



The Force for Health®
PREPARED PATIENT PROGRAM

PREPARED PATIENT

Stroke

Your complete learning module — eight components from newly-diagnosed to a clinically Prepared Patient Ambassador. Everything to know and do, in one place.

8-Component Condition Module

WHAT'S INSIDE — THE 8 COMPONENTS

1 Core Basics

3 Force Field Fact Sheet

5 Materials & Tools

7 Exam · Ambassador

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8 Disease Advocate



SCAN TO OPEN THE
LIVE JOURNEY

1 Core Basics

Welcome — why becoming a Prepared Patient matters

Welcome. You're in the right place. This module turns Stroke from something that happens *to* you into something you help manage — step by step, at your own pace. You don't need to become a doctor. You need to become the most prepared person in the room about *your* health.

WHY THIS MATTERS — FOR YOU AND THE PEOPLE AROUND YOU

As a Patient

Know your numbers, spot your red flags, and act fast when it counts. Prepared patients have better days and fewer emergencies.

As an Ambassador

Speak up in your own care as an equal partner — ask the right questions and help shape your plan.

As a Caregiver

Support someone you love with confidence — know what to watch for and what to do.

STROKE — A NATIONAL OVERVIEW

87% are ischemic

13% are hemorrhagic

**1.9 million neurons
(brain cells) every
minute**

A stroke is an injury to the brain. It happens when blood cannot reach part of the brain. About **87% are ischemic**. That means a clot blocks an artery to the brain.

About **13% are hemorrhagic**. That means an artery bursts and bleeds into or around the brain. A **TIA (transient ischemic attack)** is a warning stroke. It has the same signs and the same cause.

But blood flow comes back before harm is lasting. In a large stroke that is not treated, the brain loses about **1.9 million neurons (brain cells) every minute**.

That is why stroke care is all about speed. The steps are: BE-FAST recognition → 911 → ambulance to a stroke center → CT scan → clot-busting drug or clot removal.

Most strokes can be prevented. Most second strokes can be prevented. Waiting causes damage that lasts.

PRE-KNOWLEDGE CHECK — RATE WHAT YOU KNOW RIGHT NOW (1–5)

Be honest — there's no wrong answer. You'll rate these again at Step 7 and see how far you've come.



1 Core Basics

Welcome — why becoming a Prepared Patient matters

What Stroke actually is

○ ○ ○ ○ ○

My key numbers & targets

○ ○ ○ ○ ○

My red flags — and what to do

○ ○ ○ ○ ○

My medicines & how to take them

○ ○ ○ ○ ○

How to speak up with my care team

○ ○ ○ ○ ○

1 = new to me · 5 = I could teach it

★ My Prepared Patient Pledge

I pledge to learn about my Stroke, to know my numbers and my red flags, to speak up in my own care, and to take one small step at a time — for myself and for the people who count on me.

SIGNED

DATE

Additional Notes

☐ I've completed Step 1 · Welcome & Overview for Stroke



2 Self-Reflection

Eight soft questions to find your honest starting point

No test, no wrong answers — an honest self-reflection to find your starting point with Stroke. This is an engagement screener, not a clinical assessment. Mark your answers, then carry them into the Fact Sheet.

Q1 Have you ever had a stroke, thrombectomy, bypass, or been told you have stroke, clot or bleed, or TIA (mini-stroke)?

Stroke is often silent. Some people learn they have it from a routine test; others find out from an event. Naming what you've actually been told is the first step.

CHOOSE ONE

- ☐ Yes — I've had a stroke, thrombectomy, or bypass
- ☐ Yes — I have a Stroke or TIA (mini-stroke) diagnosis without a major event
- ☐ No, but I have known risk factors (high blood pressure, high BP, diabetes, family history, smoking)
- ☐ No — and I don't have major risk factors that I know of
- ☐ I'm not sure

Q2 Has anyone in your family had a stroke, thrombectomy, bypass, or sudden neurologic death — especially before age 60?

Family history of early heart disease is one of the strongest Stroke risk factors and a clue to inherited high blood pressure.

CHOOSE ONE

- ☐ Yes — and at least one relative was under 60
- ☐ Yes — but I'm not sure of ages
- ☐ No
- ☐ I don't know



2 Self-Reflection

Eight soft questions to find your honest starting point

Q3 Have you ever heard about, or thought about, any of these in connection with heart disease? (check all that feel familiar)

This is just a familiarity check, not a behavior audit. Pick whatever rings a bell.

CHECK ALL THAT APPLY

- ☐ BP target ("bad") blood pressure target numbers
- ☐ BP medication (atorvastatin, rosuvastatin, simvastatin)
- ☐ Cerebral calcium score CT scan
- ☐ Neurologic rehab
- ☐ Antiplatelet or other antiplatelet for heart
- ☐ Quit-smoking medication or counseling
- ☐ Mediterranean / DASH-style eating
- ☐ None of these — this is all new to me

Q4 Do you feel confident that you understand stroke — what it is, what it does to the body, and what helps?

"Somewhat" is a totally fair answer. Most people start there.

CHOOSE ONE

- ☐ Very confident — I know the basics well
- ☐ Somewhat — I know some, want to know more
- ☐ Not really — I'd like to learn more
- ☐ This is new to me

Q5 Do you feel confident you know how to live the highest-quality life possible despite (or to prevent) Stroke?

Quality of life is the goal — energy, the things you love, longevity — not just "watching the BP target."

CHOOSE ONE

- ☐ Yes
- ☐ I'm getting there
- ☐ Not yet — I want to learn how
- ☐ Not applicable to me right now



2 Self-Reflection

Eight soft questions to find your honest starting point

Q6 Are you ready to become an informed and respected part of your care team — where your observations, communications, and actions are the most important part of your care?

This is the heart of the Prepared Patient idea.

CHOOSE ONE

- ☐ Yes — I'm ready
- ☐ Almost — I want to learn more first
- ☐ I'd like to but I'm not sure how
- ☐ I hadn't thought of it that way before

Q7 Do you have at least one person — family, friend, or care team — you can turn to about your heart?

Habit change sticks when it's social.

CHOOSE ONE

- ☐ Yes — I have someone
- ☐ Maybe — I'm not sure who
- ☐ Not yet — but I'd like to find someone
- ☐ I prefer to figure it out myself first

Q8 What brought you to this Prepared Patient program today?

Your answer is private and helps us speak to you better.

