Start With Your Heart®

Justus-Warren Heart Disease & Stroke Prevention Task Force

Establishing a LEGISLATIVE TASK FORCE for Heart Disease and Stroke Prevention

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Acknowledgement

This guide was developed at the request of the Cardiovascular Health Branch of the Centers for Disease Control and Prevention to assist interested state Heart Disease and Stroke Prevention programs.

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Why Take a Legislative Approach?

Establishing a legislative task force to address the prevention of heart disease and stroke may seem like a daunting venture. Many of us in public health, health education, and health promotion were not trained to interact with the state legislative process and government officials. In fact, many of us have been prohibited from doing so. Consider though, the breadth of the benefits to be derived from such efforts.

Leadership from government is effective because there are fewer competitive pressures and, by definition, outcomes should benefit the entire state. Establishing a legislative task force to address the complexities of preventing and controlling cardiovascular disease (CVD) raises the awareness among policy makers, as well as the general public, about the legitimacy and urgency of the issues. A task force provides a venue for discourse and action planning, bringing together concerned individuals and groups from diverse settings. Furthermore, it may be one of the most effective ways to acquire financial resources. An initial appropriation of state funds may provide the needed seed money as well as play a significant role in qualifying the state for additional funds by providing matching dollars when federal or other grant money becomes available. If state leaders have taken the initiative to work toward heart disease and stroke prevention through a legislative task force, they have demonstrated readiness for greater efforts when the opportunity arises.

Typically the formation of a legislative task force is a finite venture. A particular issue is addressed and tasks are set forth. Upon completion, the task force can then dissolve. As the North Carolina story will reveal, this is not always the case, but thought may need to be given to calling the legislative body an Advisory Committee or Council.

The Process for Establishing a Task Force

The process for establishing a legislative task force may vary among states, but some general steps are likely to include:

Step 1—*Work with an internal work group to write a preliminary state plan for the prevention of CVD.* An important first step is to have the internal work group charged with this task by the Chronic Disease Director or the State Health Director. Such a document, when reviewed and endorsed by key external partners, provides a tangible and effective communication tool to take to the legislature to justify the need for a task force.

Step 2—*Work with key partners to write the enabling legislation.* It is helpful to sit down with individuals with bill-writing experience. Your Health Department Legislative Liaison can also help you. The bill should include language justifying the need for such a task force and spelling out the membership, the appointing authorities, the charges, the timeline for completion of the charges, required reports and the necessary appropriation, including at least one staff position for the Task Force.

Establishing even minimal initial state funding provides various potential opportunities for growth.

Step 3—*Recruit sponsors.* Once the bill is drafted, it is very important to identify key legislators who are willing to champion and sponsor the bill. Look for state legislators whose lives have been touched by heart disease or stroke, and/or those with a background in health issues. Making the economic case for prevention of CVD can be a powerful motivator.

Step 4—*Get legislation introduced.* Start by asking for a small amount of appropriations. Public funds are typically tight and it is unlikely that state dollars will ever be plentiful enough to meet the needs associated with the prevention of cardiovascular disease. Even a small amount of funding can get an initiative started by establishing at least one staff position and a basic working budget. Generally speaking, if there is no money and no dedicated staff, then it is nobody's job and it does not happen. Establishing even minimal initial state funding provides various potential opportunities for growth.

Step 5—*Get partners to lobby.* Key partner organizations will already have lobbyists working with the Legislature on issues related to cardiovascular health. Partners such as the American Heart Association, the state Medical Society, academic medical centers, and a variety of professional associations can be of enormous help in advancing your cause and your bill.

The North Carolina Story

Starting from Scratch

The North Carolina story began in 1994 when the Director of the Division of Community Health, Dr. Dale Simmons, recognized that there was no attention to, no fear of, and no funding for the prevention of cardiovascular diseases, the leading cause of hospitalization and death, and a leading cause of severe long-term disability in adults.

An internal state health department work group was charged with developing a preliminary plan for the prevention of heart disease and stroke. A team began working on the plan in September 1994. Using research, information on existing programs, views from stakeholders throughout the state, and a model of comprehensive community prevention activities, the team—under the leadership of Dr. Georjean Stoodt—developed the *Preliminary Plan to Prevent Heart Disease and Stroke* by spring 1995. This plan outlined a statewide, comprehensive, community-based approach to heart disease and stroke prevention. Cornerstones of this preliminary plan were coordination and partnerships, a proven prevention model, accountability, and resources commensurate with goals. While never published, the preliminary plan was reviewed and approved by 25 partner organizations, many of which were able to lobby. A key player was the American Heart Association. The plan recommended ten preparatory activities to increase awareness and improve coordination.

