



2019 – 2020
Report of the Justus-Warren Heart Disease and
Stroke Prevention Task Force

NORTH CAROLINA G.S. 143B-216.60

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Justus-Warren Heart Disease and Stroke Prevention Task Force

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Introduction

The Justus-Warren Heart Disease and Stroke Prevention Task Force (Task Force) was established in 1995 by the NC General Assembly to address the burden of heart disease and stroke, two of the state's leading causes of death, disability, and health care costs. The enabling legislation for the Task Force is found at N.C.G.S. 143B-216.60.

Per statute, the duties of the Task Force are as follows:

1. To undertake a statistical and qualitative examination of the incidence of and causes of heart disease and stroke deaths and risks, including identification of subpopulations at highest risk for developing heart disease and stroke, and to establish a **profile of the heart disease and stroke burden** in North Carolina.
2. To **publicize the profile** of heart disease and stroke burden and its preventability in NC.
3. To **identify priority strategies** which are effective in preventing and controlling risks for heart disease and stroke.
4. To identify, examine limitations of, and **recommend** to the Governor and the General Assembly the **funding and strategies** needed to enact new or to modify existing laws, regulations, programs, services, and policies to enhance heart disease and stroke prevention by and for the people of NC.
5. To determine and **recommend** to the Governor and the General Assembly the funding and strategies needed to enact new or to modify existing **laws, regulations, programs, services, and policies** to enhance heart disease and stroke prevention by and for the people of NC.
6. To **adopt and promote** a statewide comprehensive Heart Disease and Stroke Prevention **Plan** to the general public, state and local elected officials, various public and private organizations and associations, businesses and industries, agencies, potential funders, and other community resources.
7. To identify and **facilitate** specific **commitments** to help implement the Plan from the entities listed in subdivision (6) above.
8. To facilitate **coordination of and communication** among state and local agencies and organizations regarding current or future involvement in achieving the aims of the Heart Disease and Stroke Prevention Plan.
9. To receive and **consider reports** and testimony from individuals, local health departments, and community-based organizations, voluntary health organizations, and other public and private organizations statewide to learn more about their **contributions** to heart disease and stroke prevention, and their **ideas for improving heart disease and stroke prevention** in NC.
10. Establish and **maintain a Stroke Advisory Council** which shall advise the Task Force regarding the development of a **statewide system of stroke care** that shall include, among other items, a system for identifying and disseminating information about the location of primary stroke centers.

The Task Force and the Stroke Advisory Council are comprised of appointed organizational representatives and categorical stakeholders (e.g., heart attack and stroke survivors). Task Force members are appointed by the Governor and the General Assembly, and the Stroke Advisory Council members are appointed by the Task Force as prescribed in the enabling legislation. Appointed members and partners from across the state engage in coordinated efforts to reduce the cardiovascular disease burden in North Carolina. Task Force meetings may be scheduled twice per year when the General Assembly is not in session (N.C.G.S. 143B-216.60). The Stroke Advisory Council meets quarterly.

The Burden of Heart Disease and Stroke in North Carolina

While heart disease and stroke are the second and fourth leading causes of death in North Carolina respectively, cardiovascular disease (which includes heart disease, stroke, other diseases of the circulatory system, and congenital cardiovascular defects) is the number one killer of North Carolinians. In 2019, cardiovascular disease (CVD) caused 158,243 hospitalizations which amassed over \$9.2 billion in hospital charges. It is significant that after more than four decades of decline, stroke death rates have declined more slowly, stalled, or reversed among some subpopulations. Of note is that stroke death rates have increased among North Carolinians ages 35-64.

The Task Force serves as a key resource for creating and publicizing the profile of the burden of CVD in North Carolina. The Task Force uses several mechanisms (the **Start With Your Heart**® website, Task Force publications and updates, presentations to groups across the state, and responses to inquiries from the general public and from internal and external partners) to promote this burden profile to the general population, stakeholders, policy makers, and health care providers across the state.

In January 2020, the Task Force executive director and the epidemiologist with the Community and Clinical Connections for Prevention and Health Branch with the North Carolina Division of Public Health updated the CVD burden profile with 2018 mortality data. The profile and fact sheets on heart disease, stroke and hypertension are posted on the Task Force's **Start With Your Heart**® [website](#).

The Task Force Action Agenda

In addition to the formally appointed members, numerous stakeholders collaborate with the Task Force and its Stroke Advisory Council in implementing its Action Agenda which is posted at startwithyourheart.com.

The Action Agenda outlines recommendations for legislative action on issues that promote the prevention of heart disease and stroke. Task Force members review current heart disease and stroke data and examine evidence-based strategies for the prevention and management of cardiovascular disease as they consider the feasibility of pursuing each recommendation on the Action Agenda.

