The Stroke Belt

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Disclosures

- The findings and conclusions in this presentation are those of the author and do not necessarily represent the official position of the Centers for Disease Control and Prevention.
WHAT DOES THE STROKE BELT LOOK LIKE TODAY?

Stroke Death Rates, 2011-2013
Adults, Ages 35+, by County

Rates are spatially smoothed to enhance
the stability of rates in counties with small
populations.

Data Source:
National Vital Statistics System
National Center for Health Statistics

CDC
Stroke Hospitalization Rate per 1000 Medicare Beneficiaries, 65+, 2010-2012 with all Primary and Comprehensive Stroke Centers

Prevalence of Self-Reported Obesity Among U.S. Adults by State and Territory, BRFSS, 2014

*Prevalence estimates reflect BRFSS methodological changes started in 2011. These estimates should not be compared to prevalence estimates before 2011.

*Sample size <50 or the relative standard error (dividing the standard error by the prevalence) ≥ 30%.
Unhealthy Behaviors

Proportion of U.S. adults eligible for intensive behavioral counseling for CVD prevention and not meeting the aerobic physical activity guideline, by state – United States, Behavioral Risk Factor Surveillance System, 2013

Intensive behavioral counseling to prevent CVD is a USPSTF recommendation with a "B" rating, making it eligible for coverage under the ACA.
Hypertension Death Rate per 100,000, 35+, All Race, All Gender, 2011-2013

This map was created using the Interactive Atlas of Heart Disease and Stroke, a website developed by the Centers for Disease Control and Prevention, Division for Heart Disease and Stroke Prevention. http://www.cdc.gov/whs/hypertension/essential-hypertension.html

Hypertension Mortality as Underlying Cause of Death, 1999-2013
Figure 3. Clusters of age-adjusted stroke hospitalization rates among Medicare beneficiaries aged ≥65: persistently high, persistently low, transitioned into high-rate cluster, transitioned out of a high-rate cluster, 1995–96 and 2005–2006.

Stroke Mortality, 2011-2013 by Race

Stroke Hospitalizations, 2011-2013 by Race
TEXAS & OKLAHOMA – PART OF THE STROKE BELT?

Ischemic Stroke Mortality, US and Stroke Belt
Ischemic Stroke Mortality, US, Stroke Belt, & Texas + Oklahoma

Intracerebral Hemorrhage, US & Stroke Belt
Summary

• Is there a call to action for the Stroke Belt Consortium?
• What more can we be doing to address risk factors?
CDC’s Approach to Chronic Disease

• At the state health department level affords coordination of approaches to hypertension, diabetes, nutrition, physical activity and obesity, focusing on:
  – Environmental approaches to promote health and support healthy behaviors.
  – Health care system interventions—to improve the effective delivery and use of clinical and other high-value preventive services.
  – Community programs linked to clinical services—to improve and sustain management of chronic conditions.

“NEW” MORTALITY DATA FROM NCHS
CDC’s Mortality Data Improvements

Vital Statistics Rapid Release
Quarterly Provisional Estimates

Crude and age-adjusted death rates for stroke: 2014–Quarter 1, 2015:

- For 2014 (12-month period ending with fourth quarter of 2014), the provisional crude death rate for stroke was 41.7 deaths per 100,000 population, an increase from 40.8 deaths per 100,000 in 2013. The age-adjusted death rate for stroke in 2014 (36.2 deaths per 100,000 standard population) was similar to 2013 (36.2).
- For the first quarter of 2015, the provisional crude death rate for stroke was 47.1 deaths per 100,000 population, an increase from 46.0 deaths per 100,000 in the first quarter of 2014. The age-adjusted death rate increased 8% in the first quarter from 2014 (36.1) to 2015 (39.6).

Age-adjusted death rates for stroke: United States, 2014–Quarter 1, 2015

Figure 2. Stroke (Cerebrovascular disease) age-standardized annualized death rates (per 100,000): 2008-2014
Heart Disease and Stroke Mortality
2014 estimates are a 12-month moving average representing the 2014 provisional annual estimates

The rate for the 12-month period ending with the last quarter of 2014 includes deaths that occurred from January through December and represents the annual provisional estimate for 2014.

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