

ANNUAL REVIEW 2014

NATIONAL HEART FOUNDATION OF AUSTRALIA



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National President

In my first year as National President, after being elected to the role in May 2014, I am pleased to be able to introduce the Heart Foundation’s 2014 Annual Review.

I have been a long-time supporter of the Heart Foundation. As a cardiologist, I am very aware of the need to reduce the risks and prevalence of heart disease. It is important that the Heart Foundation continues to deliver on its mission to reduce premature death and suffering from heart disease.

We continue to review our programs and activities, and have recently announced a review of the Tick Program. The Tick Program has helped Australians to make sensible food choices for over 25 years. We also launched our *Blueprint for an active Australia* this year, which promotes healthy spaces and places and supports an active lifestyle.

I would like to acknowledge the contribution of the previous National President, Associate Professor Peter Sexton.

Peter made an outstanding contribution during his three years in the role, overseeing the introduction of the *For All Hearts* strategy and the finalisation of the Federation Agreement. The organisation also farewelled the previous National CEO, Dr Lyn Roberts AM, at the end of 2013 and welcomed Mary Barry, former CEO of the Victoria State Emergency Service.

I would like to acknowledge Martin Laverty, the former NSW President, who stepped down this year, and welcome Rebecca Davies as the new NSW President. We welcomed John Etherington as the incoming Victorian President and Michael Harvey as the Tasmanian representative, who also joined the National Board in 2014.

I would like to thank my fellow Board members for their support and all the staff of the Heart Foundation and the many volunteers, donors and supporters for their contributions in 2014.

Dr Jennifer Johns
National President



Chief Executive Officer

As I joined the organisation in late January 2014, I have spent my first year as National CEO getting to know the Heart Foundation.

Like many members of the public, I held great respect for the Heart Foundation and was familiar with some of its programs and activities. What I had not fully appreciated was how much the Heart Foundation’s many supporters, honourees, volunteers and donors contribute to the organisation. The Heart Foundation could not deliver its many programs and activities without this support.

It is important that the Heart Foundation engages with those who support us to make sure we remain a relevant and contemporary organisation. To meet these expectations, I have sought to engage with many key groups and people from across Australia during the year. I have come to understand the deep commitment that drives the Heart Foundation community to fulfil the mission to reduce death and suffering from heart disease.

With the support of the National Board, I have commissioned a major review of the structure of the national organisation, which is now being implemented. This new structure will ensure that the Heart Foundation is set up to deliver on its agreed strategy in the future. Like many not-for-profit organisations, managing costs continues to be a challenge and the changes being made will better enable the organisation to meet this challenge.

I would like to thank the National Board for their support in 2014, along with the dedicated Heart Foundation staff and our many donors and volunteers. I am looking forward to a very productive 2015 and the opportunity to get to know more of the Heart Foundation’s supporters.

Ms Mary Barry
Chief Executive Officer – National

HEALTHY HEARTS



In 2014 we helped to create environments that give all Australians healthy options and provided information and support to promote their heart health. This means a healthier food supply, more-active living and a smoke-free Australia.

We created a *Blueprint for an active Australia*

Blueprint for an active Australia outlines the case for change towards a more physically active Australia. The Blueprint is the result of the combined efforts of 48 of Australia's foremost researchers and leaders in the fields of physical activity, transport, planning and health.

It reinforces the need for urgent action, as overcoming the many barriers to physical activity requires a multi-sectorial response, led by governments and implemented at the community level.

We helped to create healthier environments

We launched a discussion paper titled *Does density matter?* The paper, co-authored by international walking expert Dr Rodney Tolley, explores the key built environment principles that work together to create a better environment for walking, and illustrates these through a number of Australian and international case studies.



More than 750,000 Australians used the Heart Foundation to get information on physical activity in 2014.

Left: **The Bourke Street stairs at Southern Cross Station in Melbourne.**

Heart Foundation Walking is Australia's largest free walking network. It aims to raise the profile of walking as a fun, free and accessible physical activity option. Community-based walking groups are led by volunteer Walk Organisers. In 2014, a virtual community was developed for individuals who cannot access a group or prefer to walk alone. Virtual walkers can track their physical activity and progress and receive tips and tools from the Heart Foundation.

In Canberra we helped to turn Bunda Street into a low-speed shareway to create a safe environment and encourage everyone to be more physically active.

The wide footpaths and traffic-calming planters attract walkers and cyclists to the area, which has had a positive impact on local retailers and health benefits for the community.

In Victoria we transformed the Bourke Street stairs at Southern Cross Station into a 5.5-metre-high and 19-metre-wide scenic garden to motivate people to take the stairs rather than use the escalator.





As of December 2014, more than four million walks were recorded by our 20,553 active participants, involving:

- 18,292 walkers and supporters
- 1,937 volunteer Walk Organisers
- 1,324 walking groups throughout Australia in 312 local government areas
- 324 Local Coordinators in local government and community settings.



