



Iowa's Health Improvement Plan 2012-2016
2015 Revisions

Chronic Disease

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What Critical Needs Are Included

Arthritis, Osteoporosis, and Chronic Back Conditions
Cancer
Chronic Infectious Diseases: HIV and Viral Hepatitis
Diabetes
Heart Disease and Stroke
Neurological Disorders
Respiratory Conditions



Measures of Progress

4-1 A decrease in the number of persons with doctor-diagnosed arthritis who experience limitations in activity due to arthritis and other joint symptoms.

Target: 39%.

Baseline: 44% (2011).

Most Recent Data: 43% (2013).

Data Source: [Health in Iowa: Annual Report from the Behavioral Risk Factor Surveillance System](#), p. 63.

4-2 A decrease in the age-adjusted rate¹ of all cancer deaths.

Target: 160.4/100,000 (2017).

Baseline: 177/100,000 (2007).

Most Recent Data: 168/100,000 (2013).

Data Source: [CDC Wonder, Compressed Mortality file](#).

¹ An age-adjusted rate is a way of making fairer comparisons between groups with different age distributions.

4-3 A decrease in the age-adjusted incidence of all cancers.

Target: 465.6/100,000.

Baseline: 489/100,000 (2007).

Most Recent Data: 475/100,000 (2011).

Data Source: [Iowa Cancer Registry, Invasive Cancer Incidence Rates](#).

4-4 An increase in cancer screenings for breast, colorectal, and cervical cancer in the following populations:

Women aged 50 and older having a mammogram in the past two years.

Target: 88%.

Baseline: 77.3% (2010).

Most Recent Data: 78% (2012).

Data Source: [Health in Iowa: Annual Report from the Behavioral Risk Factor Surveillance System](#), p. 47.

Colorectal cancer screenings for men and women aged 50 and older.

Target: 70%.

Baseline: 64.1% (2010).

Most Recent Data: 67% (2012).

Data Source: [Health in Iowa: Annual Report from the Behavioral Risk Factor Surveillance System](#), p. 79.

Women aged 21 and older having a Pap test within the past three years.

Target: 92%.

Baseline: 83.9% (2010).

Most Recent Data: 78% (2012).

Data Source: [Health in Iowa: Annual Report from the Behavioral Risk Factor Surveillance System](#), p. 79.

4-5 A decrease in the percentage of persons diagnosed with AIDS within a year of their HIV diagnosis.

Target: 35%.

Baseline: 44% (2009).

Most Recent Data: 48% (2013).

Data Source: [Iowa Department of Public Health HIV/AIDS Slide Sets](#), 2014 End-of-Year Slide Set, p.3.

- 4-6 An increase in the proportion of persons with diabetes who report receiving a dilated eye examination in the last year.**
Target: 85%.
Baseline: 77%
Most recent data: 72% (2013).
Data Source: [Health in Iowa: Annual Report from the Behavioral Risk Factor Surveillance System](#), p.35.
- 4-7 An increase in the proportion of persons with high blood pressure who are taking their medication.**
Target: 75%.
Baseline: 66% (2009).
Most Recent Data: 78% (2013).
Data Source: [Health in Iowa: Annual Report from the Behavioral Risk Factor Surveillance System](#), p. 22-23.
- 4-8 A decrease in coronary heart disease deaths.**
Target: 111/100,000 (age-adjusted rate).
Baseline: 126/100,000 (2010 age-adjusted rate).
Most Recent Data: 116/100,000 (2013 age-adjusted rate).
Data Source: Iowa Department of Public Health, [Heart Disease & Stroke Prevention program profile](#), p. 2.
- 4-9 A decrease in deaths attributed to stroke.**
Target: 35/100,000 population (age-adjusted rate).
Baseline: 38/100,000 population (2010 age-adjusted rate).
Most Recent Data: 33/100,000 population (2013 age-adjusted rate).
Data Source: Iowa Department of Public Health, [Heart Disease & Stroke Prevention program profile](#), p. 2.
- 4-10 An increase in the number of Medicare beneficiaries who use their annual wellness visit, which includes an assessment of cognitive function.**
Target: 37,950.
Baseline: 24,272 (2011).
Most Recent Data: 48,406 (preliminary 2014 data).
Data Source: Unpublished data from the CMS Chronic Conditions Data Warehouse

4-11 A reduction in the rate of emergency department visits for children with asthma, ages 0 to 14.

Target: 56/10,000.

Baseline: 62/10,000 (average annual rate, 2003-2008).

Most Recent Data: 58/10,000 (2013).

Data Source: Iowa Department of Public Health, [Public Health Tracking portal](#).

What Our State Is Doing to Improve (by 2016 unless otherwise indicated)

Arthritis, Osteoporosis, and Chronic Back Conditions

Lead Organizations

- 4-1.1 Positively impact more families affected by juvenile arthritis by offering networking opportunities and resources. *(Revised from 2014 objective 4-1.1)*
- 4-1.2 Collaborate with other groups to address the importance of physical activity, self-management, and proper nutrition to reduce limitations in activity related to arthritis and other chronic diseases.

