

U3A presentation

Jo Lambert, CEO



About me

- Chief Executive of Stroke Aotearoa New Zealand
- Physiotherapy New Zealand Board Member
- Prior Board member of Stroke Aotearoa
- Co-Chair of the Neurological Alliance
- Executive of the Carers Alliance
- Community Chapter of HTRHN
- Barnardos Aotearoa – New Zealand's largest children's charity
- Commercial background – manufacturing, IT services, Outsourcing, Management Consulting



Stroke Aotearoa New Zealand



Te Ahi Tūmanako
(The Flame of Hope)
is at the heart of our brand
identity.



Stroke by numbers



12,000+ pa
↑ 40% by 2028

1st



First leading cause of disability

2nd

Second leading cause of death




Māori, Pacific, Asian

- 15 years younger
- More severe
- Poorer outcomes
- Secondary stroke
- No change in 40 yrs




89,000+



1.1 billion in 2020
1.7 billion by 2028



Minimal ACC
= whānau care



Blood pressure the silent killer

Stroke Aotearoa New Zealand

Our mission is to prevent stroke and improve lives.

Our vision is for a stroke-free Aotearoa.

Our 5 Strategic Priorities:

- Te Tiriti o Waitangi Alignment
- Prevention and Awareness
- Advocacy
- Life After Stroke
- Thriving Organisation



Three main types of stroke

- Ischaemic stroke
- Haemorrhagic stroke
- Transient Ischaemic Attack (TIA)



Blocked blood vessel in brain causing a stroke



Bleed into brain causing a stroke



The most significant impacts on outcomes

- F.A.S.T. diagnosis and treatment
- Specialised stroke unit care - multi-disciplinary care team
- Rehabilitation and recovery
- Long-term care and support
- Ongoing management of underlying health conditions

Every minute = the death of 1.9m neurons



EVERY
M1NUTE
COUNTS



We All Know Someone



 **Stroke**
Aotearoa NZ

Teenagers have strokes.

Justus was only 18 years old when he had his stroke. Stroke affects younger people like you. Learn the signs of stroke.
Visit stroke.org.nz/we-all-know-someone
0800 STROKE (0800 78 76 53)
Son, mate, advocate, swimmer.

F.A.S.T



**AT ANY SIGN OF STROKE
CALL 111**

F	A	S	T
FACE DROOPING	ARM WEAKNESS	SPEECH DIFFICULTY	TAKE ACTION CALL 111

 **Stroke**
Aotearoa NZ

Health New Zealand
Te Whatu Ora

Strategic Priority 1: Te Tiriti o Waitangi Aligned



- Incidence
- Outcomes
- Cultural capability and responsiveness
- Partnership and protection



Strategic Priority 2: Prevention and Awareness

- 1 in 4 New Zealanders will be impacted by a stroke
- 90% of strokes are preventable and linked to controllable risk factors
 - high blood pressure
 - physical inactivity
 - poor diet, especially salt intake
 - smoking – many of which can be controlled.

