



SNPhA Mission

SNPhA is an educational service association of pharmacy students who are concerned about pharmacy and healthcare related issues, and the poor minority representation in pharmacy and other health-related professions.

The purpose of SNPhA is to plan, organize, coordinate, and execute programs geared toward the improvement for the health, educational, and social environment of the community.

Power to End Stroke Initiative Mission

In 2006, the National Pharmaceutical Association (NPhA) established a partnership with the American Stroke Association (ASA) and the ASA Power to End Stroke (PTES) campaign. The purpose of the partnership is for members of NPhA to serve as ambassadors for the Power to End Stroke Initiative and promote stroke awareness throughout the community. During a series of meetings, members of NPhA felt the PTES initiative would also be an excellent opportunity for SNPhA members. 2007-2008 marked the first year SNPhA had adopted Power to End Stroke as a nationwide initiative in collaboration with NPhA and the ASA. Since then, the Power to End Stroke campaign has started a new movement, **EmPowered to Serve**, which is more focus an impacting live long outreach activities in our communities.

The American Heart Association (AHA) has set an aggressive national health goal “to improve the cardiovascular health of all Americans by 20 percent while reducing deaths from cardiovascular diseases and stroke by 20 percent, **all by the year 2020.**” To reach this goal, in 2006, the Power to End Stroke (PTES) campaign started an aggressive education and awareness movement regarding the serious health disparity of stroke in African Americans and all underserved populations. **The PTES mission is to drive the message that stroke is largely preventable and aims to help increase awareness of stroke signs, symptoms, and prevention as well as increase awareness about high blood pressure, diabetes and smoking cessation in the African-American community and all the underserved populations.** The American Stroke Association (ASA) also promotes adherence to primary and secondary stroke prevention guidelines. The PTES initiative was designed based on the concept of “knowledge is power”. By educating and empowering the underserved communities that we work with, we as SNPhA have the power to help end stroke.

This initiative, along with the other initiatives SNPhA endorses, will also have monthly conference calls during the school year to provide ideas, knowledge, and events.

Power to End Stroke Initiative Chair Duties

- ❖ Promote the PTES Initiative to SNPhA chapters and encourage chapters to pursue stroke outreach events to underserved populations in their local communities
- ❖ Organize PTES information events at SNPhA Regional and National Conferences to further promote the PTES Initiative
- ❖ Maintain SNPhA PTES (download newly published stroke guidelines, PTES tools, update the SNPhA PTES Supplemental Guide and SNPhA PTES PowerPoint presentation)
- ❖ Answer chapter questions regarding the PTES initiative



- ❖ Collect PTES Initiative chapter reports
- ❖ Maintain strong communication ties with the NPhA Clinical Initiatives Chair(s) and American Stroke Association/American Heart Association (ASA/AHA) to ensure the viability of the SNPhA PTES Stroke Initiative and various SNPhA PTES projects and events
- ❖ Attend leadership retreat, regional and national meeting
- ❖ Submit monthly and annual official officer reports
- ❖ Conduct monthly conference calls to keep local PTES Chairs updated with national projects

National Power to End Stroke Initiative Chairs: Current/Past Officers

2019-2020

Shivani Gupta, PharmD Candidate 2020
Rutgers University Ernest Mario School of Pharmacy

2018-2019

Charnesa Tutwiler, PharmD Candidate 2019
University of Tennessee College of Pharmacy

2017-2018

Kiara Fairman, PharmD Candidate 2019
University of North Texas System College of Pharmacy

2016-2017

Anh Dao Le, PharmD Candidate 2018
Ohio Northern University Raabe College of Pharmacy

2015-2016

Ojong Bate, PharmD
University of Charleston College of Pharmacy, 2017

Become a Health Ambassador

The Power to End Stroke initiative calls for members of the community to serve as Stroke Ambassadors, whose function is to go into the community and provide information regarding stroke signs, symptoms, prevention and overall awareness. Being future pharmacists, we are in an excellent position to spread the word and make an impact on the incidence of stroke in the African-American population and underserved communities.

Sign up to be a Stroke Ambassador:

<http://www.empoweredtoserve.org/index.php/get-involved/ambassadors/>



National Power to End Stroke Dates and Campaigns

- ♥ World Stroke Day: October 29th
- ♥ Great American Smoke Out: Third Thursday in November
- ♥ Go Red for Women: First Friday of February
- ♥ National Move More Month: April
- ♥ National Stroke Month: May

American Heart Association (AHA) Heart Walk

- ♥ Almost every state has a date in September for the heart walk

Global Outreach

- ♥ For every school that has a medical mission trip out of the USA, our PTES initiative chairs should contact the current National Power to End Stroke Initiative Chair to help other chapters in the future.

Smoking Cessation

- ♥ Organize a smoking cessation session in collaboration with other organizations and other health screenings. Focus on incorporating the rising epidemic of vapes and e-cigarettes.

