

**What do you have in your head?: Interactive
campaigning for educational awareness.**

Fundació Ictus. Malaltia vascular.

Barcelona. Catalonia. Spain.

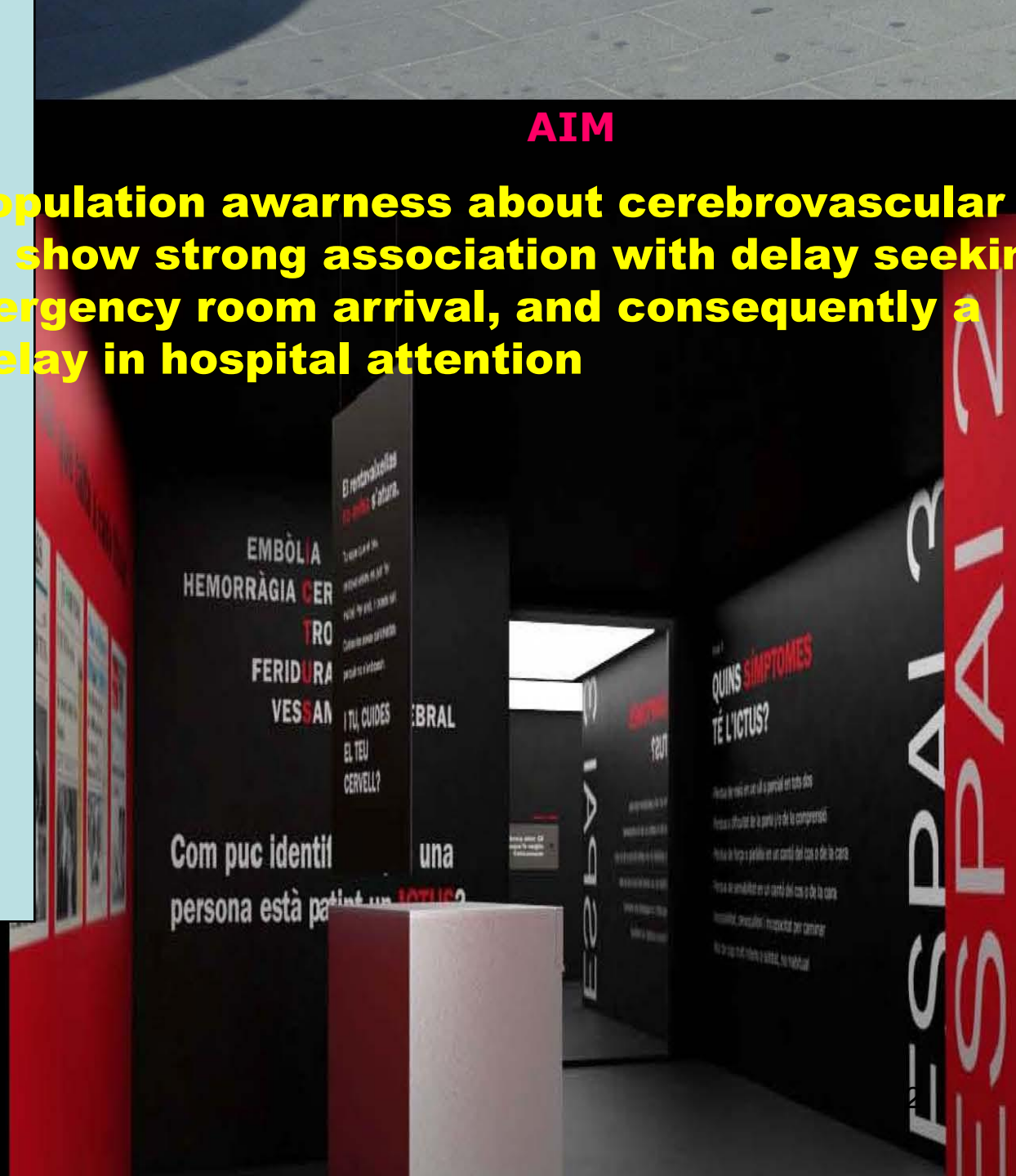
Esteve Pont. Ph D.

