

Justus-Warren Heart Disease & Stroke Prevention Task Force

Wednesday, April 16, 2014 - 9:30AM to 12:30PM

Room 1027, Legislative Building

MINUTES

Present: Senator Louis Pate, Mary Edwards, Dr. Brian Forrest, Whitt Haney, Dr. Kathryn Lawler, Karen McCall, Mike Patil, Rick Willis, Stan Hayward, Wanda Moore

Anita Holmes, Renee Bethea, Tosha Boyd, Sarah Myer, Chief Jeff Cash, Dr. Thomas White, Dr. Vondell Clark, Sally Herndon, Abby Fairbanks, Insurance Commissioner and State Fire Marshal Wayne Goodwin, Rick McIntyre, Betsy Vetter, Peg O'Connell, Sharon Rhyne, Kathy Neal, Sally Herndon, Greg Griggs, Joanne Spruill, Debbie Grammer, Dr. Ruth Petersen, Penny Slade-Sawyer, Pam Seamans, Dr. Chuck Tegeler, Terry Congleton, Marie Welch, Dr. Jim Tart, Surabhi Aggarwal, Kelly Nordby, Quentin Cash, Sarah Jacobson, Josh Carpenter, Cathy Thomas, Lori Rhew, William Walton, Chris Emmanuel

Welcome/Introductions

Senator Louis Pate, Co-Chairman, welcomed everyone to the meeting and each person introduced him/herself. Senator Pate also extended greetings from Representative Becky Carney, Co-Chairman, who was not able to attend.

Approval of Minutes

The minutes from the January 15, 2014 meeting were approved as distributed.

Firefighters and Cardiovascular Disease—Thomas White, MD and Chief Jeff Cash (Copy of presentation attached to minutes):

- The number one cause of a firefighter fatality is an acute cardiovascular event.
 - Most deaths occur between 12 noon and 12 midnight.
 - Only 1 in 4 firefighters had a medical check-up in a twenty-four month time period. This is due to lack of funding. When funding is available, the money for medical visits goes to career fire fighters (25%) versus volunteer firefighters (75%).
 - No data is available on the lifetime risk of cardiovascular disease (CVD) among firefighters.
 - Forty percent of firefighters are obese.
 - This subpopulation suffers from higher levels of dyslipidemia, hypertension, and diabetes mellitus than the general public; on the contrary, they use less smokeless tobacco than the general public.
 - Genetic clustering likely contributes to these health conditions.
 - A short video was shown of a real firefighter experience. A demonstration was also provided.

Discussion included a consideration of how the Task Force and partners could support volunteer firefighters. The need for funding and for the relief program to be unrestricted was noted. It was also noted that the funds for the Cherryville study were solicited from laboratory companies and that the study is replicable.

50th Anniversary Surgeon General's Report on Smoking and Health—Sally Herndon (Copy of presentation attached to minutes):

- Between 2010 and 2014 smoking caused nearly half a million premature deaths a year.
 - It was/is the leading preventable cause of death.
 - Annual medical costs amounts to \$3.8 billion per year.

- There is sufficient evidence to infer a causal relationship between exposure to secondhand smoke and increased risk of stroke.
- There is sufficient evidence to infer a causal relationship between the implementation of a smokefree law or policy and a reduction in coronary events among people younger than 65 years of age.
- Smoking is now known to cause 13 different types of cancer.
 - Two more cancers (liver and colorectal) have now been associated with smoking.
- The 50th Anniversary Surgeon General's Report on Smoking and Health (1,000 pgs.) has a consumer guide and an executive summary.
- Most states are investing less than the Centers for Disease Control and Prevention's (CDC) recommended amount (\$10.53 per person) on tobacco prevention and control. NC currently only spends \$0.41 per person. The national average is \$1.50 per person.

Discussion included a consideration of the potential impact of pharmacies not selling tobacco at all. It was also noted that CDC is planning to partner with Quit Lines.

NC's Plan to Address Obesity: Healthy Weight and Healthy Communities 2013-2020—Vondell Clark, MD (Copy of presentation attached to minutes):

- Eat Smart, Move More NC Final Report was released in the spring of 2013.
- It is aligned with NC 2020 Objectives. NC's Plan is based on the most recent evidence base of what works for obesity prevention.
- It incorporates recommendations from the Eat Smart, Move More NC Policy Strategy Platform.
- Feedback from professionals across the state is included.
- The audience includes those working in various settings who want to promote health and prevent obesity.

