



**2017 – 2018**  
**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

1915 Mail Service Center  
Raleigh, NC 27699-1915  
919-707-5361

## 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 2017, cardiovascular disease (CVD) caused 151,666 hospitalizations which amassed over \$7.9 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. It is alarming that, among North Carolinians ages 35-64, stroke death rates have increased.

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**<sup>®</sup> 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.

On April 11, 2018, 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 presented the updated [CVD burden profile](#) at the Task Force meeting. The profile was then posted on the Task Force's **Start With Your Heart**<sup>®</sup> [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](http://startwithyourheart.com).

The Action Agenda outlines recommendations for legislative action on issues that prevent 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 completed a statistical examination of the incidence and causes of heart disease and stroke (Duty 1) during the regular legislative session and publicized the burden profile on its Start with Your Heart<sup>®</sup> 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 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, interested external individuals or groups were invited to submit applications describing their issues and recommendations to the Task Force. The Task Force announced a request for applications via the Task Force listserv which consists of members and partners and posted applications on the website. 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.

In adopting and promoting the Action Agenda (Duty 6) and implementing it 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).

### **2019 Task Force Action Agenda**

The 2019 Task Force Action Agenda has no “Track and Monitor” or “Administrative” items and consists of the following recommendations:

#### **Endorse**

1. Endorse Care4Carolina’s 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.

#### **Support**

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

## Status of 2017-2018 Action Agenda

Recommendation	Status as of December 19, 2018
Support coverage of all cardiovascular-related USPSTF A and B preventive services for all Medicaid enrollees	NC DHHS included coverage of all cardiovascular-related preventive services in Medicaid Transformation plans
Support \$3,180,887 in recurring funding to expand EFNEP (Expanded Food and Nutrition Education Program)	Task Force is educating stakeholders on the impact of the EFNEP program
Endorse \$3 million funding request to expand tobacco cessation and prevention services	\$250,000 (recurring) appropriated in addition to \$500,000 in recurring funds appropriated over the biennium in the 2017 budget for tobacco cessation services
Endorse \$7 million funding request for youth tobacco use prevention	\$250,000 (non-recurring) appropriated in addition to \$1 million in nonrecurring funds appropriated over the biennium in the 2017 budget for tobacco use prevention
Endorse \$1 million recurring funding request to expand the Healthy Food Small Retailer Program	\$250,000 (nonrecurring) appropriated for 2018 which is the same amount that was appropriated in 2017 for Healthy Food Small Retailer Program
Track and monitor Care4Carolina's efforts to close the health insurance gap	Task Force is monitoring efforts to close the health insurance gap

## Selected Accomplishments 2017-2018

- Voted on items which established the first Task Force Action Agenda in January 2017
- Conducted blood pressure checks during the observance of Hypertension Awareness Day at the General Assembly on May 17, 2017
- Updated the profile of the burden of cardiovascular disease in North Carolina and presented it in April 2018
- Publicized the CVD burden profile by posting it on the website
- Updated fact sheets on heart disease, high blood pressure and stroke and posted them on the website
- Convened the North Carolina Learning Collective (NCLC), an interdisciplinary collaboration among health care professionals dedicated to improving the health of adults across North Carolina. Provided 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 by hosting free monthly webinars and posting resources on the website.
- Developed the **Know It, Control It** Program designed to teach blood pressure self-monitoring and to teach participants how to make healthy lifestyle changes to control high blood pressure; trained senior centers and other partners statewide to conduct the program

- 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 media campaign on controlling high blood pressure and shared collateral materials free of charge on the website
- Developed a Blood Pressure Station Guide to provide worksites a guide to setting up a blood pressure station
- The Stroke Advisory Council developed a Stroke Services Hospital Survey to determine the levels of stroke care at each NC hospital

### **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 chair of the Integrating and Accessing Care 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 2017-2018 included the following:

- Medicaid Transformation
- Social Determinants of Health Screening and Resource Platform
- Tobacco Use Prevention among Youth and Young Adults
- North Carolina Division of Public Health Heart Disease and Stroke Prevention Media Campaigns
- Quality Improvement in Stroke Care
- NC Stroke Care Collaborative Update
- Telestroke Update
- Interfacility Transport
- Mission Health's Path to Comprehensive Stroke Certification
- Update on Acute Ischemic Stroke Treatment
- Mechanical Thrombectomy
- COMPASS (Comprehensive Post-Acute Stroke Services) Project Updates
- NC Stroke Association Update

A listing of the Stroke Advisory Council work groups and selected focus areas for 2017-2018 is provided below:

Work Group	Selected Focus Areas
<b>Prevention and Public Awareness</b>	<ul style="list-style-type: none"> <li>• Increase funding for tobacco prevention and cessation including for QuitlineNC</li> <li>• Fund tobacco prevention efforts</li> <li>• Promote hypertension awareness, prevention and management</li> <li>• Endorse increased funding for Healthy Food Small Retailer Program</li> </ul>
<b>Integrating and Accessing Care</b>	<ul style="list-style-type: none"> <li>• Improve communication about stroke response</li> <li>• Describe appropriate medical transfer</li> <li>• Collect hospital data to document the need for integrated care</li> </ul>
<b>Post-Stroke Care</b>	<ul style="list-style-type: none"> <li>• Determine and publicize Medicaid coverage of preventive health services and post-stroke care</li> <li>• Reimburse secondary stroke prevention</li> <li>• Reimburse in-office counseling</li> </ul>

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 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

##### **Anna Bess Brown**

Phone: 919-707-5361 Email: [anna.brown@dhhs.nc.gov](mailto:anna.brown@dhhs.nc.gov)

#### Co-Chairs

##### **Senator Kathy Harrington**

Phone: 919-733-5734 Email: [kathy.harrington@ncleg.net](mailto:kathy.harrington@ncleg.net)

##### **Representative Becky Carney**

Phone: 919-733-5827 Email: [becky.carney@ncleg.net](mailto:becky.carney@ncleg.net)

## Justus-Warren Heart Disease and Stroke Prevention Task Force Members

##### **Stephanie Dorko Austin**

Daughter born with heart defect

##### **Senator Chad Barefoot**

NC Senate

##### **Helen Bran**

Administrator, Duke Heart Center

##### **Heather Breedlove**

Heart event survivor

##### **Sherry Butler**

County Commissioner, Catawba County

##### **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**

Agriculture & Human Sciences Department, NC State



**Mary Edwards**

Program Manager, DHHS Division of Aging & Adult Services

**R. Nevill Gates, MD**

Internist

**Ashley Honeycutt**

Licensed Dietician

**David Y. Huang, MD**

Certified Health Educator

**Representative Frank Iler**

NC House of Representatives

**Allen Mask, MD**

WRAL Health Team Internist

**Kimberly Moore**

Professor, NC Central University

**Wanda Moore**

Registered Nurse

**Ruth Gilliam Phillips, MD**

Director of Student Health & Counseling, NC Central University

**Joey Propst**

Stroke Survivor

**Senator Ronald Rabin**

NC Senate

**Eric Sanchez**

Volunteer, American Heart Association

**Ryan Swanson**

Pharmacist

**Elizabeth Cuervo Tilson, MD, MPH**

State Health Director and DHHS Chief Medical Officer

**Sherée Vodicka**

Licensed Dietician; Eat Smart, Move More NC

**Representative Larry Yarborough**

NC House of Representatives