

Justus-Warren Heart Disease and Stroke Prevention Task Force

Minutes for Meeting December 2, 2025

Participants

Members: Paige Hughes Binfield, NC Alliance of YMCAs; Senator Jim Burgin, co-chair; Adrienne Calhoun, NC Association of Area Agencies on Aging; Kat Combs, American Heart Association; Yolanda Dickerson, American Heart Association; Sylvester Ejeh, Cape Fear Cardiology; Larry Greenblatt, DHHS State Health Director; Ashley Honeycutt, UNC Rex; Christy Land, FirstHealth Moore Regional Hospital Administrator; Margaret Murchison, WFJA radio; Joey Propst, Stroke Survivor; Senator Benton Sawrey; Joel Schneider, NC Healthcare; Julie Sundermann, DHHS Division of Aging and Adult Services; Brittany Watson, NC Medicaid.

Partners: Sarah Arthur, DPH Cancer Branch; Pat Aysse, American Heart Association (AHA); Kim Bayha, DPH Tobacco Prevention and Control Branch; Debbie Beecham, UNC Health Nash; Sharon Biby, SAC member, Cone Health; Stephanie Bradbury, Chiesi; Olivia Broomer, Cone Health; Anna Bess Brown, Justus-Warren Heart Disease and Stroke Prevention Task Force; Erin Brown, Division of Public Health (DPH) WISEWOMAN Program; Stacey Burgin, DPH Community and Clinical Connections for Prevention and Health Branch (CCCCPH); Emma Kate Burns, AHA; Jennifer Carmichael, Cone Health; Tracy Carnes, Brunswick County EMS; Evan Carroll, Yancey County Paramedic Program; Heather Carter, Division of Aging and Adult Services; Judy Clark, Novant GWS; Sylvia Coleman, Constellation Health; Michelle Comp, Novant Thomasville; Jen Nguyen Davies, Onslow Memorial Hospital; Dana Davis, UNC Health Pardee; Karissa Del Hoyo, Novant Kernersville Medical Center; Michael Erwin, SAC member, BELIEVE Stroke Recovery Foundation; Nick Galvez, Office on Rural Health; Anne Geissinger, DPH Chronic Disease and Injury Prevention Section (CDI); Claudia Giraldo, CCCPH; Ed Jauch, SAC member, Mountain Area Health Education Center; Ben Lau, UNC Medical School; Erin Lewis, UNC Rex; Jamie Lynch, Cone Health; Sandy Maney, Genentec; Jennifer McConnell, Atrium Health; Kimberly McDonald, DPH CDI; Phil Mendys, UNC Health; Katie Michael, Atrium Wake Forest Baptist Lexington; Terri Moore DPH Coverdell Stroke Program; Peg O'Connell, Stroke Advisory Council Chair, T21 Coalition; Ashley Oliver, UNC Health Wayne; William Pertet, CCCPH; Brooke Prevatte, Atrium WFB High Point Medical Center; Julia Retelski, Atrium Health Charlotte; Wayne Rosamond, SAC member, UNC Epidemiology; Ciara Rukse, DPH Cancer Branch; Shantanu Srivatsa, UNC Medical School.

Welcome and Approval of Minutes

Senator Burgin welcomed those in the room to the new DHHS Headquarters, and he greeted all those joining virtually. The minutes from the October 7, 2025 were meeting were approved by acclamation. The meeting recording, minutes, and slides are posted on [StartWithYourHeart.com](https://www.startwithyourheart.com).

Stroke Advisory Council Report

Peg O'Connell, Chair

Peg explained that there is news on several changes to our leadership and membership:

- 1) Chuck Tegeler is stepping down as Head of the Department of Neurology at Atrium Wake Forest Baptist and as Vice Chair of SAC. A nationally recognized pioneer in stroke prevention and neurovascular ultrasound, Chuck has been instrumental to stroke care in North Carolina and to the Stroke Advisory Council since its inception. He has led with vision, innovation, and an unwavering commitment to advancing neurological care.

