

Prevention Status Report

SAMPLE STATE

Tobacco Control

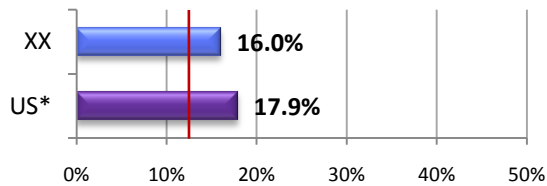
Why is tobacco control important?

Tobacco is the leading cause of preventable death in the US and in **STATE**. In the US, 40% of adult nonsmokers and 54% of children (aged 3–11 years) are exposed to secondhand smoke. Tobacco use results in \$96 billion in medical expenditures and \$97 billion in lost productivity annually in the US. In **STATE**, \$**X** billion in personal health care expenditures and \$**X** billion in lost productivity are related to smoking. States that invest in proven strategies protect kids from tobacco, decrease smoking rates, reduce tobacco-related healthcare costs, and prevent deaths.

Public health indicators

Proportion of adults who smoke cigarettes, 2009

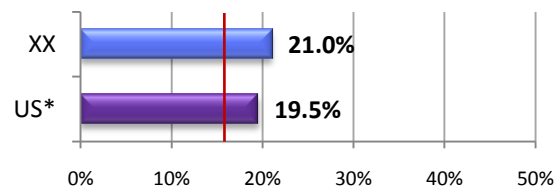
Healthy People 2020 Target = 12.0% (Red line)



* Median state prevalence

Proportion of high school students who smoke cigarettes, 2009

Healthy People 2020 Target = 16.0% (Red line)



*National prevalence among high school students

Policy indicators



State cigarette excise tax, 2010

STATE'S tax is \$2.22 compared to the highest state tax of \$4.35. Healthy People 2020 Target is a state increase of \$1.50 per pack.



State smoke-free policy, 2010

STATE requires smoke-free workplaces, including restaurants, bars, and other public places. Healthy People 2020 Target = All 50 states and the District of Columbia to have statewide smoke-free laws.



State funding for tobacco control, FY2010

STATE allocated 25% of the CDC recommended funding for tobacco control (\$10 million of \$40 million).

What can be done to prevent illness and death and reduce health care costs?

States can make a significant difference in public health by employing high-impact, cost-effective tobacco control and prevention strategies. **MPOWER**: **M**onitor tobacco use and prevention policies, **P**rotect people from tobacco smoke, **O**ffer help to quit tobacco use, **W**arn people about the dangers of tobacco, **E**nforce bans on tobacco advertising, promotion, and sponsorship, and **R**aise state cigarette taxes on tobacco.

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KEY:

= Healthy Achievement

= Healthy Progress

= Recommendations for Progress

ATTACHMENT – D: Sample PSR

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Prevention Status Report

Nutrition, Physical Activity, and Obesity

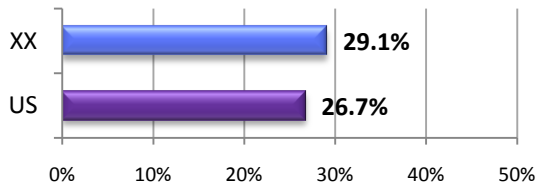
SAMPLE STATE

Why are nutrition, physical activity, and obesity important?

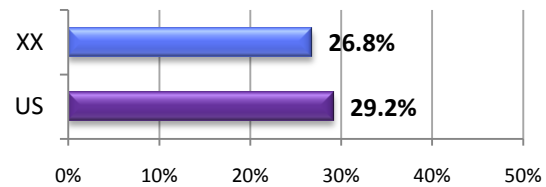
A healthful diet and regular physical activity benefit the health of children and adults. Poor diet and physical inactivity contribute to many serious and costly health conditions including obesity, heart disease, diabetes, some cancers, unhealthy cholesterol and high blood pressure. Obesity is associated with increased blood pressure and unhealthy cholesterol; chronic diseases such as heart disease, diabetes, some cancers, and osteoarthritis; complications of pregnancy; and death at earlier ages. In 2007-2008, 17% of children and adolescents and 34% of adults were obese. Among adults, the medical costs associated with obesity are \$147 billion.

