What is GPRA?
How GPRA Affects Your Health Program and Services Yo Provide

Government Performance Results Act (GPRA pronounced *gipra*) – Passed by Congress in 1993.

- This law requires government agencies to demonstrate measurable results or benefits gained by consumers from federal programs. Annually, each agency is required to submit an agency-specific performance plan for the new GPRA year to the Office of Management and Budget (OMB) along with a yearly budget. This establishes a measure of accountability from the Govt. Agencies.
- OMB (Office of Management Budget) analyzes the data and Congress uses these data as a guide to allocate funds for health programs. GPRA indicators or annual targets are then negotiated by IHS and OMB. Ideal annual targets are potentially attainable but challenging, and in accord with the operating budget.
- The GPRA reporting period, or GPRA data collection year, is July 1 through June 30 of each year. Because each GPRA annual data collection period consists of six months in one calendar year and six months in another year, accurate reference involves two calendar years. For example, the GPRA year, beginning 1 July 2013 and ending 30 June 2014, is most accurately referred to as "GPRA year 13/14."

The IHS Dental Program is responsible for three objectives. While annual targets that define performance goals change each year, the underlying objectives remain the same.

- **Dental Access –** Proportion of AI/AN patients who obtain access to dental services. The computational formula: number of patients with ≥one dental visit divided by the user population.
- **Dental Sealants-** Proportion or percentage of patients ages 2 through 15 that have sealants. The computational formula: number of patients ages 2 through 15 that receive ≥one sealant, or have been examined and found to have ≥one sealant and need no further sealants, divided by the user population. In the case of the latter criterion, such examination and documentation of "completely sealed" confers three years of credit toward this estimate of prevalence of sealants.
- **Topical Fluoride-** Proportion or percentage of patients ages 1 through 15 that receive ≥one topical fluoride treatment. The computational formula: number of patients ages 1 through 15 receiving ≥one topical fluoride application, divided by the user population.

The dental objectives have evolved over the years in an attempt to find measurable outcomes that focus on metrics we believe to be important, provide a challenge, yet are reasonable and achievable. The IHS dental program has control over both the long-term objectives and the computational formula. Annual targets are negotiated each year with the Office of Management and Budget on behalf of Congress.

Why Should You Care? There are several benefits to GPRA.
(1) The GPRA Budget Formulation process has increased collaboration and understanding of public health and budgeting across the diverse IHS Stakeholders.
(2) Tribal leaders and consumers have learned more about both public health and budgeting, and how to use this knowledge within the political system to speak with a more unified voice, supported by data, to justify funding enhancements.
(3) GPRA is necessary for budget approval and IHS does a good job at designing a strong annual plan supported by outcome data. This has the potential to give us an edge when competing for limited funds with other government agencies.

(4) The objectives, which are formulated and periodically revised by the IHS Division of Oral Health, reflect what we believe to be important assessments of our ongoing efforts to improve oral health. It is in the best interest of every IHS and Tribal dental program to report their service or performance data and achieve their GPRA objectives, if we are going to sustain or expand our efforts. The choice of GPRA objectives has established a clear priority on dental access and prevention of dental diseases with fluorides and sealants. These objectives, along with an annual GPRA recognition program that rewards both performance and improvement, give local dental programs increased incentive to focus on access and prevention. Our funding is tied to the GPRA objectives and these objectives send a strong message to every local community that prevention is important. If we are going to make a difference in the prevalence of dental caries in AI/AN communities, it will be through prevention.

What can you do?

Each local dental program can look at its previous GPRA year performance and set measurable objectives to maintain or increase performance during the coming GPRA year. You should consult with your Area Dental Director or your Dental Support Center, if your IHS Area has one, prior to finalizing annual performance goals. Area-level personnel may be able to provide data to compare your production relative to GPRA-related performance throughout the IHS. With assistance from your ADO or Dental Support Center, you will be able to formulate goals based not only on your local empirical data, but also with regard to the needs of the entire nationwide organization. Furthermore, you can monitor your objectives quarterly to measure your progress**.** While GPRA is mandated by Congress and tied to our annual funding, it also reflects good public health practice, and achieving your objectives is in the best interest of your local program, whether IHS or Tribal, and the people you serve.

Your contacts for any questions this series of brief articles might elicit:

- At the Area level, your Area Dental Director and your Dental Support Center personnel (most but not all Areas now have Support Centers) should have up-to-date information concerning GPRA, current annual targets, and any progress reports available from the GPRA national steering committee.
- At the national level, your dental GPRA coordinator is Dr. Patrick Blahut at Headquarters. He can be reached at Patrick.Blahut@ihs.gov.