He founded the Wake Forest Baptist Health Telestroke Program and directed the Stroke Section, Stroke Center, Neuro-Ultrasound Laboratory, and Riley Ultrasound Center. He served for nearly three decades as Course Director for the School's internationally respected Neurovascular Ultrasound Course, the largest, longest running program in the world. Having become convinced of the negative health impacts of chronic stress, he now directs the [Brain Body Research Program](#).

Peg said that we are so grateful to Chuck for his leadership of SAC and will sorely miss him.

- 2) Amy Guzik, SAC member, has agreed to step into the role of vice chair. Amy is a board certified neurologist who serves as an Associate Professor of Neurology, Vice Chair of Systems Operations, and Division Head of Vascular Neurology at Atrium Health Wake Forest Baptist. Her expertise lies in stroke, stroke systems of care, and in telestroke. She has a strong background in advocacy and has advocated for patients, Neurology, and telemedicine. She has served as a SAC board member since 2021. We are excited to welcome Amy to this leadership role.

With Amy's taking on the vice chair role, we have one open seat for which we propose Dr. Jamila Minga, speech language pathologist, researcher, and expert in right hemisphere stroke.

- 3) Anna Bess will retire Jan. 1st after serving as Executive Director of the Justus-Warren Task Force and SAC for 10 years. DPH is in the process of posting and hiring for the position. Tish Singletary, Branch Head of Community and Clinical Connections for Prevention and Health (CCCPH) with DPH, will be interim director until the new director starts. Anna Bess said it has been an honor to work this group. She thanked everyone for the work they do every day and for their dedication to this community.

Peg said that along with these changes in leadership, we propose two members: Michael Erwin, founder of BELIEVE Stroke Recovery Foundation, to fill the Stroke Survivor seat vacated by Ben Gill who is retiring. Long-time member Wally Ainsworth also retired, and we welcome Anthony Davis who is now in Wally's position as Central Regional Office Manager at NC OEMS.

Vote

Senator Burgin presided over the vote of approval on the three proposed members- Jamila Minga, Michael Erwin, and Anthony Davis- to serve on the Stroke Advisory Council. The vote by members present and online was unanimous.

Legislative Report

Peg O'Connell, Chair, Stroke Advisory Council

The NC state legislature has adjourned with no budget agreement.

T21 and Solly's Law:

The T21 Coalition, now part of NCPHA, continues working on the bill (H430/S318) to raise the age to buy tobacco products from 18 to 21 and to implement a retail licensing program. Peg noted that North Carolina has three times the number of 18-21 year olds using vapes, and four times as many NC middle schoolers use vapes compared to the U.S.

TMSA/Juul settlement/tobacco funding update

AHA has stepped up to lead a coalition to advocate for using the tobacco MSA funding (\$146

million/year) to fund tobacco prevention and cessation efforts since the closure of the federal Office on Smoking and Health and subsequent furloughs at the state's Tobacco Prevention and Control Branch.

Senator Burgin added that we can expect to see additional legislation as he is working with ALE to regulate the items being sold in vape shops.

Peg stated that we reviewed the other items on the Action Agenda at our October meeting, sent out the request for applications for items to be considered, and received two from American Heart Association.

Proposals for the Action Agenda

Emma Kate Burns, N. C. Government Relations Director, American Heart Association

- **Endorse the Smart Heart Act (S278)**

Ms. Burns noted that Senator Corbin introduced the Smart Heart bill which passed the Senate and that a similar version passed the House; however, neither version appeared in draft budgets, and the issue may be considered next session. See her slides.

Ms. Burns said that the Smart Heart Act includes a \$2 million appropriation for implementation and purchase of AEDs and she understands in a tight budget year if funding is not included. Ms. Burns also noted she's working with a researcher to determine the number of AEDs currently in schools; however, it is difficult to get the numbers as some schools may fear they'll get in trouble for not having enough AEDs. The NFL offers a partner discount on AED's, and there are also grants available to cover the purchase of AEDs.

Project Adam is a partner organization that supports CERPs and access to defibrillators.

