



Health for **EVERY HEART**

A generational vision for heart health
in Australia **2025-2050**



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Our vision is that heart health will be **achievable** **by everyone** in Australia by 2050

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The National Heart Foundation of Australia was established in 1961 at a time when heart disease was rapidly increasing and its causes were poorly understood. Our founders set out with a clear mission to prevent heart disease, help those affected live long, fulfilling lives, and to fund the research necessary to support these goals.

In the decades since, we have made significant progress in understanding, preventing, treating, and managing heart disease. Since hitting a peak in 1968, heart disease mortality rates have dramatically decreased. Our ability to prevent heart disease has improved, we have a deeper understanding of risk factors, and treatments for those affected by heart disease have become increasingly effective.

It's time to take action

Despite these advancements, heart disease remains Australia's leading cause of death and disability, disproportionately affecting the most disadvantaged in our society.¹ The long-term decline in heart disease has levelled off. We have growing concerns that, despite the progress of the last 50 years, people born in Australia, 2000—who will turn 50 in 2050 - could experience worse heart health than any generation before them. Although treatment options have advanced, urgent action is needed. One in six people in Australia still live with heart disease or stroke, and these conditions cause one in four deaths in Australia.²

A new approach to heart health

For too long heart disease has been viewed primarily as a biomedical issue, addressed through individual behaviour and lifestyle changes. We now understand that heart health is shaped by a wide range of social, environmental, cultural, and commercial factors, many of which are beyond an individual's control. Heart health does not exist in isolation, rather it is deeply connected to overall wellbeing. A decline in heart health can trigger the onset of other serious health conditions. While good heart health promotes widespread improvements in overall health.

It is time to embrace a more holistic approach to heart health - one that not only encourages individuals to adopt healthier behaviours but also addresses the broader systemic factors that create heart-healthy communities.



Improving heart health for all

By 2050, people in Australia should be living longer, healthier lives, with heart health as a key pillar of this success. Achieving heart health equity is crucial to this vision. We must address the barriers that people face in maintaining heart health, ensuring that everyone - regardless of their background, location, or economic circumstances - has the opportunity to enjoy a healthy heart.

Achieving more together

Our ambitious vision for a heart-healthy Australia will only be realised through collaboration. We will work alongside communities, government, industry, researchers, healthcare professionals, supporters, people with lived experience, and volunteers to harness collective knowledge and experience, both nationally and globally. Together, we can make Australia the world's heart healthiest nation.

We aim to catalyse a national movement towards improved health and wellbeing, with heart health at its core.

Heart health should be achievable by everyone in Australia by 2050

This is an ambitious vision, but no more ambitious than the founders of the Heart Foundation were when they got together to address our first national heart health crisis in 1961. We can now work together to achieve heart health for everyone within a generation by addressing the systemic drivers of heart disease. This includes creating healthy environments, leveraging advances in research, technology, and treatments, and doing this with the unwavering commitment of the community.

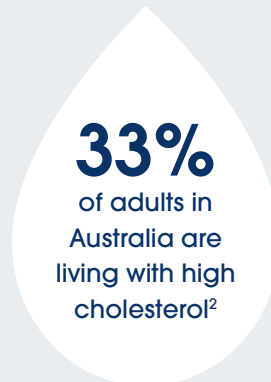
Heart disease remains Australia's leading cause of mortality, responsible for one in four deaths nationwide.

Despite advancements in treatment and prevention, the burden of heart disease continues to grow, with millions of people in Australia living with high blood pressure, high cholesterol, obesity, and other preventable risk factors.² These conditions not only affect individuals but also place a significant strain on families, communities, and the healthcare system.

The scale of this challenge demands an equally substantive response.



1 in 4
deaths in Australia are caused by heart disease²



1 in 3
adults living in Australia have high blood pressure - the leading risk factor for heart disease²

2

The number of people reporting daily e-cigarette use has **more than tripled** over the last five years⁴



2 in 3 adults, and **1 in 3** children in Australia are living with overweight or obesity⁵



Heart disease kills **one person every 12 minutes**³



Many heart disease risk factors are preventable through a **healthy lifestyle**²

Heart disease costs the Australian economy over **\$14 billion** each year, more than any other disease²

More than **8 in 10** people in Australia that live with heart disease also have one or more additional chronic conditions²



People living in the lowest socioeconomic quintile have heart disease death rates **50% higher** than those in the highest socioeconomic areas⁸



Only about **10% of people** who have a cardiac arrest out of hospital survive⁷



First Nations peoples die from heart disease at a rate **40% higher** than non-Indigenous Australians⁶

*In this document heart disease is used to refer to all conditions affecting the heart and blood vessels, including stroke. These conditions are also known as cardiovascular disease.

