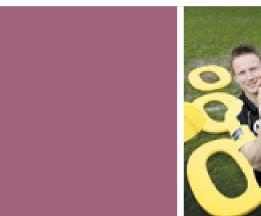


## 2007 Annual Review National Stroke Foundation

Growing nationally - meeting the challenge



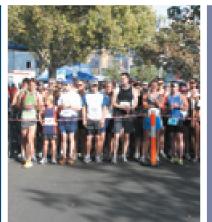












### 10 facts about stroke

- 1. Stroke is Australia's second single greatest killer after coronary heart disease and a leading cause of disability.<sup>1</sup>
- 2. In 2008, Australians will suffer close to 60,000 new and recurrent strokes that's one stroke every 10 minutes.<sup>2</sup>
- 3. One in five people having a first-ever stroke die within one month and one in three die within a year.<sup>3</sup>
- 4. The number of strokes will increase each year due to the ageing population unless something is done to reduce the incidence rate.<sup>4</sup>
- 5. In the next ten years more than half a million people will suffer a stroke.<sup>5</sup>
- 6. Stroke kills more women than breast cancer.6
- 7. About 88 per cent of stroke survivors live at home and most have a disability.<sup>7</sup>
- 8. Close to 20 per cent of all strokes occur to people under 55 years old.8
- 9. Strokes cost Australia an estimated \$2.14 billion a year.9
- 10. The National Stroke Foundation is the only national, not-for-profit organisation in Australia dedicated exclusively to stroke.

- 1. Australian 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.
- 3. 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.
- 4. AIHW: Senes, S 2006. How we manage stroke in Australia
- 5. AG Thrift (personal communication) see above. These estimates are for 2008 to 2017 inclusive (ie 10 years)
- 6. Australian Institute of Health and Welfare 2006. Australia's Health 2006.
- 7. AIHW: Senes S 2006. How we manage stroke in Australia.
- 8. AIHW: Heart, stroke and vascular diseases, Australian Facts 2004
- 9. Cadilhac, D., H. Dewey et al. Investing in Stroke What are the potential cost offsets from the strokesafe program. National Stroke Research Institute Technical Report (Unpublished) 2005.

### The signs of stroke

Do you recognise the signs of stroke? Would you know if you or another person is having a stroke?

**FAST** is the way you can recognise these signs:

Facial weakness Can the person smile?

Has their mouth or eye drooped?

Arm weakness Can the person raise

both arms?

Speech difficulty Can the person speak

clearly and understand

what you say?

Time to act FAST Call 000 immediately.

Act FAST: Call 000

For more information or advice about stroke, call our StrokeLine 1800 787 653 (free call) www.strokefoundation.com.au

## What is a stroke?

A stroke occurs when the brain is deprived of blood because an artery is blocked by a blood clot or plaque (an ischaemic stroke) or because the artery breaks or bursts (haemorrhagic stroke).

Interrupting the blood flow reduces the oxygen available to the brain which causes cells to die, resulting in death or disability. A stroke is not a heart attack.

Stroke can be prevented by keeping blood pressure and cholesterol levels low, exercising, enjoying a healthy diet, limiting alcohol intake and by not smoking. Some causes of stroke cannot be controlled, such as age, gender and a family history of stroke. Stroke can also be associated with diabetes and an irregular heart beat.

### Who we are

The National Stroke Foundation is a not-for-profit organisation working with governments, health professionals, patients, stroke survivors and carers so together we can beat stroke.

Our goal is to save 110,000 Australians from death and disability due to stroke over 10 years.

Together we can do it by:

- educating Australians about stroke
- developing policy and implementing programs to prevent and manage stroke
- assisting governments and health professionals to develop and put in place comprehensive and coordinated services for stroke survivors and their families
- encouraging and facilitating stroke research.

We want a world free from disability and suffering caused by stroke.

Our mission is to stop stroke, save lives and end suffering.

Our values are compassion, leadership, excellence, integrity, respect, innovation and commitment. These are reflected in our new corporate logo created in 2007 by Emery Studio.



# Growing nationally - meeting the challenge

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# Growing nationally – meeting the challenge

## From the President and Chief Executive Officer

National problems need national action. Research in 2007 endorsed our view that we must expand to meet the challenge of Australia's second biggest killer.

In 2007, the National Stroke Foundation worked with hospitals around the country to complete the first ever National Stroke Audit. This Audit quantified the resources around Australia that are available to support the delivery of evidence based care. The organisational survey indicated areas of need when it examined data from 254 hospitals. Similarly, an examination of 2,724 patient case notes in 89 hospitals in the clinical survey highlighted both strengths and limitations of the acute hospital system in meeting expected clinical practice standards for stroke.

We also commissioned research in 2007 to give us a better understanding of the needs of stroke survivors and their carers. The results showed that survivors continue to struggle to regain their health after a stroke and they and their carers find supportive information and services hard to find and use. The launch of the report, *Walk in our shoes,* at Parliament House in Canberra provided an opportunity for stroke survivors and carers to outline their needs directly to ministers, opposition shadow ministers, other parliamentarians and departmental officers.

To understand the needs of health professionals and GPs, we consulted widely in 2007, surveying their educational requirements. More than 450 health professionals and 300 GPs across Australia provided advice relating to education and professional development, quality improvement and resources and networks. The results will be used to plan programs for 2008.

The work undertaken in 2007 identified a number of needs for stroke. We saw the need for greater coordination of key stakeholders, leading to plans for a national stroke coalition to be established in 2008. We developed a greater understanding of the need to grow nationally, resulting in a strategic plan that recognises additional resources, funding, staff and infrastructure are required to extend our activities within states and across Australia.

