

Irish Heart Foundation: Programme for Government Priorities

This document sets out the Irish Heart Foundation's priorities for the incoming Government. It draws on our research and policy analysis, the experience of our health promotion projects, and the insight gained through our day-to-day dialogue with doctors, nurses and therapists, along with patients and carers.

Professional, patient and our own organisational experience throughout the COVID-19 emergency demonstrates that a shift in the structure of cardiovascular health services, needed now, can outlive the pandemic by delivering long-term improvement to outcomes at a lower overall cost to the health service.

These opportunities, among many in the broader health service that highlight the necessity of implementing Sláintecare, extend to major health and quality of life benefits resulting from society's response to the virus. Benefits such as the ability to breathe cleaner air and to fundamentally reconfigure our toxic built environment can also be maintained into the future.

The Irish Heart Foundation is calling on the incoming Government to take leadership on 10 key priorities that we believe can help deliver a better and healthier Ireland now and in the aftermath of the COVID crisis:

- 1 Implement and resource the Sláintecare reforms, including a vastly greater focus on prevention and all treatment being delivered at the lowest appropriate level of complexity
- 2 Prioritise cardiovascular disease to meet the increases in incidence and poor outcomes caused by COVID-19 and develop a new 10-year Cardiovascular Health policy to futureproof these vital services
- 3 Urgently review the upcoming National Stroke Strategy, including provision for significantly enhanced supports and treatment services in the community to help address COVID-related capacity issues in acute hospitals
- 4 Introduce a new Clean Air Bill, which includes setting strict emissions targets and an immediate nationwide ban of the burning of all smoky solid fuel
- 5 Triple the numbers walking and cycling to school, work and recreationally, including through the allocation of at least 20% of the transport infrastructure budget to appropriate developments.
- 6 Introduce a Public Health (Childhood Obesity) Bill, including a ban on unhealthy food and beverage marketing to children and introducing "no fry" zones
- 7 Introduce new fiscal measures to incentivise reformulation of unhealthy foods and fund subsidies for healthy foods.
- 8 Major investment in health promotion, including more realistic funding for Healthy Ireland
- 9 Create no smoking zones in outside areas of pubs and restaurants to facilitate social distancing and implement plans in Tobacco Free Ireland to prevent smoking in third-level institutions, parks, beaches and playgrounds, along with all sporting, healthcare and Government facilities, including Leinster House.
- 10 Prohibit all child friendly e-cigarette flavours and all forms of e-cigarette advertising including in-store, on outdoor billboards and online.

Implement Sláintecare

The COVID-19 pandemic has brought into sharp focus the need for healthcare reforms that promote universal access to affordable care. Similarly, it has highlighted that in the short and medium term we must address the issues of bed capacity, lack of step down care facilities and the need to broaden access to community care so that our acute hospital system is better placed to deal with any future shock.

The mainstay of any health service is prevention, primary care and community care, and this crisis has shown that these require significant investment to take the pressure off acute services which will, ultimately, face greater capacity pressures as social distancing measures are maintained into the future. Commitment to implementing and resourcing the Sláintecare reforms from the incoming Government is critical to ensuring the Irish healthcare system can meet the challenges ahead, with investment in the once-off transitional fund and establishment of the National Health Fund as priorities.

Prioritise cardiovascular disease

Cardiovascular disease – principally heart, stroke and blood vessel disease – and cancer are the ‘big two’ when it comes to chronic disease. Together they are responsible for almost 60% of all deaths in Ireland. In 2018 cardiovascular disease claimed 8,938 lives – 28.7% of total mortality.

In addition to an ageing population and a growing list of risk factors, heart disease and stroke patients are particularly vulnerable to COVID-19 – indeed of the first 327 ICU admissions with the virus, 50% had chronic heart disease.¹

For already overstretched cardiac and stroke services, the prospects in the midst of COVID-19 are dire. An Irish Cardiac Society survey found that cardiac admissions fell by up to 80% after the virus struck in Ireland, whilst estimates for stroke of a 50% reduction in hospital presentations matched international assessments. This is certain to result in a corresponding increase in the rate and severity of admissions later this year which threatens to overwhelm acute services.

