

California Area Indian Health Service

California Area Report



2009

Measuring healthcare quality to improve patient care

Government Performance and Results Act (GPRA)

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ACKNOWLEDGMENTS

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provided by:**

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INTRODUCTION

The 2009 California Area Report contains detailed performance results for selected clinical GPRA measures collected from 23 tribal and 8 urban programs, most of which used CRS 9.0 software. This report is a companion to the 2009 National Summary and the 2009 Area Summary Report. The Area Summary Report presents detailed, comparative performance data for all IHS Areas. The National Summary contains national aggregate GPRA results, and includes a reference section for those who would like to review the clinical literature relating to measures. Taken together, these three reports allow individual health programs to assess how their performance contributes to Area and national GPRA performance, and how California Area results compare with other Areas.

The California Area Report includes two graphs for each clinical GPRA measure. The first graph displays California Area results for each fiscal year from 2003-2009 (when available), as well as the FY 2009 IHS national average. The second graph displays results for each reporting health program for FY 2009. The first two rows under each graph show the percentage of patients meeting the measure for each program in 2008 and 2009. The “n” row shows the number of patient records examined at each clinic, i.e. the “denominator,” in 2009. (There are no denominators for the dental sealants measure, which counts the number of sealants placed in patients, or the topical fluorides measure, which counts the number of patients receiving treatment.) These graphs will allow each health program to review the changes in their own performance from FY 2008 to FY 2009, compare their performance with other California programs and with Area and national Averages, and assess their progress toward achieving long-term national goals. Page 5 of this document displays a 2009 GPRA User Population table. This table is organized by population so programs can benchmark their progress against programs of similar size. The 12-month GPRA collection period for FY 2009 ran from July 1, 2008 through June 30, 2009.

In FY 2009, California tribal programs met 13 of 19 clinical measure targets and exceeded the IHS national average on 9 of them. Performance on the CVD Prevention Measure (for the comprehensive assessment) was especially impressive, increasing by 6 percentage points over the FY 2008 California performance and exceeding the FY 2009 national average by 12 percentage points. Also commendable was the improvement in Retinopathy Assessment, which increased 6 percentage points over the FY 2008 rate and exceeded the national average by 5 percentage points.

In FY 2009, California urban programs met four of sixteen urban program targets.

The long-term objective of this report is to provide California Area Indian Health Programs with comparable and consistent performance data. The ability to access performance data at the local level will allow health programs to identify areas of strengths and weaknesses in the delivery of clinical services. This data will also allow the California Area to consider using performance as a factor in the distribution of new funds and GPRA performance awards.

PROGRAM LEGEND

Abbr.	Site Name	ASUFAC
BAK	BAKERSFIELD IHC	648655
CDE	CHAPA-DE	661010
CON	CONSOLIDATED	662210
CVL	CENTRAL VALLEY	661110
FRS	FRESNO	648510
FRV	FEATHER RIVER INDIAN HEALTH	663610
GVL	GREENVILLE RANCHERIA TRIBAL HEALTH	663510
HPA	HOOPA	661210
IHC	INDIAN HEALTH COUNCIL	661610
KRK	KARUK	661355
LAK	LAKE	662930
LAS	LASSEN INDIAN HC	663030
MAC	MACT HEALTH BOARD CLINIC	662510
NVL	NORTHERN VALLEY	661557
OAK*	OAKLAND NATIVE AMER HC/SAN FRANCISCO	648410
PIT	PIT RIVER	661710
RED**	REDDING RANCHERIA	661910

Abbr.	Site Name	ASUFAC
RSB	RIVERSIDE/SAN BERNARDINO	661810
RVL	ROUND VALLEY	662710
SAC	SACRAMENTO NATIVE AMER HEALTH CENTER	648310
SBR	SANTA BARBARA IHC	648755
SDG	SAN DIEGO IHC	648110
SIH	SO. INDIAN HEALTH COUNCIL	662110
SJO*/**	SAN JOSE	648210
SON	SONOMA	662010
SS	SHINGLE SPRINGS TRIBAL HEALTH PROGRAM	663410
SYC	SYCUAN	663230
SYZ	SANT YNEZ	662830
TOI	TOIYABE	662310
TUL	TULE RIVER CLINIC	662410
TUO	TUOLUMNE ME-WUK CLINIC	664110
UAI	UNITED AMERICAN INDIAN INVOLVEMENT	645060
UIHS**	UNITED INDIAN HEALTH SERVICES	662610

2008/2009 data reported from non-RPMS System; data not validated by CRS software equivalent*

Urban Indian Health Program

2009 GPRA USER POPULATION, BY PROGRAM

Population
Scale

> 4000	4000-2000	2000-1000	< 1000
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Health Program	GPRA User Population
Riverside/San Bern (RSB)	12,816
Central Valley (CVL)	6,916
United Indian Health Services (UIHS)	6,266
Chapa De (CDE)	5,864
Sonoma (SON)	5,187
Indian Health Council (IHC)	4,362
Feather River (FRV)	3,969
Hoopa (HPA)	3,073
Consolidated (CON)	2,870
Redding (RED)	2,853
Toiyabe (TOI)	2,841
Tule River (TUL)	2,690
United Amer. Indian Inv. (UAI)	2,478
Southern Indian Health (SIH)	2,282
San Jose (SJO)	2,200
Northern Valley (NVL)	1,978
Karuk (KRK)	1,933

Health Program	GPRA User Population
MACT Health Board (MAC)	1,875
Oakland/SF (OAK)	1,809
Lake (LAK)	1,667
Bakersfield (BAK)	1,584
Round Valley (RVL)	1,241
San Diego (SDG)	1,178
Susanville (LAS)	1,049
Greenville (GVL)	979
Santa Ynez (SYZ)	962
Shingle Springs (SS)	935
Pit River (PIT)	899
Sacramento NAHC (SAC)	889
Fresno (FRS)	371
Santa Barbara (SBR)	249
Tuolumne Me-Wuk (TUO)	166
Sycuan (SYC)	113

GPRA MEASURES

Results & Analysis

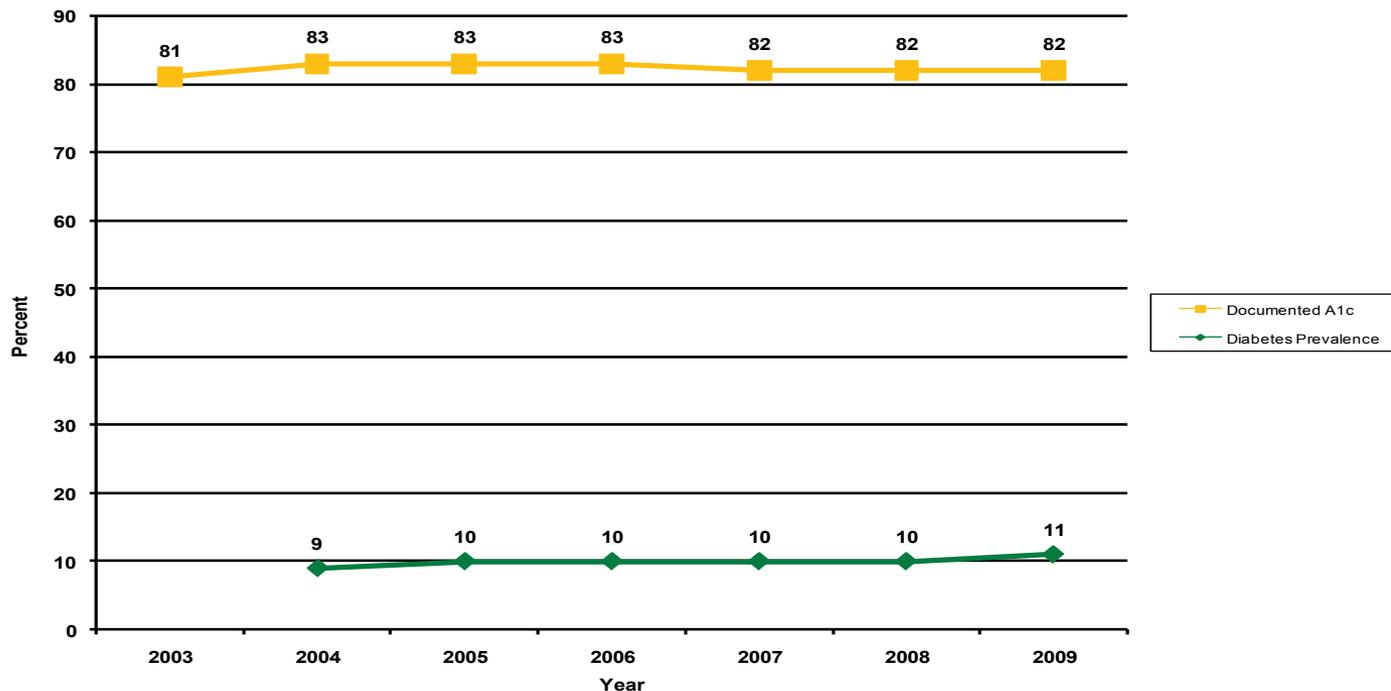
*California Area Trends (2003-2009)
and
Results by Program (2008 & 2009)*

DIABETES: PREVALENCE AND DOCUMENTED A1C

Measure(s): Prevalence: Proportion of patients with diagnosed diabetes prior to the end of the report period.
Documented A1c: Proportion of patients with hemoglobin A1c documented during the Report Period, regardless of result. These are not GPRA measures but are provided for context.

Importance: *Diabetes is a major cofactor in morbidity as well as one of the leading causes of mortality among AI/AN people. Diabetes is a major risk factor for cardiovascular disease, and CVD is the leading cause of death for American Indians. “Documented A1c” refers to a blood test called the Hemoglobin A1c, which determines blood sugar levels in patients with diabetes. This test can be used to determine a patient’s level of “glycemic control,” or how well blood sugars are controlled. These levels of control are divided into “Ideal” (<7 percent); “Good” (7.0-7.9 percent); “Fair” (8.0-<9.5 percent); and “Poor” (>9.5 percent), based on national diabetes care standards.*

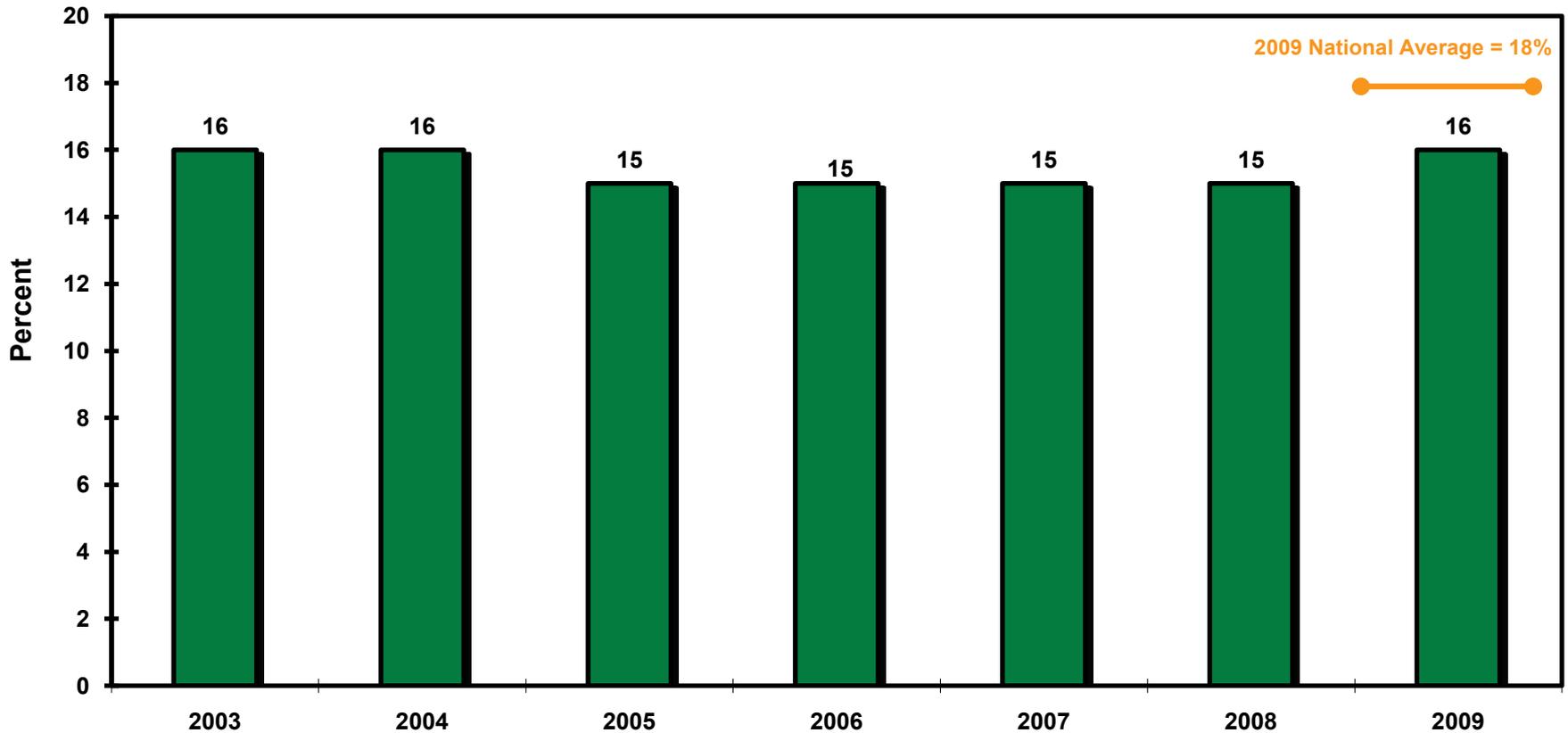
Diabetes: Prevalence and Documented A1c



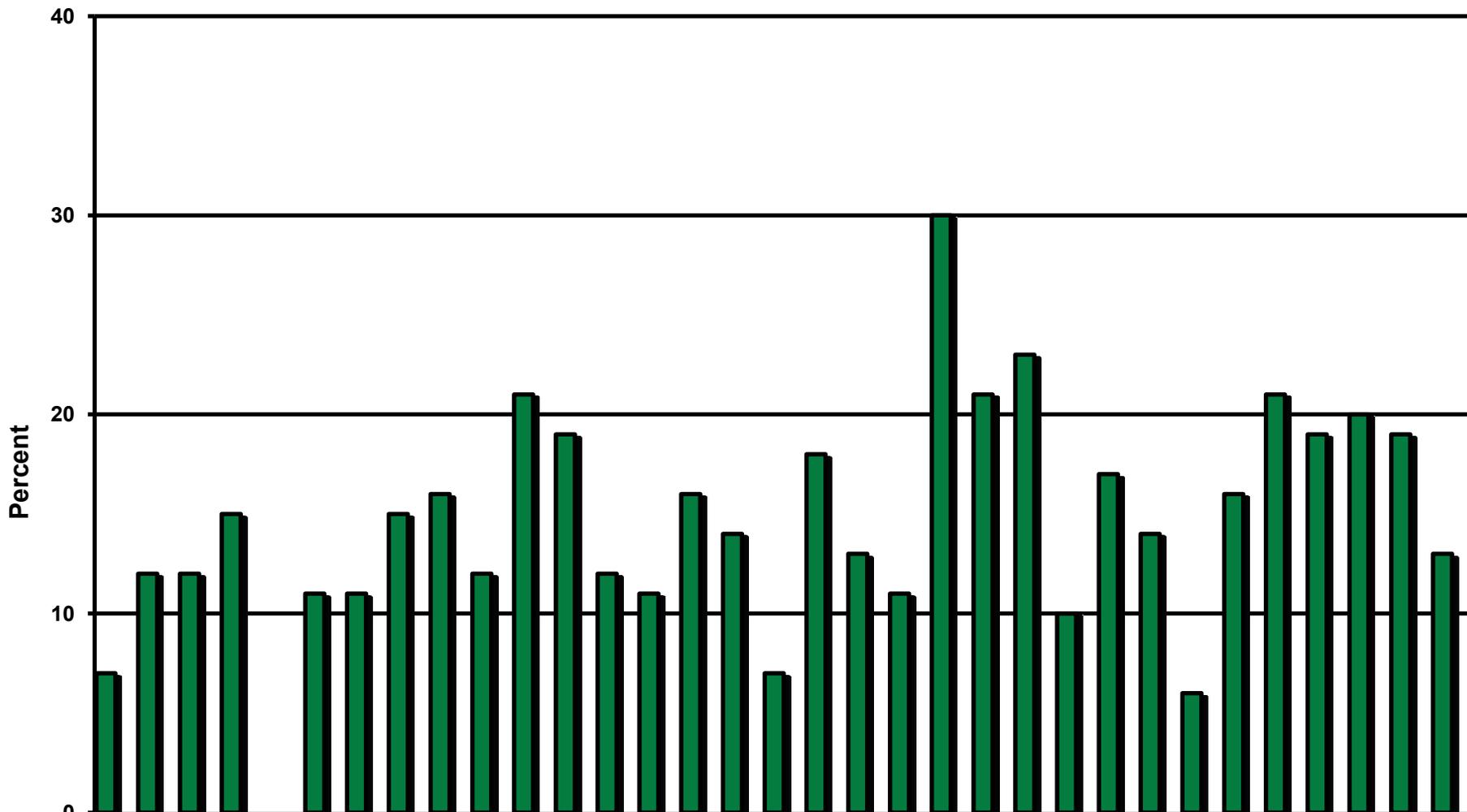
DIABETES: POOR GLYCEMIC CONTROL

Measure: Proportion of patients with diagnosed diabetes that have poor glycemic control (A1c>9.5).

Importance: Reducing the number of patients with diabetes with poor glycemic control will reduce the prevalence of diabetes complications. Clinical studies have shown that a 1% decrease in the absolute A1c level translates into a: 14% decrease in total mortality, 21% decrease in diabetes-related deaths, 14% decrease in myocardial infarctions, 40% decrease in eye diseases, 12% decrease in strokes, 43% decrease in amputations, and a 24% decrease in kidney failures.



DIABETES: POOR GLYCEMIC CONTROL

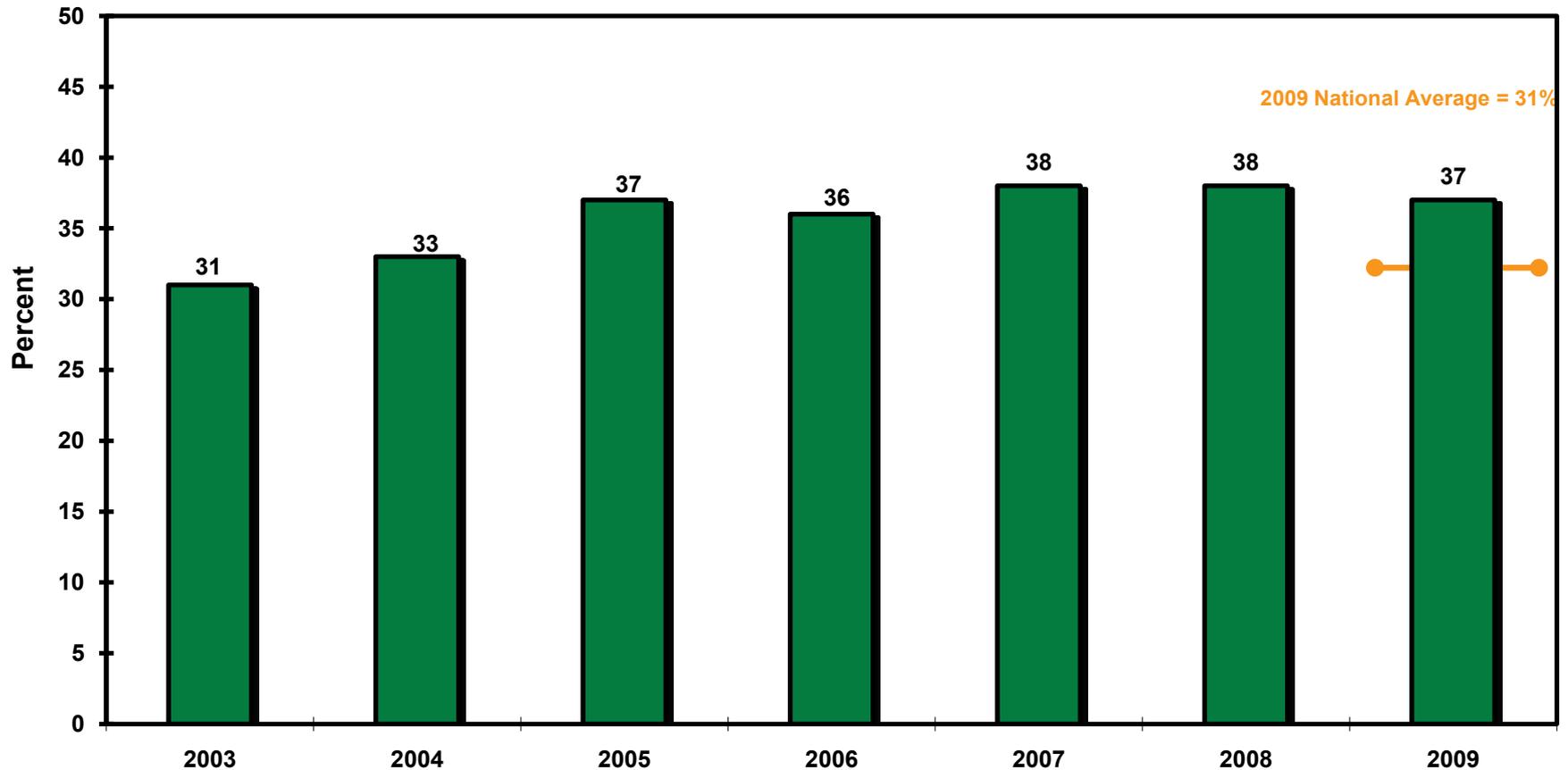


■ GY09	7	12	12	15	0	11	11	15	16	12	21	19	12	11	16	14	7	18	13	11	30	21	23	10	17	14	6	16	21	19	20	19	13
■ GY08	7	10	17	12		10	11	14	16	12	21	18	13	13	28	27		15	18	10	0	8	21	15	15	4	20	9	17	22	6	18	
n	71	218	215	417	3	270	79	228	372	119	138	67	119	146	97	110	282	857	111	36	10	43	145	165	388	28	16	45	259	177	20	84	363

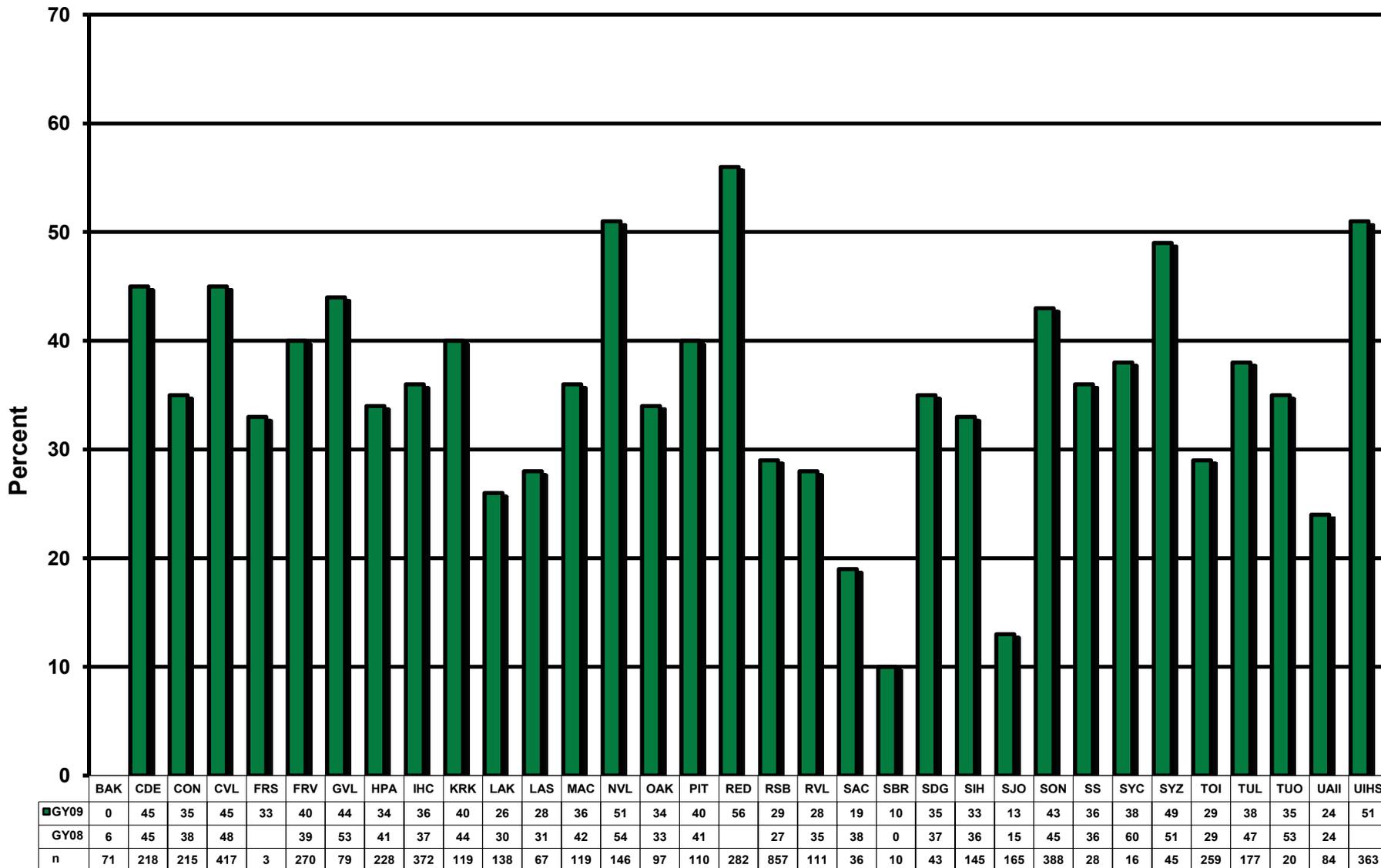
DIABETES: IDEAL GLYCEMIC CONTROL

Measure: Proportion of patients with diagnosed diabetes with ideal glycemic control ($A1c < 7.0$).

