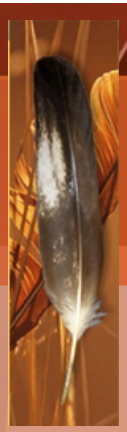

# California Area Indian Health Service

2007

# California Area Report

## Measuring healthcare quality to improve patient care

Government Performance and Results Act (GPRA)

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# ACKNOWLEDGMENTS

*California Area Data collection and support provided by:*

***Tribal and Urban Health Program Staff***
***Information Technology Staff***
***Project Officers***

Special thanks for data analysis and report preparation: **Elaine Brinn**, GPRA Coordinator, CAO; **Amy Patterson**, Public Health Analyst, CAO; **Janae Price**, Epidemiologist, CAO; and **Michael Ward**, Psychology Technician, CAO.

In addition, this report would not be possible without all of the hard work and commitment of the clinical and support staff for all California programs. We thank you for all of your efforts!

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# INTRODUCTION

The 2007 California Area Report contains detailed performance results for selected clinical GPRA measures collected from 25 tribal and 7 urban programs, most of which use CRS 7.0 software. This report is a companion to the 2007 National Summary and the 2007 12-Area Report. The 12-Area 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 GPRA year (GY) from 2003-2007 (when available), as well as the 2007 IHS national average. The second graph displays results for each health program for GY 2007. The first two rows under each graph show the percentage of patients meeting the measure for each program in 2006 and 2007. The "n" row shows the number of patient records examined at each clinic, i.e. the "denominator." (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 GY 2006 to GY 2007, 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 2007 GPRA User Population table. This table is organized by population so programs can benchmark their progress against programs of similar size. The 2007 GPRA year ran from July 1, 2006 through June 30, 2007.

In FY 2007, California programs exceeded IHS national averages for a number of key measures, including Diabetes Poor and Ideal Glycemic Control, Dyslipidemia and Nephropathy, Dental Access, Childhood Weight Control, and Comprehensive Cardiovascular Disease Assessment. California programs also made significant improvement in Prenatal HIV Screening, Depression Screening, Domestic/Intimate Partner Violence Screening, FAS Prevention, Childhood Immunizations, Influenza Immunization, and Pneumococcal Immunization rates between FY 2006 and 2007.

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.

*Note: Urban programs are only required to report on 17 GPRA measures. The following graphs include urban program results only for measures reported.*

# PROGRAM LEGEND

| Abbr. | Site Name | ASUFAC | Abbr. | Site Name | ASUFAC |
|---|---|---|---|---|---|
| BAK | BAKERSFIELD IHC | 648655 | RVL | ROUND VALLEY | 662710 |
| CDE | CHAPA-DE | 661010 | SAC | SACRAMENTO NATIVE AMER HC | 648310 |
| CON | CONSOLIDATED | 662210 | SBR | SANTA BARBARA IHC | 648755 |
| CVL | CENTRAL VALLEY | 661110 | SDG | SAN DIEGO IHC | 648110 |
| FRV | FEATHER RIVER INDIAN HEALTH | 663610 | SIH | SO. INDIAN HEALTH COUNCIL | 662110 |
| GVL | GREENVILLE RANCHERIA TRB HLTH | 663510 | SON | SONOMA | 662010 |
| HPA | HOOPA | 661210 | SS | SHINGLE SPRINGS TRIB HLTH PROG | 663410 |
| IHC | INDIAN HEALTH COUNCIL | 661610 | SYC | SYCUAN | 663230 |
| KRK | KARUK | 661355 | SYZ | SANTA YNEZ | 662830 |
| LAK | LAKE | 662930 | SJO* | SAN JOSE | 649262 |
| LAS | LASSEN INDIAN HC | 663030 | TOI | TOIYABE | 662310 |
| MAC | MACT HEALTH BOARD CLINIC | 662510 | TUL | TULE RIVER CLINIC | 662410 |
| NVL | NORHTERN VALLEY | 661557 | TUO | TUOLUMNE ME-WUK CLINIC | 664110 |
| OAK* | OAKLAND | 648411 | UAII | UNITED AMER IND INVOLVEMENT | 645060 |
| PIT | PIT RIVER | 661710 | UIHS** | POTAWOT HEALTH VILLAGE-UIHS | 662610 |
| RSB | RIVERSIDE/SAN BERNARDINO | 661810 | WMT*/** | WARNER MOUNTAIN | 663330 |

***2006/**2007 data reported from non-RPMS System; data not validated by CRS software equivalent***

***Urban Indian Health Program***

# 2007 GPRA USER POPULATION, BY PROGRAM

| Population Scale | > 4000 | 4000-2000 | 2000-1000 | < 1000 |
|---|---|---|---|---|

| Health Program | GPRA User Population | | Health Program | GPRA User Population |
|---|---|---|---|---|
| Riverside/ San Bern (RSB) | 12,621 | | Lake County (LAK) | 1,638 |
| United Indian Health (UIHS) | 7,488 | | Bakersfield (BAK) | 1,336 |
| Central Valley (CVL) | 6,085 | | San Jose (SJO) | 1,294 |
| Chapa De (CDE) | 5.165 | | Round Valley (RVL) | 1,255 |
| Sonoma (SON) | 4,926 | | San Diego (SDG) | 1,228 |
| Indian Health Council (IHC) | 4,285 | | Oakland (OAK) | 1,129 |
| Feather River (FRV) | 3,588 | | Greenville (GVL) | 1,012 |
| Hoopa (HPA) | 3,306 | | Susanville (LAS) | 1,005 |
| Consolidated THP (CON) | 2,959 | | Santa Ynez (SYZ) | 985 |
| Toiyabe (TOI) | 2,861 | | Pit River (PIT) | 887 |
| Tule River (TUL) | 2,819 | | Shingle Springs (SS) | 881 |
| United Amer. Indian Inv. (UAII) | 2,455 | | Sacramento NAHC (SAC) | 602 |
| Southern Indian Health (SIH) | 2,185 | | Santa Barbara (SBR) | 302 |
| MACT Health Board (MAC) | 2,125 | | Warner Mountain (WMT) | 155 |
| Karuk (KRK) | 2,033 | | Tuolumne Me-Wuk (TUO) | 140 |
| Northern Valley (NVL) | 1,815 | | Sycuan (SYC) | 75 |

# GPRA MEASURES

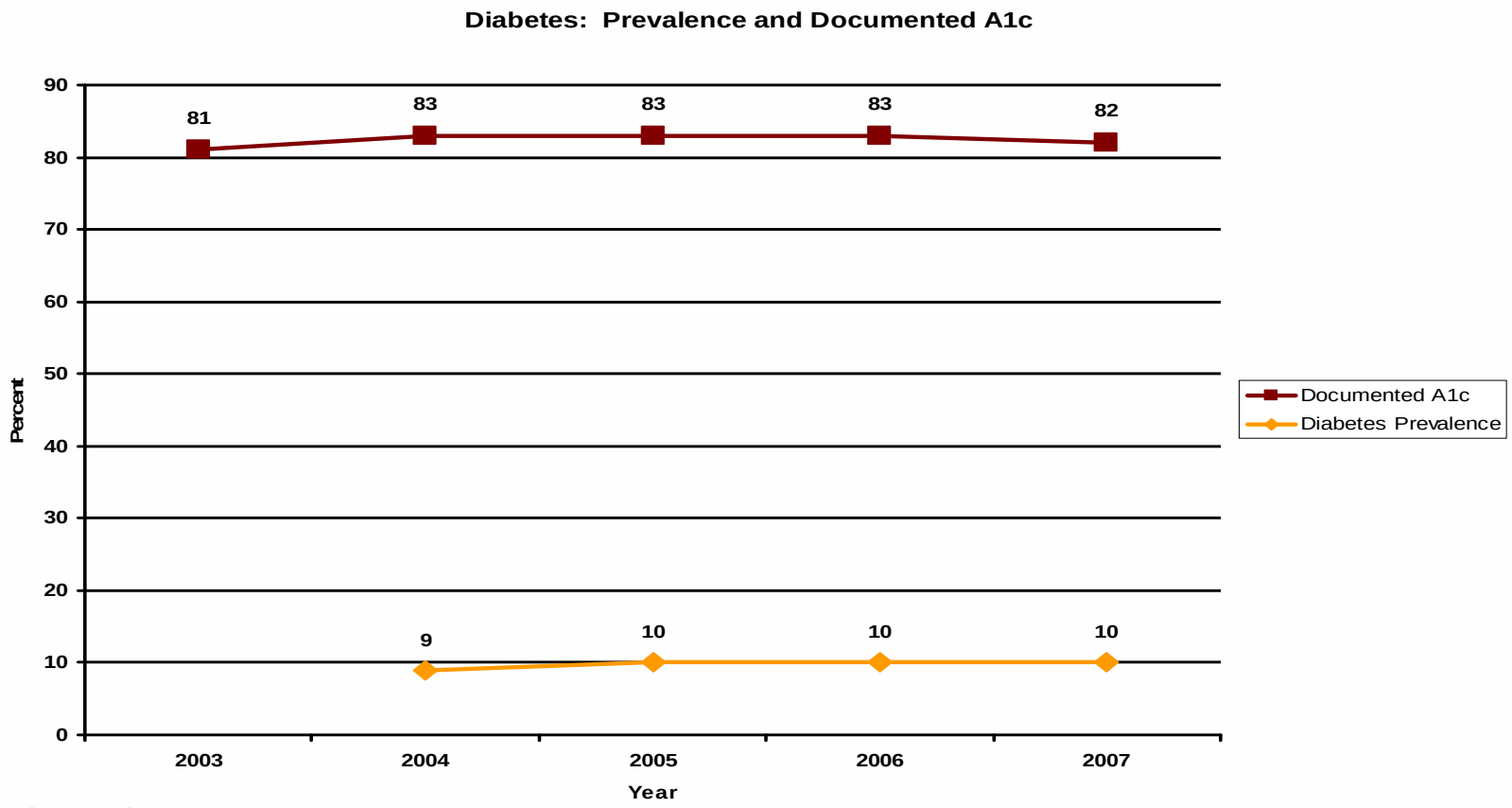
*Results*
*&*
*Analysis*

*California Area Trends (2003-2007)*
*and*
*Results by Program (2006 & 2007)*

# 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.

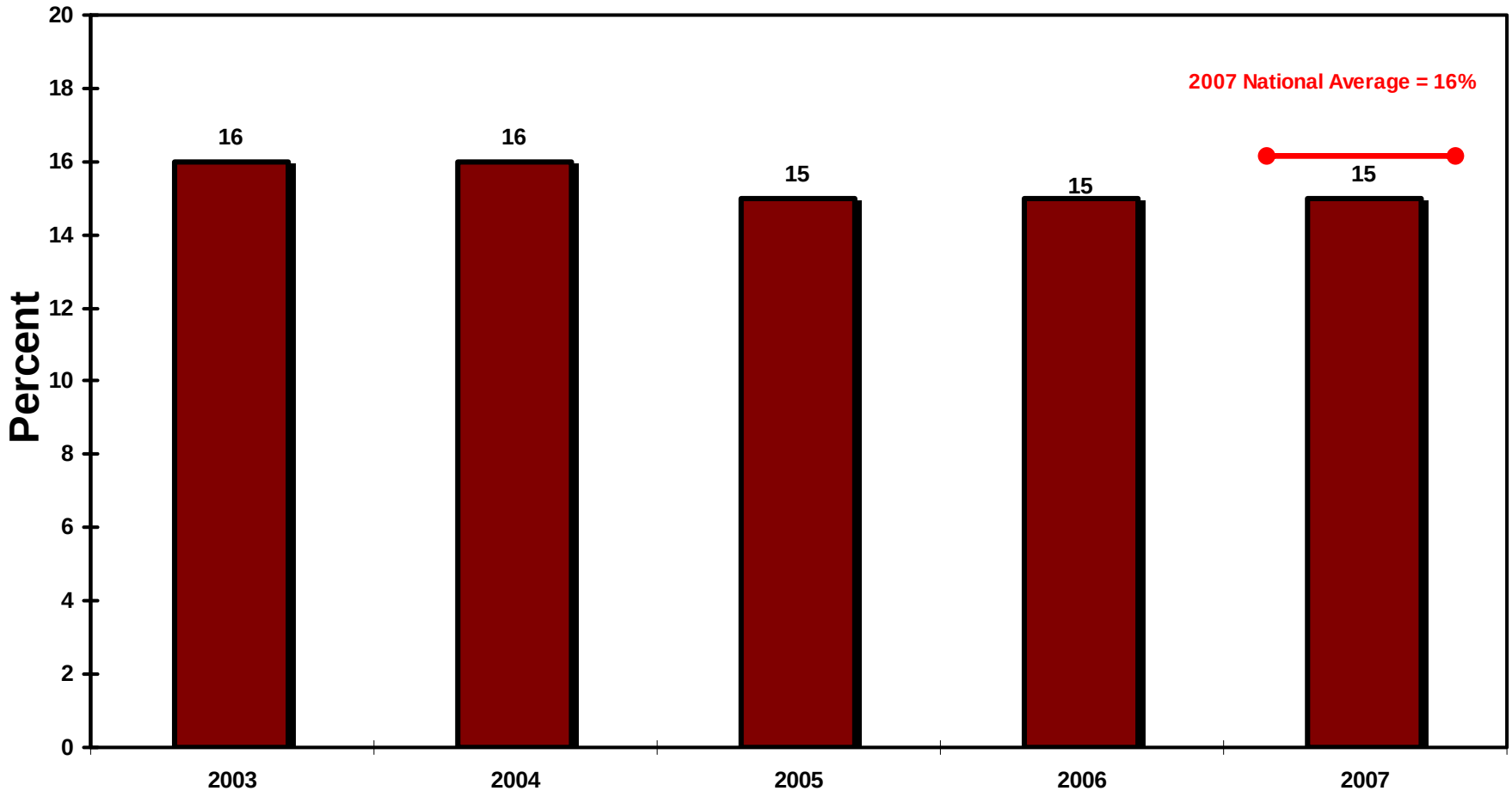
**Importance:** *Diabetes is a major cofactor in morbidity as well as one of the leading causes of mortality among AI/AN people. Diabetes is a major risk factor for cardiovascular disease, and CVD is the leading cause of death for American Indians. "Documented A1c" refers to a blood test called the Hemoglobin 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.*



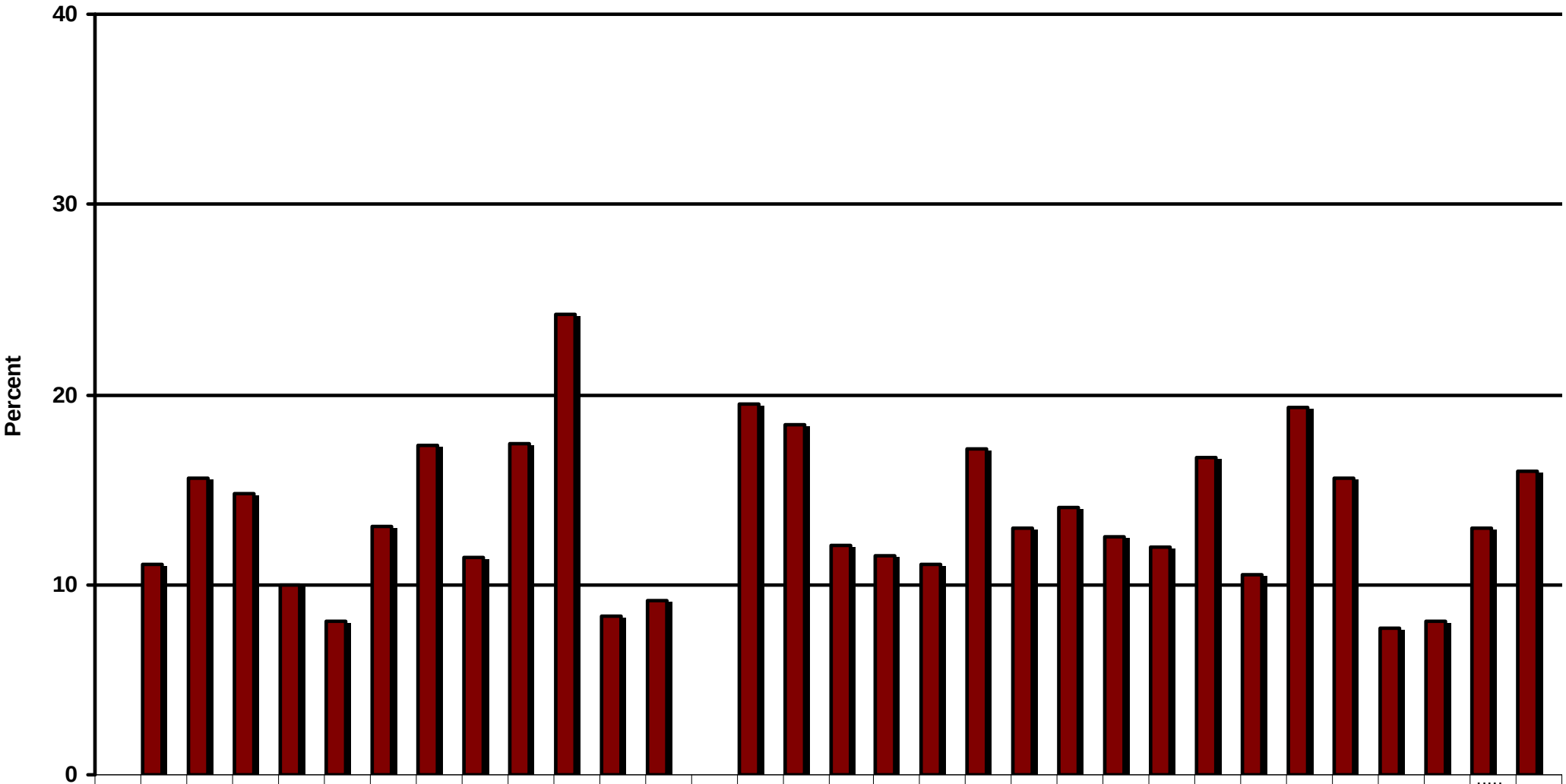
# DIABETES: POOR GLYCEMIC CONTROL

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

**Importance:** *Reducing the number of patients with poor glycemic control will reduce the prevalence of diabetes complications. Some 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 infarction, 40% decrease in eye disease, 12% decrease in strokes, 43% decrease in amputations, and a 24% decrease in kidney failure. Note: a lower rate is a positive result.*



# DIABETES: POOR GLYCEMIC CONTROL

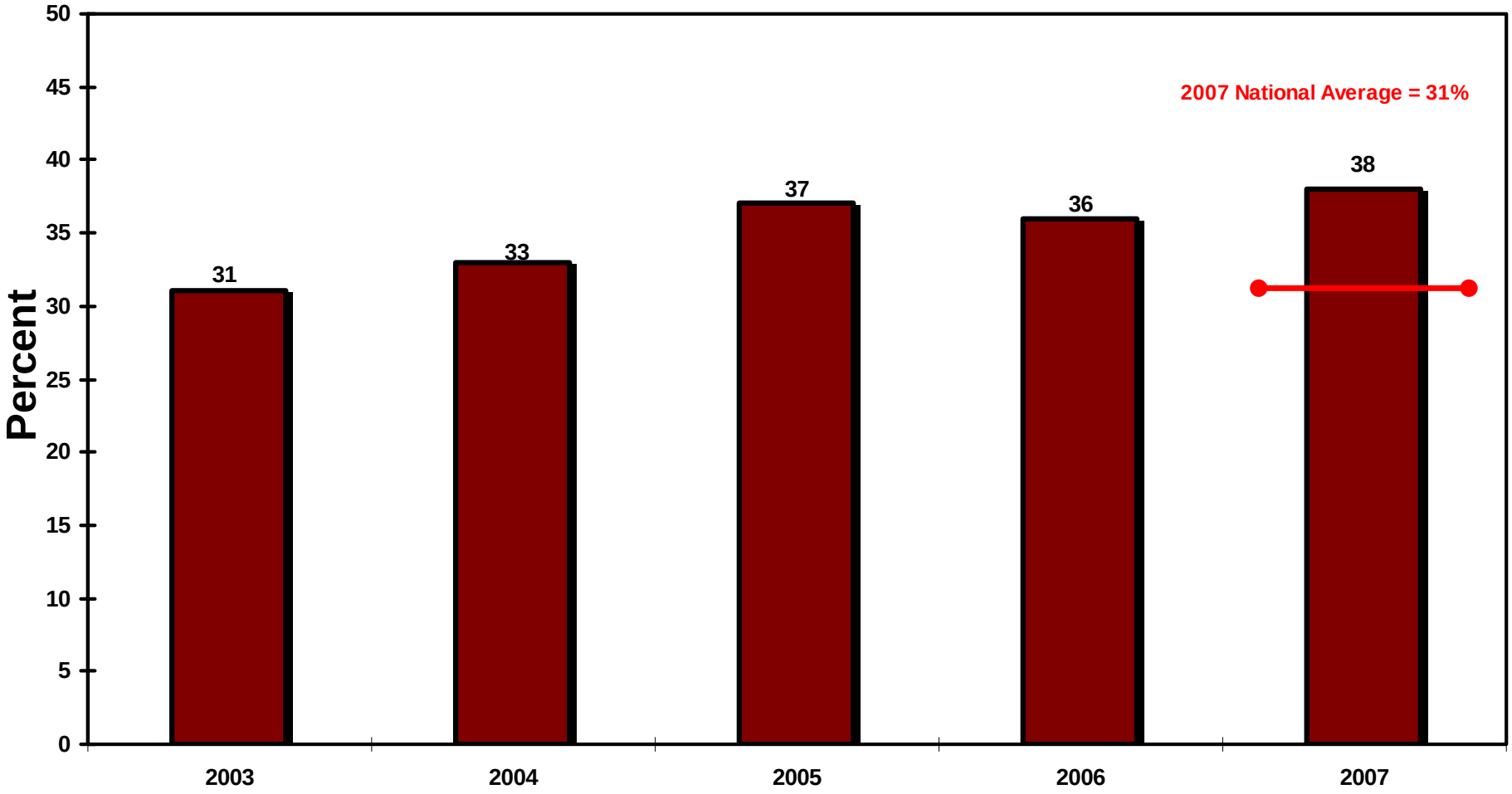



| | BAK | CDE | CON | CVL | FRV | GVL | HPA | IHC | KRK | LAK | LAS | MAC | NVL | OAK | PIT | RSB | RVL | SAC | SBR | SDG | SJO | SIH | SON | SS | SYC | SYZ | TOI | TUL | TUO | UAII | UIHS | WMT |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| GY07 | 0 | 11 | 16 | 15 | 10 | 8 | 13 | 17 | 11 | 17 | 24 | 8 | 9 | 0 | 20 | 18 | 12 | 12 | 11 | 17 | 13 | 14 | 13 | 12 | 17 | 11 | 19 | 16 | 8 | 8 | 13 | 16 |
| GY06 | 12 | 9 | 17 | 16 | 15 | 20 | 12 | 15 | 7 | 20 | 15 | 10 | 9 | 69 | 30 | 20 | 19 | 22 | 13 | 12 | 15 | 17 | 14 | 8 | 6 | 13 | 19 | 17 | 40 | 12 | 10 | 30 |
| n | 72 | 198 | 192 | 359 | 239 | 62 | 237 | 330 | 105 | 138 | 62 | 132 | 152 | 0 | 87 | 814 | 107 | 26 | 9 | 35 | 144 | 142 | 377 | 25 | 12 | 38 | 249 | 180 | 13 | 99 | 332 | 19 |

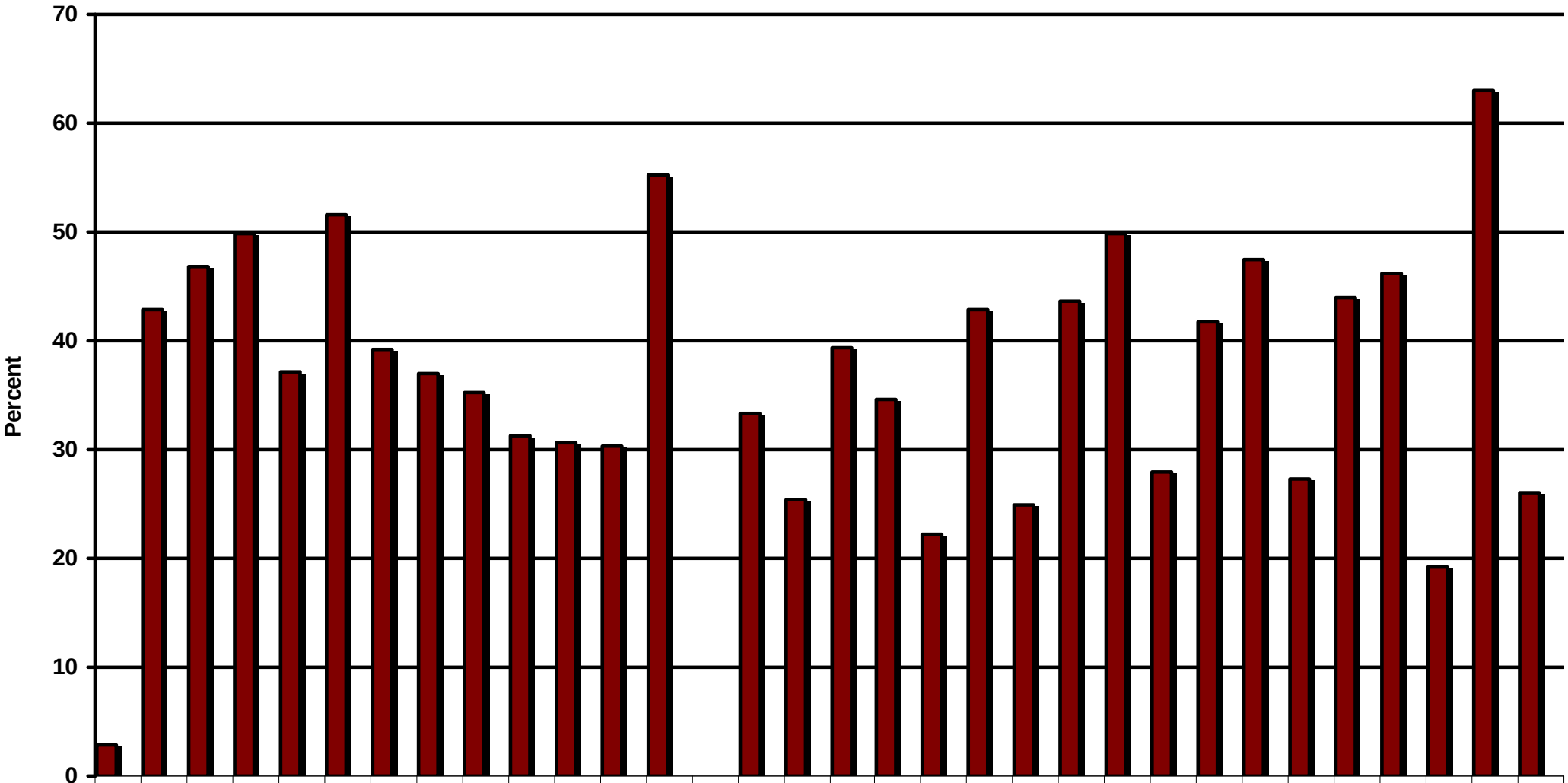
# DIABETES: IDEAL GLYCEMIC CONTROL

**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. Good blood sugar control also lowers the risk of heart attack and stroke.*



