## ASA Statement regarding the Voice referendum

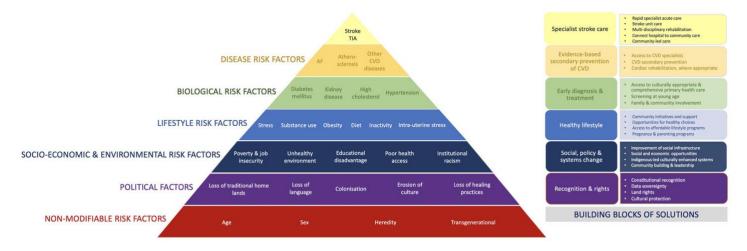
The Australasian Stroke Academy supports the Voice to Parliament and other initiatives aimed at improving the health of Aboriginal and Torres Strait Islanders.

We would encourage all people working in stroke to be familiar with how stroke affects Aboriginal and Torres Strait Islanders peoples (henceforth respectfully referred to as Aboriginal Australians(1)) and recommend reading the papers in the References section.

## STROKE IN INDIGENOUS AUSTRALIANS

- Stroke incidence is significantly higher in Aboriginal than non-Aboriginal Australians(2)
- Stroke occurs at an earlier median age (7-28yrs earlier) in Aboriginal Australians
- Poorer stroke outcomes for those living in remote and very remote regions(3)
- Age-specific incidence is greater in all age groups particularly ages 45-54 years where stroke incidence is 17 times that of non-Aboriginal population of the same age(4)
- Age-standardised case fatality of stroke in the Aboriginal Australians nearly two-fold that of the non-Aboriginal Australians(3)
- Research also shows that recognition of stroke signs and symptoms (face, arm, speech, time (FAST) acronym) at a community level is lower in Aboriginal than non-Aboriginal people (5). It is probable that patients are not presenting to hospital for various reasons and the burden of stroke and those living with disability is under-identified.

The drivers behind the above stroke specific statistics lie in the social determinants of health – including inadequate public housing, food and energy insecurity and the persisting legacy of colonisation. No matter how advanced our acute stroke care management becomes, the reality is we will not make significant improvement in these dire statistics without addressing the root causes. This table from Balabanski (5) and Dos Santos (6) outlines this:



## REFERENCES

1. Central Australian Aboriginal Congress. Doing It Right: A guide for health researchers working with Aboriginal people in central Australia. Central Australian Aboriginal Congress: Alice Springs NT; 2021.

- 2. Katzenellenbogen JM, Knuiman MW, Sanfilippo FM, Hobbs MST, Thompson SC. Prevalence of stroke and coexistent conditions: disparities between indigenous and nonindigenous Western Australians. Int J Stroke Off J Int Stroke Soc. 2014 Oct;9 Suppl A100:61–8.
- 3. Balabanski AH, Nedkoff L, Brown A, Thrift AG, Pearson O, Guthridge S, et al. Incidence of Stroke in the Aboriginal and Non-Aboriginal Populations of Australia: A Data Linkage Study. Stroke. 2023 Aug;54(8):2050–8.
- Balabanski AH, Goldsmith K, Giarola B, Buxton D, Castle S, McBride K, et al. Stroke incidence and subtypes in Aboriginal people in remote Australia: a healthcare network population-based study. BMJ Open. 2020 Oct;10(10):e039533.
- Balabanski AH, Dos Santos A, Woods JA, Thrift AG, Kleinig TJ, Suchy-Dicey A, et al. The Incidence of Stroke in Indigenous Populations of Countries With a Very High Human Development Index: A Systematic Review Protocol. Front Neurol [Internet]. 2021 [cited 2023 Oct 6];12. Available from: https://www.frontiersin.org/articles/10.3389/fneur.2021.661570
- 6. Dos Santos A. A narrative review of stroke incidence, risk factors and treatment in Indigenous Peoples of the world. Vessel Plus. 2021 Apr 23;5(0):21.