FOCUS AREA: Chronic Disease

What Health Issues Are Included
Cancer
Diabetes
Heart Disease

Chronic Disease Measures of Health Improvement

**CD-1** Decrease \(\downarrow\) the rate of deaths caused by cancer (per 100,000 population - age-adjusted).

<table>
<thead>
<tr>
<th>Overall</th>
<th>Male</th>
<th>Black, non-Hispanic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target: 151</td>
<td>Target: 186</td>
<td>Target: 176</td>
</tr>
</tbody>
</table>

Data Source: CDC, NCHS. Multiple Cause of Death on CDC WONDER Online Database. Data are from the Multiple Cause of Death Files, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. ICD-10 codes C00-C97 (Malignant Neoplasms) listed as the underlying cause of death. [https://wonder.cdc.gov/mcd-icd10.html](https://wonder.cdc.gov/mcd-icd10.html)

**CD-2** Decrease \(\downarrow\) the rate of deaths caused by lung cancer (per 100,000 population - age-adjusted).

<table>
<thead>
<tr>
<th>Overall</th>
<th>Male</th>
<th>Black, non-Hispanic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target: 39</td>
<td>Target: 50</td>
<td>Target: 52</td>
</tr>
<tr>
<td>Newest: 40 [2017]=4% (\downarrow) decrease</td>
<td>Newest: 52 [2015-17]=3% (\downarrow) decrease</td>
<td>Newest: 57 [2013-17]=3% (\uparrow) increase</td>
</tr>
</tbody>
</table>

Data Source: CDC, NCHS. Multiple Cause of Death on CDC WONDER Online Database. Data are from the Multiple Cause of Death Files, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. ICD-10 codes C33-C34 (Malignant Neoplasms of trachea, bronchus and lung) listed as the underlying cause of death. [https://wonder.cdc.gov/mcd-icd10.html](https://wonder.cdc.gov/mcd-icd10.html)

**CD-3** Decrease \(\downarrow\) the rate of deaths caused by colorectal cancer (per 100,000 population - age-adjusted).

<table>
<thead>
<tr>
<th>Overall</th>
<th>Male</th>
<th>Black, non-Hispanic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target: 13</td>
<td>Target: 16</td>
<td>Target: 16</td>
</tr>
<tr>
<td>Newest: 13.7 [2017]=5% (\downarrow) decrease</td>
<td>Newest: 16.3 [2015-17]=2% (\downarrow) decrease</td>
<td>Newest: 16.4 [2013-17]=8% (\downarrow) decrease</td>
</tr>
</tbody>
</table>

Data Source: CDC, NCHS. Multiple Cause of Death on CDC WONDER Online Database. Data are from the Multiple Cause of Death Files, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. ICD-10 codes C18-C21 (Malignant Neoplasms of colon, rectum and anus) listed as the underlying cause of death. [https://wonder.cdc.gov/mcd-icd10.html](https://wonder.cdc.gov/mcd-icd10.html)

**CD-4** Decrease \(\downarrow\) the rate of female deaths caused by breast cancer (per 100,000 females - age-adjusted).

<table>
<thead>
<tr>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target: 18</td>
</tr>
<tr>
<td>Baseline: 19 [2016]</td>
</tr>
<tr>
<td>Newest: 18 [2017]=6% (\downarrow) decrease</td>
</tr>
</tbody>
</table>

Data Source: CDC, NCHS. Multiple Cause of Death on CDC WONDER Online Database. Data are from the Multiple Cause of Death Files, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. ICD-10 codes C50 (Malignant Neoplasms of breast) listed as the underlying cause of death. [https://wonder.cdc.gov/mcd-icd10.html](https://wonder.cdc.gov/mcd-icd10.html)

**CD-5** Decrease \(\downarrow\) the incidence of cancer (per 100,000 population - age-adjusted).

<table>
<thead>
<tr>
<th>Overall</th>
<th>Male</th>
<th>Black, non-Hispanic Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target: 455</td>
<td>Target: 496</td>
<td>Target: 552</td>
</tr>
</tbody>
</table>

**CD-6** Decrease ↓ the incidence of lung cancer (per 100,000 population - age-adjusted).

<table>
<thead>
<tr>
<th>Overall</th>
<th>Male</th>
<th>Black, non-Hispanic</th>
<th>Black, non-Hispanic Male</th>
<th>Black, non-Hispanic Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target: 61</td>
<td>Target: 71</td>
<td>Target: 85</td>
<td>Target: 107</td>
<td>Target: 73</td>
</tr>
</tbody>
</table>


