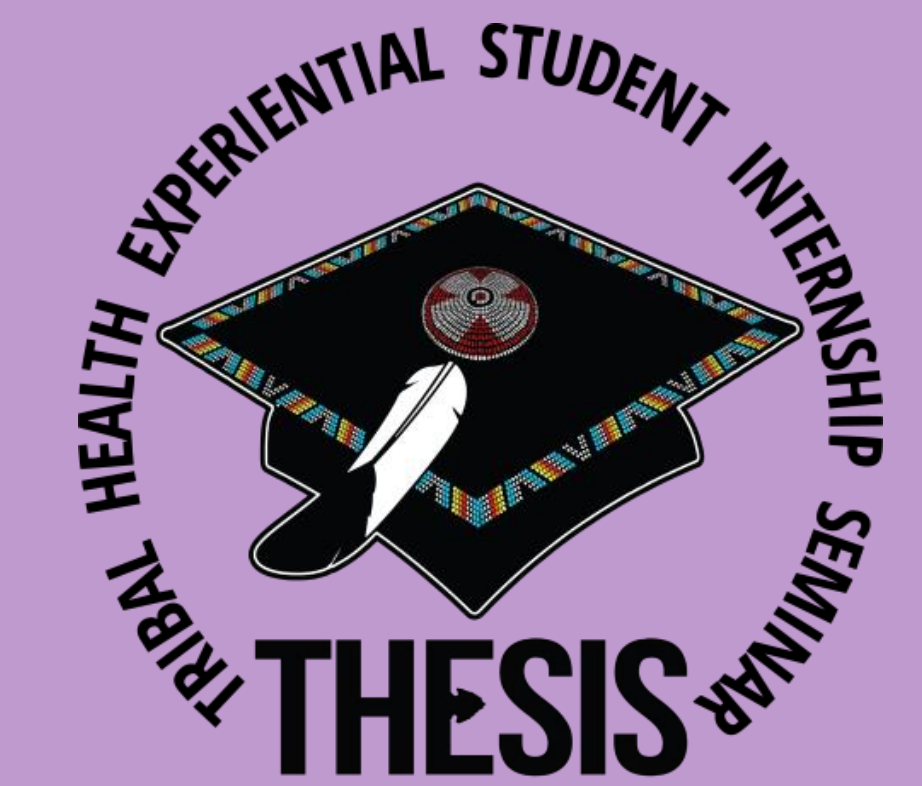


Decreasing Risk Factors & Improving Access to Ischemic Stroke Care in Oklahoma AI/AN Communities

