



2005 Legislative Report



Eduardo J. Sanchez, MD, MPH
Commissioner

Deanna M. Hoelscher, PhD, RD
Chair
Texas Council on Cardiovascular
Disease and Stroke



Message from the Chair

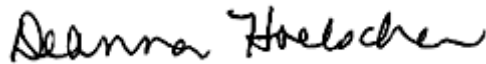
Heart disease and stroke, commonly referred to as cardiovascular disease, are the number one and three causes of death among Texans. In response to ensuing costs at both the individual and public health levels, the 76th Texas Legislature established the Texas Council on Cardiovascular Disease and Stroke in 1999. The council consists of eleven dedicated members of varied backgrounds using their combined skills to address chronic diseases of the heart and brain. These council members are outstanding leaders in their respective fields, and provide this expertise at their own expense to improve the overall health of Texans.

The council outlined a plan of action in the first *Texas Plan to Reduce Cardiovascular Disease and Stroke* in May 2002, and many of the goals and objectives in the plan have been achieved.

Heart disease and stroke are the number one and three causes of death among Texans.

- Some of the notable achievements of the council during the past few years include the development of the Texas Cardiovascular Health Promotion Awards, the Texas Cardiovascular Quality and Patient Safety Initiative, the Heart and Stroke Healthy City Recognition Program, the Heart Smart Site Recognition Program, and a Cardiovascular Disease and Stroke Surveillance Database.
- Council members are active in collecting and organizing data on cardiovascular disease, stroke and related risk factors for Texas; supporting other heart and brain health initiatives in Texas; and preparing presentations for national, state and local meetings. Although we have achieved many of our goals during the first four years, much remains to be done.
- Future plans of the council include more intensive surveillance combined with awareness campaigns and intervention activities conducted at both the clinical and public health levels. These activities will coordinate to ensure an eventual impact of our work on morbidity and mortality from heart and stroke-related diseases.

This effort could not be accomplished without the support of staff from the Texas Department of State Health Services (DSHS), including Jennifer Smith, Dr. Philip Huang, Casey Blass, Barbara Keir, Jan Ozias, Richard Kropp, Maria Guzman, Kinnie Parker, Lois Grant, and Lauren Taisler. Their tireless work has been an inspiration to the council. I would also like to thank Dr. Eduardo Sanchez for his continued support in achieving the council's mission: "to educate, inform, and facilitate action among Texans to reduce the human and financial toll of cardiovascular disease and stroke." It has been a privilege and honor to serve as Chair of the Texas Council on Cardiovascular Disease and Stroke for the past two years. The Council members join me in the continued commitment to reduce the morbidity and mortality caused by Texas' greatest health burdens, cardiovascular disease and stroke.



Deanna M. Hoelscher, PhD, RD, LD, CNS
Chair, Texas Council on Cardiovascular Disease and Stroke

Texas Council on Cardiovascular Disease and Stroke A Vision and Mission:

Vision:
Texans optimizing heart and brain health
through education and action.

Mission:
To educate, inform and facilitate action among
Texans to reduce the human and financial toll
of cardiovascular disease and stroke.



More information on
council activities at
www.texascvdcouncil.org

Contents:

Introduction
pg. 3

**Council
Membership and
Support**
pg. 4

**The Current Burden
of CVD in Texas and
the United States**
pg. 5

Duty 1:
Develop a State Plan
pg. 7

Duty 2:
**Database of Clinical
Resources**
pg. 19

Duty 3:
Data Collection
pg. 20

Future Activities
pg. 22



Introduction

The Texas Council on Cardiovascular Disease and Stroke, authorized by H.B. 2085 during the 76th Legislature, was charged with three main duties:

- 1 Development of 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 cardiovascular disease or who have suffered from or are at risk for stroke, and
- 3 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, and maintain a database of this information.

The council has worked continuously since February 2000 to address these duties. This report highlights the accomplishments the council has made in 2003 and 2004.

Among Texas residents, cardiovascular disease claimed 53,907 lives in 2002. It has been the leading cause of death in Texas since 1940 and currently accounts for 1 out of every 4 deaths.

Council staff are located in the Cardiovascular Health and Wellness Program at DSHS, a program of the Chronic Disease Prevention Branch, Disease Prevention and Intervention Section.

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Council Membership and DSHS Support

Changes made during the 2003 Legislative Session reduced the membership from twelve to eleven members, now appointed by the Executive Commissioner of the Health and Human Services Commission. The council consists of representatives from cardiology, neurology, dietetics, hospital administration, managed care administration, schools of public health, local health departments, quality improvement areas and general consumers. Members come from varied communities, regional locales, and demographic groups providing sufficient representation of the overall burden of CVD and stroke in Texas.

Council members do not receive reimbursement for their costs to participate as a member of the council. The council averages four meetings a year, with an additional one to two special called meetings. The average yearly cost for participation as a council member ranges from \$2,000 to \$31,000, including direct expenses for travel, per diem, incidentals and indirect expenses including time from work, loss of income and after hours work on council related projects. Council members donated between 30 and 125 volunteer hours per year on council business.

The Council is attached to the Texas Department of State Health Services (DSHS). No state funding is provided for the council; however, staff support is provided through the use of federal funds. A program director manages the council meetings and corresponding business activities on a full time basis. An epidemiologist collects, reviews and reports data on cardiovascular disease and stroke. Additional staff support is provided through the use of program specialists, medical consultants and statisticians within the department.



Council Members and term expiration dates

Walter F. Buell, MD
02/01/09

Kirk A. Calhoun, MD
02/01/05

Kate Darnell, MS
02/01/07

Michael M. Hawkins, MD
02/01/07

Melbert C. (Bob) Hillert,
Jr., MD
02/01/09

Deanna Hoelscher,
Ph.D, RD (chair)
02/01/05

Suzanne Lozano, RN
02/01/09

Martha Simien, MEd
02/01/07

Thomas Tenner, Jr., PhD
02/01/09

Glenda Thompson, RN
02/01/05

Michael Vintges, MS
02/01/07



C Cardiovascular Disease

The Current Burden of CVD in Texas and the United States

Cardiovascular disease (CVD) refers to a group of diseases that target the heart and blood vessels. It is the result of complex interactions between multiple inherited traits and environmental issues including 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. These plaques can partially or completely occlude a vessel and may lead to heart attack or stroke.

