**Essential Policies for Chronic Disease Prevention and Control:**

*Priorities for State and Territorial Health Officials*

**Risk Factor: Tobacco**

S/THO has primary authority role

1. Increase taxes on all tobacco products

Policy Areas

Tracking sources:

<https://www.lung.org/research/sotc/state-grades>

<https://www.tobaccofreekids.org/assets/factsheets/0097.pdf>

<https://publichealthlawcenter.org/sites/default/files/States-with-Laws-Taxing-ECigarettes-March152020.pdf>

<https://www.ncsl.org/research/fiscal-policy/electronic-cigarette-taxation.aspx>

1. Create and enforce model comprehensive tobacco-free air policies

Policy Areas

Gov bldgs., private worksites, Schools, Childcare facilities, Healthcare facilities, hotels and other hospitality venues, Restaurants, Bars, Casinos, Private Vehicles, Recreational facilities.

Tracking sources:

<https://no-smoke.org/smokefree-lists-maps-october-2019-update/>

<https://www.lung.org/research/sotc/state-grades>

<https://no-smoke.org/wp-content/uploads/pdf/WRBLawsMap.pdf>

<https://no-smoke.org/wp-content/uploads/pdf/100smokefreecasinos.pdf>

<https://no-smoke.org/wp-content/uploads/pdf/ecigslaws.pdf>

1. Restrict all tobacco product flavors, including menthol.

Tracking sources:

<https://no-smoke.org/wp-content/uploads/pdf/flavored-tobacco-product-sales.pdf>

<https://www.tobaccofreekids.org/assets/factsheets/0398.pdf>

<https://www.lung.org/our-initiatives/tobacco/reports-resources/sotc/state-grades/highlights.html>

1. Protect local authority to enact tobacco control policies by preventing or eliminating preemptive tobacco policies

Tracking sources:

<https://nccd.cdc.gov/STATESystem/rdPage.aspx?rdReport=OSH_STATE.Highlights&rdRequestForwarding=Form>

<https://no-smoke.org/smokefree-threats/preemption/>

<https://www.lung.org/our-initiatives/tobacco/reports-resources/sotc/state-grades/highlights.html>

1. Policies that increase access to tobacco cessation programs

Policy Areas

insurance coverage for all evidence-based treatments, removal of barriers like co-pays or prior authorization

* *Primary authority: health insurance plans (especially state Medicaid), medical systems, clinical practices*

Tracking sources:

<https://www.lung.org/research/sotc/state-grades>

<https://www.cdc.gov/mmwr/volumes/69/wr/mm6906a2.htm>

<https://www.lung.org/our-initiatives/tobacco/reports-resources/sotc/state-grades/state-rankings/access-to-cessation-services.html>

**Risk Factor: Poor Nutrition**

S/THO has primary authority role

1. Implement multicomponent policies that reduce sugar consumption

Policy Areas

Sugar Sweetened Beverage (SSB) taxes, government facility vending/procurement policies, regulation/standards in child/day care environments, Restaurant menu labelling

Tracking sources:

<http://www.healthyfoodamerica.org/compare_tax_policies>

[*https://www.tfah.org/wp-content/uploads/2019/09/2019ObesityReportFINAL-1.pdf*](https://www.tfah.org/wp-content/uploads/2019/09/2019ObesityReportFINAL-1.pdf)

1. Implement policies that promote breastfeeding

Policy Areas

Support breastfeeding in facilities providing maternity and newborn services. On-site breastfeeding, and storage and handling requirements in in Early Care and education (ECE) settings. Workplace compliance with federal lactation accommodation laws

* *Primary authority: Hospital maternity units, healthcare systems, payors, ECE programs*

Tracking sources:

<https://www.ncsl.org/research/health/breastfeeding-state-laws.aspx>

<https://stateofchildhoodobesity.org/state-policy/policies/breastfeeding/>

1. Implement procurement, contracting and retail policies that increase access to healthy foods

Policy Areas

State food service guidelines; State agency food policies for events and meetings, vending machines, and cafeterias; Incentives to attract healthier food retail outlets to underserved areas or to improve healthier food offerings in existing stores; adding high performance nutrition standards for ECE

* *Primary authority*: *State schools/public education Dept, State Corrections Dept, State /Economic Development Dept, local government, healthcare systems, private sector*

Tracking Sources

<https://www.healthyfoodaccess.org/take-action-now-policy-efforts-impacts>

[*https://cspinet.org/protecting-our-health/nutrition/healthier-public-places*](https://cspinet.org/protecting-our-health/nutrition/healthier-public-places)

[*Child Care Obesity Prevention Regulation Scores (COPR Scores)*](https://nrckids.org/files/ASHW.2017_7.23.18.pdf)

1. Implement Nutrition Policies in Early Child Care facilities

Policy Areas

Low/Non fat milk, limit juice, provide water, avoid sugar. See <https://nrckids.org/files/ASHW.2017_7.23.18.pdf>

* *Primary authority: State regulator of childcare facilities*

Tracking source

<https://stateofchildhoodobesity.org/state-policy/policies/usdastandards/>

[*Child Care Obesity Prevention Regulation Scores (COPR Scores)*](https://nrckids.org/files/ASHW.2017_7.23.18.pdf)

[*https://nrckids.org/files/ASHW.2017.Supplement\_7.23.18.pdf*](https://nrckids.org/files/ASHW.2017.Supplement_7.23.18.pdf)

