STROKE AWARENESS
URGING EMPLOYEES TO GET EMERGENCY CARE DURING THE PANDEMIC

Visits to the hospital emergency department (ED) declined 20% for strokes, 23% for heart attacks, and 10% for high-blood-sugar crises between March 15 and May 23, 2020, compared to the previous 10 weeks, according to the CDC.

“Unrecognized fatalities” from COVID-19 suggest that many patients suffering from serious conditions are dying as a result of delaying or not seeking care as the outbreak progresses and overwhelms many hospitals. With stroke the leading cause of long-term disability in the US, there is an urgent need to calm fears and encourage people to seek emergency care, even during these uncertain times.

Of additional concern is the fact that COVID-19 is an independent risk factor for acute ischemic stroke, according to the first major peer-reviewed study on the subject. “Patients with COVID-19 should be evaluated early for acute neurological changes,” says Dr. Puneet Belani, researcher for the Mount Sinai School of Medicine. “Timely workup in patients suspected to have stroke may reduce morbidity and mortality.”

**ACTION STEPS FOR EMPLOYERS:**

1. Learn why people delay or forego emergency care and why they are doing so in greater numbers during the pandemic.
2. Understand stroke risks and signs, including increased risk of stroke in COVID-19 patients.
3. Review benefits to ensure appropriate coverage for urgent and emergency care.
4. Evaluate health plan benefits and services to promote cardiovascular health and prevent heart disease and stroke.
5. Educate and involve employees.

“The striking decline in ED visits for acute life-threatening conditions might partially explain observed excess mortality not associated with COVID-19.”

—CDC Researchers

Stroke Facts for Employers

- Someone in the US has a stroke every 40 seconds; every four minutes someone dies of stroke.
- Stroke costs the US an estimated $34 billion each year. This includes the cost of health care services, medicines to treat stroke, and missed days of work.
- Stroke is the leading cause of long-term disability.
- Patients who arrive at the emergency department within three hours of their first symptoms often have less disability three months later than those who received delayed care.

—from Centers for Disease Control Stroke Facts
1. Learn why people delay or forego emergency care and why they are doing so in greater numbers during the pandemic.

The substantial reduction in ED visits for life-threatening conditions may be explained by a variety of pandemic-related factors. This could include things like fear of exposure to COVID-19, misunderstandings about public health recommendations to minimize nonurgent healthcare, and strict adherence to stay-at-home orders. With so many competing and confusing messages circulating, employers play an important role in reassuring employees that the critical importance of receiving timely emergency care for acute conditions is not lessened by the pandemic. Hospitals are prepared and attuned to quickly assess and treat patients who are experiencing a health emergency. This helpful resource from the National Alliance can be shared with employees to dispel COVID-19 myths and memes.

2. Understand stroke risks and signs.

Knowing the risks for stroke can lead to lifestyle changes that reduce that risk; understanding the signs of stroke enables quick action that can lessen the brain damage stroke can cause, thus saving lives.

- **Risks.** High blood pressure, high cholesterol, smoking, obesity, and diabetes all are leading causes of stroke. Fortunately, there are steps to prevent stroke, including healthy living habits and managing medical conditions.

- **Signs.** When it comes to stroke, minutes—even seconds—count. Stroke experts advise calling 9-1-1 if any of these signs suddenly appear:
  - **Balance:** Watch for sudden loss of balance
  - **Eyes:** Check for vision loss
  - **Face:** Look for an uneven smile
  - **Arm:** Check if one arm is weak
  - **Speech:** Listen for slurred speech
  - **Time:** Call 9-1-1 right away

It’s easy to share this information broadly with this helpful Be Fast poster and other employer toolkit materials.

3. Review benefits to ensure appropriate coverage for urgent and emergency care.

Ambulance and emergency room costs can vary greatly, depending on the health insurance plan. Most plans require patients to pay something out-of-pocket for an ED visit, leading some people—especially those with high-deductible health plans—to postpone or forego emergency care because of the cost. By providing first-dollar

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**FAST FACT**

Stroke—sometimes called a “brain attack”—is a type of cardiovascular disease that affects the arteries leading to and within the brain. A stroke occurs when a blood vessel that carries oxygen and nutrients to the brain is either blocked by a clot or bursts. When the brain cannot get the blood and oxygen it needs due to stroke, brain cells begin to deteriorate, which may lead to death.
The checklist allows employers to determine whether the health plan supports:

- **Heart disease and stroke identification**: Strategies to identify employees at risk for heart disease, stroke, and related risk factors and conditions.

