



Carey JR. Simplicity and Tenacity in Stroke Rehabilitation. *Neurorehabilitation and Neural Repair*. 2016; 30(2):182.

Disparities in Stroke Recovery

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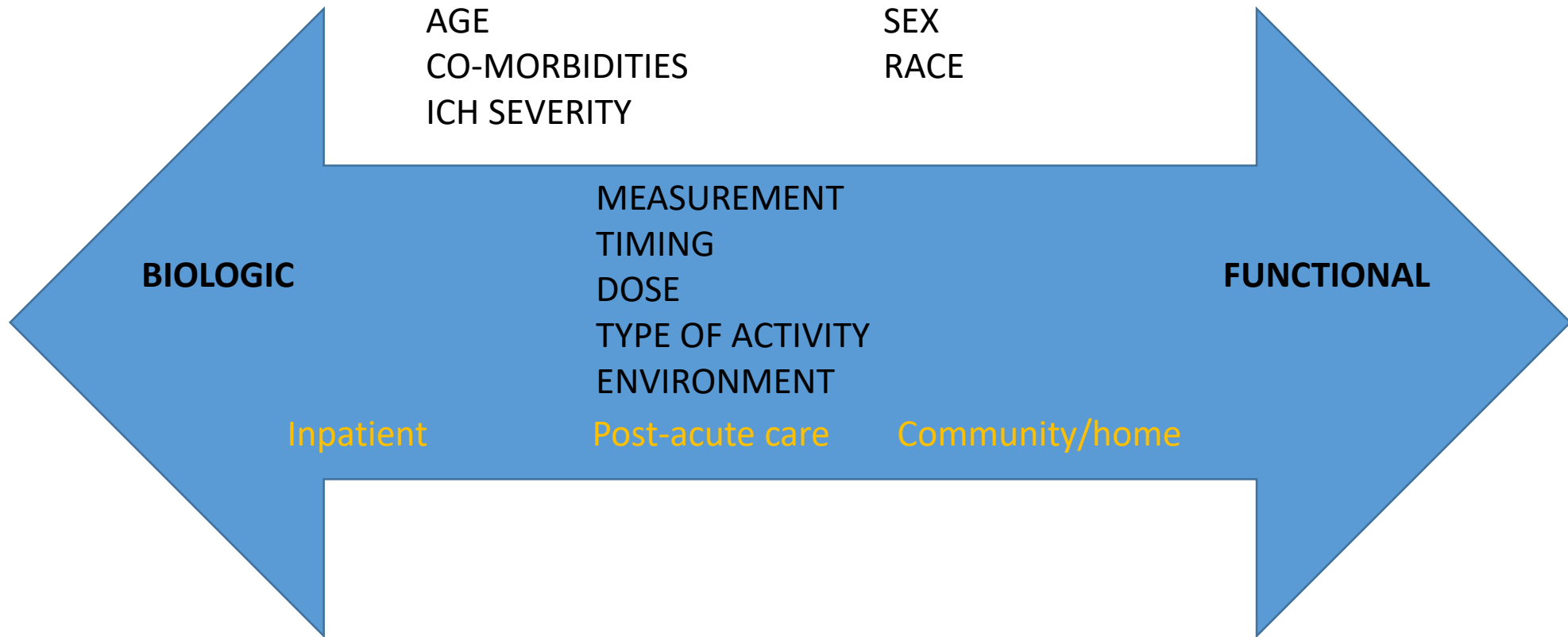
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Disclosures

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Disparities in Postacute Rehabilitation Care for Stroke: An Analysis of the State Inpatient Databases

Janet K. Freburger, PT, PhD, George M. Holmes, PhD, Li-Jung E. Ku, MPP, Malcolm P. Cutchin, PhD, Kendra Heatwole-Shank, MS, OTR/L, Lloyd J. Edwards, PhD

- Cross-sectional study of AHRQ database in 2005 and 2006
- 187,188 stroke patients were included
- Black patients, females, older adults and patients with lower income were more likely to receive care in skilled nursing facilities vs. inpatient rehabilitation facilities
- Post acute stroke care was found to be variable by hospital and geographic area

Disparities in Outpatient and Home Health Service Utilization Following Stroke: Results of a 9-Year Cohort Study in Northern California