In 2014, more than

1.2
MILLION



[aged 30–65]

used the Heart Foundation to get
INFORMATION



We helped to give Australians healthy choices

The Heart Foundation played a major role in the development of the new federal government's Health Star Rating system, and we strongly support its adoption and rollout. The system rates the overall nutritional profile of packaged food and assigns it a rating from half a star to five stars. It provides a quick, easy, standard way to compare similar packaged foods. The more stars, the healthier the choice.



In 2014 we marked the 25th anniversary of the Tick Program – a pioneering public health initiative that began in 1989 to help consumers make healthier food choices and to drive critical changes to the food supply. Today, more than 2,000 food products carry the Tick in over 60 food categories. The Tick is the most recognised front-of-pack label in Australia.

Some Tick milestones over the years include:

- 1989 – Tick Program is introduced, requiring all food products with the Tick to include a nutritional information panel
- 1994 – Heart Foundation calls on companies to remove or reduce trans fats from foods
- 2003–2006 – With obesity levels rising, Heart Foundation introduces an energy criteria for rating, to reduce the size of snacks
- 2005 – All spreads with the Tick are virtually free of trans fat
- 2014 – Aldi reformulates all its bread to become Tick-approved.

In the ACT, Western Australia and Victoria, we ran the LiveLighter public health education campaign, encouraging Australians to eat well, be physically active and maintain a healthy weight. The campaign's advertisements graphically portray the consequences of unhealthy weight and encourage Australians to make positive lifestyle changes and maintain healthy behaviours.

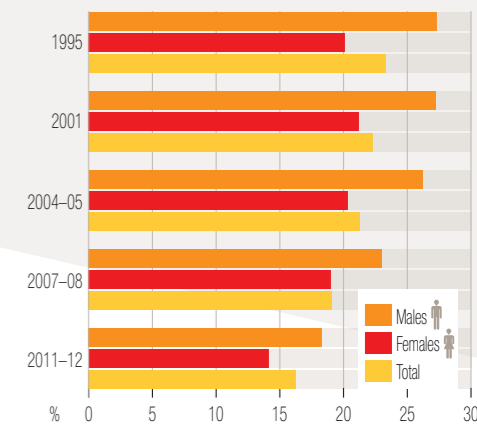


A smoke-free Australia

Smoking is a major cause of heart disease and we are proud to contribute to the decline of smoking rates. While smoking rates in Australia are low in comparison to those of other developed countries, we still continue to fight for a smoke-free Australia.



Adult daily smoking rates



We have always fought hard for price increases for tobacco products and we were pleased to see legislation pass parliament early in 2014 that cemented annual tax increases of 12.5% over a four-year period. This has helped to bring Australia into line with international best practice.

In 2014 we also called for the continuation of important measures, including:

- plain packaging of tobacco products
- funding for smoking education campaigns to continue at 2012–13 levels
- the introduction of more smoke-free public places.

We are also calling for electronic cigarettes to be regulated, as the health effects are currently unknown. It is particularly important to ban the sale and promotion of electronic cigarettes to children and to ensure that smoke-free laws in each state and territory cover electronic cigarette use.

Smoking rates had plunged to 12.8% by 2013, down from 15.1% in 2010.



We want to help all Australians to gain access to quality healthcare and ensure that risk factors are well managed and heart disease is well treated.

We have developed a systematic approach to measure absolute risk

The Heart Foundation has led the development of a systematic approach to measure a person's overall risk of developing heart disease, known as absolute cardiovascular disease (CVD) risk. The approach measures combined risk factors of CVD to create an estimate of a person's risk of having a heart attack or stroke within the next five years.

With this approach, health providers can make decisions about how to care for their patients. It provides a quick and effective way to identify those who are most at risk and therefore those who can benefit the most from intensive management.

In 2014, 68% of general practitioners reported using the *Guidelines for the management of absolute cardiovascular disease risk*.

We have raised awareness of the warning signs of heart attack

In 2014 we developed kits comprising information and materials to help health professionals and workplaces to engage with their patients and employees about learning the warning signs of heart attack. We sent out 11,000 kits.


BeAWARE of the warning signs of heart attack and stroke is a practice triage strategy we developed with the National Stroke Foundation. It supports non-clinical staff within general practice to promptly identify patients who call or present in the practice with warning signs of heart attack and stroke.



This program has had great success:

- More than 4,000 staff from general practice and 2,000 from pharmacies have undertaken the training.
- It achieved significant increases in awareness (recall) of common heart attack symptoms.
- It raised the awareness of tightness in chest from 23% to 49%, jaw pain from 27% to 80% and back pain from 16% to 46%.

We also teamed up with the Cardiac Care team from the NSW Ambulance Service to develop a strategy using print, radio and social media to provide information to the public about the warning signs of a heart attack and the role of NSW Ambulance in treating acute cardiac events.

MORE THAN **4 in 5**
GP_s 
USE HEART FOUNDATION
GUIDELINES



Heart attack survivor Barry Noble

One Australian dies from a heart attack every 57 minutes. This means that every hour of every day, someone in this country loses a loved one to heart attack. In so many cases, this could be prevented if more people recognised – and acted upon – the warning signs of heart attack. We want to make sure that every Australian has the knowledge to save a life, just like Eliz Noble did for her husband Barry.

