

REPORT

Texas Heart Disease and Stroke Prevention System Partner Planning Meeting

May 30 – 31, 2007

This Report Prepared by the Texas Heart Disease and Stroke Partnership
Steering Committee

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EXECUTIVE SUMMARY

The Texas Heart Disease and Stroke Prevention System Partnership held its first Partner Planning Meeting on May 30 and 31, 2007 at the Joe C. Thompson Center in Austin, Texas. This meeting built on the momentum generated at the November 2006 Texas Heart Disease and Stroke Public Health System Assessment to identify concrete action steps that address gaps and needs identified during the assessment. These capacity building action steps will be included as one component of the revised Texas Plan to Address Cardiovascular Disease and Stroke.

Organizations from all sectors related to heart disease and stroke prevention represented all areas of the state. Meeting attendance was included 104 individuals from 31 Texas cities representing 57 unique organizations.

Each group was charged with identifying one priority action step for each of the essential services. Discussion guides led the groups through discussions of the 4 indicators for each essential service. These are:

1. Planning & Implementation,
2. State-Local Relations,
3. Performance Management & Quality Control, and
4. Public Health Capacity & Resources.

Meeting attendees were successful in identifying at least one priority action step for each essential service. The actions steps fell into five focus areas for system improvement. These are:

- Development of centralized web resources,
- Consortia development around research, policy development/advocacy, and Workforce development
- Recruitment of additional partners into the THDSPS Partnership,
- Preventative care/quality care incentives, and
- Resource development.

INTRODUCTION

On May 30 and 31, 2007, the Texas Heart Disease and Stroke Prevention System (THDSPS) Partner Planning Meeting was held in Austin, Texas. This planning meeting was the second of a series of four meetings to update the Texas Plan to Reduce Cardiovascular Disease and Stroke (State Plan), and develop steps for implementation of the updated State Plan. The Texas Heart Disease and Stroke Prevention System Partnership Steering Committee in partnership with the Texas Council on Cardiovascular Disease and Stroke, direct the process of updating and implementing the State Plan. The membership of this committee is listed in Attachment 3 of this report. The first meeting held in November 2006 was used to assess the current system for addressing heart disease and stroke in Texas. The assessment was based on the National Public Health Performance Standards (NPHPS) as applied to heart disease and stroke. See www.cdc.gov/od/ocphp/nphps/ for more information on the NPHPS. A full report of the November assessment is available at www.dshs.state.tx.us/wellness/.

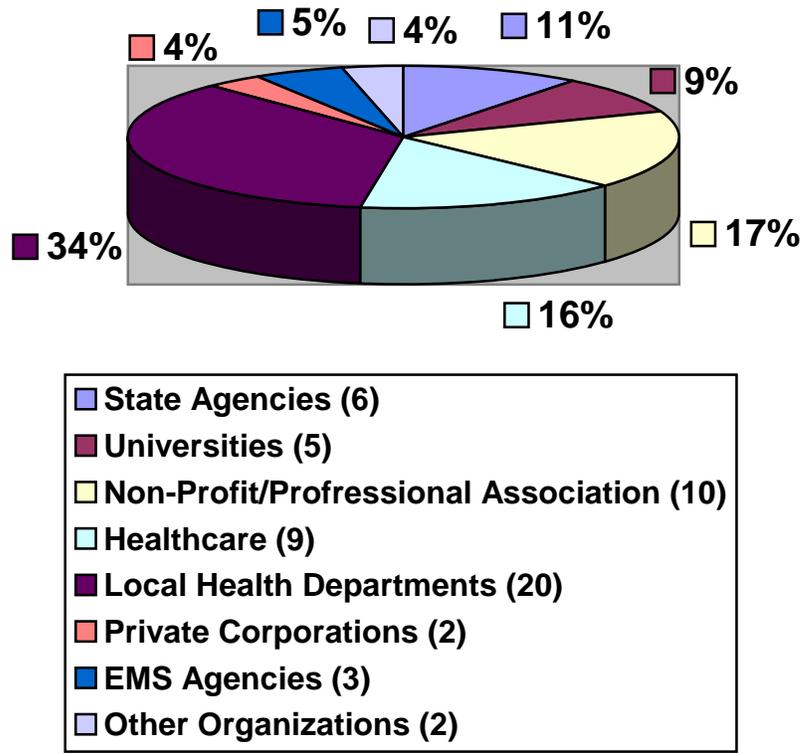
The Partner Planning Meeting built on the momentum generated at the November assessment to identify concrete action steps to address gaps in heart disease and stroke prevention/treatment infrastructure identified in the system assessment. These capacity building action steps will be included in the updated State Plan, along with objectives related directly to reducing heart disease and stroke and their risk factors.

