



Government Performance and Results Act (GPRA)

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AREA



Summary Report

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Special thanks for support and assistance for this report from the following:

National GPRA Support Team

Francis Frazier, IHS HQE GPRA/PART Coordinator

Diane Leach, IHS HQE Public Health Advisor

Elaine Brinn, California Area, GPRA Coordinator

Amy Patterson, California Area, Public Health Analyst

Christine Brennan, California Area, Public Health Analyst

Wendy Blocker, California Area, Public Health Analyst

Area GPRA Coordinators

Aberdeen—Janelle Trottier

Nashville—Kristina Rogers

Albuquerque—Regina Robertson

Navajo—Genevieve Notah

Alaska—Bonnie Boedeker

Oklahoma—Marjorie Rogers

Bemidji—Jason Douglas

Phoenix—Jody Sekerak

Billings—Carol Strasheim

Portland—Mary Brickell

California—Elaine Brinn

Tucson—John Kittredge & Scott Hamstra

Clinical Reporting System (CRS) Team

Lori Butcher, CRS Software Developer

Mark Williams, Lead Visual CRS Developer

Stephanie Klepacki, CRS Federal Lead

Tom Kauley, CRS Analyst

Vincent Abt, CRS Analyst



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INTRODUCTION



During FY 2009 the Indian Health Service (IHS) continued to use performance measures, as required by the Government Performance and Results Act (GPRA), to provide quality healthcare assessment. The FY 2009 IHS Annual Performance Plan includes a number of clinical performance measures relating to disease treatment and prevention. These measures assess Agency performance in the areas of: Diabetes, Oral Health, Immunizations, Cancer Screening, Behavioral Health, Cardiovascular Disease Prevention, HIV, and Tobacco Cessation.

This Area Summary Report contains performance measure results for all 12 IHS Areas and is designed to provide Indian Health Service executives and staff with comparative information about Area-level performance. Areas can use the information and graphs to review any changes in their performance from FY 2008 to FY 2009, to compare their performance to that of other Areas or to the national average, and to assess their progress towards achieving long-term goals.

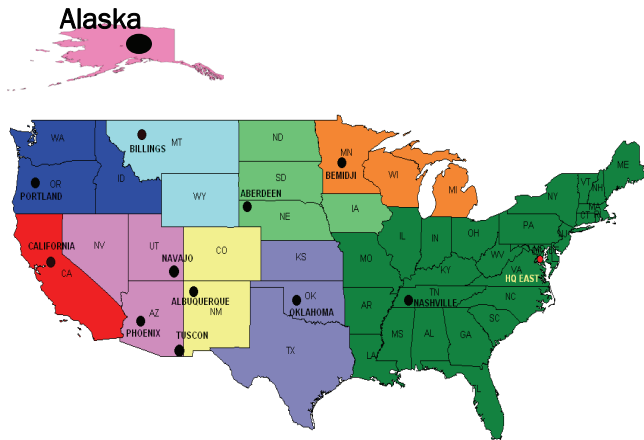
The information and measure results included in this report were collected at 196 IHS Direct and Tribal healthcare facilities using the Resource Patient Management System (RPMS) and extracted from the RPMS patient databases using Clinical Reporting System (CRS) software, version 9.0. These reporting programs provide service to approximately 86% of the IHS user population (1,276,482 patients) and are located throughout the 12 IHS Service Areas (Aberdeen, Alaska, Albuquerque, Bemidji, Billings, California, Nashville, Navajo, Oklahoma, Phoenix, Portland, and Tucson).

This report includes a summary of results for 21 clinical measures and detailed information for 19 measures as well as additional contextual information. The graphs for each of the 19 clinical measures display results by Area for FY 2009 and FY 2008. (Please note that the data collection period for each year begins July 1 and ends June 30; the deviation from the fiscal year calendar allows sites time to meet reporting deadlines.) Each graph also includes definitions of the numerator and denominator for each measure, as well as the specific number of patients (N) in the denominator. The accompanying narrative for each graph also indicates the IHS national average for FY 2009 and FY 2008 and includes either the Healthy People 2010 or IHS 2010 goal for the measure.

This report also includes a graph and table displaying the unadjusted diabetes prevalence rate by Area, which provides context for the six diabetes performance measures. Between FY 2008 and FY 2009 this rate increased by 1 percentage point in five Areas; only one Area experienced a reduction. From FY 2004 to FY 2009 the prevalence rate for each Area increased from 1 to 3 percentage points.



POPULATION DESCRIPTION: BY AREA



2009 GPRA

Reporting Population

1,276,482 patients

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

<u>IHS AREA</u>	<u>Tribal Facilities reporting GPRA</u> 2009	2009	NPIRS Population 2008	Percent Reporting 2009	Percent Reporting 2008
Aberdeen	19	128,719	120,639	100%	100%
Alaska	11	112,130	136,065	82%	89%
Albuquerque	9	73,790	85,778	86%	87%
Bemidji	15	47,051	101,022	47%	55%
Billings	6	56,743	70,507	80%	80%
California	23	66,667	77,532	86%	87%
Nashville	17	40,861	51,399	79%	84%
Navajo	8	229,305	239,814	96%	95%
Oklahoma	38	253,754	316,940	80%	72%
Phoenix	17	158,979	156,803	100%	100%
Portland	30	89,817	101,690	88%	87%
Tucson	3	18,666	25,234	74%	75%
Total, All Areas	196	1,276,482	1,483,423	86%	86%

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

Population Comparisons: Numerator: 2009 GPRA User Population - Denominator: 2008 (previous year) NPIRS Active Indian Registrants

GPRA TERMINOLOGY



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

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

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

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

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

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

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

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



NATIONAL RESULTS

IHS performed exceptionally well on clinical GPRA measures in FY 2009. Twenty of twenty-one clinical measures, or 95%, met or exceeded their targets. Twelve measures also exceeded their FY 2008 results. Of particular note are the Dental Sealant, Topical Fluoride, and Depression Screening measures, which all achieved increases of 7 percentage points or more over FY 2008 final performance. Sixteen of twenty-one measures exceeded their FY 2009 targets. However, it should be noted that FY 2009 targets for many measures were reduced from FY 2008 performance. Had these targets not been reduced, the Agency would have missed three additional measures relating to the care of patients with Diabetes: Poor Glycemic Control, Ideal Glycemic Control, and Controlled Blood Pressure. These measures all decreased one percentage point from FY 2008 performance. The Controlled Blood Pressure measure is of particular concern as it has experienced a one percentage point decline every year since FY 2007. The other three diabetes care measures, LDL Assessment, Nephropathy Assessment and Retinopathy Assessment, all maintained or improved their performance in FY 2009.

One factor influencing final FY 2009 results was the elimination of refusals from all measure results. Beginning with FY 2009, patient refusals of a screening, procedure, or immunization no longer count toward meeting clinical GPRA measures for national performance reporting. This decision followed careful agency study of the issue and consideration of comments from IHS, Tribal, and Urban clinic staffs. However, Area-specific performance rates for FY 2009 (which are detailed in this document) still include refusals. **Please note that refusals will be eliminated from Area-specific performance results as of FY 2010.**

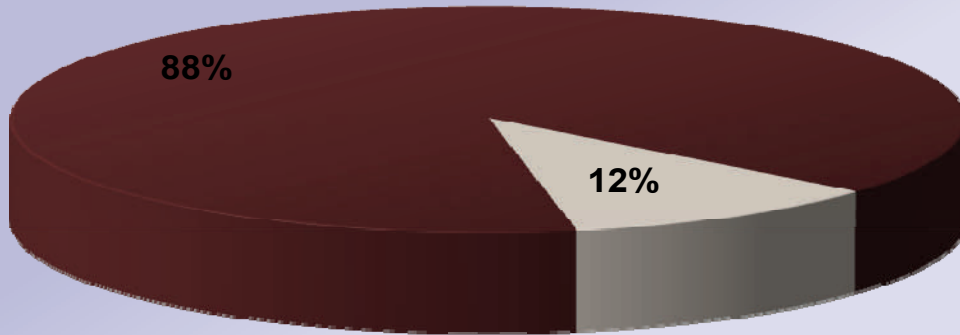
Nationally, behavioral health screening measures performed well in FY 2009. The Depression Screening, Alcohol Screening, Domestic Violence Screening, and Tobacco Cessation measures all improved by 3-9 percentage points over FY 2008 performance. Other screening measures had consistent or slightly improved performance in FY 2009. The Pap Screening and Mammography Screening measures maintained their rates of 59% and 45% respectively, despite having refusals removed. Colorectal Cancer screening rates improved from 29% to 33%. CVD Comprehensive Screening improved from 30% to 32%, the first increase in the measure result since it became part of GPRA in FY 2007. The Prenatal HIV screening rate improved 1 percentage point to 76%.

Both the Pneumococcal and Childhood Immunization measures also met their targets this year. The high profile concern about the H1N1 virus during the same time period likely raised awareness of the need for adequate vaccination coverage of vulnerable populations. The only national measure not to meet its target was Adult Influenza Immunization, which dropped from 62% to 59%. This measure has the highest rate of refusals of all clinical GPRA measures, and the removal of refusals from the measure criteria in FY 2009 had a significant impact on the national rate.

*DIABETES PREVALENCE



**GPRA USER Population:
1,276,482**



**Total Number of Diagnosed
Diabetics: 156,953**

GPRA 2009 National Data

AREA	GY09	GY08	GY07	GY06	GY05	GY04
ABERDEEN	13%	13%	12%	12%	12%	11%
ALASKA	5%	5%	5%	4%	4%	3%
ALBUQUERQUE	14%	13%	13%	12%	12%	11%
BEMIDJI	14%	15%	14%	13%	13%	12%
BILLINGS	12%	12%	11%	11%	11%	11%
CALIFORNIA	11%	10%	10%	10%	10%	9%
NASHVILLE	18%	18%	17%	16%	16%	15%
NAVAJO	12%	11%	11%	10%	10%	9%
OKLAHOMA	13%	12%	11%	11%	10%	10%
PHOENIX	16%	15%	15%	15%	14%	13%
PORTLAND	10%	10%	9%	9%	8%	8%
TUCSON	20%	20%	20%	19%	18%	18%

