

# Stroke Belt Elimination Initiative 2004 – 2008

## Stroke Belt Community Action Team Plan (SBCAT)

Overview: South Carolina has led the nation in stroke mortality per capita since 1930 and has been called the ‘buckle’ of the Stroke Belt. Hospital costs alone for stroke and other diseases of the heart and blood vessels exceed \$1,100,000,000 annually in our State with a total cost of more than \$3 billion each year. Thus, stroke and heart disease exert an enormous health and economic toll on South Carolinians with a disproportionate share of the burden in African Americans. Not only is stroke more common in African Americans, it often strikes 10 – 20 years earlier in life with more devastating consequences for families and communities.

In 2004, the U.S. Department of Health and Human Services funded three applications to develop and test models for addressing the burden of stroke in the Southeast, especially among African Americans. The main objective of the award is to focus existing resources to reduce and control risk factors for stroke and to ensure that individuals with stroke symptoms receive prompt and effective medical attention. Stakeholders in the process include but are not limited to community (family) health centers, community action agencies, formal and informal community leaders, churches, civic groups, state and local government, businesses, and other like-minded individuals and groups.

South Carolina received one of the three awards issued to address stroke with a focus on the four county region including Berkeley, Charleston, Dorchester and Orangeburg.

### The four-year goals are to:

1. Reduce stroke mortality by 15% among African Americans (AA)
2. Reduce emergency visits and hospitalization for hypertension by 50% in AA

### The goals are being addressed through two main approaches:

1. Healthy lifestyles (nutrition and exercise)
2. Access to medical care (medical home) and prescription medications

These broad goals recognize that there are many pressing health needs of citizens throughout the region. Therefore, the goals of the SBEI must coincide and support the efforts of other health initiatives in order to achieve mutual and complementary aims. Healthy lifestyles and an effective medical home represent the basis for promoting health and for preventing and treating a variety of chronic diseases.

The Stroke Belt Community Action Team (SBCAT), comprised of stakeholders noted above, met four times between September 25, 2004, and August 24, 2005 to develop and refine the SBCAT Plan. The Plan is to be shared and implemented through the County Action Teams in each of the four participating counties.

Five Workgroups of the SBCAT convened during the 2<sup>nd</sup> – 4<sup>th</sup> meetings of the SBCAT and at other times to develop the Mission, Objectives, Strategies, Activities, and Strategic Analyses in 5 key areas. These Workgroups include:

- i. Infrastructure
- ii. Education and Awareness
- iii. Lifestyle Intervention
- iv. Access to Care and Medications
- v. Advocacy

A 6<sup>th</sup> group, Program Evaluation, is available to assist the other 5 Workgroups in assessing the process, impact and outcome objectives. The members of the SBCAT Workgroups are provided on page 14. The recommendations of the 5 Workgroups are summarized in this document.

The SBCAT believes this Community Action Plan is a good beginning to address the burden of hypertension and stroke in the quad-county region, yet much more needs to be done. During 2006, the SBCAT will work together with the County Action Teams to adapt and implement the plan at the local level and work to secure additional resources that are required for success. During 2007 – 2008, the SBCAT will assist in evaluating the process and impact of the programs that were implemented and work to sustain the collaborative relationships and to secure the necessary resources.

The Stroke Belt Elimination Initiative and all members of the Stroke Belt Community Action Team are committed to the long-range goal of facilitating the transition of our region from “*a leader in cardiovascular disease to a model of cardiovascular health.*” This is a long-range goal worthy of our best efforts. Through the promotion and implementation of healthy lifestyles and ensuring that all of our citizens have an effective medical home and access to necessary prescription medications, we can take a major step forward in becoming the model of cardiovascular health.

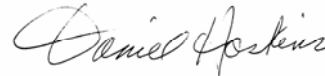
Sincerely yours,



Brent M. Egan, MD  
Principal Investigator



Sheryl S. Mack, MS  
Project Coordinator



Daniel Hoskins, MS  
Deputy Coordinator

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## Workgroup Members

### **Infrastructure Workgroup**

Dorothy L. McCray, Group Leader  
Daniel Hoskins, Resource Liaison

Debbie C. Bryant  
Geneva Fleming  
Michelle Sears  
Brenda Williams  
Dianne Wilson

### **Education & Awareness Workgroup**

Carrie F. Whipper, Group Leader  
Rosetta Swinton, Resource Liaison

Carolyn Bivona  
Theresa Chandler  
Eddie Ganaway  
Elizabeth Ganaway  
R. Delores Gibbs  
Virginia Milton  
Carlton J. Mitchell  
William S. Robinson  
Betsy Whaley

### **Lifestyle Intervention Workgroup**

Charles Kilgore, Group Leader  
Jeannette Jordan, Resource Liaison

Cecil Diggs, III  
Karen Hill  
Carrie Houser James  
Megan Hazelman  
Curtis Inabinett, Jr.  
Roberta Pinckney  
John Simkovich  
Queen White

### **Access to Care & Medication Workgroup**

Priscilla Brantley, Group Leader  
Pamela Mazyck, Resource Liaison  
Sheryl Mack, Resource Liaison

Casey Fitts  
Jimetta Martin  
Reba Hough Martin  
Ronald A. Ravenell  
Stephen Skardon  
Rosa Snipes  
Lathran J. Woodard  
Gardenia Young

### **Advocacy Workgroup**

Andre Stanley, Group Leader  
Donna Jordan, Resource Liaison

Barbara Brooks  
Brent M. Egan  
Arthur Kennedy  
Michele James  
Lee H. Moultrie, II  
Calvin Wright

### **Evaluation Workgroup**

Barbara Grice, Group Leader  
Brent M. Egan, Resource Liaison

Sara Harden Ballard  
Colleen Browne  
Marilyn Laken  
Nancy Olson  
Sabra Slaughter

Stroke Belt Elimination Initiative  
Community Action Team Plan  
**Workgroup 1: Infrastructure**

**Mission:** Seek input from the community on education, economic development and communication related to stroke prevention.

**Key Objective:** Educate adults at risk of stroke about stroke prevention, recognizing symptoms, appropriate emergency response to stroke and blood pressure control.