The day started like any other on the Noble's Gippsland farm. Barry Noble had spent the afternoon chopping firewood.

"I was chopping wood fairly vigorously, so initially I thought I had strained a muscle. It was just a tight feeling in my chest and I thought I had just pushed myself too hard.

"I sat down for a while, but the pain didn't go away. I went inside and told Eliz I was going to take an aspirin and have a lie down. She took one look at me and said she was calling an ambulance. She said I was a grey colour and I just didn't look right.

"I thought she was overreacting. I remember thinking, 'What if there's someone who needs the ambulance more than me?' Luckily she called anyway.

"By the time the paramedics arrived, the pain was much worse and I was feeling quite distressed and anxious. I remember lying down in the back of the ambulance, but I don't remember anything from that point."

Thankfully Barry made it. Thanks to Eliz's decisive action and the skill of the paramedics, he got the help he needed in time to save his life.

Eliz and her children came incredibly close to losing Barry that day. Every year, thousands of Australians aren't as fortunate, simply because they don't know the warning signs of heart attack.

We provided 700,000 Australians with information on cholesterol in 2014 and 600,000 Australians with information on high blood pressure.

We have improved care for heart attack survivors

The Acute Coronary Syndromes Clinical Care Standard developed by the Australian Commission on Safety and Quality in Health Care (ACSQHC) was launched in 2014. The standard sets out the quality of care that Australians presenting with acute coronary syndromes can expect. It explains how all patients should receive optimal treatment regardless of where they live.

IN 2014, ALMOST

3 in 4



HEART ATTACK SURVIVORS FELT IT IMPACTED THEIR LIVES



PHYSICALLY, MENTALLY, SEXUALLY & FINANCIALLY



In 2014, we published a framework to guide health professionals to overcome disparities in the management of acute coronary syndromes in Aboriginal and Torres Strait Islander populations. The publication calls for reforms across the health system and outlines measures to help eliminate the differences in diagnosis, care and outcomes for Aboriginal and Torres Strait Islander patients compared with those experienced by non-Indigenous patients.

We launched heart care programs and toolkits in the ACT, Tasmania and Queensland

We launched a Heart Care Ambassador program in the ACT and Tasmania in 2014, recruiting allied health professionals who are interested in heart health. The ambassadors have been busy spreading our message on the healthcare frontline. For example, in the ACT, local pharmacies held free absolute cardiovascular disease risk assessments, including free cholesterol tests.

In Queensland we launched a cardiac rehabilitation and heart failure toolkit designed to support health professionals. It includes an action plan to improve services and two factsheets outlining the evidence for and benefits of cardiac rehabilitation and heart failure services.

We have provided Australians with vital heart health information

Our Health Information Service achieved its 500,000 call milestone during 2014. We have been providing free personalised information and support on heart health, nutrition and a healthy lifestyle for more than 14 years.

We also launched our first smart phone application. You can now manage your medicines, keep an eye on your health stats, including blood pressure and cholesterol, and learn about heart attack warning signs from your phone.





Kyly Mills, a Kamilaroi woman, is a Heart Foundation scholar who is evaluating a chronic disease self-management program in an urban Aboriginal and Torres Strait Islander population.

In 2014 we continued to address inequities in heart health because we want all Australians to live long, healthy lives.

We believe that health is a basic human right and that it should not matter who you are, how much you earn or where you live. But for many Australians, heart health is affected by their social circumstances, cultural background or where they live. We all have a responsibility to take care of our own health, but it isn't right when things outside our control – such as where we live or how much money we earn – restrict our ability to do this. We are working with the health system, governments and the general community to help reduce cardiovascular health inequities.

Compared with non-Indigenous Australians, Aboriginal and Torres Strait Islander peoples are:

- three times more likely to have a heart attack
- nearly twice as likely to die from heart disease.

Kyly Mills wants to Close the Gap

“We hear about ‘Closing the Gap’ a lot when it comes to Indigenous health, but how does cardiovascular disease fit into this? ‘Closing the Gap’ is an aim to close the life expectancy gap between non-Indigenous and Indigenous Australians within a generation. Chronic disease contributes to approximately 80% of this gap, and the number one chronic condition suffered by Aboriginal and Torres Strait Islander peoples is cardiovascular disease.

Yet Aboriginal and Torres Strait Islander peoples are likely to receive significantly less medical treatment. We are committed to reducing such inequality.

Our Reconciliation Vision is ‘to walk alongside Aboriginal and Torres Strait Islander peoples in respectful partnership to achieve equity in life expectancy and to reduce premature death and suffering from heart disease’.

In 2014, we released our Innovate Reconciliation Action Plan (RAP) and launched reconciliation action plans in every state and territory. The RAP will be used as a platform to guide the organisation on its reconciliation journey, with the intention of developing a culture across the organisation that fosters a reconciled Australia.

We want health practitioners to be equipped with the practical tools to ensure Aboriginal and Torres Strait Islander peoples receive clinically appropriate treatment, delivered in a culturally safe manner, irrespective of which health service they attend.