Public health indicators

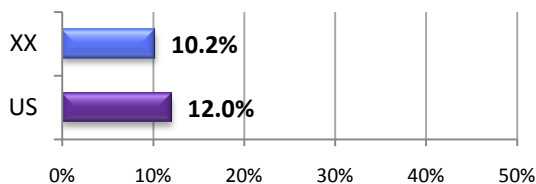
Proportion of adults who are obese, 2009



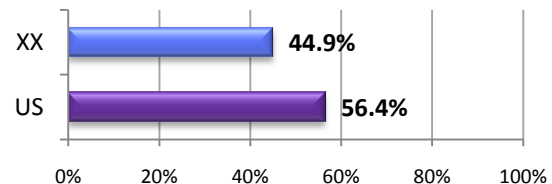
Proportion of high school students who drank a can, bottle, or glass of soda or pop at least one time per day, 2009



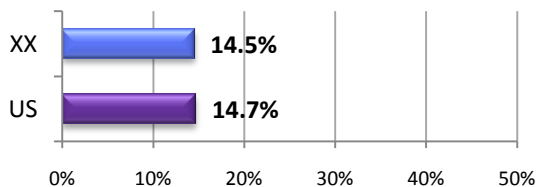
Proportion of high school students who are obese, 2009



Proportion of high school students who attended physical education classes on 1 or more days in an average week when they were in school, 2009



Proportion of low income children 2- < 5 years of age who are obese, 2009



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Prevention Status Report

Nutrition, Physical Activity, and Obesity

SAMPLE STATE

Policy indicators



Sale of less nutritious foods and beverages in secondary schools, 2008

In 2008, 38% of secondary schools in **STATE** did not allow students to purchase baked goods that are not low in fat, salty snacks that are not low in fat, candy, or soda pop or fruit drinks that are not 100% juice in vending machines or at the school store, canteen, or snack bar.



Physical education time requirement for high school students, 2010

STATE does not have a physical education time requirement for high school students.



State procurement policy for foods and beverages, 2010

STATE does not have a state procurement policy for foods and beverages.



Inclusion of nutrition and physical activity standards in state regulations of licensed child care facilities, 2008

STATE'S child care regulations include some model policies for healthy eating and physical activity.



Average birth facility score for breastfeeding support, 2009

STATE has an average birth facility score of 74. The US national score is 65.

What can be done to improve nutrition and physical activity and help prevent obesity and other chronic diseases?

- 1) Support school districts in implementing strong nutrition standards that restrict the availability of low-nutrient, energy dense foods and sugar sweetened beverages.
- 2) Pass a state policy to increase physical education (PE) time requirements and do not grant PE exemptions for participation in sports, club memberships, or academic reasons.
- 3) Establish state procurement policy standards for foods and beverages purchased, contracted, distributed or sold in government facilities.
- 4) Implement improvements in nutrition and physical activity standards in state regulations of licensed child care facilities using standards in “Preventing Childhood Obesity in Early Care and Education Programs” as a guide.
- 5) Work with hospitals and birth centers in **STATE** to implement evidence-based practices that support breastfeeding.

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Prevention Status Report

Food Safety

SAMPLE STATE

Why is food safety important?

Diseases spread by contaminated foods continue to challenge the public health system. Each year, an estimated 1 in 6 Americans develop an acute foodborne infection, almost 128,000 are hospitalized and 3000 die, with the worst consequences in the very young and the elderly.² The health costs of four bacterial infections alone were estimated to be \$6.5 billion/year, not including the costs of lost consumer confidence, product advisories and recalls. Large foodborne outbreaks continue to occur with a wide spectrum of implicated foods, including fresh produce and processed foods, as well as foods of animal origin. In recent years, prolonged nationwide outbreaks of *Salmonella* infections strained public health departments and highlighted the need for fast and coordinated action.

