



Preventing and Treating Stroke

Legislator Policy Brief

The Healthy States Initiative

A partnership to promote public health

The Healthy States Initiative helps state leaders access the information they need to make informed decisions on public health issues. The initiative brings together state legislators, Centers for Disease Control and Prevention (CDC) officials, state health department officials and public health experts to share information and to identify innovative solutions.

The Council of State Governments' partners in the initiative are the National Black Caucus of State Legislators (NBCSL) and the National Hispanic Caucus of State Legislators (NHCSL). These organizations enhance information-sharing with state legislators and policymakers on critical public health issues.

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Why public health?

State legislators play a vital role in determining the structure and resources available to state and local agencies dedicated to protecting the public's health. Public health agencies educate the public and offer interventions across a wide spectrum of public health issues including:

- Ensuring that children and at-risk adults are immunized against deadly diseases;
- Assisting victims of chronic conditions such as cancer, heart disease and asthma;
- Preventing disease and disability resulting from interactions between people and the environment;
- Researching how HIV/AIDS infections and other sexually transmitted diseases can be prevented;
- Promoting the health and well-being of people with disabilities; and
- Working with schools to prevent risky behavior among children, adolescents and young adults.

Information resources for state policymakers

New information resources produced under this initiative include:

- Healthy States Web site. This unique Web site offers information and resources on many public health issues. Visit <http://www.healthystates.csg.org> to get information, sign up for publications and view other information on the initiative.
- Health Policy Highlights and Healthy States e-weekly. Each week, this free weekly electronic newsletter brings the latest public health news, resources, reports and upcoming events straight to your inbox.
- Healthy States Quarterly. CSG publishes a free quarterly newsletter covering public health legislative and policy trends, innovative best practices from the executive and legislative branches, current research and information on Healthy States activities.
- Forums and Web Conferences. Web conferences are offered to allow public health experts, legislators and legislative staff to interact on priority public health issues. Forums include educational sessions on public health issues, new legislator training and roundtable discussions with peers and public health experts.
- Healthy States Publications. New resources will assist state legislators interested in public health topics, including obesity and chronic disease prevention, HIV/AIDS and sexually transmitted disease prevention, vaccines, health disparities and school health.

For more information

If you are interested in the learning opportunities available through the Healthy States Initiative, visit <http://www.healthystates.csg.org>, <http://www.nbcsl.org> or <http://www.nhcsl.org>.

Preventing and Treating Stroke

Overview

Every year there are about 700,000 strokes—or brain attacks—in America. Stroke kills more than 150,000 Americans every year, making it the nation’s third leading cause of death. Many people survive strokes, but not without damage. Strokes can rob people of the ability to speak, paralyze facial muscles, arms and legs and result in other neurological impairments. These consequences make stroke a leading cause of serious long-term disability and a major economic burden in terms of health care and lost productivity costs.¹

But there is good news: stroke is preventable, and the damage it can cause is easily reduced with immediate and appropriate medical attention. Despite important advances in preventing and treating stroke, many states and communities have not translated these advances into practice. This *Legislator Policy Brief*, which is aimed at state policymakers, provides key information about stroke and identifies proven, cost-effective prevention and treatment strategies for states.

What Do Legislators Need to Know About Stroke Prevention and Treatment?

- **Time lost is brain lost.** Rapid treatment is critical in treating strokes because the time lost between the episode and treatment translates into diminished brain functioning. The longer the time lapse, the more likely it is that the victim will suffer severe, permanent disability.²
- **Awareness of correct stroke warning signs and need to call 911 is low.** While many Americans know some of the warning signs for a stroke, only about 17 percent can accurately identify symptoms and understand the need to call 911 immediately.³
- **Stroke care in many communities is inadequate and fragmented.** Stroke care in many communities is hindered by lack of expertise and coordination among care providers, including emergency medical services, hospitals and doctors.⁴
- **Healthy living and proper management of chronic diseases can reduce risk of stroke.** People can lower their risk of suffering a stroke by quitting smoking and taking simple steps to prevent and control high blood pressure, heart disease, diabetes and other chronic conditions.⁵
- **Effective treatments are available, but few stroke victims get them.** A number of approved treatments for stroke can dramatically reduce disability, but only 3 percent to 8.5 percent of potentially eligible patients receive these treatments.⁶
- **Stroke disparities exist by race and region.** Regardless of age, death rates from stroke are higher for African-Americans than for whites.⁷ The southeastern region of the United States has the highest stroke death rates in the nation.⁸

What Can State Legislators Do to Help Prevent and Treat Stroke?

