



# 2012

## California Area Report

Indian Health Service  
Government Performance and Results Act (GPR) Act

*Measuring healthcare quality to improve patient care*



This page is intentionally left blank.



## 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: **Amy Patterson**, Public Health Analyst, CAO; **Christine Brennan**, Public Health Analyst, CAO; **Wendy Blocker**, Public Health Analyst, CAO; and **Rachel Pulverman**, Editorial Assistant, 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!

### Area Contacts

#### National GPRA Support Team

- Christine Brennan
- Wendy Blocker
- Amy Patterson
- Rachel Pulverman

**(916) 930-3927**

(916) 930-3981 ext. 333

(916) 930-3981 ext. 308

(916) 716-6929

(916) 930-3981 ext. 361

**caogpra@ihs.gov**

christine.brennan@ihs.gov

wendy.blocker@ihs.gov

amy.patterson@ihs.gov

rachel.pulverman@ihs.gov

# TABLE OF CONTENTS

|  |     |
|--|-----|
| Introduction   | 3   |
| Program Legend   | 4   |
| User Population, by Program                                | 5   |
| Results  |     |
| Diabetes: Prevalence and Documented A1c                    | 7   |
| Diabetes: Poor Glycemic Control                            | 8   |
| Diabetes: Ideal Glycemic Control                           | 10  |
| Diabetes: Blood Pressure Control                           | 12  |
| Diabetes: Dyslipidemia Assessment                          | 14  |
| Diabetes: Nephropathy Assessment                           | 16  |
| Diabetes: Retinopathy                                      | 18  |
| Dental: General Access                                     | 20  |
| Dental: Sealants   | 22  |
| Dental: Topical Fluorides                                  | 24  |
| Immunizations: Influenza                                   | 26  |
| Immunizations: Pneumococcal                                | 28  |
| Immunizations: Childhood (19 – 35 months)                  | 30  |
| Cancer Screening: Cervical (Pap Smear)                     | 32  |
| Cancer Screening: Breast (Mammography)                     | 34  |
| Cancer Screening: Colorectal                               | 36  |
| Tobacco Cessation  | 38  |
| Alcohol Screening: Fetal Alcohol Syndrome (FAS) Prevention | 40  |
| Domestic Violence/Intimate Partner Violence Screening      | 42  |
| Depression Screening                                       | 44  |
| CVD Prevention: Comprehensive Assessment                   | 46  |
| Prenatal HIV Screening                                     | 48  |
| Childhood Weight Control                                   | 50  |
| Appendix : Tribal Dashboard                                |     |
| California Area Tribal Dashboard                           | A-1 |

# INTRODUCTION

This 2012 California Area Report contains detailed performance results for all clinical Government Performance Results Act (GPRA) measures collected from 34 (26 tribal and 8 urban) programs, 29 of which used Clinical Reporting System (CRS) 12.1 software to report results. The 12-month GPRA collection period for FY 2012 ran from July 1, 2011 through June 30, 2012.

The California Area Report includes detailed results for all 21 clinical GPRA measures reported in FY 2012. All measure results, except for Dental Sealants and Topical Fluorides, are displayed in two graphs. The first graph displays California Area results for each year from 2004-2012 (or beginning the first year in which the current measure was reported), as well as the FY 2012 IHS national average. The second graph displays results for each reporting California Indian health program for FY 2012. The first two rows under each graph show the percentage of patients meeting the measure in 2011 and 2012. The “n” row shows the number of patient records examined at each clinic, i.e. the “denominator,” in 2012. Because there are no denominators for the Dental Sealants and Topical Fluorides measures, those measure results are displayed in tables.

Using the data in this report, health programs can review changes in their own performance from FY 2011 to FY 2012, compare their performance with other California programs and with national averages, and assess their progress toward achieving long-term goals. Page five of this document displays a 2012 GPRA User Population table for all reporting California Indian health programs. This table is organized by population so programs can benchmark their progress against programs of similar size.

In FY 2012, California tribal programs met 8 of 19 clinical measure targets and exceeded the IHS national average on 4 of those measures (two measures, Topical Fluoride and Dental Sealants, do not have Area-specific targets.) California tribal programs improved on 16 measures compared to FY 2011. The Nephropathy Assessment measure increased by 4.4 percentage points and Retinopathy increased by 4.8 compared to 2011. The Colorectal Cancer Screening measure improved by 5.2 percentage points. The behavioral health measures all improved; Tobacco Cessation went up by 5.3 points, Alcohol Screening went up by 5.5 points, Domestic/Intimate Partner Violence Screening went up by 7.4 points, and Depression went up by 7.5 points. The Prenatal HIV Screening measure improved by an impressive 7.7 points. A dashboard summary of these results can be found on page A-1.

Although this report does not include a urban-only dashboard, it should be noted that California urban programs also improved over their FY 2011 results on 11 of 16 measures. California urban programs reporting via CRS had an average Prenatal HIV Screening result of 59.1%, which represented a very impressive 20.6 percentage point increase over the average 2011 result. Childhood Immunizations improved by 11.5 percentage points, Colorectal Cancer Screening improved by 6.8 percentage points, Mammogram Screening improved by 6.2 percentage points, and LDL Assessment improved by 6.0 percentage points.

# PROGRAM LEGEND

| Abbr. | Site Name                          | ASUFAC | Abbr.    | Site Name                          | ASUFAC |
|-------|------------------------------------|--------|----------|------------------------------------|--------|
| BAK   | BAKERSFIELD IHC                    | 648655 | RED*/**  | REDDING RANCHERIA                  | 661910 |
| CDE   | CHAPA-DE                           | 661010 | RSB      | RIVERSIDE/SAN BERNARDINO           | 661810 |
| CON   | CONSOLIDATED                       | 662210 | RVL      | ROUND VALLEY                       | 662710 |
| CVL   | CENTRAL VALLEY                     | 661110 | SAC      | SACRAMENTO NATIVE AMER HEALTH      | 648310 |
| FRS   | FRESNO                             | 648510 | SBR      | SANTA BARBARA IHC                  | 648755 |
| FRV   | FEATHER RIVER INDIAN HEALTH        | 663610 | SDG      | SAN DIEGO IHC                      | 648110 |
| GVL** | GREENVILLE RANCHERIA TRIBAL HEALTH | 663510 | SIH      | SO. INDIAN HEALTH COUNCIL          | 662110 |
| HPA   | HOOPA                              | 661210 | SJO*/**  | SAN JOSE                           | 648210 |
| IHC   | INDIAN HEALTH COUNCIL              | 661610 | SON      | SONOMA                             | 662010 |
| KRK   | KARUK                              | 661355 | SS       | SHINGLE SPRINGS TRIBAL HEALTH      | 663410 |
| LAK   | LAKE                               | 662930 | SYC      | SYCUAN                             | 663230 |
| LAS   | LASSEN INDIAN HC                   | 663030 | SYZ      | SANTA YNEZ                         | 662830 |
| MAC** | MACT HEALTH BOARD CLINIC           | 662510 | TOI      | TOIYABE                            | 662310 |
| NVL   | NORTHERN VALLEY                    | 661557 | TUL      | TULE RIVER CLINIC                  | 662410 |
| OAK   | OAKLAND NATIVE AMER HC/SAN FRAN    | 648410 | TUO      | TUOLUMNE ME-WUK CLINIC             | 664110 |
| PIT   | PIT RIVER                          | 661710 | UAI      | UNITED AMERICAN INDIAN INVOLVEMENT | 645060 |
| QTZ   | QUARTZ VALLEY                      | 663855 | UIHS*/** | UNITED INDIAN HEALTH SERVICES      | 662610 |

*\*2011/\*\*2012 data reported from non-RPMS System; data not validated by CRS software equivalent*

***Urban Indian Health Program***

# 2012 GPRA USER POPULATION, BY PROGRAM

Population  
Scale

|        |           |           |        |
|--------|-----------|-----------|--------|
| > 4000 | 4000-2000 | 2000-1000 | < 1000 |
|--------|-----------|-----------|--------|

| Health Program                       | GPRA User Population |
|--------------------------------------|----------------------|
| Riverside/San Bern (RSB)             | 13,517               |
| Central Valley (CVL)                 | 8,228                |
| Chapa De (CDE)                       | 6,988                |
| Sonoma (SON)                         | 5,518                |
| Indian Health Council (IHC)          | 4,660                |
| Feather River (FRV)                  | 4,507                |
| United Indian Health Services (UIHS) | 3,783                |
| Redding (RED)                        | 3,577                |
| Hoopa (HPA)                          | 3,231                |
| Consolidated (CON)                   | 3,075                |
| Toiyabe (TOI)                        | 2,914                |
| Tule River (TUL)                     | 2,799                |
| Southern Indian Health (SIH)         | 2,420                |
| United Amer. Indian Inv. (UAI)       | 2,330                |
| Northern Valley (NVL)                | 2,211                |
| Karuk (KRK)                          | 2,083                |
| Lake (LAK)                           | 1,866                |

| Health Program              | GPRA User Population |
|-----------------------------|----------------------|
| Sacramento NAHC (SAC)       | 1,805                |
| MACT (MAC)                  | 1,767                |
| San Diego (SDG)             | 1,578                |
| Oakland/San Francisco (OAK) | 1,284                |
| Round Valley (RVL)          | 1,242                |
| Shingle Springs (SS)        | 1,148                |
| Susanville (LAS)            | 1,102                |
| Santa Ynez (SYZ)            | 1,083                |
| Bakersfield (BAK)           | 938                  |
| Pit River (PIT)             | 904                  |
| Greenville (GVL)            | 814                  |
| San Jose (SJO)              | 634                  |
| Fresno (FRS)                | 561                  |
| Santa Barbara (SBR)         | 464                  |
| Tuolumne Me-Wuk (TUO)       | 262                  |
| Quartz Valley (QTZ)         | 182                  |
| Sycuan (SYC)                | 128                  |

# GPRA MEASURES

## *Results*



*California Area Trends (2004-2012)*

*and*

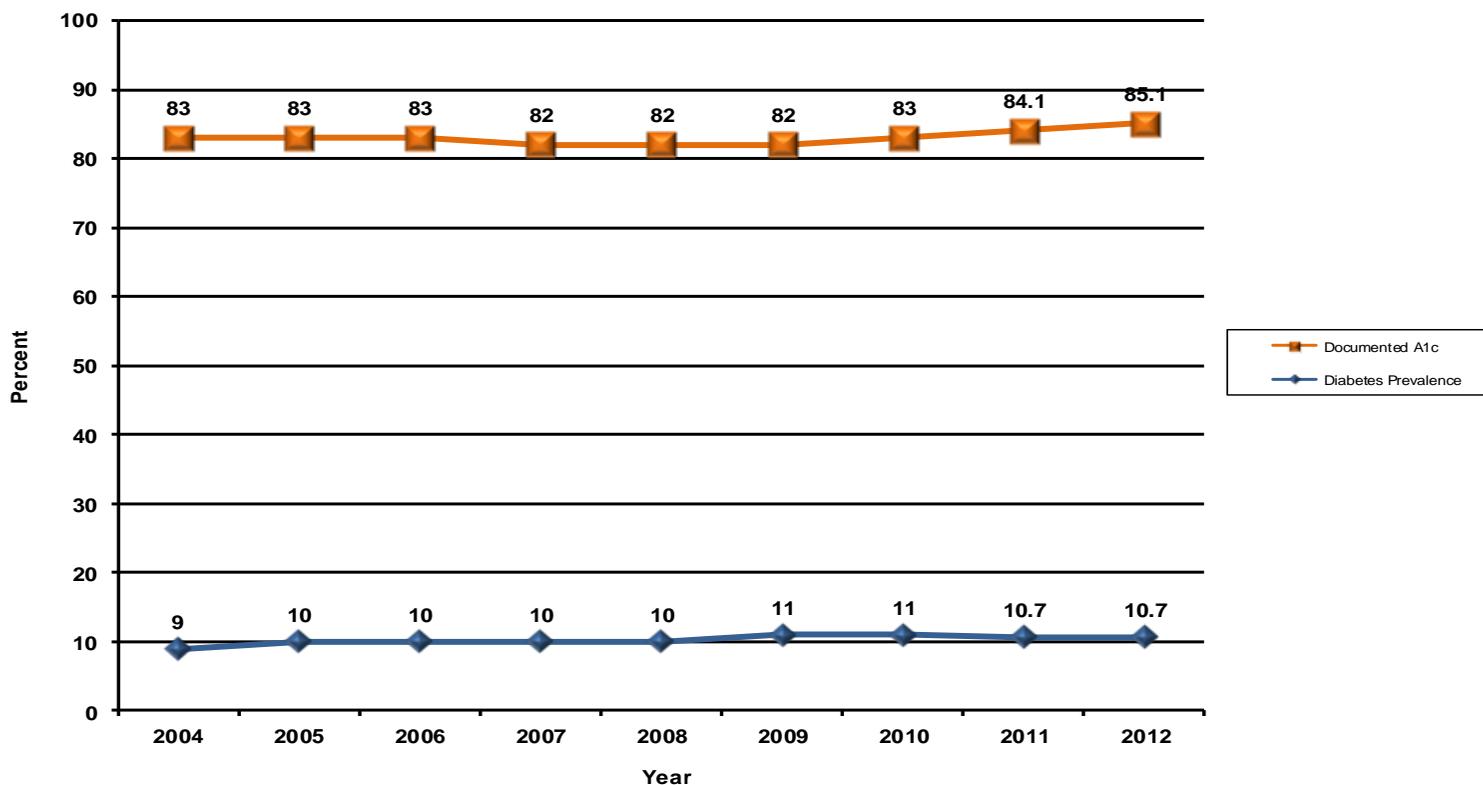
*Results by Program (2011 & 2012)*

# DIABETES: PREVALENCE AND DOCUMENTED A1C

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

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

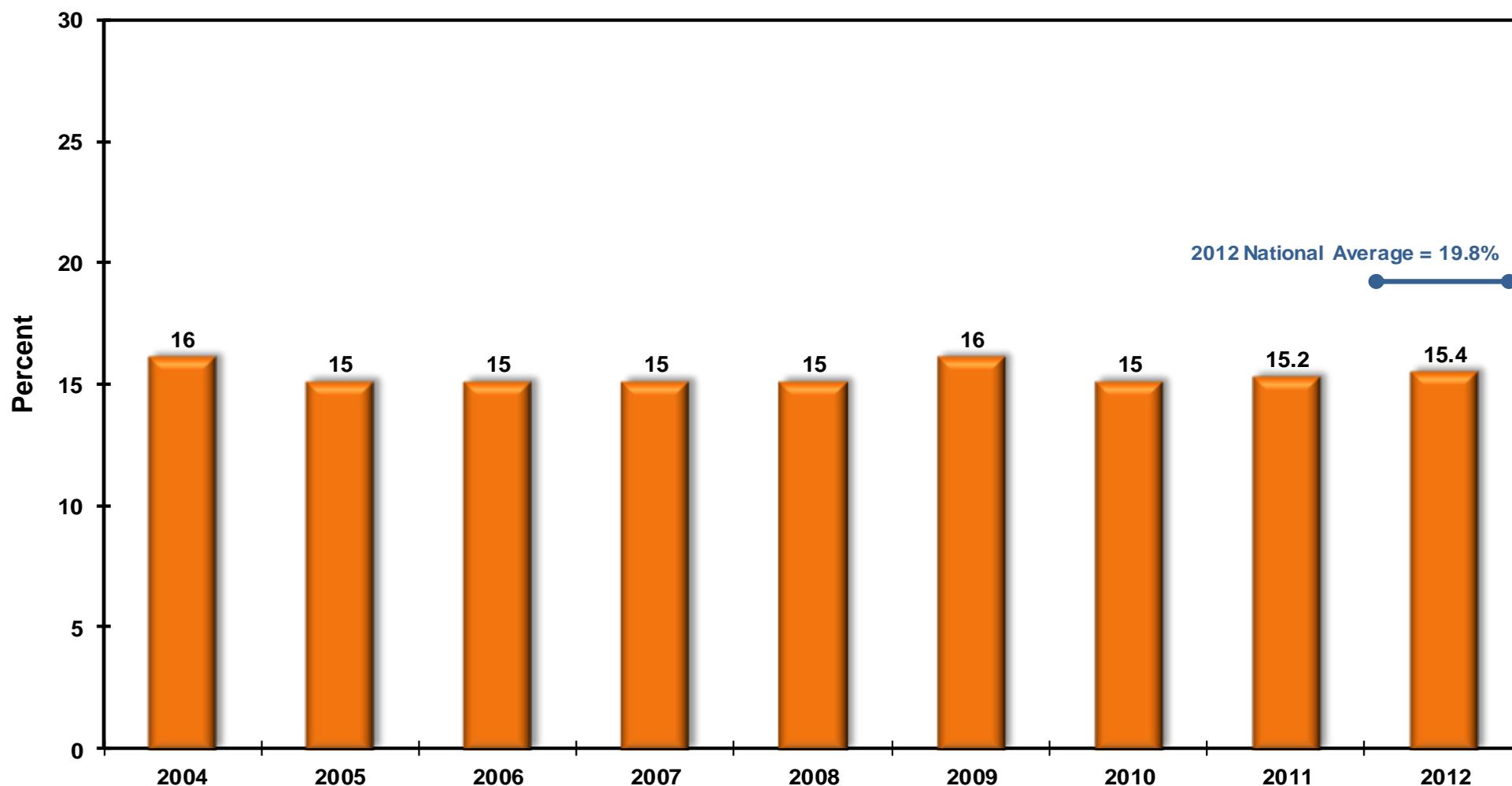
Diabetes: Prevalence and Documented A1c



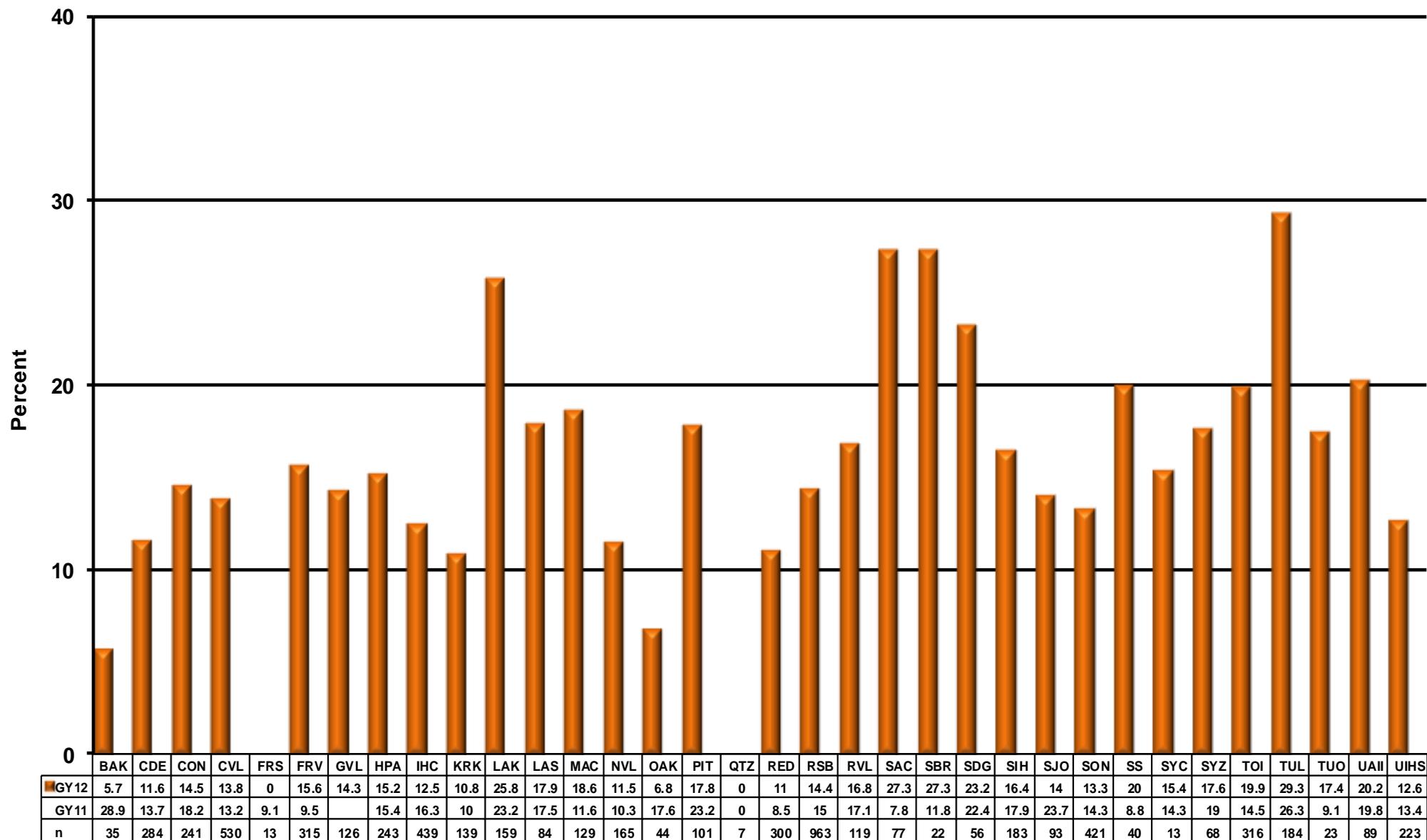
# DIABETES: POOR GLYCEMIC CONTROL

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

**Importance:** *Helping patients with diabetes with poor glycemic control (an A1c level at 9.5 or higher) lower their levels will reduce their risk of diabetes-related complications. Lowering the A1c level reduces the risk of diabetes-related death, and helps to reduce the number of heart attacks, strokes, eye diseases, amputations, and kidney failures among people with diabetes.*



