



Government Performance and Results Act (GPRA)

12 Area

2008



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GPRA Summary Report

INDIAN HEALTH SERVICE

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INTRODUCTION



During FY 2008 the Indian Health Service (IHS) continued to use performance measures, established as required by the Government Performance and Results Act (GPRA), to provide quality healthcare assessment. The FY 2008 IHS Annual Performance Plan includes a number of measures that track clinical performance in the categories of treatment and prevention. These measures assess Agency performance in the areas of: Diabetes, Oral Health, Immunizations, Cancer Screening, Behavioral Health, Cardiovascular Disease Prevention, HIV, Childhood Weight Control, and Tobacco Cessation. This 12-Area Summary Report provides a comparison of these GPRA measure results for all IHS Areas. It includes a summary of results for all 22 clinical GPRA measures, and detailed graphs for 20 measures

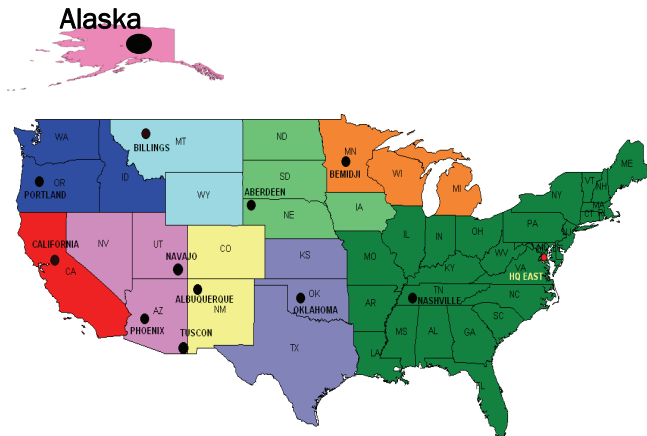
This report is a companion document to the FY 2008 National Summary Report and is designed to provide Indian Health Service executives and staff with comparative information about Area-level performance. It contains data about selected clinical measures that were collected at IHS Direct and Tribal healthcare facilities using the Resource Patient Management System (RPMS) and extracted using Clinical Reporting System (CRS) software, version 8.0. All measures outlined in this report are obtained from the National GPRA report submitted by each facility using CRS software.

The graphs for each clinical measure display results by Area for FY 2008 and FY 2007. One note of explanation: starting this year, this report uses the term “FY” (“Fiscal Year”) rather than “GY” (“GPRA Year”) to describe annual GPRA results, which are reported for the corresponding fiscal year. The GPRA (year) collection period begins July 1 and ends June 30; the deviation from the fiscal year calendar allows sites time to meet reporting deadlines. The graphs also include definitions of the numerator and denominator for each measure, as well as the specific number of patients (N) in the denominator for each measure. The accompanying narrative for each graph also indicates the IHS national average for FY08 and FY07 and includes either the Healthy People 2010 or IHS 2010 goal for the measure.

Areas can use these graphs to review any changes in their performance from FY 2007 to FY 2008, 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 presented in this report was extracted from the RPMS databases of 190 Tribal and IHS direct health programs distributed among the 12 IHS Service Areas (Aberdeen, Alaska, Albuquerque, Bemidji, Billings, California, Nashville, Navajo, Oklahoma, Phoenix, Portland, and Tucson).



POPULATION DESCRIPTION: BY AREA



2008 GPRA

Reporting Population

1,256,963 patients

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

<u>IHS AREA</u>	<u>Number of IHS/ Tribal Facilities reporting GPRA</u> 2008	<u>GPRA Population</u> 2008	<u>NPIRS Population</u> 2007	<u>Percent Reporting</u> 2008	<u>Percent Reporting</u> 2007
Aberdeen	19	128,003	119,379	100%	100%
Alaska	12	120,206	134,743	89%	88%
Albuquerque	9	74,922	85,671	87%	93%
Bemidji	14	54,856	100,243	55%	59%
Billings	6	56,347	70,196	80%	80%
California	23	65,616	75,010	87%	87%
Nashville	17	39,944	47,438	84%	83%
Navajo	8	226,564	237,981	95%	95%
Oklahoma	32	225,267	313,901	72%	72%
Phoenix	17	158,879	153,607	100%	100%
Portland	29	87,889	100,784	87%	89%
Tucson	3	18,470	24,708	75%	76%
Total, All Areas	189	1,256,963	1,463,661	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: 2008 GPRA User Population - Denominator: 2007 (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.



RESULTS

Overall, IHS performed very well on clinical GPRA measures in FY 2008. Nineteen of twenty-two clinical measures, or 86%, met or exceeded their targets. Of particular note are the Nephropathy, Topical Fluoride, and Depression Screening measures, which all achieved increases of 10 percentage points or more over FY 2007 final performance.

Two of the three oral health measures (Dental Access and Topical Fluoride) met or exceeded their targets, and four of the Agency's six diabetes measures, Ideal Glycemic Control, LDL Assessed, Nephropathy Assessed, and Retinopathy Assessed, met and exceeded their targets. The increases in the diabetes measures were achieved despite a 1 percentage point increase in the number of patients diagnosed with diabetes (12% of active clinical patients in FY 2008 vs. 11% in FY 2007). Nephropathy Assessment rates increased by 10 percentage points, indicating that the new Standards of Care guidelines, adopted in FY 2007, continue to be implemented successfully.

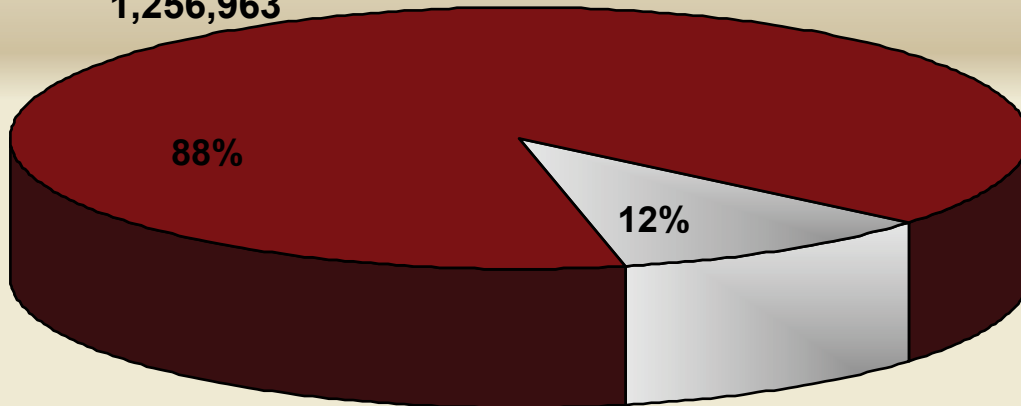
All three cancer screening measures (Pap Screening, Mammography Screening, and Colorectal Cancer Screening) also met or exceeded their targets. Mammography screening rates increased to 45%, the highest rate of mammography screening since the Agency began reporting GPRA results. Tobacco Cessation measure rates also continued to improve in FY 2008, increasing by 5 percentage points from 16% in FY 2007 to 21%. The Adult Pneumovax and Influenza Immunization measures each exceeded their targets by 3 percentage points, reflecting a continuing emphasis on preventive care for elders. All Behavioral Health screening measures also exceeded their targets. Alcohol Screening (to prevent Fetal Alcohol Syndrome) and Domestic Violence/Intimate Partner Violence Screening rates each improved by 6 percentage points over FY 2007. Depression Screening rates improved by 11 percentage points over FY 2007, which reflects an increased focus on these critical behavioral health screenings in the primary care setting.

The three measures that did not meet their targets include two diabetes measures, Poor Glycemic Control and Blood Pressure Control, and the Dental Sealant Measure. The Diabetes Glycemic Control and Blood Pressure Control measures rely heavily on patient compliance and expensive medications. However, while the Blood Pressure Control measure did not meet the FY 2007 rate of 39%, the result (38%) still exceeds the average historical performance for this measure between FY 2002-FY 2007 (37%). By contrast, the Agency has not met the annual target for Poor Glycemic Control since FY 2005. The Dental Sealant measure also continued a trend of falling short of its annual target. IHS and Tribal programs applied 4,242 fewer sealants in FY 2008 than in FY 2007; 1,196 fewer sealants in FY 2007 than in FY 2006; and 3,237 fewer sealants in FY 2006 than in FY 2005. The dental program has reported that many sites are "sealed out" with few new patients eligible for sealants each year, and GPRA results seem to confirm this assessment. As a result, measure targets based on historical performance may continue to be difficult to achieve.

*DIABETES PREVALENCE



GPRA USER Population:
1,256,963



Total Number of Diagnosed Diabetics: 148,927

GPRA 2008 National Data

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

2008: 17%

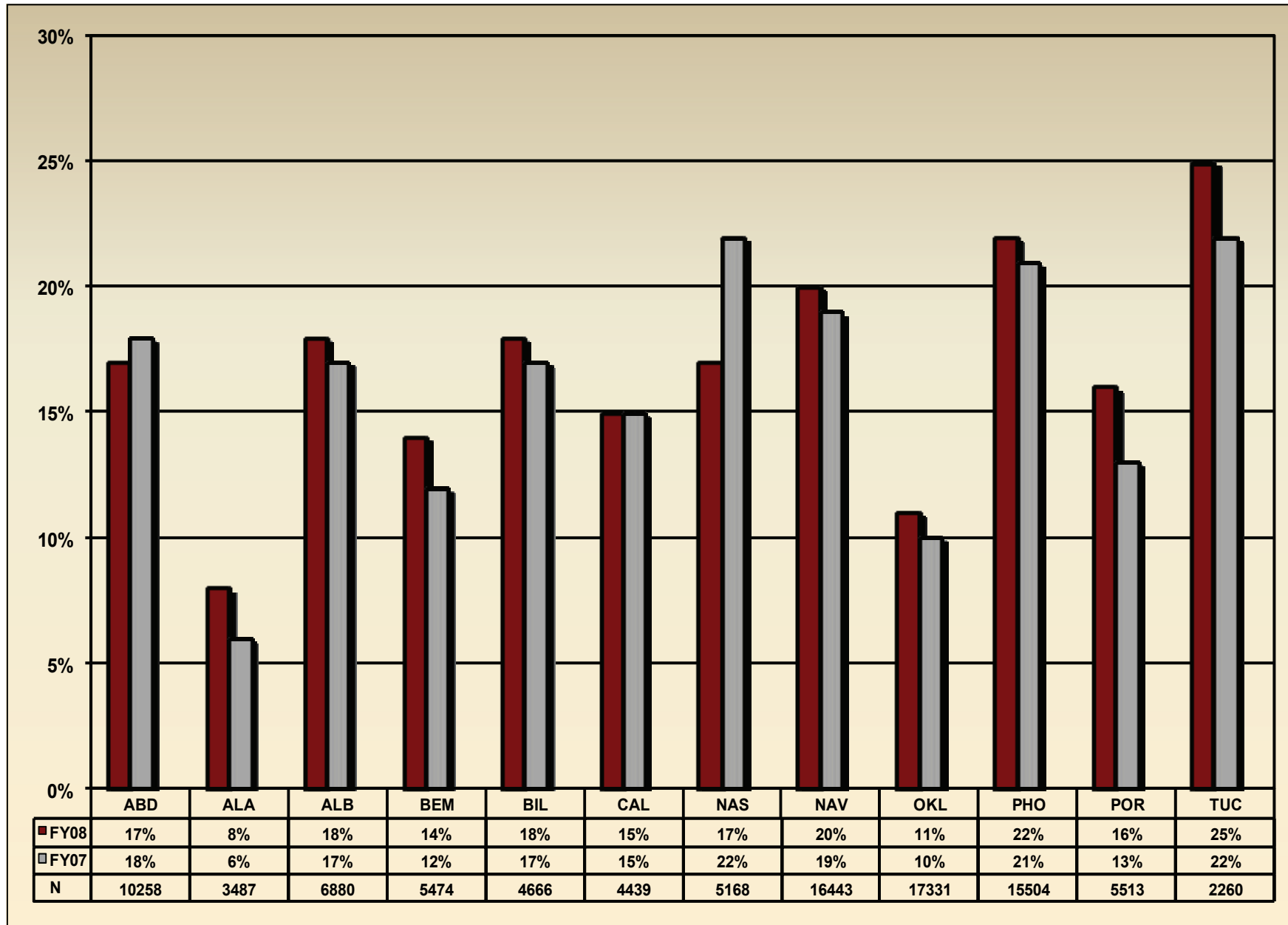
2007: 16%

NT: 16%

2010 goal: 10%

The 2008 national average for IHS direct and tribal facilities for the Poor Glycemic Control measure is 17%. Performance for this measure increased by 1 percentage point from 2007 and did not meet the 2008 GPRA target of 16%.