Health for Every Heart is not just a vision – it is backed up by clear goals and specific actions. **We start this journey with our blueprint for change.**



Vision: a blueprint for change

Heart health will be achievable by everyone in Australia by 2050

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1 Advance heart health equity

Actions

- 1.1** Improve heart health and wellbeing for priority populations
- 1.2** Address the disparities in heart health for First Nations peoples
- 1.3** Advocate for policies to address social, environmental, cultural, and commercial determinants of heart health
- 1.4** Ensure our work is continuously informed by consumers, communities, and people with lived experience
- 1.5** Ensure equitable access to information and resources

2 Create environments and systems that enable healthy behaviours

Actions

- 2.1** Increase awareness of environmental impacts on heart health and take action to address these
- 2.2** Collaborate across sectors to raise awareness of and improve heart health in young people
- 2.3** Build and advocate for healthy communities, environments, and commercial systems
- 2.4** Act on the environmental, genetic, and epigenetic influences on heart health

3 Prevent, detect, and manage risk early

Actions

- 3.1** Take action to identify and manage heart disease risk from an early age and stage
- 3.2** Improve awareness and management of heart health risk factors across the life course
- 3.3** Develop equitable risk prediction and management methods
- 3.4** Improve access to diagnostic, monitoring, and treatment tools

4 Manage heart disease effectively and prevent further events

Actions

- 4.1** Ensure access to comprehensive and culturally responsive services and support for people living with heart disease
- 4.2** Support research for advanced treatments and management of heart disease
- 4.3** Improve cardiac arrest and heart attack survival rates
- 4.4** Enable access to post-event cardiac care and rehabilitation, including psychosocial support

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To achieve this vision, we will focus on **four goals** that address the diverse and complex factors affecting heart health.



Goal 1

Advance heart health equity



Heart disease can affect anyone, but it does not affect everyone equally.

People at greatest risk of heart disease are often those who do not have access to the environments, utilities, services, and supports that enable heart health.²

We will address the social, cultural, environmental, and commercial determinants of health.

Heart disease coexists with social and economic disadvantages, physical dislocation from services, and educational, language, and cultural disparities.^{8,9} Only by responding to the diverse needs and disparities of all people across Australia will we be able to deliver the range of programs, services, and activities that can help make heart health a reality for everybody.

The burden of heart disease is highest for people living in rural and remote areas and those experiencing socioeconomic disadvantage.²

Preventable heart disease is the leading cause of death in First Nations peoples, for whom disease starts earlier and progresses faster than in the rest of the Australian population.⁶

Women often experience heart disease differently, for example, experiencing different symptoms, delayed diagnosis, different levels of care, and different levels of research engagement.¹⁰

Actions

1.1 Improve heart health and wellbeing for priority populations

Improve heart health and life expectancy for populations experiencing disparities, including people in rural and remote areas, culturally and linguistically diverse communities, women, First Nations communities, and underserved populations including those experiencing socioeconomic disadvantage.

1.2 Address the disparities in heart health for First Nations Peoples

In collaboration with First Nations leadership, implement community-led programs supporting environmental and technological advancements to improve heart health for all First Nations Peoples. Support collective efforts to end acute rheumatic fever and rheumatic heart disease.

1.3 Advocate for policies to address social, environmental, cultural, and commercial determinants of heart health

Advocate for government policies and regulations that address social, cultural, environmental, and commercial determinants of heart health.

1.4 Ensure consumers, communities, and people with lived experience continuously inform our work

Engage consumers, communities, and those with lived experience to shape our programs, policies, and priorities through meaningful co-design approaches.

1.5 Ensure equitable access to information and resources

Ensure equitable access to high-quality, culturally appropriate, evidence-based information, resources, education, and supports.

Goal 2



Create environments and systems that enable healthy behaviours



Heart disease can mostly be prevented if we create environments and systems that enable and empower healthy behaviours.

The most significant preventable contributors to heart disease relate to diet, physical activity, tobacco, and alcohol.² But many people in Australia live in environments that make healthy behaviours hard.¹¹ Action to enable heart health in all communities will contribute to overall health and wellbeing.

With so many system-level drivers of heart health, it's not enough to only ask people to make lifestyle changes for heart health – necessary though that is.

We must create heart-healthy environments and communities that give everyone the opportunity to live well, whatever their circumstances.

Tobacco control will continue to be a priority public health issue in the years to come. Action is also needed to safeguard people from the health effects of vaping.⁴

With a growing obesity epidemic in Australia, the connection between heart disease and overweight and obesity needs to be acknowledged and addressed directly.⁶

Exposure to air pollution, heatwaves, microplastics, and bushfire smoke increases the risk of heart disease and worsens heart health outcomes.^{12,13}

Actions

2.1 Increase awareness of environmental impacts on heart health and take action to address these

Fund research into emerging environmental risk factors for heart health, such as air pollution, climate change, and microplastics, and ensure its translation into practice.

2.2 Collaborate across sectors to raise awareness of and improve heart health in young people

Develop broad collaborations across health, education, environment, and social services sectors to raise awareness of, and develop prevention programs to address broader heart disease risk factors such as obesity and overweight, particularly among young people.

2.3 Build and advocate for healthy communities, environments, and commercial systems

Promote the establishment of healthy communities, environments, and commercial systems that encourage heart-healthy choices. Focus on exercise, healthy built environments, food and nutrition, food security, labelling, and reformulation through collaboration with government and industry partners.

2.4 Act on the environmental, genetic, and epigenetic influences on heart health

Increase understanding of environmental, genetic, and epigenetic factors influencing heart health to guide prevention efforts and inform relevant public health policies.

