

Healthy Iowans 2017-2021

Iowa's Health Improvement Plan



Chronic Disease

REVISED August 2019



Coordinated by the
Bureau of Public Health Performance
Iowa Department of Public Health



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Governor: Kim Reynolds

Lieutenant Governor: Adam Gregg

IDPH Director: Gerd W. Clabaugh

Report Contact Information:

Jonn Durbin, MA, CPM

jonathan.durbin@idph.iowa.gov

515-281-8936

Louise Lex, PhD, MS

louise.lex@idph.iowa.gov

515-281-4348

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FOCUS AREA: Chronic Disease

What Health Issues Are Included

Cancer
Diabetes
Heart Disease

Chronic Disease Measures of Health Improvement

CD-1 Decrease ↓ the rate of deaths caused by cancer (per 100,000 population - age-adjusted).

<u>Overall ☺</u>	<u>Male ☺</u>	<u>Black, non-Hispanic ☺</u>
Target: 151	Target: 186	Target: 176
Baseline: 160 [2016]	Baseline: 196 [2014-2016]	Baseline: 186 [2014-2016]
Newest: 158 [2017]≈1%↓ decrease	Newest: 193 [2015-17]≈2%↓ decrease	Newest: 177 [2015-17]≈5%↓ decrease

Data Source: CDC, NCHS. Multiple Cause of Death on CDC WONDER Online Database. Data are from the Multiple Cause of Death Files, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. ICD-10 codes C00-C97 (Malignant Neoplasms) listed as the underlying cause of death. <https://wonder.cdc.gov/mcd-icd10.html>

CD-2 Decrease ↓ the rate of deaths caused by lung cancer (per 100,000 population - age-adjusted).

<u>Overall ☺</u>	<u>Male ☺</u>	<u>Black, non-Hispanic ☺</u>
Target: 39	Target: 50	Target: 52
Baseline: 41 [2016]	Baseline: 53 [2014-2016]	Baseline: 55 [2012-2016]
Newest: 40 [2017]≈4%↓ decrease	Newest: 52 [2015-17]≈3%↓ decrease	Newest: 57 [2013-17]≈3%↑ increase

Data Source: CDC, NCHS. Multiple Cause of Death on CDC WONDER Online Database. Data are from the Multiple Cause of Death Files, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. ICD-10 codes C33-C34 (Malignant Neoplasms of trachea, bronchus and lung) listed as the underlying cause of death. <https://wonder.cdc.gov/mcd-icd10.html>

CD-3 Decrease ↓ the rate of deaths caused by colorectal cancer (per 100,000 population - age-adjusted).

<u>Overall ☺</u>	<u>Male ☺</u>	<u>Black, non-Hispanic ☺</u>
Target: 13	Target: 16	Target: 16
Baseline: 14.4 [2016]	Baseline: 16.7 [2014-2016]	Baseline: 17.8 [2012-2016]
Newest: 13.7 [2017]≈5%↓ decrease	Newest: 16.3 [2015-17]≈2%↓ decrease	Newest: 16.4 [2013-17]≈8%↓ decrease

Data Source: CDC, NCHS. Multiple Cause of Death on CDC WONDER Online Database. Data are from the Multiple Cause of Death Files, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. ICD-10 codes C18-C21 (Malignant Neoplasms of colon, rectum and anus) listed as the underlying cause of death. <https://wonder.cdc.gov/mcd-icd10.html>

CD-4 Decrease ↓ the rate of female deaths caused by breast cancer (per 100,000 females - age-adjusted).

<u>Overall ☺</u>
Target: 18
Baseline: 19 [2016]
Newest: 18 [2017]≈6%↓ decrease

Data Source: CDC, NCHS. Multiple Cause of Death on CDC WONDER Online Database. Data are from the Multiple Cause of Death Files, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. ICD-10 codes C50 (Malignant Neoplasms of breast) listed as the underlying cause of death. <https://wonder.cdc.gov/mcd-icd10.html>

CD-5 Decrease ↓ the incidence of cancer (per 100,000 population - age-adjusted).

<u>Overall ☺</u>	<u>Male ☺</u>	<u>Black, non-Hispanic Male ☺</u>
Target: 455	Target: 496	Target: 552
Baseline: 479 [2014]	Baseline: 522 [2014]	Baseline: 582 [2014]
Newest: 470 [2015]≈2%↓ decrease	Newest: 512 [2015]≈2%↓ decrease	Newest: 549 [2015]≈6%↓ decrease

Data Source: United States Cancer Statistics: WONDER Online Database. United States Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute. <https://wonder.cdc.gov/cancer.html>

CD-6 Decrease ↓ the incidence of lung cancer (per 100,000 population - age-adjusted).