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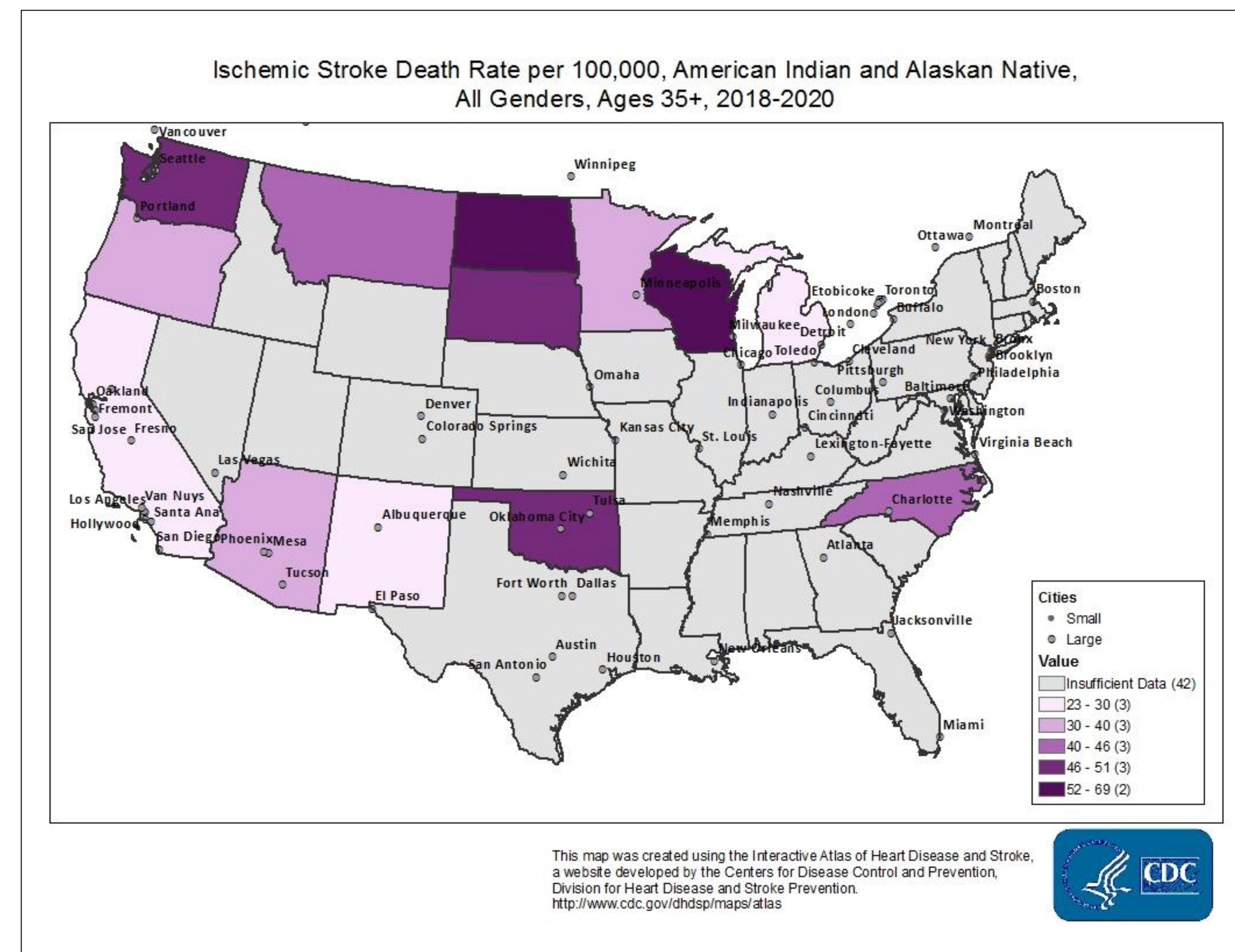
¹Southern Plains Tribal Health Board, Tribal Health Experiential Student Internship Seminar Program

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Abstract

Each year in the U.S., almost 800,000 people have a stroke, with 87% of all strokes being ischemic strokes. Between 2018-2020, the ischemic stroke death rate of American Indian/Alaska Natives (AI/AN) aged 35+ in Oklahoma was relatively high compared to many other states. **Oddly, the AI/AN community has conflicting patterns in stroke risk factor and mortality data: they supposedly have low stroke mortality, but the disparities they face in stroke risk factor prevalence are among the worst in the nation.** This is due to AI/AN stroke mortality data coming from death certificates, which is heavily subjected to racial misclassification, and both old and new studies still racially misclassify AI/AN persons as White. However, studies accounting for racial misclassification have found stroke death rates and stroke risk factor prevalence to be higher for AI/AN persons than Whites, and the stroke mortality rates for AI/AN persons were highest in Alaska and Oklahoma. **Thus, this poster seeks to explain the high prevalence of ischemic stroke risk factors (e.g. diabetes, obesity, high blood pressure) and mortality among Oklahoma AI/AN communities and to propose efforts to reduce these health disparities.**

