



## Resources & Tools

### Overview:

Additional information for employers on clinical preventive services, including:

- Life Course Maps
  - Recommended Schedule of Preventive Care for Adults
  - Recommended Schedule of Preventive Care for Children and Adolescents
  - Recommended Schedule of Preventive Preconception, Prenatal and Postpartum Care
- Comparison of *A Purchaser's Guide to Clinical Preventive Services*, USPSTF Recommendations, NCQA HEDIS® Measures, NCQA Industry Trends and Analysis, and *Healthy People 2010 Goals*
- Glossary
- Links to Additional Resources and Cost-Calculators



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## Resources & Tools

### **Life Course Charts**

Visual guides to clinical preventive services across the lifespan:

- Recommended Schedule of Preventive Care for Adults
- Recommended Schedule of Preventive Care for Children and Adolescents
- Recommended Schedule of Preventive Preconception, Prenatal, and Postpartum Care

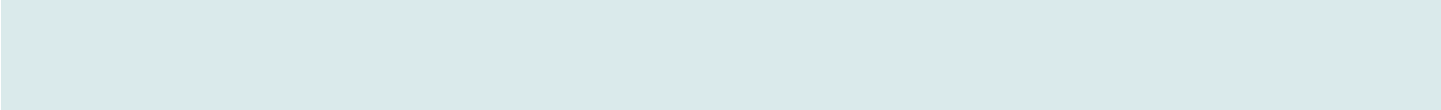
### **Crosswalk**

A crosswalk between the recommendations proposed in the Guide, the 2007 HEDIS® Measures, the NCQA State of Healthcare Quality Report, and the Department of Health and Human Service's *Healthy People 2010* Goals.

### **Clinical Preventive Services Glossary**

Definitions and examples of scientific, medical, and business terms used throughout the *Purchaser's Guide*.

### **Cost-Calculators and Additional Resources**



# Life Course Chart: Adults

AGE	18	19-20	21	25	30	35	40	45	50	55	60	65	70	75
<b>Abdominal Aortic Aneurysm</b>														
<b>Alcohol Misuse</b>	All adults: screen annually													
	Adults who screen positive for alcohol use: 8 counseling sessions per calendar year													
<b>Aspirin Therapy for the Prevention of Cardiovascular Disease</b>														
	All adults: 1 counseling session every 5 years or whenever a cardiovascular risk factor is detected													
<b>Breast Cancer</b>														
• <b>Screening</b>														
	All women: screen with mammography at least once every two years													
• <b>Counseling on BRCA Mutation Testing</b>														
	High-risk women: provided as medically indicated at least once before & after genetic testing													
• <b>Testing for BRCA Mutations</b>														
	High-risk women: once per lifetime													
• <b>Counseling on Preventive Medication and Preventive Treatment</b>														
	High-risk women: as medically indicated													
• <b>Preventive Medication</b>														
	High-risk women: as prescribed by a clinician													
• <b>Preventive Treatment</b>														
	High-risk women: as recommended by a clinician													
<b>Cervical Cancer</b>														
	All women aged 21 to 65 or within 3 years of the onset of sexual activity: screen at least once every 3 years, no more than once per calendar year													
	All adults: screen every 5 to 10 years depending on method													
<b>Colorectal Cancer</b>														
	All adults: counsel at least once per year & whenever emergency contraception is prescribed													
	All women: medications and devices as medically necessary for the prevention of pregnancy													
	All adults: voluntary sterilization covered once per lifetime													
<b>Depression</b>														
	All adults: screen whenever medically indicated													
<b>Diabetes (type 2)</b>														
	All adults: screen once every 3 years													
	High-risk adults: screen once every 2 years													
<b>Healthy Diet</b>														
	Adults with hyperlipidemia & other risk factors for cardiovascular & diet-related chronic disease: 3 intensive counseling sessions per calendar year													
<b>Hypertension</b>														
	All adults: routine screening													
	Adults with diagnosed hypertension: 6 counseling, treatment, and monitoring sessions per calendar year													
	Adults with diagnosed hypertension: drug therapy as medically indicated													
<b>Immunizations<sup>1</sup></b>														
• <b>Hepatitis A</b>	*													
	At-risk adults: 2 doses (2nd dose given 6-12 months, or 6-18 months after initial dose)													
• <b>Hepatitis B</b>	*													
	At-risk adults: 3 doses (2nd dose 1-2 months after initial dose, 3rd dose 4-6 months after initial dose)													
• <b>Influenza</b>	*													
	At-risk adults: 1 dose annually													
• <b>Measles, mumps, and rubella</b>	*													
	All adults: 1 or 2 doses if no evidence of immunity													
• <b>Meningococcal</b>	*													
	At-risk adults: 1 or more doses													
• <b>Pneumococcal</b>	*													
	At-risk adults: 1-2 doses													
• <b>Tetanus</b>	*													
	All adults: 1-dose booster every 10 years													
• <b>Varicella</b>	*													
	At-risk adults: 2 doses (2nd dose given 4-8 weeks after initial dose) if no evidence of immunity													
	All adults: screen once every 5 years													
	Adults with a lipid disorder: 6 counseling, treatment, and monitoring sessions per calendar year													
	Adults with a lipid disorder: drug therapy as medically indicated													
<b>Medical Foods for Persons with Genetic or Endocrine Disorders</b>	Adults with genetic or endocrine disorders: medical foods provided as medically indicated													
<b>Motor Vehicle-Related Injury Prevention</b>	All adults: counsel as medically indicated and reinforce prevention messages annually													
<b>Obesity</b>	All adults: screen once per calendar year													
	All obese (BMI>30) adults: 6 counseling sessions per calendar year													
	All obese adults with a BMI > 40 or BMI > 35 & at least one obesity-related illness: drug therapy and or surgery. Subject to pre-authorization requirements.													
	High-risk adults: screen every 2+ years													
	All women: screen every 2+ years													
	All men: screen as medically indicated													
<b>Sexually Transmitted Infections (STIs)</b>														
• <b>Counseling to prevent STIs</b>	All adults: education on the risk factors for HIV and other STIs & counseling on effective measures to reduce risk of infection													
• <b>Chlamydia</b>	All women from onset of sexual activity through age 25: screen annually													
	At-risk women: screen as medically indicated													
• <b>Gonorrhea</b>	All women from onset of sexual activity through age 25: screen annually													
	At-risk women: screen as medically indicated													
• <b>Human Immunodeficiency Virus (HIV)</b>	All adults: screen as medically indicated, at least once per lifetime													
	All adults undergoing screening: pre- and post-test counseling, maximum of 3 sessions per test cycle													
• <b>Syphilis</b>	High-risk adults: screen as medically indicated													
<b>Tobacco Use Treatment</b>	All adults: screen at every medical encounter													
	All adults who use tobacco: 12 counseling sessions per calendar year													
	All adults who use tobacco: nicotine replacement products/medications and/or tobacco cessation medication, as medically indicated													
<b>Tuberculosis</b>	High-risk adults: targeted testing													

**Screening:**

**Testing:**

**Counseling:**

**Immunization:**

**Preventive Treatment:**

**Preventive Medication/Intervention:**

Notes: \* Please refer to the life course chart for children and adolescents for immunization recommendations for this age group.

