

8 February 2022

s 9(2)(a)

By email: s 9(2)(a)
Ref: H202115658

Tēnā koe s 9(2)(a)

Response to your request for official information

Thank you for your request under the Official Information Act 1982 (the Act) to the Ministry of Health (the Ministry) on 8 November 2021 for information regarding heart disease in New Zealand. Please find a response to each part of your request below:

What are the yearly total number of deaths from Heart disease in New Zealand from 2000 - 2020?

What are the yearly total number of deaths by ethnicity from Heart disease in New Zealand from 2000 - 2020?

Mortality data can be found online on the Ministry of Health Mortality data web tool at: www.health.govt.nz/publication/mortality-web-tool.

The particular data you are looking for can be found under the 'ICD chapter and subgroup (2015-2019)' tab, and then by selecting ICD Subgroup 'I20-I25 Ischaemic heart diseases'. There is also the option to add ethnicity to the data.

What is the yearly total cost-of-illness for Heart Disease in New Zealand between 2000 - 2020?

The Ministry does not hold this information. It is challenging to unbundle the costs of heart disease from other conditions, as often those with heart disease also have other conditions that are treated at the same time.

No specific work has been undertaken by the Ministry to cost the specific health spend of heart disease in recent years. Please find below a link to the *Report on New Zealand Cost-of-Illness Studies on Long-Term Conditions (2009)*. This report contains research detailing the estimated cost of heart disease in 1992 and is published on the Ministry's website here: www.health.govt.nz/system/files/documents/publications/nz-cost-of-illness-jul09.doc.

How much money has been invested into preventing Heart Disease in New Zealand between 2000 - 2020?

The Ministry is not able to provide the requested information.

It is not possible to determine the specific investment the Ministry has made in heart disease prevention. It is difficult to isolate the costs of identification and management from prevention.

related costs, as these activities are often not clearly separated. In addition, medications to control elevated blood pressure and other risk factors could also be seen as preventing heart disease, as could awareness campaigns to modify lifestyle factors, and smoking cessation activities.

What are the yearly total percentages of Statin use in the adult population of New Zealand between 2000 - 2020?

What are the total yearly costs of Statin use in New Zealand between 2000 - 2020?

The data you have requested in these parts of your request is attached to this letter as "Document 1".

How many NZ Health Advertising educational campaigns have been conducted from 2000 - 2020 around the topic of Reversing and Preventing Heart Disease?

The Ministry does not hold this information. Numerous agencies and organisations provide educational campaigns that are not affiliated with the Ministry.

Historically, the Ministry has contributed to campaigns delivered by NGOs that have educated the public on how to recognise the symptoms of a heart attack and what to do if someone is having a suspected heart attack.

What goals or targets have the MOH set in place for reducing the number of deaths from Heart Disease?

The Ministry does not have specific targets around reducing the numbers of deaths from heart disease. However, we do have a number of performance measures in place that track how the health system is delivering key heart health related services and interventions. These performance measures identify whether DHBs are providing equitable services that impact the health outcomes of patients.

What is the total funding allocated toward researching prevention and reversal of Heart Disease in New Zealand between 2000 - 2020?

The Ministry does not hold this information. Researching prevention and reversal of heart disease is not the core business of the Ministry.

You may wish to enquire with the Heart Foundation and the Health Research Council about work they have done in this field.

Can you please give evidence the MOH have provided the New Zealand public access to studies relating to the Reversal of Heart Disease through Wholefood Plant-based nutrition?

The Ministry of Health provides evidence-based population advice on healthy eating and being physically active in the Eating and Activity Guidelines for New Zealand Adults. You can find this here: <https://www.health.govt.nz/publication/eating-and-activity-guidelines-new-zealand-adults>. The Ministry does not provide access to individual studies relating to a health issue

What is the current dietary advice provided by MOH for health education in Primary School, Intermediate School and High School levels?"

The Ministry does not provide any dietary advice for health education in schools. Education is the responsibility of the Ministry of Education. You may wish to reach out to them to seek an answer to this part of your request.

I trust this fulfils your request. Under section 28(3) of the Act you have the right to ask the Ombudsman to review any decisions made under this request. The Ombudsman may be contacted by email at: info@ombudsman.parliament.nz or by calling 0800 802 602.

Please note that this response, with your personal details removed, may be published on the Ministry of Health website at: www.health.govt.nz/about-ministry/information-releases.

Nāku noa, nā



Deborah Woodley
Deputy Director-General
Population Health and Prevention

A count of publicly funded dispensings, people who received a publicly funded dispensing of selected pharmaceuticals, and total reimbursement cost (ex. GST), by year, 2006 - 2020
Selected pharmaceutical defined as those in therapeutic group (level 3) 'HMG CoA Reductase Inhibitors (Statins)'
Extracted 6/12/2021

Notes

NHIs should not be summed, as they will be counted in each row and column they appear; this may result in doublecounting.

The totals presented here (i.e., the highlighted and bolded figures) are calculated without double-counting. They may not be equal to the total of the row, column or table.

Administrative and bulk dispensing data has been excluded.

Although we've reviewed the provisional data presented here, this data could have unexpected errors that may be picked up through the rigorous data quality checks publication datasets undergo. As a result, published data may differ from the provisional data presented here. Published data should be considered the most accurate source and used where possible.

The Pharmaceutical Collection only counts publicly funded, community dispensed pharmaceuticals; It does not count hospital dispensings, drugs not funded by PHARMAC, or prescriptions that were never dispensed.

Some medications can be dispensed via practitioner supply order; for example, a family planning clinic may be dispensed a large volume of contraceptives which they then dispense to clients. Dispensings of this type have very poor NHI reporting and it is often not possible to tell who is ultimately receiving the medication.

These are excluded from the following data.

Before the new Community Pharmacy Services Agreement in July 2012, it was not mandatory for pharmacies to submit a claim for items where the healthcare user's copayment covered the entire cost of dispensing the pharmaceutical (e.g. there was nothing to claim for). This can create an artificial trend for increases in lower cost medicines over this time.

The Pharmaceutical Collection is a live dataset, whilst the Pharmaceutical Data Web Tool is a static extract. Comparing the two extracts may result in different figures.

Source: Ministry of Health, Pharmaceutical Collection

Year	Dispensings	Reimbursement Cost (ex. GST)	People
2006	1,799,439	\$ 72,030,401	320,232
2007	2,014,605	\$ 68,038,280	349,511
2008	2,262,614	\$ 72,526,527	384,231
2009	2,560,463	\$ 51,024,656	425,719
2010	2,842,230	\$ 49,068,248	451,514
2011	3,021,306	\$ 73,140,288	472,802
2012	2,975,418	\$ 59,336,464	491,437
2013	2,786,831	\$ 6,784,797	505,536
2014	3,017,166	\$ 7,003,678	514,481
2015	3,128,888	\$ 8,067,377	517,002
2016	2,891,356	\$ 7,249,324	519,073
2017	2,902,209	\$ 4,528,601	524,408
2018	3,007,556	\$ 3,774,513	533,710
2019	3,015,597	\$ 3,268,928	539,422
2020	3,996,710	\$ 4,362,002	548,565