

## **Justus-Warren Heart Disease & Stroke Prevention Task Force**

Wednesday, January 11, 2012  
Room 1027, Legislative Building

### **Minutes**

**Present:** Helen Brann, Representative Larry Brown, Representative Becky Carney, Shonda Corbett, Dr. Carolyn Dunn, Mary Edwards, Dr. Don Ensley, Commissioner Stanley Haywood, Representative Mark Hollo, Anita Holmes, Ashley Honeycutt, Dr. David Huang, Senator Eric Mansfield, Glenn Martin, Dr. Jacquelyn McClelland, Dr. Kimberly Moore, Representative Tom Murry, Peg O'Connell, Beth Osborne, Sen. William Purcell, Christine Rogers and Dr. Karen Smith.

Kayla Anderson, Erin Bayer, Lindsey Beavers, Paige Bennett, Renee Bethea, Jacqueline Brown, Dr. Wayne Cascio, Sylvia Coleman, David Cuddeback, Dr. Jeffrey Engel, Jennifer Erausquin, Theresa Giordano, Stacey Greenway, Butch Gunnells, Alma Williams Hagans, Dr. Jacquie Halladay, Sally Herndon, Robin Jones, Melvin Lewis, Gladys Lundy, Virginia Maisch, Jim Martin, Karen McCall, Debi Nelson, Melinda Postal, Libby Puckett, Christine Ransdell, Sharon Rhyne, Rosemary Ritzman, Pam Seamans, Dr. Jim Tart, Sarah Thach, Betsy Vetter, Alexander White, Elynor Wilson

### **Welcome and Introductions**

Senator Purcell welcomed everyone to the meeting. Task Force members and attendees introduced themselves and named the organizations they represent.

### **Approval of Minutes:**

The minutes were approved as distributed.

**NC Cardiovascular Health State Plan:** (Refer to the Prevention, Pre-Hospital, Acute/Subacute, Recovery/Transitions of Care and Telemedicine Work Groups handouts from the meeting for details).

Anita Holmes presented an overview of the NC Cardiovascular State Plan (State Plan):

- The CDC guidance for the ABCS and the National Prevention Services Task Force documents were used as resources.
  - The CVD Five Year State Plan incorporates the Stroke Systems of Care (SSoC) Plan.
  - A guidance and resource document will accompany the plan. It will include tools and resources accessible to the reader. It will be evidence-based, address health disparities, and leverage existing resources.
- The CVD State Plan will include a Surveillance and Evaluation Section in which some of the recommendations from the work groups will be incorporated and key organizations and partners recommended to collaborate on implementing the strategies that have been set.

Anita Holmes introduced Peg O'Connell, the Chair of the CVD State Plan Committee. She Co-Chairs with Dr. David Goff. Ms. O'Connell reported work of the Justus-Warren Task Force over the past 16 years, as well as the work related to the CVD State plan, has and will continue to make a difference in reducing deaths and disability from stroke and heart disease in NC.

Ms. O'Connell reported on the process of writing the CVD State Plan:

- A planning group convened in April 2011 and assembled a Steering Committee which met in May 2011. The Steering Committee includes a group of experts in heart disease and stroke. Dr. David Goff delivered a presentation on Prevention and Treatment of Cardiovascular Disease, which laid the groundwork for the CVD State Plan.
- The Steering Committee identified an initial Core Group to make recommendations for the new CVD State Plan. The large Core Group was divided into smaller work groups: Prevention/Public Awareness, Pre-Hospital/EMS, Acute/Subacute, Recovery/Transitions of Care, and Telemedicine.
- The charge to the work groups was to identify and prioritize strategies to improve care through evidence-based interventions and promising practices. The work groups also identified ways to develop an innovative approach to reduce disparities and target resources.

Ms. O'Connell introduced the following work group representatives to make summary reports on behalf of their work groups: Betsy Vetter, the Director of Government Relations at American Heart Association/American Stroke Association; Mr. David Cuddeback, Training Officer from Duplin County EMS; Karen McCall, Vice President, Public Affairs and Marketing at UNC Healthcare; Stacey Greenway, Program Manager for HealthSteps, Cardiovascular and Pulmonary and Rehabilitation at Pitt County Memorial Hospital; and Robin Jones, Stroke Program Coordinator at Mission Health.

Ms. Betsy Vetter presented an overview of the goals and objectives for the Prevention/Public Awareness Work Group:

- The work group addressed two goals:
  - Goal 1. By June 2016, increase the proportion of North Carolinians who live healthy lifestyles conducive to cardiovascular health. Goal 1 will have four objectives to achieve.
  - Goal 2. By June 2016, decrease the percentage of North Carolinians who smoke and/or are exposed to secondhand smoke. Goal 2 will have seven objectives to achieve.

Mr. David Cuddeback presented an overview of the goals and objectives for the Pre-Hospital/EMS Work Group:

- This work group addressed Goal #3 which is to increase the proportion of North Carolinians who have access to and receive appropriate integrated emergency and acute care for cardiovascular events:
  - The objectives, strategies and measureable outcomes were reviewed.