CHOOSE ONE

- ☐ I've had a heart event (MI, thrombectomy, bypass)
- ☐ I have Stroke without a major event
- ☐ Someone I love has Stroke or had a heart event
- ☐ I want to prevent it (risk factors / family history)
- ☐ I'm a student, professional, or educator
- ☐ I'm just curious



2 Self-Reflection

Eight soft questions to find your honest starting point

What these answers tell me about where I'm starting

 Additional Notes

☐ I've completed Step 2 · Self-Reflection for Stroke



3 Force Field Fact Sheet

Primer · Foundations

This is the heart of the resource: the complete Stroke Force Field, organized in knowledge tiers. Each card gives the essentials, then **Concepts** (what to know), **Skills** (what you can do), **Actions** (this week), and your **Plan** (share & sustain).



What Is a Stroke?

PRIMER · TIER 0

A stroke is an injury to the brain. It happens when blood cannot reach part of the brain. About **87% are ischemic**. That means a clot blocks an artery to the brain.

About **13% are hemorrhagic**. That means an artery bursts and bleeds into or around the brain. A **TIA (transient ischemic attack)** is a warning stroke. It has the same signs and the same cause.

But blood flow comes back before harm is lasting. In a large stroke that is not treated, the brain loses about **1.9 million neurons (brain cells) every minute**.

That is why stroke care is all about speed. The steps are: BE-FAST recognition → 911 → ambulance to a stroke center → CT scan → clot-busting drug or clot removal.

Most strokes can be prevented. Most second strokes can be prevented. Waiting causes damage that lasts.

CONCEPTS · LEARN IT

- Ischemic ~87% (clot) · hemorrhagic ~13% (bleed) · TIA = warning stroke
- ~1.9 million neurons (brain cells) die each minute in a large untreated stroke
- Time is brain — every minute matters
- Most strokes can be prevented. Most second strokes can be prevented too.
- Stroke is the #1 cause of long-term adult disability in the U.S.

ACTIONS · THIS WEEK

- Save 911 and your stroke team's number in your phone
- Print a BE-FAST card for the fridge
- Tell your family which stroke center is closest
- Open the deep course tile #1

SKILLS · LIVE IT

- Say how ischemic, hemorrhagic, and TIA are different
- Know the BE-FAST signs by heart
- Know where your closest certified stroke center is
- Call 911 for any BE-FAST sign. Do not use Uber or drive.

PLAN · SHARE IT

- Read all 16 squares
- Open the deep course
- Do one BE-FAST practice with family this month



3 Force Field Fact Sheet

Primer · Foundations



360 Human Anatomy: Cerebrovascular

PRIMER · ANATOMY

Let's walk the body where stroke happens. Two carotid arteries sit in the front of the neck. Two vertebral arteries sit in the back. They send blood up into the **Circle of Willis** at the base of the brain.

From there, branches feed every part of the brain. The frontal lobe handles planning and movement. The parietal lobe handles feeling (sensation). The temporal lobe handles language and memory.

The occipital lobe handles vision. The cerebellum handles balance. The brainstem handles breathing and swallowing. **Where** the clot or bleed sits decides **which** job you lose.

A block in the left middle cerebral artery often causes right-side weakness and trouble speaking. A block in the cerebellum causes sudden dizziness and loss of balance.

The 360 Human Explorer lets you click each part. You can see what happens when blood flow stops there.

CONCEPTS · LEARN IT

- Carotid + vertebral arteries → Circle of Willis → brain regions
- Where the vessel sits decides what job is lost
- Left MCA (middle cerebral artery) = right-side weakness + speech trouble (most common pattern)
- Back-of-brain strokes (cerebellum, brainstem) are often missed. Dizziness is easy to overlook.
- Carotid stenosis (narrowed neck artery) is a treatable cause of stroke

ACTIONS · THIS WEEK

- Click into 360 Human Anatomy: Cerebrovascular
- Plan a yearly carotid-screening talk if you have HTN (high blood pressure), T2D (type 2 diabetes), or a smoking history
- Add 'sleep apnea screen' if you snore or feel tired

SKILLS · LIVE IT

- Open the 360 Human Anatomy module
- Name three brain parts and what they do
- Explain why dizziness alone can be a stroke
- Describe the FAST stroke check on yourself in the mirror

PLAN · SHARE IT

- Visit the cerebrovascular system module
- Mark your own areas of concern
- Bring your marked map to your next visit



3 Force Field Fact Sheet

Primer · Foundations



Who Gets Stroke?

PRIMER

About **795,000 Americans have a stroke each year**. About 610,000 are first strokes. About 185,000 are repeat strokes. Risk goes up with age. But more people in their 30s, 40s, and 50s are having strokes now.

The biggest risks you can change are: **high blood pressure** (#1) and **atrial fibrillation** (a fast, uneven heartbeat; the most undertreated risk). Others are **diabetes, smoking, high cholesterol, sleep apnea, sickle cell disease, obesity, a sit-still lifestyle, alcohol**, and **family history**.

African Americans have about 2× the stroke rate of White Americans, and it starts about a decade earlier. The southeastern U.S. "Stroke Belt" has the heaviest burden in the nation.

High blood pressure during pregnancy (preeclampsia) also raises lifetime stroke risk.

CONCEPTS · LEARN IT

- ~795K U.S. strokes/year (~610K first, ~185K repeat)
- Black adults: ~2× the rate, starts ~10 years earlier
- Stroke Belt = AL, AR, GA, LA, MS, NC, SC, TN — the heaviest national burden
- HTN (high blood pressure) is the #1 risk you can change. AFib (uneven heartbeat) is the most undertreated.
- Sleep apnea is a hidden risk. SCD (sickle cell disease) adds even more blood-vessel risk.

ACTIONS · THIS WEEK

- Ask your siblings and parents about stroke and TIA history
- Get checked for sleep apnea if you have signs
- Add your stroke risks to your phone's medical ID

SKILLS · LIVE IT

- Know your family stroke history (parents, grandparents, siblings)
- Get checked for sleep apnea if you snore or feel tired
- Track your BP (blood pressure), A1c (3-month blood sugar), and LDL (bad cholesterol) honestly
- Know if you have AFib. If you do, know if you take a blood thinner (anticoagulant).

PLAN · SHARE IT

- Talk with family about stroke and BE-FAST this month
- Ask for a sleep medicine referral if you have signs
- Update Health Passport with family history



3 Force Field Fact Sheet

Primer · Foundations



The Numbers PRIMER

The U.S. has about 795,000 strokes a year. About 160,000 people die. Stroke is the #5 cause of death. It is the **#1 cause of long-term adult disability**.

