



2023 – 2024
**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 **changes to 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 composed of appointed organizational representatives and categorical stakeholders (e.g., health educator, dietician). 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 fifth 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 2022, cardiovascular disease (CVD) caused 181,550 hospitalizations which amassed over \$9.4 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 particular concern is a 9% increase in stroke death rates among North Carolinians ages 35-64 in recent years.

Significant disparities in heart disease and stroke mortality exist in North Carolina. African American/Black North Carolinians are more likely to die from heart disease than white North Carolinians. African American/Black North Carolinians are also more likely to die from stroke and to die from stroke at a younger age compared to white non-Hispanic North Carolinians. Research from the REGARDS (Reasons for Geographic and Racial Differences in Stroke) 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 working to address through policy recommendations and improvements in the Stroke System of Care.

In January 2024, the Task Force executive director and the lead evaluator 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 2021 mortality data. The profile and fact sheets on heart disease, stroke and hypertension are posted on the Task Force's **Start With Your Heart**® [website](#).

The Task Force serves as a key resource for developing and publicizing the profile of the burden of CVD in North Carolina. The Task Force uses several mechanisms to promote this burden profile to the general population, stakeholders, policy makers, and health care providers across the state such as 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.

The Task Force Action Agenda

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

The Action Agenda outlines recommendations for legislative action to support the prevention of heart disease and stroke. Task Force members review current heart disease and stroke data and examine evidence-based strategies to determine the feasibility of each recommendation on the Action Agenda.

To fulfill its legislatively required duties, the Task Force conducted a statistical analysis of the most current incidence and causes of heart disease and stroke (Duty 1) and published the burden profile on its Start with Your Heart® website (Duty 2) in January 2024. Additionally, the Task Force issues monthly updates to members and partners via a mailing list and regularly updates its website. To identify priority strategies effective in preventing and controlling risks for heart disease and stroke (Duty 3) and recommend funding and strategies needed to enact new or to modify existing laws, regulations, and

services (Duties 4, 5), the Task Force exercised its Action Agenda process. Task Force members shared their recommendations, and Ad Hoc Stroke Advisory Council work groups submitted additional strategies for new or modified legislative actions to the Stroke Advisory Council which voted on each recommendation and presented those issues to the Task Force (Duties 9, 10).

The Task Force also invited interested external groups to submit applications detailing 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 October 17, 2023 and on October 15, 2024. Members of the Executive Council, along with content area experts, then reviewed all applications and invited selected applicants to present their issues at Task Force meetings (Duty 9). The Task Force Executive Director coordinated the application review process.

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 following scale, the Task Force then determined its level of support for 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 organization.
4. **Support** - Task Force takes leadership on the issue.

These items were then added to the Task Force Action Agenda which is regularly updated as issues move 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, and other partners to support its implementation (Duty 7). Additionally, the Task Force facilitate and coordinated communication among organizations to achieve the objectives of the Action Agenda (Duty 8).

2024 Task Force Action Agenda

The 2024 Task Force Action Agenda is solely comprised of “endorse” and “support” recommendations as follows:

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 multi-agency collaborative recommendations for comprehensive Tobacco 21 legislation.
4. Endorse the request for recurring funding for School Meals for All to provide access to breakfast and lunch to every public school student in NC.

Support

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

Status of 2024 Action Agenda

Level of Support	Recommendation	Status as of August 27, 2024
Support	\$3,180,887 in recurring funding to expand EFNEP (Expanded Food and Nutrition Education Program)	No progress.
Endorse	Endorse the request for \$3 million in recurring funding to expand tobacco cessation services including funding for Quitline NC	\$11,250,000 in nonrecurring funds in each year of the biennium for evidence-based electronic cigarette and nicotine dependence prevention and cessation activities and to support data monitoring to track tobacco/nicotine use and exposure among youth and young adults and populations at risk; for independent evaluation of the reach, effectiveness, and outcomes of the State's evidence based programs designed to help youth addicted to nicotine through electronic cigarettes and other new and emerging tobacco and nicotine products quit. Funds come from the State of North Carolina's settlement with JUUL Labs, Inc.
Endorse	Endorse the request for \$17 million in recurring funding for tobacco use prevention	
Endorse	Endorse multi-agency collaborative recommendations for comprehensive Tobacco 21 legislation.	No Tobacco 21 bill was introduced.
Endorse	Endorse the request for recurring funding for School Meals for All to provide access to breakfast and lunch to every public school student in NC.	\$3 million in recurring funds in each year of the SFY 2023-25 fiscal biennium plus an additional \$3 million in non-recurring funds in the first year of the biennium to offset the reduced-price breakfast and lunch co-pays in schools participating in the National School Lunch Program and the School Breakfast Program.

