Professor Norman Sharpe

Heart Foundation

West Coast

Primary care, the keystone for heart health improvement - Main Session

Friday, 21 June 2013 Start 8:35am Duration: 25mins

Primary Care the Keystone to Heart Health Improvement

Heart Foundation Fulfil a lifetime

Norman Sharpe
June 2013

- The heart health continuum and the keystone position
- The culprit disease – atherosclerosis
- The past
- The present
- Future prospects
- A new national health target – a step change, an opportunity and a challenge

Heart Foundation
The Heart of Our Nation

The Heart Health Continuum also The Lifecourse Journey

District Health Boards

Public Health Providers -- Primary Health Organisations -- Hospital Services

POPULATION FOCUS ← LIFECOURSE → INDIVIDUAL FOCUS

Public policy

CV risk management in primary care

Individual healthcare

Communities and schools, "workplace"
•Health promotion

Clinical care for heart disease
•Quality and equity standards
• Access to care
•Self management

Environmental change
•Smokefree NZ 2025
•Food environment
•Built environment

MISSION
Stop New Zealanders dying prematurely from heart disease

Secondary prevention
•Post discharge care
•Cardiac rehabilitation

NS 2007

Heart Foundation
The Heart of Our Nation

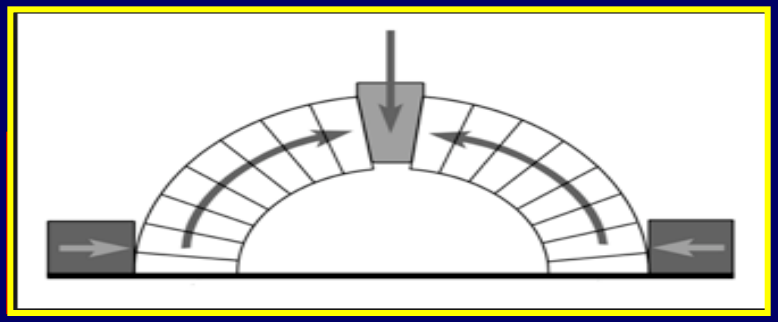
The Heart Health Continuum also The Lifecourse Journey

District Health Boards

Public Health Providers -- Primary Health Organisations -- Hospital Services

POPULATION FOCUS

INDIVIDUAL FOCUS



Public policy

Individual healthcare

Communities and schools, "workplace"
•Health promotion

Clinical care for heart disease
•Quality and equity standards
• Access to care
•Self management

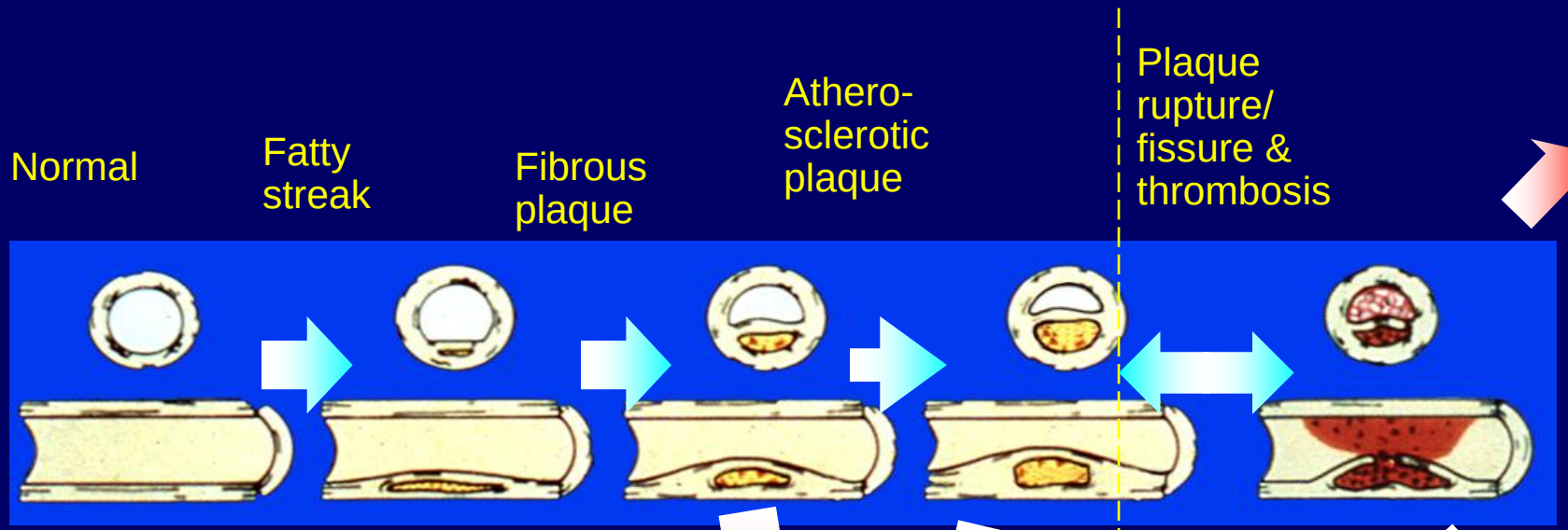
Environmental change
•Smokefree NZ 2025
•Food environment
•Built environment