It costs the U.S. about **~\$56 billion per year** in direct and indirect costs. After age 25, about 1 in 4 people will have a stroke in their life. Here is the good news.

About 80% of strokes can be prevented. You do it by controlling BP, AFib, diabetes, lipids (cholesterol), smoking, and lifestyle. After a stroke or TIA, prevention plans can cut repeat strokes by ~80% when you stick with them.

In an emergency, every minute matters. Giving the clot-busting drug within 60 minutes of arrival (target: 30) leads to better outcomes.

CONCEPTS · LEARN IT

- ~795K strokes/year · ~160K deaths/year · ~\$56B U.S. cost
- Stroke = #5 cause of death, #1 cause of long-term adult disability
- ~80% of strokes can be prevented
- Prevention plans can cut repeat strokes by ~80% if you stick with them
- Door-to-needle target: <60 min (best centers: <30 min)

ACTIONS · THIS WEEK

- Track your home BP (blood pressure) weekly average
- Figure out your last 30-day adherence % (how often you took meds)
- Ask your team about your CHA₂DS₂-VASC and ASCVD scores

SKILLS · LIVE IT

- Name one number that motivates you
- Know your stroke risk score (CHA₂DS₂-VASC if you have AFib)
- Track your ED (emergency room) visits and hospital stays each year

PLAN · SHARE IT

- Add a numbers log to your Health Passport
- Set your own goals to prevent a repeat stroke
- Join PHIT to count toward national results



3 Force Field Fact Sheet

Tier 1 · Learn It · Aware



BE-FAST Recognition

LEARN IT · TIER 1 AWARE

BE-FAST is the stroke warning code from the American Stroke Association. It stands for: **B**alance loss · **E**yes (vision change) · **F**ace droop · **A**rm weakness · **S**peech change · **T**ime to call 911.

Just one sign counts if it comes on fast with no clear cause. **BE-FAST adds Balance and Eyes** to the older FAST mnemonic. Why? Because back-of-brain (posterior-circulation) strokes (cerebellum, brainstem) are often missed when you only check face, arm, and speech.

Always call 911. Do not call a friend. Do not use Uber. Do not drive yourself. EMS knows which hospital is a Primary or Comprehensive Stroke Center. They can call the team ahead of time.

That way the door-to-CT clock starts before you arrive. Note the **last known well time**. That is the timer the doctors need.

CONCEPTS · LEARN IT

- B-E-F-A-S-T = Balance, Eyes, Face, Arm, Speech, Time
- Even one sign counts. Don't wait for all of them.
- Always call 911 — never drive yourself
- Note the last known well time (when patient was last seen normal)
- EMS takes you to the right stroke center and calls the team ahead

ACTIONS · THIS WEEK

- Save 911 in favorites. Add the closest Comprehensive Stroke Center number.
- Print a BE-FAST card for the fridge, your wallet, your phone lock screen
- Practice the check with family this week

SKILLS · LIVE IT

- Say BE-FAST in 10 seconds
- Show the face, arm, and speech check on a family member
- Spot a back-of-brain (posterior) stroke (sudden bad dizziness, double vision, trouble swallowing)
- Note last known well time

PLAN · SHARE IT

- This week: practice BE-FAST with family
- This month: post a BE-FAST poster at work, school, church
- Every 3 months: practice again



3 Force Field Fact Sheet

Tier 1 · Learn It · Aware



The Time Windows

LEARN IT · TIER 1 AWARE

Stroke care runs on two clocks. **Clot-busting medication** (alteplase / tPA, or tenecteplase) can be given for ischemic stroke up to **4.5 hours** from the last known well time.

Earlier is better. **Mechanical thrombectomy** (a thin tube that pulls the clot out) can be done for the right large-vessel occlusions up to **24 hours** from last known well.

It is done when a scan shows brain tissue can still be saved. Hemorrhagic strokes have a different path. That means BP control, reversing any blood thinners, and sometimes brain surgery.

The **door-to-needle** target for tPA is under 60 minutes. The best centers run under 30. The **door-to-puncture** target for thrombectomy is under 90 minutes.

Every minute saved is brain saved. Patients treated sooner leave with less disability.

CONCEPTS · LEARN IT

- tPA / tenecteplase: up to 4.5 hr from last known well
- Thrombectomy: up to 24 hr (some large-vessel occlusions, guided by scans)
- Door-to-needle target: <60 min (best: <30)
- Door-to-puncture target: <90 min for thrombectomy
- Hemorrhagic stroke = different path: BP control, reversal, possible surgery

ACTIONS · THIS WEEK

- Find your closest Comprehensive Stroke Center (does thrombectomy)
- Tell your family which hospital to ask EMS for
- Save the address in your phone

SKILLS · LIVE IT

- Say your last known well time during a stroke
- Know how Primary and Comprehensive Stroke Centers differ
- Know that 'I'm not sure when it started' means use last known well
- Understand why EMS takes you to the right center

PLAN · SHARE IT

- This week: find the nearest stroke center
- This month: print a BE-FAST + nearest-center card
- Every 3 months: practice with family again



3 Force Field Fact Sheet

Tier 1 · Learn It · Aware



Know My Numbers & Risks

LEARN IT · TIER 1 AWARE

After a stroke or TIA, a few **numbers** drive most of your risk of a repeat. **BP**: the usual goal is <130/80, sometimes lower. **A1c**: usually <7% if you have diabetes.

LDL: often <70 mg/dL on a high-intensity statin (sometimes <55 with other ASCVD). **AFib**: found and treated with a blood thinner (anticoagulant) if present (CHA₂DS₂-VASc score).

Sleep apnea: checked for and treated. **Smoking**: stopped. **Alcohol**: kept low. **Carotid stenosis**: known and acted on if >70%. Bring a one-page "my numbers" card to every visit.

It is the strongest tool a survivor can carry.

