



BASELINE DATA FOR TARGETED AREAS TO IMPROVE

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Let's Get Healthy California Task Force



REDUCE OBESITY

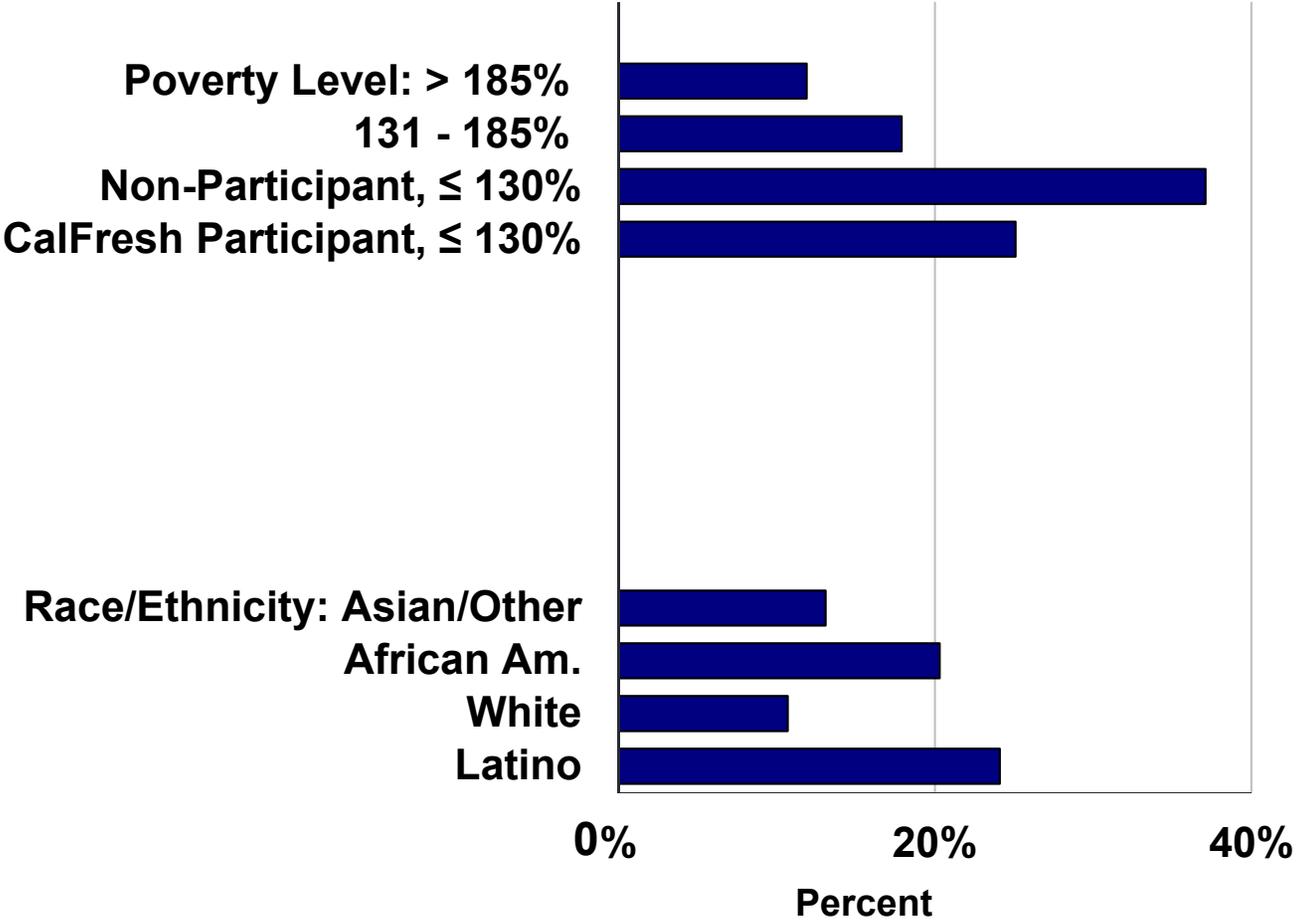


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Obesity Prevalence in California

- 61.6% of adults in the state of California are overweight (36.9%, BMI: 25.0-29.9) or obese (24.7%, BMI \geq 30.0)
- 31% of adolescents ages 12- to 17-years-old, and one-in-three California children ages 9-11 years old, are at risk of or are already overweight
- Between 2003 and 2008, the rate of obesity among children in grades five, seven and nine grew by 0.33%; in previous decades the rate of growth has been between 0.8% and 1.7% per year

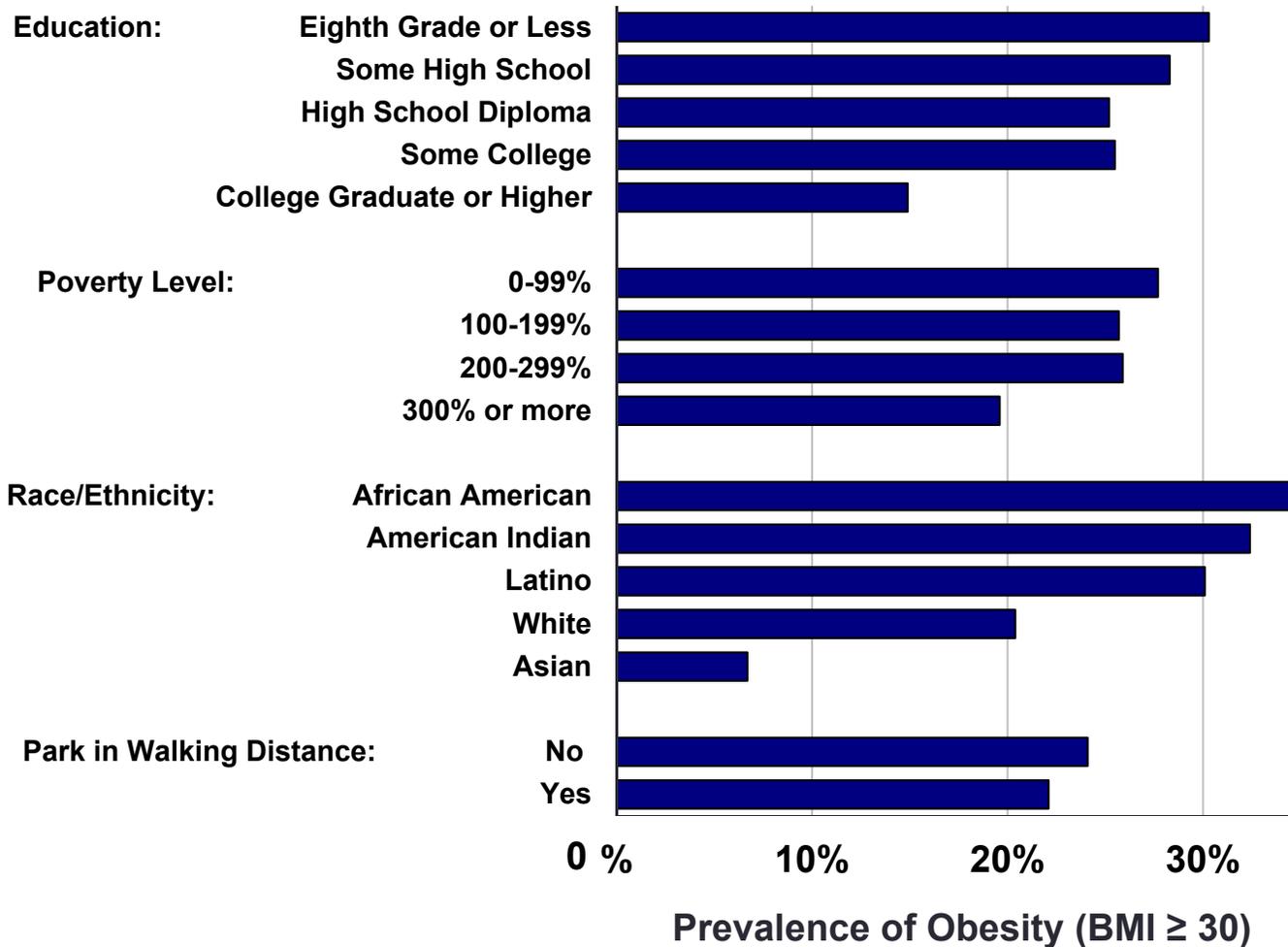
Obesity Rates, 9-11 year olds, California 2009