Prevention and Awareness

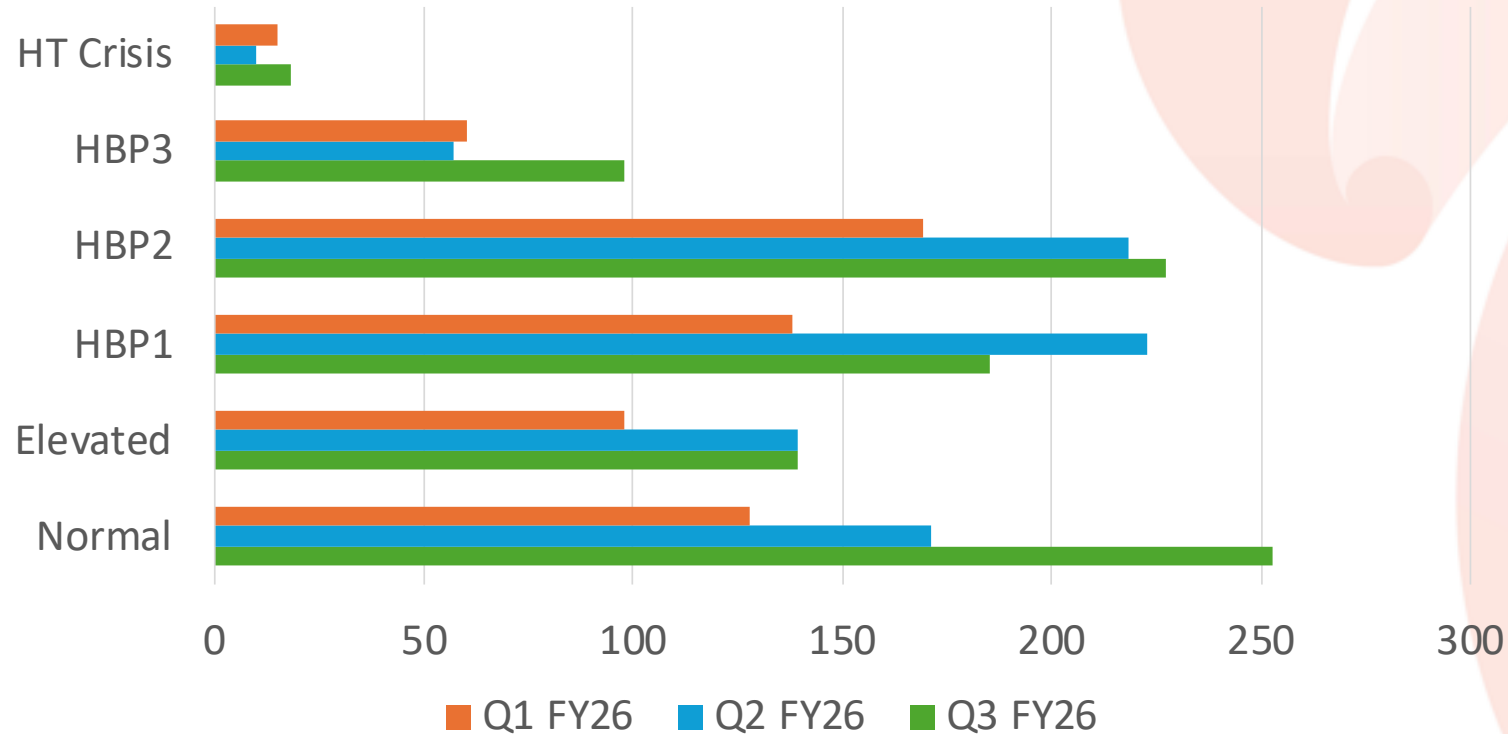
- Free BP and AF testing
- Education seminars and workshops in the community
- Targeted prevention programmes for employers
- Community events and collaborations
- Educating our rangatahi
- Promoting healthy lifestyles, salt awareness week
- Advocating for law change, and submissions
- Website and social media channels
- May = Stroke Awareness Month
- 29th October = World Stroke Day



Blood Pressure: the silent killer



Blood Pressure Results by Category FY26



Tips to manage your blood pressure

- Be smoke and vape-free
- Eat less salt and processed food
- Be active
- Take medication as prescribed
- Check your blood pressure regularly
- Keep alcohol intake low
- Check and manage cholesterol levels
- Maintain a healthy weight
- Manage other long term conditions / co-morbidities well



Strategic Priority 3: Advocacy – at two levels

- At a system level – exerting influence through:
 - Meetings with Ministers and Officials
 - Responding to submissions
 - Partnering with NGOs
 - Advisory Committees
 - Holding the funders to account for quality care
- At an individual level:
 - Supporting stroke survivors and whanau to navigate the complex services to which they're entitled