To do this we are building on our achievements over the past five years, during which time we have:

- increased annual turnover from \$772,000 in 2002 to nearly \$6 million in 2007
- introduced a philosophy of flexibility so we can rapidly respond to a changing environment
- raised the profile of stroke in the community, with governments and health professionals
- delivered resources, programs and campaigns, some of which are world-first, to reduce the burden of stroke.

To strengthen our ability to be responsive and flexible, plans have been put in place to recruit key staff with specialised skills in public health, income development and project management.

Partnerships, particularly with business have enabled us to grow more rapidly than just dollar resources would allow. They have helped us develop staff skills and external resources to diversify our income streams.

The National Stroke Foundation is accepted as Australia's peak body for stroke and our programs are profiled internationally.

Approval in 2007 by the National Health and Medical Research Council of our updated *National Clinical Guidelines for Acute Stroke Management* recognised our leadership in advising on stroke management.

We are improving the delivery of programs to increase community awareness of stroke, help people to access treatment earlier, improve treatment of stroke and support stroke survivors and carers.

We are well regarded by governments and recognised as a significant non-government, not-for-profit organisation in the health sector. We also enjoy strong relations with peer organisations.

As we grow, we will continue to develop relationships with key stakeholders by demonstrating our effectiveness to governments, health professionals, stroke survivors and carers.

We know there is much more to do to achieve our vision of saving 110,000 lives from death and disability over 10 years but with continuing stakeholder support, a growing revenue base and the right team, we face the national challenge of stroke with confidence.

We thank our supporters and volunteers and, of course, our dedicated staff.



Dr John Lill, OAM President



Dr Erin Lalor Chief Executive Officer

### Awareness and prevention



### **FAST** ad saves Kim Durose

mother of two, Kim Durose, 43, found that her arm had "stopped working". When she tried to tell her husband Matt, the words would not come out properly.

But Matt had seen the National cleared completely and she is Stroke Foundation's FAST advertisement on television and remembered that two stroke symptoms were arm weakness and speech difficulties the A and S of FAST.

Matt knew what to do - he immediately dialled 000. An ambulance took Kim to Box Hill Hospital where she was treated with the clot-busting drug tPA.

It was Sunday afternoon when "I realise now how lucky I was. The scans showed I had a significant clot in my brain and I now know that there is only a three hour window to get the tPA treatment."

> In just 24 hours Kim's symptoms now enjoying life as a busy mum.



Kim and Matt Durose with their sons

#### FAST:

Facial weakness. Arm weakness. Speech difficulty, Time to act FAST

In 2007, there were 11.5 million opportunities for people to see, read or hear our message in news or current affairs reports nearly three times more than in 2006.



### Media campaign

#### 000 Message

Call 000 if you recognise the signs of stroke - that was the message for this year's media campaign, launched during National Stroke Week as part of the strokesafe™ public health program.

The message, act FAST by calling 000 was advertised over six weeks in the following media:

- newspapers
- television and radio
- billboards, shopping centres and bus stops
- websites
- cinemas

#### Advertising

The success of the advertising campaign was enhanced by excellent pro bono support from Draftfcb who developed and produced advertisements, Starcom who negotiated and organised placements and government funding from Queensland and Victoria.

The advertisements were carried by:

- News Ltd
- Southern Cross Broadcasting
- Austereo radio
- Eve Corp
- Adshel outdoor advertising
- Val Morgan cinema advertising

Queensland Health and the Victorian Government paid for advertising to target stroke while 52% were aware of people 55 and over in metropolitan and regional areas of both states.

### News coverage

Local and metropolitan newspapers carried stories about National Stroke Week and FAST, emphasising the key message - call 000.

Channel 7 news featured the launch of National Stroke Week in Melbourne's Federation Square. Radio stations ran interviews with Chief Executive Officer, Dr Erin Lalor and every day during this week,

ABC Radio Central Coast, New South Wales featured stroke on the afternoon show.

The coverage provided 11.5 million opportunities for people to see, read or hear the FAST message in news or current affairs reports, nearly three times as many as in 2006.

l		TV	Radio	Print	Online	Total	Total population coverage
	2007	10	81	138	5	234	11,583,095
	2006	16	104	25		145	4,783,640
-					5		

(unknown circulation figures not included)

### Measuring awareness

A growing number of people know about the signs of stroke because of the strokesafe™ campaign. Awareness of stroke advertising has increased significantly and more Australians now understand the message, according to figures from the annual awareness survey. In 2007, 77% of respondents correctly identified signs of stroke compared with 69% in 2004.

In 2007, 46% of respondents were aware of stroke advertising. compared with 41% in 2006. In 2003 awareness was only at 31%.

The targeted mass media campaign about the signs of stroke and FAST message is effective. More people know about stroke and the signs of stroke in the states where we have funding for our campaigns compared with the national average. In Victoria 82% correctly identified the signs of stroke while 55% were aware of advertising. In Queensland 81% correctly identified signs of advertising.

Nationally, most respondents (87%) said that they would call 000 if they thought someone was having a stroke.

However there is still room for improvement. Only 10% of those who saw the FAST advertisements remembered exactly what FAST stood for: Facial weakness, Arm weakness, Speech difficulty, Time to act FAST. In 2008 we will continue to promote the FAST message.

#### **National Stroke Week**



Blood pressure checks during National Stroke Week

National Stroke Week is our opportunity to raise awareness of stroke together with other organisations around Australia.

More than twice as many registrations for National Stroke Week packs were received in 2007 compared with 2006. In August and September nearly 40,000 pieces of information were distributed. FAST merchandise (t-shirts, pens, fridge magnets, balloons) was popular, with around 220 FAST t-shirts sold.

Golf clubs in Queensland, Victoria and New South Wales distributed

more than 300,000 bookmarks during National Stroke Week to spread the FAST message to golfers.