Goal 3



Prevent, detect, and manage risk early



Heart disease is Australia’s leading cause of death and yet we do not routinely screen for nor effectively manage risk.

Risk of heart disease often goes unnoticed by people and health professionals. Promising work to further improve the prediction of individual risk is underway and Medicare Heart Health Checks are available for people aged 45-79 years.¹⁴ We nonetheless need better risk prediction tools that reflect the needs of the Australian population, and mechanisms to identify and address risk before the age at which Heart Health Checks are available.

Focus efforts across the life course - we need to normalise heart health and encourage it at all ages.

We need to ensure the importance of heart health is understood from an early age and enable older people living with heart disease and other co-morbidities to live well.

High blood pressure and high cholesterol are leading risk factors for heart disease but are not routinely measured or managed early in life.

Build-up of fatty plaque deposits in coronary arteries begins in childhood and is associated with the same heart disease risk factors that are well established in adults.¹⁵

Point-of-care and home-based technologies can help detect risk factors early, but are not widely used, nor available to everyone.¹⁶

Actions

3.1 Take action to identify and manage heart disease risk from an early age

Develop education and health programs aimed at younger people and their caregivers that address early precursors of heart disease and help them identify and manage heart disease risk.

3.2 Improve awareness and management of heart health risk factors across the life course

Develop tools and programs to embed awareness and management of heart health risk factors across the life course.

3.3 Develop equitable risk prediction and management methods

Develop and implement equitable methods to predict and manage heart disease risk for all people in Australia, regardless of their location or circumstances.

3.4 Improve access to diagnostic, monitoring, and treatment tools

Improve access to evidence-based point-of-care and home-based diagnostic tools, particularly for communities far from medical and pharmacy services.

Goal 4



Manage heart disease effectively and prevent further events



Heart disease is a lifelong condition with physical and psychological challenges.

Heart diseases include coronary heart disease, valve disease, rhythm disorders, and heart failure. Each disease requires specific diagnostic, treatment, and care strategies. Long-term survival following a heart event requires comprehensive support strategies acknowledging that people with heart disease live with other conditions that must also be addressed, such as kidney disease, diabetes, mental health challenges, and cancer.

Manage heart health holistically.

We need to resist the temptation to focus on heart disease in isolation and instead reflect the role of heart health within a whole-of-person approach to health and wellbeing.

People living with multiple chronic diseases often experience worse heart health outcomes.¹⁷

Many people with heart disease in Australia do not have access to life-saving medicines and treatment strategies.¹⁸

Some people are unsure of how to do hands-only cardiopulmonary resuscitation (CPR) and how to use automated external defibrillators (AEDs), and there are not enough working AEDs available in either public or private settings.^{19,20}

Actions

4.1 Ensure access to comprehensive and culturally responsive services and support for people living with heart disease

Ensure population-wide access to the best care, medicines, and support after a heart event, delivered through culturally and linguistically responsive services. Provide multifaceted and whole-of-person support for people living with heart disease, addressing their physical, emotional, and social needs. Provide support for people living with heart disease alongside other conditions.

4.2 Support research for advanced treatments and management of heart disease

Develop more effective treatments for the management and secondary prevention of heart disease by funding research and guiding the translation of findings into clinical practice.

4.3 Improve cardiac arrest and heart attack survival rates

Improve cardiac arrest survival rates through CPR training, improved AED accessibility, and other initiatives. Improve heart attack survival rates through awareness and education regarding differing risk factors and symptoms. Continue to fund research into prevention, early intervention, and treatment of cardiac arrests and heart attacks.

4.4 Enable access to post-event cardiac care and rehabilitation, including psychosocial support

Enable broad access to high-quality, post-event cardiac care and psychosocial support, including cardiac rehabilitation programs.

Eight guiding principles will inform the Heart Foundation's contribution to this vision.

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1 We will invest in research, innovation, and translation into policy and practice

We will continue to invest in research and innovation to deepen our understanding of how to advance prevention, diagnosis, and treatment of heart disease. Building on past successes, we will fund a strategic research portfolio that evolves with this 25-year vision, ensuring that research aligns with identified priorities. Our focus will be on translating research into real-world impact, guiding clinical practice, advocacy, policy, and program development. By strengthening the link between research and action, we will advance prevention, early detection, and the effective management of heart disease across all ages.

2 We will collaborate with partners and supporters to fight heart disease and promote heart health

We will continue to work with donors and partners to identify and fund critical research and innovations to fight heart disease and promote heart health. We will increase the practical value of our research funding year-on-year. New, innovative programs such as the Catalyst Partnership Grants will engage non-traditional funders, such as impact investment and venture capital. We will collaborate with the corporate sector where our shared goals align, advocating for a healthier Australian population.

3 We will be relevant and useful to people of all ages

We will fund research into early life causes of heart disease and ensure that insights from this research are published and translated into policies and programs. We will develop strategies to reach and influence younger age groups and their parents, including children, teens, and young adults. We will ensure that we offer reliable and authoritative information for people of all ages.

