

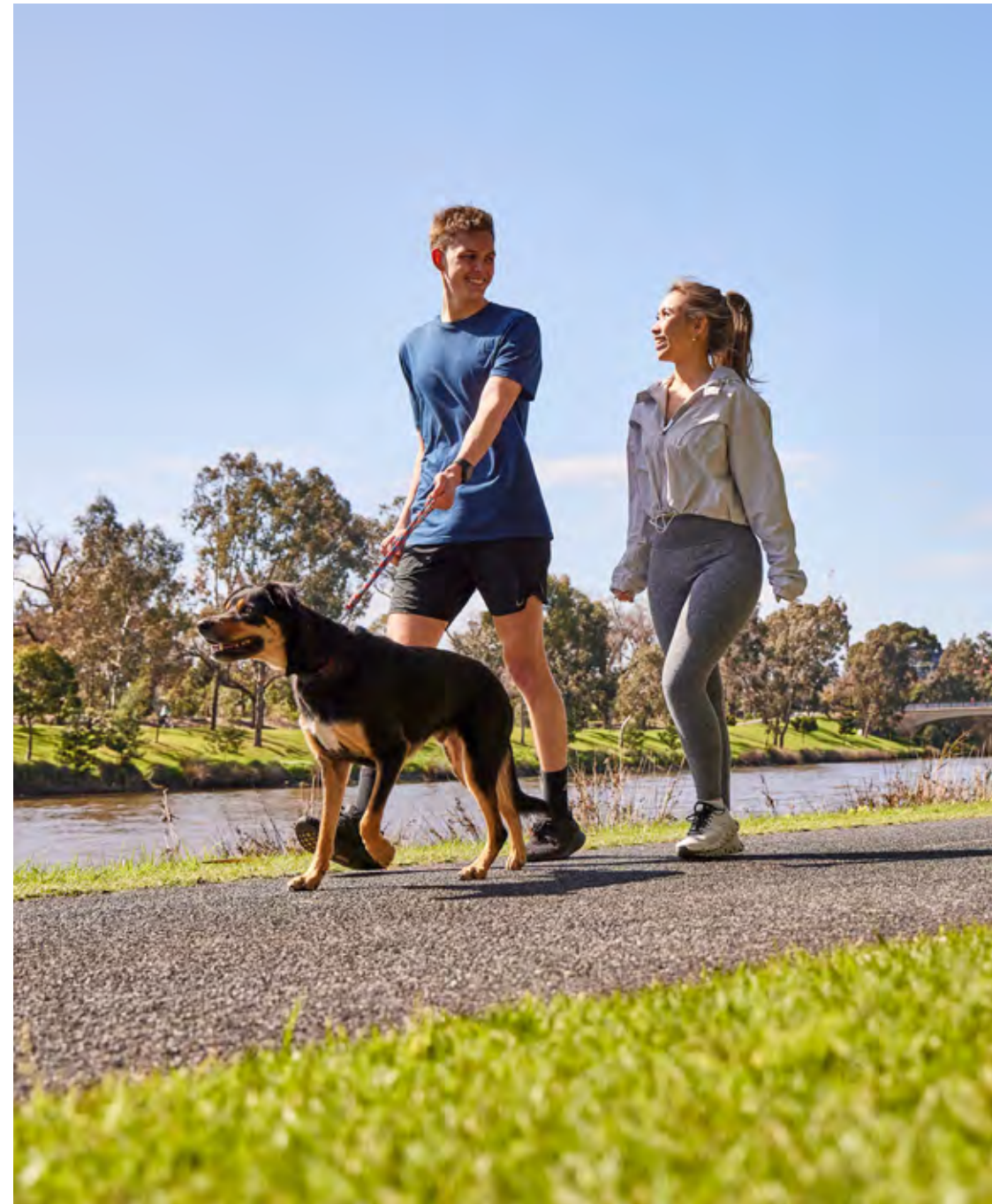


South Australian budget proposal

2025-2026

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Introduction

For over 60 years, the Heart Foundation has been the trusted peak body working to improve heart disease prevention, detection and support for all people living in Australia.

