

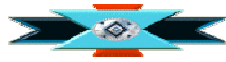
12-AREA SUMMARY REPORT

2006



JORDAN MEAGAN HUBBARD

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**Portland Area Office**—Front cover photograph - Jordan Meagan Hubbard



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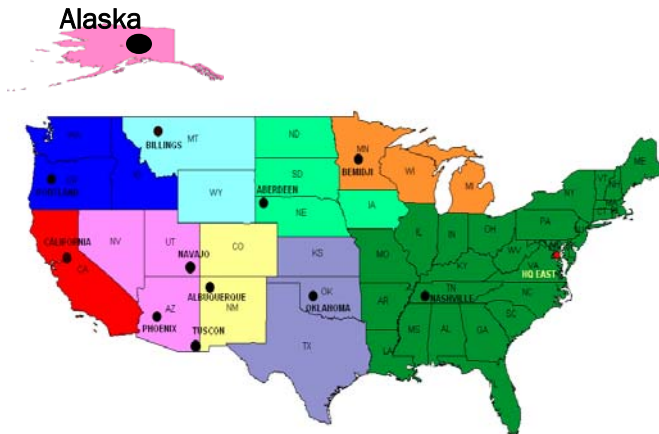
During FY 2006 the Government Performance and Results Act (GPRA) continued to provide a crucial component of quality healthcare assessment for the Indian Health Service (IHS). The IHS Annual Performance Plan includes GPRA measures that track clinical performance in the categories of treatment and prevention. Specific groups of measures within these categories include: Diabetes, Oral Health, Immunizations, Cancer Screening, Behavioral Health, Cardiovascular Disease Prevention, HIV, Obesity, and Tobacco Cessation. This 12-Area Summary Report provides a comparison of GPRA measure results for all IHS Areas.

This report is a companion document to the 2006 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 the individual health facility level, using Clinical Reporting System (CRS) software, version 6.1. Not all data collected by CRS software is matched to a specific GPRA measure, nor are all GPRA measures captured by CRS software. Results for one clinical measure, Childhood Immunizations, are based on reports from the National Immunization Program.

The graphs for the clinical measures display results by Area for GPRA Year (GY) 2006 and GY 2005. The GPRA year begins July 1 and ends June 30. 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. Each graph also indicates the IHS national average for GY06 and GY05 and includes either the Healthy People 2010 or IHS 2010 goal for the measure. In addition, this report highlights commendable Area-specific performance in overall measure results and/or improvement over 2005 results.

Areas can use these graphs to review any changes in their performance from GY 2005 to GY 2006, 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 191 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), representing approximately 1.3 million active Indian users.

## POPULATION DESCRIPTION: BY AREA



2006 GPRA  
Reporting Population  
**1,271,568 patients**  
(Approximately 90%)

<u>IHS AREA</u>	Number of IHS/ Tribal Facilities reporting GPRA 2006	GPRA Population 2006	NPIRS Population 2005	Percent Reporting 2006	Percent Reporting 2005
Aberdeen	19	122,211	118,114	100%	100%
Alaska	12	118,301	127,990	92%	91%
Albuquerque	9	82,768	86,674	95%	98%
Bemidji	16	55,376	94,659	58%	90%
Billings	6	56,467	69,838	80%	81%
California	25	70,136	73,628	95%	96%
Nashville	17	39,007	39,960	80%	98%
Navajo	8	224,059	228,543	94%	99%
Oklahoma	38	249,166	302,301	82%	96%*
Phoenix	17	156,852	147,299	100%	100%
Portland	21	79,097	99,042	80%	83%
Tucson	3	18,128	24,412	74%	74%
<b>Total, All Areas</b>	<b>191</b>	<b>1,271,568</b>	<b>1,412,460</b>	<b>90%</b>	<b>96%*</b>

To approximate populations, current year GPRA population counts are compared to previous year NPIRS counts to obtain an estimate of the percentage of total IHS population that is reflected in the GPRA report. 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. Therefore, caution should be taken when using the percent reporting data as these are gross estimates of the population.

\*A database error in 2005 resulted in an overstatement of Oklahoma Area participating population.

**Estimates of Population Comparisons:** Numerator: 2006 GPRA User Population, Denominator: 2005 (previous year) NPIRS Active Indian Registrants



**NUMERATOR:** The numerator is the number of patients from the denominator, i.e., the total population surveyed, who meet the logic criteria for a performance measure.

**DENOMINATOR:** The denominator for a performance measure is the total patient population being reviewed to determine how many (what percentage) of the total meet the definition of the measure. Different measures have different denominators, e.g., all patients or all adult diabetic patients or all female patients between certain ages.

**GPRA USER POPULATION:** Any AI/AN patient who is alive during the entire 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

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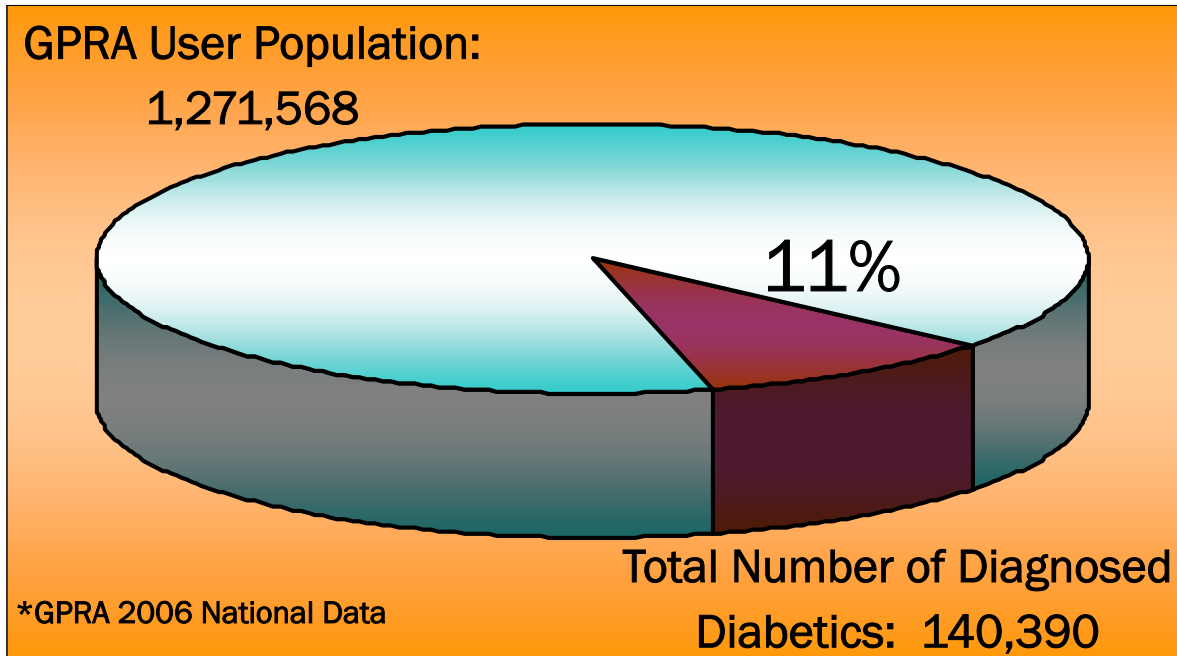
In GY 2006, there were a total of 34 clinical and non-clinical GPRA measures. This report provides a summary of results for the 22 clinical measures reported through CRS, including detailed graphs for 20 measures. Of these 22 clinical measures, sixteen, or 73 percent, met their targets for 2006. Of those sixteen, nine measures exceeded their targets (Appendix A-1). Seven GPRA measures achieved increases of five percentage points or more over GY 2005.

Although six measures (Ideal Glycemic Control, Poor Glycemic Control, Dental Access, Dental Sealants, Cervical Cancer Screening, and Influenza Immunization) did not meet their targets, each came within 1% of their 2006 target goals. Rates for Poor Glycemic Control, Ideal Glycemic Control, Dental Access, Pap Screening, and Influenza Immunization were 1% below their targets. The number of Dental Sealants fell by approximately 3,000 applications, or 1% below the 2005 rate. It is also important to note that these six measures not meeting their targets are either dependent on patient compliance (e.g. Glycemic control) or funding levels (e.g. Pap Screening). By contrast, screening measures not tied as closely to funding levels (e.g. Alcohol, Domestic Violence, or Depression Screening) showed significant improvement.

In accordance with the “One HHS” 10 Department-wide Management Objectives, the Indian Health Service is committed to implementing results-oriented management by achieving a 10 percent relative increase in program performance by FY 2007 in four measures; Pneumovax Immunization, Domestic Violence/Intimate Partner Violence Screening, Alcohol Screening: Fetal Alcohol Syndrome Prevention, as well as LDL Screening in patients with diabetes. The GY 2006 results show a significant increase in rates for all four of these measures:

- Alcohol Screening—16% increase over 2005
- DV/IPV Screening—15% increase over 2005
- LDL Assessment—9% increase over 2005
- Pneumovax Immunization—8% increase over 2005





**DIABETES PREVALENCE, BY AREA**

<b>AREA</b>	<b>GY06</b>	<b>GY05</b>	<b>GY04</b>
ABERDEEN	12%	12%	11%
ALASKA	4%	4%	3%
ALBUQUERQUE	12%	12%	11%
BEMIDJI	13%	13%	12%
BILLINGS	11%	11%	11%
CALIFORNIA	10%	10%	9%
NASHVILLE	16%	16%	15%
NAVAJO	10%	10%	9%
OKLAHOMA	11%	10%	10%
PHOENIX	15%	14%	13%
PORTLAND	9%	8%	8%
TUCSON	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

2006: 16%

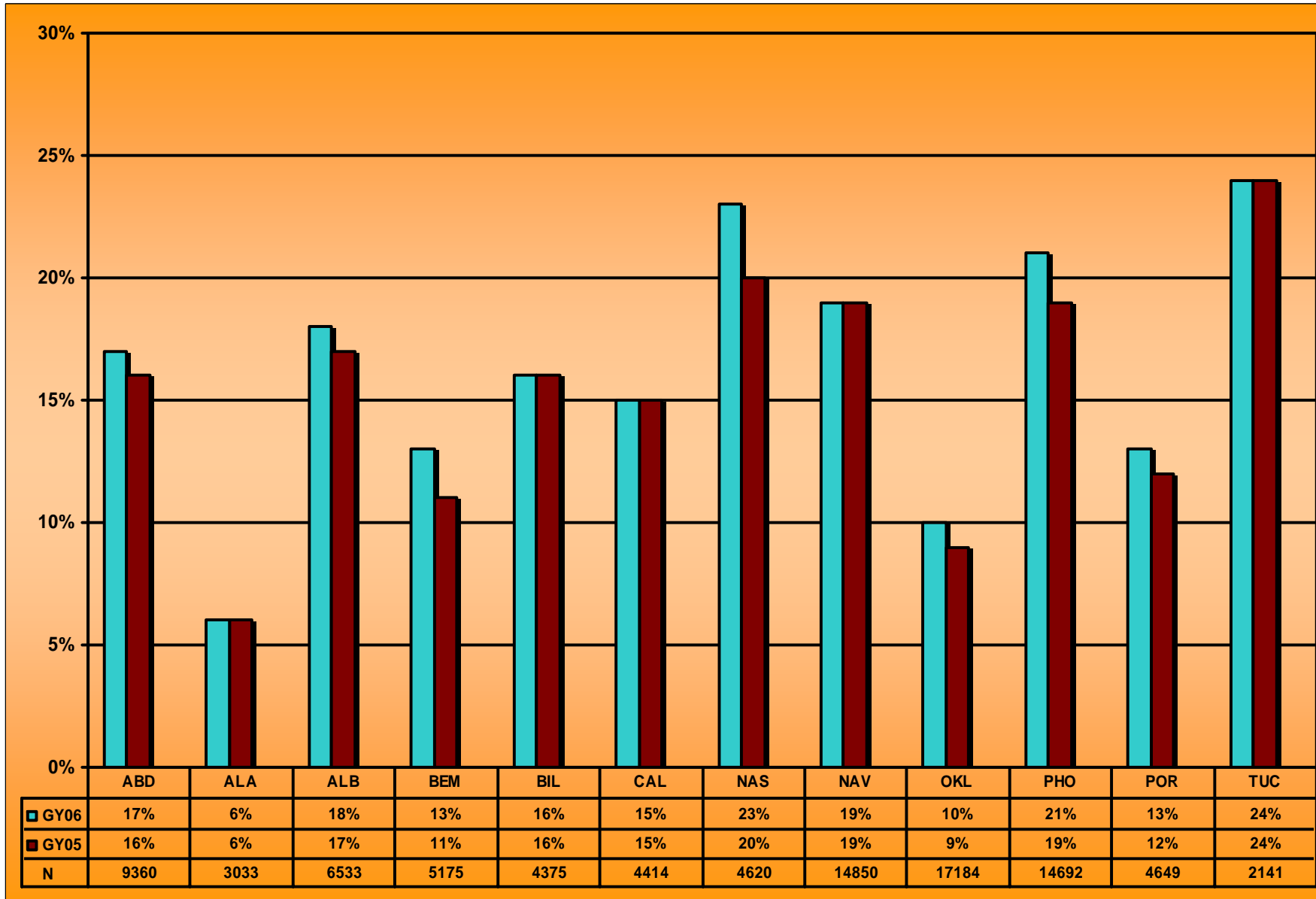
2005: 15%

NT: 15%

2010 goal: 10%

The 2006 national average for IHS direct and tribal facilities for the poor Glycemic control measure is 16%. Performance dropped by 1% from 2005 and missed the GPRA target of maintaining the rate at 15%.