4 We will address heart health equity

We will identify initiatives and programs that address inequities in access and outcomes brought about by wider social and economic determinants of health. This work will take the Heart Foundation far beyond our traditional remit, calling out the social, economic, environmental, cultural, and commercial determinants of health. This suggests a more wide-ranging advocacy agenda than we have traditionally had, and will see us collaborate with community, consumers, people with a lived experience, non-government organisations, corporate, and other groups who are also interested in addressing these issues.

5 We will address system and population-level drivers of heart disease

We will speak openly about critical issues affecting heart health and the need for policies that support heart health. We will address issues such as obesity, vaping and tobacco use, access to services and medication, urban design, air pollution, environmental health, and the likely significant impacts of climate change on heart health. We will collaborate with partners in the development of the system-level policy improvements required to address the social, economic, environmental, and cultural determinants of health and wellbeing. We will work with and support other organisations with aligned interests to amplify our calls-to-action and drive positive policy outcomes.

6 We will act as a catalyst for improvements in heart health

We will bring together consumers, clinicians, politicians, researchers, people with lived experience, and the wider community to share priorities, research, and data. Through this, we will connect research and policy agendas to address gaps in knowledge and evidence, as well as enable the translation of research into policy and practice. We will provide a forum to showcase and discuss big issues and bold ideas. Our international connections will help to bring the best ideas from around the world to bear on Australia's fight against heart disease and the promotion of heart health.

7 We will help people to manage heart disease alongside other chronic health conditions

We will address the complex relationship between heart disease and other chronic health conditions by focusing on overall health and wellbeing, recognising that heart health is foundational to broader positive health outcomes. We will collaborate with organisations focused on other chronic conditions, as well as with community, consumer, and corporate partners, designing, testing, and implementing initiatives across all stages of prevention.

8 We will continue to be a trusted source of evidence-based information on heart health in Australia

We will ensure that people living in Australia are able to rely on the Heart Foundation to provide accurate and up-to-date resources and information on heart health. We will actively counter mis- and disinformation. We will continue to be a trusted, authoritative source of evidence-based knowledge, ensuring that all people in Australia can access clear and understandable information on promoting heart health and preventing heart disease.

A vision for partnership

Achieving our vision of **Health for Every Heart** requires strong collaboration across the heart and broader health sectors. The Heart Foundation's commitment to partnership is founded in a strategic approach: knowing when to lead, partner, support, or participate to maximise impact and drive progress.

We will partner with universities, researchers, healthcare professionals, communities, governments, industries, charities, volunteers, and supporters to drive change. By leveraging the unique strengths and expertise of each partner, we aim to foster innovation, expand outreach, and ensure equitable access to heart health resources and care.

Our role in this will evolve over time, guided by opportunities, evidence, and the potential for impact. This flexibility will allow us to remain at the forefront of heart health while supporting others to take ownership of initiatives that align with our shared goals. Ultimately, we envision a thriving national movement for heart health that operates independently, amplifying efforts across Australia, without needing our direct involvement in every initiative.

By cultivating a culture of collaboration, we can create a sustainable legacy that ensures heart health for all people in Australia.



Lead

- We have defined the issue as a priority
- We have the track record/credibility
- If we don't do it, it won't happen



Partner

- We have defined the issue as a priority
- A collective approach will strengthen/accelerate impact



Support

- The issue relates to our priorities
- Our contribution will add value to an issue led by others



Participate

- The issue is broader than our priority areas
- We can contribute and will benefit from being at the table

Long-term vision and ambition must be backed up by **strategic discipline.**

In **Health for Every Heart**, the Heart Foundation is setting out a commitment to reach the middle of this century with heart disease rarely experienced, or if experienced, identified early and managed well.

To deliver on this, we will implement a connected series of five-year strategies built around, and working towards, the goals set out in this vision statement. Each five-year strategy will identify priorities for Heart Foundation leadership to align with Strategic Plan priorities and underpinning priorities.

Working in five-year cycles will allow us to build momentum for systemic change by leveraging our work and that of others, and to act as a catalyst for a strong, cohesive national commitment to improved heart health and the elimination of heart disease. Taking stock every five years along this journey will enable us to recalibrate as necessary, and to incorporate new and emerging priorities, disease trends, technologies, innovations and evidence.

The Australian context

Whilst broadly guided by the ambition of **Health for Every Heart**, these five-year cycles will also align with existing national health targets. Targets established through the *National Preventive Health Strategy 2021–2030*, the *National Strategic Framework for Chronic Conditions*, the *National Obesity Strategy 2022–2032*, and the *National Strategic Action Plan for Heart Disease and Stroke*, will ensure that Heart Foundation five-year strategies are data-driven, realistic, and impactful. As new national strategies and interventions are developed, new sub-targets will be set.






The global context








Australia is not on its own in the fight to improve heart health. The World Heart Federation (WHF) provides leadership, direction, and a vital forum for nations to work together. The challenges we face in Australia are like those encountered worldwide. Working with its over 100 members, the WHF has developed a strategic framework to improve heart health across the globe, *World Heart Vision 2030–Driving Policy Change*.

This strategic framework has informed the development of **Health for Every Heart**. **Health for Every Heart** has embraced the framework's vision for a world in which "every human being has access to the information, care, and treatment they need to keep their heart healthy, regardless of race, nationality, gender, age, education, or income". **Health for Every Heart** is aligned with this vision, ensuring that the efforts we take are also aligned with the global movement to improve heart health.

