

ADDENDUM

*Chapter 6: Using Other
Communication Strategies and
Tactics to Implement the Plan*

chapter

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ADDENDUM 1

Additional Communication Strategies

In addition to traditional media outreach, many communication vehicles and strategies are available to states to help them disseminate messages about stroke. Chapter 6 of the *Communication Guide* offers tips on delivering testimony, making presentations, and creating exhibits on heart disease and stroke prevention. In this supplement are additional stroke-related resources, including a drop-in article and some talking points. These can be adapted for presentations, email distribution lists, electronic bulletin boards, and other communication strategies.

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SAMPLE DROP-IN ARTICLE

A drop-in article is a completely prewritten news or feature story that can be published verbatim in state health department publications, organizational newsletters, community magazines, shopping guides, and other local publications read by key audiences.

RECOGNIZE THE SIGNS OF STROKE

Each year more than 700,000 Americans suffer a stroke. Yet many Americans do not know the signs and symptoms of a stroke or what to do when they witness someone having a stroke. Just like a heart attack, a stroke is a medical emergency requiring immediate treatment.

A stroke occurs when blood flow to the brain is interrupted. Brain cells die when deprived of oxygen and nutrients provided by blood. Because stroke injures the brain, a person having a stroke may not realize what is happening.

[INSERT STATE HEALTH DEPARTMENT NAME] encourages the public to recognize the signs and symptoms of stroke:

- sudden numbness or weakness of the face, arm, or leg—especially on one side of the body;
- sudden confusion, trouble speaking, or difficulty understanding speech;
- sudden trouble seeing in one or both eyes;
- sudden trouble walking, dizziness, or loss of balance or coordination; and
- sudden severe headache with no known cause.

If you recognize any of these symptoms, it is important to call 9-1-1 or your local emergency number immediately. Local hospitals and stroke centers have treatments available that can reduce the risk of severe disability, but patients must get help quickly for these treatments to be effective.

For more information on stroke or information on reducing the risk of stroke, please call [INSERT STATE HEALTH DEPARTMENT NAME] at [INSERT NUMBER] or visit [INSERT WEB SITE].

SAMPLE TALKING POINTS

Talking points should always be tailored to a specific meeting, presentation, media interview, or other planned communication activity. It also is a good idea to have general talking points prepared for responding to unexpected calls and other requests for information from the media, potential partners, and others. Below are sample talking points on acute stroke.

TOPIC: STROKE CENTERS

- There are many approved treatments for stroke that can dramatically reduce disability, but currently fewer than five percent of eligible patients receive approved treatments for acute ischemic stroke.
- The health care system in our state is not set up to rapidly diagnose and treat stroke patients.
- According to a survey conducted by the American Academy of Neurology, 20 percent of the U.S. population is without access to acute neurological services.
- As a result, many patients do not receive approved treatments for acute ischemic stroke that could improve survival and reduce disability.
- The Joint Commission on Accreditation of Healthcare Organizations is certifying hospitals that want to become stroke centers.
- By encouraging stroke center certification, the health care community can potentially increase the number of people who recover from stroke, reduce hospital stays, and reduce the burden of stroke on health care and rehabilitation systems.

NATIONAL DATA—STROKE:

The points listed here are from statistical information in previous years. Check the American Stroke Association website (www.strokeassociation.org) or other current information to quote the latest statistics.

- Stroke is the third-leading killer in the United States and a leading cause of severe, long-term disability.
- Each year about 700,000 people experience a new or recurrent stroke—about 500,000 of these are first attacks, and 200,000 are recurrent.
- In 1999, more than 1.1 million American adults reported difficulty with activities of daily living and other functional limitations resulting from stroke.
- In 2000, females accounted for 61.4 percent of stroke fatalities.
- Between 1991 and 2001 there was a rise in the number of U.S. adults who have a recognized risk factor for heart disease and stroke, and growing numbers of Americans are reaching older ages at which stroke is especially common. As a result, the national burden of heart disease and stroke is expected to increase.
- The 2000 death rates per 100,000 population for stroke were 58.6 for white males, 87.1 for black males, 57.8 for white females, and 78.1 for black females.
- From the early 1970s to the early 1990s, the estimated number of non-institutionalized stroke survivors increased from 1.5 to 2.4 million.
- Stroke costs the United States \$30 to \$40 billion per year.

CONSUMER MESSAGES FOR ACUTE STROKE:

- The signs of stroke are
 - sudden numbness or weakness of the face, arm, or leg—especially on one side of the body;
 - sudden confusion, trouble speaking, or difficulty understanding speech;
 - sudden trouble seeing in one or both eyes;
 - sudden trouble walking, dizziness, or loss of balance or coordination; and
 - sudden severe headache with no known cause.
- If you are aware of the signs of stroke in yourself or someone else, call 9-1-1 or your local emergency number.
- Getting to a hospital stroke center within 60 minutes of the onset of stroke symptoms may reduce disability from a stroke.

SOURCES:

American Heart Association (AHA), *Heart Disease and Stroke Statistics*, update for current year. Check the AHA website for most recent information: www.americanheart.org.

Centers for Disease Control and Prevention. *Atlas of Stroke Mortality: Racial, Ethnic, and Geographic Disparities in the United States* [online]. 2003 [cited 2003 July 3]: www.cdc.gov/cvh/maps/strokeatlas/atlas.htm.

National Institute of Neurological Disorders and Stroke. "Choosing Your Level of Care." 2002 Symposium, *Improving the Chain of Recovery for Acute Stroke Patients in Your Community*. [Task force report]: www.ninds.nih.gov/news_and_events/proceedings/stroke_2002/acute_stroke_choosing.htm

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