Public health response indicators



Proportion of *E. coli* O157 PFGE patterns reported to CDC (i.e., uploaded into PulseNet) within 4 working days of receipt of the isolate in the state Public Health Lab, 10/1/09 – 9/30/10
National Target (CDC Public Health Emergency Preparedness Cooperative Agreement) = 90%

XX = 95% (Note: 9 states = 100%; 6 states = 0.0%)
US = 63.4%



Annual proportion of *Salmonella* cases reported to CDC (National Notifiable Diseases Surveillance System) with PFGE patterns uploaded into PulseNet, 2009

XX = 85% (Note: 33 states = 100%)
US = 79.1%

What can be done to prevent illness and death and reduce health care costs?

- 1) Improve foodborne disease surveillance and detection activities
 - a. Determine the specific strain and perform DNA fingerprinting for all *Salmonella* and Shiga toxin producing *E. coli* (STEC).
 - b. Interview all *Salmonella*, STEC, and *Listeria* cases with a standardized form.
- 2) Increase the speed and completeness of outbreak investigations
 - a. Employ trained interview team approach to interviews.
 - b. Conduct targeted environmental health investigations.
 - c. Conduct rapid traceback of implicated foods where indicated.
- 3) Increase local and state foodborne disease prevention activities
 - a. Require a certified kitchen manager to be present in each food service establishment.
 - b. Restaurants should publicly post the results of the most recent food safety inspection.
 - c. State and local jurisdictions should adopt and implement as many provisions as possible from the 2009 FDA Model Food Code.
 - d. Conduct inspections of all state-regulated food processors at regular intervals.

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Teen Pregnancy Prevention

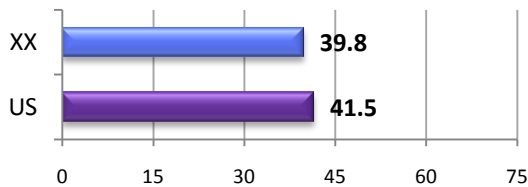
Why is teen pregnancy prevention important?

Each year in the United States, about 750,000 women under age 20 become pregnant. Most teen pregnancies – nearly two-thirds of those to mothers younger than age 18 and more than half among mothers aged 18–19 years – are unintended. The costs of teen childbearing are at least \$9.1 billion annually in the US. The cost to **STATE** taxpayers was estimated to be at least \$XX million in 2004.³ Overarching goals for this priority include policy and systems changes to: implement effective prevention programs that fit the unique needs of the youth and community; delay initiation of sexual activity among teens; and increase the use of contraception, particularly long-acting, reversible methods, among sexually active teens.

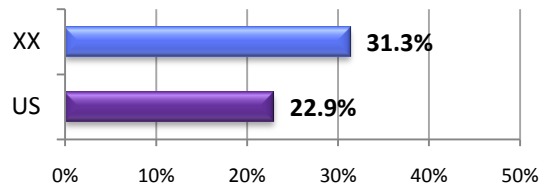
Public health indicators

Teen birth rate, 2008

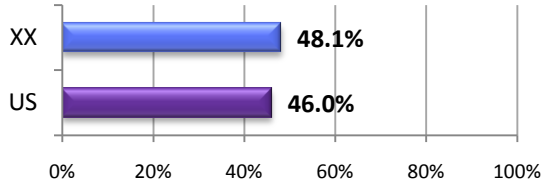
(Per 1,000 women aged 15–19 years)



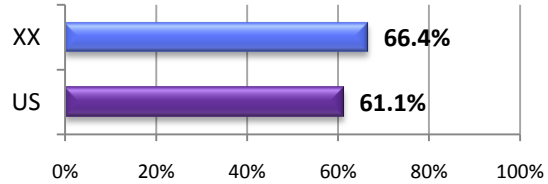
Birth control pill or Depo-Provera use before last sexual intercourse among currently sexually active high school students, 2009



Proportion of high school students who have ever had sex, 2009



Condom use during last sexual intercourse among currently sexually active high school students, 2009



Policy indicator



Medicaid family planning expansion through state approval, 2010

Medicaid expansion for family planning services in **STATE** covers all women, including teens.

What can be done to prevent teen pregnancy and reduce health care costs?

