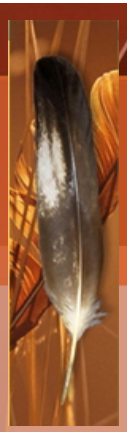

California Area Indian Health Service

2007

California Area Report

Measuring healthcare quality to improve patient care

Government Performance and Results Act (GPRA)

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ACKNOWLEDGMENTS

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Tribal and Urban Health Program Staff
Information Technology Staff
Project Officers

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INTRODUCTION

The 2007 California Area Report contains detailed performance results for selected clinical GPRA measures collected from 25 tribal and 7 urban programs, most of which use CRS 7.0 software. This report is a companion to the 2007 National Summary and the 2007 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 GPRA year (GY) from 2003-2007 (when available), as well as the 2007 IHS national average. The second graph displays results for each health program for GY 2007. The first two rows under each graph show the percentage of patients meeting the measure for each program in 2006 and 2007. The "n" row shows the number of patient records examined at each clinic, i.e. the "denominator." (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 GY 2006 to GY 2007, 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 2007 GPRA User Population table. This table is organized by population so programs can benchmark their progress against programs of similar size. The 2007 GPRA year ran from July 1, 2006 through June 30, 2007.

In FY 2007, California programs exceeded IHS national averages for a number of key measures, including Diabetes Poor and Ideal Glycemic Control, Dyslipidemia and Nephropathy, Dental Access, Childhood Weight Control, and Comprehensive Cardiovascular Disease Assessment. California programs also made significant improvement in Prenatal HIV Screening, Depression Screening, Domestic/Intimate Partner Violence Screening, FAS Prevention, Childhood Immunizations, Influenza Immunization, and Pneumococcal Immunization rates between FY 2006 and 2007.

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.

Note: Urban programs are only required to report on 17 GPRA measures. The following graphs include urban program results only for measures reported.

PROGRAM LEGEND

Abbr.	Site Name	ASUFAC	Abbr.	Site Name	ASUFAC
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	SJO*	SAN JOSE	649262
LAS	LASSEN INDIAN HC	663030	TOI	TOIYABE	662310
MAC	MACT HEALTH BOARD CLINIC	662510	TUL	TULE RIVER CLINIC	662410
NVL	NORHTERN VALLEY	661557	TUO	TUOLUMNE ME-WUK CLINIC	664110
OAK*	OAKLAND	648411	UAII	UNITED AMER IND INVOLVEMENT	645060
PIT	PIT RIVER	661710	UIHS**	POTAWOT HEALTH VILLAGE-UIHS	662610
RSB	RIVERSIDE/SAN BERNARDINO	661810	WMT*/**	WARNER MOUNTAIN	663330

2006/**2007 data reported from non-RPMS System; data not validated by CRS software equivalent

Urban Indian Health Program

2007 GPRA USER POPULATION, BY PROGRAM

Population Scale	> 4000	4000-2000	2000-1000	< 1000

Health Program	GPRA User Population		Health Program	GPRA User Population
Riverside/ San Bern (RSB)	12,621		Lake County (LAK)	1,638
United Indian Health (UIHS)	7,488		Bakersfield (BAK)	1,336
Central Valley (CVL)	6,085		San Jose (SJO)	1,294
Chapa De (CDE)	5.165		Round Valley (RVL)	1,255
Sonoma (SON)	4,926		San Diego (SDG)	1,228
Indian Health Council (IHC)	4,285		Oakland (OAK)	1,129
Feather River (FRV)	3,588		Greenville (GVL)	1,012
Hoopa (HPA)	3,306		Susanville (LAS)	1,005
Consolidated THP (CON)	2,959		Santa Ynez (SYZ)	985
Toiyabe (TOI)	2,861		Pit River (PIT)	887
Tule River (TUL)	2,819		Shingle Springs (SS)	881
United Amer. Indian Inv. (UAII)	2,455		Sacramento NAHC (SAC)	602
Southern Indian Health (SIH)	2,185		Santa Barbara (SBR)	302
MACT Health Board (MAC)	2,125		Warner Mountain (WMT)	155
Karuk (KRK)	2,033		Tuolumne Me-Wuk (TUO)	140
Northern Valley (NVL)	1,815		Sycuan (SYC)	75

