Justus-Warren Heart Disease and Stroke Prevention Task Force

Minutes for Meeting December 13, 2023

**Participants**

Members: Senator Jim Burgin, co-chair; Representative Becky Carney, co-chair; Stephanie Dorko Austin, daughter born with heart defect; Adrienne Calhoun, Piedmont Triad Regional Council, Kat Combs, Eat Smart, Move More NC; Beth Daniel, NC Medicaid; Yolanda Dickerson, AHA; Basheerah Enahora, NCSU Extension; Lindsey Haynes-Maslow, UNC; Ashley Honeycutt, UNC Rex; Senator Steve Jarvis; Margaret Murchison, Media News Director; Joey Propst, Stroke Survivor; Representative Tim Reeder; Eugene Reynolds, Kintegra Health; Betsey Tilson, NCDHHS.

Partners: Wally Ainsworth, NC Office of EMS; Joan Alsbury, Dosher Memorial Hospital; Pat Aysse, American Heart Association (AHA); Debbie Beecham, UNC Health Nash; Eric Bell, NC Office on Rural Health (ORH); Sharon Biby, Cone Health; Annabelle Black, Novant Health Greater Charlotte Market and Presbyterian Medical Center; Heather Bradley, DPH Community and Clinical Connections for Prevention and Health Branch (CCCPH); Anna Bess Brown, Justus-Warren Heart Disease and Stroke Prevention Task Force; Stacey Burgin, CCCPH; Evan Carroll, Yancey County EMS; Sylvia Coleman, RN; Kaycee Deen, DPH Tobacco Prevention and Control Branch (TPCB); Carissa Dehlin, Novant Health; Tina Dotson, Novant Rowan; Chelsea Dunston, Atrium Health Cabarrus; Matthew Ehrlich, Duke Regional Hospital; Abby Fairbank, AHA; Nick Galvez, ORH; Sebastian Gimenez, ORH; Morgan Wittman Gramann, NC Alliance for Health; Greg Griggs, NC Academy of Family Physicians; Amy Guzik, Atrium Wake Forest Baptist; Sarah Jacobson, AHA; Ed Jauch, Mountain Area Health Education Center; Diomelia Laues, Fayetteville Veterans Administration Hospital; Jo Malfitano, Onslow Memorial Hospital; Liliana Marin, AHA; Kimberly McDonald, DPH Chronic Disease and Injury Prevention Section (CDI); Lucinda McLean, Columbus Regional Healthcare System; Lisa Monk, Duke Clinical Research Institute; Peg O'Connell, Stroke Advisory Council Chair; Patricia Padilla, Carolina East Health; Renee Potter, UNC Health; Ray Riordan, TPCB; Ciara Rukse, DPH WISEWOMAN; Margaret Sharp, AHA; Tish Singletary, DPH CCCPH; Bridgette Story, ECU Health.

**Welcome and Introductions**

Senator Burgin began the meeting by greeting all and offering a special welcome to newly appointed members who will serve two-year terms as voting members of the Task Force:

- Senator Benton Sawrey representing Johnson County
- Representative Tim Reeder, MD representing Pitt County
- Barbara Beatty, Commissioner of Catawba County
- Eugene Reynolds, MD, Family Medicine physician at Kintegra Health in Gastonia
- Basheera Enahora representing NC State Extension
- Kat Combs representing Eat Smart, Move More NC
- Julie Sundermann representing Aging and Adult Services

The minutes from the December 1, 2022 meeting were approved by acclamation. The meeting recording, minutes, and slides are posted on StartWithYourHeart.com.

**Stroke Advisory Council Report**

Peg O'Connell, Stroke Advisory Council chair, shared that the Stroke Advisory Council continues to meet quarterly with work group meetings in between. Since the Task Force last met, the Council and Coverdell Stroke Program launched a Stroke Registry in the state's Health Information Exchange (HIE),

held meetings on the Collaborations among Hospitals and EMS to Strengthen Stroke Care, on Advances in Right Brain Stroke Communication Research, and on the development of a Pediatric Stroke Response Program at Atrium Health.

**Coverdell Acute Stroke Program**

Through the work with partners on the Coverdell Acute Stroke Program, we have hosted surveys, focus groups, and presentations which have informed us on the Knowledge of Stroke, Experiences in Health Care, and Barriers to Healthy Living: Lessons from Residents of Rural Southeastern North Carolina. We have also worked with our Coverdell hospital and health system partners as they examine their data and explore what social drivers influence patient health and access to healthcare. These partners are learning about patient needs and directing their stroke education and connections to resources to the communities most at risk for stroke.

