



Building a Network Infrastructure to Address Regional Geographic Disparities in Stroke

NATIONAL LEVEL

REGARDS Study: \$35 million awarded to UAB for REGARDS Study

The Stroke Treatment and Ongoing Prevention Act of 2001 (STOP Stroke Act) introduced by Senators Edward Kennedy & Bill Frist, MD

Delta States Stroke Consortium: funded for 1 year by CDC—\$450,000

CDC Chronic Disease Conference—St. Louis, MO: Release of the *Atlas of Stroke Mortality*

Release of *Public Health Action Plan to Prevent Heart Disease and Stroke*

CDC RFA for Supplemental Funding for 3 Stroke Networks and Paul Coverdell Stroke Registry released

NC and GA receive Paul Coverdell Stroke Registry funding for the development of a State Stroke Registry—\$900,000/3 years

REGIONAL LEVEL

“Regional Call to Action”

Unexplained Stroke Disparity Report and Recommendations from Three Southeastern States (May 2000)

Steering Committee selects Appointed Members

Proposal to CDC for Tri-State Stroke Network funded for \$100,000/year—3 years

Matrix of Stroke Clinical Guidelines & Programs compiled for Tri-State

Georgia Awarded Wave I funding to develop a stroke registry prototype

NINDS Partnership for Know Stroke. Know the Signs. Act in Time. Campaign

HDSP Programs move toward secondary prevention focused environmental and policy change

New JNC7 HTN Guidelines released

US-DHHS Stroke Belt Initiative created

www.tristatestrokenetwork.org launched

Stroke Belt Elimination Initiative (SBEDI) RFA released from US-DHHS/OMH

CDC Heart Disease and Stroke Prevention Conference in Atlanta, GA

NC-HDSPTF meeting in Winston Salem, NC—Dr. George Howard presented the “buckle” data.

HDSPTF and State Health Directors of NC, SC, GA sponsor a TriState Stroke Data Summit & Leadership Luncheon in Raleigh, NC.

First Full Network Teleconference

First “Face to Face” Meeting Charleston, SC in conjunction with COSEHC

Tri-State Stroke Data Summit (Atlanta, Georgia February 26, 2002)

Meeting Report

2nd Tri-State Stroke Data Summit Atlanta, GA

HDSP Basic Implementation Funding awarded to Georgia & SC

NC awarded Wave II stroke registry funding

2nd “Face to Face” Meeting in Charlotte, NC

Stroke Education and Awareness Among Minorities (STREAM) funded by NHLBI

NC Rapid Response to STROKE

9-1-1 Assessment for Tri-State

On-line course launch by UNC Department of Epidemiology

3rd “Face to Face” Meeting & Tri-State Summit, Poster Session & Stroke Roundtables—Myrtle Beach, SC

SC & NC HDSP & TSSN partnership with the Carolinas & Georgia Chapter of ASH for Experts in HTN

July 1 Notice of Grant Award to NC, DSSC and GLRSN for stroke network supplemental funding at \$180,000/3 years

4th “Face to Face” Meeting in conjunction with DSSC Atlanta, GA



Methods Used:

A variety of process objectives were utilized from the formulation of a Tri-State Stroke Summit Steering Committee and subsequent Work Group for establishing goals and objectives to infrastructure building for the administration of the Network.

Results:

Through the Tri-State Stroke Network (TSSN), there is now a coordinating body to assist CDC-funded Basic Implementation States with utilizing their resources to address stroke and secondary prevention for improved prevention and control, and acute stroke care. Partnerships

emphasize the importance of collaboration to enhance and support work in stroke and help to avoid duplication of effort. Additional networks/consortiums have been funded—Delta States Stroke Consortium and the Great Lakes Regional Stroke Network.

Conclusions:

A stronger infrastructure has been created within the “buckle” of the Stroke Belt to address the geographic disparity in stroke. No one source can provide what is needed to adequately address the third leading cause of death. A shared problem, limited resources and an agreement to collaborate, provide stronger opportunities to address a critical

health problem on a larger scale. Continuing to add partners to assist in achieving shared goals helps contend with sustainability issues. Communication and the shared commitment from all partners is key to success and has laid a foundation of trust and experience within the TSSN to continue to bring attention to the excess burden of stroke.