

Victorian Election Platform 2026



Save lives. Improve equity. Ease pressure on Victoria's health system.

Stroke Foundation is an evidence-based, non-partisan national charity that partners with the community to prevent stroke, save lives and enhance recovery. We do this through raising awareness, supporting hospitals and health professionals, facilitating research, and supporting survivors of stroke.

Stroke in Victoria



11,519
stroke events
in 2023



110,000+
Victorians living
after stroke



2,180+
lives lost to
stroke each year



54,155
Disability Adjusted Life Years
(DALYs) – Lifetime years of
full health lost by Victorians
due to stroke in 2023



\$1.4 Billion
lifetime healthcare cost of strokes
occurring in Victoria in 2023
including \$1.1 billion in hospital
costs and \$99 million in road
ambulance costs

The burden is not shared equally

Regional and rural Victorians and CALD communities experience higher rates of stroke and poorer outcomes. Women face additional stroke risks and inequities in recognition, treatment and recovery.

Victoria has invested in world-class acute stroke care

- › Two Mobile Stroke Units
- › Victorian Stroke Telemedicine Service
- › Enhancing Stroke Care Improvement Project with Safer Care Victoria
- › Australia's first Women's Stroke Clinic at Monash Health.

The next opportunity

Help more Victorians recognise stroke, act immediately and reach Victoria's world-class stroke care in time to benefit – and closing an important gap in women's health.

F.A.S.T. VIC

Invest \$3.52 million over four years in a statewide F.A.S.T. awareness with targeted activity for rural and regional Victorians and Culturally and Linguistically Diverse (CALD) and Language Other Than English (LOTE) communities.

Impact: More Victorians recognising stroke and calling 000 sooner → earlier treatment → less disability → reduced pressure on Victoria's health system.

Women and stroke VIC

Invest \$3.48 million over four years in a nation-leading Women and Stroke Program to close the stroke sex gap.

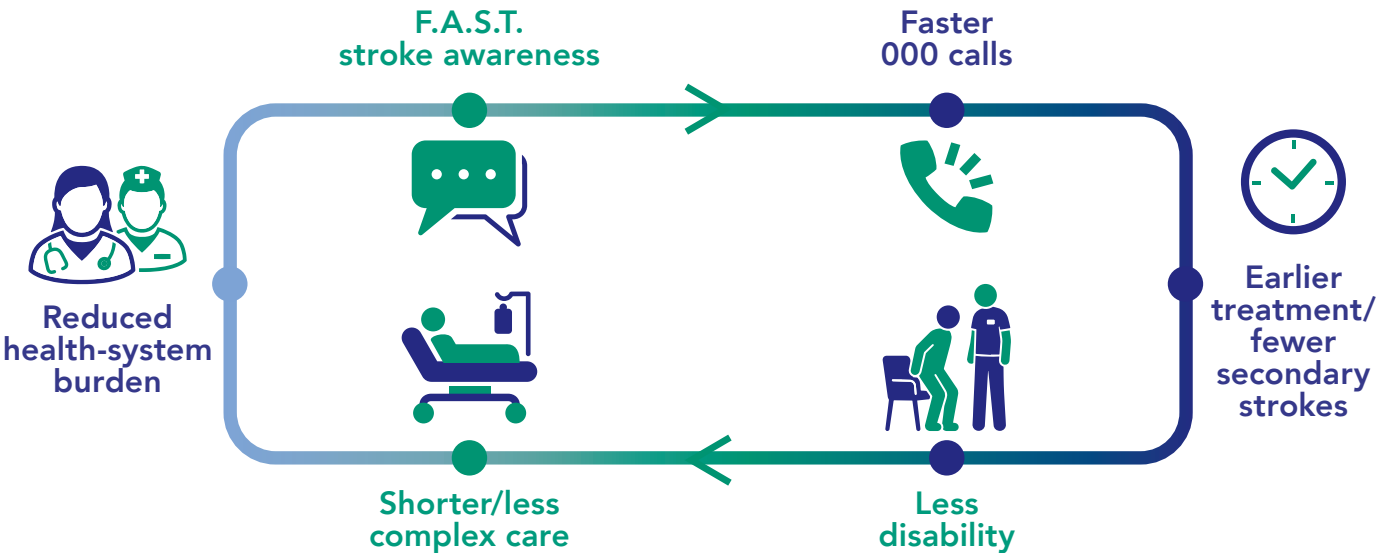
Impact: Fewer preventable strokes → earlier recognition and treatment → better recovery → less disability and more equitable outcomes for Victorian women.

