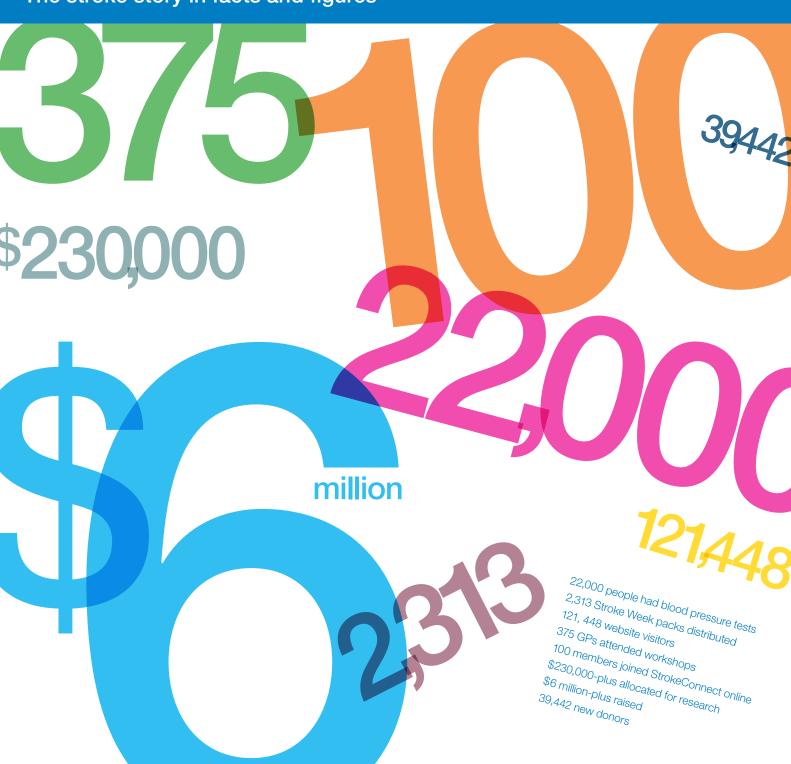


Stop stroke. Save lives. End suffering.

National Stroke Foundation 2009 Annual Review

The stroke story in facts and figures





"...like you, I want to make a significant difference."

- Professor Richard Larkins



"Welcome to our new look Annual Review."

- CEO, Dr Erin Lalor

From the President

It was with great excitement that I accepted the position of President of the National Stroke Foundation last October – excitement because like you, I want to make a significant difference in the fight against the second leading cause of death in Australia.

I was particularly pleased to be asked to be President as I was associated with the precursor of the Foundation in its formative years in the 1980s, under its very active Patron, the late Sir John Holland, and its visionary founder, renowned neurosurgeon, Mr David Brownbill.

Today, the National Stroke
Foundation with support from
volunteers, stroke survivors
and carers, governments, the
health sector, business and the
community, contributes to the
development of health policies,
helps to educate the medical
profession, raises awareness
of stroke in the community and
supports research.

I hope that my experience in medical practice, health policy, education, scientific research and administration, combined with the expertise of other Board Directors can assist management and volunteers to deliver more effective prevention, treatment and rehabilitation for stroke and increase the support for research.

I have been enormously impressed by the growth of the Foundation and its excellent work over the past several years. I would like to commend Dr John Lill for his outstanding contribution as President for that time, Bill Forrest for his excellent stewardship as Interim President and the other members of the Board. I would particularly like to congratulate the Chief Executive Officer, Dr Erin Lalor and her staff on their outstanding work.

The Foundation is enormously dependent on support from volunteers and donors. I thank and congratulate everyone who has contributed to the Foundation in these ways. You are making a real difference to people with stroke and their families.

What I have learnt about the National Stroke Foundation makes me proud of the Foundation's achievements, and even more excited about the future of our organisation. There is so much more that can be done and that needs to be done.

President
Professor Richard G. Larkins AO

ichard G. Carking

From the Chief Executive Officer

Welcome to our new look Annual Review. Our new format lists the issues Australia faces and our responses as we meet the challenge of stroke. Where possible we have focused on numbers and outcomes in the areas of prevention and awareness, stroke services, fundraising, life after stroke, research and governance. This is a summary and there is more information on our website, www.strokefoundation.com.au plus printed materials that can be supplied to groups and individuals.