Meanwhile, evidence is also emerging that COVID-19 is causing an increased rate of heart attacks and stroke. Research in New York found that younger COVID-positive patients were particularly susceptible to strokeⁱⁱ, whilst a study in Wuhan in China found that 5% of patients hospitalised with COVID subsequently had a strokeⁱⁱⁱ.



But at a time when a coherent cardiovascular health policy is urgently required, no such plan exists. *Changing Cardiovascular Health: Cardiovascular Health Policy 2010 - 2019* has not been replaced and nor has this framework been evaluated.

In addition, the soon-to-be-published National Stroke Strategy must be urgently reviewed and updated to take account of the pandemic. As well as addressing major acute care, rehabilitation and prevention service deficits, this must shift treatment services to the community where appropriate to take account of a reduction in hospital beds due to social distancing requirements. Specifically, there should be increased investment in Early Supported Discharge programmes providing vital therapy in patients' homes and thus shortening their hospital stay. ESRI research shows ESD can reduce health service costs whilst improving outcomes among more than half of all stroke patients who return home^{IV}.

Climate action focusing on air pollution and active travel

Crucial health gains are now threatened by the emergence of the global climate crisis. Virtually all the major risk factors for cardiovascular disease are the same factors that are driving climate change. Whether it is air pollution, sedentary lifestyles linked to transport systems or poor diet linked to food production systems, the linkages are clear and require decisive action.

In particular, the rapidly deteriorating air quality in Ireland's towns and cities is having a hugely detrimental impact on cardiovascular health, harming blood vessels and leading to increases in blood pressure, diabetes, stroke, heart attacks and heart failure. The EPA estimates that air pollution is now responsible for over 1,500 premature deaths in Ireland each year.

In addition, our car-dominated transport system has helped to create a toxic built environment that discourages physical activity and makes sedentary lifestyles inevitable.

But COVID-19 has forced billions of people to change their lifestyles overnight. The response to the virus, as the country reopens and the economy recovers, has the potential to embed health and quality of life improvements that can help create a better and more sustainable Ireland.

Concerted action is required on air pollution through a Clean Air Bill that should include an immediate nationwide ban on burning of all smoky solid fuel; end the registration of new petrol and diesel cars by 2025; improve monitoring to enable the identification and rigorous pursuit of polluters; and introduce clean air zones around all schools and other sites where young people congregate.

In addition, a radical blueprint is required to get the country moving through a recalibration of transport systems to promote walking and cycling. According to Census 2016, only 14.4% of the population walk and 2.8% cycle to work, school, or college while the percentage driving accounts for 59.8%^V. In contrast, in the Netherlands walking and cycling accounted for 18% and 27% of all trips made^{VI}. Facilitating a shift away from motorised vehicles to active travel, by allocating 20% of national funding earmarked for transport infrastructure to walking and cycling will increase levels of physical activity, thereby reducing noncommunicable diseases, improving mental health and lowering vehicle fatalities.



Halve the rate of childhood obesity by 2030

Safefood research estimates 85,688 on the island of Ireland will die prematurely due to overweight and obesity.^{vii} Meanwhile people living with obesity are in the high risk group for COVID-19 and emerging evidence suggests they are at elevated risk from the virus.^{viii}

This puts added onus on the achievement of national policy to turn the tide of the overweight and obesity epidemic, to increase the number of people with a healthy weight and set us on a path where healthy weight becomes the norm. The Irish Heart Foundation's Childhood Obesity Manifesto puts forward recommendations agreed with many of Ireland's foremost experts in the field that can reduce childhood obesity in Ireland by 50% by 2030.

Key measures include the development of a Public Health (Childhood Obesity) Bill prohibiting unhealthy food and beverage marketing to children; introducing "no-fry" zones around schools; and applying fiscal measures to incentivise reformulation of unhealthy food products and funding subsidies for healthy foods.

Major investment in making Ireland healthier

Whilst the taxpayer spends billions of euro each year paying for the impact of chronic disease, funding for prevention measures that could massively reduce this burden is derisory. For example, the Healthy Ireland programme's budget was increased to €6 million in Budget 2020, but this is paltry given the scale of the health challenges facing us and the Sláintecare commitments. It is also less than a quarter just of what the top confectionary, snacks and sweetened drinks brands spend on advertising. This cannot continue given increases in non-communicable diseases are mainly driven by an overconsumption of unhealthy foods and sedentary lifestyles.