<u>Overall ☹</u>	<u>Male ☹</u>	
Target: 61	Target: 71	
Baseline: 65 [2014]	Baseline: 76 [2014]	
Newest: 63 [2015]≈3%↓ decrease	Newest: 75 [2015]≈1%↓ decrease	
<u>Black, non-Hispanic ☹</u>	<u>Black, non-Hispanic Male ☹</u>	<u>Black, non-Hispanic Female ☹</u>
Target: 85	Target: 107	Target: 73
Baseline: 90 [2014]	Baseline: 113 [2014]	Baseline: 77 [2014]
Newest: 65 [2015]≈27%↓ decrease	Newest: 80 [2015]≈29%↓ decrease	Newest: 53 [2015]≈31%↓ decrease

Data Source: United States Cancer Statistics: WONDER Online Database. United States Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute. <https://wonder.cdc.gov/cancer.html>

CD-7 Decrease ↓ the incidence of colorectal cancer (per 100,000 population - age-adjusted).

<u>Overall ☹</u>	<u>Male ☹</u>
Target: 44	Target: 49
Baseline: 47 [2014]	Baseline: 52 [2014]
Newest: 44 [2015]≈7%↓ decrease	Newest: 50.5 [2015]≈2%↓ decrease

Data Source: United States Cancer Statistics: WONDER Online Database. United States Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute. <https://wonder.cdc.gov/cancer.html>

CD-8 Decrease ↓ the incidence of female breast cancer (per 100,000 population - age-adjusted).

<u>Overall ☹</u>
Target: 120
Baseline: 127 [2014]
Newest: 129 [2015]≈2%↑ increase

Data Source: United States Cancer Statistics: WONDER Online Database. United States Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute. <https://wonder.cdc.gov/cancer.html>

CD-9 Decrease ↓ the incidence of skin melanomas (per 100,000 population - age-adjusted).

<u>Overall ☹</u>	<u>Male ☹</u>
Target: 23	Target: 28
Baseline: 25 [2014]	Baseline: 30 [2014]
Newest: 27 [2015]≈5%↑ increase	Newest: 30 [2015]≈0%↔ no change

Data Source: United States Cancer Statistics: WONDER Online Database. United States Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute. <https://wonder.cdc.gov/cancer.html>

CD-10 Decrease ↓ the percentage of adults who have been told they have diabetes.

<u>Overall ☹</u>	<u>Adults with Disability* ☹</u>
Target: 8%	Target: 18%
Baseline: 9% [2016]	Baseline: 19% [2016]
Newest: 10% [2017]≈3%↑ increase	Newest: 19% [2017]≈0%↔ no change
<u>Income Less Than \$15,000 ☹</u>	<u>Income \$15,000 - \$24,999 ☹</u>
Target: 13%	Target: 13%
Baseline: 14.5% [2016]	Baseline: 14% [2016]
Newest: 16% [2017]≈10%↑ increase	Newest: 15% [2017]≈4%↑ increase

Data Source: CDC, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data. <https://www.cdc.gov/brfss/brfssprevalence> *Additional IDPH analysis of national BRFSS data.

CD-11 Decrease ↓ the percentage of adults with diabetes who have not seen a health professional in the last year.

<u>Overall ☹</u>
Target: 8%
Baseline: 9% [2015]
Newest: 6% [2017]≈29%↓ decrease

Data Source: Iowa Behavioral Risk Factor Surveillance System (BRFSS). <https://idph.iowa.gov/brfss>

CD-12 Decrease ↓ the rate of coronary heart disease deaths (per 100,000 population - age-adjusted).

Overall ☺

Target: 97

Baseline: 103 [2016]

Newest: 103 [2017]≈0%↔ no change

Black, non-Hispanic ☺

Target: 125

Baseline: 132 [2014-2016]

Newest: 125 [2015-2017]≈6%↓ decrease

Male ☺

Target: 139

Baseline: 147 [2014-2016]

Newest: 145 [2015-2017]≈1%↓ decrease

Black, non-Hispanic Male ☺

Target: 174

Baseline: 184 [2014-2016]

Newest: 180 [2015-2017]≈2%↓ decrease

Data Source: CDC, NCHS. Multiple Cause of Death on CDC WONDER Online Database. Data are from the Multiple Cause of Death Files, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. ICD-10 codes I20-I25 listed as the underlying cause of death. <https://wonder.cdc.gov/mcd-icd10.html>

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Iowa Health Issue: Cancer

Iowa Counties with Local Strategies

Adams, Allamakee, Calhoun, Clay, Davis, Delaware, Humboldt, Iowa, Madison, Muscatine, Sioux, Van Buren, Woodbury, Wright

These community health improvement plans are available on the Iowa Department of Public Health, Community Health Needs Assessment and Health Improvement Planning (CHNA&HIP) website: <https://idph.iowa.gov/chnahip/health-improvement-plans>

Goals, Objectives & Strategies

Cancer

Goal #1 Increase colorectal cancer screening rates in Iowa.

