

Texas Council on Cardiovascular Disease and Stroke

2010



Legislative Report

*Thomas E. Tenner, Jr., PhD
Chair,
Texas Council on Cardiovascular Disease and Stroke*

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Message from the Chair

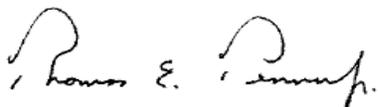
To borrow a few words from Charles Dickens, 2010 was the best of times and the worst of times. It was the best because after a decade without funding, the 81st Legislature appropriated \$1 million for the purposes of the Texas Council on Cardiovascular Disease and Stroke (Council). The Council had plans in place to fund grants for the Heart and Stroke Healthy Cities Recognition Program, for Stroke Awareness Projects, and for Community Health Centers to implement the Capacity and Infrastructure Development (CID) Project. In addition, funding was to be allocated to begin the development of a stroke registry project for the State of Texas.

It was also the worst of times; the founding executive director of the Council, Jennifer Smith, MSHP, retired after 10 years of dedicated service. During her tenure, Jennifer worked tirelessly to help an unfunded Council gain traction and make a difference in the battle against cardiovascular disease and stroke within the state. The Council owes her a great debt of gratitude and wishes her all the best success in her future endeavors. The year was also the worst of times because the national recession finally caught up with the State of Texas. Cuts in state funding, a hiring freeze affecting a dedicated Council staff position, and other staff turnover at the Department of State Health Services, all adversely affected the anticipated productivity of the Council.

In spite of these setbacks, significant gains were made. As mentioned above, all of the projected community grants were awarded. Second, funding was awarded for the CID Project designed to develop strategies to increase efficiency of the Community Health Centers, thus improving the health status of underserved populations and ethnic minorities. This work is critically important as these Community Health Centers most likely will find themselves in the front lines of health care reform, as increasing numbers of Texans have access to health care. Finally, the Council developed a better understanding of what might be necessary to ultimately launch a stroke registry in Texas. As such, the stroke registry will continue to be a legislative priority of the Council.

As you will see in the pages that follow, there have been impressive successes made in the fight against heart disease and stroke in Texas. Of great significance is the fact that stroke dropped from being the third leading cause of death in Texas to the fourth in 2007. While the prevalence of and mortality from heart disease and stroke have been significantly reduced, Texans are plagued by a “cultural trap of bad behaviors” – smoking, lack of exercise, high fat- and salt-containing diets, all of which threaten to wipe out the gains made in fighting cardiovascular disease over the past few decades. In addition, the cost of medical care has risen dramatically over the past five years.

The State of Texas is at a critical junction. There is still much to do in the fight against Cardiovascular Disease and Stroke. Will we ignore these trends? How the state government and its agencies respond will greatly impact the cardiovascular health of all Texans. Will our future reflect “the best of times” or “the worst of times”?



Thomas E. Tenner, Jr., PhD
Chair, Texas Council on Cardiovascular Disease and Stroke

Executive Summary

The mission of the Council is to “educate, inform, and facilitate action among Texans to reduce the human and financial toll of cardiovascular disease and stroke.” Some of the notable achievements of the Council during the past year include:

- Funded Heart and Stroke Healthy Cities Recognition Projects in Abilene, Denton, and Laredo to encourage development of system and environmental changes to improve cardiovascular health.
- Funded Stroke Awareness Projects in Angelina and Texarkana-Bowie Counties, and the City of Beaumont.
- Funded the Texas Association of Community Health Centers to implement the Capacity and Infrastructure Development (CID) Project, increasing the capacity of community health centers to document health care and improve health status of underserved populations with heart disease, stroke or diabetes.
- Awarded organizations that have implemented innovative, effective programs to improve treatment, prevention and public awareness of heart disease and stroke. The 2010 Cardiovascular Health Promotion Award winners were:
 - The Eddy Scurlock Stroke Outreach Program, The Methodist Hospital (Houston);
 - Community CVD/Stroke Outreach Education, Seton Family of Hospitals (Austin);
 - Medical Center Hospital Door-To-Balloon Initiative, Medical Center Hospital (Odessa); and
 - East Texas Stroke Initiative, Memorial Health System East Texas/The Methodist Hospital (Lufkin).
- Completed the assessment of the 2009 Heart and Stroke Healthy City Recognition Program
 - Austin – Gold;
 - El Paso – Gold;
 - Houston – Gold;
 - Fort Worth – Silver;
 - San Antonio – Bronze;
 - Dallas - Honorable Mention;
 - Huntsville - Honorable Mention; and
 - Victoria - Honorable Mention.

Council Duties

The Texas Council on Cardiovascular Disease and Stroke (Council), authorized by House Bill 2085 during the 76th Legislature, was charged with three main duties (Appendix 1):

- 1) Developing an effective and resource-efficient plan to reduce the morbidity, mortality, and economic burden of cardiovascular disease (CVD) and stroke in Texas;
- 2) Review available clinical resources and develop a database of recommendations for appropriate care and treatment of patients with CVD or who have suffered from or are at risk for stroke; and
- 3) Collect and analyze information related to CVD and stroke at the state and regional level and, to the extent feasible, at the local level, and maintain a database of this information.

The Council has worked continuously since February 2000 to address these duties. This report highlights the Council's accomplishments in 2009 and 2010.

Reimbursement for Services

The council members do not utilize state appropriations for reimbursement for their travel costs or time. The Council conducts four meetings a year, with an additional one to two special called meetings. The average yearly financial contribution per voting Council member ranges from \$2,000 to \$31,000, including direct costs of travel, per diem, incidentals, and indirect expenses including time from work, loss of income, and after-hours work on Council-related projects. Council members donate between 30 and 125 hours per year on Council business.

Programmatic Support of the Council

The Council is supported administratively and programmatically by the Texas Department of State Health Services (DSHS). DSHS had not received funds for this purpose until 2009 when the 81st Legislature appropriated \$1 million for the purposes of cardiovascular disease and stroke prevention. The Council recommended that a portion of that money be used to support a Program Specialist V and DSHS provided a full time equivalent position to serve the programmatic functions of the Council. In January 2010 a freeze on hiring of general revenue funded positions was instituted. Due to this freeze, the position was not filled. On November 15, 2010, DSHS began using at least 50% of the time of an information specialist to coordinate the programmatic work of the Council.

Additional support for the Council comes from the branch manager of the Adult Health and Chronic Disease Branch, which includes the Cardiovascular Disease & Stroke Program (formerly the Cardiovascular Health & Wellness Program). The branch manager serves as executive director of the Council, overseeing arrangement of Council meetings, communications with stakeholders and the business activities developed by the Council members. Other staff from the Cardiovascular Disease & Stroke Program, Health Promotion and Chronic Disease Prevention Section, as well as other programs within the department, including program specialists, medical consultants, and an epidemiologist provide support during the Council meetings, participate in conducting Council programs, and work with stakeholders within the state to ensure coordination of programs that work to reduce heart disease and stroke in Texas.

Council Membership

The Council consists of 15 members: 11 appointed public voting members and four state agency-appointed nonvoting members.

Voting Members

The governor, with advice and consent by the Senate, appoints the 11 public voting members. The 11 public voting members consist of the following:

- Three medical doctors with backgrounds in cardiology, neurology and primary care;
- One registered nurse with a background in quality improvement processes;
- One registered dietitian; two consumers with backgrounds in either volunteer heart and stroke organizations or work in hospital or managed care administration;
- Two persons with experience in public health research, practice or policy; and
- Two members from the general public that represent persons with heart disease or stroke and their caregivers.

Members come from a variety of communities, locales, and demographic groups providing sufficient representation of the overall burden of heart disease and stroke in Texas.

Non-Voting Members

Four non-voting members represent state agencies that oversee services for health, aging and disabilities, education, and assistive and rehabilitative. The state agency commissioners are responsible for designating these representatives.

