

The background features a stylized graphic with a central heart and brain icon. The heart is red and positioned below a grey brain icon. Two beams of light, one yellow and one orange, emanate from the top, passing through the heart and brain. The background is composed of various geometric shapes in shades of yellow, orange, and grey, creating a dynamic, sunburst-like effect.

T E X A S

**Council
on
Cardiovascular
Disease
& Stroke**

2001 Legislative Report

Table of Contents

Message from the Chair **3**

Historical Perspective **5**

Impact of Cardiovascular Disease and Stroke **6**

Accomplishments **8**

Appendices **13**

- A House Bill 2085
- B Texas Council on Cardiovascular Disease and Stroke Members
- C Schedule of Meetings
- D Stroke Database
- E Selected Statistics
- F References

Cardiovascular Disease and Stroke Council
Texas Department of Health
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Austin, Texas 78756-3199
(512) 458-7670
Fax: (512) 458-7618
<http://www.tdh.state.tx.us/wellness/cvd/cvd.htm>

The background features a stylized, geometric design with a central heart shape and a circular emblem above it. The design is composed of various shades of gray and white, creating a sense of depth and movement. The text is centered over this background.

T E X A S

**2001
Council
on
Cardiovascular
Disease
& Stroke
2001 Legislative Report**

M..... essage from the Chair of the Texas Council on Cardiovascular Disease and Stroke

Texas Council on Cardiovascular Disease and Stroke 2000

.....

Steve R. Bailey, M.D.

Kirk A. Calhoun, M.D.

Bill Cummings

Kate Darnell, M.S.

Victor A. Diaz, M.D., M.P.H.

Melbert C. Hillert Jr., M.D.

Barbara Gill MacArthur, R.N., M.N., F.A.A.N.

Randy Pennington, M.S.

Martha Simien, M.Ed.

Sharon Smalling, M.P.H., R.D., L.D.

Diane Hurst Solomon, M.D.

Deanna Hoelscher, Ph.D., R.D., L.D.,
C.N.S.

.....

The Texas Council on Cardiovascular Disease and Stroke was established by the 76th Texas Legislature with a purpose that is vital to the health of all Texans. Heart disease and stroke are the number one and number three killers in our state causing two out of every five deaths, as well as costing our state approximately \$9 billion per year. The Council's purpose is to develop an effective and resource-efficient plan to reduce the morbidity, mortality and economic burden of cardiovascular disease and stroke in Texas and develop a database of clinical resources and a cardiovascular disease and stroke database.

The twelve members of the Council represent some of Texas' best. These experts from the fields of cardiology, neurology, epidemiology, nursing, and nutrition, as well as caregivers and survivors of the diseases, have generously given their time and exemplary knowledge to mapping a plan of action that will place Texas at the forefront of fighting heart disease and stroke in our country. They have been highly motivated and, with no budget, this committed group has taken the vital first steps to achieve the mission of decreasing the impact of this major healthcare concern. Texas Department of Health staff have greatly assisted the Council in its efforts and proven invaluable to the function of the committees whose reports follow. I applaud the efforts and dedication of each of these individuals including Dr. Philip Huang, Jennifer Smith, Tom Rapp, Dr. Celan Alo, Richard Kropp and Jeannie Woollard.

I wish to thank the members of the Texas Board of Health and the Commissioner of Health for their commitment to the health of our state with special attention to the positive health and economic outcomes of prevention, treatment, and education about cardiovascular disease and stroke. It has been an honor and a privilege to serve the State of Texas as Chair of the Texas Council on Cardiovascular Disease and Stroke. The members of the Council join me in the continued commitment to keeping reduction of these diseases and their high human and financial costs as priorities for our State.

Respectfully,



Barbara Gill MacArthur, R.N., M.N., F.A.A.N.
Chair, Texas Council on Cardiovascular Disease and Stroke



H..... Historical Perspective

The Texas Council on Cardiovascular Disease and Stroke (Council) was created by the 76th Legislature to address the number one and number three killers of Texans. The Council was attached to the Texas Department of Health (TDH) through H.B. 2085 (Appendix A) and required the Board of Health to appoint twelve members. After an application and review process, the Board of Health appointed 11 members in January 2000, and the final member in April 2000, representing the medical, educational, organizational and personal aspects of cardiovascular disease (CVD) and stroke. The legislation charges the Council to 1) create a state plan, 2) develop a database on cardiovascular disease and stroke and 3) develop a database on available clinical resources. The Council duties also include advising TDH on the use of any appropriated funds for the prevention of CVD and stroke. **Currently, no funds have been appropriated.** Texas Department of Health is providing staff and material resources to support the meetings and actions of the Council.

Actions Taken by Council

During the first few meetings, the Council developed rules by which to govern their activities, elected a chair and vice chair to be the leaders and spokespersons when called upon, and developed working groups to address the charges of the Council. The chair provided testimony to the Board of Health on funding for cardiovascular disease and stroke during the agency exceptional item process. The chair has also responded to legislative requests concerning future funding items.

After hearing presentations from the Texas Education Agency and the Center for Health Promotion and Prevention Research, School of Public Health at the University of Texas Health Science Center at Houston, the Council moved to endorse the Coordinated Approach to Child Health (CATCH) program as a viable public school curriculum that includes physical, nutrition and health education related to cardiovascular disease and stroke prevention. This program is currently endorsed by the Board of Education and Texas Diabetes Council as a diabetes prevention curriculum and is supported through funds from the Texas Diabetes Program.

In the past 11 months, Council members have donated over 3,200 personal hours and \$37,000 of in-kind financial resources to Council activities. Council members are not reimbursed for their activities pertaining to the Council by legislative action. Texas Department of Health staff have provided 1,440 hours of service to support the Council.

Impact of Cardiovascular Disease and Stroke

Cardiovascular disease (CVD) refers to a group of diseases that target the heart and blood vessels and is the result of complex interactions between multiple inherited traits and environmental issues including diet, body weight, blood pressure, and lifestyle habits. Common forms include heart disease, stroke, and congestive heart failure.

