

California Area Indian Health Service



California Area Report 2008

Measuring healthcare quality to improve patient care
Government Performance and Results Act (GPRA)

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INTRODUCTION

The 2008 California Area Report contains detailed performance results for selected clinical GPRA measures collected from 23 tribal and 8 urban programs, most of which used CRS 8.0 software. This report is a companion to the 2008 National Summary and the 2008 12-Area Report. The 12-Area Report presents detailed, comparative performance data for all IHS Areas. The National Summary contains national aggregate GPRA results, and includes a reference section for those who would like to review the clinical literature relating to measures. Taken together, these three reports allow individual health programs to assess how their performance contributes to Area and national GPRA performance, and how California Area results compare with other Areas.

The California Area Report includes two graphs for each clinical GPRA measure. The first graph displays California Area results for each fiscal year from 2003-2008 (when available), as well as the 2008 IHS national average. The second graph displays results for each reporting health program for FY 2008. The first two rows under each graph show the percentage of patients meeting the measure for each program in 2007 and 2008. The “n” row shows the number of patient records examined at each clinic, i.e. the “denominator,” in 2008. (There are no denominators for the dental sealants measure, which counts the number of sealants placed in patients, or the topical fluorides measure, which counts the number of patients receiving treatment.) These graphs will allow each health program to review the changes in their own performance from FY 2007 to FY 2008, compare their performance with other California programs and with Area and national Averages, and assess their progress toward achieving long-term national goals. Page 5 of this document displays a 2008 GPRA User Population table. This table is organized by population so programs can benchmark their progress against programs of similar size. The 12 month GPRA collection period for FY 2008 ran from July 1, 2007 through June 30, 2008.

In FY 2008, California programs met 14 of 20 clinical measures and exceeded the IHS national average on 9 of them. Performance on the Mammography measure (for breast cancer screening) was especially impressive, increasing by 7 percentage points over the FY 2007 California performance and exceeding the FY 2008 national average by 4 percentage points. Also commendable was the improvement in screening for Domestic Violence/Intimate Partner Violence, which increased 9 percentage points over the FY 2007 rate and exceeded the national average by 1 percentage point.

The long-term objective of this report is to provide California Area Indian Health Programs with comparable and consistent performance data. The ability to access performance data at the local level will allow health programs to identify areas of strengths and weaknesses in the delivery of clinical services. This data will also allow the California Area to consider using performance as a factor in the distribution of new funds and to present GPRA performance awards.

PROGRAM LEGEND

<u>Abbr.</u>	<u>Site Name</u>	<u>ASUFAC</u>	<u>Abbr.</u>	<u>Site Name</u>	<u>ASUFAC</u>
BAK	BAKERSFIELD IHC	648655	RVL	ROUND VALLEY	662710
CDE	CHAPA-DE	661010	SAC	SACRAMENTO NATIVE AMER HC	648310
CON	CONSOLIDATED	662210	SBR	SANTA BARBARA IHC	648755
CVL	CENTRAL VALLEY	661110	SDG	SAN DIEGO IHC	648110
FRV	FEATHER RIVER INDIAN HEALTH	663610	SIH	SO. INDIAN HEALTH COUNCIL	662110
GVL	GREENVILLE RANCHERIA TRB HLTH	663510	SON	SONOMA	662010
HPA	HOOPA	661210	SS	SHINGLE SPRINGS TRIB HLTH PROG	663410
IHC	INDIAN HEALTH COUNCIL	661610	SYC	SYCUAN	663230
KRK	KARUK	661355	SYZ	SANTA YNEZ	662830
LAK	LAKE	662930	SFR*	SAN FRANCISCO	648411
LAS	LASSEN INDIAN HC	663030	SJO*	SAN JOSE	648210
MAC	MACT HEALTH BOARD CLINIC	662510	TOI	TOIYABE	662310
NVL	NORTHERN VALLEY	661557	TUL	TULE RIVER CLINIC	662410
OAK*	OAKLAND	648410	TUO	TUOLUMNE ME-WUK CLINIC	664110
PIT	PIT RIVER	661710	UAI	UNITED AMER IND INVOLVEMENT	645060
RSB	RIVERSIDE/SAN BERNARDINO	661810			

**2007/2008 data reported from non-RPMS System; data not validated by CRS software equivalent*

Urban Indian Health Program

2008 GPRA USER POPULATION, BY PROGRAM

Population
Scale

> 4000	4000-2000	2000-1000	< 1000
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<u>Health Program</u>	<u>GPRA User Population</u>		<u>Health Program</u>	<u>GPRA User Population</u>
Riverside/ San Bern (RSB)	12,749		Lake County (LAK)	1,669
Central Valley (CVL)	6,420		Oakland (OAK)	1,612
Chapa De (CDE)	5,473		Bakersfield (BAK)	1,530
Sonoma (SON)	5,057		San Francisco (SFR)	1,382
Indian Health Council (IHC)	4,210		Round Valley (RVL)	1,270
Feather River (FRV)	3,761		San Diego (SDG)	1,191
Hoopa (HPA)	3,212		Greenville (GVL)	1,038
Consolidated THP (CON)	2,923		Susanville (LAS)	1,020
Tule River (TUL)	2,882		Santa Ynez (SYZ)	952
Toiyabe (TOI)	2,858		Pit River (PIT)	879
San Jose (SJO)	2,539		Shingle Springs (SS)	863
United Amer. Indian Inv. (UAI)	2,414		Sacramento NAHC (SAC)	733
Southern Indian Health (SIH)	2,205		Santa Barbara (SBR)	224
MACT Health Board (MAC)	2,087		Tuolumne Me-Wuk (TUO)	138
Karuk (KRK)	1,996		Sycuan (SYC)	63
Northern Valley (NVL)	1,891			

GPRA MEASURES

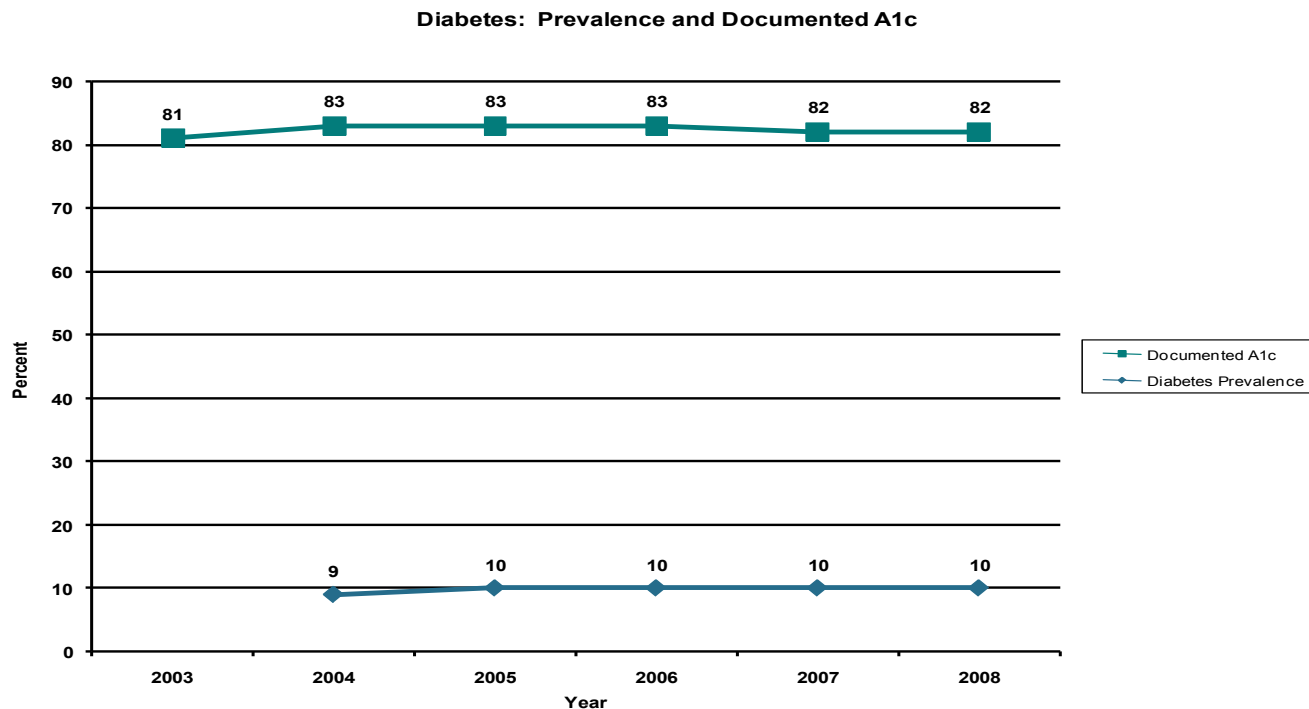
Results & Analysis

*California Area Trends (2003-2008)
and
Results by Program (2007 & 2008)*

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.

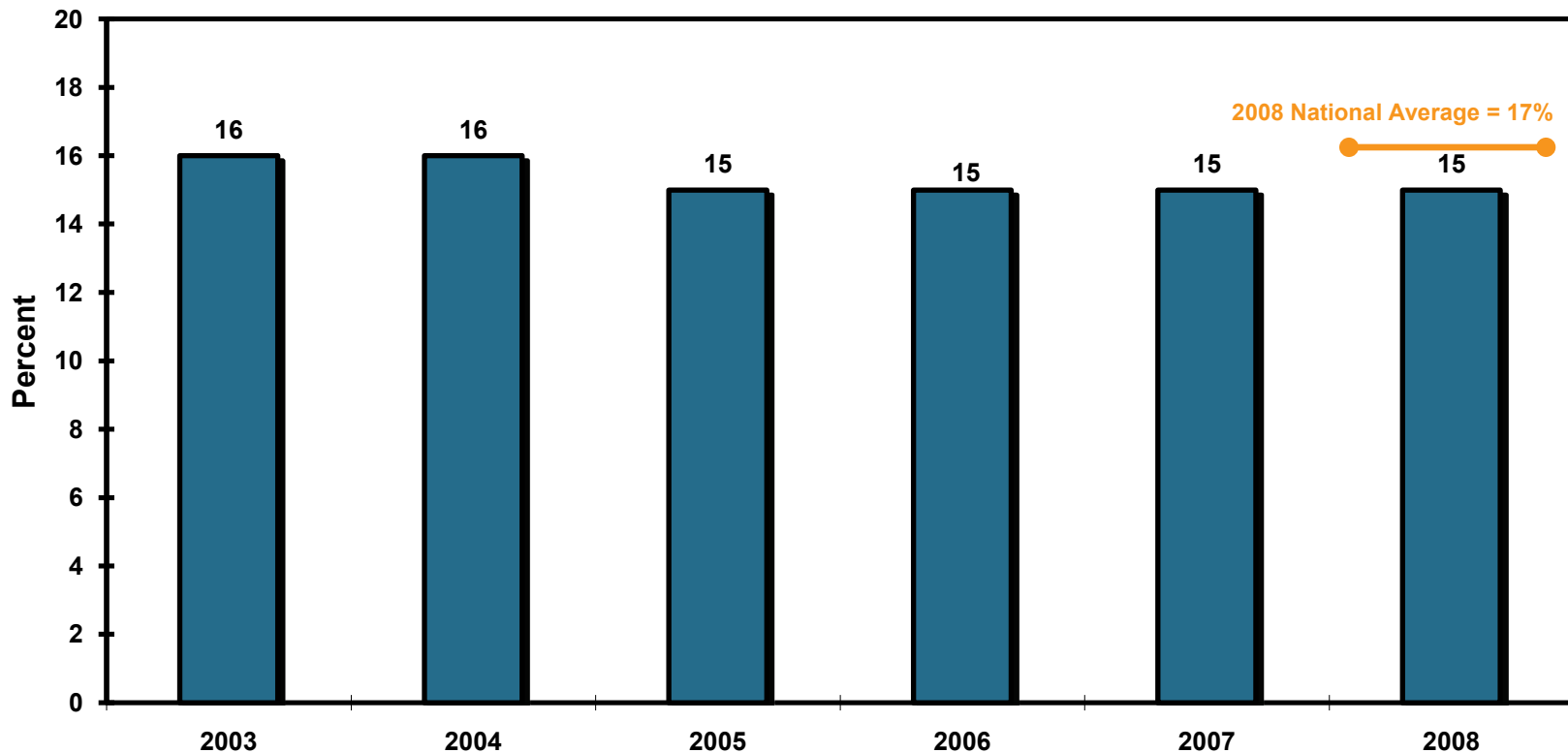
Importance: *Diabetes is a major cofactor in morbidity as well as one of the leading causes of mortality among AI/AN people. Diabetes is a major risk factor for cardiovascular disease, and CVD is the leading cause of death for American Indians. “Documented A1c” refers to a blood test called the Hemoglobin 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.*



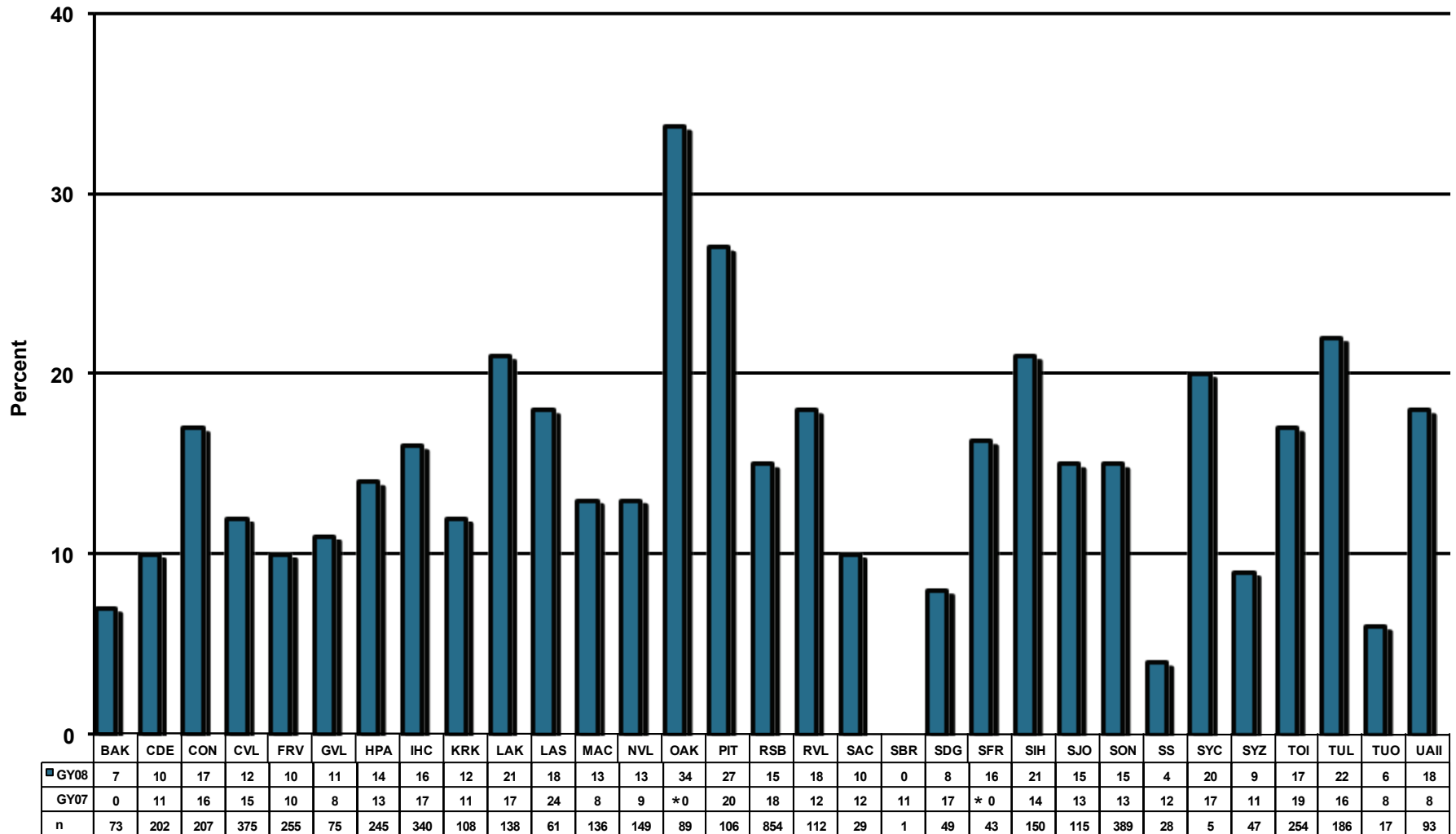
DIABETES: POOR GLYCEMIC CONTROL

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

Importance: *Reducing the number of patients with poor glycemic control will reduce the prevalence of diabetes complications. Some clinical studies have shown that a 1% decrease in the absolute A1c level translates into a: 14% decrease in total mortality, 21% decrease in diabetes – related deaths, 14% decrease in myocardial infarction, 40% decrease in eye disease, 12% decrease in strokes, 43% decrease in amputations, and a 24% decrease in kidney failure. Note: a lower rate is a positive result for this measure.*



DIABETES: POOR GLYCEMIC CONTROL

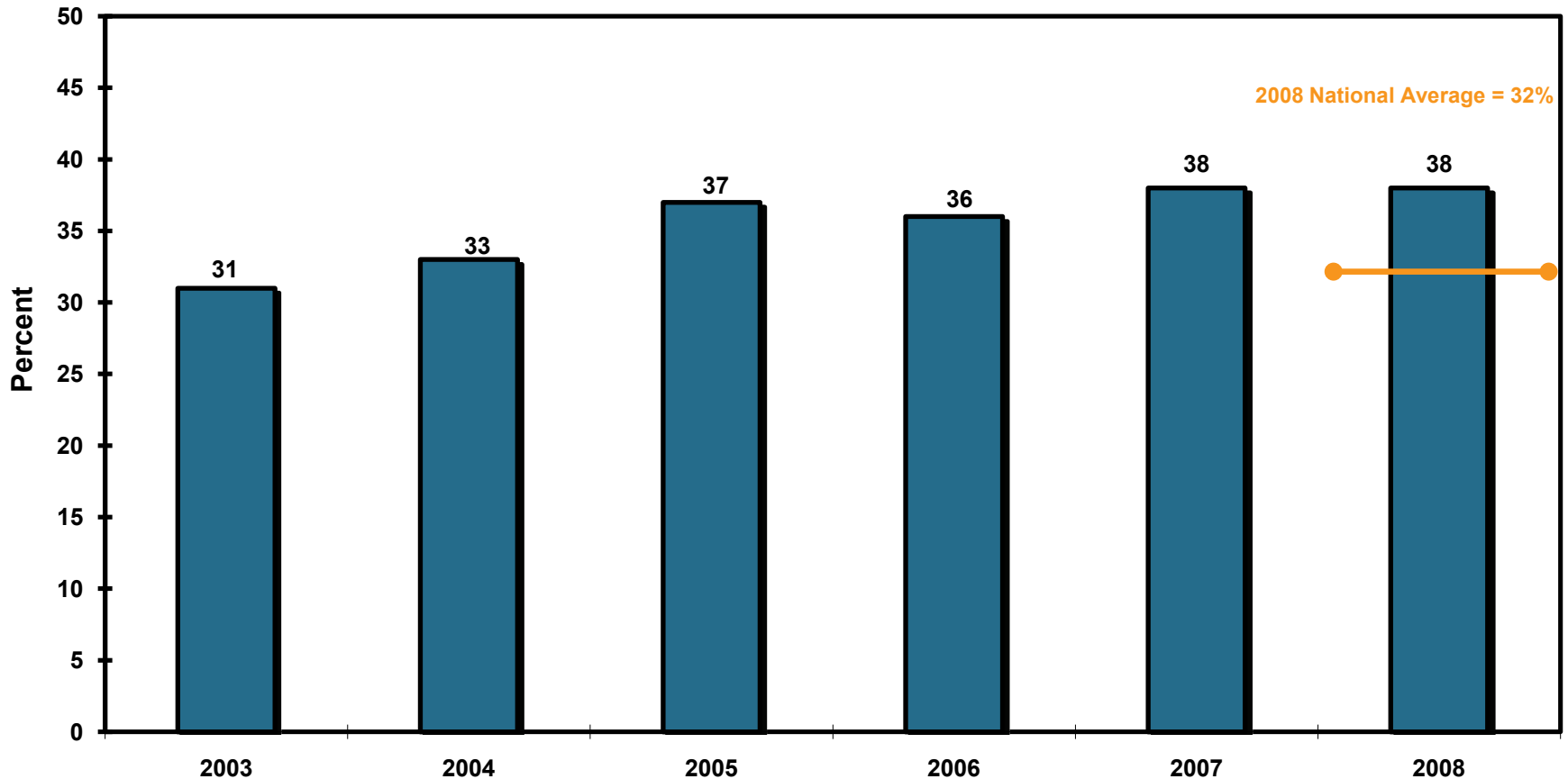


* 2007 results from Oakland and San Francisco are combined

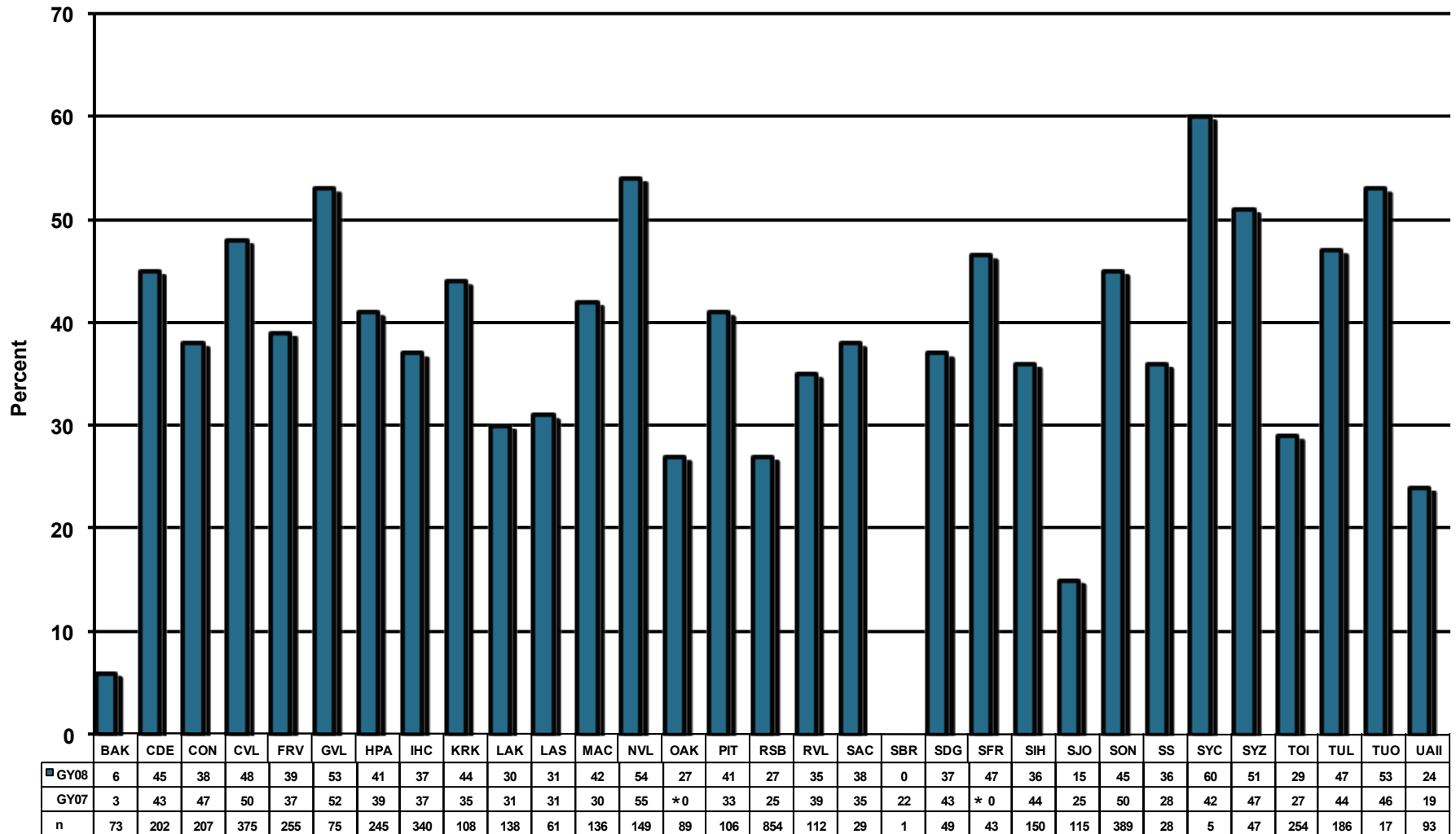
DIABETES: IDEAL GLYCEMIC CONTROL

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 intensive blood glucose control results in a 76% reduced risk of eye disease, a 50% reduced risk of kidney disease, a 60% reduced risk of nerve disease, a 42% reduced risk of any cardiovascular event, and a 57% reduced risk of heart attack or stroke.*



