



2015 – 2016
**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
North Carolina Department of Health and Human Services
North Carolina Division of Public Health
Chronic Disease and Injury Section
Community and Clinical Connections for Prevention and Health Branch
1915 Mail Service Center
Raleigh, NC 27699

Introduction

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

Per the legislation, 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 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. 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

North Carolina remains in the quartile of states with the highest cardiovascular disease rates in the nation. While heart disease and stroke are the second and fourth leading causes of death in North Carolina, 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 addition, North Carolina is part of the Stroke Belt, an eight-to-twelve state region with the highest mortality rates in the nation. The eastern counties of North Carolina are part of the Buckle of the Stroke Belt, comprised of the coastal plains of Georgia, South Carolina, and North Carolina. This area has experienced the highest stroke death rates in the nation for approximately the last 30 years.

The Task Force serves as a key resource for the profile of the burden of cardiovascular disease 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 publicize this burden profile to the general population and to stakeholders, including policy makers and health care providers across the state.

Updating the North Carolina Plan for the Prevention and Management of Heart Disease and Stroke 2012-2017

In addition to the formally appointed members, numerous stakeholders collaborate with the Task Force and its Stroke Advisory Council in planning and implementing *The North Carolina Plan for the Prevention and Management of Heart Disease and Stroke 2012-2017* (the Plan) which is posted on startwithyourheart.com, the Task Force's Start with Your Heart® website.

In preparation for the Plan's upcoming expiration, the Task Force worked in 2016 to assess progress on the Plan and examine the most effective strategies for preventing and controlling risks for heart disease and stroke. The Task Force explored various state and national heart disease and stroke prevention plans; and the Executive Director of the Task Force (Executive Director) met with leadership, key stakeholders and all twenty-seven Task Force members and heard a repeated appeal for the Task Force to take immediate action to prevent heart disease and stroke.

In addition, the Executive Director created a crosswalk to identify commonalities and gaps among the goals, objectives, and evidence-based strategies of North Carolina state plans for tobacco prevention and cessation, obesity prevention, and diabetes management. The crosswalk also included national Centers for Disease Control and Prevention (CDC) goals, objectives and evidence-based strategies.

The development of the 2017 Action Agenda process remains faithful to the underlying premises and key recommendations of the Plan while taking into account developments of the past decade that present new opportunities and continuing challenges for improvement in the state's health. Since its initial release, the Plan has been influential in shaping efforts to prevent heart disease and stroke in North Carolina and is a continuing point of reference for heart disease and stroke prevention programs and efforts. The Plan has been updated to include a call to action in the form of an Action Agenda which reflects these facts:

- Declining death rates from heart disease and stroke over the past decade indicate significant progress.
- Prevalence of major cardiovascular conditions remains high.

- Persisting health disparities (particularly geographic, race/ethnicity and education attainment) reflect unequal exposure to the causes and unequal access to prevention and treatment for minority and other vulnerable populations.
- Costs of cardiovascular disease in NC are rising.

On November 17, 2016, the Task Force voted to adopt the following structure to implement an Action Agenda process:

The Action Agenda

To fulfill its legislatively required duties, the Task Force will complete a statistical examination of the incidence and causes of heart disease and stroke (Duty 1) during the regular legislative session and will publicize the burden profile on its Start with Your Heart® website (Duty 2). 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 will implement the Action Agenda process. Task Force members may present their recommendations of strategies needed to enact new or modify existing laws, regulations, and services. Ad hoc Stroke Advisory Council work groups may submit recommendations to the Stroke Advisory Council which will vote on each recommendation, and the Council will present these recommendations to the Task Force (Duty 10).

In addition, interested external individuals or groups are invited to submit applications describing their concerns and recommendations to the Task Force. The Task Force announces a request for applications via the Task Force listserv of members and partners and posts applications on the Start with Your Heart® website. Members of the Executive Council and content area experts then review all applications and invite selected applicants to present their issues during Task Force meetings (Duty 9). If Task Force members agree that a topic merits further study, they will form an ad hoc work group that will examine data, identify possible strategies needed to enact new or modify existing laws, regulations, or services; and make recommendations to the Task Force. The Task Force Executive Director coordinates application review and staffs the work groups.