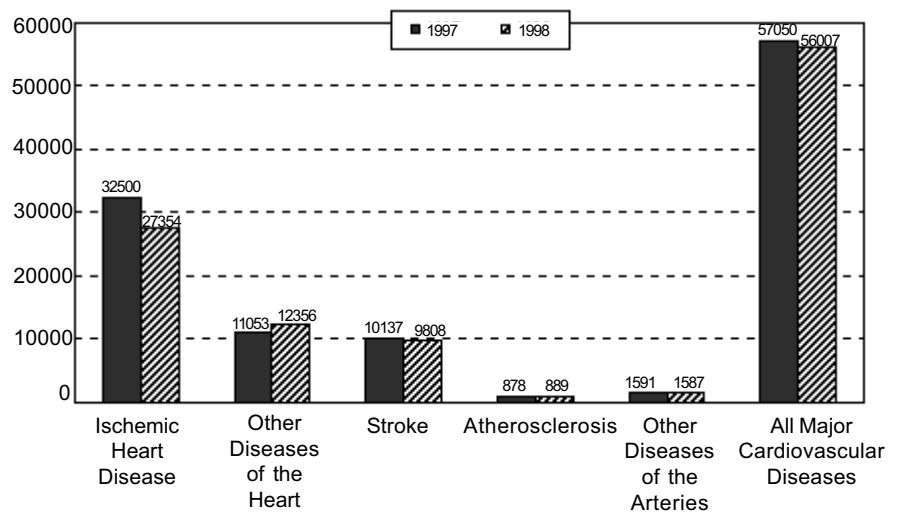
A major cause of CVD is atherosclerosis, a general term for the thickening and hardening of the arteries. It is characterized by deposits of fatty substances, cholesterol, and cellular debris in the inner lining of an artery. The resulting buildup is called a plaque. These plaques can partially or completely occlude a vessel and may lead to heart attack or stroke. Major causes of atherosclerosis include 1) elevated levels of cholesterol and triglycerides, 2) high blood pressure, 3) cigarette smoke, 4) obesity, 5) diabetes mellitus and 6) physical inactivity.

Heart disease and stroke are not only the number one and number three killers in the nation (respectively), but together they are the number one drain on health care resources. According to the American Heart Association, 58,200,000 Americans are estimated to have one or more types of cardiovascular disease. These diseases claim more lives than the next 7 leading causes of death combined. Additionally, about 4.9 million Americans live with the debilitating effects of congestive heart failure, which is the single most frequent cause of hospitalization of Americans age 65 and older. The American Heart Association has estimated that CVD has cost Americans \$274 billion in medical expenses and lost productivity in 1998.¹

In Texas, diseases of the heart (including ischemic heart disease, rheumatic heart disease, and hypertensive heart disease) claimed 42,713 lives (30% of all deaths) in 1998, and continues to be the leading cause of death. Stroke ranked third with 9,808 deaths (7.0%). Together, these two diseases rank 1 and 3 respectively as killers both nationally and in Texas.² It is estimated that

The major cardiovascular diseases were the most common cause of death in Texas, accounting for more than 37 percent of all deaths in 1998.

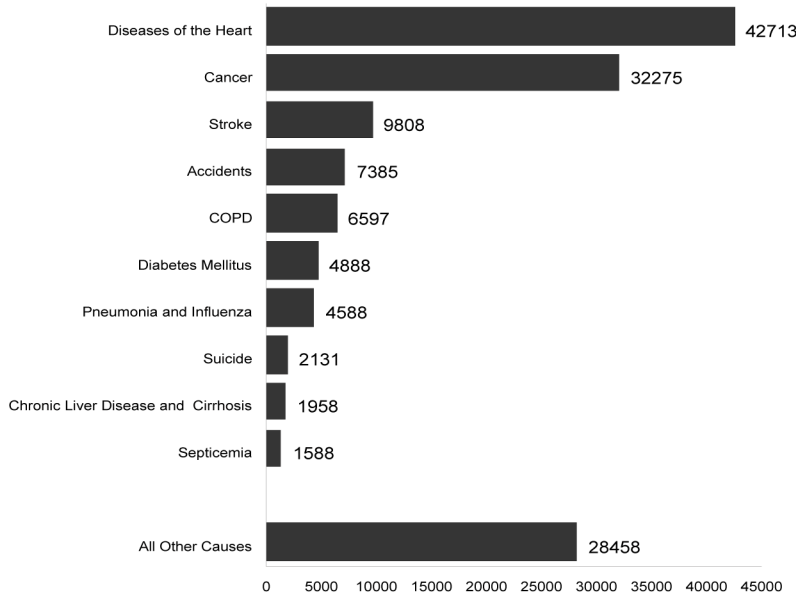
Major Cardiovascular Diseases
Texas, 1997 and 1998



Source: Vital Statistics, Texas Department of Health

Leading Causes of Death

Texas, 1998



they cost the state more than \$9 billion dollars a year which totals over \$500 per Texan.³

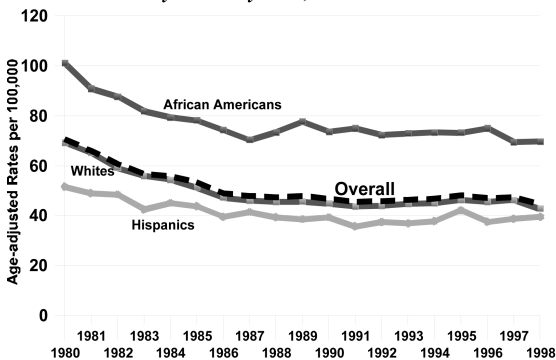
One quarter of the Texas population is enrolled in Medicaid and/or Medicare (4.6 million in Texas). In 1995, there were approximately 185,000 Medicare hospitalizations in Texas for which CVD was listed as a principal cause for admission. Medicare paid over \$1 billion dollars for these stays. Medicare charges from CVD procedures alone in Texas were over \$500 million.⁴

Known as the silent killer, the first appearance of heart disease is all too often sudden and devastating. At least 250,000

