



# Talking Points:

## Preventing and Treating Stroke

### ✓ Why Should State Legislators be Concerned?

- **Stroke is preventable and treatable, yet it disables and kills many.** Healthy living and proper management of chronic diseases can dramatically reduce the risk of stroke. Damage from stroke can be avoided or minimized if victims are treated properly and rapidly. Yet every year, about 700,000 people suffer strokes in America. Stroke kills more than 150,000 people in the United States every year, making it the nation's third leading cause of death. Many people survive strokes but often sustain severe neurological damage.
- **Stroke inflicts huge costs on the economy.** According to the American Heart Association, stroke will cost almost \$63 billion nationally in direct and indirect costs in 2007.
- **Many stroke victims don't get available treatments.** There are a number of approved treatments for stroke that can dramatically reduce disability, but only 3 percent to 8.5 percent of potentially eligible patients receive these treatments.
- **Stroke care in many communities is inadequate and fragmented.** Stroke care in many communities is hindered by lack of expertise and coordination among care providers, including emergency medical services, hospitals and doctors.
- **Awareness is low of correct stroke warning signs and need to use 911.** While many Americans know some of the warning signs for stroke, only about 17 percent are aware of all the correct symptoms and the need to call 911 immediately.

### ✓ What Disparities are Associated with Stroke?

- Regardless of age, stroke death rates are higher for African-Americans than for whites.
- The southeastern United States has the highest stroke mortality rates in the country.
- In 2004, the stroke death rates per 100,000 were 48.1 for white males and 47.4 for white females; and 73.9 for black males and 64.9 for black females. The 2003 stroke age-adjusted death rates per 100,000 were 43 for Hispanic or Latino males and 38.1 for females; 48.5 for Asian or Pacific Islander males and 42.6 for females; 34.9 for American Indian males/Alaska Native males and 34.2 for females.

### ✓ What Can State Legislators Do?

- **Create a stroke advisory council or task force to spark development of a stroke system of care.** A stroke system of care ensures that everyone in your state has access to a coordinated system of care that treats stroke as a medical emergency and provides the best treatments available.
- **Ensure that all communities in your state have access to 911.** Establish wireless, enhanced 911, which allows an emergency call center to capture the precise location of a caller.
- **Support efforts to fund primary stroke centers.** Stroke centers are medical facilities staffed by health care professionals with specific training in rapidly diagnosing and treating strokes.

- **Support “time lost is brain lost” stroke awareness campaigns.** Public knowledge about the five warning signs of stroke and the urgent need to call 911 will save lives and reduce disability.
- **Encourage employers in your state to promote wellness at work.** Consider giving private and public sector employers incentives to promote healthy food options in cafeterias and vending machines; encourage stair use instead of elevators and provide in-office health screenings and follow-up services.
- **Extend insurance coverage.** Consider supporting policies that encourage health care coverage to include blood pressure screening, treatment and control.
- **Target stroke awareness and treatment efforts on those at highest risk.** Consider implementing programs like Georgia’s Stroke and Heart Attack Prevention Program, which helps low-income Georgians (many of whom are African-American) pay for high blood pressure medications and helps them stay on schedule with their medications and follow-up doctor visits.

## What is a Stroke System of Care?

- Key components of a stroke system of care are: prevention, including efforts to curb or control smoking, obesity, diabetes and hypertension; improving the response of emergency medical services to strokes; providing appropriate acute treatment for stroke victims at hospitals; and rehabilitating stroke patients.

To learn more about stroke systems of care, go to American Stroke Association’s Web site at <http://www.strokeassociation.org/presenter.jhtml?identifier=3028130>.

## What is Stroke?

- A stroke—also called a brain attack—happens when the blood supply to the brain is cut off (an ischemic stroke) or when a blood vessel bursts (an hemorrhagic stroke). Without oxygen, brain cells begin to die and death or permanent disability can result.
- High blood pressure, smoking and having had a previous stroke or heart attack increase a person’s chances of having a stroke.
- The five warning signs of stroke are:
  - Sudden numbness or weakness of the face, arms or legs;
  - Sudden confusion or trouble speaking or understanding others;
  - Sudden trouble seeing in one or both eyes;
  - Sudden trouble walking, dizziness or loss of balance or coordination; and
  - Sudden severe headache with no known cause.

**To find state-by-state statistics on stroke, go to:**

CDC’s Heart Disease and Stroke Interactive State Maps at <http://www.cdc.gov/DHDSP/library/maps/index.htm>

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**For more detail, see the Legislator Policy Brief, “Preventing and Treating Stroke,” by visiting:**  
<http://www.healthystates.csg.org/Publications/>.

**If you would like more information, references, or to explore this topic in greater depth, please:**

- send your inquiry to <http://www.healthystates.csg.org/> (keyword: inquiry) or
- call the CSG Health Policy Group at (859) 244–8000.

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