

Justus-Warren Heart Disease and Stroke Prevention Task Force

Minutes for Meeting December 5, 2024

Participants

Members: Senator Jim Burgin, co-chair; Adrienne Calhoun, Piedmont Triad Regional Council, Kat Combs, Eat Smart, Move More NC; Lindsey Haynes-Maslow, UNC; Ashley Honeycutt, UNC Rex; Leatrice Martin, NC Central University; Margaret Murchison, Media News Director; Joey Propst, Stroke Survivor; Eugene Reynolds, Kintegra Health; Doug Schiller, UNC Lenoir; Julie Sundermann, DHHS Division of Aging; Ryan Swanson, Blue Cross Blue Shield Pharmacy; Brittany Watson, NC Medicaid.

Partners: Wally Ainsworth, NC Office of EMS, SAC member; Pat Aysse, American Heart Association (AHA); Joshua Batten, Alcohol Law Enforcement (ALE); Tasha Bollinger, UNC Health Caldwell; Michelle Bradley, UNC Johnson (Smithfield) & UNC Clayton; Haley Brennan, Novant Health Huntersville & Mint Hill Medical Centers; John Broome, American Cancer Society; Olivia Broomer, Cone Health; Anna Bess Brown, Justus-Warren Heart Disease and Stroke Prevention Task Force; Stacey Burgin, DPH Community and Clinical Connections for Prevention and Health Branch (CCCPH); Jennifer Carmichael, Cone Health; Heather Carter, Dementia Services, Division of Aging; Judy Clark, Novant Health Greater Winston-Salem; Sylvia Coleman, RN; Michelle Comp, Novant Health Thomasville; Carissa Dehlin, Novant Health Matthews and Ballantyne; Karissa Del Hoyo, Novant Health Kernersville; Tina Dotson, Novant Rowan; Ronda Doward, DHHS Tobacco Prevention; Chelsea Dunston, Atrium Health Cabarrus; Claudia Giraldo, CCCPH; Emily Gobble, UNC Heart and Vascular Center; Morgan Wittman Gramann, NC Alliance for Health; Ricky Harold, Northern Regional Hospital; Stephanie Hart, Duke; Sally Herndon, DPH Tobacco Prevention and Control Branch (TPCB); Scott Herrick, AHA; Ed Jauch, Mountain Area Health Education Center, SAC member; Robin Jones, RN, SAC member; Diomelia Laues, Fayetteville Veterans Administration Hospital; Sydney Lawrence, Lake Norman Regional Medical Center; Erin Lewis, UNC Rex; Jo Malfitano, Onslow Memorial Hospital; Jim Martin, TPCB; Jennifer McConnell, Atrium Health; Kimberly McDonald, DPH Chronic Disease and Injury Prevention Section (CDI); Lucinda McLean, Columbus Regional Healthcare; Katie Michael, Atrium Health Wake Forest Baptist Lexington; Dorriea Murphy, Cone Health; Peg O'Connell, Stroke Advisory Council Chair; Christie O'Connor, Cooperative Extension; Birtha Shaw, Diabetics Supply; Leilani Tolentino, Atrium Health Cabarrus; Danna Thompson, American Lung Foundation; Erika Yourkiewicz, Novant Health New Hanover Regional Medical Center, SAC member.

Welcome and Introductions

Senator Burgin began the meeting by greeting all and explaining that the Agenda for the meeting, the Action Agenda, and handouts are posted on our website StartWithYourHeart.com. Senator Burgin offered a special welcome to newly appointed members who are taking the seats of two retiring Task Force members:

- Brittany Watson, MD, Associate Director, NC Medicaid, who has taken the seat of Beth Daniel.
- James Ho, MD, UNC Stroke Medical Director, who has taken the position of David Huang, MD.

All members will be up for re-appointment starting July 1, 2025.

The minutes from the December 13, 2023 meeting were approved by acclamation. The meeting recording, minutes, and slides are posted on StartWithYourHeart.com.

