

The Prevention and Chronic Care Management (PCCM) Advisory Council was charged by [Senate File 2356](#) to develop a plan to coordinate care for individuals with diabetes who receive care through community health centers, rural health clinics, free clinics, and other safety net providers.

Included in this issue brief are initial, concrete recommendations concerning issues that have quickly become high priority while working on the diabetes care plan.

The Problem

Diabetes has become a national public health epidemic. One in 10 U.S. adults currently has diabetes. The Centers for Disease Control and Prevention estimates that as many as one in three U.S. adults could have diabetes by 2050 if current trends continue. Approximately 175,000 (7.6%) adult Iowans have been told by a doctor that they have diabetes. Diabetes can lead to life threatening conditions such as heart disease, stroke, high blood pressure, blindness, kidney disease, nervous system disease, amputations, dental disease and pregnancy complications.

Increasing obesity rates throughout the U.S. have rapidly changed the face of diabetes. Today more than 90% of cases are type II (developed over time) caused by obesity and genetic predisposition.

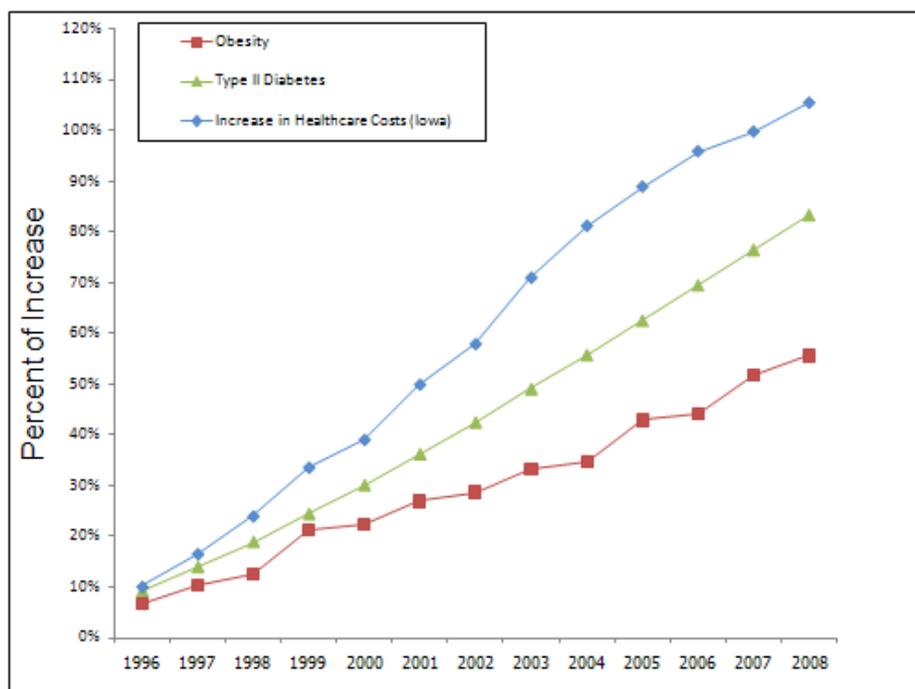


CDC estimates that as many as 1 in 3 adults could have diabetes by 2050.

Obesity, Diabetes & Healthcare Costs in Iowa

1988: 10-14% of population in Iowa obese
1996: 15-19% of population in Iowa obese

2008: 25-30% of population in Iowa obese



Source: Centers for Disease Control and Prevention and Wellmark Blue Cross and Blue Shield
Graph created by Holmes Murphy and Associates

Recommendations

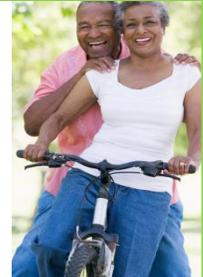
Recommendation:

Ensure that test-strips are made available for underinsured and uninsured people with diabetes in Iowa.

Diabetes can be preventable and controllable. One way to reduce costs and complications associated with diabetes is good patient self-management. Proper diet and physical activity can reduce the risk of diabetes and help to control the condition. Maintaining control over blood glucose level is the surest way to help prevent life threatening complications from diabetes. It is important for people with diabetes to know what their blood glucose level is so they can plan their meals and activities, as well as help determine the appropriate dosage of insulin and/or other medications to regulate their body's blood glucose level. The American Diabetes Association suggests that people with Type 1 diabetes and pregnant women taking insulin test their blood glucose levels at least four times a day. People with Type 2 diabetes who take multiple injections of insulin daily should also test three or more times daily. **It is crucial for people with diabetes to monitor their blood glucose levels. Without the tools to monitor their blood glucose, people with diabetes are left without the means to effectively self-manage their disease.** Not being able to obtain test strips is a large barrier for underinsured or uninsured people with diabetes in Iowa. Coordinating with existing programs such as the Iowa Prescription Drug Corporation is a possible solution to ensure their availability.



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Recommendation:

Ensure that certified diabetes education and the Chronic Disease Self-Management Program are available statewide.

