



# Stroke Foundation

Annual Report  
**2011**

*Reducing  
Risks,  
Improving  
Outcomes*

**STROKE  
FOUNDATION**

OF NEW ZEALAND INC

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[www.stroke.org.nz](http://www.stroke.org.nz)

## President's Message



This report marks the end of my time as President of the Stroke Foundation of New Zealand, having completed the maximum of four one-year terms. It has been a privilege to serve in this role and to do so at such a crucial stage in the Foundation's development.

Much of my four years as President has been taken up with discussion about the unification of the five stroke foundations that we now have into a single stronger one to be even more effective in tackling the issues of stroke. These discussions began nearly three years ago with the report on governance issues prepared by Debby Butler of Governance in Practice after interviewing all the regional and national leaders. Following the Butler report the National Council established a working group that last year produced the discussion document 'Empowering Stroke'. From this the National Council considered feedback from regions and reconvened the working group to prepare more detail on the unified proposal and clear transition mechanisms to put to the regions for deliberation. The working group with Council have spent this year on those tasks, and as I write we stand on the brink of decisions about whether to enter the transition towards a single body working for all of New Zealand.

Stroke continues to be a major and growing health issue for this country, and while treatment and rehabilitation are much improved it remains a terrible occurrence for those affected. No matter what the organisational form on which we finally settle, ensuring support for the stroke-affected community and reducing the risk of stroke in the wider public will remain the priorities of our work. In this, we are grateful to our sponsors Bupa, Lottery Welfare and David Ellison, and all our donors who have made it possible for us to continue our crucial mission.

I want to thank my colleagues on the national Council for their commitment and the generous provision of their time and expertise throughout the last year. I also want to acknowledge the quality of the regional work and its leaders and staff, and to express sympathy and admiration to the Southern Region as many of its people struggle with the aftermath of disaster while continuing to deliver services.

Dr John Fink our honorary clinical director and our medical advisors have been invaluable, and the New Zealand Clinical Guidelines for Management of Stroke that were published this year for use by the District Health Boards are a significant advance and represent a major contribution by the Foundation.

Finally, my thanks to CEO Mark Vivian and the staff of the National Office for their excellent leadership and support. The Foundation has completed the year with much good work done and in a good financial position due to sound management and the maintenance of strong giving, even in the present economic conditions and with the other national crises that have been a call on New Zealand's charitable dollars.

**Derek McCormack**

*President, Stroke Foundation of New Zealand*

## Saving Lives: education, prevention and clinical services

The annual **Blood Pressure Awareness** campaign (moved to May timing instead of coinciding with September's Stroke Awareness Week) slightly exceeded the previous campaign which was run in September 2009. Almost 14,000 people had their blood pressure tested at 120 sites in Foodstuffs supermarkets. While the Foundation had set itself a higher target (20,000 people in 150 test sites) we were satisfied with the outcomes and the consolidation of our relationship with partners St John, Rotary and Foodstuffs. Feedback from participants was universally positive. It is hoped that additional sponsorship for next year's event will enable us to increase the campaign's reach and cement its position as an annual health event of note. For the record, the data collected in 2011 reinforced the previous years' findings that the prevalence of raised blood pressure may be much higher than the popular assumption of 1 in 5 people. The continuation and expansion of the campaign is therefore not just a profile raiser for the Foundation but also a real contribution to health improvement.

Stroke Awareness Week in September 2010 focused on the FAST stroke symptom recognition message and was promoted with a national media campaign, together with **new look FAST materials** including leaflets, posters, wallet cards and fridge magnets. The media messages were based on a second phase of research which showed no improvement in the levels of public understanding of stroke symptoms since the first phase in 2007. This underlines the need for a more extensive mass-market FAST campaign which will genuinely impact on public awareness. We are presently working to develop a viable means of mounting such a campaign in an environment where public funding and sponsorship may be scarce.

