

Justus-Warren Heart Disease & Stroke Prevention Task Force

Wednesday, January 15, 2014 - 9:30AM to 12:30PM

Room 1027, Legislative Building

MINUTES

Present: Senator Austin Allran, Frank Amend, Representative Becky Carney, Dr. Robin Cummings, Mary Edwards, Dr. Brian Forrest, James Haney, Anita Holmes, Ashley Honeycutt, Dr. Kathryn Lawler, Glenn Martin, Karen McCall, Dr. Jacquelyn McClelland, Dr. Kimberly Moore, Beth Osborne, Dr. Mike Patil, Rick Willis

Joe Agorino, Renee Bethea, Tosha Boyd, Sylvia Coleman, Ron Cromartie, Abby Fairbank, Susan Freeman, Debbie Grammer, Sally Herndon, Lakeisha Johnson, Robin Jones, Mani Markham, Jim Martin, Nidu Menon, Nicolle Miller, Sarah Myer, Kathy Neal, Debi Nelson, Ruth Petersen, April Reese, Sharon Rhyne, Cristine Small, James Tart, Samuel Tchwenko, Cathy Thomas, John Vitiello, Angie Wester, Betsy Vetter, and Peg O'Connell

Welcome/Introductions

Rep. Becky Carney, Co-Chairman, welcomed everyone to the meeting and each person introduced him/herself. Rep. Carney also extended greetings from Sen. Louis Pate, Co-Chairman, who was not able to attend due to a conflict with a special called meeting.

Approval of Minutes

The minutes from December 5, 2013 were approved as distributed.

Annual Update: North Carolina Cardiovascular Disease Burden – Sammy Tchwenko, MD, MPH, Epidemiology, Evaluation and Surveillance Unit Manager; Community and Clinical Connections for Prevention and Health Branch; Chronic Disease and Injury Section; Division of Public Health (Copy of presentation attached to minutes):

- Historically, the Southeastern United States has a higher incidence of stroke mortality and is referred as the “Stroke Belt”.
- In 1980, 47% of all deaths in N.C. were due to cardiovascular disease (CVD). By 2010, less than 30% of all deaths were attributed to CVD.
- The proportion of CVD deaths occurring in men and women under 65 (premature CVD deaths) is increasing. This could be partially attributed to an increased tendency for CVD risk factors to affect younger age groups than in the past.
- Dr. Tchwenko reviewed the conclusion of a study that suggested that about 44% of the decline in Coronary Heart Disease (a sub-category of CVD) death rates in the US between 1980 and the year 2000 could be attributed to changes in population levels of key risk factors for CVD. This suggests that public health interventions aimed at reducing the burden of CVD risk factors play a key role in reducing overall CVD burden. The Community and Clinical Connections for Prevention and Health Branch (CCCPH) is currently addressing the following risk factors: hypertension (high blood pressure), unhealthy diet, physical inactivity, and diabetes.

Understanding Hypertension and Its Impact on Chronic Disease & Health Care Cost – Paul Bolin, Jr., MD, Chairman, East Carolina University Department of Internal Medicine (Copy of presentation attached to minutes):

- Case Study: President Franklin Roosevelt
 - 250/160 – President Franklin’s blood pressure during the Yalta Conference (February 1945).
 - No specific treatments for hypertension were available at that time.
 - There was no consensus in the medical community if hypertension needed to be treated.
 - President Franklin died of a “brain hemorrhage” in April 1945.
- Since 1950, stroke mortality rates have decreased by almost 70% across the United States except in the Southeastern United States.
- The problems we now face:
 - Historically, there has been a lack of consensus among guidelines that have been published to prevent and manage hypertension.
 - We have reduced incidence and mortality rates and future negative trends will require more effort to demonstrate a change “difficult part of the curve.”
 - A patient is seen by multiple providers and there may be inconsistencies with the information shared or care provided.
 - What we are learning from research is not being easily transferred to patient care and treatment protocols.
- In December 2013, the updated Joint National Commission Management of Hypertension Guidelines (JNC8) was published.
- There has never been any evidence that systolic blood pressure should be lowered to 140 in a patient over the age of 60.
- There are complexities in the new reports that will need to be explained to providers.

