



Feasibility of a Novel Stroke Support Group Model



Alexandra DeSorbo MPH¹, Hazella Rollins-LaVar³, Olajide Williams MD MS^{1,2,3}

Departments of Neurology¹, Harlem Hospital Center, Columbia University College of Physicians and Surgeons, New York, NY, USA, Department of Neurology², Columbia University Medical Center, New York, NY USA and Stroke of Hope Foundation³, Yonkers, NY, USA



BACKGROUND

- The use of stroke support groups is inconsistent across hospitals. New York City's Health and Hospital Corporation has 9 designated stroke centers, in which only 2 have established stroke support groups.
- Multiple studies demonstrate a strong association between social support and functional recovery after stroke, independent of stroke severity.^{1 2 3}
- Integration of stroke support group services into stroke center inpatient care protocols has not been reported.
- Stroke support group services are a necessity in Harlem, a community that is disproportionately affected by stroke, when compared to the rest of New York City. Vascular risk factors have greater prevalence in Harlem than other areas of Manhattan, with 90% more deaths due to stroke reported annually in Harlem than the New York City average.⁴

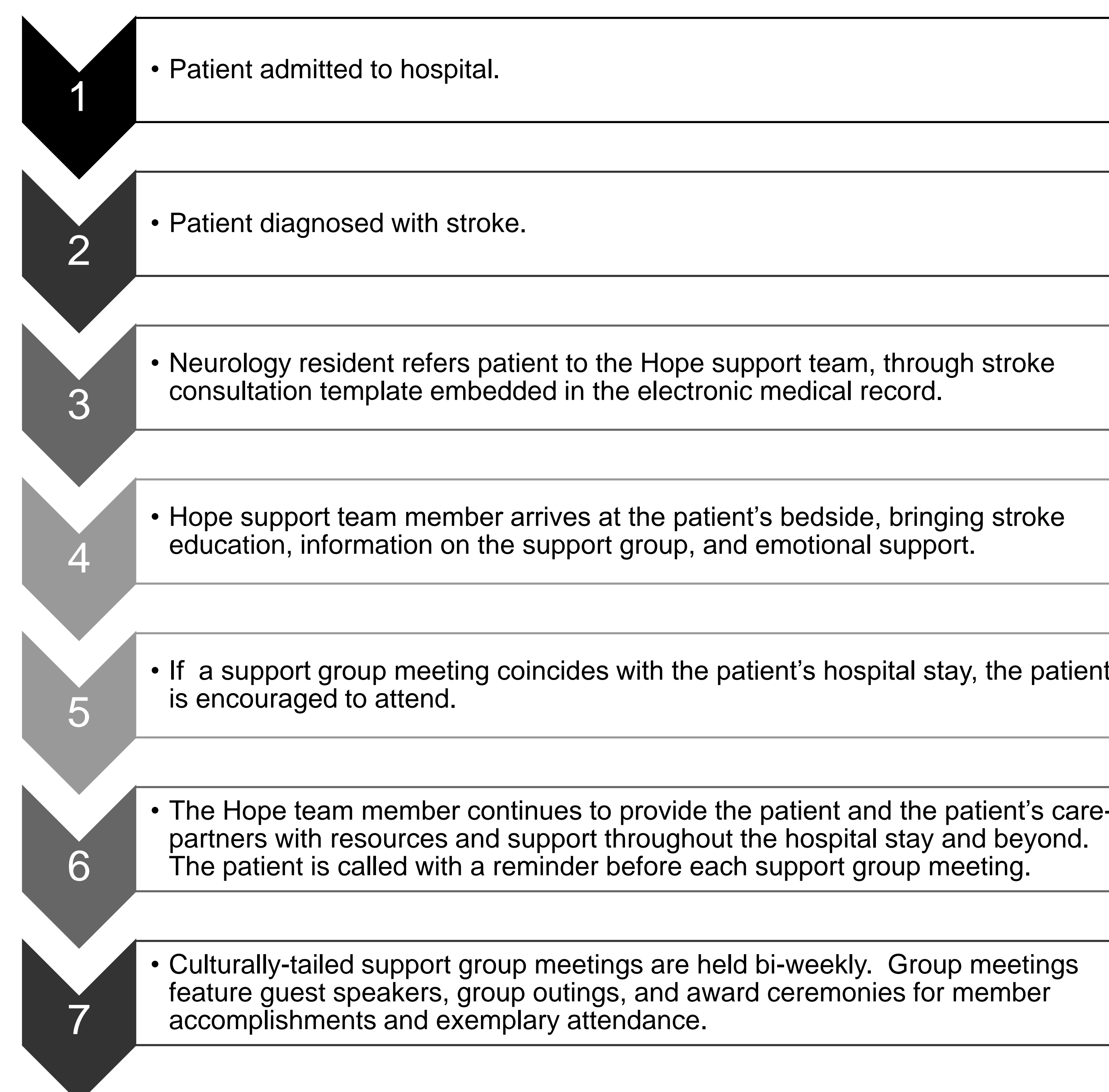
OBJECTIVES

The Hope Stroke Support Group at Harlem Hospital in New York City aims to evaluate the feasibility of incorporating a stroke support group system into the acute stroke hospital protocol, through a unique model in which formal support group intervention begins on the first day of the acute hospitalization.

PROGRAM DESIGN/METHODS

- This program was piloted from December 2009 through June 2010.
- In order to improve the efficiency of data collection, many stroke centers have developed stroke consultation and admission templates for the electronic medical record. An addition to the Harlem Hospital template is an automated referral to the Hope Support Group. Hope team members are trained stroke counselors that include Harlem Hospital professional staff.
- In the first phase of the intervention, a Hope team member meets with survivors and their families within 48 hours of diagnosis, providing emotional support and stroke education.
- The Hope team member continues to meet with the survivors and their families throughout the acute hospitalization, providing support. During this process, stroke patients and their families are offered attendance at bi-monthly support group meetings while they're still in the hospital. Upon discharge, stroke survivors and their families are encouraged to attend future meetings.
- The second phase of the intervention involves bi-weekly support group meetings, which focus on stroke education, coping mechanisms, thriving strategies, self-efficacy and empowerment.

PROGRAM DESIGN



SUMMARY OF RESULTS

- 50% of stroke patients (with a Modified Rankin Scale of 3 or below) participated in at least one support group that coincided with their in-hospital stay, as a result of consultation triggers built into the acute care electronic medical record.
- 40% of stroke patients (with a Modified Rankin Scale of 3 or below) engaged during the acute stroke hospitalization participated in at least two support group meetings following discharge.

CONCLUSIONS/DISCUSSION

Strengths:

- Integration of a stroke support group protocol into the acute stroke hospitalization is feasible.

Limitations:

- As this is a feasibility study, limited data is reported, including:
 - Information on quality of life improvements
 - A baseline comparison for support group participation.

Discussion:

- Further studies are required to determine if this model increases participation in stroke support groups and increases the quality of life.

Hope "Tool Kit" for Patients



REFERENCES

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