**DR MARISA PATERSON MLA SPEECH**

**11 October 2022**

**Motion: Cardiovascular Disease**

Start

*Nb – a 15-minute speech is around 1,650 – 1,950 words - this is 1960*

Intro

Background to CVD in women

In the movies, a heart attack is easy to spot. A person clutches their left of their chest with a clear expression of pain, and says “I’m having a heart attack”. In reality it is not always like that, especially not for women. For years research has indicated that signs of a heart attack are very different for women, than for men.

For example, instead of crushing chest pain, women may experience shortness of breath, nausea or vomiting, or pain in the back, neck or jaw. These symptoms may develop slowly over hours or days and even come and go. Women and medical personnel may also attribute these symptoms to other health conditions such as indigestion, which may lead to misdiagnoses.

The Heart Foundation encourages women 45 years or older to ask their GP about a Medicare-subsidised Heart Health Check.

Earlier this year Professor Clara Chow Cardiologist, Clinical Lead Community Based Cardiac Services at Westmead hospital, and Academic Director of the Westmead Applied Research Centre (WARC) and Academic Co-Director of CPC (Charles Perkins Centre) Westmead said that many women don’t believe her when she tells them they have had a heart attack! She says that a lot of women assume heart disease is something that mainly affects men.

However, research shows that cardiovascular disease is the leading cause of death for Australian women.

Cardiovascular disease is the most prevalent disease impacting our community. I note the Federal Government’s National Strategic Action Plan for Heart Disease and Stroke that aims to ensure that all Australians can lives healthier lives through affective prevention, treatment and management of heart disease and stroke. These are commendable goals, however, as has been advocated by the Heart Foundation, there needs to be a more nuanced approach to address the sex-specific and gendered aspects of cardiovascular disease.

ACT statistics

Today over 4-million Australians live with cardiovascular disease and approximately forty-four thousand Australians will die each year from cardiovascular disease.

In the ACT, in 2018 the cardiovascular disease prevalence was 35,500 for females and 31,500 for males, whereas of those **2,656** females were hospitalised compared to **3,301** males.

When we compare ACT to the rest of the country, statistics show that we have that we have comparable rates of cardiovascular disease as the rest of Australia. In 2020, in the ACT, 48 people per 100,000 died from coronary heart disease, on par with the national average which is 49 people for every 100,000. This equates to approximately 2 deaths per day in the ACT and is 25.4 percent of all deaths in the ACT.

However, the ACT is leading the way in comparison nationally on 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,** per 10,000 according to the Heart Foundation. Where the prevalence of cardiovascular disease is similar for males and females, the hospitalisation data shows that women are far less likely to go to hospital than men.

Where we may be leading the way in coronary heart disease admissions, the ACT is no longer leading the way in hospital admission rate for cardiovascular disease. The statistics have increased significantly since 2018 where the rate was 123.6 cardiovascular admissions per 10,000 people, compared to 2019 where the ACT reported 160.5 cardiovascular admissions per 10,000 people. This is still better than the national average of 176 admissions per 10,000 people. However, it does indicate the need for further education and awareness raising both to health professionals and the community.

In Australia, only 55 percent of women recognise heart disease as personally relevant and only 39 percent of women believe heart attacks are personally relevant. Given that the prevalence of the disease virtually the same for men and women, this research points to a clear need to raise awareness in the greater community that heart disease and heart attack conditions and symptoms are just as likely to impact anyone in the community.

Currently the lack of awareness means that women often do not go to hospital fast enough during a heart attack and are far less likely to have treatment for a heart attack or angina in hospital. This leads to poorer outcomes for women.

Even after an acute event, women are less likely to complete cardiac rehabilitation, less likely to 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. Women have double the chances of dying one-year after a heart attack than men.

Data collection

Questions need to be asked, why is it that women are far less likely to attend hospital if they are experiencing a heart attack or with CVD symptoms. More must be done to understand the prevalence of disease in the community, hospitalisation rates but also to identify risk factors and the gendered nature of risk factors.

According to the Australian Bureau of Statistics, in 2018, nine in 10 adult women had at least two or more ‘traditional’ risk factors for cardiovascular disease and more than one in four had four or more risk factors.

In addition, current datasets that help to identify risk factors for cardiovascular disease exclude sex-specific risk factors for cardiovascular disease. These factors include pregnancy-related risk factors such as pre-eclampsia or gestational diabetes, polycystic ovary syndrome, premature menopause and female patterning of some heart-related diseases. Associate Professor Sarah Zaman an interventional cardiologist and leading researcher, said these indicators are often ignored. A clear sign that more needs to be done both in data collection and awareness raising of sex-specific risk factors in cardiovascular health.

The Heart Foundation strongly advocates for a reduction in disparities in cardiac care for women in Australia. In both Europe and North America, they have moved to recognise the role that sex and gender play in their guidelines for both heart attack and angina. Australia is now falling behind, and the use of outdated guidelines could be causing inadvertent harm to women.

The collection of sex-specific data and updated guidelines are essential to improving outcomes for women.

