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CDC Focuses on Need for Older Adults To Receive Clinical Preventive Services

Did you know...

- ✓ Fewer than half of adults age 65 years or older are up-to-date with core preventive services despite regular checkups (HHS 2010).
- ✓ Fewer than 30 percent of adults ages 50-64 are up-to-date with core clinical preventive services (CDC 2011a).
- ✓ There are persistent and significant racial and ethnic disparities in the receipt of services such as vaccinations (AHRQ 2010). For example, 44 percent of blacks reported not receiving influenza vaccinations compared to 29 percent of whites, a 15 percent difference. For Hispanics, American Indian/Alaska Natives and “other,” the difference was approximately 10 percent (CDC 2011b).

Clinical preventive services – which include immunizations, screening tests and counseling to prevent the onset or progression of disease and disability – are important tools to maintain the health of older adults. These preventive services – primarily delivered in a clinical setting – are an important component of the National Prevention Strategy. Released by the National Prevention, Health Promotion, and Public Health Council in June 2011, the National Prevention Strategy is a comprehensive plan to help increase the number of Americans who are healthy at every stage of life. Clinical preventive services can help lower health risks and costs of treating chronic disease, as well as prevent or delay the onset of disease.

The Guide to Community Preventive Services (CDC 2005) developed by the Task Force on Community Preventive Services, clinical guidelines, and numerous studies call for routine preventive services for older adults – and Medicare covers many of them – yet gaps remain in the number of older adults receiving recommended services (HHS 2011). These gaps are greater for certain populations who are socially, economically and/or environmentally disadvantaged (Tebo 2011). Low-income and ethnic

and racial minorities, as well as people who live in rural or remote areas, are less likely to receive these services than the overall population (AHRQ 2010, AHRQ 2009).

“Ensuring that all adults have access to and receive recommended clinical preventive services such as immunizations and screenings for chronic conditions should be a cornerstone of our public health efforts to promote health and prevent disease,” according to Lynda Anderson, PhD, Director of the Healthy Aging Program in CDC’s Division of Adult and Community Health, National Center for Chronic Disease Prevention and Health Promotion.

This issue brief will look at the importance of clinical preventive services, barriers to receiving them and examine possible solutions to address the gaps and ensure that more older adults receive these services.

WHAT ARE CLINICAL PREVENTIVE SERVICES?

“It is always better to catch and treat an illness earlier rather than later, and clinical preventive services enable us to do that.” — Douglas Shenson, MD, MPH

Clinical preventive services can help prevent chronic disease, reduce associated complications and lower functional limitations (Cohen 2009, Maciosek 2010). “Clinical preventive services usually save money, although that isn’t the only rationale for them, because they also can prevent illness or shorten the course of illness,” explained Steven P. Wallace, PhD, associate director for the University of California at Los Angeles Center for Health Policy Research.

Older adults who obtain clinical preventive services and practice healthy behaviors are more likely to remain healthy and functionally independent (Crankshaw 2002, CDC 2011b).

By 2015, one of every five Americans will be between the ages of 50 and 64 (CDC 2009). By 2030, the number of U.S. adults age 65 or older will more than double to about 72 million (AoA 2011a). This rapid increase in the number of older adults will put pressure on public health and health care systems, and the aging services network, making the role of clinical preventive services even more important.

“It is always better to identify and treat an illness earlier rather than later, and clinical preventive services enable us to do that,” explained Doug Shenson, MD, MPH, a founder and the executive director

of the SPARC (Sickness Prevention Achieved through Regional Collaboration) initiative. “Clinical preventive services can be important in three stages of disease development,” he said. These are:

- 1) Before disease occurs (for example, vaccinations);
- 2) Before disease is clinically evident (for example, breast cancer screening); and
- 3) Once disease is established but before it has made its maximal impact (such as vision screening for eye diseases in persons living with diabetes).

Clinical preventive services recommended for older adults can be identified through an easy-to-use, on-line, interactive tool made available by the Agency for Health Research and Quality. This tool can be accessed on CDC’s Healthy Aging Program website at www.cdc.gov/aging (see right column - AHRQ ePSS). Services include but are not limited to influenza and pneumococcal vaccinations, colorectal cancer screening and, additionally for women, breast cancer screening.

SCREENING GUIDELINES AND RECOMMENDATIONS

“Clinical preventive services have been well studied. We know which are the most effective, and the guidelines are based on those findings,” Dr. Shenson said. Guidelines are determined by evaluating the benefits and risks of each service. The benefits of the test must outweigh potential harm. For example, a questionable mammogram result might lead to an unnecessary biopsy, which has its own risks. Family history is also important. “A family history of breast cancer might require use of preventive services such as screening at an earlier age than is routinely recommended,” Dr. Shenson said.

