Community Based Stroke Prevention: South Asian Health Awareness about Stroke (SAHAS)

Sheenu Chandwani, PhD, Smita Dhumal, MD (AM), Varsha Singh, MSN, APN-C, Devangi Shukla, Priya Jaisinghamhi, Sunanda Gaur, MD
Rutgers Robert Wood Johnson Medical School – South Asian Total Health Initiative and Rutgers School of Public Health

Introduction

- South Asians (SAs), including individuals from India, Pakistan, Bangladesh, Nepal, Sri-Lanka, Bhutan and the Maldives, are one of the fastest growing population in the nation and the largest immigrant Asian community in New Jersey.
- SAs are significantly burdened by coronary heart disease (CHD), metabolic syndrome, diabetes, and stroke.
- Stroke is a major complication of CHD and diabetes but knowledge of stroke signs and prevention is consistently lower among SAs due to poor understanding of disease prevention, lack of health promotion, and cultural differences in health and illness behavior.
- Despite the increasing need, a critical gap exists in delivery of culturally tailored stroke education to the high-risk SA group.

Program Objective

- To develop and test a culturally tailored stroke education curriculum, the South Asian Health Awareness about Stroke (SAHAS), to increase knowledge regarding stroke and its prevention in the SA community.

Methods

Community Recruitment:
- SAHAS Education Sessions were provided to five groups of 15-20 community members of SA ethnicity between the ages 30-80 years with priority given to recruit couples or pairs of family members.
- Participants were recruited through assistance of SA liaisons from community-based organizations and centers serving the SA community who have previously collaborated with SATHI.

SAHAS Curriculum
- Each group attended one educational module consisting of two sessions, Session 1 and 2, 6-8 weeks apart.
- The curriculum was administered by trained SA stroke educators with proficiency in multiple SA languages.
- Translated questionnaires in language preferred by the community groups were used.
- All participants provided informed consent.

Session 1 (3.0 hours):
- Demographics, health history, blood pressure (BP), waist circumference (WC), and stroke risk assessment
- Stroke knowledge pretest assessment
- Didactic education session that educated participants about
  - What is stroke, how it occurs and affects the body
  - The importance of ‘Time is Brain’
  - How to recognize stroke and its warning signs
  - What to do if you witness someone having a stroke and emphasize the importance of calling 911 for emergency care instead of waiting for automatic resolution of symptoms
  - Risk factors of stroke
  - Ways to prevent stroke
  - Treatment for someone who is disabled due to stroke
  - Current stroke care in the state of NJ
  - Viewing nutrition video
  - Program and educator evaluation

Session 2 (2.0 hours):
- Stroke knowledge posttest assessment
- Refresher didactic education
- Sharing participant experiences and lifestyle practices

Peer Health Coach Training
- Five Peer Health Coaches were trained to provide succinct stroke prevention education to additional community members by administering the SAHAS Community Education Module and help with promoting key SAHAS messages, including:
  - Definition of stroke and how it happens
  - The warning signs of stroke and how to identify them
  - Importance of “Time is Brain”
  - Need to call 911 when someone is having stroke
  - Changes that can be made to prevent stroke
  - Peer health coach eligibility included:
    - A well-connected and respected member of the community
    - Must have proficiency in both English and Hindi
    - Must have attended SAHAS session 1 and 2

Participants’ knowledge of calling 911 when experiencing stroke and that stroke is treatable if patient is taken to the nearest emergency room reached 100% in the posttest assessment.

Based on a 4-point Likert scale ranging from excellent, good, fair, and poor, the program as well as the educator were rated excellent by at least 80% of the participants in both session 1 and session 2.

To date, the peer health coaches have conducted one SAHAS community education module with 32 community members and educated them about importance of calling 911 and emergency care when someone is having stroke.

Conclusions

- Through this program we were able to develop a stroke education curriculum, called SAHAS which is culturally tailored for the SA community.
- The SAHAS curriculum was effective in increasing participant knowledge about stroke and can be used to spread awareness about stroke in the SA community.
- We were able to successfully train five peer health coaches who will continue to spread the word about stroke awareness even beyond the scope of the project.

In future, we plan to continue to refine and implement the SAHAS curriculum and strengthen the peer health coach training.

Funding and Acknowledgements

- The program was funded by the Office of Minority and Multicultural Health.
- The authors have no disclosures.
- We would like to thank Dr. Namratha Kandula, Northwestern University’s Feinberg School of Medicine, for providing expertise in developing the SAHAS program.
- We would also like to thank Dr. Robert Like, Robert Wood Johnson Medical School, for his advisory role in launching the program.