*Five of the twelve areas met the national target.*



**NUMERATOR: A1c levels equal to or greater than 9.5**

**DENOMINATOR: Active Diabetic Patients**

\*The goal for this measure is a reduction in rate.



# DIABETES: IDEAL GLYCEMIC CONTROL

## National Averages & Targets

2006: 31%

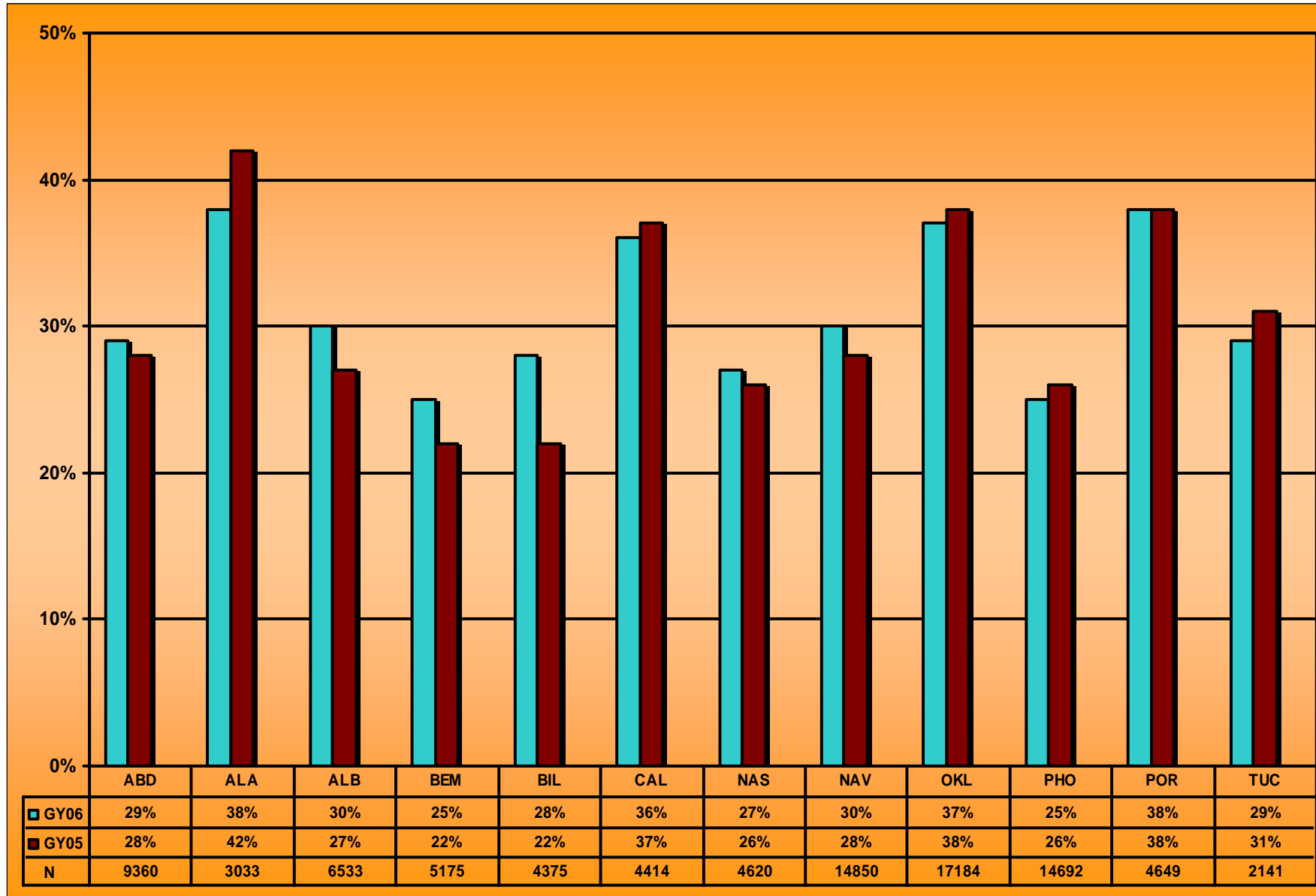
2005: 30%

NT: 32%

2010 goal: 40%

The 2006 national average for IHS direct and tribal facilities for the ideal Glycemic control measure is 31%. This rate was increased by 1% from 2005, but remains below the GPRA target of 32%.

*Four of the twelve areas met the national target.*



NUMERATOR: A1c levels equal to or less than 7.0

DENOMINATOR: Active Diabetic Patients



# DIABETES: CONTROLLED BLOOD PRESSURE

## National Averages & Targets

2006: 37%

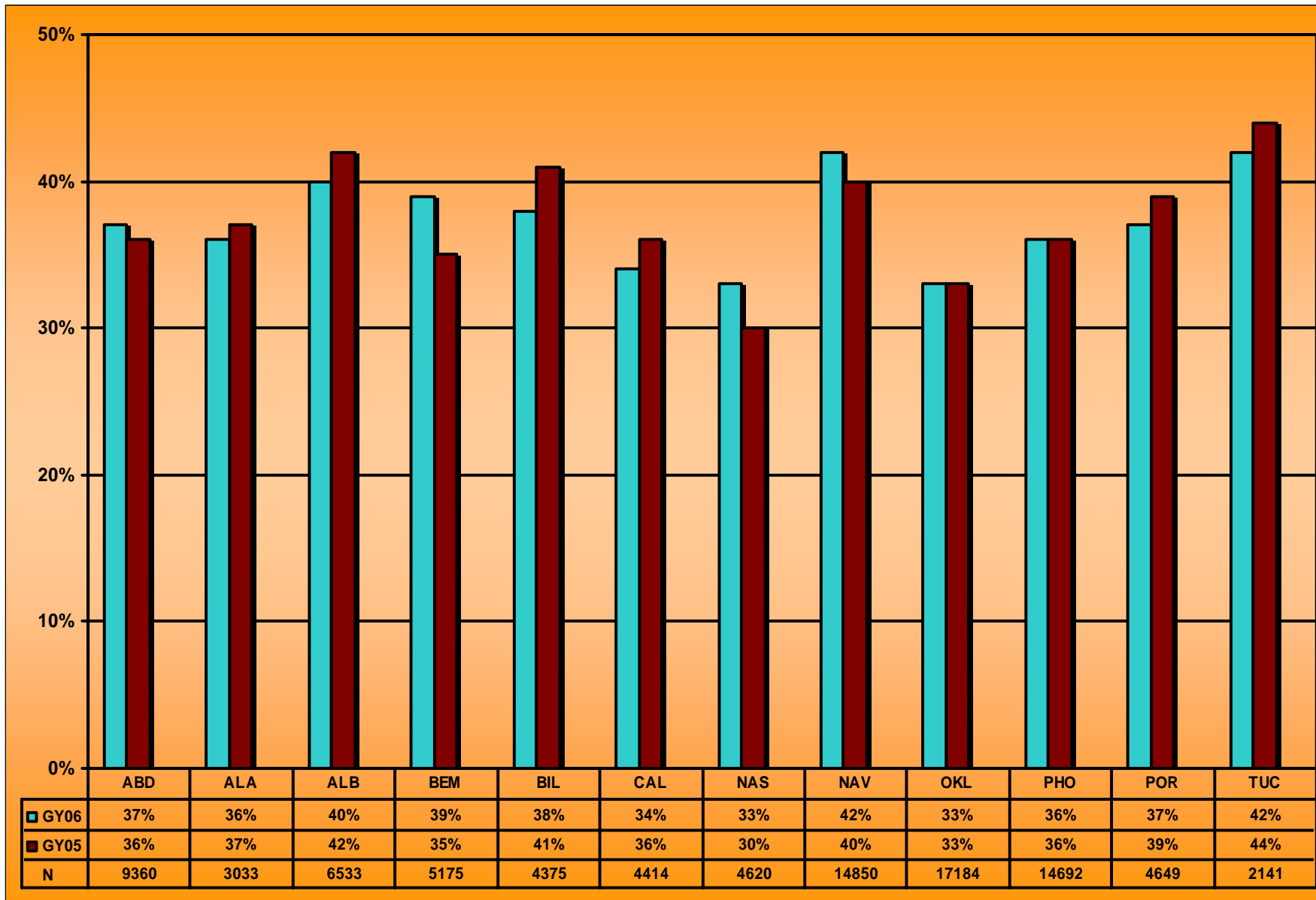
2005: 37%

NT: 37%

2010 goal: 50%

The 2006 national average for IHS direct and tribal facilities for the blood pressure control measure is 37%. This rate was maintained from 2005 and meets the GPRA target of 37%.

