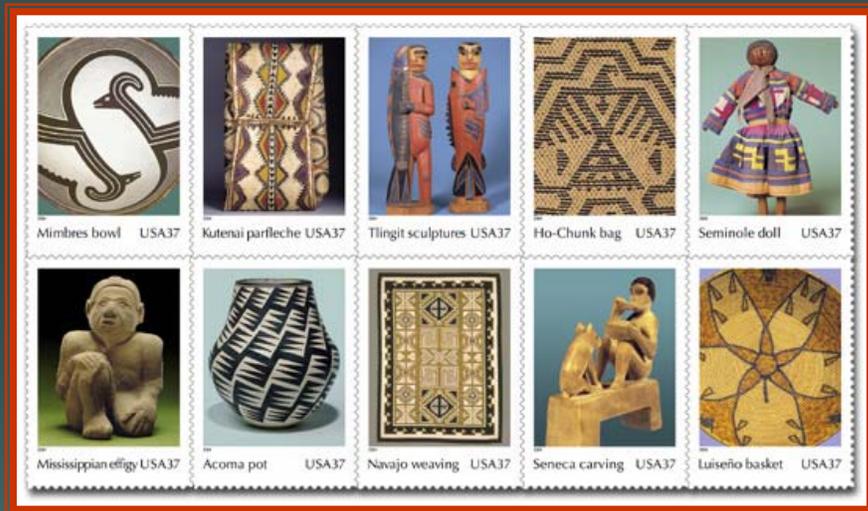




Government Performance and Results Act (GPRA)

12 Area Summary Report

Aberdeen - Alaska - Albuquerque - Bemidji - Billings - California - Nashville - Navajo - Oklahoma - Phoenix - Portland - Tucson - Tulsa



Indian Health Service 2007

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TABLE OF CONTENTS

INTRODUCTION	3
POPULATION DESCRIPTION: BY AREA	4
GPRA TERMINOLOGY	5
RESULTS	6
DIABETES: DIAGNOSIS EVER (PREVALENCE)	7
DIABETES: POOR GLYCEMIC CONTROL	8
DIABETES: IDEAL GLYCEMIC CONTROL	9
DIABETES: CONTROLLED BLOOD PRESSURE	10
DIABETES: LDL (CHOLESTEROL) ASSESSED	11
DIABETES: NEPHROPATHY ASSESSED	12
DIABETES: RETINOPATHY ASSESSED	13
DENTAL: GENERAL ACCESS	14
IMMUNIZATION: INFLUENZA (65+)	15
IMMUNIZATION: PNEUMOVAX (65+)	16
IMMUNIZATION: CHILDHOOD (19-35 MONTHS)	17
CANCER SCREENING: CERVICAL (PAP SMEAR)	18
CANCER SCREENING: BREAST (MAMMOGRAPHY)	19
CANCER SCREENING: COLORECTAL	20
ALCOHOL SCREENING: FAS PREVENTION	21
DOMESTIC VIOLENCE/INTIMATE PARTNER VIOLENCE SCREENING	22
CHILDHOOD WEIGHT CONTROL	23
TOBACCO CESSATION	24
DEPRESSION SCREENING	25
PRENATAL HIV SCREENING	26
CVD PREVENTION: COMPREHENSIVE ASSESSMENT	27
2007 NATIONAL DASHBOARD	A-1



During FY 2007 the Government Performance and Results Act (GPRA) continued to provide quality healthcare assessment for the Indian Health Service (IHS). The IHS Annual Performance Plan includes GPRA measures that track clinical performance in the categories of treatment and prevention. GPRA assesses Agency performance in the areas of: Diabetes, Oral Health, Immunizations, Cancer Screening, Behavioral Health, Cardiovascular Disease Prevention, HIV, Obesity, and Tobacco Cessation. This 12-Area Summary Report provides a comparison of GPRA measure results for all IHS Areas.

This report is a companion document to the 2007 National Summary Report and is designed to provide Indian Health Service executives and staff with comparative information about Area-level performance. It contains data about selected clinical measures that were collected at IHS Direct and Tribal healthcare facilities using the Resource Patient Management System (RPMS) and extracted using Clinical Reporting System (CRS) software, version 7.0. All measures outlined in this report are obtained from the National GPRA report submitted by each facility using the CRS software.

The graphs for each clinical measure display results by Area for GPRA Year (GY) 2007 and GY 2006. The GPRA year begins July 1 and ends June 30. The graphs also include definitions of the numerator and denominator for each measure, as well as the specific number of patients (N) in the denominator for each measure. Each graph also indicates the IHS national average for GY07 and GY06 and includes either the Healthy People 2010 or IHS 2010 goal for the measure.

Areas can use these graphs to review any changes in their performance from GY 2006 to GY 2007, to compare their performance to that of other Areas or to the national average, and to assess their progress towards achieving long-term goals. The information presented in this report was extracted from the RPMS databases of 191 Tribal and IHS direct health programs distributed among the 12 IHS Service Areas (Aberdeen, Alaska, Albuquerque, Bemidji, Billings, California, Nashville, Navajo, Oklahoma, Phoenix, Portland, and Tucson).



POPULATION DESCRIPTION: BY AREA



2007 GPRA

Reporting Population

1,246,416 patients

Approximate User Population represented = **86%** in GPRA

<u>IHS AREA</u>	<u>Number of IHS/ Tribal Facilities reporting GPRA</u> 2007	<u>GPRA Population</u> 2007	<u>NPIRS Population</u> 2006	<u>Percent Reporting</u> 2007	<u>Percent Reporting</u> 2006
Aberdeen	19	122,677	118,347	100%	100%
Alaska	12	115,073	130,682	88%	92%
Albuquerque	9	80,039	86,504	93%	95%
Bemidji	17	57,888	98,825	59%	58%
Billings	6	56,407	70,384	80%	80%
California	23	64,651	74,248	87%	95%
Nashville	17	39,475	47,356	83%	80%
Navajo	8	224,967	236,893	95%	94%
Oklahoma	31	221,350	309,542	72%	82%
Phoenix	17	156,524	150,886	100%	100%
Portland	29	89,028	100,395	89%	80%
Tucson	3	18,337	24,164	76%	74%
Total, All Areas	191	1,246,416	1,448,226	86%	90%

To calculate the percent reporting for a given year, GPRA population counts are compared to the NPIRS population count for the previous year. Due to reporting timelines, we are unable to obtain current year NPIRS data for comparison. In addition, NPIRS population estimates are unduplicated and therefore more representative of the true population. Due to this reason some GPRA population counts are overestimated.

Population Comparisons: Numerator: 2007 GPRA User Population - Denominator: 2006 (previous year) NPIRS Active Indian Registrants

GPRA TERMINOLOGY



NUMERATOR: The numerator is the number of patients who meet the logic criteria for a performance measure.

DENOMINATOR: The denominator for a performance measure is the total patient population being reviewed. Different measures have different denominators, e.g., all active user patients or female patients ages 15-44.

GPRA USER POPULATION: Any AI/AN patient who is alive on the last day of the report period and residing in the defined community with at least one visit to any clinic in the three years prior to the end of the report period. **Note: This definition is not comparable to the Official User Population definition that was developed by IHS to define its core population for statistical reporting to Congress.*

ACTIVE CLINICAL POPULATION: Patient must be American Indian/Alaska Native (Beneficiary Classification–01), must reside in a community included in the site’s “official” GPRA community taxonomy (See CRS User Manual, section 4.1 for information about setting up community taxonomies), must be alive on the last day of the report period, and must have two visits to **medical** clinics in the past three years. At least one visit must be to one of the following core medical clinics:

The second visit can be **EITHER** to one of the core medical clinics listed above **OR** to one of the following

01	GENERAL	13	INTERNAL MEDICINE	57	EPSDT
06	DIABETIC	20	PEDIATRICS	70	WOMEN'S HEALTH
10	GYN	24	WELL CHILD	80	URGENT CARE
12	IMMUNIZATIONS	28	FAMILY PRACTICE	89	EVENING

additional medical clinics:

02	CARDIAC	25	OTHER	50	CHRONIC DISEASE
03	CHEST AND TB	26	HIGH RISK	69	ENDOCRINOLOGY
05	DERMATOLOGY	27	GENERAL PREVENTIVE	75	UROLOGY
07	ENT	31	HYPERTENSION	81	MEN'S HEALTH
08	FAMILY PLANNING	32	POSTPARTUM	85	TEEN CLINIC
16	OBSTETRICS	37	NEUROLOGY	88	SPORTS MEDICINE
19	ORTHOPEDIC	38	RHEUMATOLOGY	88	GASTROENTEROLOGY/ HEPATOLOGY
23	SURGICAL	49	NEPHROLOGY	89	ONCOLOGY/HEMATOLOGY

ACTIVE DIABETIC POPULATION: Active Clinical patients diagnosed with diabetes prior to the Report Period, AND at least 2 visits during the Report Period, AND 2 DM-related visits ever.



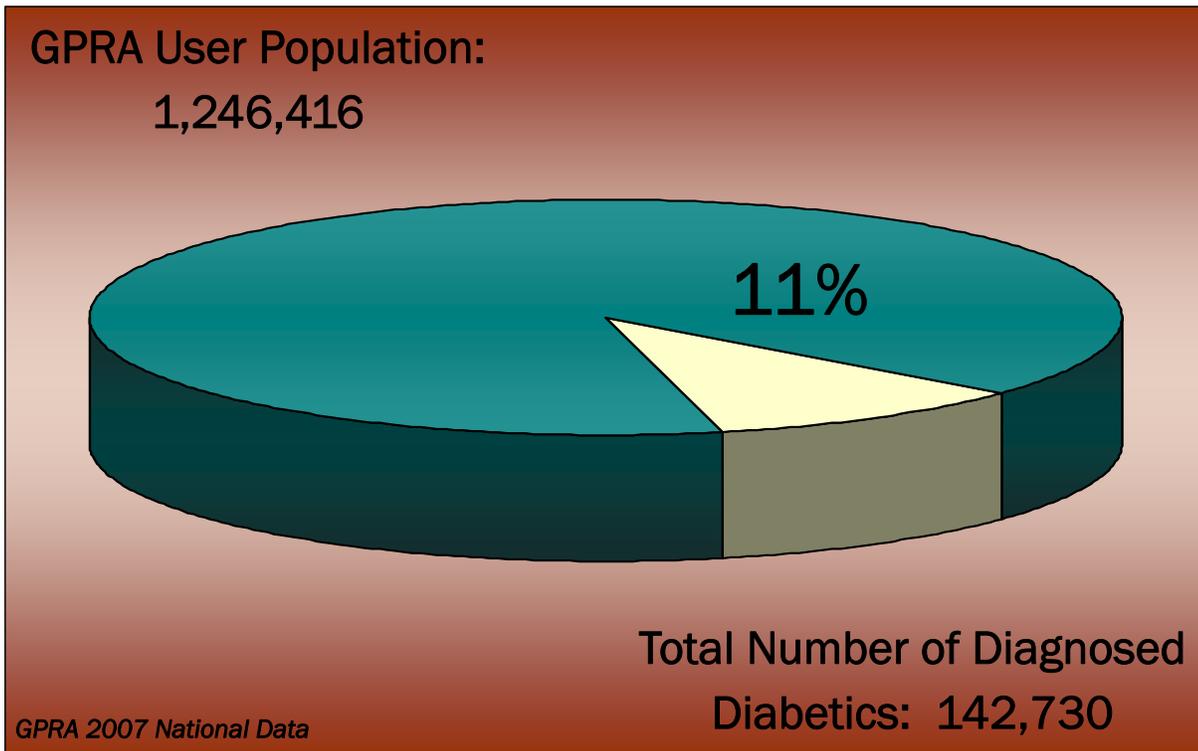
RESULTS

In GY 2007, there were a total of 22 clinical GPRA measures reported through the Clinical Reporting System. This report provides a summary of results for all 22 measures, including detailed graphs for 20 measures. Of these 22 clinical measures, eighteen, or 82%, met their targets for GY 2007. This reflects a 9% increase compared to GY 2006, when 73% of the clinical measures (16 of 22) met their targets. Of the eighteen measures met in GY 2007, twelve exceeded their targets (Appendix A-1). Five GPRA measures (Topical Fluorides, Alcohol Screening-FAS prevention, Domestic/Intimate Partner Violence Screening, Depression Screening, and Prenatal HIV Screening) achieved increases of eight percentage points or more over GY 2006. Two measures (Fluorides and Alcohol Screening) achieved increases of 13% over GY 2006.

IHS did not meet the GY 2007 targets for the Ideal Glycemic Control, Poor Glycemic Control, Dental Sealants, and Cervical Cancer (Pap) Screening measures. Rates for Poor Glycemic Control, Ideal Glycemic Control, and Pap Screening, were 1% below their targets. The number of Dental Sealants fell by approximately 1,200 applications, or 0.5% below the target. While it is important to note that these four measures are either dependent on patient compliance (e.g. Glycemic control) or funding levels (e.g. Pap Screening), the fact that IHS missed the targets for these same four measures in GY 2006 is of great concern and requires further analysis in order to effect improvement.