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



DIABETES: POOR GLYCEMIC CONTROL

National Averages & Targets

2009: 18%

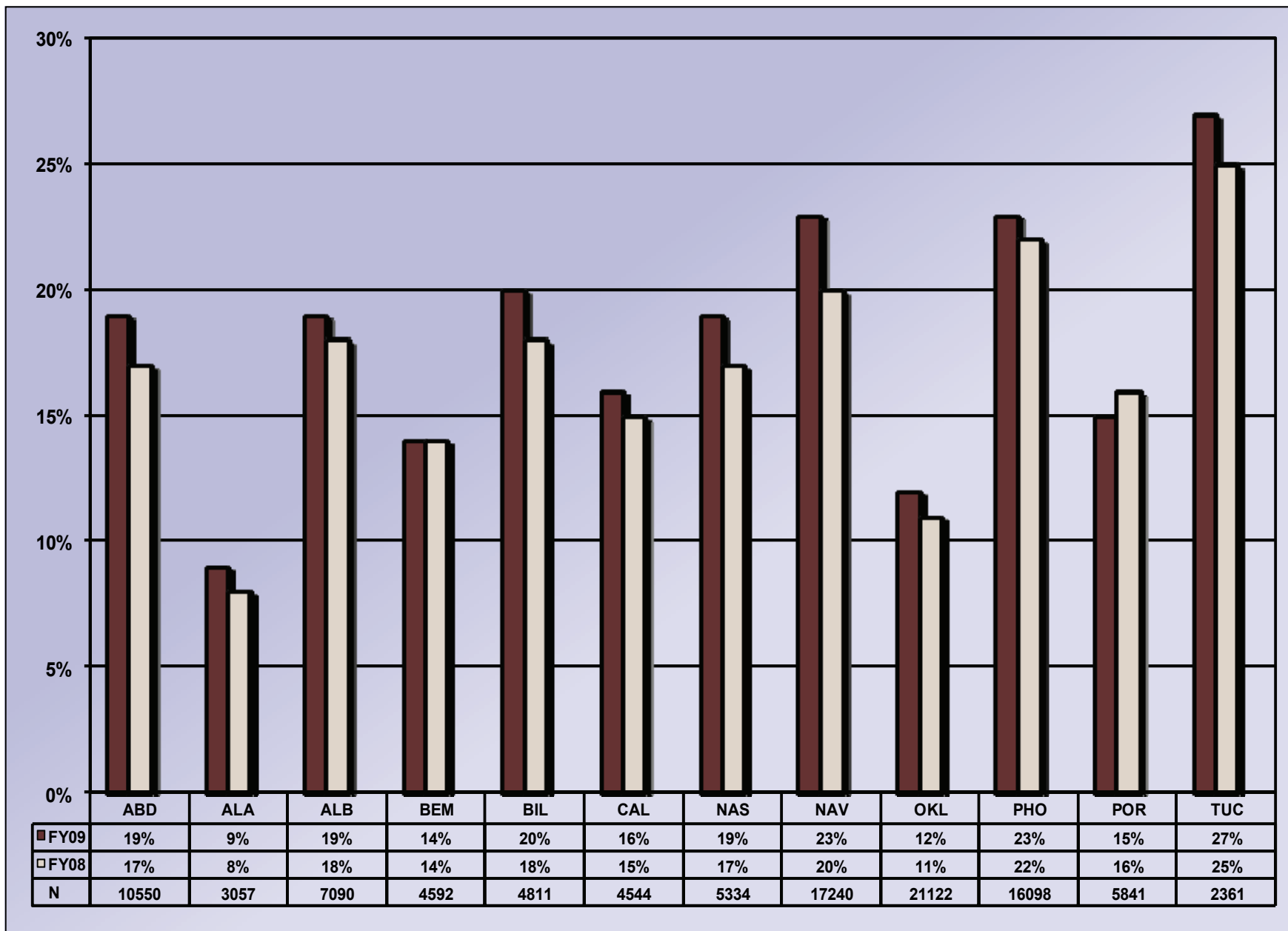
2008: 17%

NT: 18%

2010 goal: 10%

The 2009 national average for IHS direct and tribal facilities for the Poor Glycemic Control measure is 18%. Performance for this measure decreased by 1 percentage point from 2008 and met the 2009 GPRA target of 18%.

Five of the twelve Areas met the national target.



NUMERATOR: Patients with A1c levels greater than 9.5

DENOMINATOR: Active Diabetic Patients

Note: A lower rate is the long-term goal for this measure.



DIABETES: IDEAL GLYCEMIC CONTROL

National Averages & Targets

2009: 31%

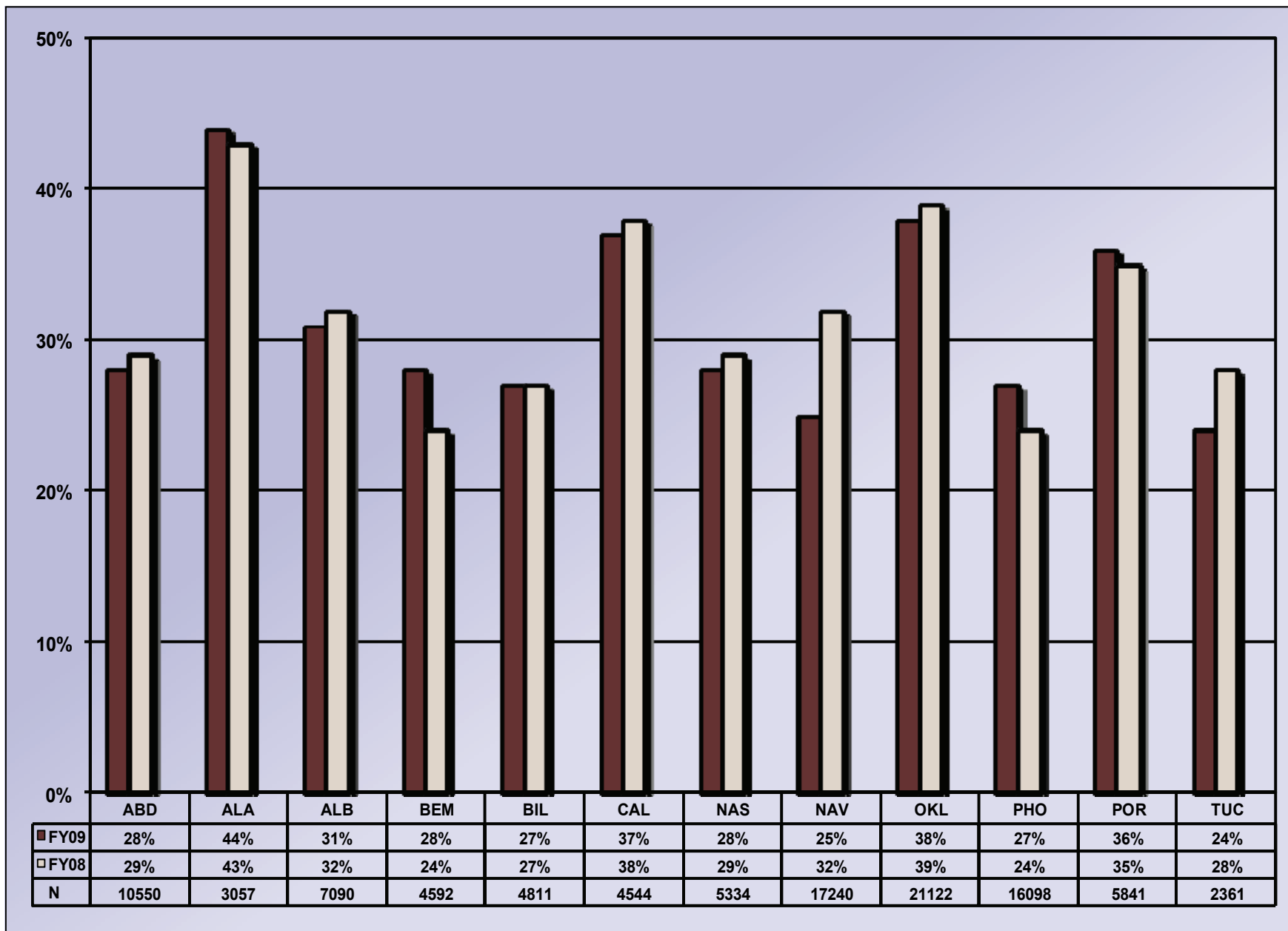
2008: 32%

NT: 30%

2010 goal: 40%

The 2009 national average for IHS direct and tribal facilities for the Ideal Glycemic Control measure is 31%. Performance for this measure decreased by 1 percentage point from 2008 but still exceeded the 2009 GPRA target of 30%.

Five of the twelve Areas met the national target.



NUMERATOR: Patients with A1c levels less than 7.0

DENOMINATOR: Active Diabetic Patients



DIABETES: CONTROLLED BLOOD PRESSURE

National Averages & Targets

2009: 37%

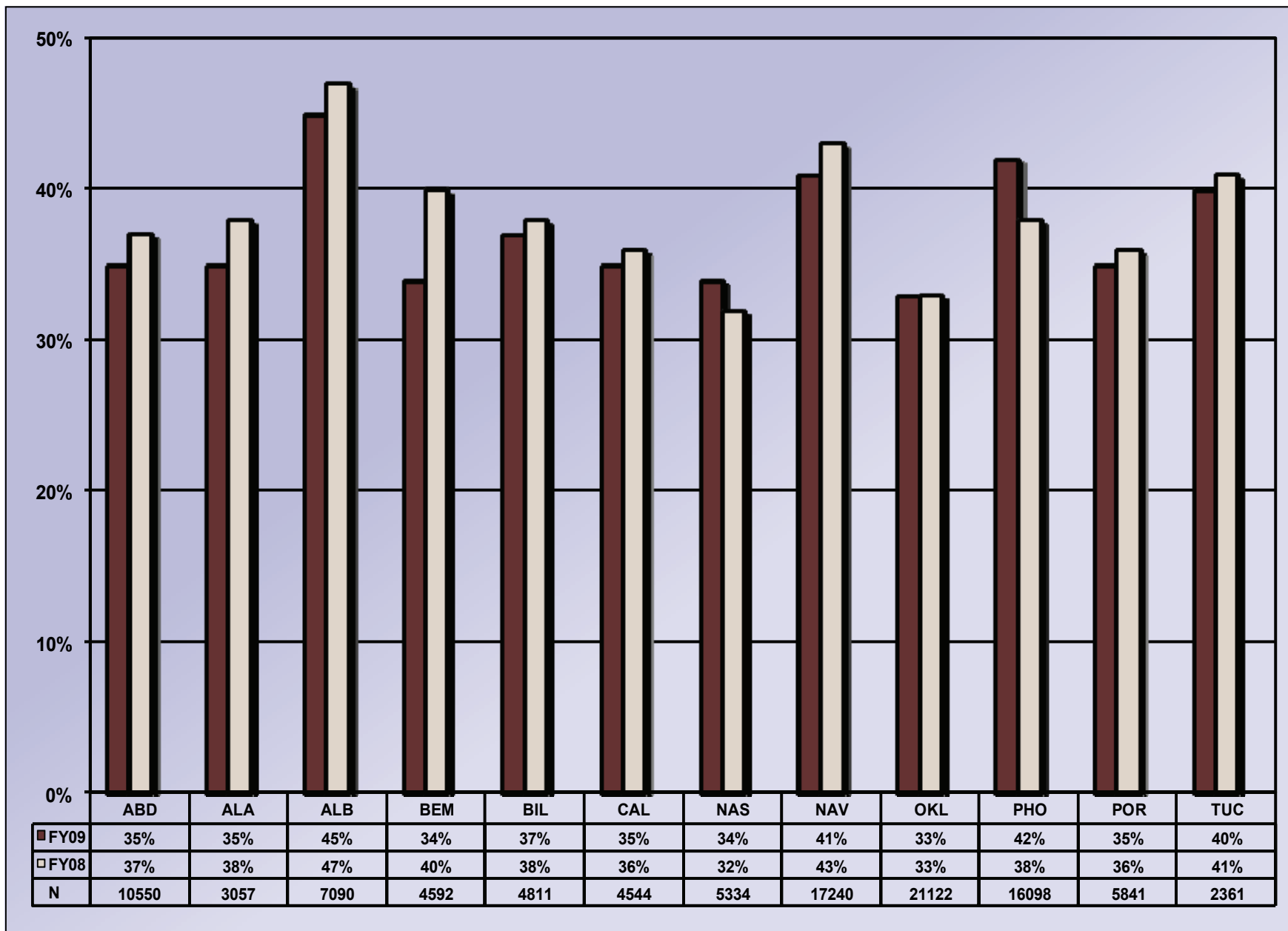
2008: 38%

NT: 36%

2010 goal: 50%

The 2009 national average for IHS direct and tribal facilities for the Blood Pressure Control measure is 37%. Performance for this measure decreased from 2008 by 1 percentage point but still met the 2009 GPRA target of 36%.

Five of the twelve Areas met the national target.