Through the generosity of millions of people in Australia, we fund high-impact research, build community awareness about living a heart-healthy lifestyle, and support health professionals in their work to prevent, diagnose, treat and manage heart disease.

Whilst our work has had a major impact on the survival rates of people who have had a heart attack or are living with heart disease, in South Australia, coronary heart disease remains the second leading cause of death. In 2021, coronary heart disease accounted for 10% of all deaths of people in South Australia and was the leading cause of death for males and the second for females.

Coronary heart disease also remains the leading cause of disease burden in South Australia at 10.1% of the total, combined disease burden. With heart conditions costing 9.5% of healthcare expenditure nationally, this equates to a cost of approximately 1.6 billion dollars to the South Australian healthcare system each year.

Our budget proposal puts forward practical measures to:

- increase survival rates from cardiac arrest
- support cardiovascular research to improve prevention, diagnosis and treatment of heart disease
- prevent rheumatic heart disease, a disease that should not exist in our state.

These proposals will save lives and reduce the burden of cardiovascular disease on people in South Australia and our South Australian economy.

A handwritten signature in blue ink that reads "Gardner".

Claire Gardner
General Manager, South Australia,
National Heart Foundation of Australia

Facts about cardiovascular disease in South Australia

The heart truth - South Australia (2025)

Nearly 3,500 South Australians die from CVD each year

This equates to:



9 South Australians each day

CVD hospitalisations



Approximately **42,000** South Australians each year (equals 115 per day)

Cost of CVD to the Australian economy



About **\$14.3 billion** in 2021

Coronary heart disease facts

Deaths

Male
914
in 2022

Female
609
in 2022



First Nations peoples
2.6 x non-Indigenous rate

CHD hospitalisations

Male
Almost
7,000
in 2022

Female
About
3,250
in 2022



First Nations peoples
Approximately **2.2 x non-Indigenous population rate**

ARF and RHD facts

Acute rheumatic fever (ARF) is caused by a bacterial infection, called Strep A.

Rheumatic heart disease (RHD) is damage to the heart valves that develops from ARF.



Approximately **700** people are living with ARF and/or RHD



In 2023, First Nations peoples accounted for **88% of new ARF and/or RHD diagnoses**



Male deaths (RHD)
7 (0.2 per 100,000)



Female deaths (RHD)
8 (0.2 per 100,000)

References

Australian Institute of Health and Welfare (2024) Heart, stroke and vascular disease: Australian facts, AIHW, Australian Government, accessed 24 January 2025.

SA Health. SA rheumatic heart disease control program. 2023 Annual Report. Accessed 6 December 2024. www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/resources/sa+rheumatic+heart+disease+control+program+2023+annual+report

Australian Institute of Health and Welfare (2024) Acute rheumatic fever and rheumatic heart disease in Australia 2023, catalogue number CVD 100, AIHW, Australian Government.

Summary of priorities

1 *Save lives* from cardiac arrests by increasing community awareness and education on the use of life-saving automated external defibrillators.

2 *Boost* cardiovascular research to build our South Australian research capability, to ultimately benefit all South Australians.

3 *Help* end rheumatic heart disease in South Australia's First Nations peoples.



Save lives from cardiac arrests by increasing community awareness and education on the use of life-saving automated external defibrillators.

The Heart Foundation is seeking an investment of \$1.5 million over three years to improve survival rates from out-of-hospital cardiac arrests by increasing the skills and confidence of bystanders to perform CPR and use an AED.

Too many people die from out-of-hospital cardiac arrests. Every year in Australia, more than 26,000 people have an out-of-hospital cardiac arrest, with a survival rate of only about 10%.¹ In South Australia, that equates to over 2,000 cardiac arrests per year, of which only about 200 people will survive. Bystander administered defibrillation can double a person's chance of surviving a cardiac arrest.² However, in Australia, only about 40% of cardiac arrests have bystanders performing cardiopulmonary resuscitation (CPR) and a mere 2% involve the use of an automatic external defibrillator (AED).¹

In November 2022, South Australia mandated that government and public buildings be equipped with AEDs by 2025 and private buildings by 2026. While this legislation significantly improves access to AEDs, increasing public confidence to use an AED, alongside performing CPR is crucial to further enhance survival rates.