# DIABETES: IDEAL GLYCEMIC CONTROL

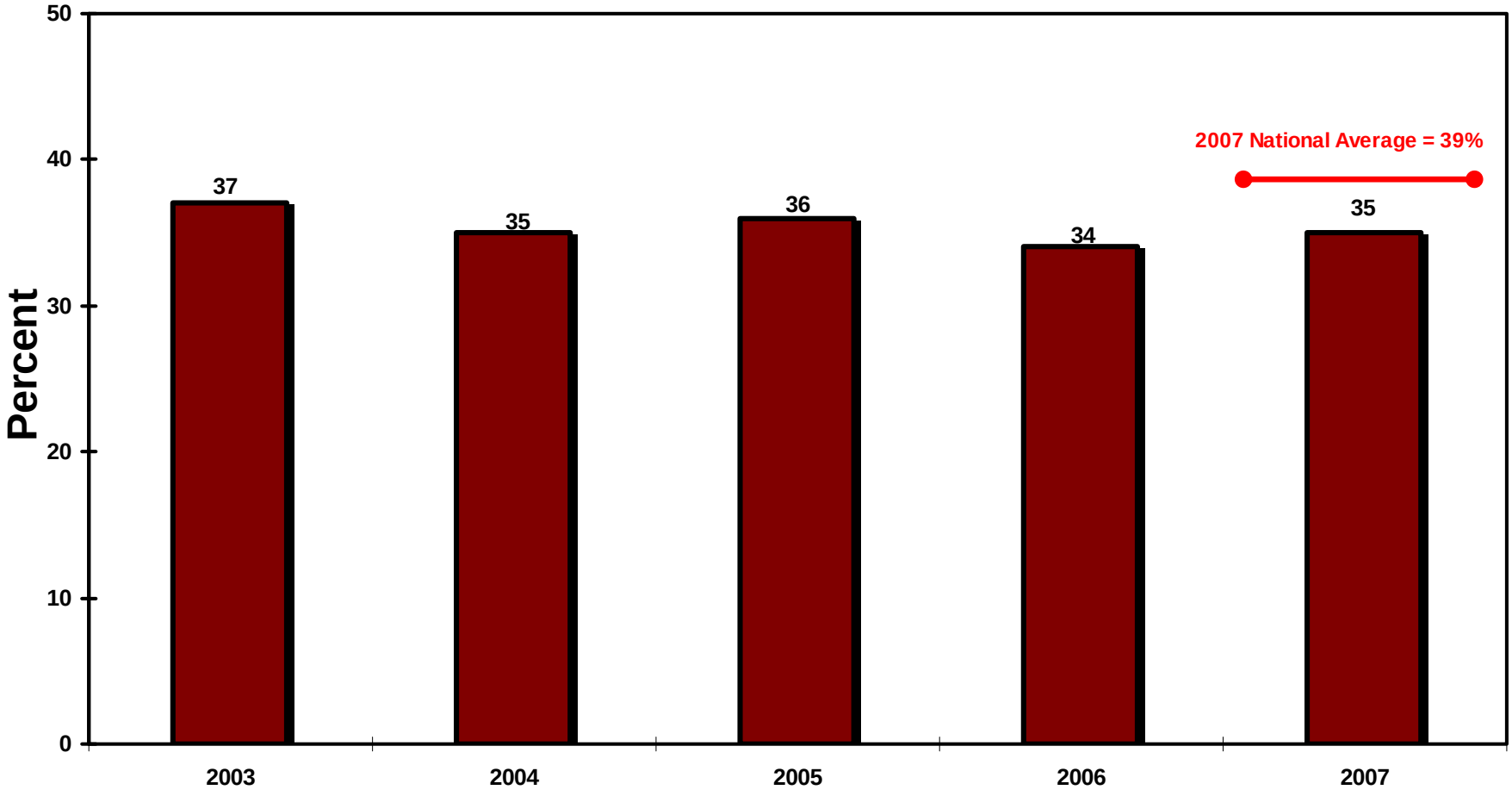



| | BAK | CDE | CON | CVL | FRV | GVL | HPA | IHC | KRK | LAK | LAS | MAC | NVL | OAK | PIT | RSB | RVL | SAC | SBR | SDG | SJO | SIH | SON | SS | SYC | SYZ | TOI | TUL | TUO | UAII | UIHS | WMT |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| GY07 | 3 | 43 | 47 | 50 | 37 | 52 | 39 | 37 | 35 | 31 | 31 | 30 | 55 | 0 | 33 | 25 | 39 | 35 | 22 | 43 | 25 | 44 | 50 | 28 | 42 | 47 | 27 | 44 | 46 | 19 | 63 | 26 |
| GY06 | 17 | 45 | 40 | 47 | 31 | 41 | 36 | 39 | 26 | 31 | 43 | 27 | 51 | 69 | 38 | 20 | 39 | 6 | 25 | 49 | 37 | 42 | 45 | 35 | 50 | 31 | 27 | 49 | 20 | 28 | 47 | 43 |
| n | 72 | 198 | 192 | 359 | 239 | 62 | 237 | 330 | 105 | 138 | 62 | 132 | 152 | 0 | 87 | 814 | 107 | 26 | 9 | 35 | 144 | 142 | 377 | 25 | 12 | 38 | 249 | 180 | 13 | 99 | 332 | 19 |

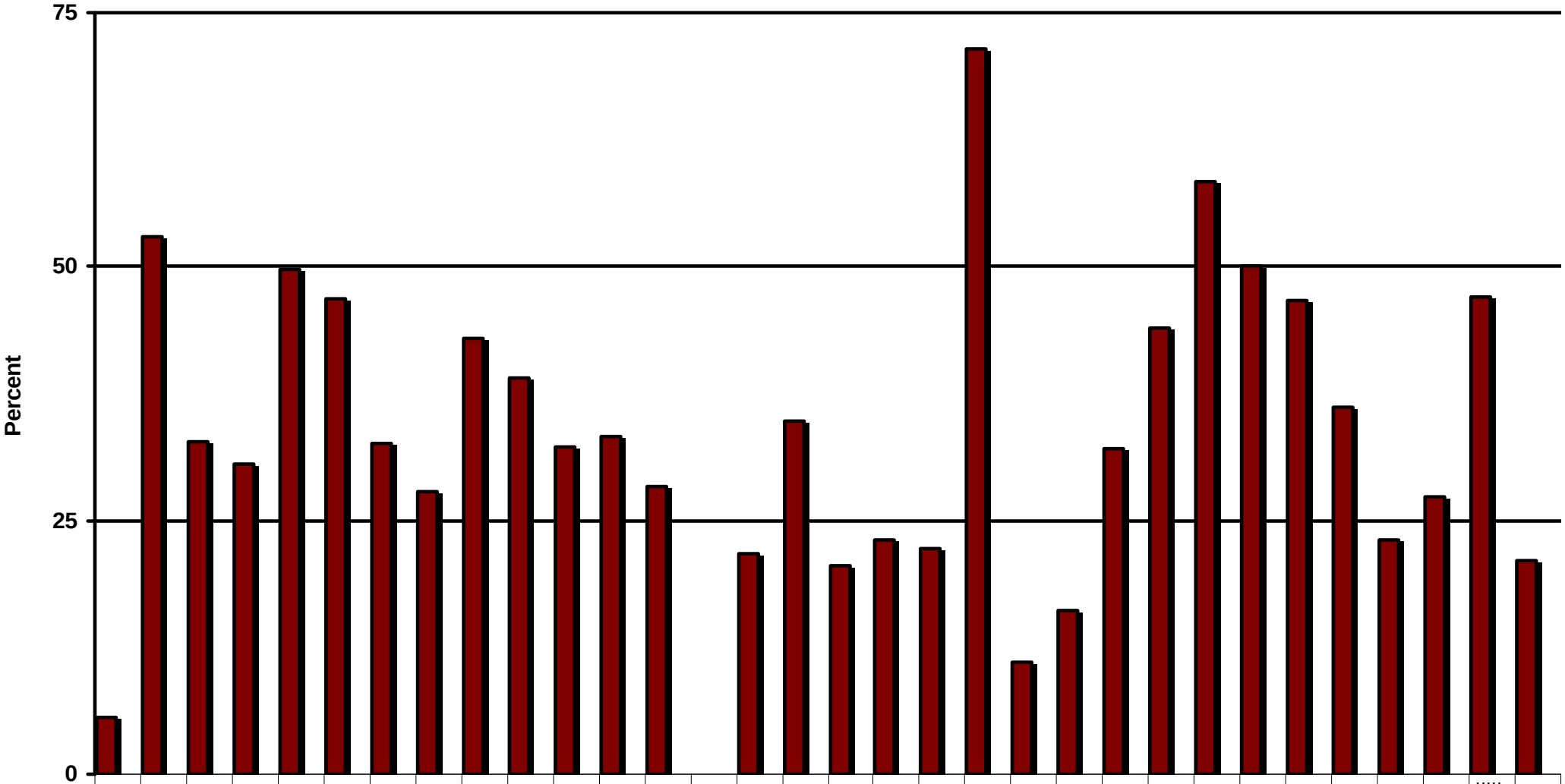
# DIABETES: BLOOD PRESSURE CONTROL

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

**Importance:** *This measure is directed at reducing complications of diabetes. A National Heart, Lung,and Blood Institute report indicates that the risk of heart disease and stroke doubles for every increase of 20 mm in systolic or 10 mm in diastolic pressure. Lower blood pressure levels in people with diabetes reduce the risk of heart disease and stroke by 33-50%. Blood pressure control also reduces the risk of eye, kidney, and nerve disease by one third.*



# DIABETES: BLOOD PRESSURE CONTROL

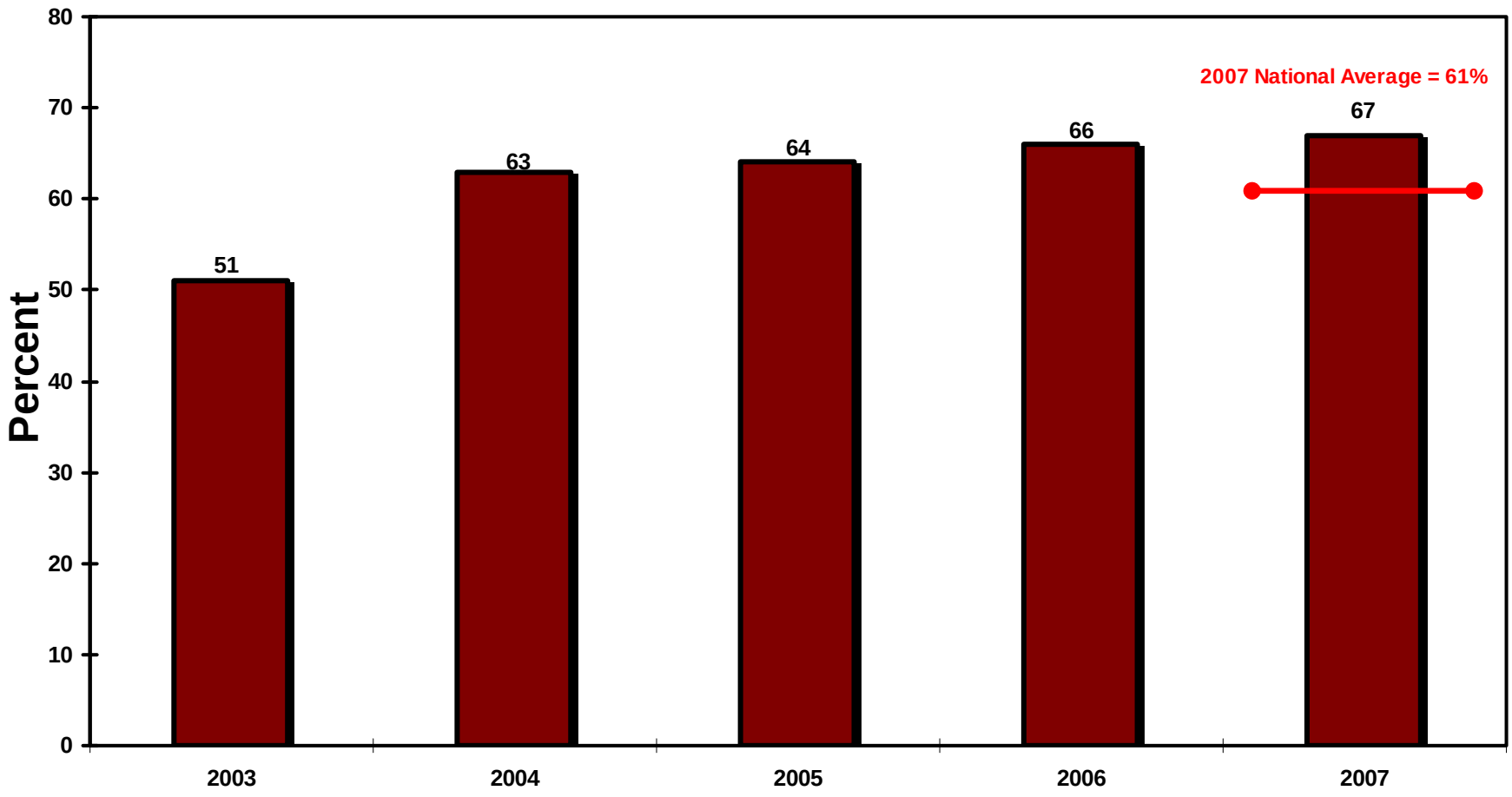



| | BAK | CDE | CON | CVL | FRV | GVL | HPA | IHC | KRK | LAK | LAS | MAC | NVL | OAK | PIT | RSB | RVL | SAC | SBR | SDG | SJO | SIH | SON | SS | SYC | SYZ | TOI | TUL | TUO | UAII | UIHS | WMT |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| GY07 | 6 | 53 | 33 | 31 | 50 | 47 | 33 | 28 | 43 | 39 | 32 | 33 | 28 | 0 | 22 | 35 | 21 | 23 | 22 | 71 | 11 | 16 | 32 | 44 | 58 | 50 | 47 | 36 | 23 | 27 | 47 | 21 |
| GY06 | 7 | 54 | 29 | 37 | 48 | 34 | 32 | 30 | 40 | 34 | 28 | 39 | 30 | 76 | 42 | 33 | 27 | 28 | 33 | 41 | 24 | 24 | 28 | 38 | 38 | 38 | 46 | 30 | 20 | 26 | 29 | 39 |
| n | 72 | 198 | 192 | 359 | 239 | 62 | 237 | 330 | 105 | 138 | 62 | 132 | 152 | 0 | 87 | 814 | 107 | 26 | 9 | 35 | 144 | 142 | 377 | 25 | 12 | 38 | 249 | 180 | 13 | 99 | 332 | 19 |

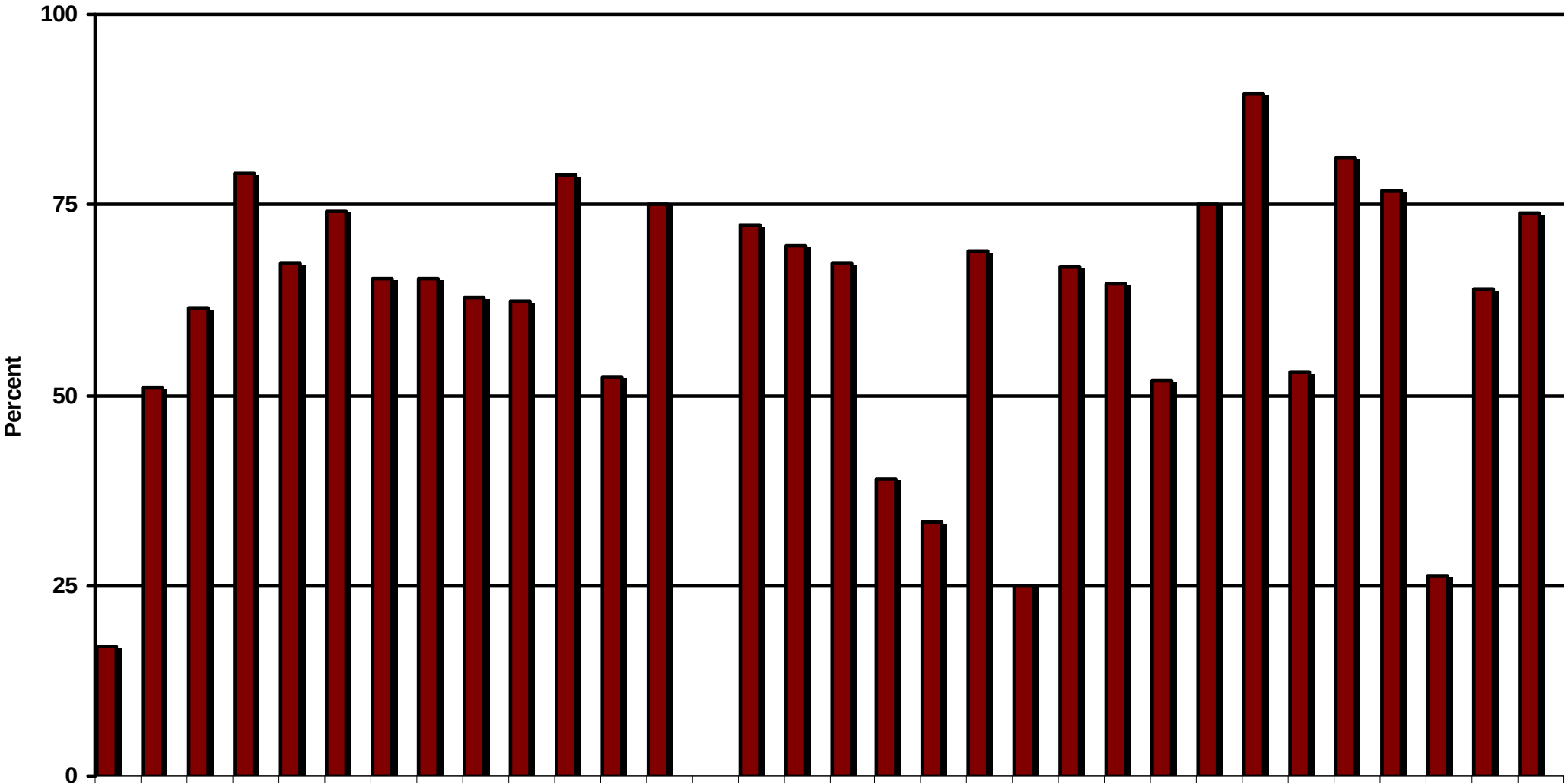
# DIABETES: DYSLIPIDEMIA ASSESSMENT

**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 cholesterol. Low LDL and total cholesterol levels help to protect diabetic patients from developing heart disease. 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. Diabetic patients are especially prone to develop heart disease; therefore identification and treatment of elevated lipids in diabetic patients is extremely important.*



# DIABETES: DYSLIPIDEMIA ASSESSMENT

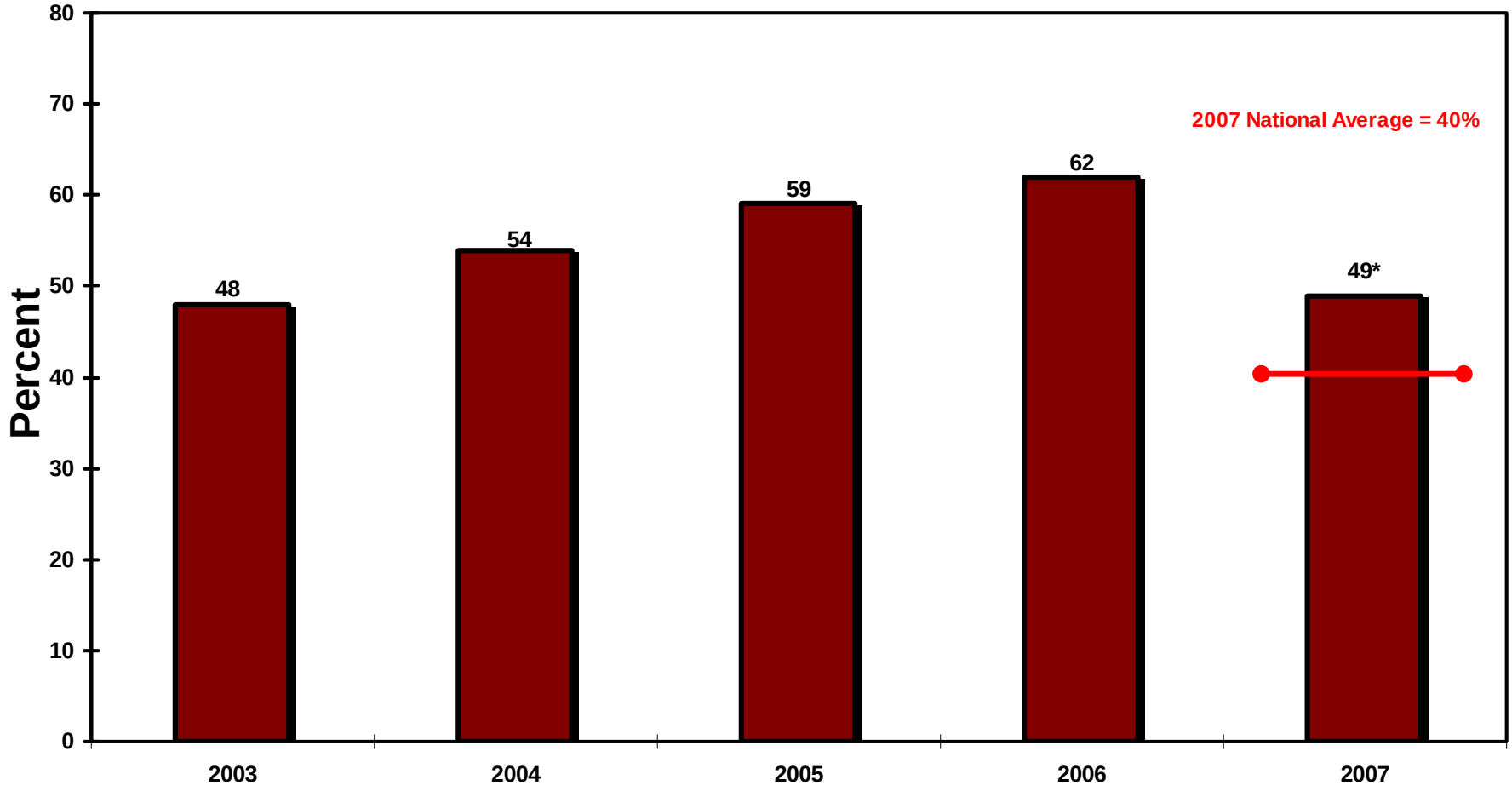



| | BAK | CDE | CON | CVL | FRV | GVL | HPA | IHC | KRK | LAK | LAS | MAC | NVL | OAK | PIT | RSB | RVL | SAC | SBR | SDG | SJO | SIH | SON | SS | SYC | SYZ | TOI | TUL | TUO | UAII | UIHS | WMT |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| GY07 | 17 | 51 | 62 | 79 | 67 | 74 | 65 | 65 | 63 | 62 | 79 | 52 | 75 | 0 | 72 | 70 | 67 | 39 | 33 | 69 | 25 | 67 | 65 | 52 | 75 | 90 | 53 | 81 | 77 | 26 | 64 | 74 |
| GY06 | 51 | 61 | 66 | 77 | 65 | 73 | 76 | 65 | 57 | 67 | 89 | 34 | 68 | 67 | 78 | 61 | 61 | 28 | 63 | 76 | 36 | 66 | 76 | 58 | 56 | 88 | 68 | 60 | 80 | 52 | 60 | 48 |
| n | 72 | 198 | 192 | 359 | 239 | 62 | 237 | 330 | 105 | 138 | 62 | 132 | 152 | 0 | 87 | 814 | 107 | 26 | 9 | 35 | 144 | 142 | 377 | 25 | 12 | 38 | 249 | 180 | 13 | 99 | 332 | 19 |

# DIABETES: NEPHROPATHY ASSESSMENT

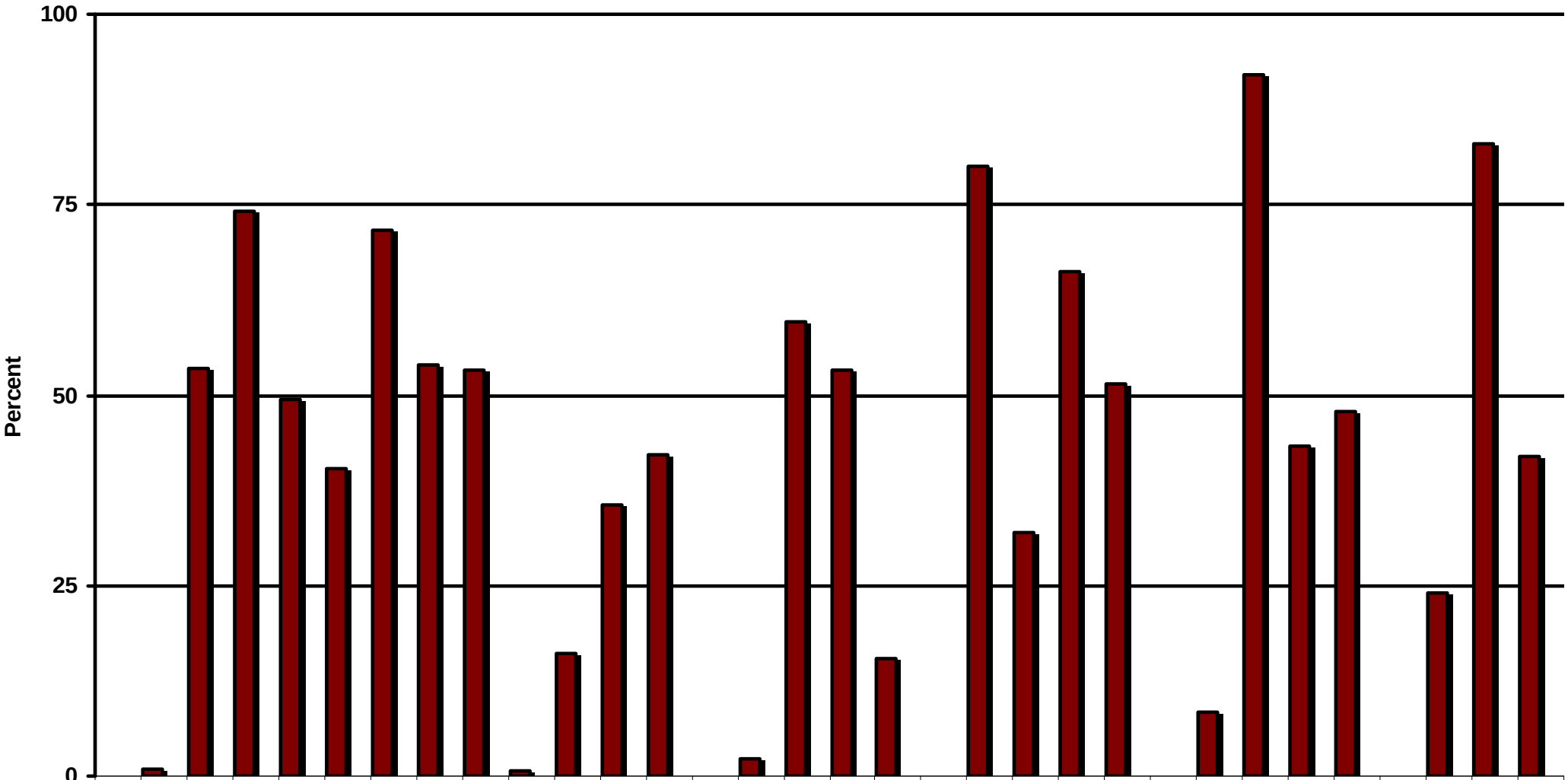
**Measure:** Proportion of patients with diagnosed diabetes assessed for nephropathy.