Alignment with National Plans

National Colorectal Cancer Roundtable <http://nccrt.org/tools/80-percent-by-2018/>

Alignment with State / Other Plans

Iowa Cancer Plan <http://canceriowa.org/iowa-Cancer-Plan.aspx>

Cancer

Objective 1-1 Increase the percentage of people age 50-75 years of age who had a colorectal screening test* from 68.6% (2016) to 80% by 2022.

* Proportion of people 50-75 years of age with stool test in past year OR colonoscopy within past 10 years OR sigmoidoscopy within past 5 years.

Baseline Year	Baseline Value	Target Year	Target Value
2016	68.6%	2022	80%

Data Source & Location Health in Iowa: Annual Report from the Behavioral Risk Factor Surveillance System <http://idph.iowa.gov/brfss>

Cancer

Strategy 1-1.1 Educate the public about the importance of cancer screening guidelines.

Strategy Type
Individual/interpersonal-focused

Strategy Source & Location

2018-2022 Iowa Cancer Plan: Goal 9, Action A

Who's Responsible

Iowa Cancer Consortium members and partners

Target Date

Jan 1, 2022

Cancer

Strategy 1-1.2 Promote and support programs that provide free or low-cost recommended screenings to people who are uninsured or underinsured.

Strategy Type
Community-focused

Strategy Source & Location

2018-2022 Iowa Cancer Plan: Goal 9, Action E

Who's Responsible

Iowa Cancer Consortium members and partners

Target Date

Jan. 1, 2022

Cancer

Strategy 1-1.3 Encourage providers, clinics and systems to use evidence-based strategies, such as system-based patient reminder tools, to increase cancer screenings.

Strategy Type
Professional/provider-focused

Strategy Source & Location

2018-2022 Iowa Cancer Plan: Goal 9, Action F

Who's Responsible

Iowa Cancer Consortium members and partners

Target Date

Jan. 1, 2022

Cancer

Strategy 1-1.4

Implement evidence-based interventions, recommended by the Community Guide, in clinics to increase colorectal cancer screening rates.

Strategy Type

Professional/provider-focused

Strategy Source & Location

Iowa Department of Public Health, Iowa Get Screened Program

Who's Responsible

Iowa Department of Public Health, American Cancer Society

Target Date

Jun 29, 2020

Cancer

Strategy 1-1.5

Plan and/or promote colorectal cancer screening guidelines to health care professionals.

Strategy Type

Professional/provider-focused

Strategy Source & Location

Iowa Department of Public Health, Iowa Get Screened Program

Who's Responsible

Iowa Department of Public Health, American Cancer Society

Target Date

Jun 29, 2020

Cancer

Strategy 1-1.6

Provide colorectal cancer screenings for uninsured and underinsured Iowans ages 50 to 75.

Strategy Type

Demographic/socioeconomic-focused

Strategy Source & Location

Iowa Code section 135.11 Chapter 10 "Iowa Get Screened Cancer Program"

<https://www.legis.iowa.gov/docs/aco/arc/2562c.pdf>

Who's Responsible

Iowa Department of Public Health

Target Date

Jul 1, 2020

Cancer

Objective 1-2

The 11 federally qualified health centers (FQHCs) in IowaHealth+ will either increase their colorectal cancer screening rate (based on their 2015 UDS rate) by 10%, in 2016, or achieve the 80% target set by the National Colorectal Cancer Roundtable.

Baseline Year	Baseline Value	Target Year	Target Value
2015	39.2%	2018	80%

Data Source & Location Uniform Data System, HRSA (baseline value is an average across the 11 FQHCs with varying individual FQHC performance. The 10% goal is an improvement for each FQHC individually in 2016 from their 2015 baseline.)

Cancer

Strategy 1-2.1

Support the 11 FQHCs through the Iowa Primary Care Association's (Iowa PCA) Performance Improvement Learning Collaborative

Strategy Type

Professional/provider-focused

Strategy Source & Location

Iowa Primary Care Association

Who's Responsible

Iowa Primary Care Association Performance Improvement Team

Target Date

Jan 1, 2021

Cancer

Goal #2 Build the capacity of Iowa professionals and advocates to address comprehensive cancer control.

Alignment with National Plans

Healthy People 2020, Cancer <https://www.healthypeople.gov/2020/topics-objectives/topic/cancer>

Alignment with State / Other Plans

Iowa Cancer Plan <http://canceriowa.org/iowa-Cancer-Plan.aspx>

Cancer

Objective 2-1

Reduce cancer mortality from 167.3 per 100,000 Iowans to 153.9 per 100,000 and incidence from 459.5 to 402.0 by 2022.