**Strategy 1. Stroke Prevention, Education, & Screening.**

- a. Increase health education opportunities for seniors at risk
- b. Improve communication systems broadly related to preventing stroke
- c. Expand the number of those at risk who have the tools for measuring blood pressure
- d. Increase health education for youth

**Activities:**

- a. Improve lifestyle to prevent hypertension and other stroke risk factors
- b. Motivate adults to adopt healthy lifestyles and get primary care for stroke prevention
- c. Encourage schools to add a health component including nutrition and physical activity to reduce obesity and other risk factors for stroke and heart disease

**Strategy 2. Acute stroke response.**

- a. Ensure that youth and adults respond appropriately to acute stroke symptoms, i.e., contact EMS
- b. Ensure rapid response of EMS teams to individuals with stroke symptoms
- c. Timely transport of individuals with stroke symptoms to a health facility that can promptly evaluate and treat acute stroke

**Strategy 3. Professional healthcare development.**

- a. *Short term:* Enhance cultural sensitivity of current healthcare professionals
- b. *Long term:* Increase supply of health care professionals that reflect the makeup of the community served with a focus on increasing the pool of minority individuals selecting health careers

**Activities:**

- a. Secure appropriate incentives to retain health care professionals that reflect the ethnic composition of the community
- b. Recruit / retain professionals of color.
- c. Partner with existing advisory groups working with colleges and universities to ensure that healthcare providers in training develop skills in cultural competence.

**Strategy 4: Decentralizing healthcare services.**

- a. Examine the feasibility of decentralizing preventive healthcare services (including establishing new clinics), especially for the rural community, which include promotion of healthy lifestyles

**Activity:**

- a. Increase use of mobile health care units in rural areas

**Strategy 5: Economic development.**

- a. Enhance economic development infrastructure improvement and education

**Activity:**

- a. Develop a countywide autonomous group made up of health professionals, educators, city government, religious, community, and others, to determine the best mechanisms for reaching the outlined goals and objectives set for the infrastructure workgroup

## **Analyzing Strengths, Weaknesses, Opportunities and Threats (SWOT)**

The following exercise takes a realistic look at the strengths, weaknesses, opportunities and threats (SWOT) that you anticipate meeting as you work to reach the key objective. There are some very good reasons to do a thorough SWOT analysis and to carefully consider the results.

1. Provides a reality check to determine how practical a good idea may be, i.e., is this just 'pie in the sky' or does it have a chance to go somewhere.
2. Systematically identifies factors promoting and impeding success.
3. Assesses the probability that the objective will succeed, which goes a step beyond #1.
4. Facilitates marketing to stakeholders, i.e., buy in, in-kind support, financial support.

On each page, specific items you identified as strengths, weaknesses, opportunities and threats are listed and scored from 1 to 5.

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# Stroke Belt Elimination Initiative Infrastructure Workgroup 1

## Key Objective

Educate adults at risk of stroke about stroke prevention, recognizing symptoms, appropriate emergency response to stroke and blood pressure control.

## Infrastructure SWOT Analysis: Key Objective - Strengths

<u>Strengths / Resources (internal)</u>	<u>Likely</u>	<u>Impact</u>	<u>P+I / 2</u>
<b>S1.</b> Heart and Soul has documented success. We use this model	5	4	4.5
<b>S2.</b> Community Health Centers (education)	2	5	3.5
<b>S3.</b> AHA/ASA, ACS, DHEC	2	4	3.0
<b>S4.</b> Community Action Agency, Head Start, Tri-County Black Nurses, Value Medical, MUSC, USC,	2	5	3.5
<b>S5.</b> HBCUs, Public Schools	2	5	3.5
<b>S6.</b> Churches (current program incl. Heart & Soul, parish nurses, Health-E-AME)	2	5	3.5

## Infrastructure SWOT Analysis: Key Objective - Weaknesses

<u>Weaknesses (internal)</u>	<u>Likely</u>	<u>Impact</u>	<u>P+I / 2</u>
<b>W1.</b> Limited resources may not reach all the people	4	4	4.0
<b>W2.</b> Lack of information on the best approach to education	4	4	4.0

## Infrastructure SWOT Analysis: Key Objective - Opportunities

<u>Opportunities (external)</u>	<u>Likely</u>	<u>Impact</u>	<u>P+I / 2</u>
<b>O1.</b> May move people from inaction to action	3	4	3.5
<b>O2.</b> Potential to reach many people in need	4	3	3.5
<b>O3.</b> Educate elected officials to change policies and increase funding	2	5	3.5
<b>O4.</b> Get buy-in from other community groups to finance / support education efforts	3	4	3.5
<b>O5.</b> Build trust between community and healthcare system	4	4	4.0
<b>O6.</b> Senior centers and Child Development Centers	2	5	3.5
<b>O7.</b> Chamber of Commerce, Rotary, Lion's, other private, civic-minded groups	2	5	3.5