Source: California Children's Healthy Eating and Exercise Practices Survey, 2009



California Adults who are Obese, 2007



Source: California Health Interview Survey (CHIS), 2007





REDUCE HYPERTENSION



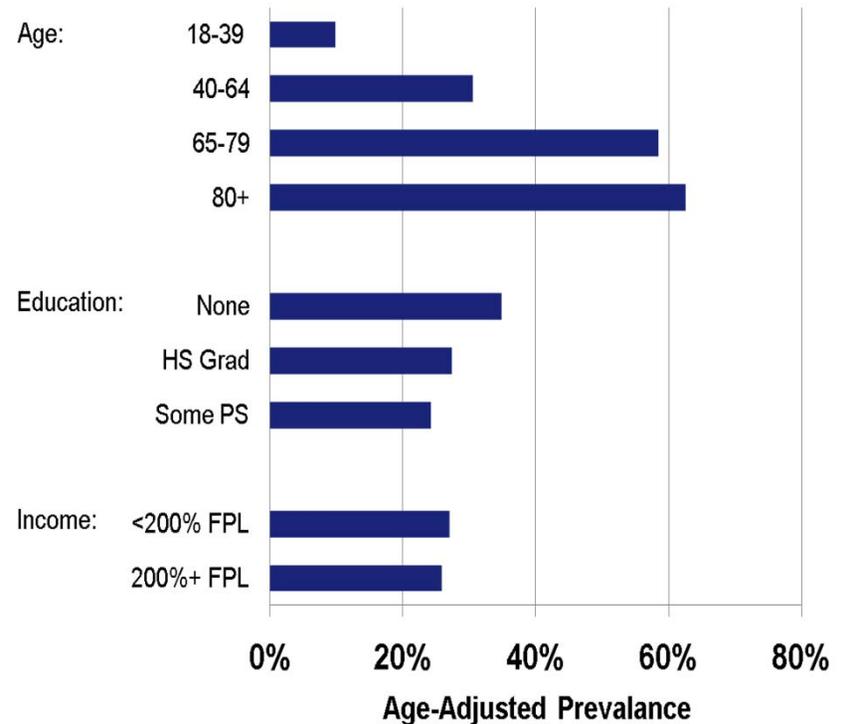
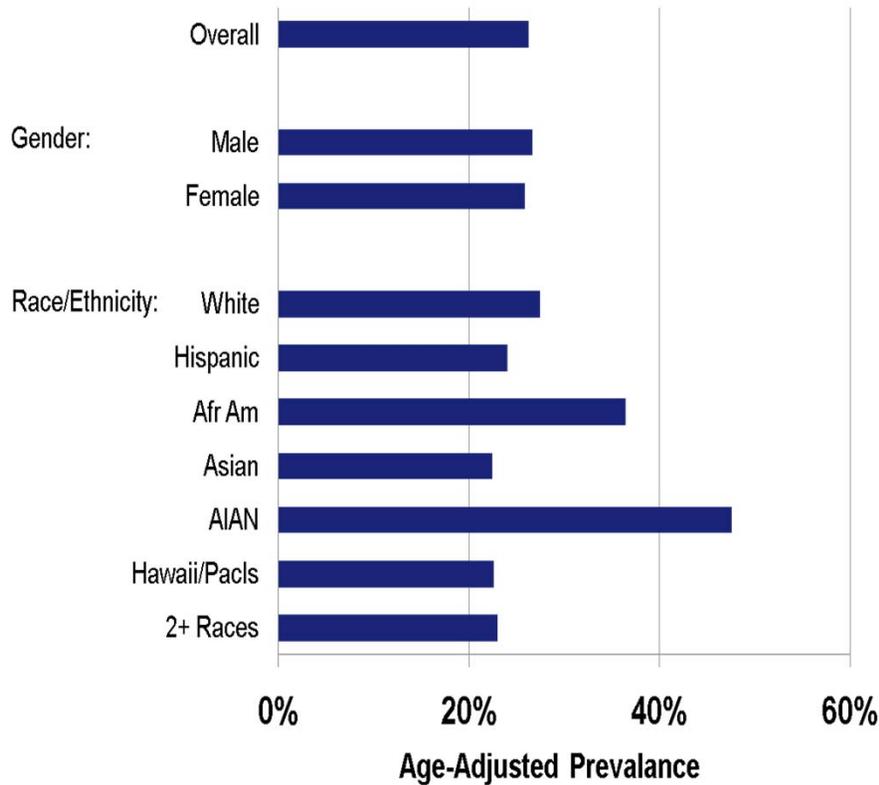
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Hypertension in California

- Estimated total statewide cardiovascular disease costs (including coronary heart disease, hypertension, stroke and heart failure) for California in 2010 amount to upwards of \$35 billion
- While there have been very significant reductions in heart disease mortality, big gaps persist. Stroke mortality patterns also show a marked decline, but with persistent inequities by race/ethnicity and gender
- It is estimated that about 1/2 of the cardiovascular disease mortality reduction is due to decline in smoking rates, and the other half to due improvements in treatment



