

Hampton Roads Community Stroke Awareness Survey *Initial Review & Results*

Sarah Cullen, DNP, ACNS, RN, SCRN

Sentara VB/SI Stroke CNS/Program Coordinator Teacher, Eastern Virginia Medical School

Why Survey Residents on Stroke?

- Knowledge of warning signs and risk factors vary throughout the country, but most surveys still estimate naming 3 of each at less than 20% despite public education strategies
- Any surveys in Virginia? None that we could find publically with more than 50 patients (*if you have this let me know!*)
- 2015 report by the VDH indicated stroke as the 4th leading cause of death for Virginians with a total cost at 882 million dollars for in-patient hospital charges that year alone
- CDC indicates that 80% of strokes in the US are preventable
- Patient delays of recognition/response still a main cause of tx delay
- What does OUR community know? How do they want education?

Why Social Media?

- Mass access to people... that take quizzes!
- 45% of the VA population is on Facebook
- Facebook accounts for over 42 percent of monthly social media visits
- The average time spent on Facebook per visit is 35 minutes up from 20 minutes previously

VIRGINIA

- VA 8,525,660 population (2018 est.) State Area: 39,594 square miles
- State Capital City: Richmond population 192,913 (2006)
- 6,193,567 Internet users as of June/10, 77.8% of the population, per IWS.
- 3,574,060 Facebook users on March 31/11, 44.9% penetration rate.

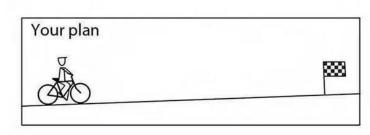


IRB Approval

- 4 Revisions
- Exempt review
- Approve all advertising
- Longer approval process than planned

 \boxtimes

- 2 month dology from original timeling
- 2 month delay from original timeline
- But, approved!
- EVMS IRB# 19-05-XX-0120



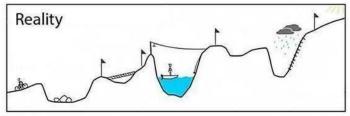
EXEMPT REVIEW: Insert the Category number below that supports the type of review: -- Choose One --

Research in Educational Setting involving normal educational practices.

Therefore, defaults to expedited or Full Board review.]

CLICK HERE AND PRESS F1 FOR NUMBER OF COPIES TO SUBMIT: > 2

Educational Tests, Survey Procedures, Interview Procedures, or Observe Public Behavior <u>unless</u> subjects can be identified <u>and</u> disclosure place subjects at risk of criminal & civil liability. [Does not apply to those <18 years old.]



Survey Process

- Goal of 200 respondents
- Primarily Facebook with no "boosts" or "ads" to promote
- SurveyMonkey platform for electronic survey
- Skip logic survey with a minimum of 21, maximum of 22; able to eliminate respondents if exclusion criteria present (<18 y/o, outside HR)
- Estimated time for participation of the electronic survey is fifteen minutes
- Data collection will be July 1, 2019 and October 31, 2019 (4 months)
- A social media post will not be repeated in the same page more than once in a given 14-day period. All posting will be in accordance with rules and regulations on the social media platform utilized. Exact template.

Survey Components

- 1. Demographic components (8 questions)
- 2. Stroke & CC history (3 questions)
- 3. Knowledge (5-6 questions, most free text)
- 4. Attitude, Perceptions, Preferences (5 questions)

Total questions: 21-22

How did survey perform?

- Total of 211 respondents, goal of 200 ©
- Shared twice by local Sentara hospitalonce in August, once in October
- Shared multiple times by Hampton Roads' stroke coordinators and their family members (thank you all for this)

Sentara Virginia Beach General Hospital October 22, 2019 · 🔇

Your opinion is important! Eastern Virginia Medical School (EVMS), The Virginia State Stroke System Task Force, and Sentara Healthcare invite you to take the "Stroke Community Awareness" online survey created by medical students at EVMS.