Ms. Karen McCall presented an overview of the objectives for the Acute/Subacute Work Group. This work group also addressed Goal #3:

- In developing the Stroke System of Care Plan (SSoC) Plan throughout 2010, the work was completed with participation of many hospitals in NC and the NC Hospital Association.
- The work group came up with a list of principles on hospital and provider care and quality standards.
- The work group also recommended a role for hospitals in promoting awareness of the signs and symptoms of heart attacks and stroke.
- Needs include: Protocols for the management of heart attack and stroke; a hospital reporting system which indicates the capabilities of each individual hospital to treat heart

attack and stroke. It was recommended to work with the Hospital Association to implement a public reporting system.

- Each hospital in NC should have a stroke plan. A designation for stroke capability is needed.

Senator Eric Mansfield presented a question regarding clarification of a designation plan for each hospital. Ms. McCall responded that it is in terms of triage and the level of care patients need. There is a need to know the level of stroke care capability in every hospital in NC. Anita Holmes responded every hospital will have a plan for how they will handle a patient with a possible stroke. It may mean or include transferring the patient to a higher level of care. Dr. Huang responded each hospital needs to self-examine itself to determine its capabilities. Information needs to be provided to hospitals to determine the level of care provided at the basic level and at an advanced level.

Ms. Stacey Greenway presented an overview of goals and objectives for the Recovery/Transitions of Care Work Group:

- The Recovery/Transitions of Care Work Group addressed Goal #4 which is to increase the proportion of North Carolinians who receive appropriate coordinated management of post-acute transition care following cardiovascular events:
  - The objectives, strategies and measureable outcomes were reviewed.

Ms. Robin Jones presented a background on Telemedicine and the goals and objectives for the Telemedicine Work Group:

- Telemedicine overarches into prevention, pre-hospital, and rehabilitation.
- In cardiovascular medicine today, most advanced cardiovascular telemedicine is used for stroke (Telestroke). There are many other applications in which telemedicine can be used.

### **Task Force Discussion on the Cardiovascular State Plan**

Ms. Sylvia Coleman facilitated a discussion on the NC Cardiovascular State Plan.

Ms. Coleman reported there were over 80 individuals involved in the development of both the Stroke Systems of Care Plan (SSoC) and the NC Cardiovascular State Plan. The CVD State Plan is currently in draft form and will be revised and presented at the Justus-Warren Task Force meeting in April 2012 for approval. The draft of the individual sections, including Surveillance and Evaluation, were distributed for review via e-mail on 01/16/12 and was included in the material distributed at the meeting. Ms. Coleman reported recommendations for change have already been made for consideration. Any additional changes or recommendations should be sent to Anita Holmes, Sylvia Coleman, or Virginia Maisch.

Dr. Huang commented that an area which may not necessarily be for the NC Cardiovascular State Plan to address but may be able to be built into the Healthy NC 2020 Plan is access to health care. Dr. Huang reported that more than half of patients referred to him who have had a stroke do not have a primary care physician. When these patients are seen in follow up, they still may not have a primary care physician. Dr. Carolyn Dunn agreed that more specific language is needed in the plan in this regard.

Dr. Karen Smith reported a “medical home” is the type of care needed to allow the coordination with tertiary care facilities. A patient seen in their medical home will have the components that

will allow for the desired care. Dr. Smith reported the type of primary care services offered at Pitt County Memorial Hospital is needed.

Senator Mansfield referred to an article written by Dr. Larry Goldstein looking at statewide hospital-based stroke care in NC. The article looked at Primary Stroke Centers in NC, and it was found that being a Primary Stroke Center did not decrease stroke complications, in-hospital mortality, length of stay, or cost. This was due to not having been able to collect data. Dr. Mansfield questioned if the model is being developed to ensure that we have outcome numbers to report. Dr. Huang responded that the NC Stroke Care Collaborative (NCSCC) has been central in the State's efforts to collect additional data from hospitals. The NCSCC can account for more than 75% of all strokes in NC. Although the number of Primary Stroke Centers has increased in the State, it does not necessarily translate to increases in improvement of care. Many counties do not have access to a primary stroke center. Efforts are needed to improve the basic stroke care that every hospital provides. Each hospital needs to be able to state its capabilities for care. The SSoC Acute/Subacute Work Group recommends hospitals look at their capability. What is being suggested from this plan is that hospitals and the Hospital Association begin to examine capability.

Sylvia Coleman reported the Pre-Hospital and EMS section of the plan recommends that every hospital share information and coordinate with EMS.

Dr. Don Ensley responded this discussion has not been addressed previously. This provides an opportunity for the community, clinicians, staff, and others to establish and share protocols among hospitals.

Representative Murry asked Dr. Huang about access to care. When patients come in for a consult and are told they need to see a primary care physician, are the following questions addressed: Is there not a primary care physician for them; did they not go to their appointment, or did they not have a means to pay for the appointment? Dr. Huang responded that it is a combination of all three: the patient may not have a primary care physician; may live several hours away and not have transportation; and may have no insurance and will need to pay out of pocket.

Peg O'Connell reported the Institute of Medicine has done a study of the physician and other health care providers' work force. NC is understaffed in general in family medicine.