Proposal 1: F.A.S.T. VIC – Helping more Victorians recognise stroke, access timely treatment and reduce the strain on our health system

The Investment: **\$3.52 million (\$880,000 per year over four years)** for a statewide stroke awareness and community engagement campaign for all Victorians, with targeted activity for two priority populations: rural and regional Victorians, and CALD/LOTE communities.

The Return: Lives saved. Significant reduction in healthcare costs. Eased pressure on hospitals, rehabilitation and the broader health system. More Victorians benefitting from the world-class acute stroke care Victoria has already invested in and built.

The Challenge	The Opportunity
Every minute after a stroke, up to 1.9 million brain cells die. Making sure Victorians know how to recognise the Face, Arms, Speech, Time (F.A.S.T.) signs of stroke and call an ambulance without delay can be the difference between life and death, or optimum recovery and lasting disability. Yet: ➤ 1 in 3 Victorians cannot name a single F.A.S.T. sign of stroke. ➤ Only 12% know all three F.A.S.T. signs. ➤ Only 36% of Victorian stroke patients arrive at hospital within the recommended 4.5-hour treatment window to receive critical life-saving reperfusion therapy. The equity gap is stark ➤ 57% of LOTE Victorians cannot name a single F.A.S.T. sign (compared to 25% for English speakers). ➤ LOTE respondents are the least likely to say they would call 000 first if they witnessed a stroke. ➤ Victorians in regional and rural areas are 17% more likely to experience a stroke compared to metro residents.	Help more Victorians recognise stroke and access treatment quickly to improve survival, recovery and secondary stroke prevention and reduce demand on acute hospital beds, rehabilitation, disability and community services. F.A.S.T. VIC would: ➤ Increase stroke recognition and earlier 000 calls, getting more Victorians to time-critical hospital stroke treatment. ➤ Close Victoria’s significant awareness gap for LOTE and CALD communities by targeting investment where need is greatest. ➤ Improve equity in stroke outcomes by targeting rural and regional communities and helping ensure they connect with the Victorian Stroke Telemedicine Service Network.



