Healthy People 2020: Who’s Leading the Leading Health Indicators?
Carter Blakey
Deputy Director
Office of Disease Prevention and Health Promotion
Highlight organizations using evidence-based approaches to address one of the Healthy People 2020 Leading Health Indicator (LHI) topics.

2013 series:
- Monthly: e-bulletin and #LHI Twitter Chats
- Every other month: Webinars
What are the Leading Health Indicators (LHIs)?

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.
Webinar Participants

- **Featured Speakers:**
  
  Dr. Howard Koh, MD, MPH  
  HHS Assistant Secretary for Health  

  Laura Guerra-Cardus, MD  
  Texas Associate Director, Children’s Defense Fund-Texas

- **Panelists:**
  
  Dr. Marsha Lillie-Blanton, DrPH  
  Director, Division of Quality, Evaluation, and Health Outcomes  
  Chief Quality Officer, Center for Medicaid and CHIP Services, CMS
Howard K. Koh, MD, MPH
Assistant Secretary for Health
Leading Health Indicators: Access to Health Services

The Access to Health Services Leading Health Indicators are:

- Persons with health insurance
- Persons with a usual primary care provider
Impact and Context: Health Insurance

- In 2011 approximately 17% (46 million) Americans (children and adults under age 65) did not have health insurance.

- Affordable Care Act

- Children with health insurance:
  - Generally experience better overall health
  - Are less likely to get sick
  - Are more likely to get preventive care
Access to Health Services

**Percent of Persons under Age 65 with Health Insurance, 2001-2011**

<table>
<thead>
<tr>
<th>Year</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001</td>
<td>83.6</td>
</tr>
<tr>
<td>2002</td>
<td>82.8</td>
</tr>
</tbody>
</table>

**Percent of Persons with a Usual Primary Care Provider, 2000-2010**

<table>
<thead>
<tr>
<th>Year</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>78.2</td>
</tr>
<tr>
<td>2010</td>
<td>76.8</td>
</tr>
</tbody>
</table>

**Source:**
- National Health Interview Survey (NHIS), CDC/NCHS.
- Medical Expenditure Panel Survey (MEPS), AHRQ.

**Obj. AHS-1.1**

**Obj. AHS-3**
Percent of persons under age 65 years with health (medical) insurance by race and ethnicity, 2008 and 2011

Notes: I=95% confidence interval. Black and White exclude persons of Hispanic origin. Persons of Hispanic origin may be any race. American Indian includes Alaska Native. Native Hawaiian includes Pacific Islander. Respondents were asked to select one or more races. Single race categories are for persons who reported only one racial group.

Source: National Health Interview Survey (NHIS), CDC/NCHS.
Percent of persons under age 65 years with health (medical) insurance by age, 2008 and 2011

Note: I=95% confidence interval.
Source: National Health Interview Survey (NHIS), CDC/NCHS.
Children’s Defense Fund–Texas
Outreach Strategies

January 24, 2013

References in this web site and webinar to any specific product, process, service, organization, or company does not constitute its endorsement or recommendation by the U.S. Government or HHS.
About CDF–Texas

The Children's Defense Fund Leave No Child Behind® mission is to ensure every child a Healthy Start, a Head Start, a Fair Start, a Safe Start and a Moral Start in life and successful passage to adulthood with the help of caring families and communities.

CDF–Texas leads statewide efforts to increase enrollment in CHIP and Children's Medicaid through legislative advocacy, community organizing, education and outreach.
Texas Statistics

- 6.1 million of all Texans (23.8%) are uninsured.
- 1.2 million Texas children (16.3%) under age 19 are uninsured.

About half of uninsured children in Texas are currently eligible but, not enrolled in Medicaid and CHIP.
Outreach Strategies

We go where children and families are:

1) Area Businesses – i.e. Grocery Stores
2) Schools
3) Places of Worship
4) Media

(Photo courtesy of Washington State University)
Fiesta Mart Inc.

A Texas-based grocery chain that caters to the Hispanic community.

Our Approach:

• Engage like-minded individuals with same target population in our mission
• Invest in relationship building
• Key contacts: corporate/community relations
Outcome:

- Ten+ year relationship
- About 25 semi-annual enrollment drives
- Helped families of more than 30,000 children
- Through store circulars/mailers reached hundreds of thousands of Fiesta shoppers.
H-E-B Grocery

H-E-B is the seventh largest grocery store chain in the country.

Our Approach:

- Engage board members and other partners to make introductions to local businesses
- Publicly recognized H-E-B for their commitment to children

Outcome:

- Engaged stores throughout Houston and the Rio Grande Valley
- Submitted 1,400 CHIP/Medicaid applications in 4 hours
All Healthy Children Campaign

- **Identify uninsured children** by adding a health insurance question to school enrollment forms.

- **Provide targeted Outreach** by building interest and capacity in schools.

- **Creative techniques**: flyers, automated /robo-calls recorded by principals asking parents to enroll their children, outdoor signs and schools marquees, on-campus enrollment drives and health fairs, parent night presentations.

- **Reach**: 20 school districts in Harris County, 15 school districts in the Rio Grande Valley, and, San Antonio ISD, Corpus Christi ISD, Houston ISD, Alief ISD, Spring Branch ISD, and others.
Enrollment Form

There is a new question on school enrollment forms in HISD.

It is important that families answer the “Medical Question” and return the form to their child’s school.
Schools

Outcomes:

• Assisted more than 37,000 children in 7 school districts in under 2 years.

• CDF/HISD produced PSAs (Spanish and English) broadcasted by the school district cable station to promote enrollment, reaching > 200,000 households.

• Successful partnership with the Texas Association of School Administrators (TASA) led to a national partnership developed with AASA.

Video: “HISD and CDF-TX CHIP/Medicaid PSA in Spanish”: [Watch it on YouTube](#)
Outreach Strategy Integration

IN SCHOOL:
• Heavily promote who-what-when-how up front with “Attention Parent” flyers.

IN MEDIA:
• Invite the press to cover your partnership and promote upcoming sign-up events in local news and community affairs shows.

IN COMMUNITY:
• Think big, plan ahead: Expand your reach by recruiting and training volunteers to cover multiple locations.
Outreach and Policy

- Need for policy changes that complement and allow for better outreach and enrollment

- Story Collection efforts – Check out CDF-Texas’ In Harm’s Way Reports (Vol. 1 and 2) in the Research Library section of [http://www.cdftexas.org](http://www.cdftexas.org)

- Garner support from powerful advocates, i.e. legislators, business leaders
Strategic Outcomes

- Since 2008, nearly **1 million** new Texas children have gained health coverage through Medicaid and CHIP.

- Texas no longer ranking *last* nationally in rate of uninsured children.

- Between 2009 and 2011, Texas accounted for one out of every four newly covered children in the country.
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Texas Associate Director

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Question & Answer Session

Please take a moment to fill out our brief survey.
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Percent of persons with a usual primary care provider by race and ethnicity, 2007 and 2010

Notes: * 2007 data for the Native Hawaiian or Other Pacific Islander population do not meet the criteria for statistical reliability, data quality, or confidentiality. I=95% confidence interval. Black and White exclude persons of Hispanic origin. Persons of Hispanic origin may be any race. American Indian includes Alaska Native. Native Hawaiian includes Pacific Islander. Respondents were asked to select one or more races. Single race categories are for persons who reported only one racial group.
Source: Medical Expenditure Panel Survey (MEPS), AHRQ.
Percent of persons with a usual primary care provider by health insurance status, 2007 and 2010

Notes: I=95% confidence interval.
Source: Medical Expenditure Panel Survey (MEPS), AHRQ.