Source: Vital Statistics, Texas Department of Health

Stroke

Mortality Trends by Race, Texas 1980-1998

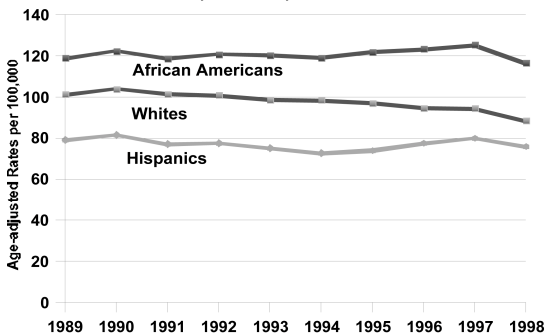


Americans die each year from heart attacks within 1 hour of experiencing symptoms and before reaching a hospital. CVD is the number one cause of emergency room visits, and more money is spent on treating heart disease and stroke than any other cause of hospitalization. The average cost of coronary artery bypass totals \$44,200 per patient not including rehabilitation and lost productivity.¹ Approximately 10 to 20% of bypass surgeries are repeat surgeries, and after 10 years, up to 50% of bypass grafts will become occluded.⁵ The average cost of stroke is \$15,000 per patient not including rehabilitation and lost productivity. Of note, 10% of strokes exceed \$35,000.⁶

In Texas, as well as nationally, mortality from CVD has been steadily declining over the past 17 years. Evidence from heart attack registers tells us that much of the fall in mortality is attributable to changes in risk factors, rather than advances in medical care.⁷ Nonetheless, CVD continues to be the major cause of death, particularly among Texas' minority populations. The highest mortality is found among the African American population, both in Texas and in the U.S. Mortality for African Americans from heart disease is almost 150% that for whites and almost twice that for Hispanics. Additionally, the mortality rate for stroke among African Americans is about twice that for both whites and Hispanics.¹

Ischemic Heart Disease

Ten-Year Mortality Trends by Race, Texas 1989-1998



Additional statistics are available in the "CVD in Texas Report" at <http://www.tdh.state.tx.us/wellness/stats/stats.htm>.

A..... Accomplishments

The Council determined that to most effectively address their charges, they would need to develop work groups, with no more than three Council members per group, that could review information, draft action plans and make recommendations to the full Council. These work groups are (1) State Plan, (2) Development, (3) Clinical Resource Database, and (4) CVD and Stroke Database.

State Plan

Kirk Calhoun, M.D.

Kate Darnell, M.S.

Deanna Hoelscher, Ph.D., R.D., L.D., C.N.S.

The State Plan Work Group was formed to create a detailed outline structure for the plan of work for the Council. The plan will be based on the charges laid out in HB 2085, and will involve primary, secondary and tertiary prevention efforts, as well as clinical resources and references. The committee has collected information on state plans in other areas and/or from other states, as well as information on current cardiovascular and cerebrovascular initiatives and programs in Texas, including materials created by the Texas Department of Health. A matrix that includes the charges from the legislature, current needs assessment data available, outcome measures, standards for outcome measures for both Texas and the U.S., and plans of action has been drafted as a working document to organize the elements of the state plan.

The ***Texas State Plan for Cardiovascular Disease and Stroke*** will include an executive summary, a listing of the strategic plan for the Council, a rationale for the plan of action, a bibliography based upon a review of the current literature on cardiovascular disease and stroke, and database and clinical references developed by the other work groups. A vision statement and mission will be included as overarching guides for the plan, and both short term and long term goals for the Council will be elucidated. Further elements of the State Plan will be developed with input from the rest of the Council and outside resources.





Development

Randy Pennington

Bill Cummings

Victor Diaz, M.D.

The Development Work Group was formed by the Council to identify potential funding opportunities, to provide advisement to the Board of Health on the use of any appropriated funds, should funds be provided, that may assist in carrying out the unfunded mandates set forth in H.B. 2085 [76th Legislative Session] and to provide education to groups interested in the Council's activities.

The Council members have responded to questions from members of the Senate and House of Representatives, Senate Finance and House Appropriations Committees, and staff members in the Governor's Office. Council members have provided presentations to groups such as the Texas Silver Haired Legislature, American Association for the Advancement of Retired Persons (AARP), Texas Retired Teachers Association, Texas Coalition on CVD and Stroke and the American Heart Association.

The Texas Department of Health applied for grant funding from the Centers for Disease Control and Prevention in CY2000. Funding was not received, and the Development Work Group has initiated research on sources of funding for mini-grants the Department of Health may be able to apply for to accomplish specific projects associated with the Council's charge.

Clinical Resource Database

Sharon Smalling, M.P.H., R.D., L.D.,

Barbara Gill MacArthur, R.N., M.N., F.A.A.N.

Steve R. Bailey, M.D.

During the past few months, this work group has defined the term "clinical resources": resources pertaining to professionals as well as the public and encompassing primary and secondary treatment and education resources. Three goals have been established: (1) obtain information on current prevention and education initiatives and correlate them into an easy to understand, easily accessible, and usable database; (2) disseminate the approved standard of treatment/care protocols to health professionals and inform the lay public on how they may access this information; and lastly, (3) to work with an Information Specialist to determine the best means of disseminating the information and setting up the database. Working with the others on the Council, a listing of the public and professional resources has been drafted; however, this task is broad and the Council will have need for personnel with specific skills to aid in efficiently and effectively putting this database together. We agree with the personnel needs delineated in the Texas Cardiovascular Health Program plan. Until these personnel are in place, the work group will continue to work with the State Plan Work Group to place the resources that have been identified into the outline goals.

A..... ccomplishments

CVD and Stroke Database

Melbert C. Hillert Jr., M.D.
Martha Simien, M.Ed.
Diane Solomon, M.D.

The major cardiovascular diseases, including heart disease and stroke are the leading causes of death in Texas. While there is good news in declining mortality rates over the past 8 years, the number of deaths due to cardiovascular disease and stroke is increasing as our population is aging. In 1997, more than 37% of all deaths among Texas residents were caused by this group of diseases. Yet, because mortality data is obtained from death certificates, the mortality rate may actually be higher. Especially in regard to stroke, cause of death as stated on death certificates may be misleading. Many stroke patients die from complications of stroke, such as pneumonia. Pneumonia may be listed as the cause of death rather than stroke, leading to an underestimation of the true mortality rate of stroke.