Working with the WHF and its members will not only help bring about global improvements to heart health, but it will also accelerate the progress we can make here in Australia. We can learn from the successes of other nations and look at and adopt policies and other tools they have used to improve heart health in Australia. We can also contribute to global progress by sharing our expertise and experiences.

We will mark Australia's progress towards this vision against clear, measurable targets.

Targets	Measurement approach
 <p data-bbox="331 635 784 694">Current cholesterol rates will have been reduced by 50%</p>	<ul data-bbox="862 635 1608 726" style="list-style-type: none"> • Track cholesterol levels (LDL-C) and high cholesterol prevalence. • Track cholesterol screening rates. • Track lipid lowering medication use.
 <p data-bbox="331 766 784 821">Population blood pressure control rates will have reached 80%</p>	<ul data-bbox="862 766 1780 853" style="list-style-type: none"> • Track national rates of controlled blood pressure and hypertension prevalence. • Track blood pressure screening rates. • Track blood pressure lowering medication use.
 <p data-bbox="331 893 784 949">Heart disease attributed to dietary risk factors will have reduced by 50%</p>	<ul data-bbox="862 893 1937 1181" style="list-style-type: none"> • Monitor dietary improvements, such as increased fruit and vegetable intake and reductions in meat, fatty foods, and processed food consumption. • Track sodium consumption. • Measure sodium availability in the food chain (ultra processed food consumption, food reformulation targets and progress). • Measure potassium salt availability and consumption. • Monitor food chain supply and availability. • Track alcohol consumption. • Monitor Type 2 diabetes prevalence.
 <p data-bbox="331 1220 784 1300">More than 75% of the Australian population will meet recommended physical activity levels</p>	<ul data-bbox="862 1220 1848 1308" style="list-style-type: none"> • Monitor changes in physical activity participation and prevalence of people meeting recommended physical activity levels. • Track progress towards and prevalence of healthy built environments
 <p data-bbox="331 1348 784 1428">More than 80% of the eligible population will have had their cardiovascular disease risk clinically assessed</p>	<ul data-bbox="862 1348 1960 1396" style="list-style-type: none"> • Track the percentage of adults with documented heart disease risk assessments in their patient records.

Targets	Measurement approach
	<p>Smoking and vaping rates will have fallen below 5%</p> <ul style="list-style-type: none"> • Monitor national smoking and vaping prevalence to track reductions.
	<p>There will be a 30% survival rate for out-of-hospital sudden cardiac arrests</p> <ul style="list-style-type: none"> • Track the rate of survival to hospital discharge for out-of-hospital cardiac arrest cases. • Monitor AED prevalence, training up take and use in out-of-hospital cardiac arrest emergency situations.
	<p>The rise of overweight and obesity will have been halted, and current prevalence will have reduced by 20%</p> <ul style="list-style-type: none"> • Track obesity and overweight longitudinal prevalence and trends.
	<p>The prognosis and quality of life for people living with heart disease will be steadily improving</p> <ul style="list-style-type: none"> • Track national rates of cardiovascular-related deaths and hospital admissions. • Monitor relevant quality adjusted life years and disability adjusted life years measures. • Monitor access to relevant quality cardiac rehabilitation and support services. • Track the incidence and outcomes of people living with cardiovascular disease and co-morbid conditions.
	<p>The gap between heart disease mortality and morbidity rates for First Nations peoples and other Australians will have halved</p> <ul style="list-style-type: none"> • Track relevant <i>Close the Gap</i> indicators. • Eliminate rheumatic heart disease (RHD) by 2032 with zero new cases of RHD recorded.
	<p>The impact of environmental factors on heart disease will be steadily decreasing</p> <ul style="list-style-type: none"> • Monitor ambient air pollution studies and links with heart disease. • Monitor healthy built environment activity and access to green spaces. • Track environmental risk factors, including physicochemical factors (such as air, noise and light pollution) and their links with heart disease.
	<p>Heart health disparities between the highest and lowest socioeconomic groups will have reduced by 50%</p> <ul style="list-style-type: none"> • Monitor access to quality heart health services, early intervention, and treatment rates in the lowest quintiles compared to the highest. • Monitor all other vision target measures in the lowest quintiles compared to the highest.



Acknowledgements

Health for Every Heart reflects insights and input from a wide range of people and organisations.

The development process involved national, regional, and internal consultation, research, and review by Heart Foundation management. This included:

- Horizon scanning to identify long-term trends in heart health and disease, population health, and developments in technologies and treatments.
- A survey inviting input sent to around 400,000 Heart Foundation donors, community supporters, consumers, volunteers, and sector stakeholders.
- Consultation with the Heart Foundation's Advisory Boards in every State and Territory, and with our National Board of Directors.
- A national series of Roundtables in every State and Territory to hear the needs and priorities of governments, advocacy and community groups, researchers, clinicians, people with lived experience, and other health charities.
- Consultation with the research sector through Cardiovascular Research Networks around the country.

We acknowledge all the input and ideas that have contributed to the vision and look forward to continued engagement, idea generation, partnership, and discussion as we work collectively to make our vision a reality.

