29 February 2016

The Hon Michael Ferguson
Minister for Health
Email to ahealthytasmania@dhhs.tas.gov.au

Dear Minister,

Submission: Healthy Tasmania Five Year Strategic Plan
Community Consultation Draft

The Stroke Foundation appreciate this opportunity to comment on the Healthy Tasmania Five Year Strategic Plan – Community Consultation Draft (December 2015). We applaud the government’s ambitious vision of having the healthiest population by 2025 and acknowledge the vital role an effective preventive strategy will play in achieving this.

The Stroke Foundation supports the move towards a healthier Tasmania, particularly given the high level of chronic illness and people with increased individual risk factors (almost 30% of Tasmanians have high cholesterol while 20% have high blood pressure) in the state. For instance, over 1,300 people will have a stroke this year in addition to the 11,500 Tasmanians already living with the impact of stroke. Modelling has shown this figure will increase to almost 20,000 by the year 2032 (The economic impact of stroke in Australia, Deloitte Access Economics 2013). The current financial cost of stroke to Tasmania is $138.4 million per year and the personal impact on survivors, their carers and families is immense.

The Stroke Foundation has run multiple primary prevention campaigns and programs in Tasmania which have been proven effective and are renewed depending on access to funding.

**StrokeSafe Community Education Program**

The strokesafe Community Education program is designed to provide education and key information about preventing and recognising a stroke at a grass roots level.

Successful health campaigns are multifaceted, so while our awareness campaigns such as FAST reaches people at a population level via mass media and public relations strategies, these programs need reinforcement at
a local level to reinforce key messages. This is a strategy that has also been successful with other non-government health organisations.

The Stroke Foundation regularly receives requests from community groups to provide a speaker on stroke, and the strokesafe community education program allows us to respond to these requests in a coordinated way. It is a missed opportunity when we are not able to go out and talk to these groups about what a stroke is, how to recognise and prevent it, as we know that educating people about stroke warning signs can save lives.

The overall aim of the strokesafe Education Program is to provide a comprehensive education program that improves community knowledge about preventing a stroke and is a reliable source of information for people seeking information about best treatment and life after stroke.

Health Check Program

The Stroke Foundation Health Check Program partners with corporate and community organisations to run opportunistic health checks nationally. The health checks, which are conducted by suitably qualified health professionals, include blood pressure, cardiovascular disease risk assessment and an Australian Type 2 Diabetes Risk Assessment questionnaire (AUSDRISK) which screens for the possible onset of type 2 diabetes. At the conclusion of the health check people who have elevated risk of stroke and related chronic disease are referred to their GP for an integrated health check. The program focuses on people aged 45 and over and aims to reach people from diverse cultural backgrounds. The Stroke Foundation has conducted approximately 400,000 health checks have been conducted nationally over the past two with almost 100,000 Australian’s at risk of stroke referred to their GP for further assessment. This program has saved thousands of lives and reduced the costs associated with chronic disease episodes like stroke.

Stroke warning signs campaign (FAST campaign)

The FAST (Face Arms Speech Time) program is a national social marketing campaign to raise awareness of key stroke warning signs among those at high risk and thereby reduce delay to diagnosis and treatment. It is critical that stroke is diagnosed and treated quickly as the effectiveness of many treatments is dependent upon the time between onset of symptoms and intervention to minimise brain damage.
Failure to immediately call an ambulance when stroke symptoms occur is the leading cause of treatment delay and leads to a considerable burden of avoidable death and disability.

The FAST campaign is a simple and effective way to raise awareness about stroke and reinforce the need to call an ambulance without delay. The FAST message can be used to identify and respond appropriately to four out of five strokes (Kleindorfer et al, 2007):

• Face – Check their face. Has their mouth drooped?
• Arms – Can they lift both arms?
• Speech – Is their speech slurred? Do they understand you?
• Time – Time is critical, if you see any of these signs call 000 straight away.

A coordinated campaign of television, print, radio and internet advertising is used to communicate the FAST message to a primary audience of Australians aged over 50 years, as this group is at highest risk of stroke. This will contribute to a national reduction in treatment delay for stroke, dependent upon supportive work improving the timeliness of ambulance, emergency and hospital response to stroke.

The national rollout of this program saw an increase in the number of people who could recognise the signs of stroke. The awareness survey showed an increase in the number of people nationally who could recall FAST in relation to stroke. The objective of increasing the awareness of FAST amongst people aged 50+ nationally was met by the campaign with an increase from 35% to 39% and indicates a significant difference (significantly higher at 95%). The data showed that 87% of people could correctly name at least one stroke sign but alarming 15% could not recall any.