**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. Microalbuminuria (or proteinuria) is measured in the urine with a urinalysis test. Microalbumin in the urine is an early sign of diabetic kidney disease. Proteinuria is also an independent predictor of cardiovascular disease, which is the number one killer of American Indian and Alaska Native adults.*




*More stringent standards of care guidelines were adopted in FY 2007

# DIABETES: NEPHROPATHY ASSESSMENT



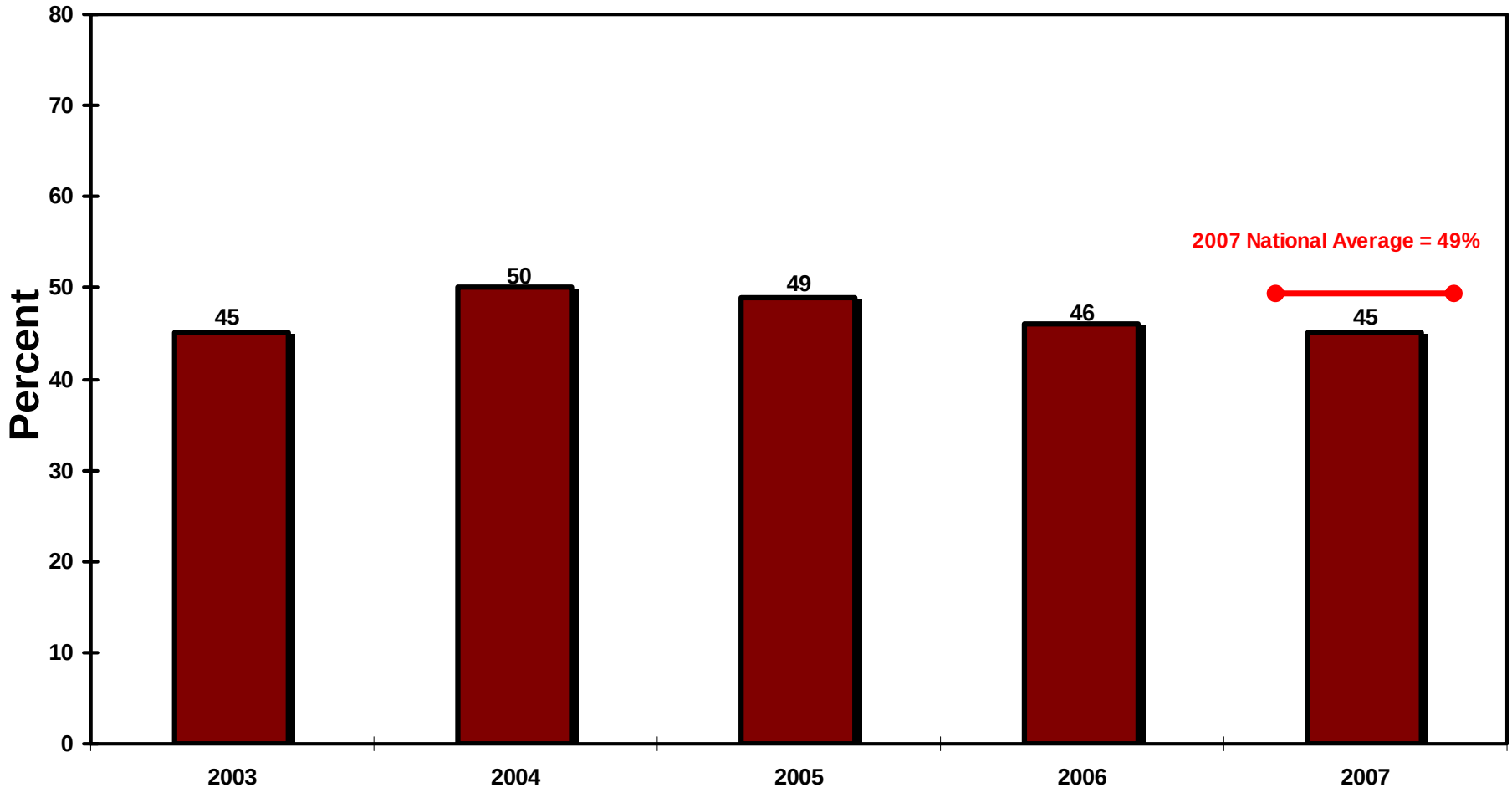

| | BAK | CDE | CON | CVL | FRV | GVL | HPA | IHC | KRK | LAK | LAS | MAC | NVL | OAK | PIT | RSB | RVL | SAC | SBR | SDG | SJO | SIH | SON | SS | SYC | SYZ | TOI | TUL | TUO | UAII | UIHS | WMT |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| GY07 | 0 | 1 | 54 | 74 | 49 | 40 | 72 | 54 | 53 | 1 | 16 | 36 | 42 | 0 | 2 | 60 | 53 | 15 | 0 | 80 | 32 | 66 | 52 | 0 | 8 | 92 | 43 | 48 | 0 | 24 | 83 | 42 |
| GY06 | 0 | 68 | 58 | 75 | 52 | 46 | 61 | 70 | 18 | 47 | 67 | 41 | 58 | 100 | 55 | 58 | 72 | 17 | 38 | 73 | 24 | 80 | 67 | 73 | 50 | 88 | 68 | 87 | 100 | 17 | 50 | 48 |
| n | 72 | 198 | 192 | 359 | 239 | 62 | 237 | 330 | 105 | 138 | 62 | 132 | 152 | 0 | 87 | 814 | 107 | 26 | 9 | 35 | 144 | 142 | 377 | 25 | 12 | 38 | 249 | 180 | 13 | 99 | 332 | 19 |

*More stringent standards of care guidelines were adopted in FY 2007

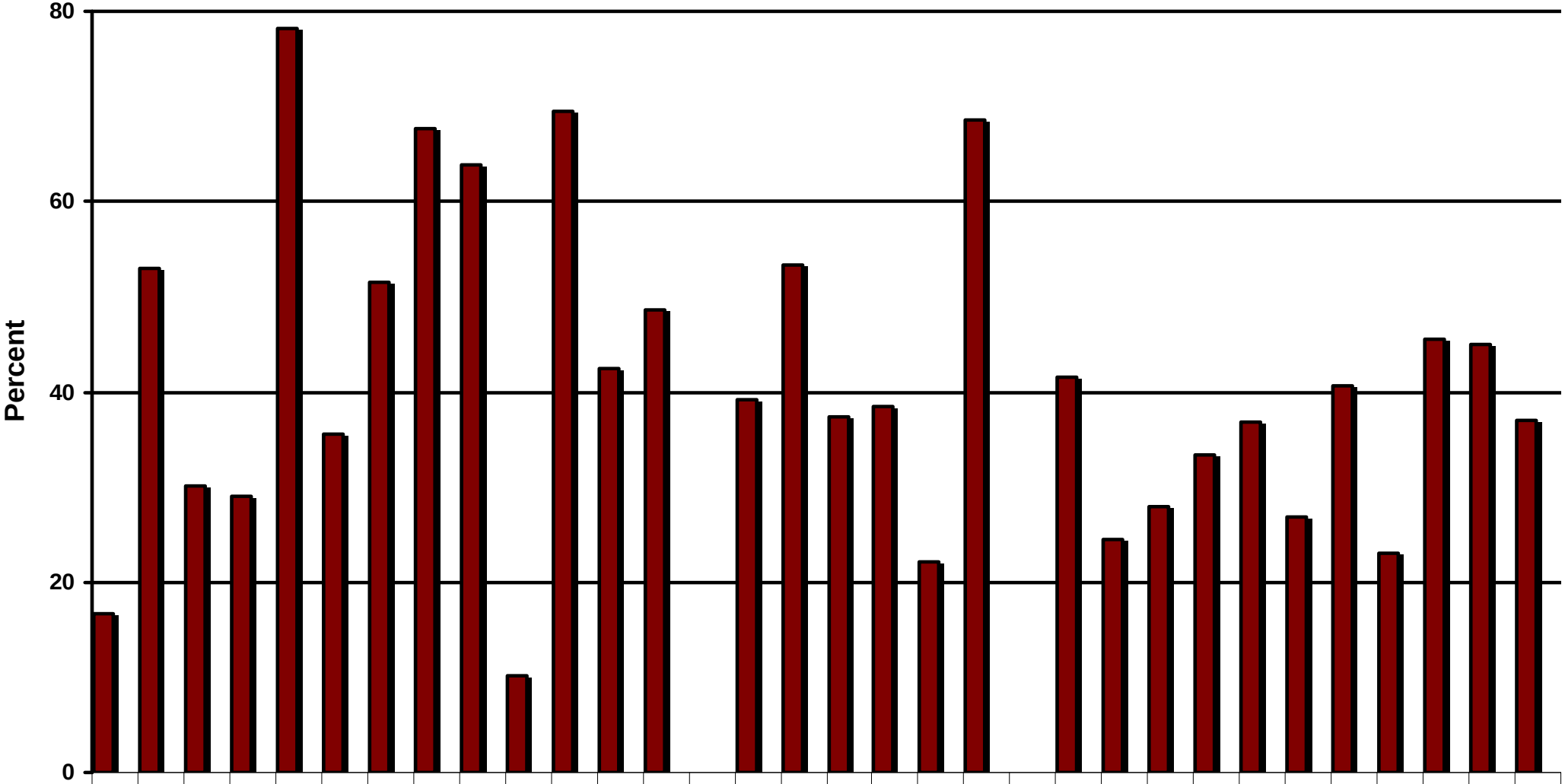
# DIABETES: RETINOPATHY

**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

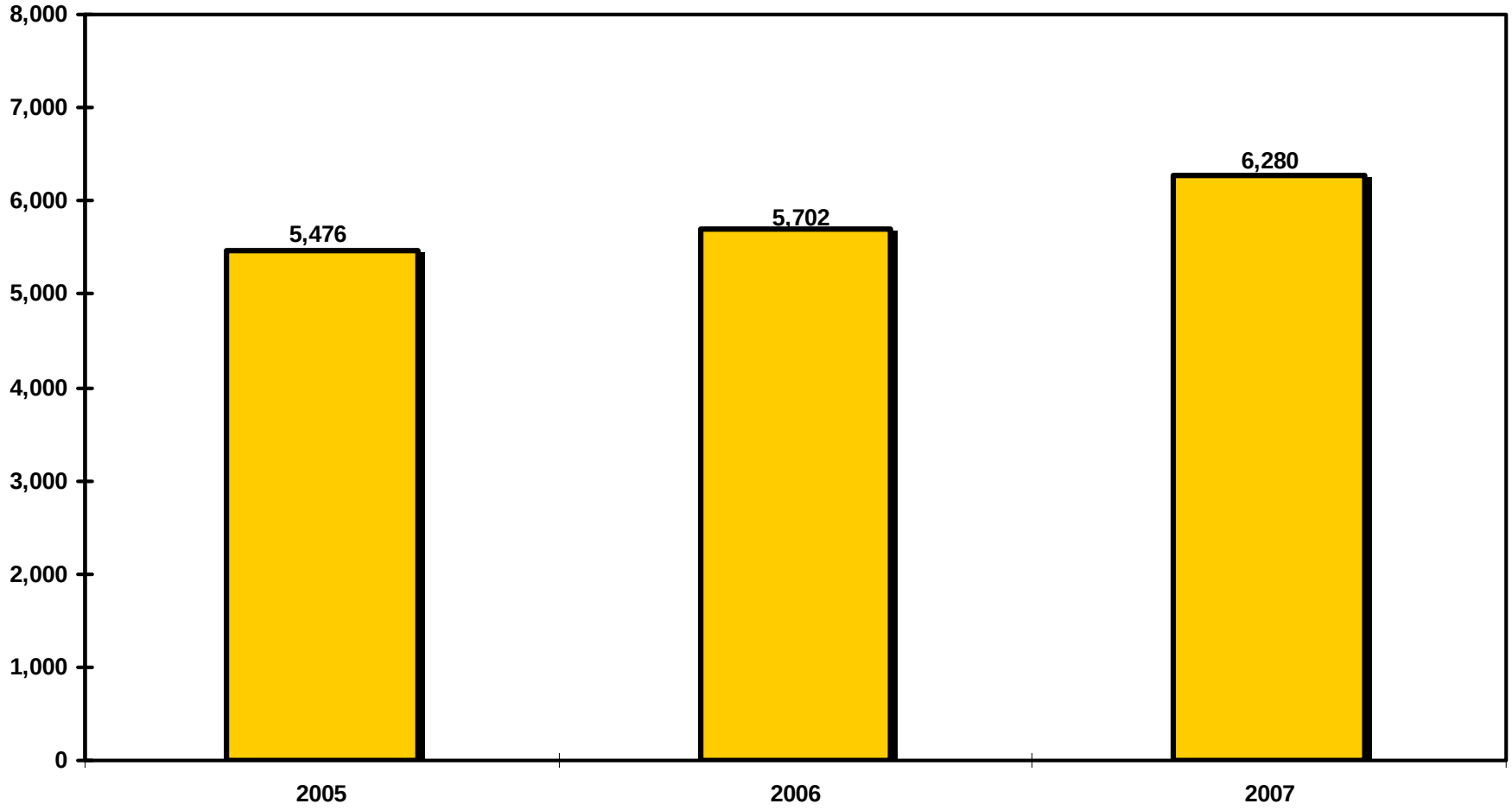



| | BAK | CDE | CON | CVL | FRV | GVL | HPA | IHC | KRK | LAK | LAS | MAC | NVL | OAK | PIT | RSB | RVL | SAC | SBR | SDG | SJO | SIH | SON | SS | SYC | SYZ | TOI | TUL | TUO | UAII | UIHS | WMT |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| GY07 | 17 | 53 | 30 | 29 | 78 | 36 | 52 | 68 | 64 | 10 | 69 | 42 | 49 | 0 | 39 | 53 | 37 | 39 | 22 | 69 | | 42 | 24 | 28 | 33 | 37 | 27 | 41 | 23 | 46 | 45 | 37 |
| GY06 | 22 | 53 | 32 | 41 | 41 | 54 | 56 | 76 | 25 | 21 | 72 | 14 | 61 | | 52 | 57 | 39 | 6 | 21 | 54 | | 49 | 37 | 50 | 44 | 56 | 23 | 41 | 40 | 63 | 43 | 39 |
| n | 72 | 198 | 192 | 359 | 239 | 62 | 237 | 330 | 105 | 138 | 62 | 132 | 152 | 0 | 87 | 814 | 107 | 26 | 9 | 35 | | 142 | 377 | 25 | 12 | 38 | 249 | 180 | 13 | 99 | 332 | 19 |

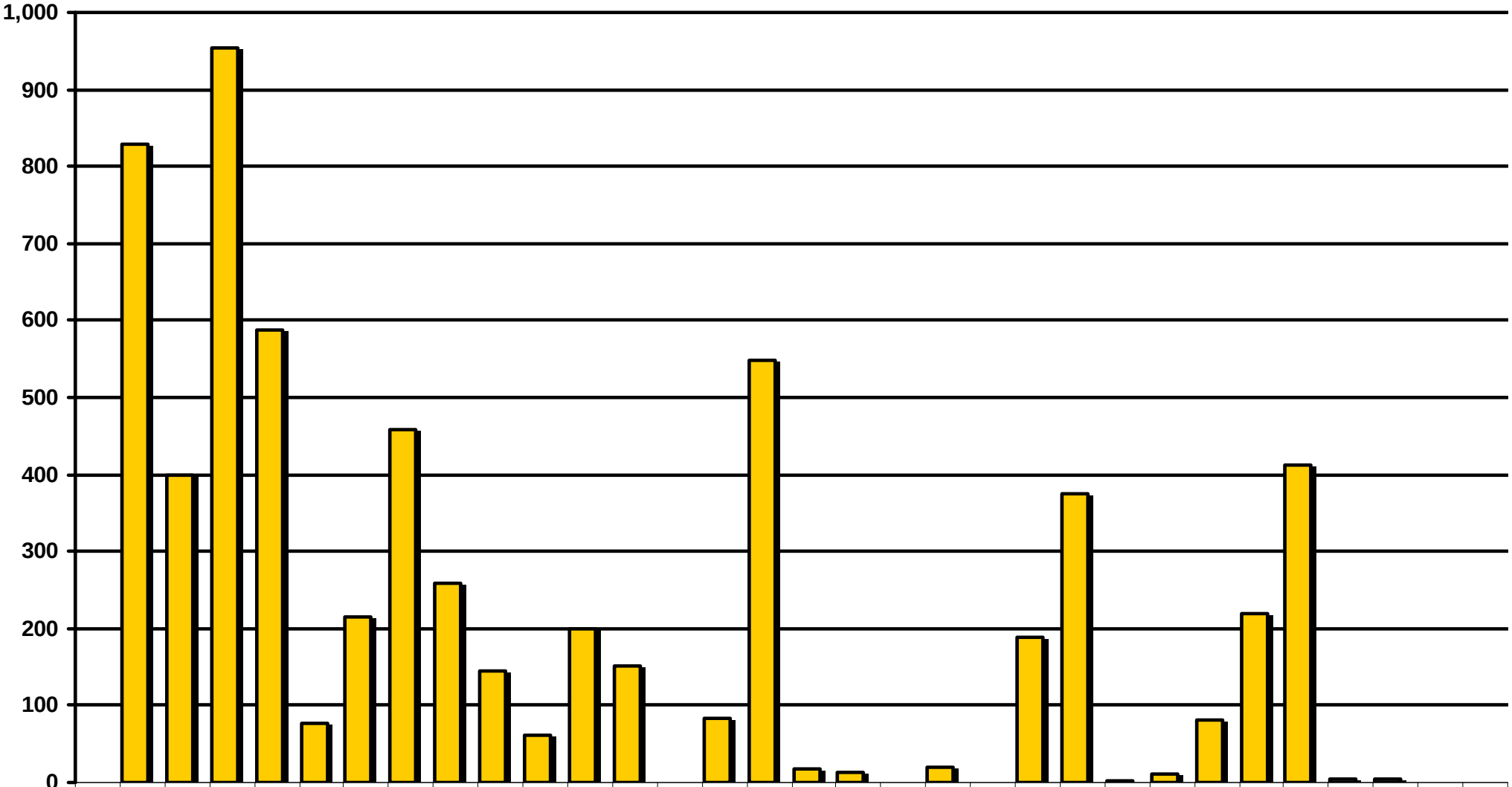
# DENTAL: TOPICAL FLUORIDES (PATIENTS)

**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. Criteria for moderate-risk to high-risk children, adolescents, and adults might include the following: more than one active smooth-surface carious lesion; white spot lesions; poor oral hygiene; and/or past history of caries.*



# DENTAL: FLUORIDE (PATIENTS)

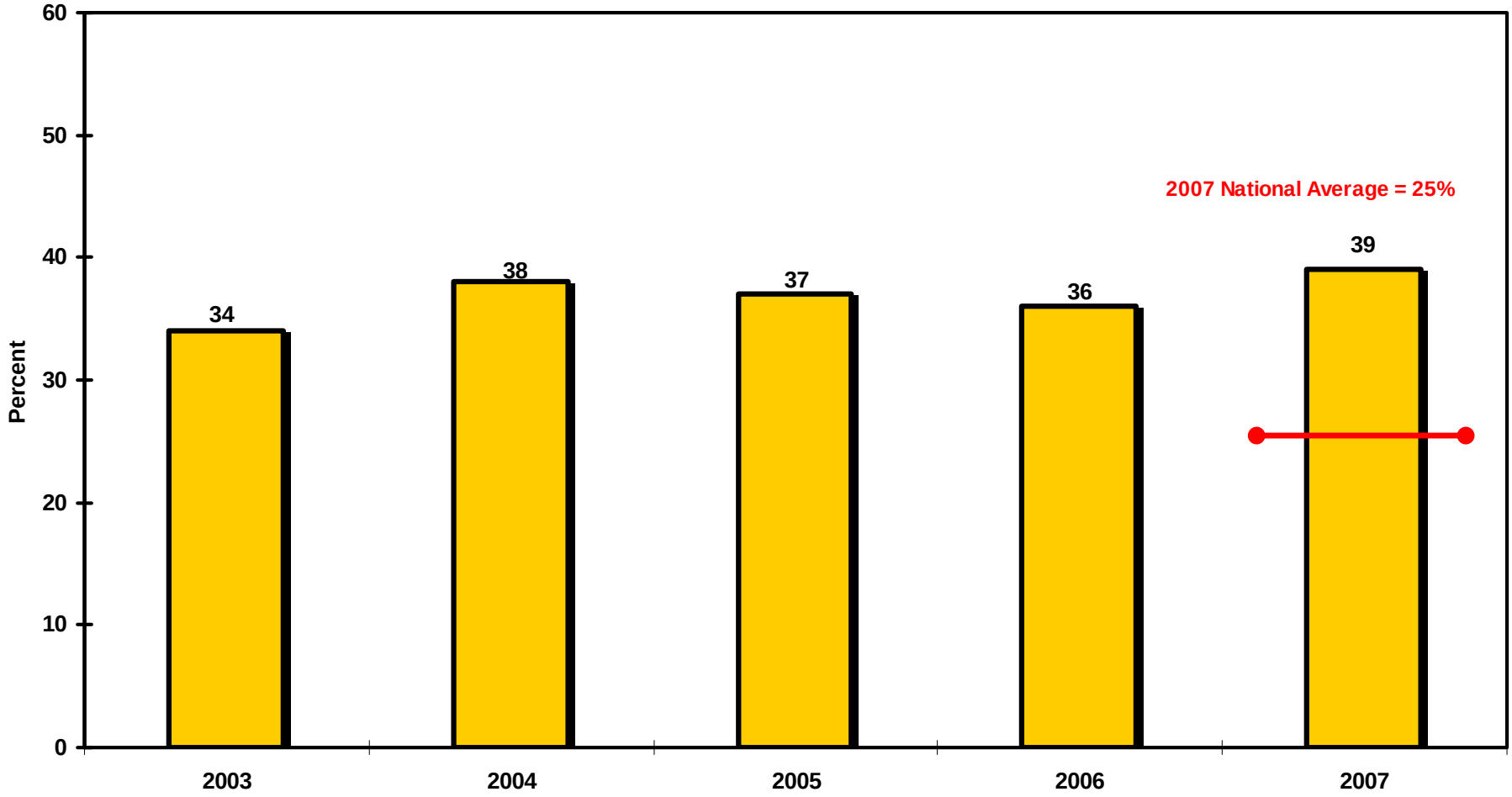



| | BAK | CDE | CON | CVL | FRV | GVL | HPA | IHC | KRK | LAK | LAS | MAC | NVL | OAK | PIT | RSB | RVL | SAC | SBR | SDG | SJO | SIH | SON | SS | SYC | SYZ | TOI | TUL | TUO | UAII | UIHS | WMT |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| GY07 | 0 | 828 | 399 | 954 | 588 | 76 | 214 | 459 | 258 | 144 | 62 | 200 | 152 | 0 | 84 | 548 | 18 | 14 | 0 | 19 | | 188 | 376 | 3 | 11 | 81 | 220 | 412 | 5 | 4 | 0 | 0 |
| GY06 | 0 | 782 | 391 | 668 | 452 | 31 | 166 | 571 | 290 | 135 | 63 | 180 | 108 | | 52 | 505 | 22 | 4 | 0 | 27 | | 228 | 353 | 10 | 3 | 63 | 211 | 414 | 0 | 8 | 3 | |

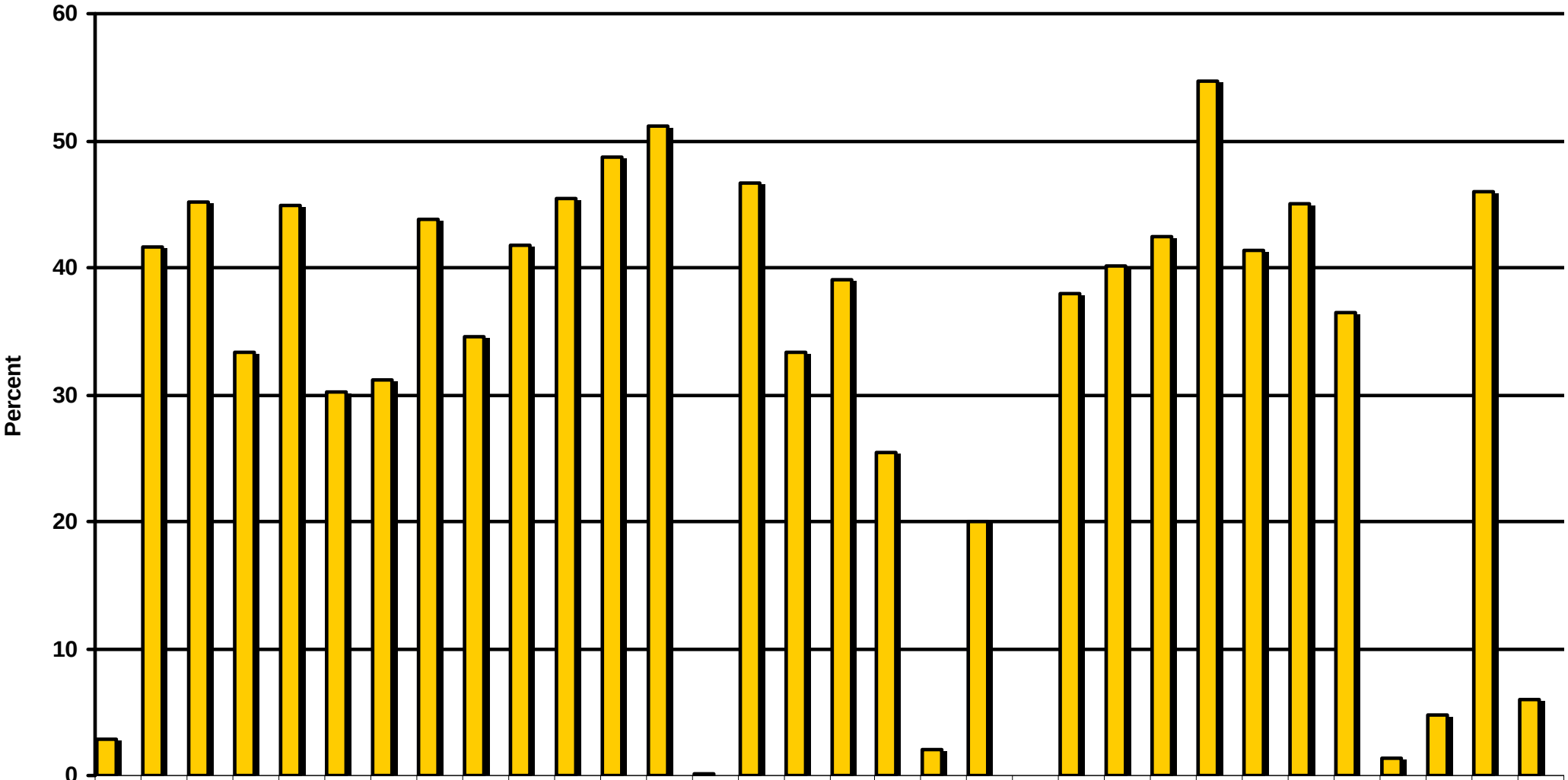
# DENTAL: GENERAL ACCESS

**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 population. 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