Importance: Keeping blood sugar levels below 7 can slow or prevent the onset and progression of eye, kidney, and nerve disease caused by diabetes. Clinical studies have shown that intensive blood glucose control results in a 76% reduced risk of eye disease, a 50% reduced risk of kidney disease, a 60% reduced risk of nerve disease, a 42% reduced risk of any cardiovascular event, and a 57% reduced risk of heart attack or stroke.



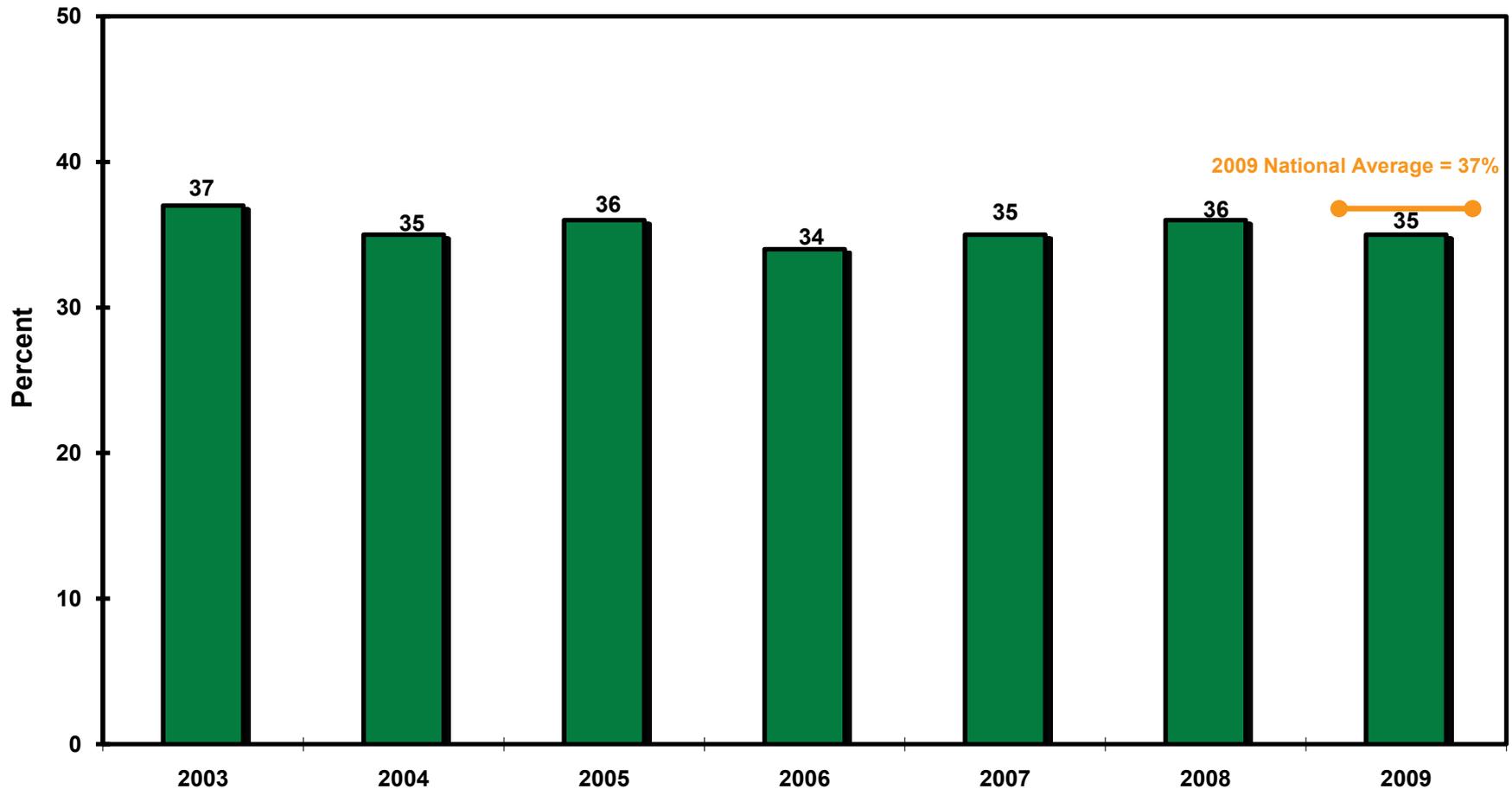
DIABETES: IDEAL GLYCEMIC CONTROL



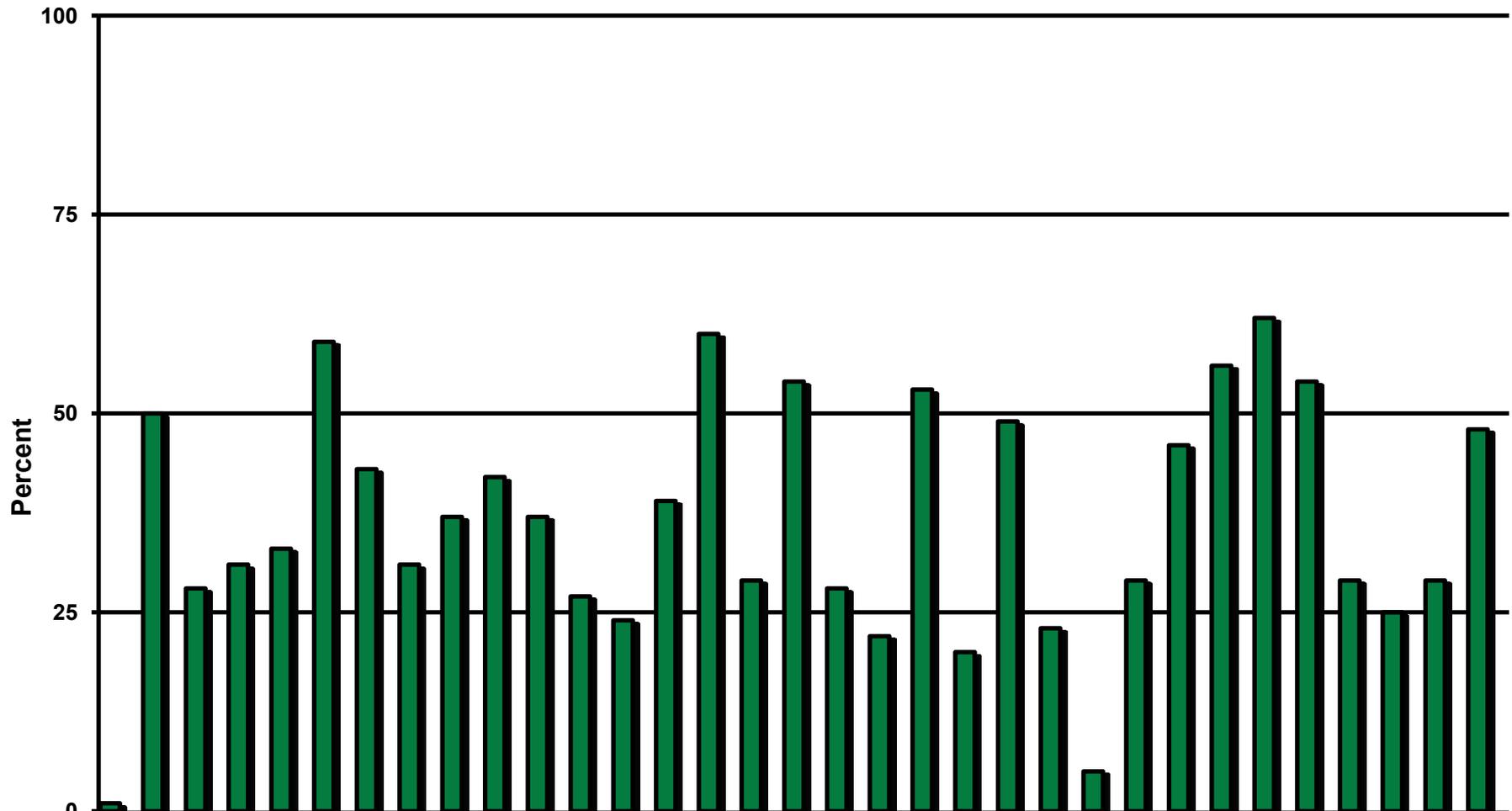
DIABETES: BLOOD PRESSURE CONTROL

Measure: Proportion of patients with diagnosed diabetes that have achieved blood pressure control (BP < 130/80).

Importance: *Good blood pressure control can reduce the risk of complications from diabetes. A large clinical study in the United Kingdom found that diabetics with tightly controlled blood pressure had a 32% reduction in death related to diabetes, a 21% reduction in heart attacks, and a 44% reduction in strokes.*



DIABETES: BLOOD PRESSURE CONTROL

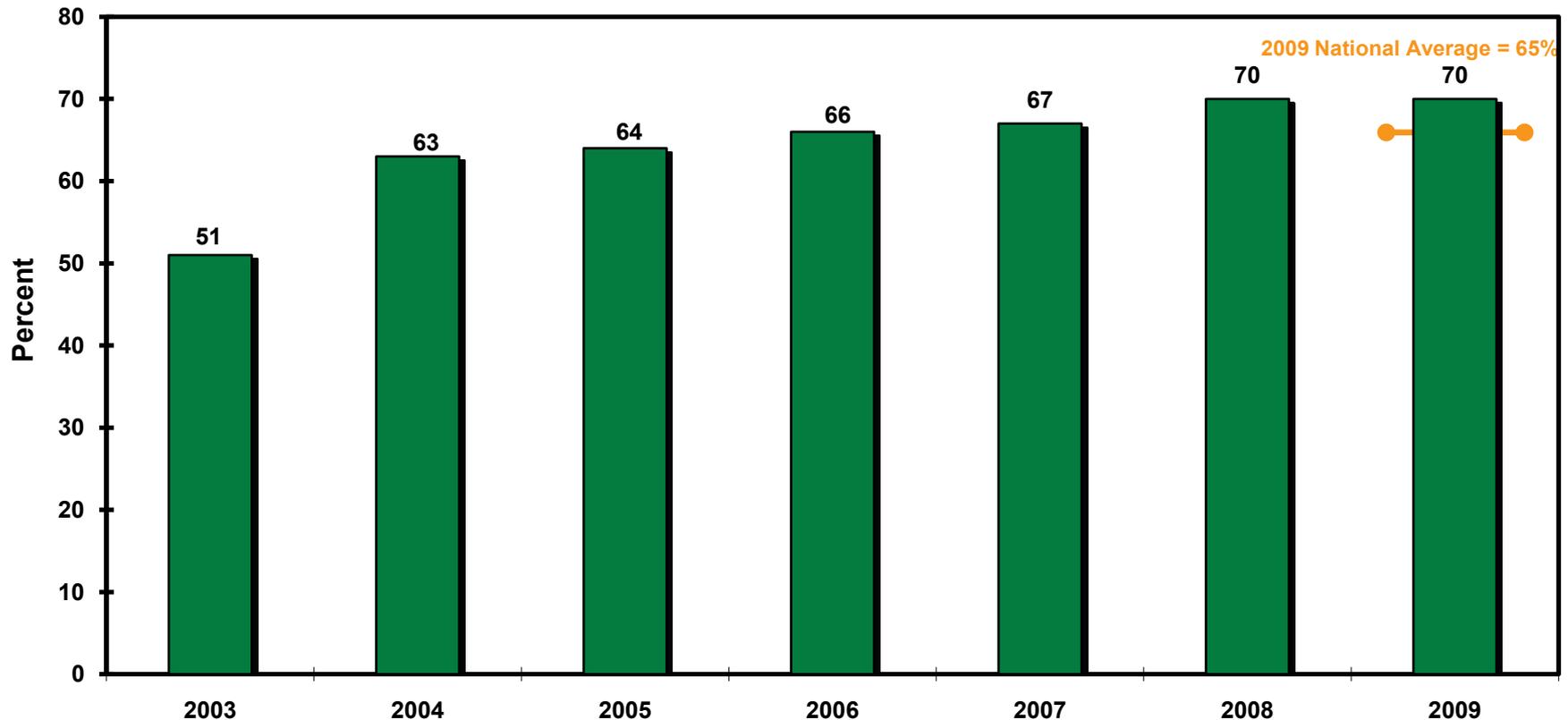


	BAK	CDE	CON	CVL	FRS	FRV	GVL	HPA	IHC	KRK	LAK	LAS	MAC	NVL	OAK	PIT	RED	RSB	RVL	SAC	SBR	SDG	SIH	SJO	SON	SS	SYC	SYZ	TOI	TUL	Tuo	UAI	UIHS
■ GY09	1	50	28	31	33	59	43	31	37	42	37	27	24	39	60	29	54	28	22	53	20	49	23	5	29	46	56	62	54	29	25	29	48
GY08	3	51	31	33		52	39	30	32	43	41	41	34	42	50	34		29	27	28	100	43	19	14	36	39	0	38	52	31	29	25	
n	71	218	215	417	3	270	79	228	372	119	138	67	119	146	97	110	282	857	111	36	10	43	145	165	388	28	16	45	259	177	20	84	363

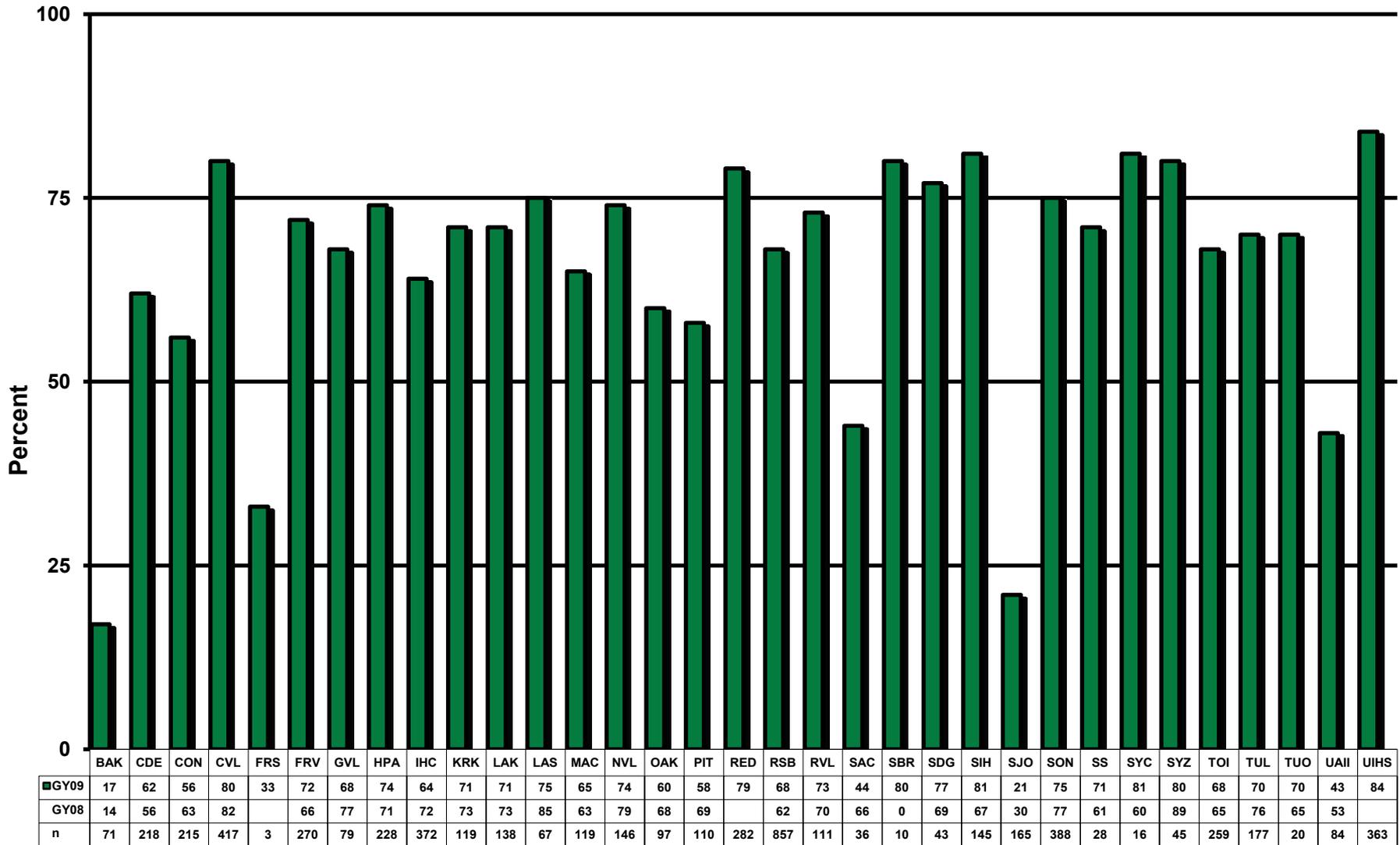
DIABETES: DYSLIPIDEMIA ASSESSMENT

Measure: Proportion of patients with diagnosed diabetes assessed for dyslipidemia.

Importance: *Dyslipidemia refers to disorders in the lipoprotein metabolism, including hypercholesterolemia (high LDL cholesterol), and low HDL (good) cholesterol. Improved control of cholesterol levels reduces the risk of cardiovascular complications by 20-50%. National standards recommend that people with diabetes keep their total cholesterol levels below 200 mg/dl, and their LDL cholesterol levels below 130 mg/dl and ideally below 100 mg/dl.*



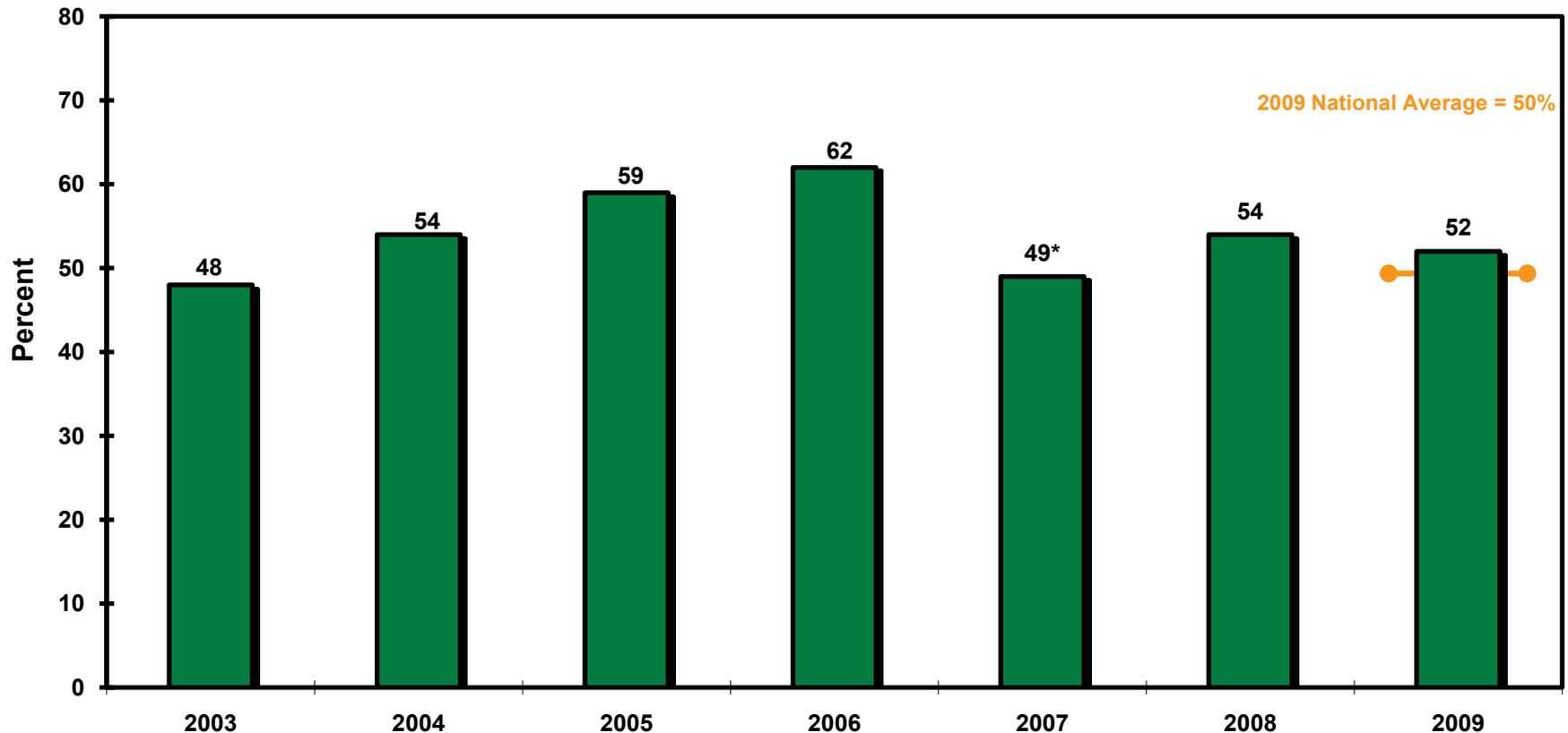
DIABETES: DYSLIPIDEMIA ASSESSMENT



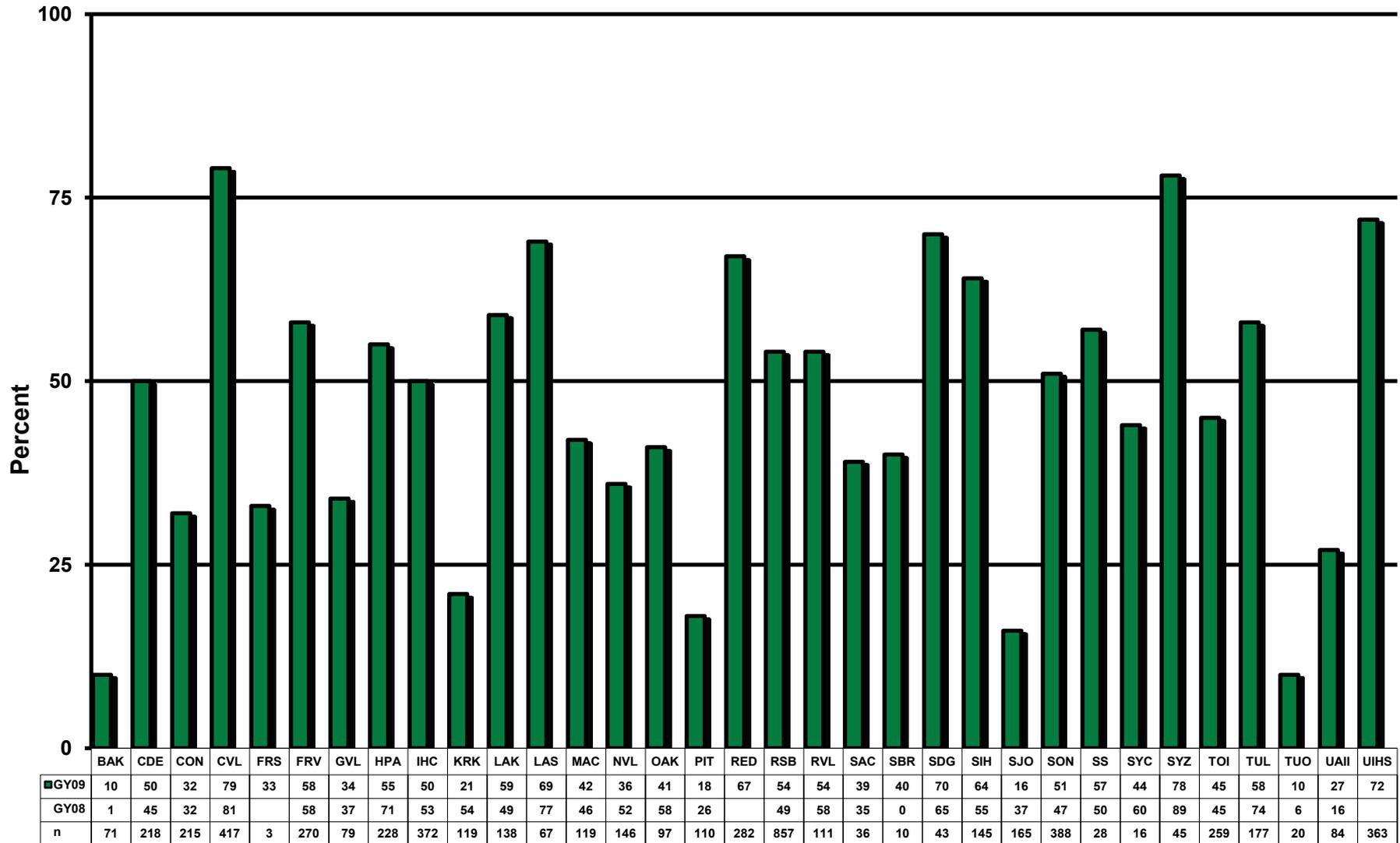
DIABETES: NEPHROPATHY ASSESSMENT

Measure: Proportion of patients with diagnosed diabetes assessed for nephropathy.

