

Preventive Services Utilization Briefing Document
Presented to the Governor's Interagency Council on Health Disparities
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Preventive services utilization refers to the use of services such as immunizations, disease screenings, and counseling services, which are provided to patients in order to prevent the onset of disease or to initiate early treatment for conditions that are not yet apparent. Separate briefing documents provide information on immunization rates and cancer screening rates; therefore, this document highlights data on prenatal care and cholesterol screening, in addition to providing general information on preventive care.

CRITERION #1: MAGNITUDE

- For the years 2001-2003 combined, 83% of Washington women reported receiving prenatal care during the first trimester of their pregnancies.
- In 2005, 76% of Washington adults reported that they had their cholesterol checked at least once during their lives, with 63% reporting having been screened during the last year.
- From 1991-2003, the percentage of Washington adults who reported having had their cholesterol checked during the preceding five years remained unchanged.

CRITERION #2: ASSOCIATION TO HEALTH OUTCOMES

- Increasing the use of preventive services, by definition, will result in decreased morbidity and mortality from diseases that could have been prevented or identified at an earlier stage.
- Use of proven preventive services could result in fewer cases of and deaths due to infectious diseases and chronic diseases, such as cancer, cardiovascular disease and diabetes.
- The Partnership for Prevention estimated that increasing the use of just 5 preventive services (counseling about aspirin use and smoking, screening for colorectal and breast cancers, and immunization against influenza) would save more than 100,000 lives each year in the U.S.

CRITERION #3: DISPARITY

- From 2001-2003, the percentage of Washington women receiving prenatal care in their first trimester was highest for whites (83.3%) and Asians (83.1%), followed by blacks (76.6%), American Indian and Alaska Native women (70.8%), and Native Hawaiian and Pacific Islander women (65.4%). Non-Hispanics were more likely to have prenatal care during their first trimester than Hispanic women (84.4% relative to 73.2%), for an Index of Disparity for not receiving prenatal care during the first trimester was 56%*.
- According to U.S. data from 2003, the percentage of adults age 20 or older reporting that they had their cholesterol checked during the previous 5 years was 75.0% for non-Hispanic blacks, 74.7% for American Indian/Alaska Natives, 74.2% for non-Hispanic whites, 69.6% for Asians/Pacific Islanders, and 65.5% for Hispanics, for an Index of Disparity for not having cholesterol screening of 16%.
- According to U.S. data from 2003, 74.4% of women compared to 71.3% of men reported having their cholesterol checked during the previous 5 years.

The Index of Disparity is the average of the difference in rates between the racial/ethnic group with the "best" rate and all other racial/ethnic groups.

Keppel KG et al., Measuring progress in healthy people 2010. Statistical Notes, no 25. NCHS, 2004.

**Consistent with Keppel et al., (2004), preventive care rates were transformed to not having the preventive care for purposes of calculating the Index of Disparity.*

Sources: (1) Preliminary data from: Washington State Department of Health (2007). Health of Washington State. 2007. Olympia, WA. *In press.* (2) Centers for Disease Control and Prevention (2005). Trends in Cholesterol Screening and Awareness of High Blood Cholesterol – United States, 1991-2003. MMWR 54(35):865-870. (3) Washington State Department of Health 2006. Prenatal Care In: MCH Data Report 2006. Olympia, Washington (4) Partnership for Prevention (2007). Preventive Care: A National Profile on Use, Disparities, and Health Benefits. Washington, DC.