The effectiveness of the FAST messaging needs to be backed up by clinical services that can deliver the necessary treatment for stroke patients taken promptly to hospital as a result of wider recognition of symptoms. The **Clinical Networks** project (see next page – Improving Outcomes) is therefore an important adjunct to public education initiatives.

*The Blood Pressure campaign was launched by Jackie Blue MP with Silver Fern netball stars Katrina Grant and Camilla Lees.*

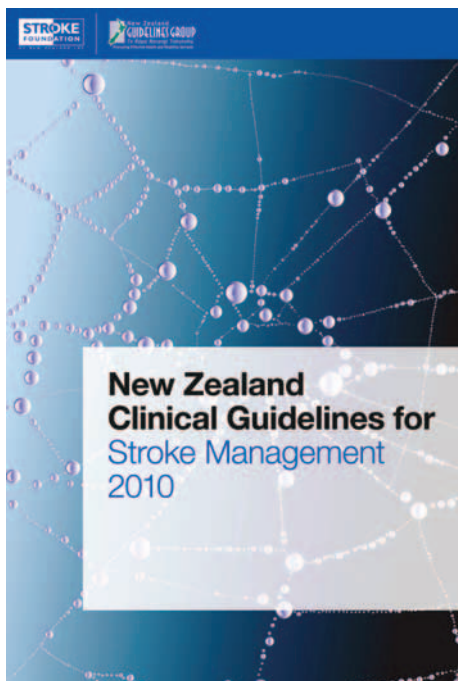


## Improving Outcomes: clinical services and post-stroke rehabilitation

We published the New Zealand Clinical Guidelines for Management of Stroke in December 2010. This new resource constitutes a significant advance on the previous guidelines issued in 2003. The new guidelines provide the most authoritative and up-to-date reference for all clinicians and associated therapists involved in the management of patients at all stages of stroke, from the identification of risk factors, first diagnosis, acute treatment, through to long term rehabilitation and management of stroke survivors. The Foundation, and indeed the whole medical fraternity in New Zealand, owes a vote of thanks to our Honorary Medical Director Dr John Fink for his leadership of the project, and to the whole team of authors, contributors and researchers involved.

The new Guidelines, on top of 2009's National Acute Stroke Services Audit have initiated a concerted effort to bring stroke services up to best-practice standard across every DHB. With Ministry of Health funding, the Foundation has established a Clinical Networks project which brings together key figures from all the major clinical disciplines involved in stroke care from acute to long term rehabilitation and care. The objective of the programme is to initiate genuine progress in all DHBs towards the establishment of services which meet the standards set out in the Stroke Management guidelines wherever possible.

Taken together the stroke management guidelines and the acute audit reiterate the long recognised need for stroke units and organised stroke services, and highlight the extent to which such services are still lacking in many parts of New Zealand. The Clinical Networks project will bring ideal and reality much closer together through a combination of improved service provision and better management of existing resources. To this end the CNLG will lead the development and monitor the effectiveness of national stroke improvement strategies, develop communication networks among stroke clinicians, and foster innovation and resource sharing in stroke service and stroke professional development. The programme is currently funded until 2013.



## Enhancing Life After Stroke: post-stroke care and rehabilitation

The four regions continue to deliver the vital support and information services to the stroke affected community that form the primary point of contact between the public and the Foundation. Probably the most important information resource provided centrally by the Foundation to the regions is the *Life After Stroke* handbook. The Foundation has recently begun the process of updating this volume to ensure it is consistent with the new stroke management guidelines, and retains a relevant, authoritative and contemporary feel for its users.

*Stroke survivor Toni Crowther raised \$22,000 for the Stroke Foundation Northern Region in April by swimming from Rangitito Island to St Helliers beach across Auckland harbour.*



## Is it a Stroke?

Check it out the **F.A.S.T** way!

### Face

Smile - is one side drooping?

### Arms

Raise both arms - is one side weak?

### Speech

Speak - unable to? Words jumbled, slurred?

### Time

Act fast and call 111!  
Time lost may mean brain lost.



