Innovative Approaches And Collaborations To Create Transformative Change

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Developing, Testing, and Scaling a Stroke Literacy Intervention.

Problem

- Low recognition of symptoms and failure to call 911 driving low acute stroke treatment (Stroke Literacy)
- Significant Disparities in stroke recognition
- Black-White Disparities in stroke incidence increasing with decreasing age. HR ~4 (35-45)

NINDS/NIH Funded
Cross-sectoral collaboration

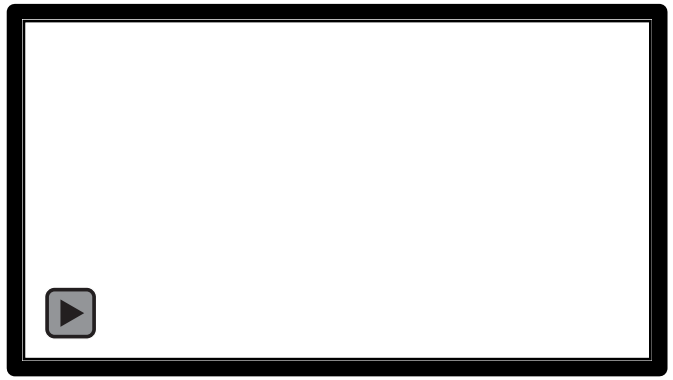
+Hypothesis

Children can be Stroke Literate Age 9-12
Validated SLAT

Pilot Studies
MMHEM

Culturally Tailored Music Based Multimedia Stroke Literacy Intervention Standards Based Curriculum
Hip Hop Stroke & Credible Messengers

Unintended Consequence
Elementary School Children Exposed To HHS pursue careers in STEM and Health Sciences



RCT

Child Mediated Health Communication

+Hypothesis

Stroke Literate Children can make their Parents (Age 25-45) and Grandparents Stroke Literate

+Exploratory Hypothesis

Stroke Literate Children and their Parents can recognize stroke and appropriately call 911

Quasi-Experimental design
School District, Organic Media Uptake

Socio-Ecological Model
Levels of Behavioral Influence

+Hypothesis

School districts can adopt and implement (mediated by Trained STEM College Students Health MCs) HHS in their local schools. > 20 US Cities & 5 Countries

(horizontal scaling)

+Hypothesis

Community Stroke Literacy can reduce prehospital delays and increase stroke treatment

+Hypothesis

Stroke Designated NY Hospitals can adopt and implement (in partnership with NYSDOH Stroke Designation Program) HHS in their local catchment area schools. 42 Hospitals

Policy Change (vertical scaling)

Hybrid Type 3 Implementation Effectiveness Design

Developing, Testing, and Scaling a CHW-based SDOH mitigating stroke intervention.

Problem
- Stroke risk is 50% higher among those with ≥3 SDOH compared with those without any SDOH