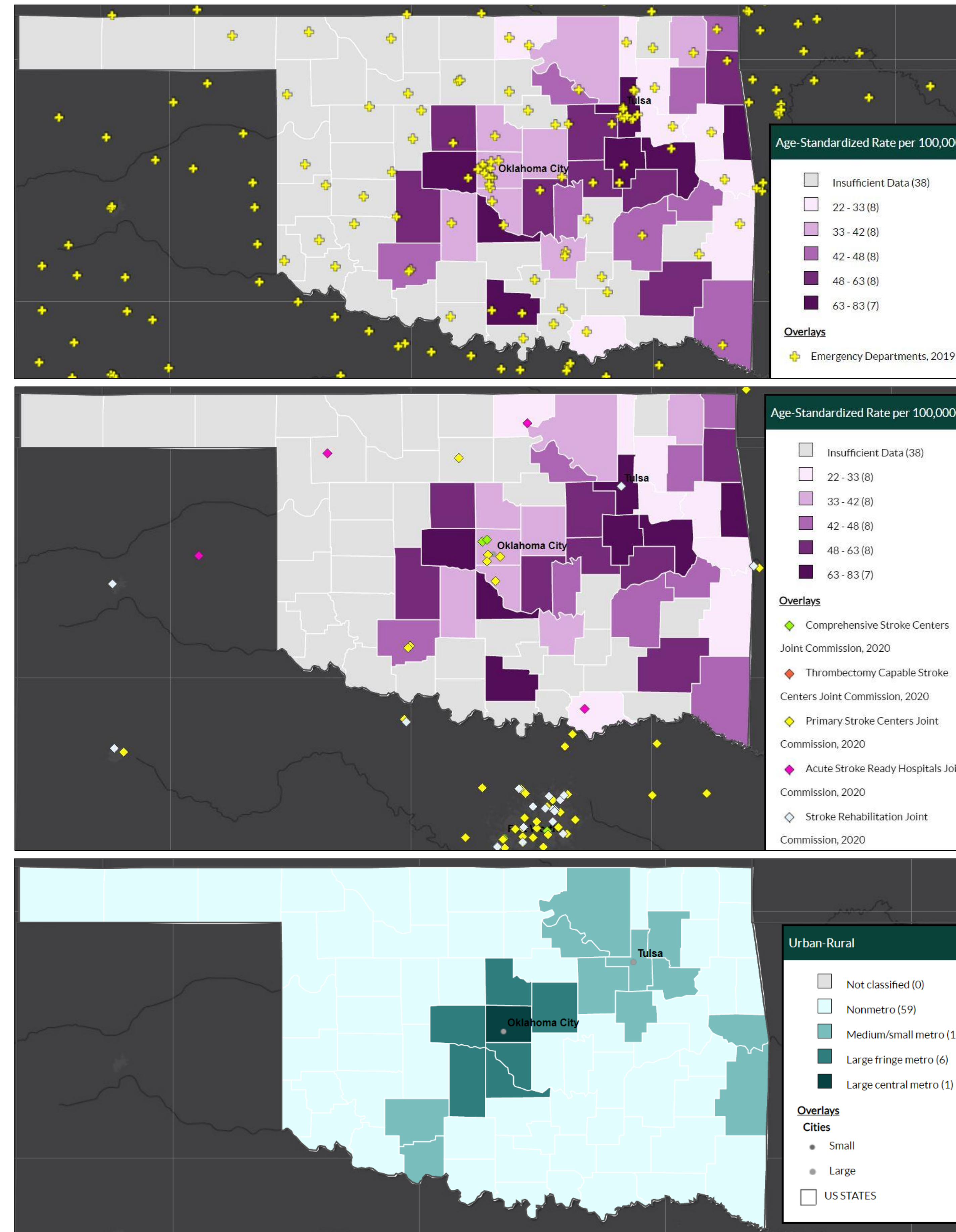


Population & Community Impact

- **Population:** American Indian/Alaska Natives in rural (nonmetro, small/medium metro) Oklahoma
- **Impact:** The ischemic stroke death rate of American Indian/Alaska Natives in the U.S. is relatively high in Oklahoma. However, Oklahoma AI/AN have no statistically significant records of hospitalization due to ischemic stroke when compared with other races, indicating a lack of access to stroke care. Additionally stroke risk factors such as diabetes and high blood pressure are more common in American Indian/Alaska Natives compared to other races. This leads to an increase in stroke mortality as well as disability due to the lack of prevention, early medical intervention during a stroke, and rehabilitation post-stroke.