**CALL 111 IMMEDIATELY IF YOU THINK IT'S A STROKE**

## Capacity Building: organisational development, fundraising

Whilst the nature and effects of stroke may not alter, many things relevant to its prevention, prevalence, treatment and rehabilitation have changed greatly over the past thirty years. Our society has changed, bringing with it a new set of demands, needs and expectations from the stroke affected community. Government changes continually and we must respond to evolving policy in order to continue to best serve our community's interests.

While the overall incidence of stroke is declining, population growth means the actual number of strokes is increasing. Alarmingly the incidence of stroke in Maori and Pacific populations is growing, against the national trend; in response the Foundation has recently appointed a dedicated Pacific health promotion worker in Auckland to tackle the roots of this problem.

Other important appointments in the past year include: a new Communications and Promotions Manager to drive a more strategic approach to communications, develop a FAST campaign, and maximise other publicity opportunities; a new Fundraising Manager to develop corporate giving and partnerships, grow the '**Champions of Hope**' bequest programme, and contribute to the continuing growth in donations; a Clinical Networks Coordinator (see Improving Outcomes above); and a new Office Manager.

A highlight of the fundraising year has been Jup Brown's running the length of New Zealand in 69 consecutive days. As this goes to print Jup is still on track to finish his run in Auckland on 6 November. Jup was inspired to raise funds for the Stroke Foundation by his friend Nick Chisholm, who suffered a stroke in his twenties and experienced 'locked-in syndrome'. Then, eight months into his planning for this charity run, Jup's father also suffered a stroke. The run has received excellent publicity in local and national media and is exactly the kind of event that the Foundation should be throwing its weight behind in order to capture the public's attention.

*Mark Vivian with Jup Brown*



## Financial

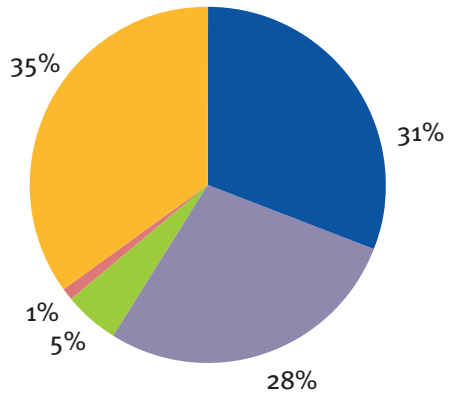
The Foundation's income continues to grow. Revenue for 2010-11 at \$2.2m has increased 23% on 2009-10, reflective of a growing supporter base as more New Zealanders recognise the importance of stroke and the value of what the Foundation provides.

We have reduced expenses in some areas, particularly the cost of donations which in the past year was only 13% of total expenses. Few organisations can compare as favourably. Some expenditure has increased, particularly in Information Services (89%) and Communications (39%), reflecting intentional expansion and increased delivery – refreshed FAST resources, more newsletters and bigger blood pressure and awareness campaigns.

The Foundation's equity has exceeded \$1m for the first time. It is also pleasing to note that as equity has increased, the relative proportion of liabilities has decreased from 37% of liquid assets three years ago to only 11% of current assets in 2011. We now have a sound balance sheet providing confidence for the future.

Expenses	2011
Contract projects	50,975
Donation expenses	234,277
Information services	764,297
Operating costs	157,822
Property expenses	23,514
Staff	536,377
Governance	10,523
Communications	23,393
<b>Total expenses</b>	<b>\$1,801,178</b>

Income		2006
●	Donations	118,351
●	Grants	108,107
●	Contracts	19,367
●	Interest	749
●	Property	2,189
●	Other	135,981
<b>Total Income</b>		<b>\$384,744</b>



Income		2011
●	Donations	1,852,775
●	Grants	124,417
●	Contracts	194,556
●	Interest	29,979
●	Property	0
●	Other	14,689
<b>Total Income</b>		<b>\$2,216,416</b>

