Promoting Effective Community Stroke Education in the Northeast

Progress of the NECC Community Education Working Group

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Stroke Statistics 101

- Stroke is a major Public Health Problem
- 700,000 strokes occur in the US each year
- Aging of America combined with increasing minority populations will lead to increased stroke burden
- Acute therapies are limited - Only approved therapy is rtPA within 3 hours of acute ischemic stroke
- Prevention is of prime concern

When prevention efforts are not enough…..

- Need to embrace new concept which is really very old
- Disease Preparedness
- ? Can we prepare ourselves and others for a stroke?

Background

Less than 3% of stroke patients actually receive t-PA treatment

Inadequate stroke knowledge continues to exist

Only 17.2 percent of 60,000 US adults able to recognize stroke warning signs and call 911.

Am J. of Prevent. Med. 2003

Stroke patients arrive later to ER for 2nd event

65 stroke survivors with recurrent strokes arrive 1 hour later than first stroke

Boden-Albala, NOMASS data

Minority populations are vulnerable

Time to ER was greater among minority patients

Kleindorffer D et al. Stroke 2004;35:

Education increases knowledge and changes behavior

Public health campaigns conducted by Temple Stroke Study

Arch Int Med 2003;163:2198-2202

Guiding Principles

- Based upon a comprehensive review of the literature and committee discussions the major focus of this task force continues to center around messages such as:
  - "Stroke as an emergency, and a message of hope – "stroke is treatable".

- The continued poor response of individuals in recognizing stroke signs and seeking treatment emphasizes our need to identify effective public health strategies that increase the public's knowledge of the emergent nature of stroke.
  - time is brain,
  - use of t-PA as an emergency stroke treatment,
  - role of 911 and the emergency room in expediting medical care for stroke.

- Need continues to improve the quality and quantity of primary prevention strategies including risk factor treatment and control.
  - these strategies depend heavily on the initiation of successful strategies for modifiable behavioral change in individuals and populations.

Goal 1

- To compile reliable information regarding what programs are already out there
  - – focus group info, marketing campaigns, materials, data, evaluation, testing, etc.
- Measurable Outcomes
  - To develop a comprehensive document which details efforts for each state by state, city, not for profit and institutions, regarding current programs aimed at acute stroke signs and symptoms.
  - Secondary outcome,
    - Organization of existing programs in terms of their scientific rigor including evaluation processes.

Goal 2

- To determine a “tiered model” of effective community education
  - dissemination of education materials and services which can be implemented by designated primary and comprehensive stroke centers.
    - Specific parameters such as standard content, minimum population number to focus on, and specific target populations..
    - Issues:
      - How do we join advertising campaigns regionally?
      - Timing an issue –
      - Central place as a clearinghouse to see upcoming campaigns and share ideas
      - Possible need for messages for specific risk factors (i.e. hypertension, etc) particularly since there is a gap with promotion w/in orgs like CDC.
- Measurable Outcomes
  - Define this multi-level model in terms of specific parameters

Goal 3

- Refine data collection for evaluating the model as specified in goal 2
- Measurable outcomes
  - Utilize data tools including GWTG to look at measurable outcomes including:
    - decrease in time from stroke symptom onset to emergency departments
    - Increase in number of 911 calls which specifically use stroke as part of problem description

Goal 4

- Task: Possible development of website for sharing and list serve.
- Measurable Outcomes
  – Utilization of website by state