

INVESTMENT IN RESEARCH SAVES LIVES AND MONEY

Stroke

An ischemic stroke occurs when blood flow to an area of the brain is cut off. Without blood, brain cells cannot get the oxygen they need and die. A less common but more deadly kind of stroke, known as hemorrhagic stroke, happens when sudden bleeding in the brain occurs, leading to cell death. In both cases, the functions these cells control are lost, frequently leaving stroke survivors with decreased cognitive and motor abilities.¹ Although stroke rates in the U.S. have declined significantly, stroke remains the 5th leading cause of death.³ Racial disparities in stroke rates also persist — at age 45, African Americans are three times as likely to die from a stroke as white Americans of the same age.²

TODAY

An estimated

140,000

Americans die from stroke each year.³

795,000

Americans experience a stroke each year — that's one every

40

seconds³

Most people over the age of 65 who experience a stroke also lose mobility, making it a

leading cause of long-term disability³

COST

Over \$31,000:

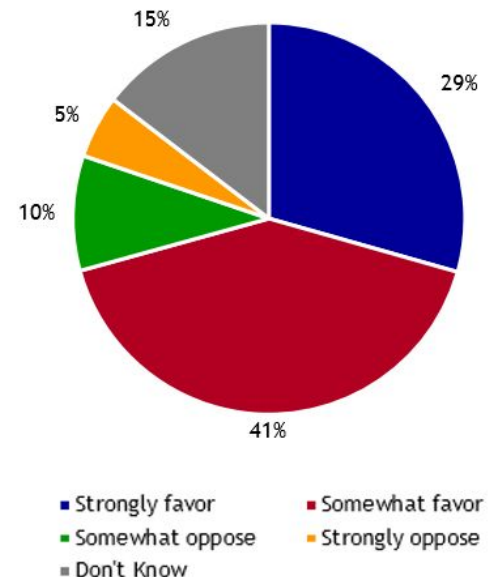
That's the median hospital cost for an uninsured patient with a stroke.⁵

\$45.5 billion:

That's the annual sum of the direct and indirect costs of stroke, including hospital stays, home healthcare, and lost productivity.⁴

Majority Favor Doubling Funding for Medical Research over the Next Five Years

Do you favor or oppose doubling federal spending on medical research over the next five years?



Research Delivers Solutions

New stent and imaging technology allows surgeons to **clear blood clots** up to 24 hours after a stroke occurs. With blood flow restored to the brain, more patients will survive strokes **without serious impairments**.⁶

Researchers have found that lifestyle changes — like increasing physical activity, limiting alcohol and tobacco consumption, and maintaining a healthy weight and diet — can **reduce the risk of stroke by up to 80%**.⁷

Stroke care delivered via research and technology-driven **telemedicine networks** allows low-risk patients in smaller hospitals to receive quality care from a major stroke center. This helps patients **avoid costly hospital stays**, and can **save hospitals over \$44,000** each year.⁸

Research shows that screening stroke patients with **multimodal computed tomography imaging (MMCT)** to identify the type of stroke and the amount of damaged tissue leads to **fewer patients receiving expensive and unnecessary treatments**.⁹

Source: A Research!America poll of U.S. adults conducted in partnership with Zogby Analytics in January 2019

Stroke

Then. Now. Imagine.

THEN

In 1968, stroke was the third leading cause of death, responsible for 315.7 deaths per 100,000 people.³

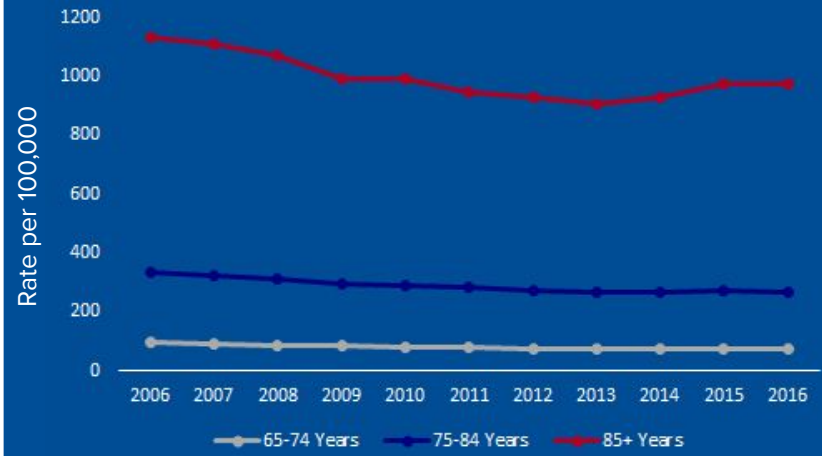
NOW

By 2015, the death rate from stroke had declined to 73.3 deaths per 100,000 people, thanks to research into stroke prevention and treatment.³