Report on the Burden of Heart Disease and Stroke

Stacey Burgin, Lead Evaluator, DPH Community and Clinical Connections for Prevention and Health Branch

Ms. Burgin reviewed the most currently available data on heart disease and stroke morbidity and mortality in the state and the nation. She explained charts and graphs showing trends over time and the current state of the impact of cardiovascular disease and stroke. She also shared resources for addressing these issues. See her [slides](#) posted with meeting proceedings and in the Data section on startwithyourheart.com

Questions and Answers

Q: Senator Burgin asked what caused decreasing trends from 1999-2014 and noted we need to engage in those practices again to reduce the disturbing rise in heart disease and stroke death and disability.

A: Stacey responded that the decreases were due to interventions being done at the time.

Sen. Burgin: We passed that we'll be able to use the Healthy Opportunities money statewide. I texted with the Secretary today to ask when we'll see this happen.

Lindsey Haynes-Maslow, Policy, UNC Dept. Health Policy & Management and Task Force member: there were a lot of social marketing campaigns active in middle and high schools: TV and radio campaigns. There was a culture shift; 15 years ago NC passed a smoking ban in restaurants and bars. Decreases became a cultural aspect of North Carolina.

Peg O'Connell: I concur. Early on in the history of the Task Force, we did a tremendous amount of social marketing to make people aware of risk factors for heart disease and stroke. The smoking ban in restaurants and bars passed 15 years ago. The Health and Wellness Trust fund was established to put focus on keeping our kids from starting to smoke. This demonstrates that when we look away, these conditions are going to sneak back up on us.

Sen. Burgin: we need to get back into telling people their actions are killing them.

Jo Malfitano: in 2008 we had a stroke nurse coordinator role funded at Onslow Memorial. For a 10-year period, we saw a significant impact. We demonstrated improvement in mortality over that 10-year period. I see, and you've demonstrated today, that sadly we're going in the wrong direction. We need to bring back what we have seen work.

Sen. Burgin suggested that we all print Stacey's slides and show them to everyone. He said we need to recommend legislation to enact the changes. He added that hospitals will receive approximately \$6.3 billion, and he challenged hospitals to use some of this money to help people.

Sen. Burgin also noted he'll be introducing a bill to get kids off phones during the school day. He shared that 70% of 9, 10, and 11 year olds have phones, and over 50% are on medication as reported by two school principals.

From the Chat:

Sally Herndon, Head of the Tobacco Prevention and Control Branch (TPCB), noted that the 2010 Smoke Free Restaurants and Bars Law was one of the policies that contributed to the decrease in smoking. She added that the [Tips from Former Smokers Campaign](#) is a best practice, has great outcomes, and that NC used to invest \$17 million in tobacco prevention. CDC recommends funding tobacco control in NC at over \$19 million, yet funding in NC is only at 15.8% of that.

She added that we have tons of evidence about what works. About \$140 million/year comes from the Tobacco Master Settlement Agreement to NC each year. This money goes in to the general fund. Perhaps we could use some of these funds to support this tobacco and prevention work.

Ed Jauch, MAHEC and SAC member, noted, "For stroke, the incidence decreased due to better primary

prevention around hypertension, diabetes, and smoking in particular for about a 20-year period. Death rates also improved due to better stroke care (tPA, stroke units, secondary prevention). Part of the new increase in incidence is our younger populations are less healthy across almost all domains (diet, smoking, physical activity, risk factors, etc.) and are at risk for stroke at a younger age.”

Dr. Brittany Watson, NC Medicaid, thanked Dr. Jauch for mentioning the childhood obesity epidemic, noting, “This is so important. If we don’t address these issues at an earlier age, the crisis will only get worse.”

Jo Malfitano with Onslow Memorial noted that, “This information (the CVD burden profile) should be included as part of community needs assessments.”

Stroke Advisory Council Report

Peg O’Connell, Chair

In the past year the Stroke Advisory Council has met four times, three times virtually and one in person at Atrium Health in Charlotte. On that same day we convened a meeting of the Stroke Coordinators statewide and had a tour of Atrium’s new Rehab Hospital. One of the major accomplishments of the year involved our collaboration with DPH and the NC Health Information Exchange to add a risk factor interface to the Stroke Registry. This enhancement enables the tracking of individuals at risk for stroke, monitoring of their risk factors, and helps with allocation of resources and education to those at highest risk which will address healthcare disparities.