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

2008: 32%

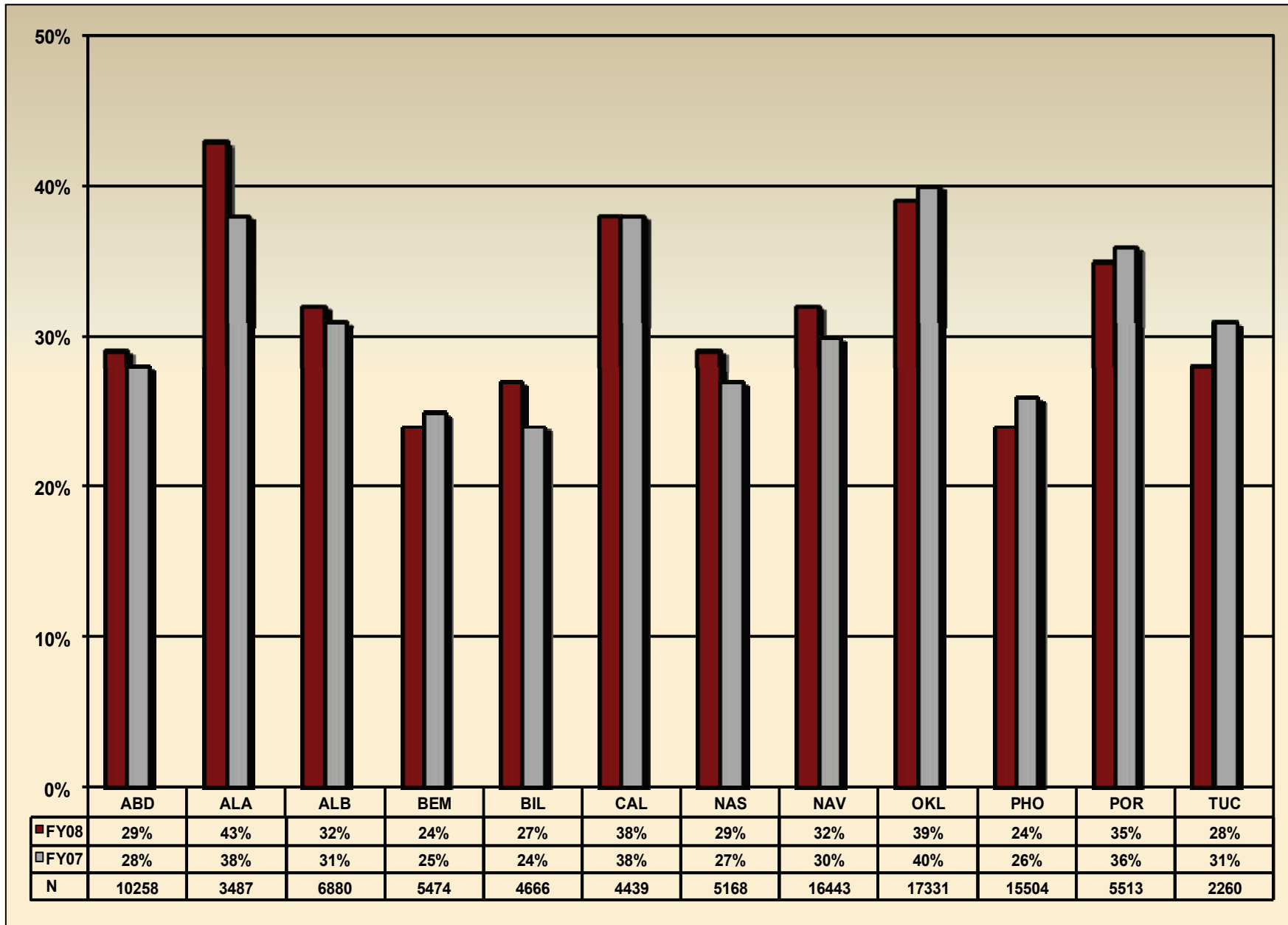
2007: 31%

NT: 31%

2010 goal: 40%

The 2008 national average for IHS direct and tribal facilities for the Ideal Glycemic Control measure is 32%. Performance for this measure increased by 1 percentage point from 2007 and exceeded the 2008 GPRA target of 31%.

Six 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

2008: 38%

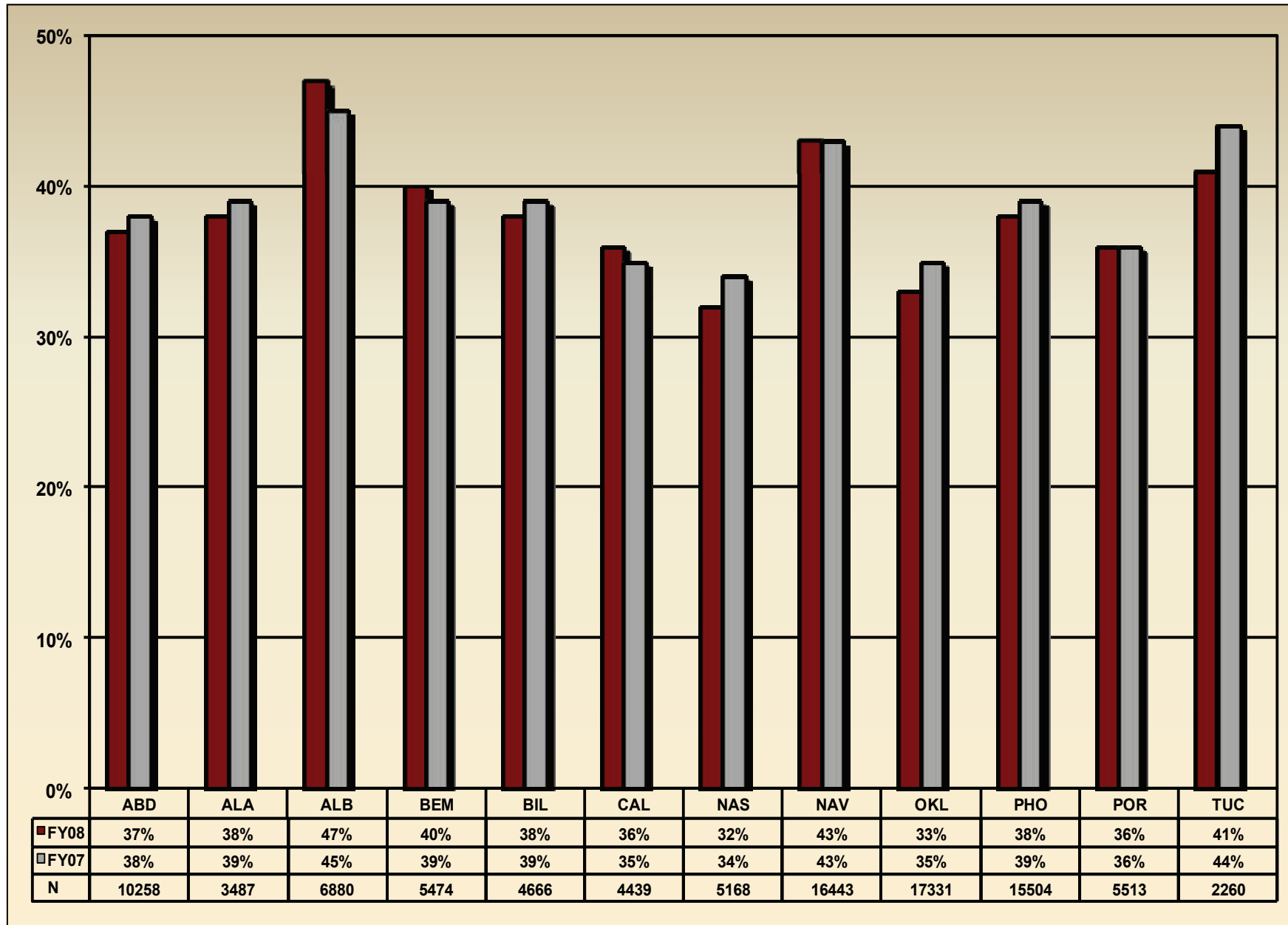
2007: 39%

NT: 39%

2010 goal: 50%

The 2008 national average for IHS direct and tribal facilities for the Blood Pressure Control measure is 38%. Performance for this measure decreased from 2007 by 1 percentage point and did not meet the 2008 GPRA target of 39%.

Four 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

2008: 63%

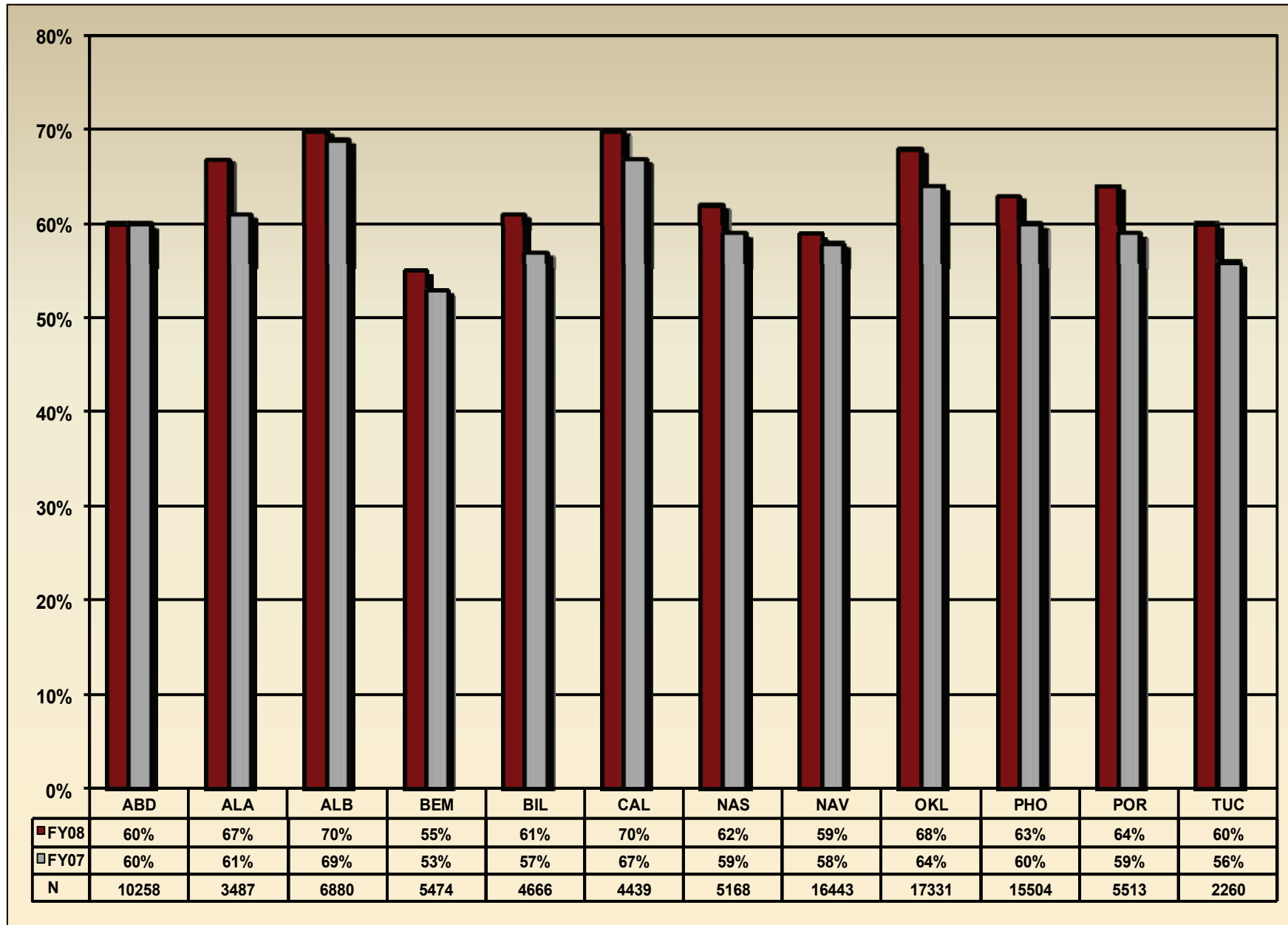
2007: 61%

NT: 61%

2010 goal: 70%

The 2008 national average for IHS direct and tribal facilities for the LDL Assessed measure is 63%. Performance for this measure increased by 2 percentage points from 2007 and exceeded the 2008 GPRA target of 61%.