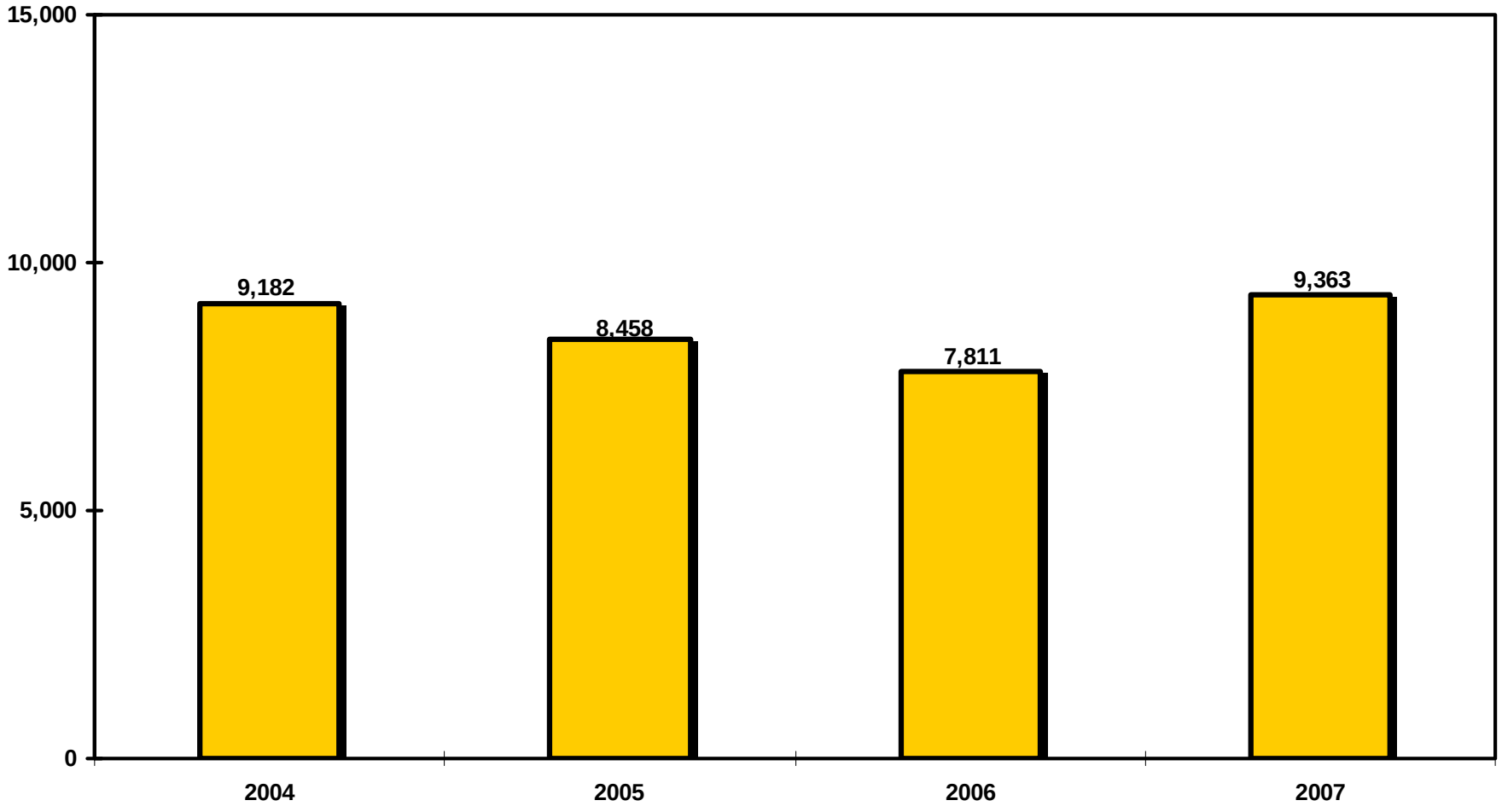



| | BAK | CDE | CON | CVL | FRV | GVL | HPA | IHC | KRK | LAK | LAS | MAC | NVL | OAK | PIT | RSB | RVL | SAC | SBR | SDG | SJO | SIH | SON | SS | SYC | SYZ | TOI | TUL | TUO | UAII | UIHS | WMT |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| GY07 | 3 | 42 | 45 | 33 | 45 | 30 | 31 | 44 | 35 | 42 | 46 | 49 | 51 | 0 | 47 | 33 | 39 | 25 | 2 | 20 | | 38 | 40 | 43 | 55 | 41 | 45 | 37 | 1 | 5 | 46 | 6 |
| GY06 | 1 | 49 | 43 | 32 | 41 | 23 | 34 | 48 | 35 | 43 | 44 | 46 | 44 | | 46 | 34 | 39 | 18 | 17 | 29 | | 36 | 41 | 45 | 40 | 38 | 48 | 31 | 1 | 10 | 2 | 8 |
| n | 1,336 | 5,165 | 2,959 | 6,085 | 3,588 | 1,012 | 3,306 | 4,285 | 2,033 | 1,638 | 1,005 | 2,125 | 1,815 | 1,129 | 887 | 12,62 | 1,255 | 602 | 302 | 1,228 | | 2,185 | 4,926 | 881 | 75 | 985 | 2,861 | 2,819 | 140 | 2,455 | 7,488 | 155 |

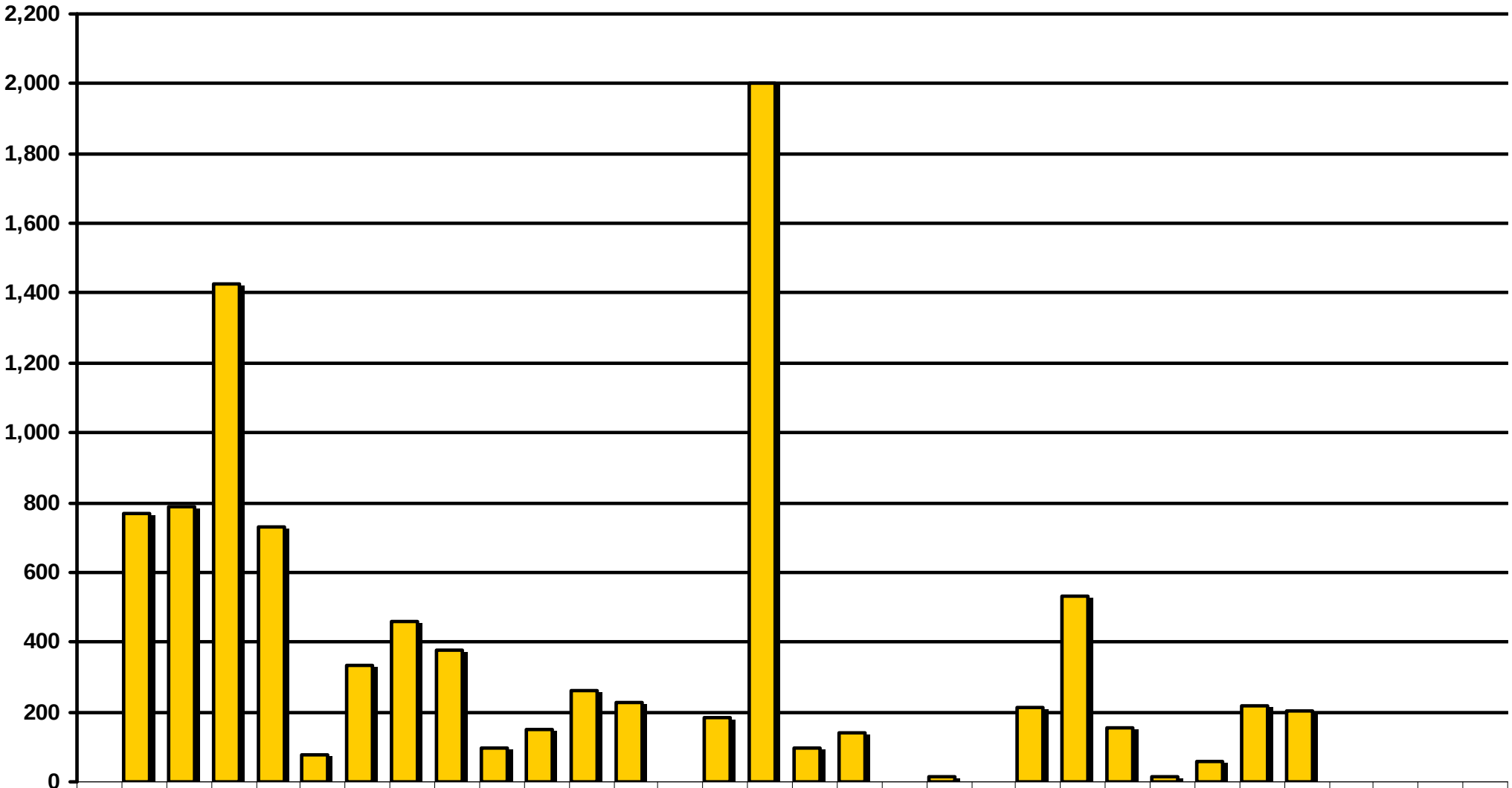
# DENTAL: SEALANTS

**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.*



# DENTAL: SEALANTS

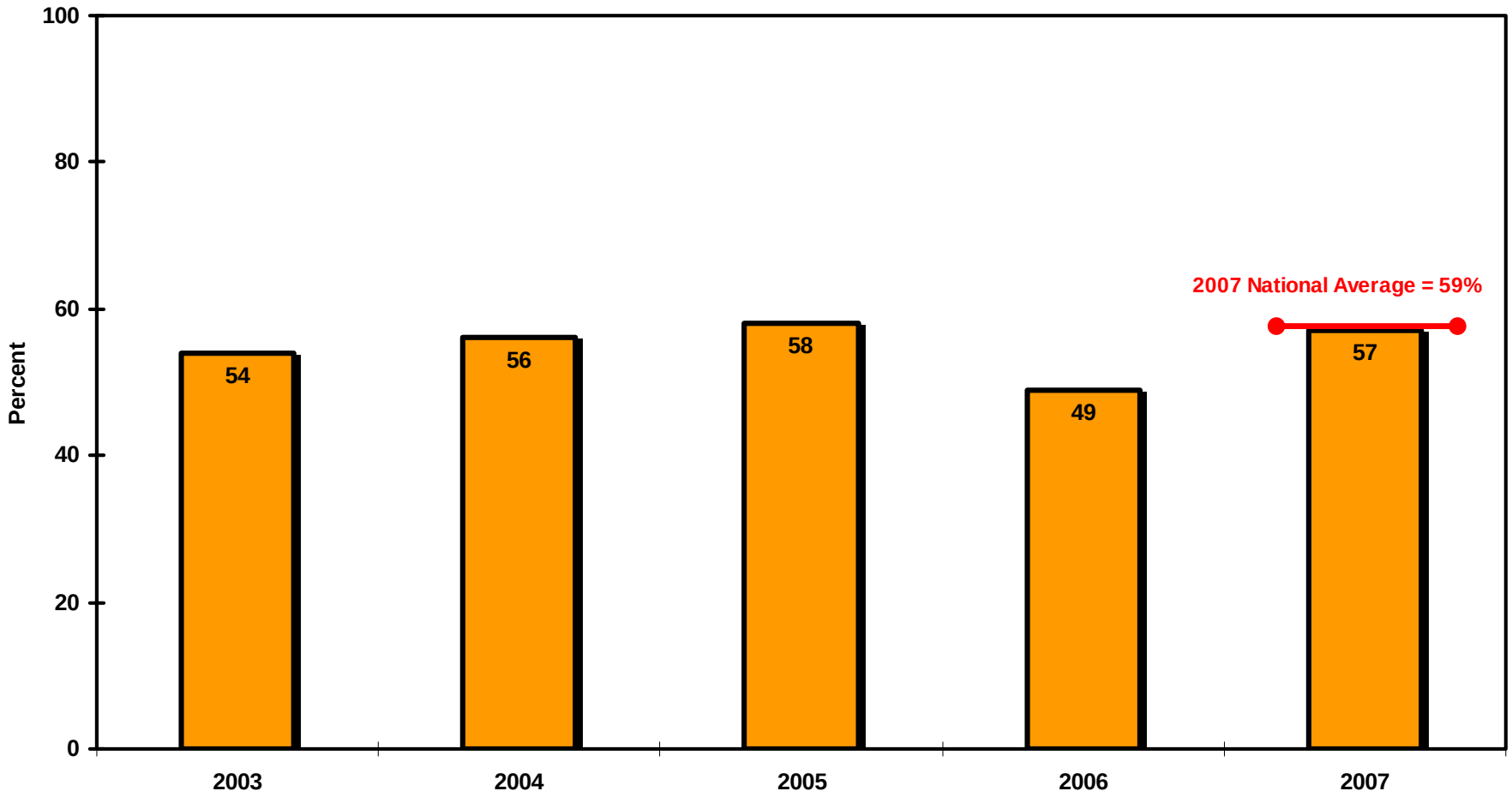



| | BAK | CDE | CON | CVL | FRV | GVL | HPA | IHC | KRK | LAK | LAS | MAC | NVL | OAK | PIT | RSB | RVL | SAC | SBR | SDG | SJO | SIH | SON | SS | SYC | SYZ | TOI | TUL | TUO | UAII | UIHS | WMT |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| GY07 | 0 | 769 | 787 | 1,424 | 728 | 76 | 336 | 457 | 378 | 96 | 151 | 261 | 225 | 0 | 185 | 2,000 | 98 | 141 | 0 | 13 | | 211 | 531 | 156 | 15 | 59 | 216 | 203 | 1 | 0 | 0 | 0 |
| GY06 | 0 | 403 | 615 | 1,122 | 813 | 88 | 383 | 1,086 | 329 | 93 | 69 | 186 | 103 | | 92 | 1,373 | 116 | 5 | 12 | 70 | | 241 | 449 | 43 | 1 | 24 | 118 | 64 | 0 | 3 | 0 | |

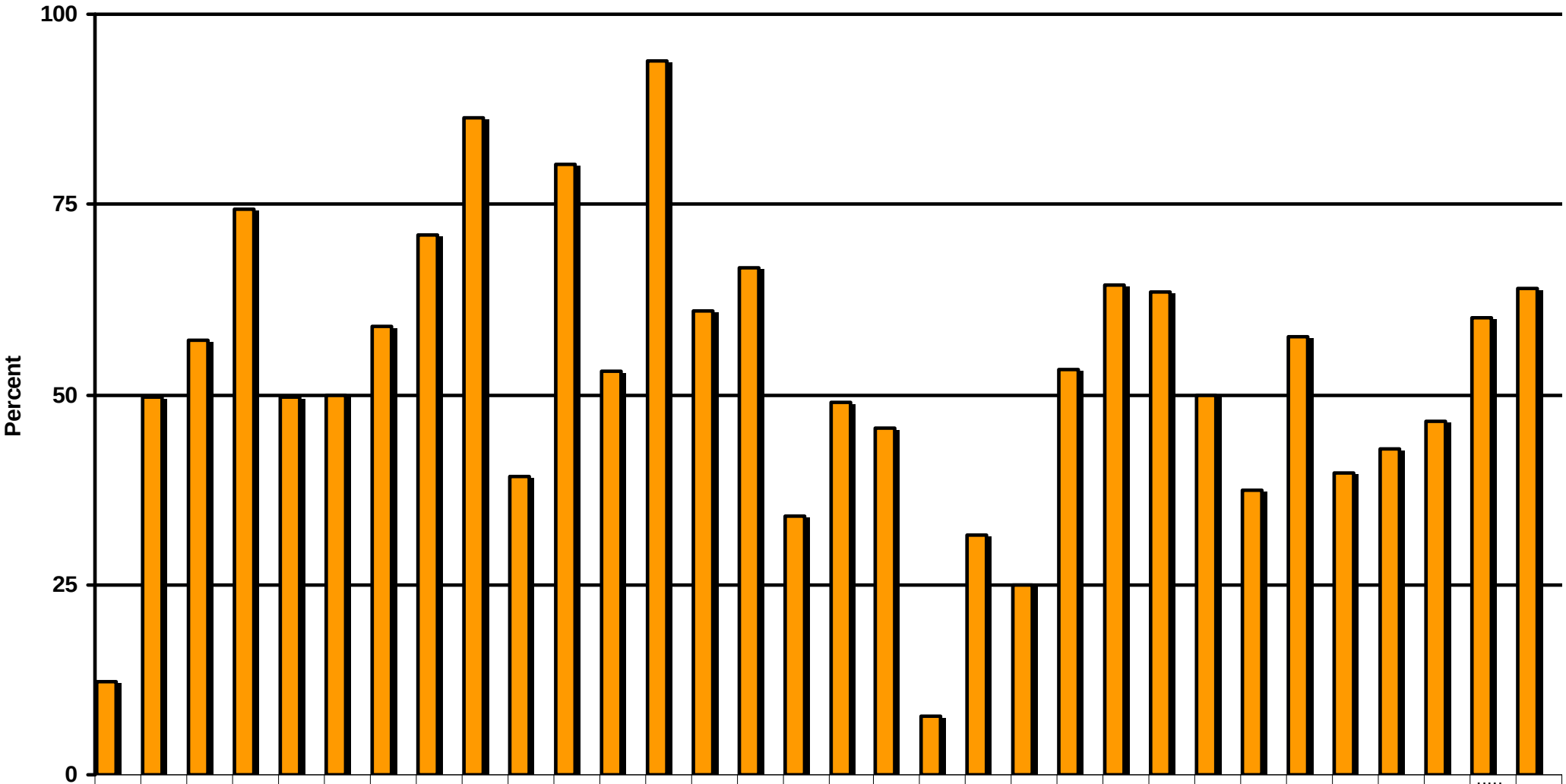
# IMMUNIZATIONS: INFLUENZA

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

**Importance:** *Influenza is a highly contagious respiratory disease that can cause potentially life-threatening secondary infections. Elders who get influenza are also at increased risk of hospitalization and death from heart disease and stroke, and vaccination reduces that risk. In one observational study comparing vaccinated to non-vaccinated persons aged 65 and older in a managed care setting over two influenza seasons, researchers found a 19% and 16-23% reduction in hospitalization for cardiovascular and cerebrovascular events, respectively. In addition they found a 29-32% reduction in hospitalization for influenza or pneumonia and a 48-50% reduction in risk of death from all causes.*



# IMMUNIZATIONS: INFLUENZA

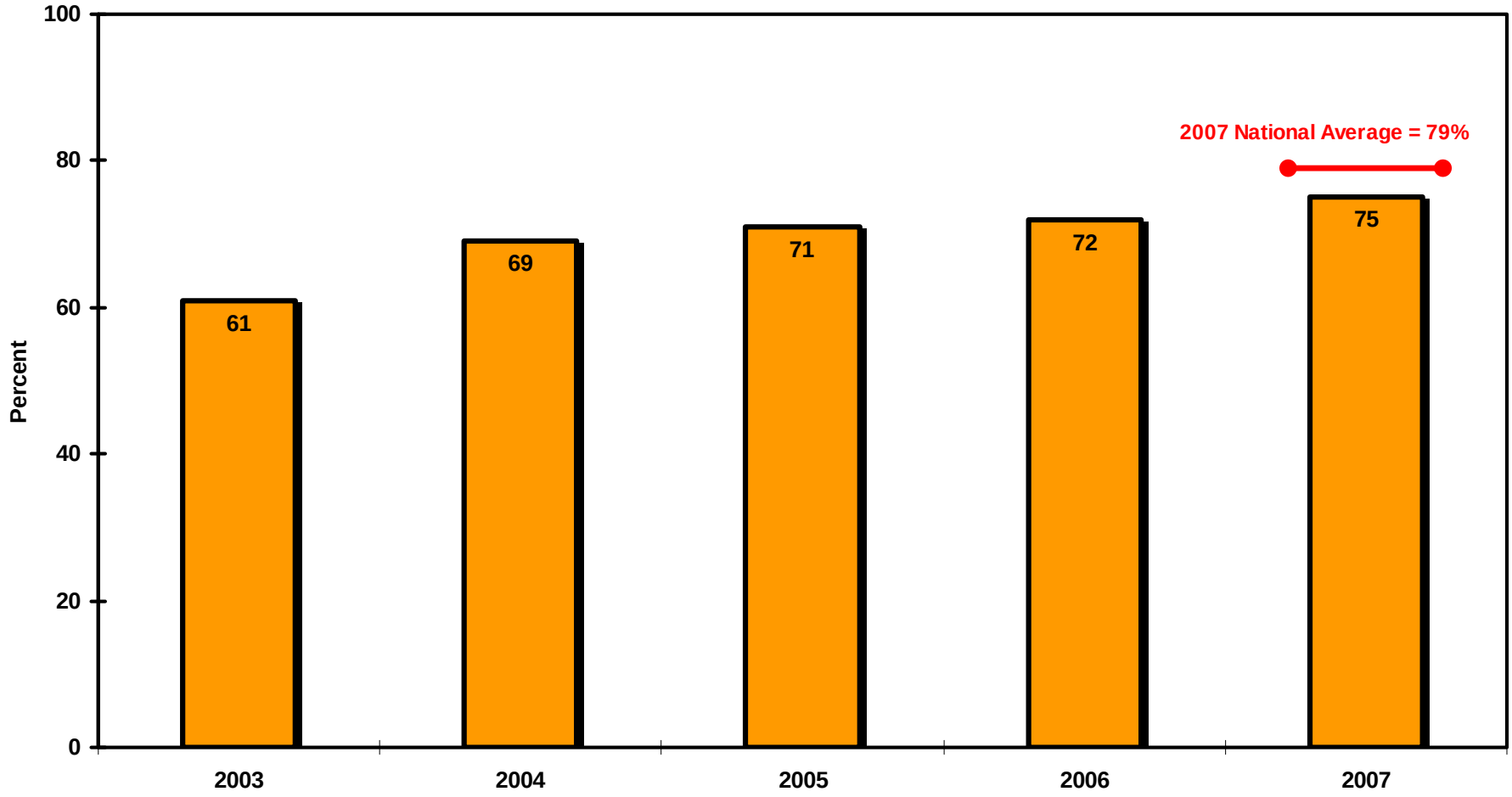



| | BAK | CDE | CON | CVL | FRV | GVL | HPA | IHC | KRK | LAK | LAS | MAC | NVL | OAK | PIT | RSB | RVL | SAC | SBR | SDG | SJO | SIH | SON | SS | SYC | SYZ | TOI | TUL | TUO | UAII | UIHS | WMT |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| GY07 | 12 | 50 | 57 | 74 | 50 | 50 | 59 | 71 | 87 | 39 | 80 | 53 | 94 | 61 | 67 | 34 | 49 | 46 | 8 | 32 | 25 | 53 | 64 | 64 | 50 | 38 | 58 | 40 | 43 | 46 | 60 | 64 |
| GY06 | 37 | 53 | 41 | 71 | 47 | 34 | 63 | 63 | 38 | 45 | 67 | 34 | 66 | 71 | 68 | 25 | 60 | 8 | 37 | 40 | 36 | 48 | 68 | 70 | 57 | 50 | 56 | 40 | 60 | 55 | 47 | 54 |
| n | 41 | 149 | 133 | 268 | 179 | 54 | 192 | 196 | 171 | 74 | 61 | 147 | 82 | 36 | 36 | 533 | 88 | 11 | 13 | 19 | 80 | 88 | 208 | 33 | 6 | 40 | 201 | 121 | 7 | 56 | 408 | 11 |

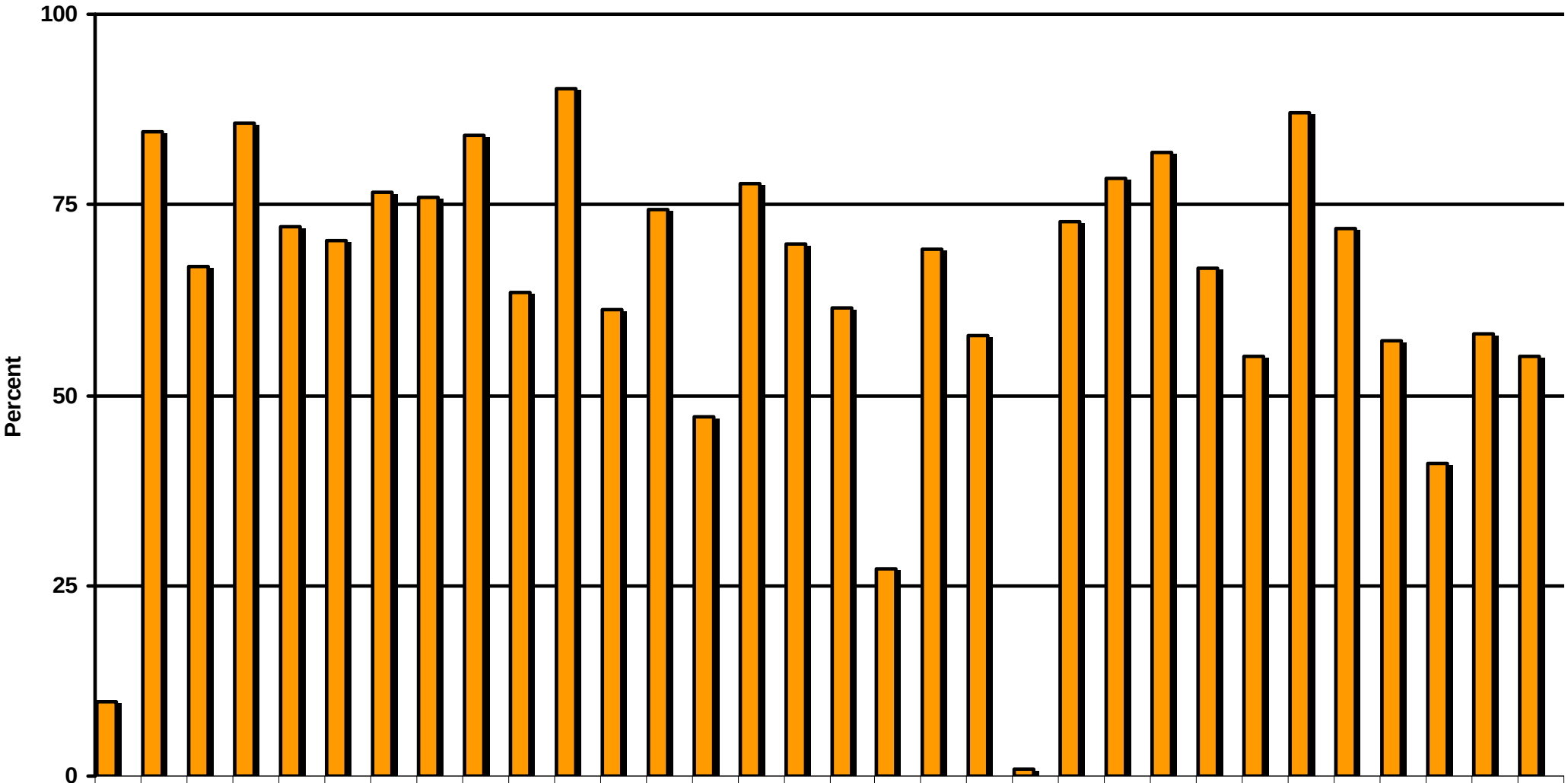
# IMMUNIZATIONS: PNEUMOCOCCAL

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

**Importance:** *The purpose of this measure is to reduce morbidity and mortality due to pneumococcal disease among older adults. Elder health is an increasingly important issue as more and more of the population survives beyond the age of 65. Pneumococcal disease includes pneumonia, bacteremia, and meningitis. Pneumococcal disease has the highest death toll from a vaccine-preventable bacterial disease; patients over the age of 65 account for more than 51% of the deaths. In 1998, over 3400 patients over the age of 65 died from pneumonia. Pneumococcal vaccination is a low-cost medical intervention that has been shown to prevent serious health complications among the elderly.*