1. The immunization schedule listed on this chart is a graphic representation of recommendations in force at the time the chart was made. Visit the ACP website ([www.acp.org/nip/acip/](http://www.acp.org/nip/acip/)) for up-to-date recommendations.



# Life Course Chart: Pregnancy

## RECOMMENDED SCHEDULE OF PRECONCEPTION, PRENATAL, AND POSTPARTUM CARE

PERIOD	Preconception/ Interconception	1st Prenatal Visit	Continuing Prenatal Care										Post- partum			
			TRIMESTER 1			TRIMESTER 2			TRIMESTER 3							
TRIMESTER																
MONTH		1	2	3	4	5	6	7	8	9	10					
<b>Alcohol Misuse</b>	All women: screen at the beginning of each pregnancy (and thereafter at the clinician's discretion)															
	All pregnant women and women considering pregnancy: advise on the harmful effects of alcohol At-risk: counsel throughout pregnancy															
<b>Asymptomatic Bacteriuria</b>					All women: screen via urine culture at 12-16 weeks				All women: repeat urine culture							
<b>Breastfeeding</b>	All women: offer structured breastfeeding education and behavioral counseling to promote breastfeeding															
<b>Folic Acid Supplementation</b>	All women: provide information on folic acid during routine healthcare visits and prenatal care visits through the 1st trimester of pregnancy															
	All pregnant women and women planning a pregnancy: folic acid, as medically indicated															
<b>Group B Streptococcal Disease</b>																All women: screen for colonization at 35-37 weeks
																All colonized women: intrapartum antibiotic prophylaxis, as medically indicated
<b>Hepatitis B*</b>																All women at increased risk: repeat screen
																All pregnant women at risk of infection: immunize at some point during pregnancy
																All infants: immunize <sup>1</sup>
<b>HIV</b>																All exposed infants: provide HBIG prophylaxis
																All pregnant women at risk of infection: repeat screen
<b>Influenza*</b>	All women who will be pregnant during influenza season (October to mid-May): immunize with trivalent inactivated influenza vaccine															
																All women: screen
<b>Preeclampsia</b>																All women: repeat screening every 4 weeks until week 28, every 2-3 weeks until week 36, and weekly thereafter (until delivery)
<b>Prenatal Diagnosis of Chromosomal Abnormalities &amp; NTDs</b>	All women: offer screening to detect chromosomal abnormalities and NTDs All pregnant women at increased risk: offer testing in place of, or in addition to, screening															
<b>Rh(D) Incompatibility</b>																All women: screen for blood type and antibodies
																All women: screen to confirm Rh(D) antibody status, if medically indicated
<b>Rubella*</b>																All women: screen at 1st clinical encounter
																All nonpregnant women <sup>2</sup> : immunize at 1st clinical encounter if not otherwise immune to rubella
																Immunize susceptible women immediately after delivery
<b>Syphilis</b>																All women: screen
																All women in high-risk groups: repeat screen at 28 weeks and at labor and delivery
<b>Tetanus*</b>																All women: screen
																All susceptible women: immunize during the 2nd or 3rd trimester
<b>Tobacco Use</b>	All women: screen at every medical encounter															
	All pregnant women who use tobacco: counsel to quit at every medical encounter															

**Screening:**

**Testing:**

**Counseling:**

**Immunization:**

**Preventive Medication:**

\*The immunization schedule listed on this chart is a graphic representation of recommendations in force at the time the chart was made. Visit the ACP website ([www.cdc.gov/nip/acip/](http://www.cdc.gov/nip/acip/)) for up-to-date recommendations.  
1. All infants need to receive a single dose of the hepatitis B vaccine. All infants born to women with unknown HBsAg status need to receive a single dose of the hepatitis B vaccine (without HBIG).  
2. All women are advised not to become pregnant until 4 weeks after the rubella vaccination.



# Crosswalk

A crosswalk between the recommendations proposed in the Guide, the 2007 HEDIS® Measures, the NCQA State of Healthcare Quality Report, and the Department of Health and Human Service's *Healthy People 2010* Goals

Categories	Purchaser's Guide Recommendations	USPTSF Recommendation	HEDIS® 2007 Measures	NCQA 2006 State of Health Care Quality % of beneficiaries in the commercially-insured population who received service (2004-2005) <sup>2</sup>	Healthy People 2010 Goal
Cancer	<ul style="list-style-type: none"> <li>Breast Cancer, <i>Screening</i></li> <li>Breast Cancer Genetic Risk Assessment and BRCA Mutation Testing, <i>Counseling, testing, and preventive treatment</i></li> <li>Breast Cancer, <i>Counseling and preventive medication</i></li> </ul>	<ul style="list-style-type: none"> <li>Administer screening mammography, with or without clinical breast examination (CBE), every 1-2 years to women aged 40 and older.</li> <li>Women whose family history is associated with an increased risk for deleterious mutations in <i>BRCA1</i> or <i>BRCA2</i> genes should be referred for genetic counseling and evaluation for BRCA testing.</li> </ul>	<ul style="list-style-type: none"> <li>Breast cancer screening</li> </ul>	<ul style="list-style-type: none"> <li>Breast cancer screening: 72.0%</li> </ul>	<p><b>2000:</b> 67% of women age 40 and above have had a mammogram within the past 2 years<sup>^</sup></p> <p><b>2010 target:</b> increase proportion to 70%<sup>^</sup></p>
	<ul style="list-style-type: none"> <li>Cervical Cancer, <i>Screening</i></li> </ul>	<ul style="list-style-type: none"> <li>Screen for cervical cancer among women who are/have been sexually active and have a cervix.</li> </ul>	<ul style="list-style-type: none"> <li>Cervical cancer screening</li> </ul>	<ul style="list-style-type: none"> <li>Cervical cancer screening: 81.8% (women aged 21 to 64)</li> </ul>	<p><b>2000:</b> 79% of women age 18 and above have had a pap smear within the past 3 years<sup>^</sup></p> <p><b>2010 target:</b> increase proportion to 90%<sup>^</sup></p>
	<ul style="list-style-type: none"> <li>Colorectal Cancer, <i>Screening</i></li> </ul>	<ul style="list-style-type: none"> <li>Screen men and women 50 years of age or older for colorectal cancer.</li> </ul>	<ul style="list-style-type: none"> <li>Colorectal cancer Screening</li> </ul>	<ul style="list-style-type: none"> <li>Colorectal cancer screening: 52.3% of adults aged 50 years and older.</li> </ul>	<p><b>2000:</b> 24% of adults age 50 and above have received a fecal occult blood test within the past two years<sup>^</sup></p> <p><b>2010 target:</b> increase proportion to 33%</p> <p><b>1998:</b> 37% of adults age 50 and above have received a sigmoidoscopy at some point during their life<sup>^</sup></p> <p><b>2010 target:</b> increase proportion to 50%</p>

