

# Strategic State and Local Policies for Heart Disease and Stroke Prevention

States and localities can help prevent heart disease and stroke at the population level by designing policies that modify health risk factors, including:

- Adjusting taxing and spending (e.g., tobacco taxes and Quitline funding).
- Altering the informational environment (e.g., product and warning labels).
- Changing the built environment (e.g., clean air requirements, zoning, and sidewalks).
- Addressing socioeconomic status (e.g., poverty and Medicaid).
- Directly regulating persons, professionals, and businesses (e.g., tobacco retailers).
- Indirectly regulating through the court system (e.g., lawsuits and enforcement actions).

This resource provides more specific policy examples at the state and local levels related to tobacco control, nutrition, physical activity, and chronic disease prevention—organized around the essential policy approaches recommended by both the Association of State and Territorial Health Officials and CDC as part of the “2022 Heart Disease and Stroke Prevention Learning Collaborative Request for Proposals” (see Appendix A). Recommended readings and sources from partner publications and the peer-reviewed journal literature appear throughout.

## First, a Note about Preemption

Before delving in, it is important to note that state preemption laws—which eliminate or restrict local government authority to regulate certain issues—can hamper options for taking local policy action. When localities try to implement their own laws under these circumstances, they have no effect.

Many states [have preemption laws](#) around tobacco control and laws that prevent promoting healthy eating. [CDC’s interactive map](#) offers more information about preemption of tobacco control ordinances while the American Journal of Preventative Medicine’s “[State Preemption of Food and Nutrition Policies and Litigation: Undermining Government’s Role in Public Health](#)” provides further insight on preemption related to healthy eating and nutrition.

## Tobacco Control

[Maintaining a smoke-free lifestyle](#) is often the best step individuals can take to lower their risk for heart disease and stroke. Smoking is known to affect the heart and blood vessels by causing an instant, long-term increase in heart rate and blood pressure. Smoking also reduces blood flow from the heart and the amount of oxygen that reaches the body’s tissues, increases risk for blood clots, [damages blood vessels](#), and doubles the risk of stroke by reducing blood flow to the brain.

## State Policy Considerations

- Amend state laws that preempt or prevent local authority over tobacco control activities.
- Expand and increase tobacco cessation programming.
- Increase funding for the state [Quitline](#).
- Create tobacco-free environments/adopt and enforce [clean indoor air laws](#).
- Increase the purchase price of tobacco products.

## Local Policy Considerations

- Expand and increase funding for tobacco cessation programming at the local level.
- Develop resolutions to establish partnerships with local healthcare providers/systems and behavioral healthcare facilities to include tobacco cessation treatment and programming.
- Limit the number, location, and density of tobacco retailers through licensing.

A comprehensive overview of policies related to tobacco control can be found in the "[2022 Tobacco Control Network \(TCN\) Policy Recommendations Guide](#)."

## Nutrition

Poor diet [is strongly associated](#) with an elevated risk of heart disease morbidity and mortality. Factors that contribute to our food choices such as affordability, accessibility, availability, and advertising/marketing practices can be influenced by state and local policy.

## State Policy Considerations

- Expand eligibility and administration of the Supplemental Nutrition Assistance Program (SNAP).
- Increase access to affordable fresh fruits and vegetables through commodity programs and support healthy foods in food assistance programs.
- Empower food banks and agricultural donors to reduce food waste by providing liability protections, increasing tax credits, and redistributing donations to schools.
- Create and expand healthier retail food outlets to eliminate food deserts.
- Adopt procurement policies that give preference to locally grown foods.

## Local Policy Considerations

- Create resolutions that build partnerships and state commitments to promoting healthy food access.
- Enact ordinances that allow for grant funding opportunities or divert funds toward healthy food access opportunities.
- Construct laws or resolutions that establish a food policy council, workgroup, taskforce, commission, or similar body focused on identifying policy actions for healthy food access.
- Expand funding opportunities and infrastructure for community gardens.
- Increase the number of local farmers markets that accept EBT/SNAP benefits.

The Healthy Food Policy Project maintains a [comprehensive listing](#) of state and local policies related to healthy food access.

## Physical Activity

Regular exercise and physical activity [can greatly reduce](#) the risk of death from heart disease and stroke, while physical inactivity significantly increases these risks. However, in many places, residents don't have access to green spaces or public parks or must rely on automotive transportation due to a lack of walkable areas or paths for cycling.

### State Policy Considerations

- Implement the [Safe Routes to School law](#).
- Improve physical education curriculum and requirements in public schools.
- Increase funding for public transportation maintenance.

### Local Policy Considerations

- Increase funds or grant opportunities for public parks and green spaces.
- Increase bike rack placements and expand bike rental programs.
- Update zoning codes to allow for more pedestrian access.
- Update and maintain sidewalks and crosswalks to improve pedestrian safety.
- Add bike lanes and paths to allow for alternative transportation that promotes physical activity.

For more examples and information, see "[Built Environment Policies that Affect Physical Activity](#)" by Safe Routes to School National Partnership and "[Physical Activity: Moving Toward Obesity Solutions: Workshop Summary](#)" by the Institute of Medicine.

## Chronic Disease Prevention

Populations with chronic diseases such as [diabetes and hypertension](#) are more likely to develop heart disease and at an increased risk of death from a heart attack or a stroke. Individuals with diabetes are more likely to have multiple comorbidities and [other risk factors](#) for heart disease and stroke, such as high blood pressure, high cholesterol, and obesity.

Policies—such as medical coverage of diabetes prevention programs, self-measured blood pressure monitoring, and other community-based screenings—can prevent and manage chronic diseases that contribute to greater risk for heart disease and stroke morbidity and mortality.

### State Policy Considerations

- Authorize community health workers (CHWs) to provide services such as blood pressure screening and to work in multidisciplinary healthcare teams.
- Authorize health insurance reimbursement of CHWs.

- Define in state code CHW scope of practice and credentialing requirements to establish professional standards.
- Establish Diabetes Prevention Programs as a state Medicaid-covered benefit.
- Increase state Medicaid coverage and payment of self-measured blood pressure monitoring.
- [Remove non-emergency medical transportation barriers](#) to increase healthcare access.

### Local Policy Considerations

- Provide worksite wellness programming and counseling at the local level.
- Offer free fitness programs and resources throughout the community.
- Facilitate the [linkage](#) between community and clinical sectors.

There are policy considerations for self-measured blood pressure monitoring discussed on the American Heart Association's [fact sheet](#) and a jointly [published article](#) with the American Medical Association. California established medical coverage of the [Diabetes Prevention Program](#) and CDC has a [policy brief](#) to expand CHWs in communities.

## Appendix A: Heart Disease and Stroke Prevention Policy Areas from 2022 Learning Collaborative Request for Proposals

<b>Essential Policies (Choose One)</b>
<b>Tobacco</b>
Create and enforce comprehensive tobacco-free air policies
<b>Nutrition</b>
Implement food service guidelines, procurement, and environmental policies that increase access to healthy foods
<b>Physical Activity</b>
Support built environment policies that promote physical activity
Increase support and resources for physical activity in community settings
<b>Chronic Disease</b>
Create policies and structures to establish community health workers in the public health workforce
Introduce policies that increase access to Diabetes Prevention Programs
Support policies that improve prescribing of, and adherence to hypertensive treatment plans including blood pressure self-monitoring