In partnership with Connex, two large banners promoting National Stroke Week and FAST were displayed at Melbourne's Flinders Street Station during September. A total of 472 people had their blood pressure tested at Flinders Street and Melbourne Central stations. Nearly half (42%) recorded a high reading and were advised to see their doctor.

Stroke support groups in Nedlands, Bunbury and Northern Districts,



Hunter Valley Private Hospital holding a morning tea

Western Australia and Clarence and Kingston in Tasmania also set up stalls, distributed FAST materials and offered blood pressure tests. In South Australia Guide Dogs SA/NT helped distribute FAST information. In Queensland, the Lockyer Valley Stroke Support and Carer Group undertook a letter box drop and held a stall at a local market. Hospitals in New South Wales set up foyer displays and delivered public stroke awareness seminars.

### Preventing stroke in the community



We produced a strokesafe<sup>TM</sup> seminar kit in December 2007, which will be available to health professionals to deliver primary prevention education seminars about stroke to community groups. Health professionals who agree to be part of a network of speakers willing to present talks at our request, can buy the kit at a reduced cost. In 2008 we will promote it to health professionals and peak health associations.



strokesafe™ seminar kit

### Recognising campaigners

The strokesafe<sup>™</sup> awards recognise health professionals and community groups who promote the FAST message during National Stroke Week.

#### Congratulations to the winners: Hospital team (Rural Category)

Coffs Harbour Base Hospital (NSW) promoted FAST inside the hospital by displaying a large FAST banner and distributing FAST materials from an information stall. Staff wore FAST t-shirts when they distributed information materials at an afternoon tea. Television and the local newspaper covered the FAST promotion in the shopping centre.

#### Hospital team (Metro Category)

The Wesley Hospital (Brisbane, QLD) organised daily stroke seminars and a staff workshop. They wore FAST t-shirts and put signs around the hospital. Daily emails and payslips reinforced stroke messages. FAST information was placed on tables in the staff and visitor restaurant while a stroke slide show ran continuously in the hospital foyer. The FAST promotion was covered by ABC radio and in the local newspaper.

#### **Workplace Category**

Transfield Worley (Perth, WA) staff organised a National Stroke Week morning tea to give all staff an information pack including key facts about stroke and prevention. FAST balloons decorated the event.

### General Practice and Community Health Category

Rural Northwest Health (VIC) developed a partnership with their local home hardware store for National Stroke Week. The in-store display encouraged more than 100 tradesmen, other customers and passers-by to have their blood pressure tested. The team provided advice about preventing stroke and gave out FAST bookmarks.

#### Community Group Category

Bundaberg Stroke Support Group (QLD) involved its local Member of Parliament, Jack Dempsey, who demonstrated the plight of some stroke survivors by attempting to negotiate a wheel chair along the street with one arm disabled. Two members of the stroke support group wearing FAST t-shirts used the attention-grabbing event to spread the message about stroke prevention. The local radio station crossed live during the breakfast session and ABC radio and the local newspaper covered the story. Mr Dempsey spoke about the group's activities in Parliament in early October. Displays were set-up in the central business district of Bundaberg, at the Library and in the foyer of Bundaberg Base Hospital.



know your numbers pressure station

# Do you know your numbers?

The first phase of the blood pressure awareness program *know your numbers* was piloted from 25-27 October, 2007. The campaign aims to save lives by ensuring more people know that high blood pressure is a major risk factor for stroke.

Blood pressure testing stations were set up in Victorian metropolitan and rural community locations in the Rotary 9800 district which cover Melbourne suburbs such as Carlton, Toorak and Balwyn and rural clubs including Bendigo, Rochester and Woodend. The program was run in partnership with Rotary and the Pharmacy Guild Australia (Victoria), with support from Omron and trusts managed by Perpetual.

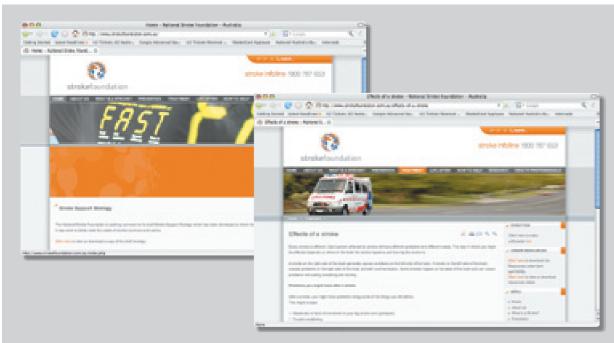
The campaign was publicised through advertising in the Leader Group's newspapers and in news stories

Initial evaluation indicates that around 50% of people checked, as part of the pilot, did not know or were unsure of their blood pressure. About 30% of those who had their blood pressure tested were referred to their doctor.

Know your numbers will be further developed in 2008.



Bundaberg stroke support group with local Member, Jack Dempsey



New website launched in September 2007

### Website changes welcomed

Health professionals and consumers welcomed our redesigned website and new content. The online feedback, telephone and face-to-face comments and magazine web reviews have all been positive.

The number of visitors to our site

jumped from 122,390 in 2006 to 180,405 in 2007 - a 32% increase.

The new website received approval from the Federal Government's HealthInsite Editorial Board meaning it meets a national standard for design, content, usability, clarity and architecture.

We therefore continue to be a HealthInsite information partner.

Melbourne graphic designers, House Mouse provided a Style Guide pro bono to help ensure our new logo and branding was used consistently throughout our print and online communication.

### Growing demand for our information

Just over one million pieces of information were distributed in 2007, a slight increase on the previous year.

