





Healthy State


3.0 - Chronic Disease & Injury Prevention

Measure	Target	Actual	Status	Agency	Notes
3.1 - Heart Attack and Stroke Deaths per 100,000	Heart Attack-30.0, Stroke-47.0	Heart Attack-34.1, Stroke-50.1		DOH	Heart attack and stroke deaths are dropping in Washington and nationwide. Washington's rate for stroke runs higher than the national rate, while heart attack death rates have been lower than the national rate for several years.
3.2 - Senior Falls Prevention: Rate of Hospitalization Due to Falls for the 65 and Older Population per 100,000	1686.09	1720.5		DOH	The Office of Financial Management projects an increase in the population of older adults from 11% in 2007 to 19% in 2020. Given this projected increase, the number of fall hospitalizations will go up dramatically without focused fall prevention efforts.
3.3 - Cancer: Rate of Death from Breast, Cervical and Colorectal Cancer	Breast-23.0, Cervical-1.67, Colorectal-16.5 per 100,000	Breast-23.6, Cervical-1.8, Colorectal- 16.9 per 100,000		DOH	Cancer is the leading cause of premature deaths in Washington. Breast, cervical and colorectal are among the top five types of cancer in Washington and contribute to a large share of hospitalization and medical costs.

4.0 - Communicable Disease

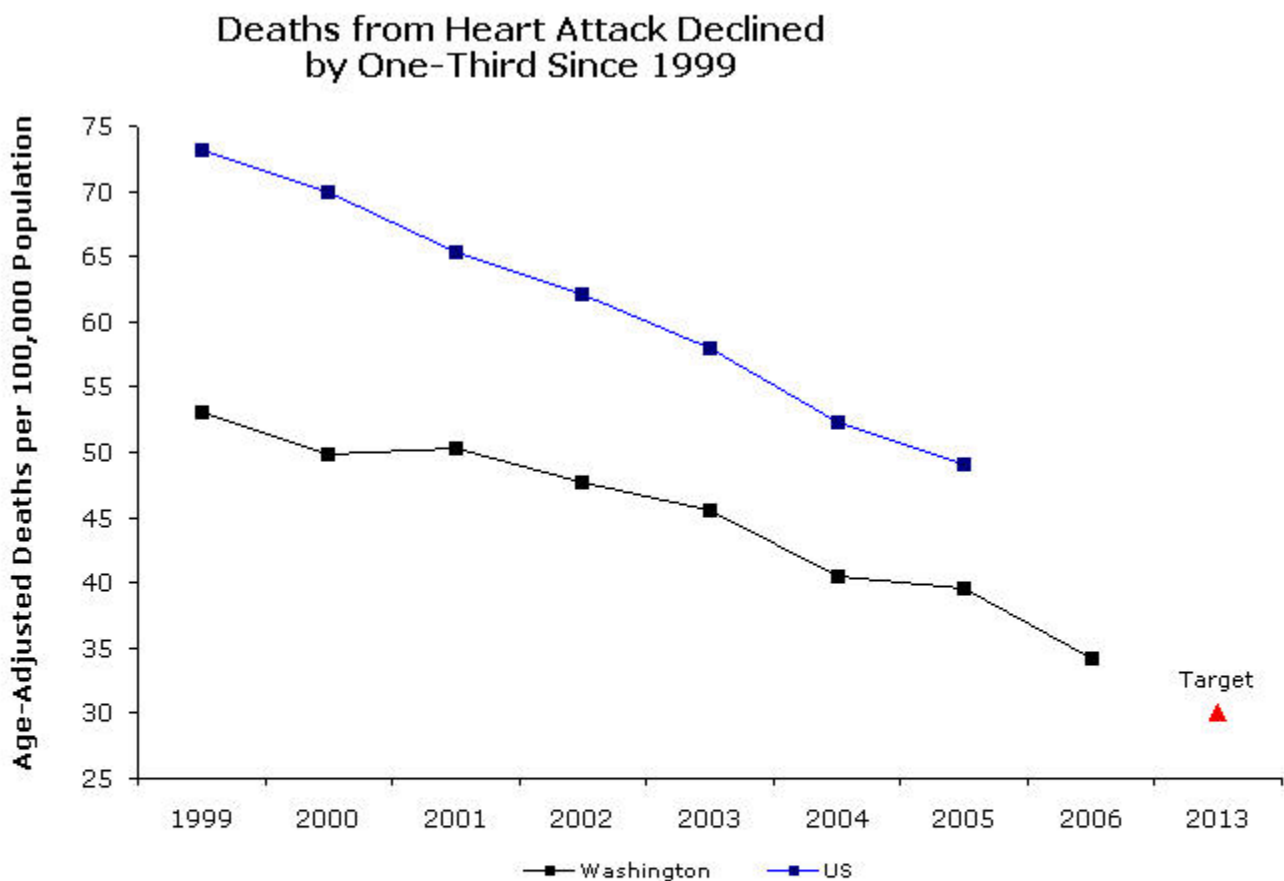
Measure	Target	Actual	Status	Agency	Notes
4.1 - Immunizations : Percent of Children 19-35 Months Who Receive All Recommended Vaccines	80%	69%		DOH	The Washington rate decreased slightly from 71% in 2006 to 69% in 2007. Immunization is the single most important method to protect children against serious and sometimes deadly infectious diseases. There are no effective alternatives.

5.0 - Environmental Health

Measure	Target	Actual	Status	Agency	Notes
5.1 - Percent of Drinking Water Surveys Completed with No Critical Deficiencies	81%	82%		DOH	Preliminary data for FY 08 shows the number of water systems with significant deficiencies is increasing. We will analyze the final data in the next few months to identify any shifts and needed actions.



3.1 - Heart Attack: Rate of Deaths per 100,000



Measure: Heart attack rate of deaths per 100,000.

Target: 30.0 per 100,000 by 2013

Data Source: DOH Vital Statistics; 2006

Period/Frequency: 1999 - 2006; data available annually in January one year later.

Relevance: Though deaths from heart attack are declining in Washington and nationwide, it is still a significant cause of death and among the top causes of hospitalization and health care costs

ID: Patanian/DOH

Display Drill Down Measures ▼

- 3.1.a - Cholesterol Screening
- 3.1.b - Cholesterol Management
- 3.1.c - Obesity: Slow the Rate of Increase in Obesity
- 3.1.d - Tobacco Use: Percent of Adults Who Report Smoking Daily or Some Days
- 3.1.e - Percent of Ischemic Stroke Treated with Tissue Plasminogen Activator

Analysis ▼

- [Washington](#) has fewer heart attack deaths than the US rate. At our current rate of decline we are likely to meet the 2013 target.
- Research suggests that half of the ongoing decline is due to reducing risk factors, such as smoking, blood pressure and cholesterol, and half to the use of evidence-based medical therapies.

Action Plan

What: Develop standards for heart attack treatment for use by emergency medical services and hospital staff.

Who: Kelley/DOH, Schmitt/DOH, Westmoreland/DOH, Klein/DOH;
Emergency Cardiac and Stroke Technical Advisory Committee

When: February 2009



Extended Analysis ▼

- Each day about 6 people die of a heart attack in Washington.
- Of the 2147 people who died in 2006 of a heart attack, 1199 were men, and 948 were women.

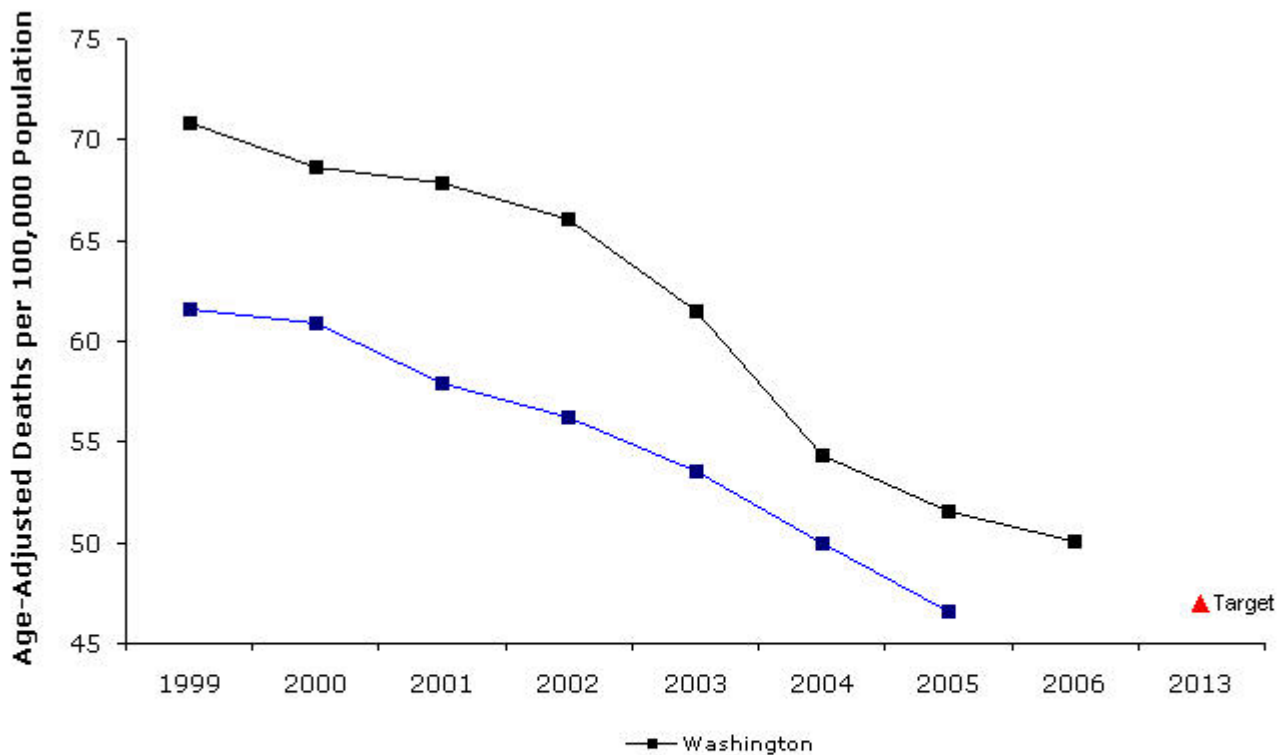
Action Plan ▼

Title	Who	Due Date	Status	Status Date
ForumDate : 2008-10-08 (4)				
Develop hospital and emergency medical services standards for heart attack treatment and patient transport	Kelley/DOH, Schmitt/DOH, Westmoreland/DOH, Klein/DOH; Emergency Cardiac and Stroke Technical Advisory Committee	2/28/2009	In Progress	9/18/2008
Engage health care providers to improve quality of care	Arias-Reyes/DOH, Rush/DOH	5/31/2009	In Progress	8/25/2008
Pilot test a public education campaign	Patanian/DOH, Saunders/DOH, Mikkelsen/DOH	3/31/2009	In Progress	8/25/2008
Provide technical assistance	Shultis/DOH, Kelley/DOH, Westmoreland/DOH, Klein/DOH; Emergency Cardiac and Stroke Technical Advisory Committee	3/31/2009	Not Started	9/25/2008

[Add new item](#)

3.1 - Stroke: Rate of Deaths per 100,000

Stroke Death Rate is Declining in Washington, But Still Higher Than the National Rate



Measure: Stroke rate of deaths per 100,000.
Target: 47.0 per 100,000 by 2013
Data Source: DOH Vital Statistics; 2006
Period/Frequency: 1000 - 2006; data available annually in January, one year later
Relevance: Stroke deaths are dropping in Washington and nationwide, but they're still among the health care costs and causes of hospitalizations, disabilities, and deaths.
ID: Patanian/DOH

Display Drill Down Measures ▼

Analysis ▼

- [Washington](#), and all of the Pacific Northwest, has a higher rate of death due

to stroke than the US. We really do not know why this variation exists.