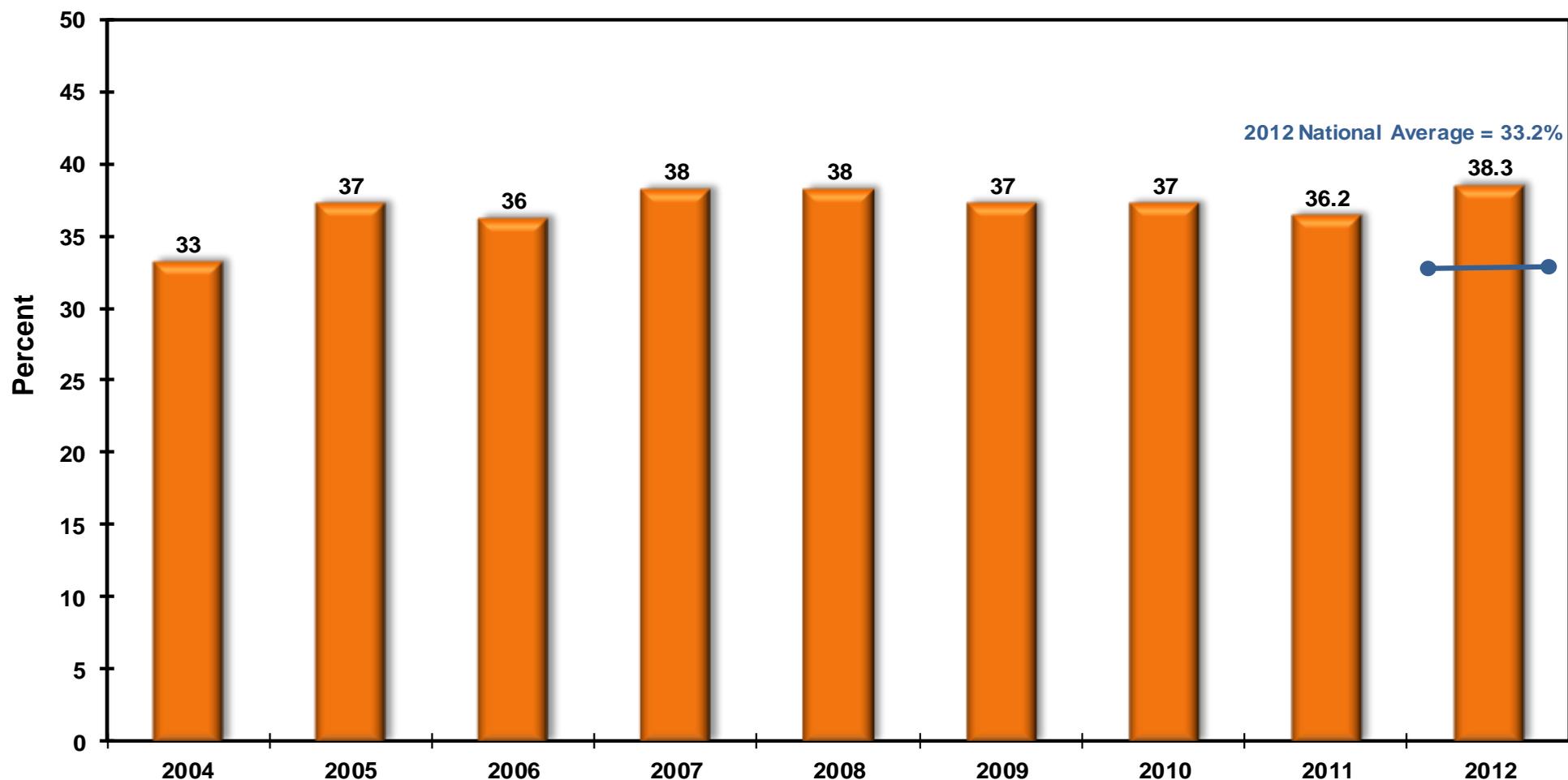
# DIABETES: POOR GLYCEMIC CONTROL



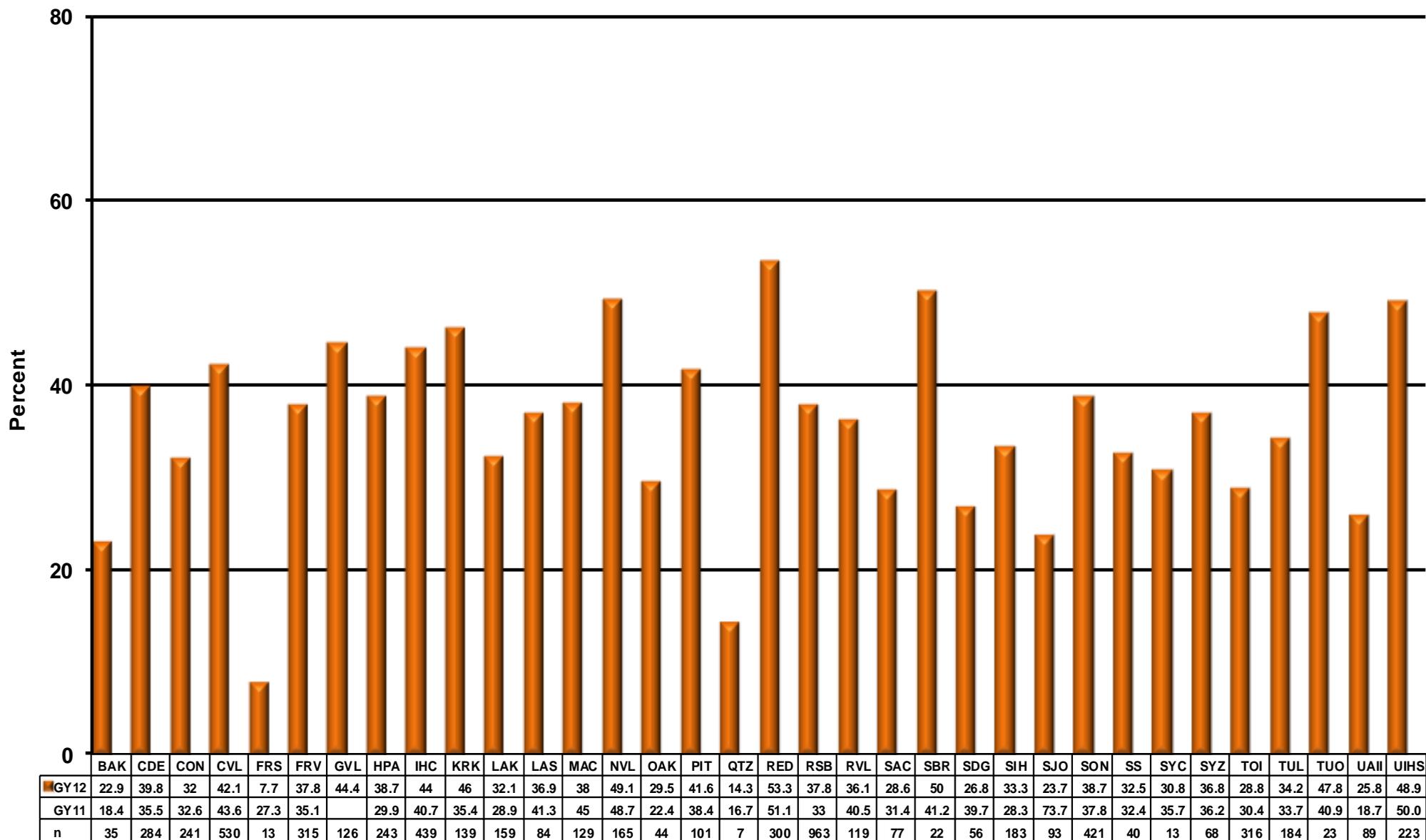
# DIABETES: IDEAL GLYCEMIC CONTROL

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

**Importance:** *Keeping blood sugar levels below 7 can slow or prevent the onset and progression of eye, kidney, and nerve disease caused by diabetes. Clinical studies have shown that keeping glycemic levels in the “ideal” range (below 7) results in a significantly reduced risk of eye disease, kidney disease, nerve disease, heart attack, and stroke.*



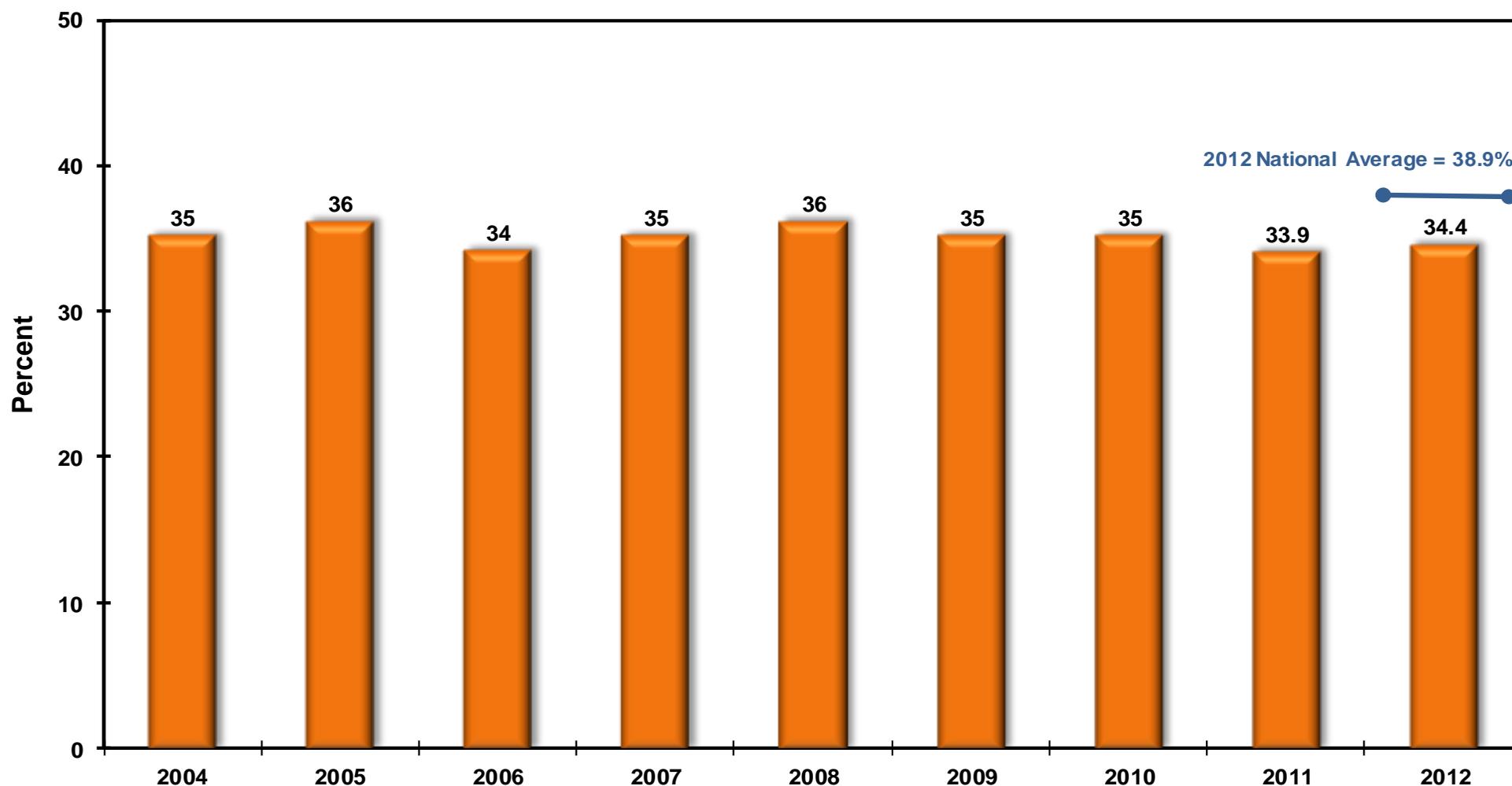
# DIABETES: IDEAL GLYCEMIC CONTROL



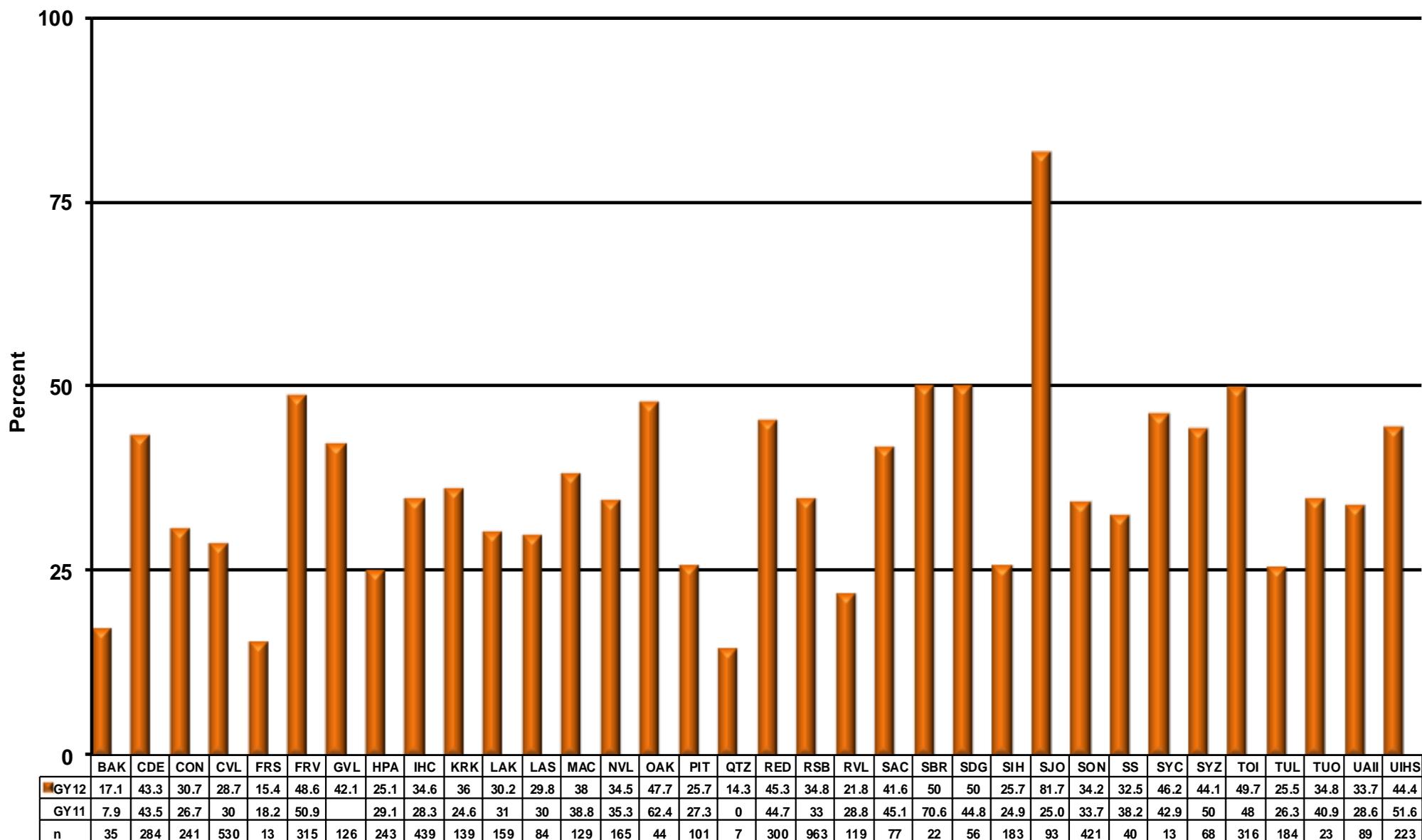
# DIABETES: BLOOD PRESSURE CONTROL

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

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



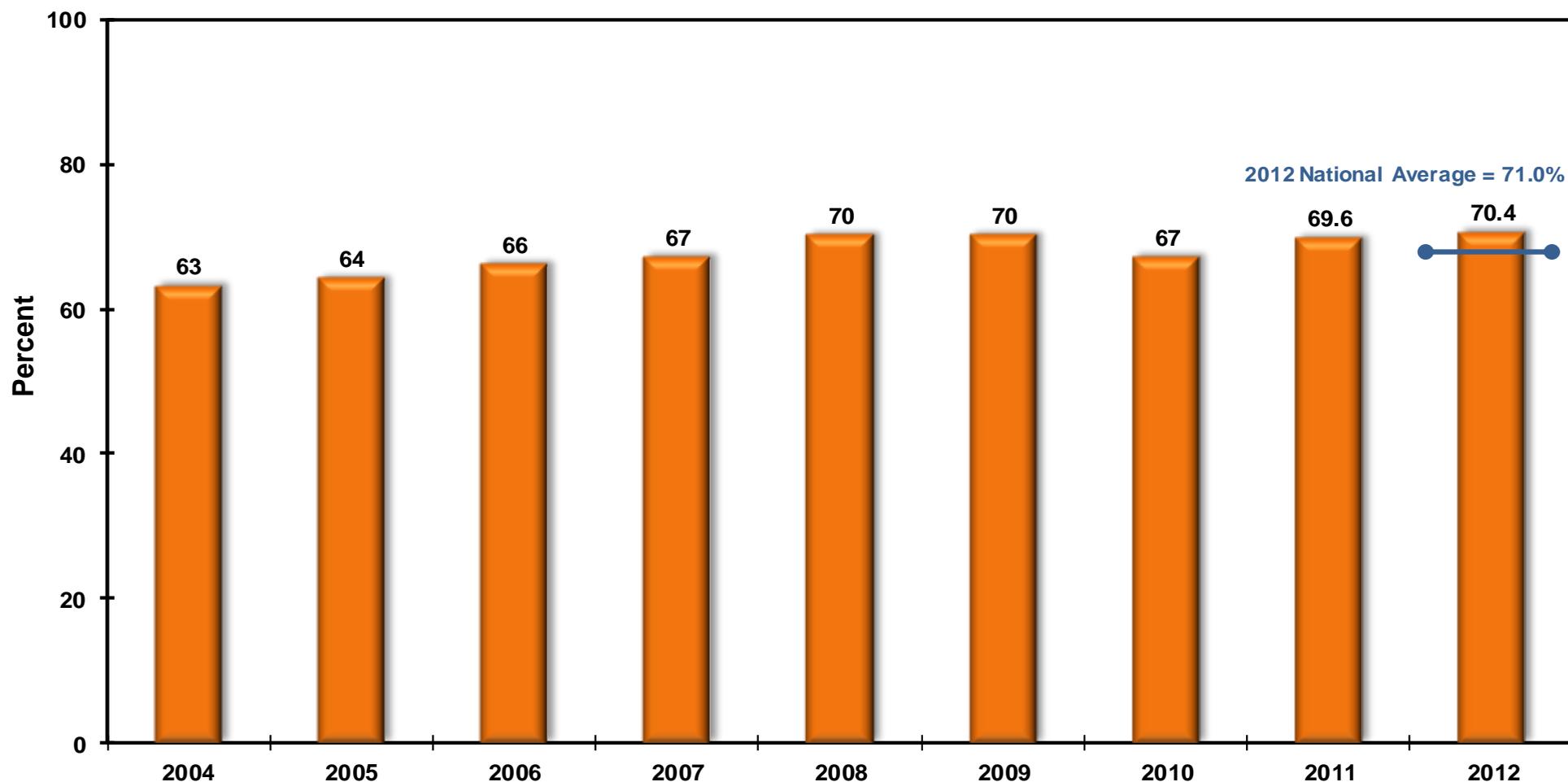
# DIABETES: BLOOD PRESSURE CONTROL



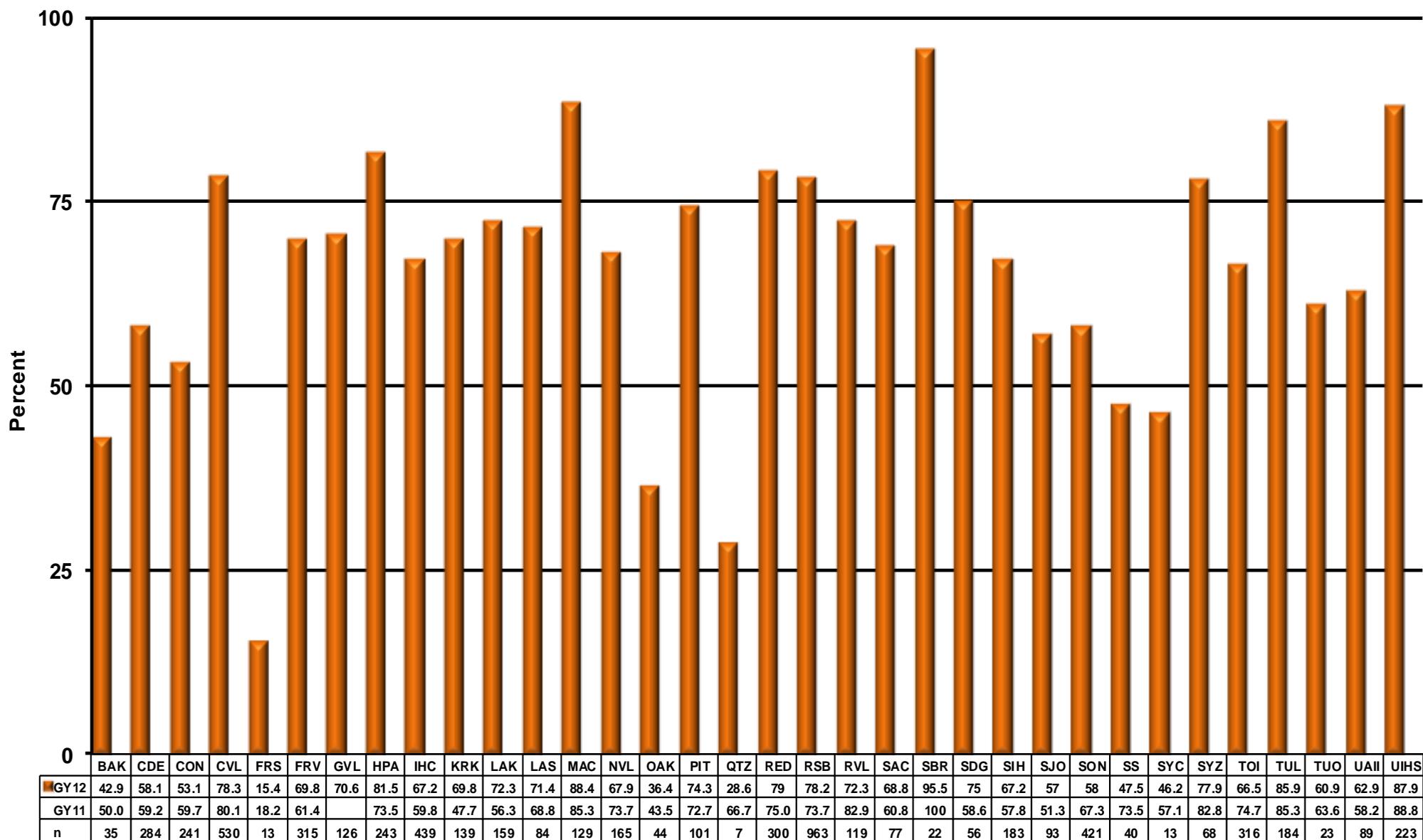
# DIABETES: DYSLIPIDEMIA ASSESSMENT

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

**Importance:** *Dyslipidemia refers to having high LDL (bad) cholesterol and low HDL (good) cholesterol. Controlling cholesterol levels in people with diabetes reduces the risk of complications like heart attack and stroke. National standards recommend that people with diabetes keep their total cholesterol levels below 200 mg/dl, and their LDL cholesterol levels below 130 mg/dl and ideally below 100 mg/dl.*