## Infrastructure SWOT Analysis: Key Objective - Threats

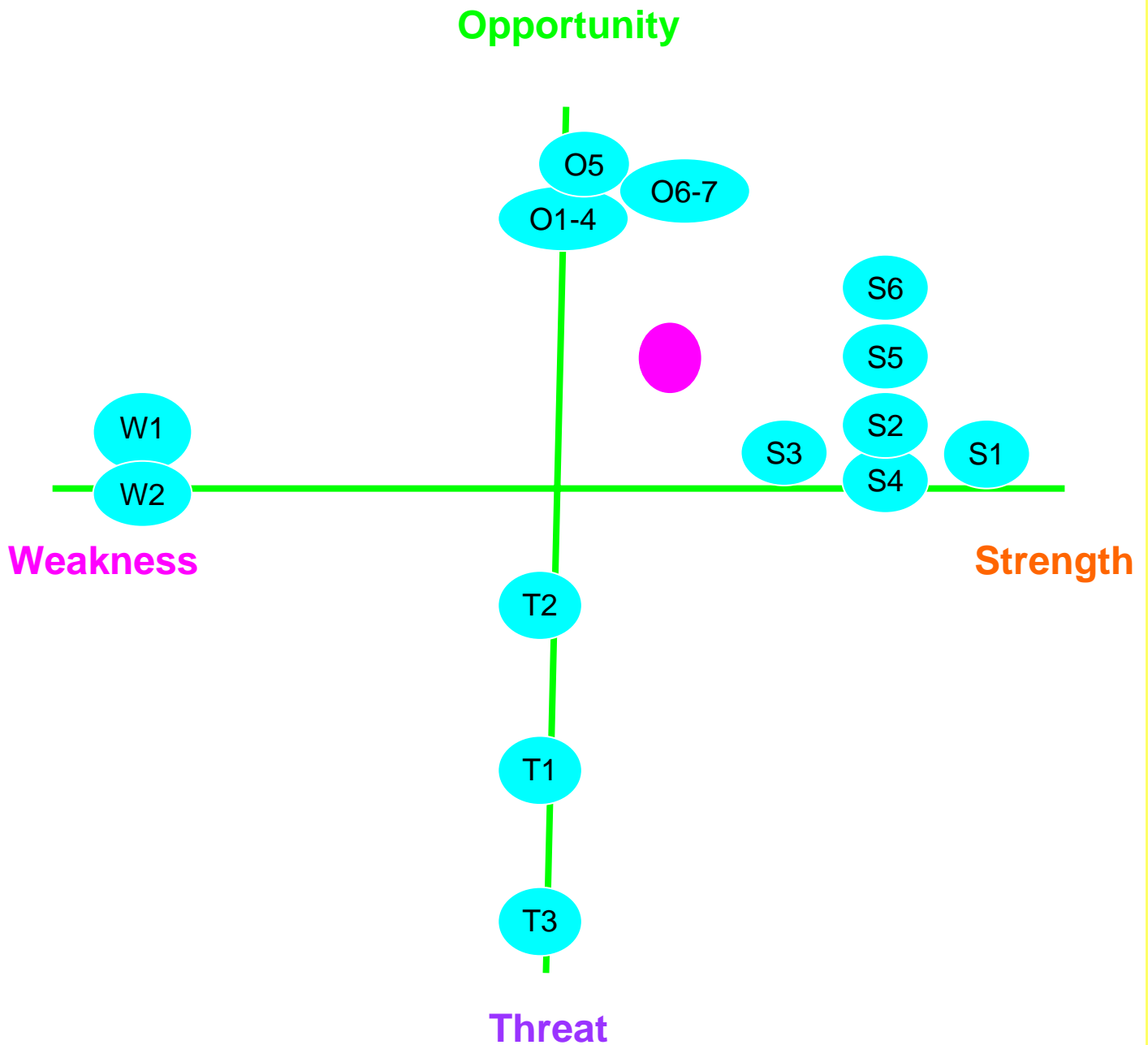
<u>Threats (external)</u>	<u>Likely</u>	<u>Impact</u>	<u>P+I / 2</u>
<b>T1.</b> Community groups have not agreed on educational approaches	2	3	2.5
<b>T2.</b> Grant gets cut further	1	1	1.0
<b>T3.</b> Community members drop out of this initiative	3	5	4.0

# SWOT: Probability of Success

S & W = X = 1.7

O & T = Y = 1.85

Objective likely to succeed ●





Stroke Belt Elimination Initiative  
Community Action Team Plan  
**Workgroup 2: Education & Awareness**

**Mission:** Support culturally appropriate community education on stroke risk, prevention, symptoms, screening, and referral.

**Key Objective:** Identify and develop, where appropriate, tools to raise awareness and educate community members of all ages, genders, and educational levels.

**Strategy 1: Stroke Elimination Through Culturally Appropriate Tools**

- a. Assess what culturally appropriate tools currently exist in the 4-county areas on stroke prevention, education, screening, etc. signs and symptoms of stroke, blood pressure basics, results of uncontrolled blood pressure, 911, medications including thrombolytic therapy. Access to medications and patient assistance programs.
  - i. Minimize use of printed brochures. Those used should be culturally appropriate and written at reading levels of participants.
  - ii. Maximize use of simplified video teaching tape modules.

**Activities:**

- a. Compile list of resources offered through the follow sources
  - i. Hospital community education and outreach
  - ii. DHEC, community health centers, pharmaceutical companies,
  - iii. Programs, faith groups, senior centers, schools, and agencies health programs
  - iv. Internet
- b. Compile eligibility criteria, target audience, cost, contact person and application process
- c. Develop method of disseminating information to residents of 4 county target area
  - i. Media
  - ii. Onsite
  - iii. Computer list-serve
- d. Determine method of disseminating information to SBEI partners
  - i. SBEI meetings
  - ii. Meetings sponsored by SBEI partners
  - iii. SBEI List-serve
  - iv. Telephone
- e. Establish timeframe and benchmarks
- f. Evaluate results

**Strategy 2: Stroke Elimination Through Train the Trainer Models**

- a. Develop, or adopt and conduct train the trainer models to provide stroke prevention education on the following topics

**Activities:**

- a. Get approval to use American Heart Association, SBEI Train the Trainer and other models;
- b. Determine persons who will recruit trainee and venue
  - i. Senior centers

- ii. Faith groups
- c. Conduct training session
- d. Determine method of disseminating information to SBEI partners
  - i. SBEI meetings
  - ii. Meetings sponsored by SBEI partners
  - iii. SBEI List-serve
  - iv. Telephone
- e. Establish timeframe and benchmarks
- f. Evaluate results

**Strategy 3: Stroke Elimination Through Eliminating Barriers and Closing Gaps**

- a. Identify the gaps and barriers to understanding stroke information.

**Activities:**

- a. Compile list of barriers and gaps identified by researchers, the SBEI partners, providers, CDC, NIH, DHEC data
- b. Determine what barrier(s) can be addressed and net greatest, demonstrable, benefits
- c. Determine what services SBEI partners are providing and how their work can be enhanced by collaborating with SBEI partners
  - i. Collect 1 page profile of each program
  - ii. Develop a calendar of program events that shows target audience and goals
- d. Determine method of disseminating information to SBEI partners
  - i. SBEI meetings
  - ii. Meetings sponsored by SBEI partners
  - iii. SBEI list-serve
  - iv. Telephone
- e. Establish timeframe and benchmarks
- f. Evaluate results

**Strategy 4: Stroke Elimination Through Existing Model and Methods**

- a. Adopt approved manipulative, interactive teaching models from SBEI partners, local and national health care entities
- b. Administer pre and post tests to measure knowledge acquired
- c. Survey participants to determine how knowledge will be used

**Activities:**

- a. Establish a process to and designate persons to collect model from the following programs
  - i. MUSC College of Nursing clogged arteries
  - ii. National Heart Lung, and Blood Institute DASH diet plan
  - iii. National Heart, Lung, and Blood Institute model for lowering blood pressure
  - iv. Stroke Belt Elimination Initiative Dash for Good Health Southern Style cookbook, audio visual programs, etc.
  - v. Heart & Soul 'Salt 099'
  - vi. FAST method for determine if someone has suffered a stroke
- b. Develop a strategy for teaching SBEI partners and other presenters how to use models
  - i. Develop a system of creating opportunities to teach participant base for SBEI Partners
  - ii. Senior centers
  - iii. Community centers
  - iv. Family reunions
  - v. Schools
  - vi. Faith, civic and social organizations

