



British Heart
Foundation
Northern Ireland

Northern Ireland's Hearts Need More

Making prevention a priority



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Contents

5	Foreword
7	Summary of key asks
8	Introduction
12	Obesity – a call to action
16	Smoking – a call to action
20	Cardiovascular Risk Factor Management programme – a call to action
24	Conclusion
28	References



Foreword

Northern Ireland is at a defining moment for cardiovascular health.

The progress achieved over recent decades has saved and improved countless lives, but it cannot be taken for granted. Too many people still die too young from cardiovascular disease, while growing numbers are living with conditions that place families, communities and our health service under increasing strain.

The warning signs are clear, and they demand a response equal to the scale of the challenge.

This is not an inevitable future. Much of the cardiovascular burden is linked to risk factors that can be prevented, reduced or better managed. But that will not happen through individual responsibility alone, nor through isolated initiatives and short-term commitments. It requires political leadership, sustained investment and coordinated action across government to create the conditions in which everyone has the opportunity to live a healthier life.

The greatest danger is not that we lack evidence about what works. It is that, despite the evidence, we fail to act with sufficient urgency. Doing nothing is not a neutral choice – there is a cost. Delay means more preventable heart attacks and strokes, more people developing avoidable ill health, deeper inequalities and greater pressure on an already stretched health and social care system. It means accepting that where someone lives, what they earn, or the environment in which they grow up can continue to shape their chances of a long and healthy life.

The consequences of inaction will not be confined to hospital wards. They will be felt in homes, workplaces and communities across Northern Ireland: in lives cut short, families carrying the burden of long-term illness, reduced participation in the economy and

scarce public resources diverted to treating conditions that could have been prevented. The longer decisive action is postponed, the more difficult and costly the task becomes.

We therefore need the next Northern Ireland Executive and Assembly to treat cardiovascular disease prevention as an absolute priority with input from all departments. The next Programme for Government must include a clear commitment to reduce premature deaths from cardiovascular disease, backed by measurable targets, transparent accountability and the resources needed for delivery. Action to reduce smoking and obesity, improve our food environment and establish a dedicated Cardiovascular Risk Factor Management programme must form part of a coherent, long-term prevention strategy.

This report sets out practical, evidence-led priorities. They are not a wish list and they are not exhaustive. They are an opportunity to prevent avoidable deaths, protect the health service and narrow the unacceptable gap in healthy life expectancy between our most and least advantaged communities.

Policymakers now face a clear choice: act with ambition today or leave future generations to pay a far higher human, social and economic price.

At British Heart Foundation (BHF), our vision is a world where everyone has a healthier heart for longer. Northern Ireland can move towards that future, but only if prevention is made a genuine political priority. We know today what the cost of doing nothing will be.

Fearghal McKinney

Head of British Heart Foundation
Northern Ireland



More than
230,000
people are living with
cardiovascular disease
in Northern Ireland

Summary of key asks



Policy recommendation 1

The Northern Ireland Executive must legislate to restrict price and location-based promotions for foods high in fat, salt and sugar (HFSS products), which are contributing to rising obesity levels.



Policy recommendation 2

The Executive must commit to reducing smoking rates by:

- implementing the Tobacco and Vapes Act, including extending smokefree spaces
- developing a new tobacco control strategy to achieve a smokefree Northern Ireland by 2035.



Policy recommendation 3

The Department of Health must develop a Cardiovascular Disease Risk Factor Management programme to systematically identify, assess and manage people at risk of cardiovascular disease.

Introduction

British Heart Foundation Northern Ireland's vision is a world where everyone has a healthier heart for longer. Through research, support and advocacy, we work to prevent cardiovascular disease and improve outcomes for people with these conditions.