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

DENOMINATOR: Active Diabetic Patients



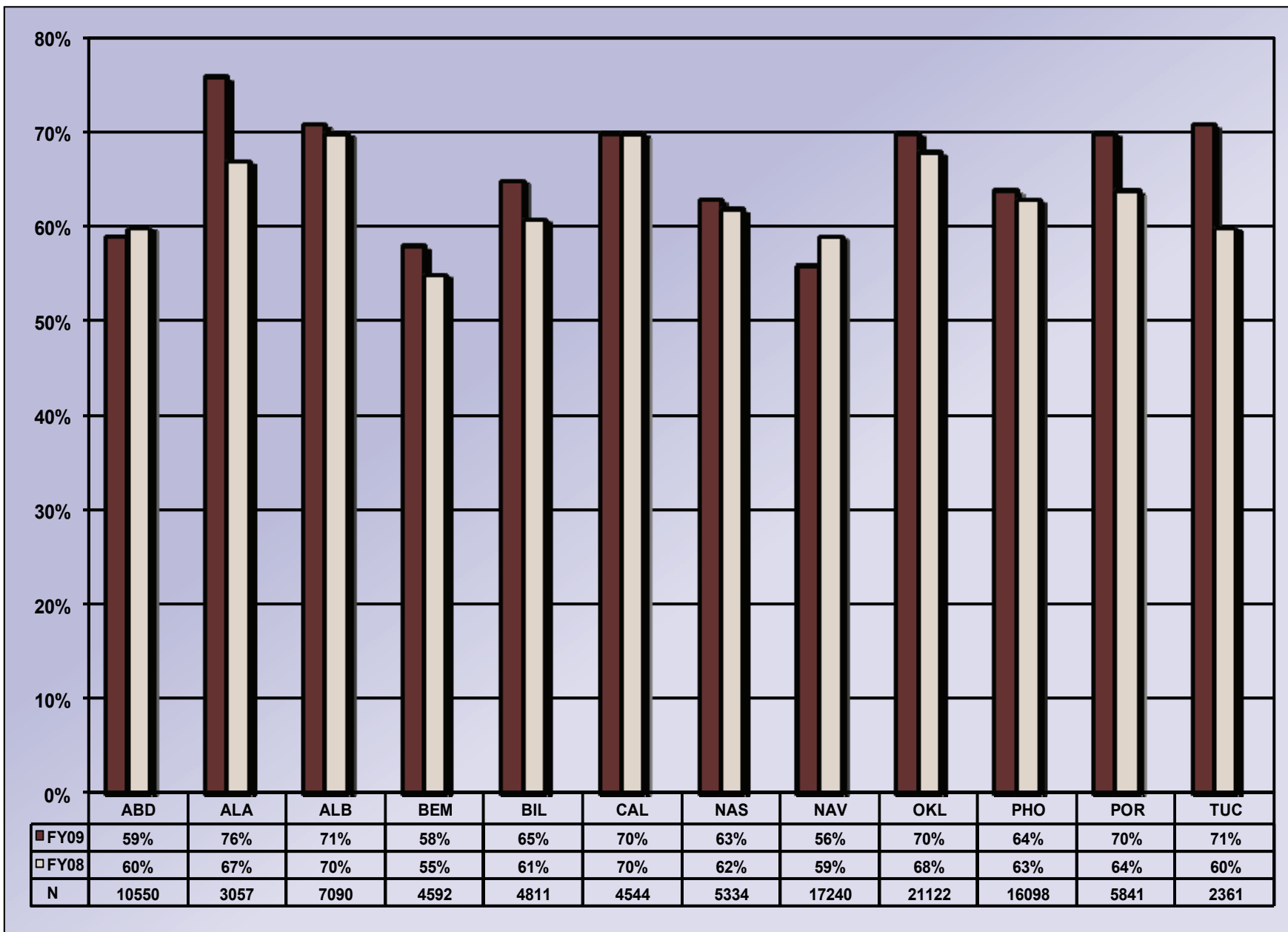
DIABETES: LDL (CHOLESTEROL) ASSESSED

National Averages & Targets

2009: 65%
 2008: 63%
 NT: 60%
 2010 goal: 70%

The 2009 national average for IHS direct and tribal facilities for the LDL Assessed measure is 65%. Performance for this measure increased by 2 percentage points from 2008 and exceeded the 2009 GPRA target of 60%.

Nine of the twelve Areas met the national target.



NUMERATOR: Patients with LDL completed during the report period

DENOMINATOR: Active Diabetic Patients



DIABETES: NEPHROPATHY ASSESSED

National Averages & Targets

2009: 50%

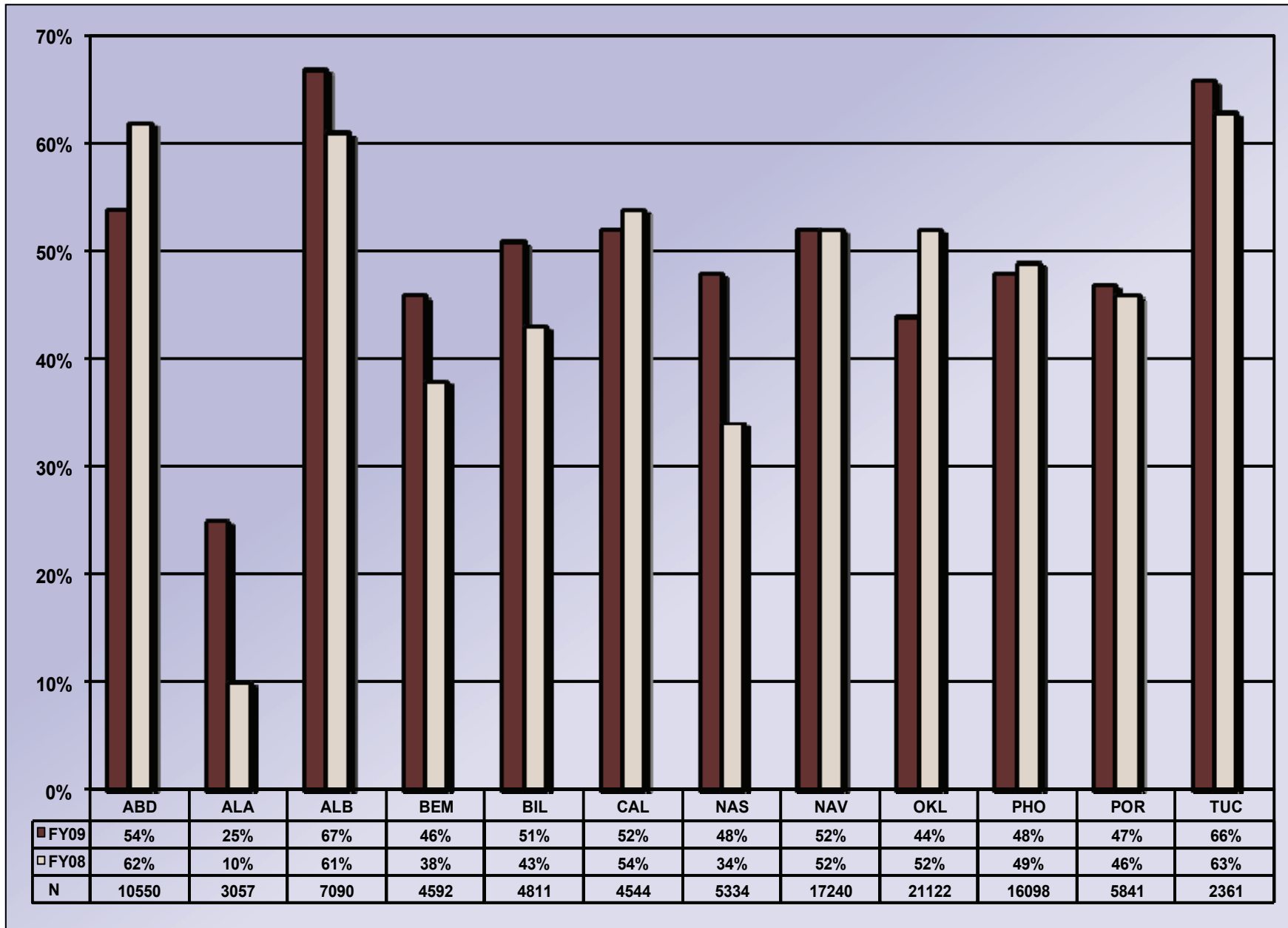
2008: 50%

NT: 47%

2010 goal: 70%

The 2009 national average for IHS direct and tribal facilities for the Nephropathy Assessed measure is 50%. Performance for this measure was maintained at the FY 2008 rate and exceeded the 2009 GPR target of 47%.

Nine of the twelve Areas met the national target.



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

DENOMINATOR: Active Diabetic Patients



DIABETES: RETINOPATHY ASSESSED

National Averages & Targets

2009: 51%

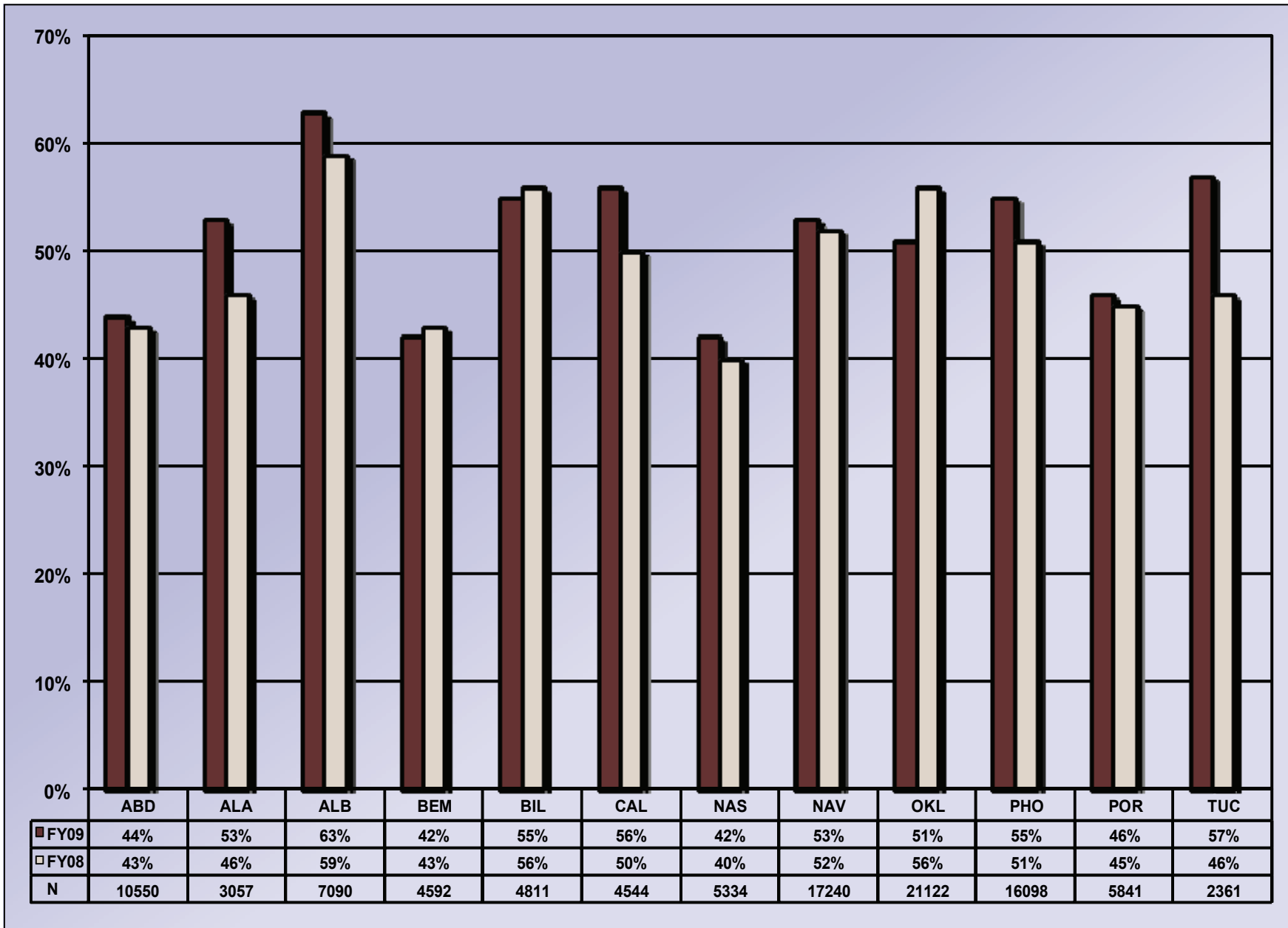
2008: 50%

NT: 47%

2010 goal: 75%

The 2009 national average for IHS direct and tribal facilities for the Retinopathy Assessed measure is 51%. Performance for this measure increased by 1 percentage point from 2008 and exceeded the 2009 GPRA target of 47%.