We have achieved a great deal in 2009, but still too few Australians know what causes a stroke, how to recognise the symptoms and what to do. The numbers however show that we are alerting people to the importance of monitoring their blood pressure, recognising the signs of stroke and taking immediate action.

Our audit of stroke services in Australian hospitals showed that in some areas, there has been little or no improvement since the first audit conducted in 2007, and in some cases the quality of stroke treatment has deteriorated. However the number of dedicated stroke units has increased. Hospitals responded well to our audit and there has been a strong pick-up within the medical profession of our published clinical

guidelines, which are being updated in 2010.

Those who have suffered a stroke and their carers still find it difficult to connect with the services they need when they leave hospital but they are welcoming our establishment of programs that provide individual and group support.

Implementation of our 2008 strategy for research resulted in more than \$230,000 allocated to many different projects, one of which attracted National Health and Medical Research Council funding. Some of our projects were jointly funded by the Heart Foundation. We are also receiving welcome financial support for all of our programs from individuals, trusts and foundations, governments and business. We are now a truly national organisation with representation in all states.

As we reflect on the success of the past year, we remember with great sadness, the death of one of our two Founding Patrons, Sir John Holland, AC on May 31, 2009. Sir John was an inspiration to all of us.

I would also like to thank our supporters, Board and staff who have again made great efforts in another big year, and without whom we would not have achieved our gains.

CEO Dr Erin Lalor

Prevention and awareness

If more people are aware of what causes a stroke, the number can be reduced - 30% of adults aged over 25 have high blood pressure, a significant risk factor.1

Response **Know your numbers**

• 518 blood pressure checking stations were set up in local pharmacies and run by community health services, supported by Rotary and YMCA in Victoria and Queensland

- 22,000 people had their blood pressure tested
- 16,500 results showed that only 20% had normal blood pressure
- 46% tested in Queensland had high blood pressure
- 28% were referred to their GP for follow-up.

Issue

Recognising the signs of stroke and taking prompt action to secure the right treatment can improve the chance of recovery - 86% of people surveyed in the 2009 National Stroke Foundation Awareness

Survey could correctly name one symptom of stroke and 49% were aware of FAST, the easy way to remember the signs of stroke and the action needed, but only 10% who had seen stroke advertising could name all four aspects of FAST: Face, Arms, Speech, Time (see back page).

Response **National Stroke Week**

Our major awareness program featured an updated FAST campaign to help people recognise the signs of stroke and act quickly.

• 2,313 Stroke Week packs were distributed, a 70% increase

• 4.5 million people read, saw or listened to news stories about stroke during Stroke Week.

strokesafe[™] community education

- 61 strokesafe[™] seminar kits were distributed to health services in rural and regional Victoria - 620 people attended 39 seminars
- 43 additional strokesafe[™] seminars were held in Victoria, Tasmania and Western Australia
- 83 people attended 3 community forums in Tasmania and Western Australia to find out more about stroke.

Stroke services

Our 2009 National Stroke Audit of stroke services in 206 Australian hospitals found that there had been little or no improvement since an audit in 2007, and in some cases, the quality of stroke treatment was worse.

In the second part of the audit, 96 hospitals admitting high numbers of people with acute stroke reviewed 3,307 cases to see if their care followed the Clinical Guidelines for Acute Stroke Management. Our audit identified that since 2007, 14 new stroke units had been established and stroke unit beds had increased by 143 to 534. However the audit also showed that:

- only 3 out of every 100 people who experienced a stroke received thrombolysis
- only 50% of stroke patients were treated on a stroke unit
- 22 more stroke units were required in hospitals providing care to almost 4000 stroke patients
- only 50% of hospitals had emergency department processes to ensure stroke patients were seen quickly

- only 50% of hospitals gave stroke patients a plan for care after they left hospital
- 66% of hospitals did not routinely assess patients' needs for further rehabilitation
- 25% of hospitals failed to routinely provide stroke patients with a name of someone they could call if they had any concerns.

Response

- Every hospital taking part in the National Stroke Audit received an individual confidential report comparing how well they delivered stroke care with similar hospitals and national averages
- 13 StrokeLink workshops and 18 visits to hospital stroke teams in Queensland helped hospitals identify barriers and implement evidenced-based care
- 40 individuals from more than 25 organisations are represented in the Australian Stroke Coalition (ASC) working towards improving stroke care across Australia - 5 working groups met 18 times
- 375 GPs attended continuing professional development workshops

Website and social media

Social media provides opportunities to communicate our messages to new diverse audiences. It promotes informed discussion that provides us with feedback on what people know, don't know and want to know about stroke.

