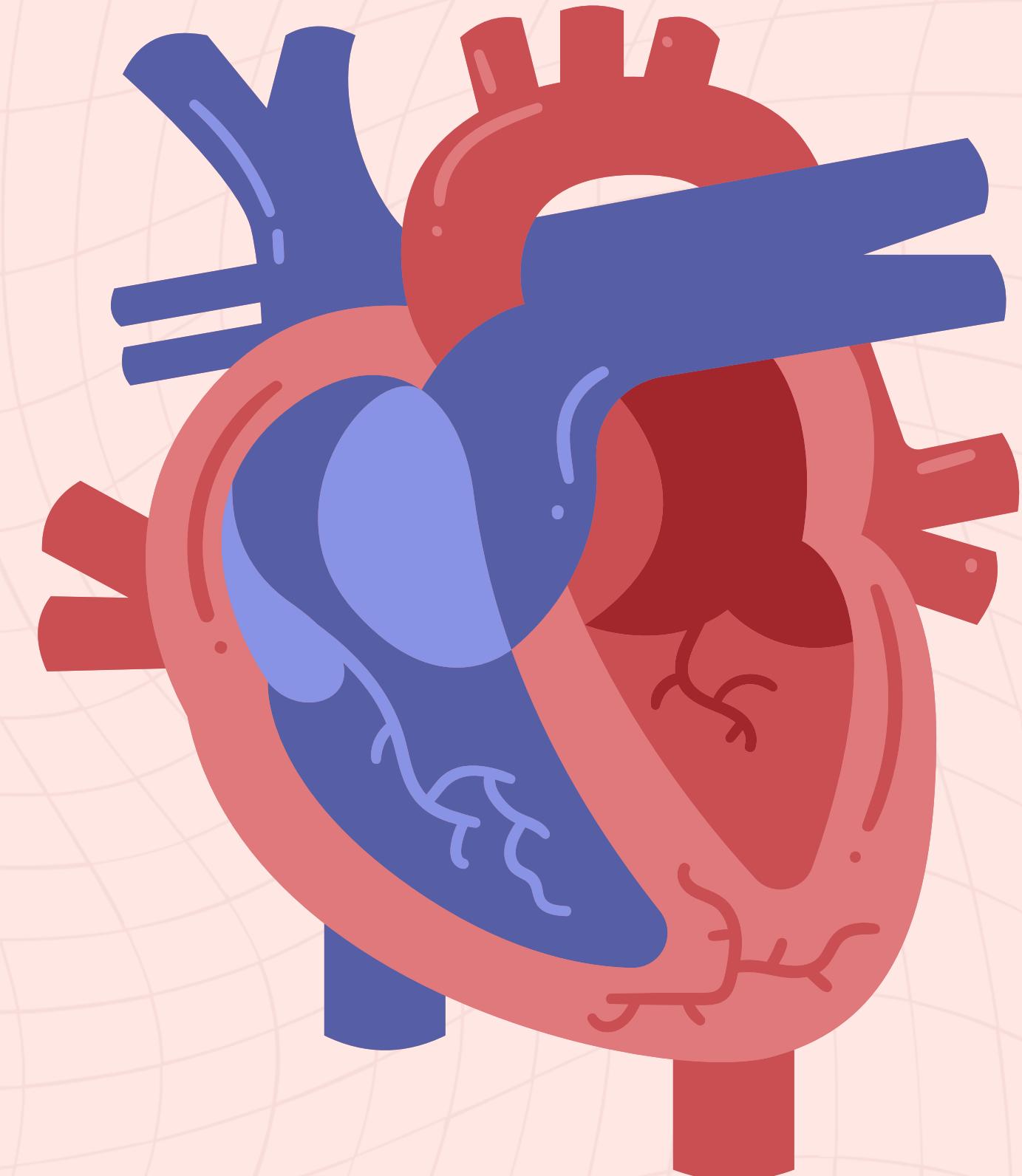


State of Heart Health In Iowa

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Iowa Health & Human Services



Session Objectives

01

Summarize recent epidemiologic trends in cardiovascular disease (CVD) prevalence, mortality, and risk factors across the state.

02

Integrate team-based care, patient engagement, and community partnerships to enhance prevention and disease management.

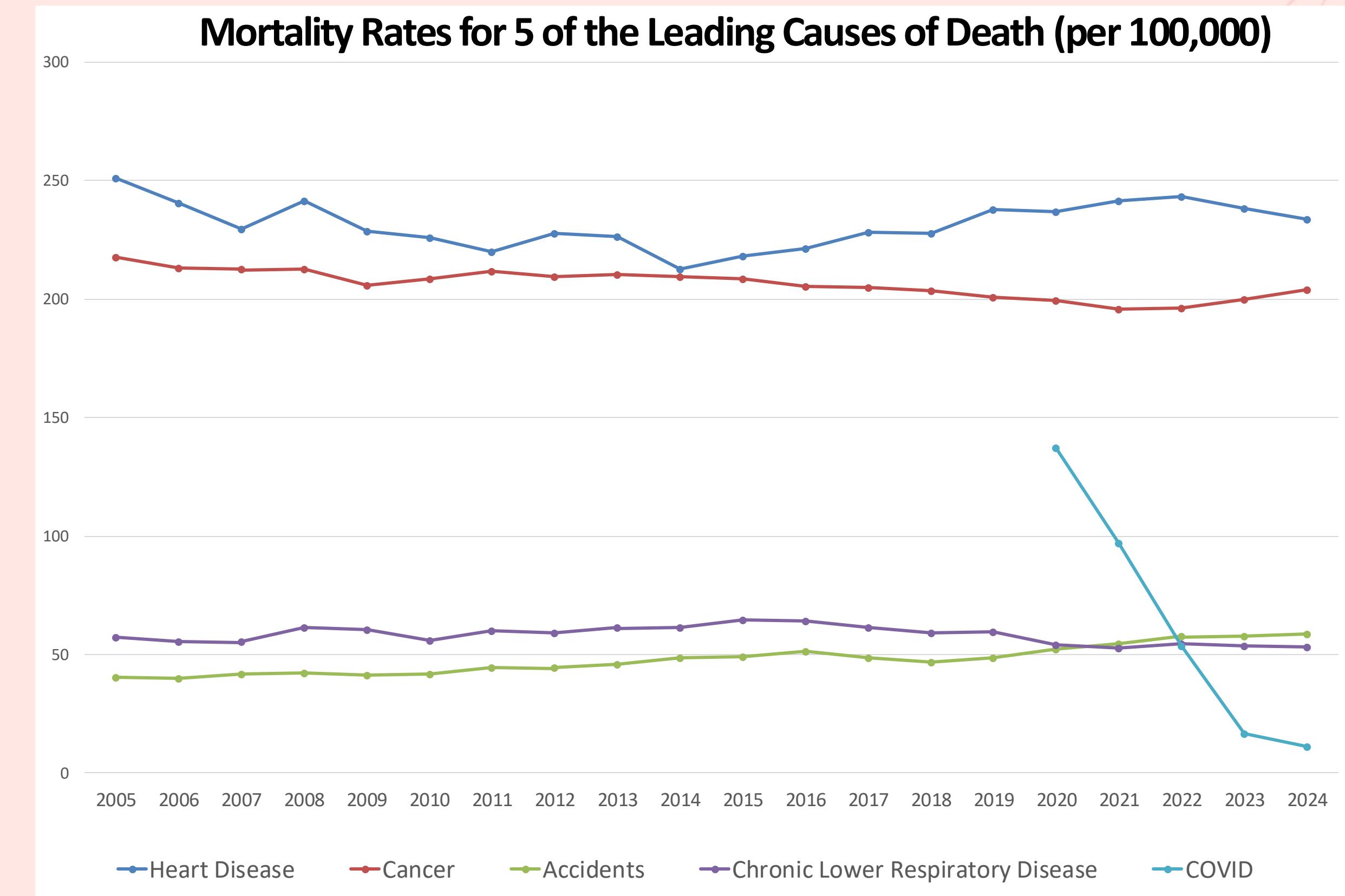
Why Heart Health Matters

Cardiovascular disease remains the leading cause of death, affecting families in every county and placing a significant burden on healthcare systems, the workforce, and communities across the state.

Why Focus on Heart Health in Iowa

Heart disease is the leading cause of death in Iowa and has been for decades. The healthcare system is not set up to support the patient demand for care. Healthcare workforce shortage including cardiovascular specialists continues to increase.

It is crucial to make data driven decisions in order to best support the needs of the populations you serve.