Eight of the twelve Areas met the national target.



NUMERATOR: Patients with a Retinopathy exam during the report period

DENOMINATOR: Active Diabetic Patients



DENTAL: GENERAL ACCESS

National Averages & Targets

2009: 25%

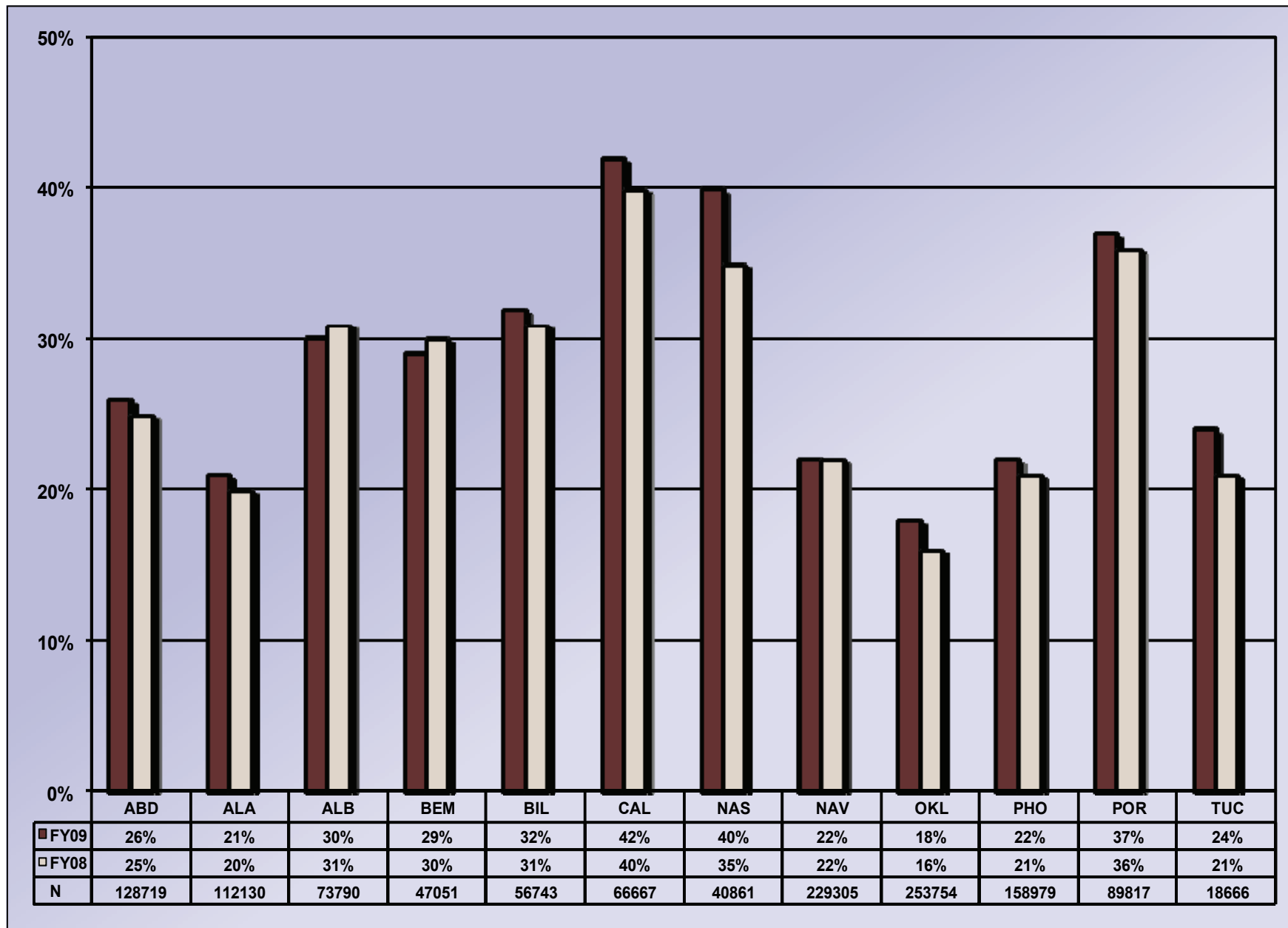
2008: 25%

NT: 24%

2010 goal: 40%

The 2009 national average for IHS direct and tribal facilities for the Dental: General Access measure is 25%. Performance for this measure was maintained at the 2008 rate and exceeded the 2009 GPRA target of 24%.

Eight of the twelve Areas met the national target.



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

DENOMINATOR: GPRA User Population Patients



IMMUNIZATIONS: INFLUENZA

National Averages & Targets

2009: 59%

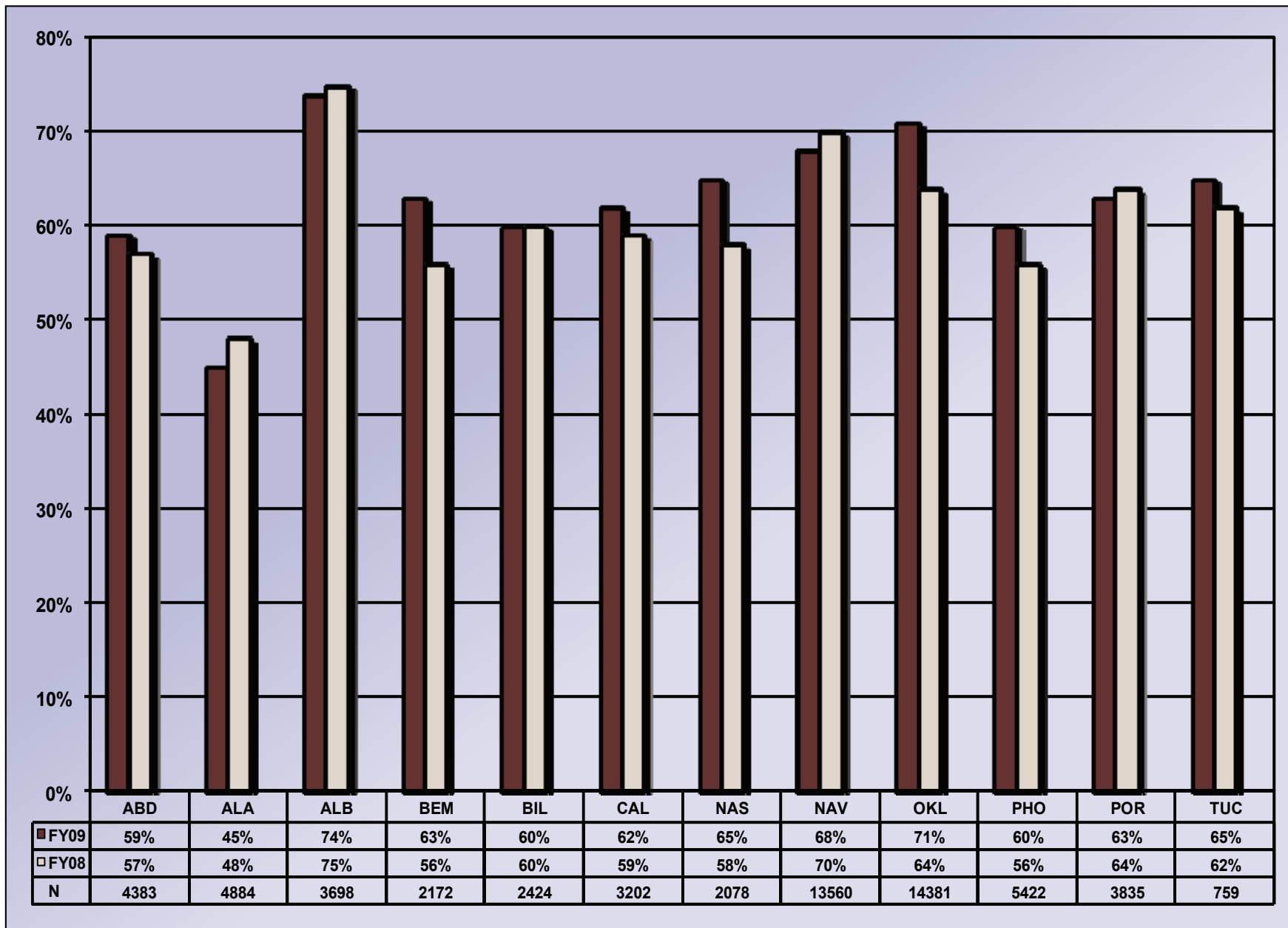
2008: 62%

NT: 62%

2010 goal: 90%

The 2009 national average for IHS direct and tribal facilities for the Influenza measure is 59%. Performance for this measure decreased by 3 percentage points from 2008 and did not meet the 2009 GPRA target of 62%.

Eight of the twelve Areas met the national target.



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

DENOMINATOR: Active Clinical patients age 65 and older



IMMUNIZATIONS: PNEUMOVAX

National Averages & Targets

2009: 82%

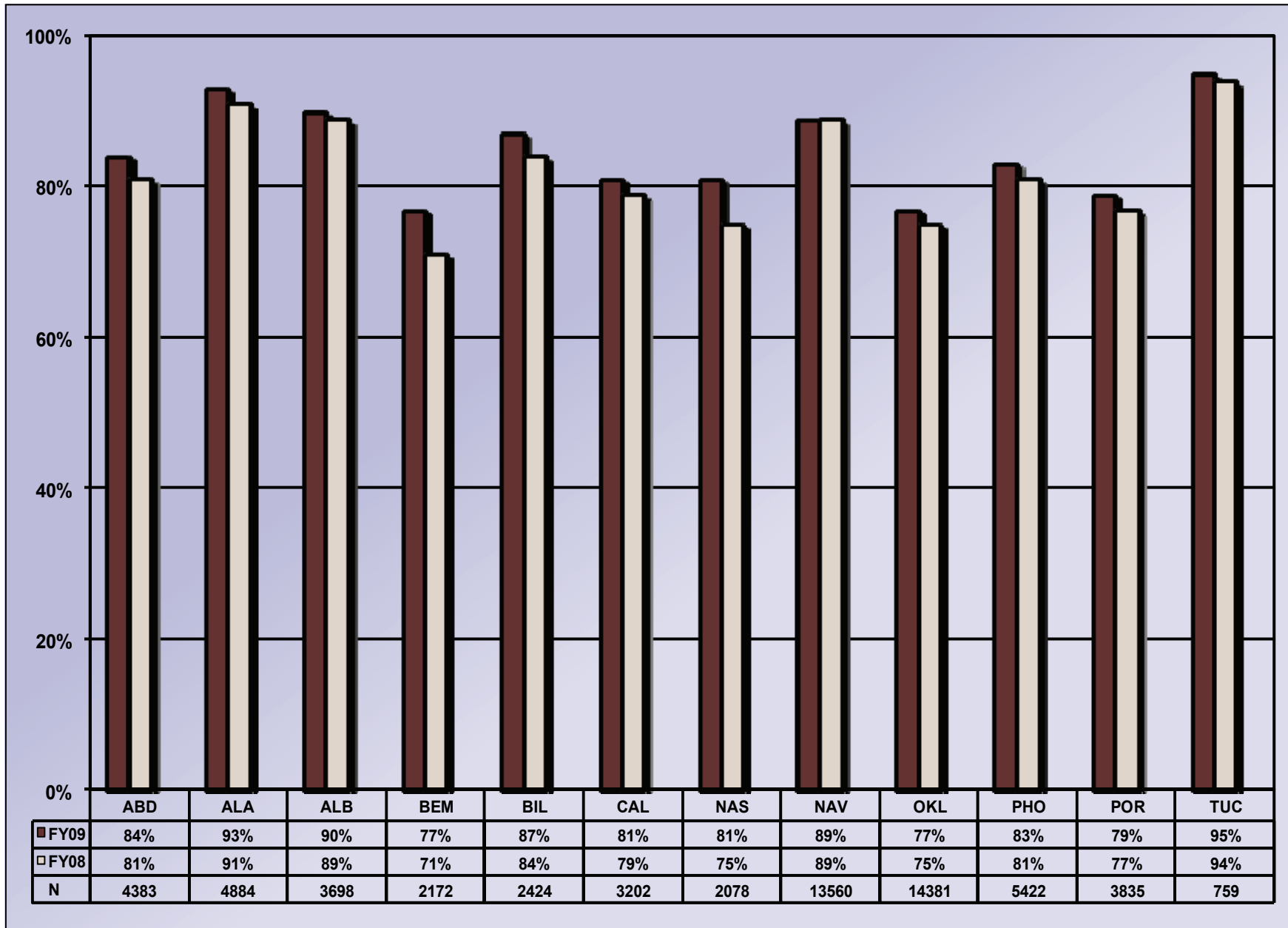
2008: 82%

NT: 82%

2010 goal: 90%

The 2009 national average for IHS direct and tribal facilities for the Pneumovax measure is 82%. Performance for this measure was maintained at the 2008 rate and met the 2009 GPRA target of 82%.