- In 2009 there were:

 121, 448 visitors to the NSF website

 465 fans on Facebook

 175 followers on Twitter
 Discussions by fans on
 Facebook have led to new support groups. Twitter audiences are from medical associations, hospitals, charities and other not-for-profit organisations.
- 7 health professional organisations with 27,300 members received guidelines and educational modules that were also distributed at a large GP convention in Melbourne
- 14,000-plus downloads of the Clinical Guidelines for Acute Stroke Management since it was published on our website in 2007
- 11,000-plus downloads of the Clinical Guidelines for Stroke Rehabilitation and Recovery since publication in 2005
- 40,966 journals scanned in a literature search to update and combine the acute and rehabilitation and long term recovery guidelines for stroke care, due for release in 2010
- 19 medical and allied health disciplines represented on the Expert Working Group that is responsible for the new clinical quidelines.



Life after stroke

Issue

Stroke can cause physical damage or impair intellectual ability creating a challenge for stroke survivors and their families and friends. It takes time, support and determination to get used to doing things differently and the results of the stroke can impact on intimacy, relationships, work and hobbies. Accessing services, support and information is critical in assisting survivors and carers to move forward after a stroke.

Response StrokeConnect

100 members joined Stroke
 Connect online, which in late 2009 began providing access to peer support any time of the day or night. The program will build in numbers in 2010. StrokeConnect by phone began at the same time.

Dream, Believe Achieve

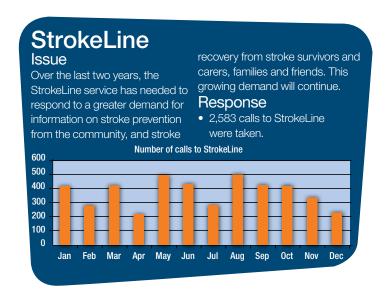
- 96% of stroke survivors taking part in Dream, Believe, Achieve – a program to help stroke survivors get their lives back on track after stroke – said they would recommend the program to others
- 50% reported improvements in their ability to navigate the health system, which is essential to regain quality of life after stroke
- Almost 50% described themselves as stroke survivors not victims of stroke because the program had equipped them with skills to positively and actively re-engage in life
- 8 programs delivered in 5 Victorian regions.

Friends of the NSF

- 71 Stroke Support Groups were participating in the Friends of the NSF program by the end of 2009, receiving a quarterly newsletter, resources, and publications
- 37 groups received a \$200 community grant to run a National Stroke Week activity.

Stroke Support Groups

 A Toolkit was developed in 2009 to help groups promote their work and gain new members.
 It will be available in 2010.



Research

Issue

Australia and the rest of the world need a better understanding of what causes stroke, how it can be prevented and treated and the best ways to provide after-stroke care. Our strategy established in 2008 aims to grow stroke research in Australia by supporting new investigators who will lead stroke research in years to come.

Response

 More than \$230,000 allocated in 2009 to support research through small project grants, Honours grants, Fellowships and Scholarships, some of which were jointly funded by the Heart Foundation.

Grant recipients included:

Annie McCluskey, Stroke
Research Fellow: How to get
stroke survivors back into
the community.
The grant enabled the project to
attract another \$500,000 from
the National Health and Medical
Research Council.

- Isobel Hubbard, Stroke
 Research Scholar: A functional
 MRI study of upper limb
 therapy in community dwelling
 stroke survivors.
- Shane Antao, Stroke Research Scholar: Unravelling the mechanism of neuro-protection by neuroglobin.

Small Project Research Grants:

- Damian McLeod
 - Establishing computed tomography perfusion imaging in an animal stroke model.
- Christine Barry

Novel therapeutic approaches to subarachnoid haemorrhage targeting substance P.

- Yasmeen El Masry
 Understanding the experiences of caring for someone after stroke.
- Lin Perry

Using best practice: A pilot feasibility study of integrated nutritional rehabilitation programs to improve dietary intake for stroke patients.

Mark Mackay

Developing strategies to decrease lag time to diagnosis in paediatric stroke.

• Maarten A. Immink

A yoga and meditation program to improve physical function, mood and quality of life in individuals with chronic strokerelated hemiparesis.