The Data

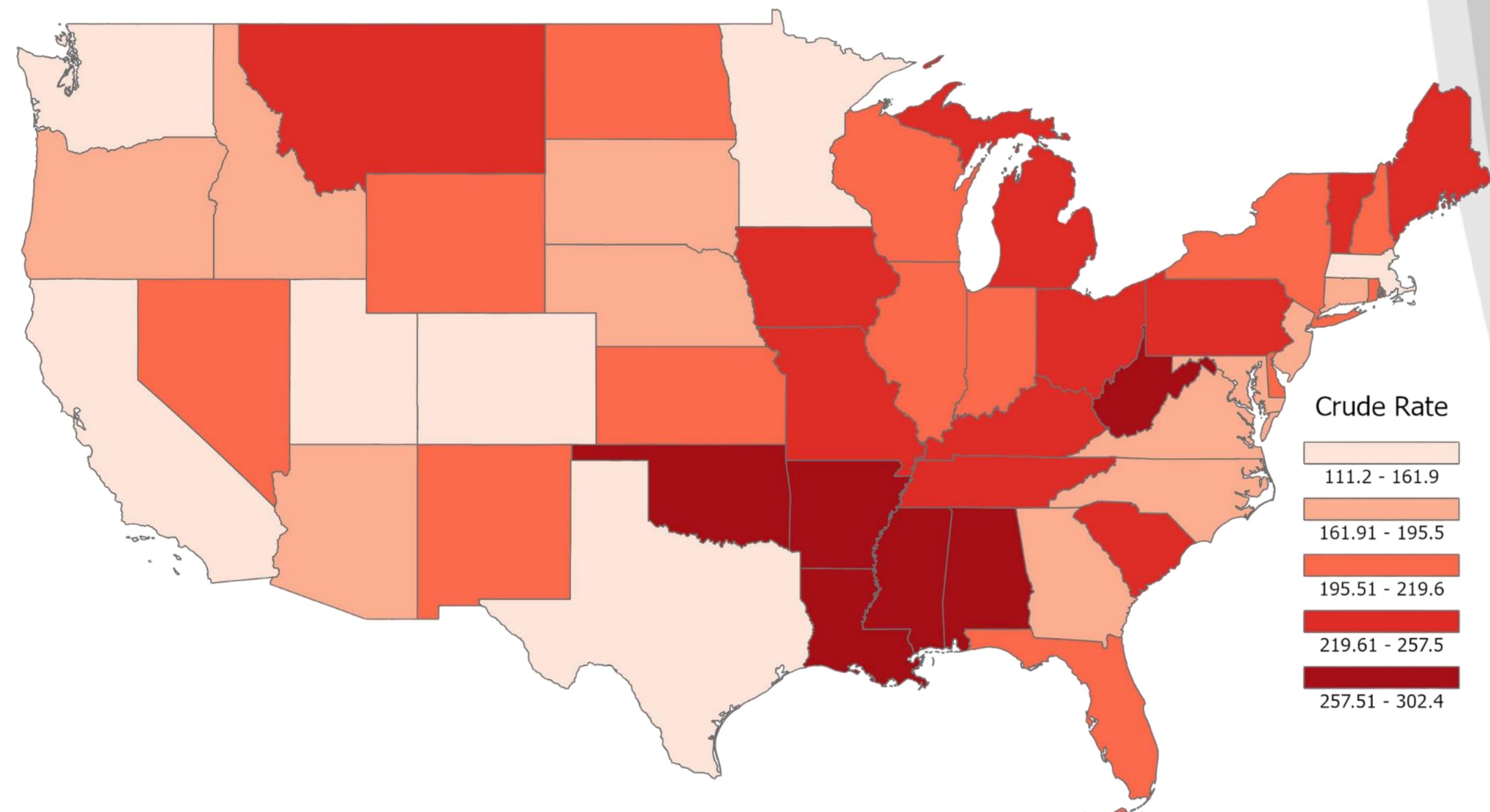
Cardiovascular health data in Iowa reveal a system that performs well in pockets but inconsistently across the state, highlighting opportunities to strengthen prevention, early detection, and long-term management.

Heart Disease Mortality

National average:
200.9 deaths per
100,000

Iowa average:
234.4 per 100,000

Ranked 37 out of 50

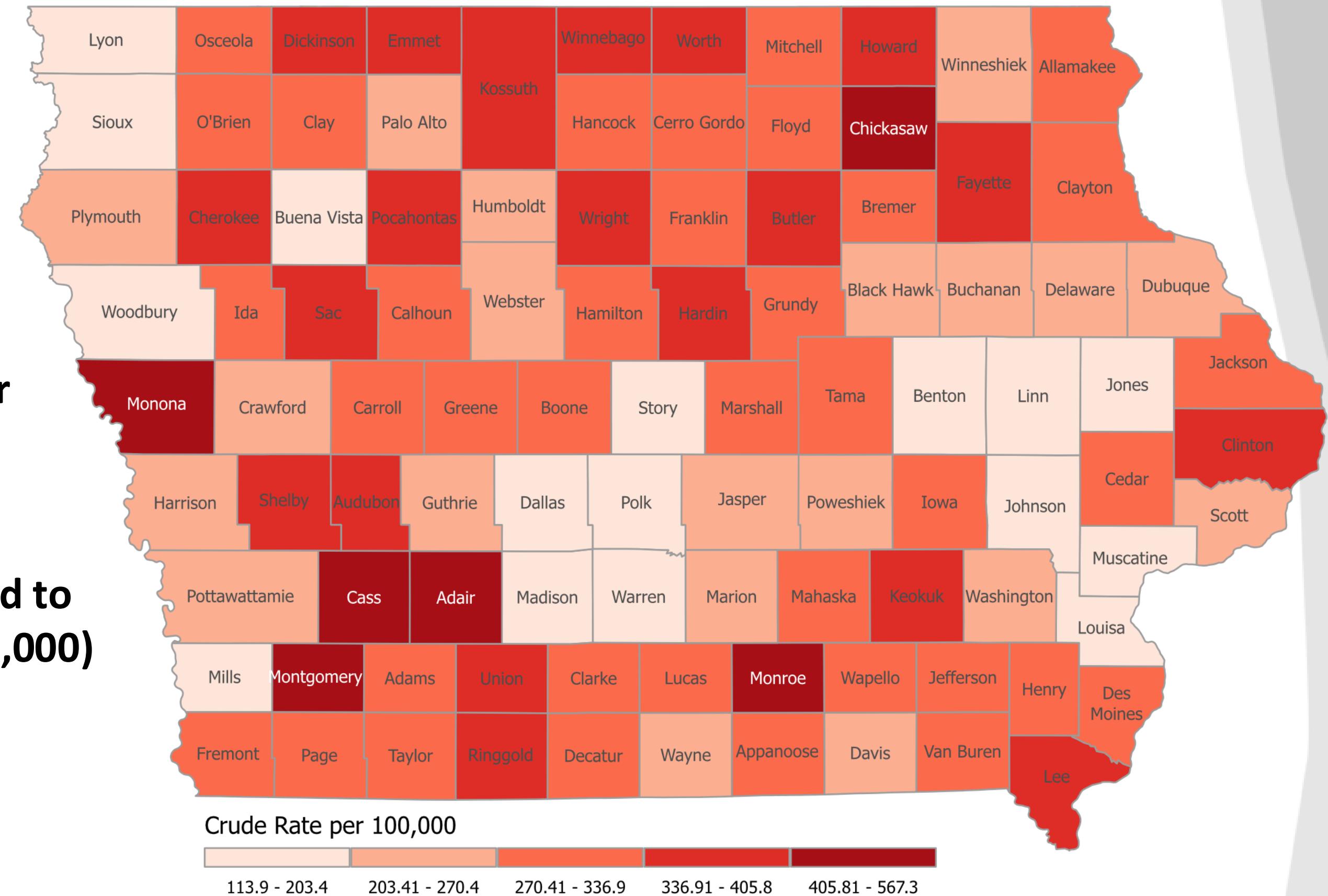


Heart Disease Mortality in Iowa

84 counties in Iowa were above the national average

White Iowans had the highest crude rate 253.7 per 100,000; Native Hawaiian/Pacific Islander had highest age adjusted rate 328.6 per 100,000.

Males had higher rate compared to Females. (253.6 vs 215.1 per 100,000)



Heart Disease Prevalence

National average:

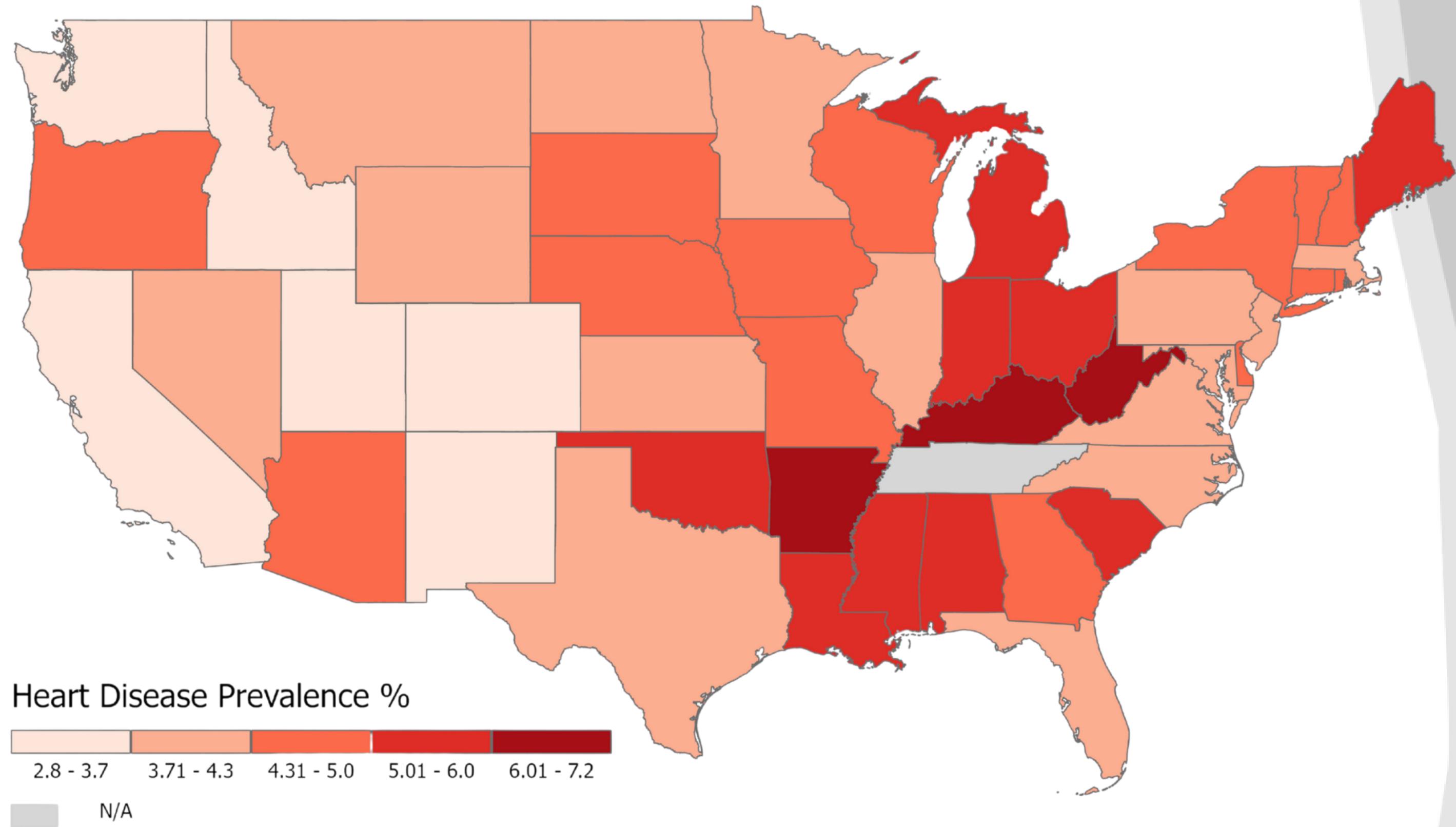
4.4%

Iowa average:

4.8%

Ranked 35

out of 50



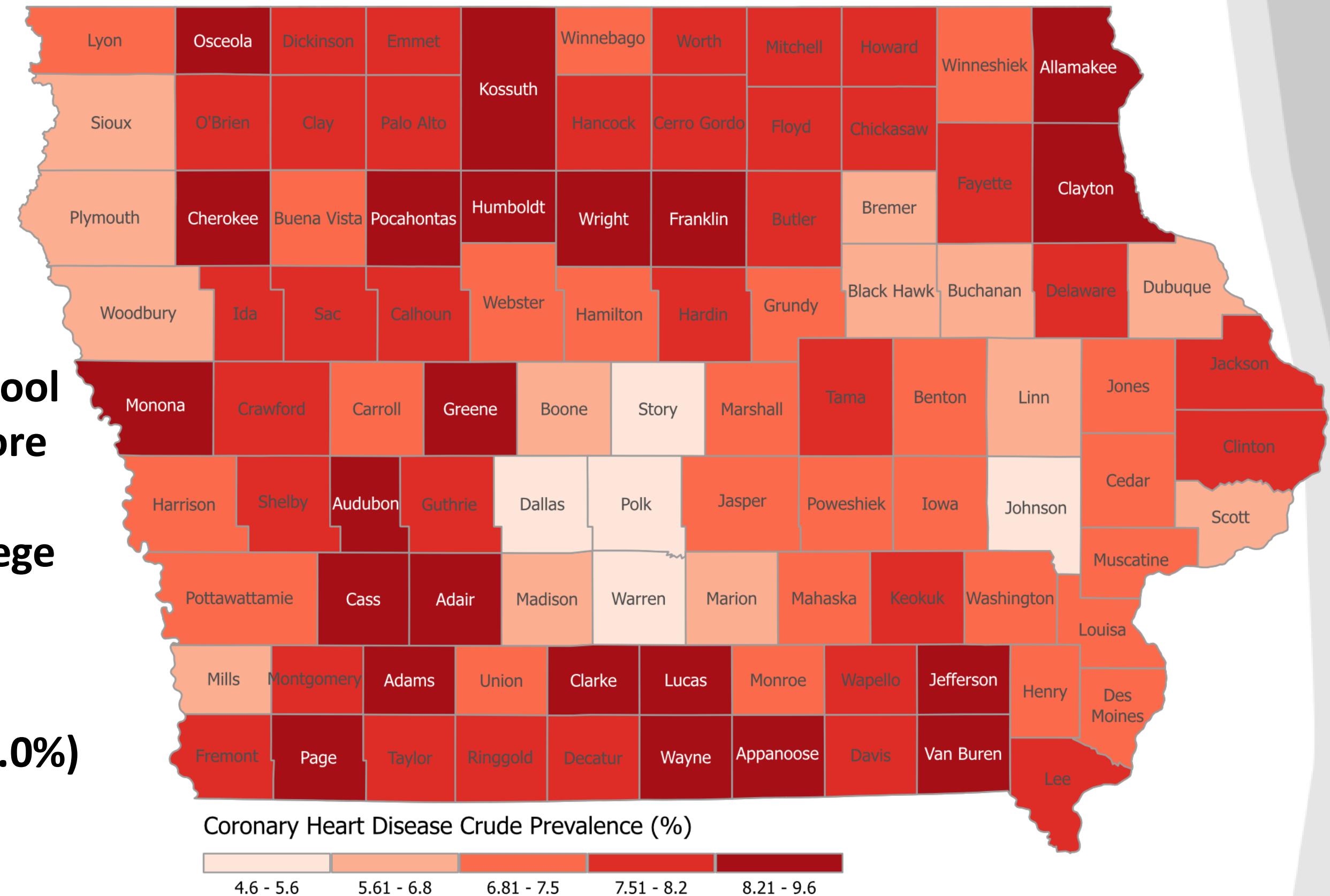
Heart Disease Prevalence in Iowa

100% of Iowa counties were above the national average.

Non-metropolitan counties had the highest prevalence of CHD.

People with less than a high school degree were almost 2 times more likely to have heart disease compared to people with a college degree. (6.0% vs 3.8%)

Males had higher prevalence compared to Females. (5.6% vs 4.0%)



Hypertension Facts

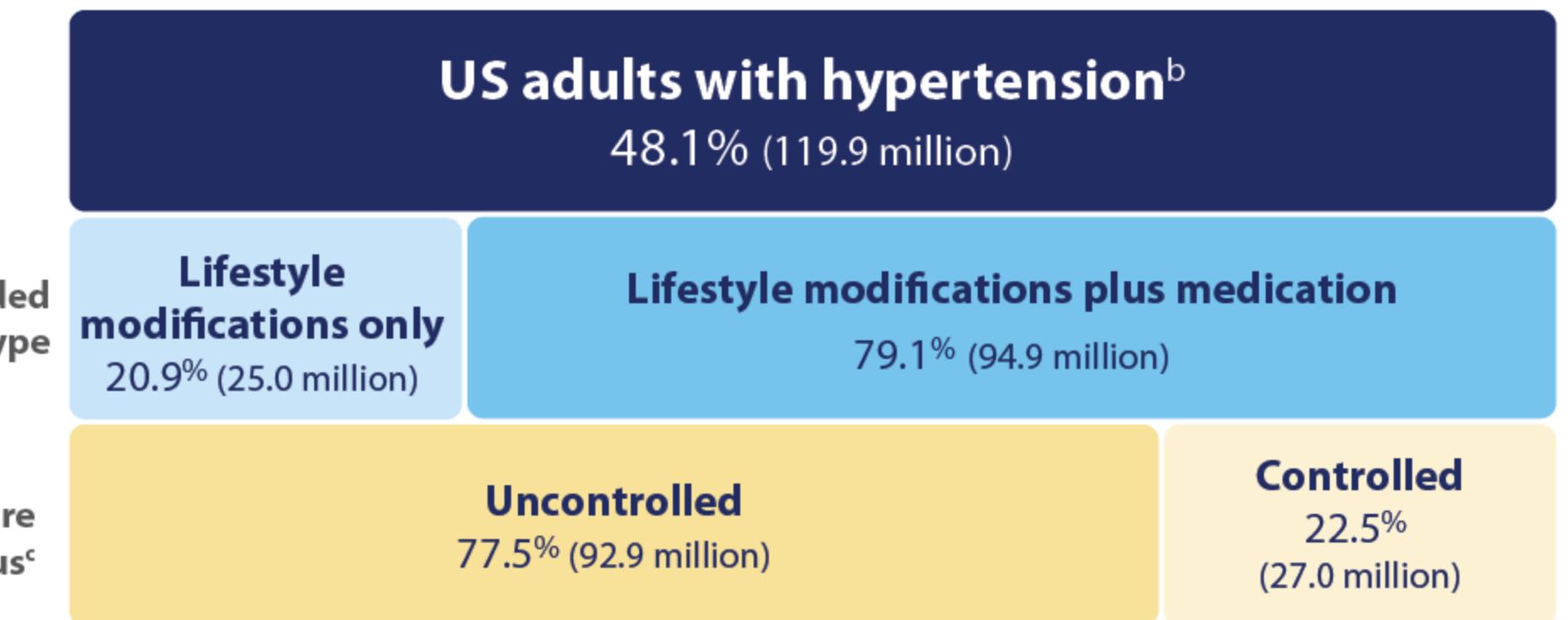
Nearly half of adults have hypertension (119.9 million).

About 1 in 4 adults with hypertension have their hypertension under control (27.0 million).

Many adults for whom hypertension medication is recommended by a clinician are untreated (34.8 million). Two-thirds of this group have blood pressure of $\geq 140/90$ mm Hg (23.4 million).

Estimated Hypertension Prevalence, Treatment, and Control (Blood Pressure $<130/80$ mm Hg) Among US Adults^a

Applying the criteria from the American College of Cardiology and American Heart Association's (ACC/AHA) 2017 Hypertension Clinical Practice Guideline - NHANES 2017- March 2020



Data source: National Center for Health Statistics, Centers for Disease Control and Prevention, National Health and Nutrition Examination Survey (NHANES) 2017-March 2020. Definitions: ACC/AHA criteria adapted from Ritchey MD, Gillespie C, Wozniak G, et al. Potential need for expanded pharmacologic treatment and lifestyle modification services under the 2017 ACC/AHA Hypertension Guideline. *J Clin Hypertens.* 2018; 1377-1391. <https://doi.org/10.1111/jch.13364>

^a Among adults aged 18 years and older; estimates may not equal 100% due to rounding.

^b Blood pressure $\geq 130/80$ mm Hg or currently using prescription to lower blood pressure.

^c Controlled is defined as having a blood pressure $<130/80$ mm Hg. All adults recommended lifestyle modifications only are considered uncontrolled as their blood pressure is above the threshold.

