



January 21, 2025

Dr. Kieran Moore  
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**Re: Reintroduction of “FAST signs of stroke” public awareness campaign**

Dear Dr. Moore,

The Registered Nurses' Association of Ontario (RNAO) is writing to express our strong support for the re-introduction of Heart & Stroke's FAST (Face, Arms, Speech, Time) signs of stroke public awareness campaign. RNAO is the professional association representing more than 57,250 registered nurses, nurse practitioners and nursing students in all roles and sectors across Ontario.

RNAO knows that stroke remains a major health challenge in Ontario. A new stroke occurs every 12 minutes, and in 2024 there were more than 41,000 stroke events with over 25,000 requiring hospital admission. More than 310,000 Ontarians are currently living with the effects of stroke.<sup>1</sup> The economic burden is substantial: the mean one-year attributable cost per stroke is estimated at \$33,522,<sup>2</sup> translating to almost \$1.4 billion annually in provincial stroke-related costs. Time-sensitive treatments such as thrombolysis and endovascular thrombectomy (EVT), when administered within the critical four to six hours of symptom onset, can restore blood flow to the brain preventing death and significantly reducing disability.

With stroke, time is brain. Public awareness of the signs of stroke and rapid activation of the provincial emergency medical system (EMS) are essential. Timely stroke treatment prevents death and minimizes life-altering cognitive impairment, paralysis, communication challenges, vision loss and memory deficits. In Ontario, calling 9-1-1 ensures that individuals experiencing stroke are transported quickly to specialized stroke hospitals capable of delivering time-dependent treatments.

Despite the strength of Ontario's stroke system, 61 per cent of individuals with stroke cannot receive best-practice care because they do not arrive at a specialized stroke hospital within the critical treatment window.<sup>3</sup> Ontario's stroke awareness performance has steadily declined and is now the lowest in Canada.<sup>4</sup> Only 35 per cent of Ontarians can name at least two signs of stroke, and only 35 per cent recognize stroke as a medical emergency requiring immediate action. Correspondingly, provincial data show that rates of EVT and thrombolysis have declined over the past two fiscal years and remain below established targets.<sup>5</sup>

Public awareness campaigns in other jurisdictions – both within Canada and internationally – have demonstrated that consistent messaging using acronyms like FAST improves stroke recognition, EMS activation, treatment rates, and patient outcomes. When Ontario last funded the FAST campaign (2018 to 2020), recognition of all three FAST signs increased by 117 per cent, 9-1-1 activation improved, and more patients arrived within the critical treatment window, enabling lifesaving and disability-limiting therapies.<sup>6</sup> Public awareness campaigns like FAST also deliver exceptional value, with an estimated return on investment of \$3.20 for every \$1 spent.<sup>7</sup>

Ontario has a world-class stroke system built on decades of innovation and investment, including 30 designated stroke centres and 16 thrombolysis-capable community hospitals supported by the Ontario Telestroke Program across 11 regional stroke networks. These hospitals provide advanced imaging, specialized clinical expertise, and access to critical treatments. The effectiveness of this system depends on the public's ability to recognize stroke signs, activate EMS, and reach the right care in time. Public awareness is a proven driver of stroke system performance.

RNAO urges the Government of Ontario to reinstate funding for the FAST signs of stroke public awareness campaign. This modest investment will yield long-term cost savings for the health care system and, most importantly, save lives and improve outcomes for individuals experiencing stroke.

Warm regards,



Dr. Doris Grinspun RN, BScN, MSN, PhD,  
LLD(hon), Dr(hc) DHC DHC, FAAN, FCAN, O.ONT  
RNAO CEO



Lhamo Dolkar RN(EC), CCN, MSc, NP-PHC  
RNAO President

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<sup>1</sup> Canadian Institute for Health Information (CIHI) National Ambulatory Care Reporting System (NACRS) and Discharge Abstract Database (DAD), 2024

<sup>2</sup> Vyas, M.V., et al. (2023). Attributable Costs of Stroke in Ontario, Canada and Their Variation by Stroke Type and Social Determinants of Health. *Stroke*. doi:10.1161/STROKEAHA.123.043369.

<sup>3</sup> Canadian Institute for Health Information (CIHI) National Ambulatory Care Reporting System (NACRS) and Discharge Abstract Database (DAD), FY 2023/24

<sup>4</sup> Heart & Stroke commissioned national, bilingual online/digital poll conducted between November 29 – December 31, 2023, by Environics Research Group of 3,846 Canadian residents 18 years and older drawn from online panels. The survey data were weighted by region, age, and gender to match census data.

<sup>5</sup> Canadian Institute for Health Information (CIHI) Discharge Abstract Database (DAD), FY 2022/23 – Q1 FY 2025/26

<sup>6</sup> Heart & Stroke commissioned national, bilingual online/digital poll conducted between December 3-31, 2021 by Environics Research Group of 3,291 Canadian residents 18 years and older drawn from online panels. Data pulled from slides 35, 36, 109 and 125.

<sup>7</sup> Fuel. Department of Health: Stroke Campaign Diagnosis [Internet]. Available from: <http://www.fueldata.co.uk/case-study#department-of-health-stroke-campaign-diagnosis>