MISSION
Stop New Zealanders dying prematurely from heart disease

Secondary prevention
•Post discharge care
•Cardiac rehabilitation

NS 2007

Atherosclerotic plaque progression



Normal

Fatty streak

Fibrous plaque

Athero-sclerotic plaque

Plaque rupture/ fissure & thrombosis

ACS

Unstable Angina NSTEMI

STEMI

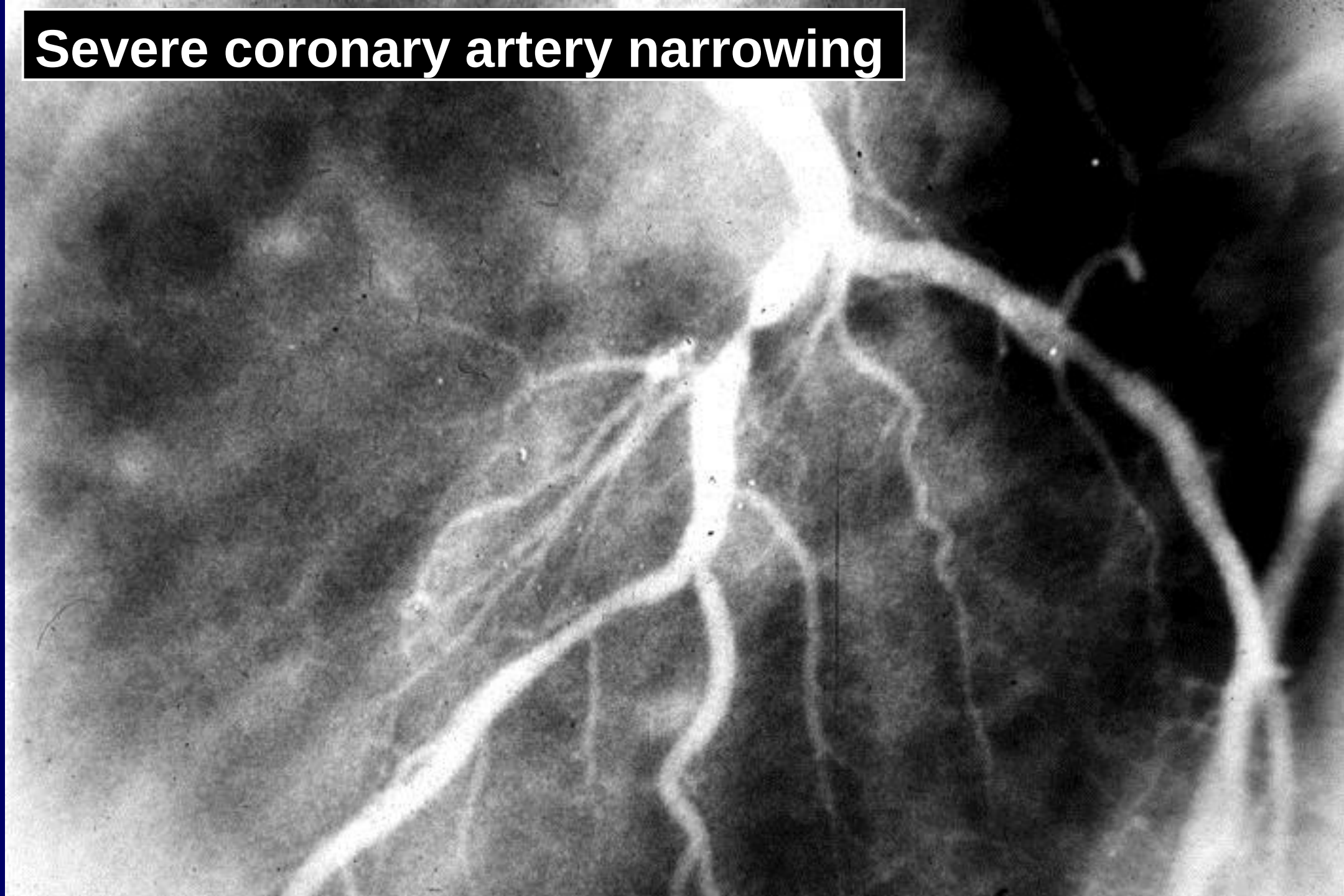
Clinically silent

Stable angina

Cardiovascular death

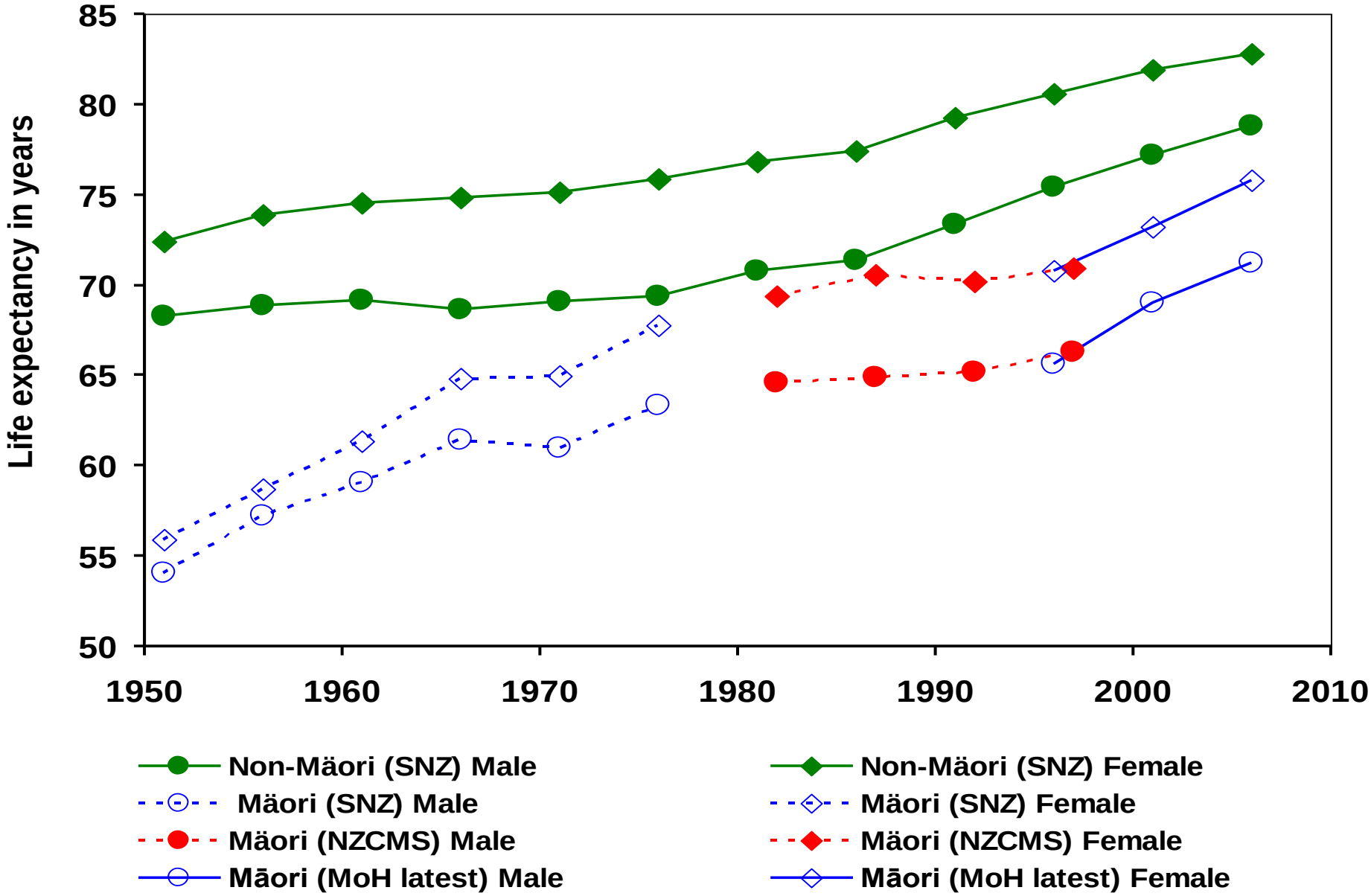
Increasing age

Severe coronary artery narrowing




Magnified cross section of blocked coronary artery
UA

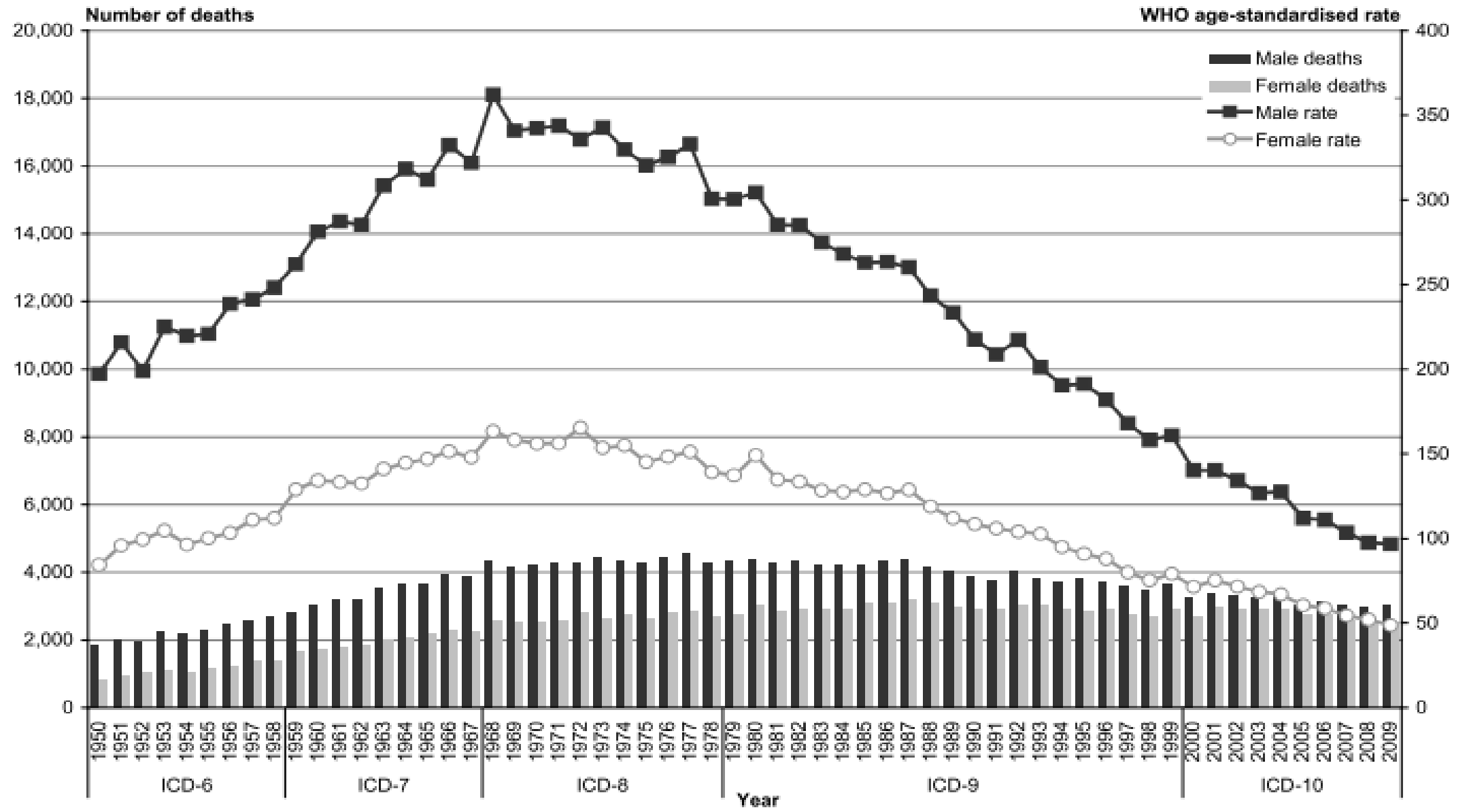

The Past



Source: Blakely T, Tobias M, Robson B, Ajwani S, Bonne M, Woodward A. Widening ethnic mortality disparities in New Zealand 1981-99. *Soc Sci Med* 2005;61(10):2233-2251.

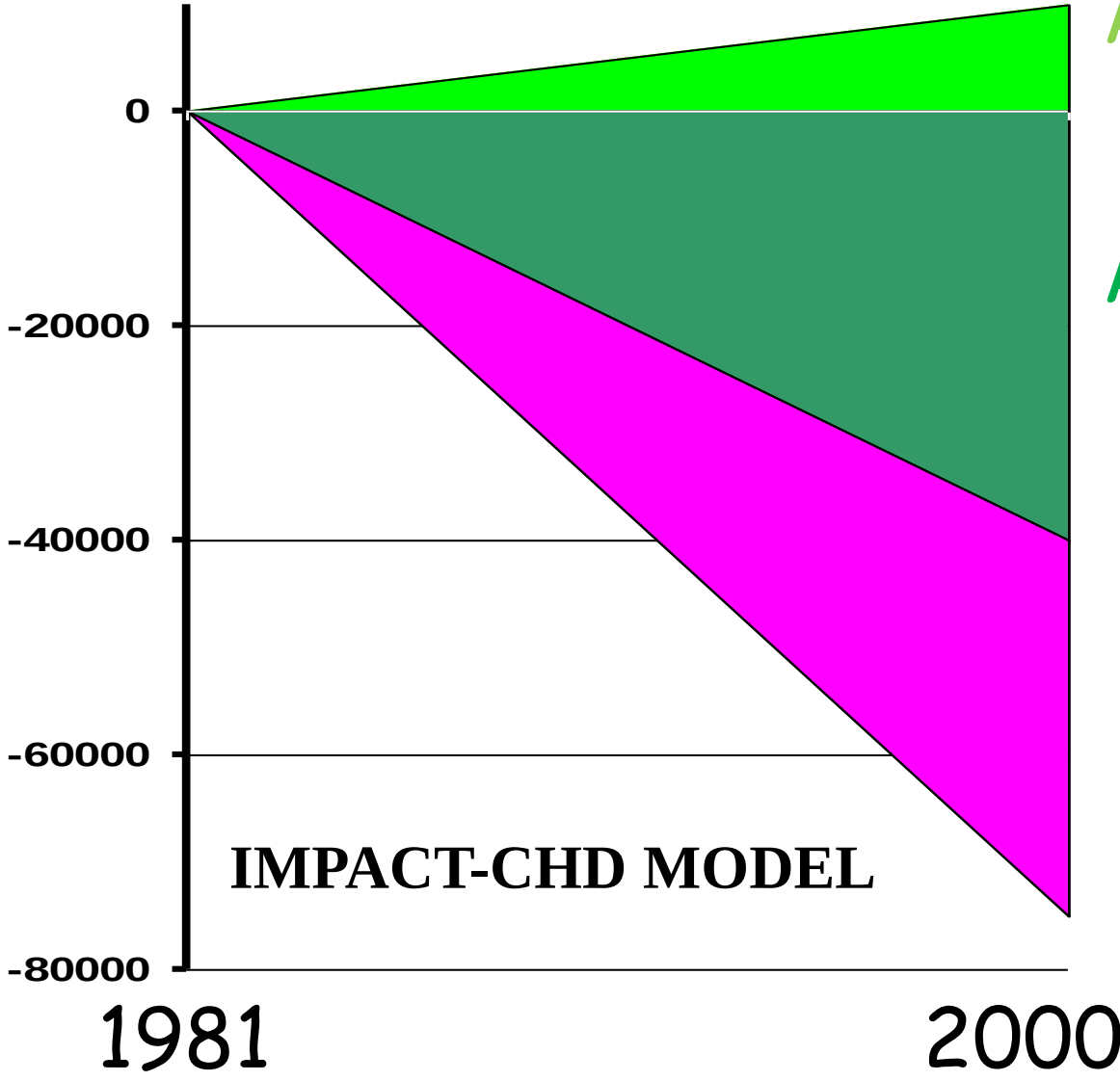
Updated in: Blakely T. "Social injustice is killing people on a grand scale". *N Z Med J* 2008;121(1281):7-11.

Figure 21: Death rates from ischaemic heart disease, by sex, 1950–2009



Note: Rates per 100,000 population, age-standardised to WHO World Standard Population.

Explaining the fall in coronary heart disease deaths in England & Wales 1981-2000



Risk Factors worse +13%

Obesity (increase)	+3.5%
Diabetes (increase)	+4.8%
Physical activity (less)	+4.4%

Risk Factors better -71%

Smoking	-41%
Cholesterol	-9%
Population BP fall	-9%
Deprivation	-3%
Other factors	**-8%**

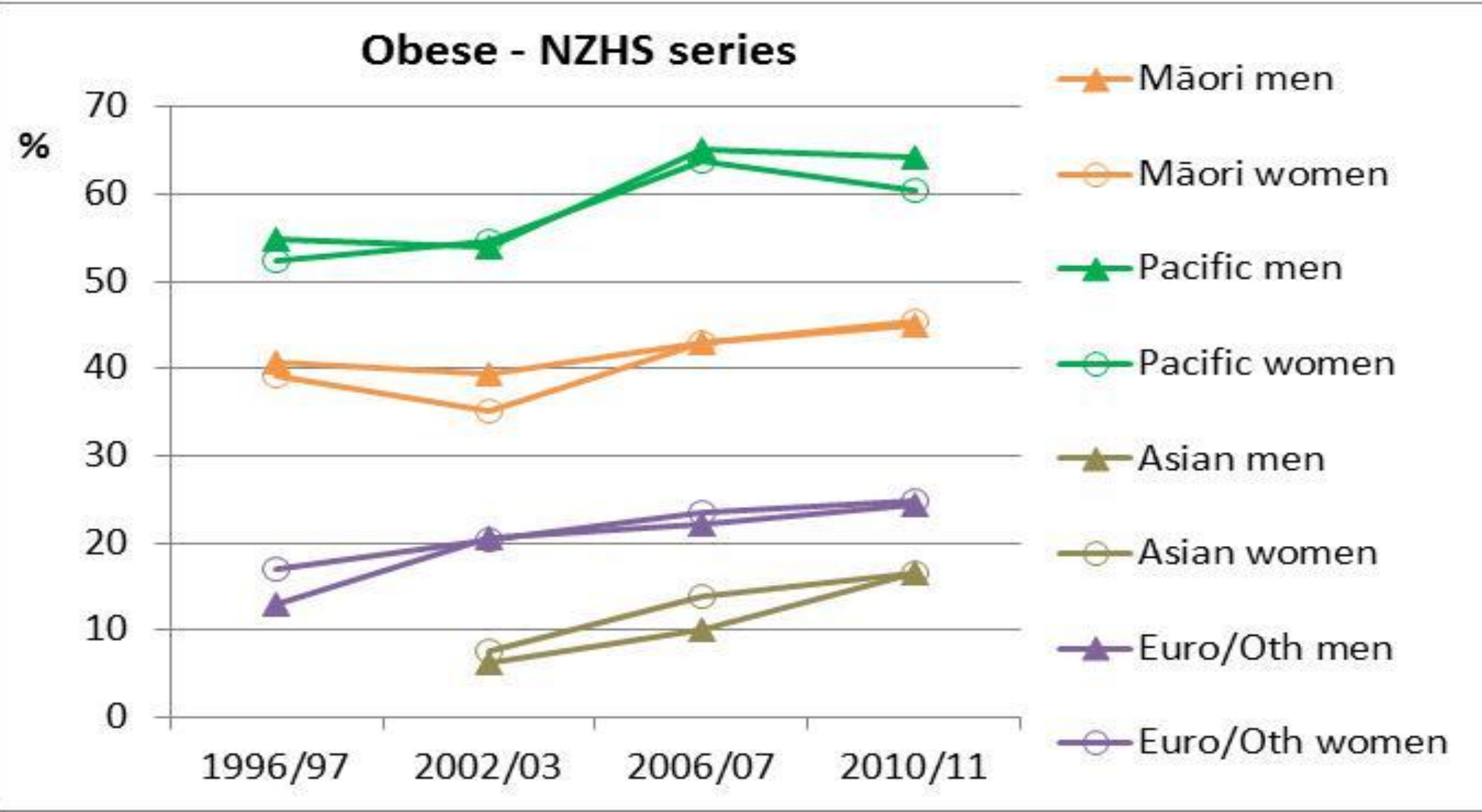
Treatments -42%

AMI treatments	-8%
Secondary prevention	-11%
Heart failure	-12%
Angina:CABG & PTCA	-4%
Angina: Aspirin etc	-5%
Hypertension therapies	-3%

Unal, Critchley & Capewell
Circulation 2004 109(9) 1101

Trends in adult obesity prevalence

NZ Health Survey series, Ministry of Health



THE NEW ZEALAND MEDICAL JOURNAL

Journal of the New Zealand Medical Association, 01-March-2013, Vol 126 No 1370

[full text] [PDF]

Prevalence of diagnosed and undiagnosed diabetes and prediabetes in New Zealand: findings from the 2008/09 Adult Nutrition Survey

Kirsten J Coppell, Jim I Mann, Sheila M Williams, Emmanuel Jo, Paul L Drury, Jody C Miller, Winsome R Parnell

Abstract

Diabetes & prediabetes increasing in NZ

Aim
To describe the prevalence of diagnosed and undiagnosed diabetes and prediabetes for New Zealand adults.

Methods
The 2008/09 New Zealand Adult Nutrition Survey was a nationally representative, cross-sectional survey of 4,721 New Zealanders aged 15 years and above. Self-reported diabetes and the 2010 American Diabetes Association cutoffs for HbA1c were used to define diagnosed diabetes, undiagnosed diabetes and prediabetes. Prevalence rates were calculated and age-specific diagnosed diabetes rates were compared with those from the Virtual Diabetes Register.