This is the third year of the 3-year cycle of Coverdell Program funding, and in July we began holding monthly calls for Stroke Coordinators statewide. We have 130 on the mailing list and enthusiastic participation from stroke nurses across the state who are eager to learn, share information, network, and support one another.

**Action Agenda Status**

**Medicaid Expansion**

With approval of the budget, North Carolina expanded Medicaid to cover hundreds of thousands in the coverage gap. Medicaid Expansion is a tremendous investment in the health of our state, and it means that billions of dollars will come to North Carolina each year to provide health insurance and to help keep doors open to clinics, facilities, and providers in rural communities. It has taken over a decade of work by a large coalition which includes the endorsement of the Task Force. On December 1st DHHS began taking applications from adults ages 19-64 who qualify for Medicaid. For information and assistance with applying: **Medicaid.ncdhhs.gov**

**Tobacco Prevention and Cessation Funding**

The budget appropriates **$**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.

**Stroke Center Designations**

The Regulatory Reform Bill Conference Report contains changes 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 language to recommended **Guidelines**. These changes were endorsed by the Stroke Advisory Council and are recommended guidance by the American Heart Association.

**School Meals for All**

The budget provisions -especially the recurring funding to eliminate the reduced-price lunch co-pay- are important incremental steps toward School Meals for All in North Carolina.

1) The budget permanently eliminates the reduced-priced lunch copay. That means that all students who qualify for reduced-price meals will now permanently receive both breakfast and lunch at school at no cost to their families.

2) The budget includes $500,000 in recurring funds beginning in the 2023-24 fiscal year and $6.3 million in recurring funds beginning in the 2024-25 fiscal year for a Community Eligibility Provision (CEP) pilot.

The pilot will support schools and districts in participating in CEP which allows participating schools to provide school meals at no cost to families. The funding is limited to schools that are not participating in CEP this fiscal year.

3) The budget also includes language that prohibits schools from withholding student records or keeping students from participating in graduation due to school meal debt.

**Items Not in Budget**

- Medication Therapy Management Program
- Tobacco 21-no progress.
  - NC needs to raise its minimum age to purchase tobacco products to age 21 to match the federal age requirement passed in 2019.
  - NC is currently one of only 8 states that has not adopted a Tobacco 21 state law.
- Funding for the Expanded Food and Nutrition Education Program (EFNEP)-no progress. The Program does not have capacity to expand at present.

**Budget Language Change or Technical Correction**

The Tobacco Prevention and Control Branch supports an exemption to the Parents' Bill of Rights Law for the Youth Risk Behavior Survey and the National Youth Tobacco Survey.
Concern: Conducting the NC YTS without an exemption from the Parents Bill of Rights Law that requires active approval (opt-in) by parents.

- Parental opt-in significantly decreases school participation and student participation. The data is therefore not representative and lacks validity.
- The opt-in method puts a huge amount of additional responsibility on the schools and teachers.

Solution: Obtain a 2024 Short Session exemption for the NC YTS through a simple budget language change or technical correction. The 2023 State Budget language actually exempted the Youth Risk Behavior Survey and the National Youth Tobacco Survey from the parental opt-in in the Parents Bill of Rights Law. It may have been an oversight that the NC YTS was not exempted.

**Discussion**: Senator Burgin noted that implementing Tobacco 21 in the state could keep many young people from accessing tobacco products which would help eliminate tobacco products and vaping devices in schools.
Peg O'Connell noted that North Carolina, anticipating Medicaid Expansion, kept people on "Covid Medicaid" through a Family Planning Benefit (which had a higher income threshold) in order to move them to Expanded Medicaid when it went into effect. She noted that other states that haven't expanded Medicaid are asking North Carolina how we did it. Representative Carney expressed the importance of keeping Medicaid Expansion now that we have passed it. Peg noted that Medicaid Expansion will save the lives of thousands and thousands of people.

**Presentations**

**Identifying and Responding to Out-of-Hospital Cardiac Arrest**

Ed Jauch, Director of Research, Mountain Area Health Education Center (MAHEC), presented

**American Heart Association (AHA) Legislative Priorities**

1. **Telecommunicator CPR**
2. **Cardiac Emergency Response Plans (CERP)**

Dr. Jauch stated that one of the AHA goals is to increase by 700,000 the number of people trained in Hands-Only CPR through the "Join the Nation of Lifesavers" campaign. AHA has a renewed focus on out-

of-hospital cardiac arrest. The national survival rate is around 10%; AHA seeks to double that by 2030. Implementation of CPR and AED by lay community is low.
North Carolina does not have a policy requiring that emergency telecommunication personnel be trained in Telecommunicator CPR.
The CERP template is not prescriptive but would guide how many AEDs are needed, etc.

