

## STROKE ADVISORY COUNCIL MEETING MINUTES

August 8, 2023

1 - 2:30 pm

### **Members/Partners**

**Present:** Wally Ainsworth, NC OEMS, Stroke Advisory Council (SAC) member; Sue Ashcraft, Novant Health; Pat Aysse, AHA; Whitney Barringer, DHHS DEI; Sharon Biby, SAC member; Cone Health; Melanie Blacker, First Health; Kelly Boland, Cone Health Alamance; Stephanie Bradbury, Chiesi; Anna Bess Brown, Executive Director, Justus-Warren Heart Disease and Stroke Prevention Task Force (JWTF); Stacey Burgin, Coverdell Stroke Program, CCCPH, DPH; Adrienne Calhoun, JWTF Board Member, Piedmont Triad Regional Council Area Agency on Aging; Amber Carter, Cone Health; Shannon Chesney, Duke Raleigh; Matt Ciancarelli, J&J; Chris Coleman, Genentec; Sylvia Coleman, Coverdell Program; Tom Curley, Novant Health New Hanover Regional Medical Center (NHRMC); Rizza de la Guerra, J&J; Chelsey Dunston, Atrium Health Stanly; Courtney Eggleston, CCCPH, DPH; Michael Erwin, BELIEVE Stroke Recovery; Rebecca Gainey, Novant NHRMC; Michelle Geroleman, WakeMed; Lindsey Hayes-Maslow, Task Force member, UNC; Allie Hittinger, Mission HCA; Adam Jacks, UNC Health Speech & Hearing; Edward Jauch, SAC member, MAHEC; Robin Jones, SAC member; Clarissa Lowery, Novant Health Forsyth; Sandy Maney, Genentec; Liz Maynor, Central Carolina Hospital; Jessica Martin, Mission HCA; Liliana Marin, AHA; Kim McDonald, Chronic Disease & Injury (CDI), DPH; Davin McGinnis, Novant Health Greater Winston-Salem Market; Barb McGrath, Mission HCA; Jamila Minga, Duke University Medicine; Tonia Mitchell, Wilson Medical Center; Grayson Moore, ECU Health; Terri Moore, Coverdell Stroke Program, CCCPH, DPH; Margaret Murchison, JWTF member, WWPG Broadcasting; Sharon Nelson, CDI, DPH; Dana Nevil, Genentec; Peg O'Connell, Stroke Advisory Council; Sarah O'Neal, WakeMed; Melissa Papadopoulos, CCCPH, DPH; Mehul Patel, UNC Dept. of Emergency Medicine; Diane Perkins, Atrium Health Charlotte; William Pertet, CCCPH, DPH; Ruth Phillips, JWTF member, Community Health Coalition; Brooke Prevatte, Atrium WFB High Point; Joey Propst, Task Force Member; Tish Singletary, CCCPH, DPH; Robin South, Outer Banks Health; Lauren Stevenson, NHRMC; Julie Teachey, ECU Health; Chuck Tegeler, Vice Chair, SAC, AWFBH; John Toler, J&J; Kate Turner, Sentara Albemarle Medical Center; Emily Volk, Northern Regional Hospital; Morgan Wittman-Gramann, NC Alliance for Health; Erika Yourkiewicz, NHRMC.

### **Welcome and Introductions**

#### **Peg O'Connell, SAC Chair**

Stroke Advisory Council chair Peg O'Connell welcomed everyone in the room and those joining via MS Teams. She offered a special welcome to those attending a Stroke Advisory Council meeting for the first time and invited them to become involved with the work. She recognized vice chair Chuck Tegeler who offered his virtual greeting.

Peg called for the approval of the minutes from the May 11<sup>th</sup> SAC meeting. She reminded members that they had received an email with the minutes in advance of the meeting. The minutes were approved by acclamation with no corrections noted.

Peg explained that the theme of the meeting is **Identifying and Addressing Disparities** and that two partners will present their work, and participants will have the opportunity to ask questions and discuss addressing disparities.

### **Coverdell Stroke Program Update**

### **Anna Bess Brown, Justus-Warren Heart Disease and Stroke Prevention Task Force and Stroke Advisory Council**

Anna Bess reported that our Coverdell Stroke Program partners did excellent work to finish Year 2 on June 30th and began the final year of this cycle July 1<sup>st</sup>. Our partners have done deep dives in to their data to address gaps in accessing care, in communication with EMS, and to identify social drivers of health. Each health system is using different tools, surveys, and data--in addition to the data in their EHRs--to identify and address health disparities. One of our partners in this work, Novant Health New Hanover Regional Medical Center, will share their work to identify, understand, and address disparities among rural residents in the southeast; and our Coverdell Program partners will continue to share their work at future SAC meetings.