Health professionals committed to reducing mortality and morbidity from cardiovascular disease and stroke need access to accurate local and regional, as well as state data, information about disparities in disease prevalence and treatment, and behavioral data toward reduction of risk factors. At this time, much of the state specific information for cardiovascular disease and stroke is based on mortality data. Mortality data is limited not only due to potential inaccuracies in correctly identifying the primary cause of death, but it also does not address the number of Texans disabled by stroke (the leading cause of disability nationally) or the number with major cardiovascular disease adequately treated. Recent Health Care Financing Administration (HCFA) data suggests Texas is behind other states in appropriate treatment of patients at high risk for cardiovascular disease and stroke, but non-Medicare hospital data and outpatient data is needed. Hospital discharge data from the Texas Health Care Information Council will help fill the void of non-Medicare hospital data and this new information relevant to heart disease and stroke is being obtained from THCIC (see Selected Statistics, Appendix E). A state plan to tackle Texas' most burdensome chronic diseases must begin with reliable information about the incidence of cardiovascular disease and stroke and identification of the people of our state at highest risk. This data will direct strategies and priorities of prevention and treatment. It is the first key to significant improvement.

The work group divided its efforts into three directions in order to develop a comprehensive database. The three data areas include:

1. Youth and school programs and behavioral risk factors including tobacco use, obesity, diet and exercise
2. Stroke
3. Cardiovascular disease

.....
Database sources were identified by the methods mentioned (bottom left). Many of the data sources overlap in the three areas. Current and future sources for the database are listed below. Please see the appendix for samples of data and elaboration of the type of data available.

Texas Department of Health (TDH)

Texas Health Care Information Council (THCIC)

Texas Medical Foundation (TMF), Health Care Quality Improvement Program (HCQIP)

Centers for Disease Control and Prevention (CDC)

CDC Behavioral Risk Factor Surveillance System (BRFSS) and Youth BRFSS

Youth Tobacco Survey (YTS)

Health Care Financing Administration (HCFA)

Health Plan Employer Data Information Set (HEDIS)

National Cardiovascular Data Registry (NCDR)

National Registry of Myocardial Infarction (NRFMI)

Center for Border Health Research

School Physical Activity & Nutrition Project Data (SPAN)

Coordinated Approach to Child Health (CATCH) Study Data from Texas

Texas Diabetes Council

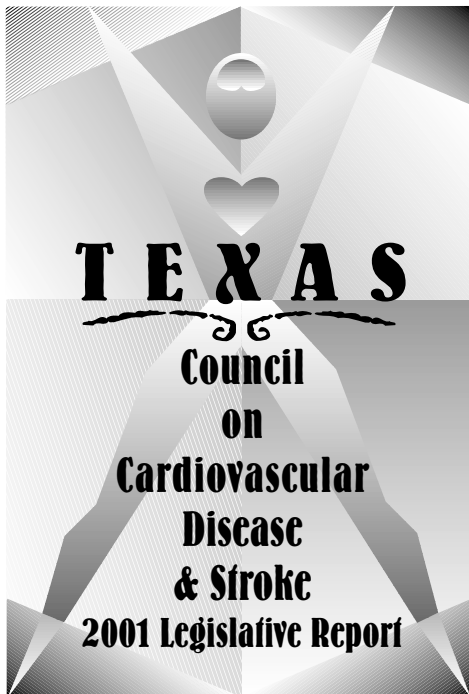
*Texas Medical Association (TMA)/American Heart Association (AHA)
- HeartCare Partnership
- Stroke Project (Anticipated data source)*

Literature review of Texas-specific research

Texas Coalition on Cardiovascular Disease and Stroke - Secondary Prevention Committee Survey Results

US Department of Health and Human Services Health Resources and Services Administration Community Health Status Indicators Project

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Serious problems already identified include:

1. Obesity
2. Type 2 diabetes in adults and school aged children in the Rio Grande Valley and their increased risk for heart disease and stroke
3. Poor secondary prevention for coronary artery disease
4. Failure to anticoagulate appropriate patients with atrial fibrillation to prevent stroke
5. Inadequate use of antithrombotic treatment for prevention of recurrent stroke
6. Lack of public awareness of the symptoms of stroke
7. Inability to urgently evaluate and treat acute stroke
8. High rate of heart disease and strokes in African Americans
9. Congestive heart failure
10. Lack of daily health and physical education in schools

In summary, Texas has regional and statewide mortality data on cardiovascular disease and stroke with the limitations of this data as discussed. HCFA and TMF have Medicare data, including hospital discharge data and some treatment data. The TMF and HCQIP data on acute stroke currently being collected will likely result in increased availability and safety. Continued valuable information from THCIC on non-Medicare hospital discharges related to cardiovascular disease and stroke is anticipated. Information is also needed about non-hospitalized incidence and treatment. Groups such as the Texas Cardiovascular Disease and Stroke Coalition and the TMA/AHA HeartCare Partnership have obtained surveys and self-report data which are beneficial in motivating change in communities and individual practices.

BRFSS is an important source of information about behavioral risk factors, allowing better prevention. The U.S. Department of Health comparison of national statistics with Texas data in the Community Health Status Indicators Project provides benchmarks for improvement. Texas researchers have begun to study stroke in Hispanics, African Americans, and disparities in acute treatment of stroke. Good epidemiological data about racial differences in stroke and their implications are only beginning to emerge. This will importantly affect Texas, as the state with the second largest Hispanic population and the third largest African American population.

The Council will continue its task of collecting and analyzing data, but funding is required to computerize, adequately study and maintain the comprehensive database necessary for Texas' battle against heart disease and stroke.

