FEDERAL ELECTION PRIORITIES 2022

Heart Foundation

Getting to the heart of the matter

Three key federal election priorities to improve the heart health of all Australians

NATIONAL HEART FOUNDATION OF AUSTRALIA

Contents

Through a multi-faceted national women and cardiovascular disease awareness campaign, we can improve the Australian community's understanding of the female experience of heart disease and stroke.

Garry Jennings, Interim CEO and Chief Medical Adviser,
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FOREWORD

In recent months, the importance of good heart health has been at the forefront of Australians' hearts and minds and has re-entered public discourse with a new intensity.

In 2022, we need renewed action across multiple fronts. The Heart Foundation has a clear focus on three key priorities that we believe will make a significant difference to the heart health of all Australians. These priorities are aligned with key deliverables in the National Strategic Action Plan for Heart Disease and Stroke, the National Women's Health Strategy 2020-2030 and the National Preventive Health Strategy 2021-2030.

Our first priority is to develop a multi-faceted national women and cardiovascular disease awareness campaign. Harnessing the expertise of a consortium of aligned organisations, the objective is to improve the Australian community's understanding of the female experience of heart disease and stroke. Women have sex-specific risk factors, beyond the 'traditional' cardiovascular disease risk factors, and have different experiences of heart attack and stroke than what is commonly portrayed in the media. Challenging these stereotypes will help ensure women receive earlier diagnoses and best practice treatments to improve their overall quality of life.

Our second priority is to improve clinical outcomes for Australians by providing health professionals, health services and the broader health system with updated clinical guidelines and practical tools. Support from the new federal government in 2022 will enable us to undertake an urgently needed update of clinical guidelines for the management of acute coronary syndromes, with a specific focus on sex and gender. With this support we will incorporate vital new evidence to ensure all Australians, including women, receive best practice in-hospital care.

Thirdly, there is a greater need than ever to ensure all eligible Australians are booking in for a Heart Health Check with their general practitioner. With the COVID-19 pandemic having impacted on chronic disease screening activities, initiatives to drive the early identification and management of cardiovascular disease risk are vital. One way to achieve this is by making the Heart Health Check item numbers, 699 and 177, permanent. Doing so will help ensure more lives are saved from heart attack and stroke.

We also wish to send a strong message of support to end rheumatic heart disease within a generation. This devastating disease is nearly entirely preventable yet continues to take the lives of First Nations Peoples. We join the myriad of voices across the country calling for urgent funding to eradicate this disease once and for all.

Finally, we highlight the need for continued support to enhance our physical activity and walking agenda. This will enable us to tailor activities and interventions at a more localised level.

Our unwavering vision of an Australia free of heart disease is stronger than ever, and we look forward to working with the incoming federal government to achieve this.

Garry Jennings
Interim CEO and Chief Medical Adviser
National Heart Foundation of Australia

SUMMARY OF FEDERAL ELECTION PRIORITIES

1

A women and cardiovascular disease awareness campaign

Purpose: Improve knowledge to reduce risk, change behaviour and prompt action.

How will we achieve this? By using a consortium approach (involving the Heart Foundation, the Cardiac Society of Australia and New Zealand, the Australian Cardiovascular Alliance, Jean Hailes for Women's Health and SCAD Research Inc.) to deliver a national multimedia women and cardiovascular disease awareness campaign.

Investment required: $12 million excl GST over three years

2

Improving heart health outcomes for women

Purpose: Reduce disparities in the cardiac care of women.

How will we achieve this? Through three key clinical activities: (1) updating the guidelines for the management of acute coronary syndromes, with an emphasis on sex and gender, (2) developing an 'inclusion framework' to integrate the needs of women in clinical guidelines, and (3) conducting a health professional webinar series to facilitate the best practice care of women.

Investment required: $1.6 million excl GST over two years

3

Making the MBS Heart Health Check items permanent

Purpose: Optimise the early diagnosis and care of people at elevated risk of cardiovascular disease.

