

## Stroke Risk Screening Across North Carolina: 2012

The North Carolina Stroke Association is awarding grants to its Partnership Hospitals across North Carolina. The project is titled “Stroke Risk Identification Across North Carolina Project”. Its intention is to provide hospitals with financial support as they facilitate the NCSA’s Stroke Risk Identification Screening Program in their communities.

We seek ways to improve our Stroke Risk Identification Program [highly interactive](#) model that will mitigate stroke risk, and will improve knowledge on stroke symptoms.

This project will incorporate a three-month follow-up by the hospitals to [high risk](#) participants. The action capitalizes on a research project on the efficacy of the Stroke Risk Identification Program that was published in 2010 by Dr. Roger Anderson in the Journal of Stroke and Cerebrovascular Disease. The data reflects the efficacy of a motivational telephone follow-up to persons who presented with stroke risk at a screening. It indicated 56% followed up with their physician to discuss stroke risk, as opposed to the 38.4% who did not receive a motivational telephone follow-up to their screening.

The program operates with two assumptions: 1) one-on-one education on stroke signs and symptoms and stroke risk is linked to **positive community outcome**; and, 2) a motivational telephone follow-up call increases the changes for stroke risk intervention.

The project goal is to enhance understanding of stroke risk and stroke symptoms throughout North Carolina through the Hospital Partnership grassroots model. This model has been well received because its strong relational component appeals to hospitals and to the people they serve. There exists a high level of trust and accountability, and this is key to an effective and efficient outreach program. The inclusion of the three-month follow-up strategy will strengthen further the program efficacy, given what we have learned thus far from our Partnership Hospitals on the progress they are seeing.

North Carolina has a tremendous need for stroke education. The North Carolina Stroke Association has contributed to the success of hospital program goals with its Stroke Risk Screening. It fills a gap for transitional care with an evidence-based program and with program continuity. The program allows hospitals the necessary data that gives snapshots of their stroke risk burden. This enables them to create viable responses to address that burden. With healthcare becoming more focused on keeping people out of the hospital, the economics of stroke is the impetus to be creative in accomplishing this goal. The community screening model has emerged to be a respected and recognized leader in this effort.