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

NORTH CAROLINA G.S. 143B-216.60

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Prepared by:

Justus-Warren Heart Disease and Stroke Prevention Task Force

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Prepared for:

North Carolina General Assembly:

NC House of Representatives

NC Senate

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I. Accomplishments of the Task Force

A. Introduction

This report covers the 2012 activities of The Justus-Warren Heart Disease and Stroke Prevention Task Force (Task Force). The Task Force was legislatively established in 1995 (N.C.G.S. 143B-216.60). Three of the major charges are:

1) Profile the burden of heart disease and stroke in N.C.;
2) Publicize the burden and preventability of heart disease and stroke; and,
3) Develop, promote and implement a comprehensive statewide Heart Disease and Stroke Prevention Plan

In 2006, the North Carolina General Assembly (NCGA) passed legislation that required the Task Force to establish and maintain a Stroke Advisory Council (SAC) to advise the Task Force regarding the development of a statewide system of stroke care (N.C.G.S. 143B-216.60 (j)(10). The Task Force, inclusive of its committees and work groups, meets several times a year to pursue specific objectives. The work of these groups is influenced by appointed members as well as by numerous partners and resource persons from an array of key stakeholder organizations, professions, concerned residents, and survivors.

B. The Burden of Heart Disease and Stroke in North Carolina

The 2012 update to The Burden of Cardiovascular Disease in North Carolina report[1] was completed at the end of 2012. Heart disease and stroke are the second and fourth leading causes of death in N.C. When considered together, cardiovascular disease (CVD), which includes heart disease, stroke and other conditions, is the number one killer of North Carolinians. The overall ranking of heart disease and stroke as leading causes of mortality in N.C. has not changed much but the impact of these conditions as overall causes of mortality have declined considerably over the last three decades. In 1980, cardiovascular disease was responsible for almost half (48%) of all deaths; in 1990, about two out of every five deaths (40%); in 2000, over one out of every three deaths (36%); and in 2011 just slightly over one out of every four deaths (29%).

Mortality rates due to major CVD in N.C. have been cut in half from about 555 deaths per 100,000 persons in 1979 to 242 deaths per 100,000 persons in 2009. The CVD death rate in N.C. remains slightly higher than the national average but the difference has narrowed and N.C. currently has the twentieth highest CVD death rate in the nation. When considered separately, it can be observed that mortality from heart disease in N.C. has been practically equal to, while stroke mortality has been consistently higher than, the US

[1] Available at http://www.startwithyourheart.com/Default.aspx?pn=CVDBurden | Last accessed on January 24, 2013.

national average over the last three decades. North Carolina still has the seventh highest stroke mortality rate in the nation and remains part of the Stroke Belt – an eight to twelve state region, mostly in the southeast - that historically has had substantially higher stroke death rates compared to the rest of the nation. These facts notwithstanding, North Carolina was still able to attain the Healthy People 2010 targets for stroke and coronary heart disease mortality by 2009.

Beyond mortality, many North Carolinians live with the physical, mental and financial consequences of CVD. About 9.2% of non-institutionalized adults in N.C. (over 675,000 people) have a history of some kind of cardiovascular disease. Many of them suffer varying degrees of disability as a result. Such disability leads to lost productivity and decreased quality of life. Hospital discharge rates for CVD have been declining since the late nineties. However, CVD remains the leading cause of hospitalization in N.C., accounting for over 160,000 admissions or 16.7% of all hospital discharges in 2010.

Despite progress in curbing mortality and discharge rates due to CVD, there remain several challenges that need to be met. First, the proportion of premature CVD deaths (deaths occurring before 65 years) has risen from about 18% in the early 2000's to 22% in 2009. Second, a significant and increasing portion of the population has one or more modifiable cardiovascular risk factors such as overweight/obesity, high cholesterol, high blood pressure, diabetes, tobacco use and exposure, physical inactivity and unhealthy diet. Currently, two out of every three North Carolina adults are overweight or obese, about two in five have high cholesterol, one in three are hypertensive, one in ten are diabetic, one in five smoke, over one in five are physically inactive, and barely one in eight consume the recommended amounts of fruits and vegetables daily. Third, there continue to be significant disparities in the burden of cardiovascular disease by race, socioeconomic status and geography. Blacks are significantly more likely to die from CVD and at an earlier age than whites.