Baseline
Year

2012-
2014

Baseline
Value

mortality
167.3
incidence
459.5

Target
Year

2022

Target
Value

mortality
153.9
incidence
402.0

Data Source & Location | Surveillance, Epidemiology and End Results Program (SEER) data, State Health Registry of Iowa.
<https://www.public-health.uiowa.edu/shri/>

Cancer

Strategy 2-1.1

Convene at least 10 educational and collaborative opportunities to increase the expertise of partners and stakeholders in prevention, early detection, treatment, quality of life and health equity.

Strategy Type

Professional/provider-focused

Strategy Source & Location

Iowa Cancer Plan 2018-2022, Goal 1

Who's Responsible

Iowa Cancer Consortium members and partners

Target Date

Jan 1, 2022

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Cancer

Goal #3 Decrease incidence of lung cancer.

Alignment with National Plans

Healthy People 2020, Cancer, <https://www.healthypeople.gov/2020/topics-objectives/topic/cancer>

Healthy People 2020, Tobacco Use, <https://www.healthypeople.gov/2020/topics-objectives/topic/tobacco-use>

Best Practices for Comprehensive Tobacco Control Programs - 2014

http://www.cdc.gov/tobacco/stateandcommunity/best_practices/pdfs/2014/comprehensive.pdf

President's Cancer Panel. 2008-2009 - Reducing Environmental Cancer Risk: What We Can Do Now

https://deainfo.nci.nih.gov/Advisory/pcp/annualReports/pcp08-09rpt/PCP_Report_08-09_508.pdf

Environmental Protection Agency. 2016 - National Radon Action Plan

https://www.epa.gov/sites/production/files/2015-11/documents/nrap_guide_2015_final.pdf

Alignment with State / Other Plans

Iowa Cancer Plan <http://canceriowa.org/iowa-Cancer-Plan.aspx>

Cancer

Objective 3-1

Increase adult cessation attempts* from 52.5% (2016) to 57.8% by 2022.

*Percent of current smokers trying to quit for a day or more, all races, both sexes, ages 18+.

Baseline Year	Baseline Value	Target Year	Target Value
2016	52.5%	2022	57.8%

Data Source & Location | Health in Iowa: Annual Report from the Behavioral Risk Factor Surveillance System <http://idph.iowa.gov/brfss>

Cancer

Strategy 3-1.1

Increase referrals to and participation in evidence-based tobacco cessation services for all tobacco users, including tobacco survivors.

Strategy Type

Individual/interpersonal-focused

Strategy Source & Location

2018-2022 Iowa Cancer Plan: Goal 2, Action D

Who's Responsible

Iowa Cancer Consortium members and partners

Target Date

Jan 1, 2022

Cancer

Strategy 3-1.2

Increase the number of insurance plans covering evidence-based cessation services, Nicotine Replacement Therapy (NRT) and counseling.

Strategy Type

Policy-focused

Strategy Source & Location

2018-2022 Iowa Cancer Plan: Goal 2, Action M

Who's Responsible

Iowa Cancer Consortium members and partners

Target Date

Jan. 1, 2022

Cancer

Strategy 3-1.3

Require that nicotine delivery devices, including e-cigarettes, be held to the same advertising, promotion and sponsorship standards as all other tobacco and nicotine products.

Strategy Type

Policy-focused

Strategy Source & Location

2018-2022 Iowa Cancer Plan: Goal 2, Action G

Who's Responsible
Iowa Cancer Consortium members and partners

Target Date
Jan. 1, 2022

Cancer

Objective 3-2

Decrease youth tobacco initiation* from 19.0% (2016) to 17.0% by 2022.

*Percentage of 11th grade students who have ever smoked tobacco or used any tobacco products (not including electronic cigarettes).

Baseline Year	Baseline Value	Target Year	Target Value
2016	19%	2022	17%

Data Source & Location | Iowa Youth Survey, State of Iowa Report <http://www.iowayouthsurvey.iowa.gov/>

Cancer

Strategy 3-2.1

Increase the number of school districts, colleges/universities, workplaces, housing units and parks that implement comprehensive tobacco and nicotine-free policies.

Strategy Type
Policy-focused

Strategy Source & Location

2018-2022 Iowa Cancer Plan: Goal 2, Action K

Who's Responsible
Iowa Cancer Consortium members and partners

Target Date
Jan. 1, 2022

Cancer

Strategy 3-2.2

Maintain or increase funding to the Iowa Department of Public Health (IDPH) Division of Tobacco Use Prevention and Control to CDC-recommended levels for Iowa.

