

Submission to the Tasmanian Government's 20-Year Preventive Health Strategy 2026-2046 Consultation



1. Introduction

- Preventing stroke is one of the biggest challenges Tasmanian faces.
- Stroke Foundation's programs in Tasmania, including *F.A.S.T. Community Education* and *Living Well After Stroke*, are excellent examples of prevention initiatives that work.
- The Tasmanian Government's commitment to action to prevent chronic conditions, including stroke, through a *20-Year Preventive Health Strategy*, could have significant economic benefits and save many lives.

Tasmania has the highest per capita incidence of stroke nationally.¹ There are more than 11,000 survivors of stroke living in Tasmania,¹ many living with an ongoing disability, and national modelling suggests their number is growing.¹

More than 80 percent of strokes can be prevented.² We know that one of the key modifiable risk factors for stroke is high blood pressure. Importantly, 117,200 Tasmanians are living with high blood pressure,¹ and many don't know it. In addition, 47,600 Tasmanians are daily smokers and 56,200 have high cholesterol,¹ putting them at an increased risk of stroke.

In Tasmania, **for strokes that occurred in 2023, the economic impact on the state economy will be \$385 million over a lifetime**, which equates to \$342,000 per person.¹ Of the \$385 million in lifetime costs, \$141 million of this was healthcare costs, including \$110 million in hospital costs and \$10 million in road ambulance costs.¹

Stroke Foundation is a national charity that partners with the community to prevent stroke, save lives and enhance recovery. We stand alongside survivors of stroke and their families, healthcare professionals and researchers. We build community awareness, foster new thinking, and support survivors on their journey to live the best possible life after stroke.

We gratefully acknowledge the funding received from the Tasmanian Government, which has enabled us to take action to address the impact of stroke and improve the health and wellbeing of all Tasmanians. A strong foundation has been established with the delivery of the *F.A.S.T. (Face, Arms, Speech, and Time) Community Education* program, the *Living Well After Stroke* secondary prevention program, the *StrokeLine Navigator Service*, and the *StrokeLink* program which is focused on driving better quality stroke treatment and care. These programs are proven community interventions and are a great example of prevention initiatives that work.

Stroke prevention remains the most effective means of reducing the impact of stroke in Tasmania and saving lives. Therefore, as the voice of stroke in Australia, Stroke Foundation applauds the Tasmanian Government's commitment to action to prevent and reduce chronic conditions, as outlined in the *20-Year Preventive Health Strategy 2026-2046* Discussion Paper. Stroke Foundation welcomes the opportunity to build on the important work already being undertaken in the state. We look forward to working with the Tasmanian Government to progress the initiatives outlined in the Discussion Paper, ensuring we deliver stroke prevention for all Tasmanians.

This submission covers the following areas, which have been selected largely in response to questions that have been raised in the Discussion Paper, as well in Stroke Foundation's Key Informant Interview with the Tasmanian Department of Health:

- What broad strategy should the Tasmanian Government employ in order to shift to a prevention-focused approach in Tasmania, and what are the key challenges or barriers.
- What strategies could the Tasmanian Government employ in order to gain public buy-in to shift the conversation towards prevention.
- What actions should the Tasmanian Government take in order to maintain consistent momentum over the 20-year timeframe of the Strategy.
- How do the programs Stroke Foundation is currently delivering in Tasmania support prevention and the broader vision and aims of the Strategy.

2. Shifting to a prevention-focused approach in Tasmania – a multifaceted strategy

- Chronic conditions such as stroke are complex and require a long-term, multifaceted strategy, including a combination of population- and individual-level interventions, and a strong primary care system.
- For population-based interventions, where large numbers of people are exposed, even modest effects can have a beneficial impact across a population; however, these approaches require strong intersectoral collaboration.
- Individual-level interventions, including health education and behaviour change programs, complement population-based interventions, reaching those who do not respond to broader health messaging, or who need more tailored support.
- It is critical that individual chronic disease risk assessment is firmly embedded in Tasmania's primary care system; however, many Tasmanians are struggling to access and afford GP consultations.

More than half of Tasmanians (54 percent) are living with at least one chronic health condition, the highest of any state or territory.³

Chronic conditions such as stroke are complex, multifactorial problems that require a sustained, long-term, and multifaceted strategy. Identifying and treating chronic conditions early to prevent or slow their progression (secondary prevention) and managing them to reduce their long-term impact (tertiary prevention), remain critical; however, without serious action on primary prevention, it will not be possible to stem the tide of chronic conditions in Tasmania.