DIABETES: IDEAL GLYCEMIC CONTROL

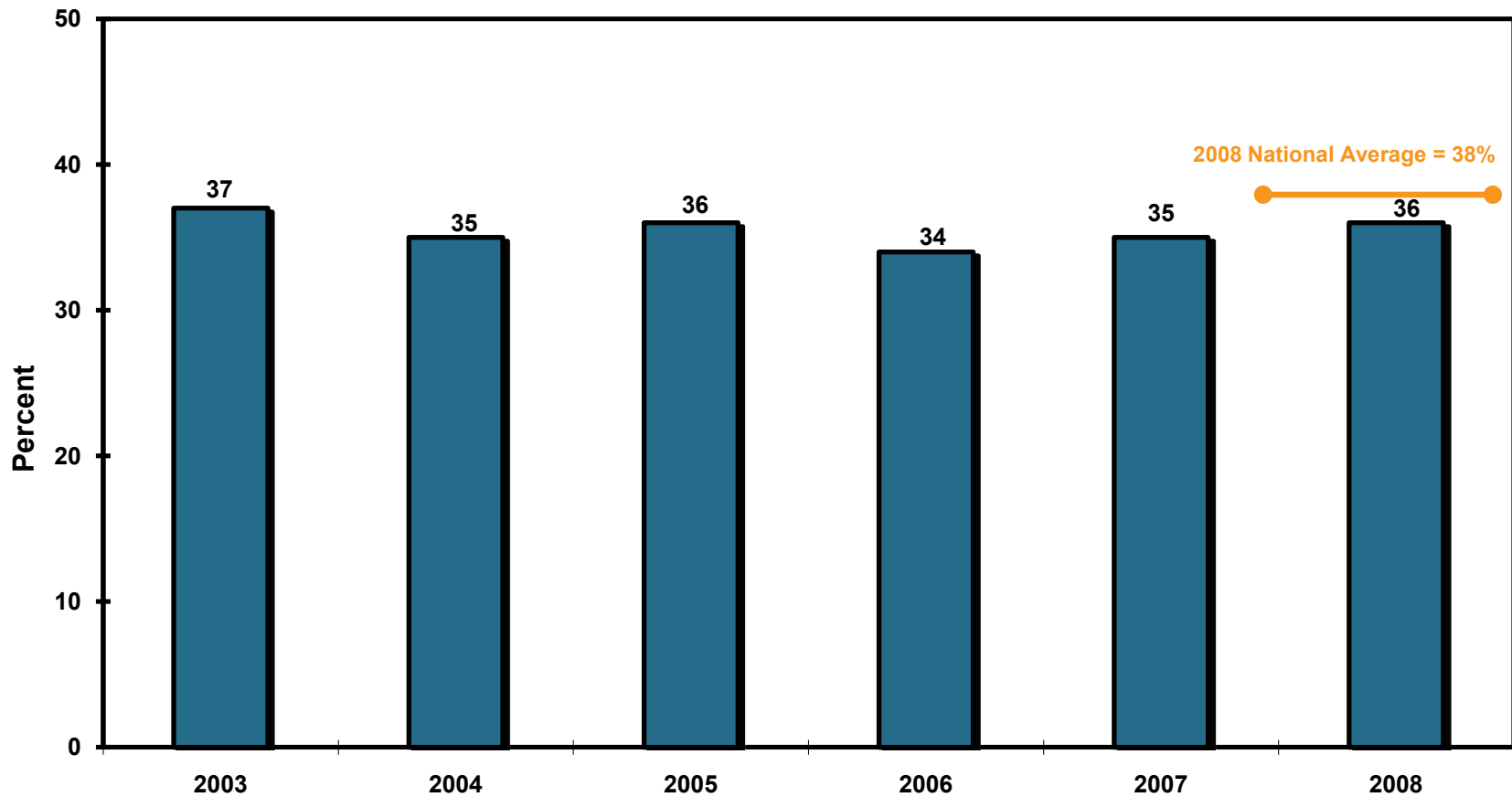


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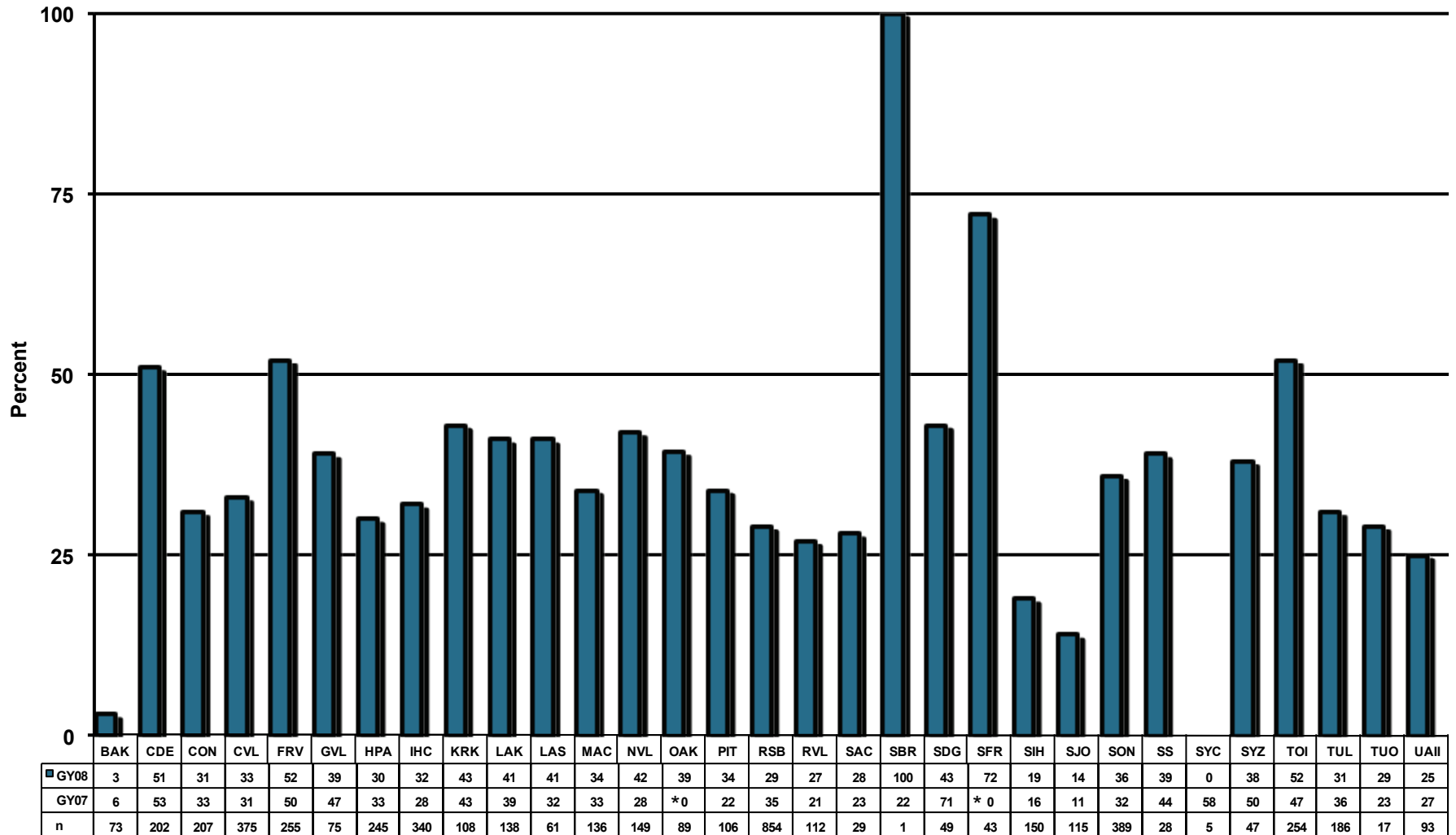
DIABETES: BLOOD PRESSURE CONTROL

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 in the United Kingdom found that diabetics with tightly controlled blood pressure had a 32% reduction in death related to diabetes, a 21% reduction in heart attacks, and a 44% reduction in strokes.*



DIABETES: BLOOD PRESSURE CONTROL

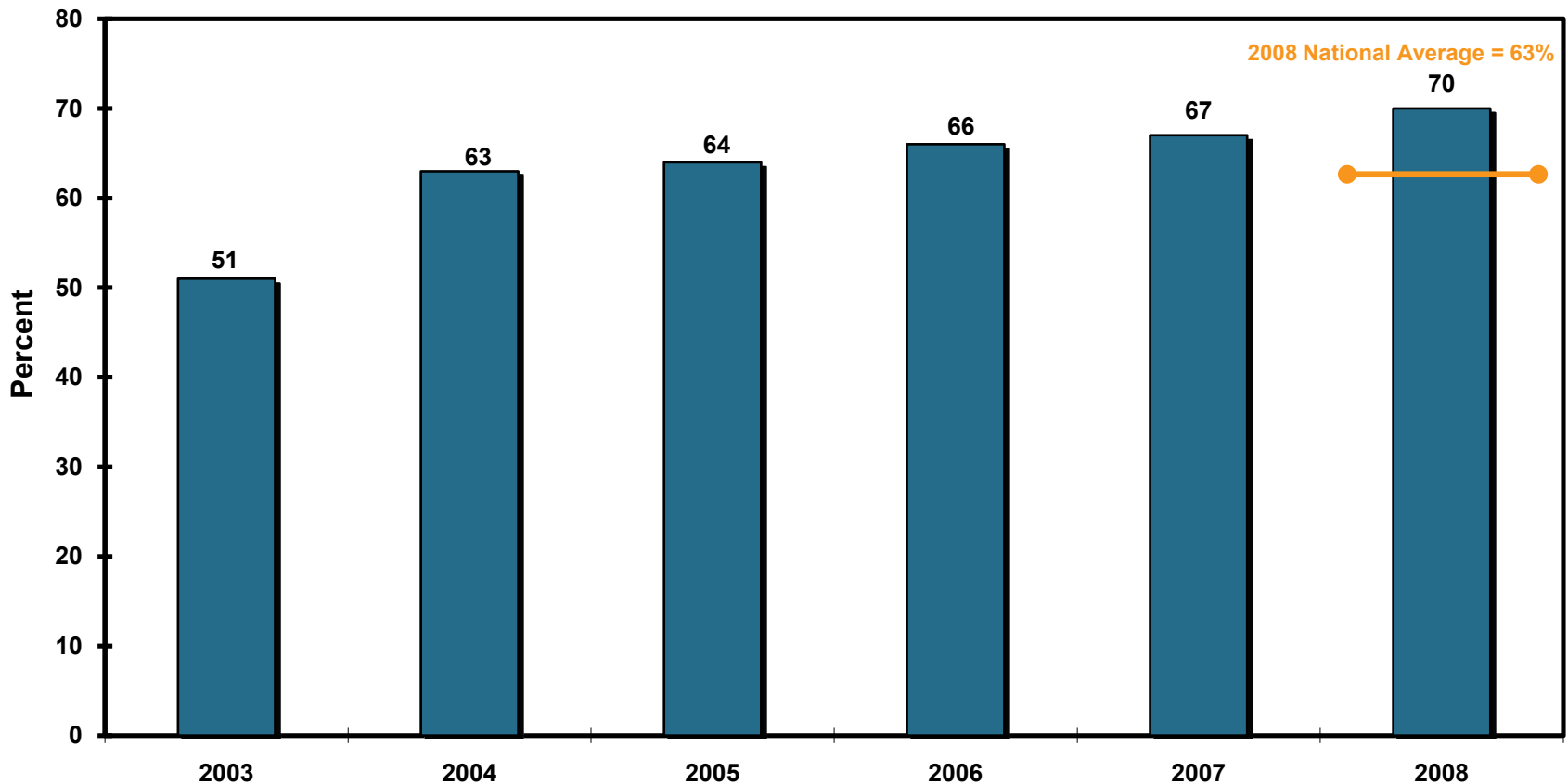


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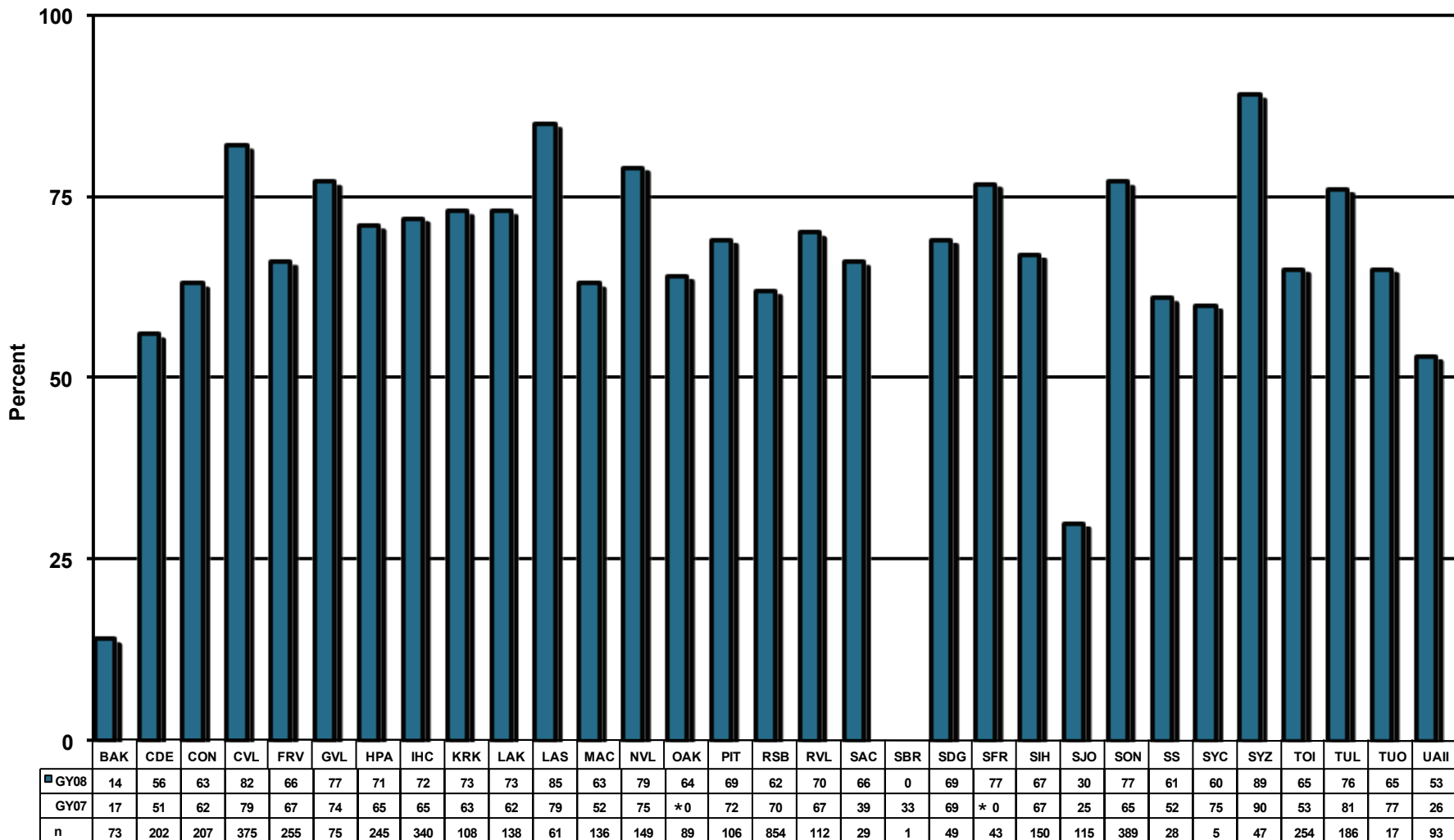
DIABETES: DYSLIPIDEMIA ASSESSMENT

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

Importance: *Dyslipidemia refers to disorders in the lipoprotein metabolism, including hypercholesterolemia (high LDL cholesterol), and low HDL cholesterol. Low LDL and total cholesterol levels help to protect diabetic patients from developing heart disease. Improved control of cholesterol levels reduces the risk of cardiovascular complications by 20-50%. 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. Diabetic patients are especially prone to develop heart disease; therefore identification and treatment of elevated lipids in diabetic patients is extremely important.*



DIABETES: DYSLIPIDEMIA ASSESSMENT

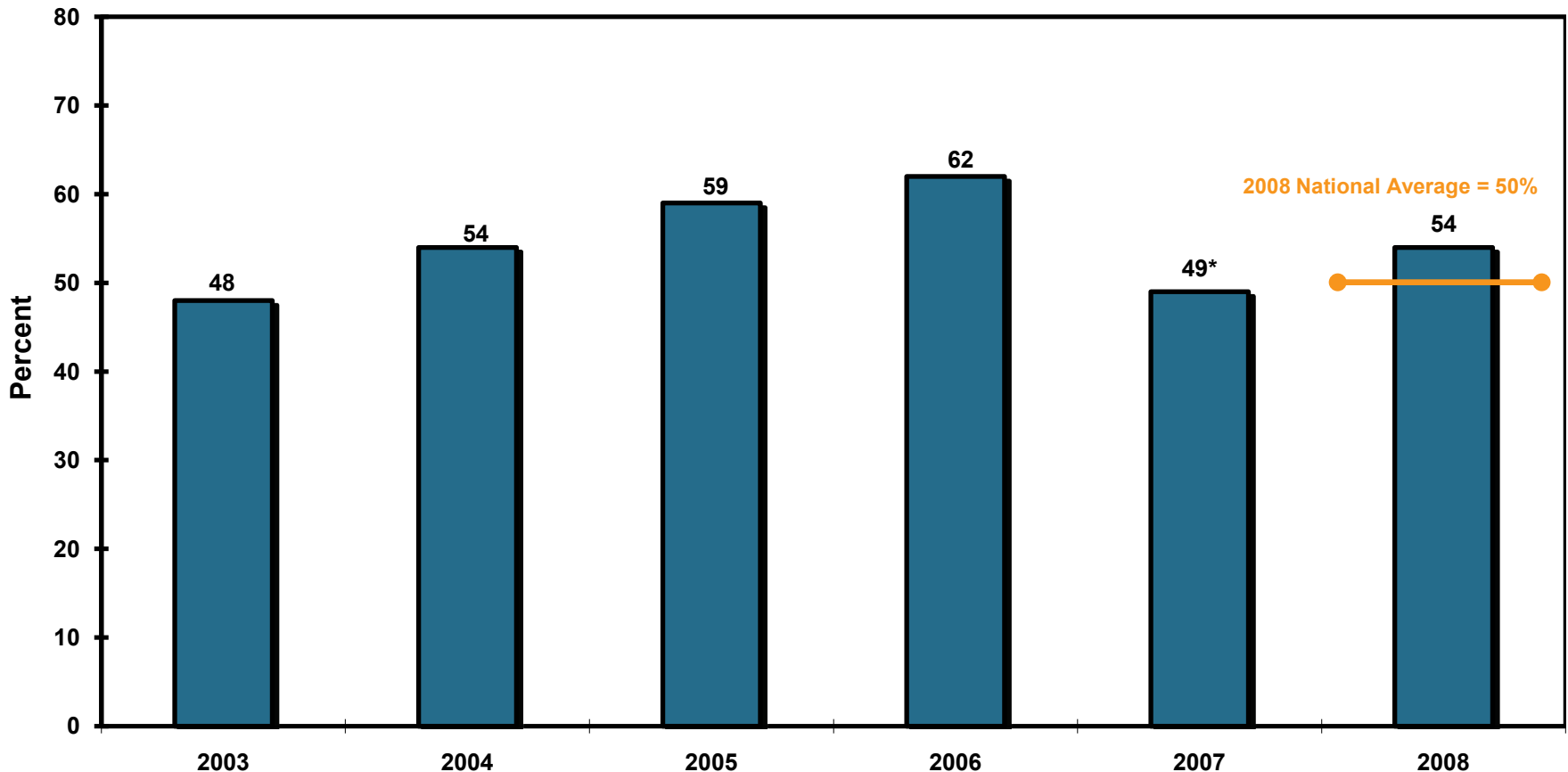


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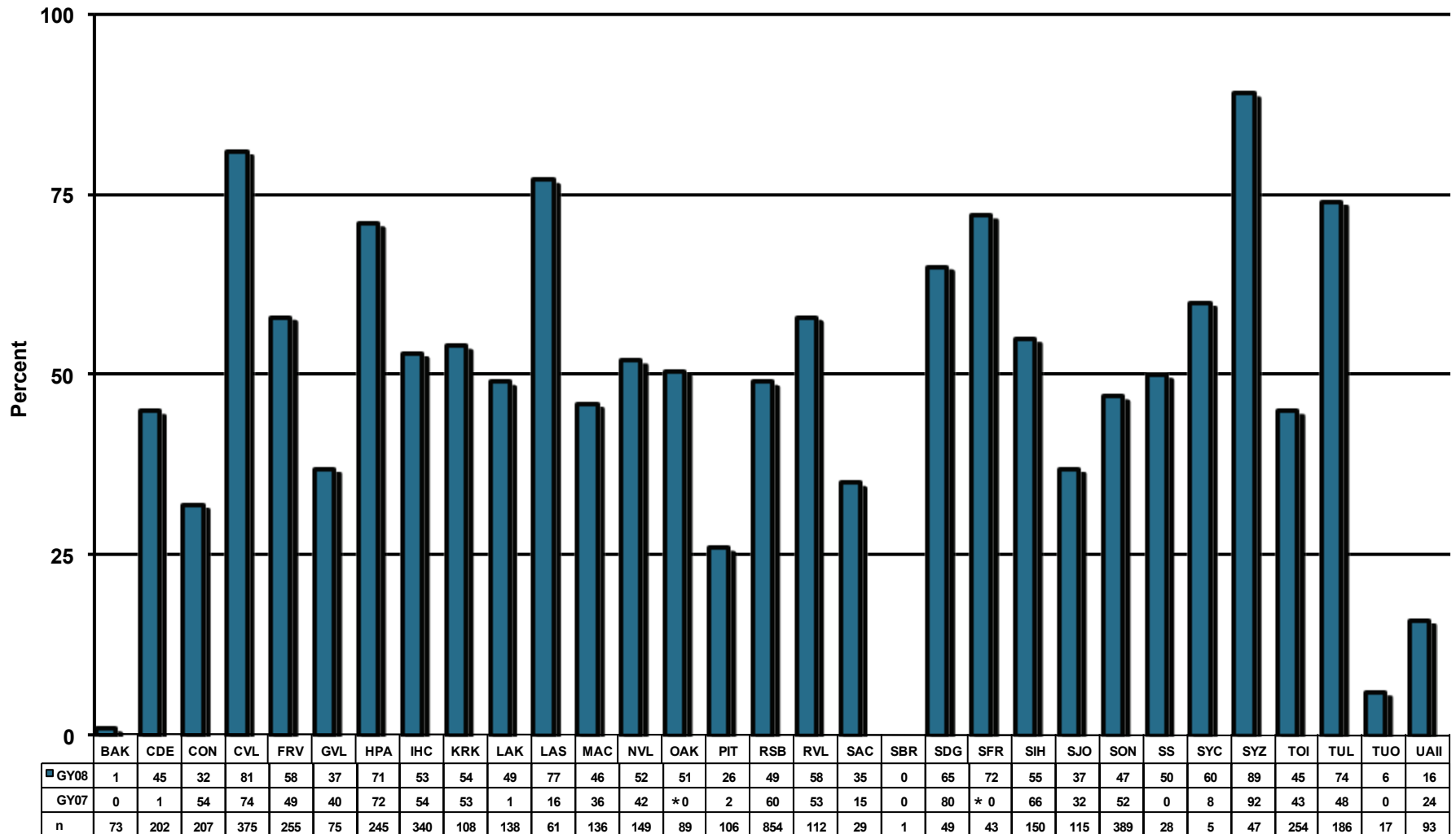
DIABETES: NEPHROPATHY ASSESSMENT