Strategy Type
Policy-focused

Strategy Source & Location

2018-2022 Iowa Cancer Plan: Goal 2, Action I

Who's Responsible
Iowa Cancer Consortium members and partners

Target Date
Jan. 1, 2022

Cancer

Strategy 3-2.3

Increase the tax on tobacco products.

Strategy Type
Policy-focused

Strategy Source & Location

2018-2022 Iowa Cancer Plan: Goal 2, Action H

Who's Responsible
Iowa Cancer Consortium members and partners

Target Date
Dec 31, 2017

Cancer

Objective 3-3

Decrease age-adjusted incidence per 100,000 of lung cancer by reducing exposure to radon.

Baseline Year	Baseline Value	Target Year	Target Value
2012-2014	63.2	2022	49.1

Data Source & Location | Iowa Cancer Registry, Invasive Cancer Incidence Rates <https://www.cancer-rates.info/ia/index.php>

Cancer

Strategy 3-3.1

Educate the public, health care providers, public health officials, schools, property owners, managers and policy makers about radon and other environmental substances linked to cancer.

Strategy Type
Individual/interpersonal-focused

Strategy Source & Location

2018-2022 Iowa Cancer Plan: Goal 7, Action B

Who's Responsible

Iowa Cancer Consortium members and partners

Target Date

Jan. 1, 2021

Cancer

Strategy 3-3.2 Require newly constructed homes and buildings to be built using passive radon control methods according to the 2015 International Residential Building Code.

Strategy Type
Policy-focused

Strategy Source & Location

2018-2022 Iowa Cancer Plan: Goal 7, Action F

Who's Responsible

Iowa Cancer Consortium members and partners

Target Date

Jan. 1, 2022

Cancer

Strategy 3-3.3 Collaborate with cities and housing departments to develop initiatives that provide financial assistance for radon testing and mitigation.

Strategy Type
Policy-focused

Strategy Source & Location

2018-2022 Iowa Cancer Plan: Goal 7, Action C

Who's Responsible

Iowa Cancer Consortium members and partners

Target Date

Jan. 1, 2022

Cancer

Goal #4 Follow nationally recognized guidelines to increase vaccination rates for all vaccines demonstrated to reduce the risk of cancer.

Alignment with National Plans

Healthy People 2020, Immunization and Infectious Diseases, Objective 11:
<https://www.healthypeople.gov/2020/topics-objectives/topic/immunization-and-infectious-diseases>

Alignment with State / Other Plans

Iowa Cancer Plan <http://canceriowa.org/iowa-Cancer-Plan.aspx>

Cancer

Objective 4-1 Increase the percentage adolescent boys and girls aged 13-15 in the IRIS system who have completed the HPV vaccine doses.

Baseline Year	Baseline Value	Target Year	Target Value
2016	27%	2022	29.7%

Data Source & Location | Iowa Immunization Program Annual Report
<http://idph.iowa.gov/immtnb/immunization>

Cancer

Strategy 4-1.1 See the following strategies in the section, Adolescent Immunizations:
1-1.3, 1-1.4, 1-1.5, 1-2.3, 1-2.4, 1-2.5

Strategy Type
Professional/provider-focused

Strategy Source & Location

Iowa Cancer Plan

Cancer

Goal #5 Increase protective behaviors from sun/ultraviolet exposure.

Alignment with National Plans

Guide to Community Preventive Services www.thecommunityguide.org

Alignment with State / Other Plans

Iowa Cancer Plan <http://canceriowa.org/iowa-Cancer-Plan.aspx>

Cancer

Objective 5-1 Decrease the age-adjusted incidence per 100,000 for skin melanoma* through programs and policies that discourage and prohibit use of tanning beds.

* Note that skin cancer incidence has been on an upward trend. While the 2022 target is higher than the baseline, it is a reduction of the projected 2022 rate.

Baseline Year	Baseline Value	Target Year	Target Value
2012-2014	24.9	2022	27.5

Data Source & Location | Iowa Cancer Registry, Invasive Cancer Incidence Rates <http://www.cancer-rates.info/ia/index.php>

Cancer

Strategy 5-1.1 Increase public education about the harms of exposure to ultraviolet light from tanning beds.

Strategy Type
Individual/interpersonal-focused

Strategy Source & Location

2018-2022 Iowa Cancer Plan: Goal 6, Action E

Who's Responsible

Iowa Cancer Consortium members and partners

Target Date

Jan. 1, 2022

Cancer

Strategy 5-1.2 Advocate for prohibiting the use of tanning beds for all Iowans under the age of 18.

Strategy Type
Policy-focused

Strategy Source & Location

2018-2022 Iowa Cancer Plan: Goal 6, Action G

Who's Responsible

Iowa Cancer Consortium members and partners

Target Date

Jan. 1, 2022

Cancer

Goal #6 Decrease late stage breast cancer diagnoses to reduce deaths due to breast cancer.