Power to End Stroke Initiative Event Ideas

The EmPOWERED To Serve (ETS) Health Lessons

Objective: To engage communities and motivate community members to take steps towards creating a culture of health through 13 lessons in three essential areas for health action:

- ♥ The “**healthy living**” lessons call on participants to embrace Life’s Simple 7 for example, get active, eat better, manage blood pressure, lose weight, reduce blood sugar, and stop smoking.
- ♥ The “**chain of survival**” lessons help community members to become more aware about heart disease and stroke—and the critical importance to call 9-1-1 for help, when needed.
- ♥ The “**community advocacy**” lessons challenge participants to become advocates for access to fresh fruits and vegetables, health care services, safe communities, and clean air.

13 Health Lessons Provided by EmPOWERED To Serve (ETS) Movement

- ♥ Each lesson can be completed in 60 to 90 minutes
- ♥ Lessons are designed to drive sustainable changes in our communities
- ♥ Lessons will be updated over the years to keep up to date and current
- ♥ Lessons can be customized
- ♥ Lessons can be completed in 13 weeks and anyone can lead the lesson if you choose to do all lessons

Questions, along with requests to be connected to your local ETS staff, can be sent to empowertoserve@heart.org.

Steps to Complete a Lesson

- ♥ Log on into <http://www.empowertoserve.org>
- ♥ Click on Health Lessons
- ♥ Read the ambassador guide, it provides an explanation to each lesson



- ♥ Choose a lesson, make a commitment, and keep the momentum going
- ♥ Start exploring the lesson
- ♥ Share your outcomes with the empower to serve community

Available Health Lessons

- ♥ **Healthy Living**
Don't Go Breakin' Your Heart | Let's Get Physical | Make life Sweet-Not Your Drinks | Own It | Producing Health
- ♥ **Chain of Survival**
Don't Miss a Stroke | Keep the Beat | Learn AFib by Heart | Secrets of the Heart
- ♥ **Community Voice**
Clear the Air | Got Fruit? | How About Vegetables? | Just What the Doctor Ordered | Taking "Fit" To the Streets

Host PTES Health Fairs or Stroke Screenings Within Your Community

Information Station

- ♥ Play PTES passion video or patient information PowerPoint on a laptop
- ♥ Healthy food options can be available at this station
- ♥ Table with stroke information pamphlets
- ♥ Good place for patients to go if there is a backlog at some of the tables

Triage/Intake Table

- ♥ 1-2 students
- ♥ Patients will fill out an intake form and health fair waiver
- ♥ Review the screenings with the patient

Patient Education

- ♥ 3-5 students and 1 licensed healthcare professional (i.e. pharmacist)
- ♥ Discuss screening results with patient
- ♥ Discuss positive lifestyle medications
- ♥ Provide brown bag session
- ♥ Provide stroke information sheets

Blood Pressure Screening

- ♥ 2-4 students
- ♥ Can perform a second measurement if initial reading is obscure, but must wait 5 minutes before repeating reading
- ♥ Encourage patients to keep track of blood pressure readings to monitor for recurrent high blood pressure readings

Cholesterol Screening

- ♥ 2-4 students
- ♥ Will need 2 students per patient for this screening
- ♥ Can take up to 10 minutes per patient

Blood Glucose Screening



- ♥ 2-4 students
- ♥ If also performing cholesterol screenings, should take blood glucose at the same time to avoid pricking patient more than once

Check with advisors or state board of pharmacy about rules for students to preceptor ratios in your state.

Chauncey I. Cooper (CIC) Chapter Reporting Guidelines

Chapters can only receive recognition for Chauncey I. Cooper (CIC) points by communication with National Headquarters through submitting individual event reports. Chapters are eligible to receive 300 points per PTES event (for up to 10 PTES events). Reports must be submitted via CIC3.0: Please review the following requirements prior to planning and participating in PTES events.

General Requirements

- ♥ Reports must be submitted through CIC3.0 within **14 days** of the event date.
- ♥ Minimum of **3 pictures** OR a link to a video posted on social media submitted in the online form, along with 2 pictures.
- ♥ Must provide a detailed description of the event (1-2 paragraphs describing what took place)
- ♥ Chapters must respond to clarifications requested by respective initiative chairs within five (5) business days.
 - o After the five (5) day window, if chapters are still within the 14 day time frame, clarification is still permissible.
 - o After that five (5) day window, if chapters are outside of the 14 day time frame, events are automatically denied.
- ♥ When reporting the number of patients affected through the e-submission website, include the number of patients **directly** impacted by the chapter's participation in the event; not simply the number of total people in attendance at the event overall because these may not be the same in many instances.
- ♥ If questions, clarifications, or updates are required, please contact the respective initiative chair or the national recording secretary.

