

Get Ahead of Stroke Campaign

**2023
ADVOCACY GUIDE**

Tools to help influence the decisions
impacting your profession and your patients



ABOUT THE CAMPAIGN

The Get Ahead of Stroke® campaign is a national public education and advocacy campaign designed to improve systems of care for stroke patients. Founded in 2016 by the Society of NeuroInterventional Surgery (SNIS), today the campaign is supported by a coalition of organizations with the goal of securing the best possible outcomes for stroke patients by driving policy change and public awareness nationwide.

GET AHEAD OF STROKE® CAMPAIGN ADVOCACY OVERVIEW

Every 40 seconds, someone in the United States experiences a stroke. Tragically, nearly 150,000 Americans lose their lives each year to this illness, and it is a leading cause of serious long-term disability.

Neurointerventional surgical teams are on the front lines every day providing lifesaving care to patients afflicted with stroke. This includes performing the revolutionary medical procedure known as mechanical thrombectomy, a proven method that not only saves lives, but helps patients work toward a full recovery — even after experiencing the most debilitating form of stroke known as emergent large vessel occlusion (ELVO).

Yet, as this procedure has become more widely available across the United States, not all stroke patients are benefitting from this lifesaving care. While we've seen incredible 21st century advancements in modern medical technology, many 20th century laws and regulations are serving as roadblocks that prevent patients afflicted with stroke from getting to the appropriate care right away.

How do you educate elected officials about this disconnect between the law and technology?

This is where advocacy plays a key role. This guide is designed to equip neurointerventionalists who live and breathe this work to identify, engage and educate the right decisionmakers at the local, state and federal levels on policy issues that impact your ability to save lives.

Within this Advocacy Guide, you'll find:

- Helpful tips to effectively advocate about the Get Ahead of Stroke®
- campaign
- Strategies to engage lawmakers and other key stakeholders
- Best practices for conveying a message that resonates among target audiences

You also can find more information at <https://getaheadofstroke.org/>. With your help, we can ensure more patients will arrive, survive and thrive. Thank you for getting involved!

ABOUT THE CAMPAIGN ii

GET AHEAD OF STROKE® CAMPAIGN ADVOCACY OVERVIEW iii

HISTORY OF STROKE SYSTEMS OF CARE 1

 The Background 2

ADVOCACY 101 4

 Identifying and Engaging Elected and Appointed Officials 4

 Identifying and Engaging Influential Stakeholders 5

 Local and State Advocacy 6

 Messaging and Talking Points 6

 Meeting with Legislators 12

 Model Legislation 133

A GUIDE TO MATERIALS 14

 State-specific Fact Sheets 15

 Trauma System of Care Comparison Infographic 17

 Paths to Stroke Care Infographic 18

 Live Without Disability Infographic 19

A GUIDE TO REACHING OUT 20

 Letter of Support Template for Advocates/Stakeholders 21

 Email Template for Hospital Government Affairs Team 22

 Email Template for Legislator/Prospective Bill Sponsor 23

 Public Speaking 101 24

 How the Public Perceives Health Messages 25

A GUIDE TO THE MEDIA 26

 Let Your SOCO Be Your Umbrella 27

 Staying In Control During an Interview 27

 Transitioning Out of a Tough Spot 28

 Interview Like a Pro 28

 Special Tips for Television and Radio 29

 Sample Op-ed (Earned Media) 30

 Social Media Templates 32



HISTORY OF STROKE SYSTEMS OF CARE

The Background

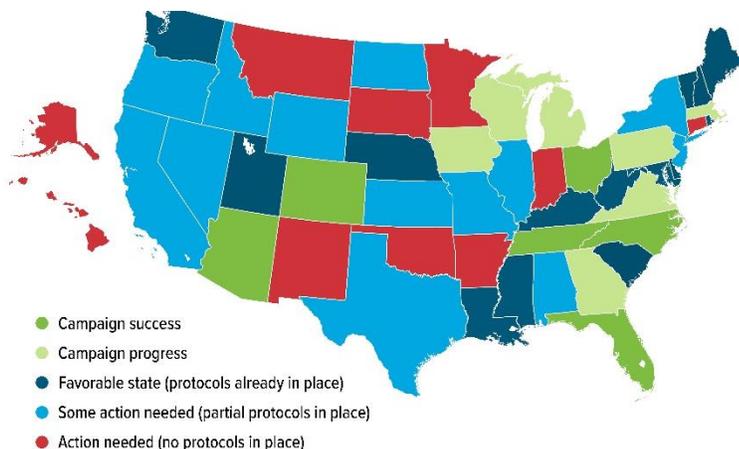
The importance of having effective emergency protocols in place for stroke patients has gradually gained traction over the past 15 years. This is primarily attributed to effective awareness campaigns about the symptoms of stroke and urgency of care, along with health officials in some states adapting to changing demographics (e.g., increasing numbers of retirees and older residents).

Since 2016, the Get Ahead of Stroke® campaign has advocated for improving triage and transportation protocols for patients who experience the deadliest form of stroke: emergent large vessel occlusion (ELVO). Recent advancements in medical technology have made it possible for patients with ELVO to not only survive their stroke, but to ultimately achieve a full recovery.

Over the last seven years, the campaign has helped improve protocols for stroke patients in Arizona, Colorado, Florida, North Carolina, Ohio, Pennsylvania, Tennessee and in most of Virginia’s EMS regions. The campaign has also achieved progress toward updating protocols in Georgia, Massachusetts and Michigan.

The Get Ahead of Stroke® campaign’s message has resonated beyond the states where we have been actively engaged on-the-ground and driving policy change. Thirteen other states – including Delaware, Kentucky, Louisiana, Maine, Maryland, Mississippi, Nebraska, New Hampshire, South Carolina, Utah, Vermont, Washington and West Virginia – all proactively updated their EMS triage and transport protocols to include specific guidance for ELVO. Several regional EMS councils and municipalities in other states such as Illinois, Nevada and Oregon have done the same despite the absence of a statewide protocol.

In addition to the progress achieved at the state level, the Get Ahead of Stroke® campaign also secured a major milestone at the federal level. In March 2022, Version 3.0 of the National Model EMS Clinical Guidelines was released by the National Association of State EMS Officials (NASEMSO) and disseminated to state EMS directors and providers in every state across the country. The campaign collaborated with SNIS, NASEMSO and the U.S. Department of Transportation’s Office of EMS and the National EMS Advisory Council (NEMSAC) in developing language related to EMS triage and transport of stroke patients that was ultimately included in the national guidelines. The updated guidelines have since been adopted by states such as Iowa and Wisconsin within their respective statewide EMS protocols.



A GUIDE TO ADVOCACY

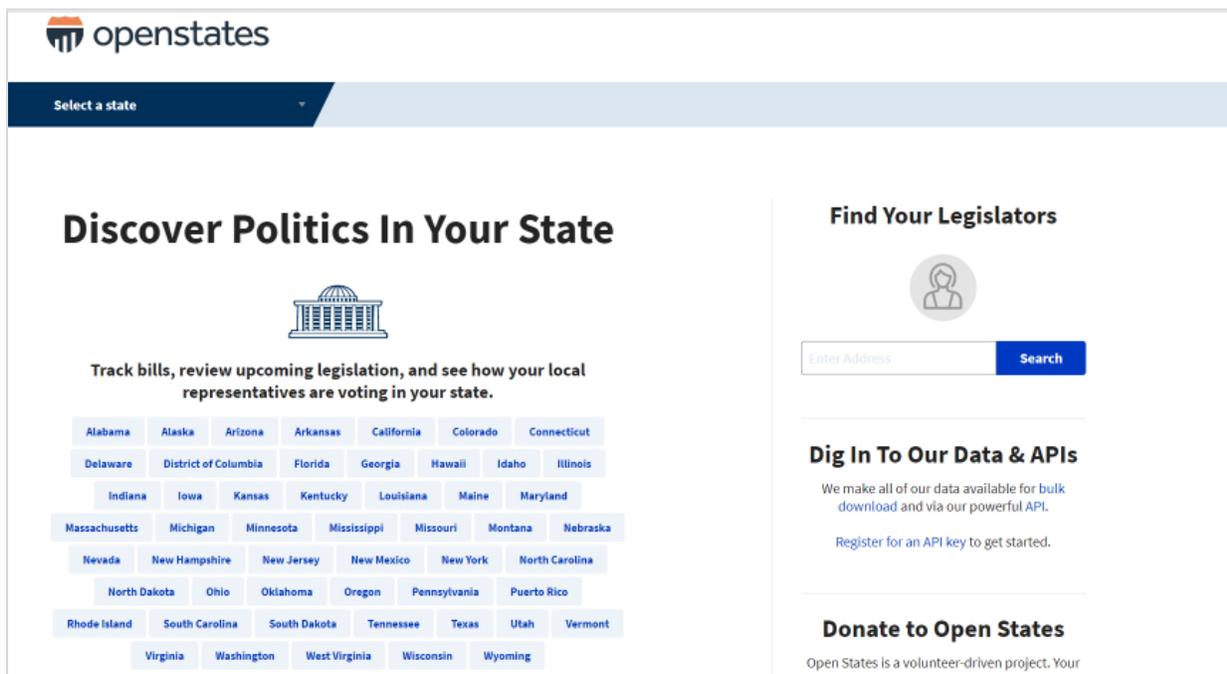
ADVOCACY 101

You are an expert in your profession, but you are also a constituent of local, state and federal lawmakers. Your elected officials are in office to represent *you*, to listen to *you*, and to consider your opinions and concerns when making policy decisions. Through advocacy, you can ensure your voice is heard and, by extension, the voices of your patients and their families.

