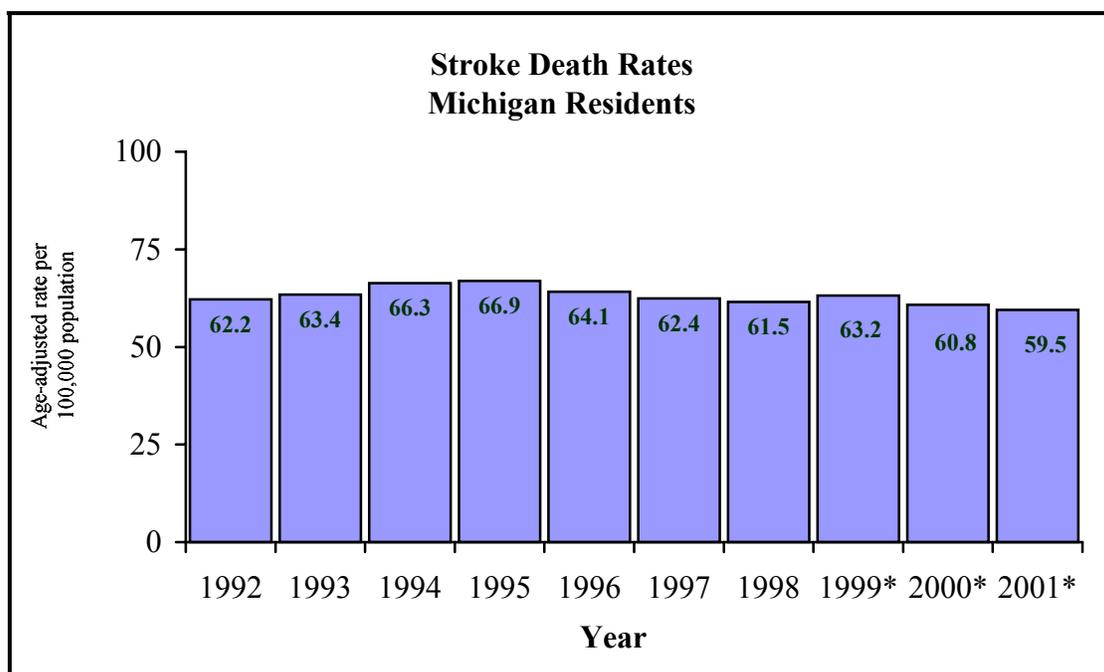


Vital Statistics Indicators

Stroke Deaths



* Death data based on ICD-10 coding. See *Technical Notes* for detailed explanation on ICD coding changes.

Source: Division for Vital Records and Health Statistics, MDCH

How are we doing?

Stroke is the third leading cause of all deaths in Michigan and the sixth leading cause of Years of Potential Life Lost (YPLL) for people below the age of 75.

An artery hemorrhage or blockage in the brain causes a stroke. High blood pressure is the most important risk factor for stroke. Other risk factors include cigarette smoking, physical inactivity, high cholesterol, and obesity.

In 2001, there were 5,666 deaths due to stroke in Michigan. The age-adjusted death rate for stroke was 59.5 per 100,000 population. The age-adjusted stroke death rate in Michigan has been declining during the past 10 years.

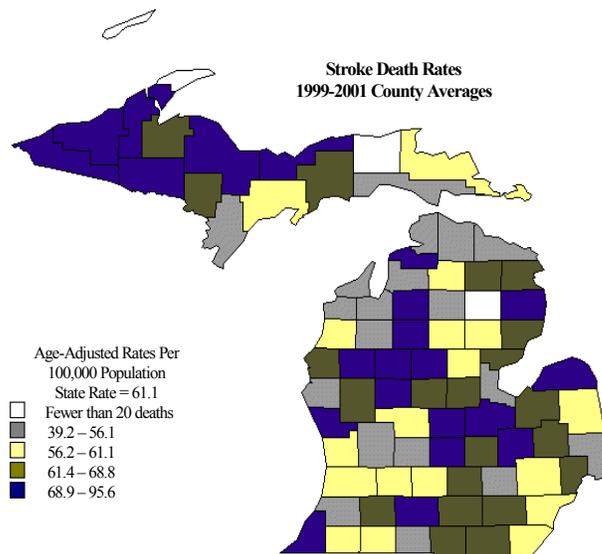
How does Michigan compare with the U.S.?

Michigan's 2000 age-adjusted rate of 60.8 was equivalent to the U.S. rate of 60.8. Stroke was the third leading cause of all deaths in the U.S. and the eighth leading cause of YPLL in 1999 and 1998, respectively.

How are different populations affected?

Incidence of strokes increases with age. In Michigan, 76 percent of stroke deaths occurred to individuals aged 75 or older in 2001.

Although males have a higher risk of dying of stroke than females, the number of females dying of stroke is larger than males, because women live to older ages when stroke is most common.



In 2001, African-Americans had higher stroke death rates (72.0) than whites (57.7). The age-adjusted stroke death rate for African-American males was 76.2.

For more state and local data on stroke deaths, visit the Michigan Department of Community Health Web site at www.michigan.gov/mdch.

What other information is important to know?

Stroke remains the leading cause of severe long-term disability. Controlling high blood pressure, high cholesterol, and reducing smoking will have the greatest effect on reducing stroke related disabilities and deaths. Other risk factors for stroke include age, gender, family history, previous stroke, and socioeconomic status.

What is the Department of Community Health doing to affect this indicator?

The Michigan Department of Community Health initiated an advisory group called the Michigan Stroke Initiative (MSI) in 1997 to describe the burden of stroke in Michigan and develop recommendations for reducing the burden. MSI is represented by 40 different agencies statewide and has continued ongoing advisory functions and stimulated a number of projects. Collaboration with Michigan Association of Health Plans Foundation spurred the development and ongoing dissemination of an education program targeting patients and health professionals called “Taking on Stroke in Michigan.” Three large professional conferences were offered on stroke topics and a fourth is planned for March 2004. MDCH collaborates with the American Stroke Association on projects such as Operation Stroke and Blood Pressure Sunday.

In addition, MDCH partners with Michigan State University on a federal grant to develop and refine methods and processes to conduct long-term surveillance of acute stroke care and stroke outcomes. Findings from the surveillance are linked to public health strategies and quality control initiative to improve stroke prevention, treatment, care and outcomes.

Three projects focusing on stroke were funded by MDCH in 2003 as a result of a competitive request for proposal (RFP) process. The Michigan Health and Hospital Association developed one project called, “Keystone for Stroke Care.” Another project targets professional stroke training in a rural setting and a third is developing and delivering a model curriculum for Emergency Medical Services stroke education.

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