Heart Foundation Strategic Plan 2025-2029 – building the foundations.

Health for Every Heart sets out our vision that heart health will be achievable by everyone in Australia by 2050.

It is an ambitious agenda that sets goals and targets that will stretch us.

Underpinning **Health for Every Heart** will be a series of connected five-year strategies that respond to the goals and actions set out in the vision statement.

This is our first five-year strategy: building the foundations

In this strategy, we have identified our priorities for the next five years. These priorities have been chosen following community consultation and have been identified as those that will have both a significant impact on heart health in the short-term, as well as setting up a strong foundation that we can build on. After five years, we will have made substantial progress against our long-term targets and will be well placed to ensure that, by 2050, heart disease is rarely experienced, and where it is, it is identified early and well managed.



Health for **EVERY HEART** Vision

Heart health will be achievable by everyone in Australia by 2050



Goal 1

Advance heart health equity



Goal 2

Create environments and systems that enable healthy behaviours



Goal 3

Prevent, detect, and manage risk early



Goal 4

Manage heart disease effectively and prevent further events



Health for Every Heart 2025-2050

Goal 1: Advance health equity

Health for Every Heart 2025-2050 Actions

Heart Foundation Strategic Plan Priorities - 2025-2029

<p>Action 1.1 Improve heart health and wellbeing for priority populations</p>	<ul style="list-style-type: none"> • We will develop and implement a strategy to address the inequitable heart health outcomes that women experience. • We will tailor Heart Foundation programs and resources so that they are relevant, accessible, and address the unique challenges faced by culturally and linguistically diverse communities. • We will examine the barriers to heart health in rural and remote areas and identify gaps in care and support. We will identify the obstacles impacting the heart health of people experiencing socioeconomic disadvantage, and we will develop targeted initiatives to improve access to care, prevention, and support services.
<p>Action 1.2 Address the disparities in heart health for First Nations peoples</p>	<ul style="list-style-type: none"> • We will partner with First Nations organisations to improve primordial, primary, and secondary prevention of heart disease. We will ensure that prevention strategies are culturally appropriate, community-driven, and aligned with the specific needs of First Nations communities. • We will deliver targeted initiatives aimed at eliminating Acute Rheumatic Fever (ARF) and Rheumatic Heart Disease (RHD), and we will work with partners to support the RHD Endgame Strategy.
<p>Action 1.3 Advocate for policies to address social, environmental, and cultural determinants of heart health</p>	<ul style="list-style-type: none"> • We will partner with organisations with aligned interests to advocate for policies that address the social, environmental, and cultural determinants of health. These collaborations will focus on the prevention and management of non-communicable diseases and other chronic conditions, promoting preventive health measures, and advancing health equity. We will work to influence policy and action in environmental health, recognising its critical role in shaping overall wellbeing.
<p>Action 1.4 Ensure our work is continuously informed by consumers and people with lived experience</p>	<ul style="list-style-type: none"> • Monitor changes in physical activity participation and prevalence of people meeting recommended physical activity levels. • Track progress towards and prevalence of healthy built environments
<p>Action 1.5 Ensure equitable access to information and resources</p>	<ul style="list-style-type: none"> • We will review our existing materials with a focus on the needs of diverse audiences. This process will be informed by factors such as health literacy, language, health equity, and the latest evidence base. We will ensure that all our resources are accessible, understandable, and relevant. • We will identify priority areas for the development and review of resources, targeting populations and topics where the need for tailored information is greatest. As part of this work, we will translate key resources into multiple languages and distribute them through a variety of channels to reach as many people as possible. • We will promote customised information and resources specifically designed for people living with heart disease.



Health for Every Heart 2025-2050

Goal 2: Create environments and systems that enable healthy behaviours

Health for Every Heart 2025-2050 Actions

Heart Foundation Strategic Plan Priorities - 2025-2029

<p>Action 2.1 Increase awareness of environmental impacts on heart health and take action to address these</p>	<ul style="list-style-type: none"> • We will develop targeted strategies and initiatives that address system-level determinants of health and the underlying drivers of health disparities. We will support and fund research into emerging environmental risk factors that pose a threat to heart health, including climate change, air pollution, microplastics, and food security. We will prioritise research into the effects of vaping on heart health, including its potential link to increased tobacco use.
<p>Action 2.2 Collaborate across sectors to raise awareness of and improve heart health in young people</p>	<ul style="list-style-type: none"> • We will establish broad collaborations across various sectors, including health, education, environment, and social services. These collaborations will focus on jointly raising awareness of heart disease risk factors that affect young people and on developing prevention programs to address these risks. We will create comprehensive and coordinated strategies that empower young people to adopt and maintain healthy behaviours.
<p>Action 2.3 Build and advocate for healthy communities, environments, and commercial systems</p>	<ul style="list-style-type: none"> • We will focus on initiatives that address population-level determinants of health and that aim to create environments that support and promote healthier lifestyles for everyone. • We will deliver on the five pillars of the National Walking Initiative to encourage walking as a key component of daily life. We will implement the Blueprint for an Active Australia, a comprehensive strategy to increase physical activity across all age groups and communities. • We will build partnerships with government and industry to enhance urban planning and promote active and sustainable design. We will promote the principles of our Healthy Active by Design approach to encourage increased physical activity, connectivity, and access to green areas. • We will develop resources to support culinary skills, behaviour change, and food literacy. We will collaborate with government and industry to improve food quality, security, labelling, and reformulation.
<p>Action 2.4 Act on the environmental, genetic, and epigenetic influences on heart health</p>	<ul style="list-style-type: none"> • We will develop targeted strategies and initiatives aimed at reducing the impact of obesogenic environments. We will focus efforts on creating healthier settings that support active lifestyles, nutritious diets, and overall heart health. • We will fund strategic research to deepen our understanding of how environmental, genetic, and epigenetic factors influence heart health. We will use the research findings to inform policy development, prevention strategies, and future interventions and programs.