Alignment with National Plans

Susan G. Komen Plan Announcement

<http://komeniowa.org/komen-announces-nearly-33-million-in-research-funding-to-support-bold-goal/>

Alignment with State / Other Plans

Iowa Cancer Plan <http://canceriowa.org/iowa-Cancer-Plan.aspx>

Cancer

Objective 6-1

Decrease the number of counties that demonstrate higher than average percentages of late-stage diagnosis and demonstrate higher than average percentages of linguistic isolation and/or low educational achievement.

Baseline Year	Baseline Value	Target Year	Target Value
2017	18	2020	17

Data Source & Location Komen Iowa Community Profile Report

<http://komeniowa.org/grants/applying-for-community-grants/funding-priorities-2/> p. 45-46

Cancer

Strategy 6-1.1

Fund programs that provide culturally-competent, multi-cultural, evidence-based breast cancer education that results in documented age-appropriate breast cancer action such as talking to one's doctor about personal risk or getting a screening mammogram.

Strategy Type

Individual/interpersonal-focused

Strategy Source & Location

Komen Iowa 2015 Community Profile Report

<http://komeniowa.org/grants/applying-for-community-grants/funding-priorities-2/>

Who's Responsible

Susan G. Komen Iowa's Mission Initiatives Committee

Target Date

Jan 1, 2020

Cancer

Objective 6-2

Identify and accept applications for programs per quadrant that aim to decrease the barriers created by geographic access issues in counties that demonstrate higher than average percentages of late-stage diagnosis and demonstrate higher than average percentages of residents who live in medically underserved and/or rural areas.

Baseline Year	Baseline Value	Target Year	Target Value
2017	N/A	2020	4 quadrants a year

Data Source & Location Komen Iowa Community Profile Report

<http://komeniowa.org/grants/applying-for-community-grants/funding-priorities-2/>

Cancer

Strategy 6-2.1

Fund programs that maximize convenience to access along the continuum of care including, but not limited to, transportation assistance, telemedicine, scheduling assistance, and flexible hours of service.

Strategy Type

Individual/interpersonal-focused

Strategy Source & Location

Komen Iowa 2015 Community Profile Report

<http://komeniowa.org/grants/applying-for-community-grants/funding-priorities-2/>

Who's Responsible

Susan G. Komen Iowa's Mission Initiatives Committee

Target Date

Jan 1, 2020

Cancer

Objective 6-3 Accept applications that make breast cancer screenings, diagnosis, and treatment more accessible to all women by providing financial support.

Baseline Year	Baseline Value	Target Year	Target Value
2017	N/A	2020	TBD

Data Source & Location Komen Iowa Community Profile Report.
<http://komeniowa.org/grants/applying-for-community-grants/funding-priorities-2/>

Cancer

Strategy 6-3.1 Fund programs that provide no-cost or low-cost clinical breast cancer services and/or financial assistance with diagnostic and treatment co-pays/deductibles.

Strategy Type
Demographic/socioeconomic-focused

Strategy Source & Location
Komen Iowa 2015 Community Profile Report.
<http://komeniowa.org/grants/applying-for-community-grants/funding-priorities-2/>

Who's Responsible
Susan G. Komen Iowa's Mission Initiatives Committee

Target Date
Jan 1, 2020

Cancer

Goal #7 Increase the percentage of Iowa women receiving breast cancer and cervical cancer screening.

Alignment with National Plans

Healthy People 2020, Cancer, Objectives 15 & 17 <https://www.healthypeople.gov/2020/topics-objectives/topic/cancer>

Alignment with State / Other Plans

Iowa Cancer Plan <http://canceriowa.org/Iowa-Cancer-Plan.aspx>

Cancer

Objective 7-1 Increase the percentage of women between 50-74 years of age who have had a mammogram in the past two years from 77.6 % (2016) to 85.4% by 2022.

Baseline Year	Baseline Value	Target Year	Target Value
2016	77.6%	2022	85.4%

Data Source & Location Centers for Disease Control and Prevention (CDC), Behavioral Risk Factor Surveillance System
<http://nccd.cdc.gov/BRFSSPrevalence>

Cancer

Strategy 7-1.1 Educate the public about the importance of cancer screening guidelines.

Strategy Type
Individual/interpersonal-focused

Strategy Source & Location
2018-2022 Iowa Cancer Plan: Goal 9, Action A

Who's Responsible
Iowa Department of Public Health

Target Date
Jan 1, 2020

Cancer

Objective 7-2 Increase from 84% to 92% the percent of women ages 21 - 65 years who had a Pap test within the past three years by 2020.