Hypertension Prevalence

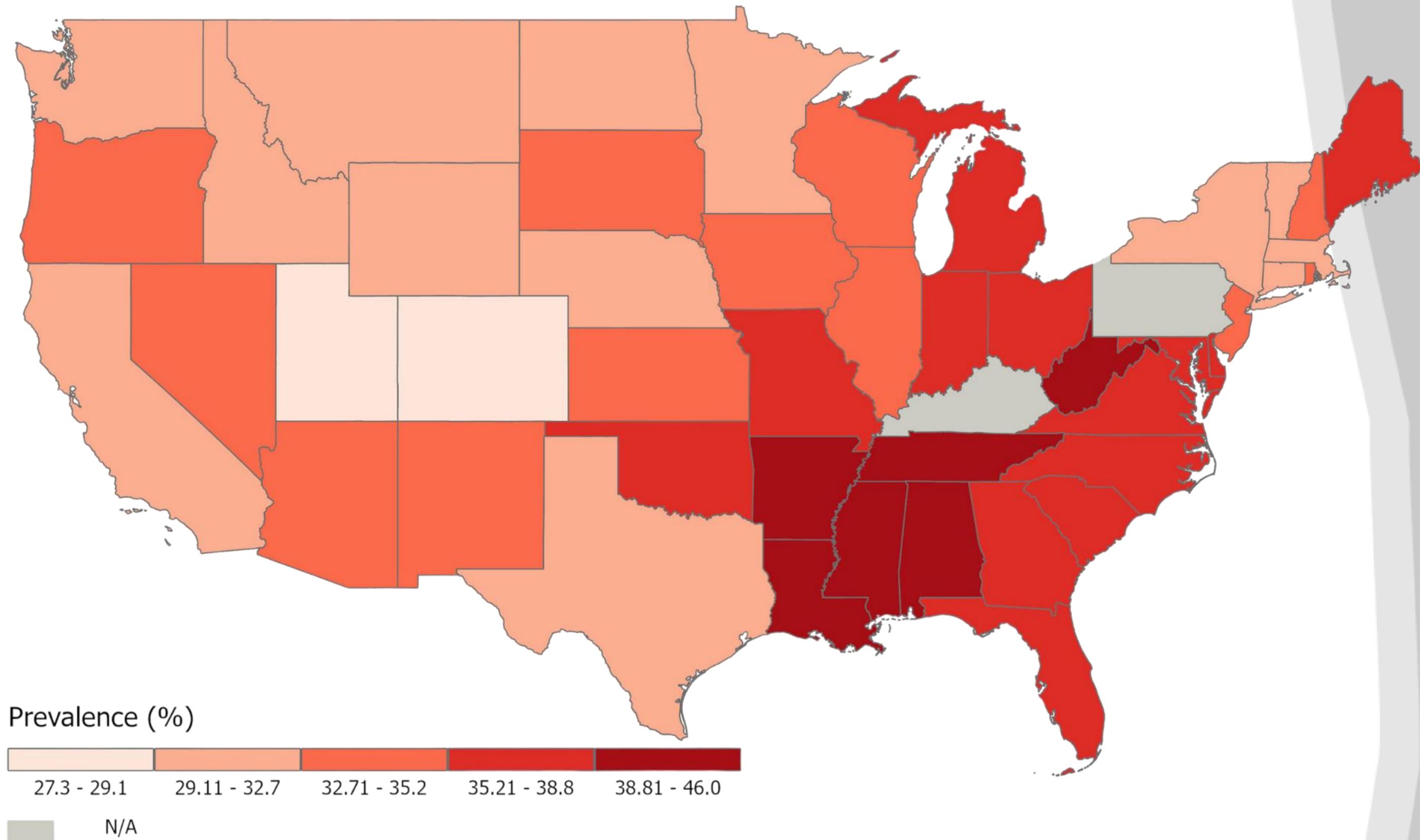
National average:

34.0%

Iowa average:

34.5%

**Ranked 28
out of 50**



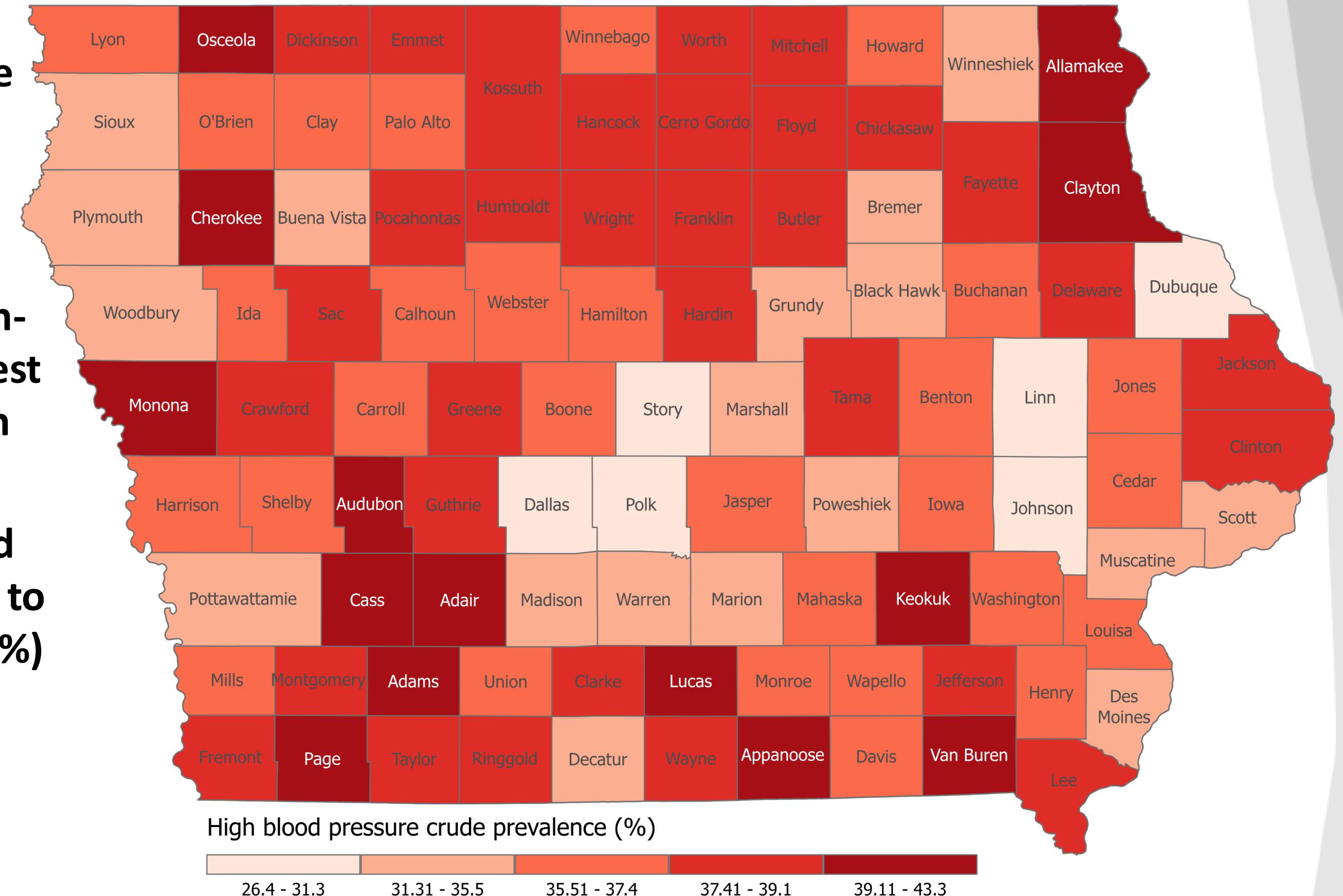
Hypertension Prevalence in Iowa

85 counties were above the national average

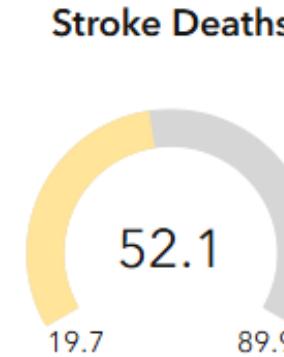
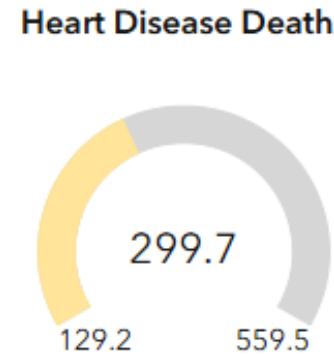
Iowans 75+ had highest prevalence (63%)

Non-Hispanic Black and Non-Hispanic white had the highest prevalence of hypertension (35.7% and 34.2%)

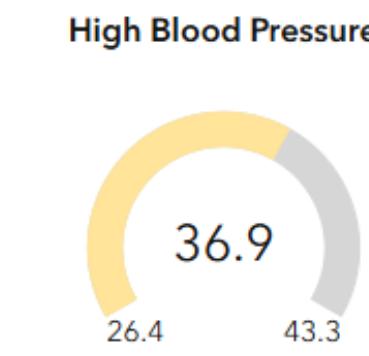
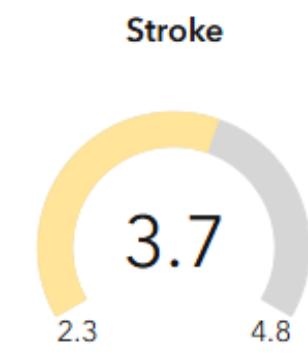
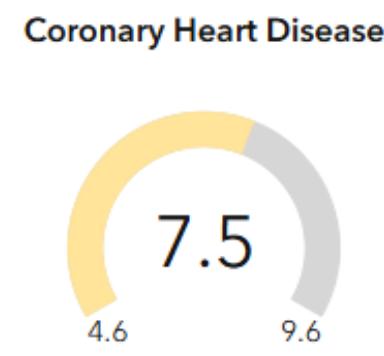
People with a Disability had higher prevalence compared to non-disabled (47.2 % vs 28.1%)