CONCEPTS · LEARN IT

- BP <130/80 (often lower)
- A1c <7% (if diabetes)
- LDL often <70 (sometimes <55) on high-intensity statin
- AFib: found + treated with a blood thinner (anticoagulant) if present
- Carotid stenosis (narrowed neck artery) >70% may need a procedure
- Sleep apnea checked + treated; no smoking; keep alcohol low

ACTIONS · THIS WEEK

- Buy a validated upper-arm home BP cuff (validatebp.org)
- Keep a 7-day BP log, morning and evening
- Ask: 'Am I at my goals on every number?'
- Book any missing test (carotid Doppler, sleep study, lipid panel)

SKILLS · LIVE IT

- Say your latest BP, A1c, LDL, AFib status, and OSA (sleep apnea) status
- Show the right way to use a home BP cuff
- Use a smartwatch or BP cuff to check for AFib
- Stop smoking with help (Quitline 1-800-QUIT-NOW)

PLAN · SHARE IT

- This week: cuff + 7-day log
- This month: talk over your numbers card with your team
- Every 3 months: re-check every number and adjust



3 Force Field Fact Sheet

Tier 1 · Learn It · Aware



Lifestyle Force Field

LEARN IT · TIER 1 AWARE

Lifestyle changes really lower the chance of a repeat stroke. Sometimes as much as a medicine. **Mediterranean or DASH eating** cuts repeats ~20-30%. **150 minutes/week of moderate movement** cuts stroke risk ~25-30%.

Stopping smoking cuts risk by half within 5 years. **Treating sleep apnea** with CPAP (a sleep breathing machine) cuts repeats in OSA patients. **Keeping alcohol low** (≤ 1 drink/day women, ≤ 2 /day men) lowers risk.

Heavy drinking raises it a lot. **7+ hours of sleep, stress and breathing skills**, and **weight management** all add real points. Do 3 of these and your risk of a repeat drops more than most single drugs can.

CONCEPTS · LEARN IT

- Mediterranean / DASH: ~20-30% lower recurrence
- 150 min/wk movement: ~25-30% lower stroke risk
- Stop smoking: half the risk in 5 years
- CPAP for OSA (sleep apnea): cuts recurrence in OSA patients
- Low alcohol: lower risk. Heavy drinking: much higher.
- Sleep + stress + weight = real points

ACTIONS · THIS WEEK

- This week: one Mediterranean meal a day
- Track your salt (sodium) for 3 days
- Book a sleep apnea check if you have signs
- Pick one stress or mind-body skill. Practice 5 min/day.
- Set a quit date if you smoke

SKILLS · LIVE IT

- Plan a Mediterranean / DASH-style meal
- Walk 30 min, 5 days a week
- Do a 4-7-8 breathing cycle
- Use a CPAP nightly if prescribed
- Use Quitline 1-800-QUIT-NOW or stop-smoking app

PLAN · SHARE IT

- Daily: Mediterranean / DASH + 30 min movement + CPAP if you use one
- Weekly: weigh in and log it
- Every 3 months: review with your team and adjust if numbers get better



3 Force Field Fact Sheet

Tier 2 · Live It · Active



Secondary Prevention Meds

LIVE IT · TIER 2 ACTIVE

After most ischemic strokes, the standard prevention plan includes a few kinds of medicine. First, an **antiplatelet** (aspirin and/or clopidogrel — sometimes both for a short time).

Or an **anticoagulant** (blood thinner: apixaban, rivaroxaban, dabigatran, warfarin) if you have **atrial fibrillation**. Next, a **high-intensity statin** (atorvastatin 40–80, rosuvastatin 20–40) to push LDL down.

Then **BP medications** to reach your goal (often a thiazide plus an ACE/ARB). And **diabetes medications** if you need them (metformin first; SGLT2 inhibitors and GLP-1 agonists are used more and more for cardiovascular benefit).

Taking your meds every day is the biggest thing that keeps you stroke-free. Missing doses, especially of anticoagulants, raises your risk of a repeat a lot.

Call your team about these side effects: easy bruising or bleeding (anticoagulants), muscle aches (statins), cough (ACE), and dizziness (any BP med).

CONCEPTS · LEARN IT

- Antiplatelet (aspirin / clopidogrel) for most ischemic strokes
- Anticoagulant (blood thinner, like apixaban) if AFib — replaces antiplatelet, doesn't add
- High-intensity statin standard after ischemic stroke
- BP meds + diabetes meds to goal
- Adherence = #1 predictor of staying stroke-free
- Bleeding, muscle aches, cough, dizziness = call your team

ACTIONS · THIS WEEK

- Set a daily med reminder
- Bring your full med list to every visit
- Ask: 'Is this the best med plan for me?'
- Buy a pill organizer with day + AM/PM slots

SKILLS · LIVE IT

- Go over your full med list at every visit
- Say what each of your meds does
- Use a pillbox or phone reminder
- Know which side effect means 'call your team'
- Never stop an antiplatelet or anticoagulant without your team's OK

PLAN · SHARE IT

- This week: pillbox + reminder
- This month: talk about the best med plan
- This quarter: complete missed labs (lipid panel, A1c, BMP)



3 Force Field Fact Sheet

Tier 2 · Live It · Active



Care Team Members

LIVE IT · TIER 2 ACTIVE

Stroke care is a team sport. After the hospital stay, the team grows. **Vascular neurology** (or general neurology) leads the prevention plan. **Primary care** handles BP, diabetes, lipids, and your overall health.

Cardiology / electrophysiology steps in for AFib or heart problems. The **rehab trio** is key: **physical therapy** (walking, balance, strength), **occupational therapy** (dressing, cooking, work tasks), and **speech-language pathology** (speaking, swallowing, thinking).

An **RN care manager** can review your home BP log between visits. A **pharmacist** checks your meds and helps you stick with them. **Behavioral health** helps with depression after stroke (very common;

treatable). An **AHA peer mentor** (Stroke Connection, Together to End Stroke) has been there too. **Home health** helps you move from hospital to home if you need it.

CONCEPTS · LEARN IT

- Stroke care = team sport, especially after discharge
- Vascular neurology + PCP (primary care) + cardiology (if AFib) = the medical core
- Rehab trio = PT, OT, SLP — equally important, different missions
- An RN care manager between visits helps a lot
- Behavioral health for depression after stroke (very common, very treatable)
- A peer mentor (AHA Stroke Connection) is often missed

ACTIONS · THIS WEEK

- Build the Care Team card
- Ask for a care manager RN if you don't have one
- Connect with AHA Stroke Connection or local survivor group
- Ask for a sleep medicine referral if you have signs

SKILLS · LIVE IT

- List every team member with phone & email
- Know who handles what
- Book yearly screens
- Ask for a peer mentor

PLAN · SHARE IT

- This month: complete Care Team card
- This quarter: book the missing annual screen
- Year: complete sleep apnea evaluation if symptomatic



3 Force Field Fact Sheet

Tier 2 · Live It · Active



Telemedicine & Tech

LIVE IT · TIER 2 ACTIVE · TECH

Tech now does real work in stroke care. **Telestroke** at your local ED connects you to a remote vascular neurologist in minutes. They can read your CT, decide on tPA, and set up a thrombectomy transfer.