Council Members

Term Expiration Dates and Categories for 2010 Council Representation

Thomas E. Tenner, Jr., PhD
Lubbock, Texas
Term Expires - 2015
Public Health Policy, Research,
Practice
Council Chairman

**Ann Quinn Todd, RN, MSN, NE-BC,
FAHA**
Houston, Texas
Term Expires - 2015
Registered Nurse

Pam Akins, JD
Austin, Texas
Term Expires – 2015
Consumer Member

J. Neal Rutledge, MD, FACR
Austin, Texas
Term Expires - 2011
Licensed Physician – Stroke

Michael M. Hawkins, MD
Austin, Texas
Term Expires – 2013
Consumer Member

Erica W. Swegler, MD
Keller, Texas
Term Expires - 2011
Licensed physician – Primary Care

**Bob C. Hillert, MD, FACC, FACP,
FAHA**
Dallas, Texas
Term Expires - 2015
Licensed Physician – Cardiology

Louis West
Taylor, Texas
Term Expires – 2013
Public Member

Deana Hoelscher, PhD, RD, LD, CNS
Austin, Texas
Term Expires – 2011
Registered Dietitian

**Clyde W. Yancy, MD, FACC, FAHA,
FACP**
Dallas, Texas
Term Expires – 2013
Licensed Physician – Cardiologist

Vacant
Public Member

TX Department of State Health Services
Lauri Kalanges, MD, MPH
Austin, Texas

TX Education Agency
Ginny Barr
Texas Education Agency
Austin, Texas

**TX Department of Aging and Disability
Services**
Lilani Muthali, MD
Austin, Texas

**TX Department of Assistive and
Rehabilitative Services**
Jan Skinner, MPH
Austin, Texas

Council Executive Director
Rick Schwertfeger, MAT
Department of State Health Services
Austin, Texas

Council Priorities for the 82nd Legislative Session

Texas Council on Cardiovascular Disease and Stroke Legislative Priorities for the 2012-2013 Biennium

Heart disease continues to be the leading cause of death in Texas and the US. In 2007, stroke dropped from third to fourth leading cause of death in Texas behind cancer and accidents. Together, heart attack and stroke accounted for about 30% of all deaths in Texas in 2007¹. In 2009, over 1 million Texas adults reported they had had a heart attack or stroke². Hospital charges in Texas in 2008 for ischemic heart disease, hemorrhagic stroke, ischemic stroke and congestive heart failure were reported to be over \$11 billion dollars³.

Risks that contribute to developing heart disease or having a stroke are smoking, physical inactivity, high blood pressure, high blood cholesterol, diabetes and obesity. Both overweight and obesity rates in Texas have climbed over the past decade, with almost 67 percent of Texans being overweight or obese in 2009⁴.

In 1999, the 76th Legislature passed House Bill 2085, creating Chapter 93 of the Health and Safety Code and the Texas Council on Cardiovascular Disease and Stroke. The Council's charge is to create a state plan to reduce the burden of cardiovascular disease and stroke in the state. In 2005, the 78th Legislature passed Senate Bill 330 creating the Texas Stroke Act and House Bill 2344, amending Chapter 93 and allowing the Council to make written recommendations for performing its duties and to advise the legislature on legislation needed to further develop and maintain a statewide system of quality education services for all persons with cardiovascular disease or stroke. The 81st Legislature appropriated \$1 million to DSHS for the purposes of cardiovascular disease and stroke prevention in 2009.

The Council, in collaboration with partners, has identified several priority issues requiring immediate attention during the 2012-2013 biennium. One priority issue includes enacting data collection initiatives and programs to identify best practices, note gaps in services and inform decision makers at state and local levels on the availability and effectiveness of evidence-based, quality education services to reduce heart disease and stroke in Texas. The Council intends to support state and local delivery of such services to assist in attracting new businesses to Texas by emphasizing the benefits of a healthy workforce and the availability of heart disease and stroke prevention services within the state.

¹ Texas Vital Statistics 2007 Annual Report, DSHS

² 2009 Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas DSHS

³ 2008 Texas Health Care Information Collection, Texas DSHS

⁴ 2009 Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas DSHS

Specifically, the Council will focus on the following key legislative issues:

- Requirement for reporting stroke data;
- A smoke-free Texas;
- Sodium reduction; and
- Supporting healthy eating, physical activity, and healthy community and school environments.

Priority Issues

Objective:

All Texas cities will offer a heart and stroke healthy environment for persons to work, live and play.

Strategies:

- 1) Provide grants to assist cities in becoming recognized as a “Heart and Stroke Healthy City.”
- 2) Improve the ability of Texans to recognize signs and symptoms of heart attacks and strokes, and initiate the chain of survival system.
- 3) Monitor illness and death caused by heart attack and stroke and the quality of care provided by healthcare facilities for heart attack and stroke.
- 4) Improve quality of care for prevention, detection and treatment of heart disease and stroke provided by community health centers.

Heart and Stroke Healthy City means Texans:

- Receive regular messages on risk factors and preventive behaviors to reduce heart disease and stroke;
- Live in cities that promote being physically active, eating healthy and being tobacco-free;
- Can access cardiopulmonary resuscitation (CPR) classes and automated external defibrillators (AED) within the community;
- Are transported safely and quickly by emergency medical services (EMS) to heart attack and stroke ready hospitals; and
- Are provided quality, cost effective clinical preventive services for heart disease and stroke by public and private healthcare providers.

Supporting Issues

The Council finds the establishment and use of policies and programs that prevent or reduce health risk factors significantly affect the number of people and, by association, the eventual cost of treatment and control of chronic conditions. The 2010 American Heart Association Heart Disease and Stroke Statistics Report states

“A study of men and women in three prospective cohort studies found that about 90 percent of CHD patients have prior exposure to at least one of the following major risk factors: high total blood cholesterol levels, or current medication with cholesterol lowering drugs, hypertension, or current medication with blood pressure lowering drugs, current cigarette use, and clinical report of diabetes.”

Tobacco use remains the number one preventable cause of death and disease in Texas. Tobacco use can be reduced through evidence-based comprehensive tobacco prevention and control programs. Texas has demonstrated significant reductions in youth and adult tobacco use in areas of Southeast Texas that received a comprehensive tobacco prevention and control program funded at \$3 per person. Between 2000 and 2004, 6th-12th grade tobacco use was reduced 37 percent and adult tobacco use dropped 27 percent.

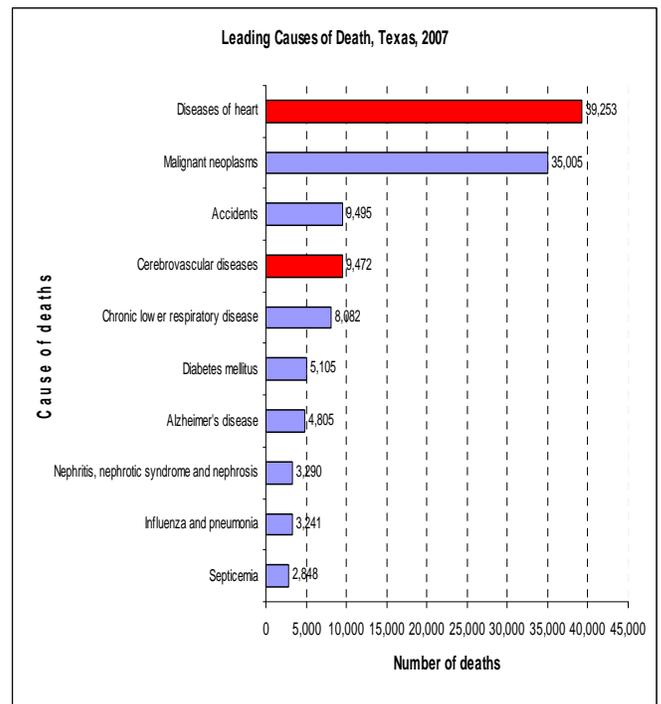
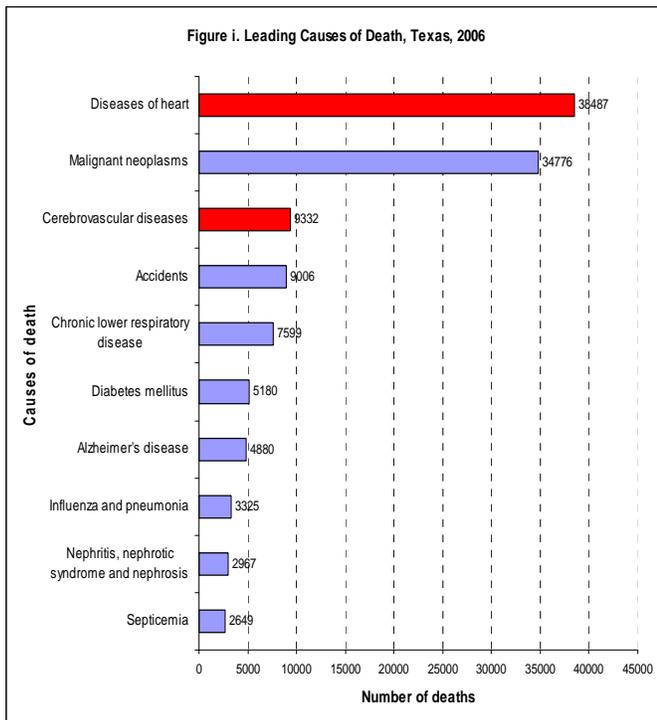
The Council recommends that legislators:

- Require reporting of stroke systems of care data;
- Act to assure a smoke-free Texas;
- Support actions that facilitate sodium reduction; and
- Support healthy eating, physical activity, and healthy community and school environments.

