Office of Health Equity

Veterans Health Administration
Department of Veterans Affairs

DIFFERENCES IN STROKE MORTALITY & HOME-BASED EXERCISE MONITORING

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INTRODUCTION

The Veterans Health Administration (VHA) serves a Veteran population that is increasingly racially and ethnically diverse. Equitable access to high-quality care for all Veterans is a major tenet of the VA healthcare mission. The Office of Health Equity (OHE) champions the elimination of health disparities and achieving health equity for all Veterans.

Stroke is the fifth leading cause of death in the U.S. It occurs when blood flow to part of the brain is blocked or reduced which results in the brain being deprived of oxygen. If not treated quickly, a delay in medical treatment for a stroke can result in permanent brain damage or death.

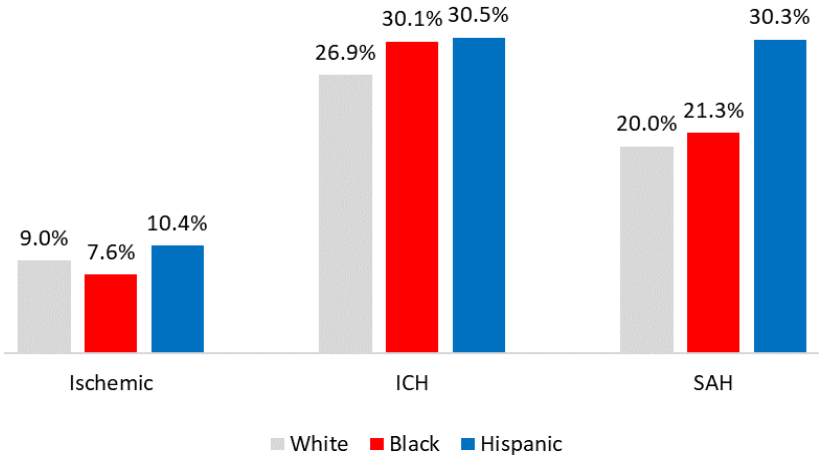
HEALTH DISPARITIES

VA researchers in Boston set out to explore if there were racial and ethnic disparities in Veterans who survived a stroke. They reviewed 37,790 medical records of Veterans who were hospitalized for a stroke at a VA Medical facility between 2002 and 2012. 67% were non-Hispanic White, 26% non-Hispanic Black, and 7% were Hispanic. They found that different groups of Veterans had different survival rates, depending on the type of stroke they had.

The researchers looked at three different types of strokes: acute ischemic stroke, intracerebral hemorrhage (ICH), and subarachnoid hemorrhage (SAH). Acute ischemic stroke occurs when there is a blockage in a blood vessel in the brain that prevents blood from reaching parts of the brain past the blockage. Intracranial and subarachnoid hemorrhages are strokes that occur when there is bleeding in the brain. 87% of all strokes are ischemic, 10% are ICHs, and 3% are SAHs.

Black Veterans had the highest survival for Veterans who had an acute ischemic stroke. However, Black and Hispanic Veterans with ICH were more likely to die than White Veterans. In Veterans with SAH, Hispanic Veterans were more likely to die compared to Whites.

Risk of Death in the 30 Days Following Stroke



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REDUCING DISPARITIES: HOME-BASED EXERCISE MONITORING

The Office of Health Equity supports efforts across VA working to reduce health disparities by targeting interventions aimed at Veteran groups at higher risk for poor health outcomes. High blood pressure, physical inactivity, heart conditions, diabetes, or smoking increase the risk of stroke. After a stroke, physical inactivity contributes to muscle loss and cardiovascular deconditioning. Regular exercise, coupled with other healthy lifestyle behaviors, can help control many of these risk factors and prevent a recurrent stroke.

Rural Veterans experience limited access to medical care, including high-technology care offered in urban settings and report worse physical health and health-related quality of life compared to their urban counterparts. Rural Veterans with stroke are particularly vulnerable to poor outcomes due, at least in part, to limited access to specialized care or novel programs to help increase physical activity and promote healthy behaviors.

VA is working on ways provide rural Veterans who have a had a stroke or other chronic neurologic conditions with access to remote, self-directed physical activity programs that eliminate the need to travel long distances to their nearest VA facility. This would create an opportunity to access these services without experiencing transportation barriers and limited availability of programs in their community.

Researchers at the Philadelphia VA Medical Center gave 20 rurally-residing Veterans with stroke, living over 200 miles from the study location, an exercise tracker. They monitored participants' daily physical activity levels using a remote monitoring platform. The participants regularly wore their devices (95.2% of the time) and successfully completed surveys and synced their activity data to the remote monitoring platform. This study also enrolled 20 rurally-residing Veterans with Parkinson's disease who regularly wore their device and synced their data to the platform as well. The success of this study suggests older Veterans with chronic neurologic conditions living in rural and highly rural areas can participate in a remote physical activity monitoring program offered through the VA to help adopt and maintain an active lifestyle without having to travel long distances to meet with VA providers in person.

For more information about the Office of Health Equity visit: https://www.va.gov/healthequity/

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