Diabetes education is the foundation for diabetics to be able to self-manage their disease. A large part of diabetes management is done at home by the individual or by caregivers. People with diabetes need quality diabetes education programs to know how to properly self-manage their disease. For optimal success, diabetes education should take place upon diagnosis and throughout the disease process. Iowa has a system of comprehensive community-based certified diabetes education programs called "[Iowa Healthy Links' Better Choices, Better Health](#)", which is a [Stanford model Chronic Disease Self-Management Program](#). Some Iowans with diabetes may not have access to diabetes education due to lack of insurance coverage or distance to a certified diabetes educator. Many people with diabetes may be unaware of the services that do exist or perhaps not convinced of the benefits that diabetes education can bring. Outreach should be conducted to patients with diabetes to ensure awareness of this critical service.

Recommendations (cont.)

Recommendation:

Engage patients with diabetes through the utilization of educational tools, resources, and programs.

Obesity rates in Iowa have increased dramatically over the last 30 years, and obesity is now considered an epidemic in America. There is great opportunity to reverse this trend and save billions in health care costs by enacting common-sense reforms. In 2007 37% of Iowans are overweight and 27.7% are obese, based on body mass index. The combined percentage of individuals who are overweight or obese is 64.7%. Obesity is a leading cause of many chronic diseases, including diabetes. These chronic diseases account for seven out of every 10 deaths and affect the quality of life for tens of thousands of Iowans. In 2007, chronic diseases accounted for 68% of all deaths in Iowa.

Increasing obesity rates throughout the United States have rapidly changed the face of diabetes. Today more than 90 percent of diabetes cases are type 2 (developed over time) caused by obesity and genetic predisposition. In 2007, 6.8 percent of Iowans have diabetes, compared to 8.1 percent nationally (Behavior Risk Factor Surveillance System).

The management of diet and obesity are integral parts of the management of diabetes. The use of educational tools and resources are effective strategies to engage patients to manage obesity and its complications, including diabetes and metabolic syndrome.

Recommendation:

Support efforts for the prevention of diabetes.

Improving preventive care and keeping people healthier is one of the most successful ways to decrease the burden of diabetes complications and reduce health care costs. Offering incentives for the prevention of diabetes is an effective approach to provide support for care through payment systems, organization and delivery of care, care coordination, and public health/community efforts.

Diabetes caused by obesity can be avoided by living a healthy lifestyle through nutritional and portion-controlled eating habits and regular exercise. *Healthy People 2010* states that around 75 percent of Americans do not eat enough fruit, over half do not eat enough vegetables, and 64 percent consume too much saturated fat. Low fruit and vegetable consumption and high saturated fat intake are associated with coronary heart disease, some cancers, and diabetes.

Public health and community efforts are vital in creating a societal commitment to health. Implementing policies to remove barriers that prevent Iowans from leading healthy lives is important in the prevention of diabetes. The CDC developed a report "[Recommended Community Strategies and Measurements to Prevent Obesity in the United States](#)" which contains 24 recommended obesity/diabetes prevention strategies focusing on environmental and policy level change initiatives that can be implemented by local governments and school districts to promote healthy eating and active living.

The PCCM Advisory Council created a [Prevention Issue Brief](#) which includes a variety of resources, programs, and recommendations to prevent chronic diseases in Iowa.



For ideas on resources and tools, please visit <http://www.idph.state.ia.us/ChronicCare/Resources> to view the PCCM Advisory Council's annual reports and issue briefs.

Council Members

Name	City	Representing
Jose Aguilar, MD	Des Moines	Iowa Nebraska Primary Care Association
Bill Appelgate, PhD	Des Moines	Iowa Chronic Care Consortium
Krista Barnes, PA-C	Des Moines	Proteus Migrant Health Project
Judith Collins, MA, ARNP, BC	Davenport	Iowa Nurses Association
Marsha Collins, MPAS, PA-C, CDE	Des Moines	Iowa Physician Assistant Society
Ana Coppola, MPH	Des Moines	Community Advocate
Eileen Daley, RN, MPH	Waterloo	Iowa Public Health Association
Steve Flood	Des Moines	Holmes Murphy and Associates
Della Guzman	Des Moines	Iowa Health System
Terri Henkels	Des Moines	Iowa State Association of Counties
Jason Kessler, MD, FAAP, CHBE	Des Moines	Iowa Medicaid Medical Director
Karen Loihl	Des Moines	Iowa Psychiatric Society
Teresa Nece, MS, RD, LD, SNS	Des Moines	Iowa Dietetic Association
Janelle Nielsen	Des Moines	Iowa Healthcare Collaborative
Noreen O'Shea, DO	Elk Point	Iowa Academy of Family Physicians
Patty Quinlisk, MD	Des Moines	State Government
Peter Reiter, MD, FACP	Ottumwa	Internal Medicine
Suzan Simmons, PhD	Des Moines	Iowa Psychological Association
Kim Stewart	Des Moines	YMCA of Greater Des Moines
John Stites, DC, DACBR	Davenport	Iowa Chiropractic Association
Jacqueline Stoken, DO	West Des Moines	Iowa Osteopathic Medical Association
John Swegle, PharmD, BCPS	Mason City	Iowa Pharmacy Association
Debra Waldron, MD, MPH	Iowa City	Iowa Department of Public Health