



**Justus-Warren Heart Disease and Stroke Prevention Task Force  
Minutes for December 10, 2021 meeting**

Agenda Item	Discussion Points	Action Items
Meeting Attendees	<p><b>Members:</b> Stephanie Dorko Austin (daughter born with heart defect); Senator Jim Burgin (Co-Chair); Commissioner Sherry Butler; Adrienne Calhoun (NC Association of Area Agencies on Aging); Representative Becky Carney (Co-Chair); Beth Daniel (NC Medicaid); Yolanda Dickerson (Volunteer; American Heart Association); -Rebecca Freeman (NC Div. Aging and Adult Services); Sen. Steve Jarvis NCGA; Ashley Honeycutt (Licensed Dietician, UNC Rex); David Huang (Dir. UNC Comprehensive Stroke Center); Leatrice Martin, Duke Clinical &amp; Translational Science Institute Research-Ruth Gilliam Phillips (Director, Community Health Coalition); Joey Propst (Stroke Survivor); Douglas Schiller (Medical Director, Cardiac ICU, ECU Vidant Medical Center); Ryan Swanson (Pharmacist, Blue Cross Blue Shield NC); Amanda Wilson (Registered Nurse)</p> <p><b>Partners:</b> Wally Ainsworth (Manager, NC Office of EMS; Michael Aquino (UNC Health); Susan Ashcraft (Novant Health); Andrew Asimos (Director, Carolinas Stroke Network, Atrium Health); Pat Aysse (American Heart Association [AHA]); Hayden Bosworth (Duke); Aleasia Brown (DPH Cancer Branch); Anna Bess Brown (Task Force Exec. Dir.); Katie Buck (Carolinas East Health); Jon Carr (American Cancer Assoc.); Shannon Chesney (Duke); Alicia Clark (DPH CCCPH); Michael Clay (Vidant Health); Sylvia Coleman (RN); Ronald Cromartie (Innovative HealthCare Consulting); Eric Deshaies (Novant Health, Stroke Advisory Council [SAC] board); Bryan Devinney (Advent Health); Matthew Ehrlich (Duke Health); Meg Fenu (WakeMed); Heather Forrest (Duke); Claudia Giraldo (DPH CCCPH); Emily Gobble (Central Carolina Hospital); Travis Greer (Cumberland Co.); Amy Guzik (Director of Telestroke Services, Wake Forest Baptist, SAC board); Lesli Hall (Novant Health); Cynthia Herndon (DPH Cancer Branch); Sally Herndon (DPH Tobacco Prevention and Control Branch [TPCB]); Angela Ivey (FirstHealth); Sarah Jacobson (AHA); Rayetta Johnson (Wake Health); Robin Jones (HCA Healthcare); Susan Kansagra (DPH CDIS); Essete Kebede (DPH CCCPH); Joanna Keeter (Vidant Health); Meghan Kissell (Tobacco Free Kids); Diomelia Laues (Cape Fear Valley Health); Sydney Lawrence (Lake Norman RMC); Monique Mackey (Area L Health); Lauren Macko (Atrium Health); Sandra Maney (Genentech); Jim Martin (DPH TPCB); Penelope McCabe (Onslow Memorial Hospital); Barb McGrath (FirstHealth); Lisa Monk (Duke); Kathy Nadareski (Stroke Coordinator, Wake Med Cary Hospital); Peg O'Connell (Stroke Advisory Council Chair); William Pertet (DPH CCCPH); Walker Reagan (NC Alcoholic Beverage Control [NC ABC]); Sharon Rhyne (DPH CDIS); Ray Riordan (NC Rural Health); Ciara Rukse (DPH Cancer Branch); Birtha Shaw (Diabetes Supply); Tish Singletary (DPH CCCPH); Alan Skipper (NC Medical Society); Denise Spaugh (Minority Women's Health Alliance); Lauren Stevenson (New Hanover Regional Medical Center [NHRMC]); Beth Strandberg (NCLEG); Julie Teachey (Vidant Health); Sarah Van Horn (Blue Ridge Health); Gwen Wise-Blackman, MWA</p>	List of members posted under <a href="#">Task Force Members</a>

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<p>Welcome Representative Becky Carney Task Force co-chair</p>	<p>Representative Carney opened the meeting by welcoming all in attendance and noted that Co-Chair Senator Jim Burgin would join the meeting shortly. She thanked those returning members and welcomed new members. Representative Carney introduced new Task Force members:</p> <ul style="list-style-type: none"> <li>• Senator Lisa Barnes representing Johnston and Nash Counties</li> <li>• Adrienne Calhoun, NC Association of Area Agencies on Aging, based in Winston-Salem</li> <li>• Dr. Lindsey Haynes-Maslow, Agricultural and Human Sciences, NC State University</li> <li>• Senator Steve Jarvis representing Davidson and Montgomery Counties</li> <li>• Leatrice Martin, Duke Clinical and Translational Science Institute, based in Durham, currently leading the African American COVID Task Force</li> <li>• Margaret Murchison, Media News Director at WFJA radio in Sanford</li> <li>• Dr. Douglas Schiller, Medical Director, Cardiac ICU, ECU Vidant Medical Center in Greenville</li> <li>• Amanda Wilson, Registered Nurse, working at FirstHealth of the Carolinas in Pinehurst</li> </ul> <p>Rep. Carney thanked the eight new members for joining and bringing their willingness and expertise to the Task Force. Senator Jim Burgin, co-chair, joined the meeting in progress.</p>	
