The Role of Legislators in the Prevention of Heart Disease and Stroke

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Legislators play a critical role in reducing death and disability due to heart disease and stroke. North Carolina's Justus-Warren Heart Disease and Stroke Prevention Task Force presents a forum for legislators to receive and exchange information that will help them make well-informed decisions that affect the cardiovascular health of North Carolinians.

North Carolina has a rich tradition of support for medicine and public health. As the nation looks for ways to reverse increases in the cost of health care, to improve the quality of care, and to decrease the incidence of chronic diseases, North Carolina is often seen as a model for what is possible. What has made North Carolina unique in many instances is the political will that supports innovation and the fulfillment of public health needs.

North Carolina is highly regarded for its public health successes and for legislation addressing heart disease and stroke. In 1995, in response to alarming data about heart disease and stroke burden in the state, the North Carolina General Assembly created and funded what is now known as the Justus-Warren Heart Disease and Stroke Prevention Task Force. At the time, no other state had an equivalent task force that brought together survivors of heart attacks and strokes, nationally recognized talent in the fields of public health and medicine, business and community leaders, members of the media, and members of a bicameral legislature from both parties. Moreover, in 2006 the General Assembly added a Stroke Advisory Council, which convened various leaders in stroke care and prevention, the North Carolina Hospital Association, the North Carolina Office of Emergency Medical Services, and other stakeholders and tasked them with developing a stroke system of care for the state.

There have been other recent public health–related legislative actions that address major risk factors for heart disease and stroke. In 2011, the North Carolina House of Representatives passed a resolution to create awareness of the benefits of eliminating excessive dietary sodium intake as one way to address high blood pressure. The resolution also brought attention to the support needed to help people identify their personal risk for high blood pressure, as well as the ways to help people build healthier lifestyles to prevent and better manage high blood pressure and related supporting measures to decrease heart disease and stroke [1]. In 2009, the General Assembly banned smoking in bars and restaurants [2]. It was reported in 2011 that the law may have contributed to a 21% reduction in the rate of emergency room visits for heart attacks since the law went into effect in January 2010 [3]. In previous years, the General Assembly had also protected state employees from secondhand smoke exposure by banning smoking in government buildings, on government grounds, and in state government vehicles; state law also allows community colleges to protect teachers and students by banning the use of tobacco products on their campuses [4]. And in 2008, the General Assembly funded a successful public campaign to increase the awareness of signs and symptoms of stroke and the need to call 911 immediately when such signs or symptoms are observed [5].

Public health interventions to address chronic diseases face complexity and formidable obstacles. Chronic diseases entail a complex interaction of risk factors, take years to develop, are characterized by a long period of living with the illness, and can have multiple causes [6]. Outside the health care community, many people do not view the prevalence of chronic diseases as a crisis, despite the fact that heart disease, stroke, and cancer account for two-thirds of all deaths in the United States [6]. In North Carolina in 2010, the most recent year for which data are available, cardiovascular diseases (heart disease, hypertension, cerebrovascular disease, congenital malformation, and atherosclerosis combined) were the leading cause of death in the state, accounting for 29.6% of all deaths [7]. The lack of urgency is due in part to perception. With regard to chronic diseases, the public is generally more concerned about involuntary risks (potential exposure to toxic chemical waste, for instance) than they are about voluntary risks (eg, eating fatty foods or failing to exercise) [6]. Public investment (or underinvestment, depending on your view) to prevent and manage chronic diseases is hampered by the fact that the benefits of investing today's prevention dollars are not seen until years in the future [6].

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Moreover, the economic crisis and other pressing state fiscal matters do not make it any easier to make support for public health a priority. But these are the very reasons and justification for an elevated sense of urgency.

Given the crunch of an economic crisis and ballooning health care costs, precision in deciding what policies are selected and supported is crucial. Policies using evidence-based approaches within a legal framework are likely to achieve their goal of establishing new, healthier social norms. Policy and environmental changes can provide support to people seeking to adopt and sustain healthy behaviors or to live in healthier environments (those that are smoke-free, for instance) [6]. Thus such policy and environmental changes have greater reach and impact than does a singular focus on getting individuals to change [6] and may, over time, save money.

A shift in health care emphasis from a disease treatment model of clinical care to a primary prevention model has long been advocated by public health professionals. A renewed paradigm has emerged that fuses the 2 approaches into a population health model that works at both the individual level and the community level [8]. Domains that are the focus of the prevention model include access to care, quality of care, the community environment, and governmental policies [8]. Many evidence-based policy changes can be implemented at low cost. Examples include clean indoor air policies and nutrition standards gradually implemented through procurement policies.