For the Tasmanian Government, primary prevention - which on average is 3 to 4 times more cost-effective than treatment⁴ - provides the best return on investment. *In order to achieve the key objectives of the Strategy, investment in a combination of population- and individual-based interventions, and a strengthened primary care system, will be critical.*

2.1 Population-based interventions

Population-based primary prevention interventions, including programs, and policy and systems changes, focus on modifying the social, physical, and economic environment in order to support individuals to make healthier choices. The advantage of these interventions is that because large numbers of people are exposed, even modest effects can have a beneficial impact across a population. When selecting an intervention for implementation, context is key. It is critical that an intervention fits the specific social,

physical, economic, political and legal environments in which it is being implemented. For example, a large proportion of the population-based interventions that have been focused on creating healthy food and built environments, have been developed in urban settings. In Tasmania however, the population is quite dispersed, with only 44 percent of people living in the capital city,⁵ and this will be an important consideration when determining which interventions will be most suitable for implementation in the local context.

The successful implementation of population-based interventions does require collaboration across all levels of government, as well as non-government and community organisations, the health and food industries, and many other key stakeholders. Importantly, in signing the 'Tasmania Statement', the Tasmanian Government has committed to intersectoral collaboration on long-term solutions to address the social and economic factors that influence health, in order to improve the health and wellbeing of Tasmanians.

Tasmania has the second highest rate of daily smokers in Australia at 11.3 percent, compared with 8.3 percent nationally,⁶ and tobacco smoking is Tasmania's single most preventable risk factor for poor health outcomes. People who smoke are twice as likely to have a stroke compared with those who have never smoked.⁷⁻¹⁰ Importantly, an individual's risk of stroke decreases after they quit smoking, and stopping smoking has been shown to have both immediate and long-term health benefits.¹¹ Tobacco control interventions are an excellent investment, and the vast majority of programs and policies have been shown to be either cost-saving or highly cost-effective.¹² As such, Stroke Foundation is strongly supportive of measures to reduce the prevalence of smoking in the Tasmanian community.

Over the last 25 years, Tasmania has implemented a range of legislative reforms designed to reduce tobacco use. In addition, innovative legislation that would have seen Tasmania leading Australia in new tobacco control policies, including bills to raise the minimum age for purchasing tobacco and tobacco products to 21 years, and phase out tobacco sales to anyone born after the year 2000, have failed, despite strong public support.¹³ With the implementation of the Strategy, there is an opportunity for Tasmania to lead the way, and continue with legislative reforms in this area, including exploring age-based laws to reduce the uptake of smoking.

2.2 Individual-level interventions

Individual-level interventions are focused on preventing chronic conditions by addressing the risk factors for these conditions at the individual level, including poor diet, physical inactivity, smoking, and excessive alcohol consumption. These include *health education interventions* that provide individuals with information about health risks and promote healthy behaviours. One example is the *StrokeSafe* presentations that are delivered as part of Stroke Foundation's *F.A.S.T. Community Education* program in Tasmania, which educate members of the community about the risk factors for stroke and other chronic conditions, the importance of health checks, and how to prevent stroke through lifestyle modification. Other interventions include *behavioural interventions*, which utilise techniques such as goal-setting, self-monitoring, and reinforcement to empower individuals to take control of their health and adopt and maintain healthy behaviours. Examples include Stroke Foundation's *Living Well After Stroke* secondary prevention program in Tasmania, and the *My health for life* primary prevention program in Queensland, that Stroke Foundation is delivering as part of the Healthier Queensland Alliance (see below). Individual-level interventions can complement population-based interventions, enabling individuals who need more personalised support, or do not respond to broader messages, to be reached.

My health for life Program

When individuals are identified as high risk for chronic conditions such as stroke, it is critical GPs have proven, effective lifestyle modification programs that (a) are underpinned by validated behaviour change models, (b) address the shared modifiable risk factors for many chronic conditions, and (c) are not condition-specific, that they can refer them to. One such example is the *My health for life* program, an evidence-based, free, Queensland Government-funded behaviour modification program, for people at high-risk of developing a chronic condition. *My health for life* has been developed using the validated Health Action Process Approach (HAPA) model for behaviour change. Stroke Foundation is proud to be partnering with the Healthier Queensland Alliance and Queensland Government to deliver this program, which enables chronic conditions to be detected early, helping participants to reduce their risk of developing stroke, heart disease and type 2 diabetes, and avoid unnecessary hospital admissions, delivering savings to the health system.

