



PROGRESS REVIEW

Clinical Preventive Services

DEPARTMENT OF HEALTH & HUMAN SERVICES ■ PUBLIC HEALTH SERVICE ■ January 20, 1999

The Assistant Secretary for Health and Surgeon General chaired the third and final review of progress in achieving Healthy People 2000 objectives for Clinical Preventive Services, designated as priority area No. 21. The review was organized by the co-lead agencies for the priority area, the Health Resources and Services Administration, the Agency for Health Care Policy and Research, and the Centers for Disease Control and Prevention. The presentations and discussion addressed three themes—1) setting priorities for delivery and coverage, 2) improving measurement and quality, and 3) interventions to encourage increased coverage and utilization. Through broadcast facilities of the National Institutes of Health, participants were linked with viewers at remote sites. This was the first Healthy People review to offer eligible viewers continuing education credits (CME's, CNE's and CEU's). During the overview and data review, attention was focused on the following objectives:

21.2 Childhood Immunization. Rates of immunization of children aged 19-35 months have increased for all recommended series. Antigen-specific rates for diphtheria/typhoid/pertussis (DTP), polio, measles/mumps/rubella (MMR), and Haemophilus influenza B all exceed the target of 90 percent. However, the rates for hepatitis B and 4DTP/3Polio/1MMR are short of the 90 percent target.

Immunization in Older People. The proportion of the population aged 65 and over who had received an influenza vaccination during the preceding 12 months increased from 42 percent in 1991 to 58 percent in 1995. The target is 60 percent. In 1997, all but 6 states and the District of Columbia had met or exceeded that target. For pneumococcal vaccinations, the target is for 60 percent of people aged 65 and over to have been vaccinated during their lifetime. No state has met this target. In 1995, the national rate was 34 percent.

Cholesterol Screening. The proportion of the total adult population who had their cholesterol level checked in the preceding 2 years increased from 50 percent in 1991 to 54 percent in 1993. For selected population groups, the increases from 1991 to 1993 were: for Whites, from 51 percent to 55 percent; for Blacks, from 47 percent to 56 percent; for American Indians/Alaska Natives, from 38 percent to 50 percent. The rate for Asian/Pacific Islander Americans was 44 percent in 1993. The target is 70 percent for all groups.

Pap Testing. The target set for Pap tests within the preceding 3 years is 85 percent of all adult women. In 1994, 77 percent of the total adult female population had received Pap tests, and the proportions of selected populations tested were: females aged 65 and over, 57 percent; Blacks, 84 percent; American Indians/Alaska Natives,

73 percent; Asian and Pacific Islanders, 66 percent. When Pap screening is considered by state, a majority of the states have achieved the 85 percent target.

Breast Cancer Screening. Between 1992 and 1994, the rates at which females aged 50 and over received breast exams along with mammograms within the preceding 2 years increased as follows: for the total population, from 51 percent to 56 percent; for females aged 65 and older, from 43 percent to 49 percent; for low-income females, from 30 percent to 38 percent. There is little difference in screening rates by race and ethnicity, but marked differences between women grouped by income and education levels. In 1994, only women with incomes greater than \$50,000 per year or with at least 13 years of education had, as a group, achieved the target of 60 percent.

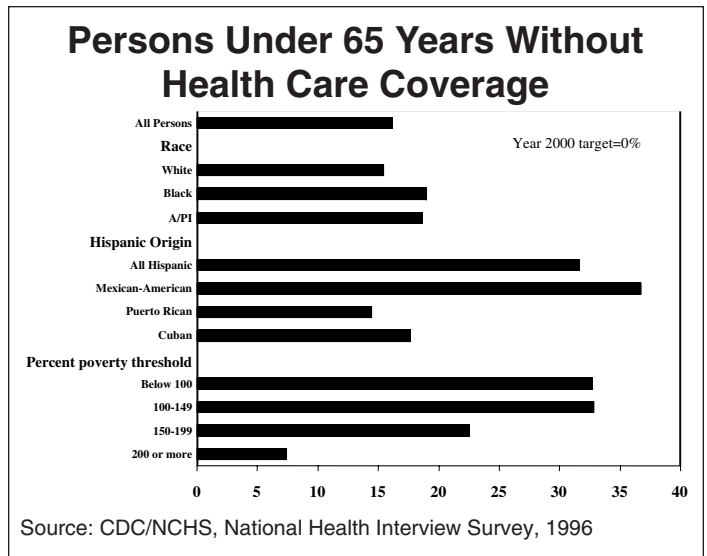
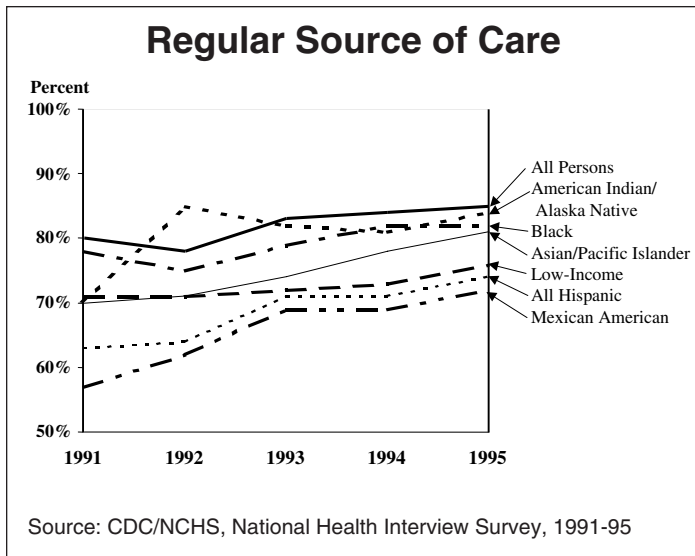
Check-ups. The proportion of adults aged 18-64 who obtained a routine medical check-up within the preceding 3 years increased from 74 percent in 1991 to 81 percent in 1995. Those aged 65 and over who had a check-up in the preceding year increased from 67 percent in 1991 to 74 percent in 1995. The target is 91 percent for all. Between 1991 and 1994, there was no change in the proportion of adults

(56 percent) who were asked at least one screening question (e.g., about diet, physical activity, or tobacco use) during a routine check-up. The target is 80 percent.