- In 2006, seven people died of strokes each day in Washington.
- Rates have declined since 1999 from 71 per 100,000 to 51 per 100,000.
- Research suggests that half of this decline is due to reducing risk factors such as smoking, blood pressure, and cholesterol, and half to the use of evidence-based medical therapies.

Action Plan

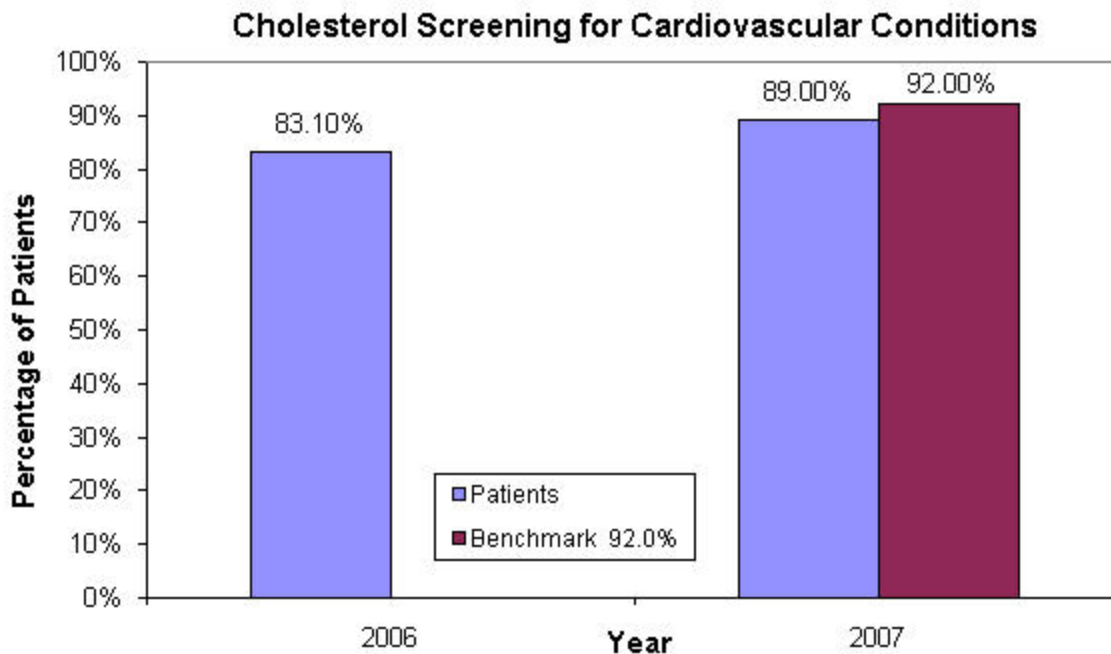
What: Develop standards for stroke treatment for use by emergency medical services and hospital staff.

Who: Kelley/DOH, Schmitt/DOH, Westmoreland/DOH, Klein/DOH;
Emergency Cardiac and Stroke Technical Advisory Committee

When: February 2009



3.1.a - Cholesterol Screening for Cardiovascular Conditions



Measure: Percentage of qualifying patients in HCA-participating health plans who received LDL-C (cholesterol) screening
DataSource: NCQA HHEDIS Dataset (annual)
Period: CY 2007
Comments: Benchmark is national 90th percentile rate for reporting health plans.
Comment: Rate is weighted to reflect distribution of enrollment among participating health plans

Display Drill Down Measures

Analysis

this measure tracks the percentage of HCA-participating health plan enrollees with cardiovascular conditions who receive an annual cholesterol screening. Screening is the first step in cholesterol management (e.g. cholesterol-lowering medication), which in turn is central to reducing the risk of heart attack and stroke-- respectively the first and third most common causes of death in the United States.

- The 2007 benchmark for this measure is the national 90th percentile rate for

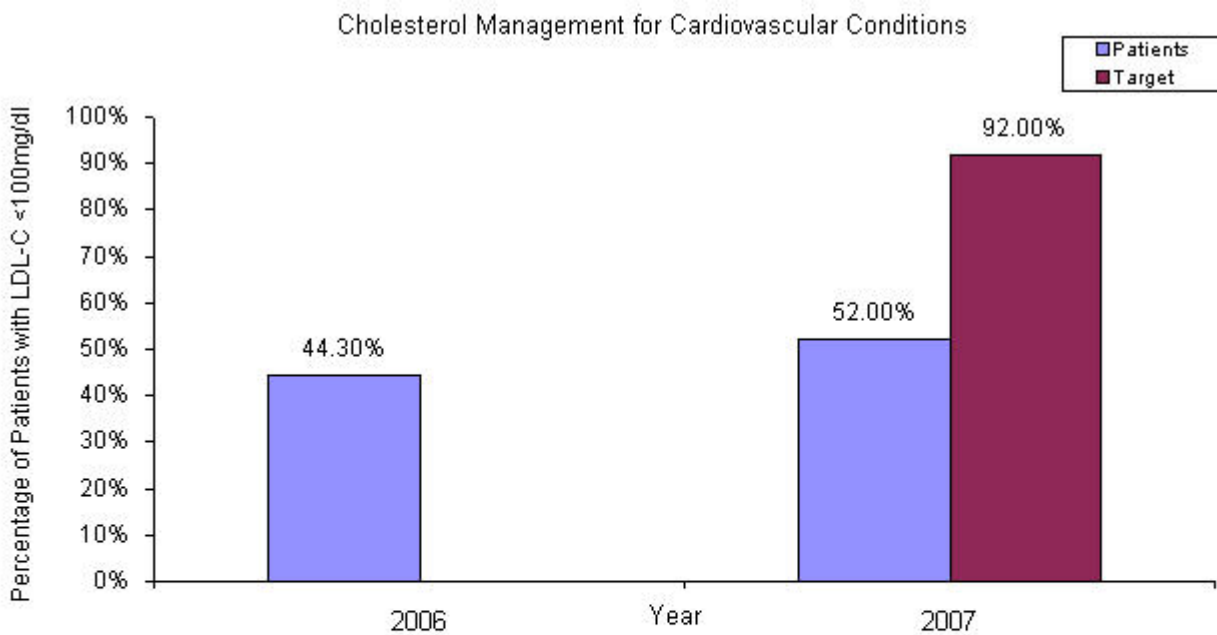
health plans reporting to NCOA, **92.0%**. HCA-participating plans were closer to this benchmark in 2007 than in 2006, at **89.0%** and **83.1%** respectively. HCA staff are exploring options for capturing data, currently unavailable, on the causes of year-to-year variation.

- This measure is not trendable for years prior to 2006 due to changes in data collection or interpretation methods.



3.1.b - Cholesterol Management

Cholesterol Management for Cardiovascular Conditions



Measure Percentage of qualifying patients in HCA-participating health plans who maintained LDL-C <100mg/dl
Data Source: NCQA HEDIS dataset (annual)
Benchmark National 90th percentile rate for reporting plans
Period CY 2007
Comments: Rate is weighted to reflect distribution of enrollment among participating plans

Display Drill Down Measures

Analysis

- Cholesterol management for cardiovascular conditions is measured as maintaining LDL-C <100mg/dl. Effective cholesterol management is a central component of strategies to reduce the risk of heart attack and stroke, the Number 1 and Number 3 cause of death in the United States respectively.
- The percentage of patients in HCA-participating health plans meeting this criterion rose from **44.3%** to

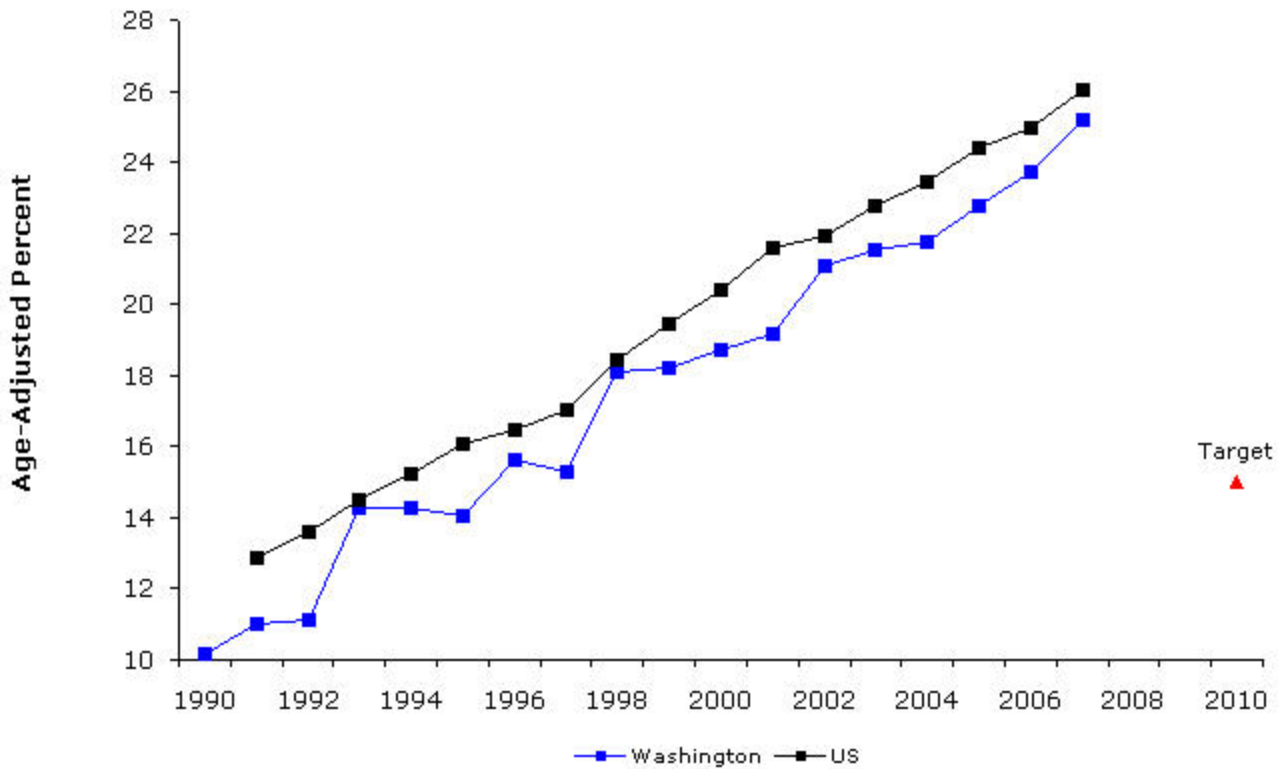
52.0%. The published national benchmark is **92.0%**, but for reasons noted below may not be a useful indicator.