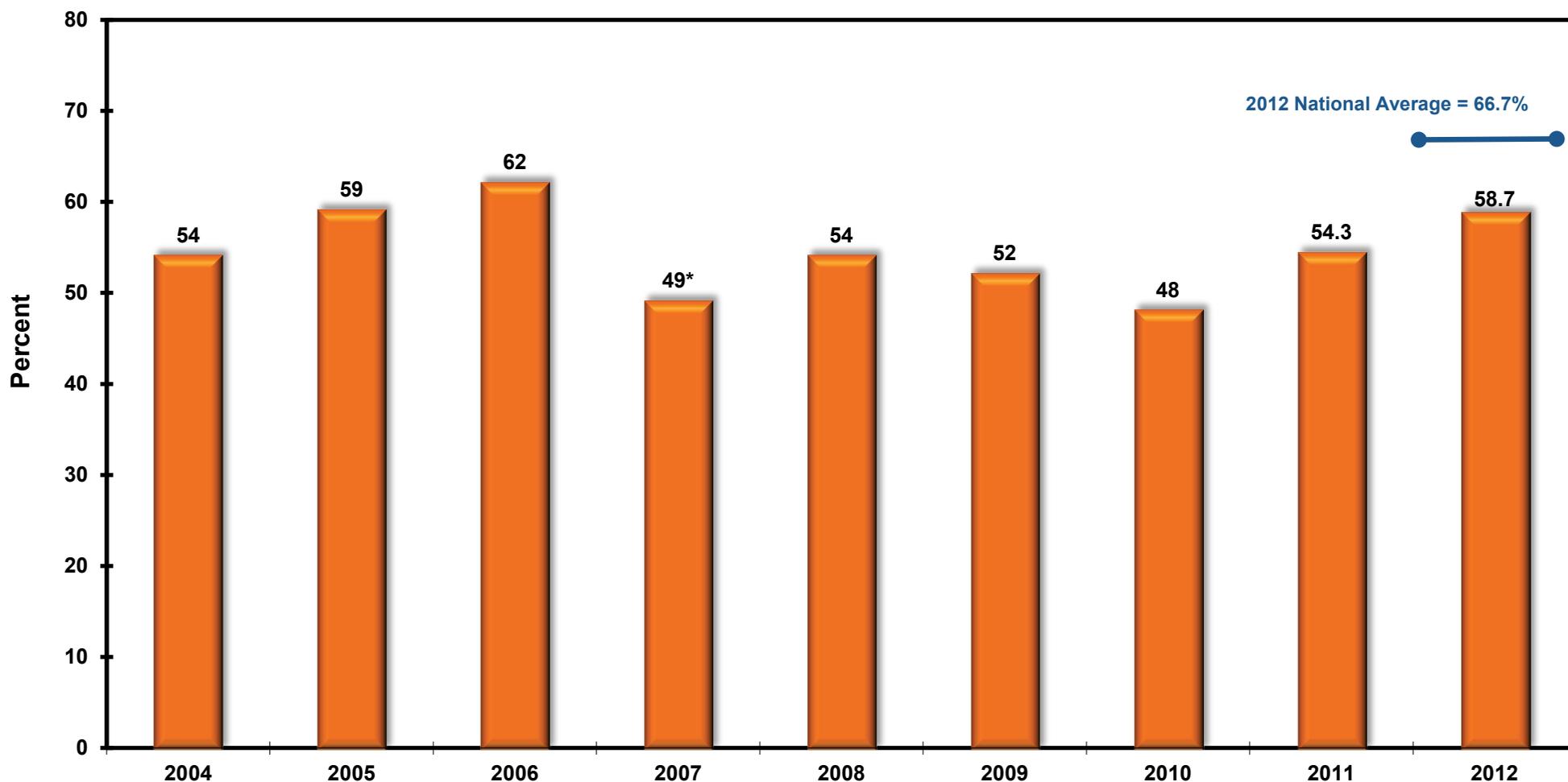
# DIABETES: DYSLIPIDEMIA ASSESSMENT



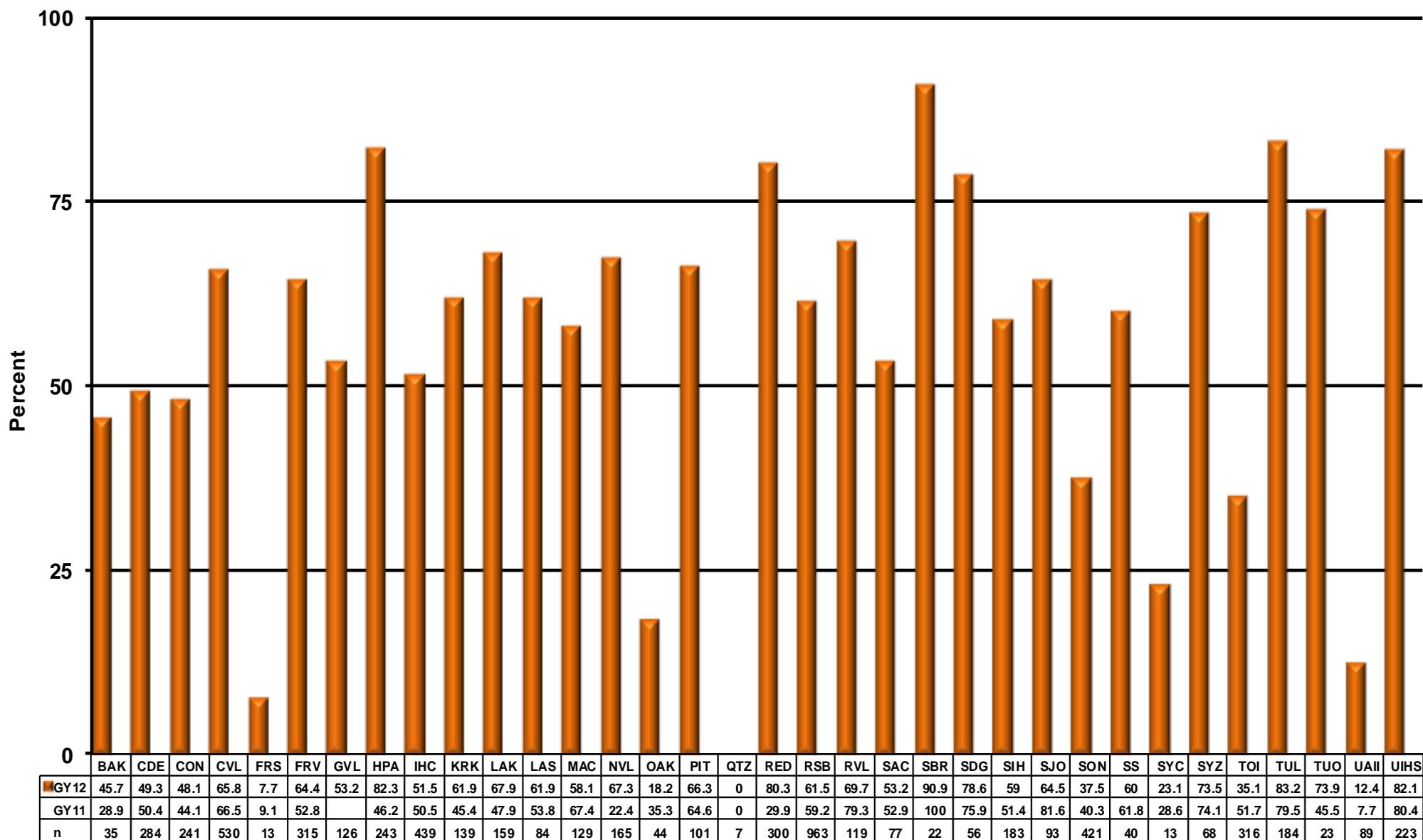
# DIABETES: NEPHROPATHY ASSESSMENT

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

**Importance:** *Diabetes can cause kidney disease by damaging the parts of the kidneys that filter out wastes. Diabetic nephropathy, or kidney disease, can eventually lead to kidney failure. Diabetes is the leading cause of end stage renal disease (ESRD), which is a significant and growing problem in American Indian communities. Early identification of at-risk patients may help prevent or delay the need for costly care such as dialysis or transplants.*



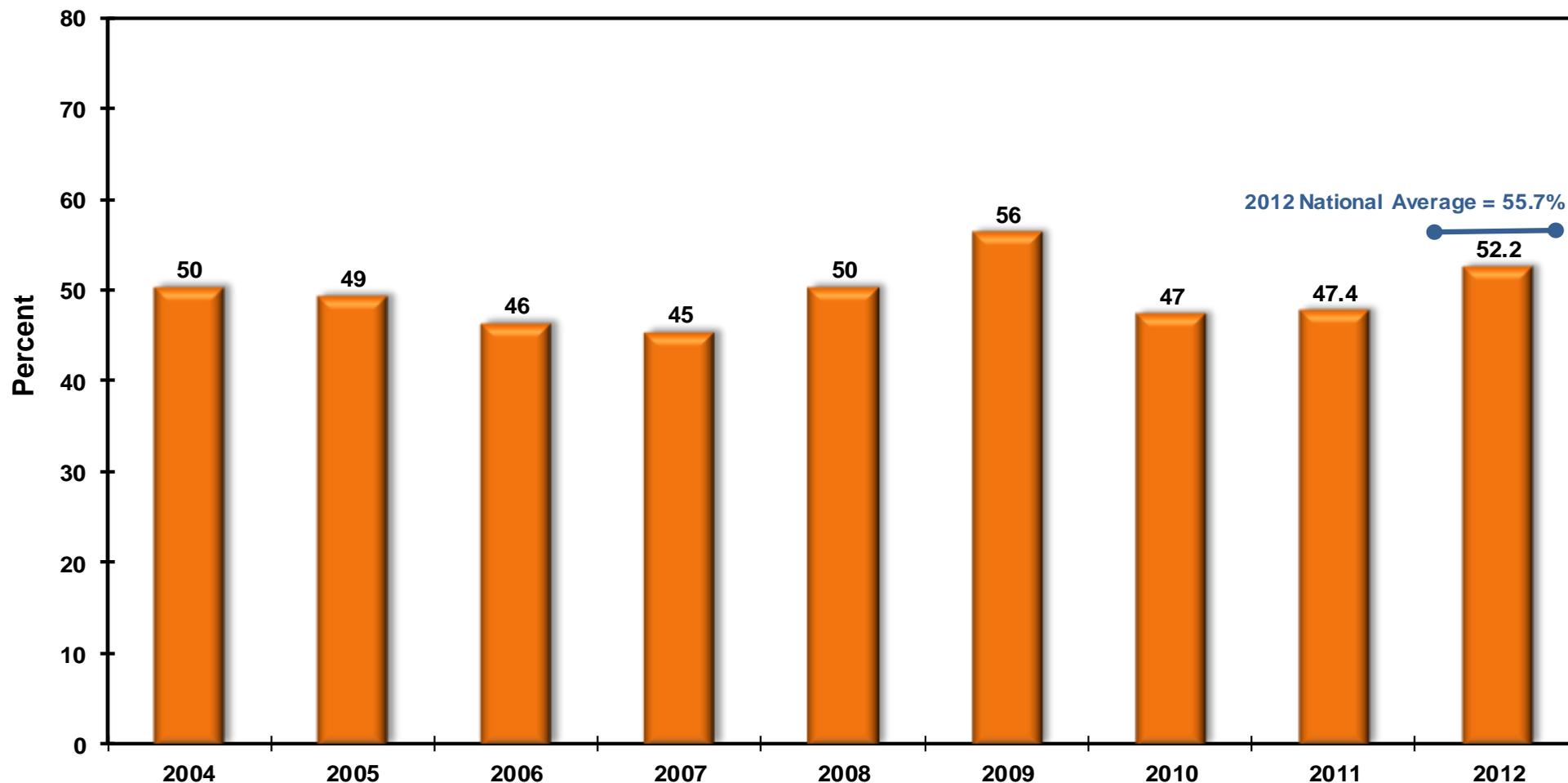
# DIABETES: NEPHROPATHY ASSESSMENT



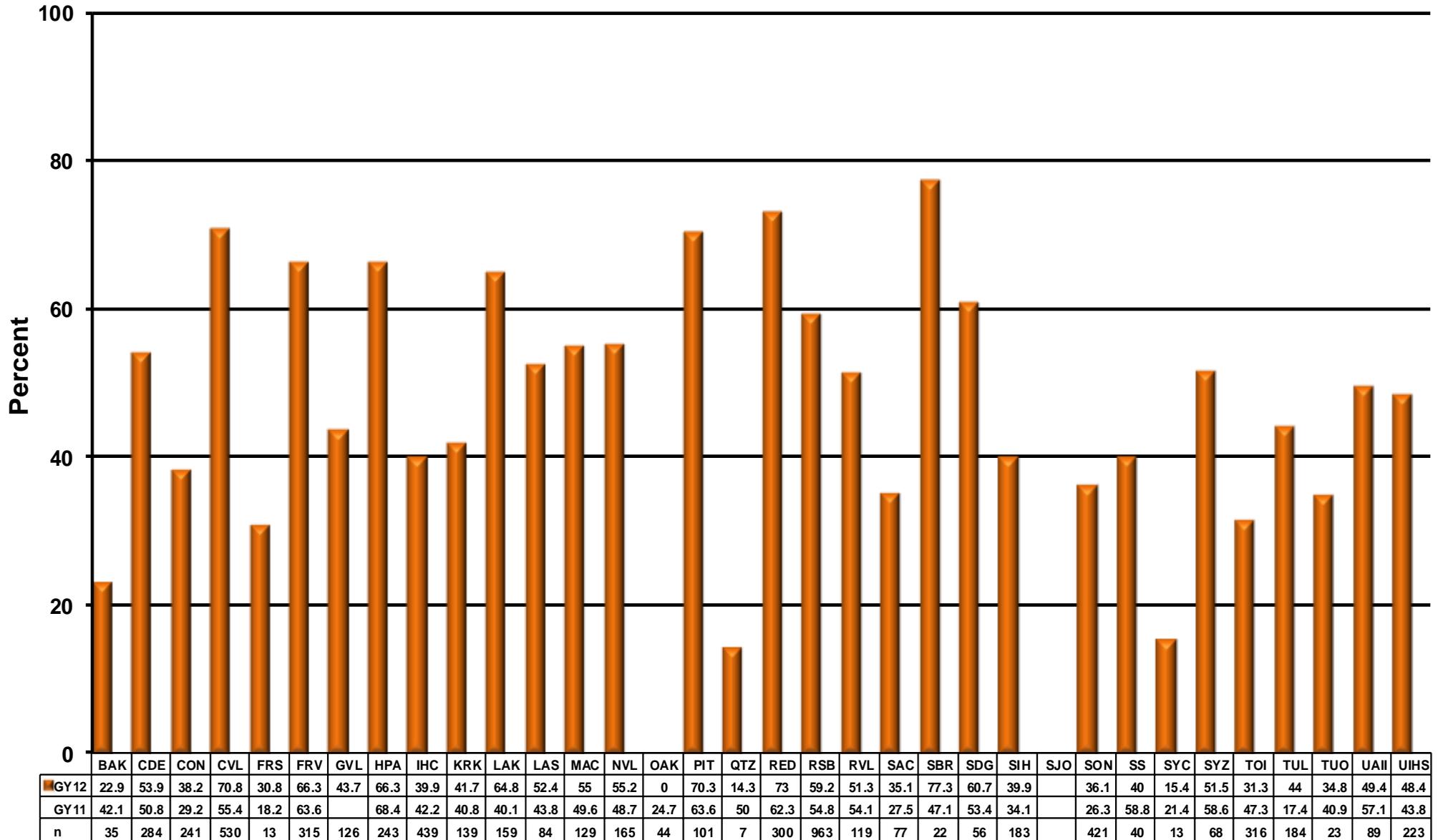
# DIABETES: RETINOPATHY

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

**Importance:** *Diabetes can affect sight by damaging the blood vessels inside the eye, a condition known as “diabetic retinopathy.” Diabetic eye disease is a leading cause of blindness in the United States. Early detection of diabetic retinopathy (DR) 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.*