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November 2010**



AIM

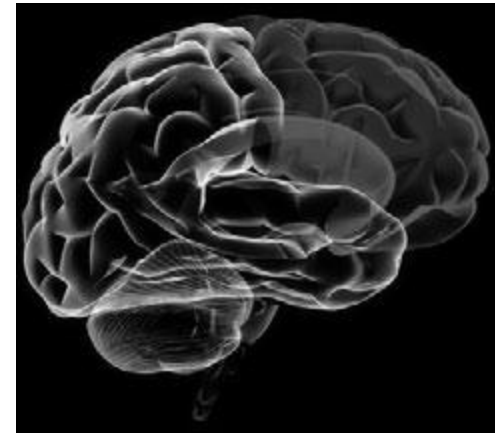
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Our aims were:

**1.- To improve stroke Knowledge
producing appropriate behaviors
after symptoms onset and good
manners about prevention
starting from a wide population
campaigning**

**2.- To evaluate the campaigning
impact on pupulation after a
medium time.**



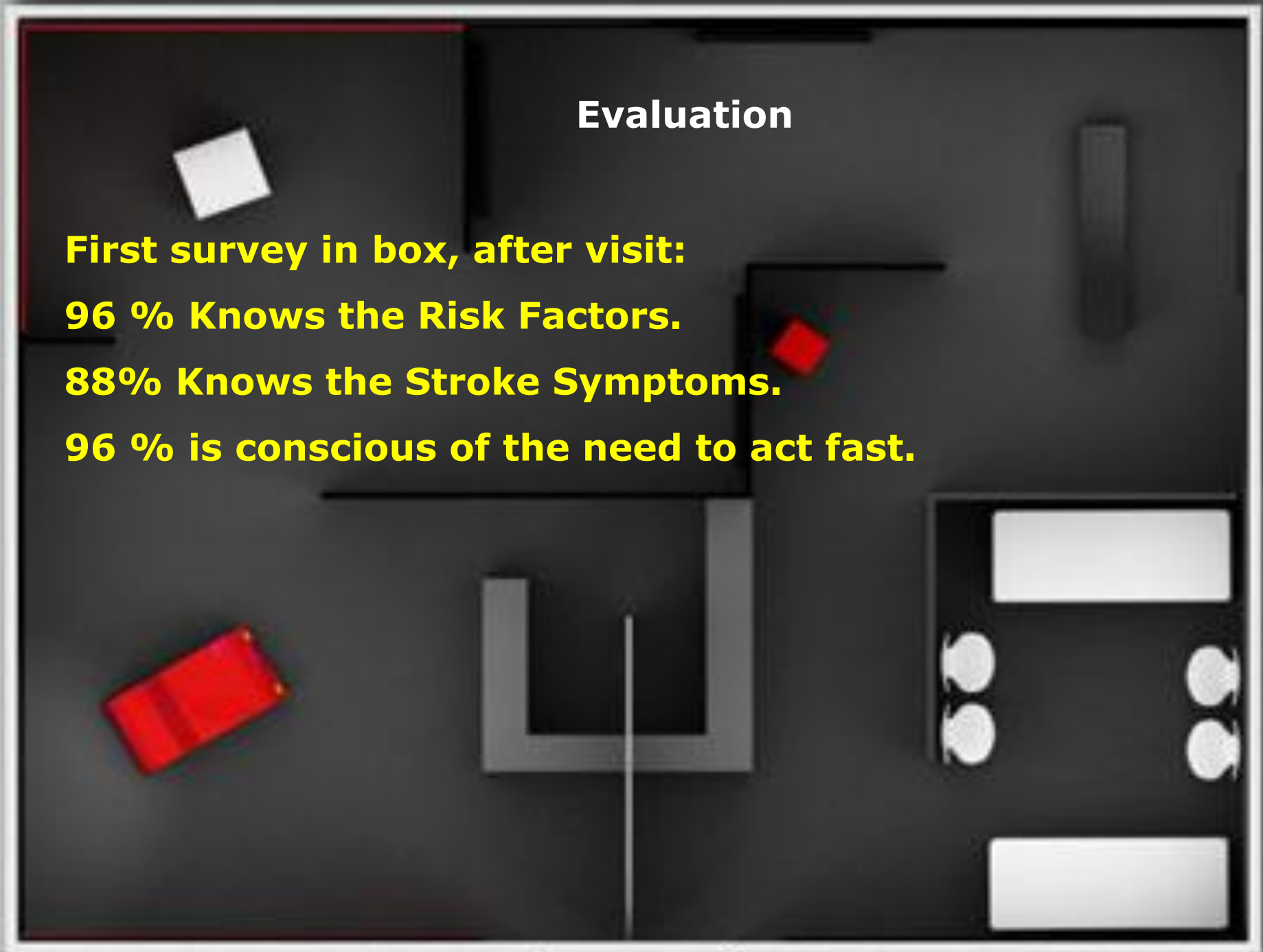
Evaluation

First survey in box, after visit:

96 % Knows the Risk Factors.

