INDIAN HEALTH SERVICE

CALIFORNIA AREA REPORT

Government Performance and Results Act (GPRA)

2019

Measuring healthcare quality to improve patient care

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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: **Christine Brennan**, Health Systems Specialist, CAO, and **Carolyn Pumares,** Pharmacy Consultant, 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 2019 California Area Report contains detailed performance results for all clinical Government Performance Results Act (GPRA) and Government Performance and Results Modernization Act (GPRAMA) measures collected from 38 (30 tribal and 8 urban) California programs. In FY 2019, 36 California programs (29 tribal, 7 urban) reported results via the Integrated Data Collection System (IDCS) Data Mart at the National Data Warehouse (NDW).

FY 2019 was the second year for reporting GPRA/GPRAMA data through the NDW. Data is received at the NDW via monthly, quarterly, or annual data exports sent by each health program, regardless of which Electronic Health Record (EHR) software is being used. Prior to FY 2018, GPRA/GPRAMA data was reported via the Clinical Reporting System (CRS) software package in RPMS and only health programs utilizing RPMS could have their data included in national and Area GPRA reports. In addition, the 12-month GPRA reporting period also changed in FY 2018, from July 1 through June 30 to October 1 through September 30.

With the change to reporting GPRA/GPRAMA via IDCS, the denominators for the measures changed from Active Clinical Population, which required two visits in the last three years, to User Population, which requires one visit in the last three years. As a result, denominators are much larger and overall results have declined significantly. The FY 2018 and 2019 targets were much lower in anticipation of the decreased results and larger denominators.

The California Area Report includes detailed results for 26 clinical GPRA/GPRAMA measures reported by Tribal and Urban programs in FY 2019. Measure results are displayed in two graphs. The first graph displays California Area aggregate tribal results for FY 2019 and fy 2018, as well as the FY 2019 IHS national average. The second graph displays results for each reporting California Indian health program for FY 2019. The table under each graph show the percentage of patients that met each measure in FY 2019.

Health programs should use the data in this report to review current year results from IDCS with previous year's results, compare with other California programs and with national averages, and assess their progress toward achieving long-term goals. Page five of this document displays a 2019 GPRA User Population table for all reporting California Indian health programs so programs can compare their progress with other programs of similar size.

In FY 2019, California tribal and urban programs met 12 of the 26 clinical measures. Two of these measures had a baseline target, as one was a new measure in 2019 and one had a significant logic change. California Area tribal and urban programs exceeded the IHS national average on 6 of 26 measures and improved over FY 2018 results on 12 of 24 comparable measures.

PROGRAM LEGEND

Abbr.	Site Name	ASUFAC
BAK	BAKERSFIELD IHC	648655
CDE	CHAPA-DE	661010
CKH	CHICKEN RANCH RANCHERIA	664210
COL	COLUSA	663756
CON	CONSOLIDATED	662210
CVL	CENTRAL VALLEY	661110
FRS	FRESNO	648510
FRV	FEATHER RIVER INDIAN HEALTH	663610
GVL	GREENVILLE RANCHERIA TRIBAL HEALTH	663510
HPA	HOOPA	661210
IHC	INDIAN HEALTH COUNCIL	661610
KRK	KARUK	661355
LAK	LAKE	662930
LAS	LASSEN INDIAN HC	663030
MAC	MACT HEALTH BOARD CLINIC	662510
NVL	NORTHERN VALLEY	661557
OAK	OAKLAND NATIVE AMER HC/SAN FRAN	648411
PIT	PIT RIVER	661710
QTZ	QUARTZ VALLEY	663855

Abbr.	Site Name	ASUFAC
RED*	REDDING RANCHERIA	661910
RSB	RIVERSIDE/SAN BERNARDINO	661810
RVL	ROUND VALLEY	662710
SAC	SACRAMENTO NATIVE AMER HEALTH	648310
SBR	SANTA BARBARA IHC	648755
SDG	SAN DIEGO IHC	648110
SIH	SO. INDIAN HEALTH COUNCIL	662110
SJO*	SAN JOSE	648210
SON	SONOMA	662010
SS	SHINGLE SPRINGS TRIBAL HEALTH	663410
STF	STRONG FAMILY	661455
SYC	SYCUAN	663230
SYZ	SANTA YNEZ	662830
TOI	TOIYABE	662310
TUL	TULE RIVER CLINIC	662410
TUO	TUOLUMNE ME-WUK CLINIC	664110
UAII	UNITED AMERICAN INDIAN INVOLVEMENT	645060
UIHS	UNITED INDIAN HEALTH SERVICES	662610
WRN	WARNER MOUNTAIN	663330

Urban Indian Health Program

****2019 data reported from non-IDCS System; data not validated***

2019 GPRA USER POPULATION, BY PROGRAM

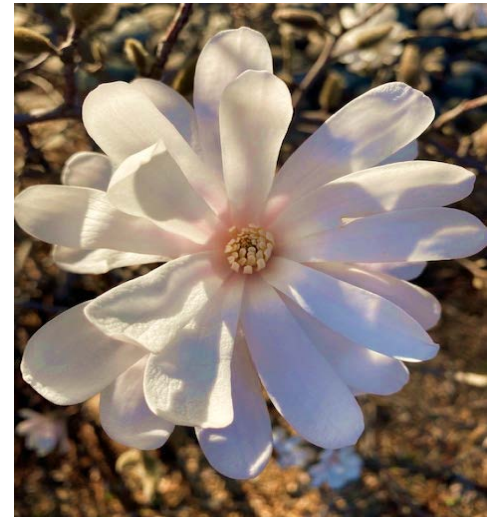
Population Scale	> 4000	4000-2000	2000-1000	< 1000

Health Program	GPRA User Population
Riverside/San Bern (RSB)	14,001
United Indian Health Services (UIHS)	8,726
Central Valley(CVL)	7,463
Chapa De (CDE)	5,635
Feather River (FRV)	5,342
Indian Health Council (IHC)	5,181
Sonoma (SON)	4,813
Redding (RED)	4,092
Consolidated (CON)	3178
Toiyabe (TOI)	3,035
Northern Valley (NVL)	2,991
Hoopa (HPA)	2,931
Tule River (TUL)	2,466
Lake (LAK)`	2,457
Southern Indian Health (SIH)	2,359
Karuk (KRK)	2,136
San Diego (SDG)	1,880
MACT (MAC)	1,731
Oakland/San Francisco (OAK)	1,537

Health Program	GPRA User Population
Sacramento NAHC (SAC)	1,499
Greenville (GVL)	1,436
Shingle Springs (SS)	1,352
Round Valley (RVL)	1,183
Santa Ynez (SYZ)	1,112
Fresno (FRS)	1109
San Jose (SJO)	966
United Amer. Indian Inv. (UAII)	965
Pit River (PIT)	961
Susanville (LAS)	842
Santa Barbara (SBR)	584
Tuolumne Me-Wuk (TUO)	348
Quartz Valley	254
Strong Family (STF)	228
Colusa (COL)	94
Warner Mountain (WRN)	92
Warner Mountain (WRN)	92
Bakersfield	71
Chicken Ranch (CHK)	25

GPRA MEASURES

Results



California Area Trends (2018-2019)

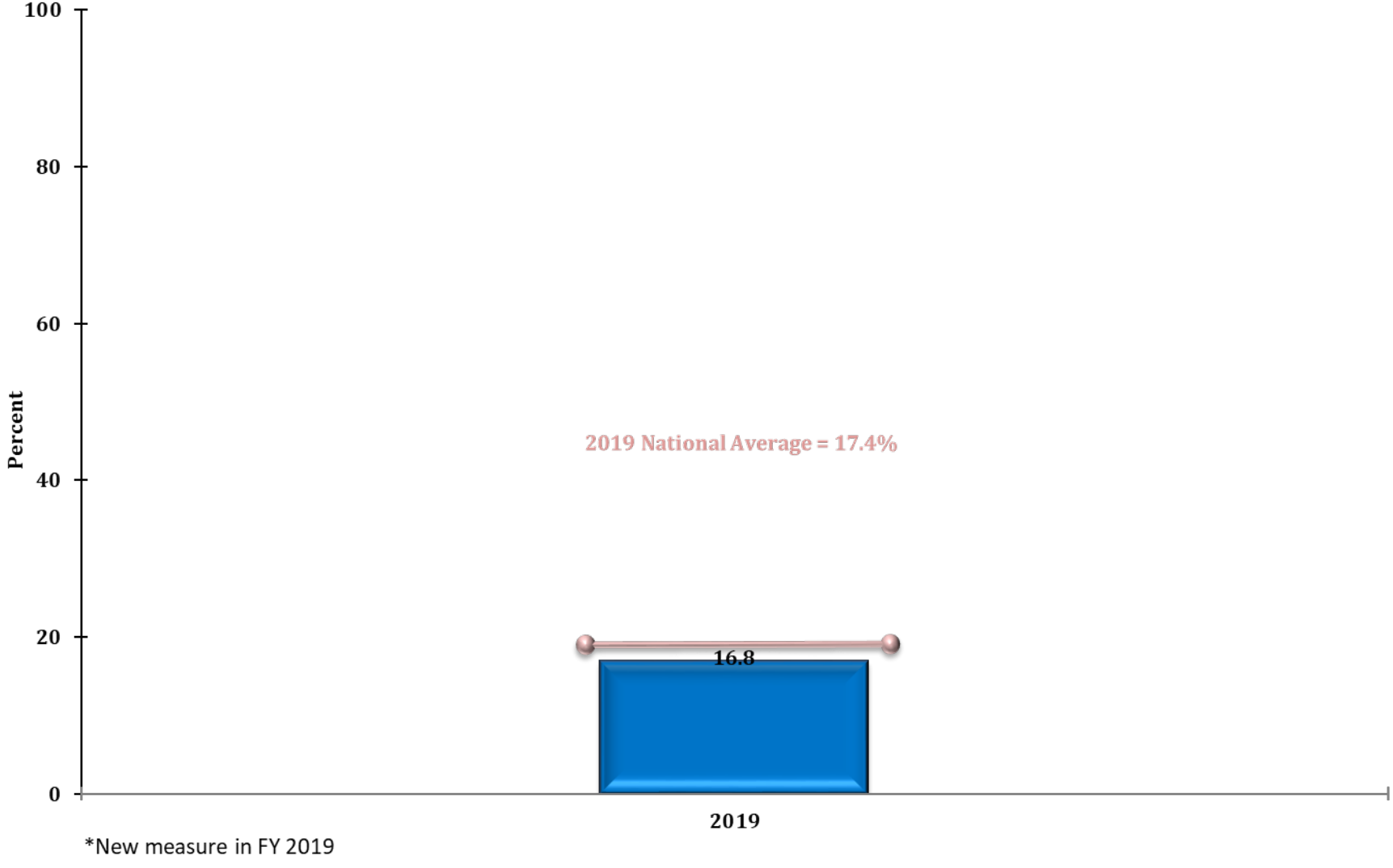
and

Results by Program (2019)

DIABETES: POOR GLYCEMIC CONTROL

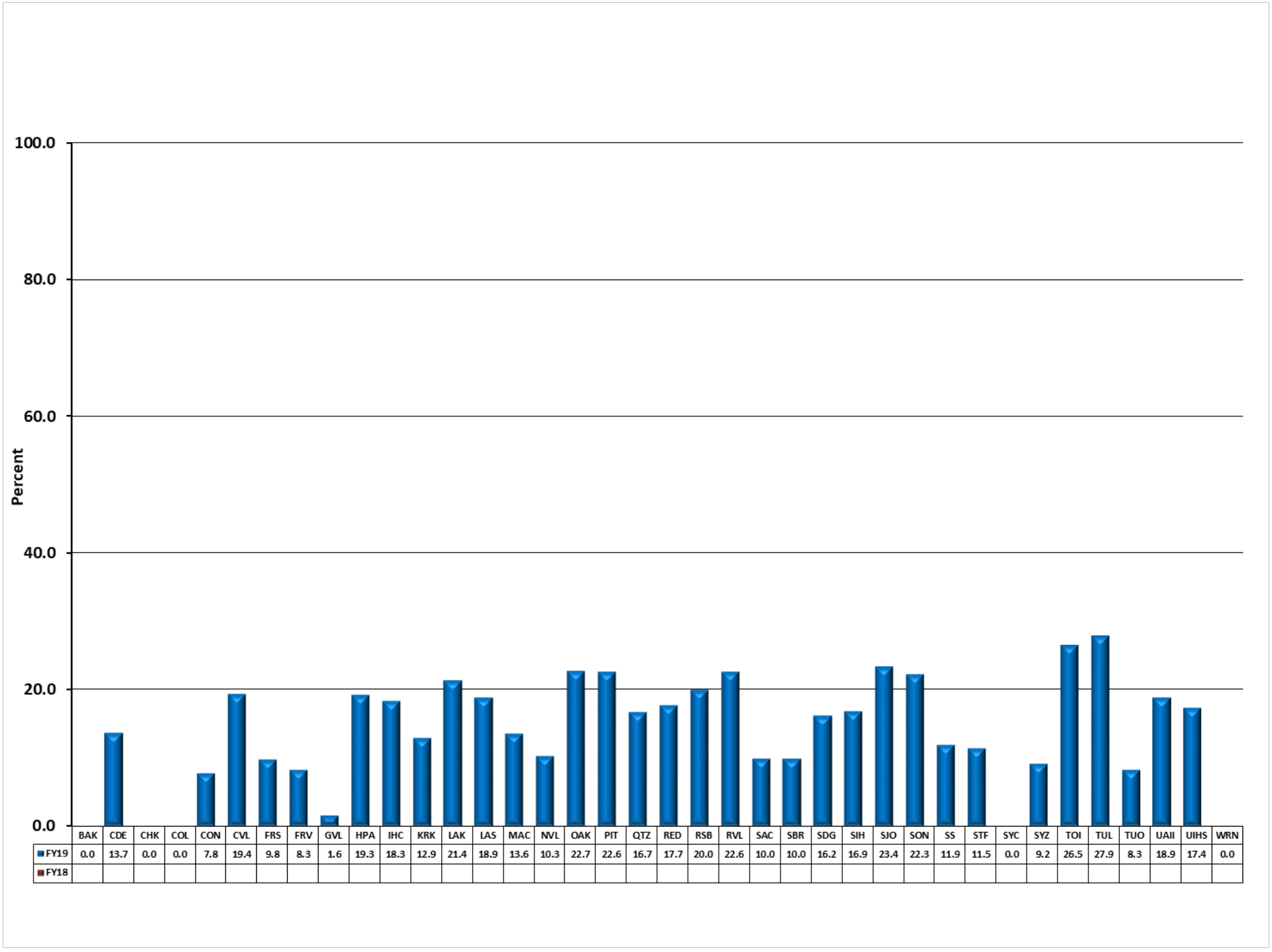
Measure: Percentage of patients with diagnosed diabetes with poor glycemic control (A1c>9.0).

Importance: *Keeping blood sugar levels under 8 can slow or prevent the onset and progression of many health conditions and complications caused by diabetes. Clinical studies have shown that keeping glycemic levels in the "good" range (below 8) results in a significantly reduced risk of eye disease, kidney disease, nerve disease, heart attack, and stroke.*



*New measure in FY 2019

DIABETES: POOR GLYCEMIC CONTROL

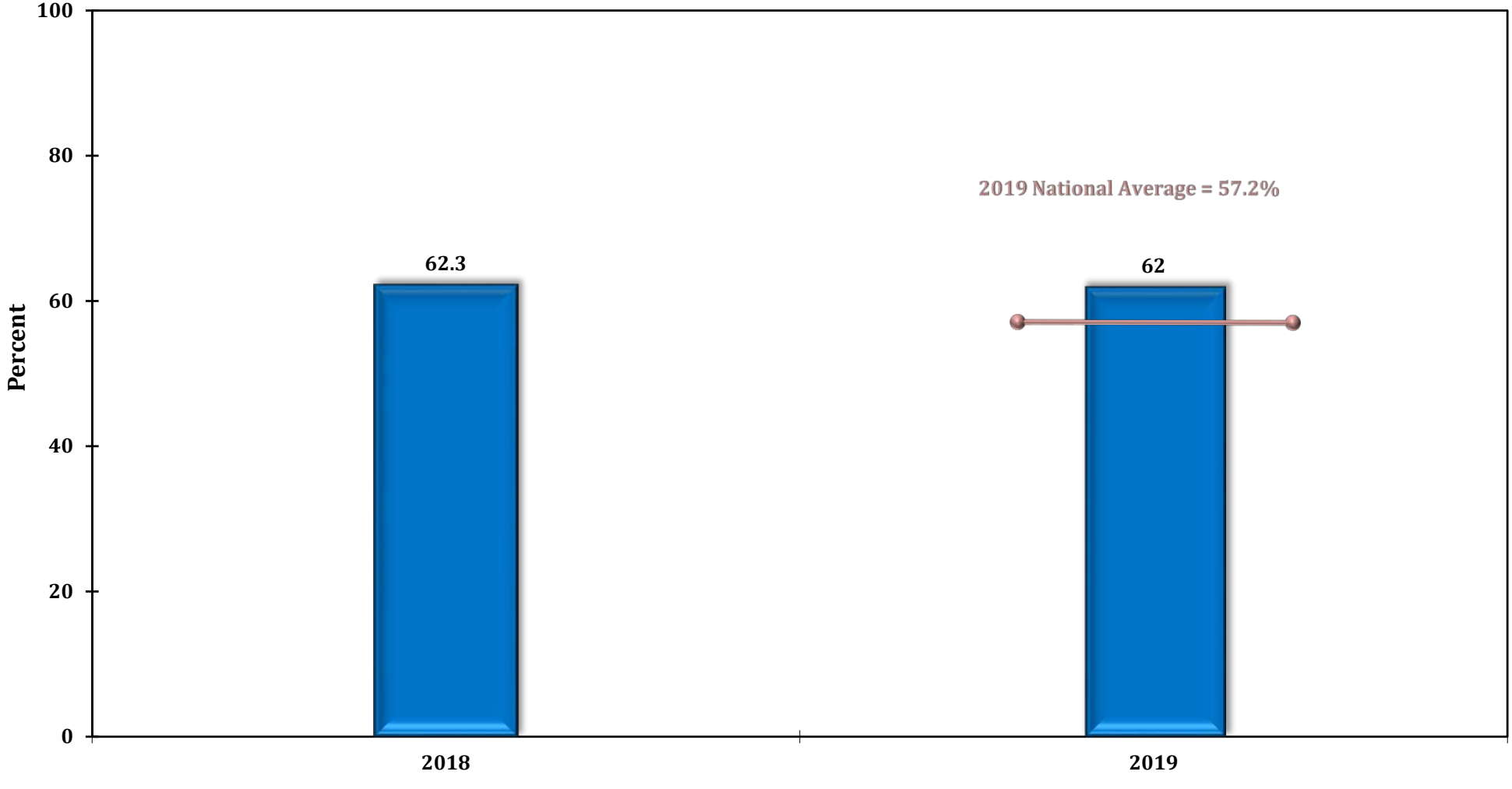


	BAK	CDE	CHK	COL	CON	CVL	FRS	FRV	GVL	HPA	IHC	KRK	LAK	LAS	MAC	NVL	OAK	PIT	QTZ	RED	RSB	RVL	SAC	SBR	SDG	SIH	SJO	SON	SS	STF	SYC	SYZ	TOI	TUL	TUO	UAII	UIHS	WRN
FY19	0.0	13.7	0.0	0.0	7.8	19.4	9.8	8.3	1.6	19.3	18.3	12.9	21.4	18.9	13.6	10.3	22.7	22.6	16.7	17.7	20.0	22.6	10.0	10.0	16.2	16.9	23.4	22.3	11.9	11.5	0.0	9.2	26.5	27.9	8.3	18.9	17.4	0.0
FY18																																						

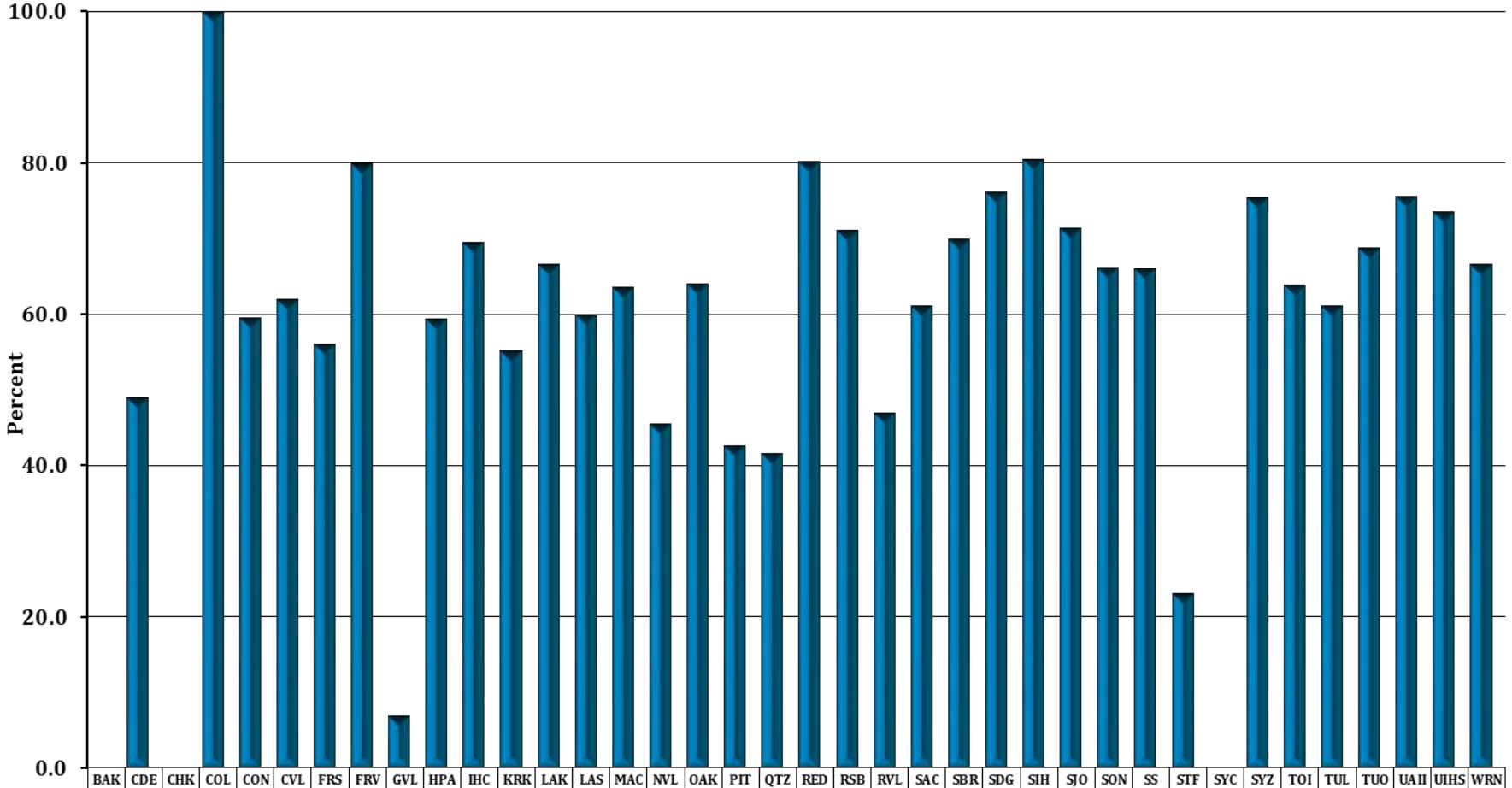
DIABETES: BLOOD PRESSURE CONTROL

Measure: Percentage of patients with diagnosed diabetes that have achieved blood pressure control (BP < 140/90).

Importance: *Good blood pressure control can reduce the risk of complications from diabetes. A large clinical study found that diabetics with blood pressure kept under control had a significantly reduced risk of death, heart attack and stroke.*



DIABETES: BLOOD PRESSURE CONTROL

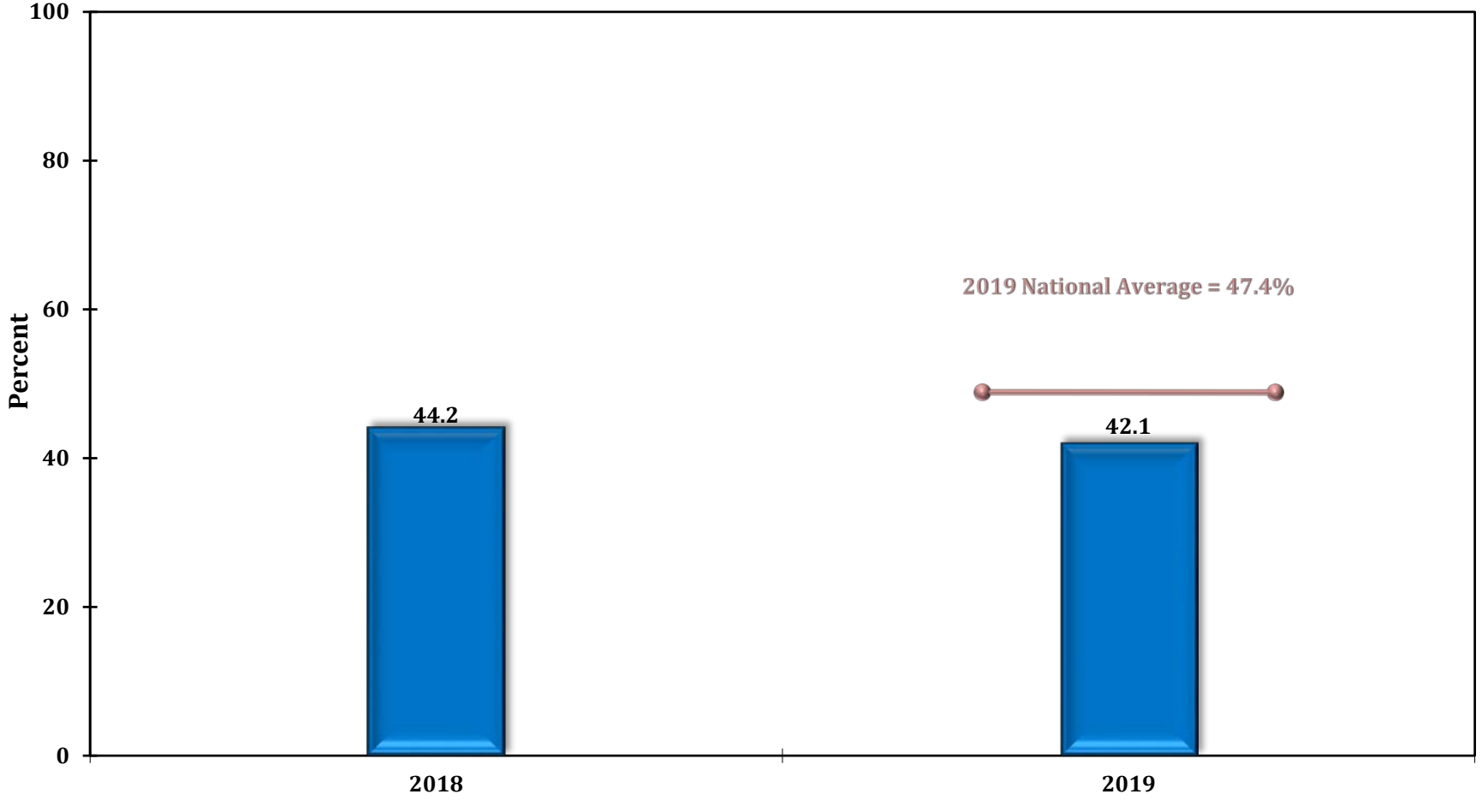


	BAK	CDE	CHK	COL	CON	CVL	FRS	FRV	GVL	HPA	IHC	KRK	LAK	LAS	MAC	NVL	OAK	PIT	QTZ	RED	RSB	RVL	SAC	SBR	SDG	SIH	SJO	SON	SS	STF	SYC	SYZ	TOI	TUL	TUO	UAII	UIHS	WRN
FY19	0.0	49.0	0.0	100.	59.6	62	56.1	80.0	7.0	59.5	69.5	55.2	66.7	60.0	63.6	45.6	64.0	42.7	41.7	80.2	71.1	47.0	61.1	70.0	76.2	80.6	71.4	66.2	66.1	23.1	0	75.5	63.9	61.1	68.8	75.7	73.6	66.7
FY18	50.0	70.6	0.0	57.1	40.2	61.3	57.1	72.7	75.3	60.6	62.6	58.1	64.4	77.1	66.5	74.0	75.0	48.3	66.7	84.4	61.2	50.8	60.6	55.6	72.7	82.1	63.0	61.6	62.5	41.7	100	79.8	69.4	64.3	70.0	67.1	70.2	73.3

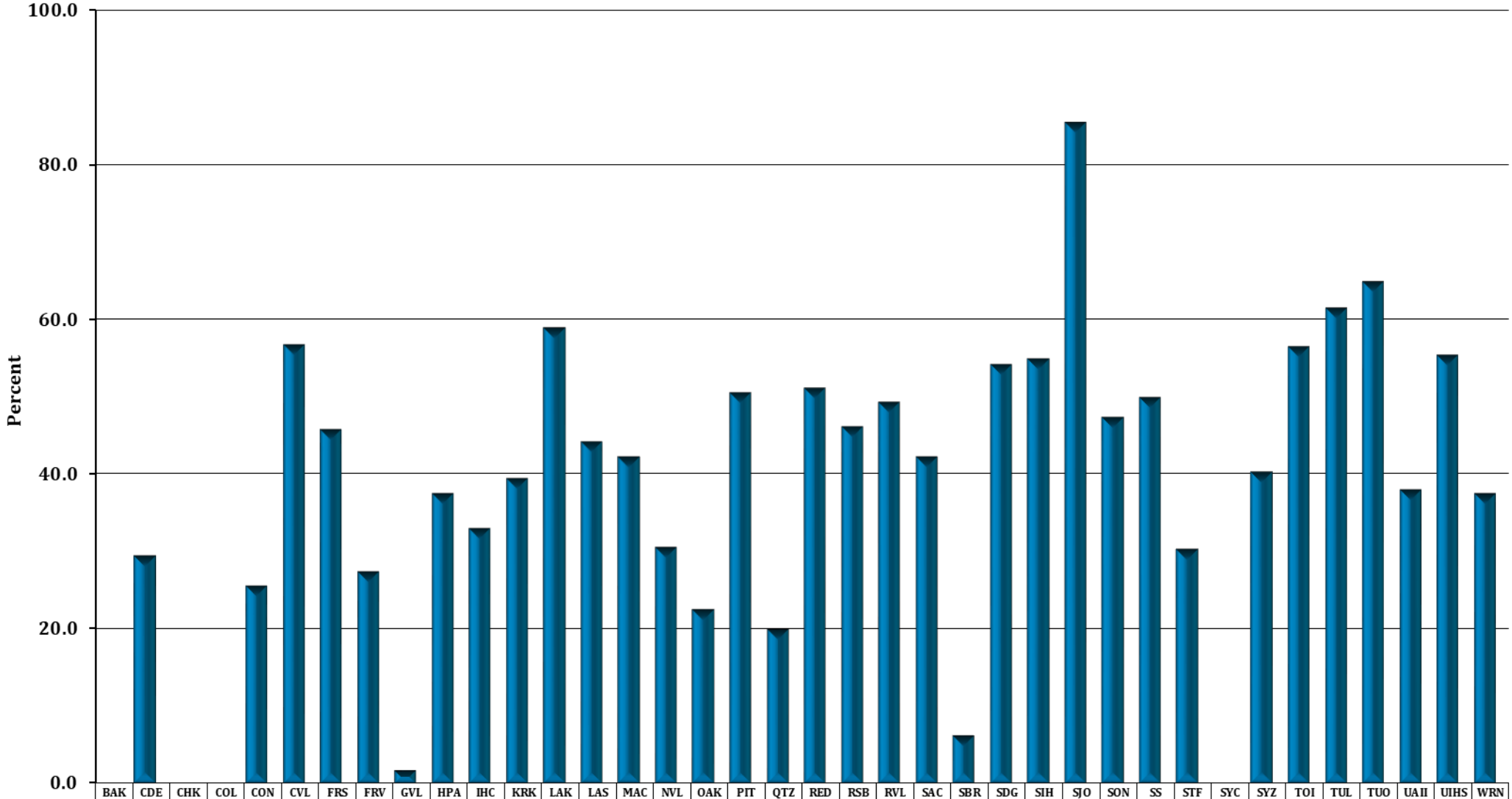
DIABETES: STATIN THERAPY

Measure: Percentage of patients with diagnosed diabetes who are 40 to 75 years old or 21 years of age and older who also have CVD or high cholesterol, who receive statin therapy.