Finally, the economic burden of CVD is crushing and projected to grow exponentially if left unchecked. North Carolinians spent over $5.5 billion in hospital charges (excluding indirect costs and other health care charges) for CVD in 2010 while Medicaid paid out over $620 million in claims for beneficiaries with CVD conditions in 2011.

It is critical to achieve further progress in reducing the overall CVD burden, while addressing disparities and curbing the economic and social costs associated with CVD. This can be done with continued efforts in the prevention and control of risk factors as well as the timely diagnosis and coordinated management of serious and acute events.

C. N.C. Plan for the Prevention and Management of Heart Disease and Stroke – 2012 Highlights

For most of 2012, the state's Heart Disease and Stroke Prevention (HDSP) Branch, the Stroke Advisory Council, and various other state partners engaged in writing the 2012-2017 N.C. Plan for the Prevention and Management of Heart Disease and Stroke (the Plan). The Plan is the third comprehensive statewide plan to address heart disease and stroke since the Task Force was established in 1995. It builds upon progress made as a result of collaboration and leadership among partners and stakeholders across the state.

The focus of the first state plan (1999-2003) was on primary prevention, through targeted strategies addressing health behaviors such as poor nutrition, physical inactivity, and tobacco use and exposure. The second plan (2005-2010) addressed a broader spectrum of issues along the continuum of care in order to align with new Centers for Disease Control and Prevention (CDC) directives for its cooperative agreement with N.C. That plan increased the focus on management and control of secondary risk factors (e.g., high blood pressure and high cholesterol), emergency response for acute cardiovascular events, and management of chronic cardiovascular conditions. The third and current plan includes post hospital care, including transitions back to the community. The plans have had an incremental focus on the need for surveillance and evaluation as work groups addressing goals and objectives identified what data were needed in order to measure progress.

The 2012-2017 State Plan has been approved by the Task Force and is currently being prepared for publication. The following is a summary of the goals and objectives contained in the Plan:

1. Primary Prevention of Cardiovascular Disease through Healthy Living

Goal 1: Increase the proportion of North Carolinians who live healthy lifestyles conducive to cardiovascular health.

Objective 1.1: By June 2017, increase the number of laws and/or policies that support reduction of cardiovascular risk factors (e.g., tobacco use and exposure, poor nutrition, and physical inactivity).

Objective 1.2: By June 2017, decrease the percentage of North Carolinians who smoke and/or are exposed to secondhand smoke.

Objective 1.3: By June 2017, increase the proportion of North Carolinians who consume heart healthy diets and engage in recommended amounts of physical activity.

Objective 1.4: By June 2017, increase the proportion of adult North Carolinians who are reducing their consumption of dietary sodium by 20%.

2. Prevention of Cardiovascular Disease through Control of Risk Factors

Goal 2: Increase the proportion of North Carolinians whose cardiovascular risk factors are identified, appropriately managed, and controlled.

Objective 2.1: By June 2017, decrease the prevalence of high blood pressure and high cholesterol.

Objective 2.2: By June 2017, increase the number of N.C. worksites with environments and behavioral approaches that support detection and self-management of cardiovascular disease and the related risk factors for employees.

Objective 2.3: By June 2017, increase the number of community health workers in N.C. addressing cardiovascular disease prevention and management.

Objective 2.4: By June 2017, increase the percentage of North Carolinians who are at a healthy weight.

Objective 2.5: By June 2017, increase the percentage of current smokers who receive evidence-based tobacco prevention and cessation services.

Objective 2.6: By June 2017, increase the percentage of patients for whom aspirin therapy is indicated that are complying with their physicians' recommendations for aspirin therapy.

3. Integrated emergency and acute care for patients experiencing cardiovascular events

Goal 3: Increase the proportion of North Carolinians who have access to and receive appropriate integrated emergency and acute care for cardiovascular events.