Patient portals hold your messages, labs, and refills. A **validated upper-arm home BP cuff** (under \$50) is the most useful device a stroke survivor can own.

Smartwatches with AFib detection have caught silent AFib in many survivors. They have stopped second strokes. **Rehab apps** (constraint-induced therapy, speech practice, cognitive training) add therapy time at home.

AI symptom triage is new. It can help, but it never replaces 911 in an emergency.

CONCEPTS · LEARN IT

- Telestroke = real medicine. It saves brain.
- Patient portal = your second voice
- Validated upper-arm cuff = essential
- Smartwatch AFib detection has prevented real strokes
- Rehab apps extend therapy between sessions
- AI triage helpful but never replaces 911

ACTIONS · THIS WEEK

- Sign up for your portal today
- Buy a validated home cuff
- Book one routine visit as a video visit
- Try a rehab app for 30 days
- Turn on AFib detection on your smartwatch if you have one

SKILLS · LIVE IT

- Run a video visit smoothly
- Send a clear portal message
- Read a home BP cuff and act on it
- Link a wearable to your phone and check the trends
- Use a rehab app daily

PLAN · SHARE IT

- This week: portal + cuff
- This month: try a video visit + a rehab app
- This quarter: review your 30-day log with your team



3 Force Field Fact Sheet

Tier 2 · Live It · Active



Insurance, Rehab & Cost

LIVE IT · TIER 2 ACTIVE

Stroke is the **#1 reason for long-term-care insurance claims** in the U.S. After the hospital, rehab moves through steps. First is an **inpatient rehabilitation facility (IRF)** for intense team therapy.

Next is a **skilled nursing facility (SNF)** for slower rehab. Then **home health** brings PT/OT/SLP to your home. Last is **outpatient rehab** for ongoing recovery.

Medicare covers most of this, but the rules are strict. Private insurance varies. Help with med co-pays is real and often missed. NeedyMeds, RxAssist, and drugmaker programs cover the gap on newer drugs (like apixaban).

FMLA gives up to 12 weeks of job-protected leave. ADA covers fair accommodations for the long term. Care navigators (often free at academic centers and many community hospitals) help with all of it.

CONCEPTS · LEARN IT

- Acute → IRF → SNF or home health → outpatient rehab
- Stroke = **#1** reason for LTC (long-term care) insurance claims
- Most stroke meds = generic + cheap; anticoagulants vary
- NeedyMeds, RxAssist, manufacturer PAPs cover gaps
- FMLA + ADA = your right at work
- Care navigators are often free

ACTIONS · THIS WEEK

- Print one EOB and learn what every line means
- List your own co-pays
- Save 3 co-pay help links in your phone
- Talk to HR about FMLA and ADA
- Ask your hospital for a stroke care navigator

SKILLS · LIVE IT

- Read an EOB (bill summary) and find the appeal address
- File a prior auth appeal (especially for anticoagulants)
- Apply for co-pay help
- Get FMLA paperwork from HR
- Know the rehab continuum

PLAN · SHARE IT

- This week: collect last 3 EOBs
- This month: apply for at least one co-pay program
- Annually: re-verify FMLA / ADA paperwork at work



3 Force Field Fact Sheet

Tier 3 · Share It · Certified



Equity & the Stroke Belt

SHARE IT · TIER 3 CERTIFIED

African Americans have about twice the stroke rate of White Americans. It also starts about a decade earlier, and more people die from it (CDC, AHA). The southeastern U.S.

— Alabama, Arkansas, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee — forms the "Stroke Belt." There, stroke deaths run 30% higher than the national average.

The causes stack up: **HTN, T2D, OSA, smoking, sickle cell disease, food deserts, less access to Comprehensive Stroke Centers, slower EMS response, and lower thrombectomy rates.**

In African American adults, the mix of **SCD + HTN + T2D + OSA** is the largest group of preventable strokes tied to any clear set of linked conditions in U.S.

medicine. This square exists to make that mix clear. If you live in the Stroke Belt, ask if your hospital is a Comprehensive Stroke Center. Ask what its door-to-needle time is.

If you have one or more of these conditions, ask about your stroke risk score and your prevention plan.

CONCEPTS · LEARN IT

- Black adults: ~2× stroke rate, onset ~10 years earlier, higher fatality
- Stroke Belt mortality ~30% above national average
- SCD + HTN + T2D + OSA = highest preventable-stroke cluster
- Bias in EMS response, ED triage, and thrombectomy access is documented
- Equity isn't a side topic — it's the central stroke story in much of the U.S.

ACTIONS · THIS WEEK

- Save written notes after each ED visit or new-clinician visit
- Build your visit-story toolkit
- Find a local clinician or advocate who knows stroke well
- Find your nearest Comprehensive Stroke Center

SKILLS · LIVE IT

- Ask about HTN, T2D, and OSA checks if you have SCD
- Ask about SCD or trait status if you have HTN or T2D and African ancestry
- Write down anything off about a visit
- Know whether your nearest hospital is a Comprehensive Stroke Center

PLAN · SHARE IT

- This month: complete one equity training (AHA, IHI)
- This quarter: write your story and decide who to share it with
- Long-term: become an Ambassador (Tier 3)



3 Force Field Fact Sheet

Tier 3 · Share It · Certified



Teach BE-FAST · Mentor · Ambassador

SHARE IT · TIER 3 CERTIFIED

You grow strongest when you teach others. The person most likely to spot a stroke in time is a loved one, not a doctor. Teach BE-FAST to your spouse and your kids.

Yes, kids — they call 911 well. Teach your coworkers, your church, your barbershop, your gym, and your Sunday school class. Mentor a newly diagnosed survivor.

Host a 'know your numbers' coffee hour. Speak at work about home BP and BE-FAST. Volunteer with the AHA / American Stroke Association. Co-present at patient advisory boards.

No one knows your kind of stroke recovery better than you. Bring that voice into the rooms where choices get made.