Since its inception in 2016, the program has initiated health coaching for more than 33,000 high-risk participants. The program has also delivered long-lasting positive effects for Queenslanders. Of those who have completed the program, 68 percent have reduced their waist circumference, 88 percent feel the initiative has had a positive impact on their health and wellbeing, 55 percent are meeting alcohol consumption guidelines and 45 percent are meeting physical activity guidelines.

We know there are particular groups in the Australian population that experience worse risk factors for chronic conditions, including stroke, more barriers to accessing to care, worse health literacy, and increased stroke-related morbidity and mortality, compared with the general population. These groups include:

- Aboriginal and Torres Strait Islander peoples, in whom stroke occurs more commonly, and at younger ages,¹⁴ and who are 1.8 times more likely to be hospitalised for stroke, and 1.7 times more likely to die from stroke, as non-Aboriginal Australians.¹⁵
- People living in remote and very remote areas who are 1.1 times more likely to be hospitalised for, and die from stroke, as those living in major cities.¹⁵
- People living in the lowest socioeconomic areas, who are more than 2 times as likely to experience, and 1.3 times as likely to die from stroke, as those living in the highest socioeconomic areas.¹⁵

It is critical that preventive health programs and initiatives in Tasmania appropriately address the needs of priority populations in their design and delivery (including for culturally and linguistically diverse communities), in order to help reduce health disparities between these groups and the general population. For example, as part of Stroke Foundation's F.A.S.T. Community Education program, we are delivering *StrokeSafe* presentations to Aboriginal community groups, and all Stroke Foundation staff who are involved in the delivery of programs in Tasmania have undertaken cultural competency training, to ensure they have the knowledge to deliver culturally appropriate services for Tasmanian Aboriginal people.

2.3 Primary care system

The current *primary care system* in Australia continues to be oriented toward treating illness and disease, rather than prevention or wellness. There needs to be shift in how Tasmanians perceive the role of primary care, and they should be encouraged to engage with primary care services not only when unwell, but as a means of maintaining good health.

An assessment of an individual's risk of chronic disease, including stroke, is critical to halting disease progression, preventing avoidable complications, and providing treatment at an earlier stage, resulting in

better health outcomes. Therefore, it is essential that chronic disease risk assessment is firmly embedded in the Tasmanian primary care system; however, Tasmanians are facing availability and affordability challenges with regard to primary care, particularly in regional and rural parts of the state. Tasmania has lower bulk-billing rates than the rest of the country,¹⁶ with Tasmanians much less likely to be 'always' bulk-billed and more likely to face out-of-pocket costs when seeing a GP.¹⁷ In addition, in 20 of Tasmania's 29 local government areas, the number of people per GP is higher than the national average of one full-time equivalent (FTE) GP for every 1,059 people.¹⁸

Innovative digital solutions, including the use of telehealth, have significant potential to close gaps in care for Tasmanians, including those living in regional and rural areas. A study of vulnerable Tasmanians who used telehealth services during the COVID-19 pandemic as an alternative to face-to-face medical and allied health consultations, reported that most participants were satisfied with the overall quality of the service, despite many never having used telehealth before the pandemic.¹⁹ Some participants in rural and remote areas who used the internet for their telehealth consultations reported access problems due to issues with bandwidth,¹⁹ highlighting the need for Tasmanian Government investment in infrastructure to improve connectivity in these areas.

Many survivors of stroke speak of falling into a 'black hole' once they are discharged from hospital. The often profound and prolonged brain injury resulting from stroke can severely impact a survivor's ability to navigate an often-complex health and welfare system. As such, there is a significant need for initiatives focused on improving integration of the primary, secondary and tertiary health systems, which will facilitate improved quality and continuity of services for survivors of stroke, enabling them to live well in the community and avoid hospital readmission for complications and recurrent stroke. Two examples of this are Stroke Foundation's *StrokeLine Navigator* service and *StrokeLink* program in Tasmania, which are improving the integration of care across the state's health system.