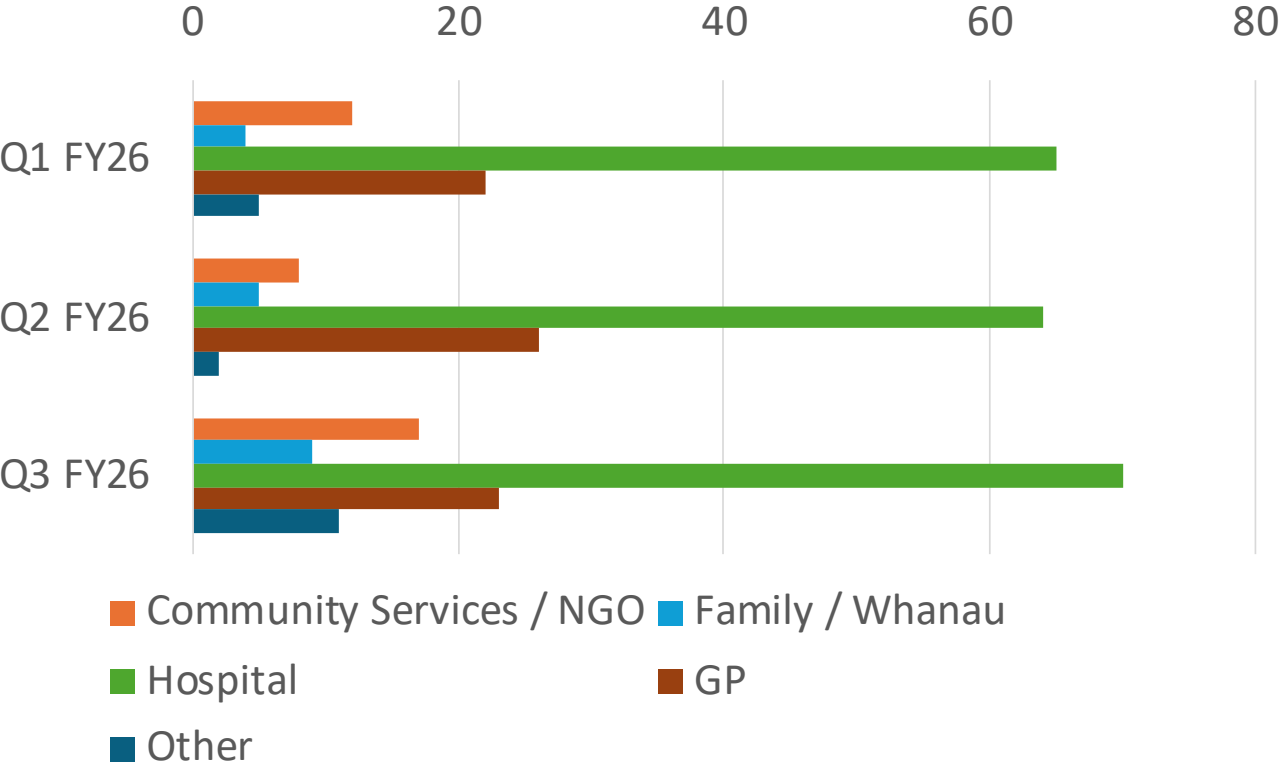
Strategic Priority 4: Life After Stroke

- Individual support through 0800 STROKE
- Referrals from hospitals
- Education and support to Stroke Groups
- Monthly Online Café, to create connection
- Information and resources – The Life After Stroke book
- Collaboration with Barnardos What'sUp
- Return to Work support
- 101 Education for clinical and non-clinical staff
- Funding in some areas for individual grants
- Website



Life After Stroke Support

Referral Source



Total Reach — Q1 FY26
2041

Total Reach — Q2 FY26
1403

Total Reach — Q3 FY26
1782

Strategic Priority 5: Thriving Organisation



- People and culture by living our values
- Being financially sustainable
 - 17% government funding
 - Multi-faceted fundraising programmes, supported by campaigns, fundraising events, regular giving, appeals, bequests, grants
- Environmental impact, social responsibilities, and governance practices
- Fundamental principles of partnership through all our work

Neurological workforce research 2024



- Prof Anna Ranta, MD, PhD, FRACP, FAHA, FAAN, FWSO
- University of Otago, Wellington and Health NZ Capital, Coast and Hutt Valley
- Stroke Aotearoa Board Director
- Co-Chair of the National Stroke Network