The American Heart Association reported that 70,100,000 Americans (34.2% of the United States population) are estimated to have one or more forms of cardiovascular disease. 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. 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.¹

Heart disease and stroke are not only the number one and number three killers in the nation and Texas, but together they are the number one drain on health care resources. According to Texas Hospital Discharge data total hospital charges for cardiovascular diseases in 2002 were highest for ischemic heart disease followed by congestive heart failure, ischemic stroke and hemorrhagic stroke; totaling \$8.2 billion in 2002.²

The American Heart Association has estimated that CVD will cost Americans \$393.5 billion in medical expenses and lost productivity in 2005.¹

*In Texas,
hospital charges
for four
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diseases cost
Texans
\$8.2 billion
in 2002.*

The Texas Department of State Health Services, Center for Health Statistics reports that, among Texas residents, cardiovascular disease claimed 53,907 lives in 2002. It has been the leading cause of death in Texas since 1940 and currently accounts for 1 out of every 4 deaths.³

While the number of actual deaths from CVD and stroke has increased due to an aging population, mortality rates (ratio between mortality and the population) for CVD and stroke have been declining for many years. Factors affecting this decline may include more effective medical treatment, more emphasis on reducing controllable risk factors and better treatment for heart attack and stroke patients. Nonetheless, CVD continues to be the major cause of death, particularly among Texas' minority populations. The highest mortality rate is found among the African American population, both in Texas and in the U.S.

There are several factors that increase the risk of heart disease and stroke. The major non-modifiable risk factors are *heredity, male sex, and increasing age*. The modifiable risk factors are *smoking, high cholesterol, high blood pressure, overweight and obesity, and physical inactivity*. Another risk factor that contributes to one's risk of developing CVD is diabetes mellitus.

The prevention and control of the major risk factors for heart disease and stroke are critical to achieving a heart-healthy and stroke-free Texas. The Council, DSHS, and collaborating partners are working to reduce these risk factors, eliminate disparities in health and promote policy and environmental change in Texas communities.

¹ American Heart Association. *Heart Disease and Stroke Statistics - 2005 Update*. Dallas, Texas: American Heart Association; 2005.

² Texas Health Care Information Council.

³ Texas Department of State Health Services, Center for Health Statistics.



Modifiable Risk Factors

High Blood Pressure

High Cholesterol

Smoking

Physical Inactivity

Overweight and Obesity

1 Develop a State Plan

Texas Plan to Reduce Cardiovascular Disease and Stroke

Duty 1:

Development of an effective and resource efficient plan to reduce the morbidity, mortality, and economic burden of cardiovascular disease and stroke in Texas.

In May 2002, the first *Texas Plan to Reduce Cardiovascular Disease and Stroke* was released. Representatives from hospitals, clinics, medical associations and specialties, state and local public health organizations, pharmaceuticals, community based organizations, state health associations, managed care, and schools of public health, assisted in the development of the plan. The plan stated the current burden of disease, outlined four key strategies and identified 41 short and long-term action steps.

Key Strategies

Surveillance, Data and Outcome Management:

Six action steps were identified that relate to the collection and review of multiple data sources that will identify those persons most burdened by CVD and stroke and the current practices for the management of risk factors at the health provider and community level.

Health Education and Outreach:

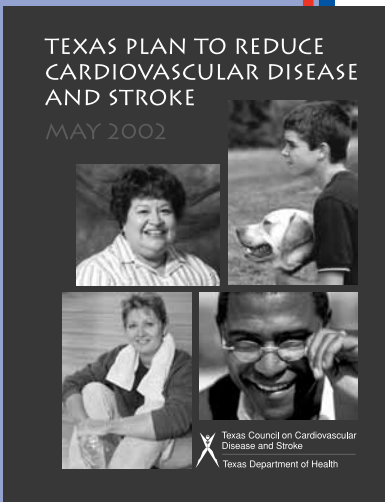
Ten action steps were identified to increase the awareness of risk factors associated with CVD and stroke and methods to reduce those risks and promote cardiovascular health.

Community Policy and Environmental Change:

Ten action steps were identified related to creating local champions that can bring groups together to develop a local comprehensive plan to promote cardiovascular health and stroke prevention.

Clinical Prevention and Treatment Services:

Fifteen action steps were identified that will educate the public and health care providers on the risk factors for CVD and stroke and work to ensure that screening, diagnosis, and appropriate treatment are provided.



View the state plan in its entirety at:

www.texascvdcouncil.org

State Plan Activities

The council continues to address the following legislated activities related to the development of the state plan by implementing or participating in the following programs:

Work Group: Health Education and Outreach

1. Conduct health education, public awareness and community outreach activities that relate to cardiovascular disease and stroke.

The Council participated with state and national partners in many health education, public awareness, and community outreach activities throughout the state in 2003 and 2004.

Search Your Heart: A faith-based awareness program developed by the American Heart Association (AHA). DSHS purchased *Search Your Heart* kits to distribute to African American Outreach Task Forces in Beaumont, Port Arthur, Galveston, Tyler and Longview. Each task force will oversee the implementation of the program and will recruit ten churches within each city to participate in the program.

Work Group: Health Education and Outreach

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

The council has worked through DSHS programs to promote the prevention of risk factors for CVD and stroke:

Tobacco: The council has included an indicator in the Heart and Stroke Healthy City Program that encourages cities to have moderate to strong smoking ordinances.

Physical Activity: The council supported the Texas Round-Up, the Governor's statewide physical activity program.

Women and Heart Disease: The council planned and promoted the *Heart of Texas Women* campaign to be held in February 2005.

Increase
Awareness

Reduce
Risk Factors

Eliminate
Health Disparities

State Plan Activities

Work Group: Clinical Prevention and Treatment Services

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.

Campaigns & Programs Promoted

Walk Texas!

Texas Round-Up

*Walk Your Little
Texan to School
Day*

*All Communities
Exercise
Simultaneously Day*

*Texas Five A Day
Month*

*Employees Health
And Fitness Day*

*Great American
Smokeout*

Know Stroke

Ask Your Doctor

*National Wear Red
Day*

Search Your Heart

LIPID Project, Texas Medical Foundation (TMF): This project seeks to reduce the health disparity of lipid testing in African Americans with diabetes in Texas. The main goal is to increase the rate of annual lipid profiles that are performed for African American Medicare beneficiaries with diabetes in seven south Texas counties: Harris, Galveston, Fort Bend, Jefferson, Brazoria, Chambers and Liberty. TMF formed a partnership with Texas Department of State Health Services, American Heart Association, Houston Medical Forum, Baylor College of Medicine Center for Cardiovascular Disease Prevention, Harris County Medical Society, Harris County Hospital District, UT School of Medicine, MD Anderson Cancer Center, Fort Bend County Black Nurses' Association, Black Nurses' Association of Greater Houston, Congregational Nurse Association in Galveston and Texas City, Galveston County Faith Based Health Coalition, Galveston County Health District, Jefferson County Black Nurses' Association, Port Arthur Health District, and West Houston Medical Center. The LIPID Advisory Group partnered with AHA and promoted *Search Your Heart* to faith based organizations. According to the Centers for Medicare & Medicaid Services (CMS), the baseline disparity rate in the target area was 11.4%. At the end of the project (April 2002 - March 2004) disparity rates declined to 5.3%.

