Promoting Clinical Preventive Services for Older Adults:

*Key Opportunities for the Aging Network*

Maggie Moore, MPH
CDC Healthy Aging Program

26th National Home and Community Based Services Conference
September 27th, 2010
POLL: Why did you last go to see a doctor?

A. Sick visit
B. For a check up
C. To get a health screening
D. To renew a prescription
E. I don’t have a regular care provider
F. Doctor? I don’t go to doctors.
Why see a doctor when you’re well?

- Silent disorders:
  - High blood pressure
  - High cholesterol
  - Early cancers
  - Early diabetes
  - Thinning bone
  - Some sexually transmitted diseases
Why care about prevention in older age groups?

- Life expectancy another 18+ years after 65
- Opportunity to enhance quality of life, decrease disability, and decrease disease-specific morbidity
- May also reduce costs in some instances
What Are Clinical Preventive Services (CPS)?

- Immunizations
- Screenings
- Counseling
- Preventive medications
Adult Immunizations

• Most effective method of reducing morbidity and mortality from certain infectious diseases

• Protect against:
  • Flu
  • Pneumococcal pneumonia
  • Tetanus
  • Shingles
Screenings

- Early detection of cancers
- Cardiovascular disease
- Hypertension
- Lipids and cholesterol
- Diabetes
- Osteoporosis
- Cognitive decline
- Falls
Counseling

• Tobacco use
• Alcohol misuse
• Obesity
Preventive Medications

- Aspirin
- Hormone therapy
- Folic Acid
How do I know which ones are recommended for me or my clients?

- US Preventive Services Task Force (USPSTF)
  - Independent experts on preventive medicine
  - Evaluates benefits of services on different age, sex, and risk factors for disease
  - Grades level of evidence (A-D; I) to make recommendations
ePSS

Electronic Preventive Services Selector

Search and Browse U.S. Preventive Services Task Force (USPSTF) recommendations on your PDA or mobile device. Select from the following devices:

- iPhone/iPod touch (NEW!)
  Learn More | Download
- BlackBerry
  Learn More
- Palm OS
  Learn More | Download for XP | Download for Vista | Download for Mac
- Windows Mobile
  Learn More | Download for XP | Download for Vista | Download for Mac
- Web
  Learn More | Search for Recommendations

**ePSS WEB**
Search and Browse U.S. Preventive Services Task Force (USPSTF) recommendations online.

**ePSS Widget**
Add the ePSS recommendations to any site by installing the ePSS Widget.

**Email Notifications**
Subscribe for optional ePSS PDA email notifications. Receive notifications of application and ePSS data updates.

**AHRQ USPSTF**
AHRQ is the Nation’s lead Federal agency for research on health care quality, costs, outcomes and patient safety.
Search for Recommendations

Enter the following information to retrieve recommendations from the USPSTF Preventive Services Database. All fields are optional.

Age: ___________ Years

Sex: □ Female  Pregnant: □
□ Male

Tobacco User: □ Yes  □ No

Sexually Active: □ Yes  □ No

[Reset]  [Show Recommendations]
Search for Recommendations

Enter the following information to retrieve recommendations from the USPSTF Preventive Services Database. All fields are optional.