Organizations from all sectors related to heart disease and stroke prevention represented all areas of the state. Specific meeting attendance was:

- 104 individuals participated in the meeting
- 57 organizations were represented, and
- Meeting attendees came from 31 cities across Texas.

Chart 1 shows the organizations that participated in the planning meeting by sector. The sector, "State Agencies" includes health related state agencies, state governmental councils or boards, and other state agencies that support cardiovascular health or health education. "Universities" includes universities and colleges, schools of public health, health science centers and medical schools. "Non-Profit/ Professional Associations" includes not for profit agencies such as the American Heart Association and Gateway to Care. This sector also includes professional associations such as the Texas Public Health Association and the Texas Association of Local Health Officials. The "Healthcare" sector includes hospitals, health insurers, and private practice health care providers. "Private Corporations" includes cardiovascular health related for-profit companies, such as pharmaceutical companies. "EMS Agencies" include agencies, such as local Emergency Medical Services agencies, fire departments, and Trauma System Regional Advisory Councils (RACs). "Other Organizations" includes organizations that do not fall into the categories above.

Chart 1: Participating Organizations



Jennifer Smith, Manager, Adult Health and Chronic Disease Group of the Texas Department of State Health Services (DSHS) moderated the plenary session that opened the meeting. This session presented the importance of collaboration and joint strategic planning among agencies in Texas that work to address heart disease and stroke. The presenters for this session consisted of a panel of organizational leaders including Dr. David Lakey, Commissioner, Texas Department of State Health Services, Tod Marvin, Senior Vice President Health Strategies, American Heart Association – Texas Affiliate, David Lurie, President, Texas Association of Local Health Officials, and Linda Hook, President Elect, Texas Public Health Association.

The opening plenary was followed by a panel discussion, moderated by Mike Gilliam from the DSHS Center for Program Coordination. This session provided an overview of the process used during the November 2006 assessment of the heart disease and stroke prevention system, as well as the findings and noteworthy discussion points from the assessment. The last plenary of the morning was conducted by Mike Messinger of the DSHS Center for Program Coordination and introduced the process that would be used for the planning discussions. Mike also presented background information on the National Public Health Performance Standards and the Essential Public Health Services.

PLANNING PROCESS

During the afternoon of May 30 and the morning of May 31, the attendees participated in facilitated planning discussions around each of the 10 Essential Public Health Services for heart disease and stroke prevention, in a small group (approx. 20 participants) concurrent break out format.

The 10 Essential Public Health Services for heart disease and stroke prevention include:

1. Monitor Health Status to Identify Health Problems and Trends Related to Heart Disease and Stroke
2. Diagnose and Investigate Health Problems and Health Hazards related to Heart Disease and Stroke in the Community Population
3. Inform, Educate and Empower People About Heart Disease and Stroke Health Issues
4. Mobilize Partnerships to Identify and Solve Health Problems for Heart Disease and Stroke Prevention
5. Develop Policies and Plans that Support Individual and Statewide Health Efforts for Heart Disease and Stroke Prevention
6. Enforce Laws and Regulations that Protect Health and Ensure Safety Related to Heart Disease and Stroke
7. Link People to Needed Personal Health Services for Heart Disease and Stroke and Assure the Provision of Health Care When Otherwise Unavailable
8. Assure a Competent Public and Personal Health Care Workforce for Heart Disease and Stroke
9. Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services for Heart Disease and Stroke
10. Research for New Insights and Innovative Solutions to Health Problems Related to Heart Disease and Stroke

Each group was charged with identifying one priority action step for each of the essential services, using the discussion guide and discussion points provided. (See sample discussion guide in Attachment 4). The discussion guides lead the groups through discussions of the 4 indicators for each essential service. These are:

5. Planning & Implementation,
6. State-Local Relations,
7. Performance Management & Quality Control, and
8. Public Health Capacity & Resources.