Eight 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

2008: 50%

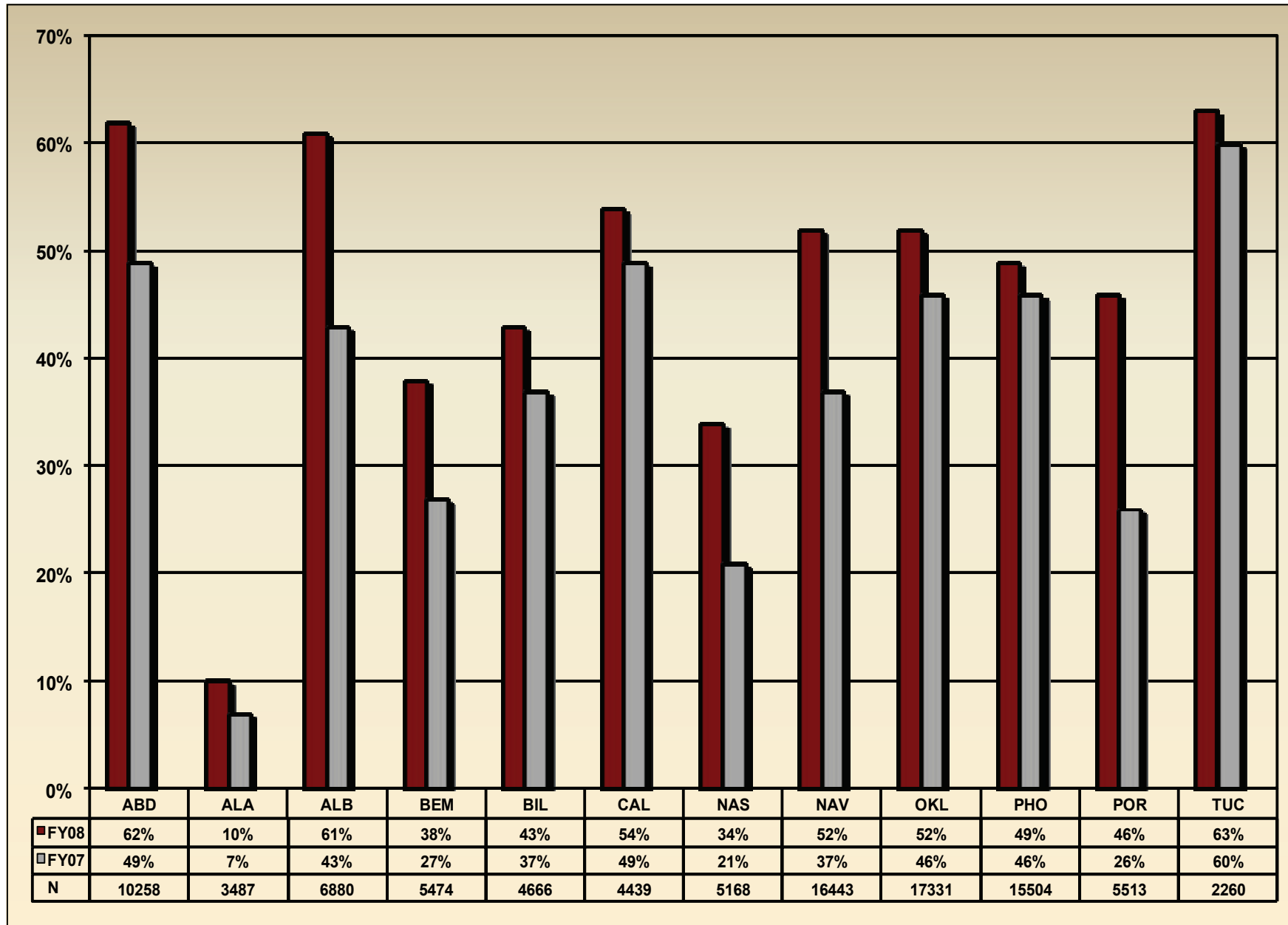
2007: 40%

NT: 40%

2010 goal: 70%

The 2008 national average for IHS direct and tribal facilities for the Nephropathy Assessed measure is 50%. Performance for this measure increased by 10 percentage points from 2007 and exceeded the 2008 GPRA target of 40%.

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

2008: 50%

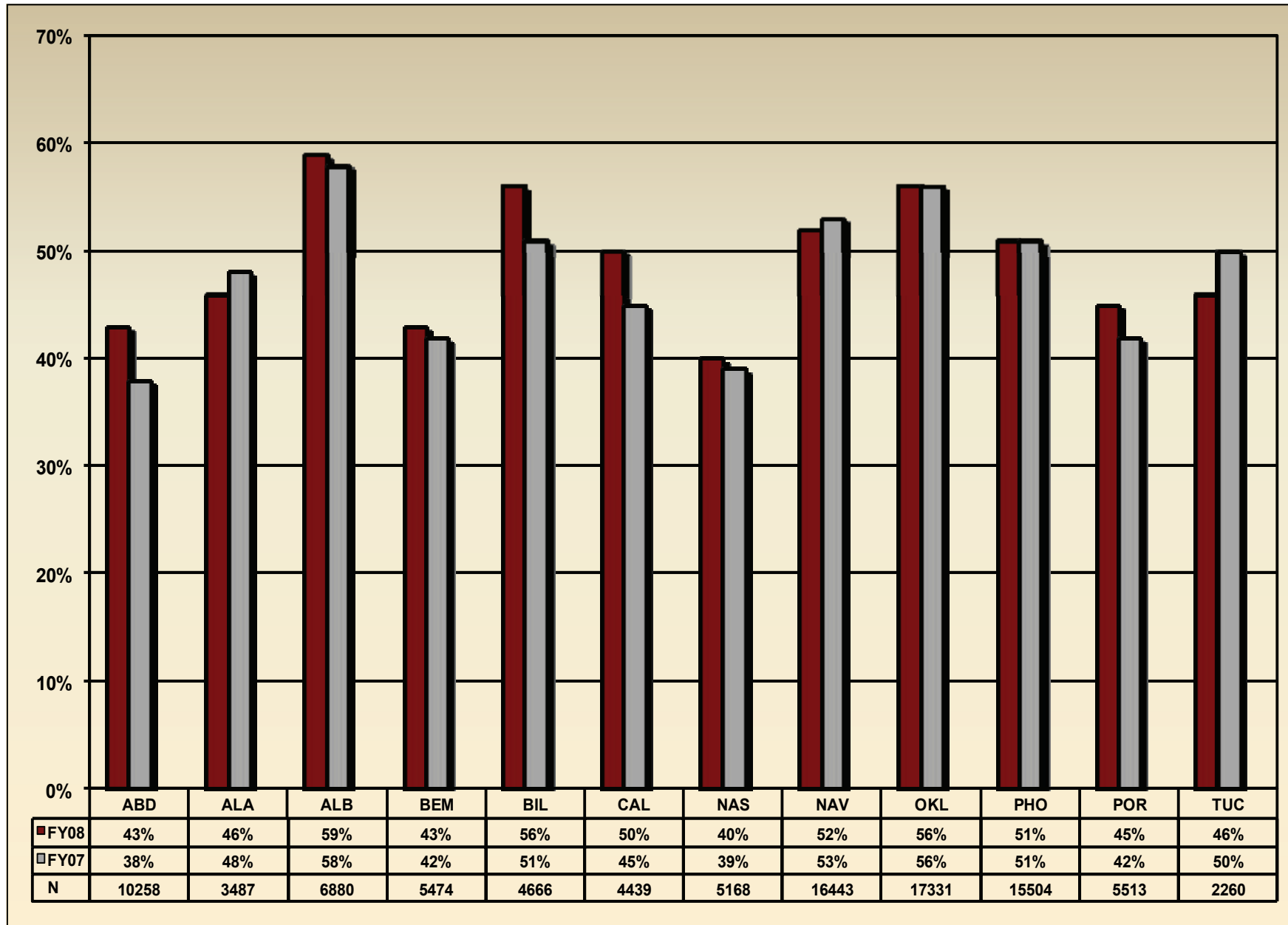
2007: 49%

NT: 49%

2010 goal: 75%

The 2008 national average for IHS direct and tribal facilities for the Retinopathy Assessed measure is 50%. Performance for this measure increased by 1 percentage point from 2007 and exceeded the 2008 GPRA target of 49%.