- vii. Health care workers
- c. Determine method of disseminating information to SBEI partners
  - i. SBEI meetings
  - ii. Meetings sponsored by SBEI partners
  - iii. SEBI list-serve
  - iv. Telephone
  - v. Establish timeframe and benchmarks
  - vi. Evaluate results

**Strategy 5: Stroke Prevention Through Incentives to Participate**

- a. Develop a storehouse of appropriate incentives a system for rewarding and recognizing successful participants and SEBI Partners

**Activities:**

- a. Partner with pharmaceutical companies and hospitals
- b. Grants for SBEI partners to purchase incentives
- c. Host recognition programs in each county
- d. Highlight success through media coverage
- e. Develop and use logo on billboards and all materials

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# Stroke Belt Elimination Initiative Education & Awareness: Workgroup 2

## **Key Objective**

Identify and develop, where appropriate, tools to raise awareness and educate community members of all ages, genders, and educational levels.

**Education & Awareness SWOT Analysis:  
Key Objective - Strengths**

<b><u>Strengths/Resources (internal)</u></b>	<b><u>Likely</u></b>	<b><u>Impact</u></b>	<b><u>P+I / 2</u></b>
<b>S1.</b> Comprehensive in its approach	3	5	4
<b>S2.</b> Community Health Centers (education)	2	5	3.5
<b>S3.</b> AHA/ASA, ACS, DHEC, DSS, USDA, HUD, Trident United Way, SCPHCA, Hospitals, DHHS, AHEC	2	4	3.0
<b>S4.</b> SCAHSA, Head Start, Tri-County Black Nurses, Value Medical	2	5	3.5
<b>S5.</b> MUSC, USC, HBCUs, Public Schools	2	5	3.5
<b>S6.</b> Churches (current program incl. Heart & Soul, parish nurses, Health-E-AME)	2	5	3.5
<b>S7.</b> Community Development Corporation	2	5	3.5

**Education & Awareness SWOT Analysis:  
Key Objective - Weaknesses**

<b><u>Weaknesses (internal)</u></b>	<b><u>Likely</u></b>	<b><u>Impact</u></b>	<b><u>P+I / 2</u></b>
<b>W1.</b> Not enough volunteers to work evenings and weekends	4	4	4
<b>W2.</b> Insufficient integration and management of existing resources	5	4	4.5

**Education & Awareness SWOT Analysis:  
Key Objective - Opportunities**

<b><u>Opportunities (external)</u></b>	<b><u>Likely</u></b>	<b><u>Impact</u></b>	<b><u>P+I / 2</u></b>
<b>O1.</b> Identify volunteers and new leaders in stroke prevention	3	5	4
<b>O2.</b> Form new partnerships with communities	5	5	5
<b>O3.</b> Great potential to reach many people in need	4	5	4.5
<b>O4.</b> Inclusive of everyone of all demographic groups	5	5	5

**Education & Awareness SWOT Analysis:  
Key Objective - Threats**

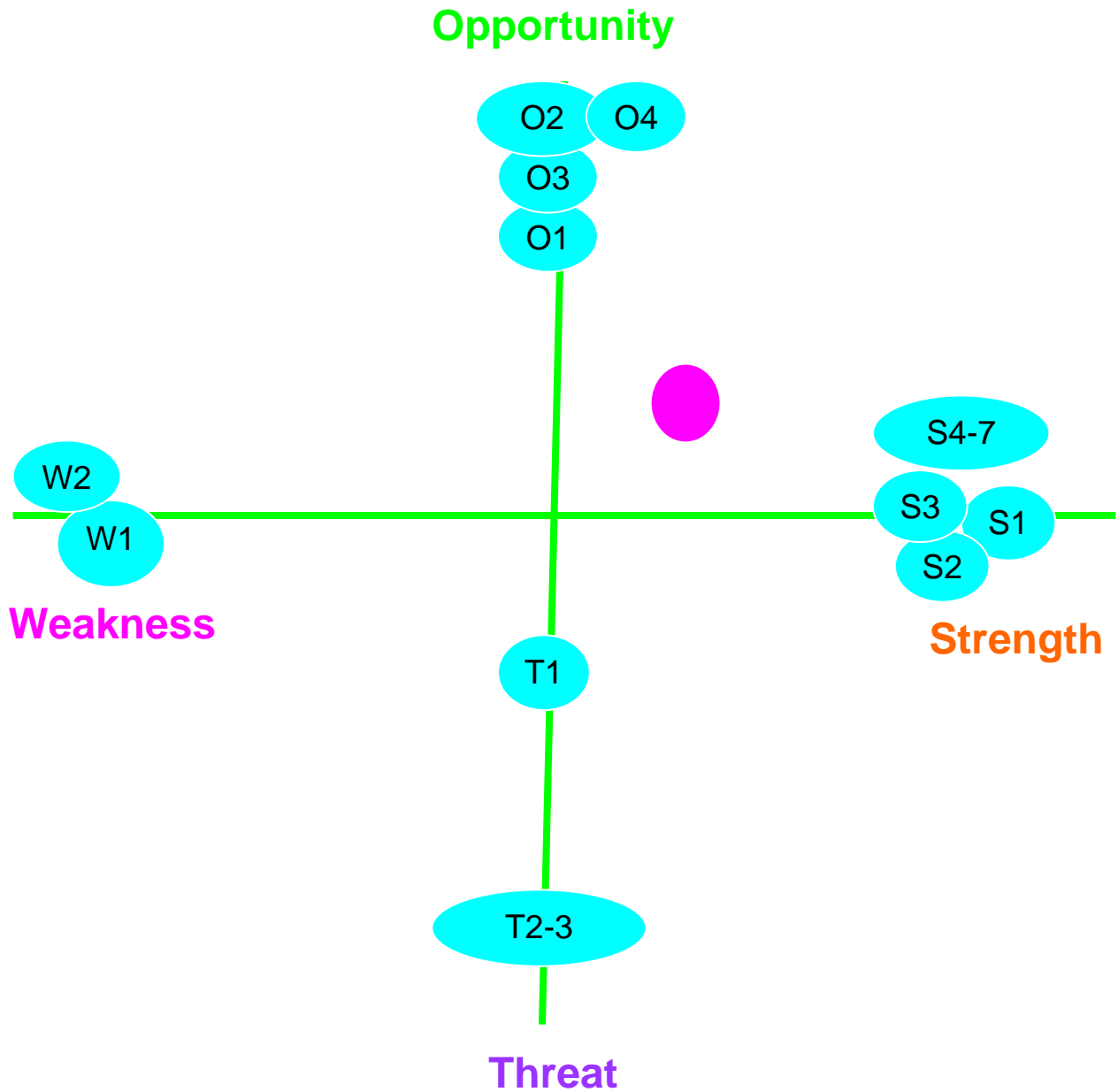
<b><u>Threats (external)</u></b>	<b><u>Likely</u></b>	<b><u>Impact</u></b>	<b><u>P+I / 2</u></b>
<b>T1.</b> Potentially funding cuts reduce resources	1	2	1.5
<b>T2.</b> Failure to get community buy in	3	5	4
<b>T3.</b> Lack advocacy to deliver resources to people in need	4	4	4