In GY 2005, in accordance with the “One HHS” 10 Department-wide Management Objectives, the Indian Health Service committed to implementing results-oriented management by achieving a 10 percent relative increase in program performance by GY 2007 in four measures; Pneumovax Immunization, Domestic Violence/Intimate Partner Violence Screening, Alcohol Screening to prevent Fetal Alcohol Syndrome (FAS), and Blood Cholesterol (LDL) Screening in patients with diabetes. In GY 2006, IHS met and exceeded the 10% improvement targets for both Domestic Violence/Intimate Partner Violence Screening and Alcohol Screening to prevent FAS. In GY 2007 IHS met and exceeded the 10% improvement targets for the remaining two measures, achieving a 15% relative increase over GY 2005 performance on the LDL Assessment measure, and achieving a 14% relative increase over GY 2005 performance on the Pneumovax Immunization measure. The achievement of these ambitious performance objectives is a tribute to the concerted efforts of the entire IHS network.

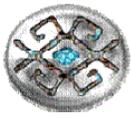
*DIABETES PREVALENCE



DIABETES PREVALENCE, BY AREA

AREA	GY07	GY06	GY05	GY04
ABERDEEN	12%	12%	12%	11%
ALASKA	5%	4%	4%	3%
ALBUQUERQUE	13%	12%	12%	11%
BEMIDJI	14%	13%	13%	12%
BILLINGS	11%	11%	11%	11%
CALIFORNIA	10%	10%	10%	9%
NASHVILLE	17%	16%	16%	15%
NAVAJO	11%	10%	10%	9%
OKLAHOMA	11%	11%	10%	10%
PHOENIX	15%	15%	14%	13%
PORTLAND	9%	9%	8%	8%
TUCSON	20%	19%	18%	18%

**Not a GPRA measure—used for context only. Rates are not age adjusted and represent the number of diagnosed diabetics from GPRA reporting sites.*



DIABETES: POOR GLYCEMIC CONTROL

National Averages & Targets

2007: 16%

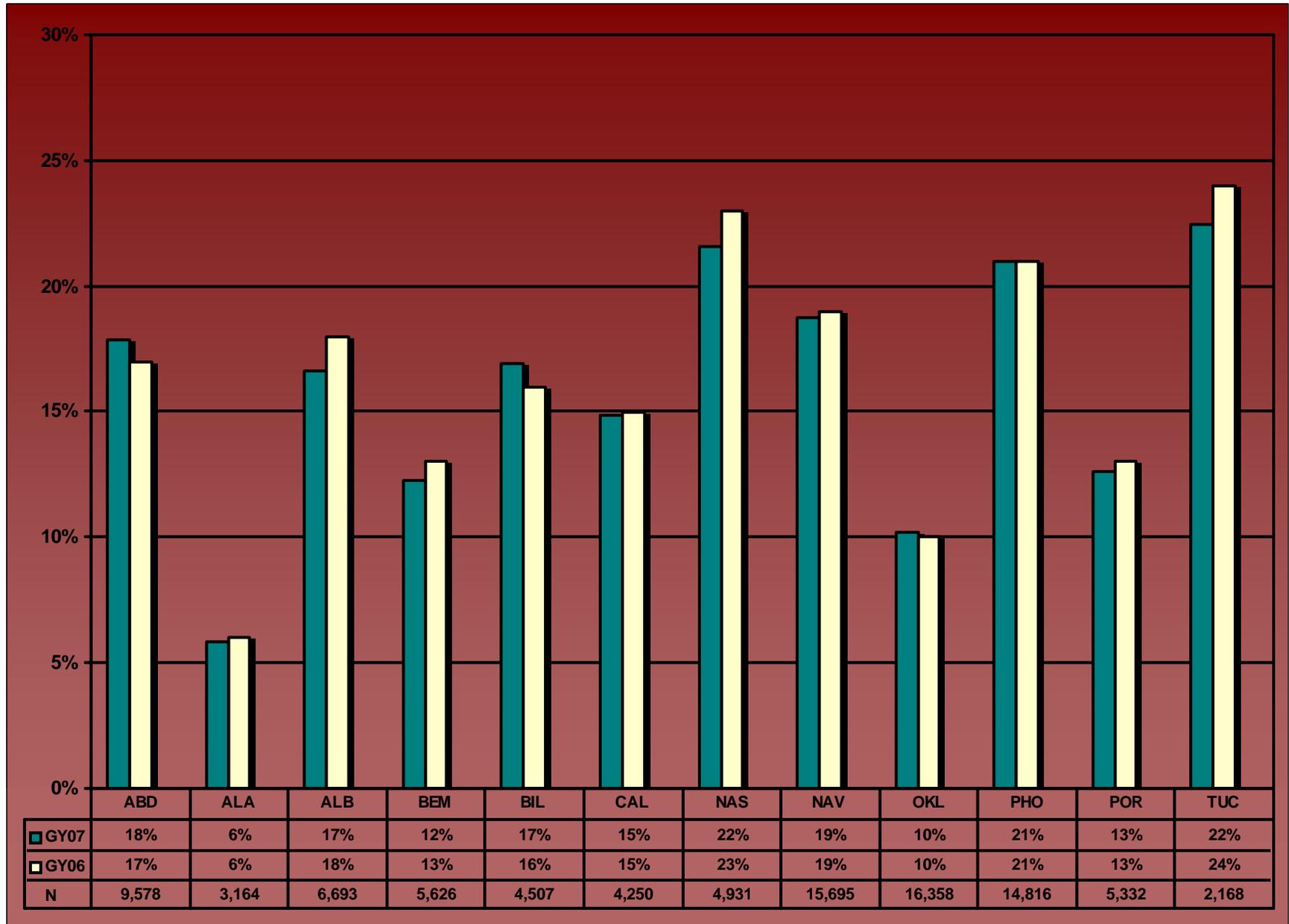
2006: 16%

NT: 15%

2010 goal: 10%

The 2007 national average for IHS direct and tribal facilities for the poor Glycemic control measure is 16%. Performance for this measure was maintained at 16% from 2006 and missed the 2007 GPRA target of 15%.

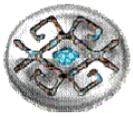
Five of the twelve areas met the national target.



NUMERATOR: Patients with A1c levels greater than 9.5

DENOMINATOR: Active Diabetic Patients

Note: The goal for this measure is a reduction in rate.



DIABETES: IDEAL GLYCEMIC CONTROL

National Averages & Targets

2007: 31%

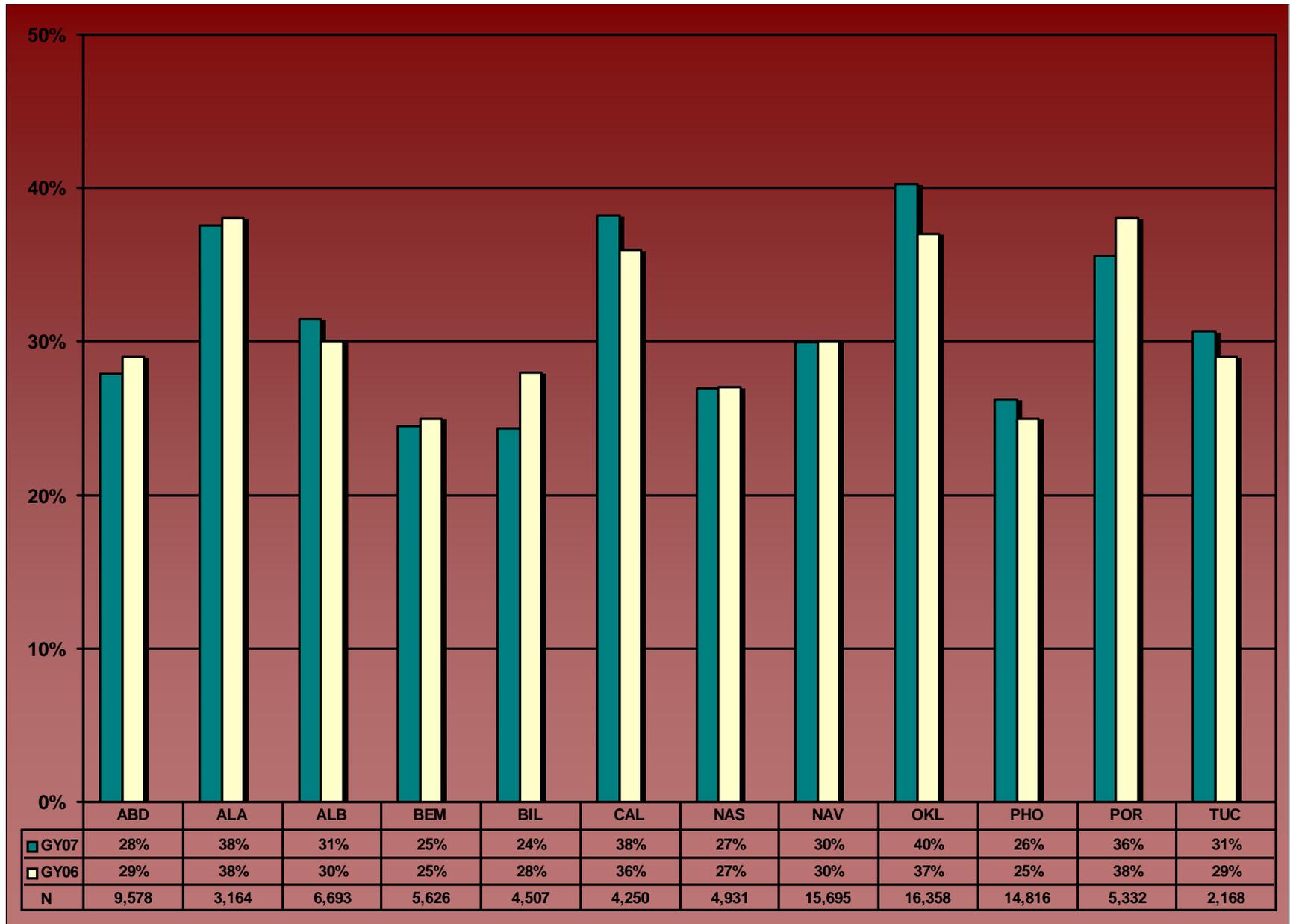
2006: 31%

NT: 32%

2010 goal: 40%

The 2007 national average for IHS direct and tribal facilities for the ideal Glycemic control measure is 31%. Performance for this measure was maintained at 31% from 2006, but remains below the 2007 GPRA target of 32%.

Four of the twelve areas met the national target.



NUMERATOR: Patients with A1c levels less than 7.0

DENOMINATOR: Active Diabetic Patients



DIABETES: CONTROLLED BLOOD PRESSURE

National Averages & Targets

2007: 39%

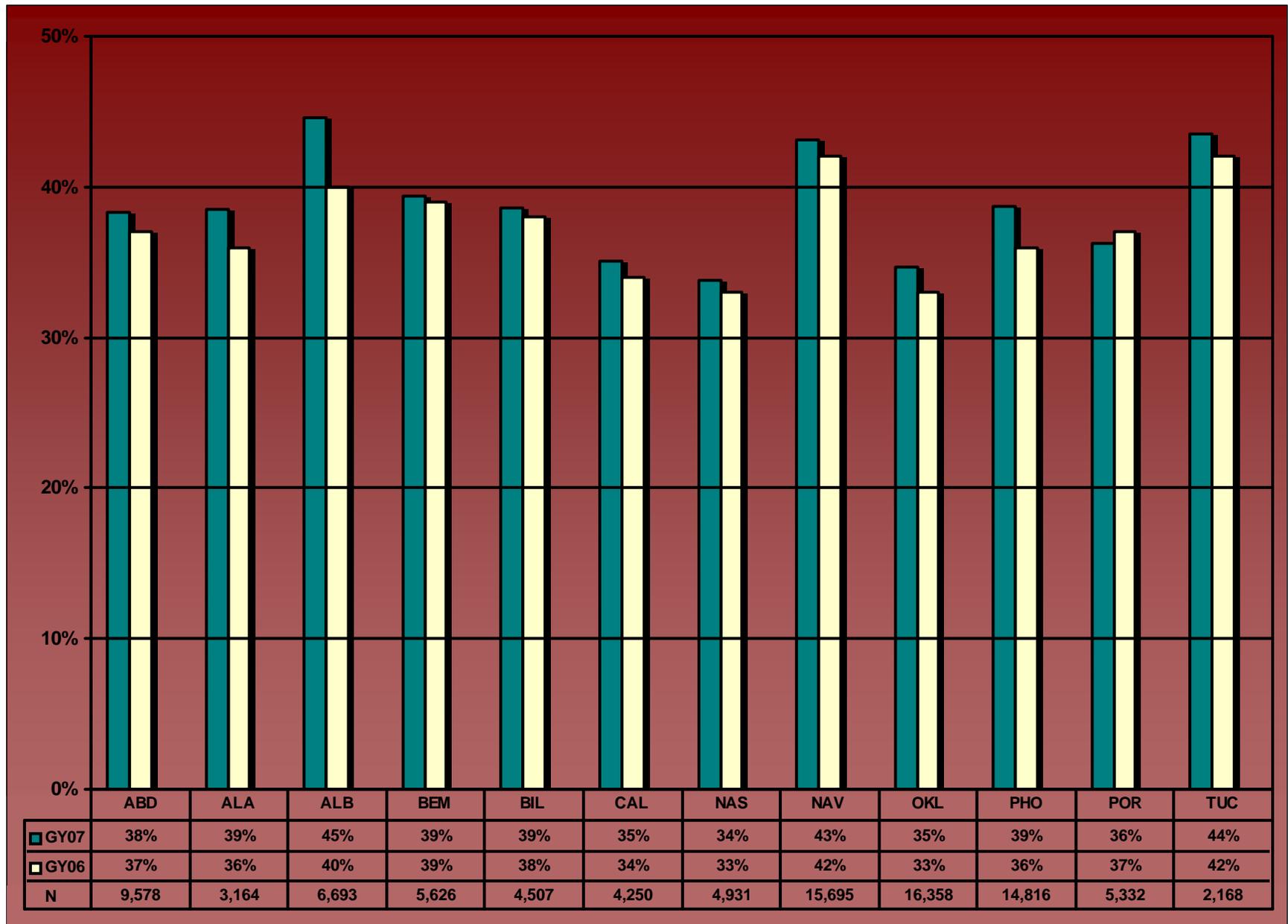
2006: 37%

NT: 37%

2010 goal: 50%

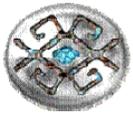
The 2007 national average for IHS direct and tribal facilities for the blood pressure control measure is 39%. Performance for this measure increased from 2006 by 2% and meets the 2007 GPRA target of 37%.