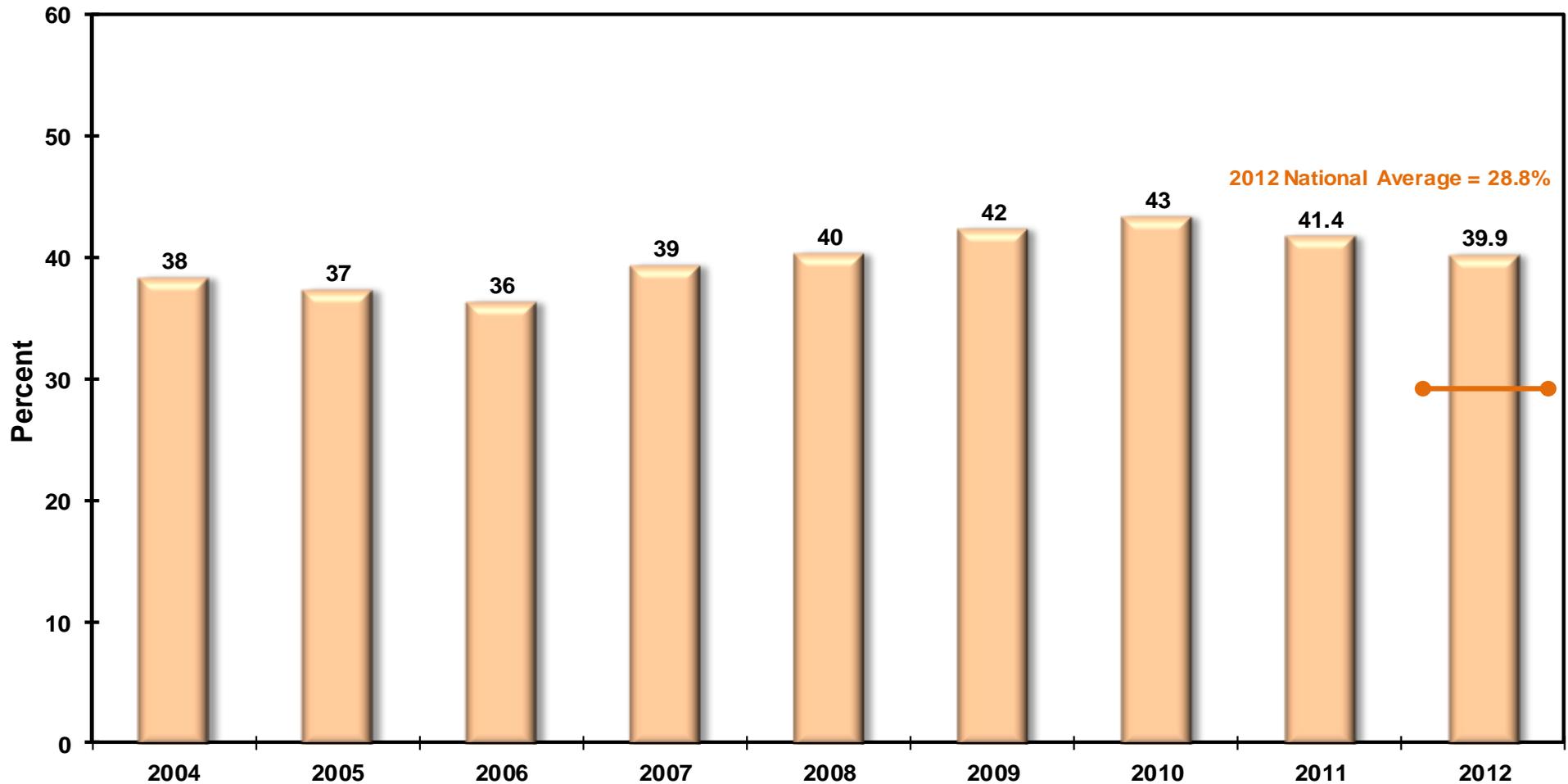
# DIABETES: RETINOPATHY



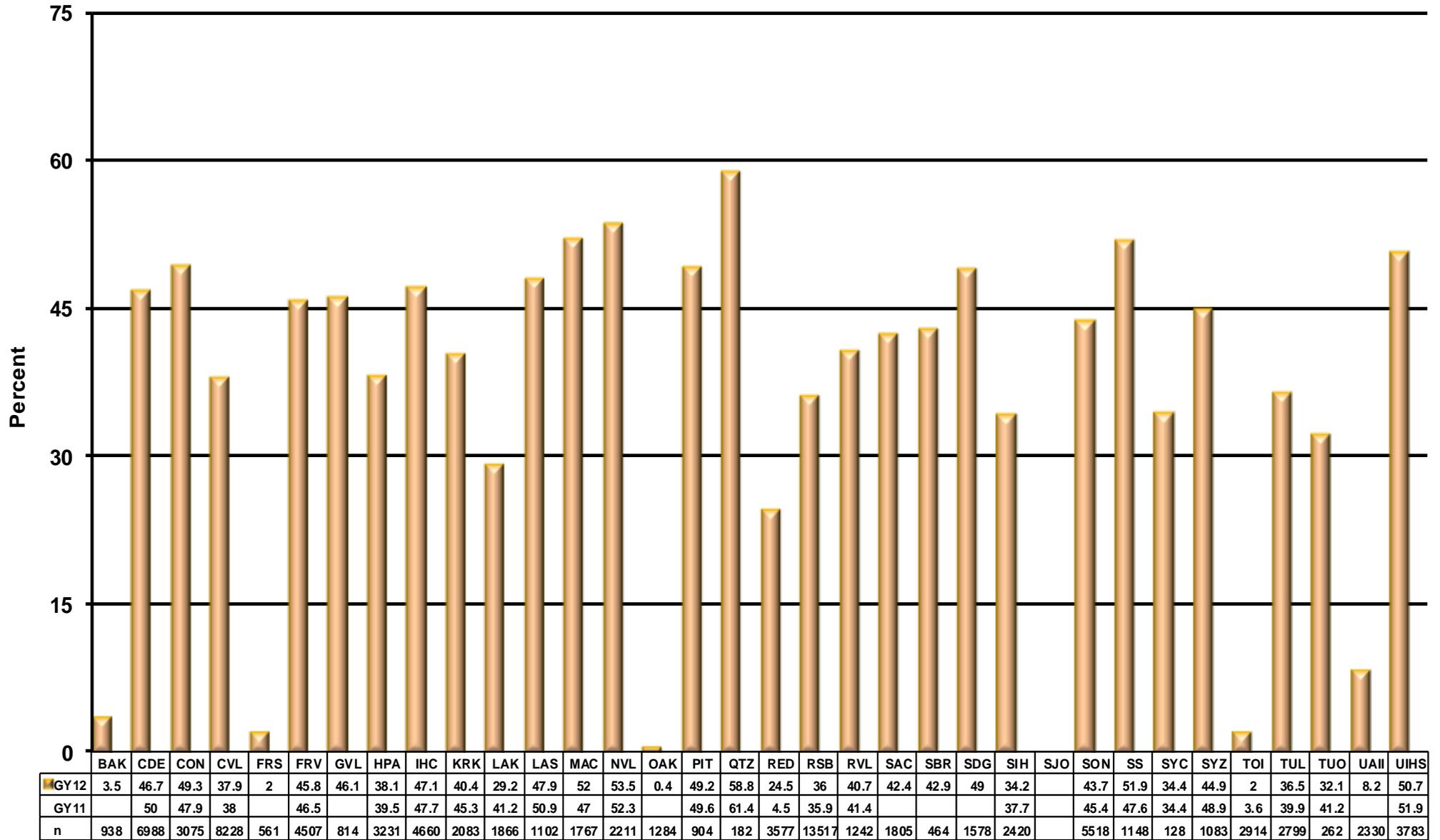
# DENTAL: GENERAL ACCESS

**Measure:** Proportion 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.*



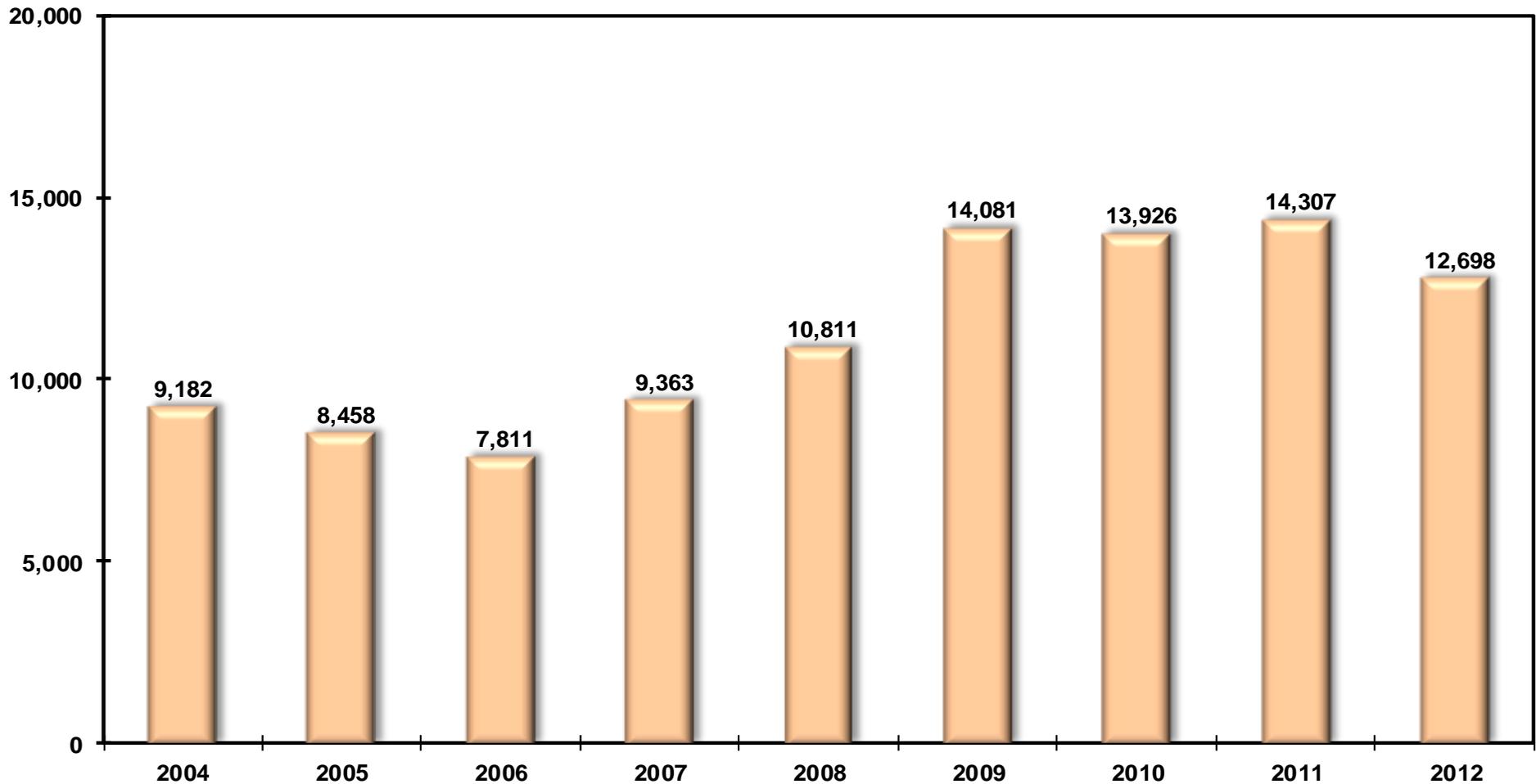
# DENTAL: GENERAL ACCESS



# DENTAL: SEALANTS

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

**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

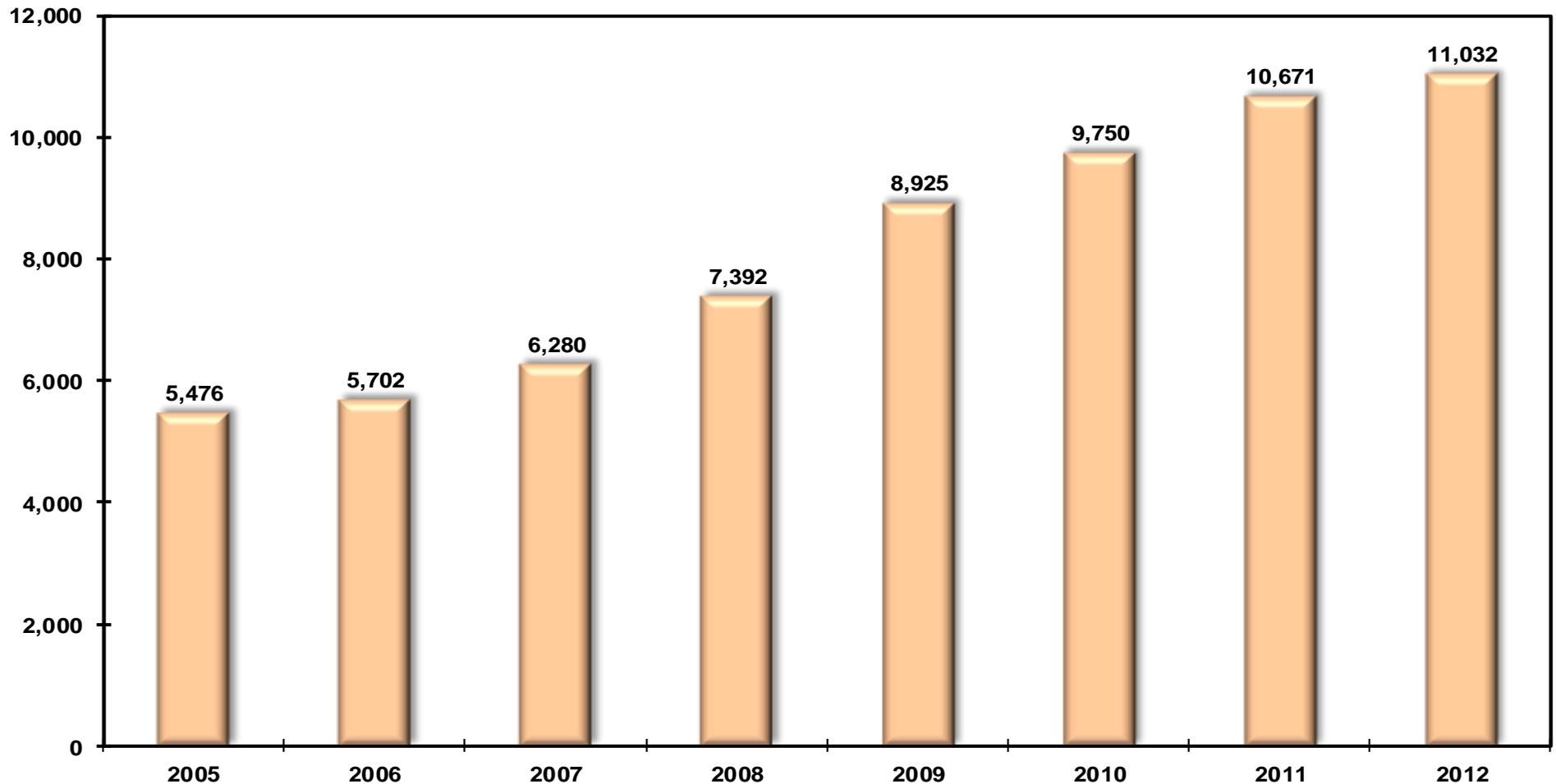
| Site Name                            | 2012 | 2011 |
|--------------------------------------|------|------|
| BAKERSFIELD IHC                      | N/A  | N/A  |
| CHAPA-DE                             | 1008 | 1252 |
| CONSOLIDATED                         | 777  | 568  |
| CENTRAL VALLEY                       | 1258 | 1572 |
| FRESNO                               | N/A  | N/A  |
| FEATHER RIVER INDIAN HEALTH          | 1537 | 1770 |
| GREENVILLE RANCHERIA TRIBAL HEALTH   | 127  | N/A  |
| HOOPA                                | 775  | 988  |
| INDIAN HEALTH COUNCIL                | 614  | 733  |
| KARUK                                | 464  | 470  |
| LAKE                                 | 53   | 34   |
| LASSEN INDIAN HC                     | 714  | 500  |
| MACT HEALTH BOARD CLINIC             | 193  | 221  |
| NORTHERN VALLEY                      | 419  | 451  |
| OAKLAND NATIVE AMER HC/SAN FRANCISCO | N/A  | N/A  |
| PIT RIVER                            | 186  | 197  |
| QUARTZ VALLEY                        | 107  | 65   |

| Site Name                             | 2012 | 2011 |
|---------------------------------------|------|------|
| REDDING RANCHERIA                     | 165  | 0    |
| RIVERSIDE/SAN BERNARDINO              | 2744 | 3343 |
| ROUND VALLEY                          | 223  | 158  |
| SACRAMENTO NATIVE AMER HEALTH CENTER  | 117  | N/A  |
| SANTA BARBARA IHC                     | 112  | N/A  |
| SAN DIEGO IHC                         | 430  | N/A  |
| SO. INDIAN HEALTH COUNCIL             | 131  | 236  |
| SAN JOSE                              | N/A  | N/A  |
| SONOMA                                | 371  | 651  |
| SHINGLE SPRINGS TRIBAL HEALTH PROGRAM | 550  | 249  |
| SYCUAN                                | 9    | 19   |
| SANTA YNEZ                            | 191  | 202  |
| TOIYABE                               | 0    | 0    |
| TULE RIVER CLINIC                     | 507  | 565  |
| TUOLUMNE ME-WUK CLINIC                | 60   | 63   |
| UNITED AMERICAN INDIAN INVOLVEMENT    | N/A  | N/A  |
| UNITED INDIAN HEALTH SERVICES         | 397  | 513  |

# DENTAL: TOPICAL FLUORIDES

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

**Importance:** *The topical application of fluoride helps prevent cavities and is appropriate for children, adolescents, and adults. Topical fluorides can also help older adults with dental problems such as exposed roots or dry mouth. 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

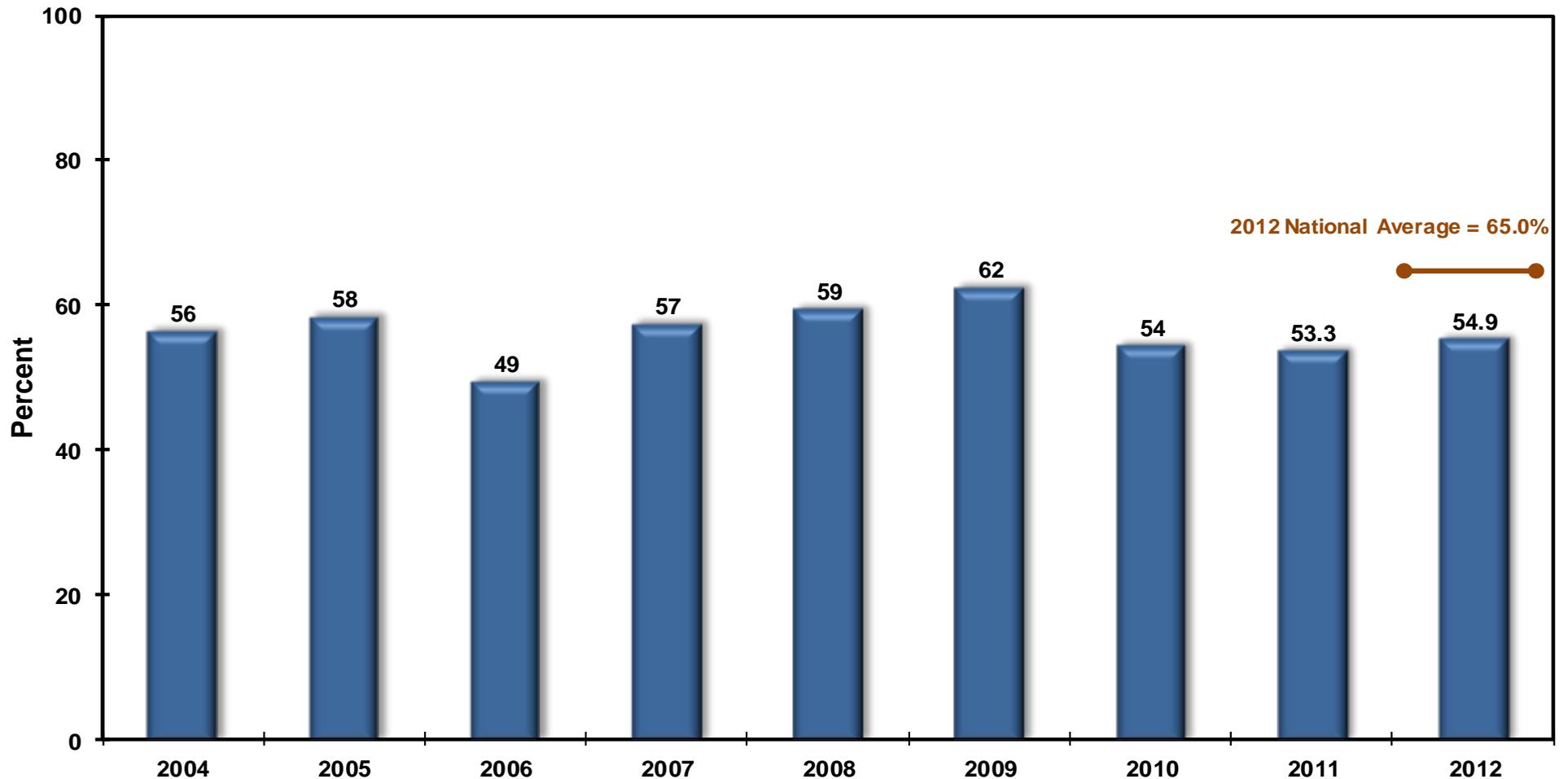
| Site Name                            | 2012 | 2011 |
|--------------------------------------|------|------|
| BAKERSFIELD IHC                      | N/A  | N/A  |
| CHAPA-DE                             | 1322 | 1336 |
| CONSOLIDATED                         | 1042 | 922  |
| CENTRAL VALLEY                       | 1901 | 1664 |
| FRESNO                               | N/A  | N/A  |
| FEATHER RIVER INDIAN HEALTH          | 881  | 833  |
| GREENVILLE RANCHERIA TRIBAL HEALTH   | 138  | N/A  |
| HOOPA                                | 535  | 654  |
| INDIAN HEALTH COUNCIL                | 854  | 675  |
| KARUK                                | 427  | 503  |
| LAKE                                 | 135  | 183  |
| LASSEN INDIAN HC                     | 196  | 187  |
| MACT HEALTH BOARD CLINIC             | 195  | 98   |
| NORTHERN VALLEY                      | 520  | 495  |
| OAKLAND NATIVE AMER HC/SAN FRANCISCO | N/A  | N/A  |
| PIT RIVER                            | 218  | 208  |
| QUARTZ VALLEY                        | 87   | 62   |

| Site Name                             | 2012 | 2011 |
|---------------------------------------|------|------|
| REDDING RANCHERIA                     | 316  | 0    |
| RIVERSIDE/SAN BERNARDINO              | 940  | 921  |
| ROUND VALLEY                          | 104  | 124  |
| SACRAMENTO NATIVE AMER HEALTH CENTER  | 137  | N/A  |
| SANTA BARBARA IHC                     | 69   | N/A  |
| SAN DIEGO IHC                         | 278  | N/A  |
| SO. INDIAN HEALTH COUNCIL             | 179  | 191  |
| SAN JOSE                              | N/A  | N/A  |
| SONOMA                                | 711  | 646  |
| SHINGLE SPRINGS TRIBAL HEALTH PROGRAM | 258  | 158  |
| SYCUAN                                | 12   | 9    |
| SANTA YNEZ                            | 130  | 146  |
| TOIYABE                               | 0    | 0    |
| TULE RIVER CLINIC                     | 546  | 605  |
| TUOLUMNE ME-WUK CLINIC                | 34   | 51   |
| UNITED AMERICAN INDIAN INVOLVEMENT    | N/A  | N/A  |
| UNITED INDIAN HEALTH SERVICES         | 658  | 1080 |

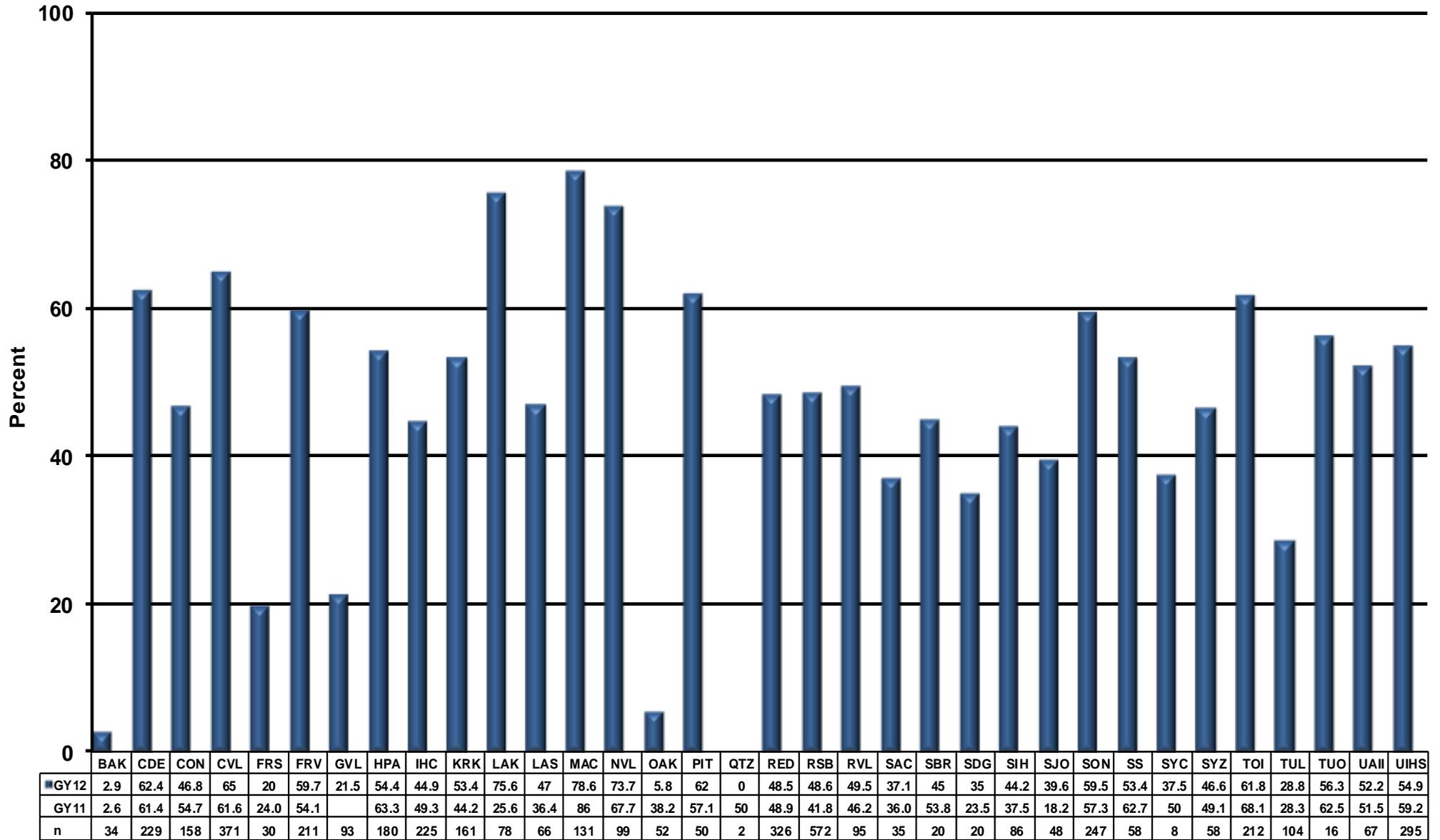
# IMMUNIZATIONS: INFLUENZA

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

**Importance:** *Influenza (the “Flu”) is a highly contagious respiratory illness that can cause life-threatening complications. People aged 65 and older are especially vulnerable. Adults age 65 and older account for 90% of the deaths each year from complications related to influenza, and most of the hospitalizations from influenza-related illness. The best way to prevent influenza and its associated complications is to get an annual flu vaccination.*



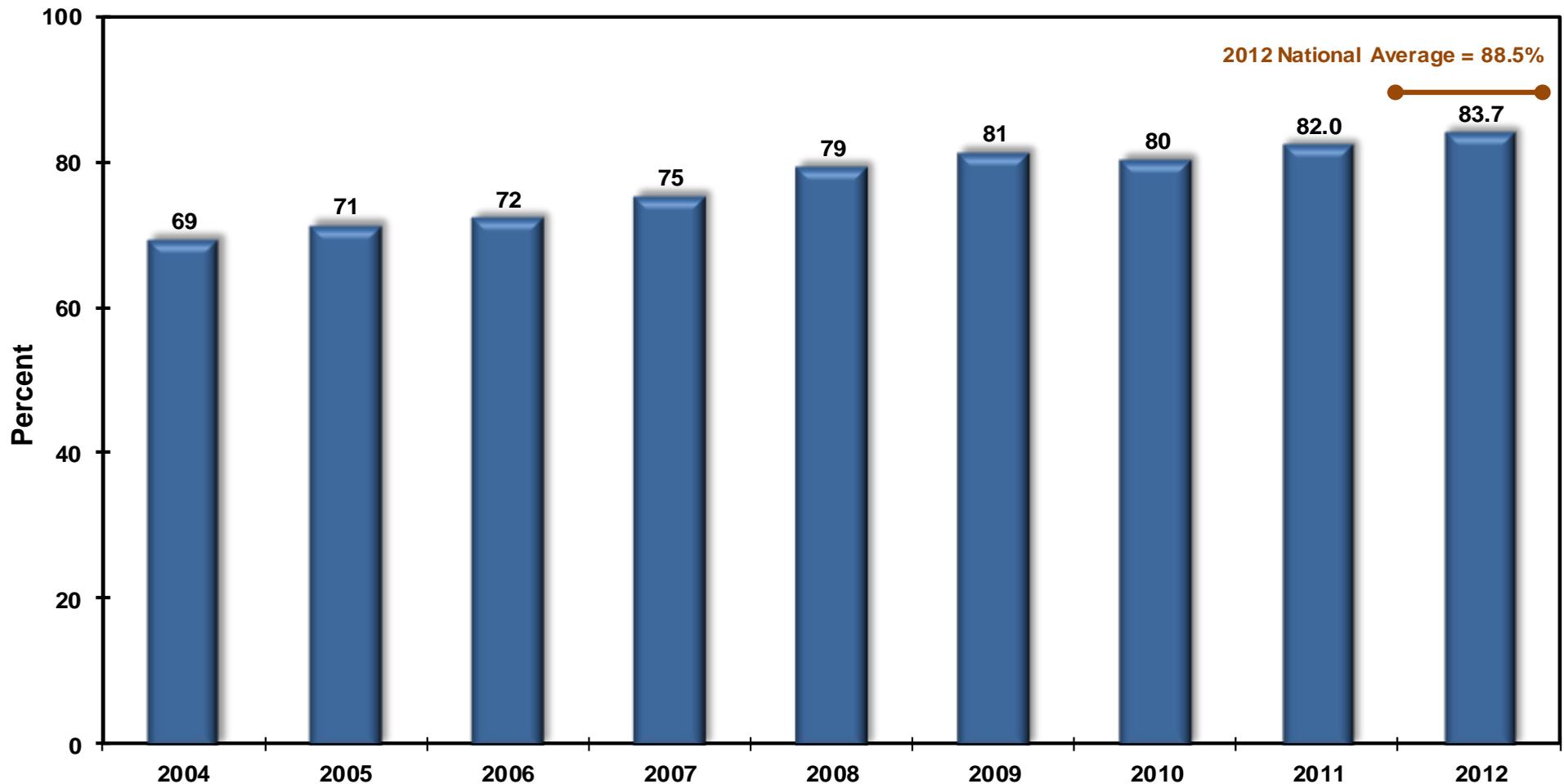
# IMMUNIZATIONS: INFLUENZA



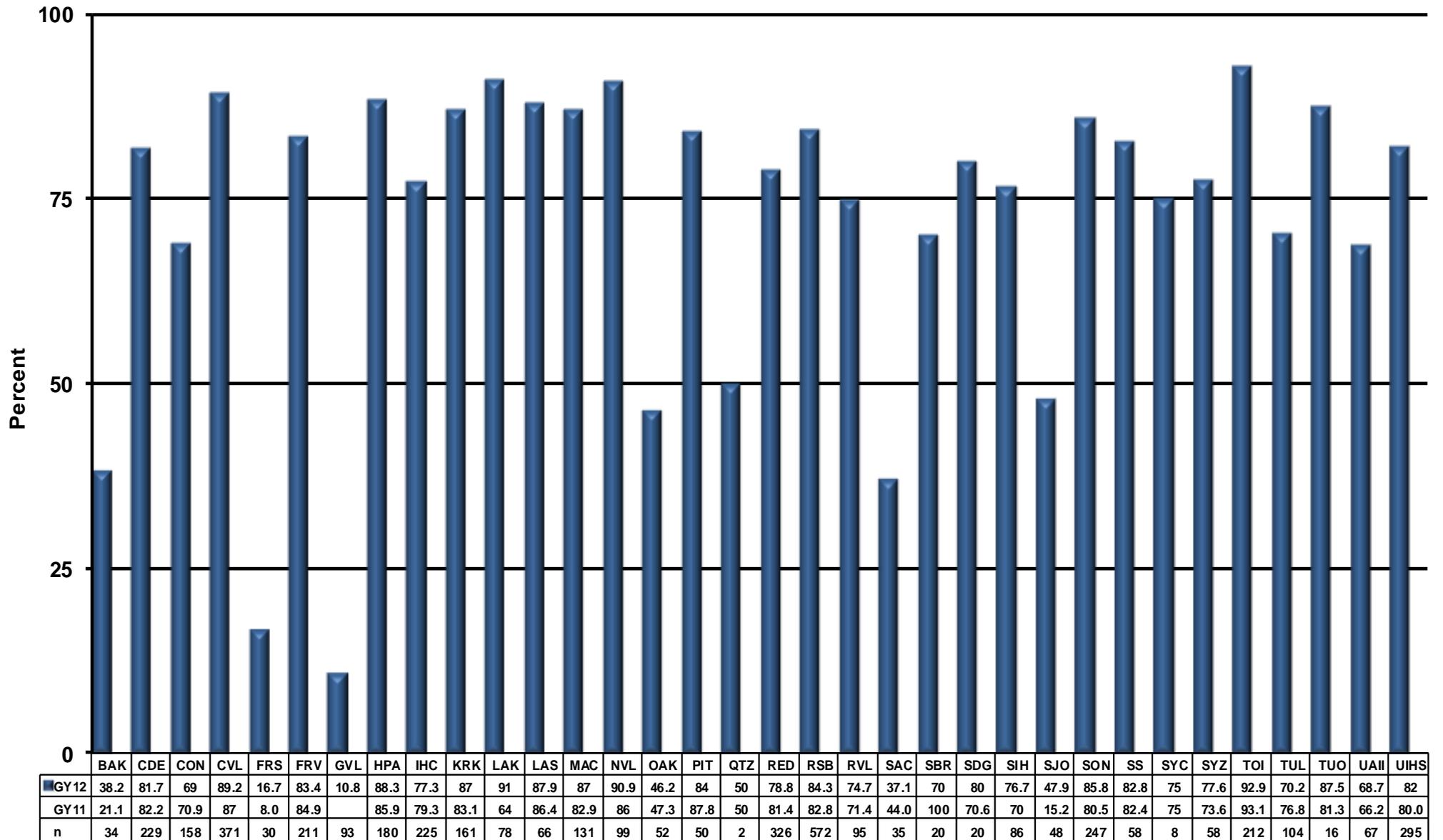
# IMMUNIZATIONS: PNEUMOCOCCAL

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

**Importance:** *Pneumococcal disease is a bacterial infection that can lead to meningitis, pneumonia, and other serious infections. Most of the people who die from pneumococcal disease are older adults. The risk of death and complications from the disease can be greatly reduced by a single pneumococcal vaccination once a person reaches the age of 65.*