Categories	Purchaser's Guide Recommendations	USPTSF Recommendation	HEDIS® 2007 Measures	NCQA 2006 State of Health Care Quality % of beneficiaries in the commercially-insured population who received service (2004-2005) <sup>2</sup>	Healthy People 2010 Goal
<b>Cardiovascular Health</b>	<ul style="list-style-type: none"> <li>Abdominal Aortic Aneurysm, <i>Screening</i></li> </ul>	<ul style="list-style-type: none"> <li>One-time screening by ultrasonography for men aged 65 to 75 who have ever smoked.</li> </ul>			
	<ul style="list-style-type: none"> <li>Aspirin Therapy for the Prevention of Cardiovascular Disease, <i>Counseling</i></li> </ul>	<ul style="list-style-type: none"> <li>Discuss aspirin chemoprevention with adults who are at increased risk for coronary heart disease</li> </ul>			
	<ul style="list-style-type: none"> <li>Healthy Diet, <i>Counseling</i></li> </ul>	<ul style="list-style-type: none"> <li>Behavioral dietary counseling for adult patients with hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic disease.</li> </ul>			
	<ul style="list-style-type: none"> <li>Hypertension, <i>Screening, counseling, and treatment</i></li> </ul>	<ul style="list-style-type: none"> <li>Screen adults aged 18 and older for high blood pressure.</li> </ul>	<ul style="list-style-type: none"> <li>Controlling high blood pressure</li> </ul>	<ul style="list-style-type: none"> <li>68.8% of adults age 46-85 have controlled blood pressure (140/90 mm Hg or lower)</li> </ul>	<p><b>2000:</b> 26% of adults age 20 and above have high blood pressure<sup>^</sup>  <b>2010 target:</b> reduce proportion to 14%</p> <p><b>2000:</b> 25% of adults age 18 and above with high blood pressure have it under control  <b>2010 target:</b> increase proportion to 68%<sup>^</sup></p>
	<ul style="list-style-type: none"> <li>Lipid Disorders, <i>Screening, counseling, and treatment</i></li> </ul>	<ul style="list-style-type: none"> <li>Screen men aged 35 years and older and women aged 45 years and older for lipid disorders and treat abnormal lipids in people who are at increased risk of coronary heart disease.</li> </ul>	<ul style="list-style-type: none"> <li>Cholesterol management for patients with cardiovascular conditions</li> </ul>	<ul style="list-style-type: none"> <li>LDL-C screening: 92.3%</li> <li>LDL-C control (&lt;130 mg/dL) 67.5%</li> <li>LCL-C control (&lt;100 mg/dL) 43.8%</li> </ul>	<p><b>2000:</b> 67% of adults age 18 and above have had their blood cholesterol checked in the past 5 years<sup>^</sup>  <b>2010 target:</b> increase proportion to 80%<sup>^</sup></p>
<b>Diabetes</b>	<ul style="list-style-type: none"> <li>Diabetes (type 2), <i>Screening</i></li> </ul>	<ul style="list-style-type: none"> <li>Screen for type 2 diabetes in adults with hypertension or hyperlipidemia.</li> </ul>	<ul style="list-style-type: none"> <li>Comprehensive diabetes care</li> </ul>	<p>Comprehensive diabetes care:</p> <ul style="list-style-type: none"> <li>Eye exams: 54.8%</li> <li>HbA1c testing: 87.5%</li> <li>LDL-C screening: 92.3%</li> <li>LDL-C control (&lt;130 mg/dL) 67.5%</li> <li>LCL-C control (&lt;100 mg/dL) 43.8%</li> </ul>	<p><b>2000:</b> 64% of adults age 20 and above with diabetes have been diagnosed<sup>^</sup>  <b>2010 target:</b> increase rate to 78%<sup>^</sup></p> <p><b>2000:</b> there are 5.5 new cases of diabetes per 1,000 population aged 18-84  <b>2010 target:</b> reduce incidence to 3.8 new caser per 1,000 population per year<sup>^</sup></p>

Categories	<i>Purchaser's Guide</i> Recommendations	USPSTF Recommendation	HEDIS® 2007 Measures	NCQA 2006 State of Health Care Quality % of beneficiaries in the commercially-insured population who received service (2004-2005) <sup>2</sup>	<i>Healthy People</i> <i>2010 Goal</i>
<b>Immunizations Adult</b>  (for information on child and adolescent immunization please refer to Infant, Child, & Adolescent Care)	<ul style="list-style-type: none"> <li>Immunizations (Adults)</li> </ul>	<ul style="list-style-type: none"> <li>N/A – the USPSTF defers to ACIP.</li> </ul>	<ul style="list-style-type: none"> <li>Flu shots for adults age 50–64</li> <li>Flu shots for older adults</li> <li>Pneumonia vaccination status for older adults</li> </ul>	<ul style="list-style-type: none"> <li>Flu shots for adults: 36.3%.</li> </ul>	<p><b>2002:</b> 66% of adults age 65 and above receive an influenza vaccine <b>2010 target:</b> increase proportion to 90%</p> <p><b>2004:</b> 56% of adults age 65 and above receive a pneumococcal vaccine <b>2010 target:</b> increase proportion to 90%</p> <p><b>1998:</b> 87% of children age 19 to 35 months received 3 doses of hepatitis B vaccine in 1998. <b>2010:</b> Increase proportion to 80%</p>
<b>Infant, Child, &amp; Adolescent Care</b>	<ul style="list-style-type: none"> <li>Newborn Screening for Genetic and Endocrine Disorders, <i>Screening, medical foods, and treatment</i></li> <li>Newborn hearing, <i>Screening</i></li> <li>Lead, Elevated Blood Levels, <i>Screening</i></li> <li>Dental Caries, <i>Preventive medication</i></li> <li>Child Development, <i>Screening</i></li> <li>Immunizations</li> <li>Vision, <i>Screening</i></li> <li>The <i>Purchaser's Guide</i> also recommends screening and counseling adolescents as medically indicated for alcohol misuse, depression, obesity, and tobacco use.</li> </ul>	<ul style="list-style-type: none"> <li>The USPSTF determined that the evidence was insufficient to recommend for or against routine screening of newborns for hearing loss during postpartum hospitalization.</li> <li>N/A – the USPSTF defers to ACIP.</li> <li>Primary care clinicians should prescribe oral fluoride supplementation at currently recommended doses to preschool children older than 6 months of age whose primary water source is deficient in fluoride.</li> </ul>	<ul style="list-style-type: none"> <li>Well-child visits in the first 15 months of life</li> <li>Well-child visits in the third, fourth, fifth and sixth years of life</li> <li>Childhood immunization status</li> <li>Annual dental visits</li> <li>Adolescent well-care visit</li> <li>Adolescent immunization status</li> </ul>	<ul style="list-style-type: none"> <li>Child immunizations (combination 2): 77.7%</li> <li>Childhood immunization for chickenpox (VZV): 89.9%</li> <li>Adolescent immunizations status (combination 2): 53.7%</li> <li>Adolescent immunization for chickenpox (VZV): 60.2%</li> </ul>	<p><b>2010 target:</b> Ensure that all newborns are screened at birth for conditions mandated by their State-sponsored newborn screening programs<sup>A</sup></p> <p><b>1998:</b> 87% of children age 19 to 35 months received 3 doses of hepatitis B vaccine in 1998. <b>2010:</b> Increase proportion to 90%</p> <p><b>1994:</b> 4.4% of children aged 1-5 years have blood lead levels exceeding 10 mg/dL<sup>A</sup> <b>2010 target:</b> reduce proportion to 0%</p> <p><b>1998:</b> 73% of children receive all vaccines that have been recommended for universal administration for at least 5 years (DTaP, polio, MMR, Hib and HepB vaccines)<sup>A</sup> <b>2010 target:</b> increase proportion to 90%<sup>A</sup></p> <p><b>1994:</b> 131 per 10,000 children born suffers from mental retardation and 32.2 per 10,000 suffer from cerebral palsy<sup>A</sup> <b>2010 target:</b> reduce rate of mental retardation to 124 cases per 10,000 live births and reduce the rate of cerebral palsy to 31.5 cases per 10,000 live births<sup>A</sup></p> <p><b>2001:</b> 66% of newborns receive screenings for hearing loss before age 1 month, 56% receive audiologic evaluation before age 3 month, and 57% are enrolled in appropriate intervention services by age 6 months. <b>2010 target:</b> increase the proportion of newborns who are screened for hearing loss by age 1 month to 90%, have audiologic</p>