The Task Force will vote upon the most effective recommendations and will take action on the issues through one of four levels of support:

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 issues will then be added to the Task Force Action Agenda, a document that will be updated regularly as issues move through the legislative system.

In adopting and promoting the Action Agenda (Duty 6) and implementing it through this structure, the Task Force will facilitate commitments from elected officials, organizations, etc. to help implement the plan (Duty 7) and will facilitate coordination and communication among organizations regarding the

achievement of the aims of the Action Agenda (Duty 8). The Action Agenda priorities, focus areas, actions and Task Force duties are outlined in the chart below.

Action Agenda Priorities

Priority	Focus	Action & Task Force Duties
Communication	Prevention and public health	Communicate to legislators, health care providers, and the public at large the need to strengthen prevention and public health provisions to prevent heart disease and stroke. (Duties 1, 2)
Strategic leadership, partnerships, and capacity building	Collaboration and integration of public health & healthcare	Collaborate with public health agencies and partners in a comprehensive public health strategy to prevent heart disease and stroke. Integrate public health and health care into a public health system effective in supporting community-level prevention policies and programs, e.g., the Million Hearts Initiative. Make full use of resources of the prevention workforce at local and state levels. (Duties 7, 8, 9)
Taking action	Cardiovascular health and health equity	Determine and recommend policies, programs, and practices aimed to improve the state's cardiovascular health in terms of the <i>Healthy People 2020</i> objectives and American Heart Association metrics: addressing tobacco use, overweight/obesity, physical activity, healthy diet, blood pressure; and ensure that all such actions reach everyone, especially those most vulnerable due to social and environmental conditions. (Duties 3, 4, 5, 6, 10)

Selected Accomplishments 2015-2016

- Hired a new Executive Director who began in Feb. 2016 after former Executive Director retired in April 2015. The Executive Director is housed in the Community and Clinical Connections for Prevention and Health Branch, Chronic Disease and Injury Section, Division of Public Health, NC Department of Health and Human Services.
- Assessed progress on *The North Carolina Plan for the Prevention and Management of Heart Disease and Stroke 2012-2017*
- Developed and promoted the Action Agenda process including the call for applications in November 2016
- Updated the burden of cardiovascular disease in North Carolina documents through publications including fact sheets and presentations posted on startwithyourheart.com
- Established North Carolina Learning Collective (NCLC), an interdisciplinary collaboration among health care professionals dedicated to improving the health of adults across North Carolina. Formed to provide opportunities to expand practice quality improvement and facilitate efforts focused on cardiac care, obesity, tobacco use and diabetes through team-based care and efficient use of health care technology, NCLC hosts free monthly webinars and posts information and resources on the Task Force website, [Start with Your Heart®](http://startwithyourheart.com).

- Disseminated Task Force educational materials including videos on blood pressure self-monitoring designed for patients and on accurate blood pressure monitoring designed for health care providers
- Developed and disseminated patient educational materials including blood pressure wallet cards to encourage blood pressure self-monitoring
- Provided blood pressure curriculum to providers via startwithyourheart.com
- Developed a blood pressure curriculum for dentists in partnership with the North Carolina Oral Health Section and provided it free of charge via startwithyourheart.com
- Trained and provided technical assistance to Hypertension Coaches who support patients seeking to control high blood pressure

Selected Policy Highlights for 2015-2016

During the past two years, the Task Force has addressed policy changes in the following areas:

- Adopted four levels of support for recommendations the Task Force follows: track and monitor, administrative, endorse and support (April 2016)
- Supported legislation to fund the Healthy Corner Store Act which provided \$250,000 to support small retail stores in food deserts (April 2016)
- Adopted an Action Agenda process for receiving applications and determining recommendations for legislative and regulatory action (November 2016)
- Voted to endorse the Housing and Urban Development (HUD) proposal to implement a smoke-free policy in public housing (November 2015)

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 some overlap in membership and partners. Two members of the Stroke Advisory Council, including the Stroke Advisory Council Chair, serve on the Task Force. 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 the Stroke Advisory Council priorities and mission. Presentations and dialogue influence related policy recommendations and action items. Examples of Task Force expert presentations and key focal areas for 2015-2016 included the following:

- The Stroke Advisory Council developed and adopted a list of fifteen priorities for their work (October 2016)
- The Task Force collaborated with UNC on the development of a map of all Telestroke Networks in North Carolina
- COMPASS (Comprehensive Post-Acute Stroke Services) Project Updates
- NC Stroke Association Updates
- American Heart Association Update
- State Health Plan Update

- North Carolina Division of Public Health Heart Disease and Stroke Prevention and Media Updates
- NC Stroke Care Collaborative Update
- Designation of Primary Stroke Center Rules presentation by the Office of Emergency Medical Services
- Emergency Medical Services (EMS) and Cardiovascular Health
- Tobacco Use in North Carolina
- Active Living including the Surgeon General's Call to Action to Promote Walking Presentation
- Healthy Eating including Med instead of Meds® Presentation
- CDC Public Health Grand Rounds: Mind Your Risks and Act FAST to Prevent and Treat Strokes

A listing of the Stroke Advisory Council work groups and selected focus areas for 2015-2016 is provided below:

Work Group	Selected Focus Areas
Prevention and Public Awareness	• Increase funding for tobacco prevention and cessation including for QuitlineNC • Fund tobacco prevention efforts • Promote hypertension awareness, prevention and management • Endorse increased funding for Healthy Food Small Retailer Program
Integrating and Accessing Care	• Improve communication about stroke response • Describe appropriate medical transfer • Collect hospital data to document the need for integrated care
Post-Stroke Care	• Determine and publicize Medicaid coverage of preventive health services and post-stroke care • Reimburse secondary prevention • Reimburse in-office counseling

All Task Force and the Stroke Advisory Council meetings are open to the public and include 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 priorities identified by the Justus-Warren Heart Disease and Stroke Prevention Task Force and the Stroke Advisory Council will be brought to the Task Force Action Agenda and will continue to guide the work of the Task Force and its partners. While existing work groups and collaboratives continue, additional recommendations and actions are likely to surface in response to new and emerging issues. Continuous monitoring, assessment, and updating of the Action Agenda will provide essential data to inform the recommendations of the Task Force.

Justus-Warren Heart Disease and Stroke Prevention Task Force

Structure and Contact Information

Leadership

Executive Director

Anna Bess Brown

Phone: 919-707-5361 Email: anna.brown@dhhs.nc.gov

Co-Chairs

Senator Kathy Harrington

Phone: 919-733-5734 Email: kathy.harrington@ncleg.net

Representative Becky Carney

Phone: 919-733-5827 Email: becky.carney@ncleg.net

Justus-Warren Heart Disease and Stroke Prevention Task Force Members

Frank Amend

Volunteer, American Heart Association

Senator Chad Barefoot

NC Senate

Helen Bran

Manager, Duke Heart Center

Shonda Corbett

NC Association of Area Agencies on Aging

Beth Daniel

Associate Director of Medical Policy, DHHS Division of Medical Assistance

Chris Dobbins

Local Health Director, Gaston County

Carolyn Dunn

NC Cooperative Extension, NC State University

Mary Edwards

Program Manager, Consumer Affairs, DHHS Division of Aging & Adult Services

Brian R. Forrest, MD

Practicing Family Physician, Academy of Family Physicians Member

Matthew Vern Grindstaff

County Commissioner, Mitchell County

Ashley Honeycutt

Licensed Dietician/Nutritionist

David Y. Huang, MD

Certified Health Educator

Kathryn M. Lawler

Registered Nurse

Karen McCall

Stroke Survivor

Kimberly Moore

Vice President of Marketing & External Relations, NC Mutual Life Insurance

Wanda Moore

Registered Nurse

Elizabeth Plyler

ABC-TV

Senator Ronald Rabin

NC Senate

Ryan Swanson

Pharmacist

Sherée Vodicka

Eat Smart, Move More NC

Randall Williams, MD

DHHS Deputy Secretary for Health

Hadley Wilson, MD

Cardiologist, Carolinas Medical Center

Representative Larry Yarborough

NC House of Representatives