APPENDICES

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- A House Bill 2085**
- B Texas Council on Cardiovascular Disease and Stroke Members**
- C Schedule of Meetings**
- D Stroke Database**
- E Selected Statistics**
- F References**

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Appendix A
Texas Department of Health
Texas Council on Cardiovascular Disease and Stroke

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H.B. 2085

AN ACT relating to the continuation and functions of the Texas Board of Health and Texas Department of Health, including the operation of certain boards and councils administratively attached to the department; providing penalties.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

ARTICLE 25. CERTAIN PROVISIONS RELATING TO THE PREVENTION OF CARDIOVASCULAR DISEASE AND STROKE

SECTION 25.01. Subtitle D, Title 2, Health and Safety Code, is amended by adding Chapter 93 to read as follows:

CHAPTER 93. PREVENTION OF CARDIOVASCULAR DISEASE AND STROKE

SUBCHAPTER A. GENERAL PROVISIONS

Sec. 93.001. DEFINITIONS. In this chapter:

(1) "Cardiovascular disease" means the group of diseases that target the heart and blood vessels and that are the result of complex interactions between multiple inherited traits and environmental factors.

(2) "Council" means the Council on Cardiovascular Disease and Stroke.

Sec. 93.002. APPOINTMENT OF COUNCIL; TERMS OF MEMBERS. (a) The Council on Cardiovascular Disease and Stroke is composed of 12 members appointed by the board.

(b) Members of the council serve staggered six-year terms with the terms of one-third of the members expiring February 1 of each odd-numbered year.

Sec. 93.003. COMPENSATION; REIMBURSEMENT. (a) A member of the council may not receive compensation for service on the council and, except as provided by Subsection (b), may not be reimbursed for travel expenses incurred while conducting the business of the council.

(b) The commissioner may authorize reimbursement of the travel expenses incurred by a member while conducting the business of the council, as provided in the General Appropriations Act, if the commissioner finds on application of the member that travel for council business imposes a financial hardship on the member.

Sec. 93.004. DUTIES OF DEPARTMENT; FUNDS. The department shall accept funds appropriated for the purposes of this chapter and shall allocate those funds. The council shall make recommendations to the department concerning the allocation of funds.

Sec. 93.005. CONSULTANTS; ADVISORY COMMITTEE. To advise and assist the council with respect to the council's duties under this chapter, the council may appoint one or more:

(1) consultants to the council; or

(2) advisory committees under Chapter 2110, Government Code.

Sec. 93.006. REPORT TO BOARD AND LEGISLATURE. (a) Not later than January 15 of each year, the council shall report to the board on the activities of the council in the preceding calendar year.

(b) Not later than January 15 of each odd-numbered year, the council shall report to the lieutenant governor and the speaker of the house of representatives on the activities of the council in the preceding two calendar years.

[Sections 93.007-93.050 reserved for expansion]

SUBCHAPTER B. POWERS AND DUTIES OF COUNCIL

Sec. 93.051. CARDIOVASCULAR DISEASE AND STROKE PREVENTION PLAN; DUTIES OF COUNCIL. The council shall develop an effective and resource-efficient plan to reduce the morbidity, mortality, and economic burden of cardiovascular disease and stroke in this state. The council shall:

(1) conduct health education, public awareness, and community outreach activities that relate to cardiovascular disease and stroke;

(2) promote, enhance, and coordinate health education, public awareness, and community outreach activities that relate to cardiovascular disease and stroke and that are provided by private and other public organizations;

(3) coordinate activities with other entities that are concerned with medical conditions that are similar to cardiovascular disease and stroke or that have similar risk factors;

(4) identify to health care providers, employers, schools, community health centers, and other groups the benefits of encouraging treatment, prevention, and public awareness of cardiovascular disease and stroke and recognize innovative and effective programs that achieve the objectives of improved treatment, prevention, and public awareness;

(5) provide guidance regarding the roles and responsibilities of government agencies, health care providers, employers, third-party payers, patients, and families of patients in the treatment, prevention, and public awareness of cardiovascular disease and stroke;

(6) improve access to treatment for and prevention of cardiovascular disease and stroke through public awareness programs, including access for uninsured individuals and individuals living in rural or underserved areas;

(7) assist communities to develop comprehensive local cardiovascular disease and stroke prevention programs;

(8) assist the Texas Education Agency and local school districts to promote a public school curriculum that includes physical, nutritional, and health education relating to cardiovascular disease and stroke prevention; and

(9) evaluate and enhance the implementation and effectiveness of the program developed under this chapter.

Sec. 93.052. DATABASE OF CLINICAL RESOURCES. The council shall review available clinical resources and shall develop a database of recommendations for appropriate care and treatment of patients with cardiovascular disease or who have suffered from or are at risk for stroke. The council shall make the database accessible to the public.

Sec. 93.053. CARDIOVASCULAR DISEASE AND STROKE DATABASE. (a) The council shall collect and analyze information related to cardiovascular disease and stroke at the state and regional level and, to the extent feasible, at the local level. The council shall obtain the information from federal and state agencies and from private and public organizations. The council shall maintain a database of this information.

(b) The database may include:

(1) information related to behavioral risk factors identified for cardiovascular disease and stroke;

(2) morbidity and mortality rates for cardiovascular disease and stroke; and

(3) community indicators relevant to cardiovascular disease and stroke.

(c) In compiling the database, the council may use information available from other sources, such as the Behavioral Risk Factor Surveillance System established by the Centers for Disease Control and Prevention, reports of hospital discharge data, and information included in death certificates.

Sec. 93.054. INFORMATION RECEIVED FROM ANOTHER STATE AGENCY; CONFIDENTIALITY. (a) To perform its duties under this chapter, the council may request and receive information in the possession of any state agency. In addition to the restriction imposed by Subsection (b), information provided to the council under this subsection is subject to any restriction on disclosure or use of the information that is imposed by law on the agency from which the council obtained the information.

(b) Information in the possession of the council that identifies a patient or that is otherwise confidential under law is confidential, is excepted from required public disclosure under Chapter 552, Government Code, and may not be disclosed for any purpose.

SECTION 25.02. In appointing the initial members of the Council on Cardiovascular Disease and Stroke, the Texas Board of Health shall appoint four persons to terms expiring February 1, 2001; four to terms expiring February 1, 2003; and four to terms expiring February 1, 2005.

