

2023  
ELECTION  
MANIFESTO

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# ABOUT US

The Stroke Foundation of New Zealand is the only community service provider in New Zealand dedicated to the prevention of stroke and providing community support services to those affected by stroke across the nation.

- Our mission is simple; to prevent stroke, improve outcomes and save lives.
- Our Life Before Stroke services prevent strokes by raising public awareness of stroke risk factors, providing free blood pressure and pulse checks (to detect atrial fibrillation / irregular heart rhythm), promoting the F.A.S.T. message, delivering workplace stroke prevention campaigns and tools, and advocating for government action on salt in processed foods (a leading contributor to stroke).
- In Life After Stroke, we provide the essential community support needed for people to make their best possible recovery and live their best life after stroke. Strokes can be devastating; for the person who has the stroke, their whanau, colleagues, friends, employers. We are by their side at this very difficult time. Every year we positively impact and change the lives of many thousands of New Zealanders.
- Advocating for changes to public policy to reduce health inequity across Aotearoa.



**1** IN FOUR OF US

WILL BE IMPACTED BY A STROKE IN OUR LIFETIME

**9,500** STROKES HAPPEN EVERY YEAR

**64,500**

PEOPLE LIVING WITH THE EFFECTS OF STROKE

**350,000**

PEOPLE AND WHĀNAU AFFECTED IN AOTEAROA

**\$1,100,000,000**

ANNUAL ECONOMIC COST OF STROKE

As our population ages, our risk of stroke increases. The number of strokes in Aotearoa is predicted to rise by a staggering 40% in the ten years to 2028 and we are already outstripping forecasts. This is not a target we wish to meet.

While three quarters of all strokes are avoidable and medical advances mean that more people than ever can survive stroke, many are left with permanent disabilities. It is not okay that every 55 minutes someone in Aotearoa experiences a stroke. It's not okay that Māori, Pacific and Asian people have more strokes, at younger ages and with greater severity.

In this election year, the Stroke Foundation of NZ is calling on all politicians to support changes that we know will make a direct impact on people's lives.

# ELECTION MANIFESTO 2023 AT A GLANCE

## WE'RE ON A MISSION TO:

✓ PREVENT STROKE ✓ IMPROVE OUTCOMES ✓ SAVE LIVES

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### MISSION NUMBER 1:

## REDUCE SALT AND PREVENT STROKE

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### What we need from our future Government

- Introduce the World Health Organization sodium (salt) limits for packaged food, with a target of 80% compliance within 5 years. Publish progress reports annually. This is the single most effective and low-cost way to reduce high blood pressure – the main cause of stroke.
  - Make the Health Star Rating mandatory on food packaging so people can make informed and healthy food choices.
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### MISSION NUMBER 2:

## FUND COMMUNITY INNOVATION TO IMPROVE STROKE OUTCOMES

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### What we need from our future Government

- Fund the national rollout of Taking Charge After Stroke (TaCAS). Created in Aotearoa, implemented overseas, but not funded here, the Stroke Foundation has self-funded TaCAS so more New Zealanders can live independently after their stroke. It's now time for the Government to fund TaCAS.
  - Inclusion of TaCAS and our Community Stroke Advisory Service in the national stroke pathway promised by Government so everyone has equitable access to a continuum of care that extends into the community.
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### MISSION NUMBER 3:

## CLOSE THE GAP – EQUITY SAVES LIVES

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### What we need from our future Government

- Eliminate the inequities in life-after-stroke rehabilitation and support services by providing people who have experienced stroke, especially tangata whenua, with culturally appropriate care, regardless of location, to a standard that someone expects when they receive services from ACC.
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## MISSION NUMBER 1: REDUCE SALT AND PREVENT STROKE

The Stroke Foundation is calling for the government to urgently introduce cost effective measures aimed at reducing the long-term harm caused by stroke.

Eating too much salt causes high blood pressure, the leading stroke cause. Most New Zealanders eat on average 8.5 grams of salt every day, that's 70 per cent more than the recommended 5 grams.

The World Health Organization (WHO) has identified reducing salt as a priority for saving lives. Ten years ago Aotearoa made a commitment to the WHO goal to reduce sodium intake by 30 per cent by 2025. We are light years away from delivering on this, and it's costing lives and causing pain on a daily basis up and down the motu. It cannot be allowed to continue.

