

## Study finds higher bush cardiac deaths are preventable

Remote Australians are 1.6 times more likely to be hospitalised for coronary heart disease than people in major cities, and 1.3 times more likely to die.

Research by the Royal Flying Doctor Service (RFDS), titled *Cardiovascular health in remote and rural communities*, also found Indigenous Australians were 1.7 times more likely than non-Indigenous Australians to die from coronary heart disease.

Royal Flying Doctor Service of Australia CEO Dr Martin Laverty said “Our research shows remote Australians see doctors at half the rate of city people, and specialists at one third the rate. It’s no surprise more country people die and are hospitalised with heart disease that can be prevented and managed.”

The research analysed for the first time 95,723 aeromedical evacuations conducted by the RFDS, of which 20,379 (21.3%) were for cardiovascular disease. An average of 112 patients per-week, or 16 patients per-day, were retrieved by the RFDS from country areas and flown to major hospitals for heart treatment.

The report also found:

- Cardiovascular disease is highest in inner regional areas (25%), followed by outer regional and remote areas (22%), compared to major cities (21%);
- Adults with no educational qualifications are 2.31 times more likely to have a heart attack than those with a university education, and country residents have less educational standing than city people;
- Smoking, blood pressure, cholesterol, diet, inactivity, alcohol and socioeconomic factors increase cardiovascular disease risk, factors exacerbated in country areas.

Dr Laverty said “Despite the disparity in heart health outcomes between city and bush, evidence shows the gap can be closed. Between 2001 and 2008, the South Australian integrated Cardiovascular Clinical Network (iCCNet) established a support program for remote care services to manage heart attacks through expert risk stratification, point-of-care troponin testing, cardiologist-supported decision making, and earlier RFDS patient transfer to major hospitals.

“The program delivered a 22% improvement in 30-day survival rates for remote and rural patients with acute myocardial infarction, or heart attack. This closed the mortality difference between city and bush hospitals, proving that when patients get the right care or are flown to it, survival rates from heart attack in the city and the bush can be equalised,” Dr Laverty concluded.

You can access the research paper at [www.flyingdoctor.org.au/research](http://www.flyingdoctor.org.au/research). RFDS CEO Dr Martin Laverty and Heart Foundation CEO Prof John Kelly are available for interview.

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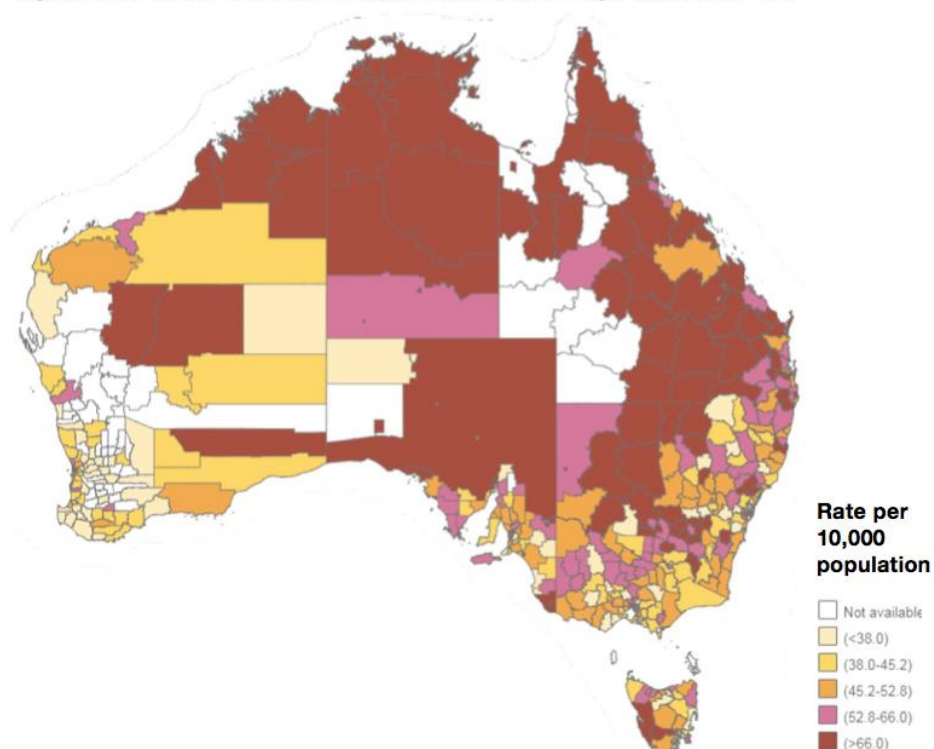
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**Figure 3.5. Heart-related<sup>1</sup> hospital admissions by LGA, 2012–14**



Note: <sup>1</sup>Heart-related hospital admissions were for unstable angina, heart attack and heart failure only.

Source: RFDS analysis of Heart Foundation data (Heart Foundation, 2017b).