**CD-7** Decrease ↓ the incidence of colorectal cancer (per 100,000 population - age-adjusted).

<table>
<thead>
<tr>
<th>Overall</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target: 44</td>
<td>Target: 49</td>
</tr>
<tr>
<td>Newest: 44 [2015]=7% decrease</td>
<td>Newest: 50.5 [2015]=2% decrease</td>
</tr>
</tbody>
</table>


**CD-8** Decrease ↓ the incidence of female breast cancer (per 100,000 population - age-adjusted).

<table>
<thead>
<tr>
<th>Overall</th>
<th>Adults with Disability*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target: 120</td>
<td>Target: 18%</td>
</tr>
<tr>
<td>Baseline: 127 [2014]</td>
<td>Baseline: 19% [2016]</td>
</tr>
<tr>
<td>Newest: 129 [2015]=2%↑ increase</td>
<td>Newest: 30 [2015]=0%↔ no change</td>
</tr>
</tbody>
</table>


**CD-9** Decrease ↓ the incidence of skin melanomas (per 100,000 population - age-adjusted).

<table>
<thead>
<tr>
<th>Overall</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target: 23</td>
<td>Target: 28</td>
</tr>
<tr>
<td>Newest: 27 [2015]=5%↑ increase</td>
<td>Newest: 30 [2015]=0%↔ no change</td>
</tr>
</tbody>
</table>


**CD-10** Decrease ↓ the percentage of adults who have been told they have diabetes.

<table>
<thead>
<tr>
<th>Overall</th>
<th>Adults with Disability*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target: 8%</td>
<td>Target: 18%</td>
</tr>
<tr>
<td>Baseline: 9% [2016]</td>
<td>Baseline: 19% [2016]</td>
</tr>
<tr>
<td>Newest: 10% [2017]=3%↑ increase</td>
<td>Newest: 19% [2017]=0%↔ no change</td>
</tr>
</tbody>
</table>

**Income Less Than $15,000**

<table>
<thead>
<tr>
<th>Overall</th>
<th>Income $15,000 - $24,999</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target: 13%</td>
<td>Target: 13%</td>
</tr>
<tr>
<td>Baseline: 14.5% [2016]</td>
<td>Baseline: 14% [2016]</td>
</tr>
<tr>
<td>Newest: 16% [2017]=10%↑ increase</td>
<td>Newest: 15% [2017]=4%↑ increase</td>
</tr>
</tbody>
</table>

Data Source: CDC, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data. [https://www.cdc.gov/brfss/brfssprevalence](https://www.cdc.gov/brfss/brfssprevalence) *Additional IDPH analysis of national BRFSS data.

**CD-11** Decrease ↓ the percentage of adults with diabetes who have not seen a health professional in the last year.

<table>
<thead>
<tr>
<th>Overall</th>
<th>Adults with Disability*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target: 8%</td>
<td>Target: 18%</td>
</tr>
<tr>
<td>Baseline: 9% [2015]</td>
<td>Baseline: 19% [2016]</td>
</tr>
<tr>
<td>Newest: 6% [2017]=29%↓ decrease</td>
<td>Newest: 29%↓ decrease</td>
</tr>
</tbody>
</table>

Decrease $\downarrow$ the rate of coronary heart disease deaths (per 100,000 population - age-adjusted).

<table>
<thead>
<tr>
<th></th>
<th>Overall 😊</th>
<th>Black, non-Hispanic 😊</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target</td>
<td>97</td>
<td>125</td>
</tr>
<tr>
<td>Baseline [2016]</td>
<td>103</td>
<td>132 [2014-2016]</td>
</tr>
<tr>
<td></td>
<td>$\approx0% \leftrightarrow$ no change</td>
<td>$\approx6% \downarrow$ decrease</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Male 😊</th>
<th>Black, non-Hispanic Male 😊</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target</td>
<td>139</td>
<td>174</td>
</tr>
<tr>
<td>Baseline [2014-2016]</td>
<td>147</td>
<td>184 [2014-2016]</td>
</tr>
<tr>
<td></td>
<td>$\approx1% \downarrow$ decrease</td>
<td>$\approx2% \downarrow$ decrease</td>
</tr>
</tbody>
</table>

Data Source: CDC, NCHS. Multiple Cause of Death on CDC WONDER Online Database. Data are from the Multiple Cause of Death Files, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. ICD-10 codes I20-I25 listed as the underlying cause of death. [https://wonder.cdc.gov/mcd-icd10.html](https://wonder.cdc.gov/mcd-icd10.html)
**Iowa Health Issue:** Cancer