Seven of the twelve Areas met the national target.



NUMERATOR: Patients with Pneumococcal vaccine documented ever.

DENOMINATOR: Active Clinical patients age 65 and older



IMMUNIZATIONS: CHILDHOOD (19 – 35 months)

National Averages & Targets

2009: 79%

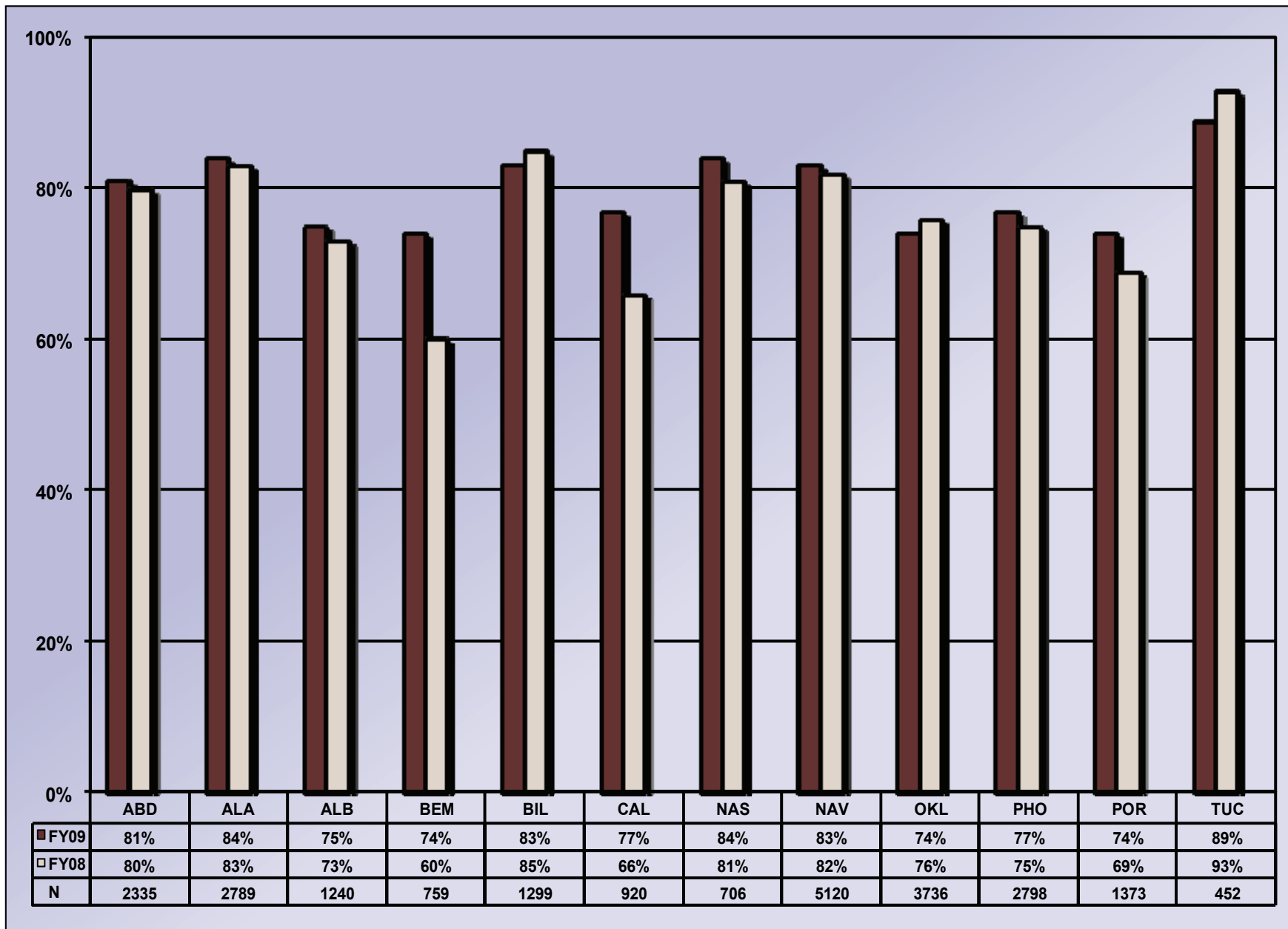
2008: 78%

NT: 78%

2010 goal: 80%

The 2009 national average for IHS direct and tribal facilities for the Childhood Immunizations measure is 79%. Performance for this measure increased by 1 percentage point from 2008 and exceeded the 2009 GPRA target of 78%.

Six of the twelve Areas met the national target.



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

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



CANCER SCREENING: CERVICAL (PAP SMEAR)

National Averages & Targets

2009: 59%

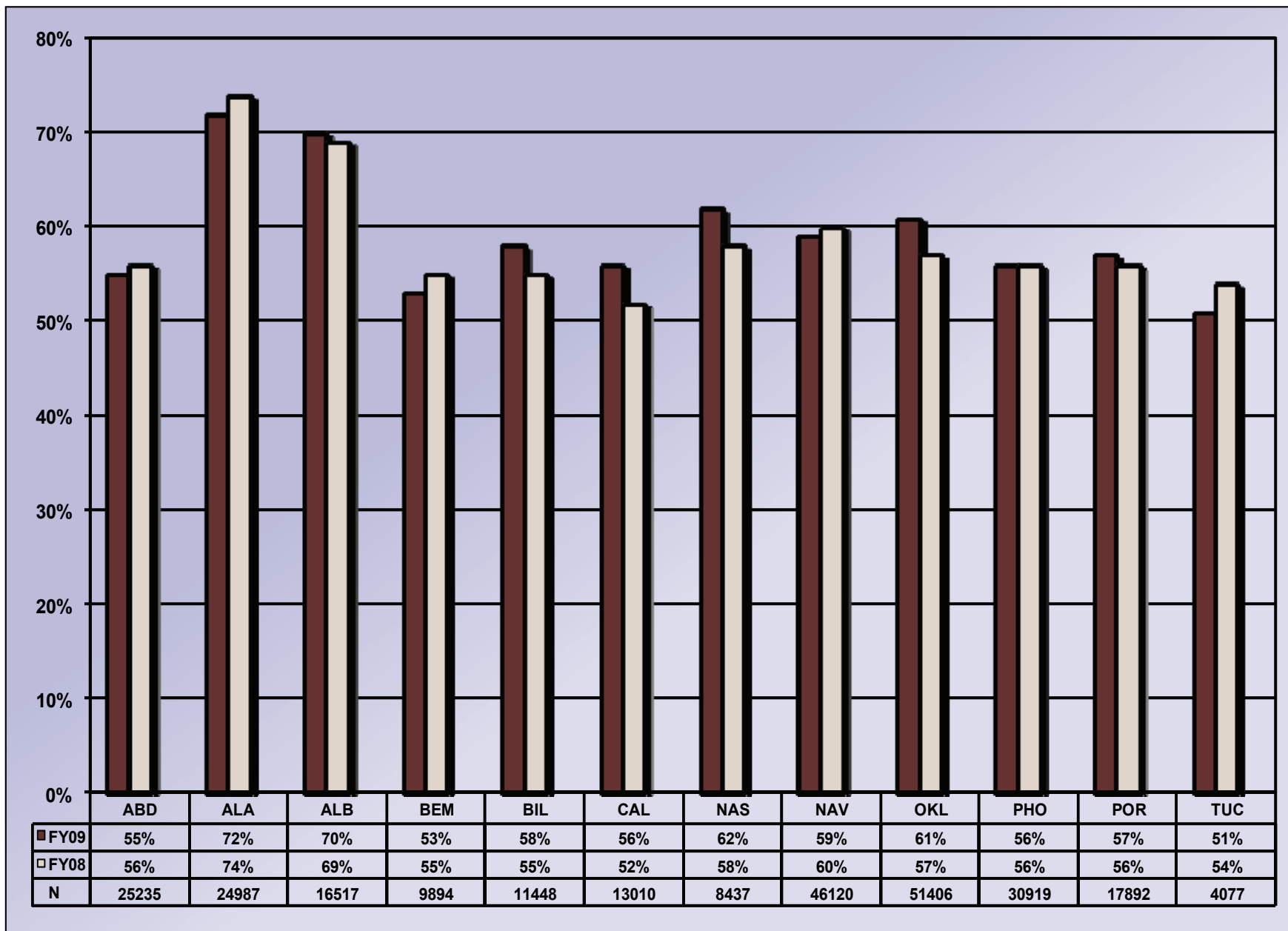
2008: 59%

NT: 59%

2010 goal: 10%

The 2009 national average for IHS direct and tribal facilities for the Pap Screening measure is 59%. Performance for this measure was maintained at the 2008 rate and met the 2009 GPRA target of 59%.

Five of the twelve Areas met the national target.



