

Heart Disease & Stroke Prevention

Promoting & Protecting the Health of Iowans

Division of Health Promotion & Chronic Disease Prevention

Phone: 515-281-6016

www.idph.state.ia.us/hpcdp/hdsp_home.asp



Let's *Team Up. Pressure Down.*

Team Up. Pressure Down. is a nationwide program under the Million Hearts Initiative, seeking to lower blood pressure and control hypertension through engagement of physicians and pharmacists. The program encourages physicians and pharmacists to work together as a healthcare team to assist patients in controlling their blood pressure through screening, risk factor and medication management, and as a support network. Team UP. Pressure Down. provides great resources for both patients and providers, including animated videos, medication trackers, and adherence tools. The Iowa Department of Public Health is committed to spreading the word about this program and encouraging Iowans to *team up*, to keep *pressure down*.

Check out the resources and learn more about **Team Up. Pressure Down.** at <http://millionhearts.hhs.gov/resources/teamuppressuredown.html>.

Did you know? Heart disease is the #1 killer and stroke is the #4 killer of Iowa men and women.

Why is Heart Disease and Stroke programming important to promoting and protecting the health of Iowans?

Heart disease and stroke death rates are lowest in history, but remain the leading cause of death.

- After declining 2% and 7% between 2009 and 2010, heart disease and stroke death rates for Iowans decreased again between 2010 and 2011, respectively. This indicates a continuous decline in heart disease and stroke death rates in the past 20 years.
- 6,726 Iowans died of heart disease in 2011, the number one killer in all deaths, and another 1,431 died from stroke, the fourth cause of death. Deaths from these two diseases combined accounted for 29% of deaths in Iowa.
- 4,771 deaths, 71% of heart disease deaths, were due to coronary heart disease (CHD):
 - ✓ A death rate of 157 per 100,000 for men vs. 88 per 100,000 for women, 78% higher for men than women;
 - ✓ In total, a CHD death rate of 118 and 35 stroke deaths/1000,000 Iowans;
 - ✓ *Healthy People 2020* goal: reduce CHD death rate to 101/100,000 and stroke death rate to 34/100,000, respectively.

Which Iowa Public Health Goals are we working to achieve?

Strengthen the public health infrastructure

Promote healthy behaviors

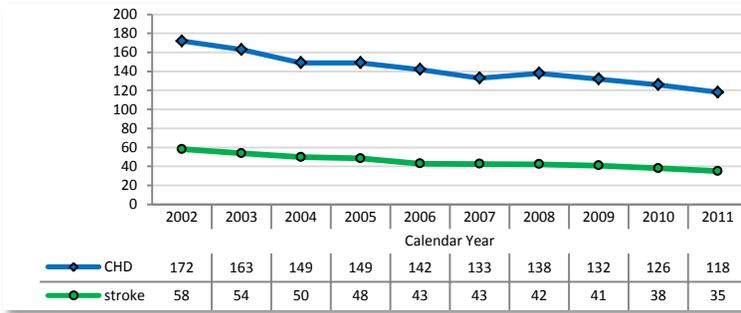
What do we do?

The Iowa Heart Disease and Stroke Prevention Program partners with many organizations across the state to plan, implement, and report statewide activities, which support Iowa's Heart Disease and Stroke Plan 2010-2014. The program works with the WISEWOMAN program to provide patient resources, continuing education coursework, and updated clinical practice guidelines to a diverse network of healthcare providers working with the WISEWOMAN program.

WISEWOMAN (Well-Integrated Screening and Evaluation for Women Across the Nation) provides services to Iowa women through the *Care for Yourself* breast and cervical cancer program. WISEWOMAN provides health screenings associated with heart disease and stroke risk factors (i.e. height/weight, blood pressure, glucose, and cholesterol readings). Based on screening results, the local programs provide individualized health goals based on nutrition, physical activity, and tobacco-cessation for the women. The WISEWOMAN program serves nearly 2,300 women annually in 99 Iowa counties through 26 *Care for Yourself* sites.

How do we measure our progress?

