



An Ounce of Prevention

*Heart disease and stroke prevention programs get valentines from state officials*

By Dan Lorentz

**L**ike everyone else during February—American Heart Month—state officials will learn amazing facts about the heart. But while policy-makers may be impressed that the heart beats 100,000 times a day or that during an average lifetime the heart pumps a million barrels of blood (enough to fill three supertankers), many are likely to be struck by one fact in particular: the human and financial cost of heart disease and stroke.

As the first and third leading causes of death in the United States, the costs of heart disease and stroke are staggering. More than 930,000 Americans die of heart disease each year, and it is the leading cause of premature, permanent disability in the U.S. work force. In 2004 alone, the cost of heart disease and stroke was projected to be \$368 billion. That figure combines \$226 billion in health care expenditures with \$142 billion in estimated lost productivity from death and disability.

The financial costs may be reported in national fig-

ures, but they make a big difference to state budgets—and state officials know it. According to the National Association of State Budget Officers, chronic illnesses—of which heart disease and stroke are leading causes—account for nearly 80 percent of Medicaid expenditures. That reality combined with the knowledge that heart disease and stroke are preventable helps explain why many state policy-makers, including legislators, now support efforts to promote heart healthy and stroke-free states.

“In South Dakota, we put in place an aggressive program under our state employee plan to promote healthy lifestyle changes, and it’s working,” said state Rep. Jean Hunhoff, who serves on the South Dakota Legislature’s appropriations committee. “We’ve managed to bring costs down so that we haven’t had to seek a premium increase. That’s a lesson we’ve got to start applying to Medicaid.”

Washington state Rep. Shay Schual-Berke, a cardiologist, agrees that legislators are starting to get the message that preventing heart disease and stroke makes fiscal sense.

“There’s no question that Medicaid continues to be the Pac-Man of the state budgets, continually eating away at state resources,” she said. “Legislators are still in crisis management mode, but they’re beginning to see that paying for prevention programs now may pay off with cost reductions in later budgets.”

Maryland Delegate Dan Morhaim, M.D., says he sees more legislators making the connection between investing in prevention efforts and reducing health care costs in the long-run. Morhaim will introduce legislation this year to push insurance companies to pay for smoking cessation.

## State Prevention Efforts

Many of those efforts have been shaped by the State Heart Disease and Stroke Prevention Program, an initiative of the Centers for Disease Control and Prevention. Launched in 1998 to

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help states develop resources and strategies to prevent heart disease and stroke, the CDC initiative now funds programs in 32 states and the District of Columbia.

“Prevention and control of heart disease and stroke represents a major challenge, one we must face together,” said Dr. George Mensah, acting director for CDC’s National Center for Chronic Disease Prevention and Health Promotion. “Opportunities to prevent heart disease and stroke and to eliminate the related health disparities exist when we incorporate education, communication, policy and environmental supports in health care, worksite/purchaser, community, and school settings.”

State programs have aimed at:

- controlling high blood pressure and high cholesterol;
- increasing awareness of the warning signs and symptoms of heart disease and stroke and stressing the importance of calling 911;
- improving emergency response to deliver care more promptly;
- improving the quality of medical care; and
- eliminating disparities in care among different demographic groups.

In New York, for example, employers collaborate with the state to assess the heart healthiness of work sites using a tool called “Heart Check.” Many of the participating employers now make blood pressure screening available on site and are offering employees low-fat food choices and instituting smoke-free workplace policies.

In Wisconsin, the state program helped 20 health plans make systems changes in patient data collection and measurement to improve blood pressure control. Among participating plans, the percentage of patients who had their high blood pressure under control increased by 21 percent.

In South Carolina, the state health department collaborates with local community partners to promote heart health in African

American communities, focusing on addressing high blood pressure, high cholesterol and tobacco use prevention.

Montana launched a public education campaign to teach people how to recognize the signs of a stroke and to stress the importance of calling 911 promptly. It also worked with local partners to improve emergency medical services and hospital response to stroke.

## The Role of State Legislators

State legislative champions had this advice for colleagues who want to join in their efforts to prevent heart disease and stroke:

*Be creative in getting people’s attention.* In Washington, Schual-Berke and a legislative colleague are planning on distributing pedometers to their fellow legislators. “We’re hoping to set up some contests where we can get legislators to count their num-



bers and win prizes for taking the recommended number of steps every day,” she said.

*Arm yourself with facts by accessing state and federal resources.* Hunhoff recommends checking in with your state’s branch of the American Heart Association (AHA). You can find out about what your state is doing to prevent heart disease and stroke, get county level data and much more online at [www.cdc.gov/cvh](http://www.cdc.gov/cvh). Call your state health department and budget offices to get cost numbers specific to your state and district.

*Make the “ounce of prevention” case.* Morhaim recommends that legislators constantly remind their colleagues that prevention efforts will reduce costs. “Investment and prevention are sound fiscal policy,” he said. “That’s not always immediately clear to everyone, but we’ve got to make that case.”

*Reach out to stakeholders to coordinate efforts.* “Every state has an AHA branch, has advocates interested in physical activity, nursing and medical associations, employer organizations, groups promoting wellness,” Schual-Berke said. “Invite them all to sit down with you and share their information and perspectives on preventing heart disease and stroke and build from there.”

Schual-Berke also recommended that legislators take a careful look at how their states are spending tobacco settlement funds to find out if enough dollars are being used to prevent heart disease and to investigate whether the state has disparities in heart-related health outcomes across different ethnic groups.

—Dan Lorentz is a health policy analyst at The Council of State Governments.

**Want more ideas about preventing heart disease and stroke in your state? You’ll get them in March when the Centers for Disease Control and Prevention releases *What State Legislators Can Do*, a sourcebook about preventing cardiovascular disease designed specifically for state policy-makers. The publication will be available on CSG’s Healthy States Web site at [www.healthystates.csg.org](http://www.healthystates.csg.org).**