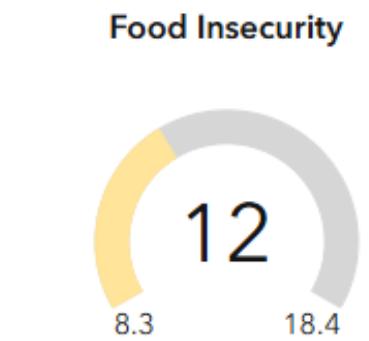
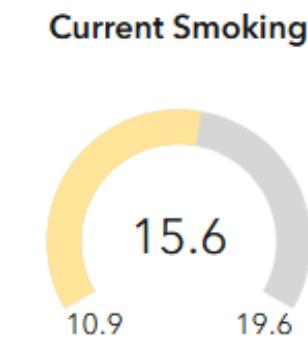
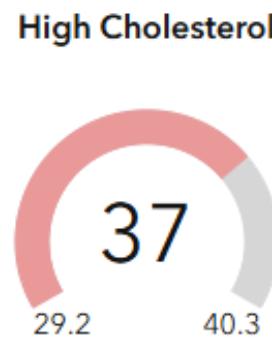
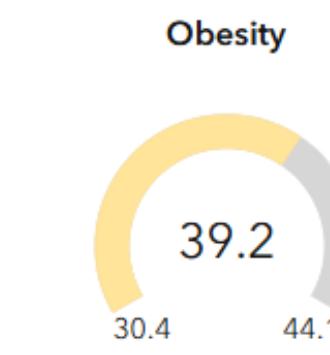
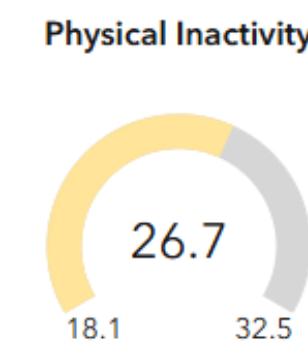
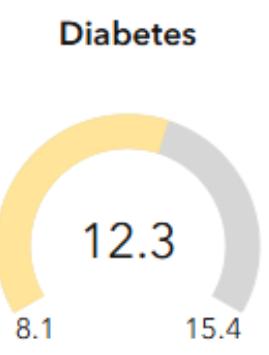
Cardiovascular Mortality Indicators - Rate per 100,000



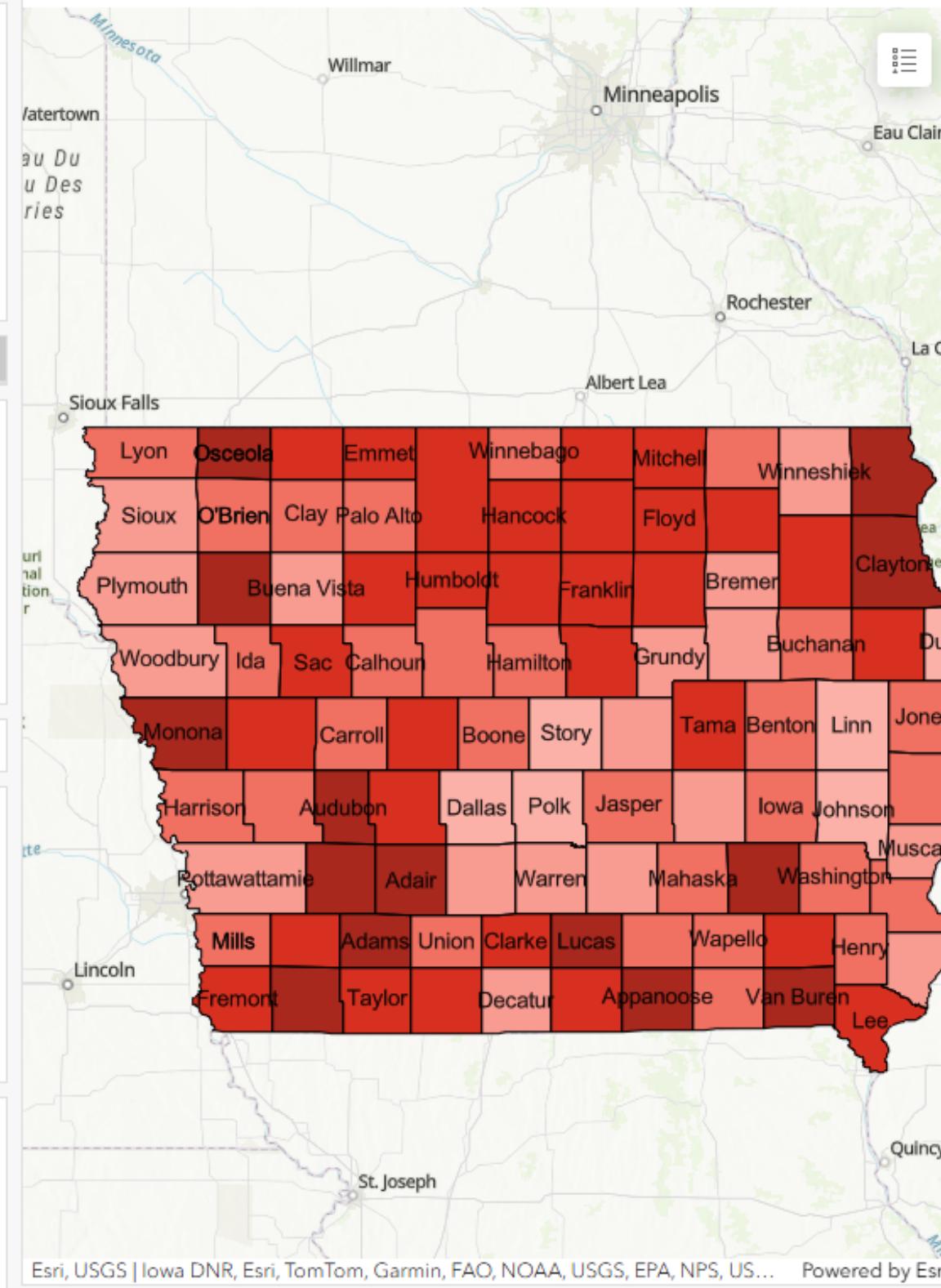
Cardiovascular Health Prevalence Indicators (%)



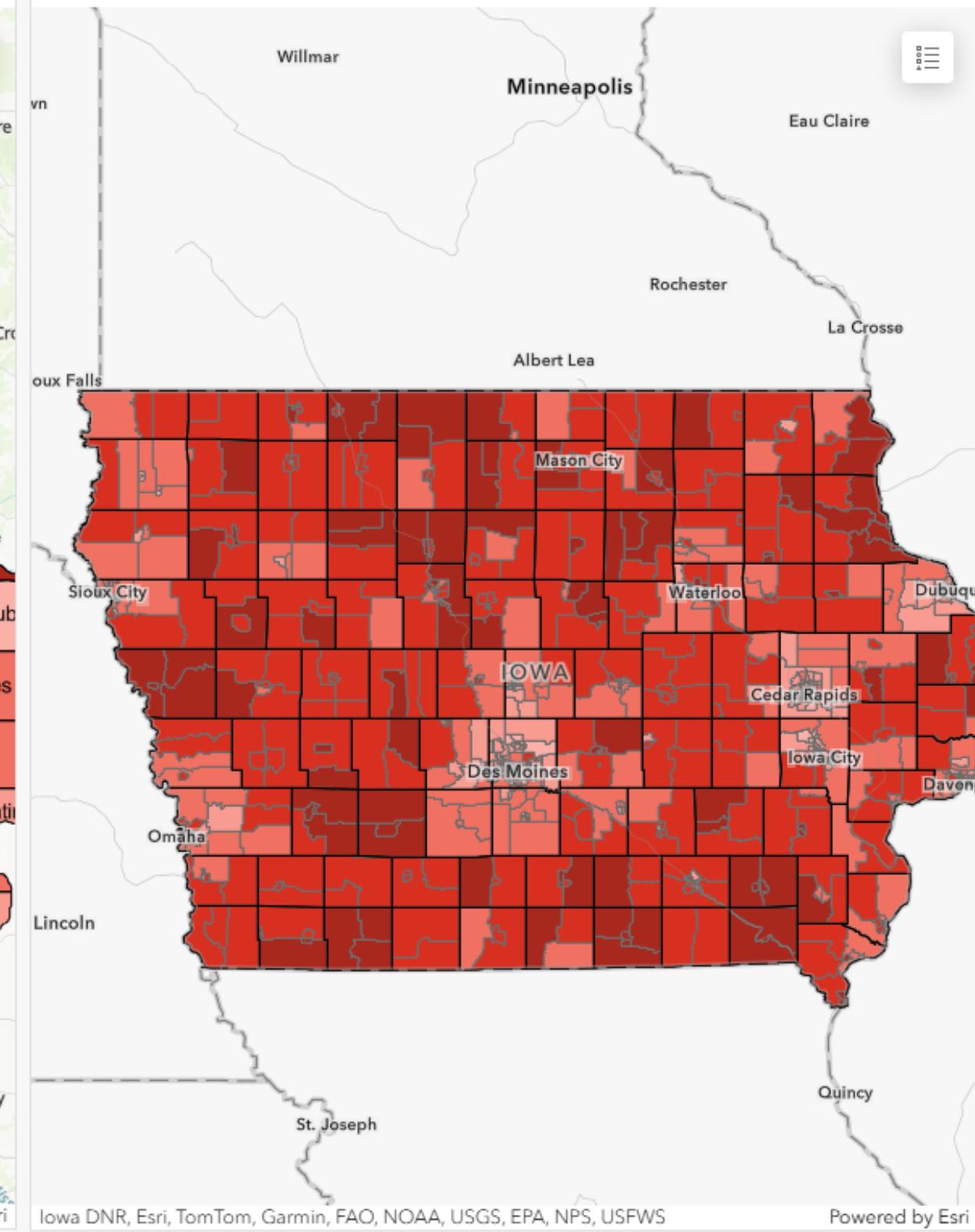
Contributing Factors Prevalence (%)



Hypertension Data - County Level

Population
32.4kUninsured
7.5%

Hypertension Data - Census Tract Level

Disability Prevalence
29.9%Median Household Income
\$69.8k

Hidden Burden: Undiagnosed and Underreported Cardiovascular Health

- Hypertension and early-stage heart disease often go undiagnosed, meaning many Iowans are living with elevated risk without knowing it.
- Available data significantly underestimates the true burden, as diagnosis often occurs years after disease onset.
- Data on cardiovascular risk and management is delayed, fragmented, and piecemeal, making it difficult to develop a complete, timely picture of heart health across the state.
- Strengthening screening, data sharing, and real-time reporting is critical to improving early detection, guiding interventions, and saving lives.