Importance: *Research has shown that diabetic individuals are at higher risk for strokes and heart attacks. Having CVD or high LDL cholesterol levels increases the risk of a stroke or heart attack even more. Studies have shown that diabetic patients receiving statin therapy had a 22% reduction in the rate of cardiovascular events. The American Diabetes Association standards of care state that statin treatment should be given to diabetic individuals who have CVD risk factors.*



DIABETES: STATIN THERAPY



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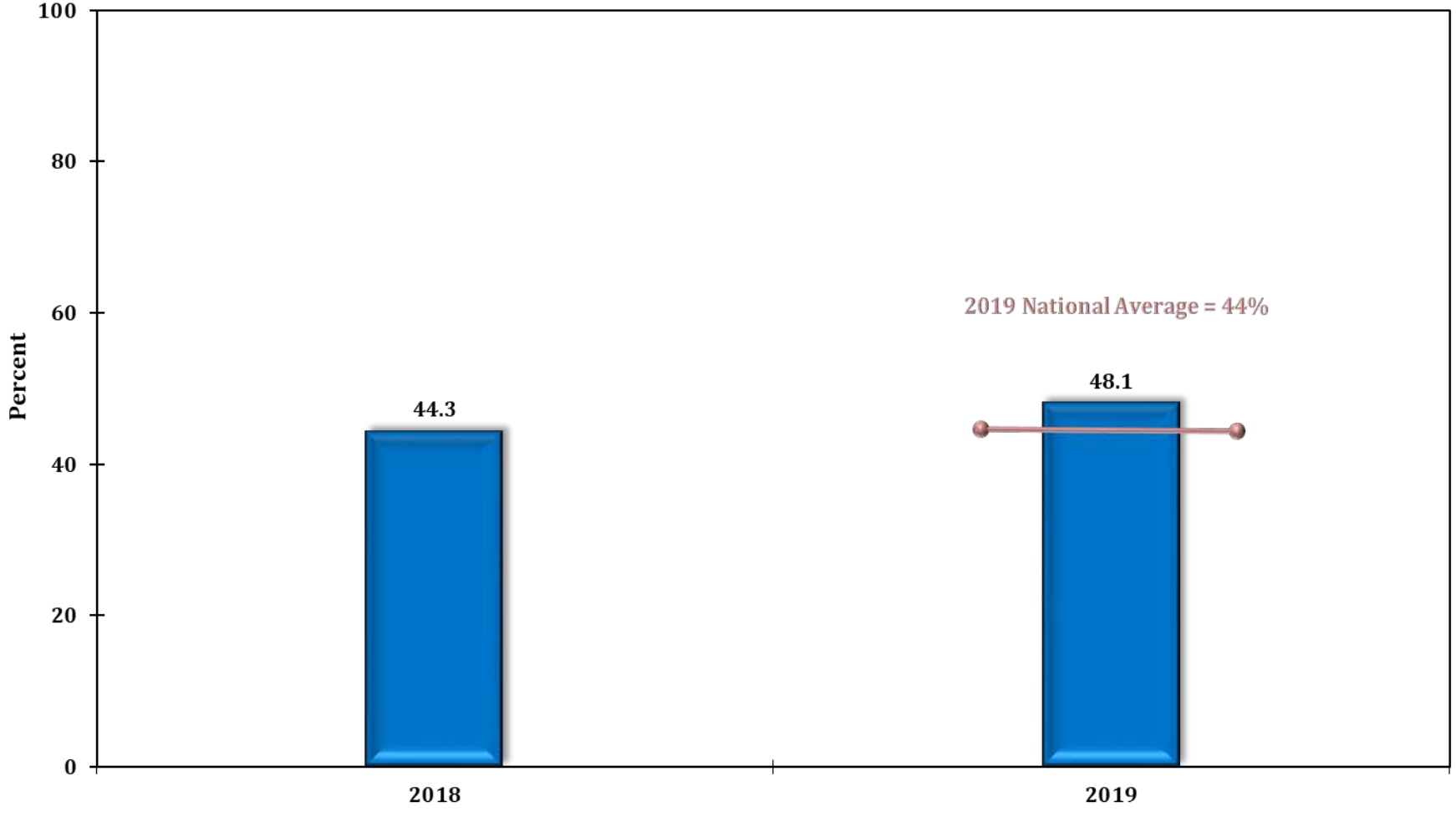
FY19	0.0	29.5	0.0	0.0	25.6	56.8	45.8	27.5	1.8	37.6	33.0	39.5	59.0	44.2	42.3	30.6	22.6	50.6	20.0	51.2	46.2	49.4	42.3	6.3	54.2	55.0	85.5	47.4	50.0	30.4	0.0	40.3	56.5	61.5	65.0	38.0	55.4	37.5
FY18	33.3	25.6	0.0	40.0	26.5	52.0	68.8	48.13	27.4	50.6	39.4	39.0	60.9	29.5	39.4	68.3	51.2	48.2	45.5	56.5	38.7	52.8	55.8	16.7	52.4	46.5	78.6	53.5	39.4	54.6		57.8	46.3	56.6	66.7	37.0	58.9	42.9

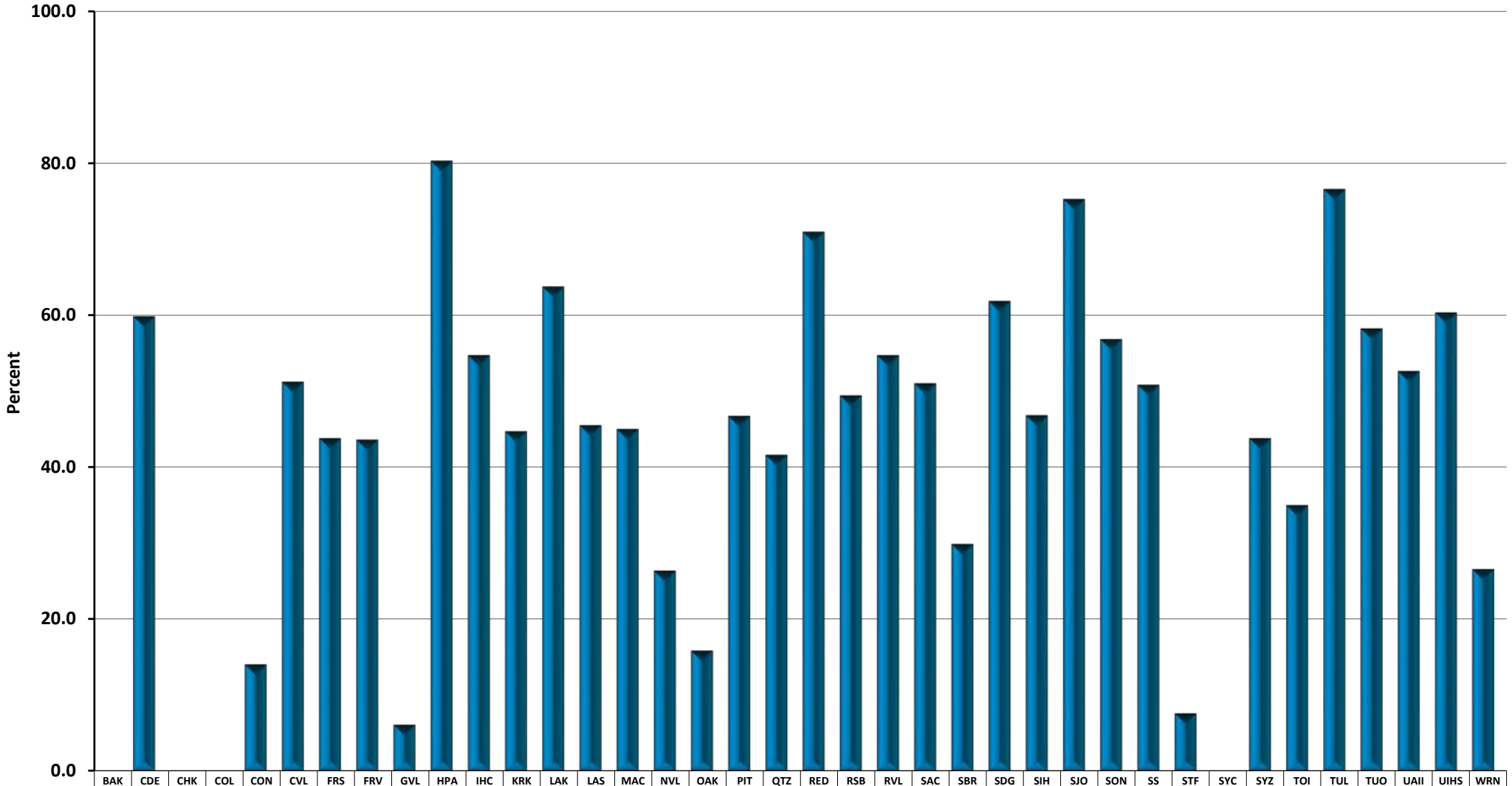
DIABETES: NEPHROPATHY ASSESSMENT

Measure: Percentage 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 transplants.*



DIABETES: NEPHROPATHY ASSESSMENT

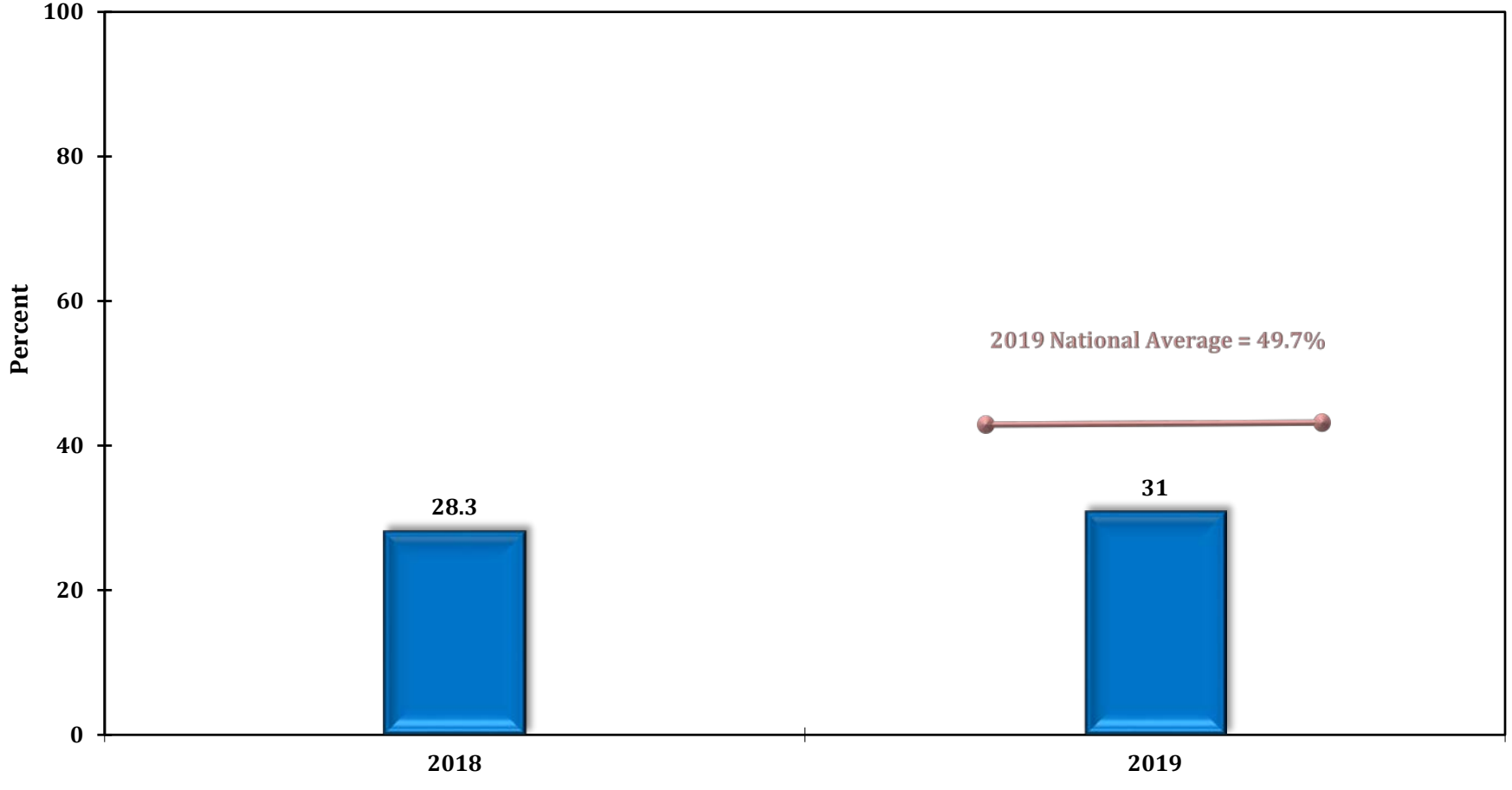


	BAK	CDE	CHK	COL	CON	CVL	FRS	FRV	GVL	HPA	IHC	KRK	LAK	LAS	MAC	NVL	OAK	PIT	QTZ	RED	RSB	RVL	SAC	SBR	SDG	SIH	SJO	SON	SS	STF	SYC	SYZ	TOI	TUL	TUO	UAII	UIHS	WRN
FY19	0.0	59.9	0.0	0.0	14.2	51.3	43.9	43.7	6.2	80.3	54.8	44.8	63.8	45.6	45.1	26.5	16.0	46.8	41.7	71	49.5	54.8	51.1	30.0	61.9	46.9	75.3	56.9	50.9	7.7	0.0	43.9	35.1	76.6	58.3	52.7	60.4	26.7
FY18	25.0	44.9	0.0	14.3	11.79	52.4	60.7	35.1	23.3	81.8	40.9	40.2	65.7	17.7	41.1	9.1	35.7	59.7	16.7	82.1	42.8	59.1	43.1	50.0	63.6	42.2	81.5	42.9	50.0	8.3	25.0	68.7	54.4	76.0	10.0	50.0	55.6	80.0

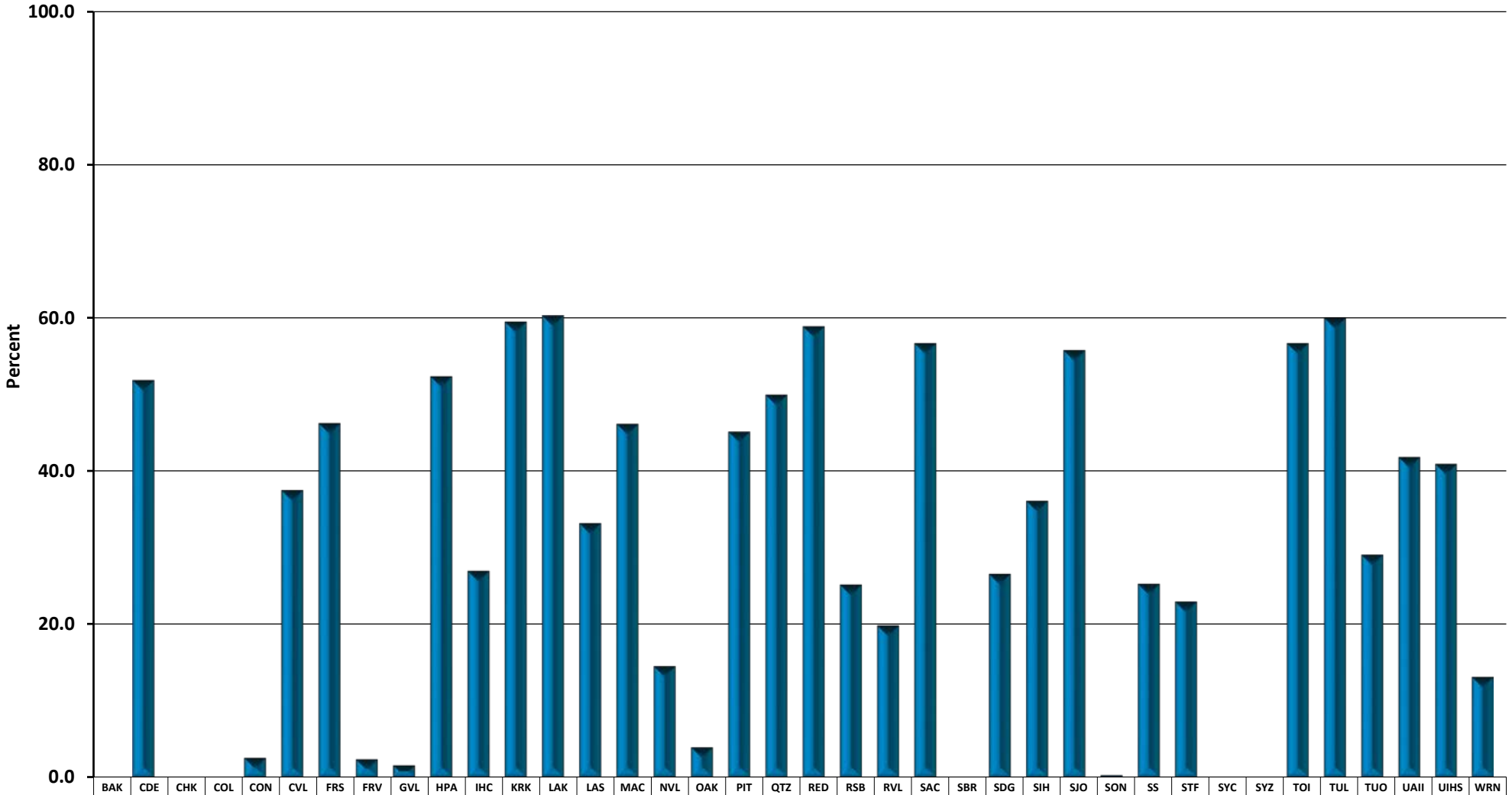
DIABETES: RETINOPATHY

Measure: Percentage 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) helps to reduce vision problems in diabetic patients. A treatment known as "laser photocoagulation" can be effective, but only if the problem is identified early.*



DIABETES: RETINOPATHY



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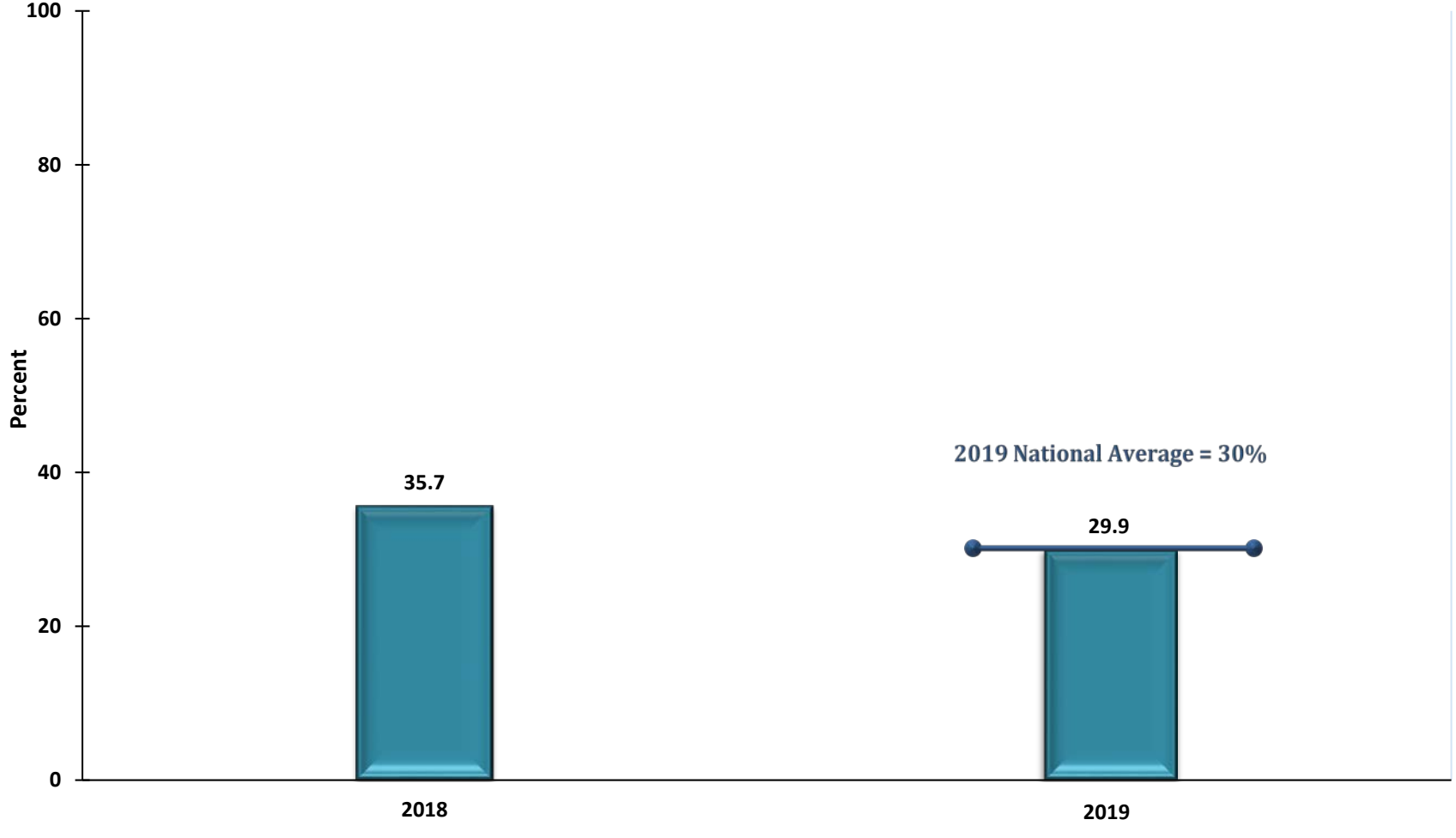
FY19	0.0	51.9	0	0.0	2.6	37.6	46.3	2.4	1.6	52.4	27.1	59.5	60.3	33.3	46.2	14.7	4.0	45.2	50.0	58.9	25.3	20.0	56.7	0.0	26.7	36.2	55.8	0.3	25.4	23.1	0	0.0	56.7	60	29.2	41.9	41.0	13.3
FY18	25.0	38.3		28.6	13.1	40.7	46.4	4.0	4.1	41.3	22.5	36.61	54.2	12.5	43.2	43.8	0.9	41.2	41.7	75.2	28.9	18.2	41.3	0.0	24.2	33.9	60.5	2.9	25.0	33.3		2.0	49.5	45.91	40	51.1	29.2	0.0

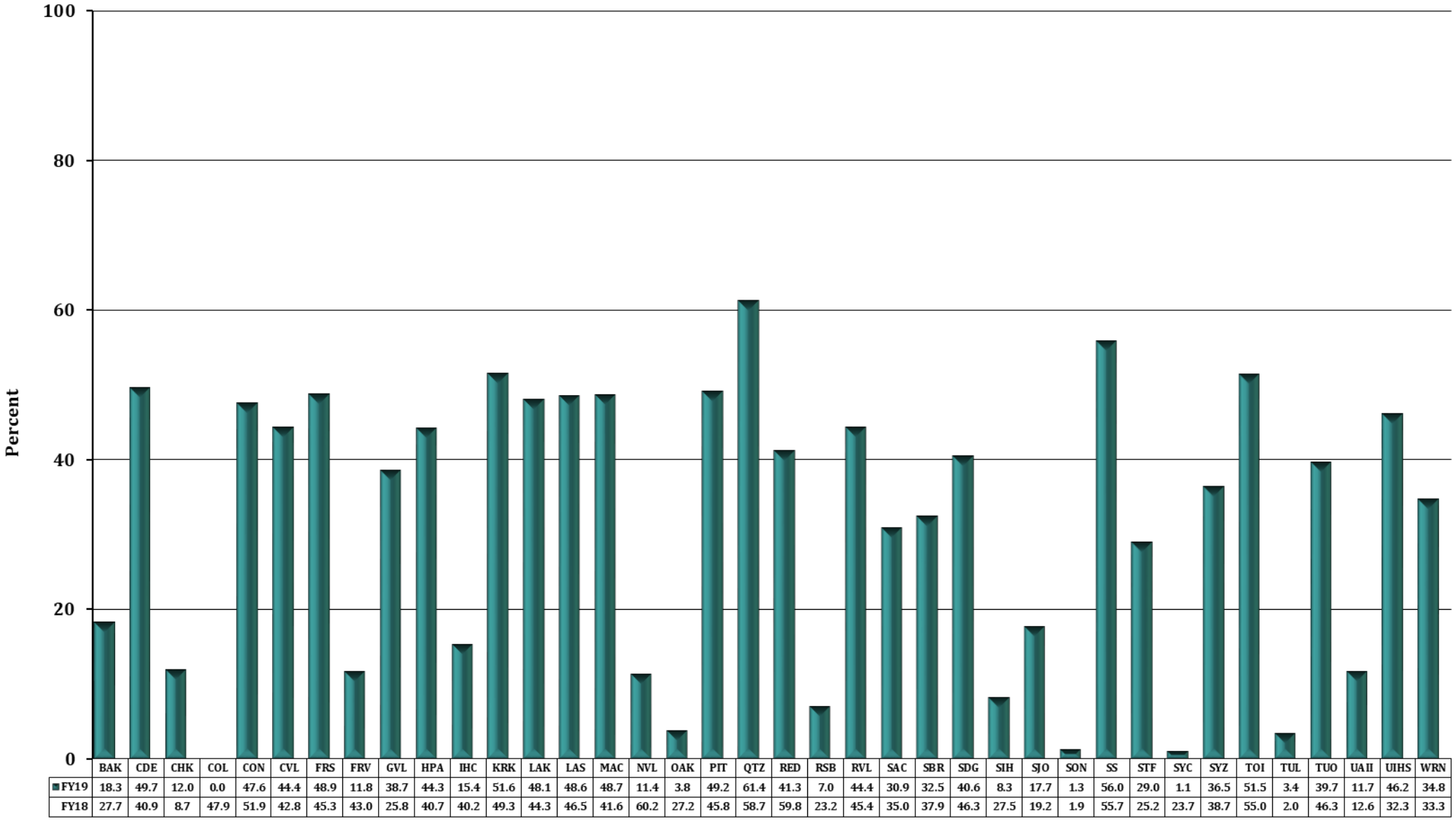
DENTAL: GENERAL ACCESS

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

Importance: *American Indians and Alaska Natives are less likely to receive regular dental care compared to non-Hispanic whites. Untreated tooth decay can cause many complications, including abscesses, infections, and pain, and can lead to other health problems. Access to dental care improves the oral health as well as the overall health of AI/AN people.*



DENTAL: GENERAL ACCESS



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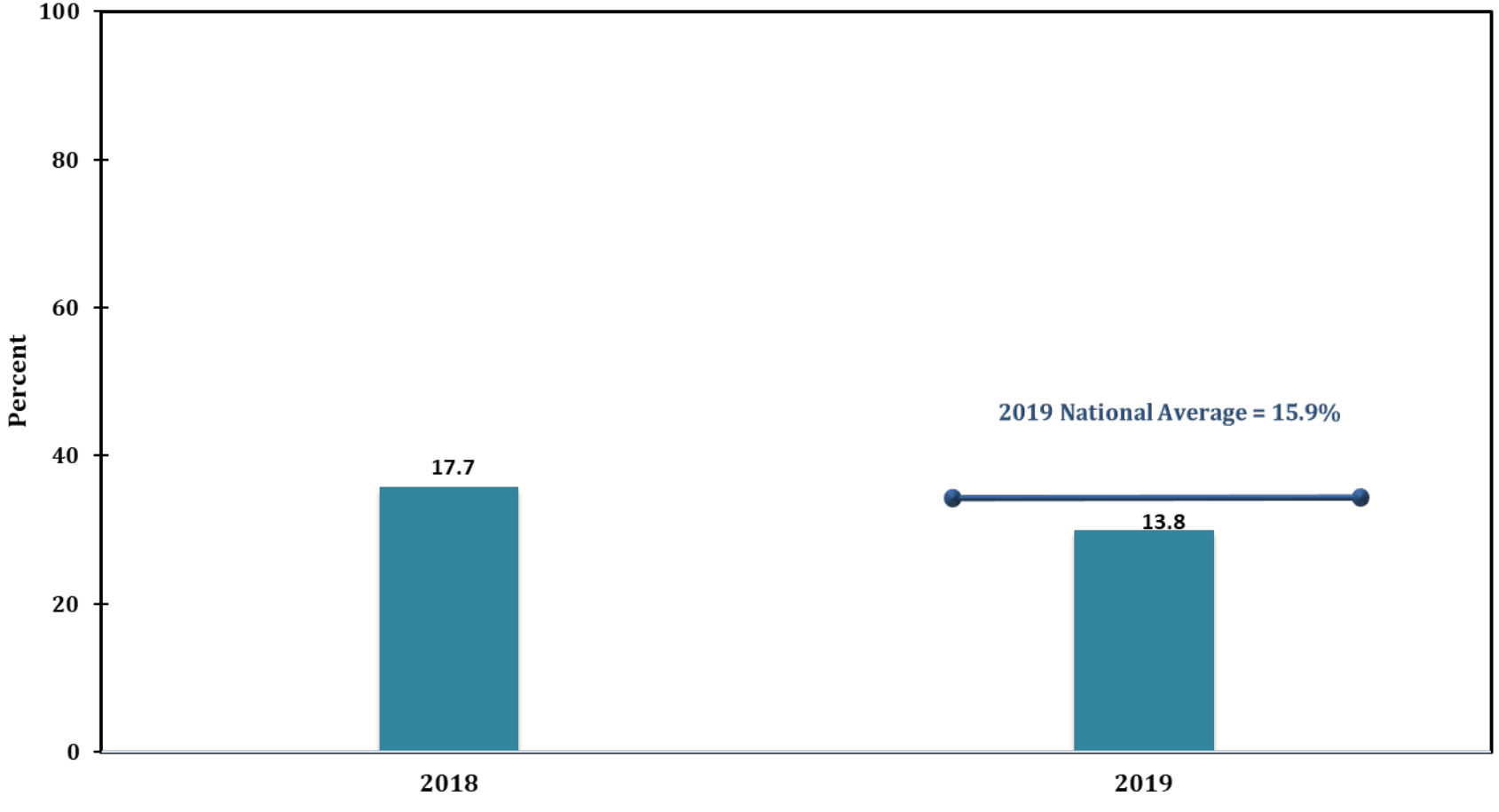
FY19	18.3	49.7	12.0	0.0	47.6	44.4	48.9	11.8	38.7	44.3	15.4	51.6	48.1	48.6	48.7	11.4	3.8	49.2	61.4	41.3	7.0	44.4	30.9	32.5	40.6	8.3	17.7	1.3	56.0	29.0	1.1	36.5	51.5	3.4	39.7	11.7	46.2	34.8
FY18	27.7	40.9	8.7	47.9	51.9	42.8	45.3	43.0	25.8	40.7	40.2	49.3	44.3	46.5	41.6	60.2	27.2	45.8	58.7	59.8	23.2	45.4	35.0	37.9	46.3	27.5	19.2	1.9	55.7	25.2	23.7	38.7	55.0	2.0	46.3	12.6	32.3	33.3