On July 13 we held the first monthly call for Stroke Coordinators, and we had more than 70 participate. We are excited with this tremendous response and opportunity to share best practices, connect, and support one another. There are many more coordinators in the state than ever, and they have multiple roles and job descriptions: navigators, quality, discharge care, etc. As one stroke program manager noted, "It really feels good to know we are helping people across our state to get better stroke care and education on prevention."

Please email Anna Bess if you are a stroke coordinator or if you provide stroke services in the hospital setting if you'd like to be included. You are welcome to join these monthly calls as you are able.

### **GWTC®-Stroke Awards**

**Pat Aysse, Health Care Quality Outcomes Research & Analytics, American Heart Association**

Pat congratulated North Carolina hospital **GWTC®-Stroke Award Winners** for their outstanding work on improving stroke quality measures. See Pat's slides and click on North Carolina on the map to see the full list of NC winners:

<https://www.usnewsbrandfuse.com/AmericanHeartAssociation>

**Congratulations, NC GWTC®-Stroke Award Winners!**

### **BELIEVE Bash**

**Michael Erwin, BELIEVE Stroke Recovery Foundation**

Come to the **BELIEVE Bash** fundraiser for a Silent Auction, hors d'oeuvres, sweet treats, drinks, games, and great fellowship on **September 14 from 5-8 PM at Whitaker and Atlantic, 1053 E. Whitaker Mill Rd., Suite 111, Raleigh**. **BELIEVE Stroke Recovery Foundation** provides financial assistance and resources to stroke warriors to support their recovery. Come support a great cause or consider donating online.

Go to the website <https://believesrf.org/all-events/> or Use the QR Code for Tickets and Information



### **Advances in Right Brain Stroke Communication Research**

**Jamila Minga, Speech Pathologist and Assistant Professor, Duke University Medical Center**

Sylvia Coleman introduced **Jamila Minga**, speech pathologist, assistant professor, and researcher at Duke in the Department of Head and Neck Surgery & Communication Sciences, to share her research on right brain stroke and communication. Those of us in Raleigh had the opportunity to watch the documentary **RHD Hidden Diagnosis** which featured individuals who'd experienced right hemisphere stroke and described Dr. Minga's research which she conducted with students from NC Central University. We will provide a link to the extraordinary film, and we encourage you to watch it.

Dr. Minga explained that apraxmatism is a disorder in conveying and/or comprehending meaning or intent through linguistic, extra-linguistic, and/or paralinguistic modes of context-dependent communication. She has established **RHD Bank** [rhd.talkbank.org](http://rhd.talkbank.org) to improve the rigor, quality, and reproducibility of RHD language production research by creating a large multi-site corpus for scientific inquiry and education.

Clinical implications of this research include the following:

Question-asking is different after right hemisphere stroke.

- Polar questions & EF processes important to differentiation
- Culture is inseparable from pragmatic communication
- Offer more information during clinical interactions
- Ask questions to facilitate information exchange
- Are there question that you wish your patients would ask?
- Serve as advocates for RH stroke survivors to receive referrals to speech-language pathology
- Help to recruit for representative research samples

**Questions and Discussion**

Q: Are you or one of your students available to speak to aphasia/stroke support groups?

A: Yes! Contact Jamila Minga at [Jamila.minga@duke.edu](mailto:Jamila.minga@duke.edu)

Q: Do your participants have to come to Duke, or do you have a virtual option?

A: Currently we ask participants to come to Duke.

**Knowledge of Stroke, Experiences in Health Care, and Barriers to Healthy Living: Lessons from Focus Groups Conducted with Residents of Rural Southeastern North Carolina**

**Lauren Stevenson, Neurosciences Performance Improvement Manager, Novant Health New Hanover Regional Medical Center**

Sylvia shared that the next presenter is one of our Coverdell Stroke Program partners, Novant Health New Hanover Regional Medical Center in Wilmington: Lauren Stevenson is the Neurosciences Performance Improvement Manager and has overseen the collection of surveys and conducting of focus groups with rural residents.