How will we achieve this? Making the Heart Health Check item numbers 699 and 177 permanent will ensure more people receive best practice preventive health care and more lives are saved from heart attack and stroke.

Investment required: Financial commitment to ensure billing is sustained indefinitely

1. A women and cardiovascular disease awareness campaign

Improving knowledge to reduce risk, change behaviour and prompt action

National Strategic Action Plan for Heart Disease and Stroke – Action 1.3.1: ***Implement nationwide education and awareness campaigns, including for priority populations***

National Women's Health Strategy 2020-2030 – Priority area 3: ***Chronic conditions and preventive health; develop and deliver a national campaign to promote awareness of different risks for, and symptoms of, cardiovascular disease in women***

Proposal

To implement a three-year campaign to raise awareness of cardiovascular disease (CVD) in women across Australia, delivered by a consortium of leading for purpose organisations with an interest and proven track record in this area.

Investment required

$12 million excl GST from the federal government for the 2022-2025 financial year period.

Why the need for action now?

CVD in Australian women is often described as under-recognised, under-treated and under-researched. The reasons for this are many and varied.

- **The burden of CVD in women on the Australian health system is significant.** CVD is a leading cause of death and illness among Australian women,[1, 2] with recent data indicating that rates of CVD hospitalisations in younger women are increasing.[3] Modelling by the Heart Foundation found that nearly half a million women 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.[4]
- **Awareness is low and must be improved to ensure women act early.** Only 55% of women recognise heart disease as personally relevant, while only 39% of women consider heart attacks personally relevant.[5] Heart Foundation survey data have shown that less than 60% of women are aware that heart conditions are a leading cause of death in women.[5]
- **The risks are great including those that are sex-specific.** 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. This excludes sex-specific risk factors such as vascular complications in pregnancy, polycystic ovary syndrome, premature menopause and female patterning of some heart-related diseases. While the contribution of these to women's overall CVD risk is still being assessed, sex is now recognised as a social determinant of CVD.[6] This is important from the perspective of risk communication and research priorities.
- **Equity issues have an important influence on CVD outcomes.** Between 2014 and 2016, Aboriginal and/or Torres Strait Islander women were up to twice as likely as non-Indigenous women to die from CVD (including coronary heart disease and stroke).[7] Geographical location, cultural background, health literacy 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 CVD).[6, 8]
- **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.[9] 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.[10] Secondary prevention interventions are also less commonly offered to women affected by CVD compared with men.[11]

Opportunity

The need for a comprehensive national 'women and CVD' awareness campaign is recommended in the National Women's Health Strategy 2020-2030 and the National Strategic Action Plan for Heart Disease and Stroke.

A women and CVD awareness campaign also has the endorsement of Australia's leading cardiovascular health professionals and researchers, who listed it as a principal action for implementation at an expert roundtable held in Canberra in September 2019.

Members of the consortium are the Heart Foundation, the Cardiac Society of Australia and New Zealand, the Australian Cardiovascular Alliance (ACvA), Jean Hailes for Women's Health and the consumer-led SCAD Research Inc. Members are well-placed, through their respective experience, communication expertise and broad-ranging networks, to coordinate delivery of this campaign.

Together we will harness our collective power to:

- engage with women, the community and health professionals to highlight why this issue is personally relevant
- promote awareness of the actions that can be taken to reduce CVD risk (e.g. have a Heart Health Check, know the warning signs of a heart attack and stroke, know the sex-specific factors that can contribute to risk)
- advocate for improvements in the health system to reduce the disparities that women face
- support data collection and reporting at state/territory and national levels
- support and facilitate activity that addresses gender disparities associated with CVD, through our respective research, health professional and community networks.

Key outcomes

- A three-year community strategy using digital media engagement.
- Leverage of our existing campaigns and communication activities (e.g. Heart Week, Women's Health Week).
- A detailed monitoring and evaluation framework to measure progress.
- A health professional strategy to reinforce messages.
- A targeted equity-based community grants program.
- Mobilisation of the medical workforce to advance action on current under-diagnosis and the clinically-appropriate management of women.
- A focus through the ACvA Health Research Leadership Forums on the research gaps in evidence, including implementation science and behaviour change science.
- Delivery on a key objective of the National Women's Health Strategy 2020-2030.
- Delivery on actions under the National Strategic Action Plan for Heart Disease and Stroke.