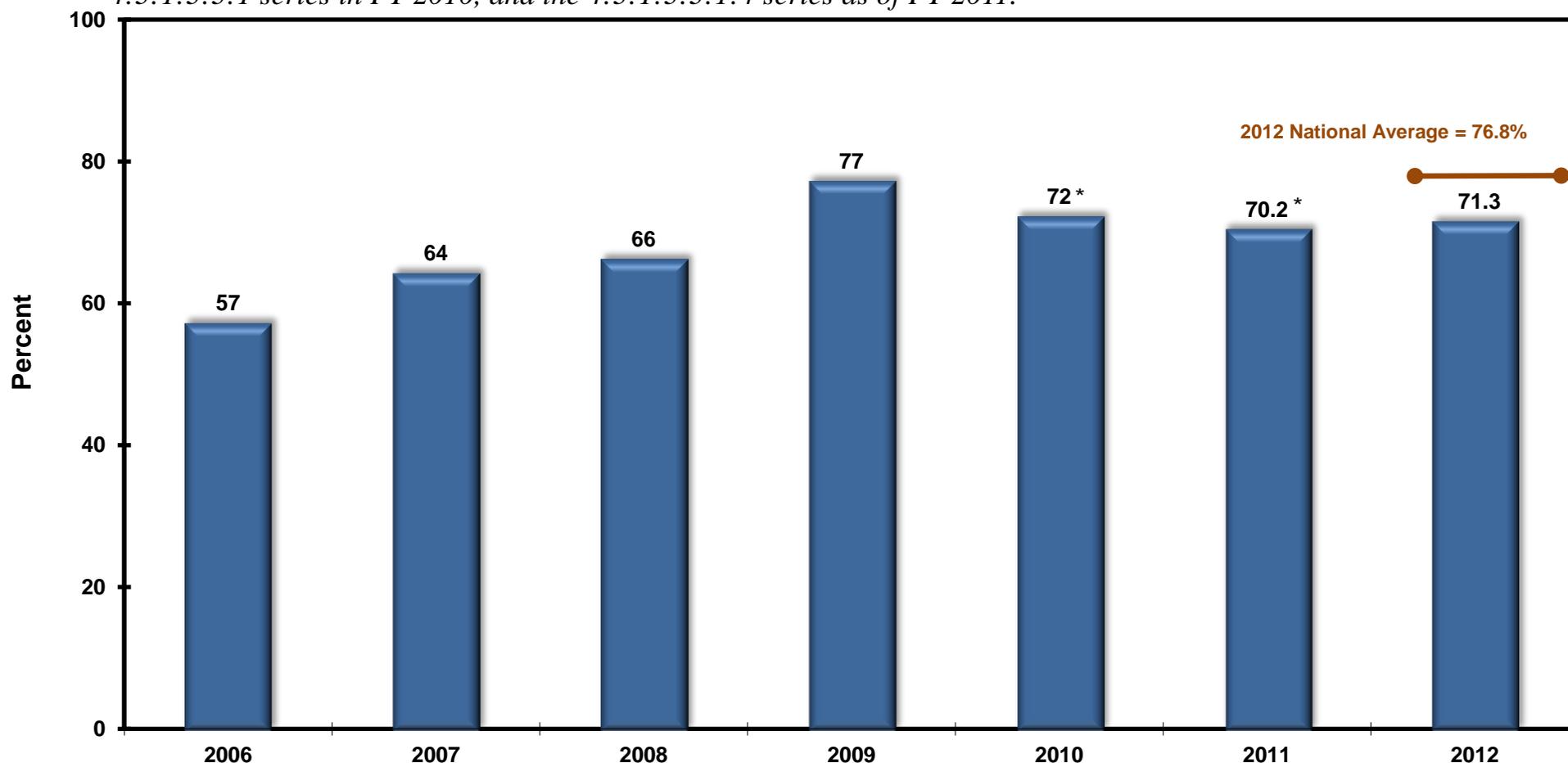
# IMMUNIZATIONS: PNEUMOCOCCAL



# IMMUNIZATIONS: CHILDHOOD (19 – 35 months)

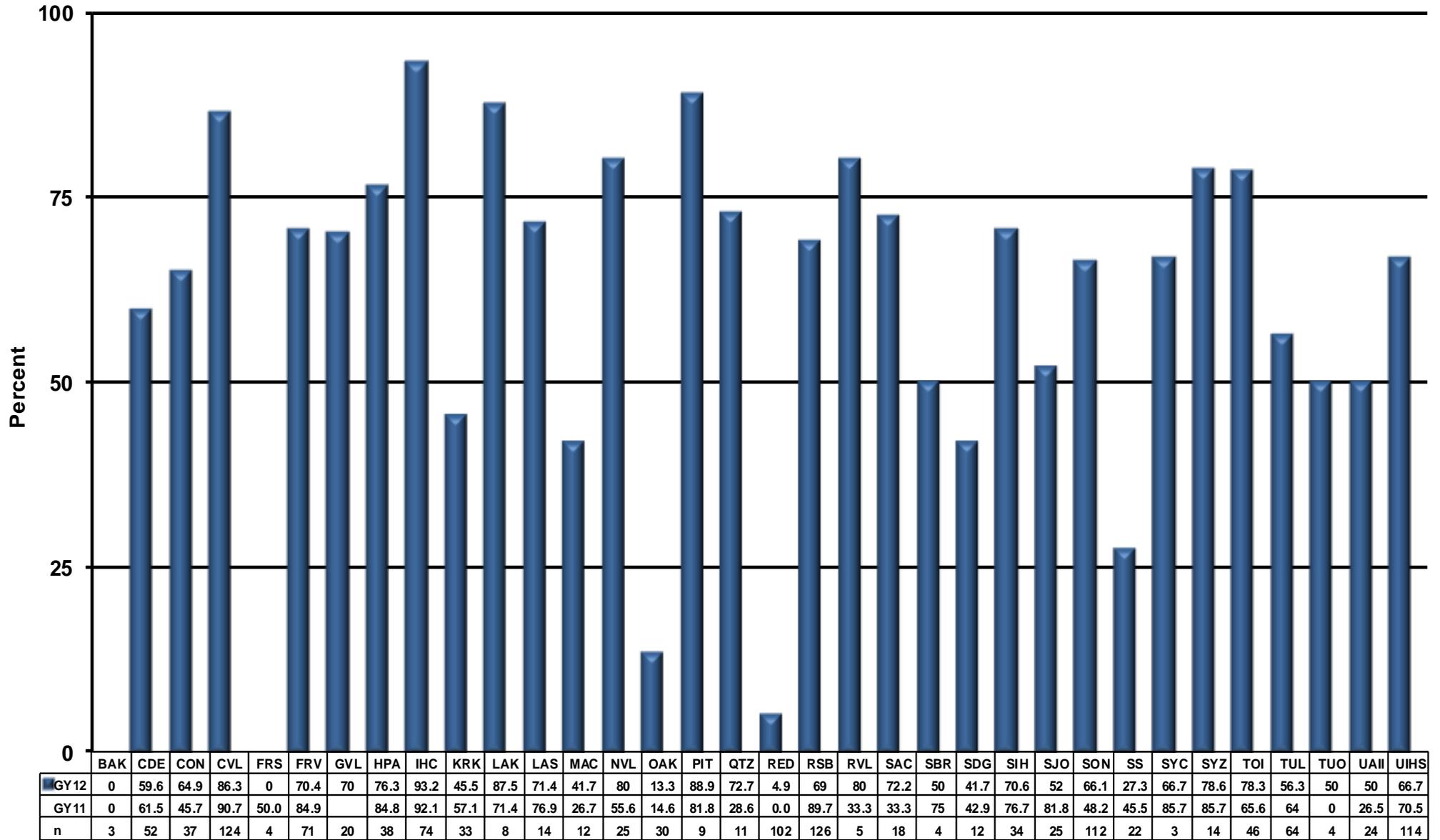
**Measure:** Combined (4:3:1:3:3:1:4) immunization rates for AI/AN patients aged 19-35 months.

**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 (Diphtheria/Tetanus/Pertussis-Whooping Cough), 3 doses of IPV (Polio), 1 dose of MMR (Measles/Mumps/Rubella), 3 doses of Hep B (Hepatitis), 3 doses of Hib (Haemophilis Influenzae- a cause of meningitis), one dose of Varicella (Chicken Pox), and 4 doses of PCV (Pneumococcal Conjugate). IHS measured the 4:3:1:3:3 measure prior to FY 2010; the 4:3:1:3:3:1 series in FY 2010, and the 4:3:1:3:3:1:4 series as of FY 2011.*



\* Varicella vaccine added to childhood immunization series in FY 2010 and four pneumococcal conjugate vaccines added in FY 2011.

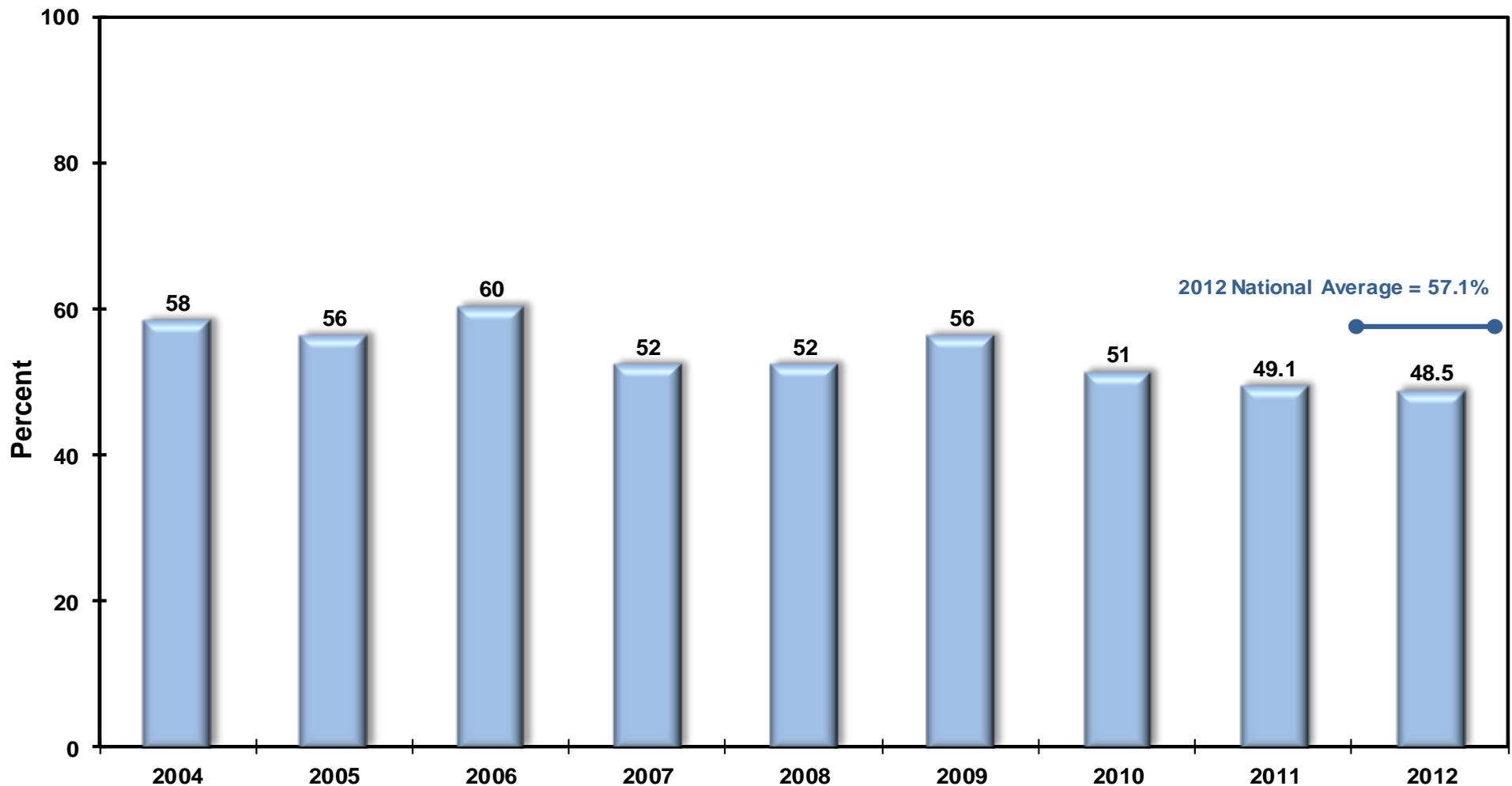
# IMMUNIZATIONS: CHILDHOOD (19 – 35 months)



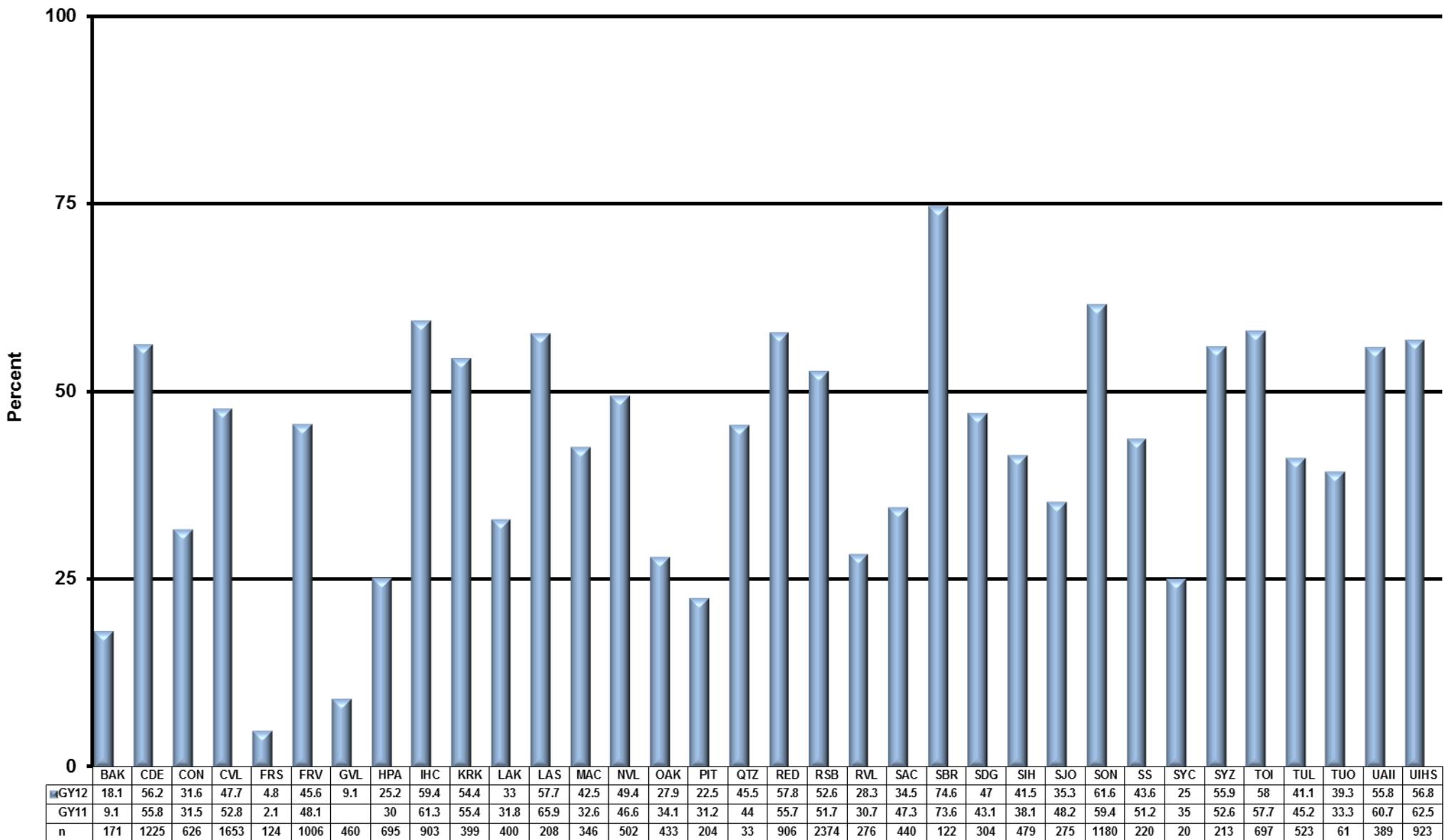
# CANCER SCREENING: CERVICAL (PAP SMEAR)

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

**Importance:** *More American Indian women report having never had a Pap screen than any other racial or ethnic group. Regular screening with a Pap 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.*



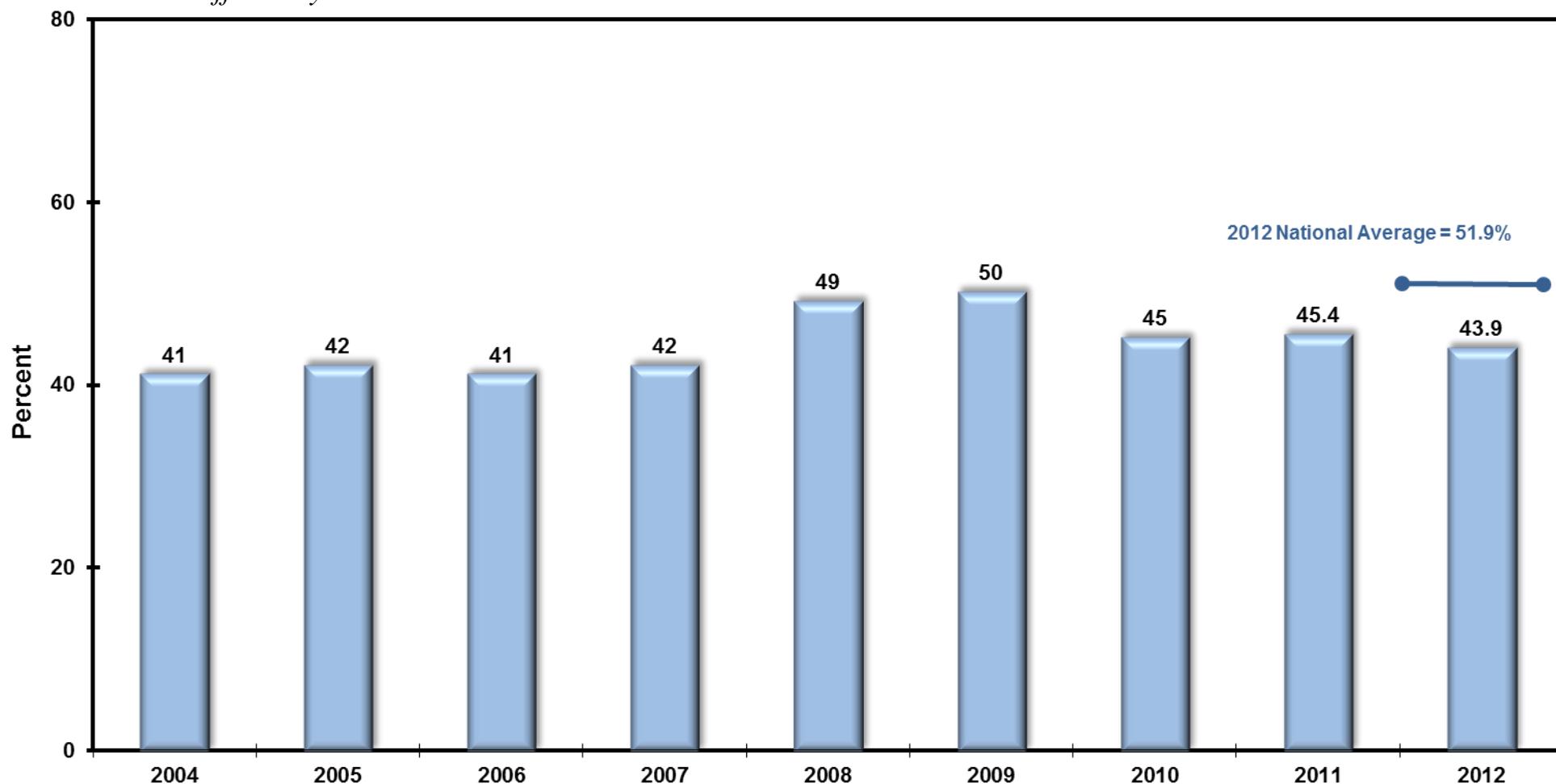
# CANCER SCREENING: CERVICAL (PAP SMEAR)