Health for Every Heart 2025-2050

Goal 3: Prevent, detect, and manage risk early

Health for Every Heart 2025-2050 Actions

Heart Foundation Strategic Plan Priorities - 2025-2029

<p>Action 3.1 Take action to identify and manage heart disease risk from an early age</p>	<ul style="list-style-type: none"> • We will undertake awareness raising exercises to raise the importance of heart health among children, adolescents, and young adults. We will implement new programs that aim to reduce CVD risk factors among young people.
<p>Action 3.2 Improve awareness and management of heart health risk factors across the life course</p>	<ul style="list-style-type: none"> • We will focus on improving CVD risk factor awareness among all people in Australia. • We will continue to deliver a comprehensive approach to the assessment and management of CVD risk, including promoting the use of Medicare Heart Health Checks. • We will develop and implement new guidelines for the management of hypertension and lipid levels. We will pilot a medication management pathways program that supports patients in managing their treatment effectively. • We will establish a Heart Foundation position on point-of-care diagnostic tools for CVD risk assessment. • We will address the intersection between cardiometabolic and cardiovascular diseases. We will develop targeted strategies to manage shared risk factors, improve prevention efforts, and ensure better integration of care for individuals affected by interrelated conditions.
<p>Action 3.3 Develop equitable risk prediction and management methods</p>	<ul style="list-style-type: none"> • We will develop programs and promote policies that embed targeted screening for heart disease risk within the health system.
<p>Action 3.4 Improve access to diagnostic, monitoring, and treatment tools</p>	<ul style="list-style-type: none"> • We will develop a strategy for incorporating advanced medical therapies, precision imaging, and personalised medicine into heart disease risk management. • We will assess the need to make coronary calcium scans accessible through Medicare for individuals with a clinical need. • We will also work to improve access to evidence-based point-of-care and home-based diagnostic tools, with a particular focus on supporting communities located far from medical and pharmacy services.



Health for Every Heart 2025-2050

Goal 4: Manage heart disease and prevent further events

Health for Every Heart 2025-2050 Actions

Heart Foundation Strategic Plan Priorities - 2025-2029

<p>Action 4.1 Ensure access to comprehensive and culturally responsive services and support for people living with heart disease</p>	<ul style="list-style-type: none"> • We will expand and implement the MyHeart MyLife patient support program to help people living with heart disease. We will undertake a needs assessment to identify gaps and prioritise the development of more tailored patient journeys through the program. We will grow the program's online peer support community to provide opportunities for people living with heart disease to connect, share experiences, and support each other. • We will continue to deliver the Australian Government's priorities relating to Heart of the Community and Mind CVD initiatives. • We will develop new healthcare programs to improve health outcomes, reduce hospitalisations and improve quality of life for people living with heart failure.
<p>Action 4.2 Support research for advanced treatments and management of heart disease</p>	<ul style="list-style-type: none"> • We will fund research into the development of more effective treatments for the management and secondary prevention of heart disease.
<p>Action 4.3 Improve cardiac arrest and heart attack survival rates</p>	<ul style="list-style-type: none"> • We will develop a national strategic approach for cardiac arrest. We will work with partner organisations such as Heart of the Nation and AUSCAA on collaborative initiatives that improve survival rates. We will work to raise national awareness of the importance of CPR training and the use of AEDs. • We will prioritise improving survival rates through awareness and education campaigns that highlight the differing heart attack risk factors and symptoms. We will conduct a needs assessment to identify priority languages for translating heart attack warning signs and related materials.
<p>Action 4.4 Enable access to post-event cardiac care and rehabilitation, including psychosocial support</p>	<ul style="list-style-type: none"> • We will focus on supporting the delivery of high-quality, tailored cardiac rehabilitation and psychosocial support services. • We will work towards establishing national quality standards and a cardiac rehabilitation accreditation pathway. • We will undertake projects and initiatives that will increase the number of people accessing high-quality rehabilitation and support services following a heart event.

Underpinning priorities

We will continue to support a series of underpinning priorities that contribute towards meeting all our goals.

Invest in high-impact research

We will support impactful research, foster a strong cardiovascular research community, and apply findings to inform advocacy, policy, and practice.

Advance knowledge, evidence, and translation into policy and practice

We will maintain a robust evidence base to guide research, policy, advocacy, and healthcare, while addressing system-level issues and knowledge gaps in heart health.

Influence change through advocacy and partnership

We will build strategic partnerships and influence policy to drive change and impact.