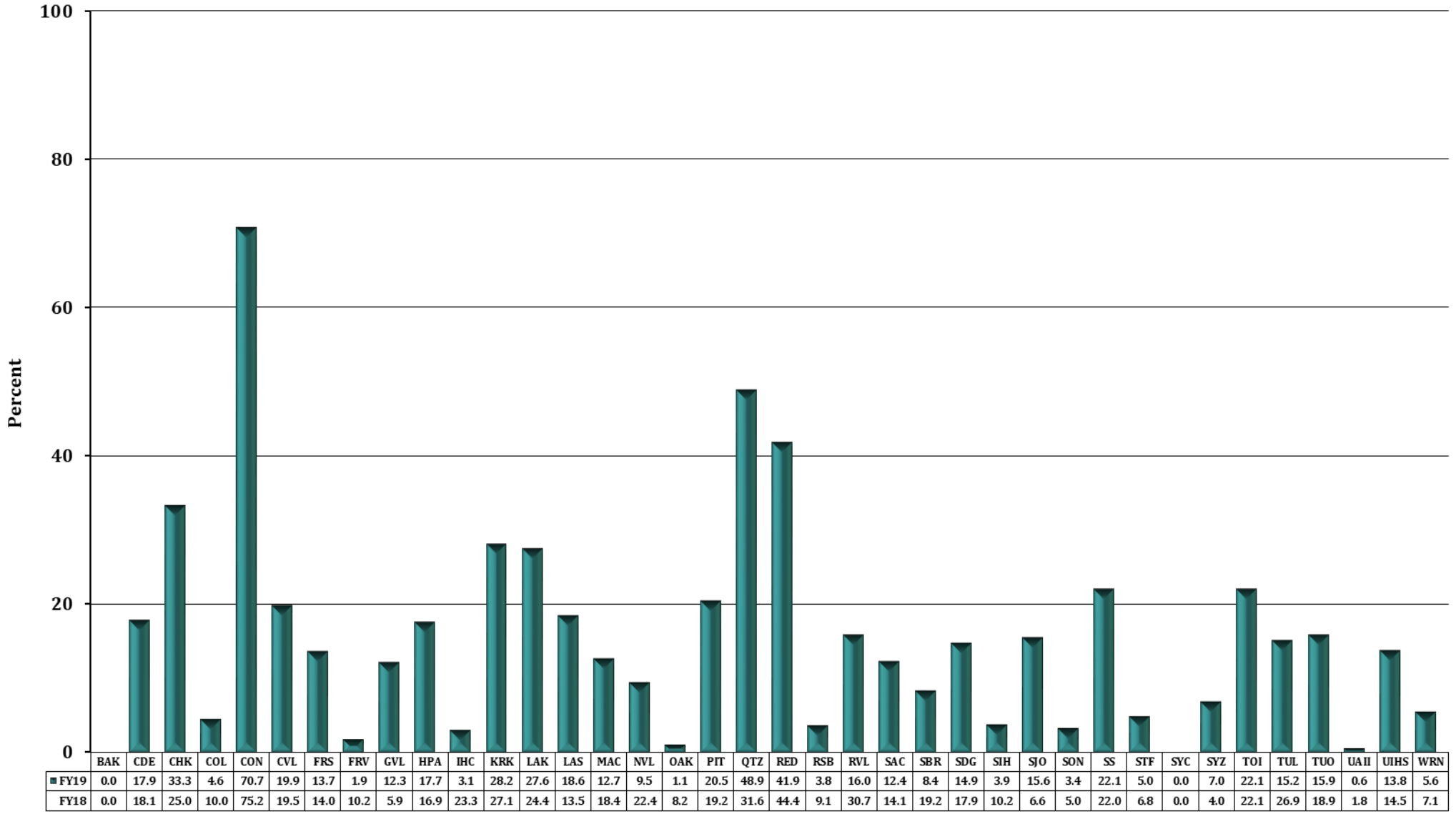
DENTAL: SEALANTS

Measure: Percentage of AI/AN patients ages 2 to 15 years who have intact sealants

Importance: *American Indian and Alaska Native children have significantly higher dental decay rates than the general U.S. population. Dental sealants are an effective way to reduce decay and can be applied for a relatively low cost. Sealants can provide 100% protection from dental decay, and can prevent decay from continuing once it has started.*



DENTAL: SEALANTS

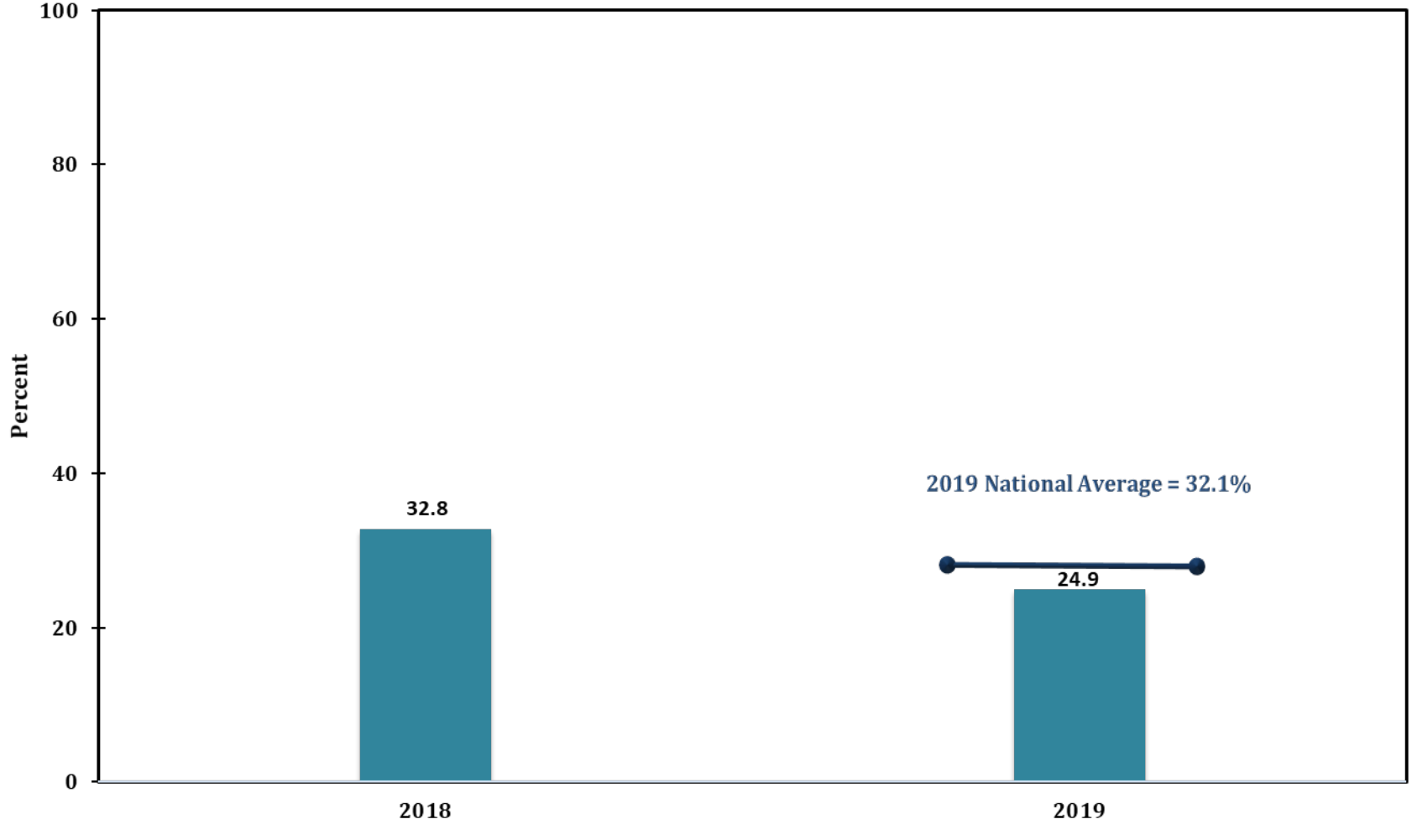


	BAK	CDE	CHK	COL	CON	CVL	FRS	FRV	GVL	HPA	IHC	KRK	LAK	LAS	MAC	NVL	OAK	PIT	QTZ	RED	RSB	RVL	SAC	SBR	SDG	SIH	SJO	SON	SS	STF	SYC	SYZ	TOI	TUL	TUO	UAII	UIHS	WRN
FY19	0.0	17.9	33.3	4.6	70.7	19.9	13.7	1.9	12.3	17.7	3.1	28.2	27.6	18.6	12.7	9.5	1.1	20.5	48.9	41.9	3.8	16.0	12.4	8.4	14.9	3.9	15.6	3.4	22.1	5.0	0.0	7.0	22.1	15.2	15.9	0.6	13.8	5.6
FY18	0.0	18.1	25.0	10.0	75.2	19.5	14.0	10.2	5.9	16.9	23.3	27.1	24.4	13.5	18.4	22.4	8.2	19.2	31.6	44.4	9.1	30.7	14.1	19.2	17.9	10.2	6.6	5.0	22.0	6.8	0.0	4.0	22.1	26.9	18.9	1.8	14.5	7.1

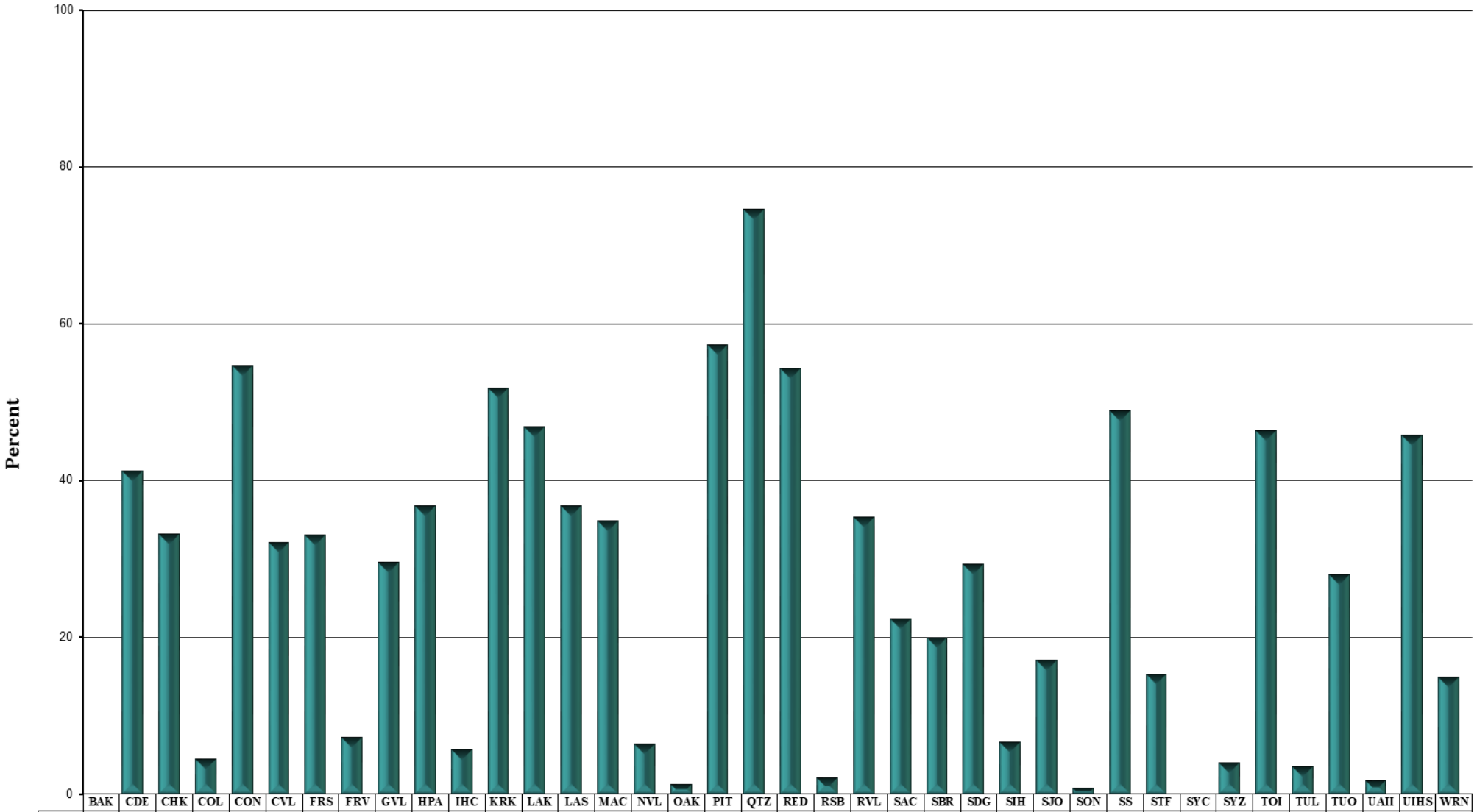
DENTAL: TOPICAL FLUORIDES

Measure: Percentage of AI/AN patients ages 1 to 15 years with one or more topical fluoride treatments during the report period

Importance: *The topical application of fluoride helps prevent cavities and is appropriate for children, adolescents, and adults. Patients who receive at least one fluoride application have fewer new cavities, which reduces the cost of providing dental care, and improves the oral health of patients.*



DENTAL: TOPICAL FLUORIDES

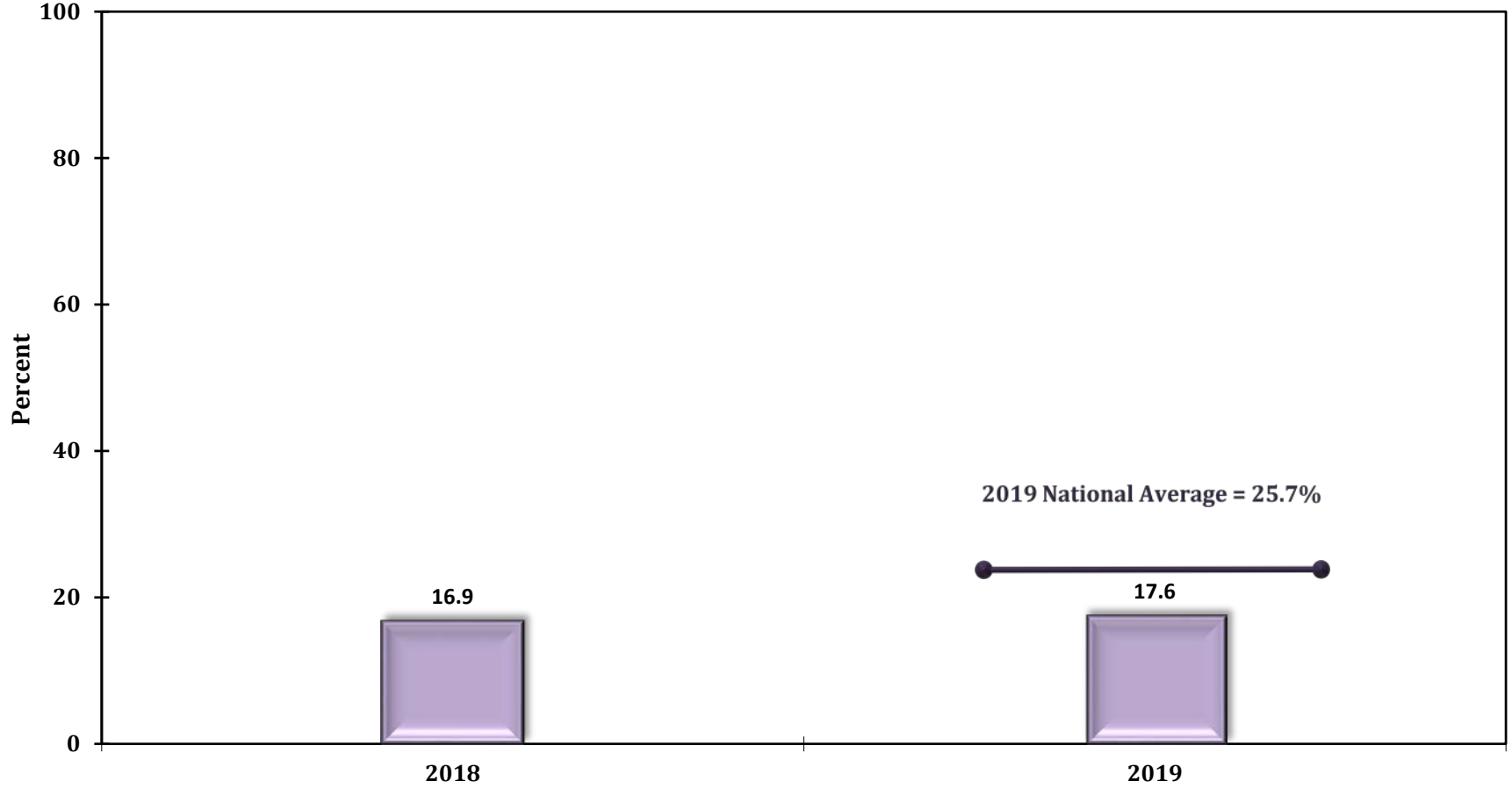


	BAK	CDE	CHK	COL	CON	CVL	FRS	FRV	GVL	HPA	IHC	KRK	LAK	LAS	MAC	NVL	OAK	PIT	QTZ	RED	RSB	RVL	SAC	SBR	SDG	SIH	SJO	SON	SS	STF	SYC	SYZ	TOI	TUL	TUO	UAII	UIHS	WRN
FY19	0.0	41.3	33.3	4.6	54.7	32.2	33.1	7.3	29.7	36.8	5.7	51.9	46.9	36.9	34.9	6.5	1.3	57.4	74.7	54.4	2.2	35.4	22.5	20.0	29.4	6.7	17.1	0.8	49.0	15.4	0.0	4.1	46.4	3.6	28.1	1.8	45.9	15.0
FY18	0.0	40.3	25.0	23.8	57.0	32.7	34.9	42.2	14.2	32.7	44.7	45.9	44.4	39.6	37.5	48.2	33.5	54.1	53.5	58.1	11.1	50.3	25.3	27.2	34.0	28.8	10.3	1.3	48.1	17.7	5.6	14.7	48.5	1.5	27.1	2.3	45.8	18.8

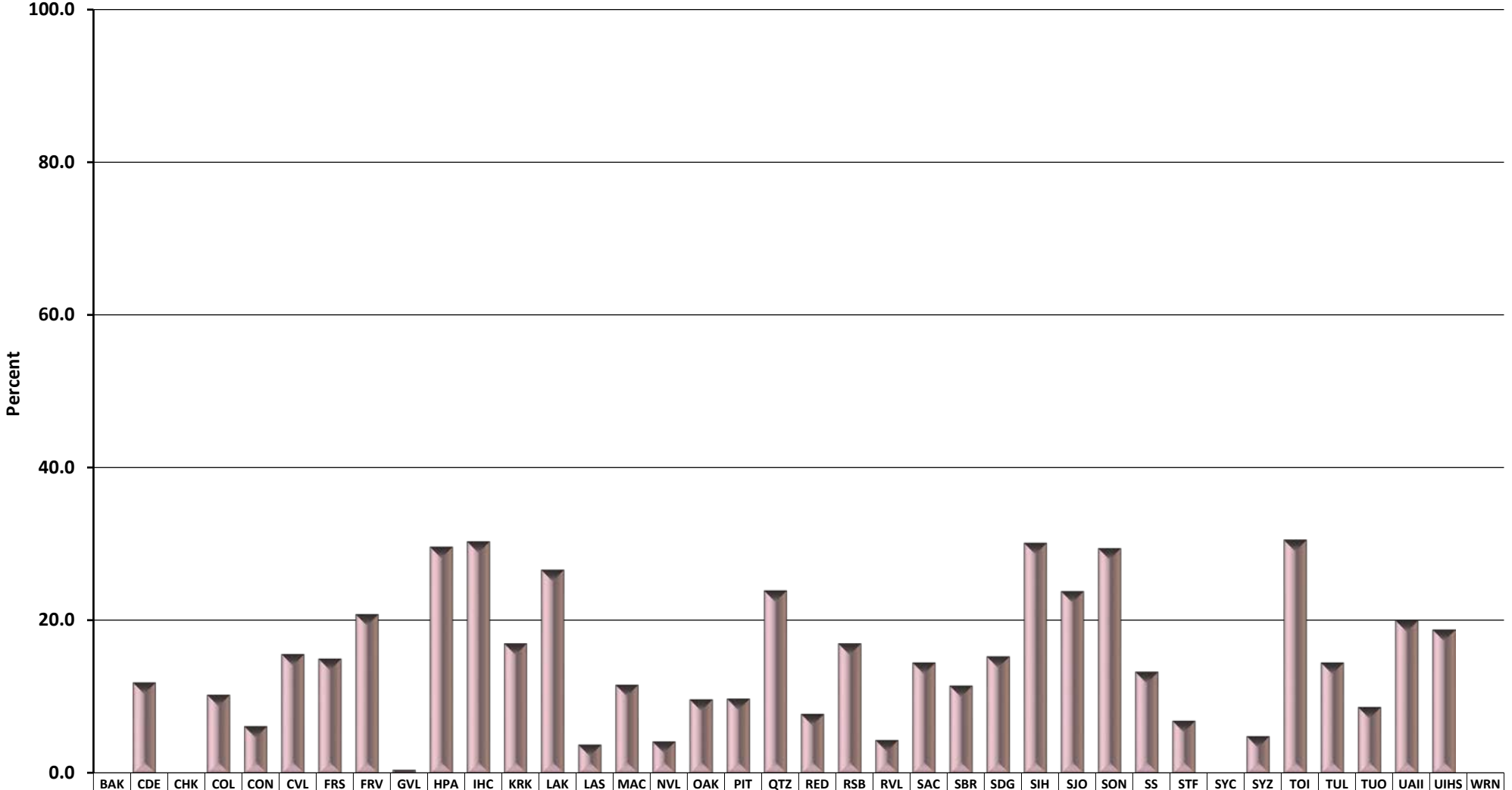
IMMUNIZATIONS: INFLUENZA 6 MONTHS – 17 YEARS

Measure: Influenza vaccination rates among pediatric patients ages 6 months to 17 years.

Importance: *Influenza (the "Flu") is a highly contagious respiratory illness that can cause life-threatening complications. Children, especially those aged 6 months to 5 years, are at a much higher risk of serious flu complications due to their young age. The CDC recommends all children ages 6 months to 17 years get vaccinated for flu each year. Annual flu vaccination is the most effective way to protect children from the flu and its associated complications.*



IMMUNIZATIONS: INFLUENZA 6 MONTHS – 17 YEARS

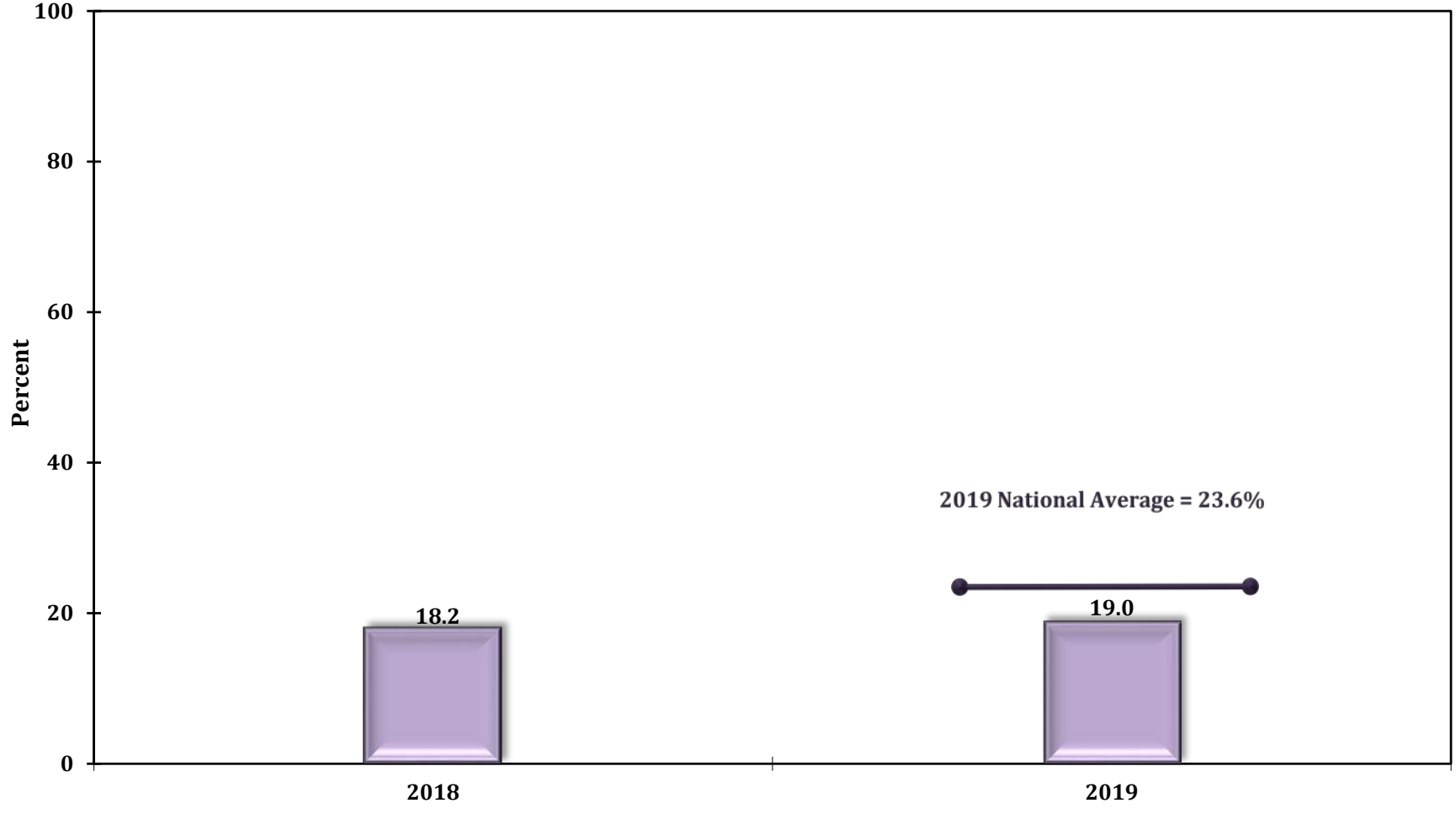


	BAK	CDE	CHK	COL	CON	CVL	FRS	FRV	GVL	HPA	IHC	KRK	LAK	LAS	MAC	NVL	OAK	PIT	QTZ	RED	RSB	RVL	SAC	SBR	SDG	SIH	SJO	SON	SS	STF	SYC	SYZ	TOI	TUL	TUO	UAII	UIHS	WRN
FY19	0.0	11.9	0.0	10.3	6.2	15.6	15.0	20.8	0.5	29.6	30.3	17.0	26.6	3.8	11.6	4.2	9.7	9.8	23.9	7.8	17.0	4.4	14.5	11.5	15.3	30.1	23.8	29.4	13.3	6.9	0.0	4.9	30.5	14.5	8.7	20.0	18.8	0.0
FY18	0.0	5.3	20.0	14.8	0.9	17.2	13.7	29.0	7.8	32.2	27.5	13.6	22.3	2.8	11.0	19.8	13.0	14.7	29.0	10.2	12.5	3.2	13.3	11.5	10.0	22.7	26.7	18.8	12.3	9.0	9.8	8.7	27.1	12.3	11.6	23.8	22.4	0.0

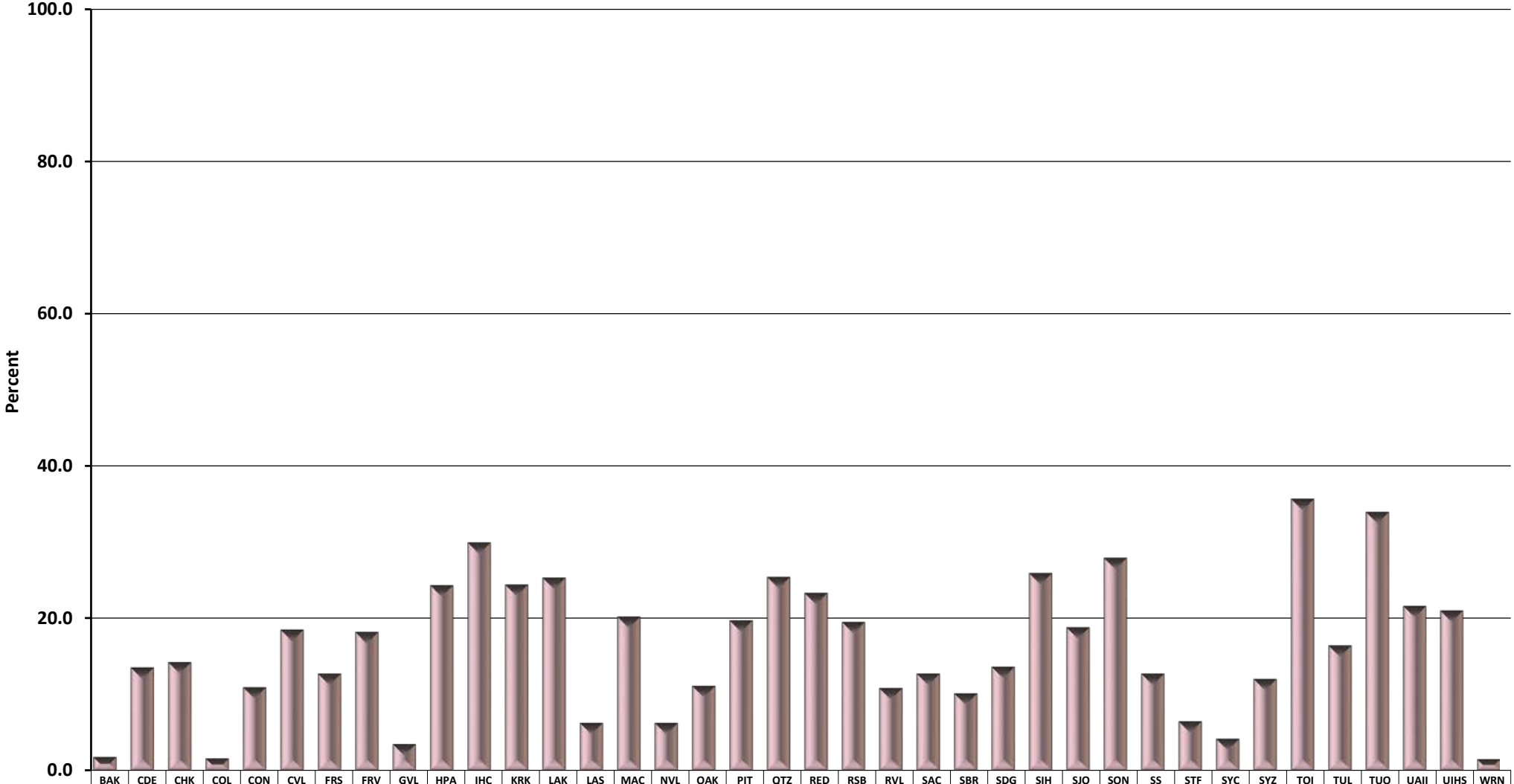
IMMUNIZATIONS: INFLUENZA 18+

Measure: Influenza vaccination rates among adult patients ages 18 years and older.

