SAFE: Stroke Awareness For Elders  A Community Education Program For Spanish-Speaking Adults  
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Introduction

Stroke is a significant health concern and is the second leading cause of death worldwide. In the US, 1 of 20 deaths is due to stroke and it is a leading cause of long term disability (AHA, 2017). Economic, racial and ethnic disparity is apparent. Average age for a stroke is 67 years for Hispanics vs. 80 for non-Hispanic Whites, and they experience higher rates of hemorrhagic strokes. Death rates from stroke in the program’s neighborhood is 38% higher than stroke death rates in Chicago overall (BRFSS, 2010). The 5 week community health program for Spanish-speaking clients of a regional senior center on the southwest side of Chicago is developed to assist clients in identifying personal risk factors, stroke warning signs and when, how and why to call 911.

SAFE Program Goals & Objectives

SAFE PROGRAM GOALS
• Reduce risk by increasing stroke knowledge
• Learn ways to reduce personal risk for stroke

PROGRAM OBJECTIVES
• Risk factors for stroke
• Stroke warning signs
• Ways to be physically active each day
• Examples of heart healthy, stroke smart foods
• When, how and why to call 911
• Ways to decrease risk for stroke (ataque cerebral)

Intervention & Teaching/Learning

INTERVENTION
• Five weekly 90 minute sessions
• Consistent medical interpreter
• Kinesthetic learning activities (* Items below)
• Action plans for behavior change
• Pre and Post-test from Stroke Heroes Act FAST Campaign

TEACHING/LEARNING METHODS
• Action Plans *
• Brainstorming
• Demonstration*
• Discussion
• Games *
• Lecture
• Risk Factor Assessment
• Role Playing
• Videos

Content & Activities Support Healthy People 2020

• Stroke prevention & detection of risk factors
• Early identification & treatment
• Prevention of recurrent stroke

Conclusions & Clinical Implications

CONCLUSIONS
• 36 Participants
• Mean Class Size of 18
• 8 students attended all 5 classes
• Call 911 for only one symptom (40%)  
• Improved recognition: symptoms & that rapid treatment → ↓disability

CLINICAL IMPLICATIONS
• Messaging enhanced with Spanish programming; did not address limited reading ability.
• Use pictures for pre/post test or 1:1 read by interpreter
• Activities that engage to “learn by doing” & personal action plans → new knowledge to ↓reduce risk for stroke

Acknowledgement

Gracias, adios to CGAPN for clinical project award that funded the medical interpreter and “Know Stroke” materials for NINDS and to the SAFE participants Behavioral Risk Factors Surveillance System (BRFSS) survey data US (2010). Heart Disease And Stroke. www.cdc.gov/brfss
Additional references may be found on handout.