Although most people in Australia have heard of AEDs, in an emergency only 59% are willing, and only 20% feel confident, to use one.³ This hesitancy could mean the difference between life and death for someone suffering a cardiac arrest. Every one-minute delay in defibrillation reduces the chance of the person surviving to discharge from hospital by 10–12%, meaning that bystander-delivered CPR and AEDs is crucial in buying time to help prevent brain damage and increase the chance of survival.⁴

There are many potential barriers to bystander AED use, including perception of legal liability, lack of awareness and training, technological limitations, and psychological factors.⁴ Internationally, bystander focused public health interventions have successfully increased bystander CPR rates from 19% up to 61%, and increased survival to hospital discharge.⁵ In South Australia, a pilot campaign educating the public on the use of AEDs showed good community engagement. Increasing the public's knowledge and understanding of when and how to use an AED by promoting the 'Call, Push, Shock' method, could lead to increased numbers of people using an AED prior to the arrival of paramedics, increasing the chance of survival for those suffering a sudden cardiac arrest.

Repeating this campaign could be particularly impactful in local government areas in South Australia which are high-risk due to high cardiac arrest rates and low bystander intervention rates. This includes Playford, Port Adelaide Enfield, Port Pirie, and Coober Pedy.⁶ A targeted approach in these high-risk areas will help address the disparity and significantly improve survival rates.

Every one-minute delay in defibrillation reduces the chance of the person surviving to discharge from hospital by 10–12%

The campaign: *Shockingly Simple*

During a cardiac arrest, an AED makes delivering a life-saving shock simple: just turn it on and follow the prompts.

Pilot campaign success

From October to November 2024, the Heart Foundation piloted the *Shockingly Simple* digital campaign in South Australia, leveraging events like Shocktober and Restart a Heart Day. The pilot included:

- Website [Shockingly Simple](#): featuring video content on the chain of survival 'Call, Push, Shock' and how to use an AED.
- QR code linking to the campaign content.
- Shocker Stories: real-life accounts of everyday Australians using AEDs in emergencies.
- Print advertisements: published in The Advertiser.
- Social media: campaigns on Facebook, Instagram, LinkedIn, and TikTok.
- Merchandise: 'Shocker' t-shirts.
- Restart a Heart Day community activation event: in partnership with South Australian Ambulance Services, The Council of Ambulance Authorities, St John South Australia and Surf Life Saving SA.

The campaign exceeded paid advertising targets and outperformed other Heart Foundation initiatives. Featured videos and Shocker Stories received the highest engagement, showcasing the community's interest in learning how to act in emergency situations and use an AED effectively.



PROPOSAL

Invest in the *Shockingly Simple* public awareness and education campaign to improve understanding of and how to use an AED.

The Heart Foundation is seeking an investment of \$1.5 M over three years from the Government of South Australia to roll out and expand the Shockingly Simple public awareness and education campaign. This initiative aims to improve understanding of, and confidence in, using AEDs during cardiac arrests.

We urge the Government of South Australia to partner with the Heart Foundation to leverage the rollout of the AED-accessibility legislation by funding this education campaign.

The *Shockingly Simple* campaign materials are already developed and ready for rollout in 2025. We propose a 3-month digital and outdoor advertising campaign in the lead up to, and during, Shocktober and Restart a Heart Day on October 16 to:

- ✓ Dispel myths around AED use.
- ✓ Demonstrate the simplicity of using an AED.
- ✓ Promote the 'Call, Push, Shock' message.

Print poster

The poster features the title "Shockingly simple." in large red font at the top. Below it is a red AED device with a white heart and lightning bolt icon. Under the AED, the text reads: "During a cardiac arrest, an AED makes delivering a life-saving shock simple: just turn it on and follow the prompts." At the bottom, there is a red button with the URL "heartfoundation.org.au/shockingly-simple" and the Heart Foundation logo.