Objective 3.1: By June 2017, increase the number of state and local laws and/or policies that support strong, inclusive, and coordinated heart disease and stroke systems of care that improve the treatment of cardiovascular disease patients.

Objective 3.2: By June 2017, increase the percentage of North Carolinians who recognize the warning signs and symptoms of heart attack and stroke and who know to immediately call 9-1-1.

Objective 3.3: By June 2017, all patients with cardiovascular events who contact 9-1-1 will receive treatment by pre-hospital staff that is consistent with recognized protocols.

Objective 3.4: By June 2017, 100% of N.C. acute care facilities will implement protocols for management of heart attack and stroke as defined by current clinical guidelines.

Objective 3.5: By June 2017, standardize statewide protocols that improve coordination of and minimize delays in care for acute heart disease and stroke patients among 9-1-1 personnel, first responders, transport personnel and destination hospitals.

Objective 3.6: By June 2017, adopt a statewide system for designating the stroke care capabilities of each hospital that is not a primary stroke center, to include elements of rehabilitation and secondary prevention.

Objective 3.7: By June 2017, every hospital in N.C. will adopt a stroke plan that is comprehensive in scope.

Objective 3.8: By June 2017, develop and adopt a system or plan that assures public availability of information concerning acute stroke plans, stroke capabilities of hospitals, and N.C. Office of Emergency Medical Services (OEMS) triage plans and definitions.

4. Integrated, coordinated management of post-acute and transitional care following cardiovascular events

Goal 4: Increase the proportion of North Carolinians who receive appropriate coordinated management of post-acute transitional care following cardiovascular events**.**

Objective 4.1: By June 2017, increase the percentage of cardiovascular event patients who receive timely and appropriate rehabilitation and transitional care.

Objective 4.2: By June 2017, ensure primary care providers and rehabilitation professionals are receiving increased and appropriate reimbursement for transitional care.

5. Cardiovascular Surveillance and Evaluation

Goal 5: Enhance utilization of current data resources, expand/develop additional resources, extend their availability, and improve accessibility of information derived from evaluation and surveillance processes.

Objective 5.1: By June 2017, develop and implement a database to track systems and policies that affect heart disease and stroke prevention practices in N.C.

Objective 5.2: By June 2017, improve accessibility and dissemination of data related to heart disease and stroke among N.C.

Objective 5.3: By June 2017, increase the number of hospitals that report data to the Coverdell Stroke Registry from 46 to 55.

Objective 5.4: By June 2017, extend the existing Paul Coverdell National Acute Stroke Registry's (PCNASR) Quality Improvement program into EMS and into rehabilitation.

Objective 5.5: By June 2017, collect, analyze, and report data specifically related to achieving and/or making progress toward Goals 1 - 4.

Objective 5.6: By June 2017, explore means and resources to improve cardiovascular health surveillance and evaluation.

Objective 5.7: By June 2017, develop and implement an evaluation plan that documents efforts, monitors progress toward and measures achievement of goals and objectives.

D. Stroke Advisory Council (SAC) – 2012 Highlights and Successes

The SAC's goal for 2012 was to develop an implementation plan for the N.C. System of Stroke Care (SSoC) blueprint developed in 2011 and incorporate that into a full plan in 2012. To accomplish this, the SAC reassembled work groups that had been formed to develop the SSoC blueprint. This year's focus was to: a) prioritize each work group's recommendations; b) develop a timeline for SSoC plan implementation; c) identify resources required for implementation; and d) evaluate progress throughout the plan's implementation.

The SAC work groups are: a) Prevention/Public Education, b) Pre-hospital, c) Acute/Sub-acute Care, d) Recovery/Transitions of Care, and e) Telestroke.

Below is a recap of 2012 SAC meetings:

- February 29th was the first meeting of the year. It was used as an opportunity to hear partner organization updates, provide new members an orientation to the SAC, present a detailed overview of the state Plan, and to present the concept of an Acute Stroke Capable Hospital Toolkit.

- April 4th was the second meeting of the year. The purpose of this meeting was to review the N.C. SSoC priority recommendations and identify those priorities the SAC would work on first. The SSoC work groups were reconvened and new members were recruited.