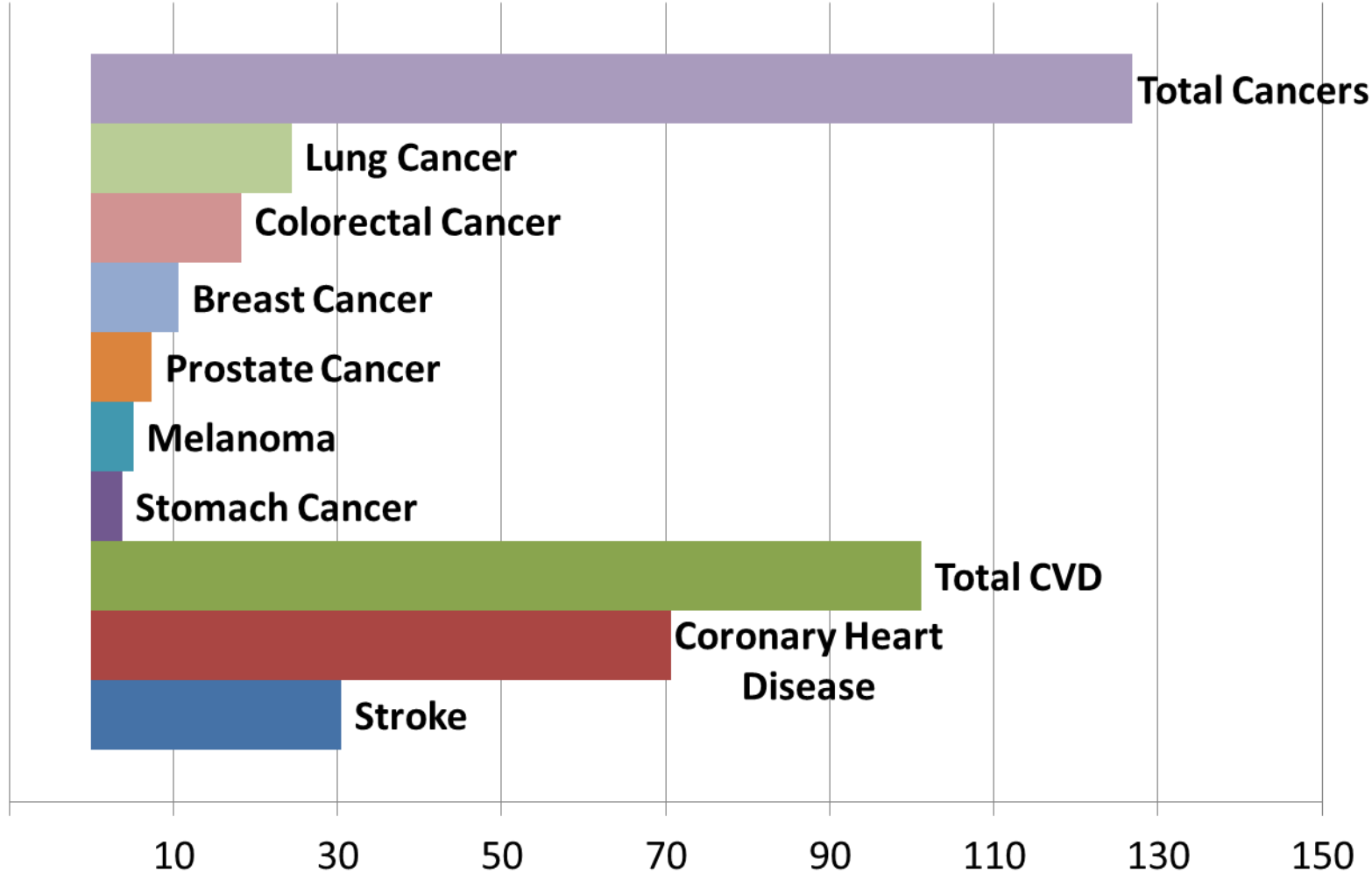
Results
Overall, prevalence of diabetes was 7.0%, and prevalence of prediabetes 18.6%. Prevalence of diabetes was higher in men (8.3%, 95% CI: 6.4, 10.1) than in women (5.8%, 95% CI: 4.7, 7.0), and was higher among the obese (14.2%, 95% CI: 11.6, 16.9) compared with the normal weight group (2.4%, 95% CI: 1.4, 3.6). Prevalence of undiagnosed diabetes was highest among Pacific people (6.4%, 95% CI: 3.8, 9.1) compared with Māori (2.2%, 95% CI: 1.2, 3.1) and New Zealand European and Others (1.5%, 95% CI: 0.9, 2.1).

Conclusion
The high prevalence of prediabetes indicates the prevalence of diabetes will continue to increase in New Zealand. Implementation of effective evidence-based prevention strategies is required to reduce the increasing costs of the diabetes epidemic.


The Present

Rates for Selected Causes 2009

Age standardised death rates per 100,000



Death Rates by Ethnicity

Age Standardised Death Rates per 100,000 for Selected Causes

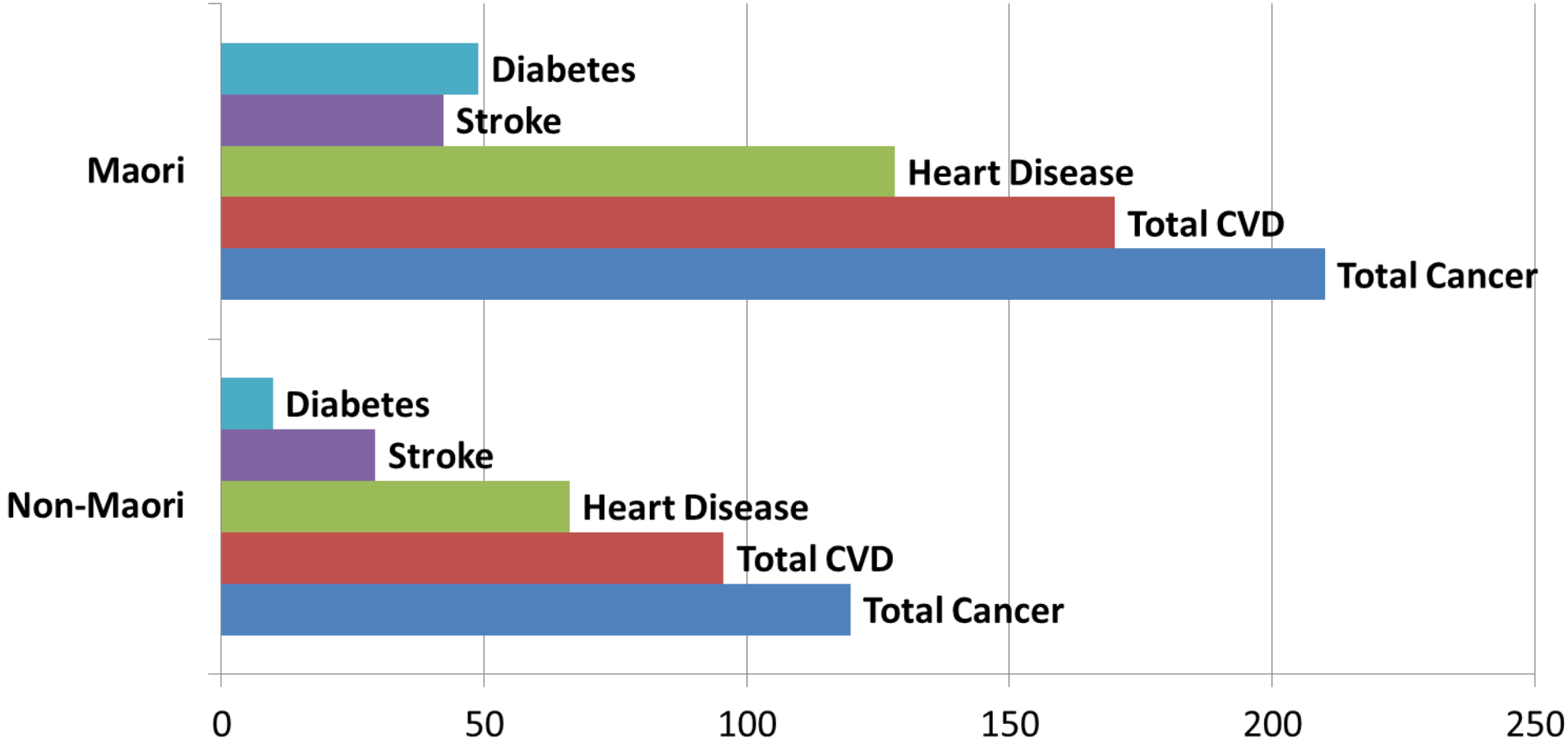
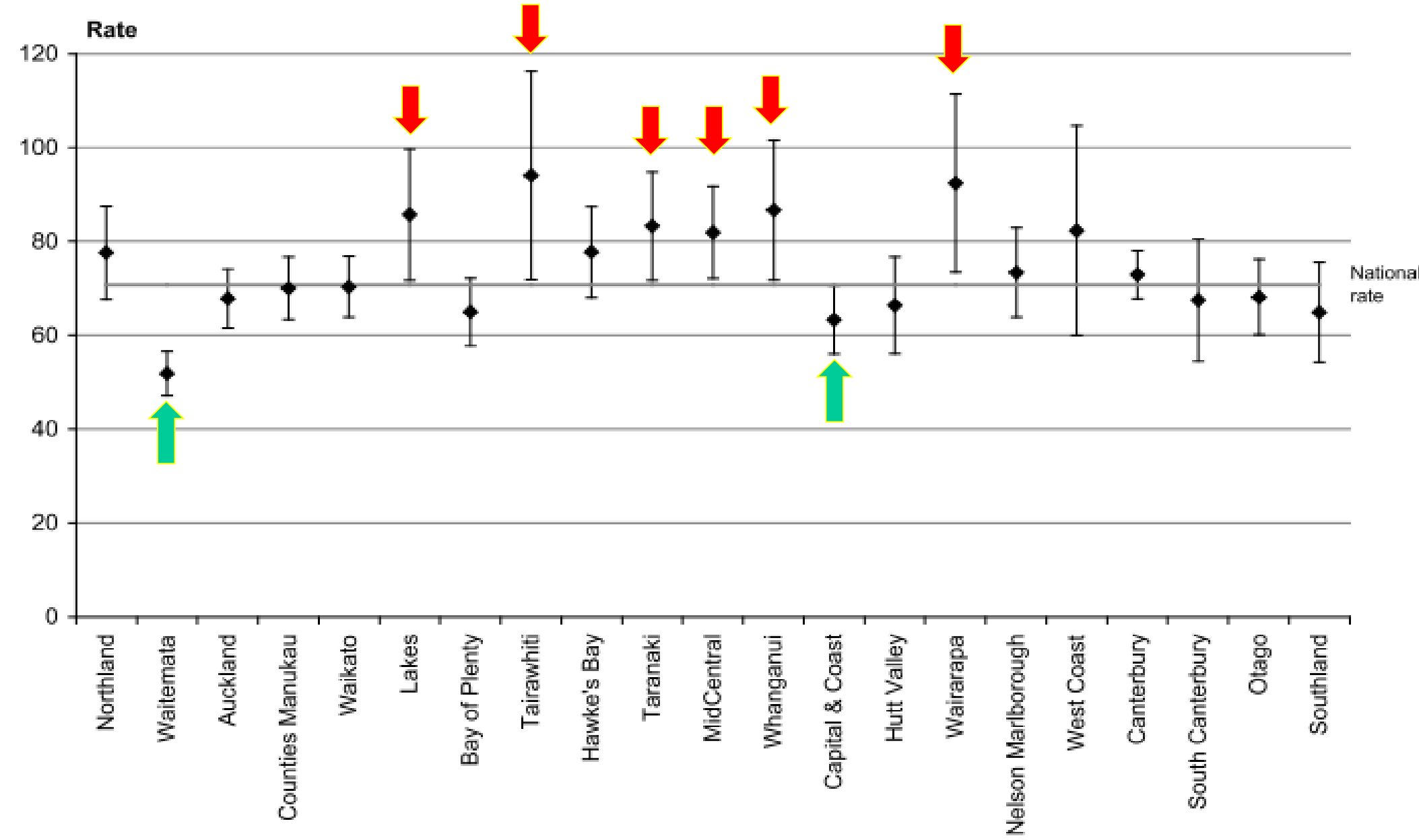


Figure 24: Ischaemic heart disease death rates by DHB region, total population, age-standardised rates, 2009