- **Advocate for a stroke system of care.** Coordinated stroke response and care gives stroke victims in your community access to the most effective treatment. (*See Key Facts and Terms, page 8, to learn more about stroke systems of care.*)
- **Promote awareness.** Awareness of stroke warning signs and the need to call 911 saves lives and reduces disability.
- **Make healthy choices easier.** Giving employers incentives to encourage more exercise and healthier eating choices at work helps to prevent stroke.
- **Extend insurance coverage.** Consider supporting policies that encourage health care coverage to include blood pressure screening, treatment and control.
- **Focus programs on people at high risk for stroke.** Consider implementing programs focused on high-risk groups such as African-Americans, Hispanics and older Americans.

Actions for State Legislators

Demonstrate Leadership

- **Be a role model.** Learn the five warning signs of stroke (*see page 8*), and display educational materials about stroke awareness in your office, at neighborhood meetings and use them in newsletters and on your Web site. (*See Resources, page 11, to find downloadable materials.*)
- **Know the burden of stroke in your state.** Know about how stroke impacts the citizens of your state, understand what obstacles stand in the way of improving stroke care and learn about effective policy responses. (*See Resources, page 11, to locate sources of information.*)
- **Become a champion.** Create or serve on a statewide task force on stroke. Advocate for stroke prevention efforts in the legislature and in the media. Introduce legislation to advance effective policies to prevent and treat stroke.

Champion Better, Faster Stroke Care

- **Create a “Stroke Advisory Council or Task Force” to spark development of a stroke system of care.** A stroke system of care ensures that everyone in your state has access to a coordinated system of care that treats stroke as a medical emergency and provides the best treatments available for patients. (*For more about stroke systems of care, see Key Facts and Terms, page 8.*)
- **Ensure that all communities in your state have access to 911.** Establish wireless, enhanced 911, which allows an emergency call center to capture the precise location of a caller.
- **Support efforts to fund primary stroke centers.** Stroke centers are medical facilities staffed by health care professionals with specific training in rapidly diagnosing and treating strokes.
- **Get your state or community to join a stroke network.** By bringing together policymakers, community health advocates and public health and medical professionals from a whole region, stroke networks increase collaboration across state borders and create partnerships to raise stroke awareness and improve stroke treatment. (*For more about stroke networks, see State Policy Examples, page 5.*)

Promote Stroke Awareness and Need to Call 911

- **Support “time lost is brain lost” stroke awareness campaigns.** Public knowledge about the five warning signs of stroke and the urgent need to call 911 will save lives and reduce disability.
- **Ensure that health care providers are properly trained.** Health care providers who know how to recognize stroke symptoms and can deliver rapid treatment will save lives and reduce disability.

Make Healthy Choices Easy

- **Encourage employers in your state to promote wellness at work.** Consider giving DOH, private and public sector employers, incentives to promote healthy food options in cafeterias and vending machines, encourage stair use instead of elevators and provide in-office health screenings and follow-up services.
- **Get people moving.** Support policies that enhance access to parks, walking trails and bike paths, which research has shown to be a useful means of increasing physical activity in the general population.
- **Discourage smoking.** Support cigarette tax increases, smoke-free air policies and funding for comprehensive tobacco control programs—all of which research shows to be effective in preventing tobacco use and in reducing stroke.

Extend Insurance Coverage

- **Support policies that encourage employers to offer health care coverage of preventive services.** Such services might include incentives for employees—including state employees—to take advantage of blood pressure screening, treatment and control.
- **Consider changing your state’s Medicaid program to offer incentives for healthy behaviors.** Give program participants with high blood pressure and other chronic illnesses incentives to participate in programs that promote healthy behaviors, such as smoking cessation and nutrition counseling. Consider allowing reimbursement for preventive services that emphasize quality, cost-effective medical care.