Eight of the twelve areas met the national target.



NUMERATOR: Patients with BP < 130/80, based on a mean of at least 2 (3 if available) BP values during the report period.

DENOMINATOR: Active Diabetic Patients



DIABETES: LDL (CHOLESTEROL) ASSESSED

National Averages & Targets

2007: 61%

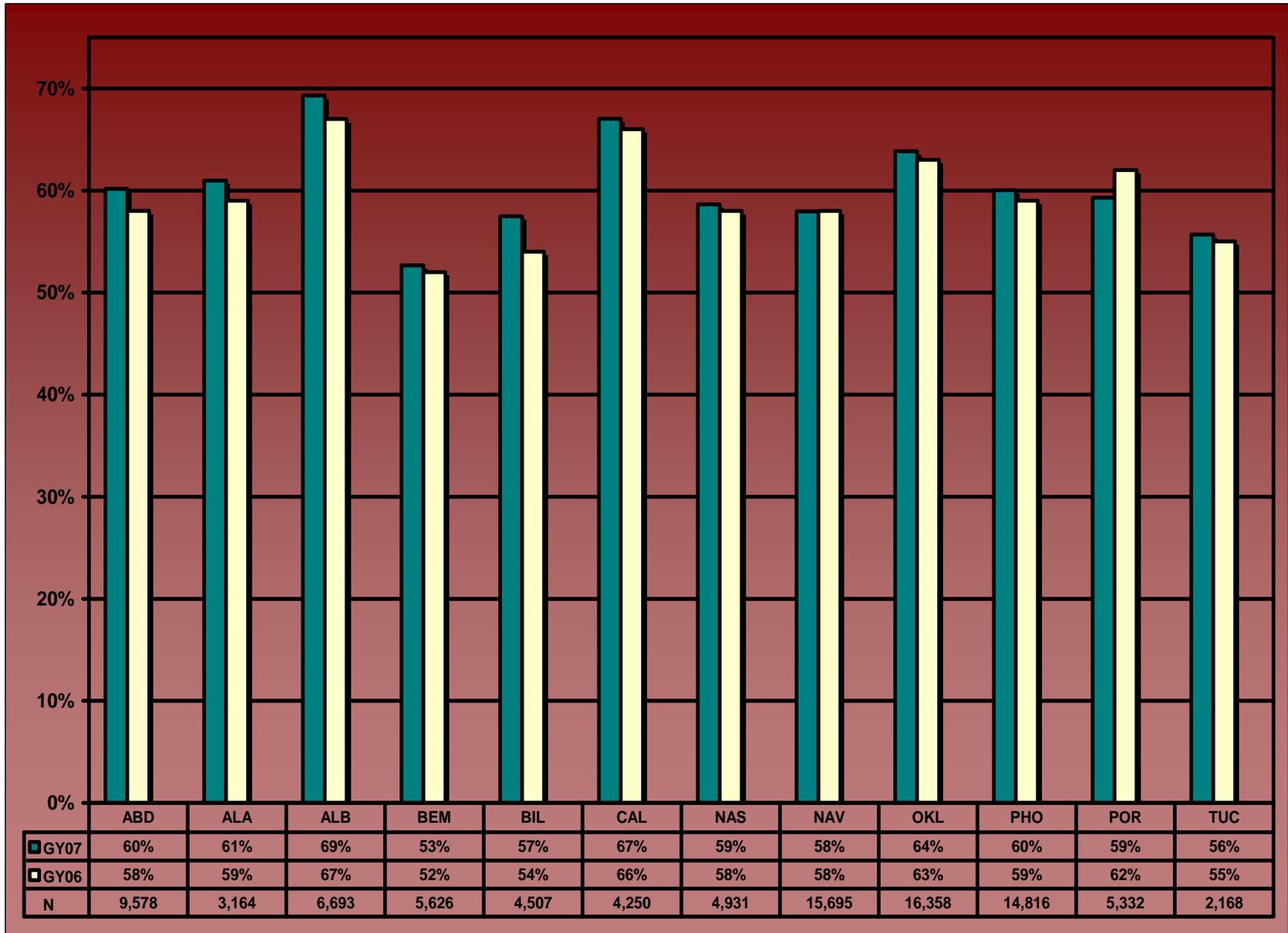
2006: 60%

NT: 60%

2010 goal: 70%

The 2007 national average for IHS direct and tribal facilities for the LDL Assessed measure is 61%. Performance for this measure increased by 1% from 2006 and met the 2007 GPRA target of 60%.

Six of the twelve areas met the national target.



NUMERATOR: Patients with LDL completed during the report period

DENOMINATOR: Active Diabetic Patients



DIABETES: NEPHROPATHY ASSESSED

National Averages & Targets

2007: 40%

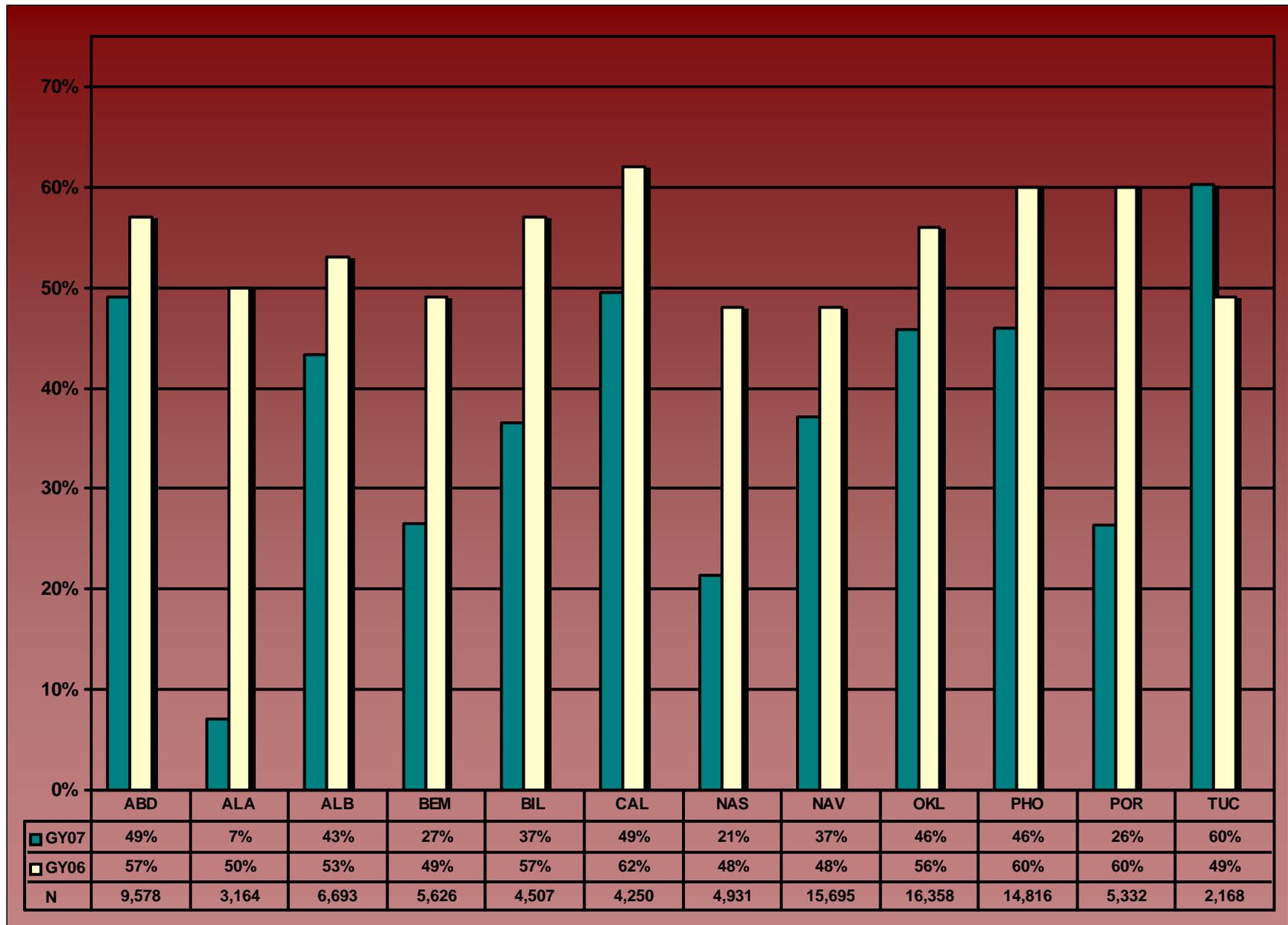
2006: 55%

NT: Baseline

2010 goal: 70%

The 2007 national average for IHS direct and tribal facilities for the Nephropathy Assessed measure is 40%. The standards of care for this measure have changed causing a decrease in the performance compared to previous years. This year's performance establishes a baseline for projected targets.

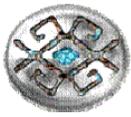
All twelve areas met the national target by establishing a baseline rate.



NUMERATOR: GY07—Patients with an estimated GFR and a quantitative urinary protein assessment.

GY06—Patients with a positive urine or microalbuminuria test.

DENOMINATOR: Active Diabetic Patients



DIABETES: RETINOPATHY ASSESSED

National Averages & Targets

2007: 49%

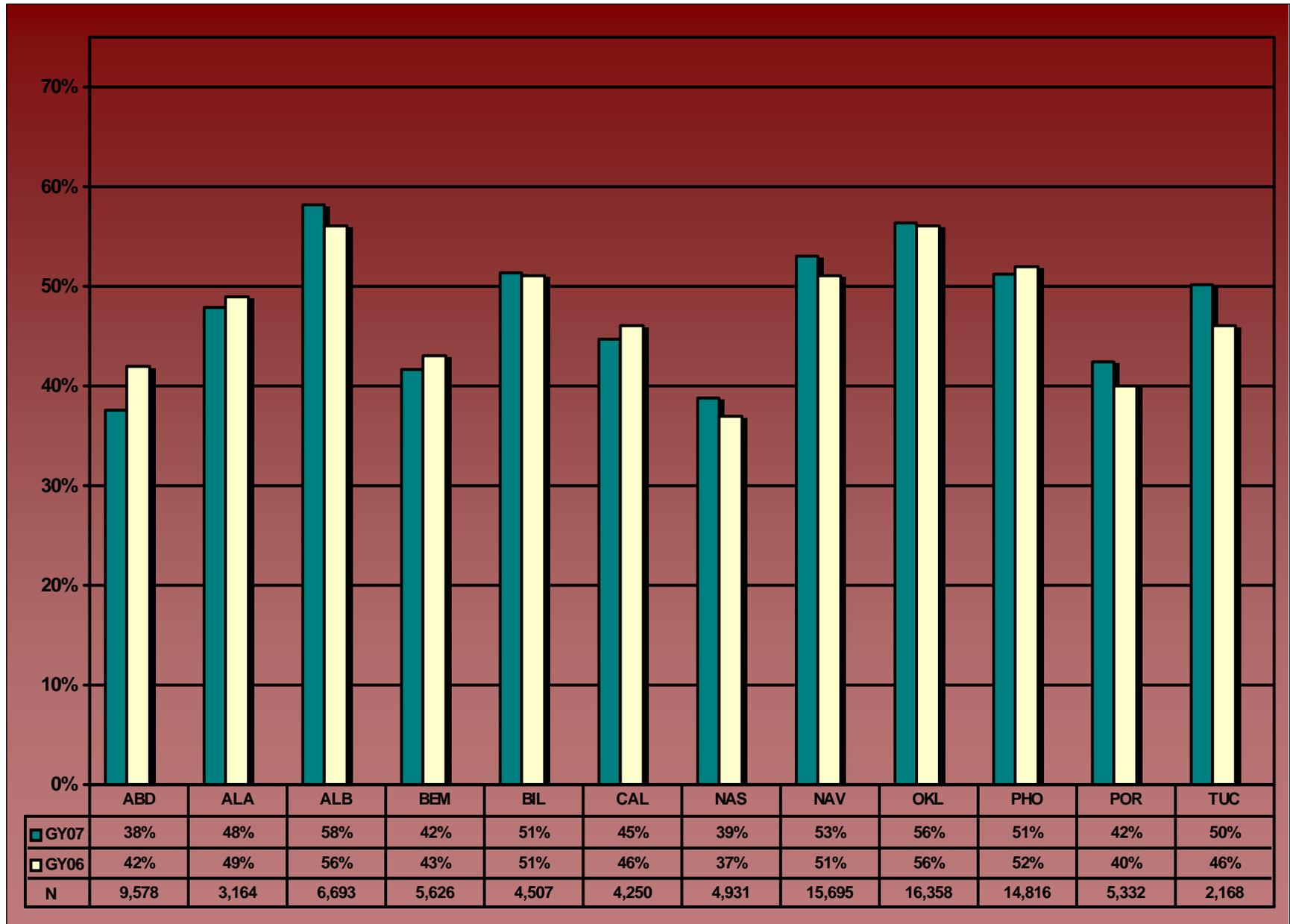
2006: 49%

NT: 49%

2010 goal: 70%

The 2007 national average for IHS direct and tribal facilities for the Retinopathy Assessed measure is 49%. Performance for this measure was maintained at the 2006 rate of 49% and met the 2007 GPRA target.