Arthritis Foundation

Arthritis Foundation

Cancer

Lead Organizations

- 4-1.3 Maintain a partnership with the Iowa Cancer Consortium to enhance cancer prevention activities including educating policy makers and key stakeholders on the chronic disease burden and evidence-based interventions for effective primary prevention health policies. *(Revised from original 4-1.3)*
- 4-1.4 Increase from 2 to 30 the number of clinics using an evidence-based cancer screening toolkit that is implemented in an office-based system. *(Revised from original 4-1.4)*

Iowa Department of Public Health

Iowa Department of Public Health

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| 4-1.5 | Increase from 10 to 20 the number of activities focused on health care provider awareness and knowledge of quality-of-life issues for cancer survivors by collaborating with professional organizations, health professional training programs, and health care providers on improved training and education. <i>(Revised from original 4-1.5)</i> | Iowa Cancer Consortium; Iowa Department of Public Health |
| 4-1.6 | Collaborate with the Iowa Cancer Consortium and other groups to address health disparities in African-American, Native American, and Latino populations. | Office of Minority and Multicultural Health Advisory Council |

Chronic Infectious Diseases: HIV and Viral Hepatitis

Lead Organizations

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| 4-1.7 | Reduce the percentage of persons with HIV infection classified as stage 3 (AIDS) within 3 months of diagnosis to 19%. <i>(Revised from 2014 objective 4-1.7)</i> | Iowa Department of Public Health |
| 4-1.8 | Increase from 66% to 80% HIV-infected individuals who receive regular HIV medical care. <i>(Revised from 2013 objective 4-1.8)</i> | Iowa Department of Public Health |
| 4-1.9 | Increase from 600 to 800 high-risk individuals who are aware of his or her hepatitis C virus status. | Iowa Department of Public Health |

Diabetes

Lead Organizations

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| 4-1.10 | Distribute Diabetic Communication reports to optometrists, primary care providers, and diabetes educators to enhance communication between primary care physicians and eye-care providers. <i>(Revised from 2014 objective 4-1.10)</i> | Iowa Optometric Association |
| 4-1.11 | Improve health outcomes for diabetic Medicaid members in Care Management programs by increasing A1C compliance ² by 1% each year. <i>(Revised from original 4-1.12)</i> | Iowa Medicaid Enterprise |

² The A1C test measures the average blood glucose control for the past two months.

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| 4-1.12 | Improve outcomes for diabetic Medicaid members in Care Management programs by increasing low-density lipoprotein compliance by 1% each year. <i>(Revised from original 4-1.13)</i> | Iowa Medicaid Enterprise |
| 4-1.13 | Increase by 10% the self-reported use of health literacy-based tools or health literacy-inclusive interventions among outpatient diabetes self-management education programs. <i>(Revised from 2013 objective 4-1.13)</i> | Iowa Healthcare Collaborative |

Heart Disease and Stroke	Lead Organizations
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| 4-1.14 | Inform the public through social marketing about the importance of blood pressure screening and medication adherence and the national Million Hearts Initiative. | Iowa Cardiovascular and Stroke Task Force |
| 4-1.15 | Institute a program for obese women at the Iowa Correctional Institution for Women to reduce the risk of cardiovascular disease. <i>(Revised from original 4-1.16)</i> | Iowa Department of Corrections |

Neurological Disorders	Lead Organizations
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| 4-1.16 | Encourage Medicare beneficiaries to use their annual wellness visits to assess their cognitive function. <i>(Revised from 2013 objective 4-1.16)</i> | Alzheimer’s Association |
| 4-1.17 | Increase awareness about Alzheimer’s disease and the importance of early detection through promoting the “Know the Ten Signs: Early Detection Matters” program. | Alzheimer’s Association |
| 4-1.18 | Improve the appropriateness of prescribing anti-psychotic medications in dementia and monitoring their helpful and adverse effects. | U of Iowa College of Public Health |
| 4-1.19 | By 2015, offer a program for 700 people with disabilities who, with increased knowledge and resources, can live a healthier lifestyle. | Easter Seals of Iowa |

Respiratory Conditions

Lead Organizations

4-1.20	Improve outcomes of asthmatic Medicaid members in Care Management programs by increasing controller medication compliance by 2% each year. <i>(Revised from original 4-1.21)</i>	Iowa Medicaid Enterprise
4-1.21	Educate health care professionals on state of the art asthma treatment and management and educate individuals on asthma and self-management. <i>(Revised from 2013 objective 4-1.21)</i>	American Lung Association in Iowa Asthma Coalition
4-1.22	In an eight-county area, increase the number of health care professionals who refer patients to tobacco cessation services from 27 to 35. <i>(Revised from 2014 objective 4-1.22)</i>	American Lung Association in Iowa COPD Coalition
4-1.23	Educate individuals about COPD management and health care professionals about COPD treatment and guidelines. <i>(Revised from 2013 objective 4-1.23)</i>	American Lung Association in Iowa COPD Coalition

Other Plans Relating to Chronic Disease:

[2015 Iowa Million Hearts Action Plan](#)

[American Lung Association in Iowa COPD Coalition 2010 – 2012 Strategic Plan](#)

[Asthma in Iowa](#)

[Iowa Cancer Plan](#)

[Iowa Comprehensive Heart Disease and Stroke Plan 2010-2014](#)