Many of the laws and regulations impacting how quickly stroke patients are triaged, transported and treated are made primarily at the state level. In some cases, they are determined by regional EMS Councils. Either way, a good place to start advocating for policy changes to ensure the best outcomes for patients is by reaching out to your hospital government affairs team and then state health agency officials and your state legislators.

Identifying and Engaging Elected and Appointed Officials

A Google search can help you find the website of your state legislature, from where you can identify your state representative and state senator. You also can visit <https://openstates.org/>, enter your home address and look up your state legislators.



For most states, the state EMS director and/or EMS bureau is housed within the state health department. If you can't immediately identify a point of contact, you can reach out to the executive or administrative office, or even ask your state legislator to connect you.

Identifying and Engaging Influential Stakeholders

In addition to elected officials, third-party stakeholders are critical to an effective advocacy strategy as they can help influence targeted policymakers. The right stakeholders can help influence policy outcomes in the following ways:

- Leveraging their own pre-existing relationships with targeted elected officials
- Activating their extensive member and affiliate networks to help create a “surround sound” of support for specific policy outcomes
- Alerting constituents within targeted members’ districts and encouraging them to contact their legislators to support specific policy measures

Your first stakeholder point of contact should be your hospital’s or clinic’s state government affairs director. As they are deeply plugged into the legislature and health care-related activities, the government affairs director can offer insight into prospective legislative champions who will support improving emergency protocols for stroke patients. They also can offer guidance on navigating your state’s legislative process, including the best strategy for influencing key committee members and those within leadership (e.g., Speaker of the State Assembly).

Additional groups and organizations to consider engaging as stakeholders include:

- State EMS associations
- State stroke advisory board/council
- State medical societies
- Medical professional associations, such as those composed of nurses and physicians
- Firefighter and law enforcement associations
- Patient advocacy groups
- Disability rights advocacy groups
- Veterans organizations
- Business and civic organizations

Individuals to consider engaging as stakeholders include:

- Colleagues
- Former patients
- Family members impacted by stroke
- Hospital administrators
- Local academics who specialize in neuroscience
- Caregivers
- Local public health officials

Local and State Advocacy

As most laws and regulations impacting care for stroke patients are made at the state level, Get Ahead of Stroke's® advocacy efforts are concentrated around state decisionmakers and stakeholders. Grassroots advocacy is among the most effective methods for engaging and educating targeted audiences while generating greater awareness among the broader public.

While the first steps toward influencing decisionmakers should involve reaching out to your hospital's government affairs director and immediate network of colleagues and patients, you may consider additional engagement strategies within your community. These could include:

- Joining the state's stroke advisory council or task force (or attending meetings)
- Partnering with local EMS and/or attending open houses and health fairs to educate attendees about advancements in stroke treatment and your role in helping patients
- Participating in a local EMS training session that includes triaging stroke and effectively using stroke severity scales to identify severe cases such as ELVO
- Speaking to aspiring first responders at a local technical college
- Attending and presenting at a state health and/or EMS conference
- Attending a town hall or in-district meet-and-greet with your state legislators
- Speaking to medical students at a local or nearby campus

Through these tactics, you will be cultivating and building relationships among key stakeholders — many of them credible subject matter experts — who can provide additional support when needed to help advance legislation or a regulation. Encourage them to join the Get Ahead of Stroke® campaign to ensure they receive consistent updates on efforts across the country that they could replicate within their own communities.

Messaging and Talking Points

GET AHEAD OF STROKE® CAMPAIGN: KEY MESSAGES

Note: When first mentioning the procedure to treat severe stroke patients, refer to it as “neuroendovascular stroke surgery, also known as thrombectomy.” Include the following definition as well: “A minimally invasive procedure that uses catheters to reopen blocked arteries in the brain quickly.” After introducing the term, use “thrombectomy” whenever you reference the procedure.

PRIORITY MESSAGES — LAY AUDIENCES AND MEDIA

- Every 40 seconds, someone in the U.S. has a stroke. Appropriate care can be the difference between life and death.
- Whether they need emergency care due to trauma or stroke, all patients deserve the best care possible.
- Neuroendovascular stroke surgery, or thrombectomy, is a minimally invasive procedure that uses catheters to reopen blocked arteries in the brain quickly. Thrombectomy improves the chances that a patient will not only survive a stroke but also will make a full recovery. However, less than one-third of eligible patients have access to this care.

- Some people with an emergent large vessel occlusion (ELVO) — a clot that is blocking a large vessel and cutting off significant blood flow to the brain — get lucky and go directly to a Level 1 stroke center, where stroke surgeons can remove the clot quickly. Right now, however, most states don't have protocols that require EMS to bring ELVO patients to the nearest Level 1 stroke center, so patients may be taken instead to the nearest hospital, which might not have the expertise needed to treat this most dangerous type of stroke. These patients may have a significant time delay in getting to a Level 1 stroke center, or they may never get there at all. These patients have a much lower chance of returning to independence. Take luck out of the equation.
- The Get Ahead of Stroke® campaign is a national public education and advocacy campaign designed to improve systems of care for stroke patients and ensure more patients have access to thrombectomy.
- Sign up for our email list at GetAheadofStroke.org and search hashtag #SurviveStroke on social media to learn how the campaign is helping to improve stroke care across the country.

PRIORITY MESSAGES — HEALTH CARE AND POLICY AUDIENCES

- Stroke costs in the United States are estimated at more than \$56 billion annually.¹ Neuroendovascular stroke surgery, or thrombectomy, is a minimally invasive procedure that uses catheters to reopen blocked arteries in the brain quickly. Thrombectomy helps reduce recovery time, getting patients back on their feet so they may live independently and work again.
- Recent studies published in the *New England Journal of Medicine* have proven that thrombectomy is highly effective at treating ischemic stroke patients who have a severe stroke known as an emergent large vessel occlusion (ELVO) — a clot that is blocking a large vessel and cutting off significant blood flow to the brain.
- Because of the Get Ahead of Stroke® campaign's success, half the states across the country now have (or are finalizing) updated statewide protocols that ensure patients experiencing a critical stroke such as ELVO are transported directly to Level 1 stroke centers. Conversely, half the states in the U.S. still lack statewide protocols to effectively transport critical stroke patients to Level 1 stroke centers staffed by highly trained neurointerventional care teams who can provide care 24/7/365.
- The Get Ahead of Stroke® campaign is a national public education and advocacy campaign designed to improve systems of care for stroke patients and ensure more patients have access to thrombectomy at Level 1 stroke centers.
- Sign up for our email list at GetAheadofStroke.org and use hashtag #SurviveStroke to follow how the campaign is helping to improve stroke care across the country.

SUPPORTING MESSAGES LIBRARY

Background/Rationale

- Someone in the United States has a stroke every 40 seconds, and more than 795,000 people have a stroke every year.²
- About 150,000 people in the United States die every year from stroke.³

¹ Centers for Disease Control and Prevention. Stroke Facts. Retrieved from www.cdc.gov/stroke/facts.htm

² Ibid.

³ Ibid.