Six of the twelve areas met the national target.



NUMERATOR: Patients with a Retinopathy exam during the report period

DENOMINATOR: Active Diabetic Patients



DENTAL: GENERAL ACCESS

National Averages & Targets

2007: 25%

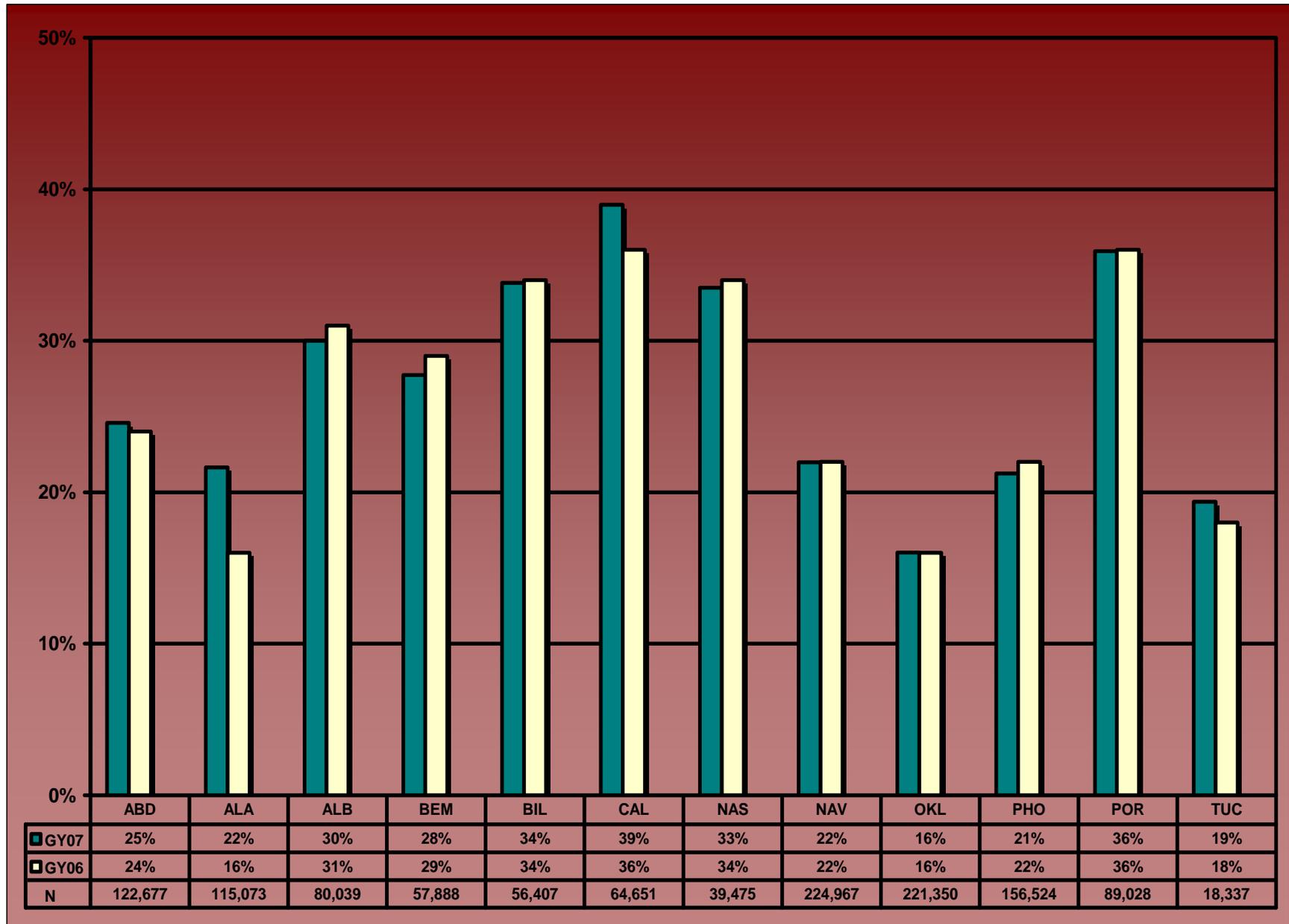
2006: 23%

NT: 24%

2010 goal: 40%

The 2007 national average for IHS direct and tribal facilities for the Dental: General Access measure is 25%. Performance for this measure increased by 2% over 2006 and met the 2007 GPRA target of 24%.

Seven of the twelve areas met the national target.



NUMERATOR: Patients with a documented dental visit during the report period

DENOMINATOR: GPRA User Population Patients



IMMUNIZATIONS: INFLUENZA

National Averages & Targets

2007: 59%

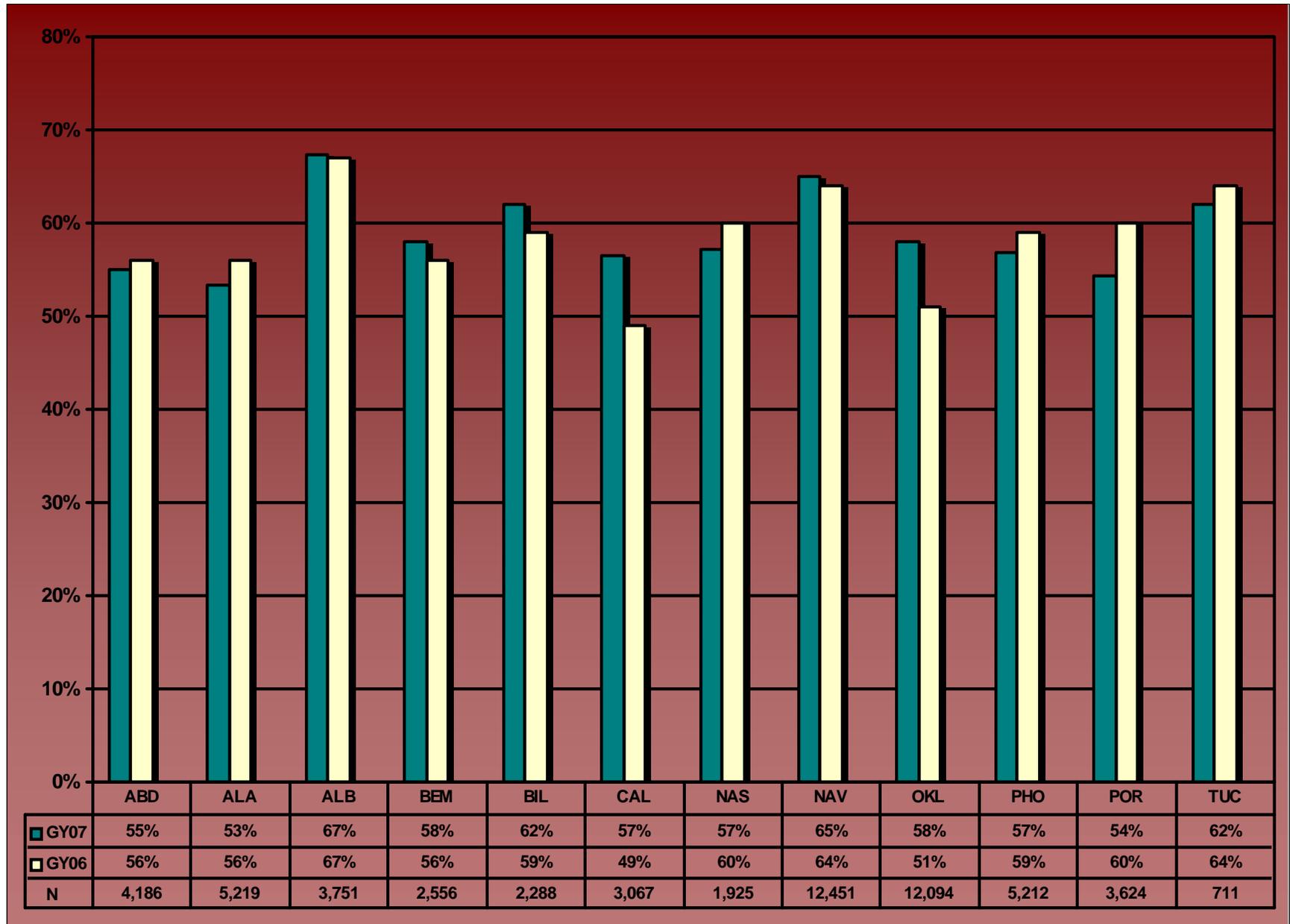
2006: 58%

NT: 59%

2010 goal: 90%

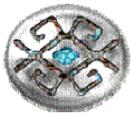
The 2007 national average for IHS direct and tribal facilities for the influenza measure is 59%. Performance for this measure increased by 1% from 2006 and met the 2007 GPRA target of 59%.

Four of the twelve areas met the national target.



NUMERATOR: Patients with influenza vaccine documented during the report period.

DENOMINATOR: Active Clinical patients age 65 and older



IMMUNIZATIONS: PNEUMOVAX

National Averages & Targets

2007: 79%

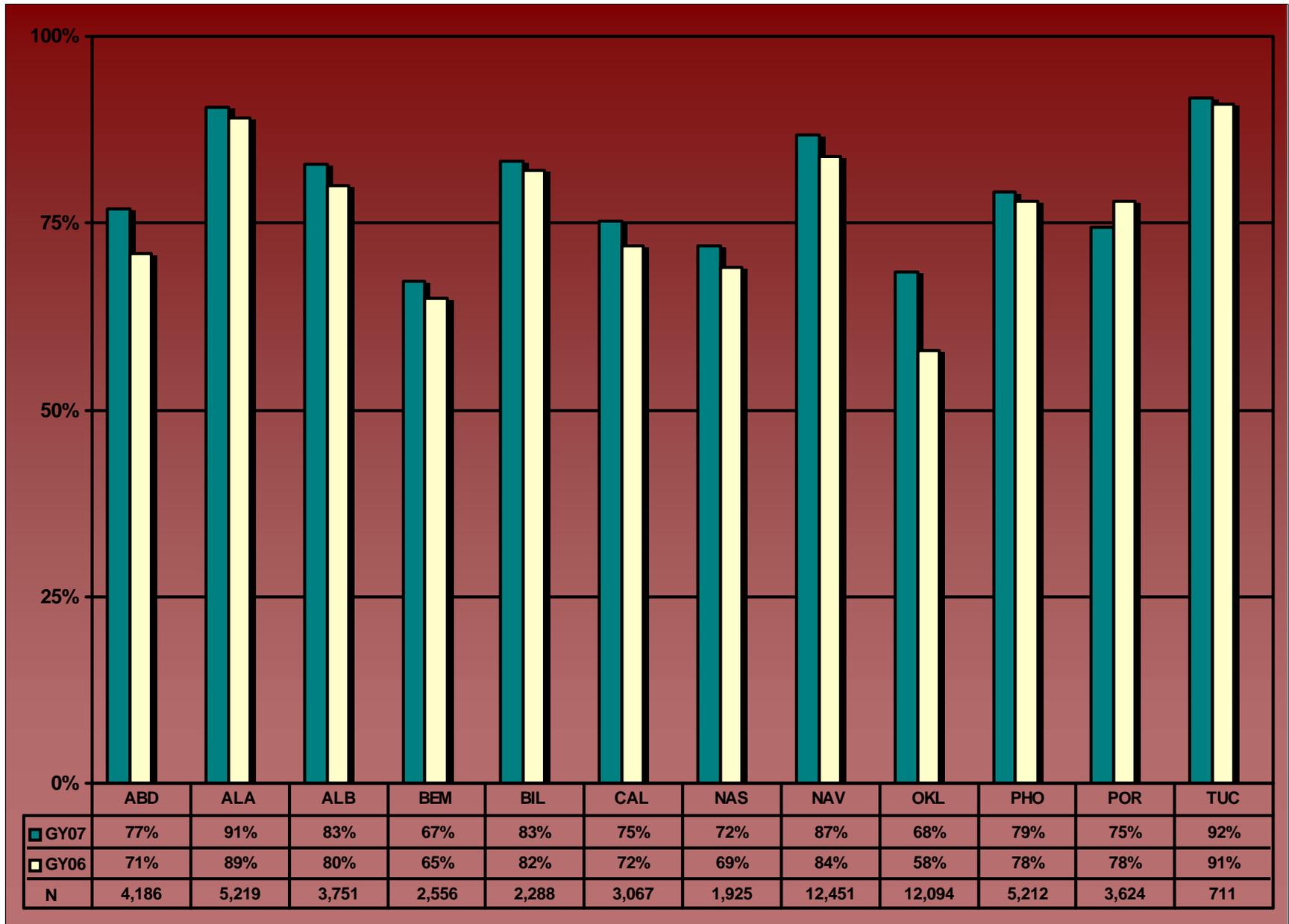
2006 74%

NT: 76%

2010 goal: 90%

The 2007 national average for IHS direct and tribal facilities for the Pneumovax measure is 79%. Performance for this measure increased by 5% from 2006 and exceeds the 2007 GPRA target of 76%.