Importance: *Influenza (the "Flu") is a highly contagious respiratory illness that can cause life-threatening complications. American Indians and Alaska Natives are at higher risk from flu complications and are more likely to be hospitalized due to flu. Studies have shown that people who get a flu vaccine have fewer flu illnesses and doctor's visits due to flu symptoms. They are also less likely to spread the flu to family, friends, and others in the community.*



IMMUNIZATIONS: INFLUENZA 18+

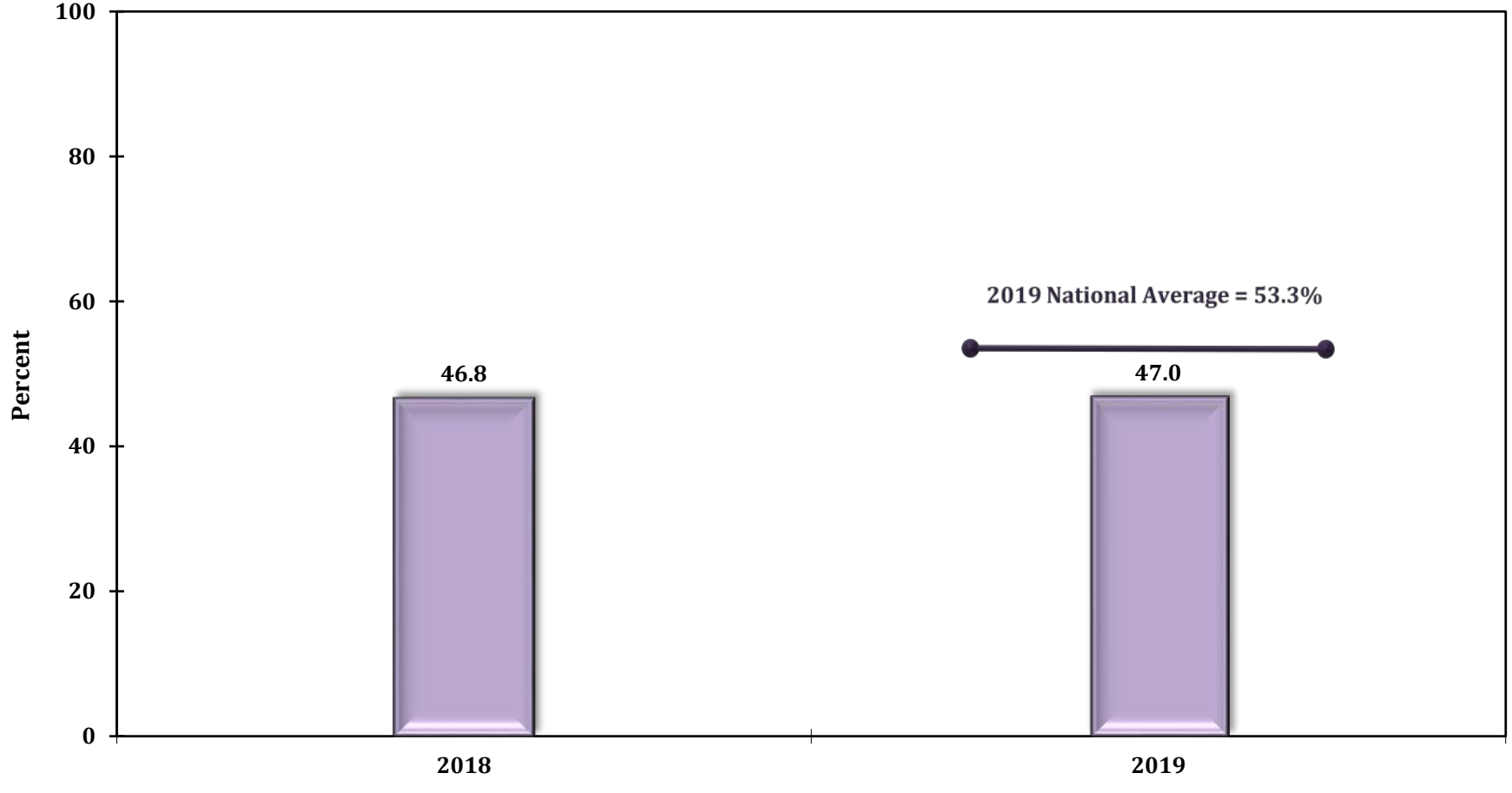


	BAK	CDE	CHK	COL	CON	CVL	FRS	FRV	GVL	HPA	IHC	KRK	LAK	LAS	MAC	NVL	OAK	PIT	QTZ	RED	RSB	RVL	SAC	SBR	SDG	SIH	SJO	SON	SS	STF	SYC	SYZ	TOI	TUL	TUO	UAII	UIHS	WRN
FY19	1.8	13.6	14.3	1.6	11.0	18.5	12.8	18.2	3.5	24.3	29.9	24.4	25.3	6.3	20.2	6.3	11.2	19.7	25.4	23.3	19.5	10.9	12.8	10.2	13.7	25.9	18.8	27.9	12.8	6.5	4.2	12.1	35.6	16.5	33.9	21.6	21.0	1.5
FY18	2.3	9.4	11.1	8.7	2.0	18.2	14.2	22.9	14.4	29.7	34.4	19.8	23.5	9.4	19.6	22.5	10.3	19.5	22.5	18.1	15.0	10.6	12.5	15.4	12.3	20.1	20.4	21.6	8.0	11.3	7.3	12.5	24.6	20.6	40.0	22.1	20.8	1.5

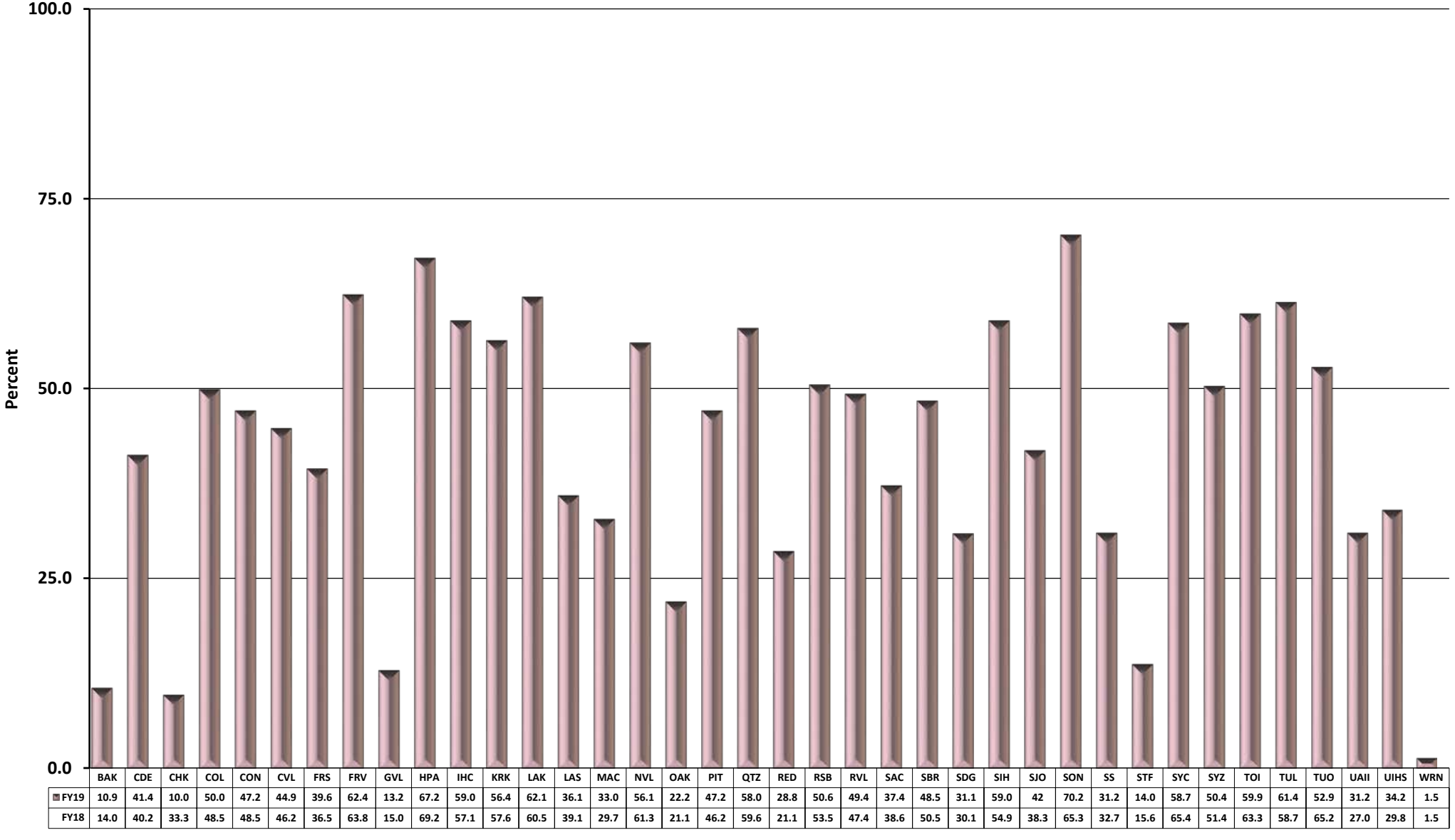
IMMUNIZATIONS: ADULT

Measure: Adult immunization rates amongst adult patients aged 19 years and older.

Importance: *Adult vaccines provide protection from diseases that adults are susceptible to and which can cause significant illness or even death. Getting recommended vaccinations at appropriate ages can protect adults from Tetanus, Shingles, and pneumonia.*



IMMUNIZATIONS: ADULT

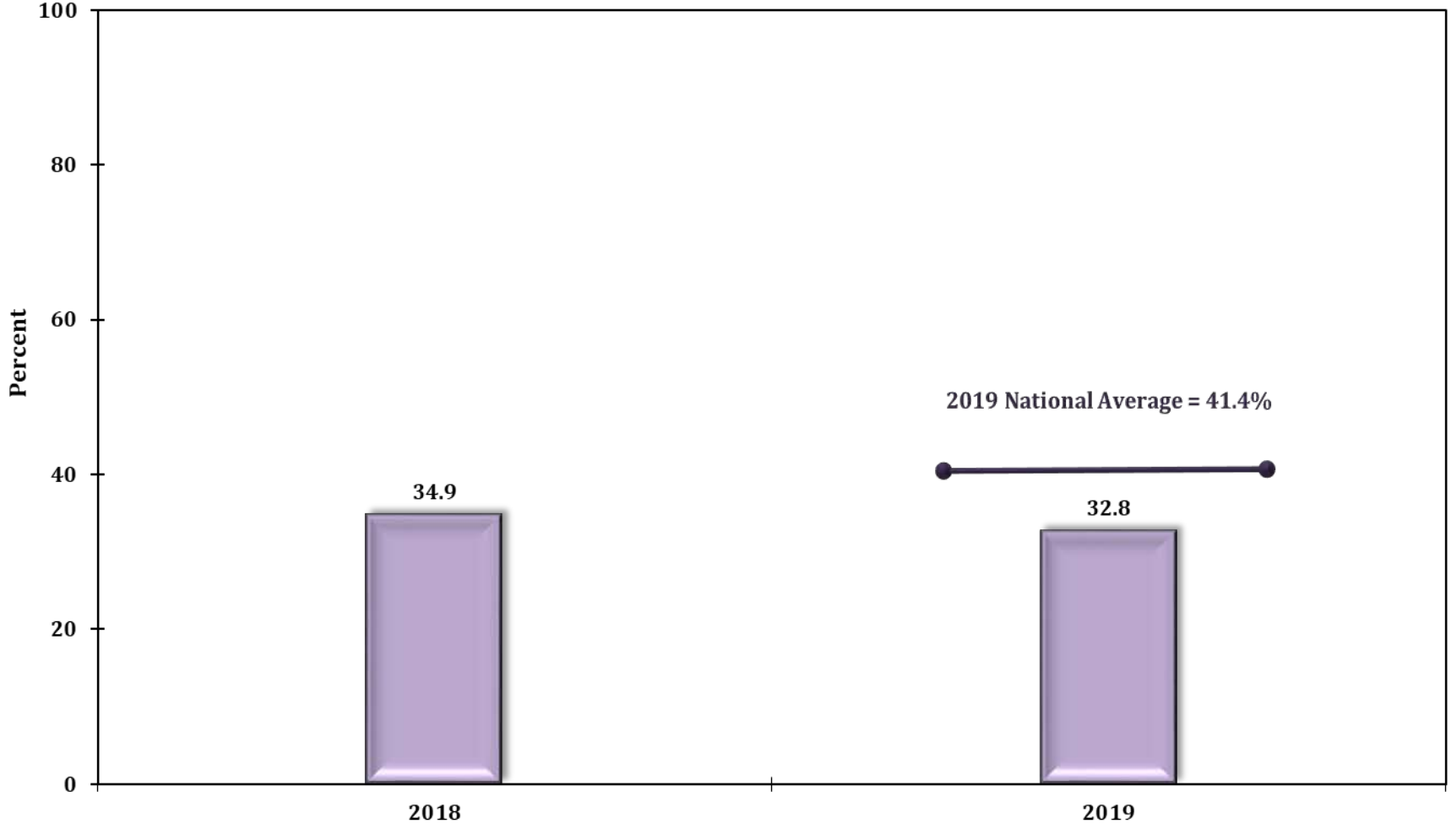


	BAK	CDE	CHK	COL	CON	CVL	FRS	FRV	GVL	HPA	IHC	KRK	LAK	LAS	MAC	NVL	OAK	PIT	QTZ	RED	RSB	RVL	SAC	SBR	SDG	SIH	SJO	SON	SS	STF	SYC	SYZ	TOI	TUL	TUO	UAII	UIHS	WRN
FY19	10.9	41.4	10.0	50.0	47.2	44.9	39.6	62.4	13.2	67.2	59.0	56.4	62.1	36.1	33.0	56.1	22.2	47.2	58.0	28.8	50.6	49.4	37.4	48.5	31.1	59.0	42	70.2	31.2	14.0	58.7	50.4	59.9	61.4	52.9	31.2	34.2	1.5
FY18	14.0	40.2	33.3	48.5	48.5	46.2	36.5	63.8	15.0	69.2	57.1	57.6	60.5	39.1	29.7	61.3	21.1	46.2	59.6	21.1	53.5	47.4	38.6	50.5	30.1	54.9	38.3	65.3	32.7	15.6	65.4	51.4	63.3	58.7	65.2	27.0	29.8	1.5

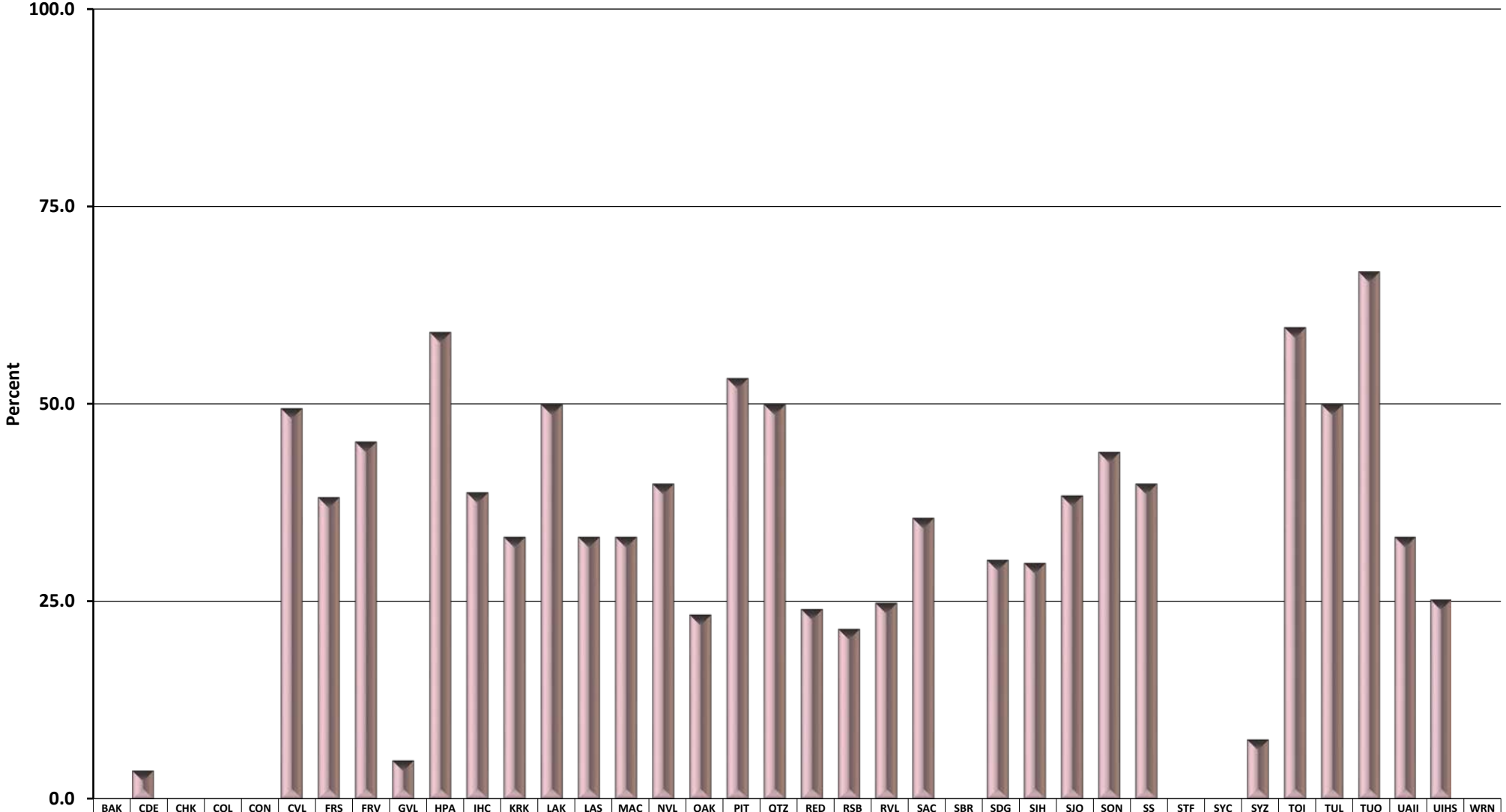
IMMUNIZATIONS: CHILDHOOD (19 – 35 months)

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

Importance: *Immunizations significantly improve the health of children, and stop the spread of disease within communities. The Healthy People 2020 goal is 80% coverage for the combined 4:3:1:3:3:1:4 series, which includes 4 doses of DTaP (Diptheria/Tetanus/Pertussis-Whooping Cough), 3 doses of IPV (Polio), 1 dose of MMR (Measles/Mumps/Rubella), 3 or 4 doses of Hep B (Hepatitis) depending on brand, 3 doses of Hib (Haemophilis Influenzae- a cause of meningitis), one dose of Varicella (Chicken Pox), and 4 doses of PCV (Pneumococcal Conjugate).*



IMMUNIZATIONS: CHILDHOOD (19 – 35 months)

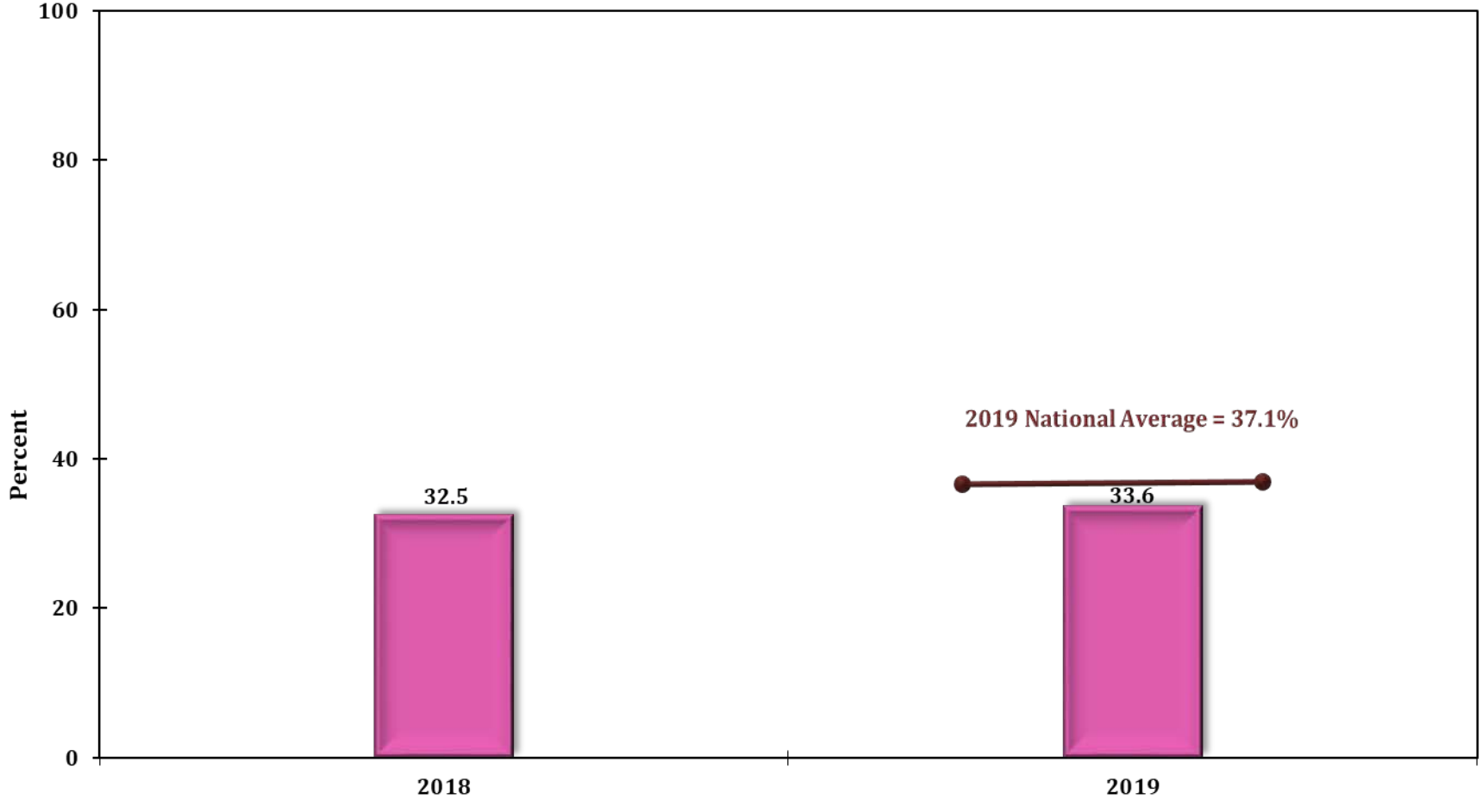


	BAK	CDE	CHK	COL	CON	CVL	FRS	FRV	GVL	HPA	IHC	KRK	LAK	LAS	MAC	NVL	OAK	PIT	QTZ	RED	RSB	RVL	SAC	SBR	SDG	SIH	SJO	SON	SS	STF	SYC	SYZ	TOI	TUL	TUO	UAII	UIHS	WRN
FY19	0.0	3.7	0.0	0.0	0.0	49.5	38.3	45.3	5.0	59.1	38.9	33.3	50.0	33.3	33.3	40.0	23.5	53.3	50.0	24.2	21.7	25.0	35.7	0.0	30.4	30.0	38.5	44.0	40.0	0.0	0.0	7.7	59.7	50.0	66.7	33.3	25.4	0.0
FY18	0.0	28.0		0.0	8.5	57.8	37.9	57.5	14.3	43.5	41.5	26.7	51.8	50.0	53.9	61.2	7.7	52.4	50.0	14.4	25.5	24.3	21.1	20.0	31.6	43.2	17.6	51.8	44.4	33.3	100.0	15.4	49.2	47.8	66.7	46.2	3.0	0.0

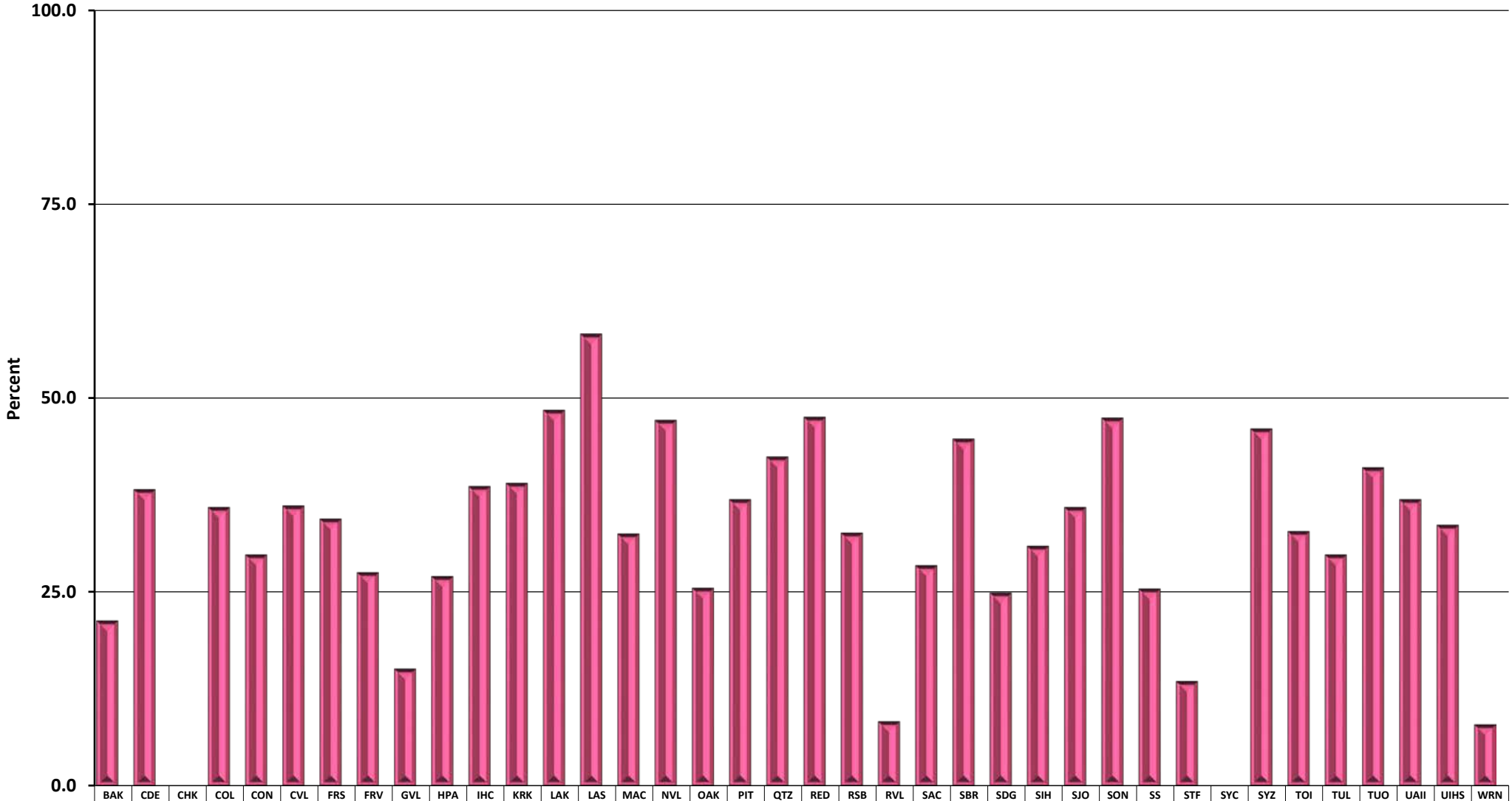
CANCER SCREENING: CERVICAL (PAP SMEAR)

Measure: Percentage of female patients age 24-64 who have had a Pap screen within the past three years, or women age 30-64 with a Pap Screen and an HPV DNA in the past five 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 screen lowers the risk of developing cervical cancer by detecting pre-cancerous changes. If cervical cancer is detected early, the likelihood of survival is almost 100 percent with appropriate treatment and follow up.*



CANCER SCREENING: CERVICAL (PAP SMEAR)