Importance: *Diabetes can cause kidney disease by damaging the parts of the kidneys that filter out wastes. Diabetic nephropathy, or kidney disease, can eventually lead to kidney failure. Diabetes is the leading cause of end stage renal disease (ESRD), which is a significant and growing problem in American Indian communities. Early identification of at-risk patients may help prevent or delay the need for costly care such as dialysis or renal transplant. New Diabetes Standards of Care guidelines were incorporated into this measure in FY 2007; these standards require both an estimated GFR and a quantitative urinary protein assessment.*



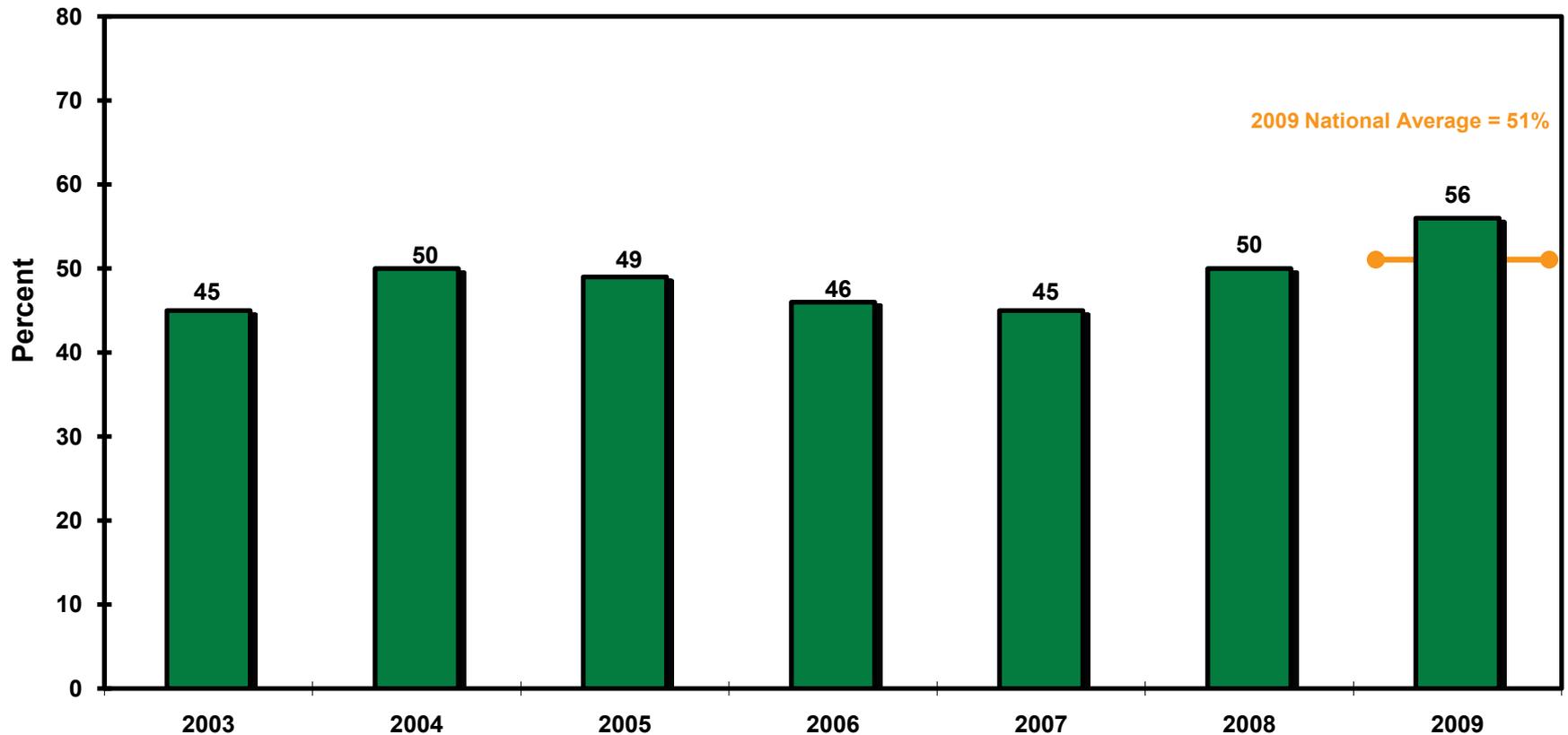
DIABETES: NEPHROPATHY ASSESSMENT



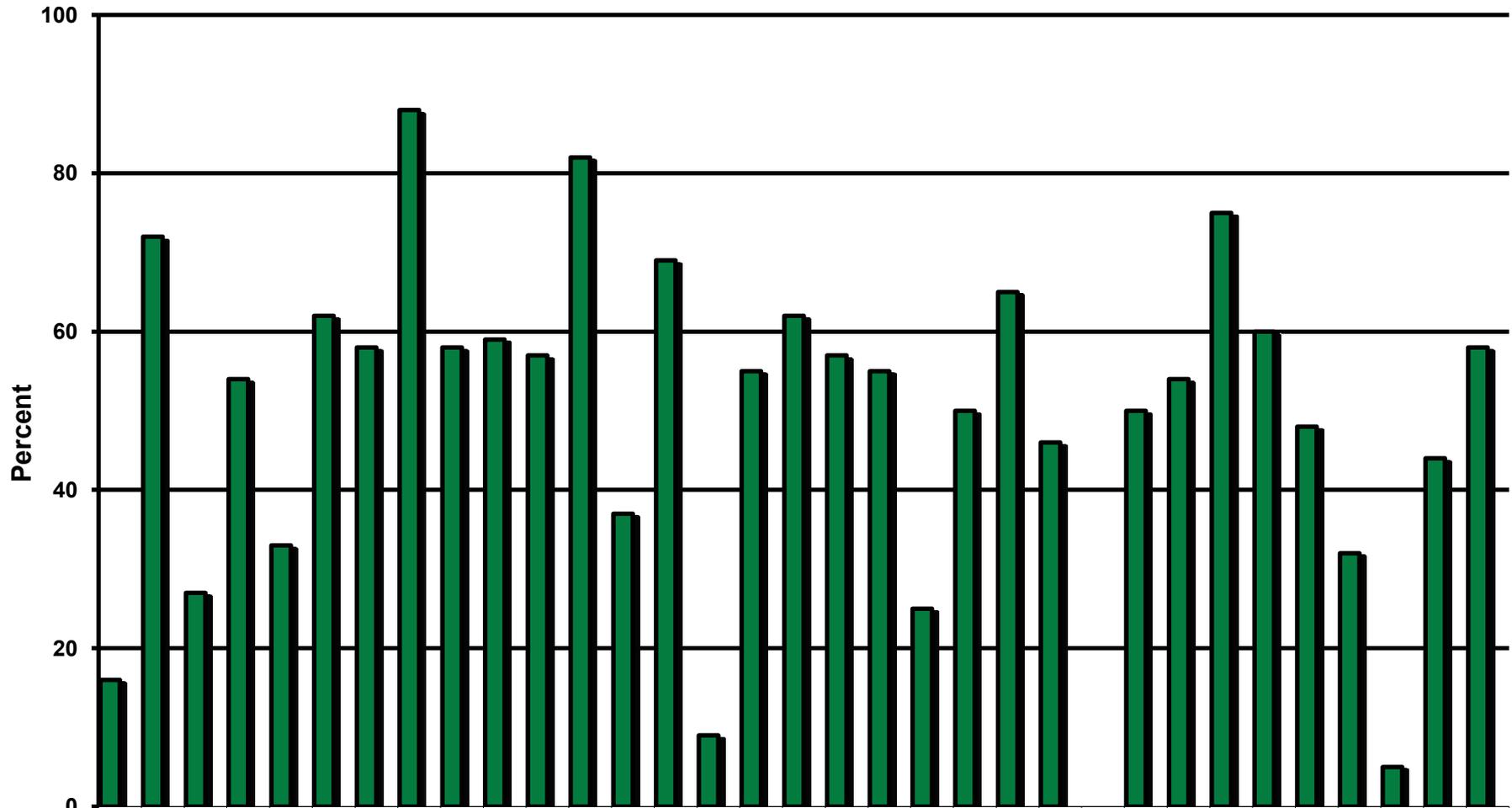
DIABETES: RETINOPATHY

Measure: Proportion of patients with diagnosed diabetes who receive an annual diabetic retinal examination.

Importance: *Diabetes can affect sight by damaging the blood vessels inside the eye, a condition known as “diabetic retinopathy.” Diabetic eye disease is a leading cause of blindness in the United States. Early detection of diabetic retinopathy (DR) is a fundamental part of the effort to reduce visual disability in diabetic patients. Clinical trials demonstrated that effective laser photocoagulation treatment of DR could reduce vision loss by 90%. These studies also underscore the need for early identification of DR at a time when laser photocoagulation is most effective.*



DIABETES: RETINOPATHY

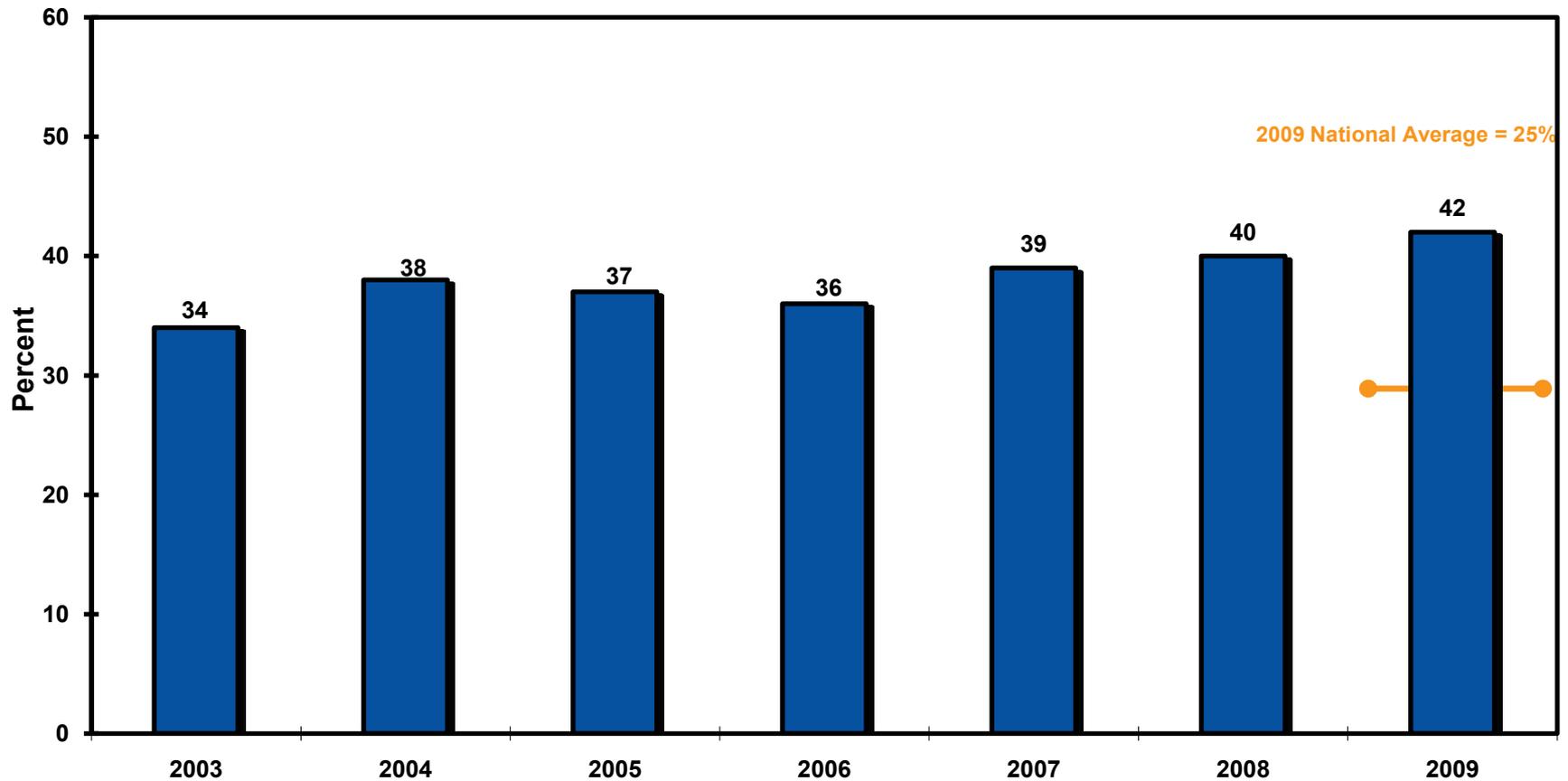


	BAK	CDE	CON	CVL	FRS	FRV	GVL	HPA	IHC	KRK	LAK	LAS	MAC	NVL	OAK	PIT	RED	RSB	RVL	SAC	SBR	SDG	SIH	SJO	SON	SS	SYC	SYZ	TOI	TUL	TUO	UAI	UIHS
■ GY09	16	72	27	54	33	62	58	88	58	59	57	82	37	69	9	55	62	57	55	25	50	65	46		50	54	75	60	48	32	5	44	58
GY08	15	58	27	50		57	28	62	67	51	40	80	40	58		40		50	47	14	0	59	43		51	32	40	45	51	36	6	44	
n	71	218	215	417	3	270	79	228	372	119	138	67	119	146	97	110	282	857	111	36	10	43	145		388	28	16	45	259	177	20	84	363

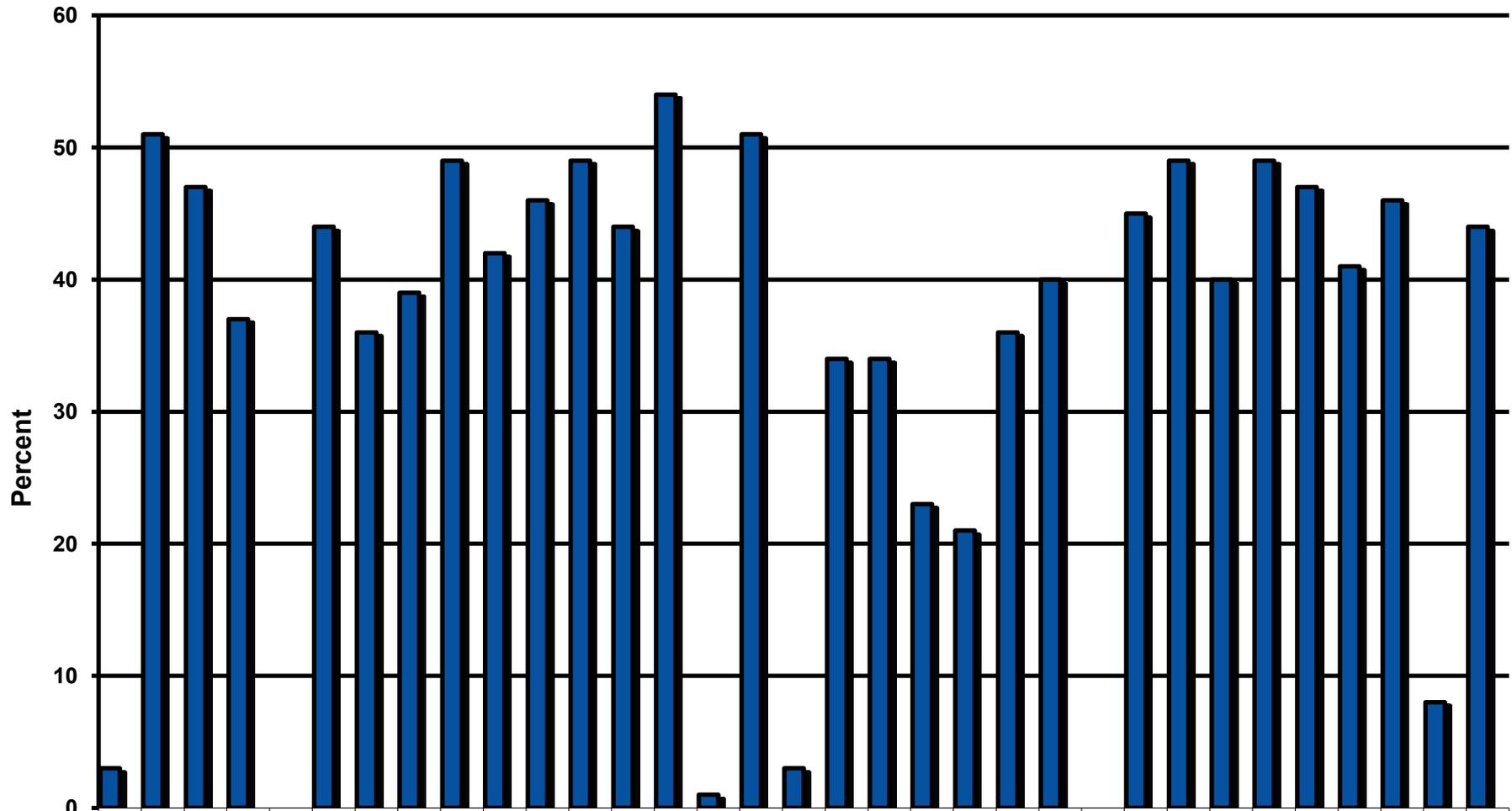
DENTAL: GENERAL ACCESS

Measure: Proportion of patients who obtain access to dental services.

Importance: *This measure is directed at improving the oral health status of the American Indian and Alaska Native populations. American Indians and Alaska Natives report greater unmet dental health needs compared to non-Hispanic whites. Untreated tooth decay can cause abscesses and infections, pain, dysfunction and weight loss. Dental problems result in the loss of almost 2.5 million workdays each year. Access to dental care improves oral health as well as the overall health of AI/AN people.*



DENTAL: GENERAL ACCESS

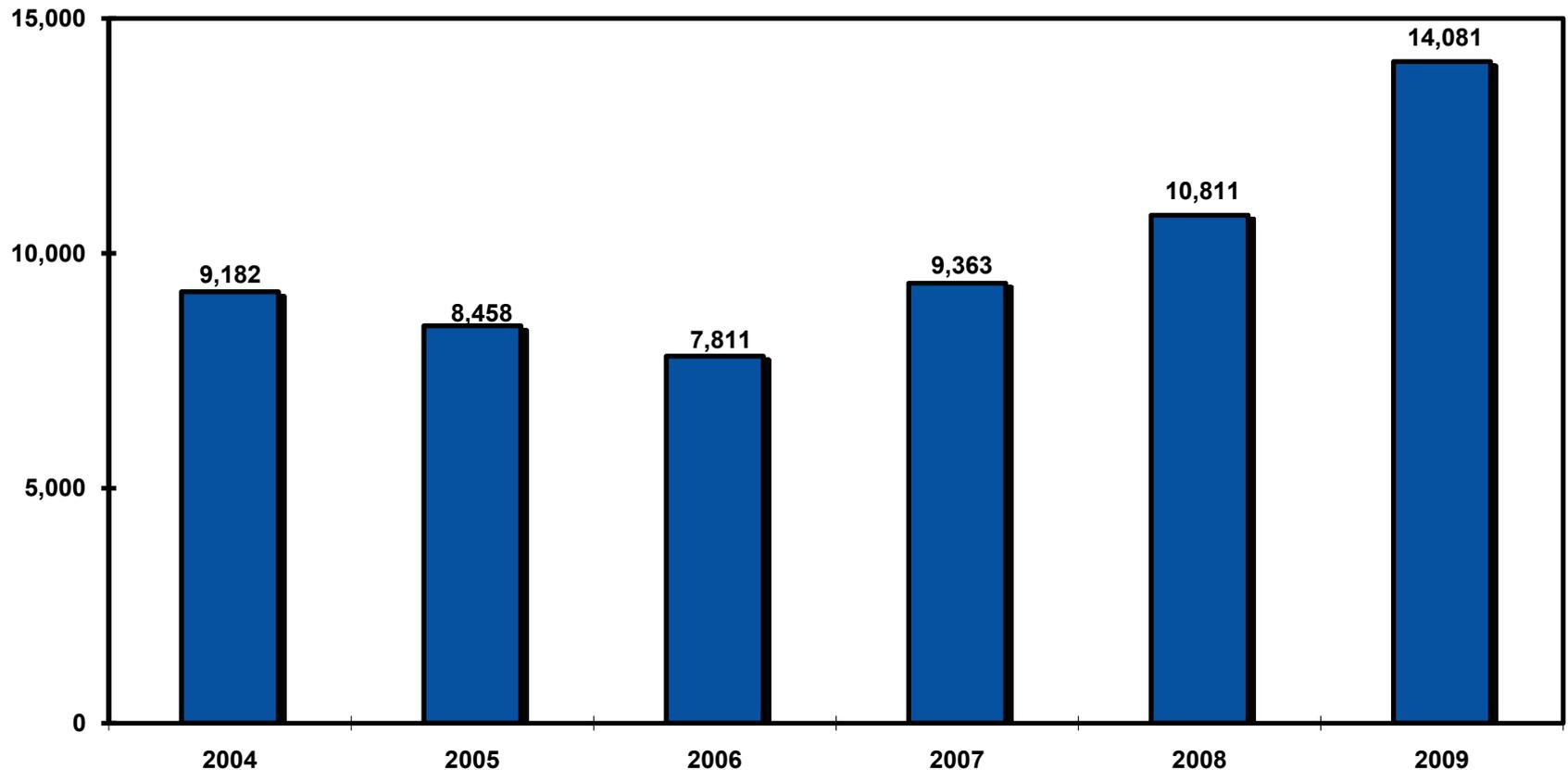


■ GY09	3	51	47	37	0	44	36	39	49	42	46	49	44	54	1	51	3	34	34	23	21	36	40		45	49	40	49	47	41	46	8	44
GY08	6	50	45	34		46	27	38	40	34	39	47	47	54		49		34	39	25	11	28	40		43	47	40	47	49	36	27	10	
n	1584	5864	2870	6916	371	3969	979	3073	4362	1933	1667	1049	1875	1978	1809	899	2853	1281	1241	889	249	1178	2282		5187	935	113	962	2841	2690	166	2478	6266

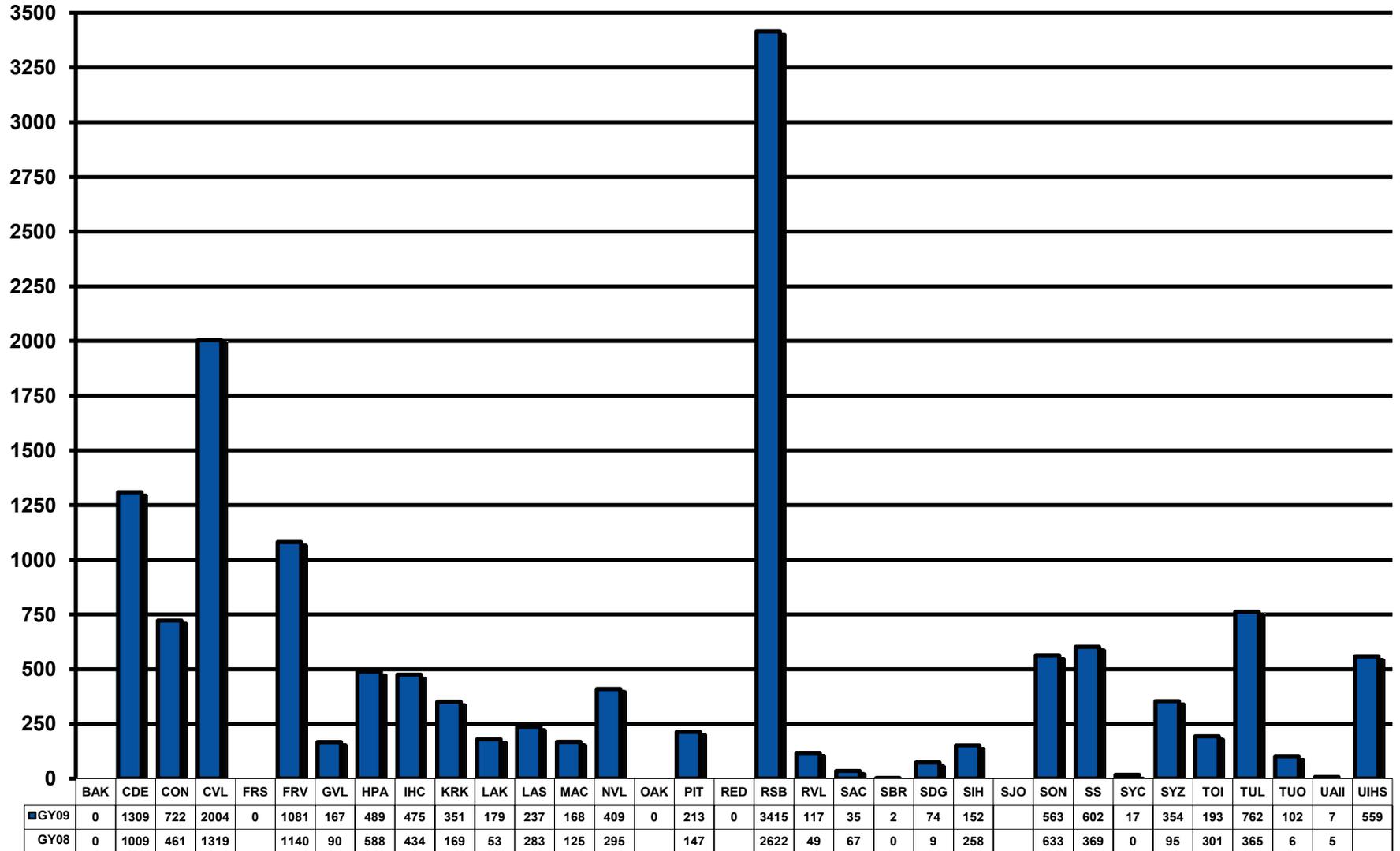
DENTAL: SEALANTS

Measure: Number of sealants placed per year in American Indian and Alaska Native patients.