“Despite this, there are few group programs that aim to prevent or manage cardiovascular disease for Aboriginal and Torres Strait Islander peoples, especially when it comes to our urban population. We need research so that we can know more – what works and what doesn't work in terms of cardiovascular disease management and prevention. These learnings then have the potential to make differences to the health of Aboriginal and Torres Strait Islander peoples in other communities all over Australia.

“I would like to thank donors and supporters of the Heart Foundation for their assistance in helping me to carry out this research.”



To help achieve this, in 2014 we continued the Lighthouse Project, in partnership with the Australian Healthcare and Hospitals Association, with funding from the Department of Health.

Eight hospitals across Australia are currently involved in the project to change traditional cultural and structural work practices that act as barriers to quality care for Aboriginal and Torres Strait Islander peoples with acute coronary syndromes.





In the Northern Territory we ran a week of healthy lifestyle activities for the community members of Minjilang on Croker Island. Activities included a movie night, a healthy BBQ, zorb ball, basketball games, healthy cook-offs and a community concert. More than 50% of the community was involved in the activities and a high number felt motivated to make a healthy lifestyle change in their own life.



We have raised awareness of the risks of heart disease in rural areas because Australians living outside capital cities are at significantly greater risk of heart disease.

In 2014 we released the first-of-its-kind geographical snapshot of cardiovascular disease (including heart disease and stroke).

THERE WOULD BE
30%

FEWER HOSPITALISATIONS IF ALL AUSTRALIANS HAD THE SAME RATES OF CORONARY HEART DISEASE AS THE MOST ADVANTAGED GROUPS IN OUR SOCIETY



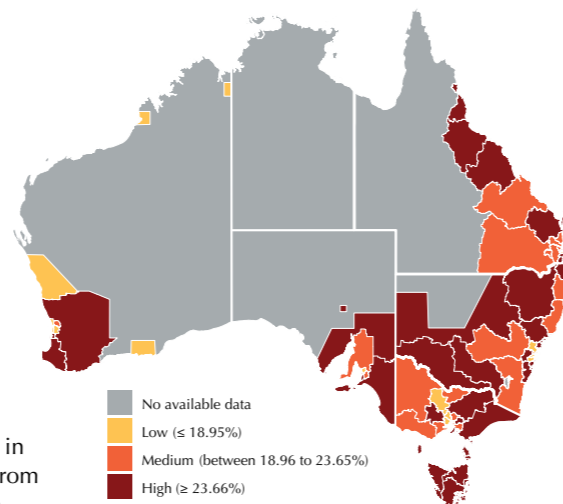
APPROXIMATELY **5,100** DEATHS COULD BE PREVENTED

It shows that one in four people living in regional and rural areas are suffering from the disease compared to one in five in metropolitan areas.

To improve the lifestyles of people living in rural towns, we partnered with NSW Health to stage the inaugural NSW Healthy Town Challenge. Grants of \$15,000 each were awarded to five towns to support them to create healthier environments that provide everyone with opportunities to be active, eat healthy foods and breathe smoke-free air in their day-to-day lives.

We helped to complete almost 700 heart health checks in south-east Melbourne, which has a high population of culturally and linguistically diverse communities. We used a risk calculator to assess a person's overall risk of heart attack and stroke in the next five years.

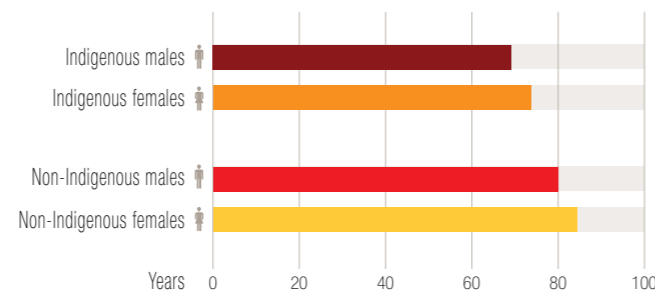
Prevalence of cardiovascular disease (CVD) in Australia



As part of the check, health professionals identified people at risk and referred them to a GP as well as local programs to help them to make positive lifestyle changes to improve their heart health.

People from culturally and linguistically diverse backgrounds are less likely to access adequate care and information due to limited English proficiency and lack of knowledge about available services and resources. We believe that strategies to support communities and increase their understanding of heart health are critical. In Victoria, we continue to strengthen partnerships with ethno-specific organisations to promote heart health messages to these communities.

The life expectancy gap between non-Indigenous and Indigenous Australians



Vicki Wade is our cultural leader. Vicki is a proud Nyoongar woman and her mob is from south-west Perth. Vicki comes from a strong Aboriginal family where the women were healers. Her career in health has spanned more than three decades and she has been a strong advocate for improving Aboriginal and Torres Strait Islander peoples' health and status.

The Be Stronger, Live Longer program in rural NSW shared practical skills and knowledge about food and physical activity among the local Aboriginal and Torres Strait Islander peoples of Illawarra and Shoalhaven. Through this program we were able to build confidence within the community to influence everyday decisions about food and physical activity.



RESEARCH



We generate and translate research evidence to help all Australians have better heart health.