**Iowa Counties with Local Strategies**
Adams, Allamakee, Calhoun, Clay, Davis, Delaware, Humboldt, Iowa, Madison, Muscatine, Sioux, Van Buren, Woodbury, Wright

These community health improvement plans are available on the Iowa Department of Public Health, Community Health Needs Assessment and Health Improvement Planning (CHNA&HIP) website: [https://idph.iowa.gov/chnahip/health-improvement-plans](https://idph.iowa.gov/chnahip/health-improvement-plans)

**Goals, Objectives & Strategies**

**Cancer**

**Goal #1**
Increase colorectal cancer screening rates in Iowa.

**Alignment with National Plans**

**Alignment with State / Other Plans**

**Cancer**

**Objective 1-1**
Increase the percentage of people age 50-75 years of age who had a colorectal screening test* from 68.6% (2016) to 80% by 2022.

* Proportion of people 50-75 years of age with stool test in past year OR colonoscopy within past 10 years OR sigmoidoscopy within past 5 years.

**Baseline**
<table>
<thead>
<tr>
<th>Year</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>68.6%</td>
</tr>
</tbody>
</table>

**Target**
<table>
<thead>
<tr>
<th>Year</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2022</td>
<td>80%</td>
</tr>
</tbody>
</table>

**Data Source & Location**

**Strategy 1-1.1**
Educate the public about the importance of cancer screening guidelines.

**Strategy Type**
Individual/interpersonal-focused

**Strategy Source & Location**
2018-2022 Iowa Cancer Plan: Goal 9, Action A

**Who's Responsible**
Iowa Cancer Consortium members and partners

**Target Date**
Jan 1, 2022

**Strategy 1-1.2**
Promote and support programs that provide free or low-cost recommended screenings to people who are uninsured or underinsured.

**Strategy Type**
Community-focused

**Strategy Source & Location**
2018-2022 Iowa Cancer Plan: Goal 9, Action E

**Who's Responsible**
Iowa Cancer Consortium members and partners

**Target Date**
Jan 1, 2022

**Strategy 1-1.3**
Encourage providers, clinics and systems to use evidence-based strategies, such as system-based patient reminder tools, to increase cancer screenings.

**Strategy Type**
Professional/provider-focused
### Cancer

#### Strategy 1-1.4
Implement evidence-based interventions, recommended by the Community Guide, in clinics to increase colorectal cancer screening rates.

**Strategy Source & Location**
Iowa Department of Public Health, Iowa Get Screened Program

**Who's Responsible**
Iowa Department of Public Health, American Cancer Society

**Target Date**
Jun 29, 2020

#### Strategy 1-1.5
Plan and/or promote colorectal cancer screening guidelines to health care professionals.

**Strategy Source & Location**
Iowa Department of Public Health, Iowa Get Screened Program

**Who's Responsible**
Iowa Department of Public Health, American Cancer Society

**Target Date**
Jun 29, 2020

#### Strategy 1-1.6
Provide colorectal cancer screenings for uninsured and underinsured Iowans ages 50 to 75.

**Strategy Source & Location**
Iowa Code section 135.11 Chapter 10 "Iowa Get Screened Cancer Program"
https://www.legis.iowa.gov/docs/aco/arc/2562c.pdf

**Who's Responsible**
Iowa Department of Public Health

**Target Date**
Jul 1, 2020

#### Objective 1-2
The 11 federally qualified health centers (FQHCs) in IowaHealth+ will either increase their colorectal cancer screening rate (based on their 2015 UDS rate) by 10%, in 2016, or achieve the 80% target set by the National Colorectal Cancer Roundtable.

<table>
<thead>
<tr>
<th>Year</th>
<th>Baseline</th>
<th>Target Year</th>
<th>Target Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>39.2%</td>
<td>2018</td>
<td>80%</td>
</tr>
</tbody>
</table>

**Data Source & Location**
Uniform Data System, HRSA (baseline value is an average across the 11 FQHCs with varying individual FQHC performance. The 10% goal is an improvement for each FQHC individually in 2016 from their 2015 baseline.)

#### Strategy 1-2.1
Support the 11 FQHCs through the Iowa Primary Care Association’s (Iowa PCA) Performance Improvement Learning Collaborative.

**Strategy Source & Location**
Iowa Primary Care Association

**Who's Responsible**
Iowa Primary Care Association Performance Improvement Team

**Target Date**
Jan 1, 2021
Cancer

Goal #2  Build the capacity of Iowa professionals and advocates to address comprehensive cancer control.