# IMMUNIZATIONS: PNEUMOCOCCAL

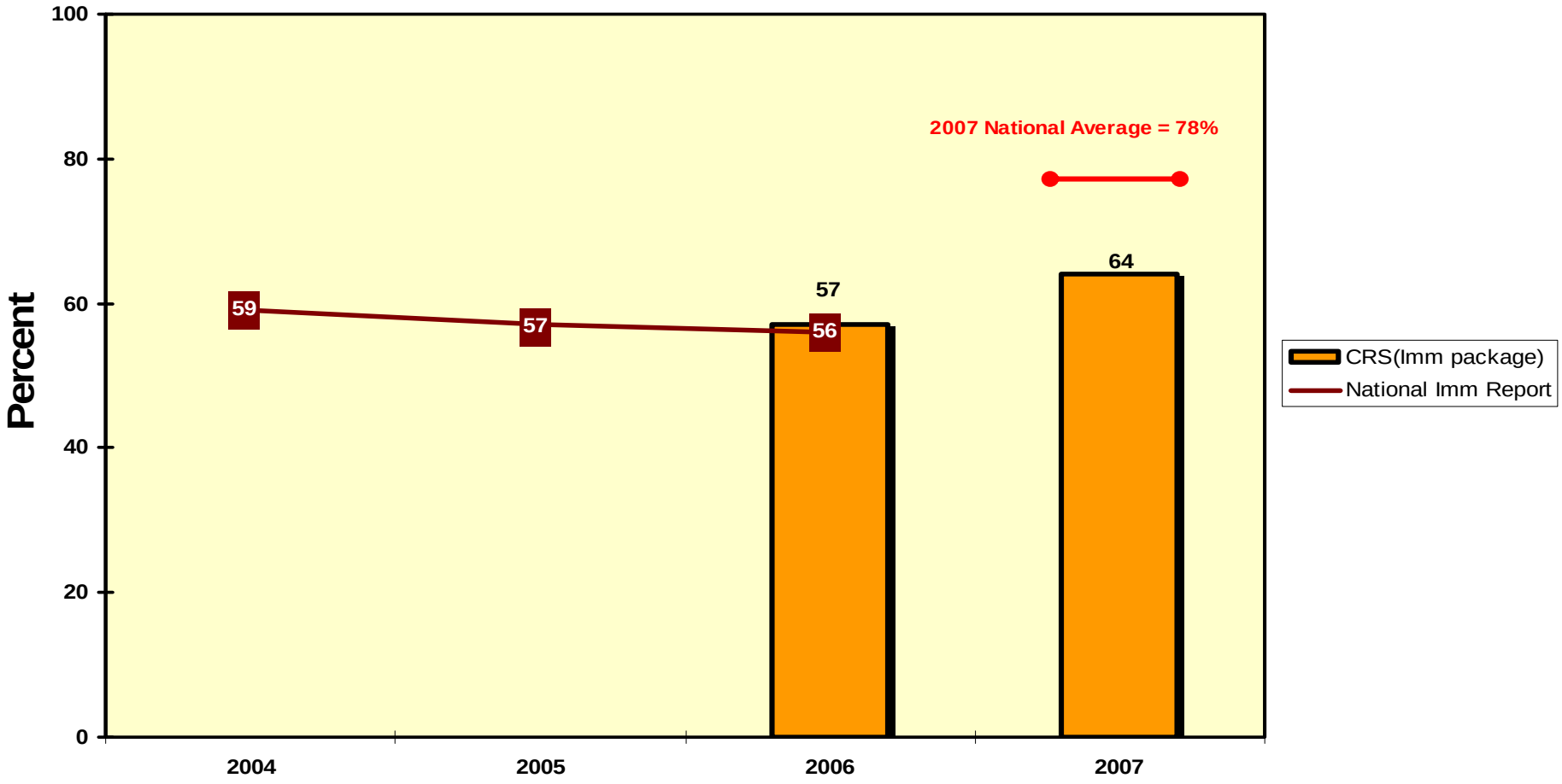



| | BAK | CDE | CON | CVL | FRV | GVL | HPA | IHC | KRK | LAK | LAS | MAC | NVL | OAK | PIT | RSB | RVL | SAC | SBR | SDG | SJO | SIH | SON | SS | SYC | SYZ | TOI | TUL | TUO | UAII | UIHS | WMT |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| GY07 | 10 | 85 | 67 | 86 | 72 | 70 | 77 | 76 | 84 | 64 | 90 | 61 | 74 | 47 | 78 | 70 | 61 | 27 | 69 | 58 | 1 | 73 | 78 | 82 | 67 | 55 | 87 | 72 | 57 | 41 | 58 | 55 |
| GY06 | 11 | 81 | 71 | 88 | 65 | 64 | 76 | 84 | 54 | 56 | 92 | 57 | 59 | 71 | 86 | 66 | 54 | 25 | 63 | 65 | 38 | 78 | 83 | 83 | 57 | 50 | 78 | 66 | 60 | 40 | 69 | 8 |
| n | 41 | 149 | 133 | 268 | 179 | 54 | 192 | 196 | 171 | 74 | 61 | 147 | 82 | 36 | 36 | 533 | 88 | 11 | 13 | 19 | 80 | 88 | 208 | 33 | 6 | 40 | 201 | 121 | 7 | 56 | 408 | 11 |

# IMMUNIZATIONS: CHILDHOOD (19 - 35 months)

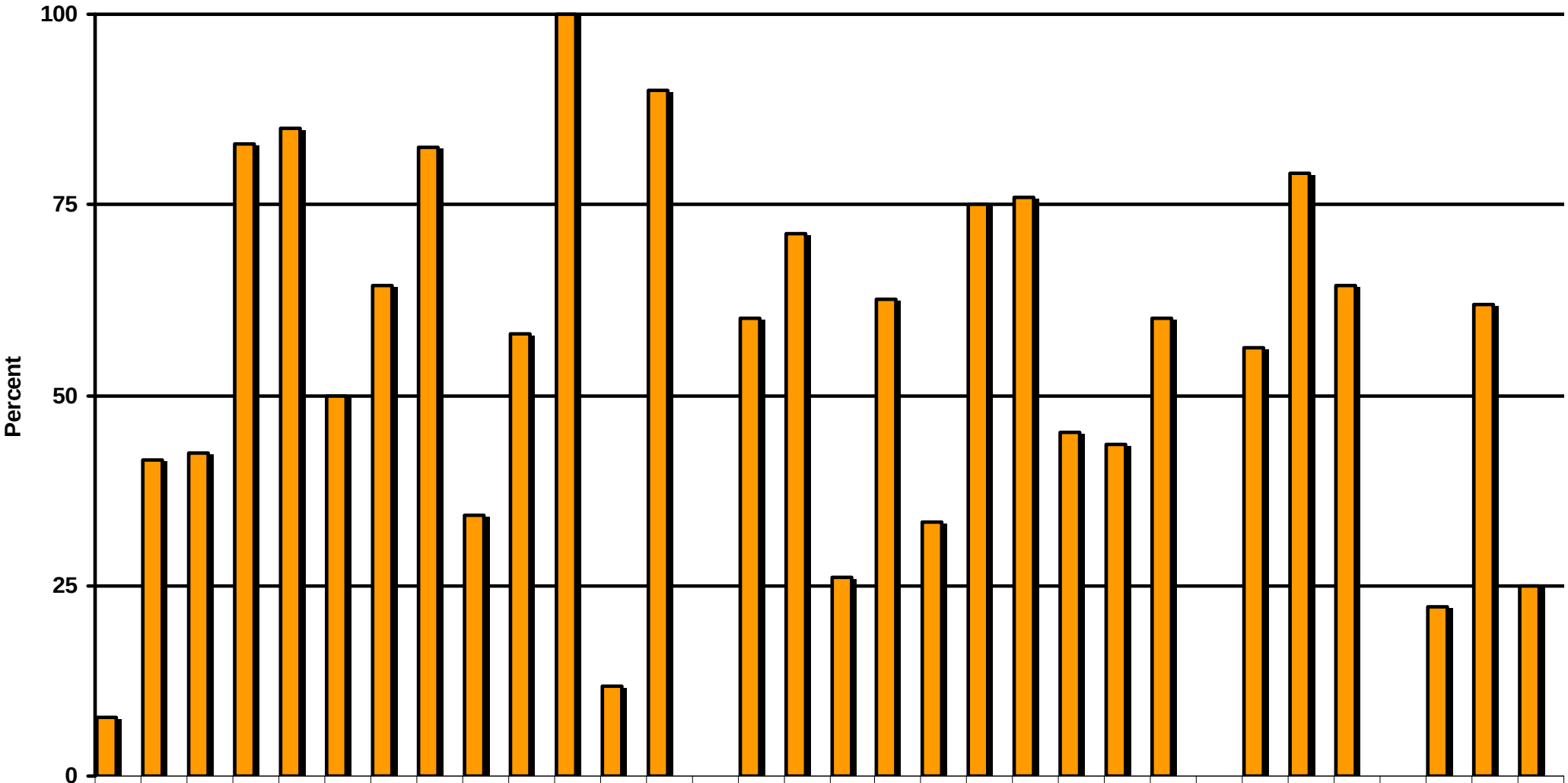
**Measure:** Immunization rates for AI/AN patients aged 19-35 months.

**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 coverage with 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

# IMMUNIZATIONS: CHILDHOOD (19 - 35 months)

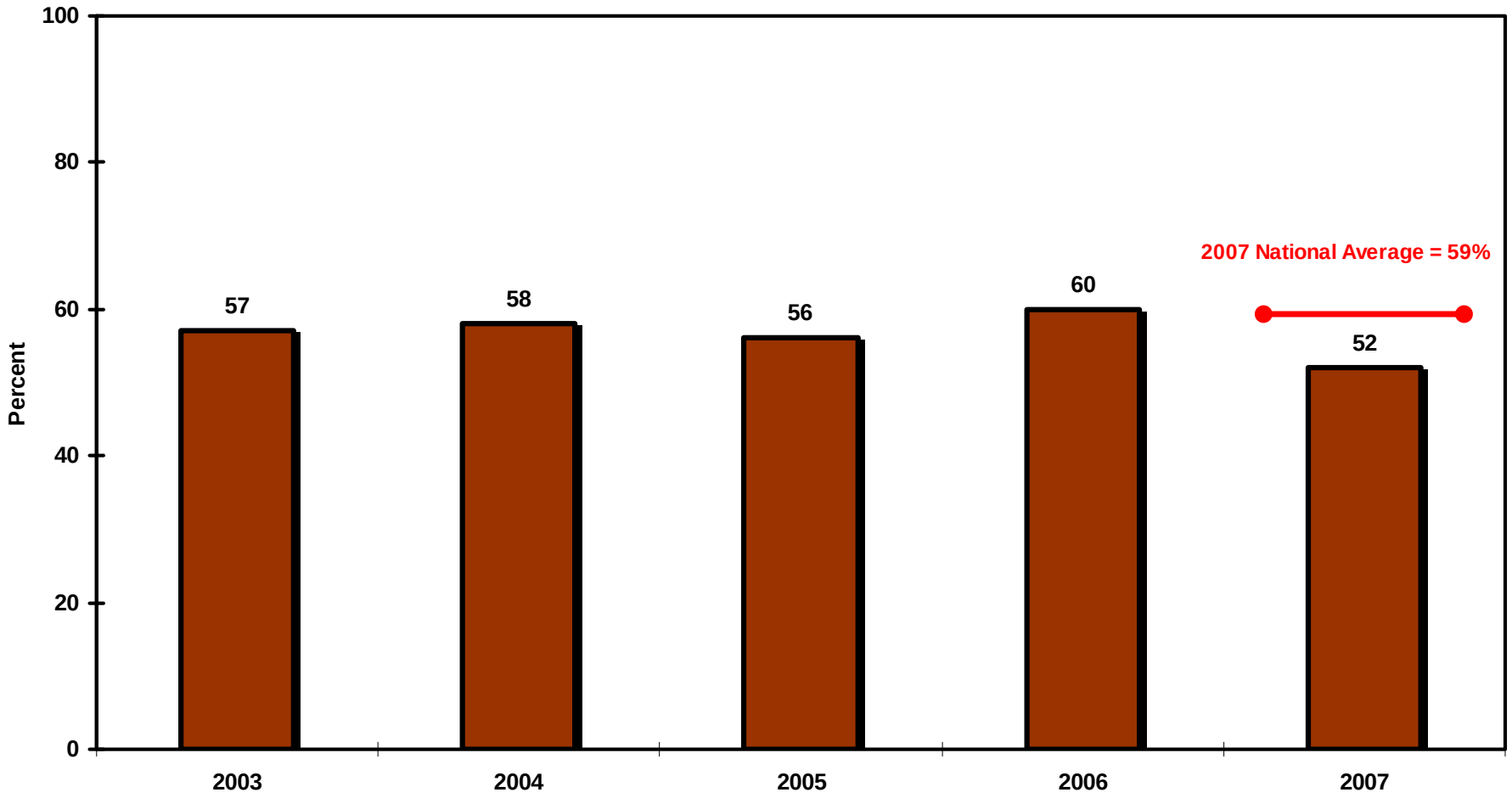



| | BAK | CDE | CON | CVL | FRV | GVL | HPA | IHC | KRK | LAK | LAS | MAC | NVL | OAK | PIT | RSB | RVL | SAC | SBR | SDG | SJO | SIH | SON | SS | SYC | SYZ | TOI | TUL | TUO | UAII | UIHS | WMT |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| GY07 | 8 | 42 | 43 | 83 | 85 | 50 | 65 | 83 | 34 | 58 | 100 | 12 | 90 | 0 | 60 | 71 | 26 | 63 | 33 | 75 | 76 | 45 | 44 | 60 | 0 | 56 | 79 | 64 | 0 | 22 | 62 | 25 |
| GY06 | 0 | 59 | 63 | 71 | 77 | 20 | 46 | 91 | 25 | 55 | 80 | 10 | 43 | 82 | 69 | 45 | 57 | 100 | 60 | 86 | 29 | 52 | 71 | 63 | 0 | 80 | 55 | 57 | 17 | 20 | 53 | 0 |
| n | 13 | 65 | 40 | 124 | 74 | 4 | 31 | 57 | 38 | 43 | 21 | 17 | 30 | 17 | 15 | 194 | 23 | 8 | 3 | 4 | 54 | 31 | 124 | 15 | 0 | 16 | 48 | 56 | 2 | 18 | 127 | 4 |

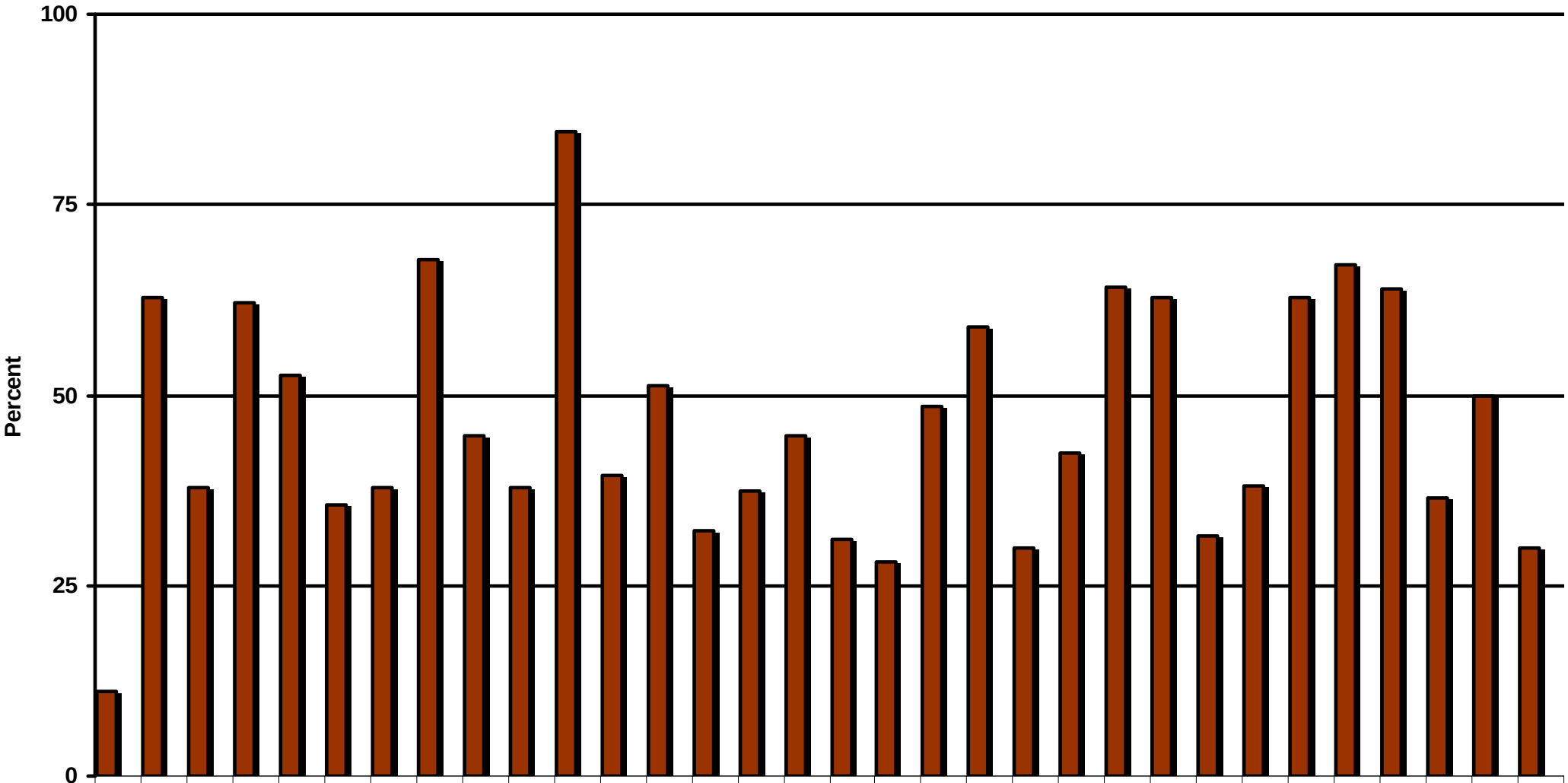
# CANCER SCREENING: CERVICAL (PAP SMEAR)

**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 it has dropped to thirteenth (among US All Races), thanks to the use of Pap screens.*



# CANCER SCREENING: CERVICAL (PAP SMEAR)

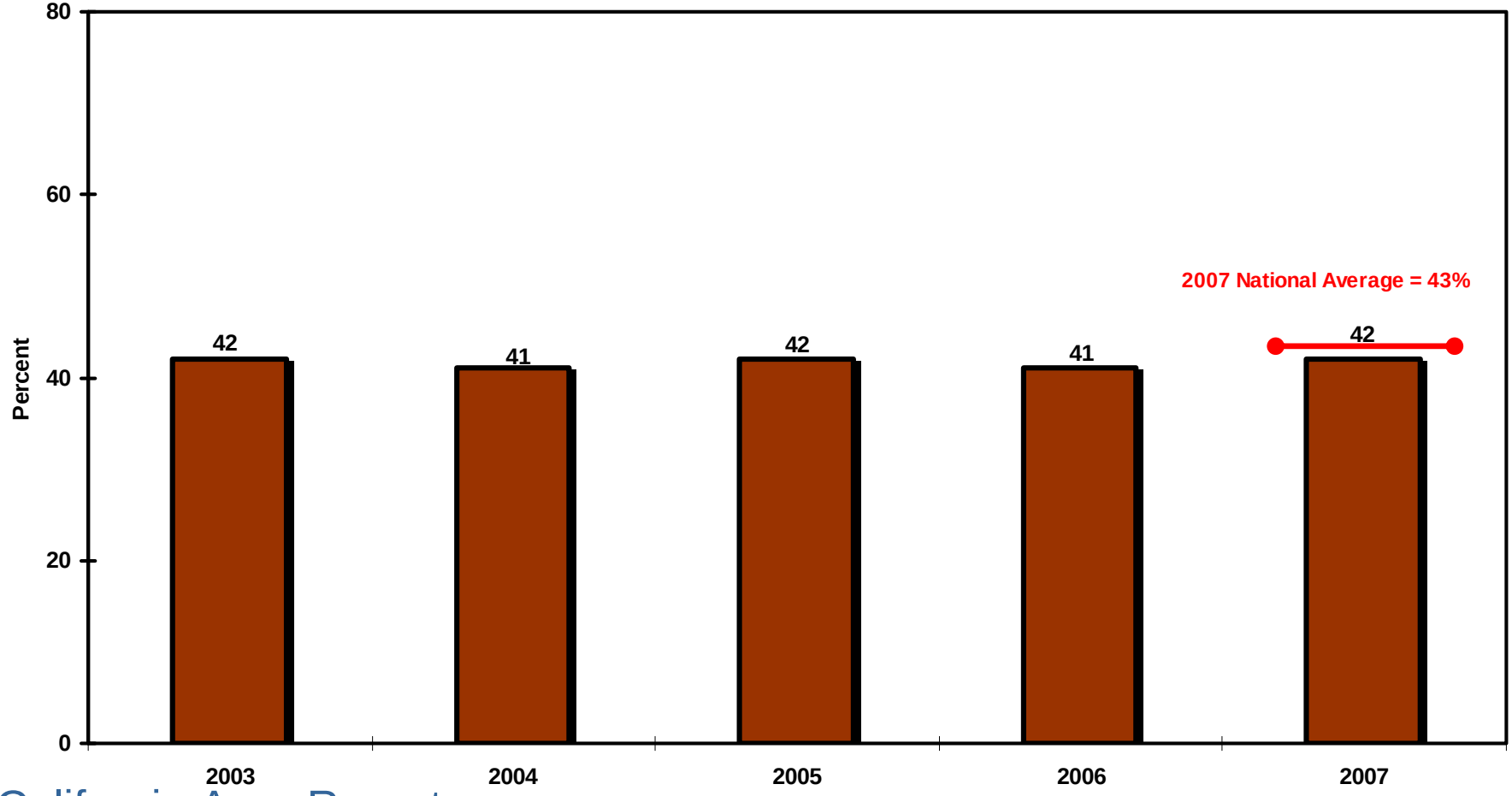



| | BAK | CDE | CON | CVL | FRV | GVL | HPA | IHC | KRK | LAK | LAS | MAC | NVL | OAK | PIT | RSB | RVL | SAC | SBR | SDG | SJO | SIH | SON | SS | SYC | SYZ | TOI | TUL | TUO | UAII | UIHS | WMT |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| GY07 | 11 | 63 | 38 | 62 | 53 | 36 | 38 | 68 | 45 | 38 | 85 | 40 | 51 | 32 | 38 | 45 | 31 | 28 | 49 | 59 | 30 | 42 | 64 | 63 | 32 | 38 | 63 | 67 | 64 | 36 | 50 | 30 |
| GY06 | 11 | 75 | 42 | 63 | 56 | 36 | 39 | 78 | 52 | 35 | 87 | 43 | 45 | 46 | 41 | 79 | 36 | 33 | 63 | 60 | 20 | 46 | 65 | 74 | 40 | 38 | 63 | 64 | 70 | 49 | 49 | 22 |
| n | 126 | 924 | 595 | 1,250 | 760 | 234 | 693 | 819 | 385 | 346 | 194 | 451 | 390 | 325 | 192 | 2,358 | 235 | 117 | 70 | 246 | 459 | 420 | 982 | 143 | 19 | 179 | 620 | 573 | 36 | 209 | 1,588 | 27 |

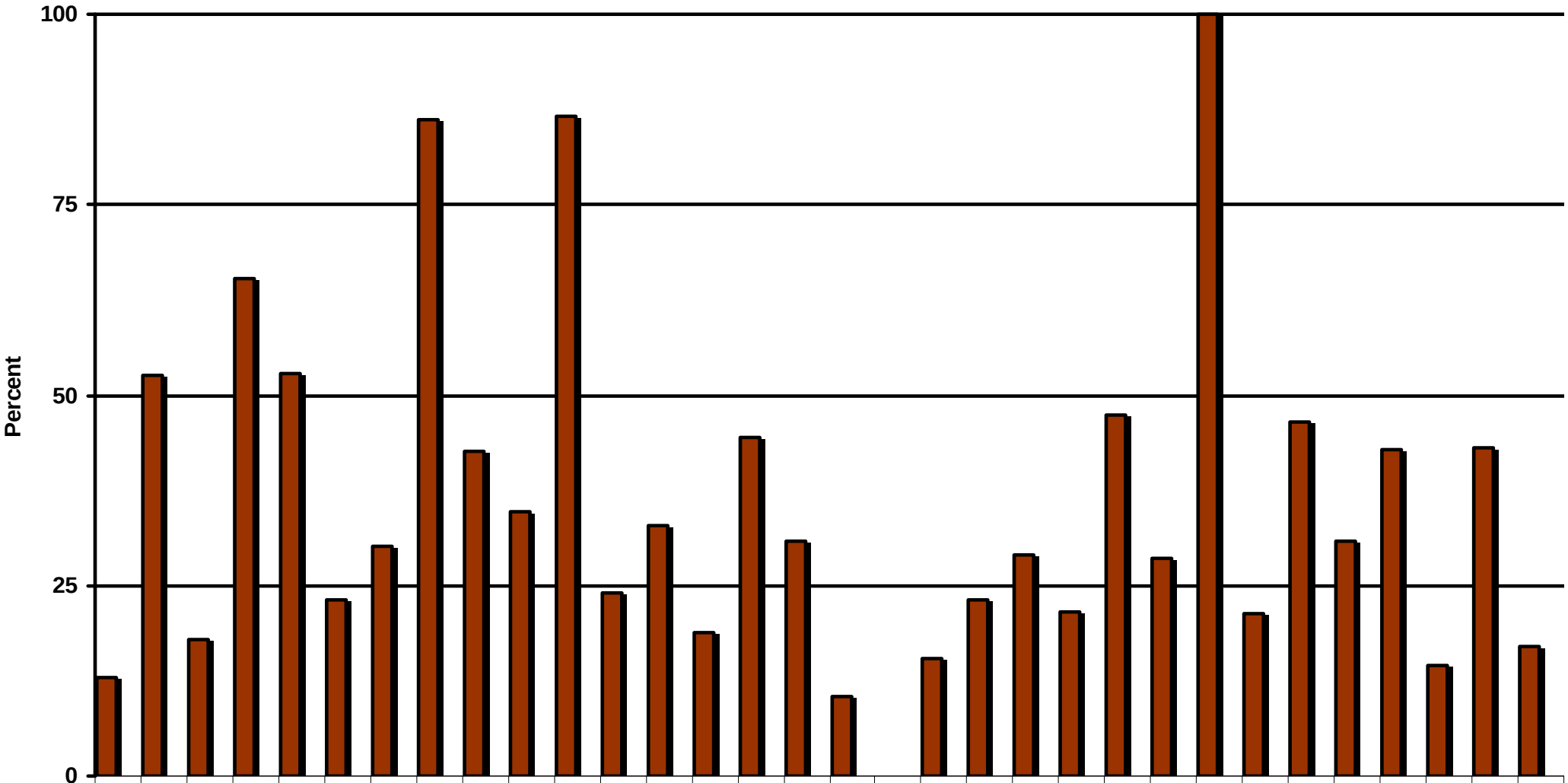
# CANCER SCREENING: BREAST (MAMMOGRAPHY)

