



**Indian Health Service
FY 2002
Government Performance and Results
Act**

Executive Report

February 10, 2003

EXECUTIVE SUMMARY

MISSION:

The mission of the Indian Health Service, in partnership with American Indian and Alaska Native people, is to raise their physical, mental, social, and spiritual health to the highest level.

GOAL:

To assure that comprehensive, culturally acceptable personal and public health services are available and accessible to American Indian and Alaska Native people.

FOUNDATION:

To uphold the Federal Government's obligation to promote healthy American Indian and Alaska Native people, communities, and cultures and to honor and protect the inherent sovereign rights of Tribes.

The Indian Health Service (IHS) is the Operating Division (OPDIV) within the Department of Health and Human Services (HHS) that carries out the federal government's trust responsibility to provide health care services to eligible American Indian and Alaska Native people. IHS provides these health services through a network of 594 healthcare facilities, including 49 hospitals, 219 ambulatory clinics, 309 health stations, 15 school-based clinics and numerous Alaskan village clinics. These facilities provide direct health care services to over 1.4 million American Indian and Alaska Native people; many of these people live in isolated areas where there is no access to health services other than those offered by IHS or tribally operated programs. Until the mid 1990s, IHS operated most of these facilities and programs as federal programs. However, IHS has long advocated for and supported the federal policy of Indian self-determination. Because of this commitment, currently over 50% of the Indian health system is operated directly by tribal governments. In addition to these tribally operated programs, IHS has contracts with 34 urban Indian organizations to provide services to eligible Indian people who reside in large metropolitan areas.

IHS, tribal and urban (I/T/U) programs offer comprehensive in-hospital and ambulatory services for Indian people. However, there are many occasions where patients must be referred to hospitals or specialists who are not part of the I/T/U system. The costs for these services are covered through the Contract Health Services (CHS) appropriation, representing approximately 17% of the IHS budget in FY 2003. These services are available to the IHS and tribal programs, but not to the urban programs. The IHS and tribal programs utilize negotiated contracts with these hospitals and specialists in an attempt to provide the most efficient use of these limited funds. However, most of the health programs deplete their CHS funds prior to the end of the fiscal year.

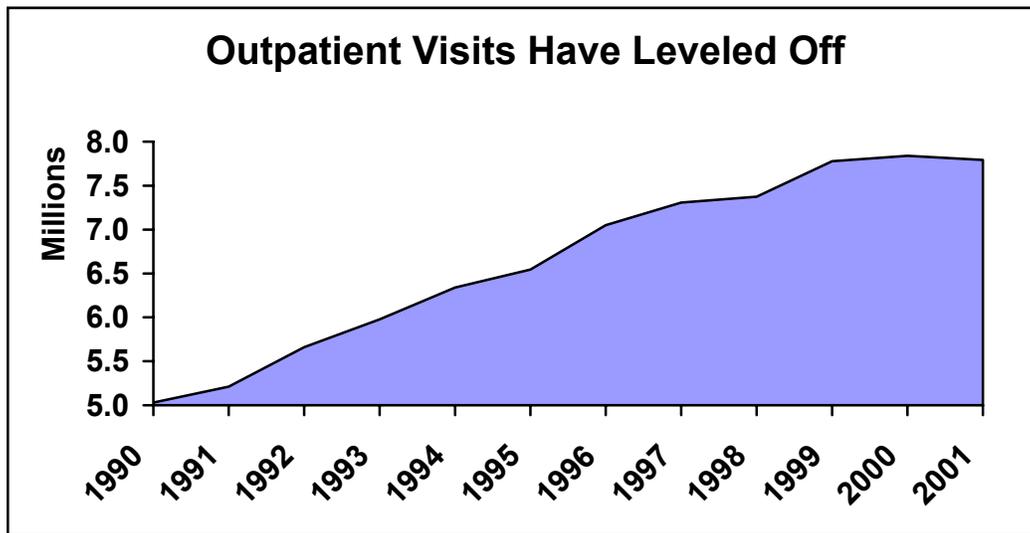
Since 1955, the IHS has demonstrated the ability to utilize limited resources to improve the health status of the American Indian and Alaska Native people by focusing on preventive and primary care services. The development and implementation of a community-based, public health model has led to significant improvements in the health status of American Indian and Alaska Native people. Examples can be seen in the dramatic decreases in mortality rates for certain health problems between 1972-74 and 1997-99:

- Maternal mortality reduced 79% (31.6 to 6.7 per 100,000);
- Tuberculosis mortality reduced 86% (10.7 to 1.5 per 100,000);
- Gastrointestinal disease mortality reduced 72% (6.7 to 1.9 per 100,000);
- Infant mortality reduced 65% (25.0 to 8.8 per 1,000 live births); and
- Unintentional injuries mortality reduced 54% (206.7 to 95.1 per 100,000).