Recommendations are issued by the U.S. Preventive Services Task Force (USPSTF) and the Advisory Committee on Immunization Practices (ACIP). The USPSTF reviews the scientific evidence for clinical preventive services and develops recommendations for primary care clinicians and health systems, while the ACIP issues recommendations for the routine administration of vaccines to children and adults.

The section on older adults of “Healthy People 2020,” the nation’s 10-year goals for improving the nation’s health, recently added a national objective to increase by 10 percent the proportion of men (from 46.3% to 50.9%) and women (from 47.9% to 52.7%) age 65 and older who are up-to-date on the core set of clinical preventive services by the year 2020 (HHS 2010). These core services include influenza and

pneumococcal vaccinations, lipid disorders, colorectal cancer screening, and, additionally for women, breast cancer screening.

LOW RATES OF USE

Despite the cost-effectiveness of clinical preventive services, the percent of older adults who are up-to-date on receiving core services is low (CDC 2009). Only 25% of adults ages 50 to 64 years in the United States (CDC 2011a), and less than half of adults age 65 years and older report being up-to-date on these services (HHS 2010, Shenson 2007, Shenson 2011). This is true despite the fact that these services are paid for by nearly all insurance plans, including Medicare and Medicaid, according to the USPSTF (USPSTF 2011).

A 2004 study of preventive services utilization under Medicare+Choice plans by RAND Corp. found race and wealth are important factors in the receipt of preventive services by older women (Morales 2004). “Older women were less likely to receive mammograms, wealthier women were more likely to receive mammograms and colorectal cancer screening, and black women were more likely to receive colorectal cancer screening but less likely to receive influenza vaccinations,” the study concluded. The survey involved 2,700 older women in a Medicare+Choice plan.

Other data illustrating rates of older adults *not* receiving clinical preventive services are below (CDC 2011b):

1. **Vaccinations:** More than 31 percent of adults ages 65 and older reported not receiving an influenza vaccination in the past year.
2. **Breast Cancer Screening:** Nearly 17 percent of women ages 65 to 74 reported not receiving a mammogram within the past two years.
3. **Colorectal Cancer Screening:** More than 36 percent of adults ages 65 to 74 reported not receiving colorectal cancer screening.
4. **Diabetes Screening:** Thirty-one percent of adults ages 65 and older without diagnosed diabetes reported not receiving a test for high blood sugar or diabetes within the past three years.
5. **Osteoporosis Screening:** Sixty-two percent of black women and 54 percent of American Indian/Alaska Native women reported never receiving osteoporosis screening compared to 33 percent of white women ages 65 and older.
6. **Lipid Disorder Screening:** Five percent of adults age 65 and older reported not receiving blood cholesterol screening within the past five years.
7. **Smoking Cessation Counseling:** Thirty percent of women age 65 and older reported not receiving advice to quit smoking during their annual checkup, compared to 24 percent of older men.

BARRIERS TO RECEIPT OF SERVICES

“The delivery of clinical preventive services often falls between the cracks of medical care and public health.” – Douglas Shenson, MD, MPH

“A fundamental problem underlying the small proportion of adults 50 years of age and older obtaining core clinical preventive services is the structural mismatch between the medical care goal of taking care of sick patients and the public health goal of delivering clinical preventive services to everyone for whom they are recommended,” Dr. Shenson explained. “We expect doctors to deliver clinical preventive services to the entire population, but medical providers only see people who come in their door. Furthermore, physicians focus first on the illness that brought the patient in. They have very busy practices – office reminder systems can help, but treating an established disease in a patient almost always takes priority over preventing a potential illness in the future.”

A 2009 survey by AARP of 803 adults identified the following top reasons for not receiving vaccines or health screenings: cost of the screening; insufficient funds to cover copayments or deductibles; uncertainty over what health insurance would cover; lack of importance to them; or lack of health insurance (AARP 2009).

Other reasons older adults fail to get regular clinical preventive services include (AARP 2008):

- Older adults may not be aware of the services recommended for their age group.
- Adults ages 65 and older may not know that the cost of most of the services is covered by Medicare.
- Physicians may not take the time to recommend or provide the routine services.
- Health care providers may have questions about the safety and efficacy of vaccines and other preventive services for older populations or be unfamiliar with age-based recommendations.
- Some older adults do not have a primary care provider or a usual source of care, or may not visit their provider regularly.
- Older adults may be deterred from receiving services due to physical or social barriers (transportation, disability, culture or language challenges, or fear).