# SWOT: Probability of Success

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Objective likely to succeed ●



Stroke Belt Elimination Initiative  
Community Action Team Plan  
**Workgroup 3: Lifestyle Intervention**

**Mission:** Promote good nutrition and physical activity.

**Key Objective:** Develop sustainable culturally-sensitive tools to enhance adoption of healthy lifestyle themes in the community.

**Strategy 1: Education**

- a. Gather input from community, leadership team and research
- b. Evaluate and develop tools, where appropriate, based on input from the community, leadership team and utilize tools with documented effectiveness. This will lead to better methods to inform the public about stroke prevention.

**Activities:**

- a. Host community forums with tools available for their input
- b. Review scientific literature to identify effective tools
- c. Advisory team meetings to review tools
- d. Meeting of Leadership Team to review tools

**Strategy 2: Community priorities and expectations**

- a. Identify expectations of the community and the funding agency to prioritize the activities for each community
- b. Seek input from community and grantee to reach consensus
- c. Develop consensus on priorities leading to awareness of stroke prevention and enhancing buy-in from all partners in order to increase chances of sustainability

**Activities:**

- a. County Action (Leadership) Team to meet with community members in each county. Seek input and provide feedback to leadership group and community members
- b. Prepare Memorandum of Understanding (MOU) for each county action team outlining consensus
  - i. MOU outlines community expectations such as resources, planning of activities, etc. and expectations of grant for community participation like volunteers for training, speakers, etc. for each local community action team. This is ongoing.

**Strategy 3: Community interventions**

- a. Tailor community interventions such as health information, DASH cookbook, videos, etc.

**Activities:**

- a. Test the effectiveness of tools
  - i. Pre-test with a group of community people
  - ii. Pre-test for cultural sensitivity and meaning
- b. Promote healthy lifestyles through more effective tools
- c. Test the knowledge of the community about stroke
- d. Identify community events in which to use tools

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# Stroke Belt Elimination Initiative Lifestyle Intervention Workgroup 3

## **Key Objective**

Develop sustainable, culturally-sensitive tools to enhance adoption of healthy lifestyle themes in the community.

**Lifestyle Intervention SWOT Analysis: Key Objective - Strengths**

<b><u>Strengths / Resources (internal)</u></b>	<b><u>Likely</u></b>	<b><u>Impact</u></b>	<b><u>P+I / 2</u></b>
<b>S1.</b> Broad representation reviewing tools	5	5	<b>5</b>
<b>S2.</b> Community Health Centers (education)	2	5	<b>3.5</b>
<b>S3.</b> AHA/ASA, ACS, DHEC, DSS, USDA, HUD, Trident United Way, SCPHCA, Hospitals, DHHS	2	4	<b>3.0</b>
<b>S4.</b> SCAHSA, Head Start, Tri-County Black Nurses, Value Medical	2	5	<b>3.5</b>
<b>S5.</b> MUSC, USC, HBCUs, Public Schools	2	5	<b>3.5</b>
<b>S6.</b> Churches (current program incl. Heart & Soul, parish nurses, Health-E-AME)	2	5	<b>3.5</b>
<b>S7.</b> Community Development Corporation	2	5	<b>3.5</b>

**Lifestyle Intervention SWOT Analysis: Key Objective - Weaknesses**

<b><u>Weaknesses (internal)</u></b>	<b><u>Likely</u></b>	<b><u>Impact</u></b>	<b><u>P+I / 2</u></b>
<b>W1.</b> Suboptimal integration of resources across agencies	3	4	<b>3.5</b>
<b>W2.</b> Impatience (people want to see it now)	4	4	<b>4</b>
<b>W3.</b> Time consuming for group to deliver message to target audience	4	4	<b>4</b>

## Lifestyle Intervention SWOT Analysis: Key Objective - Opportunities

<u>Opportunities (external)</u>	<u>Likely</u>	<u>Impact</u>	<u>P+I / 2</u>
<b>O1.</b> Identify new ideas and novel programs	3	5	4
<b>O2.</b> New ideas can lead to new funding	3	5	4
<b>O3.</b> Develop improved tools that are more effective	4	4	4
<b>O4.</b> The tools and approach have the potential to gain trust of everyone	4	5	4.5
<b>O5.</b> Opportunity to share effective tools	5	5	5