These changes are even more significant when one considers that IHS achieved these improved outcomes despite the following:

- IHS receives lower per capita funding than the average Medicaid patient;
- IHS has higher costs for health care due to increased disease burden and lack of access;
- Provider recruitment and retention problems limit the availability of providers (e.g., half the physicians and nurses per capita as the general population);
- Facilities are lacking or inadequate in numerous locations (i.e., the average age of IHS facilities is 32 years in comparison to 9 years for the private sector); and
- High unemployment, poverty, lack of education, substandard housing, and other social determinants of health lead to poor health status.

However, an increasing demand for urgent care services, coupled with a consistent 1.7% increase in user population, has resulted in a decreased ability to provide comprehensive preventive and clinical services to the American Indian and Alaska Native population. The overall outpatient visits steadily increased until 1999 when the limits in our ability to serve more patients appear to have been met as evident in the following chart:



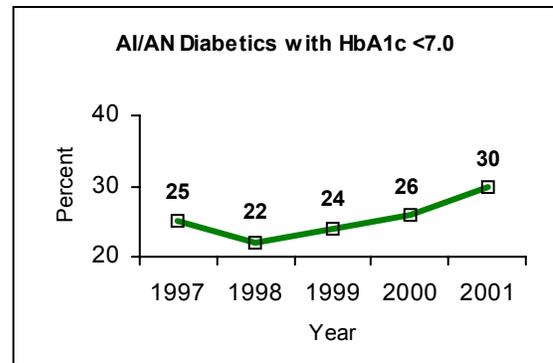
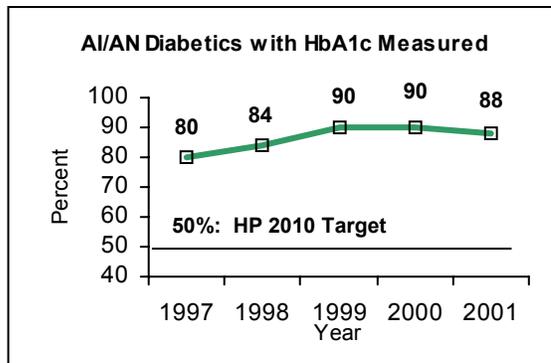
While the IHS public health model has been effective in eliminating certain infectious diseases, improving maternal and child health and increasing access to clean water and sanitation, the problems facing Indian people and communities today are very different from those that existed historically. The health problems in American Indian and Alaska Native communities today mirror the health problems confronting U.S. All Races. These problems include obesity, substance abuse, lack of exercise, tobacco dependence, and violence. The impact of these conditions in American Indian and Alaska Native populations is reflected in increased disease burden and decreased life expectancy. These often lead to the development of chronic diseases

that require costly long-term treatment such as cardiovascular disease, diabetes (including kidney disease, dialysis, and blindness), liver disease, cancer, and injuries.

In addition, the recent fully analyzed and racially adjusted mortality data (FY 1999) available from the National Center for Health Statistics documents an overall 4.5% increase in death rate for American Indian and Alaska Native people from 698.4 per 100,000 population for the period 1994 to 1996 to 730.1 per 100,000 population for the period 1997 to 1999. See Table 1 on pages viii and ix for disease specific information.

While a community based, public health oriented program provided a cost effective positive impact on health status when the health problems were more clearly linked to disease processes prevalent many years ago, this model has yet to be adapted to the more recent behavioral and lifestyle issues, which face IHS today. Implementing the types of prevention and patient education programs that are needed, while continuing to provide high quality medical services to a population that has a disproportionate amount of chronic medical diseases, will require additional resources that are not currently available to IHS.

Despite these challenges, IHS has shown that, with additional resources, the I/T/U system can produce measurable improvements in the health status of the American Indian and Alaska Native population. An excellent example of this is the current Special Diabetes Program for Indians (SDPI). There has been a clear trend in improvement in the services that are provided to the diabetic patients. In fact, the I/T/U system has already far exceeded the Healthy People 2010 target of 50% for annual HgbA1c screening. In addition, there has been a steady increase in the percent of American Indian and Alaska Native diabetic patients whose HgbA1c is less than 7.0. (reflecting ideal blood sugar control) See graphs below.