The Current Burden of CVD in Texas and the United States

While heart disease continues to be the leading cause of death in Texas, stroke is now the fourth leading cause of death in Texas, behind cancer and accidents.

Leading Causes of Death, Texas, 2006 & 2007



Data Source: Texas Vital Statistical Unit (VSU), Texas Department of State Health Services, 2006 & 2007

In 2002, the DSHS Cardiovascular & Stroke Wellness Program created the Texas Cardiovascular Disease Surveillance System and Report to monitor specific trends in risk factors related to heart disease and stroke. The current Cardiovascular Disease and Stroke Program provides heart and stroke health data and information to the Council and other state partners. These data serve as benchmarks and indicators of progress toward stated goals and objectives as outlined in the Council's Texas State Plan to Reduce Cardiovascular Disease and Stroke - 2008. The data are available on the Council's Web site at www.texascvdcouncil.org.

Definition

Cardiovascular disease refers to a group of diseases that target the heart and blood vessels. It is the result of complex interactions between multiple inherited traits, behaviors, and environmental issues that impact cholesterol, 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 plaque, which can partially or completely occlude a vessel and may lead to heart attack or stroke.

The most prevalent forms of heart disease and stroke in which narrowed or blocked arteries result in decreased blood supply to the heart or brain are referred to as ischemic heart disease and ischemic stroke.

National Figures

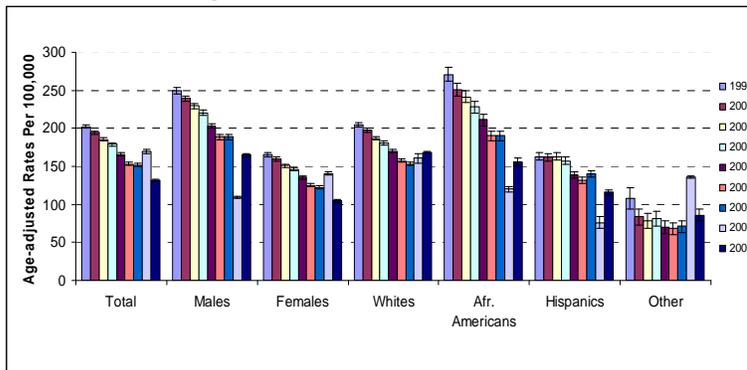
In their Heart Disease and Stroke Statistics-2008 Update, the American Heart Association (AHA) reported that 80.7 million Americans are estimated to have one or more forms of cardiovascular disease. The estimated direct and indirect costs of CVD in the United States in 2008 were \$444.8 billion.

State Figures

Mortality

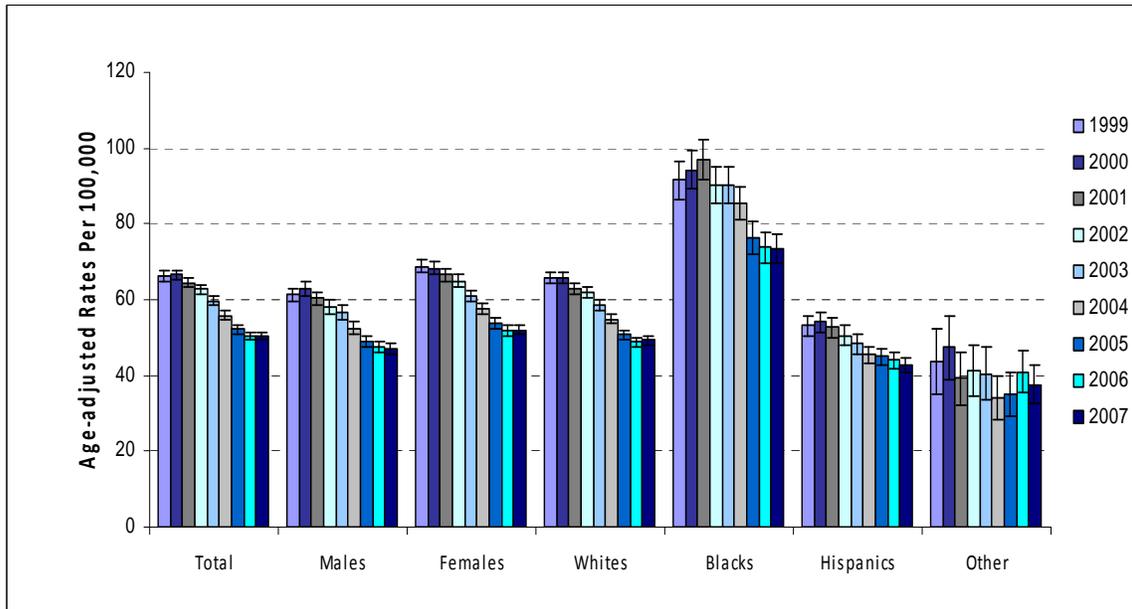
Twenty-eight percent of deaths in Texas in 2007 were due to heart disease and stroke. In Texas and the United States, during the period from 1999-2007, age-adjusted mortality rates for heart disease and stroke have steadily declined. Age-adjusted mortality rates for ischemic heart disease (IHD) declined from 202 per 100,000 to 132 per 100,000 from 1999 to 2007. For the same timeframe, age-adjusted mortality rates for stroke declined from 66 per 100,000 to 50 per 100,000.

Mortality Rates for Ischemic Heart Disease, Texas 1999-2007



Data Source: Texas Vital Statistical Unit (VSU), Texas Department of State Health Services, 1999-2007

Mortality Rates for Stroke, Texas 1999-2007

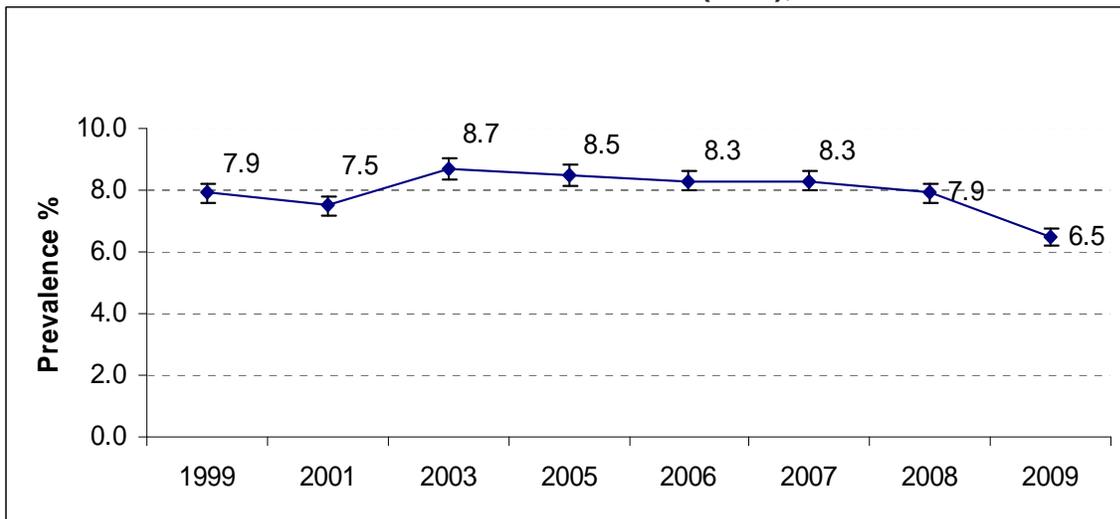


Data Source: Texas Vital Statistical Unit (VSU), Texas Department of State Health Services, 1999-2007

Prevalence

In 2009 more than 1 million Texas adults reported having had a diagnosed heart attack, a stroke, angina or coronary heart disease. In 2009, 6.5 percent of adult Texans aged 18 years and older reported that they had cardiovascular disease. This is down significantly from 7.9 percent in 2008⁵.

