



Time to call 999

**Stroke: gathering insight, providing behaviour change
and raising awareness amongst vulnerable
communities in Sheffield**

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Social marketing for stroke awareness and prevention

Aim

To raise the understanding and awareness of
strokes by:

- Investigating barriers between at risk groups
and understanding FAST
- Developing intelligent solutions
- Implement and continually evaluate
solutions to revise and refine messages

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"...a lot of people don't know the symptoms. I have a relation who had a stroke, nobody called 999 and now he is paralysed."

"Often you think it {the symptoms} is something else and it will pass."

"There's a comfort in the status quo when you reach a certain age."

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How did we get there?

- Insight with at risk communities (BME, Gypsy/traveller, white working class) and control community (white affluent)
- Literature review – by TCC and CLAHRC
- Local stakeholder insight
- Identification of barriers to behaviour
- Recommendations

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Behaviour change

The desired behaviour

- 'An individual knows of, and can recognise, the symptoms of stroke and upon witnessing such symptoms call the emergency services'

Sequence to behaviour

1. Aware of stroke
2. Can recognise symptoms
3. Aware of action
4. Confident of action
5. Performs action

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Behaviour change

- Insight gathering:
 - In-situ with community groups
 - Iterative
 - Focusing on personal experiences
- Exploring barriers and solutions
- Analysing community narrative to form recommendations

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Behaviour change: findings

Gypsy and traveller

- Low levels of literacy
- Some knowledge of stroke and symptoms but a lack of confidence
- Largely unaware of the FAST campaign

BME

- Aware of FAST but don't decode the acronym
- Language a major barrier
- Abstract concepts are harder to grasp

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Behaviour change: findings

White working class

- Good level of knowledge and awareness
- Could recall and decode FAST easily

White affluent

- Knowledgeable about the medical technicalities of stroke
- Understand abstract concepts easily

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Behaviour change: analysis

Barriers to behaviour

(personal, practical or policy driven)

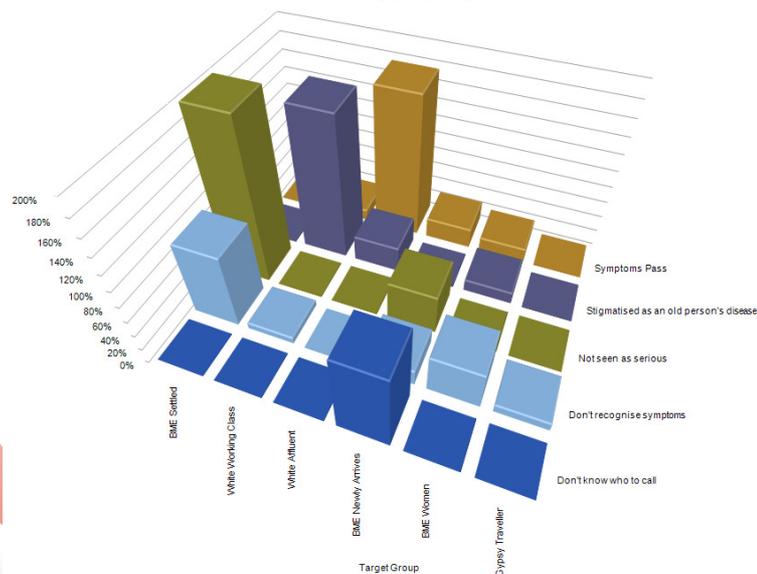
denial, burden, socially inappropriate, fear of the unknown, don't recognise symptoms, language, only applies to old people, symptoms may pass, isolation, feel stigmatised by health staff

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Behaviour change: analysis

Nodes - Coding by Target Group





Community led interventions

CO-PRODUCTION	Empowering communities to co-produce stroke awareness messages and the way they are delivered
RAISING AWARENESS IN YOUNG PEOPLE	Equipping young people with positive behaviours to act as controlled message carriers
HEALTH TRAINING	Equipping members of the community to deliver health messages to their peers
COMMUNITY HEALTH EVENTS	Supporting community health events as an addition to the above community-led interventions

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Behaviour change: next steps

- Report to the North Trent Stroke Strategy Board with recommendations for next steps
- Opportunity for other health communities to be involved and take forward specific recommendations
- Kept relationships with communities in preparation for handover to NHS Sheffield

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Behaviour change: next steps

	Affluent	BME	Gypsy / traveller	White working class
CO-PRODUCTION	1	4	2	2
RAISING AWARENESS IN YOUNG PEOPLE	3	4	1	3
HEALTH TRAINING	1	2	4	1
COMMUNITY HEALTH EVENTS	2	2	2	2

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Where are we now?

- Taking forward work with NHS Sheffield and BME communities (Pakistani, Somali, Yemeni)
- Testing the interventions:
 - Co-production of messages
 - Co-design of discussion topics for community
 - Co-deliver messages within the community
- Working with CLAHRC to provide short and medium term evaluation

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"If you have these symptoms {of stroke} but then they go away, you might mention it to a younger family member when they come home or you might not. It doesn't seem serious."

"I know that I should ring 999 but then I panic, do things that I'm familiar with: get a shawl and maybe read a passage from the Quran."

"Our friend once stopped speaking, just for a minute and then he was fine. We were with a doctor who recognised what it was and took him straight to hospital. I have no idea how he knew."

"When this {stroke} has happened, you want to make the person feel comfortable: sit them down so they don't fall."

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Where are we now?

- Links with other relevant projects and research (CLARHC, NHS Doncaster, Sheffield Hallam University)
- Refining the messages: time, action, confidence
- Involvement of key community figures, clinicians and individuals

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Questions and discussion

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Lessons learned... ...by the project team

- “It’s good to talk”
- Learn as you go
- Collaboration is key
- Flexibility is a necessity

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