This is significant because current literature states that a decrease of 1.0 in HgbA1c levels achieves the following:

- 14% decrease in mortality;
- 43% decrease in amputations;
- 24% decrease in renal failure; and
- \$800 decrease in annual health care costs.

These data show that the ITU system can be effective when new funding is available and targeted to specific health problems.

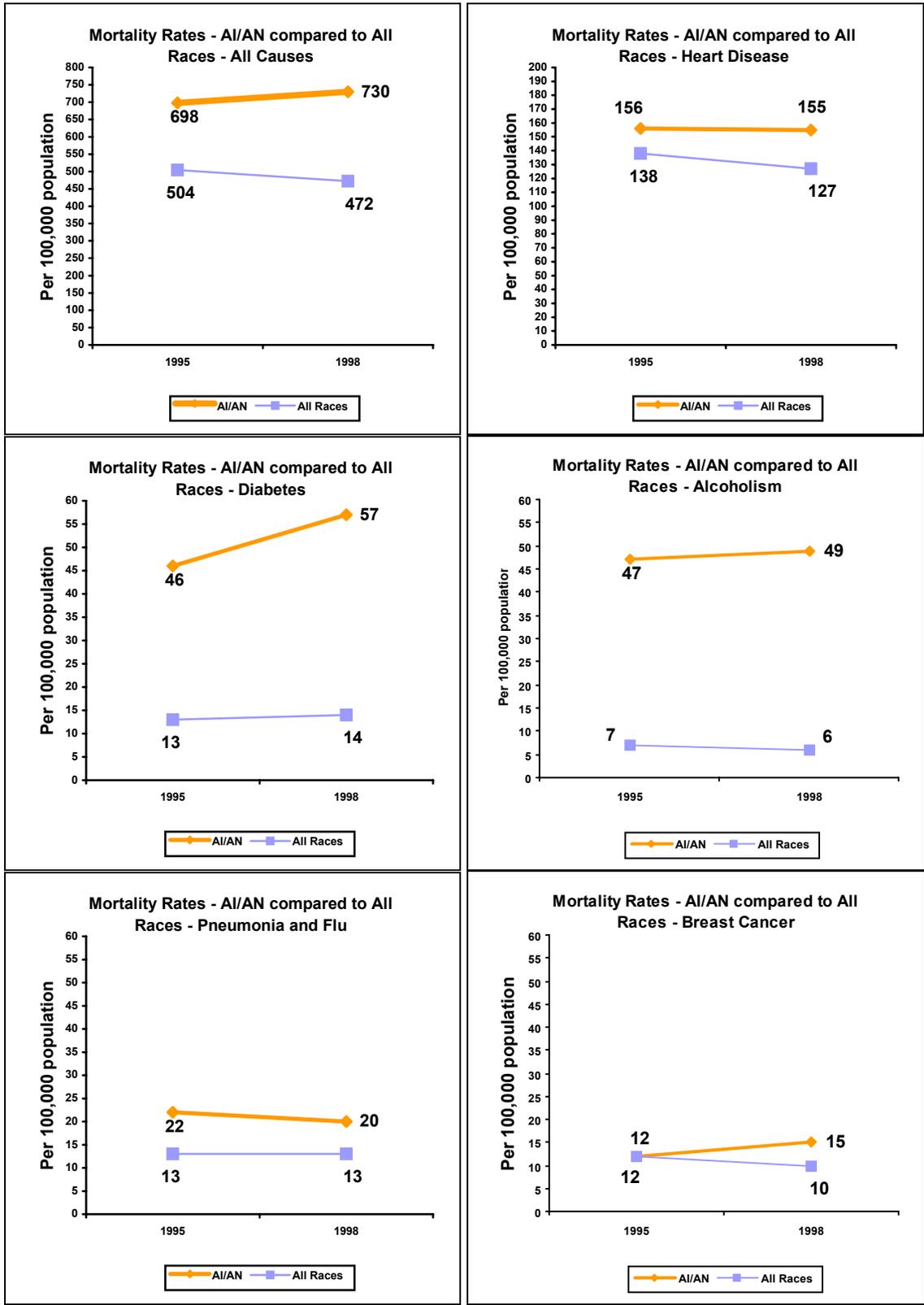
Within this document, the initial FY 2004 and revised final FY 2003 Performance Plans have merged with the FY 2002 Performance Report consistent with the required format developed

with the Department of Health and Human Services. It presents a strategic set of performance indicators intended to approach the growing health disparities between the American Indian and Alaska Native population and the rest of the US population (see chart below). However, achieving these performance targets will be insufficient in reversing the worsening health status of American Indian and Alaska Native people. Health disparities between American Indian and Alaska Native's and the US population in general are unlikely to improve unless additional resources become available to target these ongoing disparities.