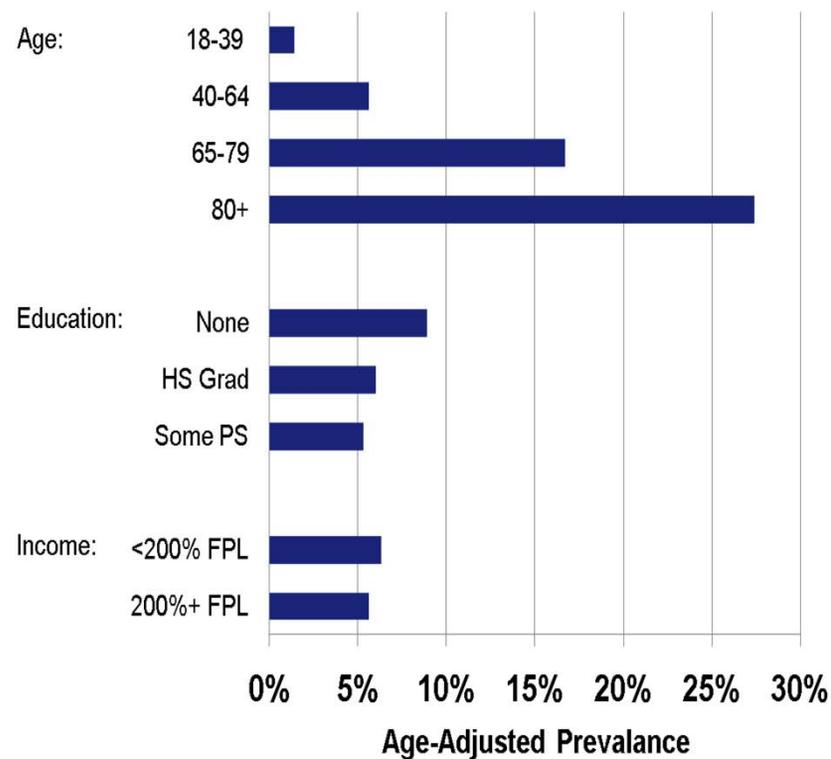
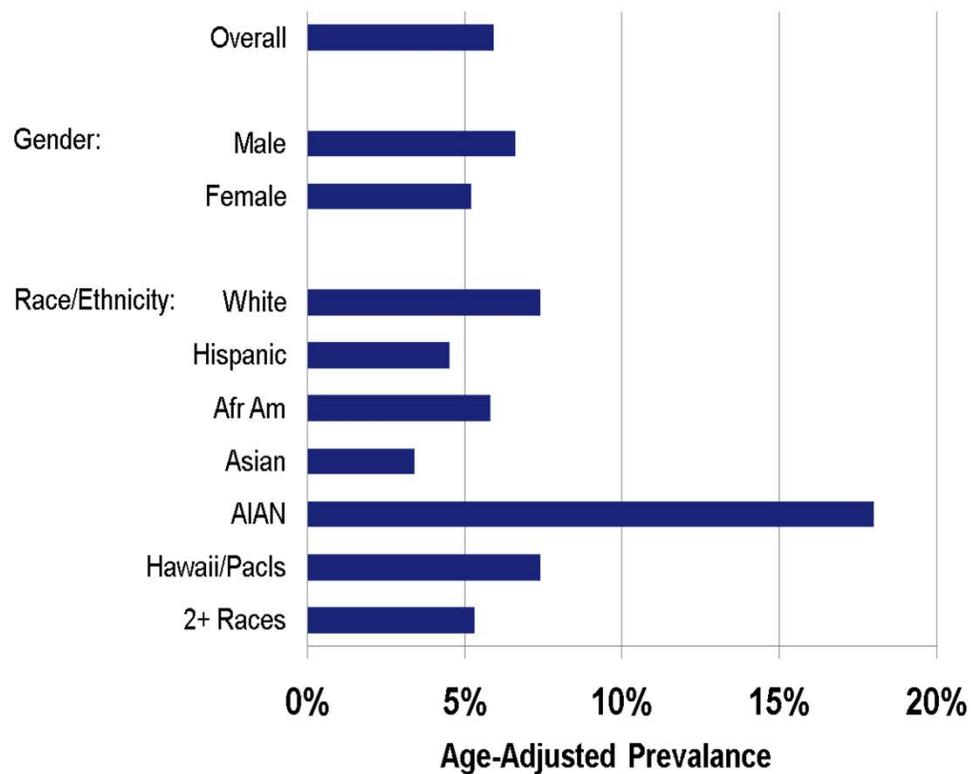
Prevalence of High Blood Pressure in California Adults, 2009



Source: UCLA Center for Health Policy Research;
California Health Interview Survey 2009



Prevalence of Heart Disease in California Adults



Source: UCLA Center for Health Policy Research;
California Health Interview Survey





REDUCE DIABETES



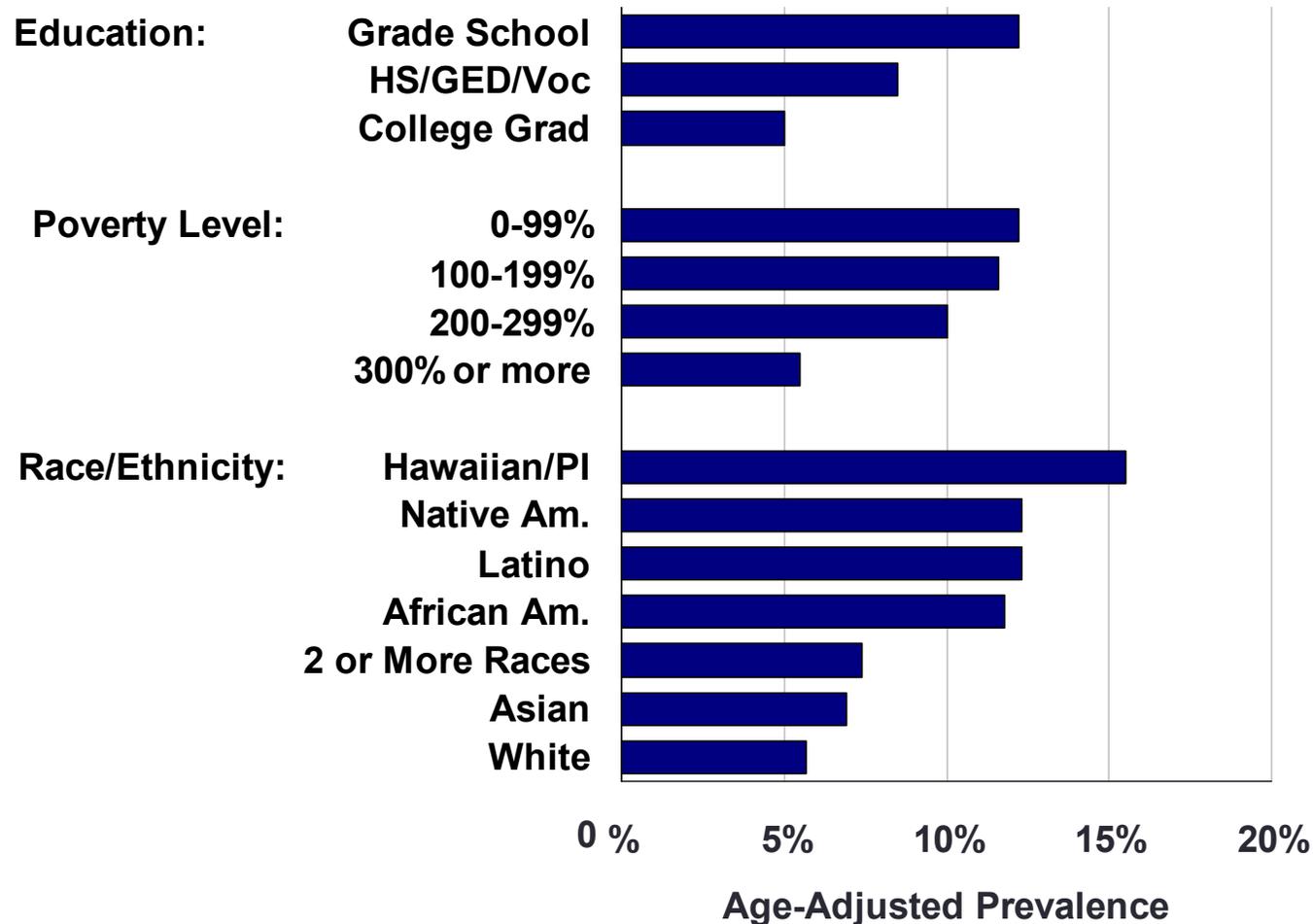
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Diabetes Prevalence in California