Lauren shared that the goal of this component of the Coverdell Stroke Program grant was to understand the disparities and needs of their two closest rural referral counties known to have higher risk factors for stroke. The project had two parts: surveys and focus groups. The goal of the survey was to understand community knowledge of stroke risk factors, stroke signs and symptoms, and stroke prevention measures. The goal of the focus groups was to understand rural community member experiences with stroke, the impact of stroke on their lives, and hear in their words the barriers and needs to accessing wellness and healthcare in their lives. This project was completed through collaborative partnerships. The University of North Carolina at Wilmington distributed surveys, conducted focus groups, and compiled the report. Survey respondents and focus group participants were found through churches in the desired locations through the Faith Health Network.

In Brunswick County, stroke is the 4<sup>th</sup> leading cause of death with a rate of 40.4 deaths per 100,000 people.

\*Vulnerable populations: 65.9% over the age of 60 (high percentage of retirees), 14% living in poverty, 29% are obese, and 15% do not have health insurance

\*Barriers to healthcare access: high cost, unaffordable insurance, lack of knowledge of resources, and lack of transportation

\*Race: 82% are White and 10% are African American

In Pender County, stroke is the 3<sup>rd</sup> leading cause of death with a rate of 53.3 deaths per 100,000 people.

\*Vulnerable populations: 15.2% do not have health insurance, 18.7% live in poverty, and 31% are obese

\*Barriers to healthcare access: lack of insurance, access to healthcare and exercise, substance misuse, social and economic factors, and food insecurity

\*Race: 77% are White and 16% are African American

**See the full report posted under SAC meetings on [startwithyourheart.com](http://startwithyourheart.com) for complete results.** One survey result was that of the 19 individuals who were diabetic, 8 knew the recommended A1C value.

For the **focus groups**, questions were broken up into three sections: **Barriers, Impact, and Solutions.**

Barriers included any barriers participants faced to living a healthy lifestyle and accessing healthcare, especially surrounding stroke care. Impact focused on the impact stroke had on daily life and experiences with stroke care. Solutions included programs and resources they would like to see related to stroke care and healthcare. See the full report for complete results. Below are selected findings and quotes from participants in the focus groups:

Access: Access to and understanding of technology

“The people in these communities feel like they are struggling to get the healthcare they need, and this takes a toll on their overall health, including mental health.”

Caregiver burnout: Lack of caregiver support

Delays in care: Waiting to seek care

Provider communication: Having to speak with multiple providers to get necessary help

For Solutions, education, education, education was a repeated theme. Participants discussed the need for health education to be tailored to their culture: for example, healthier substitutions for common foods. Health literacy is very important as well: creating materials or talking in terms that are appropriate for the population to be educated.

Lauren shared this resource for determining stroke risk by county:

[https://rpubs.com/cfc\\_data/stroke\\_risk](https://rpubs.com/cfc_data/stroke_risk)

How will NHRMC use the results?

- Create a new referral heat map
- Facilitate outreach
- Train local individuals to facilitate education
- Strengthen partnerships
  - Faith Health Network
  - Local resources & agencies
  - Community Centers
  - Expanded Food & Nutrition Education Program
- Improve referral process

- Advanced Stroke Life Support Training
- BE FAST Magnets & Vial of Life

Q: Ed Jauch asked, “Did you get a sense of the best way to educate (related to health and lifestyle) and who should be doing the education - perhaps a representative community member and in a setting familiar and comfortable to them (not the hospital)?”

A: Lauren responded that participants asked that people providing education and services come to the community and not to expect folks to travel when they don’t have transportation. She also mentioned needing to educate people using information specific to their community. For example, consider participant culture when planning educational events. Meeting attendees noted the importance of involving faith communities for outreach and education.

Robin Jones added that the [United Stroke Alliance](#) has a free app for BE FAST available for Apple and Android devices. She reminded everyone that there are resources on the [startwithyourheart.com](#) for blood pressure/hypertension. She also noted that [NCNA](#) has a Faith Community Nursing Council that would love to hear from you.

Peg thanked the presenters for sharing their work and expertise. She thanked everyone for attending. She asked everyone to complete a 3-question survey to provide feedback on the meeting. The next SAC meeting will be November 8 and will be virtual.

### **2023 Stroke Advisory Council Meeting**

- **November 8 – virtual  
1-2:30 PM**