CONCEPTS · LEARN IT

- Most stroke recognitions happen in the home, by a family member
- Kids 8+ can learn BE-FAST and call 911
- Mentoring improves your own outcomes too
- One clear story beats ten slides
- Boundaries are part of mentoring

ACTIONS · THIS WEEK

- Sign up to mentor one survivor this quarter
- Teach BE-FAST at one venue (school, work, church) this month
- Submit your story to AHA Patient Voice
- Co-present grand rounds with your stroke team

SKILLS · LIVE IT

- Tell your stroke story in 3 minutes
- Lead a 30-minute BE-FAST teach-out
- Write a one-pager: 'what I wish I'd known at diagnosis'
- Co-teach with your stroke team
- Set healthy mentoring boundaries

PLAN · SHARE IT

- This month: identify one mentoring opportunity
- This quarter: deliver one talk
- This year: complete Tier 3 Ambassador requirements



3 Force Field Fact Sheet

Tier 3 · Share It · Certified



Share Insights with Clinicians

SHARE IT · TIER 3 CERTIFIED

Bring data. Write a short letter to your stroke team after a good or hard visit: 'what worked, what didn't, what we learned.' Help train EMS, ED, and rehab teams on the survivor experience.

Most academic programs welcome patient teachers. Share exact moments: 'the time the EMS crew explained what was happening,' 'the time the rehab nurse changed my bedtime routine,' 'the time the pharmacist caught a dangerous drug mix.' Your insight changes care for the survivors who come after you.

CONCEPTS · LEARN IT

- Letters to clinicians are short, specific, named
- Concrete stories > general feedback
- Most teaching programs welcome survivor teachers
- Anonymized insights still help
- Feedback closes the loop on shared decisions

ACTIONS · THIS WEEK

- Write one feedback letter this quarter
- Volunteer for one teaching round this year
- Submit one insight to FFH Network for the staff training library

SKILLS · LIVE IT

- Write a 'what worked / what didn't / what we learned' letter in <200 words
- Lead a 5-minute slot in resident teaching rounds
- Send a portal feedback note after a good visit
- Turn a serious event into a teaching case

PLAN · SHARE IT

- This month: write one feedback letter
- This quarter: present once
- This year: contribute to FFH Staff Training Library



3 Force Field Fact Sheet

Tier 3 · Share It · Certified



Join the ROI Study (PHIT)

SHARE IT · TIER 3 CERTIFIED · STUDY

PHIT — Population Health Impact Tracking — is the FFH research engine. It asks one question: does the Prepared Patient program really cut second strokes, ED visits, hospital readmissions, and disability? You can opt in to share grouped, de-identified results.

These include repeat strokes, BP/A1c/LDL control, ED visits, hospital stays, badge progress, and your own report of quality of life. This lets researchers, payers, and lawmakers test the program.

No PHI (private health info) is shared. You can quit anytime. You'll get simple summaries now and then on how the group is doing.

CONCEPTS · LEARN IT

- PHIT = de-identified, aggregate outcomes only
- Validated programs become reimbursable + scalable
- Your data + 1,000 others = a publishable study
- Anytime opt-out, full transparency
- FFH ROI Engine pairs PHIT data with cost data

ACTIONS · THIS WEEK

- Opt in via the green box on this page
- Read your first quarterly summary
- Tell one peer about PHIT
- If a researcher contacts you, check with FFH first

SKILLS · LIVE IT

- Read a one-page consent
- Know what is and isn't PHI (private health info)
- Set up regular checks of your own dashboard
- Quit or pause taking part at any time

PLAN · SHARE IT

- Today: opt in if it feels right
- Each quarter: review your summary
- Each year: decide whether to continue

Additional Notes

☐ I've read the full Stroke Fact Sheet · Step 3


4 Prepared Patient Course

The complete course — three levels, applied to your life

The course takes you through the Fact Sheet in three levels — from newly-diagnosed to prepared — then shows how every part applies to you and the people around you.

Level 1 · Aware

Know the basics — what Stroke is, your numbers, your meds.

Level 2 · Active

Manage & do — self-monitor, act on red flags, work your plan.

Level 3 · Certified

Advocate & share — teach it, bring your team in, help others.

The Numbers

The U.S. has about 795,000 strokes a year. About 160,000 people die. Stroke is the #5 cause of death. It is the **#1 cause of long-term adult disability**.

It costs the U.S. about **~\$56 billion per year** in direct and indirect costs. After age 25, about 1 in 4 people will have a stroke in their life. Here is the good news.

About 80% of strokes can be prevented. You do it by controlling BP, AFib, diabetes, lipids (cholesterol), smoking, and lifestyle. After a stroke or TIA, prevention plans can cut repeat strokes by ~80% when you stick with them.

In an emergency, every minute matters. Giving the clot-busting drug within 60 minutes of arrival (target: 30) leads to better outcomes.

- ~795K strokes/year · ~160K deaths/year · ~\$56B U.S. cost
- Stroke = #5 cause of death, #1 cause of long-term adult disability
- ~80% of strokes can be prevented
- Prevention plans can cut repeat strokes by ~80% if you stick with them
- Door-to-needle target: <60 min (best centers: <30 min)

THE FULL COURSE — HOW EACH PART APPLIES TO YOUR LIFE

Every part of the Stroke Force Field lands differently depending on who you are. Here is the complete course — what each concept means for **you**, your **family**, the **workplace**, and **students** learning it.

What Is a Stroke?

FOR YOU · THE PATIENT

This is your map. Read it through once. Then come back one square at a time. You get stronger with every step.

EMPLOYERS & WORKPLACE

Stroke happens at work too. Put a BE-FAST poster in the break room. It is one of the best health steps your workplace can take.

FAMILY & CAREGIVERS

You may spot a stroke first. Learn BE-FAST by heart. Do not let the patient talk you out of calling 911.

STUDENTS & LEARNERS

Stroke is one of the top 5 causes of death. It is the #1 cause of long-term disability. You will see stroke in every clinical setting. Learn it by heart.



4 Prepared Patient Course

The complete course — three levels, applied to your life

360 Human Anatomy: Cerebrovascular

FOR YOU · THE PATIENT

When you know where the disease lives, the rest makes sense. Meds, screenings, and every reading matter more.

EMPLOYERS & WORKPLACE

This shows why a teammate healing from stroke may need very different support than one healing from a heart attack.

FAMILY & CAREGIVERS

Use the 360 Human Anatomy together. It turns hard numbers into clear pictures.