Aotearoa has two main public health programmes encouraging food manufacturers to reduce salt content – the Heart Foundation's food reformulation programme and the Health Star Rating on packaged foods, managed by the Ministry for Primary Industries. Both are voluntary with limited impact.

Our future government must step up, for the health of all New Zealanders, to introduce mandatory standards for industry to make it easier for people to eat less salt.

### **What we need from our future Government**

- Introduce the World Health Organization sodium (salt) limits for packaged food, with a target of 80% compliance within 5 years. Publish progress reports annually. This is the single most effective and low cost way to reduce high blood pressure – the main cause of stroke.
- Make the Health Star Rating mandatory on food packaging so people can make informed and healthy food choices.



## MISSION NUMBER 2: FUND COMMUNITY INNOVATION TO IMPROVE STROKE OUTCOMES

Aotearoa is a high income country in global terms and we expect a health system that helps prevent stroke, gives us the best chance of surviving after stroke, and supports our rehabilitation.

What many of us don't realise is that these services are inconsistent, there is a rural/urban divide and there are gaps and delays in accessing essential rehabilitation services – due to insufficient Government funding.

If you are Māori, Pacific or Asian, you are more likely to experience a stroke. Your stroke is more likely to be severe. You will be younger, so will live with your disability and hardship for longer. Your recovery outcomes after stroke will be worse. You are more likely to experience another stroke. There are limited culturally responsive services and programmes available to you.

The Government has already made a commitment to establishing a national pathway after stroke in Te Pae Tata, the Interim NZ Health Plan. There are services that should be funded and integrated into the national pathway that would help to improve health outcomes and reduce inequities. These including our Taking Charge After Stroke programme and our Community Stroke Advisor Service.

Taking Charge After Stroke (TaCAS) is a simple, person-centred, self-rehabilitation programme for people discharged home after stroke. This programme was designed by clinicians in New Zealand over a decade ago with randomised clinical trials showing improved outcomes after stroke, particularly for Māori and Pacific people. Economic analysis of the programme showed that TaCAS is cost-effective. Despite being implemented overseas, the Stroke Foundation of NZ has no funding for this New Zealand designed and tested intervention.

Our Community Stroke Advisor Service employs 35 Community Stroke Advisors throughout the motu who guide stroke survivors through the recovery process, providing information and advice and making connections to services.

### **What we need from our future Government**

- Funding for the national rollout of Taking Charge After Stroke. Implemented overseas but not funded here, the Stroke Foundation has self-funded TaCAS so more New Zealanders can live independently after their stroke. It's now time for the Government to fund TaCAS.
- Inclusion of TaCAS and our Community Stroke Advisory Service in the national stroke pathway promised by Government so everyone has equitable access to a continuum of care that extends into the community.



## MISSION NUMBER 3: CLOSE THE GAP – EQUITY SAVES LIVES

It's never more obvious that our systems are broken until you need support and it's not there. In effect, we have a two-tier health system – a comprehensive and coordinated range of supports via ACC, and a lesser poorly resourced and complicated system for conditions not covered by ACC. This second tier is failing our stroke community.

The support provided after stroke is a complicated blend of rehabilitation, disability, vocational, and income support from different agencies. It's hard to navigate. Sometimes the support is inadequate or doesn't exist at all. It takes too long.

A quick response is vital after stroke because in the first few weeks and months the greatest recovery gains are made. The gaps and delays in accessing rehabilitation services and equipment are compromising the recovery and hurting whānau. Sometimes there are simply no services available.

We want to see, as a minimum, the following supports available:

- Weekly income payments (equivalent to 80% of wages) if you can't return to work temporarily or permanently
- Treatment costs covered
- Provision of aids and equipment such as wheelchairs, braille equipment, specialised furniture
- Vocational rehabilitation
- Home help
- Support with childcare and education
- Assistance with transportation
- Housing assessments and modifications
- Vehicle modifications
- Free driving assessments
- Improved support for carers, including respite.

### **Life after stroke means being a second class citizen**

After a stroke, you will need a period of time off from work. This could be lengthy and sometimes permanent. Some people have to relearn how to walk and talk and even swallow.

A third of people who experience stroke have permanent disabilities and will need on-going support.



The reality is that people find themselves unable to pay their mortgage and everyday expenses, look after any dependents or continue to run their own business. People resort to setting up Give-a-Little pages to fund their own rehabilitation services and equipment, and for housing modifications to accommodate disability.