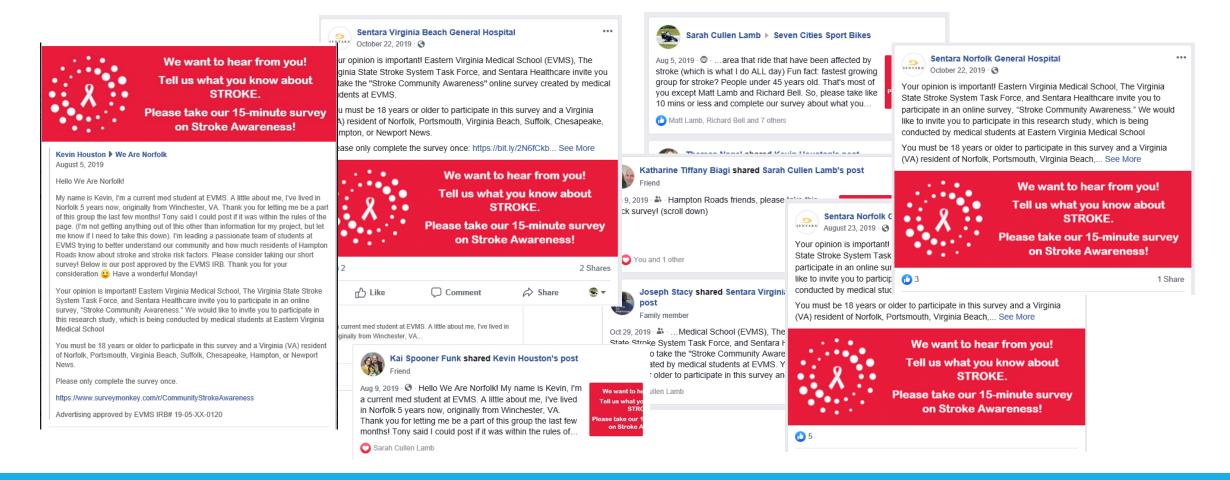
...

You must be 18 years or older to participate in this survey and a Virginia (VA) resident of Norfolk, Portsmouth, Virginia Beach, Suffolk, Chesapeake, Hampton, or Newport News.

Please only complete the survey once: https://bit.ly/2N6fCkb... See More



Sharing on Social Media (free!)



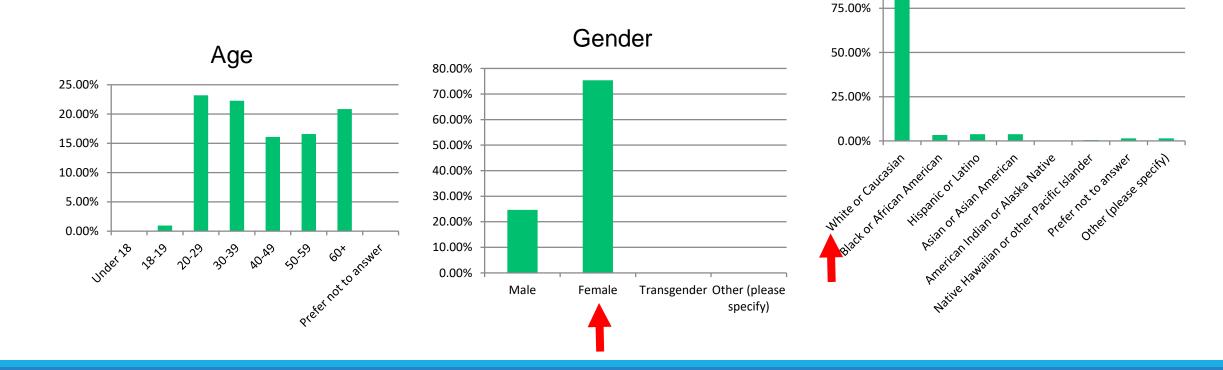
Who took the survey?

- ✓ Let's review general demographic information
- ✓ Limitations based on population generalizability
- \checkmark How to improve our reach for future surveys

Respondents- Demographics

☺ No difference in age groups. Not just "young people"