Appendix B
Texas Department of Health
Texas Council on Cardiovascular Disease and Stroke

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Members

October 19, 2000

Terms Expiring February 1, 2001

Steve R. Bailey, M.D.
San Antonio
UTHSCSA

Bill Cummings
Lockhart
Survivor

Victor Diaz, M.D.
Houston
Managed Care

Martha Simien, M.Ed.
Beaumont
Local Health Department Health Educator/Planner

Terms Expiring February 1, 2003

Melbert Carl Hillert Jr., M.D.
Dallas
Cardiologist

Randy Pennington
Addison
Caregiver

Diane Hurst Solomon, M.D.
San Antonio
Neurologist

Sharon Smalling, R.D.
Houston
Clinical Dietician

Terms Expiring February 1, 2005

Kirk Calhoun, M.D.
League City
Medical Director, UTMB, Epidemiologist

Kate Darnell
Salado
Survivor/Health Care Executive

Barbara Gill McArthur, R.N., M.N., F.A.A.N.
Abilene
Clinical RN

Deanna Hoelscher, Ph.D., R.D., L.D., C.N.S.
Houston
Education Professor/Researcher

Appendix C
Texas Department of Health
Texas Council on Cardiovascular Disease and Stroke

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Schedule of Meetings

The Council, knowing of its charge and the importance of addressing these diseases as expediently as possible, developed a monthly meeting schedule. Meetings are held by the full Council, or by work groups, to begin development of a plan and the required databases.

The following were the meeting dates of the full Council for the year 2000:

February 24, 2000

- Bill Cummings
- Victor Diaz, M.D.
- Martha Simien, M.Ed.
- Melbert Hillert Jr., M.D.
- Randy Pennington
- Sharon Smalling, R.D.
- Diane Solomon, M.D.
- Kirk Calhoun, M.D.
- Kate Darnell
- Barbara McArthur, R.N.,
M.N., F.A.A.N

April 13, 2000

- Steve Bailey, M.D.
- Victor Diaz, M.D.
- Martha Simien, M.Ed.
- Melbert Hillert Jr., M.D.
- Randy Pennington
- Sharon Smalling, R.D.
- Kirk Calhoun, M.D.
- Kate Darnell
- Barbara McArthur, R.N.,
M.N., F.A.A.N

June 29, 2000

- Bill Cummings
- Victor Diaz, M.D.
- Martha Simien, M.Ed.
- Melbert Hillert Jr., M.D.
- Randy Pennington
- Sharon Smalling, R.D.
- Diane Solomon, M.D.
- Kirk Calhoun, M.D.
- Kate Darnell
- Barbara McArthur, R.N.,
M.N., F.A.A.N
- Deanna Hoelscher, Ph.D.,
R.D., L.D., C.N.S.

July 27, 2000

- Bill Cummings
- Steve Bailey, M.D.
- Victor Diaz, M.D.
- Martha Simien, M.Ed.
- Melbert Hillert Jr., M.D.
- Randy Pennington
- Sharon Smalling, R.D.
- Kate Darnell
- Deanna Hoelscher, Ph.D.,
R.D., L.D., C.N.S.

September 21, 2000

- Bill Cummings
- Melbert Hillert Jr., M.D.
- Randy Pennington
- Sharon Smalling, R.D.
- Diane Solomon, M.D.
- Kirk Calhoun, M.D.
- Barbara McArthur, R.N.,
M.N., F.A.A.N
- Deanna Hoelscher, Ph.D.,
R.D., L.D., C.N.S.

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**Currently Scheduled meeting dates
for the year 2001 are:**

- February 8, 2001
- May 17, 2001
- August 16, 2001
- November 15, 2001

October 19, 2000

- Bill Cummings
- Victor Diaz, M.D.
- Martha Simien, M.Ed.
- Melbert Hillert Jr., M.D.
- Diane Solomon, M.D.
- Kirk Calhoun, M.D.
- Kate Darnell
- Deanna Hoelscher, Ph.D.,
R.D., L.D., C.N.S.

November 16, 2000

- Steve Bailey, M.D.
- Bill Cummings
- Victor Diaz, M.D.
- Martha Simien, M.Ed.
- Melbert Hillert Jr., M.D.
- Randy Pennington
- Sharon Smalling, R.D.
- Diane Solomon, M.D.
- Kirk Calhoun, M.D.
- Kate Darnell
- Barbara McArthur, R.N.,
M.N., F.A.A.N
- Deanna Hoelscher, Ph.D.,
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Appendix D
Texas Department of Health
Texas Council on Cardiovascular Disease and Stroke

Stroke Database

Texas Council on Cardiovascular Disease and Stroke
Database Work Group

- (a) The Council shall collect and analyze information related to cardiovascular disease and stroke at the state and regional level and, to the extent feasible, at the local level. The Council shall obtain the information from federal and state agencies and from private and public organizations. The Council shall maintain a database of this information.

Agency	Geographic Level	Data Available
Texas Health Care Information Council	Local hospitals	Dec. 2000
TDH – Bureau of Disease, Injury and Tobacco Prevention	State, Regional	1998
TDH – Bureau of Vital Statistics	State	1998
HCFA/TMF – Health Care Quality Improvement Program	State	Sept. 2000 Dec. 2000
HCFA – Making Advances in the Prevention Of Stroke Project (MAPS), Stroke Atlas	State, Regional	1997 - 1998
HEDIS 2000	State	
CDC – Behavioral Risk Factor Surveillance System	State	
US Department of Health and Human Services Health Resources and Services Administration Community Health Status Indicators Project	Regional	July 2000
Texas Coalition on Cardiovascular Disease and Stroke – Secondary Prevention Committee Survey Results	Regional, local	2000

Appendix D (continued)
Texas Department of Health
Texas Council on Cardiovascular Disease and Stroke