“Another reason that we don’t do a better job of making sure that all older adults receive the recommended clinical preventive services is that no one entity is responsible for ensuring receipt of all recommended prevention service delivery at the community level,” Dr. Shenson said. “We are missing programs that bring together local providers to take responsibility for ensuring the wide-scale delivery of preventive services within their communities,” he said.

“The cost barrier was largely addressed for Medicare beneficiaries through the Patient Protection and Affordable Care Act (ACA) (P.L. 111-148), which expands Medicare coverage for preventive services recommended by the USPSTF and removes out-of-pocket costs for most clinical preventive services provided under Medicare. Beneficiaries have access to Medicare-covered preventive services without paying a copayment or deductible, including an Annual Wellness Visit with their physicians,” Nicole Duritz, Vice President, Health and Family, AARP State and National Group, Education and Outreach, said. Three vaccines are covered with no cost sharing: influenza, pneumococcal and hepatitis B (Cassidy 2010). CMS reported in October 2011 that nearly 20.5 million people with Medicare reviewed their health status at a free Annual Wellness Visit or received other preventive services with no deductible or cost sharing.

“The ACA was a major fix and a significant step forward in eliminating the copayments and deductibles, and expanding coverage for services,” Dr. Wallace said. However, other financial barriers remain, including transportation costs and difficulty taking time off from work to get services, he noted. “Medicare coverage of clinical preventive services is a major step forward towards full use of effective preventive services, but it is just one pass down the field and there are still several key plays needed to reach the goal.”

The ACA did not change other screening services covered by Medicare but not recommended by the USPSTF – such as glaucoma screening, diabetes self-management training services and barium enema furnished as a colorectal cancer screening service. These are still subject to the deductible and cost-sharing requirements (Cassidy 2010).

Dr. Wallace classifies barriers as personal, organizational and structural. Personal barriers include health beliefs and fears. For example, “some people don’t want to get cancer screening because they are afraid they’ll get cancer.” Organizational barriers include whether the service is nearby, accessible, easy to get to and offered at a reasonable cost. These are barriers that people view as a hassle or inconvenience to get a service. Structural or societal issues include financing, liability concerns, fragmented services or different funding streams for different services that “make it more difficult to get the preventive services you should,” Dr. Wallace said.

PUBLIC HEALTH ROLE

As the lead government agency for the nation's public health, CDC plays a central role in the efforts to help state and community public health agencies and other community-based organizations identify and facilitate the use of effective clinical preventive services, and ensure they are part of programs to protect the health of older adults. CDC's Healthy Aging Program works to integrate public health efforts and aging services and improve outreach for health promotion and disease prevention for older adults.

Among CDC partners in its disease prevention efforts are AARP, Administration on Aging, Alzheimer's Association, American Medical Association, National Association of Chronic Disease Directors, National Institutes of Health, the CDC Healthy Aging Research Network comprising a subset of CDC's Prevention Research Centers and many others.

In 2010, in collaboration with the American Medical Association and AARP, CDC released a report, *Promoting Preventive Services for Adults 50-64: Community and Clinical Partnerships*, to highlight key issues, strategies, and resources for promoting broader use of preventive services in this age group (CDC, 2009). The report reflects the growing recognition that we cannot rely solely on an already thinly stretched health care system, but must reinforce and bolster this system with strong linkages to community providers, public policies, and supportive environments. The report brings together valuable data and examples of successful strategies for promoting clinical preventive services in community settings, and embodies the strategic thinking of multiple organizations committed to ensuring adults are provided the full benefit of scientific advances to preserve and protect their health.

In follow up to the report focusing on adults ages 50-64, CDC released a report, *Enhancing Use of Clinical Preventive Services among Older Adults: Closing the Gap* in 2011 (CDC 2011b). Developed in collaboration with federal partners (Administration on Aging, Agency for Healthcare Research and Quality, and the Centers for Medicare and Medicaid Services), this report calls attention to the use of potentially lifesaving preventive services by our nation's growing population of adults ages 65 or older. In presenting and interpreting available state and national self-reported survey data on the use of clinical preventive services, the report aims to raise awareness among public health and aging services

professionals, policy makers, the media, and researchers of critical gaps and opportunities for increasing the use of such services, particularly among those who are currently underserved.

Other components of CDC, those focusing on specific diseases, such as the Division of Cancer Prevention and Control, Division of Diabetes Translation, and Division for Heart Disease and Stroke Prevention, have had longstanding efforts to promote screening to detect disease when it is in its earliest, most treatable stage. For example, for the past 20 years, CDC's Division of Cancer Prevention and Control's National Breast and Cervical Cancer Early Detection Program has provided access to breast and cervical cancer screening services to underserved women in all 50 states, the District of Columbia, five U.S. territories, and 12 tribes.