STUDENTS & LEARNERS

This is the best free interactive brain-blood-vessel anatomy you'll find. Bookmark it for boards and bedside.

Who Gets Stroke?

FOR YOU · THE PATIENT

You did not cause this. Knowing your family history helps you and the next generation.

EMPLOYERS & WORKPLACE

Stroke is not a 70-year-old's disease. It happens to working-age adults too.

FAMILY & CAREGIVERS

Ask everyone about their BP and AFib. Make BE-FAST normal in your house.

STUDENTS & LEARNERS

Equity fact: Black adults have ~2× the stroke rate, starting ~10 years earlier (CDC). Don't forget it on the wards.

The Numbers

FOR YOU · THE PATIENT

You are not just a number. But these numbers fight for you. Use them with insurers, employers, and your care team.

EMPLOYERS & WORKPLACE

Stroke-friendly support saves money. Paying for BE-FAST training and home BP cuffs is a smart investment.

FAMILY & CAREGIVERS

These numbers show why acting early matters. Pushing for good control is one of the best things you can do.

STUDENTS & LEARNERS

Learn three by heart: ~795K strokes, ~160K deaths, ~80% preventable. You'll use them every clinic week.

BE-FAST Recognition

FOR YOU · THE PATIENT

This square saves lives. Knowing BE-FAST and trusting it is the most important thing on this page.

EMPLOYERS & WORKPLACE

A BE-FAST poster in every break room is one of the cheapest, most helpful health steps you can buy.

FAMILY & CAREGIVERS

You are often the first to see it. Don't let the patient talk you out of calling 911. Don't drive them yourself. Wait for EMS.

STUDENTS & LEARNERS

BE-FAST + last known well time + EMS calling ahead = the start of every stroke case. Learn it. Teach it.



4 Prepared Patient Course

The complete course — three levels, applied to your life

The Time Windows

FOR YOU · THE PATIENT

The clock starts at last known well. It does not start when signs were noticed. Knowing the time makes treatment possible.

EMPLOYERS & WORKPLACE

Faster treatment means brain saved. A BE-FAST poster and a coworker who calls 911 fast is real medicine.

FAMILY & CAREGIVERS

If you don't know when signs started, tell EMS the 'last seen normal' time. That number drives every treatment choice.

STUDENTS & LEARNERS

Door-to-needle <60 min, door-to-puncture <90 min, last known well, posterior vs anterior (back vs front). Learn the framework.

Know My Numbers & Risks

FOR YOU · THE PATIENT

The fewer numbers off goal, the lower your risk of a repeat. This is the survivor's playbook.

EMPLOYERS & WORKPLACE

A quiet space, 5 minutes, and a chair let a teammate take a solid BP reading. That's it.

FAMILY & CAREGIVERS

Learn the goals. Ask at every visit if they are met. Be the second set of ears.

STUDENTS & LEARNERS

Prevention numbers are easy to learn and worth every minute. Survivors who hit their goals don't come back.

Lifestyle Force Field

FOR YOU · THE PATIENT

You can lower your risk of a repeat a lot with lifestyle alone. Just stack the habits. It's boring, but it works.

EMPLOYERS & WORKPLACE

A walking meeting, a Mediterranean lunch choice, a judgment-free fitness room. These help stop strokes across your whole team.

FAMILY & CAREGIVERS

Help set up the habits. Cook Mediterranean meals together. Walk together.

STUDENTS & LEARNERS

Mediterranean, exercise, smoking, OSA, alcohol, sleep, weight. Learn the rough sizes. Patients ask.



4 Prepared Patient Course

The complete course — three levels, applied to your life

Secondary Prevention Meds

FOR YOU · THE PATIENT

Taking your meds is the #1 thing you control. Missing anticoagulant doses is the top cause of a preventable second stroke.

EMPLOYERS & WORKPLACE

Taking daily meds is normal. A private spot to take them is a low-cost, high-trust step.

FAMILY & CAREGIVERS

Build a routine, don't nag. Pillboxes, calendars, and shared phone reminders work better than reminding.

STUDENTS & LEARNERS

Antiplatelet vs anticoagulant (AFib changes the answer), high-intensity statin, BP to goal, OSA treated. Know the bundle.

Care Team Members

FOR YOU · THE PATIENT

You don't need to know everything. You need to know who knows what and how to reach them.

EMPLOYERS & WORKPLACE

One named HR contact plus one named patient contact keeps things calm.

FAMILY & CAREGIVERS

Help keep the Care Team card up to date. It's hard to do alone while healing.

STUDENTS & LEARNERS

Become a clinician who knows stroke well. We need more of you, especially in rehab.

Telemedicine & Tech

FOR YOU · THE PATIENT

Tech makes you stronger. Telastroke saves brain in the ED. The cuff and the watch save brain at home.

EMPLOYERS & WORKPLACE

A 30-minute video visit during the workday is much less trouble than a half-day at the clinic. Allow it.

FAMILY & CAREGIVERS

Set up the tools together. Make sure caregivers get portal access too.

STUDENTS & LEARNERS

Tele-stroke is the future of acute neurology. Train in it now.

Insurance, Rehab & Cost

FOR YOU · THE PATIENT

A few hours of paperwork can save you thousands of dollars. It can help you avoid most ED bills.

EMPLOYERS & WORKPLACE

FMLA, ADA, and active HR support save money, keep good staff, and lower risk.

FAMILY & CAREGIVERS

Take the lead on paperwork while they heal. The patient shouldn't be stuck on hold during early rehab.

STUDENTS & LEARNERS

Most clinicians don't teach this. Learn it and you'll be the most useful person on the rehab team.



4 Prepared Patient Course

The complete course — three levels, applied to your life

Equity & the Stroke Belt

FOR YOU · THE PATIENT

You are not imagining it. The system is uneven. Knowing this helps you protect yourself, keep records, and pick teams who get it.

EMPLOYERS & WORKPLACE

Believe what your team member tells you. Bias in stroke care is well-documented.

FAMILY & CAREGIVERS

Be the calm voice. Be the second witness. Be the note-taker. Your role is real medicine.

STUDENTS & LEARNERS

Read AHA's stroke equity statement and the Stroke Belt literature. Then change your own behavior. You are the next generation.

Teach BE-FAST · Mentor · Ambassador

FOR YOU · THE PATIENT

Teaching locks in what you know. It gives meaning to what you've been through.