GPRA MEASURES

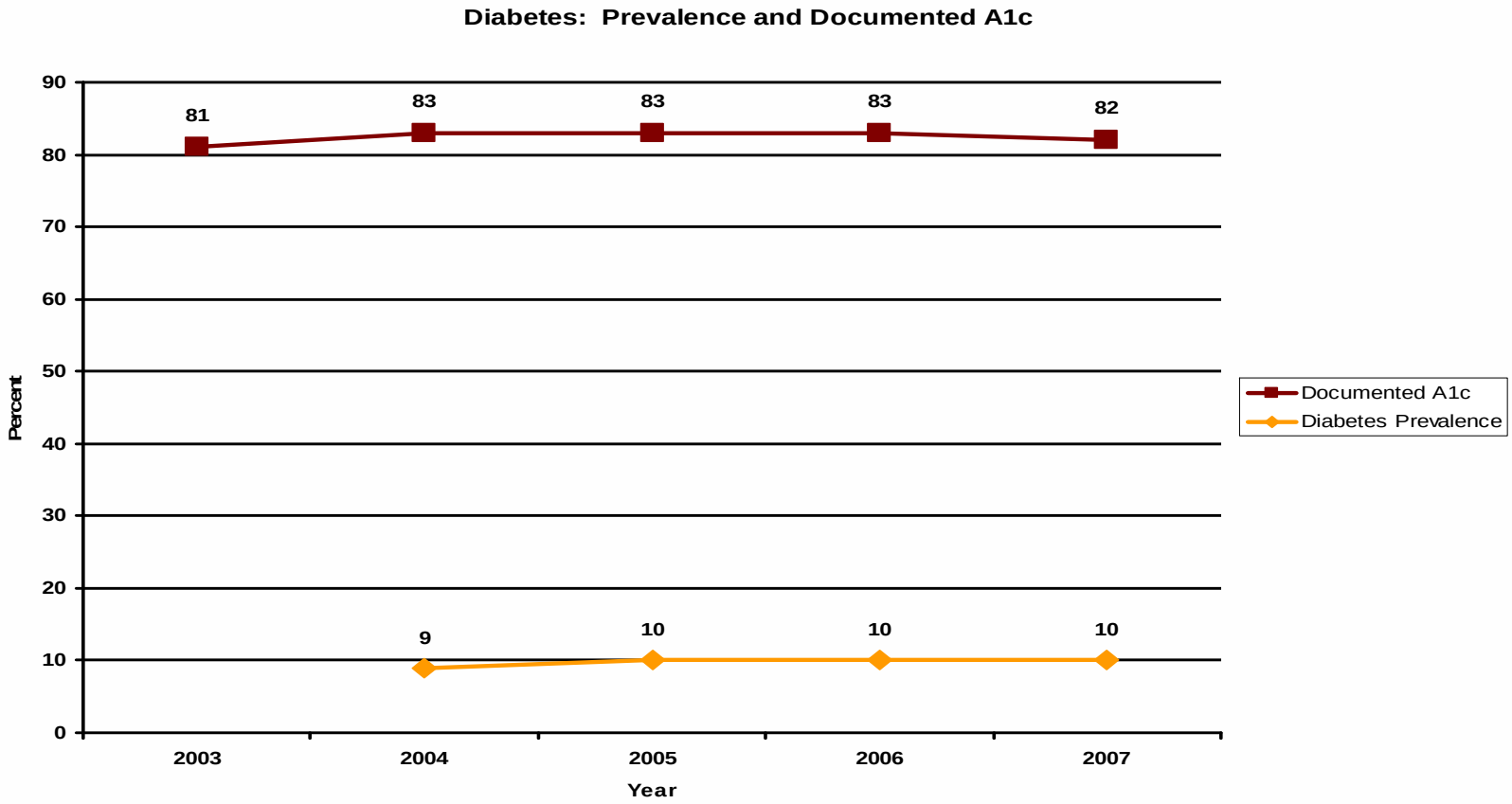
Results
&
Analysis

California Area Trends (2003-2007)
and
Results by Program (2006 & 2007)

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.