CDC has also worked with the Association of American Medical Colleges through a cooperative agreement "to strengthen collaborations between academic medicine and public health" (Maeshiro 2011). The focus has been on improving the public health and prevention aspects of medical education to give physicians "a better appreciation for these issues to help address complex public health challenges that include rising chronic disease burdens, persistent health disparities, and health care financing that encourages treatment over prevention" (Maeshiro 2011).

In September 2011, the U.S. Department of Health and Human Services launched *Million Hearts*, a five-year initiative to prevent 1 million heart attacks and strokes. CDC serves as a co-lead with the Centers for Medicare and Medicaid Services in this effort that has been undertaken in concert with partners from every corner of the health sector – other federal agencies; doctors, nurses, pharmacists, and other health care professionals; and private insurers, businesses, health advocacy groups and community organizations. *Million Hearts* will create a national focus on combatting heart disease and stroke through multiple strategies. More information about this new initiative is available at www.millionhearts.hhs.gov.

ROLES OF OTHER FEDERAL AGENCIES

The Administration on Aging offers health promotion, disease prevention and wellness programs to give seniors tools to maintain their health, reduce their risk of developing chronic diseases and manage

their health to live as independently as possible. The core programs are the Chronic Disease Self-Management Program and the Evidence-Based Disease and Disability Prevention Program (AoA 2011b). These programs provide discretionary grants to states to support collaborations between aging and public health networks to implement evidence-based prevention programs.

Through the Administration on Aging's network of service providers, State Health Insurance Assistance Programs (SHIP) and Information and Referral (I&R) services work to link beneficiaries with Medicare's preventive services (NASUAD 2011).

The Health Resources and Services Administration's (HRSA) Bureau of Primary Health Care, the federal agency that oversees delivery of care by community health centers, ensures these centers not only provide clinical preventive services, but also actively refer patients to follow-up care as needed. There are 8,000 community health centers nationwide serving 20 million patients.

Ahmed Calvo, MD, MPH, Chief Medical Officer in the bureau's Office of Health Information Technology and Quality, said that follow-up care coordination after clinical preventive services are received is a crucial activity of community health centers. "Their staff will actively help patients schedule appointments, not just give them a referral" for follow-up.

HRSA's Patient Navigator Outreach and Chronic Disease Prevention Demonstration Program provided grants to health centers to help patients overcome barriers in the health care system to prompt screening, referral, diagnosis and treatment services. Navigators help patients learn about their disease, get screening and treatment as needed, and make use of services, including clinical preventive services, that will help them stay as healthy as possible and live longer, better quality lives (HRSA 2011).

While HRSA's Patient Navigator Outreach and Chronic Disease Prevention Demonstration Program is not expected to be funded in FY 2012 – it was funded at \$5 million the prior year – the Senate Appropriations Committee has suggested that CMS demonstration projects on accountable care organizations and medical home models could fill the need for patient navigator models.

The federal Agency for Healthcare and Research Quality (AHRQ) works to develop the evidence base for clinical preventive services. AHRQ funds research to address evidence gaps in the implementation of

preventive services in primary care settings, as well as to improve access, delivery and outcomes of clinical preventive services in priority populations. AHRQ also produces the “Guide to Clinical Preventive Services” (see resource list). Since 1998, AHRQ has convened the USPSTF – an independent panel of private-sector experts in prevention and primary care. AHRQ staff provides scientific, technical and administrative support for the Task Force, and assists in disseminating recommendations to clinicians and findings to key audiences.

MODEL INITIATIVE

*“This is not just a flu shot, but a range of preventive services offered.
The positive message to older adults is: ‘You are in charge.’”*– Cathie Berger

Among the four strategic directions cited in the recently released National Prevention Strategy is a focus on “Clinical and Community Preventive Services.” A stated priority is to “reduce barriers to accessing clinical and community preventive services, especially among populations at greatest risk” (National Prevention Strategy 2011). To do so, it is recommended that clinical preventive services be located conveniently near homes or workplaces, and that logistical barriers such as lack of transportation or time away from work be addressed to facilitate access.

The Sickness Prevention Achieved through Regional Collaboration (SPARC) initiative is an example of a model that has documented success in increasing the use of clinical preventive services among older adults by increasing access points for their delivery and reducing logistical barriers. SPARC is a New England-based health care organization that helps create partnerships and critical links between community organizations and health care providers to facilitate access to clinical preventive services, such as immunizations and screening for cancers, high blood pressure and elevated blood lipids. Participating organizations include local public health agencies, hospitals, social service organizations and advocacy groups, among others. These local networks can also increase access to osteoporosis and diabetes screening, counseling for smoking cessation, and to clinical guidance for routine low-dose aspirin for cardiovascular disease prevention.

