

# July 2020

## Racial Disparities in Post-Stroke Disability



### Racial disparities in post-stroke disability

Thanks to Rachelle Studer-Brynes, DPT, NCS for reviewing this week's article

#### Racial Differences in Patient-Reported Post-Stroke Disability in Older Adults

Ellis C, Magwood G, White BM. Racial Differences in Patient-Reported Post-Stroke Disability in Older Adults. *Geriatrics (Basel)*. 2017;2(2):16. Published 2017 May 23. doi:10.3390/geriatrics2020016

#### Background Info:

- Significant racial disparities in stroke indicate a higher number of Non-Hispanic Blacks (Blacks) vs. Non-Hispanic White (Whites) stroke survivors with increased disability in tandem with having twice the risk of having a first-time stroke. There is also very little known about long-term disability of older adults (>65) post-stroke.
- Speculation of observed racial disparities may be affected by measurement approaches as well as less attention to patient-reported outcomes (PROs) on the recovery process and their reported abilities.
- Cross-sectional examination of data from 2015 National Health Interview Survey (NHIS) was utilized to explore racial differences in functional performance among stroke survivors. The survey examines use of healthcare services, health behavior, and general health status.

#### Article Purpose:

- Measure the “functional capacity” or ability to complete functional tasks independently or with an assistive device, comparing racial group outcomes of adult stroke survivors age 65 or older
- Explore older stroke survivors PROs and perspective of their functional abilities or level of disability

#### Results:

- Demographic characteristics of older stroke survivors (>65) from the 2015 NHIS indicated:
  - o Average stroke duration of 10 years for community stroke survivors
  - o Blacks were younger than Whites at the time of first stroke

- o Higher incidence of female survivors
- o Significant racial-ethnic differences in marital status
- Self-report of physical capacity and comorbid conditions was the primary outcome variable utilized and findings indicated disparities in:
  - o Sitting for 2 hours
  - o Reaching overhead
  - o Grasping small objects
  - o Participating in social activities
  - o Hypertension and Diabetes
- No racial differences were observed in walking a quarter mile, climbing 10 steps, standing for 2 hours, stooping, carrying 10 pounds, pushing large objects or going to events
- Findings show a persistence in racial disparities when compared to NHIS of 2000-2001

### **Clinical Implications:**

- Although there were racial differences reported in marital status, there was not information provided on the health or wellbeing of the spouses. This may be an important consideration when exploring racial disparities.
- There was a lack of critical information on social support and community support and current literature highlights the need for social support for optimal stroke recovery. This may also be an important consideration as support structures can vary by race-ethnicity and may influence stroke survivor outcomes and support network expectations.
- PTs should consider the social support network and social expectations of their patients, as well as health of that social support community. It is also important to consider the differences in healthcare provider reported outcomes vs those reported by our patients.
- Anecdotally, it also appears as PT's we should continue to consider the importance of upper extremity impairments on patient reported functional disability.

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## **PRAXIS Podcast: Exploring Racism and Medicine**

As we explore health disparities, we must recognize the impact that racism and other forms of marginalization have on health outcomes and access to healthcare for our patients.

**The PRAXIS Podcast**, hosted by Edwin Lindo, JD at the University of Washington, is a valuable resource for all healthcare workers wanting to learn more about theory and history of racism in healthcare and working towards health justice.

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