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<p><b>Infant, Child, &amp; Adolescent Care</b> <i>(Continued)</i></p>					<p>evaluation by age 3 months to 70%, and are enrolled in appropriate intervention services by age 6 months to 85%.</p> <p><b>2002:</b> 36% of children aged 5 years and under had ever had their vision screened in 2002. <b>2010 target:</b> increase the proportion of preschool children aged 5 years and under who receive vision screening to 52%.</p> <p><b>1997:</b> 48% of adolescents aged 13-15 years received 3 or more doses of hepatitis B vaccine, 89% received 2 or more doses of MMR, 93% received 1 or more tetanus –diphtheria booster, and 45% received 1 or more doses of varicella (for chicken pox)<sup>^</sup> <b>2010 target:</b> increase proportions for all vaccines to 90%<sup>^</sup> <b>2002:</b> 26% of adolescents in 12th grade smoke<sup>1</sup> <b>2010 target:</b> reduce smoking rate to 16%</p>
<p><b>Mental Health and Substance Abuse</b></p>	<ul style="list-style-type: none"> <li>• Depression, <i>Screening</i></li> <li>• Alcohol Misuse, <i>Screening and counseling</i></li> </ul>	<ul style="list-style-type: none"> <li>• Screen adults for depression in clinical practices that have systems in place to assure accurate diagnosis, effective treatment, and follow-up.</li> <li>• Screen all adults (including pregnant women) for alcohol misuse and provide behavioral counseling interventions to reduce alcohol misuse in primary care settings.</li> </ul>		<ul style="list-style-type: none"> <li>• Initiation of treatment: 44.5%</li> </ul>	<p><b>1997:</b> 23% of Adults aged 18 years and older with depression receive treatment <b>2010 target:</b> increase proportion to 50%</p> <p><b>2002:</b> 51% of individuals age 12 and above consume alcohol</p> <p><b>2002:</b> 17.6% of adolescents ages 12-17 consume alcohol</p> <p><b>2002:</b> 10.7% of adolescents aged 12 to 17 binge drink (5 or more drinks on the same occasion within the past 30 days) <b>2010 target:</b> Reduce adolescents engaging in binge drinking during the past month to 3.1%<sup>^</sup></p> <p><b>1998:</b> 24.3% of adults aged 18 and older binge drink<sup>^</sup> <b>2010 target:</b> reduce proportion to 13.4% <sup>^</sup></p>

Categories	Purchaser's Guide Recommendations	USPTSF Recommendation	HEDIS® 2007 Measures	NCQA 2006 State of Health Care Quality % of beneficiaries in the commercially-insured population who received service (2004-2005) <sup>2</sup>	Healthy People 2010 Goal
<b>Nutrition/ Physical Activity</b>	<ul style="list-style-type: none"> <li>Obesity, <i>Screening, counseling, and treatment</i></li> </ul>	<ul style="list-style-type: none"> <li>Screen all adult patients for obesity and offer intensive counseling and behavioral interventions to promote sustained weight loss for obese adults.</li> </ul>			<p><b>2002:</b> 65% of U.S. adults, aged 20 and above, are overweight <b>2010 target:</b> reduce proportion to 15%</p> <p><b>2002:</b> 31% of adults aged 20 and above are overweight <b>2010 target:</b> reduce proportion to 15%</p>
<b>Pregnancy</b>	<ul style="list-style-type: none"> <li>Alcohol Misuse, <i>Screening and counseling</i></li> <li>Asymptomatic Bacteriuria, <i>Screening</i></li> <li>Breastfeeding, <i>Counseling</i></li> <li>Folic Acid Supplementation, <i>Counseling and preventive medication</i></li> <li>Group B Streptococcal Disease, <i>Screening and preventive medication</i></li> <li>Hepatitis B Virus (HBV), <i>Screening, immunization, and treatment</i></li> <li>Human Immunodeficiency Virus (HIV), <i>Screening, counseling, and preventive medication</i></li> <li>Influenza, <i>Immunization</i></li> <li>Preeclampsia, <i>Screening</i></li> <li>Prenatal Diagnosis of Chromosomal Abnormalities and Neural Tube Defects (NTDs), <i>Screening and testing</i></li> <li>Rh (D) Incompatibility, <i>Screening and preventive medication</i></li> <li>Rubella, <i>Screening</i></li> <li>Syphilis, <i>Screening</i></li> <li>Tetanus, <i>Immunization</i></li> <li>Tobacco Use Treatment, <i>Screening and counseling</i></li> </ul>	<ul style="list-style-type: none"> <li>Screening and behavioral counseling interventions to reduce alcohol misuse by adults, including pregnant women, in primary care settings.</li> <li>Provide structured breastfeeding education and behavioral counseling programs to promote breastfeeding.</li> <li>Routinely screen all sexually active women aged 25 years and younger, and other asymptomatic women at increased risk for infection, for chlamydial infection.</li> <li>Screen for hepatitis B virus (HBV) infection among pregnant women at their first prenatal visit.</li> <li>Screen all pregnant women for HIV.</li> <li>Rh (D) blood typing and antibody testing should be conducted at the first prenatal visit for all pregnant women.</li> <li>All women of childbearing age should be assessed for rubella susceptibility by history of vaccination or by serology at their first clinical encounter.</li> </ul>	<ul style="list-style-type: none"> <li>Prenatal and postpartum care</li> <li>Frequency of ongoing prenatal care</li> </ul>	<ul style="list-style-type: none"> <li>Timelines of prenatal care: 91.8%</li> <li>Timeliness of postpartum care: 81.5%</li> </ul>	<p><b>2004:</b> 84% of pregnant women received timely prenatal care <b>2010 target:</b> increase rate to 90%</p> <p><b>2002:</b> 43% of mothers breastfeed exclusively for 3months<sup>^</sup> <b>2010 target:</b> increase proportion to 60%<sup>^</sup></p> <p><b>2002:</b> 13% of mothers breastfeed exclusively for 6 months<sup>^</sup> <b>2010 target:</b> increase proportion to 25%<sup>^</sup></p> <p><b>1995:</b> 93% of females 15 to 44 who are at risk of unintended pregnancy use contraception. <b>2010 target:</b> increase rate to 100%</p> <p><b>1994:</b> 21% of non-pregnant women ages 15 to 44 consume at least 400 mg of folic acid per day <b>2010 target:</b> increase rate to 80%</p> <p><b>2010 target:</b> Increase the proportion of pregnant females screened for sexually transmitted diseases (including HIV infection and bacterial vaginosis) during prenatal health care visits, according to recognized standards.</p> <p><b>2000:</b> 1,682 chronic hepatitis B virus infections in children under age 2 years were reported in 1995. <b>2010 target:</b> Reduce chronic hepatitis B virus infections in infants and young children (perinatal infections) to 400 infections.</p> <p><b>1996:</b> 6 cases of spina bifida or other NTD per 10,000 live births <b>2010 target:</b> reduce the number of spina bifida cases to 3 per 10,000 live births</p>

