

## STROKE ADVISORY COUNCIL MEETING MINUTES

March 9, 2021

Stroke Awareness and COVID Response

Webinar 12:30 – 2 pm

### **Members/Partners**

#### **Present:**

Wally Ainsworth, NCOEMS; Michael Aquino, UNC Nash; Andrew Asimos, Atrium; Donna Beaman; Wilson Medical Center; Melanie Blacker, FirstHealth; Heather Bradley, Division of Public Health (DPH) Community and Clinical Connections for Prevention and Health Branch (CCCPH); Nicol Brandon, Atrium; Anna Bess Brown, Justus-Warren Heart Disease and Stroke Prevention Task Force (JWTF); Jim Burgin, NC Senator, JWTF member; Nicole Burnett, UNC Health; Cheryl Bushnell, Wake Forest Baptist Health (WFBH); Tory Cairns, WakeMed; Amber Carter, Cone Health; Shannon Chesney, Duke; Alicia Clark, DPH CCCPH; Sylvia Coleman, COMPASS Study, WFBH; Shonda Corbett, JWTF member; Tom Curley, New Hanover Regional Medical Center (NHRMC); Pam Duncan, COMPASS Study, WFBH; Nada El Hussein, Duke; Jennifer Erwin, BELIEVE Stroke Recovery Foundation; Michael Erwin, BELIEVE; Abby Fairbank, AHA; Heather Forrest, Duke; Rebecca Freeman, Aging and Adult Services; Melissa Freeman, Duke; Emily Gobble, Central Carolina; Amy Guzik, WFBH; Jenisha Henneghan, Triangle J Area Agency on Aging; Cindy Herndon, DPH Cancer Prevention and Control Branch; Larissa Hill, WakeMed; David Huang, UNC; Sarah Jacobson, AHA; Edward Jauch, Mission; Rayetta Johnson, WFBH; Stuart Johnson, Vidant Health; Robin Jones, Mission; Mo Jones, BELIEVE; Mary Jo Kelley, WakeMed; Joanna Keeter, Vidant Edgecombe; Hervy Kornegay, NC Association of Rescue and Emergency Medical Services; Karissa LaClair, Cone; Diomelia Laues, Cape Fear Valley; Sydney Lawrence, Lake Norman Regional; Erin Lewis, UNC; Gary Little, Atrium; Melissa Loranger, Novant; Sarah Lycan, WFBH; Elizabeth Marriott, Duke; Karen Marshall, Atrium; Jim Martin, DPH Tobacco Prevention and Control; Penelope McCabe, Onslow Memorial; Ruth Marescalco, NHRMC; Barb McGrath, FirstHealth; Kate Michael, WFBH; Nicolle Miller, NC Center for Health and Wellness; Lisa Monk, IMPROVE Stroke, Duke; Kathy Nadareski, WakeMed; Karen Norman, Novant; Peg O'Connell, Stroke Advisory Council (SAC) chair; Brett Parkhurst, Genentech; Mehul Patel, UNC Dept. of Emergency Medicine; Diane Perkins, Atrium; William Pertet, DPH CCCPH; Ruth Phillips, JWTF member; Dawn Phipps, Davis Regional; Joey Propst, JWTF member; Sharon Rhyne, DPH Chronic Disease & Injury; Birtha Shaw, Diabetic Supply; Tish Singletary, DPH CCCPH; Denise Spaugh, Minority Women Health Alliance (MWhA); Lauren Stevenson, (NHRMC); Chuck Tegeler, SAC vice chair, WFBH; Jessie Tucker, UNC Wayne; Carey Unger, Duke; Sarah Van Horn, Blue Ridge Health; Hannah Ward; Julie Webb, Duke; Marie Welch, RN; Gwen Wise-Blackman, MWhA; Michele Horvath, Vidant; Christina Roels, Novant. Erika Yourkiewicz, NHRMC.

### **Welcome, Introductions**

Chair Peg O'Connell welcomed and thanked all for attending the Stroke Advisory Council meeting to hear ideas about Community Outreach and Education for Stroke Awareness Month in May and to learn about collaboration in vaccine distribution and coronavirus response.

Peg said that since the last SAC meeting, two full Justus-Warren Heart Disease and Stroke Prevention Task Force meetings had taken place, one in December 2020 and one in January 2021 before the legislature came back into session in mid-January. She introduced Dr. Chuck Tegeler, SAC Vice-chair. She reminded everyone that SAC meetings are open to all and participation is welcomed. The meeting was recorded and is posted on our website Start with your Heart.com along with the presentations and minutes.