Social media

The social media carousel consists of five panels. The first panel has the text "During a cardiac arrest..." and a red heart icon. The second panel has the text "An AED could help save a life." and a red heart icon. The third panel has the text "Just turn it on and follow the prompts." and a red heart icon. The fourth panel has the text "Shockingly simple." and a red heart icon. The fifth panel is red and features the Heart Foundation logo, the text "Remember to Call Push Shock" with three circular icons, and the text "Swipe up to learn more." at the bottom.

Boost cardiovascular research to build our South Australian research capability, to ultimately benefit all South Australians.

The Heart Foundation is seeking an investment of \$7 million over 10 years to help fund cardiovascular research in South Australia.

To address the growing burden of cardiovascular disease (CVD) in South Australia, a strategic approach that integrates world-class research with healthcare delivery is required. Despite the state's strong history of medical research excellence, South Australia's share of national research funding has been in steady decline over the past two decades. According to the South Australian Productivity Commission's Inquiry into Health and Medical Research in South Australia, the state's share dropped from 11% in 1994 to 7.4% in 2019.⁷ This has since declined further to just 6% in 2023.⁸

These diminishing success rates disproportionately affect the career development of our early career researchers in to our future research leaders. Retaining and nurturing our current researchers is vital to ensure we have a skilled workforce to address both current and future research priorities. This aligns with the SA Health *Green Paper: Delivering the South Australian Health and Medical Research Strategy*, which identifies workforce as one of five strategic pillars: *"An empowered workforce equipped for the future"* and highlights proactive career pathway development to attract, develop and retain the next generation of research leaders.⁹

By providing additional state-focused support and enablers, universities, institutions and government can bridge the gaps left by traditional research funding schemes and address barriers, particularly for early and mid-career and clinician researchers. The New South Wales Government's \$150 million, ten-year investment in cardiovascular research provides an example of the impact state funding can make. This investment has enhanced the state's competitiveness and health impact through funding high quality research driving scientific discoveries, innovative therapies, and attracting and building international teams.

In addition to our national research program, the Heart Foundation has committed to an additional \$3.5 million to implement a dedicated South Australia cardiovascular research program, which includes:

- Reinstating and supporting the **South Australian Cardiovascular Research Network** (SA CVRN, since 2023).
- Establishing a Heart Foundation-administered **South Australian Cardiovascular Research Fund**, with an initial focus on supporting early career SA CVRN members.

The SA CVRN plays a pivotal role in facilitating collaboration, driving breakthroughs, and ensuring that local research directly benefits our communities. Having a diverse multi-disciplinary, multi-institutional membership is crucial for the SA CVRNs success in fostering collaboration in cardiovascular research and advocating for state-wide research priorities.

PROPOSAL

Invest in the South Australian Cardiovascular Research Fund to attract, develop and retain cardiovascular research leaders in South Australia.

We invite the South Australian Government to partner with the Heart Foundation by investing \$7 million over the next ten years into the South Australian Cardiovascular Research Fund. This will address recommendations from the SA Productivity Commission's *Inquiry into Health and Medical Research in South Australia* and the consultation *Green Paper: Delivering the South Australian Health and Medical Research Strategy*. To ensure longevity and capacity-building, the focus should be funding people, projects, and collaborative programs, specifically supporting early- and mid-career and clinician researchers.

This additional government investment will allow us to build and extend the Fund's support beyond early career researchers, encompassing all levels of cardiovascular research expertise and ensure South Australia remains competitive in national research funding opportunities.

We propose that this includes:

- **Kick Start Post-Doctoral Research Fellowships:** investment in Heart Foundation's newly created fellowships to target SA early career researchers.
- **Future Leader Fellowships:** supporting outstanding mid-career researchers to develop their independent research and build research teams in areas of state and national priority.
- **Clinician Researcher Fellowships:** a focused fellowship for clinician researchers to fund dedicated research time alongside their clinical responsibilities.
- **Collaboration grants:** encouraging collaboration between researchers, research institutes, health services and industry, enhancing the impact and competitiveness of research proposals.
- **Professional development opportunities:** using the SA CVRN to provide capacity and capability building training and development opportunities that directly meet the needs of the South Australian cardiovascular research community.



