Healthy People 2020: Who’s Leading the Leading Health Indicators?
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Leading Health Indicators are:

- Critical health issues that, if addressed appropriately, will dramatically reduce the leading causes of preventable deaths and illnesses.
- Linked to specific Healthy People objectives.
- Intended to motivate action to improve the health of the entire population.
Who’s Leading the Leading Health Indicators?

Featured Speakers:

Carter Blakey
Deputy Director, Office of Disease Prevention and Health Promotion, USDHHS

Jenny Mullen, MPH
Health Communications Specialist, Centers for Disease Control and Prevention, USDHHS

Jennifer Tinney
Program Director, The Arizona Partnership for Immunization
Carter Blakey
Deputy Director
Office of Disease Prevention and Health Promotion
Clinical Preventive Services

- Clinical preventive services improve health
  - Prevention
  - Early detection
- Health impact of clinical preventive services
  - Avoid diseases
  - Modify risks
  - Reduce disabilities
- Use of science-based prevention promotes health and prevents disease
Clinical Preventive Services

- Four LHIs
  - Adults who receive a colorectal cancer screening based on the most recent guidelines (C-16)
  - Adults with hypertension whose blood pressure is under control (HDS-12)
  - Adults diagnosed with diabetes with an A1c value greater than 9 percent (D-5.1)
  - Children aged 19 to 35 months who receive the recommended doses of DTaP, polio, MMR, Hib, hepatitis B, varicella, and PCV vaccines (IID-8)
Clinical Preventive Services

- Preventive Services of the Affordable Care Act
  - U.S. Preventive Services Task Force recommendations
  - CDC immunization schedules
  - Bright Futures guidelines

- Access and environment play key roles in receipt of services
Importance of Childhood Immunizations

- Immunizations can save your child’s life
- Vaccination is safe and effective
- Immunization protects others you care about
- Immunizations can save your family time and money
- Immunization protects future generations
Colorectal Cancer Screening among Persons Aged 50-75, 2010

Notes: I (vertical line) is 95% confidence interval. Data are for persons aged 50 to 75 years who have had a blood stool test in the past year, sigmoidoscopy in the past 5 years and blood stool test in the past 3 years, or a colonoscopy in the past 10 years. American Indian includes Alaska Native. The categories Black and White exclude persons of Hispanic origin. Persons of Hispanic origin may be any race. Respondents were asked to select one or more races. Data for the single race categories are for persons who reported only one racial group. Data are age adjusted to the 2000 U.S. standard population.

Source: National Health Interview Survey (NHIS), CDC/NCHS.

HP2020 Target: 67.7

Race and ethnicity

Percent

Total
American Indian
Asian
2 or more races
Hispanic
Black
White
Private
Public
Uninsured

Health insurance status

Obj. C-16
Increase desired
Blood Pressure Control, Adults with Hypertension, 2009–2012

Notes:       (horizontal line) is 95% confidence interval. Blood pressure control is defined as systolic blood pressure <140 mmHg and diastolic blood pressure <90 mmHg among adults with hypertension. Hypertension is defined among adults, excluding pregnant women, as systolic blood pressure ≥140 mmHg or diastolic blood pressure ≥90 mmHg or taking blood pressure lowering medication. Data (except those by insurance status) are for adults aged 18 years and over unless otherwise stated. Data by health insurance status are for adults aged 18-64 years. Data (except those by age group) are age adjusted to the 2000 standard population. Data by age group are not age adjusted. The categories Black and White exclude persons of Hispanic origin. Persons of Hispanic origin may be any race. Respondents were asked to select one or more races. Data for the single race categories are for persons who reported only one racial group. Target does not apply to age groups.

SOURCE: National Health and Nutrition Examination Survey (NHANES), CDC/NCHS.
Notes: ← (horizontal line) is 95% confidence interval. Poor glycemic control is defined as HbA1c greater than 9 percent. Diagnosed diabetes is defined as self-reported physician diagnosed diabetes. Women who only had diabetes while pregnant and persons with borderline diabetes are excluded. Target does not apply to age groups.

Source: National Health and Nutrition Examination Surveys (NHANES), CDC/NCHS.
Complete Vaccine Coverage among Children 19 to 35 months, 2009–2012

NOTES: Complete vaccine coverage for children aged 19 to 35 months includes at least four doses of diphtheria-tetanus-acellular pertussis (DTaP), at least three doses of polio, at least one dose of measles-mumps-rubella (MMR), at least three or four doses of Haemophilus influenzae B (Hib) depending on the brand used, at least three doses of hepatitis B antigens, at least one dose of varicella, and at least four doses of PCV.