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

DENOMINATOR: Female Active Clinical patients ages 21-64



CANCER SCREENING: BREAST (MAMMOGRAPHY)

National Averages & Targets

2009: 45%

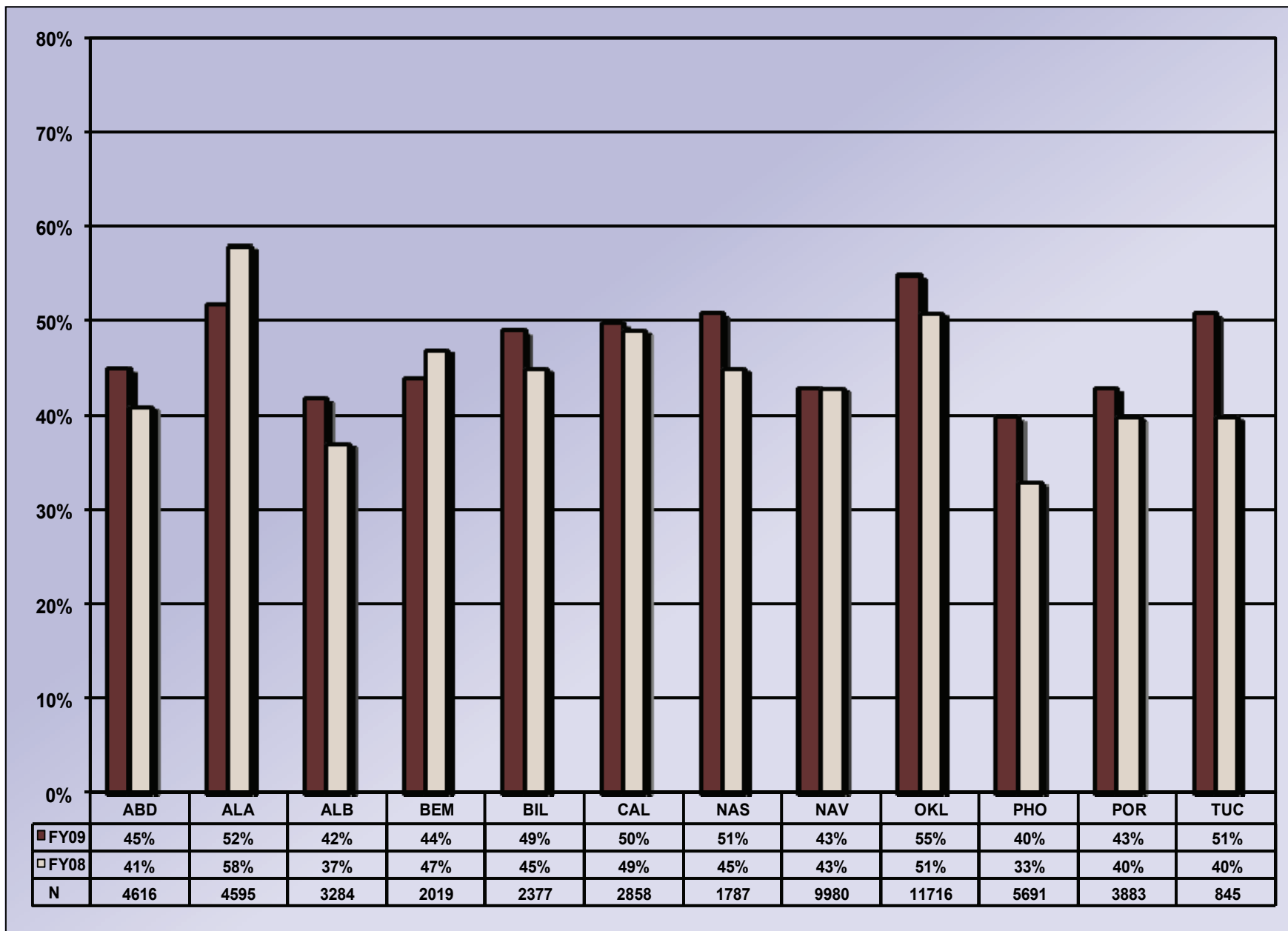
2008: 45%

NT: 45%

2010 goal: 70%

The 2009 national average for IHS direct and tribal facilities for the Mammography Screening measure is 45%. Performance for this measure was maintained at the 2008 rate and met the 2009 GPRA target of 45%.

Seven of the twelve Areas met the national target.



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

DENOMINATOR: Female Active Clinical patients ages 52-64



CANCER SCREENING : COLORECTAL

National Averages & Targets

2009: 33%

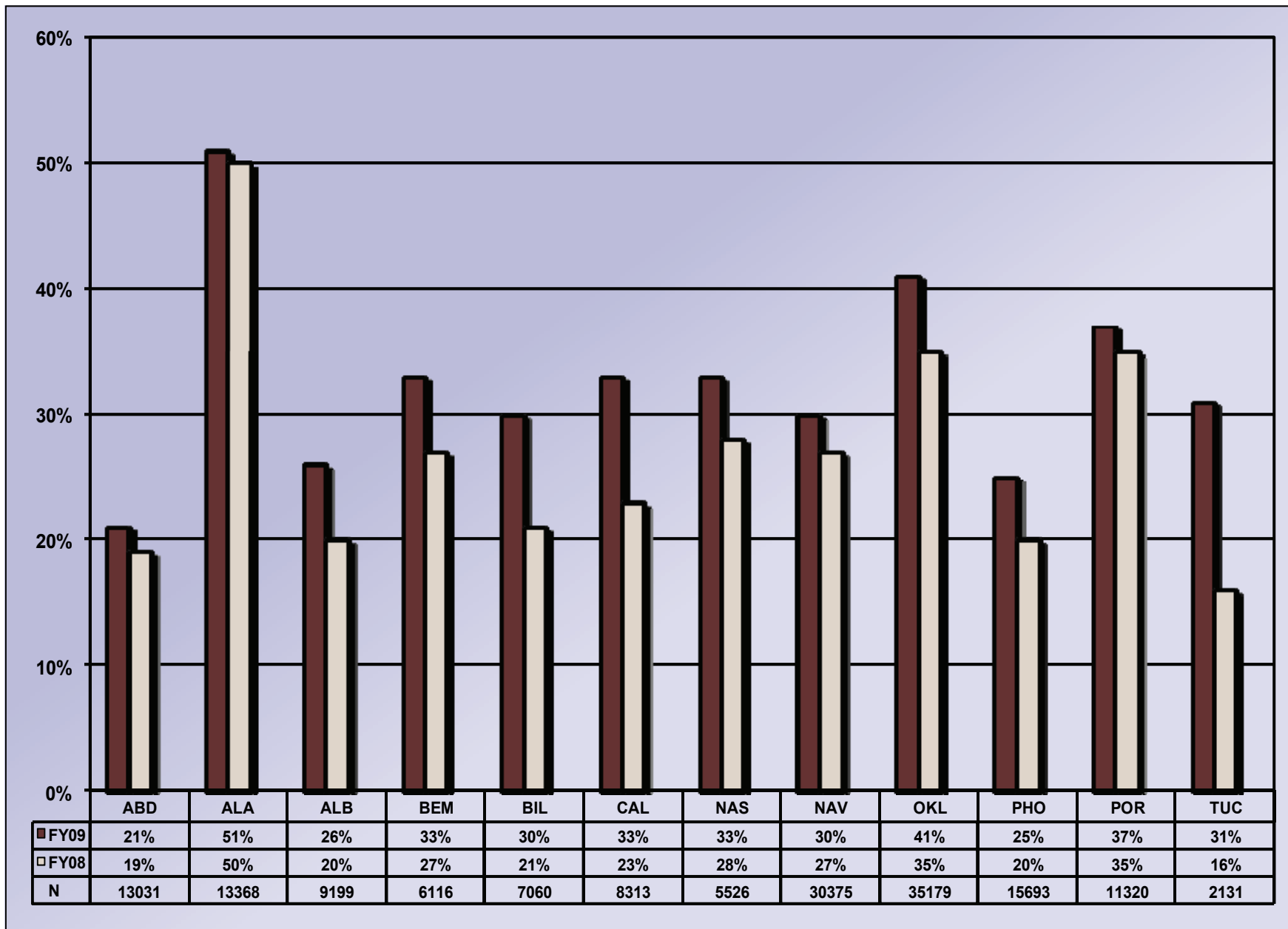
2008: 29%

NT: 29%

2010 goal: 50%

The 2009 national average for IHS direct and tribal facilities for the Colorectal Cancer Screening measure is 33%. Performance for this measure increased by 4 percentage points over 2008 and exceeded the 2009 GPRA target of 29%.

Nine of the twelve Areas met the national target.



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

DENOMINATOR: Active Clinical patients ages 51-80



TOBACCO CESSATION

National Averages & Targets

2009: 24%

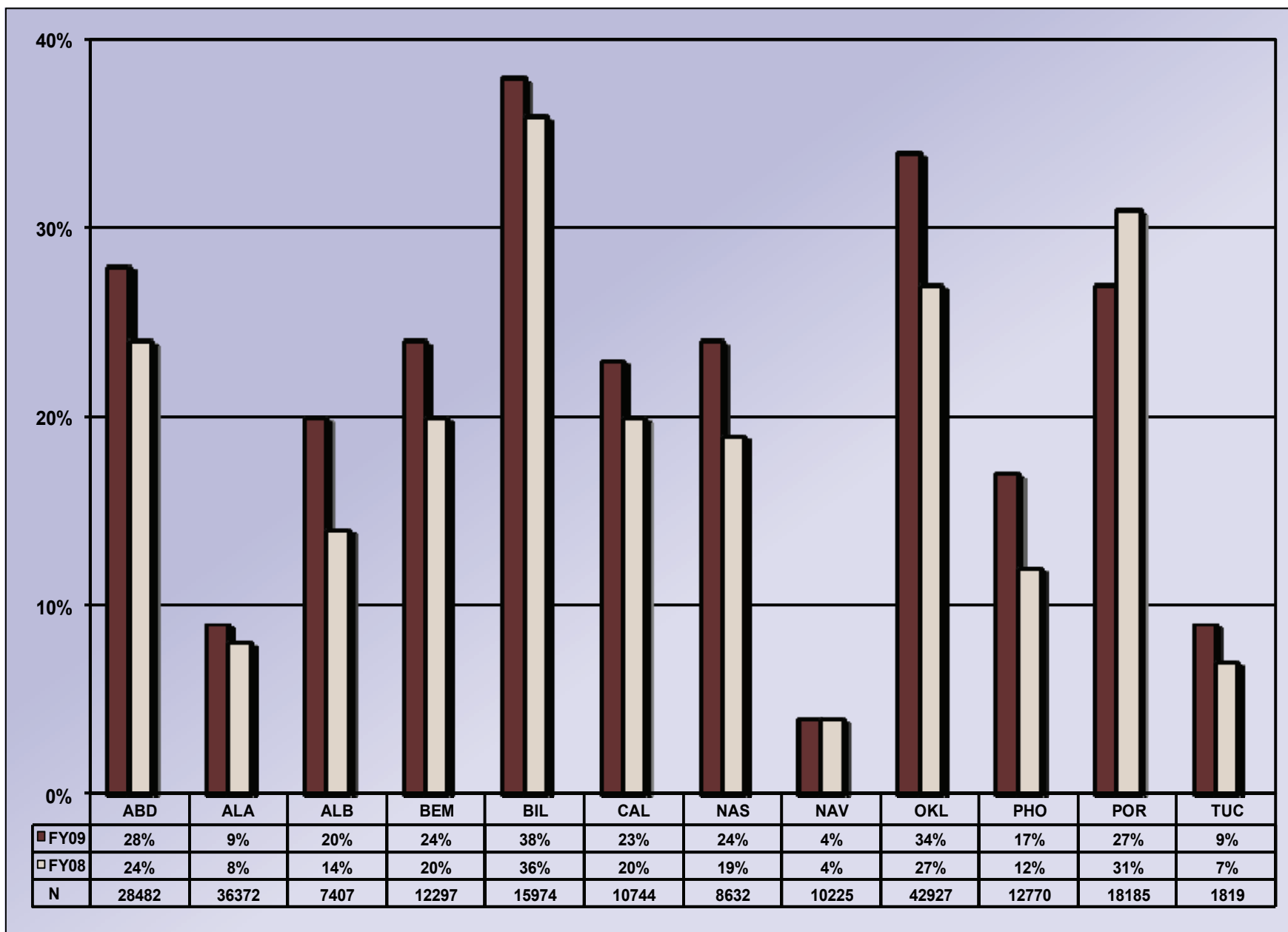
2008: 21%

NT: 21%

2010 goal: TBD

The 2009 national average for IHS direct and tribal facilities for the Tobacco Cessation measure is 24%. Performance for this measure increased by 3 percentage points over 2008 and exceeded the 2009 GPRA target of 21%.

Seven of the twelve Areas met the national target.