Help end rheumatic heart disease in South Australia's First Nations peoples.

3

The Heart Foundation is seeking an investment of \$13.8 million to help end rheumatic heart disease by supporting the South Australian Remote Laundries Project, a community-led and delivered First Nations initiative that is making a real difference.

Rheumatic heart disease (RHD) is a chronic heart condition involving damage to the heart valves. It is caused by one or more episodes of acute rheumatic fever (ARF), an inflammatory disease that affects various parts of the body, including the heart, joints, skin, and brain. ARF can develop from a group A streptococcal infection, such as strep throat or scarlet fever. Although easily treated by antibiotics and hygiene measures, if left untreated, these strep A infections can cause ARF which can ultimately lead to RHD.¹⁰

Although there is no cure for RHD, it is a wholly preventable disease.

RHD remains a significant health burden in Australia, with the country recording some of the highest rates of ARF and RHD globally. First Nations people in Australia are disproportionately affected by these conditions.¹⁰ In 2023, South Australia saw an increase in ARF and RHD cases, with 692 cases registered compared to 608 in 2022. Alarming, 88% of these cases were identified among First Nations peoples, with the highest rates observed in children aged 5–14 years.¹¹

First Nations remote communities face significant challenges due to inadequate access to functional housing, including reliable power, hot water, washing facilities, and overcrowding. These factors collectively impact the health and wellbeing of residents, contributing to skin conditions and infections such as scabies. If left untreated, these infections can lead to more serious health issues such as ARF and RHD.¹⁰

The Heart Foundation and Aboriginal Investment Group are joining forces to propose the rollout of the Remote Laundries project in South Australia.¹² Since its inception (in Barunga, Northern Territory), the Remote Laundries project has had a phenomenal impact. By providing access to washing facilities, the project has helped reduce the spread of scabies infections by up to 60%.¹³ Scabies infections in the skin, are one of the key routes of entry for strep A.

These remote laundries enable people to wash their clothes, towels, and sheets under conditions that can kill the scabies mites (washing at >50 °C for 10+ minutes and hot tumble drying for 20+ minutes). By stopping the spread of the mites and reducing scabies infections, the Remote Laundries project is breaking the chain of infections that leads to ARF and RHD.



PROPOSAL

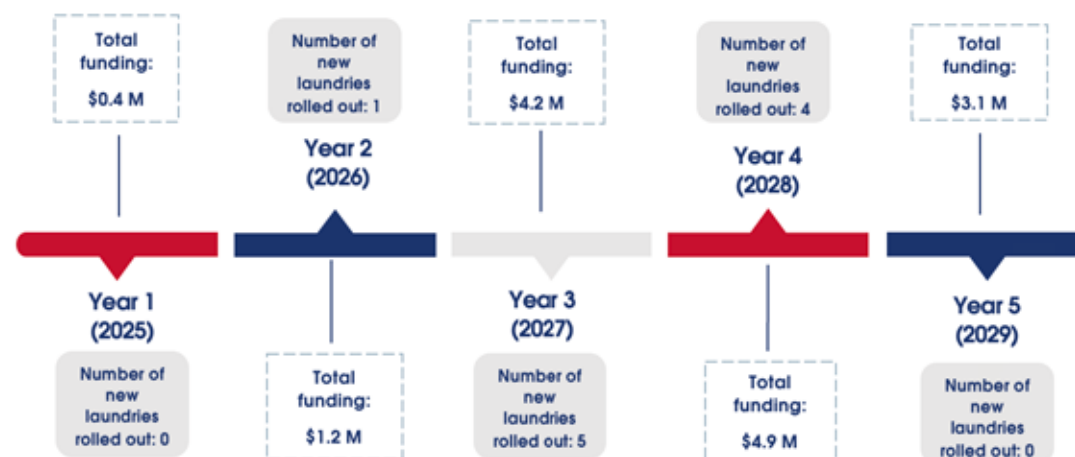
Invest in the roll out of 10 laundries in remote First Nations communities across remote South Australia.