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Table 1: Mortality Rate Disparities Continue Among AI/AN and All Races in the IHS Service Area



Indian Health Service FY 2002 GPRA

Trends: ■ Toward FY 2010 Goal ■ Away from FY 2010 Goal

Treatment Indicators	Diabetes Prevalence	Glycemic Control	Glycemic Control																																																	
Measure	Indicator 1: Track age-specific diabetes rates for the AI/AN population	Indicator 2A: Percent of AI/AN diabetic patients with at least 1 HgbA1c in the last 12 months	Indicator 2B: Percent of AI/AN diabetic patients with an HgbA1c of < 7.0																																																	
Period	1990-2001	1997-2001	1997-2001																																																	
Trend (percent)	<table border="1"> <caption>Diabetes Prevalence Data (1990-2001)</caption> <thead> <tr> <th>Year</th> <th>age<15</th> <th>age15-19</th> <th>age20-24</th> <th>age25-34</th> </tr> </thead> <tbody> <tr> <td>1990</td> <td>1.2</td> <td>3.2</td> <td>7.8</td> <td>18</td> </tr> <tr> <td>1994</td> <td>1.4</td> <td>4.5</td> <td>9.3</td> <td>21.3</td> </tr> <tr> <td>1998</td> <td>1.3</td> <td>5.4</td> <td>11.5</td> <td>26.9</td> </tr> <tr> <td>2001</td> <td>1.5</td> <td>6.6</td> <td>13.1</td> <td>32.2</td> </tr> </tbody> </table>	Year	age<15	age15-19	age20-24	age25-34	1990	1.2	3.2	7.8	18	1994	1.4	4.5	9.3	21.3	1998	1.3	5.4	11.5	26.9	2001	1.5	6.6	13.1	32.2	<table border="1"> <caption>Glycemic Control (Indicator 2A) Data (1997-2001)</caption> <thead> <tr> <th>Year</th> <th>Percent</th> </tr> </thead> <tbody> <tr> <td>1997</td> <td>80</td> </tr> <tr> <td>1998</td> <td>84</td> </tr> <tr> <td>1999</td> <td>90</td> </tr> <tr> <td>2000</td> <td>90</td> </tr> <tr> <td>2001</td> <td>88</td> </tr> </tbody> </table>	Year	Percent	1997	80	1998	84	1999	90	2000	90	2001	88	<table border="1"> <caption>Glycemic Control (Indicator 2B) Data (1997-2001)</caption> <thead> <tr> <th>Year</th> <th>Percent</th> </tr> </thead> <tbody> <tr> <td>1997</td> <td>25</td> </tr> <tr> <td>1998</td> <td>22</td> </tr> <tr> <td>1999</td> <td>24</td> </tr> <tr> <td>2000</td> <td>26</td> </tr> <tr> <td>2001</td> <td>30</td> </tr> </tbody> </table>	Year	Percent	1997	25	1998	22	1999	24	2000	26	2001	30
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FY 2002 Target (Target met, not met, partially met, or no data)	Maintain Data Base (FY 2002 data available 8/03)	Continue to Improve Rate (FY 2002 data available 8/03)	Improve from FY 2001 (FY 2002 data available 8/03)																																																	
Healthy People 2010 or IHS 2010 Goal	NA	HP 2010 - 50%	IHS - 40%																																																	
More Information see IHS FY 2002 Performance Report	Page 3-11	Page 3-12	Page 3-12																																																	