- An emergent large vessel occlusion (ELVO) is caused by a blood clot blocking a large vessel and cutting off significant blood flow to the brain.
- Ischemic strokes make up the vast majority of strokes (87%).⁴
- Nearly 2 million brain cells die every minute an ischemic stroke goes untreated.⁵ For the best possible outcome, a stroke patient needs to receive neuroendovascular stroke surgery, or thrombectomy, within 24 hours.⁶ Thrombectomy is a minimally invasive procedure that uses catheters to reopen blocked arteries in the brain quickly.
- Thrombectomy can be a lifesaving procedure for severe stroke patients.⁷
- Stroke costs in the U.S. are estimated at more than \$56 billion annually.⁸ The minimally invasive nature of thrombectomy helps reduce recovery time, getting patients back on their feet so they may live independently and work again.
- Patients who receive thrombectomy increase their life expectancy by five years compared to patients who do not receive this specialized treatment.⁹
- Research shows that when patients are taken to a slightly more distant facility that is better equipped to treat them, rather than simply going to the closest facility, they have been found to undergo the appropriate care more quickly and have less disability at 90 days after their stroke.¹⁰
- Unlike trauma, half the states in the country lack updated statewide EMS protocols directing first responders to take critical stroke patients to a Level 1 stroke center equipped to provide lifesaving care.
- Patients who need emergency care deserve the best care possible, whether it is for trauma or stroke.

About the Campaign

- The Get Ahead of Stroke[®] is a national public education and advocacy campaign designed to improve systems of care for stroke patients.

⁴ American Stroke Association. (2017). Ischemic Strokes (Clots). Retrieved from www.strokeassociation.org/STROKEORG/AboutStroke/TypesofStroke/IschemicClots/Ischemic-Stroke-Clots_UCM_310939_Article.jsp#.VzXybsci6vI

⁵ National Stroke Association. (2017). Stroke 101: Fast Facts on Stroke. Retrieved from https://www.stroke.org/wp-content/uploads/2018/12/NSAM-2017_Stroke-101_v3_AQ_pdfversion.pdf

⁶ American Heart Association/American Stroke Association. (2018). More Stroke Patients May Receive Crucial Treatments Under New Guideline. Retrieved from <https://newsroom.heart.org/news/more-stroke-patients-may-receive-crucial-treatments-under-new-guideline>

⁷ Meyers, P. M., Schumacher, C. H., Connolly Jr., E. S., Heyer, E. J., Gray, W. A., & Higashida, R. T. (2011). Current status of endovascular stroke treatment. *Circulation*, 123, 2591–2601. doi: 10.1161/CIRCULATIONAHA.110.971564.

⁸ Centers for Disease Control and Prevention. Stroke Facts. Retrieved from www.cdc.gov/stroke/facts.htm

⁹ Moussavi, M., et al. (Feb. 16–19, 2016). Poster WMP12. Presented at International Stroke Conference, Los Angeles.

¹⁰ Jayaraman, M. V., Hemendinger, M. L., Baird, G. L., Yaghi, S., Cutting, S., Saad, A., Siket, M., Madsen, T. E., Williams, K., Rhodes, J., Haas, R. A., Furie, K. L., & McTaggart, R. A. (2020). Field triage for endovascular stroke therapy: A population-based comparison. *Journal of NeuroInterventional Surgery*, 12(3), 233–239. Retrieved from <https://inis.bmj.com/content/12/3/233>

- Today the campaign is supported by a coalition of organizations with the goal of securing the best possible outcomes for stroke patients by driving policy change and public awareness nationwide. It was founded in 2016 by the Society of NeuroInterventional Surgery (SNIS).
- Since 2016, Get Ahead of Stroke® has worked across the country driving state legislative changes focused on ensuring severe stroke patients are transported to a Level 1 stroke center, where they would have access to a specially trained neuroendovascular care team that can help them 24/7/365.
- The Get Ahead of Stroke® campaign is working to:
 - Educate first responders about uniform stroke triage and enact legislative change in all 50 states requiring EMS to bring ischemic stroke patients with emergent large vessel occlusion (ELVO) — a clot that is blocking a large vessel and cutting off significant blood flow to the brain — to neuroendovascular-ready facilities with 24/7/365 coverage.
 - Ensure that neuroendovascular-ready facilities have qualified neurointerventionalists on staff and on call to perform the appropriate and often complex procedures.

State Policy

- Policies and regulations guiding stroke treatment vary by EMS region and by state.
- Because of the Get Ahead of Stroke® campaign's success, half the states across the country now have (or are finalizing) updated statewide protocols that ensure patients experiencing a critical stroke such as ELVO are transported directly to Level 1 stroke centers. Conversely, half the states in the U.S. still lack statewide protocols to effectively transport critical stroke patients to Level 1 stroke centers staffed by highly trained neurointerventional care teams who can provide care 24/7/365.
- While a stroke patient might live near a facility that is best equipped to help them, they may be brought to one that is simply closer. The time lost in transfer from the nearest hospital to the best-equipped Level 1 facility that can help them jeopardizes a patient's chance of recovery.
- Overall, the campaign has helped improve stroke care policies in the following states:
 - **Ohio:** Passed legislation in 2021 (SB 21) directing the State Board of Emergency Medical, Fire, and Transportation Services to develop guidelines for the assessment, triage and transport of stroke patients, including those with ELVO.
 - **North Carolina:** Secured inclusion of recommendations related to triaging and transporting stroke patients, including those with ELVO, within the state's updated *Stroke and LVO Stroke EMS Triage and Destination Plan* that took effect in October 2021.
 - **Pennsylvania:** Secured inclusion of recommendations related to effective triage and transport of stroke patients with ELVO within the state's updated Basic Life Support (BLS) protocols adopted by the state Bureau of EMS Services in 2021.
 - **Florida:** Passed legislation in 2019 to improve stroke care protocols statewide.
 - **Virginia:** Secured inclusion of recommended triage and transport protocols for stroke within the *2019 Virginia Stroke Improvement Report* released by the Virginia Department of Health and Governor Ralph Northam's office. Since then, seven of the state's 11 regional EMS councils adopted new protocols specific to their jurisdictions based on the guidance outlined in the report.

- **Tennessee:** Passed legislation in 2018 that improved the statewide triage and transport protocol for stroke patients, including those afflicted with ELVO.
- **Arizona:** Adopted an administrative rule in the State Department of Health Services in 2017 that updated stroke protocols to include guidance for patients with ELVO.
- **Colorado:** Passed a stroke care resolution in 2017 that directed the state Department of Public Health and Environment to improve how EMS is trained to triage and transport severe stroke patients.
- **Massachusetts:** Secured an amendment in the FY2023 State Budget that established a stroke advisory task force which will work with the Department of Public Health and the Executive Office of Health and Human Services to develop and implement updated EMS protocols for stroke patients. SNIS will be involved with this task force.

Federal Policy

- The campaign secured language within Version 3.0 of the National Model EMS Clinical Guidelines that were released in March 2022. The language included guidance for EMS in triaging and transporting stroke patients, including those afflicted with ELVO who need to be taken to a Level 1 stroke center for lifesaving care.
- The updated national guidelines were disseminated by the National Association of State EMS Officials (NASEMSO) to state EMS directors and providers nationwide, encouraging them to adopt the guidelines with their respective local and state EMS protocols.

Mobile App

- The Stroke Scales for EMS mobile app is a tool to help first responders and EMS personnel assess a patient's stroke severity.
- By measuring, for example, the patient's ability to squeeze and release a hand or make facial expressions — physical indicators of an emergent large vessel occlusion — the scales help first responders determine the level of care that is commensurate with the severity of the stroke. With this information, the app then recommends the type of facility where the patient can receive care that meets their individual needs.

About Neuroendovascular Stroke Surgery/Thrombectomy

- Neuroendovascular stroke surgery, or thrombectomy, is a minimally invasive procedure that re-establishes blood flow to the brain quickly and improves the chances that a patient will not only survive a stroke but also will make a full recovery.
- Recent studies published in the *New England Journal of Medicine* have proven that thrombectomy is highly effective at treating ischemic stroke patients who have a severe stroke known as an emergent large vessel occlusion (ELVO) — a clot that is blocking a large vessel and cutting off significant blood flow to the brain.