CDC has developed an action guide for communities interested in implementing SPARC. This action guide is for public health practitioners, clinicians and policy makers and has been pilot-tested by a local medical society as a way to bring together vested stakeholders in a community to focus broadly on increasing clinical preventive service delivery to residents age 50 years or older (CDC 2011a).

In the SPARC model, the convening organization does not deliver direct services, but instead facilitates and monitors community strategies that make it easier for individuals to get their screenings and immunizations in places convenient for them. One innovative SPARC initiative is Vote & Vax, a strategy that makes vaccines and appointments for cancer screenings available at polling places on election days. During the 2008 election, Vote & Vax participants delivered 21,434 influenza vaccinations at 331 locations in 42 states and the District of Columbia. Of those vaccinated, almost half (47.7%) were "new" recipients, meaning they had either not received a flu shot in the preceding year or would not have otherwise been vaccinated.

In 2006, CDC facilitated a partnership between SPARC and the Atlanta Regional Commission's Aging Services Division that led to the launch of a SPARC pilot in Atlanta, with the Atlanta Regional Commission serving as the regional coordinator. Coalitions of local health departments, county aging agencies, health care providers and other parties interesting in improving the health of community residents were established in Fulton and Fayette counties. A survey of the region conducted in 2006 estimated that only 44% of older residents received an influenza vaccination in the past year, 42% received a pneumococcal vaccination, 25% received screening for colorectal cancer in the past two years, and 65% of older women received a routine mammogram within the past two years (Shenson 2008). These were among the data used by the coalitions to target clinical preventive services to adults age 55 or older who were likely not to have received all routinely recommended services.

During a three-week pilot held at senior housing facilities, a local fire station and a school, the initiative delivered 189 influenza and 49 pneumococcal vaccinations, and 44 tetanus booster shots (Shenson 2008). Approximately 62% of adults receiving an influenza vaccination stated they had not received one in the previous 12 months, and 56% thought it "not very likely" or were "not sure" that they

would have received an influenza vaccination if they had not had one at a SPARC clinic site. Each of the sites also provided screening for diabetes (43 total), as well as access to mammograms for women older than 40 who had not received screening in the past 12 to 24 months (32 appointments were scheduled). A total of 314 residents were served. Approximately one-third of clients were age 65 or older and 40% were age 50 to 64.

In Fayette County, 634 influenza vaccinations were delivered at Vote & Vax sites situated near 10 polling places. Approximately 83% of recipients were in influenza vaccine priority groups (age 50 or older, or age 18 to 49 with elevated risk factors); 61% were men and 39% were women. Approximately 27% of the recipients had not received an influenza vaccination in the past 12 months. Pneumococcal vaccination was also provided at Vote & Vax clinics. Approximately 96% of the vaccine recipients had Medicare, Medicaid, or other health insurance coverage. At the Fayette County SPARC event, held at a local church, several preventive services were offered to attendees, including influenza and pneumococcal vaccinations; referrals for breast cancer and colorectal cancer screening; and screening for diabetes, hypertension and osteoporosis (Shenson 2008).

Since that pilot was completed, the SPARC program has continued to grow in the Atlanta region, according to Cathie Berger, chief of the Aging Services Division at the Atlanta Regional Commission (ARC). Each county runs its own program. “The strength of this program is that it brings together the community organizations with a common mission to do preventive services,” Berger explained. “They all do it with their own funding and resources. Each one brings to the table what they do the best. Our role is to convene the overall steering committee for all of these participating agencies. And then they take it out into their own community.”

In 2011, the region expects to serve approximately 2,400 persons at 17 SPARC events. Clayton County will hold three SPARC programs (up from two last year) and reach approximately 1,000 people. Its events are held in senior centers, adult day care centers and other places frequented by older adults, noted Mary Blumberg, ARC’s coordinator of health services.

A county more recently implementing SPARC in the Atlanta region, DeKalb County will hold four programs and reach 400 people. Its events are held in high rises or senior centers and utilize a local shuttle transportation program to get older adults to the event.

Fulton County expects to reach 1,000 people through 11 events this year, including those at senior centers, nutrition sites, affordable housing sites and at faith-based organizations. “They really made an effort to have it somewhere besides a senior center,” Berger said.

All the events are held in the fall to occur with the influenza vaccination season. That draws in the older adults and then the sponsors can offer a bundled package of other clinical preventive services as well, she said.