Report of NC Alliance for Health—Pam Seamans (Copy of presentation attached to minutes):

- Supports restoring funding for tobacco prevention and control programs; would like to see more funding for teen prevention programs.
- One-hundred thousand six graders need tobacco education.
- Cost is \$1,000,000 per year.
- Promotes elimination of food deserts.
- Clarification on smokefree law
 - The law is accepted by 83% of the population.
 - Smoking is permitted in outdoor areas where there are no walls.
 - NC has the fifth lowest cigarette tax in the country.
 - If the cigarette tax is increased by \$1, the state can raise \$350,000,000.
- Promote the elimination of food deserts
 - NC has over 171 food deserts across 57 counties, impacting 31.8% of residents
 - Healthy Corner Store Initiative
 - Smaller grants and loans to corner stores who want to augment their healthy food options.
 - Healthy Food Financing
 - Grants provided to increase access to fresh fruits and vegetables and other affordable food options.

Preliminary Report of Stroke Advisory Council (SAC)—Karen McCall and Chuck Tegeler, MD for Telestroke Presentation (Copy of presentations attached to minutes):

- Stroke prevention and treatment involves a continuum of care.
- Living in a rural area makes it difficult to obtain care.

- Hypertension Awareness Day at the General Assembly is scheduled for May 21, 2014.
- Prevention/Public Awareness Work Group recommends partnering with key stakeholders on evidence-based practices for prevention and management of hypertension and supporting:
 - Ad hoc hypertension working group formed following Task Force presentation;
 - State efforts addressing healthy eating and vending initiatives; and,
 - Tobacco prevention and control efforts.
- The Pre-Hospital and Acute Care Work Groups recommend promoting/supporting the implementation of the Primary Stroke Center Legislation and increasing the identification of and number of Acute Stroke Capable Hospitals.
- Recovery/Transitions of Care Work Group recommends a preliminary study linking post-hospital data with NC Stroke Care Collaborative data and continued examination of post-acute stroke resource needs for caregivers and families.
- Telestroke Work Group recommends assessing the availability and placement of Telestroke services in NC, alignment of Telestroke services with existing and planned telehealth services and developing maximizing/leveraging resources, and developing both process and outcome quality metrics.
- Request made for \$50,000 recurring state funding to NC Division of Public Health to continue the work of the SAC in developing a comprehensive stroke system of care plan for NC.

NC Division of Public Health (DPH) Chronic Disease and Injury Section (CDI) Update—

Ruth Petersen, MD

- Following the presentation and discussion regarding hypertension and cardiovascular disease at the January 2014 Task Force meeting, the CDI Section connected with NC Area Health Education Center, Community Care of NC, Blue Cross Blue Shield NC and Blue Cross Blue Shield SC to explore opportunities for expanded statewide reduction of hypertension and cardiovascular risk and disease burden.
 - Ad hoc hypertension committee established. Committee will meet on May 15, 2014.
- House Bill 459 and Senate Bill 336 require NC Department of Health and Human Services to coordinate chronic disease and diabetes care legislative reports (due December 2014 and January 2015, respectively).
 - Transitions of care is a cost driver.
 - Medication management meeting is being planned amongst the partners with Division of Medical Assistance, State Health Plan and DPH.

Executive Director's Report—Anita Holmes

- Anita attended the Annual Southeastern Stroke Belt Consortium in Florida and provided an NC update.
- Vidant Health has revived the Eastern NC Stroke Network.
 - Meeting was held on March 31, 2014.
- NC Stroke Care Collaborative (NCSCC)
 - Funding request for 2014-15 was submitted to the CDC in February 2014.
 - Regional workshops- "Strengthening EMS and Hospital Partnerships for Improved Stroke Care, Pt II", will be held May 12-14, 2014.
 - NCSCC Innovative Quality Improvement Grant Program awarded five grants this year to: Duke University Health System, Hugh Chatham Memorial Hospital, Margaret R. Pardee Memorial Hospital, Wilson Medical Center and Wayne Memorial Hospital.

- The percentage of defect-free care for Collaborative hospitals increased from 49% in 2005 to 74% in 2013, an average increase of 50% in improvement of optimal acute stroke care in participating hospitals over an eight year period, or 6% per year.

Motions—The following motions were made and approved.

- To appoint Peg O'Connell to the JWTF Stroke Advisory Council
- To continue support of the NC Smoke Free Law
- To request an appropriation of \$50,000 per year recurring funding to continue the work of the Task Force's Stroke Advisory Council

Closing Remarks – Senator Pate, Co-Chair

- Senator Pate thanked the presenters and all guests for their passion and commitment to the health of North Carolinians.
- Next Meetings: Will be held in Fiscal Year 2015. Specific dates to be determined.
- Next SAC meeting is May 1, 2014 from 1:00 pm – 4:00 pm at the NC Division of Public Health campus.

There being no further business, the meeting was adjourned.