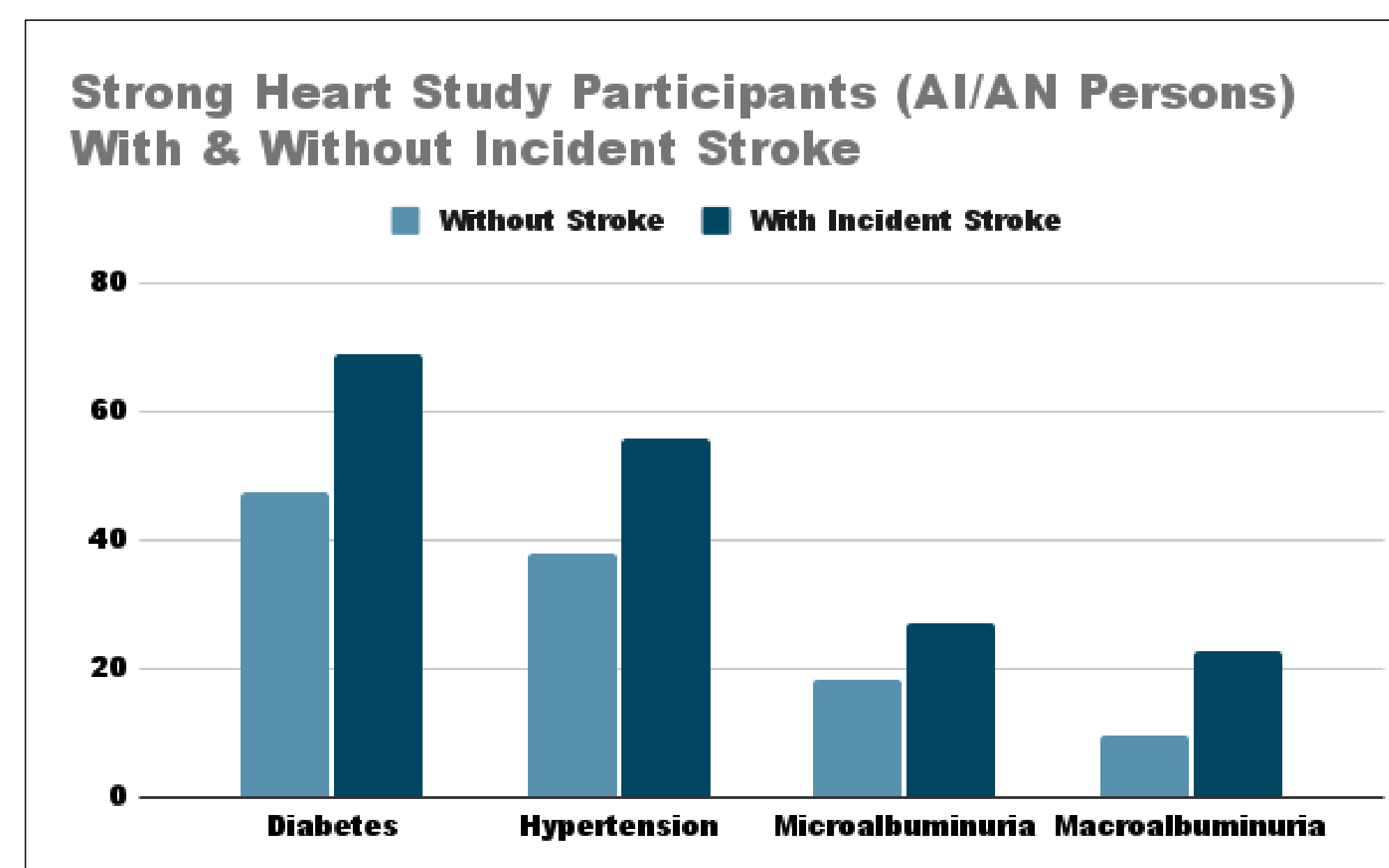
AI/AN have less access to stroke care resources

- Ischemic stroke mortality rates from 2018-2020 within the AI/AN population ages 35+ in Oklahoma
- Majority of tribal jurisdiction areas are classified as nonmetro or medium/small metro and do not have a certified stroke center in their respective counties



Maps created using the Interactive Atlas of Heart Disease and Stroke, a website developed by the Centers for Disease Control and Prevention. <https://nccd.cdc.gov/dhdsipatlas/>

High prevalence of stroke risk factors among AI/AN



Achieving Health Equity

- Minimize & ultimately eliminate racial misclassification in AI/AN morality data → increased funding & resources
- Implement interventions to reduce stroke risk factors (e.g. putting grocery stores within walking distance in rural areas to promote healthy eating and to combat diabetes & obesity)
- Increase awareness of stroke symptoms by hanging up flyers in rural areas as opposed to digital-only PSAs
- Implementing telemedicine to improve emergent stroke services in rural areas
- Increase representation among health care providers to decrease implicit bias and increase patient trust
- Increase & improve access to clinics in rural areas capable of providing stroke care by expanding the public transportation system in Oklahoma to encompass nonmetro and small metro areas

Community-based solutions

- “Tradition not Addiction” Program in the Cheyenne & Arapaho tribes → using culture as prevention
- Partnerships between governmental agencies/academic institutions, and Oklahoma tribes & nations
- Oneida nation stroke study in partnership with University of Wisconsin → addresses risk factors of stroke in the Oneida nation community
- Community campaigns to decrease stroke risk factors through promoting healthy living (e.g. “Just Move It” nationwide campaign)

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Stroke Info Sheet

