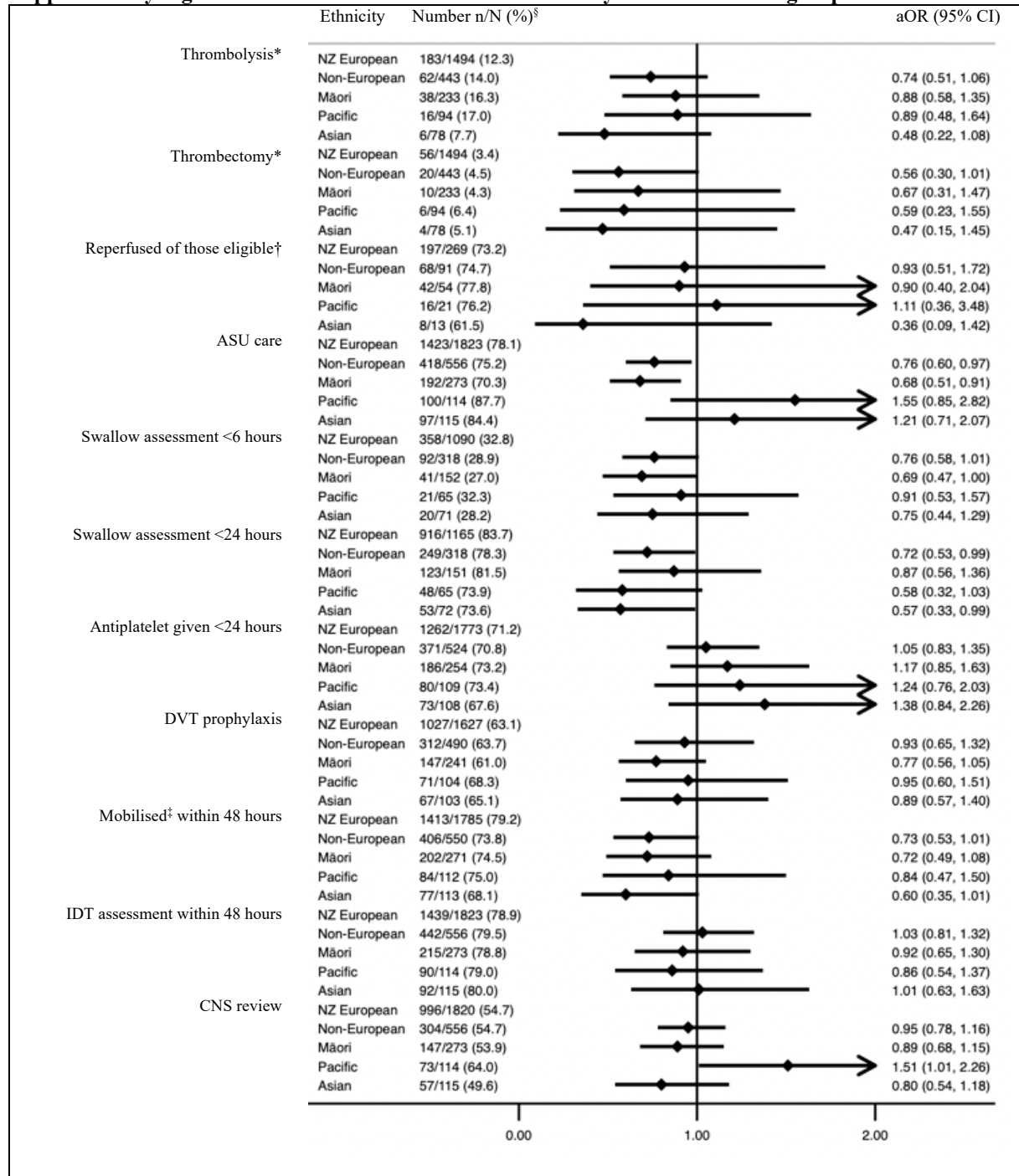
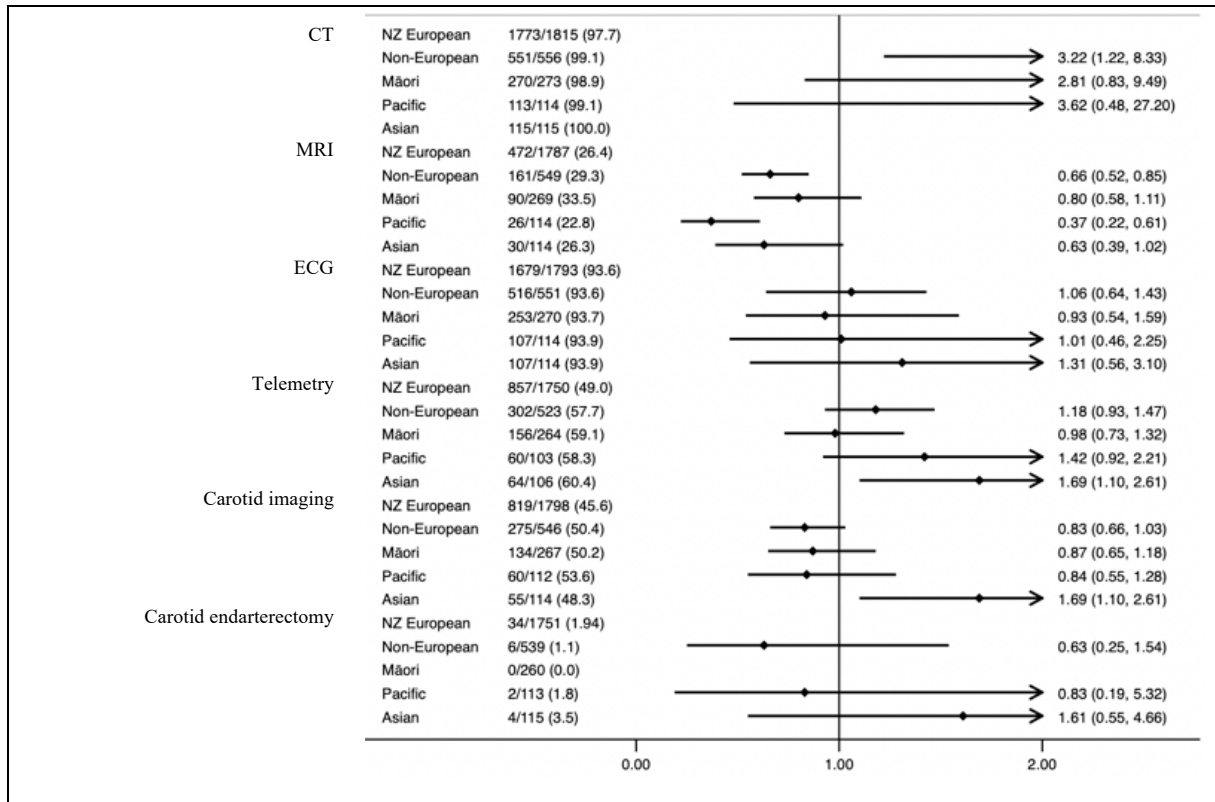
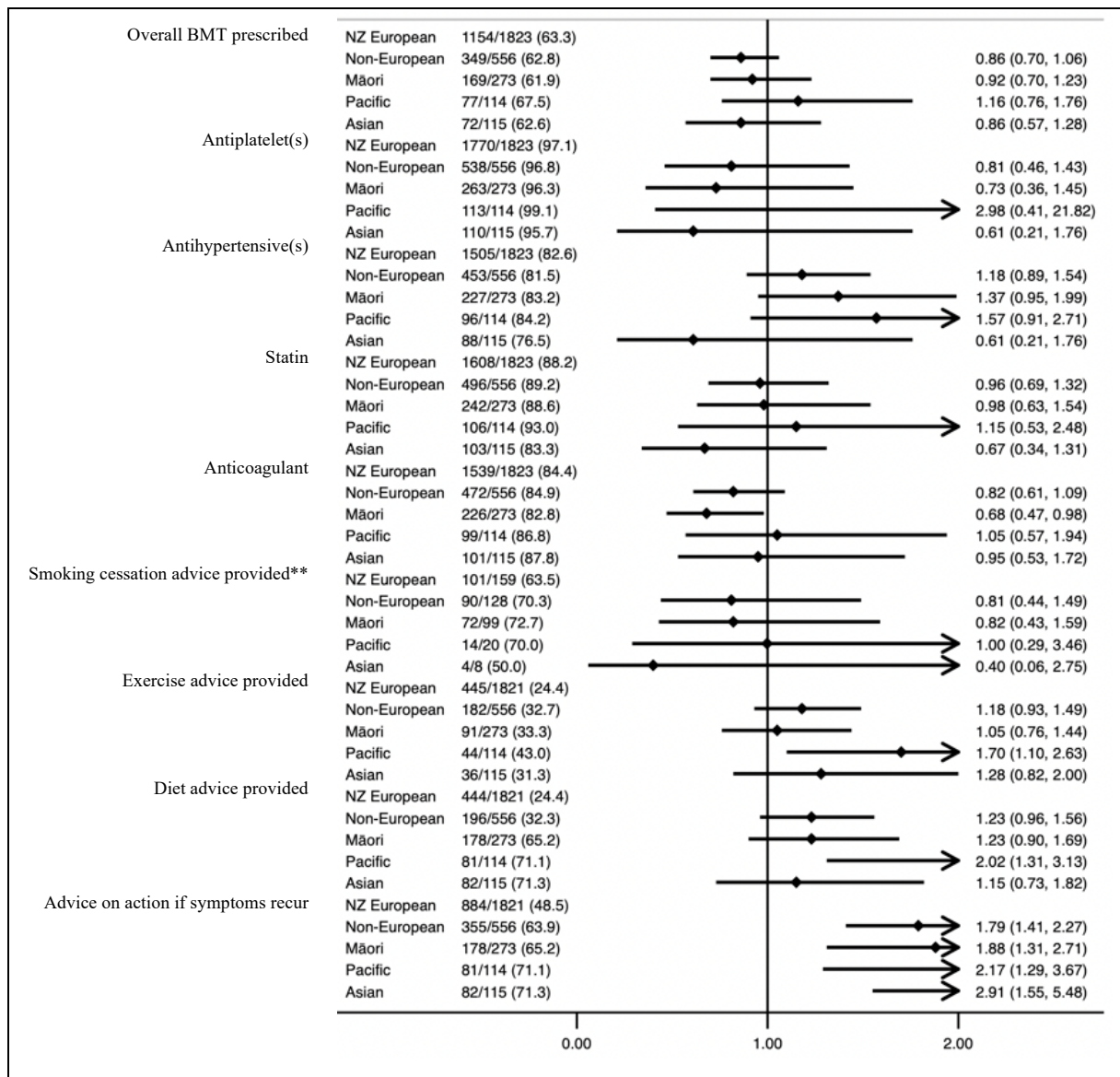
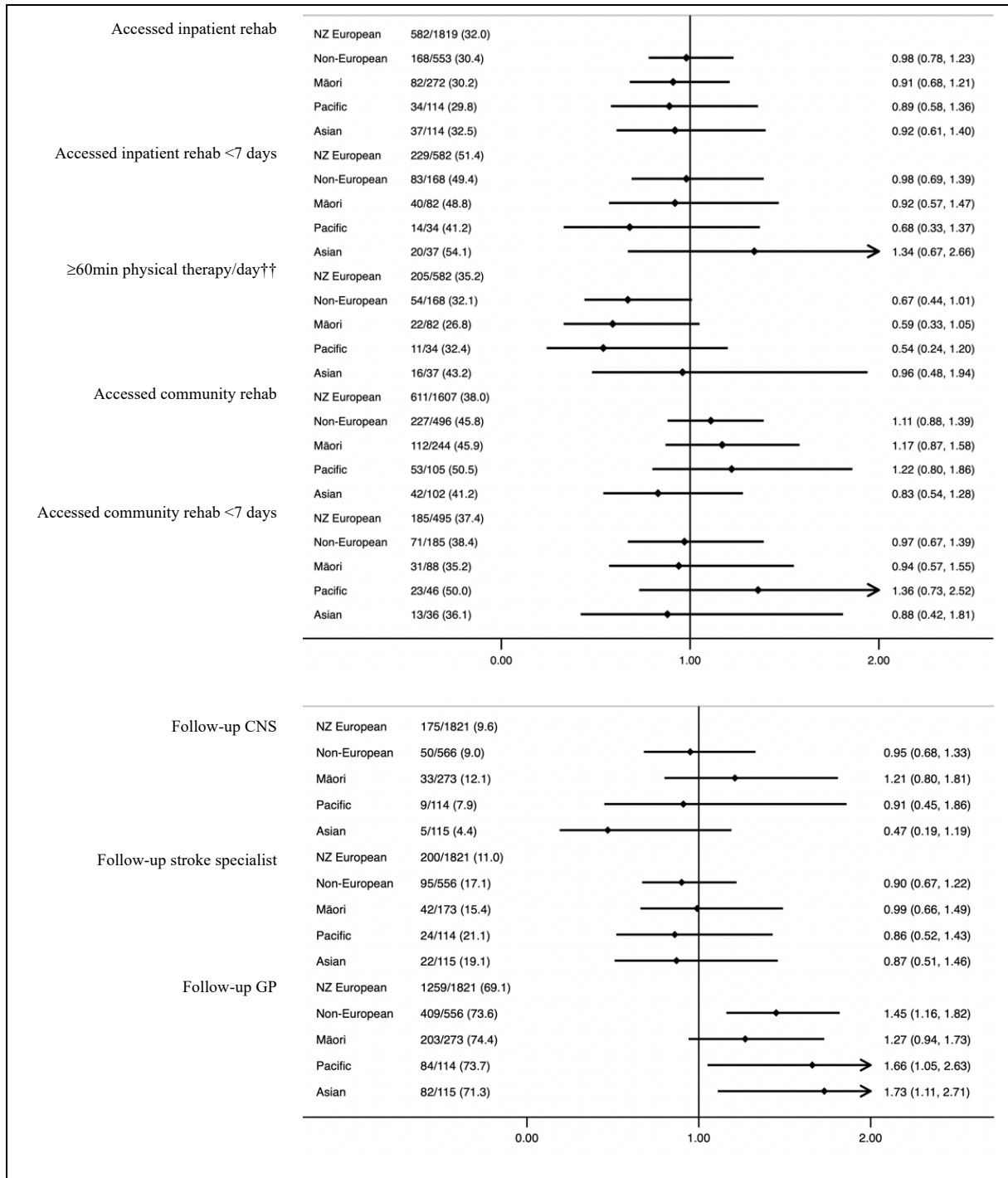


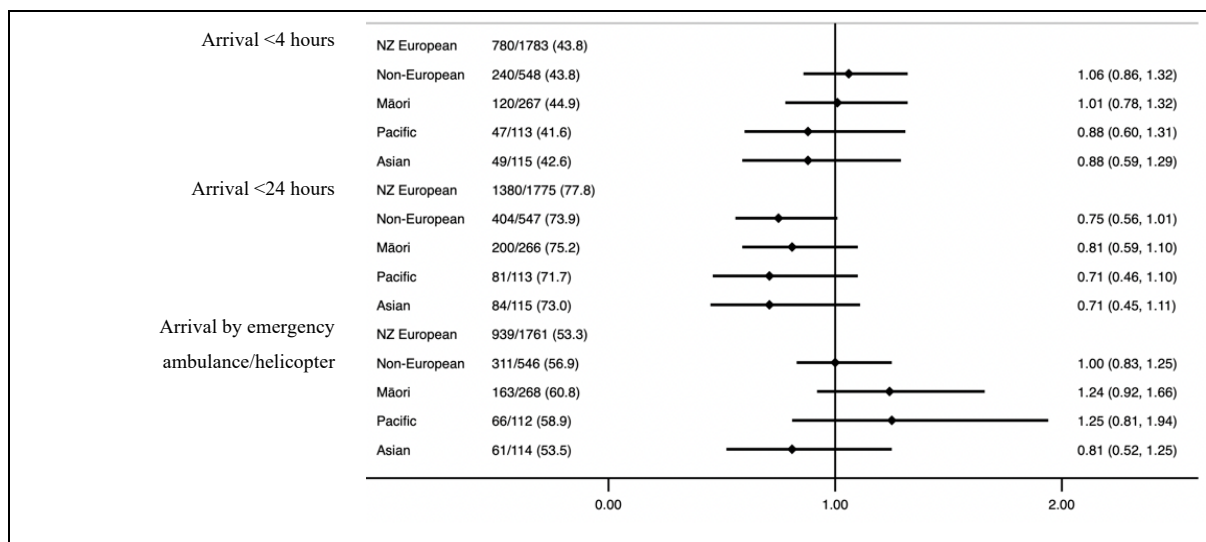
Supplementary Figure 1: Access to stroke interventions/care by individual ethnic groups











aOR=adjusted odds ratio (all outcomes were adjusted for pre-morbid level of function, age sex, rurality, stroke severity, baseline characteristic differences of $p < 0.1$, and intervention specific covariates such as time