What's Driving the Patterns We See

Research shows that social and economic conditions, such as income, education, and food insecurity, play a major role in explaining Iowa's rural–urban heart health disparities, often more so than healthcare access alone. Screening gaps and provider shortages in many rural counties mean cardiovascular risk factors are often detected later, contributing to worse outcomes.

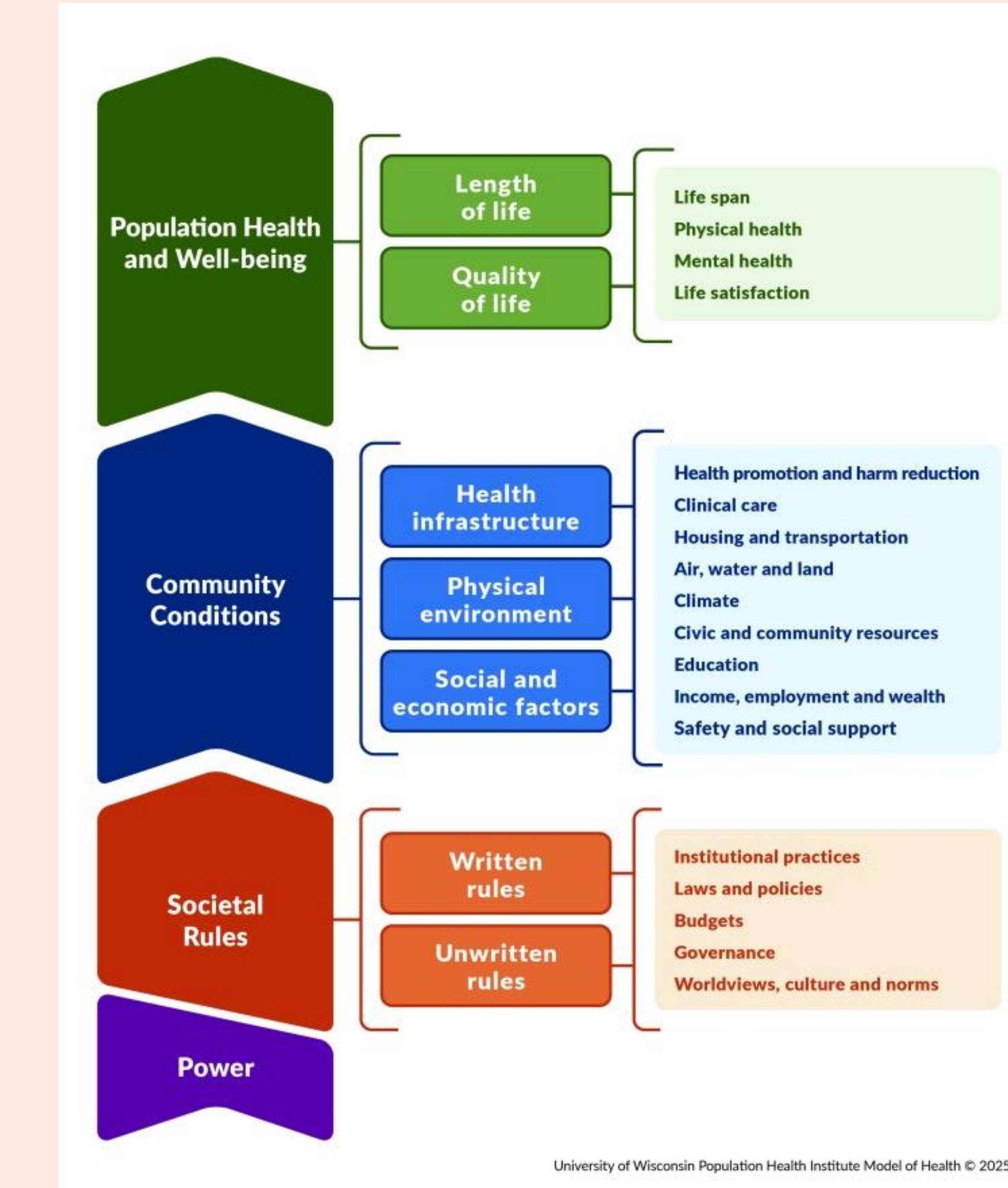
Heart Health Is Shaped Far Beyond The Clinic

Structural & system factors

- Rural access and workforce shortages
- Fragmented care and follow-up
- Data silos and reporting gaps

Community & individual factors

- Food access
- Physical activity environments
- Stress, housing, transportation
- Trust and health literacy



What's Working in the State

Progress is being driven by strong partnerships between healthcare systems, public health agencies, community organizations, and statewide initiatives. Programs focused on blood pressure control, tobacco cessation, healthy eating, physical activity, and early screening are helping people better manage risk factors and prevent heart attacks and strokes, particularly through community-based outreach and education.

The Iowa Heart Foundation

Vision:

To be Iowa's leader in promotion of cardiovascular health

Mission:

Iowa Heart Foundation is committed to improving heart health education and dedicated to the prevention of heart disease.



IOWA  HEART
Foundation

The Iowa Heart Foundation: Classroom Kits

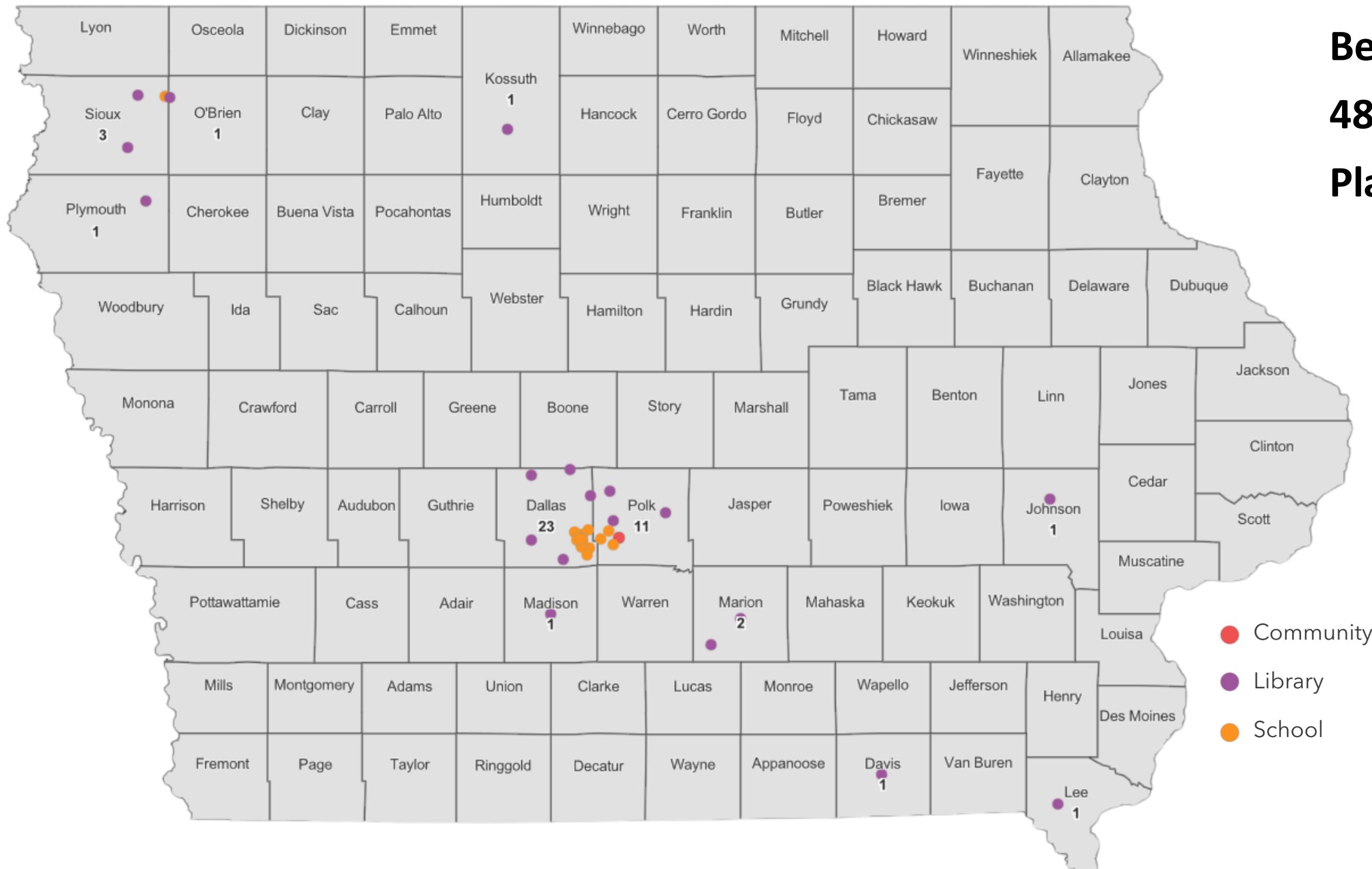
Began in 2023

98 placed to-date (1/2026)

Placed in 45 of 99 counties



The Iowa Heart Foundation: BPs in the State



Began in 2025

48 placed to-date (1/2026)

Placed in 11 of 99 counties



The Iowa Heart Foundation: Resources



KNOW YOUR NUMBERS

Your healthcare team uses results from screenings to help assess your cardiovascular risk. Prioritize your health by going to the doctor and using this card to track your numbers.



BLOOD PRESSURE

Measures how hard blood pushes against the walls of the arteries. The readings consist of two numbers: systolic and diastolic pressures.



BLOOD GLUCOSE

Measures the amount of sugar called glucose in a sample of blood and can be used to help diagnose or monitor diabetes.



CHOLESTEROL

Measures the amount of cholesterol and triglycerides in blood and can determine the risk of the buildup of fatty deposits in arteries.