Prevalence of Cardiovascular Disease (CVD), Texas 1999-2009

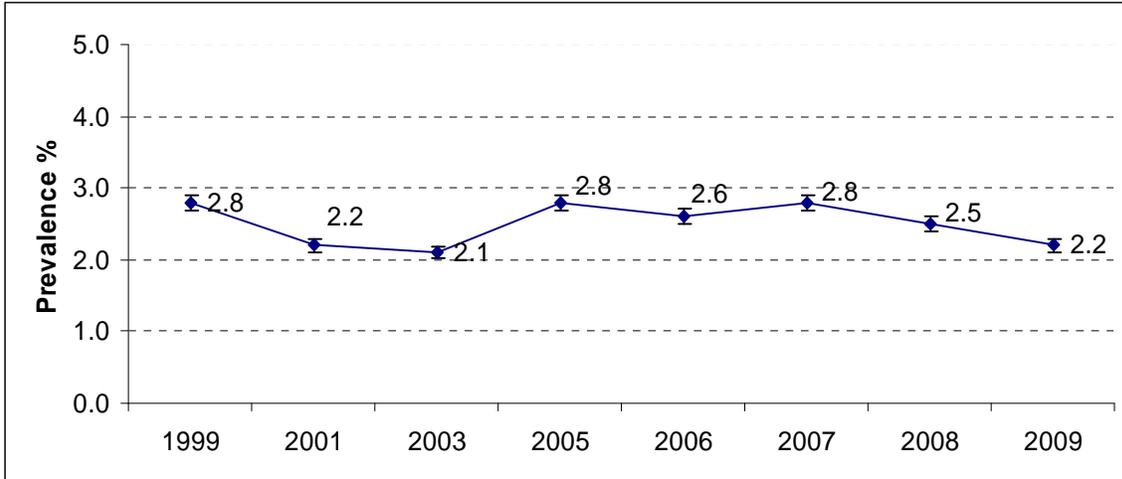


Data Source: Texas Behavioral Risk Factor Surveillance System, Texas Department of State Health Services, 1995-2009

⁵ 2009 Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas DSHS

In 2009, 2.2 percent of adult Texans aged 18 years and older reported that they have had a stroke. This is a slight decrease, but was not significantly different from 2.5 percent in 2008⁶.

Prevalence of Stroke, Texas 1999-2009

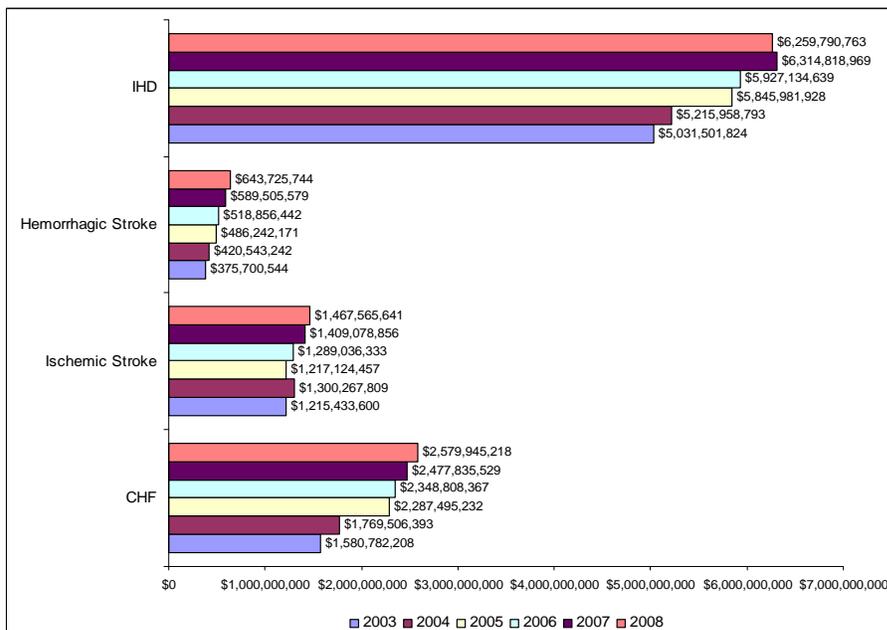


Data Source: Texas Behavioral Risk Factor Surveillance System, Texas Department of State Health Services, 1995-2009

The Financial Burden of Cardiovascular Disease in Texas

Total hospitalization charges for cardiovascular disease in 2007 were more than \$11 billion. The Texas Medicaid Program paid over \$200 million dollars in medical claims for CVD in 2005.

Total Hospital Charges for Selected CVD Diagnoses, Texas 2003-2008



Data Source: Texas Health Care Information Collection (THCIC), Department of State Health Services, 2003-2008

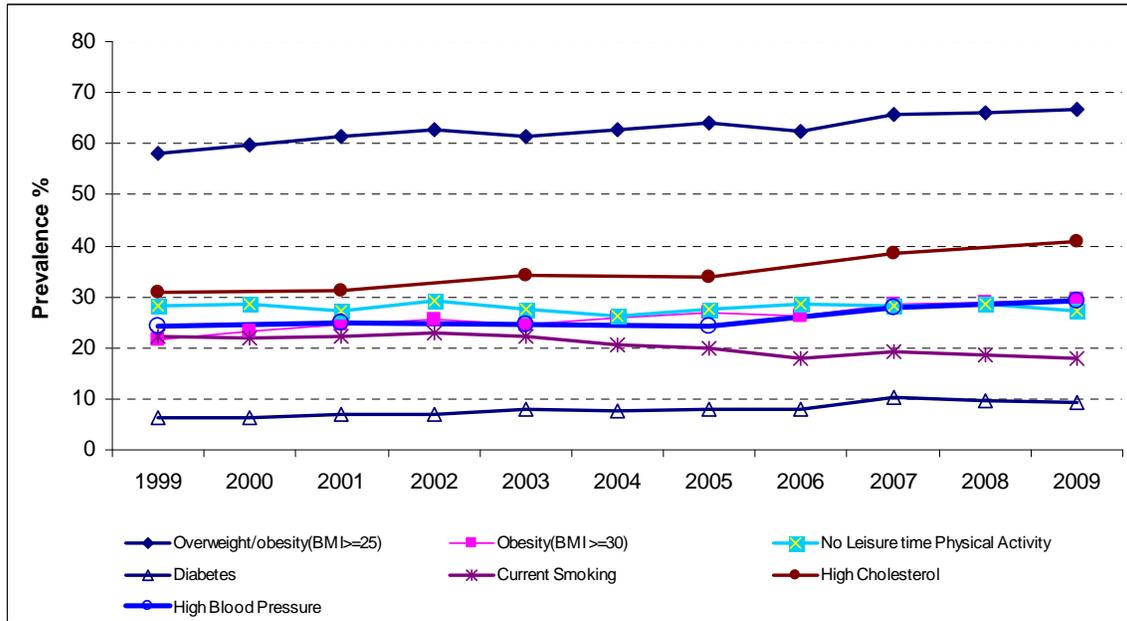
⁶ 2009 Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas DSHS

Modifiable Risk Factors

Several risk factors increase the risk of cardiovascular disease and stroke. The major non-modifiable risk factors are heredity, gender, and age. Modifiable risk factors include tobacco use, blood cholesterol level, blood pressure level, overweight and obesity, and physical inactivity.

Smokers double or quadruple their risk of heart disease compared to nonsmokers. Sedentary people have twice the risk for heart disease compared to those who are physically active. In 2009, nearly one in three Texas adults had high blood pressure and one in four had high blood cholesterol⁷.

Prevalence of Risk Factors for CVD and Stroke, Texas, 1999-2009



Data Source: Texas Behavioral Risk Factor Surveillance System, Texas Department of State Health Services, 1999-2009

⁷ 2009 Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas DSHS

Duty 1 - Develop a State Plan

Texas Plan to Reduce Cardiovascular Disease and Stroke - 2008

The Council, in partnership with public and private entities (CVD and Stroke Prevention Partnership), developed the first state plan in May 2002 and subsequently updated the plan in May 2005. Both plans are available on the Council Web site. A list of accomplishments during the years 2002-2005 and identification of 22 short and long-term action steps for the years 2005-2010 are provided in the May 2005, 2nd Edition. The plan was revised again in June 2008 with input from a wide and diverse collection of partners. The revised plan was released in December 2008.

The Council conducts quarterly workgroup meetings to review information and plan activities that will be conducted in the state. Four key strategies have been adopted by the Council, as well as action steps for approaching the awareness, detection, prevention, treatment and control of heart disease and stroke in Texas. The four workgroups correspond to the four strategies and are:

1. Surveillance, Data and Outcome Management;
2. Health Education and Outreach;
3. Community Policy and Environmental Change; and
4. Clinical Prevention and Treatment Services.

The 2008 state plan presents five goals that establish a framework of care across the spectrum of heart disease and stroke from pre-primary prevention to tertiary care. The goals are stated as follows –

Texans will experience improved cardiovascular health and quality of life through:

1. Prevention of Risk Factors;
2. Early Detection and Treatment of Risk Factors;
3. Early Detection and Treatment of Heart Attacks and Stroke;
4. Prevention of Recurrent Events; and
5. Improved State and Local Capacity to Address Heart Disease, Stroke and Related Risk Factors.

Each goal is supported by a list of measurable objectives identified from Healthy People 2010, a set of disease prevention and health promotion objectives from Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services. The plan consists of 31 objectives and 121 strategies that can be adopted and acted upon as appropriate by anyone interested in working to reduce heart disease and stroke in Texas.