One of the major challenges to improving the integration of care across the health system for survivors of stroke is inconsistent discharge planning from the hospital system. Discharge care plans, developed with the multidisciplinary stroke team and the patient (and/or family), offer specific advice on a variety of areas, including secondary prevention, follow-up, and rehabilitation, and provide survivors of stroke, their families and carers, with information on relevant supports and services in the community.

Stroke Foundation has played an instrumental role in the development and implementation of a *digital discharge care plan* for the Royal Hobart Hospital, known as the *Going Home Plan* for patients with stroke. This project was undertaken as part of Tasmania's *Digital Health Transformation Strategy 2022-2032*. Stroke Foundation engaged with Tasmanian survivors of stroke, as well as a range of allied health specialisations, in order to inform the development of this innovative digital tool, which is now being rolled out in other Tasmanian hospitals. The Tasmanian Government now has the opportunity to adapt this tool for use in other clinical specialties.

We support the continued implementation of *Digital Health Transformation Strategy* initiatives across Tasmania, which will help strengthen Tasmania's health system, improve equity of access to services (including disease prevention), and foster optimal healthcare delivery and the adoption of digital health solutions and innovation.

3. Gaining buy-in to shift the conversation towards prevention

- While there is strong support for a focus on preventive health in the Tasmanian community, there are strategies the Tasmanian Government could adopt in order to further strengthen public buy-in, or counter objections to increased investment in prevention at this time, including:
 - promoting the economic and productivity gains associated with investment in preventive health on mainstream and social media platforms
 - engaging community members in the design, testing and implementation of prevention programs, through a participatory research process.

There is strong buy-in and support in the Tasmanian community for preventive health, and the Tasmanian Government can leverage this in order to shift the conversation towards prevention; however, the state's health system is under significant pressure, and is facing a variety of challenges including increased demand for services, workforce shortages and delays in accessing care. Therefore, some may question the merit of increased government investment in preventive health at this time, and the Tasmanian Government will need to consider developing suitable strategies to further strengthen public buy-in for action on prevention.

Developing *targeted messaging for mainstream and social media platforms, highlighting the non-health benefits of increased investment in prevention*, can help to build public buy-in for prevention efforts. For example, demonstrating the economic benefits in terms of short- and long-term savings for the health system, as well as productivity gains by reducing the amount of time employees spend off work (absenteeism), or at work not fully functioning due to ill health (presenteeism).

Public buy-in for prevention efforts can also be fostered by *establishing a participatory research process that incorporates co-design*, where community members are actively engaged in the design, testing and implementation of prevention programs. This approach facilitates the incorporation of community perspectives and experiences into the development of interventions, helping to ensure they are relevant, acceptable and responsive to the needs of the community.

4. Maintaining momentum over 20 years

- There are a number of actions the Tasmanian Government can take in order to maintain momentum over the course of the Strategy, including:
 - ensuring that 5 percent of the state's health expenditure is dedicated to prevention
 - establishing an independent, '*Preventive Health Strategy Taskforce*' to drive the development of the Strategy's various action plans, including SMART (Specific, Measurable, Achievable, Relevant and Time-bound) targets
 - investing in population-wide routine data collection and surveys.

In order to maintain consistent momentum and engagement over the 20-year timeframe of the Strategy, it is critical the Tasmanian Government establish an independent, *Preventive Health Strategy Taskforce*, with a broad-based membership. This will include representation from key health, community sector, and non-government organisations with a footprint in Tasmania, including Stroke Foundation, as well as consumer representation. The Taskforce should drive the development of the action plans for each 4-year period of the Strategy, that will provide a clear and comprehensive summary of how the Strategy's objectives will be achieved, and will be critical to its success. This will include the development of SMART (Specific,

Measurable, Achievable, Relevant, and Time-bound) targets, to ensure the Strategy's progress can be monitored appropriately.

Tasmanian Government investment in population-wide, routine data collection and surveys, which collect data on the anthropometric, biomedical, and wider systemic factors that underpin health and wellbeing, will enable the impact of preventive health interventions, and the broader Strategy, to be assessed.