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 renal transplant. New Diabetes Standards of Care guidelines were incorporated into this measure in FY 2007; these standards require both an estimated GFR and a quantitative urinary protein assessment.*



DIABETES: NEPHROPATHY ASSESSMENT

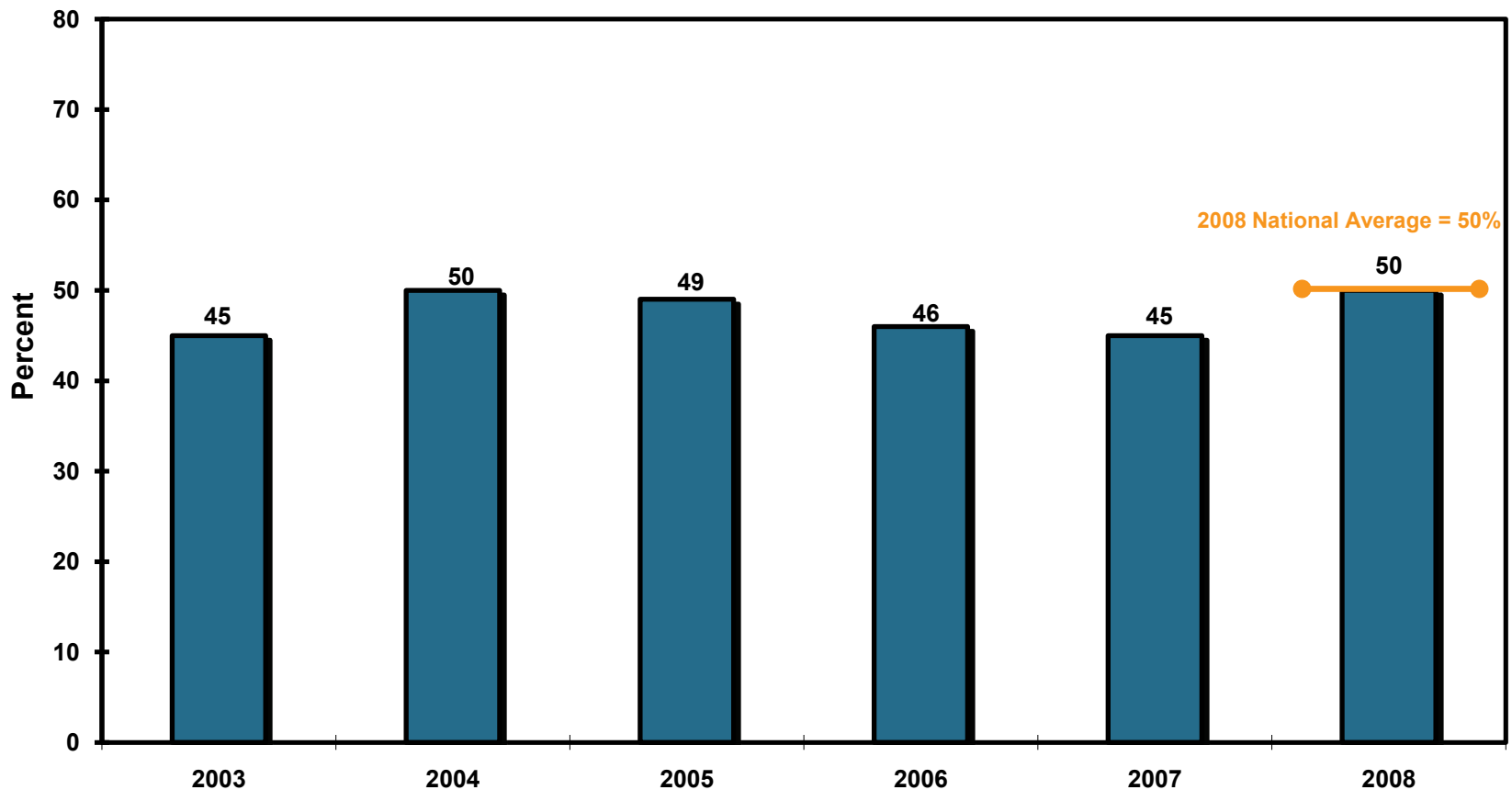


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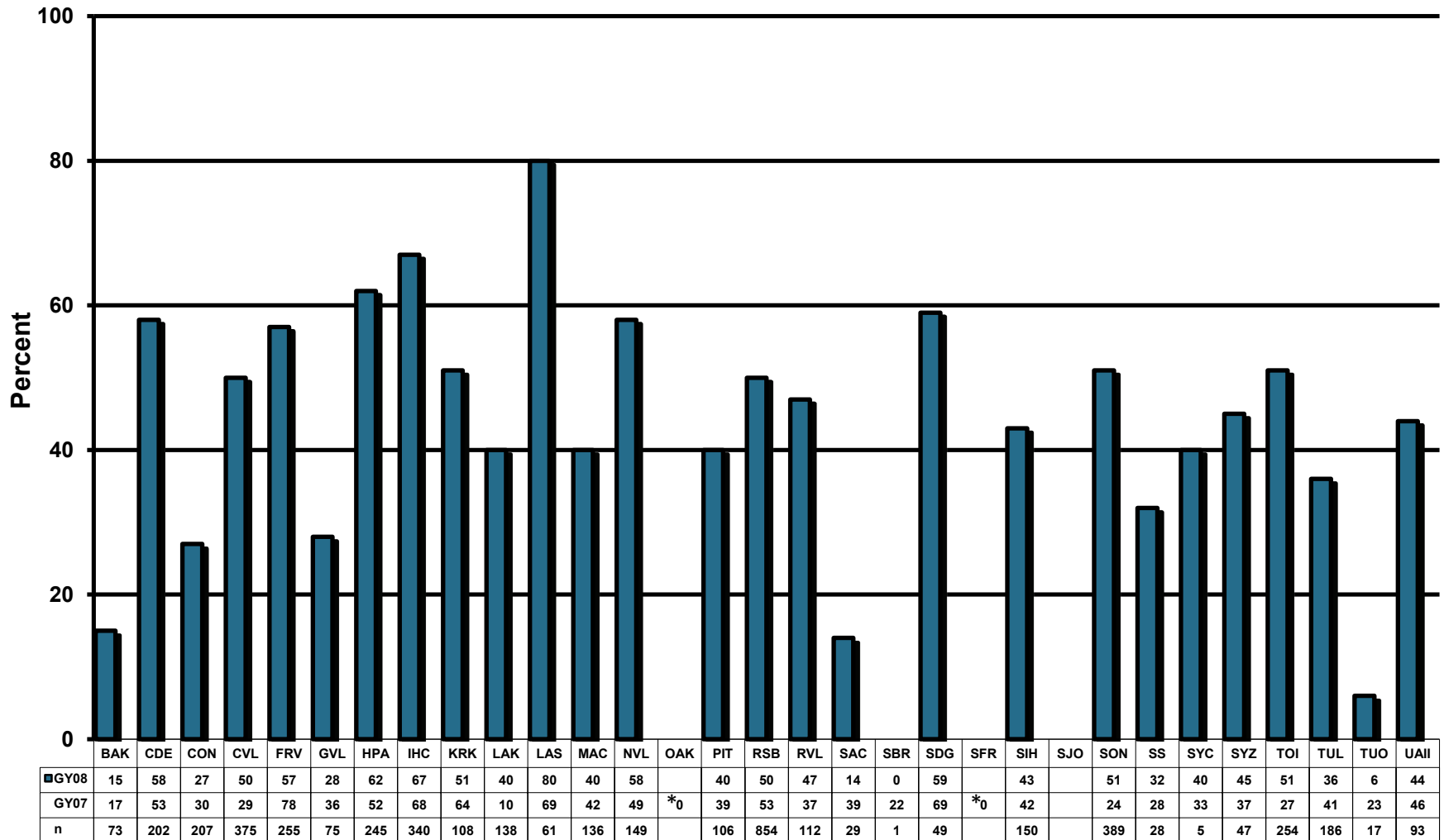
DIABETES: RETINOPATHY

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) is a fundamental part of the effort to reduce visual disability in diabetic patients. Clinical trials demonstrated that effective laser photocoagulation treatment of DR could reduce vision loss by 90%. These studies also underscore the need for early identification of DR at a time when laser photocoagulation is most effective.*



DIABETES: RETINOPATHY

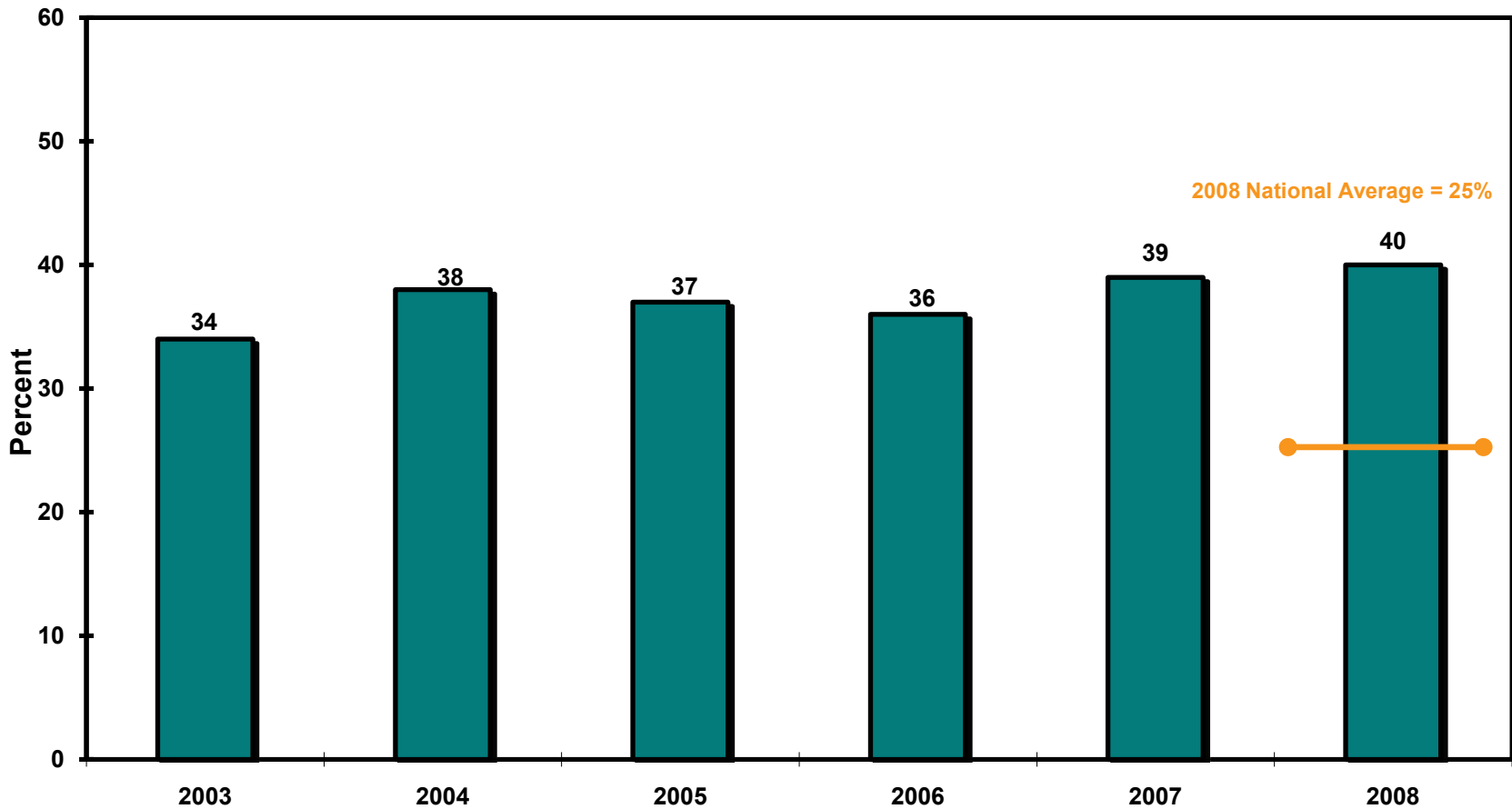


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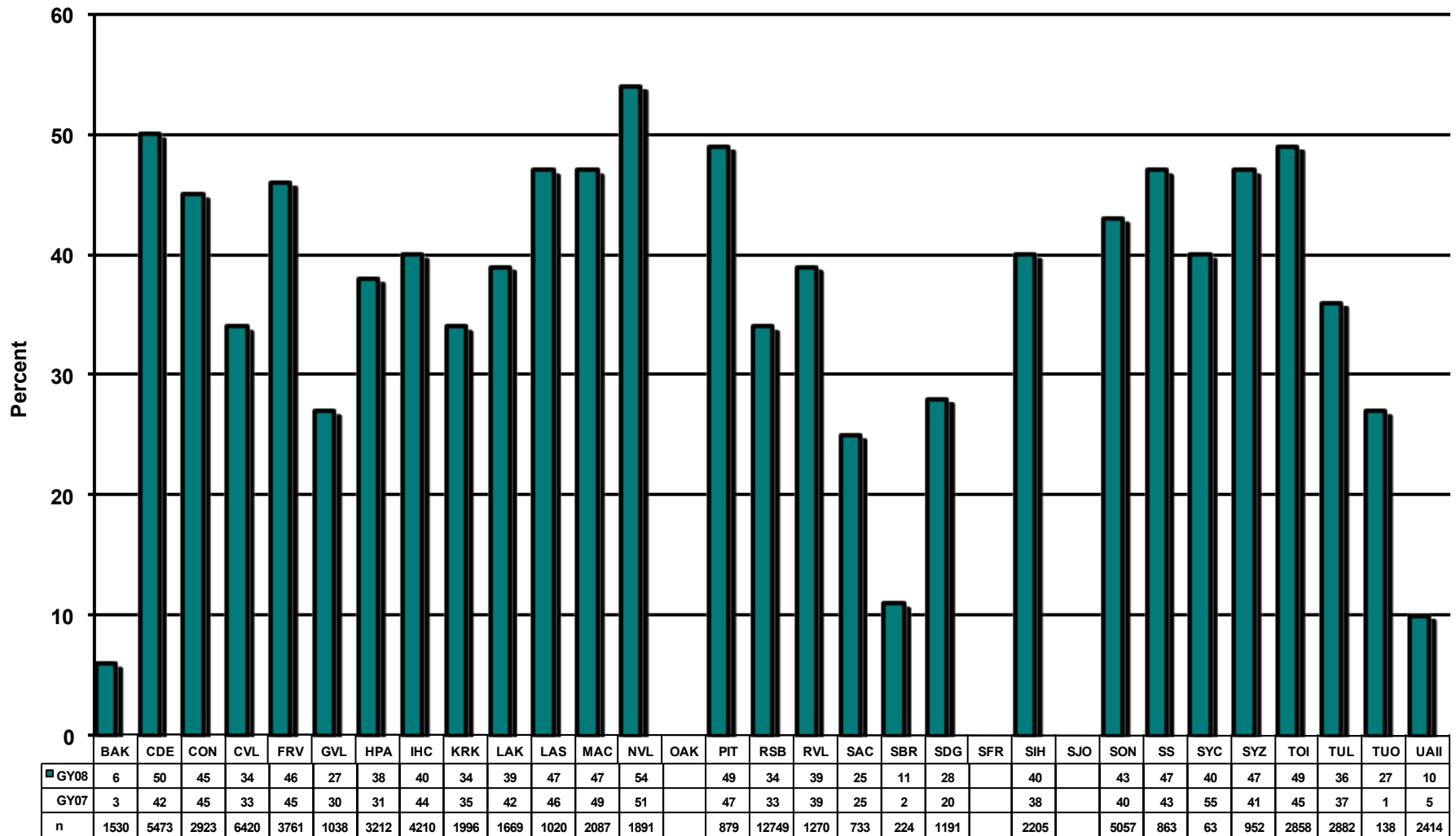
DENTAL: GENERAL ACCESS

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

Importance: *This measure is directed at improving the oral health status of the American Indian and Alaska Native population. American Indians and Alaska Natives report greater unmet dental health needs compared to Non-Hispanic Whites. Untreated tooth decay can cause abscesses and infections, pain, dysfunction and weight loss. Dental problems result in the loss of almost 2.5 million workdays each year. Access to dental care improves oral health as well as the overall health of AI/AN people.*



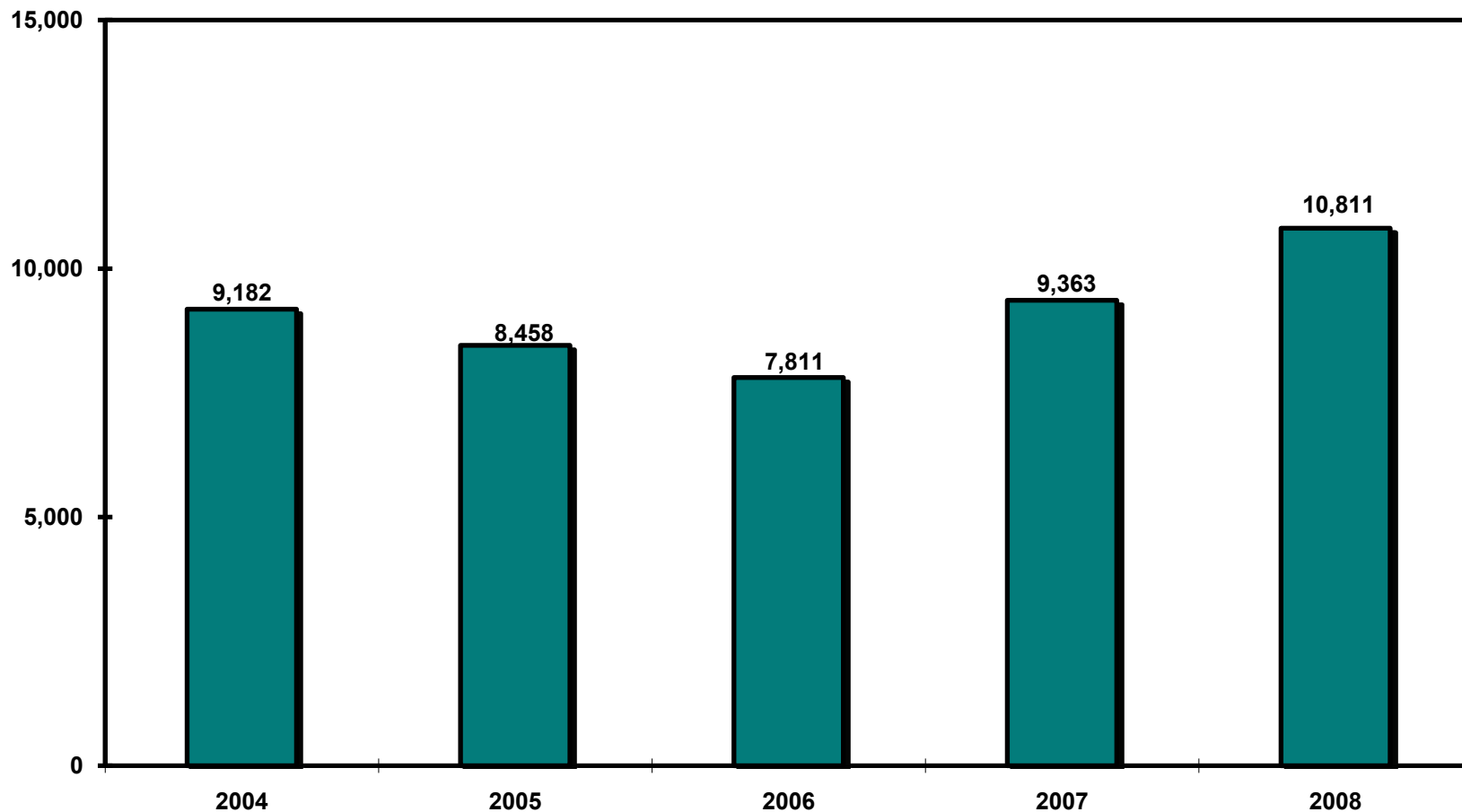
DENTAL: GENERAL ACCESS



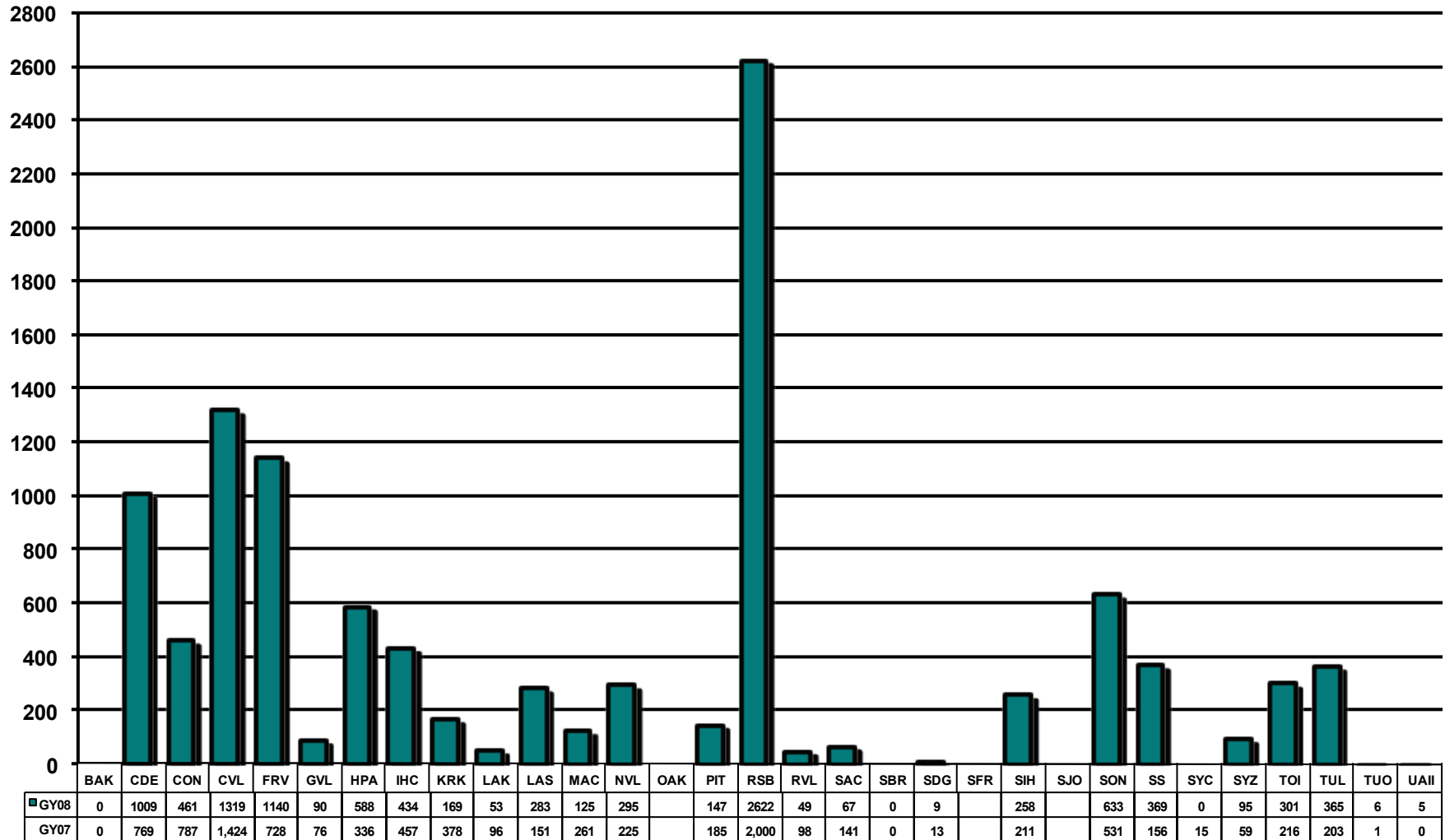
DENTAL: SEALANTS

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

Importance: *Surveys of American Indian and Alaska Native children have consistently identified them as having significantly higher dental decay rates than the general U.S. population. Dental sealants, a recognized standard in preventive dental care, are an effective measure for reducing dental decay rates and can be effectively applied by dental auxiliaries at relatively low cost. By reducing the incidence of dental decay, sealants improve oral health and represent a cost-effective preventive dental treatment.*