Berger said the SPARC program was a win-win for the community and older adults. “It provides a great opportunity for a community to strengthen collaborations among different agencies. They have really seen the value of that, instead of each agency trying to do its own events,” Berger said. “For older adults, it is a great opportunity to go to one place that provides easy access.” The SPARC program focuses older adults “on all the preventive services and makes them aware that they have the responsibility to go and get the services. This is not just a flu shot, but a range of preventive services offered.” The positive message to older adults is: “You are in charge.”

FUTURE DIRECTIONS

Solutions to increase the use of preventive services by older adults are varied and multi-factorial. One approach would be to broaden the range of venues in which clinical preventive services can be provided, according to Dr. Shenson. Such venues as senior centers, pharmacies and flu shot clinics can provide one-stop shopping (so, for example, while someone gets an influenza vaccination, they can also make an appointment for a mammogram). “There remains a lot of work to do to adjust our systems so that we can create community-based sites that are accessible to older adults in the community, and that are acceptable to them,” Dr. Shenson said.

At the same time, providers of clinical preventive services have to be able to protect the medical privacy of the client, link the information back to the patient’s medical home and have a system to refer

patients to follow-up medical care (if warranted). Other factors include ensuring quality assurance for the services delivered and protecting the provider from liability.

Some of the most successful programs are linked with community activities that people enjoy attending, such as a farmers' market, where people are already focusing on purchasing fresh fruits and vegetables. Other clinical preventive service events are located at senior centers, meal sites, senior housing and other places where older adults already congregate.

Now that Medicare covers co-pays for most recommended clinical preventive services, thus removing most financial barriers for beneficiaries, one challenge is to educate older adults on the value of preventive services and motivate them to get the clinical preventive services they need. To increase awareness about Medicare's preventive benefits, CMS launched a "Share the News, Share the Health" campaign in the summer of 2011, with online advertisements and community events across the country. CMS also released a nationwide public service announcement that is available at www.youtube.com/CMSHHSgov.

User-friendly information about prevention is available for Medicare beneficiaries and their caregivers at <http://Medicare.gov/sharethehealth>, and in Spanish at <http://es.Medicare.gov/sharethehealth>. In addition, Medicare's website for caregivers (www.Medicare.gov/caregivers) has information on prevention services.

Medicare's new Annual Wellness Visit, offered at no cost to beneficiaries, now provides a focused opportunity for the patient and physician to discuss ways to prevent disease, and recommended preventive services and how to access them.

Reducing the cost burden of recommended clinical preventive services for adults not yet eligible for Medicare is also a priority. Starting in 2010, all new individual and group insurance plans were required to offer these services with no deductible or co-payment.

The Guide to Community Preventive Services indicates strong evidence of effectiveness in increasing the use of targeted vaccines for measures such as provider reminders. Such reminders to providers or other appropriate staff can alert them when patients are due for vaccinations, particularly those who are at

high risk. Reminder techniques include notations in patients' charts, standardized checklists generated by clinical staff, or computer databases or registries.

Another strategy that receives a "strong evidence of effectiveness" rating from The Guide to Community Preventive Services is increasing targeted vaccine coverage through multiple interventions implemented in combination. For example, reducing patient out-of-pocket costs in combination with the use of standing orders has been shown to be effective in increasing vaccine rates. Physicians can issue "standing orders" for patients to receive an immunization (or screening) from a non-physician when the patient is in the office – without requiring an exam or new physician order.

For breast, cervical, and colorectal screening, among the interventions that The Guide to Community Preventive Services indicates are effective in informing and motivating people to be screened for cancer is small media, including videos and printed materials such as letter, brochures, and newsletters. The Guide also recommends the use of client reminders to increase screening for breast and cervical cancers and to increase colorectal cancer screening with fecal occult blood testing, among others.

Health care organizations can link with transportation and para-transit providers, caregivers and employers to reach older adults who need to obtain clinical preventive services. Offering flexible hours, evenings and weekends can also encourage more older adults to participate, along with offering some services in other settings, such as offices, malls, voting sites, senior centers, beauty salons, etc.

Public strategies and policy options include:

- Increasing public awareness of preventive services through a national public-private partnership (such as the Education and Outreach Campaign authorized by the Patient Protection and Affordable Care Act).
- Encouraging the public health and aging services networks to work together to reach older adults with preventive services, including those funded through the Older Americans Act at congregate meal sites, senior centers, etc.
- Eliminating cost-sharing for the most important clinical preventive services for adults ages 50-64. (Medicare already does this.)
- Giving employers incentives to provide preventive services onsite or provide paid time off to obtain services.
- Amending laws to allow appropriate allied health professionals to provide certain screenings, preventive services and counseling for older adults.
- Strengthening the capacity of health departments and Indian tribes to provide clinical preventive services.

- Holding providers accountable for key services. (Some managed care organizations are now doing this.)