<p>Member roll call and approval of January 7, 2021 minutes Anna Bess Brown, Task Force Executive Director</p>	<p>Anna Bess conducted a verbal roll call for members, asking each to note their response for approving the minutes of the January 7, 2021 meeting. The minutes were approved unanimously.</p>	<p>January 7, 2021 minutes posted at <a href="#">Task Force meeting minutes 1.7.21</a></p>
<p>Stroke Advisory Council (SAC) Report, New member appointments, Peg O'Connell, SAC Chair</p>	<p>Peg O'Connell reported that the Stroke Advisory Council has been very busy since the Task Force last met in January. The Council has also had new members appointed:</p> <ul style="list-style-type: none"> <li>• <b>Eric Deshaies, MD</b> with Novant Health was appointed by NC Healthcare Association.</li> <li>• <b>Meg Zomorodi, PhD, RN</b> with UNC School of Nursing was appointed by NC Area Health Education Centers.</li> <li>• <b>Erika Yourkiewicz, RN</b> with New Hanover Regional Medical Center fills the Stroke Rehabilitation seat.</li> <li>• <b>Amy Guzik, MD</b> with Atrium Health Wake Forest Baptist fills the Stroke Telehealth Technologies seat. Dr. Guzik is the Director of the Comprehensive Stroke Center and of the Telestroke program at Wake Forest.</li> </ul> <p>Representative Carney presided over a vote by acclamation to accept the nominations to the Council.</p>	<p>Speaker presentations posted at <a href="#">Justus-Warren Heart Disease and Stroke Prevention Task Force meetings</a></p>
<p>Paul Coverdell National Stroke Program updates. Peg O'Connell, SAC Chair</p>	<p>In February the Council and the NC Division of Public Health applied to work with the CDC on the Paul Coverdell National Acute Stroke Program. North Carolina was one of 13 states to receive an award beginning in July. NC received Coverdell funding in the past</p>	

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	<p>and has not been funded since 2015. The main goals of this round of Coverdell Stroke Program funding are to:</p> <ol style="list-style-type: none"> <li>1. Reduce disparities for those at risk of stroke and for stroke patients</li> <li>2. Strengthen the stroke system of care</li> </ol> <p>We are working with NC HealthConnex, our state's Health Information Exchange (HIE), to build a stroke registry. This is one of the first requirements of participation in the national Coverdell Stroke Program. A state regulation requires all hospitals that receive state funding to submit data to the HIE, and there is a wealth of data there. We will gather the stroke data into our registry and identify gaps in care and disparities in the system of care. We will then fund hospitals, EMS agencies, and community organizations to improve the stroke system of care in their regions. In addition, there are components of stroke education for the public and for professionals and for linking patients to resources in their communities all while addressing health equity.</p>	
<p>Preliminary Data from Stroke Services Survey of NC Hospitals Mehul Patel, Asst Professor, Dept of Emergency Medicine, UNC School of Medicine</p>	<p>Dr. Patel shared the preliminary data from the Stroke Services Survey (see posted slide presentation). Objectives of the Stroke Services Survey were to:</p> <ol style="list-style-type: none"> <li>1. Assess hospital-based stroke care capabilities in NC</li> <li>2. Use survey results and information to set goals going forward and to guide priorities and efforts to improve stroke care in the state</li> </ol> <p>All 112 licensed NC hospitals responded to the survey, and results are based on all 109 hospitals providing acute stroke care. Of the 109 hospitals providing acute stroke care, 58% are certified across four categories: Comprehensive Stroke Center (CSC), Thrombectomy-Capable Stroke Center (TSC), Primary Stroke Center (PSC) and Acute Stroke Ready Hospital (ASRH).