

Background

In 2020, 27,428 Australians experienced stroke for the first time and there were more than 445,000 survivors of stroke living in our community.¹ The burden of stroke is higher among certain groups in the population, including those living in rural, regional, and remote areas, Aboriginal and Torres Strait Islander peoples, and those from low socioeconomic areas.² Unless action is taken, it is estimated that Australians will experience an additional 23,000 new strokes annually by 2050, and there will be an additional 374,000 survivors of stroke living in the community.¹

Importantly, 80% of strokes can be prevented³, and primary stroke prevention remains the most effective means of reducing the burden of stroke in Australia. Key modifiable risk factors for stroke include high blood pressure, tobacco smoke (from smoking and exposure to second-hand smoke), overweight and obesity, unhealthy diets (high in salt and red meat, and low in fruits, vegetables, and whole grains), type 2 diabetes, high cholesterol, alcohol use, physical inactivity, and atrial fibrillation.⁴

Australia spends approximately \$2 billion on prevention each year, equivalent to \$89 per person. This represents just 1.34% of all health spending, and has fallen from 1.74% in 2000. Yet we know that many preventive health interventions are cost-effective – for every dollar invested in prevention there is a \$14 return.



Reducing the number of preventable strokes in the Australian community

As part of our <u>Stroke Strategy 2024</u>, Stroke Foundation is committed to empowering more Australians to recognise the risk factors for stroke that can be changed, and in doing so increase their chances of preventing stroke. Specifically, our goal is to ensure that by 2024, 65% of adult Australians will know the stroke risks they can change.

Australian Federal and State and Territory governments need to invest in evidence-based approaches to reduce the number of preventable strokes in the community, by encouraging all Australians to live healthier lives, and better identifying and managing those at risk of stroke.

It is critical that governments engage local communities and priority populations in the development and implementation of these approaches to ensure they are locally responsive and culturally appropriate.



Stroke Foundation recommends that Australian governments:

- 1. Ensure Australians know the modifiable risk factors for stroke and are empowered to minimise these risks through accessible health checks at specific ages, supported by community education programs and a system of notification and recall.
- 2. Support primary health care professionals to conduct health checks, by raising awareness through health professional education and training programs, and the provision of evidence-based tools and resources.
- 3. Improve the identification and management of high blood pressure (please refer to Stroke Foundation's position statement on 'High Blood Pressure and Stroke' for specific recommendations).
- 4. Build on and strengthen existing work to reduce tobacco use and exposure to tobacco smoke in the community (please refer to Stroke Foundation's position statement on 'Smoking and Stroke' for specific recommendations).
- 5. Improve access to healthy diets through the development and funding of a National Nutrition Strategy that is focused on:
 - o implementing Australian Dietary Guidelines that are subject to regular review and supported by a communication and social marketing strategy
 - o improving access to affordable healthy food options, particularly for Australians living in rural, regional, and remote communities
 - o further restricting children's exposure to unhealthy food and drink marketing, branding, and sponsorships across all forms of media, including digital media
 - o reducing the sugar, saturated fat, and salt content of packaged and processed foods through reformulation and serving size reduction
 - o informing consumer choice by mandating the Health Star Rating front-of-pack labelling system on all packaged food products
 - o implementing a health levy on sugar-sweetened beverages, with revenue supporting public education campaigns and initiatives to prevent chronic disease and childhood obesity.

- 6. Reduce alcohol-related harm in the community, by:
 - o implementing taxation reforms, such as volumetric taxation (where products are taxed based on alcohol content) for all alcoholic drinks, to establish an economic incentive to produce and consume low alcohol products in the place of higher alcohol products
 - o introducing restrictions to reduce exposure to alcohol marketing among children and younger people (including through digital media and sporting broadcasts and events)
 - o banning the promotion and marketing of alcohol at train and bus stations and on public transport
 - o building consumer awareness of the 'Australian guidelines to reduce health risks from drinking alcohol' to support informed decisions about alcohol consumption
 - o developing public health campaigns that promote a better understanding of the risks and harms associated with alcohol consumption.
- 7. Ensure Australians are supported to be physically active through the development and funding of a National Physical Activity Action Plan that is focused on:
 - o creating healthy built environments that provide increased opportunities for physical activity through public open spaces and green areas and active transport infrastructure that promotes walking, cycling and public transport
 - o promoting and facilitating increased physical activity and reduced sedentary behaviour in a wide variety of settings, including early childhood education and care settings, primary and secondary schools, workplaces, and local communities
 - o implementing mass media public education campaigns to raise awareness of the importance of physical activity.