Potential action steps were generated and noted throughout the discussion. At the end of each session, the groups were asked to come to consensus on one priority action step for the Essential Service. The priority action steps and evaluation/progress monitoring plans were reported to the full group following each of the breakout sessions.

Results/Action Steps

Attendees of the meeting were successful in identifying at least one priority action step that will address gaps in the current system for each of the heart disease and stroke prevention essential services. Below are the priority action steps by essential service.

Essential Service 1 - Develop a Texas Heart Disease and Stroke Prevention System web page with listserv to compile and share data with stakeholders.

Essential Service 2 – Use existing data to make systems changes:

1. Encourage RACs to adopt protocols for stroke transport,
2. Post link to alternative data sources on web site,
3. Partner with FQHCs to share local data,
4. Use data to increase funding and resources.

Essential Service 3 –Develop a web-based registry with contact and initiative/program information for participating partners.

Essential Service 4 – Develop a series of web casts to share progress on action steps and pertinent topics to heart disease and stroke partnership development.

Essential Service 5 – Develop a consortium of individuals/entities to help spearhead and lead policy development/advocacy efforts.

Essential Service 6 – Expand partnerships through the Texas Public Health Coalition for high-level impact on enforcement.

Essential Service 7

1. Expand the system to include partners other than traditional public health partners.
2. Incentivize healthcare to address quality of care.

Essential Service 8 – Create a consortium to identify needs for workforce development related to heart disease and stroke.

Essential Service 9 – Develop resources (manpower/funding/expertise) to accomplish high quality comprehensive monitoring/evaluation of priority areas/initiatives.

Essential Service 10 – Establish a research consortium focusing on heart disease and stroke.

Additionally, the Texas Heart Disease and Stroke System Action Step Mapping Exercise on the afternoon of May 31st allowed all participants to identify their anticipated level of involvement in each of the action steps and identified organizations for which the action step fell into the primary mission of that organization. This exercise also identified 31 individuals who had interest in serving on steering committees for planning and implementing the action steps.

Summary and Recommendations

Primary concern across all of the essential services was communication between organizations and awareness of what other organizations are doing as well as increasing/optimizing resources dedicated to heart disease and stroke prevention. The actions steps fell into five focus areas for system improvement. These are:

- Development of centralized web resources,
- Consortia development,
- Recruitment of additional partners in the THDSPS Partnership,
- Preventative care/quality care incentives, and
- Resource development.

The THDSPS Partnership Steering Committee makes the following recommendations for moving forward in the statewide comprehensive planning process.

1. **Organize representatives from appropriate organizations (identified through the May 31, 2007 mapping exercise) to serve on a planning/implementation committee for each of the focus areas listed above.** Since these organizations will take the lead in making the action steps a reality, the action step needs to relate to the primary mission of the organizations involved. These groups should be convened prior to the Fall THDSPS Partner Meeting and should be functioning sufficiently before the Fall meeting to collect stakeholder input on implementation of the action steps.
2. **Outline an operational plan for the action steps identified at this meeting.** Organizations that identified themselves as having a primary role in each of the action steps should work with the individuals who identified themselves as potential action step steering committee members to develop an initial operational plan for each action step, collect input from stakeholders at the Fall THDSPS Partnership Meeting, and adjust the operational plan based on stakeholder feedback.
3. **Develop heart disease and stroke reduction and risk factor reduction objectives.** To date, the action steps and planning has been focused on infrastructure development. To ensure the revised state plan is comprehensive in its scope, the partnership must identify objectives related to reducing the prevalence of heart disease and stroke, improving heart disease and stroke outcomes, and/or reducing related risk factors. This process must be conducted in parallel with the continued development of the identified infrastructure development action steps.
4. **Strengthen and formalize the THDSPS Partnership.** As the planning process moves from strategic planning to operational/implementation planning, a more formal structure under which the partnership will operate must be identified. How the action step steering committees will interact with the Partnership Steering Committee, and the full membership of the THDSPS Partnership must be established. Additionally, the line of communication between the THDSPS Partnership and the Texas Council on Cardiovascular Disease and Stroke must be defined with input from both entities.