</p> <p>Dr. Patel shared data showing the diagnostic imaging and treatment capabilities among the 109 hospitals providing acute stroke care and the protocols and programs utilized from first sign of symptoms through evaluation for post-discharge rehabilitation. Over 90% of hospitals have prehospital activation protocols wherein they can identify suspected stroke in the field and notify hospital stroke teams prior to hospital arrival.</p> <p>He noted that post-stroke care is very important for quality of life.</p> <p>Stroke staffing proved interesting. Only about a quarter of hospitals have in-house neurology. Only 10% have 24/7 in-house Neurology available. Dr. Patel noted that these numbers have gone down significantly over the last 20 years. Survey shows hospitals are accounting for this by using telestroke. 72% of hospitals rely on telestroke 24/7. Dr. Patel noted this is a very important finding in terms of how stroke care is provided. Hospitals also noted transfer delays.</p>	<p>Speaker presentations posted at <a href="#">Justus-Warren Heart Disease and Stroke Prevention Task Force meetings</a></p>

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	<p>The next steps for survey data analysis include comparing these results to earlier surveys, reviewing barriers and challenges, examining urban/rural disparities, providing feedback to hospital partners and stakeholders, and preparing scientific presentations and publications. Dr. Patel entertained questions following his presentation.</p> <p>Representative Carney expressed that the increase in numbers using telestroke is a good thing and that we need more work on certification of neurologists.</p> <p>Dr. Patel responded that positions are hard to fill. The pandemic may be calling for more telestroke use.</p> <p>Dr. Deshaies, new SAC member, applauded the presentation and value of the data and commented that as a healthcare system nationwide, he recommends a focus on EMS call to restoration of blood flow more than door-to-needle time. He explained that EMS generally transports to the nearest stroke center rather than to a comprehensive center.</p> <p>Robin Jones, stroke manager in the west, noted it may be prudent to conduct a follow-up survey with local ED physicians and make them aware of the importance of connecting with this group to ensure they are aware of stroke hospital capabilities.</p>	
<p>Proposal for Action Agenda Consideration Morgan Wittman-Gramann NC Alliance for Health</p>	<p>The NC Alliance for Health requested the Task Force endorse a \$17 million dollar request for recurring funding for tobacco use prevention funding. She outlined prior successes and gave a history of the funding. She noted the importance of recurring funding to enhance planning and sustainability of programs.</p> <p>She noted that tobacco use is a major risk factor for heart disease, heart attack and stroke. The presentation included statistics on tobacco use in NC and its impact on health and fiscal burdens. The program was defunded in 2012 at the same time e-cigarettes came on the market. Youth e-cigarette use rose 1129% between 2011 and 2019. She also explained that the Tobacco Master Settlement Agreement money (about \$140 million) comes to NC each year for the purpose of tobacco use prevention. She also noted that \$25 million in revenue will come through the cigar tax beginning in 2022.</p> <p>Representative Carney opened the floor for comments and questions. Hearing none, she called for a vote on the Task Force endorsement of the NC Alliance for Health funding request. Anna Bess reminded everyone that “endorsement” means that the applicant, NC Alliance for Health, will lead the effort; and the Task Force would endorse their work. Dr. Huang motioned to endorse the NC Alliance for Health proposal, and Joey Propst seconded the motion. The motion passed unanimously.</p>	<p>Speaker presentations posted at <a href="#">Justus-Warren Heart Disease and Stroke Prevention Task Force meetings</a></p>
<p>Status of the Stroke Advisory Council Action Agenda Peg O’Connell, chair</p>	<p>Peg noted that NC has a state budget which passed and was signed by the Governor on November 18, 2021. She shared the status on each 2020 Action Agenda item; the Action Agenda is posted on <a href="#">startwithourheart.com</a>.</p> <p><b>Tobacco Use Prevention and Cessation</b> funding is \$19 million over 2 years which comes from the JUUL Labs settlement. The action just taken to endorse recurring</p>	<p>Speaker presentations posted at <a href="#">Justus-Warren Heart Disease and Stroke Prevention Task Force</a></p>