The first activity was to establish a legislative CVD prevention task force, which would raise the legitimacy of the problem, draw attention to, and secure the funding and additional resources needed to combat it. The enabling legislation was drafted. This enabling legislation can be found by going to the North Carolina General Assembly

Ten Activities

1. Establish and fund a Heart Disease and Stroke Prevention Task Force.
2. Convene a statewide convocation of community leaders to prevent heart disease and stroke.
3. Conduct a statewide media and publicity campaign.
4. Establish or identify local or regional task forces and partnerships.
5. Develop specific, detailed strategies and implement a comprehensive model in several diverse N.C. communities.
6. Encourage concerned organizations and groups to establish internal committees or task forces on heart disease and stroke prevention.
7. Establish an on-line computerized database of N.C.'s prevention-related resources, projects, programs, materials, and statistics.
8. Develop new or revise existing data systems to track and evaluate measures of progress.
9. Develop a training plan.
10. Develop a management plan, structure, and resources.

website http://www.ncga.state.nc.us and searching 1995-1996 Session for Bill # HB230. The legislation is part of the Expansion and Capital Budget and is specifically found in Section 26.9.

The N.C. Heart Disease and Stroke Prevention Task Force was established by the General Assembly in August 1995. Its charge was to raise awareness about CVD, profile its burden, and develop and promote a statewide prevention plan. An initial $100,000 was appropriated which established two positions, an executive director and an administrative assistant. The first meeting was held at the Legislature on February 1, 1996. The second meeting was held in April 1996 in conjunction with a statewide convocation of community leaders to help prepare and enlist task force members, special guests, and organizations for comprehensive CVD-prevention initiatives.

MEMBERSHIP OF THE TASK FORCE

The enabling legislation assigned to the Task Force 27 members from across the state that represented key stakeholder groups. Members are appointed by the General Assembly—1/3 appointed by the Governor, 1/3 appointed by the Speaker of the House, and 1/3 appointed by the President Pro Tempore of Senate. These appointing authorities were to assure, insofar as possible, that appointees reflected the state population with regard to ethnicity, race, age, gender, and geography.

The Governor appointed the chair, and the vice-chair was elected by the Task Force. The directors of the Division of Adult Health Promotion in the Department of Environment, Health, and Natural Resources, and the Division of Medical Assistance and Division of Aging in the Department of Human Resources, or their designees, were ex officio members of the Task Force.

The enabling legislation directed appointments to the Task Force as follows:

The Governor appointed:

- A practicing family physician, pediatrician, or internist
- A president or chief executive officer of a business upon recommendation of a North Carolina wellness council that is a member of the Wellness Councils of America
- A news director of a newspaper or television or radio station
- A volunteer of the North Carolina Affiliate of the American Heart Association
- A representative from the North Carolina Cooperative Extension Service
- A representative of the Governor's Council on Physical Fitness and Health
- Two members at large

The Speaker of the House of Representatives appointed:

- Three members of the House of Representatives
- A stroke survivor
- A county commissioner
- A licensed dietitian/nutritionist
- A pharmacist
- A registered nurse

The President Pro Tempore of the Senate appointed:

- Three members of the Senate
- A heart attack survivor
- A local health director
- A certified health educator
- A hospital administrator
- A representative of the North Carolina Association of Area Agencies on Aging.

Over time, as members have resigned, the enabling legislation directed vacancies to be filled by the original appointing authority, using the above criteria.

The enabling legislation authorizes that members of the task force receive subsistence and travel expenses for their participation.

Subcommittee Structure and Work Flow

In addition to officially appointed task force members, other individuals have participated as resource persons to particular subcommittees. This is voluntary participation rather than by appointment and these resource persons have made major contributions to the work of the task force. The task force currently has a mailing list of about 80 people.