- Our plan is to deliver 10 laundries between 2025–2030. This equates to six laundries in the first three years and four in year four. Operational costs are included for the year of implementation until the end of year five (Figure 1).
- This is a total of \$5.1 M in capital funding and \$8.7 M in operational funding.
- Once fully implemented, the average capital cost over the five-year period of a laundry is \$0.5 M, with an average annual operating cost is \$0.7 M.

Through a co-design approach, this initiative will strengthen ties with community leaders and key stakeholders, enhance awareness and education around ARF/RHD and heart health, and reduce the early onset of heart disease among First Nations peoples in SA.

- This project will generate significant employment opportunities, providing stable jobs for community members in SA.

Figure 1. Timeframe for delivery



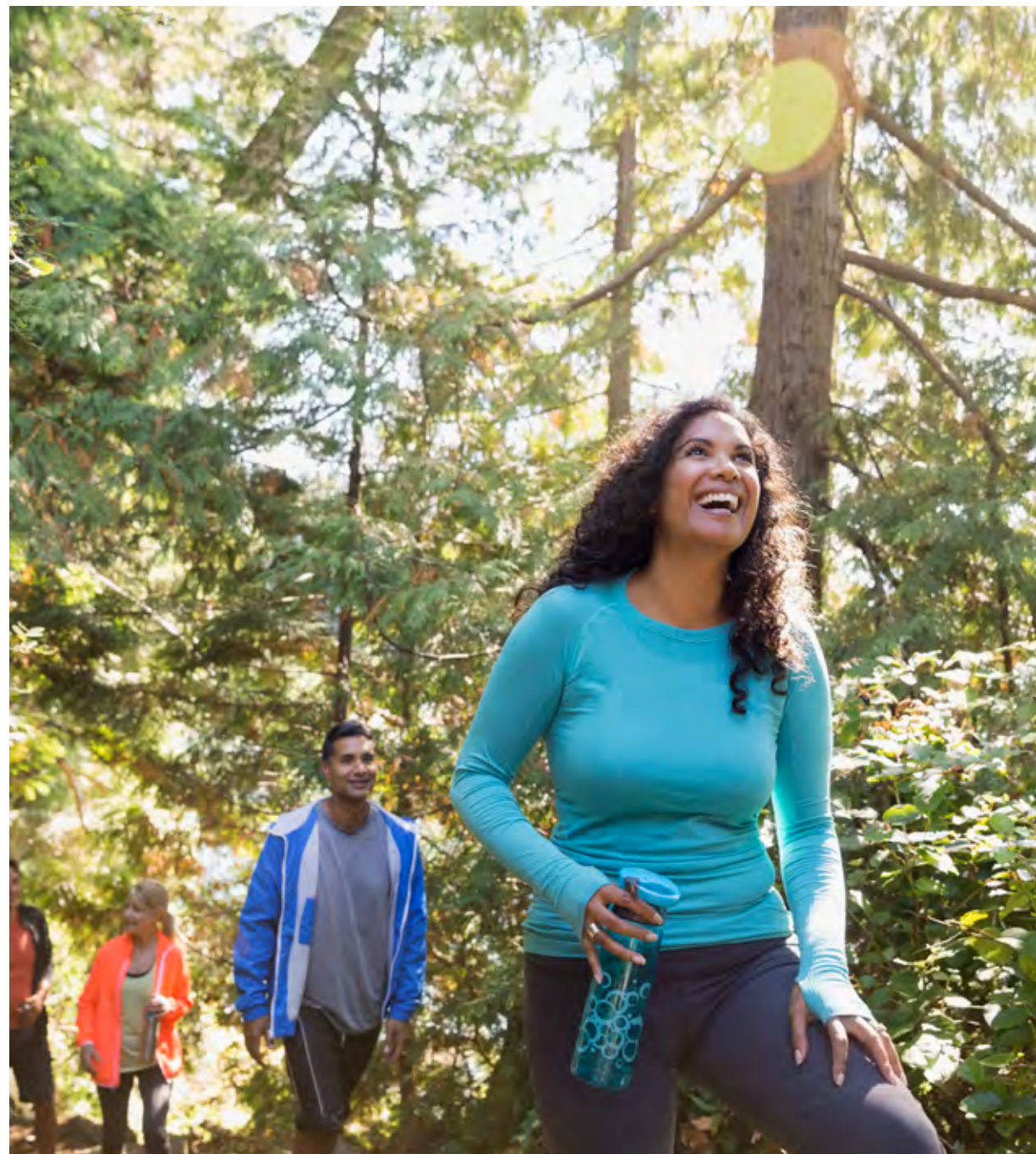
- Employees will receive comprehensive training in various areas such as operations, maintenance, data collection, and customer service, which enhances their skills and increases their employability across different sectors.
- The project will inject substantial wages into the community, demonstrating a direct economic benefit and contributing to the overall strength of the local economy.