Categories	<i>Purchaser's Guide Recommendations</i>	USPTSF Recommendation	HEDIS® 2007 Measures	NCQA 2006 State of Health Care Quality % of beneficiaries in the commercially-insured population who received service (2004-2005) <sup>2</sup>	<i>Healthy People 2010 Goal</i>
<b>Pregnancy</b> <i>(Continued)</i>		<ul style="list-style-type: none"> <li>• Screen all pregnant women for syphilis infection at the 1st prenatal visit</li> <li>• Screen all pregnant women for tobacco use and provide augmented pregnancy-tailored counseling to those who smoke.</li> </ul>			<p><b>2002:</b> 11% of pregnant women smoke*, 1997: 14% of pregnant women drink alcohol, 1% binge drink, and 2% use illicit drugs  <b>2010 target:</b> reduce smoking rate to 1%, alcohol use rate to 6%, binge drinking rate to 0%, and illicit drug use rate to 0%</p> <p><b>1997:</b> fetal alcohol syndrome occurs in 0.4 per 1,000 live births<sup>^</sup>  <b>2010 target:</b> reduce incidence to 0.1 cases per 1,000 live births<sup>^</sup></p>
<b>Sexually Transmitted Infection, (STIs)</b>	<ul style="list-style-type: none"> <li>• Counseling to Prevent STIs, <i>Counseling</i></li> </ul>	<ul style="list-style-type: none"> <li>• Educate all adolescents and adults on the risk factors for HIV and other sexually transmitted infections and counsel these patients on effective measures to reduce their risk of infection.</li> </ul>			
	<ul style="list-style-type: none"> <li>• Chlamydia, <i>Screening</i></li> </ul>	<ul style="list-style-type: none"> <li>• Screen all sexually active women aged 25 years and younger, and other asymptomatic women at increased risk, for chlamydial infection.</li> </ul>	<ul style="list-style-type: none"> <li>• Chlamydia screening in women</li> </ul>	<ul style="list-style-type: none"> <li>• Chlamydia screening: 16 to 20 years: 34.4% 21 to 25 years: 35.2%</li> </ul>	<p><b>2002:</b> 25% of sexually active women aged 25 and under enrolled in commercial managed care organizations are screened for Chlamydia infection<sup>^</sup>  <b>2010 target:</b> increase proportion to 62%<sup>^</sup></p>
	<ul style="list-style-type: none"> <li>• Gonorrhea, <i>Screening</i></li> </ul>	<ul style="list-style-type: none"> <li>• Screen all sexually active women, including those who are pregnant, for gonorrhea infection if they are at increased risk for infection.</li> </ul>			<p><b>2002:</b> there are 279 new cases of gonorrhea among women age 15-44 per 100,000 population<sup>^</sup>  <b>2010 target:</b> reduce the incidence to 42 new cases per 100,000 population<sup>^</sup></p>
	<ul style="list-style-type: none"> <li>• Human Immunodeficiency Virus (HIV), <i>Screening</i></li> </ul>	<ul style="list-style-type: none"> <li>• Screen all adolescents and adults at increased risk for HIV infection.</li> </ul>			<p><b>1994:</b> 17% of adults age 20-29 years have a genital herpes infection<sup>^</sup>  <b>2010 target:</b> reduce proportion to 14%<sup>^</sup></p>
	<ul style="list-style-type: none"> <li>• Syphilis, <i>Screening</i></li> </ul>	<ul style="list-style-type: none"> <li>• Screen persons at increased risk for syphilis infection.</li> </ul>			

Categories	Purchaser's Guide Recommendations	USPTSF Recommendation	HEDIS® 2007 Measures	NCQA 2006 State of Health Care Quality % of beneficiaries in the commercially-insured population who received service (2004-2005) <sup>2</sup>	Healthy People 2010 Goal
<b>Sexually Transmitted Infections</b> <i>(Continued)</i>	<ul style="list-style-type: none"> <li>Contraceptives, <i>Counseling and preventive medication</i></li> </ul>				<b>1995:</b> 51% of pregnancies in the U.S. are intended <b>2010 target:</b> increase rate to 70%
<b>Other</b>	<ul style="list-style-type: none"> <li>Motor Vehicle-Related Injury Prevention, <i>Counseling</i></li> </ul>				<b>2002:</b> 8.4 per 100,000 deaths result from a motor vehicle accident (age-adjusted deaths) <b>2010 target:</b> reduce rate to 8.0 deaths per 100,000 <sup>^</sup>
	<ul style="list-style-type: none"> <li>Osteoporosis, <i>Screening and treatment</i></li> </ul>	<ul style="list-style-type: none"> <li>Screen women aged 65 and older for osteoporosis. The USPSTF recommends that routine screening begin at age 60 for women at increased risk for osteoporotic fractures</li> </ul>	<ul style="list-style-type: none"> <li>Osteoporosis management in women who had a fracture</li> <li>Osteoporosis testing in older women</li> </ul>	<ul style="list-style-type: none"> <li>Osteoporosis management after a fracture: 20.1% (Medicare rate)</li> </ul>	<b>2000:</b> 10% of adults age 50 and above have osteoporosis <sup>^</sup> <b>2010 target:</b> reduce proportion to 8% <sup>^</sup>
	<ul style="list-style-type: none"> <li>Tobacco Use Treatment, <i>Screening, counseling, and treatment</i></li> </ul>	<ul style="list-style-type: none"> <li>Screen all adults for tobacco use and provide tobacco cessation interventions for those who use tobacco products.</li> </ul>	<ul style="list-style-type: none"> <li>Medical assistance with smoking cessation</li> </ul>	<ul style="list-style-type: none"> <li>Advising smokers to quit: 71.2%</li> <li>Discussing cessation medications: 39.4%</li> <li>Discussing quitting strategies: 39.0%</li> </ul>	<b>2002:</b> 26% of adolescents in 12th grade smoke <sup>1</sup> <b>2010 target:</b> reduce smoking rate to 16%  <b>1999:</b> 20% of adult females and 25% of adult males smoke <sup>1</sup> <b>2010 target:</b> reduce adult smoking rate to 12% <sup>^</sup>
	<ul style="list-style-type: none"> <li>Tuberculosis, <i>Screening</i></li> </ul>	<ul style="list-style-type: none"> <li>Screen for tuberculosis infection with tuberculin skin testing among asymptomatic high-risk persons.</li> </ul>			<b>1998:</b> 6.8 new cases of TB per 100,000 population <sup>^</sup> <b>2010 target:</b> reduce incidence to 1.0 new cases per 100,000 population <sup>^</sup>  <b>1997:</b> 62% of contacts and other high-risk persons with latent TB complete a course of treatment <b>2010:</b> Increase treatment completion to 85%

**Notes:**

<sup>1</sup> Adolescent smoking definition: an adolescent in grade 9-12 who smoked one or more cigarettes in the past 30 days. Adult smoking definition: an adult (≥18 years of age) who smoked more than 100 cigarettes in his/her lifetime and who smoked on some or all days in the past month.