Baseline Year	Baseline Value	Target Year	Target Value
2014	84.5%	2020	92%

Data Source & Location CDC Behavioral Risk Factor Surveillance System <http://nccd.cdc.gov/BRFSSPrevalence>

Cancer

Strategy 7-2.1 Maintain collaboration with key cancer partners to focus on public education to raise the cervical cancer screening rates in Iowa.

Strategy Type
Individual/interpersonal-focused

Strategy Source & Location

2018-2022 Iowa Cancer Plan: Goal 9, Action A

Who's Responsible

Iowa Department of Public Health

Target Date

Jan 1, 2020

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Iowa Health Issue: Diabetes

Iowa Counties with Local Strategies

Allamakee, Buchanan, Calhoun, Cedar, Cerro Gordo, Greene, Hardin, Humboldt, Iowa, Johnson, Keokuk, Linn, Louisa, Pocahontas, Pottawattamie, Ringgold, Sioux, Van Buren, Webster

These community health improvement plans are available on the Iowa Department of Public Health, Community Health Needs Assessment and Health Improvement Planning (CHNA&HIP) website: <https://idph.iowa.gov/chnahip/health-improvement-plans>

Goals, Objectives & Strategies

Diabetes

Goal #1 Prevent diabetes from occurring in Iowans.

Alignment with National Plans

CDC "1305 grant": State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health (DP13-1305) <http://www.cdc.gov/chronicdisease/about/state-public-health-actions.htm>

Alignment with State / Other Plans

Diabetes Statewide Strategy <https://www.idph.iowa.gov/Diabetes/Diabetes-Prevention>

Iowa Diabetes Prevention Action Plan <https://www.idph.iowa.gov/Diabetes/Diabetes-Prevention>

Iowa Department of Public Health work plan for 1305 grant (unpublished)

Diabetes

Objective 1-1	Increase the percentage of adults who report being told by a healthcare provider that they have pre-diabetes or borderline diabetes from 6.2% to 10% by 2020.	Baseline Year	Baseline Value	Target Year	Target Value
		2013	6.2%	2020	10%

Data Source & Location | Health in Iowa: Annual Report from the Behavioral Risk Factor Surveillance System <http://idph.iowa.gov/brfss>

Diabetes

Strategy 1-1.1 Increase participation in the National Diabetes Prevention Program (NDPP). Strategy Type
Individual/interpersonal-focused

Strategy Source & Location

CDC: 1305 (<http://www.cdc.gov/chronicdisease/about/state-public-health-actions.htm>)

CDC: 6 | 18 (<http://www.cdc.gov/sixteen/diabetes/index.htm>)

Who's Responsible

Iowa Department of Public Health

Target Date

Jan 1, 2021

Diabetes

Strategy 1-1.2 Increase health care providers screening for prediabetes. Strategy Type
Professional/provider-focused

Strategy Source & Location

CDC: 1305 (<http://www.cdc.gov/chronicdisease/about/state-public-health-actions.htm>)

CDC: 6 | 18 (<http://www.cdc.gov/sixteen/diabetes/index.htm>)

Who's Responsible

Iowa Department of Public Health

Target Date

Jan 1, 2021

Diabetes

Goal #2 Reduce the complications of type 2 diabetes.

Alignment with National Plans

CDC "1305 grant": State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health (DP13-1305) <http://www.cdc.gov/chronicdisease/about/state-public-health-actions.htm>

Alignment with State / Other Plans

Diabetes Statewide Strategy <https://www.idph.iowa.gov/Diabetes/Diabetes-Prevention>

Diabetes

Objective 2-1	Increase the age-adjusted percent of adults with diabetes who have had two or more A1C tests in the last year from 76.8% to 80.7% by 2017.	Baseline Year	Baseline Value	Target Year	Target Value
		2013	76.8%	2017	80.7%

Data Source & Location: Health in Iowa: Annual Report from the Behavioral Risk Factor Surveillance System <http://idph.iowa.gov/brfss>

Diabetes

Strategy 2-1.1 Increase access to and participation in evidence-based diabetes management and chronic disease programs.

Strategy Type
Individual/interpersonal-focused

Strategy Source & Location

CDC: 1305 (<http://www.cdc.gov/chronicdisease/about/state-public-health-actions.htm>)

Who's Responsible

Iowa Department of Public Health

Target Date

Jan 1, 2021

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Iowa Health Issue: Heart Disease

Iowa Counties with Local Strategies

Allamakee, Black Hawk, Cedar, Cerro Gordo, Buchanan, Franklin, Greene, Hardin, Keokuk, Linn, Monona, Pocahontas, Ringgold, Shelby, Tama, Taylor, Van Buren

These community health improvement plans are available on the Iowa Department of Public Health, Community Health Needs Assessment and Health Improvement Planning (CHNA&HIP) website: <https://idph.iowa.gov/chnahip/health-improvement-plans>

Goals, Objectives & Strategies

Heart Disease

Goal #1 Decrease the rate of coronary heart disease as the primary cause of death.