Alignment with National Plans

Alignment with State / Other Plans

Cancer

**Objective 2-1**  Reduce cancer mortality from 167.3 per 100,000 Iowans to 153.9 per 100,000 and incidence from 459.5 to 402.0 by 2022.

<table>
<thead>
<tr>
<th>Year</th>
<th>Baseline Year</th>
<th>Target Year</th>
<th>Baseline Value</th>
<th>Target Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline</td>
<td>2012-2014</td>
<td>2022</td>
<td>mortality 167.3</td>
<td>mortality 153.9</td>
</tr>
<tr>
<td>Baseline</td>
<td></td>
<td></td>
<td>incidence 459.5</td>
<td>incidence 402.0</td>
</tr>
</tbody>
</table>

Data Source & Location: Surveillance, Epidemiology and End Results Program (SEER) data, State Health Registry of Iowa. [https://www.public-health.uiowa.edu/shri/](https://www.public-health.uiowa.edu/shri/)

Cancer

**Strategy 2-1.1**  Convene at least 10 educational and collaborative opportunities to increase the expertise of partners and stakeholders in prevention, early detection, treatment, quality of life and health equity.

Strategy Type: Professional/provider-focused

Strategy Source & Location: Iowa Cancer Plan 2018-2022, Goal 1

Who’s Responsible: Iowa Cancer Consortium members and partners

Target Date: Jan 1, 2022

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Cancer

Goal #3  Decrease incidence of lung cancer.

Alignment with National Plans

Healthy People 2020, Tobacco Use, https://www.healthypeople.gov/2020/topics-objectives/topic/tobacco-use
Best Practices for Comprehensive Tobacco Control Programs - 2014
President’s Cancer Panel. 2008-2009 - Reducing Environmental Cancer Risk: What We Can Do Now
https://deainfo.nci.nih.gov/Advisory/pcp/annualReports/pcp08-09rpt/PCP_Report_08-09_508.pdf
Environmental Protection Agency. 2016 - National Radon Action Plan

Alignment with State / Other Plans


<table>
<thead>
<tr>
<th>Cancer</th>
<th>Objective 3-1 Increase adult cessation attempts* from 52.5% (2016) to 57.8% by 2022.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline Year</td>
<td>Baseline Value</td>
</tr>
<tr>
<td>2016</td>
<td>52.5%</td>
</tr>
</tbody>
</table>

*Percent of current smokers trying to quit for a day or more, all races, both sexes, ages 18+.  

Cancer  
Strategy 3-1.1 Increase referrals to and participation in evidence-based tobacco cessation services for all tobacco users, including tobacco survivors.  
Strategy Type: Individual/interpersonal-focused

Strategy Source & Location: 2018-2022 Iowa Cancer Plan: Goal 2, Action D

Who’s Responsible: Iowa Cancer Consortium members and partners  
Target Date: Jan 1, 2022

Cancer  
Strategy 3-1.2 Increase the number of insurance plans covering evidence-based cessation services, Nicotine Replacement Therapy (NRT) and counseling.  
Strategy Type: Policy-focused


Who’s Responsible: Iowa Cancer Consortium members and partners  
Target Date: Jan 1, 2022

Cancer  
Strategy 3-1.3 Require that nicotine delivery devices, including e-cigarettes, be held to the same advertising, promotion and sponsorship standards as all other tobacco and nicotine products.  
Strategy Type: Policy-focused

**Who’s Responsible**
Iowa Cancer Consortium members and partners

**Objective 3-2**
Decrease youth tobacco initiation* from 19.0% (2016) to 17.0% by 2022.

*Percentage of 11th grade students who have ever smoked tobacco or used any tobacco products (not including electronic cigarettes).

<table>
<thead>
<tr>
<th>Baseline Year</th>
<th>Baseline Value</th>
<th>Target Year</th>
<th>Target Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>19%</td>
<td>2022</td>
<td>17%</td>
</tr>
</tbody>
</table>


**Cancer Strategy 3-2.1**
Increase the number of school districts, colleges/universities, workplaces, housing units and parks that implement comprehensive tobacco and nicotine-free policies.

**Strategy Type**
Policy-focused

**Strategy Source & Location**
2018-2022 Iowa Cancer Plan: Goal 2, Action K

**Who’s Responsible**
Iowa Cancer Consortium members and partners

**Target Date**
Jan. 1, 2022

**Cancer Strategy 3-2.2**
Maintain or increase funding to the Iowa Department of Public Health (IDPH) Division of Tobacco Use Prevention and Control to CDC-recommended levels for Iowa.