- The July 18th meeting featured two presentations: A) "Consortium for Southeastern Hypertension Control's quality improvement program called "AT GOAL"; and B) "Preliminary Findings of a Geographical Information System (GIS) Evaluation of the N.C. Office of EMS Stroke Triage and Destination Plan on Hospital Bypass for Acute Stroke Patients". SAC also heard progress reports from the SSoC work groups and provided feedback.

- The October 9th meeting featured the presentation "Overview of N.C. AHEC's Quality Improvement Work Regarding High Impact Clinical Preventive Services". SAC again heard progress reports from the work groups and selected those SAC policy priorities to recommend to the Legislative Committee of the Task Force.

The work groups' efforts culminated in the following summary of 2012 SAC work group recommendations:

Prevention/Public Education

- Reduce the incidence of hypertension (HTN) and improve HTN control in N.C.
- Support partners in preventing tobacco use and exposure, and assisting with cessation
- Increase the prevalence of healthy weight in the population
- Expand public recognition of the risk factors for and warning signs of stroke, and the urgency of calling 9-1-1

Pre-hospital

- Enhancements for 9-1-1 call centers
- Improvement of statewide capacity for transfer of stroke patients from critical access hospitals to stroke capable facilities

- Standardize definitions and validate designations including Primary Stroke Centers and Acute Stroke Capable hospitals

Acute/Sub-acute Care

- Every hospital in N.C. should have a comprehensive stroke plan
- Stroke care capability designation criteria should be defined for all hospitals that are not certified Primary or Comprehensive Stroke Centers (nationally accredited by the Joint Commission)
- Target underserved, high-need regions of N.C. with increased resources to improve stroke care

Recovery/Transitions of Care

- Launch a preliminary study to link post-hospital data with N.C. Stroke Care Collaborative data
- Support consistent and shared patient information among health care providers
- Develop a post-acute stroke care resource center for caregivers and families

Telestroke

- Increase access to stroke care by using telestroke across the continuum of care
- Adopt broader telehealth strategies
- Support increased reimbursement for telestroke (support national initiative)

For legislative action, the following recommendations were prioritized and reported to the Legislative Committee of the Task Force:

1) Request $400k (recurring) for Public Education Campaign regarding stroke signs and symptoms recognition and action

2) Request $50k (recurring) for continued operation of the SAC

3) Request adoption of a resolution regarding hypertension/sodium reduction by N.C. Senate

4) Request NCGA adopt definition of "Primary Stroke Center"

E. 2012 Justus-Warren Task Force Meetings Recap

January 11, 2012

In this meeting the Task Force heard comprehensive reports on the development of the new state plan to prevent heart disease and stroke, and provided detailed responses and feedback that were incorporated into the Plan.

April 25, 2012

The Task Force expressed its appreciation to longtime Task Force member, Dr. David Goff, who vacated his seat to accept the position of Dean of the University of Colorado's School of Public Health. Task Force member Peg O'Connell presented Dr. Goff with a plaque honoring his many years of service to the Justus-Warren Task Force.

The Executive Director, Ms. Anita Holmes, reported that the state's Heart Disease and Stroke Prevention Branch would focus on the ABCS (Aspirin, Blood Pressure, Cholesterol, Smoking cessation) of heart disease and stroke prevention, and the Million Hearts Campaign. The Million Hearts campaign is a national initiative involving federal agencies and private sector partners collaborating to prevent one million heart attacks and strokes in the U.S. by 2017. Representative Tom Murry later moved that the Task Force sign on as a supporter of the Million Hearts campaign. The motion passed. The Task Force is now a signatory to Million Hearts.

The Task Force reviewed the Goals and Objectives of the Plan and provided detailed feedback that was incorporated as revisions to the Plan.

Representative Tom Murry reported on the Task Force Legislative Committee meeting held on March 3, 2012 and the legislative policy priorities that were discussed. These policy priorities were later adopted and are included in this report.

December 5, 2012

The Task Force heard a presentation: "Current State of the Cardiovascular Burden in N.C.". The presentation highlighted the data contained in the newly released update of the Burden of Cardiovascular Disease in N.C. document. Substantial discussion ensued around the data findings and their implications for N.C.