Indian Health Service FY 2002 GPRA

Trends: ■ Toward FY 2010 Goal ■ Away from FY 2010 Goal

Treatment Indicators	Blood Pressure Control	Assessed for Dyslipidemia	Assessed for Nephropathy
Measure	Indicator 3: Percent of AI/AN diabetic patients with ideal blood pressure control (< 130/80 mm Hg)	Indicator 4: Percent of AI/AN diabetic patients who were assessed for dyslipidemia (LDL Cholesterol)	Indicator 5: Percent of AI/AN diabetic patients who were assessed for nephropathy (urinalysis)
Period	1997-2001	1998-2001	1997-2001
Trend (percent)	<p>The table contains three line graphs. The first graph, 'Blood Pressure Control', shows data points for 1997 (27), 1998 (38), 1999 (36), 2000 (35), and 2001 (41). The IHS 2010 Goal is 50%. The second graph, 'Assessed for Dyslipidemia', shows data points for 1998 (29), 1999 (46), 2000 (54), and 2001 (60). The IHS 2010 Goal is 70%. The third graph, 'Assessed for Nephropathy', shows data points for 1997 (36), 1998 (33), 1999 (36), 2000 (41), and 2001 (54). The IHS 2010 Goal is 70%. In all graphs, green lines indicate movement toward the goal, and red lines indicate movement away from the goal.</p>		
HP 2010 Goal			
IHS 2010 Goal			
FY 2002 Target (Target met, not met, partially met, or no data)	Maintain FY 2001 level (FY 2002 data available 8/03)	Improve from FY 2001 level (FY 2002 data available 8/03)	Improve from FY 2001 level (FY 2002 data available 8/03)
Healthy People 2010 or IHS Goal	IHS - 50%	IHS - 70%	IHS - 70%
More Information	Page 3-13	Page 3-14	Page 3-15

Indian Health Service FY 2002 GPRA

Trends: ■ Toward FY 2010 Goal ■ Away from FY 2010 Goal

Treatment Indicators	Pap Smear	Mammogram	Well Child Visits
Measure	Indicator 7: Percent of AI/AN women 18 - 64 years of age who received a Pap smear within the past 3 years	Indicator 8: Percent of AI/AN women 50 - 64 years of age who received a mammogram within the past 2 years	Indicator 9: Percent of AI/AN children receiving a minimum of four well child visits by 42 months of age
Period	2000-2002	2000-2002	1999-2002
Trend (percent)			
HP 2010 Goal			
IHS Goal			
FY 2002 Target (Target met, not met, partially met, or no data)	2% Increase over FY 2001 (Not met)	2% Increase over FY 2001 (Met)	2% Increase over FY 2001 (Met)
Healthy People 2010 or IHS 2010 Goal	HP 2010 - 90%	HP 2010 - 70%	IHS - 70%
More Information	Page 3-18	Page 3-19	Page 3-21

Indian Health Service FY 2002 GPRA

Trends: ■ Toward FY 2010 Goal ■ Away from FY 2010 Goal

Treatment Indicators	YRTC Follow-up	FAS Prenatal Screening	Water Fluoridation
Measure	Indicator 10: Percent of AI/AN adolescents discharged from IHS supported Youth Regional Treatment Centers who received follow-up care	Indicator 11: Percent of I/T/U prenatal clinics utilizing screening and case management protocols for pregnant substance abusing women	Indicator 12: Number of fluoridation systems in compliance
Period	1999-2001	1999-2002	2001-2002
Trend (percent)			No graph.
HP 2010 Goal			
IHS Goal			
FY 2002 Target (Target met, not met, partially met, or no data)	Establish baseline data for 4 measures (Met)	2% Increase over FY 2001 (Met)	5% Increase over FY 2001 (Not met)
Healthy People 2010 or IHS 2010 Goal	IHS - 90%	IHS - 90%	IHS - Increase 5% over 2001
More Information	Page 3-23	Page 3-24	Page 3-26

Indian Health Service FY 2002 GPRA

Trends: ■ Toward FY 2010 Goal ■ Away from FY 2010 Goal

Treatment Indicators	Dental Services Access	Dental Sealants	Dental Service for Diabetics																										
Measure	Indicator 13: Percent of AI/AN patients receiving dental services	Indicator 14: Number of protective dental sealants on permanent molar teeth received by AI/AN children	Indicator 15: Percent of AI/AN diabetic patients receiving annual dental service																										
Period	1998-2002	2001-2002	1999-2001																										
Trend (percent)																													
HP 2010 Goal																													
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FY 2002 Target (Target met, not met, partially met, or no data)	1% Increase over FY 2001 (Met)	2.5% Increase over FY 2001 (Met)	2% Increase over FY 2001 (FY 2002 data available 8/03)																										
Healthy People 2010 or IHS 2010 Goal	IHS - 40%	IHS - 227,945 Sealants	HP 2010 - 75%																										
More Information	Page 3-28	Page 3-30	Page 3-31																										

