

F.A.S.T. at Work

An investment in targeted education for working age Canberrans

- › **In partnership with the Australian Capital Territory (ACT) Government, Stroke Foundation proposes to deliver ‘F.A.S.T. at Work’ workplace education to reduce stroke and speed up treatment.**
- › Around 20 strokes each day are striking Australians of working age.¹ In Canberra alone there are more than 2000 stroke survivors of working age.¹ International evidence shows incidence of stroke among younger people is on the increase.²
- › Stroke can be treated and it can be beaten, but only if patients know the signs and have access to high quality stroke treatment fast.
- › The expansion of Canberra Hospital’s clot retrieval service means life-saving and disability reducing stroke treatment is more accessible than ever before. Now, we must ensure this investment is maximised, in order to deliver better health outcomes.
- › Currently, 72 percent of ACT stroke patients are arriving at hospital outside the window for clot-dissolving treatment.³
- › Too often, treatment is delayed because not enough Canberrans know the signs of stroke.
- › The ACT Government has invested in emergency stroke treatment, quality improvement in its hospitals through clinical registries, and follow-up support for survivors.
- › The ‘F.A.S.T. at Work’ program is the next step in ensuring better stroke treatment and care for Canberrans. It will deliver better outcomes and ensure the benefits of Government investment are realised.

ACT Pre-Budget Submission 2020-21



Melissa's Story

Canberran, and mother-of-two Melissa Cowie, 33, knows the reality of stroke.

Melissa hadn't been feeling great. She had been fatigued and had experienced 'some visual disturbances'. She saw a doctor who thought it might have been stress causing her issues. Melissa was given some time off work to rest.

On the morning Melissa was due to return to work everything changed.

"I woke up and my alarm was going off but I didn't really comprehend what was happening," she said.

"I felt like I had pins and needles down the left hand side of my body and when I went to get out of bed, I couldn't feel my left arm or leg.

"I just assumed I'd slept funny and I'd be fine."

Melissa eventually made it to hospital where her stroke was diagnosed.

Following her stroke, Melissa spent two weeks in the hospital and a further two years having rehabilitation. Today, Melissa is doing well and helps educate others about the signs of stroke.



Barry's story

Barry Collins was at work in an open plan office in July when he suffered a stroke at around 2pm.

He lost control of the left side of his body. Barry tried to stand up from his chair and fell.

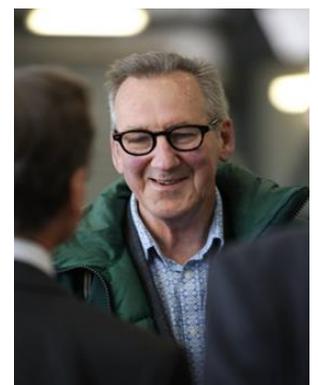
Barry's work colleague saw him struggling and immediately recognised it was a stroke. An ambulance was called, and Australia's only Mobile Stroke Unit or Stroke Ambulance based in Melbourne attended.

The Stroke Ambulance gave Barry a brain scan onsite at his workplace, and at 3.10pm he was treated with clot-dissolving drugs on the way to hospital.

That evening, Barry was walking around and was discharged three days later. Barry is already settling back into work and is playing hockey.

How did Barry's colleague know it was a stroke? Barry had delivered F.A.S.T. education to his colleagues as part of their workplace safety program.

The ACT Government has invested in improving access to world-class stroke treatment. It has an opportunity to see this investment maximised by raising community awareness of the F.A.S.T signs of stroke.



ACT Pre-Budget Submission 2020-21



Rationale

Currently, there are approximately 2000 (30 percent of 6,371) ACT stroke survivors who are of working age (between 18 and 64 years).¹

While there is a lack of solid local trend evidence in Australia, increasing rates of young or working age stroke have been observed internationally.² Specifically, the Global Burden of Disease Stroke Experts Group noted a 25 percent increase in stroke incidence in people aged 20–64 years between 1990 and 2010.² The increasing rates of stroke in younger people worldwide are thought to be due, at least in part, to an increase in modifiable risk factors such as hypertension, diabetes and obesity.

Currently, there is a lack of awareness in the community about stroke, and in particular its growing occurrence in people of working-age.

A recent Stroke Foundation study of awareness of the signs of stroke found 25 percent of ACT residents were aware facial drooping was a sign of stroke, six percent were aware an inability to lift both arms was a sign of stroke, and 53 percent were aware speech difficulties were a sign of stroke.⁴ Nationally, people had increased knowledge of stroke and the F.A.S.T. (Face. Arms. Speech. Time) signs as they aged.⁴

However, it can be argued it is in younger people where stroke has the greatest impact.