Stroke and Heart Attack Public Awareness Campaign – Kathy Neal, Carolinas Center for Medical Excellence (Copy of presentation attached to minutes):

- Kathy Neal presented on behalf of Melinda Postal.
- The Carolinas Center for Medical Excellence conducted a media campaign with state appropriated funds and support from the Justus-Warren Heart Disease and Stroke Prevention Task Force.
- Media campaign included two TV Public Service Announcements (PSAs), one on heart attacks and one on strokes, which were shown during the meeting.
- Printed materials were also utilized, which included op-ed pieces, news releases, and online publications.
- The stroke PSA, “I’m Fine,” was supplemented with the use of billboards and Google ads.
- There was a greater recognition of sweating as a heart attack symptom.
- The post survey results indicated the need for more sodium reduction education; that radio was especially effective in rural areas; and the web banners and Google ads helped drive people to the Start With Your Heart website (15% increase in traffic to the site).
- The video with Representative Carney describing her experience with a heart attack was shown during the meeting.
- Anita Holmes shared a success story as the result of the stroke campaign. A Division of Public Health employee who viewed the “Signs of Stroke” PSA was prompted to seek medical assistance.

North Carolina Chronic Disease and Injury Section (CDIS) Update – Ruth Petersen, MD, MPH, Section Chief (Copy of presentation attached to minutes):

- CDIS Reorganization: The former Diabetes, Physical Activity and Nutrition, Heart Disease and Stroke Prevention Branches; and School Health have been streamlined to form one Branch, Community and Clinical Connections for Prevention and Health Branch (CCCPH).
- Tobacco: Surgeon General's Report on Smoking and Health will celebrate its 50th Anniversary and the 2014 Report will be released on Friday.
- The Report will cover three major topics: historic trend information, new findings, and a call to action.
- North Carolina is the only state in the Southeast with smoke-free bars and restaurants legislation.
- The secondhand smoke legislation is evaluated by the Centers for Disease Control and Prevention (CDC) based on its compliance, air quality, support for the law (by businesses and the public), health outcomes, and economic impact.
- There are fewer than 10 complaints a week and air quality in bars/restaurants improved 89% in 2010. Bipartisan support is high, citizens agree with the law, and the North Carolina Restaurant and Lodging Association strongly supports the law. In 2010, there was a 21% reduction in weekly Emergency Department visits which potentially had a cost savings of \$3.3 – \$4.8 million.

American Heart Association/American Stroke Association – Betsy Vetter, Senior Director of Government Relations, Mid-Atlantic Affiliate (Copy of presentation attached to minutes):

- Review of 2013 Legislative Actions
 - Pulse Oximetry Newborn Screening Law (Session Law: 2013-45) was passed. The rules are being drafted and expected to be passed in February 2014. In December 2013, three babies were saved as a result of this law.
 - Designate Primary Stroke Center Law (Session Law: 2013-44) passed. Draft rules have been written, but not yet released for public comment.
 - Received 1.2 million dollars in recurring funds for QuitlineNC.
- Smoke-free Restaurants and Bars Law (HB74)
 - Regulatory arm to look at rules and clarify as it pertains to enclosed areas.
 - The goal of the rules is to create consistency across the state.
 - The rules passed unopposed at the Public Health Commission meeting on December 4, 2013.
 - The 2014 Legislature has 30 days to take up the Bill. If no action is taken, the rules will be automatically passed.
- Healthy Vending Project
 - Project launched in 2011 with North Carolina Services for the Blind.
 - The goal was for vending machine operators to stock vending machines with healthy snacks.
 - Potential expansion to YMCAs across the state.
- 2014 Priorities
 - Support coverage of aspirin therapy by North Carolina Medicaid for cardiovascular patients.
 - Support telemedicine initiatives related to stroke and cardiovascular disease.
 - Tobacco – protect public by eliminating secondhand smoke; funding to continue teen tobacco use prevention.