Importance: *Surveys of American Indian and Alaska Native children have consistently identified them as having significantly higher dental decay rates than the general U.S. population. Dental sealants, a recognized standard in preventive dental care, are an effective measure for reducing dental decay rates and can be effectively applied by dental auxiliaries at relatively low cost. By reducing the incidence of dental decay, sealants improve oral health and represent a cost-effective preventive dental treatment. Sealants can provide 100% protection from dental decay and research has shown that even when sealants are placed over very minimal decay, the decay will no longer progress.*



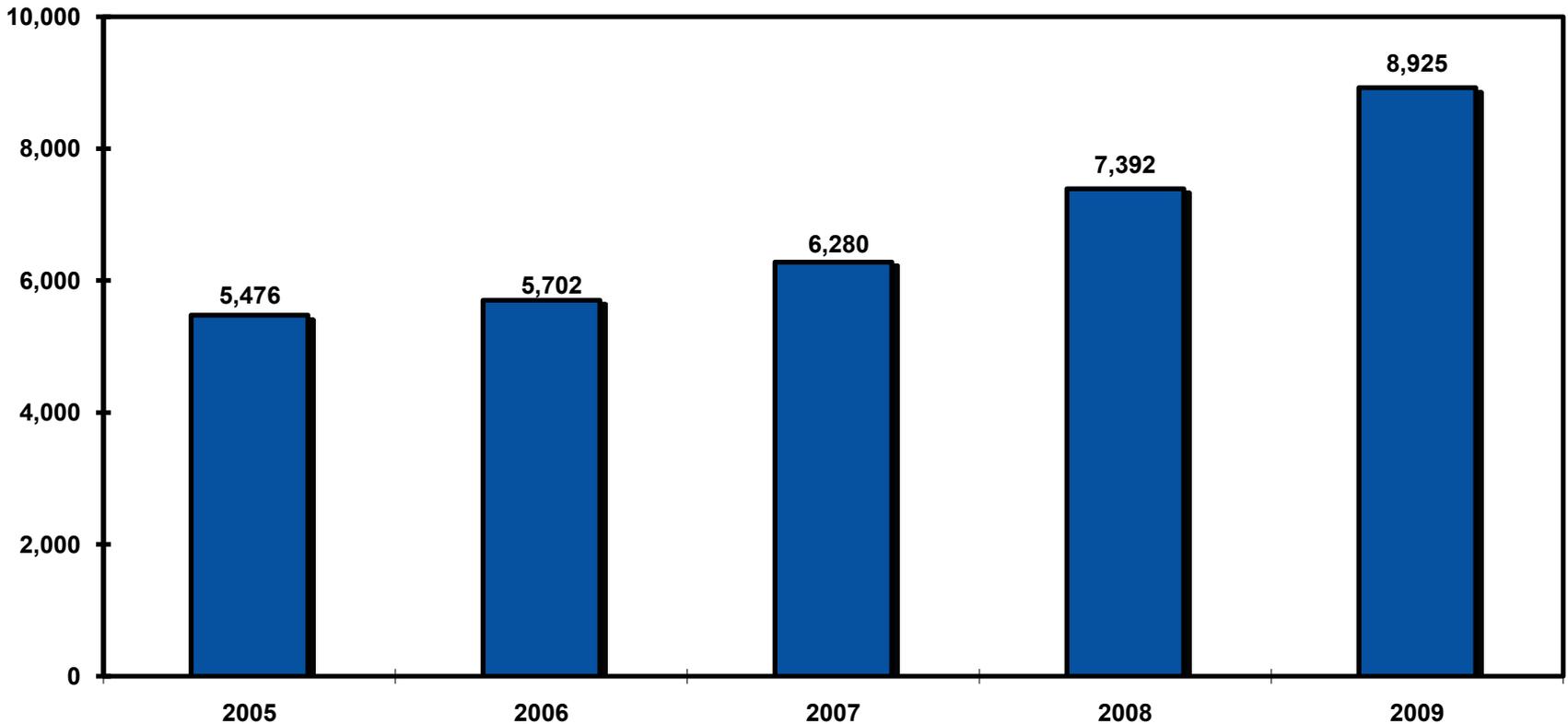
DENTAL: SEALANTS



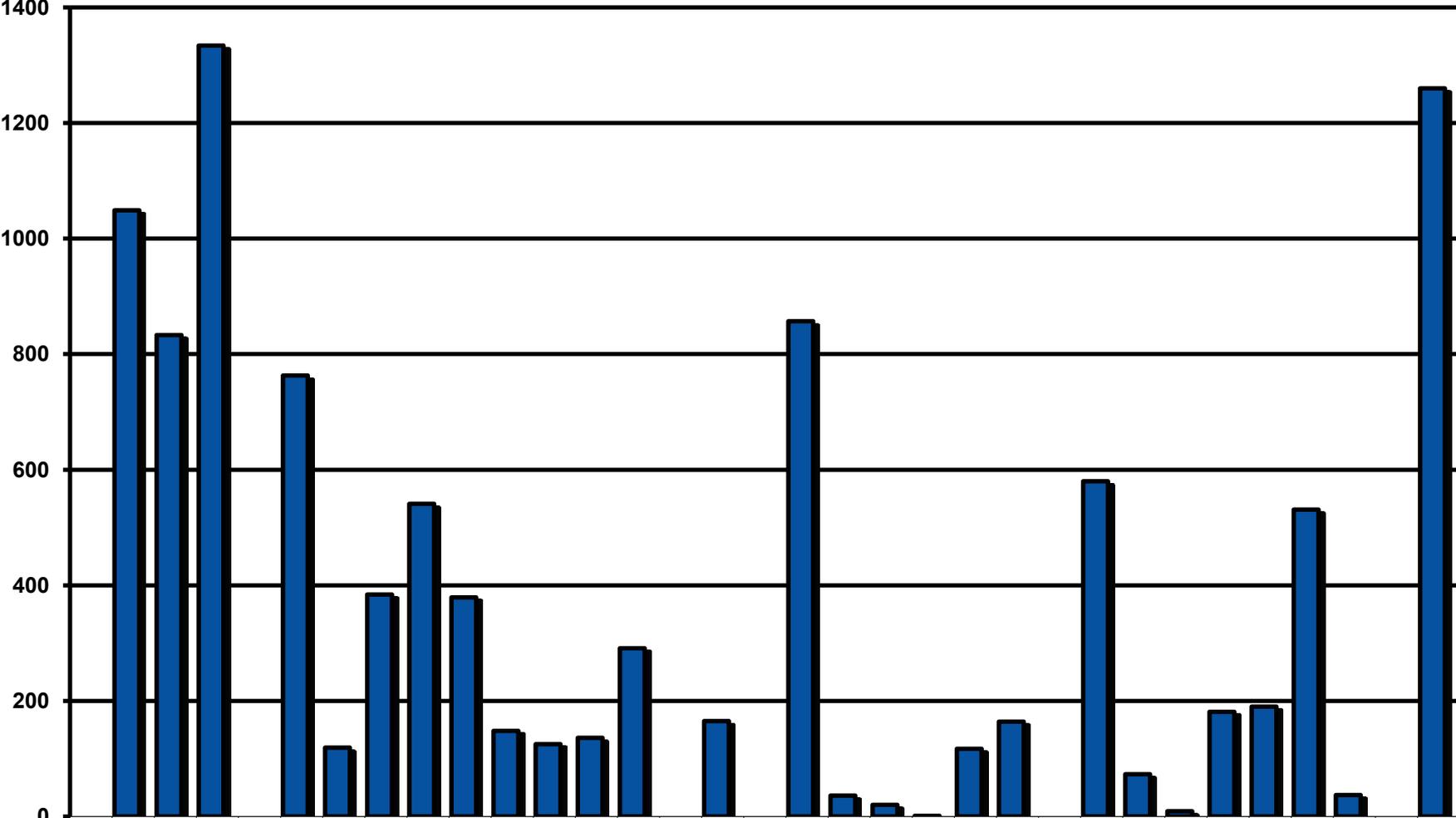
DENTAL: TOPICAL FLUORIDES

Measure: Number of American Indian and Alaska Native patients with one or more topical fluoride treatments.

Importance: *The professional topical application of fluoride is an accepted caries-preventive procedure that is appropriate for children, adolescents, and adults. Topical fluorides are also useful when applied to exposed root surfaces. This is especially beneficial for older patients, who are vulnerable to root caries and root sensitivity as a result of the loss of periodontal attachment and/or xerostomia (dry mouth). As a public health measure, targeting those at higher risk for caries is a cost-effective procedure. Patients who receive at least one fluoride application have fewer new caries, reducing the cost of subsequent dental care and improving oral health.*



DENTAL: TOPICAL FLUORIDES

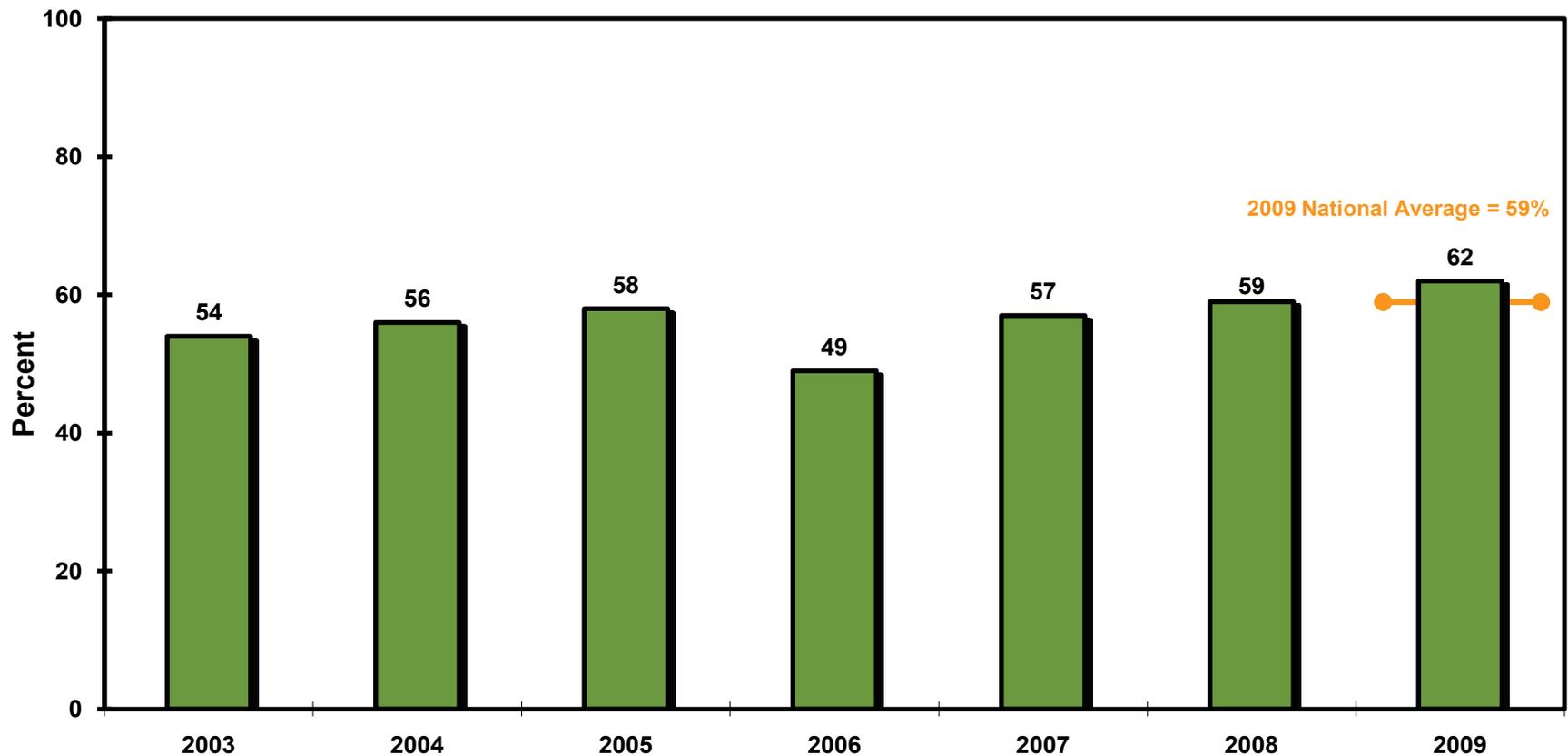


GY09	0	1049	833	1334	0	763	119	384	541	379	148	125	136	291	0	165	0	857	36	20	1	117	164		580	73	9	181	190	531	37	0	1260
GY08	0	1065	423	1084		759	80	262	301	245	147	119	178	249		92		691	12	3	0	20	218		498	9	4	129	290	530	7	3	

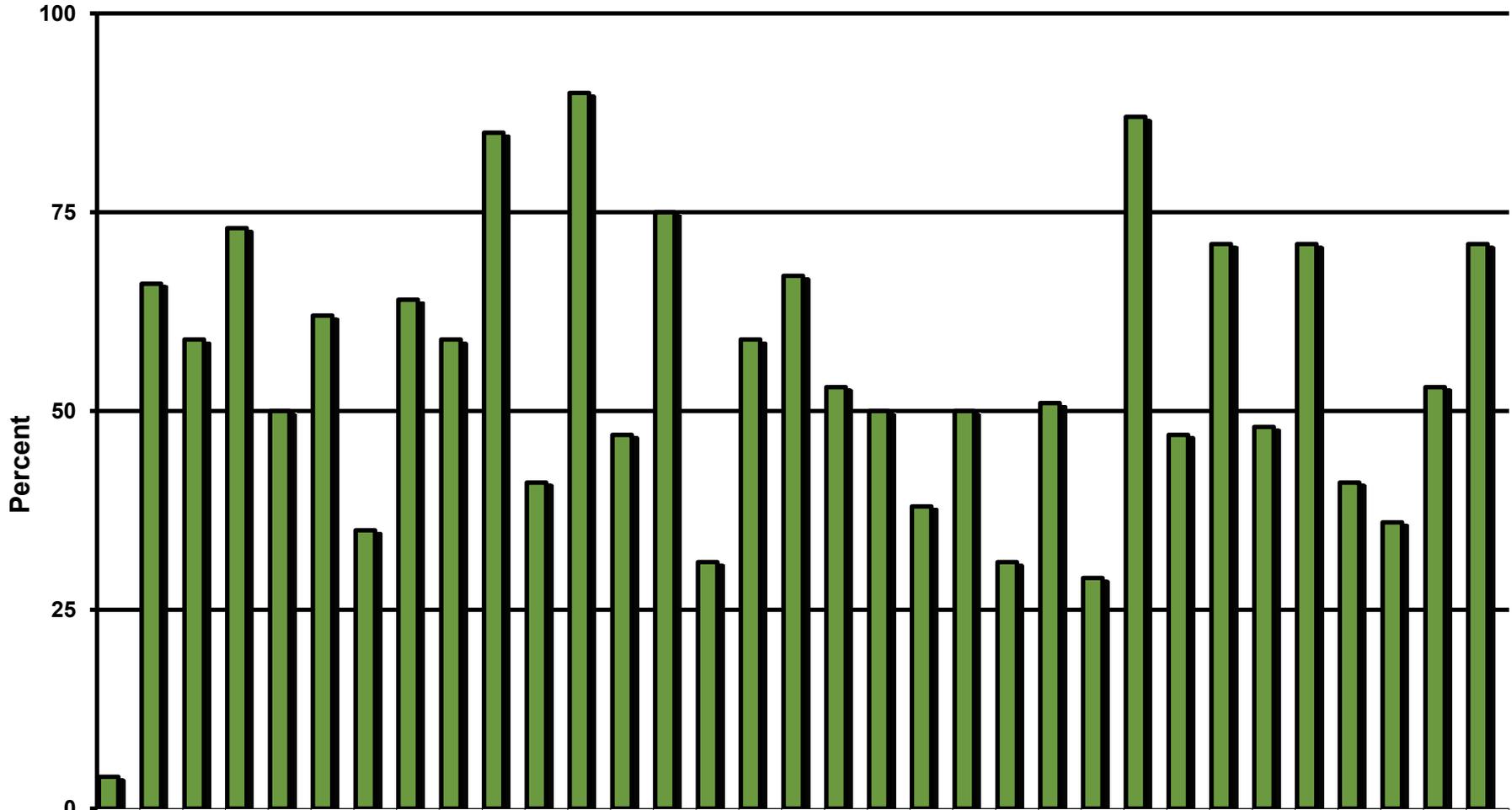
IMMUNIZATIONS: INFLUENZA

Measure: Influenza vaccination rates among adult patients age 65 years and older.

Importance: *Influenza is a highly contagious respiratory illness that can cause potentially life-threatening complications. People aged 65 and older are especially vulnerable. The Centers for Disease Control (CDC) reports that adults age 65 and older account for 90% of the deaths each year from complications related to influenza and pneumonia. Approximately 63% of the 200,000 hospitalizations each year from influenza-related illness involve people age 65 and older. The best way to prevent influenza and associated complications is to get an annual flu vaccination. One observational study found a 29-32% reduction in hospitalizations for influenza or pneumonia and a 48-50% reduction in the risk of death from all causes in patients who received a flu vaccine.*



IMMUNIZATIONS: INFLUENZA

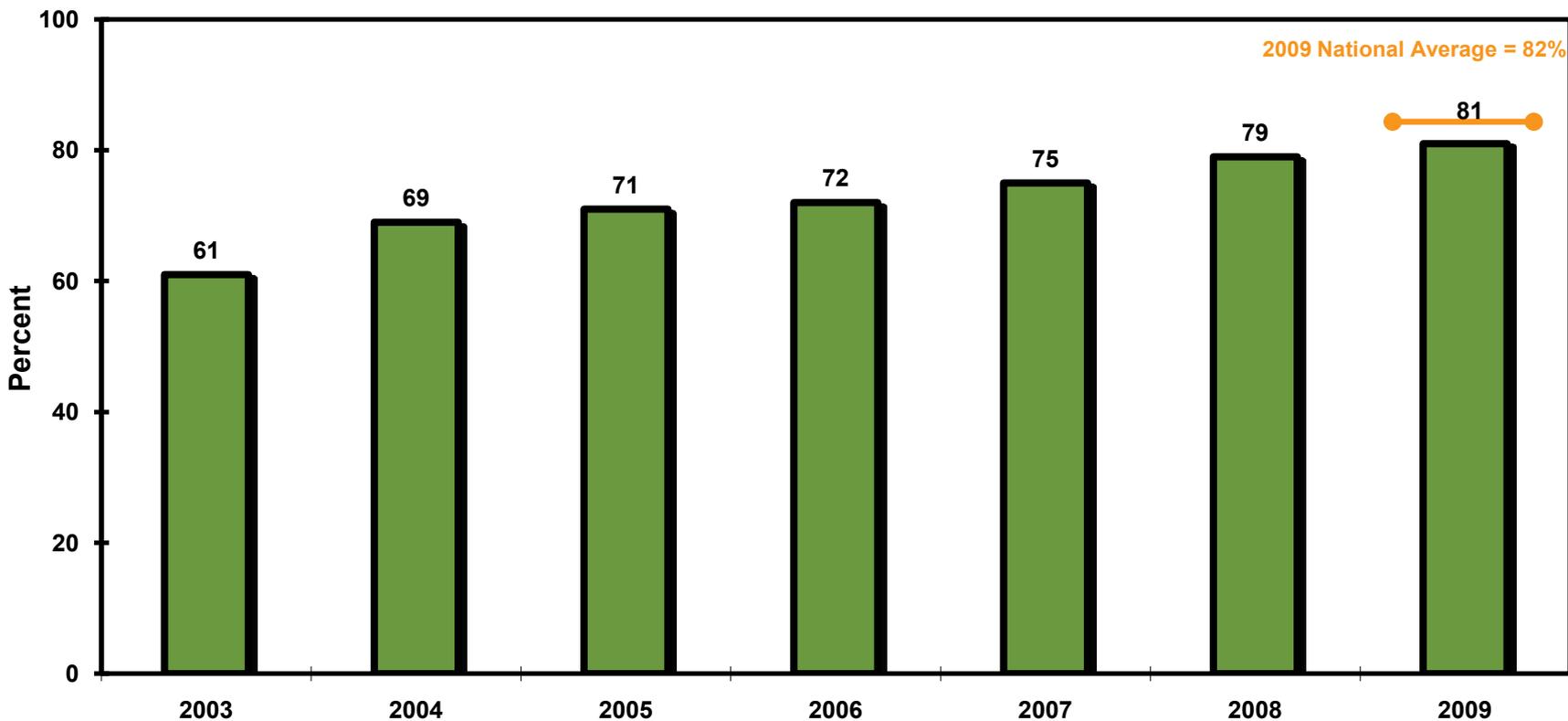


	BAK	CDE	CON	CVL	FRS	FRV	GVL	HPA	IHC	KRK	LAK	LAS	MAC	NVL	OAK	PIT	RED	RSB	RVL	SAC	SBR	SDG	SIH	SJO	SON	SS	SYC	SYZ	TOI	TUL	TUO	UAI	UIHS
■ GY09	4	66	59	73	50	62	35	64	59	85	41	90	47	75	31	59	67	53	50	38	50	31	51	29	87	47	71	48	71	41	36	53	71
GY08	2	56	64	68		64	47	65	66	77	49	93	48	83	23	59		38	41	21	0	20	47	34	85	49	100	51	67	48	25	53	
n	56	171	136	323	2	190	65	176	204	158	74	61	144	91	55	44	312	570	94	16	8	16	81	86	213	45	7	48	200	96	11	58	435

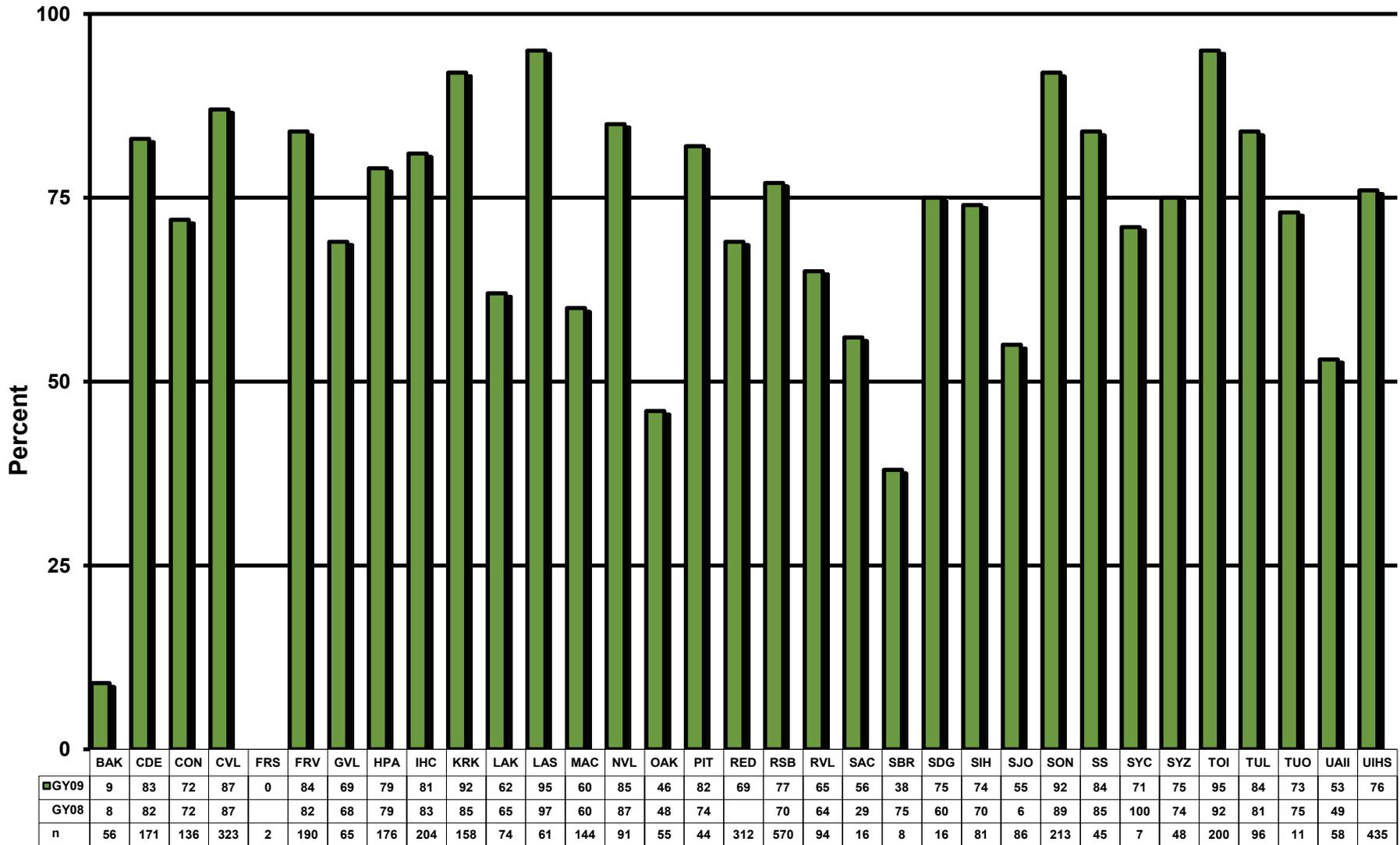
IMMUNIZATIONS: PNEUMOCOCCAL

Measure: Pneumococcal vaccination rates among adult patients aged 65 years and older.