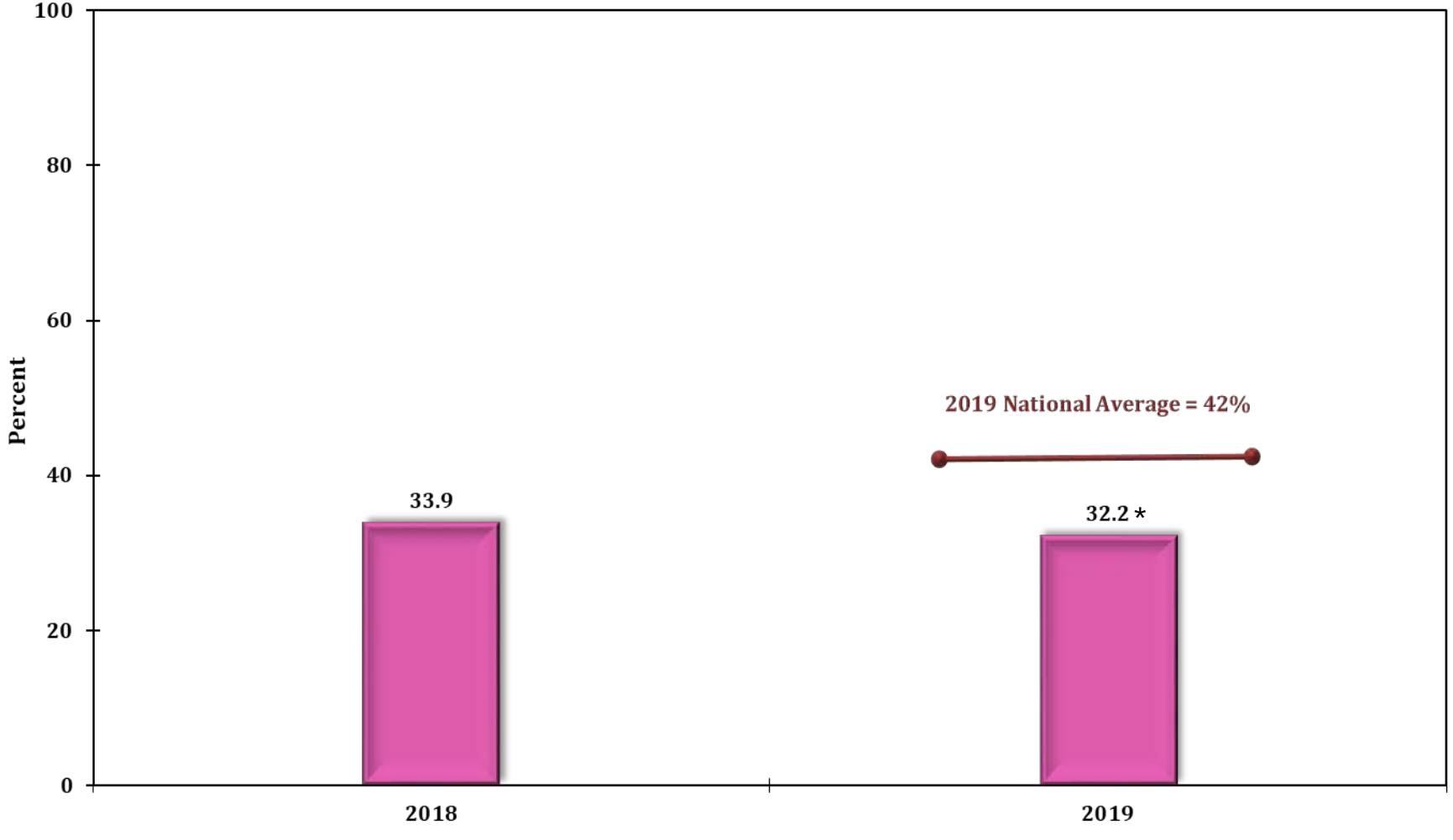


	BAK	CDE	CHK	COL	CON	CVL	FRS	FRV	GVL	HPA	IHC	KRK	LAK	LAS	MAC	NVL	OAK	PIT	QTZ	RED	RSB	RVL	SAC	SBR	SDG	SIH	SJO	SON	SS	STF	SYC	SYZ	TOI	TUL	TUO	UAII	UIHS	WRN
FY19	21.4	38.3	0.0	36.0	29.9	36.2	34.5	27.6	15.2	27.1	38.7	39.1	48.5	58.3	32.6	47.2	25.6	37.0	42.5	47.6	32.7	8.4	28.5	44.8	25.0	31.0	36.0	47.5	25.5	13.6	0.0	46.1	32.9	29.9	41.1	37	33.7	8.0
FY18	27.3	37.2	14.3	39.3	35.6	33.2	35.3	27.2	15.7	30.5	39.5	36.9	48.3	60.5	25.4	53.6	24.2	37.6	41.3	54.3	30.0	10.6	27.9	37.1	23.0	27.8	39.8	45.0	24.9	16.2	0.0	38.1	40.7	29.0	35.0	31.5	28.7	4.6

CANCER SCREENING: BREAST (MAMMOGRAPHY)

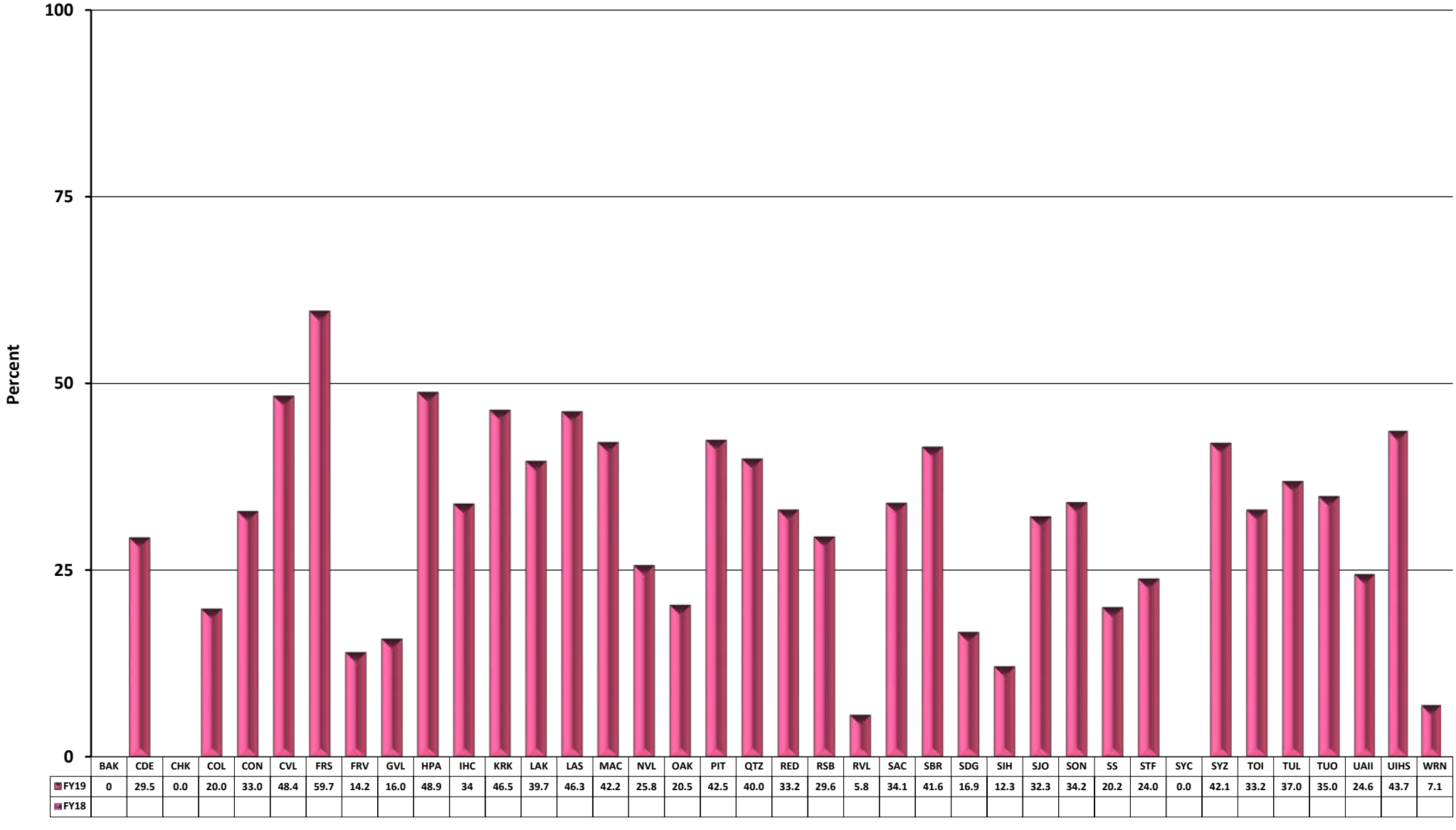
Measure: Percentage of eligible women who have had mammography screening within the previous two years.

Importance: *Screening women between the ages of 50 and 69 every other year has been shown to decrease the risk of death from breast cancer. 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 death rates since 1990, AI/AN women have not shared these gains. AI/AN women diagnosed with breast cancer have lower likelihood of surviving for five years compared to almost all other groups, mainly because their cancers are less likely to be found at an early stage, where they can be treated effectively.*



*Measure logic change in FY 2019

CANCER SCREENING: BREAST (MAMMOGRAPHY)

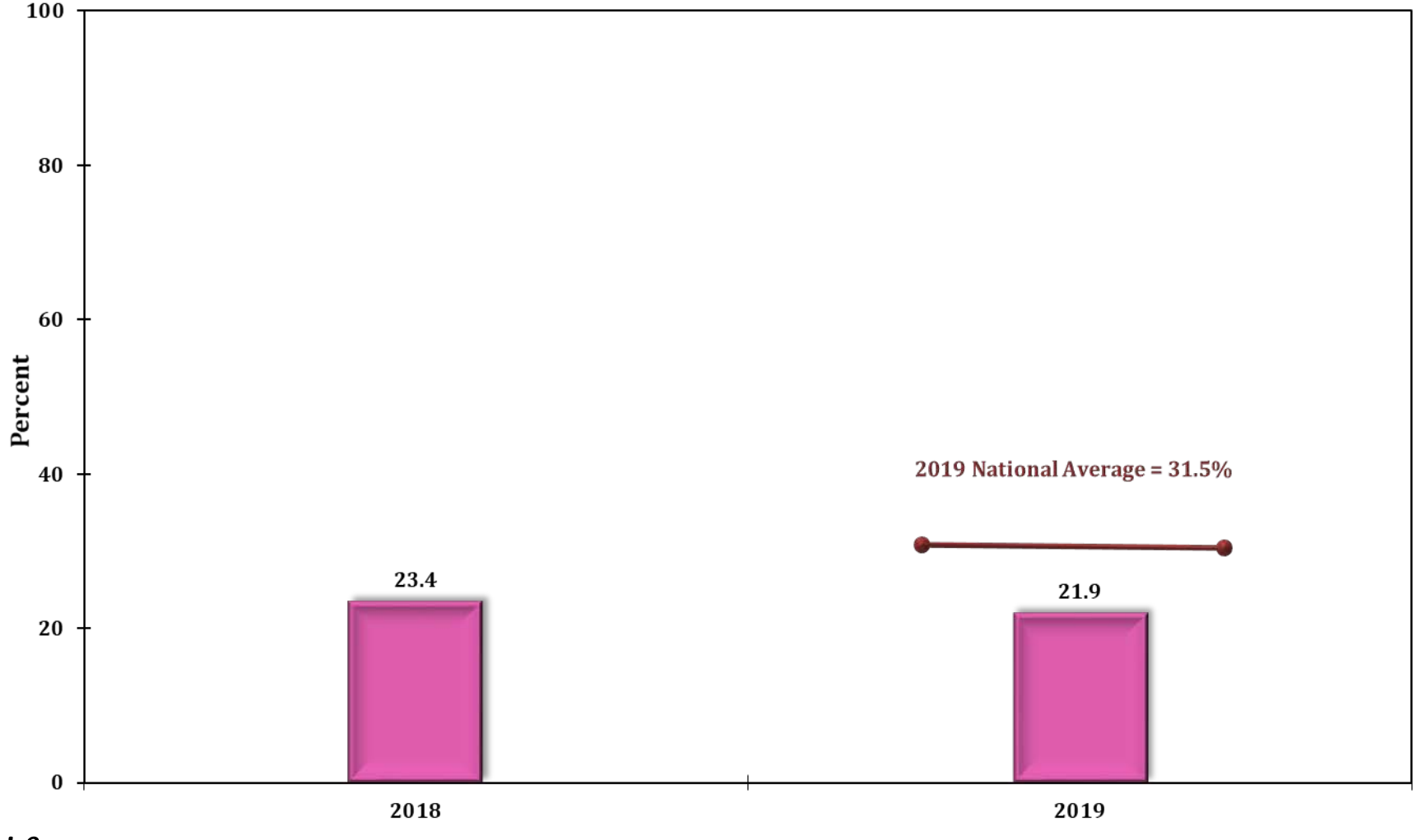


	BAK	CDE	CHK	COL	CON	CVL	FRS	FRV	GVL	HPA	IHC	KRK	LAK	LAS	MAC	NVL	OAK	PIT	QTZ	RED	RSB	RVL	SAC	SBR	SDG	SIH	SJO	SON	SS	STF	SYC	SYZ	TOI	TUL	TUO	UAII	UIHS	WRN
FY19	0	29.5	0.0	20.0	33.0	48.4	59.7	14.2	16.0	48.9	34	46.5	39.7	46.3	42.2	25.8	20.5	42.5	40.0	33.2	29.6	5.8	34.1	41.6	16.9	12.3	32.3	34.2	20.2	24.0	0.0	42.1	33.2	37.0	35.0	24.6	43.7	7.1
FY18																																						

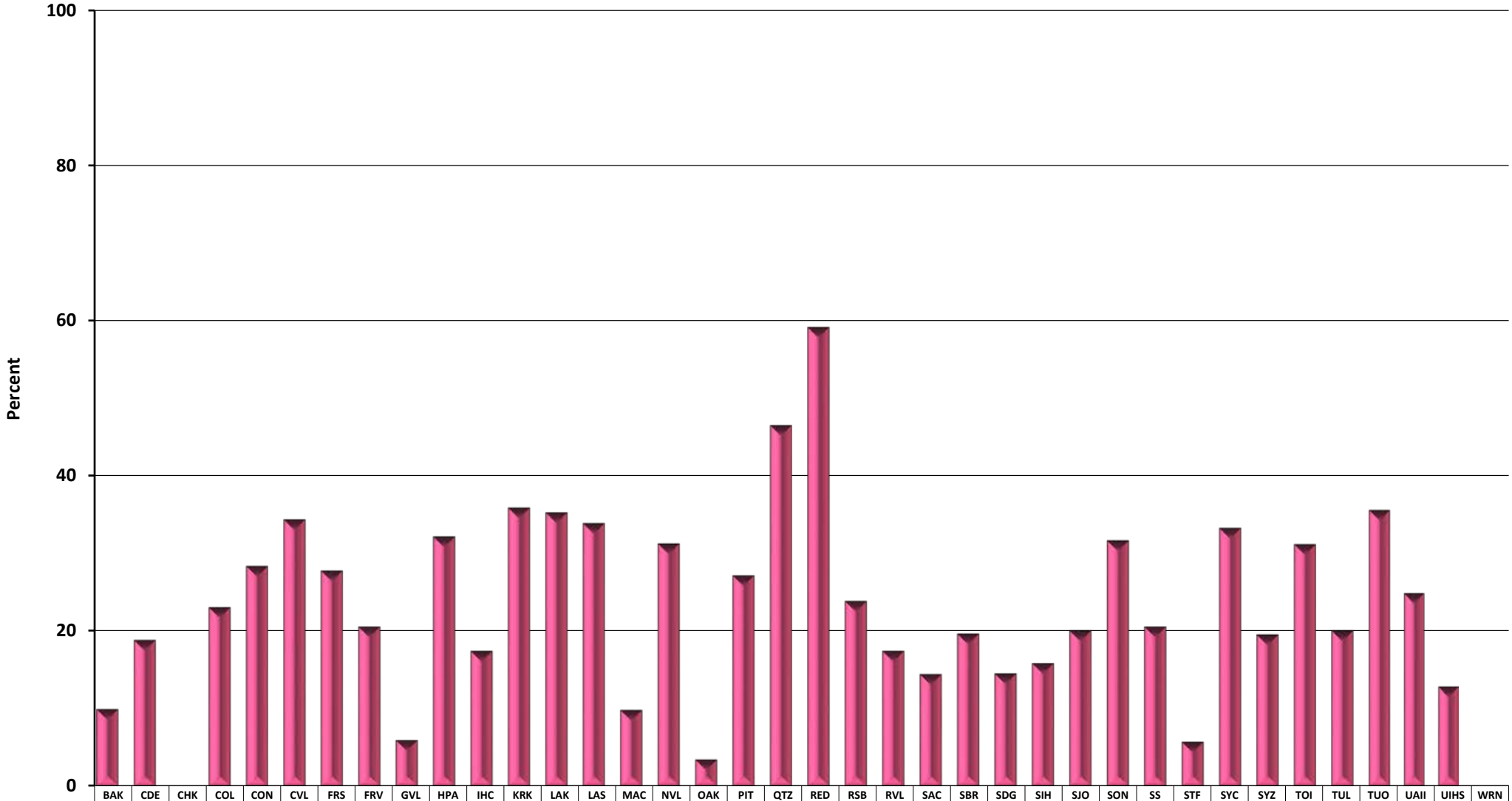
CANCER SCREENING: COLORECTAL

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

Importance: *Colorectal cancer is more common among Alaska Native and Northern Plains American Indians than among other groups, and the risk of death is higher than the national average. Screening improves the chance that colorectal cancer will be detected at an earlier stage, when it is more likely to be cured. Patients diagnosed at an early stage are 90% likely to survive for five years, but patients diagnosed at later stages have lower survival rates. The risk of colorectal cancer increases with age; 9 of 10 cases of colorectal cancer are found in individuals aged 50 and older.*



CANCER SCREENING: COLORECTAL

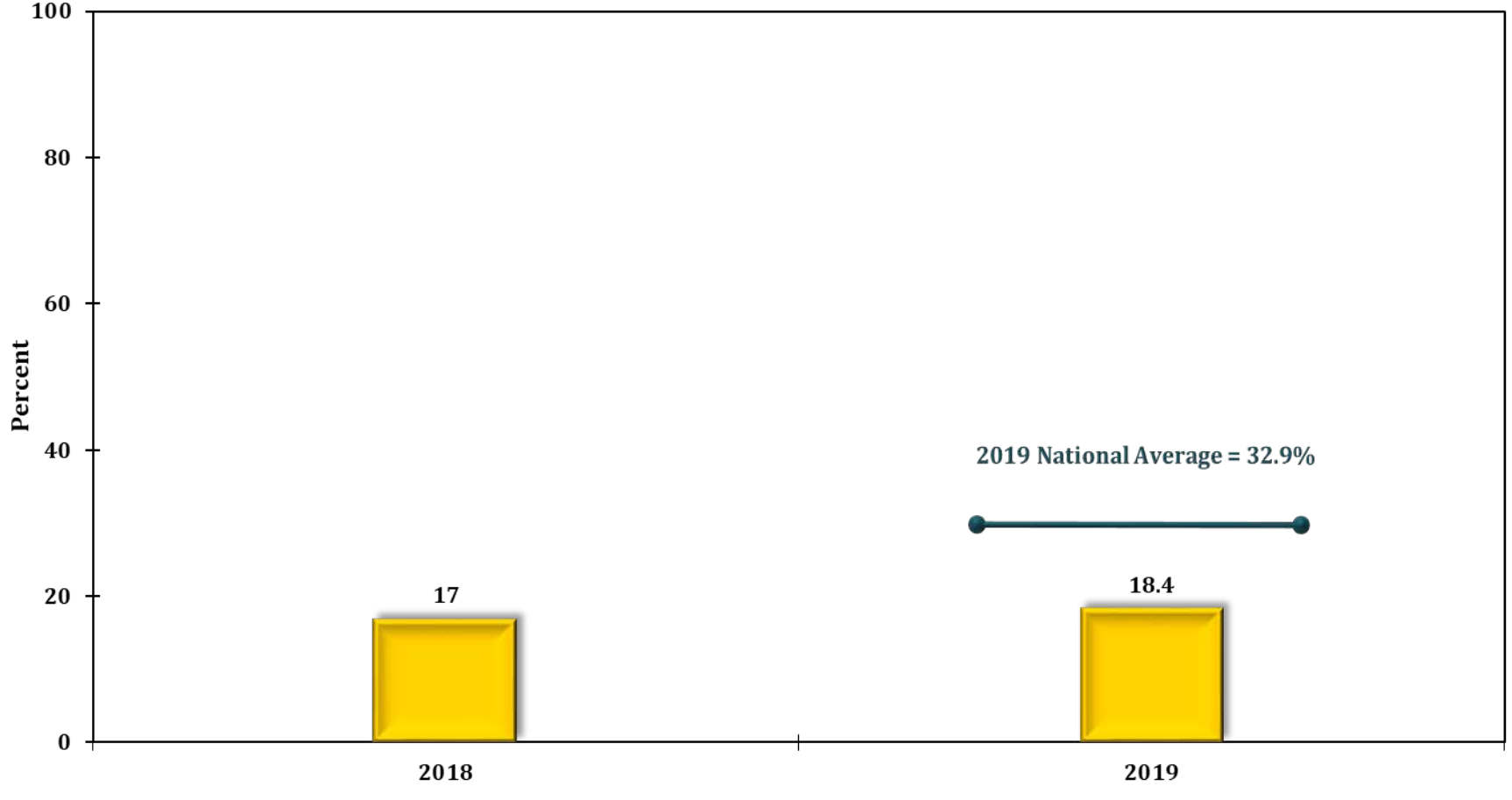


	BAK	CDE	CHK	COL	CON	CVL	FRS	FRV	GVL	HPA	IHC	KRK	LAK	LAS	MAC	NVL	OAK	PIT	QTZ	RED	RSB	RVL	SAC	SBR	SDG	SIH	SJO	SON	SS	STF	SYC	SYZ	TOI	TUL	TUO	UAII	UIHS	WRN
FY19	10.0	18.9	0.0	23.1	28.4	34.4	27.8	20.6	6.0	32.2	17.5	35.9	35.3	33.9	9.9	31.3	3.5	27.2	46.5	59.1	23.9	17.5	14.5	19.7	14.6	15.9	20.1	31.7	20.6	5.8	33.3	19.6	31.2	20.1	35.6	24.9	12.9	0.0
FY18	14.3	21.3	0.0	38.5	25.5	28.8	23.7	26.4	10.3	34.1	20.4	35.0	36.4	51.6	7.9	58.2	6.9	25.9	46.3	66.0	24.0	13.9	19.3	24.6	14.2	18.3	22.5	30.7	20.6	6.0	28.6	21.9	34.1	24.2	46.8	30.1	12.9	0.0

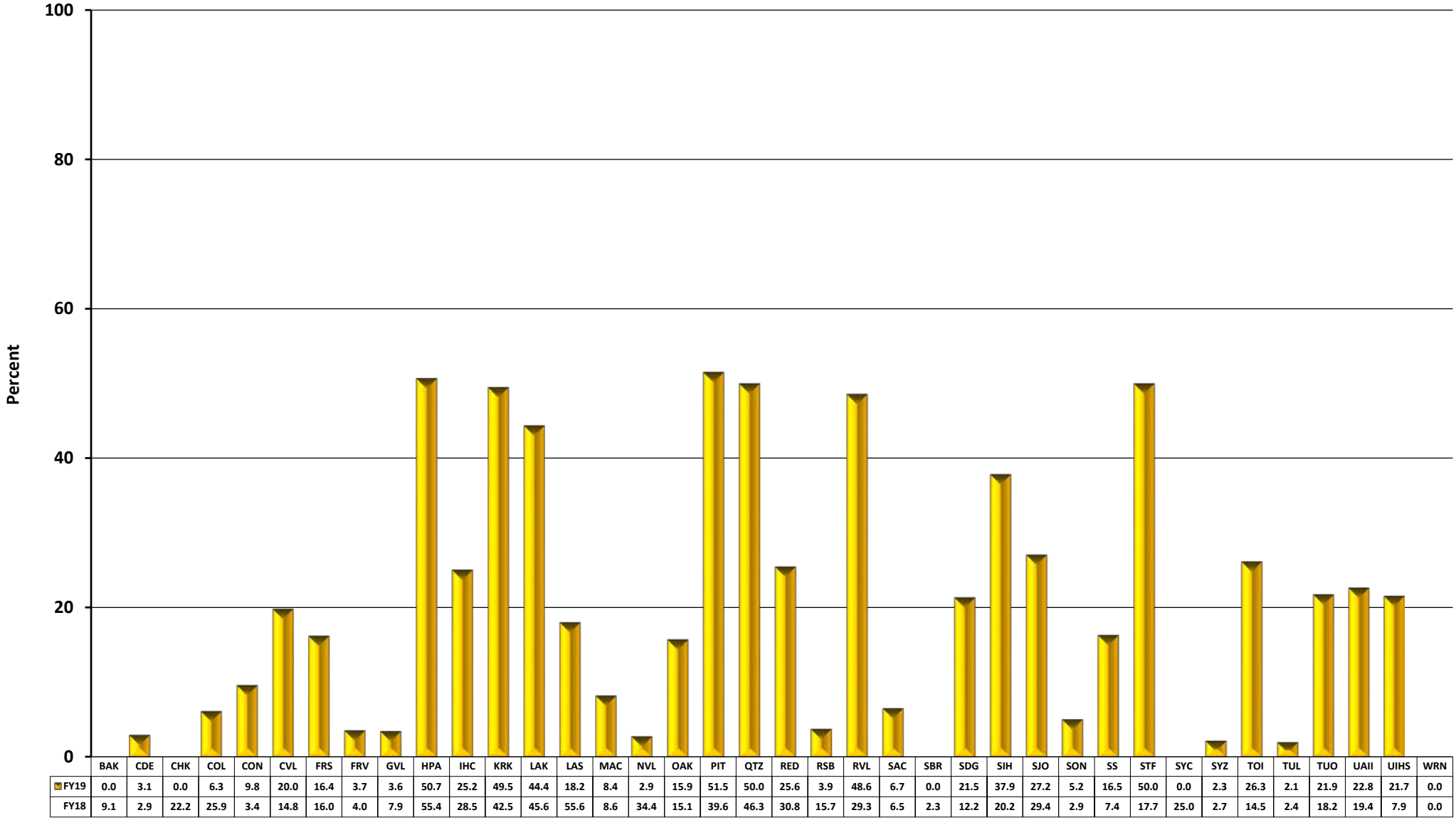
TOBACCO CESSATION

Measure: Percentage of tobacco-using patients that receive tobacco cessation intervention or quit.

