

Chronic Disease Connections

An e-bulletin created for healthcare systems working with patients to control their diabetes and high blood pressure.

Health Promotion is Newsworthy . . .

Few US adults have all four basic characteristics of a healthy lifestyle, researchers say

In "To Your Health," the Washington Post (3/22, Cha) reports, "A study conducted by Oregon State University, the University of Mississippi and the University of Tennessee at Chattanooga has awarded nearly every adult in the country a failing grade" when it comes to healthy lifestyles.

The Oregonian (3/22, Frazier) reports that just "2.7 percent of adults nationwide have all four basic healthy characteristics" necessary for a healthy lifestyle, research suggests. The study "examined if adults were successful in four areas that fit typical advice for a 'healthy lifestyle' – moderate exercise, a good diet, not smoking and having a recommended body fat percentage." Included in the study were "4,745 people from the National Health and Nutrition Examination Survey."

National Public Health Week (NPHW) is scheduled for the week of April 4th. The American Public Health Association is seeking official NPHW partners. This year's theme is Healthiest Nation 2030, "with the goal of making the U.S. the healthiest nation in one generation. This exciting goal can only be achieved if we work across sectors and use our combined knowledge, resources and expertise to benefit communities around the country." Follow this link to sign up as a partner.

Prediabetes and Diabetes News . . .

Doctors May Be Missing Chances to Treat Prediabetes

1 in 3 adults in the U.S. have prediabetes but most don't know they have it and are not being treated for the condition, according to a new study. The researchers suggest that doctors are missing opportunities to prevent diabetes. A toolkit developed by AMA and CDC for healthcare providers about how to screen, test, and treat prediabetes is available here. The National Diabetes Prevention Program is an evidence-based intervention for treating prediabetes; you can learn more about the program in Iowa here.

The Glucose-Lowering Effect of Metformin Resides in the Gut

Delayed-release metformin (Met DR) is formulated to deliver the drug to the lower bowel to leverage the gut-based mechanisms of metformin action with lower plasma exposure. Met DR was assessed in two studies. Study 1 compared the bioavailability of single daily doses of Met DR to currently available immediate-release metformin (Met IR) and extended-release metformin (Met XR) in otherwise healthy volunteers. Study 2 assessed glycemic control in subjects with type 2 diabetes (T2DM) over 12 weeks.

Minnesota Public Radio: New Minnesota Research Links Low Income, Diabetes

Low-income adults in Minnesota are much more likely to develop diabetes than people with higher incomes, according to the Minnesota Department of Health. New research shows that 13 percent of working-age Minnesotans who earn less than \$35,000 annually have diabetes. That compares to a diabetes rate of just 5 percent for earners who make more than \$35,000. (Benson, 3/16)

What's new about



Better Choices, Better Health

Put Life Back in Your Life

Are chronic disease self-management workshop/programs such as Better Choices, Better Health successful?

Yes. The way the program is taught makes it successful. Workshops are highly effective when facilitated by community members with chronic conditions. Classes are very participative, where mutual support and success build participants' confidence in their ability to manage their health and maintain active and fulfilling lives. It's estimated that for every \$1 spent on the program, \$10 is saved. Learn more at:

<http://idph.iowa.gov/betterchoicesbetterhealth>



Chronic Disease Connections

Million Hearts® Initiative Update

US heart disease death rates declining, but changes vary by region

On its website, [CBS News](#) (3/21, Welch) reports that [data](#) published in *Circulation* indicate that while “deaths from heart disease have declined in the U.S. overall in recent years,” some “areas have seen less progress than others.” [STAT](#) (3/21, Samuel) reports that the data indicated that “in the early 1970s, the Northeast and Midwest had some of the highest rates of heart disease mortality.” However, “states like New York, Pennsylvania, and Ohio managed to bring death rates down over the next 30 years.” Thus, “by the start of this decade, the map had shifted: The counties with the highest rates of fatal cardiovascular disease were concentrated in Louisiana, Alabama, Mississippi, and Oklahoma.”

The latest on the **ABCS** . . .