The size of the problem

- 22% of hospitalisations are neurological
- Neurological diseases are the leading cause of ill health and disability & second leading cause of death globally



NZ Neurologist Demographics

Individual Workforce Surveys

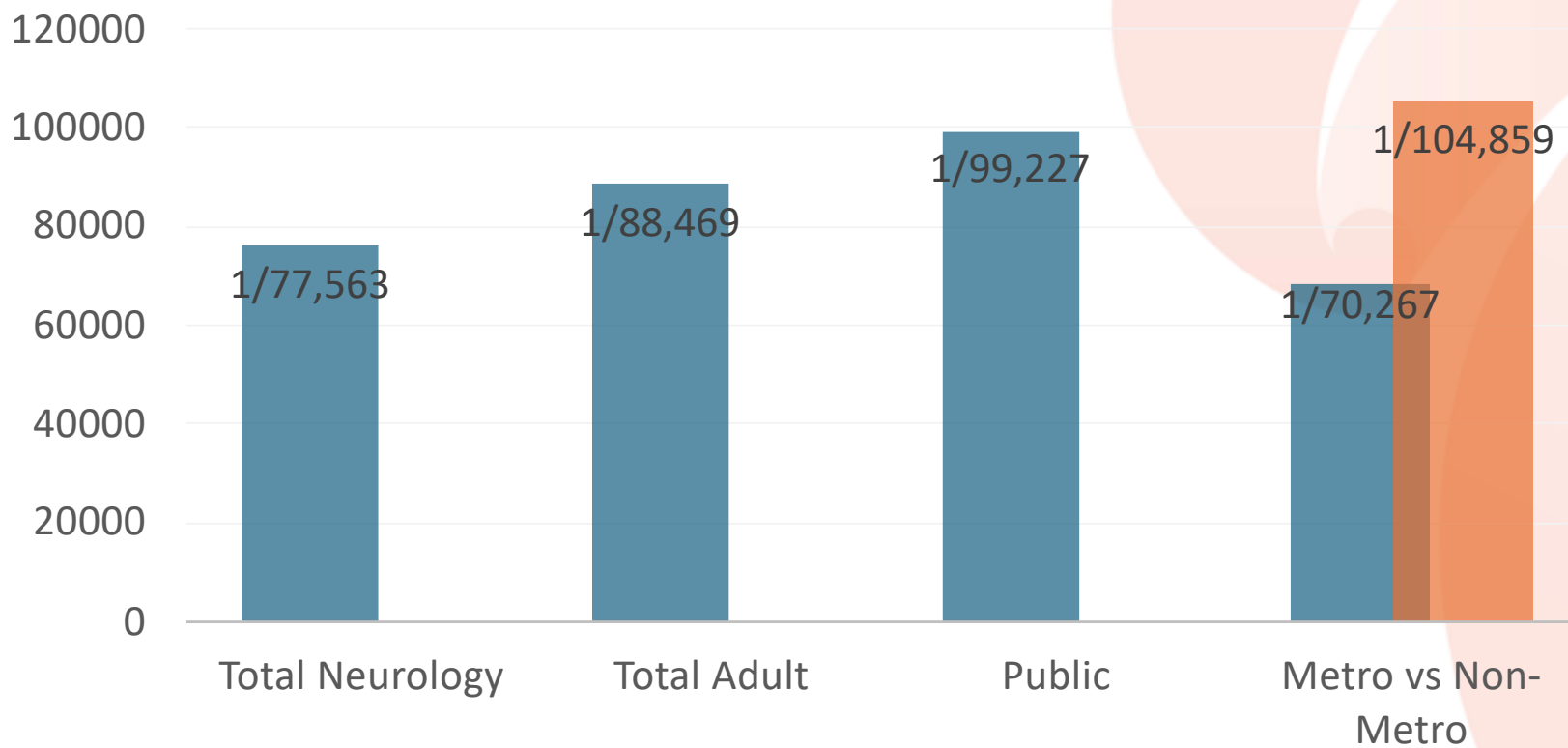
	All (including n=3 paediatrics) N=54	Response
Age, mean (SD)	46	52 (12.3)
Sex, n(%) F	46	15 (32.6)
Gender identity, n(%) LGBTQI+	20	4 (20%)*
Ethnicity	43	
European		34 (79.1)**
Maori		3 (7.0)
Asian		6 (14.0)
Years in NZ practice	46	14.2 (11.7)
Future years in NZ neuro practice	40	14.2 (9.9)
Planned retirement age (mean, range)	40	65 (52-81)
Primary Work City, n(%)	51	
Auckland		15 (29.4)
Wellington		10 (19.6)
Christchurch		7 (13.7)
Dunedin		5 (9.8)
Palmerston North		4 (7.8)
Hamilton		3 (5.9)
Tauranga		2 (3.9)
Hastings		2 (3.9)
Nelson		1 (2.0)
Rotorua		1 (2.0)
Gisborne		1 (2.0)