Focus Programs on People at High Risk for Stroke

- **Target stroke treatment efforts on those at highest risk.** Consider implementing programs like Georgia’s Stroke and Heart Attack Prevention Program, which helps low-income Georgians (many of whom are African-American) pay for high blood pressure medications and stay on schedule with their medications and follow-up doctor visits.
- **Launch public awareness campaigns tailored for specific groups.** The Massachusetts Heart Disease and Stroke Prevention and Control Program developed stroke education materials in Spanish and is conducting a paid media campaign in Spanish newspapers, radio and television statewide. It also is working with community-based Hispanic organizations to educate leaders on the use of the materials that can be incorporated with other educational efforts in Hispanic communities.

State Policy Examples

North Carolina: Stroke Advisory Council Spurs Development of Stroke System of Care

In 2006, North Carolina, which has the fifth-highest age-adjusted stroke death rate in the country, created a Stroke Advisory Council charged with the responsibility for developing a statewide system of stroke care. The Stroke Advisory Council is part of the state's Justus-Warren Heart Disease and Stroke Prevention Task Force. By law, the council includes physicians, a hospital administrator, representatives from the American Heart Association and the state's emergency medical services.

As of this writing, the council has issued preliminary recommendations for establishing a stroke system of care. They include:

- Seeking state funding for workforce development and training related to stroke care for health care professionals;
- Development and implementation of campaigns to increase public awareness of stroke signs and symptoms, including the importance of immediately calling 911; and
- Funding for a survey to assess stroke prevention and treatment services in North Carolina.

Link to legislation: <http://www.ncga.state.nc.us/Sessions/2005/Bills/House/HTML/H1860v7.htm>

Stroke Advisory Council Web site: <http://www.startwithyourheart.com/taskforce/sacouncil.aspx>

Georgia: Saving Lives and Money with a Stroke and Heart Attack Prevention Program

Georgia's Stroke and Heart Attack Prevention Program (SHAPP) is an aggressive high blood pressure reduction program. High blood pressure is a major risk factor for stroke. The program is targeted at low-income Georgians and serves more than 15,000 patients, most of whom are age 30-59 and African-American. The program pairs patients with nurses who serve as case managers. The nurses conduct health assessments and help patients get the screening, lifestyle counseling and medication they need. The nurses also encourage patients to take their medications regularly and make necessary follow-up visits to doctors and clinics. The program supplies eligible patients with prescription drugs at low or no cost. A recent cost-effectiveness evaluation found that while SHAPP cost an average of \$486 per patient per year, patients receiving no preventive care had health care costs of \$534 per year and patients receiving care typical of the private sector had costs of \$624 per year.

<http://health.state.ga.us/programs/cardio/shapp.aspx>http://www.doh.wa.gov/cfh/NutritionPA/our_states_approach/partners_in_action/default.htm

Ohio and Georgia: Beauty Shops at Forefront of Stroke Awareness Campaign

A study of a unique stroke awareness effort found that hairstylists in Cincinnati and Atlanta increased stroke symptom awareness among their African-American women clients by talking to them about the disease at the hair salon. To conduct the study, doctors trained the hair stylists about what to tell their clients about stroke and its symptoms as they styled their hair. At the start of the study, only 41 percent of clients could name the stroke warning signs. At the conclusion of the study, 51 percent named the warning signs.

<http://strokeconference.americanheart.org/portal/strokeconference/sc/02.07.07B>

Regional Stroke Networks

A stroke network brings together policymakers, community health advocates and public health and medical professionals from a whole region to increase collaboration across state borders and create partnerships to raise stroke awareness and improve stroke treatment. There are four stroke networks that receive funding from the CDC. They are:

- Tri-State Stroke Network: North Carolina, South Carolina and Georgia. *<http://www.tristatestrokenetwork.org/>*
- Delta States Stroke Consortium: Alabama, Arkansas, Louisiana, Mississippi and Tennessee. *<http://www.deltastroke.com/>*
- Great Lakes Stroke Network: Illinois, Indiana, Michigan, Minnesota, Ohio and Wisconsin. *<http://www.uic.edu/depts/glstrknet/>*
- Northwest Regional Stroke Network: Alaska, Idaho, Montana, Oregon and Washington. *http://www.doh.wa.gov/cfh/heart_stroke/default.htm*

Advice from a State Legislator

How Personal Experience Can Help Motivate Legislative Action



Leon Howard

South Carolina House of Representatives

Leon Howard's mother died the day before he was first elected to the South Carolina House of Representatives. Not surprisingly, the newly elected state representative asked for and was given a seat on a health committee. On that committee, Howard championed a great variety of health legislation, including efforts to prevent stroke—a legislative interest that was, like his choice of committee, strongly influenced by family. Howard's 77-year-old father had five brothers—all of whom eventually died from stroke. Among African-Americans in South Carolina this is—disturbingly—not a particularly remarkable story.