*Seven of the twelve areas met the national target.*



**NUMERATOR:** The mean of the 3 most recent blood pressure values documented (<130/80)

**DENOMINATOR:** Active Diabetic Patients



## DIABETES: LDL (CHOLESTEROL) ASSESSED

### National Averages & Targets

2006: 60%

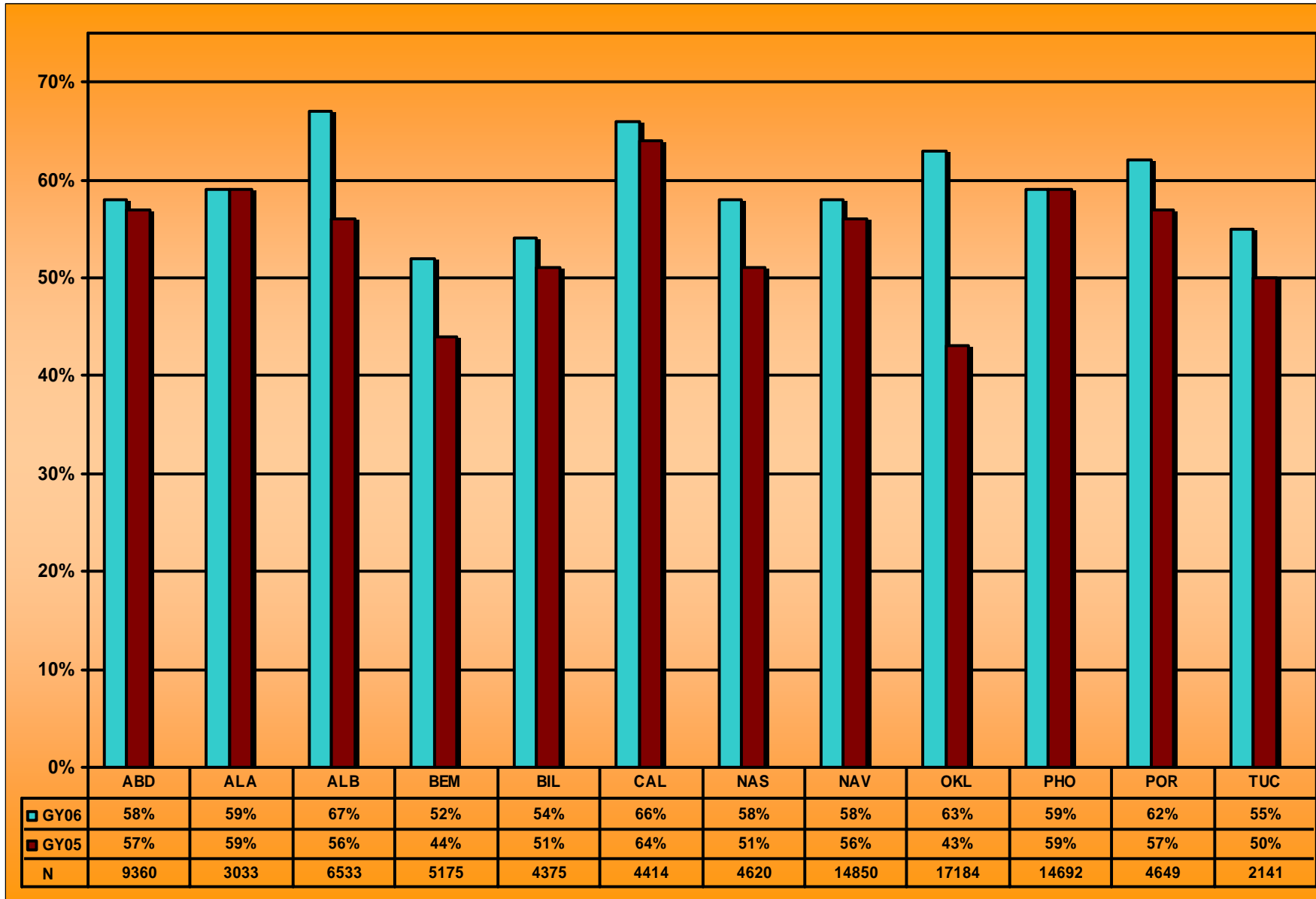
2005: 53%

NT: 56%

2010 goal: 70%

The 2006 national average for IHS direct and tribal facilities for the LDL Assessed measure is 60%. This rate was increased by 7% from 2005 and exceeds the GPRA target of 56%.

*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

2006: 55%

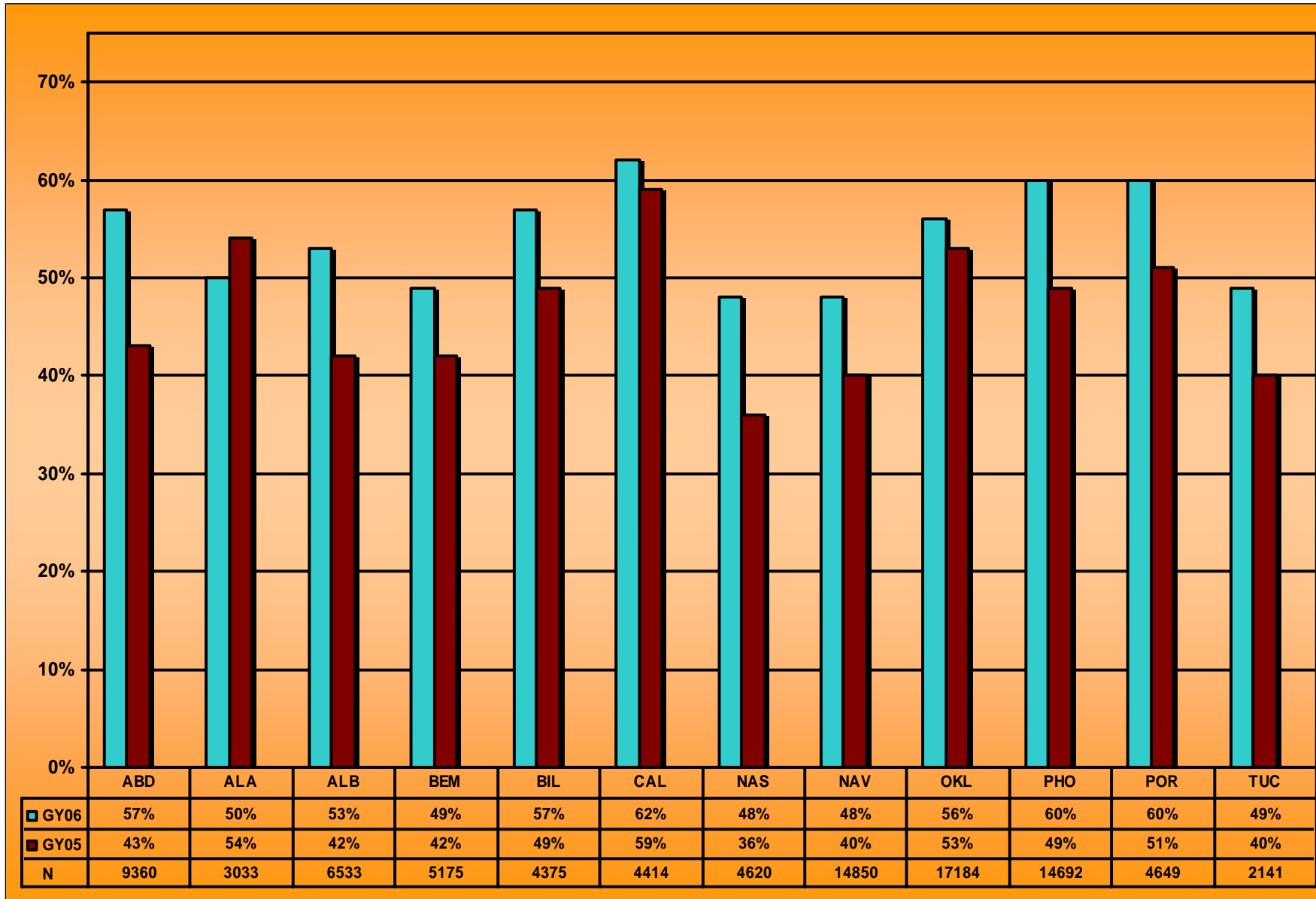
2005: 47%

NT: 50%

2010 goal: 70%

The 2006 national average for IHS direct and tribal facilities for the Nephropathy Assessed measure is 55%. This rate was increased by 8% from 2005 and exceeds the GPRA target of 50%.

*Eight of the twelve areas met the national target.*



**NUMERATOR:** Patients with a positive urine test or microalbuminuria

**DENOMINATOR:** Active Diabetic Patients



## DIABETES: RETINOPATHY ASSESSED

### National Averages & Targets

2006: 49%/52%\*

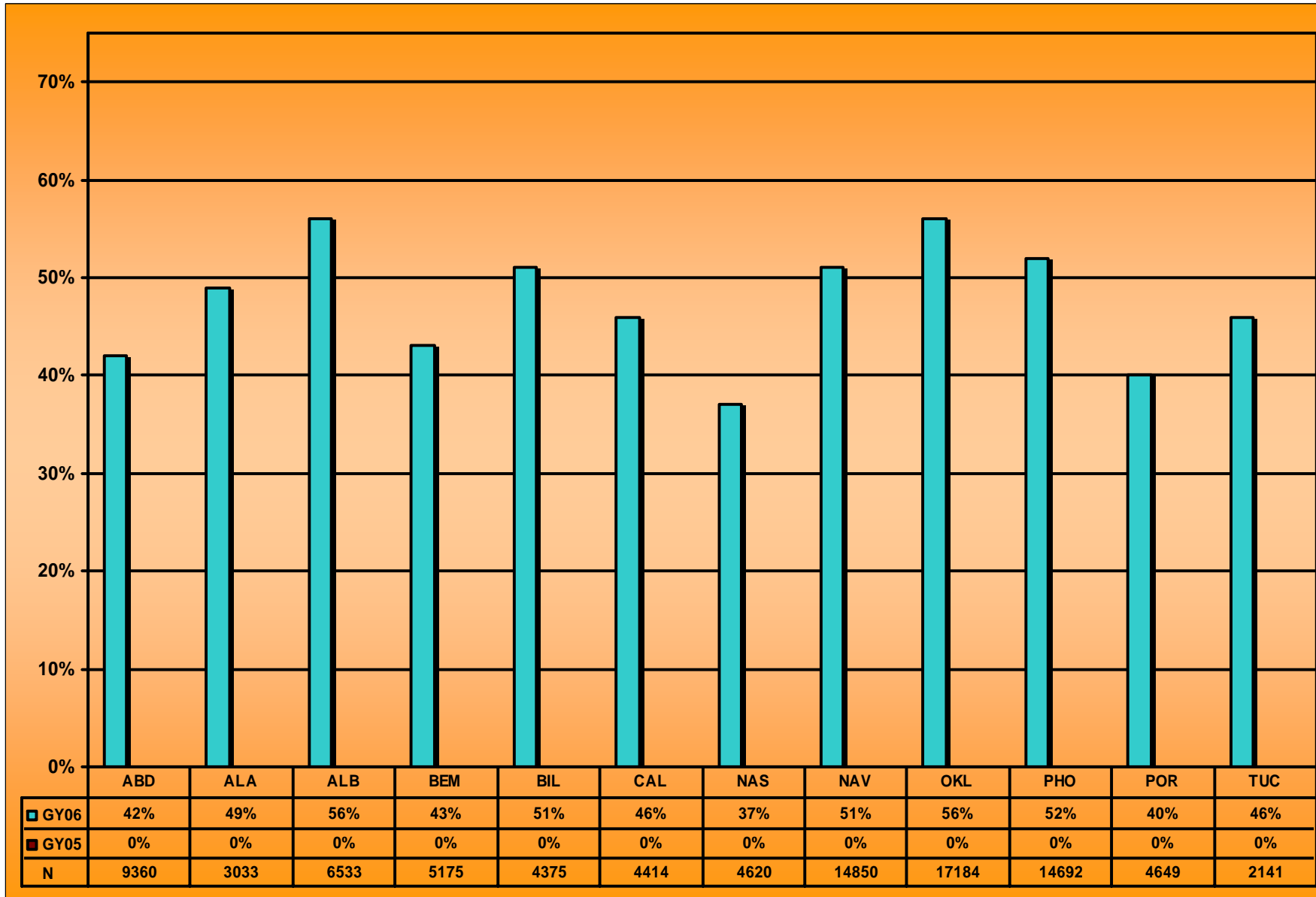
2005: \*50%

NT: baseline/  
\*50%

2010 goal: 75%

The 2006 national average for IHS direct and tribal facilities for the Retinopathy Assessed measure is 49%. This rate met the 2006 target by establishing a baseline for all sites. In addition, designated sites with specific Telemedicine equipment met the measure by achieving a rate of 52% (target—50%) for designated pilot sites under the Retinopathy Program.