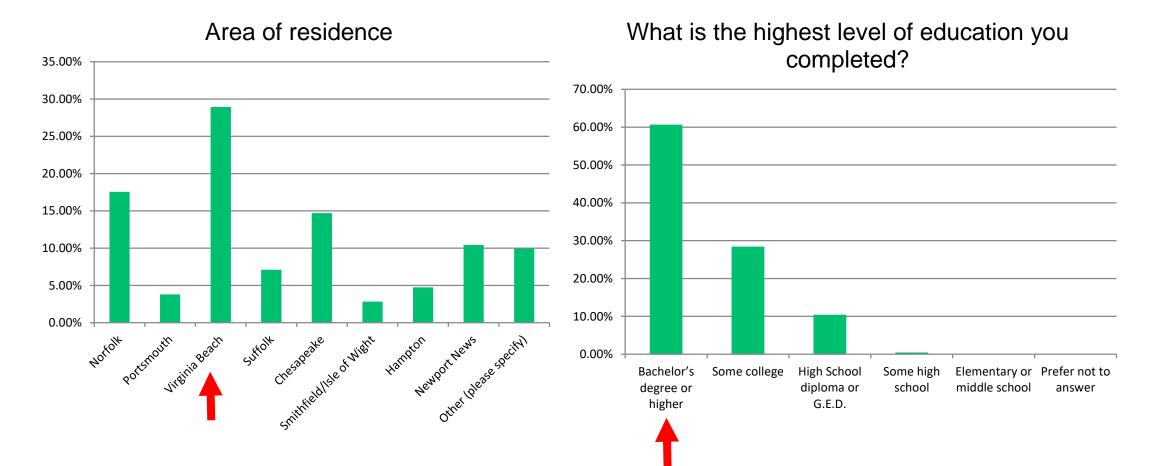
 \odot Skewed to white females... becomes a study limitation



Race

100.00%

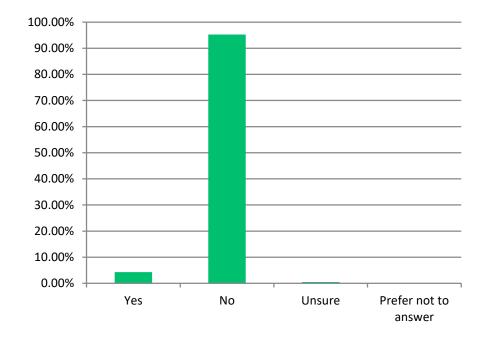
Respondents- Demographics

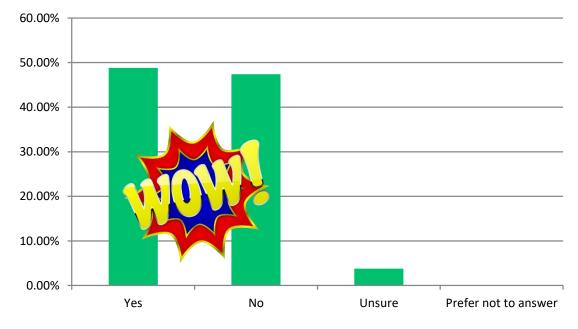




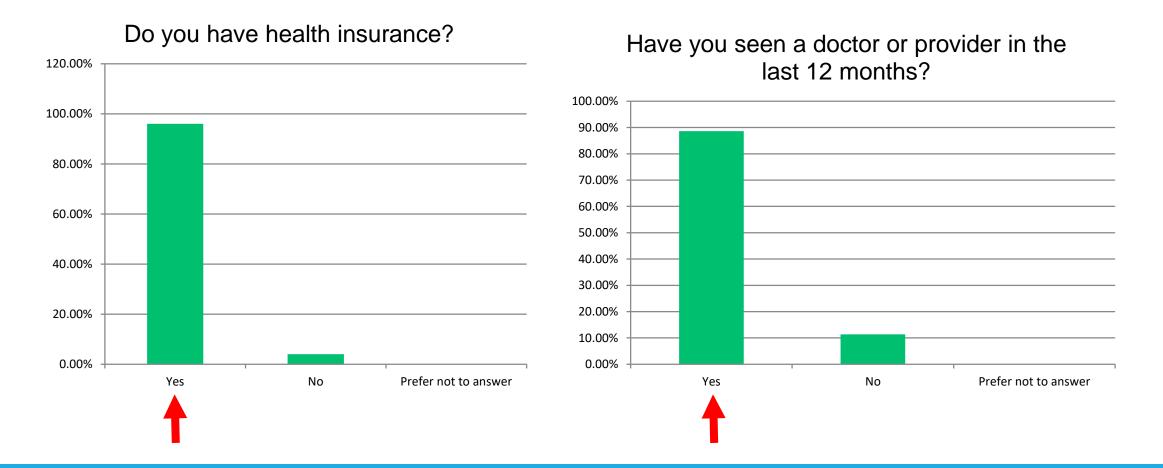
Have you ever been diagnosed with a stroke?