Awareness

Faye, aged fifty three, shared her story with the Heart Research Institute to raise awareness. She goes to the gym regularly, swims every day, does not drink or smoke and eats a healthy diet. She told her GP that she had been feeling abnormally tired for a few weeks. Her GP said to take it a little easier, her symptoms were put to changing hormones.

Then one day after a Zumba class Faye felt a pain in her jaw and at the back of her neck. The next thing she knows, she has been in hospital for 5 days and had had an emergency quadruple bypass.

Faye said this experience made her realise “how quickly life can be taken away, so in that way, you realise not to sweatthe small stuff. Look after your health. Listen to your body.”

Faye later found out that she had developed a vascular disease and was able to be put on medicines to keep her healthy.

This is not the case for thousands of women in Australia. The Heart Foundation’s modelling found that nearly half a million women in Australia are at risk of cardiovascular disease 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.

Associate Professor Sarah Zaman found that medication is often under-prescribed to women or can cause side-effects due to gender difference. This may result in women being less inclined to take the life-saving medicine.

Community education and campaigns are essential to ensuring women get the care they need, and understand the symptoms of cardiovascular disease, as well as how important it is to seek medical attention when things do not seem right. As well as community education, education of healthcare professionals themselves, especially in regard to unconscious bias that may be impacting patient care.

Pain divide

Unconscious bias has been recognised as a factor that influences clinical decision-making which leads to delays in diagnosis and treatment.

Such bias in the healthcare industry can be potentially life-threatening. Across the globe, heart health is looked at as a major area of concern.

A [study](https://www.theguardian.com/society/2016/aug/30/women-50-more-likely-to-be-misdiagnosed-after-heart-attack-study) conducted at Leeds University in England suggests that women are 50 percent more likely than men to receive a misdiagnosis after a heart attack.

Further, many researchers state that there is a is the systemic pain divide that exists in the healthcare system. This is especially an issue in overcoming the gendered health divide in heart health. Women’s pain is often seen by clinicians as less credible than a man who presents with similar symptoms. A [seminal 2001 study](https://www.nytimes.com/2013/03/17/opinion/sunday/women-and-the-treatment-of-pain.html) by researchers at Maryland University, titled The Girl Who Cried Pain: A Bias Against Women in the Treatment of Pain, found that women were less likely to receive aggressive treatment when diagnosed and were more likely to have their pain dismissed. Women have also been found to [be prescribed strong painkillers less often, and at lower doses](https://www.upi.com/Archives/1989/03/11/Researcher-says-women-less-likely-to-get-painkillers/2047605595600/) than men. This bias is even worse when we look ethnic backgrounds - and particularly black women.

Associate Professor Sarah Zaman, said that “there’s a bias in the medical profession, where women do have a higher chance of being told it is anxiety, or non-cardiac pain, when they present with true heart attack pain.”

Working with healthcare professionals to educate and raise awareness is key to improving outcomes for women. It is essential we work to reducing the biases that exist in our healthcare system.

Social inequalities

It is important to note that the risk factors are not the same for all Australians, but social circumstances and inequalities do put people more at risk, especially in heart health for Aboriginal and/or Torres Strait Islander women. Between 2014 and 2016, Indigenous women were up to twice as likely as non-Indigenous women to die from CVD (including coronary heart disease and stroke).

Geographical location, cultural background, health literacy, mental health illnesses, and socioeconomic factors are all key determinants of cardiovascular outcomes for women. Other factors that contribute to equity issues include women being more likely to engage in unpaid work and partake in caring duties and pay gap disparities (which may be associated with lower socioeconomic status, which is in turn linked to an increased risk of cardiovascular disease).

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. There is a clear need for more research in this space.

I am grateful for and commend the Heart Foundation’s research and advocacy in this space. Their assistance and support in preparing this motion has been invaluable.

Motion

Madame Speaker, I bring this motion to the Assembly today to call on the Assembly to call on the ACT Government to :

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.

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.

Explore; the potential for targeted campaigns to raise awareness of CVD in women with the community; and explore 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

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:

* 1. a ‘women and heart disease’ campaign; and
	2. continuing to enhance data for, collection and management of cardiovascular diseases

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.

The ACT is a progressive jurisdiction and leads the way with so many positive initiatives.

Let’s start leading the way in reducing gender disparities when it comes to cardiovascular health.

Public health campaigns and messaging will help women in our community and will provide a broad public health benefit for cardiovascular disease outcomes.

Thank you.

Ends

Closing Speech

Thank you, Madame Speaker; and to my colleagues for your support of this motion. I hope that the outcome of this motion will help to increase awareness of cardiovascular health in women, including the signs and symptoms to look out for. There is a long way to go in data collection, and I hope all governments across Australia can work together in improving the sex-specific data collection that will help save so many women’s lives.

For the ACT, improving data collection, public health measures, and community awareness has the potential to improve outcomes for cardiovascular health across the ACT community.

I thank the National Heart Foundation for their advocacy, research and support in developing this motion. I also want to thank the many organisations and research institutes that work everyday to ensure the best health outcomes for all Australians.