Age: 60 Years

Sex: Female

Pregnant: No

Tobacco User: Yes

Sexually Active: Yes

[Submit] Reset [Show Recommendations]
<table>
<thead>
<tr>
<th>Grade</th>
<th>Title</th>
<th>Risk Info.</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>A*</td>
<td>Aspirin to Prevent CVD: Women age 55 to 79 to prevent ischemic strokes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A</td>
<td>Cervical Cancer: Screening -- Women who are sexually active</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A</td>
<td>Chlamydia: Screening -- Women Ages 24 and Younger OR Women Ages 25 and Older at Increased Risk</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A*</td>
<td>Colorectal Cancer: Screening -- Adults, beginning at age 50 years and continuing until age 75 years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A</td>
<td>HIV: Screening -- Adults and Adolescents at Increased Risk</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A*</td>
<td>High Blood Pressure: Screening -- Adults 18 and Over</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A</td>
<td>Lipid Disorders in Adults: Screening -- Women 45 and Older, Increased risk for CHD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A</td>
<td>Syphilis: Screening -- Men and Women at Increased Risk</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>Alcohol Misuse: Screening and Behavioral Counseling -- Men, Women, and Pregnant Women</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>BRCA Mutation Testing for Breast and Ovarian Cancer: Women, Increased Risk</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>Breast Cancer: Preventive Medication Discussion -- Women, Increased Risk</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B*</td>
<td>Breast Cancer: Screening with Mammography -- Women 50-74 Years*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B*</td>
<td>Depression: Screening -- Adults age 18 and over -- When staff-assisted depression care supports are in place</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>Gonorrhea: Screening -- Pregnant Women and Women at Increased Risk</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>Healthy Diet: Counseling -- Adults with Hyperlipidemia and Other Risk Factors for CVD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>Obesity: Screening and Intensive Counseling -- Obese Men and Women</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>Osteoporosis: Screening -- Postmenopausal Women 65 Years and Older with No Risk Factors, or 60 Years and Older with Risk Factors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B*</td>
<td>Sexually Transmitted Infections: Behavioral Counseling -- Sexually Active Adolescents and Adults at Increased Risk</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B*</td>
<td>Type 2 Diabetes Mellitus: Screening Men and Women -- Sustained BP 135/80+</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grade</td>
<td>Title</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------</td>
<td>----------------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D*</td>
<td>Asymptomatic Bacteriuria: Screening -- Men and Non-Pregnant Women</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>BRCA Mutation Testing for Breast and Ovarian Cancer: Women, Low Risk</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>Bladder Cancer: Screening -- Adults</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>Breast Cancer: Preventive Medication -- Women, Average Risk</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D*</td>
<td>Breast Cancer: Teaching Breast Self-Examination (BSE)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>CHD: Screening Using ECG, ETT, EBCT -- Adults, Low Risk</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D*</td>
<td>Carotid Artery Stenosis: Screening -- General Adult Population</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>Cervical Cancer: Screening -- Women who have had a Hysterectomy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D*</td>
<td>Chronic Obstructive Pulmonary Disease: Screening -- Adults, Using Spirometry</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>Genital Herpes: Screening -- Adolescents and Adults, Asymptomatic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>Gonorrhea: Screening -- Men and Women at Low Risk</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>HRT: Preventive Medication -- Postmenopausal Women</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>HRT: Preventive Medication -- Postmenopausal Women, Post-Hysterectomy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>Hemochromatosis: Screening -- Asymptomatic Men and Women</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>Hepatitis B: Screening -- Asymptomatic Men and Women</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>Hepatitis C: Screening -- Asymptomatic Men and Women</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>Ovarian Cancer: Screening -- Women</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>Pancreatic Cancer: Screening -- Adults, Asymptomatic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>Peripheral Arterial Disease: Screening -- Adults</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>Routine Aspirin or NSAIDs for the Primary Prevention of Colorectal Cancer: Preventive Medication -- All Adults, Average Risk</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>Syphilis: Screening -- Asymptomatic Men and Women</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The Price of Delay

• Working adults 50-64 have 48 million hrs/wk of health-related productivity loss which costs $49 billion/yr
• Influenza alone costs $4.6 billion in direct costs; $5.6 billion in lost productivity
• Early detection of breast cancer can save up to 35% of net cost of treatment and follow-up care
Barriers to Receiving Services

• 50-64: lack of insurance or regular health care provider, unaware of recommendations, lack of perceived risk

• 65+: Medicare coverage but co-pays, lack of transportation, unaware of recommendations, lack of perceived risk
Importance of Being “Up to Date”

• “Up to Date” is a concept that reflects overall level of use of selected preventive services.
• Stresses importance that it’s not about obtaining 1 or 2 of these services – goal is to receive them all.
• Only 25% 50-64 and 40% of 65+ are up to date on selected services.
# What’s Included in the “Up to Date” Measure?

