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## Results of community-based stroke risk assessment and proactive health promotion for stroke prevention in nonglak subdistrict, chumpong nakhon ratchasima province, Thailand

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Stroke is a leading cause of long-term disability and the fifth cause of death in Thailand. The important factors which induce stroke are smoking, lack of physical activity, alcohol consumption, poor diet intake, emotion, high cholesterol, blood pressure, age, obesity uncontrolled glucose and hypertension that contribute to stroke. The primary objective of this presentation is to describe stroke risk levels and the results of proactive community-based care to promotion of stroke prevention in Nonglak subdistrict, Chumpong district Nakhon Ratchasima, Thailand. Quasi-experimental community-based work was conducted from 1-9-2017 to 2-16-2017. There were 51 participants whose age was 35 and above who lives in Nonglak village, Nonglak subdistrict, Chumpong Nakhon Ratchasima, Thailand, SUT-SRAS was developed by the fourth year nursing students under supervision of Assistant Professor Doctor Naruemol Sing-Dong and its reliability was 0.80. SUT-SRAS was used for assessment of stroke risk, planning, implementation; focus on group and individual specific risk factors through health education, home health care, training caregivers, village health volunteer and community leader for exercises, advice, counseling including demonstration, coordination, referred and providing supportive system finally, evaluation. Data was annualized by descriptive; percent, mean, SD and compared SUT-SRAS risk factors pre and post intervention by paired t-test. There were 17 male, 34 female, mean of age was 65 (36-98). Most of them were educated in Primary school 44 (86.27%), most of them are farmers and employees, 23 (25.10%). SUT-SRAS risk in level 1, 2 and 3 were 46 (90.20%), 4 (7.84%) and 1 (1.94%) respectively. After intervention, all of people in level 2 had decreased risk factors and a man in level 3 was referred for treatment including improved health behaviors; while 95% of them had decreased risk factors and significantly decrease of cigarettes smoking ( $p < 0.05$ ). SUT-SRAS tool was useful for assessment to provided proactive community-based care to prevent stroke by decrease poor health behaviors. None of them developed stroke. Further evidence-based approaches to changing behaviors by community-based care as a proactive preventive activity for the risk groups and individuals are required to achieve the goals of decrease incidence and prevalence rate of stroke.

### Biography

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