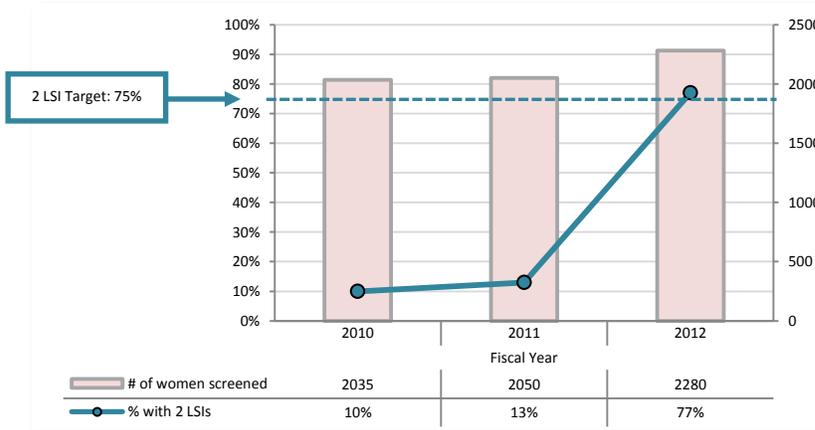
1 Age-Adjusted coronary heart disease (CHD) & stroke death rate (per 100,000 Iowans).



Data Source: Mortality Data, Vital Records, Iowa Department of Public Health. Data are available annually.

How are we doing? Coronary heart death rate decreased by 31% in the last ten years from 172 deaths per 100,000 Iowans in 2002 to 118 deaths in 2011. Stroke death rate decreased by 40% in the last ten years from 58 deaths in 2002 to 35 deaths in 2011.

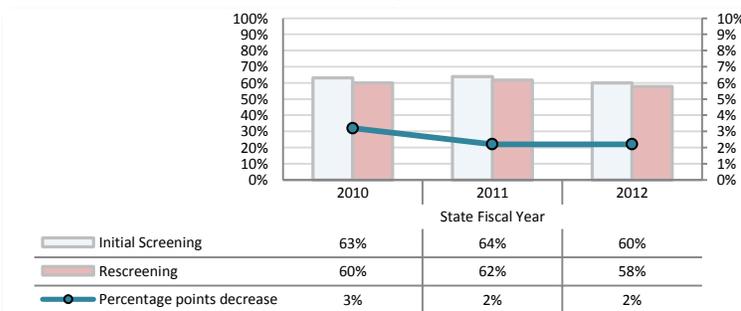
2 Percent of WISEWOMEN screened for heart disease risk factors participating in Lifestyle Intervention Sessions (LSI)



Data Source: Iowa Care For Yourself (CFY). Data are available annually.

How are we doing? Since 2010, a concerted effort has been made to promote LSI sessions for WISEWOMEN participants screened for heart disease risk factors. In 2012, 90% of screened women participated in LSI sessions and 77% participated in two or more sessions.

3 WISEWOMEN clients with elevated blood pressure rates at initial screen versus clients with elevated blood pressure rates at rescreen.



Data Source: Iowa Care For Yourself (CFY). Data are available annually.

How are we doing? WISEWOMEN seeks to reduce participants with elevated blood pressure to a normal range (below 120/80). For FY12, 57.8% of the rescreened WISEWOMEN participants had elevated blood pressures, or 2.1 percentage points less than the initial screen.

What can policymakers do?

1. Invest in evidence-based prevention which is less costly than treatment.
2. Use public policy to instill heart-healthy habits in children.
3. Limit tobacco use.
4. Promote early identification and treatment of high blood pressure and cholesterol.
5. Support sodium reduction efforts; engage food manufacturers and restaurants in voluntarily reducing sodium in their products.
6. Promote access to the healthcare system for all.

What can communities do?

1. Participate in coalitions and advisory groups that engage public health policy.
2. Seek policies and programs that help individuals make healthy lifestyle choices.
3. Promote or volunteer to increase rapid response and quality systems of care for heart attack and stroke.

What can Iowans do to help?

1. Know your health numbers (including blood pressure, blood cholesterol, and blood glucose levels).
2. Increase your amount of physical activity each day.
3. Eat moderate portion-sizes of fresh fruits, vegetables, whole grains, lean-meats and low-fat dairy products.
4. Reduce your sodium intake.
5. Know the symptoms of a heart attack and a stroke – and know when to call 9-1-1.

Expenditures

Federal funds: 0153-0420/0760

	State Fiscal Year 2011 Actual	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Estimate
State funds	\$0	\$0	\$0
Federal funds	\$1,135,529	\$1,292,645	\$1,313,567
Total funds	\$1,135,529	\$1,292,645	\$1,313,567
FTEs	4.85	4.69	5.35

Note: Funding information is intended to provide an overview of funding related to the program area. It does not include all federal and state requirements and/or restrictions for the use of funds. Contact the program area for more detailed budget information.