Meeting Briefing

Health New Zealand
Te Whatu Ora

Meeting with Stroke Aotearoa NZ on 17 July

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To:	Hon Simeon Brown, Minister of Health		
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Contact for further discussion			
Name	**Position**	**Phone**	**1st contact**
Mary Cleary-Lyons	Director – National Clinical Networks		Yes
Alan Davis	Co-lead Stroke National Clinical Network		
Tracy Murphy	Co-lead Stroke National Clinical Network		

Attachments	
Appendix 1:	Biographies of attendees

About the meeting

Purpose	It is an opportunity to hear about the Stroke Aotearoa NZ work and to discuss how the risks of stroke can be reduced in New Zealand.
Date	Thursday 17 July 2025
Time	5:10 – 5:30pm
Venue	Your office
Attendees	Jo Lambert, Chief Executive, Stroke Aotearoa New Zealand Meena Vallabh, General Manager Services Development, Stroke Aotearoa New Zealand Anna Ranta, Medical Director, Stroke Aotearoa New Zealand
Health New Zealand | Te Whatu Ora officials	Alan Davis, Co-lead, Stroke National Clinical Network Tracy Murphy, Co-Lead, Stroke National Clinical Network
Media	No Media are expected

Background and context

1. This meeting briefing provides information for your meeting with the leadership of Stroke Aotearoa NZ (recently rebranded from the Stroke Foundation).
2. Stroke Aotearoa NZ is a national charity that has been dedicated to the prevention of and recovery from stroke for over 40 years. Its mission is to prevent strokes, improve outcomes and save lives.
3. In 2023, Stroke Central, Stroke Tairāwhiti and the Stroke Foundation merged to form a single, unified organisation representing stroke-affected communities across New Zealand. The merger provided an opportunity to ensure stroke survivors receive quality and consistent community support from services.
4. Stroke Aotearoa NZ is supported by a National Leadership Team of eight members led by Jo Lambert, the Chief Executive, and a board of nine members.
5. Stroke Aotearoa NZ plays a vital role in the Stroke National Clinical Network at Health NZ. Both groups value interagency collaboration, working together to prevent stroke and improve outcomes.

6. Shortly following the establishment of National Clinical Networks (NCN) at Health NZ in 2023, the Stroke National Clinical Network was formed. Key objectives of the Stroke National Clinical Network include:

   - Develop the models of care and service standards in stroke prevention and care in Aotearoa, with the central goal of eliminating inequity and unwarranted variation in stroke;
   - Collaborate with regional stroke networks and key stakeholders to agree to a consistent implementation of care across Aotearoa;
   - Identify and support key programmes of work that require national planning and implementation;
   - Support and lead national workforce development initiatives in stroke care;
   - Develop and maintain processes to monitor progress in system change, delivery and outcome of stroke care;
   - Maintain networks across the sector to support productive relationships with consumers, whānau and health professionals working with people experiencing stroke.

7. Stroke Aotearoa NZ met with Hon Casey Costello, Associate Minister of Health, on 29 August 2024 and 25 June 2025. Key talking points from the August meeting are provided in Appendix 2. The meeting on 25 June 2025 covered the same topics outlined in the *Matters of Discussion* section of this briefing.

Impact of stroke

8. Stroke is the second leading cause of mortality and a major contributor to serious adult disability in New Zealand.

9. One in four people are impacted by stroke during their lifetime. Each year, over 9,000 people experience strokes, and it is predicted to increase by 40% by 2028. While three-quarters of strokes in New Zealand affect seniors, nearly two-thirds of strokes among Māori and Pacific peoples occur under the age of 65. Māori and Pasifika are disproportionately affected by stroke, with strokes occurring 10-15 years earlier and with higher risks of a secondary stroke.

10. Recognising the signs of stroke and starting treatment early is critical. The earlier medical care begins, the greater the chance of minimising brain damage and achieving a better recovery outcome. While advances in medical treatment have helped to reduce mortality, many survivors are left with significant life-altering impairments.