Importance: *Pneumococcal disease is a bacterial infection that can lead to meningitis, pneumonia, and/or bacteremia. In 2006, approximately 5,000 people in the United States died from invasive pneumococcal disease and nearly half were older adults. Morbidity and mortality from this illness in the elderly can be greatly reduced by a single pneumococcal vaccination once a person reaches the age of 65. This vaccine is a low-cost medical intervention that has been shown to prevent serious health complications among the elderly.*



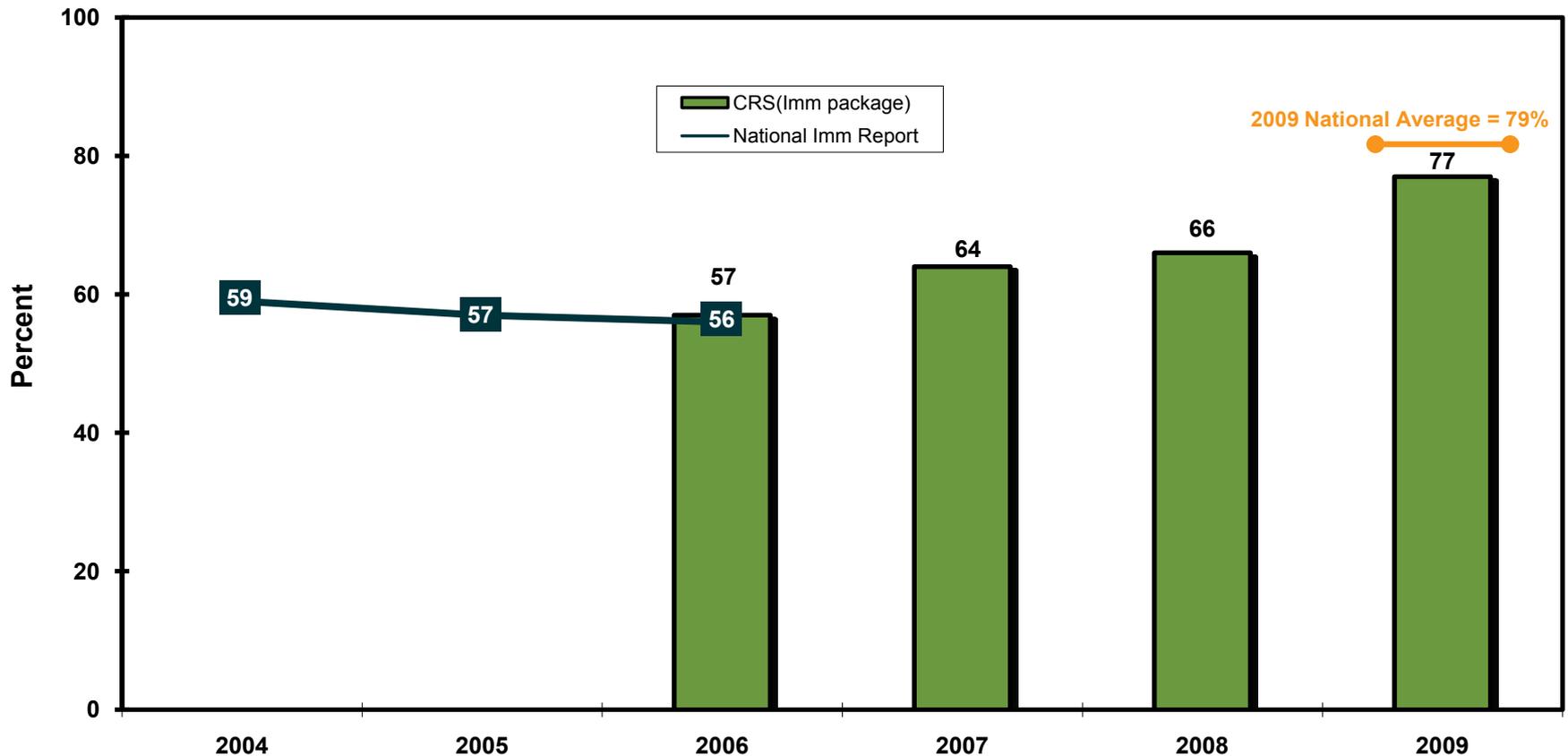
IMMUNIZATIONS: PNEUMOCOCCAL



IMMUNIZATIONS: CHILDHOOD (19 - 35 months)

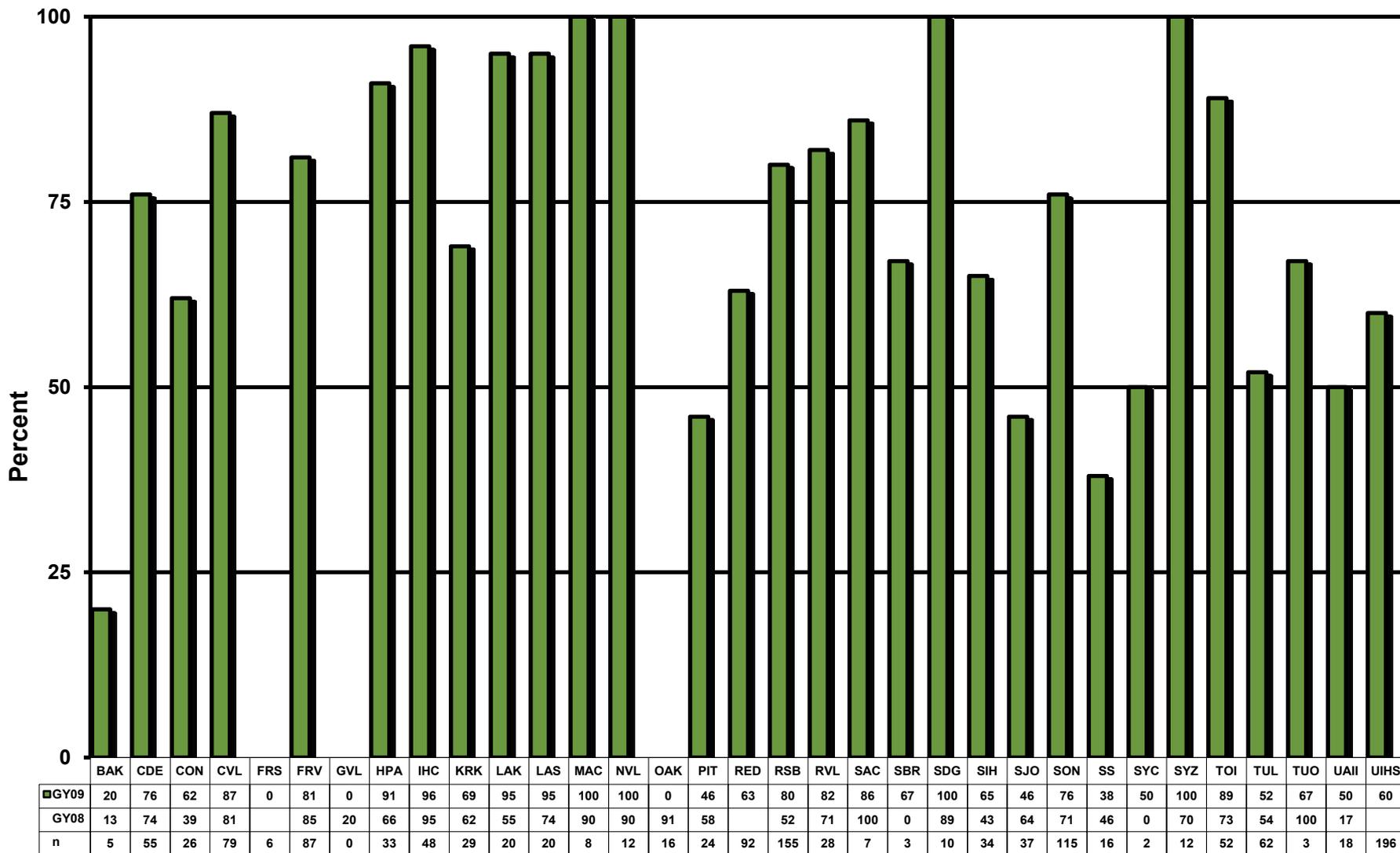
Measure: Combined (4:3:1:3:3) immunization rates for AI/AN patients aged 19-35 months.

Importance: Routine immunizations represent a cost-effective public health measure that significantly improves the health of children. The Healthy People 2010 goal is 90% coverage for all routine immunizations for children aged 19-35 months and 80% coverage for the combined (4:3:1:3:3) series of vaccinations. The combined series includes 4 doses of DTaP, 3 doses of IPV, 1 dose of MMR, 3 doses of Hep B and 3 doses of Hib.



Starting in FY 2007, GPRA results are reported using the CRS Immunization package. Previous results were provided by the National Immunization Program.

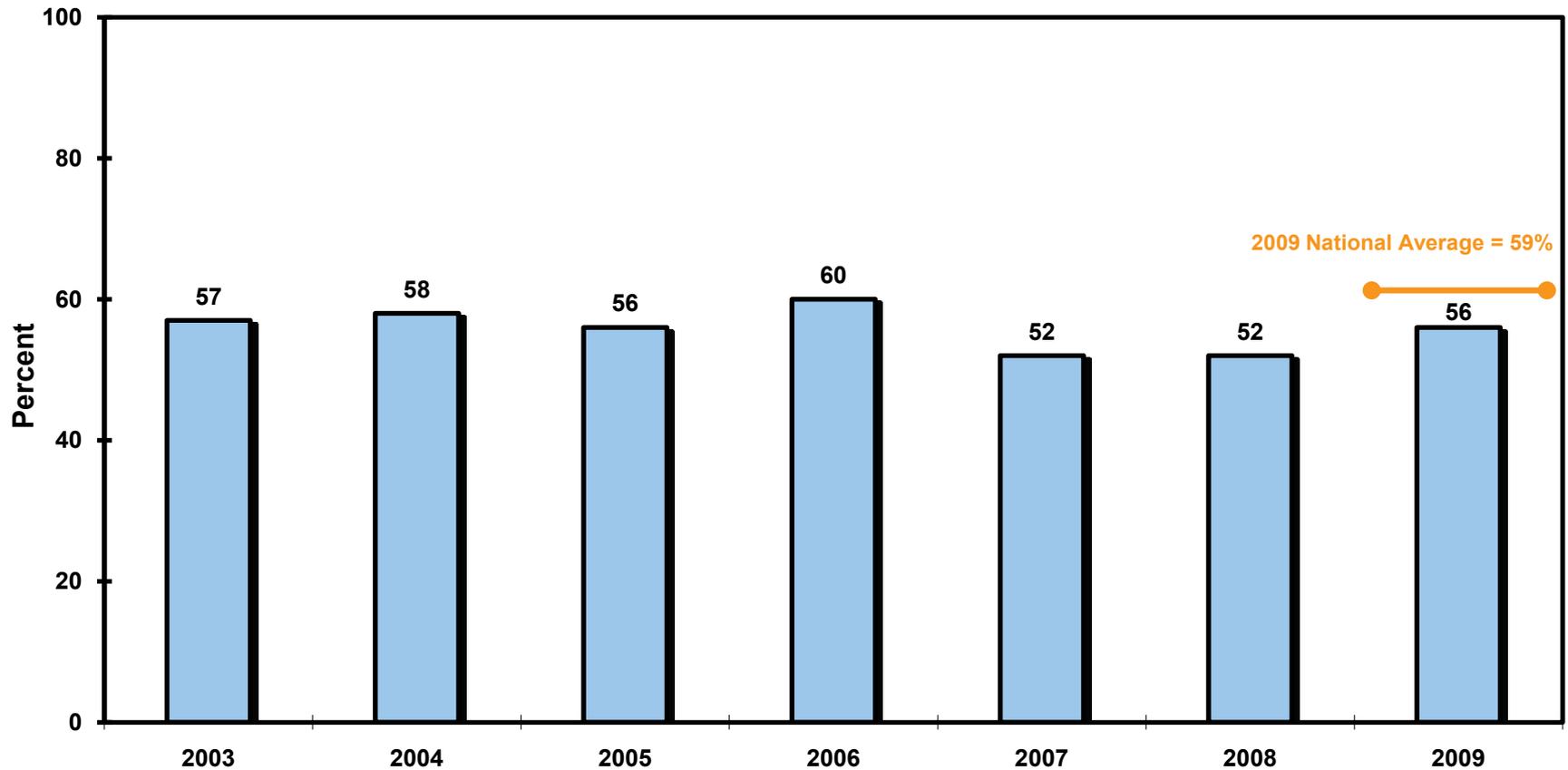
IMMUNIZATIONS: CHILDHOOD (19 - 35 months)



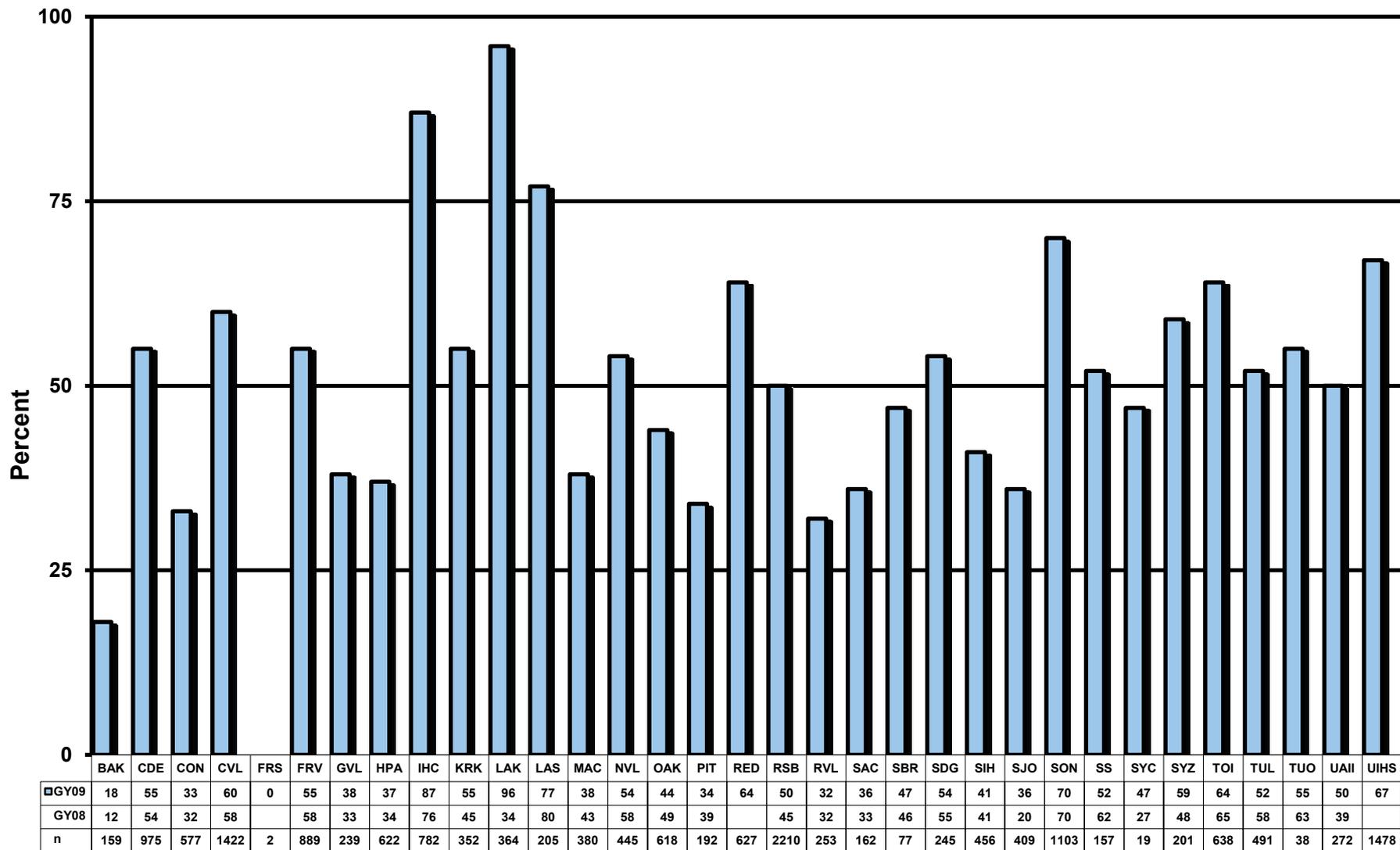
CANCER SCREENING: CERVICAL (PAP SMEAR)

Measure: Proportion of eligible women patients who have had a Pap screen within the previous three years.

Importance: *More American Indian women report having never had a Pap screen than any other racial or ethnic group. Regular screening with a pap smear lowers the risk of developing invasive cervical cancer by detecting pre-cancerous cervical lesions that can be treated. If cervical cancer is detected early, the likelihood of survival is almost 100 percent with appropriate treatment and follow-up. Cervical cancer was once the leading cause of cancer death among women, but death rates dropped by 74% between 1955 and 1992 thanks to the use of Pap screens.*



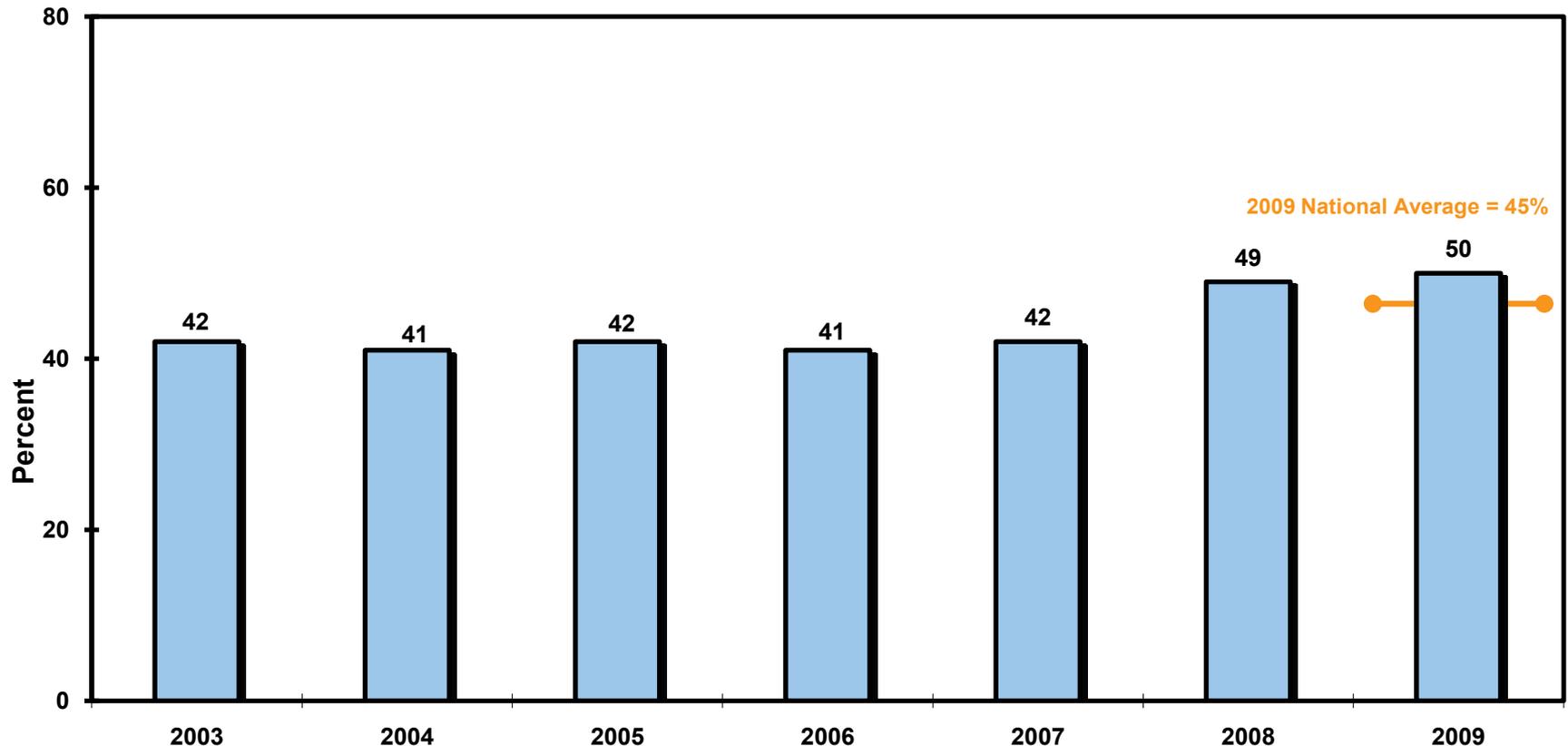
CANCER SCREENING: CERVICAL (PAP SMEAR)



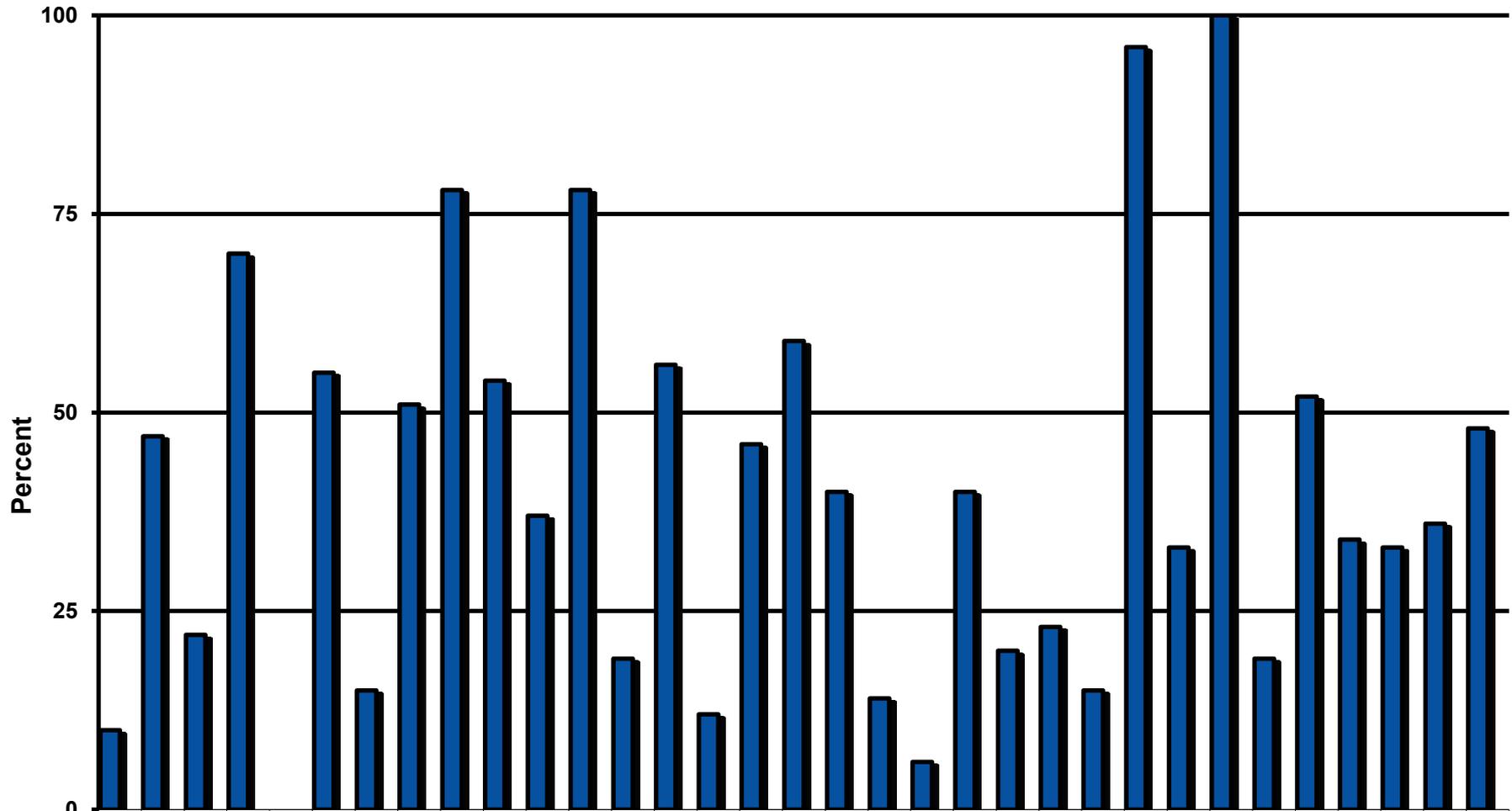
CANCER SCREENING: BREAST (MAMMOGRAPHY)

Measure: Proportion of eligible women who have had mammography screening within the previous two years.