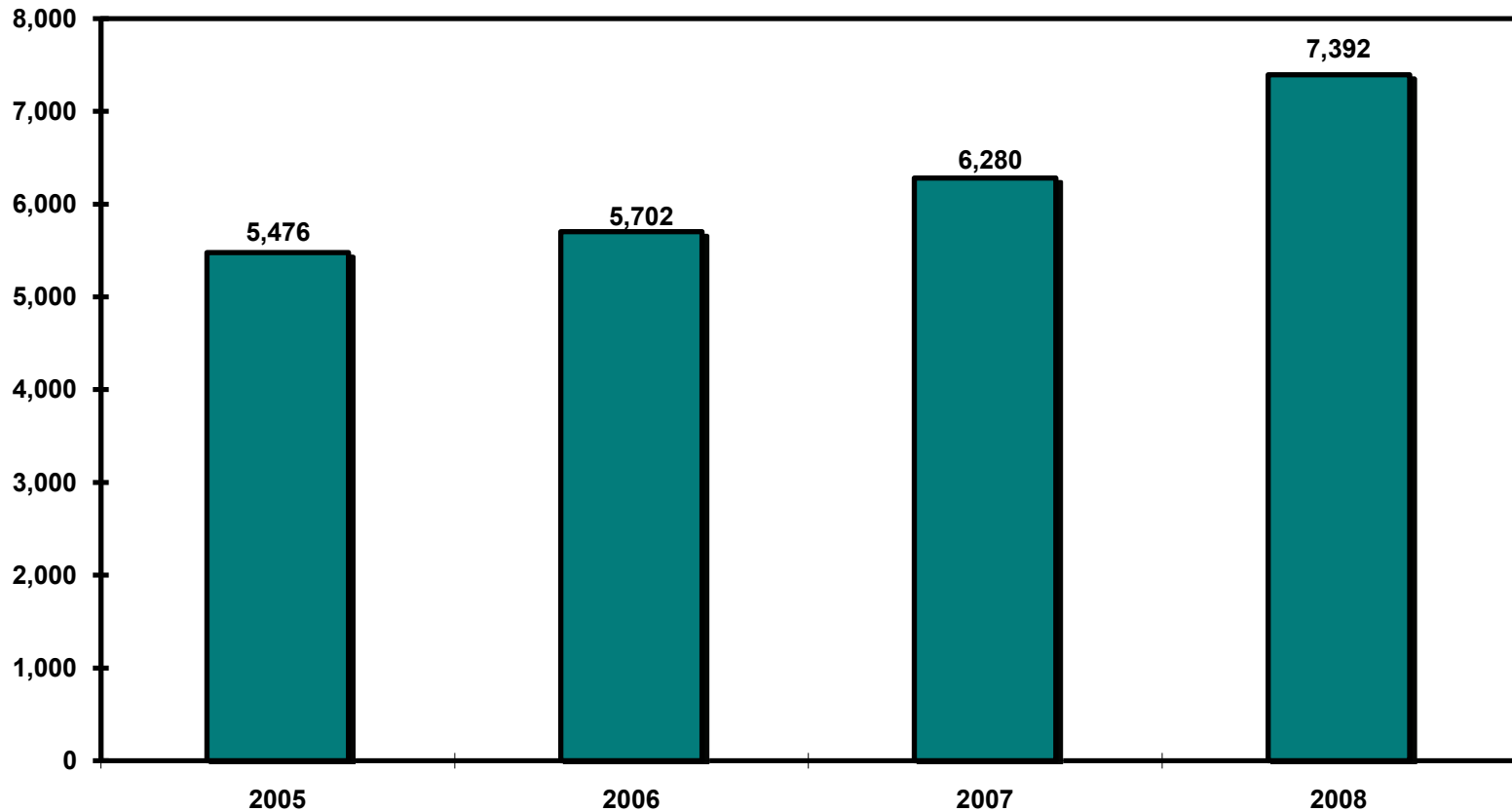
DENTAL: SEALANTS



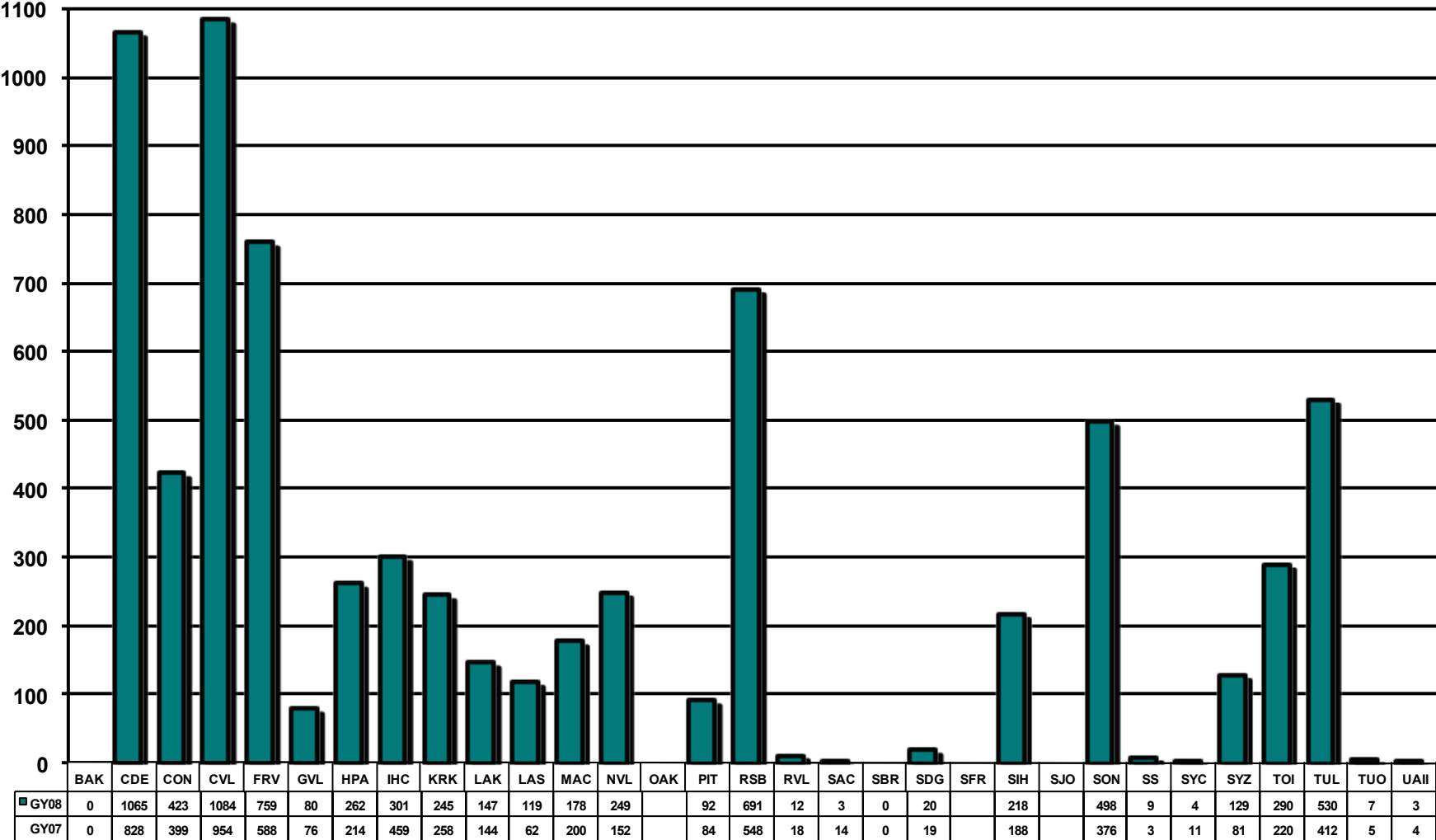
DENTAL: TOPICAL FLUORIDES

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

Importance: *The professional topical application of fluoride is an accepted caries-preventive procedure that is appropriate for children, adolescents, and adults. Topical fluorides are also useful when applied to exposed root surfaces. This is especially beneficial for older patients, who are vulnerable to root caries and root sensitivity as a result of the loss of periodontal attachment and/or xerostomia (dry mouth). As a public health measure, targeting those at higher risk for caries is a cost-effective procedure. Criteria for moderate-risk to high-risk children, adolescents, and adults might include the following: more than one active smooth-surface carious lesion; white spot lesions; poor oral hygiene; and/or past history of caries.*



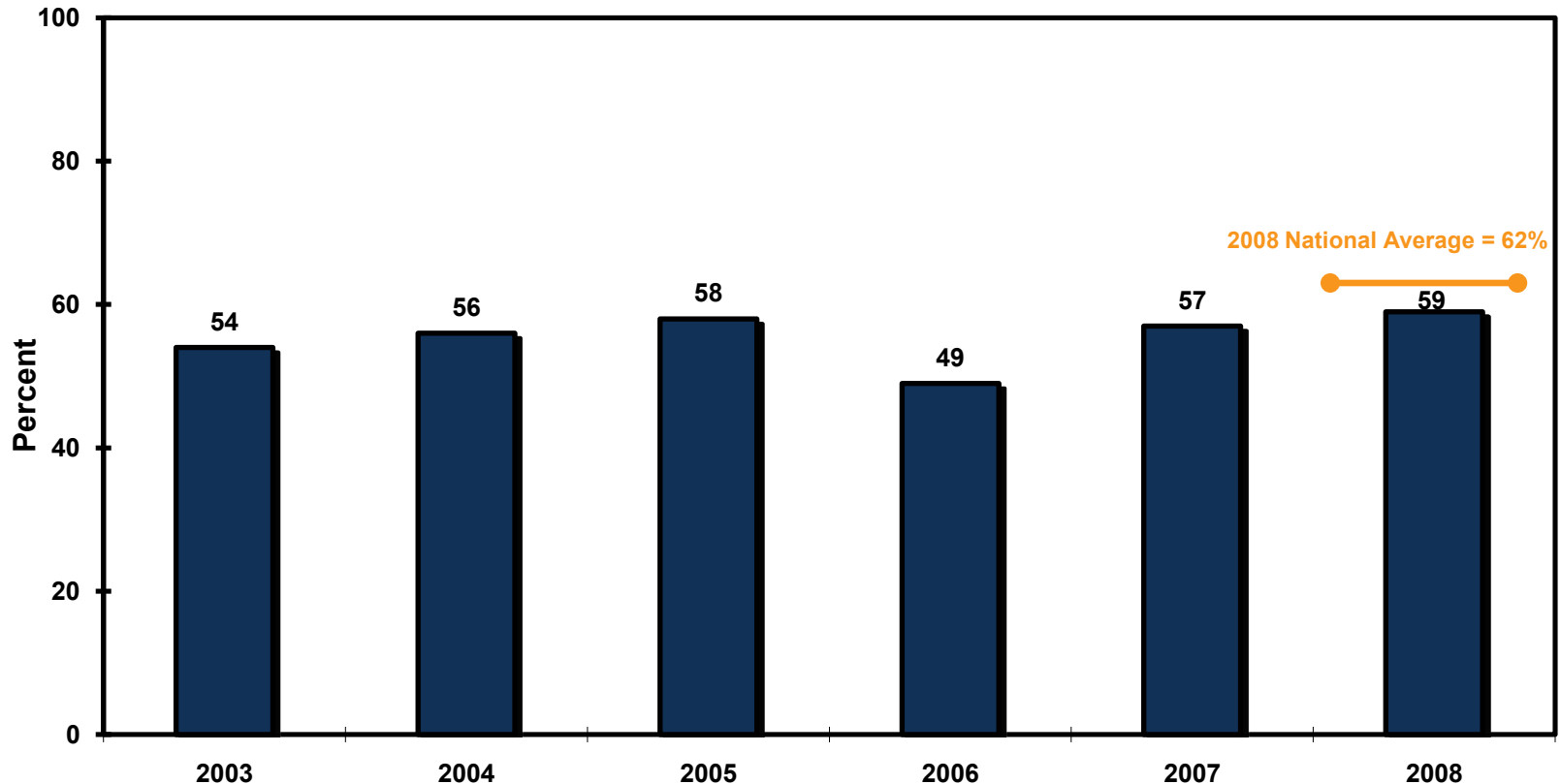
DENTAL: TOPICAL FLUORIDES



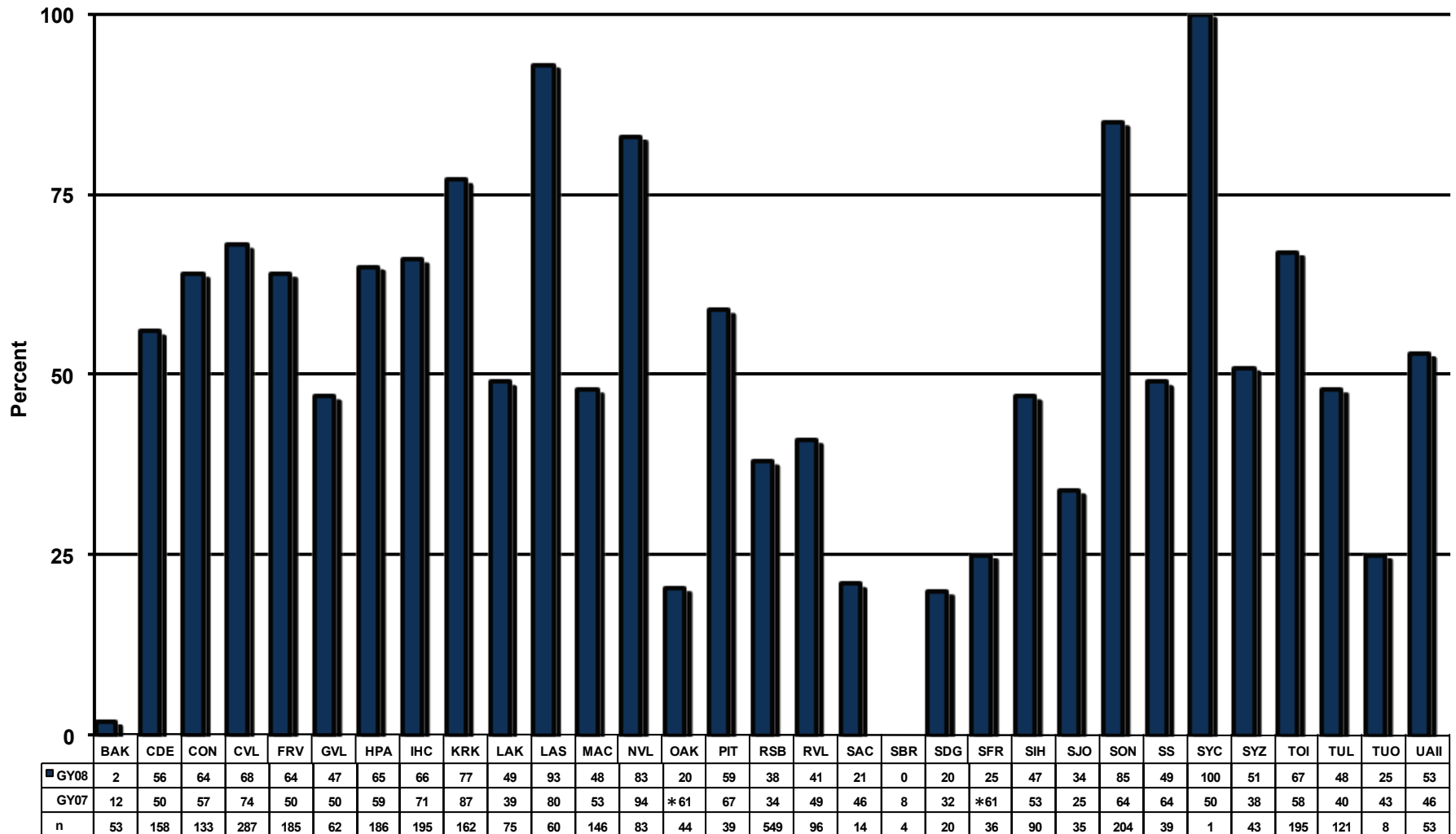
IMMUNIZATIONS: INFLUENZA

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

Importance: *Influenza is a highly contagious respiratory disease that can cause potentially life-threatening secondary infections. Elders who get influenza are also at increased risk of hospitalization and death from heart disease and stroke, and vaccination reduces that risk. In one observational study comparing vaccinated to non-vaccinated persons aged 65 and older in a managed care setting over two influenza seasons, researchers found a 19% and 16-23% reduction in hospitalization for cardiovascular and cerebrovascular events, respectively. In addition they found a 29-32% reduction in hospitalization for influenza or pneumonia and a 48-50% reduction in risk of death from all causes.*



IMMUNIZATIONS: INFLUENZA

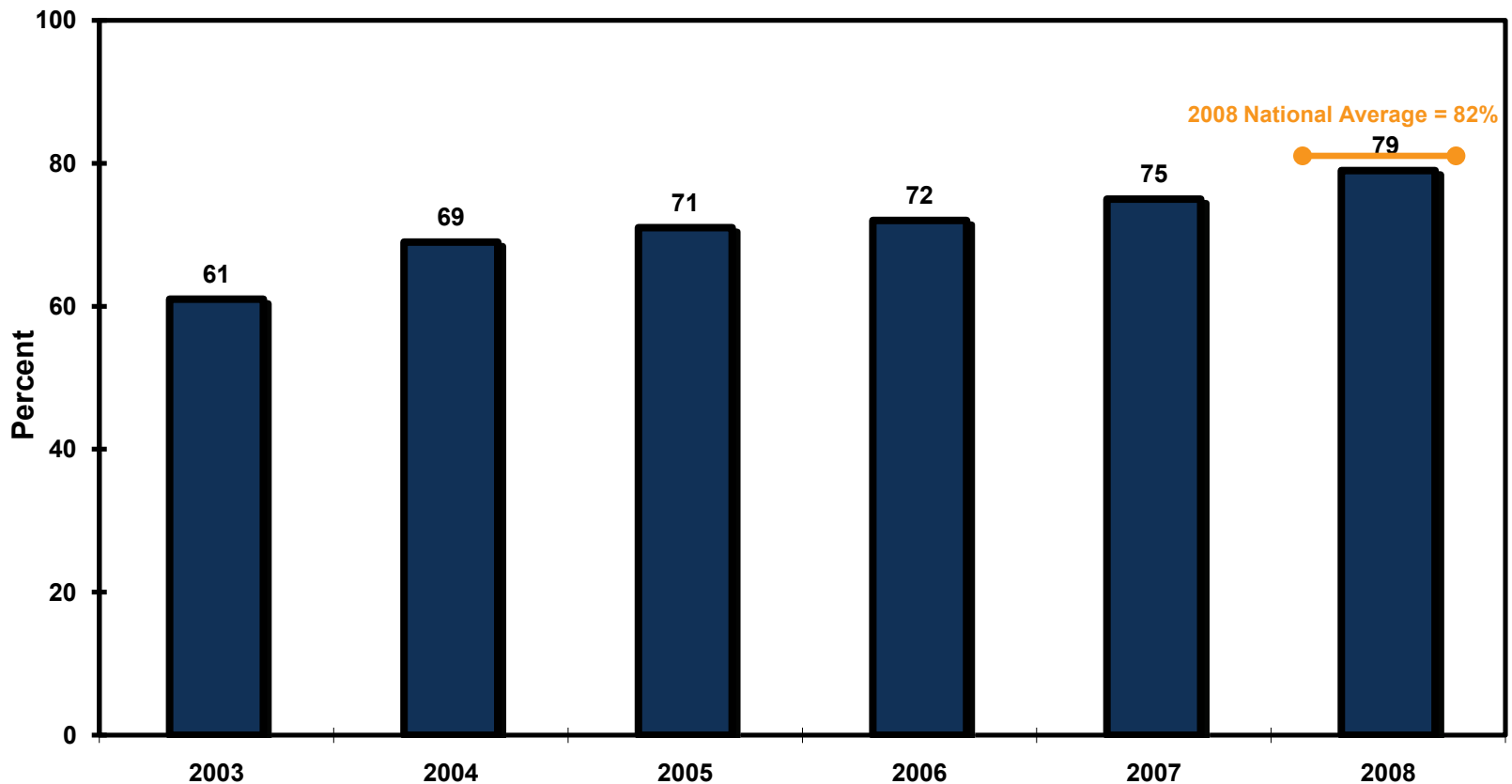


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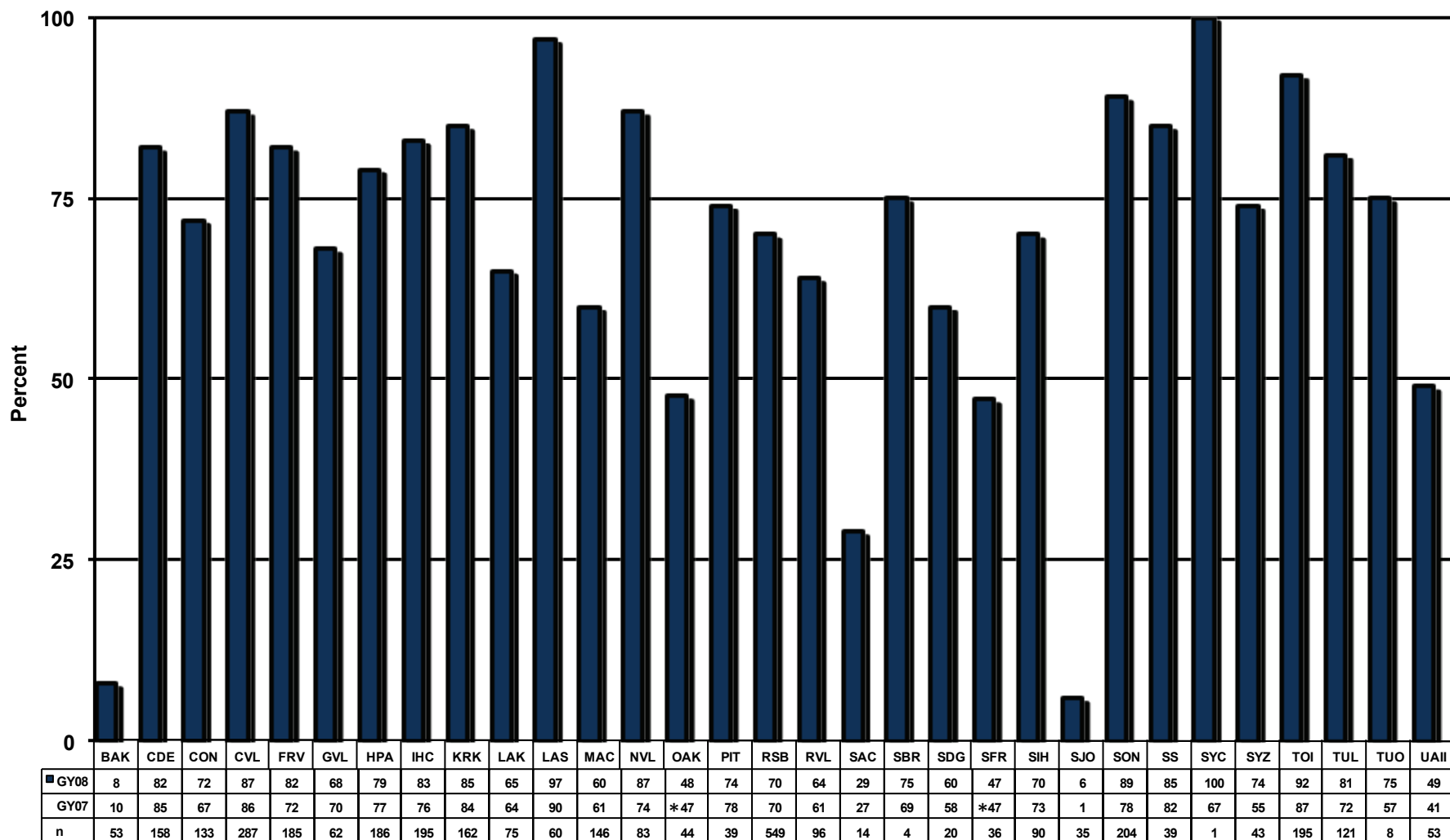
IMMUNIZATIONS: PNEUMOCOCCAL