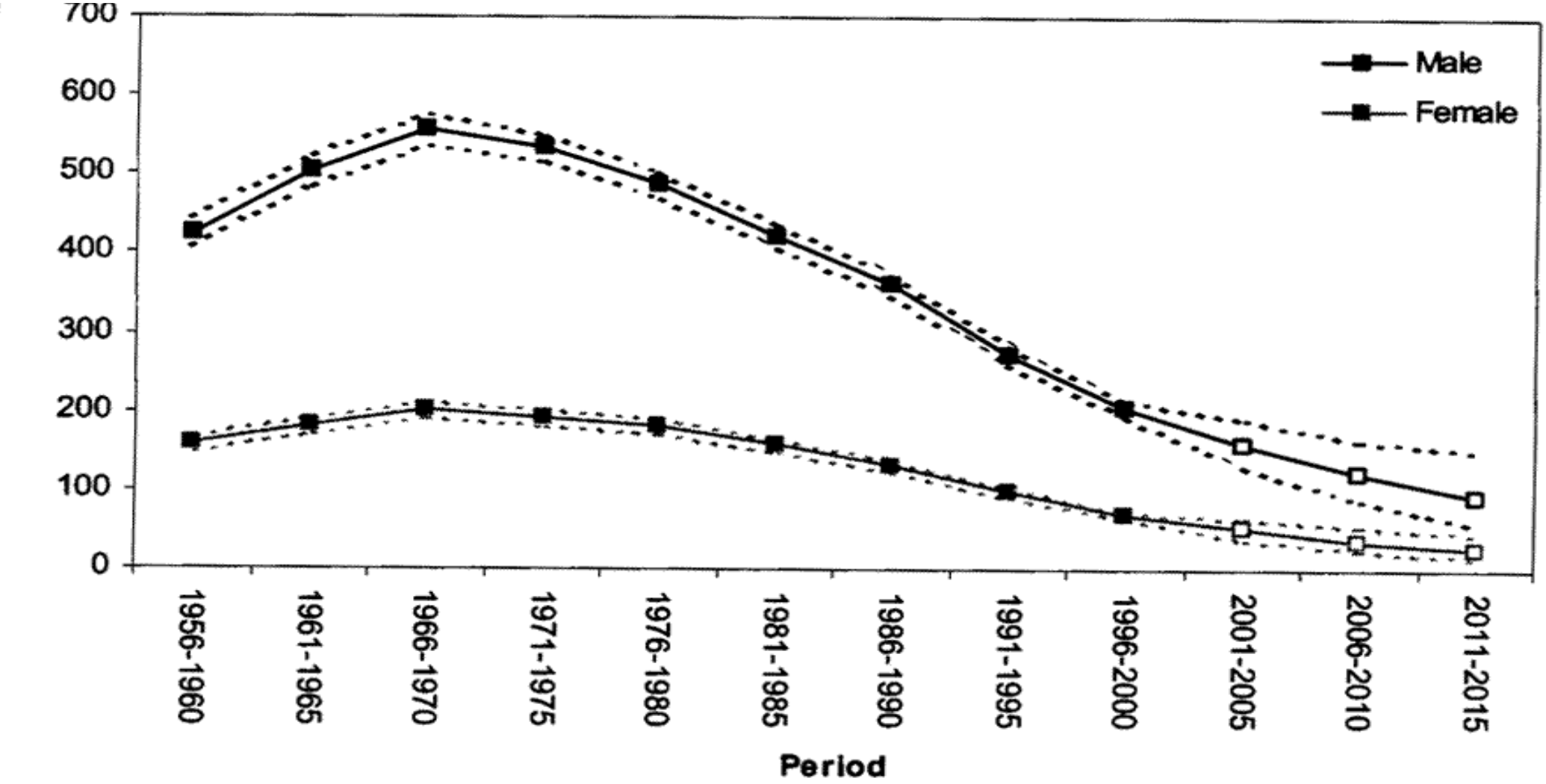


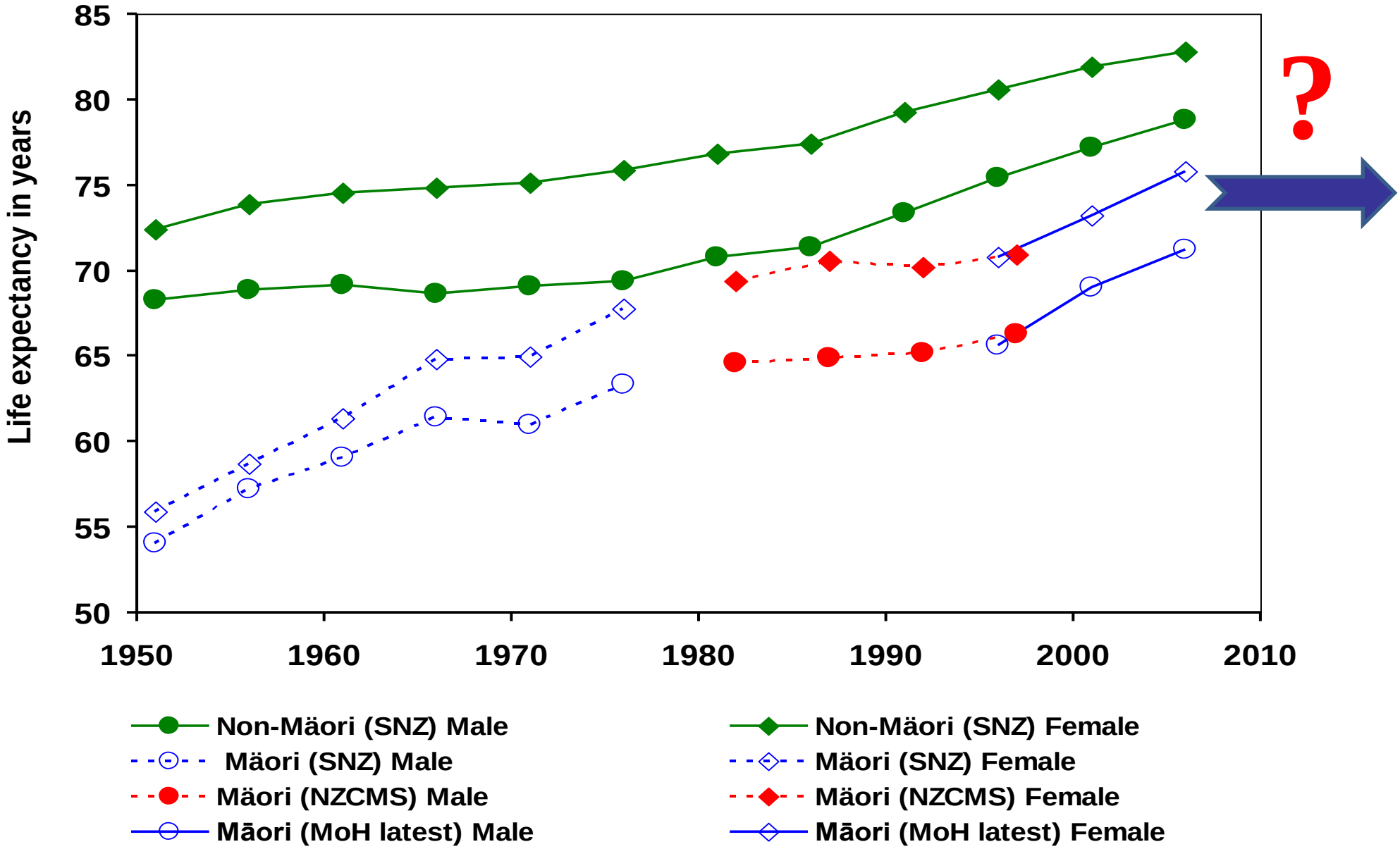
The Future

IHD Mortality in NZ Trends and Projections

Tobias et al NZMedJ April 2006

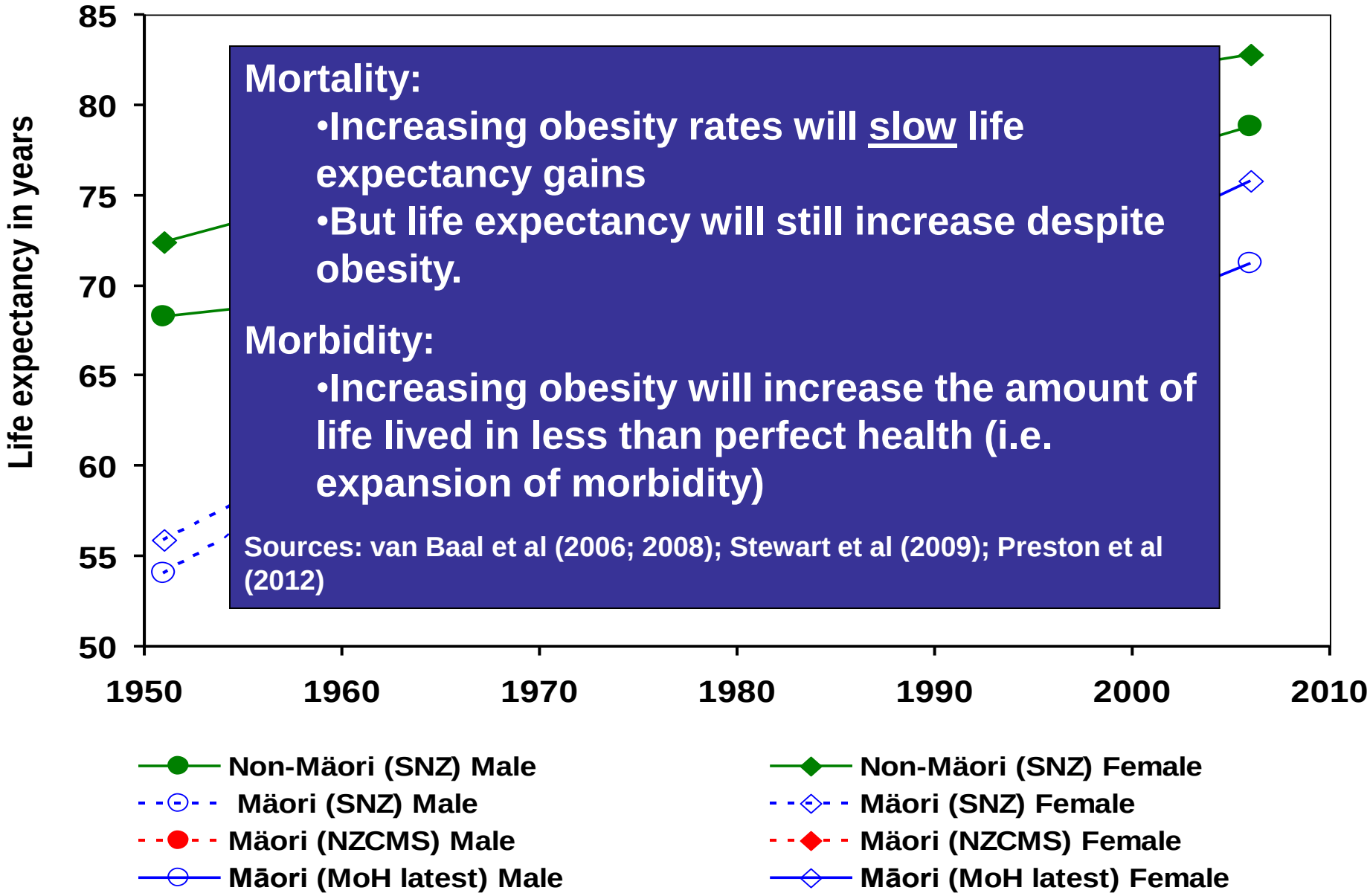
Total population age-standardised IHD mortality projections ages 35-74 yrs, 5 year periods 1956-2015





Source: Blakely T, Tobias M, Robson B, Ajwani S, Bonne M, Woodward A. Widening ethnic mortality disparities in New Zealand 1981-99. *Soc Sci Med* 2005;61(10):2233-2251.

Updated in: Blakely T. "Social injustice is killing people on a grand scale". *N Z Med J* 2008;121(1281):7-11.

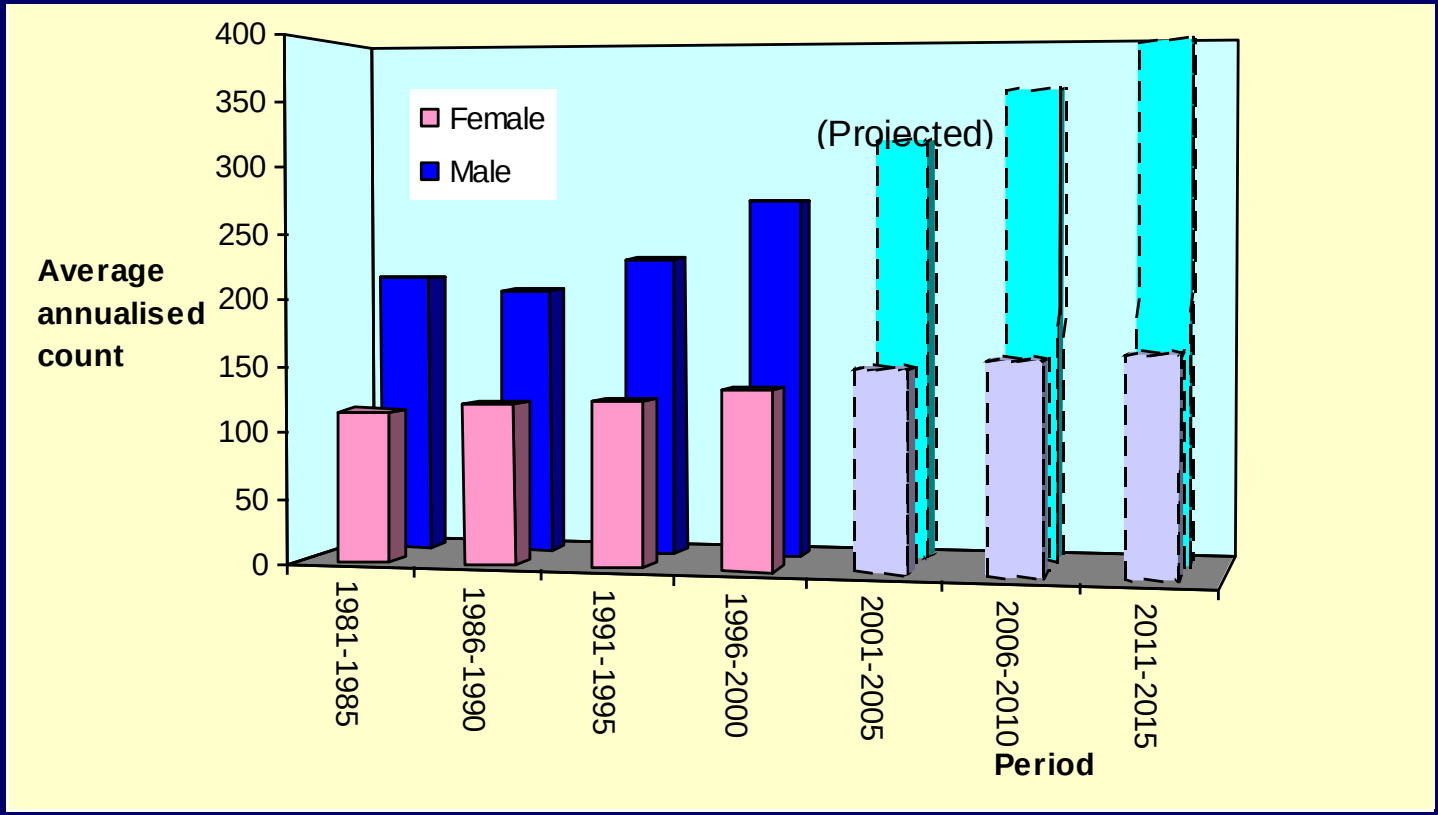


Source: Blakely T, Tobias M, Robson B, Ajwani S, Bonne M, Woodward A. Widening ethnic mortality disparities in New Zealand 1981-99. *Soc Sci Med* 2005;61(10):2233-2251.