**Strategy Type**
Policy-focused

**Strategy Source & Location**
2018-2022 Iowa Cancer Plan: Goal 2, Action I

**Who’s Responsible**
Iowa Cancer Consortium members and partners

**Target Date**
Jan. 1, 2022

**Cancer Strategy 3-2.3**
Increase the tax on tobacco products.

**Strategy Type**
Policy-focused

**Strategy Source & Location**
2018-2022 Iowa Cancer Plan: Goal 2, Action H

**Who’s Responsible**
Iowa Cancer Consortium members and partners

**Target Date**
Dec 31, 2017

**Objective 3-3**
Decrease age-adjusted incidence per 100,000 of lung cancer by reducing exposure to radon.

<table>
<thead>
<tr>
<th>Baseline Year</th>
<th>Baseline Value</th>
<th>Target Year</th>
<th>Target Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012-2014</td>
<td>63.2</td>
<td>2022</td>
<td>49.1</td>
</tr>
</tbody>
</table>


**Cancer Strategy 3-3.1**
Educate the public, health care providers, public health officials, schools, property owners, managers and policy makers about radon and other environmental substances linked to cancer.

**Strategy Type**
Individual/interpersonal-focused
Strategy Source & Location
2018-2022 Iowa Cancer Plan: Goal 7, Action B

Who's Responsible
Iowa Cancer Consortium members and partners

Target Date
Jan. 1, 2021

Strategy 3-3.2
Require newly constructed homes and buildings to be built using passive radon control methods according to the 2015 International Residential Building Code.

Strategy Source & Location
2018-2022 Iowa Cancer Plan: Goal 7, Action F

Who's Responsible
Iowa Cancer Consortium members and partners

Target Date
Jan. 1, 2022

Strategy 3-3.3
Collaborate with cities and housing departments to develop initiatives that provide financial assistance for radon testing and mitigation.

Strategy Source & Location
2018-2022 Iowa Cancer Plan: Goal 7, Action C

Who's Responsible
Iowa Cancer Consortium members and partners

Target Date
Jan. 1, 2022

Cancer
Goal #4
Follow nationally recognized guidelines to increase vaccination rates for all vaccines demonstrated to reduce the risk of cancer.

Alignment with National Plans
Healthy People 2020, Immunization and Infectious Diseases, Objective 11:

Alignment with State / Other Plans

Cancer
Objective 4-1
Increase the percentage adolescent boys and girls aged 13-15 in the IRIS system who have completed the HPV vaccine doses.

<table>
<thead>
<tr>
<th>Baseline Year</th>
<th>Baseline Value</th>
<th>Target Year</th>
<th>Target Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>27%</td>
<td>2022</td>
<td>29.7%</td>
</tr>
</tbody>
</table>

Data Source & Location
Iowa Immunization Program Annual Report
http://idph.iowa.gov/immtb/immunization

Cancer
Strategy 4-1.1
See the following strategies in the section, Adolescent Immunizations:
1-1.3, 1-1.4, 1-1.5, 1-2.3, 1-2.4, 1-2.5

Strategy Source & Location
Iowa Cancer Plan
Cancer Goal #5  Increase protective behaviors from sun/ultraviolet exposure.

Alignment with National Plans
Guide to Community Preventive Services  www.thecommunityguide.org

Alignment with State / Other Plans

Cancer Objective 5-1  Decrease the age-adjusted incidence per 100,000 for skin melanoma* through programs and policies that discourage and prohibit use of tanning beds.

<table>
<thead>
<tr>
<th>Baseline Year</th>
<th>Baseline Value</th>
<th>Target Year</th>
<th>Target Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012-2014</td>
<td>24.9</td>
<td>2022</td>
<td>27.5</td>
</tr>
</tbody>
</table>

* Note that skin cancer incidence has been on an upward trend. While the 2022 target is higher than the baseline, it is a reduction of the projected 2022 rate.


Cancer Strategy 5-1.1  Increase public education about the harms of exposure to ultraviolet light from tanning beds.

Strategy Type: Individual/interpersonal-focused


Who's Responsible:  Iowa Cancer Consortium members and partners  Target Date:  Jan. 1, 2022

Cancer Strategy 5-1.2  Advocate for prohibiting the use of tanning beds for all Iowans under the age of 18.

Strategy Type: Policy-focused

Strategy Source & Location:  2018-2022 Iowa Cancer Plan: Goal 6, Action G

Who's Responsible:  Iowa Cancer Consortium members and partners  Target Date:  Jan. 1, 2022
## Cancer
### Goal #6
Decrease late stage breast cancer diagnoses to reduce deaths due to breast cancer.

