



2021 – 2022
**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 North Carolina General Assembly through N.C. G.S. 143B Section 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.

The duties of the Task Force are established in statute 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 the 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 per N.C.G.S. 143B Section 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.

Significant disparities in heart disease and stroke mortality exist in North Carolina. African American/Black North Carolinians are 120% more likely to die from heart disease and 140% more likely to die from a stroke than white North Carolinians. Research from the REGARDS Study shows that to reduce the black-white disparity in stroke incidence, the focus must be on prevention of stroke, and, in particular, on preventing stroke in younger African American/Black North Carolinians which aligns with the prevention focus of the Task Force. In addition, there are disparities between urban and rural populations that the Task Force and Stroke Advisory Council are addressing through policy recommendations and through the Stroke System of Care.

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 2021, 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 2019 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](https://startwithyourheart.com).

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 2021. 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. 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 (Duties 9, 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 on August 1, 2021, and on August 1, 2022. 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 according to US Preventive Services Task Force Recommendations and The Community Guide evidence-based findings for population health. Using the scale below, the Task Force then 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.

Through this structure, the Task Force adopted and promoted a prevention plan (Duty 6) that facilitated securing commitments from elected officials, organizations, etc. to help implement the plan (Duty 7) and facilitated coordination and communication among organizations to achieve aims of the Action Agenda (Duty 8).

2023 Task Force Action Agenda

The 2023 Task Force Action Agenda does not contain any “Track and Monitor” or “Administrative” items, and consists of the following recommendations:

Endorse

1. Endorse the request for \$3 million in recurring funding to expand tobacco cessation services including funding for QuitlineNC.
2. Endorse the request for \$17 million in recurring funding for tobacco use prevention.
3. Endorse Care4Carolina’s efforts to close the health insurance gap by signing the C4C resolution.

4. Endorse multi-agency collaborative recommendations for comprehensive Tobacco 21 legislation.
5. Endorse the request for \$600,000 to sustain and expand the Medication Therapy Management (MTM) Program.
6. Endorse efforts to fund School Meals for All.

Support

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

Status of 2022 Action Agenda

Level of Support	Recommendation	Status as of December 1, 2022
Support	\$3,180,887 in recurring funding to expand EFNEP (Expanded Food and Nutrition Education Program)	No progress.
Endorse	\$3 million in recurring funding to expand tobacco cessation services including funding for Quitline NC	\$11 million for tobacco cessation services and prevention programs; funds come from settlement with Juul Labs, Inc.
Endorse	\$7 million in recurring funding for tobacco use prevention	
Endorse	Care4Carolina's efforts to close the health insurance gap by signing the C4C resolution	Medicaid Expansion was not contained within the most recently enacted budget. In the 2022 legislative short session, the NC House and NC Senate introduced and passed different bills to implement Medicaid Expansion. Neither bill cleared both chambers.

Selected Accomplishments 2021-2022

- The Task Force voted to endorse a \$17 million request for recurring funding for tobacco use cessation and prevention funding which was added to Task Force Action Agenda on December 10, 2021.
- The Task Force voted to endorse recommendations for a comprehensive Tobacco 21 law which was added to the Task Force Action Agenda on April 5, 2022.
- The Task Force voted to endorse appropriations for Medication Therapy Management (MTM) which was added to the Task Force Action Agenda on December 1, 2022.
- The Task Force voted to endorse appropriations for School Meals for All which was added to the Task Force Action Agenda on December 1, 2022.
- In collaboration with emergency response personnel and neurologists, the Stroke Advisory Council convened a multidisciplinary stakeholder group to update the state's Stroke and EMS Triage and Destination Plan and prepare a report in response to S683, a prehospital stroke protocol bill. The report was delivered August 13, 2021; and the revised state Stroke and LVO Stroke EMS Triage and Destination Plan went live September 15, 2021.
- The Centers for Disease Control and Prevention (CDC) awarded North Carolina a Paul Coverdell National Acute Stroke Program cooperative agreement to identify and address disparities and strengthen the stroke system of care. The award runs July 2021 - June 2024.
- In the first year of the Coverdell Stroke Program (ending June 2021), the Stroke Advisory Council collaborated with the NC Division of Public Health and NC HealthConnex to build a stroke registry

within the North Carolina Health Information Exchange (HIE). The Stroke Advisory Council is using HIE data in the Stroke Registry to identify trends and gaps in care in order to direct resources and technical assistance to strengthen the stroke system of care and address healthcare disparities.

- Updated the profile of the burden of cardiovascular disease (CVD) in North Carolina in January 2021.
- Publicized the CVD burden profile by posting it on the website.
- Updated the Heart and Blood Vessel Disease fact sheet in May 2022 and posted it on the website.
- Disseminated patient and provider resources for heart disease and stroke prevention and posted them on the website.
- The Stroke Advisory Council regularly updated and added additional resources to the [NC Stroke System of Care](#) posted on the website.
- The Stroke Advisory Council formed work groups to address needs identified in the NC Stroke System of Care.
- The Stroke Advisory Council presented on its Stroke Services Hospital Survey at the International Stroke Conference on February 9, 2022.
- Representatives of the Stroke Advisory Council and NC HealthConnex presented, “Leveraging North Carolina’s Health Information Exchange to Create a Statewide Stroke Registry that Supports Population Health” at the North Carolina Healthcare Information and Management Systems Society (HIMSS) Fall Conference October 18, 2022.

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

Task Force meetings are structured to provide members with 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.

There is also overlap in policy recommendations. 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 2021-2022 included the following:

- Tobacco Use Prevention among Youth and Young Adults
- Tobacco Use Cessation Resources
- Preventing and Reducing Tobacco Use and Nicotine Addiction through Comprehensive Tobacco 21 legislation
- Closing the Health Insurance Coverage Gap
- School Meals for All
- Medication Management Therapy (MTM) for Blood Pressure and Diabetes Control
- State EMS Stroke Triage and Destination Plan
- Strengthening the Stroke System of Care
- Resources for Stroke Survivors and Their Caregivers Post Hospital Discharge

- Stroke in Young Adults
- Rural-Urban Differences in Stroke
- CVD Community Education and Outreach in the Time of COVID-19
- Reaching the Homebound with Coronavirus Vaccines
- The Role of the Stroke Coordinator
- Regional Stroke System Support through Telestroke
- Connecting Hypertension to Atrial Disease and Stroke
- Achieving Blood Pressure Goals after Stroke: the PLACER Trial
- Management of Central Retinal Artery Occlusion
- Review and Adoption of the Updated Nursing Clinical Practice Guidelines
- Diagnosis and Management of Acute Stroke in Children
- Rural Health Initiatives

A listing of Stroke Advisory Council work groups and selected focus areas for 2021-2022 includes the following:

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.
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 include representation from numerous partners and are open to the public. 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 2023 and in subsequent years, additional recommendations and actions will be brought to the Task Force through the annual 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

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Justus-Warren Heart Disease and Stroke Prevention Task Force Members

Stephanie Dorko Austin

Daughter born with heart defect

Senator Lisa Barnes

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NC Association of Area Agencies on Aging

Beth Daniel

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