Cardiovascular disease remains one of Northern Ireland's leading causes of death. In 2024 around 1,300 people, nearly one third of those who lost their lives to cardiovascular disease, were under the age of 75. This is the highest number of premature cardiovascular disease deaths in Northern Ireland since 2010.¹ BHF estimates that up to 500 of these premature deaths could be prevented each year through public health interventions.²

At the same time Northern Ireland is facing record numbers of adults living with coronary heart disease, stroke and transient ischaemic attack (TIA), high blood pressure and diabetes.³

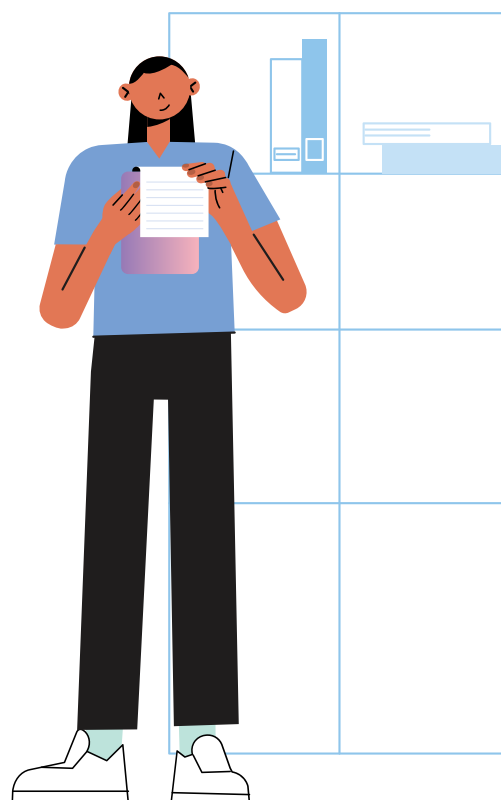
As the next Northern Ireland Assembly election approaches, a clear choice lies ahead: continue on the current course or take meaningful action across the Executive to reduce preventable cardiovascular deaths.

The next Programme for Government must include a commitment to reduce premature deaths from cardiovascular disease. To achieve this, the next Executive should take decisive action to reduce obesity and smoking rates and establish a dedicated Cardiovascular Disease Risk Factor Management programme.

We are calling on all political parties to commit to these priorities in their 2027 Assembly election manifestos and to ensure that they are delivered within the next Programme for Government.

There needs to be a stronger focus on prevention. Around 70% of Northern Ireland's cardiovascular burden is associated with modifiable risk factors, which are often preventable.⁴ Reducing these risks requires action from policymakers, the health and care system and individuals.^{5,6}

Cardiovascular disease
causes nearly
1 in 4
deaths in Northern Ireland



There are several factors that can increase a person's risk of having a heart attack or stroke. These include biological, social and commercial determinants of health. Some factors associated with future cardiovascular risk cannot be changed. These include age, sex, ethnicity and a family history of premature cardiovascular disease.

However, other risk factors are modifiable and addressing these remains one of the most effective ways to reduce the risk of developing cardiovascular disease, heart attack and stroke.⁷

We know that unhealthy food environments, deprivation, air pollution and exposure to smoking all increase cardiovascular risk at a population level.⁸

At an individual level, modifying risk includes identifying and treating high blood pressure and high cholesterol, stopping or never smoking, increasing physical activity, and supporting people to maintain a healthy weight.⁹

This report highlights that **Northern Ireland's Hearts Need More** action to prevent cardiovascular disease, both at a population level and through the early identification and management of individual risk factors.



BHF lists over 70 conditions in our information and support hub. If you come across unfamiliar clinical terms or conditions in this report, you can follow the link below to find out more:
www.bhf.org.uk/informationsupport/conditions

There are around
1,300
premature deaths
from cardiovascular
disease each year in
Northern Ireland





Obesity – a call to action

Around two thirds of adults (66%) in Northern Ireland are living with overweight or obesity, a major risk factor for developing cardiovascular disease. An estimated 1 in 8 cardiovascular deaths in Northern Ireland are associated with a high body mass index, that's an estimated 550 deaths each year.¹⁰ Without action, this burden is set to continue.