**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 1992 and 2002, 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 whites, mainly because their cancers are less likely to be found in earlier stages. It is because of this disparity that breast cancer screening remains one of the Agency's highest priorities.*



# CANCER SCREENING: BREAST (MAMMOGRAPHY)

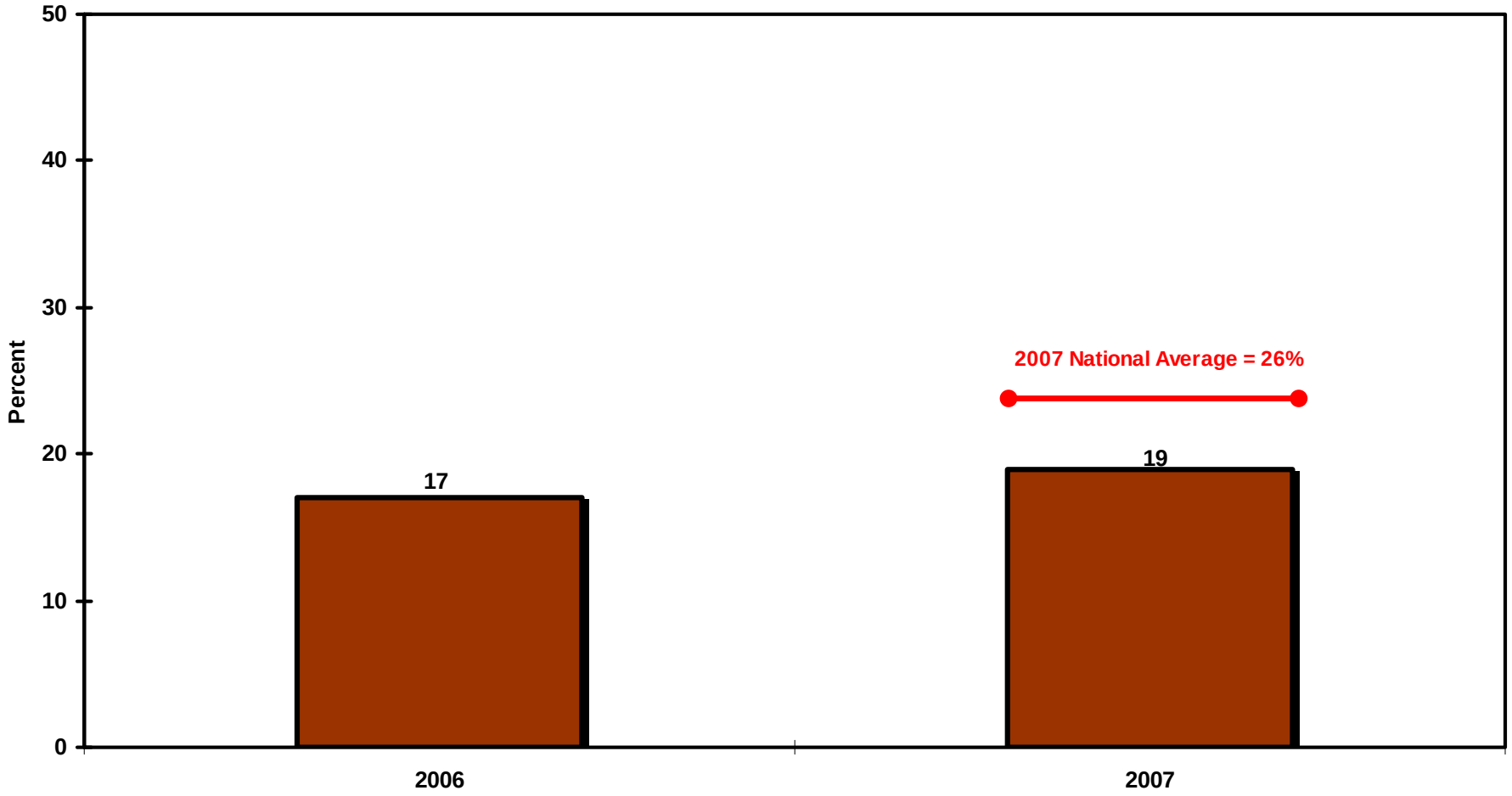



| | BAK | CDE | CON | CVL | FRV | GVL | HPA | IHC | KRK | LAK | LAS | MAC | NVL | OAK | PIT | RSB | RVL | SAC | SBR | SDG | SJO | SIH | SON | SS | SYC | SYZ | TOI | TUL | TUO | UAII | UIHS | WMT |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| GY07 | 13 | 53 | 18 | 65 | 53 | 23 | 30 | 86 | 43 | 35 | 87 | 24 | 33 | 19 | 44 | 31 | 11 | 0 | 15 | 23 | 29 | 22 | 47 | 29 | 100 | 21 | 46 | 31 | 43 | 15 | 43 | 17 |
| GY06 | 5 | 64 | 25 | 71 | 56 | 23 | 38 | 94 | 37 | 34 | 79 | 27 | 23 | 74 | 50 | 23 | 25 | 0 | 59 | 36 | 21 | 28 | 52 | 42 | 0 | 18 | 50 | 2 | 50 | 37 | 23 | 33 |
| n | 23 | 179 | 128 | 240 | 136 | 56 | 129 | 167 | 94 | 69 | 60 | 121 | 64 | 69 | 45 | 471 | 57 | 29 | 13 | 39 | 108 | 79 | 209 | 28 | 1 | 42 | 151 | 120 | 14 | 55 | 281 | 6 |

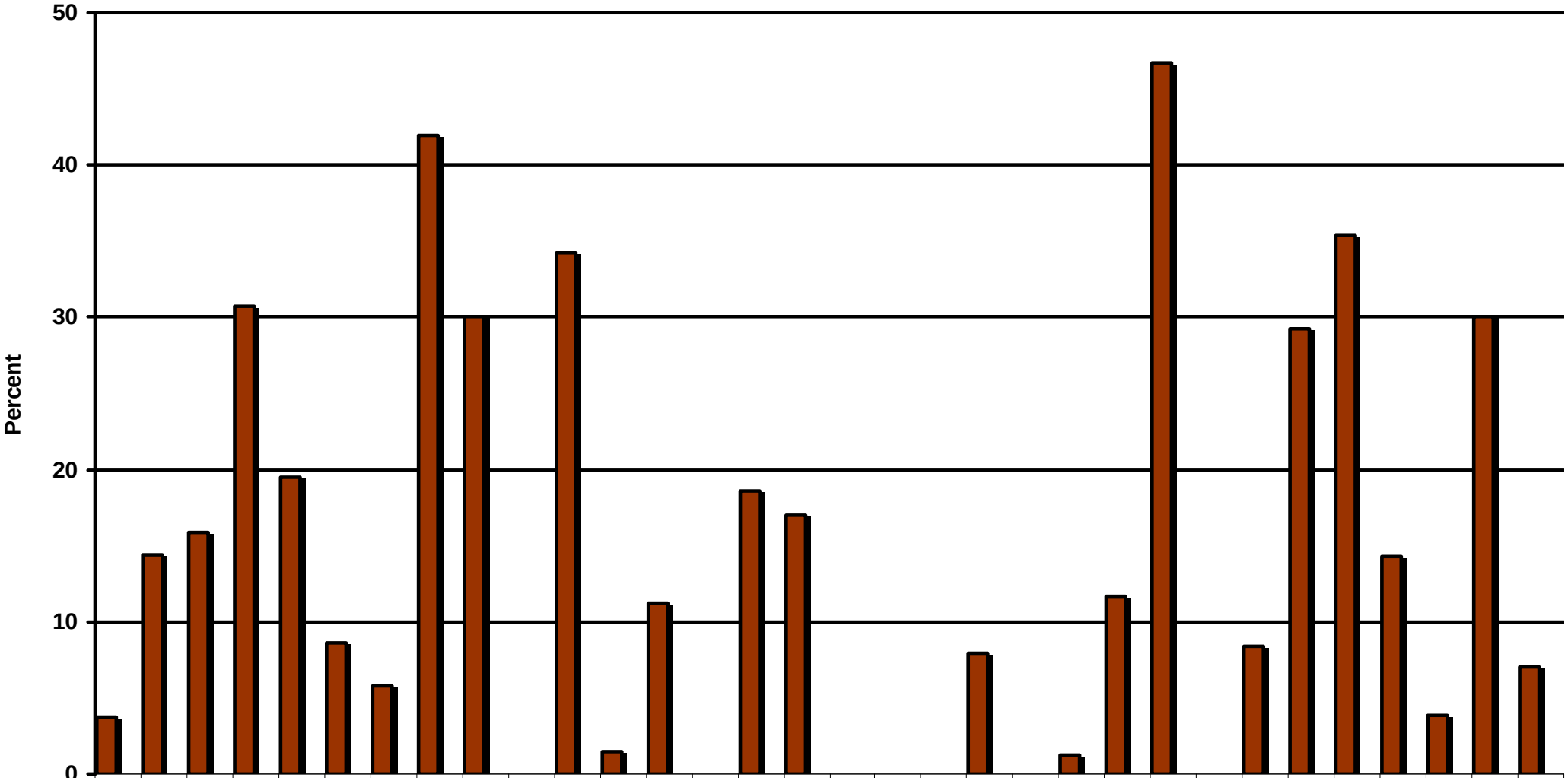
# CANCER SCREENING: COLORECTAL

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

**Importance:** *Colorectal cancer rates among the Alaska Native population are well above the national average. Studies have tracked rates of 69.3 to 79.7 per 100,000 among Alaska Native men, and 67.4 to 71.4 per 100,000 among Alaska Native women. Alaska Native women in particular have colorectal cancer rates of more than twice the US average. Screening and preventative measures such as removal of polyps have been well proven to reduce the rates and lethality of colorectal cancer. Colorectal cancers have long asymptomatic periods during which they can be diagnosed and treated. Yearly screening has been shown to result in a 33.4 percent reduction in colorectal cancer mortality.*



# CANCER SCREENING: COLORECTAL

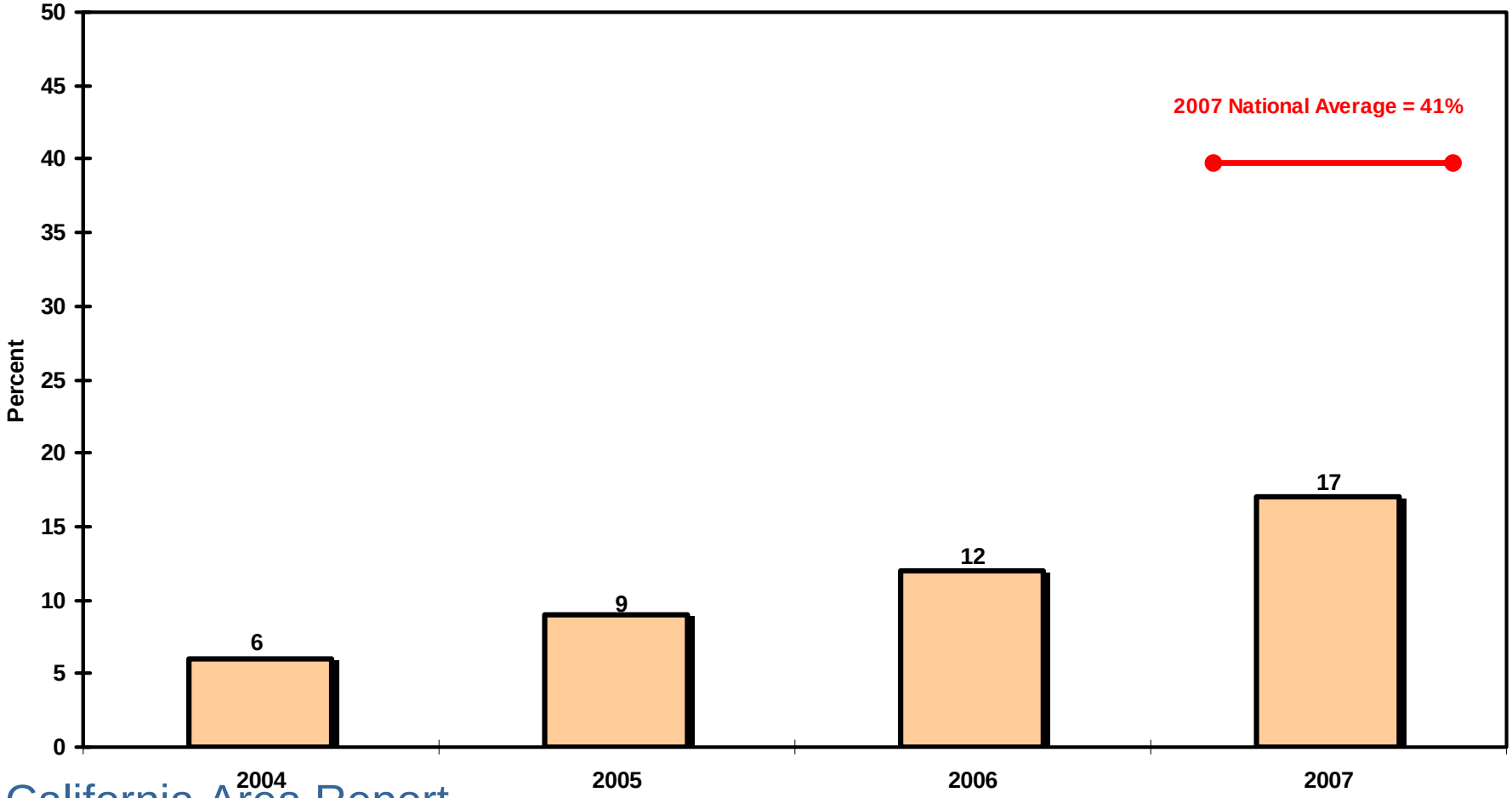



| | BAK | CDE | CON | CVL | FRV | GVL | HPA | IHC | KRK | LAK | LAS | MAC | NVL | OAK | PIT | RSB | RVL | SAC | SBR | SDG | SJO | SIH | SON | SS | SYC | SYZ | TOI | TUL | TUO | UAII | UIHS | WMT |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| GY07 | 4 | 14 | 16 | 31 | 20 | 9 | 6 | 42 | 30 | 0 | 34 | 2 | 11 | 0 | 19 | 17 | 0 | 0 | 0 | 8 | | 1 | 12 | 47 | 0 | 8 | 29 | 35 | 14 | 4 | 30 | 7 |
| GY06 | 2 | 14 | 14 | 34 | 23 | 13 | 6 | 12 | 27 | 0 | 34 | 2 | 5 | | 21 | 15 | 0 | 2 | 0 | 3 | | 0 | 11 | 32 | 8 | 11 | 14 | 42 | 12 | 3 | 24 | 0 |
| n | 81 | 473 | 359 | 675 | 462 | 139 | 432 | 486 | 350 | 215 | 155 | 334 | 206 | 160 | 118 | 1,373 | 190 | 61 | 38 | 89 | | 237 | 528 | 107 | 9 | 107 | 461 | 345 | 35 | 155 | 953 | 14 |

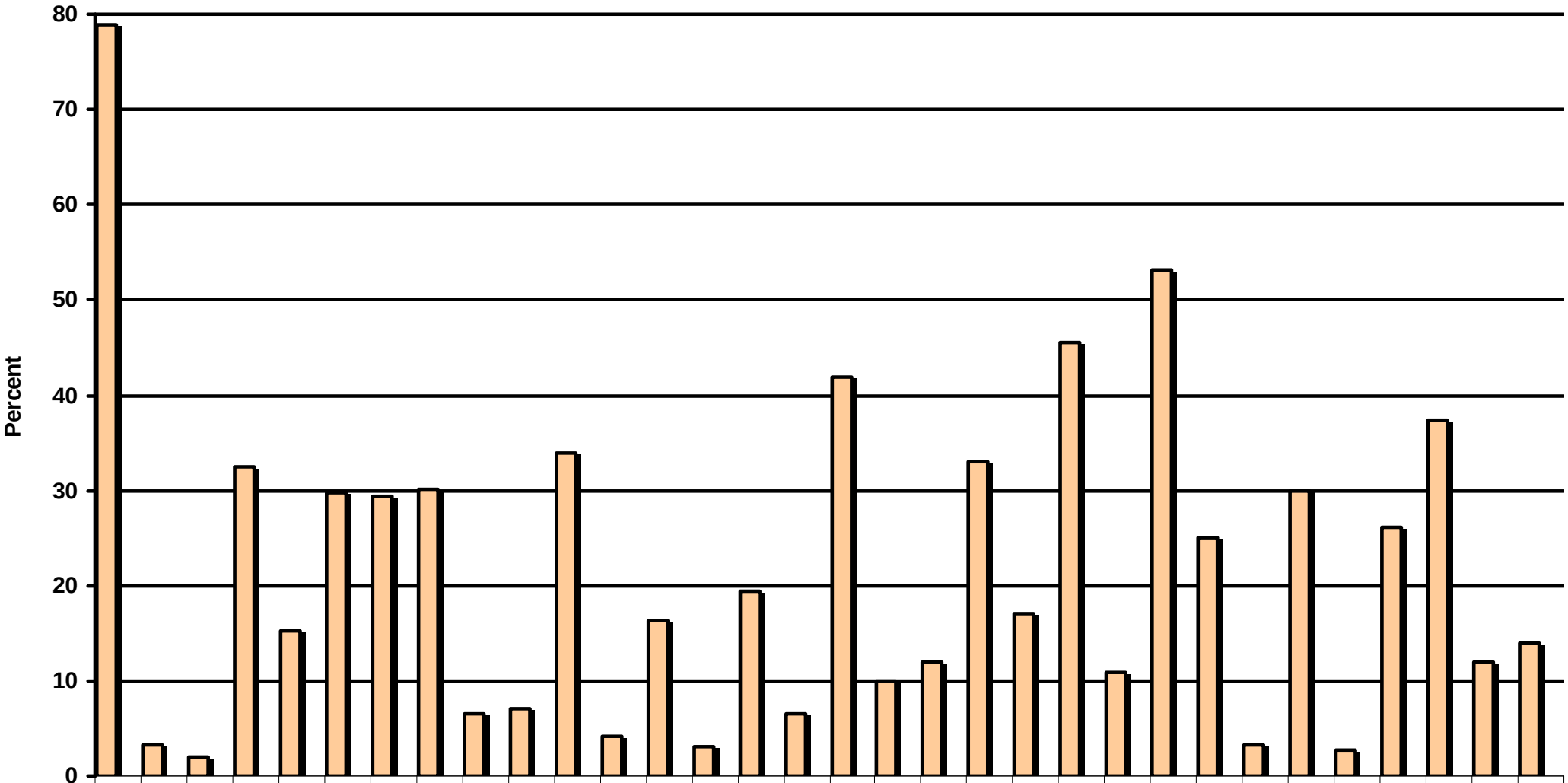
# ALCOHOL SCREENING: FETAL ALCOHOL SYNDROME (FAS) PREVENTION

**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. The US Preventive Services Task Force recommends screening and behavioral counseling interventions to reduce alcohol misuse by adults, including pregnant women, in primary care settings. Screening with intervention has been shown to be effective in reducing alcohol misuse in pregnancy and to reduce the incidence of FAS.*



# ALCOHOL SCREENING: FETAL ALCOHOL SYNDROME (FAS) PREVENTION

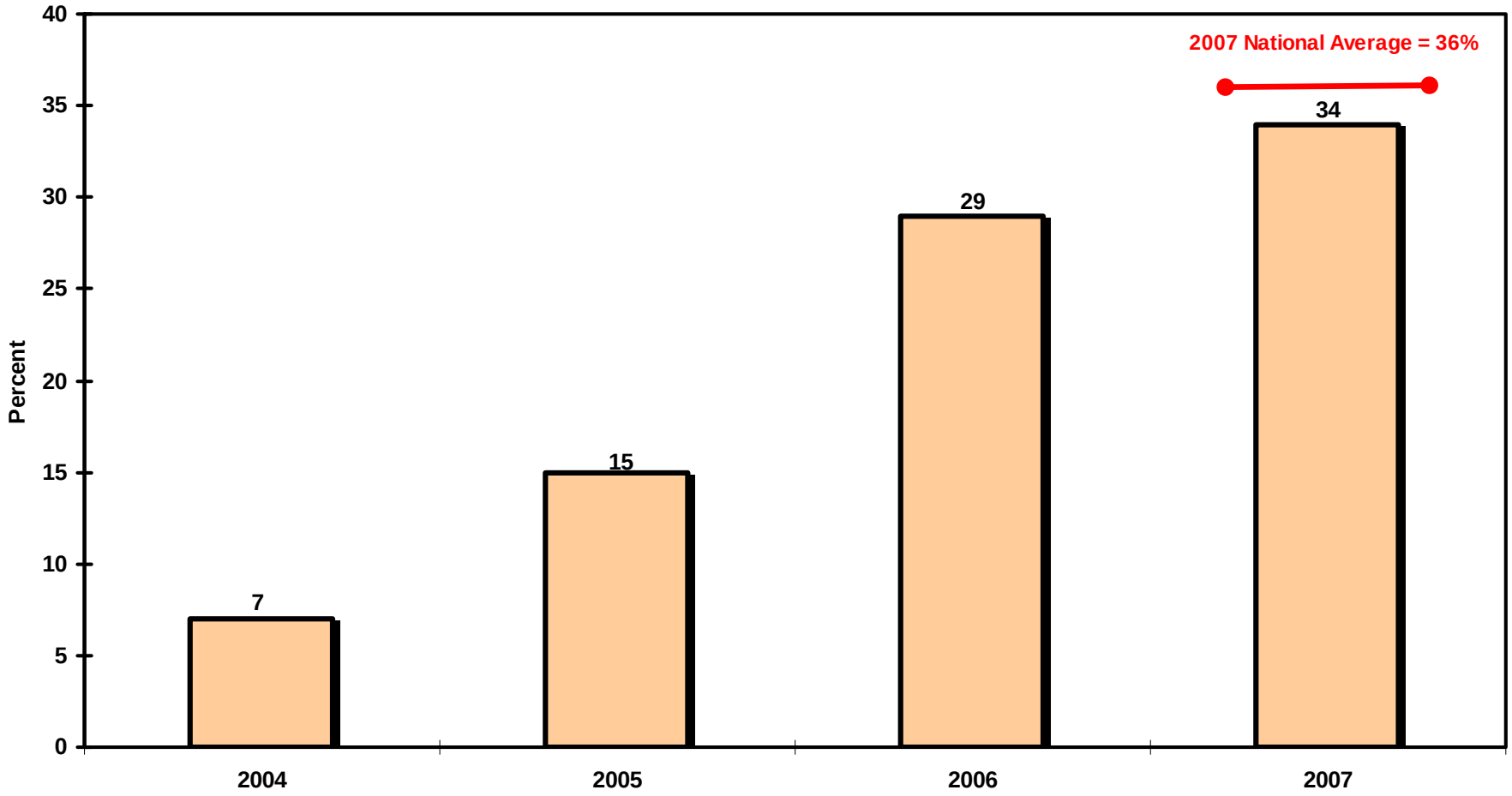



| | BAK | CDE | CON | CVL | FRV | GVL | HPA | IHC | KRK | LAK | LAS | MAC | NVL | OAK | PIT | RSB | RVL | SAC | SBR | SDG | SJO | SIH | SON | SS | SYC | SYZ | TOI | TUL | TUO | UAII | UIHS | WMT |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| GY07 | 79 | 3 | 2 | 32 | 15 | 30 | 29 | 30 | 7 | 7 | 34 | 4 | 16 | 3 | 19 | 7 | 42 | 10 | 12 | 33 | 17 | 46 | 11 | 53 | 25 | 3 | 30 | 3 | 26 | 37 | 12 | 14 |
| GY06 | 26 | 2 | 6 | 16 | 4 | 23 | 22 | 21 | 4 | 9 | 27 | 4 | 2 | | 28 | 2 | 13 | 4 | 23 | 29 | 35 | 39 | 15 | 68 | 24 | 3 | 35 | 3 | 21 | 46 | 2 | 17 |
| n | 95 | 817 | 501 | 1,160 | 703 | 181 | 642 | 717 | 341 | 299 | 189 | 318 | 355 | 229 | 165 | 2,004 | 229 | 71 | 50 | 191 | 287 | 395 | 925 | 160 | 16 | 158 | 527 | 554 | 23 | 150 | 1,448 | 21 |