	All N=54	
Primary Training Country, n(%)***	42	
New Zealand		27 (64.3)
UK		6 (14.3)
Europe		4 (9.5)
South Africa		3 (7.1)
North America		1 (2.4)
India		1 (2.4)
FTE, mean (SD)		
Public	48	0.78 (0.31)
Private	26	0.25 (0.20)
Leadership	9	0.13 (0.06)
Academic	14	0.33 (0.27)
Total	51	0.94 (0.42)
Primary subspecialty interest	47	
MS/Neuroimmunology		10 (21.3)
Stroke		9 (19.2)
Epilepsy		8 (17.0)
Neuromuscular		7 (14.9)
General Neurology/None		5 (10.6)
Movement Disorders		2 (4.3)
Neurogenetics		2 (4.3)
Cognitive/Behavioural		1 (2.1)
Headache		1 (2.1)
Vestibular		1 (2.1)
Clinical Neurophysiology		1 (2.1)
Medico-Legal		1 (2.1)
Time spent in subspecialty, % (range)	47	26.5 (0-100)



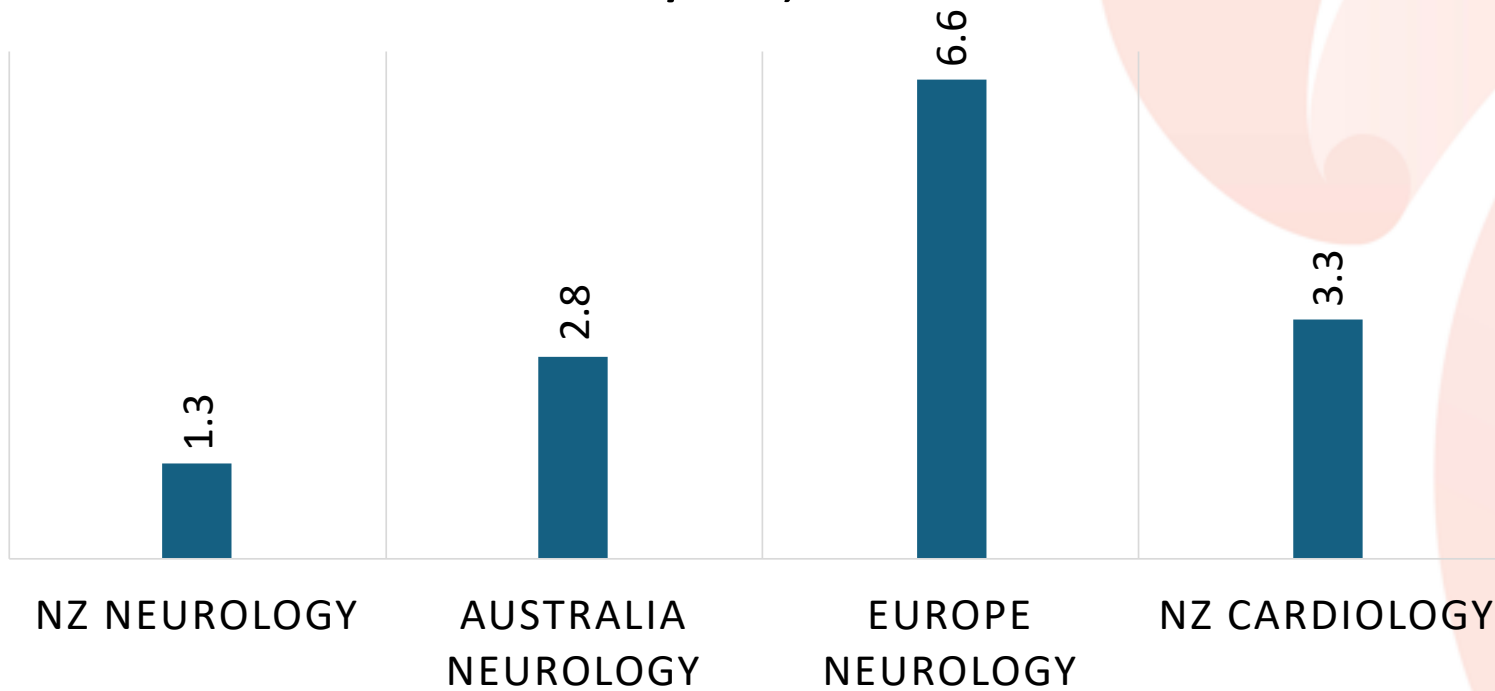
In 2014 Female: 23.3%
(48.3% in USA)