88% Knows the Stroke Symptoms.

96 % is conscious of the need to act fast.



Evaluation

Second survey by phone six months after visit:
90 % Remember and Knows the Risk Factors.
80% Remember and Knows the Stroke Symptoms.
99 % continues to be conscious of the need to act fast.

RAPID...!

FAST...!



The acronym RAPID means:

R RIU = SMILE

A AIXECA ELS BRAÇOS = RAISE THE ARMS

P PARLA =SPEAK

I ICTUS? = STROKE ?

D DEPRESSA = FAST (Act up)

**Song by: Marc Parrot
Performed by Marc Parrot and Beth.
Barcelona, 2010.**

"WHAT DO YOU HAVE IN YOUR HEAD?": INTERACTIVE CAMPAIGN FOR EDUCACIONAL AWARENESS

AIM

The poor population awareness about cerebrovascular disease did show strong association with delay seeking for help, in emergency room arrival, and consequently a following delay in hospital attention.

Our aims were: (1) improve stroke knowledge, producing appropriate behaviors after symptoms onset and good manners about prevention starting from a wide population campaign. (2) evaluate the campaign impact on population after a medium term.

METHODS

After revising the last 10 years stroke campaigns literature, an educational health campaign was designed. We shaped it as a running exposition, mounted as a moving box.

The box interior has been divided in interactive spaces, to favor a better storing of information. In those spaces a visitor is able to learn what a stroke is, how to recognize the more relevant stroke symptoms and how to act fast. Visitors are "trained" on the more relevant risk factors and how to deal with a stroke. The visitor was accompanied by a trained supervisor all along the tour to answer any possible doubt.

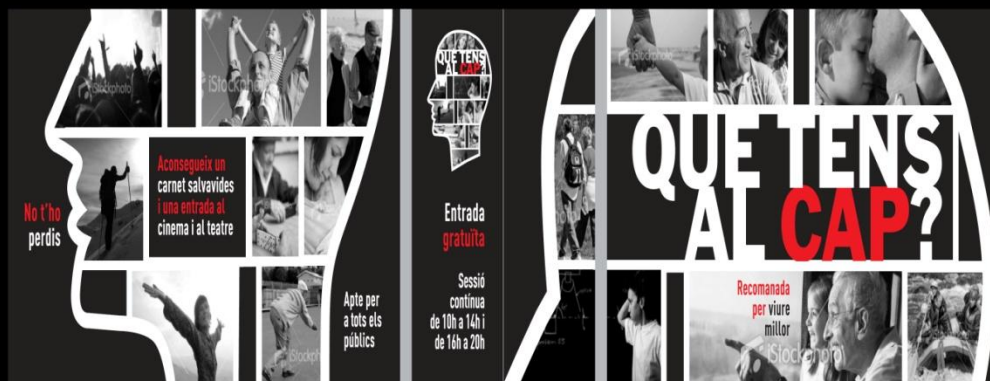
We evaluated the campaign impact using an electronic form administered at box exit and we reevaluated telephonically using a predefined interview.

RESULTS

Two expositions have been made. Ten days in Barcelona and 6 in Palma de Mallorca. Visitors number: 4875; On site interviews: 1329 (27,3 %); The 96% were able to answer correctly about risk factors questions; the 88% was able to identify at least 1 symptom and the 96,2% was able to act after recognizing a stroke. The exposition usefulness was evaluated as a 9 on 10. At 6 months, 106 telephonic interviews were performed; 96% was able to say what a stroke is; 80% recognized at least 1 symptom, 90% knew the risk factors and the 99% knew how to act after recognizing a stroke.

CONCLUSIONS

The educative aims proposed were accomplished by the use of this interactive model, with a great participation of participants. What learned by interacting is still remembered by visitor 6 months after. More expositions are needed, to be able to improve the campaign impact y periodically diffuse the stroke awareness messages



**Moltes gràcies. Thank you very much. Merci
beaucoup..!**