In 2001, South Carolina had the second highest stroke disease death rate in the country. That distinction and its proximity to North Carolina and Georgia—both of which also have very high stroke rates—put the state right in the middle of the so-called “stroke belt.” African-Americans, who comprise more than 30 percent of the state's population, have stroke and heart disease death rates 150 percent greater than the state's white population.

“My father learned a valuable lesson from his brothers' strokes,” said Howard, who now chairs the committee he was first assigned to in 1995. “He's controlling his blood pressure and exercising, trying to do what it takes to avoid having a stroke—and his example has made an impression on me.”

Howard, the chairman of the South Carolina Legislative Black Caucus, represents the Northeast side of Columbia. He works closely with the South Carolina chapter of the American Heart Association.

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His Advice To State Legislators:

- **Get legislators to make a personal connection with the issue.** “Legislators are just like regular people: They should know their bodies and their family history as it relates to high blood pressure and other things that contribute to strokes. Just knowing that stuff can make the issue come alive. We have 170 legislators here in the general assembly, and I can assure you that out of 170, all of them have some experience with stroke whether through family or friends.”
- **Make healthy living visible and real in the heart of the community.** “I work hard to help churches and other community groups get grants for things like walking trails, small parks and fitness centers. What I find is that if you build a beautiful state-of-the-art facility right in the heart of the community, and have churches and other groups involved, you create a sense of ownership, of buy-in in the community—and that helps motivate people to actually use the pool, and the tracks and exercise equipment.”
- **Talk about the costs of stroke in terms of impacts on families.** “When somebody has a stroke, that person isn't the only victim. Sometimes that person is the head of the household, the breadwinner. Sometimes that person is paying for kids in college, is keeping a family together. And when that person has a stroke, becomes impaired, has to go on disability, the whole family's financial well-being can be endangered too. Legislators should factor in family impacts when they talk about the costs of stroke.”

Read CDC's *State Profile of South Carolina*, including a description of the state struggles with heart disease and stroke at <http://www.scdhec.net/health/chcdp/cvh/>.

Advice from a Health State Official

How Legislators Can Help Build a Stroke System of Care

*Kathy Foell, Director
Heart Disease and Stroke Prevention and Control Program
Massachusetts Department of Public Health*



Working together, lawmakers and public health officials in Massachusetts in 2006 took action to boost awareness of stroke warning signs and to encourage hospitals to improve their stroke treatment capabilities. Both actions are key parts of building a strong stroke system of care.

On the stroke warning signs front, state lawmakers passed and the governor signed into law House Bill 5000 (2006) appropriating \$300,000 to educate the general public and health care providers about how to recognize stroke symptoms and the need for timely and appropriate care. Funds were awarded to the Heart Disease and Stroke Prevention and Control Program at the Massachusetts Department of Public Health.

During the same year, Kathy Foell, director of the state's public health department's heart disease and stroke prevention program, and her colleague, Paul Dreyer, director of the state's division of health care quality, were busy working on the other front—helping to develop and implement new hospital licensure regulations giving the department's health care quality division the authority to designate hospitals as primary stroke care providers.

"Emergency departments in hospitals have to be prepared to treat stroke patients within one hour," Foell said, explaining the purpose of the stroke designation. "To get the designation, a hospital has to be able to run the right tests and have the right staff on hand to make the decision about whether the patient is a candidate for t-PA (a drug that dissolves brain-damaging blot clots)." State legislators, using their authority to create and review administrative code, approved the regulations.