To ensure that the most effective actions are taken, strategies are identified as:

1. Supported by evidence to be effective in making changes in policy, behavior or the environment;
2. Under current review; or
3. Currently have insufficient evidence to support a recommendation. (That does not mean that the strategy is ineffective.)

Goal I - Prevention of Risk Factors

Goal I consists of objectives and strategies related to increasing the number of Texans that engage in regular physical activity, eat more fruits and vegetables and work to reduce their tobacco use.

The CVD and Stroke Prevention Partnership in 2010 focused on the following Goal I objective: Increase the proportion of adults who engage regularly, preferably daily, in moderate physical activity for at least 30 minutes per day.

Goal II - Detection and Treatment of Risk Factors

Goal II consists of objectives and strategies related to increasing the number of Texans that are aware of their high blood pressure, high blood cholesterol, diabetes, being overweight or obese and learning steps to control those risk factors.

The CVD and Stroke Prevention Partnership in 2010 focused on the following Goal II objective: Increase the proportion of adults who report having had CVD, including stroke, have high blood pressure, and who are taking at least two actions.

Goal III - Early Detection and Treatment of Heart Attacks and Stroke

Goal III consists of objectives and strategies related to increasing the number of persons who can recognize the signs and symptoms of a heart attack or stroke and are able to activate the emergency response system in a timely manner. Strategies also focus on improving the ability of health care facilities to respond in timely manner with artery-opening therapies that can reduce death or long term disability.

The CVD and Stroke Prevention Partnership in 2010 focused on the following Goal III objective: Increase the proportion of adults who are aware of the early warning signs and symptoms of heart attack; stroke; and the importance of calling 911 if a heart attack or stroke is suspected.

Goal IV - Preventing Recurrent Events

Goal IV consists of objectives and strategies that relate to increasing the availability and awareness of therapeutic interventions that can be used to treat persons with heart attacks or stroke and subsequently prevent second events.

The CVD and Stroke Prevention Partnership in 2010 focused on the following Goal IV objective: Increase use of appropriate therapeutic interventions and application of clinical practice guidelines for treating patients with CVD and stroke.

Goal V - Improved Local Capacity to Address Heart Disease, Stroke and Related Risk Factors

Goal V consists of objectives and strategies that relate to developing stronger systems of support to monitor the burden of disease, increase the availability of resources to address heart disease and stroke prevention, and to increase communication and collaboration between system partners and Texas communities. Infrastructure support at the state, regional and local level is crucial to successfully execute the 2008 plan.

The CVD and Stroke Prevention Partnership has committed to working on all objectives and strategies for this goal.

Council Workgroup Activities to Carry Out the State Plan

Surveillance, Data and Outcome Management Workgroup

This Council workgroup reviews data pertaining to the impact of heart disease and stroke on the Texas population. The data includes, but is not limited to:

- **Mortality:** reviewing trend data.
- **Medicaid Data:** reviewing costs paid for services.
- **Behavioral Risk Factor Surveillance System Review (BRFSS):** reviewing behaviors and risk factors that place adults in Texas at risk of CVD and stroke.
- **Heart and Stroke Healthy City Program:** setting a baseline and reviewing progress towards the execution of policy and environmental supports.
- **Individual Program Review:** developing program evaluations to assess how well the programs were conducted, participation and results of each program.
- **Texas Health Care Information Collection:** reviewing trends in hospital discharges for four main conditions of CVD and stroke, ischemic heart disease, congestive heart failure, ischemic stroke, and hemorrhagic stroke.
- **Youth Risk Behavioral Survey (YRBS):** reviewing behaviors among youth in grades 9 through 12 that put them at risk for CVD and stroke.
- **Texas Association of Community Health Centers:** reviewing aggregate health outcome data on selected participating community health centers collected through the Secondary Prevention of Heart Disease and Stroke project.

The Council provides input to the DSHS Cardiovascular Disease and Stroke Program in the development of the yearly fact sheets, the burden document and PowerPoint presentations made available on DSHS and Council web pages. As data is reviewed, the Council workgroup makes recommendations to the DSHS and stakeholders on program usage and on populations where more intense interventions might be utilized.

Health Education and Outreach Workgroup

The Council joined forces with partners to promote health education, public awareness, and community outreach activities. A key program activity supported by the Council is the Texas Cardiovascular Health Promotion Awards.

Texas Cardiovascular Health Promotion Awards

The Texas Cardiovascular Health Promotion Awards have been given annually since 2002. These awards identify and recognize entities in the categories of healthcare, school, worksite, and community that have put into place innovative and effective programs that improve treatment, prevention and public awareness of heart disease and stroke. Programs competing for the awards must demonstrate an effort to help targeted audiences recognize the impact of the risk factors for heart disease and stroke and a reduction in those risk factors or the improvement in care for persons with heart disease or stroke.

2010 Cardiovascular Health Promotion Award Winners

The following organizations were recognized at the Texas Public Health Association Annual Conference held in April 2010. Outstanding programs received an engraved plaque and recognition on the Council Web site. Honorable mention programs received a mounted certificate and recognition on the Council Web site.

- **The Eddy Scurlock Stroke Outreach Program, The Methodist Hospital (Houston)**

Program Representative: Ann Quinn-Todd, RN, MSN, CAN-BC, FAHA

In 2005 as a result of the region's high stroke prevalence, The Methodist Hospital took a community-focused approach towards stroke care. Community stroke education was executed through a stroke outreach program targeting at-risk populations, EMS and other first responders, healthcare professionals, community hospitals, schools, and large employers.

Community benefits resulting from this program include:

- A community stroke awareness walk- The Strides 4 Stroke Walk at Rice Stadium.
- 2 full-time stroke outreach program coordinators charged with providing stroke education throughout metropolitan Houston and south central Texas.
- Collaboration for stroke education with area community hospitals developing their own stroke programs.
- Education of nearly 5,000 individuals regarding stroke- signs and symptoms, prevention, treatment and care.

- **Community CVD/Stroke Outreach Education, Seton Family of Hospitals (Austin)**

Program Representative: Lauren Brandt, RN MSN CNRN

Seton Medical Center and University Medical Center at Brackenridge were the first two hospitals in Texas to be certified by the Joint Commission as primary stroke centers. The importance of public awareness of stroke risk factors, primary and secondary prevention, recognition of warning signs, timely access to emergency care and health screening in at high risk population are all essential components to our CVD/Stroke Outreach Program. In the past six years Seton hospitals worked to increase awareness of cardiovascular disease and stroke through screenings, media campaigns, workshops and special events to residents in the Austin, Round Rock MSA, with special emphasis on the underserved, high risk population.

- **Medical Center Hospital Door-To-Balloon Initiative, Medical Center Hospital (Odessa)**

Program Representative: Heather Shook, RN

Patients suffering from the most serious heart attacks known as acute ST-elevated myocardial infarction (STEMI) must have a “door-to-balloon” (D2B) time of less than 90 minutes of presentation to the hospital to assure the best possible health outcomes. Medical Center Hospital (MCH) carried out a multi-faceted approach for timely D2B through education and by putting into place effective practices aimed at rapid diagnosis of STEMI and rapid activation of the Cardiac Cath lab. The result of these efforts drastically decreased time to D2B for STEMI patients as well as decreased risk-adjusted mortality rates for all heart attack patients who present to MCH.

- **East Texas Stroke Initiative, Memorial Health System East Texas/The Methodist Hospital (Lufkin)**

Program Representative: Suzanne Monsour, MPA

The East Texas Stroke Initiative for Angelina County is funded by the TLL Temple Foundation. The Memorial Health System East Texas,, the Methodist Hospital, Houston, and the Eddy Scurlock Stroke Center created a Center of Excellence for the care and treatment of the stroke patient and a Community Education Initiative for stroke prevention. The ultimate goal of the project is to create a ripple effect from Angelina County, across the entire region, dedicated to improving the health of the residents across of East Texas.

Six Honorable Mention Programs

- **St. David's Medical Center Cardiac Rehabilitation and Fitness Center (Austin)**

Program Representative: Laura Raymond, RN, BS, FAACVPR

For more than 20 years, SDMC CRFC has been providing services and promoting healthy, active lifestyles to Austin. SDMC CRFC is the only certified cardiac rehabilitation program in Austin. The program was certified in 2000 and recertified in 2003, 2006, and 2009, by the American Association of Cardiovascular and Pulmonary Rehabilitation. Each year, more than 300 patients actively participate in their recovery and make lifestyle changes. The CR program focuses on secondary prevention of heart disease with evidence-based heart healthy lifestyle interventions. The program provides community education and cardiac monitored exercise therapy under medical supervision in a safe, controlled environment to enhance patient quality of life. Individual goals are established for each participant, and both participant and program outcomes are measured. The SDMC FC program specializes in exercise programs for high risk populations with multiple co-morbidities. health/wellness exercise consultations are tailored to the specific diagnosis (i.e. diabetes, obesity, osteoporosis, and COPD) with lifestyle recommendations.

