**Announcement**

**World Stroke Day — October 29, 2016**

The theme of World Stroke Day 2016 is “Face the Facts: Stroke is Treatable,” highlighting that lives can improve with better awareness, action, and access. Stroke is a leading cause of disability and the second leading cause of death worldwide (1,2). In the United States, one person dies every 4 minutes from stroke, and up to 30% of stroke survivors are permanently disabled (3). High blood pressure is a leading risk factor for stroke (3).

This year’s World Stroke Day campaign aims to raise awareness that stroke is a medical emergency and should be immediately treated. Stroke is a complex medical condition, but there are ways to reduce its complications. Recognizing the signs of stroke and acting FAST (face drooping, arm weakness, speech difficulty, time to call 9-1-1), promoting awareness of specialized stroke units, and providing rapid access to proven treatments (e.g., thrombolytic drugs) improve the chances for recovery. The campaign encourages everyone, including health care professionals, to push for improved stroke care. Physicians and nurses can encourage more education about stroke among hospital staff members, and emphasize the benefits of specialized stroke units, which increase the chances of a patient having a good outcome after a stroke (4).

Approximately 80% of strokes are preventable. Controlling blood pressure and cholesterol levels, and living a healthy lifestyle (e.g., exercising regularly, eating more fruits, vegetables, and foods low in sodium, and avoiding smoking) can reduce a person’s chance of having a stroke.

CDC supports several public health measures that address stroke, including the Paul Coverdell National Acute Stroke Program (PCNASP) and the Million Hearts initiative. The PCNASP funds nine state health departments that measure, track, and improve the quality of stroke care. Million Hearts, co-led by CDC and the Centers for Medicare & Medicaid Services, aims to prevent 1 million heart attacks and strokes by 2017.


**References**