Current NZ Neurological Workforce



Comparison

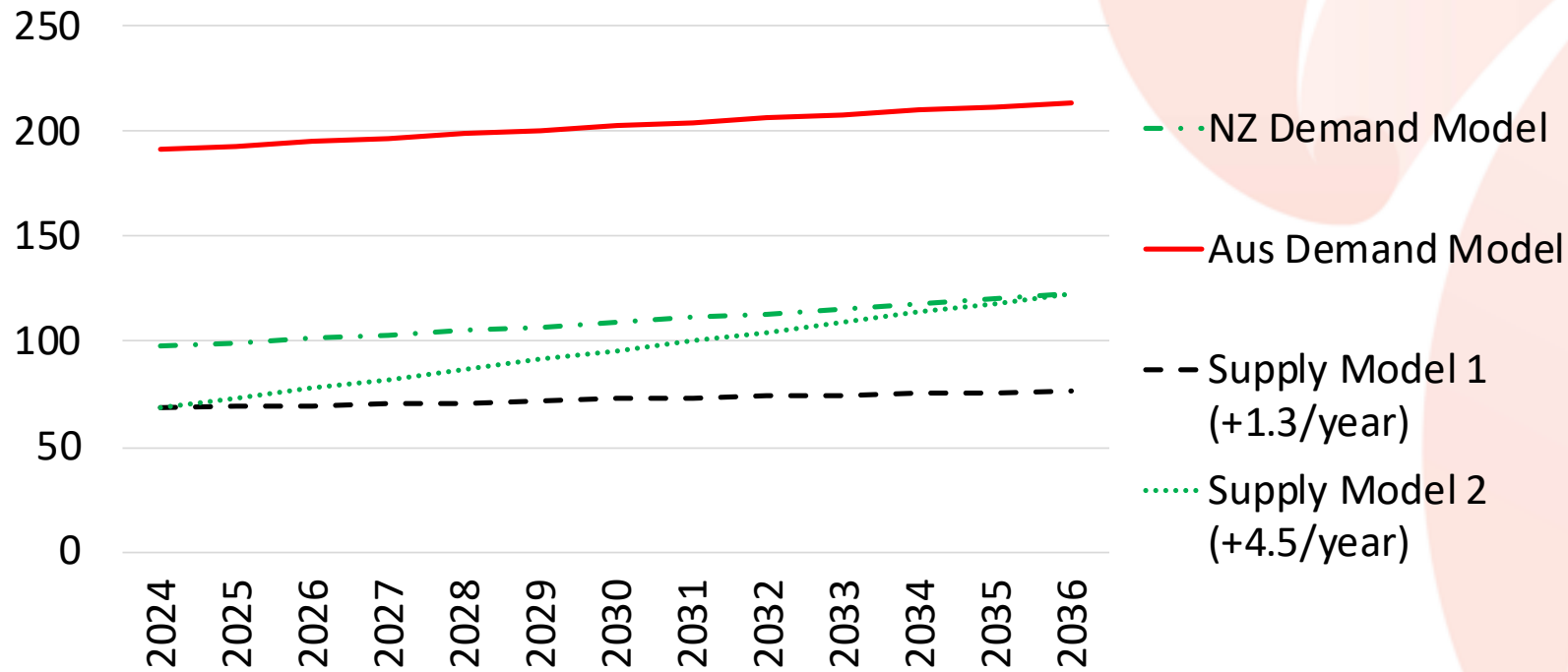
WORKFORCE/100,000 POPULATION



Demand vs supply



Demand vs Supply Models



Why would NZ need fewer Neurologists?

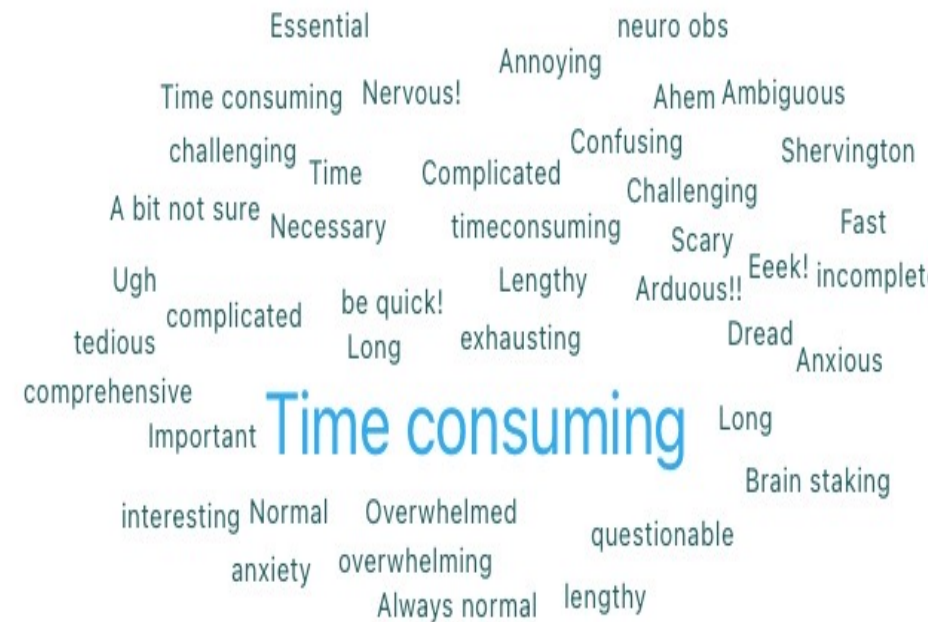
- Generalist models of care
 - Most hospitalised patients managed by general physicians
 - Key conditions like headache managed in primary care
 - Stroke, Alzheimer's, Parkinson's, Motor Neurone disease managed by geriatricians
- Focus on first specialist assessment vs follow-up
 - Neurology in NZ focusses on making a diagnosis
 - Aus estimate for every initial assessment we need 6 follow-ups needed
 - NZ we see for every initial there is one follow-up
 - Long-term care for conditions like epilepsy managed by GPs



Why would NZ need fewer Neurologists?



- Potentially more cost-effective
- Often closer to home
- Neurological disease is complex
- Clear evidence that generalists feel overwhelmed
- People with neurological diseases are at high risk of sub-optimal management



What the research found?