Seven of the twelve areas met the national target.



NUMERATOR: Patients with Pneumococcal vaccine documented ever.

DENOMINATOR: Active Clinical patients age 65 and older



IMMUNIZATIONS: CHILDHOOD (19 – 35 months)

National Averages & Targets

2007: 78%

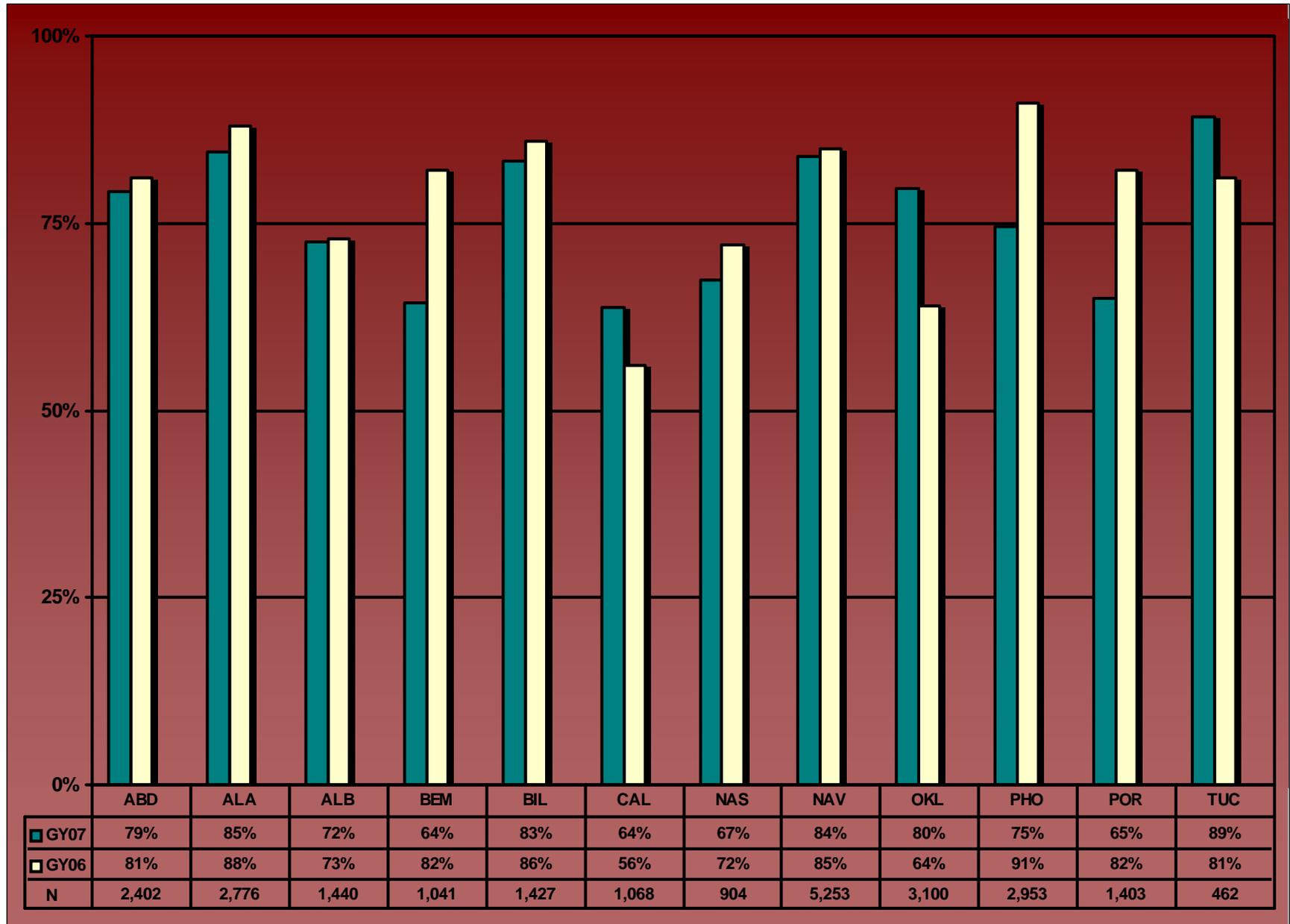
2006: * 80%

NT: 78%

2010 goal: 80%

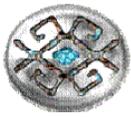
The 2007 national average for IHS direct and tribal facilities for the childhood immunizations measure is 78%. Performance for this measure decreased by 2% from the 2006 result reported from the National Immunization Report. However, it met the 78% goal set based on reporting from the CRS Immunization Package.

**GY06 data collected through the National Immunization Report. Area level data may not be comparable for previous years.*



NUMERATOR: Patients who received the entire 4DTap, 3IPV, 1MMR, 3Hib, 3HepB (4:3:1:3:3) series

DENOMINATOR: Patients ages 19-35 months flagged as active in the Immunization Package



CANCER SCREENING: CERVICAL (PAP SMEAR)

National Averages & Targets

2007: 59%

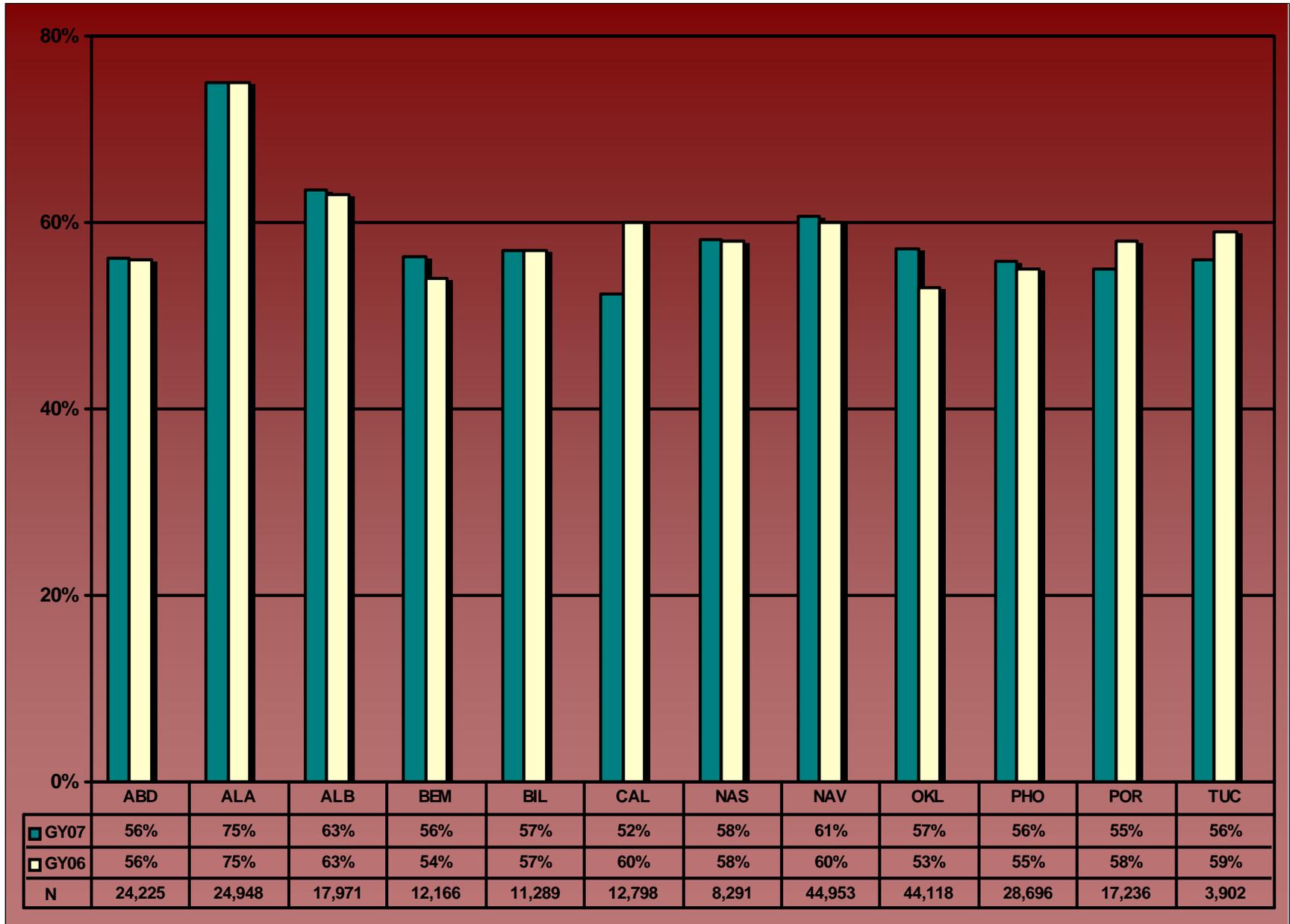
2006: 59%

NT: 60%

2010 goal: 90%

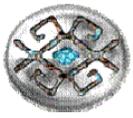
The 2007 national average for IHS direct and tribal facilities for the Pap screening measure is 59%. Performance for this measure decreased by 1% from 2006 and did not meet the 2007 GPRA target of 60%.

Three of the twelve areas met the national target.



NUMERATOR: Patients with a documented Pap Smear in the past three years

DENOMINATOR: Active Clinical female patients ages 21-64 with no documented history of hysterectomy



CANCER SCREENING: BREAST (MAMMOGRAPHY)

National Averages & Targets

2007: 43%

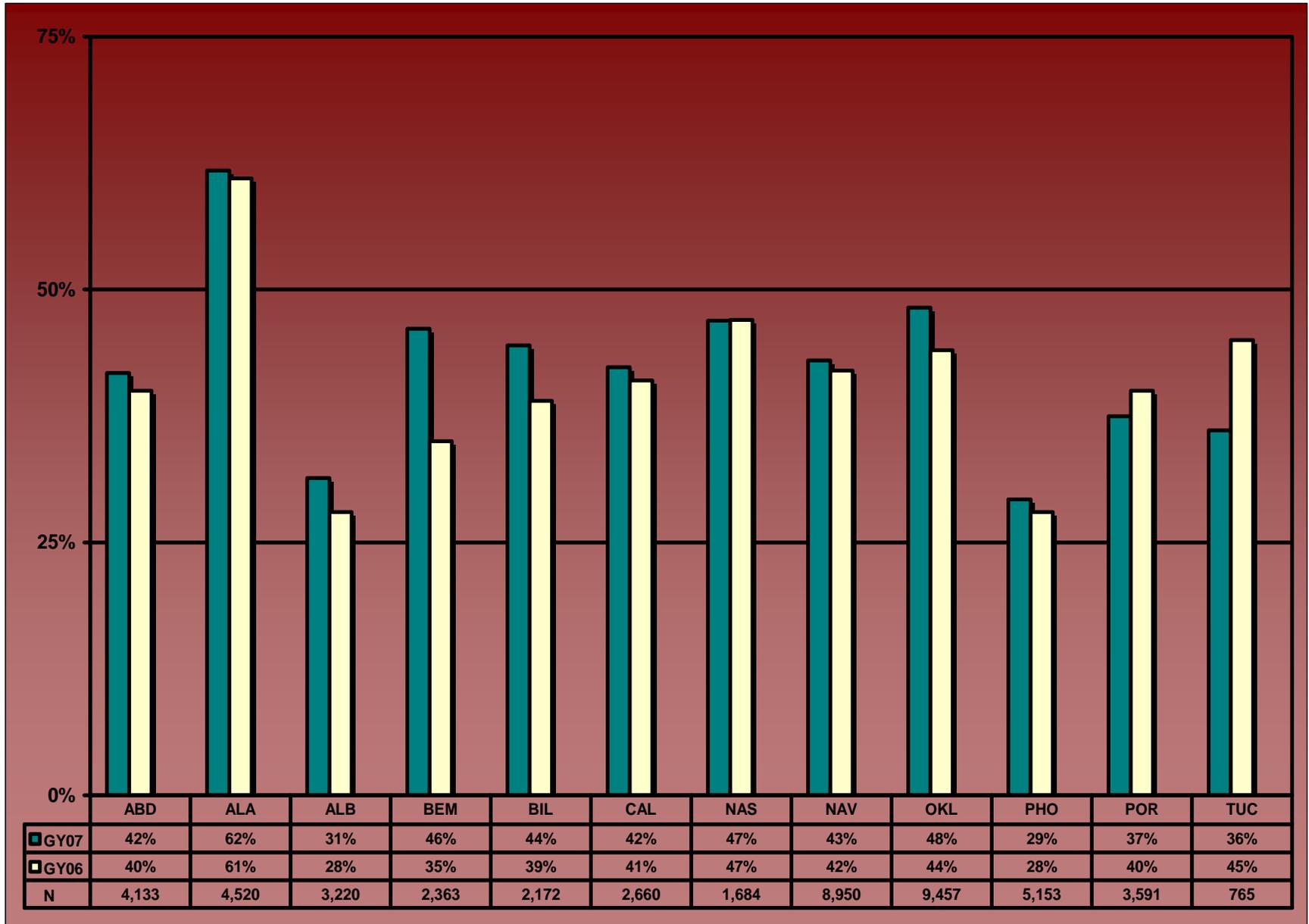
2006: 41%

NT: 41%

2010 goal: 70%

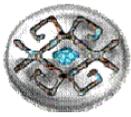
The 2007 national average for IHS direct and tribal facilities for the mammography measure is 43%. Performance for this measure increased by 2% over 2006 and met the 2007 GPRA target of 41%.