Importance: *Cigarette smoking is the leading preventable cause of death in the United States, resulting in an estimated 443,000 premature deaths each year. American Indians and Alaska Natives have the highest prevalence of current cigarette smoking (30%) of any other racial/ethnic group in the U.S. Tobacco users who quit enjoy longer and healthier lives, on average, than those who do not. Even long-time smokers can significantly reduce their risk of heart disease and other complications by quitting.*



TOBACCO CESSATION

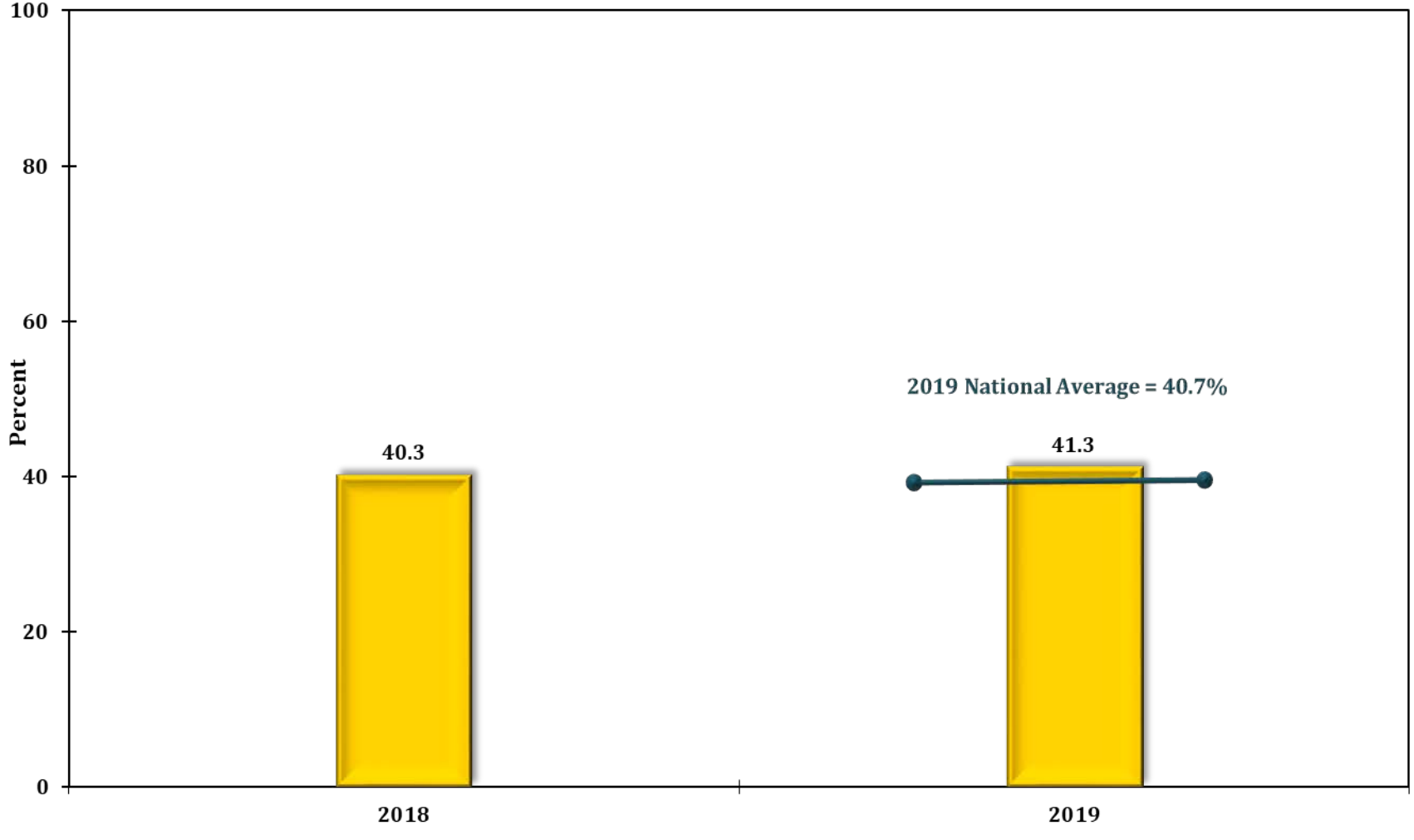


	BAK	CDE	CHK	COL	CON	CVL	FRS	FRV	GVL	HPA	IHC	KRK	LAK	LAS	MAC	NVL	OAK	PIT	QTZ	RED	RSB	RVL	SAC	SBR	SDG	SIH	SJO	SON	SS	STF	SYC	SYZ	TOI	TUL	TUO	UAII	UIHS	WRN
FY19	0.0	3.1	0.0	6.3	9.8	20.0	16.4	3.7	3.6	50.7	25.2	49.5	44.4	18.2	8.4	2.9	15.9	51.5	50.0	25.6	3.9	48.6	6.7	0.0	21.5	37.9	27.2	5.2	16.5	50.0	0.0	2.3	26.3	2.1	21.9	22.8	21.7	0.0
FY18	9.1	2.9	22.2	25.9	3.4	14.8	16.0	4.0	7.9	55.4	28.5	42.5	45.6	55.6	8.6	34.4	15.1	39.6	46.3	30.8	15.7	29.3	6.5	2.3	12.2	20.2	29.4	2.9	7.4	17.7	25.0	2.7	14.5	2.4	18.2	19.4	7.9	0.0

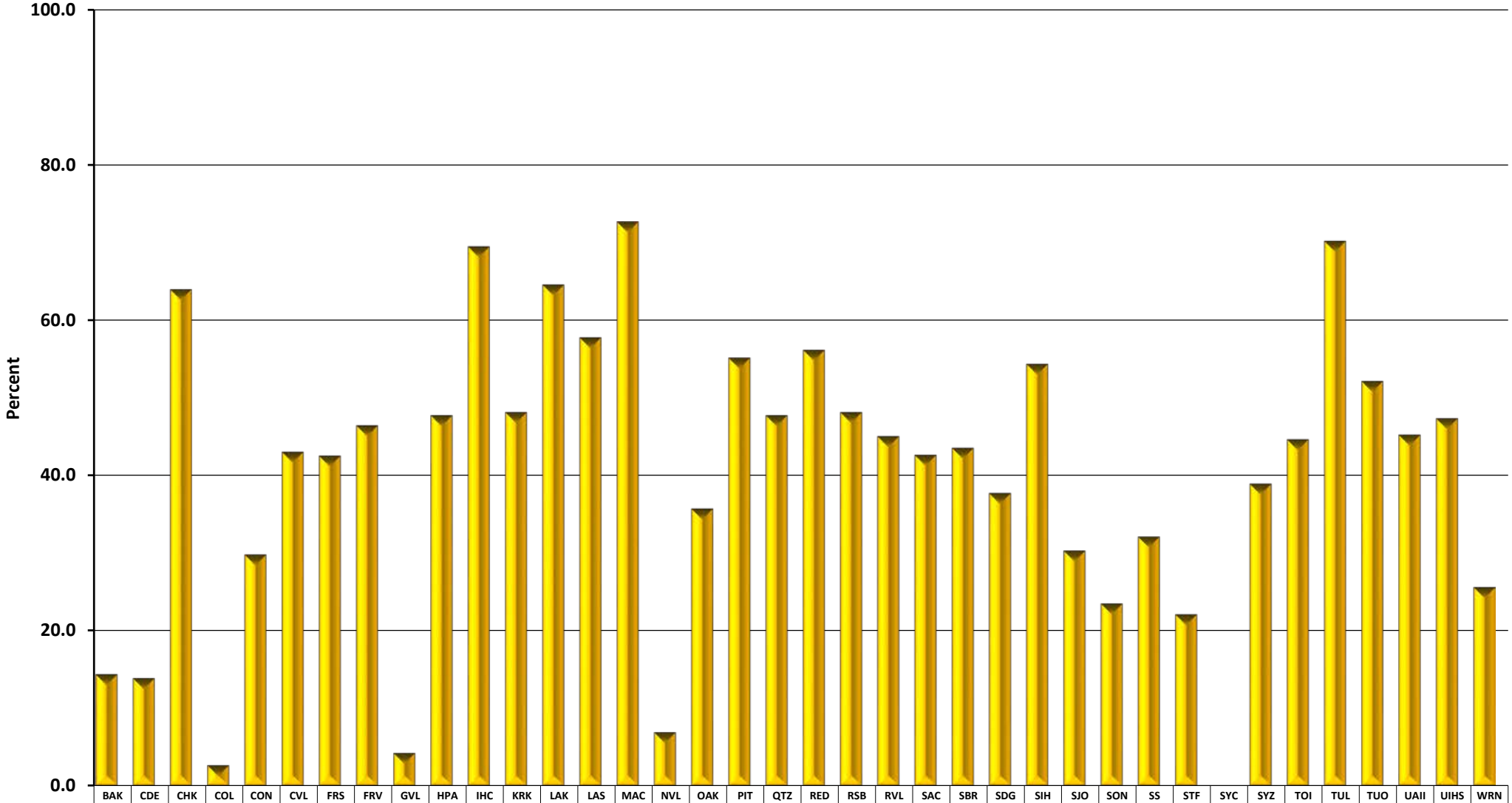
UNIVERSAL ALCOHOL SCREENING

Measure: Percentage of patients ages 9 to 75 who are screened for alcohol use

Importance: *Risky alcohol use occurs in 29% of the general U.S. population which can contribute to many negative health consequences, including motor vehicle crashes, fetal alcohol syndrome, and longer-term health consequences such as high blood pressure, gastritis, liver disease, and some cancers. Research has shown that alcohol screening is effective at reducing risky drinking. The U.S. Preventive Services Task Force recommends screening all adolescents and adults for risky alcohol use in the primary health care setting.*



UNIVERSAL ALCOHOL SCREENING

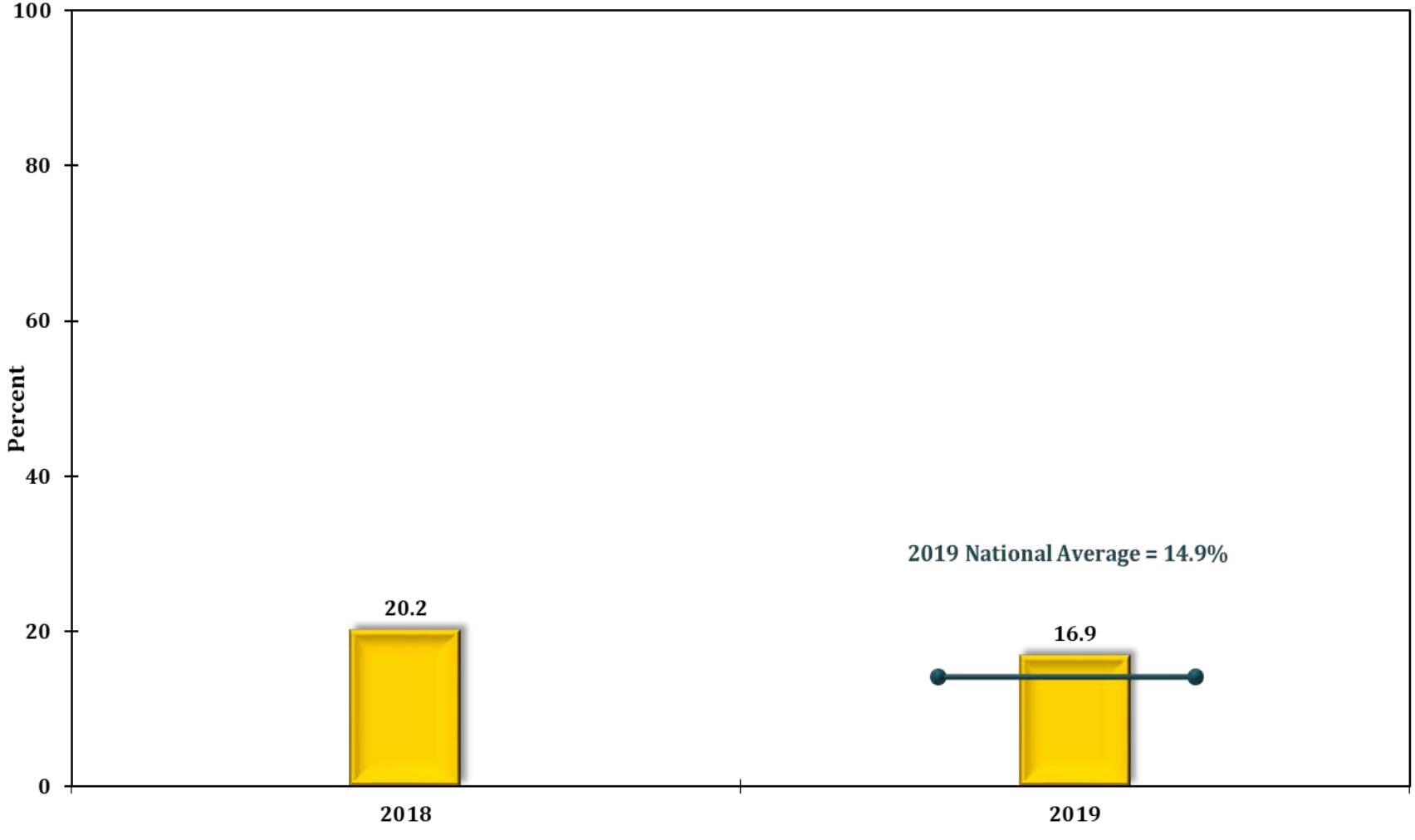


	BAK	CDE	CHK	COL	CON	CVL	FRS	FRV	GVL	HPA	IHC	KRK	LAK	LAS	MAC	NVL	OAK	PIT	QTZ	RED	RSB	RVL	SAC	SBR	SDG	SIH	SJO	SON	SS	STF	SYC	SYZ	TOI	TUL	TUO	UAII	UIHS	WRN
FY19	14.5	14.0	64.0	2.7	29.9	43.1	42.6	46.5	4.3	47.8	69.5	48.2	64.6	57.8	72.7	7.0	35.8	55.2	47.8	56.2	48.2	45.1	42.7	43.6	37.8	54.4	30.4	23.6	32.2	22.2	0.0	39.0	44.7	70.2	52.2	45.3	47.4	25.7
FY18	13.3	37.7	65.2	27.9	3.6	42.2	39.4	34.6	45.7	54.9	56.9	51.1	61.1	49.1	72.7	40.9	29.6	54.0	53.9	45.7	36.9	36.3	41.1	47.3	32.4	46.3	34.7	19.3	39.1	22.0	0.0	25.9	47.4	70.1	59.8	42.3	50.2	26.5

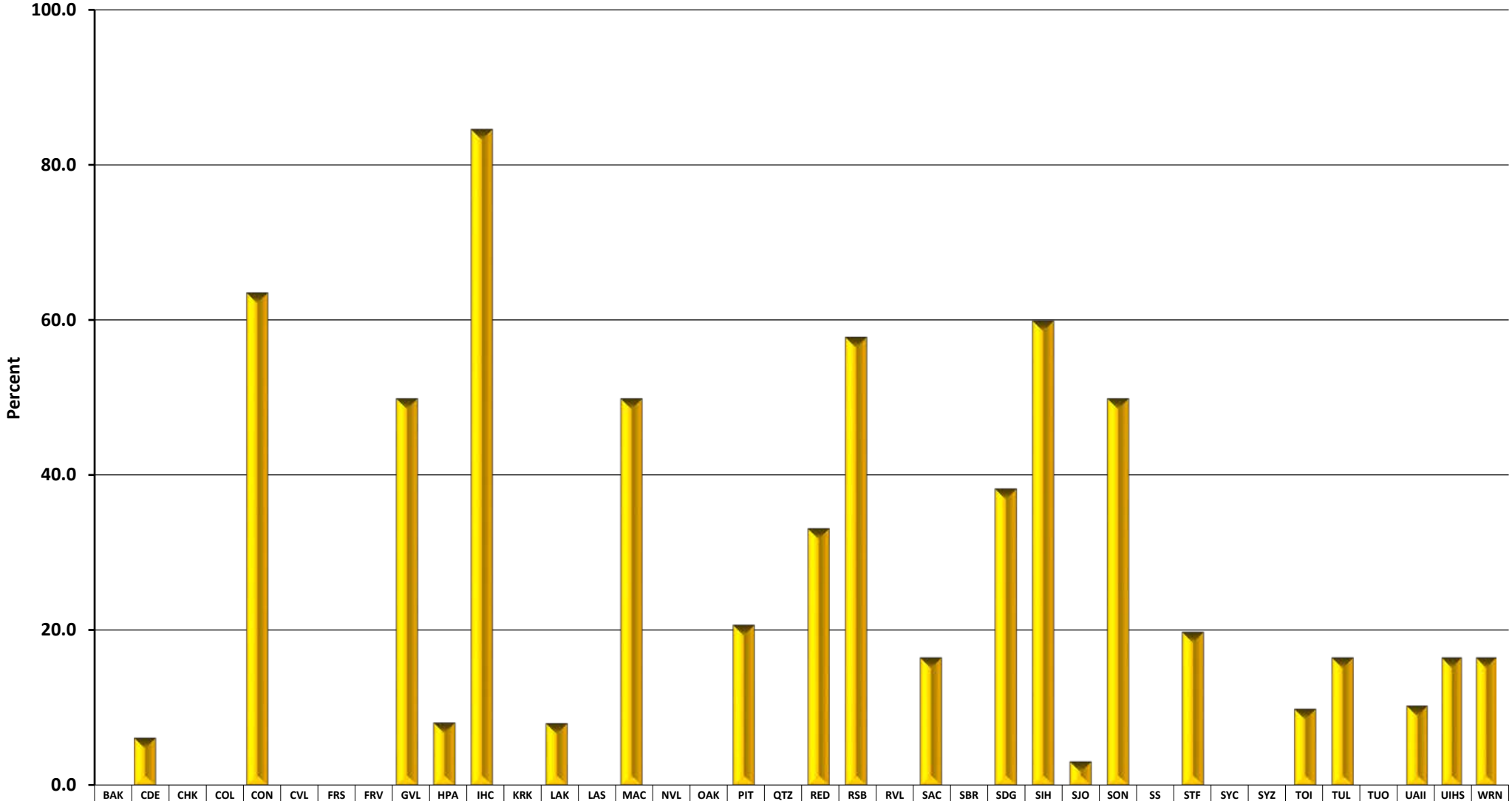
SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT

Measure: Percentage of patients provided a Brief Negotiated Interview (BNI) or Brief Intervention (BI) in ambulatory care within 7 days of a positive screen for risky/harmful alcohol use

Importance: *At least 38 million adults in the U.S. drink too much alcohol and only 1 in 6 speak with their primary care provider about their drinking. Studies have show that providing alcohol screening and brief counseling can reduce the amount of alcohol consumed on an occasion by 25% in those who drink too much.*



SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT

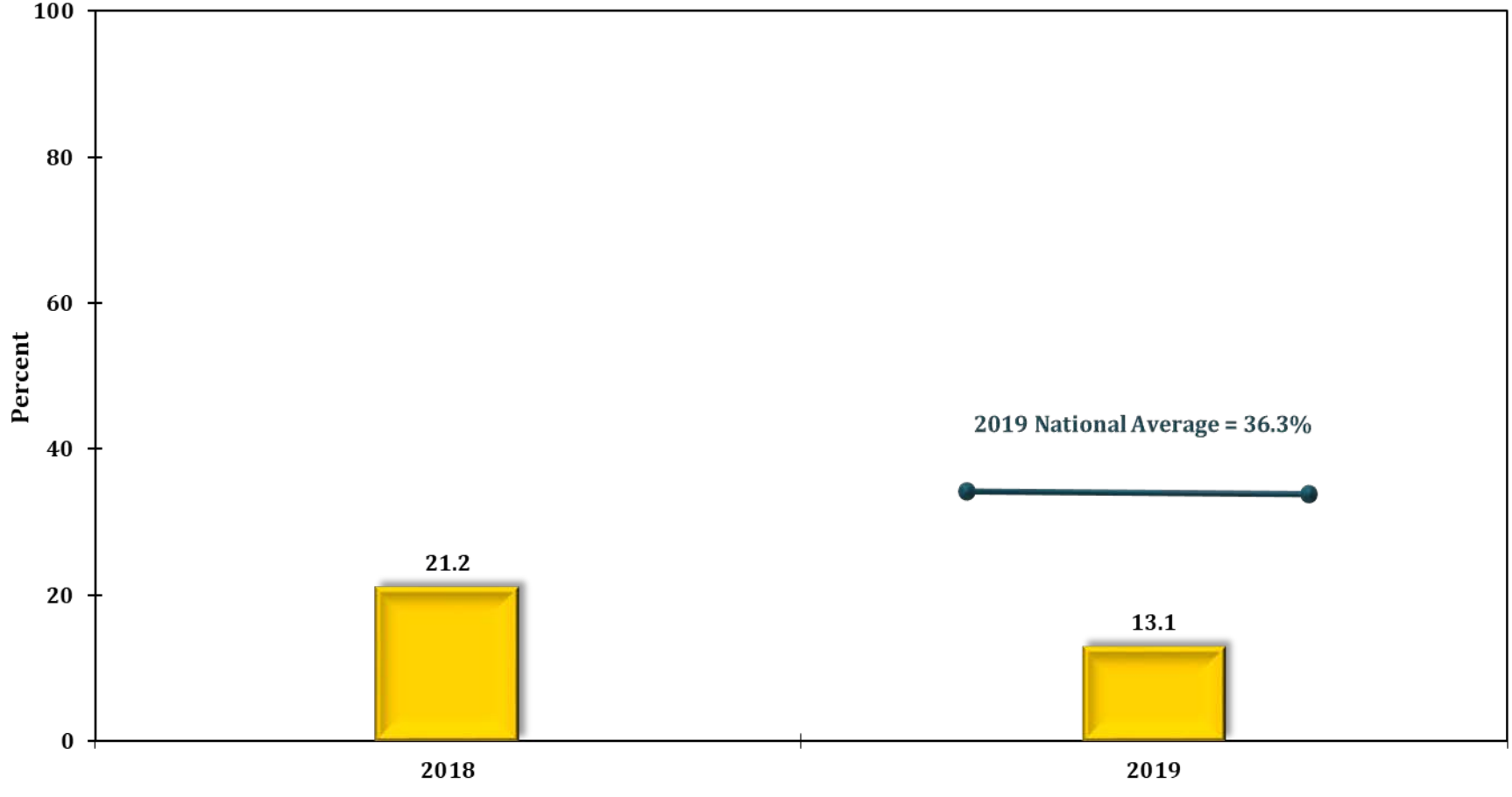


	BAK	CDE	CHK	COL	CON	CVL	FRS	FRV	GVL	HPA	IHC	KRK	LAK	LAS	MAC	NVL	OAK	PIT	QTZ	RED	RSB	RVL	SAC	SBR	SDG	SIH	SJO	SON	SS	STF	SYC	SYZ	TOI	TUL	TUO	UAII	UIHS	WRN
FY19	0.0	6.3	0.0	0.0	63.6	0.0	0.0	0.0	50.0	8.3	84.6	0.0	8.2	0.0	50.0	0.0	0.0	20.9	0.0	33.3	57.9	0.0	16.7	0.0	38.4	60.0	3.2	50.0	0.0	20.0	0.0	0.0	10.1	16.7	0.0	10.5	16.7	16.7
FY18	50.0	79.0		0.0	0.0	2.4	14.3	0.0	0.0	25.0	90.0	11.1	53.9	0.0	25.0	7.3	33.3	0.0	0.0	44.4	4.2	0.0	20.0	50.0	44.7	57.1	7.2	60.0	0.0	0.0		0.0	14.8	0.0	0.0	3.9	75.0	

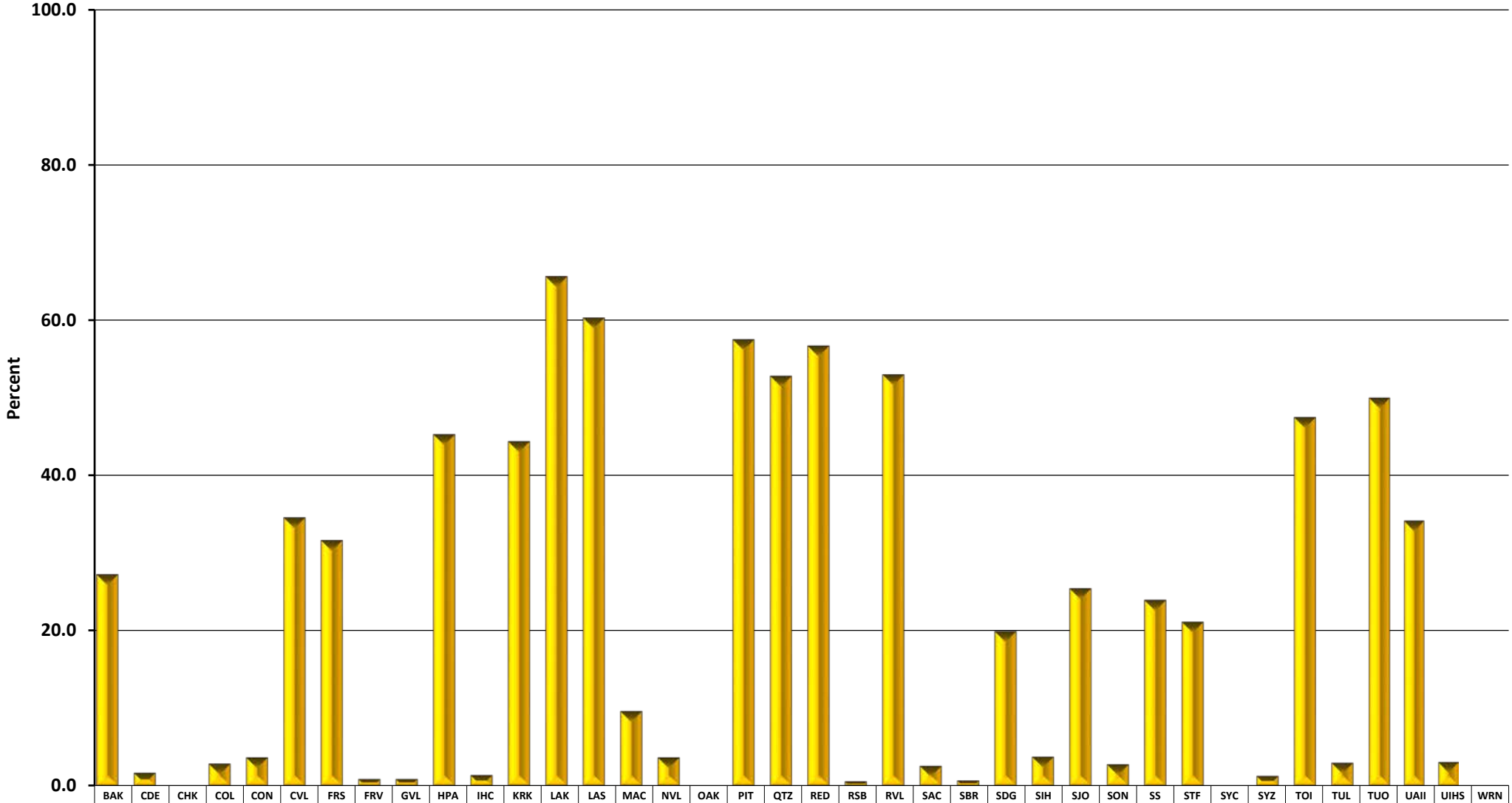
DOMESTIC VIOLENCE/INTIMATE PARTNER VIOLENCE SCREENING

Measure: Percentage of women ages 14 to 46 who are screened for domestic violence at health care facilities.

Importance: *It is estimated that one in three American Indian/Alaska Native women have experienced domestic or intimate partner violence during their lives. Surveys at Indian Health hospitals have found even higher rates. Women who experience domestic violence are more often victims of nonconsensual sex and have higher rates of smoking, chronic pain syndromes, depression, anxiety, substance abuse, and Post-Traumatic Stress Disorder. Screening and offering help for victims of domestic violence will help to reduce this problem in Indian country.*



DOMESTIC VIOLENCE/INTIMATE PARTNER VIOLENCE SCREENING

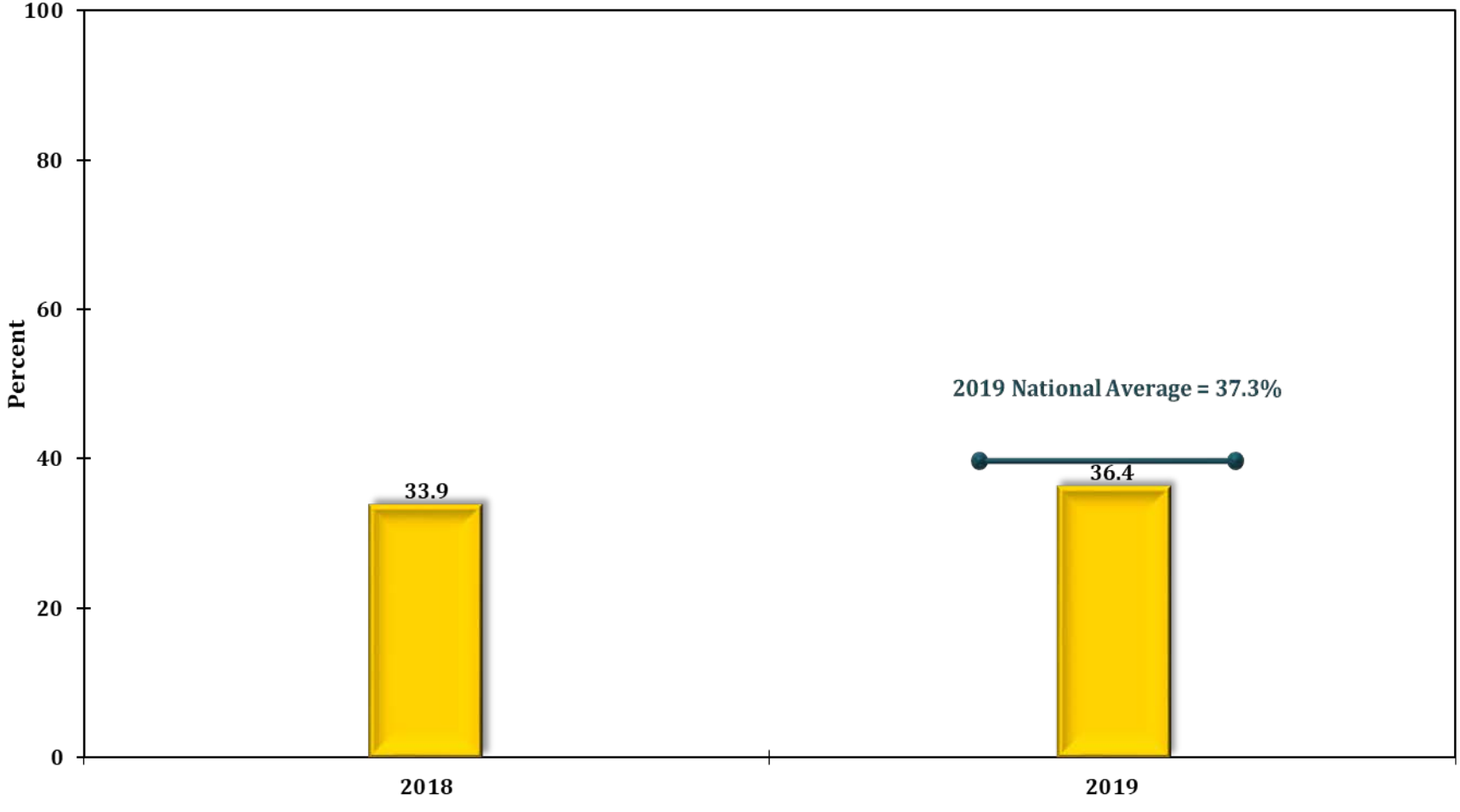


	BAK	CDE	CHK	COL	CON	CVL	FRS	FRV	GVL	HPA	IHC	KRK	LAK	LAS	MAC	NVL	OAK	PIT	QTZ	RED	RSB	RVL	SAC	SBR	SDG	SIH	SJO	SON	SS	STF	SYC	SYZ	TOI	TUL	TUO	UAII	UIHS	WRN
FY19	27.3	1.7	0.0	2.9	3.7	34.6	31.7	0.9	0.9	45.3	1.4	44.4	65.6	60.3	9.7	3.7	0.0	57.5	52.8	56.7	0.6	53.0	2.6	0.7	20.0	3.8	25.5	2.8	24.0	21.2	0.0	1.3	47.5	3.0	50.0	34.2	3.1	0.0
FY18	5.6	2.8	14.3	29.7	2.8	36.0	31.6	4.0	4.4	55.0	1.6	43.8	64.7	57.3	15.1	45.3	4.8	54.6	60.3	45.6	35.4	43.4	9.4	0.6	18.7	4.0	35.7	2.3	37.0	18.6	0.0	1.6	49.9	3.0	64.9	37.4	3.4	11.1

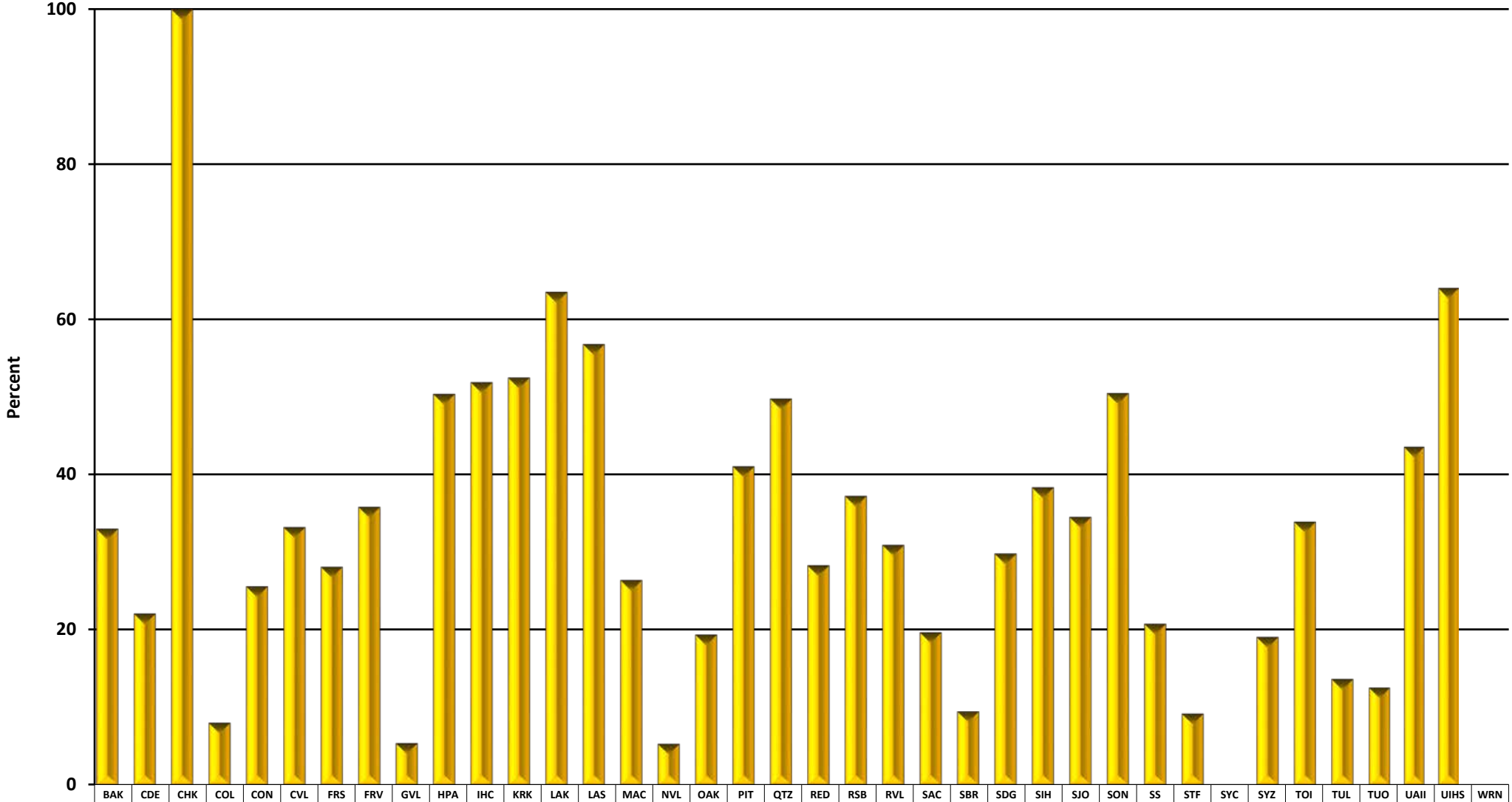
DEPRESSION SCREENING 12-17 YEARS

Measure: Percentage of adolescents ages 12 to 17 years who receive depression screening.