Honours Grants:

- Joyce Chan
 - Are physical outcome measures sensitive to change following botulinum toxin injections in adults with lower limb spasticity?
- Weili Chan

Pilot study on a yoga and meditation-based rehabilitation program for balance and gait improvement for chronic poststroke hemiparesis.

Alison King

An observational study of patient activity levels in one Sydney stroke unit.

• Tom Lillicrap

Testing the efficacy of intravascular cooling for reducing the temperature of penumbra tissue after acute ischaemic stroke.

- Katherine McGurk
 Young stroke survivors' experiences of peer support.
- Aisling Ryan
 Measuring outcomes in people
 who have had a stroke: can the
 telephone be used?
- Jacinta Spitzer
 Relationship between performance and participation measures post-stroke.
- Amelia Tomkins
 Brain allopregnanolone levels in response to stroke.
- Andrew Biviard
 Defining the extent of irreversible brain ischaemia in acute middle cerebral artery occlusion using perfusion computed tomography.

Fundraising

Issue

As a not-for-profit organisation we rely on community and corporate support to find ways of preventing and treating stroke, Australia's second biggest killer and a leading cause of disability.

Response

- \$6,783,715 raised in 2009
- 39.442 new donors in 2009
- 99 new members of the David Brownbill Bequest Society who have committed to leaving a bequest to the Stroke Foundation
- 6 bequests were realised in 2009 from the estates of:
- · Leslie Hazel Connell
- · Joan Summers
- · Hazel Alice Cox
- · Dorothy Hazel Power
- · Livio Nicolini
- · Henry Baldwin
- \$60,000-plus raised in the 2009 Counterstroke Golf Classic totalling more than \$1 million raised over 15 years

- 6 organisations recognised for again supporting the Counterstroke Golf Classic:
- · Trust Foundation
- · Drummond Golf
- · NAB
- · Anderson Kelly
- · Scotchmans Hill
- · Maxwell & Williams
- \$28,000 raised in the seventh annual Stroke of Art exhibition, held in the New South Wales Parliament House and launched at the ArtHouse Hotel in Sydney
- 400 postcards with messages of support received for Stroke of Art including one from the Prime Minister, Kevin Rudd
- Stroke of Art was once again organised by stroke survivor and artist Judi Halliday and supported by Veolia Environmental Services. Special thanks to artists Nick Safstrom and Robert Juniper and young stroke survivor Jen Li

- Nearly \$50,000 was raised by individuals, organisations and Memorable Challenges participants who staged events including sailing trips, sausage sizzles, and movie and trivia nights
- 13 Trusts and Foundations,
 8 companies and 4 government departments provided financial support and 5 organisations provided pro bono services:

Trusts and Foundations

- ACTA Page-Hanify Family Benefaction
- FRRR The Estate of the Late Edward Wilson
- Adelaide Bank Charitable Foundation
- · Helen Macpherson Smith Trust
- · Perpetual Trustees
- · ANZ Trustees Foundation
- · Ruth Fagg Foundation
- · Bell Charitable Fund
- · Sunshine Foundation
- · Bruce Wall Trust
- · The J.O. and J.R. Wicking Trust

- Eric Ormond Baker
 Charitable Trust
- · The Pierce Armstrong Foundation

Companies

- · JA Davey (Omron)
 - Ogilvy Healthworld
- · Pfizer
- Servier
- · Veolia Environmental Services
- Allergan
- · Sanofi Aventis
- · Glaxo Smith Kline

Government departments

- Australian Government
 Department of Health and Ageing
- · Department of Health (Victoria)
- Department of Health and Human Services (Tasmania)
- Queensland Government/ Queensland Health

Pro bono supporters

- · Corrs Chambers Westgarth
- DraftFCB
- · IMCD Australia
- Aviva
- · Starcom MediaVest

Publications

leerie

People in the community who have had a stroke, or who are concerned about their stroke risk, need to know more about how to reduce their risk, or to improve their recovery after stroke.

Response

- 1,096,562 pieces of information were distributed to fill nearly 800 orders
- 1,500 website hits to a stroke fact sheet in either Chinese, Greek, Italian, Arabic,
 Vietnamese or Italian
- New resources developed in 2009 include a booklet on childhood stroke for parents and families produced with Strokidz and Royal Children's Hospital, Melbourne.