Leighton Chan, MD, MPH, Hua Wang, MD, PhD, Joe Terdiman, MD, PhD, Jeanne Hoffman, PhD, Marcia A. Ciol, PhD, Bernadette Ford Lattimore, MPH, Steven Sidney, MD, Charles Quesenberry, PhD, Qi Lu, MS, M. Elizabeth Sandel, MD

Table 4. Poisson regression model for number of outpatient visits during the year after acute care discharge*

Variable	P Value	Estimated Rate Ratio	95% Confidence Interval
Age (y)	<.0001	0.9805	0.9802-0.9808
Gender (reference: male)	<.0001		
Female		0.83	0.82-0.84
Racial/ethnicity (reference: white)	<.0001		
Asian		1.06	1.05-1.08
Black		1.05	1.03-1.06
Hispanic		1.01	0.99-1.02
Living area (reference: urban)	.0023		
Rural		0.97	0.95-0.99
Living area with median household income (reference: >\$80,000)	<.0001		
0-\$40,000		0.81	0.80-0.82
\$40,000-80,000		0.87	0.86-0.88
Type of stroke (reference: ischemic)	<.0001		
Hemorrhagic		0.736	0.727-0.744
Acute care length of stay (days)	<.0001	1.066	1.065-1.067

*Year of discharge and Kaiser Permanente Northern California facility areas are also adjusted.

GENDER AND BEING BORN OVERSEAS INFLUENCES THE AMOUNT OF ACUTE STROKE THERAPY

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Bent Indredavik, MD, PhD^{4,5} and Toby Cumming, PhD¹

From the ¹Stroke Division, Florey Neuroscience Institute, ²Latrobe University, ³Department of Mathematics and Statistics, The University of Melbourne, Melbourne, Australia, ⁴Department of Neuroscience, Norwegian University of Science and Technology (NTNU) and ⁵Stroke Unit, Department of Medicine, St Olavs Hospital, Trondheim University Hospital, Trondheim, Norway

Table V. Regression analyses: Patient factors associated with outcomes of therapy

	Amount of therapy: zero inflated negative binomial regression		Amount of high intensity therapy: zero inflated poisson regression ^a		Having a mean of ≥ 2 therapy sessions per day: logistic regression	
	<i>p</i> -value	Factor change (95% CI)	<i>p</i> -value	Factor change (95% CI)	<i>p</i> -value	OR (95% CI)
Expected amount (min) for patients getting some or no therapy						
Female	0.001	0.78 (0.66–0.9)	0.441	0.97 (0.91–1.04)	0.028	0.56 (0.34–0.94)
Age (per year increase)	0.844	1.00 (0.99–1.01)	0.216	1.00 (0.99–1.00)	0.813	1.00 (0.98–1.02)
Born overseas	0.305	0.92 (0.77–1.08)	0.000	0.77 (0.71–0.84)	0.472	0.81 (0.46–1.43)
Premorbid independent mobility	0.552	1.07 (0.86–1.31)	0.702	0.98 (0.9–1.07)	0.992	1.00 (0.51–1.94)
Stroke severity – NIHSS (per one point increase)	0.071	1.01 (1.00–1.02)	0.417	1.00 (1.00–1.00)	0.006	1.05 (1.02–1.09)
Odds of definitely getting no therapy						
Female	0.780	0.86 (0.3–2.45)	0.794	0.92 (0.51–1.68)		
Age (per year increase)	0.883	1.00 (0.96–1.04)	0.223	0.99 (0.97–1.01)		
Born overseas	0.534	0.66 (0.18–2.43)	0.859	1.06 (0.55–2.06)		
Premorbid independent mobility	0.218	0.48 (0.15–1.54)	0.470	0.64 (0.54–2.73)		
Stroke severity – NIHSS (per one point increase)	0.204	0.95 (0.87–1.03)	0.002	1.07 (1.02–1.11)		

^aExcluding patients indicated for bed rest *n*=20.

CI: confidence interval; OR: odds ratio.