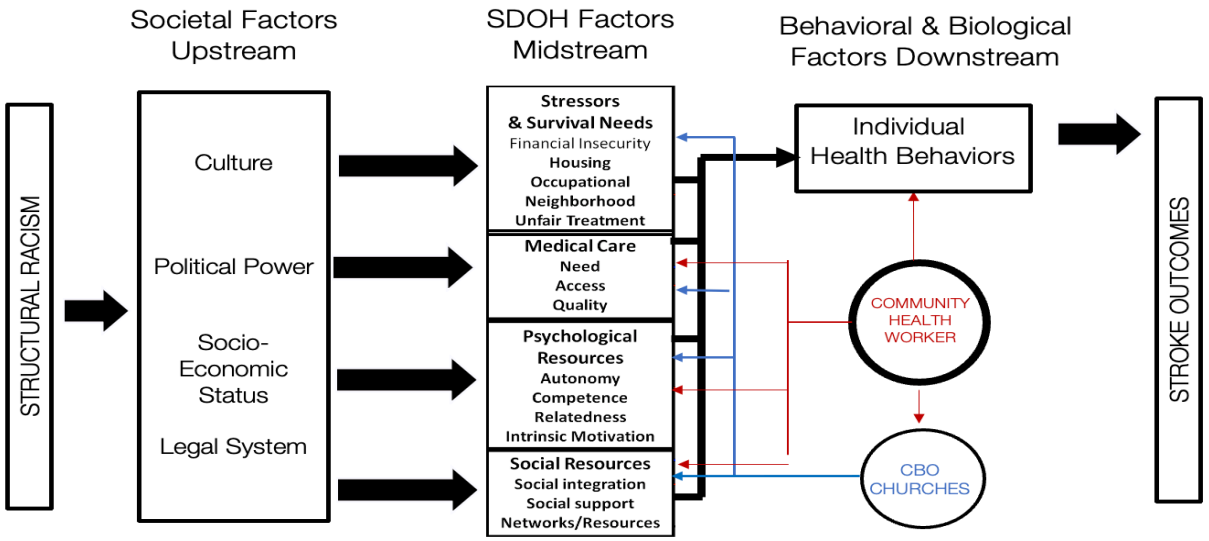
Hypothesis
CHWs can be trained to mitigate SDOH:
- PHCRP based 8 weeks Training and Certification (BP, POCT,MI, PHQ9, SDOH screening)
- CBO Affiliated CHWs (40 from 8)
- Faith Based CHWs (210 from 52)
- EPIC/EHR Access
- Nursing & SW support to form a SDOH-Homecare Intervention Focus Team **(SHIFT)**

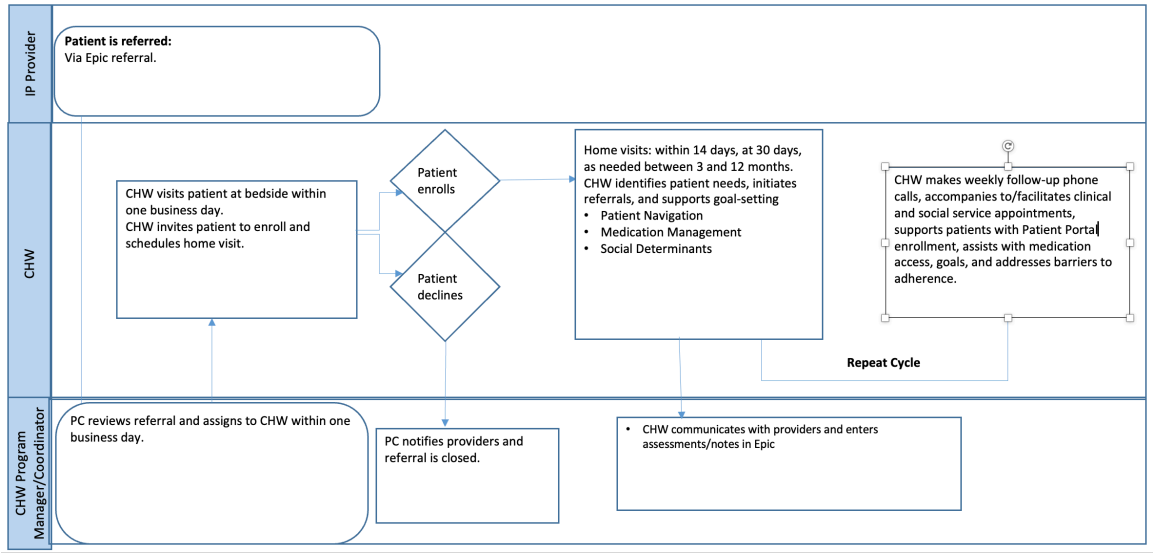
Hypothesis
Among Stroke Patients with high SDOH scores, SHIFT CHWs can
- Improve functional outcomes (SIS)

Exploratory
- Improve Epigenetic AL markers

(DNAm and Teleomere L)

RCT: SHIFT vs UC





CHW Responsibilities: Support to set and meet program goals; Home visits to assess home environment and build rapport; Social service referrals: food insecurity housing, immigration, employment, etc.; Appointment preparation and accompaniment: medical and social services; Support to promote individualized disease self-management skills; Support to enroll/use patient portal and to navigate telehealth visits; On-going peer-based education and support