- Nearly 2 million brain cells die every minute a stroke goes untreated.¹¹ For the best possible outcome, a stroke patient ideally needs to receive thrombectomy within 24 hours.¹²
- Experiencing a heart attack, stroke, or cardiac arrest can have lasting impacts for people, with recent research showing that people who have experienced any of these events are much less likely than healthy individuals to be working three years after being hospitalized for such an issue.¹³ Severe strokes can devastate not only an individual but also their family, with ripple effects on the economy.
- A patient’s access to appropriate care in a timely manner can make a huge difference in his or her outcomes. According to a 2017 study by the American Academy of Neurology, severe stroke patients gain a week of healthy life for every minute that is saved in getting them to appropriate care.¹⁴
- Additionally, for every minute saved in transfer to appropriate care, there is \$1,000 in savings on medical costs for short- and long-term care.¹⁵

Levels

- Level 1, 2 and 3 designations, which were developed by 13 international medical societies based on expert opinions and the most current evidence from stroke care around the world, describe the minimum organization and workload that a hospital should have to practice acute ischemic stroke interventions. The designations also provide recommendations for patient transport between hospitals.
- Similar to how patients are treated in the trauma model, designating stroke centers as Level 1, 2 and 3 — depending on physician experience, training and caseload — will help EMS personnel match patient needs to patient care. Together, these Level 1, 2 and 3 centers form a complete stroke system of care.
- Levels 1, 2 and 3 are not intended to serve as a substitute for existing national and regional guidelines.

Volume and Training

- Neurointerventionalists are doctors who specialize in treating vascular diseases of the brain, neck and spine, such as stroke and aneurysms, using minimally invasive approaches.
- Neuroendovascular care teams are specially trained to perform a type of minimally invasive stroke surgery known as thrombectomy that uses catheters to remove blood clots quickly from a blocked artery.

¹¹ National Stroke Association. (2017). Stroke 101: Fast Facts on Stroke. Retrieved from https://www.stroke.org/wp-content/uploads/2018/12/NSAM-2017_Stroke-101_v3_AQ_pdfversion.pdf

¹² American Heart Association/American Stroke Association. (2018). More Stroke Patients May Receive Crucial Treatments Under New Guideline. Retrieved from <https://newsroom.heart.org/news/more-stroke-patients-may-receive-crucial-treatments-under-new-guideline>

¹³ Campitelli, M. A., Maxwell, C. J., Maclagan, L. C., Ko, D. T., Bell, C. M., Jeffs, ... Bronskill, S. E. (2019). One-year survival and admission to hospital for cardiovascular events among older residents of long-term care facilities who were prescribed intensive- and moderate-dose statins. *CMAJ*, 191(2): E32–E39.

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¹⁵ Kunz, W. G., Hunink, M. G., Almekhlafi, M. A., Menon, B. K., Saver, J. L., Dippel, ... Goyal, M. (n.d.). Public Health and Cost Consequences of Treatment Delays in Endovascular Thrombectomy for Stroke. Unpublished.

How You Can Help

- Together, we can improve stroke systems of care so that all patients have the best possible chance to #SurviveStroke.
- Sign up for our email list at GetAheadofStroke.org.
- Follow us on Facebook and Twitter and use hashtag #SurviveStroke.
- Send us an email if you would like to enact change where you live.

Meeting with Legislators

Once you've identified your targeted legislators and have prepared your talking points, it's time to schedule a meeting! You can do this by either sending an email or calling the legislators' offices. When you connect, make sure to identify who you are and what the meeting will be about. If you'd like to invite any colleagues or patients, be sure to convey the number of attendees you expect at the meeting. (As a general rule of thumb, the duration of the meeting should be no more than 30 minutes.)

Here are some helpful tips and expectations to consider prior to the meeting:

1. Know the specific "ask." Having prepared in advance, you know your talking points — but don't forget to articulate what you are asking of the legislator. Would they support improving the state's emergency triage and transportation protocols for stroke patients?
2. Speak from the heart. Be prepared to offer examples of patients whose lives you saved because they got to the appropriate facility at the right time. Convey to the legislator how the outcome could have been different if there had been a delay in transport.
3. During the meeting, you may be asked questions for which you don't have answers, and that's OK! Simply take note of those questions and offer to follow up with the answers (which you can get from the Get Ahead of Stroke® campaign team).
4. Bring documents to leave behind (included in this guide) but explain what they are and note some of the key points.
5. If possible, bring along or show on camera a device to use for a brief "show and tell" in explaining how a mechanical thrombectomy is performed.
6. If permitted, and if in-person, take a picture (ask the legislator and staff first). This can be shared on Get Ahead of Stroke® social media channels as well as the legislator's social media and district updates. Sharing your commitment to stroke care can inspire others to take action and build momentum for the campaign.
7. Dress for the meeting setting if you are gathering face to face. Will it be in the legislator's Capitol office, which will require business attire? Or will it be at a coffee shop where casual attire would be more appropriate?
8. It's possible the meeting will be with the legislator's staff, which can be just as effective (if not more) as meeting with the legislator. Often the staff will be more up to speed on the issue and know the process if the legislator agrees to support Get Ahead of Stroke's® objective.

9. After the meeting, follow up with a brief thank you email and any outstanding answers you may owe them.

Model Legislation

As you know, states are at many different places in terms of their stroke systems of care. As you advocate for changes locally that will allow more patients to get to appropriate care quickly, consider the following examples of how other states have crafted their own legislative language.

TENNESSEE SENATE BILL 2513

(Effective July 1, 2018)

Legislation introduced by State Senator Bill Ketron amended Tennessee Code Annotated, Title 68, Chapters 11 and 140 as follows:

- The state’s emergency medical services board shall establish protocol guidelines for evidence-based pre-hospital assessment, treatment, education and transport of stroke patients by emergency medical responders. The protocol guidelines shall include specific language incorporating entry and transfer plans for patients with suspected emergent large vessel occlusion to the most appropriate stroke-ready facility.
- Each of the state’s licensed ambulance service providers shall then implement pre-hospital protocol plans related to the assessment, triage and transport of stroke patients based on the protocol guidelines established by the state emergency medical services board.
- The state’s licensed ambulance service providers shall then refer to the established protocol guidelines in the course of training licensed emergency medical services personnel on the assessment and treatment of stroke patients, including the most severe cases which may include an emergent large vessel occlusion.

Definitions outlined in S.B. 2513 include:

- “Stroke-related designation” includes a comprehensive stroke center, primary stroke center, acute stroke-ready hospital, or other stroke-related designation approved by rule by the state board for licensing health care facilities in consultation with the emergency medical services board.
- Hospitals that are “capable of providing neuroendovascular treatment” have the capacity to 1) properly assess, diagnose using advanced imaging devices, and treat stroke patients with complex cases of ischemic stroke, including emergent large vessel occlusion, requiring immediate treatment by a trained team of neurointerventional surgeons, vascular neurologists, and assisting medical personnel; and 2) perform a mechanical thrombectomy twenty-four (24) hours per day, seven (7) days per week.

A GUIDE TO MATERIALS

State-specific Fact Sheets

Contact Allyson Singh at asingh@vancomm.com for your state’s fact sheet.

GET AHEAD OF
STROKE
Arrive. Survive. Thrive.®

ILLINOIS



THROMBECTOMY—A REVOLUTION IN STROKE CARE

Neuroendovascular stroke surgery, also known as thrombectomy, uses catheters to reopen blocked arteries in the brain quickly. This procedure can be done in as little as 20 minutes. Clinical trials have proven that thrombectomy is highly effective for treating ischemic stroke patients with emergent large vessel occlusion (ELVO) — the most deadly type of stroke.

According to a 2017 study by the American Academy of Neurology, severe stroke patients gain a week of healthy life for every minute that is saved in getting them to appropriate care.¹ Patients who receive a thrombectomy increase their life expectancy by 5 years more than patients who do not receive this specialized treatment.²

JOIN US IN BUILDING A SYSTEM OF CARE SO THAT ALL PATIENTS IN ILLINOIS HAVE THE BEST POSSIBLE CHANCE TO #SURVIVESTROKE. LEARN MORE AT WWW.GETAHEADOFSTROKE.ORG.

“There is no excuse why this can’t be done nationwide.”

SCOTT McDANIEL,
Belleville, Illinois • Stroke Survivor



Scott says his stroke has made him think about his children more often, and how close he came to not being able to care for them. It has also reinforced his belief that just like the trauma model, stroke patients should be transported to a facility best equipped to treat them, rather than the closest hospital.



Stroke was the third leading cause of death in Illinois in 2019.³

THE CHALLENGE

- Currently, Illinois does not have clear protocols to ensure a person who is having a severe stroke is transported directly to a Level 1 stroke center, where they would have access to thrombectomy and a care team that can help them 24/7/365.
- In fact, less than one-third of eligible ischemic stroke patients are treated with thrombectomy.⁵

THE SOLUTION

Building on the progress achieved through legislation enacted into law in 2015, the Get Ahead of Stroke campaign is working to introduce and advance legislation to establish prehospittal triage and transportation protocols for severe stroke patients with ELVO.