Importance: *In national surveys, approximately 8% of adolescents reported having major depression in the past year. Major depression in adolescents can have negative impacts on their school and work performance. The U.S. Preventive Services Task Force recommends annual screening for depression in adolescents ages 12 to18 years of age. Research has shown that depression screening in primary care settings can accurately identify major depressive disorder in adolescents.*



DEPRESSION SCREENING 12-17 YEARS

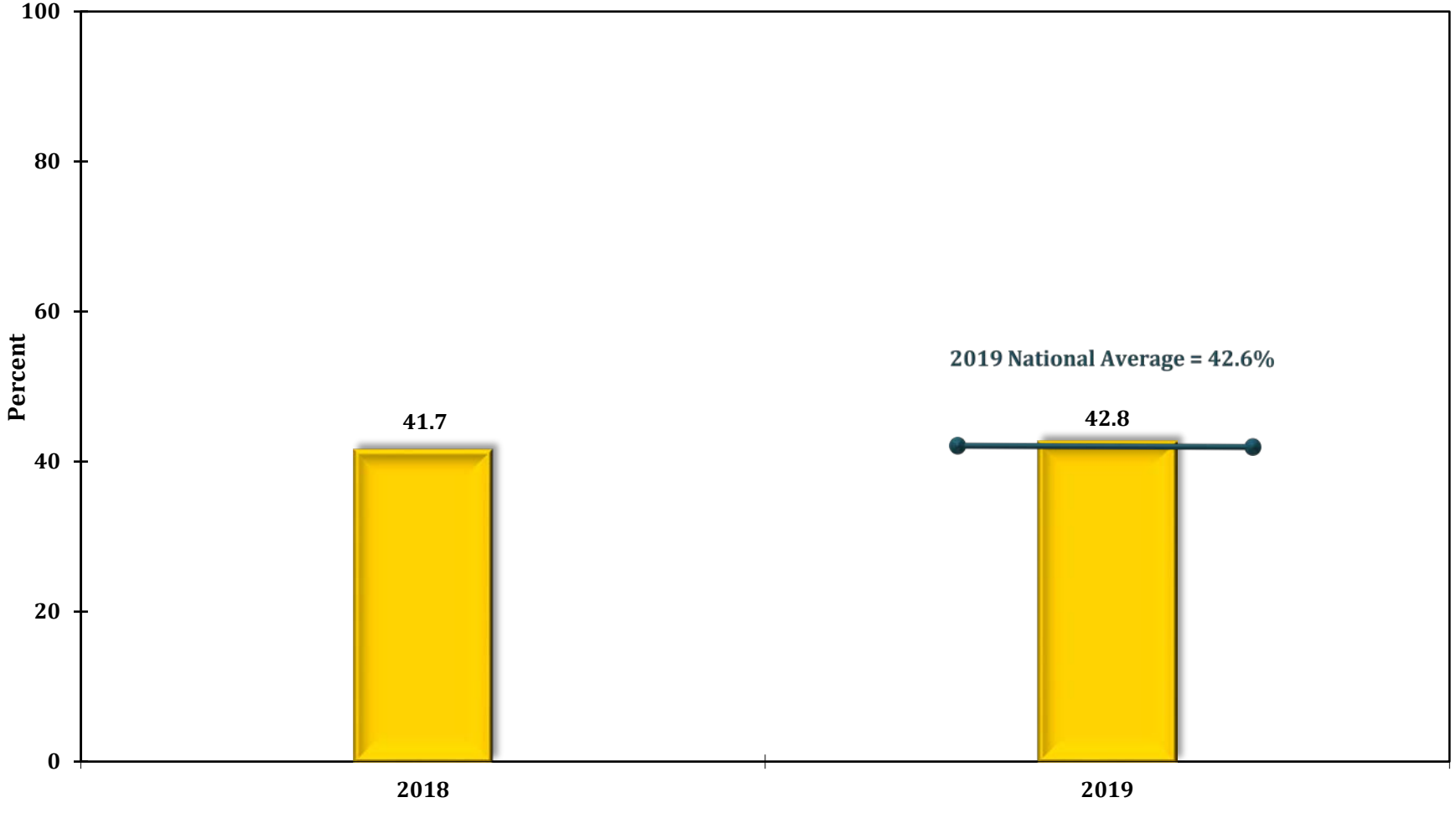


	BAK	CDE	CHK	COL	CON	CVL	FRS	FRV	GVL	HPA	IHC	KRK	LAK	LAS	MAC	NVL	OAK	PIT	QTZ	RED	RSB	RVL	SAC	SBR	SDG	SIH	SJO	SON	SS	STF	SYC	SYZ	TOI	TUL	TUO	UAII	UIHS	WRN
FY19	33.3	22.4	100.0	8.3	25.9	33.5	28.4	36.1	5.6	50.6	52.1	52.7	63.7	57.0	26.7	5.5	19.7	41.3	50.0	28.6	37.5	31.2	20.0	9.8	30.1	38.6	34.8	50.7	21.1	9.5	0.0	19.4	34.2	14.0	12.9	43.8	64.2	0.0
FY18		35.3	0.0	16.7	3.3	41.9	34.4	31.5	11.5	69.8	37.3	11.1	64.8	45.5	21.4	31.9	29.2	25.0	47.6	45.9	31.8	21.5	32.9	34.8	21.1	31.3	39.2	43.7	31.4	10.0	0.0	12.5	48.2	15.3	54.6	48.0	72.3	0.0

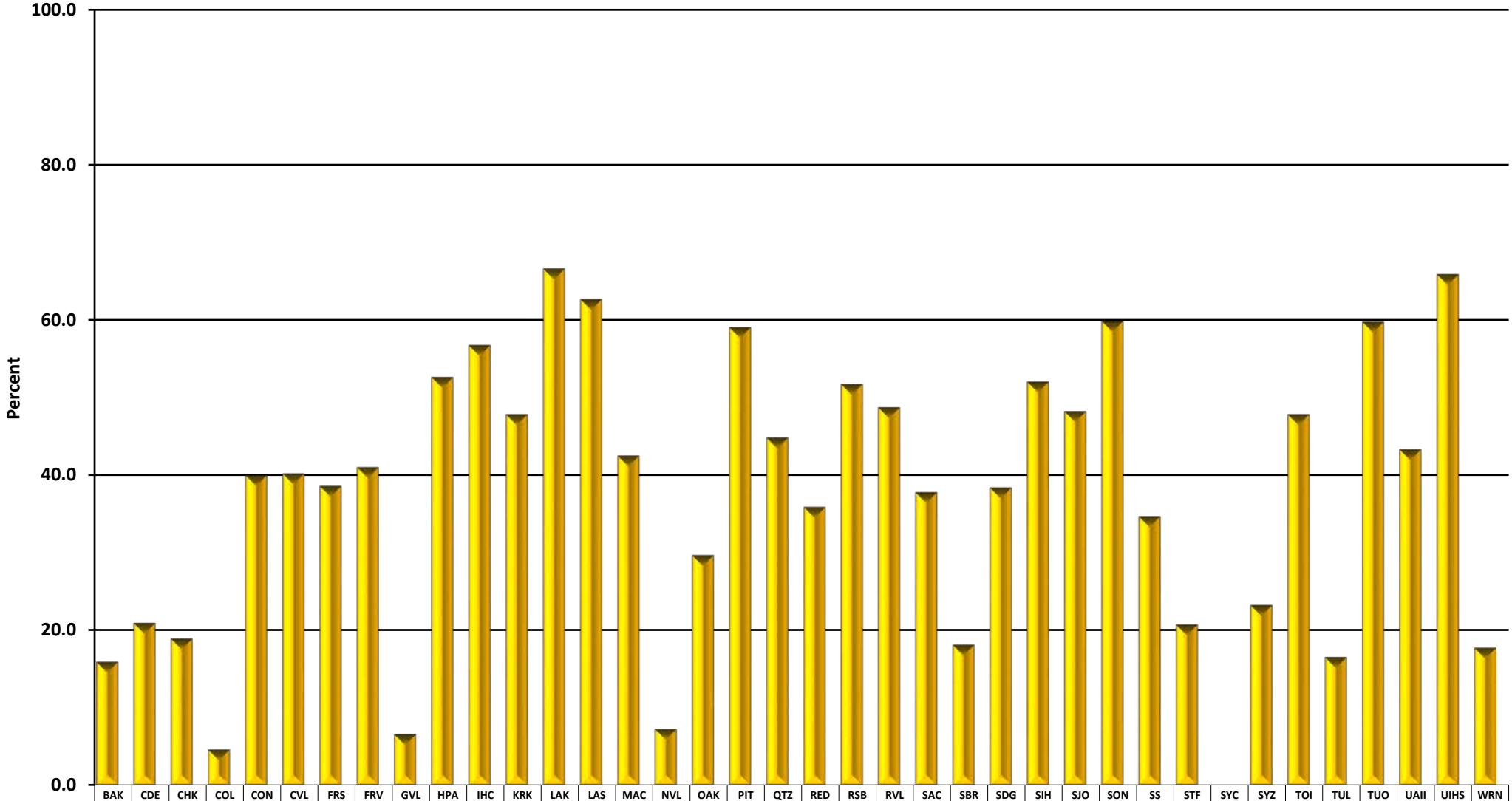
DEPRESSION SCREENING 18+

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

Importance: *Almost one in six U.S. adults experience major depression during their lifetime. Depression and anxiety disorders may affect heart rhythms, increase blood pressure, and lead to elevated blood sugar and cholesterol levels. Depression also frequently increases the risk of suicidal behavior. The risk of suicide attempts among patients with untreated major depressive disorder is one in five. Screening for depression is the first step toward identifying patients who need intervention, treatment, and follow up.*



DEPRESSION SCREENING 18+

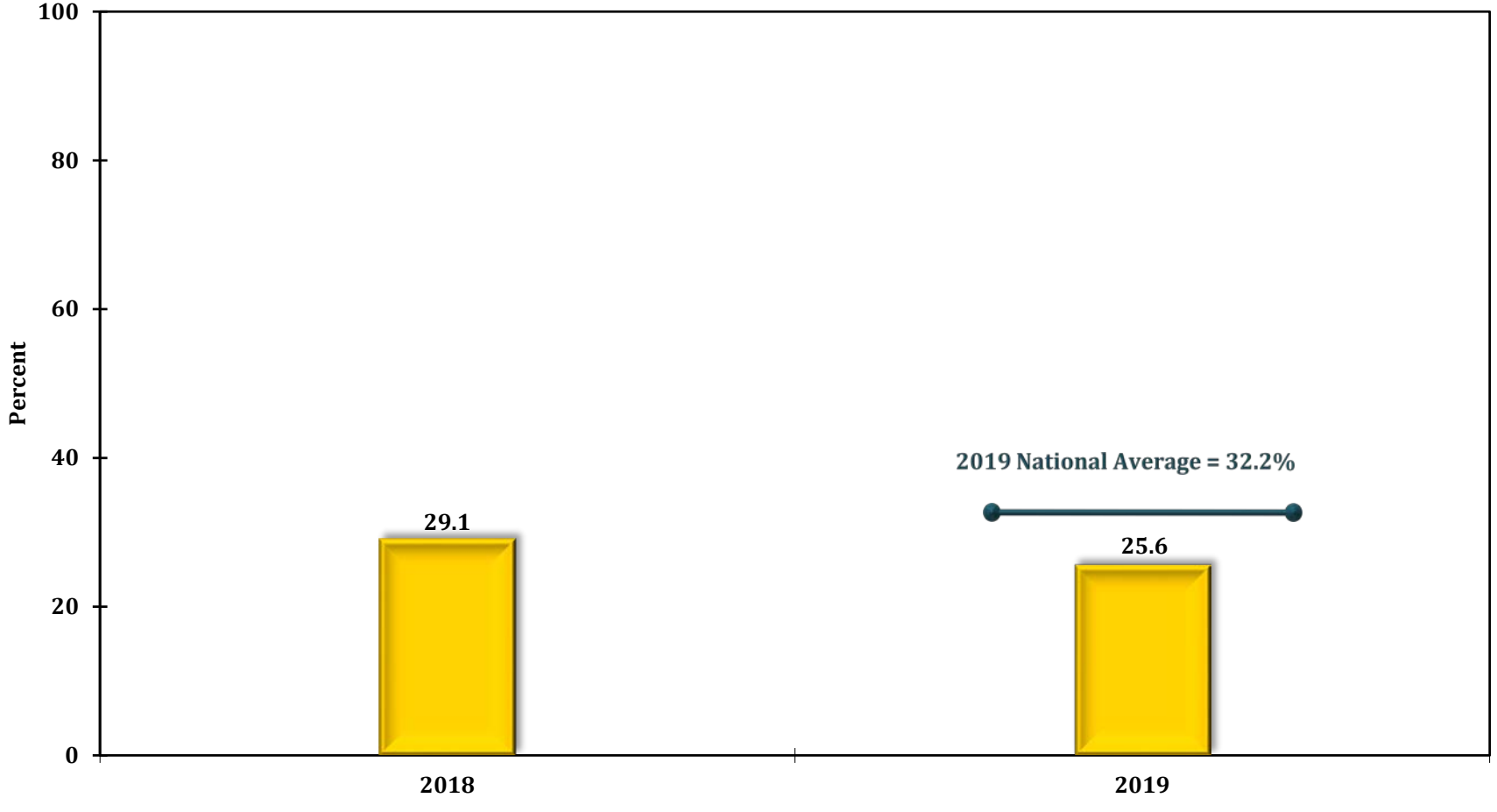


	BAK	CDE	CHK	COL	CON	CVL	FRS	FRV	GVL	HPA	IHC	KRK	LAK	LAS	MAC	NVL	OAK	PIT	QTZ	RED	RSB	RVL	SAC	SBR	SDG	SIH	SJO	SON	SS	STF	SYC	SYZ	TOI	TUL	TUO	UAII	UIHS	WRN
FY19	16.1	21.1	19.1	4.7	40.1	40.3	38.7	41.1	6.7	52.7	56.8	47.9	66.6	62.7	42.6	7.4	29.8	59.1	44.9	36.0	51.8	48.8	37.9	18.3	38.5	52.1	48.3	59.9	34.8	20.9	0.0	23.4	47.9	16.7	59.8	43.4	65.9	17.9
FY18	11.6	42.2	33.3	24.6	10.0	40.9	39.5	37.0	12.3	56.1	49.5	51.2	62.4	55.0	19.5	45.0	35.0	54.0	55.8	57.7	43.6	40.1	40.4	37.6	36.4	45.6	49.9	52.6	39.4	12.7	0.0	26.6	47.0	11.3	62.1	37.9	65.9	20.0

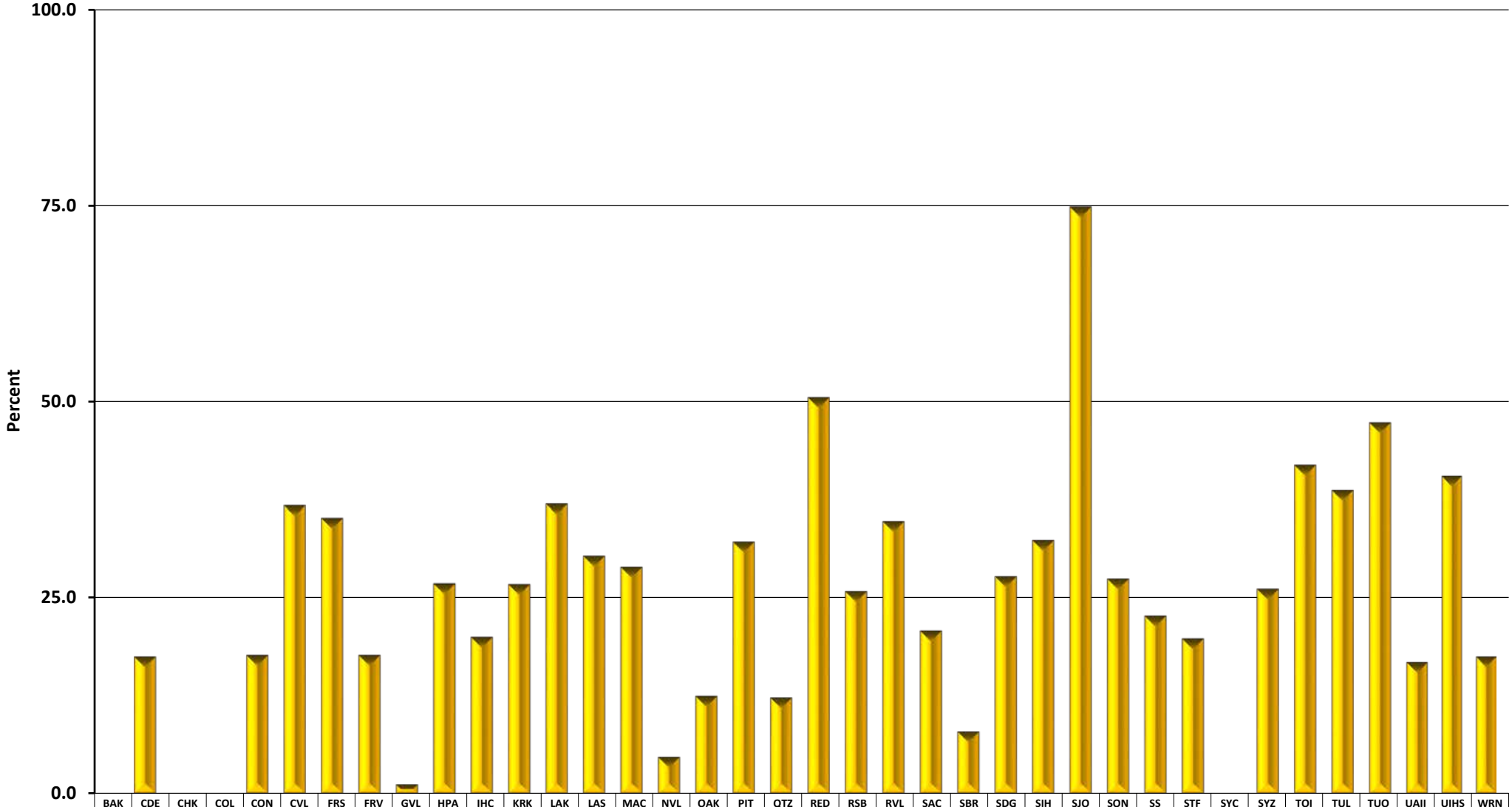
CVD STATIN THERAPY

Measure: Percentage of CVD patients and patients at high risk of CVD who receive statin therapy

Importance: *Cardiovascular disease (CVD) is the leading cause of death for American Indian and Alaska Native people over age 45. Unlike other racial and ethnic groups, American Indians appear to have a growing rate of cardiovascular disease, likely because of the high rate of diabetes among American Indians. After a review of several large studies, the U.S. Preventive Services Task Force found that patients who are at high risk for CVD and taking statins had a decreased risk of cardiovascular disease-related morbidity and mortality.*



CVD STATIN THERAPY

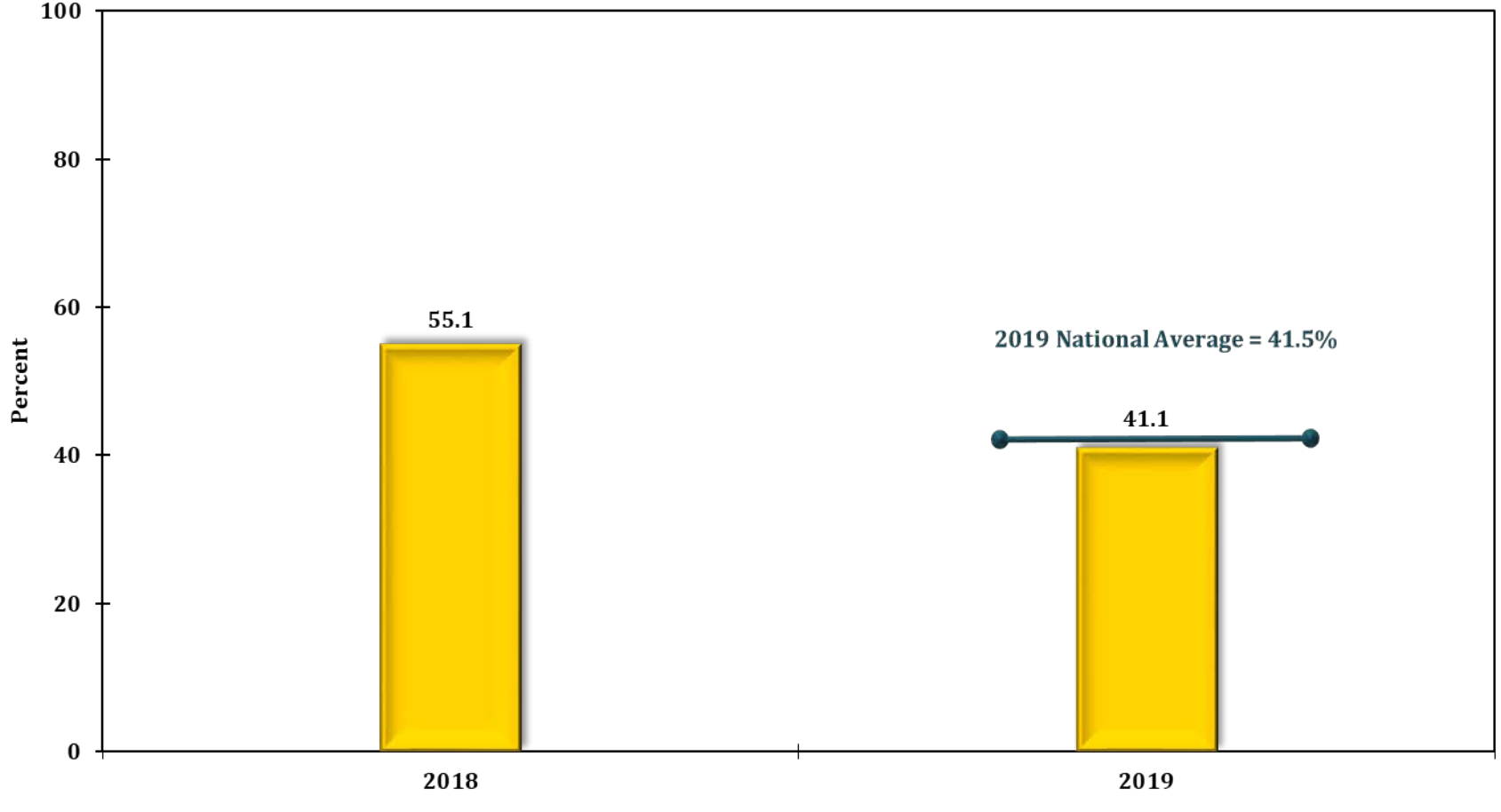


	BAK	CDE	CHK	COL	CON	CVL	FRS	FRV	GVL	HPA	IHC	KRK	LAK	LAS	MAC	NVL	OAK	PIT	QTZ	RED	RSB	RVL	SAC	SBR	SDG	SIH	SJO	SON	SS	STF	SYC	SYZ	TOI	TUL	TUO	UAII	UIHS	WRN
FY19	0.0	17.7	0.0	0.0	17.9	36.9	35.3	17.9	1.2	27.0	20.2	26.9	37.1	30.5	29.1	4.8	12.7	32.3	12.5	50.6	26.0	34.9	21.0	8.1	27.9	32.5	74.8	27.6	22.9	20.0	0.0	26.3	42.0	38.8	47.4	17.0	40.6	17.7
FY18	33.3	17.0	0.0	33.3	16.0	35.3	46.3	34.2	17.6	37.0	26.5	26.8	40.0	20.3	27.4	47.0	29.1	30.7	24.1	47.3	22.9	37.3	32.4	7.2	29.0	29.8	71.0	35.7	24.2	15.4	0.0	37.8	33.1	37.2	54.9	20.5	44.1	23.1

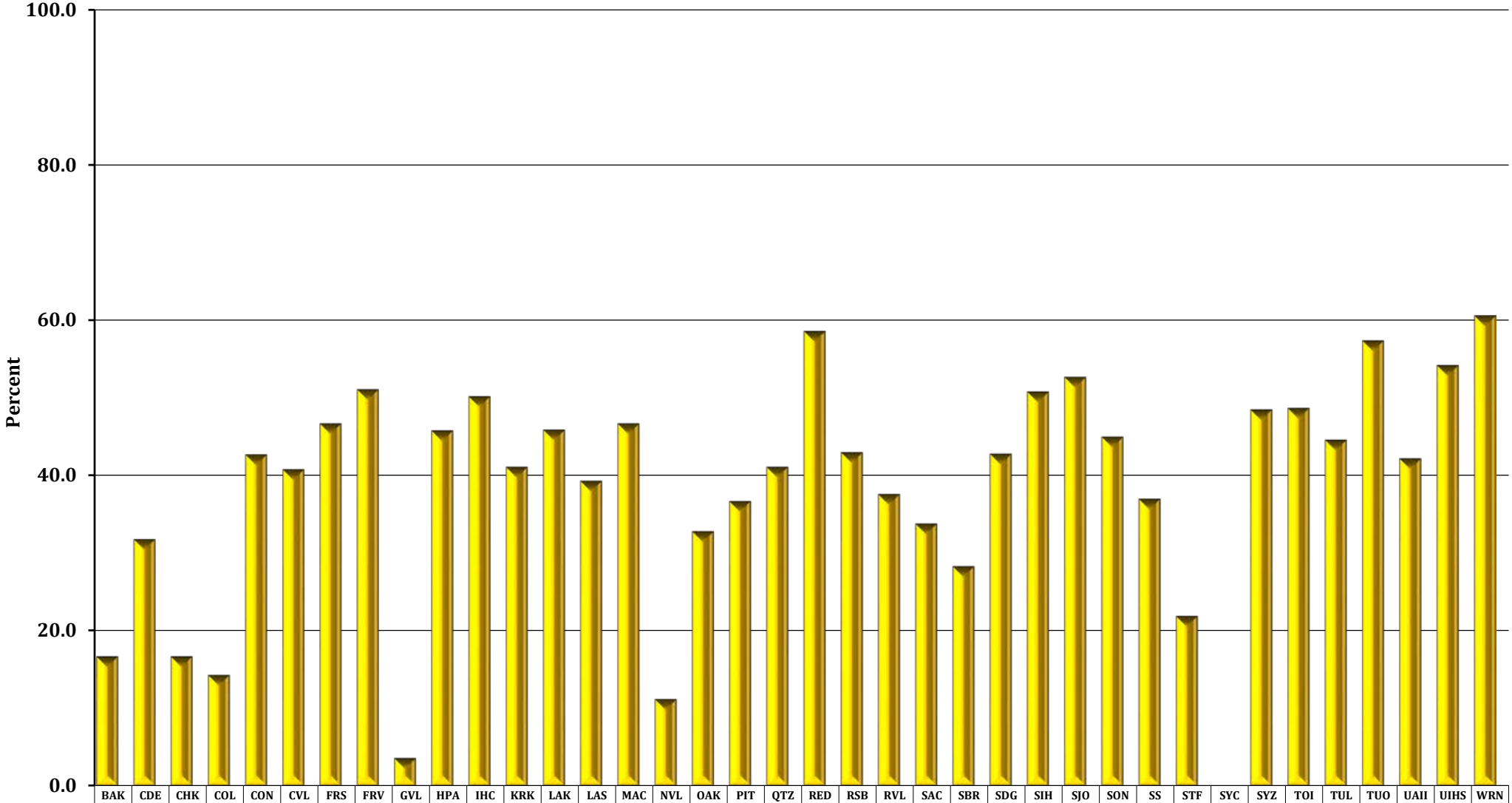
CONTROLLING HIGH BLOOD PRESSURE (MILLION HEARTS)

Measure: Percentage of patients with diagnosed hypertension who have achieved blood pressure control (<140/90).