KNOW STROKE, A National Institute of Neurological Disorders and Stroke (NINDS) Program: This program seeks to raise awareness about the symptoms of stroke and the need to seek treatment quickly. DSHS worked with NINDS to initiate interventions in Houston. Ten to twelve Stroke Champions were trained in Houston and conducted more than 50 large-scale events; a total of 27,225 materials were distributed in Houston by Stroke Champions.

State Plan Activities

Work Groups: Health Education and Outreach
Clinical Prevention and Treatment Services

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 the innovative and effective programs that achieve the objectives of improved treatment, prevention and public awareness.

The Texas Cardiovascular Health Promotion Awards were developed and implemented in 2002, 2003 and 2004. This award program seeks to identify and recognize entities in the categories of Healthcare, School, Worksite, and Community that have implemented innovative and effective programs that improve treatment, prevention and public awareness. Programs competing for the Texas Cardiovascular Health Promotion Awards must demonstrate efforts to help targeted audiences in schools, worksites, healthcare settings and the community recognize the impact of the risk factors for heart disease and stroke.

2003 CV Health Promotion Award Winners

Recognized at the 2003
American Heart Association's Annual Awards Dinner:

Outstanding Program Award:

- HEARTLINK Medical Center of Plano
- Harlandale ISD
- American Heart Association - Texas Affiliate

Honorable Mention:

- Healthy Tarrant County Health Collaboration
- Bryan ISD
- Parker Intermediate School

State Plan Activities

2004 CV Health Promotion Award Winners

Recognized at the
Texas Public Health Association Annual Conference:

Outstanding Program Award:

- PATHways Health and Fitness Services of Raytheon of North Texas

Honorable Mention:

- H.E.A.R.T. – Harris Methodist Fort Worth Hospital
- PROJECT H.O.P.E. Hypertension Outreach Prevention Education

Work Group: Clinical Prevention and Treatment Services

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.

Guidance on Roles and Responsibilities in the Treatment, Prevention and Public Awareness of CVD and Stroke

The Texas CV Quality Initiative, consisting of 13 public and private organizations, developed a consensus on three actions to be promoted in Texas that will improve treatment, prevention and public awareness of CVD and stroke. The initiative identified nationally recognized guidelines for treatment and prevention of CVD and stroke, and specific actions to promote the guidelines in an effort to increase physician participation in quality improvement programs.

State Plan Activities

Guidance on evidence-based primary and secondary guidelines for the prevention and treatment of CVD and stroke is promoted on the council web site at:

www.texascvdcouncil.org

Reaching Uninsured and Underinsured Populations

From July 2003 - June 2004, the Cardiovascular Health and Wellness Program provided federal funds, received through a grant from the Centers for Disease Control and Prevention (CDC), to the Texas Association of Community Health Centers (TACHC). These funds were added to an existing contract the TACHC held with the Texas Diabetes Program. This allowed the TACHC to implement and expand the Health Disparities Collaborative population reach for CVD using centers that had been trained in the diabetes collaborative, and those participating or planning to participate in the CVD collaborative.

Two community centers participating in Phase 1 of the CVD collaborative were provided additional support in implementing the registry of CVD patients to track progress on clinical performance measures of care. An additional community center in Phase II of the CVD collaborative was provided funds for additional population reach, to expand assistance provided to clients with CVD.



The Texas Council on CVD and Stroke and the Texas Cardiovascular Health and Wellness Program support two recognized programs that set standards for community policies which help reduce the burden of cardiovascular disease and stroke in Texas:

The Heart and Stroke Healthy City Recognition Program and the Heart Smart Site Recognition Program.

State Plan Activities

Work Group: Community Policy and Environmental Change

7. Assist communities to develop comprehensive local cardiovascular disease and stroke prevention programs.

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. This planning group was brought together through the Cardiovascular Health and Wellness (CHW) program and included representatives from health, business, and school settings. The group identified the top ten community-based indicators, out of a list of 80 indicators, that are vital to reducing the burden of heart disease and stroke. Additional work, by members of the group, identified a set of criteria for each community-based indicator to determine at what level the indicator may be met, partially met, or not met. The CHW program contacts each city using an assessment tool to collect information on the criteria related to each indicator. The council reviews this information and determines if the indicator is met, partially met, or not met in each city. The ten indicators are:

Heart and Stroke Healthy City Indicators

1. Cardiovascular Disease (CVD) and stroke media campaigns are provided in the community.
2. Physical activity areas are designated, safe, accessible and promoted.
3. Healthy food options are accessible and promoted.
4. Public schools (grades K-6) comply with all legislated components of a coordinated school health program and daily physical activity.
5. Moderate to strong city smoking ordinances are in place.
6. CPR classes are available.
7. A plan is in place to reduce disparities in CVD and stroke.
8. Defibrillators (Manual and/or Automated External) are available.
9. Stroke is treated as a medical emergency in the community and appropriate acute stroke treatment protocols are in place.
10. Health Sites in the community promote primary and secondary prevention of CVD and Stroke.

State Plan Activities

City Recognition Results

An assessment schedule was developed that included a First Year, Second Year and Third Year rotation of assessments. Cities were categorized as metropolitan size (Over 500,000 population), mid-size (100,000 - 500,000 population) and small-size (0-100,000 population). A set of metro, mid-size and small-size cities were identified to be assessed during the first year, followed by an additional set of cities to be assessed in the second year. In the third year, the first set of assessed cities would be reassessed, to determine if changes in the community-based indicators had occurred between the assessment periods.

The council also developed levels of recognition that cities could achieve. These levels were based on a scoring mechanism from points assigned to the met, partially met and not met rating scale. Four levels of recognition were developed: Gold Level, Silver Level, Bronze Level, and Honorable Mention.

Twelve communities were identified for the first assessment in 2003. Six metro cities, three mid-size cities, and three small-size communities were assessed. After the initial assessments, the CHW program and council members discussed potential changes to set community-based indicators. These changes improved the ability to collect relevant information and to adjust for the difference in sizes of the cities. During the 2003 assessment, one metro city received a Recognized level and one small-size city received Honorable Mention.