SUBCOMMITTEE STRUCTURE

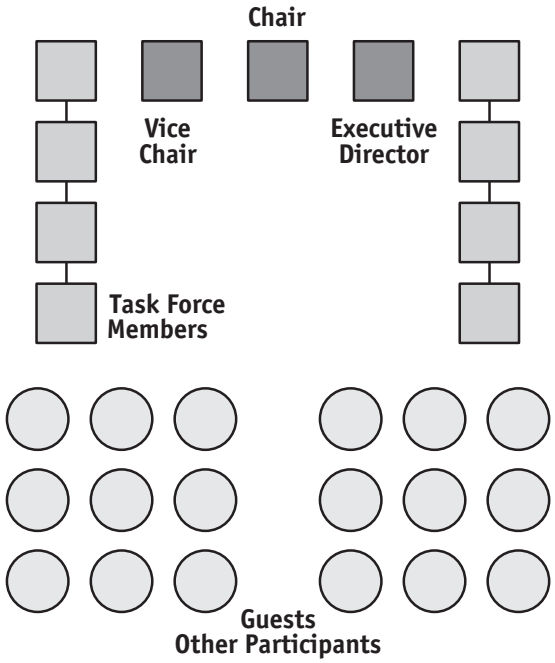
The work of the task force is carried out through four subcommittees:

- The Prevention of Risk Factors subcommittee deals primarily with physical activity, nutrition, and tobacco use, and is very interested in the relationship of stress to cardiovascular disease.
- The Management of Risk Factors subcommittee deals with high blood pressure, elevated cholesterol, overweight/obesity, and diabetes. It is increasingly involved in disease management and secondary prevention of heart disease and stroke.

- The Public Awareness subcommittee is responsible for developing and delivering two strategic social marketing campaigns.
- The Legislation and Resource Development subcommittee is responsible for setting the task force's legislative agenda and endorsing or developing legislation and funding to carry out Task Force recommendations.

MEETING FORMAT

The enabling legislation called for the Task Force to meet quarterly or at the call of its chair. Some early meetings were held in other parts of the state, but now meetings are typically held at the Legislative Building except when the legislature is in session. This usually results in three meetings per year. The typical meeting schedule includes a morning of concurrent subcommittee meetings that might feature a presentation, information sharing about a relevant program or initiative, or action planning. The subcommittee meetings are followed by lunch in the Legislative cafeteria. The task force budget covers lunch for all participants. After lunch, the full task force meets. The room set-up promotes interaction between task force members and other attendees. The afternoon meeting might include one or two guest speakers and reports from each subcommittee.



Subcommittees meet with the frequency needed to fulfill their charges. For the first six months of the N.C. task force, subcommittees met monthly. The Public Awareness subcommittee met even more frequently.

TASK FORCE CHARGES

The enabling legislation set forth three charges for the Task Force. The first was to develop a profile of the burden of CVD in North Carolina. This was published and distributed in 1997. An updated report is presently being developed.

The second charge was to publicize that burden and its preventability. This is being accomplished through the ongoing public awareness campaigns.

Finally, the task force was to develop a comprehensive statewide plan to prevent CVD that built upon the preliminary plan. The N.C. Plan to Prevent Heart Disease and Stroke, published and disseminated in June 1999, was developed and printed with state funds. It addressed seven modifiable risk factors. Development was collaborative and involved multiple partners. The plan was reprinted once in 2000 and is being updated in 2004 using the framework of the Centers for Disease Control and Prevention's (CDC) Public Health Action Plan to Prevent Heart Disease and Stroke.

OTHER TASK FORCE ACTIVITIES

The **CVH Data Unit** is state funded. Data partners include the State Quality Improvement Organization and academic centers. The first CVD Data Summit was held in April 1998 and Proceedings were published the same year. The 1999 Data Summit was tri-state (including South Carolina and Georgia) and stroke-focused, resulting in the subsequent development of the Tri-State Stroke Network, which is modeled on the Task Force.

"Save Your Sweet Heart" Legislative Heart Health Days were held in February of 1997, 1999, 2001, and 2003. This Valentine's Day-themed event grew out of the need to educate and enlist legislators in the battle against heart disease and stroke. It takes place at the legislative building and features meetings with legislators, exhibits, screenings, low-fat lunches and TV coverage. For more detail, see the Hosting a Legislative Heart Health Day Module.

Two **Public Awareness Campaigns** are state funded and take a strategic social marketing approach. The "Start with Your Heart" logo has been branded and is used in a campaign that has included outdoor advertising, TV and radio spots, transit advertising, newspaper inserts, a web site and media events. Public-private partnerships have been established with Subway Inc. sandwich stores and Lowes Foods, Inc. and funding has been leveraged with matching money from the N.C. Nutrition Network. Quarterly newsletters are distributed to a mailing list of 8,000 and through partners such as the Cooperative Extension Service. The second campaign, "Strike Out Stroke," targets hypertension in African Americans and has focused on blood pressure and stroke messages in May. Web site www.startwithyourheart.com

The Task Force's State Plan took a broader approach to CVD prevention than the 1998 CDC funding for CVH could cover. Because North Carolina had a Task Force in place and had state appropriations for the above activities, the state was well positioned to compete for comprehensive CDC funding when it first became available in 1998.