- The *nominal* benchmark is the 90th percentile score of health plans reporting on the National Commission on Quality Assurance (NCQA) HEDIS dataset for 2008. ***It is important to note that this value is actually the rate for cholesterol screening, a separate measure. NCQA uses that value as a surrogate for this measure, and does not publish the actual value.***
- This measure is not trendable due to changes in data collection or interpretation method.



3.1.c - Obesity: Slow the Rate of Increase in Obesity Rates

Obesity Among Washington Adults Has More than Doubled Since 1990



Measure: Obesity: Slow the rate of increase in obesity rates.
Target: 4.29% in 2010.
Data Source: Behavioral Risk Factor Survey (1990-2007)
Period/Frequency: 1990-2007; annually in September.
Relevance: Obesity is a major contributor to chronic disease. Chronic disease accounts for 75% of Washington's medical costs.
ID: Unland/DOH

Display Drill Down Measures

- 3.1.c.1 - Percent of Adults Meeting Recommendations for Moderate or Vigorous Physical Activity
- 3.1.c.2 - Percent of Adults Who Reported Eating Fruits and Vegetables Five or More Times a Day

Analysis

- The average annual rate of increase between 1990 and 2007 was 4.4%.
- In 1990, the adult obesity was at 10.4% and climbed to 25.2% in 2007. [County statistics](#) indicate that some counties are higher than the state average.
- The Healthy People 2010 goal was set in 1999. The US was only at 18% at the time so a 3% decrease in 11 years didn't seem unrealistic. Now there is no state below 20%.
- Contributing factors are numerous - changes in food choices and processing, sedentary lifestyles, and decreasing access to physical activity opportunities.

Action Plan

What: Increase the number of local health agencies adopting evidence-based strategies to decrease obesity.

Who: Grinnell/DOH; local health agencies

When: June 2010



Extended Analysis

- Obesity impacts all segments of our society but is especially prevalent in lower income populations, see [Health of Washington State Report](#)
- By 2015, obesity is estimated to be at 35% in Washington.
- Adults consume more calorie-dense snacks than they did in 1984. Changes in food processing and technology and reductions in time for food preparation made process food more available and cheaper.
- Communities are not designed for physical activity. Walking areas are unsafe or inconvenient and affordable indoor options are limited in many places.

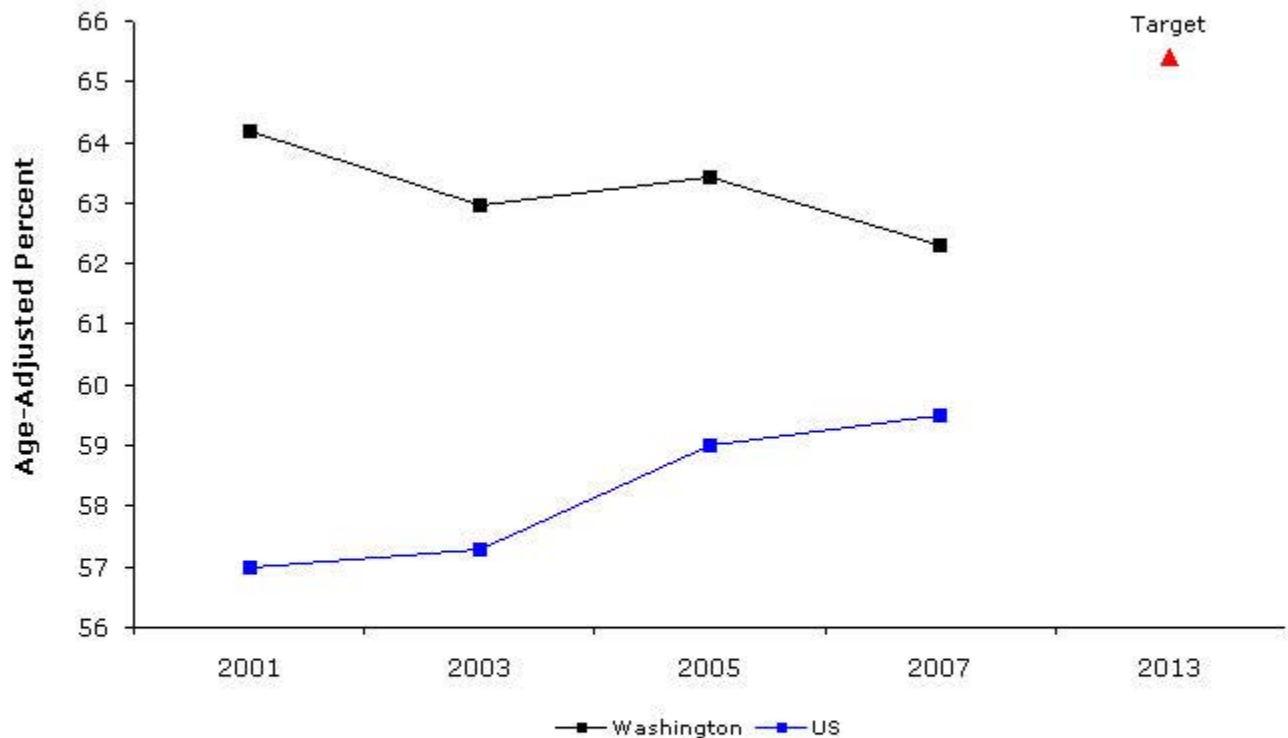
Action Plan

Title	Who	Due Date	Status	Status Date
ForumDate : 2008-10-08 (4)				
Increase the number of local health agencies adopting evidence-based strategies to reduce obesity.	Grinnell/DOH	6/30/2010	In Progress	8/28/2008
Provide technical assistance to implement community level change	Unland/DOH	6/29/2009	In Progress	9/12/2008
Promoting worksite wellness	Unland/DOH	6/30/2009	In Progress	9/18/2008
Promoting nutrition and physical activity in schools	Unland/DOH	6/30/2009	In Progress	9/18/2008



3.1.c.1 - Percent of Adults Meeting Recommendations for Moderate or Vigorous Physical Activity

Adults Who Met the Physical Activity Recommendations Remained Virtually Unchanged Between 2001 and 2007



Measure: Percent of adults meeting recommendations for moderate or vigorous physical activity.
Target: 65.4% by 2013
Data Source: Behavioral Risk Factor Survey; September 2007
Period/Frequency: 2001 to 2007; every other year in September of odd years,
Relevance: Increasing physical activity reduces chronic disease and obesity.
ID: Unland/DOH

Analysis

- 3 out of 5 Washington adults report that they meet recommendations for physical activity, either 30 minutes of moderate activity five times a week or 20 minutes of vigorous activity 3 times a week.
- In the last 20 years, opportunities for indoor or outdoor physical activity have decreased.

Action Plan

What: Increase the number of local health departments implementing evidence-based strategies to increase physical activity.

Who: Grinnell/DOH

When: June 2009



Extended Analysis

- Research suggests that changes in physical activity are related to communities that are designed for driving rather than walking or biking, unsafe or inconvenient places to walk, limited parks and recreation areas, and lack of affordable indoor activity areas.
- Few workplaces are designed to foster movement and desk jobs limit activity.
- Schools have less recess and physical activity. Safe walking routes to schools are limited in many areas.

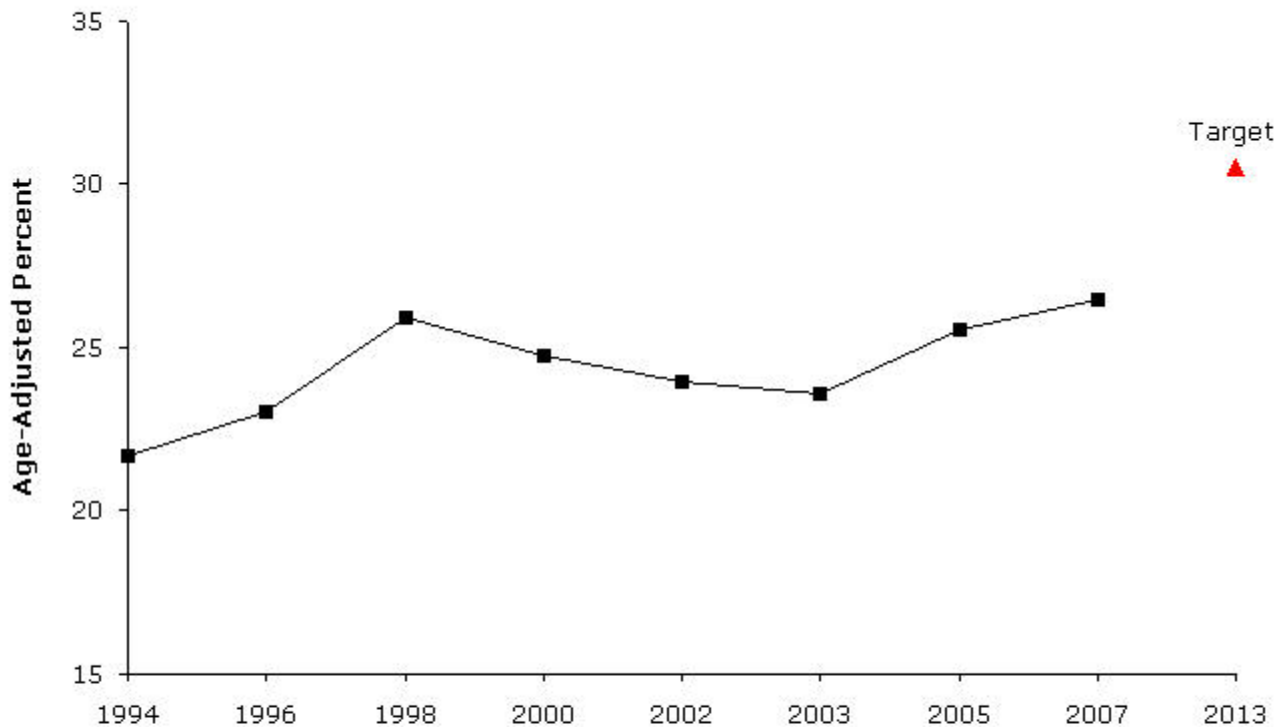
Action Plan

Title	Who	Due Date	Status	Status Date
ForumDate : 2008-10-08 (3)				
Increase the number of local health agencies adopting evidence-based strategies to increase physical activity.	Grinnell/DOH	6/30/2010	In Progress	8/28/2008
Increase the number of communities implementing Active Community Environment strategies	Kissee/DOH	6/30/2009	In Progress	8/28/2008
Increase number of county and city growth management plans that include physical activity planning.	Kissee/DOH	6/30/2009	In Progress	8/28/2008



3.1.c.2 - Percent of Adults Who Reported Eating Fruits and Vegetables Five or More Times a Day

Little Change in the Percentage of Washington Adults Who Eat Fruits & Vegetables 5+ Times a Day



Measure: Percent of adults who reported eating fruits and vegetables five or more times a day.