Twenty cities were identified for the second round of assessment in 2004. Ten small-size cities and ten mid-size cities were identified for assessment. The CHW program conducted the assessments and provided the results to the council. After the council review, one mid-size

City Recognition Results:

December 2003:

Metro and Mid-Sized City Assessment

Recognition Achieved:

Dallas - Recognized

Bryan - Honorable Mention

June 2004:

Mid-Sized City Assessment

Recognition Achieved:

Waco - Silver

Wichita Falls - Honorable Mention

Abilene - Honorable Mention

December 2004:

Small City Assessment

Recognition Achieved:

Tyler - Honorable Mention

Recognition Criteria Level:

Gold Level - Score of 40 with all indicators met

Silver Level - Score of 35 or greater and no "No Indicators Met" with no more than 2 partially met indicators

Bronze Level - Score of 30 or greater and no "No Indicators Met" with no more than 5 partially met indicators

Honorable Mention - Score of 30 or greater and only 1 "No Indicator Met"

State Plan Activities

city was recognized at the Silver Level. Two mid-size and one small-size city were recognized with Honorable Mention.

Ten metro and mid-size cities assessed in 2003 will be reassessed during 2005. Results are posted on the web at www.texascvdcouncil.org.

Heart Smart Site Recognition Program

During the development of the Heart and Stroke Healthy City Recognition Program, the planning group reviewed a list of eighty community-based indicators currently being promoted by the CHW program for the prevention of heart disease and stroke. Though all these indicators are important to the prevention of heart disease and stroke, the planning group identified the top ten to be included in a community level recognition program. To support the development of site-based policy and environmental change indicators, the CHW program reviewed the list of eighty indicators and developed a Heart Smart Site Recognition program. This program would allow individual health care, school, worksite or community organizations the opportunity to be recognized for individual efforts in the prevention of heart disease and stroke.

These eighty indicators, currently categorized by site type, were developed into an online site-based recognition program. Individual sites can enter the program, complete the online assessment tool, and submit the application to determine if they meet a recognition level. Sites meeting the recognition criteria are provided a Certificate of Recognition. A promotional awareness campaign is in development to increase the awareness of, and participation in, the online program.

The second **Texas CVD and Stroke Summit: Developing a Heart and Stroke Healthy Community** was held in October 2004. The council co-sponsored the Summit with the DSHS, Texas Public Health Association and the American Heart Association. Approximately 120 individuals from schools, healthsites, worksites, and community groups attended. The Summit provided attendees with the following skills: knowledge of the risk factors for heart disease and stroke, abilities to reduce risk factors with population-based approaches and identify and implement specific tools to be used in their communities. Over 100 attendees were provided examples of local, state and national programs that could be implemented in their community.



State Plan Activities

Work Group: Community Policy and Environmental Change

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.

The council promotes the implementation of coordinated school health programs in Texas schools through several means. Through the DSHS Cardiovascular Health and Wellness Program, the council works to provide technical assistance, training and consultation to local school districts as they seek to develop policies and environmental changes for student and staff cardiovascular health promotion.

- In 2004, 10 grant-funded CATCH kits were disbursed to school districts in the Lower Rio Grande Valley area. The council supports legislation, such as Senate Bill 1357 of the 78th Texas Legislature, by endorsing the Coordinated Approach to Child Health (CATCH) program. CATCH was designed and tested at the national level to prevent sedentary behavior, poor dietary choices, and tobacco use through changes at the elementary school level. The council has coordinated with the Texas Education Agency and the UT–Houston School of Public Health, Center of Health Promotion Prevention and Research, to promote the use of CATCH through statewide trainings offered at Education Service Centers. The council works with DSHS and UT-Houston School of Public Health to identify areas of unmet need for receipt of Centers for Disease Control and Prevention grant-funded CATCH curriculum .
- Local school districts are also evaluated in select Texas cities in the Heart and Stroke Healthy City Recognition Program. Each city is rated on the ability of their school districts to comply with the legislated mandates for physical activity and progress towards implementing a coordinated school health program by 2007.

State Plan Activities

Work Group: Surveillance, Data and Outcome Management

9. Evaluate and enhance the implementation and effectiveness of the program developed under this chapter.

The council continually reviews current data pertaining to the impact of CVD and stroke on the Texas population including but not limited to: county and state level mortality and morbidity data, behavioral risk factor surveillance data, and hospital discharge data. Additionally, the council reviews local community indicator data related to contributing risk factors/conditions for CVD and current policies and evidence-based programs in place. This review of data assists in assessing whether or not a programmatic impact can be noted.

- **Mortality Review:** reviewing trend data over the years.
- **Behavioral Risk Factor Surveillance System Review (BRFSS):** reviewing individual person's reported behavior or status regarding risk factors for CVD.
- **Heart & Stroke Healthy City Review:** setting a baseline and reviewing progress toward improvement of initiating policy and environmental supports.
- **Program Review:** developing individual program evaluations to assess the implementation, participation and results of each program.
- **Texas Health Care Information Council:** reviewing trends in hospital discharges for four main conditions of CVD & stroke—ischemic heart disease, congestive heart failure, ischemic stroke, and hemorrhagic stroke.
- **YRBS:** reviewing behaviors among youth in grades nine through twelve that put them at risk for CVD and stroke.

2 Database of Clinical Resources

Duty 2:

Review available clinical resources and 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.

American Heart Association/ American College of Cardiology Secondary Prevention for CVD and Stroke Patients

- Smoking Cessation
- Blood Pressure Control
- Lipid Management
- Physical Activity
- Weight Management
- Diabetes Management
- Antiplatelet agents/ anticoagulants
- ACE inhibitors
- Beta Blockers



The council and CHW program supported the development of the Texas Cardiovascular (CV) Quality and Patient Safety Initiative, a coalition of 13 public and private entities focused on development and implementation of specific activities to increase the quality of care for people with CVD or affected by stroke.

The Initiative identified ten action steps, and initiated implementation of the top three: **1)** Consensus on the secondary prevention guidelines for CVD and stroke to promote in Texas; **2)** Development of a recognition program for health care providers engaged in quality improvement practices; and **3)** Identification of incentives to promote use of the secondary prevention guidelines.

1) The Initiative identified the nationally recognized American Heart Association/American College of Cardiology guidelines for secondary prevention of CVD and stroke as those best suited for promotion in the state. The Initiative developed a **Physician Tool Kit**, which consists of **Patient Tracking Forms** and **Prescription Pads** promoting primary and secondary prevention methods for CVD.