Governance and accountability

Issue

Growing awareness of stroke, generated in large part by the National Stroke Foundation, created new opportunities and greater demands on policy development, programs and information services. To meet these demands we

extended our national reach, taking on additional employees with enhanced skills and continued to upgrade management systems covering financial investment, human resources, information technology, telecommunications and risk management.

Response

- \$11.4 million in total revenue (including bequests and income from investments) in 2009 – 41% increase from 2008.
- 48 full-time and part-time staff compared with 40 at the end of 2008
- Staff representation in all states with offices in Hobart and Perth and program specific staff in a new serviced office in Brisbane.

Financial performance

Revenue	2009 (\$,000's)	2008 (\$,000's)	2007 (\$,000's)	2006 (\$,000's)
Community Support - Non-Bequests	7,063	6,621	3,938	3,221
Community Support - Bequests	1,972	91	5	14
Corporate Support	338	352	629	404
Government Support	1,475	915	797	503
Product Merchandise	73	131	96	125
Interest Income	56	90	116	68
Total Revenue	10,977	8,200	5,581	4,335
Expenses				
Priority Area 1 - Prevention & awareness	1,619	1,333	1,129	535
Priority Area 2 - Stroke services	1,042	847	582	241
Priority Area 3 - Life after stroke	879	751	317	202
Priority Area 4 - Research	254	40	65	202
Priority Area 5 - Fundraising*	3,988	4,348	2,700	2,435
Priority Area 6 - Governance & accountability	924	838	612	320
Total Expenses		8,157	5,405	3,733
Surplus From Ordinary Operations:	2,271	43	176	602
Other Investment Income	103	39		
Restatement of of Investments to Fair Value	353	(178)		
Total Other	456	(139)	5,405	3,733
OVERALL RESULT	2,727	(96)	176	602
Financial Position Assets				
Cash (inc. Deposits)	2,495	1,498	0.445	0.400
	2,490	1,490	2,415	2,130
Receivables	2,493 347	1,496	262	2,130 329
Inventory	347 7	207 9	262 2	· · ·
	347	207	262	329
Inventory	347 7 2,602 252	207 9	262 2	329
Inventory Other Financial Assets at Fair Value**	347 7 2,602	207 9 719	262 2 535	329 4 -
Inventory Other Financial Assets at Fair Value** Fixed Assets	347 7 2,602 252	207 9 719 255	262 2 535 90	329 4 - 62
Inventory Other Financial Assets at Fair Value** Fixed Assets Total Assets	347 7 2,602 252	207 9 719 255	262 2 535 90	329 4 - 62
Inventory Other Financial Assets at Fair Value** Fixed Assets Total Assets Liabilities	347 7 2,602 252 5,703	207 9 719 255 2,688	262 2 535 90 3,304	329 4 - 62 2,525
Inventory Other Financial Assets at Fair Value** Fixed Assets Total Assets Liabilities Payables	347 7 2,602 252 5,703	207 9 719 255 2,688	262 2 535 90 3,304	329 4 - 62 2,525
Inventory Other Financial Assets at Fair Value** Fixed Assets Total Assets Liabilities Payables Provisions	347 7 2,602 252 5,703 396 1,211 105	207 9 719 255 2,688 594 684	262 2 535 90 3,304	329 4 - 62 2,525

Ratios and Expenditure Notes:

Direct fundraising expenses to income***

Administration expenditure to income

8.4%

* Includes major development investment into a donor acquisition program

375 GPs attended workshops



^{**} Increase in 2009 represented in part by "Australian Listed Shares" from a Bequest received

^{***} Does not include income and expenses associated with major developmental investment



The honorary Board includes medical, business, research and consumer representatives.

Patrons and Board

Patron-in-Chief

Her Excellency, Ms Quentin Bryce AC, Governor-General of the Commonwealth of Australia

Patrons

David Brownbill, AM Sir John Holland, AC (deceased 31 May 2009) Sir Gustav Nossal, AC Lady Southey, AC

Chief Executive Officer

Dr Erin Lalor

Medical Directors

Professor Christopher Bladin, MD, FRACP Associate Professor Christopher Levi, MD, FRACP

Board

The honorary Board includes business, research, consumer representatives and two Medical Directors

President

Professor Richard Larkins, AO (appointed September 2009) Dr John Lill, OAM (resigned April 2009)