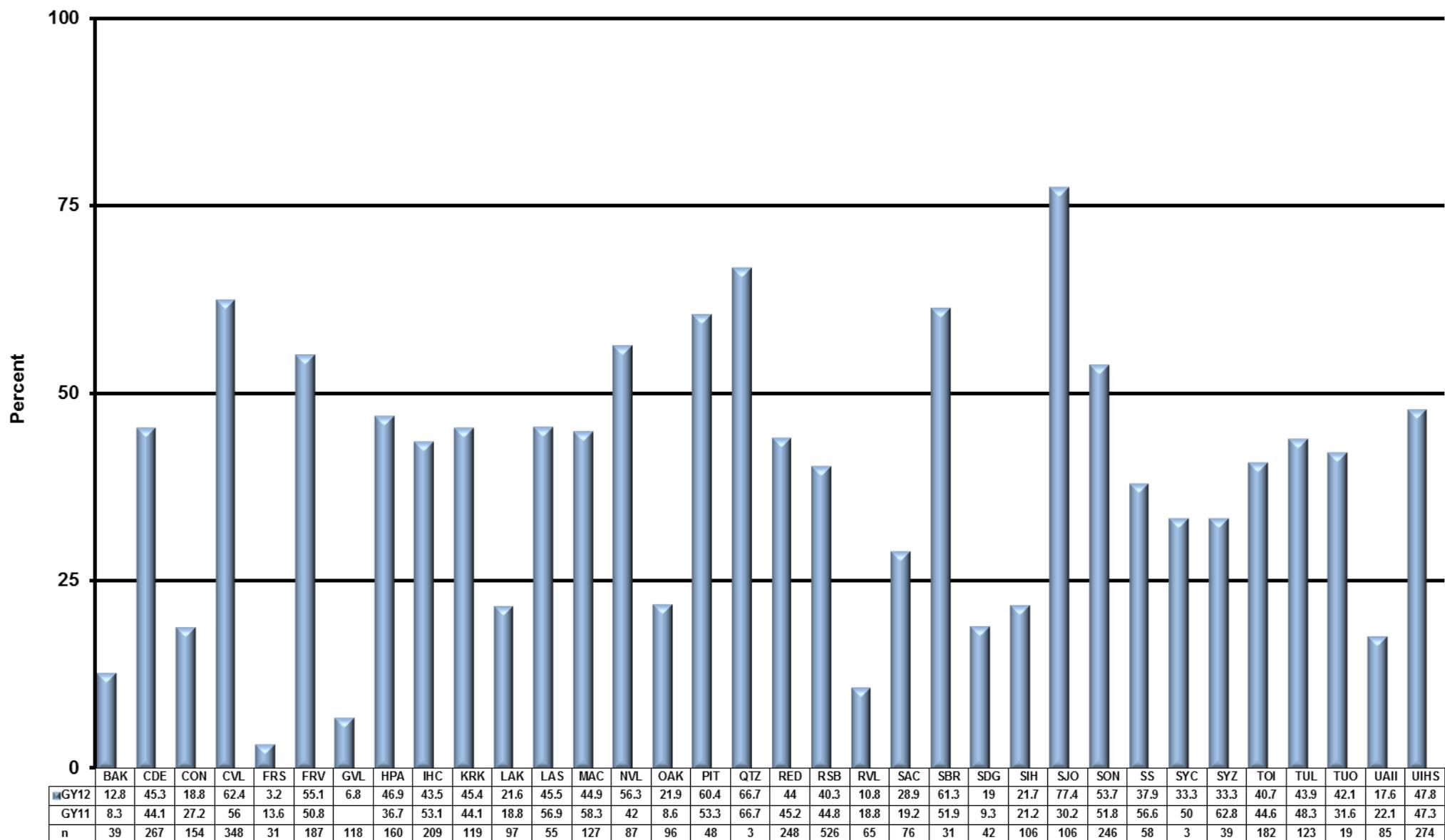
# CANCER SCREENING: BREAST (MAMMOGRAPHY)

**Measure:** Proportion 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.*



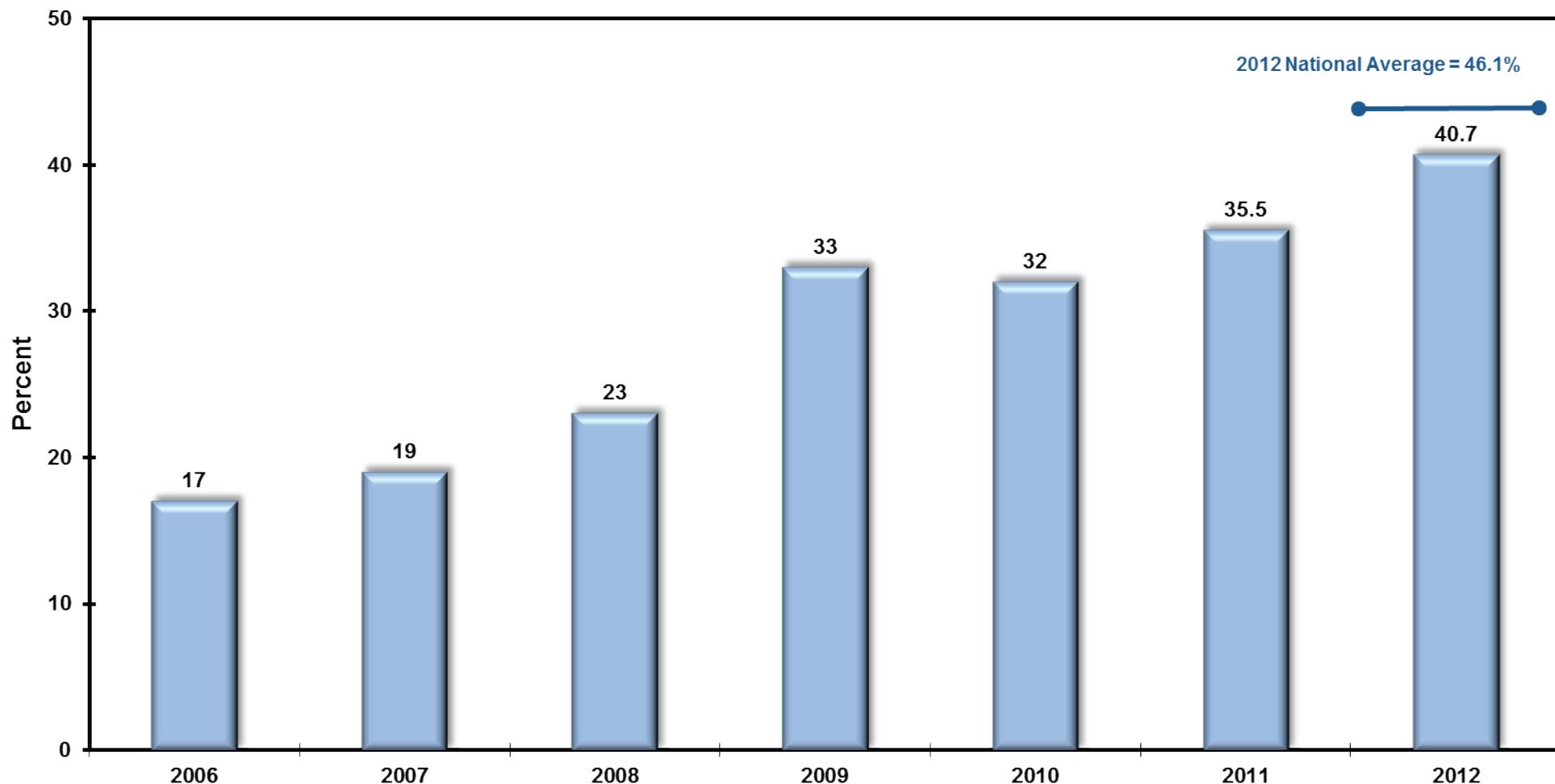
# CANCER SCREENING: BREAST (MAMMOGRAPHY)



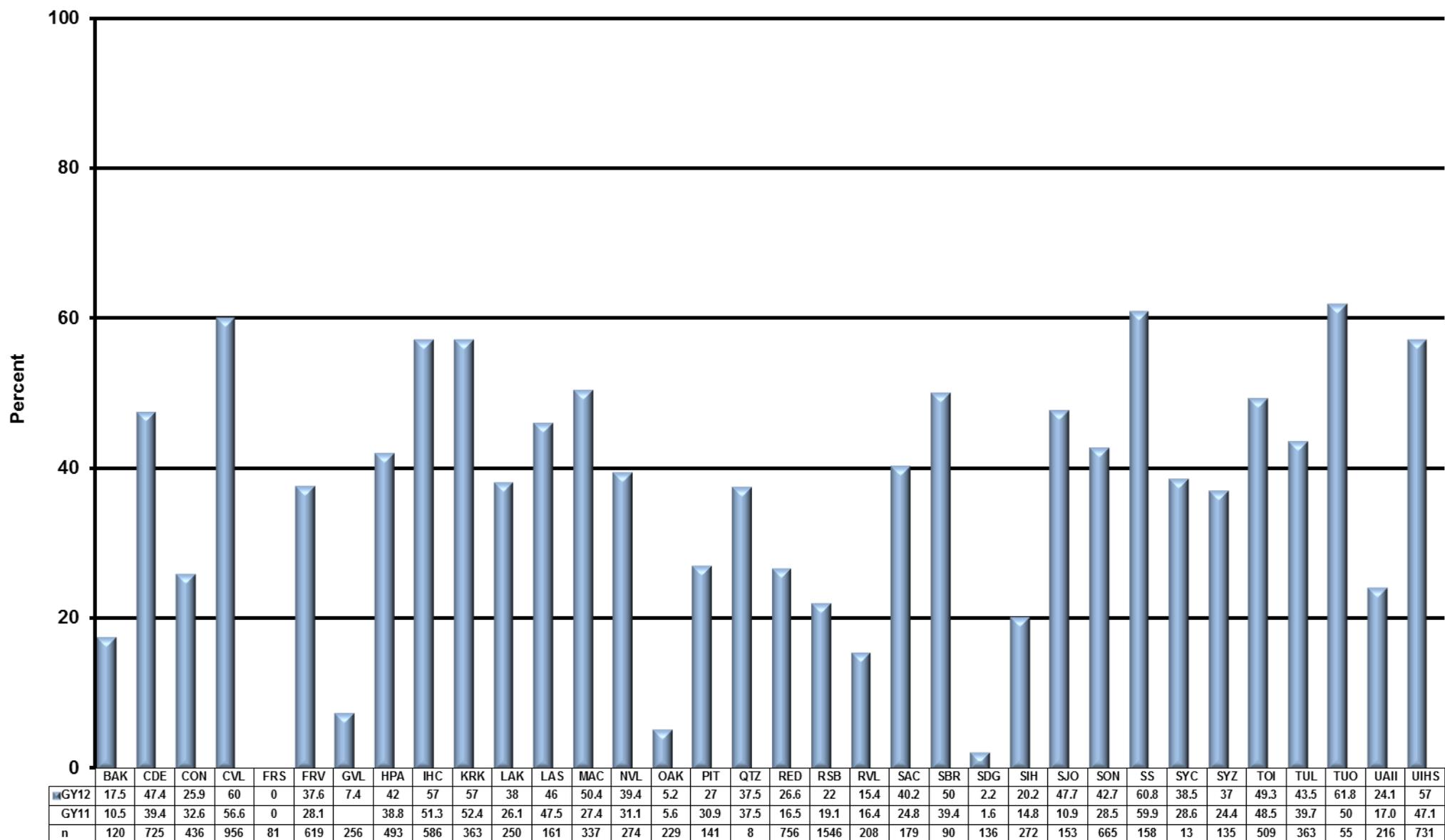
# CANCER SCREENING: COLORECTAL

**Measure:** Proportion 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.*



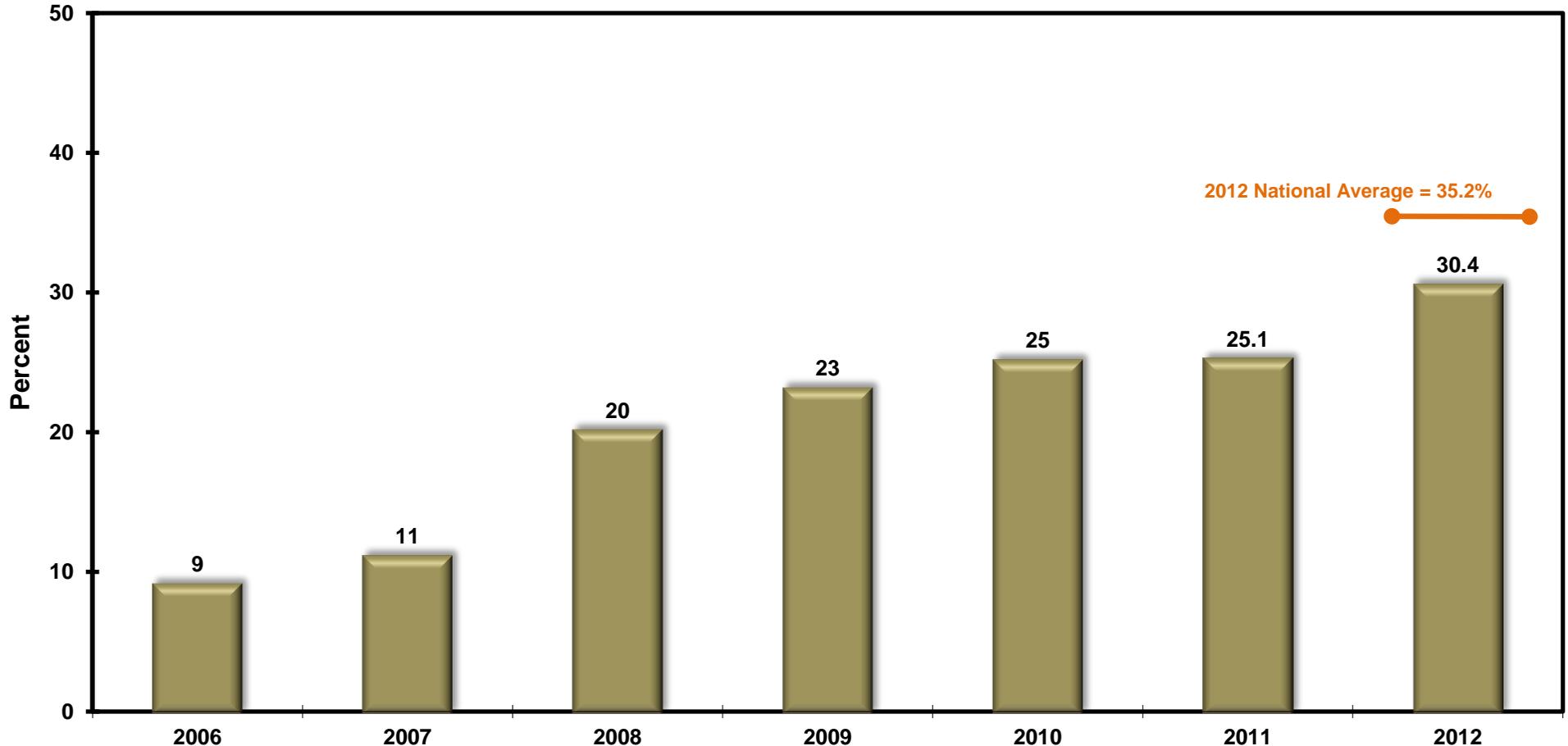
# CANCER SCREENING: COLORECTAL



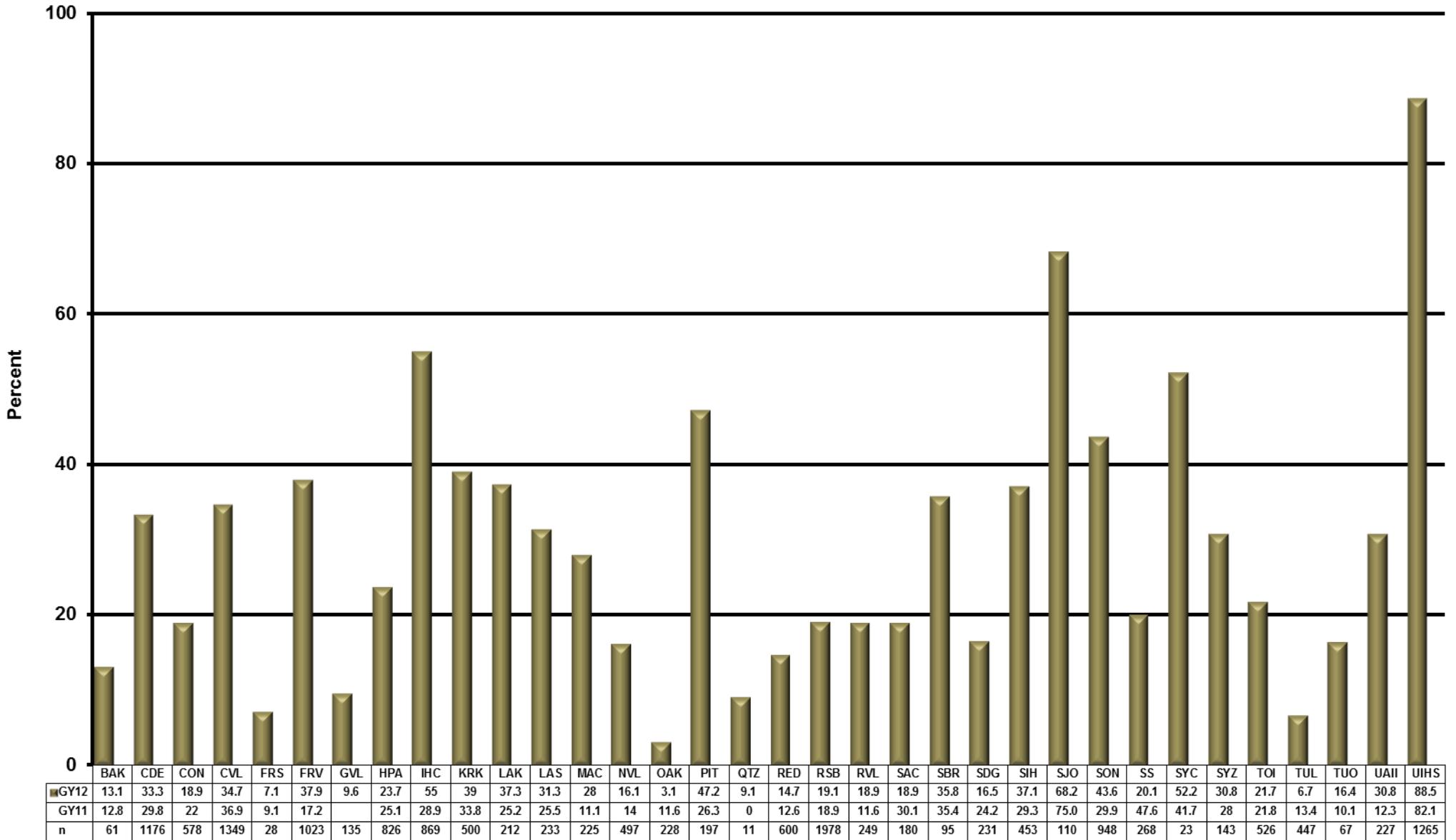
# TOBACCO CESSATION

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

**Importance:** *Cigarette smoking is the leading preventable cause of death in the United States, resulting in an estimated 443,000 premature deaths each year. American Indians and Alaska Natives have the highest prevalence of current cigarette smoking (30%) of any other racial/ethnic group in the U.S., and are more likely to smoke compared to other groups. 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. This measure assesses how many patients using tobacco are receiving advice and support to quit. Advice from doctors, and group and individual counseling have been shown to help smokers quit.*



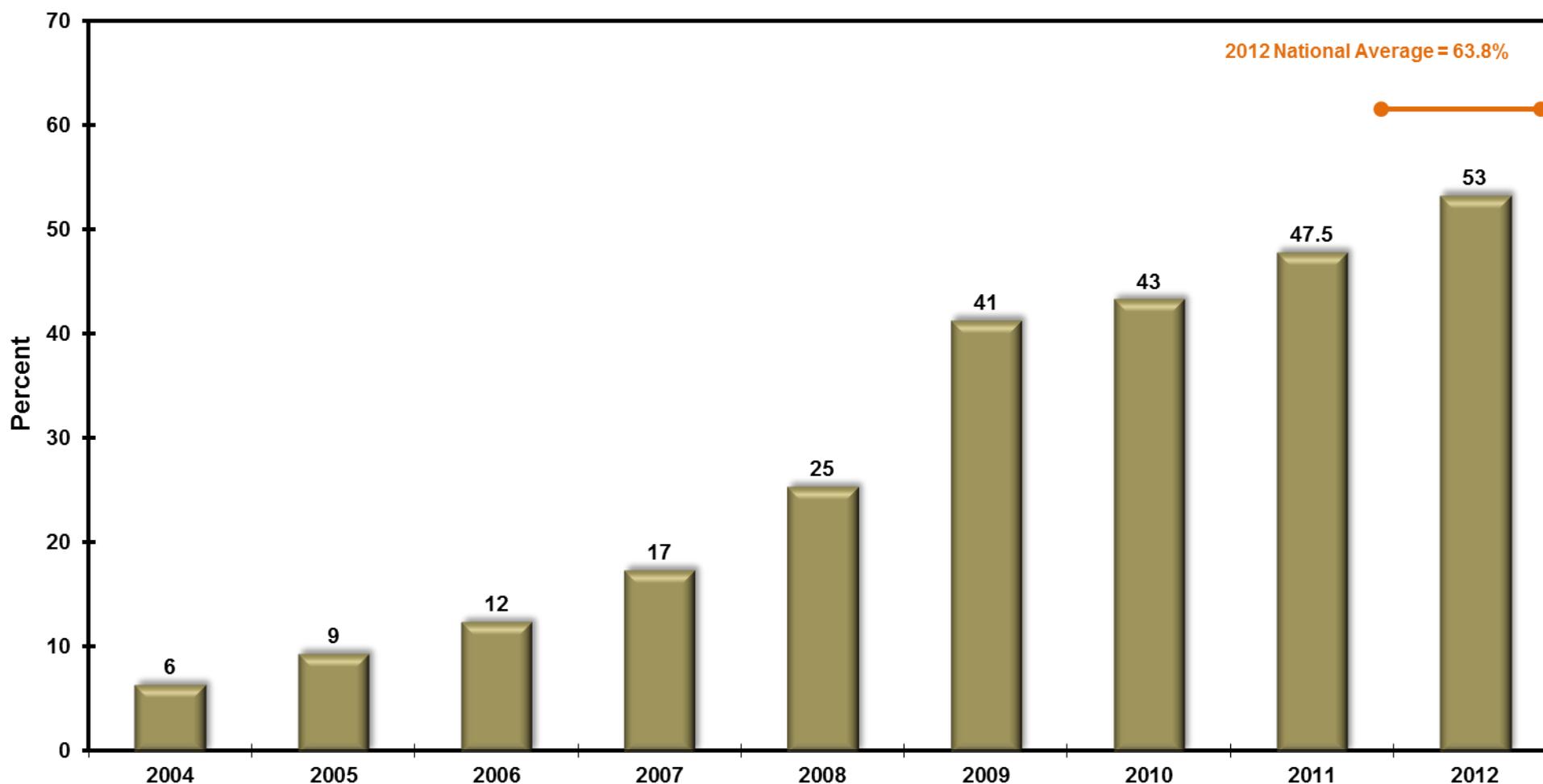
# TOBACCO CESSATION



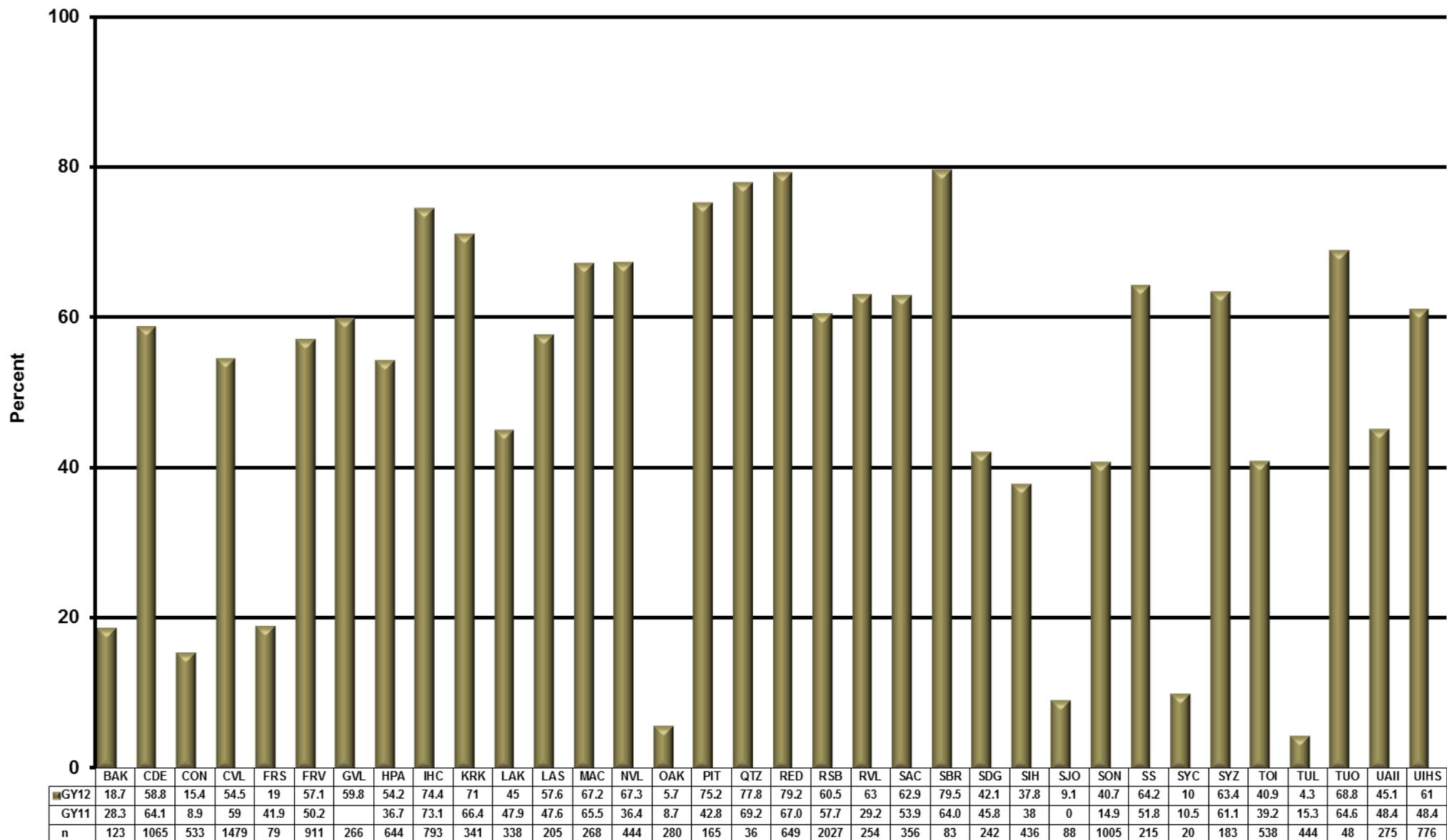
# ALCOHOL SCREENING (FAS PREVENTION)