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

DENOMINATOR: Active Clinical patients identified as current tobacco users



ALCOHOL SCREENING: FETAL ALCOHOL SYNDROME (FAS) PREVENTION

National Averages & Targets

2009: 52%

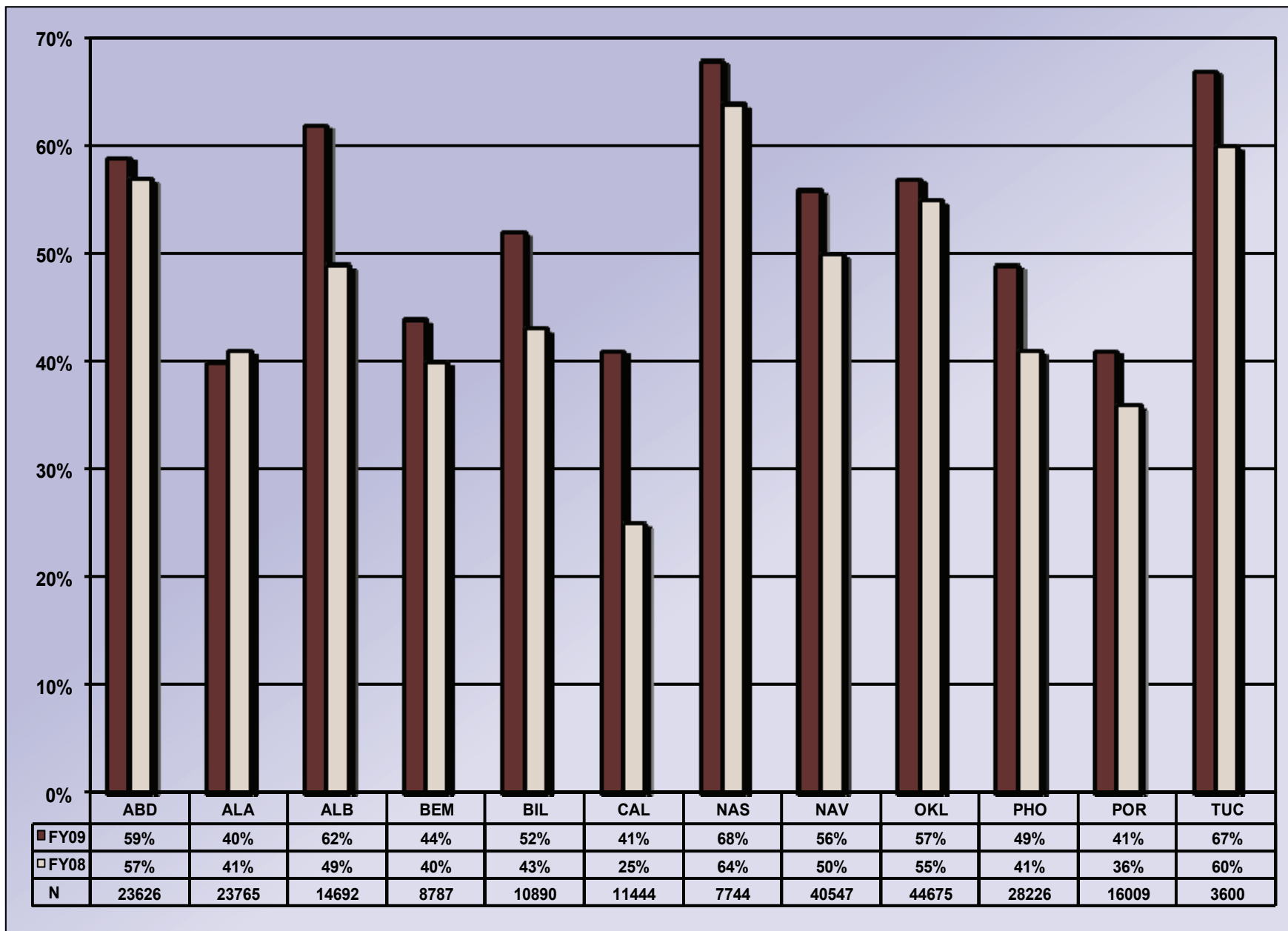
2008: 47%

NT: 47%

2010 goal: 25%

The 2009 national average for IHS direct and tribal facilities for the Alcohol Screening/ FAS Prevention measure is 52%. Performance for this measure increased by 5 percentage points over 2008 and exceeded the 2009 GPRA target of 47%.

Eight of the twelve Areas met the national target.



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

DENOMINATOR: Female Active Clinical patients ages 15-44



DOMESTIC VIOLENCE/INTIMATE PARTNER VIOLENCE SCREENING

National Averages & Targets

2009: 48%

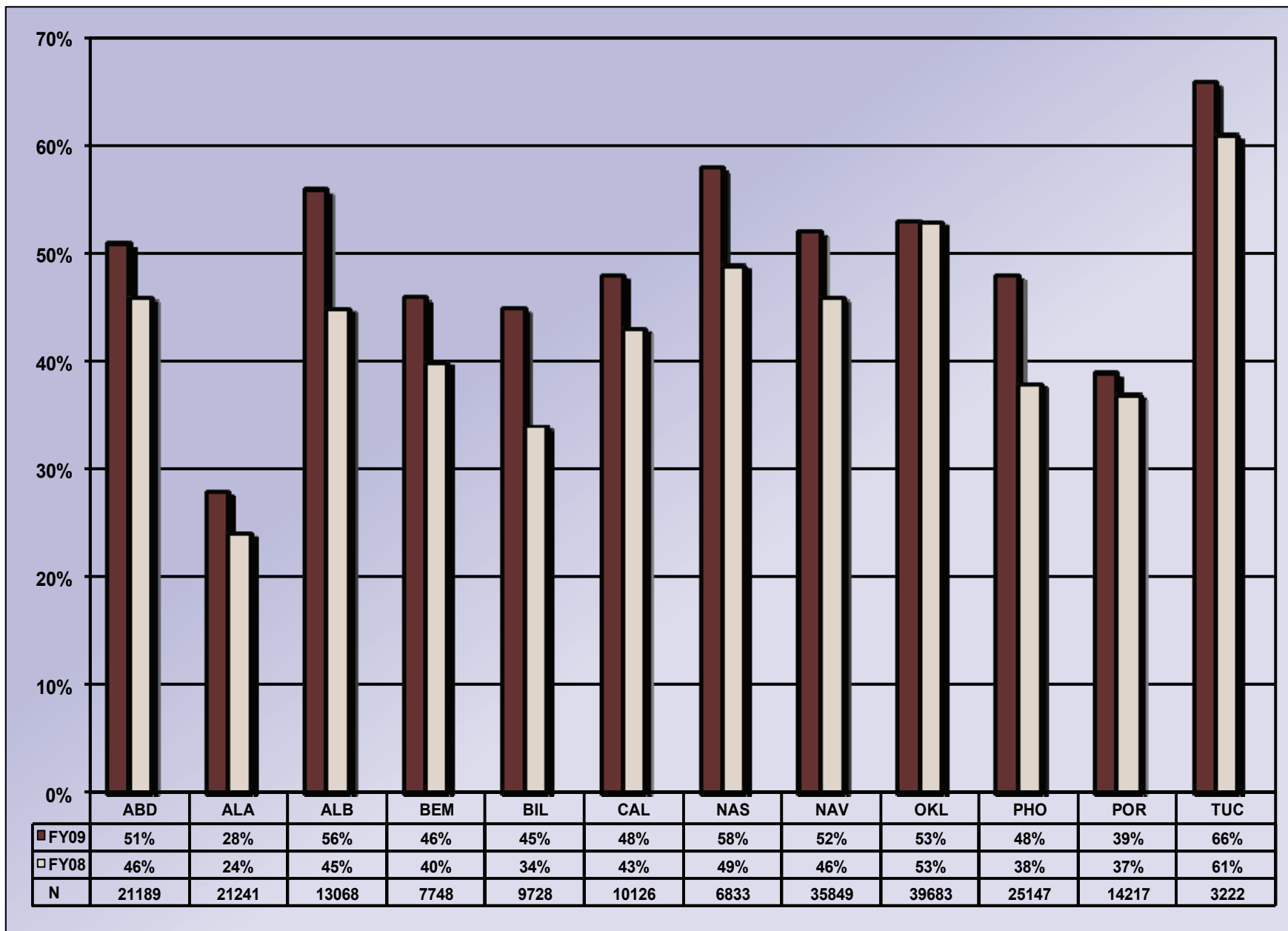
2008: 42%

NT: 42%

2010 goal: 40%

The 2009 national average for IHS direct and tribal facilities for the DV/IPV measure is 48%. Performance for this measure increased by 6 percentage points over 2008 and exceeded the 2009 GPRA target of 42%.

Ten of the twelve Areas met the national target.



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

DENOMINATOR: Female Active Clinical patients ages 15-40



DEPRESSION SCREENING

National Averages & Targets

2009: 44%

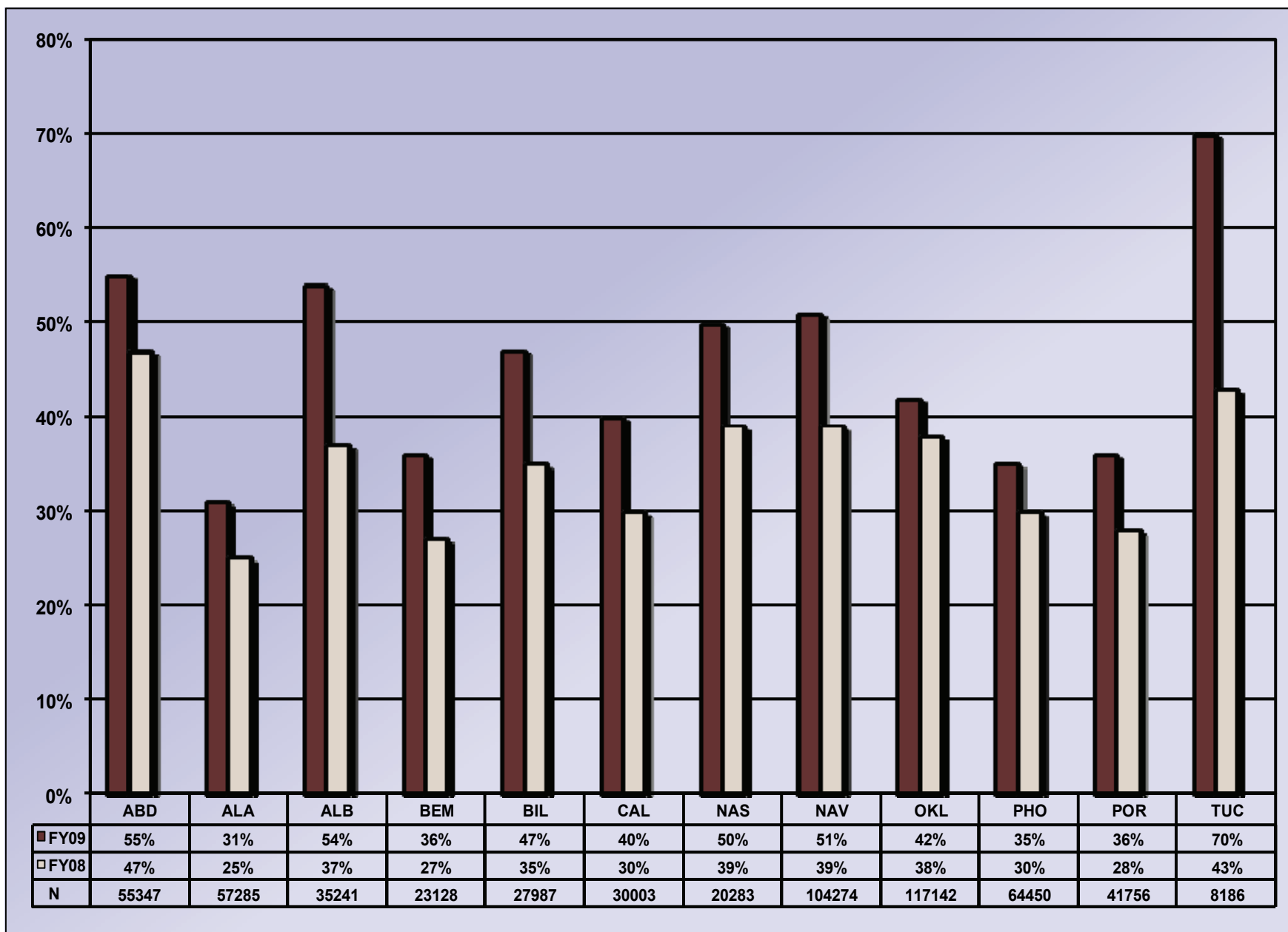
2008: 35%

NT: 35%

2010 goal: TBD

The 2009 national average for IHS direct and tribal facilities for the Depression Screening measure is 44%. Performance for this measure increased by 9 percentage points over 2008 and exceeded the 2009 GPRA target of 35%.