1. Increase Access to, Utilization of, and Nutritional Quality of School Meals

Policy Areas

See: <https://schoolnutrition.org/AboutSchoolMeals/SchoolNutritionStandards/>

* *Primary authority:* *State Board of Ed. State Education/Public Instruction Depts*

Tracking sources:

<https://schoolnutrition.org/uploadedFiles/Legislation_and_Policy/State_and_Local_Legislation_and_Regulations/SNA-2019-First-Quarter-State-Legislative-Report.pdf>

<https://schoolnutrition.org/uploadedFiles/Legislation_and_Policy/State_and_Local_Legislation_and_Regulations/SNA-2019-First-Quarter-State-Legislative-Report.pdf>

[*https://www.tfah.org/wp-content/uploads/2019/09/2019ObesityReportFINAL-1.pdf*](https://www.tfah.org/wp-content/uploads/2019/09/2019ObesityReportFINAL-1.pdf)

**Risk Factor: Lack of Physical Activity**

S/THO has primary authority role

1. Increase support and resources for physical activity in community settings

adoption and implementation of complete streets policy, changes to zoning policies or comprehensive or master plans, safe routes to schools and other destinations. Promote or enable shared use agreements in state facilities or across other public/private settings.

Tracking source:

<https://www.tfah.org/wp-content/uploads/2018/09/TFAH-2018-ObesityReport-FINAL.pdf>

S/THO has significant influence role

1. Built environment policies to promote physical activity

sidewalk ordinances, protected bike lanes, improved crosswalks, Mixed land use environments to increase the diversity and proximity of local destinations and access to parks, and other recreational facilities. See: [Implementing the Built Environment Recommendation to Increase Physical Activity](https://www.cdc.gov/physicalactivity/community-strategies/beactive/index.html)

* *Primary authority: State DOT, city and county governments, State Parks*

Tracking Source

1. Physical Education and recess standards in schools

Require at least 40 minutes of physical education, recess and general activity requirements

See: [Comprehensive School Physical Activity Programs: A Guide for Schools](https://www.cdc.gov/healthyschools/physicalactivity/pdf/13_242620-A_CSPAP_SchoolPhysActivityPrograms_Final_508_12192013.pdf)

* *Primary authority: State Board of Ed. State Education/public instruction Depts*

Tracking source

<https://www.tfah.org/wp-content/uploads/2018/09/TFAH-2018-ObesityReport-FINAL.pdf>

1. Implement policies to increase physical activity and reduce screen time in Early Child Education (ECE) settings

Provide and promote physical activity and the remove potential barriers to physical activity participation. No screen media (television, cell phone, or digital media) for children under the age of 2, no more than 30 minutes per week for children age 2 and older.

* *Primary authority: State regulator of childcare facilities*

Tracking source

<https://www.tfah.org/wp-content/uploads/2018/09/TFAH-2018-ObesityReport-FINAL.pdf>

<https://nrckids.org/files/ASHW.2017.Supplement_7.23.18.pdf>

[Child Care Obesity Prevention Regulation Scores (COPR Scores)](https://nrckids.org/files/ASHW.2017_7.23.18.pdf)

**Chronic Disease Control**

S/THO has primary authority role

1. Policies to establish and strengthen the role of Community Health Workers in the public health workforce

Job categories, training standards, salary scales and supervision requirements; scope of practice regulations; core competency standards and certification processes; and Medicaid payment of CHW services

1. Prohibit tanning bed use among Minors under the age of 18

Tracking Source

<https://www.aimatmelanoma.org/global-advocacy-and-engagement/melanoma-legislation/tanning-legislation-2019/>

S/THO has significant influence role

1. Policies that increase access to the Diabetes Prevention Program for people with or at risk for Diabetes

Reimbursement for DPP services in state Medicaid and other insurance programs

* *Primary authority: Health Insurance/Payors, Health care systems*

1. Policies that improve prescription of and adherence to anti-hypertensive and lipid-lowering prescription medications

Reduce/eliminate copays, increase pharmacy support, provide clinical support services for self-measured blood pressure monitoring in state Medicaid and other insurance programs

* *Primary authority: Health Insurance/Payors, Health care systems, Health care providers*

1. Policies that support self-measured blood pressure Interventions

Medicaid and other insurance policies to reimburse for SMBP, including the equipment,

clinical support, and training needed

* *Primary authority: Health Insurance/Payors, Health care systems, Health care providers*

1. Policies that incentivize the early detection and diagnosis of cognitive impairment and dementia in healthcare settings.

Quality improvement standards that support routine screening and testing and promote medication management of dementia

* *Primary authority: Health Insurance/Payors, Health care systems, Health care providers*

**Sources**

1. Guide to Community Preventive Services
2. Guide to Clinical Preventive Services
3. Cochrane Collaborative evidence-based summaries
4. CDC 6-18 initiative
5. CDC Hi-5 initiative
6. CDC winnable battles initiative
7. CDC Chronic Disease Indicators
8. WHO Non-Communicable Disease recommendations (Best Buys)
9. University of Wisconsin County Health Rankings standards
10. Healthy People 2030 Core Objectives
11. TFAH-Promoting Health and Cost Control in States (PHACCS)
12. TFAH The State of Obesity Report
13. American Lung Association tobacco control guidelines
14. Harvard Choices Program
15. Healthy Brain Initiative Road Map
16. CEO Cancer Gold Standard for workplace wellness