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

**Importance:** *Heavy drinking during pregnancy can cause significant birth defects, including Fetal Alcohol Syndrome (FAS). FAS is the most common, and preventable, cause of mental retardation. Rates of FAS are higher among American Indians and Alaska Natives than the general population, and AI/AN women consume alcohol at greater rates than the national average. Screening women of childbearing age, and offering help to reduce or quit drinking, can lower the rate of FAS and related birth complications.*



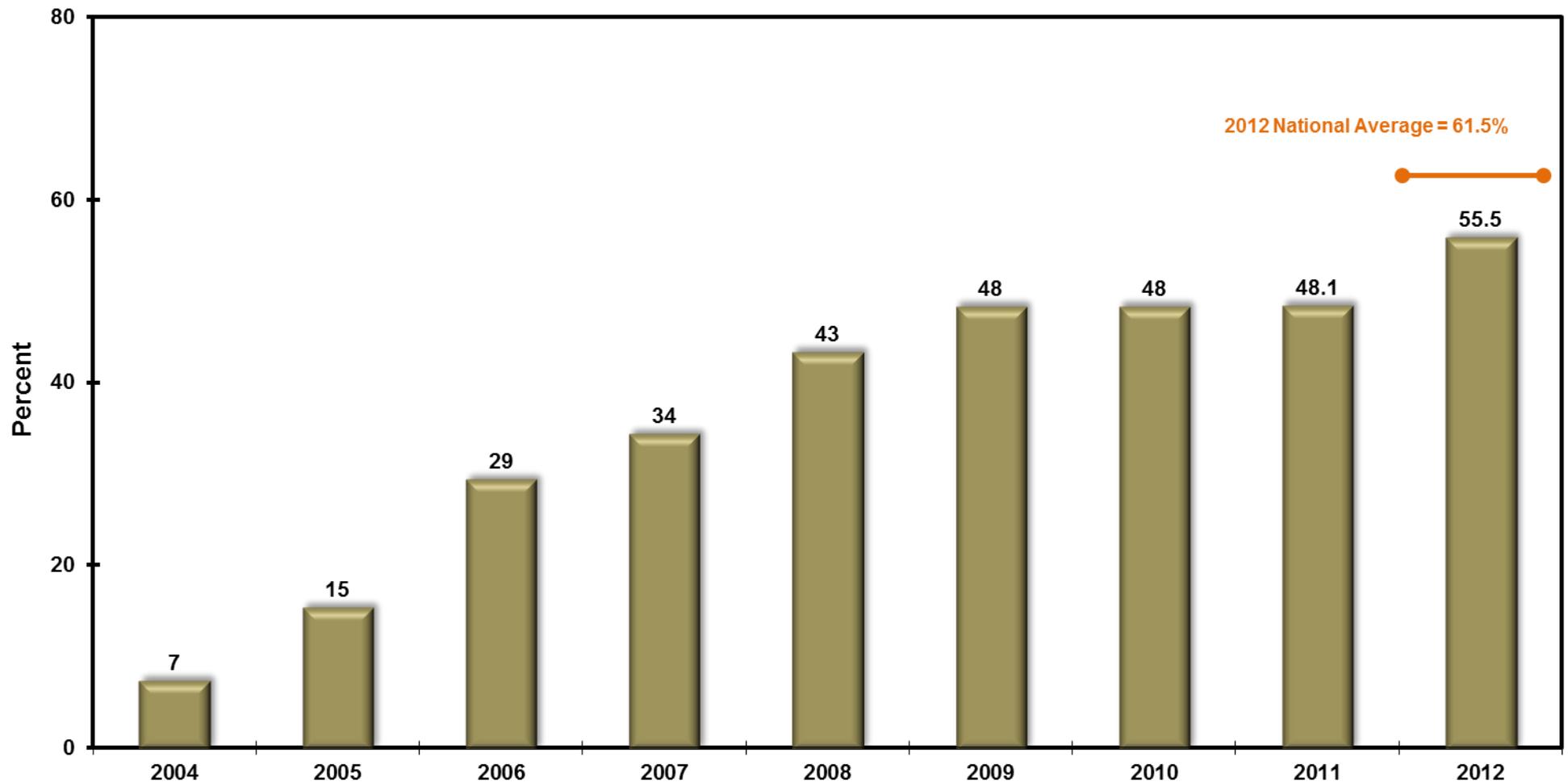
# ALCOHOL SCREENING (FAS PREVENTION)



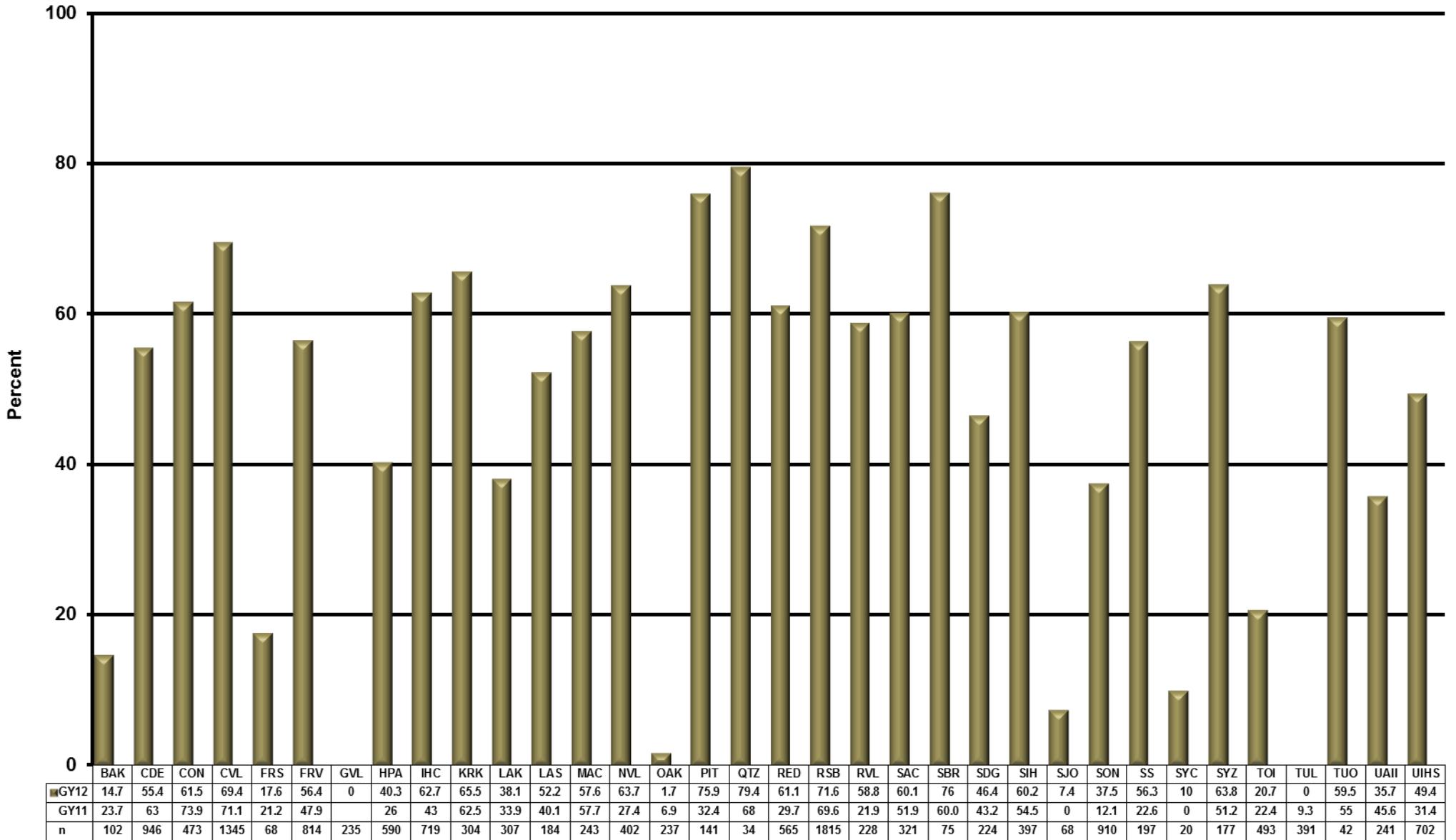
# DOMESTIC VIOLENCE/INTIMATE PARTNER VIOLENCE SCREENING

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

**Importance:** *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.*



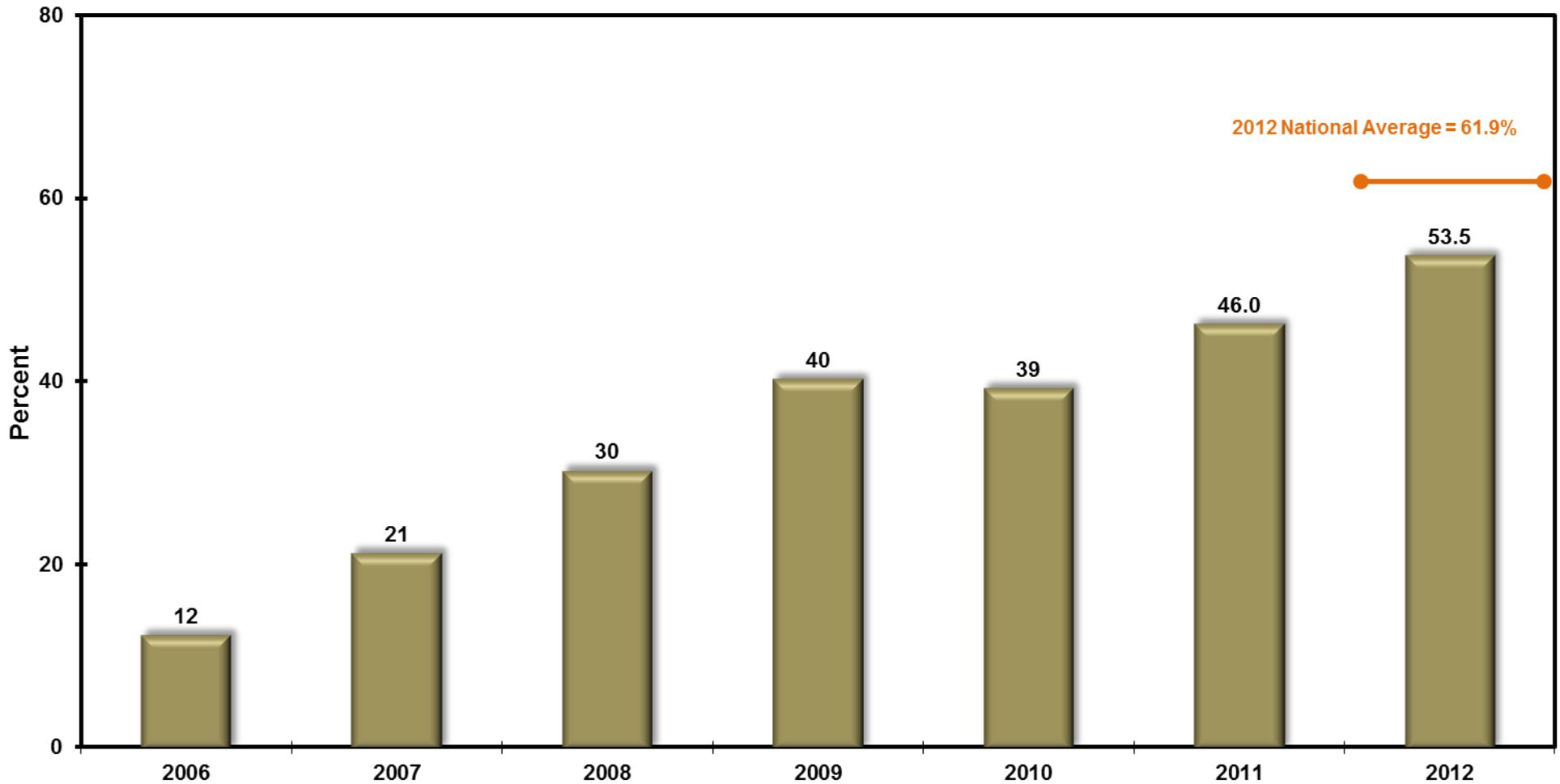
# DOMESTIC VIOLENCE/INTIMATE PARTNER VIOLENCE SCREENING



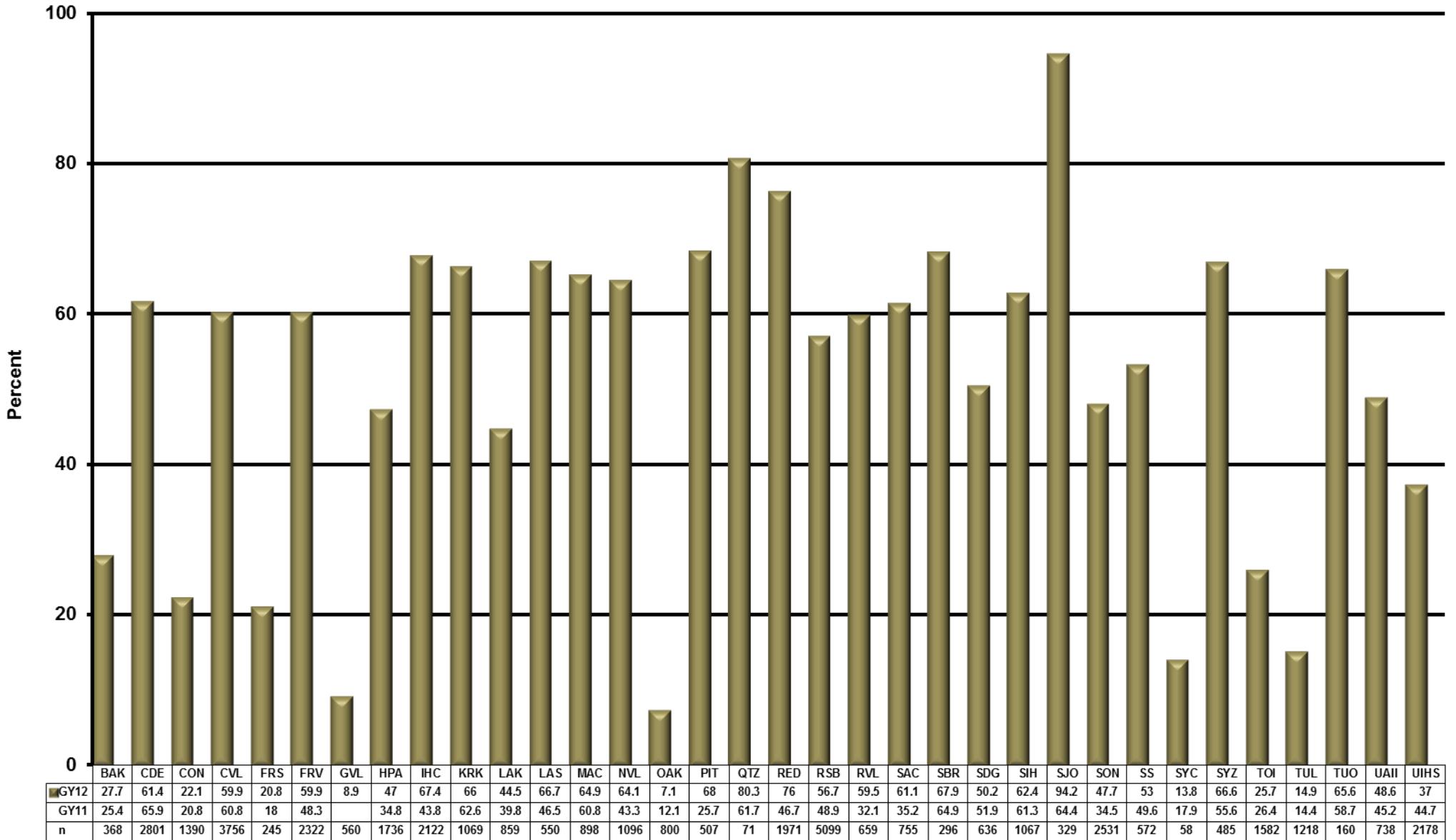
# DEPRESSION SCREENING

**Measure:** Proportion 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.*



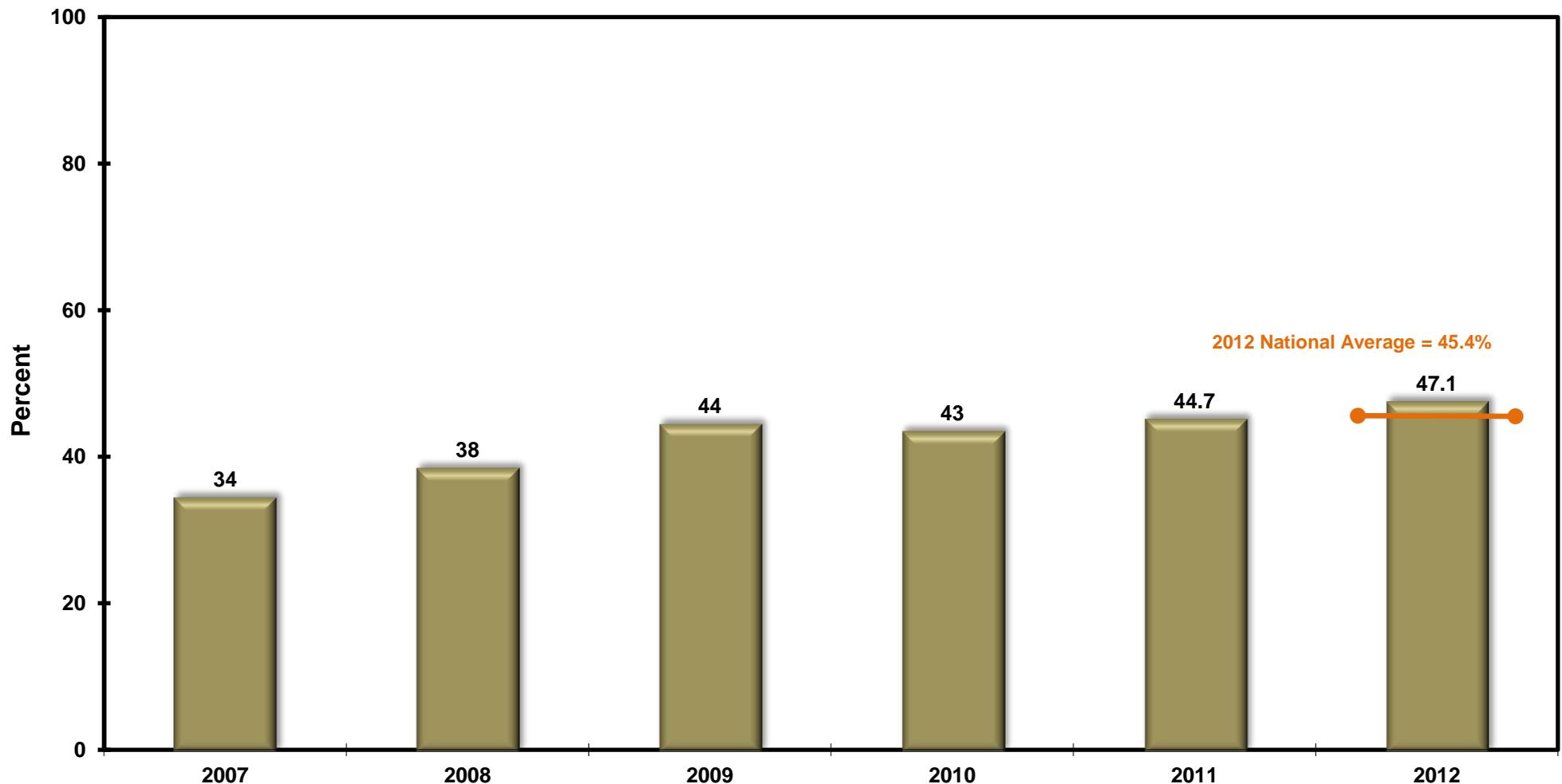
# DEPRESSION SCREENING



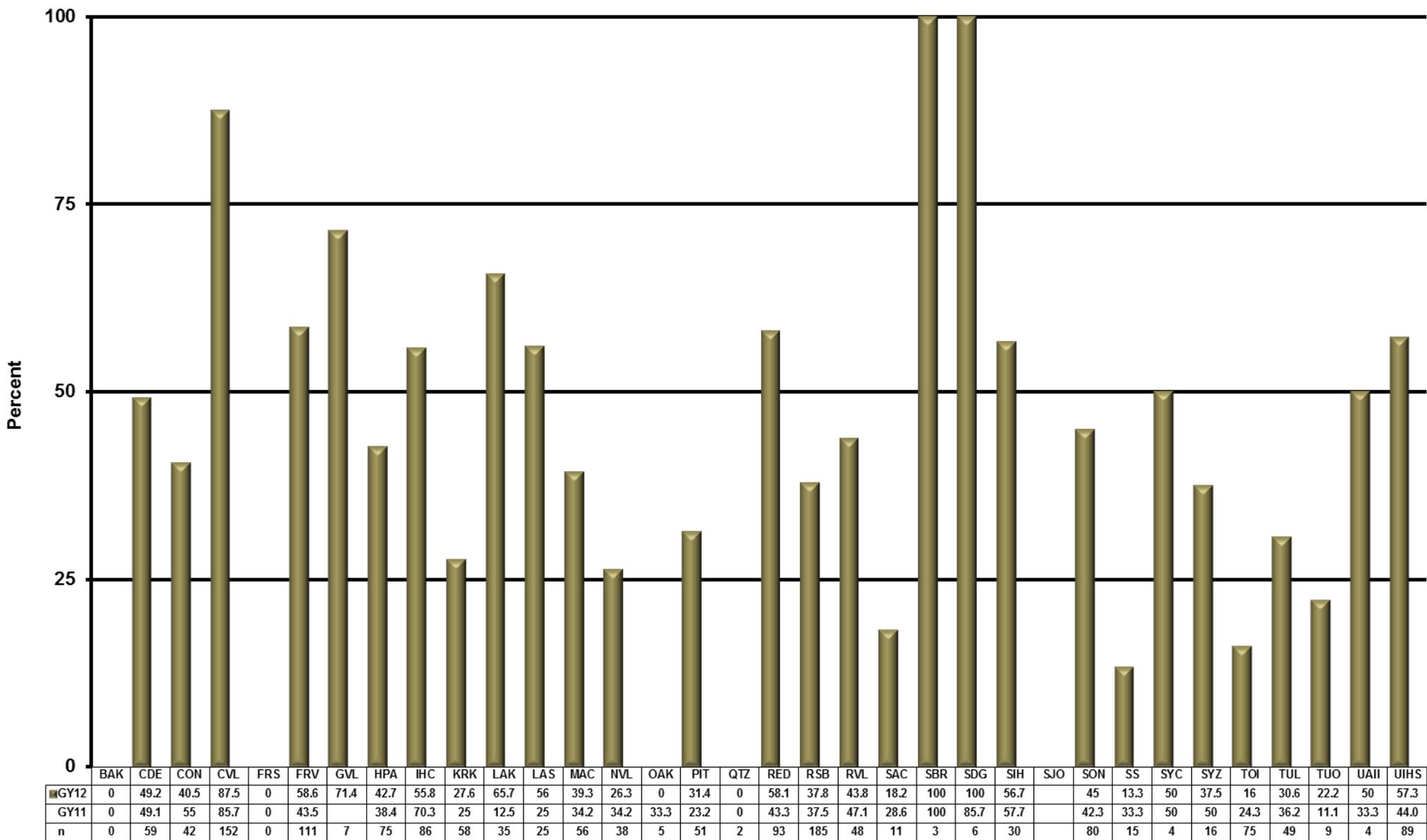
# CVD PREVENTION: COMPREHENSIVE ASSESSMENT

**Measure:** Proportion of IHD (Ischemic Heart Disease) patients who have a comprehensive assessment for five CVD-related risk factors.