Betsy Vetter reported that, in the Prevention/Public Awareness Section of the CVD State Plan, one key strategy is for community health workers to be part of a primary care model. There is an opportunity to look at the plan as we have it and incorporate these ideas to ensure we are adequately stating what is needed to be done.

Glenn Martin, Rockingham County Health Director, reported that prevention and access to health care are areas that need more attention across the state. Gladys Lundy, a heart attack and stroke survivor, recommended that the Association of Free Clinics be added to the list of partners. Dr. Huang recommended that there be statements in the plan acknowledging that there are overarching concerns that lack of basic health care is an issue for a significant portion of the population.

Dr. Ensley reported there needs to be a method for developing a plan to ensure that the CVD State Plan is delivered to the proper decision and policy makers. Dr. Ensley suggested not only submitting the plan but also marketing the plan.

Anita Holmes reported the work of the Task Force is continuous and will include ongoing guidance on the implementation of the CVD State Plan.

### **HB 503 – Nutrition Standards/All Foods Sold at School**

Pam Seamans, Executive Director, NC Alliance for Health, presented on HB 503:

- Ms. Seamans reviewed the Alliance's Tobacco Use Prevention and Obesity Prevention Policy priorities.
- The Alliance's overall policy priority with regard to nutrition in schools is to make all food that is sold in school healthy.
- House Bill 503 focuses on competitive food and beverage sales (food sold outside the school lunch and breakfast program).
- Competitive food includes food and beverages sold in vending machines, school stores, and fundraisers.
- No cost to schools is anticipated.
- Studies revealed when healthier items are available, they are purchased.
- A slight reduction in sales might be seen initially but will rebound over time.

Shonda Corbett reported California had a similar program and that there was a decrease in sales. Betsy Vetter reported repeated studies have shown that sales return to normal levels.

Senator Purcell introduced Butch Gunnells, a representative from the NC Beverage Association. Mr. Gunnells reported the Beverage Association supports state legislation regarding beverages offered in schools. A voluntary set of standards was adopted regarding beverages sold to schools for both cafeteria and vending machines. A brochure is available to review the terms which were agreed to. Mr. Gunnells reported the Beverage Association supported HB 503.

Ms. O'Connell made a motion to add the Justus-Warren Task Force to the list of organizations that support HB 503. The motion was seconded by Dr. Carolyn Dunn.

Representative Hollo responded that HB 503 is in the middle of the legislative process and it may not be the right time for the Justus-Warren Task Force to show support. Members of the Task Force should have the opportunity to review HB503 which could then be addressed at the meeting on April 25, 2012.

Ms. O'Connell withdrew her motion for the Task Force to support legislation at this time.

Representative Hollo made a motion for every member of the Task Force to be provided with a copy of HB 503 with supporting language. HB 503 will be added to the agenda for the meeting on April 25, 2012. Ms. O'Connell seconded the motion. The motion was approved.

### **Preview of ABCS Public Awareness Campaign**

Debi Nelson, Assistant Branch Head for the Heart Disease and Stroke Prevention (HDSP) Program, reported that the focus of the media education campaign this year will be on the ABCS (Aspirin, Blood Pressure, Cholesterol, Smoking) education campaign and the signs and symptoms of stroke. The ABCS is a national endeavor from the CDC as well as part of the Million Hearts Campaign.

Melinda Postal, Carolina Center for Medical Excellence (CCME), presented a summary of the media scope of work and activities performed over the last five years.

“Heart Lessons”, the 30-second TV spot about the ABCS, was presented to the Task Force. It will run statewide throughout the month of February 2012.

A sodium op-ed was published in the News and Observer December 23, 2012. Two additional op-eds about high blood pressure and cholesterol are being developed.

Outreach activities are being performed primarily in the eastern part of NC. CCME is working with Walmart pharmacies and Cornerstone Ministries to distribute information about the ABCS. This effort will target Senior Expos.

### **Executive Director Report**

Anita Holmes, JWTF Executive Director, reported information on the Million Hearts Campaign will be forthcoming.

Ms. Holmes reported the HDSP Basic Implementation (BI) CDC continuation funding application in the amount of \$1.3 million will be due the end of March 2012. The NC Stroke Care Collaborative (NCSCC) will be competing for funding for the next funding cycle starting July 1, 2012.

Ms. Holmes noted that Sally Herndon, Tobacco Prevention and Control Branch Head, found an article on a study conducted in Arizona on their comprehensive statewide smoking ban. The study found a reduction in stroke, angina and asthma. No figures are available at this time for NC.

Ms. Holmes announced for Dr. Engel that NC has moved up from the bottom third in the national health rankings to the middle third (32<sup>nd</sup>).

Senator Purcell announced Senator Mansfield and Representative Murry have agreed to co-chair the Task Force Legislative Committee.

Peg O’Connell requested, on behalf of Karen McCall, Stroke Advisory Committee Chair, to put a name forward to the Task Force for appointment to the Stroke Advisory Committee (SAC). Ms. O’Connell made a motion for Dr. Brian Forrest, current president of the NC Academy of Family Physicians, to be appointed to the SAC. The motion was approved.

The meeting adjourned at 1:10 pm.