More than one in four children are already living with overweight or obesity, while obesity rates are 73% higher in the most deprived communities.¹¹ Childhood obesity threatens to lock in a new generation of children into a future of cardiovascular disease risks and ingrained health inequalities.

Preventing obesity requires a whole system, whole government approach, with action across all Executive Departments. While weight management services and weight loss medication have an important role to play, they must be complemented by action on the wider social and environmental factors that contribute to the development of obesity in the first place. Improving the food environment is one of the most effective population level interventions available, helping to make healthy choices easier and reducing exposure to foods high in fat, salt and sugar (HFSS).^{12, 13}

There is strong evidence that the prominent placement and promotion of HFSS products influences purchasing behaviour and encourages impulse buying. Products placed at checkouts, aisle ends and other high visibility locations, alongside offers such as multibuy promotions, can increase consumption of less healthy foods.^{14, 15}

During the cost-of-living crisis, food policies should support, not disadvantage, lower income families. Price promotions do not usually save money. Instead, they often encourage people to buy extra items they did not plan to buy, increasing household food spending by around 22%.¹⁶

Evidence suggests that restricting price and volume promotions on HFSS products can reduce the purchase and over consumption of less healthy foods and would help create a healthier food environment and make healthy choices easier. Although impacts on obesity rates are likely to take time to see, UK government modelling suggests that it should contribute to reducing the impact of obesity over time.¹⁷

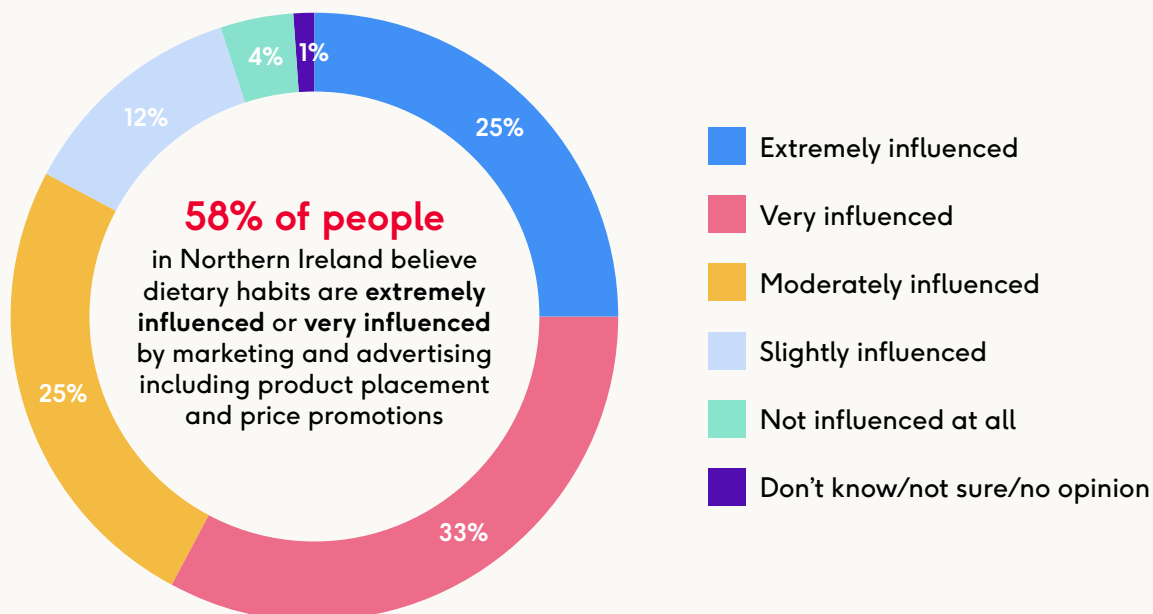
Polling commissioned by British Heart Foundation Northern Ireland shows that

58%

of people believe our dietary habits are extremely influenced or very influenced by marketing and advertising including product placement and price promotions¹⁸