"Power to End Stroke" Requirements

- ♥ Must provide direct outreach to patients, preferably in targeted areas such as minority communities, college campuses or high schools AND/OR education of stroke-related topics to healthcare providers and/or students.
- ♥ If the event does not incorporate direct patient outreach, pictures of education materials must be provided **IN ADDITION to the 3 pictures** (or 2 pictures and a video) already submitted.
- ♥ Education events cannot occur concomitantly with usual SNPhA chapter meetings.
- ♥ Public Awareness events that incorporate limited education do not count as PTES events and must be submitted as a Social Media event.
- ♥ A minimum of **two (2) SNPhA members** must be present during the event
- ♥ Must include two (2) of the following to serve as an PTES event:
 - o Distribution of patient information related to Stroke and Cardiovascular Health



- (i.e. pamphlets, brochures, printouts, etc.)
- o Questionnaire plus point of care testing such as Blood Pressure or cholesterol testing
- o Medication review/patient counseling
- o Seminar/lecture to membership or patients
- ♥ **The national PTES chair reserves the right to ask for more information or deny any chapter's event submission to ensure fairness across the country.**

Power to End Stroke (Smoking Cessation)

- ♥ Must provide direct outreach to patients
 - o A minimum of 2 SNPhA members must be present during the event
- ♥ Must include at least 2 of the following to serve as a Smoking Cessation event:
 - o Presentation/visual aids of plausible pharmacologic and/or non-pharmacologic therapies to begin smoking cessation and consequences of tobacco.
 - o Educate children or adolescents on the dangers/hazards of smoking on health
 - o Explanation of pulmonary functions tests and locations where tests can be performed
 - o Incorporation of the 5 A's or R's of smoking cessation counseling

5 R's for Patients Unwilling to Quit

RELEVANCE: Help the individual identify why quitting tobacco is relevant to him/her.

RISK: Encourage the individual to verbalize possible negative outcomes of tobacco use.

REWARDS: Help the individual identify the possible benefits of quitting tobacco use.

ROADBLOCKS: Help the individual to identify possible obstacles to quitting, including those from his/her past quit attempts.

REPETITION: It might take more than just one brief intervention before a tobacco user becomes ready to quit.

Use the 5 A's at every visit!

5 A's for Smoking Cessation

ASK: Ensure that tobacco-use status is obtained and recorded at every patient visit.

- Ask open-ended questions:
- "Have you ever smoked?"
- "How often do you smoke?"
- "When is the last time you smoked?"
- "How many cigarettes did you smoke yesterday/last week/last month?"
- "Why do you think it would be a good idea to quit?"
- "Do you dip or use snuff?"

ADVISE: Advise your patient to quit smoking. Use clear, strong and personalized language:

- "Quitting is the single most important thing you can do to protect your health as well as your family."
- "Smokers who quit save an average of \$120 a month."

ASSESS: Ask every patient if he or she is *willing* to quit at this time. If she is willing to quit, offer praise and provide resources and assistance. If *unwilling* to quit, help motivate the patient by using the 5R's above. If they have tried to quit in the past, get more information.



- ❑ “So, you’ve tried to quit. What do you think triggered you to start smoking again?”

ASSIST: Assist your patient with a quit plan. Give advice on successful quitting.

- ❑ “It is best if you refrain from drinking alcohol at the beginning.”
- ❑ smoking as alcohol is strongly associated with relapse.”
- ❑ “I suggest you ask others not to smoke in the house while you are trying to quit as it may hinder your success.”

Provide resources for your patient. Assist your patient to quit by setting a quit date, ideally within 2 weeks of the visit. Encourage support from patient’s family, friends and coworkers.

ARRANGE: Schedule follow-up visits/phone calls to review patient progress toward quitting.

- ♥ Smoking Cessation counts for CIC points under the PTES Initiative.
- ♥ **Other events are subject to approval based upon prospective initiative chair and national president’s judgment (e.g. school-wide survey assessing probability of becoming a smoke-free campus)**

Useful Resources

- ♥ Local American Stroke Association (ASA)/ American Heart Association (AHA) Offices Directory
- ♥ SWA Health Fair Kits
- ♥ Treating Tobacco Use and Dependence: A Quick Reference Guide for Clinicians (if link does not work copy and paste in browser)
- ♥ Additional Resources and Tools from AHA
- ♥ American Cancer Society - Tobacco Resources

References

1. Strokeassociation.org. (2014). *UNDERSTANDING STROKE RISK*. [online] Available at: https://www.strokeassociation.org/idc/groups/stroke-public/@wcm/@hcm/@sta/documents/downloadable/ucm_463745.pdf [Accessed 15 Aug. 2017].
2. Strokecenter.org. (2017). *Stroke Statistics | Internet Stroke Center*. [online] Available at: <http://www.strokecenter.org/patients/about-stroke/stroke-statistics/> [Accessed 15 Aug. 2017].
3. Empoweredtoserve.org. (2015). *Health Lessons |*. [online] Available at: <http://www.empoweredtoserve.org/index.php/resources/ets-health-lessons/> [Accessed 15 Aug. 2017].