- 2.4 million adult Californians (8.6%) have been diagnosed diabetes
- About 1.5 million (5.2%) adults have undiagnosed diabetes
- Cases of diabetes have increased 32% over the past decade
- About 11.4 million people (41% of adults) in California have prediabetes
- Prediabetes and diabetes combined increased from 9% to 23% in children ages 12 to 19 years
 - In 1999, about 1 in 10 had prediabetes or diabetes
 - In 2008, about 1 in 4 had prediabetes or diabetes



Adults Who Were Ever Told by a Doctor They Have Diabetes, 2007



Source: California Health Interview Survey (CHIS), 2007



Diabetes Costs in California Over \$24 Billion/Year

- \$18.7 billion
 - Direct medical costs (hospitalizations, medical care, treatment, supplies)
- \$5.8 billion
 - Indirect costs (disability payments, time lost from work, premature death)
- \$10,000
 - Annual average treatment cost per case of diabetes in the United States
- \$700
 - Economic burden of prediabetes and diabetes on the average person



REDUCE ASTHMA



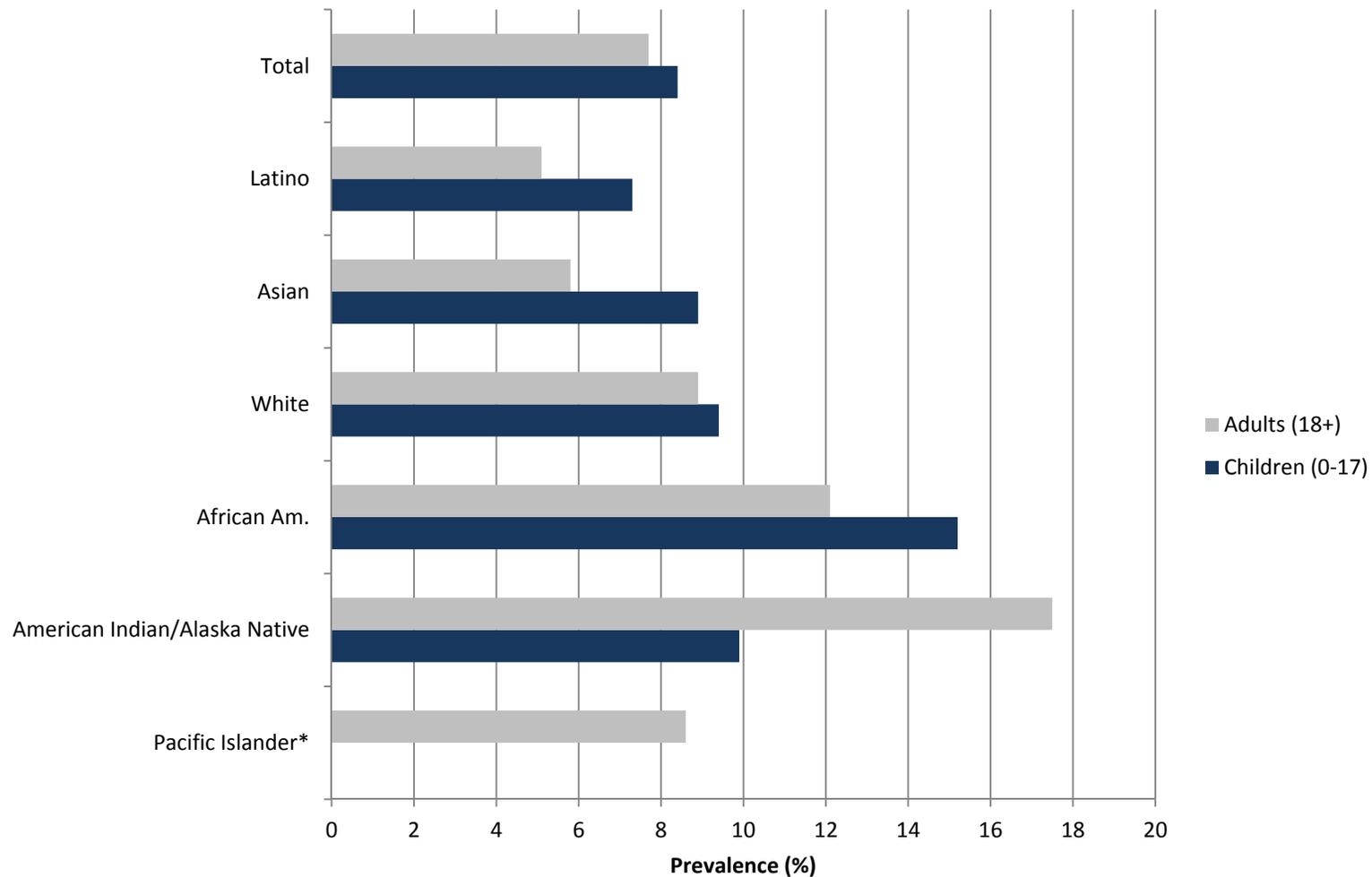
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Asthma Prevalence in California

- About 2.1 million adults and 820,000 children in California currently have asthma
- The majority of adults with asthma have not had a routine asthma checkup in the past year
- Among adults, both lifetime and current asthma prevalence have increased slightly over time
- Asthma is a leading cause of hospitalization and school absence in children