In addition to helping the significant proportion of teens who are not sexually active to remain so through evidence-based prevention, education, and support, a key to reducing teen pregnancy is to make sure that sexually active adolescents at risk for pregnancy are connected to family planning services. One way to improve access for teens is to continue to provide Medicaid family planning services to women less than 19 years of age, either through the Medicaid waiver or by converting to the State Plan Amendment recently made available by the Centers for Medicare & Medicaid Services (CMS).

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HIV Prevention

SAMPLE STATE

Why is HIV prevention important?

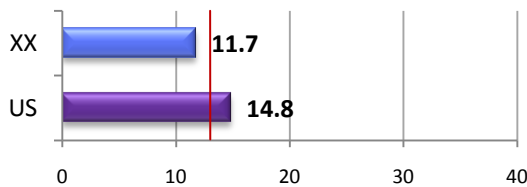
In 2010, the White House released the first National HIV/AIDS Strategy for the United States to promote a national urgency and coordinated response to the ongoing HIV epidemic. Today, more than 1.1 million people in the US are living with HIV infection and 1 in 5 of them is unaware of their infection. Increasing knowledge of serostatus among HIV-infected persons leads to reduction in risk behaviors and reductions in new HIV transmissions and connects people with needed care and treatment. The lifetime cost of medical treatment for HIV-infected persons is more than \$350,000, making HIV prevention an extremely cost-effective public health intervention.

Public health indicators

AIDS diagnosis rate, 2008

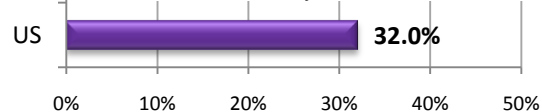
(New cases per 100,000 population aged 13 years and older)

Healthy People 2020 Target = 13.0 new cases per 100,000 population (Red line)



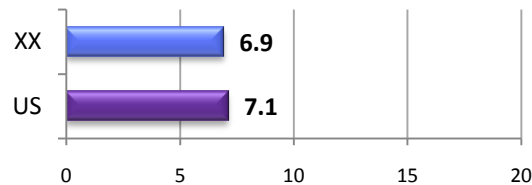
Late HIV diagnosis, 2007

XX Data are not available from sources used for this report. State collected data may be available.



Deaths among persons with AIDS, 2007

(Rate per 100,000 population aged 13 years and older)



Policy indicators



Reimbursement for screening

Medicaid does not reimburse for HIV screening in all settings and all population in **STATE**.



HIV testing laws

State HIV testing laws are consistent with CDC's 2006 HIV testing recommendations.



CD4 and VL lab reporting

State law or regulation requires reporting of all CD4 and viral load results for surveillance purposes.

What can be done to prevent illness and death and reduce health care costs?

STATE can work to further expand HIV prevention activities and target resources to interventions, geographic areas, and populations that can have the greatest impact toward achieving the goals of the National HIV/AIDS Strategy.

Improved policies that would support the National Strategy include the following:

- 1) Expand medicaid reimbursement for HIV screening to all populations and settings.

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Healthcare-associated Infection Prevention

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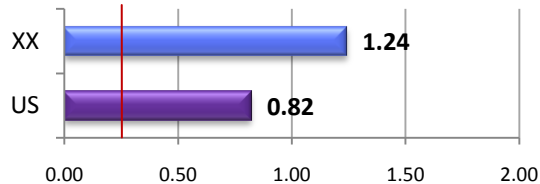
Why is healthcare-associated infection prevention important?

One in every 20 hospitalized patients will contract a healthcare-associated infection (HAI), causing excessive, preventable illness and higher healthcare costs. It is estimated that HAIs incur an estimated \$28 to \$33 billion in excess healthcare costs each year in hospitals in the US. States work with CDC to monitor and prevent HAIs in all types of healthcare facilities. Reporting HAI data allows prevention efforts to be targeted and measured. States also work on broad prevention collaboratives targeting specific infection and bacteria types, such as methicillin-resistant *Staphylococcus aureus* (MRSA). As our knowledge of prevention strategies grows, HAIs are increasingly preventable.

Public health indicators

Central line-associated bloodstream infection (CLABSI) – Standardized Infection Ratio (SIR), 2010

Healthy People 2020 Target = 0.25 Standardized Infection Ratio (SIR) or 75% reduction



Policy indicators

XX% Acute care facilities reporting to CDC

Percent of hospitals reporting any HAI data to CDC's National Healthcare Safety Network (NHSN).