Eight of the twelve areas met the national target.



NUMERATOR: Patients with a documented mammogram in the past 2 years.

DENOMINATOR: Active Clinical female patients ages 52-64



CANCER SCREENING : COLORECTAL

National Averages & Targets

2007: 26%

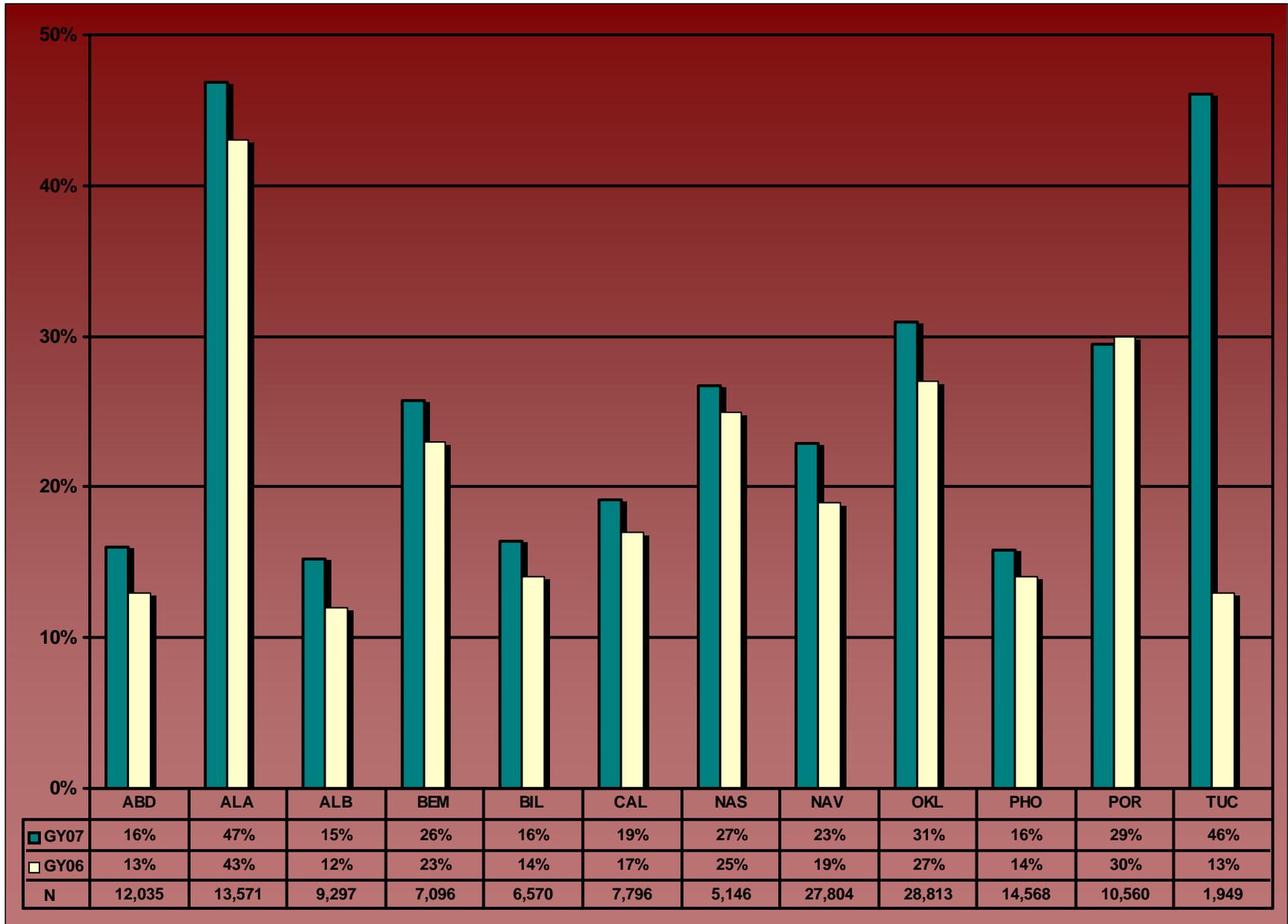
2006: 22%

NT: 22%

2010 goal: 50%

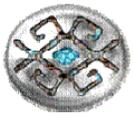
The 2007 national average for IHS direct and tribal facilities for the colorectal cancer screening measure is 26%. Performance for this measure increased by 4% over 2006 and met the 2007 GPRA target of 22%.

Seven of the twelve areas met the national target.



NUMERATOR: Patients who have received any Colorectal Cancer screening in the past year

DENOMINATOR: Active Clinical patients ages 51-80



ALCOHOL SCREENING: FETAL ALCOHOL SYNDROME (FAS) PREVENTION

National Averages & Targets

2007: 41%

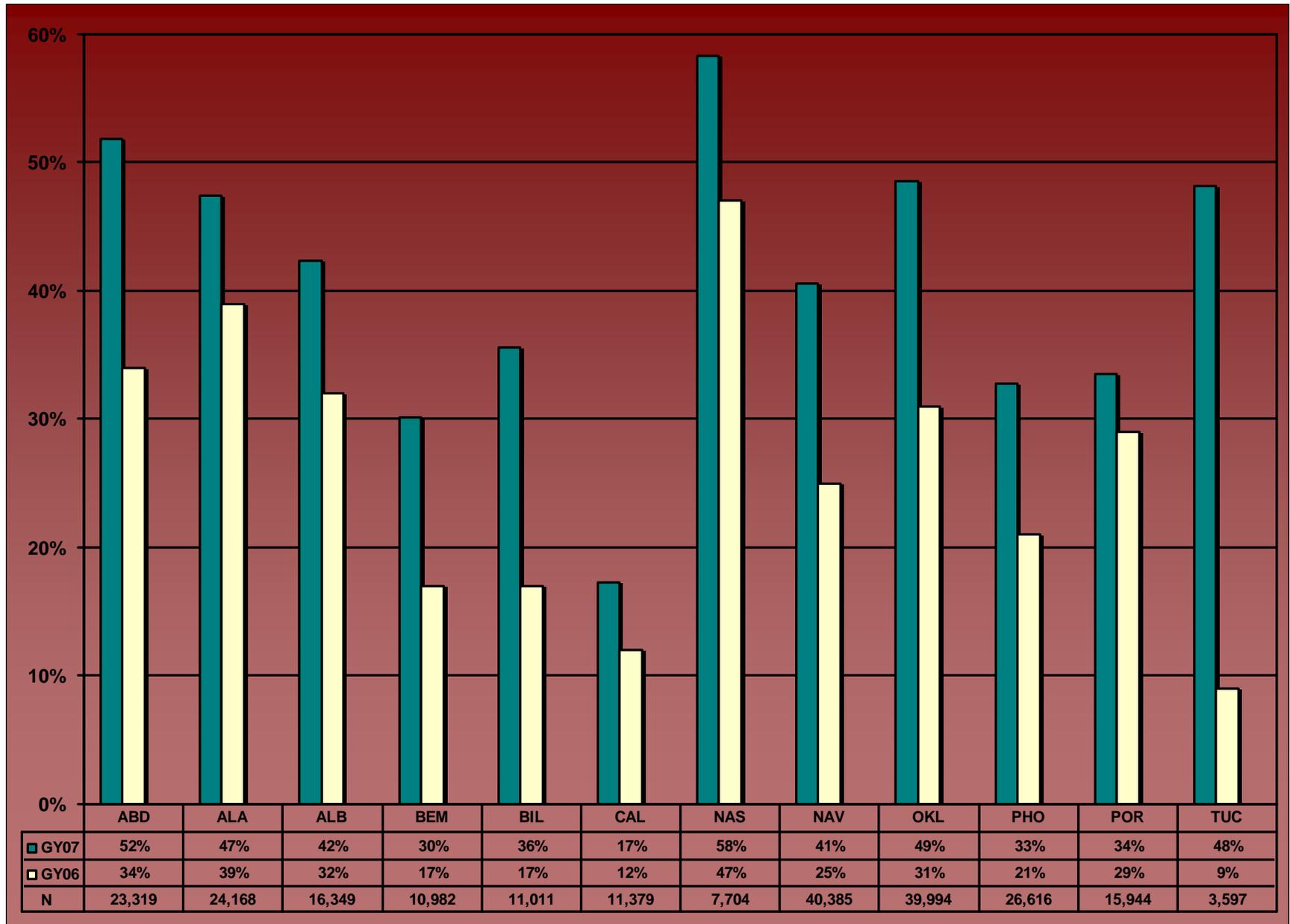
2006 28%

NT: 28%

2010 goal: 25%

The 2007 national average for IHS direct and tribal facilities for the FAS prevention measure is 41%. Performance for this measure increased by 13% over 2006 and exceeded the 2007 GPRA target of 28%.

Eleven of the twelve areas met the national target.



NUMERATOR: Patients screened for alcohol use, or who have alcohol related diagnosis

DENOMINATOR: Active Clinical female patients ages 15-44



DOMESTIC VIOLENCE/INTIMATE PARTNER VIOLENCE SCREENING

National Averages & Targets

2007: 36%

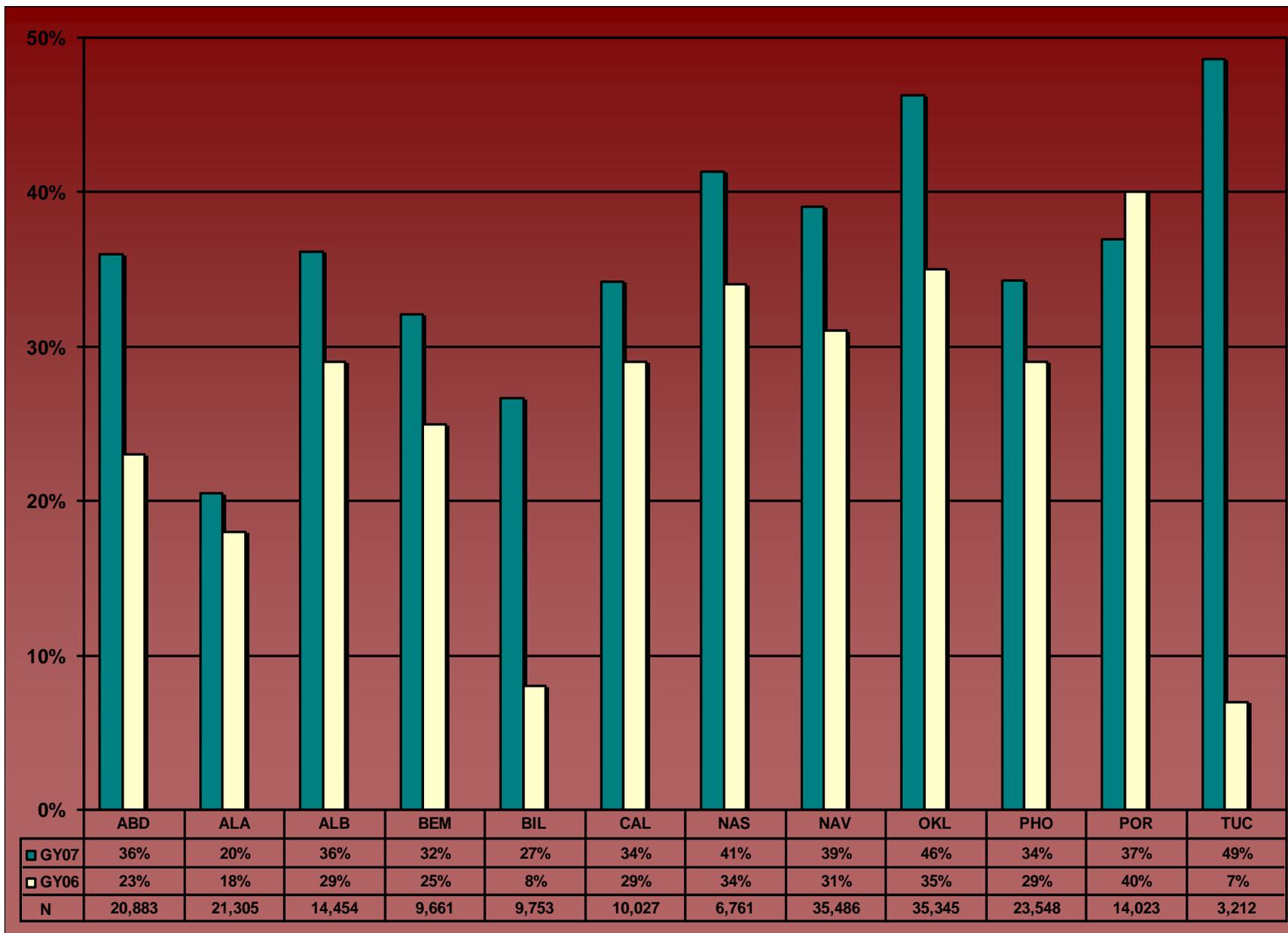
2006: 28%

NT: 28%

2010 goal: 40%

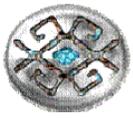
The 2007 national average for IHS direct and tribal facilities for the IPV/DV measure is 36%. Performance for this measure was increased by 8% over 2006 exceeded the 2007 GPRA target of 28%.