Her Advice To State Legislators:

- **Use your authority to regulate hospitals to push for better stroke care.** "As a condition of receiving a stroke designation, require hospitals to demonstrate that they know how to take care of stroke patients in a timely and appropriate manner, and consider requiring them to do community outreach on warning signs and symptoms."
- **Work on all fronts.** "We're trying to address every aspect of stroke prevention and care, and that's important because the whole system of care is crucial. Preventing risk factors like high blood pressure and cholesterol by building walkable communities and making sure people have healthier food choices at work is part of it. Making sure people—including 911 operators, emergency medical responders and hospital staff—recognize warning signs when they see them is part of it. And making sure emergency rooms are capable of providing state of the art care for stroke is part of it."
- **Use the media, but make sure you know how to reach target audiences.** "Develop simple, memorable messages and use multiple methods for reaching people. Piggy-back as much as you can with other organizations to reach target audiences and think about the best ways to get particular groups to hear your message. For example, if you want to help older women—grandmothers—target kids because they're often taking care of their grandkids. Use songs and cartoons to tell the kids how to recognize stroke symptoms."

Learn more about the Massachusetts Department of Public Health's efforts at <http://www.mass.gov/dph/fch/dchp.htm> and <http://www.mass.gov/dph/dhcq/hcqskel.htm>
To view a three-minute music video produced for the Massachusetts Department of Public Health aimed at making young children aware of stroke warning signs, visit <http://www.maclearinghouse.com/CatalogPageFrameSet.htm>

Key Facts and Terms

What is a Stroke?

- A stroke—also called a brain attack—happens when the blood supply to the brain is cut off (an ischemic stroke) or when a blood vessel bursts (a hemorrhagic stroke). Without oxygen, brain cells begin to die and death or permanent disability can result.⁹
- High blood pressure, smoking and having had a previous stroke or heart attack increase a person's chances of having a stroke.¹⁰

Who Has Strokes?

- Stroke death rates are higher for African-Americans than for whites, even at younger ages.¹¹
- The southeastern United States has the highest stroke mortality rates in the country.⁸
- The 2004 stroke death rates per 100,000 were 48.1 for white males and 47.4 for white females, 73.9 for black males and 64.9 for black females. The 2003 stroke age-adjusted death rates per 100,000 were 43.0 for Hispanic or Latino males and 38.1 for females; 48.5 for Asian or Pacific Islander males and 42.6 for females; 34.9 for American Indian/Alaska Native males and 34.2 for females.¹
- People of all ages are vulnerable to strokes. Nearly one quarter of strokes occur in people under the age of 65.¹²

What are the Warning Signs of Stroke?

- Sudden numbness or weakness of the face, arms or legs.
- Sudden confusion or trouble speaking or understanding others.
- Sudden trouble seeing in one or both eyes.
- Sudden walking problems, dizziness or loss of balance or coordination.
- Sudden severe headache with no known cause.¹³

What is the Economic Burden of Stroke?

- According to the American Heart Association, stroke will cost almost \$63 billion nationally in direct and indirect costs in 2007.¹

What is a Stroke System of Care?

- A stroke system of care is designed to ensure that everyone in a particular community or region has access to a coordinated system of care that treats stroke as a medical emergency and makes the best treatments available for victim. Key components of a stroke system of care include: Prevention, including efforts to curb or control smoking, obesity, diabetes and hypertension; improving the response of emergency medical services to strokes; providing appropriate acute treatment for stroke victims at hospitals; and rehabilitation of stroke patients.⁴

Learn more about stroke systems of care, including recommendations for how to establish such a system, at the American Stroke Association's Web site at <http://www.strokeassociation.org/presenter.jhtml?identifier=3028130>.

What Scientific Research Says

Rapid Response Saves Lives

- With timely treatment, the risk of death and disability from stroke can be lowered.²
- Treatment with the drug t-PA (tissue plasminogen activator) can help dissolve brain-damaging blood clots in 80 percent of stroke victims. To be effective, the drug must be administered within three hours of a stroke.¹⁴

Awareness of Stroke Warning Signs

- Public awareness of several stroke warning signs is high, but the ability to recognize all five major signs is low. Only about 17 percent of Americans can recognize all stroke warning signs and understand the need to call 911.³
- Groups with the highest rates and risk of stroke—seniors, African-Americans and men—are less likely to be able to name stroke risk factors or warning signs than other groups.¹⁵

Many Stroke Victims Don't Get Available Treatments

- A number of approved treatments for stroke can dramatically reduce disability, but only 3 percent to 8.5 percent of eligible patients receive these treatments.