Appendix A

Texas Heart Disease and Stroke Prevention System Partnership

Steering Committee

Audra Bryant, Texas Medical Association

Mike Gilliam, Center for Program Coordination, DSHS

Michelle Hunter, Lubbock Health Department

Steve Janda, Office of EMS/Trauma Systems Coordination, DSHS

Lee Lane, Texas Association of Local Health Officials

Weihua Li, Cardiovascular Health and Wellness Program, DSHS

Mike Messinger, Center for Program Coordination, DSHS

Terri Pali, Texas Public Health Association

Reuben Parrish, Cardiovascular Health and Wellness Program, DSHS

Kathy Shields, San Antonio Metro Health District

Dan Smith, Regional & Local Health Services Division, DSHS

Jennifer Smith, Adult Health Group, Department of State Health Services (DSHS)

Brett Spencer, Cardiovascular Health and Wellness Program, DSHS

Suzanna Summerlin, American Heart Association, Texas Affiliate

Kevin Warren, TMF Hospital Quality Institute

Appendix B

2007 Texas Heart Disease and Stroke Prevention System Partner Planning Meeting
Joe C. Thompson Conference Center
Austin, Texas
May 30 – 31, 2007

Meeting Schedule

May 30, 2007

8:30 - 10:00 am	Meeting Check-in	Lobby
	Opening Session	
10:00 – 10:15 am	Welcome and Opening Remarks	Room 1.110
	Jennifer Smith , Texas Department of State Health Services, Manager, Adult Health and Chronic Disease Group	
10:15 – 10:45 am	Perspectives on Systems Improvement from Organizational Leaders	
	Tod Marvin - Senior Vice President Health Strategies, American Heart Association - Texas Affiliate	
	David Lakey , Commissioner, Texas Department of State Health Services	
	David Lurie - President, Texas Association of Local Health Officials	
	Linda Hook – President Elect, Texas Public Health Association	
10:45 – 11:45 am	Panel Discussion of November Assessment Process and Findings	
	Moderator: Mike Gilliam, Jr. , Texas Department of State Health Services, Center for Program Coordination	
	Becky Heinsohn , TMF Health Quality Institute	
	Mike Messinger , Texas Department of State Health Services	
	Patsy Cano , Houston Department of Health and Human Services	
	Glenna Stewart , Texas Department of State Health Services	
	Brent Dalley , Governors EMS and Trauma Advisory Council	
	Joel Romo , American Heart Association – Texas Affiliate	
	Carol Winick , American Heart Association – Texas Affiliate	
	Dan Smith , Texas Department of State Health Services	
	Manisha Maskay , Private Consultant	

May 30, 2007 (Cont.)

11:45 – 12:30 pm	Introduction of the Planning Process and Expectations - With an Overview of the National Public Health Performance Standards and the Ten Essential Public Health Services	Room 1.110
	Mike Messinger , Texas Department of State Health Services, Center for Program Coordination	
12:30 – 12:45 pm	Lunch Pick-Up	Lobby
12:45 – 2:45 pm	Working Lunch and Breakout Group Discussions:	
	ES 1 – Monitoring Health Status to Identify Health Problems in Heart Disease and Stroke	Room 3.122
	ES 3 – Informing, Educating and Empowering People about Heart Disease and Stroke Health Issues	Room 3.108
	ES 5 – Developing Policies and Plans that Support Individual and Population-Based Heart Disease and Stroke Health Efforts	Room 1.124
	ES 7 – Linking People to Needed Personal Health Services for Heart Disease and Stroke and Assuring the Provision of Health Care for Heart Disease and Stroke When Otherwise Unavailable	Room 3.110
	ES 9 – Evaluating the Effectiveness, Accessibility and Quality of Personal and Population-Based Health Services for Heart Disease and Stroke Prevention	Room 3.120
2:45 – 3:00 pm	Break	
3:00 – 3:45	Breakout Group Reports	Room 1.110
3:45 – 4:30	Day 1 Wrap-Up and Overview of Day 2	Room 1.110
	Jennifer Smith , Texas Department of State Health Services, Manager, Adult Health and Chronic Disease Group	