Questions and Discussion

Cardiologist and Task Force member Joel Schneider noted that when young people experience cardiac arrest, they usually have a treatable condition.

Q: Is there liability coverage in the bill?

Ms. Burns said that the bill does not currently include language and that it could be added. Senator Burgin said that the Good Samaritan law protects bystanders who try to assist. Newer AEDs don't administer a shock unless it is needed.

Q: Senator Burgin asked if we track data (risk factors such as obesity) on AED cases.

A: Emma Kate Burns responded that no data is kept, and that the reason we know 13 suffered cardiac arrest in schools is that nurses conducted a survey.

Dr. Greenblatt noted that a cardiologist at Duke, Monique Starks, is looking at delivering AEDs by drone.

Q: How much do AEDs cost, and how often do they need replacing?

A: Ms. Burns responded that AEDs cost \$800-1200 each, and the pads need replacing every 2-5 years and batteries (several hundred up to \$800) every 5-10 years. She noted she has a meeting scheduled with DPI to discuss cost and maintenance.

Wayne Rosamond added that other countries have mapped AEDs in a central database so that Emergency Response can quickly and easily locate them.

Paige Hughes Binfield said that many Y's offer after-school care and asked if community partners would be included in training. Ms. Burns said that was a good idea, and they can consider adding that to the bill.

Posted in Chat

Dana Davis noted, "House Bill 837, signed into law by Governor Beverly Perdue on July 26, 2012, mandates that all students in North Carolina complete CPR training before graduating from high school. This requirement became effective for the Class of 2015 and is part of a broader effort to ensure that

students are trained in life-saving skills. The bill was supported by Reps. Becky Carney and Carolyn Justice and was signed during the final days of the legislative session. The law also establishes a Chain of Survival Task Force to place automatic external defibrillators (AEDs) in state-owned buildings and directs the State Board of Education to work with the American Heart Association and other national organizations to develop a plan for implementation of CPR training.”

Dana added, “The other great thing is when we go into schools to educate on use of AED and HOCPR, we discuss prevention of cardiac disease, ex: vaping, sugary drinks, obesity.”

Kim McDonald noted in the chat, “Re: Good Samaritan Act - For schools in NC, these statutes support AED deployment and use, offering legal protection for staff or bystanders who act in good faith during emergencies.”

Vote

After discussion, Senator Burgin called for a vote. Paige Hughes Binfield made a motion to endorse the Smart Heart Act, Joel Schneider seconded, and the vote by those present and online passed unanimously.

- **Protect Medicaid Expansion**

Ms. Burns presented the proposal from American Heart Association requesting the Task Force endorse efforts to protect Medicaid Expansion (see slides). 687,000 individuals in NC enrolled with Medicaid Expansion.

Vote

Senator Burgin noted that North Carolina has enrolled in Medicaid 87,000 over the initial estimate. After discussion, Senator Burgin called for a vote; and Yolanda Dickerson made a motion to endorse AHA efforts to protect Medicaid expansion, Joel Schneider seconded, and the motion by those present and online passed unanimously.

The NC Alliance for Health is launching a coalition “Keeping Medicaid Strong” Dec. 12 at 10 AM.

Dr. Greenblatt added that 90% of the cost of Medicaid Expansion is paid by federal government, and 10% is paid by NC Healthcare Association made up of NC hospitals. It is not costing NC tax payers. Outcomes are rough for those who lose Medicaid. Senator Burgin noted that Blue Cross estimates 400,000 people will lose coverage Jan. 1st and said “we’re working on other options.”

Overview of NCDHHS and the Rural Health Transformation Program

Larry Greenblatt, MD, Medical Director, Department of Health and Human Services

Dr. Greenblatt presented information on the proposed Rural Health Transformation Program. See slides. He explained that North Carolina has the second largest rural population in the country. It is second to Texas. The group discussed collaborations with FQHC’s, Office on Rural Health, Healthy Opportunities Pilots, etc.

Q: Phil Mendys asked, “Who are the stakeholders in these rural counties? I live in Warren County, and we have EMS group and a rural health group.”