The availability of up-to-date, quality data on the impact of implemented preventive health programs and initiatives will be critical to the success of the Strategy. To ensure the availability of this data, it is important that mandatory monitoring and evaluation activities are built-in to all new and existing funded programs. This will enable modifications to be made as new data becomes available, facilitating the delivery of more effective and cost-effective programs. This will also allow the Tasmanian Government to build a robust evidence base from which to identify programs and interventions that offer the greatest value in the Tasmanian context, ensuring policy and funding decisions are informed by the best available evidence.

There are a number of preventive health initiatives in Tasmania that are working well. One example is *Healthy Tasmania*, which is working across all levels of government and the community to address the wider factors that influence health and wellbeing, and uses an equity lens to support Tasmanians to access the resources they need. We note, however, that *Healthy Tasmania* grants which support local government and community sector organisations, are small and focused on short-term projects. Therefore, there is a need for dedicated funds to support the scaling-up of effective programs and initiatives which are identified through *Healthy Tasmania* grants, or other mechanisms.

In Australia, spending on preventive health as a proportion of all health spending is 2.3 percent, compared to around 5 percent for countries with comparable health systems such as Canada, New Zealand and the United Kingdom.²⁰ As part of the National Preventive Health Strategy 2021-2030, the Australian Government has committed to increasing spending on prevention to 5 percent of the health budget by 2030. Similarly, the Western Australian government has committed to achieving this target by 2029. A similar commitment by the Tasmanian Government to a dedicated proportion of health expenditure for prevention will be critical in driving the shift to a prevention-focused approach, and ensuring the success of the Strategy.

5. Stroke Foundation's current programs in Tasmania support the vision and aims of the 20-Year Preventive Health Strategy 2026-2046 and are delivering effective primary and secondary stroke prevention

- Stroke Foundation's programs in Tasmania are keeping the community well and saving lives, and support the vision and aims of the Strategy. These include the:
 - *F.A.S.T. Community Education* program, which is increasing awareness of what stroke is, and how to prevent stroke and other chronic conditions and recognise the signs of stroke.
 - *Living Well After Stroke* secondary prevention program, which is supporting survivors of stroke with health behaviour change and lifestyle risk management.
 - *StrokeLine* Navigator service, which is connecting survivors of stroke to the appropriate services and supports, and ensuring they have the information they need to prevent another stroke.
 - *StrokeLink* program, which is empowering Tasmanian clinicians to deliver best-practice stroke treatment and care, including effective secondary stroke prevention.

The programs that Stroke Foundation is currently delivering in Tasmania strongly support the Strategy's vision and aims, and align with its focus areas and enablers. As noted in the Discussion Paper, Tasmanians

face a number of challenges, including low rates of health literacy, significant socioeconomic disadvantage, loneliness and isolation, and a large proportion of the population living in regional, rural and remote areas, all of which are associated with an increased risk of chronic conditions such as stroke. Importantly, these challenges have been acknowledged in the design and delivery of Stroke Foundation's programs in Tasmania.

5.1 F.A.S.T. (Face, Arms, Speech, Time) Community Education Program

This program aligns with four focus areas (Focus area 1 Create and strengthen safe and healthy food environments, Focus area 2 Reduce and eliminate exposure to harmful products and behaviours, Focus area 4 Strengthen prevention across the life course, and Focus area 5 Take a health equity approach) and two enablers (Enabler 1 A whole-of-government, whole-of-community approach and Enabler 7 Consumer and community empowerment) of the Strategy.

Stroke is a medical emergency. When someone suffers a stroke, every minute counts. F.A.S.T. access to treatment means a greater chance of recovery and decreased costs for our health system. The F.A.S.T. message highlights the three most common ways to recognise a stroke (Face, Arms and Speech), and reminds us that 'Time' is critical when seeking treatment.

Stroke Foundation is proud to be partnering with the Tasmanian Government to deliver the F.A.S.T. Community Education Program. This program recruits, trains, and provides support to local volunteers to raise awareness in the community about stroke, including the signs of stroke, and the *prevention of stroke and other chronic conditions*, through the delivery of *StrokeSafe* presentations. In addition, volunteers set up displays and activities at community events and in health settings, distribute F.A.S.T. resources, and gain local workplace support, which facilitates improved awareness about the signs of stroke with the aim of getting more patients to hospital in the critical time window for life-saving stroke treatment.