Current Asthma Prevalence, by Race/Ethnicity, 2007 & 2009



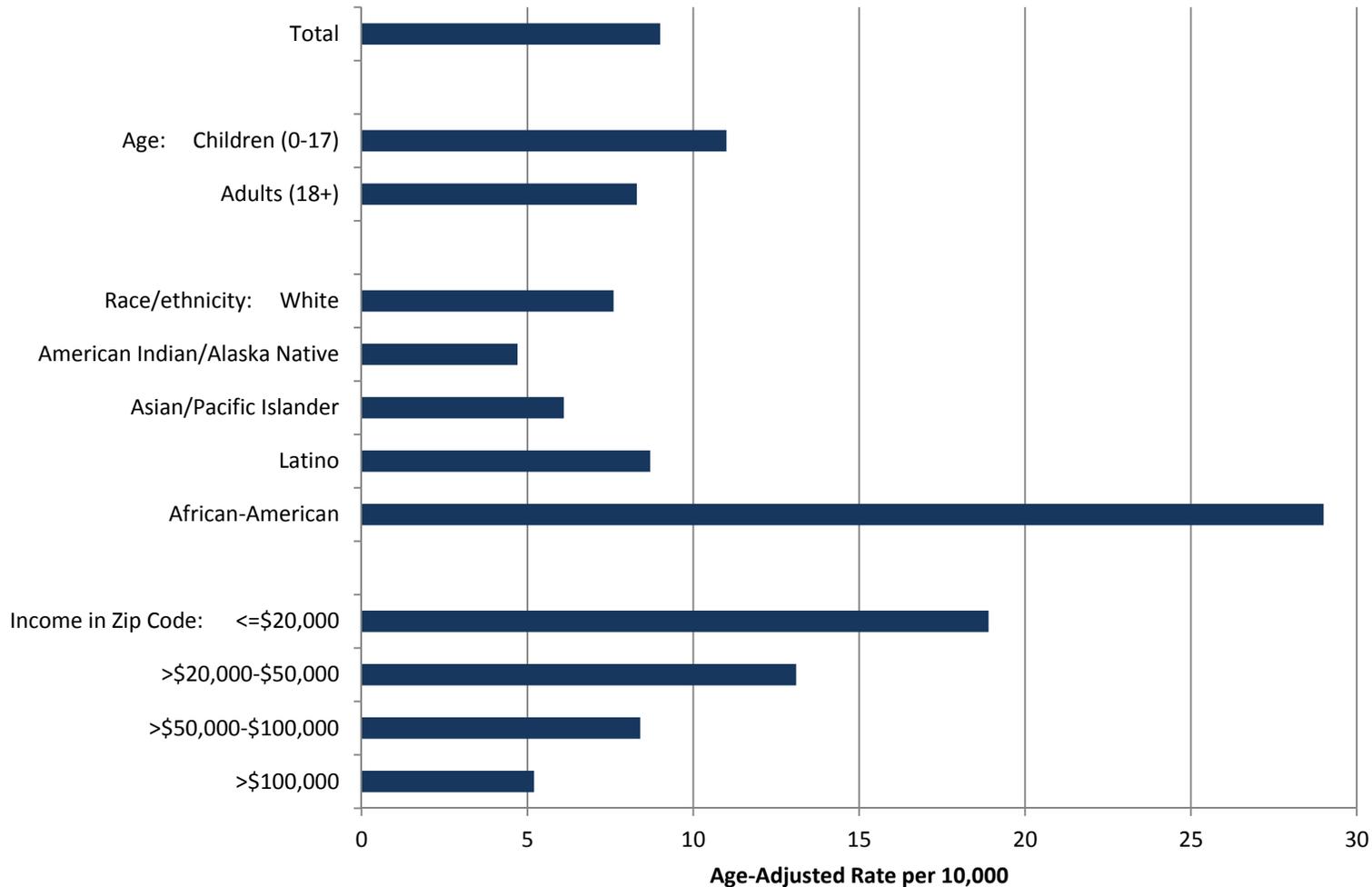
Source: California Health Interview Survey (CHIS), 2007&2009

*Rate for Pacific Islander children is unreliable due to small sample size



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Asthma Hospitalization Rates, 2010



Source: Office of Statewide Health Planning and Development (OSHPD)



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REDUCE SEPSIS-RELATED MORTALITY



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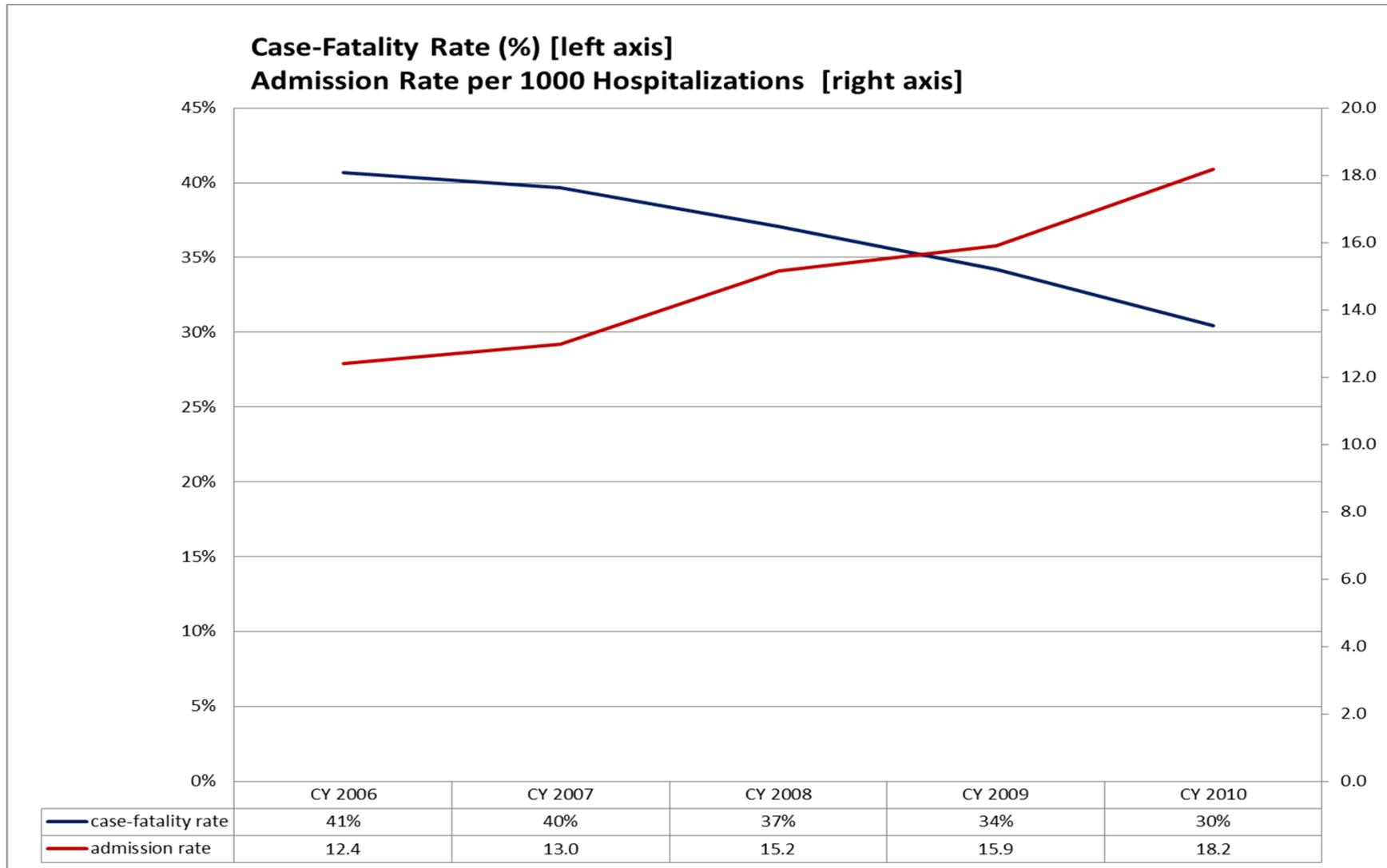
Sepsis