Stroke Database

- (b) The database may include
 - (1) behavioral risk factors identified for cardiovascular disease and stroke
 - A. CDC – BRFSS (database for TDH – Bureau of Disease, Injury and Tobacco Prevention Chronic Disease in Texas, A Surveillance Report of Disease Indicators, Medical Risk Factors, Behavioral Risk Factors)
 - 1. Prevalence of Overweight
 - a. All, White, African American, Hispanic, Other
 - b. 1990 – 1998
 - c. Region higher than state rate
 - 2. Current Smoking
 - a. As above
 - b. Also Texas youth: middle and high school
 - 3. Hypertension
 - a. As above
 - b. Last blood pressure check
 - c. Told high blood pressure more than once
 - 4. Elevated cholesterol
 - a. As above
 - b. Ever checked
 - c. Last cholesterol check
 - 5. Diabetes Mellitus
 - a. As above
 - 6. Sedentary Lifestyle
 - a. As above
 - B. HEDIS 2000
 - 1. Cholesterol Management After Acute Cardiovascular Events
 - 2. Advising Smokers to Quit
 - (2) morbidity and mortality rates for cardiovascular disease and stroke
 - A. TDH – Bureau of Vital Statistics and Bureau of Disease, Injury and Tobacco Prevention; Health Resources and Services Administration
 - 1. Stroke Mortality
 - a. Cerebrovascular diseases 3rd, 1998
 - b. By race/ethnicity
 - c. Gender
 - d. 10 year mortality trends by race
 - e. State and County rates
 - 2. Stroke contributing to death in ischemic heart disease and diabetes
 - a. State, 1990-1998
 - b. Diagnosis year
 - c. Race
 - d. Gender
 - e. Age

Appendix D (continued)
Texas Department of Health
Texas Council on Cardiovascular Disease and Stroke

Stroke Database

- B. THCIC
 - 1. Principle diagnosis, other diagnosis codes, admitting diagnosis
 - a. Race/ethnicity
 - b. Gender
 - c. Age
 - d. Period of care
 - e. Texas hospitals
- C. HCFA Stroke Atlas
 - 1. Stroke Medicare hospitalizations by counties, 95-96
 - a. Embolic
 - b. Hemorrhagic
 - c. Thrombotic
 - d. Non-hemorrhagic
 - 2. Stroke Prevalence by counties
 - 3. A-fib diagnoses by counties
 - 4. A-fib prevalence

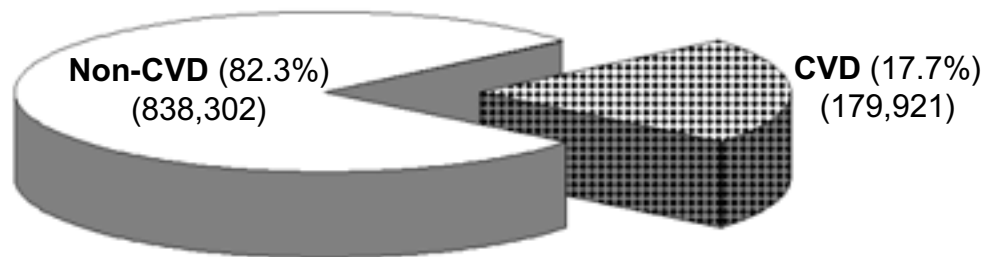
(3) community indicators relevant to cardiovascular disease and stroke.

- A. Texas Medical Foundation, HCQIP
 - 1. Anticoagulation of a-fib
 - 2. Aspirin/antiplatelets for stroke and transient ischemic attack
 - 3. Reduction in the inappropriate use of sublingual nifedipine
 - 4. Documentation of time of symptom onset or interval for potential candidates for thrombolytic therapy
 - 5. CT/MRI during hospitalization
 - 6. Time to initial head CT/MRI
 - 7. Time to thrombolytic administration
 - 8. Thrombolytic patients meeting recommended dosing, timing, imaging and blood pressure parameters
 - a. Patients with adequate information documented regarding dosing, timing, imaging and blood pressure
 - b. Of patients with information documented, those that meet recommended dosing, timing, imaging and blood pressure parameters
 - c. Of all patients receiving thrombolytics, those with adequate information documented that meet recommended dosing, timing, imaging and blood pressure parameters
 - 9. Deep vein thrombosis prophylaxis initiated by second hospital day
- B. Texas Coalition Survey of 9 Texas Hill Country Hospitals
 - 1. Availability CT/MRI
 - 2. Neurology ICU
 - 3. Cerebral angiography
 - 4. Stroke rehab program
- C. HCFA Stroke Atlas
 - 1. Number of carotid endarterectomy procedures performed, 1996 by county
 - 2. Hospitals with MRI, 1993, Neurologists, Neurosurgeons, 1994