SOURCE: National Immunization Survey (NIS), CDC/NCIRD and CDC/NCHS.
Complete Vaccine Coverage among Children 19 to 35 months, 2012

NOTES: — (horizontal line) is 95% confidence interval. Complete vaccine coverage for children aged 19 to 35 months includes at least four doses of diphtheria-tetanus-acellular pertussis (DTaP), at least three doses of polio, at least one dose of measles-mumps-rubella (MMR), at least three or four doses of Haemophilus influenzae B (Hib) depending on the brand used, at least three doses of hepatitis B antigens, at least one dose of varicella, and at least four doses of PCV. The categories Black and White exclude persons of Hispanic origin. Persons of Hispanic origin may be any race. Respondents were asked to select one or more races. Data for the single race categories are for persons who reported only one racial group.

SOURCE: National Immunization Survey (NIS), CDC/NCIRD and CDC/NCHS.

Obj. IID-8
Increase desired
<table>
<thead>
<tr>
<th>Disease</th>
<th>Vaccine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bacterial Meningitis (Hib)</td>
<td>Pneumococcal</td>
</tr>
<tr>
<td>Chickenpox (Varicella)</td>
<td>Polio</td>
</tr>
<tr>
<td>Diphtheria</td>
<td>Rotavirus</td>
</tr>
<tr>
<td>Flu</td>
<td>Rubella</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>Tetanus</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>Whooping Cough</td>
</tr>
<tr>
<td>Measles</td>
<td>HPV</td>
</tr>
<tr>
<td>Mumps</td>
<td>Meningococcal disease</td>
</tr>
<tr>
<td>Disease</td>
<td>20th Century Annual Morbidity†</td>
</tr>
<tr>
<td>--------------------------------------</td>
<td>--------------------------------</td>
</tr>
<tr>
<td>Smallpox</td>
<td>29,005</td>
</tr>
<tr>
<td>Diphtheria</td>
<td>21,053</td>
</tr>
<tr>
<td>Measles</td>
<td>530,217</td>
</tr>
<tr>
<td>Mumps</td>
<td>162,344</td>
</tr>
<tr>
<td>Pertussis</td>
<td>200,752</td>
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<tr>
<td>Polio (paralytic)</td>
<td>16,316</td>
</tr>
<tr>
<td>Rubella</td>
<td>47,745</td>
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<tr>
<td>Congenital Rubella Syndrome</td>
<td>152</td>
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<tr>
<td>Tetanus</td>
<td>580</td>
</tr>
<tr>
<td><em>Haemophilus influenzae b</em></td>
<td>20,000</td>
</tr>
</tbody>
</table>

CDC, NCIRD. Historical Comparisons of Vaccine-Preventable Disease Morbidity in the U.S.
Immunization in the U.S.

- Toddler immunization rates remain high
- Reduced disparities in childhood immunization
- Most parents choose to vaccinate their children
- Less than 1% zero-dose children
Immunization – A Complex Communication Environment

- “When prevention works, nothing happens”
- Dynamic, changing
- Competing and conflicting
  - Health messages
  - Guidance and advice
  - Purposes and objectives
- Many places to find and get information
- Different groups of parents => different interests, different needs
- Time is often limited
Our Research Cycle

1. Develop materials based on research
2. Clearance
3. Test
4. Revise
**Key Drivers to Communication Planning**

- Vaccine safety issues are a concern for many parents. Risk communication approach is needed to maintain trust.
- The facts don’t speak for themselves. Personal accounts from peers or health care professionals are persuasive and memorable.
- There is a spectrum of parental attitudes, beliefs, and behaviors requiring some tailoring and layering of communication practices and materials.
- Health care professionals play the most important role in addressing parents’ questions and concerns.
- Recommendations from providers are persuasive.
- Reinforcing the social norm around vaccination is important.
“Provider Resources for Vaccine Conversations with Parents”

• Developed with partners: AAP and AAFP
• Primary Target Audience: Health Care Professionals
  – Provide information to help when talking to parents about vaccines, vaccine-preventable diseases, and vaccine safety
  – Dual purpose resources: HCPs can provide to meet parents information needs
• Based on formative research
• Using risk communication principles
• Extensively reviewed by subject matter experts

www.cdc.gov/vaccines/conversations
Materials to Reach Parents

- **Direct to Parents Media Campaigns:**
  - Immunization. Power to Protect.
  - Con Salud, Todo es Posible. Vacune a Sus Hijos.