2) The Initiative developed the **Texas CV Quality Recognition Program**, which recognizes hospitals and health care providers for their participation in nationally recognized registries for CVD or stroke or their participation in a nationally recognized evidence-based quality improvement program for CVD or stroke. A recognition website is located at www.texascvdcouncil.org, and identifies those providers who have submitted an application and meet the program requirements.

3) The Initiative identified the **lack of proper reimbursement for services as a barrier to health care providers** following recommended standards of practice.



3 Data Collection

The Council strives to collaborate with the various agencies and organizations currently engaged in collecting, monitoring, and evaluating CVD and stroke health data.

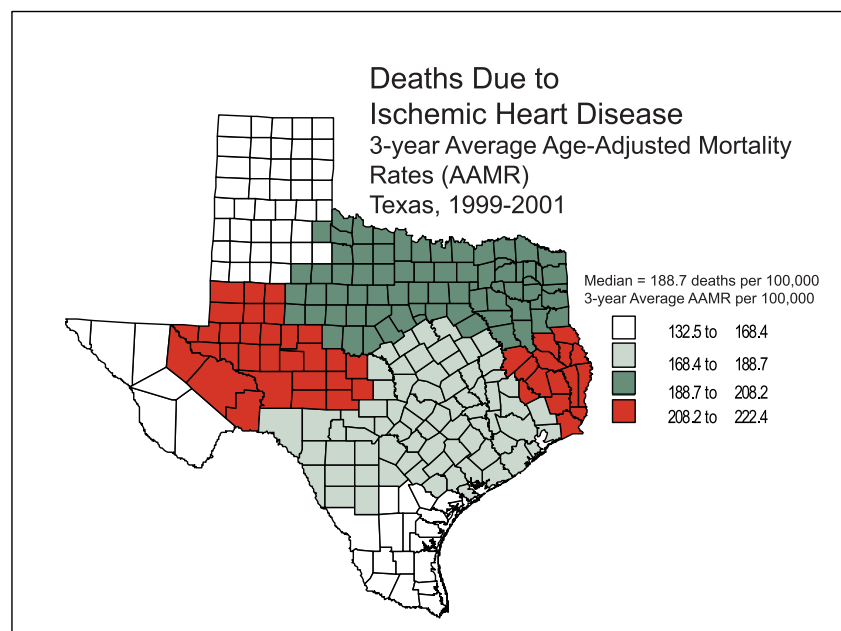
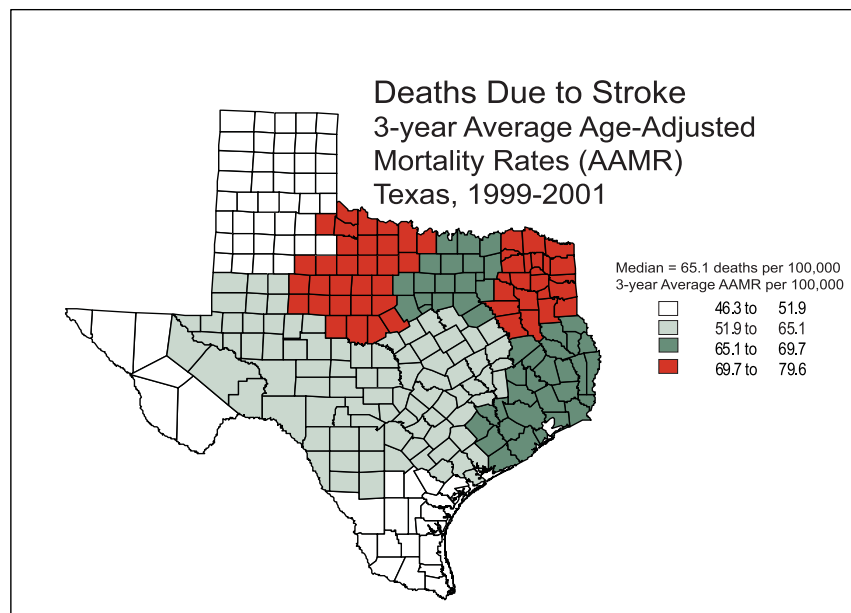
- In 2003, the council developed a **CVD Surveillance Report and Program Strategies source** that contains the various epidemiological data points, trends and facts for CVD and stroke in Texas based on hospital discharge data, BRFSS information, Texas Youth Tobacco Survey data, and vital statistics reports. The system is available in PowerPoint format on the council web site.
- For monitoring purposes, a **CVD intervention reporting system and database** has been developed for tracking and evaluating activities aimed at reducing risk for developing CVD and stroke statewide. Information from this system along with relevant demographic and disease burden facts will be incorporated to create the county fact sheet system suggested in the 2003 report. Currently, staff from the Texas Department of State Health Services are using the system with long range plans to expand to local health departments and community groups reporting on the system for comprehensive statewide coverage.
- Additional **data fact sheets** have been developed, and are currently available online. The “Eye on Your Heart” fact sheet outlines the CVD death rates for statewide and target populations as identified in the *Texas Plan to Reduce Cardiovascular Disease and Stroke* (May 2002.) The populations include youth, African Americans, and persons with CVD and stroke with a minor emphasis on Hispanic women. To date, fact sheets for African Americans, Hispanics, women, and the state as a whole have been developed.
- The **CVD Impact Assessment Inventory of Policy and Environmental Strategies in Texas** identifies current policies, plans, rules, & regulations in place that affect CVD and stroke development, risk, and/or related lifestyle behaviors and conditions.

Duty 3:

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, and maintain a database of this information.

Find more
data and
disease
surveillance
information
at:

www.texascvdcouncil.org





Future Activities

Surveillance, Data and Outcome Management:

- Participate in an updated Behavioral Risk Factor Surveillance System (BRFSS) trend report.
- Implement a *Major Texas Insurance Providers Rating System* to assess the abilities of providers to offer adequate coverage of treatment and rehabilitation of heart disease and stroke.
- Update the *CVD Impact Assessment: Inventory of Policy and Environmental Strategies in Texas*.

Health Education and Outreach:

- Conduct a women's heart health promotion program, "The Heart of Texas Women" in collaboration with local health departments, State of Texas agencies, and Breast and Cervical Cancer Control Services contractors.
- Conduct marketing campaign for council and council recognition programs (Texas Heart Smart Site, Cardiovascular Health Promotion Awards, CV Quality Recognition Program, and Heart and Stroke Healthy City Recognition Program).
- Conduct a women's heart health awareness media campaign in 2006.
- Coordinate with Texas Public Health Association to conduct a chronic disease track at their 2005 Annual Educational Conference in April 2005.

