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Stroke: Strategies to Reduce Racial and Ethnic Inequities in Stroke Preparedness, Care, Recovery, and Risk Factor Control (2023)

About the Guideline

- The guideline panel consisted of nine experts representing nine organizations and councils on behalf of the American Heart Association (AHA) Stroke Council.
- The guideline provides strategies to reduce inequities in five areas across the continuum of stroke care: prehospital; acute care delivery; access to rehabilitation, recovery, and community reintegration; transitions in care; and risk factor control after stroke.
- The guideline focuses on summarizing evidence for interventions to address the inequities across the continuum of stroke care.
- The paucity of underrepresented populations in clinical stroke trials reduces the generalizability of the guidelines to disenfranchised groups.

Key Clinical Considerations

Become familiar with the strategies and best-practice statements provided in this guideline, especially if you work in an acute care setting.

Prehospital

- Increase awareness of stroke symptoms and the use of emergency medical services by providing education in settings such as churches, hospitals, beauty shops, schools, and clinics.
- Increase access to the use of mobile stroke units, particularly in areas with high population density.
- Decrease the time from stroke symptom onset to emergency department arrival through educational opportunities that focus on scalable individual behavioral interventions.

Acute Care Delivery

<u>Access to Thrombolytics and Endovascular Treatment</u>

- Institutions should seek stroke center certification and quality improvement programs such as the *AHA Get with the Guidelines-Stroke* and Joint Commission stroke center regionalized certification.
- Community leaders should seek governmental and culturally tailored community education opportunities to educate the public on stroke symptoms and on ways to seek care.

<u>Telehealth</u>

- Geographic inequities of acute stroke care may be decreased by the provision of telehealth/telemedicine, but further research is needed to determine specific interventions for specific areas and populations to reduce ethnic and racial inequities.

<u>Artificial Intelligence and Machine Learning in Clinical Decision-Making</u>

- Diverse populations should be used to determine artificial intelligence algorithms to be used in diagnosing and planning interventions for ethnic groups experiencing strokes; this could prevent the exacerbation of ethnic and racial inequities.

Diagnostic Evaluation and Initiation of Secondary Stroke Prevention during the Acute Hospital Stay

- Initiate programs to support statin use, counseling for smoking cessation, the provision of antithrombotic therapy upon discharge, in-hospital antithrombotic therapy, deep venous thrombosis prophylaxis, and anticoagulation therapy for atrial fibrillation to prevent recurrent stroke.
- Participate in acute stroke quality improvement programs and stroke center certification.

Rehabilitation, Recovery, and Community Reintegration

- Develop patient-focused virtual rehabilitation tools with weekly preset exercise goals that are culturally tailored and in multiple languages.
- Seek reimbursement avenues for telerehabilitation, including access to high-speed internet, smart devices, and technology support.
- Provide group exercises that are stroke-specific and that enable social support.
- Conduct educational sessions on medication adherence, physical activity, diet, and self-management skills.

Transitions in Care

- Strategies to prevent rehospitalization and improve outcomes for stroke patients include determining specific interventions for each organization/facility. These interventions can be supported by collecting data on the following:
    - Self-management endpoints (blood pressure self-monitoring, diet, medication adherence)
    - Health literacy level
    - Access to stroke care
    - Readmission rate related to stroke
    - Patient-reported outcome measures
    - Medical care follow-up rate
    - Utilization of rehabilitation interventions

Risk Factor Control after Stroke

- Use staff or community health workers who are from the same cultural background as the patient population.
- Provide patients with translated educational resources.
- Incorporate cultural training for all staff.
- Utilize individually skill-based educational interventions that are specific for the patient's culture.
- Provide health coaches to facilitate the patient's integration into the community; promote self-management and awareness of risk factors.
- Promote self-efficacy to improve control of risk factors.
- Utilize workshops for patients to enhance self-management of chronic diseases.
- Utilize community health care workers to conduct home visits and provide chronic disease management in addition to individual visits and self-management tools.
- Promote the use of a polypill to reduce cardiovascular inequities.
- Teach patients to regulate dietary intake of salt and sugar.
- Initiate environmental level programs that address access to nutritious affordable food.
- Address neighborhood-level safety and promote physical activity.

Reference

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