Coverdell Acute Stroke Program Report

Kimberly McDonald, Chief, DPH Chronic Disease and Injury Prevention Section

Dr. McDonald shared that North Carolina Division of Public Health was awarded a Coverdell National Acute Stroke Program cooperative agreement by the CDC, and that the Community and Clinical Connections for Prevention and Health branch will administer the funds and oversee the work. She gave the history of the Coverdell Program since its inception in 2001 and described how it has changed over the years. It began as a stroke registry program, expanded to strengthen stroke systems of care, and is now focused on reducing disparities and combining with other CDC efforts to combat cardiovascular disease.

The CDC funded DPH and Cone Health for this round of funding which began September 30, 2024 and will run for five years. North Carolina is the only state that received two awards.

The DPH Coverdell Program has welcomed Terri Moore back to serve as Coverdell Stroke Program Coordinator and will release an RFA in January to invite health systems to apply and describe how they would implement CDC Coverdell strategies. See Dr. McDonald’s slides.

Questions and Answers

Jo Malfitano with Onslow Memorial asked how hospitals can engage with the NC Coverdell Program.

A: Pat Aysee explained that most stroke-certified hospitals in NC signed Coverdell Participation Agreements with AHA which allows their Get with the Guidelines® data to be shared. If your hospital signed an agreement for the last round, you do not need to sign another agreement. That one still stands. If your hospital has *not* signed an agreement, you may contact Pat Aysee (pat.aysee@heart.org) to do so. We welcome all hospitals that use GWTG to sign AHA agreements to participate in Coverdell.

Action Agenda Status

Peg O’Connell, Chair, Stroke Advisory Council

Tobacco Prevention and Cessation Funding

- ▶ Endorse \$20 million (R) funding to expand tobacco cessation services and prevention.

The budget appropriates \$11,250,000 in nonrecurring funds in each year of the biennium from the State's settlement with JUUL Labs, Inc. for evidence-based electronic cigarette and nicotine dependence prevention and cessation activities. This item will remain on our Agenda. In fact, there are insufficient funds to pay for tobacco cessation treatment for every smoker in NC who wants to quit. We need to follow this closely to endorse efforts to provide resources to those who want to quit using tobacco products.

Tobacco 21

- ▶ Endorse recommendations of interagency committee to implement Tobacco 21>no bill introduced.

This item remains on the Action Agenda. We anticipate 2025 will be the year to implement Tobacco 21.

School Meals for All

- ▶ Endorse recurring funding for School Meals for All> \$3 million (R) each year plus \$3 million (N) in the first year to offset the reduced-price breakfast and lunch co-pays in schools participating in the National School Lunch Program and the School Breakfast Program.

This item will remain on the Action Agenda endorsing efforts to fund School Meals for All public school students.

EFNEP

- ▶ Support funding for the Expanded Food and Nutrition Education Program (EFNEP)>no progress.

This item has been on the Agenda for several years; and we, along with EFNEP leadership, have decided to remove it from the Agenda as EFNEP does not currently have the capacity to expand.

- ▶ Exempt NC Youth Tobacco Survey and the National Youth Tobacco Survey in the Parents' Bill of Rights Law>accomplished in 2024 short session through an administrative change.

Tobacco Use Prevention & Cessation

Tobacco 21

Morgan Whitman Gramann, Executive Director, NC Alliance for Health

Ms. Whitman Gramann presented data on the numbers of children and youth who are vaping; wanting to quit; and experiencing addiction, illness, and death from these highly addictive and dangerous products, many of which are unregulated. She shared evidence-based practices to limit the number of children with access to these products and explained how permitting will reduce addiction, give the state information on where these products are being sold, and more. See the Tobacco 21 slides.

The NC Alliance for Health asked the Justus-Warren Heart Disease and Stroke Prevention Task Force to endorse the following:

1. Raise the legal age for sale of tobacco and vaping products in NC from 18 to 21 to align with federal law.
2. Level the playing field by licensing tobacco and vaping product retailers.