Do you have a family member who has had a stroke or been diagnosed with a stroke?





Respondents- Demographics

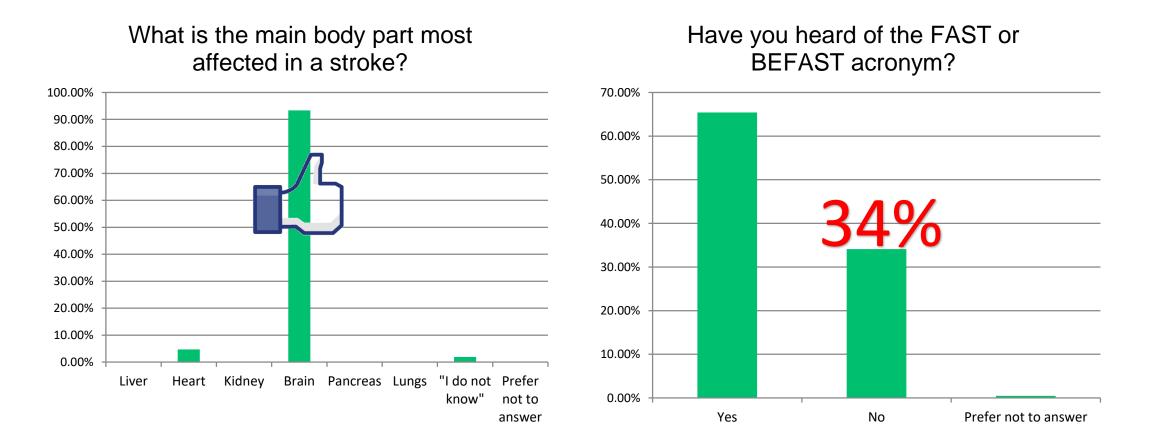


Summary: Demographics

- ✓ Limitations on population
- ✓ Limits generalizability of these results
- ✓ White, Female, Educated (bachelor's), with Health Insurance

✓ How to improve reach for future surveys- target minority groups

Stroke Knowledge



BEFAST/FAST- What does it mean?

face arm stroke time

Facial drooping, Arm weakness, Speech difficulties and Time to call emergency services.
Balance eyes face arms speech time
Facial drooping, asymmetrical smile, speech, time
Face, (raise) Arms, Smile, Talk
Balance, Eyes, Face, Arm, Speech, Time
Face, Arms, Speech, Time
FACE, ???, SMILE, TONGUE
Face, arms, speech, time
Facial drooping, arm weakness, speech difficulty and time to call
Face, arm, smile and ?
Face arm speech time
Balance eyes face arms speech time
Face,arm, speech, time to call 911
Balance eyes face arms (don't know S and T)
Face, arm, speech, timeDid not hear of BEFAST so had to look that one up
(F)acial Asymmetry, (A)rm Weakness, (S)lurred Speech, (T)ime (reference to importance of
face, arm weakness, speech, timebalance, eyes, face, arm, speech, time
Face, Arm, Speech, Time
Face, Asymmetrical, Slur, Tongue?
Face drooping, Arm weakness, Speech, Time
Face arm speech
Facial weakness, arm/upper body weakness, speech issues, time/call 911
Face, arms, speech,
Balance,Eye,Face,arm,speech,time
Face speech tongue
Face droop, arm weakness, speech, time to call Balance, eyes, face, arm, speech, time
Facial drooping. Arm weakness Speech slurring. Time to call EMS
Face (drooping) Arms (weakness or only one lifting) Speech and Time
BalanceEyesFaceArmsSpeechTime
Face, Arm, Speech, Time
I don't remember
Facial drooping, arm weakness, speech difficulty and time
Face droopingArm limp Speech slurred T-?
Face, Arms, Steadiness, Time
balance, eyes, face, arm, speech, time
Balance, Eyes, Face, Arms, Speech, Time
Balance, face, arm, speech, time
face droop, arm weakness, speech slurred, time to call EMS
Face, arms, speech, and I forget T!Effectively looking for unilateral weakness and abnormal
Face Arm Slurred Time to call 911
Face, Arm, Speech and Time