Community Policy and Environmental Change:

- Continue Heart and Stroke Healthy City Recognition program by beginning to reassess cities assessed in 2003.
- Develop *Heart and Stroke Healthy City Implementation Guide* for cities to utilize when setting goals to meet Heart and Stroke Healthy Indicators.
- Collaborate with American Heart Association-Texas Affiliate to develop community task forces in communities that were evaluated in 2003 and 2004 and assist cities in meeting Heart and Stroke Healthy Indicators.

Future Activities (continued)

Clinical Prevention and Treatment Services:

- Develop a Heart Disease and Stroke Awareness, Prevention and Control Promotion program with an implementation guide for public sector worksites.
- Implement a State Agency Hypertension Awareness Campaign in May 2005 for 100 state agencies.
- Collaborate with the American Heart Association-Texas Affiliate to disseminate the remaining *Get With The Guidelines Patient Management Tools* to Texas hospitals.
- Continue dissemination of the Physician Tool Kit for patients and health care providers.

2005 Council Meetings

February 9

May 11

August 10

November 9



Texas CVD Impact Assessment:

Policy and Environmental Strategies in Texas
(Policies, Plans, Rules, & Regulations)

February, 2004

- A. Community 1
- B. Community 2
- C. Health/Clinical Practice 2
- D. Public Health or Broadbased 1
- E. Public Health or Broadbased 2
- F. School Site 1
- G. School Site 2
- H. Worksite 1
- I. Other 1

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Texas CVD Impact Assessment: Policy and Environmental Strategies in Texas (Policies, Plans, Rules, & Regulations) FEB 2004

STRATEGIES	AREA	SOURCE/SCALE	DESCRIPTION
Community 1			
Reducing exposure to second hand smoke	Tobacco	State Penal Code, Chapter 48, Section 48.01 and .015	Makes possession of a burning tobacco product or smoking of tobacco in a facility of a public primary or secondary school, elevator, enclosed theater, movie house, library, etc and prohibits possession and distribution of certain cigarettes.
Taxing of cigarettes	Tobacco	State Tax Code Chapter 154	Imposes a tax on a person who uses or disposes of cigarettes in Texas. Current cigarette tax rate is \$.041 per pack of cigarettes.
Taxing of cigars and other tobacco products	Tobacco	State Tax Code Chapter 155	Imposes a tax on a person which becomes payable and due when a permit holder receives cigars and other tobacco products for the purpose of making a first sale in Texas.
Strengthen local tobacco and smoking ordinances	Tobacco	City of El Paso, Health and Safety Codes, Chapter 9.50	City Ordinance prohibits smoking in 1) all enclosed public places within the city including bingo parlors, sports arenas, and bowling facilities, all food establishments, nightclubs, and bars; 2) all places of employment within the city with the requirement of maintaining a written smoking policy; 3) all city owned facilities; AND requires posting of signs in all pertinent areas, buildings, etc. with compliance and enforcement measures through the local health and environmental district, building services and fire and law enforcement agencies. (2001)
		Dallas City Code,	City Ordinance No. 25168 1) prohibits smoking in certain public places within the city including bars, billiard halls; 2) requires employers to have and implement a written smoking policy that "reasonably accommodates the interests of both smokers and nonsmokers but minimizes exposure to secondhand smoke; 3) allows for moderate to strong compliance and enforcement requirements. (08/2003)
Increase and expand EMS access in areas of need	Cardiac Emergency Response	State Health and Safety Code, Chapter 773, Section .119	Establishes a program to award grants to initiate, expand, maintain, & improve emergency medical services and support medical systems and facilities that provide trauma support with a focus on the need of an area for the provision of EMS or trauma care. Roughly 1.5 million is available every fiscal year. Must be a registered first responder or licensed provider.
		American Heart Association	Rural Access to emergency devices - Texas AED Placement Program: grant established a \$1.1 million matching grant program to help provide AEDs to first responder agencies (including law enforcement, fire and EMS) in non-major metropolitan communities throughout the state. (expired March 2002)
		State Health and Safety Code, Chapter 771, Section .101 - .103	Established a pilot program through the Texas Department of Health and through the EMS and Trauma Advisory Council (see Public Health or Broadbased) to test efficiency of EMS provider systems in providing pre-arrival instructions to selected public safety answering points that are not adequately staffed or funded to provide those services with a requirement to provide a report to Texas Legislature Expired September 1, 2003
		Office of Rural Community Health Affairs (ORCA)	Rural Access to emergency devices local fund/grant provider Fiscal Year 2004 - 2005.

Texas CVD Impact Assessment: Policy and Environmental Strategies in Texas (Policies, Plans, Rules, & Regulations)
FEB 2004

STRATEGIES	AREA	SOURCE/SCALE	DESCRIPTION
Community 2			
Distribution of surplus agricultural products to needy or low-income populations.	Nutrition, Public access to fruits and vegetables	State Agriculture Code, Chapter 20	Texas Department of Agriculture awards grants to non-profit organizations for the purpose of collecting and distributing surplus agricultural products to food banks and other charitable organizations that serve needy or low-income individuals. (09/01/2001)
Farmers market food program for low-income populations		State Agriculture Code, Chapter 15	The Texas Department of Health may establish a special nutrition program to distribute to certain participants of W.I.C. program food coupons that are redeemable only at farmers markets located in areas in which the program is implemented. (08/28/1989)
Organization of cooperative marketing associations.		State Agriculture Code, Chapter 52	Organize and incorporate cooperative marketing associations to engage in the production, cultivation, and care of citrus groves to eliminate speculation and waste in the production of agricultural products; make production and distribution of agricultural products as direct as possible between producer and consumer; and stabilize production and marketing.
Increase public access and opportunities to safe physical activity.	Physical Activity - traffic safety.	State Transportation Code, Chapter 723	Texas Traffic Safety Act: establishment of a statewide traffic safety program to reduce traffic accidents, death, injury, and property damage that result from said accidents to include rules, procedures, and policy administration including governing of grants-in-aid and contractual relations and allocation of money to administer program.
	Physical Activity - cyclists	State Transportation Code, Chapter 551	State Cycling law establishes bicyclists as having same rights and duties of other vehicle operators; includes requirements for handling of the cycle and use of hand signals, riders per vehicle etc., safety lights, and capable brake system, other subsections include items on general operation, safety equipment requirements, and competition racing.
Increase greenspace/areas for physical activity.	Physical Activity- Trails	State Parks and Wildlife Code, Chapter 28. Texas Trails System	Establishment and administration of the Texas Trails System through the Texas Department of Parks and Wildlife (TPWD) to provide high quality outdoor recreational, scenic, historic, and expedition trails and to promote the use and encourage the development of trails within the system.
		State Professional - Texas Recreation and Parks Society	Texas Trails Network (two fold) nonprofit organization dedicated to promote quality development and management of trails, provide forum to access trail related concerns, and advocate a statewide trails system network according to state legislation as outlined above (State Parks and Wildlife Code, Chapter 28) The Network manages an online database of the trails located in Texas by address, county, configuration, surface, distance, amenities, et al.



