

Heart Disease & Stroke Prevention

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

Promoting & Protecting the Health of Iowans



Iowa contributes towards the Million Hearts® Initiative goal of preventing one million heart attacks and strokes by 2017.

On April 15, 2014, 26 stakeholders from around the state met in Des Moines for a day-long workshop that focused on increasing awareness of the national Million Hearts® Initiative and introducing participants to Million Hearts® recommended components and strategies along with Million Hearts® activities being conducted across Iowa. A work group of interested individuals will review what was accomplished at the workshop and recommend further activities that will become part of an Iowa Million Hearts® Action Plan that will be developed and finalized within the following six months. The Action Plan will direct activities in Iowa that are meant to assist in the accomplishment of the national Million Hearts® goal. Learn more about Million Hearts® at <http://millionhearts.hhs.gov/index.htm>.

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.

- In 2012, 6,966 Iowans died of heart disease. Another 1,411 Iowans died from stroke; the fourth highest cause of death in the state.
- Deaths from heart disease and stroke combined accounted for 29% of deaths in Iowa.
- In 2012, 4,846 deaths, 70% of heart disease deaths, were due to coronary heart disease (CHD):
 - This was a death rate of 161 per 100,000 for men vs. 87 per 100,000 for women; 86% higher for men than women;
 - In total, this was a CHD death rate of 118.7 deaths per 100,000 Iowans, and a stroke death rate of 33.8 deaths per 100,000 Iowans;
 - The *Healthy People 2020* goal is to reduce the CHD death rate to 101 per 100,000 and the stroke death rate to 34 per 100,000, respectively.

Which Iowa Public Health Goals are we working to achieve?

Strengthen the public health infrastructure

Promote healthy behaviors

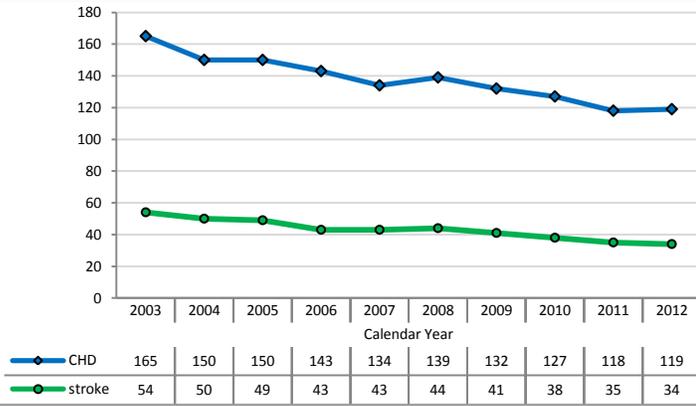
What do we do?

The **Health Promotion and Chronic Disease Control Partnership** partners the IDPH with many private and public organizations, health systems and community organizations to plan implement and report on state-wide heart disease and stroke prevention activities. With current CDC funding, the IDPH is working with Iowa's health systems to improve the quality of patient screening, education and care. This entails prioritizing working with patients to control high blood pressure through care coordination, team-based care approaches, appropriate utilization of electronic health records, patient self-monitoring, and reporting of clinical and hospital performance measures that will demonstrate improvements over time.

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 in specific population areas. WISEWOMAN provides health screenings associated with heart disease and stroke risk factors (i.e. height/weight, blood pressure, glucose, and cholesterol readings). New four-year funding begins in 2013/2014 and will provide services up to 1,000 women during the first year. IDPH will partner with community organizations to identify resources for evidence-based lifestyle modifications for participants.

How do we measure our progress?

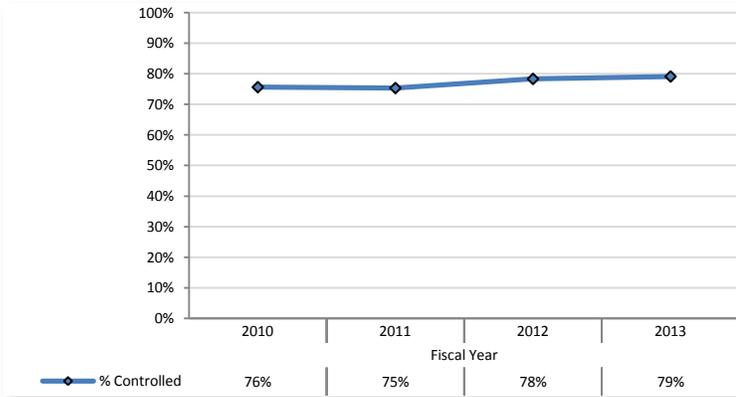
1 Age-Adjusted coronary heart disease (CHD) & stroke death rate (per 100,000 lowans).



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 28% in the last ten years to 119 per 100,000 lowans in 2012 from 169 per 100,000 lowans in 2003. Stroke death rate decreased by 37% in the last ten years to 35 per 100,000 lowans in 2012 from 54 per 100,000 lowans in 2003.

2 Percent of Participants Diagnosed with Hypertension with Controlled Blood Pressure (systolic <140 and diastolic <90).



Data Source: Iowa Care For Yourself (CFY). Data representative of participants who were taking their medication at enrollment. Data are available annually.

How are we doing? In FY2013, 79% of participants (447/565), who were taking medication at enrollment, had controlled their HBP, which was three percentage points increase from FY2010.

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 healthcare providers do?

1. Use electronic health records to identify and support patients who have high blood pressure or cholesterol and who need help quitting smoking.
2. Refer patients to community resources, such as smoking quitlines and blood pressure self-management programs.
3. Track patient progress on the **ABCS** of heart health—Appropriate Aspirin Use, Blood Pressure Control, Cholesterol Management, and Smoking Cessation.

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 lowans 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: 0153-0420/0728(30%)/0760

	State Fiscal Year 2012 Actual	State Fiscal Year 2013 Actual	State Fiscal Year 2014 Estimate
State funds	\$0	\$0	\$0
Federal funds	\$1,292,645	\$1,082,427	\$1,294,283
Total funds	\$1,292,645	\$1,082,427	\$1,294,283
FTEs	4.69	4.91	1.51

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.