- Sepsis is a clinical syndrome involving potentially life-threatening bacterial infection
- Specialized, evidence-based protocols (“bundles”) have been developed to lower sepsis mortality rates
- Some hospitals have successfully lowered mortality rates using sepsis management bundles
- Standardized state sepsis rates aren’t readily available.
- A recent national study demonstrated higher sepsis incidence in Blacks v. Whites (6/1000 v. 4/1000)



California Hospital Sepsis Rates, 2006 - 2010

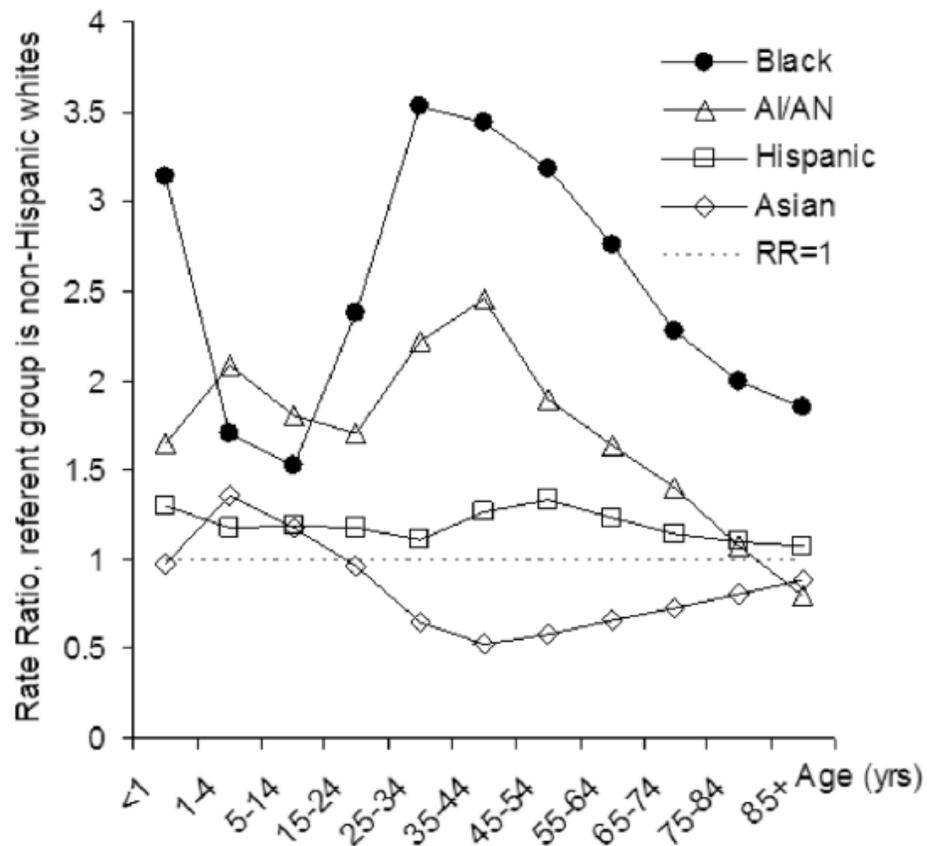
Hospitalizations With Diagnoses Of Severe Sepsis (995.92) Or Septic Shock (785.52)



Source: Office Of Statewide Health Planning And Development, Patient Discharge Data, 2006 - 2010, Preliminary Analysis (06/08/2012)

Sepsis-associated Mortality

Age-specific Rate Ratios By Race/Ethnicity, United States, 1999 - 2005



Age-specific rate-ratios for sepsis-associated death by race/ethnicity category in the United States, 1999 to 2005. Non-Hispanic whites were used as the referent group. AI/AN = American Indian/Alaska Native.

Source: Melamed A, Sorvillo FJ. *Critical Care* 2009 13:R28
Doi:10.1186/Cc7733; [Http://Cforum.Com/Content/13/1/R28](http://Cforum.Com/Content/13/1/R28).





REDUCE HOSPITAL READMISSIONS WITHIN 30 DAYS OF DISCHARGE



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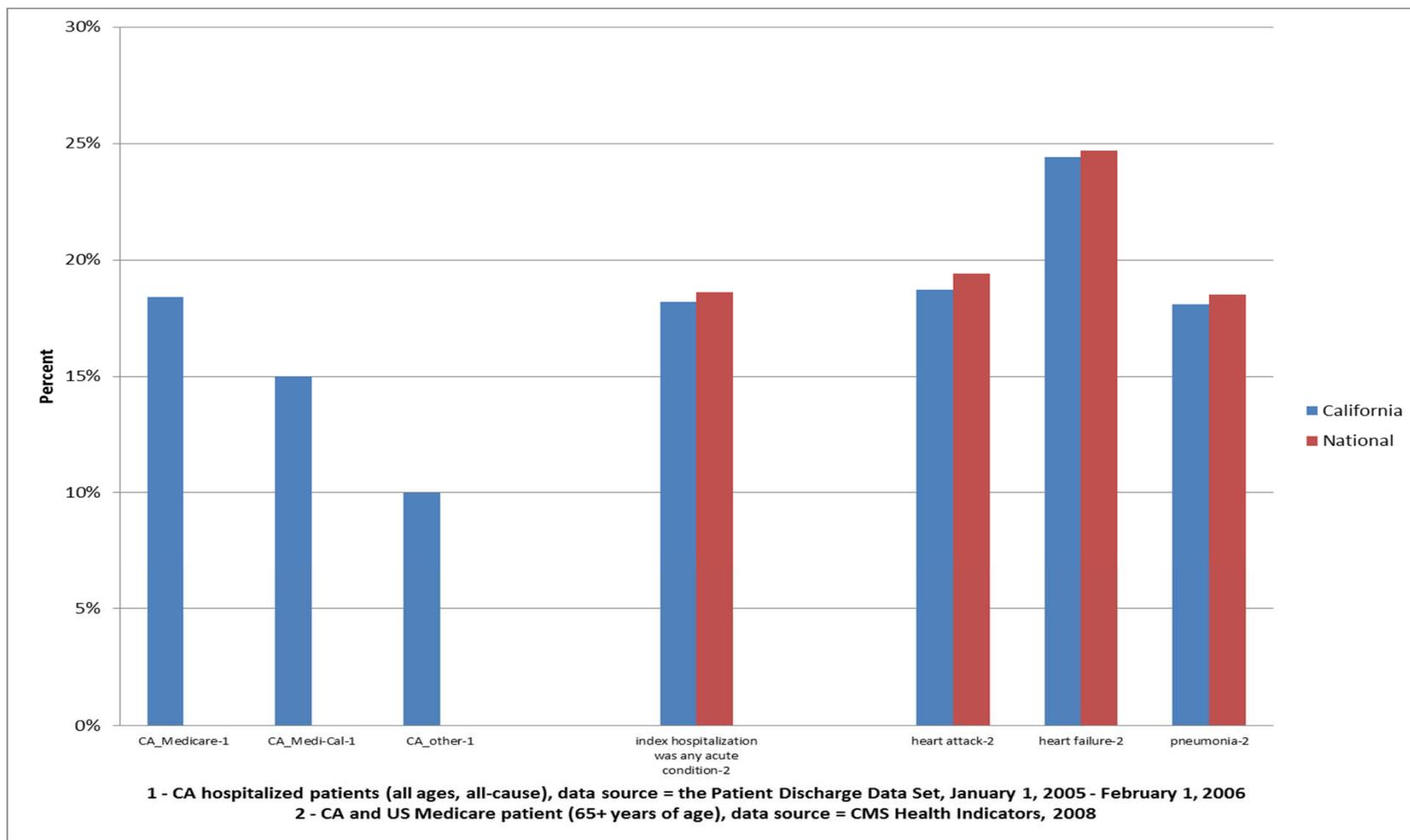
Hospital Readmissions within 30 days of discharge