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

Importance: *Pneumococcal vaccination can reduce morbidity and mortality due to pneumococcal disease among older adults. Elder health is an increasingly important issue as more and more of the population survives beyond the age of 65. Pneumococcal disease includes pneumonia, bacteremia, and meningitis. Pneumococcal disease has the highest death toll from a vaccine-preventable bacterial disease; patients over the age of 65 account for more than 51% of the deaths from these diseases. Pneumococcal vaccination is a low-cost medical intervention that has been shown to prevent serious health complications among the elderly.*



IMMUNIZATIONS: PNEUMOCOCCAL

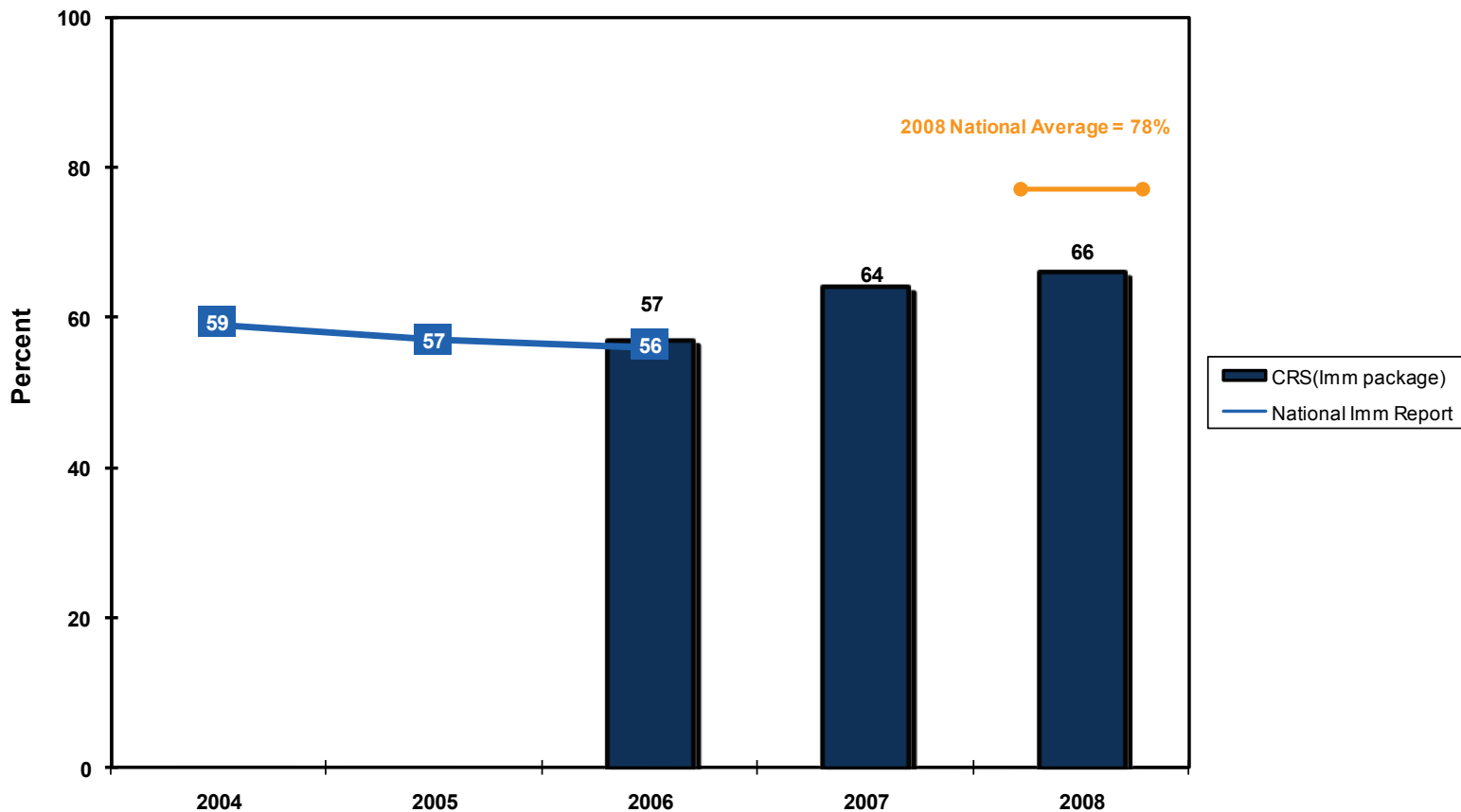


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IMMUNIZATIONS: CHILDHOOD (19 - 35 months)

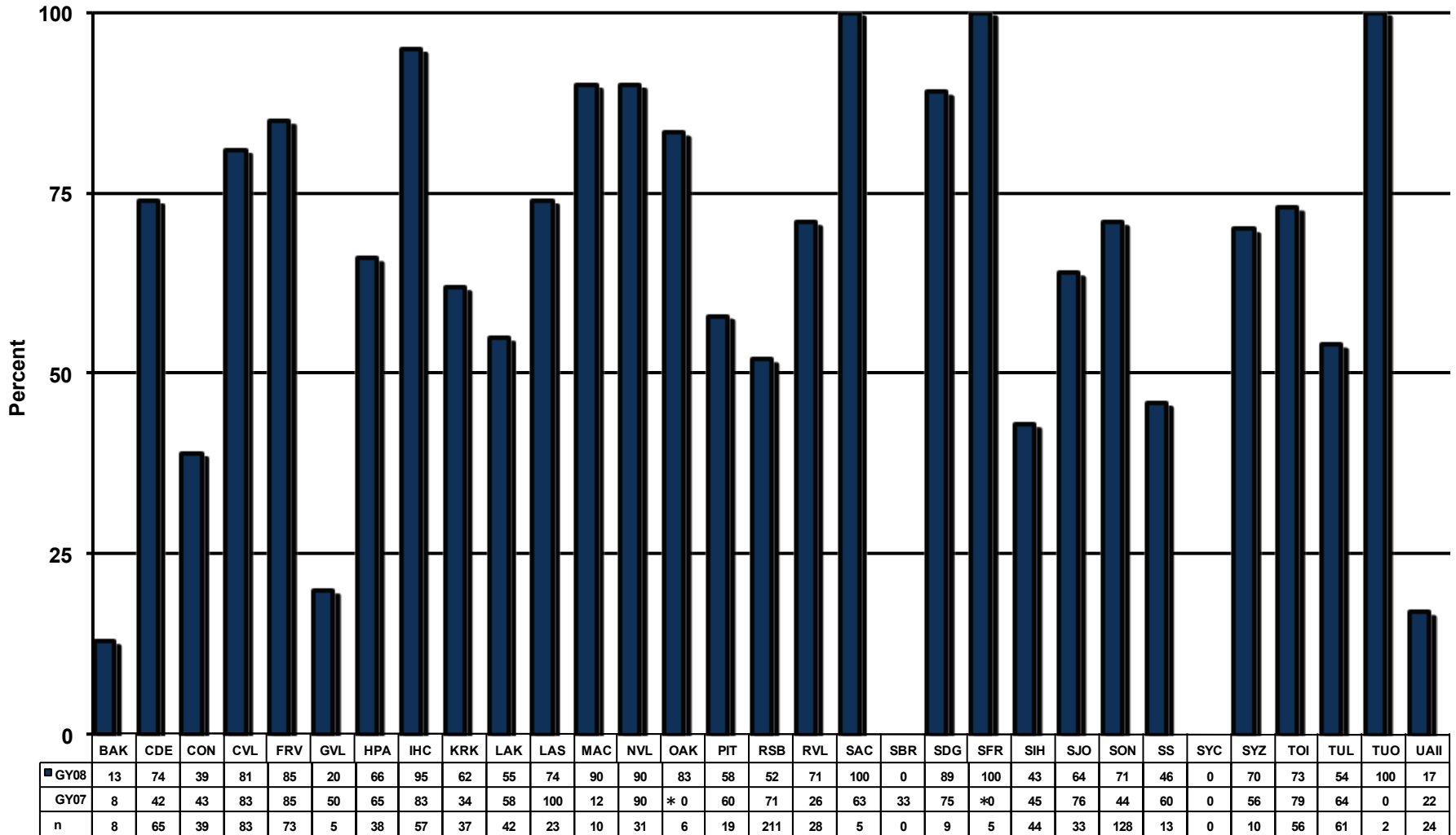
Measure: Combined (4:3:1:3:3) immunization rates for AI/AN patients aged 19-35 months.

Importance: Routine immunizations represent a cost-effective public health measure that significantly improves the health of children. The Healthy People 2010 goal is 90% coverage for all routine immunizations for children aged 19-35 months and 80% coverage for the combined (4:3:1:3:3) series of vaccinations. The combined series includes coverage with 4 doses of DTaP, 3 doses of IPV, 1 dose of MMR, 3 doses of Hep B and 3 doses of Hib.



Starting in FY 2007, GPRA results are reported using the CRS Immunization package. Previous results were provided by the National Immunization Program.

IMMUNIZATIONS: CHILDHOOD (19 - 35 months)

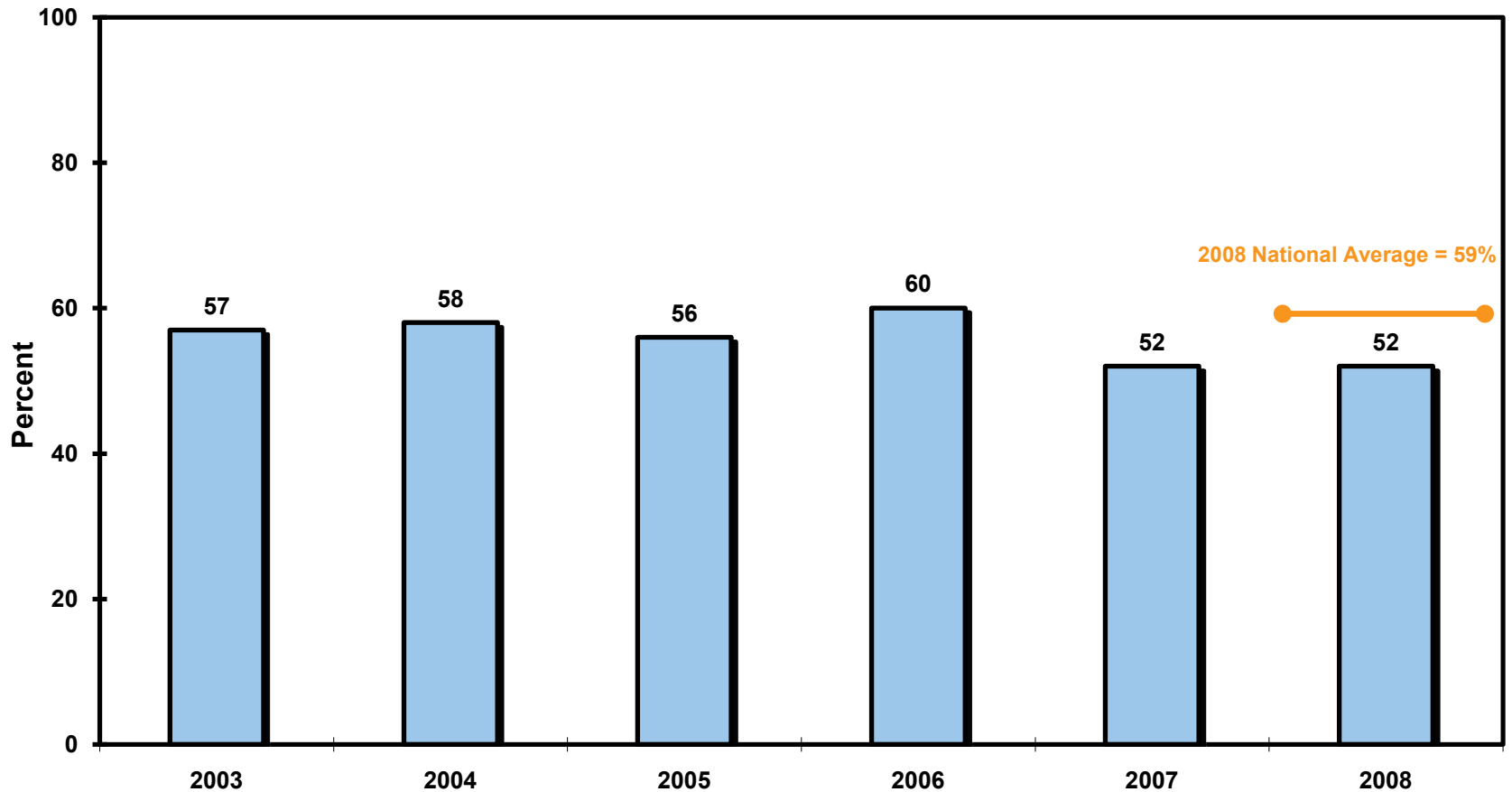


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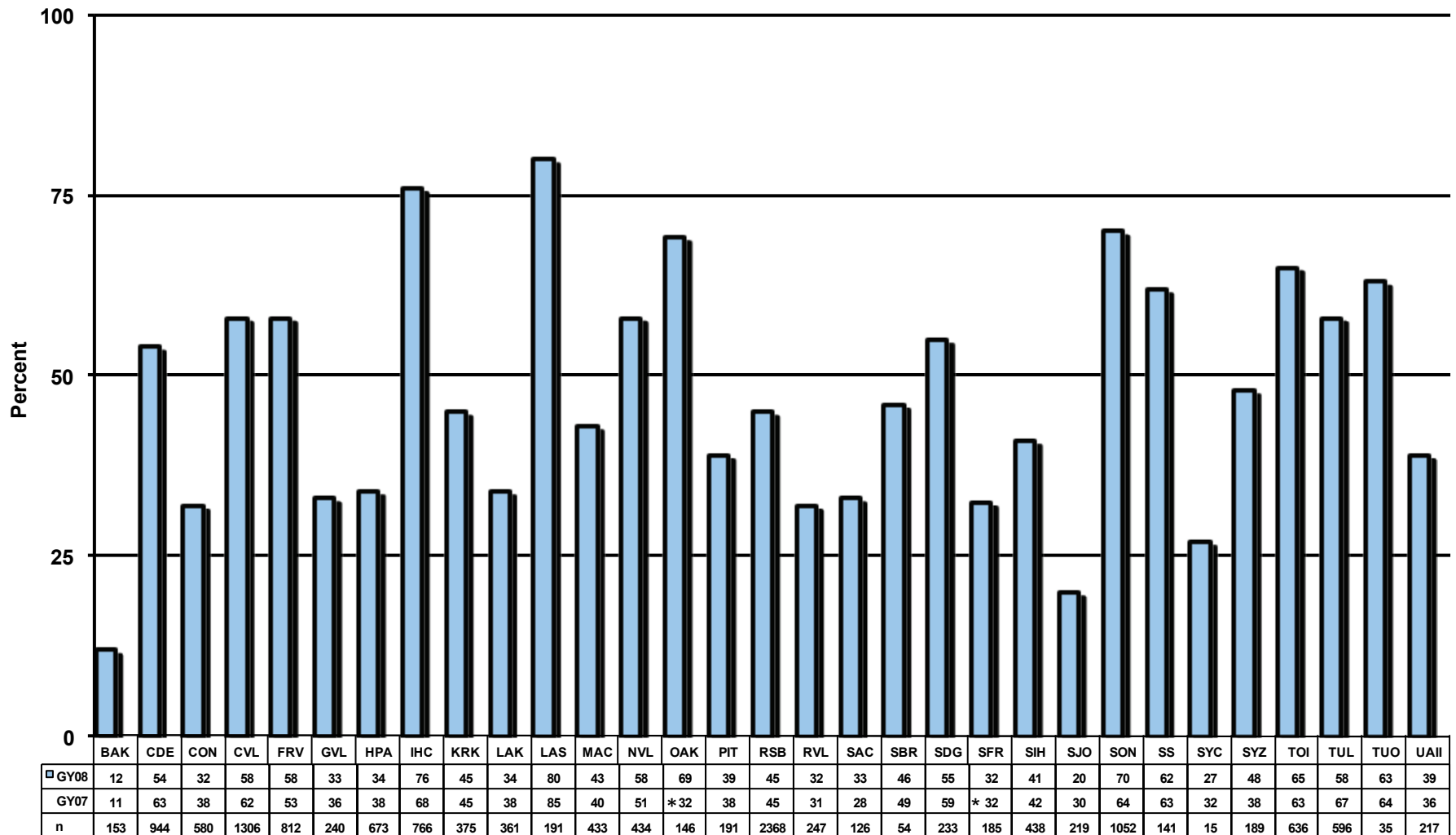
CANCER SCREENING: CERVICAL (PAP SMEAR)

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 smear lowers the risk of developing invasive cervical Cancer by detecting pre-cancerous cervical lesions that can be treated. If cervical cancer is detected early, the likelihood of survival is almost 100 percent with appropriate treatment and follow-up. Cervical cancer was once the leading cause of cancer death among women, but it has dropped to thirteenth (among US All Races), thanks to the use of Pap screens.*



CANCER SCREENING: CERVICAL (PAP SMEAR)