Target: 30.5% by 2013

Data Source: Behavioral Risk Factor Survey; September 2007

Period/Frequency: 1994 - 2007; and in September of every other year after that.

Relevance: Consumption of fruits and vegetables is an important part of healthy living and those who consume more fruits and vegetables are at less risk for obesity and chronic disease.

ID: Unland/DOH

Display Drill Down Measures ▼

Analysis

- From 1994 and 2007, the number of adults who ate the recommended amount of five or more servings of fruit and vegetables a day increased by only 4.8%.
- In 2007, almost 75% of adults did not meet this recommendation.
- Food costs and access, among other barriers, are likely reasons behind the stagnant rates.

Action Plan

What: Increase the number of health agencies adopting evidence-based strategies to increase fruit and vegetable consumption.

Who: Grinnell/DOH

When: June 2009



Extended Analysis ▼

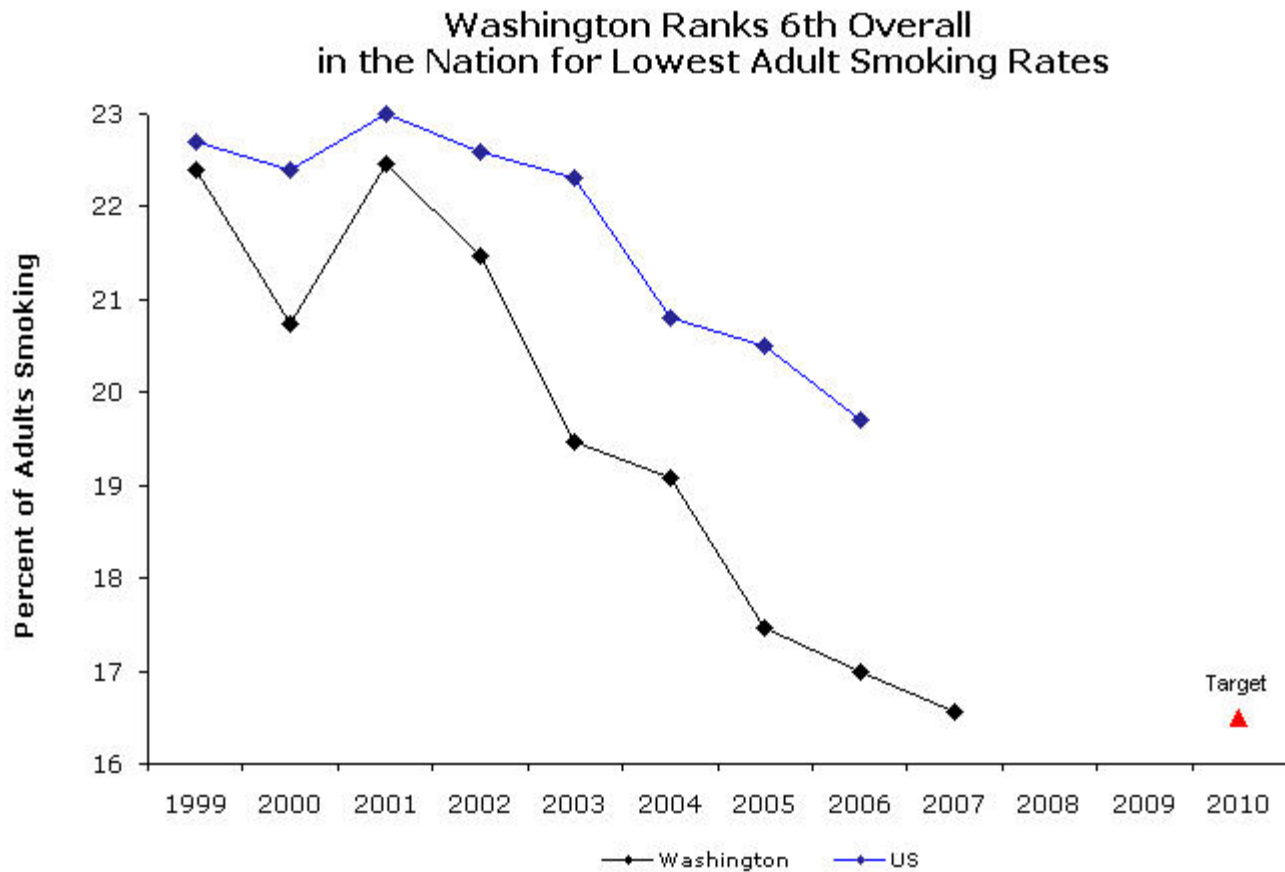
- In 2005, Washington ranked in the top 20 states for adults who ate five or more fruits and vegetables a day.
- In 2005, the US average for adults who ate five or more fruits and vegetables a day was 24.3% and Washington's was 25.6%.

Action Plan ▼

Title	Who	Due Date	Status	Status Date
ForumDate : 2008-10-08 (4)				
Increase the number of local health agencies adopting evidence based strategies to increase fruit and vegetable consumption	Grinnell/DOH	6/30/2010	In Progress	8/28/2008
Increase the number of counties that develop food policy councils	Ellings/DOH	6/30/2009	In Progress	8/28/2008
Provide an additional 4,900 WIC clients with vouchers to purchase fruits and vegetables at Farmers Markets.	Charles/DOH	10/31/2009	In Progress	8/28/2008
Implement WIC federal rules allowing purchase of fruits and vegetables with vouchers.	Charles/DOH	10/31/2009	In Progress	8/28/2008



3.1.d - Tobacco Use: Percent of Adults Who Report Smoking Daily or Some Days



Measure: Percent of adults who smoke daily or some days.
Target: 16.5% by 2010
Data Source: Behavioral Risk Factor Survey; 2007
Period/Frequency: 1999-2007. Annually in September.
Relevance: Tobacco use is the number one preventable risk factor for disease and death in the nation.
ID: Boysun/DOH

Display Drill Down Measures

- 3.1.d.1 - % of 10th graders who have smoked cigarettes in the past 30 days
- 3.1.d.2 - Smoking among Medical Assistance clients
- 3.1.d.3 - Reduce Smoking Rates Among Low Income Adults

Analysis

- Current smoking rate in [Washington](#) is 16.5%. Washington's rate of decrease has exceeded the national trend by 15%.
- The decline in smoking rates is leveling out, requiring us to reach out to subpopulations who are not quitting. The largest subpopulations with the greater proportion of remaining smokers are: low income adults, adults with high school education or less, adults 18-29 years old.
- Other subpopulations are: American Indians and African Americans.

Action Plan

What: Run a targeted media cessation campaign

Who: Reid/DOH with Legacy Foundation

When: January 2009



Extended Analysis

- We are constantly charged with educating new youth and keeping the message fresh for youth we have already reached.
- Youth smoking rates in middle school are consistently declining. Recent data show a leveling off of high school smoking rates.

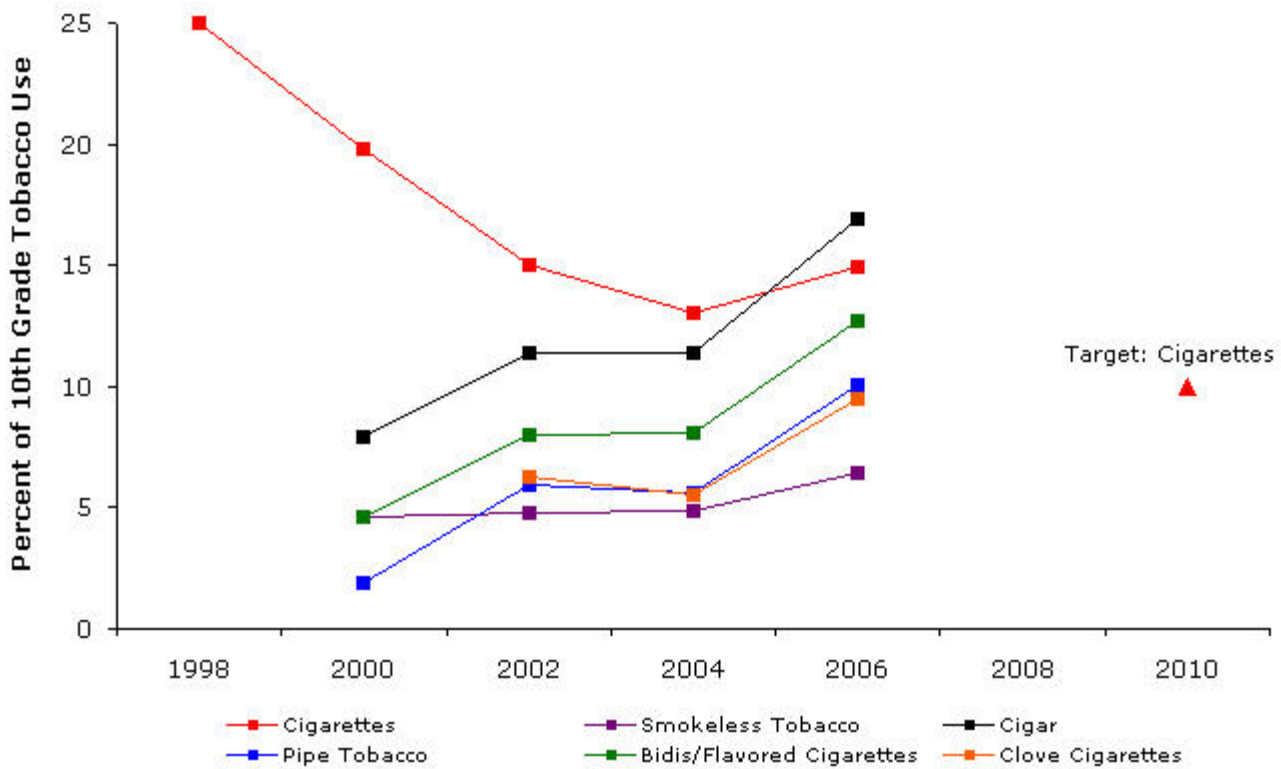
Action Plan

Title	Who	Due Date	Status	Status Date
ForumDate : 2008-10-08 (3)				
Conduct prevention media campaign targeted at 12-17 year old youths	Reid/DOH, Schoengarth/DOH, Huyck/DOH	6/30/2009	In Progress	8/27/2008
Fund prevention education for middle schools	Reid/DOH, Huyck/DOH	6/30/2009	In Progress	8/27/2008
Share promising practices for school tobacco policy enforcement	Reid/DOH, Huyck/DOH	1/1/2009	In Progress	8/27/2008



3.1.d.1 - Percent of 10th Graders Who Have Smoked Cigarettes in the Past 30 Days

Cigarette Smoking Down
Alarming Increase in Use of Other Tobacco Products



Measure: Percent of 10th graders who have smoked cigarettes in the past 30 days.
Target: 10% by 2010
Data Source: Healthy Youth Survey; 2006
Period Frequency: 1998-2006; Every two (even numbered) years, available in March of odd-numbered years
Relevance: Identifying where we need to target interventions to influence a reduction in non-ci tobacco use. 90% of current smokers start before age twenty. Keeping youth rate important to keeping adult rates low.
ID: Boysun/DOH

Display Drill Down Measures

Analysis

- Youth cigarette smoking rates decreased by nearly 40% in the first six years of program implementation.
- Recent data show a significant increase in cigarette smoking rates among 10th graders.
- From 2004 to 2006, use of other tobacco products – cigars, flavored cigarettes and bidis, pipe tobacco, and smokeless tobacco increased significantly in this age group.