A1c

New Type 2 diabetes biomarker identified

Type 2 diabetes accounts for around 90 percent of diabetes cases as well as being one of the major cardiovascular risk factors. Researchers have found an epigenetic mechanism implicated in the regulation of blood sugar. The results of this work could help identify patients at risk of developing diabetes, control treatment response, and generate possible future therapies for this disease.

Aspirin Use

The [Minnesota Ask About Aspirin](#) case study is now available.

The purpose of the case study "is to raise awareness about Minnesota's efforts and challenge leaders and practitioners to consider aspirin use as a health care/public health priority."

Blood Pressure Control and Management

Tackling Hypertension With Pharmacists in Tow (Medscape—access may require no-cost registration)

Henry R. Black, MD, interviews [Barry L. Carter, PharmD, a professor in the Department of Pharmacy Practice and Science at the University of Iowa College of Pharmacy](#), on the role of pharmacists in group practice management of patients with hypertension and other cardiovascular risk factors (video and hard-copy).

Resource from HHS/CDC and the Centers for Medicare & Medicaid Services (CMS), Million Hearts® Initiative

Supporting Your Patients with High Blood Pressure: Visit Checklist. Use this checklist with sample questions to communicate better with your patients during every visit. [Learn more](#) | [Download full document](#) (PDF, 680K).

How one practice is using self-measured BP with few resources

Self-measured blood pressure (SMBP) can help physicians confirm a hypertension diagnosis and engage patients in managing their hypertension. Find out how one rural practice began using SMBP with minimal resources to improve patient outcomes. [Read more](#) at *AMA Wire*®.

Working long hours may be linked to higher risk of heart disease, study suggests

The [New York Times](#) (3/10, Bakalar) “Well” blog reports that research suggests “the more hours you work, the greater your risk for heart disease.” Investigators “found that for each additional hour of work per week over 10 years, there was a 1 percent increase in the risk for heart disease.” The [findings](#) were published in the *Journal of Occupational and Environmental Medicine*.

Continued on the next page...

Chronic Disease Connections

Cholesterol Control and Management



When HDL cholesterol doesn't protect against heart disease

New findings suggest that levels of HDL cholesterol may not be as important as how well it functions to remove cholesterol from the body.

Genetic High-Cholesterol Condition More Common Than Thought

03/14/2016 Researchers say finding shows early treatment is important to avert heart attack. Source: HealthDay

Smoking Cessation



More Iowa cities ban smoking, vaping in parks

More central Iowa cities are banning tobacco products in a place once considered a safe haven by smokers — parks. The American Lung Association in Iowa is lobbying city leaders to pass comprehensive bans on nicotine products in public parks. The effort takes aim at cigarette smokers as well as those who use smokeless tobacco and the increasingly popular vaporizers.



Plan Clinic Awareness Activities for Upcoming Health Observations:

Foot Health Awareness Month

www.apma.org

Minority Health Month

www.minorityhealth.hhs.gov

Public Health Week

April 4-10
www.nphw.org



High Blood Pressure Education Month

www.nhlbi.nih.gov

Stroke Awareness Month

www.stroke.org
www.strokeassociation.org

Women's Health Week

May 8-14, 2016
www.womenshealth.gov/nwhw



Training for Providers:

Upcoming Webinar: CDC Diabetes Prevention Recognition Program—Where have we been? Where are we going?

April 26, 1 pm CT

This webinar will provide an overview of CDC's Diabetes Prevention Recognition Program and the CDC recognition process. The presenter will discuss how data received from CDC-recognized organizations are reviewed and analyzed to determine recognition status and how organizations can be proactive in reviewing their own data. [Register](#)

MyPlate, MyWins Video Series

The U.S. Department of Agriculture's Center for Nutrition Policy and Promotion just released the [MyPlate, MyWins video series](#), a collection of videos that brings MyPlate to life and shows how families all over America are finding simple solutions to make healthy eating work for them. In the first two videos, you'll meet [Shelley](#) and [Rocio](#) – busy moms with real-life tips for healthy eating. Both moms offer practical, healthy eating solutions that could work for you, your family and friends, and patients and clients too! Find more healthy eating solutions at ChooseMyPlate.gov.