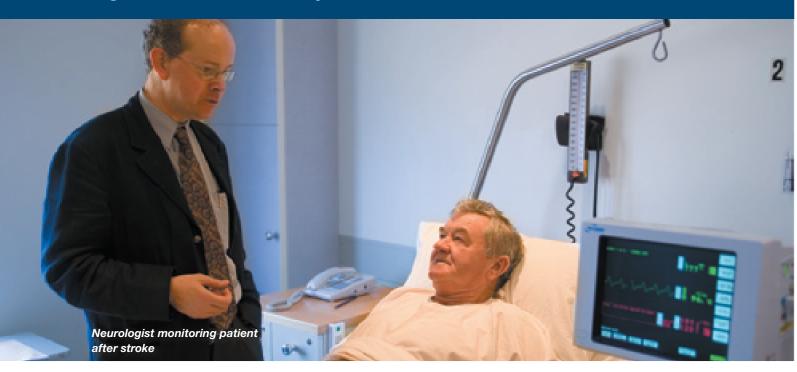
For information or advice about stroke, call our StrokeLine 1800 787 653 (free call)

In 2007 we received over 3,500 calls on our StrokeLine service that provides the option of being mailed information about stroke prevention or stroke recovery or speaking directly to a health professional. We plan to meet the growing demand for a personal response by providing a full-time health professional to take the calls in 2008.

In 2007, there were 11.5 million opportunities for people to read, see or hear our message in news or current affairs reports - nearly three times more than in 2006.

### Improving treatment

Reducing death and disability



### Stroke management guidelines

The 2003 National Clinical Guidelines for Acute Stroke Management were reviewed and updated in 2007 following work by a multidisciplinary expert working group over 18 months. In 2007 The National Health and Medical Research Council approved the new guidelines including updating the methodology and coverage from the first edition. The guidelines were launched at the Stroke Society of Australasia conference in Perth.

Features of the new, expanded edition include:

- transient ischaemic attack (TIA) assessment and management
- the economic implications of the guidelines
- details regarding early management of ischaemic and haemorrhagic stroke
- a consumer rating, identifying aspects of care considered to be critical from a patient perspective which will complement the evidence ratings for each recommendation.

"Not only can we review our implementation of the guidelines but the National Stroke Foundation has also provided us with audit tools to evaluate service delivery on a far more advanced level. The development of a **National Stroke Audit Tool** means all major providers of stroke care have the opportunity to review the care they deliver and then develop strategies to advance their service to even greater heights."

- Jenny Burrows, Clinical Nurse **Consultant Stroke, Central Coast** Sector, NSCCAH

More than 750 health professionals were consulted in 2007

#### **National Stroke Audit**

The National Stroke Audit was undertaken in 2007 to:

- determine the nature of stroke services across Australia
- monitor how services are changing over time
- identify areas where resources might be inadequate to support the delivery of evidence based stroke care.

The audit comprised two parts an organisational survey, looking at the nature and extent of resources available to support the delivery of evidence based care and a clinical audit of patient case notes examining the quality of stroke care.

The organisational survey, which included data from 254 hospitals, provided an overview of access to stroke units, imaging facilities and some routine processes of care that are essential to enable evidence based care for stroke patients. Comparisons were made on the nature of resources to support the

delivery of stroke care across states, at rural and metropolitan sites and in different categories of hospitals.

The audit demonstrated an improvement in some of the resources available for stroke care, but also highlighted areas of need.

The National Stroke Audit Organisational Report Acute Services was launched at Royal Melbourne Hospital on World Stroke Day (October 9, 2007) with media coverage from Channel 10 and ABC TV news and in major metropolitan and rural papers.

The National Stroke Audit Clinical Report Acute Services examined 2,724 patient case notes in 89 hospitals, providing stroke care. National estimates and figures for rural and metropolitan sites and different categories of hospitals were assembled.

The results highlighted both strengths and limitations of the acute hospital system in meeting expected clinical practice standards for stroke.

Overall, adherence to the recommendations in the current clinical practice guidelines was relatively good. The audit confirmed that there was greater adherence to clinical process of care if patients were treated in a stroke unit. A number of new acute stroke units have been established since the audit.

Another outcome of the audit was the development of a stroke specific clinical indicator set that can be used to continuously monitor the quality of stroke care. This set replaces the previous National Stroke Foundation performance indicators that were developed in 2002.

A National Advisory Committee was set up in 2007 to develop the dataset for the first-ever post acute stroke audit that will take place in 2008. The committee consulted widely with professionals and consumer representatives for this rehabilitation audit program, which was successfully piloted by nine sites nationally.

### Consultation with health professionals

More than 450 hospital and community based health professionals from around Australia representing a range of organisations were consulted in 2007 as part of our planning for national programs to implement stroke management guidelines.

They provided advice relating to:

- education and professional development
- quality improvement
- resources and networks.

A major recommendation from the consultations was that interactive workshops were the preferred format for activities in these areas.

Also highlighted was the need for greater coordination in the work of all key stakeholders, including clinical networks and professional organisations. In response, the idea of a National Stroke Coalition was discussed in late 2007 with plans made to establish a coalition during 2008.

In addition, an analysis of the educational needs of General Practitioners (GPs) was conducted in 2007. More than 300 of the 1000 national sample responded. This information will be used to develop educational programs to meet GPs' needs and interests. As a result of the survey, the first program developed during late 2007 focussed on the management of transient ischaemic attack (TIA). Further programs are planned for 2008.

"When I heard of the audit we didn't have any stroke specific processes in place. We have a culture of quality improvement and the results of the audit have been incredibly useful, showing a need to change and develop current practices. The audit is now being used to accelerate change and establish a stroke unit in the future."

