

# **THE ROLE OF PREVENTION IN DISABILITY SERVICES**

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# OUTLINE

- The problem
- Is prevention even possible?
- Investing in prevention
- The work of the Stroke Foundation to:  
prevent stroke | improve outcomes | save lives

# GLOBALLY

An estimated 1.3 billion people – or 16% of the global population – experience a significant disability today.

This number is growing because of an increase in noncommunicable diseases and people living longer.

**TREND: People are living longer – but with more impairment**

<https://www.who.int/news-room/fact-sheets/detail/disability-and-health#:~:text=An%20estimated%201.3%20billion%20people%20%E2%80%93%20or%2016%25,increase%20in%20non-communicable%20diseases%20and%20people%20living%20longer.>

# AOTEAROA – NEW ZEALAND

1.1 million people (24% of the population) identified as disabled.

The social and economic cost of disability is high because 1 in 4 people are directly affected, and impacts have a ripple effect on carers/family, friends and community.

There is no dollar figure on the collective cost of all disability in NZ. Some NGOs have commissioned costings. Two examples:

- Stroke – \$1.1b in 2020 – projected to rise to \$1.7b by 2038
- Dementia - \$2.4b in 2020 – projected to rise to \$6b by 2050

# THE PROBLEM:

1. THE COST OF DISABILITY IS INCREASING
2. THE INCIDENCE OF DISABILITY IS INCREASING

# IS DISABILITY REALLY PREVENTABLE?

Many people are born with or acquire a disability that is unavoidable. This is not true in the case of all impairment

An American study found the approximately half of the prevalence of disability was preventable.

The United Nations estimates that well over 50% of disabilities are preventable and directly linked to poverty.  
*Disability is also an equity issue.*

Source: Preventing Disability: The Influence Of Modifiable Risk Factors On State And National Disability Prevalence 2017 <https://www.healthaffairs.org/doi/10.1377/hlthaff.2016.1281>

# THE PROBLEM OF STROKE

Stroke is the leading cause of serious adult disability

At least 75% of stroke is preventable (avoidable / delayable)

10,000 stroke experienced each year (increasing), 37% disabled from stroke in 2022

89,000 living with the impact of stroke

Only 17% of our income comes from Government (we are heavily reliant on the generosity of the community to do our mahi)

# EXAMPLES OF PREVENTABLE IMPAIRMENT

Type of impairment	Preventability	Cost per annum (Estimated)	Potential saving
Stroke	> 75%	2020: \$1,100,000,000 By 2038 \$1,700,000,000	\$825,000,000 \$1,275,000,000
Fetal Alcohol Spectrum Disorders (FASD)	100%	\$800,000,000	\$800,000,000
Neural Tube Defects (including Spina Bifida)	> 70%	\$24,000,000	\$16,800,000
Dementia	~ 40%	2020: \$2,400,000,000 By 2050: \$6,000,000,000	\$960,000,000 \$2,400,000,000
Falls	Up to 100%	2018: \$1,100,000,000	\$1,100,000,000
Blindness and low vision	75%-80%	\$3,740,000,000	\$2,990,000,000



# ACC

## INVESTING IN PREVENTION - BECAUSE IT WORKS

- In 2022/23, ACC invested **\$62 million** in injury prevention initiatives to reduce the economic, social, and personal impacts that arise for people and communities following accidents.
- ACC prevention programmes are targeted to injuries they would cover e.g. falls, traumatic brain injuries, but not stroke.
- Each year ACC supports almost 2 million New Zealanders to recover from injuries caused by accidents through funding medical treatment, rehab and weekly compensation.
- Investing in accident prevention is important to ACC as it reduces the harm from accidents, and cost of accidents.

# STROKE FOUNDATION – DOING WHAT WE CAN

# \$11:\$1

**Return on investment for reducing population salt intake according to the World Health Organization's "best buys" for the prevention of stroke and other non-communicable diseases.**



## SALT BY NUMBERS

In 2024 **6,884** packaged supermarket products were measured against the WHO sodium benchmarks (salt limits).



Only **1/3** products met benchmark

**2/3** products exceeded benchmark (too salty)



- Many everyday foods have hidden salt such as:
- meat alternatives e.g. falafel and plant based burgers
  - processed meat and fish
  - sweet pies, cakes and pastries
  - canned foods
  - frozen food



**87%** OF SALT CONSUMED IS FROM PROCESSED FOODS AND TAKEAWAYS



ONLY **30%** OF PRODUCTS DISPLAY A HEALTH STAR RATING

## SALT AND STROKE



STROKE IS THE **LEADING CAUSE OF ADULT DISABILITY** AND THE **2ND LEADING CAUSE OF DEATH**

**10,000** STROKES HAPPEN EVERY YEAR, THAT'S ONE EVERY **55 MINUTES**

**75%** STROKES ARE PREVENTABLE

LOW-SALT FOODS	MEDIUM-SALT FOODS	HIGH-SALT FOODS
Less than 120mg sodium per 100g	120 to 600mg sodium per 100g	More than 600mg sodium per 100g

## HEALTH GAINS

If NZ introduced WHO sodium benchmarks and all packaged supermarkets products met them

# 2,500

HEALTH YEARS GAINED IN 10 YEARS

# 1.6x

TIMES HIGHER HEALTH BENEFITS FOR MĀORI

# \$108m

HEALTH SYSTEM SAVINGS IN 10 YEARS

Top 3 groups that would need the largest reductions in salt content:

- **66%** of pies and pastries
- **52%** sausages and processed meats
- **47%** puddings and desserts

Recommended maximum daily amount of salt (adult) 5 grams/5000mg = 1 teaspoon, children need less

# STROKE FOUNDATION – DOING WHAT WE CAN



# 10,000

**NUMBER OF FREE BLOOD PRESSURE SCREENING TESTS STROKE FOUNDATION DID LAST YEAR**

**(UP TO ONE IN THIRTY OF THOSE SCREENED WERE IN ACUTE HYPERTENSIVE CRISIS, REQUIRING SPEEDY MEDICAL ATTENTION TO PREVENT STROKE)**



# Health 15

Worksite **health + wellbeing**

**STROKE**  
FOUNDATION • NZ

# STROKE FOUNDATION – DOING WHAT WE CAN

From	To
20% Prevention / 80% Life after Stroke support	50% Prevention / 50% Life after Stroke support
1:1 model of support	1:many model – reaching more people
Receiving referrals from secondary care	Partnering with primary and community providers 0800 helpline – no ‘referral barrier’ to access support
Being the only providers of community support	Prevention/Life after Stroke education and training for primary and community kaimahi
Separate Prevention and Life after Stroke teams	Integrated team working nationally
Working in isolation	Developing partnerships with PHOs, Hauora providers, other Long Term Condition NGOs etc Collective Impact initiatives in priority regions

# THE RESULTS?

We don't have data, but we do have anecdotal stories of lives saved and disability avoided/reduced through our mahi

We cannot do this alone. A focus on prevention must encompass the systems in which people live, not just the behaviours of individuals.

We don't have the budget to do all the work necessary, however there are some easy wins if we had Government engagement.

An investment in prevention however, is good for people, and good for the economy. *It really is a 'no brainer'*



*“A strong focus on prevention is essential if we are to create the best possible chance of healthy ageing and a sustainable health system in the future. This means the broadest interpretation of prevention – including health promotion,...as well as policies that support people to have healthy, active lifestyles ...and equitable access to high quality support”*

*NZ Health Strategy 2023: focus on prevention p40*

**THANK YOU!**

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