In 2019, 6,153 people in Illinois died due to stroke.⁴ It is a leading cause of long-term disability in the state.

REFERENCES

¹ Meretoja, A., Keshtkaran, M., Tatlisumak, T., Donnan, G. A., & Churilov, L. (2017). Endovascular therapy for ischemic stroke: Save a minute—save a week. *Neurology*, *88*(22): 2123–2127.

² Moussavi, M., et al. (Feb. 16–19, 2016). Poster WMP12. Presented at International Stroke Conference, Los Angeles.

³ Centers for Disease Control and Prevention. (2019). Stats of the State of Illinois. Retrieved from <https://www.cdc.gov/nchs/pressroom/states/illinois/il.htm>

⁴ Ibid.

⁵ Rai, A. T., Link, P. S., & Domico, J. R. (2022). Updated estimates of large and medium vessel strokes, mechanical thrombectomy trends, and future projections indicate a relative flattening of the growth curve but highlight opportunities for expanding endovascular stroke care. *Journal of Neurointerventional Surgery*. doi: 10.1136/jnis-2022-019777.

**HELP MORE
PEOPLE IN ILLINOIS
#SURVIVESTROKE**

- Help us introduce and advance legislation in Illinois.
- Sign up for email updates at www.getaheadofstroke.org.
- Follow us on social media at @SurviveStroke and use the hashtag #SurviveStroke.

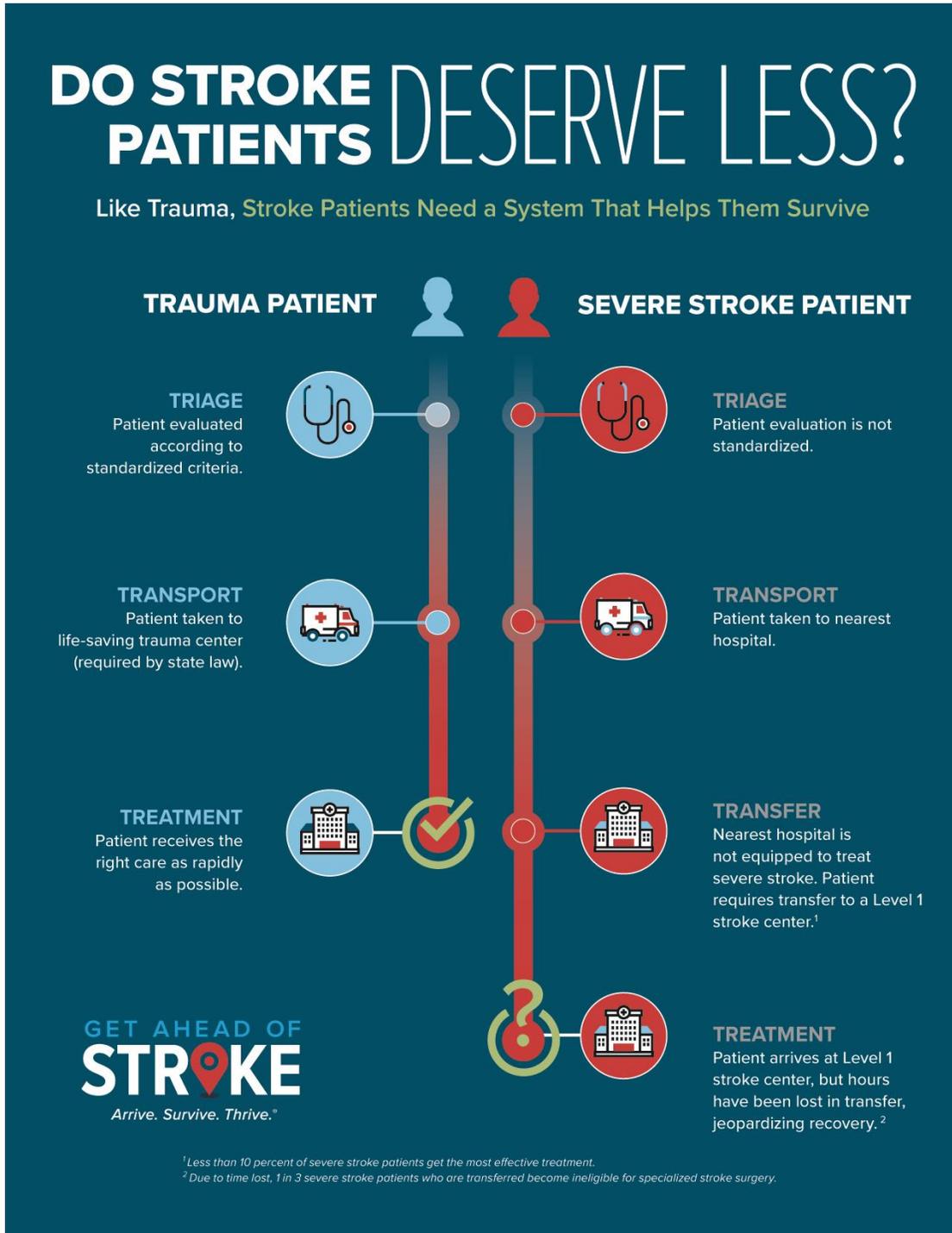
ABOUT THE CAMPAIGN

Get Ahead of Stroke® is a national public education and advocacy campaign designed to improve systems of care for stroke patients. Founded in 2016 by the Society of NeuroInterventional Surgery (SNIS), today the campaign is supported by a coalition of organizations with the goal of securing the best possible outcomes for stroke patients by driving policy change and public awareness nationwide.

www.getaheadofstroke.org • #SurviveStroke

GET AHEAD OF
STROKE

Trauma System of Care Comparison Infographic



Paths to Stroke Care Infographic

DON'T JUST HOPE FOR THE BEST STROKE CARE MAKE IT POSSIBLE

WITHOUT PROPER CARE, A PATIENT'S STROKE SURVIVAL IS LEFT TO CHANCE

When **Matt has a severe stroke, he is taken to the nearest hospital. When **Melissa** has a severe stroke, EMTs bring her to a Level 1 stroke center – a hospital that provides **neurointerventional care 24 hours a day, 7 days a week.****

Melissa will leave the hospital 4 days sooner than **Matt** and is twice as likely to be independent within 90 days. **Matt** is more likely to require long-term care and rehabilitation.

Matt may spend more than \$140,000 on care over his lifetime, while **Melissa** will save on care costs due to a shorter hospital stay and quicker recovery.

Melissa will likely live 5 years longer than **Matt** because she received neuroendovascular surgery soon after her stroke.

GET AHEAD OF STROKE
Arrive. Survive. Thrive.®

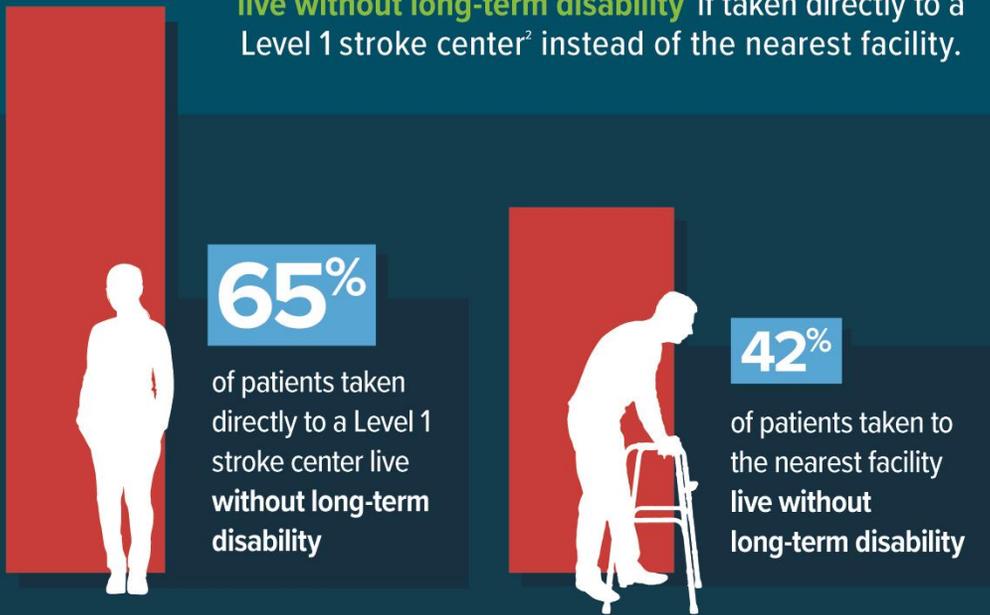
IF YOU OR YOUR LOVED ONE HAS A STROKE, DON'T YOU WANT THE BEST POSSIBLE OUTCOME?