<table>
<thead>
<tr>
<th>Ages 50-64</th>
<th>Ages 65+</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Men:</strong> flu vaccination, colorectal cancer screening</td>
<td><strong>Men:</strong> flu and pneumococcal vaccinations, colorectal cancer screening</td>
</tr>
<tr>
<td><strong>Women:</strong> same, plus breast and cervical cancer screenings</td>
<td><strong>Women:</strong> same, plus breast cancer screening</td>
</tr>
</tbody>
</table>
Expanding Use of CPS

**CDC’s Role**

- Monitoring and documenting the current use of services
- Educating older adults, their caregivers, and providers about recommended services
- Sharing and supporting evidence-based practices to improve delivery and use of services
Expanding Use of CPS

CDC’s Role

- Monitoring and documenting the current use of services
- Educating older adults, their caregivers, and providers about recommended services
- Sharing and supporting evidence-based practices to improve delivery and use of services
Promoting Preventive Services for Adults 50-64: Community and Clinical Partnerships
<table>
<thead>
<tr>
<th>Partners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency for Healthcare Research and Quality</td>
</tr>
<tr>
<td>Association of State and Territorial Health Officials</td>
</tr>
<tr>
<td>National Association of Area Agencies on Aging</td>
</tr>
<tr>
<td>National Association of County and City Health Officials</td>
</tr>
<tr>
<td>National Association of Chronic Disease Directors</td>
</tr>
<tr>
<td>National Association of State Units on Aging</td>
</tr>
<tr>
<td>Preventive Health Partnership</td>
</tr>
<tr>
<td>SPARC (Sickness Prevention Achieved through Regional Collaboration)</td>
</tr>
<tr>
<td>The Gerontological Society of America</td>
</tr>
</tbody>
</table>
Goal of Preventive Services Report

To summarize national and state-by-state data to facilitate access and use of preventive services in community settings with linkages to clinical setting.

- Focus on adults 50-64 years of age
- Complement but not overlap with efforts focusing on clinical performance measures
- Include an agreed upon set of recommended clinical preventive services that can help detect, delay onset, or identify conditions in treatable stages
Important Report Features

- Easy to use
- State and national summary data
- Serves as catalyst for action
- Highlights “calls to action”
- “Spotlights” evidence-based interventions
- Useful resource for:
  - Program planning and reporting
  - Educating policymakers and media
  - Grant writing
### SUMMARY OF KEY ISSUES AND INDICATORS

<table>
<thead>
<tr>
<th>SCREENINGS</th>
<th>INDICATORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast cancer screening</td>
<td>Mammogram within past two years</td>
</tr>
<tr>
<td>Cervical cancer screening</td>
<td>Pap test within past three years</td>
</tr>
<tr>
<td>Colorectal cancer screening</td>
<td>Colorectal cancer screening</td>
</tr>
<tr>
<td>Cholesterol screening</td>
<td>Cholesterol screening within past five years</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>IMMUNIZATIONS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza vaccination</td>
<td>Influenza vaccination within past year</td>
</tr>
<tr>
<td>Pneumococcal vaccination</td>
<td>Pneumococcal vaccination ever among persons at risk</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>UP TO DATE WITH SERVICES</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to date with select clinical preventive services</td>
<td>Up to date with select clinical preventive services</td>
</tr>
<tr>
<td>• Women: Influenza vaccination and breast, cervical, and colorectal cancer screenings</td>
<td>• Men: Influenza vaccination and colorectal cancer screening</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RISK FACTORS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical inactivity</td>
<td>No leisure-time physical activity within past month</td>
</tr>
<tr>
<td>Smoking</td>
<td>Smoking – current</td>
</tr>
<tr>
<td>Binge drinking</td>
<td>Binge drinking within past 30 days</td>
</tr>
<tr>
<td>Obesity</td>
<td>Obesity – current</td>
</tr>
<tr>
<td>High blood pressure</td>
<td>High blood pressure ever</td>
</tr>
<tr>
<td>Moderate depressive symptoms</td>
<td>Moderate depressive symptoms within past two weeks</td>
</tr>
</tbody>
</table>

---

* For sources of recommendations see Appendix D: Key Issues and Related Recommendations from National Expert Panels
† Indicators are based on Behavioral Risk Factor Surveillance System
‡ Among women with intact cervix
§ Had home blood stool test within past year or colonoscopy or sigmoidoscopy within past 10 years
D Smoke currently or have diabetes, asthma or cardiovascular disease
Calls to Action

Strategies to increase access and use of preventive services

Opportunities and challenges related to surveillance, policies and communication

CALLS TO ACTION!

