Preventing Idaho's Deadliest Disease: Policy Proposals to Prevent Heart Disease

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Abstract
Heart disease is the leading cause of death for both the nation and the state of Idaho. Nearly half of all Americans have at least one risk factor for heart disease, including high blood pressure, high LDL cholesterol, or a habit of smoking. In this research project, a number of policy proposals are analyzed as potential legislative actions the Idaho State Legislature should take to prevent heart disease. These proposals stem from previous legislative actions taken or proposed by other states in the U.S., policy recommendations from governmental agencies and departments, as well as policy recommendations from health-related non-governmental organizations. The structure of this research project emulates a policy analysis paper, providing a Background, Landscape, Options, and Recommendation section. The Background section provides relevant information on material related to the policy proposals listed in the Options section, and the Landscape section lists key stakeholders likely to be affected by these proposals. In addition to the policy proposals, the Options section includes an Options Assessment Table which visually compares the effectiveness, cost to state government, and political feasibility of each proposal. The Recommendation section selects and further describes the policy proposal Idaho state lawmakers should pursue. Ultimately, encouraging or incentivizing local governments to increase access to places for physical activity is the recommended policy proposal that will likely effectuate the most widespread benefit in preventing heart disease in the state of Idaho.

This student presentation is available at ScholarWorks: https://scholarworks.boisestate.edu/under_showcase_2022/
**Background**

Heart disease is the leading cause of death in the U.S. across multiple demographic groups, killing over 659,000 people and accounting for one in four deaths every year. The cost of heart disease totals to an annual bill of $363 billion in health care services, medicine, and lost productivity (Centers for Disease Control and Prevention [CDC], 2021). The prevalence of heart disease makes no exception for the state of Idaho, claiming the lives of more Idahoans than any other disease at a rate of 150.7 deaths per 100,000 people in 2019 (CDC, 2019). The main risk factors to heart disease are high blood pressure, high levels of Low-Density Lipoprotein (LDL) cholesterol, or a habit of smoking (CDC, 2019).

High blood pressure, or hypertension, is defined as increased levels of pressure caused by blood pushing against the walls of the arteries. Known causes of hypertension include diabetes, excess sodium or alcohol consumption in the diet, physical inactivity, obesity, tobacco use, and genetic factors (CDC, 2020).

Sodium consumption in American diets primarily comes from processed, packaged or restaurant foods, making up the source of about 71% of all sodium consumption. The Dietary Guidelines for Americans of 2020-2025 recommends consuming less than 2,300 milligrams per day (USDA, 2020). Although crucial to the physiological functioning of our body, too much sodium in the diet can cause fluid retention, thereby increasing blood pressure and the risk of heart disease (Cleveland Clinic, 2020).

Previous action taken by the Idaho State Legislature to prevent heart disease in Idaho includes Idaho Code Section 56-251, enacted in 2006. This legislation directs the state Medicaid program to emphasize preventive care and wellness in addressing the policy goal of proactive health management. Idaho Code Section 56-251 is similar to the legislation cited in Option 1 (below) enacted by the New York State Legislature, but the New York law addresses wellness programs offered through private insurers rather than the state Medicaid program. Exhaustive searches of legislative data bases did not find other legislative actions taken by the Idaho State Legislature to prevent heart disease.

**Landscape**

The following key stakeholders are likely to be affected by the proposals listed in the Options section for state actions related to the prevention of heart disease in Idaho.

**The General Public** may be defined as individuals in Idaho with hypertension, high LDL cholesterol, and/or a habit of smoking, or other individuals who would benefit from or be impacted by policy actions to prevent heart disease in the state of Idaho.

**Insurers and Healthcare Providers** would be directly impacted by the expansion of the types of wellness programs they can offer to include hypertension and stress wellness programs.

**Students and School Districts** would be directly impacted by multiple policy proposals listed in the Options section. Option 3 would involve public usage of school facilities outside of school hours.

**Local Governments** are especially impacted by Option 3, which would encourage infrastructure plans and community programs on the local level and may be costly to the local government.

**Options**

The following options are policy proposals for the state of Idaho to potentially enact to prevent heart disease. The options assessment table (below) compares the effectiveness, cost to state government, and political feasibility of the proposed policies.

**Option 1: Expand types of wellness programs offered by insurers.**

In 2016, The New York State Legislature modified state insurance law to expand the scope of wellness programs offered by health insurers to include stress and/or hypertension programs. In addition, the legislation enabled insurers in the state who offer full or partial reimbursements of the cost for wellness programs to include stress and/or hypertension programs (S. 6466, N.Y. 2015). Similar legislation should be passed in the State of Idaho as part of an effort to proactively address hypertension through prevention, education and access to resources for those at risk.

**Option 2: Recognize the impact of diet and sodium intake on the health of Idahoans.**

In 2010, the Kentucky State Legislature passed a non-binding resolution to recognize the “importance of access to safe, affordable, culturally appropriate, and nutritious food and its beneficial impacts on the health of Kentuckians” (S. 203, KY 2020). A similar resolution should be passed in the state of Idaho to help guide future policy decisions surrounding health and nutrition. Emphasis should be placed on the recognition of the importance in reducing sodium intake in the diet, which is known to increase blood pressure and increase risk of heart disease (CDC, 2021).

**Option 3: Encourage or Incentivize local governments to promote access to places for physical activity.**

Physical activity is a known method of prevention for heart disease (CDC, 2021). Local government entities are significantly empowered to promote physical activity in schools, local businesses, community centers, and within their own policy decisions. To recognize the role that physical activity plays in reducing risk factors of heart disease, the Idaho State Legislature should encourage or incentivize local government entities to promote physical activity through issuing several policy recommendations and guidelines.

I. Shared-use agreements allow public access to existing facilities after hours for community members to use. School districts with physical activity facilities should be encouraged or incentivized to enter these agreements with organizations or entities that facilitate or encourage physical activity, such as sports leagues (CDC, 2021).

II. Local employers should be encouraged by local governments to implement workplace policies that promote physical activity through access to facilities, social support programs, and employee incentive programs.

III. Parks and Recreation Departments should be encouraged to increase access to safe places for physical activity, such as trails, parks, indoor facilities, and playgrounds (CDC, 2021).

**Recommendation**

Idaho State lawmakers should pursue Option 3 to encourage or incentivize local governments to promote physical activity. The enactment of shared-use agreements, cooperation with local businesses, and increased physical activity resources and programs within local Departments of Parks and Recreation are all likely to improve and encourage access and participation in physical activity. These policies are likely to benefit a wide range of individuals within a community and improve health in multiple risk factors for heart disease at once. Although expanding infrastructure for physical activity may be costly, the costs of shared-use agreements and local business outreach are minimal. Incentivizing local governments may increase the chance of participation in these policies by local governments as opposed to encouragement alone, thereby improving the policy proposal’s efficacy.

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**References**