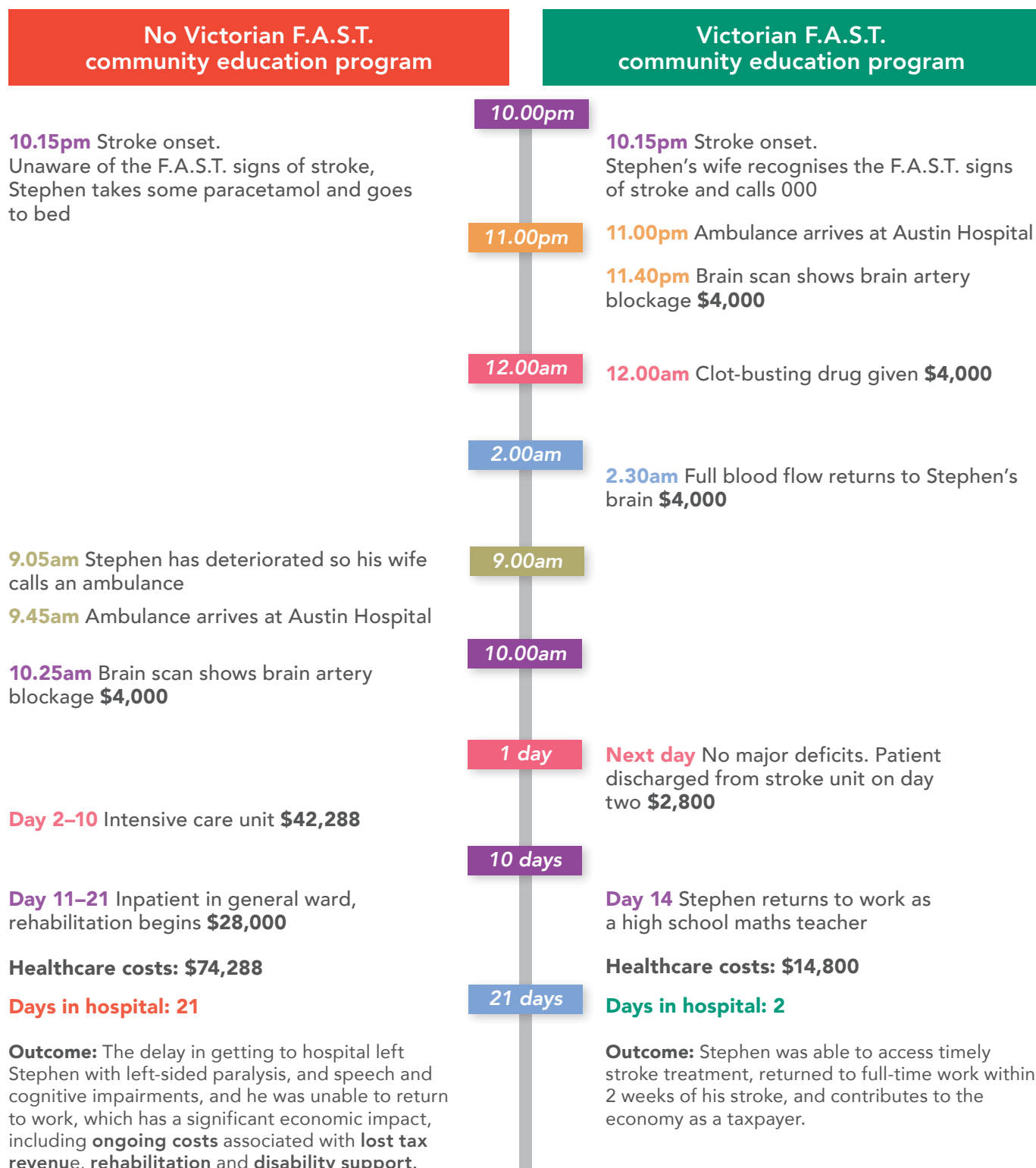
Stephen's story

Stephen, a 32-year-old Northcote resident, is getting ready for bed when he suddenly starts jumbling his words when responding to his wife. His left arm begins to feel weak and he struggles to lift it when pulling back the covers in bed.

His wife Rachel, notices him struggling with speech and arm movements. Rachel remembers Stroke Foundation's F.A.S.T. signs of stroke messaging that she recently saw on social media and calls an ambulance immediately.

Stephen is taken by ambulance to the Austin Hospital where a CT scan confirms a stroke. He receives a clot busting drug and spends two days in hospital, before being discharged.

Stephen still has issues with fatigue, but is back at work full-time as a high school maths teacher.