Updated in: Blakely T. "Social injustice is killing people on a grand scale". *N Z Med J* 2008;121(1281):7-11.

An increasing burden for Māori

Annualised CHD mortality count for Māori men and women, 35 – 74 years, 1981 – 2015



For Māori, an actual increase in the absolute number of deaths is projected for males and a relatively stable number for females

Heart Foundation
The Heart of Our Nation

The Heart Health Continuum also The Lifecourse Journey

District Health Boards

Public Health Providers -- Primary Health Organisations -- Hospital Services

POPULATION FOCUS ← LIFECOURSE → INDIVIDUAL FOCUS

Public policy

CV risk management in primary care

Individual healthcare

Communities and schools, "workplace"
•Health promotion

Clinical care for heart disease
•Quality and equity standards
• Access to care
•Self management

Environmental change
•Smokefree NZ 2025
•Food environment
•Built environment

MISSION
Stop New Zealanders dying prematurely from heart disease

Secondary prevention
•Post discharge care
•Cardiac rehabilitation

NS 2007

Why bother about CVD in primary care?

In a population of 10,000 primary care patients, every year there are about:

- 10 coronary & stroke deaths
- 1 diabetic death
- 1 breast cancer death
- 1 prostate cancer death
- 1 suicide every year
- 1 road traffic death
- (1 cervical cancer death every 5 years)

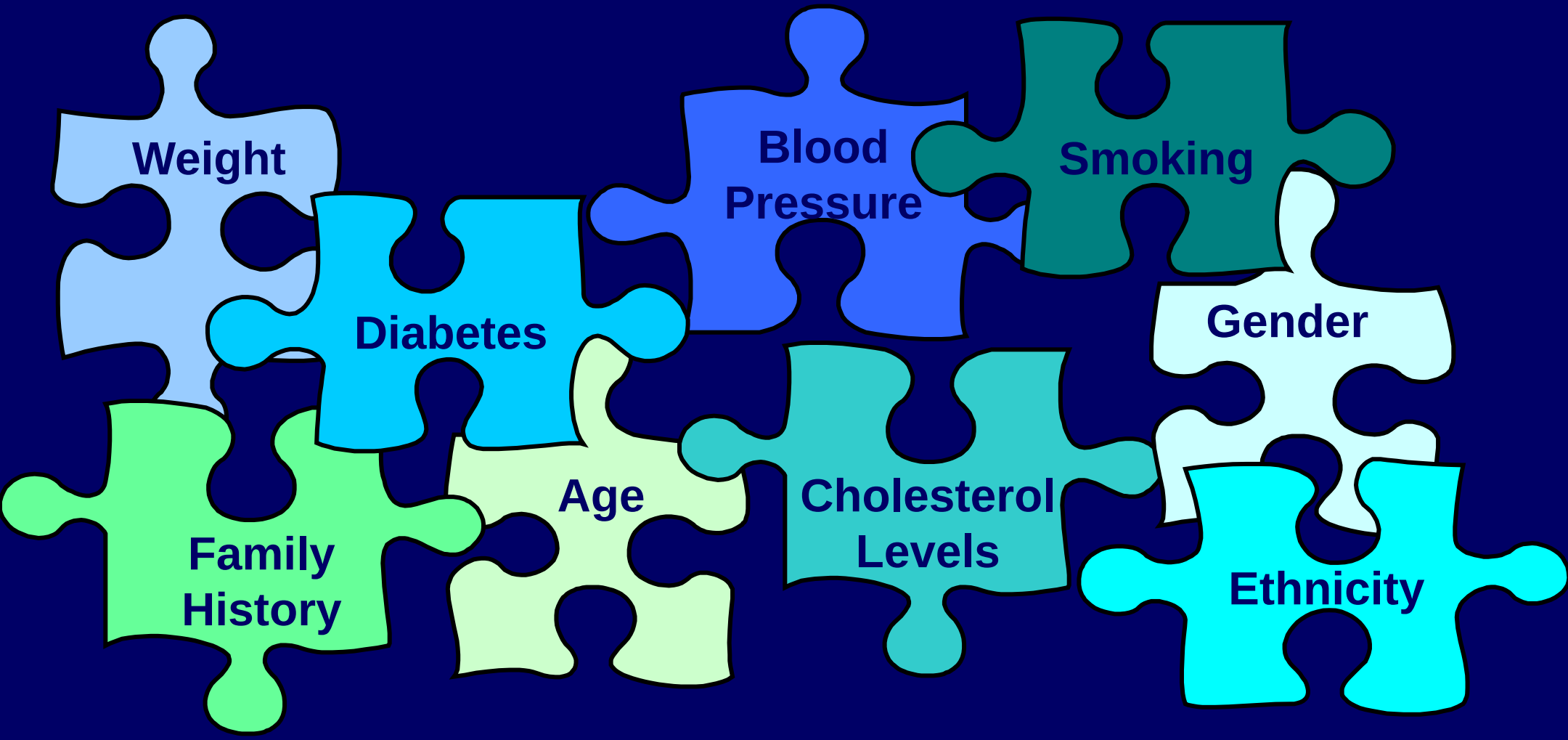
NZHIS annual mortality statistics

Assessment of absolute CV risk
What to measure and record

- Age and sex
- Ethnicity
- Smoking history
- Family history
- Fasting lipid profile and fasting glucose
- Average of two sitting BPs
- BMI and waist circumference

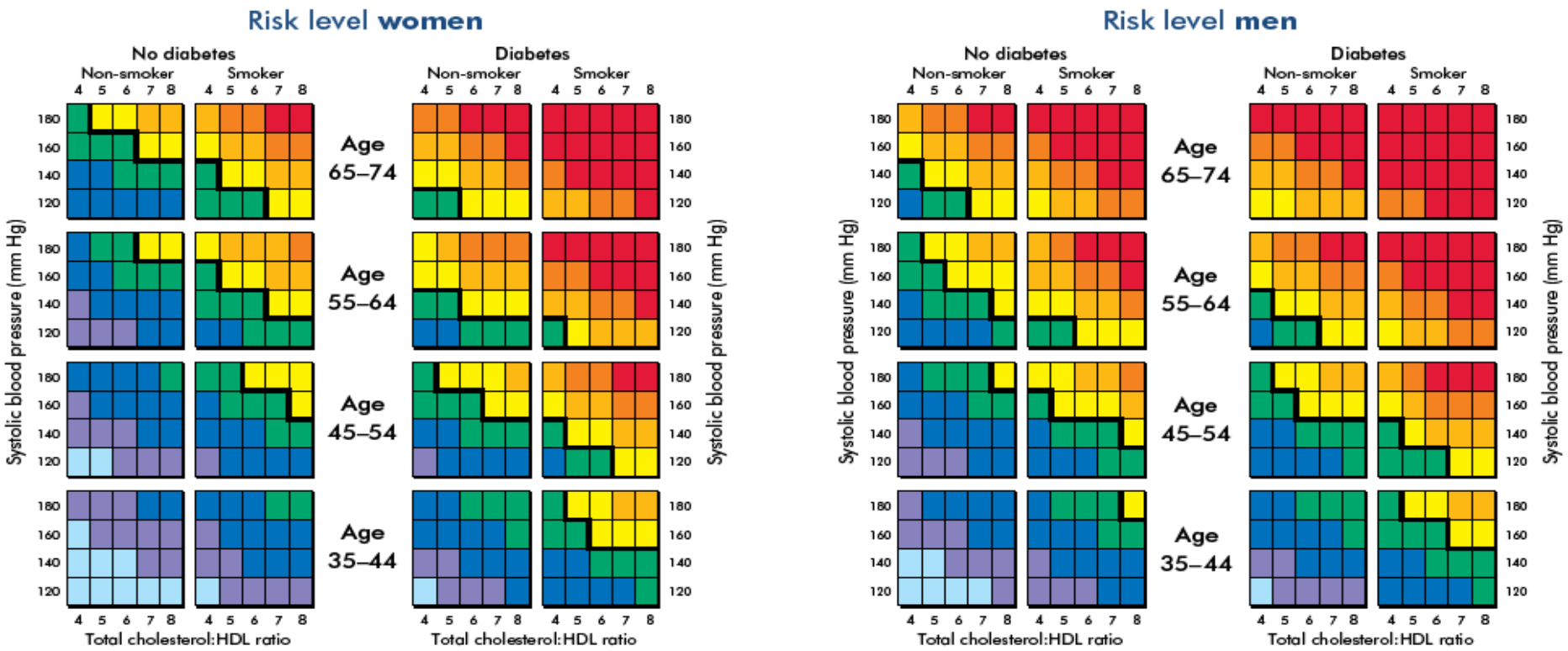
Assessment of absolute risk is the starting point for discussion

What does a Risk Assessment Involve?



New Zealand Cardiovascular Risk Charts

www.nzgg.org.nz



Key

5-year cardiovascular disease (CVD) risk (fatal and non-fatal)

- Very high: >30%, 25–30%, 20–25%
- High: 15–20%
- Moderate: 10–15%
- Mild: 5–10%, 2.5–5%, <2.5%

Using the Charts

- Identify the chart relating to the person's sex, diabetic status, smoking history and age.
- Within the chart choose the cell nearest to the person's age, systolic blood pressure (SBP) and total cholesterol (TC) TC:HDL ratio. People who fall exactly on a threshold between cells are placed in the cell indicating higher risk.

Note: The risk charts now include values for SBP alone, as this is the most informative of conventionally measured blood pressure parameters for cardiovascular risk. Diastolic pressures may add some predictive power, especially at younger ages (eg, a diastolic pressure consistently >100 mm Hg in a patient with SBP values between 140 and 170 mm Hg).

Certain groups may have CVD risk underestimated using these charts. See Cardiovascular Guidelines Handbook (2009 Edition) for details.

Risk level: 5-year CVD risk (fatal and non-fatal)	Benefits: NNT for 5 years to prevent one event (CVD events prevented per 100 people treated for 5 years)		
	1 intervention (25% risk reduction)	2 interventions (45% risk reduction)	3 interventions (55% risk reduction)
30%	13 (7.5 per 100)	7 (14 per 100)	6 (16 per 100)
20%	20 (5 per 100)	11 (9 per 100)	9 (11 per 100)
15%	27 (4 per 100)	15 (7 per 100)	12 (8 per 100)
10%	40 (2.5 per 100)	22 (4.5 per 100)	18 (5.5 per 100)
5%	80 (1.25 per 100)	44 (2.25 per 100)	36 (3 per 100)

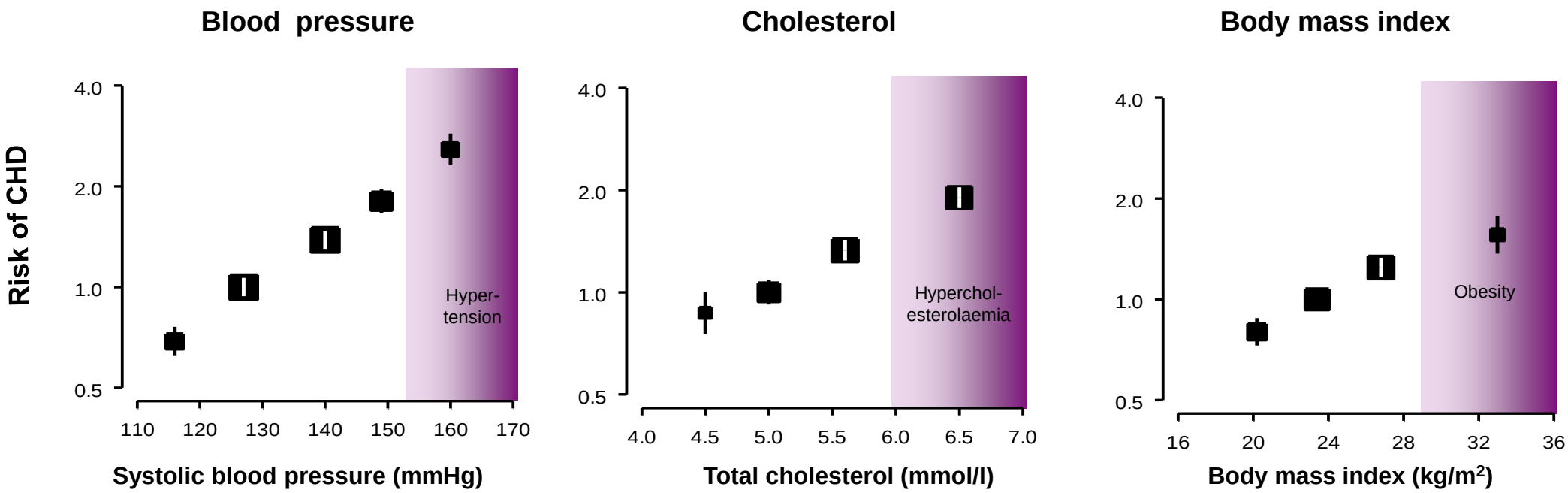
NNT = Number needed to treat

Based on the conservative estimate that each intervention: aspirin, BP treatment (lowering SBP by 10 mm Hg) or lipid modification (lowering LDL-C by 20%) reduces cardiovascular risk by about 25% over 5 years.

