

Nascimento CT poster Abstract

Improving Stroke Awareness

Community Education

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Overall Goals/Objectives of Project

Despite advances in stroke treatment, often the public remains unaware of stroke symptoms and few present to the hospital in time to obtain treatment. Many factors contribute to delays in stroke treatment. One contributing factor may be the lack of knowledge regarding initial signs and symptoms of an oncoming stroke and the need for immediate emergency care. St. Vincent's Medical Center community based education programs seem to have made a significant impact on stroke recognition.

Target Population

St. Vincent's Primary Stroke Center focuses on promoting stroke awareness in groups at high risk for stroke, especially African Americans and individuals over 50 years of age within communities in the greater Bridgeport area.

Specific Aim of the Project

The aim of this ongoing project is to promote stroke awareness and identify knowledge gaps by assessing our community's willingness to participate in educational sessions.

Describe how the goals were accomplished

Over a two and a half year period thirty-seven community outreach programs were conducted, eight in 2006, seventeen programs were held during 2007. Twelve programs were presented in the first six months of 2008. A variety of different venues were used to educate and interact with the community. This included print ads, radio and TV campaigns; stroke screenings at hospital, nursing homes and local churches. Sessions were designed using an open discussion format to determine the knowledge gaps in the community. At one church stroke screening 38 of the 40 participants had hypertension

and disclosed that they were not aware this was a stroke risk factor. A knowledge gap was revealed at a senior education program; 20 of the 50 attendees could only name three stroke signs.

Describe how the outcomes measured

Since initiation of a stroke center at St. Vincent's Medical Center, thrombolytic treatment rates have almost tripled. This led to a retrospective chart review from January 2006 to July 2008 collecting data on the number of patients who received thrombolytic treatment. Prior to the program pre-intervention thrombolytic rate was 4%. In 2006 thrombolytic rate increased to 6%. By 2007 the rate of thrombolysis increased to 10%. During the period of January to July of 2008 a three fold increase in treatment was seen at 12%.

Our results suggested that there could be a correlation between community stroke programs and individuals seeking treatment within the t-pa window. For a new outreach program the sessions were well attended: 590 people attended a stroke education program or screening in 2006, 770 program participants in 2007; 635 from January to July of 2008. The increase in the rate thrombolysis could be a result of several factors. In 2006, St. Vincent's Medical center developed a stroke center which has provided intensive stroke training for medical/hospital staff, and local EMS personnel. Media campaigns on stroke may also have heightened a public awareness. Future education sessions will include a pre and post test assessment to evaluate the knowledge of risk factors, stroke signs and treatment. We will construct a study to establish if a correlation exists between education programs and treatment rates a questionnaire will be given to patients who receive t-PA to identify stroke knowledge. More research is needed to measure the effectiveness of education programs on treatment rates.