The Task Force heard a report on the status of the Plan and its readiness for publication in early 2013. The Task Force also heard that the November/December 2012

edition of the N.C. Medical Journal[2] is dedicated to heart disease and stroke and includes the work of the Task Force. Many of the articles are authored by partners, Task Force members, and staff of N.C.'s Heart Disease and Stroke Prevention Branch.

After hearing partner reports, the Task Force devoted the balance of the meeting honoring the outgoing Chairman, Senator William Purcell, for his nearly 10 years of service to the Task Force. Key people in Task Force history and other special guests spoke of their experience working with Senator Purcell. Senator Purcell then addressed the Task Force, thanking the group for their continuing service to N.C., and reflecting on the significant impact it has had on the lives of North Carolinians over the years. The N.C. Plan for the Prevention and Management of Heart Disease and Stroke 2012 – 2017 is dedicated to Senator Purcell.

F. Justus-Warren Task Force Legislative Priorities Adopted for 2013

In December 2012, the Task Force voted on its legislative priorities for the coming biennium and adopted the following:

1. **Request NCGA appropriation of $400k (recurring) for Public Education Campaign re: Stroke Signs and Symptoms**
   Rationale: To extend the evidence-based campaign throughout N.C. which has proven effective in improving the recognition of stroke signs and the need to respond immediately by calling 9-1-1 (Both heart attacks and strokes can be effectively treated by a system of emergency response known as the "chain of survival" that must be activated as soon as possible after the onset of symptoms).

2. **Request NCGA appropriation of $50k (recurring) for continued operation of the SAC**
   Rationale: The SAC will need to drive, monitor and fine tune implementation of the N.C. Stroke System of Care Plan, now incorporated into the 2012-2017 Plan.

3. **Introduce an N.C. Senate Hypertension/Sodium Resolution**
   Rationale: This Resolution can increase public and legislative awareness of the costs and dangers of hypertension, of excessive dietary sodium intake, and actions to promote reduced sodium consumption. Reducing

[2] NC Medical Journal devoted to cardiovascular disease in NC has an extensive write-up of the work of the Justus-Warren Heart Disease and Stroke Prevention Task Force. Last accessed on January 27, 2013. http://www.ncmedicaljournal.com/wp-content/uploads/2012/05/NCMJ_73-6_FINAL.pdf

sodium intake to the recommended daily amount of 2,300mg or 1,500mg per day for high-risk individuals is critical for the prevention and management of hypertension, the leading risk factor for stroke. Reducing average sodium intake to 2,300 milligrams per day could eliminate 11 million cases of hypertension in the U.S. and save 18 billion dollars in direct healthcare costs.

4. **Request that NCGA codify a definition for "Primary Stroke Center" (amend the Health Care Facilities and Services statutes, NCGS Chapter 131E)**
   Rationale: Provides the public, hospitals, and health care providers with a consistent understanding of the stroke capabilities of N.C. hospitals that are certified as Primary Stroke Centers. This will help to avoid episodes of confusion that were reported to have occurred in N.C.

5. **Endorse restoration of $17.3 million in recurring funds for tobacco prevention and cessation efforts**
   Rationale: The Master Settlement Agreement called for states to invest tobacco settlement funds to prevent and reduce tobacco use and exposure. Funding used to educate youth has achieved a significant decrease in youth smoking, which is the stage in life when smoking ordinarily begins. Policies and programs such as SmokeFreeNC.gov, 1-800-QUIT-NOW and Tobacco Reality Unfiltered (TRU) ads have successfully reduced tobacco use in N.C., especially among youth.

6. **Oppose any weakening of N.C.'s smoke-free law**
   Rationale: Since the law's implementation in January 2010, weekly hospital emergency department visits for heart attacks have dropped by an average of 21%. Non-smokers exposed to secondhand smoke at home or at work increase their risk of developing heart disease by 25–30%. The North Carolina Restaurant and Lodging Association strongly supports the smoke free law as it provides the needed level playing field in their industry, and customer satisfaction with bars and restaurants has increased since implementation of the law.

