



strokefoundation

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Submission to the Senate Select Committee on Health inquiry into health policy, administration and expenditure

The National Stroke Foundation (NSF) is the voice of stroke in Australia. Our mission is to stop stroke, save lives and end suffering. We are a national not-for-profit organisation that works with stroke survivors, carers, health professionals, government and the public to reduce the impact of stroke on the Australian community.

The NSF submitted to this inquiry on 19 September 2014, but welcomes the opportunity to provide further information on terms of reference **e - improvements in the provision of health services, including Indigenous health and rural health.**

Background to stroke in Australia

Stroke is a medical emergency that requires urgent hospital treatment and it is a disease with significant impact. Many of those that survive stroke require extensive ongoing support and management to aid recovery. In Australia there are over 50,000 strokes per year and over 437,000 people living in Australia with stroke. Two-thirds of these people have sustained a disability that impedes their ability to carry out activities of daily living unassisted. This population is projected to grow to almost 1 million people by 2050.ⁱ Stroke is the leading cause of long-term disability in adults and represents 25 per cent of all chronic disability.ⁱⁱ Common outcomes include paralysis, speech and swallowing difficulties, problems with memory, hearing and eyesight. The spectrum of disabilities arising from stroke, and their duration, varies from person to person. In some cases the disability may be minor and short-lived, such as partial loss of mobility in the arms or legs. However, in other cases there may be severe paralysis in the limbs or cognitive impairment that can last for several years or be permanent. Severe strokes can place a great burden on carers and family as well as patients.

Indigenous and rural health

It has been well documented that Aboriginal and Torres Strait Islander people have poorer health outcomes than other Australians. They have lower life expectancies and lower access rates to health services. Recent data also indicates that chronic diseases, such as cardiovascular disease, cancer, diabetes and kidney disease contribute to two-thirds of the health gap between Aboriginal and Torres Strait Islander people and non-Indigenous Australians. Data from the Australian Bureau of Statistics also shows that about 80% of the

mortality gap between Aboriginal and Torres Strait Islander people and non-Indigenous people can be attributed to chronic diseases.ⁱⁱⁱ

In terms of stroke for Aboriginal and Torres Strait Islander people, the following facts should be noted:

- The hospital admission rate for stroke among Aboriginal and Torres Strait Islander Australians is about 1.5 times greater than in non-Indigenous Australians
- The mortality rate for stroke among Aboriginal and Torres Strait Islander Australians is about 1.9 times greater than for non-Indigenous Australians, with the largest disparity in mortality occurring in those aged less than 65 years. For example, among Aboriginal and Torres Strait Islander people aged 35–54 years, the mortality rate associated with cerebrovascular disease is about five times greater than in non-Indigenous people.^{iv}

In 2013 the NSF conducted consultation to inform development of an Aboriginal and Torres Strait Islander and Culturally and Linguistically Diverse Stroke Strategy. Consistent in the discussion relating to Aboriginal and Torres Strait Islander communities was the theme of access to health services and in particular issues associated with access to appropriate specialist services. Other major themes included:

- The need to train the Aboriginal health workforce to recognise the signs and symptoms of stroke and to provide treatment and support to stroke patients and survivors;
- The cultural appropriateness of specialist services;
- Follow up support after discharge from the acute setting;
- Awareness within community of stroke and stroke risk factors;
- The potential for use of telehealth to provide access to services in rural and remote areas.

The NSF recently undertook a review of available evidence regarding the experience Aboriginal and Torres Strait Islander people have with stroke and found the following gaps:

- Gaps in knowledge about indigenous stroke impact including a lack of recent stroke prevalence data; data on some specific risk factors; levels of stroke-induced disability and care needs in the Aboriginal and Torres Strait Islander population;
- Gaps in provision of stroke care across the continuum for Aboriginal and Torres Strait Islander peoples;
- Gaps in the leading policy framework in relation to stroke, and also in relation to cardiovascular disease.