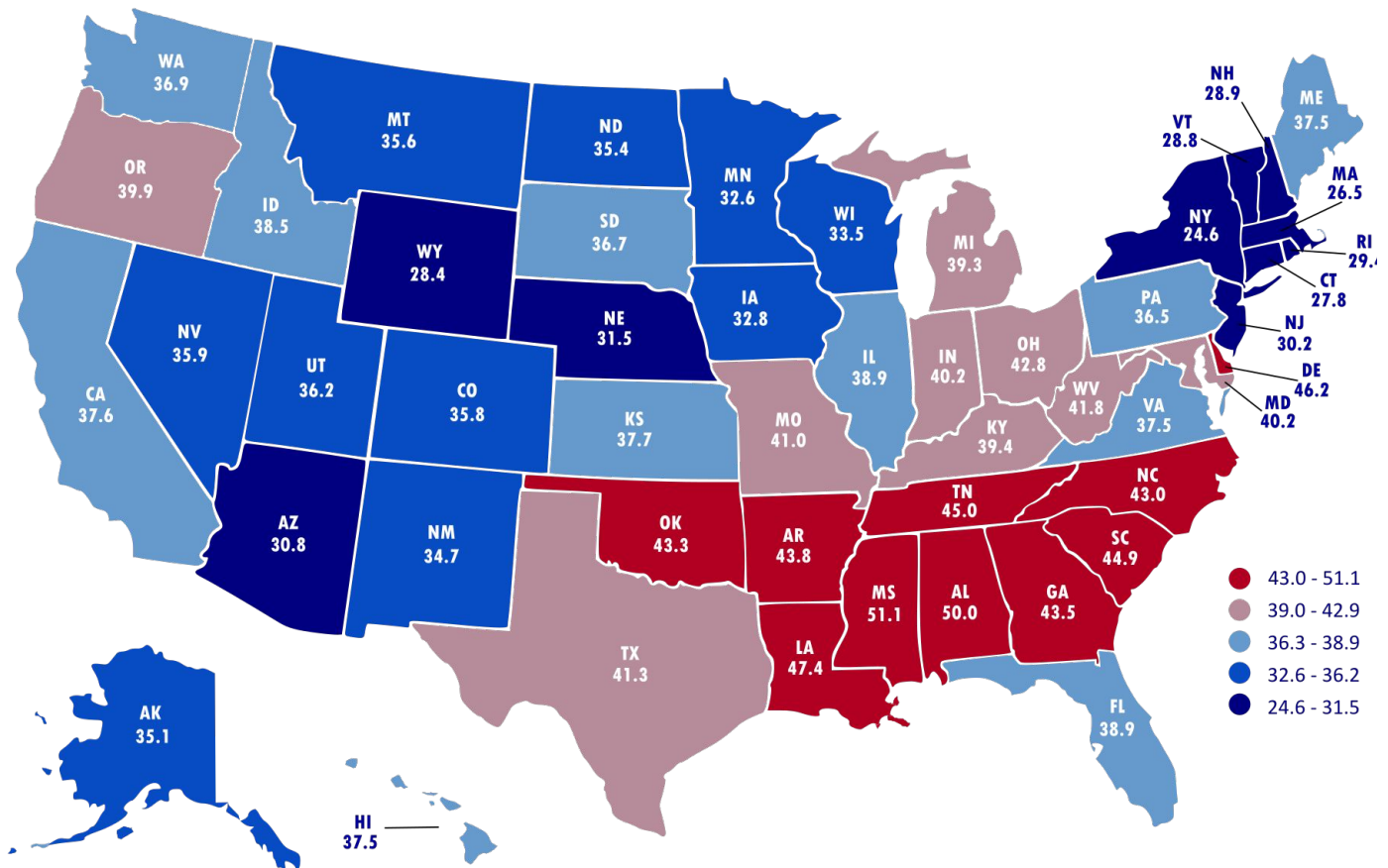
IMAGINE

A world without stroke.

Stroke Mortality Rates Among Older Adults, 2006 - 2016⁴



Stroke Deaths in the United States (per 100,000), 2017



SOURCE: "Stroke Mortality by State." CDC, published 2019.

- 1) "About Stroke." CDC, 2018
- 2) Howard et al. "Reduce the Black-White Disparity in Stroke Mortality." 2016
- 3) "Vital Signs: Recent trends in stroke death rates." CDC, 2017
- 4) "Heart Disease and Stroke Statistics--2019 Update." AHA, 2019
- 5) Khera et al. "Burden of Stroke among Uninsured." 2018.
- 6) Nogueira et al. "Thrombectomy 6 to 24 Hours after Stroke." 2018.
- 7) "Preventing Stroke: Healthy Living." CDC, 2018
- 8) Switzer et al. "Cost-Effectiveness of Telestroke Networks." 2013.
- 9) Reeves et al. "Cost-effectiveness of Targeted Thrombolytic Therapy." 2018.

Research!America 241 18th St S, Arlington, VA 22202 | 703.739.2577
www.researchamerica.org | info@researchamerica.org

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