Cardiovascular disease (CVD) in women is under-recognised, under-treated and under-researched.
- b. Women and men experience a similar prevalence of CVD in Australia, however outcomes for women are significantly worse.
- c. CVD is the leading cause of death and illness among Australian women, with recent data indicating that rates of CVD hospitalisation amongst young women are increasing.
- d. In 2020, in the ACT, 48 people in 100,000 died from [coronary] heart disease, on par with the national average (49/100,000).
- e. In 2019, the ACT has the lowest age standardised rate of hospitalisation from coronary heart disease in Australia, with 29 per 10,000 – compared with a national average of 55, according to the Heart Foundation.
- f. According to the Australian Bureau of Statistics, in 2018, nine in 10 adult women had at least two or more ‘traditional’ risk factors for CVD and more than one in four had four or more risk factors.
- g. Awareness of CVD among Australian women is low, with less than 60 per cent of women aware that heart conditions are the leading cause of death in women.
- h. The Heart Foundation’s modelling found that nearly half a million women in Australia are at risk of CVD because they are not on life-saving medicines. If they were, approximately 21,000 heart events could be avoided over the next five years, with a saving of \$300 million in hospital costs alone.
- i. There are significant equity issues that influence outcomes for CVD, where women from marginalised communities are disproportionately affected by poor outcomes.
- j. At this stage, research in Australia has indicated sex-specific risk factors for CVD, however research overseas also highlights that LGBTQI adults experience disparities across several cardiovascular risk factors compared to their heterosexual and/or non-transgender peers.
- k. The consequences of CVD on women’s quality of life are significant. Even after an acute event, women are less likely to complete cardiac rehabilitation, have regular follow up care, take medicines as directed, or return to normal daily activities as quickly as men. In addition, research shows that survival rates for women at one year and at five years after a heart attack are far worse compared with men.

(2) Calls on the ACT Government to:

- a. Work with all Australian governments to improve the collection and reporting of data to improve the understanding of cardiovascular disease’s (CVD) impact on women.

- b. Consider a future Chief Health Officer report include a focus on the impact of CVD in the ACT, including information on risk, incidence, prevention, care and outcome spectrum and inequalities according to sex.
- c. Explore;
 - i. the potential for targeted campaigns to raise awareness of CVD in women with the community; and
 - ii. further engagement with the Federal Government, Capital Health Network, and community partners to highlight the disparity in health outcomes for women in relation to CVD, and promote awareness of the actions that can be taken to reduce CVD risk
- d. Advocate with the Federal Government to implement the actions it has outlined in its National Strategic Action Plan for Heart Disease and Stroke, including progressing:
 - i. a 'women and heart disease' campaign; and
 - ii. continuing to enhance data for, collection and management of cardiovascular diseases
- e. Leverage communication activities to promote awareness of CVD, the symptoms, and prevention to both the community and health professionals, for example during Heart Week and Women's Health Week.
- f. Report back to this Assembly by the final sitting week of 2023.