

Overview of Technical Assistance Opportunities from CDC

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Your Participation Matters

Thank You

Alaska

Hawaii

Idaho

New Mexico

Oregon

CDC
Winnable
Battles



We Are Making Progress

CDC Winnable Battles
are making a difference
and together we can do more.

CDC **Winnable Battles**



Tobacco



Nutrition
Physical activity
Obesity



Food safety



Healthcare-associated
infections



Motor vehicle safety



Teen pregnancy



HIV in the U.S.

The seven **Winnable Battles** address the leading causes of death and disability and represent enormous societal costs. For each, implementing evidence-based interventions helps us get results relatively quickly. While not de-emphasizing work in other areas, *Winnable Battles* helps drive focus and accelerates improved outcomes.

Two of the seven **Winnable Battles** have already met or exceeded their original targets, **but** despite gains much work remains.

With strong partnerships,
we can make significant
progress.

**We know what works. The time
is now to put knowledge into action.**



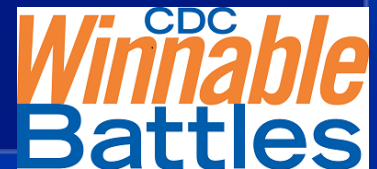
Keys to Success

Prioritize

Opportunities

Partnerships

Track Progress



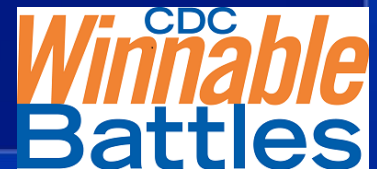
Practical and Political Considerations

- ❑ How many areas can you work on at one time?
- ❑ Know the difference between being bold and taking on something futile.
- ❑ Know your time horizon. Are there things you can get done that will “move the needle” in the timeframe available?



Making Progress

- ❑ Short term plans and long term goals
- ❑ Must have buy-in throughout the team
- ❑ Everyone has tasks
- ❑ Regular internal accountability and assessment of progress
- ❑ External accountability



CDC Winnable Battle Resources

❑ Consultation

- Georgia

❑ Internet Site

- Presentations on each topic

❑ Progress Reports

- 2013, 2014, Final

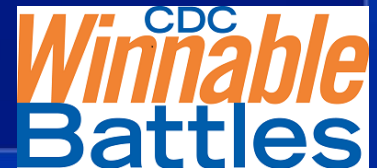
❑ Prevention Status Reports

❑ Vital Signs

- Town Halls

❑ Sortable Stats

- Shareable State Fact Sheets



www.cdc.gov/winnablebattles



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SEARCH



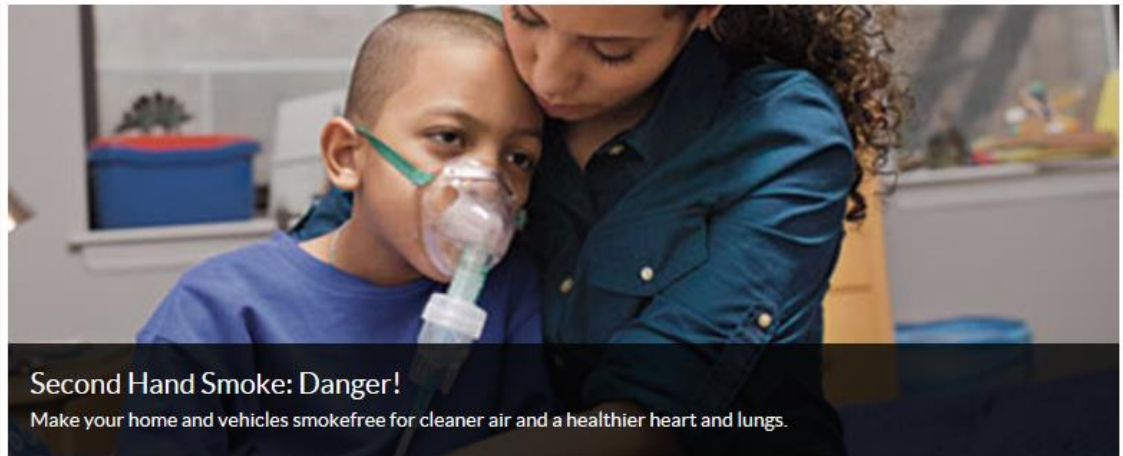
CDC A-Z INDEX ▾

Winnable Battles

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To keep pace with emerging public health challenges and to address the leading causes of death and disability, CDC initiated an effort to achieve measurable impact quickly. CDC's Winnable Battles are public health priorities with large-scale impact on health and known effective strategies to address them.

The current Winnable Battles (Tobacco; Nutrition, Physical Activity and Obesity; Food Safety; Healthcare-Associated Infections; Motor Vehicle Injuries; Teen Pregnancy; HIV in the U.S.) have been chosen based on the magnitude of the health problem and our ability to make significant progress in outcomes. By identifying priority strategies, defining clear targets and working closely with our public health partners, we can make significant progress in reducing health disparities and



Second Hand Smoke: Danger!