Realizing widespread use of clinical preventive services will require broad-based efforts that build understanding and awareness, implement private and public sector policies, and expand the uptake of successful community-based strategies. To catalyze efforts and address critical opportunities and gaps, this Report calls for action to:

- Increase understanding about social determinants of health by expanding the collection of information on the social context of health in states and communities.
- Engage providers, physical activity professionals and community members to become more physically active and support environmental and policy change to promote physical activity.
- Expand tobacco-cessation programs and policies such as smoke-free laws and policies in public places, increased excise taxes on products, mass media campaigns that motivate users to quit, provider reminder systems that prompt counseling for tobacco use, and health insurance coverage for effective cessation treatments.
- Promote effective policy and environmental strategies for binge drinking prevention to include increasing alcohol excise taxes, limiting alcohol outlet density, restricting days of sale, and insurance coverage of screening and counseling for alcohol misuse.
- Develop and promote policy recommendations for enhancing clinical preventive service delivery and community public health strategies in the next two to three years among adults aged 50 to 64.
Spotlight: Initiatives Addressing Multiple Preventive Services

Innovative models for public health interventions and primary care delivery are being tested that support people where they live and work and make connections for a healthier population.

– CAPT Tricia L. Trinité, MSPH, ANP-BC
   Director, Prevention/Care Management Implementation, Agency for Healthcare Quality and Research
Online Report Features

• Easy to use
• Ability to view data by national, regional, state or selected local areas
• Extensive sorting and comparison features
• Cross-referencing and easy links to related resources
Healthy Aging

**New Report and Interactive Data Tool for Promoting Preventive Services**
In 2008, CDC, AARP, and the American Medical Association initiated a collaborative project to develop a report highlighting data and opportunities to broaden the use of clinical preventive services among adults aged 50 to 64 years in the United States. This report delineates science-based strategies and highlights "calls to action" that build on linkages between clinical and community efforts to facilitate the delivery of multiple preventive services. More >>

- View and compare summary national, regional, state and selected local data with the new Promoting Preventive Services interactive data tool

---

**Healthy Aging Topics**

**Health Information for Older Adults**
Links to health topics relevant to older adults

**Data & Statistics**
Reports and interactive websites featuring key data on older adult health

**Healthy Brain Initiative**
Information on cognitive impairment and Alzheimer's disease, including related research and resources

**Caregiving**
Activities and resources for public health and aging services professionals

**Emergency Preparedness and Older Adults**
Resources to prepare individuals and communities for natural and human-caused disasters

**Resources, Publications, and Press Room**
Reports, podcasts, critical issue briefs, journal articles, and listserv info

**States and Communities**
Healthy aging activities in state health departments and the SPARC program

**Clinical Preventive Services**
Early detection and prevention of diseases

**Mental Health and Aging**
The State of Mental Health and Aging in America reports, with a focus on depression

---

**Interactive Data Tools**

**Promoting Preventive Services Report**
Examine and compare national, regional, state, and city/county data for 14 key preventive services for adults aged 50-64.

**The State of Aging and Health in America**
Examine and compare national, regional, state, and city/county data for 15 key health indicators for adults aged 65 years or older.

**The State of Mental Health and Aging in America**
Examine and compare national and state data for 15 key health indicators for adults aged 65 years or older.
Promoting Preventive Services for Adults 50-64
Community and Clinical Partnerships

This innovative resource identifies a set of recommended preventive services, provides indicators and data at national, state, and selected local levels with which to monitor progress, and promotes successful strategies to facilitate adoption and use. It is hoped that this information will spark sustained collaborations that make effective screening, counseling, vaccinations, and other recommended services a routine part of prevention.

You may download the complete hard copy report here.

View all indicators for one location↑

View all locations↑ for one indicator

Are adults in YOUR state getting the recommended preventive services?
Click on your state to find out more.