Not sure F= Facial DroopingA= Arm weaknessS= SpeechT= Time to call 91 Facial drooping, arm numbness/tingling, speech, time Face, Arms, Strength, Time Balance Eyes / Face Arms Speech Time Can't remember FAST = Face, Arm, Speech, Time Face, arms, speech, time Face arms speech Face arm speech time Can't remember :(FaceAsymmetrySpeechTime?? is, I dunr FaceAirway?SmileTime Face, arms, smile?, unknown Balance. Eyes. Face. Arms. ech. Time. Face, arm, speech, ? urred speechTime is or the essence Arm impair hg, Are hess, Speech difficulties, Time to call ar nave heard of it. AST but don't remember what it means. face arms speech time not remember. ns to get to the hospital asap peech Time eech Time speech slurring, time arm weakness just have hear of I forget. Facial droopingArms weakSpeech slurringTime dro Fac Ba

droopy face, weak arms, difficulty speaking, time
FaceArmSpeechTime
Balance EyesFaceArmSpeechTime
FaceArmsSpeechTime
Face, Arms, Speech, Time
Face, arm, strength, time
a constante de la constante de

FaceArmsSpeechTime	
Face, Arms, Speech, Time	
Face, arm, strength, time	
facial droop, arm drift, speak, time	
Face, arms, speach, time or Balance, eyes, face, arms, spea	ch, time
Balance, Eyes, Face, Arm, Speech Test	
Balance, eyes, face, arms, speech, time	
Face arms speech time	
Face droopArm driftSpeech difficulty Time to call	
Face, arms, speech, act fast	
Facial DroopArm driftSlurred speechTime is critical	
Face Arms Speech act fast!	
Balance, eyes, face, arms, smile, time	
Balance, Eyes, Face, Arms, Speech, Time	
Face arms speech tongue	
Can't remember	
Facial droop, arm drift, speech, time	
Balance, Eyes, Face, Arms, Speech, Time	
Face Arms Speech Time	
Face (drooping) arm speech time	
Face droop, arm weakness, speech, time	
Balance, eyes, face, arms, speech, time	
Balance, Eyes, Face, Arms, Speech, Time	
Face arm speech timeNot sure about Belfast	
Face, Arms, Speech, Time	
Face drooping. arm weakness. slurred speech. time to call 9	(11.
Face Arm Speech Time	
Balance eyes face arms speech time	
Balance, eyes, face, arms, speech, time	
Face (drooping) Arm (weakness) Speech (slurring) Time (to c	all emergency
Smile, Time sensitive	
face, speech, time. A= not sure	
can't tell you specificsjust have heard of the term	
Face,.arms,.speech, time	
face, arm speach time	
balance eyes face arms speech headache	
Facial drooping, Arm weakness, Speech difficulties and Time	

Stroke Knowledge: Any S/S of CVA?