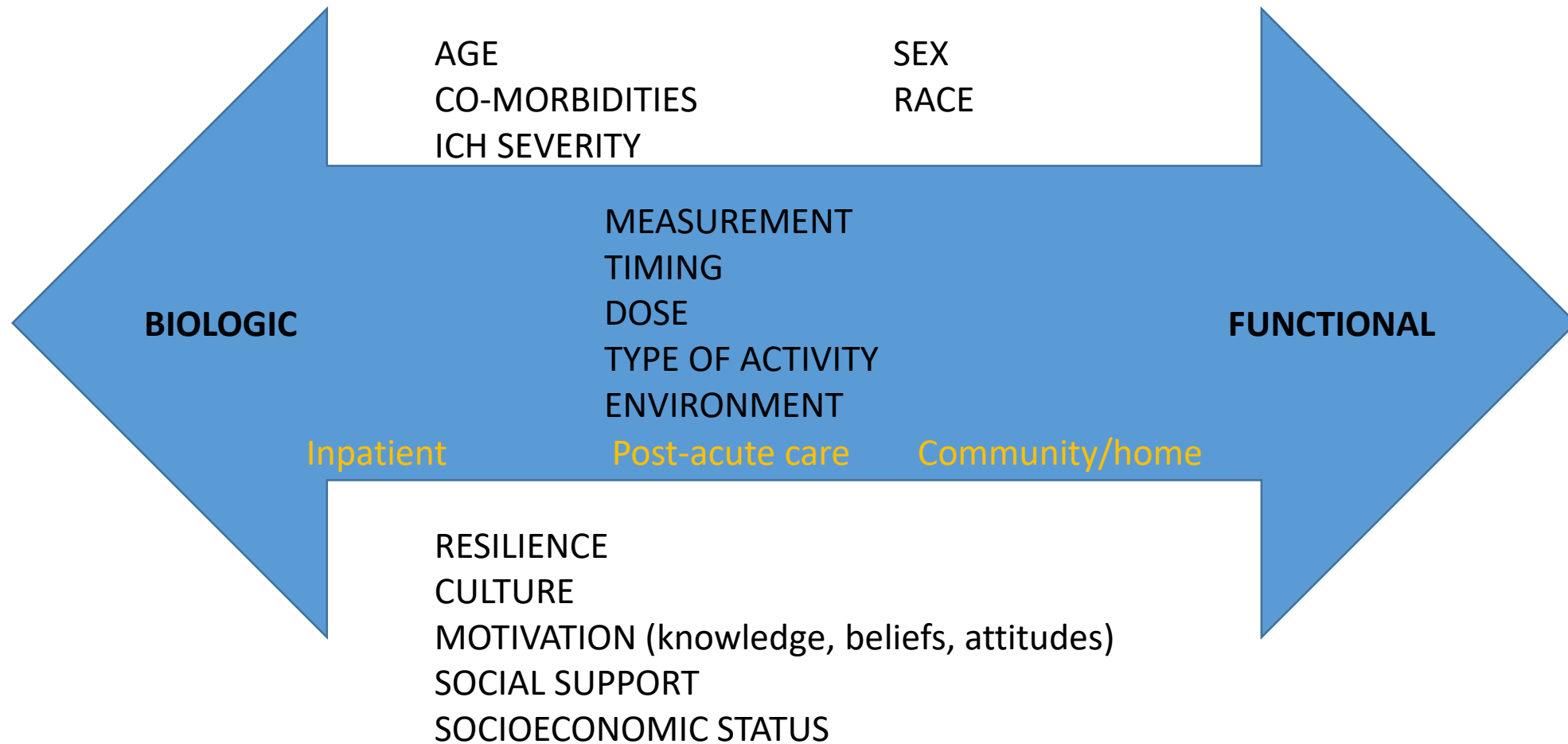
Review Article

Racial/Ethnic Differences in Poststroke Rehabilitation Outcomes

Charles Ellis,^{1,2} Hyacinth I. Hyacinth,³ Jamie Beckett,^{1,2} Wuwei Feng,^{1,3} Marc Chimowitz,³
Bruce Ovbiagele,³ Dan Lackland,³ and Robert Adams³

- 17 studies including 429,108 stroke survivors
- Most included studies compared outcomes in Black and White stroke survivors
- Functional independence measure (FIM) was most common
- 59% of included studies suggest that Black stroke survivors demonstrated less functional improvement after rehabilitation
- Black stroke survivors were less likely to demonstrate increased FIM scores or change scores after rehabilitation compared to White stroke survivors

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Thank you