Data for Action
Assuring the delivery of preventive services requires creative, sustained collaboration between healthcare and community providers. These resources will get you started.

Calls to Action:
Recommendations to catalyze efforts and address critical opportunities and gaps.

Expert Panel Recommendations:
Science-based guidance related to the report indicators.

Spotlight Programs:
Effective community-based interventions that increase access to and/or use of multiple preventive services.

Related Resources:
Links to other relevant Web sites.
## Texas

### Location Summary

State of Texas | Austin-Round Rock | Dallas-Plano-Irving | El Paso | Fort Worth-Arlington | Houston-Sugar Land-Baytown | San Antonio

### Data for Action

#### Calls to Action

#### Spotlight Programs

### Compare Texas to another location

### Related Sites

- Healthy Aging Program
- State of Aging and Health in America
- State of Mental Health and Aging in America

### Download the Report: Promoting Preventive Services for Adults 50-64

Community and Clinical Partnerships

[PDF - 11.09 MB]

### Related Resources

- Using the Report & Web Site

### Indicator

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Percentage (95% CI)</th>
<th>Data Year</th>
<th>HP 2010 Target %</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Screenings</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mammogram within past 2 years</td>
<td>74.4 (71.5-77.3)</td>
<td>2008</td>
<td>≥ 70</td>
</tr>
<tr>
<td>Pap test within past 3 years</td>
<td>82.8 (79.7-85.9)</td>
<td>2008</td>
<td>≥ 90</td>
</tr>
<tr>
<td>Colorectal cancer screening</td>
<td>46.3 (43.8-48.9)</td>
<td>2008</td>
<td>≥ 50</td>
</tr>
<tr>
<td>Cholesterol screening within past 5 years</td>
<td>85.6 (85.1-88.0)</td>
<td>2007</td>
<td>≥ 80</td>
</tr>
<tr>
<td><strong>Immunizations</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Influenza vaccination within past year</td>
<td>42.1 (39.6-44.6)</td>
<td>2008</td>
<td>≥ 60</td>
</tr>
<tr>
<td>Pneumococcal vaccination ever among persons at risk</td>
<td>33.2 (29.2-37.2)</td>
<td>2008</td>
<td>≥ 60</td>
</tr>
<tr>
<td><strong>Up-To-Date with Services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Up to date with select clinical preventive services for women: Influenza vaccination and breast, cervical, and colorectal cancer screenings</td>
<td>24.7 (22.2-27.2)</td>
<td>2008</td>
<td>n/a</td>
</tr>
<tr>
<td>Up to date with select clinical preventive services for men: Influenza vaccination and colorectal cancer</td>
<td>24.5 (21.1-27.9)</td>
<td>2008</td>
<td>n/a</td>
</tr>
</tbody>
</table>
Texas: Pneumococcal vaccination ever among persons at risk

Data Details

Indicator
Pneumococcal vaccination ever among persons at risk

Compare Texas to another location

Data for Action

Calls to Action
Expert Panel
Recommendations
Spotlight Programs
Related Resources

2008 Texas - Percentage of at risk adults aged 50-64 (have diabetes, asthma, cardiovascular disease or currently smoke) who ever had a pneumococcal vaccination (by Age)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>50-54</th>
<th>55-59</th>
<th>60-64</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage (95% CI)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>33.2 (29.2-37.2)</td>
<td>24.9 (17.4-32.4)</td>
<td>34.1 (27.7-40.6)</td>
<td>41.9 (35.1-48.7)</td>
</tr>
</tbody>
</table>

Footnotes

† A confidence interval (CI) describes the level of uncertainty of an estimate and specifies the range in which the true value is likely to fall. This report uses a 95% level of significance, which means that 95% of the time, the true value falls within these boundaries. When comparing prevalence of variables across states or years, we recommend the use of confidence intervals. If the confidence intervals overlap, the difference is not statistically significant.
Promoting Preventive Services for Adults 50-64

View Data by Indicator

To obtain data for all locations for a particular indicator.

