

International Conference on

NURSING EDUCATION & PRACTICE

November 26-27, 2018 | Las Vegas, USA

Increasing stroke recognition and behavioral intent to call emergency management services in a Vietnamese American population

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Objective: Serious complications of a stroke, one of the leading causes of morbidity and mortality in the United States can be mitigated if treated in a timely manner. Stroke outcome disparity in Vietnamese Americans (VAs) is attributable to pre-hospital delay. To increase acute stroke recognition and behaviour intent to call Emergency Management Services (EMS) among VAs and their families, an evidence-based, culturally and linguistically appropriate educational intervention was pilot-tested.

Methods: A convenience sample of 38 Vietnamese-speaking adults recruited from a free community clinic participated in a one-hour educational session. Pre and

post-intervention surveys were administered to assess knowledge and intent.

Results: Differences in the pre-test and post-test means were large for stroke knowledge (Cohen's $D=2.39$), associated emergency action (Cohen's $D=2.57$) and behavioural intent to call EMS (Cohen's $D=0.94$).

Conclusion: A linguistically and culturally appropriate community-based education intervention may be effective in increasing stroke recognition and behaviour intent to call EMS among VAs.

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