Alignment with National Plans

Million Hearts Initiative <https://millionhearts.hhs.gov>

Healthy People 2020, Heart Disease and Stroke
<https://www.healthypeople.gov/2020/topics-objectives/topic/heart-disease-and-stroke>

Alignment with State / Other Plans

2015 Iowa Million Hearts Action Plan <http://idph.iowa.gov/hdsp/state-plan>

Heart Disease

Objective 1-1	Decrease the coronary heart disease mortality rate for adults 18 and older from 107.5 to 103.4 by 2020.	Baseline Year	Baseline Value	Target Year	Target Value
		2014	107.5	2020	103.4

Data Source & Location CDC Wonder, Compressed Mortality file, ICD-10 codes I20-I25. <http://wonder.cdc.gov/cmfi-icd10.html>

Heart Disease

Strategy 1-1.1 Hold an annual meeting of Iowa Million Hearts primary partners to discuss progress on the goals and objectives of the Iowa Million Hearts Action Plan and monitor state, national, and Healthy People 2020 data.

Strategy Type
Community-focused

Strategy Source & Location

Iowa Department of Public Health Million Hearts Action Plan: 2015 through 2022 (Million Hearts, Phase 2 will go beyond 2018 and has yet to be released)

Who's Responsible

Iowa Million Hearts Action Plan-Primary Partners (Led by the Iowa Department of Public Health)

Target Date
Jan 1, 2022

Heart Disease

Strategy 1-1.2 Implement cardiovascular screenings and healthy lifestyle programs for uninsured or under-insured, 40-64 year old women.

Strategy Type
Individual/interpersonal-focused

Strategy Source & Location

Iowa Code Chapter 8: Iowa Care for Yourself Program
<https://www.legis.iowa.gov/docs/iac/chapter/05-02-2012.641.8.pdf>

Who's Responsible

Iowa Department of Public Health

Target Date
Jun 29, 2018

Heart Disease

Strategy 1-1.3 Provide and promote hypertension control guidelines to health care providers. **Strategy Type**
Professional/provider-focused

Strategy Source & Location

Iowa Code Chapter 8: Iowa Care for Yourself Program

<https://www.legis.iowa.gov/docs/iac/chapter/05-02-2012.641.8.pdf>

Who's Responsible

Iowa Department of Public Health

Target Date

Jun 29, 2018

Heart Disease

Strategy 1-1.4 Create a Heart and Stroke Consortium that will receive funding to work on heart and stroke prevention work throughout our state including working on implementing the Million Hearts Action Plan. **Strategy Type**
Community-focused

Strategy Source & Location

New Strategy

Who's Responsible

American Heart Association, Stroke Task Force, Mission Lifeline Task Force, EMS Association, Iowa Department of Public Health, Million Hearts Initiative partners

Target Date

Jul 1, 2020

Heart Disease

Strategy 1-1.5 Enact statewide standards for the development and utilization of STEMI (a serious type of heart attack) registries. **Strategy Type**
Policy-focused

Strategy Source & Location

American Heart Association, American Stroke Association, Stroke Task Force, STEMI Task Force, American College of Cardiology, Million Hearts Initiative partners

Who's Responsible

American Heart Association, American Stroke Association, Stroke Task Force, STEMI Task Force, Million Hearts Initiative partners

Target Date

Jul 1, 2020

Heart Disease

Goal #2 Achieve a 75% blood pressure control rate at the Federally Qualified Health Centers.

Alignment with National Plans

Million Hearts Initiative <https://millionhearts.hhs.gov>

Healthy People 2020, Heart Disease and Stroke

<https://www.healthypeople.gov/2020/topics-objectives/topic/heart-disease-and-stroke>

Alignment with State / Other Plans

2015 Iowa Million Hearts Action Plan <http://idph.iowa.gov/hdsp/state-plan>

Heart Disease

Objective 2-1	Meet or exceed a 75% blood pressure control rate (based on their 2015 UDS rate) at 11 federally qualified health centers (FQHCs) and develop a plan for addressing undiagnosed hypertension	Baseline Year	Baseline Value	Target Year	Target Value
		2015	64.3%	2017 2021	75%

Data Source & Location | Uniform Data System, HRSA (baseline value an average across the 11 FQHCs with varying individual FQHC performance)

Heart Disease

Strategy 2-1.1 Support the 11 FQHCs through the Iowa Primary Care Association's (Iowa PCA) Performance Improvement Learning Collaborative.

Strategy Type
Professional/provider-focused

Strategy Source & Location

Iowa PCA Performance Improvement Team (unpublished)

Who's Responsible

Iowa PCA Performance Improvement Team

Target Date

Jun 1, 2021

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