- Not all hospitalizations are avoidable, but variation by hospital and geography suggest some readmissions are avoidable by improving quality
- Nationally, a standard definition of “readmission” is still evolving. It is the charge of our group to specify an operational definition of an admission measure and an appropriate benchmark
- Overall, 36% of California hospital patients were readmitted at least once within the following 365 days
- The percent of California hospital patients who were readmitted within 30 days of discharge varied by payer: Medicare = 18.4%, Medi-Cal = 15%, other health insurance = 10%



Hospital Readmissions

30-day Readmission Rate – By Payer and Index Condition, 2008



Source: OSHPD, *Readmission to California Hospitals, 2005 To 2006* And Medicare Hospital Compare (Cms) Health Indicators, 2008



Hospital Readmissions – Total Hospitalization Charges During One Year

California Hospital Patients with Initial Admission in 2005, 365-day Readmissions, 2005-2006

Type of Payer	Patients With No Readmissions Within One Year	Patients With One or More Readmissions Within One Year		Readmissions as % of All Charges
	One-Time Admission	Initial Admission	All Readmissions	
Total Charges				
Medicare	\$17.1 billion	\$14.1 billion	\$31.3 billion	50.0
Medi-Cal	\$5.9 billion	\$4.3 billion	\$9.7 billion	48.6
Private Insurance	\$13.7 billion	\$5.9 billion	\$10.9 billion	35.7
Self-Pay	\$1.5 billion	\$.5 billion	\$1.3 billion	38.1
Average Charge per Hospitalization				
Medicare	\$43.7 thousand	\$43.0 thousand	\$45.3 thousand	
Medi-Cal	\$42.3 thousand	\$50.1 thousand	\$45.2 thousand	
Private Insurance	\$32.9 thousand	\$42.1 thousand	\$42.0 thousand	
Self-Pay	\$30.7 thousand	\$33.7 thousand	\$38.1 thousand	

Source: OSHPD Health Facts, Readmission to California Hospitals, 2005 to 2006





**INCREASE THE NUMBER OF
CHILDREN RECEIVING
RECOMMENDED VACCINATIONS BY
AGE THREE**



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Childhood Vaccinations

- Immunizations are highly effective clinical preventive services and provide great return on investment
- Despite progress, hundreds of children in California suffer the consequences of vaccine-preventable diseases
- Communities with clusters of unvaccinated children are at increased risk for outbreaks
- Childhood immunization coverage varies by socioeconomic status, geographic area, and vaccine type
- The number of parents exempting their children from vaccinations has increased in the last decade



Baseline Data for Targeted Areas to Improve: Childhood Vaccines, 2010 for both US and CA

National Immunization Survey Results Overall Coverage for Children 19-35 months old

Vaccine	United States (%±CI)	California (%±CI)	HP 2020 Target
All vaccines/All recommended doses (DTaP, polio, MMR, Hib, hepB, varicella, PCV)	70.2 ± 1.3	68.6 ± 6.3	80%



Baseline Data for Targeted Areas to Improve: Childhood Vaccines, 2010 for both US and CA

National Immunization Survey Results Vaccine-specific Coverage for Children 19-35 months old

Vaccine	United States (%±CI)	California (%±CI)	HP 2020 Target
4+ doses of DTaP	84.4 ± 1.0	79.7 ±5.5	90%
3+ doses of Polio	93.3 ± 0.7	91.0 ±3.6	90%
1+ doses of MMR	91.5 ± 0.7	91.4 ±3.5	90%
3+ doses of Hib- Full series	66.8 ± 1.3	64.4 ±6.5	90%
3+ doses of Hep B	91.8 ± 0.7	90.1 ±3.8	90%
Hep B birth dose	64.1 ± 1.3	53.0 ±6.7	85%
1+ doses of Varicella	90.4 ± 0.8	88.9 ±4.4	90%
4+ doses of Pneumococcal	83.3 ± 1.0	83.5 ±4.8	90%
2+ doses of Hep A	49.7 ± 1.4	53.4 ±6.7	60%
3+ doses of Rotavirus	59.2 ± 1.4	58.9 ±6.7	80%



FACTORS INFLUENCING HEALTH



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Underlying Health Risk Factors