Poll question: To what extent do you think that our dietary habits are influenced by external factors such as marketing and advertising, product placement, and price promotions like 'buy-one-get-one-free' offers on food and beverages high in fat, salt and sugar?¹⁹



Northern Ireland is being left behind as England,²⁰ Scotland,²¹ and Wales²² have all taken action to introduce legislation to restrict price promotions of HFSS food and drink. England introduced restrictions on the placement of HFSS products in 2022 and expanded them to include price promotions in 2025, such as Buy One Get One Free (BOGOF) offers. Wales has implemented similar

measures, effective as of March 2026 and Scotland's regulations came into force in October 2026.

The NI public is supportive of such a policy. A poll commissioned by British Heart Foundation found that 70% of people support the introduction of regulations that restrict price promotions of products that are high in fat, salt and sugar.²³

Around
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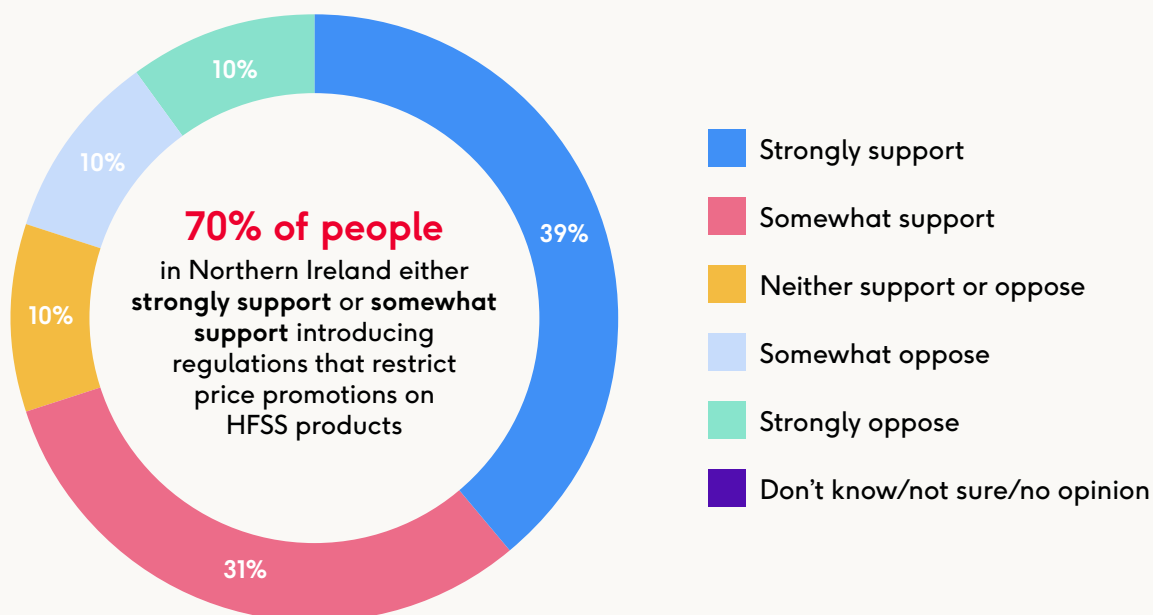


Around
120,000

adults have been diagnosed with
diabetes in Northern Ireland



Poll question: The British, Scottish and Welsh Governments have introduced, or are committed to introducing, regulations that restrict price promotions on HFSS products. Would you support or oppose introducing similar regulations in Northern Ireland? ²⁴



BHF NI is calling for the introduction and implementation of legislation on price and location-based promotions within the next Assembly mandate.



Policy recommendation 1

The Northern Ireland Executive must legislate to restrict price and location-based promotions for foods high in fat, salt and sugar (HFSS products), which are contributing to rising obesity levels.