To fulfill its legislatively required duties, the Task Force updated its statistical examination of the incidence and causes of heart disease and stroke (Duty 1) and publicized the burden profile on its Start with Your Heart® website (Duty 2) in January 2020. In addition, the Task Force issues a monthly update to members and partners via a mailing list and regularly updates its website. To identify priority strategies effective in preventing and controlling risks for heart disease and stroke (Duty 3) and recommend funding and strategies needed to enact new or to modify existing laws, regulations, and services (Duties 4, 5), the Task Force exercised its Action Agenda process. Task Force members shared their recommendations; and Ad Hoc Stroke Advisory Council work groups submitted recommendations of strategies needed to enact new or modify existing laws, regulations, and services to the Stroke Advisory Council which voted on each recommendation, and the Council presented those recommendations to the Task Force (Duty 10).

In addition, the Task Force invited interested external groups to submit applications describing their issues and recommendations. The Task Force announced a request for applications via the Task Force listserv which consists of members and partners and also posted applications on the website in August 2019. Members of the Executive Council and content area experts then reviewed all applications and

invited selected applicants to present their issues during Task Force meetings (Duty 9). The Task Force Executive Director coordinated application review.

The Task Force voted upon the most effective recommendations and, using the scale below, determined at which level to support each recommendation:

1. **Track and Monitor**-Task Force monitors an issue not ripe for intervention but that may require action at a later time.
2. **Administrative**-Task Force agrees that the concern may not require legislation but is one that the Task Force seeks to advance.
3. **Endorse**-Task Force may endorse an action advanced by another group.
4. **Support**-Task Force takes leadership on the issue.

These items were then added to the Task Force Action Agenda which was updated regularly as issues moved through the legislative system.

By implementing the Action Agenda (Duty 6) through this structure, the Task Force facilitated commitments from elected officials, organizations, etc. to help implement the plan (Duty 7) and facilitated coordination and communication among organizations regarding the achievement of the aims of the Action Agenda (Duty 8).

2020 Task Force Action Agenda

The 2020 Task Force Action Agenda has no “Track and Monitor” or “Administrative” items and consists of the following recommendations:

Endorse

1. Endorse Care4Carolina’s (C4C) efforts to close the health insurance gap by signing the C4C resolution.
2. Endorse the request for \$3 million in recurring funding to expand tobacco cessation services including funding for QuitlineNC.
3. Endorse the request for \$7 million in recurring funding for tobacco use prevention.
4. Endorse the \$1 million recurring funding request to expand the Healthy Food Small Retailer Program.
5. Endorse the International Alliance for Pediatric Stroke’s initiative to develop and deliver pediatric stroke education to providers.

Support

1. Support the request for \$3,180,887 in recurring funding for the Expanded Food and Nutrition Education Program (EFNEP).

Status of 2020 Action Agenda

Note: no new budget was approved for the 2019-2020 session; therefore, the budget reverted to former budget

Recommendation	Status as of September 14, 2020*
Endorse Care4Carolina's efforts to close the health insurance gap	Medicaid Expansion not in budget; HB 655 was not brought up for a vote in the House
Endorse \$3 million funding request to expand tobacco cessation and prevention services	Funding remains at previous level
Endorse \$7 million funding request for youth tobacco use prevention	\$500,000 N FY19-20; \$1,000,000 N FY 20-21 in final budget; however, budget was not approved; funding remains at previous level
Endorse \$1 million recurring funding request to expand the Healthy Food Small Retailer Program	No funding included; no changes made to program language
Endorse the International Alliance for Pediatric Stroke's initiative to develop and deliver pediatric stroke education to providers	No funding requested for initiative
Support \$3,180,887 in recurring funding to expand EFNEP (Expanded Food and Nutrition Education Program)	HB 719 with \$750,000 R appropriation referred to Committee on Appropriations, Education; but no vote was taken

**The legislative session adjourned September 3, 2020 and will reconvene January 13, 2021.*

The scheduled annual request for Action Agenda applications did not occur in August 2020 due to the coronavirus pandemic. Members of the Executive Council decided to forgo requesting applications when the legislature conveyed it would deal only with CARES Act funding distribution in 2020 in response to the pandemic. In addition, the legislature anticipated a budget deficit due to the pandemic.

For 2021, the Task Force will continue supporting items on the 2020 Action Agenda.

