DISPARITIES

IN STROKE CARE

RESEARCH

Studies have shown that racial disparity is a pressing concern and requires action to create equitable access to stroke care and treatment for all individuals regardless of race and ethnicity.

GEOGRAPHY

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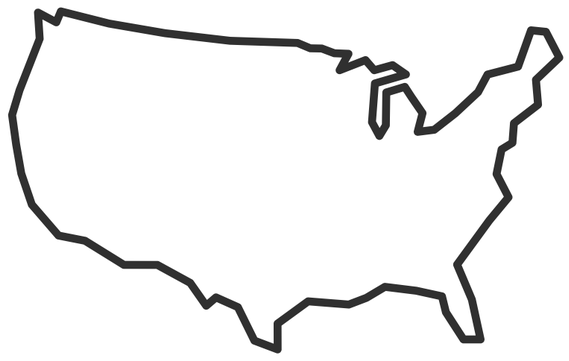
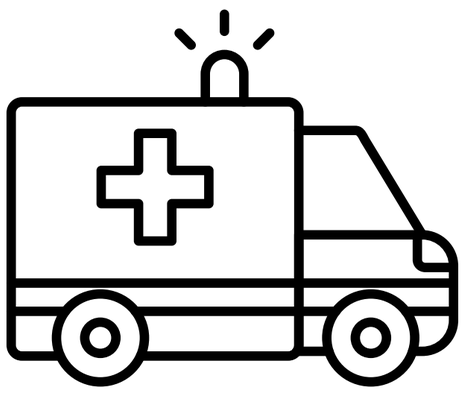
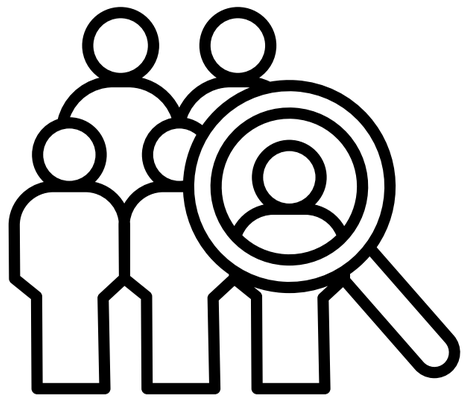


Black Americans in the stroke belt have a two-fold higher risk of first stroke

EMS UTILIZATION

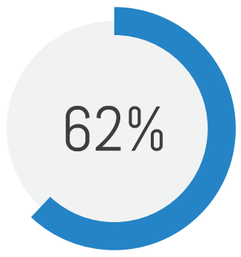


White patients utilize EMS to transport more often and more often arrive to treatment facility within 3 hours of symptom onset

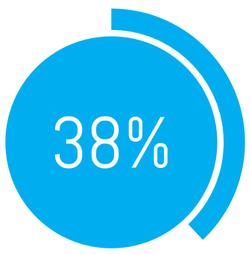


Hispanic and Asian patients were less likely to be identified as having stroke by EMS

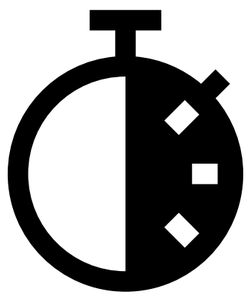
TIME TO TREATMENT



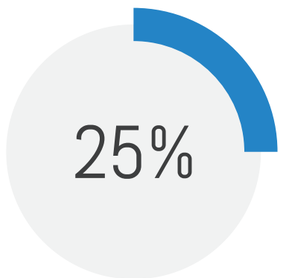
Longer wait times in waiting rooms for Black and Hispanic patients



Black patients were 38% less likely to receive thrombolytic drugs



Puncture times were 18 minutes longer in Black patients



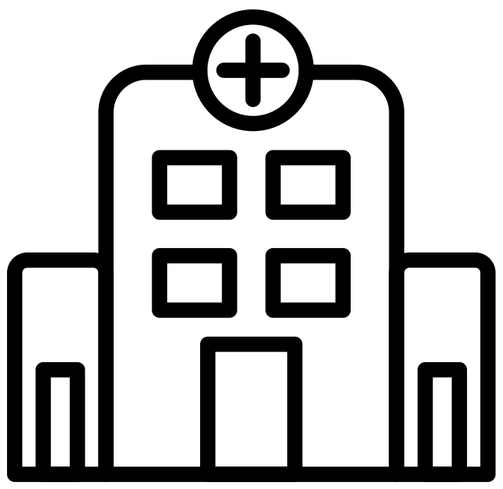
Hispanic patients were 25% less likely to receive clot-busting treatment

Black patients were: MORE likely than white patients to refuse treatment with thrombolytics

HOSPITAL EVALUATION

Black and Hispanic patients:

- **Had longer referral times to secondary hospital**
- **Less likely to be evaluated by a stroke team**
- **Were less likely to be transferred to EVT-capable centers**

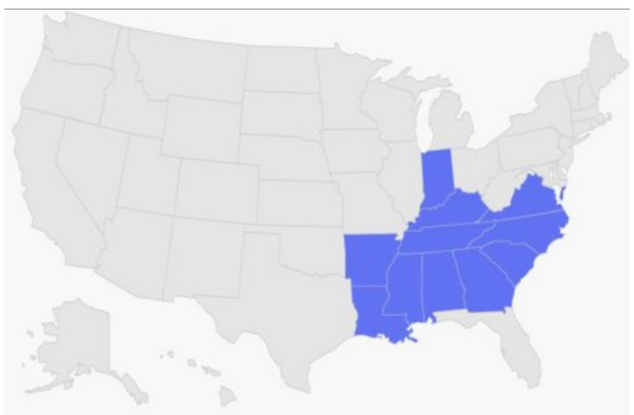


SOCIAL DETERMINANTS OF HEALTH (SDOH)

AFFECT STROKE RISK

Seven SDOH are associated with increased risk of incident stroke for patients < 75 years of age. There is a <u>2.5 times increased risk of stroke</u> in individuals (at any age) with 3 or more SDOH. Targeting these individuals with multiple SDOH may reduce the risk of stroke in vulnerable populations.

