

2006 Georgia Data Summary:

STROKE and Cerebrovascular Disease



Stroke is the third leading cause of death in Georgia and is a major cause of disability. Education and better patient care can improve the outcome of stroke.

DEFINITION

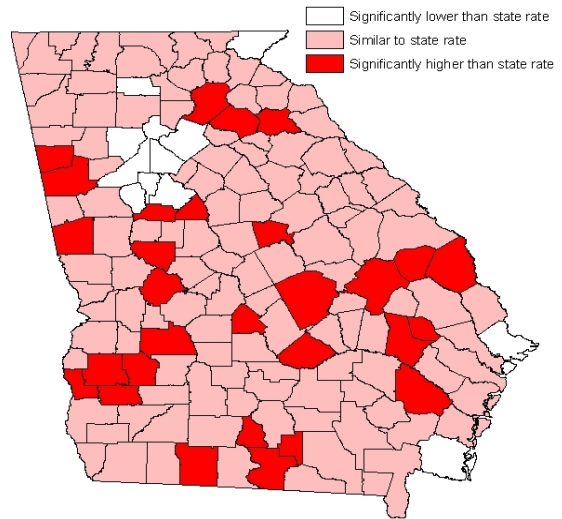
- **Cerebrovascular** disease is a condition where blood flow to the brain becomes compromised due to blood vessel blockage or rupture.
- A **stroke**, or brain tissue death, can be the result of a thrombus (blocked artery) or a hemorrhage (ruptured artery) which prevents blood flow to the brain.
- A **transient ischemic attack** is a temporary blockage of cerebral blood flow, which causes a short-lived neurological deficit.
- Some strokes can be prevented through **behavioral modification**.

DEATHS

- Stroke was the third most frequent cause of death in Georgia, accounting for 6% of all deaths, with 4,050 stroke deaths in 2004.
- In 2004, strokes were responsible for 18% of all cardiovascular deaths in Georgia.
- In 2004, Georgia's stroke death rate was 21% higher than the national rate.
- Stroke death rate in Georgia was 1.4 times higher for blacks than whites in 2004.
- 19% of persons dying from stroke in Georgia in 2004 were less than 65 years old.

| <u>Stroke Death Type</u> | <u># GA Deaths (2004)</u> |
|------------------------------|---------------------------|
| Sequelae | 389 |
| Subarachnoid hemorrhage | 181 |
| Other hemorrhage | 760 |
| Occlusion | 244 |
| Acute, ill-defined | 2,290 |
| Other, ill-defined | 186 |
| <hr/> | |
| Stroke Deaths (total) | 4,050 |

Stroke Death Rates by County, Georgia, 2000-2004



HOSPITALIZATIONS

- Approximately 23,500 hospitalizations occurred among Georgia residents due to stroke in 2004.
- In 2004, 16% of cardiovascular hospitalizations were attributable to stroke.
- The average hospitalization length of stay for stroke was 6 days in 2004.

ESTIMATED COSTS

- Total hospital charges for stroke in Georgia were \$533 million in 2004.
- The average charge per stroke hospitalization in Georgia was \$22,700 in 2004.
- The cost of stroke in Georgia in 2004 is estimated at \$1.4 billion, which includes direct health care costs and lost productivity from morbidity and mortality (indirect costs).¹

Data sources:

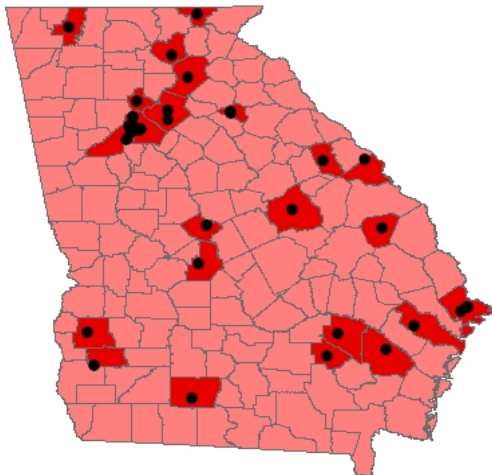
¹Derived from national estimates published by the American Heart Association. *Heart Disease and Stroke Statistics - 2004 Update*. Dallas, TX: American Heart Association; 2004.

PREVENTION AND INTERVENTION MEASURES

Paul Coverdell Stroke Registry

- Funded by the Centers for Disease Control and Prevention to enhance quality improvement in stroke care in Georgia, North Carolina, Illinois, and Massachusetts.
- The registry will measure, track, and standardize treatment practices to improve care for acute stroke patients.
- Coverdell Pilot Program demonstrated significant improvement in stroke patient care indicators.
- Thirty-six hospitals throughout Georgia were participating as of July of 2006. This number is expected to increase.

Coverdell Hospitals, July, 2006



Paul Coverdell Stroke Registry Goals

- Increase quality improvement through collaborative efforts among participant hospitals.
- Lower the stroke morbidity experienced in Georgia.
- Enhance the effectiveness of secondary care and prevent recurrent strokes.
- Develop protocols to guide physician care with effective stroke management.
- Develop effective methods to care for acute stroke patients.
- Track the most effective and frequently visited facilities used by stroke patients.

Stroke and Heart Attack Prevention Program (SHAPP)

- An education, detection and treatment program for persons with hypertension aimed at reducing illness and premature death from stroke and heart disease.
- SHAPP provides hypertension medication and lifestyle counseling to uninsured and underinsured Georgians with limited or no access to hypertension management and treatment services.

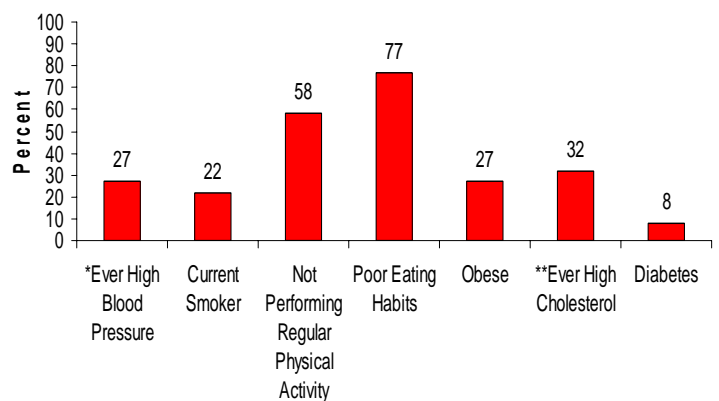
Tri-State Stroke Network (Stroke Belt)

- A network developed between Georgia, South Carolina and North Carolina to increase research on geographic disparities and the development of stroke prevention and control programs.

STROKE RISK FACTORS

- Having high blood pressure
- Smoking
- Not performing regular physical activity
- Poor eating habits
- Being obese
- Having high cholesterol levels
- Being a diabetic

The Prevalence of Stroke Risk Factors Among Adults, Georgia, 2005



(*) The percentage of Georgians who reported having been told they had high blood pressure

(**) of persons who had their blood cholesterol level checked, the percentage told that they have high cholesterol

Data source: Georgia Behavioral Risk Factor Surveillance System

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Visit <http://health.state.ga.us/epi/cdiee/index.asp> for more information about stroke and other chronic diseases in Georgia.