Smoking – a call to action

Smoking remains the single most preventable cause of ill health and premature death in Northern Ireland, contributing up to 2,400 deaths annually, including over 400 cardiovascular deaths. While smoking prevalence has fallen significantly in recent years, stark inequalities remain, with people living in the most deprived communities four times more likely to smoke than those in the least deprived areas.^{25, 26, 27}

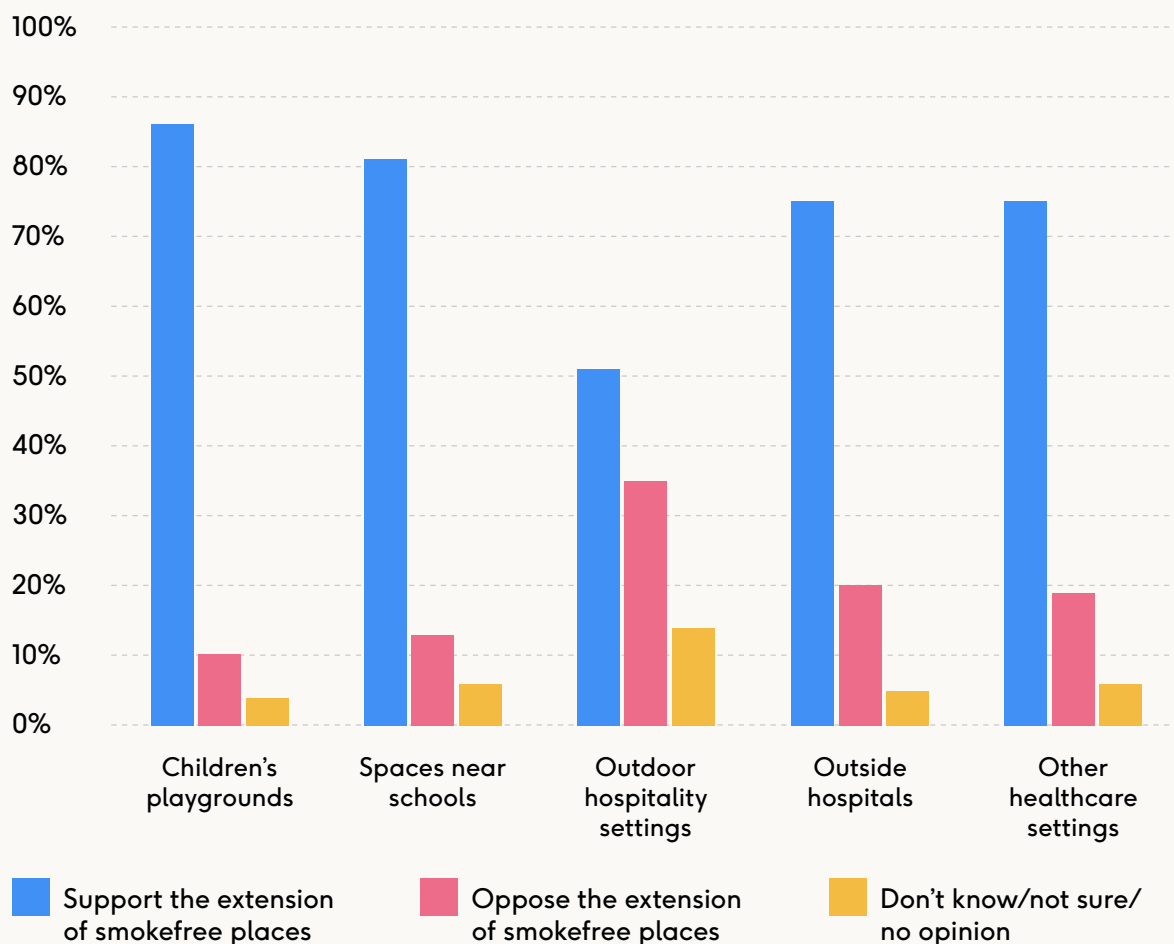
Second-hand smoke remains a significant threat to heart health, increasing the risk of coronary heart disease among non-smokers.²⁸ The Executive must seize the opportunity of the Tobacco and

Vapes Act, by effectively implementing the Act and extending smokefree places in Northern Ireland.