To learn Hands-Only CPR:
https://international.heart.org/hands-only-cpr/

**Questions and Answers**
Q: Senator Burgin asked what percentage of people are trained in CPR. Does anyone keep up with how many AEDs are in public places like schools?
A: We do not know how many are CPR trained. Lisa Monk explained that information is not well tracked. There is no policy that requires agencies to report that they have AEDs and they should be reporting to NC OEMS. This provides a huge opportunity to learn how communities log their AEDs.
Representative Carney, whose life was saved after experiencing Sudden Cardiac Death at the legislative building, commented that in 2003 the freshman class donated AEDs to the legislative building and that she worked with others on the requirement for students to receive CPR training in schools. She explained that CPR is taught through Health and PE classes and that not every school is implementing CPR training.
Q: Representative Reeder asked if schools and their athletic departments have AEDs.
A: Senator Burgin said he will ask if there is a list.
Sarah Jacobson with AHA noted that there is no policy in North Carolina that every school have a CERP (Cardiac Emergency Response Plan). The idea is to tailor the plan to fit the size of the school, the number of administrators, the level of athletics offered, etc. The RACE CARS Trial will get more information about the barriers. We'd love to see legislation requiring CERPs in NC.

Lisa Monk, Health Systems & Implementation Research, Duke Clinical Research Institute, presented on the **RACE CARS (Randomized Cluster Evaluation of Cardiac Arrest Systems) Trial**
Website: https://racecarstrial.org/

Lisa shared that the National Heart, Blood, and Lung Institute asked Duke to run a trial to figure out what makes the difference in survival. With a heart attack there's a blocked artery. In cardiac arrest, the heart stops beating or beats irregularly. Seconds matter with cardiac arrest. If no one intervenes immediately, the person won't survive neurologically intact.

- Main barrier preventing progress is the effective systematic implementation of what works.
- The greatest opportunity for improving cardiac arrest outcomes is an intensified strategic focus on:
    - improved 911 recognition of OHCA and delivery of telephone CPR
    - improved use of bystander CPR
    - more rapid deployment of first responder defibrillation
    - improved AED use

She explained that 62 participating counties represent 80% of the population of North Carolina in the Trial. She said it is the first time in their work that EMS is the primary coordinator for such a trial as it is important to engage 911, fire, law enforcement, hospitals, and the community. She noted that there are limited or no guidelines on the management of patients (who have experienced cardiac arrest) from a psychological perspective and that this research will be important in developing guidelines.

One key issue is poor pay for 911 operators who can make more money working in fast food restaurants. There are challenges around staffing shortages. In many rural communities, volunteers work in fire and EMS and there can be long response times. Funding is needed to ensure there's a person at the fire department 24/7.
As law enforcement officers are often first on the scene, providing AEDs to police could save lives. Another trial (in Forsyth county and another county in Virginia) is testing the ability to deliver AED by drone.

**Questions and Discussions**
Q: Senator Burgin asked why Harnett County did not participate in the Trial.
A: Lisa explained that Harnett County was invited and declined to participate, and she is not sure why Harnett declined.
Q: Senator Burgin asked if there's a way to send a video on how to perform CPR.
A: Lisa responded that there is technology that shares CPR training, and there's a product in development that shows where to place your hands.
Q: Senator Burgin asked if the recommended interventions are in order of importance.
A: Lisa explained the need for these interventions, which are all important, in this order:

1. The community must recognize that someone needs help.
2. Train 911 to recognize cardiac arrest quickly. In NC, there's 80% recognition of "fish out of water" breathing as a sign of cardiac arrest. She added that the breathing is "not a part of life but a part of death."
3. Equip fire and law enforcement with AEDs.

Q: Dr. Reeder added that doing CPR immediately and not loading patient in the ambulance is critical and asked if there is instruction on why patients are not transported immediately.
A: Lisa agreed that it is not possible to perform good quality CPR in transit and that it's dangerous.
Dr. Reeder added that there's a belief in the community that questions, "Why aren't you going to hospital?" Lisa said that in pit crew training they're instructed, if there are enough people responding, to assign someone to explain what's going on to the family.
Lisa added that after the Trial ends, they hope to share Best Practices in the Operations Manual.
Q: Representative Carney asked how counties were assigned to intervention.
A: Lisa responded that counties were randomly assigned.
Q: Dr. Reynolds asked if it's too late for counties to sign on to the Trial.
A: Lisa responded that they are in Year 2 and that it's too late to add more counties.

Meeting and presentation slides, recording, and minutes are posted on our website startwithyourheart.org:
https://www.startwithyourheart.com/justus-warren-heart-disease-and-stroke-prevention-task-force/jwtf-meetings/

Senator Burgin wished everyone happy holidays and encouraged all to find out where the nearest defibrillator is and ask a loved one if they know CPR.