

Epidemiology and Surveillance Branch (ESB)

Paul Coverdell National Acute Stroke Program



The Coverdell Program aims to improve the delivery and quality of stroke care to save lives, prevent disability, avoid recurrent strokes, and reduce the number of untimely deaths.



What We Do

The Paul Coverdell National Acute Stroke Program (Coverdell Program) funds state health departments to collect, measure, and track data to improve the quality of care for stroke patients. The program also supports coordinated stroke systems of care that treat patients effectively, from when they have a stroke, through emergency medical services (EMS) transport to the hospital and in-hospital care, through their discharge and recovery.

Who Benefits From Our Work

The Coverdell Program currently funds quality improvement activities in nine states: California, Georgia, Massachusetts, Michigan, Minnesota, New York, Ohio, Washington, and Wisconsin. Coverdell-funded states partner with hundreds of hospitals and health care facilities, EMS agencies, and national, state, and local partners.

How We Do It

We work to ensure that all Americans receive the highest quality of stroke care by:

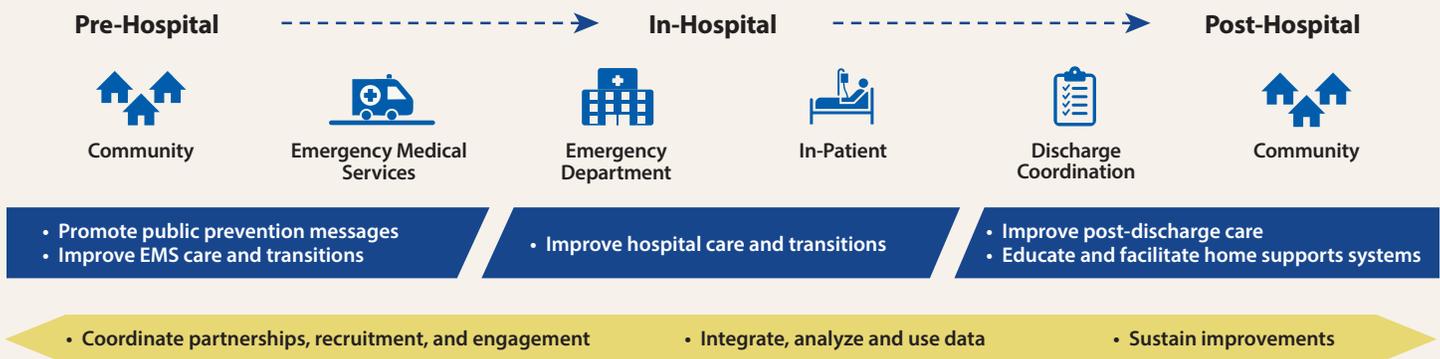
- Providing funding and support to state health departments to implement data-driven quality improvement programs and activities for stroke care.
- Collecting data from a variety of sources to inform quality improvement.
- Identifying and eliminating disparities in stroke care.
- Increasing awareness of the signs and symptoms of stroke and the importance of calling 9-1-1 if someone is having a stroke.
- Addressing stroke risk factors and lifestyle changes needed to reduce the risk of stroke.

Spotlight on Our Achievements

- Since 2005, the Coverdell Program has reached over **1 million** stroke patients in almost **800** hospitals. In 2019, **68%** of stroke patients in Coverdell-funded states were admitted to Coverdell-participating hospitals.
- The percentage of stroke patients in Coverdell hospitals receiving intravenous alteplase, a clot-busting drug, **increased from 5% in 2008 to 11% in 2019**, and the percentage of patients receiving the treatment within 60 minutes of arriving at the hospital, which is a national guideline recommendation, **more than doubled from 26% in 2008 to 68% in 2019**.



Stroke Continuum of Care



Learn More

For more information, visit http://www.cdc.gov/dhdsp/programs/stroke_registry.htm.

