



State Heart Disease and Stroke Prevention Program Addresses Stroke



Stroke Facts

- Each year about 500,000 people suffer first-time strokes and 200,000 have recurrent attacks; 22% of men and 25% of women will die within one year.¹
- On average, someone in the United States suffers a stroke every 45 seconds and every 3 minutes someone dies of a stroke.²
- Stroke is the third leading cause of death in the United States; it is a leading cause of disability and among the 700,000 stroke survivors, about 15–30% are permanently disabled.³
- The likelihood of having a stroke more than doubles for each decade of age after age 55.⁴
- In 2002, there were 445,452 hospitalizations among Medicare enrollees that were attributed to stroke.⁵
- In 2007, the estimated cost of health care and lost productivity due to stroke in the United States is projected to be \$62.7 billion.¹
- Preventing and controlling stroke risk factors, (e.g., high blood pressure and blood cholesterol, atrial fibrillation, physical inactivity, tobacco use, and diabetes) is the first step to reduce one's risk for stroke.⁶
- Recognizing the warning signs and symptoms of stroke and immediately calling 9–1–1 for emergency medical care are critical actions to decrease the risk of stroke-related death and disability.⁶

State Heart Disease and Stroke Prevention Program: Take Action!

State Health Departments work to reduce the burden of stroke by promoting activities that can be implemented in health care, work sites, communities, and schools. A state program might

- Promote health care environments that improve quality of care by increasing adherence to guidelines for the primary and secondary prevention of stroke (e.g., physician reminder system).

Know the Warning Signs of Stroke!

Sudden numbness or weakness of the face, arm, or leg, especially on one side of the body.

Sudden confusion, or trouble speaking or understanding.

Sudden trouble seeing in one or both eyes.

Sudden trouble walking, dizziness, or loss of balance or coordination.

Sudden severe headache with no known cause.

Stroke is a medical emergency, call 9–1–1!

Examples of Stroke Activities in the CDC–Funded State Heart Disease and Stroke Prevention Programs:

State Plans

All state programs are developing or updating comprehensive state plans to include stroke. Alabama, Arkansas, Colorado, Connecticut, Louisiana, Mississippi, Nebraska, North Carolina, and Ohio state programs are coordinating prevention strategies with stroke coalitions in their states.

Stroke Interventions

North Carolina, South Carolina, and Georgia have established the Tri-State Stroke Network to develop and implement stroke prevention and control programs in the region.

A Delta States Stroke Consortium was recently formed with members from Alabama, Arkansas, Louisiana, Mississippi and Tennessee.

The Alabama program piloted, in collaboration with AHA and its State Quality Improvement Organization, health system supports in primary care settings to improve quality management of patients with stroke and heart disease.

- Potential Partners: primary care associations, federally-qualified health centers, managed care organizations, and Medicare Quality Improvement Organization
- Promote policies for treating stroke as an acute emergency; provide immediate diagnostic evaluation and treatment within 3 hours; and have a neurological consult on call at all times.
 - Potential Partners: hospitals, medical associations, and American Heart Association (AHA) affiliate.
- Promote universal 9–1–1 statewide availability.
 - Potential Partners: AHA affiliate, Emergency Medical Services, hospitals, health departments, injury prevention coalitions, and community groups.
- Increase the awareness of signs and symptoms of stroke and the need to act promptly by calling 9–1–1. Provide education, training, and public awareness.
 - Potential Partners: hospitals, AHA affiliate, local media, Red Cross, medical, nursing, and faith associations, priority population organizations, PTA, and department of education school health programs.
- Strengthen prevention through increased awareness and education about risk factors and lifestyle changes that affect high blood pressure, high cholesterol blood levels, diabetes, and smoking through policy and environmental changes. Assure detection and follow–up services for control of high blood pressure and high cholesterol blood levels in the work site and community. Reinforce a coordinated school health program.
 - Potential Partners: AHA affiliate business, industry and human resource management, employee associations, unions, PTA, department of education school health programs, fire departments, faith organizations, local minority nursing association, and local health departments.
- Advocate for health care coverage that includes primary and secondary prevention services and rehabilitation services for stroke survivors.
 - Potential Partners: AHA affiliate, business, industry and human resource management, employee associations, unions, third party payers, health care providers, and local policymakers.
- Promote multi–state and regional stroke networks, similar to the Tri–State Stroke Network, to share prevention strategies and partnership opportunities.
 - Potential Partners: public and private sectors members.

The Florida program implemented recommendations made by the Florida Women and Heart Disease Force by providing a public awareness campaign to educate women about the signs, symptoms, and dangers of stroke and heart disease. It provides training to health care professionals on the Clinical Preventive Practice Guidelines.

The Louisiana Program provides key support to the legislatively mandated Louisiana Stroke Education Consortium, which is charged with educating the public, EMS, and hospital staff on treating stroke as an emergency.

The Oklahoma program collaborated with the Oklahoma State Heart Disease and Stroke Network to develop stroke protocols for rural hospitals.

The Nebraska program is partnering with the American Stroke Association on Operation Stroke, to promote stroke recognition and treatment.

Surveillance

The state programs are establishing statewide surveillance systems to monitor trends in the geographic and racial distribution of heart disease and stroke deaths.

The Alabama program produced the 2002 Alabama Stroke Report for its state legislature.

References

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4. State-specific mortality from stroke and distribution of place of death—United States, 1999. *MMWR* 2002;51(20):1–5.
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