Action Plan

What: Conduct a media campaign targeting youth (age 12-17) with information about the negative consequences of cigarette and other tobacco product use.

Who: Reid/DOH

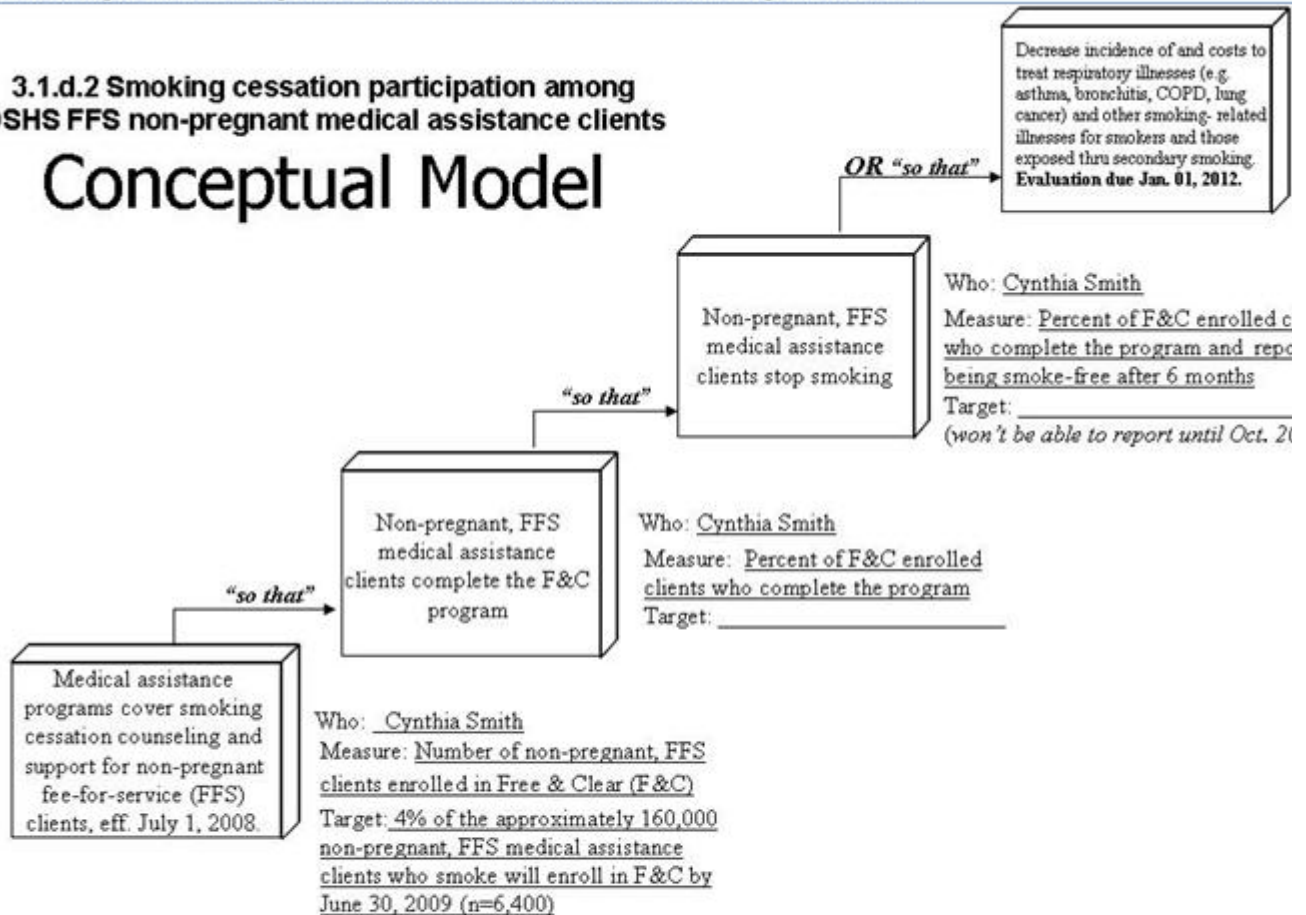
When: June 2009

3.1.d.2 - Smoking cessation participation among DSHS medical programs clients

New Smoking Cessation Program for DSHS Fee-For Service Medical Programs Clients

3.1.d.2 Smoking cessation participation among DSHS FFS non-pregnant medical assistance clients

Conceptual Model



Measure: 3.1.2.d Smoking Among DSHS Medical Programs Clients

Target: Enroll 4% of the estimated 160,000 non-pregnant, FFS DSHS medical program clients by June 30, 2009

Source: Free & Clear data

Period: Annually

Analysis

NOTE: New program targeting non-pregnant, FFS DSHS medical program clients implemented July 1, 2008. Data and analyses will be presented as they become available.

ACTION PLAN:

- Set performance targets for enrollment in the new smoking cessation program, completion of the program, and success quitting among non-pregnant, FFS DSHS medical programs clients. (In progress; MaryAnne Lindeblad)



3.1.d.3 - Reduce Smoking Rates Among Low Income Adults

Background

- Target to be determined in November 2008.
- There has been no substantial decline among people of lower socio-economic those of higher socio-economic status.
- This disparity is not unique to [Washington](#) – it exists nationwide.
- Lower income smokers who try to quit are less likely to succeed than those

Action Plan

What: Set performance targets for reduction of tobacco use among low income

Who: Reid/DOH

When: October 2008

Measure: Reduce smoking rates among low income adults.

Target: TBD in November 2008

Data Source: TBD

Period/Frequency: TBD

Relevance: A larger percentage of smokers come from low income adults. Low income adult related diseases.

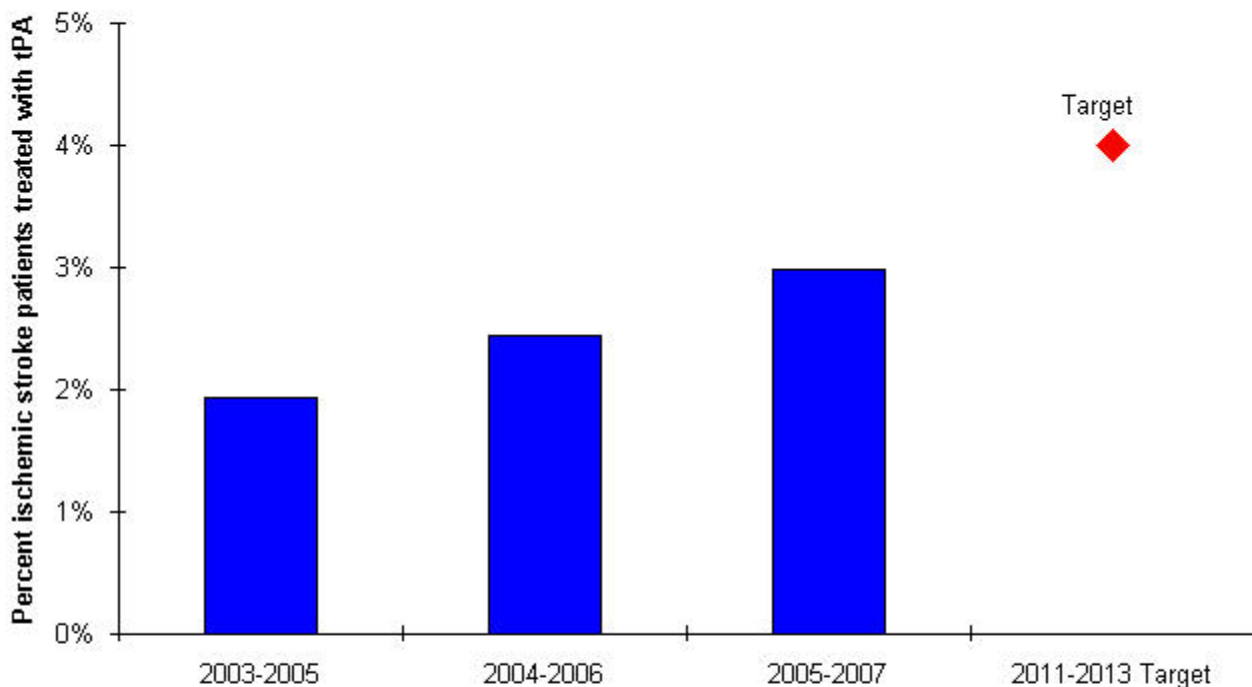
ID: Boysun/DOH

Display Drill Down Measures ▼



3.1.e - Percent of Ischemic Stroke Treated with Tissue Plasminogen Activator

tPA Reduces Death and Disability in Ischemic Stroke Patients but Few Receive It



Measure: Percentage of ischemic stroke treated with tissue plasminogen activator
Target: 4.0% for 2011-2013
Data Source: DOH Comprehensive Hospital Abstract Reporting System; 2007
Period/Frequency: 2003-2007; Annually in January, one year later using a three year average.
Relevance: Tissue plasminogen activator (tPA) is a clot-busting medication that can significantly reduce death and disability if given within three hours of onset of a stroke. We can increase the number of people who receive tPA by establishing a system that gets the right patient to the right place in time for treatment to be effective.
ID: Patanian/DOH

Analysis

- Percent of people receiving tPA can measure progress in several elements of a system of care, including improved stroke recognition, decreased transport time, and adoption of hospital protocols that reduce time to treatment.
- tPA was approved to treat stroke in 1996, but only 3.0 percent of ischemic strokes in 2005-2007 were treated with it.
- Each bar represents three years of data because the number of treated patients is so small--of 11,045 strokes from 2005-2007, only 329 were treated with tPA.