- **Scott & White Hospital Wellness Program (Temple)**

Program Representative: Lisa Reeve, MHSM

Scott & White (S&W) recognizes that a healthy lifestyle can prevent cardiovascular disease, diabetes, and cancer. A wellness program was established in 2008 to identify health risks through an annual health risk assessment and create a plan to improve staff health. The wellness plan addresses health risks and encourages staff to make a personal commitment to improve their health. Weight loss challenges, on-site fitness camps and healthy vending are a few successes that have created a culture of wellness at S&W. Staff benefits from free programs, health coaching and lifestyle management programs including fitness, nutrition, weight and stress management, tobacco cessation, and staff rewards for achievements. Results include an 87% HRA completion; 6,000 program participants annually and 2,000 in the weight loss challenge.

- **Women’s Heart and Vascular Wellness Program, Texas Health Presbyterian Hospital (Dallas)**

Program Representative: Sharon Hillgartner RN, WHNP-BC

Evidence based clinical research has demonstrated the increased difficulty of diagnosing CVD in women, resulting in a disproportionate number of cardiovascular deaths and disabilities in the US and particularly in Texas. The Women’s Heart and Vascular Wellness Program established a community outreach/education project on and screening for CVD symptoms, medical provider education, collaboration with existing local, state and national organizations to synergize efforts particularly serving the underserved female population. Results included improved awareness among CVD staff, improved verbalization of symptoms in health fair participants, educational offerings and screenings. Documented discovery of hypertension, atherosclerosis, hyperlipidemia and peripheral vascular disease was obtained in screened participants. There was an increased awareness of signs and symptoms of heart attack and stroke, improved access to screening, CVD support and care in the participating community.

- **Move Baby, Move! (Dallas)**

Program Representative: Aaron Palmer, B.S.

Increased physical activity is a key strategy for preventing and managing chronic disease and obesity among adults. However, most adults – particularly older adults – do not get the recommended 30-minutes of exercise on most days of the week. Elders from ethnic minority communities are even less likely to meet this goal. Move Baby, Move! has provided a unique, quantitative older adult exercise program to over 5,000 participants in community centers, churches, conventions and older adult living facilities whose members are, primarily, from ethnic minority populations. These centers serve African American and Hispanic seniors – two underserved populations for which disparities in positive health care outcomes are well documented. The program includes baseline, interim and post-assessment of the participants’ abilities to perform a basic test battery and answer an activities of daily living questionnaire. These serve as a measure of their ability to perform activities of daily living (ADLs).

- **Restaurant Partner Program, Medical City Dallas Hospital (Dallas)**

Program Representative: Ryan Eason

The Restaurant Partner Program (RPP) was created to tackle risk factors for heart disease by helping the community make better choices when dining out. The RPP works with the Greater Dallas Restaurant Association (GDRA). It encourages local area restaurants to identify entrée items already on their menu as heart healthy. A registered dietitian reviews recipes and compares the results with American Heart Association guidelines. The restaurant in turn identifies those items to

their customers. The RPP expanded its efforts to educate the future chefs of tomorrow. It is involved with the GDRA sponsored Food Service Preps programs in area high schools developing a model program called “Kids Teaching Kids” where student chefs create healthy snacks easy and tasty enough that a fifth grader can make at home. The program now reaches over 5.8 million people through menus, websites, heart healthy books, and more resources.

- **BOUNCE Healthy Lifestyle Summer Program, University of Houston**
Program Representative: Norma Olvera, Ph.D.

Minority families are at a high risk for obesity and inactivity. The BOUNCE Healthy Lifestyle Summer Program’s purpose is to empower Hispanic and African American girls and their mothers to adopt a healthier lifestyle through healthy eating, increased physical activity and boosting self-esteem. More than 150 participating families were introduced to key nutrition concepts, taught how to prepare healthier meals by reducing fat and sugar intake, and engaged in 21 physical activities (e.g., Zumba, salsa, hip hop and sports and recreational games) A unique feature of the BOUNCE program is the inclusion of maternal involvement to support their participating daughters. The BOUNCE program has resulted in increasing minutes of moderate-to-vigorous physical activity and decreasing abdominal obesity in minority girls.

Community Policy and Environmental Change Workgroup

Heart and Stroke Healthy City Recognition Program

The Heart and Stroke Healthy City Recognition Program was developed in August 2003 by a group of public and private organizations dedicated to reducing the burden of heart disease and stroke on Texans. Convened by DSHS Cardiovascular Disease and Stroke Program and including representatives from health, business, and school settings, the group identified ten community-based indicators vital to reducing the burden of heart disease and stroke. Members of the group also identified criteria for each community-based indicator to determine levels at which the indicator is considered met, partially met or not met. The Cardiovascular Disease and Stroke Program contacts each city and uses an assessment tool to collect information on all criteria. The Council reviews this information and determines if the indicator is met, partially met, or not met in each city. The 10 indicators are:

1. Public information availability;
2. Physical activity areas & programs;
3. Healthy food options;
4. Healthy Schools, Healthy Worksites;
5. Comprehensive Tobacco Control;
6. Addressing disparities;
7. CPR & AED Use;
8. Cardiac Event Response;
9. Stroke Event Response; and
10. Healthcare Quality

Recognition Criteria Level:

Gold Level - Score of 90-100

Silver Level - Score of 80-89

Bronze Level - Score of 70-79

Honorable Mention - Score of 60-69

Heart and Stroke Healthy Cities Assessment and Recognition Results:

During 2009, metro and small sized cities were assessed to determine to what extent the 10 indicators were present within the city.

[NOTE: The DSHS Program Specialist V position that was to provide programmatic support to the Council and coordinate the assessment was vacant and frozen in January 2010. Several requests for exemption were filed unsuccessfully. For this reason, the 2010 assessment was delayed for 3 months. On October 25, 2010, a grant funded employee was hired who is coordinating the Heart and Stroke Healthy Cities Recognition Program. As such, the 2010 assessment has been initiated. And those communities scheduled for 2011 will be assessed.]

2009 Award Presentations:

Cities assessed in 2009 were recognized in 2010. Council members presented awards during City Council meetings in these cities. As stated by Tom Tenner, Ph.D., the Council Chair and member who oversees the Community Policy and Environmental Change Workgroup,

“This program helps bring into focus those cities that implement quality activities to raise the bar in cardiovascular health. The following cities were found to be the best prepared, based on an assessment of implementation of recognized best practices in policies and environmental changes. We hope to add more to the list of Gold Level award winners as we encourage greater participation in existing programs and new initiatives for the prevention and treatment of CVD and stroke in the years ahead.”

Recognized Cities from the 2009 Assessment were:

- Austin – Gold
- El Paso – Gold
- Houston – Gold
- Fort Worth – Silver
- San Antonio – Bronze
- Dallas – Honorable Mention;
- Huntsville – Honorable Mention
- Victoria – Honorable Mention

Stroke Systems of Care Initiative

A Stroke System of Care (SSC) Initiative was created by the Cardiovascular Disease and Stroke program (formerly the Cardiovascular Health and Wellness (CHW) program), working with the Office of Emergency Medical Services (EMS) and the American Heart Association – South Central Chapter. The initiative focuses on carrying out recommendations made by the Governor’s EMS and Trauma Advisory Council (GETAC) Stroke Committee. The four recommendations included:

- Developing a state stroke center designation process;
- Development of regional stroke transport plans;
- Providing EMS training on stroke; and
- Conducting public awareness initiatives.

The Council works with the GETAC in the development of the recommendations.

The Cardiovascular Disease & Stroke Program liaises with the 22 Regional Advisory Councils (RACs) that oversee the Texas Trauma Service Areas. The RACs were offered support in developing regional stroke committees, stroke transport protocols and EMS training. In 2010, all RACs had established stroke committees.

Clinical Prevention and Treatment Services Workgroup

Texas Cardiovascular (CV) Quality Initiative

The Texas CV Quality Initiative was created to develop a consensus on high priority actions to improve treatment, prevention and public awareness of CVD and stroke. The initiative identified nationally recognized guidelines for treatment and prevention of CVD and stroke as well as specific actions to promote the guidelines and increase physician participation in quality improvement programs.