<sup>2</sup> The NCQA Report on the State of Health Care Quality is based on 500 health plans that voluntarily report HEDIS measurements to NCQA.

**Information Sources:**

All information on the USPSTF recommendations was adapted from:

U.S. Preventive Services Task Force. *Guide to Clinical Preventive Services: Pocket Guide; 2005*. [cited 2006 Jun 5]. Available from: <http://www.ahrq.gov/clinic/pocketgd.htm>.

All information related to the Healthy People 2010 guidelines, unless otherwise noted by \* or a ^ was adapted from:

U.S. Department of Health and Human Services. *Healthy People 2010*. 2nd ed. With *Understanding and Improving Health and Objectives for Improving Health*. 2 vols. Washington, DC: U.S. Government Printing Office; November 2000.

^ U.S. Department of Health and Human Services. Healthy People 2010. Midcourse Review. Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. [cited 2006 Jun 13]. Available from: <http://www.healthypeople.gov/data/midcourse/comments/objectives.asp>.

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National Committee for Quality Assurance (NCQA). *The State of Healthcare Quality: 2006*. National Committee for Quality Assurance (NCQA); Washington, DC; 2006.

National Committee for Quality Assurance (NCQA). *The State of Healthcare Quality: 2004*. National Committee for Quality Assurance (NCQA); Washington, DC; 2004.

National Committee for Quality Assurance (NCQA). HEDIS 2007 Summary Table of Measures and Product Lines. Measure List. Washington, DC: National Committee for Quality Assurance; 2006. [cited 2006 Sept 15]. Available from: <http://www.ncqa.org/Programs/HEDIS/2007/MeasuresList.pdf>.

## Glossary

**Absenteeism:** Missing days from work. In terms of health-related absenteeism, it can be attributed to general sickness, workers' compensation, short-term disability, long-term disability, sick leave, Family Medical Leave Act (FMLA), paid time off (PTO), unpaid leave, and death (premature mortality costs).<sup>1</sup>

**Asymptomatic:** Lacking symptoms of a disease or condition.

**At-work productivity decline** (also see **presenteeism**): Reduced normal activity and job output due to a health problem.<sup>2</sup>

**Bed days:** Number of days-of-stay in a healthcare facility (e.g., hospital) used to treat a condition or population. "Hospital bed days per thousand," for example, may describe the average number of inpatient days used in a specified period of time for every 1,000 employees.

**Chemoprophylaxis:** The prevention of infectious disease through the use of chemical agents<sup>3</sup>; such as drugs; also called preventive medication.

**Clinical preventive services:** A comprehensive term referring to a variety of interventions delivered to an individual (e.g., screenings, counseling, immunizations, and preventive medication) intended to detect conditions for which the individual has no symptoms of disease or to prevent escalation of an established disease or condition.

**Cohort:** A defined group of individuals; a group of individuals with a common statistical factor (such as birth year, age, or risk).<sup>3</sup>

**Comorbidity:** The presence of multiple diseases or conditions that are simultaneously present and not necessarily caused by one another. For example, a patient with type 2 diabetes and depression is said to have comorbid diabetes and depression. Comorbid disorders may interact to affect clinical course, severity, risk factors for other conditions, or to alter the appropriateness of tests and treatments that are normally used to manage a single condition. Comorbidity may be used as a prognostic indicator for length of hospital stay, cost factors, and outcome or survival.<sup>5</sup>

**Complication:** A side effect, secondary condition, or adverse effect related to an underlying condition. Complications may occur because of the natural course of a disease (e.g., death can be a complication of an untreated heart attack) or may occur as the result of medical procedure or treatment (e.g., post-operative infection).

**Cost, indirect:** Expenses associated with an illness, condition, or disorder that are not immediately related to treatment. These non-medical expenditures include lost wages, lost workdays, costs related to using replacement workers, overtime premiums, productivity losses related to unscheduled absences, and productivity losses of workers while on the job.<sup>1</sup>

**Cost, direct:** Dollars spent on health services. Direct costs include out-of-pocket payments, medical insurance benefits (e.g., medical, pharmacy, dental, mental health), disability payments, and workers' compensation losses.<sup>1</sup>

**Cost-effective:** A determination that the net cost per unit of health generated by an intervention is favorable in comparison with other health services.

**Cost-effectiveness:** Minimum cost for a given benefit, the maximum benefit for a given cost, or a balance of low cost and high benefit that has maximum utility.

**Cost-effectiveness analysis (CEA):** An economic analysis designed to compare the net cost (expense) of an intervention with the net expense of one or more other interventions. CEAs usually use a common outcome measure, such as years-of-extended life or quality-adjusted life years in which all expenditures are related to a single, common effect, usually in terms of expense per outcome achieved.

**Cost-effectiveness (CE) ratio:** The ratio of total investment expenditures to total accrued benefits, in terms of both dollars and benefit value. This is comparable to a Return-on-Investment (ROI) calculation.

**Cost, out-of-pocket:** Expenditures for a healthcare service that are not covered by a health plan or other third party and for which an individual is directly responsible.

**Cost-saving:** The reduction in healthcare expenses resulting from an intervention or program after accounting for the cost required to develop, implement, and maintain the given intervention or program.

**Cost, total:** The sum of all direct and indirect costs.

**Counseling:** An intervention during which a clinical provider gives information to an individual about changes in personal behavior that can reduce the risk of illness or injury.

**Disability:** Inability to pursue an occupation or perform job tasks because of physical or mental impairment.<sup>3</sup>

**Direct medical expense:** The economic value directly attributable to a particular clinical action, purchase, program or initiative; the amount spent for diagnosis, treatment or prevention of medical problems. Direct medical expenses include visits to physician's offices and treatment expenditures.

**Evidence-based medicine:** The conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients. The practice of evidence-based medicine integrates individual clinical expertise with the best available external clinical evidence from systematic research.<sup>4</sup>

**Evidence-based recommendations:** Require "First, good evidence that each test or procedure recommended is medically effective in reducing morbidity or mortality; second, the medical benefits must outweigh the risks; third, the cost of each test or procedure must be reasonable compared to its expected benefits; and finally, the recommended actions must be practical and feasible."<sup>8</sup> [*Note: The USPSTF does not consider cost as a factor in its recommendations.*]

**Excess medical costs:** Any medical expenditure related to a preventable disease or health condition, for example, spending for an amputation necessitated by poorly controlled diabetes or expenses related to a hospital-acquired infection.

**Health economics:** A branch of economics concerned with analyzing the costs and consequences of healthcare. Health economics uses mathematical models to synthesize data from biostatistics and epidemiology to support medical decision-making, both for individuals and for wider health policy.<sup>5</sup>

**Health promotion program** (also see **wellness program**): Any prevention initiative aimed at changing lifestyle behaviors associated with greater risk of disease. These initiatives actively encourage healthy activities such as substance abuse control, weight management, smoking cessation, stress management, physical activity, or the like.

**Health risk appraisal/Health risk assessment (HRA):** A standardized assessment tool administered to employees (or other groups of individuals) that measures an individual's wellness and disease risk factors, interest in participating in specific programs, and readiness to change unhealthy lifestyle habits.