- We will collaborate with communities that have newly established laundries to co-create action plans aimed at lowering local rates of ARF and RHD by promoting heart health awareness and preventive measures.

These initiatives support *The Endgame Strategy* that proposes an implementation framework of five priority action areas, which, collectively, have the greatest potential to bring about an end to RHD by 2031.¹⁰

References

1. Bray J, Howell S, Ball S, et al. The epidemiology of out-of-hospital cardiac arrest in Australia and New Zealand: A binational report from the Australasian Resuscitation Outcomes Consortium (Aus-ROC). *Resuscitation*. 2022;172:74–83.
2. Pollack RA, Brown SP, Rea T, et al. Impact of bystander automated external defibrillator use on survival and functional outcomes in shockable observed public cardiac arrests. *Circulation*. 2018;137(20).
3. Cartledge S, Saxton D, Finn J, et al. Australia's awareness of cardiac arrest and rates of CPR training: results from the Heart Foundation's HeartWatch survey. *BMJ Open*. 2020;10:e033722.
4. Kumar S, Chow C, Jan S, Angell B. *Rapid literature review on public access to defibrillation*. 2017. Newtown: The George Institute for Global Health.
5. Blewer, AL et al. Impact of bystander-focused public health interventions on cardiopulmonary resuscitation and survival: a cohort study. *The Lancet Public Health*. 2020;5(8):e428–e436.
6. Doan T, Howell S, Ball S, et al. Identifying areas of Australia with high out-of-hospital cardiac arrest incidence and low bystander cardiopulmonary resuscitation rates: a retrospective, observational study. *PLoS One*. 2024;19(4):e0301176.
7. South Australian Productivity Commission 2020, *Inquiry into Health and Medical Research in South Australia*, Final Report. 2020. www.sapc.sa.gov.au/inquiries/inquiries/health-and-medical-research/final-report
8. National Health and Medical Research Council. Outcomes of funding rounds. 2023. Accessed 11 December 2024. www.nhmrc.gov.au/funding/data-research/outcomes
9. SA Health. *Green paper: delivering the South Australian Health and Medical Research Strategy, draft for consultation*. 2023.
10. Wyber R, Noonan K, Halkon C, et al. *The RHD Endgame Strategy: A Snapshot. The blueprint to eliminate rheumatic heart disease in Australia by 2031*. The END RHD Centre of Research Excellence, Telethon Kids Institute. 2020.
11. SA Health. SA rheumatic heart disease control program. 2023 Annual Report. Accessed 6 December 2024. www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/resources/sa+rheumatic+heart+disease+control+program+2023+annual+report
12. Aboriginal Investment Group. Remote Laundries: Building stronger communities through washing. nd. Accessed 11 December 2024. www.remotelaundries.org.au/
13. Aboriginal Investment Group. Barunga. Accessed 11 December 2024. www.remotelaundries.org.au/barunga/





heartfoundation.org.au

Thank you for helping us in our fight to *save* South Australian hearts.

To arrange a meeting or discuss these priorities, please contact:

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The Heart Foundation acknowledges the Traditional Owners and custodians of Country throughout Australia and their continuing connection to land, waters and community. We pay our respect to them and their cultures, and Elders past, present and future.

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