Six 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

2008: 25%

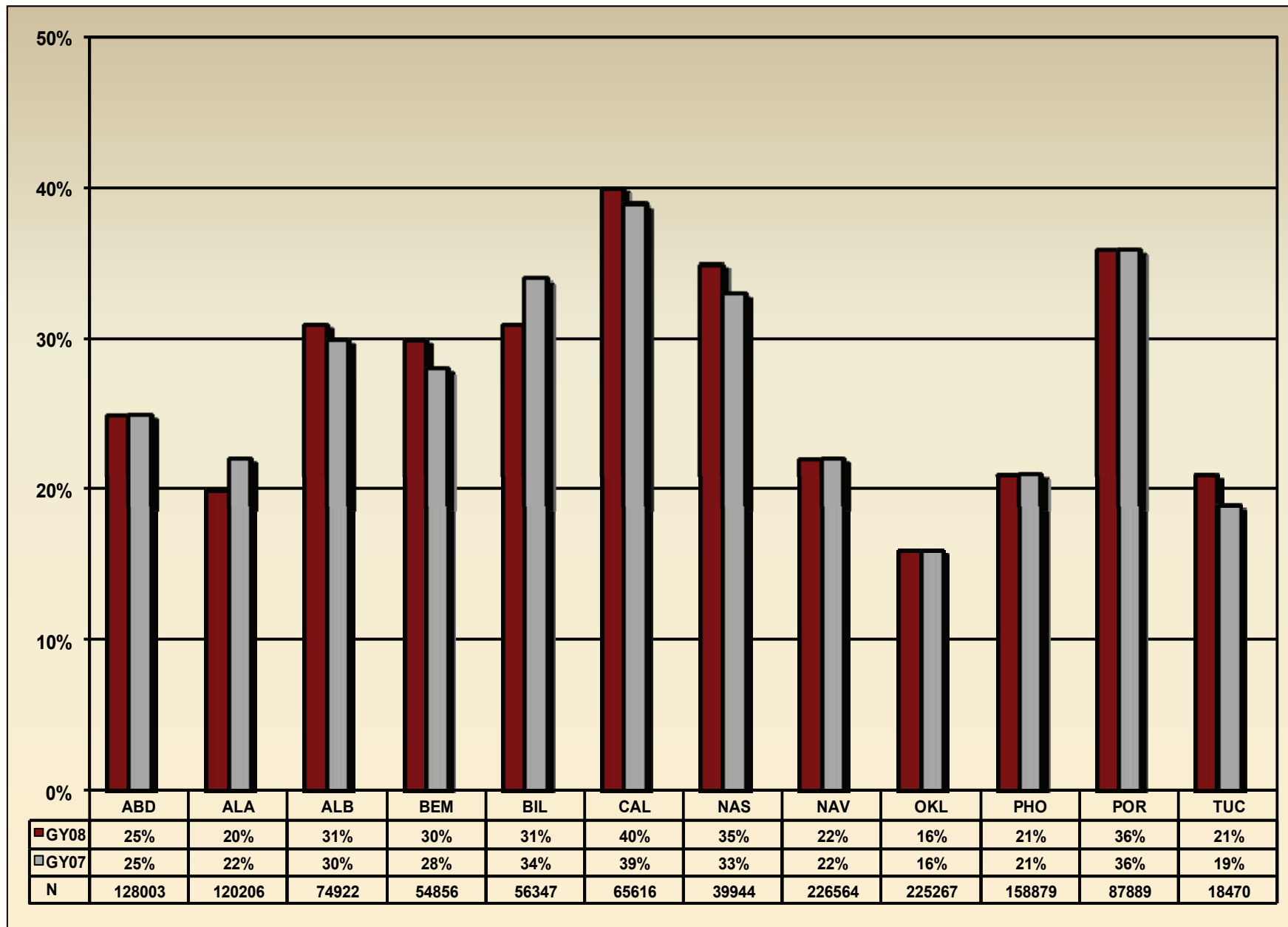
2007: 25%

NT: 25%

2010 goal: 40%

The 2008 national average for IHS direct and tribal facilities for the Dental: General Access measure is 25%. Performance for this measure was maintained at the 2007 rate and met the 2008 GPRA target of 25%.

Seven 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

2008: 62%

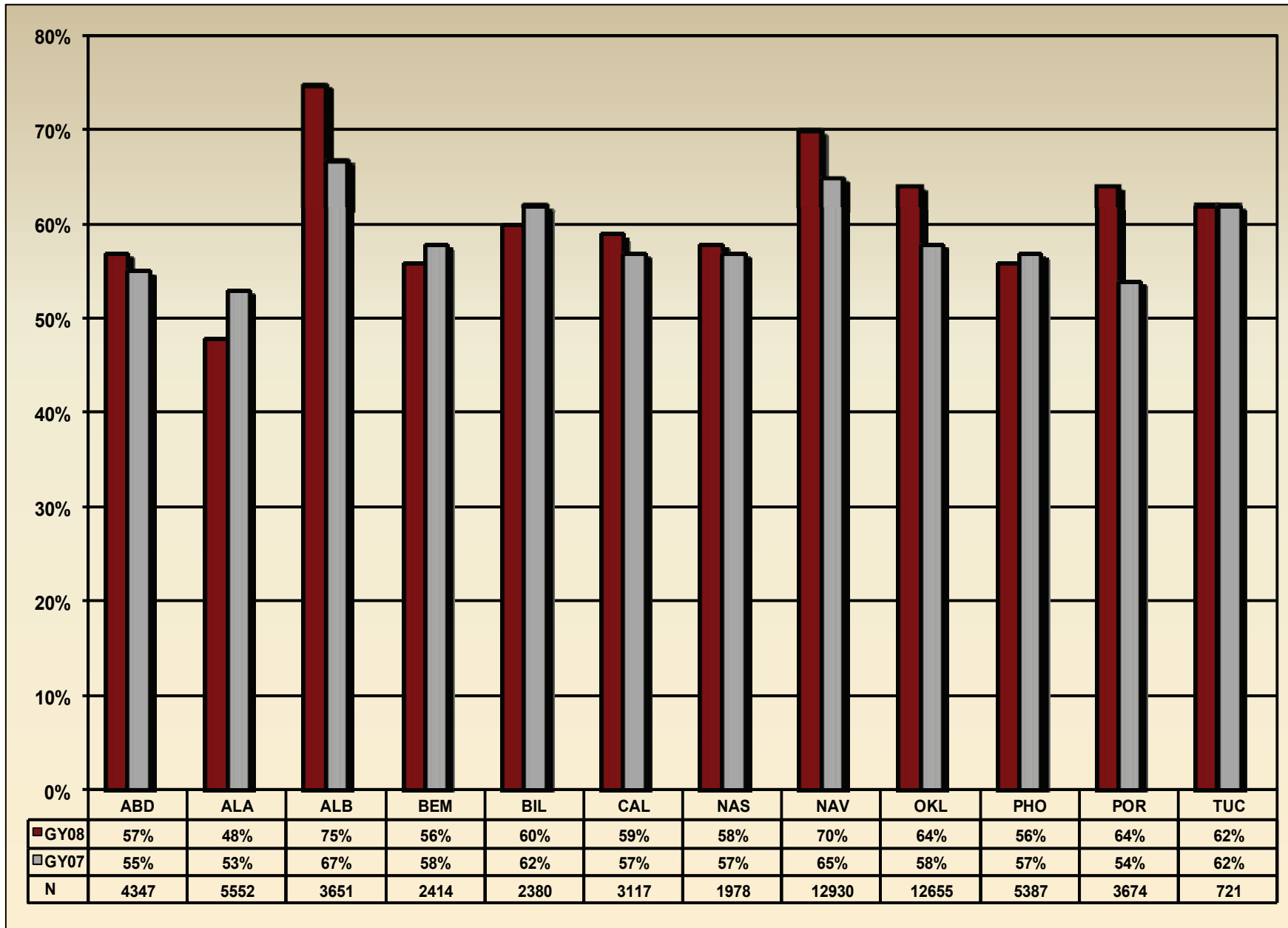
2007: 59%

NT: 59%

2010 goal: 90%

The 2008 national average for IHS direct and tribal facilities for the Influenza measure is 62%. Performance for this measure increased by 3 percentage points from 2007 and exceeded the 2008 GPR target of 59%.

Seven 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

2008: 82%

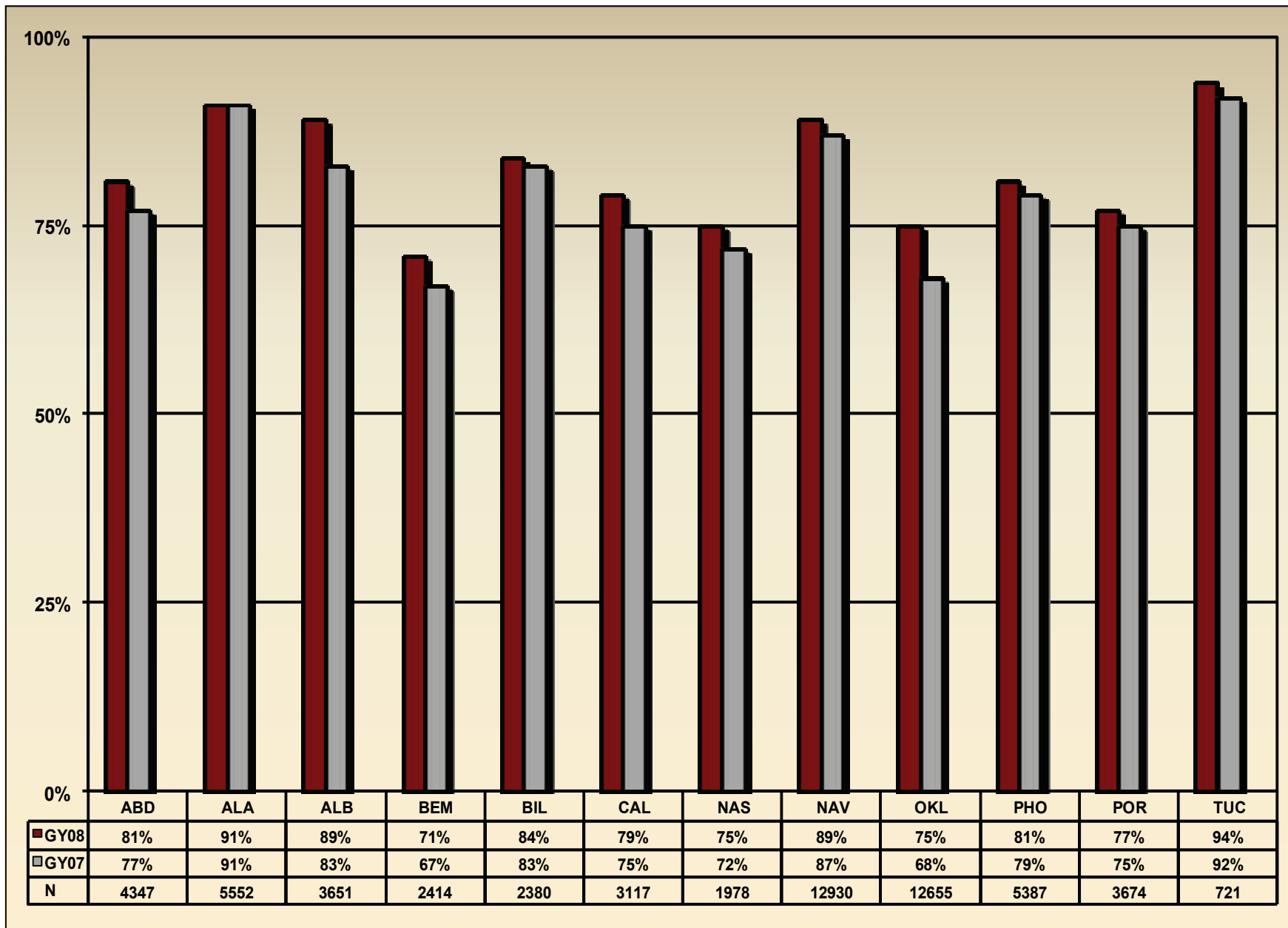
2007: 79%

NT: 79%

2010 goal: 90%

The 2008 national average for IHS direct and tribal facilities for the Pneumovax measure is 82%. Performance for this measure increased by 3 percentage points from 2007 and exceeded the 2008 GPRA target of 79%.