## Lifestyle Intervention SWOT Analysis: Key Objective - Threats

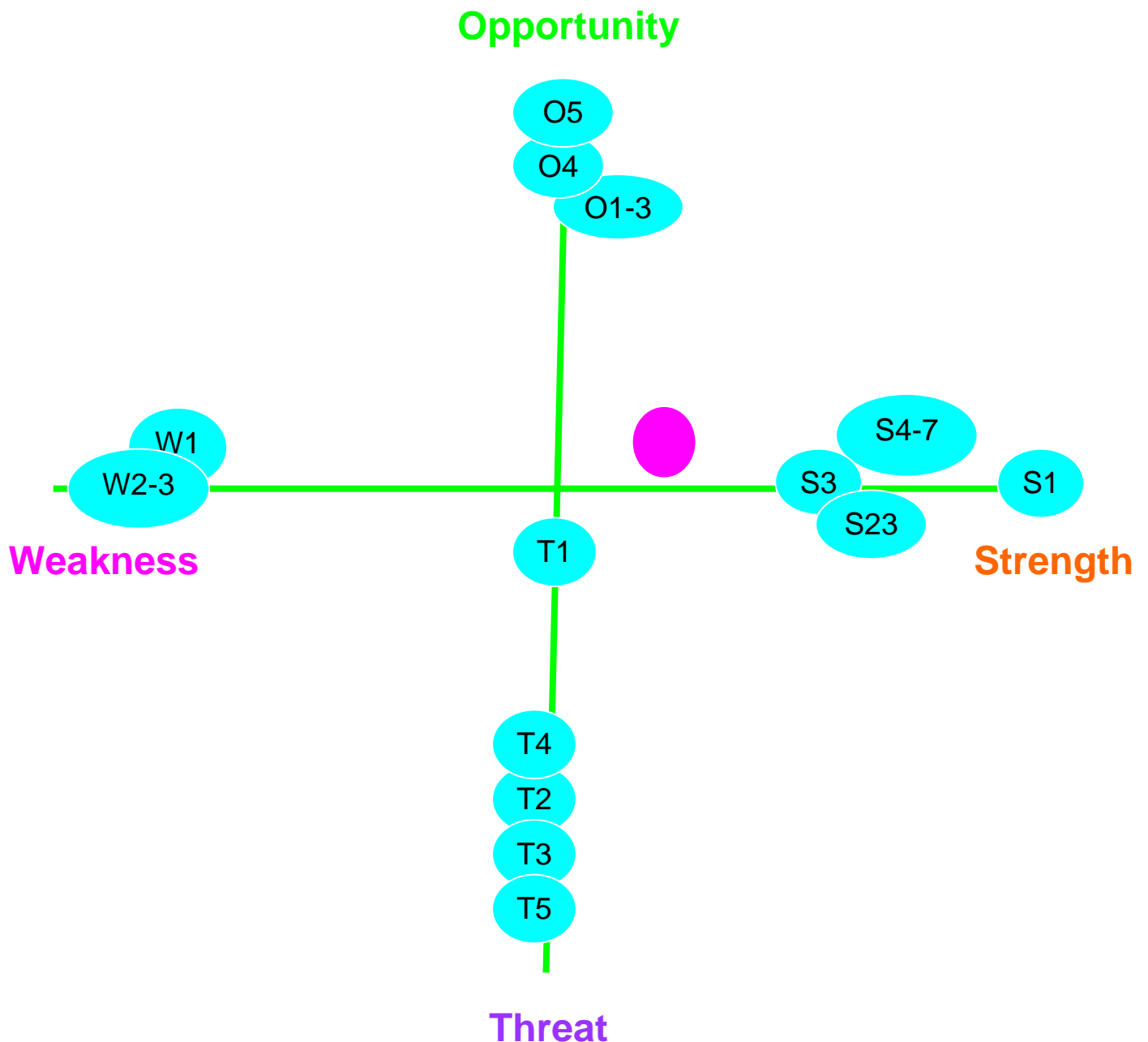
<u>Threats (external)</u>	<u>Likely</u>	<u>Impact</u>	<u>P+I / 2</u>
<b>T1.</b> Loss of funding leads to potential lack of trust	1	1	1
<b>T2.</b> Lack of buy-in from the community	2	5	3.5
<b>T3.</b> Unresolved conflict due to unmet expectations	3	5	4
<b>T4.</b> Cannot satisfy everyone	3	3	3
<b>T5.</b> Very time consuming	5	5	5

# SWOT: Probability of Success

$S \& W = X = 1.4$

$O \& T = Y = 0.5$

Objective likely to succeed ●



Stroke Belt Elimination Initiative  
Community Action Team Plan  
**Workgroup 4: Access to Care & Medications**

**Mission:** Assess barriers, create models and methods for addressing or removing barriers, identify resources for transportation and medication assistant programs, create resource manual, and create sustainable programs.

**Key Objective:** Identify and engage community resources that overcome barriers to affordability as well as lack of education, transportation, medical home, patient buy-in, and support systems.

**Strategy 1: Education and access to care**

- a. Define strategies to identify needs and address them
- b. Identify needs and resources to maximize access to a medical home, receive effective education, and support systems including transportation.

**Activities:**

- a. Coordinate alternative forms of transportation such as RTMA, Medicaid buses, church vans, car pools and family assistance, etc.
- b. Develop resource models. Appropriately identify and link medical and pharmaceutical resources to target communities Community Health Centers (CHCs) and free clinics, etc.
- c. Develop a resource manual. Identify CHCs, free clinics, local, county and federal administration prescription drug programs, drug companies, and other support services
- d. Improve information management and coordination to reduce inefficient use of resources and services.
- e. Improve communication and trust through continuing medical education, and ongoing in-service programs for all relevant community agencies
- f. Teach patients to be more assertive in the office setting regarding their need for stroke prevention and treatment through activities such as preparing questions before the visit and role modeling
- g. Help patient identify family members, neighbors, churches and other community resources to assist with transportation to appointments and to assist patients in understanding and implementing medical instructions
- h. Educate public on how to access and utilize drug resources, coordinate alternative services, utilize volunteers, teach providers or volunteers to repeat instructions, and use health ministries to educate patients about resources
- i. Educate elected officials regarding lack of access to prescription drugs and a medical home, hold community forums, etc.

## **Analyzing Strengths, Weaknesses, Opportunities and Threats (SWOT)**

The following exercise takes a realistic look at the strengths, weaknesses, opportunities and threats (SWOT) that you anticipate meeting as you work to reach the key objective. There are some very good reasons to do a thorough SWOT analysis and to carefully consider the results.

1. Provides a reality check to determine how practical a good idea may be, i.e., is this just 'pie in the sky' or does it have a chance to go somewhere.
2. Systematically identifies factors promoting and impeding success.
3. Assesses the probability that the objective will succeed, which goes a step beyond #1.
4. Facilitates marketing to stakeholders, i.e., buy in, in-kind support, financial support.

On each page, specific items you identified as strengths, weaknesses, opportunities and threats are listed and scored from 1 to 5.

Each item has three scores.

1. The first score indicates how likely it is that the item will come into play as you work to reach the key objective.
2. The second score indicates how much impact the item will have on your ability to reach the key objective.
3. The third score is an average of the other two.

### **Probability of Success: Interpreting the Graph**

The final graph shows your likelihood of success given the identified strengths, weaknesses, opportunities and threats and their estimated impact.

The center of the graph where both lines cross is '0' or 'no impact'. The end of each arm is '5' or 'strong impact'.