- Obesity – promote the elimination of “food deserts”, healthy food financing, and corner store initiatives for all citizens to have access to healthy foods.

Stroke Advisory Council Report – Karen McCall, Chairperson (Copy of presentation attached to minutes):

- Overall purpose of the Stroke Advisory Council (SAC) is to develop a statewide system of stroke care (Initial document published in 2010).
- The SAC has five work groups - Prevention, Pre-hospital, Acute/Sub-Acute Care, Recovery/Transitions of Care, and Telestroke. Highlights of each work group’s priorities were provided.
- SAC members also assisted with the development of the 2012-2017 *North Carolina Plan for Prevention and Management of Heart Disease and Stroke*, which was published by the Task Force.
- The SAC supported legislation to define Primary Stroke Centers in North Carolina.
- Recommendations of the Stroke Advisory Council will be presented at the April 16, 2014 Task Force Meeting.

Executive Director’s Report – Anita Holmes, JD, MPH

- Three main functions of the Task Force:
 - Identify the burden of cardiovascular disease in North Carolina;
 - Publicize that burden; and,
 - Develop a plan for addressing the burden (and help facilitate the implementation of the plan).
- Initiatives:
 - Continued engagement with the national Million Hearts Campaign to prevent a million heart attacks and strokes by 2017.
 - Task Force continues to support all hospitals participating in a stroke care quality improvement program, such as the North Carolina Stroke Care Collaborative (NCSCC) and/or Get With the Guidelines-Stroke. NCSCC is seeking the involvement of all NC hospitals and is currently prioritizing the recruitment of hospitals in high stroke low resource areas. It is also working to link Emergency Medical Services data with acute care data for participating hospitals.
- Other Task Force activities have included:
 - Dissemination of evidence-based cardiovascular findings through such channels as expert presentations given at Task Force and SAC meetings.
 - Continued work on the implementation of the North Carolina Stroke System of Care (SSoC) Plan.
 - Participation in the North Carolina Health Plan Strategic Partners Meeting on December 12, 2013.
- Task Force supported publications:
 - *Stroke System of Care Plan for North Carolina*
 - *Healthy North Carolina 2020*, November 2013 issue focused on cardiovascular disease
 - *The Burden of Cardiovascular Disease in North Carolina: 2012 Update*
 - *North Carolina Medical Journal* - November/December 2012 issue focusing on Heart Disease and Stroke in North Carolina
 - *Stroke Fact Sheet*

Motions

- Moved and approved to appoint Dr. Ross Simpson, Jr. to the Stroke Advisory Council of the Justus-Warren Heart Disease and Stroke Prevention Task Force.
- Moved and approved to establish an Executive Council of the Justus-Warren Heart Disease and Stroke Prevention Task Force comprised of the Co-Chairs of the Task Force, the Chair of the Stroke Advisory Council, and the Executive Director of the Task Force to act on behalf of the Task Force on matters requiring Task Force attention when the Task Force is not in session.

Closing Remarks – Rep. Carney, Co-Chair

Representative Carney thanked Anita Holmes, Task Force members, and speakers for their participation today. She noted that the Task Force has survived and continues to be a committed and active entity and she looks forward to working with Task Force members. She asked if there were any comments from the Task Force Members.

- Member Comments:
 - James Haney asked about efforts to educate primary care providers about the risk factors and blood pressure monitoring. He also wondered what efforts could be utilized to reach youth who use social media.
 - Dr. Brian Forrest made comments about the 2013 Legislative Hypertension Awareness Day and would like to consider ways to make it an annual event.
- Next meeting: April 16, 2014

Adjournment