Importance: *Biennial screening of women between the ages of 50 and 69 has been shown to be a cost-effective way to decrease the breast cancer mortality rate. Breast cancer is the second leading cause of cancer death among U.S. women (lung cancer is first). Although there has been overall improvement in breast cancer mortality rates since 1990, AI/AN women have not shared these gains. Between 1997 and 2006, breast cancer mortality rates declined for all racial and ethnic groups except American Indian/Alaska Native women, who experienced no decline in mortality rates. Regular mammography screening can reduce breast cancer mortality by 20-25%. AI/AN women diagnosed with breast cancer have lower 5-year survival rates in comparison to all other groups except African-Americans, mainly because their cancers are less likely to be found in earlier stages.*



CANCER SCREENING: BREAST (MAMMOGRAPHY)

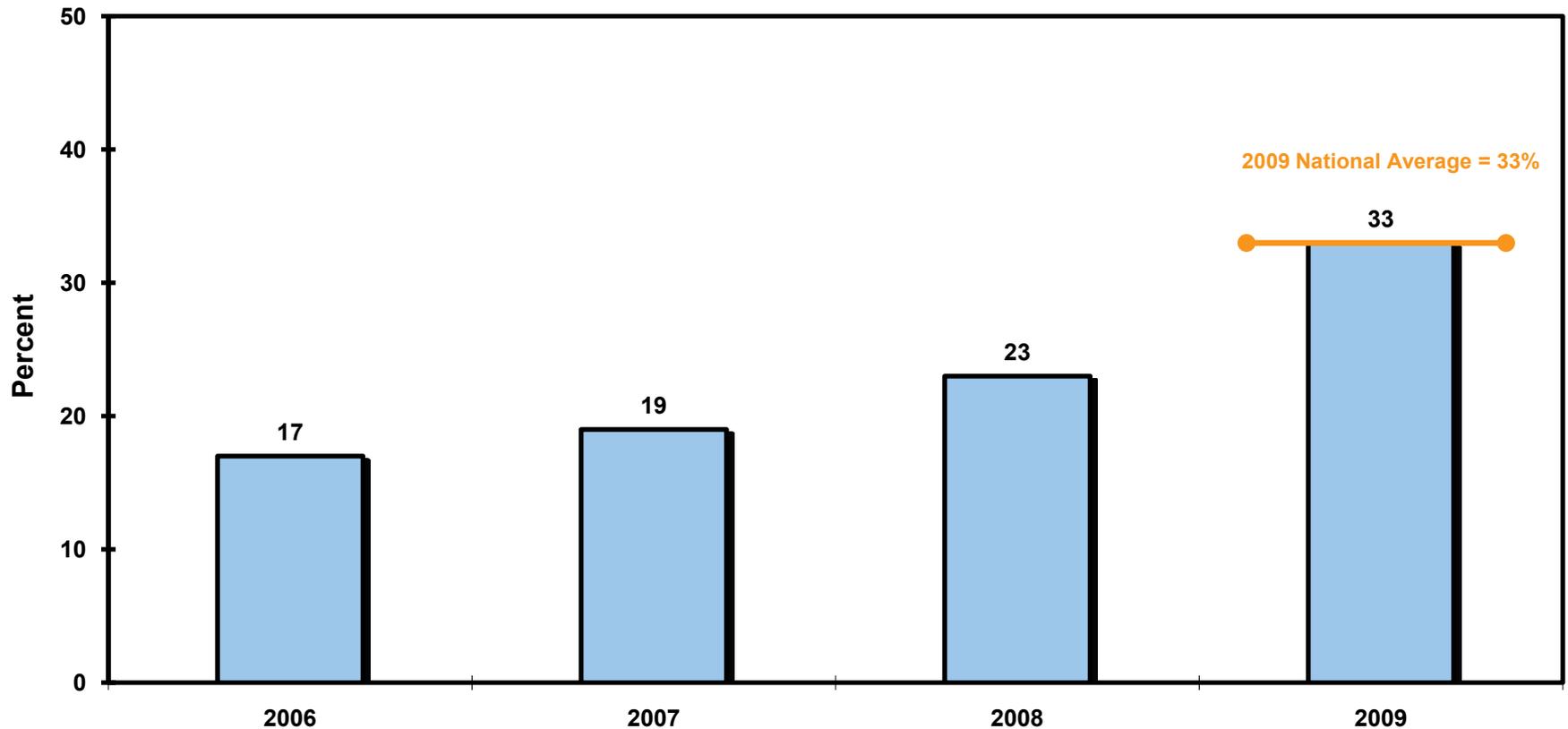


	BAK	CDE	CON	CVL	FRS	FRV	GVL	HPA	IHC	KRK	LAK	LAS	MAC	NVL	OAK	PIT	RED	RSB	RVL	SAC	SBR	SDG	SIH	SJO	SON	SS	SYC	SYZ	TOI	TUL	TUO	UAI	UIHS
■ GY09	10	47	22	70	0	55	15	51	78	54	37	78	19	56	12	46	59	40	14	6	40	20	23	15	96	33	100	19	52	34	33	36	48
GY08	16	48	18	56		62	13	25	71	53	41	90	43	59	25	32		38	16	3	14	15	28	23	100	31	100	35	41	42	40	35	
n	30	208	134	299	0	170	53	136	170	84	73	69	113	68	111	39	186	479	63	33	15	45	94	118	225	39	2	43	164	121	12	56	368

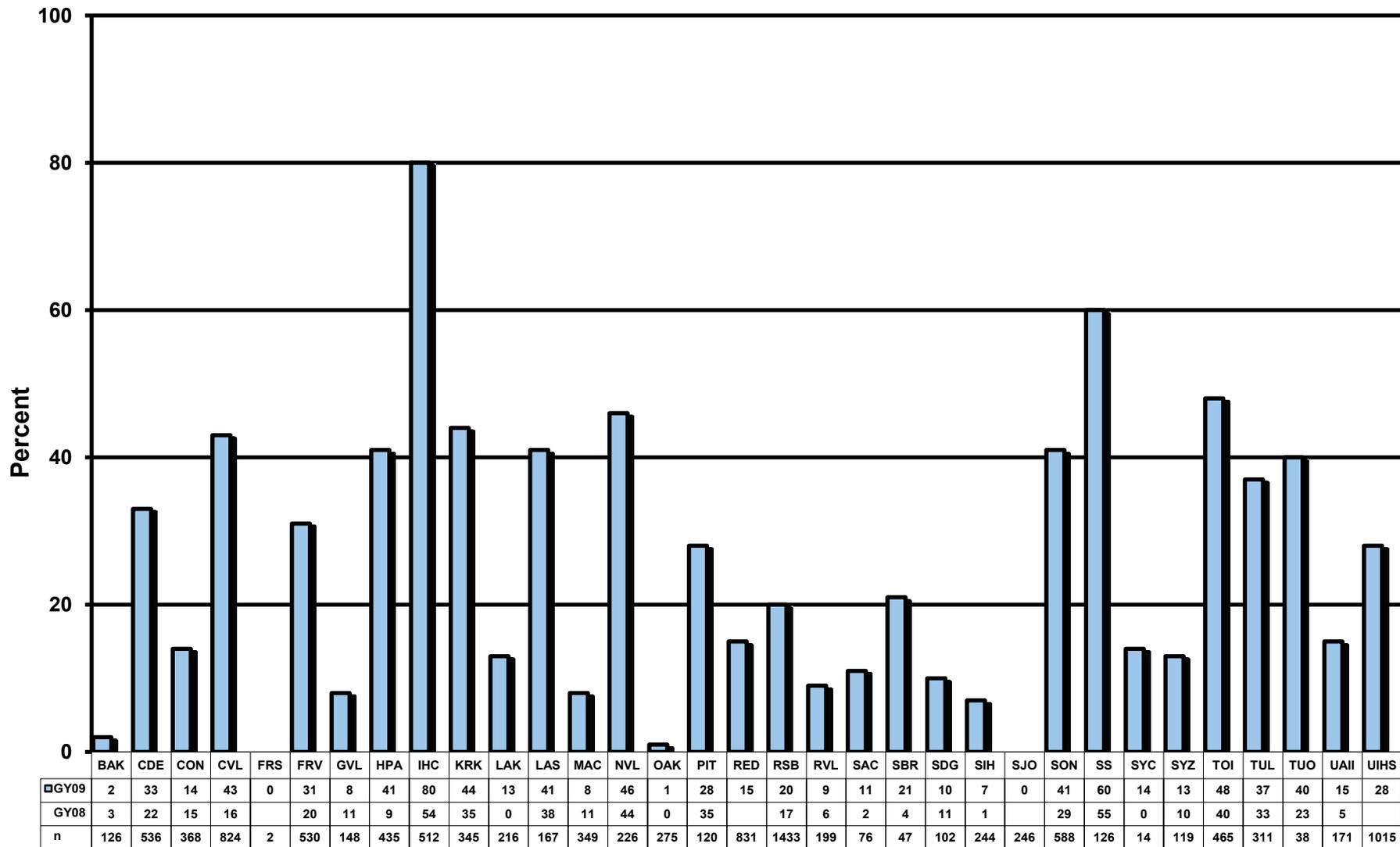
CANCER SCREENING: COLORECTAL

Measure: Proportion of eligible patients who have had appropriate colorectal cancer screening.

Importance: *Colorectal cancer incidence and mortality rates among the Alaska Native and Northern Plains American Indian population are well above the national average. Studies have found rates of 88.9 to 98.5 per 100,000 among these two groups compared to 61.3 to 61.4 for non-Hispanic whites in these areas. Screening at the recommended frequency improves the chance that colorectal cancer will be detected at an earlier stage, when it is more likely to be cured by surgery alone. Patients diagnosed at the local stage have a five-year relative survival rate of about 90%, those diagnosed at the regional stage have a 68% five-year relative survival rate, and those diagnosed at the distant stage have a 11% five-year relative survival rate. The risk of colorectal cancer increases with age; 91% of cases are diagnosed in individuals aged 50 and older.*



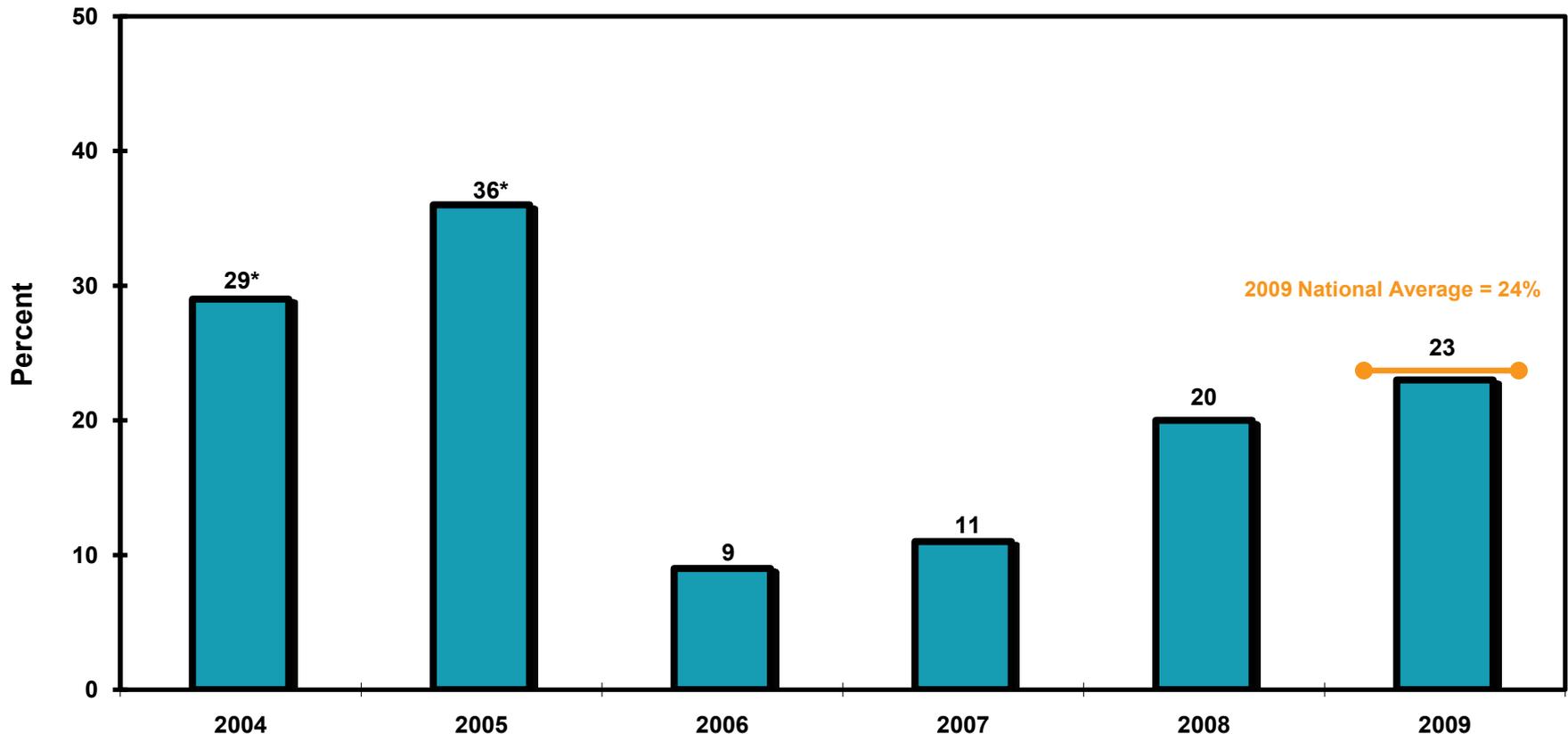
CANCER SCREENING: COLORECTAL



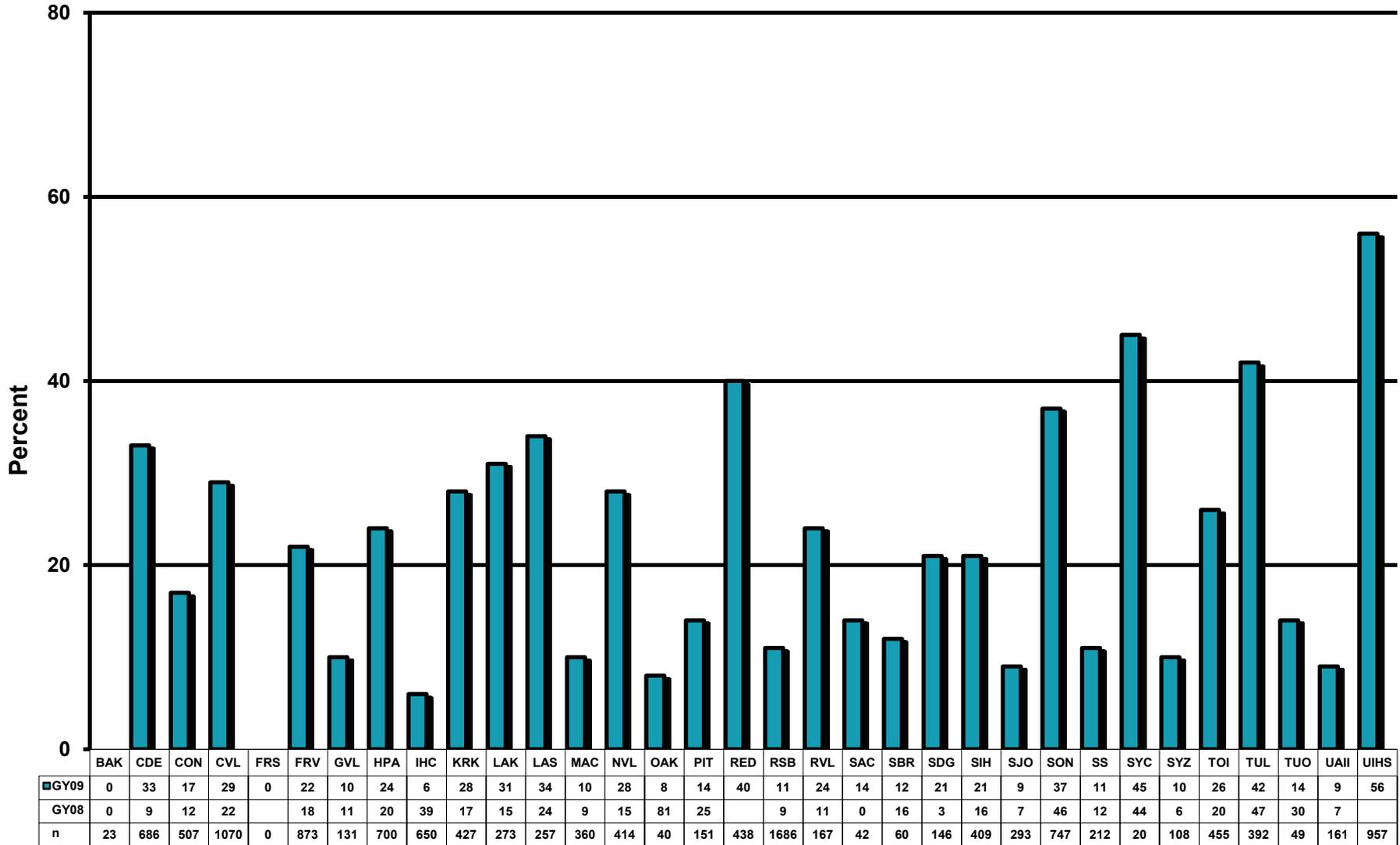
TOBACCO CESSATION

Measure: Proportion of tobacco-using patients that receive tobacco cessation intervention.

Importance: *Cigarette smoking is the leading preventable cause of death in the United States, resulting in an estimated 443,000 premature deaths each year. American Indians and Alaska Natives had the highest prevalence of current cigarette smoking (32.4%) of any other racial/ethnic group in the U.S in 2008. Tobacco users who quit enjoy longer and healthier lives, on average, than those who do not. Even long-time smokers can significantly reduce their risk of heart disease and other complications by quitting. Advice from a health care provider and group and individual cessation counseling can help smokers quit. Smoking cessation treatments have been found to be safe and effective. Moreover, tobacco cessation programs are more cost-effective than other common prevention interventions.*



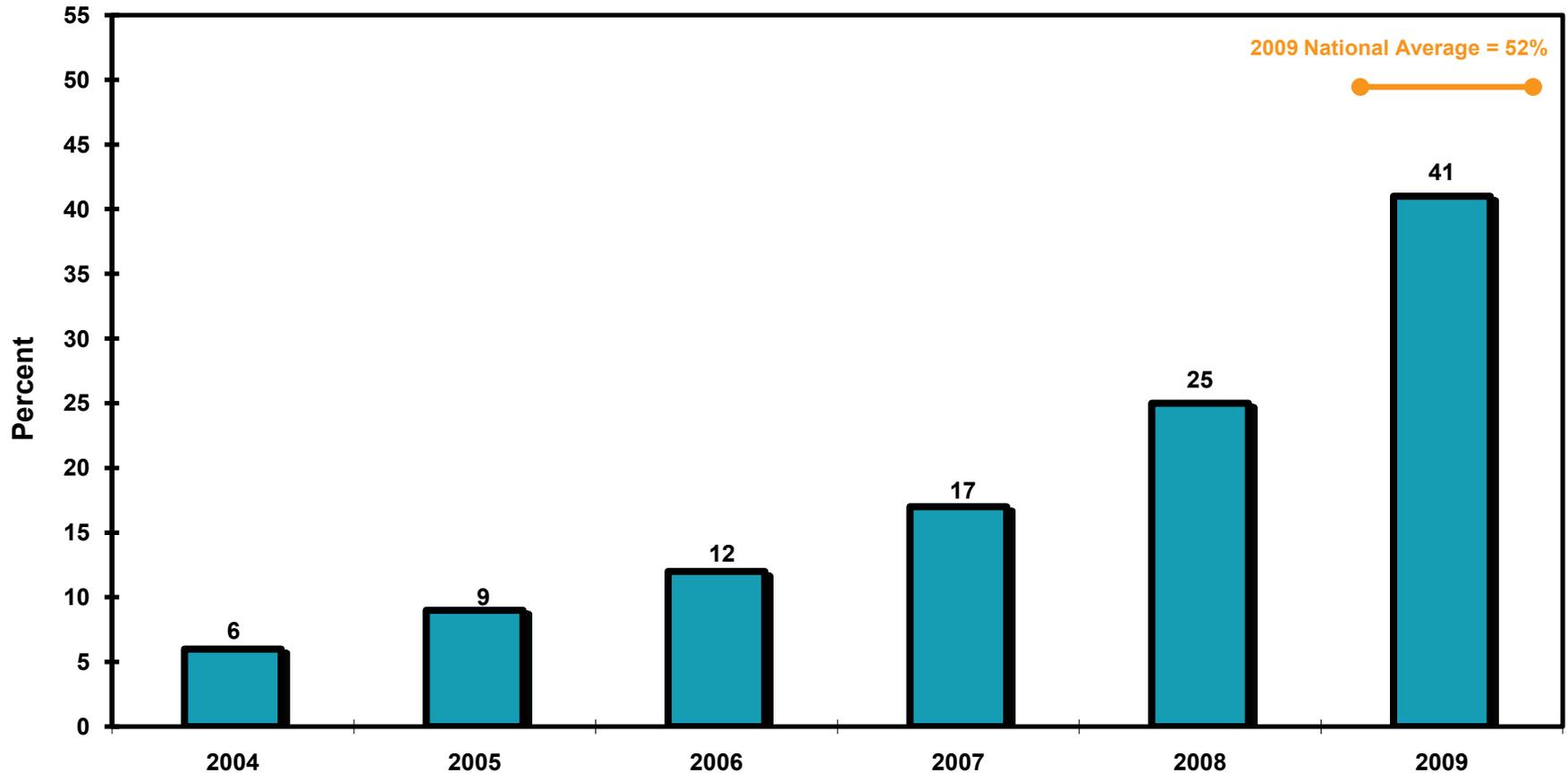
TOBACCO CESSATION



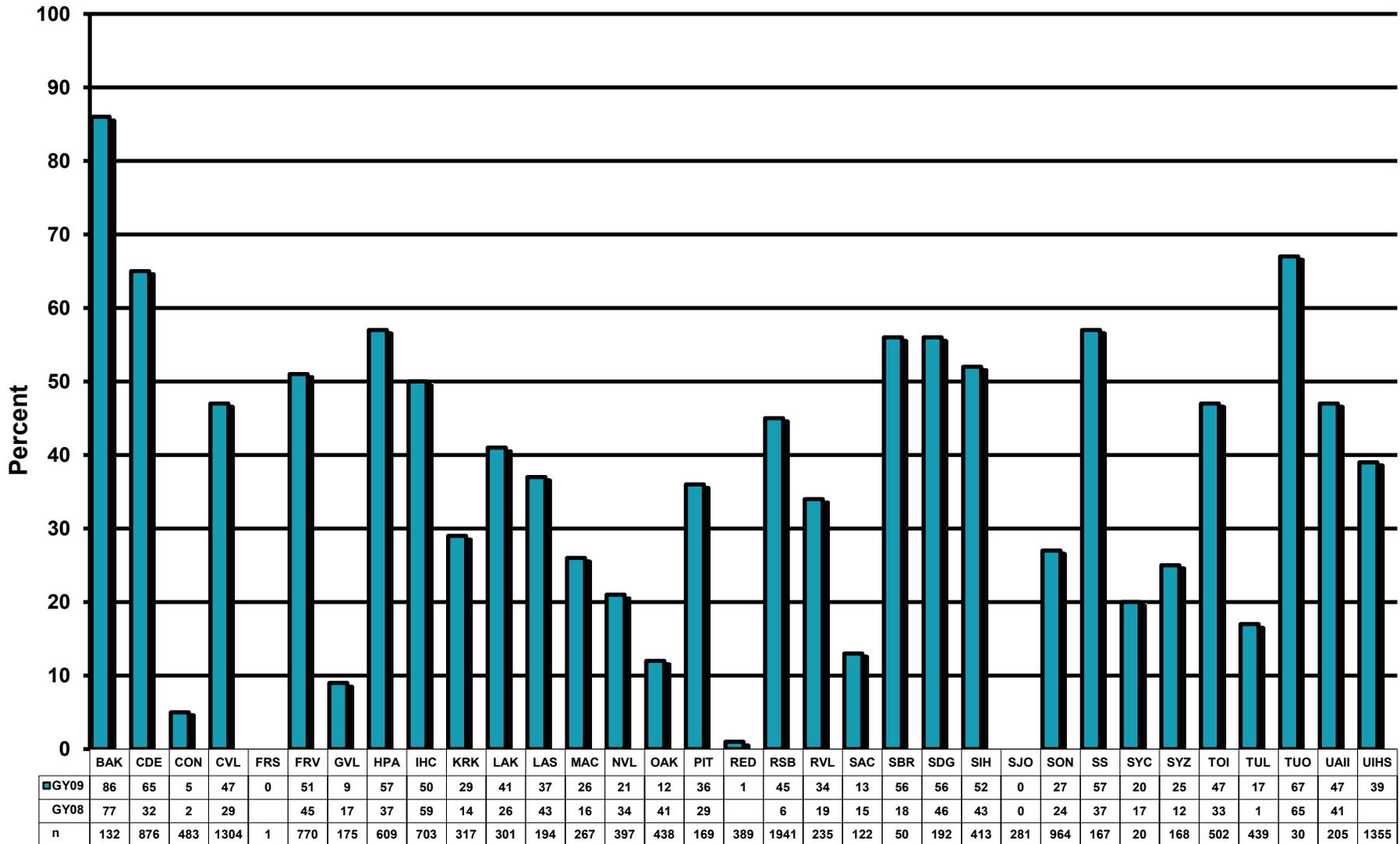
ALCOHOL SCREENING (FAS PREVENTION)

Measure: Alcohol use screening (to prevent Fetal Alcohol Syndrome) in appropriate female patients

Importance: Heavy drinking during pregnancy can cause significant birth defects, including Fetal Alcohol Syndrome (FAS). FAS is the leading known, and preventable, cause of mental retardation. Rates of FAS are higher among American Indians and Alaska Natives than the general population. FAS cases have been reported at a rate of 9.8 per 1000 live births among southwestern Indians, 5.6 per 1000 in Alaska, and 2.5 per 1000 in Arizona, well above that of any other race or ethnicity. Studies have found alcohol consumption rates among AI/AN women to be higher than national averages.



