

What impacts whether African Americans call 9-1-1 immediately for stroke symptoms?

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African-Americans know the signs of stroke, but concerns about medical cost, ambulance response time and unfamiliarity with the need for prompt hospital care impacted whether they called 9-1-1 immediately.

A study that included 77 African-Americans in Flint, Mich., revealed barriers among adults and youth in getting help for stroke which is significantly higher among African-Americans and leads to more deaths and disability.

Adults mentioned the cost of paying for an ambulance, while young people worried about staying calm if they witnessed someone having a stroke, according to the study by the University of Michigan.

"Overwhelmingly adult and youth participants recognized that stroke was an emergency, but to increase 9-1-1 calls for stroke, interventions will need to address factors beyond identification of stroke warning signs," says study lead author Lesli Skolarus, M.D., a <u>neurologist</u> at the U-M Health System.

The findings were published online Tuesday in *Circulation: Cardiovascular Quality and Outcomes*, a journal of the <u>American Heart Association</u>.

U-M stroke specialists and public health experts partnered with Bridges to the Future to conduct the study in Flint, a city that's predominately African-American. Stroke hospitalizations there are among the highest



in Michigan.

When a stroke happens, prompt hospital arrival is critical because intravenous clot-busting drugs can reduce permanent <u>stroke damage</u>, such as paralysis or vision and <u>speech problems</u>, if administered within four and half hours of the onset of <u>stroke symptoms</u>, Skolarus says.

In addition to the potential of receiving clot-busters, patients arrive faster in an ambulance, the hospital can be alerted in advance by <u>emergency medical services</u> and patients who arrive by ambulance are given priority in the hospital and are therefore treated sooner.

"We heard from so many who said they didn't know this kind of <u>stroke</u> <u>treatment</u> existed," says study co-author Sarah Bailey, a former social worker and leader of Bridges to the Future, a community service organization in Flint, Mich.

"Also based on their experiences with calling 9-1-1, there was little confidence that an ambulance would come, or if it did, it would be too late," Bailey explained.

Study participants were recruited with the help of church health teams at Refuge Temple, Ebenezer Ministries and New Jerusalem Full Gospel Church.

Stroke typically doesn't cause pain or cause patients to collapse so some participants said they would lie down and hope they feel better, researchers say, or call a friend or relative first. But the message about prompt care and trusting health care providers is getting through.

"A musician who plays for our choir went through this," says Bailey, whose mother and former church pastor have suffered a stroke. "He recognized he was having a stroke and called an ambulance. He went to



the ER where he got (the clot-busting drug) tPA and he's still playing the piano and writing music. We could have lost a great talent. That's the kind of result we're seeing."

To encourage 9-1-1 calls even if the stroke victim is concerned about cost, study authors recommended highlighting the reduction in post-stroke disability if treatment is given quickly, and examining perceptions and potential improvements with emergency response systems.

"Listening to the community is critical in developing the kinds of stroke awareness campaigns that can save lives," says senior study author Lewis Morgenstern, M.D., director of the U-M <u>Stroke</u> Program and professor in the U-M Department of Epidemiology.

Provided by University of Michigan Health System

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