Cost Effectiveness

- A study of Georgia's Stroke and Heart Attack Prevention Program (SHAPP) found that the program of treatment and counseling for patients cost less and resulted in better health outcomes when compared with two likely alternative scenarios—patients receiving no preventive care and those receiving typical care. According to the study, SHAPP cost an average \$486 per patient per year, compared to average annual costs of \$534 for no care and \$624 for typical care.¹⁶
- According to a study published in *Neurology*, a peer-review journal, treating stroke patients who suffer ischemic strokes with t-PA within three hours of a stroke improves their ability to function after three months and is likely to result in a net cost savings to the health care system.¹⁴

Want to Know More?

We'll help you find experts to talk to about this topic

If you would like to explore this topic in greater depth, contact us at the Healthy States Initiative and we'll help you connect with:

- an expert on this issue from the CDC.
- fellow state legislators who have worked on this issue.
- other public health champions or officials who are respected authorities on this issue.

Send your inquiry to <http://www.healthystates.csg.org/> (keyword: inquiry) or call the health policy group at (859) 244-8000 and let us help you find the advice and resources you need.

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CDC's Stroke Web Site

<http://http://www.cdc.gov/Stroke>

CDC's Heart Disease and Stroke Interactive State Maps

<http://http://www.cdc.gov/DHDSP/library/maps/index.htm>

CDC's Heart Disease and Stroke Prevention Legislative Database

<http://apps.nccd.cdc.gov/DHDSPLeg/>

CDC's State Heart Disease and Stroke Prevention Program

http://www.cdc.gov/DHDSP/state_program/index.htm

CDC's Guide to Community Preventive Services

<http://www.thecommunityguide.org/policymakers.html>

CDC's Stroke Fact Sheet (Available in Spanish)

http://www.cdc.gov/DHDSP/library/fs_stroke.htm

Healthy States Initiative's Heart Disease and Stroke Web page

<http://www.healthystates.csg.org/Public+Health+Issues/Heart+Disease+and+Stroke/>

Healthy States Initiative's:

Prevention Strategies for Heart-Healthy and Stroke-Free States (Web Conference and Issue Brief)

<http://www.healthystates.csg.org/Events+and+Conferences/Web+Conferences/Heart+Disease+and+Stroke+Web+Conference.htm>

American Heart Association

<http://www.americanheart.org>

American Stroke Association

<http://www.strokeassociation.org>

Brain Attack Coalition

<http://www.stroke-site.org>

National Stroke Association

<http://www.stroke.org>

National Institute of Neurological Disorders and Stroke

<http://http://www.ninds.nih.gov/>

Partnership for Prevention

<http://www.prevent.org>

U.S. Preventive Services Task Force

<http://www.ahrq.gov/clinic/prevenix.htm>

Washington University in St. Louis' Stroke Center Directory by State

<http://www.strokecenter.org/strokecenters>

Preventing Diseases:

Policies that work based on the research evidence

1) Promote healthy eating.

Policies that give kids healthier food choices at school can help curb rising rates of youth obesity. Ensuring that every neighborhood has access to healthy foods will improve the nutrition of many Americans.

2) Get people moving.

Policies that encourage more physical activity among kids and adults have been proven to reduce rates of obesity and to help prevent other chronic diseases.

3) Discourage smoking.

Policies that support comprehensive tobacco control programs—those which combine school-based, community-based and media interventions—are extremely effective at curbing smoking and reducing the incidence of cancer and heart disease.

4) Encourage prevention coverage.

Policies that encourage health insurers to cover the costs of recommended preventive screenings, tests and vaccinations are proven to increase the rates of people taking preventive action.

5) Promote health screenings.

Policies that promote—through worksite wellness programs and media campaigns—the importance of health screenings in primary care settings are proven to help reduce rates of chronic disease.

6) Protect kids' smiles.

Policies that promote the use of dental sealants for kids in schools and community water fluoridation are proven to dramatically reduce oral diseases.

7) Require childhood immunizations.

Requiring immunizations for school and child care settings reduces illness and prevents further transmission of those diseases among children. Scientific, economic and social concerns should be addressed when policies to mandate immunizations are considered.

8) Encourage immunizations for adults.

Policies that support and encourage immunizations of adults, including college students and health care workers, reduce illness, hospitalizations and deaths.