Each strength, weakness, opportunity and threat is represented by a numbered blue dot placed on the appropriate arm of the graph at the location of its average score.

Strengths and weaknesses pull against each other on the horizontal or 'X' arm of the graph.

Opportunities and threats pull against each other on the vertical or 'Y' arm of the graph.

The averages for the horizontal (X) and vertical (Y) arms are written in the top left corner and determine the location of the pink dot.

The pink dot indicates how likely your key objective is to succeed. If the pink dot is well into the upper right quadrant of the graph (between strengths and opportunities), you are highly likely to succeed in reaching your objective.

If the pink dot is: (1) in the upper right quadrant but close to the X or Y line, (2) near the center of the graph, or (3) in a quadrant other than the upper right; it will probably be useful to spend more time optimizing strengths and opportunities and/or minimizing threats and weaknesses.

# Stroke Belt Elimination Initiative

## Access to Care & Meds: Workgroup 4

### Key Objective

Identify and engage community resources that overcome barriers to affordability as well as lack of education, transportation, medical home, patient buy-in, and support systems.

**Access to Care & Meds SWOT Analysis: Key Objective - Strengths**

<b><u>Strengths / Resources (internal)</u></b>	<b><u>Likely</u></b>	<b><u>Impact</u></b>	<b><u>P+I / 2</u></b>
<b>S1.</b> Comprehensive in approach	3	5	4
<b>S2.</b> Community health centers, free clinics, local county, state & federal administration	4	5	4.5
<b>S3.</b> Prescription drug programs and resource utilization guides	4	5	4.5
<b>S4.</b> Transportation resources (i.e., RTMA, church vans etc.)	2	5	3.5

**Access to Care and Meds SWOT Analysis: Key Objective - Weaknesses**

<b><u>Weaknesses (internal)</u></b>	<b><u>Likely</u></b>	<b><u>Impact</u></b>	<b><u>P+I / 2</u></b>
<b>W1.</b> Lack of specificity in how to implement activities	3	4	3.5
<b>W2.</b> Time consuming for group to deliver resource guides to target audience	3	3	3
<b>W3.</b> Overcome territorial issues and trust	4	5	4.5

**Access to Care and Meds SWOT Analysis:  
Key Objective - Opportunities**

<b><u>Opportunities (external)</u></b>	<b><u>Likely</u></b>	<b><u>Impact</u></b>	<b><u>P+I / 2</u></b>
<b>O1.</b> Public school clinics	2	5	<b>3.5</b>
<b>O2.</b> Develop coordinated system that works	3	5	<b>4</b>
<b>O3.</b> Improve dialogue among agencies, officials, etc.	3	5	<b>4</b>
<b>O4.</b> Coordinated, effective system produces most benefit	3	5	<b>4</b>
<b>O5.</b> Potential to improve access to care and meds for all	3	5	<b>4</b>

**Access to Care and Meds SWOT Analysis: Key  
Objective - Threats**

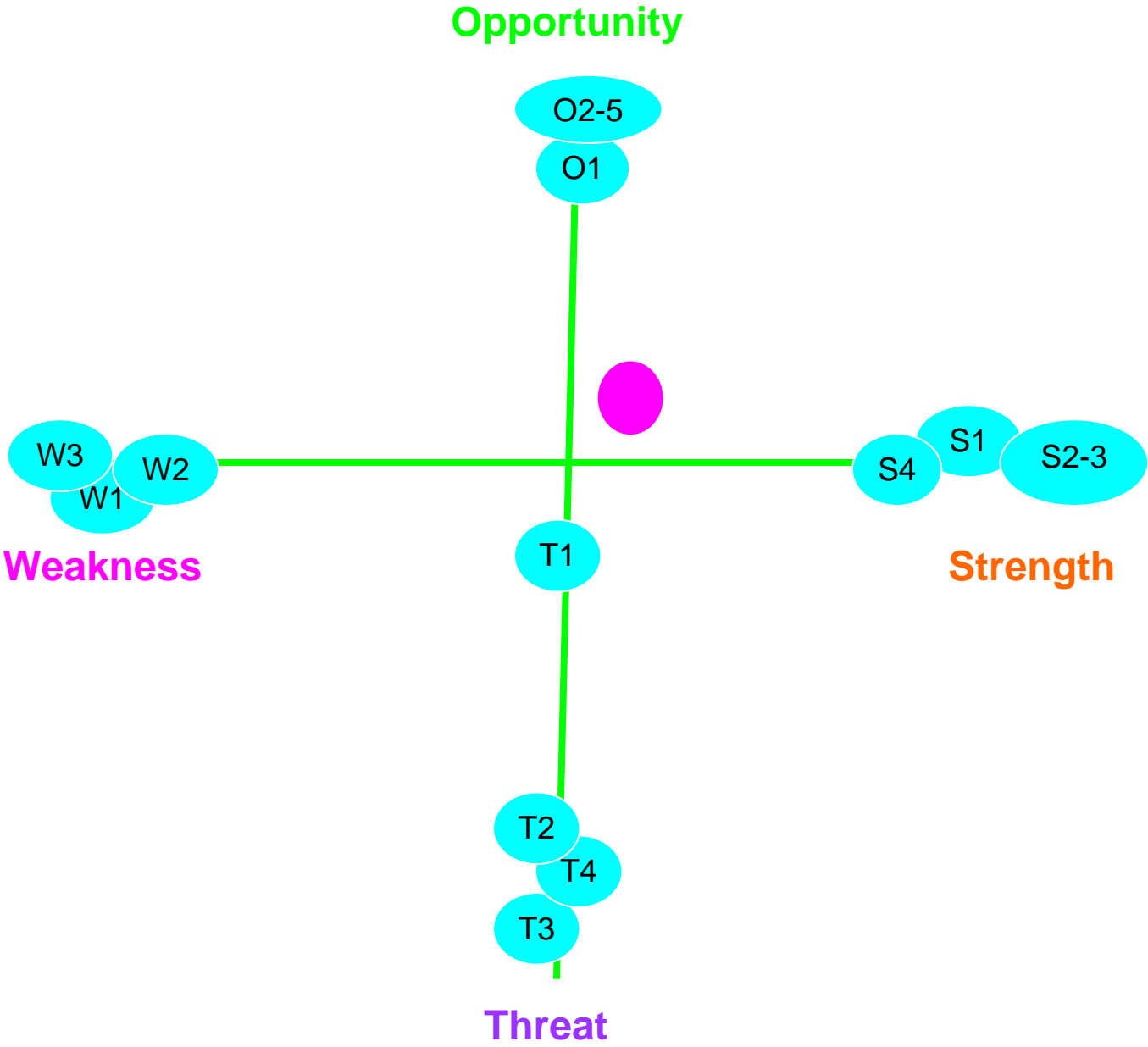
<b><u>Threats (external)</u></b>	<b><u>Likely</u></b>	<b><u>Impact</u></b>	<b><u>P+I / 2</u></b>
<b>T1.</b> Further cuts in grant budget	1	2	<b>1.5</b>
<b>T2.</b> Lack of buy in from the community	2	5	<b>3.5</b>
<b>T3.</b> Factors required for an effective medical home not met (i.e. transportation, health literacy, policies, etc)	3	5	<b>4</b>
<b>T4.</b> Suboptimal patient/provider relationship	3	4	<b>3.5</b>