Selected Accomplishments 2019-2020

- Voted on items to be added to Task Force Action Agenda in January 2019 and in January 2020
- Updated the profile of the burden of cardiovascular disease (CVD) in North Carolina in January 2020
- Publicized the CVD burden profile by posting it on the website
- Updated (annually) fact sheets on heart disease, high blood pressure and stroke and posted them on the website

- Trained and provided technical assistance to Hypertension Coaches who support patients who seek to control high blood pressure
- Developed and disseminated patient and provider resources for heart disease and stroke prevention and posted them on the website
- Created and conducted a Stroke Prevention media campaign entitled, “Small Steps, Bright Future” and shared collateral materials free of charge on the website
- The Stroke Advisory Council developed the [NC Stroke System of Care Plan](#) as a resource and to guide its work (launched November 2019); it is posted on the website and continually updated
- The Stroke Advisory Council formed work groups to address needs identified in the Stroke System of Care Plan
- The Stroke Advisory Council works with NC HealthConnex, North Carolina’s Health Information Exchange, to create a Stroke Registry within the HIE
- The Stroke Advisory Council developed and disseminated (October 2020) a Stroke Services Hospital Survey to determine what stroke services are being provided at each NC hospital
- Worked on a Health Policy Analysis on Increasing Hospital Stroke Certification in Rural North Carolina with UNC MPH Students

Justus-Warren Heart Disease and Stroke Prevention Task Force and the Stroke Advisory Council Meetings

Task Force meetings are structured to provide expert presentations and input on previously prioritized and emerging cardiovascular issues impacting North Carolinians. While the Task Force and the Stroke Advisory Council meet separately, there is overlap in membership and partner participation. For example, David Huang, MD is a member of the Task Force and of the Stroke Advisory Council and serves on the HIE Stroke Registry work group. In addition, the Executive Director of the Task Force serves as staff for both the Task Force and the Stroke Advisory Council. A regular agenda item at each Task Force meeting is a report from the Stroke Advisory Council which provides key updates and recommendations consistent with Task Force and Stroke Advisory Council priorities and mission. Presentations and dialogue influence related policy recommendations and action items. Examples of Task Force expert presentations and key focus areas for 2019-2020 included the following:

- Tobacco Use Prevention among Youth and Young Adults
- Tobacco Use Cessation Resources
- Healthy Food Small Retailer Program
- Closing the Health Insurance Coverage Gap
- Covering All Cardiovascular-Related Preventive Services for Medicaid Enrollees
- Farm to School Project
- Pediatric Stroke
- North Carolina Division of Public Health Heart Disease and Stroke Prevention Media Campaigns
- Expanding the Role of the Pharmacist
- State Stroke Protocol and Triage Destination Plan
- Strengthening the Stroke System of Care in Eastern North Carolina
- Evolving Strategies in Stroke Education Outreach
- Results from the Comprehensive Post-Acute Stroke Services (COMPASS) Study
- COVID-19 and Stroke: Health Equity
- Expansion of Telehealth

- Changes in Stroke Services Due to COVID-19
- Fight. Believe. Recover: Resources for Stroke Survivors and Caregivers

A listing of the Stroke Advisory Council work groups and selected focus areas for 2019-2020 is provided below:

Work Group	Selected Focus Areas
Stroke Registry	• Develop a Stroke Registry in the NC Health Information Exchange • Gather data on stroke incidence • Address disparities in stroke care
Prehospital Assessment	• Improve communication about stroke response • Describe appropriate medical transfer • Collect hospital data to document the need for integrated care • Consider standardized statewide stroke scale • Address disparities in EMS access
Telestroke	• Inventory all telestroke services available in NC • Identify gaps in stroke services • Consider recommendations to expand services
Stroke Services Survey	• Seek work group representation from hospital systems across the state • Develop survey to compile Stroke Services provided throughout the state • Survey all NC hospitals

All Task Force and the Stroke Advisory Council meetings are open to the public and involve representation by numerous partners. Meeting announcements, agendas, and minutes for Task Force and the Stroke Advisory Council meetings are maintained on the **Start With Your Heart®** website.

Conclusion

The Justus-Warren Heart Disease and Stroke Prevention Task Force identified priorities and engaged the Action Agenda process to implement the recommendations of the Task Force and its partners. In 2019 and in subsequent years, additional recommendations and actions will be brought to the Task Force through the application process in response to new and emerging issues. Continuous monitoring, assessment, and updating of the Task Force Action Agenda will provide essential data to inform the recommendations of the Task Force. Through this work, the Task Force will continue to fulfill its crucial charge to make recommendations to prevent heart disease and to advise on the stroke system of care.

Justus-Warren Heart Disease and Stroke Prevention Task Force Structure and Contact Information

Leadership

Executive Director

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Justus-Warren Heart Disease and Stroke Prevention Task Force Members

Stephanie Dorko Austin

Daughter born with heart defect

Helen Bran

Administrator, Duke Heart Center

Heather Breedlove

Heart event survivor

Senator Jim Burgin

NC Senate

Sherry Butler

County Commissioner, Catawba County

Shonda Corbett

NC Association of Area Agencies on Aging

Beth Daniel

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Senator Vickie Sawyer

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