**Race and Regional Disparities in Prevalence of Poor Metabolic Health Among Community Dwelling Adults with Stroke: Nationwide Analysis of 2019 BRFSS Data**

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**Introduction:** High burden of Metabolic Syndrome (MS) results in incident stroke and poor outcomes. We report contemporary national estimates of stroke prevalence and quantify MS burden and its socio-demographic associates among stroke individuals.

**Methods:** We analyzed 2019 Behavioral Risk Factor Surveillance System data; a nationally representative survey of health-related conditions and behaviors among community dwelling adults. We identified individuals with self-reported stroke and flagged 4 MS indicators (diabetes, hypertension, BMI ≥ 25 kg/m2, hypercholesterolemia). Individuals with ≥ 2 features were categorized as High MS (HMS). We compared socio-demographic characteristics (age, sex, race, education, income, marital and employment status, stroke belt residence) and healthcare utilization (insurance status and frequency of healthcare visits) among HMS and no-HMS groups. We fit survey design logistic regression models with appropriate sampling weights and report national estimates of stroke prevalence and HMS associates.

**Results:** In 2019, there were 8,570,876 adults (≥ 18 years) with stroke in the US; translating into a nationwide prevalence of 3.4% (7.9% among ≥ 65 years). Overall, 94.4% had at least one MS feature; 77.4% had HMS. Advanced age, male sex, non-Hispanic Black (NHB) race and residence in stroke belt region were associated with HMS. Participants with high income (≥ $75,000) and health insurance coverage were less likely to have HMS. In the fully adjusted model, advanced age; Asian American / Pacific Islander race and Hispanic ethnicity (vs. Non-Hispanic White) and residence in the US stroke belt had higher likelihood of HMS (Figure). Healthcare utilization patterns and sex were not significantly associated with HMS. Updated 2020 BRFSS data will be presented.

**Conclusion:** Racial and regional disparities exist in HMS burden among stroke individuals. Targeted MS prevention and management measures are needed for high-risk populations.

Figure 1:

