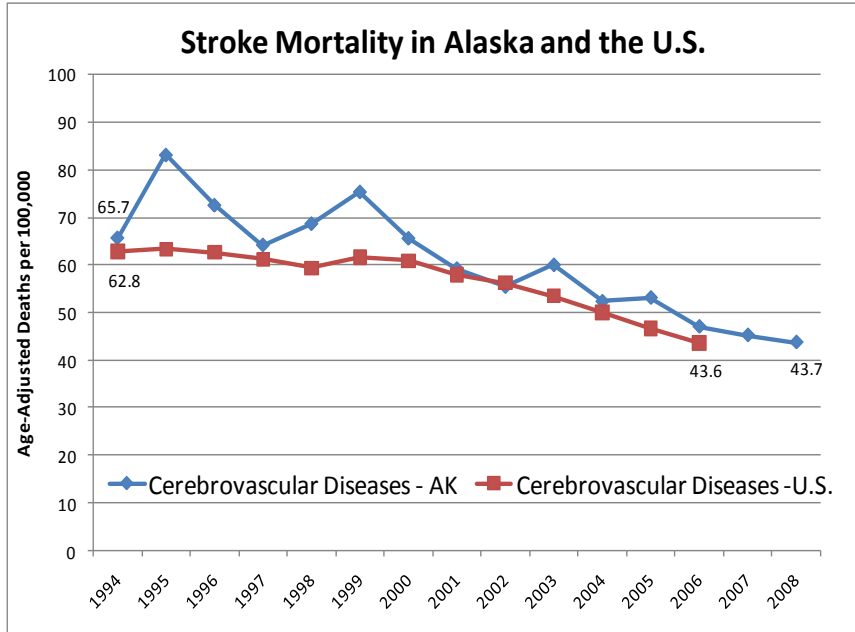


Heart Disease and Stroke Facts: Stroke in Alaska

What is Stroke Costing Alaskans in Terms of ... Lives?

- Stroke was the 5th leading cause of death in Alaska in 2008¹



- In 2008, 170 Alaskans died from stroke¹
- Although there has been a decline in Alaskan age-adjusted stroke death rates between 1994 and 2008, the actual number of stroke deaths has increased over this time by around 20%¹. This is due to an aging and growing population.

...Economic Burden?

- Stroke was associated with 1400 hospital discharges in Alaska in 2007.²
- On average, stroke-related hospital stays cost \$27,163 and lasted 6 days.²
- In 2007, Medicaid payments linked with stroke-related services totaled over \$12.5 million, the majority of which was for long-term care.²

...Quality of Life?

- Nationally, stroke is also a leading cause of functional impairments, with 15% – 30% being permanently disabled.³
- 22% of Alaskans who have suffered a stroke report that their everyday activities have been limited because of that condition.⁴



All these costs are likely to increase in the future, as our population continues to age.

The Power of Prevention

Despite the advent of effective treatments for select patient subgroups, such as tissue plasminogen activator (tPA) for those with acute ischemic stroke, *prevention* remains the best way to reduce the burden of stroke. The following are just a few of the risk factors for stroke:

Tobacco Use

- 61% of Alaskans with a history of stroke smoke now or used to be smokers⁴

High Blood Pressure

- 55% of Alaskans with a history of stroke have been told they have high blood pressure⁴

Atrial Fibrillation

- In fiscal year 2010, 861 Alaskans were paid 6,201 Medicaid claims associated with atrial fibrillation⁵

Carotid Stenosis

- In fiscal year 2010, 373 Alaskans were paid 915 Medicaid claims associated with carotid stenosis⁵

The State of Alaska Section of Chronic Disease, Stroke Task force has developed several recommendations:

- Act to improve the capacity of Alaska's acute care hospitals to treat stroke. Improvements are needed in standing orders, neurology, neurosurgery, and radiology services.
- Expand the role telehealth can play in stroke diagnosis and treatment.
- Establish a comprehensive stroke treatment plan that:
 - Includes criteria for patient selection for tPA,
 - Includes management care guidelines (not limited to tPA),
 - Is appropriate for hospitals that provide different levels of care according to the resources and medical expertise available, and
 - Addresses subacute care and secondary prevention.

Produced by the Heart Disease and Stroke Prevention Program, Division of Public Health, Alaska Department of Health and Social Services (7/21/2010)



¹Alaska Bureau of Vital Statistics; ²The Burden of Heart Disease and Stroke in Alaska: Mortality, Morbidity, and Risk Factors, available at: http://www.hss.state.ak.us/dph/chronic/chp/pubs/burden_Dec09.pdf; ³Lloyd-Jones D, Adams RJ, Brown TM, Carnethon M, Dai S, De Simone G, Ferguson TB, Ford E, Furie K, Gillespie C, Go A, Greenlund K, Haase N, Hailpern S, Ho PM, Howard V, Kissela B, Kittner S, Lackland D, Lisabeth L, Marelli A, McDermott MM, Meigs J, Mozaffarian D, Mussolino M, Nichol G, Roger VL, Rosamond W, Sacco R, Sorlie P, Stafford R, Thom T, Wasserthiel-Smolter S, Wong ND, Wylie-Rosett J; on behalf of the American Heart Association Statistics Committee and Stroke Statistics Subcommittee. Heart disease and stroke statistics—2010 update: a report from the American Heart Association. *Circulation*. 2010;121:e46–e215. ⁴Alaska Behavioral Risk Factor Surveillance System; ⁵Alaska 2010 Medicaid Claims Database