Make your home and vehicles smokefree for cleaner air and a healthier heart and lungs.



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Winnable Battles Progress Reports



- 2013, 2014
- Dashboard
- Key Strategies
- Recent Accomplishments
- Resources

At-A-Glance Dashboard

TARGETS

A comprehensive set of indicators establishes baselines and targets for all Winnable Battle areas. These indicators help us measure the impact of programs and policies on our nation's health, and support the Department of Health and Human Services' strategic plan and other priorities. Derived from Healthy People 2020 and other established measures, the related targets are ambitious yet achievable, evidence-based, and specific to the priorities and opportunities within each of these health areas.

This dashboard gives a snapshot of each indicator by comparing recent data trends to the 2015 Winnable Battle targets.

- Red – Not on track to reach 2015 target
- Yellow – Progress is being made, but overall progress is limited or slow
- Green – On track to reach 2015 target
- ✓ Green Checkmark – Exceeded 2015 target











2015 Targets	Progress
Tobacco	
Decrease the percent of adults who smoke cigarettes by 17.5%	●
Decrease the percent of youth who smoke cigarettes by 12%	✓
Increase the proportion of the U.S. population covered by smoke-free laws by 59%	●
Nutrition, Physical Activity, and Obesity	
Reduce the proportion of children and adolescents age 2-19 who are obese by 8%	●
Increase the proportion of infants who are breastfed at 6 months by 35%	●
Food Safety	
Reduce foodborne illness caused by <i>Salmonella</i> by 14.5%	●
Reduce foodborne illness caused by Shiga toxin-producing <i>Escherichia coli</i> (STEC) O157:H7 by 29%	●
Healthcare-associated Infections (HAIs)	
Reduce central line-associated blood stream infections (CLABSI) in hospitals by 60%	●
Reduce healthcare-associated invasive methicillin-resistant <i>Staphylococcus aureus</i> (MRSA) by 60%	●
Reduce surgical site infections (SSI) in hospitals by 30%	●
Reduce catheter-associated urinary tract infections (CAUTI) in hospitals by 30%	●
Motor Vehicle Safety	
Reduce fatalities due to motor vehicle crashes by 31%	●
Teen Pregnancy	
Decrease teen birth rates by 20%	✓
HIV	
Reduce the number of new HIV infections by 25%	●
Increase the percent of people living with HIV who know their status by 11%	●

Cost-saving strategies: Prevention Status Reports

PSR | Prevention Status Reports



The Prevention Status Reports (PSRs) highlight—for all 50 states and the District of Columbia—the status of policies and practices designed to address the following important public health problems and concerns:

- | | |
|--|---|
|  Alcohol-Related Harms |  Motor Vehicle Injuries |
|  Food Safety |  Nutrition, Physical Activity, and Obesity |
|  Healthcare-Associated Infections |  Prescription Drug Overdose |
|  Heart Disease and Stroke |  Teen Pregnancy |
|  HIV |  Tobacco Use |

The PSRs are a set of web-based, state-level reports that examine the extent to which states are using evidence-based policies and practices to address our nation's most pressing health concerns. A key benefit of the PSRs is that they take widely dispersed—and often hard-to-understand—information about state policies and organize it into a simple, easy-to-use format. Public health leaders can use the PSRs to assess their state's status and identify areas for improvement.

How the Reports Are Organized

Each report follows a simple framework:

- Describe the public health **problem** using state and national data
- Identify potential **solutions** to the problem drawn from research and expert recommendations
- Report the **status** of those solutions for each state and the District of Columbia

Vital Signs

Released First Tuesday of Every Month

Features Winnable Battles Topics

Shared Expertise through Town Halls

Infographics, Fact Sheets, Social Media

MAY 2016

Vital^{CDC}signs™

ADHD in Young Children

Use recommended treatment first

Attention-deficit/hyperactivity disorder (ADHD) is a biological disorder that causes hyperactivity, impulsiveness, and attention problems. Parents do not cause ADHD, but parents can play a key role in treatment. Behavior therapy is an effective treatment that improves ADHD symptoms without the side effects of medicine. It is an important first step for young children with ADHD and most effective when delivered by parents. With the support of healthcare providers and therapists, parents can learn specific ways to improve their child's behavior and keep their relationships strong. Clinical guidelines for ADHD treatment recommend that healthcare providers first refer parents of young children for training in behavior therapy before prescribing ADHD medicine. However, more young children are taking medicine for ADHD than receiving psychological services, which may include behavior therapy. Most families will benefit from behavior therapy and there are instances where medicine may be appropriate. Healthcare providers and families can work together to make sure children with ADHD are receiving the most appropriate treatment.