Ten of the twelve areas met the national target.



NUMERATOR: Patients screened for or diagnosed with Domestic Violence/Intimate Partner Violence (DV/IPV)

DENOMINATOR: Active Clinical female patients ages 15-40



CHILDHOOD WEIGHT CONTROL (CWC)

National Averages & Targets

2007: 24%

2006: 24%

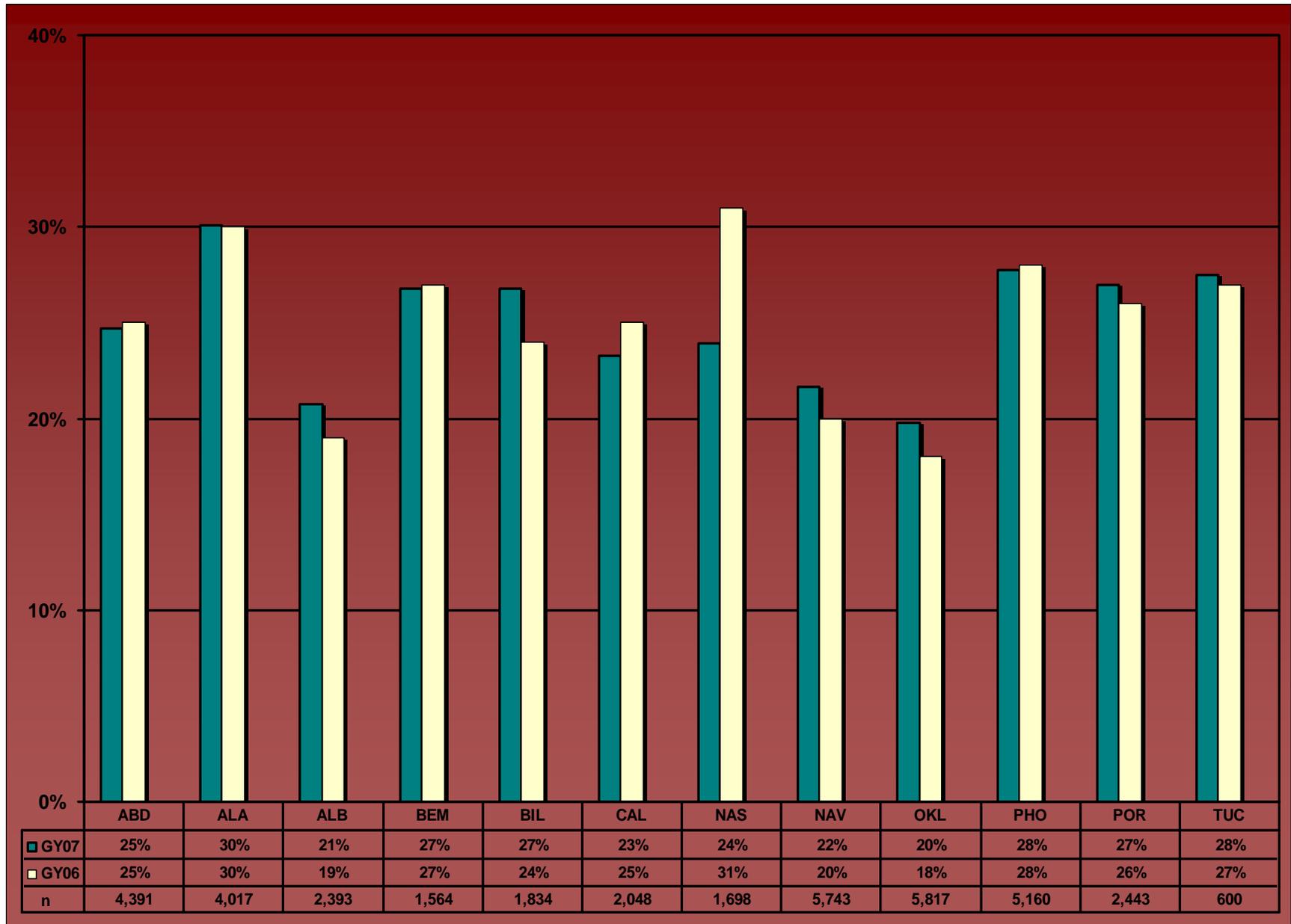
NT: 24%

2010 goal: TBD*

The 2007 national average for IHS direct and tribal facilities for the childhood weight control measure is 24%. Performance for this measure was maintained at the 2006 rate and met the 2007 GPRA target of 24%.

Five of the twelve areas met the national target.

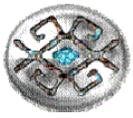
*TBD: To Be Determined



NUMERATOR: Patients with BMI 95% and greater

Note: The goal for this measure is a reduction in rate.

DENOMINATOR: Active Clinical patients 2-5 years of age



TOBACCO CESSATION

National Averages & Targets

2007: 16%

2006: 12%

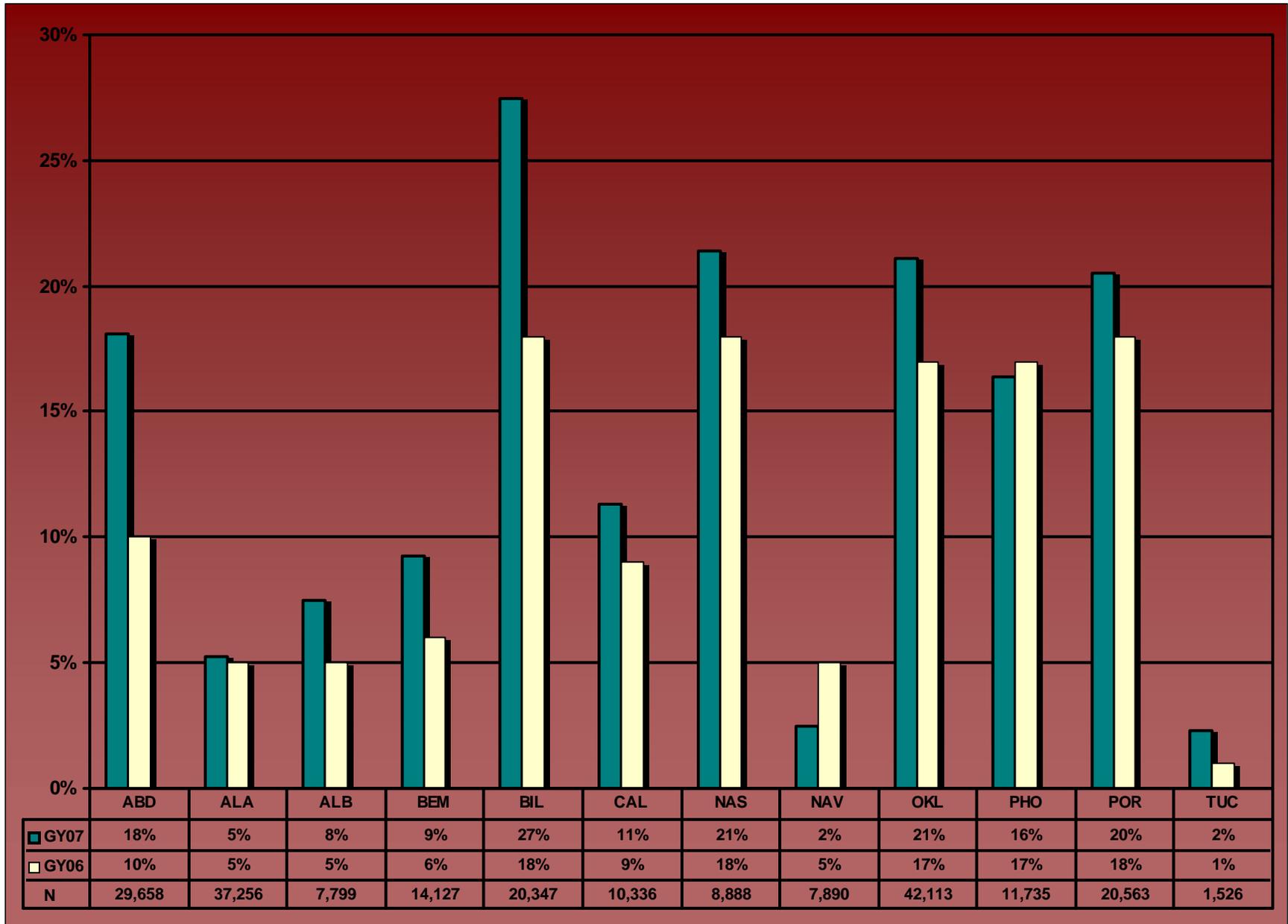
NT: 12%

2010 goal: TBD*

The 2007 national average for IHS direct and tribal facilities for the tobacco cessation measure is 16%. Performance for this measure was increased by 4% over 2006 and met the 2007 GPRA target of 12%.

Six of the twelve areas met the national target.

*TBD: To Be Determined



NUMERATOR: Patients who have received tobacco cessation counseling during the report period

DENOMINATOR: Active Clinical patients identified as current tobacco users



DEPRESSION SCREENING

National Averages & Targets

2007: 24%

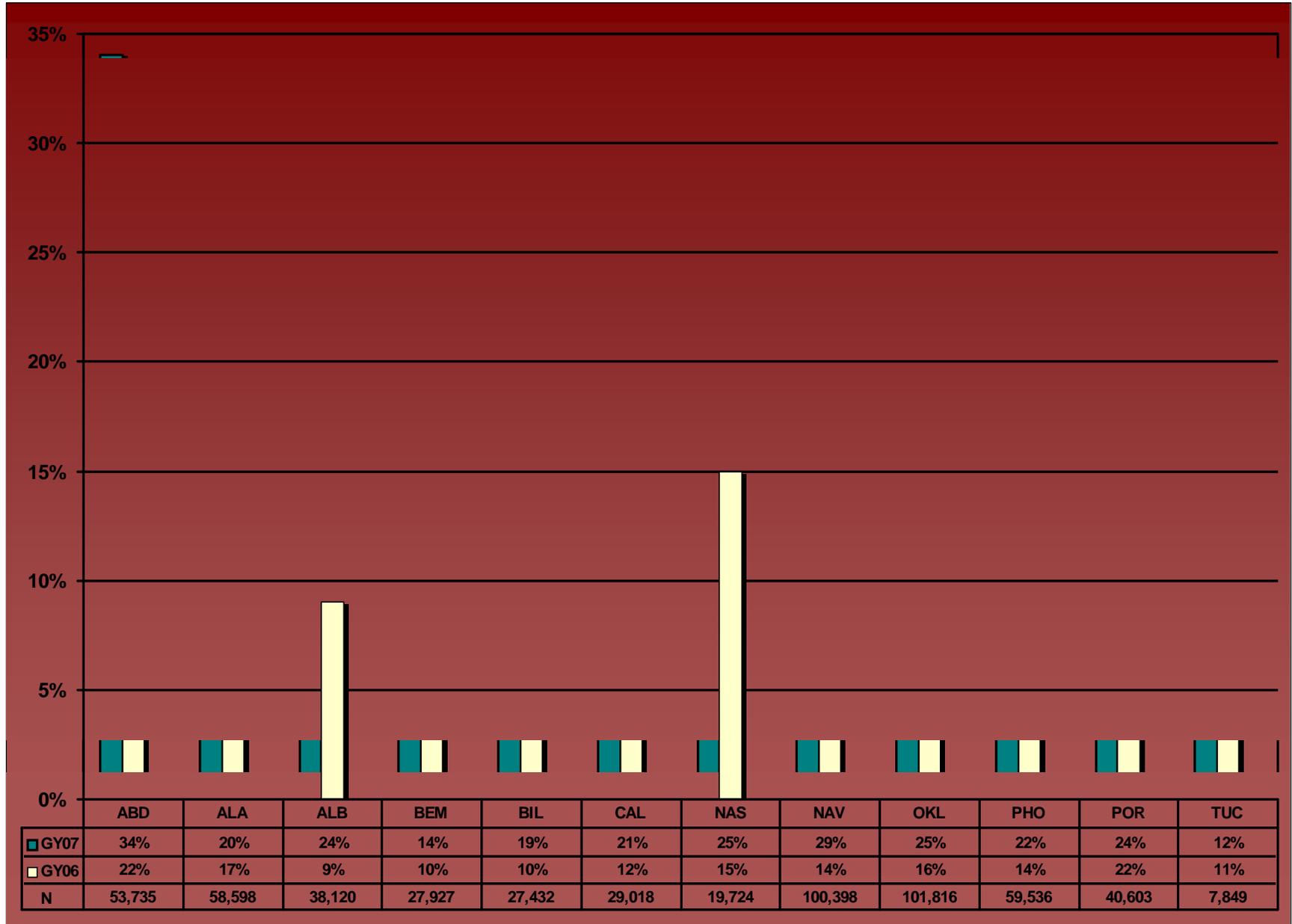
2006: 15%

NT: 15%

2010 goal: TBD*

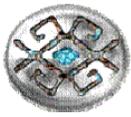
The 2007 national average for IHS direct and tribal facilities for the depression screening measure is 24%. Performance for this measure increased by 9% over 2006 and exceeded the 2007 GPR target of 15%.