**Screenings**
- Mammogram within past 2 years
- Pap test within past 3 years
- Colorectal cancer screening
- Cholesterol screening within past 5 years

**Immunizations**
- Influenza vaccination within past year
- Pneumococcal vaccination ever among persons at risk

**Up-To-Date with Services**
- Up to date with select clinical preventive services for women: Influenza vaccination and breast, cervical, and colorectal cancer screenings
- Up to date with select clinical preventive services for men: Influenza vaccination and colorectal cancer screening

**Risk Factors**
- No leisure-time physical activity within past month
- Smoking – current
- Binge drinking within past 30 days
- Obesity – current
- High blood pressure ever
- Moderate depressive symptoms within past 2 weeks

**Issues on the Horizon**
The indicators in this Report do not reflect the complete list of available clinical preventive services that can impact the health of adults aged 50 to 64. Several screening and counseling interventions cannot be monitored with available surveillance data or are under review, for such conditions as:
- Prostate cancer
- Vision loss
- Hearing loss
- Pertussis

**Additional Issues of Healthy Aging**
An enhanced focus on health promotion is critical to preserving individuals’ independence and reducing long-term care needs. Three notable issues should be tracked using available surveillance systems and carefully considered as Healthy People 2020 objectives and targets:
- Dietary factors
- Oral health
- Cognitive health

For more detailed information on each of these topics, visit Issues on the Horizon.
Smoking - current

Indicator Summary

- This indicator measures the percent of adults aged 50 to 64 who have smoked at least 100 cigarettes in their entire life and still smoke every day or some days.

- Cigarette smoking remains the leading cause of preventable death and disease, responsible for 1 of every 5 deaths.1,2

- For every person who dies from a smoking-related disease, 20 more suffer with at least one serious illness from smoking: lung and other cancers, coronary heart disease, stroke, chronic obstructive pulmonary disease and other respiratory illnesses.3,4

- Seventy percent of current adult smokers report that they want to quit completely.5

- For more information on tobacco cessation recommendations for adults ages 50 to 64, view the Expert Panel Recommendations.

- For data related to smoking in adults aged 65 years and older, view The State of Aging and Health in America.

Compare Locations & Indicators

2008 - Percentage of adults aged 50-64 who currently smoke cigarettes some days or every day

Download the Report: Promoting Preventive Services for Adults 50-64

Community and Clinical Partnerships

Download Acrobat Reader here.
Compare Locations† & Indicators

Select Two Locations:

Select Location

Select Location

Select Any Number of Indicators

Screenings

☐ Mammogram within past 2 years
☐ Pap test within past 3 years
☐ Colorectal cancer screening
☐ Cholesterol screening within past 5 years

Compare

Footnotes

† The United States includes 50 states plus the District of Columbia, unless otherwise noted.

Regions:

The Northeast Region is comprised of Connecticut, Delaware, Maine, Massachusetts, New Jersey, New Hampshire, New York, Pennsylvania, Rhode Island, and Vermont.

The Midwest Region is comprised of Ohio, Indiana, Michigan, Illinois, Wisconsin, Iowa, Kansas, Missouri, Minnesota, Nebraska, South Dakota, and North Dakota.

The Southern Region is comprised of Alabama, Arkansas, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia.

The Western Region is comprised of Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, New Mexico, Nevada, Oregon, Utah, Washington, and Wyoming.

MMSAs:

The acronym "MMSA" refers to metropolitan statistical areas, micropolitan statistical areas, and metropolitan divisions. The general concept of a metropolitan or micropolitan statistical area is that of a core area containing a substantial population nucleus, together with adjacent communities and all having a high degree of economic and social integration. For more information, visit the BRFSS website.
Create a custom report

**Select Any Number of Locations**
- United States
- Northeast Region
- Midwest Region
- South Region

**Select Any Number of Indicators**
- Mammogram within past 2 years
- Pap test within past 3 years
- Colorectal cancer screening
- Cholesterol screening within past 5 years

**Select Any Age Group**
- 50-64, Total
- 50-54
- 55-59
- 60-64

**Select Any Number of Calls to Action**
- Expand Tobacco Cessation Programs and Policies
- Filling Gaps in Monitoring Clinical Preventive Services
- Increase Understanding about the Social Determinants
- Initiate Public and Private Policy to Move Preventive Services
- Promote Effective Strategies for Binge Drinking Preven...