In 2014 we received 388 applications for funding but could only afford to fund 78 new projects – that is one in five applications.

In 2014 we invested \$13.7 million to fund and support research investigating the causes, diagnosis, management and prevention of cardiovascular disease. We are the largest non-government funding body for cardiovascular research in Australia.

The research we fund is:

Independent

We believe it is important that the research we fund is outside of internal and external influence.

Peer-reviewed

Peer review involves external committees of experienced researchers and academics with expertise in a broad range of cardiovascular health disciplines, including biomedical, clinical, public health and health services. Committee members review all applications we receive and make funding recommendations. A Research Committee oversees the management of the peer review program to ensure that it is fair and transparent.

Ranked on merit

Reviewers look at the track record of the researcher, the quality and feasibility of the proposed research, and the significance and potential impact of the outcomes.

A successful year for heart research

Professor Christoph Hagemeyer and colleagues have developed a new clot-busting drug, which will soon go into clinical trials.

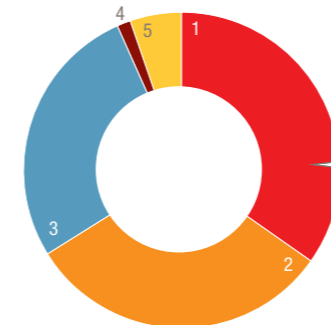
Dr Michael Wong discovered patients with chronic kidney disease die of slower heart rhythms not ventricular arrhythmias.

Professor Jim Tatoulis became a Member of the Order of Australia for significant service to medicine as a cardiothoracic surgeon and as an advisor to government.

Professor David Celermajer became an Officer of the Order of Australia for exceptional lifetime contributions to cardiology.

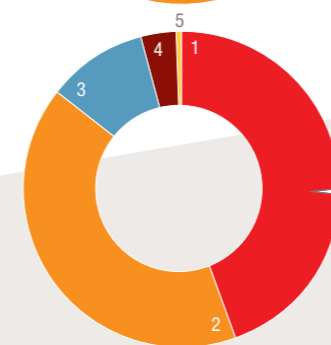
Associate Professor Julie Redfern and **Dr Jacqui Webster** were accepted into the World Heart Federation's Emerging Leaders Program (only 26 positions offered worldwide).

Where the money goes



Research awards in 2014

- 1 Fellowships **75**
- 2 Grants **68**
- 3 Scholarships **59**
- 4 Special Awards **3**
- 5 Collaboration & Exchange Awards **11**
- Total 216**



Funding for research awards in 2014 (\$)

- 1 Fellowships **5,191,511**
- 2 Grants **4,757,679**
- 3 Scholarships **1,206,946**
- 4 Special Awards **408,934**
- 5 Collaboration & Exchange Awards **55,000**
- Total 11,620,070**



Justin Hamilton is a medical researcher at the Australian Centre for Blood Diseases. His research focuses on understanding how platelets work in order to prevent blood clots that could lead to a heart attack or stroke.



Since our establishment over 50 years ago, we have invested more than \$510 million (in today's dollars) in cardiovascular research.



Research we have funded has contributed to important breakthroughs:

- the artificial pacemaker
- demonstration that passive smoking leads to risk of heart disease
- the introduction of intensive coronary-care units in hospitals
- the development of imaging techniques to identify blocked and diseased arteries
- establishment of the Triple Zero (000) emergency number
- establishment of Australia's first mobile intensive-care ambulances
- development of improved treatments for high blood pressure, heart failure, kidney damage and blood vessel disease.

While there have been many research achievements over the past 50 years, there is still much to do to reduce premature death and suffering from cardiovascular disease.

In conjunction with Deakin University, we published *Australian heart disease statistics 2014*, detailing the current and recent burden of heart disease, including risk factors and comorbidities. For the first time in Australia, national data relating to cardiovascular disease has been brought together in a single comprehensive resource. It tells a compelling story about the changing nature of cardiovascular disease – and it is both good and bad news.

This is the first edition in a planned series of annual updates that will provide critical information to health professionals, policymakers, health and medical researchers and others with an interest in the heart health and wellbeing of the Australian population.

Meet one of our researchers, Julie Redfern.

What are you researching?

My research focuses on preventing repeat heart attacks. It involves examining and collecting current data about health service use and outcomes, testing new approaches and working to change policy in the area of secondary prevention.

What difference will it make?

I hope that my work will see a major shift in the way we manage people who survive a heart event across Australia. This would mean that more people have access to evidence-based care, fewer people would die and more people would live healthier lives.

Have there been any achievements or discoveries in the past year?

I think our biggest recent achievement was forming a national alliance to improve delivery of care for people living with heart disease. We have worked closely with the Heart Foundation on this project to promote greater public awareness of the lifelong nature of heart disease.

What difference has funding from the Heart Foundation made to you and your research?

My research success and ability to do what I do is all thanks to the Heart Foundation. I am lucky to have been personally supported for many years. The funding allows me to explore new areas of research, build world-class collaborations and make a real difference in terms of the care people with heart disease receive.