The impact of Healthy Ireland is further weakened by its inability to use its funding to partner with national NGOs with long track records of delivering behaviour changing health promotion campaigns, often dispersing monies instead to local governmental organisations with little experience in this area.

Reducing the health harms of tobacco and nicotine addiction

Outdoor areas in pubs and restaurants have a major role to play in enabling many of these establishments to meet social distancing requirements and thereby get their businesses back up and running. But imposing the measures necessary to protect the public from the virus in the wake of the lockdown should not result in patrons, or members of staff, being subjected to another significant health risk – exposure to second-hand smoke.

Smoking remains the single biggest cause of preventable death in Ireland, claiming almost 6,000 lives each year. It is well established that there is no risk-free level of exposure to second-hand smoke and the public should be able to expect that in being protected from one deadly health threat, they are not exposed to another.

As we emerge from the COVID crisis, priority should also be given to achieving Tobacco Free Ireland Action Plan goals by preventing smoking in all third-level education campuses, playgrounds, parks and beaches, along with healthcare, sporting and governmental facilities. As a mark of leadership, this should include Leinster House.

We must also do more to protect young people from predatory marketing designed to get them hooked on nicotine and undermine the great progress made in reducing smoking in Ireland. E-cigarettes are being heavily marketed to children, leading to what the US Surgeon General described as an ‘epidemic’ of youth e-cigarette use.^{ix}

Ireland has fought a long battle to reduce youth smoking rates from 41% in 1995 to just 12% today. But these hard-won gains are under threat. Child friendly flavours such as chocolate fudge and bubblegum, along with cynical marketing tactics on social media, are being used to attract children and 22% of 12-17-year olds in Ireland have used e-cigarettes. Whilst maximising the harm reduction potential of e cigarettes among long-term smokers, strong action is required by the next Government to protect young people in addition to planned new legislation.

This includes a ban on all child friendly e-cigarette flavours and on all forms of e-cigarette advertisements including in-store, outdoor billboards and online.

Conclusion

The COVID-19 pandemic has proven that making the shift from treating illness to preventing it requires a long-term political commitment. Implementing the Sláintecare plan is a critical part of this. But the specific actions outlined in this document, if prioritised by the incoming Government, would not only save lives and improve the quality of life for those living with cardiovascular disease, they would reduce avoidable hospital admissions and readmissions, easing pressure on hard pressed health budgets.

ⁱ Department of Health. Updates on COVID-19 May 6th. [Online]. Available from: <https://www.gov.ie/en/publication/20f2e0-updates-on-COVID-19-coronavirus-since-january-2020/#may>

ⁱⁱ <https://www.nejm.org/doi/full/10.1056/NEJMc2009787>

ⁱⁱⁱ [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30566-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30566-3/fulltext)

^{iv} https://www.esri.ie/system/files?file=media/file-uploads/2015-07/BKMNEXT277_ES.pdf

^v Department of Transport, Tourism and Sport. (2019). Sustainable Mobility Policy Review. Background Paper 9 Statistics and Trends.

^{vi} Harms, Lucas and Kansen, Maarten. (2018). Cycling Facts. Netherlands Institute for Transport Policy Analysis.

^{vii} Ivan J. Perry et al. (2017). What are the estimated costs of childhood overweight and obesity on the island of Ireland? SafeFood. ISBN: 978-1-905767-75- 5 Available from: <http://www.safeFood.eu/SafeFood/media/SafeFoodLibrary/Documents/Publications/Research%20Reports/Cost-of-childhood-obesity-Report.pdf>

^{viii} Covid-19 HSE Clinical Guidance and Evidence. [Online] Available from: <https://hse.drsteevenslibrary.ie/c.php?g=679077&p=4845309>

^{ix} Lavito, A (2018). US Surgeon General Jerome Adams declares youth e-cigarette use an ‘epidemic’ [Online]. Available at <https://www.cnn.com/2018/12/18/us-surgeon-general-adams-declares-youth-e-cigarette-use-an-epidemic.html>

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