SOURCES
Barber et al. (2015). Endovascular clot retrieval for acute ischaemic stroke: The Auckland City Hospital experience. *New Zealand Journal of Medicine*, 128(1423).
Goyal et al. (2015). Randomized assessment of rapid endovascular treatment of ischemic stroke. *New England Journal of Medicine*, 372, 1019–1030.
Johnson, B. H., Bonafede, M. M., & Watson, C. (2016). Short- and longer-term health-care resource utilization and costs associated with acute ischemic stroke. *Clinical Economics and Outcomes Research*, 8, 53–61.
Moussavi et al. (2016, February). Poster WMP12. Presented at the International Stroke Conference, Los Angeles, CA.

Live Without Disability Infographic

SURVIVING STROKE WITHOUT DISABILITY

A severe stroke patient is more likely to **live without long-term disability**¹ if taken directly to a Level 1 stroke center² instead of the nearest facility.



¹ Living without long-term disability means the patient either lives as they did pre-stroke or does not require daily assistance.

² A Level 1 stroke center has the capacity to provide the appropriate treatment for patients who have experienced an emergent large vessel occlusion (ELVO) stroke.

Source: Jayaraman, M. V., Hemendinger, M. L., Baird, G. L., Yaghi, S., Cutting, S., Saad, A., ... McTaggart, R. A. (2018, January). *EMS Triage to CSC Reduces Time to Treatment and Improves Outcomes in Patients with Large Vessel Occlusion*. Presentation at the International Stroke Conference, Los Angeles, CA.

GET AHEAD OF
STROKE
Arrive. Survive. Thrive.®

A GUIDE TO REACHING OUT



Letter of Support Template for Advocates/Stakeholders

The following email is an example of how you could engage prospective stakeholders who can help amplify the Get Ahead of Stroke® campaign's message among lawmakers and other key audiences.

Subject Line: Improving [NAME OF STATE]'s system of stroke care

Attention: [NAME, TITLE AND NAME OF ORGANIZATION]

Good Afternoon [NAME]:

I hope this finds you well. As you may know, more than 795,000 Americans are affected by stroke every year. Tragically, 150,000 of these cases are fatal, with many more resulting in a lifelong disability.

Due to recent advancements in medical technology, we now have a way to save more patients affected by a severe stroke. Across the country, there are Level 1 stroke centers that have the capacity to provide a lifesaving procedure called neuroendovascular stroke surgery (also known as thrombectomy). This minimally invasive procedure, conducted by a highly trained neurointerventional care team, uses catheters to quickly reopen blocked arteries in the brain. Thrombectomy improves the chances that a patient will not only survive a stroke but will make a full recovery.

However, less than one-third of eligible patients have access to this care. This is primarily because most states currently don't have protocols in place that require EMS to transport patients with the deadliest form of ischemic stroke — known as emergent large vessel occlusion (ELVO) — directly to the nearest Level 1 stroke center. Instead, patients are more likely to be taken to the *nearest* hospital, which might not have the expertise needed to treat the most dangerous cases of stroke.

Since 2016, Get Ahead of Stroke®, a national public education and advocacy campaign designed to improve systems of care for stroke patients, has worked across the country to drive policy change at the state level. Founded by the Society of NeuroInterventional Surgery (SNIS), the goal of the campaign is to ensure patients afflicted with severe stroke such as ELVO are transported to a Level 1 stroke center where they would have access to a trained neuroendovascular care team that can help them 24/7/365. Clinical trials demonstrate that 65% of stroke patients who are taken directly to a Level 1 stroke center live without a long-term disability.

Today, the Get Ahead of Stroke® campaign is supported by a coalition of organizations committed to the goal of securing the best possible outcomes for stroke patients. This includes educating first responders about the importance of uniform stroke triage that is similar to triage for trauma patients. We have successfully enacted new laws in Arizona, Colorado, Florida and Tennessee while driving policy change and public awareness in other states such as Massachusetts, New York, Ohio and Virginia.

I invite you to consider joining the coalition and helping us improve [NAME OF STATE]'s emergency triage and transportation protocols to ensure the best outcomes for stroke patients. To learn more, please visit our website at <https://getaheadofstroke.org/> or search #SurviveStroke on social media. Thank you for your consideration!

Sincerely,

[NAME]

[TITLE]

[SIGNATURE]

Email Template for Hospital Government Affairs Team

The following email shows how you could engage the government affairs team of your hospital or clinic. Be sure to reference any specific recent news coverage concerning the delays in transporting severe stroke patients. Additionally, provide some background information on your state's existing stroke protocols as referenced below.

Subject Line: Improving Wisconsin's system of stroke care

Attention: Connie Schulze, UW Health Director of Government Affairs

Good afternoon Connie:

I hope this finds you well. I wanted to inquire about an opportunity to meet with you to discuss an important health care issue for which I hope we might identify a legislative solution.

As the [TITLE/POSITION] at the University of Wisconsin's Department of Neurological Surgery, I can personally attest to the urgency in transporting stroke patients to the facility that is best-equipped to appropriately treat them the *first time* to ensure the best possible outcome, as opposed to transfers between two or more hospitals.

You may have seen the [story](#) published in the **Milwaukee Journal Sentinel** over the summer about the prevalence of delays in transporting stroke patients to the hospitals best-equipped to treat them. These delays are primarily the result of existing policies and protocols that direct first responders to transport stroke patients to the closest hospital. Oftentimes, the closest hospital is ill-equipped to treat severe stroke cases and will eventually transfer the patient elsewhere, prolonging the impact of the stroke.

I understand that under the current system for stroke patients in Wisconsin, hospitals and EMS are simply encouraged to ["collaborate on education and protocols in the care of the acute stroke patient."](#) I respect and commend the progress made by the Wisconsin Department of Health Services and the Wisconsin Coverdell Stroke Program to ensure appropriate care for stroke patients. However, given recent advancements in technology that can help stroke patients recover fully, we should review and improve our system of stroke care.

I would welcome the opportunity to meet with you and discuss how we can work to improve Wisconsin's system of stroke care, specifically as it relates to appropriate triage and transport of patients that have a severe stroke to Level 1 (comprehensive) stroke centers. Numerous studies and clinical trials conducted over the past decade have demonstrated that when a patient is suffering from the most severe form of an ischemic stroke — emergent large vessel occlusion (or ELVO) — the best option to ensure the patient may fully recover is to transport them *directly* to a Level 1 stroke center, instead of to the nearest hospital.

Thank you for your time and I look forward to discussing this issue further with you. I am available [DATES/TIMES] for a call or in-person meeting.

Sincerely,

[NAME]

[TITLE]

[SIGNATURE]

Email Template for Legislator/Prospective Bill Sponsor

Subject Line: Improving Wisconsin’s system of stroke care

Attention: [TITLE and NAME of LEGISLATOR]

Good [Morning/Afternoon] [Senator/Representative NAME]:

I would like to take this opportunity to bring an important health care issue to your attention in the hopes it may be resolved during the [current/next] legislative session.

You may have seen the [story](#) that was published in the **Milwaukee Journal Sentinel** over the summer about the prevalence of delays in transporting stroke patients to the hospitals best-equipped to treat them. A nationwide issue, these delays are primarily the result of existing policies and protocols that direct first responders to transport stroke patients to the closest hospital. Oftentimes, the closest hospital is ill-equipped to treat severe stroke cases and will eventually transfer the patient elsewhere, prolonging the impact of the stroke.

I understand that under the current system for stroke patients in Wisconsin, hospitals and EMS are simply encouraged to [“collaborate on education and protocols in the care of the acute stroke patient.”](#)

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I would welcome the opportunity to meet with you and your staff to discuss how we can work to improve Wisconsin’s system of stroke care, specifically as it relates to appropriate triage and transport of patients who have a severe stroke to Level 1 (comprehensive) stroke centers. Numerous studies and clinical trials conducted over the past decade have demonstrated that when a patient has the most severe form of an ischemic stroke — emergent large vessel occlusion (or ELVO) — the best option to ensure the patient may fully recover is to transport them *directly* to a Level 1 stroke center, instead of to the nearest hospital.