Eleven of the twelve Areas met the national target.



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

DENOMINATOR: Active Clinical patients ages 18 and older



CVD PREVENTION – COMPREHENSIVE ASSESSMENT

National Averages & Targets

2009: 32%

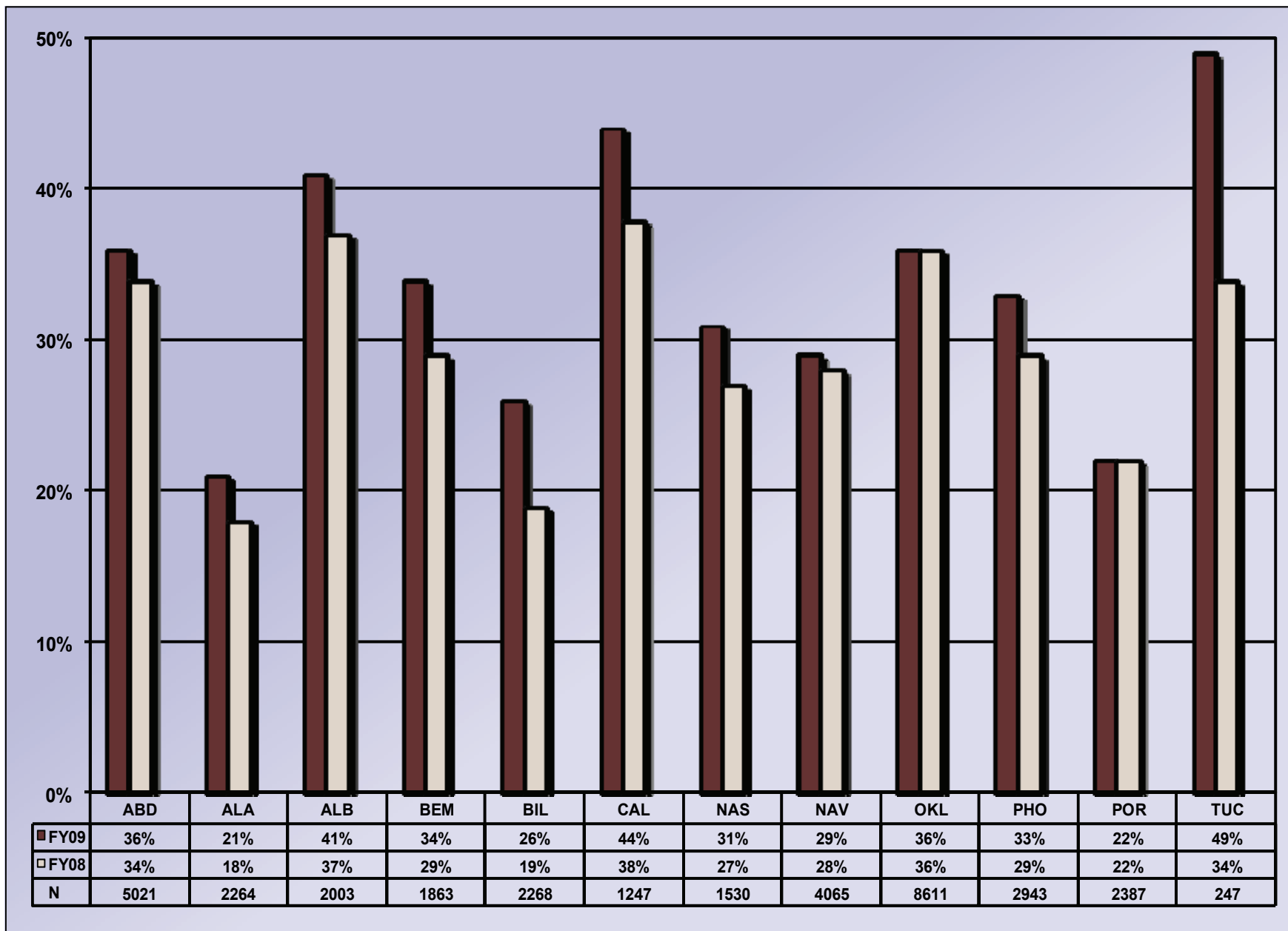
2008: 30%

NT: 30%

2010 goal: TBD

The 2009 national average for IHS direct and tribal facilities for the CVD Prevention measure is 32%. Performance for this measure increased by 2 percentage points over 2008 and exceeded the 2009 GPRA target of 30%.

Eight of the twelve Areas met the national target.



NUMERATOR: Patients with a comprehensive assessment: BP, LDL, Tobacco Use, BMI, & lifestyle counseling.

DENOMINATOR: Active IHD patients ages 22 or older



PRENATAL HIV SCREENING

National Averages & Targets

2009: 76%

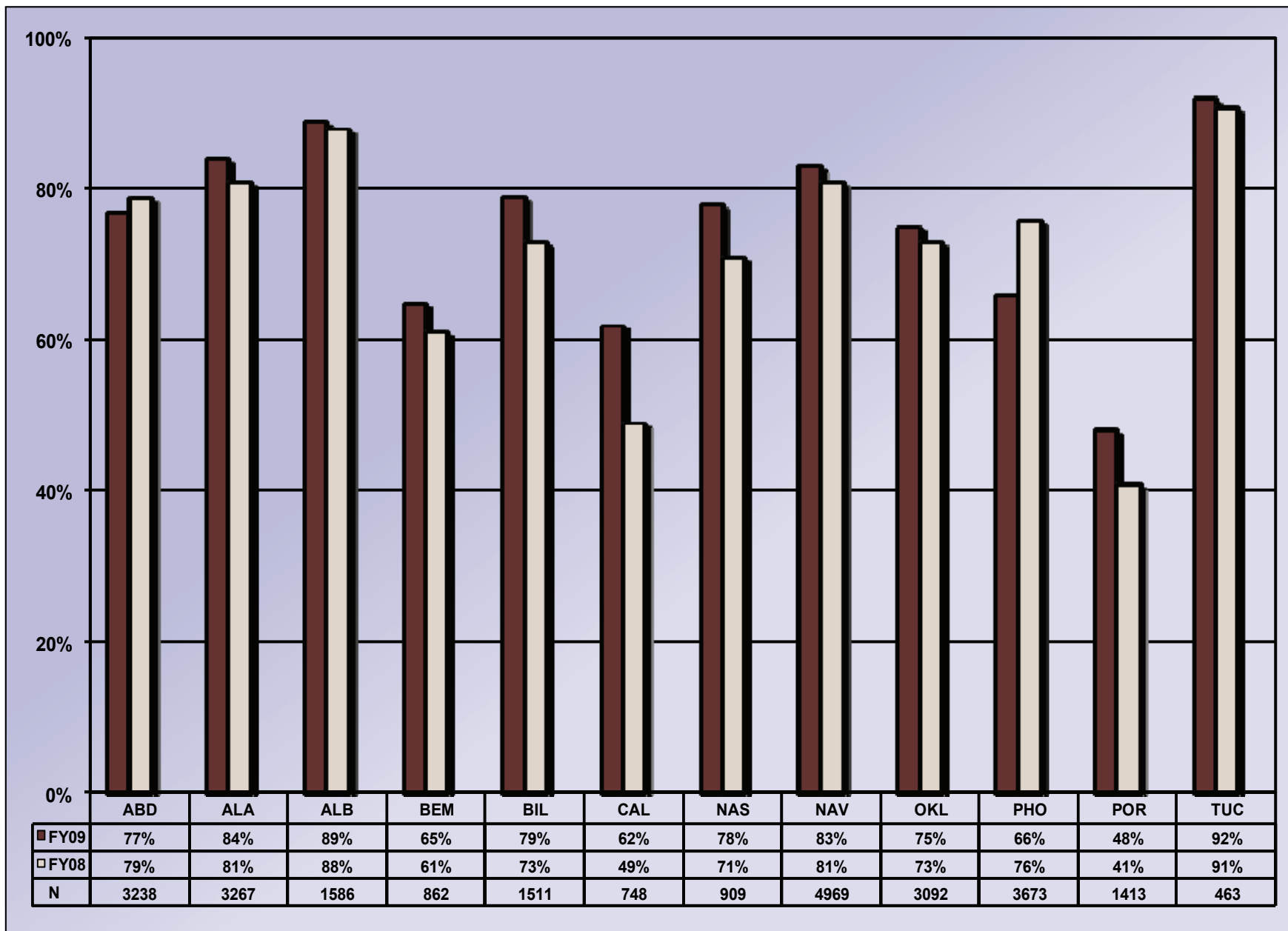
2008: 75%

NT: 75%

2010 goal: TBD

The 2009 national average for IHS direct and tribal facilities for the Prenatal HIV Screening measure is 76%. Performance for this measure increased 1 percentage point over 2008 and exceeded the 2009 GPRA target of 75%.

Eight of the twelve Areas met the national target.



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

DENOMINATOR: All pregnant female user population patients



2009 NATIONAL DASHBOARD

In 2009, IHS direct and tribal facilities met or exceeded the targets for 20 of the 21 clinical GPRA measures, achieving a success rate of 95%. 16 of the 21 measures exceeded the 2009 targets and 12 of the 21 measures exceeded their FY 2008 performance. The single measure that was not met was Influenza Immunizations for Adults 65+. The removal of refusals from the national measure criteria in FY 2009 had a significant impact on this measure due to the high refusal rate for this vaccine.

These results are representative of 196 IHS Direct and Tribal programs.

2009 End of Year National Dashboard (IHS/Tribal)					
DIABETES	2009*	2008	2007	2009 Target	Final Results
Diabetes Dx Ever	12%	12%	11%	N/A	N/A
Documented A1c	80%	79%	79%	N/A	N/A
Poor Glycemic Control	18%	17%	16%	18%	MET
Ideal Glycemic Control	31%	32%	31%	30%	MET
Controlled BP <130/80	37%	38%	39%	36%	MET
LDL Assessed	65%	63%	61%	60%	MET
Nephropathy Assessed	50%	50%	40% ^b	47%	MET
Retinopathy Exam	51%	50%	49%	47%	MET
DENTAL					
Dental Access	25%	25%	25%	24%	MET
Sealants	257,067	241,207	245,449	229,147	MET
Topical Fluoride- Patients	136,794	120,754	107,934	114,716	MET
IMMUNIZATIONS					
Influenza 65+	59%	62%	59%	62%	NOT MET
Pneumovax 65+	82%	82%	79%	82%	MET
Childhood IZ	79%	78%	78%	78%	MET
PREVENTION					
Pap Screening	59%	59%	59%	59%	MET
Mammography Screening	45%	45%	43%	45%	MET
Colorectal Cancer Screening	33%	29%	26%	29%	MET
Tobacco Cessation	24%	21%	16%	21%	MET
Alcohol Screening (FAS Prevention)	52%	47%	41%	47%	MET
DV/IPV Screening	48%	42%	36%	42%	MET
Depression Screening	44%	35%	24%	35%	MET
CVD-Comprehensive Assessment	32%	30%	30% ^c	30%	MET
Prenatal HIV Screening	76%	75%	74%	75%	MET
Childhood Weight Control ^a	25%	24%	24%	N/A ^a	N/A

^aLong-term measure as of FY 2009

^bNew baseline in FY 2007 - change in Standards of Care (IHS Division of Diabetes Treatment and Prevention)

^cNew baseline in FY 2007 - measure change from Cholesterol Screening to Comprehensive CVD-related Assessment

* 2009 National Results do NOT include refusals.

Measures Met = 20
Measures Not Met = 1
Total Measures = 21