Selected Accomplishments 2023-2024

- The Task Force collaborated with American Heart Association/American Stroke Association to update stroke designation language in the Regulatory Reform Bill Conference Report (SL 2023-137 House Bill 600) to include all stroke designations (Acute Stroke Ready, Primary Stroke Center, and Comprehensive Stroke Center) and to add thrombectomy-capable centers to stroke center designations which brings the language to recommended Guidelines.
- The Task Force endorsed collaborative efforts to secure tobacco use cessation and prevention funding. The 2023 budget appropriated \$11,250,000 in nonrecurring funds in each year of the biennium from the state's settlement with JUUL Labs, Inc. for evidence-based electronic cigarette and nicotine dependence prevention and cessation activities.
- The Task Force endorsed efforts of the Care 4 Carolina Coalition to increase access to health insurance to North Carolinians in the coverage gap. With approval of the 2023 budget, North Carolina expanded Medicaid to cover hundreds of thousands in the coverage gap. North Carolina began accepting applications on December 1, 2023.
- The Task Force was honored to contribute a commentary for the *NC Medical Journal's* issue, "The Persistent Three: Combatting Heart Disease, Cancer, and Stroke" in North Carolina. Titled "[Progress in Stroke Prevention and the North Carolina Stroke System of Care](#)," it was published in the January/February 2024 issue.
- The Task Force and Stroke Advisory Council supported the application, implementation, and reporting on the continued collaboration with the Centers for Disease Control and Prevention (CDC) in funding the North Carolina Division of Public Health through a Paul Coverdell National

Acute Stroke Program cooperative agreement to identify and address disparities and strengthen the stroke system of care. The award ran July 2021 - June 2024.

- The Task Force and Stroke Advisory Council contributed to the development of the application to the Centers for Disease Control and Prevention (CDC) which awarded a new Paul Coverdell National Acute Stroke Program cooperative agreement to the North Carolina Division of Public Health starting on September 30, 2024 that will run through June 30, 2025 with the option to apply for four additional years of funding.
- In the second and third years of the Coverdell Stroke Program (July 2022 - June 2024), the Stroke Advisory Council collaborated with the NC Division of Public Health and NC HealthConnex to add a risk factor interface to the Stroke Registry within the North Carolina Health Information Exchange (HIE). This enhancement enables the Stroke Advisory Council to track individuals at risk for stroke, monitor their risk factors, and allocate resources and education to those at highest risk which will address healthcare disparities.
- Updated the profile of the burden of cardiovascular disease (CVD) in North Carolina in January 2024.
- Publicized the CVD burden profile by posting it on the website and sharing with statewide partners.
- 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 and convened work groups to address needs identified in the NC Stroke System of Care.

Publications and Conference Presentations

Articles

Brown AB. Progress in stroke prevention and the North Carolina stroke system of care. *North Carolina Medical Journal*. 2024;85(1), 46-49. [doi:10.18043/001c.91425](https://doi.org/10.18043/001c.91425)

Patel MD, Brown AB, Kebede E. Statewide availability of acute stroke treatment, services, and programs: A survey of North Carolina hospitals. *Journal of Stroke and Cerebrovascular Diseases*. 2023;32(10):107323 doi:[10.1016/j.jstrokecerebrovasdis.2023.107323](https://doi.org/10.1016/j.jstrokecerebrovasdis.2023.107323)

Poster Presentations

Curley T, Stevenson L, et al. Utilization of survey, focus group, and referral data to plan a targeted intervention for rural stroke disparities, prevention, and care access. Poster presented at: International Stroke Conference; February 7-9, 2024; Phoenix, Arizona. Accessed April 2, 2024. https://www.ahajournals.org/doi/10.1161/str.55.suppl_1.TP266

Asimos A, Satyanarayana S, et al. A geospatial information services assessment of prehospital bypass on overtriage for large vessel occlusion and hemorrhagic stroke. Poster presented at: International Stroke

Conference; February 7-9, 2024; Phoenix, Arizona. Accessed April 2, 2024.

https://www.ahajournals.org/doi/10.1161/str.55.suppl_1.WMP40

Conference Presentations

Brown AB, Schirmer M. Leveraging North Carolina’s health information exchange to create a statewide stroke registry that supports public and population health. Presented at: SAS Institute’s Health Care Community Connection Conference; March 5-6, 2024; virtual global conference.