Many of these policy actions can be realised through the funding and implementation of key national strategies and plans that have been endorsed by Australian governments, including the National Tobacco Strategy 2012–2018, National Strategic Action Plan for Heart Disease and Stroke, National Preventive Health Strategy 2021–2030, and Australia's Primary Health Care 10 Year Plan 2022–2032. An increase in investment in preventive health to 5% of total health expenditure across Federal and State and Territory governments by 2030, and the establishment of an ongoing, long-term prevention fund to ensure preventive health and health promotion activities are sustainably funded (both of which have been outlined in the National Preventive Health Strategy 2021-2030), will be critical.

Stroke Foundation advocacy and program activities

Stroke Foundation's prevention-focused advocacy is undertaken primarily through its membership of the <u>Australian Chronic Disease Prevention Alliance</u> (ACDPA). The ACDPA brings together Stroke Foundation, Diabetes Australia, National Heart Foundation, Kidney Health Australia, and Cancer Council Australia to collectively advocate for chronic disease prevention, risk assessment, and early detection.

The My Health for Life program is an evidencebased, free, Queensland Government-funded behaviour modification program, and is designed to help Queenslanders to reduce their risk of developing conditions such as type 2 diabetes, heart disease, stroke, high cholesterol and high blood pressure. Stroke Foundation is partnering with the Healthier Queensland Alliance to deliver this program, which aims to avoid unnecessary hospital admissions, delivering savings to the health system. To date, over 210,000 Queenslanders have been engaged in a conversation about their health by undergoing a chronic disease health assessment, more than 16,000 are currently enrolled in the program, and over 10,000 have completed the program. Importantly, program participants have demonstrated sustained improvements in outcomes such as a reduction in waist circumference and ability to meet Australian physical activity guidelines.

Stroke Foundation is developing a similar behaviour modification program aimed at secondary stroke prevention, called *Living Well After Stroke*. This Federal Government-funded project, which is currently being piloted in Queensland, is focused on survivors of stroke who have experienced a mild stroke but have not been referred to inpatient rehabilitation yet, and have an identified need to change health behaviours to reduce their risk of future stroke.

Stroke Foundation is working with partners at Monash University and the University of Tasmania to test how text messaging and online education can be used to enhance prevention of stroke, in a project funded by the Medical Research Future Fund. The Love Your Brain project will use co-design with consumers and health professionals to explore how a digital health platform can increase uptake of health checks, as well as knowledge of stroke, including risk factors.

Stroke Foundation delivers campaigns and programs to raise awareness of high blood pressure and smoking as important modifiable risk factors for stroke. These activities are detailed in our position statements on these topics.

References

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- 4. GBD 2019 Stroke Collaborators. 2021. Global, regional, and national burden of stroke and its risk factors, 1990-2019: a systematic analysis for the Global Burden of Disease Study 2019. Lancet Neurology. 20:795-820.
- 5. Foundation for Alcohol Research and Education. 2017. Preventive health: How much does Australia spend and is it enough? FARE. Canberra, Australia.
- 6. Masters R, Anwar E, Collins B, Cookson R. 2017. Return on investment of public health interventions: a systematic review. Journal of Epidemiology and Community Health. 71:827-834.



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How to get more involved

- **6** Give time become a volunteer.
- Raise funds donate or hold a fundraising event.
- Speak up join our advocacy team.
- Y Leave a lasting legacy include a gift in your Will.
- **H** Know your numbers check your health regularly.
- Stay informed keep up-to-date and share our message.