**Health Plan Employer Data and Information Set (HEDIS®):** HEDIS® is a United States program from the National Committee for Quality Assurance (NCQA) that consists of multiple, diverse measures of clinical and administrative outcomes by which the performance of a health plan can be compared to other plans, national or regional benchmarks, or the plan's performance from previous years.

**Herd immunity:** The immunity of a group or community. When a high proportion of a community is immunized against a particular communicable disease, the entire community (including those who are immunized) is resistant to the invasion and spread of an infectious agent because there are not enough non-immune people to transmit the disease.

**High-value:** An intervention that is both evidence-based and cost-effective.

**Immunization** (also see **vaccination**): The administration of a substance, usually by injection, oral, or nasal administration, that produces protective immunity to one or more specific diseases.

**Incidence:** The number of new cases of a particular illness or condition reported in a given time period (e.g., day, week, year).

**Indirect medical expense:** Money expenditures associated with an illness, condition, or disorder, but not immediately related to treatment of that disorder.

**Life-years gained:** A measure of value gained from a healthcare intervention: the average number of extra years of life resulting from treatment when compared with non-treatment. It does not include measures of quality of life or disability status (e.g., QALY, DALY).

**Lost productivity:** Total limitation in work experienced by an individual. It is a sum of lost workdays and productivity decline.<sup>2</sup>

**Lost workdays:** Days for which an individual reports being unable to complete normal activities due to a health condition.

**Lost workday cases:** Cases that involve consecutive or nonconsecutive days away from a job, on restricted activity, or both as a result of injury or illness. Counting of lost workday cases should begin following the day an injury occurs or a disease or illness commences.

**Morbidity:** The relative frequency and severity of a disease in a defined population; the result of experiencing illness from a disease or condition (excluding death). For example, untreated type 2 diabetes may result in morbidities such as blindness, infections, neuropathies, and other problems.

**Mortality:** The number of deaths in a defined population or more specifically, the number of deaths

attributable to a particular type of illness or disease.

**Premature mortality:** The number of deaths of people aged 0 to 74 years. Premature mortality is an important indicator of the general health of a population as a high premature mortality rate indicates poor population health status.<sup>4</sup>

**Presenteeism:** Describes an employee who is at work but not fully functioning while there. In this context, presenteeism refers to those situations whereby an employee's job performance or productivity is impaired by a health problem.<sup>1</sup>

**Prevalence:** The proportion of the general population affected by a specific illness or condition at a specific point in time or during a defined period of time.

**Preventive medication:** A medication taken to prevent the occurrence or delay the onset of a disease or condition.

**Primary care:** Clinical care provided by family physicians, pediatricians, internal medicine doctors, or obstetrician/gynecologists who treat general illnesses, provide clinical preventive services, and triage patients for specialized medical care.

**Primary prevention:** is aimed at preventing the onset of disease. One way of doing this is by controlling risk factors in healthy people that may lead to disease. Examples of primary prevention include 1) immunizations to prevent communicable diseases such as influenza or polio, and 2) promotion of physical activity to prevent conditions such as obesity that can lead to disease (e.g., type 2 diabetes).

**Primary preventive service:** Any service, procedure, medication, counseling, or immunization aimed at avoiding or delaying illness.

**Productivity:** The amount of output produced by a worker in a given period of time (hour or day, etc.).<sup>2</sup>

**Recommended guidance:** A recommendation or guideline that is based on the best-available information for a condition, disease, or health service, but that does not yet have the scientific research support to be considered evidence-based.

**Return-on-investment (ROI):** A comparison of the money earned (or lost) on an investment to the amount of money invested. For example, every \$1 an employer spends on immunization produces a return of \$3 in avoided healthcare costs. It is important to note that ROI is not a proxy for cost-effectiveness or vice versa. Interventions that are cost-effective or even cost-saving at the societal level do not necessarily yield a positive ROI from the business perspective, although they may provide a better value than other services.<sup>6</sup>

**Risk, at-:** Possessing a chance of succumbing to a disease or condition due to specific genetic markers, personal history, behaviors, or other factors.

**Risk, high:** Possessing a greater chance of succumbing to a disease or condition than the general population due to specific genetic markers, personal history, behaviors, a lack of immunity, or other factors.

**Risk, low:** Possessing a lesser chance of succumbing to a disease or condition than the general population due to specific genetic markers, personal history, behaviors, or other factors.

**Screening:** A test or examination designed to identify an individual's risk of developing an illness or condition (i.e. blood pressure measurement or cholesterol reading).

**Secondary prevention:** is aimed at treating a disease after its onset, but before it causes serious complications. Secondary prevention includes 1) identifying individuals with established disease, and 2) treating those individuals in a timely way so as to prevent further problems (e.g., mammography screening to detect and treat breast cancer in its earliest stages).

**Spontaneous abortion (miscarriage):** A sudden unplanned miscarriage of the fetus from the womb. The terms fetal death and stillborn refer to the spontaneous death of a fetus in later stages of pregnancy.

**Symptomatic:** Having characteristics that indicate the presence of a disease or condition.

**Tertiary prevention:** is aimed at treating the late or final stages of a disease so as to minimize the degree of disability caused by that disease (e.g., administering a foot check to a person with diabetes to identify infections that would require amputation if left untreated).

**Test:** Any technique used to determine whether a condition is present or not or to measure its level of activity or severity. Tests include, for example, maneuvers such as physical examinations, laboratory-based examinations of blood and other tissues, X-ray examinations, and questionnaires, among others.

**Vaccination (also see immunization):** The administration of a substance, usually by injection, oral, or nasal administration, that produces protective immunity to one or more specific diseases.

**Wellness program** (also see **health promotion program**): Any prevention initiative aimed at changing lifestyle behaviors associated with greater risk of disease. These initiatives actively encourage healthy activities such as substance abuse control, weight management, smoking cessation, stress management, physical activity, or the like.

**Work loss:** Time away from a job or an inability to perform normal work activities because of a health problem.

### References:

1. American Academy of Occupational and Environmental Medicine. Glossary. [cited 2006 Sept 22]. Available from: [http://www.ocoem.org/health\\_productivity/terms.asp](http://www.ocoem.org/health_productivity/terms.asp).
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3. National Library of Medicine. National Institutes of Health. Medline Plus. Medical Dictionary. [cited 2006 Sept 22]. Available from: <http://www.nlm.nih.gov/medlineplus/mplusdictionary.html>.
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6. Wikipedia. Return-on-investment. [cited 2006 May 11]. Available from: [http://en.wikipedia.org/wiki/Return\\_on\\_investment](http://en.wikipedia.org/wiki/Return_on_investment).