G. Public Education Campaign: Publicizing Heart Disease and Stroke Risk Factors, Preventability, Signs and Symptoms and Emergency Response in North Carolina.

The 2012 HDSP stroke awareness campaign utilized multimedia in all areas of N.C. to reach members of the target audience – N.C. adults, with a priority on African American adults, age 40 and older with an annual household income below $100,000. The current campaign represents a scaling up of previous campaigns that targeted high-risk areas east of I-95 and demonstrated highly successful outcomes.

The media buy included television, radio, online ads, print ads, and billboards/out-of-home advertising. The television buy for the existing 30-second stroke Public Service Announcement (PSA) was based on the rankings of the most widely viewed stations and times of day for the target audience and included both network and cable stations. An estimated 5,792,521 people saw the 30-second PSA. In addition, three stations posted rotating Web banners that linked to the Start With Your Heart (SWYH) website[3]. SWYH is the website where the Task Force and HDSP program provide resources and information for the public and for health care professionals. An estimated 1.8 million people saw the banners and there were 1,000 "click-throughs" to the SWYH website. The 30-second radio PSA ran during May 2012, with a net reach of 761,600 people. Print ads ran in large area newspapers and local minority papers, with an estimated total circulation of 1,821,536. Print and digital billboards ran from May to August, with a net reach of 428,901 people. The 30-second TV PSA also ran on gas station TV monitors resulting in an estimated reach of 62,000 people.

A pre- and post-test telephone survey for the stroke awareness campaign was conducted. Based on the results from the telephone survey, there was an overall increase in awareness in the signs and symptoms of stroke as well as the importance of calling 9-1-1 if someone was having a stroke.

Market data demonstrate that public awareness is impacted by repeat messaging. A multi-pronged marketing approach that uses both traditional and online communication channels has been proven to help reinforce the campaign message with the target audience. With continued multimedia marketing in N.C., public awareness of stroke signs and symptoms will continue to increase, leading to timely, appropriate treatment and fewer stroke-related deaths.

H. North Carolina Stroke Care Collaborative – 2012 Highlights

The Task Force has fully embraced and supported the work of the N.C. Stroke Care Collaborative (NCSCC) as a major asset for improving stroke care in N.C. The Task Force

[3] Available at http://www.startwithyourheart.com/ | Last accessed on January 24, 2013.

successfully obtained supplementary state funding for the NCSCC that sustained the progress previously made with N.C. hospitals in the face of devastating CDC funding cuts.

The NCSCC is one of 11 Paul Coverdell National Acute Stroke Registries and is a joint endeavor of the HDSP Branch in the N.C. Division of Public Health and the Cardiovascular Disease Program in the Department of Epidemiology at the UNC Gillings School of Global Public Health. Funding is provided by the Centers for Disease Control and Prevention and the N.C. Legislature. The North Carolina Stroke Care Collaborative's mission is:

- To measure, track, and improve the quality of and access to care for stroke patients from onset of stroke symptoms through rehabilitation and recovery
- To decrease the rate of premature death and disability from acute stroke
- To eliminate disparities in stroke care
- To support development of stroke systems of care that emphasize quality of care
- To improve access to rehabilitation and opportunities for optimal recovery after stroke
- To increase healthcare workforce capacity and knowledge for surveillance within stroke systems of care

In fiscal year 2011-12, funds from the N.C. Legislature enabled the NCSCC to retain or recruit 62 acute care hospitals into the program to assist them with developing and expanding their stroke care quality improvement programs. This included providing competitive grant funds to seven hospitals via the NCSCC Innovative Quality Improvement Grant Program to support implementation and enhancement of their QI efforts to improve stroke care.