Impact

A women and CVD awareness campaign will:

- improve awareness of CVD risk among Australian women (including particular groups of women)
- emphasise the sex-specific risk factors and conditions that affect women
- highlight the importance of regular Heart Health Checks
- equip women with the skills to recognise and act on the warning signs of a heart attack and stroke
- ensure health professionals and the health system are better equipped with education and resources to treat women with acute signs and symptoms of CVD and to better support women in managing their ongoing cardiovascular health.

> ***"I started having some really bad chest pain; as if an elephant was sitting on my chest! The pain continued through the night, relentless and radiating to my right shoulder. I couldn't sleep but I thought "surely this isn't a heart attack; I have none of the risk factors and no heart disease in my family".***
>
> Dominique, heart attack survivor

2. Improving heart health outcomes for women

Three clinical activities to reduce disparities in cardiac care

National Strategic Action Plan for Heart Disease and Stroke – Action 2.1.2: *Improve equity in cardiac treatment and care through national standards*

National Women's Health Strategy 2020-2030 – Priority area 2: *Healthy ageing – Promote integrated care for women identified at increased risk of vascular conditions such as those associated with prior pregnancy and diagnosis of polycystic ovary syndrome*

Proposal

To improve the timely diagnosis and effective management of women with, or at risk of, CVD, we propose three key clinical activities:

1. Update the out-of-date 2016 Australian clinical guidelines for the management of acute coronary syndromes (ACS; heart attack and angina) with an emphasis on sex and gender. Most health professionals throughout Australia rely on the National Heart Foundation of Australia and Cardiac Society of Australia and New Zealand's free, evidence-based clinical guidelines, which significantly impact Australia's heart health.
2. Develop an 'inclusion framework' to integrate the needs of women in CVD clinical guidelines to ensure sex-specific issues are not overlooked.
3. Conduct a series of health professional webinars and targeted education to facilitate best practice care for women with, or at risk of, CVD.

Investment required

$1.6 million excl GST from the federal government over the 2022-2024 financial year period.

Why the need for action now?

Twice as many women die of coronary heart disease as breast cancer.[2] However, CVD in women is often described as under-recognised, under-treated and under-researched.

- Despite women and men experiencing a similar prevalence of CVD in Australia, outcomes for women are far worse. Women are much less likely to have treatment for heart attack or angina in hospital compared with men, and survival rates for women at one year and at five years after a heart attack are far worse.[10] According to Victorian registry data, women incurred a four-fold delay in presentation to revascularisation time compared to men, and a 67% increase in the odds of death at 30 days post-intervention.[12]
- Internationally, both Europe (2020) and North America (2021) have moved to recognise the significant role sex and gender play in heart attack and angina in their respective guidelines. Australia now falls well behind, with the risk that use of outdated guidelines may be causing inadvertent harm to patients, and in particular, women. Unconscious bias has been recognised as one of many factors that can influence clinical decision-making, leading to delays in diagnosis and treatment.[13, 14] To address this, applied education and awareness-raising among health professionals are crucial to improve outcomes for women.

Opportunity

The 2016 ACS guidelines include recommendations for treating the more than 57,000 people presenting to hospital with suspected heart attack annually, and provide decision-making tools for surgery/procedures, medicines, and treatment after leaving hospital. However, these guidelines are now outdated. Since 2016, vital new evidence on sex-specific considerations in the diagnosis and management of heart attack and angina has been published and must be incorporated. An opportunity exists to address disparities in outcomes for women and at-risk populations, including people living in regional and remote areas and Aboriginal and/or Torres Strait Islander Peoples.

Health professionals want to provide best practice care to women, but they need the guidelines, tools, knowledge and training to implement new research into practice. Improving health professional awareness and knowledge of sex-specific risk factors, patterns of disease and diagnostic and treatment considerations in women provides a critical opportunity for change.