Action Plan

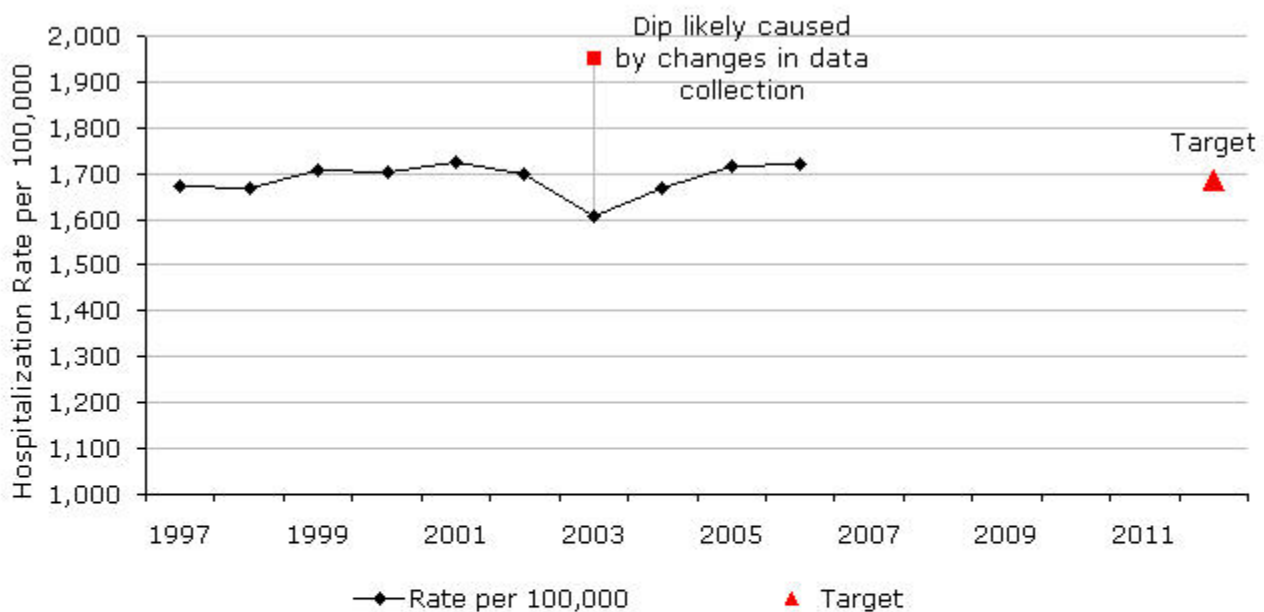
What: Establish system performance and patient outcome measures for stroke patients for use by emergency medical services and hospital staff.

Who: Kelley/DOH, Schmitt/DOH, Patanian/DOH, Shultis/DOH; Emergency Cardiac and Stroke Technical Advisory Committee

When: March 2009

3.2 - Senior Falls Prevention: Rate of Hospitalization Due to Falls for the 65 and Older Population

2.9% Rate Increase in Hospitalizations Since 1997



Measure:	Rate of hospitalizations due to falls for the 65 and older population.
Target:	Decrease 2% by 06/30/2012; There has been an average annual increase of 0.5%. Initially, to decrease the rate, we need to slow the rate of increase, then focus on the rate decrease.
Data Source:	Comprehensive Hospital Abstract Reporting System (CHARS), 2007.
Period/Frequency:	1997-2006; Annually in July.
Relevance:	Based on 2008 numbers, the Office of Financial Management projects a 60% increase in the number of older adults by 2020. They also project that the number of older adults will more than double by 2030.
ID:	Silver/DOH

Display Drill Down Measures

- [3.2.a - Number of Counties Using Evidence Based Practices to Prevent Senior Falls](#)
- [3.2.b - Percent of Seniors Who Reported a Fall in Last 3 Months](#)

Analysis

- Senior falls are a **statewide problem**. The bigger the county population, the

more fall hospitalizations there are. All counties are at risk for increased hospitalizations.

- The fall hospitalization rate increased 2.9% between 1997 and 2006. This is an increase of nearly 16% in the number of fall hospitalizations.
- 2007 data is currently being analyzed and will be reported on next quarter.
- Medicare data shows that the average acute care cost for a fall is \$12,000. (Bishop CE, Gilden D, Blom J, et al. Medicare spending for injured elders: are there opportunities for savings? Health Aff (Millwood) 2002; 21(6):215-23).

Action Plan

What: Adapt the Department of Health's Stay Active and Independent for Life exercise program for use in Adult Day Services settings.

Who: Kastl/DOH, Silver/DOH, ADSA/DSHS, NorthWest Orthopaedic Institute

When: December 2008



3.2.a - Number of Counties Using Evidence-Based Practices to Prevent Senior Falls

Analysis

- Establish baseline by December 31, 2008.
- Research indicates that certain risk factors contribute to falls. These include medications, dizziness on standing, and impairments in cognition, vision, and balance. Risk increases as the number of these factors increases.
- Evidence-based practice includes:
Exercise with strength and balance components, fall risk assessment and triage by provider, medication management, to avoid medications that cause dizziness, and safety assessment.
- We will use a pre and post survey to evaluate change.

Action Plan

What: Develop survey questions and send survey out on listserv to establish baseline.

Who: Kastl/DOH, Silver/DOH

When: December 2008

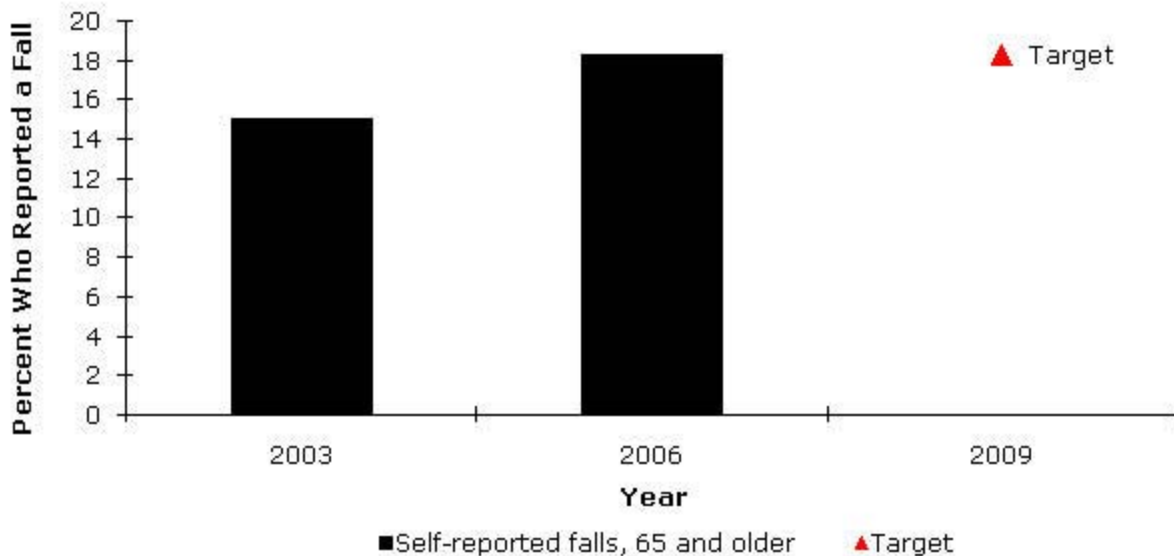
Measure:	Number of counties using evidence based practices to prevent senior falls.
Target:	All 39 counties
Data Source:	Community Health Systems, DOH
Period/Frequency:	TBD; Annually in July
Relevance	Falls can be reduced through the use of evidenced based practices.
ID	Silver/DOH

Display Drill Down Measures



3.2.b - Percent of Seniors Who Reported a Fall in Last 3 Months

18.3% of Older Adults Report a Fall in Previous 3 Months, 2006



Measure: Percent of seniors who reported a fall in last 3 months.
Target: Slow the rate of increase to 0%.
Data Source: Behavioral Risk Factor Surveillance System; 2006
Period/Frequency: 2003 and 2006 surveys; Annual measure reported in July.
Relevance: Falls are a frequent occurrence for older adults, with 32% of falls resulting in injury.
ID: Silver/DOH

Display Drill Down Measures ▼

Analysis ▼

- Among those who fell in Washington, 32% reported that they were injured to the extent that they had to see a doctor or limit their activities for a day or more.

- Falls among people age 65 and older are the leading cause of injury-related hospitalization in Washington. (Comprehensive Hospital Abstract Reporting System (CHARS)).

Action Plan

What: Work with professional associations to incorporate fall prevention best practices through their membership, such as promoting medication reviews through pharmacists.

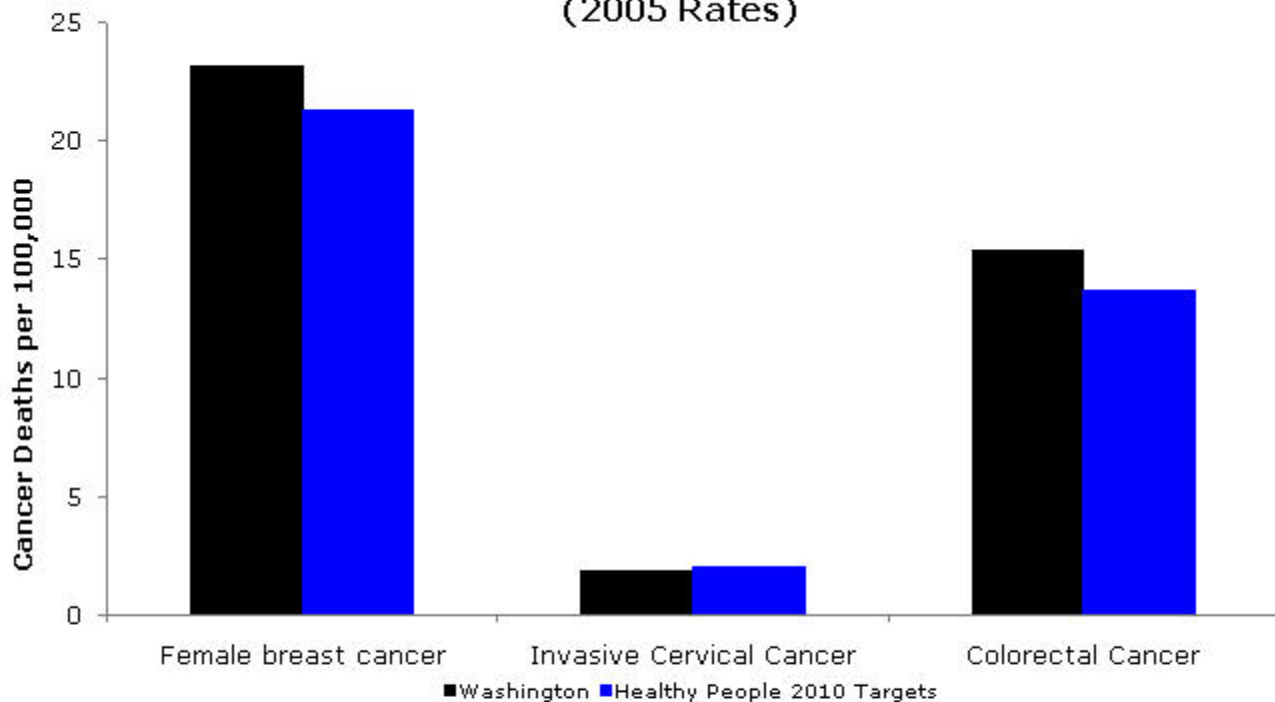
Who: Kastl/DOH, Silver/DOH, State Senior Fall Prevention Coalition

When: March 2009



3.3 - Cancer: Rate of Deaths from Breast, Cervical, and Colorectal Cancer

Washington Close to Meeting Goals for Reducing Deaths from Breast, Cervical and Colorectal Cancer (2005 Rates)



Measure: Cancer: Rate of deaths from breast, cervical, and colorectal cancer.
Target: Breast: 21.3 per 100,000 (2009). Cervical: 2.0 per 100,000 (2009); Colorectal: 13.7 per 100,000 (2009).
Data Source: Cancer Registry; 2005
Period/Frequency: Annually, in January, 24 months after the end of the reporting year.
Relevance: Many premature deaths from breast, colorectal and cervical cancers can be avoided through early screening, detection and treatment.
ID: Golub/DOH

Display Drill Down Measures

3.3.a - Number Receiving Breast, Cervical, and Colorectal Screening Among Eligible, Uninsured Populations

Analysis

- 791 women died of breast cancer. Breast cancer is the second leading cause of cancer death among women.
- 63 women died from invasive cervical cancer.
- 942 people died of colorectal cancer.