We look forward to seeing a revised draft of the strategy and would like to see consideration of the following points for a more effective implementation:

**Data and Quality**

- It is important to determine the health indicators that will be used to measure targets and outcomes prior to the start of the strategy and ensure baseline data exists to measure effectiveness. There is a need to consult with the organisations funded to deliver preventative services within the community, on targets that are realistic with respect to timelines and capacity to collect and analyse data.

- The HealthStats data would need to be significantly expanded to assess:
Wider population health (not entering the hospital system) such as:
- Proportion of population with various disease risk factors such as blood pressure and other biomedical markers, smoking and alcohol use, physical inactivity, diet, vaccination, oral hygiene etc
- Proportion of population with overt chronic disease/s and comorbidity

Standards of care within hospital stays to reduce the impacts of chronic disease and provide secondary prevention on discharge. The Stroke Foundation Acute and Rehabilitation Audits report that only 48% of Tasmanian stroke survivors received risk factor modification advice before leaving hospital and only 22% left hospital with a written care plan.

Chronic disease management data to inform the reductions of hospital re-admissions.

Secondary and Tertiary Prevention

The impact of stroke is significant with two-thirds of survivors suffering from disability, including profound limitations of self-care, movement, communication and depression. Health-related quality of life for the majority of survivors in the first two years post-stroke has been rated as ‘very poor’ and many survivors describe enormous emotional consequences of stroke and lack of assistance in living with disability or adjusting to life after stroke. More than 90% of stroke survivors have a need after stroke (including health, financial, work and emotional needs) and for almost all of them (84%) these needs are unmet.

The Stroke Foundation in conjunction with the Neurology and Stroke Clinical Advisory Group urge the government to fully consider the importance of secondary and tertiary prevention within the strategy and look forward to further specific details around the proposed anticipatory model of care.

One example of a program that has proven to be effective and is ready to roll out in Tasmania pending funding (current application with the Tasmanian Community Fund) is the StrokeConnect Follow Up program which has been operating successfully in Queensland and has been introduced into New South Wales and Victoria in 2016. The program operates by:

- Contacting stroke survivors and carers after hospital discharge to provide expert information, advice, support and referral;
Ensuring expert information, advice, support and referral is available to stroke survivors, carers and families throughout the stroke recovery;

Delivering accessible information, resources and tools in a range of formats, in varying levels of detail and across a range of topics;

Enabling connection and community between stroke survivors, carers and family members; and

Partnering with health professionals and services to make our services and products readily available to stroke survivors, carers and families.

The expected outcomes of StrokeConnect Follow Up Tasmania include:

- Stroke survivors and carers will have fewer unmet needs
- Survivors have increased knowledge and confidence to manage the impact of their stroke and their stroke recovery
- Survivors are able to take required actions to solve problems
- More survivors access required services
- Survivors achieve increased independence
- More survivors return to work
- Survivors have a positive experience of receiving help and know where to access help in the future
- Stronger NSF partnerships with hospitals and rehabilitation units result in better care
- More survivors are satisfied with their care
- More survivors make changes to their lifestyles to reduce their risk of a future stroke
- Stroke related suffering and disability is reduced.

Our approach is underpinned by evidence from a Cochrane review undertaken of models of care operating overseas, including in the United Kingdom and New Zealand. The review demonstrated that for every 100 stroke survivors with mild to moderate disability after stroke, follow up will prevent 11 new cases of death and disability. This is an evidence based program that could be implemented immediately to great personal and economic benefit.

Further, the integrated primary care framework developed by the Heart Foundation, Stroke Foundation, Diabetes Tasmania and Medicare Local Tasmania in January 2014 proposed a system wide pathway for the delivery of prevention services, interating consumer awareness, identifying those at higher risk and referring individuals to their GP for assessment and management. This framework (a national first) while not taken up in Tasmania is now forming the basis for potential programs in both Victoria and New South Wales and may be worth revisiting in light of this strategy.
Health in All Policies

The Stroke Foundation support the move toward a Health in All Policies approach to drive intersectoral action required to address the determinants that contribute to ill-health (further detailed in Health in All Policies submission).

Other points

- As a member of the Tasmanian Chronic Disease Prevention Alliance and Health in All Policies Collaboration we would encourage the government to consider the submissions presented to the Joint Select Preventative Health Care Inquiry and include their findings within this strategy.

- We commend the government in taking a longer term approach to preventative health, and acknowledge this five year plan will provide valuable information in supporting the development of solutions and strategies that will be ultimately needed to reverse the trend for disease in Tasmania. We also recognise that increasing health within a population can also mean generational change and as such it is vital to have tri-partisan support in order to extend the momentum beyond political cycles.

We look forward to further engagement in the development of the Healthy Tasmania Strategic Plan and working with you towards achieving the vision of Tasmanians having the best health status in Australia by 2025.

Sincerely

Cathy Craw
Stroke Foundation, State Manager Tasmania