delay to reach hospital, mode of transport for reperfusion therapies and palliation within 24 hours for early mobilisation and allied health input. Covariates were backward eliminated unless removal substantially impacted odds ration aiming to minimise number of covariates and optimise model fit); 95% CI=95% confidence interval; ASU=acute stroke unit; DVT=deep vein thrombosis; IDT=interdisciplinary team; BMT=best medical therapy; CNS review refers to a stroke clinical nurse specialist review of the patient on the ward while an inpatient; BMT='best medical therapy' refers to antiplatelet(s), statins, and anti-hypertensives for non-cardioembolic ischaemic stroke patients, anti-hypertensives for ICH patients attributed to hypertension, and anticoagulation for patients with cardioembolic stroke unless any contraindications documented; GP=general practitioner; Follow-up with stroke nurse refers to post-discharge follow-up appointment with a stroke clinical nurse specialist; § n/N(%): the numerator refers to the number of people that received the intervention and the denominator to the number of people for whom we had data available; *Denominator for these analyses consists of only those patients with a primary diagnosis of ischaemic stroke; †'Reperfused of those eligible' refers to patients undergoing thrombolysis and/or thrombectomy among those who presented within the require time window and did not have appropriate exclusion criteria; ‡'Mobilised' refers to any 'out of bed activity';**Analysis limited to current smokers at the time of presentation; ††weekdays only.