Reaching Uninsured and Underinsured Populations

Secondary Prevention of Heart Disease in the Medicaid Population

The council received \$250,000 in 2004 and 2005 from the HHSC Medicaid Program to carry out the Secondary Prevention of Heart Disease in the Medicaid Population Project. DSHS acted as the fiscal agent and representative for the Council. A contract was entered into with the Texas Association of Community Health Centers (TACHC), in partnership with the DSHS Diabetes Program, from September 2007 and has been renewed through August 2011. The funding supports actions to increase the capacities of community health centers to document the healthcare provided and to improve the health status of underserved populations and ethnic minorities. Centers agreed to collect baseline and monthly clinical measure data on their patients with CVD. The overall purpose of the funding is to improve access to the clinic by patients through reduced appointment and wait times. Through better access, patients can receive improved timely and quality care from their physician.

The TACHC's Optimizing Comprehensive Clinical Care (OC³) Learning Year curriculum teaches health centers to improve their system by making small changes that result in more efficient processes. These changes will increase access and improve clinical outcomes. The curriculum includes principles to increase access and continuity of care and to decrease cycle times and no-show rates. These principles provide a framework upon which health centers can increase capacity without sacrificing clinical quality. TACHC uses tools such as OC³ learning sessions, conference calls, list serves, web-based trainings and site visits to increase clinic capacity.

Duty 2 - Database of Clinical Resources

The Texas Cardiovascular Quality Recognition Program (TCVQRP) is a listing of physicians and hospitals who have voluntarily agreed to be recognized in the TCVQRP and on the TCVQRP web site.

The website lists physicians or hospitals that:

1. Are contributing to a nationally recognized database or registry that tracks quality indicators;
2. Are participating in a recognized, evidence-based quality improvement program that seeks to a) execute a systems change, b) conduct periodic ongoing data collection, c) review and analyze the results of the data collection, d) make changes to the systems based on the analysis of the data and e) continue this process on an ongoing basis; and/or
3. Have been recognized for achieving required performance measures of a recognized, evidence-based quality improvement program.

The Cardiovascular Disease and Stroke Program also maintains state, region and county fact sheets on heart disease and stroke information.

Stroke clinical resources that are also available are:

- Governor's EMS and Trauma Advisory Council Stroke Committee Recommendations – May 25, 2007;
- Requirements for Texas Stroke Facility Designation;
- Process for State Stroke Facility Designation;
- Burden Report: Cardiovascular Disease & Stroke in Texas;
- American Stroke Association;
- The Joint Commission - Primary Stroke Centers in Texas;
- National Stroke Association; and
- National Institute for Neurological Disorders and Stroke.

Duty 3 - Data Collection

Data is collected and analyzed through an ongoing surveillance system by the DSHS Cardiovascular Disease and Stroke Program. The program updates The Burden Report: Cardiovascular Disease in Texas, during the year using Behavioral Risk Factor Surveillance (BRFSS) data, mortality, hospital discharge data, Medicaid data, and EMS/Trauma registry data. The Executive Summary of the 2009 Burden Report provides the following highlights:

Mortality Data

- Heart disease is the leading cause of death in Texas.
- Stroke is the 4th leading cause of death in Texas.
- Thirty-two percent of all deaths in Texas in 2005 were due to heart disease and stroke, more than any other cause.
- In Texas, and the US during the period from 1967-2006, age-adjusted mortality rates have steadily declined.
- Age-adjusted mortality rates for ischemic heart disease declined from 202.4 per 100,000 in 1999 to 151.8 per 100,000 in 2005.
- Age-adjusted mortality rates for stroke declined from 66.3 per 100,000 in 1999 to 52.1 per 100,000 in 2005.

Prevalence Data

- In 2007, about 1.4 million Texas adults aged 18 years and older reported that they have CVD or have had a stroke.
- Among Texans aged 18 years and older with CVD or stroke, 25.7% stated they did not have any type of health care coverage, 20.2% were unable see a doctor due to the cost, and 34.2% did not have a routine checkup within the past year in 2007.
- In 2005, 9% of Texas adults could correctly identify all heart attack signs and symptoms, 17% could correctly identify all stroke signs and symptoms, and 85% recognized calling 911 as the first emergency response option for heart attack and stroke.
- High blood pressure and cholesterol are important health concerns for people in Texas. More than 28% of Texas adults have been diagnosed with high blood pressure and 39% with high blood cholesterol.
- People in Texas are increasingly overweight and obese. From 1995 to 2007, the percentage of Texans who are overweight or obese increased from 48% to 66%.
- The prevalence of diabetes, a major risk factor for CVD, has increased over the past decade in Texas from 5.2% in 1995 to 10.3% in 2007.

- CVD or stroke and their risk factors affect various Texas populations in significantly disproportionate ways.
- Generally, Texans who are older, poorer, have a lower education and are African American have a higher CVD prevalence, more risk factors, and are at higher risk of death from cardiovascular disease.

Response Time Data

The average EMS response time for a suspected cardiac event was approximately eight minutes from the time the call was received to the time EMS arrived on the scene. From the time the call was received to the time EMS arrived at destination (hospital), the average EMS response time was nearly 40 minutes.

Cost Data

Overall, hospitalizations for CVD and stroke cost Texas over \$11 billion dollars in 2007. Ischemic heart disease alone accounted for 57% of this cost.

Future Activities of the Council

During 2011, the Council will work to coordinate with the Heart Disease and Stroke Prevention Partnership to conduct projects in support of the state plan focusing on the objectives identified by the Partnership. The Council will also continue the following activities:

Action Steps

Surveillance, Data and Outcome Management

- Support development of a state level database that includes the acute care continuum of care components with the focus on heart attack [acute myocardial infarction (AMI), ST Elevated Myocardial Infarction (STEMI) and Non-STEMI)] and stroke patients.
- Disseminate the “Heart Disease and Stroke Burden Report” and fact sheets.
- Continue reviewing available data to identify trends in the burden of heart disease and stroke in Texas and the populations that suffer a disproportionate share of the burden.
- Make recommendations on actions to address noted disparities.

Health Education and Outreach

- Conduct the 2011 Cardiovascular Health Promotion Awards Program.
- Coordinate with various associations to include chronic disease education programs at educational conferences in 2011.
- Develop plans to educate the public on heart disease and stroke.

Community Policy and Environmental Change

- Continue the Heart and Stroke Healthy City Recognition program.
- Disseminate the Heart and Stroke Healthy City Implementation Guide for cities to utilize when setting goals to meet Heart and Stroke Healthy City indicators.
- Work with the American Heart Association-South Central affiliate to develop task forces in communities that have been assessed, and assist cities in meeting Heart and Stroke Healthy City indicators.

Clinical Prevention and Treatment Services

- Put into action and evaluate the secondary prevention of cardiovascular disease in Medicaid clients with heart disease or stroke, and develop plans for disseminating the best practices of the Access Clinical Trials on High Blood Pressure in Hispanics pilot project.
- Continue dissemination of a physician tool kit for patients and health care providers.
- Conduct the Texas Quality Improvement Recognition Program for health care providers.

Appendix

HEALTH & SAFETY CODE CHAPTER 93. PREVENTION OF CARDIOVASCULAR DISEASE AND STROKE

HEALTH & SAFETY CODE

CHAPTER 93. PREVENTION OF CARDIOVASCULAR DISEASE AND STROKE

SUBCHAPTER A. GENERAL PROVISIONS

§ 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.

Added by Acts 1999, 76th Leg., ch. 1411, § 25.01, eff. Sept. 1, 1999.

§ 93.002. APPOINTMENT OF COUNCIL; TERMS OF MEMBERS.

(a) The Council on Cardiovascular Disease and Stroke is composed of:

(1) 11 public members appointed by the governor, with the advice and consent of the senate, as follows:

(A) a licensed physician with a specialization in cardiology;

(B) a licensed physician with a specialization in neurology to treat stroke;

(C) a licensed physician employed in a primary care setting;

(D) a registered nurse with a specialization in quality improvement practices for cardiovascular disease and stroke;

(E) a registered and licensed dietitian;

(F) two persons with experience and training in public health policy, research, or practice;

(G) two consumer members, with special consideration given to persons actively participating in the Texas affiliates of the American Heart Association or American Stroke Association, managed care, or hospital or rehabilitation settings; and

(H) two members from the general public that have or care for persons with cardiovascular disease or stroke; and

(2) one nonvoting member representing each of the state agencies that oversee:

- (A) health services;
- (B) education;
- (C) assistive and rehabilitative services; and
- (D) aging and disability services.

(b) In appointing public members under Subsection (a)(1), the governor shall attempt to appoint female members and members of different minority groups, including African Americans, Hispanic Americans, Native Americans, and Asian Americans.

(c) The head of each agency overseeing services listed in Subsection (a)(2) shall appoint the agency's representative nonvoting member.

(d) Public members of the Council serve staggered six-year terms, with the terms of three or four of the public members expiring February 1 of each odd-numbered year. A nonvoting member representing a state agency serves at the will of the appointing agency.