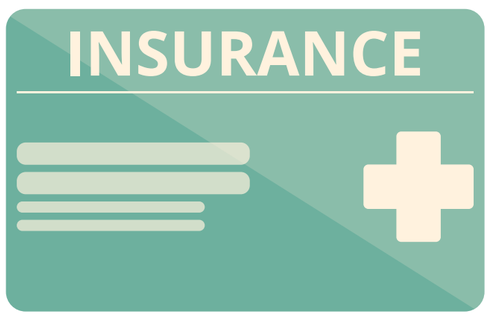
Black or African American Race



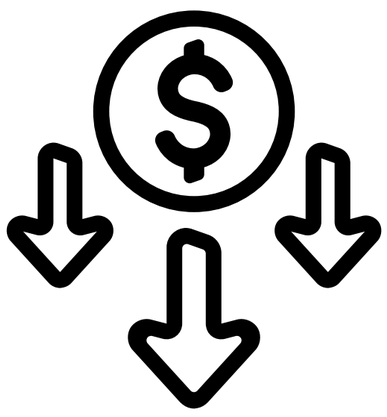
Stroke Belt Location

Social Isolation

Zip Code Poverty



Lack of Insurance



Low Household Income

Low Education Level

Individuals with a greater number of SDOH are also more likely to have a history of hypertension or diabetes, both of which are risk factors for stroke.

SDOH should be assessed upon admission with referrals to any community resources as needed

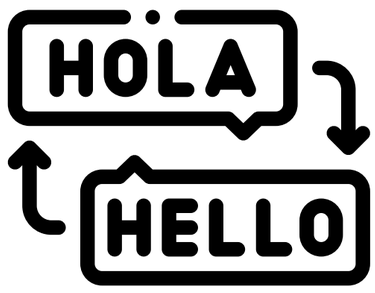
WHAT CAN WE DO ABOUT THIS?

EDUCATE YOURSELF ABOUT DISPARITIES & STROKE TREATMENT OPTIONS

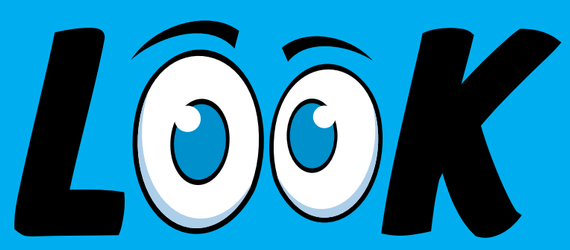
Most patients can receive IV thrombolytics up to $4\frac{1}{2}$ after last known well

Large vessel strokes can be intervened on up to 24 HOURS

USE TRANSLATORS, IF POSSIBLE QUICKLY



FINE TUNE YOUR ASSESSMENT SKILLS



Look for facial droop, weakness & eye deviation

Listen Carefully

Ask family members or friends if their speech sounds normal

WHEN IN DOUBT...

ACTIVATE

STROKE PREVENTION, TREATMENT, & RECOVERY EDUCATION

Prevent

Up to 80% of strokes may be prevented through healthy lifestyle choices and managing risk factors like high blood pressure, high cholesterol, diabetes, obesity and smoking. Knowing your numbers, staying active, eating well, and working with your healthcare provider can greatly lower your chances of having a stroke.

Treat

When it comes to stroke, every second counts. Treatment can save lives—and quality of life—but only if patients get the right care, right away. Knowing the signs and calling 911 immediately gives you the best chance for recovery. The faster a stroke is treated, the better the outcome.

Beat

Life after stroke can be challenging, but there is hope. Making strong rehab decisions, staying connected to your care team, and taking steps to prevent another stroke can improve your recovery and quality of life. With the right tools and support, survivors can thrive.

If signs and symptoms of a stroke occur, remember to:

B.E. F.A.S.T.

B Off **B**alance or dizzy
E Vision (**E**ye) changes

F **F**ace drooping
A **A**rm or leg weak or numb
S **S**peech slurred
T **T**errible headache
Time to call 9-1-1

Scan QR code for stroke resources & support.

www.kissnetwork.us/Kiss-Stroke-Goodbye

PREVENT • TREAT • BEAT
K.I.S.S. STROKE GOODBYE

KANSAS INITIATIVE for STROKE SURVIVAL INC
A Project By & For Kansans

Kansas Department of Health and Environment

AMERICAN STROKE FOUNDATION
Change Your Mind

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3. Reshetnyak, E. et al. (2020). “Impact of Multiple Social Determinants of Health on Incident Stroke.” Stroke, 51: 2445-2453.
4. Skloarus, L. et al. (2020). “Considerations in Addressing Social Determinants of Health to Reduce Racial/Ethnic Disparities in Stroke Outcomes in the United States.” Stroke, 51: 3433-3439.