FY 2005 sources of funds

State funding: $592,500

$130,000	Operation of TF
$170,500	Public Awareness
$82,000	CVH Data Unit
$110,000	Physical Activity Initiative
$100,000	Strike Out Stroke (NR)

Federal funding: $2.42 million

Basic Implementation funding: $1.34 million

Supplement for coordination of Tri-State Stroke Network: $180,000

Supplement for Acute Stroke Registry implementation: $900,000

Lessons Learned

The preliminary plan listed ten activities, the first of which was to establish and fund a Heart Disease and Stroke Prevention Task Force. This decision proved to be farsighted, as the work of the Task Force has allowed the state to involve and engage a wide variety of stakeholders.

Inclusive planning processes are important for broad input and buy-in.

A great deal more can be accomplished if you do not care who gets the credit. On the other hand, it is essential that funders are credited with what has been accomplished with their money.

People with passion and skill are needed to move the process forward and be able to commit to a cause on behalf of influential institutions.

Time is needed for building trust, credibility and relationships.

Do not be discouraged by a small amount of initial appropriations. It is not as threatening to elected officials and may be all you need to get the ball rolling. North Carolina started with $100,000 which ended up serving as seed money. It did not seem like much, but it established staff and an initial budget. Over five years, this grew to $500,000 and was key to securing federal funds. Reality is that further growth has not been demonstrated in recent years due to budget crisis.

A great deal more can be accomplished if you do not care who gets the credit. On the other hand, it is essential that funders are credited with what has been accomplished with their money.

Role of the Task Force—Then and Now

In the beginning, the Task Force gave the charges to initiate work in preventing heart disease and stroke. Tremendous capacity was built to coordinate efforts. When CDC funding came available, North Carolina was ready. The successful comprehensive proposal was in large part due to work of the Task Force and the ability to provide $1:$4 state match.

The Task Force charges were completed with the publication of the Comprehensive State Plan in June of 1999 and the question arose as to whether the Task Force should continue. Typically when the charges of a task force are completed, the task force disbands. It was determined that the work of this particular Heart Disease and Stroke Prevention Task Force would never be done. Members had taken on an activist role and did not want to dissolve and did not want to relinquish the name of a legislative task force. The decision to continue was justified by the need to oversee the implementation and funding of the statewide plan and to guide the work of the CDC-funded state program.

Appendices on CD ROM

Initial Partner List

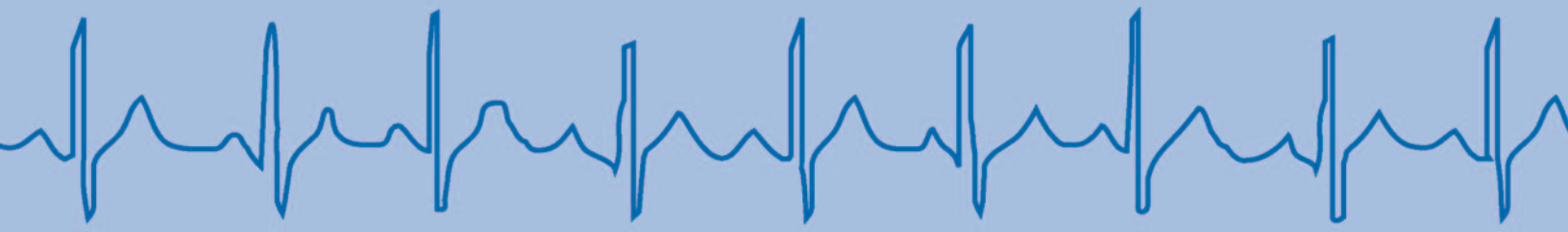
Present Partner List

Copy of the Enabling Legislation

Job Description of Executive Director to the Task Force

Early brochure

State of North Carolina • Michael F. Easley, Governor
Department of Health and Human Services • Carmen Hooker Odom, Secretary
Leah Devlin, DDS, MPH • State Health Director
Division of Public Health • www.dhhs.state.nc.us



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