Discussion: Sen. Burgin stated that companies are adding gambling to vape products, they're selling marijuana additive, and that one of the ingredients in some vapes is propylene glycol which is basically antifreeze.

Representative Iler wrote in the chat, “Sen. Burgin, I believe vaping has added to the issue since 2014. Will work with on bills to raise the age or other measures.”

Anna Bess added that Tobacco 21 is currently on the Action Agenda. In fact, Task Force members had already voted to support recommendations from the interagency committee on Tobacco 21, and we are hearing today about efforts to move on T21 this year to strengthen the endorsement.

Morgan added, that as we implement T21, it will become even more important to increase funding for tobacco cessation for youth.

Vote on T21

Senator Burgin facilitated a vote for both endorsements which passed unanimously.

Telecommunicator CPR

**Scott Herrick, State Government Affairs Director
American Heart Association**

Endorse the American Heart Association’s efforts to ensure that all 911 telecommunicators are trained in T-CPR.

Mr. Herrick explained his work with the EMS Committee to assure that all telecommunicators in the state receive CPR training, and AHA recommends codifying it in the law.

Sen. Burgin asked if he could add this language to a bill, and Scott explained that a bill may limit nimbleness for EMS and that EMS recommends working through the state EMS committee. Scott explained that this training is essentially being done, and we need to work with our state agency partners to clarify in code.

Q: Lindsey Haynes-Maslow asked for the definition of “high quality” T-CPR.

A: Scott explained that there are metrics that outline quality T-CPR and encourage evaluation.

Anna Bess added that the question from the review committee was if this is necessary if it’s already being taught.

Wally Ainsworth, NC OEMS, explained there are three vendors approved to provide T-CPR and they are monitored by medical oversight, reviewed regularly, require a written plan. He added that, if needed, we can clear this up in statute.

Vote T-CPR

Senator Burgin facilitated a vote to endorse AHA efforts to work with EMS Committee to clarify the T-CPR training requirement.

The vote passed unanimously.

Notes from the Chat:

Danna Thompson with American Lung association shared the State of Tobacco Control Report for NC in 2024. Tobacco Retail Licensing and enforcement is a big factor in making changes.

Danna.Thompson@lung.org [North Carolina](#) | [State of Tobacco Control](#) | [American Lung Association](#)

Danna also noted, “American Lung Association is looking forward to supporting this important work.”

Jim Martin with TPCB added, “National Institutes of Health shows that long-term use of electronic

cigarettes, or vaping products, can significantly impair the function of the body's blood vessels, increasing the risk for cardiovascular disease."

Scott Herrick, AHA, noted, "According to my wife who has taught for 25 years and my kids, those (vaping) rates are much higher in reality. My son can't go in his restroom without seeing huge clouds of vape (nicotine and Delta 8, and 9). HUGE peer pressure to stand in the circle and pass around this puff bar." Scott added, "AHA will be a huge supporter of T21 and Tobacco retail licensing."

Kimberly McDonald, CDI, noted "FYI - Oral arguments started in the Supreme Court Monday on whether the FDA acted lawfully in rejecting applications from makers of flavored liquids used in e-cigarettes with names like Jimmy the Juice Man, Peachy Strawberry, Signature Series Mom's Pistachio, and Suicide Bunny Mother's Milk and Cookies."

Sally Herndon added, "NC law currently allows zoning ordinances to reduce the density and location of new vape stores near vulnerable populations like youth. These local zoning ordinances are really catching on."

Lindsey Haynes-Maslow, at UNC and a Task Force member, asked about the company that has the vape with the video game. This news alert warns against them: <https://www.eurekaalert.org/news-releases/1052014>

Pat Aysse, American Heart Association, provided her email address (pat.aysse@heart.org), noted she is happy to answer additional questions about GWTG-Stroke and Coverdell, and said she's happy to assist hospitals in signing Participation Agreements if they have not already done so.

-End of Chat

Meeting and presentation slides, recording, and minutes are posted on the website startwithyourheart.com:
<https://www.startwithyourheart.com/justus-warren-heart-disease-and-stroke-prevention-task-force/jwtf-meetings/>

Senator Burgin wished everyone a Merry Christmas.