9) Make chlamydia screenings routine.

Screening and treating chlamydia, the most common sexually transmitted bacterial infection, will help protect sexually active young women against infertility and other complications of pelvic inflammatory disease (PID) that are caused by chlamydia.

10) Promote routine HIV testing.

Making HIV testing part of routine medical care for those aged 13 to 64 can foster earlier detection of HIV infection among the quarter of a million Americans who do not know they are infected.

Learn more about these and other proven prevention strategies at <http://www.ahrq.gov/clinic/uspstfix.htm>, <http://www.thecommunityguide.org/policymakers.html> and http://www.prevent.org/images/stories/health_policy.pdf.

What the CDC Does for States

The Centers for Disease Control and Prevention (CDC) is part of the United States Department of Health and Human Services, which is the main federal agency for protecting the health and safety of all Americans. Since it was founded in 1946 to help control malaria, CDC has remained at the forefront of public health efforts to prevent and control infectious and chronic diseases, injuries, workplace hazards, disabilities and environmental health threats.

Helping state governments enhance their own public health efforts is a key part of CDC's mission. Every year, CDC provides millions in grants to state and local health departments. Some funds are in the form of categorical grants directed at specific statutorily-determined health concerns or activities. Other funds are distributed as general purpose block grants, which the CDC has more flexibility in deciding how to direct and distribute.

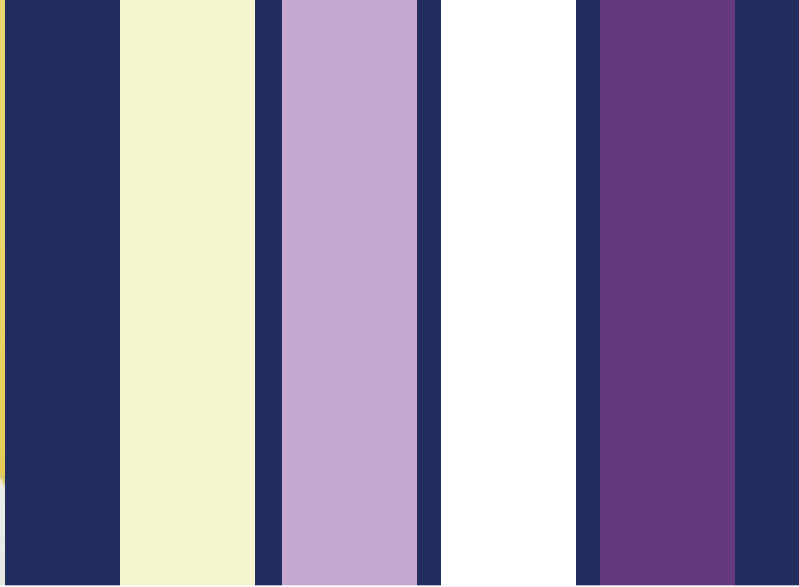
The CDC does not regulate public health in the states. Rather, it provides states with scientific advice in fields ranging from disease prevention to emergency management. It also monitors state and local health experiences in solving public health problems, studies what works, provides scientific assistance with investigations and reports the best practices back to public agencies and health care practitioners.

For state legislators who are interested in improving their state's public health, the CDC offers a wealth of resources, including:

- Recommendations for proven prevention strategies;
- Examples of effective state programs;
- Access to top public health experts at the CDC;
- Meetings specifically aimed at state legislative audiences;
- Fact sheets on policies that prevent diseases; and
- State-specific statistics on the incidence and costs of disease.

This publication from the Healthy States Initiative is also an example of CDC's efforts to help states. The Healthy States Initiative is funded by a cooperative agreement with the CDC.

The CDC has developed partnerships with numerous public and private entities—among them medical professionals, schools, nonprofit organizations, business groups and international health organizations—but its cooperative work with state and local health departments and the legislative and executive branches of state government remains central to its mission.



The Council of State Governments' (CSG) Healthy States Initiative is designed to help state leaders make informed decisions on public health issues. The enterprise brings together state legislators, officials from the Centers for Disease Control and Prevention, state health department officials, and public health experts to share information, analyze trends, identify innovative responses, and provide expert advice on public health issues. CSG's partners in the initiative are the National Black Caucus of State Legislators and the National Hispanic Caucus of State Legislators.

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