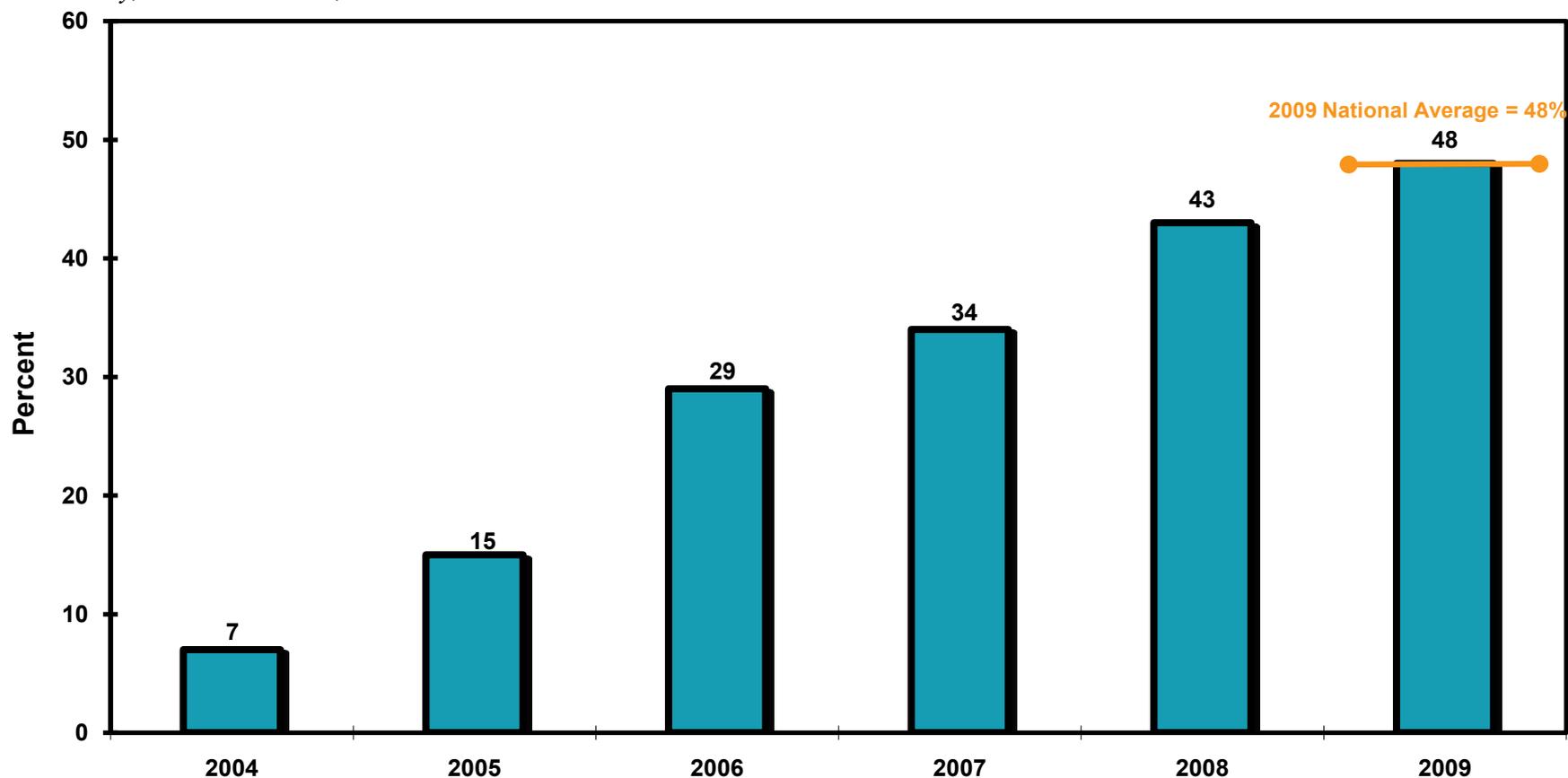
ALCOHOL SCREENING (FAS PREVENTION)



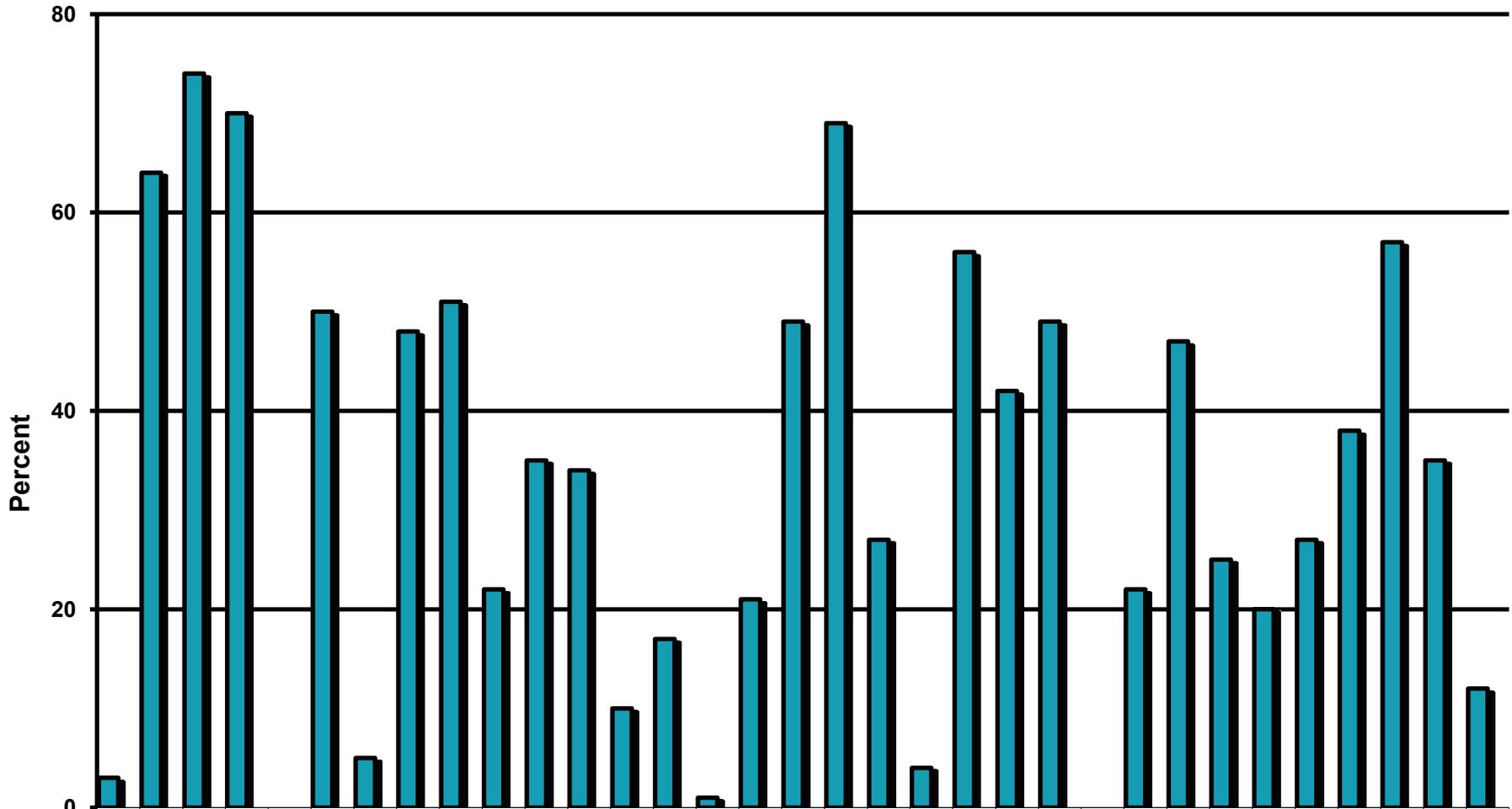
DOMESTIC VIOLENCE/INTIMATE PARTNER VIOLENCE SCREENING

Measure: Proportion of women who are screened for domestic violence at health care facilities.

Importance: *Thirty percent of women in the United States experience domestic violence at some time in their lives, and studies have found that AI/AN women experience domestic violence at rates higher than the national average. According to the National Violence Against Women Survey, at least one out of every three American Indian/Alaska Native females has been subject to intimate partner violence. The health consequences of intimate partner violence are numerous. Women who experience domestic violence are more often victims of nonconsensual sex and have higher rates of smoking, chronic pain syndromes, depression, generalized anxiety, substance abuse, and Post-Traumatic Stress Disorder.*



DOMESTIC VIOLENCE/INTIMATE PARTNER VIOLENCE SCREENING

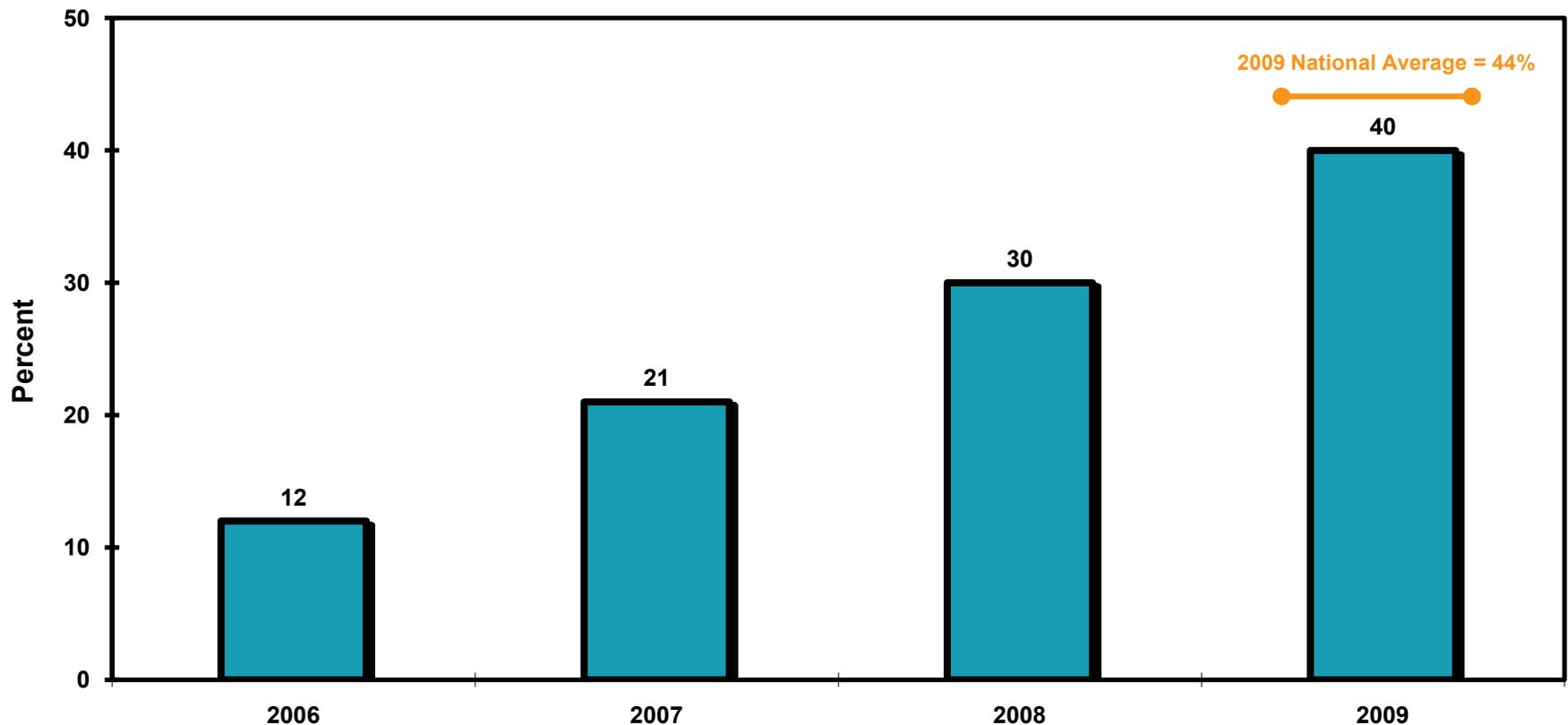


	BAK	CDE	CON	CVL	FRS	FRV	GVL	HPA	IHC	KRK	LAK	LAS	MAC	NVL	OAK	PIT	RED	RSB	RVL	SAC	SBR	SDG	SIH	SJO	SON	SS	SYC	SYZ	TOI	TUL	TUO	UAI	UIHS
GY09	3	64	74	70	0	50	5	48	51	22	35	34	10	17	1	21	49	69	27	4	56	42	49	0	22	47	25	20	27	38	57	35	12
GY08	76	35	72	68		53	13	32	57	3	8	37	16	30	41	23		66	8	11	0	29	40	0	21	46	14	7	15	40	61	41	
n	109	761	424	1155	1	683	158	550	644	269	269	173	232	351	367	143	333	1709	203	108	43	171	377	233	848	152	16	152	453	376	28	173	1225

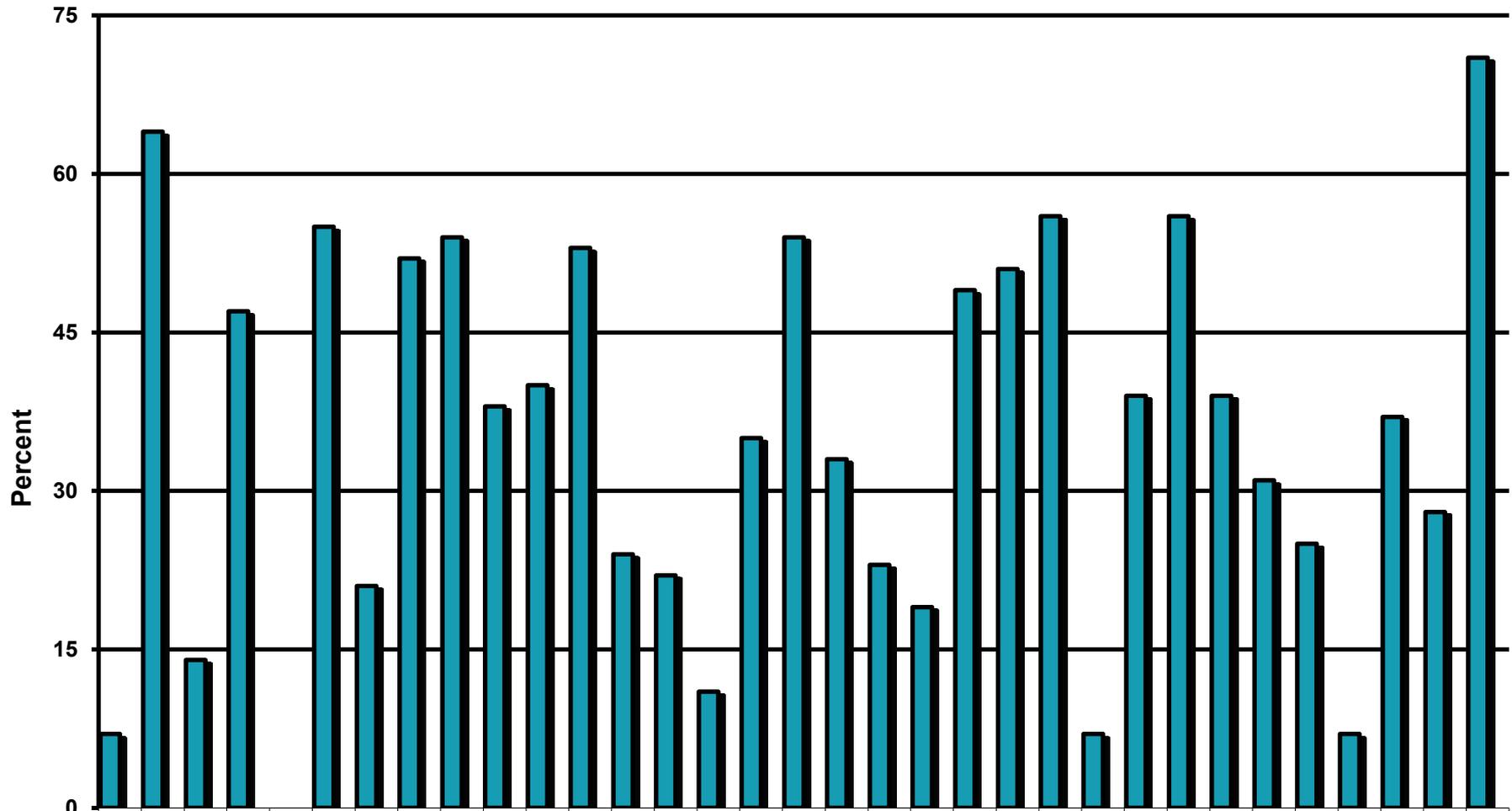
DEPRESSION SCREENING

Measure: Proportion of adults ages 18 and older who receive depression screening.

Importance: *About 1 in 20 adults experience major depression in a given year. Depression and anxiety disorders may affect heart rhythms, increase blood pressure, and alter blood clotting. Depression can also lead to elevated insulin and cholesterol levels. Depression or anxiety may result in chronically elevated levels of stress hormones such as cortisol and adrenaline. Depression also frequently increases the risk of suicidal behavior. The specific risk for suicide associated with depressive disorders is elevated 12- to 20-fold compared to the general population. Screening for depression is the first step toward identifying patients who need intervention, treatment, and follow up.*



DEPRESSION SCREENING

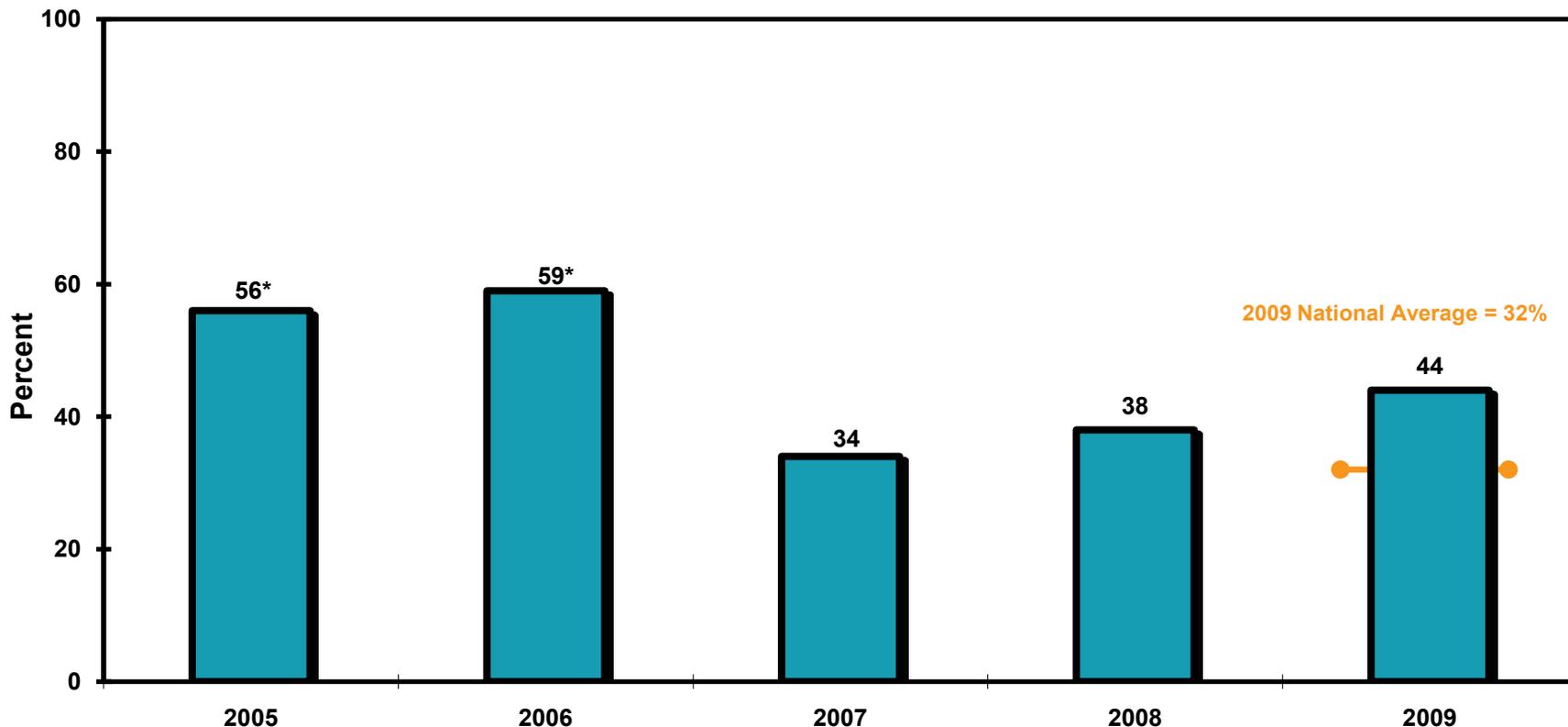


	BAK	CDE	CON	CVL	FRS	FRV	GVL	HPA	IHC	KRK	LAK	LAS	MAC	NVL	OAK	PIT	RED	RSB	RVL	SAC	SBR	SDG	SIH	SJO	SON	SS	SYC	SYZ	TOI	TUL	TUO	UAll	UIHS
■ GY09	7	64	14	47	0	55	21	52	54	38	40	53	24	22	11	35	54	33	23	19	49	51	56	7	39	56	39	31	25	7	37	28	71
GY08	17	39	11	30	5	53	26	27	58	17	22	54	10	24	61	35	54	19	11	21	13	37	41	13	34	22	22	15	15	39	54	31	
n	394	2257	1291	3208	5	1985	511	1616	1937	1028	785	525	896	947	1148	460	1288	4893	655	301	154	455	1028	723	2316	438	49	431	1496	1143	108	542	3514

