

MAY 2023

CHRONIC DISEASE CONNECTIONS

Chronic Disease Connections is an e-bulletin created for healthcare systems and providers working to prevent and manage chronic disease with a particular focus on blood pressure, diabetes and cholesterol control.



Better Speech & Hearing Month

May is Better Speech and Hearing Month (BSHM). The intent of better speech and hearing month is to increase public awareness around receptive and expressive communication disorders and hearing healthcare. The Centers for Disease Control and Prevention (CDC) and American Speech Language Hearing Association (ASHA) annually raise awareness regarding speech and hearing problems and encourage people to think about their own hearing concerns and get their hearing checked. The BSHB theme for 2023 is "Building a Strong Foundation."

The role of the Early Hearing Detection and Intervention (EHDI) program in the Public Health Division is to support building a strong foundation for communication by ensuring that all babies are screened and monitored for hearing differences, as required by law. The EHDI program ensures families of children that do not pass their initial hearing screen are moved through the hearing healthcare journey and that providers are trained on recommended best practices. The EHDI Family Support also provides resources and education to families, empowering them to make communication choices that best support their needs.

Celebrate Better Speech and Hearing Month with the following resources:

- [ASHA "Speaking up for Communication Campaign"](#) social media tools
- [CDC Better Speech and Hearing Month Webpage](#)
- [ASHA Better Speech and Hearing Month Webpage](#)
- [Iowa HHS EHDI Webpage](#) ■

HEALTH OBSERVANCES

MAY

- National Stroke Awareness Month
- Better Speech and Hearing Month
- National Women's Health Week
 - May 14 - 20
- Arthritis Awareness Month
- World No Tobacco Day
 - May 31
- Older Americans Month

JUNE

- Alzheimer's & Brain Awareness Month
- National Cancer Survivors Day
 - June 4
- PTSD Awareness Month
- Men's Health Month

JULY

- Minority Mental Health Month
- National Breastfeeding Month
- Americans With Disabilities Act Anniversary
 - July 26
- UV Safety Awareness Month

New FDA Breast Density Reporting Requirements

The Food and Drug Administration's latest press release on 3/9/23 explains new regulation updates from FDA requiring reporting of breast density information and more enhanced facility oversight.

The statistics of having breast cancer sometime in their lifetime are real for women and have devastating impacts on their lives and families. The Centers for Disease Control and Prevention (CDC) indicate one out of eight women will be diagnosed with breast cancer in her lifetime. According to the most recent Iowa Cancer Registry report for 2023, breast cancer is estimated as the top type of new cancer among Iowa residents.

TYPE	COUNT	% OF TOTAL	TYPE	COUNT	% OF TOTAL
Breast	2,920	14.0	Leukemia	720	3.5
Prostate	2,750	13.2	Uterus	700	3.4
Lung	2,700	13.0	Oral cavity and pharynx	620	3.0
Colon and rectum	1,660	8.0	Pancreas	610	2.9
Skin melanoma	1,300	6.3	Thyroid	500	2.4
Bladder	950	4.5	Myeloma	310	1.5
Non-Hodgkin lymphoma	830	4.0	Liver and intrahepatic bile duct	300	1.4
Kidney and renal pelvis	830	4.0	All others	3,100	14.9

Regular screenings and mammograms at crucial intervals can save lives. Data and advancements in diagnostic screening tests have further assisted women in having an upper hand in the fight against breast cancer, and this is particularly important when it comes to breast density. Dense breast tissue is notably harder to see on a digital mammogram and may require additional imaging.

Iowa is fortunate to already have the Iowa's Breast Density Inform Law (signed by Governor Branstad in 2017– SF250). This states that all Iowa women will be notified of their breast density along with their mammogram results via a mailed letter. In addition, all Iowa facilities providing mammography services are required by law to notify patients of their breast density.

This new FDA regulation will be particularly significant in detecting breast cancer across the nation, especially in states without breast density laws. This rule amends regulations issued under the Mammography Quality Standards Act (MQSA) of 1992, a law passed to ensure quality mammography, which is important for early breast cancer detection. The MQSA authorizes FDA oversight over mammography facilities, including their accreditation, certification, annual inspections and enforcement of standards to help ensure mammography facilities provide quality care.