- **Downloadable from:**
  - www.cdc.gov/vaccines/cdcmediaresources
  - www.cdc.gov/vaccines/events/niiw/print-materials.html
What We’re Asking You To Do:

- **SHARE** “Provider Resources” with parents and health care professionals
  
  www.cdc.gov/vaccines/conversations

- **GIVE** a strong recommendation for on time childhood immunization and welcome parent questions

- **DOWNLOAD AND PLACE** radio and TV PSAs locally
  
  http://www.cdc.gov/vaccines/events/niiw/web-etools.html?tab=2#TabbedPanels1

- **PUBLISH** print ads and drop-in articles in your parent publications(s)
  
  http://www.cdc.gov/vaccines/events/niiw/media-tools.html

- **COLLABORATE** with us to expand the campaign’s reach

  Jenny Mullen (jjk7@cdc.gov)
Presenter: Jennifer Tinney
Relationship: Spouse Employment
Commercial Entity: GlaxoSmithKline
The Arizona Partnership for Immunization

Vaccinate at Every Life Stage
Collaborative Partners

Public
- State Health Department
- County Health Departments
- State Medicaid
- Community Health Centers
- Local Fire Departments

Private
- Managed Care Organizations
- Professional Medical Associations
- Child Advocacy Organizations
- Private Foundations & Corporations
- Local Coalitions

Community
- International Refugee Committee
- Asian pacific Health Associations
- Consillio de salute
- African American health Coalition
- Coalition for Employers health care
- Liver cancer prevention coalition
- Asthma coalition
- Aging coalition
- Mexican Consulate
Making System Change

Arizona National Immunization Survey Results
Children 19 to 35 Months Old with 4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hep B, and 1 Varicella

July 2001
July 2002
July 2003
July 2004
July 2005
July 2006
July 2007
July 2008
July 2009
July 2010
July 2011

Confidence Interval Coverage Levels
55.1% 62% 63.9% 72.8% 77.5% 80% 75.2% 81.9% 82.7% 76% 82.2%
45.7% 53.2% 54.1% 64% 68.5% 69.8% 65.8% 68.5% 70.1% 63.8% 70.4%
50.4% 57.6% 59% 68.4% 73% 74.9% 70.5% 75.2% 76.4% 69.9% 76.3%

Healthy People 2020 Objective is 90%

Despite the Barriers
- Rapidly Changing & Mobile
- Managed Care Marketplace
- Children Have Multiple Providers
- Diversity of Populations
- High Percentage of Uninsured
- Naturopathic community

Working in trusted partnership =
Increase from 50% to 75% coverage levels for babies
How we work

TAPI Calendar 2014

Steering Committee
Directs system change
Advocacy and Policy

Provider Education Committee
Professional Associations

Community Education Committee
Hard to Reach Populations
Daniel T Cloud, MD
Outstanding Practice Award

90% Immunization Coverage Level for Toddler and Teens
Roll out of the Registry

Tracking records in the registry increased immunizations and well child visits

ASIIS
AZ State Immunization Information System
A List of Kids Records

1. Free To Enroll
   Go to www.azdhs.gov
   Call 602-298-8989 or toll free 877-491-5741
   Get started today

2. Easy To Use
   Web based application
   Access to centralized, record keeping system
   Stores all childhood Immunization information (since 1998)

3. Benefits To You
   Look up children’s immunization records
   Print official immunization records for files
   ReByKey missing immunization information
Honoring Best Practices

Daniel T Cloud, MD
Outstanding Practice Award
2001-2014

2001-2006 Winners Achieved 90%+ for 4 DTaP, 3 Polio, 1 MMR
2007-2008 Winners Achieved 90%+ for 4 DTaP, 3 Polio, 1 MMR, 3 Hib and 3 Hep B
2012 toddler series plus teen 1 MCV4 + 1 TDAP
2014 toddler and teen series plus 1 HPV
Community (Family) Education

Growing Healthy Babies
Healthy Kids Growing Up

Partnership with March of Dimes

- Developed with
  - Community health centers
  - Maternal and Child Health
  - Hard to Reach Populations health agencies

- Focused on
  - EPSDT and HEDIS measurements
  - preconception health immunizations
Teen Immunizations

Developed with:
Hard to Reach Populations

National Meningitis Association

T2X (teen health social media platform)
Consistent Messaging
Outbreaks Spread in Offices

Pockets of high exemptions and lost herd immunity
### AHCCCS Performance Standards for Childhood Immunizations 2011