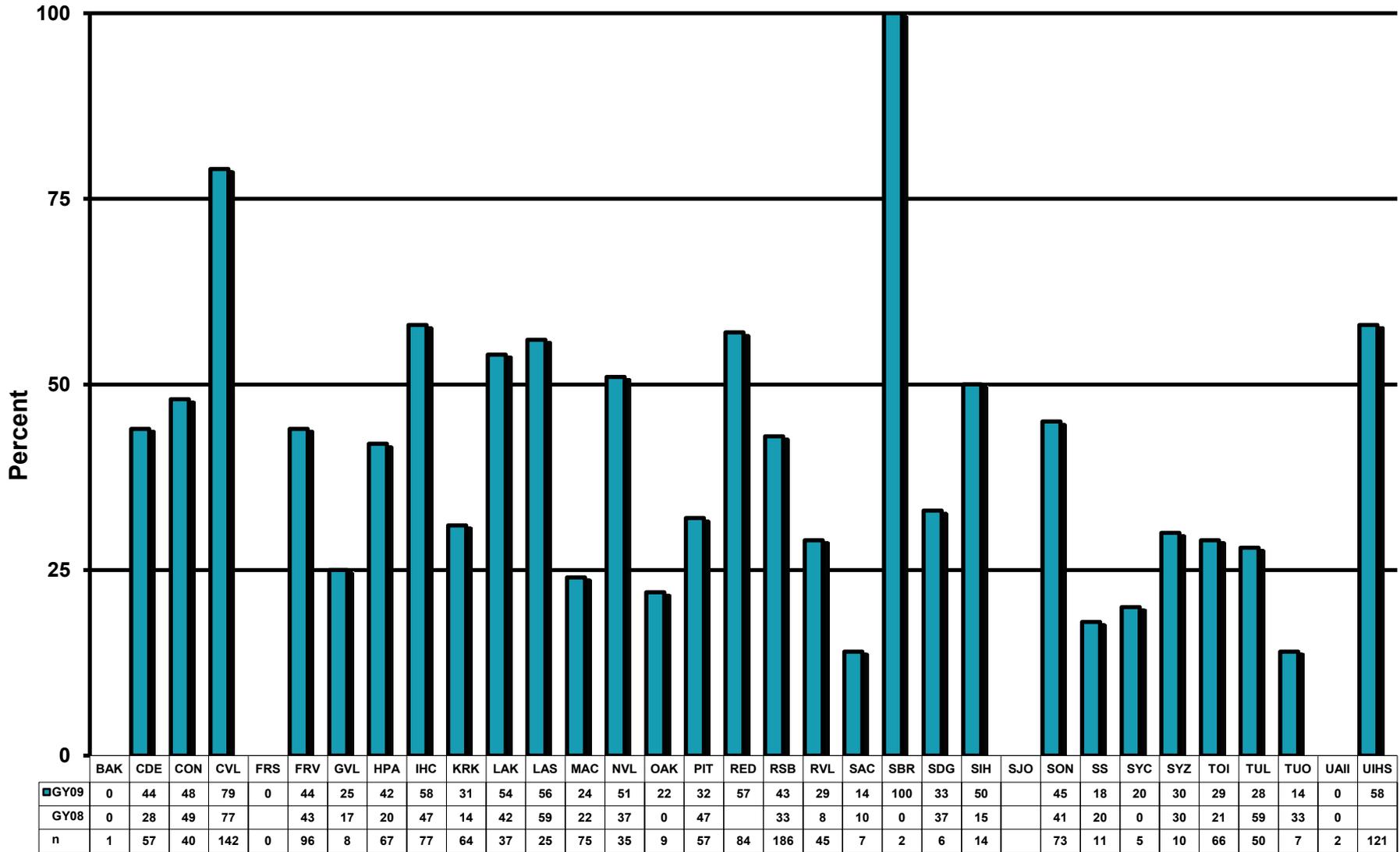
CVD PREVENTION: COMPREHENSIVE ASSESSMENT

Measure: Proportion of IHD patients who have a comprehensive assessment for five CVD-related risk factors.

Importance: *Cardiovascular disease (CVD) represents the leading cause of death for American Indian and Alaska Native people above 45 years of age. In 2005, death rates from CVD in American Indians or Alaska Natives were 173.2 per 100,000 people in males and 115.9 per 100,000 people in females. Unlike other racial and ethnic groups, American Indians appear to have an increasing incidence of cardiovascular disease, likely due to a high prevalence of diabetes. Modifying risk factors offers the greatest potential for reducing CVD morbidity, disability, and mortality: high blood pressure, high cholesterol, smoking tobacco, excessive body weight, and physical inactivity.*



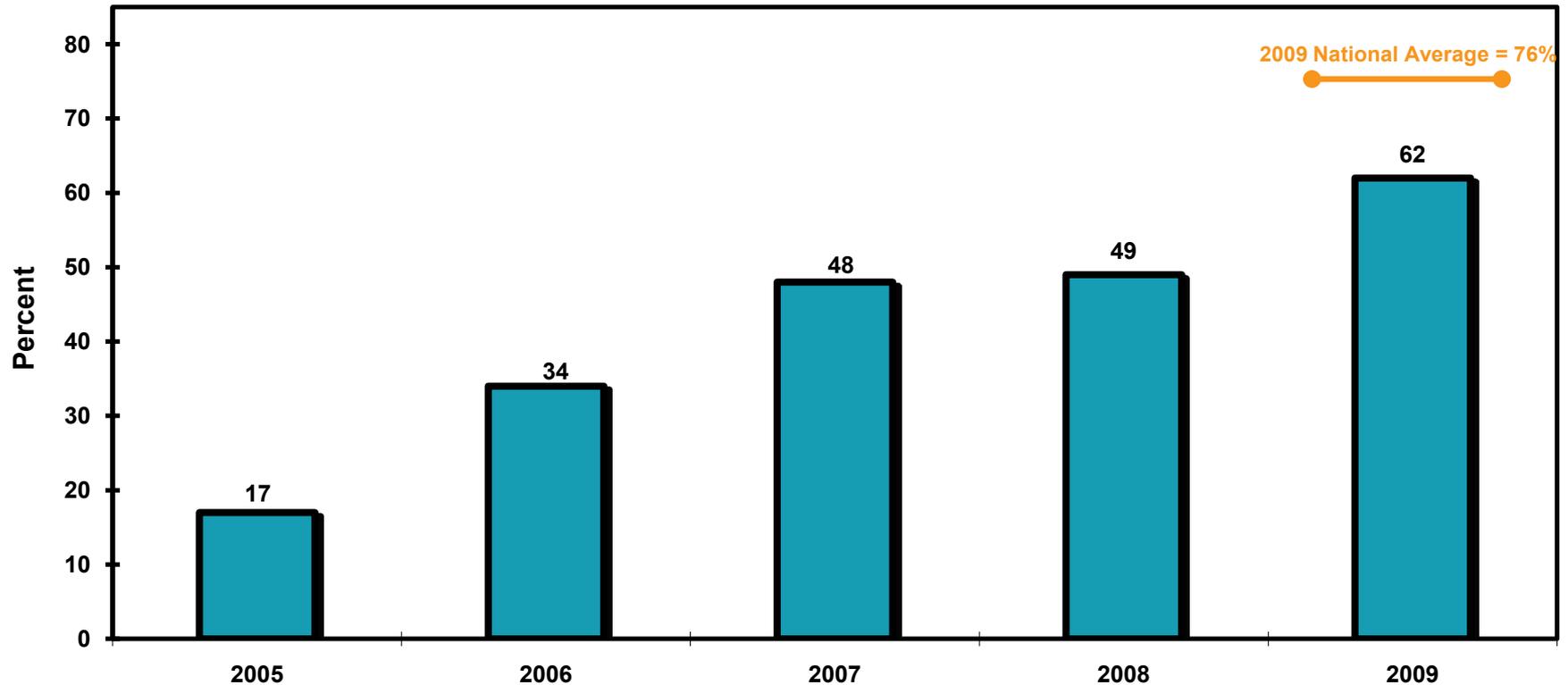
CVD PREVENTION: COMPREHENSIVE ASSESSMENT



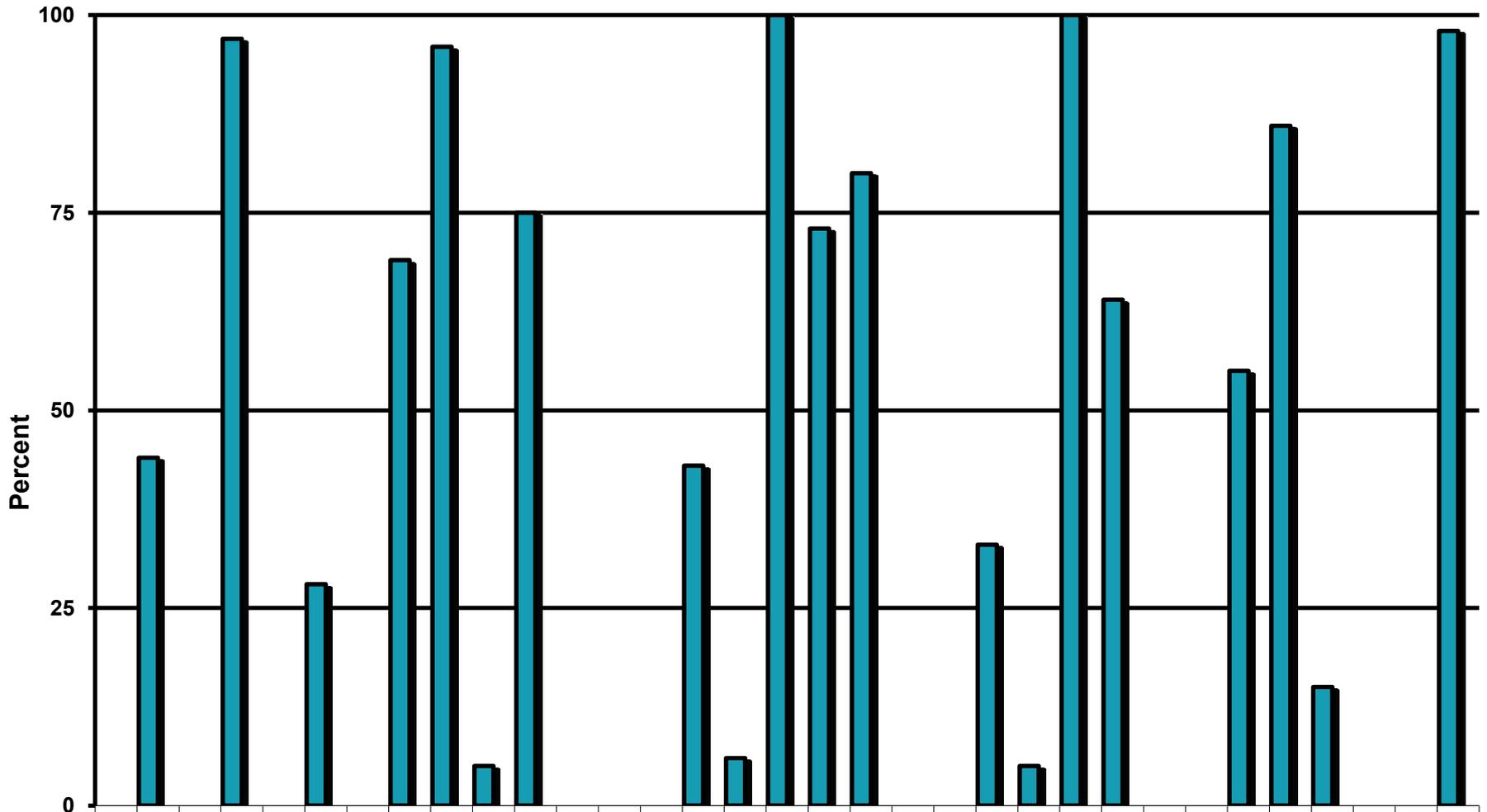
PRENATAL HIV SCREENING

Measure: Proportion of pregnant women screened for HIV.

Importance: *The HIV/AIDS epidemic represents a growing threat to AI/AN women of childbearing age. From 2001 through 2004 the number of HIV/AIDS diagnoses for women aged 15-39, decreased for white, black, and Hispanic women, while the number of diagnoses for AI/AN women increased. An increase in HIV infections in newborn children is a potential consequence of higher HIV infection rates among women of childbearing age. Perinatal transmission accounts for 91% of all AIDS cases among children in the United States. Antiretroviral therapy during pregnancy can reduce the transmission rate to 2% or less. The transmission rate is 25% without treatment. Routine prenatal HIV testing of all pregnant women is the best way to avoid transmission of HIV from mother to infant.*



PRENATAL HIV SCREENING

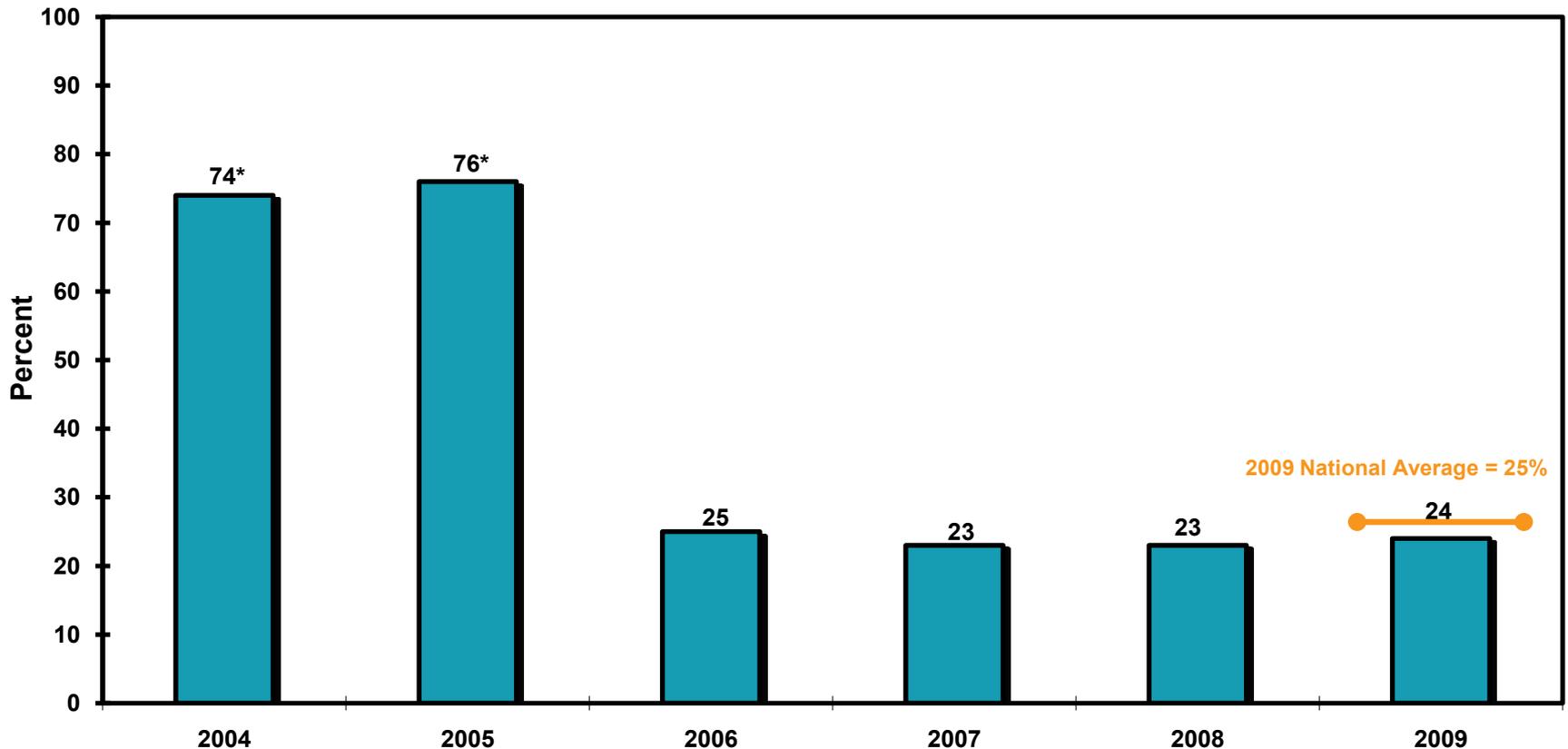


GY09	0	44	0	97	0	28	0	69	96	5	75	0	0	0	43	6	100	73	80	0	0	33	5	100	64	0	0	55	86	15	0	0	98
GY08	0	44	0	81		36	0	11	92	0	0	0	13	7	0	40		30	61	0	0	0	5		81	0	0	25	79	22	0	0	
n	0	16	18	69	0	53	8	75	80	21	12	3	2	13	28	16	17	119	25	0	0	3	19	19	106	6	0	11	55	20	1	4	125

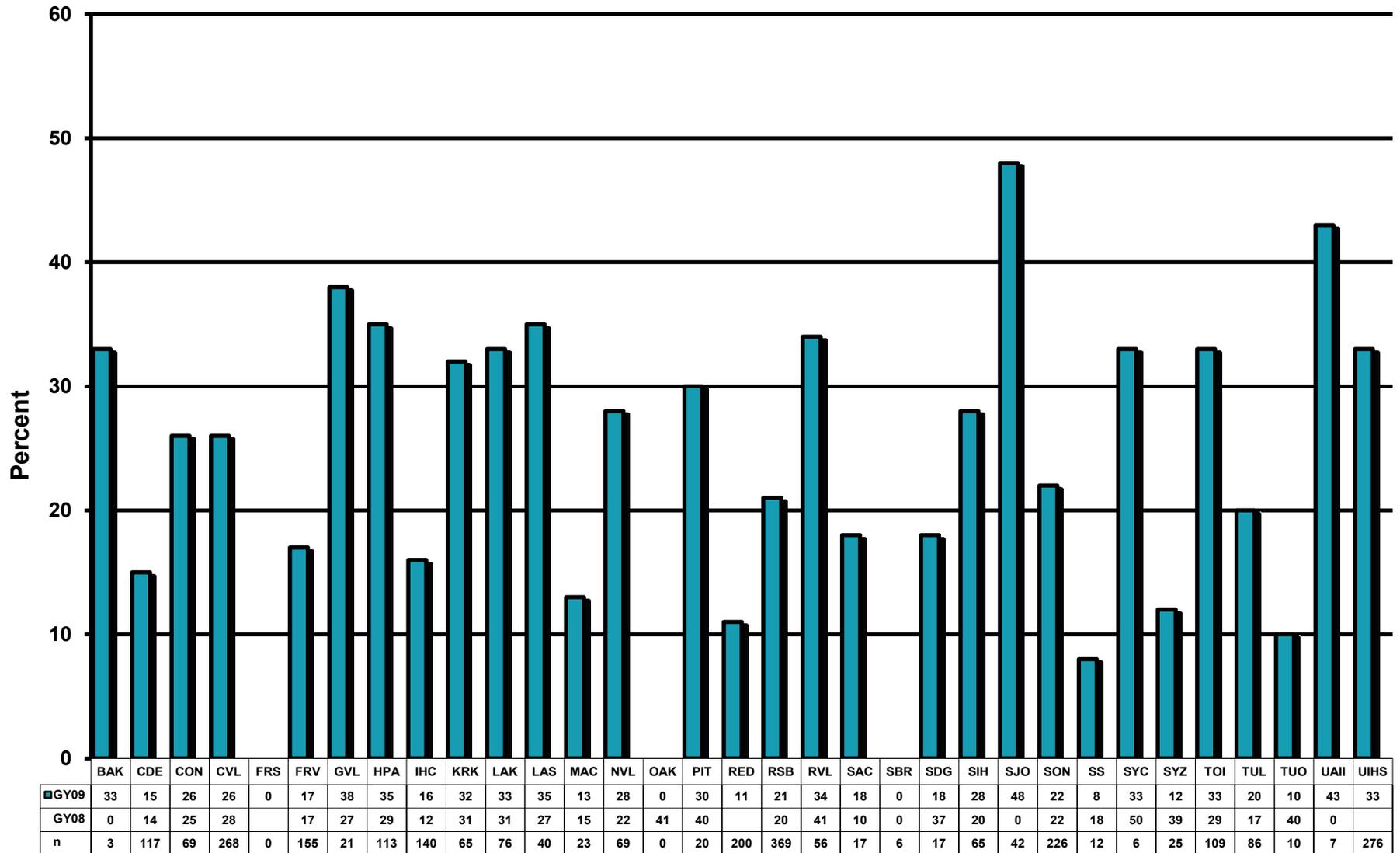
CHILDHOOD WEIGHT CONTROL (CWC)

Measure: Proportion of children ages 2-5 years with a BMI at the 95th percentile or above.

Importance: Rates of overweight among American Indian and Alaska Native children exceed the national averages. Overweight among children is defined as a Body Mass Index (BMI) at the 95th percentile or above. Children who are overweight tend to show related signs of morbidity, including elevated blood pressure, cholesterol, triglyceride, and insulin levels. Overweight children are also at risk for psychosocial difficulties arising from being obese, including shame, self-blame, and low self-esteem, all of which may impair academic and social functioning and carry into adulthood. One major effect of rising childhood overweight rates is the growing prevalence of type 2 diabetes among children.



CHILDHOOD WEIGHT CONTROL (CWC)



APPENDIX A

SUMMARY OF KEY FINDINGS

CALIFORNIA AREA TRIBAL DASHBOARD

FY 2009 End of Year Dashboard					
	California Area	California Area	National Avg.	National	2009 End of Year
DIABETES	2009-Final	2008-Final	2009-Final*	2009 Target	Results - California Area
Diabetes Dx Ever	11%	10%	12%	N/A	N/A
Documented A1c	82%	82%	80%	N/A	N/A
Poor Glycemic Control	16%	15%	18%	18%	MET
Ideal Glycemic Control	37%	38%	31%	30%	MET
Controlled BP <130/80	35%	36%	37%	36%	NOT MET
LDL Assessed	70%	70%	65%	60%	MET
Nephropathy Assessed	52%	54%	50%	47%	MET
Retinopathy Exam	56%	50%	51%	47%	MET
DENTAL					
Dental Access	42%	40%	25%	24%	MET
Sealants	14,081	10,811	257,067	229,147	N/A
Topical Fluoride- Patients	8,925	7,392	136,794	114,716	N/A
IMMUNIZATIONS					
Influenza 65+	62%	59%	59%	62%	MET
Pneumovax 65+	81%	79%	82%	82%	NOT MET
Childhood IZ	77%	66%	79%	78%	NOT MET
PREVENTION					
Pap Screening	56%	52%	59%	59%	NOT MET
Mammography Screening	50%	49%	45%	45%	MET
Colorectal Cancer Screening	33%	23%	33%	29%	MET
Tobacco Cessation	23%	20%	24%	21%	MET
Alcohol Screening (EAS Prevention)	41%	25%	52%	47%	NOT MET
DV/IPV Screening	48%	43%	48%	42%	MET
Depression Screening	40%	30%	44%	35%	MET
CVD-Comprehensive Assessment	44%	38%	32%	30%	MET
Prenatal HIV Screening	62%	49%	76%	75%	NOT MET
Childhood Weight Control ^a	24%	23%	25%	N/A ^a	N/A

^aLong-term measure as of FY 2009
*2009 National Results do NOT include refusals; however refusals ARE included in 2009 Area results.
Beginning in FY 2010, refusals will NOT be included in Area results

Measures Met =13
Measures Not Met =6

CALIFORNIA AREA URBAN DASHBOARD

2009 Urban California Dashboard	California Area	National	2009 Target	Results
DIABETES	2009-Final	2009- Final		
Diabetes Dx Ever ^a	10%	12%	N/A ^a	N/A
Documented A1c ^a	51%	74%	N/A ^a	N/A
Poor Glycemic Control	14%	15%	17%	MET
Ideal Glycemic Control	19%	32%	37%	NOT MET
Controlled BP <130/80	27%	39%	39%	NOT MET
LDL Assessed	39%	63%	63%	NOT MET
Nephropathy Assessed	28%	58%	48%	NOT MET
IMMUNIZATIONS				
Influenza 65+	31%	48%	43%	NOT MET
Pneumovax 65+	44%	50%	44%	MET
Childhood Immunizations	44%	68%	66%	NOT MET
PREVENTION				
Pap Screening	42%	57%	60%	NOT MET
Mammogram Screening	17%	56%	52%	NOT MET
Colorectal Cancer Screening ^b	6%	15%	Baseline	MET
Tobacco Cessation	11%	37%	30%	NOT MET
Alcohol Screening (FAS Prevention)	29%	53%	46%	NOT MET
DV/IPV Screening	14%	49%	35%	NOT MET
Depression Screening	19%	51%	38%	NOT MET
Prenatal HIV Screening ^b	59%	58%	Baseline	MET
Childhood Weight Control	33%	26%	Long Term	N/A

^aNot GPRA measures, used for context only

^bNew measures for urban programs beginning FY 2009

California Area results column includes data from all California Area Urban Programs

National results column includes data from all 100% audit urban programs, including those using CRS

Measures Met = 4

Measures Not Met = 12

Total Measures = 16