Texas CVD Impact Assessment: Policy and Environmental Strategies in Texas (Policies, Plans, Rules, & Regulations) FEB 2004

STRATEGIES	AREA	SOURCE/SCALE	DESCRIPTION
Health/Clinical Practice 2 Automated External Defibrillators	Emergency Response	State Health and Safety Code, Chapter 779: AED's	Compliance requirements for person or entity other than a hospital that acquires an AED, provides emergency care, etc., regarding training, use, maintenance, notification & liability/immunity provisions. (09/01/1999)

Texas CVD Impact Assessment: Policy and Environmental Strategies in Texas (Policies, Plans, Rules, & Regulations) FEB 2004

STRATEGIES	AREA	SOURCE/SCALE	DESCRIPTION
Public Health or Broadbased 1			
Creation of a Council on CVD and Stroke	CVD Prevention	State Health and Safety Code Title 2: Health, Chapter 93	House Bill 2085, Chapter 93: Creation of a 12 member council to develop a plan to reduce morbidity, mortality, and economic burden of CVD and stroke in Texas through various duties. (09/09/1999)
EMS and Trauma Advisory Council	Emergency Medical	State Health and Safety Code Title 2: Health, Chapter 773, Section 2	House Bill 2446 regarding EMS mandated the appointment of a Governor's Advisory Council for Emergency Medical Services (EMS) and Trauma Advisory Council with duties to assess the need for emergency medical services in rural areas of the state and develop a strategic plan for refining the educational requirements for certification of personnel and development of systems. (08/30/2003)
Commission on State Emergency Communications	Emergency Medical	State Health and Safety Code Title 2: Health, Chapter 771	Establishes a Commission on State Emergency Communications as the state's authority to administer, develop standards of performance and training, review and approve regional plans, etc., for statewide 9-1-1 service and telecommunications therein.
Texas Diabetes Council	Diabetes	State Health and Safety Code, Chapter 103, Section .014(b)	Texas Diabetes Council consists of 16 Governor appointed members with main duty to reduce the health and economic burden of Diabetes in Texas through development of a plan that addresses treatment, education, and training.
Prohibition of tobacco advertising	Tobacco	State Health and Safety Code, Chapter 161 Section .121 - 125	Tobacco sign containing advertisement for cigarettes or tobacco products may not be located closer than 1000 feet to a church or school; A purchaser of advertising is liable for and shall remit to the comptroller a fee that is 10% of the gross sales price of any outdoor advertising of cigarettes and tobacco products in Texas, and the comptroller then puts the fees collected into a special account in the state treasury for tobacco and enforcement education with a penalty for non-compliance.
Restrict tobacco use by minors.	Tobacco	State Health and Safety Code, Chapter 161 Section .251 -.256	No one under the age of 18 may possess, purchase, consumer or accept a cigarette or tobacco product. Upon conviction for an offense, the court shall suspend sentence and require the defendant to attend a tobacco awareness program approved by the commissioner (bi-lingual available). Failure to comply within period specified results in a court order to the Department of Public Safety to suspend or deny issuance of any driver's license or permit to the defendant.
Prevent tobacco use by minors	Tobacco	State Health and Safety Code, Chapter 161 Section .301 & .302	Texas Department of Health will develop and implement a public awareness campaign designed to reduce tobacco use by minors in the state; with the option of implementing a grant program to support youth groups that include components of reduction of tobacco use by groups members.





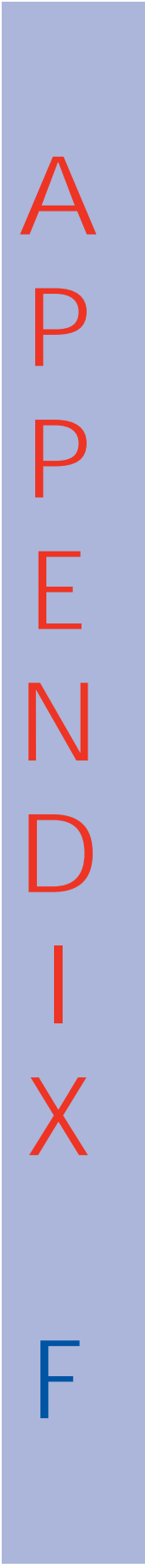
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STRATEGIES	AREA	SOURCE/SCALE	DESCRIPTION
Public Health or Broadbased 2			
Consumer/product awareness regarding tobacco	Tobacco	State Health and Safety Code, Chapter 161, Section .351 - .355	Requiring tobacco manufacturers to annually report to the Texas Department of Health all ingredients in cigarettes and tobacco products distributed in the state to be made public information available in report form to the general public.
Texas Foor for Health Advisory Council	Nutrition - public	State Agriculture Code, Chapter 50A	Creation and establishment of a council to coordinate food-for-health research in programs in the state, promote use of food-for-health research programs by fruit and vegetable growers and state and federal agencies, and promote increased consumption of fruits and vegetables grown in Texas, and coordinate research to increase production of nutritious fruits and vegetables.

Texas CVD Impact Assessment: Policy and Environmental Strategies in Texas (Policies, Plans, Rules, & Regulations) FEB 2004