Note: Cardiovascular events are defined as myocardial infarction, new angina, ischaemic stroke, transient ischaemic attack (TIA), peripheral vascular disease, congestive heart failure and cardiovascular-related death.

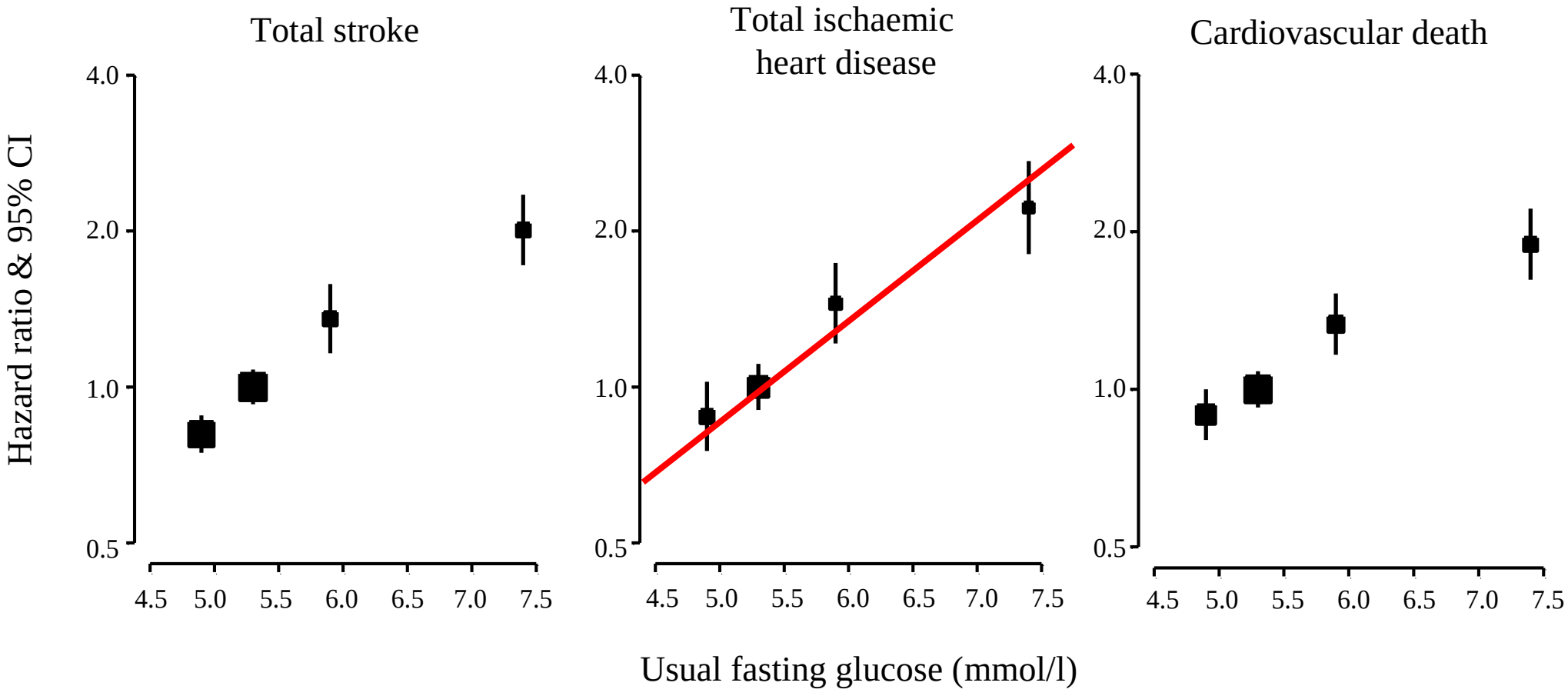
Source: New Zealand Guidelines Group. New Zealand Cardiovascular Guidelines Handbook: A summary resource for primary care practitioners. 2nd ed. Wellington: New Zealand Guidelines Group; 2009.

APCSC: blood pressure, cholesterol and body mass index and the risk of coronary heart disease



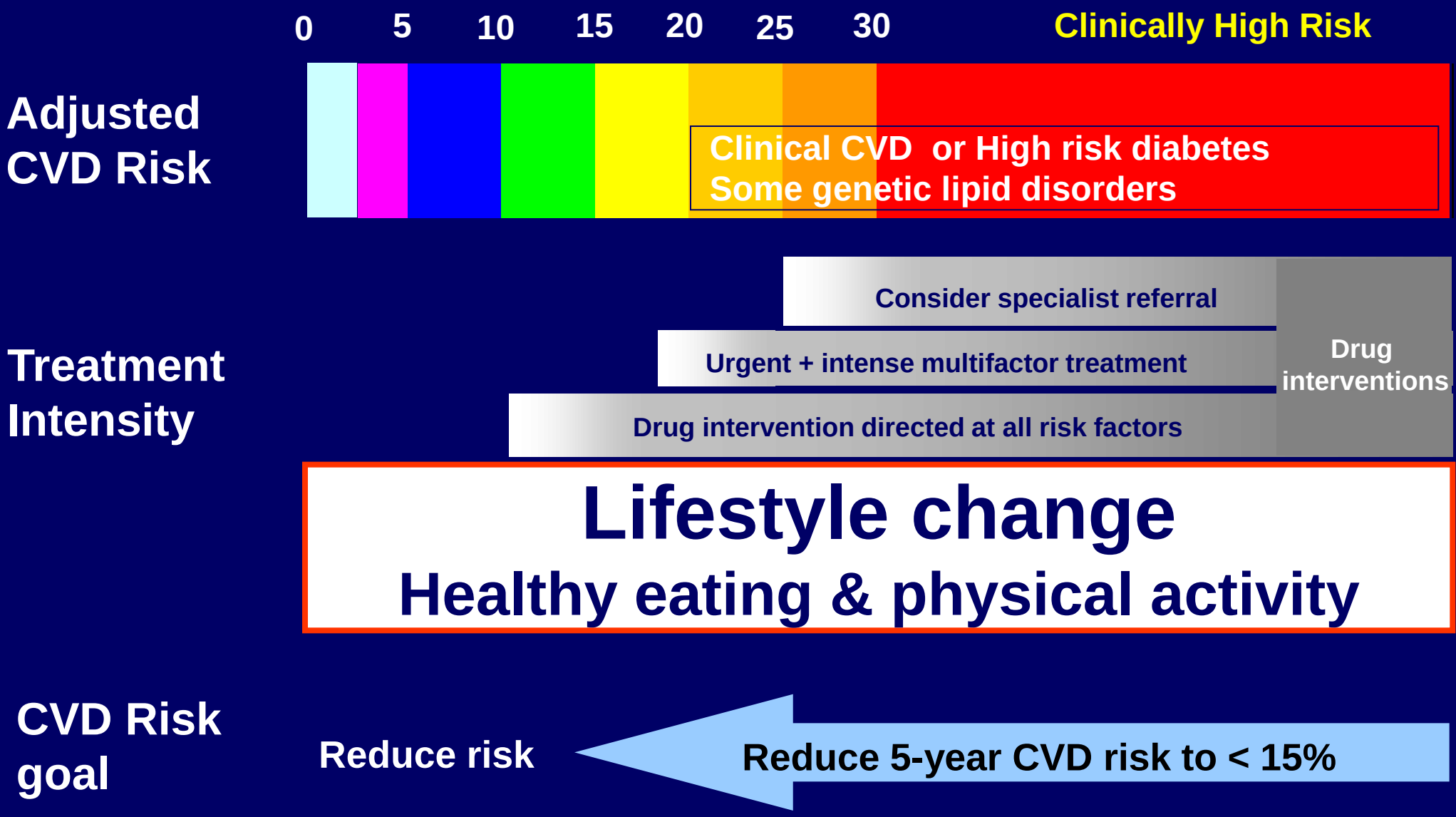
APCSC: glucose and the risks of stroke, CHD, CV death

238,257 participants and 1.2M person years of follow up



1mmol/l reduction in UFG relates to 23% reduced risk IHD

Diabetes Care 27: 2836, 2004


Adjusted CVD Risk
0
5
10
15
20
25
30
Clinically High Risk
Clinical CVD or High risk diabetes
Some genetic lipid disorders
Treatment Intensity
Consider specialist referral
Urgent + intense multifactor treatment
Drug intervention directed at all risk factors
Drug interventions
Lifestyle change
Healthy eating & physical activity
CVD Risk goal
Reduce risk
Reduce 5-year CVD risk to < 15%

Intervention for high absolute risk >15% 5 year CV risk

Vigorous lifestyle measures and ---

Simultaneous drug treatment of all modifiable risk factors

- Aspirin (low dose)
- BP lowering (combinations of thiazide, ACE inhibitor, beta-blocker)
- Lipid modification (statin usually)
- Glycaemic control if diabetic

Professor Norman Sharpe

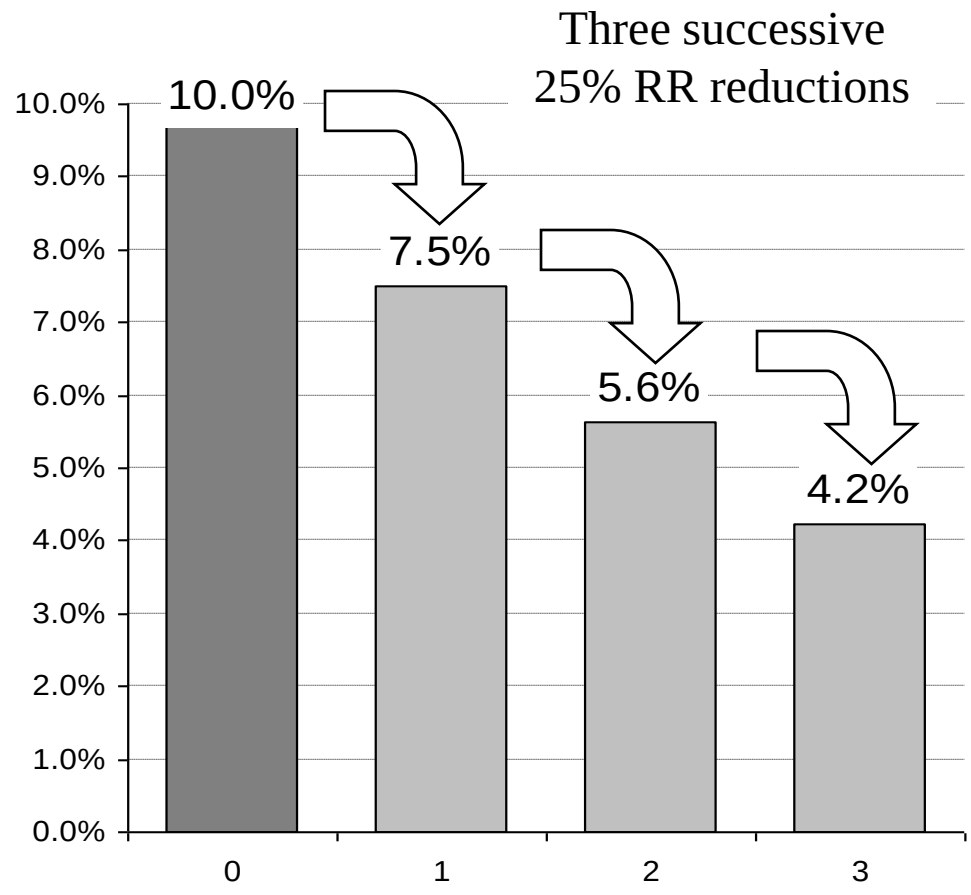
Heart Foundation

West Coast

Primary care, the keystone for heart health improvement - Main Session

Friday, 21 June 2013 Start 8:35am Duration: 25mins

Combined effect of 3 drugs (or 2 drugs & smoking cessation) that each lower CVD by approximately 25%



A New National Health Target

- In 2012, heart health and diabetes checks became **a new national health target** mandated in primary care
- Linkage of **population and individual health care** – a keystone initiative and step change
- Discuss **screening vs risk assessment**
- An entry point for **effective life-long management**
- Focus on the disadvantaged – an immediate opportunity to **reduce inequalities**

Health Target Performance Q3 2012-13

How is My DHB performing?