- NZ Neurology workforce is increasing in diversity – but still ≠ society; clinical need
- NZ neurologist rate very unfavourable c/w Australia, Europe, and cardiology
- Projections suggest maintaining status quo will result in worsening outcomes
- Current practice patterns do not meet population need
- Productivity is reducing - impact of ↑complexity/Rx, acuity, work patterns

The solutions

- To meet current NZ demand we need to at least triple if not increase by 8-fold
- ↑ hospital neurology consultant positions
- Retain current trainees – more jobs, more attractive jobs
- ↑ trainee posts & attract more medical students to neurology
- ↑ medical students (we do not just need more GPs)
- Prioritise workflow tools (e.g. AI) to improve efficiency & reduce clinician burden
- Reconsider NZ neuro models of care – is the generalist model still fit for purpose?



Next Steps and Action



- We need a national neurology workforce strategy
- Neurological Alliance of Neurologists & Neurology NGOs like Stroke Aotearoa support collaborating
- Government support to develop or at least consider strategy
- National Neurology Clinical Network

It's not all doom and gloom

Two innovative initiatives led by Stroke Aotearoa to

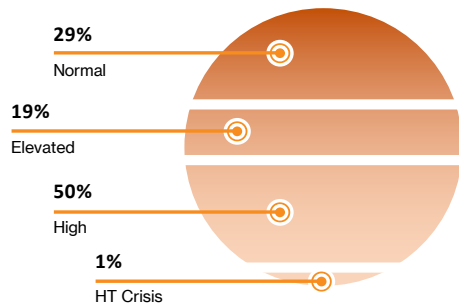
- Take prevention direct to the most vulnerable
- Educate the non-clinical workforce



Innovation in the community



BP Category breakdown for all Health15 sites



Age breakdown by category for all Health15 sites

	35 and under	36-49	50 and over
Hypertensive Crisis	0%	1%	2%
High 2	12%	45%	63%
Elevated	41%	21%	15%
Normal	47%	33%	19%



Winner – 2degrees Wellington Regional Business Awards 2025

NZIOB Award



Educating the non-clinical workforce

- Level 3 NZQA Certificate in Long Term Conditions, with micro-credentials in Stroke, Cardiac, Diabetes and Arthritis care
- 100,000+ unskilled workers caring in the community, plus whanau
- NGO collaboration with The Open Polytechnic
- NGOs provided the condition specific expertise
- Courses currently under construction
- Launch in August 2026
- Outcome: Trained workforce, communities of interest, learning framework to grow sector skills and capability



Your support, your way

R

Regular Donors

Ongoing monthly giving

A

Appeal Donors

Responding to campaigns

M

Gift in Memory

Honouring loved ones

W

Gift in Will

Legacy giving

D

Major Donors

Heartfelt gifts that transform lives



*Keeping the flame of hope alight.
Talk to us today about how you can
make a difference.*

Camino de Santiago 2026



Embark on an **unforgettable journey** to help prevent stroke and improve lives

Stroke Aotearoa NZ
CAMINO DE SANTIAGO TREK 2026

Stroke Aotearoa New Zealand Camino de Santiago Trek 2026

The Camino de Santiago is more than just a walk: it's a once-in-a-lifetime journey of personal growth, cultural discovery, and connection. Challenge yourself on this famous pilgrimage, immerse yourself in Spain's rich history, and be inspired each day by breathtaking landscapes alongside fellow Stroke Aotearoa New Zealand supporters.

Get in touch
info@inspiredadventures.com.au

Register here
inspiredadventures.com.au
/event/strokenz-2026-camino

INSPIRED ADVENTURES

Trip Details:

- 5 - 11 September 2026
Aotearoa New Zealand
- \$3,850
Trip Cost (quid estimate in NZD)
- 100kms
Training Distance
- \$3,500
Fundraising target for Stroke Aotearoa New Zealand

Stroke Aotearoa NZ

CAMINO DE SANTIAGO TREK 2026

Camino de Santiago 2026

Dates: 5-11 September 2026

Distance: 100km over 5 days.

Challenge grade: 3.5/5 (even tougher than the Great Wall of China)

The most famous pilgrimage route in the world.

From peaceful villages to rolling hills, medieval towns, historic churches, and awe-inspiring landscapes that have been shaped over centuries.





Stroke
Aotearoa NZ