\*Pilot sites only



**NUMERATOR: Patients with a Retinopathy exam during the report period**

**DENOMINATOR: Active Diabetic Patients**



## DENTAL: GENERAL ACCESS

### National Averages & Targets

2006: 23%

2005: 24%

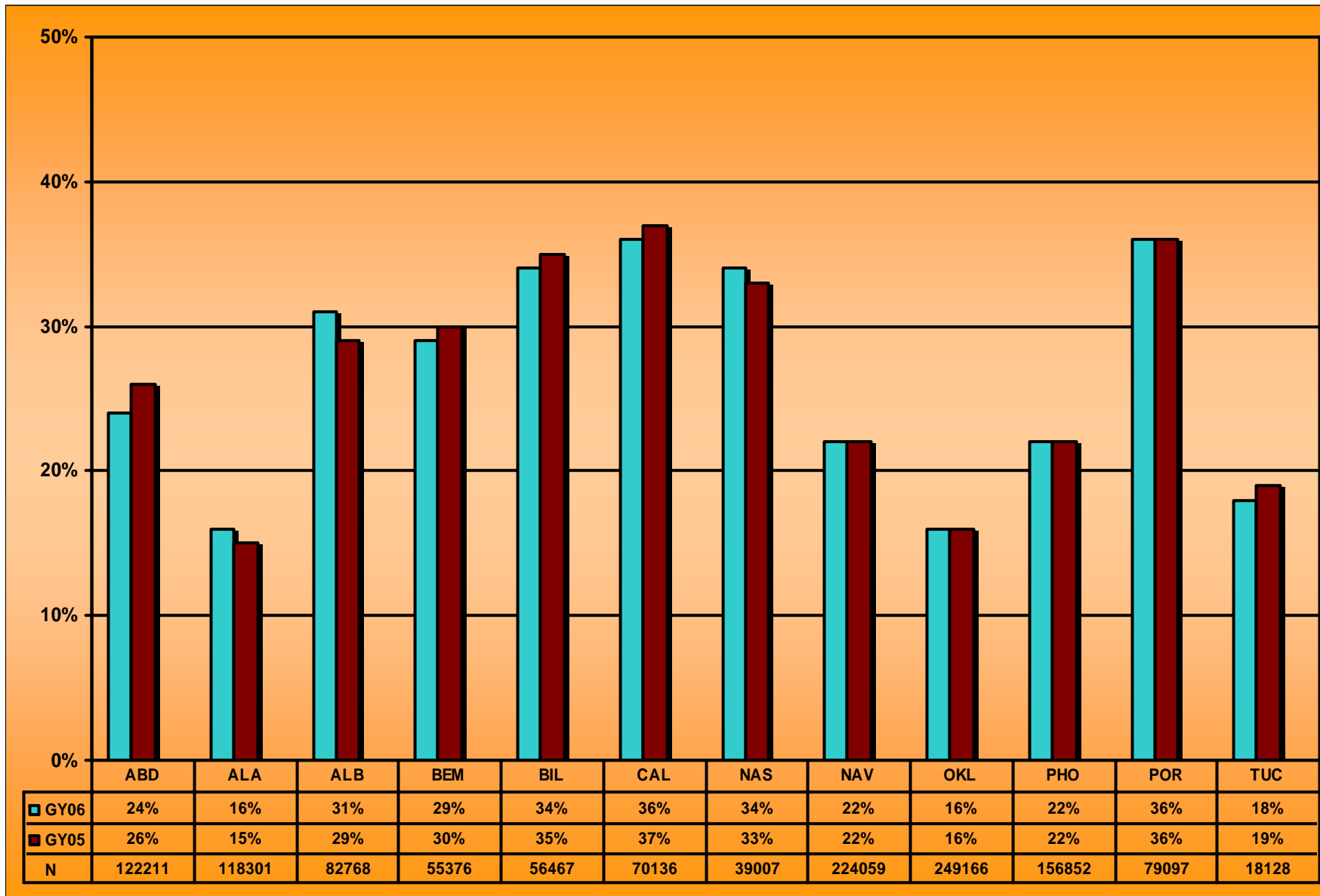
NT: 24%

2010 goal: 40%

The 2006 national average for IHS direct and tribal facilities for the Dental: General Access measure is 23%. Performance was not maintained from 2005 and did not meet the GPRA target of maintaining the rate at 24%.

*Seven of the twelve areas met the national target.*

\*NOTE: ALB Dental Clinic data is not reflected in the national aggregate due to mid-year data separation from ALB Health Center. All Area dental data is reflected in this graph.



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

**DENOMINATOR: GPRA User Population Patients**





# IMMUNIZATIONS: INFLUENZA

## National Averages & Targets

2006: 58%

2005: \*59%

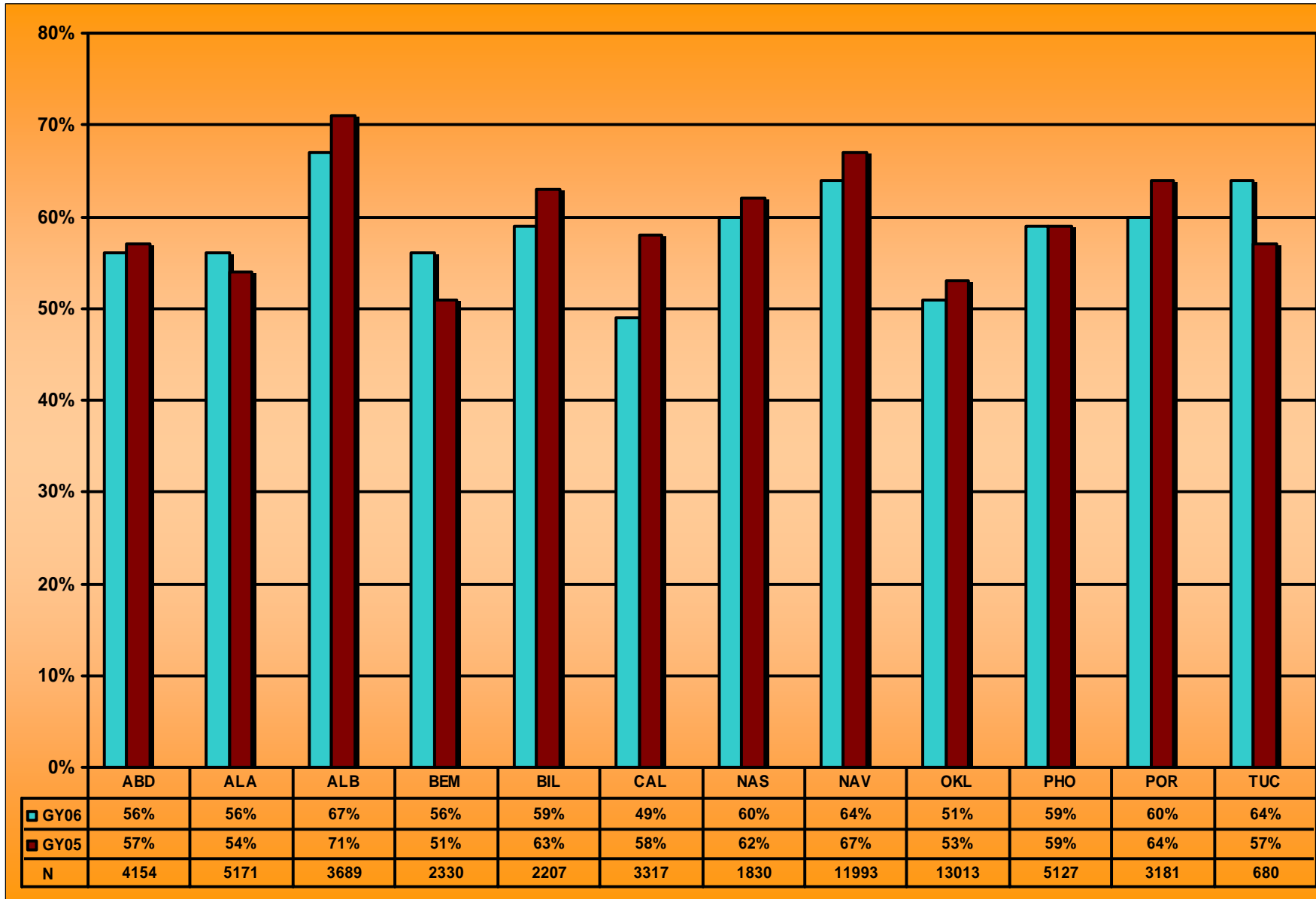
NT: 59%

2010 goal: 90%

The 2006 national average for IHS direct and tribal facilities for the influenza measure is 58%. This rate declined by 1% from 2005 and falls below the GPRA target of 59%.

*Seven of the twelve areas met the national target.*

*\*On hold due to national vaccination shortage.*



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

**DENOMINATOR:** Active Clinical patients age 65 and older



# IMMUNIZATIONS: PNEUMOVAX

## National Averages & Targets

2006: 74%

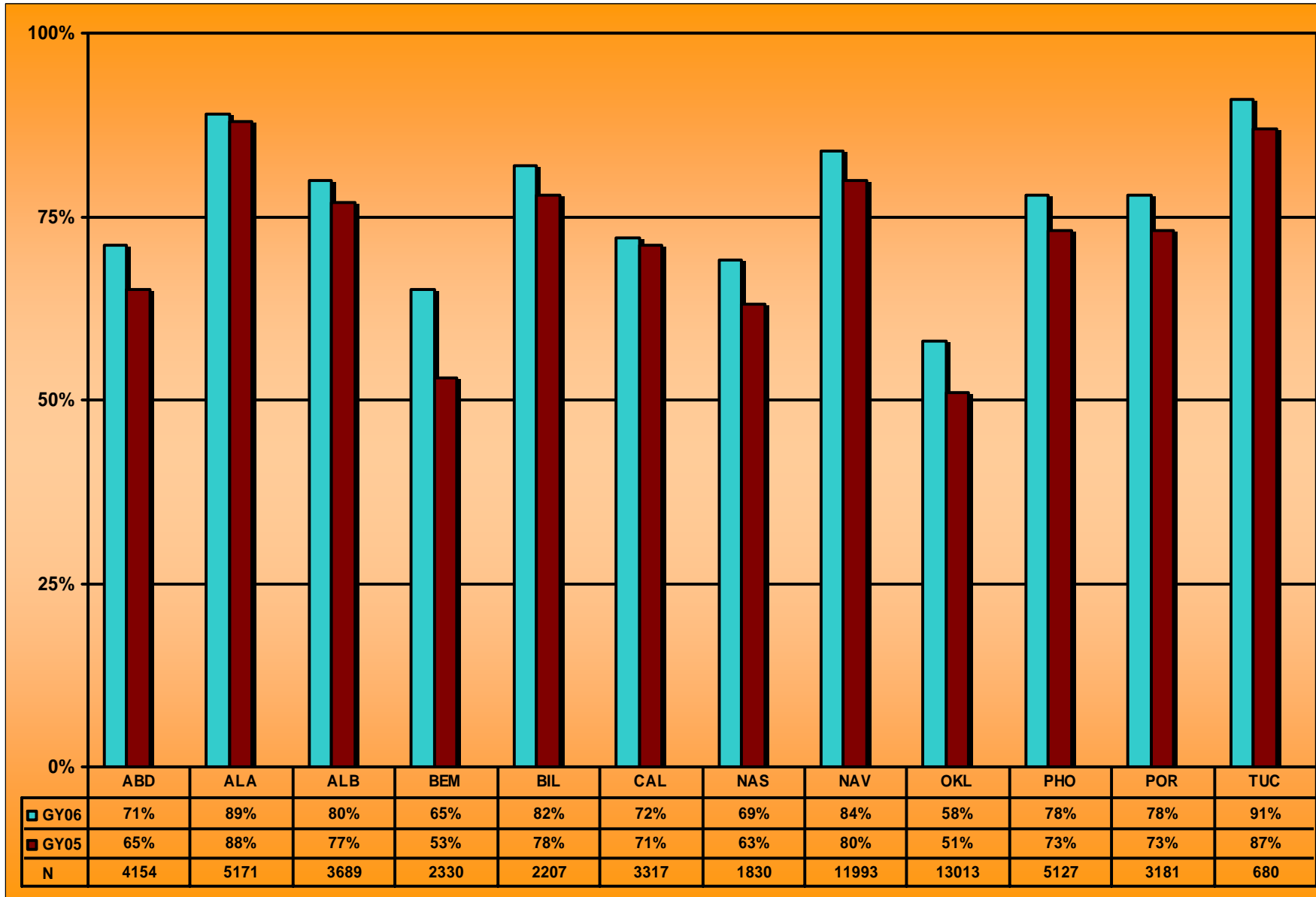
2005: 69%

NT: 72%

2010 goal: 90%

The 2006 national average for IHS direct and tribal facilities for the Pneumovax measure is 74%. This rate increased by 5% from 2005 and exceeds the GPRA target of 72%.