Non-profit organization focusing on the prevention of heart disease.

www.iowaheartfoundation.org



BLOOD PRESSURE

Tips to ensure you have an accurate measurement.

- Measure at the same time every day.
 - Avoid caffeine, exercise, smoking, and alcohol 30 minute before you take your blood pressure.
 - Use the restroom just before.
 - Place the cuff on a bare arm.
 - Support arm at heart level and keep relaxed.
 - Keep both feet flat on the floor.
 - Sit quietly for 5 minutes prior.
 - Do not talk or move during the process.

Categories for Adult Blood Pressure Levels

Defined by the American Heart Association

BLOOD PRESSURE CATEGORY	SYSTOLIC mm Hg (upper number)		DIASTOLIC mm Hg (lower number)
NORMAL	LESS THAN 120	and	LESS THAN 80
ELEVATED	120 – 129	and	LESS THAN 80
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 1	130 – 139	or	80 – 89
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 2	140 OR HIGHER	or	90 OR HIGHER
HYPERTENSIVE CRISIS (consult your doctor immediately)	HIGHER THAN 180	and/or	HIGHER THAN 120

KNOW YOUR NUMBERS

Your healthcare team can conduct a lipid profile through a blood test to check your blood cholesterol and glucose. Knowing these numbers can help you better manage your health. Monitoring your weight is also important - notify your healthcare team if there are substantial changes.

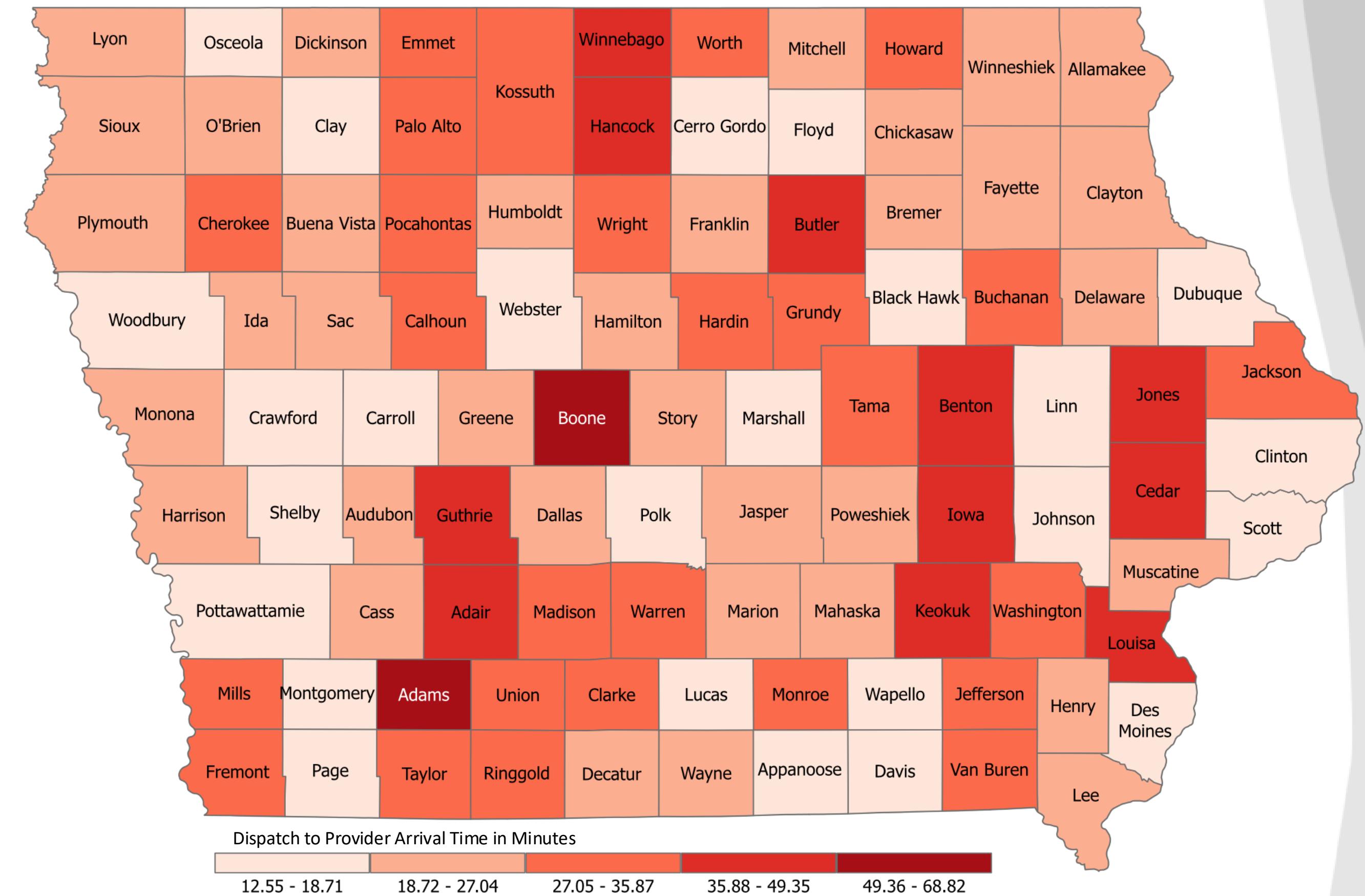
BLOOD PRESSURE

Record your exact blood pressure numbers. If your blood pressure exceeds 180/120, contact your health care provider immediately.

Travel Time for EMS Cardiac Calls

State average travel time: 25 minutes

Adams and Boone counties had more than double the amount of travel time compared to the state average (60.9 and 68.8 minutes)