Action Plan

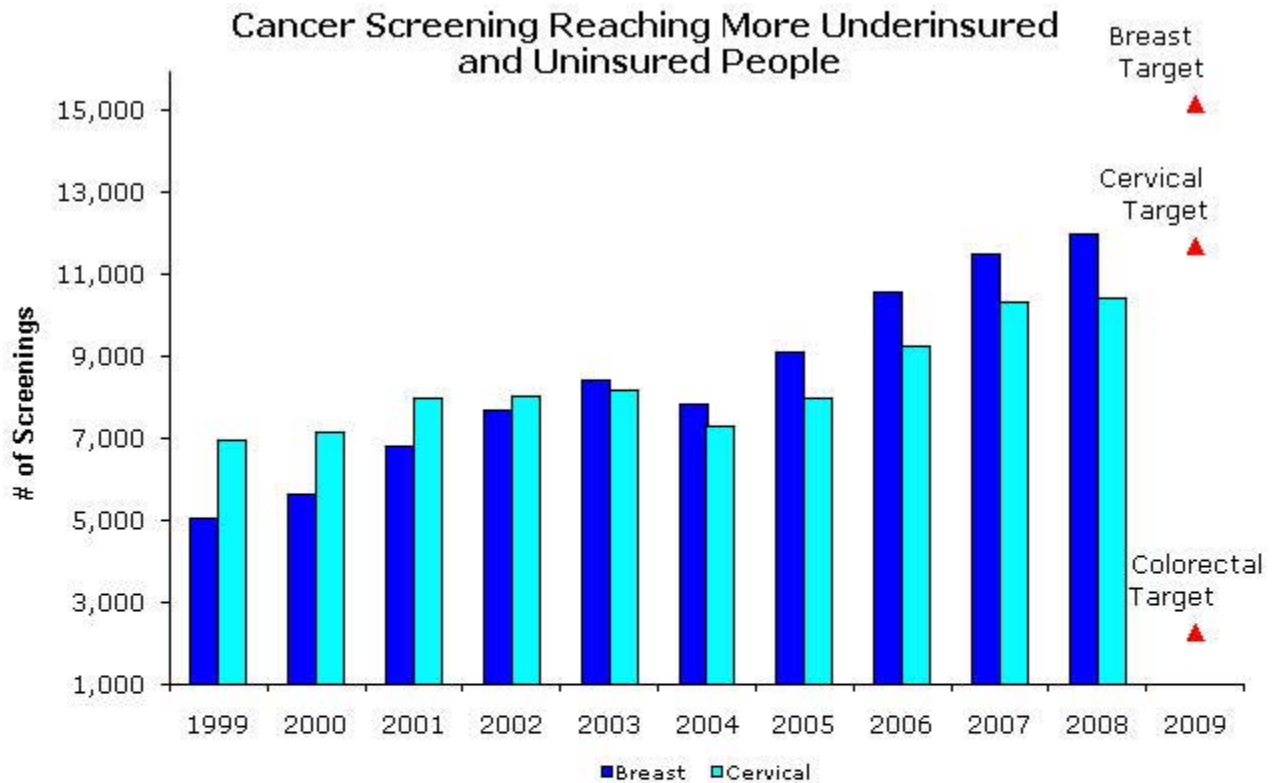
What: Analyze surveillance data.

Who: Joyner/DOH

When: Annually



3.3.a - Number Receiving Breast, Cervical, and Colorectal Screening Among Eligible, Uninsured Populations



Measure: Number receiving breast, cervical and colorectal screening among eligible, uninsured population.

Targets: Breast: 15,166 by FY09
Cervical: 11,688 by FY09
Colorectal: 2,250 by FY09

Data Source: Washington Breast, Cervical and Colorectal Health Program Med-IT (Data Management System); September 2008

Period/Frequency: 1999-2008 data available in real time.

Relevance: Increase the number of eligible people receiving screenings.

ID: Joyner/DOH

Display Drill Down Measures

Analysis

- The number of screenings for breast cancer more than doubled between 1999 and 2008 to over 11,000.
- The number of screenings for cervical cancer increased by 40% to over 10,000 during the same period.
- The colorectal screening program will begin in early 2009, so there are no screening numbers to report at this time.

Action Plan

What: Add colorectal cancer screening and diagnostic services to current screening contracts.

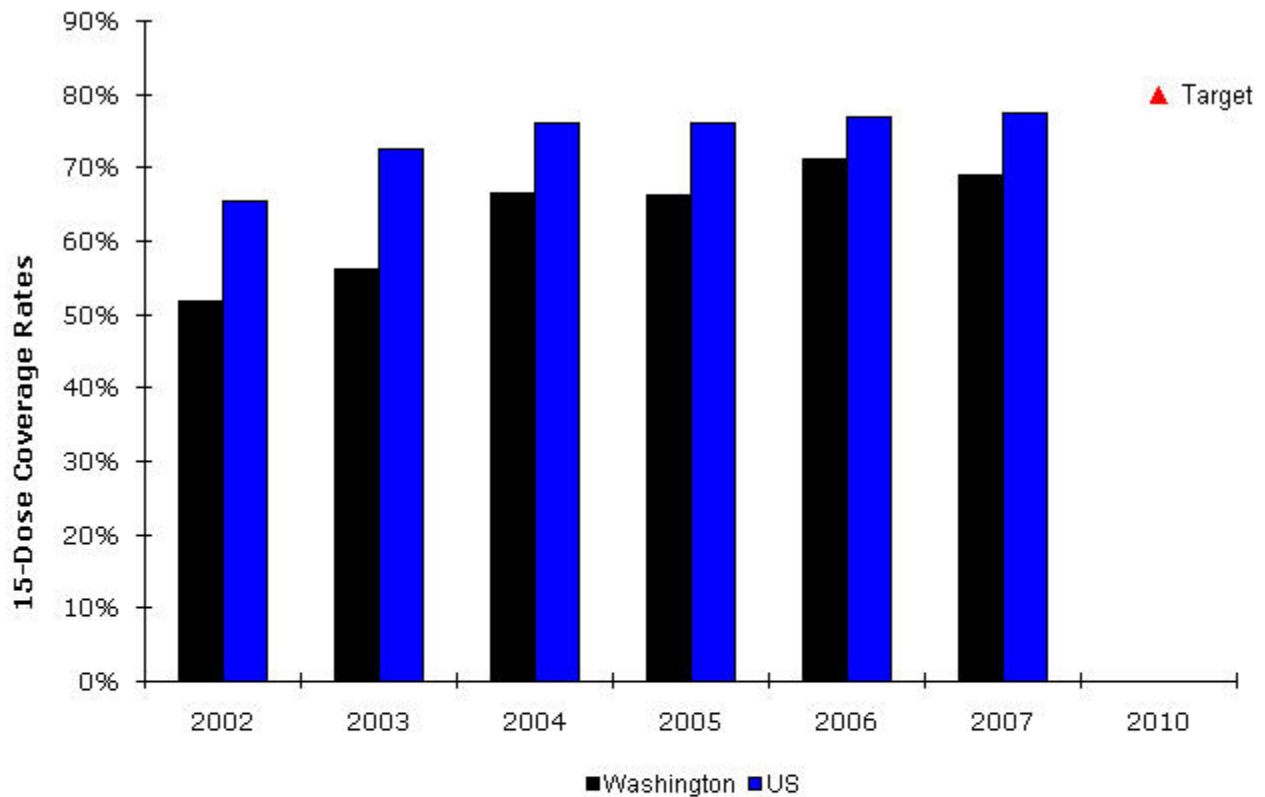
Who: Joyner/DOH

When: January 2009



4.1 - Immunizations: Percent of Children 19-35 Months Who Receive All Recommended Vaccines (15-dose series)

Washington's Rates Improved 11% Since 2002



Measure:

Immunizations: Percent of children 19-35 months who receive all recommended vaccines (15-dose series)

Target:

80% by 2010, as established by *Healthy People 2010*.

Data Source:

National Immunization Survey, Centers for Disease Control and Prevention; 2007

Period/Frequency:

Calendar years 2002 through 2007. Data collected for a calendar year is reported the following year approximately in September.

Relevance:

Childhood immunizations remain the most effective way to prevent many diseases, some of which have no cure or treatment. The 15-dose series established by the Centers for Disease Control and Prevention is considered the gold standard for measuring childhood immunization rates.

ID:

Bardi/DOH

Display Drill Down Measures

4.1.a - Two Year Old Immunization Rates for Medicaid

Analysis

- 69% of Washington's toddlers 19 - 35 months old get the right immunizations at the right time.
- Rate increases since 2002 have been helped by our outreach to families, partnerships with stakeholders, and a focus on using the CHILD Profile registry.
- As Washington has improved at a greater pace than the national average overall, the gap between the two is closing.
- Between 2006 and 2007, Washington's rates dipped by 2% while the national average remained constant. Although this slight decrease is within the margin of error, more work is still needed.
- The west coast states have lower immunization rates than the east coast; factors including culture, parent hesitancy and support to providers are likely contributors.
- As children reach [kindergarten](#), more are fully immunized.

Action Plan

What: Partnering with stakeholders to develop and implement marketing strategies aimed at encouraging parents to immunize on-time.