STRATEGIES	AREA	SOURCE/SCALE	DESCRIPTION
<p>School Site 1 Requirement for daily physical activity and a coordinated approach to health education.</p>	<p>Physical Activity, Nutrition.</p>	<p>State Education Code Title 2: Public Education, 1) Chapter 28 Courses of Study, Section .002 AND State Board of Educ Rule of the Texas Admin. Code 19: 74.32 2) Chapter 38 Health and Safety, Section .013, .014)</p>	<p>SB19 mandates 1) 30 minutes of daily physical activity or 135 minutes per week, in students K-6 as part of a school district's physical education curriculum or through structured activity during recess; 2) establishment of a local school health education advisory council and coordinated health education program designed to prevent obesity, cardiovascular disease, & Type 2 Diabetes (06/14/2001)</p>
<p>Prohibition of smoking or use of tobacco.</p>	<p>Tobacco</p>	<p>State Education Code Title 2: Public Education, Chapter 38 Health and Safety, Section .006</p>	<p>SB1 prohibits smoking or use of tobacco products at a school-related or school-sanctioned activity on or off school property, prohibit students possession of tobacco products at the same, ensure school personnel enforce policy on school property. (05/30/1995)</p>
<p>Prohibition of dietary supplements.</p>	<p>Nutrition</p>	<p>State Education Code Title 2: Public Education, Chapter 38 Health and Safety, Section .011</p>	<p>Prohibits a school district employee from selling, marketing, or distributing a dietary supplement that contains performance enhancing compounds to a student for the intention of increasing athletic or intellectual performance, promote muscle growth, or increase endurance or capacity for exercise.</p>
<p>Improve school nutrition environments.</p>	<p>Nutrition</p>	<p>Policy</p>	<p>The Texas Department of Agriculture amended its Foods of Minimal Nutritional Value or FMNV Policy preventing students from grades PreK thru 6th, from accessing FMNVs on school premises at anytime during the school day; middle school students from grades 6th thru 8th, from accessing FMNVs anywhere on school premises during meal periods; and prohibition of carbonated beverages with volumes in excess of 12 ounces anywhere on school premises during the school day. Violation penalties include disallowance of all meal reimbursement for the day and requirement of school to reimburse the food service account for the loss and documentation of a corrective action plan.</p>



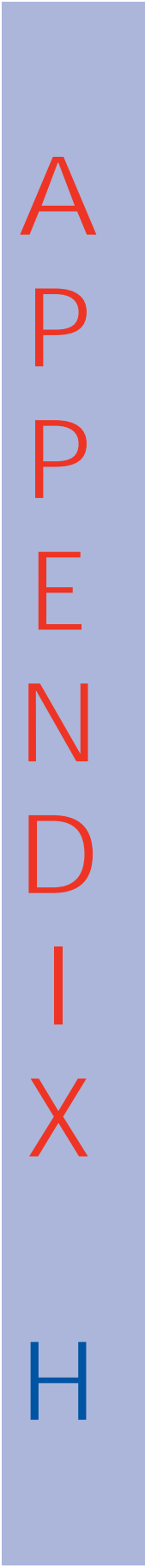


Texas CVD Impact Assessment: Policy and Environmental Strategies in Texas (Policies, Plans, Rules, & Regulations) FEB 2004

STRATEGIES	AREA	SOURCE/SCALE	DESCRIPTION
School Site 2			
Increase number of people trained in CPR	Cardiac Emergency Response	State Educational Code, Chapter 29 Educational Programs, Section .903	Requires Texas school districts include and offer cardiopulmonary resuscitation (CPR) instruction as part of their curriculum for the purpose of training and instructing high school students. The course will primarily be taught electronically via the internet or comparable media, however students are not required to enroll in the course.
State-specific research and prevention of obesity in school children	Obesity	Texas Senate Bill 474 - Enrolled Version	Establishes the creation of a joint interim committee to hold hearings and determine nutritional content of school foods and beverages, evaluate the impact of obesity in public school children, assess the value of lunch/breakfast food programs, evaluate school contracts relating to competitive foods and vending machines. (09/01/2003)
Increase public access and opportunities for safe physical activity.	Physical Activity - Cycling	State Transportation Code, Title 6 Roadways, Chapter 201	Establishes through the Texas Department of Transportation (TxDOT) a Safe Routes to School Program to distribute money received under the Hazard Elimination Program for projects to political subdivisions (cities) to improve safety in and around school areas. Grant Program started 2001 and expired in June of 2002. Federal funds awarded = \$3.8 million plus additional \$341,401.00 state matching amount for projects located on Texas Highway systems. 27 county and city projects were awarded in Texas.
Increase green space/areas for physical activity.	Physical Activity - Trails	State Parks & Wildlife Code, Chapter 28, Texas Trails System	Establishment of the Texas Trails System through administration of the Texas Parks and Wildlife Department (TPWD) with the purpose of providing high quality outdoor recreational, scenic, historic, and expedition trails, and promote use and encourage development of trails within the system.

Texas CVD Impact Assessment: Policy and Environmental Strategies in Texas (Policies, Plans, Rules, & Regulations) FEB 2004

STRATEGIES	AREA	SOURCE/SCALE	DESCRIPTION
Worksite 1			
Provision of a safe workplace.	Tobacco	State Labor Code, Chapter 411, Section .101-.110	Requires employers to provide a place of employment that is reasonably safe and healthful for employees through safeguards to mitigate or prevent occupational injury with an application of Health and Safety Codes.
Reducing exposure to second hand smoke	Tobacco	State Penal Code, Chapter 48, Section 48.01 and .015	Makes possession of a burning tobacco product or smoking of tobacco in a facility of a public primary or secondary school, elevator, enclosed theater, movie house, library, etc and prohibits possession and distribution of certain cigarettes.
Increase health of employee population groups.	Employee Wellness Program	State of Texas Government Code, Chapter 664	State Employees Health and Fitness and Education Act of 1983 establishes requirements for presenting, joining, and participating in health fitness education or activity programs for state agencies administration and employees. The law also requires state agencies to develop a plan before implementation of said programs that addresses the purpose, nature, duration, costs, participants in and expected results of the program with the requirement of obtaining approval of the plan from the Texas Department of Health (TDH) and if applicable, obtaining approval from the governor or the governor's representative, if implementation requires expenditure of public money.



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Texas CVD Impact Assessment: Policy and Environmental Strategies in Texas (Policies, Plans, Rules, & Regulations) FEB 2004

STRATEGIES	AREA	SOURCE/SCALE	DESCRIPTION
Other 1			
Diabetes Data on Death Certificates	Data, Mortality	State Health and Safety Code, Chapter 103, Section .014(b)	The Texas Diabetes Council shall advise regarding needed legislation

Health and Safety
Code

Chapter 93.
Prevention of
Cardiovascular
Disease and Stroke

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HEALTH & SAFETY CODE
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.

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

Sec. 93.002. APPOINTMENT OF COUNCIL; TERMS OF MEMBERS. (a) The Council on Cardiovascular Disease and Stroke is composed of 11 members appointed by the board.

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

Added by Acts 1999, 76th Leg., ch. 1411, Sec. 25.01, eff. Sept. 1, 1999. Amended by Acts 2003, 78th Leg., ch. 1170, Sec. 6.01, eff. Sept. 1, 2003.

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.

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

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.

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

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.

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

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.

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

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.

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

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.

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

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.

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

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

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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, Sec. 25.01, eff. Sept. 1, 1999.





Texas Department of State Health Services
Publication Number: 81-10930
January 2005