We must also build on the Tobacco and Vapes Act with a commitment to become a smokefree society by 2035 and develop a new comprehensive Tobacco Control Strategy to outline the roadmap to achieving this.

These are also policies with strong public support. Polling commissioned by British Heart Foundation Northern Ireland shows 86% of people in Northern Ireland support smokefree playgrounds and 81% support smokefree areas near schools.²⁹

Poll question: To what extent would you support or oppose the extension of smokefree places in Northern Ireland to outdoor public spaces such as:³⁰



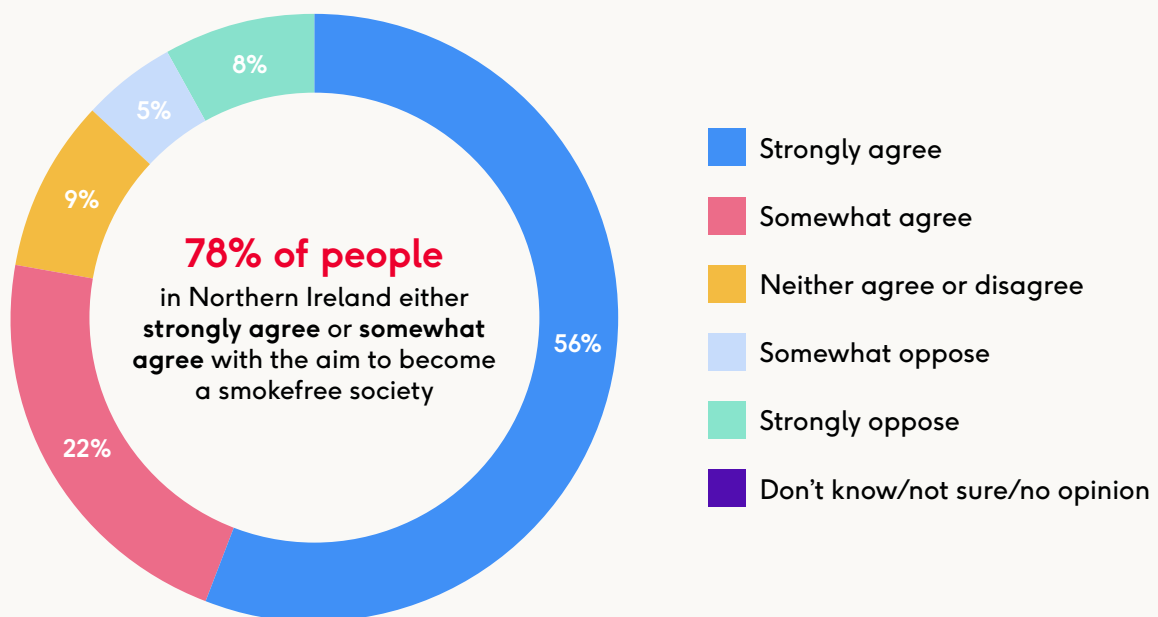
Smokefree society target

To build upon the Tobacco and Vapes Act, the Executive should develop a new Tobacco Control Strategy to drive further reductions in smoking rates. The strategy should tackle ingrained smoking inequalities and ensure smoking cessation services are properly funded. This will require efforts to be targeted towards communities most affected by tobacco-related harm, while providing support to everyone who wants to quit.

As a first step, the Executive should commit to a clear target of being a smokefree society by 2035 as outlined in the ASH NI 2035: **A vision for a smokefree Northern Ireland**.³¹ A smokefree society is defined as one in which less than 5% of the adult population smoke.

