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## **Results of enhanced VHV to decrease stroke risk among the risk people who live in Nonglak Chumpon of the district of Nakhon Ratchasima, Thailand by SSRT implications**

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**S**troke is the leading cause of death in Thailand even though the national program for prevention of chronic non communicable diseases was implemented for many years but it is not effective so that innovation must be continue not only treatments but also service system. VHV (volunteers for health volunteers) are provided basic health care services as one of the key success of health care improvement in Thailand. The strategies of trainings VHV were modified simple health care, instruments and methods of teaching villagers for self-care. SUT Stroke Risk Tool (SSRT) was an assessment tool that classifieds risk factors of pre-stroke to guide for significant implementation. After one year VHV were trained to use the tool, 50% of them can monitor the responsible risk group in their area about 48 people or 96% to change to healthy behaviors; increase regular exercises, decrease BP, BS, weight, waist, salt, cholesterol, sweet consumption including giving up smoking and drinking alcohol. Only 2 of them (4%) were uncontrolled and referred to recheck. These studied reveal that specific training of VHV employed SSRT as a tool to guided self-care promotion among risk people in a village VHV can guide them changing their health behaviors and none of them developed stroke within a year of follow up.