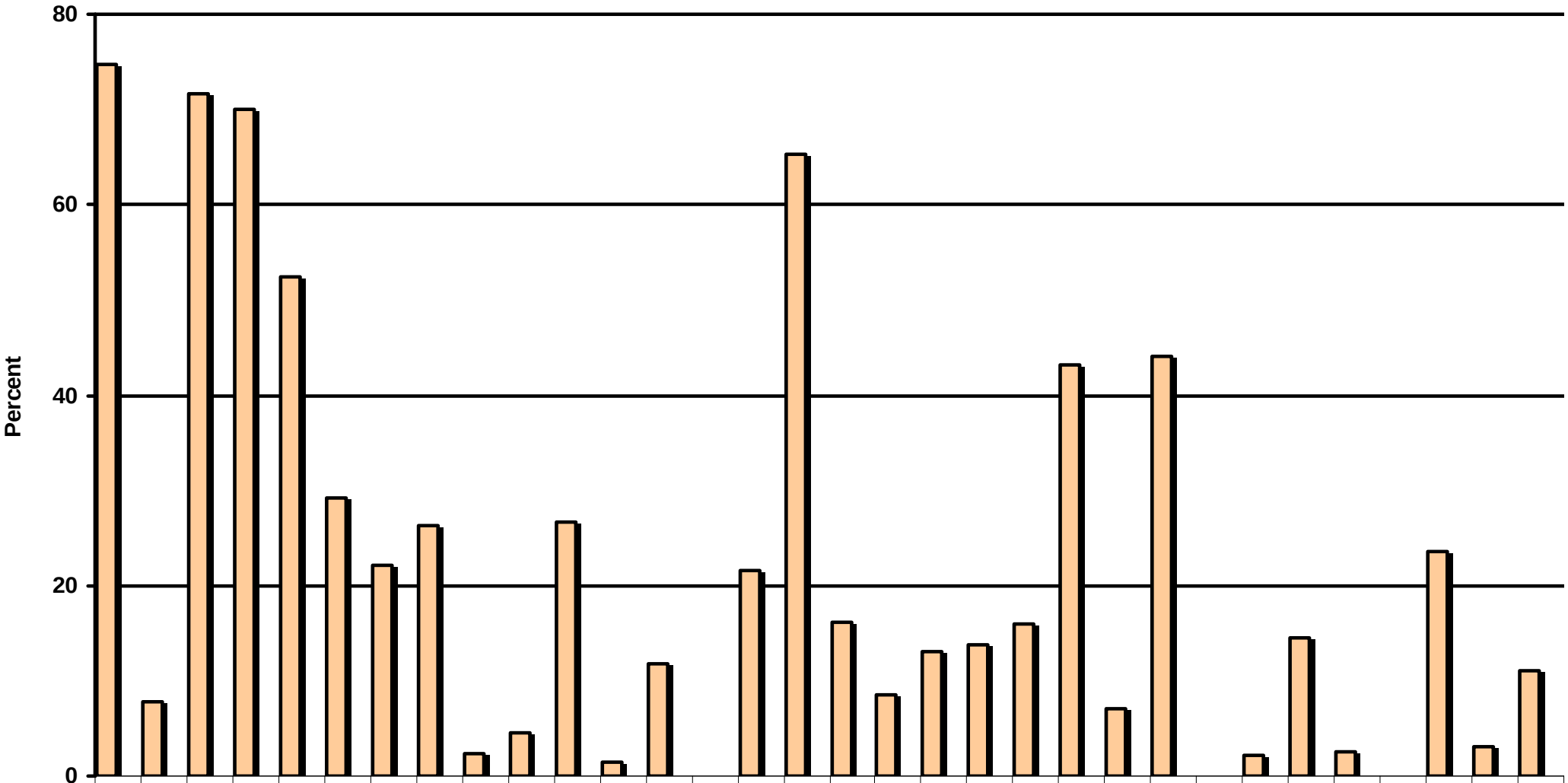
# DOMESTIC/INTIMATE PARTNER VIOLENCE SCREENING

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

**Importance:** *This measure is designed to help ascertain, evaluate, and reduce the prevalence of family violence, abuse, and neglect in American Indian and Alaska Native communities. Thirty percent of women in the United States experience domestic violence at some time in their lives. AI/AN women experience domestic violence at rates similar to or higher than the national average. The health consequences of intimate partner violence are numerous. Women who experience domestic violence are more often victims of nonconsensual sex, have higher levels of smoking, chronic pain syndromes, depression, generalized anxiety, substance abuse, and Post-Traumatic Stress Disorder.*



# DOMESTIC/INTIMATE PARTNER VIOLENCE SCREENING

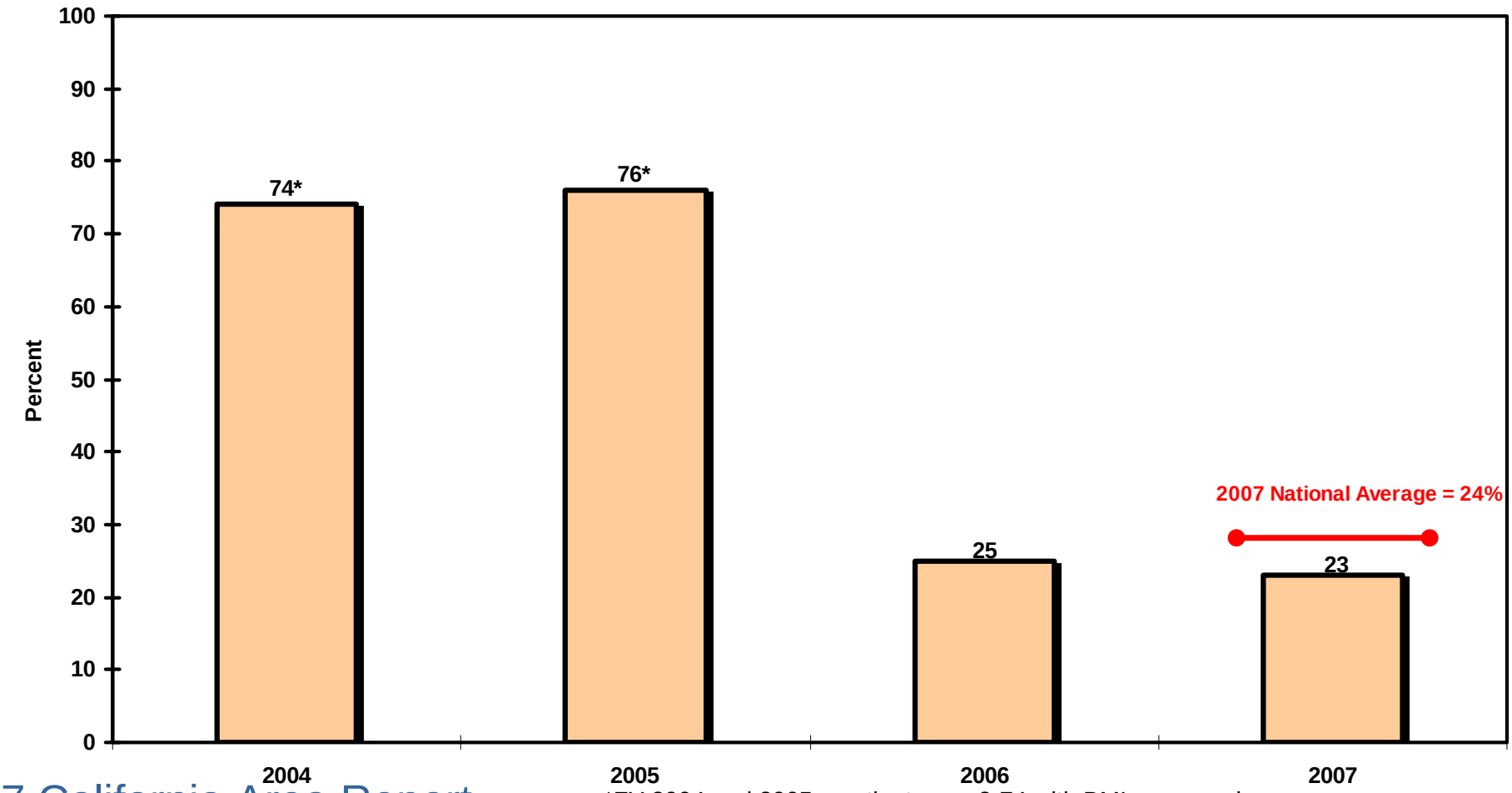



| | BAK | CDE | CON | CVL | FRV | GVL | HPA | IHC | KRK | LAK | LAS | MAC | NVL | OAK | PIT | RSB | RVL | SAC | SBR | SDG | SJO | SIH | SON | SS | SYC | SYZ | TOI | TUL | TUO | UAII | UIHS | WMT |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| GY07 | 75 | 8 | 72 | 70 | 53 | 29 | 22 | 26 | 2 | 5 | 27 | 2 | 12 | 0 | 22 | 65 | 16 | 9 | 13 | 14 | 16 | 43 | 7 | 44 | 0 | 2 | 15 | 3 | 0 | 24 | 3 | 11 |
| GY06 | 6 | 7 | 76 | 58 | 51 | 13 | 10 | 24 | 0 | 7 | 24 | 0 | 1 | | 29 | 67 | 0 | 0 | 19 | 1 | 35 | 33 | 11 | 55 | 0 | 2 | 10 | 1 | 0 | 31 | 1 | 0 |
| n | 75 | 716 | 448 | 1,034 | 612 | 161 | 582 | 651 | 297 | 264 | 165 | 275 | 306 | 186 | 149 | 1,746 | 204 | 59 | 46 | 167 | 235 | 343 | 805 | 143 | 13 | 140 | 470 | 481 | 22 | 127 | 1,287 | 19 |

# CHILDHOOD WEIGHT CONTROL (CWC)

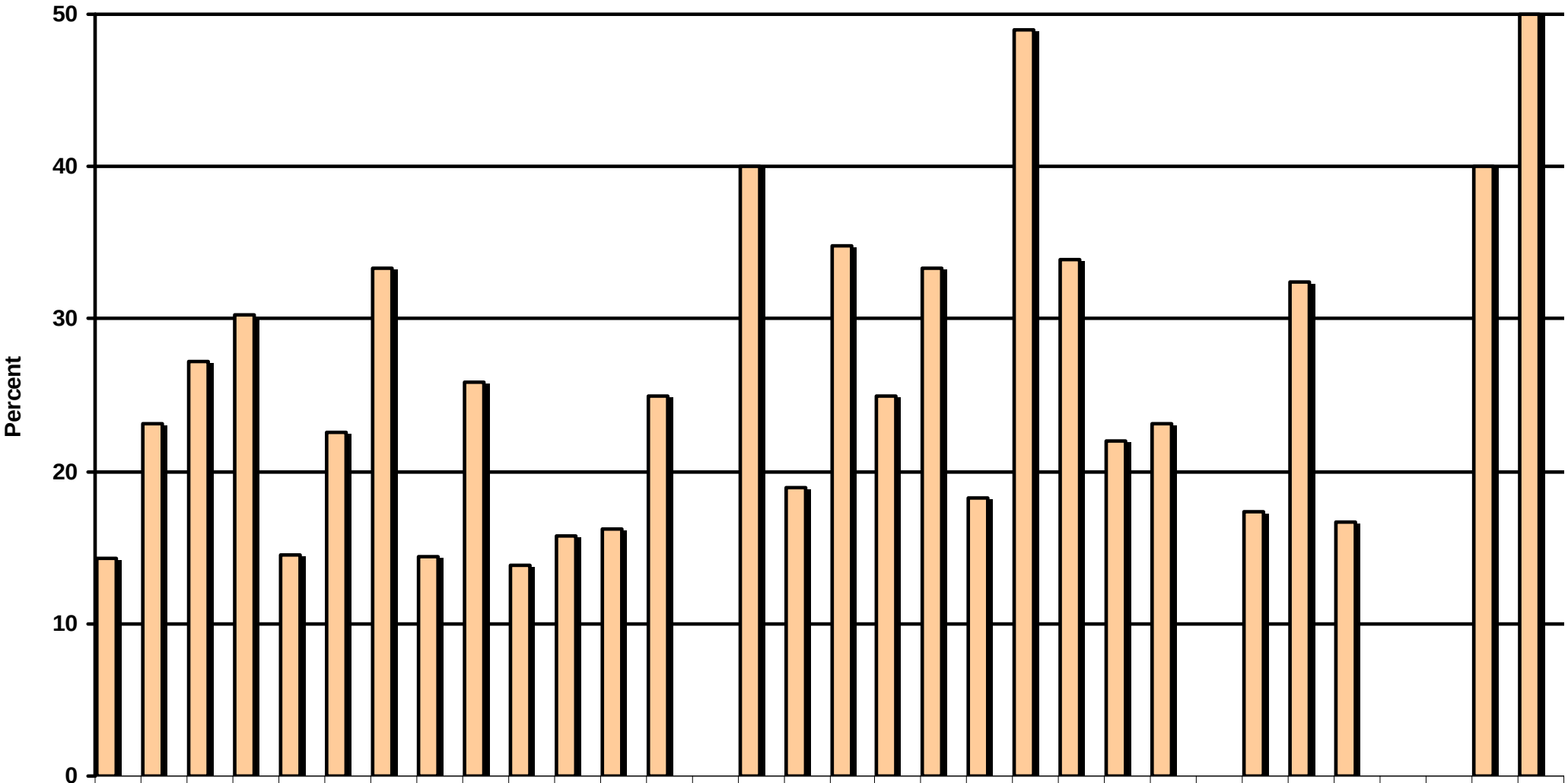
**Measure**: Proportion of children ages 2-5 years with a BMI of 95% or higher.

**Importance:** *Rates of overweight among American Indian and Alaska Native children exceed the national averages. Children who are overweight tend to show related signs of morbidity, including elevated blood pressure, cholesterol, triglyceride, and insulin levels. One major result of rising childhood overweight rates is the growing prevalence of type 2 diabetes among children. In some populations, type 2 diabetes is now the dominant form of diabetes in children and adolescents. Excess weight gain in early childhood also has significant effects on later health, including a high risk of being overweight or obese in adulthood, and a higher risk of type 2 diabetes and cardiovascular disease. Children with a BMI at or above 95% are considered overweight.*




*FY 2004 and 2005 – patients age 2-74 with BMI measured.

# CHILDHOOD WEIGHT CONTROL (CWC)

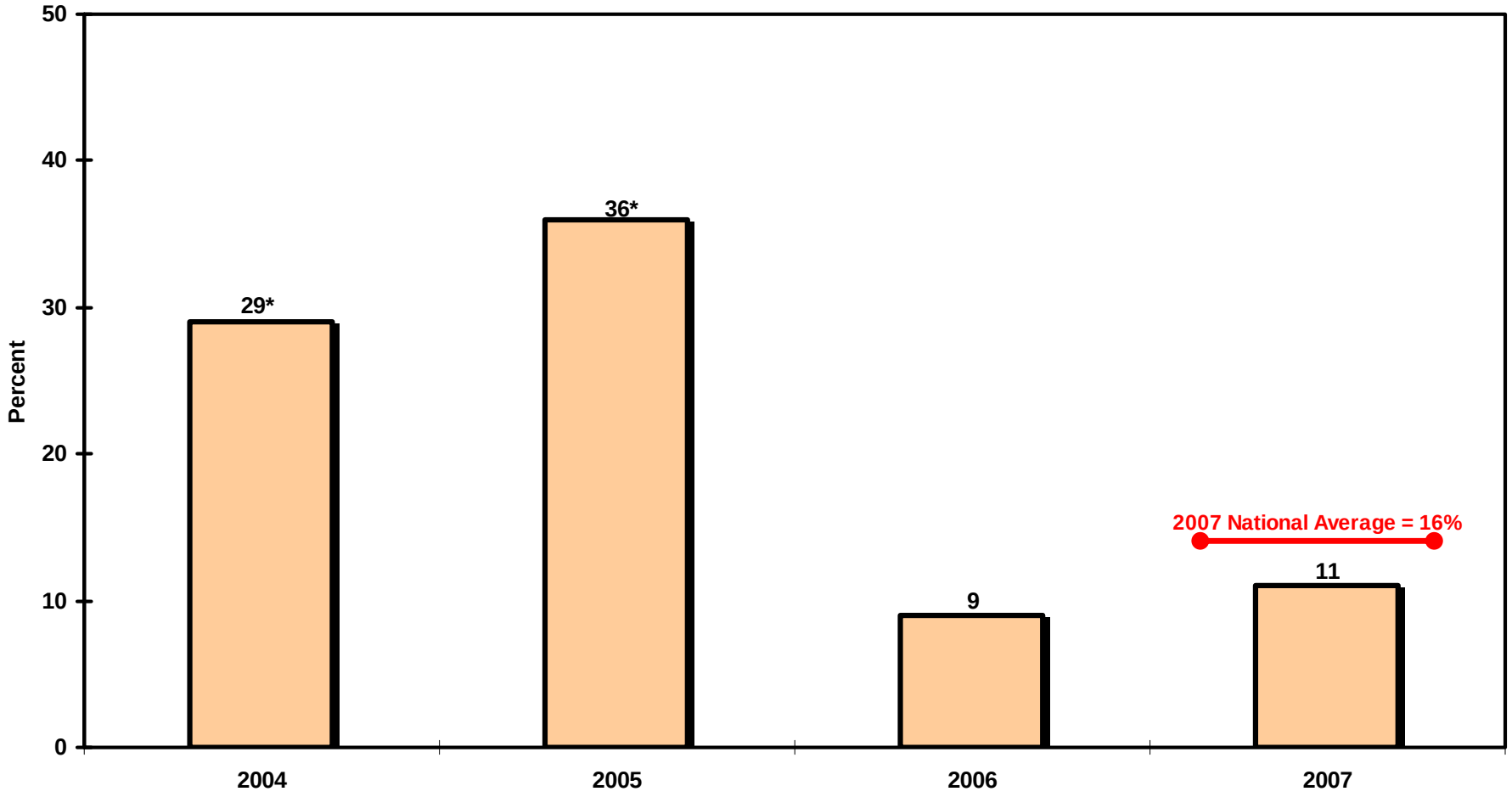



| | BAK | CDE | CON | CVL | FRV | GVL | HPA | IHC | KRK | LAK | LAS | MAC | NVL | OAK | PIT | RSB | RVL | SAC | SBR | SDG | SJO | SIH | SON | SS | SYC | SYZ | TOI | TUL | TUO | UAII | UIHS | WMT |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| GY07 | 14 | 23 | 27 | 30 | 15 | 23 | 33 | 14 | 26 | 14 | 16 | 16 | 25 | 0 | 40 | 19 | 35 | 25 | 33 | 18 | 49 | 34 | 22 | 23 | 0 | 17 | 32 | 17 | 0 | 0 | 40 | 50 |
| GY06 | 100 | 14 | 22 | 31 | 17 | 6 | 29 | 23 | 22 | 25 | 18 | 13 | 38 | | 31 | 20 | 49 | 0 | 50 | 8 | 40 | 26 | 36 | 6 | 50 | 22 | 35 | 20 | 0 | 100 | 24 | 14 |
| n | 7 | 78 | 92 | 244 | 124 | 31 | 114 | 139 | 62 | 65 | 38 | 37 | 48 | 0 | 25 | 354 | 69 | 8 | 3 | 11 | 71 | 56 | 200 | 13 | 1 | 23 | 111 | 120 | 4 | 3 | 140 | 2 |

# TOBACCO CESSATION INTERVENTION

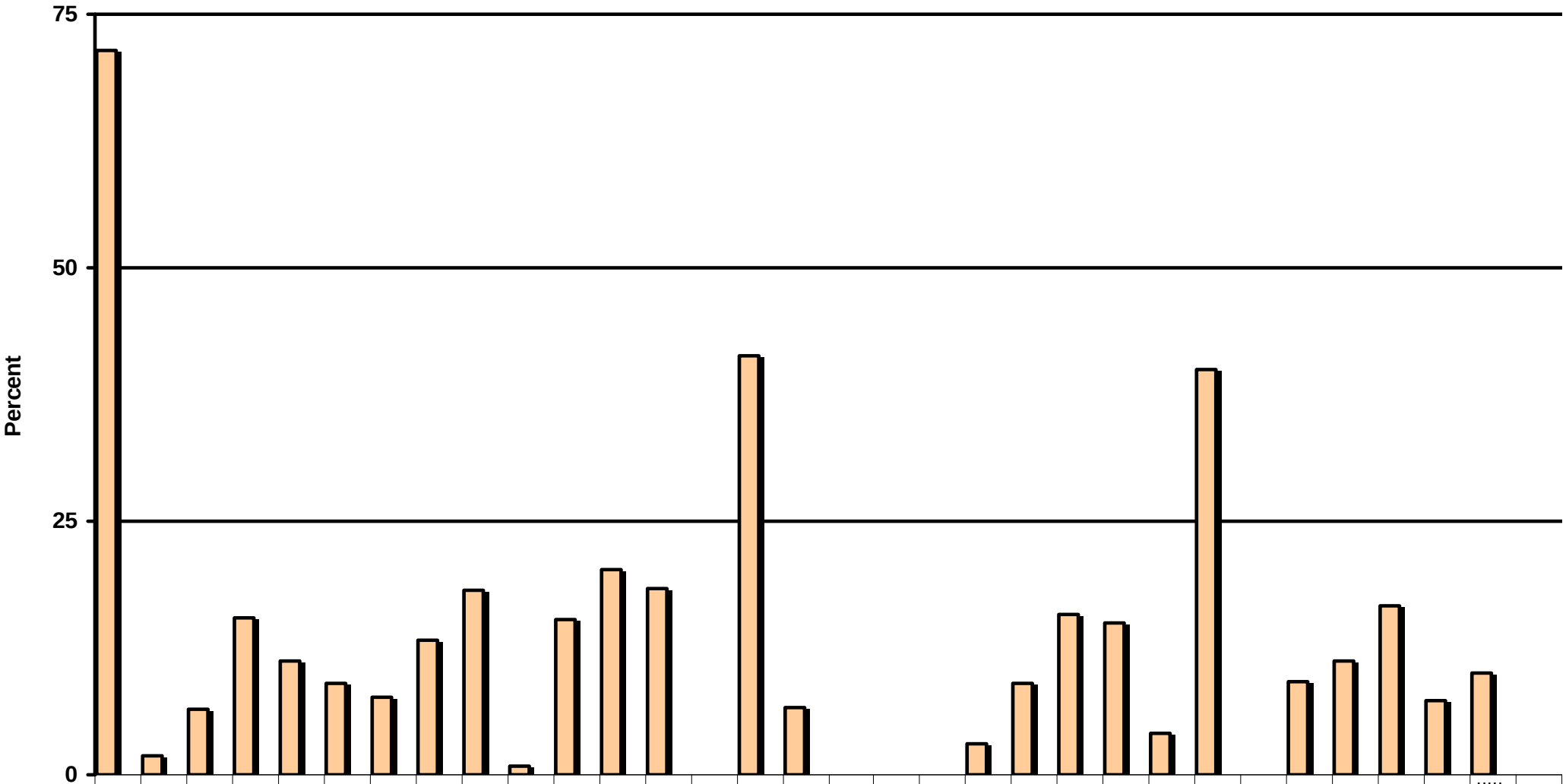
**Measure:** Proportion of tobacco-using patients that receive tobacco cessation intervention.

**Importance:** *The use of tobacco represents the second largest cause of preventable deaths for American Indian and Alaska Native people. Smoking rates in many communities are almost twice the national average. Tobacco users who quit enjoy longer and healthier lives, on average, than those who do not. Even a long-time smoker 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. Cost analyses have shown tobacco cessation programs to be either cost-saving or cost-neutral.*




*FY 2004 and 2005 – patients age 5+ screened for tobacco use.

# TOBACCO CESSATION INTERVENTION

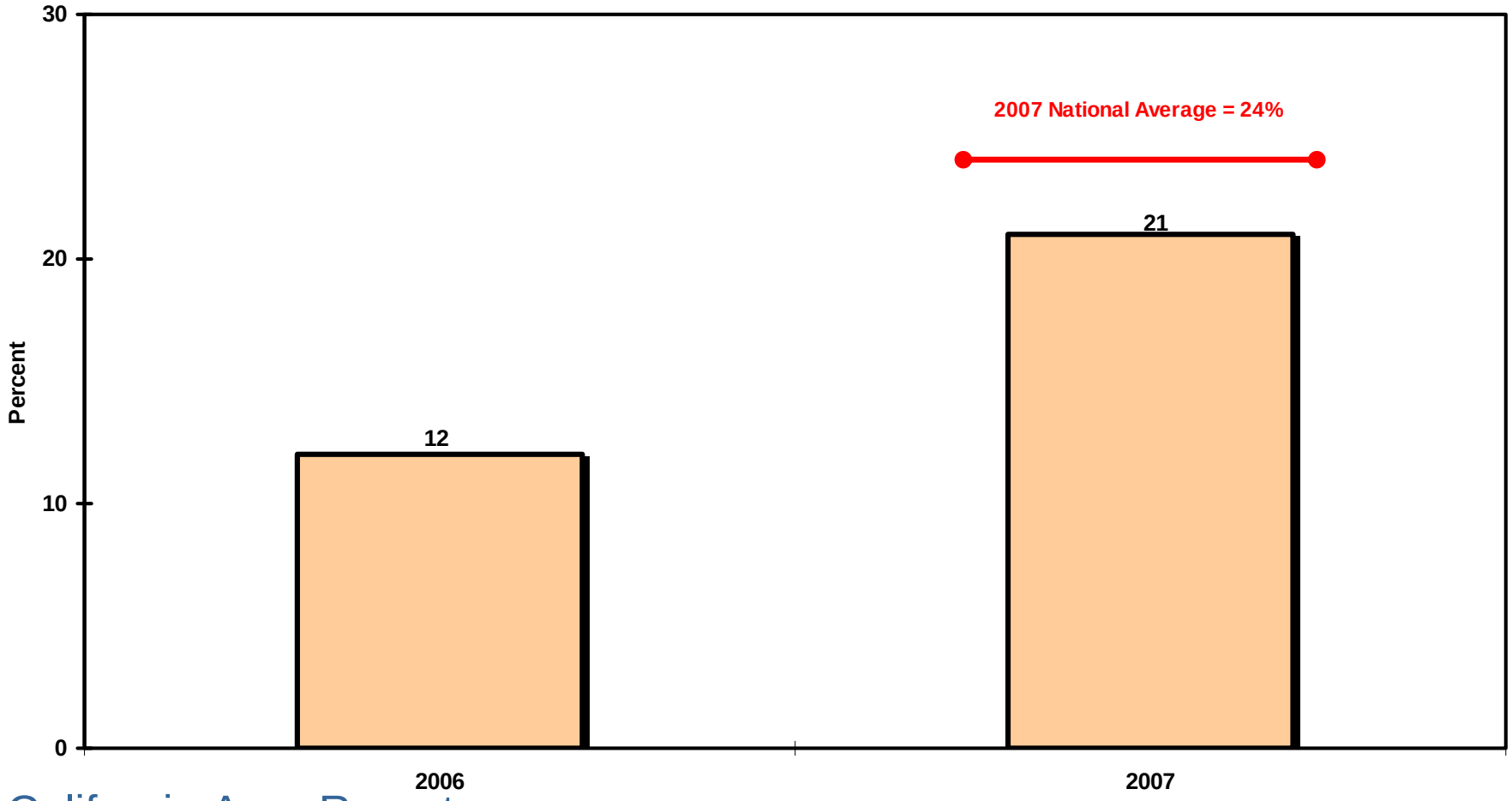



| | BAK | CDE | CON | CVL | FRV | GVL | HPA | IHC | KRK | LAK | LAS | MAC | NVL | OAK | PIT | RSB | RVL | SAC | SBR | SDG | SJO | SIH | SON | SS | SYC | SYZ | TOI | TUL | TUO | UAII | UIHS | WMT |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| GY07 | 71 | 2 | 7 | 15 | 11 | 9 | 8 | 13 | 18 | 1 | 15 | 20 | 18 | 0 | 41 | 7 | 0 | 0 | 0 | 3 | 9 | 16 | 15 | 4 | 40 | 0 | 9 | 11 | 17 | 7 | 10 | 0 |
| GY06 | 0 | 3 | 10 | 13 | 17 | 2 | 1 | 8 | 14 | 1 | 25 | 10 | 6 | 51 | 36 | 3 | 0 | 0 | 2 | 6 | 25 | 15 | 17 | 9 | 43 | 0 | 7 | 1 | 0 | 11 | 1 | 0 |
| n | 14 | 627 | 556 | 1,107 | 823 | 100 | 748 | 646 | 548 | 258 | 235 | 439 | 282 | 0 | 138 | 1,355 | 140 | 25 | 69 | 165 | 57 | 352 | 726 | 195 | 30 | 107 | 415 | 485 | 24 | 164 | 576 | 5 |