A: Dr. Greenblatt answered, “All of them. We welcome all collaborators.”

Dr. Ejeh noted he is a cardiologist practicing in rural NC and drives one hour to Bladen County to provide care. He noted, “Most of these areas are cardiology deserts. Thank you for your excellent presentation.”

Dr. Greenblatt thanked Dr. Ejeh for providing care where it’s needed.

Dr. Schneider offered that there are large numbers of retired physicians who don’t want to stop working and could help provide care.

Senator Burgin added that hospitals have lost physicians, and rural areas in particular are hurting.

Posted in Chat

In discussion following the presentation, Senator Burgin stated that North Carolina can use existing infrastructure and does not need to set up new hubs. Dr. Greenblatt responded, "Senator Burgin, I'd like to hear your thoughts on who might serve as hubs. Hoping the three HOP hubs can step into these broader roles." Member Adrienne Calhoun noted in the Chat, "Please take a look at what we at the Council of Governments with the Area Agencies on Aging are doing to form a comprehensive hub across NC at www.ncpath.org."

Dr. Greenblatt noted, "Hospitals can designate a practice as an outpatient department of the hospital and add a facility fee. These are covered by Medicaid and Medicare though typically not by commercial insurance." He added, "Prenatal care is absent in many places. Labor and Delivery services are expensive and often involve a long drive."

Trends and Predictors of Emergency Department Outcomes in Atrial Fibrillation

Shantanu Srivatsa, MD/PhD student

Ben Lau, MD/PhD student

University of North Carolina School of Medicine, Depts. of Epidemiology and Biophysics

Shantanu Srivatsa and Ben Lau described their analysis of Emergency Department visits for AF in North Carolina from 2016-2023. See slides.

Q: Dr. Kim McDonald asked for their understanding of the relevance of the findings on temperature.

A: Shantanu speculated that secondary infection could be the reason for the association and noted it's tough to know without more information on the patient's primary diagnosis.

Q: I have a question about the pilot you mentioned. Was there any decrease in admissions with the clinic that was set up?

A: Yes. They're prepping that data now and saw both decreased admissions and potential healthcare savings.

Q: Dr. Schneider asked what, given their work and knowledge, would they advise the Task Force to do with this information.

A: Shantanu said they were careful not to draw too many inferences from this study because it wasn't causal. In general, primary care is important; and primary prevention is very important. He noted that AF and its downstream effects are hard to treat, and AF is a proxy for co-morbidities.

Q: Dr. McDonald asked how to guide patients who are using wearable technology that gives them medical information.

A: Shantanu said that in reviewing the literature, he saw a system that refers to specialists when patients get info from their mobile devices.

Nick Galvez with DHHS Office on Rural Health noted that disparities between rural and urban residents present a challenge. Someone with chest pain goes to a rural hospital which is unable to provide care, and the hospital must send the patient elsewhere. The patients can't receive follow up care there either. He offered to connect the researchers with him and others at ORH.

Q: Dr. McDonald asked if patients were admitted because of something else going on or because of AF.

A: Shantanu responded, "Unclear because of diagnosis codes, but we speculate from other national data most of the time it's heart failure decompensation."

Q: What's the #1 thing we should we do to take it to the next step?

A: Shantanu answered that for NC patients specifically and broadly for those in the US with both conditions having worse outcomes, identify where the gaps are in either of those conditions.

Phil Mendys added that he was on the original work committee with Dr. Gehi and provided care at the outpatient AF clinic. Patients with new onset AF were much less likely to be admitted; therefore, they managed AF patients on an outpatient basis. Many of these conditions share common risk factors, and managing them aggressively and early is best approach for managing this. He added, “Nice work, and I appreciate your presentation.”

Senator Burgin thanked the presenters for the information and the participants for attending the meeting.

Meeting and presentation slides, recording, and minutes are posted on the website [startwithyourheart.com](https://www.startwithyourheart.com/):

<https://www.startwithyourheart.com/justus-warren-heart-disease-and-stroke-prevention-task-force/jwtf-meetings/>