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STORY IDEAS FOR JOURNALISTS

- 1) Help your readers understand why they should receive clinical preventive services and should ask their physicians how to obtain them. For state-by-state information on utilization of free preventive services and the Annual Wellness Visit under the Medicare program, go to: www.cms.gov/NewMedia/02_preventive.asp.
- 2) Obtain clinical preventive services yourself and describe the experience to your readers.
- 3) Interview an older adult with advanced disease, such as cancer, who did not receive preventive screening that might have caught the disease earlier. Explain that screening can prevent disease or mitigate its impact.
- 4) Use the CDC interactive guide to identify preventive services data for your state and tell your readers how it compares to similarly sized or geographically located states (go to http://apps.nccd.cdc.gov/DACH_PPS/Default/Default.aspx or “State-by-State Percentages for Key Indicators” in *Promoting Preventive Services for Adults 50-64: Community and Clinical Partnerships: State by State Percentages for Key Indicators*, November 2009, www.cdc.gov/aging/pdf/promoting_report_tables.pdf).
- 5) Tell your readers where their state stands with respect to immunization rates and other clinical preventive services as compared to other states or Healthy People 2020 goals.
- 6) Write a story about the need for public health departments, community health centers, and aging services organizations to work together to reach older adults to provide clinical preventive services.

REFERENCES AND RESOURCES

JOURNALS AND REFERENCES CITED:

- AARP 2008: AARP Public Policy Institute. Racial and ethnic disparities in influenza and pneumococcal immunization rates among Medicare beneficiaries. AARP Insight on the Issues, October 2008. Available at: http://assets.aarp.org/rgcenter/health/i12_flu.pdf
- AARP 2009: Keenan T. Preventive Health Screenings among Midlife and Older Adults, interviews conducted for AARP by Woelfel Research, Inc. from December 2 to December 11, 2009. AARP Knowledge Management, February 2010. Available at <http://assets.aarp.org/rgcenter/health/prevmed.pdf>
- AHRQ 2009: Agency for Healthcare Research and Quality. National Healthcare Disparities Report 2008. Rockville, MD: U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality; 2009. Available at: www.ahrq.gov/qual/nhdr08/nhdr08.pdf
- AHRQ 2010: Agency for Healthcare Research and Quality. 2010 National Healthcare Quality & Disparities Reports. Available at: www.ahrq.gov/qual/qrd10.htm
- AoA 2011a: U.S. Administration on Aging. Aging Statistics. Available at: www.aoa.gov/AoARoot/Aging_Statistics/index.aspx
- AoA 2011b: Administration on Aging. Health, Prevention, and Wellness Program. Available at: www.aoa.gov/AoARoot/AoA_Programs/HPW/Index.aspx
- Cassidy 2010: Cassidy A., Health Affairs and the Robert Wood Johnson Foundation. Health Policy Brief: Preventive Services Without Cost Sharing, Health Affairs, December 28, 2010. Available at: www.healthaffairs.org/healthpolicybriefs/brief.php?brief_id=37