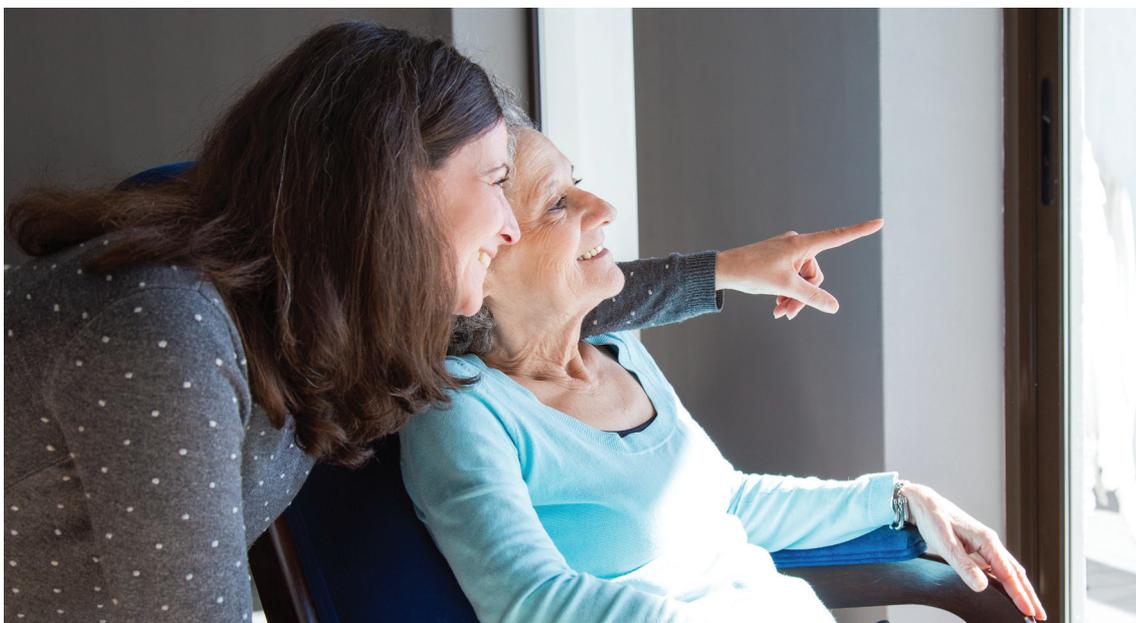
There is limited access to vocational services to support returning to work or retraining. We provide a free Return to Work Service as returning to work can be an important part of a survivor's recovery process. However, the service is only partially funded in some parts of motu by the Ministry of Social Development. It needs to be fully funded and available nationally.

Stroke survivors and their whānau throughout the country should receive the same income support, quality of care and rehabilitation as that provided to others who have had injuries from accidents.

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### **What we need from our future Government**

- Eliminate the inequities in life-after-stroke rehabilitation and support services by providing people who have experienced stroke, especially tangata whenua, with culturally appropriate care, regardless of location, to a standard that someone expects when they receive services from ACC.



# SUMMARY OF OUR SERVICES

The following is a summary of the current services we provide, with a priority focus on high need communities and areas.

Find out more by following the hyperlinks.

## LIFE BEFORE STROKE

- **Free blood pressure checks**

<https://www.stroke.org.nz/big-blood-pressure-check-vans> High blood pressure is a leading cause of stroke. However, many New Zealanders don't check their blood pressure regularly due to the cost of attending their health provider and/or convenience barriers. We remove these barriers by running two mobile clinics that provide over 10,000 free blood pressure checks each year with a focus on high need communities. If people have high readings, they are referred to their health provider for further support. We refer approximately 3% of the people we see directly to hospital due to critically high readings. A further 30% are advised to be retested because of a high reading.

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*I had to take a hard look at myself and the diet I've been consuming to deal with work stress. Knowing that I'm at risk makes a difference, because I can do something about it. At my age, getting a free check can be life-changing. – Van visitor describes his wake-up call*

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- **Free pulse checks**

<https://www.stroke.org.nz/atrial-fibrillation> Atrial fibrillation is a major risk factor for stroke which Māori and Pacific communities experience at a younger age and higher rate than other New Zealanders. To boost awareness, diagnosis and management, we also provide free pulse checks through our mobile services. If an irregular pulse is detected, we support that person to ensure they receive follow up with their health provider.

