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Women's Care Graded 'U'

The United States has once again deserved an overall grade of “unsatisfactory” in meeting women’s health needs, according to a new report card from the National Women’s Law Center. The report, which is the fifth produced by the group, graded the nation “satisfactory” on only three indicators of women’s health: those aged 40 and older receiving regular mammograms, annual visits to the dentist, and women aged 50 and older getting colorectal cancer screening. But the United States received a failing grade on 13 of 26 indicators. The country dropped from “satisfactory minus” in the center’s 2007 report to “failing” today in the proportion of women who report binge drinking, and the percentage of women getting a regular Pap test declined from a grade of “unsatisfactory” to “failing.” The nation improved on only one indicator, rising from “unsatisfactory” to “satisfactory minus” in cholesterol screening for women.

Court Rejects Abortion Challenge

Abortion opponents failed to gain ground in an attempt to defeat the Affordable Care Act in court. On Nov. 30, a U.S. district court judge in Virginia dismissed

a case charging, in part, that the new health care reform law is unconstitutional because it allows for coverage of abortions. In the suit, Liberty University, a Virginia-based Christian college, and five individuals claimed that the new law would force them to violate their religious conviction against subsidizing abortions. But the U.S. District Judge Norman K. Moon said in his decision that the plaintiffs had failed to show how any of the payments required under the new law would be used to fund abortion. In fact, the judge wrote, the law contains “strict safeguards at multiple levels to prevent federal funds from being used to pay for abortion services beyond those in cases of rape or incest, or where the life of the woman would be endangered.”

Unsafe Abortions Continue

More than 21 million unsafe abortions were performed worldwide in 2008, according to new data from the World Health Organization. The WHO defines unsafe abortions as cases in which either the provider lacks necessary skills or the setting fails to meet minimum medical standards. The WHO estimates that about 47,000 women, almost exclusively in

developing countries, died in 2008 because of complications from these procedures. The figures were reported in the journal *Reproductive Health Matters*. The number of unsafe abortions rose from 19.7 million in 2003 to 21.6 million in 2008, but the increase resulted from the rise in the number of women of reproductive age around the world, according to the report. The actual rate of unsafe abortions stayed the same, at 14 per 1,000 women aged 15-44 years. Overall, unsafe abortions were most prevalent in areas of the world where women had less access to contraception and abortion services were restricted.

New 2020 Maternal-Health Goals

The federal government has issued its new goals for improving public health by 2020, and they include a few new benchmarks for maternal health that touch on both preconception and postpartum wellness. For example, “Healthy People 2020” calls for a decrease in the rate of postpartum relapse of smoking among women who quit while pregnant. Another 10-year benchmark is an increase in the percentage of women attending postpartum visits with health care workers. The federal government is also seeking an increase in the percentage of employers who have worksite lactation programs. Focusing on women before they become pregnant, “Healthy People 2020” calls for more to get preconception care services and to practice key behaviors such as maintain-

ing a healthy weight prior to pregnancy. The objectives are available online at www.healthypeople.gov/2020/topics/objectives2020/default.aspx.

New Tobacco Warnings Required

Cigarette manufacturers would be forced to cover large swaths of their packaging with bold warnings and graphic images showing the health consequences of smoking in a strategy unveiled by the Department of Health and Human Services. Potential images include a photo of a corpse with a toe tag, a man smoking through a hole in his throat, and side-by-side photographs of diseased and healthy lungs. The new warnings include “Cigarettes can harm your children,” “Smoking During Pregnancy Can Harm Your Baby,” and “Smoking Can Kill You.” The public can comment on the proposed images and warnings through Jan. 9, 2011. By next June, the Food and Drug Administration will select nine images and accompanying warnings, and cigarette manufacturers will need to include them on all packages by October 2012. Still, the new warnings come at a time when states are cutting tobacco prevention programs drastically to save money, according to a report from a coalition of public health organizations. Most states fall far short of meeting recommended funding levels for tobacco prevention programs set by the Centers for Disease Control and Prevention.