**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. This measure addresses the major risk factors for CVD: high blood pressure, high cholesterol, smoking tobacco, excessive body weight, and physical inactivity.*



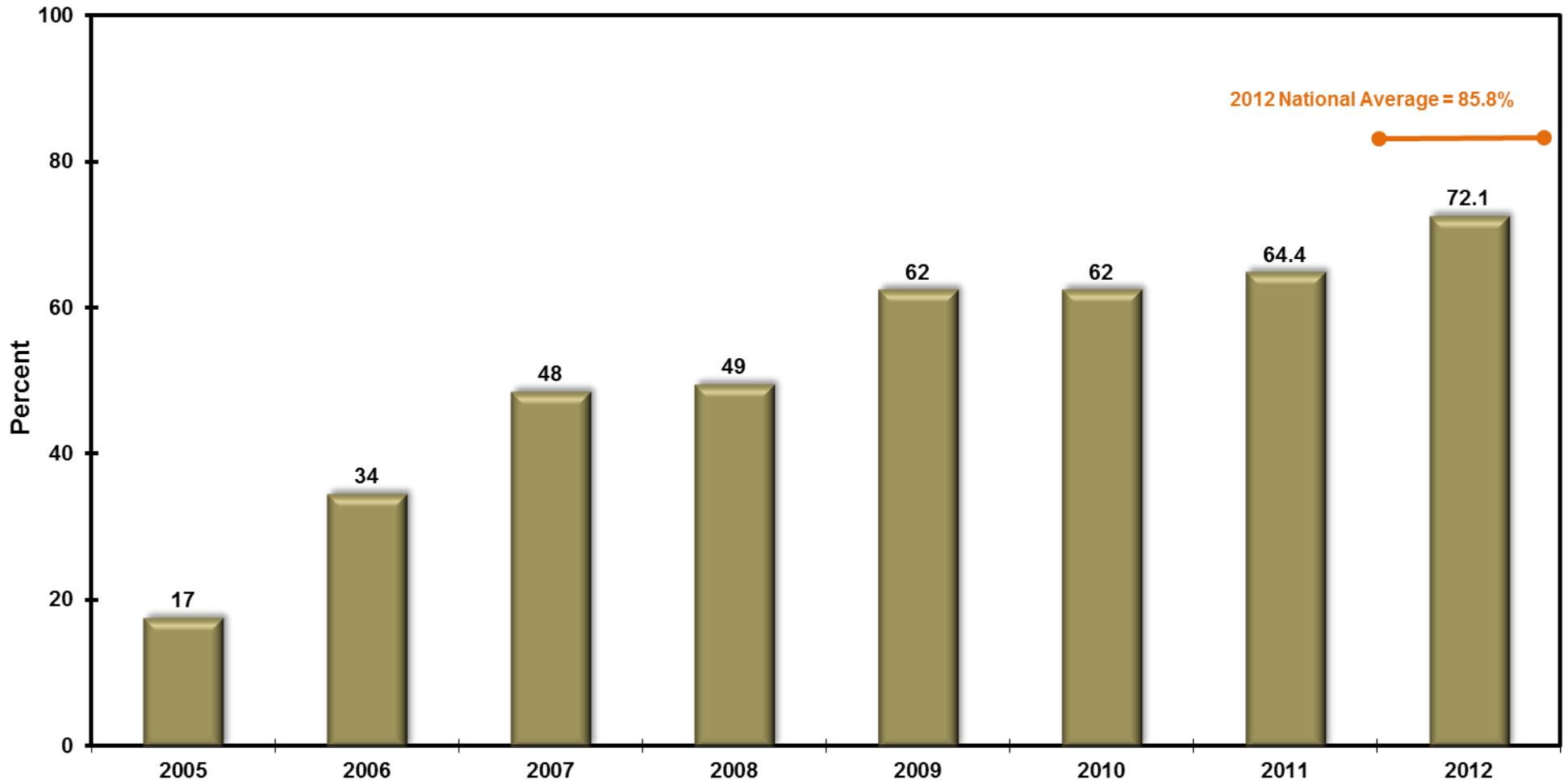
# CVD PREVENTION: COMPREHENSIVE ASSESSMENT



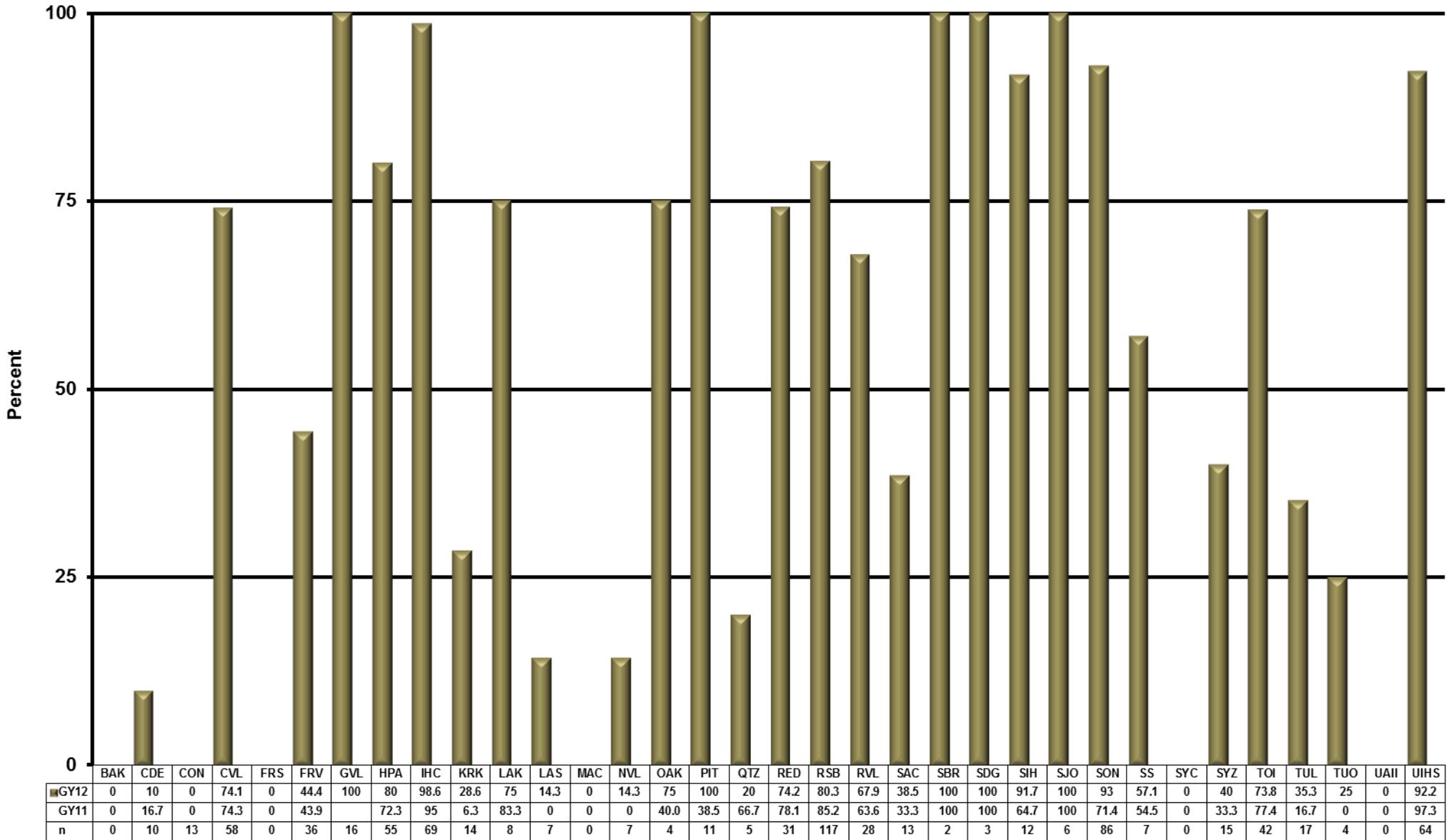
# PRENATAL HIV SCREENING

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

**Importance:** *The HIV/AIDS epidemic is a significant issue for American Indian and Alaska Native women of childbearing age. Women account for almost one in three of all HIV/AIDS diagnoses among AI/ANs. Women with HIV can transmit the disease to their newborn children. There are drugs that can be taken during pregnancy to reduce the transmission rate to 2% or less; without these drugs, the rate is 25%. Routine prenatal HIV testing of all pregnant women is the best way to avoid passing HIV from mother to infant.*



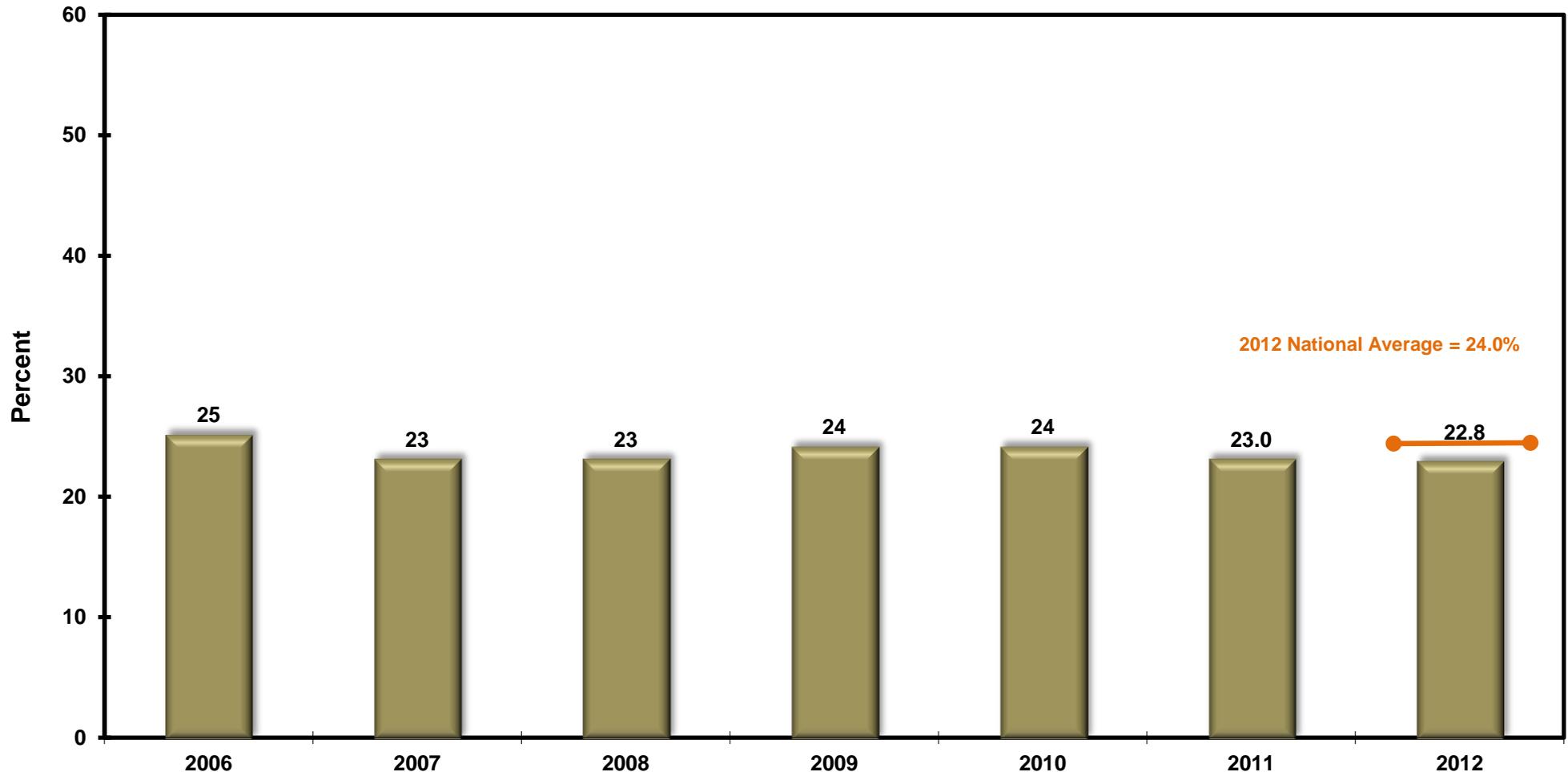
# PRENATAL HIV SCREENING



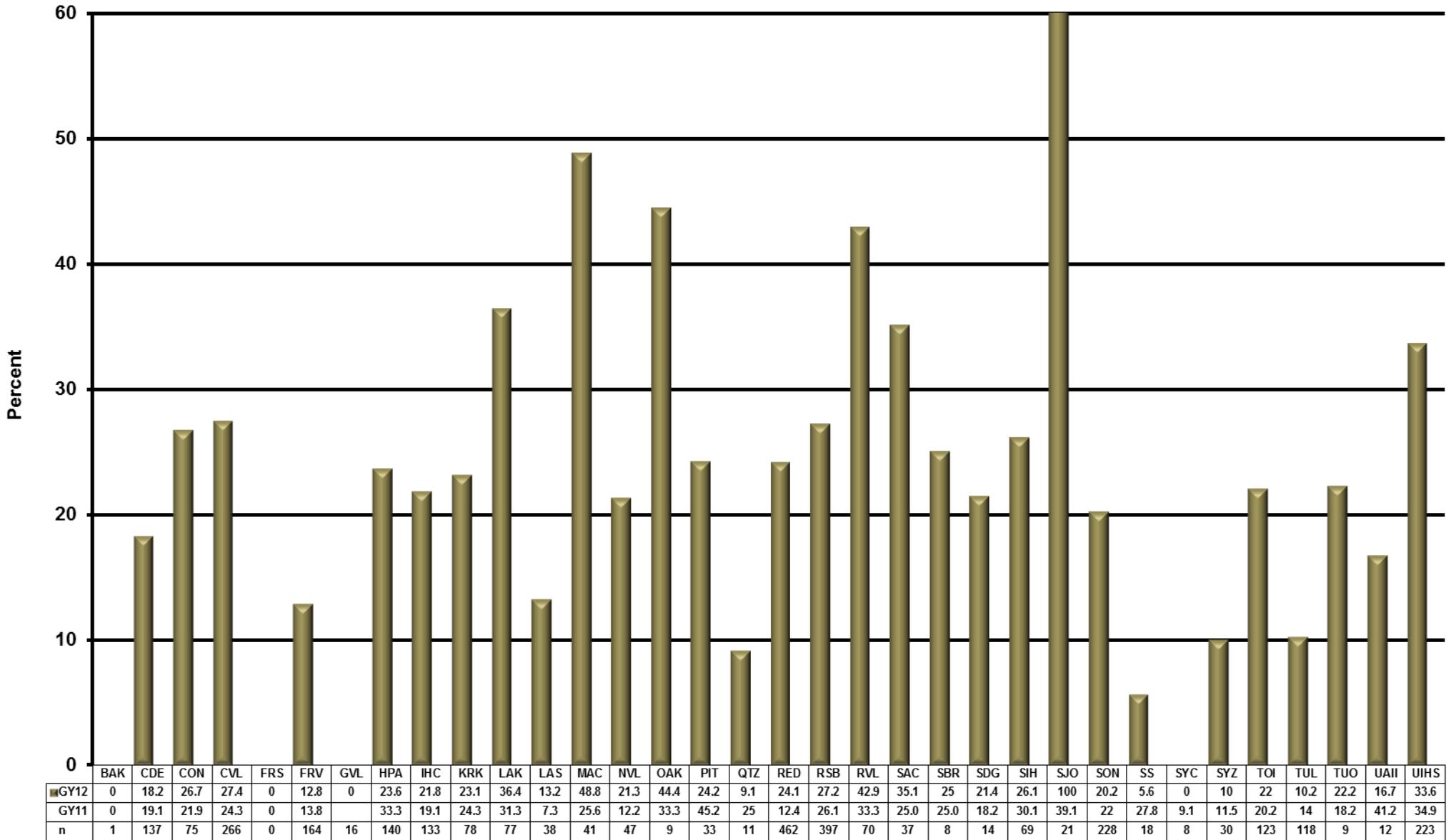
# CHILDHOOD WEIGHT CONTROL

**Measure:** Proportion of children ages 2-5 years with a BMI at the 95<sup>th</sup> 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 95<sup>th</sup> 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. This measure assesses the rate of obesity among 2-5 year olds, when there is still ample time for significant changes in eating patterns and activity levels.*



# CHILDHOOD WEIGHT CONTROL



# APPENDIX



## TRIBAL DASHBOARD

# CALIFORNIA AREA TRIBAL DASHBOARD

| 2012 Final GPR A Dashboard            |                               |                               |                        |                         |   |
|---------------------------------------|-------------------------------|-------------------------------|------------------------|-------------------------|---|
|                                       | California Area<br>2012-Final | California Area<br>2011-Final | National<br>2012-Final | National<br>2012 Target | 2012 Final<br>Results - California Area |
| <b>DIABETES</b>                       |                               |                               |                        |                         |   |
| Diabetes Dx Ever                      | 10.7%                         | 10.7%                         | 13.4%                  | N/A                     | N/A                                     |
| Documented A1c                        | 85.1%                         | 84.1%                         | 84.9%                  | N/A                     | N/A                                     |
| Poor Glycemic Control                 | 15.4%                         | 15.2%                         | 19.8%                  | 18.6%                   | Met                                     |
| Ideal Glycemic Control                | 38.3%                         | 36.2%                         | 33.2%                  | 32.7%                   | Met                                     |
| Controlled BP <130/80                 | 34.4%                         | 33.9%                         | 38.9%                  | 38.7%                   | Not Met                                 |
| LDL Assessed                          | 70.4%                         | 69.6%                         | 71.0%                  | 70.3%                   | Met                                     |
| Nephropathy Assessed                  | 58.7%                         | 54.3%                         | 66.7%                  | 57.8%                   | Met                                     |
| Retinopathy Exam                      | 52.2%                         | 47.4%                         | 55.7%                  | 54.8%                   | Not Met                                 |
| <b>DENTAL</b>                         |                               |                               |                        |                         |   |
| Dental Access                         | 39.9%                         | 41.4%                         | 28.8%                  | 26.9%                   | Met                                     |
| Sealants                              | 12,698                        | 14,307                        | 295,734                | 276,893                 | N/A                                     |
| Topical Fluoride- Patients            | 11,032                        | 10,671                        | 169,083                | 161,461                 | N/A                                     |
| <b>IMMUNIZATIONS</b>                  |                               |                               |                        |                         |   |
| Influenza 65+                         | 54.9%                         | 53.3%                         | 65.0%                  | 63.4%                   | Not Met                                 |
| Pneumovax 65+                         | 83.7%                         | 82.0%                         | 88.5%                  | 87.5%                   | Not Met                                 |
| Childhood IZ                          | 71.3%                         | 70.2%                         | 76.8%                  | 77.8%                   | Not Met                                 |
| <b>PREVENTION</b>                     |                               |                               |                        |                         |   |
| Pap Screening                         | 48.5%                         | 49.1%                         | 57.1%                  | 59.5%                   | Not Met                                 |
| Mammography Screening                 | 43.9%                         | 45.4%                         | 51.9%                  | 51.7%                   | Not Met                                 |
| Colorectal Cancer Screening           | 40.7%                         | 35.5%                         | 46.1%                  | 43.2%                   | Not Met                                 |
| Tobacco Cessation                     | 30.4%                         | 25.1%                         | 35.2%                  | 30.0%                   | Met                                     |
| Alcohol Screening (FAS Prevention)    | 53.0%                         | 47.5%                         | 63.8%                  | 58.7%                   | Not Met                                 |
| DV/IPV Screening                      | 55.5%                         | 48.1%                         | 61.5%                  | 55.3%                   | Met                                     |
| Depression Screening                  | 53.5%                         | 46.0%                         | 61.9%                  | 56.5%                   | Not Met                                 |
| CVD-Comprehensive Assessment          | 47.1%                         | 44.7%                         | 45.4%                  | 40.6%                   | Met                                     |
| Prenatal HIV Screening                | 72.1%                         | 64.4%                         | 85.8%                  | 81.8%                   | Not Met                                 |
| Childhood Weight Control <sup>a</sup> | 22.8%                         | 23.0%                         | 24.0%                  | N/A                     | N/A                                     |

<sup>a</sup>Long-term measure as of FY 2009, next reported FY 2013

Measures Met = 8

Measures Not Met = 11