### Improving life after stroke



#### Vale John Charles Richard Morris



John and Anne Morris

John Morris, who died in Canberra in December, 2007 was an active committee member of the Stroke Association of the ACT and campaigned for improved public understanding and perception of stroke survivors. John assisted the Stroke Association to have a voice

as a member of the Consumer Health Forum and he also researched stroke recovery treatment.

He was a valued supporter and champion for the work of the **National Stroke Foundation.** 

John's first stroke 10 years ago motivated him to campaign to ensure that governments and the wider community understand that stroke is a major health issue and to dispel the myth that stroke only affects the older person.

Three months before the second stroke that took his life in December, John took part in our Walk in our shoes campaign at Parliament House to raise Federal MPs' awareness of

stroke and the effect a stroke has on individuals, their families and carers.

Before he could campaign for others, John had to overcome severe physical disabilities: a paralysed left arm and the inability to walk. Every day was a challenge both physically and emotionally but John faced these challenges with determination, humour, pride, stubbornness and passion. John's attitude towards recovering from a major stroke made him a stroke survivor, not a stroke victim.

Whenever and wherever John was speaking up for stroke survivors and carers, his wife, Anne, was with him.

Stroke survivors and carers attend the launch of Walk in our shoes at Parliament House in Canberra and formed a delegation to call on Members of Parliament.

### Walk in our shoes

There are nearly 350,000 stroke survivors in Australia, many of whom tell us that not enough is being done to enable them to have a good quality of life. We commissioned research in 2007 to inform development and implementation of strategies to improve life after stroke for stroke survivors, carers and families.

The Walk in our shoes report found that stroke survivors continued to struggle to regain their health after a stroke and they also had difficulty finding information to help them recover.

Stroke survivors and carers described the impact of stroke on their lives and what they experienced from the time of stroke, in hospital and when they got home. They said that the Foundation, governments and health professionals need to do more.

The report was launched at Parliament House in Canberra by the then Minister for Health and Ageing, Mr Tony Abbott. About 50 guests -MPs, stroke survivors and carers, departmental and health professionals and representatives of peer organisations attended the event. A seven-minute video was shown in which survivors and carers told their stories.

Stroke survivors and carers from Melbourne, Bendigo, Hobart, Sydney and Canberra formed a delegation and called on the then Shadow Health Minister, Nicola Roxon; Senator Jan McLucas, then Shadow Minister for Ageing, Disabilities and Carers, who also attended the launch; and Senator Christopher Ellison who was Minister for Human Services. Senator Brett Mason, who was Parliamentary Secretary to the Minister for Health and Ageing also attended the launch.

### Thank you for sharing your story

We thank stroke survivours and carers who shared in the walk in our shoes video.

Judi Halliday

Jane Phelan

The late John C Morris and Anne Morris

Melissa Aveyard and mother, Sue

John and Glenda Norton

Bob and Ruth Slater

Ray Will

Bruce Goodluck

### **Friends** of NSF

For many years, stroke support group facilitators have been telling us that they need a direct communication link with the Foundation to learn about new programs, resources and funding for National Stroke Week activities. Our response was to pilot a program called Friends of NSF across Australia in 2007.

As part of this program, 47 stroke support groups were sent newsletters and reports, so they could provide information for their members. We also offered stroke support groups community grants of up to \$200 to help conduct National Stroke Week activities. The grants helped the groups raise their profile and enabled the Foundation to spread the stroke prevention message.

The stroke support groups responded positively, encouraging us to continue to develop this program in 2008.

### Hospital **Peer Support Program**

Leaving hospital can be a confusing and challenging time with feelings of isolation, grief, loss, and depression. Many survivors tell us that talking to someone else who has had a stroke, would help them better prepare to go home. In 2007, the National Stroke Foundation trialed the Hospital Peer Support Program to provide information needed by stroke survivors preparing to leave hospital and return home. Through the program, stroke survivors and carers can talk to a stroke survivor living at home and hear about how they overcame their challenges.

Many stroke survivors and their carers say that the opportunity to speak with others who have had a similar experience and receiving information about community support services, was extremely helpful and reassuring.

"We are a newly formed group and the Friends program gave us information and a grant - a bit of a kick start."

- Stroke support facilitator

### Facilitating research



### Consulting with researchers and stakeholders

The National Stroke Foundation is committed to facilitating research to meet priority needs for stroke care. For many years, our research programs have been overseen by The National Stroke Research Institute (NSRI) which was a subsidiary of the National Stroke Foundation. On July 1, 2007, the NSRI amalgamated with the Howard Florey Institute and the Brain Research Institute to form the Florey Neuroscience Institutes.

The Foundation's Board believes that the NSRI's participation in the new Florey Neuroscience Institutes will attract and retain high quality

researchers, enabling a broader and richer stroke research agenda leading to improved clinical outcomes for patients.

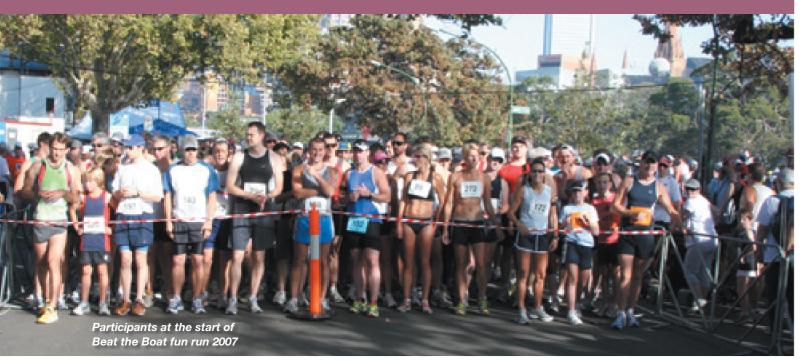
In order to continue our role in facilitating high quality research, the National Stroke Foundation undertook the development of a research strategy to guide activity in this area. The development of the strategy is being overseen by a Research Advisory Committee chaired by Professor Richard Smallwood, a National Stroke Foundation Board Director.