In a survey of Australian stroke survivors and their carers, of the survivors who were working prior to their stroke, almost three quarters (71 percent) reported a change in their work activities since their stroke and 57 percent reported that the change was moderate to extreme.⁵ More than one third (36 percent) of survivors reported a loss in income since having their stroke and almost half (48 percent) were receiving some form of benefit.⁵ Of those caregivers who were working prior to taking on a carer role, 40 percent reported a moderate to extreme reduction in the amount of work they were able to perform.⁵

A Deloitte Access Economics study commissioned by the Stroke Foundation in 2012, estimated in Australia the cost of lost earnings caused by reduced employment due to stroke in people of working age was \$975 million.⁶ In addition, the cost of absenteeism and lost home production due to stroke was estimated to be \$1.14 billion, while the cost of presenteeism (lower productivity while at work) was estimated to be \$700 million.⁶ Please note these figures would be higher today as stroke incidence and the cost of living have increased.

If we are to deliver better outcomes for Canberrans now and into the future, it is crucial we bring increased focus and targeted activities to people of working age. We must enable our younger people to avoid stroke, survive stroke and recover well. This will reduce the burden of stroke on individuals, their families, the community and the health system, and increase productivity and cost savings.

ACT Pre-Budget Submission 2020-21



The proposal

The ACT Government to partner with Stroke Foundation to deliver 'F.A.S.T. at Work' to reduce stroke and speed up treatment.

Investment: \$385,000 over three years



The project

The 'F.A.S.T. at Work' program has been developed and is ready to be delivered in the ACT.

The central feature of the project will involve recruiting, training and providing support to local volunteers to speak to workplaces about stroke prevention and the signs of stroke.

Stroke Foundation currently has seven volunteer speakers across the ACT who are trained and ready to deliver workplace education talks. In the last 12 months, there have been 19 talks delivered in the ACT. With the support of the ACT Government, this pool of volunteers will be expanded, enabling more targeted talks to be delivered, and more community members of working age to be reached with vital stroke information.

Speakers will be provided with full training on F.A.S.T. messaging and public presentation skills. Quarterly support sessions will be hosted, with Government invited to be involved, providing updates on the latest advancements in stroke, as well as providing an opportunity for volunteers to engage with each other. This process also allows the opportunity to address any concerns about content, delivery and responding appropriately to audience questions.

In addition to delivering StrokeSafe talks, volunteers will set up displays and activities at workplace events, and distribute F.A.S.T. collateral (posters, magnets, wallet cards, media and newsletter editorial), which will facilitate continued improvement of

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awareness about the signs of stroke and increased dispatches of ambulances for stroke.

Workplaces with a high proportion of employees from low socio-economic groups and culturally and linguistically diverse communities will be a focus.

Digital health checks in the community

As part of this program, Canberrans will be given the opportunity to undertake a free 5-minute health check using innovative digital health stations from our partner SiSU Wellness, which will be located in busy public locations (e.g. shopping centres, libraries, and workplaces).

The health check will include blood pressure and stroke risk, heart rate and age, weight and BMI, plus diabetes (AUSDRISK). Any participant found to be at high risk will be referred to their doctor for a comprehensive assessment. Participants with medium or low risk will be sent information in follow-up emails to support them making positive lifestyle changes to reduce their risk of stroke. Participants will also get information on how to recognise the signs of stroke.

Digital health stations will initially be located at key locations in Canberra for a period of 3-4 weeks and will return to the same location 6 months later. This will allow participants to get re-checked for free at key intervals, and to connect with local services following the results of their health check.

Evaluation

An evaluation plan will be developed to produce a report on the outcomes at the end of the project, with monitoring throughout for continuous improvement. Precise measures will be devised at the commencement of the project, and could include:

- › Improved recall of the signs of stroke test – F.A.S.T.
- › Number of people reached by the program broken down by Socio-Economic Indexes for Areas (SEIFA).
- › Improved awareness of lifestyle habits and health literacy – improving overall health and helping prevent many chronic diseases (cancer, heart disease, diabetes, kidney disease etc.).
- › F.A.S.T. resources delivered to workplaces.
- › Number of presentations delivered, and audience size.
- › Number of health checks conducted.
- › Number of health check participants visiting their GP to follow up their results.

ACT Pre-Budget Submission 2020-21



- › Number of health check participants showing measurable improvements in one or more health outcomes (e.g. blood pressure, weight).

Budget

- › Year 1: \$130,816
- › Year 2: \$127,456
- › Year 3: \$127,456

Total: \$385,728

Proven success

F.A.S.T. community education campaigns have proven to directly result in increased awareness of the signs of stroke and calls to emergency services nationally⁷ and internationally.⁸ Evaluation of volunteer stroke education programs demonstrate they have significant impact. These programs also aim to encourage people to be more motivated to change their behaviour with regard to stroke health, and to visit their GP in relation to any concerns about stroke risk factors. At the end of the Federal Government funded F.A.S.T. campaign in 2013–14, delivered by the Stroke Foundation, it was found that among the target audience⁷:

- › **39 percent** of people recognised F.A.S.T. in relation to stroke (up from 34 percent) among the target audience.
- › **87 percent** of people could recognise one or more signs of stroke.
- › **Three in four people (76 percent)** would call an ambulance if a stroke was suspected.

