Stroke FOUNDATION

Clinical Guidelines for Stroke Management 2017

Aboriginal and Torres Strait Islander people

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Background

Stroke has a significant impact on Aboriginal and Torres Strait Islander people. In 2004–05, the estimated prevalence in this group was 1.7 times as high as that of non-Indigenous Australians. In 2009–10, the hospitalisation rate for stroke for Indigenous Australians was twice as high as that of other Australians, and in 2009 the stroke death rate was 1.6 times as high as that of non-Indigenous Australians (AIHW 2013).

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The particular needs of Aboriginal and Torres Strait Islander people demand special attention and resources (Thrift et al 2007). A comparison of adherence to clinical processes and outcomes among Indigenous and non-Indigenous patients with acute stroke in the Stroke Foundation's 2009 National Audit of Acute Services found Indigenous patients had a greater prevalence of stroke risk factors, such as diabetes; more had intracerebral haemorrhages; were less likely be treated in a stroke unit, and were less likely to receive timely allied health assessments than non-Indigenous patients. Indigenous patients, aged 18–64 years, were also found to have a threefold increase of dying or being dependent at discharge (Adjusted odds ratio = 3·09, 95% confidence interval = 1·07–8·95).

It was concluded that Australian Indigenous patients with stroke received reduced quality of hospital care and experienced worse outcomes than non-Indigenous patients (Kilkenny et al 2012). The importance of evidence-based care cannot be overemphasised. Despite these findings, research specifically targeting Aboriginal and Torres Strait Islander peoples is non-existent. The specific search undertaken in the Clinical Guidelines revealed only thirty new articles, all of which were non-interventional studies, indicating that more research is required for this population.

In March 2010, the Stroke Foundation surveyed a number of Aboriginal and Torres Strait Islander people and non-Aboriginal and Torres Strait Islander people, healthcare professionals and researchers concerning stroke care for Aboriginal and Torres Strait Islander people. The survey results reinforced the issues previously identified and outlined in the Aboriginal Stroke Project report (National Stroke Foundation 2003), with issues falling into two broad categories: 1) whole health system, and 2) stroke-service specific.

The issues identified as relevant to the whole health system are consistent with current national policy and program initiatives including the National Strategic Framework for

Aboriginal and Torres Strait Islander Health. Whole health system issues include access to, and equity of, appropriate services (including transportation needs), cultural safety, workforce development (Aboriginal health workers and training for non-Aboriginal health workers) and improving communication and knowledge.

Regarding stroke-specific services, survey respondents confirmed the need for increased availability of stroke unit care in larger regional centres, which might increase access by Aboriginal and Torres Strait Islander people and reduce the need for transfer, often over large distances, away from family and community. There was overwhelming belief that Aboriginal and Torres Strait Islander people are less likely to want to participate in rehabilitation away from family and community. Thus it was suggested that networks and processes be improved so that stroke specialist centres support non-specialist staff at smaller regional and rural centres.

References

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