May 31, 2007

9:00 – 9:15 am	Welcome	Room 1.110
9:15 – 9:30 am	Review of the Planning Process and Expectations for the Day Mike Messinger , Texas Department of State Health Services, Center for Program Coordination	
9:30 – 9:45 am	Break	
9:45 – 11:45 am	Breakout Group Discussions:	
	ES 2 – Diagnose and Investigate Heart Disease and Stroke Health Problems and Health Hazards	Room 3.122
	ES 4 - Mobilize Partnerships to Identify and Solve Heart Disease and Stroke Health Problems	Room 3.108
	ES 6 – Enforce Laws and Regulations that Protect Heart Disease and Stroke Health and Ensure Safety	Room 1.124
	ES 8 – Assure Competent Public and Personal Healthcare Workforce for Heart Disease and Stroke	Room 3.110
	ES 10 – Research for New Insights and Innovative Solutions to Heart Disease and Stroke Health Problems	Room 3.120
11:45 – 12:00 pm	Break	
12:00 - 12:45 pm	Breakout Group Reports	Room 1.110
12:45 – 1:45 pm	Lunch	Lobby
1:45 – 2:45 pm	Texas Heart Disease and Stroke System Mapping Exercise Part II Reuben Parrish , Program Specialist, Cardiovascular Health and Wellness Program, Texas Department of State Health Services Velma Ortega , Program Specialist, Cardiovascular Health and Wellness Program, Texas Department of State Health Services	Room 1.110

May 31, 2007 (Cont.)

2:45 - 3:30 pm

Review and Next Steps

Room 1.110

Jennifer Smith, Texas Department of State Health Services, Manager, Adult Health and Chronic Disease Group

3:30 pm

Adjourn

Appendix C

2007 Texas Heart Disease and Stroke Prevention System Partner Planning Meeting May 30 – 31, 2007

Roster of Attendees

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Roster of Attendees (Cont.)

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Roster of Attendees (Cont.)

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Roster of Attendees (Cont.)

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Roster of Attendees (Cont.)

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Roster of Attendees (Cont.)

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Appendix D

Sample Planning Discussion Guide

Essential Service #1: Monitor Health Status to Identify Health Problems and Trends Related to Heart Disease and Stroke

This service includes:

- Assessment of statewide health status and its determinants for heart disease and stroke, including the identification of health threats and the determination of health service needs.
- Analysis of the health of specific groups that are at higher risk for heart disease or stroke than the general population.
- Identification of community assets and resources, which support the Heart Disease and Stroke Prevention System (HDSPS) in promoting health and improving quality of life for heart disease and stroke prevention, treatment and control.
- Interpretation and communication of health information on heart disease and stroke to diverse audiences in different sectors.
- Collaboration in integrating and managing public health related information systems on heart disease and stroke.

Assessment Scores

<u>Indicator 1.1: Planning and Implementation</u>	Low Partial (26 – 50%)
<u>Indicator 1.2: State-Local Relationships</u>	Low Partial (26 – 50%)
<u>Indicator 1.3: Performance Management and Quality Improvement</u>	Low Partial (26 - 50%)
<u>Indicator 1.4: System Capacity and Resources</u>	High Partial (51 - 75%)

Assessment Comments:

Indicator 1 – There is a lack of communication between state partners and local communities.

Indicator 2 – There is a decent job being done for heart disease but not stroke.

Indicator 3 – There is no marketing team or way to get the message/information out.

Indicator 4 – A lot of leadership is out there from hospitals and other organizations.

Essential Service 1 Initial Discussion Points

How well do we understand what is going on with heart disease and stroke in our communities and across the state?

How well do we monitor the heart and stroke related health of our citizens?

Are our data and information sharing systems adequate?

Indicator 1.1: Planning and Implementation

Heart Disease and Stroke Prevention System (HDSPS) Model Standard:

The HDSPS organizations maintain systems to measure, analyze and report on the population's health status related to heart disease and stroke. The state's health status is monitored through data describing critical indicators of health, illness, and health resources. Monitoring health status is a collaborative effort involving many state partners and local health systems. The effective communication of health data and information on heart disease and stroke is a primary goal of all system partners to generate new knowledge about heart disease and stroke related health status in the state.

Components of this Model Standard include, the HDSPS organizations:

- Develop and maintain population-based programs that collect health-related data on heart disease and stroke to measure the state's health status.
- Organize health-related data into a state health profile that routinely reports on the prevailing health of the people of the state, including trends in heart disease and stroke data, risk factors, and resource consumption.
- Produce useful data and information products on heart disease and stroke for a variety of data users, including data linked from a variety of sources, and a uniform set of health data on heart disease and stroke at the community level, and capacity for electronic data exchange.
- Operate a data reporting system for receiving and transmitting information regarding heart disease and stroke and its potential as a public health threat.
- Protect personal health information by instituting security and confidentiality policies that define protocols for health information access and integrity.