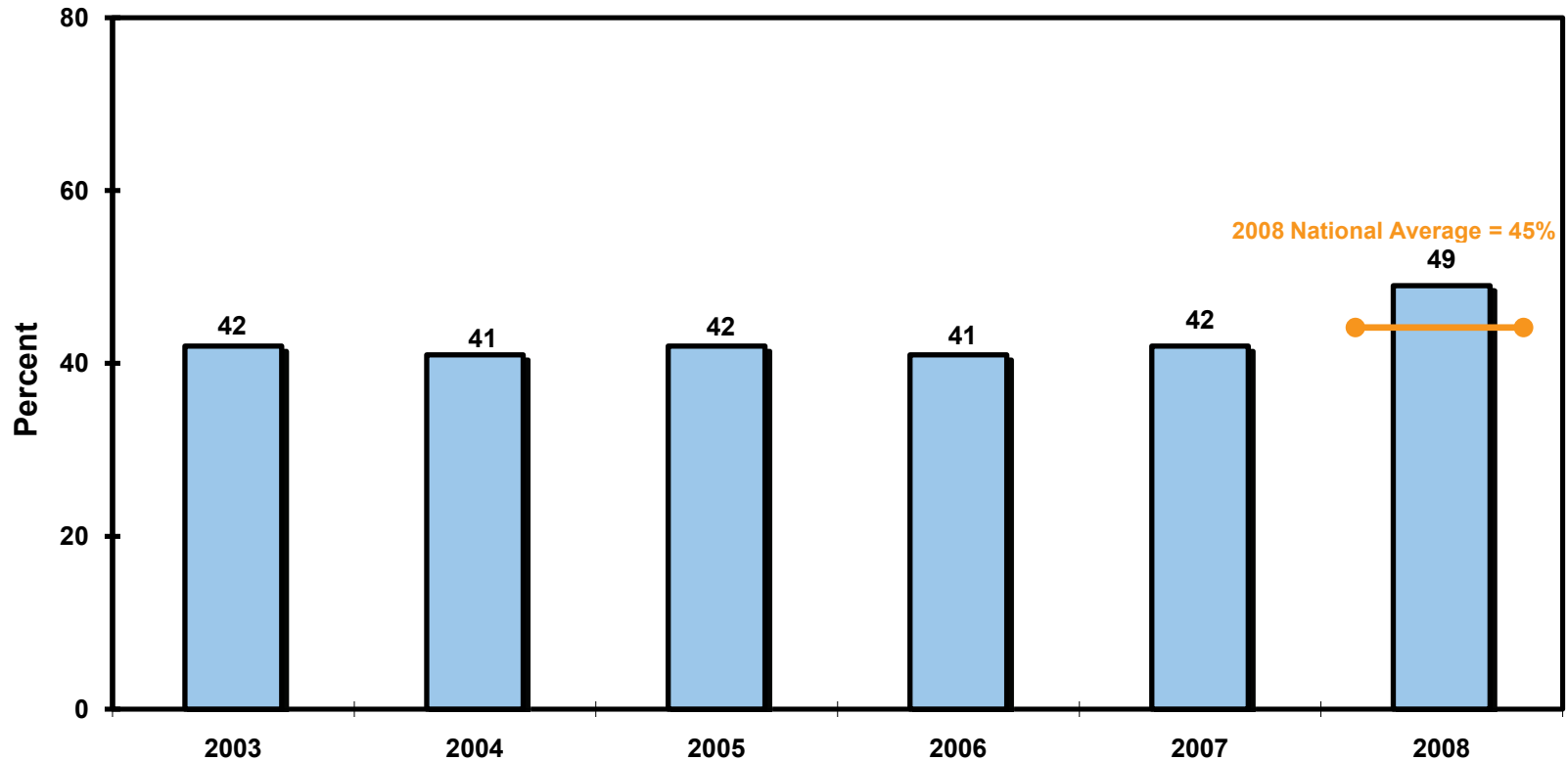


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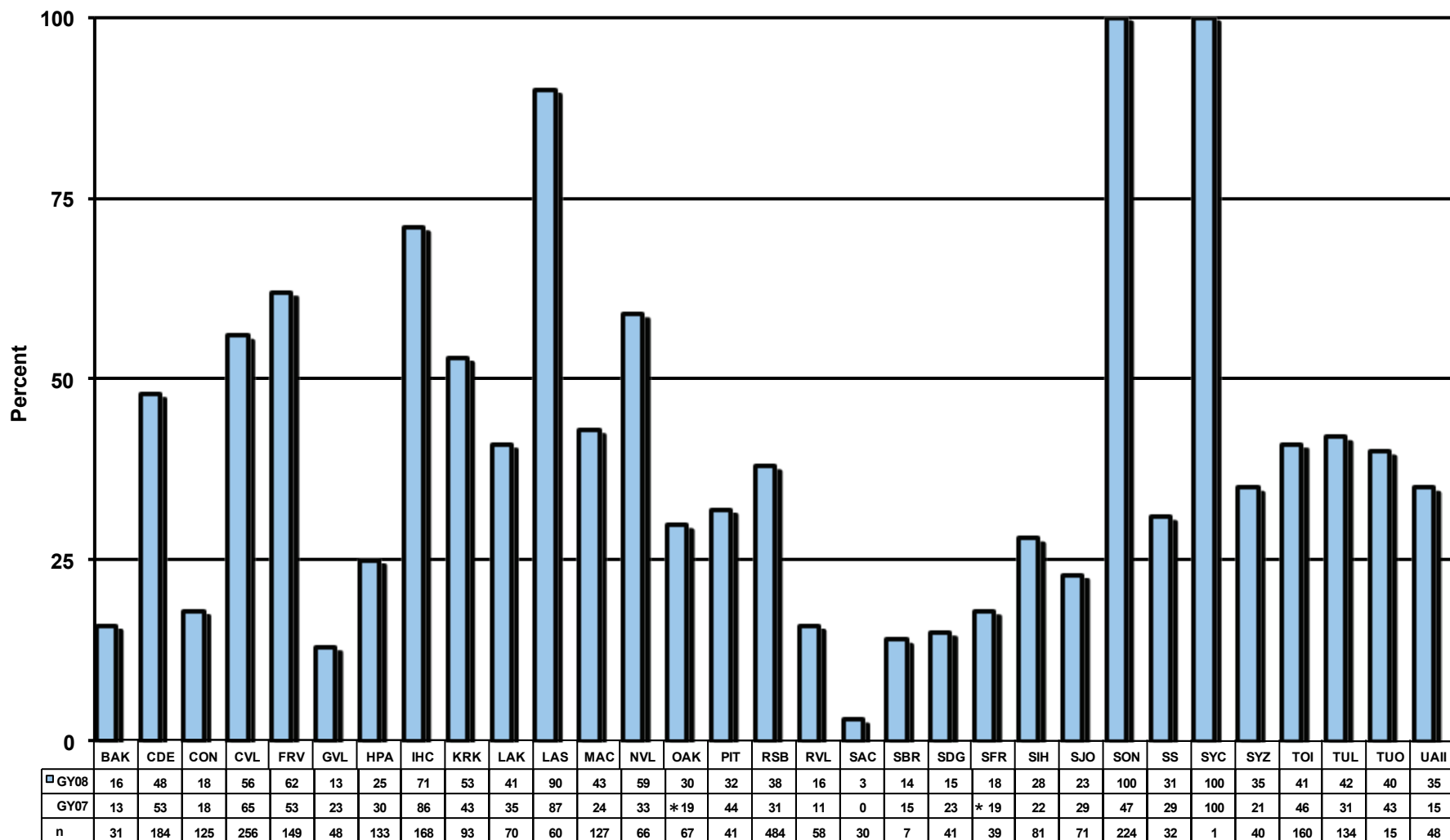
CANCER SCREENING: BREAST (MAMMOGRAPHY)

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

Importance: *Biennial screening of women between the ages of 50 and 69 has been shown to be a cost effective way to decrease the breast cancer mortality rate. 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 mortality rates since 1990, AI/AN women have not shared these gains. Between 1992 and 2002, breast cancer mortality rates declined for all racial and ethnic groups except American Indian/Alaska Native women, who experienced no decline in mortality rates. Regular mammography screening can reduce breast cancer mortality by 20-25%. AI/AN women diagnosed with breast cancer have lower 5-year survival rates in comparison to whites, mainly because their cancers are less likely to be found in earlier stages.*



CANCER SCREENING: BREAST (MAMMOGRAPHY)

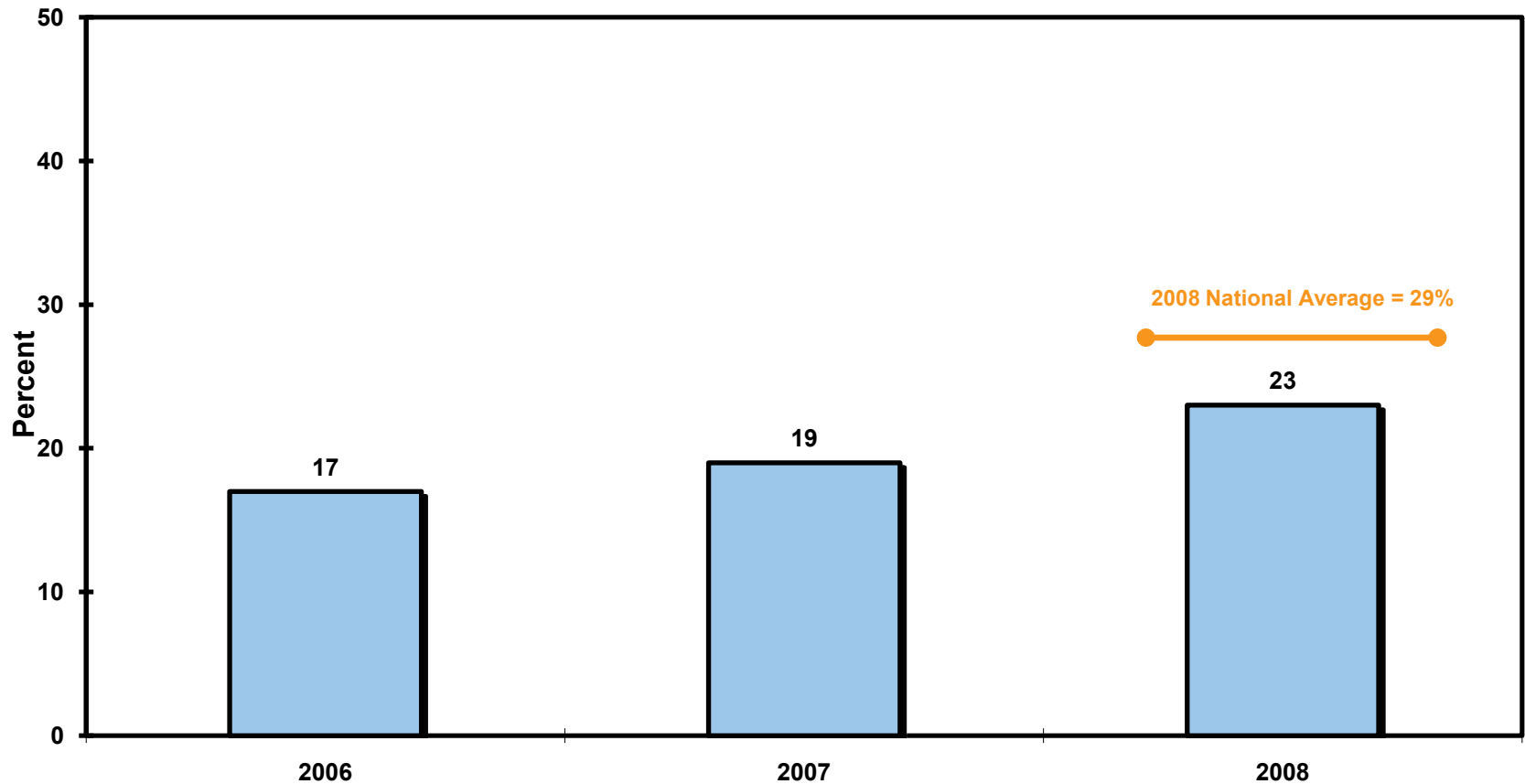


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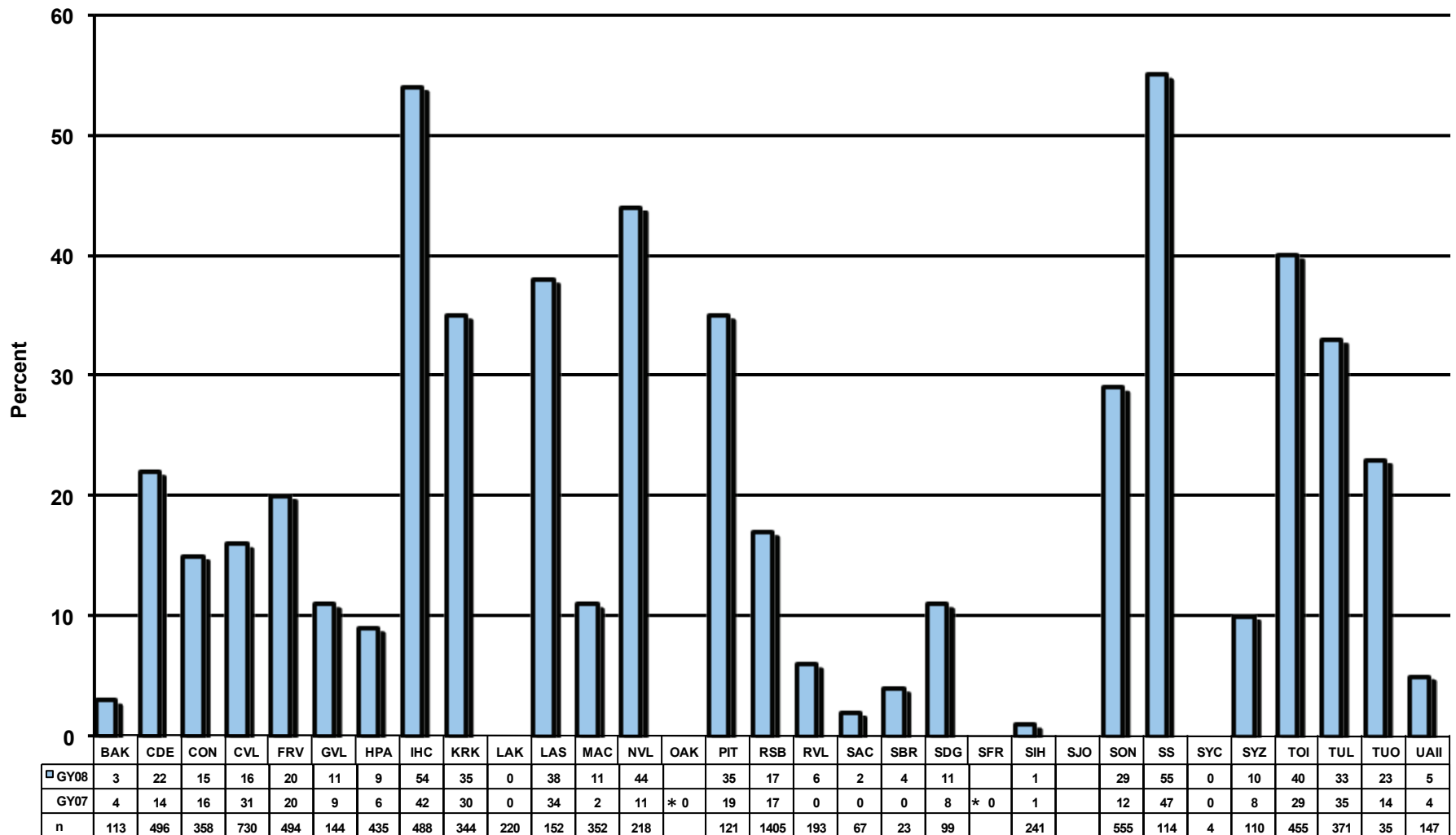
CANCER SCREENING: COLORECTAL

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

Importance: *Colorectal cancer incidence and mortality rates among the Alaska Native and Northern Plains American Indian population are well above the national average. Studies have found rates of 88.9 to 98.5 per 100,000 among these two groups compared to 61.3 to 61.4 for non-Hispanic whites in these areas. Screening can prevent many cases of colorectal cancer by detecting polyps; removing them can prevent cancer from occurring. Screening at the recommended frequency improves the chance that colorectal cancer will be detected at an earlier stage, when it is more likely to be cured by surgery alone. Patients diagnosed at the local stage have a five-year relative survival rate of about 90%, those diagnosed at the regional stage have a 67% five-year relative survival rate, and those diagnosed at the distant stage have a 10% five-year relative survival rate.*



CANCER SCREENING: COLORECTAL

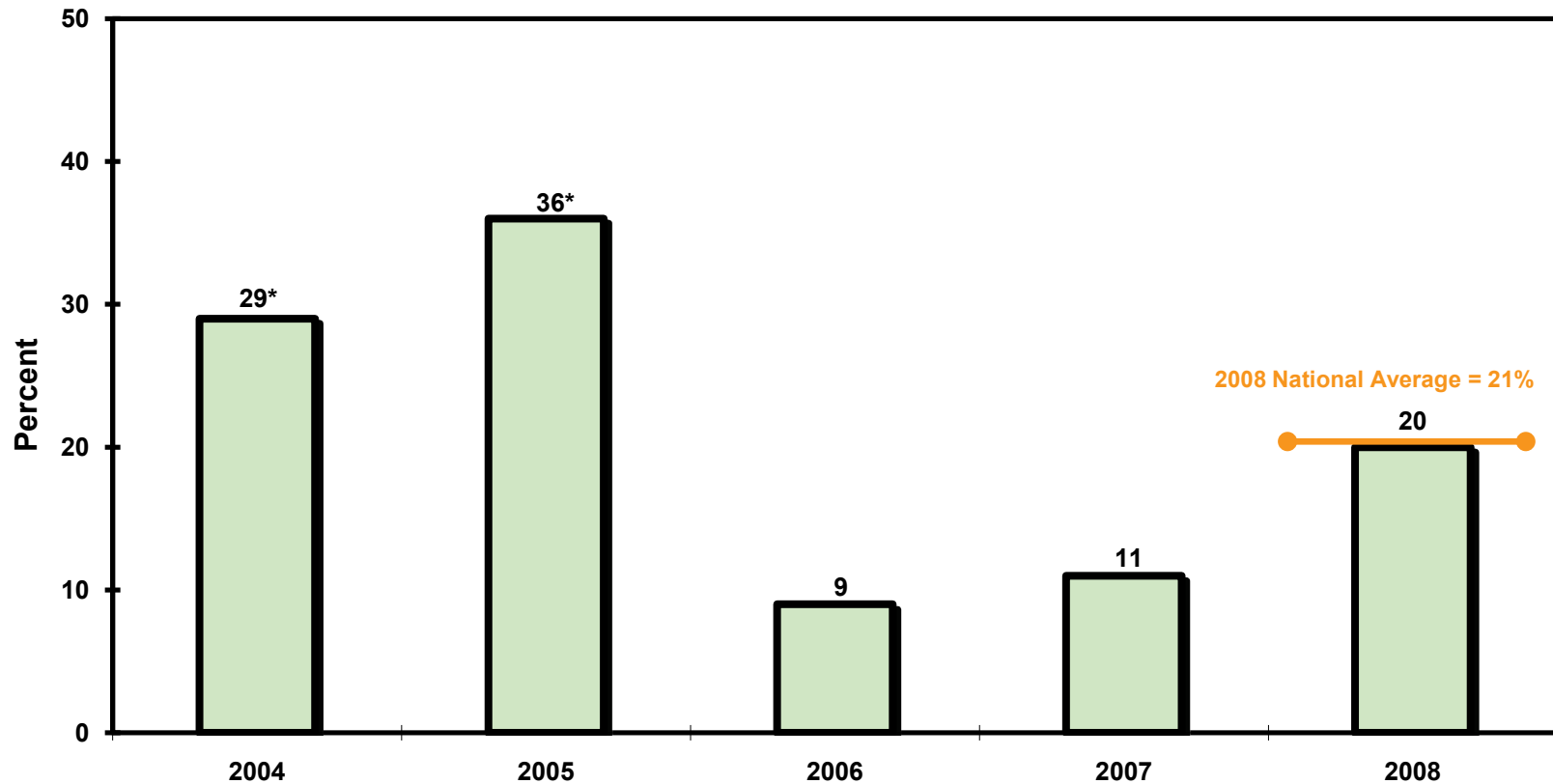


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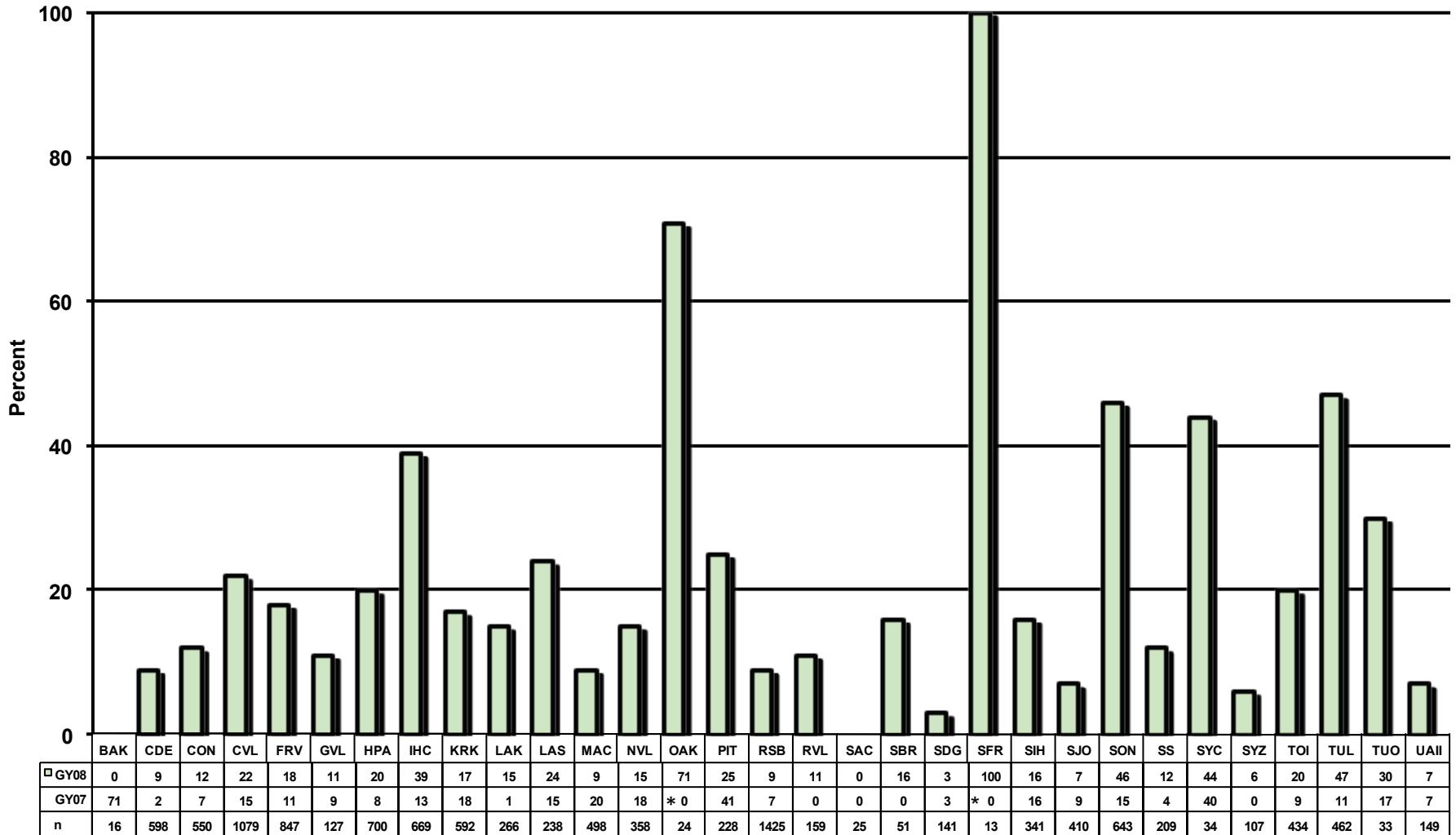
TOBACCO CESSATION

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, accounting for approximately 1 of every 5 deaths each year. American Indians and Alaska Natives had the highest prevalence of cigarette smoking (32.4%) of any group in the U. S. in 2006. 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. Advice from a health care provider and group and individual cessation counseling can help smokers quit. Smoking cessation treatments have been found to be safe and effective. Moreover, tobacco cessation programs are more cost-effective than other common prevention interventions.*