Legislators can also play a role in authorizing or directing the state to study or participate in promising initiatives. This is a way for North Carolina to leverage group efforts and produce outcomes that can achieve public health goals and state government goals. The Million Hearts initiative, for example, is a major national campaign under way that seeks to prevent 1 million heart attacks and strokes over the next 5 years [9]. The goal is audacious because the need is urgent. If present trends continue, inflation-adjusted direct medical costs related to heart disease and strokes are projected to be 3 times as high in 2030 as they were in 2010 [10]. Million Hearts, which is being undertaken by the US Department of Health and Human Services working in partnership with other federal, state, and local government agencies and various private sector entities, will implement effective evidence-based strategies both in the community and in clinical settings [9].

In the clinical setting, Million Hearts seeks to improve clinical management of aspirin use, blood pressure control, cholesterol control, and smoking cessation. From a community perspective, the initiative seeks to reduce the sodium content and artificial fat content of foods and to reduce tobacco use and public exposure to secondhand smoke [9]. Legislators have an alluring opportunity to accelerate the adoption of Million Hearts objectives; doing so will impact population health and perhaps generate cost-savings in the care of North Carolina's Medicaid population, which is a major driver of the state's health care safety-net expenditure. Legislators can be very helpful in continuing to support community and systems transformation in order to reduce tobacco use, improve population-wide nutrition, and improve access to and coordination of health care; better access and better coordination avoid costly disease progression and substantially eliminate the administration of routine care in hospital emergency departments. Legislators can also support the capture of accurate population-wide data, which can be used to make more precise adjustments to systems and policies.

Legislators can play a major role in assessing the critical need for preventive health care and measures to improve population health, and in helping fellow legislators to understand and work through the issues so that they will support good public health policy decisions. Legislators come from various professions and backgrounds. A regular legislative session has several thousand bills introduced. These bills cover a huge variety of subjects—far too many for any 1 legislator to be an expert, or even adequately proficient, in all of them. Legislators have an assortment of mechanisms at their disposal to help them understand and tackle complex issues. There are legislative committees that focus on particular topic areas, which seat legislators with subject matter expertise. These legislative committees are a good way for legislators to hear differing views on a bill, get expert testimony and special reports, and be better prepared to answer questions asked by their colleagues.

Task forces (also councils and other health-related boards and commissions) are another way for legislators to get crucial information. Legislators are free to sit in on task force meetings and are often among the appointed members of these task forces, as is the case for the Justus-Warren Heart Disease and Stroke Prevention Task Force. One of the most critical roles a legislator can play in the prevention of heart disease and stroke, or any other public health–related issue for that matter, is to attend and participate in the meetings of these task forces. These task forces enable legislators to get a more in-depth and detailed view of the issue, so that they can more effectively participate in the deliberations that lead to productive legislative action.

Convening stakeholders with various perspectives, reconciling complex issues, and achieving consensus are particularly important contributions that legislators can make. Deliberative democracy in its purest form is an approach to public-policy making that can be used when parties are dealing with complex issues or when they have conflicting interests or divergent moral and political viewpoints [11]. It seeks to resolve controversial public-policy questions by emphasizing open, deliberative debate among the affected parties as an alternative to voting [11]. Deliberative democracy is marked by the following characteristics: political legitimacy (parties abide by the decision reached), mutual respect, inclusiveness, public reason (commitment to publicly acceptable arguments), and equality—all parties have equal standing to

defend and criticize arguments [11]. Task force meetings can serve as public forums in which to have such debates. The goal should be to foster open debate, information sharing, constructive criticism, and mutual understanding [11].

Proponents of deliberative democracy argue that this approach is fair and effective in resolving controversial political issues. Critics argue that deliberative democracy is an idealized theory of political decision making and that its standards are difficult to meet in the real world [11]. Whatever side you may agree with, this approach—which was originally devised to level the playing field and to be inclusive of all stakeholders—gives legislators the important role of attending the meetings, contributing ideas, and examining the scientific evidence base, providing them with a major opportunity to enrich the policy-making process.

The issues related to heart disease and stroke prevention are complex and deserve the rigor of careful deliberation by the many stakeholders, including legislators. North Carolina has a history of finding what works for our state and producing successes that others have admired. NCMJ

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