Eight 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

2008: 78%

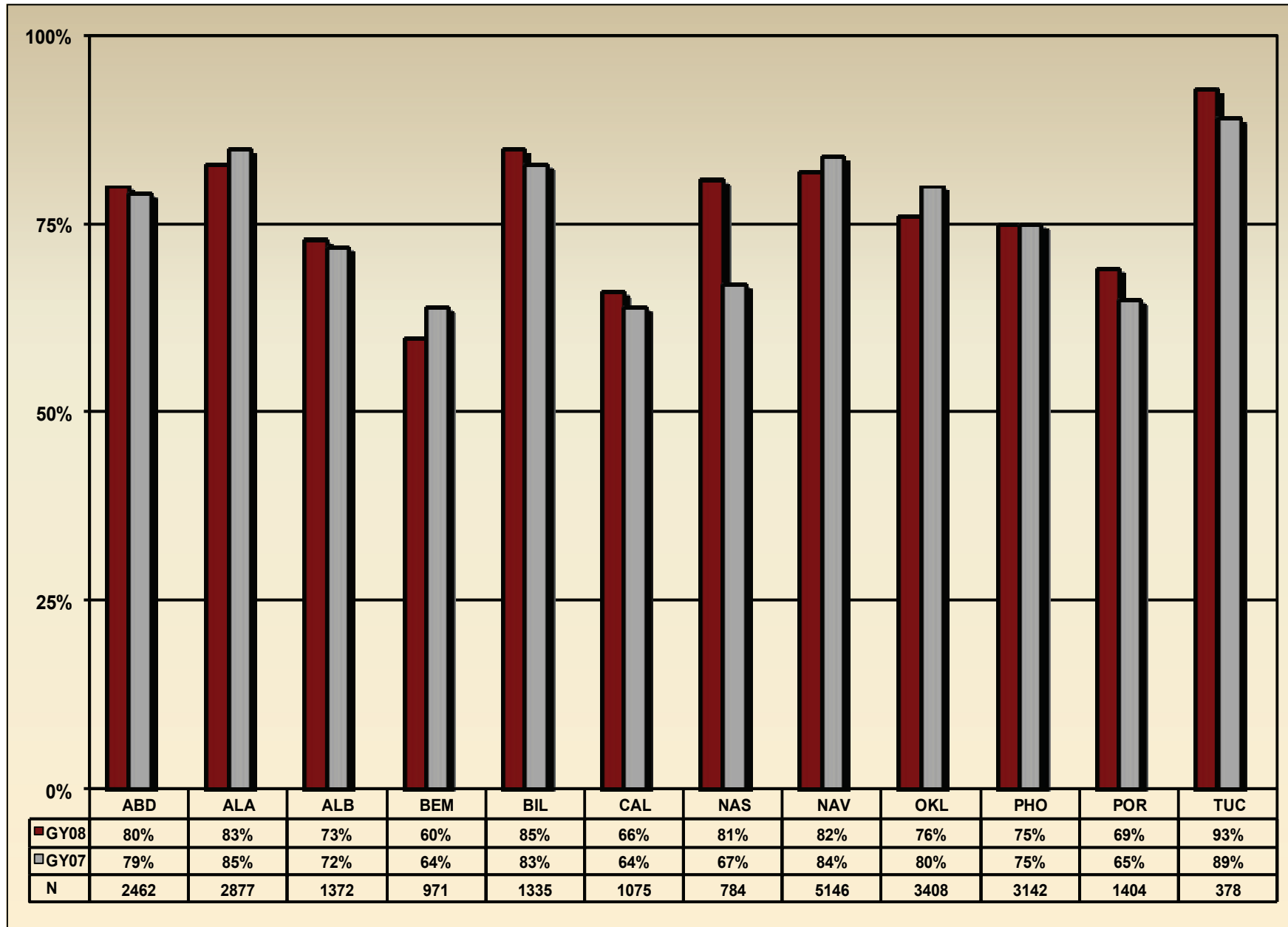
2007: 78%

NT: 78%

2010 goal: 80%

The 2008 national average for IHS direct and tribal facilities for the Childhood Immunizations measure is 78%. Performance for this measure was maintained at the 2007 rate and met the 2008 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

2008: 59%

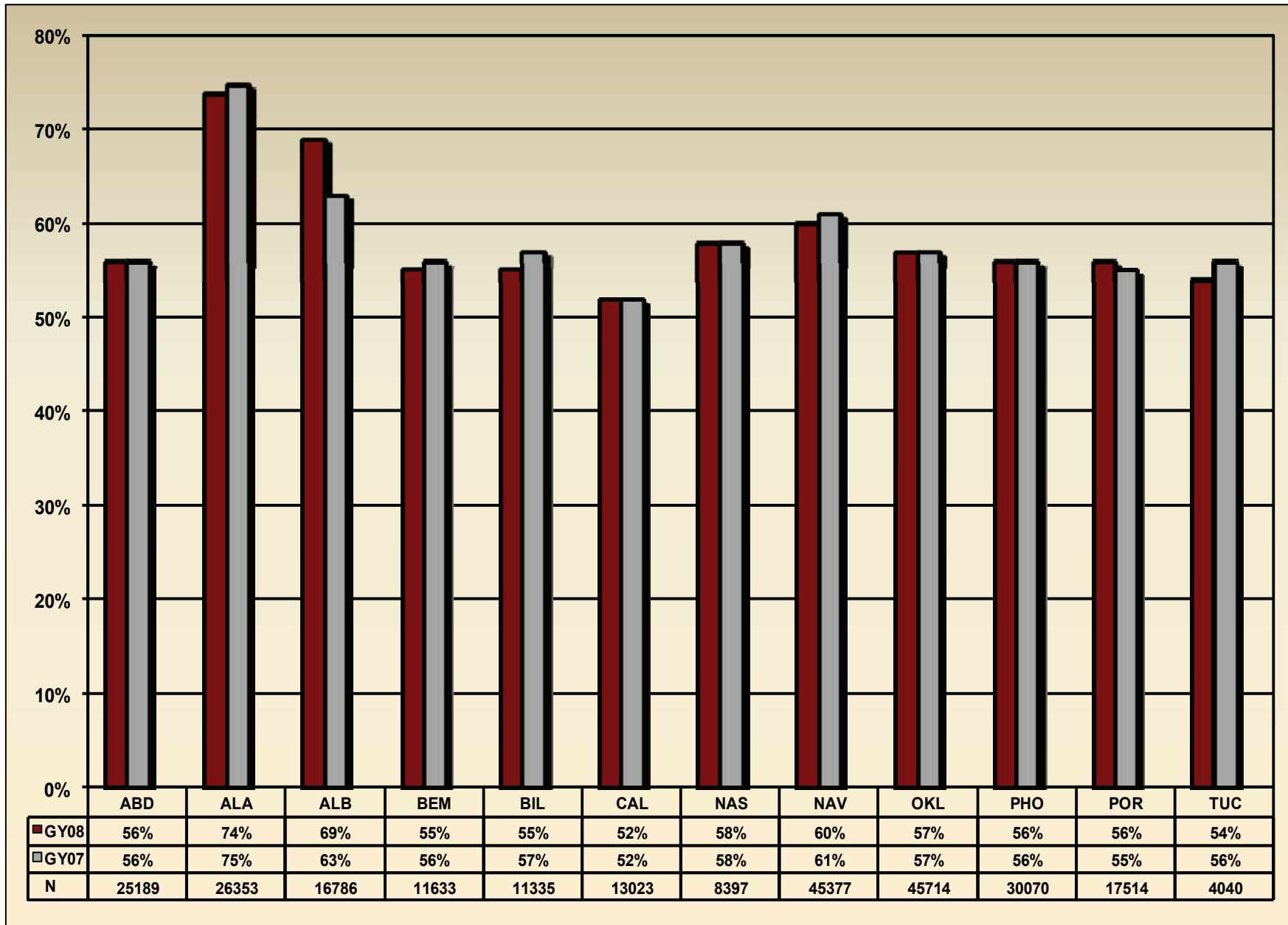
2007: 59%

NT: 59%

2010 goal: 90%

The 2008 national average for IHS direct and tribal facilities for the Pap Screening measure is 59%. Performance for this measure was maintained at the 2007 rate and met the 2008 GPRA target of 59%.

Three 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

2008: 45%

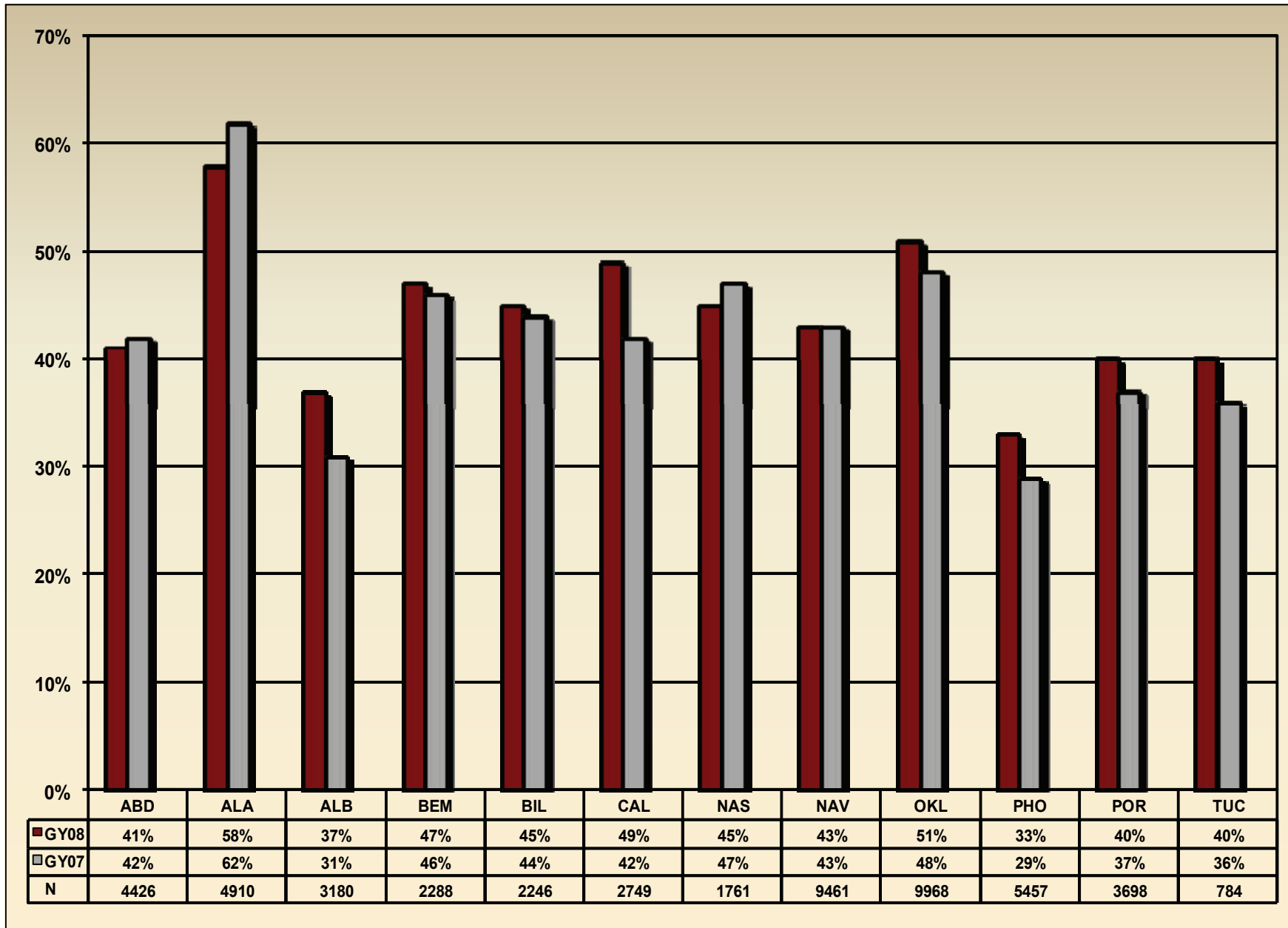
2007: 43%

NT: 43%

2010 goal: 70%

The 2008 national average for IHS direct and tribal facilities for the Mammography Screening measure is 45%. Performance for this measure increased by 2 percentage points from 2007 and exceeded the 2008 GPRA target of 43%.