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Trends: ■ Toward FY 2010 Goal ■ Away from FY 2010 Goal

Treatment Indicators	Family Abuse	Family Abuse	Automated GPRA Extraction
Measure	Indicator 16A: Percent of I/T/U medical facilities with family abuse policies and procedures for intervention	Indicator 16B: Percent of I/T/U Urgent Care Units with family abuse policies and procedures that trained the staff in use of policies	Indicator 17: Expand the automated extraction of GPRA clinical performance measures and improve data quality
Period	1999-2002	2000-2002	2001-2002
Trend (percent)			No Graph
HP 2010 Goal			
IHS Goal			
FY 2002 Target (Target met, not met, partially met, or no data)	82% - (Met)	56% - (Met)	Assess 5 sites - (Met)
Healthy People 2010 or IHS 2010 Goal	IHS - 90%	IHS - 90%	IHS - Improve automated data
More Information	Page 3-32	Page 3-32	Page 3-34

Indian Health Service FY 2002 GPRA

Trends: ■ Toward FY 2010 Goal ■ Away from FY 2010 Goal

Treatment Indicators	Mental Health Data	Urban Data	Hospital Accreditation																		
Measure	Indicator 18: Expand the number of I/T/U programs that have implemented the use of the Mental Health/Social Services data reporting system	Indicator 19: Expand the number of urban programs which have compatible automated information systems that capture health status and patient care data	Indicator 20: Maintain 100% of IHS accredited hospitals																		
Period	1998-2002	2001-2002	1998-2001																		
Trend (percent)																					
HP 2010 Goal <hr style="border: 1px solid yellow;"/>																					
IHS Goal <hr style="border: 1px solid blue;"/>																					
	<table border="1"> <caption>Mental Health Data - Number of Programs</caption> <thead> <tr> <th>Year</th> <th>Number of Programs</th> </tr> </thead> <tbody> <tr> <td>1998</td> <td>51</td> </tr> <tr> <td>1999</td> <td>62</td> </tr> <tr> <td>2000</td> <td>95</td> </tr> <tr> <td>2001</td> <td>110</td> </tr> <tr> <td>2002</td> <td>133</td> </tr> </tbody> </table>	Year	Number of Programs	1998	51	1999	62	2000	95	2001	110	2002	133	<table border="1"> <caption>Urban Data - Number of Programs</caption> <thead> <tr> <th>Year</th> <th>Number</th> </tr> </thead> <tbody> <tr> <td>2001</td> <td>11</td> </tr> <tr> <td>2002</td> <td>13</td> </tr> </tbody> </table> <p>IHS 2010 Goal: 34</p>	Year	Number	2001	11	2002	13	No Graph
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2000	95																				
2001	110																				
2002	133																				
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2002	13																				
FY 2002 Target (Target met, not met, partially met, or no data)	5% Increase over FY 2001 - (Met)	2 More sites over Fy 2001 - (Met)	100% - (Met)																		
Healthy People 2010 or IHS 2010 Goal	IHS - 90%	IHS - 34 sites	IHS - Maintain 100%																		
More Information	Page 3-36	Page 3-37	Page 3-38																		

Indian Health Service FY 2002 GPRA

Trends: ■ Toward FY 2010 Goal ■ Away from FY 2010 Goal

Treatment Indicators	Medication Errors	Customer Satisfaction
Measure	Indicator 21: Implement medication error reporting system to reduce medication errors	Indicator 22: Improve AI/AN consumer satisfaction with the acceptability and accessibility of health care as measured by IHS consumer satisfaction survey
Period	2002	2002
Trend (percent) HP 2010 Goal <hr style="border: 1px solid yellow;"/> IHS Goal <hr style="border: 1px solid blue;"/>	No Graph	No Graph
FY 2002 Target (Target met, not met, partially met, or no data)	Assess system for 3 elements - (Met)	Secure OMB clearance - (Met)
Healthy People 2010 or IHS 2010 Goal	IHS - Implement system	IHS - Improve consumer satisfaction
More Information	Page 3-38	Page 3-39