*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 (National Immunization Report)

## National Averages & Targets

2006: <sup>a</sup>80%/<sup>b</sup>78%

2005: <sup>a</sup>75%

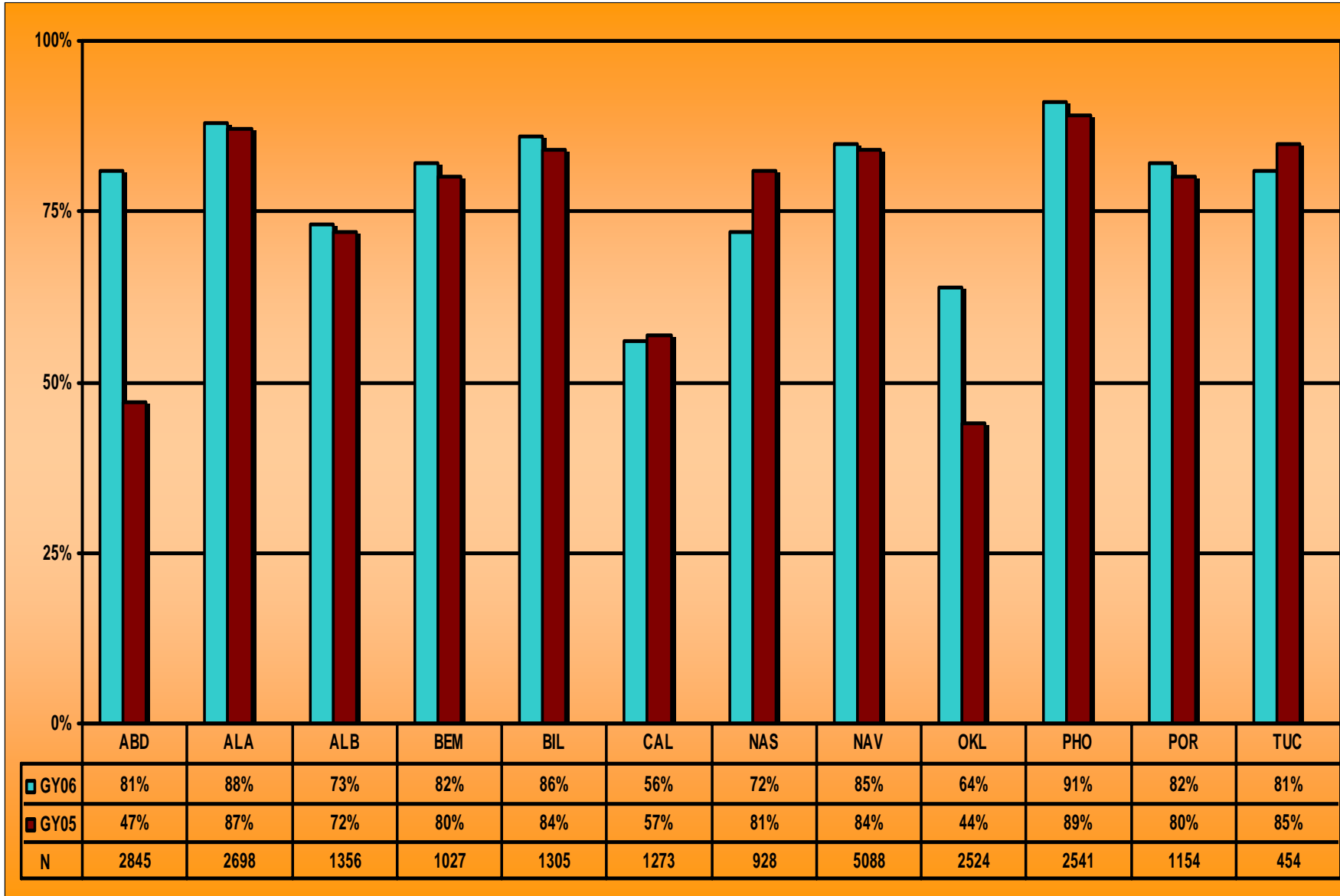
NT: 75%

2010 goal: 80%

The 2006 national average for IHS direct and tribal facilities for the childhood immunizations measure is 80%. This rate increased by 8% from 2005 (using the National Immunization Program data). Future data will come from CRS-Immunization package.

<sup>a</sup>Data collected through Immunization Report (National Immunization Program).

<sup>b</sup>Data collected through CRS-Immunization package.



**NUMERATOR:** Patients who received the entire 4DTap, 3IPV, 1MMR, 3Hib, 3HepB (4:3:1:3:3) series

**DENOMINATOR:** Active Clinical patients ages 19-35 months



## CANCER SCREENING: CERVICAL (PAP SMEAR)

### National Averages & Targets

2006: 59%

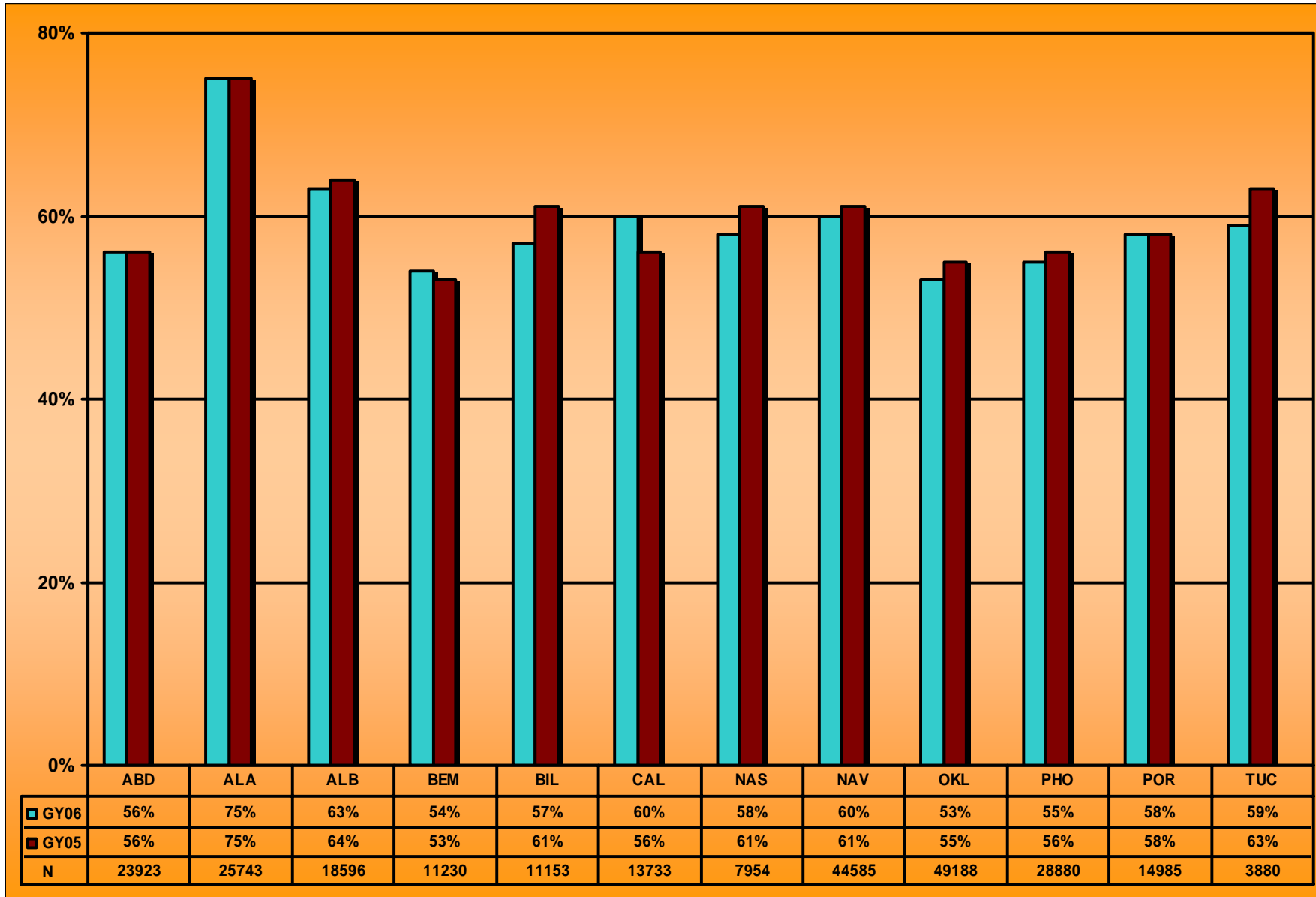
2005: 60%

NT: 60%

2010 goal: 90%

The 2006 national average for IHS direct and tribal facilities for the Pap screening measure is 59%. This rate decreased by 1% from 2005 and does not meet the GPRC target of 60%.

*Four of the twelve areas met the national target.*



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

**DENOMINATOR:** Active Clinical female patients ages 21-64 with no documented history of hysterectomy



## CANCER SCREENING: BREAST (MAMMOGRAPHY)

### National Averages & Targets

2006: 41%

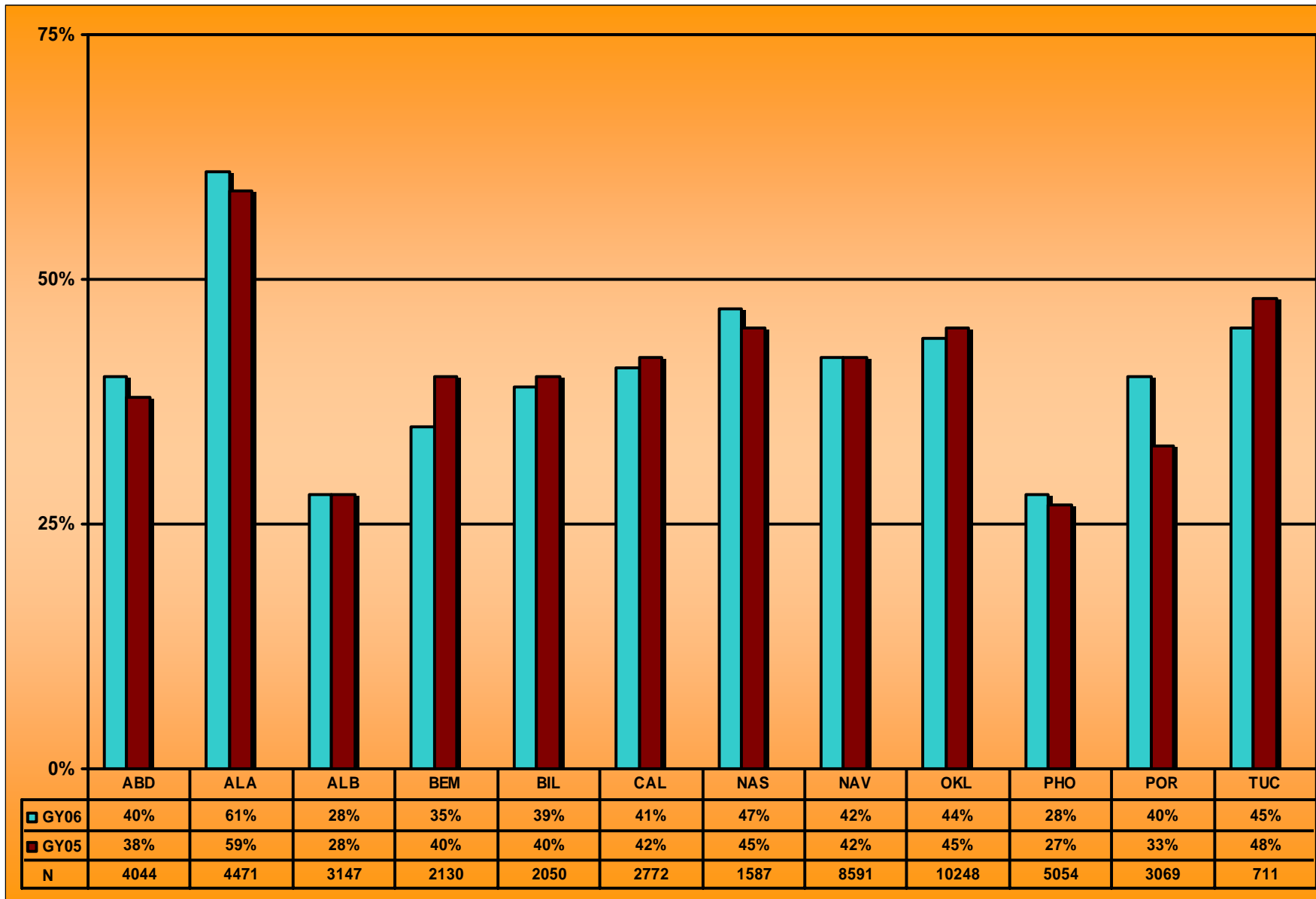
2005: 41%

NT: 41%

2010 goal: 70%

The 2006 national average for IHS direct and tribal facilities for the mammography measure is 41%. Performance was maintained from 2005 and met the GPRA target of maintaining the rate at 41%.