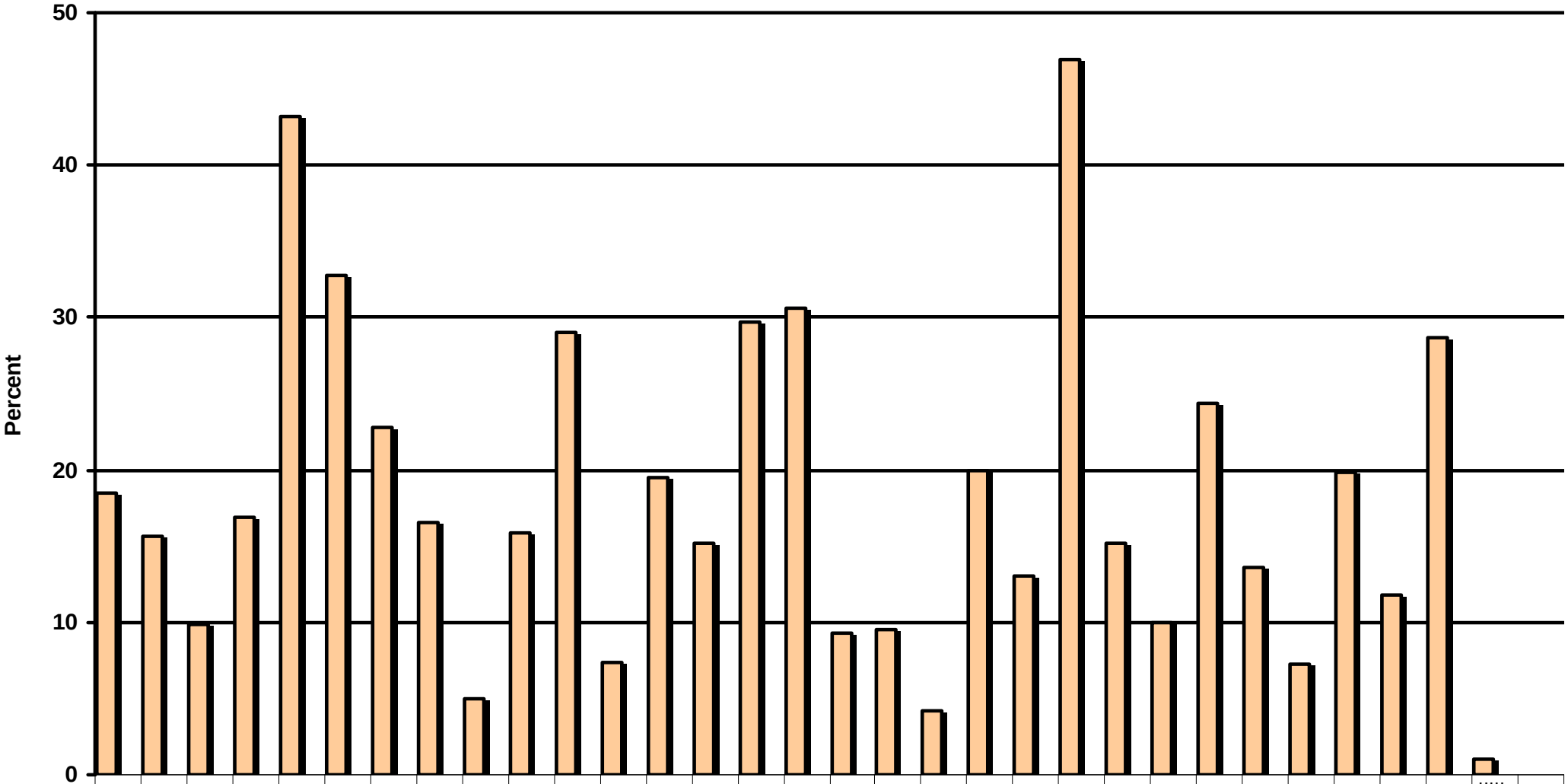
# DEPRESSION SCREENING

**Measure**: Proportion of patients 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

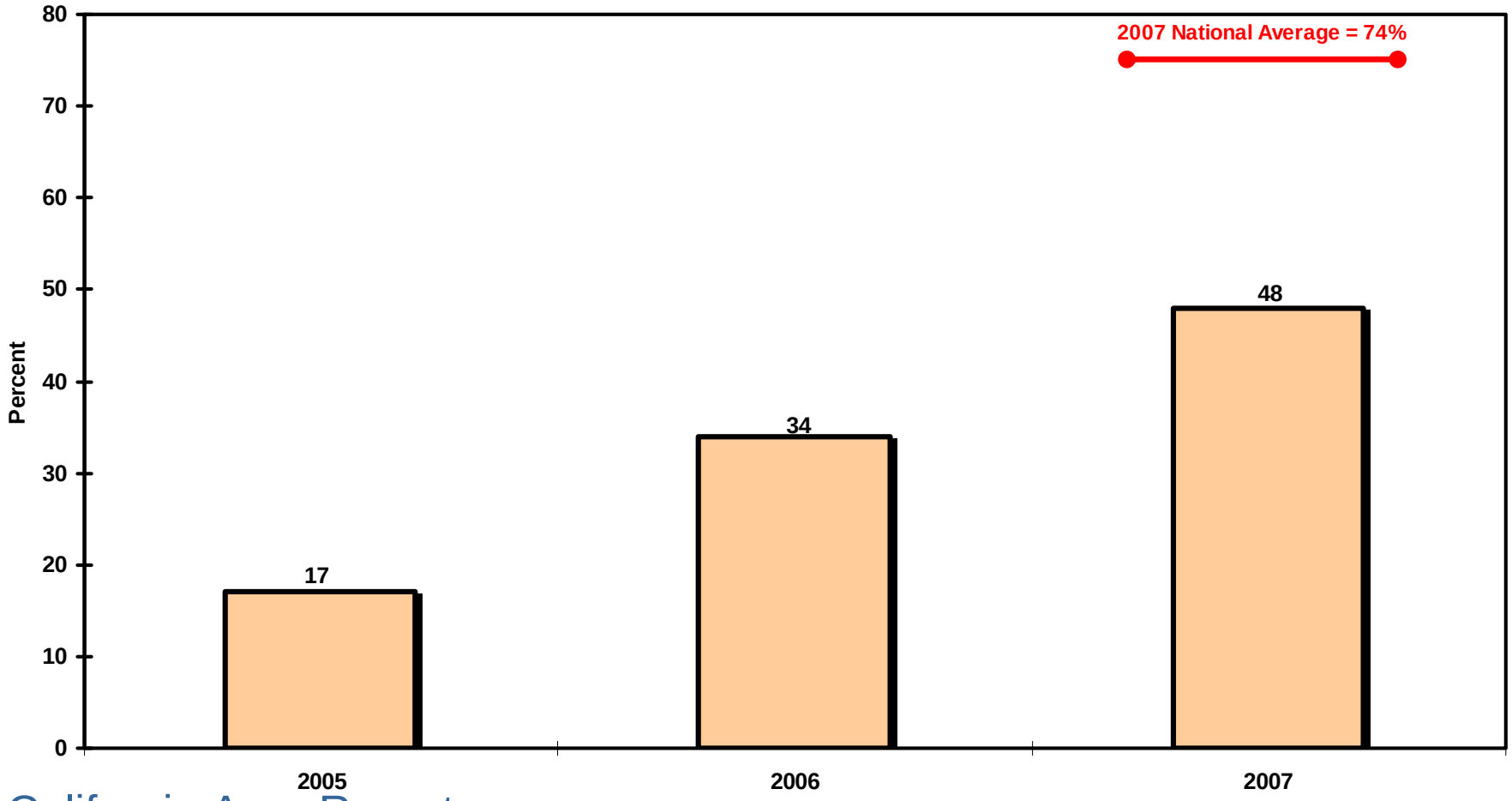



| | BAK | CDE | CON | CVL | FRV | GVL | HPA | IHC | KRK | LAK | LAS | MAC | NVL | OAK | PIT | RSB | RVL | SAC | SBR | SDG | SJO | SIH | SON | SS | SYC | SYZ | TOI | TUL | TUO | UAII | UIHS | WMT |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| GY07 | 19 | 16 | 10 | 17 | 43 | 33 | 23 | 17 | 5 | 16 | 29 | 7 | 20 | 15 | 30 | 31 | 9 | 10 | 4 | 20 | 13 | 47 | 15 | 10 | 24 | 14 | 7 | 20 | 12 | 29 | 1 | 0 |
| GY06 | 26 | 11 | 12 | 11 | 14 | 25 | 20 | 13 | 7 | 12 | 15 | 6 | 22 | 31 | 22 | 9 | 12 | 5 | 12 | 8 | 13 | 33 | 18 | 16 | 4 | 12 | 8 | 6 | 1 | 31 | 5 | |
| n | 259 | 2,025 | 1,298 | 2,767 | 1,778 | 460 | 1,655 | 1,905 | 1,087 | 753 | 513 | 1,016 | 845 | 606 | 448 | 4,963 | 612 | 201 | 142 | 438 | 458 | 961 | 2,146 | 401 | 41 | 375 | 1,489 | 1,387 | 93 | 457 | 3,733 | 68 |

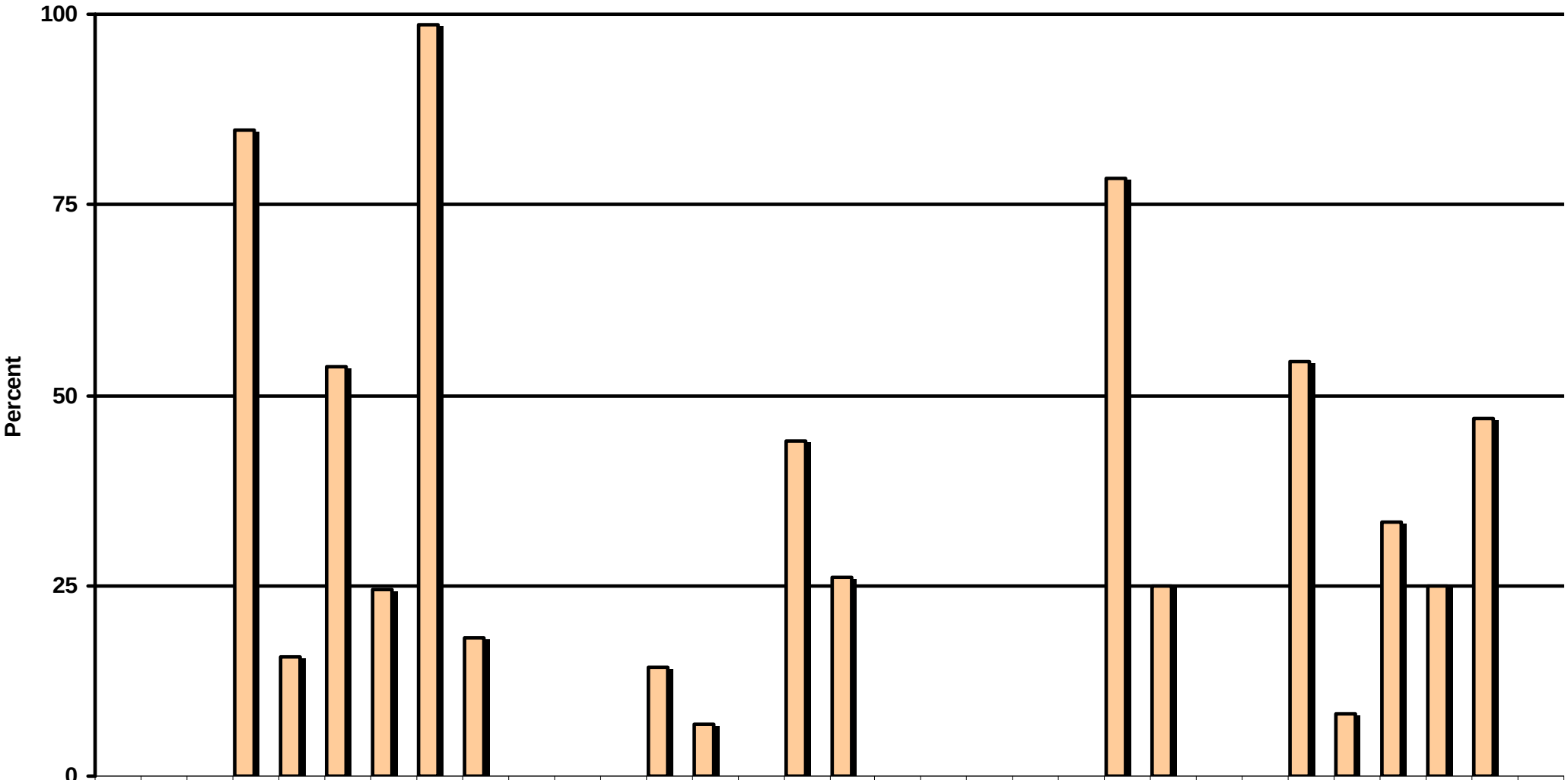
# PRENATAL HIV SCREENING

**Measure:** Proportion of pregnant women screened for HIV.

**Importance:** *The HIV/AIDS epidemic represents a growing threat to American women of childbearing age. From 1999 through 2003, the estimated number of AIDS cases increased 15% among women and 1% among men. In 2003, the CDC reported that 92% of HIV and AIDS cases in children and virtually all new HIV infections in children in the United States were the result of prenatal transmission of HIV. Studies have shown transmission rates of less than 2% among HIV infected mothers who started antiretroviral treatment during pregnancy; those who did not begin treatment until labor or after birth had transmission rates of 12-13%, and those who received no treatment had rates of 25%. Routine prenatal HIV testing of all pregnant women is the best way to avoid transmission of HIV from mother to infant.*



# PRENATAL HIV SCREENING

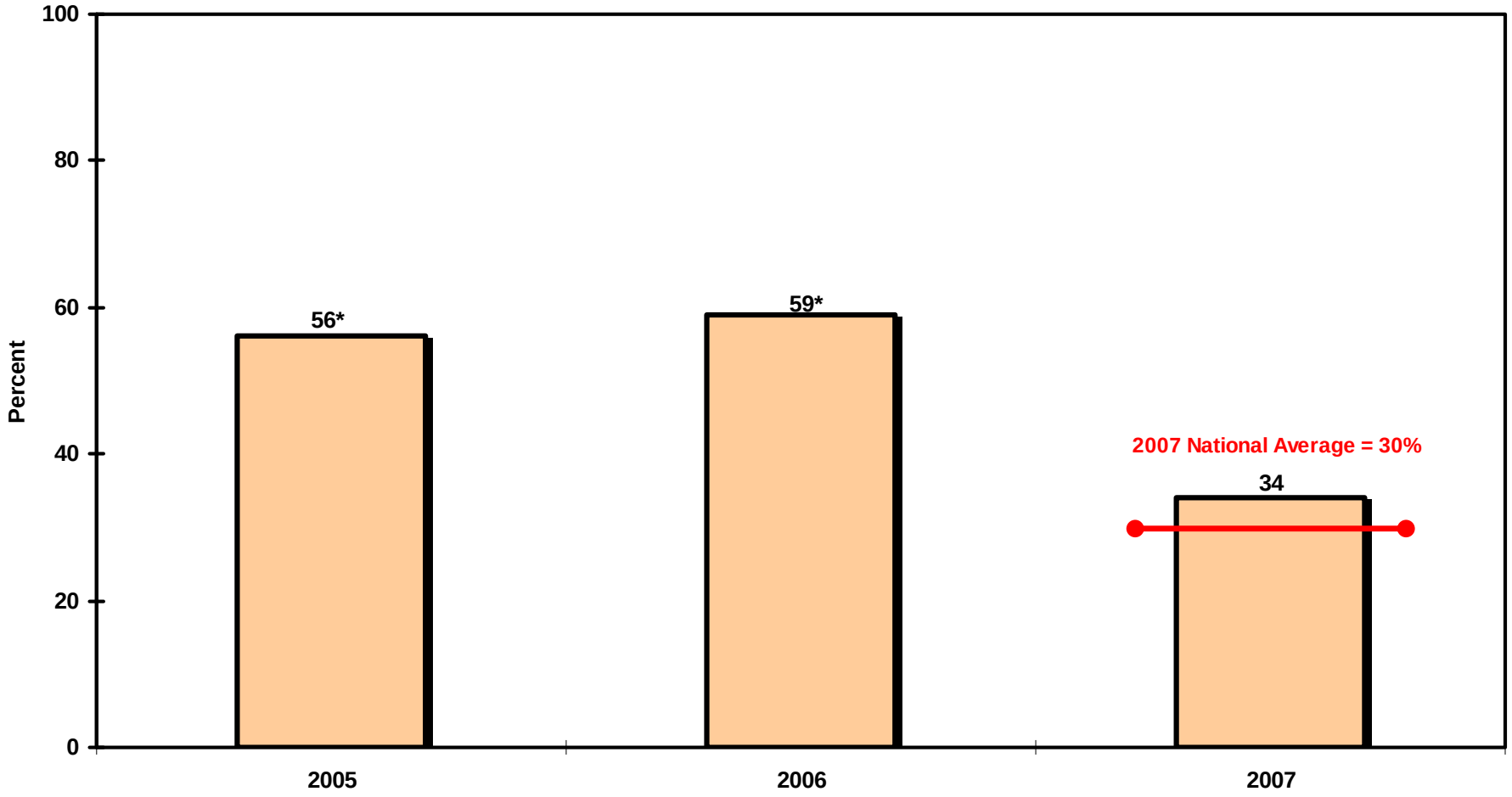



| | BAK | CDE | CON | CVL | FRV | GVL | HPA | IHC | KRK | LAK | LAS | MAC | NVL | OAK | PIT | RSB | RVL | SAC | SBR | SDG | SJO | SIH | SON | SS | SYC | SYZ | TOI | TUL | TUO | UAII | UIHS | WMT |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| GY07 | 0 | 0 | 0 | 85 | 16 | 54 | 25 | 99 | 18 | 0 | 0 | 0 | 14 | 7 | 0 | 44 | 26 | 0 | 0 | 0 | | 0 | 78 | 25 | 0 | 0 | 55 | 8 | 33 | 25 | 47 | 0 |
| GY06 | 0 | 0 | 0 | 73 | 0 | 100 | 31 | 99 | 8 | 0 | 25 | 0 | 33 | | 6 | 32 | 13 | 0 | 0 | 0 | | 0 | 62 | 0 | 0 | 0 | 48 | 0 | 50 | 0 | 0 | 0 |
| n | 0 | 20 | 8 | 72 | 32 | 13 | 57 | 78 | 11 | 19 | 7 | 9 | 7 | 29 | 17 | 59 | 23 | 0 | 0 | 0 | | 7 | 97 | 4 | 0 | 7 | 55 | 37 | 3 | 4 | 346 | 0 |

# CVD PREVENTION: COMPREHENSIVE ASSESSMENT

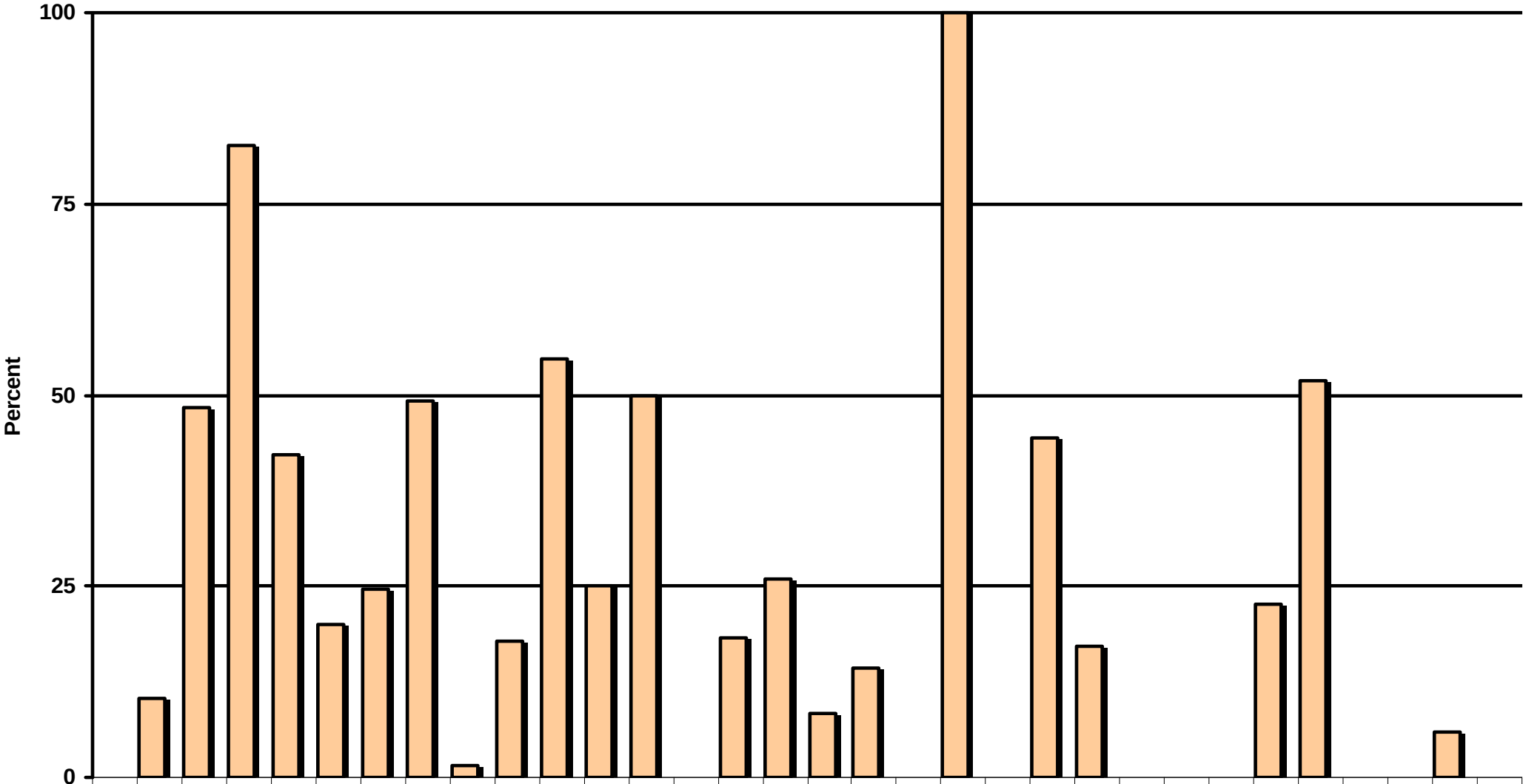
**Measure**: Proportion of IHD patients with comprehensive CVD assessment, defined as having BP, LDL, and tobacco use assessed, BMI calculated, and lifestyle counseling.

**Importance:** *Death rates from cardiovascular disease are higher among AI/AN people than other groups. In the late 1990s, heart disease death rates were 20% higher among AI/AN people than the total US population, and stroke death rates were 14% higher. Cardiovascular disease represents the leading cause of death for American Indian and Alaska Native people above 45 years of age. Unlike other racial and ethnic groups, American Indians appear to have an increasing incidence of cardiovascular disease, likely due to the high prevalence of diabetes.*




*FY 2005 and 2006 – patients age 23+ who receive blood cholesterol screening.

# CVD PREVENTION: COMPREHENSIVE ASSESSMENT




| | BAK | CDE | CON | CVL | FRV | GVL | HPA | IHC | KRK | LAK | LAS | MAC | NVL | OAK | PIT | RSB | RVL | SAC | SBR | SDG | SJO | SIH | SON | SS | SYC | SYZ | TOI | TUL | TUO | UAII | UIHS | WMT |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| GY07 | 0 | 10 | 48 | 83 | 42 | 20 | 25 | 49 | 2 | 18 | 55 | 25 | 50 | 0 | 18 | 26 | 8 | 14 | 0 | 100 | | 44 | 17 | 0 | 0 | 0 | 23 | 52 | 0 | 0 | 6 | 0 |
| n | 0 | 48 | 31 | 132 | 90 | 5 | 81 | 67 | 66 | 45 | 31 | 80 | 28 | 0 | 44 | 170 | 36 | 7 | 1 | 1 | | 18 | 76 | 9 | 2 | 7 | 62 | 54 | 5 | 3 | 157 | 5 |

# APPENDIX A

SUMMARY

OF

KEY

FINDINGS

# CALIFORNIA AREA DASHBOARD

| GY 2007 End of Year Dashboard<br>DIABETES | California Area 2007 | California Area 2006 | National Avg. 2007 | National 2007 Target | 2007 End of Year Results - California Area |
|---|---|---|---|---|---|
| Diabetes Dx Ever | 10% | 10% | 11% | N/A | N/A |
| Documented HbA1c | 82% | 83% | 79% | N/A | N/A |
| Poor Glycemic Control | 15% | 15% | 16% | 15% | MET |
| Ideal Glycemic Control | 38% | 36% | 31% | 32% | MET |
| Controlled BP <130/80 | 35% | 34% | 39% | 37% | NOT MET |
| LDL Assessed | 67% | 66% | 61% | 60% | MET |
| Nephropathy Assessed | 49%* | 62% | 40%* | baseline | MET |
| Retinopathy Exam | 45% | 46% | 49% | 49% | NOT MET |
| **DENTAL** | | | | | |
| Access to Services | 39% | 36% | 25% | 24% | MET |
| Sealants | 9,363 | 7,811 | 245,449 | 246,645 | N/A |
| Topical Fluoride- Patients | 6,280 | 5,702 | 107,934 | 95,439 | N/A |
| **IMMUNIZATIONS** | | | | | |
| Influenza 65+ | 57% | 49% | 59% | 59% | NOT MET |
| Pneumovax 65+ | 75% | 72% | 79% | 76% | NOT MET |
| Childhood Izs | 64% | 56%*** [57] | 78% | 78% | NOT MET |
| **PREVENTION** | | | | | |
| Pap Smear Rates | 52% | 60% | 59% | 60% | NOT MET |
| Mammogram Rates | 42% | 41% | 43% | 41% | MET |
| Colorectal Cancer Screening | 19% | 17% | 26% | 22% | NOT MET |
| Tobacco Cessation | 11% | 9% | 16% | 12% | NOT MET |
| FAS Prevention | 17% | 12% | 41% | 28% | NOT MET |
| IPV/DV Screen | 34% | 29% | 36% | 28% | MET |
| Depression Screening | 21% | 12% | 24% | 15% | MET |
| Comp. CVD-related Assessment | 34%** | 59% | 30%** | baseline | MET |
| Prenatal HIV Screening | 48% | 34% | 74% | 65% | NOT MET |
| Childhood Weight Control | 23% | 25% | 24% | 24% | MET |

*Standards of care changes may cause significant decrease in rates compared to previous year (see CRS logic)
**As of FY 2007, measure has changed to a comprehensive assessment of at-risk patients (see CRS logic)
***National IZ program report [CRS - IMM package]