Indian Health Service FY 2002 GPRA

Trends: ■ Toward FY 2010 Goal ■ Away from FY 2010 Goal

Prevention Indicators	Public Health Nursing	Public Health Nursing	Childhood Immunizations
Measure	Indicator 23A: Increase the number of public health nursing services provided to infants and elders - Total visits	Indicator 23B: Increase the number of public health nursing services provided to infants and elders - Home visits	Indicator 24: Percent of AI/AN children (0-27 months old) who completed all recommended immunizations
Period	1999-2001	1999-2001	1999-2001
Trend (percent)			
HP 2010 Goal	<hr style="border: 1px solid yellow;"/>		<hr style="border: 1px solid yellow;"/>
IHS Goal	<hr style="border: 1px solid blue;"/>		
FY 2002 Target (Target met, not met, partially met, or no data)	2% increase over FY 2001 - (FY 2002 data available 4/03)	2% increase over FY 2001 - (FY 2002 data available 4/03)	1% increase over FY 2001 - (Not met)
Healthy People 2010 or IHS 2010 Goal	IHS - Need 2010 goal	IHS - Need 2010 goal	HP 2010 - 90%
More Information	Page 3-46	Page 3-46	Page 3-47

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Trends: ■ Toward FY 2010 Goal ■ Away from FY 2010 Goal

Prevention Indicators	Influenza Vaccination	Pneumococcal Vaccination	Injury Prevention Programs
Measure	Indicator 25: Increase overall influenza vaccination levels among AI/AN adults aged 65 years and older	Indicator 26: Increase overall pneumococcal vaccination levels among AI/AN adults aged 65 years and older	Indicator 27: Increase the number of comprehensive injury prevention programs
Period	2000-2001	2001-2002	1992-1999
Trend (percent)	<p>HP 2010 Goal</p> <p>IHS Goal</p>	<p>HP 2010 Goal</p>	No Graph
FY 2002 Target (Target met, not met, partially met, or no data)	1% increase over FY 2001- (Not met)	New indicator	Maintain 25 projects (Met)
Healthy People 2010 Goal or IHS 2010 Goal	HP 2010 - 90%	HP 2010 - 90%	IHS - Maintain 25
More Information	Page 3-48	Page 3-49	Page 3-50

Indian Health Service FY 2002 GPRA

Trends: ■ Toward FY 2010 Goal ■ Away from FY 2010 Goal

Prevention Indicators	Suicide Surveillance	Cardiovascular Disease Prevention	Obesity Prevention and Treatment
Measure	Indicator 29: Increase the number of I/T/Us that have implemented a suicide surveillance system	Indicator 30: Collaborate with NIH to develop and implement culturally sensitive pilot cardiovascular disease prevention programs	Indicator 31: Develop and overall 3 element IHS obesity prevention and control plan
Period	2001	2001-2002	2001-2002
Trend (percent) HP 2010 Goal <hr style="border: 1px solid yellow;"/> IHS Goal <hr style="border: 1px solid blue;"/>	No Graph	No Graph	No Graph
FY 2002 Target (Target met, not met, partially met, or no data)	10% increase over FY 2001 - (Met)	Implement plan at 3 sites - (Met)	Develop 3-element plan - (Met)
Healthy People 2010 or IHS 2010 Goal	IHS - Need IHS 2010 Goal	IHS - Expand beyond 3 sites	IHS - Implement obesity prevention and control plan
More Information	Page 3-52	Page 3-53	Page 3-54

Indian Health Service FY 2002 GPRA

Trends: ■ Toward FY 2010 Goal ■ Away from FY 2010 Goal

Prevention Indicators	Tobacco Control Plan	HIV/AIDS Surveillance	High Risk and HIV
Measure	Indicator 32: Develop and overall IHS tobacco control plan based on findings from CDC sponsored AI/AN tobacco control pilot sites	Indicator 33: Maintain ongoing surveillance of HIV/AIDS and determine the level of report completeness	Indicator 34: Increase the percent of high risk sexually active persons who know their HIV status and have received reduction counseling
Period	2002	2002	2002
Trend (percent)			
HP 2010 Goal			
IHS Goal	No Graph	No Graph	No Graph
FY 2002 Target (Target met, not met, partially met, or no data)	Implement at 5 sites - (Met)	Monitor 3 IHS Areas - (Met)	Develop baseline in 3 Areas - (Met)
Healthy People 2010 or IHS 2010 Goal	IHS - Implement at 5 for sites for 5 years	IHS - Drop in FY 2003	IHS - Need IHS 2010 Goal
More Information	Page 3-55	Page 3-56	Page 3-56

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Trends:  Toward FY 2010 Goal  Away from FY 2010 Goal