In fiscal year 2012-13, state funds will be used to assist with addressing the four aims of the current three-year CDC funding cycle. These aims are as follows:

- **Specific Aim 1:** Establish a Stroke QI Portal of quality indicators by linking emergency medical care data for stroke patients with ongoing data for in-hospital care and outcomes
- **Specific Aim 2:** Create and implement a tailored recruitment package to establish an NCSCC partnership with four hospitals in high stroke mortality, low resource counties resulting in participation in the NCSCC
- **Specific Aim 3:** Create an External Advisory Board for the NCSCC with membership to include national and international leaders (proposal is for three members) in stroke-related quality improvement research and clinical practice
- **Specific Aim 4:** Expand the capabilities of established in-hospital QI initiatives by transitioning to a new enhanced data management tool

II. Structural Changes to the Justus-Warren Task Force

Throughout its early years, the Task Force functioned with a four committee structure. For the first time in 2011-12, and in an effort to curb costs, the Task Force functioned with one committee (Legislative) under its structure. The Legislative Committee sets the Task Force's legislative agenda and develops or endorses legislation and funding to carry out Task Force recommendations.

In the past, the four committees would meet in the morning then break for lunch and reconvene for a full Task Force meeting in the afternoon. Now the Task Force meeting day is cut to three hours, there is no lunch break with the full Task Force meeting on that day and no committee meetings. The Legislative Committee meets for two hours on a separate day between Task Force meetings.

III. Membership Changes

During the past year, there have been several changes in Task Force membership. These changes have been influenced by several factors including changes in Task Force leadership due to retirement of longtime members, and changes among the appointing authorities. Many, but not all of the vacancies occurred with the Task Force's legislative seats. Since there was an approximate 60% turnover in Task Force membership, 2012 meetings entailed orientation and education efforts throughout the year.

IV. Conclusion

The Justus-Warren Heart Disease and Stroke Prevention Task Force remains one of the most critical boards and commissions in the state because it tackles leading causes of deaths and disabilities, and major drivers of healthcare costs in N.C. When it was established in 1995, the Task Force was the first of its kind in the country and was a major reason for CDC funding N.C. at the highest dollar amounts available to work on heart disease and stroke in the state. The Task Force remains a model and is admired by many other states. Despite the fiscal difficulties of the last few years, the Task Force has managed to draw resources into the state, helped save lives, provided hospitals with quality improvement resources and training, supported the state's EMS system with resources and training, and otherwise provided support to various partners by leveraging resources and expertise.

In 2013, the Task Force will continue with implementation of the new state plan. It is well-positioned to utilize new research and evidence-based strategies and apply these to on-going changes in health promotion and delivery of care. The Task Force will continue to be a leader in guiding N.C. with on-going improvements in the prevention and management of cardiovascular disease, thereby helping to control costs and save lives.

V. APPENDIX

JUSTUS-WARREN HEART DISEASE AND STROKE PREVENTION TASK FORCE: MEMBERSHIP as of January 1, 2013

(**Membership**: 3 Ex-officio, 8 by Senate Pro-Tem, 8 by Speaker of the House, 8 by Governor)

SENATE APPOINTMENTS (JULY 2011 – JUNE 2013)

NAME	SEAT
Louis Pate	Senator
****VACANT*****	Senator
****VACANT*****	Senator
Helen Brann	Hospital Administrator
David Y. Huang	Certified Health Educator
Glenn Martin	Local Health Director
Mike Patil	Heart Attack Survivor
Shonda Corbett	N. C. Association of Area Agencies on Aging

HOUSE APPOINTMENTS (JULY 2011 – JUNE 2013)

NAME	SEAT
Becky Carney	Representative
Tom Murry	Representative
Mark Hollo	Representative
Ashley M. Honeycutt	Licensed Dietician/Nutritionist
Leigh Foushee	Pharmacist
Stan Haywood	County Commissioner
*****VACANT*****	Stroke Survivor
Wanda Moore	Registered Nurse

GOVERNOR APPOINTMENTS (NOVEMBER 2011 – OCTOBER 2013)

NAME	SEAT
Don Ensley	At-large
*****VACANT*****	At-large
Karen Smith	Practicing Family Physician, Pediatrician, or Internist
Kimberley Moore	President/Chief Executive Officer of a business who is a member of and recognized by Wellness Council
Christine Rogers	News Director of a Newspaper, Television or Radio
Peg O'Connell	Volunteer of the American Heart Association
Jacquelyn McClelland	N. C. Cooperative Extension Service
Carolyn Dunn	Governor's Council on Physical Fitness and Health