It is clear that there is great need for work to be undertaken to reduce the impact of stroke in Aboriginal and Torres Strait Islander populations and that the priorities for this work needs to be determined in partnership with Aboriginal and Torres Strait Islander communities.

This includes key elements of work across the health continuum including improved approaches to prevention, better access to quality stroke care and appropriately tailored solutions to support stroke recovery.

Prevention

In terms of prevention there has been a push by key health groups through the National Vascular Disease Prevention Alliance (NVDPA), to see change in the primary care approach to chronic disease detection and management.

Stroke is preventable in many cases and a lack of knowledge about and management of, key risk factors contributes to unnecessary stroke incidence. This is pertinent to Aboriginal and Torres Strait Islander peoples and non-indigenous populations.

The NVDPA advocates for the adoption of an integrated health check within general practice and Aboriginal health services to promote the evidence based detection, assessment, prevention and management of chronic kidney disease, type 2 diabetes heart disease or stroke.

Chronic kidney disease, diabetes, heart disease and stroke are significant health issues Aboriginal and Torres Strait islander people and together account for approximately one-quarter of the disease burden in Australia. These diseases share many of the same risks, caused by various biomedical and lifestyle factors. Lifestyle related risks including smoking, alcohol misuse, poor diet, and inadequate physical activity. Biomedical risks include overweight and obesity, high blood pressure, raised cholesterol, and raised blood glucose levels. Lifestyle and biomedical risk factors are preventable and amenable to timely treatment. Risk factors that cannot be changed include age, sex and genetics. Certain combinations of risk factors have a cumulative and negative impact on health, increasing the likelihood of disease development and progression.

The best evidence based approaches to prevention now focus on assessing and addressing the effects of cumulative vascular disease risk. An integrated health check takes this approach and includes:

- assessment of diabetes with AusDrisk (+/- blood glucose tests);
- chronic kidney disease (serum creatinine and urinary albumin); and
- an absolute cardiovascular disease risk assessment,

Integrated health checks should be carried out by general practitioners and/or Aboriginal health practitioners within a clinical setting and should be supported by government through incentive payments and primary care based quality improvement initiatives.

Australia's Medicare system provides for an Aboriginal and Torres Strait Islander adult health check, however, in 2009, only 18,000 people undertook the health check – only 6.1% of the eligible population.^v

Specific strategies and support are required to ensure appropriate uptake of health checks in Aboriginal and Torres Strait Islander communities.

Acute Stroke Care and Rehabilitation

Treatment and recovery support for Aboriginal and Torres Strait Islander populations needs to be improved. The NSF is embarking on a process to map the key issues that inhibit access to quality stroke care and to determine how the system should be best geared to ensure appropriate access to care. As mentioned above our aim is to undertake this work in

partnership with Aboriginal and Torres Strait Islander organisations and to support advocacy efforts to government and the broader health sector regarding system change and appropriate investment.

An important element to consider in this respect relates to cultural responsiveness and respect of the health sector which we see as a critical part of improving outcomes for Aboriginal and Torres Strait Islander people.

ⁱ Deloitte Access Economics 2014, Impact of stroke across Australia.

ⁱⁱ Australian Institute of Health and Welfare (2003). Secondary prevention and rehabilitation after coronary events or stroke: a review of monitoring issues. AIHW Cat No. CVD 25. AIHW. Canberra.

ⁱⁱⁱ Australian Institute of Health and Welfare (2011b), *The health and welfare of Australia's Aboriginal and Torres Strait Islander people, an overview 2011*. Cat. no. IHW 42. Canberra: AIHW.

^{iv} Kilkenny, M.F., Harris, D.M., Ritchie, E.A., Price, C. and Cadilhac, D.A. (2013) Hospital management and outcomes of stroke in Indigenous Australians: evidence from the 2009 Acute Care National Stroke Audit *International Journal of Stroke* Vol 8 Num 3: pp164-71

^v Australian Institute of Health & Welfare. Australia's Health 2010. 2010, AIHW.