Ten of the twelve areas met the national target.



NUMERATOR: Patients screened for depression or diagnosed with a mood disorder during the report period

DENOMINATOR: Active Clinical patients ages 18 and older



PRENATAL HIV SCREENING

National Averages & Targets

2007: 74%

2006: 65%

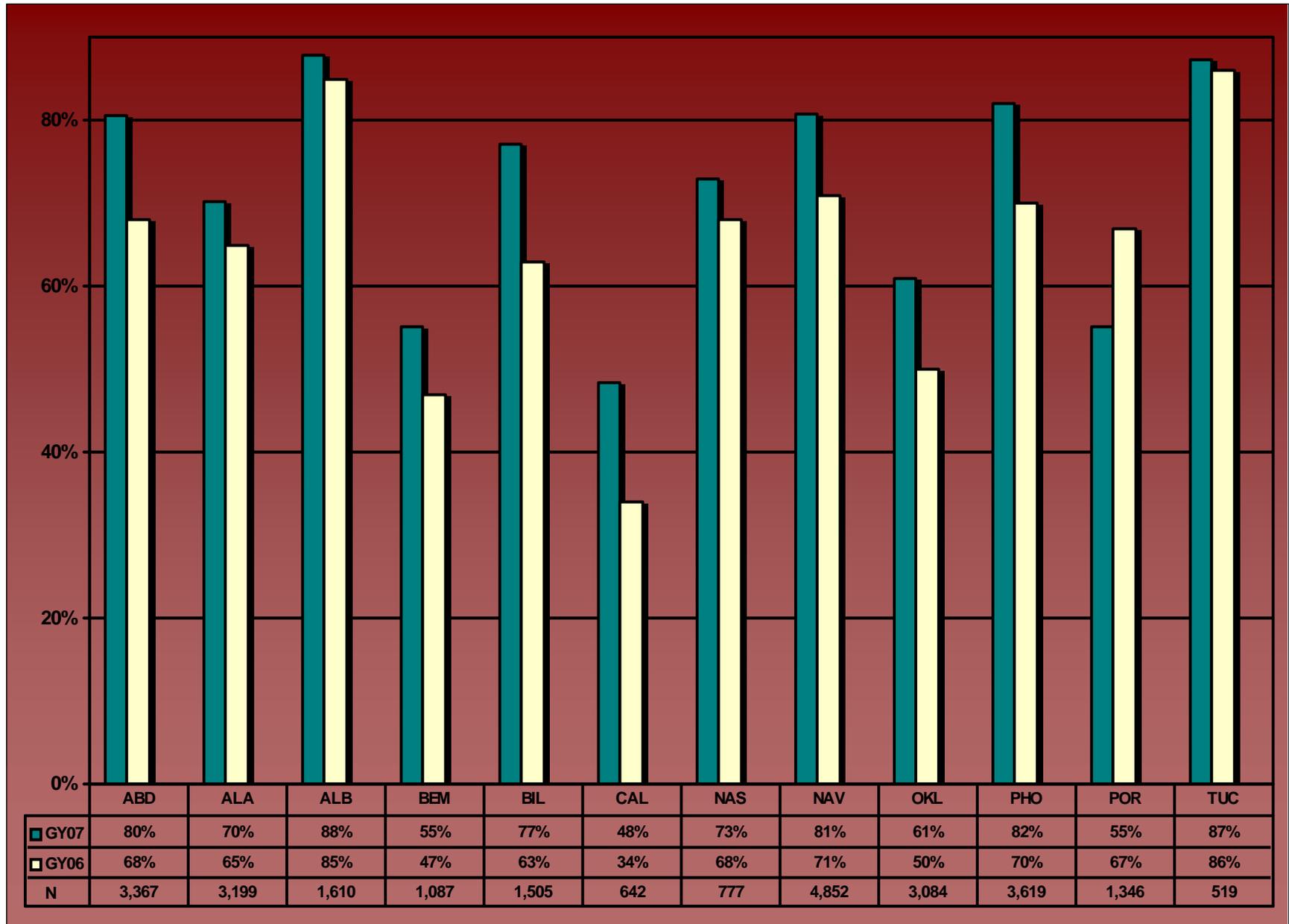
NT: 65%

2010 goal: TBD*

The 2007 national average for IHS direct and tribal facilities for the prenatal HIV screening measure is 74%. Performance for this measure increased 9% over 2006 exceeded the 2007 GPRA target of 65%.

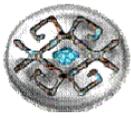
Eight of the twelve areas met the national target.

*TBD: To Be Determined



NUMERATOR: Patients who received HIV testing during the past 20 months

DENOMINATOR: All pregnant female patients without a documented miscarriage or abortion



CVD PREVENTION – COMPREHENSIVE ASSESSMENT

National Averages & Targets

2007: 30%

2006: 48%

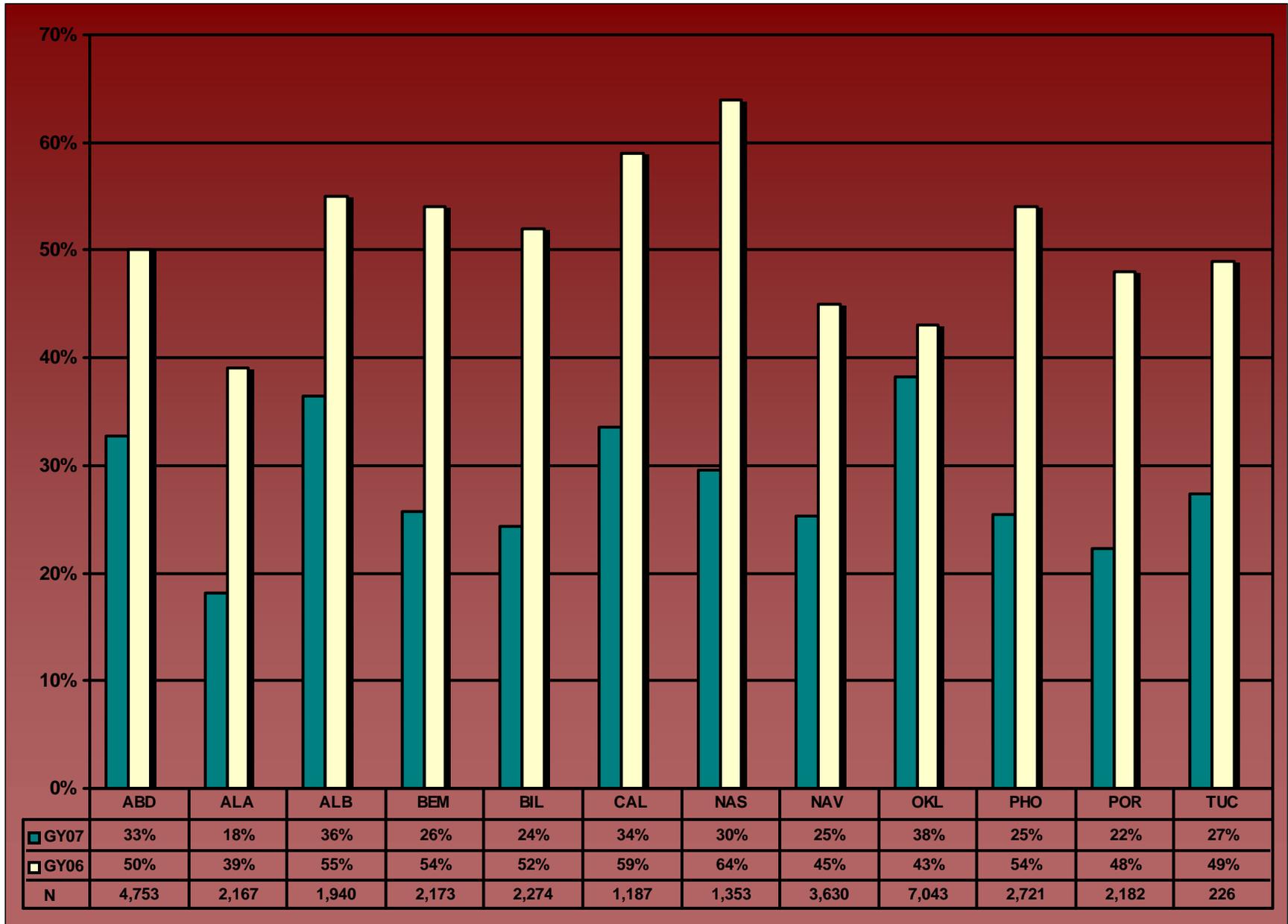
NT: Baseline

2010 goal: TBD*

The 2007 national average for IHS direct and tribal facilities for the CVD prevention measure is 30%. In FY07, this measure changed to a comprehensive assessment of at risk patients. Performance for this measure establishes a baseline for projected targets.

All twelve areas met the national target by establishing a baseline rate.

*TBD: To Be Determined



NUMERATOR: Patients with a comprehensive assessment: BP, LDL, Tobacco Use, BMI, & lifestyle counseling.
GY06— LDL (Cholesterol) Screening only.

DENOMINATOR: Active IHD patients ages 22 or older



2007 NATIONAL DASHBOARD

In 2007, IHS direct and tribal facilities met 82% of the 22 clinical GPRA measures. This exceeds the 73 percent met in 2006. Two measures that were not met are Poor and Ideal Glycemic control. These measures are difficult to improve because they rely on funding for medications as well as patient compliance in Diabetes management. The Dental Sealants measure was missed by less than 1% and the Cervical Cancer screening measure was missed by 1%. Performance in 2007 is a true indication of the improvement in quality of care across the Indian Health Service.

These results are representative of 191 IHS Direct and Tribal programs.

2007 National Dashboard (IHS/Tribal)					
DIABETES	2007 Final	2006 Final	2005 Final	2007 Target	Final Results
Diabetes Dx Ever	11%	11%	11%	N/A	N/A
Documented HbA1c	79%	79%	78%	N/A	N/A
Poor Glycemic Control	16%	16%	15%	15%	NOT MET
Ideal Glycemic Control	31%	31%	30%	32%	NOT MET
Controlled BP <130/80	39%	37%	37%	37%	MET
LDL Assessed	61%	60%	53%	60%	MET
Nephropathy Assessed	40% ^a	55%	47%	baseline	MET
Retinopathy Exam	49%	49%	50% ^b	49%	MET
DENTAL					
Access to Services	25%	23%	24%	24%	MET
Sealants	245,449	246,645	249,882	246,645	NOT MET
Topical Fluoride- Patients	107,934	95,439	85,318	95,439	MET
IMMUNIZATIONS					
Influenza 65+	59%	58%	59%	59%	MET
Pneumovax 65+	79%	74%	69%	76%	MET
Childhood Izs	78% ^c	78/80% ^c	75% ^c	78%	MET
PREVENTION					
Pap Smear Rates	59%	59%	60%	60%	NOT MET
Mammogram Rates	43%	41%	41%	41%	MET
Colorectal Cancer Screening	26%	22%	NA	22%	MET
Tobacco Cessation	16%	12%	34% ^d	12%	MET
FAS Prevention	41%	28%	11%	28%	MET
IPV/DV Screening	36%	28%	13%	28%	MET
Depression Screening	24%	15%	NA	15%	MET
Comp. CVD-related Assessment	30%	48% ^e	43% ^e	baseline	MET
Prenatal HIV Screening	74%	65%	54%	65%	MET
Childhood Weight Control	24%	24%	64% ^f	24%	MET
^a New baseline in FY 2007 due to change in Standards of Care (IHS Division of Diabetes Treatment and Prevention) ^b Data collected from pilot sites only in FY 2005 ^c FY 2007 data from CRS IZ IMM package only; FY 2006/2005 data from IZ program report; 78% CRS IZ IMM baseline set in 2006 ^d Tobacco Assessment (changed to Tobacco Cessation - FY 2006) ^e Cholesterol Screening (changed to Comprehensive CVD-related Assessment - FY 2007) ^f BMI Assessed (changed to Childhood Weight Control - FY 2006)					Measures Met = 18 Measures Not Met = 4 Total Measures = 22