The artificial pacemaker

Australia: First to reduce heart disease deaths

Effective treatment of high blood pressure

A national emergency service line



Julie Redfern is a clinical physiotherapist whose research focuses on preventing repeat heart attacks.

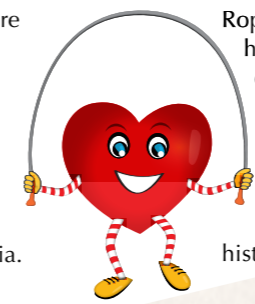
THANK YOU



Thanks to supporters like you, we were able raise an amazing amount of vital funds. As a charity, we rely on this support to make advancements in lifesaving research, community education and prevention programs. Your energy, dedication and generosity will make a difference for years to come. Here is just a small sample of the wonderful work being done around the country.



Thanks to everyone who participated in **Jump Rope for Heart**. In 2014 we raised more than \$2.7 million across Australia. More than 1,000 schools participated in the program, involving more than 235,000 school-aged children, their parents, teachers and family members. Jump Rope for Heart remains the largest and most well-recognised fundraising and physical activity program in Australia.



Thanks to Zara Smith. When Zara's father had a heart attack two years ago, she was determined to make a difference by raising funds for heart research through our Jump Rope for Heart program. Over 12 days in her school holidays, Zara travelled all over Victoria, where plenty of generous businesses and individuals kindly got behind her efforts. Not only did she meet her fundraising goal, but she exceeded it. Zara raised \$12,728, making her the top fundraiser in the history of Jump Rope for Heart.

Thanks to everyone who supported **Go Red for Women** in 2014. You may be surprised to learn that heart disease is the single-biggest killer of Australian women. Women are actually three times more likely to die from heart disease than from breast cancer. We had a red-hot time in June raising money with fundraisers around the country to help beat this killer of Australian women.



Thanks to the thousands of everyday Australians who help make our work possible by leaving a gift in their will. As a charity we receive very little government funding, so we rely on this generous support to help us commit to vital long-term research projects that help unlock significant medical breakthroughs in heart health. Each gift, no matter how small or large, makes an incredible difference and helps to save thousands of lives.

In the ACT, the **Willing Hearts Club** is a wonderful group of supporters who have included or plan to include a gift in their wills. Patricia Andersen is one of our first members. In 2001 she was the 1,000th patient to have heart bypass surgery at Canberra Hospital. Deeply grateful for the advancements in technology and treatment that had come through heart research, she decided to remember us with a gift in her will.

Thanks to everyone who supported our **Big Heart Appeal** in 2014. It was the 11th year of the appeal, raising over \$5 million towards our lifesaving work. Thanks especially to our amazing team of doorknockers, who hit the streets across the country to collect vital donations. Thanks to the generous people who responded to our appeals during 2014, we received an amazing amount of generous gifts. Thanks to the 16,000 generous supporters who have committed to a regular monthly gift.

Thanks to a group of 11 high-profile Canberrans, including local business owners, media personalities and politicians, who participated in our **Heart Challenge**. Together they lost more than 75 kilograms and 300 centimetres from their combined waist measurements, and raised in excess of \$53,000. Thanks to the 15 runners who ran the 2014 **New York Marathon**. Our team raised over \$130,000.

Thanks to the generosity of philanthropists who pledged \$815,000 as part of our **Major Gifts** program to invest in the future heart health of Australian women. Thanks to everyone who participated in **Love Locks** in Victoria and **Lock in the Love** in South Australia. We invited people to attach heart-shaped padlocks to our heart installations and then throw away the key to symbolise their everlasting love.

Thanks to **Faron Thibodeaux**, who raised more than \$46,000 in the 2014 London Marathon, and to **Gary Wilmot**, who started a two-year fundraising campaign that began with him completing the 2014 London Marathon and raising more than \$4,000. Gary is planning a run from Perth to Brisbane – Hearts Across Australia – with the goal of raising \$1 million. Thanks to the 60 volunteers who helped raise more than \$6,000 at the **Beating Hearts Street Appeal** in the Murray Street Mall in Perth.

Together we can stop the heartache.

THANK YOU TO OUR CORPORATE SUPPORTERS

2014 was **Aurizon's** third year supporting us in the fight against heart disease and our partnership was able to directly help save a life. As a SharePoint developer for Aurizon, John McCaffrey was responsible for building the Heart Attack Facts page on the Aurizon employee intranet. So when he suffered a heart attack at only 41, he was able to quickly identify his symptoms and call an ambulance immediately.

The **Medibank Community Fund** is all about initiatives that enable people to live longer in good health by staying mentally and physically active and connected to a local community. That's why it is a national presenting sponsor of Heart Foundation Walking.

Bupa Australia is proud to be a campaign supporter of Go Red for Women. It raised much-needed awareness with the Heart Salute in June 2014.

Workout World has been helping Australians reach their fitness goal for over 30 years and shares our passion for active living. It supported our Big Heart Appeal.

As a cosmetics company with an extensive female customer base, **Napoleon Perdis** was perfectly placed to help raise awareness and vital funds to fight heart disease in women. On 15 June 2014, it offered half-price makeovers, with donations going to our Go Red for Women campaign.