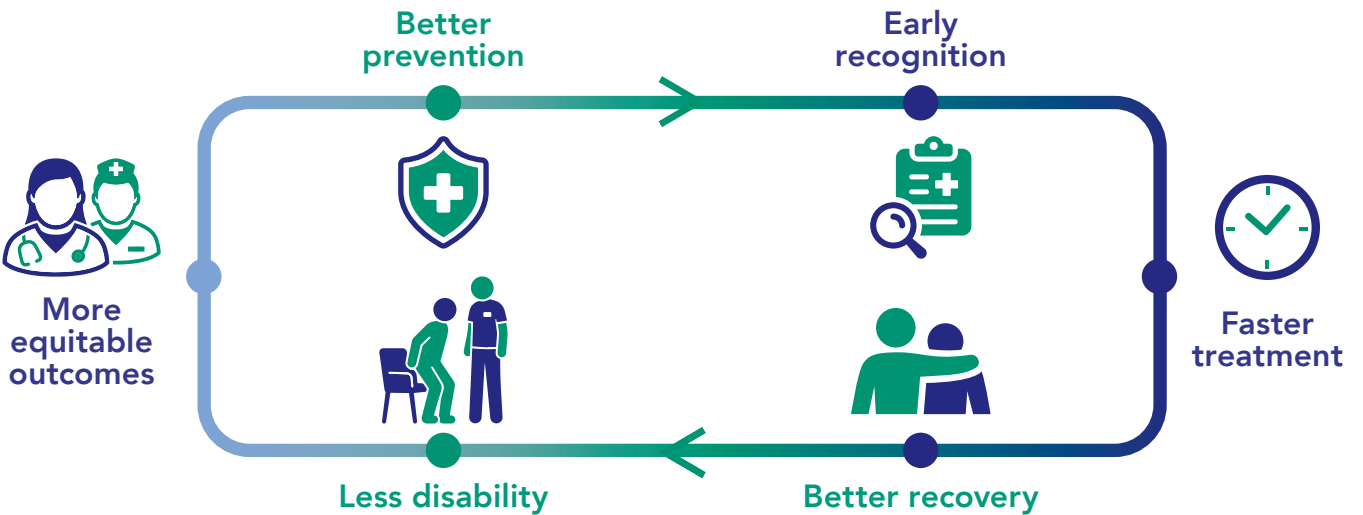


Proposal 2: Women and Stroke Victoria – A nation-leading program to close the sex gap in stroke

The Investment: **\$3.48 million (\$870,000 per year over four years)** in a nation-leading Women and Stroke Initiative aligned with Victoria’s Women’s Health and Wellbeing Program.

The Return: Fewer preventable strokes. Lives saved. Earlier recognition and treatment, and better recovery for Victorian women – reducing avoidable death and disability, improving health equity and reducing long-term demand on health and community services.

The Challenge	The Opportunity
Stroke is a major women’s health issue, but it is still largely treated as a gender-neutral condition. Women experience different stroke risks across their lives, can experience additional symptoms and face inequities in recognition, treatment and recovery. - Stroke is the 3rd leading cause of death for Victorian women, killing more women (1,861) than breast cancer (730) in 2024. - Almost 1 in 50 Australian women (195,725) have experienced a stroke (1.8%). - Women are less likely to receive timely treatment and more likely to experience delays in recognition and access. - Women can experience additional symptoms including headache, confusion, nausea, loss of balance and fatigue, alongside the core F.A.S.T. signs. - Women face specific stroke risks across their lives – pregnancy increases stroke risk threefold, while menopause and hormonal changes can also increase risk.	Victoria has already recognised that women experience health differently through its Women’s Health and Wellbeing Program. This is an opportunity to extend that leadership to stroke, one of the leading causes of death and disability among Victorian women. A nation-leading Women and Stroke Program would: RECOGNISE – More women know their risk and recognise stroke Increase recognition of women’s stroke risks and symptoms, supporting prevention and earlier action. RESPOND – Fewer strokes in women are missed or delayed Improve recognition across the health system, so more women receive time-critical stroke treatments sooner. RECOVER – More women achieve their best possible recovery Address sex-specific gaps in rehabilitation and support, helping women regain independence and return to family, community and work.



Jenny's story

Jenny, a 44-year-old mother of two from Traralgon, wakes up feeling nauseated, disoriented and struggling with her balance. At her husband Richard's urging, she makes an appointment with her family GP.

Jenny sees her GP at 9.30am. Having attended a Stroke Foundation and RACGP 'Women and Stroke' webinar six months earlier, her GP knows that women can experience stroke symptoms beyond the F.A.S.T. signs. Concerned Jenny is having a stroke, the GP calls an ambulance.

Within 20 minutes, Jenny arrives at Latrobe Regional Hospital, where doctors connect with a Melbourne-based neurologist through the Victorian Stroke Telemedicine (VST) service. A brain scan confirms a stroke and Jenny receives clot-busting treatment.

Jenny is airlifted to the Royal Melbourne Hospital for an endovascular clot retrieval procedure and is discharged two days later.

Jenny recovers well. She returns to work four days a week as a physiotherapist in Traralgon, while raising her two children and helping care for her 76-year-old mother.