Vice Presidents

Andrew F Buckle, OAM William J Forrest, AM Robert Trenberth (resigned April 2009)

Treasurer

Graeme Bowker

Company Secretary

John Buchanan

Directors

Professor Richard Smallwood, AO (resigned October 2009)
Associate Professor Julie Bernhardt
Professor Richard Lindley
Paul Leeds
David Evans
Michael Hill
Paul Shanley (appointed February 2009)
lan Collins, AM (resigned December 2009)
Susan Aveyard

Ambassadors

Judith Halliday Angelo Lekkas Brooke Parsons Ross Pearson

Solicitors

Corrs Westgarth Chambers

Auditors

RSM Bird Cameron

Consultant Accountants

Evans Buchanan

Finance Investment and Risk Committee

Graeme Bowker, Chairman
Dr John Lill, OAM (resigned April 2009)
David Evans
Andrew Miles
Dr Erin Lalor
Glenn Sheffield (ex officio)
Matthew Oakey, Evans Buchanan (ex officio)

Governance and Nominations Committee

William J Forrest, AM Andrew F Buckle, OAM



Australia's second biggest killer

Stroke is Australia's second single greatest killer after coronary heart disease and a leading cause of disability.²

In 2010, Australians will suffer over 60,000 new and recurrent strokes – that's one stroke every 10 minutes.³

One in five people having a first-ever stroke die within one month and one in three die within a year.⁴

The number of strokes will increase each year due to the ageing population unless the incidence is reduced.⁵

In the next 10 years more than half a million people will suffer a stroke.6

Join us on our mission

To stop stroke, save lives and end suffering, we rely mainly on the community, with support from governments, philanthropic and corporate organisations that fund vital programs.

You can help by:

- making a tax deductible donation online or by post
- leaving a bequest in your Will
- · becoming a corporate partner or sponsor
- volunteering
- holding your own fundraising event
- taking part in fundraising events
- spreading the word about stroke.



Contact us

National Stroke Foundation

Level 7, 461 Bourke Street
Melbourne, VIC 3000
ABN 42 006 173 379
P +61 3 9670 1000
F +61 3 9670 9300
admin@strokefoundation.com.au

National Stroke Foundation (Tasmania)

Industry House
30 Burnett Street
North Hobart TAS 7002
T +61 3 6231 4424
F +61 3 6234 3442
tas@strokefoundation.com.au

National Stroke Foundation (Western Australia)

Centre for Neurological Support Suite B, The Niche, 11 Aberdare Road Nedlands WA 6009 T +61 8 9346 3574 F +61 8 9346 7534 wa@strokefoundation.com.au

www.strokefoundation.com.au

For information or advice about stroke call our

StrokeLine 1800 787 653 (free call)

 AusDiab 1999-2000 as cited in AlHW December 2009, Prevention of cardiovascular disease, diabetes and chronic kidney disease: targeting risk factors. Cat. no. PHE 118. Canberra: AlHW

- Australian Institute of Health and Welfare 2006. Australia's Health 2006.
 Australia Institute of Health and Welfare 2006. Australia's Health 2006.
- AG Thrift (personal communication). Estimates obtained using NEMESIS data (assuming no change in incidence), and Australian Bureau of Statistics estimates of a changing population
- Thrift AG, Dewey HM, Macdonell RAL, McNeil JJ, Donnan GA 2000. Stroke incidence on the East Coast of Australia: the North East Melbourne Stroke Incidence Study (NEMESIS). Stroke 31 (9):2087-2092.
- 5. AIHW: Senes, S 2006. How we manage stroke in Australia
- 6. AG Thrift (personal communication) see above. These estimates are for 2008 to 2017 inclusive (i.e. 10 years)

©2010 National Stroke Foundation. Apart from any use as permitted under the Copyright Act 1968 no part may be reproduced by any process without prior permission of the National Stroke Foundation. Requests and enquiries concerning reproduction and rights should be addressed by email to admin@strokefoundation.com.au.

Every effort has been made to ensure that this publication is free from error and/or omission at the date of printing. The authors, publishers, and any person involved in the preparation of the National Stroke Foundation 2009 Annual Review take no responsibility for loss occasioned to any person or organisation acting or refraining from action as a result of information contained in this publication.

Editor: Brian M. Peck - bpeck@strokefoundation.com.au

ISSN: 1834-7029