This vision is supported by 78% of people who were polled in Northern Ireland who either agreed or strongly agreed that NI should aim to become a smokefree society.³²

Poll question: To what extent would you agree or disagree that Northern Ireland should aim to become a smokefree society?³³



Around
2,400
deaths in Northern Ireland are
attributed to smoking each year





Policy recommendation 2

The Executive must commit to reducing smoking rates by:

- implementing the Tobacco and Vapes Act, including extending smokefree spaces
- developing a new tobacco control strategy to achieve a smokefree Northern Ireland by 2035.

The total annual
healthcare cost of
cardiovascular disease
in Northern Ireland is
£290 million



Cardiovascular Risk Factor Management programme – a call to action

Rising rates of obesity and diabetes, and high levels of undiagnosed or poorly managed cholesterol and blood pressure are continuing to drive avoidable heart attacks and strokes across Northern Ireland.

For example, high blood pressure is linked to around 2,200 cardiovascular deaths each year and nearly 1 in 5 deaths from cardiovascular disease in Northern Ireland are associated with high LDL (low-density lipoprotein) cholesterol.³⁴

Risk factors like these are ‘modifiable’ which means developing cardiovascular complications or dying from them is not inevitable. Both lifestyle changes and medicines can have a role. Despite this, many people are either unaware that they have a risk factor that could be mitigated or treated effectively to reduce their cardiovascular risk.

An estimated 400,000 people in Northern Ireland have high blood pressure, but as many as 100,000 of them are undiagnosed.³⁵ High blood pressure usually has no symptoms, as a result many people do not know they have it and the serious health risks it can pose.

National Institute for Health and Care Excellence, (NICE) recommends a systematic approach to finding people with cardiovascular risk factors early and in primary care, so that action can be taken to reduce risks such as high blood pressure and high cholesterol.³⁶ However, despite being endorsed for Northern Ireland this guidance has not been fully implemented.³⁷

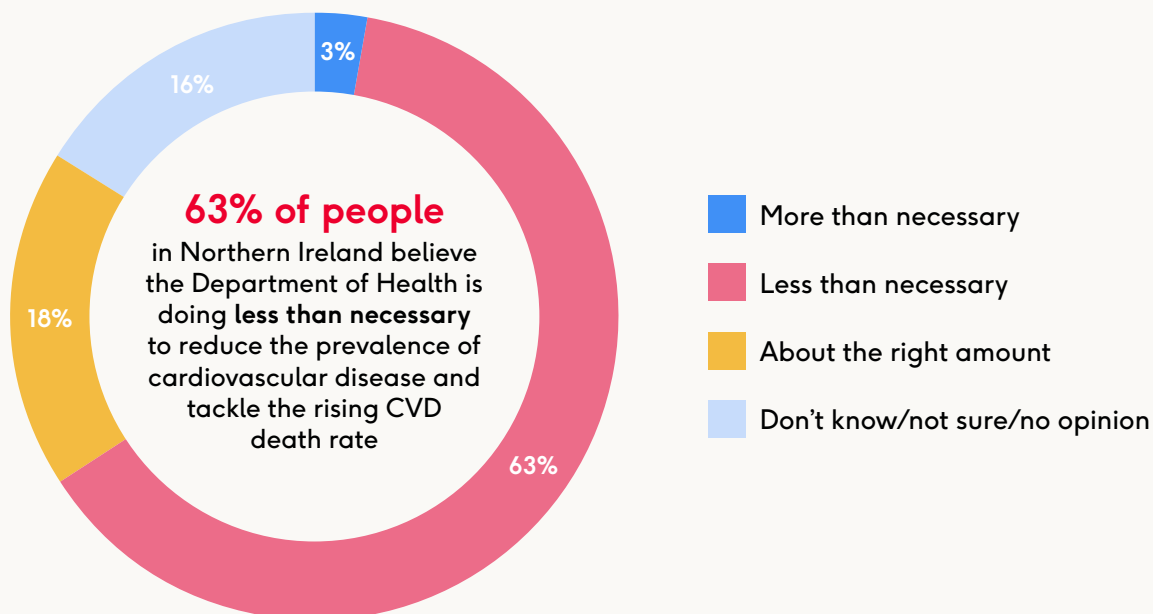
Too many people at risk of cardiovascular disease are being missed. This failure is contributing to a disease burden that affects more than 230,000 people in Northern Ireland and leads to around 28,000 hospital admissions each year.³⁸