Key outcomes

These include:

1. An update of the National Heart Foundation of Australia and Cardiac Society of Australia and New Zealand's 2016 clinical guidelines for the management of acute coronary syndromes, which will include recommendations specific to sex and gender, as guided by the evidence.
2. An 'inclusion framework' to integrate the needs of women in CVD clinical guidelines.
3. A health professional webinar series and targeted education to facilitate best practice care of women with, or at risk of, CVD.

Impact

These three key clinical activities will optimise heart health outcomes for women through:

- improved equitable access to best practice care for all Australians seeking treatment for symptoms of heart attack and angina
- development of contemporary national guidelines and recommendations for the treatment of acute coronary syndromes (and other types of CVD). With our 2016 guidelines achieving over 30,000 website downloads and over 250 citations in other publications, our updated ACS guidelines will build on this success and will shape acute coronary syndromes assessment and treatment protocols in health services across Australia
- improved health professional awareness of sex-specific symptoms, diagnosis and treatment, resulting in early diagnosis and effective management of women with, or at risk of, CVD
- improved diagnosis and management of heart conditions that disproportionately affect women, including spontaneous coronary artery dissection, takotsubo cardiomyopathy and myocardial infarction with non-obstructive coronary arteries.

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3. Making the MBS Heart Health Check items permanent

Optimising the early diagnosis and care of people at elevated risk of cardiovascular disease

National Strategic Action Plan for Heart Disease and Stroke

– Objective 1.1: Detect and better manage Australians at risk of heart disease and stroke

– Objective 1.2: Address risk factors for heart disease and stroke to encourage all Australians to live healthier lives

National Women's Health Strategy 2020-2030 – Priority area 2: *Healthy ageing – Enhance screening for cardiometabolic disease*

Proposal

To make the Heart Health Check Medicare Benefits Schedule (MBS) items 699 and 177 permanent. Doing so will enable more Australians to understand and reduce their risk of heart attack and stroke, saving lives and reducing the burden on the health system.

Investment required

Financial commitment to ensure billing is sustained indefinitely.

Why the need for action now?

While the prevention, treatment and ongoing management of people with CVD in Australia continues to improve, some alarming gaps remain. These gaps are costing lives and money.

Under-recognition and under-treatment

We know that:

- Nearly two-thirds of Australian adults are living with at least three CVD risk factors, such as elevated blood pressure, daily smoking and diabetes.[15]
- Based on recently published data from the first year of the Practice Incentives Program Quality Improvement (PIP QI) Measures, half of eligible Australians do not have all four risk factors recorded to enable absolute CVD risk assessment (a key component of the Heart Health Check).[16]
- Concerningly, 2.5 million Australians are at high risk of having a heart attack or stroke within the next five years, yet over 70% are not getting the required treatment.[17]

Addressing gender disparities

According to MBS data from April 2019 to February 2022, the uptake of Heart Health Checks by women and men was similar. However, this finding does not illuminate the full breadth of CVD disparities women experience regarding treatment and on-going management. For example, women with risk factors or CVD are often less likely to receive evidence-based medicines compared with men with similar risk factors or disease profiles.[18] More action is needed to ensure once risk is identified, health professionals have the tools and resources at their disposal, to ensure women receive best practice CVD risk management alongside men.

COVID-19 has impacted CVD screening

The pandemic has had a significant impact on uptake of Heart Health Checks across Australia. At least 27,000 fewer Heart Health Checks were delivered between March 2020 and July 2021 because of COVID-19. These Checks could have prevented up to 350 heart attacks, strokes and cardiovascular-related deaths over five years.[19]

MBS data also reveal how Heart Health Check uptake has varied significantly with key COVID-19 events, including lockdowns and the vaccination roll-out. Spikes in COVID-19 cases are also inversely correlated with a decrease in Heart Health Check MBS claims (Figure 1.)