TOBACCO CESSATION

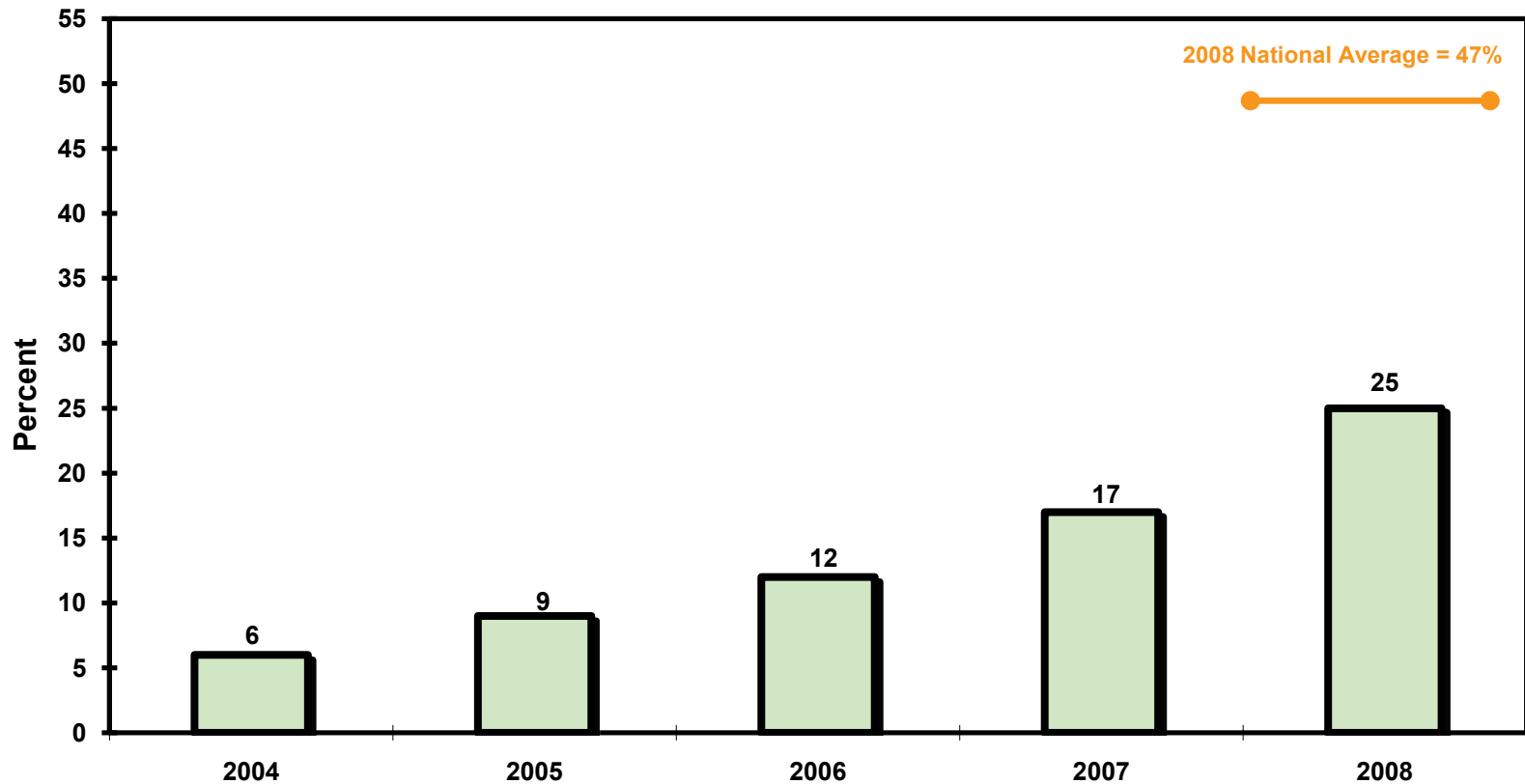


* 2007 results from Oakland and San Francisco are combined

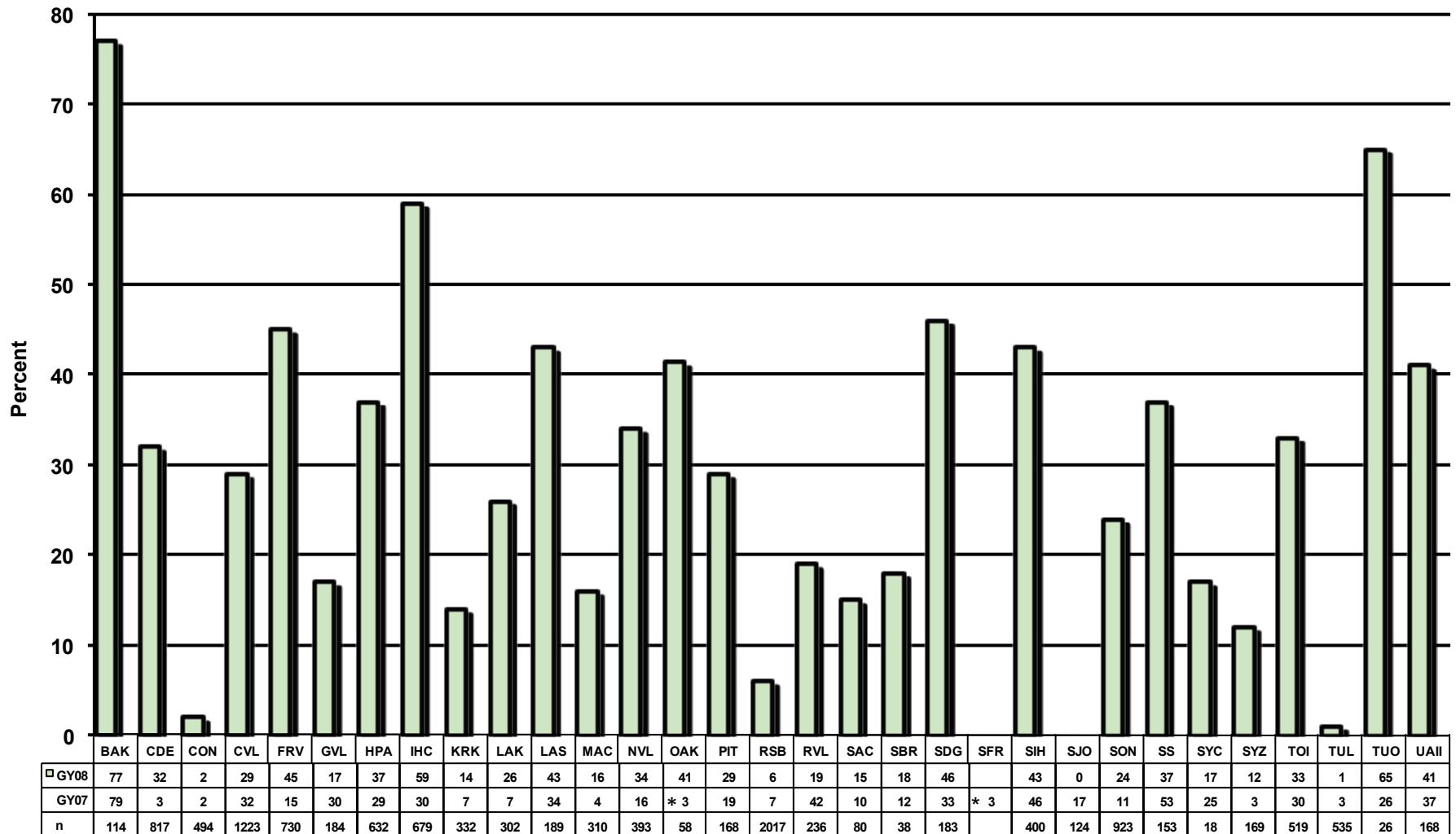
ALCOHOL SCREENING (FAS PREVENTION)

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 leading known, and preventable, cause of mental retardation. Rates of FAS are higher among American Indians and Alaska Natives than the general population. FAS cases have been reported at a rate of 9.8 per 1000 live births among southwestern Indians, 5.6 per 1000 in Alaska, and 2.5 per 1000 in Arizona, well above that of any other race or ethnicity. Studies have found alcohol consumption rates among AI/AN women to be higher than national averages.



ALCOHOL SCREENING (FAS PREVENTION)



* 2007 results from Oakland and San Francisco are combined

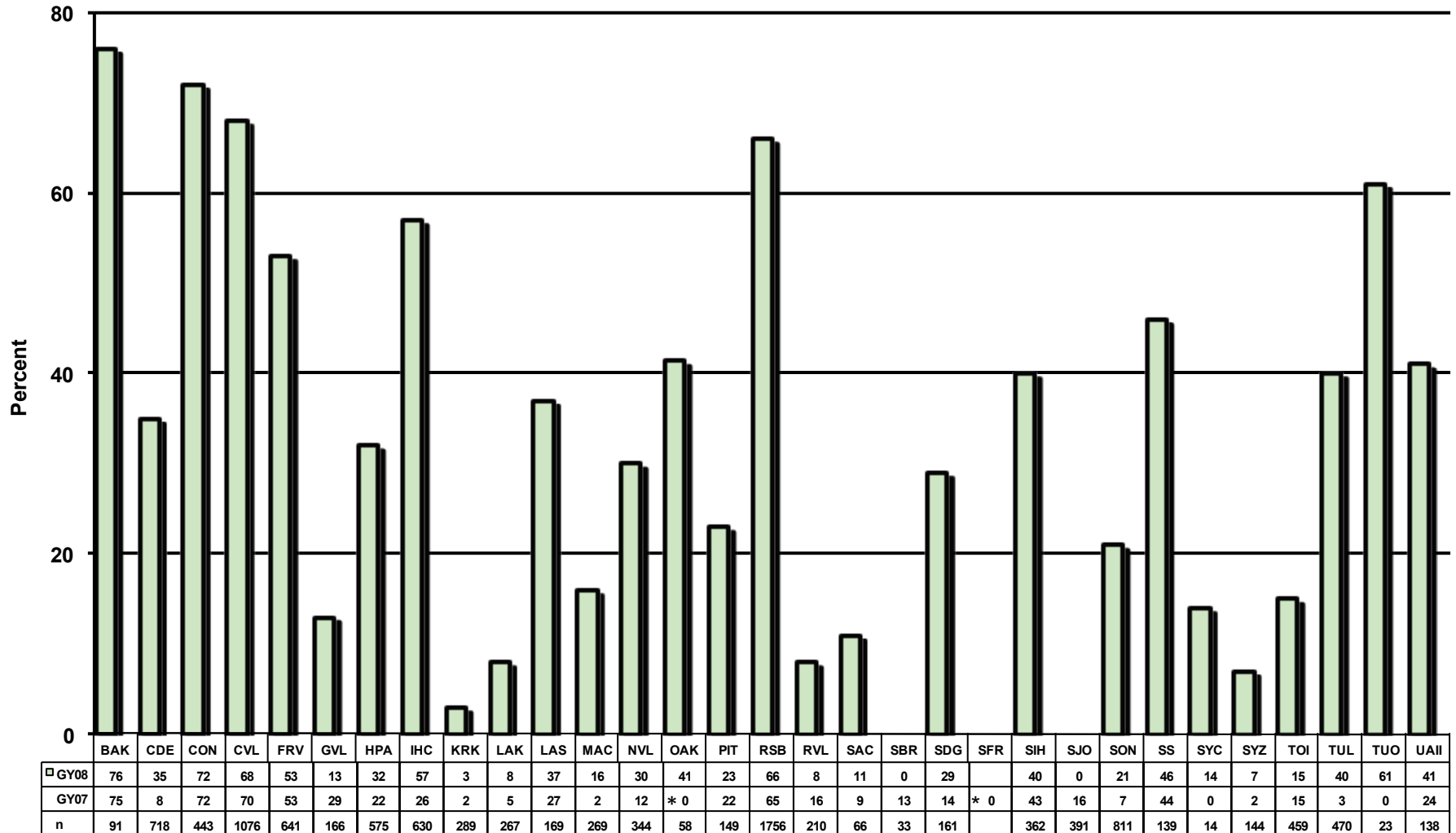
DOMESTIC VIOLENCE/INTIMATE PARTNER VIOLENCE SCREENING

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

Importance: *Thirty percent of women in the United States experience domestic violence at some time in their lives, and studies have found that AI/AN women experience domestic violence at rates higher than the national average. A survey of Navajo women seeking routine care at an IHS facility revealed that 14% had experienced physical abuse in the past year, and 42% had experienced physical abuse from a male partner at least once in their lives. The health consequences of intimate partner violence are numerous. Women who experience domestic violence are more often victims of nonconsensual sex and have higher levels of smoking, chronic pain syndromes, depression, generalized anxiety, substance abuse, and Post-Traumatic Stress Disorder.*



DOMESTIC VIOLENCE/INTIMATE PARTNER VIOLENCE SCREENING

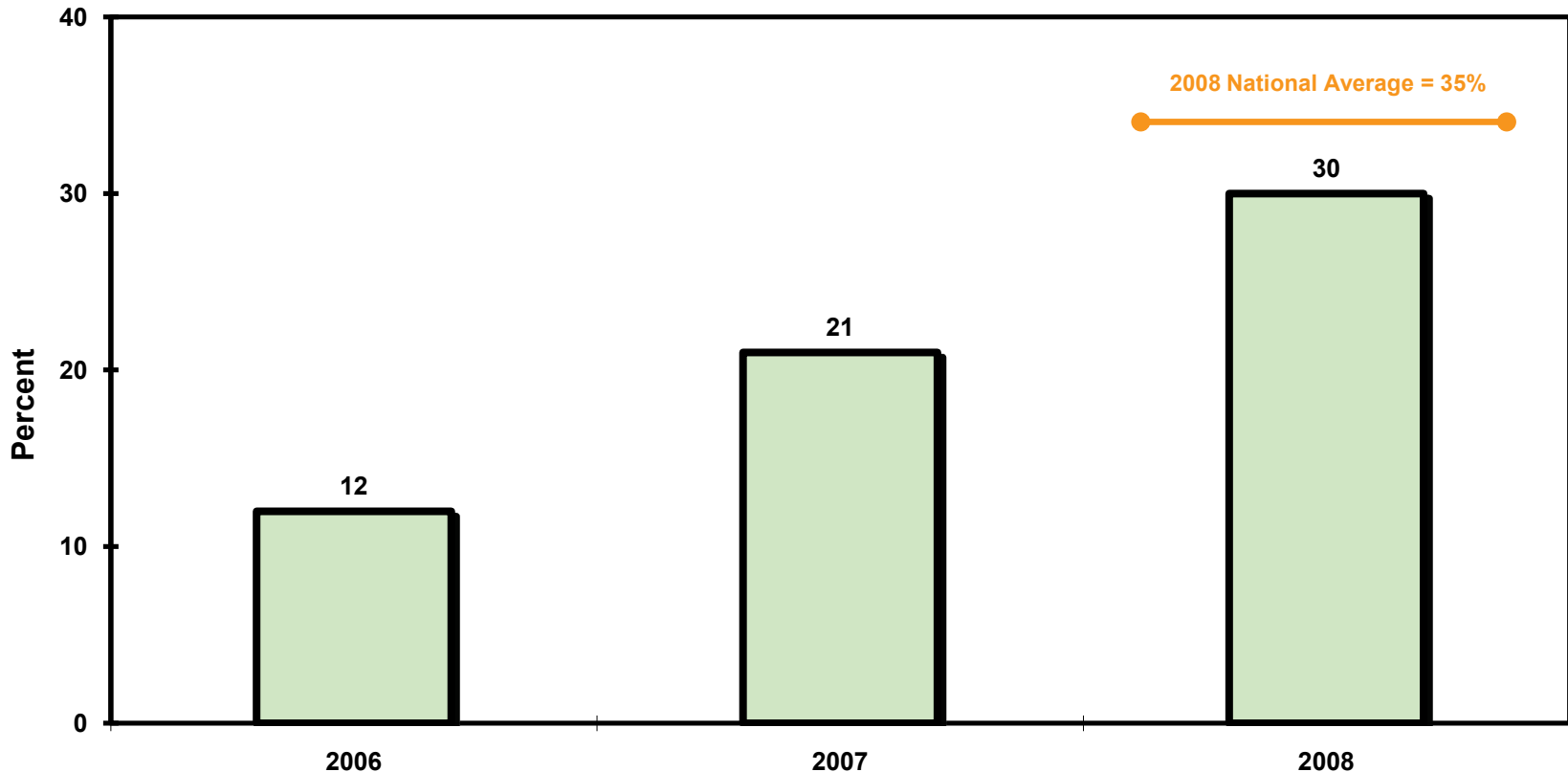


* 2007 results from Oakland and San Francisco are combined

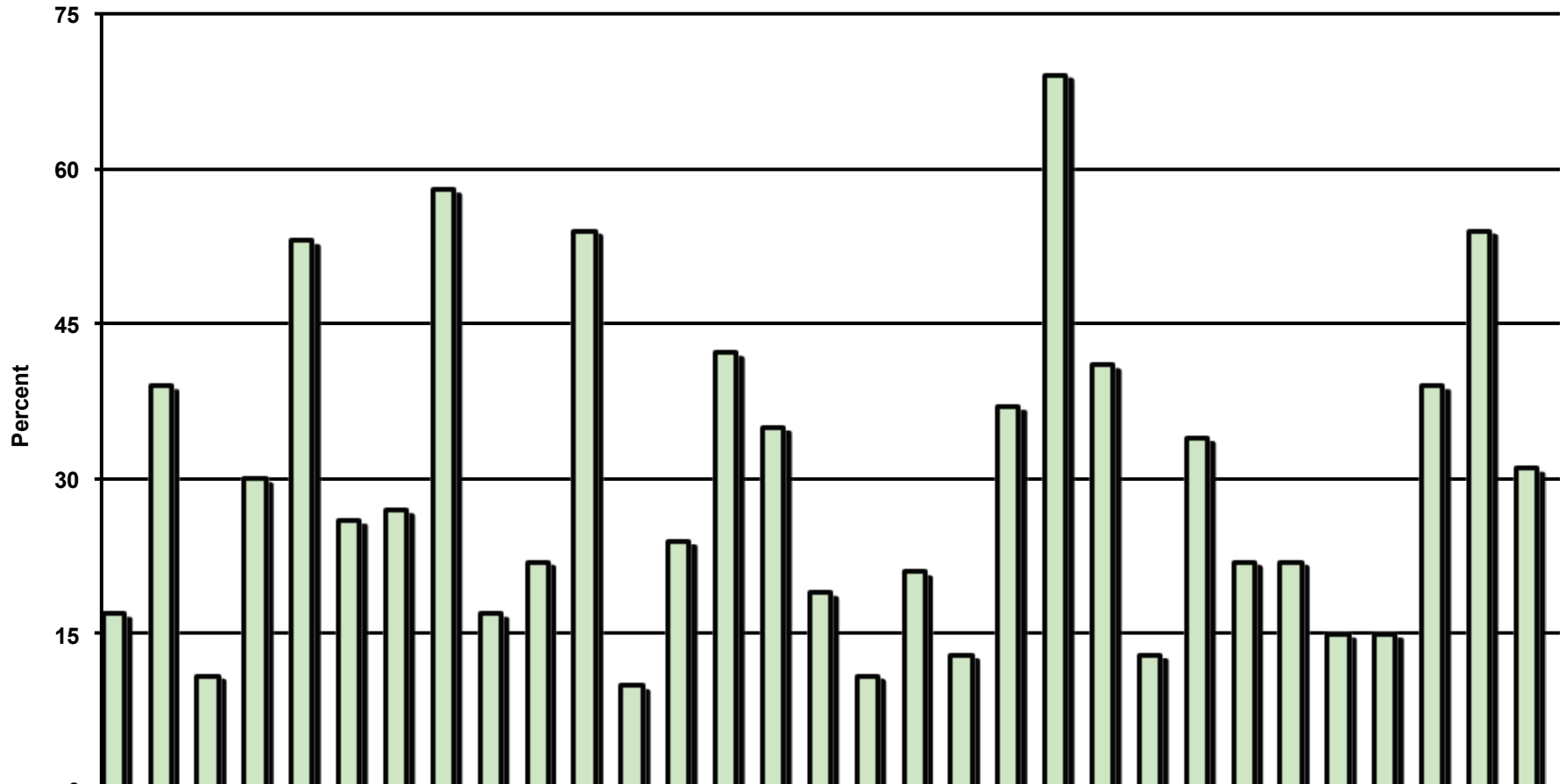
DEPRESSION SCREENING

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

Importance: *About 1 in 20 adults experience major depression in a given year. Depression and anxiety disorders may affect heart rhythms, increase blood pressure, and alter blood clotting. Depression can also lead to elevated insulin and cholesterol levels. Depression or anxiety may result in chronically elevated levels of stress hormones such as cortisol and adrenaline. Depression also frequently increases the risk of suicidal behavior. The specific risk for suicide associated with depressive disorders is elevated 12- to 20-fold compared to the general population. Screening for depression is the first step toward identifying patients who need intervention, treatment, and follow up.*



DEPRESSION SCREENING



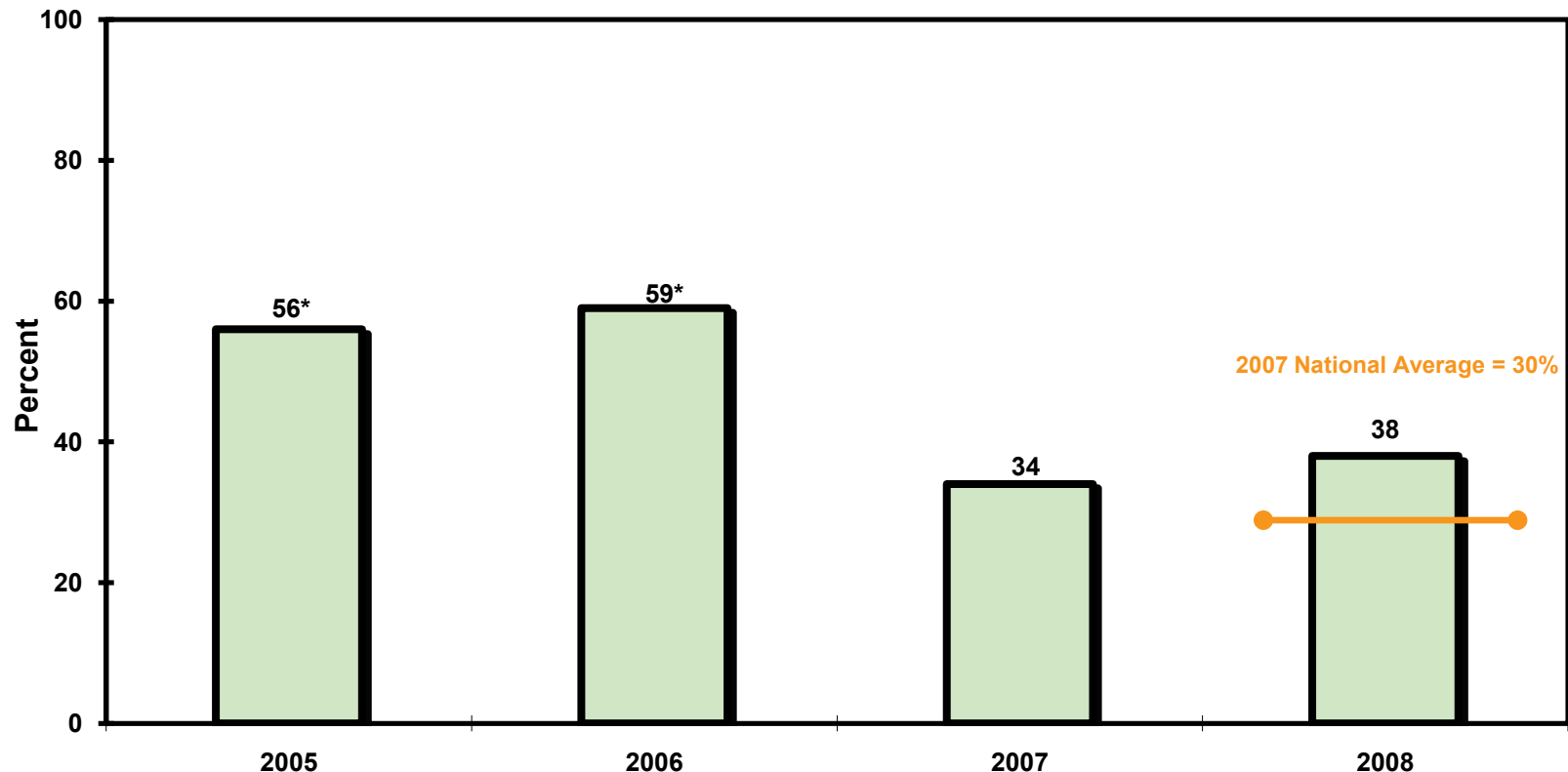
	BAK	CDE	CON	CVL	FRV	GVL	HPA	IHC	KRK	LAK	LAS	MAC	NVL	OAK	PIT	RSB	RVL	SAC	SBR	SDG	SFR	SIH	SJO	SON	SS	SYC	SYZ	TOI	TUL	TUO	UAlI
□ GY08	17	39	11	30	53	26	27	58	17	22	54	10	24	42	35	19	11	21	13	37	69	41	13	34	22	22	15	15	39	54	31
GY07	19	16	10	17	43	33	23	17	5	16	29	7	20	* 15	30	31	9	10	4	20	* 15	47	13	15	10	24	14	7	20	12	29
n	339	2070	1285	2920	1883	506	1638	1869	1066	782	509	992	920	64	448	5004	632	236	110	420	139	1000	355	2207	408	32	404	1474	1374	96	463

