

Executive Summary

Cardiovascular disease is the major cause of death in South Western Sydney and is also a major cause of ill health.

The two most important sites that cardiovascular disease may affect are the heart (coronary heart disease) and brain (stroke). Stroke is a significant illness, causing approximately 400 deaths a year in South Western Sydney. One third of all people who experience a stroke die from the condition and a further third are left with a disability.

Many of the risk factors for cardiovascular disease (including stroke) are modifiable, such as: high blood pressure, smoking, poor diet, obesity and physical inactivity. To the extent that these risk factors are modifiable, many cases of stroke can be prevented.

Comparison of the residents of South Western Sydney with the rest of NSW with respect to the risk factors for stroke, and their experience of stroke indicates the following:

- higher rates of smoking in particular geographical areas, and/or by particular age groups, ethnicity and gender
- rates of obesity higher in all sectors other than Camden/Wollondilly/Wingecarribee
- prevalence of physical inactivity significantly higher when compared with NSW
- admissions to hospital for patients with stroke during 1995/96 similar to admissions for all NSW residents
- a death rate due to stroke similar to the rate for NSW residents.

These data suggest that whilst risk factor behaviours are higher among South Western Sydney residents, their experience of stroke is similar to that for NSW.

High blood pressure is the single most important risk factor for stroke. It is not known whether South Western Sydney residents' experience of high blood pressure is higher or lower when compared with other populations. However, assuming that 10% of the population has high blood pressure, based on other population studies, this would equate with 73,000 residents.

South Western Sydney Area Health Service provides a range of programs and services which address the prevention of stroke; treatment and management of patients who have had a stroke; and rehabilitation and ongoing care.

With the recent emphasis and acknowledgment at international, national and State levels that stroke is preventable and that better care can be provided for people who have had a stroke, South Western Sydney Area Health Service commenced a process of planning to identify where additional gains could be made in relation to stroke.

A Stroke Working Party was formed in February 1998, comprising staff from the many disciplines involved in stroke management and consumers from a local Stroke Recovery Club. Also in 1998, Bachelor of Health students from the University of Western Sydney Macarthur conducted a small research project with members of the Liverpool Stroke Recovery Club, to identify issues of concern for people with a stroke.

The Stroke Working Party identified the following three goals:

1. Prevention goal: Prevent stroke in susceptible individuals and communities
2. Acute management and rehabilitation goal: Decrease case fatality and maximise functional status and quality of life following stroke
3. Community care goal: Maximise functional status and quality of life following stroke

Objectives have been identified for each goal, and strategies developed to achieve each objective. For each objective, at least one outcome indicator has been proposed.

The Stroke Working Party identified the following strategies as priorities:

Priority 1

- Work with general practitioners to identify and address barriers to effective management of high blood pressure; provide education on risk factor modification; and conduct general practice audits
- Make available CT scanners within Fairfield and Macarthur Health Services

Priority 2

- Establish a stroke unit at Liverpool and Campbelltown Hospitals and stroke teams in Bowral and Fairfield Hospitals, or refer patients to a hospital which has a unit or team

Priority 3

- Provide information to patients and carers in an appropriate and timely manner

Priority 4

- Expand the provision of hypertension services, designed to support the role of general practitioners in their management of patients with high blood pressure
- Support major campaigns run by the National Stroke Foundation

Priority 5

- Provide health-related transport for people with disabilities to enable them to attend outpatient clinics, specialist appointments, etc and/or provide domiciliary services

Implementation of the Stroke Health Improvement Plan will be facilitated and monitored by the Stroke Advisory Group of SWSAHS, formed in April, 1999. This Group will report annually to the Health Priorities and Outcomes Committee on progress.