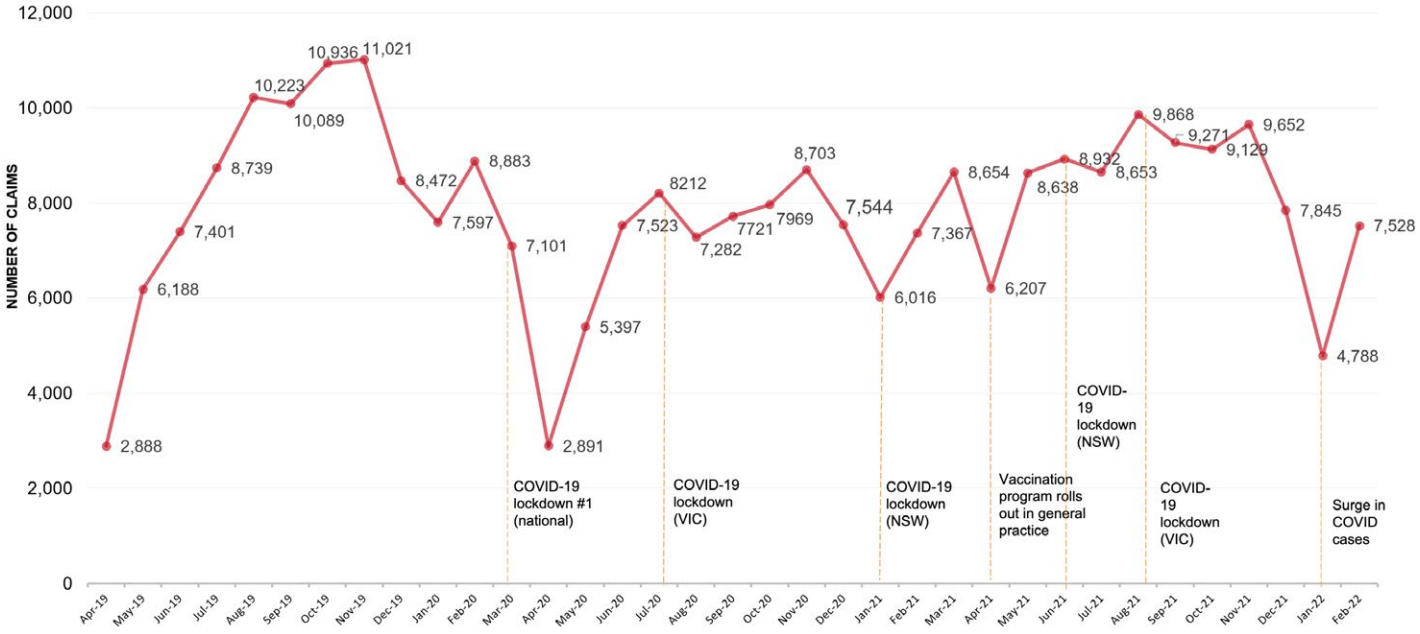

Figure 1. *Total Heart Health Check MBS claims (699 + 177) per month and COVID-19 events*

Uptake of fewer Heart Health Checks over the past two years means there are likely to be tens of thousands of high-risk Australians currently unaware of their CVD risk. In essence, they are 'ticking time bombs' for a heart attack or stroke. These people must be identified and managed appropriately as a matter of urgency.

The temporary Heart Health Check items are due to expire in June 2023.

Removing the Heart Health Check from the MBS has the potential to undo years of progress embedding CVD prevention activities in routine care. This is unacceptable given these activities are needed more than ever to curtail the wave of chronic disease we expect to see in the years ahead. Permanency of the Heart Health Check is an important intervention to enable this.

Opportunity

International evidence from the UK and New Zealand demonstrates that a systematic approach to identifying and managing people most at risk of CVD is critical to improving outcomes. This includes strong clinical leadership and robust primary care policies, supported by structured identification and management of cardiovascular risk factors.