The strategy has been developed in consultation with researchers around Australia who were asked to identify the priorities for stroke research, strategies to increase the research outputs for stroke, and the role of the National Stroke Foundation in doing this. Following consultation, a stakeholder workshop was held to encourage input into the strategy which will be released in 2008.

We called for applications for research grants during 2007 as the first step in our research funding program. Submissions were being assessed at year's end.

In order to continue our role in facilitating high quality research, the National Stroke Foundation undertook the development of a research strategy to guide activity in this area.

### **Fundraising**



### Sharing experiences to benefit others

Stroke survivors and those impacted by stroke bravely share their experiences to inspire and give strength to others in the community who face similar challenges. Their stories support our fundraising by providing us with personal accounts about the impact of stroke.

#### Emma Gee (27) writes:

"My life changed in an instant. One moment I was a fit, long distance marathon-running 23-yearold occupational therapist with massive dreams and goals. Then I had a stroke and spent nine days in a coma and the next two years in intensive rehabilitation."



Emma and Lyn Gee

#### Emma's mother, Lyn writes:

"No mum should watch her child suffer a stroke. Coming to terms with Emma's situation was done in a matter of heartbreaking steps. First just praying for her to survive and come out of the coma then to breathe on her own, to communicate, to move. Today's Emma is very different from Emma pre-stroke, but she's just as determined and still has massive dreams and goals. Thank you National Stroke Foundation! You have stood alongside us, supported Emma and given her opportunities to tell her story and demonstrate the determination she has in abundance; determination that will see our daughter reach her potential and fulfil her new dreams."

#### Supporters grew by more than 40,000 in 2007

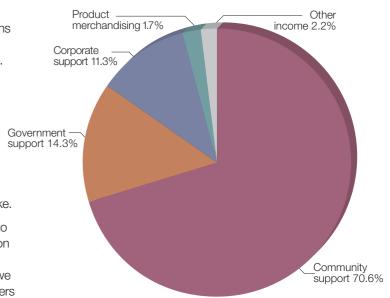
### Supporters and donations

We depend on individuals, families, companies, sponsors, trusts, foundations and governments who support us as we work to help Australians beat stroke. Our list of supporters grew by more than 40,000 in 2007.

We thank all of you for your financial and in-kind support, professional advice and hard work as volunteers.

Our direct mail campaigns raise funds and create links to the community, alerting Australians to the extent of stroke.

In memoriam/gift in lieu is another way to donate to the National Stroke Foundation and is an alternative to sending flowers when someone passes away. In 2007 we thanked and recognised 1,110 supporters for their gifts and donations (in lieu).



#### **Events**

Events throughout the year provide Australians with an opportunity to be part of the solution, not just witnesses of a problem – and they are enjoyable. Beat the Boat to Help Beat Stroke is a fun run held in March and supported by Trust Foundation. Over 1000 participants raced riverboats on the Yarra River with nearly 300 triumphantly beating the boats and around 250 supporters cheering them on.

In 2007, other fundraising events included:

- Counterstroke Golf Classics. Bellarine, September and Mornington, February
- Stroke of Art, May
- Shoestrings art exhibitions, October
- Stroke of Midnight, a fun filled pre-Melbourne Cup excuse for a party and raise funds, October
- Plane Pull a corporate team challenge to pull a DC3 aircraft down a runway, October

### **Sponsors** and donors

Sponsors and supporters play an essential role in the organisation and we thank them for supporting our fundraising events including Beat the Boat fun run and Counterstroke Golf Classics. Thank you to the trusts, governments, foundations and sponsors who support different programs such as the Stroke Self Management Program and know your numbers.

### **Volunteers**

Volunteers added value to the work of committed staff. It would have been difficult to manage the diverse fundraising activities without our volunteers who for many years have dedicated their time, talent and enthusiasm across the organisation.

### **Bequest** program

Our bequest program has grown, offering more loyal supporters the opportunity to leave a long-lasting and often substantial gift by bequeathing a proportion of their Will to the Foundation. They are recognised and thanked for their generosity by being made members of the David Brownbill Society.

Regular lunches are an opportunity to enjoy the company of other supporters and to hear interesting speakers and congratulate new members as they are presented with their membership badges and engraved memento clocks.

Members are listed on page 27.



Draftfcb team competing in the Plane Pull

### Government relations

The 2007 election provided increased opportunities to raise stroke with Government Ministers, the opposition and other Members of Parliament. We continued to build on discussions that we had before the election with members of the then opposition who are now in Government.

Working in partnership with the National Heart Foundation, we framed a policy paper before the election and worked jointly on a budget submission for 2008.

Then Minister for Health and Ageing, Mr Tony Abbott launched Walk in our shoes, the report based on a survey of stroke survivors and carers about the post-stroke services they need and what they are actually receiving. The research was part-funded by the Commonwealth.

The Walk in our shoes campaign opened politicians' doors in Canberra and in Hobart when the research was released in Tasmania. We have since made a budget

submission to the Tasmanian Government.

A contract was signed with the Victorian Government to implement programs under the Stroke Care Strategy for Victoria. Commending the Foundation on the Walk in our shoes report, Health Minister Daniel Andrews said that the allocation of almost \$1 million over three years to the Foundation to undertake public education campaigns represented the department's commitment to improving

awareness and treatment of stroke.

The South Australian Government announced a commitment to develop a stroke plan for the state.

The partnership arrangement with the Queensland Government has added considerable value to our strokesafe™ campaign.