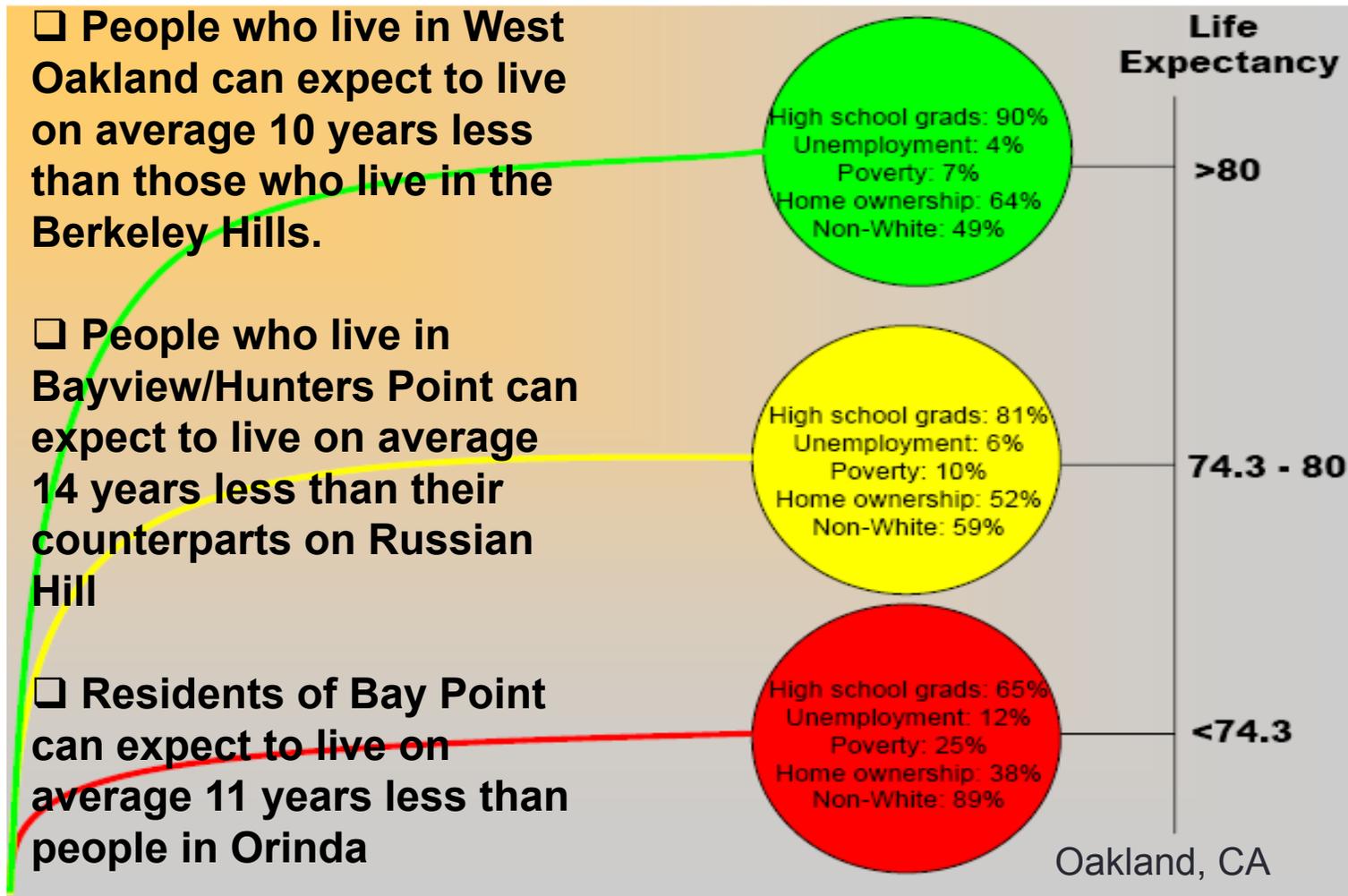
Healthy California 2020 Topics emphasize risk factors that lead to the outcomes identified for the Taskforce:

- Physical Activity
- Nutrition and Weight
- Tobacco Use / Substance Abuse



Health Varies by Place

Example: Life Expectancy in the Bay Area



http://www.barhii.org/press/download/barhii_report08.pdf



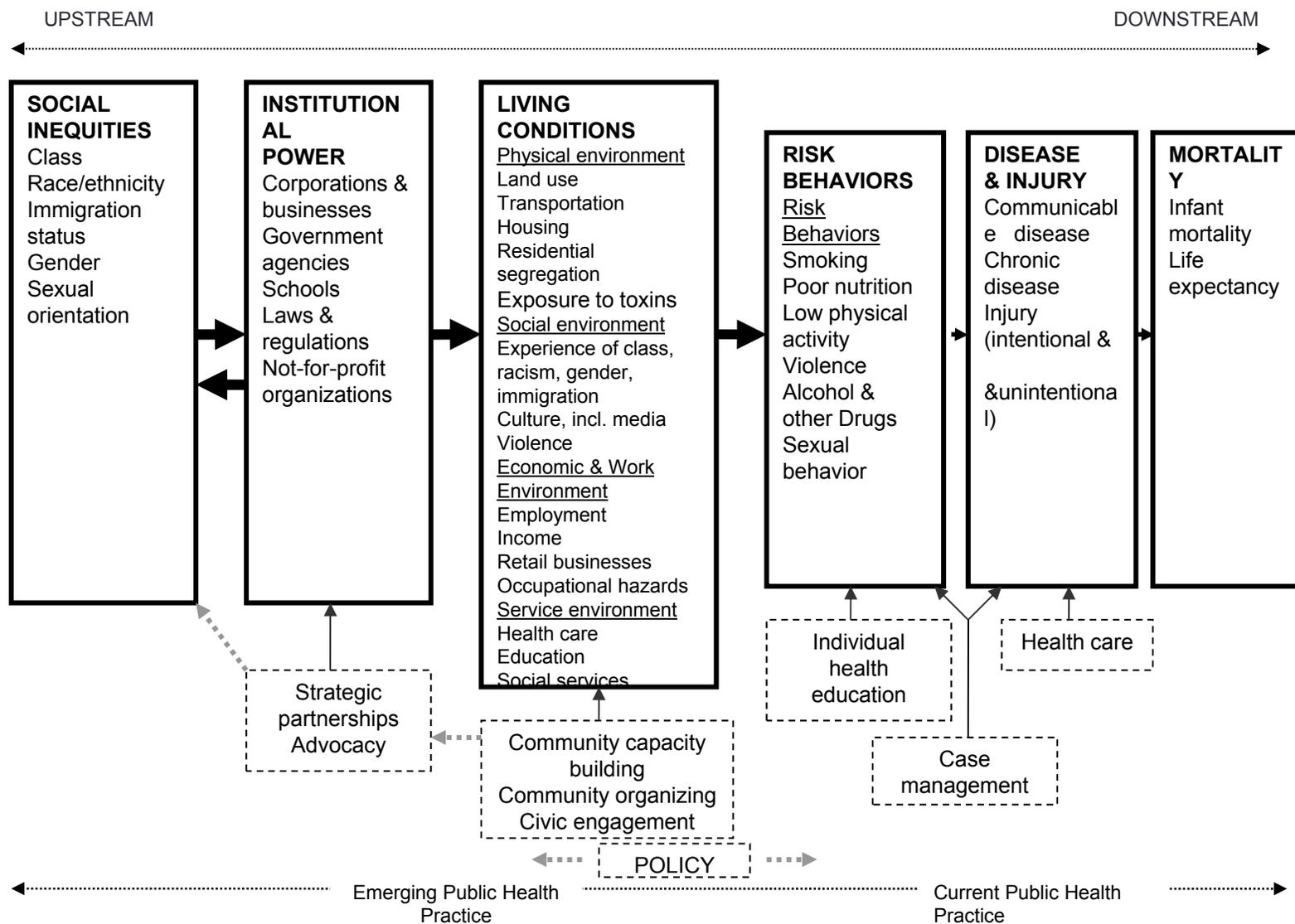


EXAMPLE FRAMEWORK



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A PUBLIC HEALTH FRAMEWORK FOR REDUCING HEALTH INEQUITIES BAY AREA REGIONAL HEALTH INEQUITIES INITIATIVE



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