- CDC 2005: Centers for Disease Control and Prevention. *The Guide to Community Preventive Services*, 1996. Available at: www.thecommunityguide.org/index.html
- CDC 2009: Centers for Disease Control and Prevention, AARP, American Medical Association. Promoting Preventive Services for Adults 50-64: Community and Clinical Partnerships: State by State Percentages for Key Indicators, November 2009. Available at: www.cdc.gov/aging/pdf/promoting-preventive-services.pdf
- CDC 2011a: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. Healthy Aging: Helping People To Live Long and Productive Lives and Enjoy a Good Quality of Life at a Glance 2011. Available at: www.cdc.gov/chronicdisease/resources/publications/aag/aging.htm
- CDC 2011b: Centers for Disease Control and Prevention, Administration on Aging, Agency for Healthcare Research and Quality, and Centers for Medicare & Medicaid Services. Enhancing Use of Clinical Preventive Services among Older Adults: Closing the Gap. Washington, DC: AARP, 2011. Available at: www.cdc.gov/aging/pdf/Clinical_Preventive_Services_Closing_the_Gap_Report.pdf
- Cohen 2009: Cohen JT, Neumann P. The Cost Savings and Cost-Effectiveness of Clinical Preventive Care, The Robert Wood Johnson Foundation, Research Synthesis Report No. 18, September 2009. Available at: www.rwjf.org/pr/product.jsp?id=48508
- Crankshaw 2002: Crankshaw E, Rabiner D, O’Keeffe J. An Overview of Programs and Initiatives Sponsored by DHHS to Promote Healthy Aging: A Background Paper for the Blueprint on Aging for the 21st Century Technical Advisory Group (TAG) Meeting. RTI International, January 11, 2003. Available at: <http://aspe.dhhs.gov/daltcp/CaregiverEvent/programs.htm>
- HHS 2010: Department of Health and Human Services. Healthy People 2020, Older Adult Section, December 2010. Available at: www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=31
- HHS 2011: Department of Health and Human Services, Centers for Medicare & Medicaid Services. Medicare claims data [Internet]. Baltimore: updated 2011. Available at: http://www.cms.gov/PrevntionGenInfo/20_prevserv.asp
- HRSA 2011: Health Resources and Services Administration. Patient Navigator Outreach and Chronic Disease Prevention. Available at: <http://bhpr.hrsa.gov/grants/patientnavigator/>
- Maciosek 2010: Maciosek M, Ashley B, et al. Greater Use of Preventive Services in U.S. Health Care Could Save Lives at Little or No Cost, *Health Affairs* 29, no. 9 (2010): 1656-60. Available at: <http://content.healthaffairs.org/content/29/9/1656.abstract>
- Maeshiro 2011: Maeshiro R, et al. Integration of Public Health into Medical Education. *Am J Prev Med* 2011;41(4S3):S145–S148.
- Morales 2004: Morales L, et al. Sociodemographic Differences in Use of Preventive Services by Women Enrolled in Medicare+Choice Plans. *Preventive Medicine*, v. 39, no. 4, Oct. 2004, p. 738-745. Available at: www.ncbi.nlm.nih.gov/pubmed/15351540
- NASUAD 2011: National Association of States United for Aging and Disabilities. Medicare’s Preventive Services: Free Preventive Services for People in Medicare, June 2011. Available at: www.nasuad.org/documentation/nasuad_materials/NASUAD's%20Information%20Guide%20on%20Medicare's%20Preventive%20Services.pdf
- National Prevention Strategy 2011: National Prevention Strategy: Strategic Directions and Priorities, released on June 16, 2011 by the National Prevention, Health Promotion, and Public Health Council. Available at www.healthcare.gov/prevention/nphpphc/strategy/intro-strategic-directions-priorities.pdf
- Shenson 2007: Shenson D, Bolen J, Adams M. Receipt of preventive services by elders based on composite measures, 1997–2004. *Am J Prev Med* 2007;32(1):11-8. Available at: www.ncbi.nlm.nih.gov/sites/entrez?Db=pubmed&Cmd=ShowDetailView&TermToSearch=17218188&ordinalpos=1&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_RVDocSum
- Shenson 2008: Shenson D, Benson W, Harris AC. Expanding the delivery of clinical preventive services through community collaboration: the SPARC model. *Prev Chronic Dis* 2008; 5(1). Available at: www.cdc.gov/pcd/issues/2008/jan/07_0139.htm
- Shenson 2011: Shenson D, Adams M, Bolen J. Routine checkups don’t ensure that seniors get preventive services. *Journal of Family Practice*, January 2011, Vol. 60, No. 01: E1-E10. Available at: www.jfponline.com/Pages.asp?AID=9255&issue=January_2011&UID=
- Tebo 2011: Tebo G. Healthy People 2020: Preparing for a New Decade, PowerPoint Presentation, Office of Disease Prevention and Health Promotion, Department of Health and Human Services, Jan. 20, 2011. Available at: www.hrsa.gov/advisorycommittees/shortage/Meetings/20110118/MeetingMaterials/hlthpp120.ppt
- USPSTF 2011: U.S. Preventive Services Task Force. USPSTF A and B Recommendations. Available at: www.uspreventiveservicestaskforce.org/uspstf/uspstabrecs.htm

ADDITIONAL RESOURCES:

Agency for Healthcare Research and Quality, *Guide to Clinical Preventive Services, 2010-2011: Recommendations of the U.S. Preventive Services Task Force*. Available at: www.gov/clinic/pocketgd.htm

Centers for Medicare & Medicaid Services. *Your Guide to Medicare's Preventive Services*, CMS Product No. 10110, May 2011. Available at: www.medicare.gov/Publications/Pubs/pdf/10110.pdf

Centers for Medicare & Medicaid Services. Preventive Services. Available at: www.medicare.gov/navigation/manage-your-health/preventive-services/preventive-service-overview.aspx

National Prevention, Health Promotion, and Public Health Council. *National Prevention Strategy: America's Plan for Better Health and Wellness*, June 2011. Available at: www.healthcare.gov/center/councils/nphpphc/strategy/report.pdf

U.S. Preventive Services Task Force. USPSTF: Focus on Older Adults. Available at: www.uspreventiveservicestaskforce.org/tfolderfocus.htm

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