As a campaign supporter, **Cartia** aims to help fund cardiovascular research and promote the importance of the role of healthcare professionals in reducing the incidence of heart disease.

Suncorp Group believes heart disease is one of the most relevant health and wellbeing challenges affecting our communities, so it shares our commitment to stopping the heartache to create brighter futures.

Harris Scarfe is committed to helping to raise awareness of the impact of heart disease in the community, including in its own workplaces.

Together these sponsors have contributed over \$1 million in 2014.



OUR NATIONAL BOARD

Thank you to our National Board for their guidance and support throughout 2014.

Patron

His Excellency General the Honourable Sir Peter Cosgrove (Ret'd)
Governor-General of the Commonwealth of Australia

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Dr JA Johns, MBBS, FRACP, FCSANZ (from 23 May 2014)

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Mr LT Cox, BEc, FCA
Professor PH Harris AM, BSc(Med)(Hons), MBBS(Hons), DPhil(Oxon), FRACP, FACC, FAHA, FCSANZ
Mr HR Hope, BCom, LLB, FAICD
Mr RV Ryan AO
Professor AM Tonkin AM, MBBS, MD, FRACP

Chief Executive Officer – National Ms MK Barry (from 28 January 2014)

OUR DIVISIONAL BOARDS

Thank you to our Divisional Boards for their guidance and support throughout 2014.

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Board of Directors

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Ms Kylie Dennis (from 16 February 2015)

Dr Lisa Studdert BAgSc (Hons), PhD, GAICD (to 17 February 2014)

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Mr Bruno Yvanovich, BSc, MPA, FFIA

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His Excellency General The Honourable David Hurley AC DSC (Ret'd),
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Ms Rebecca Davies (from 1 May 2014)

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Chair Audit & Risk Management Committee

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Mr David Shortland, MAICD

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Grad Cert management

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Dorothy Morrison

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Deputy President

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Mr Brett Delaney, BCom, FCA, MAICD

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Ms Rebecca Treston, QC

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Professor Michael Good, AO, FASM, FRACP, FQA, FTSE

Professor Robyn McDermott, MBBS, MPH, PhD, FAFPHM
(Appointed 20 February14)

Mrs Melanie Gin, BCom (Appointed 19/02/15)

Mr John Cowen, LLM BCL Sol. BL (Vic) TEP (to 23 July 14)

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Mr Stephen Vines, MBA, BBus Mgmt, MAICD

South Australia

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RANR (to 1 September 2014), Governor of South Australia

His Excellency the Honourable Hieu Van Le AO (from 1 September 2014)
Governor of South Australia

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Vice President

Hon J Olsen, AO (to 19 May 2014)

Ms M Field, CA, BBus (from 19 May 2014)

Vice President and Treasurer

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Mrs C Namblard

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Chief Executive Officer

Dr Amanda Rischbieth PhD FAICD FGLF FACCN

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Patron

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Governor of Tasmania.

His Excellency died in office on 7 July 2014.

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Mrs Stephanie Jaensch, BEcon, Dip Ed, GAICD (from 10 July 2014)

Mr Tony Harrison, LFPRIA, FAICD (from 24 June 2014 to 4 July 2014)

Mr Derris Gillam, BBus, FCPA, FAICD (to 12 May 2014)

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Mr Gene Phair, BCom, FCA

Mrs Kate Hanslow, BA, LLB (Hons)

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Mr Michael Harvey, BCom, FCPA, FAICD

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Dr Paul MacIntyre, MBChB, MD, FRACP

Prof Thomas Marwick, MBBS, PhD, MPH

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(to 12 May 2014)

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Patron

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Professor Alistair Royse, MBBS, MD, FRACS, FCSANZ

Professor Brian Oldenburg, BSc, MPsychol, PhD (from 4 March 2014)

Ms Helen Kapalos, (to 29 July 2014)

Chief Executive Officer

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Malcolm McCusker AC CVO QC (to June 2014)

Her Excellency the Governor of WA,
the Honourable Kerry Sanderson AO (from October 2014)

President

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Ms Elizabeth Frankish, BAgrSc (Hons), FAIFST, MASM, MIAFP

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Honorary Secretary

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Dr Rukshen Weerasooriya, MBBS BMedSc FRACP

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Prof Ian Puddey, MBBS FRACP MD

Ms Lesley Nelson, Bcom, Masters in Applied Epidemiology

Mr Warren Ford

Chief Executive

Mr Maurice Swanson, BSc., Grad. Dip. Nutrition & Dietetics,
Grad. Dip. Health Science, MPH



The Heart Foundation continues to focus on building a strong financial platform that will benefit the heart health of many Australians and the 2014 financial results reflect the Foundation's commitment to this goal. The highlights of the 2014 financial performance are as follows.