- Support for blood pressure management and healthy lifestyles**  
<https://www.stroke.org.nz/he-taonga> Visitors to our mobile services told us that they would like more support to manage their blood pressure and hauora. 'He taonga – he taonga koe, he taonga te whānau, he taonga te whakapapa' is a free six-week online programme designed to provide whānau with support to build healthy lifestyles.
- F.A.S.T**  
<https://www.stroke.org.nz/fast-training> People who present to hospital quickly after the first signs of stroke, have a greater chance of survival and improved outcomes. We train communities and workplaces on how to recognise the signs of stroke using the F.A.S.T. message. We equip them with knowledge and tools so that they can share the F.A.S.T. message with their community.
- Workplace health and wellbeing**  
<https://www.health15.nz/> We have partnered with the construction industry to develop a unique free health and wellbeing service called Health15. The service brings advice, tests, and experts directly to worksites making it easier for construction workers to prioritise their hauora. Employers cover the costs associated with people who need clinical follow-up, including time off work. We also work with sites to implement basic initiatives that support healthy lifestyles.

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*I am honoured to have been involved in the kaupapa and very humbled at the response it has received.*

– He Taonga Champion

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*Thank you for this free training, I look forward to sharing this kaupapa in my community e.g. Rugby clubs, marae and schools.*

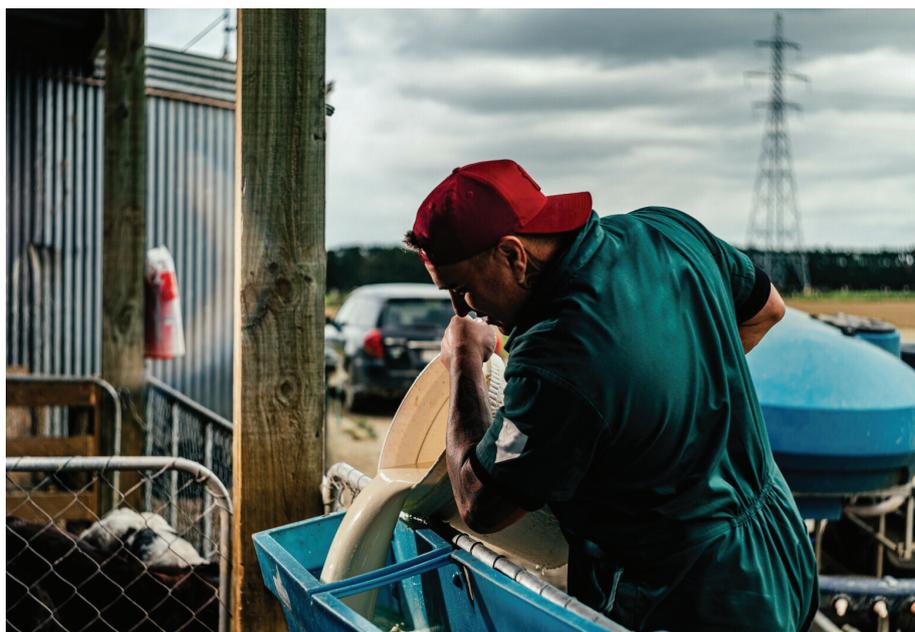
– F.A.S.T. Trainee

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## LIFE AFTER STROKE

- **Community Stroke Advisor (CSA) service**  
<https://www.stroke.org.nz/community-stroke-advisors> Our free CSA service is considered “our recovery whare” and consists of four pou. These four pou or support stages are information, support, service navigation and advocacy. Together they help people who have experienced a stroke, and their carers and whānau, to navigate and connect to the support services they need. This service is critical for people to make a successful transition from hospital to managing their own recovery and wellbeing at home and reintegrating back into their community. We take personal referrals for this service along with referrals from primary and secondary care.
- **Take Charge After Stroke:** Take Charge After Stroke is the only evidence-based person-centred, self-rehabilitation intervention available to people discharged home after stroke. Homegrown in Aotearoa and specifically designed for tangata whenua, clinical trials reported improved outcomes for Māori and Pacific whānau affected by stroke. At least ten countries around the world are implementing this intervention, however it is yet to be funded here. We are self-funding a pilot of this initiative and hope to secure ongoing funding for future national roll-out.