* 2007 results from Oakland and San Francisco are combined

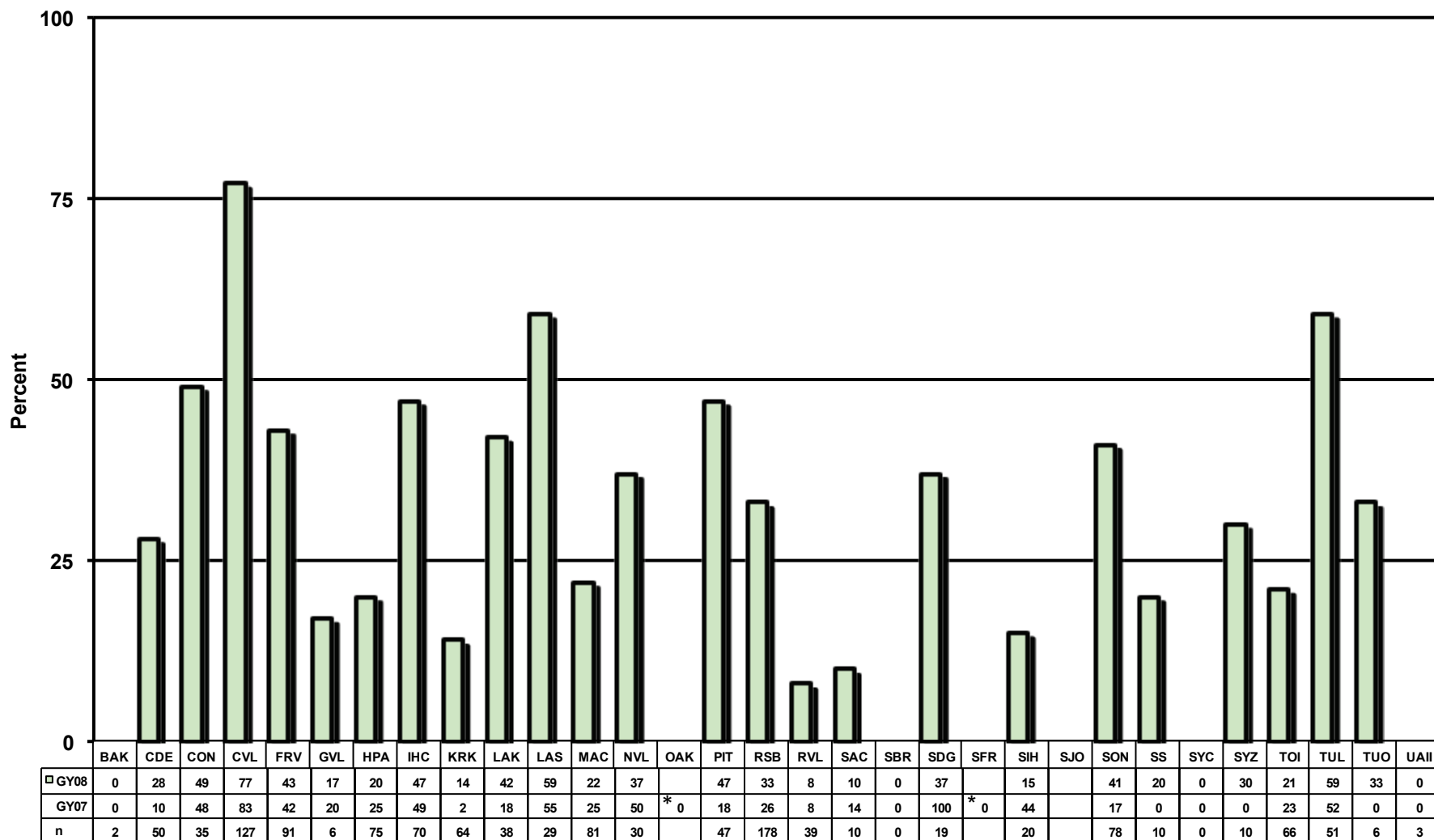
CVD PREVENTION: COMPREHENSIVE ASSESSMENT

Measure: Proportion of IHD patients who have a comprehensive assessment for five CVD-related risk factors.

Importance: *Cardiovascular disease (CVD) causes more deaths in Americans of both genders and all racial and ethnic groups than any other disease. Minority and low-income populations have a disproportional burden of death and disability from CVD. Cardiovascular disease represents the leading cause of death for American Indian and Alaska Native people above 45 years of age. Unlike other racial and ethnic groups, American Indians appear to have an increasing incidence of cardiovascular disease, likely due to the high prevalence of diabetes. Modifying the following risk factors offers the greatest potential for reducing CVD morbidity, disability, and mortality: high blood pressure, high cholesterol, smoking tobacco, excessive body weight, and physical inactivity.*



CVD PREVENTION: COMPREHENSIVE ASSESSMENT

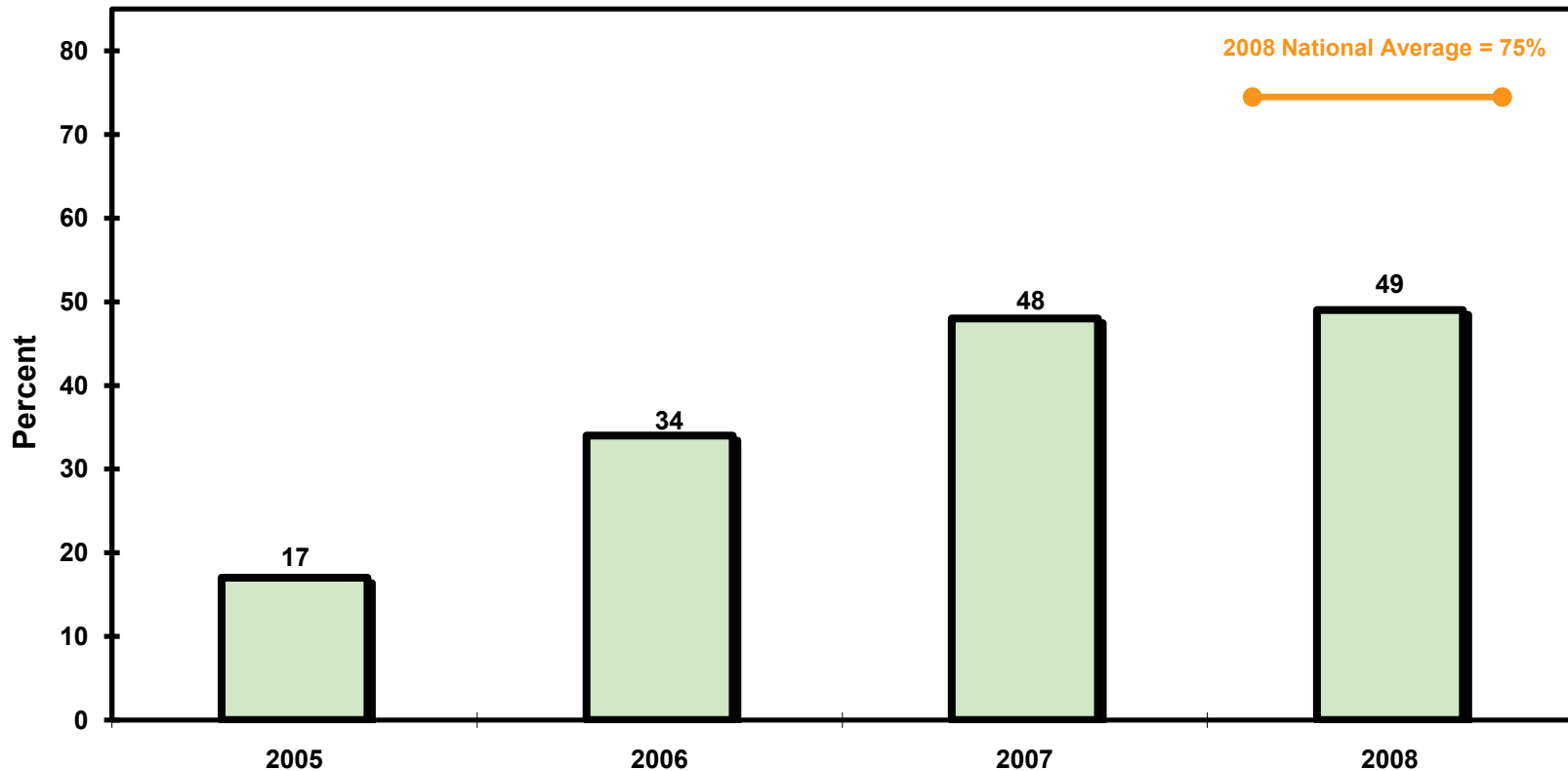


* 2007 results from Oakland and San Francisco are combined

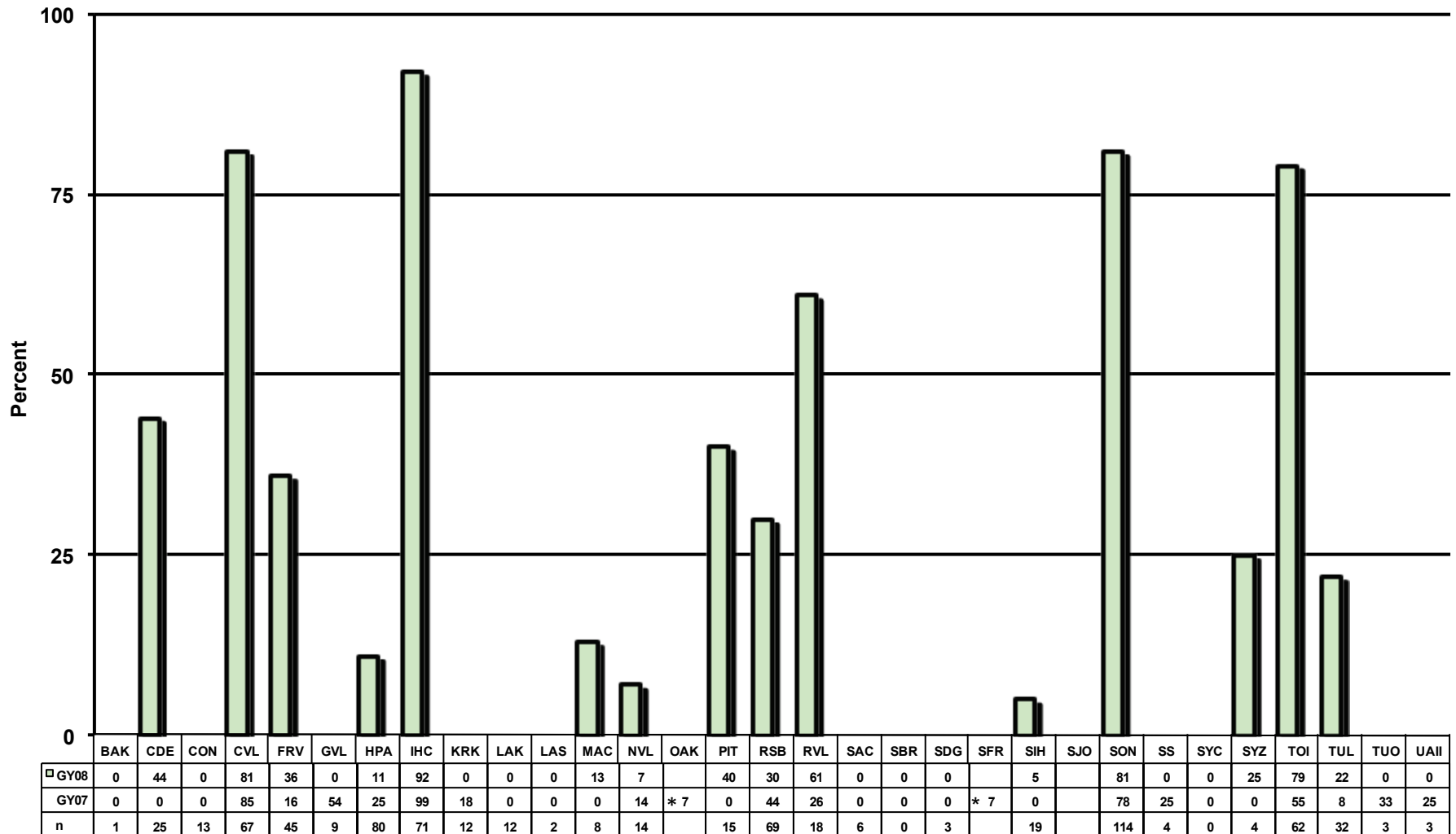
PRENATAL HIV SCREENING

Measure: Proportion of pregnant women screened for HIV.

Importance: *The HIV/AIDS epidemic represents a growing threat to American women of childbearing age. From 2001 through 2004, the number of HIV/AIDS diagnoses for women aged 15-39 decreased for white, black, and Hispanic women, while the number of diagnoses for AI/AN women increased. An increase in HIV infections in newborn children is a potential consequence of higher HIV infection rates among women of childbearing age. Perinatal transmission accounts for 91% of all AIDS cases among children in the United States. Antiretroviral therapy during pregnancy can reduce the transmission rate to 2% or less. The transmission rate is 25% without treatment. Routine prenatal HIV testing of all pregnant women is the best way to avoid transmission of HIV from mother to infant.*



PRENATAL HIV SCREENING

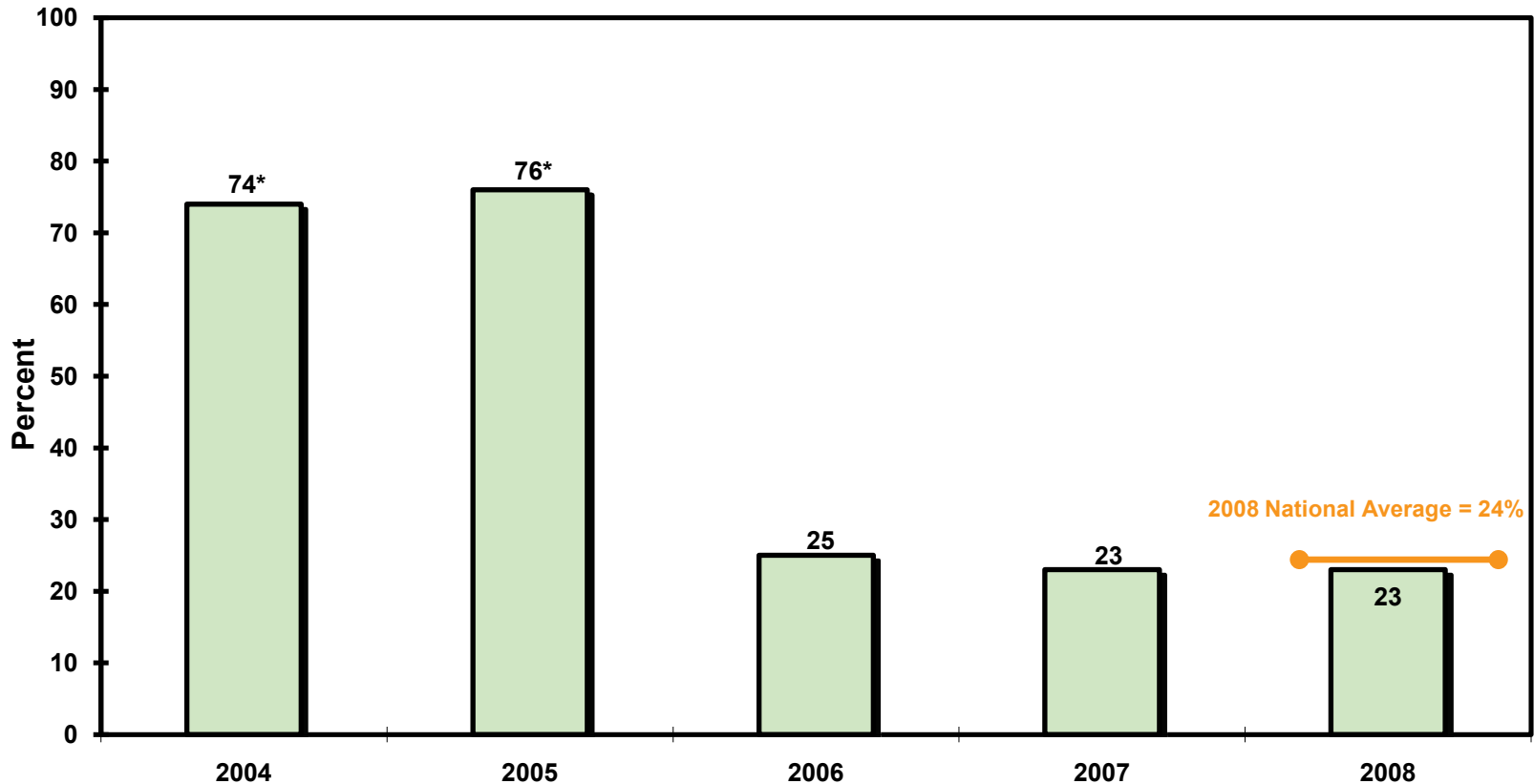


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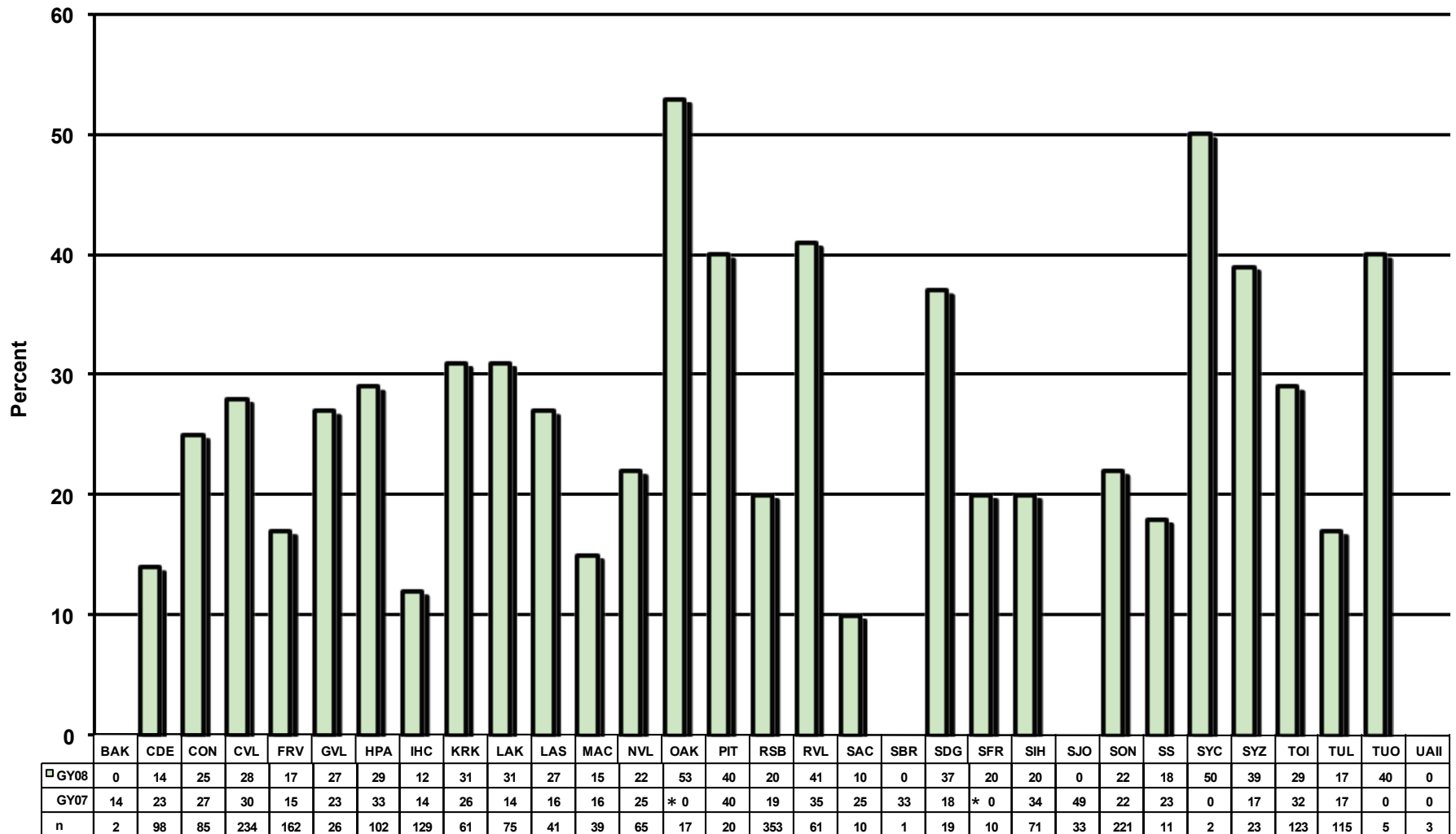
CHILDHOOD WEIGHT CONTROL (CWC)

Measure: Proportion 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 tend to show related signs of morbidity, including elevated blood pressure, cholesterol, triglyceride, and insulin levels. Overweight children are also at risk for psychosocial difficulties arising from being obese, including shame, self-blame, and low self-esteem, all of which may impair academic and social functioning and carry into adulthood. One major effect of rising childhood overweight rates is the growing prevalence of type 2 diabetes among children.



CHILDHOOD WEIGHT CONTROL (CWC)



* 2007 results from Oakland and San Francisco are combined

APPENDIX A

SUMMARY OF KEY FINDINGS

CALIFORNIA AREA DASHBOARD

GY 2008 End of Year Dashboard	End of Year California Area	End of Year California Area	End of Year National Avg.	End of Year National	2008 End of Year Results - California Area
DIABETES	2008	2007	2008	2008 Target	
Diabetes Dx Ever	10%	10%	12%	N/A	N/A
Documented HbA1c	82%	82%	79%	N/A	N/A
Poor Glycemic Control	15%	15%	17%	16%	MET
Ideal Glycemic Control	38%	38%	32%	31%	MET
Controlled BP <130/80	36%	35%	38%	39%	NOT MET
LDL Assessed	70%	67%	63%	61%	MET
Nephropathy Assessed	54%	49% ^a	50%	40%	MET
Retinopathy Exam	50%	45%	50%	49%	MET
DENTAL					
Access to Services	40%	39%	25%	25%	MET
Sealants	10,811	9,363	241,207	245,449	N/A
Topical Fluoride- Patients	7,392	6,280	120,754	107,934	N/A
IMMUNIZATIONS					
Influenza 65+	59%	57%	62%	59%	MET
Pneumovax 65+	79%	75%	82%	79%	MET
Childhood Izs	66%	64%	78%	78%	NOT MET
PREVENTION					
Pap Smear Rates	52%	52%	59%	59%	NOT MET
Mammogram Rates	49%	42%	45%	43%	MET
Colorectal Cancer Screening	23%	19%	29%	26%	NOT MET
Tobacco Cessation	20%	11%	21%	16%	MET
FAS Prevention	25%	17%	47%	41%	NOT MET
IPV/DV Screen	43%	34%	42%	36%	MET
Depression Screening	30%	21%	35%	24%	MET
Comp. CVD-related Assessment	38%	34% ^b	30%	30%	MET
Prenatal HIV Screening	49%	48%	75%	74%	NOT MET
Childhood Weight Control	23%	23%	24%	24%	MET
^a New baseline in FY 2007 - change in Standards of Care (IHS Division of Diabetes Treatment and Prevention)					Measures Met = 14
^b New baseline in FY 2007 - measure change from Cholesterol Screening to Comprehensive CVD-related Assessment					Measures Not Met = 6