Prevention Indicators	Environmental Health Surveillance		
Measure	Indicator 35: Implement automated web-based environmental health surveillance data collection system in tribal systems		
Period	2000-2002		
Trend (percent) HP 2010 Goal  IHS Goal 	No Graph		
FY 2002 Target (Target met, not met, partially met, or no data)	Add 10 user accounts - (Met)		
Healthy People 2010 or IHS 2010 Goal	IHS - Need IHS 2010 goal		
More Information	Page 3-57		

Indian Health Service FY 2002 GPRA

Trends: ■ Toward FY 2010 Goal ■ Away from FY 2010 Goal

Capital Programming	Sanitation Facilities	New Construction									
Measure	Indicator 37: Provide sanitation facilities to new or like-new homes and existing homes	Indicator 38: Improve access to health care by construction of the approved new health care facilities (Percent of buildings completed on time)									
Period	1999-2002	1999-2001									
Trend (percent)	<table border="1"> <caption>Number of Homes Data</caption> <thead> <tr> <th>Year</th> <th>Number of Homes</th> </tr> </thead> <tbody> <tr> <td>1999</td> <td>18376</td> </tr> <tr> <td>2001</td> <td>18002</td> </tr> <tr> <td>2002</td> <td>21225</td> </tr> </tbody> </table>	Year	Number of Homes	1999	18376	2001	18002	2002	21225	No Graph	
Year		Number of Homes									
1999		18376									
2001	18002										
2002	21225										
HP 2010 Goal											
IHS Goal											
FY 2002 Target (Target met, not met, partially met, or no data)	15,255 homes - (Met)	Assure timely phasing of construction - (Met)									
Healthy People 2010 or IHS 2010 Goal	IHS - Need IHS 2010 goal	IHS - Need IHS 2010 goal									
More Information	Page 3-61	Page 3-62									

Indian Health Service FY 2002 GPRA

Trends: ■ Toward FY 2010 Goal ■ Away from FY 2010 Goal

Core Functions	I/T/U Consultation Process	CHS Procurement	Managerial Cost Accounting
Measure	Indicator 39: Improve the level of I/T/U satisfaction with the process for consultation and participation provided by the IHS, as measured by a survey of I/T/Us	Indicator 40: Improve the level of Contract Health Service (CHS) procurement of inpatient and outpatient hospital services for routinely used providers under contracts or rate quote agreements at the IHS-wide reporting level	Indicator 42: Continue implementation of Managerial Cost Accounting (MCA) systems across IHS settings
Period	2000-2001	2000-2002	1999-2002
Trend (percent)			
HP 2010 Goal			
IHS Goal	No Graph	No Graph	No Graph
FY 2002 Target (Target met, not met, partially met, or no data)	Obtain OMB clearance and develop baseline - (Partially met, no baseline data collected)	(FY 2002 data available 9/03)	Expand MCA - (Met)
Healthy People 2010 or IHS Target	IHS - Improve stakeholder satisfaction	IHS - 88%	IHS - Continue to expand
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Indian Health Service FY 2002 GPRA

Trends: ■ Toward FY 2010 Goal ■ Away from FY 2010 Goal

Core Functions	Self-Determination Process	Quality of Work Life								
Measure	Indicator 44: Support Tribal Self-determination through technical assistance and application of the IHS Contract Support Cost Policy	Indicator 45: The IHS will improve its overall Human Resource Management (HRM) Index score as measured by the DHHS annual HRM survey								
Period	2001-2002	2000-2002								
Trend (percent)	No Graph	<table border="1"> <caption>HRM Index Score Data</caption> <thead> <tr> <th>Year</th> <th>Index Score</th> </tr> </thead> <tbody> <tr> <td>2000</td> <td>96</td> </tr> <tr> <td>2001</td> <td>96</td> </tr> <tr> <td>2002</td> <td>96</td> </tr> </tbody> </table>	Year	Index Score	2000	96	2001	96	2002	96
Year			Index Score							
2000			96							
2001	96									
2002	96									
HP 2010 Goal <hr style="border: 1px solid yellow;"/>										
IHS Goal <hr style="border: 1px solid blue;"/>										
FY 2002 Target (Target met, not met, partially met, or no data)	Support Self-determination - (Met)	Score 98% - (Not met)								
Healthy People 2010 or IHS Target	IHS - Support Self-determination	IHS - Index score of 98								
More Information	Page 3-73	Page 3-75								