<table>
<thead>
<tr>
<th></th>
<th>DTaP (4 doses)</th>
<th>IPV (3 doses)</th>
<th>MMR (1 dose)</th>
<th>Hib** (3 doses)</th>
<th>HBV (3 doses)</th>
<th>VZV (1 dose)</th>
<th>PCV (4 doses)</th>
<th>4:3:1:3:3:1 Combo</th>
<th>4:3:1:3:3:1:4 Combo</th>
</tr>
</thead>
<tbody>
<tr>
<td>AHCCCS/Healthy People 2020 Goals (%)</td>
<td>90</td>
<td>90</td>
<td>90</td>
<td>90</td>
<td>90</td>
<td>90</td>
<td>90</td>
<td>80</td>
<td>80</td>
</tr>
<tr>
<td>Current AHCCCS Rate (%)</td>
<td>79.5</td>
<td>91.4*</td>
<td>91.3*</td>
<td>91.5*</td>
<td>87.9</td>
<td>90.5*</td>
<td>79.9</td>
<td>72.9</td>
<td>69.1</td>
</tr>
<tr>
<td>Previous AHCCCS Rate (%)</td>
<td>84.8</td>
<td>93.4</td>
<td>94.9</td>
<td>n/a</td>
<td>94.0</td>
<td>94.0</td>
<td>83.2</td>
<td>n/a</td>
<td>n/a</td>
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<tr>
<td>Statistical Significance of Change</td>
<td><em>p&lt;0.001</em></td>
<td><em>p&lt;0.001</em></td>
<td><em>p&lt;0.001</em></td>
<td>n/a</td>
<td><em>p&lt;0.001</em></td>
<td><em>p&lt;0.001</em></td>
<td><em>p=0.002</em></td>
<td>n/a</td>
<td>n/a</td>
</tr>
</tbody>
</table>

* Indicates the current rates that meet or surpass the AHCCCS/Healthy People 2020 goal.

** Hib dosage requirements changed to three doses by age 2; the previous measure included two doses by age 2. Due to this change, the rates are not comparable.

Performance Measures were going down
Provider Turn around Project

Pinal County Medicaid Assessment at 40% coverage

Held trainings with County Immunization staff and Private Providers focusing on Best Practices

- No missed opportunities
- Reminder recall using the registry
- Cultural appropriate patient education materials
- Simultaneous administration & combo vaccines
- Report and track record in the registry

Health plans reinforced the consistent message with providers and patients

2012 Pinal County sustaining over 90% coverage levels!
Sustaining the System

Ensuring access to care through non-traditional (trusted) partners

- Pharmacists as immunizers – partners supported change and pharmacy as part of the medical home neighborhood

- Fire Department Medics as Immunizers in most underserved communities- weekend and after hours clinics, safe place for many families
Protecting the Safety Net...

- $0 in state funding for immunizations

- Statute requires counties provide immunizations at no cost

- 2012 317 funding Changes
  - No insured kids in public clinics
  - Underinsured in limited sites
Solutions: Vaccine Congress I, II & III...

Tell the Story with Data...

Over 80 health organizations Set recommendations to improve rates
Privately Insured Kids Most at Risk

Pediatricians refer patients to public clinics often due to cost

- Increase in Privately Insured Children at Maricopa County Public Health Immunization Clinics
Medical Home + Safety Net = Healthy Kids

Increase reimbursement to private providers

Reimburse the public health departments for vaccine given to privately insured patients
Centralized Billing Office

Total Income to Date
$4,474,924

No child has been turned away

Bill 136 plans per month; receive payment from 125
Lessons Learned

- Data and partnerships work!
- Each sector, public and private, must be at the table to craft the common vision.
- Success, when measurable, breeds success.
- People are competitive!
- Coalitions can be culturally appropriate in reaching special populations, leaving no one behind.
- Peer to peer communication is critical.
- Testing the messages and involving the community makes things work!
- Good work is rewarded with more work...
Jennifer Tinney
480.580.3484
jennifert@tapi.org
Roundtable Discussion

Please take a moment to fill out our brief survey.
Healthy People 2020 Progress Review Webinar

Join us as we review progress on Healthy People 2020 objectives in the Older Adults and Dementias Including Alzheimer’s topic areas.

Thursday, June 19 2014 12:30 ET

Hear from a community-based organization that is working locally to improve health.

Register at www.healthypeople.gov
Continuing Education Credits Available

- 1 credit hour available from APHA in Medicine, Nursing, or Health Education
- Must complete online evaluation
  - Will receive via email within 48 hours
- If not logged in to webinar with your own name, send email to healthypeople@norc.org within 24 hours after webinar
Healthy People 2020
Stories from the Field

A library of stories highlighting ways organizations across the country are implementing Healthy People 2020

Healthy People in Action - Sharing Library
http://healthypeople.gov/2020/implement/MapSharingLibrary.aspx
Stay Connected

- Visit healthypeople.gov to learn more about the Healthy People 2020 Leading Health Indicators.

- To receive the latest information about Healthy People 2020 and related events, visit our website to:
  - Join the Healthy People 2020 Consortium
  - Share how your organization is working to achieve Healthy People goals

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