EX-OFFICIO SEATS

NAME	SEAT
Laura Gerald (designee)	Director/Secretary of DHHS
Beth Osborne	Director of the Division of Medical Assistance in DHHS
Mary Edwards	Director of the Division of Aging DHHS

Justus-Warren Task Force Legislative Priorities

Legislative Action	Rationale
Request NCGA appropriation of $400k (recurring) for Public Education Campaign re: Stroke Signs and Symptoms	To sustain evidence-based ongoing campaign throughout N.C. which is essential to improving population-wide recognition of stroke signs and symptoms and how to respond (9-1-1)
Request NCGA appropriation of $50k (recurring) for continued operation of SAC	Comprehensive SSoC Plan developed. SAC to drive, monitor and fine tune implementation of this plan
Introduce a N.C. Senate Hypertension/Sodium Resolution	N.C. Senate can increase awareness of dangers of hypertension and excessive dietary sodium intake and actions to promote reduced sodium consumption. Reduction to recommended daily levels of dietary sodium is one of the means to help prevent and manage hypertension
Request that NCGA codify a definition for "Primary Stroke Center" (e.g., amending the Health Care Facilities and Services Statutes, NCGS Chapter 131E)	Provides the public and health care providers with an accurate and consistent description of stroke capabilities of N.C. hospitals that are recognized as Primary Stroke Centers

Task Force Supportive Action	Rationale
Endorse restoration of $17.3 million in recurring funds for tobacco prevention and cessation efforts	• The Master Settlement Agreement called for states to invest tobacco settlement funds to prevent and reduce tobacco use • Funding used to educate youth has shown a significant decrease in youth smoking • Policies and programs such as SmokeFreeNC.gov, 1-800-QUIT-NOW and Tobacco Reality Unfiltered (TRU) ads have reduced tobacco use
Oppose any weakening of N.C.'s smoke-free law	• Since the law's implementation, weekly hospital emergency department visits for heart attacks dropped by 21% • Non-smokers exposed to secondhand smoke at home or at work increase their risk of developing heart disease by 25–30% • The North Carolina Restaurant and Lodging Association is in support of the smoke –free law as it is

Justus-Warren Task Force 30-second Public Service Announcements and Awards

"Heart Lessons – the ABCS:
http://www.startwithyourheart.com/videos/HeartLessons2012Website.flv

2012 Cardiovascular Advertising Awards

- "Heart Lessons", the Start With Your Heart Public Service Announcement (PSA) on Stroke Awareness won a 2012 Gold Cardiovascular Advertising Award. The award was in the TV/video advertising category.

2012 MarCom Creative Awards

- "Heart Lessons", the Start With Your Heart PSA on Stroke Awareness won a 2012 Gold MarCom Award. The award was in the TV/PSA category.

2012 Hermes Creative Awards

- "Heart Lessons", the Start With Your Heart PSA on Stroke Awareness won a 2012 Gold Hermes Award. The award was in the advertising/television PSA category.

2011 Ava Digital Awards

- "Heart Lessons", the Start With Your Heart PSA on the ABCS won a 2011 Platinum Ava Award. The award was in the TV/PSA category.

"Uninvited" – A Stroke Strikes Without Warning:
http://www.startwithyourheart.com/videos/AStrokeStrikesWithoutWarning.flv

2011 Hermes Creative Awards

- "Uninvited", the Start With Your Heart PSA on Stroke Awareness won a 2011 Gold Hermes Award. The award was in the advertising/television PSA category.

2011 MarCom Creative Awards

- "Uninvited", the Start With Your Heart PSA on Stroke Awareness won a 2011 Platinum MarCom Award. The award was in the TV/PSA category.

2011 Cardiovascular Advertising Awards

- "Uninvited", the Start With Your Heart PSA on Stroke Awareness won a 2011 Gold Cardiovascular Advertising Award. The award was in the TV/video advertising category.

2011 Summit Creative Awards

- "Uninvited", the Start With Your Heart PSA on Stroke Awareness won a 2011 Bronze Summit Creative Award. The award was in the public service announcements category.