**Select Any Number of Spotlight Programs**
- WISEWOMAN
- SPARC
- John’s Hopkins Family Heart Study
## Healthy People 2010 Targets

<table>
<thead>
<tr>
<th>Issues</th>
<th>Healthy People 2010 Objective Statements</th>
<th>Healthy People 2010 Targets</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SCREENINGS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breast cancer screening</td>
<td>3-13. Increase the proportion of women aged 40 years and older who have received a mammogram within the preceding 2 years.</td>
<td>70%</td>
</tr>
<tr>
<td>Cervical cancer screening</td>
<td>3-11b. Increase the proportion of women aged 18 years and older who received a Pap test within the preceding 3 years.</td>
<td>90%</td>
</tr>
</tbody>
</table>
| Colorectal cancer screening   | 3-12a. Increase the proportion of adults aged 50 years and older who have received a fecal occult blood test within the preceding 2 years.  
3-12b. Increase the proportion of adults aged 50 years and older who have ever received a sigmoidoscopy. | 50%                        |
| Cholesterol screening         | 12-15. Increase the proportion of adults who have had their cholesterol checked within the preceding 5 years. | 80%                        |
| **IMMUNIZATIONS**             |                                                                                                          |                            |
| Influenza vaccination         | 14-29c. Increase the proportion of adults aged 18 to 64 years who are vaccinated annually against influenza. | 60%                        |
| Pneumococcal vaccination      | 14-29d. Increase the proportion of non-institutionalized, high risk adults aged 18 to 64 who have ever been vaccinated against pneumococcal disease. | 60%                        |
| **UP TO DATE WITH SERVICES**  | Up to date with select clinical preventive services                                                      | No target specified.       |
| **RISK FACTORS**              |                                                                                                          |                            |
| Physical inactivity           | 22-1. Reduce the proportion of adults who engage in no leisure-time physical activity.                    | 20%                        |
| Smoking                       | 27-1. Reduce tobacco use (cigarette smoking) by adults aged 18 years and older.                            | 12%                        |
| Binge drinking                | 26-11c. Reduce the number of adults engaging in binge drinking of alcoholic beverages during the past month. | 13.4%                      |
| Obesity                       | 19-2. Reduce the proportion of adults who are obese.                                                      | 15%                        |
| High blood pressure           | BRFSS is based on self-report data and thus is not consistent with tracking the Healthy People objective. | --                         |
| Moderate depressive symptoms  | No target specified.                                                                                    | --                         |
Spotlight Programs: Initiatives Addressing Multiple Preventive Services

To generate creative approaches for fostering strong community-clinical partnerships, three interventions are offered to improve the delivery of multiple clinical preventive services for adults.

Two are evidence-based interventions that have been vetted in a variety of real-world settings:

**SPARC** (Sickness Prevention Achieved through Regional Collaboration), a community-based collaboration in 4 states

**WISEWOMAN** (Well-Integrated Screening and Evaluation for WOMen Across the Nation), sponsored by the Centers for Disease Control and Prevention (CDC) and implemented in 19 states and 2 tribal organizations

The third example, the **Family Heart Study** directed by Johns Hopkins University, has not yet been replicated outside the research setting but may foster future interest in similar community-based initiatives.

Key features of Spotlight Programs:

- Two or more preventive services are planned, offered and delivered as a “bundle” in accessible community sites.
- Interventions are based on science, evidence-based practices and clinical guidelines.
- Emphasis is placed on hard-to-reach populations or those less likely to use or have access to services in clinical settings.
- The community at large and the populations to be served are engaged at all stages of planning and implementing.
- Strong partnerships are formed between community organizations and clinical providers for vaccinations, screenings, risk reduction and lifestyle services and diagnostic and follow-up care.

**SPARC**
(Sickness Prevention Achieved through Regional Collaboration)

The SPARC program builds partnerships with and between community organizations and healthcare providers to increase the delivery of multiple clinical preventive services, namely vaccinations and screenings.