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	<p>funding for tobacco use prevention is needed as the Task Force and Council continue to advocate for long-term funding needed to support prevention of tobacco use among our youth.</p> <p>The <b>Healthy Food Small Retailer Program</b> has ended successfully and will come off of the Action Agenda.</p> <p>Unfortunately the budget does not contain a comprehensive solution for <b>closing the Health Insurance Coverage Gap, Medicaid Expansion</b>. Senator Jim Burgin worked extensively to support two large components of the budget that includes post-partum benefits for women who were on Medicaid at the time of delivery. Postpartum women will receive Medicaid benefits for one year; coverage previously ended 60 days postpartum. North Carolina has stubbornly high infant and maternal mortality rates. Another small but meaningful extension is for parents whose children are placed in foster care. Often these parents lose their children because of substance abuse issues or mental health crises and subsequently lose their Medicaid coverage. This expansion allows them to maintain coverage and hopefully receive the physical and mental health care they need.</p> <p>Additionally, a Joint Legislative Committee on Access to Healthcare and Medicaid Expansion was included in the budget. The committee will consist of 9 members each from the House and Senate who will be appointed by the leaders of those respective chambers. The Council will share committee member names and continue to work with them toward getting more affordable health insurance for all. We are also hopeful that some of today's attendees may be appointed and will take with them what they have learned about how our healthcare system and Medicaid system work.</p> <p>The <b>Pediatric Stroke Education</b> request was endorsed by the Task Force and has come to fruition. It will be removed from the Action Agenda. Many are aware that stroke is often related to old age; yet pediatric stroke is alarmingly high and can often be missed.</p> <p><b>Expanded Food and Nutrition Education Program (EFNEP)</b> will remain on the Action Agenda. The Program has expanded to additional counties but is not available in all counties, a goal we want to achieve.</p> <p>An unplanned item appeared with <b>Senate Bill 683; a Prehospital Stroke Bill</b> filed by Senator Jim Perry. Typically, this type of action would be handled as an administrative function and not a legislative function. The Council offered to convene the experts and develop a collaborative solution. Senator Perry agreed and the Council convened the experts. A great deal of effort and time this year began by convening a work group of stroke clinicians, neurologists, emergency physicians, and EMS personnel who provided input on the revision of the Stroke EMS Triage and Destination Plan appropriate for the</p>	<p><a href="#">meetings</a></p>

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	<p>various regions in NC. The revised protocol was approved by the NC College of Emergency Physicians' board of directors and went live in October. All regions around the state are required to update their EMS Stroke Triage and Destination Plans using this revised protocol. The group who sought to change the law responded favorably and gave recognition to the Council and experts through an Op-Ed published in the News &amp; Observer and in the Charlotte Observer congratulating the experts on work well done in a timely manner.</p> <p>Senator Burgin thanked all involved in updating the Stroke EMS Triage and Destination plans.</p> <p>Senator Burgin also commented that the new budget includes \$675 million in new money for mental health, opioid treatment and facilities across the state. \$295 million of the funds are State money, and \$380 is Federal. He spent considerable time with Dave Richard, Deputy Secretary for NC Medicaid, and incoming DHHS Secretary, Kody Kinsley, about the mental health and drug addiction problems across the state and is hopeful that these funds will make a major impact next year.</p> <p>He thanked everyone who worked on the budget and voted for it.</p>	
