Health Promotion is Newsworthy . . .

**Diabetes risks and solutions may lie in patients’ communities**
The future outcomes of chronic disease could be affected not by a lab or hospital but by the local park or corner store, according to a new study in *JAMA Internal Medicine*. Read more at AMA Wire.

**Rural Social Determinants of Health Topic Guide**
The Rural Assistance Center has launched a new topic guide, *Social Determinants of Health for Rural People*. This web-based resource looks at the factors present in everyday life – economic status, education, race/ethnicity, culture, environment, and access to goods and services – that can impact the health of rural residents. Find the topic guide here.

Pre-diabetes and Diabetes News . . .

**Achieving optimal medication-taking behavior is a collaborative process of communication and understanding between patients and their health care teams. The NDEP’s *Promoting Medication Adherence in Diabetes* web resource contains practical resources for health care professionals to share with their patients, such as handouts, videos, presentations, training guides, and assessment tools. Please help us expand this resource. If you know of a resource or article to help improve medication-taking behavior, visit the Submit a Resource page. To learn more about this web resource, please visit www.YourDiabetesInfo.org/MedicationAdherence.**

**Task force issues new clinical guideline for preventing diabetes**
A new recommendation for preventing type 2 diabetes based on an in-depth evidence review calls for increased use of a proven intervention. Read more at AMA Wire.

**Study examines how T2D may diminish cognitive performance**
The *New York Times* (7/9, Bakalar) “Well” blog reports, “Having type 2 diabetes [T2D] is associated with greater impairment of blood flow to the brain and a sharper decline in mental acuity compared with nondiabetic people of similar age and health status, even over a two-year period,” according to a study published online July 8 in *Neurology*. *TIME* (7/9, Park) reports that investigators are “continuing to study ways that brain function can be improved by addressing the health of blood vessels; one method they are investigating involves using insulin inhaled through the nose or blood pressure medications to get brain vessel activity back to normal.” *HealthDay* (7/9, Doheny) reports that even “people who had good control of their diabetes” exhibited poorer brain “blood flow regulation.”

What’s new about

**Better Choices, Better Health**
*Put Life Back in Your Life*

**Living a Healthy Life with Chronic Conditions**
Many of us will experience a chronic condition such as arthritis, diabetes or high blood pressure during our lives. The Chronic Disease Self-Management Program (CDSMP) is designed to address the common symptoms participants experience and provide skills and self-management techniques to help them lead a normal life.

Skills in making decisions and creating and carrying out action plans will help participants become active self-managers. Refer your patients to a Better Choices, Better Health workshop in your area.

Learn more at [http://idph.state.ia.us/betterchoicesbetterhealth/Default.aspx](http://idph.state.ia.us/betterchoicesbetterhealth/Default.aspx)
**Million Hearts® Initiative Update**

New Million Hearts campaign-Healthy is Strong-targets African American men

Go to the link to find many new resources and tools all designed to combat the high prevalence of high blood pressure and heart disease among African American men.

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

**A1c**

More accurate method for blood glucose testing

Researchers have found a way of obtaining more accurate measurements from glucometers: by using blood plasma or serum rather than whole blood.

**Aspirin Use**

Patient-Centered Outcomes Research Institute: Aspirin Dosing: A Patient-Centric Trial Assessing Benefits and Long-term Effectiveness (ADAPTABLE)

Patient-Centered Outcomes Research Institute (PCORI) has recently announced that Duke University has received $14 million for a three-year randomized controlled trial to determine whether low- or standard-dose aspirin is better for preventing heart attacks and strokes in patients with coronary artery disease. The trial is known as ADAPTABLE. ADAPTABLE will help determine the optimal dose of aspirin to maximize cardiovascular protection while minimizing bleeding. The study is scheduled to launch in fall 2015 and aims to enroll 20,000 patients who are at high risk for heart attack or stroke.

**Blood Pressure Control and Management**

Hypertension equally concerning across weight groups, study suggests

Reuters (7/17, Doyle) reports that a new study published in the journal Hypertension shows that risks for cardiovascular disease are similar for thin, overweight, and obese people with hypertension, contrary to some previous research showing it may be more dangerous for lean people. The findings indicate that hypertension is a cause for concern for people across weight categories, according to the researchers.

News from New York City about Sodium

The New York City Department of Health and Mental Hygiene asked the city’s Board of Health to place on restaurant menus a warning symbol – a salt shaker – next to any single dish with 2,300 milligrams of sodium – the amount of salt any of us should consume on a daily basis.

Data indicate more than 90% of Americans consume too much sodium

TIME (7/3, Sifferlin) reported that “new federal data” indicate that “more than 90% of Americans eat too much” sodium. Researchers found that “from 2011 to 2012, the average daily sodium intake among U.S. adults was 3,592 mg, which is well above the public health target set by the U.S. Department of Health and Human Services (HHS) of 2,300 mg.” These findings, published in Morbidity and Mortality Weekly Report, come from a 2013 CDC survey of approximately 180,000 American adults. Approximately “half of” those “surveyed said they were monitoring or reducing their sodium intake, and 20% said they had received medical advice to do so.” HealthDay (7/6, Mundell) reported that those “already diagnosed with high blood pressure were more likely to shun the salt shaker.”

Continued on the next page...
## Cholesterol Control and Management

### Two studies lend support to statin guidelines

The *New York Times* (7/15, A3, Pollack, Subscription Publication) reports that two new studies published in *JAMA* “lend support to controversial new cholesterol guidelines that could vastly increase the number of Americans advised to take...statins.” In one study, researchers found “that the new guidelines are better at identifying who is truly at risk of a heart attack and should be given statins than the older guidelines are.” Meanwhile, the other study “suggests that treating people based on the new guidelines would be cost-effective, even with the tremendously increased use of” the medications.

