**INTRODUCTION**

- Effective stroke disease educational programs are needed in the community, as stroke remains a leading cause of mortality in the United States (Roger et al., 2012).
- The literature identifies perceived susceptibility to illness as a strong indicator for a health action (Sullivan & Katajamaa, 2009).
- However, many clients fail to recognize their vulnerability to illness and do not take preventive action (Winham & Jones, 2011).

**PURPOSE**

- To teach a class on stroke awareness to a group of parishioners from a small community church and explore their stroke beliefs, knowledge of stroke factors, and intention to take a health action using the Health Belief Model as the theoretical framework.

**THEORETICAL FRAMEWORK**

**METHODS AND MATERIALS**

The study instruments included:

- A class flyer advertising the class was distributed two weeks prior to the event (Figure 1).
- Five instruments for data collection were designed by the researcher: a demographic and health questionnaire, a pre and post-test, and a Commit to Action questionnaire.
- A 60 minute educational session on stroke awareness was designed and delivered using various teaching methodologies.
- Permission to teach the class was given by the leader of the church.
- A class assistant was recruited and instructed on helping with distributing and collecting surveys.
- All data were coded and entered into SPSS statistical software program for storage and analysis.

**RESULTS**

- The M=54.05 (SD = 18.95), Median= 56, and the Mod= 41
- 60% of responses had statistical significance (p≤0.05) (See Table 3).
- Correlations were noted among pre and post-test scores for knowledge of stroke risk factors (Questions Q1-5, Table 3), knowledge of stroke symptoms (Q,6), and perceived benefits of taking action (Q,10, Q,13, Q,14, Table 3).
- 86% of responses had a positive change in mean scores from pre to post-test. (See Table 3).
- Question 11 and 12 that asked, “If symptoms go away then I don’t have to call 911 and “I feel too embarrassed to exercise” had a high-to-low mean as it was the expectation that the participants would disagree with the statement.
- Intention to increase physical activity, eat more vegetables, and keep an annual physical exam were most frequently identified as a target for change (See Table 5).
- Analysis of the raw data showed that those between the ages of 15 and 19 years old identified the need to increase physical activity as a target for change.

**DISCUSSION**

- There was a great variation in the age distribution of this study, thus, the sample was unlikely homogenous.
- Self-disclosed risk factors for stroke in this study are consistent with literature findings among the American population with regards to hypertension, hyperlipidemia, and diabetes (Rogers et al., 2012).
- There is evidence that there was positive change in the participant’s perceptions to stroke susceptibility, stroke beliefs, and intention to change after the education session.
- The learner’s goals for identifying stroke as a medical emergency and calling 911 was 100% met (Q,7 and Q9, Table 3).
- The results of this study supports the benefit of implementing health education programs in community church settings.

**CONCLUSIONS AND IMPLICATION FOR NURSING**

- Findings suggest that preventive health interventions for stroke can positively change knowledge of stroke disease in this study population.
- This class offering helped participants clarify misconceptions related to stroke pathophysiology, incidence, symptoms, and treatment that were not well understood prior to the class.
- Younger populations such as teenagers, have a significant opportunity for lifestyle changes and should be included in educational interventions that typically target adults.
- Faith-based organizations can be effective in promoting health education in this community.
- Nursing students, frontline nurses, and nursing faculty have a significant role in transforming the health of the community by impacting health promotion and prevention methods applicable throughout the healthcare landscape.
- Further studies are needed to include a larger sample size and a session in Spanish, as the study setting was in a predominantly Hispanic neighborhood.

**METHODOLOGY**

**Layout of Process and Procedures**

**RESULTS**

<table>
<thead>
<tr>
<th>Demographics</th>
<th>All participants n=22</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Males</td>
<td>55%</td>
</tr>
<tr>
<td>% Females</td>
<td>45%</td>
</tr>
<tr>
<td>High School</td>
<td>41%</td>
</tr>
<tr>
<td>HS and Trade</td>
<td>14%</td>
</tr>
<tr>
<td>Less HS/Trade</td>
<td>45%</td>
</tr>
<tr>
<td>Trade/Vocational</td>
<td>14%</td>
</tr>
<tr>
<td>Salaried</td>
<td>20%</td>
</tr>
<tr>
<td>College</td>
<td>6%</td>
</tr>
<tr>
<td>Other</td>
<td>4%</td>
</tr>
<tr>
<td>Media's</td>
<td>9%</td>
</tr>
</tbody>
</table>

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