In 2023-24, the program has delivered 58 *StrokeSafe* presentations, reaching 1,122 people, including 26 presentations (45 percent) in regional areas, two presentations (3 percent) to Aboriginal community groups and 22 presentations (38 percent) in lower socio-economic areas. *StrokeSafe* displays and activities were delivered at eight community events, engaging with 210 people, 8,202 F.A.S.T. resources were distributed across the state, and 12 news stories featuring the F.A.S.T. message were published or broadcast by Tasmanian media outlets. Stroke Foundation also partnered with a range of organisations, including the Red Cross, Meals on Wheels and Neighbourhood Houses Tasmania.

In 2023, Tasmania had the highest unprompted awareness of the signs of stroke, compared with all other states and territories, with 38 percent of Tasmanians able to recognise two signs of stroke unprompted, compared with 24 percent nationally.²¹ The F.A.S.T. Community Education Program is delivering results; however, there is still more to be done to increase awareness of the signs of stroke and the prevention of chronic conditions.

Continued and expanded investment by the Tasmanian Government in Stroke Foundation's successful F.A.S.T. Community Education Program, and F.A.S.T. Multimedia Campaign, will increase awareness of what stroke is, how to prevent stroke and other chronic conditions, how to recognise the F.A.S.T. signs of stroke, and the importance of calling triple zero (000) immediately.

5.2 'Living Well After Stroke' Secondary Prevention Program

This program aligns with four focus areas (Focus area 1 Create and strengthen safe and healthy food environments, Focus area 2 Reduce and eliminate exposure to harmful products and behaviours, Focus area 4 Strengthen prevention across the life course, and Focus area 5 Take a health equity approach) and one enabler (Enabler 7 Consumer and community empowerment) of the Strategy.

People are at higher risk of stroke after their first stroke; however, more than 80 percent of strokes can be prevented,² which provides a unique and urgent opportunity to support health behaviour change and prevent secondary stroke from occurring.

As such, Stroke Foundation is proud to be partnering with the Tasmanian Government to deliver the *Living Well After Stroke* secondary prevention program. This person-centred, 8-week program provides Tasmanian survivors of stroke who have an identified need to change health behaviours to reduce their risk of future stroke, with a clear pathway for effective, evidence-based education and intervention to support this health behaviour change. This program is supporting survivors of stroke to build motivation, set goals, plan, and implement and track health behaviour change for a variety of health behaviours related to reducing risk of stroke recurrence, including physical activity, healthy eating, smoking cessation, and consuming alcohol within safe limits.

Continued Tasmanian Government investment in the *Living Well After Stroke* secondary prevention program will provide more survivors of stroke with a clear pathway to health behaviour change and lifestyle risk management after discharge from hospital, equipping them with a toolkit of transferrable skills and strategies to support long-term self-management and reduce their risk of future stroke.

5.3 *StrokeLine* Navigator Service

This program aligns with four focus areas (Focus area 1 Create and strengthen safe and healthy food environments, Focus area 2 Reduce and eliminate exposure to harmful products and behaviours, Focus area 4 Strengthen prevention across the life course, and Focus area 5 Take a health equity approach) and two enablers (Enabler 1 A whole-of-government, whole-of-community approach and Enabler 7 Consumer and community empowerment) of the Strategy.

Navigating the complex health system after leaving hospital is often one of the greatest barriers to success that Tasmanian survivors of stroke face in their recovery journey. Tasmanian Government investment in Stroke Foundation's *StrokeLine Navigator Service* is ensuring survivors of stroke are contacted following their discharge from hospital and provided with the appropriate level of information and support, including on *behaviour change for secondary stroke prevention*, so that fewer of them fall through the cracks. This service is facilitating care coordination, including referrals to other service providers and outpatient appointments and improving survivor knowledge, self-efficacy, health literacy and social connection.

In 2023-24, a total of 269 referrals to the service were made from 7 hospitals. Clients who received the service were provided with health education, linked in with community services, given *My Stroke Journey* and additional resources, informed about the *StrokeLine service*, and redirected back to the referring hospital when needed. When asked, 82 percent of clients reported that they had benefitted from the service.

Continued Tasmanian Government investment in the *StrokeLine Navigator Service* will facilitate improved continuity of care, ensure survivors of stroke are connected to the appropriate services and supports, and have the information they need to achieve their best possible recovery, return to work (where possible), and resume social and community participation.