Added by Acts 1999, 76th Leg., ch. 1411, § 25.01, eff. Sept. 1, 1999. Amended by Acts 2003, 78th Leg., ch. 1170, § 6.01, eff. Sept. 1, 2003; Acts 2005, 79th Leg., ch. 732, § 1, eff. Sept. 1, 2005.

§ 93.003. REIMBURSEMENT. (a) Except as provided by Subsection (b), a member of the Council may be reimbursed for travel expenses incurred while conducting the business of the Council at the same rate provided for state employees in the General Appropriations Act, provided funds are appropriated to the department for this purpose.

(b) If funds are not appropriated to support reimbursement of travel expenses, 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.

Added by Acts 1999, 76th Leg., ch. 1411, § 25.01, eff. Sept. 1, 1999. Amended by Acts 2005, 79th Leg., ch. 732, § 2, eff. Sept. 1, 2005.

§ 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.

Added by Acts 1999, 76th Leg., ch. 1411, § 25.01, eff. Sept. 1, 1999.

§ 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.

Added by Acts 1999, 76th Leg., ch. 1411, § 25.01, eff. Sept. 1, 1999.

§ 93.006. REPORT TO LEGISLATURE. (a) Repealed by Acts 2005, 79th Leg., ch. 732, § 7.

(b) Not later than January 15 of each year, the Council shall report to the governor, the lieutenant governor, and the speaker of the house of representatives on the activities of the Council, accounting for all funds received and disbursed by or for the Council during the preceding fiscal year.

Added by Acts 1999, 76th Leg., ch. 1411, § 25.01, eff. Sept. 1, 1999. Amended by Acts 2005, 79th Leg., ch. 732, § 3, 4, 7, eff. Sept. 1, 2005.

§ 93.007. RESTRICTIONS ON COUNCIL APPOINTMENT, MEMBERSHIP, OR EMPLOYMENT. (a) A person is not eligible to serve as a public member if the person or the person's spouse:

- (1) is employed by or participates in the management of a business entity or other organization receiving funds at the Council's direction;
- (2) owns or controls directly or indirectly more than a 10 percent interest in a business entity or other organization receiving funds at the Council's direction; or
- (3) uses or receives a substantial amount of tangible goods, services, or funds from the department at the Council's direction, other than compensation or reimbursement authorized by law for Council membership, attendance, or expenses.

(b) A person who is required to register as a lobbyist under Chapter 305, Government Code, may not serve as a member of the Council or act as the general counsel of the Council.

(c) An officer, employee, or paid consultant of a trade association in the field of health care may not be a member or employee of the Council. A person who is the spouse of an officer, employee, or paid consultant of a trade association in the field of health care may not be a member of the Council and may not be an employee, including an employee exempt from the state's position classification plan, who is compensated at or above the amount prescribed by the General Appropriations Act for step 1, salary group A17, of the position classification salary schedule.

(d) For purposes of Subsection (c), a trade association is a

nonprofit, cooperative, and voluntary association of business or professional competitors designed to assist its members and its industry or profession in dealing with mutual business or professional problems and in promoting their common interests.

Added by Acts 2005, 79th Leg., ch. 732, § 5, eff. Sept. 1, 2005.

§ 93.008. REMOVAL OF COUNCIL MEMBER.

(a) It is a ground for removal from the Council if a member:

(1) is not eligible for appointment to the Council at the time of appointment as provided by Section 93.007(a);

(2) is not eligible to serve on the Council as provided by Section 93.007(a);

(3) violates a prohibition established by Section 93.007(b) or (c);

(4) cannot discharge the member's duties for a substantial part of the term for which the member is appointed because of illness or disability; or

(5) is absent from more than half of the regularly scheduled Council meetings that the member is eligible to attend during each calendar year, unless the absence is excused by a majority vote of the Council.

(b) The validity of an action of the Council is not affected by the fact that it is taken when a ground for removal of a member of the Council exists.

(c) If the presiding officer of the Council knows that a potential ground for removal exists, the presiding officer shall notify the governor of its existence.

(d) The Council shall inform its members as often as necessary of:

(1) the qualifications for office prescribed by this chapter; and

(2) the responsibilities under applicable laws relating to standards of conduct for state officers or employees.

Added by Acts 2005, 79th Leg., ch. 732, § 5, eff. Sept. 1, 2005.

§ 93.009. PRESIDING OFFICER. The governor shall designate a member of the Council as the presiding officer of the Council to serve in that capacity at the will of the governor.

Added by Acts 2005, 79th Leg., ch. 732, § 5, eff. Sept. 1, 2005.

§ 93.010. STAFF SUPPORT. Each agency represented on the Council:

(1) shall provide the Council with staff support of specialists as needed; and

(2) may provide staff support to an advisory committee.

Added by Acts 2005, 79th Leg., ch. 732, § 5, eff. Sept. 1, 2005.

§ 93.011. DIVISION OF POLICY AND MANAGEMENT RESPONSIBILITIES. The Council shall develop and implement policies that clearly separate the policy-making responsibilities of the Council and the management responsibilities of the commissioner and staff of the department.

Added by Acts 2005, 79th Leg., ch. 732, § 5, eff. Sept. 1, 2005.

§ 93.012. MEETINGS. (a) The Council shall meet at least quarterly and shall adopt rules for the conduct of its meetings.

(b) An action taken by the Council must be approved by a majority of the voting members present.

Added by Acts 2005, 79th Leg., ch. 732, § 5, eff. Sept. 1, 2005.

§ 93.013. GIFTS AND GRANTS. (a) The Council may receive gifts and grants from any public or private source to perform its duties under this chapter. The department shall accept the gifts on behalf of the Council and shall deposit any funds accepted under this section to the credit of a special account in the general revenue fund as required by Section 93.014.

(b) The department may retain five percent of any monetary gifts accepted on behalf of the Council to cover its costs in administering this section.

Added by Acts 2005, 79th Leg., ch. 732, § 5, eff. Sept. 1, 2005.

§ 93.014. HEART DISEASE AND STROKE RESOURCE FUND. (a) The heart disease and stroke resource fund is an account of the general revenue fund.

(b) The legislature may appropriate money deposited to the credit of the heart disease and stroke resource fund only to the Council for:

(1) heart disease and stroke prevention, research, and medical care for heart attack and stroke victims; and

(2) grants to nonprofit heart disease and stroke organizations.

(c) The Council shall develop a policy governing the award of funds for clinical research that follows scientific peer review guidelines for primary and secondary prevention of heart disease or stroke or that follows other review procedures that are designed to distribute those funds on the basis of scientific merit.

(d) Interest earned from the investment of the heart disease and stroke resource fund shall be deposited to the credit of the fund.

Added by Acts 2005, 79th Leg., ch. 732, § 5, eff. Sept. 1, 2005.

SUBCHAPTER B. POWERS AND DUTIES OF COUNCIL

§ 93.051. CARDIOVASCULAR DISEASE AND STROKE PREVENTION PLAN; DUTIES OF COUNCIL.

(a) 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 primary and secondary prevention of cardiovascular disease and stroke;

(2) promote, enhance, and coordinate health education, public awareness, and community outreach activities that relate to primary and secondary prevention of 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, primary and secondary 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, primary and secondary prevention, and public awareness of cardiovascular disease and stroke;

(6) improve access to treatment for and primary and secondary 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;

(9) establish appropriate forums, programs, or initiatives designed to educate the public regarding the impact of heart disease and stroke on women's health, with an emphasis on preventive health and healthy lifestyles; and

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

(b) The Council shall make written recommendations for performing its duties under this chapter to the department and the legislature.

(c) The Council shall advise the legislature on legislation that is needed to develop further and maintain a statewide system of quality education services for all persons with cardiovascular disease or stroke. The Council may develop and submit legislation to the legislature or comment on pending legislation that affects persons with cardiovascular disease and stroke.

(d) The Council shall collaborate with the Governor's EMS and Trauma Advisory Council, the American Stroke Association, and other stroke experts to make recommendations to the department for rules on the recognition and rapid transportation of stroke patients to health care facilities capable of treating strokes 24 hours a day and recording stroke patient outcomes.

Added by Acts 1999, 76th Leg., ch. 1411, § 25.01, eff. Sept. 1, 1999. Amended by Acts 2005, 79th Leg., ch. 732, § 6, eff. Sept. 1, 2005.

§ 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.

Added by Acts 1999, 76th Leg., ch. 1411, § 25.01, eff. Sept. 1, 1999.

§ 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.

Added by Acts 1999, 76th Leg., ch. 1411, § 25.01, eff. Sept. 1, 1999.

§ 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.

Added by Acts 1999, 76th Leg., ch. 1411, § 25.01, eff. Sept. 1, 1999.