Healthcare providers can:

- Follow the clinical guidelines for diagnosis and treatment of ADHD in young children.
<http://bit.ly/1nQJern>, <http://bit.ly/1U0pQZ8>
- Discuss with parents the benefits of behavior therapy and why they should consider getting training.
- Identify parent training providers in their area and refer parents of young children with ADHD for training in behavior therapy before prescribing medicine.

2 Million
About 2 million of the more than 6 million children with ADHD were diagnosed as young children aged 2-5 years.

3 in 4
About 75% of young children with ADHD received medicine as treatment.

1 in 2
Only about 50% of young children with ADHD in Medicaid and 40% with employer-sponsored insurance got psychological services, which may have included behavior therapy, the recommended

Sortable Stats

Sortable Risk Factors and Health Indicators



- ❑ Interactive data set
- ❑ 33 indicators
- ❑ Mobile friendly
- ❑ View, sort, analyze and print
- ❑ National, regional, state/territory data

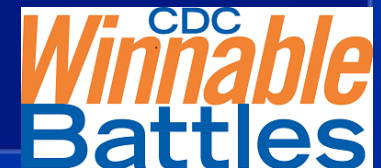
State Fact Sheet

Alaska

Risk Factors and Health Indicators Report

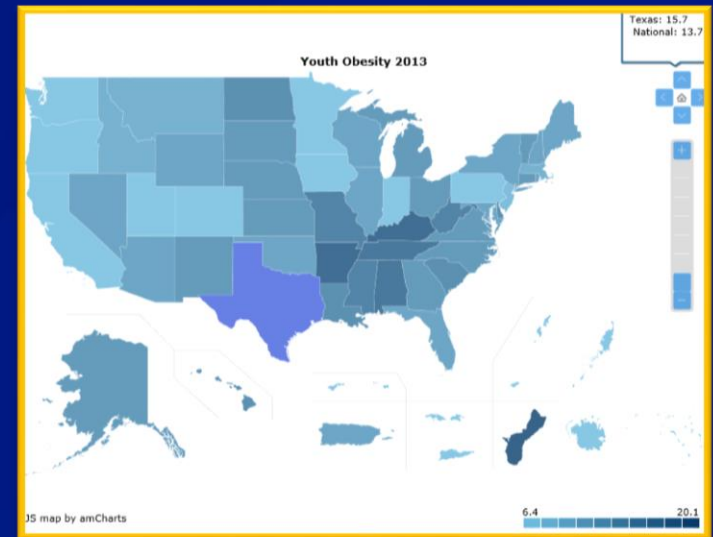
Summary Table of Risk Factors and Health Indicators in Alaska

	Indicator	State	National
Death Rates	Infant Mortality Rate (2013) <i>Number of Infant deaths (before age 1) per 1,000 live births</i>	5.8	6.0
	Heart Disease Death Rate (2014) <i>Age-adjusted rate of heart disease deaths per 100,000 population</i>	146.6	167.0
	Stroke Death Rate (2014) <i>Age-adjusted rate of stroke deaths per 100,000 population</i>	32.3	36.5
	Suicide Death Rate (2014) <i>Age-adjusted deaths due to suicide/intentional self-harm (per 100,000 population)</i>	22.1	13.0
	Homicide Death Rate (2014) <i>Age-adjusted deaths due to homicide/ assault per 100,000</i>	4.7	5.1
	Drug Poisoning Death Rate (2014) <i>Rate of drug poisoning deaths per 100,000 population</i>	16.8	14.7
	Motor Vehicle Death Rate (2014) <i>Fatality rate per 100,000 population</i>	9.9	10.2
	Cancer Death Rate (2014) <i>Age-adjusted rate of cancer deaths per 100,000 population</i>	164.2	161.2
Health Burden	HIV Diagnosis Rate (2014) <i>Rate of persons diagnosed with HIV infection per 100,000 population</i>	6.8	16.5
	Hepatitis B Cases (2013)	0.1	1.0



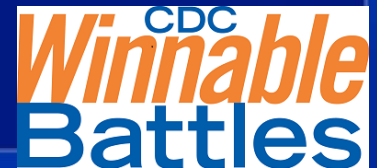
Indicators and Map View

- Adult Smoking
- Youth Smoking
- Adult Physical Activity
- Youth Physical Activity
- Adult Nutrition
- Youth Nutrition
- Adult Binge Drinking
- Youth Binge Drinking
- Observed Seat Belt Use
- Youth Seat Belt Use
- Youth Marijuana Use
- HIV Diagnosis Rate
- Hepatitis B Cases
- Hepatitis C Cases
- CLABSI-Standardized Infection Ratio
- Adult Obesity
- Youth Obesity
- Diagnosed Diabetes
- Diagnosed High Cholesterol
- Diagnosed Hypertension
- Medicated Hypertension
- Teen Birth Rate



Where do we go from here?

- ❑ State Action Helps Win the Battle
- ❑ Plan Your Next Meeting
- ❑ Call on Us
 - CDC is here to help



CDC *Winnable* Battles

For more information please contact Centers for Disease Control and Prevention

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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