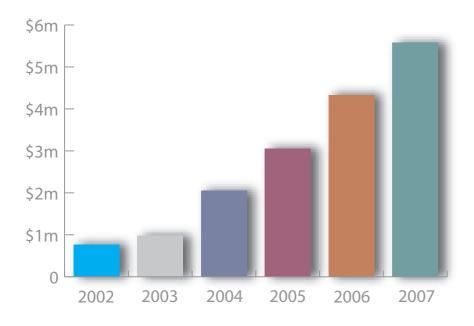
The National Stroke Audit has raised the issue with state governments and enlisted the active support of senior health professionals.

The Walk in our shoes campaign opened politicians' doors in Canberra and in Hobart when the research was released in Tasmania.

### Governance and accountability



### Revenue growth



Revenue was up by 28.7% from \$4.335 million in 2006 to \$5.581 million in 2007

With our strategic plan now being implemented, steps were taken in 2007 to ensure a continuing revenue growth, to support the need for more program and administrative staff and equipment.

At the end of 2006, the National Stroke Foundation had 17.5 full time equivalent (FTE) staff. By December 2007, this had grown to 24.5 FTE.

An analysis of staff requirements predicted the need for a further increase in the number of employees in line with the strategic plan's provision for continuing growth in 2008.

It was also clear in 2007 that we were outgrowing our office premises. A much larger office was acquired in the same Melbourne CBD location at no additional cost per square metre. The new premises meet occupational health and safety requirements for the number of staff accommodated and provide an efficient and friendly working environment.

A full audit of the computer network was completed in 2007 resulting in new systems, equipment and organisational support for staff. This equipment included a generous donation of superseded computers from Lehman Brothers (formally Grange Securities), which meant that we did not have to buy new computers. We thank Geoff Malkin, former Managing Director of Grange Securities.

All staff members have undertaken regular performance reviews, emphasising the need to implement and document professional development plans. Inductions were provided for new staff using the Foundation's Human Resources Policy and Procedures Manual to ensure compliance with legislative requirements.

Organisational growth required revision of systems covering human resources, information technology and risk management in line with the structured and comprehensive system required by the Board.

The organisation's increased activities have required modification of financial reporting to the Finance, Risk and Audit Committee and the Board. The comprehensive planning and financial reporting procedures include detailed operational budgets for the year ahead and budget forecasting.

### Board

### The Foundation is governed by an Honorary Board. Each of the Directors has a strong commitment to leadership and management of the organisation.

The Board, through the Chief Executive Officer, delegates responsibility for the day-to-day provision of services, marketing and administration.

#### Patron-in-Chief

His Excellency Major General Michael Jeffery, AC, CVO, MC

Governor-General of the Commonwealth of Australia

#### **Patrons**

David Brownbill, AM Sir John Holland, AC 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

#### President

Dr John Lill, OAM

#### **Vice Presidents**

Andrew F Buckle, OAM William J Forrest, AM Robert Trenberth

#### **Treasurer**

Graeme Bowker

#### **Company Secretary**

John Buchanan

#### **Directors**

Susan Williams

Professor Richard Smallwood, AO

**Consultant Accountants** 

**Finance Audit and Risk** 

Graeme Bowker, Chairman

**Development Committee** 

William Cowan, Chairman

Matthew Oakey, Evans Buchanan

Evans Buchanan

Committee

Roy Boyce

David Evans

Dr Erin Lalor

John Lill, OAM

Glenn Sheffield

Jo Burrows

Dr Erin Lalor

Paul Leeds

Brian Peck

Jim Short

John Matthies

Glenn Sheffield

Robert Trenberth

Gavan Woinarski

Committee

Susan Williams

Eric van Cuylenburg

William J Forrest, AM

Andrew F Buckle, OAM

**Governance and Nominations** 

Dr Julie Bernhardt

Professor Richard Lindley

Paul Leeds

(appointed August, 2007)

David Evans

(appointed October, 2007)

Michael Hill

(appointed December, 2007)

Barry Daniels (resigned January 2007)

Professor Geoffrey Donnan

(resigned July 2007)

Dr Erin Lalor

(resigned July 2007 as a Director but remains in the position of CEO)

#### **Ambassadors**

Judith Halliday Angelo Lekkas Brooke Parsons Ross Pearson

#### **Solicitors**

Corrs Westgarth Chambers

#### **Auditors**

**RSM Bird Cameron** 

### Summary of financial performance

#### **NATIONAL STROKE FOUNDATION**

Summary of financial performance for the year ending 31 December

		2007	2006	2005	2004
		(\$,000s)	(\$,000s)	(\$,000s)	(\$,000s)
Financial F	Performance				
Revenue	Community Support	3,943	3,235	1,388	1,406
	Corporate Support	629	404	702	0
	Government Support	797	503	893	636
	Product Merchandise	96	125	21	0
	Other Income	116	68	49	15
	TOTAL REVENUE	5,581	4,335	3,053	2,057
Expenses	Priority area 1 - preventing stroke	1,129	535	681	761
	Priority area 2 - improving treatment	582	241	209	295
	Priority area 3 - improving life after stroke	317	202	468	0
	Priority area 4 - research	65	0	0	0
	Priority area 5 - income development*	2,700	2,435	1,071	410
	Priority area 6 - governance & accountabili	ty 612	320	447	286
	TOTAL EXPENSES	5,405	3,733	2,876	1,752
SURPLUS	-	176	602	177	305
Financial F	Position				
Assets	Cash (incl deposits)	2,415	2,130	973	981
	Receivables	262	329	80	110
	Inventory	2	4	1	1
	Other Financial Assets at Fair Value	535	0	0	0
	Fixed Assets	90	62	41	13
	TOTAL ASSETS	3,304	2,525	1,095	1,105
Liabilities	Payables	1,182	613	249	152
	Provisions	763	729	264	399
	TOTAL LIABILITIES	1,945	1,342	513	551
ACCUMULA	TED FUNDS	1,359	1,183	582	554

<sup>\*</sup> Includes major developmental investment into a donor acquisition and bequest program. This is necessary to support the future long term funding growth and vision of the National Stroke Foundation.