### Alignment with National Plans
- **Susan G. Komen Plan Announcement**

### Alignment with State / Other Plans
- **Iowa Cancer Plan**

### Cancer Objective 6-1
Decrease the number of counties that demonstrate higher than average percentages of late-stage diagnosis and demonstrate higher than average percentages of linguistic isolation and/or low educational achievement.

<table>
<thead>
<tr>
<th>Year</th>
<th>Value</th>
<th>Year</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline</td>
<td>2017</td>
<td>18</td>
<td>Target</td>
</tr>
</tbody>
</table>

**Data Source & Location**
- Komen Iowa Community Profile Report

### Cancer Strategy 6-1.1
Fund programs that provide culturally-competent, multi-cultural, evidence-based breast cancer education that results in documented age-appropriate breast cancer action such as talking to one's doctor about personal risk or getting a screening mammogram.

**Strategy Type**
- Individual/interpersonal-focused

**Strategy Source & Location**
- Komen Iowa 2015 Community Profile Report

**Who’s Responsible**
- Susan G. Komen Iowa's Mission Initiatives Committee

**Target Date**
- Jan 1, 2020

### Cancer Objective 6-2
Identify and accept applications for programs per quadrant that aim to decrease the barriers created by geographic access issues in counties that demonstrate higher than average percentages of late-stage diagnosis and demonstrate higher than average percentages of residents who live in medically underserved and/or rural areas.

<table>
<thead>
<tr>
<th>Year</th>
<th>Value</th>
<th>Year</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline</td>
<td>2017</td>
<td>N/A</td>
<td>Target</td>
</tr>
</tbody>
</table>

**Data Source & Location**
- Komen Iowa Community Profile Report

### Cancer Strategy 6-2.1
Fund programs that maximize convenience to access along the continuum of care including, but not limited to, transportation assistance, telemedicine, scheduling assistance, and flexible hours of service.

**Strategy Type**
- Individual/interpersonal-focused

**Strategy Source & Location**
- Komen Iowa 2015 Community Profile Report

**Who’s Responsible**
- Susan G. Komen Iowa's Mission Initiatives Committee

**Target Date**
- Jan 1, 2020
**Cancer**

**Objective 6-3**
Accept applications that make breast cancer screenings, diagnosis, and treatment more accessible to all women by providing financial support.

<table>
<thead>
<tr>
<th>Year</th>
<th>Baseline Value</th>
<th>Target Year</th>
<th>Target Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>N/A</td>
<td>2020</td>
<td>TBD</td>
</tr>
</tbody>
</table>

**Data Source & Location**
Komen Iowa Community Profile Report.

**Strategy 6-3.1**
Fund programs that provide no-cost or low-cost clinical breast cancer services and/or financial assistance with diagnostic and treatment co-pays/deductibles.

**Strategy Source & Location**
Komen Iowa 2015 Community Profile Report.

**Who's Responsible**
Susan G. Komen Iowa's Mission Initiatives Committee

**Target Date**
Jan 1, 2020

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**Cancer**

**Goal #7**
Increase the percentage of Iowa women receiving breast cancer and cervical cancer screening.

**Alignment with National Plans**

**Alignment with State / Other Plans**

**Cancer**

**Objective 7-1**
Increase the percentage of women between 50-74 years of age who have had a mammogram in the past two years from 77.6% (2016) to 85.4% by 2022.

<table>
<thead>
<tr>
<th>Year</th>
<th>Baseline Value</th>
<th>Target Year</th>
<th>Target Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>77.6%</td>
<td>2022</td>
<td>85.4%</td>
</tr>
</tbody>
</table>

**Data Source & Location**
Centers for Disease Control and Prevention (CDC), Behavioral Risk Factor Surveillance System [http://nccd.cdc.gov/BRFSSPrevalence](http://nccd.cdc.gov/BRFSSPrevalence)

**Strategy 7-1.1**
Educate the public about the importance of cancer screening guidelines.

**Strategy Type**
Individual/interpersonal-focused

**Strategy Source & Location**
2018-2022 Iowa Cancer Plan: Goal 9, Action A

**Who's Responsible**
Iowa Department of Public Health

**Target Date**
Jan 1, 2020

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**Cancer**

**Objective 7-2**
Increase from 84% to 92% the percent of women ages 21 - 65 years who had a Pap test within the past three years by 2020.