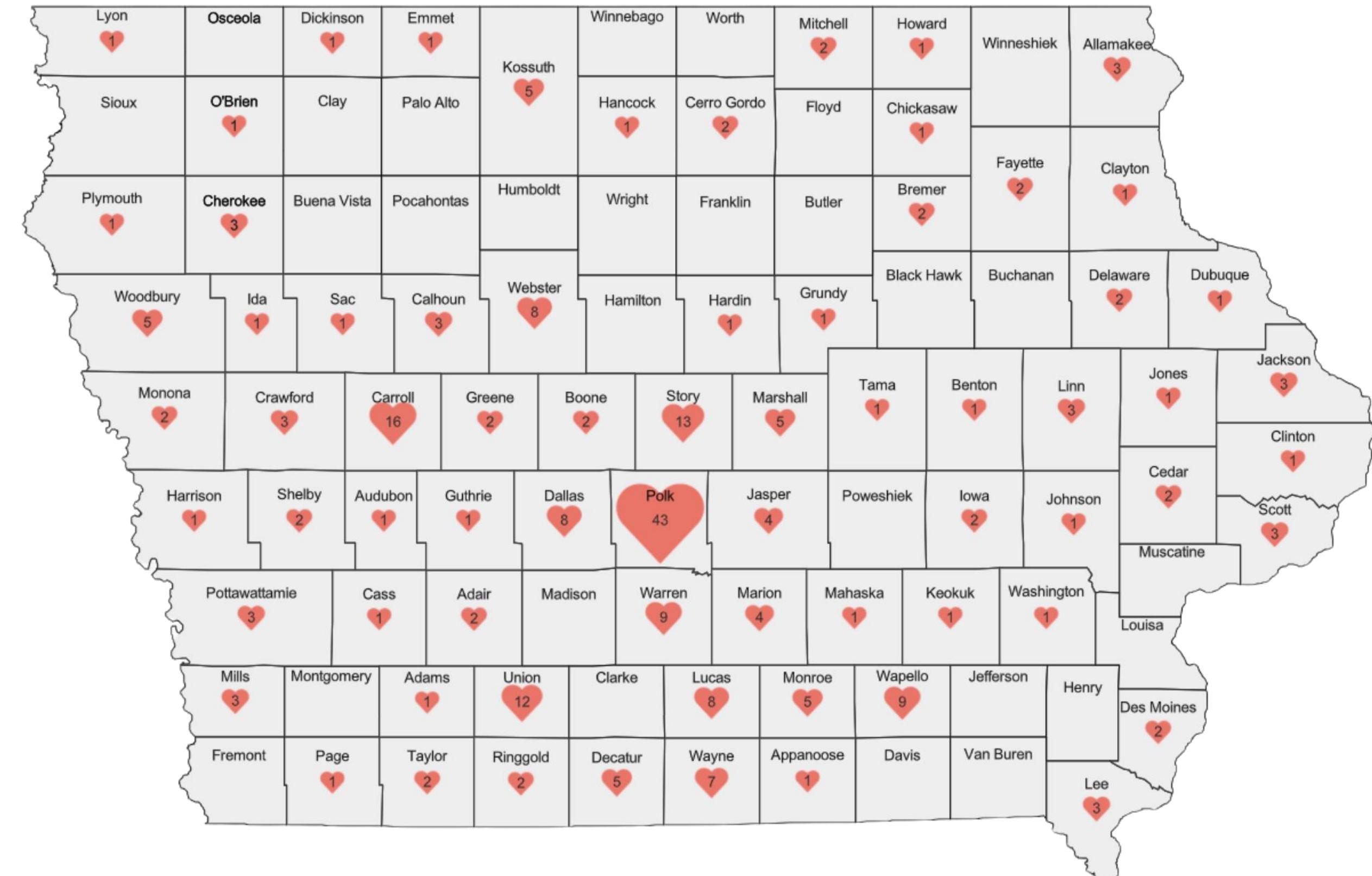


The Iowa Heart Foundation: AEDs in the State

Began in 2011

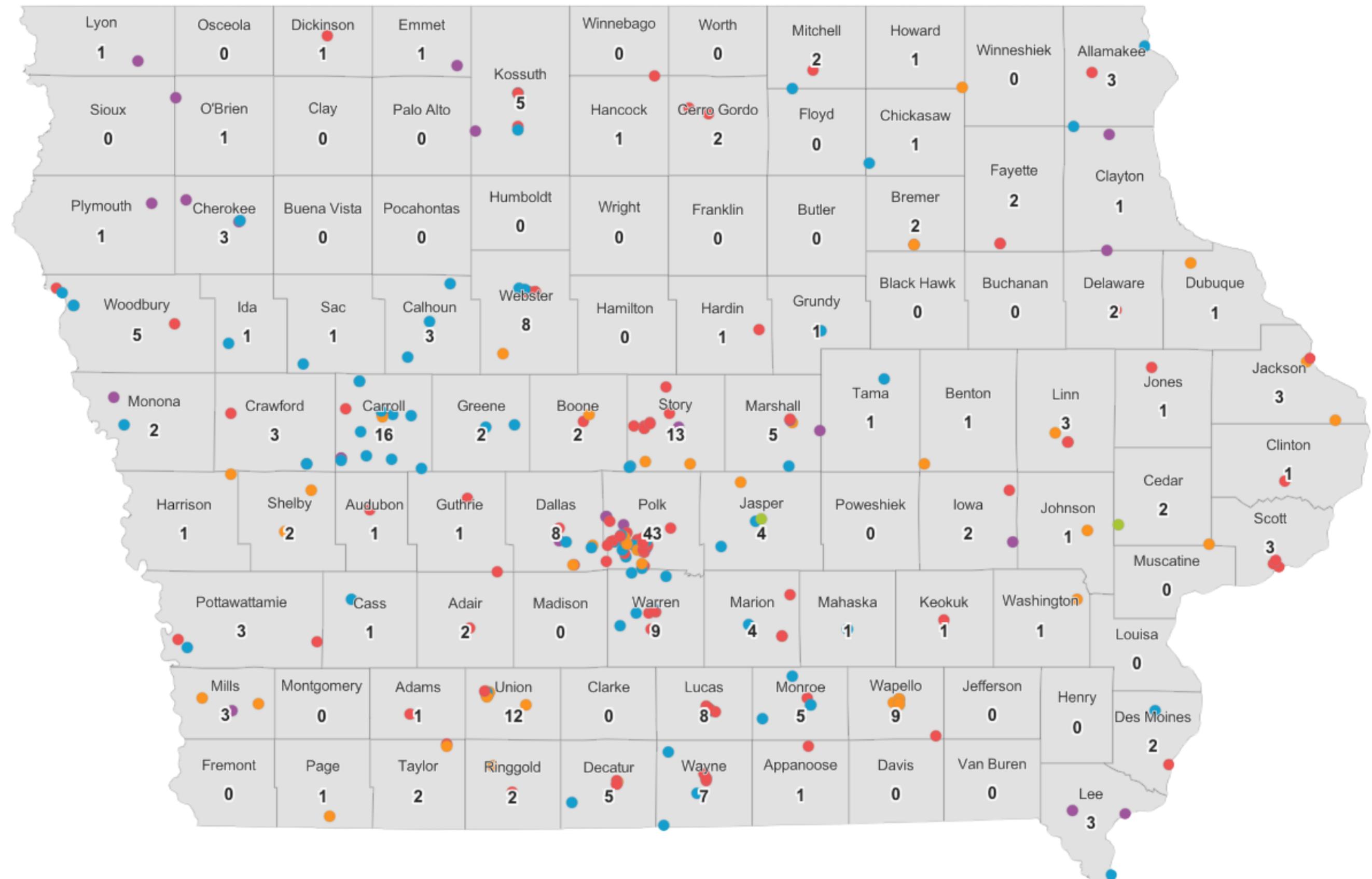
257 placed to-date (1/2026)

Placed in 71 of 99 counties



The Iowa Heart Foundation: AEDs in the State by Type

- Community
- Church
- Government
- Library
- School





CardioSmart®

AMERICAN COLLEGE of CARDIOLOGY®

HEART HEALTH LESSONS

Developed in partnership with ISU Extension SWITCH Program to establish fundamental knowledge of heart function and heart disease prevention. www.iowaheartfoundation.org

Lesson One

Heart Anatomy and Basic Functions

- Describe the anatomy of the heart
- Recall how the heart and circulatory system function

Lesson Two

Maintaining a Healthy Heart

- Understand factors that can be controlled to reduce the risk of heart disease
- Learn how to incorporate daily habits to maintain a healthy heart

Lesson Three

Heart Rate and Exercise Intensity

- Understand how physical activity affects heart rate and breathing
- Measure heart rate at different intensities

Lesson Four

Heart Health and Stress Management

- Describe the impact stress can have on the heart
- List strategies that can be used to reduce stress

Lesson Five

Importance of Sleep

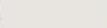
- Explain the benefits of sufficient sleep for health
- Identify barriers to not getting enough sleep

Lesson Six

Exploring Careers in Healthcare

- Describe the different careers in healthcare
- Learn about skills to support career goals

Coming Soon!



Iowa HAS HEART

CAREERS IN CARDIOLOGY



IOWAHEARTCENTER
Foundation

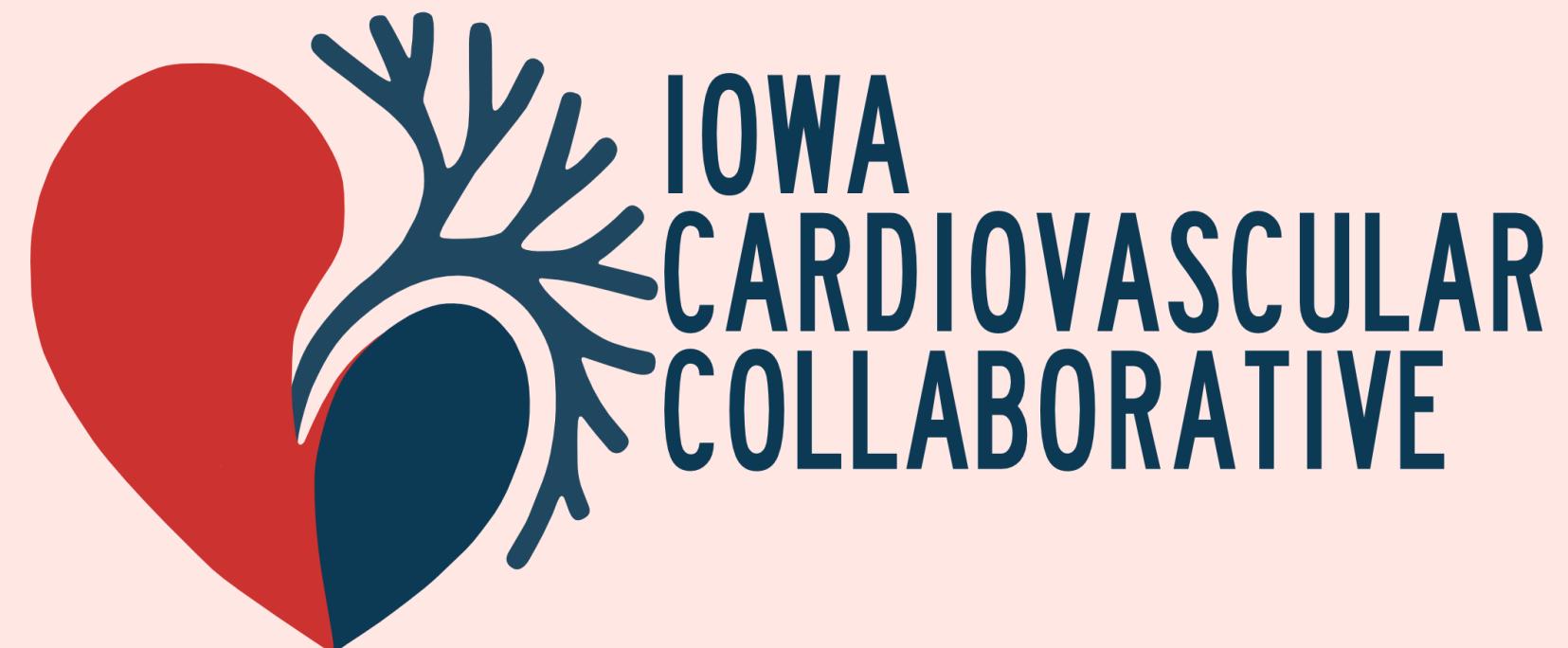
www.iowaheartfoundation.org

The Iowa Cardiovascular Collaborative

Statewide initiative established by Iowa HHS with funding from the CDC's National Cardiovascular Health Program. In partnership with the Iowa Heart Foundation, the Collaborative brings together healthcare providers, public health professionals, and community organizations to improve cardiovascular health and reduce health inequities across Iowa. By fostering collaboration and aligning resources, the Iowa Cardiovascular Collaborative aims to build a healthier Iowa where all Iowans have the opportunity to prevent, detect, and manage cardiovascular disease.

Since its launch in January 2025, the ICC has identified "Know Your Numbers" as a key priority, focusing on helping Iowans understand and monitor their blood pressure and other cardiovascular risk factors. The group is currently developing a statewide cardiovascular health screening tool to support early detection of heart disease.

Workgroups
Development
Implementation
Evaluation



Looking Ahead

Looking ahead, improving heart health in Iowa will require continued commitment and collaboration from partners across healthcare, public health, community organizations, and local leaders. By working together, we can expand prevention, strengthen early detection, and ensure more Iowans have access to the support they need to live healthier lives. Every effort moves us closer to a future where heart disease and stroke are less common and more lives are saved.

Priorities For The Coming Years

- Universal, equitable hypertension screening
- Standardized risk assessment
- Better use of data to target interventions
- Closing geographic and racial gaps
- Supporting implementation, not just innovation

Call to Action

The future of heart health in Iowa depends on what we choose to do next—together.



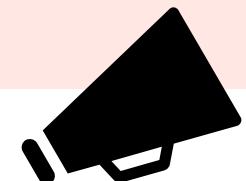
Investigate & Be Curious

- Learn about your patient populations
- Use data to identify local risk factors
- Research to learn about non-clinical patient needs



Collaborate & Engage

- Reach out to local public health officials
- Volunteer
- Attend outreach events



Educate & Use Your Voice

- Patient education
- Letters to editors
- Provide expert opinion
- Reach out to policymakers

Thank you!

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