## Links to Cost-Calculators and Additional Resources

### Cost-Calculators

#### Alcohol Misuse

- George Washington University Alcohol Treatment ROI Calculator, <http://www.alcoholcostcalculator.org/roi/>

#### Diabetes

- Diabetes at Work, Conducting a Diabetes Assessment. General Assessment Tool. [http://www.diabetesatwork.org/diabetesatwork/assessing\\_gen.cfm](http://www.diabetesatwork.org/diabetesatwork/assessing_gen.cfm)

#### Obesity and Physical Activity

- American Cancer Society ROI Calculator for Obesity and Physical Activity, <http://www.acsworkplacesolutions.com/obesitycalculator.asp>
- Magellan Health Services Obesity Cost Calculator. <http://www.magellanassist.com/customer/services/obesitycost/default.asp>

#### Tobacco

- American Cancer Society ROI Calculator for Tobacco, <http://www.acsworkplacesolutions.com/tobaccocalculator.asp>
- America's Health Insurance Plans (AHIP) and Center for Health Research, Kaiser Permanente Tobacco ROI calculator, <http://www.businesscaseroi.org/roi/default.aspx>
- Free & Clear Employer and Health Plan ROI Calculator for Tobacco, [http://www.freeclear.com/case\\_for\\_cessation/econ\\_impact.aspx?nav\\_section=2#](http://www.freeclear.com/case_for_cessation/econ_impact.aspx?nav_section=2#)

### Additional Resources

#### U.S. Department of Health and Human Services (Federal)

- Advisory Committee on Immunization Practices (ACIP), <http://www.cdc.gov/nip/ACIP/default.htm>
  - Standards for Child and Adolescent Immunization Practices: <http://www.cdc.gov/nip/publications/pink/appendices/H/standards-pediatric.pdf>
  - Standards for Adult Immunization Practices: [http://www.cdc.gov/nip/recs/rev\\_stds\\_adult\\_AJPM.pdf](http://www.cdc.gov/nip/recs/rev_stds_adult_AJPM.pdf)
- Agency for Healthcare Research and Quality (AHRQ), <http://www.ahrq.gov>
- Centers for Disease Control and Prevention (CDC), <http://www.cdc.gov>
- Healthy People 2010 Goals, <http://www.healthypeople.gov/>
- National Guidelines Clearinghouse, <http://www.guideline.gov/>
- National Healthcare Quality Report (AHRQ), <http://www.qualitytools.ahrq.gov/>
- National Institutes of Health (NIH), <http://www.nih.gov>
- Office of the U.S. Surgeon General, <http://www.surgeongeneral.gov/>
- Steps to a Healthier U.S., Prevention Portfolio, Department of Health and Human Services (U.S. DHHS), <http://www.healthierus.gov/steps/documents.html#portfolio>

- U.S. Department of Health and Human Services (USDHHS), <http://www.dhhs.gov/>
- U.S. Preventive Services Task Force (USPSTF), <http://www.ahrq.gov/clinic/prevenix.htm>
- U.S. Public Health Service (USPHS), <http://www.usphs.gov>

### Professional Organizations

- American Academy of Family Physicians (AAFP), <http://www.aafp.org>
- American Academy of Pediatrics (AAP), <http://www.aap.org>
- American College of Obstetricians and Gynecologists (ACOG), <http://www.acog.org>
- American College of Occupational and Environmental Medicine (ACOEM), <http://www.acoem.org/>
- American College of Preventive Medicine (ACPM), <http://www.acpm.org/>
- American Medical Association (AMA), <http://www.ama.org>
- American Speech-Language-Hearing Association (ASHA), <http://www.asha.org>
- American College of Allergy, Asthma, & Immunology (ACAAI), <http://www.acaaai.org>
- American College of Cardiology, <http://www.acc.org/>

### Other

- Institute of Medicine (IOM), <http://www.iom.edu>
- National Committee on Quality Assurance (NCQA), <http://www.ncqa.org>
- HEDIS Data Set, National Committee on Quality Assurance (NCQA), <http://www.ncqa.org/communications/publications/hedispub.htm>

### Condition/Disease Specific Resources (Federal)

- Joint National Committee on the Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC 7), <http://hyper.ahajournals.org/cgi/content/full/hypertensionaha;41/6/1178>
- National Cancer Institute (NCI), <http://www.nci.nih.gov>
- National Cholesterol Education Program (NCEP), <http://www.nhlbi.nih.gov/about/ncep/index.htm>
- National Heart, Lung, and Blood Institute (NHLBI), <http://www.nhlbi.nih.gov>
  - > *Dietary Approaches to Stop Hypertension (DASH) Eating Plan*, <http://www.nhlbi.nih.gov/health/public/heart/hbp/dash/>.
  - > Framingham-based risk assessment tool, <http://hp2010.nhlbihin.net/atpiii/calculator.asp?usertype=prof>.
  - > Healthy diet tip sheets, <http://www.nhlbi.nih.gov/chd/Tipsheets/daily.htm>.
  - > Hypertension risk assessment tool, <http://hp2010.nhlbihin.net/atpiii/calculator.asp?usertype=prof>.
  - > Therapeutic lifestyle change tip sheets, <http://www.nhlbi.nih.gov/chd/Tipsheets/daily.htm>.
  - > *Your Guide to Lowering your Cholesterol Level with Therapeutic Lifestyle Changes*, [http://www.nhlbi.nih.gov/health/public/heart/chol/chol\\_tlc.pdf](http://www.nhlbi.nih.gov/health/public/heart/chol/chol_tlc.pdf).

- National Institute of Alcohol Abuse and Alcoholism (NIAAA), <http://www.niaaa.nih.gov/>
- National Institute of Occupational Health and Safety (NIOSH), <http://www.cdc.gov/niosh/homepage.html>

#### **Condition/Disease Specific Resources (Non-Federal)**

- American Cancer Society (ACS), <http://www.acs.org>
- American Dental Association (ADA), <http://www.ada.org>
- American Diabetes Association (ADA), <http://www.diabetes.org>
- American Dietetics Association (ADA), <http://www.eatright.org>
- American Heart Association (AHA), <http://www.americanheart.org>
- American Lung Association (ALA), <http://www.lungusa.org>
- American Managed Behavioral Healthcare Association (AMBHA), <http://www.ambha.org>
- American Stroke Association, <http://www.strokeassociation.org>
- March of Dimes, <http://www.marchofdimes.com>
- National Mental Health Association (NHMA), <http://www.nmha.org>
- National Stroke Association, <http://www.stroke.org>

#### **Supplemental Guides and Resources**

- Agency for Healthcare Research and Quality, *The Pocket Guide to Clinical Preventive Services 2005*, <http://www.ahrq.gov/clinic/pocketgd.htm>
- Agency for Healthcare Research and Quality, *2005 National Healthcare Disparities Report*, <http://www.ahrq.gov/qual/nhdr05/nhdr05.htm>
- Centers for Disease Control and Prevention, *The CDC Guide to Breastfeeding Interventions*, <http://www.cdc.gov/breastfeeding/resources/guide.htm>
- Centers for Disease Control and Prevention, *The Community Guide to Preventive Services*, <http://www.thecommunityguide.org/>

#### **National Business Group on Health Resources**

- Improving Health, Improving Business: the Employer's Guide to Health Improvement and Preventive Services, <http://www.businessgrouphealth.org/services/index.cfm>
- Consumer Drive Healthcare for Children: *An Employer's Guide to Developing Child and Adolescent Benefits*, [http://www.businessgrouphealth.org/prevention/et\\_childhealthcareconsumer.cfm](http://www.businessgrouphealth.org/prevention/et_childhealthcareconsumer.cfm)
- An Employer's Guide to Behavioral Health Services: A Roadmap and Recommendations for Evaluating, Designing, and Implementing Behavioral Health Services, [http://www.businessgrouphealth.org/prevention/et\\_behavioralhealthreport.cfm](http://www.businessgrouphealth.org/prevention/et_behavioralhealthreport.cfm)