

# Finances may be barrier to calling 9-1-1 for stroke symptoms in minority neighborhoods

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Ambulance charges may limit willingness to call 9-1-1 when people experience stroke symptoms in south Chicago, according to preliminary research presented at the American Stroke Association's International Stroke Conference 2018, a world premier meeting dedicated to the science and treatment of cerebrovascular disease for researchers and clinicians.

Stroke outcomes can vary dramatically among neighborhoods in the city of Chicago, Illinois, researchers said. In this study, researchers analyzed responses from a survey of 364 Chicago residents to assess [stroke](#) knowledge, self-efficacy and barriers to calling 9-1-1. Responses were separated into those from the north side (199) and those from the south side (165) of the city. The north-side residents were more educated, while the south-side residents were more interested in participating in stroke education programs and had visited hospitals and doctors less frequently in the recent past. The north-side residents reported feeling more overwhelmed by life in the near recent past. Although both north-side and south-side residents did not feel strongly that they could recognize stroke, the south-side residents felt more confident than the north-side residents. Researchers sampled whites, blacks and Hispanics equally on both sides of the city.

While the neighborhoods shared similar levels of stroke knowledge, perceptions and attitudes differed by geographic regions in the city.

Among south-side respondents, when compared to north-side

respondents:

- 23.5 percent were more likely to avoid calling 9-1-1 for fear of costs, compared to 4.5 percent of north side respondents.
- There were more respondents who felt that immediate [hospital](#) care did not necessarily improve stroke survival or recovery.
- More felt hospitals covered up mistakes.
- Despite this, more felt doctors were honest, took the time to explain medical care and treatment, and treated black and white patients similarly.

These perceptions may be strong barriers preventing people with [stroke symptoms](#) to go to the hospital early, said senior study author Shyam Prabhakaran, M.D., a neurology professor and stroke research director at Northwestern University in Chicago.

This research is part of a larger ongoing study - Community Engagement in Early Recognition and Immediate Action in Stroke (CEERIAS) - to reduce disparities in care and improve early hospital arrival for [stroke patients](#) in Chicago.

"If you want to change behavior through public interventions, you need to understand the root causes at the neighborhood and group levels," Prabhakaran, principal investigator of the CEERIAS study, said. "For stroke awareness and preparedness, you must include and address mistrust and financial barriers."

Stroke treatment is time-sensitive, and every minute delay in getting to the hospital can make a difference in outcome, said Sarah Song, M.D. Ph.D., MPH, first study author, co-investigator of the CEERIAS study and assistant professor of [cerebrovascular disease](#) at Rush University Medical Center in Chicago.

It is critical that people call 9-1-1 instead of driving to the hospital, Song said.

"When you call 9-1-1, it starts a cascade of events directing the hospital, in advance, that there might be a stroke patient coming. There's a whole protocol in place at the hospital to streamline potential stroke patients to getting the care they need."

Although this research focuses on Chicago, it may also be applicable to other urban minority populations in the United States. However, this study's sample size was relatively small and may not be representative of all Chicago residents. The study also did not include all possible barriers to stroke awareness and action.

Provided by American Heart Association

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