2012/13 QUARTER THREE (JANUARY–MARCH) RESULTS

www.health.govt.nz/healthtargets

MINISTRY OF HEALTH
MANATŪ HAUORA

Shorter stays in Emergency Departments

95%

		Quarter three performance (%)	Change from previous quarter
1	West Coast	100	0.1
2	Waitemata	98	0.3
3	Wairarapa	97	1.9
4	South Canterbury	97	0.8
5	Whanganui	97	-0.3
6	Counties Manukau	97	0.6
7	Taranaki	96	3.0
8	Nelson Marlborough	96	-0.3
9	Hutt Valley	95	3.2
10	Tairawhiti	95	-1.0
11	Auckland	95	0.2
12	Canterbury	94	-0.4
13	Lakes	94	2.2
14	Northland	94	0.2
15	Hawke's Bay	93	-1.2
16	Southern	93	3.0
17	Bay of Plenty	90	-1.5
18	MidCentral	90	-1.1
19	Waikato	89	1.3
20	Capital & Coast	88	0.7
	All DHBs	94	0.7

Improved access to Elective Surgery

100%

		Quarter three performance (%)	Average daily change in patients waiting
1	Northland	121	988
2	Lakes	117	446
3	Waikato	116	1528
4	Taranaki	116	441
5	Hawke's Bay	112	503
6	Bay of Plenty	111	655
7	Counties Manukau	110	1092
8	Canterbury	107	852
9	MidCentral	106	291
10	South Canterbury	106	117
11	Hutt Valley	103	95
12	Tairawhiti	102	23
13	Waitemata	101	109
14	Whanganui	100	7
15	Nelson Marlborough	100	13
16	Auckland	100	-21
17	Wairarapa	99	-14
18	Southern	99	-86
19	Capital & Coast	98	-133
20	West Coast	98	-28
	All DHBs	106	6878

Shorter waits for Cancer Treatment

100%

		Quarter three performance (%)	Change from previous quarter
1	Northland	100	0.0
1	Waitemata	100	0.0
1	Auckland	100	0.0
1	Counties Manukau	100	0.0
1	Lakes	100	0.0
1	Bay of Plenty	100	0.0
1	Tairawhiti	100	0.0
1	Hawke's Bay	100	0.0
1	Taranaki	100	0.0
1	MidCentral	100	0.0
1	Whanganui	100	0.0
1	Capital & Coast	100	0.0
1	Hutt Valley	100	0.0
1	Wairarapa	100	0.0
1	Nelson Marlborough	100	0.0
1	West Coast	100	0.0
1	Canterbury	100	0.0
1	South Canterbury	100	0.0
1	Southern	100	0.0
20	Waikato	997	-0.3
	All DHBs	997	0.0

Increased Immunisation

85%

		Quarter three performance (%)	Change from previous quarter
1	Wairarapa	96	5.6
2	Hawke's Bay	94	1.9
3	Hutt Valley	94	0.1
4	Southern	93	0.2
5	MidCentral	93	-3.1
6	Canterbury	93	1.6
7	Whanganui	92	2.7
8	South Canterbury	92	-2.9
9	Auckland	91	0.6
10	Capital & Coast	91	-2.1
11	Waitemata	90	-2.0
12	Taranaki	88	1.7
13	Bay of Plenty	88	3.9
14	Nelson Marlborough	87	-3.0
15	Counties Manukau	86	1.6
16	Lakes	85	-3.2
17	Tairawhiti	85	3.8
18	Northland	83	0.1
19	Waikato	81	-1.0
20	West Coast	78	-6.1
	All DHBs	89	0.0

Now that the hospital target has been achieved, we are noting DHBs against the primary care target.

Better help for Smokers to Quit

95%

		Hospitals	Change from previous quarter
		99	-0.7
		98	0.9
		99	3.2
		95	2.7
		97	-1.1
		92	0.4
		93	-3.1
		98	-0.6
		96	0.0
		93	-6.5
		91	1.6
		91	2.4
		93	-0.9
		91	-2.1
		96	0.4
		95	2.7
		96	1.2
		97	1.0
		90	0.7
		95	0.2

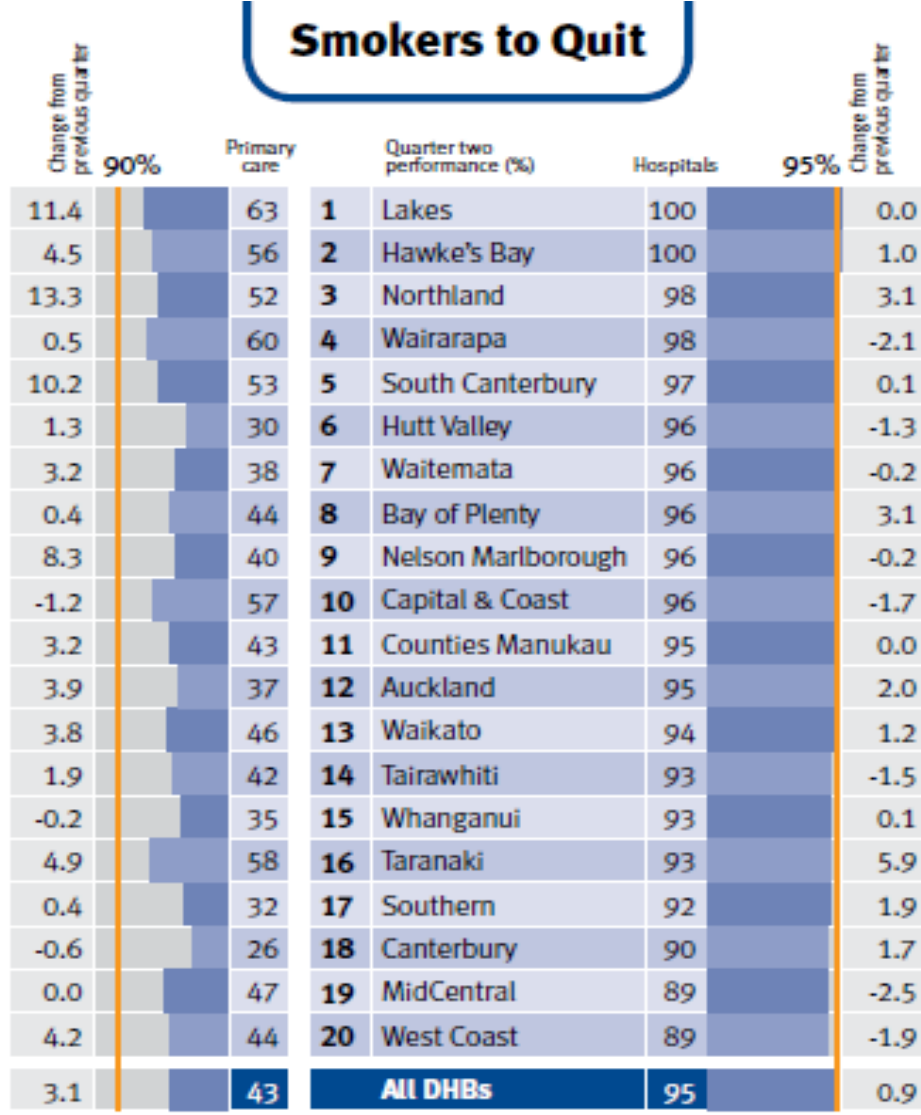
90%

		Primary care	Change from previous quarter
1	Hawke's Bay	91	35.2
2	South Canterbury	82	29.6
3	Bay of Plenty	82	37.7
4	Taranaki	63	5.4
5	Wairarapa	63	2.6
6	Southern	61	29.0
7	Nelson Marlborough	59	18.3
8	Northland	55	3.4
9	Capital & Coast	55	-2.2
10	Lakes	54	-9.1
11	MidCentral	53	6.4
12	West Coast	53	9.1
13	Waikato	51	5.2
14	Tairawhiti	47	4.6
15	Counties Manukau	45	2.1
16	Whanganui	42	7.0
17	Auckland	41	3.9
18	Waitemata	39	1.0
19	Hutt Valley	34	3.9
20	Canterbury	31	4.8
	All DHBs	51	8.4

More Heart and Diabetes Checks

75%

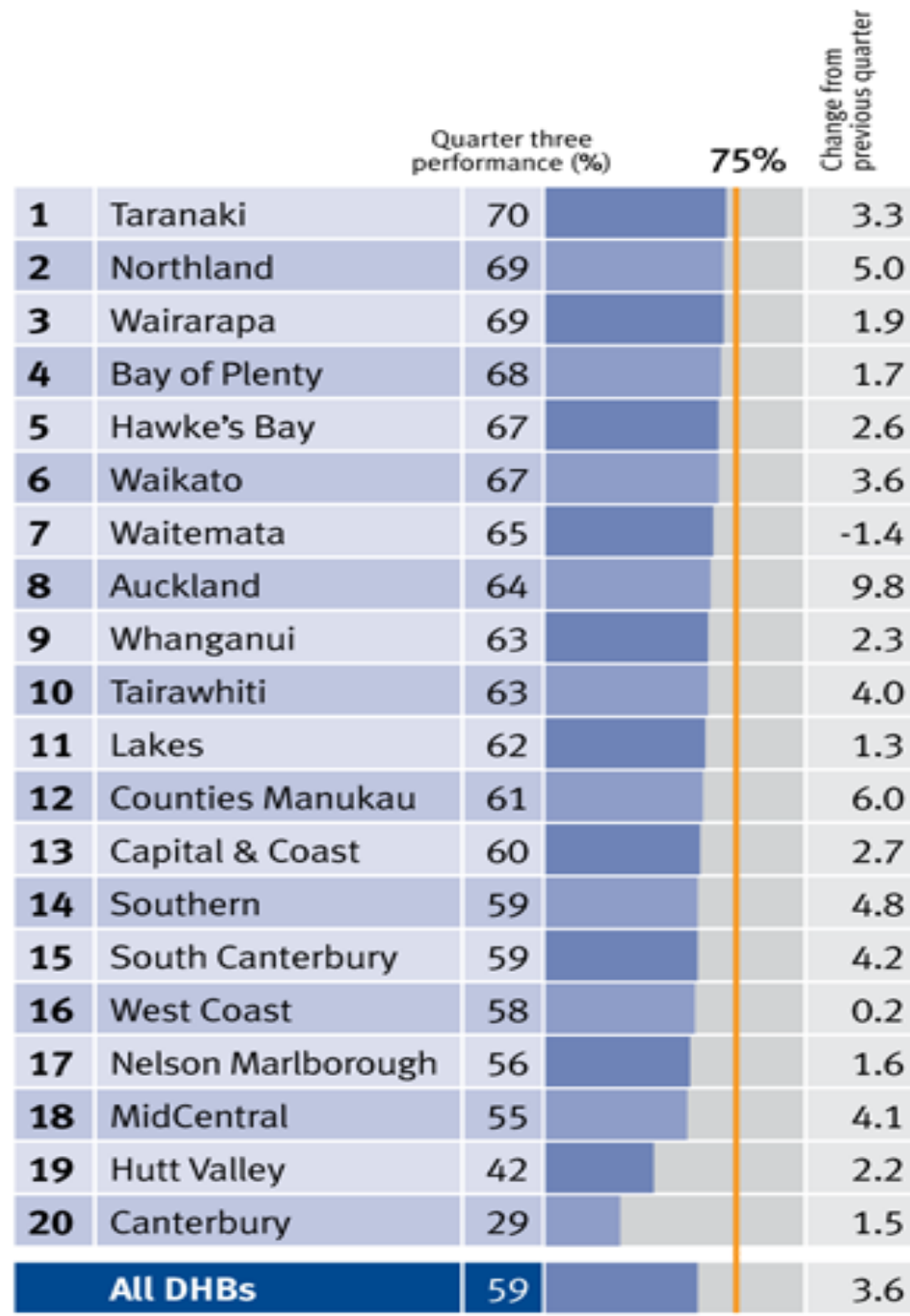
		Quarter three performance (%)	Change from previous quarter
1	Taranaki	70	3.3
2	Northland	69	5.0
3	Wairarapa	69	1.9
4	Bay of Plenty	68	1.7
5	Hawke's Bay	67	2.6
6	Waikato	67	3.6
7	Waitemata	65	-1.4
8	Auckland	64	9.8
9	Whanganui	63	2.3
10	Tairawhiti	63	4.0
11	Lakes	62	1.3
12	Counties Manukau	61	6.0
13	Capital & Coast	60	2.7
14	Southern	59	4.8
15	South Canterbury	59	4.2
16	West Coast	58	0.2
17	Nelson Marlborough	56	1.6
18	MidCentral	55	4.1
19	Hutt Valley	42	2.2
20	Canterbury	29	1.5
	All DHBs	59	3.6



Better help for smokers to quit

The target is 95 percent of patients who smoke and are seen by a health practitioner in public hospitals, and 90 percent of patients who smoke and are seen by a health practitioner in primary care, are offered brief advice and support to quit smoking.

National Health Target: More heart and diabetes checks Q3 Jan-Mar 2013



More

Heart and Diabetes Checks

How is My PHO performing?

MINISTRY OF HEALTH
MANATŪ HAUORA

2012/13 QUARTER THREE (JANUARY TO MARCH) RESULTS

Increased Immunisation

Using PHO Performance Programme (PPP) Data

		Quarter three performance	85%	Change from previous quarter
1	Cosine Primary Care Network Trust	99%		–
2	Christchurch PHO Limited	97%		–
3	Compass Health – Wairarapa	96%		▲
4	Eastern Bay Primary HealthAlliance	95%		▲
5	Well Health Trust	94%		▼
6	Southern Primary Health Organisation	94%		–
7	Central Primary Health Organisation	94%		▼
8	Health Hawke's Bay Limited	94%		▼
9	Compass Health – Capital and Coast	94%		–
10	Te Awakairangi Health Trust Board	94%		▼
11	Primary and Community Services (Sth Cant)	94%		▼
12	Rural Canterbury PHO	93%		–
13	Whanganui Regional PHO	93%		▲
14	Pegasus Health (Charitable) Limited	93%		–
15	Midlands Health Network – Taranaki	92%		▲
16	Midlands Health Network – Tainawhiti	92%		▲
17	Waitemata PHO Limited	92%		–
18	Alliance Health Plus Trust	91%		▲
19	Western Bay of Plenty PHO Limited	91%		▲
20	East Health Trust	91%		▼
21	Midlands Health Network – Lakes	91%		▼
22	Procare Networks Limited	90%		–
23	Auckland PHO Limited	90%		–
24	Ora Toa PHO Limited	90%		▲
25	Kimi Hauora Wairau (Marlborough PHO Trust)	89%		▼
26	Manuia Health PHO Limited	89%		▲
27	Nga Matapuna Oranga Limited	89%		▲
28	Nelson Bays Primary Health	89%		–
29	Midlands Health Network – Waikato	87%		▼
30	Health Rotorua Limited	87%		▲
31	National Hauora Coalition	87%		▲
32	Te Tai Tokerau PHO Limited	86%		▲
33	Total Healthcare Charitable Trust	86%		▲
34	Hauraki PHO	84%		▼
35	West Coast PHO	79%		▼
	All PHOs	**91%**		–

Increased Immunisation

The national immunisation target is 85 percent of eight-month-olds will have their primary course of immunisation at six weeks, three months and five months on time by July 2013. This quarterly progress includes children who turned eight months between January and March 2013, are enrolled in a PHO and who were fully immunised at that stage. Consequently, the All PHOs percentage above (91%) will be different to the All DHBs percentage (89%).