Similar programs funded by State Governments are currently being delivered in Tasmania and Western Australia, and while in their early stages, are showing positive results. These results were also reflected internationally. In New Zealand, calls to emergency services increased by 32 percent while the campaign was being delivered⁸, and in the United Kingdom calls increased by 78 percent.⁹

There is a social and economic benefit to be derived from increased awareness of stroke signs. Better awareness means more people getting to hospital in time for life saving treatment, and ultimately less death and disability from stroke. A systematic review and meta-analysis published in *The Lancet* has found for every 1000 patients who receive clot-dissolving treatment up to six hours after stroke, approximately 100 more will be alive and independent than if they had not received treatment.¹⁰

Even when the effects of tissue plasminogen activator (tPA) are excluded, patients admitted to a stroke unit within three hours of symptom onset experienced better outcomes at three months follow-up compared with those admitted after the first six hours.¹¹

F.A.S.T. campaigns support well established scientific findings that significant and continuous exposure to public health messages over several years leads to gradual improvement in population awareness and knowledge. However, analysis shows that a campaign's impact is not sustained long-term, unless it is in the market. The use of local volunteers to build on advertising and marketing campaigns to reinforce the message on stroke has proven to be highly successful.

ACT Pre-Budget Submission 2020-21



This program will support the following ACT Health strategic priority:

✓ **Strategic Priority 3 – Effective**

Best evidence for every person, every time

'F.A.S.T. at Work' workplace education will ensure more Canberrans know the signs of stroke and are able to access the time-critical, best-practice stroke treatments that we know save lives and reduce disability.

ACT Pre-Budget Submission 2020-21



Conclusion

'F.A.S.T. at Work' will strengthen current stroke services, making them more effective, efficient and productive.

The ACT Government has invested in emergency stroke treatment, quality improvement in its hospitals through clinical registries, and follow-up support for survivors. 'F.A.S.T. at Work' is the next step in ensuring better stroke treatment and care for Canberrans. It will deliver better outcomes and ensure the benefits of Government investment are realised.

Around 20 strokes each day are striking Australians of working age.¹ In Canberra alone, there are more than 2000 stroke survivors of working age.¹ International evidence shows the incidence of stroke among younger people is on the increase.²

Stroke can be treated and it can be beaten, but only if patients know the signs and have access to high quality stroke treatment fast.

Too often, treatment is delayed because not enough Canberrans know the signs of stroke.

Stroke Foundation would be proud to expand on its existing relationship with the ACT Government to ensure access to high quality services for all Canberrans.

'F.A.S.T. at Work' will reduce stroke and speed up treatment.

ACT Pre-Budget Submission 2020-21



References

1. Deloitte Access Economics. (2017). Stroke in Australia – No postcode untouched.
2. Feigin VL, Forouzanfar MH, Krishnamurthi R et al; Global Burden of Diseases, Injuries, and Risk Factors Study 2010 (GBD 2010) and the GBD Stroke Experts Group. Global and regional burden of stroke during 1990-2010: findings from the Global Burden of Disease Study 2010. *Lancet*. (2014); 383(9913): 245-254.
3. Stroke Foundation. (2019). National Stroke Audit Acute Services Report 2019. Melbourne, Australia.
4. Colmar Brunton. (2019). Stroke Foundation 2019 National Survey Report.
5. Monash University Stroke and Ageing Research Centre (STARAC). (2013). Australian Stroke Survivor and Carer Needs Assessment Survey.
6. Deloitte Access Economics. (2013). The economic impact of stroke in Australia.
7. Stroke Foundation. (2014). Evaluation of F.A.S.T Campaign - Report to Australian Government Department of Health.
8. New Zealand Ministry of Health (2018). FAST stroke campaign makes a difference. Available at: <https://www.health.govt.nz/news-media/news-items/fast-stroke-campaign-makes-difference>
9. Fuel. (2016). Evaluation of Department of Health UK Act F.A.S.T. Campaign (February 2009 – March 2016).
10. Wardlaw JM, Murray V, Berge E, del Zoppo G, Sandercock P, Lindley RL, Cohen G. Recombinant tissue plasminogen activator for acute ischaemic stroke: an updated systematic review and meta-analysis. *Lancet*. (2012);379(9834):2364-72.
11. Silvestrelli G, Parnetti L, Paciaroni M, Caso V, Corea F, Vitali R, Capocchi G, Agnelli G. Early admission to stroke unit influences clinical outcome. *Eur J Neurol*. (2006); 13(3):250-5.