### Smoking Cessation

**Study: Thirty five million US smokers may have undiagnosed lung disease from smoking**

*Reuters* (6/23, Seaman) reports that a new study published in *JAMA Internal Medicine* suggests that as many as 35 million smokers in the US could have undiagnosed lung disease due to smoking cigarettes. The study notes the individuals may not meet the criteria for COPD but could still show signs of lung disease and impairment. *Medical Daily* (6/23) reports that researchers found that about half of the study’s 8,872 participants “had passed a test that failed to detect signs of lung disease.” But when that group “was reevaluated based on CT scans, patients’ physical abilities, use of respiratory medication, and respiratory symptoms, 55 percent actually had respiratory problems.”

### Plan Clinic Awareness Activities for Upcoming Health Observations:

<table>
<thead>
<tr>
<th>National Health Center Week</th>
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<tr>
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<td>Farm Safety and Health Week</td>
<td>September 20-26</td>
<td><a href="http://www.necasag.org">www.necasag.org</a></td>
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### Training for Providers:

**Webinar: Hypertension Control: Achievable, Event-Preventing, and Who Knew... Cost-Saving!** 08/27/2015

**New Patient Education Resources for Seniors**

We know your patients need educational resources about the unique health needs facing seniors. In collaboration with *Sunrise Senior Living*, the American Heart Association has developed *The Benefiting the Lives of All Seniors is Why* Resource Guide and the corresponding exercise infographic. These resources can be shared with your patients to help them and their caregivers learn more about living a heart healthy life as an active senior.

**Road to 10: the small physician practice’s route to ICD-10**

Centers for Medicare & Medicaid Services

**A Physician’s Guide to Chronic Care Management**

In this e-book chronic care management is broken down to help you understand the need, the impact it will have on your practice and how you can effectively provide CCM services without significantly increasing your physician costs. Bridging the implementation between the practice, Medicare and your EHR. [Download Here](#).

**Revenue Cycle Best Practices Guide: Adapting to Changes in Reimbursement With HIT**

This best practices guide offers insight into the revenue cycle challenges facing health systems, hospitals, and physician practices in an era of accountable care by looking at how healthcare reimbursement is evolving and impacting the revenue cycle and identifying strategies and technologies that can help these healthcare organizations remain successful despite widespread changes. [Download Here](#).
Examining the Use of Health IT in Ambulatory Care Practice Redesign

A new report from the Agency for Healthcare Research and Quality (AHRQ) examines the use of health IT in ambulatory care practice redesign and the subsequent impact on patients and provider workflow. *Using Health Information Technology in Practice Redesign: Impact of Health IT on Workflow—Patient Reported Health Information Technology and Workflow* documents workflow impacts of applications that allow patients to share information with primary care providers electronically.

The report found information sharing technologies had both positive and negative effects on clinician and staff workflow, while patients generally reported that these technologies had a positive impact on their ability to share information with their provider. With two exceptions, the clinics studied did not redesign their workflows to incorporate the capture and use of patient-related information. Two additional reports are coming soon, and AHRQ will also be releasing additional research from related projects on health IT and workflow later this year.

Click here to access the report: [http://healthit.ahrq.gov/PatientReportedHITandWorkflowReport](http://healthit.ahrq.gov/PatientReportedHITandWorkflowReport).

Use of Health IT to Enable Care Coordination

Another new report from AHRQ presents findings from a six-site qualitative study and highlights a number of opportunities to improve the impact of health IT on care coordination activities in primary care. These opportunities vary from changing system design, to adding missing features, to addressing work activity variation, to improving the user interface. Stronger impact from the care coordination role was noted when there were well-defined workflows, tools designed to fit the workflow, adequate training, good team communication, physical co-location of care coordinators with other care team members, stronger team relationships, and time to allow the new work system to stabilize and learning to take place.

Click here to access the report: [Using Health IT in Practice Redesign: Impact of Health IT on Workflow: Health IT-Enabled Care Coordination and Redesign in Tennessee](http://healthit.ahrq.gov/PatientReportedHITandWorkflowReport).

More New Resources for Healthcare Providers

The Agency for Healthcare Research and Quality’s (AHRQ) National Healthcare Quality and Disparities Report (QDR) chartbooks are a family of documents and tools that report trends across measures of quality and disparities covering a broad array of health care services and settings. Each of the chartbooks reports directly on progress made across one of the six National Quality Strategy (NQS) priorities. In coordination with the chartbook releases, the NQS publishes a series of Priorities in Action highlighting promising practices used by innovative organizations and programs that are improving care in areas described by the correlating chartbooks.

This month, AHRQ released the Chartbook on Care Coordination, which highlights trends across measures of Care Affordability from the QDR. In conjunction with this release, the NQS published a Priority in Action featuring Blue Cross Blue Shield of Massachusetts and its work to encourage providers to invest in long-term, lasting improvement initiatives with an innovative global payment model known as the Alternative Quality Contract (AQC). This model combines a population-based budget (adjusted annually for health status and inflation) with substantial performance incentive payments tied to the latest nationally accepted measures of quality, outcomes, and patient experience. An October 2014 study in the *New England Journal of Medicine* showed that the AQC improved the quality of patient care and lowered costs in the 4 years since it was implemented.

If you would like to share examples of ways that you and your organization are making efforts to align to the NQS aims, priorities, and levers, email us at NQStrategy@ahrq.hhs.gov.