- **Heart disease and risk reduction programs**: Programs and services to help employees prevent heart disease and stroke and improve overall health.

- **National guidelines**: Use of national guidelines for treating and preventing heart disease and stroke.

- **Health care quality assurance systems**: Systems to reinforce and evaluate the delivery of quality care.

- **Strategies to eliminate cardiovascular disparities**: Tailored strategies to reach diverse groups who may be at increased risk for heart attack and stroke.

- **Patient satisfaction surveys**: Evaluations to ensure a high level of patient satisfaction with heart disease and stroke prevention programs and services.

- **Cost savings information**: Reports that show the cost savings associated with heart disease, stroke, and risk-factor prevention over time.

- **Community collaboration**: Evidence of collaboration with other health plans, as well as local, state and national health organizations to enhance heart-disease and stroke prevention.

### 5. Educate and involve employees.

From preventive care to quick action, employers can serve as important health educators and advocates for employees and their family members.

- **Preventive care**: Physical and mental wellbeing, preventive care, and optimal management of chronic conditions are as important as ever—perhaps more important—during the pandemic. Remind employees of their preventive care and wellbeing benefits so they can remain healthy at a time when the healthcare system is experiencing unprecedented pressure.

- **Stroke urgency**: To help spread the word about stroke urgency, employers can use readily available educational tools to motivate employees and others to call 9-1-1 at the first sign of stroke. This Stroke Urgency Toolkit includes posters, wallet cards, handouts, a slide deck, videos, and other resources that can be shared through multiple communication channels.

"The effect of the pandemic on medical conditions other than COVID-19, while difficult to quantify, is still highly concerning. Any decrease in care for patients with acute conditions such as ischemic stroke may be consequential because timely treatment may decrease the incidence of disability.”

—New England Journal of Medicine
A LESSON IN STROKE AWARENESS

On Valentine’s Day 2019, it wasn’t Cupid’s arrow that suddenly struck high school biology teacher Anthony. The 57-year-old Richmond, VA, resident was getting ready for work when he started to experience double vision and trouble standing. “Since I’ve had migraines in the past, I thought nothing of it,” recalls Anthony. “I took a pain reliever, my vision improved, and I felt well enough to drive the two miles to work.”

Once he arrived at school, however, his department head and colleagues realized something was “off” and urged him to seek immediate medical attention. His co-worker drove him to a medical clinic and, although his vitals checked out, the health care professional had concerns about his double vision and directed Anthony to the ED, where his symptoms worsened.

“My speech was beginning to slur,” Anthony remembers, “and I lost the ability to use the left half of my body.” Anthony’s wife, Monica, who is a nurse, rushed to the hospital and recalls, “I knew he was having a stroke when I saw him. I am just so thankful that his co-workers recognized something was wrong and immediately encouraged him to get checked out.”

Fortunately, Anthony arrived at the hospital within an hour and received the medical attention he needed. If he had ignored the subtle signs and gone back to teaching his class, the outcome could have been very different.

“I learned a stroke can happen to anyone, of any age, at any time, and in more than 60% of stroke cases, someone other than the patient makes the decision to seek medical care, like what happened to me.” Anthony’s main message? “Time is of the essence.”

RESOURCES FOR EMPLOYERS:

- Amid Coronavirus Pandemic, Excess Deaths from Heart Disease, Diabetes, Stroke
- Collateral Effect of COVID-19 on Stroke Evaluation in the United States
- Potential Indirect Effects of COVID-19 Pandemic on Use of Emergency Departments for Acute Life-Threatening Conditions
- CDC Stroke Facts
- strokeawareness.com
- American Stroke Association
- Stroke and COVID-19
- Successful Business Strategies to Prevent Heart Disease and Stroke

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