Better Help for Smokers to Quit

Using PHO Performance Programme (PPP) Data

		Quarter three performance	90%	Change from previous quarter
1	Health Hawke's Bay Limited	91%		▲
2	Western Bay of Plenty PHO Limited	87%		▲
3	Primary and Community Services (Sth Cant)	82%		▲
4	Eastern Bay Primary Health Alliance	75%		▲
5	Nga Matapuna Oranga Limited	69%		▲
6	Alliance Health Plus Trust	66%		▲
7	Christchurch PHO Limited	66%		▲
8	Midlands Health Network – Taranaki	65%		▲
9	Nelson Bays Primary Health	64%		▲
10	Compass Health – Wairarapa	63%		▲
11	Health Rotorua Limited	62%		▼
12	Southern Primary Health Organisation	61%		▲
13	Midlands Health Network – Waikato	58%		▲
14	Compass Health – Capital and Coast	58%		▼
15	Manuia Health PHO Limited	56%		▲
16	Te Tai Tokerau PHO Limited	55%		▲
17	Well Health Trust	53%		▲
18	Central Primary Health Organisation	53%		▲
19	West Coast PHO	53%		▲
20	Cosine Primary Care Network Trust	50%		▲
21	Total Healthcare Charitable Trust	49%		▲
22	Kimi Hauora Wairau (Marlborough PHO Trust)	46%		▲
23	Midlands Health Network – Lakes	45%		▲
24	Rural Canterbury PHO	45%		▲
25	Auckland PHO Limited	44%		▲
26	Midlands Health Network – Tainawhiti	44%		▲
27	Whanganui Regional PHO	44%		▲
28	Hauraki PHO	43%		▲
29	Procare Networks Limited	41%		▲
30	East Health Trust	38%		▲
31	National Hauora Coalition	36%		▲
32	Ora Toa PHO Limited	36%		▼
33	Waitemata PHO Limited	35%		–
34	Te Awakairangi Health Trust Board	32%		▲
35	Pegasus Health (Charitable) Limited	24%		–
	All PHOs	**51%**		▲

Better help for smokers to quit

The national target is that 90 percent of patients who smoke and are seen by a health practitioner in primary care are offered brief advice and support to quit smoking.

More Heart and Diabetes Checks

Using PHO Performance Programme (PPP) Data

		Quarter three performance	75%	Change from previous quarter
1	Western Bay of Plenty PHO Limited	76%		–
2	Manuia Health PHO Limited	75%		▲
3	Midlands Health Network – Lakes	73%		▲
4	East Health Trust	72%		▲
5	Midlands Health Network – Taranaki	71%		▲
6	Midlands Health Network – Waikato	70%		▲
7	Ora Toa PHO Limited	70%		–
8	Total Healthcare Charitable Trust	69%		▲
9	Compass Health – Wairarapa	69%		▲
10	Alliance Health Plus Trust	69%		▲
11	Auckland PHO Limited	68%		▲
12	Health Hawke's Bay Limited	67%		▲
13	Cosine Primary Care Network Trust	67%		▲
14	Whanganui Regional PHO	66%		▲
15	Well Health Trust	65%		▲
16	Nelson Bays Primary Health	64%		▲
17	Midlands Health Network – Tainawhiti	63%		▲
18	Waitemata PHO Limited	62%		▲
19	Nga Matapuna Oranga Limited	62%		–
20	Procare Networks Limited	62%		▲
21	Te Tai Tokerau PHO Limited	60%		▲
22	Southern Primary Health Organisation	59%		▲
23	Hauraki PHO	59%		▲
24	Compass Health – Capital and Coast	59%		▲
25	Primary and Community Services (Sth Cant)	59%		▲
26	West Coast PHO	58%		–
27	Health Rotorua Limited	57%		–
28	Central Primary Health Organisation	55%		▲
29	Christchurch PHO Limited	55%		▲
30	National Hauora Coalition	55%		▲
31	Eastern Bay Primary Health Alliance	45%		▲
32	Rural Canterbury PHO	43%		▲
33	Kimi Hauora Wairau (Marlborough PHO Trust)	40%		▲
34	Te Awakairangi Health Trust Board	38%		▲
35	Pegasus Health (Charitable) Limited	24%		▲
	All PHOs	**59%**		▲

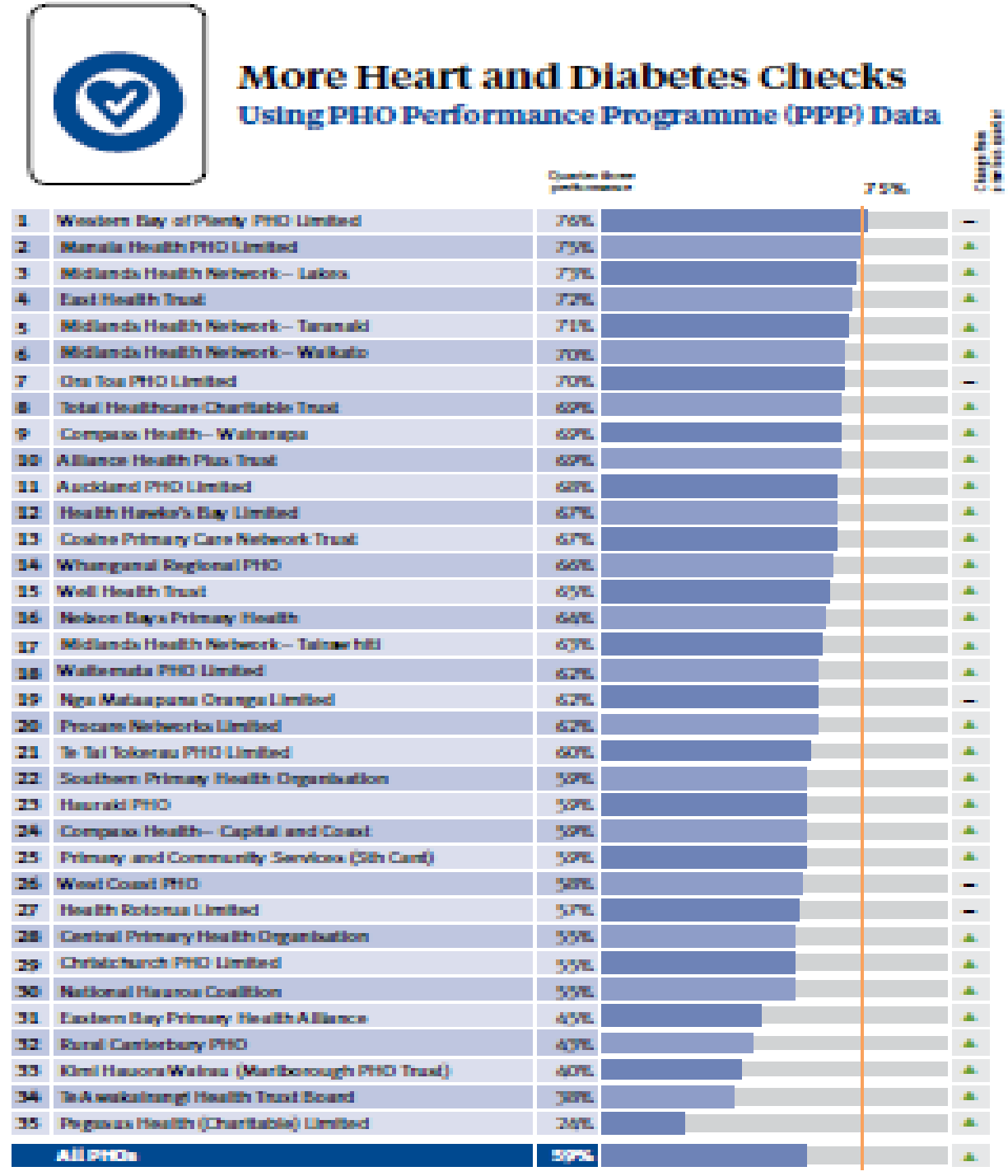
More heart and diabetes checks

This target is 90 percent of the eligible population will have had their cardiovascular risk assessed in the last five years to be achieved in stages by July 2014. The first stage is to achieve 75 percent by July 2013.

More information on the health targets can be found on www.health.govt.nz/healthtargets

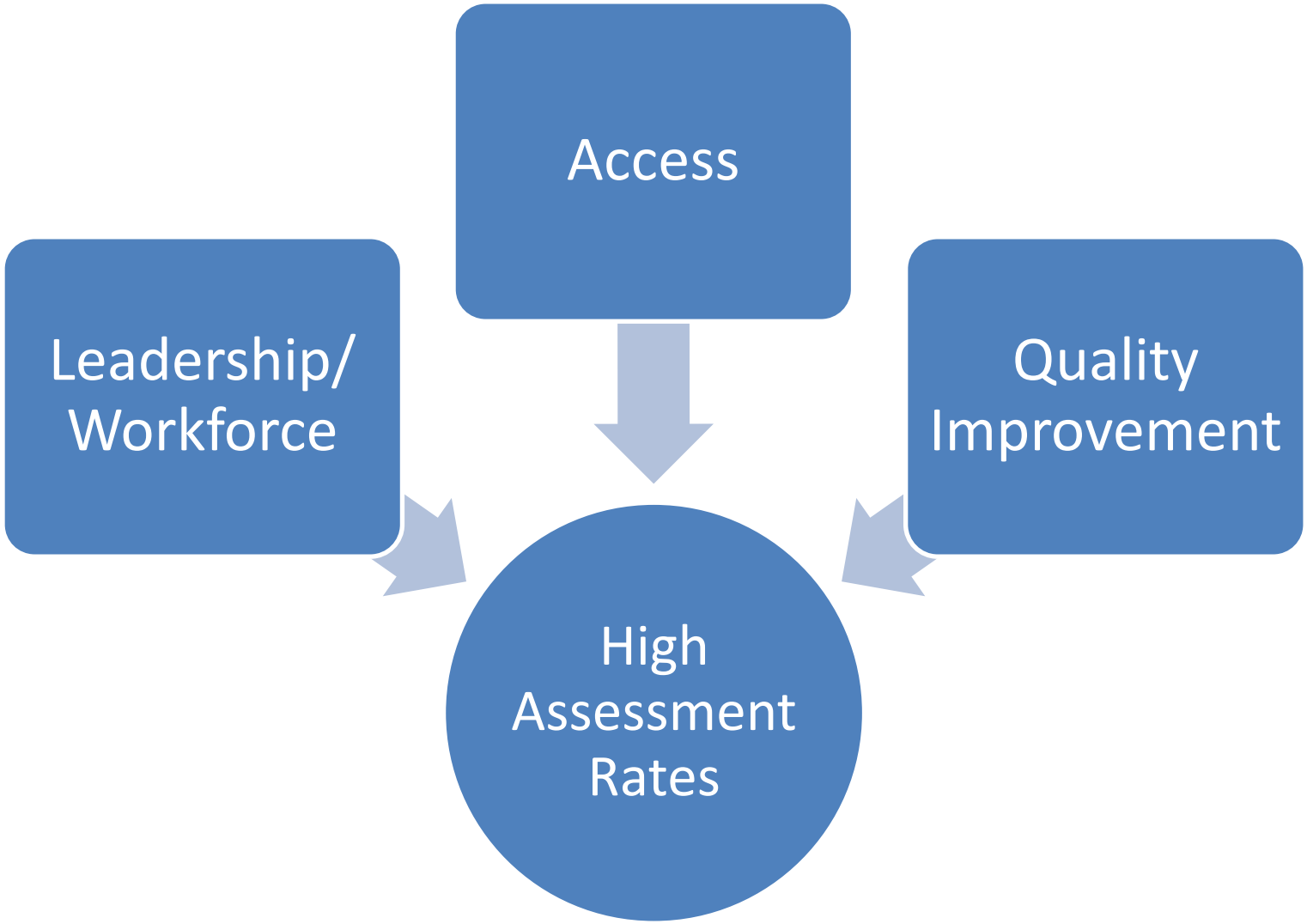
New Zealand Government

PHO results
Quarter three
Jan-Mar 2013



Leaders in Cardiovascular Risk Assessment

Factors Determining Success



Your HEART FORECAST

Heart Foundation

THE UNIVERSITY OF AUCKLAND
FACULTY OF MEDICAL AND HEALTH SCIENCES

ENIGMA

Introduction

Step 1

Your HEART FORECAST

Showing your risk of a heart attack, stroke or other major problems with your arteries as you get older...

Start ▶

Taking control

My plan for heart health