*Six of the twelve areas met the national target.*



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

**DENOMINATOR:** Active Clinical female patients ages 52-64



# CANCER SCREENING : COLORECTAL

## National Averages & Targets

2006: 22%

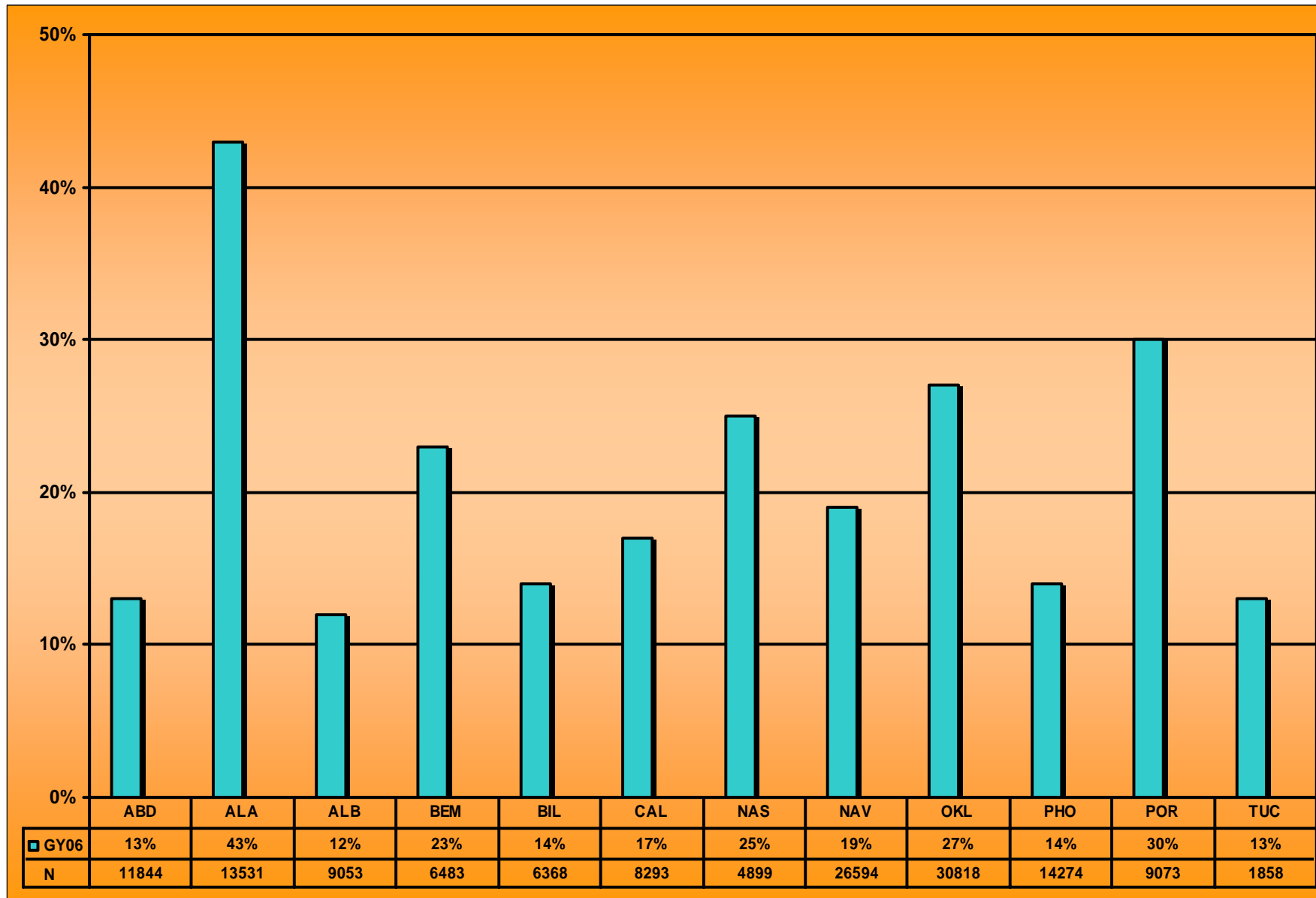
2005: N/A

NT: Baseline

2010 goal: 50%

The 2006 national average for IHS direct and tribal facilities for the colorectal cancer screening measure is 22%. This rate met the 2006 GPRA target by establishing a base-line.

*All twelve areas met the national target.*



**NUMERATOR:** Patients who have received any CRC screening in the past year

**DENOMINATOR:** Active Clinical patients ages 51-80



# ALCOHOL SCREENING: FETAL ALCOHOL SYNDROME (FAS) PREVENTION

## National Averages & Targets

2006: 28%

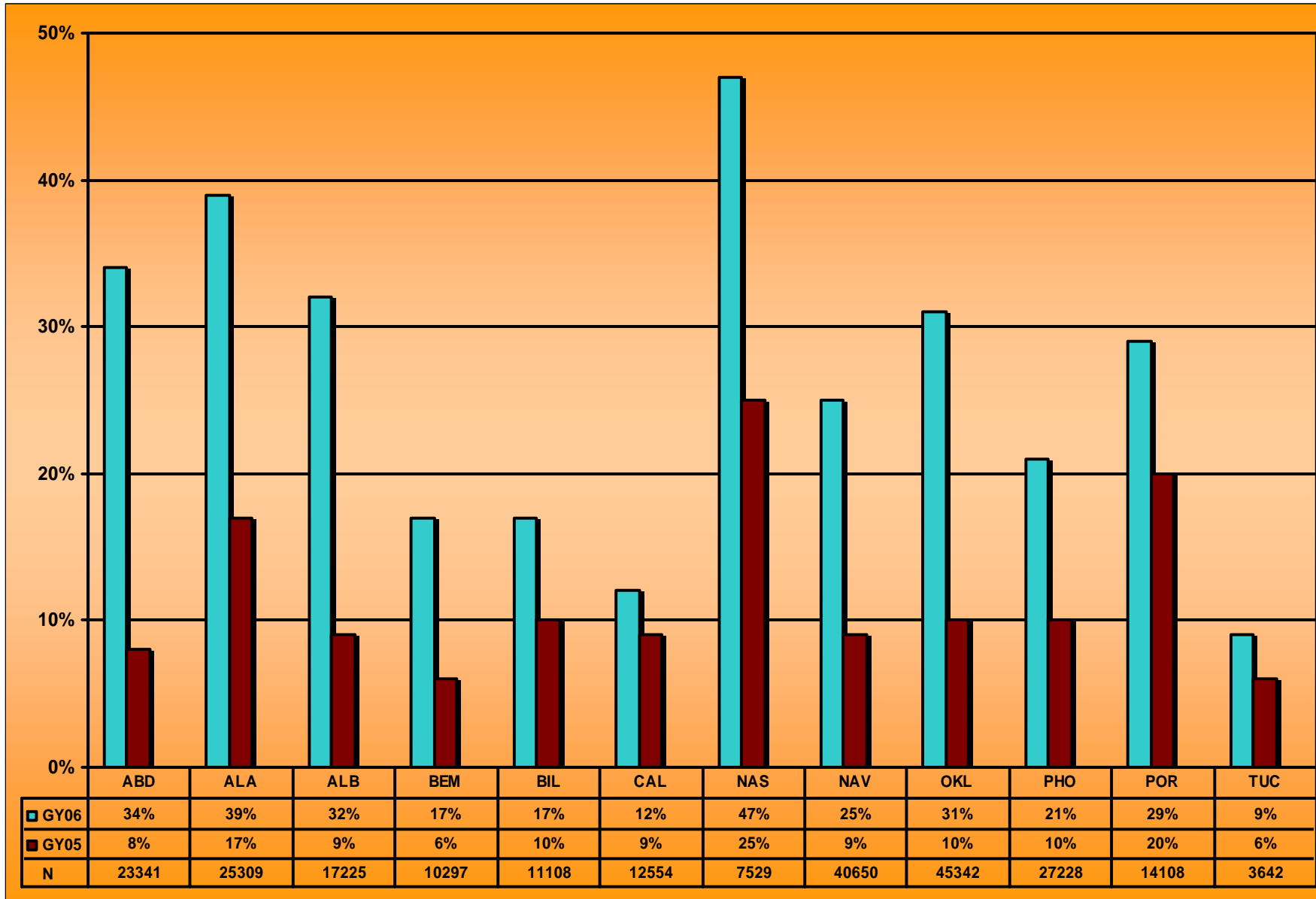
2005: 11%

NT: 12%

2010 goal: 25%

The 2006 national average for IHS direct and tribal facilities for the FAS screening measure is 28%. This rate increased by 17% from 2005 and exceeds the GPRA target of 12%.

*Eleven of the twelve areas met the national target.*



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

**DENOMINATOR:** Active Clinical female patients ages 15-44



# DOMESTIC VIOLENCE/INTIMATE PARTNER VIOLENCE SCREENING

## National Averages & Targets

2006: 28%

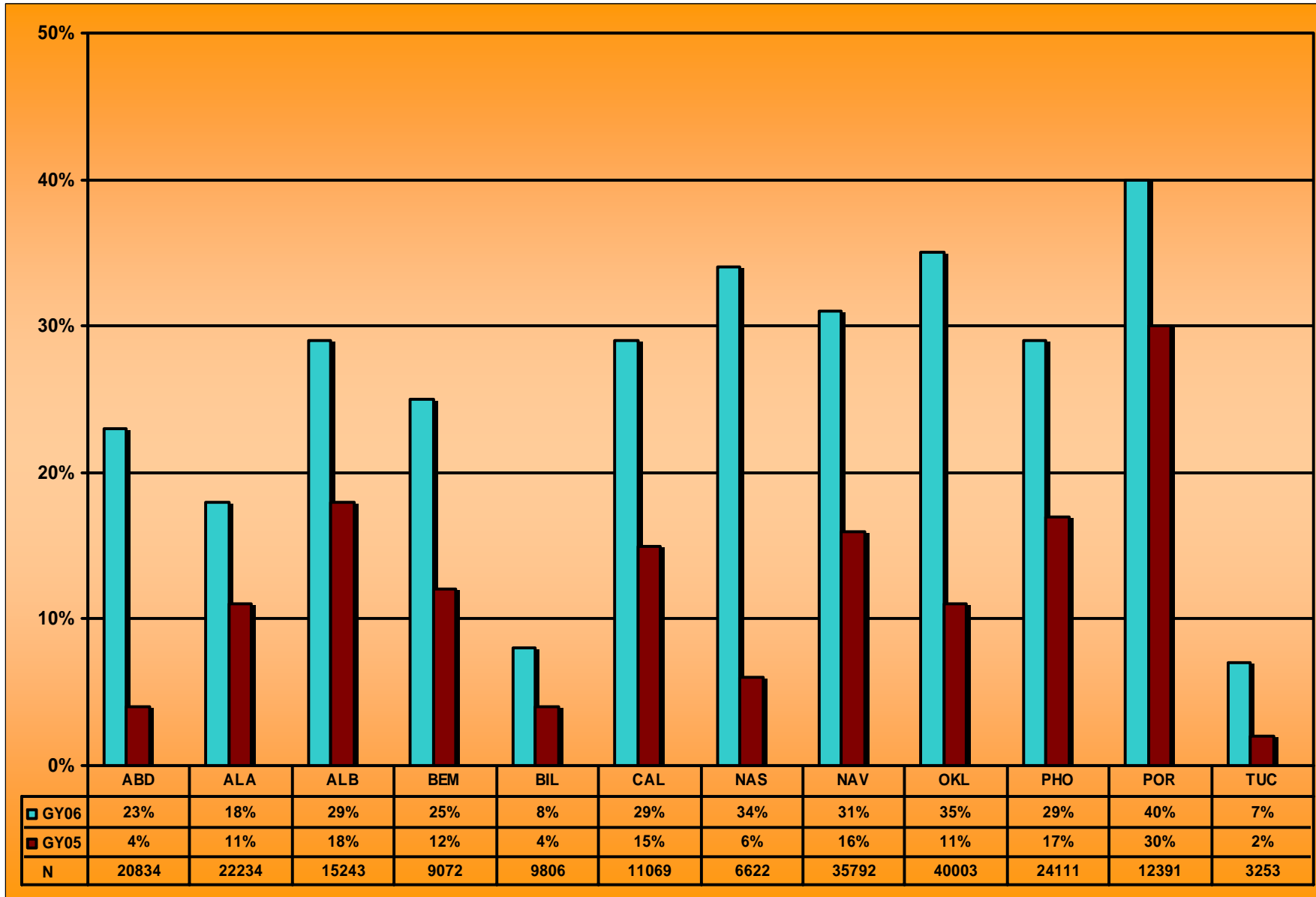
2005: 13%

NT: 14%

2010 goal: 40%

The 2006 national average for IHS direct and tribal facilities for the DV/IPV measure is 28%. This rate increased by 15% from 2005 and exceeds the GPRA target of 14%.