Watch Now

Chronic Disease Connections

New Resources for Healthcare Providers

Practice News: How to coordinate patient visits in a team-based care model

Practices across the country have been implementing team-based care models to make better use of the skills and training of the care team and streamline office procedures, but what does this type of care model entail? Find out what a highly-functional team-based patient visit could look like from before the patient arrives through checkout. *AMA Wire*.

Mapping Medicare Disparities

On Thursday, March 17, the Center for Medicare & Medicaid Services (CMS) announced a new tool “to increase understanding of geographic disparities in chronic disease among Medicare beneficiaries.” Created by CMS’ Office of Minority Health (OMH) to inform policy decisions and target populations with the greatest need, the interactive map provides county-level data on 18 chronic conditions, Medicare spending, hospital and emergency department utilization, preventable hospitalizations, readmissions and mortality. All data can be sorted by gender, age, ethnicity and Medicare/Medicaid eligibility. For a more complete look at the factors contributing to health disparities in rural America, visit the Rural Health Information Hub.

New App Brings Diabetes Data into Clear View

CDC is pleased to introduce the new Diabetes State Atlas, an interactive web application that lets users instantly visualize state data and trends. A first of its kind for the CDC, the app’s graphic features make complex information more understandable and accessible. New 2014 data have also been included, giving users the most up-to-date information to work with. You can easily **customize maps, charts, and data tables** to display trends by age, sex, and education. New data heat maps present a visual summary of data and time periods, providing an instant snapshot of changes across all states. Now it’s much simpler to view diabetes prevalence, monitor trends, identify high-risk groups, and track progress. Users can easily switch between map, bar chart, and heat map, all without getting too far into the numbers (unless they want to). All are downloadable, too. What’s more, the Diabetes State Atlas works seamlessly on any device, from desktop to tablet to smartphone, for the best interactive experience wherever users are. With a minimum of scrolling, pages look great and function correctly regardless of screen size and orientation. “The atlas is designed so that surveillance data are at your fingertips, no matter what device you’re using,” said Linda Geiss, surveillance lead in CDC’s Division of Diabetes Translation. “You can see your state’s diabetes data and how your state compares to other states with just a few clicks.”

National Diabetes Prevention Program: New Prevent T2 Curriculum Now Available

CDC’s National Diabetes Prevention Program (National DPP) is happy to release the new PreventT2 curriculum in both English and in Spanish. The new PreventT2 curriculum, launched in March 2016, is based on the original 2002 Diabetes Prevention Program (DPP) trial and follow-up studies for the prevention of type 2 diabetes (T2). This new curriculum still promotes modest weight loss (5%-7% of current weight if overweight or obese) and increased physical activity through a 12-month lifestyle change program. The curriculum also reflects new literature on self-efficacy, physical activity, and diet. CDC wanted to provide an additional approved curriculum at **no cost** to increase the number of organizations offering the lifestyle change program. The original CDC curriculum is still valid, as are other curricula that have been approved by the CDC’s Diabetes Prevention Recognition Program (DPRP). Please read the **Frequently Asked Questions** for further information: <http://www.cdc.gov/diabetes/prevention/lifestyle-program/t2/t2faq.html>

Exercise Prescriptions for Chronic Conditions: A How-to Guide

Exercise can be an effective component of treatment for many chronic conditions from knee osteoarthritis to type 2 diabetes, but physicians must be aware of the details of evidence-based interventions for the specific condition to properly prescribe it for their patients, according to a multidisciplinary review and how-to guide published online March 14 in the *Canadian Medical Association Journal*.

The Iowa Department of Public Health -- Health Promotion and Chronic Disease Control Partnership

This e-Bulletin is supported by Cooperative Agreement Number 5U58DP004807-03 from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Iowa Department of Public Health.



Editors:

Terry Y. Meek
Health Systems Coordinator
terry.meek@idph.iowa.gov

Laurene Hendricks
Linkage Coordinator
laurene.hendricks@idph.iowa.gov