21.3 The proportion of the total adult population who had a regular source of primary care increased from 80 percent in 1991 to 85 percent in 1995. For selected population groups, the change between 1991 and 1995 was positive, but still short of the target of 95 percent.

HIGHLIGHTS

- Eighty-two percent of employer-sponsored insurance plans now include childhood immunizations and 90 percent include Pap smears and mammograms. However, coverage for some effective services, such as smoking-cessation counseling, is much less prevalent.
- The Health Plan Employer Data and Information Set (HEDIS) reports on the delivery of clinical preventive services provided by Health Maintenance Organizations (HMOs). Varicella immunization for adolescents, flu shots for older adults, comprehensive diabetes care, and smoking cessation advice were added to HEDIS in the past 3 years.
- Increased utilization of electronic birth certificates has enhanced outreach programs to teach new mothers the value of periodic check-ups for their infants.
- The recent downturn in the number and fiscal health of non-profit hospitals has impacted disproportionately on the uninsured, for many of whom such hospitals have been the chief source of primary, preventive and emergency care.
- General Motors Corporation's LifeSteps program covers 704,000 employee households, including retirees and dependents, and focuses on enhancing knowledge about health and awareness of individual risk factors. All enrollees over age 19 are offered an annual Health Risk Appraisal (over 360,000 have been processed) and have 24-hour access to a registered nurse by telephone and, as of last year, to a LifeSteps electronic Web site.



21.4 In 1996 the proportion of people under 65 years of age without health care coverage (age-adjusted) was 16.1 percent for the total population, 31.6 percent for all Hispanics, 36.7 percent for Mexican Americans, 14.4 percent for Puerto Ricans, 17.6 percent for Cubans, and 19 percent for Blacks. In terms of income level across ethnic groups, 33 percent of the lowest income group lacks health care coverage, compared to only 8 percent of those with the highest income. The target is to reduce the proportion who lack coverage to 0 percent.

21.8 Between academic years 1990-91 and 1995-96, the proportion of all degrees in the health professions and allied and associated health professions awarded to members of under-represented racial and ethnic minority groups changed as follows: for Blacks, the proportion increased from 5.7 percent to 6.6 percent (target, 8.0 percent); for Hispanics, it decreased from 4.3 percent to 3.8 percent (target, 6.4 percent); for American Indians/Alaska Natives, it increased from 0.4 percent to 0.5 percent (target, 0.6 percent).

21.8a Between 1991-92 and 1995-96, the proportions of under-represented minorities enrolled in schools of nursing increased as follows: Blacks, from 9.1 percent to 9.4 percent (target, 10.0 percent); Hispanics, from 3.1 percent to 3.5 percent (target, 4.0 percent); Asians and Pacific Islanders, from 2.9 percent to 4.0 percent (target, 5.0 percent). The proportion of American Indians/Alaska Natives enrolled was the same (0.7 percent) in both academic years (target, 1 percent).

FOLLOW-UP

- Promote community-wide efforts to coordinate the provision of clinical preventive services, using local insights to tailor and enhance access to these services.
- Assess the efficacy of preventive services and interventions in community settings and at the clinical systems level. The *Guide to Community Preventive Services* is due out in 2001 and will cover 15 topics.
- Promote local prevention coalitions, to include health departments, businesses, and other community institutions. Strengthen their capacity to collect health data and conduct community health assessments for small geographic areas.
- As part of an approach to eliminating disparities in health outcomes across population groups, increase efforts to assure access to a continuum of care that includes preventive and primary care services.

- Seek to ensure a greater degree of comparability between Healthy People Objectives for 2010 and HEDIS measures.
- Promote the findings of the U.S. Preventive Services Task Force and the Committee on Clinical Preventive Services Priorities to increase the use of clinical preventive services that will yield the greatest improvements in health.
- Increase the proportion of health professions graduates from under-represented minority populations, inasmuch as those graduates are more likely to enter primary care specialties and practice in designated health professions shortage areas.

PARTICIPANTS

- Agency for Health Care Policy and Research
- Administration on Aging
- American Medical Association
- Centers for Disease Control and Prevention
- Food and Drug Administration
- General Motors Corporation
- Harvard Pilgrim Health Care
- Health Care Financing Administration
- Health Resources and Services Administration
- Henry Ford Health System
- Marion County (IN) Health Department
- National Academy of Sciences
- National Institutes of Health
- Office of Disease Prevention and Health Promotion
- Office of Minority Health
- Office of Public Health and Science
- Office on Women's Health
- Substance Abuse and Mental Health Services Administration
- University of California at San Francisco
- Washington Business Group on Health



David Satcher, M.D., Ph.D.
 Assistant Secretary for Health and
 Surgeon General