<table>
<thead>
<tr>
<th>Year</th>
<th>Baseline Value</th>
<th>Target Year</th>
<th>Target Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>84.5%</td>
<td>2020</td>
<td>92%</td>
</tr>
</tbody>
</table>

**Data Source & Location**
<table>
<thead>
<tr>
<th>Strategy 7-2.1</th>
<th>Maintain collaboration with key cancer partners to focus on public education to raise the cervical cancer screening rates in Iowa.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strategy Type</strong></td>
<td>Individual/interpersonal-focused</td>
</tr>
<tr>
<td><strong>Strategy Source &amp; Location</strong></td>
<td>2018-2022 Iowa Cancer Plan: Goal 9, Action A</td>
</tr>
<tr>
<td><strong>Who’s Responsible</strong></td>
<td>Iowa Department of Public Health</td>
</tr>
<tr>
<td><strong>Target Date</strong></td>
<td>Jan 1, 2020</td>
</tr>
</tbody>
</table>
### Iowa Health Issue: Diabetes

#### Iowa Counties with Local Strategies

Allamakee, Buchanan, Calhoun, Cedar, Cerro Gordo, Greene, Hardin, Humboldt, Iowa, Johnson, Keokuk, Linn, Louisa, Pocahontas, Pottawattamie, Ringgold, Sioux, Van Buren, Webster

These community health improvement plans are available on the Iowa Department of Public Health, Community Health Needs Assessment and Health Improvement Planning (CHNA&HIP) website: https://idph.iowa.gov/chnahip/health-improvement-plans

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#### Goals, Objectives & Strategies

**Diabetes**

**Goal #1** Prevent diabetes from occurring in Iowans.

**Alignment with National Plans**

CDC "1305 grant": State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health (DP13-1305) [http://www.cdc.gov/chronicdisease/about/state-public-health-actions.htm](http://www.cdc.gov/chronicdisease/about/state-public-health-actions.htm)

**Alignment with State / Other Plans**


Iowa Department of Public Health work plan for 1305 grant (unpublished)

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**Diabetes**

**Objective 1-1** Increase the percentage of adults who report being told by a healthcare provider that they have pre-diabetes or borderline diabetes from 6.2% to 10% by 2020.

<table>
<thead>
<tr>
<th>Baseline Year</th>
<th>Baseline Value</th>
<th>Target Year</th>
<th>Target Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>6.2%</td>
<td>2020</td>
<td>10%</td>
</tr>
</tbody>
</table>


**Strategy 1-1.1** Increase participation in the National Diabetes Prevention Program (NDPP).

**Strategy Source & Location**


Who's Responsible: Iowa Department of Public Health

Strategy Type: Individual/Interpersonal-focused

Target Date: Jan 1, 2021

**Strategy 1-1.2** Increase health care providers screening for prediabetes.

**Strategy Source & Location**


Who's Responsible: Iowa Department of Public Health

Strategy Type: Professional/Provider-focused

Target Date: Jan 1, 2021

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**Diabetes**

**Goal #2**  Reduce the complications of type 2 diabetes.

**Alignment with National Plans**

CDC "1305 grant": State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health (DP13-1305) [http://www.cdc.gov/chronicdisease/about/state-public-health-actions.htm](http://www.cdc.gov/chronicdisease/about/state-public-health-actions.htm)

**Alignment with State / Other Plans**


**Diabetes**

**Objective 2-1**  Increase the age-adjusted percent of adults with diabetes who have had two or more A1C tests in the last year from 76.8% to 80.7% by 2017.

<table>
<thead>
<tr>
<th>Year</th>
<th>Baseline Value</th>
<th>Target Year</th>
<th>Target Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>76.8%</td>
<td>2017</td>
<td>80.7%</td>
</tr>
</tbody>
</table>

**Data Source & Location**


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**Strategic Plan**

**Strategy 2-1.1**  Increase access to and participation in evidence-based diabetes management and chronic disease programs.

<table>
<thead>
<tr>
<th>Strategy Type</th>
<th>Individual/interpersonal-focused</th>
</tr>
</thead>
</table>

**Strategy Source & Location**

CDC: 1305 ([http://www.cdc.gov/chronicdisease/about/state-public-health-actions.htm](http://www.cdc.gov/chronicdisease/about/state-public-health-actions.htm))

**Who’s Responsible**

Iowa Department of Public Health

**Target Date**

Jan 1, 2021

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Iowa Health Issue: Heart Disease

Goals, Objectives & Strategies

Heart Disease

Goal #1 Decrease the rate of coronary heart disease as the primary cause of death.