Cihelka, D. The BP management and monitoring of the ICU patient after ICH. Presented at: International Stroke Conference; February 7-9, 2024; Phoenix, Arizona.

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

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

Task Force meetings are structured to offer members expert presentations and insights on both prioritized and emerging cardiovascular issues affecting North Carolinians. Although the Task Force and Stroke Advisory Council meet separately, there is overlap in membership and partner involvement. For example, David Huang, MD serves on both the Task Force and the Stroke Advisory Council. Additionally, the Task Force’s Executive Director provides staff support to both groups.

There is also alignment in policy recommendations. Each Task Force meeting includes a regular agenda item for a report from the Stroke Advisory Council which offers key updates and recommendations that align with the priorities and mission of both groups. Presentations and discussions at these meetings help shape related policy recommendations and action items. Key focus areas and expert presentations for the Task Force in 2023-2024 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
- Parents’ Bill of Rights Law Exemption for the Youth Risk Behavior Survey and the National Youth Tobacco Survey
- Closing the Health Insurance Coverage Gap
- Stroke Center Designations
- School Meals for All
- Medication Management Therapy (MTM) for Blood Pressure and Diabetes Control
- Identifying and Responding to Out-of-Hospital Cardiac Arrest
- Telecommunicator CPR
- Cardiac Emergency Response Plans (CERPs)
- RACE CARS (Randomized Cluster Evaluation of Cardiac Arrest Systems) Trial

- Coverdell National Acute Stroke Program
- Strengthening the Stroke System of Care
- HIE Stroke Registry
- Collaborations among Hospitals and EMS to Strengthen Stroke Care
- Advances in Right Brain Stroke Communication Research
- Knowledge of Stroke, Experiences in Health Care, and Barriers to Healthy Living: Lessons from Focus Groups and Surveys Conducted with Residents of Rural Southeastern North Carolina from Novant Health New Hanover Regional Medical Center
- Implementation of Atrium Health’s Pediatric Stroke Response Program
- The Value of Community Health Workers in the Management of Those at Risk for Stroke and for Post-Event Discharge Support from Novant Health
- Northern Regional Hospital’s Stroke Response: Enhancing Communication with EMS, Strengthening Protocols to Improve Care, and Collaborating with Family Medicine to Address Social Drivers of Health
- Atrium Health’s Telestroke Program and the Role of the Telestroke Nurse
- 2024 Guide to the Primary Prevention of Stroke from Cheryl Bushnell, Wake Forest Baptist School of Medicine, lead author
- Lessons Learned from the IMPROVE Stroke Program from Duke University School of Medicine

A listing of Stroke Advisory Council work groups and selected focus areas for 2023-2024 includes the following:

Work Group	Selected Focus Areas
Stroke Registry	<ul style="list-style-type: none"> • Develop a risk factor interface within the Stroke Registry in the NC Health Information Exchange. • Gather data on stroke risk factors. • Support targeted outreach and education.
Stroke Coordinators’ Meetings	<ul style="list-style-type: none"> • Create a list of stroke coordinators from every hospital that provides stroke care in the state. • Create a listserv for communication among stroke coordinators. • Convene monthly meetings of stroke coordinators. • Post slides, recordings, and minutes from all meetings for easy access.
Coverdell Stroke Program	<ul style="list-style-type: none"> • Convene monthly meetings and provide technical assistance to hospitals funded to implement QI programs, provide education, and track and address disparities.

Conclusion

The Justus-Warren Heart Disease and Stroke Prevention Task Force established priorities and used the Action Agenda process to implement its recommendations and those of its partners. Starting in 2025, additional recommendations and actions will be introduced to the Task Force through an annual application process which allows for timely responses to new and emerging issues. Ongoing monitoring, evaluation, and updates to the Task Force Action Agenda will provide essential data to guide Task Force’s recommendations. Through these efforts, the Task Force will continue to fulfill its critical role in recommending strategies to prevent heart disease and advising on improvements to 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

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Daughter born with heart defect

Barbara Beatty

County Commissioner, Catawba County

Adrienne Calhoun

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Katherine Combs

Licensed Dietician; Triangle YMCA; Eat Smart, Move More NC

Yolanda Dickerson

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Basheera Enahora

Cooperative Extension, NC State University

Lindsey Haynes-Maslow

Heart Event Survivor

Ashley Honeycutt

Licensed Dietician

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