To this end, the Heart Foundation collaborates with the primary care sector to ensure that Heart Health Checks are undertaken routinely and embraced by general practice. We work closely with peak general practice stakeholder groups including the Australian Primary Health Care Nurses Association, Australian Association of Practice Managers, Royal Australian College of General Practitioners, and Primary Health Networks across the country.

This work has also involved the co-design of a range of tools to support implementation of Heart Health Checks in primary care. This includes the Heart Health Check Toolkit, health professional webinar series and a national recall program. To date, over 46,000 health professionals have accessed the Heart Health Check Toolkit and more than 42,000 at-risk Australians have received a personal Heart Health Check recall message from their GP.

These initiatives have enabled the delivery of over 275,000 Heart Health Checks since the MBS items were introduced in 2019. This is an unmissable opportunity to build on this success by making the item numbers permanent.

Key outcomes

Permanency of the MBS Heart Health Check items will:

- enable the structured identification and management of cardiovascular risk, which is a critical first step to improving patient outcomes and reducing hospitalisations
- help monitor the impact that COVID-19 continues to have on chronic disease screening
- drive more equitable outcomes for women through earlier detection and appropriate management
- facilitate targeted initiatives through closer monitoring of population groups and/or geographic areas at highest risk
- ensure the federal government can meet its commitment to CVD prevention activities outlined in key policy documents as well as lower expenditure on one of the most costly items within the annual health care budget.

Impact

Having permanent Heart Health Check MBS items will ensure that risk factors for CVD are detected and treated earlier.

This will save more lives and reduce the burden of CVD on the health system.

A message of support: ending rheumatic heart disease in Australia

Aboriginal and/or Torres Strait Islander Peoples experience one of the highest burdens of rheumatic heart disease in the world, and at rates 60 times higher than non-Indigenous people.[20, 21] The Heart Foundation recognises the consequences of this devastating disease on First Nations Peoples, families and communities. The most heartbreaking fact is that acute rheumatic fever and rheumatic heart disease are nearly entirely preventable with adequate preventive measures, early diagnosis and appropriate treatment. It is well within Australia's reach to put an end to this disease for the next generation.

We commend the federal government's commitment to eliminating rheumatic heart disease by 2030, as outlined in Australia's Long Term National Health Plan. We also acknowledge and commend the robust plan to address this disease as outlined in the national Rheumatic Fever Strategy, with co-leadership from the National Aboriginal Community Controlled Health Organisation (NACCHO).

Investments to date have been a step in the right direction but are insufficient to meaningfully address the unrelenting tide of acute rheumatic fever and rheumatic heart disease cases. Modelling demonstrates that significant costs of inaction will be borne through increased mortality and expenditure on health care. Ending this disease requires significant long-term investment and a whole-of-government commitment.

Social determinants of health play a key role in the disproportionate burden of acute rheumatic fever and rheumatic heart disease in Aboriginal and/or Torres Strait Islander Peoples. These determinants also contribute to a myriad of other health conditions including ear diseases, kidney disease, preventable blindness and respiratory infections. By making a commitment to end rheumatic heart disease, we can also reduce the disproportionate burden these other diseases have on First Nations Peoples.

The Heart Foundation joins the voices of Aboriginal and/or Torres Strait Islander leaders and our colleagues across the country in calling for an additional and urgent funding injection to implement the Rheumatic Heart Disease Endgame Strategy.

We acknowledge and support the vital work being undertaken by NACCHO, RHDAustralia, Telethon Kids Institute and the END RHD Centre for Research Excellence, amongst many others. The Heart Foundation fully supports their calls for ongoing and additional funding as part of a comprehensive evidence-based strategy to eliminate rheumatic heart disease from this country.

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Continued support for our walking and physical activity agenda

Walking is one of the most accessible and cheapest forms of physical activity.[22] Our walking and physical activity agenda focuses on enhancing the reach and impact of our Heart Foundation Walking program, especially for at-risk groups via public education and communication initiatives. Increasing levels of physical activity requires a whole-of-systems approach to enhance the accessibility of healthy environments, to encourage communities to be physically active and to lead more active lives.[23,24] Our agenda expands beyond the individual by supporting the development of safer, healthier built and natural environments to promote physical activity.