<p>Tobacco 21 Update Jim Martin Director of Policy and Programs Tobacco Prevention and Control (TPCB), NC Division of Public Health</p>	<p>Mr. Martin presented, "Preventing and Reducing Tobacco Use and Nicotine Addiction." He explained that Tobacco 21 passed as a federal law setting 21 years of age as the legal age required for purchase of tobacco products. He presented information on how NC can implement Tobacco 21.</p> <p>He shared the burden of tobacco use and secondhand smoke exposure in NC and noted that tobacco use is the #1 cause of preventable death in NC. Nearly all tobacco users start before age 21, and many younger people are starting with heavy e-cigarette advertising and use. As e-cigarette use escalates, younger persons are using them. Nicotine poses unique dangers on the developing brain. Nicotine was chemically changed to increase the level of nicotine. In a study conducted in conjunction with the CDC, the TPCB looked at the impact of e-cigarettes on the school environment. An environmental scan showed the volume of products and devices confiscated from students at school. School staff reported e-cigarettes are harmful, challenging, high priority issues for school administration. Marketing to youth is prevalent, and products are easily available. The majority of students report using for social reasons, and the flavors are enticing. Students purchase products from retail stores (58%), vape shops (35%), social sources, and few through the internet.</p> <p>The rationale for the Tobacco 21 law, raising the legal age to purchase tobacco and nicotine products, was published by the National Institute (now Academy) of Medicine which reported that raising the purchase age would result in 4.2 million fewer years of life lost for today's children. Maternal, fetal and infant outcomes would be improved through this same action. Licensing of tobacco retailers was identified as an evidence-</p>	<p>Speaker presentations posted at <a href="#">Justus-Warren Heart Disease and Stroke Prevention Task Force meetings</a></p>

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	<p>based measure to reduce tobacco sales to youth. Age requirements are a challenge to enforce. The federal Synar Amendment can force states to forfeit millions of Substance Abuse Prevention and Treatment block grant funds for selling to underage purchasers. NC violations in underage sales are increasing. NC is on border of 20% and needs to focus on enforcement of the law. NC is one of 10 states without a tobacco permitting system.</p> <p>The NC ABC Commission is well situated to oversee permitting of tobacco retailers. An interagency workgroup has been formed to address the licensing/permitting of tobacco sales. Participants include representatives from the departments of Health and Human Services, Public Safety, and Revenue. The CDC outlines 10 parts of an evidence-based, effective law to raise the tobacco purchaser age to 21 highlighting the requirement to require permits for all tobacco product retailers.</p> <p>NC's age to purchase tobacco products is 18. We need to raise the age to 21 to comply with federal law.</p> <p>Senator Burgin asked if NC's changing the law to 21 would interfere with Synar. Mr. Martin explained that there is a grace period for implementation through the end of 2023.</p> <p>Peg O'Connell suggested that the Council take this information, collaborate with the work group, and bring a recommendation for action to the next Task Force meeting. Chairs Representative Carney and Senator Burgin referred the issue to a Council workgroup to discuss this and report to us at the next Task Force meeting.</p>	
<p>Closing remarks Representative Carney Co-Chair</p>	<p>Representative Carney thanked all members, presenters, and other attendees for continued commitment to preventing heart disease and stroke. Watch for a notice of the next Task Force meeting before session convenes in 2022. She encouraged all to make use of the resources and tools available on the Startwithyourheart.com website and wished a happy holiday season with a reminder to eat healthily as well.</p>	<p>This meeting was recorded and is accessible through this link: <a href="#">Justus-Warren Heart Disease and Stroke Prevention Task Force meetings</a></p>