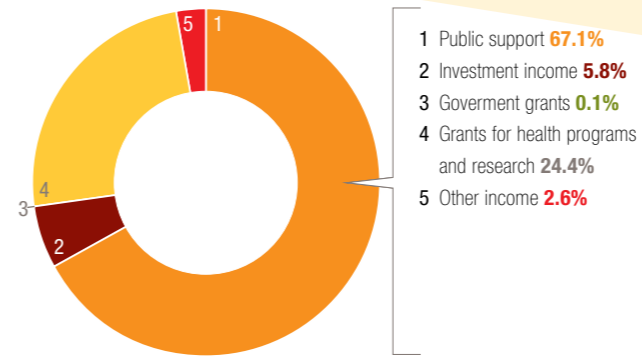
- An operating profit of \$5.4 million, which was a step-change improvement from 2013.
- This result was achieved in an environment in which the Foundation was not able to grow our revenue, year on year, thus requiring strong expense management to achieve this result.
- This focus on efficiencies and the continuous review of operations saw the total expenditure for the Foundation decrease by \$4.6 million in 2014. At no time did this compromise the delivery of the *For All Hearts* strategic plan.
- The Board was extremely encouraged that spending on research activities increased by 12.5% in 2014 to \$13.7 million. Supporting cardiovascular research is a core goal of the Foundation and one that will provide health benefits to all Australians in the future.

- The majority of the Foundation's revenue is generously donated by individuals within the Australian community. The Heart Foundation is extremely appreciative for the support it receives from fellow Australians and takes our responsibility of discharging these funds towards reducing premature death and suffering from heart, stroke and blood vessel disease extremely seriously.
- The Foundation has an ongoing focus in ensuring its revenue-raising activities are undertaken in the most cost-effective manner and the Board remain satisfied with the cost-to-income ratio for these activities, which improved in 2014.
- The strategic oversight of the investment portfolio produced a return above market in what was a fluctuating year for the investment markets. Prudent investment strategies over a balanced portfolio of equities, bonds and term deposits helped achieve appropriate returns and grow the investable assets.

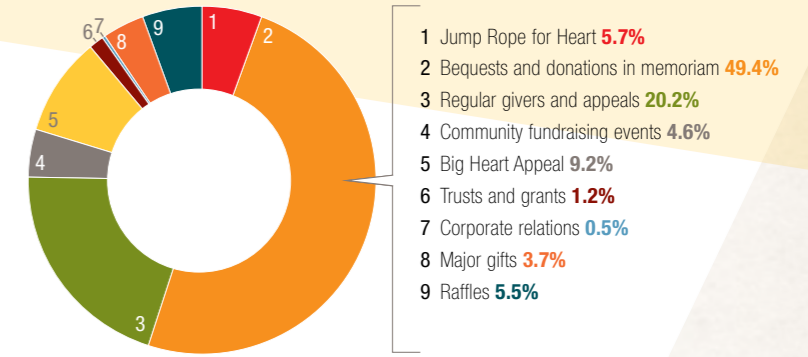
In summary, the Heart Foundation outperformed its financial expectations in 2014, which evidenced strong fiscal management that will provide a strong platform to support health programs and research well into the future.

Mr Todd M Roberts
FCA, IPAA, FAICD, SAFIN, FGLF
National Treasurer

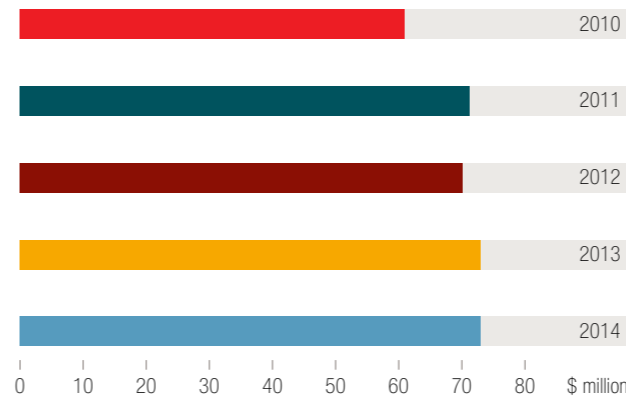
Sources of income for 2014



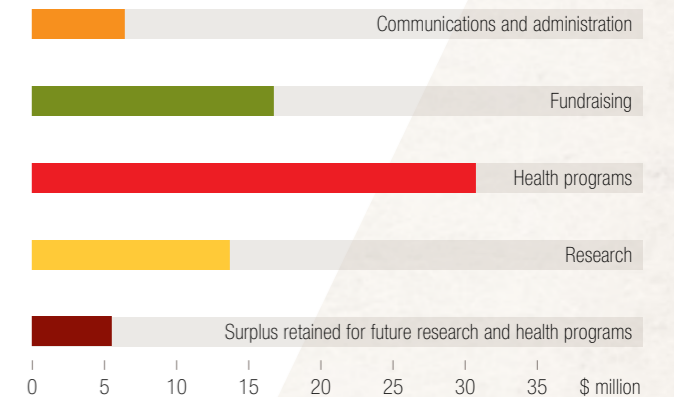
How you've helped us in 2014



Our income over the past five years



What did your donation support?



In 2014, **your big hearts** helped us raise **\$72.9 million**.
We spent \$67.6 million to help **make a difference to Australia's heart health**.

For heart health information
1300 36 27 87
www.heartfoundation.org.au

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