11. Most strokes are preventable. Up to 90% of strokes are linked to 10 treatable risk factors, including: high blood pressure, obesity, heart disease, diabetes, poor diet, physical inactivity, and smoking. Lifestyle changes can reduce the risk of stroke, diabetes and heart disease.

12. In 2021/22, over one-third of people who experienced their first stroke were smokers, making smoking the second most common risk factor after hypertension, which is worsened by smoking. In 2020 the New Zealand Institute for Economic Research (NZIER) estimated the annual economic cost of strokes at $1.1 billion, set to increase to $1.7 billion

by 2038.

Key services that Stroke Aotearoa NZ provides

13. These services include:

Life before stroke services (prevention)

- Free blood pressure checks and pulse checks in the community;
- Support for blood pressure management, including healthy lifestyles advice and education;
- Health promotion initiatives, including stroke prevention campaigns and specific trade-based initiatives targeted at high-risk groups. This includes the well-known F.A.S.T. (Face, Arms Speech, Time) campaign. The F.A.S.T. campaign encourages everyone to learn the key signs of stroke and to think F.A.S.T., act fast and look out;
- Workplace health and wellbeing such as bringing advice, tests and experts directly to worksites. This makes it easier for workers to prioritise their Hauora.

Life after stroke services (management)

- Community Stroke Navigators who support stroke survivors and their whānau;
- A Free helpline (0800 STROKE) to support people affected by stroke, including people who support the stroke-affected community;
- Stroke 101 education sessions that provide an overview of stroke to upskill health and community workforce in supporting the stroke-affected community;
- Take Charge After Stroke (Take Charge) is a programme designed to increase independence and improve quality of life after stroke;
- Returning to work services to help both stroke survivors and employers navigate challenges during the recovery process;
- An online café, which is a free online event that helps connect people affected by stroke;
- Stroke education and affiliated stroke groups providing community education sessions for anyone affected by stroke;
- Rehabilitation support, including connecting clients to a range of therapies such as speech and communication therapies;
- Creation of online videos and online resources to support tamariki and rangatahi. Stroke Aotearoa NZ has partnered with youth ambassador Edna Swart;
- A database of free resources to help Whānau and communities to reduce their risk and rebuild their lives after stroke.

Matters for discussion

14. Stroke Aotearoa NZ will want to talk to you about the three areas it considers will have the greatest impact on preventing stroke and improving health outcomes after stroke:

- Workforce
- Reduce the gap between our two-tier Health system Aotearoa
- Prevention

Workforce

15. Stroke Aotearoa NZ has identified a critical gap in stroke knowledge and understanding within primary and community care, compounded by widespread workforce challenges across the health system. To help address the gap:

    - Stroke Aotearoa has developed Stroke 101. An introductory training aimed at the non-regulated workforce. It covers stroke types, prevention and recovery to better equip workers to better support people with stroke and ease the pressure on qualified clinicians;
    - Stroke Aotearoa is also developing an NZQA level 3 Certificate in Long Term Conditions for the non-regulated workforce. This initiative has strong sector interest and is designed as a stepping stone toward higher qualifications and potentially the regulated workforce;
    - This initiative will support the growth and development of non-regulated workforce in Health NZ. This includes rehabilitation assistants, kaiāwhina and allied health assistants working in areas such as early supported discharge and community rehabilitation.

Reduce the gap between our two-tier health system

16. Considerable hardship is felt by stroke survivors. They experience significantly poorer access to rehabilitation services with reduced or complete lack of financial support.

17. When a brain injury is caused by an accident, individuals receive comprehensive rehabilitation and financial support through ACC. However, those who experience a similar brain injury due to stroke do not receive the same level of support, except in rare circumstances. This highlights a significant gap in equity.

18. As a result, stroke survivors and their whānau are often left to navigate a complex health and disability system on their own, all while coping with the challenges of cognitive and physical impairment.