- **Return To Work (RTW) service**  
<https://www.stroke.org.nz/return-work> Getting back to work after a stroke can be a challenge. Working provides financial independence, confidence, social contact, structure to life and improves our sense of wellbeing and self-worth. Our RTW advisors provide expertise and support to people who have experienced a stroke and their employers to guide them through this process.

## Examples of client feedback

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*The calls received were of great reassurance. Always at a good time for me mentally. Quick chat with good advice and details greatly aided my recovery thus far.*

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*My CSA put in place a basic plan on how I could get out and about more, while also connecting me to the local stroke club's swimming sessions, which have been incredible for my recovery.*

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*I no longer felt I had been forgotten. I now have monthly support and socialise with our local stroke group with other survivors. Thank you so much.*

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*I feel grateful for the care I experienced and the assistance from the Stroke Foundation that helped me to be able to go home.*

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- **Stroke and carer support groups**  
<https://www.stroke.org.nz/stroke-clubs> We unite people and whānau who have been impacted by stroke for mutual support through a range of groups across the motu. As well as enabling people to share experiences and help each other, the groups encourage social activities and organise outings.
- **Rehabilitation support:** We connect clients to a range of therapies throughout the motu. These include speech and communication therapies, physiotherapy, hydro physio, and art therapies.
- **Support for tamariki and rangatahi:** When a whānau member has a stroke everything changes suddenly. Stroke can affect everyone, and our tamariki and rangatahi are no exception. They may be curious, scared or simply confused about why things have changed. We are developing a range of support tools to help tamariki and rangatahi navigate this often-daunting time.
- **Information:** We provide a database of free resources to help whānau and communities reduce their risk and rebuild their life after stroke. These are available in a range of formats and languages here <https://www.stroke.org.nz/free-resources>. The book Life After Stroke is readily available in hospitals and through our CSAs.



## ADVOCACY

- We advocate for system changes that make it easier for communities to reduce their stroke risk and achieve their aspirations after stroke.
- We are working closely with the National Stroke Network to develop a nationally consistent stroke pathway within the context of the new Health Districts and Localities.
- We provide individual advocacy support through our CSA and RTW services when clients face barriers to accessing services.
- We advocate to decision makers to remove cost and convenience barriers to having a regular blood pressure and pulse check.
- We advocate for government mandated salt reduction targets for processed foods, a leading cause of high blood pressure.

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*The Take Charge After Stroke session with my CSA made a big difference to how I thought about my stroke. I suddenly understood that the stroke did not define me and that I was someone who just happened to have stroke and had a life to live.*

– Take Charge Client

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**From driving license assessments, access to income support and other recovery services, our advisors help people affected by stroke on the pathway back to work:**

*No one has said what I can claim for, and what I cannot claim for, I've worked all my life and never had to do this before, my advisor was fundamental in helping me navigate this.*

– RTW Client

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**We welcome your contact through the following channels:**

**NATIONAL**

**Jo Lambert**

CEO

jo.lambert@stroke.org.nz

021 541 553

**NORTHERN REGION**

(Northland, Auckland)

**Don Scandrett**

General Manager - Northern

don.scandrett@stroke.org.nz

027 896 5664

**MIDLAND REGION**

(Waikato, Bay of Plenty, Lakes, Tauranga, Tairāwhiti, Taranaki)

**Nicky Mayne**

General Manager - Midland

nicky.mayne@stroke.org.nz

021 962 377

**CENTRAL REGION**

(Whanganui, Hawke's Bay, Mid Central, Wairarapa, Wellington)

**David Halford**

General Manager - Central

david.halford@stroke.org.nz

027 962 2132

**SOUTHERN REGION**

(South Island)

**Chris Davis**

General Manager - Southern

chris.davis@stroke.org.nz

027 424 6244

## OUR MISSION:

To prevent stroke, improve outcomes, and save lives.

## OUR VISION:

Is for a New Zealand where:

- significant steps are taken to reduce the number of strokes
- everyone understands and responds to the key risk factors
- anyone affected by stroke is supported and empowered.

## OUR VALUES:

### **Kaitiakitanga**

Guard and protect stroke survivors and help people learn to detect and manage stroke risks early.

### **Manaakitanga**

Care for others and be inclusive to everyone. Act with integrity and treat people with respect.

### **Rangatiratanga**

Enable people to be decision makers over their own health and wellbeing to achieve their best health outcomes.

### **Whanaungatanga**

Connect as a whānau and work together in everything we do to make a significant difference.