Create impact through implementation and innovation

We will utilise digital health for prevention, enhance clinical expertise in heart health, and evaluate the impact of Heart Foundation programs.

Secure sustainable revenue and optimise supporter funds

We will ensure financial sustainability by diversifying revenue, growing support, and enhancing value through partnerships.

Facilitate delivery of Health for Every Heart

We will foster an agile, inclusive culture with strong governance, supporter focus, efficient systems, and a trusted brand.

Acknowledgements

1. Australian Bureau of Statistics. Causes of death, Australia. Accessed 16 January, 2025. <https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/latest-release>
2. Australian Institute of Health and Welfare. Heart, stroke and vascular disease: Australian facts. Accessed 16 January, 2025. <https://www.aihw.gov.au/reports/heart-stroke-vascular-diseases/hsvd-facts/contents/summary>
3. Heart Foundation. Key statistics: cardiovascular disease. Accessed 16 January, 2025. <https://www.heartfoundation.org.au/your-heart/evidence-and-statistics/key-stats-cardiovascular-disease>
4. Australian Institute of Health and Welfare. Electronic cigarette use (vaping) in Australia in 2022–2023. Accessed 16 January, 2025. <https://www.aihw.gov.au/reports/australias-health/vaping-e-cigarettes>
5. Australian Institute of Health and Welfare. Overweight and obesity. Accessed 16 January, 2025. <https://www.aihw.gov.au/reports/overweight-obesity/overweight-and-obesity/contents/summary>
6. Gardiner FW, Rallah-Baker K, Dos Santos A, et al. Indigenous Australians have a greater prevalence of heart, stroke, and vascular disease, are younger at death, with higher hospitalisation and more aeromedical retrievals from remote regions. *eClinicalMedicine*. 2021;42:101181. doi:10.1016/j.eclinm.2021.101181
7. 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*. Mar 2022;172:74-83. doi:10.1016/j.resuscitation.2022.01.011
8. Australian Institute of Health and Welfare. Indicators of socioeconomic inequalities in cardiovascular disease, diabetes and chronic kidney disease. AIHW. Accessed 24 January, 2025. <https://www.aihw.gov.au/reports/social-determinants/indicators-socioeconomic-inequalities>
9. Juergens CP, Dabin B, French JK, et al. English as a second language and outcomes of patients presenting with acute coronary syndromes: results from the CONCORDANCE registry. *Med J Aust*. 2016;204(6):239.
10. Australian Institute of Health and Welfare. Women and heart disease: cardiovascular profile of women in Australia. Accessed 17 January, 2025.
11. Chandrabose M, den Braver NR, Owen N, Sugiyama T, Hadgraft N. Built Environments and Cardiovascular Health: REVIEW AND IMPLICATIONS. *Journal of Cardiopulmonary Rehabilitation and Prevention*. 2022;42(6)
12. Marfella R, Prattichizzo F, Sardu C, et al. Microplastics and Nanoplastics in Atheromas and Cardiovascular Events. *New England Journal of Medicine*. 2024;390(10):900-910. doi:10.1056/NEJMoa2309822
13. Alahmad B, Khraishah H, Althalji K, Borchert W, Al-Mulla F, Koutrakis P. Connections Between Air Pollution, Climate Change, and Cardiovascular Health. *Canadian Journal of Cardiology*. 2023/09/01/ 2023;39(9):1182-1190. doi:<https://doi.org/10.1016/j.cjca.2023.03.025>
14. Heart Foundation. What is a Heart Health Check? Accessed 17 January, 2025. <https://www.heartfoundation.org.au/heart-health-check-toolkit/what-is-a-heart-health-check>
15. McGill HC, Jr., McMahan CA, Herderick EE, Malcom GT, Tracy RE, Strong JP. Origin of atherosclerosis in childhood and adolescence. *Am J Clin Nutr*. Nov 2000;72(5 Suppl):1307s-1315s. doi:10.1093/ajcn/72.5.1307s
16. Dunlap D, Ding E, Abramo K, et al. Point-of-care testing, your cardiologist, and affairs of the heart. *Cardiovascular Digital Health Journal*. 2021/12/01/ 2021;2(6):331-335. doi:<https://doi.org/10.1016/j.cvdhj.2021.10.004>
17. Bavishi A, Patel RB. Addressing Comorbidities in Heart Failure: Hypertension, Atrial Fibrillation, and Diabetes. *Heart Fail Clin*. Oct 2020;16(4):441-456. doi:10.1016/j.hfc.2020.06.005
18. Department of Health. *National Strategic Action Plan for Heart Disease and Stroke*. 2020.
19. Cartledge S, Saxton D, Finn J, Bray JE. Australia's awareness of cardiac arrest and rates of CPR training: results from the Heart Foundation's HeartWatch survey. *BMJ Open*. Jan 6 2020;10(1):e033722. doi:10.1136/bmjopen-2019-033722
20. Kovoor JG, Marschner S, Amarasekera A, et al. Public attitudes towards automated external defibrillators: results of a survey in the Australian general population. *Front Cardiovasc Med*. 2023;10:1178148. doi:10.3389/fcvm.2023.1178148



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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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