Essential Service 1.1 - Planning and Implementation - Discussion and Potential Action Steps

Components of this Model Standard that the HDSPS Organizations Do Well

Components of this Model Standard that the HDSPS Organizations Can Improve

Potential Action Steps for Improving Planning and Implementation of Essential Service 1

Identify potential action steps that would bring the HDSPS closer to achieving this model standard. Identify what needs to happen and the organizations that need to be involved.

Indicator 1.2: State-Local Relationships

Heart Disease and Stroke Prevention System (HDSPS) Model Standard:

The HDSPS organizations partner with local health systems and provide assistance, capacity building, and resources to local efforts to monitor health status and to identify health problems related to heart disease and stroke.

Components of this Model Standard include, the HDSPS organizations:

- Offer technical assistance and training in the interpretation and use of health-related data on heart disease and stroke, the development and maintenance of information systems needed to monitor health status at the local level and the analysis and publication of local health data and information.
- Provide a standard set of health-related data on heart disease and stroke to local health systems and assist them in accessing, interpreting, and applying these data for policy and planning activities.

Essential Service 1.2 - State and Local Relationships - Discussion and Potential Action Steps

Components of this Model Standard that the HDSPS Organizations Do Well

Components of this Model Standard that the HDSPS Organizations Can Improve

Potential Action Steps for Improving State and Local Relationships around Essential Service 1

Identify potential action steps that would bring the HDSPS closer to achieving this model standard. Identify what needs to happen and the organizations that need to be involved.

Indicator 1.3: Performance Management and Quality Improvement

Heart Disease and Stroke Prevention System (HDSPS) Model Standard:

The HDSPS organizations review and continuously improve activities to monitor health status and identify health problems related to heart disease and stroke to achieve effective performance and outcomes for the state's population.

Components of this Model Standard include, the HDSPS organizations:

- Review the effectiveness of its efforts to monitor health status related to heart disease and stroke to determine the sufficiency and relevance of the gathered health data and its effectiveness in meeting user needs for health data.
- Manage the overall performance of its health status monitoring activities related to heart disease and stroke by using consistent and relevant standards, measuring performance, publishing progress reports and maintaining an ongoing quality improvement process.

Essential Service 1.3 – Performance Management and Quality Improvement - Discussion and Potential Action Steps

Components of this Model Standard that the HDSPS Organizations Do Well

Components of this Model Standard that the HDSPS Organizations Can Improve

Potential Action Steps for Improving Performance Management and Quality Improvement Processes related to Essential Service 1

Identify potential action steps that would bring the HDSPS closer to achieving this model standard. Identify what needs to happen and the organizations that need to be involved.

Indicator 1.4: System Capacity and Resources

Heart Disease and Stroke Prevention System (HDSPS) Model Standard:

The HDSPS organizations effectively invest in and utilize human, information, technology, organizational and financial resources to monitor health status and identify health problems related to heart disease and stroke in the state.

Components of this Model Standard include, the HDSPS organizations:

- Commit financial resources to monitoring health status.
- Exercise organizational leadership to focus assets on monitoring health status.
- Use a workforce skilled in collecting, analyzing, disseminating, and communicating health status data and maintaining data management systems.

Essential Service 1.4 – System Capacity and Resources - Discussion and Potential Action Steps

Components of this Model Standard that the HDSPS Organizations Do Well

Components of this Model Standard that the HDSPS Organizations Can Improve

Potential Action Steps for Improving System Capacity and Resources related to Essential Service 1

Identify potential action steps that would bring the HDSPS closer to achieving this model standard. Identify what needs to happen and the organizations that need to be involved.

Essential Service #1 Action Plan Development

Essential Service 1 Priority Action Step

From the potential action steps identified in the discussions around each of the four indicators for this essential service, identify one (1) priority action step for improving the delivery of Essential Service 1 (Monitoring Health Status) in Texas.

Process for Measuring Progress Towards Completion of this Action Step

Identify the process, data, and resources needed to monitor/measure the progress towards completion of the Essential Service 1 priority action step.