*Ten of the twelve areas met the national target.*



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

**DENOMINATOR:** Active Clinical female patients ages 15-40





# CHILDHOOD WEIGHT CONTROL (CWC)

## National Averages & Targets

2006: 24%

2005: \*64%

NT: Baseline

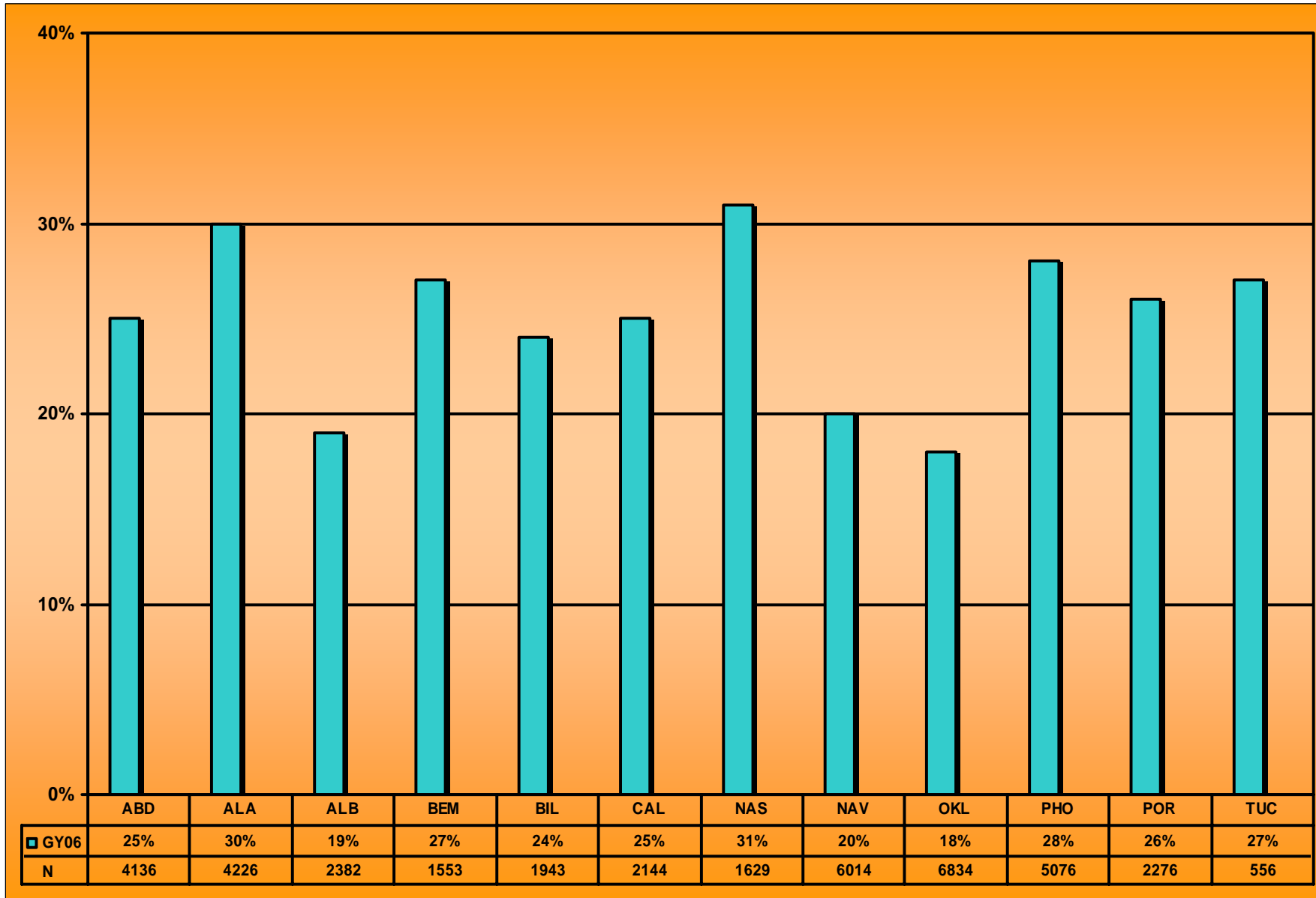
2010 goal: TBD\*

The 2006 national average for IHS direct and tribal facilities for the childhood weight control measure is 24%. Performance cannot be compared to the 2005 rate due to change in measure definitions. GPRA target met by establishing a baseline rate.

*All twelve areas met the national target.*

*\*BMI Assessed changed to CWC-2006.*

*\*TBD: To Be Determined*



**NUMERATOR: Patients with BMI 95% and greater**

**DENOMINATOR: Active Clinical patients 2-5 years of age**



# TOBACCO CESSATION

## National Averages & Targets

2006: 12%

2005: \*34%

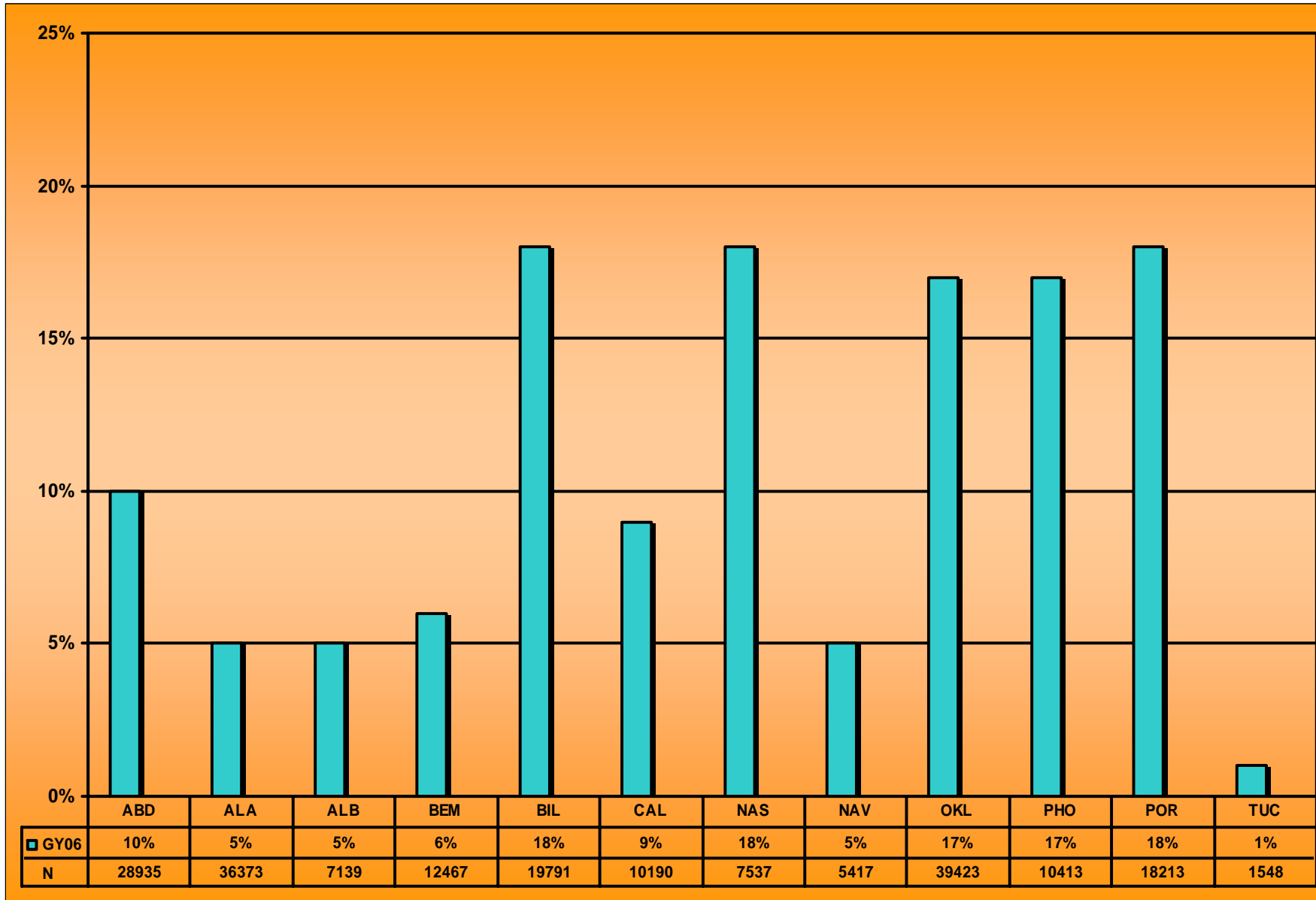
NT: Baseline

2010 goal: 75%

The 2006 national average for IHS direct and tribal facilities for the tobacco cessation measure is 12%. Performance for this measure cannot be compared to 2005 due to change in measure definitions. GPRA target met by establishing a baseline rate.

*All twelve areas met the national target.*

*\*Tobacco Assessment changed to Tobacco Cessation—2006.*



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

**DENOMINATOR:** Active Clinical patients identified as current tobacco users



# DEPRESSION SCREENING

## National Averages & Targets

2006: 15%

2005: N/A

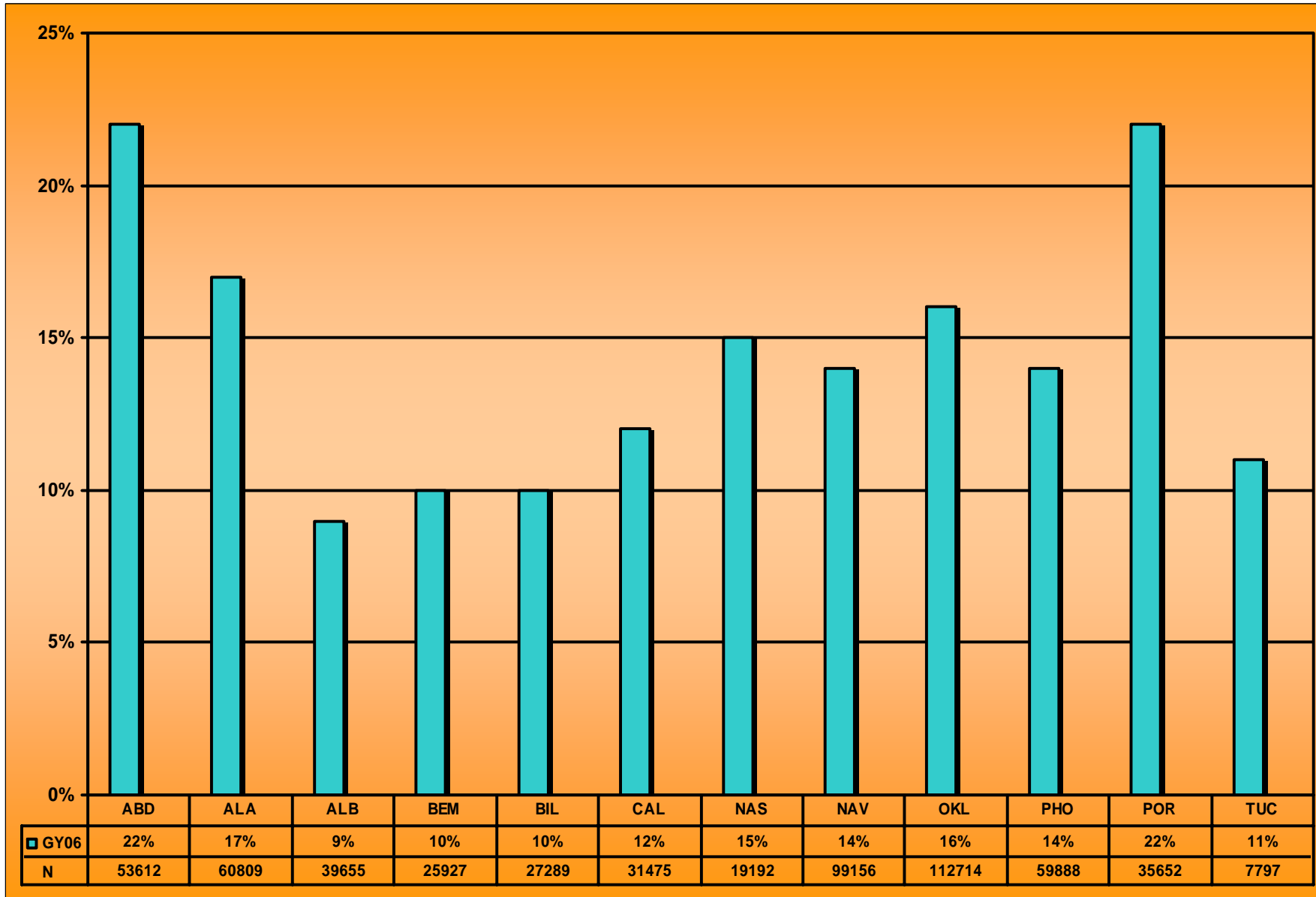
NT: Baseline

2010 goal: TBD\*

The 2006 national average for IHS direct and tribal facilities for the depression screening measure is 15%. GPRA target was met by establishing a baseline rate.