"Today's action represents the agency's broader commitment to support innovation to prevent, detect and treat cancer," said Hilary Marston, M.D., M.P.H., FDA's Chief Medical Officer. "Since 1992, the FDA has worked to ensure patients have access to quality mammography. The impact of the Mammography Quality Standards Act on public health has been significant, including a steep decrease in the number of facilities that do not meet quality standards. This means that more women have access to consistent, quality mammography. We remain committed to advancing efforts to improve the health of women and strengthen the fight against breast cancer."

Review the [full press release](#) and find resources on the [Care For Yourself webpage](#) for more information.

Sexual Assault Nurse Examiner Scholarships Available

Scholarships for [Sexual Assault Nurse Examiner \(SANE\) training](#) are available within the public health network.

Intended for Human Services programs, contractors, and affiliates with the reach to communicate with emergency departments, pediatricians, student service clinics, community health clinics, maternal health, doula projects, medical licenses, nursing associations, et cetera.

The largest rate of emergency department sexual assault-related visits is among women 18 - 25 followed by 26 - 35.

A research article [Trends in US Emergency Department Use After Sexual Assault, 2006-2019](#) found a 1,533% increase in emergency department sexual assault-related visits from 2006 - 2019. Emergency department visits were higher than police reports. Sexual assault-related visits were more common among Medicaid-insured low-income patients.

If you are interested in becoming a SANE but aren't currently involved with a local Sexual Assault Response Team, IowaCASA can connect you. For information, email KellyMarie Meek at prevention@iowacasa.org, or call the IowaCASA office at (515) 244-7424.

Men's Health Resources and Tools

In June for National Men's Health Awareness Month, we encourage men to take care of their bodies to prevent disease. For resources and tools, visit the following websites:

- [NIH Health Information - Men's Health](#)
- [CDC Fast Stats - Men's Health](#)
- [CDC - Gay and Bisexual Men's Health Resources](#)



Cancer in Iowa 2023 Report Released

The Iowa Cancer Registry's annual [Cancer in Iowa 2023 report](#) has been released and includes these key points:

- Iowa has the second highest incidence rate for cancer in the U.S. (behind Kentucky), and is the only state with an increasing rate of cancer.
- An estimated 20,800 new invasive cancers (and in situ bladder cancers) will be diagnosed among Iowans in 2023.
- An estimated 6,200 Iowans will die from cancer in 2023.
- Cancer survivors are growing, with an estimated 164,270 survivors in Iowa as of 2018.
- Overall cancer survival has increased in Iowa since the 1970s.
- For the most recent five years, the state of Iowa has the second-highest incidence rate and the third highest mortality rate for all cancers combined in the Black population. Furthermore, Iowa has one of the greatest differences between the rate of cancer deaths in Black vs. White people. Race is a social construct created by society to group people; it is not a biological attribute, meaning that different races do not have different genes. Income, education level, occupation and access to healthcare differ by race and contribute to cancer health disparities.

To watch the press conference and read the press release for the report, visit the [Iowa Cancer Registry website](#).



Hypertension Medications and Dry Mouth Management

Xerostomia (zee-roh-stoh-me-uh) is defined as a subjective complaint in which the salivary glands do not make enough saliva to keep the mouth wet. Although there can be several underlying contributors to a dry mouth, common medications used to treat hypertension are among the leading causes. Experiencing xerostomia can make chewing, swallowing, and speaking more difficult. Additionally, oral dryness causes the mouth to become more acidic, encouraging bacterial growth and increasing the incidence of oral infections like **candidiasis** and **cavities**.

Patients may not be able to directly identify xerostomia but may report any of the following symptoms: a sticky mouth; a sore/dry throat; mouth soreness; hoarseness; chronic bad breath (halitosis); altered taste; and/or a burning sensation of the mouth and tongue. These symptoms can be managed with saliva substitutes (available over the counter as well as by prescription), alcohol-free mouth rinses, and drinking water. Encouraging good oral hygiene practices such as brushing twice a day with fluoride toothpaste and regular flossing can help reduce the risks of oral infections associated with a dry mouth.

If you have questions about helping your patients manage their dry mouth, contact the Oral Health Consultants at the Iowa Department of Health and Human Services at ohds@idph.iowa.gov.



CONTACT US

To submit webinars, events, funding opportunities, or health promotion news, contact Heart Disease and Stroke Coordinator, McKyla Carson, at mckyla.carson@idph.iowa.gov. View previous Chronic Disease Connections E-Bulletin issues [here](#).