19. Stroke Aotearoa NZ advocates for the elimination of inequities in rehabilitation and life-after-stroke support services, particularly those driven by geographic variation, where access to care depends on where a person lives. Every stroke survivor deserves the same high standard of care and support as those covered by ACC, regardless of their location.

Prevention

20. Strokes currently cost New Zealand more than $1.1 billion annually, this figure projected to rise to $1.7 billion by the middle of the next decade[1]. Given that 90% of strokes are preventable, there is a significant opportunity to reduce this fiscal burden through targeted prevention strategies.

[1] Stroke Aotearoa NZ https://www.stroke.org.nz/stories-and-articles/articles/strokes-will-cost-new-zealand-11-billion-this-year/

21. In partnership with Iwi Māori Partnership Boards and community providers, Stroke Aotearoa NZ has a wellbeing programme with designed empower and support individuals and whānau to reduce stroke risk through healthier living. This includes early identification of stroke risk and protective factors such as:

- Hypertension
- Receiving appropriate treatment
- Understanding the importance of medicines adherence.

22. To address the gap in knowledge within primary and community care, NCN co-leads from the Diabetes, Cardiac, Renal and Stroke networks are collaborating on a phased primary care and prevention workplan, driven by the exponential rise in prevalence of cardiovascular-kidney-metabolic (CKM) disease.

- CKM disease results in more hospital admissions and deaths than all other causes combined and causes significant disparities for Māori, Pacific, Indian and rural populations;
- The first step in this work has been to develop national consensus guidance for all healthcare professionals, particularly in community care. This guidance is currently out for sector-wide consultation.

Appendix 1: Biography of attendees

Jo Lambert, *Chief Executive Officer*

Jo was appointed as CEO of the Stroke Foundation in May 2021. Her leadership experience comes from both the non-profit and private sectors. She joined the Foundation from Barnardos, where she was General Manager of Early Learning. Prior to this, Jo was CEO of the consulting firm Maven, where she worked primarily with clients across health and disability services. She is a certified Negotiation and Influencing skills strategist, trainer and coach.

Jo initially joined the Stroke Foundation as a Board Member in 2018. She is inspired to make a difference for those affected by stroke because her mother experienced a life-changing stoke when Jo was young, and her father passed away from a stroke 30 years later.

Jo has a Bachelor of Arts degree in Business Studies (Hons), majoring in marketing and market research, and a postgraduate qualification from the Chartered Institute of Marketing (UK). She moved to New Zealand in 1995.

Meena Vallabh, *General Manager Services Development*

Meena joined Stroke Aotearoa NZ in 2024. She has over 25 years in health, having started as a pharmacist and over time moving into strategy, service design/ innovation in health systems.

Meena values enduring relationships and is motivated by opportunities to deliver meaningful change that will achieve equity for priority populations and improve outcomes for New Zealanders.

In her role as General Manager Services Developmen,t Meena is responsible for the development and execution of a comprehensive services development strategy (including advocacy) aligned with Stroke Aotearoa's mission to prevent stroke and improve lives.

Anna Ranta, *Medical Director*

Prof Anna Ranta is a Wellington New Zealand based academic stroke neurologist whose research focuses on translational stroke research to optimize stroke care quality and access with a strong emphasis on addressing health inequities. Her work to date has resulted in 200+ peer reviewed publications. She has led several large research programs and also collaborates widely with others across Australasia and globally.

She has extensive clinical and academic governance and leadership experience. She is the Head of Department of Medicine at University of Otago, Wellington, Co-Directed the National Hyper-Acute Stroke Programme, lead the New Zealand National Stroke Registry, Co-Chairs the Australian and New Zealand Stroke Guideline Acute Steering Group, is the immediate past President of the Neurological Association of New Zealand, the current Secretary of Australia and New Zealand Stroke Organisation, Board Member of the World Stroke and Asia Pacific Stroke Organisations, and serves on the editorial boards of ‘Stroke,’ ‘Neurology,’ and the ‘Journal of the American Heart Association.’