5.4 *StrokeLink* Program

This program aligns with four focus areas (Focus Area 2 Reduce and eliminate exposure to harmful products and behaviours, Focus Area 3 Strengthen prevention across the life course, and take a health equity approach) and two enablers (a whole-of-government, whole-of-community approach and consumer and community empowerment) of the Strategy.

Improving the quality of stroke treatment provided in Tasmanian hospitals is critical to reducing the impact of stroke. Tasmanian Government investment in Stroke Foundation's *StrokeLink* program is enabling hospitals and health professionals across Tasmania to be supported, strengthening their capabilities in the delivery of evidence-based stroke treatment and care. The program is providing specialist educational resources, facilitating networking and peer to peer interaction, and disseminating research, including updates to Stroke Foundation's world-leading *Living Guidelines for Stroke Management*.

The program is delivering results. People are at a higher risk of stroke after their first stroke, and the *Living Guidelines for Stroke Management* state that stroke patients should be assessed and informed of their risk factors for recurrent stroke, educated about strategies to reduce their risk, and where appropriate, prescribed blood pressure-lowering, lipid-lowering and antithrombotic or anticoagulation medications. In 2024, 92 percent of Tasmanian survivors of stroke received advice about risk factor modification (compared with 68 percent nationally), and 93 percent were on blood pressure-lowering medications (compared with 84 percent nationally), on discharge from hospital.²²

Continued Tasmanian Government investment in the *StrokeLink* program will help to close the gap between guidelines and practice, and empower Tasmanian clinicians to deliver evidence-based, best-practice stroke treatment and care, including effective secondary stroke prevention.

6. Conclusion and recommendations

Preventing stroke is the most effective means of reducing the impact of stroke in Tasmania, and Stroke Foundation welcomes the Tasmanian Government's commitment to the development of a 20-Year Preventive Health Strategy.

The complex, multifactorial nature of chronic conditions such as stroke will require Tasmanian Government investment in a combination of population- and individual-based interventions, as well as a strengthened primary care system, in order to realise the key objectives of the Strategy. The Strategy provides the Tasmanian Government with the opportunity to identify and scale-up proven local programs and initiatives, as well as invest in innovative preventive health interventions drawn from other Australian jurisdictions and around the world. Stroke Foundation is proud to be partnering with the Tasmanian Government in the delivery of programs that support the Strategy's vision and aims, and are delivering effective primary and secondary stroke prevention in the Tasmanian community.

The following recommendations are proposed:

Recommendation 1

Continue, and expand (where appropriate), investment in Stroke Foundation programs in Tasmania.

Recommendation 2

Realign health funding in Tasmania to ensure a greater investment in prevention, which will be essential to achieving the objectives of the Strategy, and require a long-term, bi-partisan commitment. As part of the National Preventive Health Strategy 2021-2030, the Australian Government has committed to increasing investment in preventive health to 5 percent of total health system expenditure by 2030. Similarly, the Western Australian Government has committed to increasing funding for prevention to 5 percent of the health budget by 2029. Stroke Foundation strongly supports both of these targets, and encourages a similar commitment from the Tasmanian Government. This boost in funding for preventive health could have a significant impact on health outcomes for many Tasmanians.

Recommendation 3

Establish an independent, 'Preventive Health Strategy Taskforce', with a broad-based membership, including representation from key health, community sector, and non-government organisations with a footprint in Tasmania, as well as consumer representation. The Taskforce should drive the development of the action plans for each 4-year period of the Strategy, that will provide a clear and comprehensive summary of how the Strategy's objectives will be achieved. It is crucial that these action plans are adequately resourced, and Stroke Foundation would welcome ongoing engagement as these documents are developed.

One of the first activities undertaken as part of the Strategy should be a scoping review to identify proven, cost-effective interventions that are suitable for implementation in Tasmania, which provide cost savings in the short term (within 5 years). The savings from these 'quick wins' can be re-invested into longer-term interventions, and promoted to the public, to strengthen community buy-in in the Strategy.

Recommendation 4

Include SMART (Specific, Measurable, Achievable, Relevant, and Time-bound) targets in the Strategy, to ensure its progress can be monitored appropriately. Where possible, these targets should be aligned with those included in the [AIHW National Preventive Health Monitoring Dashboard](#), for consistency of reporting and to allow benchmarking with national data.

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