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

2008: 29%

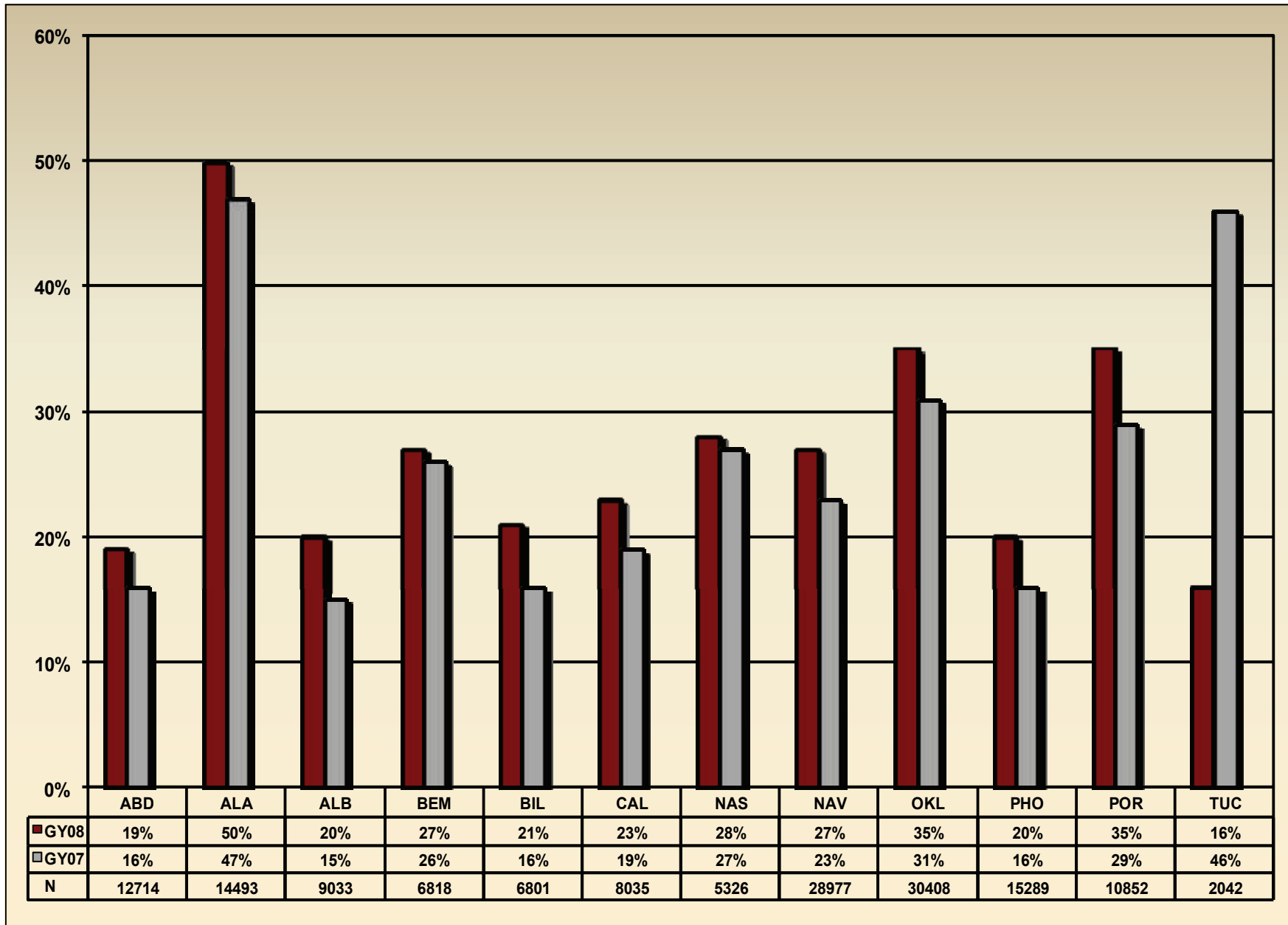
2007: 26%

NT: 26%

2010 goal: 50%

The 2008 national average for IHS direct and tribal facilities for the Colorectal Cancer Screening measure is 29%. Performance for this measure increased by 3 percentage points over 2007 and exceeded the 2008 GPRA target of 26%.

Six 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

2008: 21%

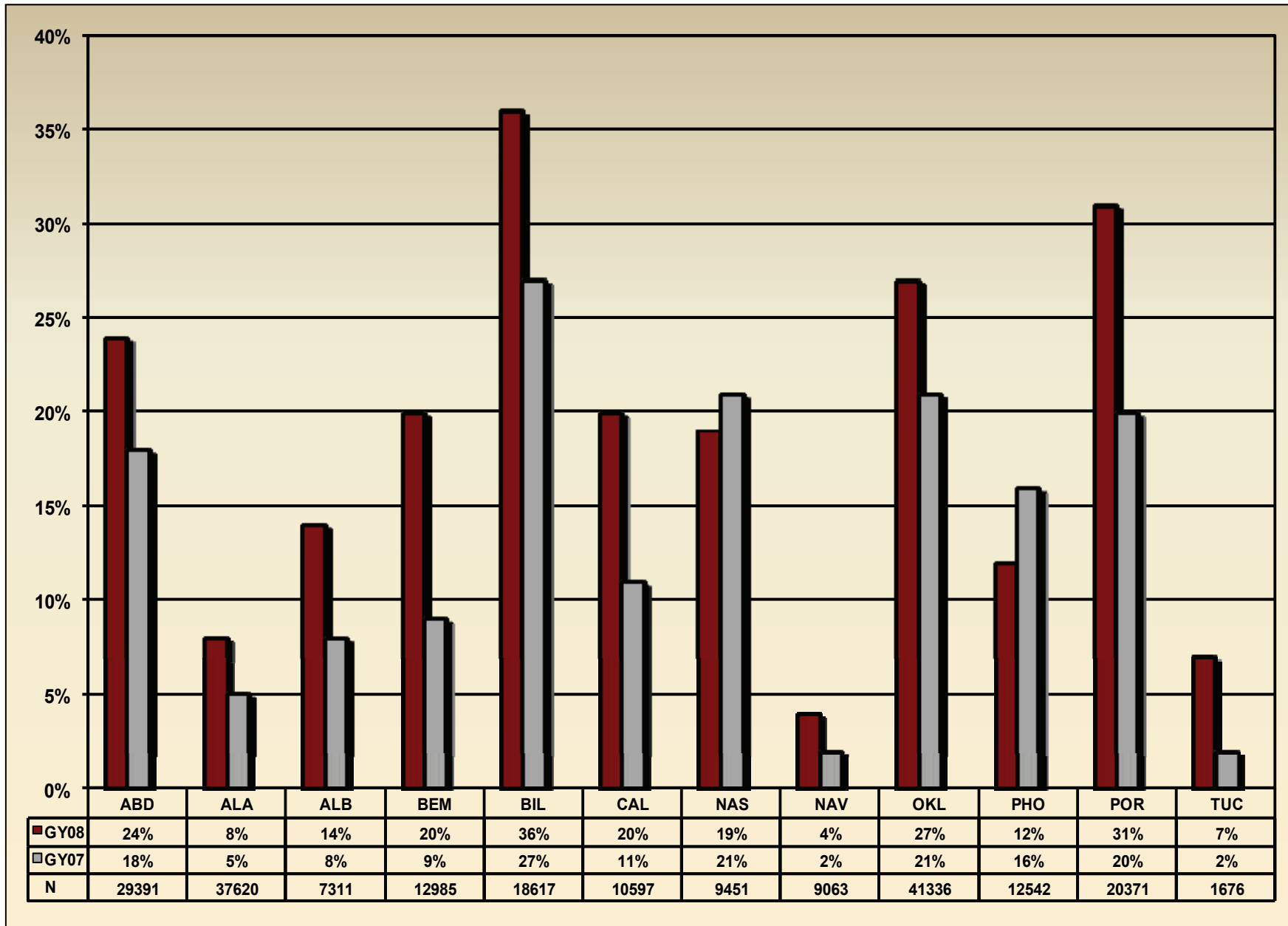
2007: 16%

NT: 16%

2010 goal: TBD

The 2008 national average for IHS direct and tribal facilities for the Tobacco Cessation measure is 21%. Performance for this measure increased by 5 percentage points over 2007 and exceeded the 2008 GPRA target of 16%.

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

2008: 47%

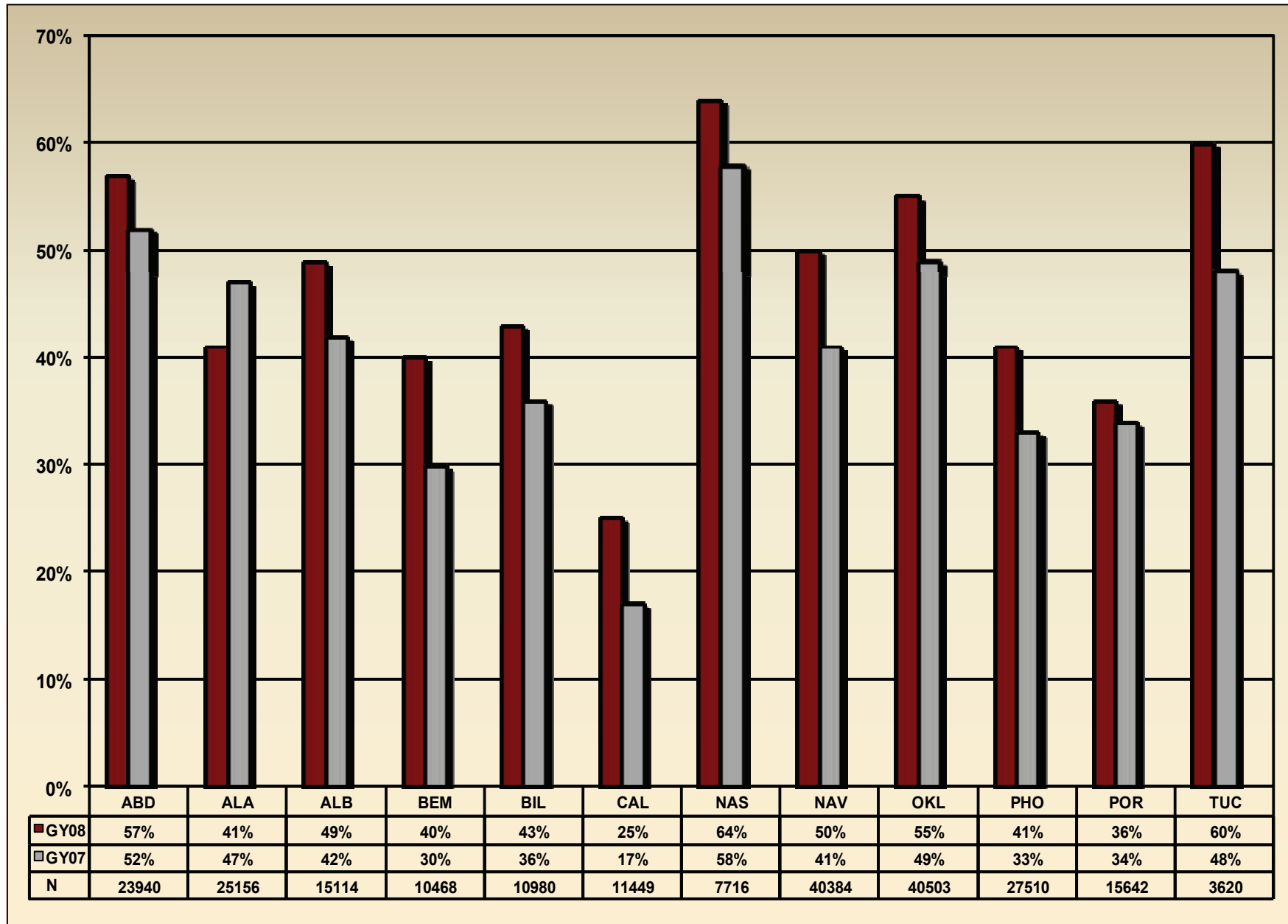
2007: 41%

NT: 41%

2010 goal: 25%

The 2008 national average for IHS direct and tribal facilities for the Alcohol Screening/ FAS Prevention measure is 47%. Performance for this measure increased by 6 percentage points over 2007 and exceeded the 2008 GPRA target of 41%.