Alignment with National Plans

<table>
<thead>
<tr>
<th>Million Hearts Initiative</th>
<th><a href="https://millionhearts.hhs.gov">https://millionhearts.hhs.gov</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy People 2020, Heart Disease and Stroke</td>
<td><a href="https://www.healthypeople.gov/2020/topics-objectives/topic/heart-disease-and-stroke">https://www.healthypeople.gov/2020/topics-objectives/topic/heart-disease-and-stroke</a></td>
</tr>
</tbody>
</table>

Alignment with State / Other Plans


Heart Disease

Objective 1-1 Decrease the coronary heart disease mortality rate for adults 18 and older from 107.5 to 103.4 by 2020.

<table>
<thead>
<tr>
<th>Baseline Year</th>
<th>Baseline Value</th>
<th>Target Year</th>
<th>Target Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>107.5</td>
<td>2020</td>
<td>103.4</td>
</tr>
</tbody>
</table>


Heart Disease

Strategy 1-1.1 Hold an annual meeting of Iowa Million Hearts primary partners to discuss progress on the goals and objectives of the Iowa Million Hearts Action Plan and monitor state, national, and Healthy People 2020 data.

Strategy Type Community-focused

Strategy Source & Location Iowa Department of Public Health Million Hearts Action Plan: 2015 through 2022 (Million Hearts, Phase 2 will go beyond 2018 and has yet to be released)

Who’s Responsible Iowa Million Hearts Action Plan-Primary Partners (Led by the Iowa Department of Public Health)

Target Date Jan 1, 2022

Heart Disease

Strategy 1-1.2 Implement cardiovascular screenings and healthy lifestyle programs for uninsured or under-insured, 40-64 year old women.

Strategy Type Individual/Interpersonal-focused


Who’s Responsible Iowa Department of Public Health

Target Date Jun 29, 2018
Heart Disease

Strategy 1-1.3  Provide and promote hypertension control guidelines to health care providers.  

Strategy Type  Professional/provider-focused

Strategy Source & Location  
Iowa Code Chapter 8: Iowa Care for Yourself Program  

Who's Responsible  Iowa Department of Public Health  
Target Date  Jun 29, 2018

Heart Disease

Strategy 1-1.4  Create a Heart and Stroke Consortium that will receive funding to work on heart and stroke prevention work throughout our state including working on implementing the Million Hearts Action Plan.  

Strategy Type  Community-focused

Strategy Source & Location  
New Strategy

Who's Responsible  
American Heart Association, Stroke Task Force, Mission Lifeline Task Force, EMS Association, Iowa Department of Public Health, Million Hearts Initiative partners  
Target Date  Jul 1, 2020

Heart Disease

Strategy 1-1.5  Enact statewide standards for the development and utilization of STEMI (a serious type of heart attack) registries.  

Strategy Type  Policy-focused

Strategy Source & Location  
American Heart Association, American Stroke Association, Stroke Task Force, STEMI Task Force, American College of Cardiology, Million Hearts Initiative partners

Who's Responsible  
American Heart Association, American Stroke Association, Stroke Task Force, STEMI Task Force, Million Hearts Initiative partners  
Target Date  Jul 1, 2020

Heart Disease

Goal #2  Achieve a 75% blood pressure control rate at the Federally Qualified Health Centers.

Alignment with National Plans

Million Hearts Initiative  https://millionhearts.hhs.gov  
Healthy People 2020, Heart Disease and Stroke  

Alignment with State / Other Plans


Heart Disease

Objective 2-1  Meet or exceed a 75% blood pressure control rate (based on their 2015 UDS rate) at 11 federally qualified health centers (FQHCs) and develop a plan for addressing undiagnosed hypertension

<table>
<thead>
<tr>
<th>Data Source &amp; Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uniform Data System, HRSA (baseline value an average across the 11 FQHCs with varying individual FQHC performance)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Baseline Year</th>
<th>Baseline Value</th>
<th>Target Year</th>
<th>Target Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>64.3%</td>
<td>2017</td>
<td>75%</td>
</tr>
<tr>
<td>2021</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Heart Disease

**Strategy 2-1.1** Support the 11 FQHCs through the Iowa Primary Care Association’s (Iowa PCA) Performance Improvement Learning Collaborative.

**Strategy Type** Professional/provider-focused

**Strategy Source & Location**

Iowa PCA Performance Improvement Team (unpublished)

**Who's Responsible**

Iowa PCA Performance Improvement Team

**Target Date**

Jun 1, 2021

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