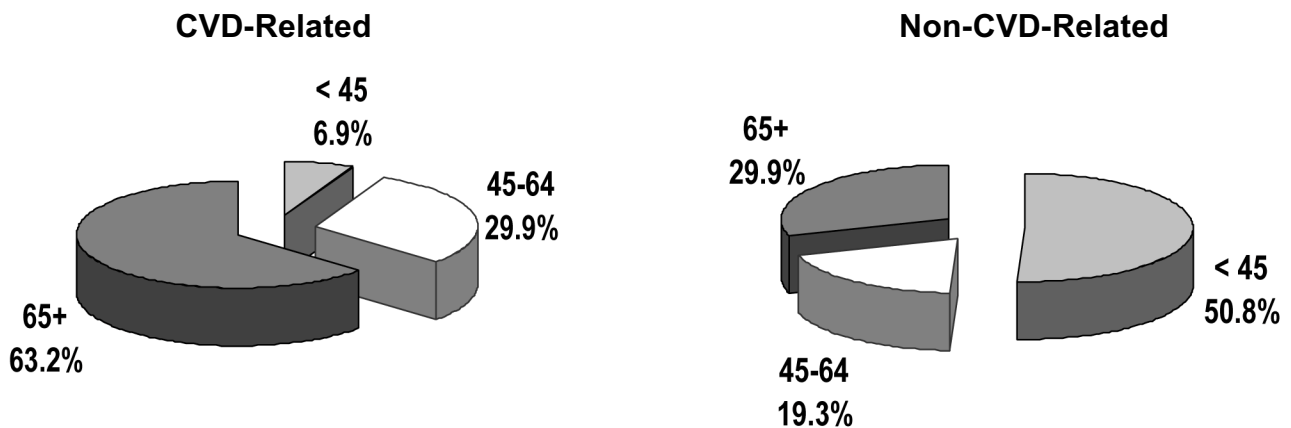
Selected Statistics

**Hospital Discharges in Texas (excluding obstetric and newborns)
January - June 1999
CVD vs. Non-CVD**

Total number of discharges = 1,018,223



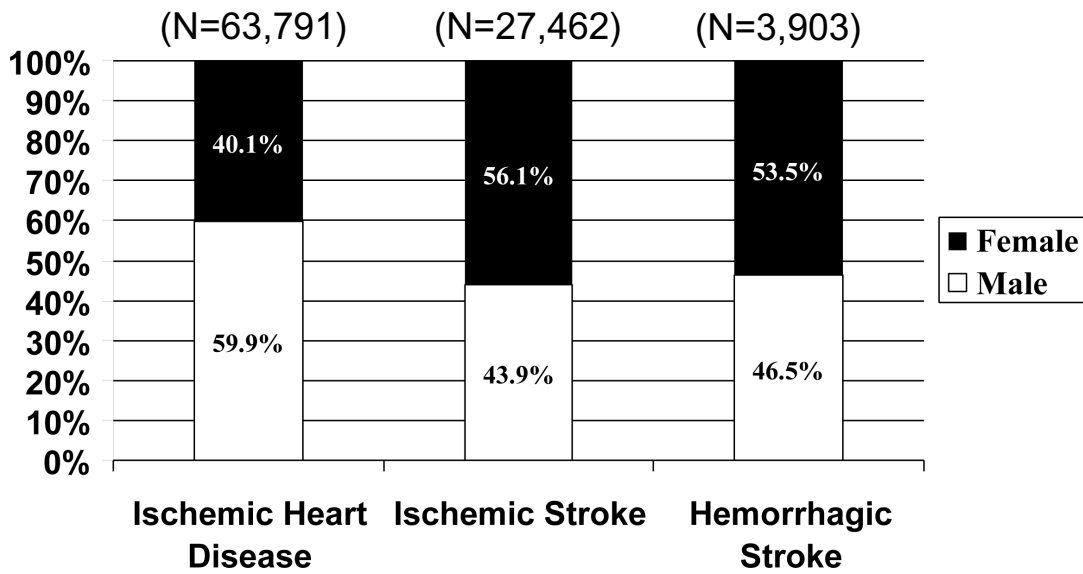
**Hospital Discharges in Texas
By Age**



About eighteen percent of hospital discharges in Texas (excluding obstetric and newborns) for the first two quarters of 1999 were CVD related. Of the CVD related discharges, 63.2% were for persons aged 65 and older, while 29.9% were for persons 45-64.

Selected Statistics

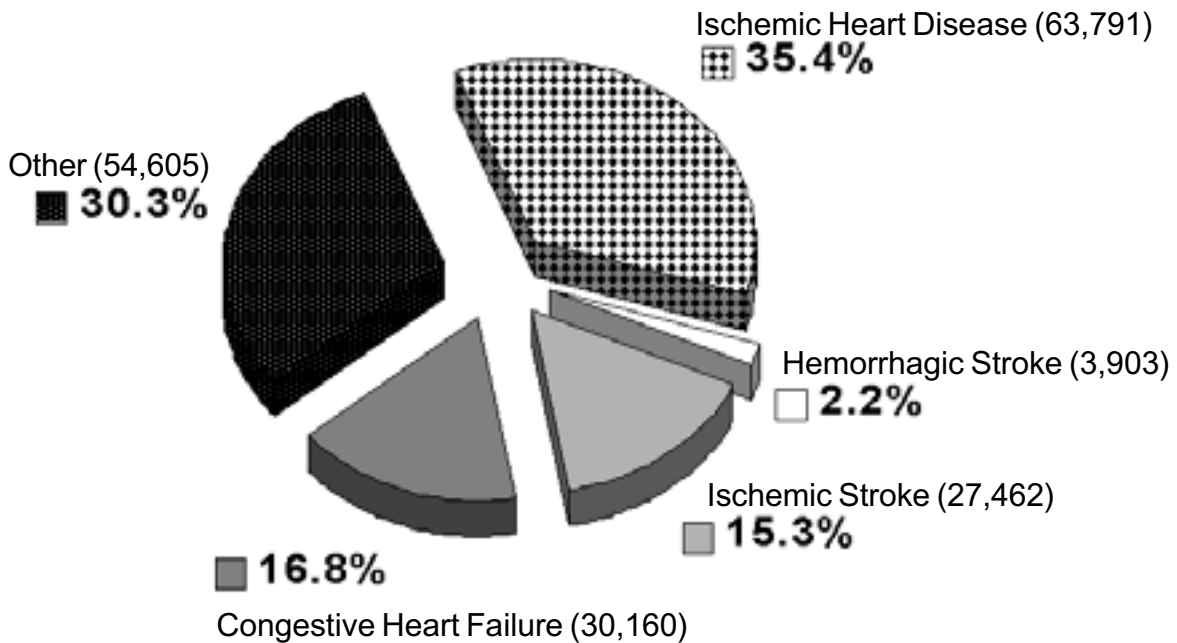
CVD-Related Hospital Discharges by Gender
Texas, January-June 1999



Males had a greater percentage (59.9%) of the hospitalizations for ischemic heart disease, while females had greater percentages of the hospitalizations for ischemic and hemorrhagic strokes (56.1% and 53.5% respectively)

Selected Statistics

**CVD-Related Hospital Discharges by Diagnosis
(N=179,921)**



Almost 70% percent of all CVD related diagnosis were due to ischemic heart disease (35.4%), stroke (17.5%) and congestive heart failure (16.8%).

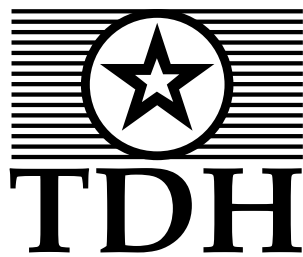
The 30.3% represented as “other” includes hypertension, arteriosclerosis, and rheumatic heart disease.

Appendix F
Texas Department of Health
Texas Council on Cardiovascular Disease and Stroke

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