I have attached the legislation introduced in Tennessee that was ultimately signed into law by then-Governor Bill Haslam in early 2018. I believe that this bill serves as the best model for other states to consider in improving their respective systems of stroke care. I would also encourage you to visit www.getaheadofstroke.org for more information.

I look forward to working with you to improve our state’s system of care for stroke patients and their families.

Sincerely,

[NAME]

[TITLE]

[SIGNATURE]**Public Speaking 101**

When you know a great deal about a subject, it can be hard to break it down in palatable ways for diverse audiences, especially when it comes to medical information like stroke. However, using effective public speaking strategies is a good place to start. As you prepare to deliver presentations or speeches about the Get Ahead of Stroke® campaign and the value of thrombectomy, consider these key pointers that will help establish credibility and keep your content interesting for those on the receiving end.

CONTENT. Share information about yourself up front, such as a story or anecdote that you know well. Not only does this personalize you to the audience, but it also allows you to start with content that you are comfortable talking about. This helps reduce anxiety and sets a relaxed tone for the interview or speech.

EYE CONTACT. Eye contact is a tool for you. Use it to get audience feedback that will fuel your energy and confidence. It's the only way you'll know if your audience is getting the message. Look for eyes and heads nodding with you, then move on to other areas of the audience and repeat.

BODY LANGUAGE. Truthful. Approachable. These are the traits that audiences look for in speakers. Defensive body language is exhibited by crossed arms, a fig leaf stance or a military stance. Positive body language is communicated through openness, gestures, moving away from the lectern (unless you can't take your microphone with you), and taking off your jacket, if appropriate.

FACIAL EXPRESSION. It is impossible to hide your feelings when you talk about something you really care about. The kind of passion people feel and exhibit when they talk about their friends and loved ones is the same passion that should be harnessed when talking about stroke treatment. It will give off energy and make you convincing for your audience.

GESTURES. Natural gestures help tell the story. Don't pre-program gestures or over-concentrate on your hand and arm movements. The more comfortable you get with your content, the more natural your gestures will be.

VOICE. Sometimes it's good to get loud. Other times, being quiet is a great way to get attention. You have six different octaves—don't be afraid to use them. Never try to camouflage a regional dialect. All you have to do is tell people where you're from and they'll expect you to sound the way you do.

PAUSES/SILENCE. There are four good times to pause: 1) when you move from one subject to another; 2) when you want the message to sink in; 3) when you want or need to collect your thoughts; and 4) when you receive laughter or applause. Don't be afraid of long pauses. They'll seem much longer to you than they do to the audience.

PRACTICE. If possible, spend time alone just prior to your speech, take some deep breaths, and think about your central theme. Avoid practicing in the mirror. It can convince you to overcorrect expressions and gestures that are perfectly natural to everyone else.

How the Public Perceives Health Messages¹⁶

Thinking about how the public perceives health messages prior to message development can help assure that the public will hear and heed the information you want to convey. Factors affecting public acceptance of health messages include:

“HEALTH RISK” IS AN INTANGIBLE CONCEPT.

Many people do not understand the concept of relative risk, so personal decisions may be based on faulty reasoning. For example, the public tends to overestimate their risk of car and airplane accidents, homicides and other events that most frequently make the news, and underestimate their risk of less newsworthy, but more common health problems, such as strokes.

THE PUBLIC RESPONDS TO EASY SOLUTIONS.

The public is more likely to respond to a call for action if it is relatively simple (e.g., get a blood test to check for cholesterol) and less likely to act if the “price” of that action is higher or the action is complicated (e.g., quit smoking to reduce cancer risk).

PEOPLE WANT ABSOLUTE ANSWERS.

Some people want concrete information upon which they can make certain decisions. Be sure to carefully and clearly present your information to both the public and the media to avoid inappropriate conclusions.

THE PUBLIC MAY REACT UNFAVORABLY TO FEAR.

Frightening information may result in personal denial or disproportionate levels of hysteria, anxiety and feelings of helplessness. Worry and fear may be accentuated by faulty logic and misinterpretation and compounded if there are no immediate actions an individual can take to ameliorate the risk. Where possible, provide those actions so the public can find a measure of control.

INDIVIDUALS DO NOT FEEL PERSONALLY SUSCEPTIBLE.

The public has a strong tendency to underestimate personal risk. A National Cancer Institute (NCI) survey found that 54% of respondents believed that a serious illness “couldn’t happen to them” and considered their risk as less than that of the general public, regardless of their actual risk. Outlining how a health condition may affect someone personally is an effective way to make them pay attention.

THE PUBLIC HOLDS CONTRADICTIONARY BELIEFS.

Even though an individual may believe that “it can’t happen to me,” he or she can still believe that “everything causes strokes,” and therefore, there is no way to avoid a stroke “when your time comes,” and no need to alter personal behavior.

¹⁶ Adapted from Making Health Communication Programs Work: A Planners Guide by Elaine Bratic Arkin, National Cancer Institute

A GUIDE TO THE MEDIA



Let Your SOCO Be Your Umbrella

Studies have shown that an audience retains one or two key messages from a speech or presentation. Taking this into consideration and recognizing the inherent time limitations on all presentations, you must maximize the time you have to present your information. To better manage this task, develop a “SOCO” — single overriding communications objective — for your interview.

SOCOs are the reason you do a presentation or interview. If all roads lead back to your core communications objective, there will be no doubt in the audience’s mind about what you stand for and how you want them to think and behave.

Examples of Get Ahead of Stroke® SOCOs include:

- Always dial 911 if you suspect stroke.
- Stroke systems of care need to closely follow the trauma model and connect patients to appropriate care, right away.
- Nearly 2 million brain cells die every minute a stroke goes untreated. For the best possible outcome, a stroke patient ideally needs to receive thrombectomy within 24 hours.

Don’t let reporters lead you away from your SOCO. When an interviewer tries to lead you astray, use transitions to get back to your main point.

Staying In Control During an Interview

Think about the end goal of the interview — both from your perspective as well as the perspective of the media outlet that is doing the interview. What do you want the audience to take away from your story?

Be sure to review the Get Ahead of Stroke® messaging and talking points (page 6) and stick to them during the interview. Develop and practice phrases that capture the essence of what you are trying to convey to the audience. These phrases should be utilized in other interviews too, as long as they are on the same topic. And remember to KISS — keep it short and simple.

Here are a few other tips for staying in control during a media interview:

- If you are appearing on television, maintain eye contact with the interviewer, sit up straight, and speak with a loud, clear voice.
- Follow the belief that anything you say will be “on the record.” You can’t be quoted if you don’t say it.
- If using profession-specific terms or clinical language, be sure to explain them and try to provide an example in context that the interviewer and the audience will be able to relate to.
- Politely correct mistakes that the interviewer makes.
- If you make a mistake, stay calm, admit it and correct it promptly.
- After the interview has concluded, thank the interviewer and offer him/her follow-up materials that will further enhance the story. You can also ask for a copy of the story after it airs.
- When possible, try to use compelling patient stories — they can grab the attention of journalists and their audiences, add credibility to the campaign, and create a lasting impression.

- Do not go off on tangents or offer personal opinions.
- Smile! Smiling goes a long way to helping you feel comfortable and makes you more approachable, whether you're talking to a reporter on the phone or being interviewed in person.

Transitioning Out of a Tough Spot

Transitions are easy-to-use phrases to bring you back to your talking points. Here are a few examples:

- But just as important is ...
- Let me explain ...
- I think it's equally important to know ...
- I'm also frequently asked ...
- Let me add ...
- Another question I'm asked is ...
- We might be overlooking ...
- You can go a step further ...
- For instance ...
- For example ...
- Let me give you the facts ...
- You should also know that ...

Interview Like a Pro

DO:

- Stick to your key messages.
- Be familiar with the style and format of the show/reporter.
- Develop potential questions and practice short answers with a colleague before the interview.
- Provide a brief bio prior to the interview.
- Chat briefly with your interviewer but remember that you will be given a microphone before you go live, and many people will hear and possibly record what you say before the interview begins.
- Repeat your name, title and organization when testing the microphone.
- Be prepared with stories, examples, anecdotes and analogies.
- Maintain eye contact with the interviewer.
- Talk conversationally — like talking to a friend or family member.
- Correct misinformation quickly.
- Use transitions to get back to your talking points.

IF YOU'RE GOING ON TV:

- Check yourself in the mirror right before you go on.
- Sit forward in your chair to show authority and interest.
- Leave your hands free to gesture.