Nine 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

2008: 42%

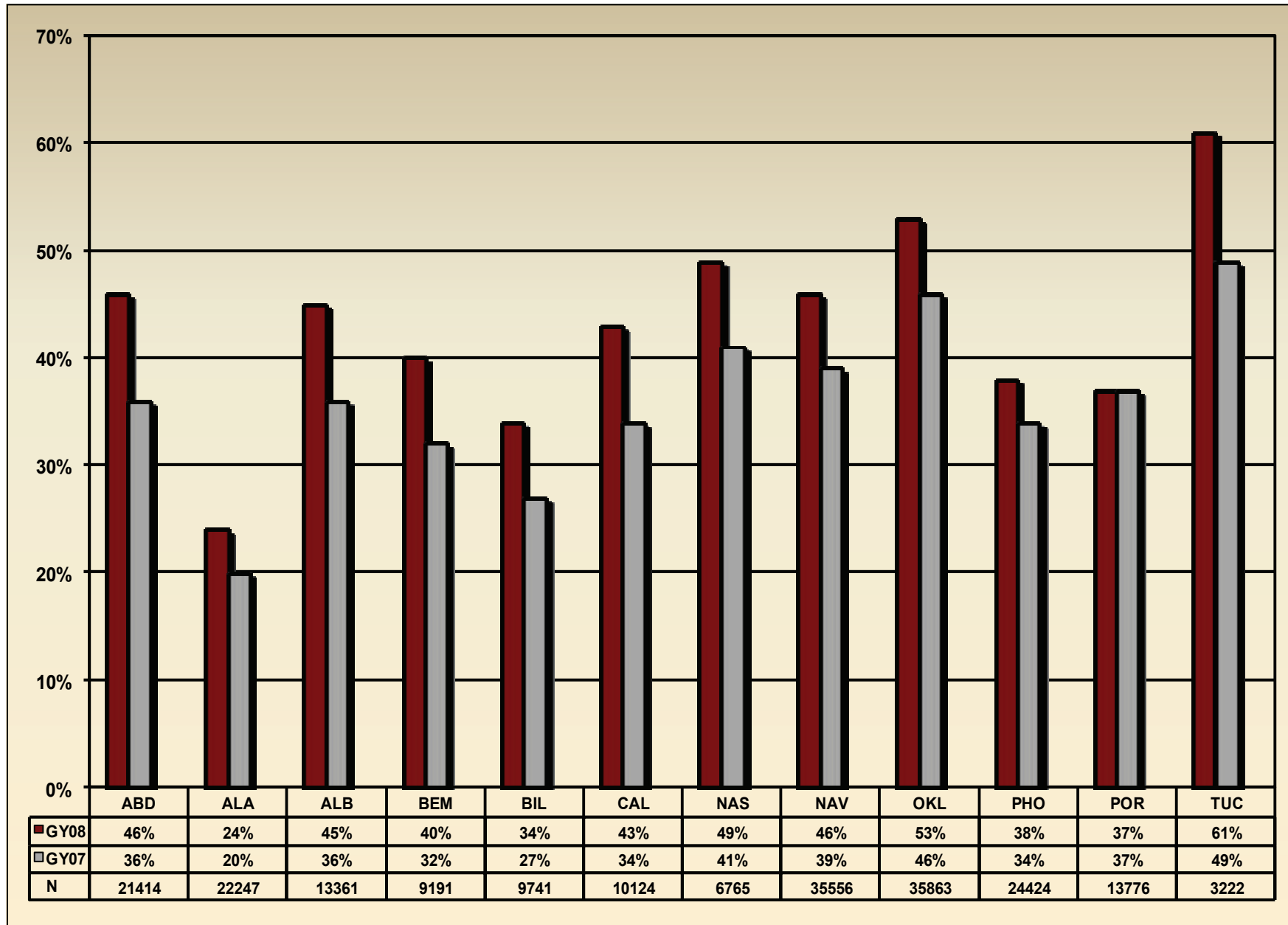
2007: 36%

NT: 36%

2010 goal: 40%

The 2008 national average for IHS direct and tribal facilities for the DV/IPV measure is 42%. Performance for this measure increased by 6 percentage points over 2007 and exceeded the 2008 GPRA target of 36%.

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

2008: 35%

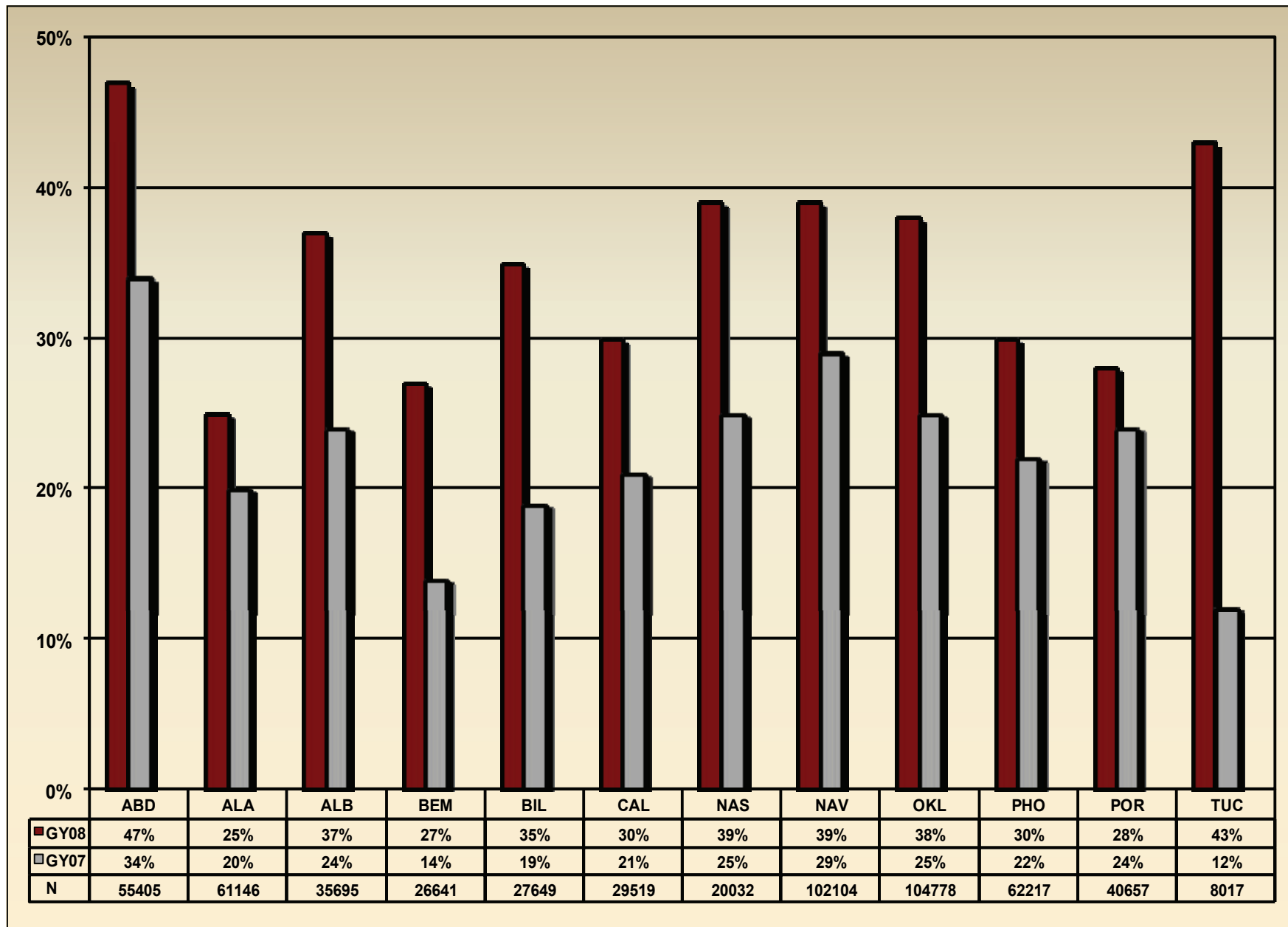
2007: 24%

NT: 24%

2010 goal: TBD

The 2008 national average for IHS direct and tribal facilities for the Depression Screening measure is 35%. Performance for this measure increased by 11 percentage points over 2007 and exceeded the 2008 GPRA target of 24%.

All 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

2008: 30%

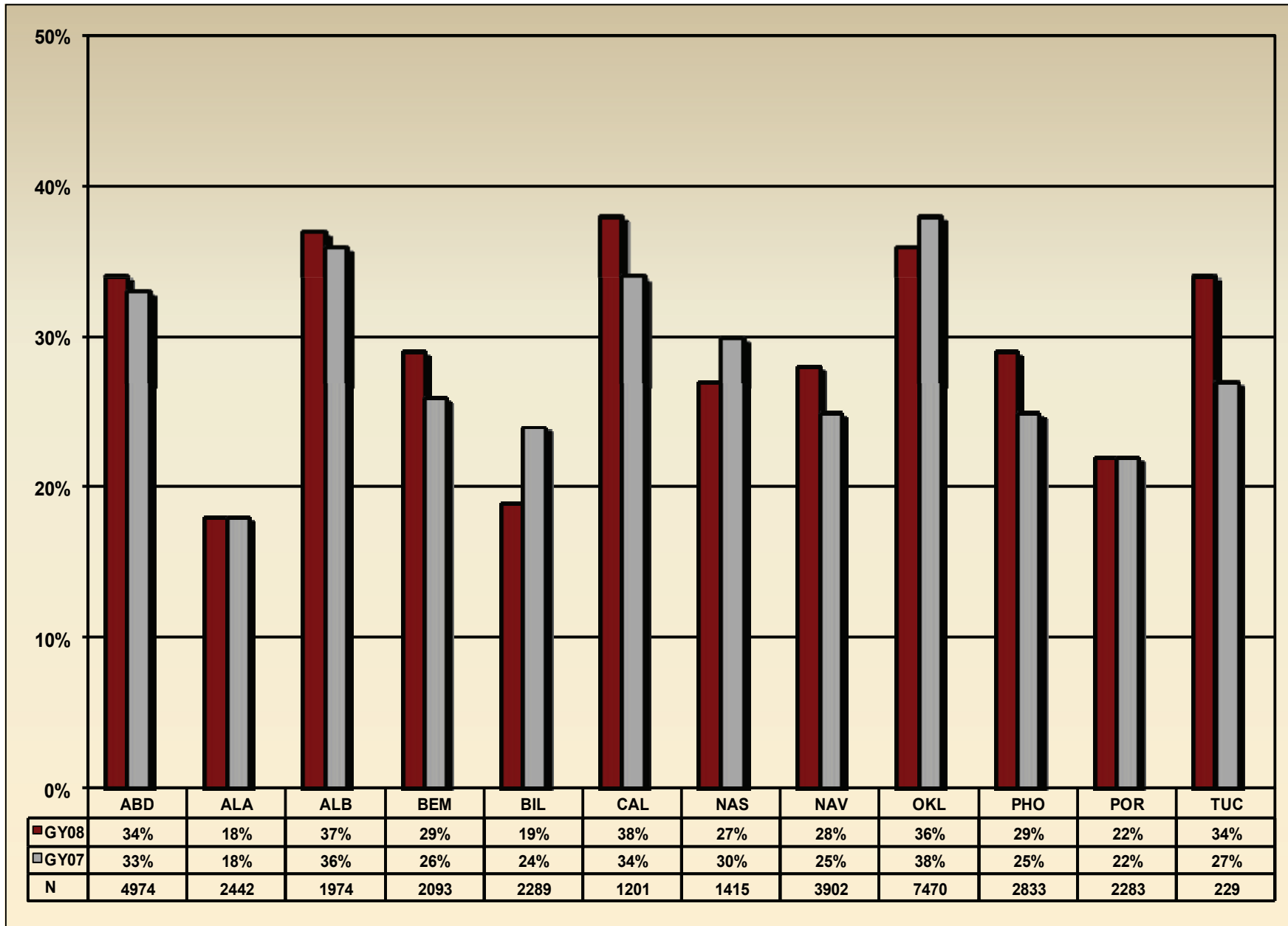
2007: 30%

NT: 30%

2010 goal: TBD

The 2008 national average for IHS direct and tribal facilities for the CVD Prevention measure is 30%. Performance for this measure was maintained at the 2007 rate and met the 2008 GPRA target of 30%.