	Loss of balance, change in vision, facial droop, uneven arms, change/difficult speech, uneven smile		
Weakness of one side, or both, of body, droopy face, affected speech, blurred vision	Droopy side of face, speech issues		
Paralysis of body(1 side), tightness of chest	Slurred speech, paralysis		
Confusion, drooping face, worst headache ever	slurred speech, face drooping, loss of memory		
alance, dizziness, slurred speech, arm drooping, numbness on extremities	Slurred speech, weakness on one side of body, facial droop		
Jumbness, partially paralyzed, impaired speech, dizzy, unable to do all or some of FAST	Confusion second s		
acial droop, slurred speech, left or right sided weakness	Unila' por una lextremity weakness or deficits, vision changes, headache, slurred speech, facial droop, aphas		
acial drooping, arm weakness, trouble speaking, confusion, loss of balance	wear ass to come de of the body, altered mental status, facial drooping, drooling		
DIFFICULTY W/SPEECH OR WALKING, CONFUSION, UNEQUAL PUPILS, TONGUE TO ONE SIDE WHEN U STI	Fa droop ness on one side, confusion, trouble speaking, imbalance		
Dropping face, slurred speech, loss of consciousness, off balance,	IF al drop urred speech, arm numbness		
acial drooping, weakness on one side, slurred speech or inability to form complete sentences, confusion, numbnes	Vere head Slurred speech, or difficulty speaking. pupils uneven, difficulty moving or controlling your limbs,		
lumbness. Slurred speech . Drippy face	adache, roop, weakness on one side of body, aphasia		
Paralysis on 1 side, smile lopsided, pain in arms	Face droo speech, numbness on one side		
ain in chest and head	face droop face droop here a face weak or tingly, blurry vision, headache, mouth slurry words or mumbling, just starin		
Difficulty speaking, slurred speech, facial droop, weakness on one side of the bo	balance, slunes and see the set of the set o		
ne sided weakness, aphasia, facial droop, blurred vision, difficulty seallowing	facial drooping, slurred speech, he ache, arm drop		
aleConfusion/disorientedHalf of face is numb/won't reactSmell burning toastDif	drooped face, weakness in the argue slurred speech Dizzy, numb, off balance, slurred sakness, paralysis, ha		
aralysis (arm, face), slurring of words, confusion	Dizzy, numb, off balance, slurred eakness, paralysis, ha Mouth not right. Headaches.		
ouble talking, headache	Slurred speech, balance off, right e paralyzed, or partial paralyzed, blank stare		
propping face, numbness on one side of the body, trouble speaking, trouble wall	Facial expressions on one side of the may not work. Memory issues		
aralysis, slurred or difficult speech, memory loss	slurred speech, face drooping, an event reaction of the state of the s		
pacing out, vomiting, feeling like you have influenza.	Difficulty breathing,		
acial droopSudden weakness Impaired balance Visual impairment	Headache, tingling In extremitie		
yes, face becomes part droopy, difficulty speaking	Intense headache, drooping lide of the face, confusion, fatigue		
hest pain	confusion, difficulty speaking		
Facial changes, numbness on left side of body.	annearly annearly appearing		
eft arm numbness, slurred speech, difficulty walking, blurred vision, facial weak	ented, mobility, balance, motor skills, eating, visual, and, depending on location, res		
acial Asymmetry, Slurred Speech, Arm Weakness, Balance Deficits, Sudden Changes in Vision Hearing, Dizziness	As walking difficulty		
ne sided weakness either arm or leg, dropping face, slurred or difficult speech, dizziness, decreased balance, decr	Slurred speechWeakness in the limbsSagging facial muscles		
yes stare, can't talk or make sentence, arm numb or can't move, tongue crooked to one side, face droop	Assymetical face, poor balance, slurred speech, numbing, unable to smile, paralyzed on one side of the body		
lurring words, asymmetrical smile, weakness on one or both limbs, unable to speak, tongue is deviated to one side			
acial drooping, weakness on one side of the body, headache, issue with speech	Slurred speech, confusion, headache, facial droop, one sided numbness.		
lured speech facial droop	slurred speech, unable to use one side of the body, unconsciousness,		
acial dropping, slurred speech, inability to speak, confusion, extremity weakness on one side, difficulty swallowing,	Disorientation, language impairment and trouble with movement		
	headache slurred speech confusion one sided weakness drooling difficulty walking and ambulating		

headache, slurred speech, confusion, one sided weakness, drooling, difficulty walking and ambulating

Stroke Knowledge...what do you do?

What should you do if you think someone (or yourself) is having a stroke? If you cannot think of a response, please leave blank

		(Call 911	
Seek immediate medical attention	Call 911 Call 911 Call 911 get to ER	(call 911 (Call 911	
Call an ambulance.			
Call 911		Call 911 and get them to a stroke center ASAP	
911	Emergency medical attention	(Call 911	
Call 911	Call 911 immediately	(911 and elevate head	
Call 911	Note the time, call 911	Call 911 ASAP	
	Call 911	(Call 911	
Call 911	ervice	(Hospital	
Call 911	CTTT CTTT	(Call 911 immediately	
Take them to an ER fast af.	911	Call 911, ask them to push against your fist, act fast- time is key	
Dial 911 immediately.			
Call 911		Lay them down with head slightly propped up, call emergency se	
go to the hospital ASAP	the ER		
Call 911		Immediately call 911 and stay with the person to insure they don	
Call 911		(Call 911	
Call 911	in amorganeur		
		(Call 911	
Call 911 or go to er	● ER	(Call 911	
Call Emergency Services.	Call 911	(Call 911	
Get them to Norfolk general ED asap	call 911	(Call 911.	
Cal 911	ER ASAP	Seek immediate medical attention	
Call 911	Call 911	(Call an ambulance.	