### Our thanks

### There are many organisations and individuals who support the work of the National Stroke Foundation.

They include companies, trusts and foundations, donors, members of the David Brownbill Society, community groups, health professionals and their organisations, academics, staff of government departments and agencies, Members of Parliament and their staff, volunteers and other individuals who contribute in many ways.

We recognise and sincerely thank the following organisations and individuals for their support:

#### strokesafe™ partners

Connex Draftfcb

Queensland Government - Queensland Health

Southern Cross Broadcasting Victorian Government

Department of Human Services





DRAFTFCB





#### strokesafe™ sponsors

Corrs Chambers Westgarth Servier

Sanofi-aventis

strokesafe<sup>™</sup> supporters

AstraZeneca Pfizer

#### **Counterstroke Golf Classics**

Trust Foundation Anderson Kelly Commonwealth Bank Maxwell & Williams

NAB

Victorian Mortgage Investments Ltd Wilson Sporting Goods

#### **Trusts and Foundations**

Oliver-Affleck Fund

JRG & E McKenzie Beauest

Trust Foundation

ACTA-Page-Hanify Family Benefaction

The Myer Foundation

Tasmanian Perpetual Trustees

The Danks Trust

**ANZ Trustees** 

Fonda Family Charitable Foundation

The Bruces Wall Trust Fund

The Wicking Trust

The William Angliss Charitable Fund

#### **Corporate Supporters**

Reece Plumbing

Veolia Environmental Services Omron

#### **Members of the David Brownbill Society**

Mr Victor Mrs Ann Maree Arnold Ms Barbara Benjamin Mr Brash, AM Geoffrey Mrs Brash Jenny Mr Greg Brown Mr David Brownbill, AM Mrs Lee B Brownbill Mrs Coggan Miss Margaret Coles Mrs Frica Cooper Mrs Anne L Court Ms Aija Davies Mr Peter Dean Mr Robert Donnan Mr Forrest, AM William Mrs Tamie Fraser, AO Mrs Louise Gourlay, OAM Ms Graeme-Evans Nancy Mrs Gray Suzanne M Ms Harris Jocelvn Mrs Pip Mr Athol Lapthorne Mrs Lapthorne Mildred Dr Lill. OAM John Mrs Rosemary Mr Peter Lvons Mrs McGuigan Patricia Mr Peter Mitchell, AM Mr Mitchell John Ms Beverley Mullany Mr Roderick Nager Mrs Christine Needham Ms Joan Neumann Mr Brian Nixon, AM Mrs Barbara Nixon Mr John Poke Mr Bernard Robertson Ms Collette Shelley Miss Sutton Rene Ms Pennv Svasti Ms Cheryl Tonkin Mr Edwin Watkins Geoff Wehh

### Hospital **Peer Support Program Advisory** Committee

24 anonymous members

Ms Denita Wild Mrs Clare Grav Mr Peter Richardson Mr Paul Fullerton Ms Jo Smith

#### Clinical Guidelines for **Acute Stroke Management**

#### **Expert Working Group**

Dr Alan Barber Dr Christopher Beer Professor Justin Beilby Assoc. Professor Julie Bernhardt

Professor Christopher Bladin

Ms Brenda Booth Dr Julie Cichero

Ms Louise Corben

Dr Denis Crimmins (Chair)

Dr Richard Gerraty Mr Kelvin Hill

Dr Erin Lalor Assoc. Professor Christopher Levi

Professor Richard Lindley Professor Sandy Middleton Ms Fiona Simpson

#### Also thanks to the following people for their expertise

and input: Ms Anne Parkhill Ms Dominique Cadilhac

Assoc. Professor Helen Dewey Dr Michael Briffa

Professor Stephen Davis Dr Petrea Cornwell

Dr Maree Hackett Professor Graeme Hankey

Dr Tami Howe

Professor Linda Worrall

#### The National Stroke Audit

#### **Membership of the National Advisory Committee**

#### **CHAIRPERSON**

Professor Graeme Hankey

#### **MEMBERS**

Ms Dominique Cadilhac Dr David Dunbabin Dr Richard Gerraty Ms Erin Godecke Mr Craig Harris Mr Kelvin Hill

Dr Susan Hillier Ms Claire Kelly Dr Mahmoud Khan Dr Erin Lalor Ms Jane Levy Dr Harry Randhawa Dr Stephen Read Ms Tennille Rowland Dr David Schultz Dr Cate Storey

Dr Alistair Wright

### **Blood Pressure Advisory** Committee

#### **CHAIRPERSON**

Dr Erin Lalor **MEMBERS** 

Dr R Gerraty Dr B Neal

Professor L Wing Assoc. Professor K Duggan

Mr P Krassaris Ms D Cadilhac Mr B Slater Mr M Daddo

Dr D Welsh Ms R Johnson

### Stroke Self Management **Program Advisory** Group - Phase 2

#### **CHAIRPERSON**

Assoc. Professor Malcolm Battersby

#### **MEMBERS**

Professor Richard Lindley Assoc. Professor Helen Dewey

Dr Velandei Srikanth Ms Dominique Cadilhac

Assoc. Professor Richard Osborne

Dr Andrew Lee Ms Sally Hoffmann Dr Erin Lalor

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For information or advice about stroke call our StrokeLine 1800 787 653 (free call)

www.strokefoundation.com.au