—Mary Ellen Schneider

Program Boosted Flu Vaccination of Hospital Staff

BY M. ALEXANDER OTTO

FROM THE ANNUAL MEETING OF
THE INFECTIOUS DISEASES
SOCIETY OF AMERICA

VANCOUVER, B.C. — At a time when only about half of health care workers are immunized against influenza, a concerted effort by a hospital in Omaha, Neb., led to a remarkable upswing in the number of employees there who got a flu shot, without being mandated to do so, according to Dr. Archana Chatterjee.

Through common sense approaches like offering employees shots after hours and on weekends, and requiring those who refused a shot to wear a surgical mask, Children’s Hospital and Medical Center saw its health care worker vaccination rates climb steadily from about 52% in 2002 to 86% in 2008.

To get the remaining holdouts, the hospital did enact a mandate in 2009, but “I think the important thing is that we did not have protests; we did not have people refusing vaccinations when it came to the mandate in 2009,” Dr. Chatterjee said at the meeting.

There were no legal challenges to the mandate or widespread employee dissatisfaction, unlike at other institutions. Today, the vaccination rate at the hospital is about 97% among the 1,860 employees. Health care workers at the hospital are not unionized, said Dr. Chatterjee, a hospital epidemiologist and pediatrics professor at Creighton University, Omaha.

“I think the reason [there were no



The flu vaccination rate is 97% among employees at one Omaha hospital.

protests] is that in previous years, we had worked with the employees to respond to their concerns [and to] educate them. That’s what resulted in relatively high rates of immunization against influenza, even before the mandate was put in place,” she said.

Dr. Chatterjee gave an example of the education efforts. “We had a surgeon who thought he never had influenza. Those are the kinds of myths that we have to dispel to help people recognize that influenza can be mild or even asymptomatic in some people,” but they

are still able to spread it, she said.

Other steps included not charging for the shots, taking the shot cart to where people were working on the patient floors and having coworker colleagues administer the vaccine, offering vaccinations during annual physicals, and putting reminders about flu shots on the hospital’s computer system.

Also, “last year there was a request to provide vaccine to family members, and we actually did do that, as well, at various venues at various times.” Dr. Chatterjee said that the key to the program’s success was that “we were responsive to the issues that were being raised. There was something that they saw changed as a result of bringing that issue to us,” she said.

The hospital also updated the form employees must sign if they refused the vaccine.

“The original form just said ‘I refuse to have the vaccine,’” Dr. Chatterjee said.

The updated one “made it very clear that if they refuse the vaccine, they are putting their patients at risk and putting their coworkers at risk,” she said.

The form also requires employees to wear a surgical mask throughout the influenza season if they refuse the vaccine, even if they produce a medical exemption.

The updated refusal form states that “those who do not comply with the mask requirement will be subject to corrective action up to and including termination.”

When employees ignored the order, “we would get reports from people saying, ‘You know xyz has not been vaccinated and is not wearing a mask’”; everyone on the unit knew who was not vaccinated.

In those cases, infection control nurses would visit the workers and remind them that they had signed the document.

“A couple of people actually started [wearing the masks] and then realized what an onerous job wearing a mask for the entire shift was. Those medical exemptions quickly disappeared,” Dr. Chatterjee said.

“It was pretty clear to us that there were some key changes that made big differences, and the mask issue was one of those,” she said.

Dr. Andrew Pavia, chief of the division of infectious disease in the department of pediatrics at the University of Utah, Salt Lake City, noted that such voluntary programs go only so far in raising vaccination rates. “The best possible voluntary programs only get health care worker vaccination rates into the mid-80% range. This is the reason that so many health care organizations have endorsed mandatory immunization.”

There isn’t an adequate percentage below 100% at which you stop transmission, and “so we need to target something that approaches 100%. It appears, right now, that mandatory immunization is the policy that works.”

Dr. Chatterjee and Dr. Pavia reported having no conflicts of interest. ■