



Linking Scientists, Clinicians
and Policymakers to be a
Relentless Force for a World of
Longer, Healthier Lives.

WHAT'S INSIDE

LETTER FROM THE CHAIR

Dr. Keith Churchwell
Chair, Advocacell

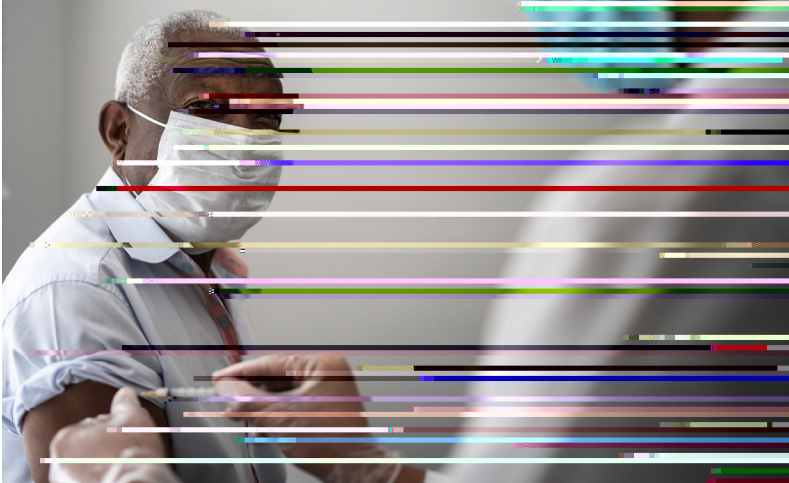
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GUIDANCE TO REDUCE THE CARDIOVASCULAR BURDEN OF AMBIENT AIR POLLUTANTS

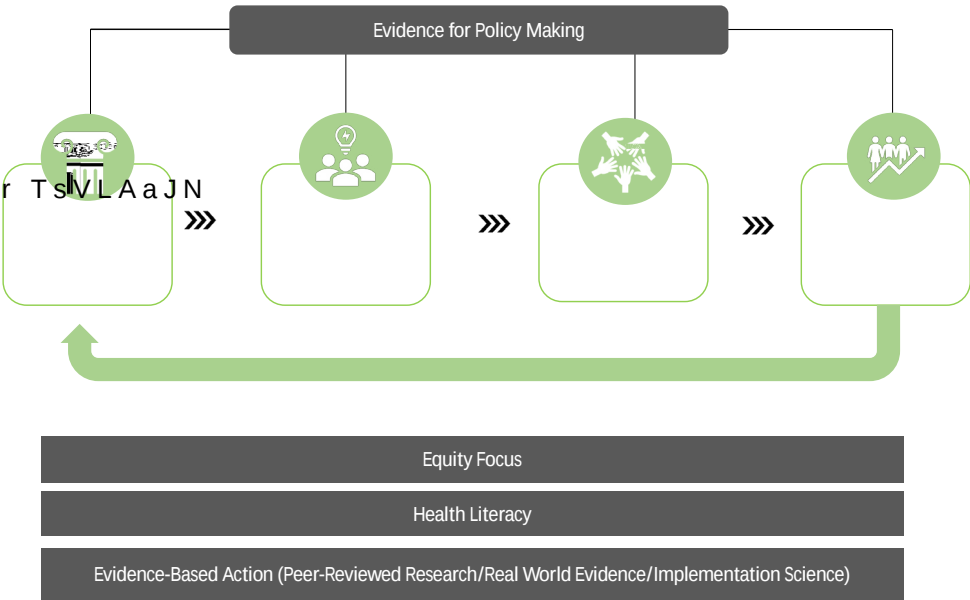
In 2010, the American Heart Association published

American Heart Association Scientific Statement
Ambient Air Pollution and Cardiovascular Disease
evidence was consistent with a causal relationship

EVIDENCE-BASED POLICY MAKING FOR PUBLIC HEALTH INTERVENTIONS: ASSESSING THE FEASIBILITY OF CONDUCTING TRIALS WITH HARD CLINICAL OUTCOMES

Policy makers often question whether additional research, especially randomized-controlled trials (RCTs), are needed to prove that prevention policies are effective. Despite the prominent role of RCTs in health care, it is not always feasible to conduct these kinds of studies for public health interventions with hard outcomes due to logistical and ethical considerations. Currently, for policymakers charged with establishing evidence-based policy to determine whether an RCT with hard outcomes is needed prior to legislation or regulation.

This paper summarizes a case study and analysis looking





RECOMMENDATIONS FOR REGIONAL STROKE DESTINATION PLANS IN RURAL, SUBURBAN AND URBAN COMMUNITIES FROM THE PREHOSPITAL STROKE SYSTEM OF CARE CONSENSUS CONFERENCE

(Continued)

This statement will help to maximize patient access to evidence-based acute stroke therapies by providing state and regional policymakers, EMS agencies, and stroke advisory committees with recommendations for stroke systems of care tailored to population density, geography, health care resources and other considerations. More

and urban environments leveraging the widely used US Census Bureau's rural-urban commuting area (RUCA) code system;

apply to all SSOCs, regardless of geographic

suburban, and urban environments. Most notably, the statement includes recommendations for transport destination depending on the type of stroke suspected, degree of severity based on

3 THINGS TO KNOW

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systems of care (SSOC) plans. The recommendations can help ensure that acute stroke patients are triaged to the right place in the right amount of time for the most appropriate intervention, including intravenous thrombolysis and EVT. Selected patients with suspected stroke due to LVO should be preferentially triaged to the nearest EVT-capable stroke center.

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considerations, local public health agencies are the organizations best suited to determine the most appropriate acute stroke destination plans that are simple, balanced, and actionable.

3

concerning the acceptable additional transport time to a more comprehensive stroke facility. This paper provides local and regional Emergency Medical Services (EMS) agencies and stroke advisory committees with guiding principles and recommendations for how to integrate the elements of a stroke system of care in three key regional settings: urban, suburban, and rural settings.