Validating HAI data sent to CDC

STATE had no efforts in place in 2009 to validate data sent to CDC's National Healthcare Safety Network (NHSN).



Participation in statewide prevention efforts

STATE is leading or taking part in broad prevention collaboratives.

- | | | | | |
|-----------------------|-----------------------------------|--|---|-------------------------------|
| ✓ CLABSI | <input type="checkbox"/> SSI | ✓ CAUTI | <input type="checkbox"/> VAP | <input type="checkbox"/> MRSA |
| ✓ <i>C. difficile</i> | <input type="checkbox"/> Dialysis | <input type="checkbox"/> Ambulatory care | <input type="checkbox"/> Long-term care | |

What can be done to prevent illness and death and reduce health care costs?

- 1) Continue to expand HAI prevention efforts inside and outside of hospitals, including setting up broad collaborative partnerships for preventing infections in settings such as long-term care, dialysis centers and outpatient surgery centers.
- 2) Focus efforts on ensuring CDC guidelines are followed by every healthcare provider and facility.
- 3) Advocate and support data validation efforts and ensure Recovery Act investments are being used effectively for maximum impact.

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Prevention Status Report

Motor Vehicle Injury Prevention

SAMPLE STATE

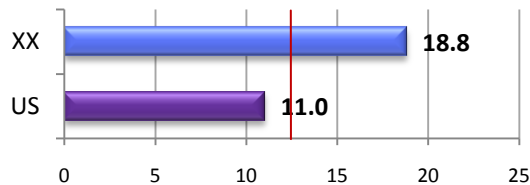
Why is motor vehicle injury prevention important?

Motor vehicle crashes represent one of the largest and most preventable public health problems facing our nation today. Motor vehicle crashes are the leading cause of death among US residents aged 5-34 years. In 2009, nearly 34,000 people were killed and another 2.6 million treated in emergency departments. The economic impact of these injuries totals more than \$230 billion per year. These costs are borne by many, including individuals, employers, the health care system, and public and private insurance.

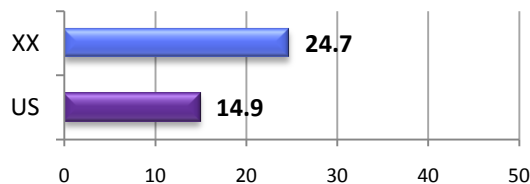
Public health indicators

Motor vehicle-related death rate, 2009 (rate per 100,000 population)

Healthy People 2020 Target = 12.4 per 100,000 population (Red line)

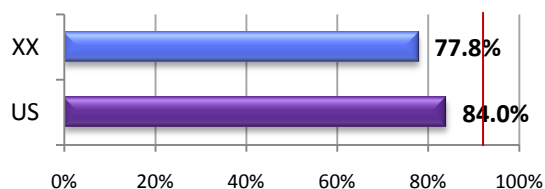


Motor vehicle-related death rate among adolescents, 2009 (rate per 100,000 population aged 15–19 years)



Seat belt use, 2009

Healthy People 2020 Target = 92.4% (Red line)



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Prevention Status Report

Motor Vehicle Injury Prevention

SAMPLE STATE

Policy indicators

**Seat belt law**

STATE has a primary enforcement law for all seating positions.

**Child safety restraint law**

STATE requires that all children age 5 years and younger or less than 60 pounds must be in a child restraint.

**Graduated drivers license (GDL) law**

STATE has achieved a "good" rating; however, improvements could be made to strengthen the GDL system.

**Alcohol ignition interlock law**

STATE does not require any ignition interlock system for offenders.

What can be done to prevent injury and death and reduce health care costs?

- 1) Require that children ride in age- and size-appropriate seats until at least age 8 and 4 feet 9 inches tall.
- 2) Start nighttime restriction at 10:00 pm during GDL probationary period.
- 3) Limit passengers to no more than one during GDL probationary period.
- 4) Require installation of ignition interlocks for all convicted first-time and repeat offenders.

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