To enable delivery of this agenda, funding is required from all levels of government.

Why is continued funding for physical activity so important?

As we emerge from the pandemic, action is needed to enable more Australians to be physically active. Lack of physical activity is a leading risk factor for heart disease, type 2 diabetes, some cancers and poor mental health.[25,26]

- Australians are not meeting the recommended physical activity guidelines for health. Only 15% of adults meet the Australian physical activity guidelines.[27]
- Physical activity can reduce the risk of heart disease by around 35%.[25] A 35% reduction will mean more people can live longer, healthier lives, and can result in significant savings to the health system.
- Physical activity can improve mental health and social connectedness. Evidence has shown that exercise can help to treat and reduce the risk of depression.[28,29] Evaluation of the Heart Foundation Walking program has shown that in addition to improvements in physical wellbeing, participants also experience improved mental wellbeing and social connectedness.[30]

With 85% of Australians not meeting the physical activity guidelines, there is a need for a targeted physical activity campaign to support all Australians to be active. Australian government strategies such as the National Strategic Action Plan for Heart Disease and Stroke, the National Preventive Health Strategy and the National Obesity Strategy highlight the need to increase levels of physical activity to improve health and reduce the burden of chronic disease.

What will continued support for our walking and physical activity agenda enable?

The Heart Foundation has, for many years, invested significant resources towards walking programs across Australia, recognising that this single behaviour is a simple, accessible, and equitable way to increase physical activity and manage risk factors for chronic disease. In short, we believe supporting more people to walk regularly can help save lives.

Heart Foundation Walking is Australia's largest free walking network with more than 1,200 walking groups across the country. This is complemented by our online 6-week Personal Walking Plans, tailored so that individuals can walk at a time, place, exertion level and duration best suited to them. Currently there are over 200,000 people participating in our Walking program.

Enhanced funding for our walking and physical activity agenda, including ongoing commitment from state and territory governments, will enable:

- Expansion of Heart Foundation Walking to reach Australians most at risk of cardiovascular disease, including people experiencing socioeconomic disadvantage, people from culturally and linguistically diverse communities, Aboriginal and/or Torres Strait Islander Peoples, and people living in regional and remote areas.
- Delivery of public education and communications through mass media campaigns and Heart Foundation communication channels.
- Delivery of best practice professional education webinars on physical activity, to increase health professionals' confidence and knowledge in prescribing physical activity, including referral to walking groups and Personal Walking Plans.
- Ongoing development and implementation of the Healthy Active by Design platform that includes case studies, evidence and supplementary natural and built environment resources. Resources include our Design Features resource andCommunity Walkability Checklist to support government, engineers, planners and communities to create more walkable and cyclable environments.
- Collaboration with local government and planning agencies to support advocacy for safer, healthier natural and built environments to promote more physically active communities, in terms of both walkability and cyclability.

What impact do we expect our walking and physical activity agenda to have?

- Improved awareness of the benefits of physical activity among Australian adults.
- Increased proportion of Australians who meet Australian physical activity guidelines.
- Increased physical activity in people most at-risk of cardiovascular disease, including in Aboriginal and/or Torres Strait Islander Peoples, people experiencing socioeconomic disadvantage, people from culturally and linguistically diverse communities and people living in regional or remote areas.
- Improved chronic disease health outcomes, including reduced risk of chronic disease and better mental health.
- Increased participation in physical activity and active travel through safe and healthy built and natural environments in Australian communities.

Kerri's story of how walking changed her life

"I felt very motivated after the birth of my third child and started gradually walking more each day. I lost 35 kilos, my resting heart rate came right down, and I had no post-natal depression, which I put down to walking. But it wasn't easy and I found many footpaths too narrow or damaged to walk on, especially with a pram and small children. But walking is such a great thing to do, so uplifting. You never ever come in contact with someone walking who isn't happy."

Photo courtesy: Lachie Millard Photography

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NATIONAL HEART FOUNDATION OF AUSTRALIA

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