Importance: *Million Hearts (MH) is a national initiative started by the U.S. Department of Health and Human Services in 2011 to prevent 1 million heart attacks and strokes by 2017. Blood Pressure Control is one of the quality measures reported for this initiative, and is the only MH measure reported by IHS. Uncontrolled high blood pressure greatly increases the risk of heart attack, stroke, aneurysm, and heart failure. Studies have shown that keeping blood pressure controlled lowers the risk of heart attack by 20%, lowers the risk of stroke by 35%, and lowers the risk of heart failure by 50%.*



CONTROLLING HIGH BLOOD PRESSURE (MH)

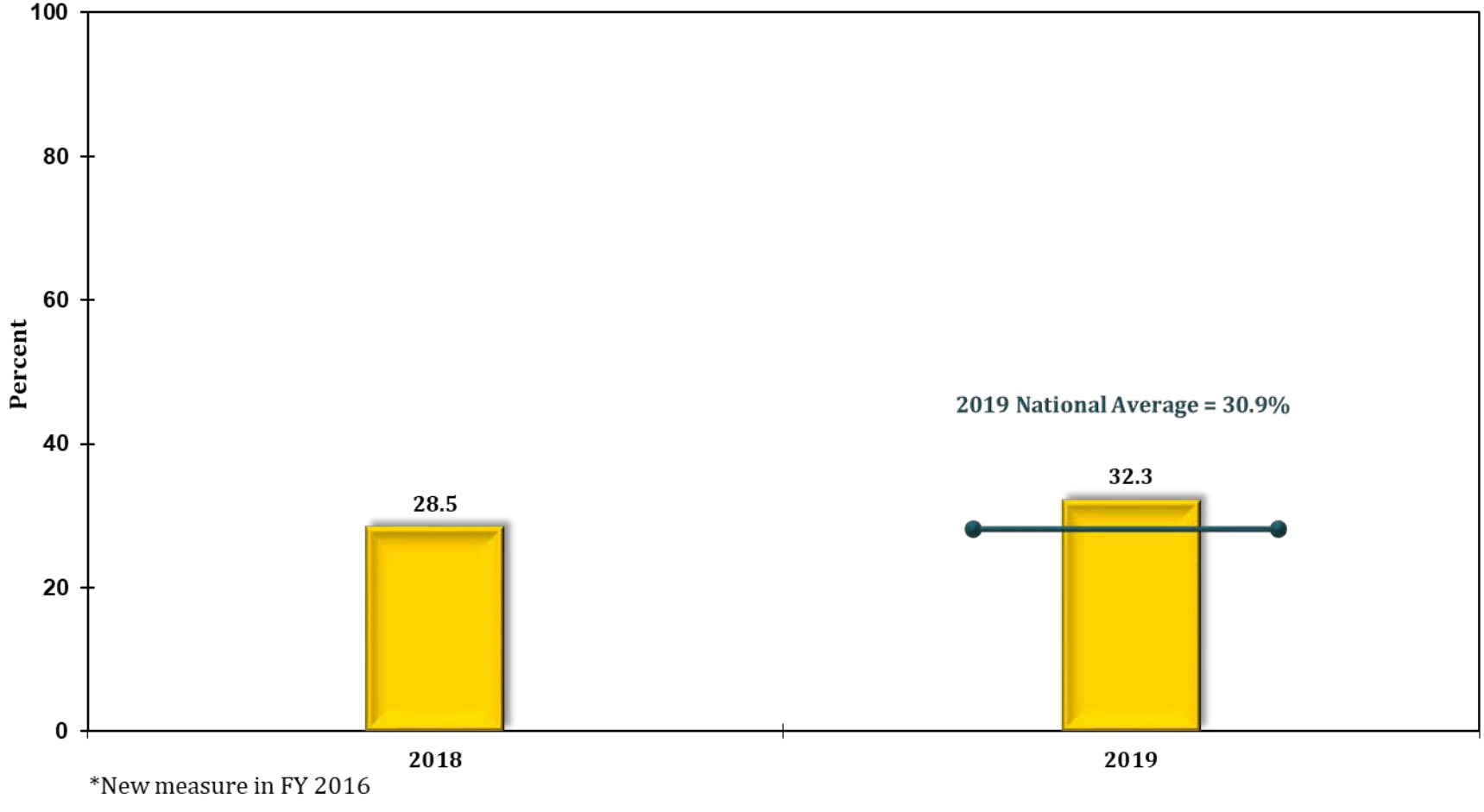


	BAK	CDE	CHK	COL	CON	CVL	FRS	FRV	GVL	HPA	IHC	KRK	LAK	LAS	MAC	NVL	OAK	PIT	QTZ	RED	RSB	RVL	SAC	SBR	SDG	SIH	SJO	SON	SS	STF	SYC	SYZ	TOI	TUL	TUO	UAII	UIHS	WRN
FY19	16.7	31.8	16.7	14.3	42.7	40.8	46.7	51.1	3.6	45.8	50.2	41.1	45.9	39.3	46.7	11.2	32.8	36.7	41.1	58.6	43.0	37.6	33.8	28.3	42.8	50.8	52.7	45.0	37.0	21.9	0.0	48.5	48.7	44.6	57.4	42.2	54.2	60.6
FY18	0.0	65.6	100.0	40.0	41.9	58.5	53.2	59.6	59.0	54.9	60.0	50.6	53.6	58.8	60.5	58.1	57.1	40.1	64.0	70.8	50.1	42.7	51.9	41.7	56.4	62.7	57.9	51.9	53.5	69.2	100.0	65.0	52.8	57.3	57.9	60.3	65.2	58.3

HIV SCREENING EVER

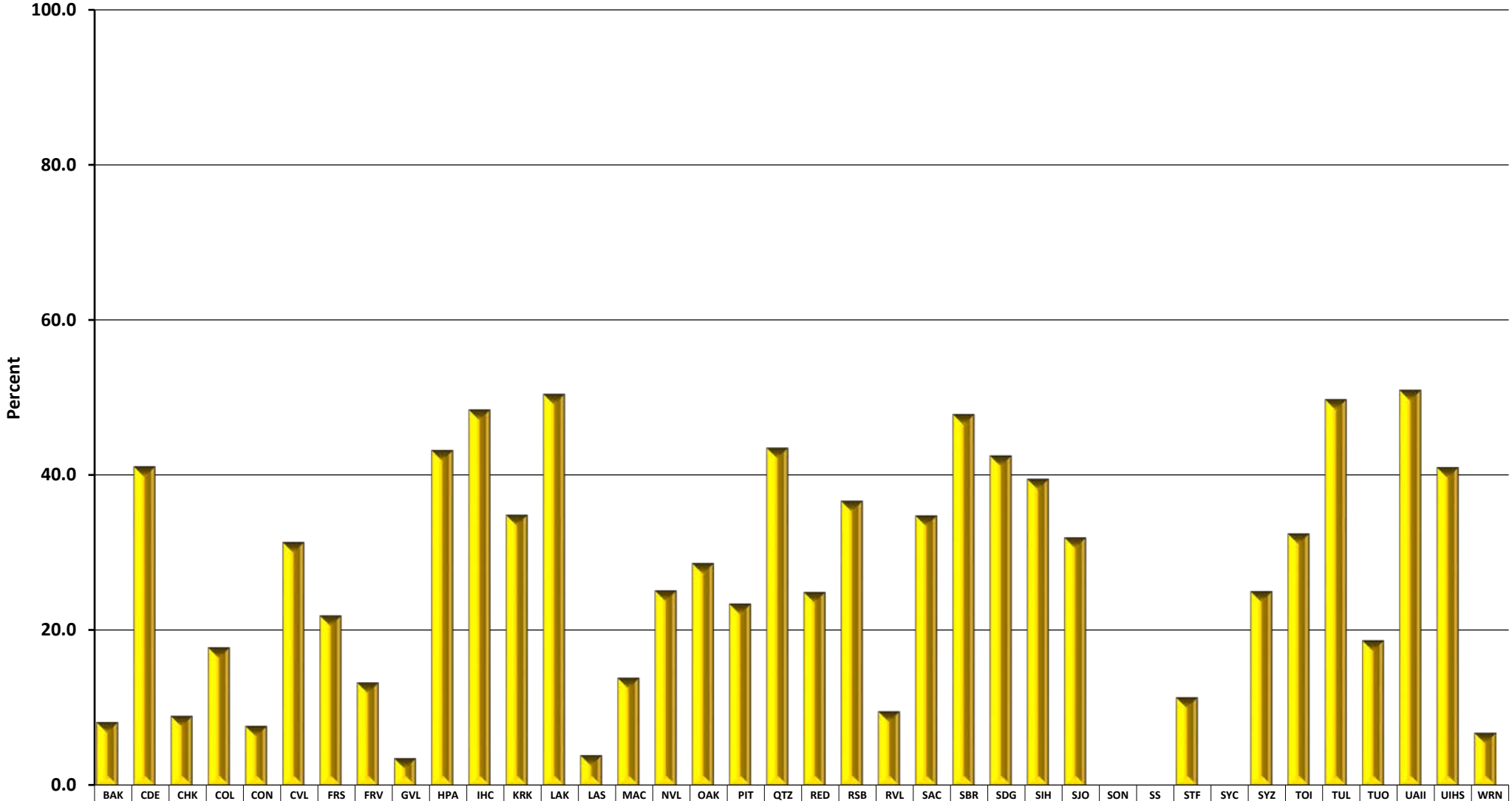
Measure: Percentage of patients who have ever been screened for HIV.

Importance: *The HIV/AIDS epidemic is a significant issue for American Indian and Alaska Native people. American Indians and Alaska Natives represent approximately 1.2% of the U.S. population, yet were ranked 5th in estimated rates of new HIV diagnoses in 2014, higher than whites and Asians. HIV screening enables medical providers to provide appropriate care and treatment to those who screen positive, and education on ways to prevent transmission of the virus.*



*New measure in FY 2016

HIV SCREENING EVER

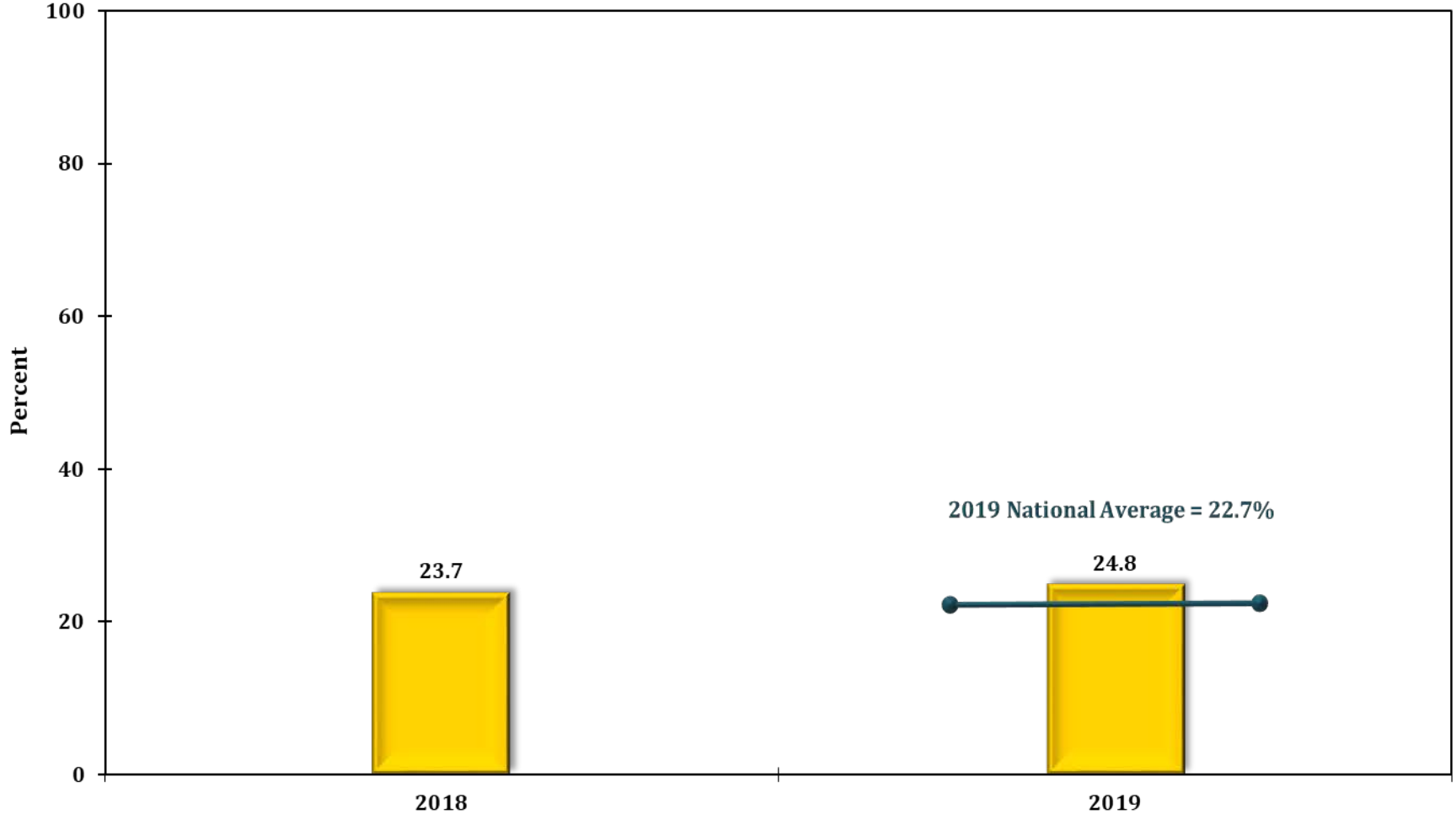


	BAK	CDE	CHK	COL	CON	CVL	FRS	FRV	GVL	HPA	IHC	KRK	LAK	LAS	MAC	NVL	OAK	PIT	QTZ	RED	RSB	RVL	SAC	SBR	SDG	SIH	SJO	SON	SS	STF	SYC	SYZ	TOI	TUL	TUO	UAII	UIHS	WRN
FY19	8.3	41.1	9.1	17.9	7.8	31.4	22.0	13.4	3.6	43.2	48.4	34.9	50.4	4.0	14.0	25.2	28.7	23.5	43.5	25.0	36.7	9.7	34.8	47.8	42.5	39.5	32.0	0.0	0.0	11.5	0.0	25.1	32.5	49.7	18.8	50.9	41.0	6.9
FY18	8.3	40.5	0.0	15.7	2.9	29.6	19.7	9.3	3.9	39.9	44.4	31.1	45.8	3.0	13.9	25.0	25.8	20.9	36.3	77.8	32.2	7.6	30.0	48.5	41.1	32.0	26.7	31.7	23.6	7.4	0.0	21.9	31.9	42.0	10.9	43.5	32.4	

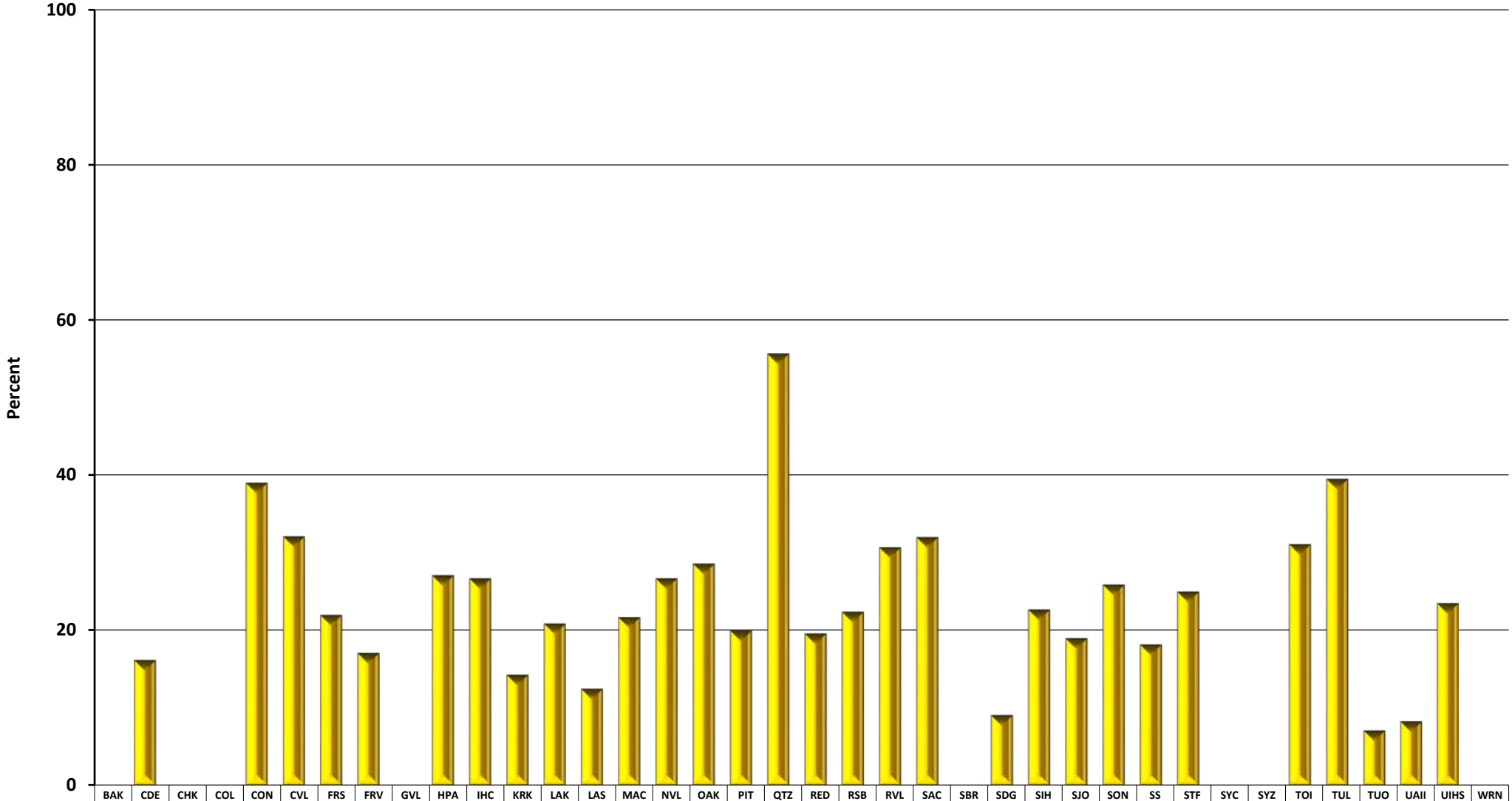
CHILDHOOD WEIGHT CONTROL

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

Importance: *Rates of overweight among American Indian and Alaska Native children exceed the national averages. Overweight among children is defined as a Body Mass Index (BMI) at the 95th percentile or above. Children who are overweight often have elevated blood pressure, cholesterol, and insulin levels. They are at greater risk of developing type 2 diabetes. They are also at risk for shame, self-blame, and low self-esteem, all of which may affect how well they perform in school, and get along with their peers. A lower rate is the goal for this measure.*



CHILDHOOD WEIGHT CONTROL

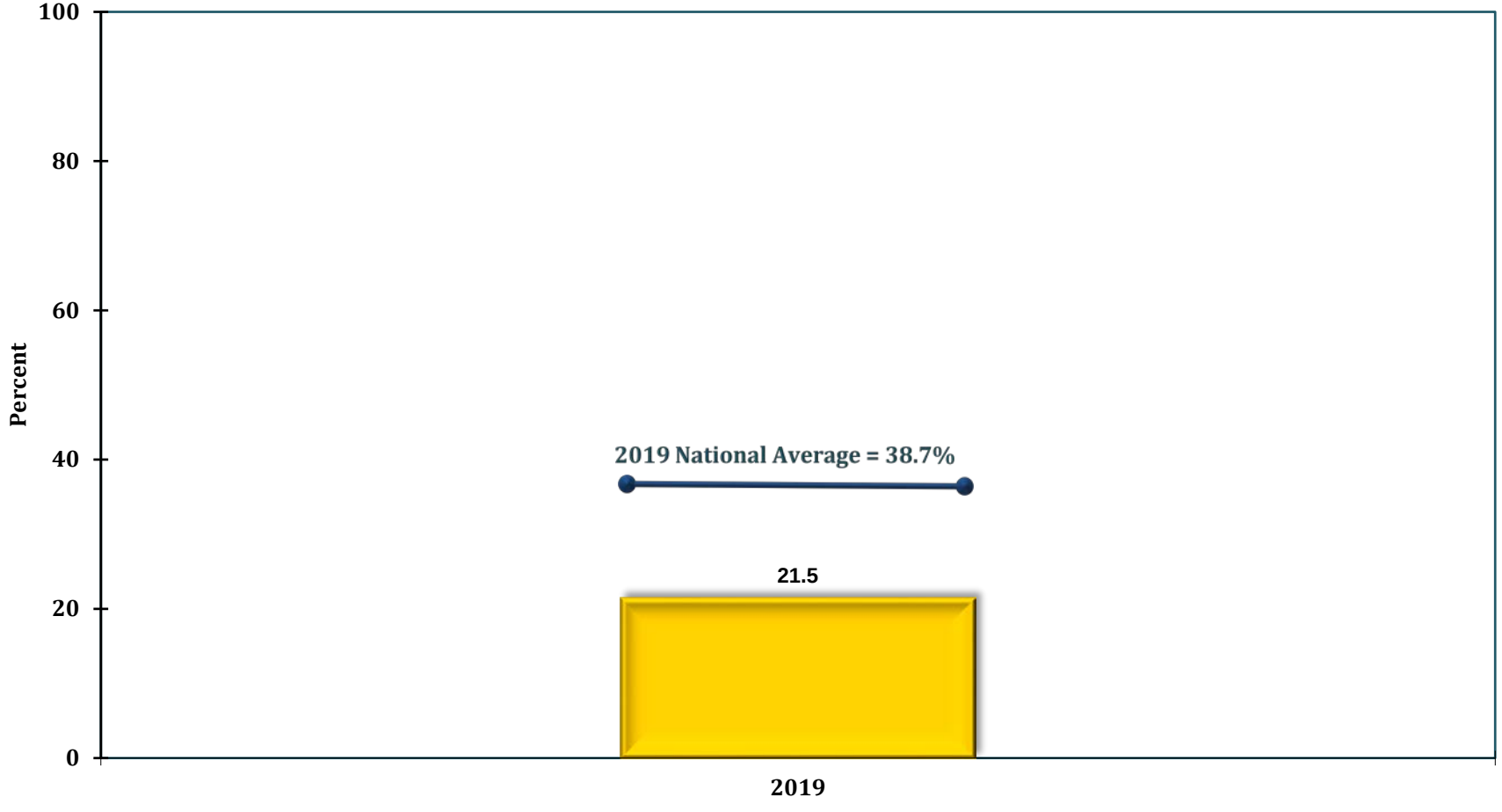


	BAK	CDE	CHK	COL	CON	CVL	FRS	FRV	GVL	HPA	IHC	KRK	LAK	LAS	MAC	NVL	OAK	PIT	QTZ	RED	RSB	RVL	SAC	SBR	SDG	SIH	SJO	SON	SS	STF	SYC	SYZ	TOI	TUL	TUO	UAII	UIHS	WRN
FY19	0	16.2	0.0	0.0	39.0	32.1	22	17.1	0.0	27.1	26.7	14.3	20.9	12.5	21.7	26.7	28.6	20.0	55.6	19.6	22.4	30.7	32.0	0.0	9.1	22.7	19.0	25.9	18.2	25.0	0.0	0.0	31.1	39.5	7.1	8.3	23.5	0.0
FY18		15.5		50.0	33.3	23.9	30.77	22.8	23.7	32.0	21.6	19.0	23.1	25.0	29.0	20.5	25.0	26.8	14.3	18.9	18.5	38.8	25.0	0.0	6.3	25.4	26.7	23.5	10.3	50.0	16.7	33.3	37.3	23.4	14.3	50.0	22.9	0.0

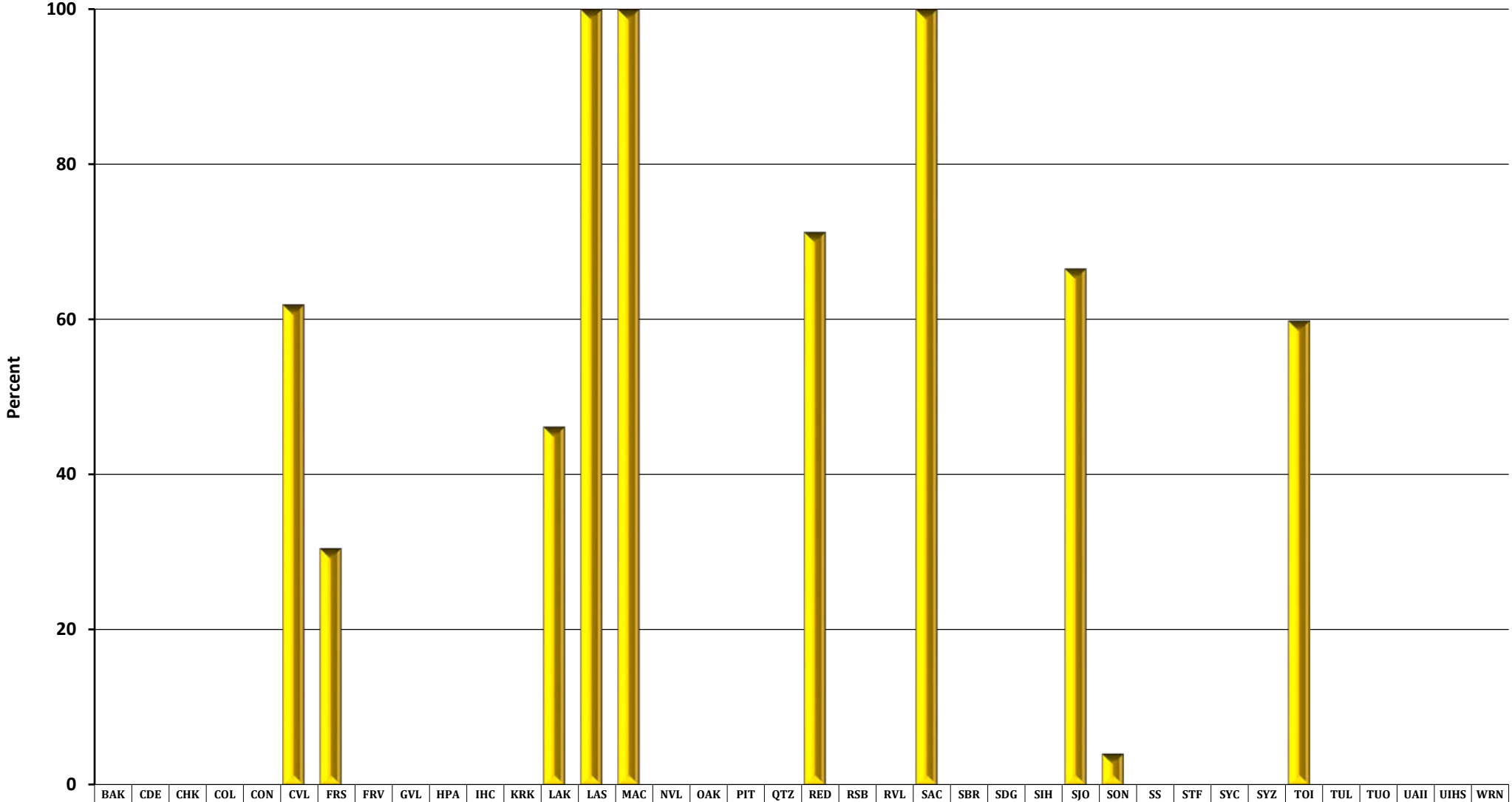
BREASTFEEDING RATES

Measure: Percentage of patients who are exclusively or mostly breastfed at 2 months of age.

Importance: *Breastfeeding has been shown to have positive outcomes for both the mother and child. Breastfed children show lower incidences of obesity, Type 1 and Type 2 Diabetes, respiratory tract infections and ear infections. Studies have shown that mothers who breastfeed for at least three months may lose more weight than non-breastfeeding mothers, have a reduced risk of breast and ovarian cancer, and may have a reduced risk of osteoporosis. Breastfeeding can also help new mothers bond with their infants.*



BREASTFEEDING RATES



	BAK	CDE	CHK	COL	CON	CVL	FRS	FRV	GVL	HPA	IHC	KRK	LAK	LAS	MAC	NVL	OAK	PIT	QTZ	RED	RSB	RVL	SAC	SBR	SDG	SIH	SJO	SON	SS	STF	SYC	SYZ	TOI	TUL	TUO	UAII	UIHS	WRN
FY19	0	0	0	0	0	62.1	30.8	0.0	0.0	0.0	0.0	0.0	46.4	100.0	100.0	0.0	0.0	0.0	0.0	71.4	0.0	0.0	100.0	0.0	0.0	0.0	66.7	4.2	0	0	0	0	60	0.0	0.0	0.0	0.0	0.0
FY18								0.0	0.0		0.0		0.0				0.0			62.2	0.0	0.0	0.0		0.0	0.0	50.0	0.0						0.0		0.0	0.0	

APPENDIX

CALIFORNIA AREA

DASHBOARD

CALIFORNIA AREA DASHBOARD

DENTAL

Measure	2018 Target	2018 Official	2019 Target	2019 Draft	2019 Result
Dental: General Access	27.20%	**35.68%**	27.20%	**29.91%**	MET
Sealants	16.00%	**17.74%**	16.00%	13.75%	NOT MET
Topical Fluoride	30.00%	**32.76%**	30.00%	24.87%	NOT MET

DIABETES

Measure	2018 Target	2018 Official	2019 Target	2019 Draft	2019 Result
Controlled BP	52.30%	**62.34%**	52.30%	**62.00%**	MET
Nephropathy Assessed	34.00%	**44.33%**	34.00%	**48.05%**	MET
Poor Glycemic Control	N/A	*N/A*	BASELINE	***16.80%***	MET
Retinopathy Exam	49.70%	28.26%	49.70%	31.01%	NOT MET
Statin Therapy	37.50%	**44.17%**	37.50%	**42.08%**	MET

IMMUNIZATIONS

Measure	2018 Target	2018 Official	2019 Target	2019 Draft	2019 Result
Adult IZ - All Age-appropriate IZ	BASELINE	***46.79%***	54.90%	46.98%	NOT MET
Childhood IZ	45.60%	34.90%	45.60%	32.76%	NOT MET
Influenza Vaccination 18+	18.80%	18.23%	18.80%	**19.00%**	MET
Influenza Vaccination 6mo - 17 yrs	20.60%	16.86%	20.60%	17.63%	NOT MET

PREVENTION

Measure	2018 Target	2018 Official	2019 Target	2019 Draft	2019 Result
(Cervical) Pap Screening	35.90%	32.49%	35.90%	33.60%	NOT MET
Childhood Weight Control	22.60%	23.65%	22.60%	24.81%	NOT MET
Colorectal Cancer Screening	32.60%	23.41%	32.60%	21.93%	NOT MET
Controlling High Blood Pressure (MH)	42.30%	**55.10%**	42.30%	41.05%	NOT MET
CVD Statin Therapy	26.60%	**29.06%**	26.60%	25.61%	NOT MET
Depression Screening or Mood Disorder 12 - 17 years old	27.60%	**33.94%**	27.60%	**36.36%**	MET
Depression Screening or Mood Disorder 18 years and older	42.20%	41.73%	42.20%	**42.83%**	MET
Exclusive/Mostly Breastfeeding at Age of 2 Months	39.00%	.00%	39.00%	21.54%	NOT MET
HIV Screening Ever	17.30%	**28.51%**	17.30%	**32.25%**	MET
IPV/DV Screening	41.60%	21.22%	41.60%	13.11%	NOT MET
Mammography Screening	42.00%	33.92%	BASELINE	***32.23%***	MET
SBIRT	8.90%	20.15%	8.90%	**16.88%**	MET
Tobacco Cessation Counseling, Cessation Aid, or Quit Tobacco	27.50%	17.02%	27.50%	18.44%	NOT MET
Universal Alcohol Screening	37.00%	**40.29%**	37.00%	**41.32%**	MET
				MET	12
				NOT MET	14