# SWOT: Probability of Success

S & W = X = 0.9

O & T = Y = 0.5

Objective likely to succeed ●



Stroke Belt Elimination Initiative  
Community Action Team Plan  
**Workgroup 5: Advocacy**

**Mission:** Serve as a liaison and advocate for the community as it organizes to obtain information and direction to build sustainable systems of care.

**Key Objective:** Form a central group for Berkeley, Charleston, Dorchester and Orangeburg Counties to develop and disseminate clear and consistent health-related messages to the community.

**Strategy 1: Education**

a. Promote consistent and clear messages as one strategy to empower the community to adopt healthy lifestyles.

**Activities:**

- a. Identify informed personnel to be active in programs developed by the community, for example health fairs, forums, etc. Include athletes, coaches, band directors, teachers, decision-makers, etc.
- b. Advocate for appropriate educational tools and other resources
- c. Work with community groups to insure the availability of educational tools and other resources.
- d. Identify locations for distributing information on resources

**Strategy 2: Coordination of Educational Messages**

- a. Chairs of all workgroups work together to develop a speaker's bureau and special educational messages through talking points from each group
- b. Maximize efforts to get accurate and culturally sensitive messages to all interested parties.

**Activities:**

- a. Participate in American Stroke Association "train the trainer", "speak out to end stroke", "power to end stroke", etc. campaigns.
- b. Work with SC DHEC, Greater Columbia Literacy Council, American Stroke Association, SC Primary Health Care Association, Department of Social Services, SC Association of Human Services Agencies, Community Development Corporations, SC American Heart Association, SC Department of Education, and others.

## **Analyzing Strengths, Weaknesses, Opportunities and Threats (SWOT)**

The following exercise takes a realistic look at the strengths, weaknesses, opportunities and threats (SWOT) that you anticipate meeting as you work to reach the key objective. There are some very good reasons to do a thorough SWOT analysis and to carefully consider the results.

1. Provides a reality check to determine how practical a good idea may be, i.e., is this just 'pie in the sky' or does it have a chance to go somewhere.
2. Systematically identifies factors promoting and impeding success.
3. Assesses the probability that the objective will succeed, which goes a step beyond #1.
4. Facilitates marketing to stakeholders, i.e., buy in, in-kind support, financial support.

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# Stroke Belt Elimination Initiative Advocacy: Workgroup 5

## Key Objective

Form a central group for Berkeley, Charleston, Dorchester, and Orangeburg Counties to develop and disseminate clear and consistent health-related messages to the community.

**Advocacy SWOT Analysis:  
Key Objective - Strengths**

<b><u>Strengths/Resources (internal)</u></b>	<b><u>Likely</u></b>	<b><u>Impact</u></b>	<b><u>P+I / 2</u></b>
<b>S1.</b> Evaluation of trust strengthens program missions	4	5	<b>4.5</b>
<b>S2.</b> Continuous improvement adds value	5	5	<b>5</b>
<b>S3.</b> Community Health Centers (education)	2	5	<b>3.5</b>
<b>S4.</b> AHA/ASA, ACS, DHEC, DSS, USDA, HUD, Trident United Way, SCPHCA, Hospitals, DHHS,	2	4	<b>3.0</b>
<b>S5.</b> SCAHSA, Head Start, Tri-County Black Nurses, Value Medical, Chambers of Commerce	2	5	<b>3.5</b>
<b>S6.</b> MUSC, USC, HBCUs, Public Schools	2	5	<b>3.5</b>
<b>S7.</b> Churches (current program incl. Heart & Soul, Parish Nurses, Health-E-AME)	2	5	<b>3.5</b>
<b>S8.</b> Community Development Corporations	2	5	<b>3.5</b>

**Advocacy SWOT Analysis:  
Key Objective - Weaknesses**

<b><u>Weaknesses (internal)</u></b>	<b><u>Likely</u></b>	<b><u>Impact</u></b>	<b><u>P+I / 2</u></b>
<b>W1.</b> Requires large commitment of time and effort	3	3	<b>3</b>
<b>W2.</b> Difficulty agreeing on clear messages	2	4	<b>3</b>

## Advocacy SWOT Analysis: Key Objective - Opportunities

<b><u>Opportunities (external)</u></b>	<b><u>Likely</u></b>	<b><u>Impact</u></b>	<b><u>P+I / 2</u></b>
<b>O1.</b> Promotes ownership of stakeholders	3	4	<b>3.5</b>
<b>O2.</b> Dialogue among diverse opinions yields stronger ties	4	5	<b>4.5</b>
<b>O3.</b> SC Department of Education, Rural Health Coalition	4	4	<b>4</b>
<b>O4.</b> Media partnerships	5	5	<b>5</b>
<b>O5.</b> Recruit businesses for work site health promotion	2	4	<b>3</b>
<b>O6.</b> Recruit businesses for community health promotion	2	4	<b>3</b>

## Advocacy SWOT Analysis: Key Objective - Threats

<b><u>Threats (external)</u></b>	<b><u>Likely</u></b>	<b><u>Impact</u></b>	<b><u>P+I / 2</u></b>
<b>T1.</b> Lack of community interest and leaders	3	3	<b>3</b>
<b>T2.</b> Lack of resources needed to implement activities	3	4	<b>3.5</b>
<b>T3.</b> Lack of sustainable funding threatens all activities	2	4	<b>3</b>

# SWOT: Probability of Success

S & W = X = 2.4

O & T = Y = 1.4

Objective likely to succeed ●