Five 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

2008: 75%

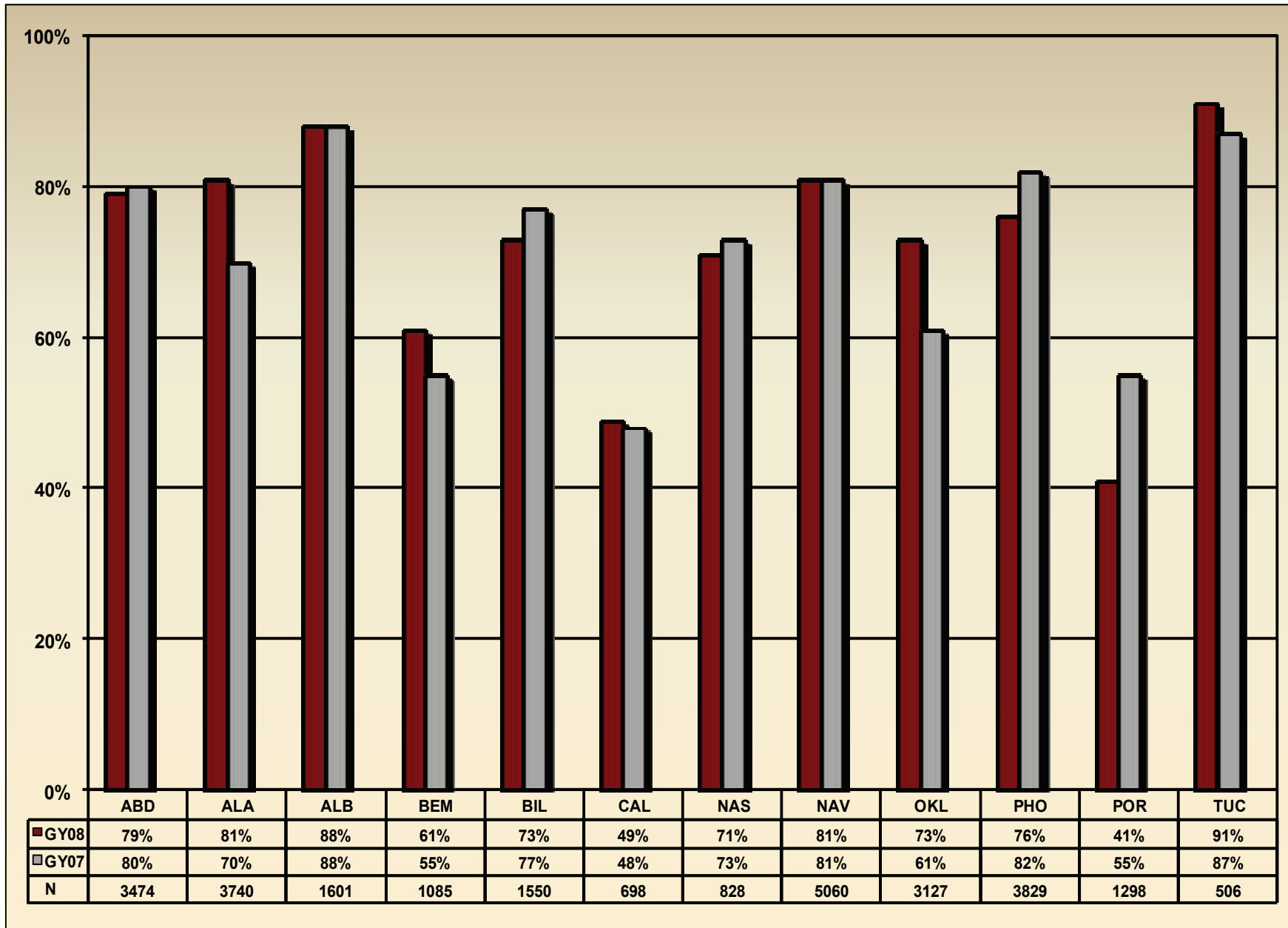
2007: 74%

NT: 74%

2010 goal: TBD

The 2008 national average for IHS direct and tribal facilities for the Prenatal HIV Screening measure is 75%. Performance for this measure increased 1 percentage point over 2007 and exceeded the 2008 GPRA target of 74%.

Six 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



CHILDHOOD WEIGHT CONTROL (CWC)

National Averages & Targets

2008: 24%

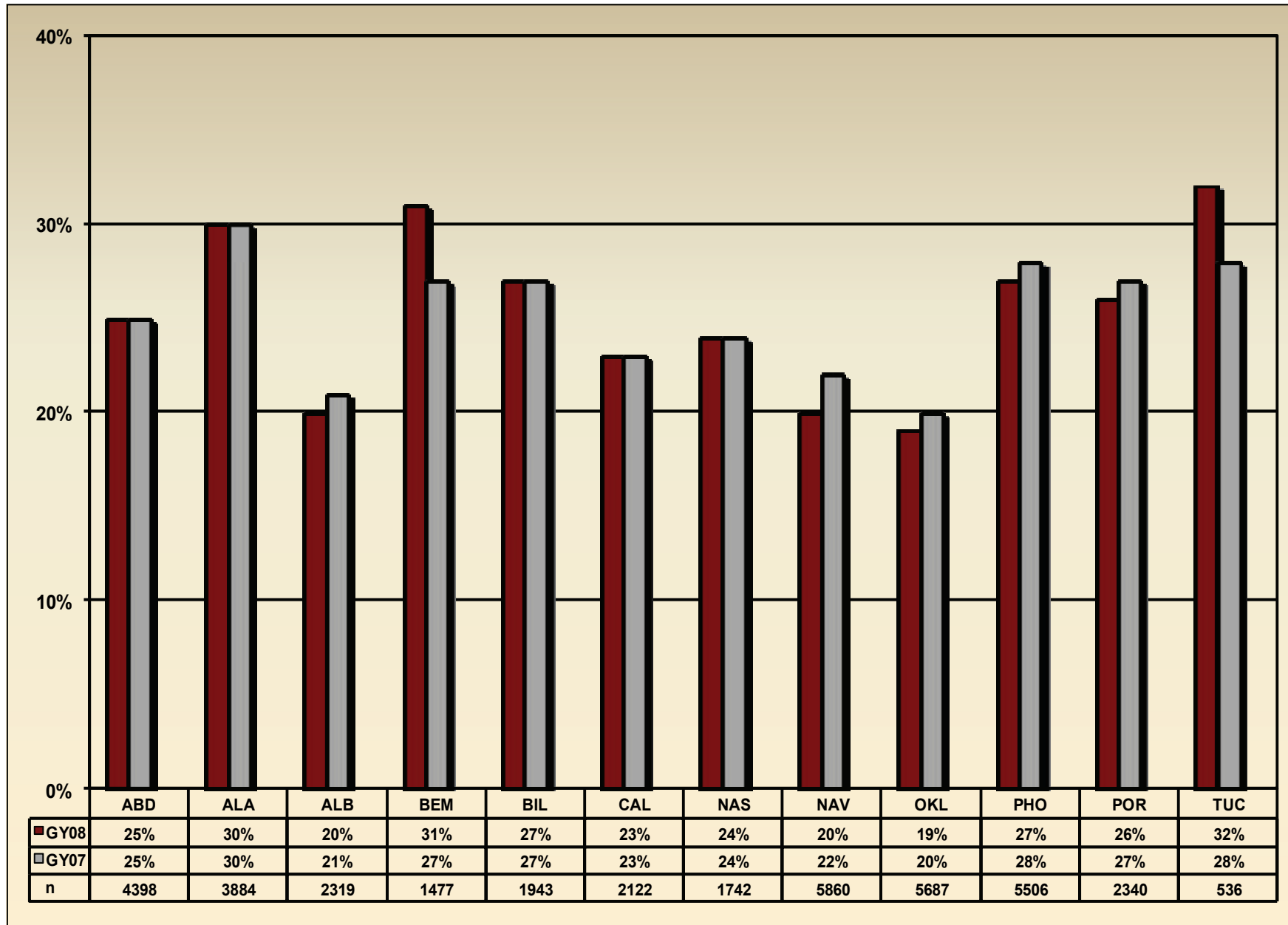
2007: 24%

NT: 24%

2010 goal: 24%

The 2008 national average for IHS direct and tribal facilities for the Childhood Weight Control measure is 24%. Performance for this measure was maintained at the 2007 rate and met the 2008 GPRA target of 24%.

Five of the twelve Areas met the national target.



NUMERATOR: Patients with BMI at or above the 95th percentile

DENOMINATOR: Active Clinical patients 2-5 years of age

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



2008 NATIONAL DASHBOARD

In 2008, IHS direct and tribal facilities met or exceeded the targets for 19 of the 22 clinical GPRA measures, achieving a success rate of 86%. The two measures in the Diabetes group that were not met are Poor Glycemic Control and Blood Pressure Control. These measures are difficult to improve because they rely on funding for medications as well as patient compliance in Diabetes management. One dental measure was missed. Performance on the Dental Sealant measure dropped by less than 2 percentage points.

These results are representative of 189 IHS Direct and Tribal programs.

2008 National Dashboard (IHS/Tribal)					
DIABETES	2008	2007	2006	2008 Target	Final Results
Diabetes Dx Ever	12%	11%	11%	N/A	N/A
Documented HbA1c	79%	79%	79%	N/A	N/A
Poor Glycemic Control	17%	16%	16%	16%	NOT MET
Ideal Glycemic Control	32%	31%	31%	31%	MET
Controlled BP <130/80	38%	39%	37%	39%	NOT MET
LDL (Cholesterol) Assessed	63%	61%	60%	61%	MET
Nephropathy Assessed	50%	40% ^a	55%	40%	MET
Retinopathy Exam	50%	49%	49%	49%	MET
DENTAL					
Access to Services	25%	25%	23%	25%	MET
Sealants	241,207	245,449	246,645	245,449	NOT MET
Topical Fluoride- Patients	120,754	107,934	95,439	107,934	MET
IMMUNIZATIONS					
Influenza 65+	62%	59%	58%	59%	MET
Pneumovax 65+	82%	79%	74%	79%	MET
Childhood Izs	78%	78%	78%	78%	MET
PREVENTION					
Pap Smear Rates	59%	59%	59%	59%	MET
Mammogram Rates	45%	43%	41%	43%	MET
Colorectal Cancer Screening	29%	26%	22%	26%	MET
Tobacco Cessation	21%	16%	12%	16%	MET
FAS Prevention	47%	41%	28%	41%	MET
IPV/DV Screening	42%	36%	28%	36%	MET
Depression Screening	35%	24%	15%	24%	MET
CVD-Comprehensive Assessment	30%	30% ^b	48%	30%	MET
Prenatal HIV Screening	75%	74%	65%	74%	MET
Childhood Weight Control	24%	24%	24%	24%	MET

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

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

Measures Met = 19

Measures Not Met = 3

Total Measures = 22