### **Stroke Advisory Council Updates**

Anna Bess Brown shared that in January the CDC released a request for applications (RFA) for **Coverdell Stroke Program funding** which will be awarded to 13 states in late May. North Carolina received Coverdell funding from the first release beginning 2001 through 2015. In order to qualify states for this round of funding the state must have a higher-than-average stroke rate or a higher-than-average stroke hospitalization rate; NC qualifies as we have a higher than average stroke hospitalization rate. We have a strong coalition of Council members and partners across the state and developed the NC Stroke System of Care in 2019 which is on our website. As a reminder, the NC Stroke System of Care is divided into four parts: Prevention, Care, Post-Stroke Care and Advocacy. On the website, you can go into any of the categories to see the resources. As front-line care givers you have the most knowledge of resources being developed and updates to guidelines; please send them onto Anna Bess. Please send updates (protocols, increasing resources in your local community and more) to Anna Bess so they can be added to our SSC.

Together, the North Carolina Division of Public Health and the Stroke Advisory Council are submitting an application for Coverdell Stroke funds. Goals for this round of funding are increased measurement, tracking and assessment of data across stroke systems of care for those at highest risk for stroke events and also for stroke patients. Part of that is developing a stroke registry. NC had a stroke registry when the state had Coverdell stroke program funding but no longer has one. This proposal includes building a stroke registry or dashboard in the HIE (Health Information Exchange). The second goal of this round of Coverdell funding is increased implementation of data-driven quality improvement activities across stroke systems of care. The plan is to build the registry first; and near the end of the first year, award quality improvement team monies to hospitals so that they can implement quality improvement activities, education, or enhance community partner outreach to coordinate care. Funding will be dedicated to working with the hospital and entire team to improve that system of care. Data will help us identify gaps around the state and we will focus on areas most in need. The third goal of this round of funding is the establishment of community resources and clinical services for those at highest risk for stroke and for stroke patients across the system of care. Coverdell program funding would help us fund hospitals and systems, focus on disparities reduction, provide training, and strengthen our system of stroke care. If awarded in May, funding will begin the end of June. Thanks to all who have provided letters of support and wisdom through the application process.

### **Legislative Update**

Peg provided an update on the current legislative session and the items on our Action Agenda. The state passed a COVID-19 relief bill which appropriates federal funds. Appropriations cover school reopening, childcare workers and teachers, \$2 billion for broadband expansion, and supplements for families with children. On March 4 Congress passed a \$1.7 billion package including \$600 million for COVID testing and vaccination support, a half billion dollars for K-12 education for navigating return to school plans, summer education, and higher education and allows some in-person services (notary, for example) to be done virtually.

Another federal bill is expected to pass soon and will contain money for unemployment, vaccines, and more. Work continues on all Task Force Action Agenda items. There are additional incentives to the 12 states including NC that have not expanded Medicaid. NC would receive an additional \$2 billion if it expands Medicaid in the next 6 months. Closing the coverage gap would provide health care to those who fall in the gap between making too much to qualify for Medicaid and not enough to afford to buy health insurance. Learn more about Medicaid expansion efforts at [Care4Carolina.com](http://Care4Carolina.com) or reach out to Peg or Anna Bess. Colleagues at the [NC Alliance for Health](http://NCAllianceforHealth.org) continue to advocate for tobacco use

prevention and cessation funding and work related to healthy foods. There are several billion dollars in the Rainy Day Fund that could benefit NC.

**Hospital Stroke Services Survey: Please Complete!** If your survey is outstanding, please make it a priority. Thank you to all who have completed the survey.

### **Stroke Awareness: Community Education and Outreach in the Time of COVID-19**

#### **Joanna Keeter, Regional Stroke and Neuroscience Coordinator at Vidant Health**

Joanna shared that all Vidant hospitals except one are in the middle of Joint Commission certification/recertification. Vidant Roanoke-Chowan is being surveyed today for transition from an Acute Stroke-Ready Hospital to Primary Stroke Center.

COVID has impacted everything including outreach. Many Vidant hospitals are located in rural areas so outreach must target each region focusing on the populations and needs within each area. We use Get with the Guidelines to identify priority demographics. Vidant reaches out through mailers to civic and religious organizations, community outreach centers, senior centers, etc. Vidant ran PSAs, newspaper ads, and generated TV presentations for local TV channels. Messages encouraged those with symptoms of stroke to come to the hospital.

Vidant sent information through Meals on Wheels. In-person programming has been challenging as so many of our resources have been focused on survival: COVID testing and vaccinating and access to food. Many hospitals are doing outreach and screening at testing and vaccination sites and community food pick-up areas. Hospital Vidant Beaufort recently purchased a health screening bus that will travel in Washington County to provide vaccines and chronic disease education and screenings.

Joanna shared a children's book called Grandpa's Crooked Smile to teach kids the signs of stroke. Many children are being reared by grandparents. This stroke awareness tool teaches kids to call 911 when they see signs of stroke.

Our community needs have increased during the pandemic. Vidant is working to meet the needs, provide resources, and stay connected with the community.

#### **New Hanover Regional Medical Center (NHRMC)**

Tom Curley, NHRMC Comprehensive Stroke Center manager, shared a picture of the new neuroscience tower which will soon be ready for them to occupy. Tom announced that as of February 1, 2021 NHRMC is proud to be a part of the Novant family.