EMPLOYERS & WORKPLACE

A teammate who teaches BE-FAST becomes an internal champion. Sponsor them.

FAMILY & CAREGIVERS

Caregiver-to-caregiver mentoring is just as powerful as patient-to-patient.

STUDENTS & LEARNERS

Learning with survivor-experts helps you become a clinician who knows stroke well. Show up. Listen first.

Share Insights with Clinicians

FOR YOU · THE PATIENT

Your feedback may change how 100 future survivors are treated.

EMPLOYERS & WORKPLACE

Ask employees to share what works for them. Pass it on (with their OK) to other teammates.

FAMILY & CAREGIVERS

Caregiver feedback matters too. It helps most with the in-between moments clinicians never see.

STUDENTS & LEARNERS

The best teaching you'll ever get is from a survivor. Show up early to those rounds and stay late.

Join the ROI Study (PHIT)

FOR YOU · THE PATIENT

Taking part is a quiet but real act of advocacy. It helps the program get paid for, grow, and reach people who can't afford it.

EMPLOYERS & WORKPLACE

Sponsoring a group of employees in PHIT shows your investment works. It gives you data to back the spend.

FAMILY & CAREGIVERS

Caregivers can opt in too. Caregiver stress and outcomes are tracked as well.

STUDENTS & LEARNERS

This is people-powered research done right. Study how PHIT was built. Then copy it.



4 Prepared Patient Course

The complete course — three levels, applied to your life

QUIZ YOURSELF — CAN YOU ANSWER THESE WITHOUT NOTES?

- ☐ What is Stroke, in one plain sentence?
- ☐ What are my target numbers, and my personal baseline?
- ☐ What are my red flags — the signs that mean “call now”?
- ☐ What do I do first if those red flags happen?
- ☐ What is each of my medicines for?

The one thing about Stroke I most want to remember

Additional Notes

☐ **I've completed Step 4 · Prepared Patient Course for Stroke**



5 Materials & Tools

Your home kit — the tools that keep you prepared



Being prepared between visits takes a few simple tools. Set these up for Stroke, and check them off as you go.

YOUR KIT

- ☐ **Health Passport** — meds, numbers, allergies & contacts on one page.
- ☐ **Your meters / devices** — whatever you use to track Stroke at home.
- ☐ **Your action plan** — green / yellow / red: what to do at each level.
- ☐ **Reminders** — a pillbox or phone alarm for medicines and refills.
- ☐ **A tracker** — one number or habit to watch over time.

THIS WEEK'S ACTIONS FOR STROKE

- ☐ Save 911 and your stroke team's number in your phone
- ☐ Print a BE-FAST card for the fridge
- ☐ Tell your family which stroke center is closest
- ☐ Open the deep course tile #1
- ☐ Click into 360 Human Anatomy: Cerebrovascular
- ☐ Plan a yearly carotid-screening talk if you have HTN (high blood pressure), T2D (type 2 diabetes), or a smoking history
- ☐ Add 'sleep apnea screen' if you snore or feel tired
- ☐ Ask your siblings and parents about stroke and TIA history
- ☐ Get checked for sleep apnea if you have signs
- ☐ Add your stroke risks to your phone's medical ID
- ☐ Track your home BP (blood pressure) weekly average
- ☐ Figure out your last 30-day adherence % (how often you took meds)

The one number or habit I'll keep an eye on



5 Materials & Tools

Your home kit — the tools that keep you prepared

Additional Notes

☐ I've completed Step 5 · Materials & Tools for Stroke





Skills Lab is where you **show** an educator (or a trusted person) the hands-on parts of managing Stroke, in your own words. Practise and demonstrate these:

SKILLS TO DEMONSTRATE

- ☐ Say how ischemic, hemorrhagic, and TIA are different
- ☐ Know the BE-FAST signs by heart
- ☐ Know where your closest certified stroke center is
- ☐ Call 911 for any BE-FAST sign. Do not use Uber or drive.
- ☐ Open the 360 Human Anatomy module
- ☐ Name three brain parts and what they do
- ☐ Explain why dizziness alone can be a stroke
- ☐ Describe the FAST stroke check on yourself in the mirror
- ☐ Know your family stroke history (parents, grandparents, siblings)
- ☐ Get checked for sleep apnea if you snore or feel tired
- ☐ Track your BP (blood pressure), A1c (3-month blood sugar), and LDL (bad cholesterol) honestly
- ☐ Know if you have AFib. If you do, know if you take a blood thinner (anticoagulant).
- ☐ Name one number that motivates you
- ☐ Know your stroke risk score (CHA₂DS₂-VASc if you have AFib)

TEACH IT BACK

The fastest way to know you've got it: explain Stroke in your own words — what it is, your main signs, what helps, and your red flags — with no notes.

My red flags for Stroke — the signs that mean “call now”



6

Skills Lab

Show you can do it — hands-on teach-back

Additional Notes

☐ I've completed Step 6 · Skills Lab for Stroke





THE FORCE FOR HEALTH® · PREPARED PATIENT

Prepared Patient Ambassador

This certifies that

has completed the Prepared Patient module for **Stroke** — knowing their condition, their numbers, their red flags, and how to speak up in their own care.

SKILLS-LAB EDUCATOR SIGN-OFF

DATE

Workbook completion certificate. The clinical Prepared Patient Ambassador credential is confirmed by your Skills-Lab educator or the certification exam.



SCAN TO VERIFY &
COMPLETE
CERTIFICATION

8 Disease Advocate

Optional — beyond yourself: help those who come after you

This optional step is a gift you give the next person. Turn what you learned about Stroke outward.

WAYS TO ADVOCATE & SHARE

- ☐ Read all 16 squares
- ☐ Open the deep course
- ☐ Do one BE-FAST practice with family this month
- ☐ Visit the cerebrovascular system module
- ☐ Mark your own areas of concern
- ☐ Bring your marked map to your next visit
- ☐ Talk with family about stroke and BE-FAST this month
- ☐ Ask for a sleep medicine referral if you have signs
- ☐ Update Health Passport with family history
- ☐ Add a numbers log to your Health Passport
- ☐ Share your story and what helped you most.
- ☐ Complete a row of Advocate Bingo.
- ☐ Support someone newly diagnosed with Stroke.

My feedback on this program (Coach Lucy & Dr. Rob read these)



8 Disease Advocate

Optional — beyond yourself: help those who come after you

Additional Notes

☐ I've completed Step 8 · Disease Advocate for Stroke