Who is reached?
Related Resources

On this Page

Further Information on Health Topics (link to sections below)
- Binge Drinking
- Breast Cancer Screening
- Cervical Cancer Screening
- Cholesterol Screening
- Cognitive Health
- Colorectal Cancer Screening
- Depression
- Diabetes
- General Health
- Health Disparities
- Hearing Loss
- High Blood Pressure
- Influenza Vaccination
- Obesity
- Oral Health
- Pertussis
- Physical Inactivity
- Pneumococcal Vaccination
- Prostate Cancer
- Smoking
- Up to Date with Preventive Services
- Vision Loss

Tools, Related Reports, and other Resources
- Clinical Tools
- Data Reports
- Resources for Journalists
- State and Local Resources

Binge Drinking
- AARP, Alcohol Use
- CDC, Alcohol and Public Health
- Healthfinder.gov, Alcohol Use
- NIH, National Institute on Alcohol Abuse and Alcoholism
- Task Force on Community Preventive Services, Guide to Community Preventive Services: Preventing Excessive Alcohol Use

Breast Cancer
- AARP, Breast Cancer
- AHRQ, Summary of USPSTF Recommendations
- CDC, Breast Cancer
- CDC, National Breast and Cervical Cancer Early Detection Program
- Healthfinder.gov, breast cancer Screening
- NIH, National Cancer Institute, Breast Cancer: Screening and Testing
- Task Force on Community Preventive Services, Guide to Community Preventive Services, Cancer Prevention & Control: Client-oriented Screening Interventions

Cervical Cancer
- AARP, Cervical Cancer
- AHRQ, Cervical Cancer Screening
- CDC, Cervical Cancer

Download Acrobat Reader here.
How this Web Site Can Help You

• Orientation to preventive services issues for 50-64

• Data for grant writing, strategic priority setting, planning

• Health news reporting

• Policy development
Enhancing the Use of Medicare-Covered Preventive Services Among Older Adults

- State- and national-level data on use of select Medicare-covered preventive services
- Highlights disparities among 65+
- Released early 2011
Expanding Use of CPS

**CDC’s Role**

- Monitoring and documenting the current use of services
- **Educating older adults, their caregivers, and providers about recommended services**
- Sharing and supporting evidence-based practices to improve delivery and use of services
Partnering with AARP

- CDC – AARP Liaison
- Tele-town hall meetings
- Webinars (Nov: immunizations; March: Colorectal cancer screening)
  - www.aarp.org/health/conditions-treatments/
- Toolkits/how-to guides for members through Create the Good
  - www.createthegood.org
- Message testing
Expanding Use of CPS

CDC’s Role

- Monitoring and documenting the current use of services
- Educating older adults, their caregivers, and providers about recommended services
- Sharing and supporting evidence-based practices to improve delivery and use of services
Developing Strategic Actions and Policies

• Interviewing experts in field

• Prioritizing actions and policies identified

• Convening stakeholders meeting in early 2011 to create consensus on most promising strategies for near term
SPARC

• SPARC serves as a catalyst and a "bridge" by bringing community organizations and healthcare agencies together to:
  • Create local networks of healthcare and social service providers that take responsibility for population-wide access to and delivery of CPS
  • Develop efficient programs by bundling services for one-stop delivery at multiple community sites
  • Coordinate outreach for CPS across the entire community
  • Identify and reach out to groups most in need
  • Provide screening results as follow-up to participants’ healthcare providers
  • Provide guidance and training to local healthcare practitioners
  • Monitor and continually enhance community-wide efforts
• Locations: 4 county area at intersection of CT, MA, and NY; Atlanta metro area
• Successes: Increased the use of influenza vaccinations, pneumococcal vaccinations, hepatitis B vaccinations, tetanus booster and mammography
• *Action Guide* coming soon
• www.sparc-health.org
Contact Information

Lynda Anderson, PhD  
Director, Healthy Aging Program  
laa0@cdc.gov

Amy Slonim, PhD  
CDC-AARP Liaison  
aslonim@aarp.org

Maggie Moore, MPH  
CDC Healthy Aging Program  
mnk1@cdc.gov

The findings and conclusions in this presentation are those of the author and do not necessarily represent the official position of CDC or ATSDR