Erika Yourkiewicz, Post-Acute Stroke Care Coordinator, introduced Ruth Marescalco, Stroke Program Coordinator, and shared outreach and education during COVID times. NHRMC has two support groups (general support and aphasia conversation) that are now meeting by Zoom monthly. In the beginning of the pandemic, everyone was scared and stayed at home. She explained that they send out care packages and snail mail with resources, tools to learn Zoom meetings, and technical support tips and tricks. The aphasia support group tracks miles on their daily walks, combines them to travel virtually, and watches videos on locations as they reach them. NHRMC held their annual volleyball tournament in June with safe distancing which gave

them a chance to be outdoors safely and reach a younger demographic. The event is held in honor of young adult volleyball player who died of stroke.

For Stroke Awareness Month in May, NHRMC sold, "Fight. Believe. Recover" t-shirts to staff to encourage stroke patients and their families. They provided education and stroke magnets in a drive-through Trunk or Treat. NHRMC taught the BE FAST education message and asked students to autograph a BE FAST poster which was left at the school for continuing education (great way to count the numbers of students reached). NHRMC provided stroke educational information and magnets along as Girl Scout cookies were sold.

NHRMC created a 2020 year-end review card to remind all of the successes during the year of COVID. Vaccination clinics provide a great way to teach BE FAST. NHRMC has given out a ton of magnets.

NHRMC plans to use hashtags and QR codes on educational materials this May in its campaign to raise stroke awareness.

### **BELIEVE Stroke Recovery Foundation**

Michael Erwin, stroke survivor and founder of the BELIEVE Stroke Recovery Foundation, shared that the mission is to provide stroke and brain injury survivors with financial assistance and resources to help them better control and manage their journey to recovery. The many challenges faced by survivors and their families are great, and the financial burden can be overwhelming. Most insurance plans only cover rehab services for two months.

About 70% of stroke survivors do not go outside their homes. BELIEVE seeks to help folks connect and promote stroke awareness. Michael urged everyone to get involved with stroke awareness. You can customize a Stroke Warrior tee shirt with your hospital's logo. How can you participate? Join BELIEVE: [believesrf.org](https://believesrf.org) or email Michael at [believesrf@gmail.com](mailto:believesrf@gmail.com)

### **COVID Response and Vaccine Rollout**

Peg shared that today we are commemorating the first case of COVID-19 diagnosed in NC. On Dec. 14 the US administered the first shot, and over 2.2 million shots are being given every day in the US.

### **Adrienne Calhoun, Director, Area Agency on Aging, Piedmont Triad Regional Council (PTRC)**

North Carolina is leading the way in vaccination. Although we had a limited supply of vaccines at first, we are beginning to see an uptick in vaccines given. In February CDC issued guidance on homebound vaccination including storage and handling, transport, mapping, presetting syringes, etc.

The PTRC serves 12 counties in the middle of the state and contracts with over 100 agencies who help identify the homebound in their communities. There are 16 AAA's across the state that sit in Councils of Government.

PTRC convened hospitals, health centers, county emergency management, etc. across the region to create a plan that would identify and vaccinate the home-bound population. With a focus on the underserved and those in poverty, they partnered to recruit volunteers for each part of the process. Guilford County is exploring purchasing mobile units to take vaccines to the homebound.

Regional partners pooled knowledge and resources to address the needs of those most isolated. Adrienne referenced the CDC guidelines developed for taking the vaccine on the road. Details are available in her presentation.

**Dr. Gary Little, Senior Vice President and Chief Medical Officer with Atrium Health in the Greater Charlotte Region** shared that the pandemic has revealed the giant holes within our health system including the needs of stroke survivors, the home-bound, technology disparities, and outreach and services for non-English speakers. There are challenges with vaccine storage and handling and distribution. We need more funding and infrastructure to support public health efforts. We can vaccinate a lot of people really fast; but the faster you go, the more you leave behind. We must focus on vulnerable populations. The outreach and vaccine opportunities need to be massive yet specific to meet the needs of the entire NC population.

Giving vaccines has given us life again. We still don't have enough vaccines; in a couple of months we will; and the issue becomes access. We're working on increasing the number of access points for people to get the vaccines.

Anna Bess shared that the NC Department of Health and Human Services (DHHS) is committed to equitable vaccine distribution and is coordinating statewide efforts to get the vaccine to each county and to communities that have been hardest hit by the virus. There are vaccine clinics and outreach efforts in communities. DHHS has information on how to get your vaccine and information you can share via social media about how to get the vaccine. Go to [Yourspotyourshot.nc.gov](https://Yourspotyourshot.nc.gov)

#### **2021 Stroke Advisory Council Meetings**

Monday, May 10, 3-4:30 PM

Thursday, August 19, 10-11:30 AM

Tuesday, November 2, 1-2:30 PM