England’s **Size of the Prize** analysis demonstrates that substantial numbers of heart attacks, strokes and premature deaths could be prevented through better detection and management of cardiovascular risk factors, showing how much could be achieved.³⁹



Around
300,000
people in Northern
Ireland have been
diagnosed with high
blood pressure

Poll question: In your opinion, is the Department of Health doing more than necessary, less than necessary, or about the right amount to reduce the prevalence of cardiovascular disease (CVD) in Northern Ireland and tackle the rising CVD death rate?⁴⁰

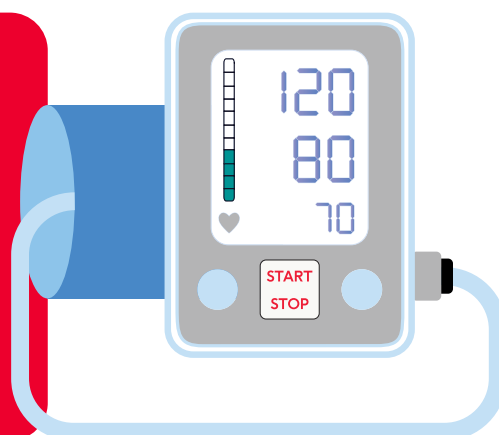


Northern Ireland's Chief Medical Officer recognised that greater efforts should be made to improve the identification and management of cardiovascular risk factors and highlighted the importance of extending those efforts **'to population groups with historically low uptake'**.⁴¹ Among people under 75, those living in the most deprived areas are around three times more likely to have a long term cardiovascular condition than those living

in the least deprived areas.⁴² We must do more to systemically identify and support those most at risk through targeted outreach and tailored support.

The **Health and Social Care Reset Plan** reinforces this approach, placing prevention and community-based care at the heart of health service reform. This creates an opportunity to develop a dedicated cardiovascular programme

More than
50%
of heart attacks and strokes
are associated with high
blood pressure



focused on identifying cardiovascular risk factors early and preventing premature cardiovascular deaths.⁴³

Other parts of the UK and Ireland are already taking decisive action. In Scotland the 'Cardiovascular Disease Risk Factors Programme' is working to reduce avoidable deaths from cardiovascular disease, by providing care closer to communities, encouraging digital models of care where appropriate, and proactively identifying those at risk.⁴⁴

This has included funding a Direct Enhanced Service for General Practice contractors⁴⁵; In Wales the National Cardiovascular Disease Prevention Plan was launched in September 2025⁴⁶; and Ireland has a Chronic Disease Management Programme.⁴⁷ Each of these recognises that identifying and treating risk factors such as high blood pressure, high cholesterol, diabetes, obesity and smoking is one of the most effective ways to reduce future cardiovascular events.

A Northern Ireland Cardiovascular Risk Factor Management programme should:



1. Proactively identify people at risk of developing cardiovascular disease.



2. Take a targeted approach to help reduce known inequalities.



3. Help people get the right care and treatment they need to manage their risk factors.



4. Collect data and monitor its impact over time to drive continuous improvement.



5. Be co-designed with primary care professionals and backed by long term funding.



Policy recommendation 3

The Department of Health must develop a Cardiovascular Disease Risk Factor Management programme to systematically identify, assess and manage people at risk of cardiovascular disease.

Conclusion

Northern Ireland can **prevent up to 500 premature cardiovascular deaths** each year, but only if prevention becomes a political priority. The next Programme for Government must commit to reducing premature cardiovascular deaths and deliver action on obesity, smoking and cardiovascular risk factor management. The evidence is clear. The opportunity is real. What hearts need now, is action.

Up to
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Summary of key asks



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