Current Knowledge Sources

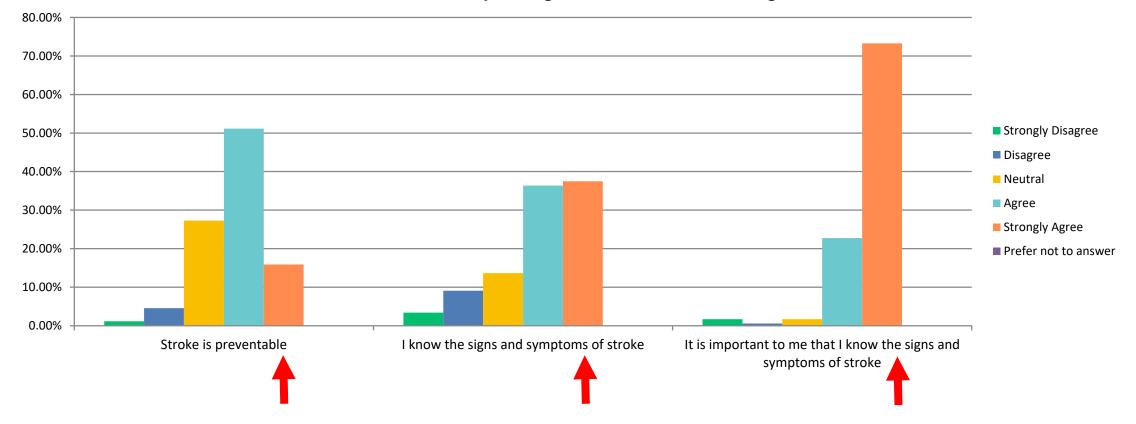
Discussion/Conclusions (based on these results)

- Healthcare providers- routinely discuss? Handouts?
- TV/Social Media- how are we utilizing this?
- General school education- what do we have for stroke awareness in public schools?
- Nurses and other healthcare professionals impact MANY people in their private lives, not just at work. Ensure your staff (everyone) is educated on the basics... it can save a life or a brain!



Attitudes/Perceptions

Please rate how much you agree with the following statements



Education Preference

Discussion/Conclusions (based on these results)

- Healthcare providers should have access to resources
- TV/Social Media advertisements can be better utilized (especially since sharing on social media is free!)
- In person class? Say what? Before vs. After stroke- possibility of partnering?
- Newspaper/Magazine advertisements.... May not be time/money well invested.
- Many other responses.... Dr. Google/Self Research → what pulls up first in search engine results?



Group Comparison Results... interesting

If the respondent has a FAMILY member with stroke...

Discussion/Conclusions (based on these results)

- How do we educate our stroke survivors?
- In the hospital? After?
- What is the support system they have after discharge?
- They share this knowledge with family.... secondary & unintended primary prevention

Study Limitations

- Population skew
- Short survey window (also don't do this near DNV survey)
- Limited reach/shares
- Ability to skip/not answer
- No funding
- Large volume of qualitative data... useable, purposeful
- Volume of medical professionals responding (share sources)

What Have We Learned

- Social media can be a great platform to reach the public
- People are willing to take online survey for stroke
- Useful information can be obtained quickly to target specific focus items/areas/topics
 - ✓ Recognition of BEFAST/FAST
 - ✓ Prevention... BP checks, PCP, etc.
 - ✓ How people wish to receive education (social media survey however)
- Without funding you are limited on reach with this platform but... funding is not required. You can do this type of survey with limited resources.

Next Steps

- Further data analysis of responses/comparisons- bring on the math!
 ✓ Qualitative review/analysis for trends
- Need funding for post promotion- able to reach large volumes of people relatively inexpensively
 - ✓Virginia, 5.5 million on Facebook
 - $\checkmark 200\$$ reaches up to 15,000 people
- Respond to your findings... give the people what they want
- Repeat! *Let's partner! Expand! Improve!*



CONTACT INFO: Sarah Cullen, DNP, ACNS-BC, RN, SCRN

Clinical Nurse Specialist: Stroke ssculle1@sentara.com; Office: 757-395-6828 SVBGH & SI Stroke CNS/Program Coordinator Teacher, Eastern Virginia Medical School Adjunct Faculty, Old Dominion University