Who: Bardi/DOH, Perrin/DOH

When: December 2009



Extended Analysis

- 15-dose series rate is comprised of the individual rates of six different vaccines.
- While the goal for the 15-dose series is 80%, the goal for each individual vaccine is 90%.
- Target for the series rate is lower than individual rates because only children who receive every shot for every vaccine are counted.
- Our 2007 rate of 69.0% is made up of the following individual vaccine rates:

	Vaccine: 4 +DTaP	3+Polio	1+MMR	3+ Hib	3+HepB	1+Varicella	= 15 Dose Series
Goal:	90%	90%	90%	90%	90%	90%	= 80%
WA Rate:	80.9%	85.1%	90.5%	90.1%	85.0%	84.0%	= 69.0%
WA Rank:	41st	49th	36th	41st	49th	44th	= 46th

- Working to raise individual vaccine rates such as DTaP and Varicella will help raise the overall 15-dose rate.
- 4 doses of DTaP (Diphtheria, Tetanus, Pertussis)
- 3 doses of Polio
- 1 dose of MMR (Measles, Mumps, Rubella)
- 3 doses of Hib (*Haemophilus influenzae* type b)
- 3 dose of Hepatitis B
- 1 dose of Varicella (chickenpox)

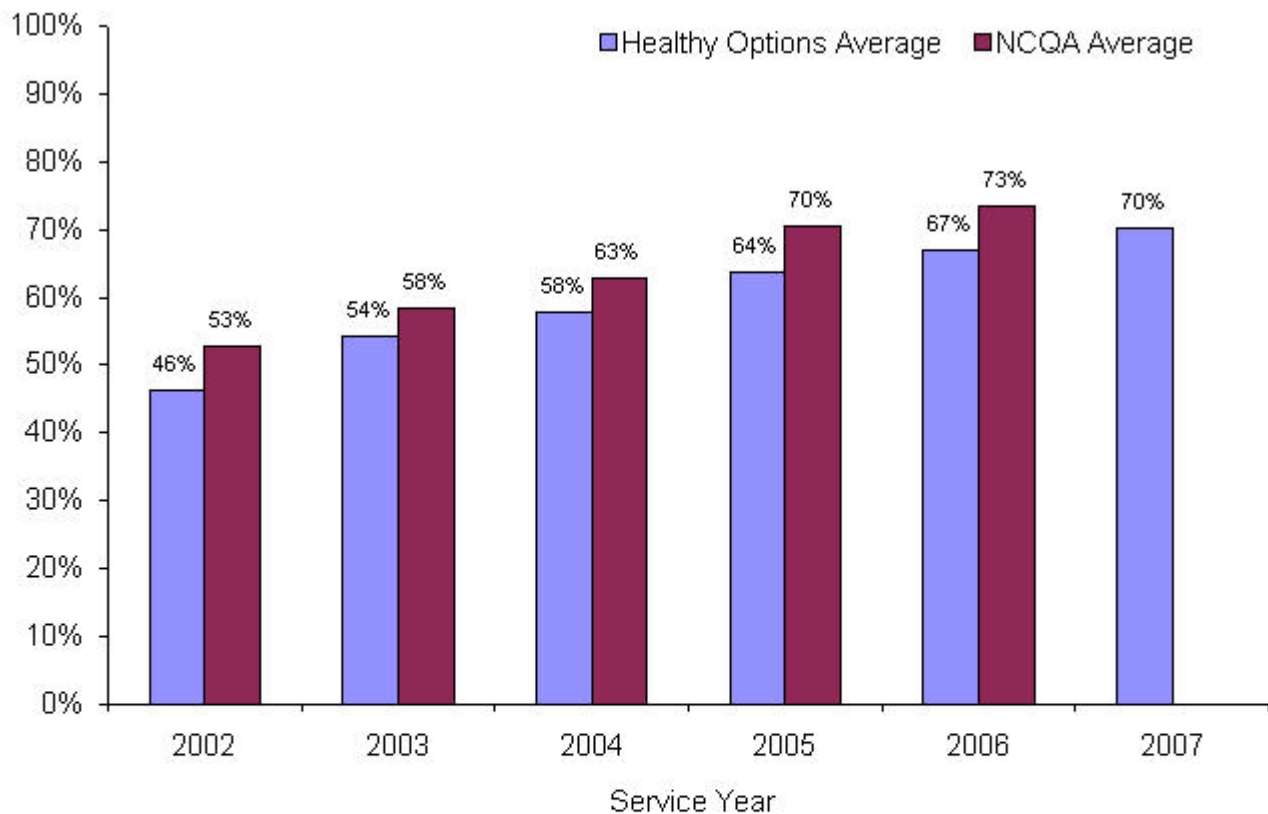
Action Plan

Title	Who	Due Date	Status	Status Date
ForumDate : 2008-10-08 (3)				
Partnering with stakeholders to develop and implement marketing strategies aimed at encouraging parents to immunize on-time.	Bardi/DOH, Perrin/DOH	12/31/2009	In Progress	9/5/2008
Increasing % of children under 6 years of age with 2 or more immunizations recorded in the CHILD Profile Registry from 91% to 95%.	Bardi/DOH	12/31/2008	In Progress	9/5/2008
Increasing the number of parents receiving CHILD Profile health promotion material from 85% to 90%.	Bardi/ DOH	12/31/2009	In Progress	9/5/2008



4.1.a - Two Year Old Immunization Rates for Medicaid Managed Care

DSHS Managed Care (Healthy Options) Combo2 Rates Are Improving



COMBO 2: Diphtheria, Tetanus, Whooping Cough, Polio, Measles, Mumps, Rubella, Influenza, Hepatitis B and Chickenpox

Measure: Medicaid Managed Care (Healthy Options) Immunization Rates

Target: National Committee for Quality Assurance (NCQA) Average [short-term]; NCQA 75th percentile [long-term]

Source: Health Employer Data and Information Set (HEDIS); Plan member-level datasets from six Healthy Options (HO) plans

Period: Service years 2002 through 2007 (reported in subsequent calendar years, e.g., 2002 data reported in 2003)

NOTE: NCQA Combo 2 data for service year 2007 will be available late-September or early-October 2008.

Although the DSHS Healthy Options' (HO) 2006 immunization rate of 66.9% for Combo 2 (diphtheria, tetanus, whooping cough, polio, measles, mumps, rubella, influenza, hepatitis B and chickenpox) was 6% below the National Committee for Quality Assurance (NCQA) average rate of 73.3%, Washington has been improving faster (10.0% per year) than the NCQA average (7.1% per year).

- The HO Combo 2 rate continues to improve: 70.31% for 2007.
- Statistically significant improvement ($p < .05$) overall from 2006 to 2007.

Region 6 (Clallam, Clark, Cowlitz, Grays Harbor, Jefferson, Klickitat, Lewis, Mason, Pacific, Skamania, Thurston, and Wahkiakum counties) performed significantly ($p < .05$) below the aggregate statewide Healthy Options' rates for every immunization, including Combo 2, in 2006 and 2007.

- [Washington State regional map](#)
- [Comparison of Region 6 SY 2007 Immunization Rates vs. Aggregate](#)
- [SY 2006-2007 Combo 2 Summary Comparison by Region, Language, and Race/Ethnicity](#)
- [SY 2006-2007 Combo 2 Regional Rates](#)

The HO Combo 2 immunization rate (70%) for 2007 is on par with the statewide rate (69%) reported by DOH for the same period.

ACTION PLAN:

Require Medicaid managed care health plans to continue performance improvement projects when rates fall below 75%. (Ongoing; MaryAnne Lindeblad)

Action Plan ▼

Title	Who	Due Date	Status	Status Date
ForumDate : (2)				
Continue pay-for-performance program for Healthy Options plans	MaryAnne Lindeblad	9/1/2009	In Progress	
Continue to require Healthy Options plans with immunization rates below 75% to implement performance improvement projects	MaryAnne Lindeblad	9/1/2009	In Progress	

Extended Analysis ▼

EXPLANATORY NOTES:

- Combo 2 = 15 dose series (6 different kinds of recommended childhood vaccines) equivalent to DOH immunization measure in type (but not in how/when collected or evaluated).
- Represents the percentage of 2 year olds continuously enrolled in a health plan (for 12 months preceding the second birthday) who have received all recommended doses of vaccines.
- Sample of approximately 411 children per health plan who meet the continuous enrollment requirements.
- State average of all health plans - combined performance, except where broken down by region.
- Washington Medicaid average compared to National Committee for Quality Assurance (NCQA) Average.
- Service Year 2007 NCQA average not available at this time.
- DOH and HRSA rates are very similar although they data is collected and summarized differently.

Reasons for SY 2007 improvement:

- Performance incentive payments (annual payment of \$1 million shared by the top four health plans)
- Some plans main quality improvement focus is immunization rates

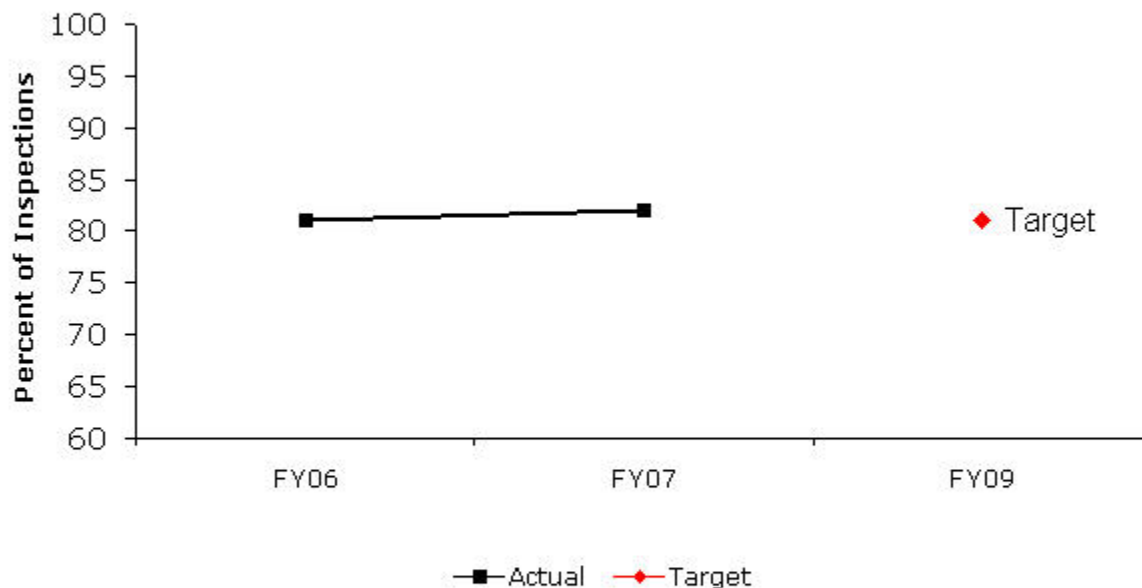
Reasons WA is below NCQA:

- Reduced access to care in rural areas coupled with lower socio-economic status
- State laws requiring vaccinations are not strong compared to other state's laws
- Negative nationwide campaign about vaccines that WA has little social marketing activities to counteract.



5.1 - Percent of Drinking Water Inspections Completed With No Significant Deficiencies

Percent of Water Systems with No Significant Deficiencies Remained Steady for FY06 and FY07



Measure: Percent of drinking water inspections completed with no significant deficiencies.

Target: 81% by FY09

Data Source: Office of Drinking Water database (DOH); July 2008

Period/Frequency: FY06-FY07; Annually in October.

Relevance: Significant deficiencies are indicators for potentially unsafe drinking water.

ID: Johnson/DOH

Analysis

- Preliminary data for three quarters of FY08 show the number of water systems with significant deficiencies is increasing.
- We inspect about 800 water systems each year. There are about 4200 systems that are inspected on a 3-5 year cycle.
- We are in our 3rd year of data collection. We will focus on identifying problem areas and developing a plan of action once the FY08 data are available.

Action Plan

What: Analyze FY08 inspection data after we have the full year's data in mid-October.

Who: Davis/DOH

When: November 2008