DON'T:

- Let the interview end without delivering your key messages.
- Volunteer or repeat negative or inaccurate information.
- Get angry with the reporter.
- Go “off the record.”
- Do an interview with any reporter or outlet whom you're uncomfortable with.
- Be afraid to ask for a question to be repeated, especially if it isn't stated clearly.
- Get frazzled if you're interrupted.
- Use jargon or technical terms.

Special Tips for Television and Radio

KNOW YOUR PROGRAMMING FORMAT AND GENRE. Television and radio broadcast programs have different audiences, styles and hosts. News talk programs will want more succinct sound bites, while public programming will do a more thorough story. Popular morning radio shows can either be irreverent or serious. While presenting your message on these shows will reach a large audience, you may have to work harder to stay on message.

PAY ATTENTION TO WHAT YOU WEAR. Wear clothes that match how you want to be perceived — aim for a professional look. Avoid distracting patterns.

MAKE EVERY WORD COUNT. Your 5-minute interview with the reporter will likely be edited to a few seconds. Keep your answers short and know that any one of your comments will be edited and used at the reporter's or producer's discretion.

STAY FLEXIBLE. Breaking news may bump your interview. Be prepared for a schedule change if breaking news happens or if the reporter is reassigned to another story.

FIND OUT IF THE SHOW WILL HAVE A WEBCAST. Whereas radio was once a faceless broadcast, most stations now offer a webcast from inside the studio, showing the hosts and any guests in action. Assume your audience will see you and dress appropriately and professionally.

Sample Op-ed (Earned Media)

Richmond Times-Dispatch**WORLD STROKE DAY 2019****BIRAJ M. PATEL COLUMN:****IT'S TIME TO HELP MORE PATIENTS SURVIVE A STROKE IN VIRGINIA**

By Biraj M. Patel, M.D. Oct 28, 2019

Imagine coming home one day to find your significant other collapsed on the floor and unable to speak or move one side of his or her body, seemingly experiencing a severe stroke. Would you want your loved one to go to a hospital that has some degree of stroke expertise, or would you rather he or she be taken to a Level 1 stroke center that is equipped to handle the most life-threatening strokes 24/7, 365 days a year?

As daunting as this decision sounds, first responders nationwide are forced to make this judgment call every day. Most states do not have specific protocols currently in place that ensure someone who is experiencing a severe stroke is transported directly to a Level 1 stroke center with access to a highly trained neuroendovascular team that can help every minute of every day.

While patients might live near a hospital that is best equipped to treat them, they will likely be transported to another one simply because it's closer — only to be transported to a second or, perhaps, a third facility. The time lost in transferring patients from the nearest hospital to a Level 1 stroke center that can successfully treat them jeopardizes their chance at a full recovery. Nearly two million brain cells are dying every minute as the stroke prevents blood flow to the patient's brain, depriving it of oxygen.

In 2017 alone, 3,555 Virginians died from a stroke. We must do more to improve our state's system of care to ensure more patients can survive and thrive following a stroke.

Virginia took an important step in 2018 when the General Assembly passed legislation authorizing the Virginia Department of Health to establish a process to ensure the quality and efficient delivery of stroke care statewide, along with facilitating data collection and information sharing among hospitals and health care providers. Separate legislation that also passed established a system of designated stroke centers. I also want to thank the General Assembly for the resolution it passed earlier this year recognizing the efforts of Get Ahead of Stroke[®], headquartered in Virginia, to improve outcomes for stroke patients nationwide.

We need to build on this progress by making sure patients afflicted with the deadliest form of stroke are transported directly to Level 1 stroke centers. It's a process that already exists for trauma patients in which first responders take critically injured patients directly to Level 1 trauma centers for the lifesaving treatments they need to survive. Why should there be different standards for stroke patients?

Only Level 1 stroke centers can efficiently and effectively provide the multifaceted neuroendovascular care that severe stroke patients need to survive and then thrive. But, we need to make sure the appropriate emergency triage and transportation protocols are in place to ensure these patients get to the appropriate facility at the right time. Virginia has several neuroendovascular-ready facilities across the state, including Carilion Clinic Roanoke Memorial Hospital, Riverside Regional Medical Center, Inova Alexandria Hospital, Inova Fairfax Hospital, Virginia Hospital Center, UVA Health, VCU Health, HCA Virginia and Sentara Northern Virginia Medical Center, to name a few.

Ultimately, it all comes down to time. Every minute of delay before stroke patients receive the care they need reduces their chance at a full recovery. Severe stroke patients who undergo neuroendovascular stroke surgery experience an increase in their life expectancy by five years when compared to patients who do not receive this care.

What can you do to help? I hope you will join me in observing World Stroke Day on Oct. 29. This day allows us to speak in one voice to raise awareness of the unique needs and challenges stroke patients face around the world and here in Virginia. Share the wonderful resources and information found at www.getaheadofstroke.org with your loved ones, communities and elected officials. Urge policymakers to do what they can to help improve outcomes for stroke patients. Together, we can get ahead of stroke.

Dr. Biraj M. Patel is a neurointerventional radiologist at the Carilion Clinic in Roanoke. He is a senior member of the Society of NeuroInterventional Surgery (SNIS), based in Fairfax. SNIS' Get Ahead of Stroke® is a national public education and advocacy campaign designed to improve systems of care for stroke patients. Contact him at: <mailto:bmpatel@carilionclinic.org>

Social Media Templates

Being active on social media is a great way to spread information to diverse audiences about stroke. The campaign team posts frequently about how the coalition is making progress in the states, as well as data about stroke, our growing coalition, opportunities for engagement (like webinars and national observances) and much more.

Below are messages that use Ohio as the state example. Adapt these messages to include [your state's specifics](#) that will make your social media content relatable to your constituencies.

Help us reach more people with messages about stroke by posting on your personal (or hospital-sponsored) platforms, as you are able.

SOCIAL MEDIA MESSAGE TEMPLATE – OHIO EXAMPLE

Facebook

MESSAGE	SUGGESTED GRAPHIC								
<p>Stroke is the fifth leading cause of death in Ohio. How far would you go to #SurviveStroke?</p> <p>Learn the benefits of taking severe stroke patients directly to a Level 1 stroke center, including reduced death and disability: https://getaheadofstroke.org/stroke-center-designations/</p>	<table border="1"> <thead> <tr> <th colspan="2">LEVEL 1 CENTER</th> </tr> </thead> <tbody> <tr> <td>Offers full spectrum of neuroendovascular therapy</td> <td>YES</td> </tr> <tr> <td>Minimum # of patients/year</td> <td>250</td> </tr> <tr> <td>Open neurosurgical services on-site</td> <td>YES</td> </tr> </tbody> </table>	LEVEL 1 CENTER		Offers full spectrum of neuroendovascular therapy	YES	Minimum # of patients/year	250	Open neurosurgical services on-site	YES
LEVEL 1 CENTER									
Offers full spectrum of neuroendovascular therapy	YES								
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<p>Time is Brain: When it comes to severe stroke, getting appropriate care fast is important. If you or a loved one suspect stroke, dial 9-1-1 right away to reduce chances of death or long-term disability. 🧠 #SurviveStroke https://getaheadofstroke.org/</p>	<p>GET BEHIND THE MOVEMENT TO HELP MORE PATIENTS #SURVIVESTROKE.</p>								

All stroke patients in Ohio deserve to be taken to the appropriate care the first time.

Learn how stroke center designations will help connect patients with the care they need to #SurviveStroke:

<https://getaheadofstroke.org/stroke-center-designations/> #SurviveStroke 🗺️



Did you know? Every 4 minutes, someone dies from stroke in the U.S.

What if we had a more effective way to treat stroke patients, and ultimately save lives? We do. Learn more: <https://getaheadofstroke.org>



Similar to how patients are treated in the trauma model, designating stroke centers as Level 1, 2, and 3 — depending on physician experience, training, and caseload — will help EMS match patient needs to patient care. 🚑 🚒

Learn more: <https://getaheadofstroke.org/stroke-center-designations/>



Twitter

MESSAGE

Stroke is the 5th leading cause of death in Ohio. How far would you go to #SurviveStroke?

Learn the benefits of taking severe stroke patients directly to a Level 1 stroke center. 🚑
<https://getaheadofstroke.org/stroke-center-designations/>

SUGGESTED GRAPHIC



Time is Brain: When it comes to severe stroke, getting appropriate care fast is important. If you or a loved one suspect stroke, dial 9-1-1 right away to reduce chances of death or long-term disability. 🧠 #SurviveStroke
<https://getaheadofstroke.org/>



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