*All twelve areas met the national target.*

\*TBD: To Be Determined



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

**DENOMINATOR:** Active Clinical patients ages 18 and older



# PRENATAL HIV SCREENING

## National Averages & Targets

2006: 65%

2005: 54%

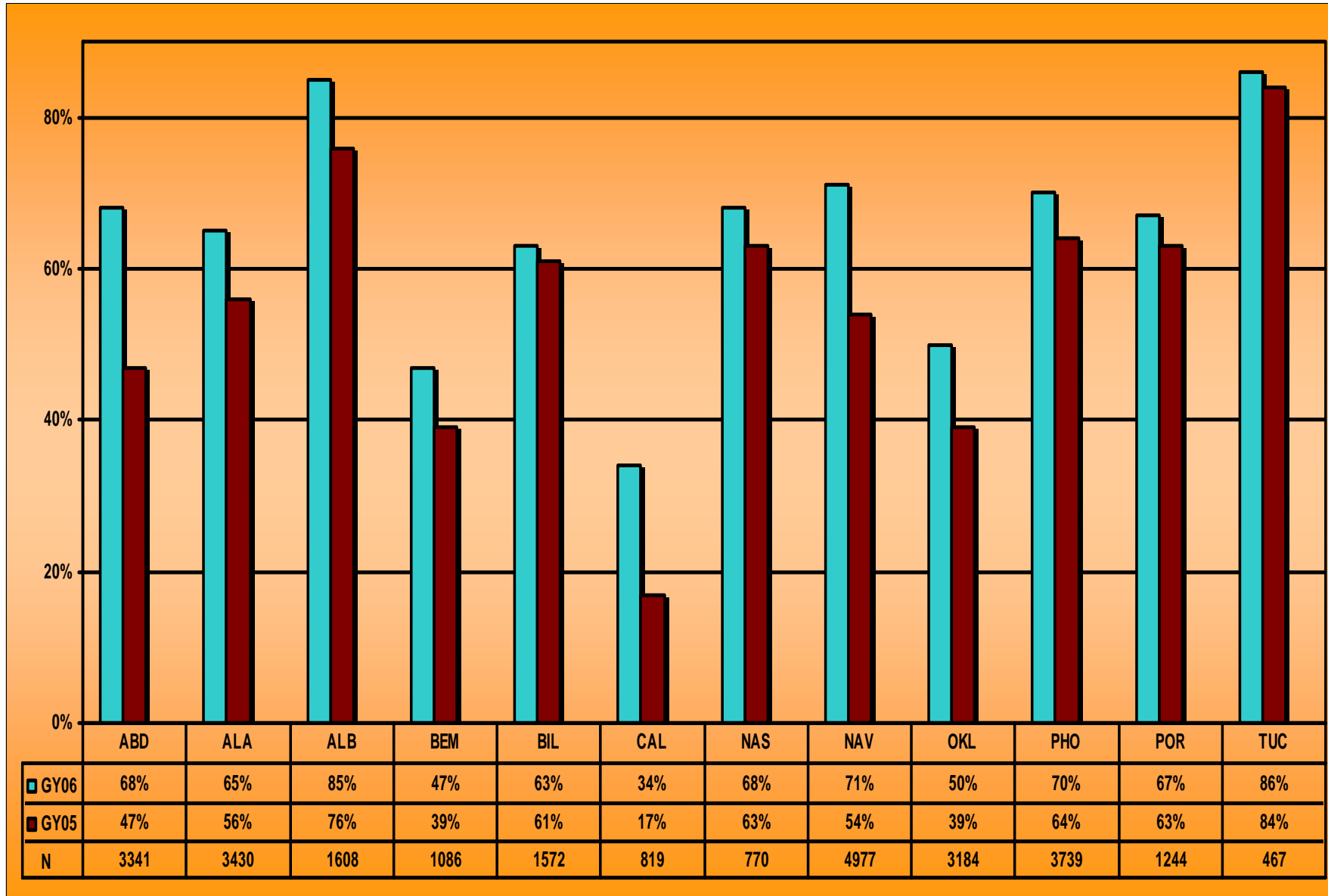
NT: 55%

2010 goal: TBD\*

The 2006 national average for IHS direct and tribal facilities for the prenatal HIV screening measure is 65%. This rate increased by 11% from 2005 and exceeds the GPRA target of 55%.

*Nine of the twelve areas met the national target.*

\*TBD: To Be Determined



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

**DENOMINATOR:** All pregnant female patients without a



# CVD-CHOLESTEROL SCREENING

## National Averages & Targets

2006: 48%

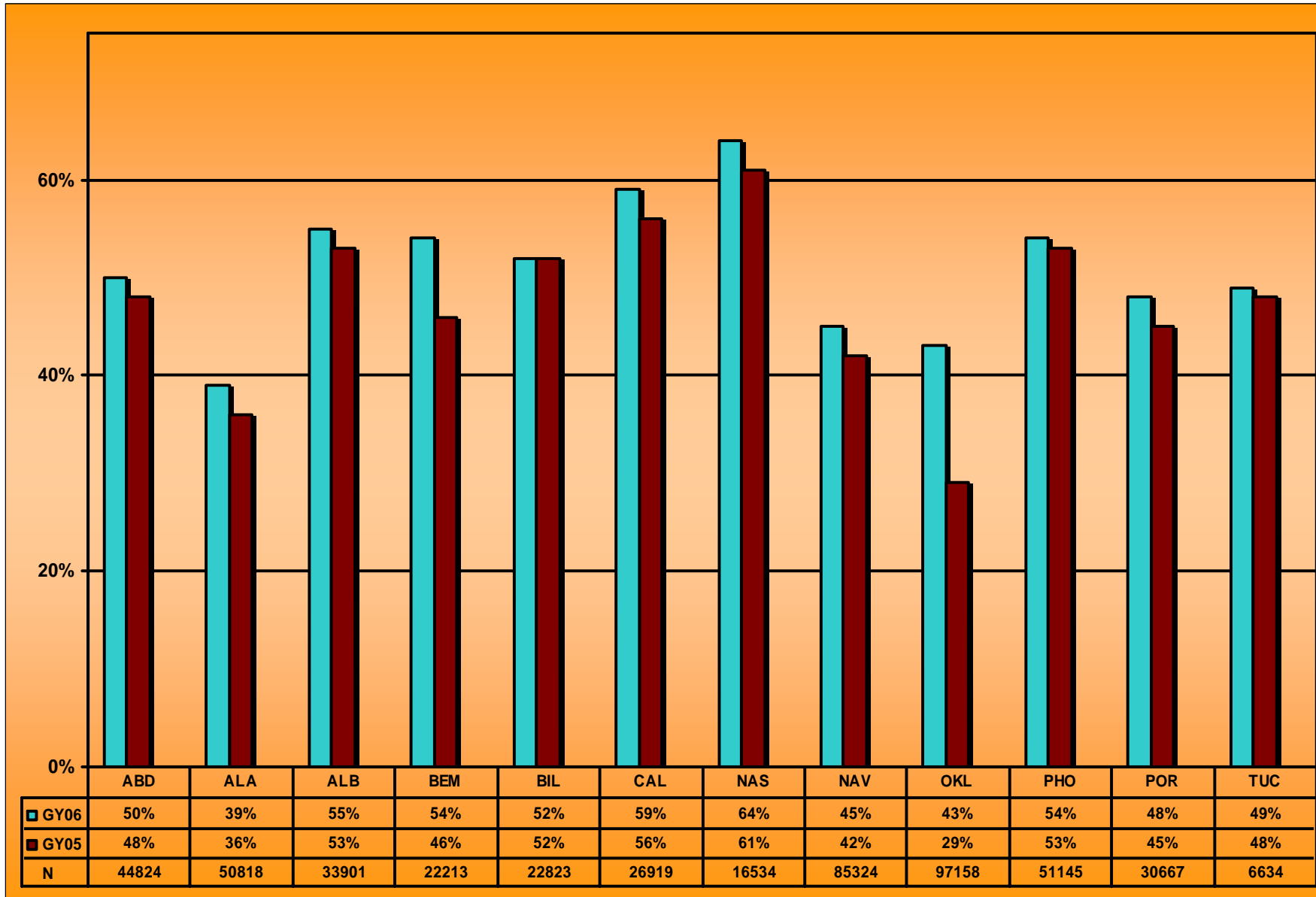
2005: 43%

NT: 44%

2010 goal: 80%

The 2006 national average for IHS direct and tribal facilities for the CVD-cholesterol screening measure is 48%. This rate increased by 5% from 2005 and exceeds the GPRA target of 44%.

*Ten of the twelve areas met the national target.*



**NUMERATOR:** Patients with a documented cholesterol screening within five years

**DENOMINATOR:** Active Clinical patients ages 23 or older



# 2006 NATIONAL DASHBOARD

2006 - National Dashboard (IHS-Tribal)Final					
DIABETES	2006	2005	2004	2006 Target	Results
Diabetes Dx Ever <sup>a</sup>	11%	11%	10%	N/A <sup>a</sup>	N/A
Documented HbA1c <sup>a</sup>	79%	78%	77%	N/A <sup>a</sup>	N/A
Poor Glycemic Control	16%	15%	17%	15%	Not Met
Ideal Glycemic Control	31%	30%	27%	32%	Not Met
Controlled BP <130/80	37%	37%	35%	37%	Met
LDL Assessed	60%	53%	53%	56%	Met
Nephropathy Assessed	55%	47%	42%	50%	Met
Retinopathy Exam (All sites/pilots <sup>b</sup> )	49%/52% <sup>b</sup>	50% <sup>b</sup>	55% <sup>b</sup>	baseline/50% <sup>b</sup>	Met/Met
DENTAL					
Access to Services	23%	24%	24%	24%	Not Met
Topical Fluoride-patients	95,439	85,318	n/a	85,318	Met
Sealants	246,645	249,882	230,295	249,882	Not Met
IMMUNIZATIONS					
Influenza 65+	58%	59% (on hold)	54%	59%	Not Met
Pneumovax 65+	74%	69%	69%	72%	Met
Childhood Izs <sup>c,d</sup>	80% <sup>c</sup> /78% <sup>d</sup>	75% <sup>c</sup>	72% <sup>c</sup>	75%	Met
PREVENTION					
Pap Smear Rates	59%	60%	58%	60%	Not Met
Mammogram Rates	41%	41%	40%	41%	Met
FAS Prevention	28%	11%	7%	12%	Met
DV/IPV Screen	28%	13%	4%	14%	Met
Childhood Weight Control(CWC) <sup>e</sup>	24%	64% <sup>e</sup>	60% <sup>e</sup>	baseline	Met
Tobacco Cessation <sup>f</sup>	12%	34% <sup>f</sup>	27% <sup>f</sup>	baseline	Met
Depression Screening	15%	n/a	n/a	baseline	Met
Prenatal HIV Screening	65%	54%	n/a	55%	Met
Colorectal Cancer Screening	22%	n/a	n/a	baseline	Met
Cholesterol Screening	48%	43%	n/a	44%	Met
<sup>a</sup> Not GPRA measures, used for context only <sup>b</sup> Collected for pilot sites only <sup>c</sup> Data collected through Immunization Report (National Immunization Program) <sup>d</sup> Data collected through CRS - Immunization package <sup>e</sup> BMI Assessed (changed to CWC - 2006) <sup>f</sup> Tobacco Assessment (changed to Tobacco Cessation - 2006)					Measures Met = 16 Measures Not Met = 6 Total Measures = 22