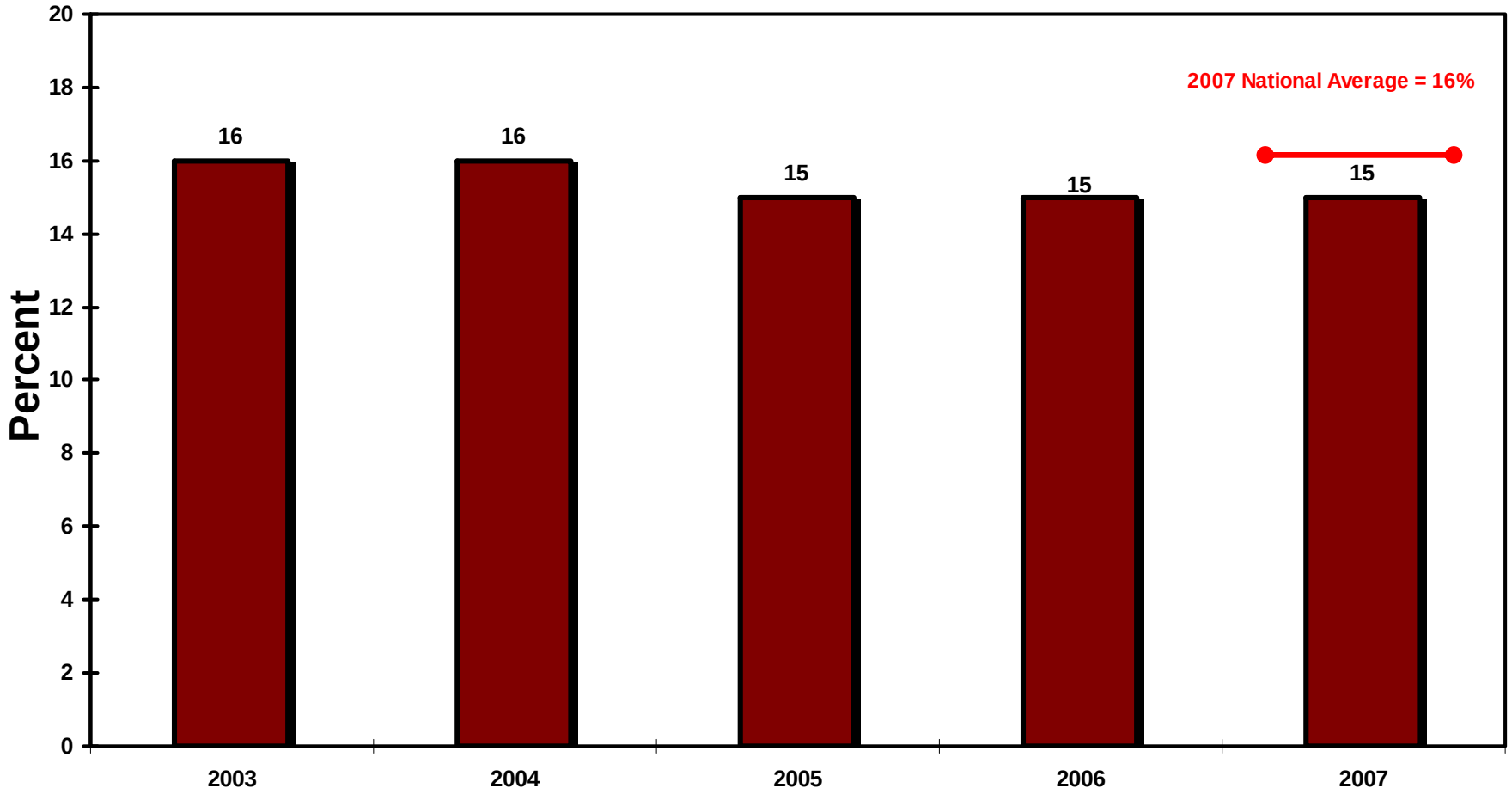
Importance: *Diabetes is a major cofactor in morbidity as well as one of the leading causes of mortality among AI/AN people. Diabetes is a major risk factor for cardiovascular disease, and CVD is the leading cause of death for American Indians. "Documented A1c" refers to a blood test called the Hemoglobin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



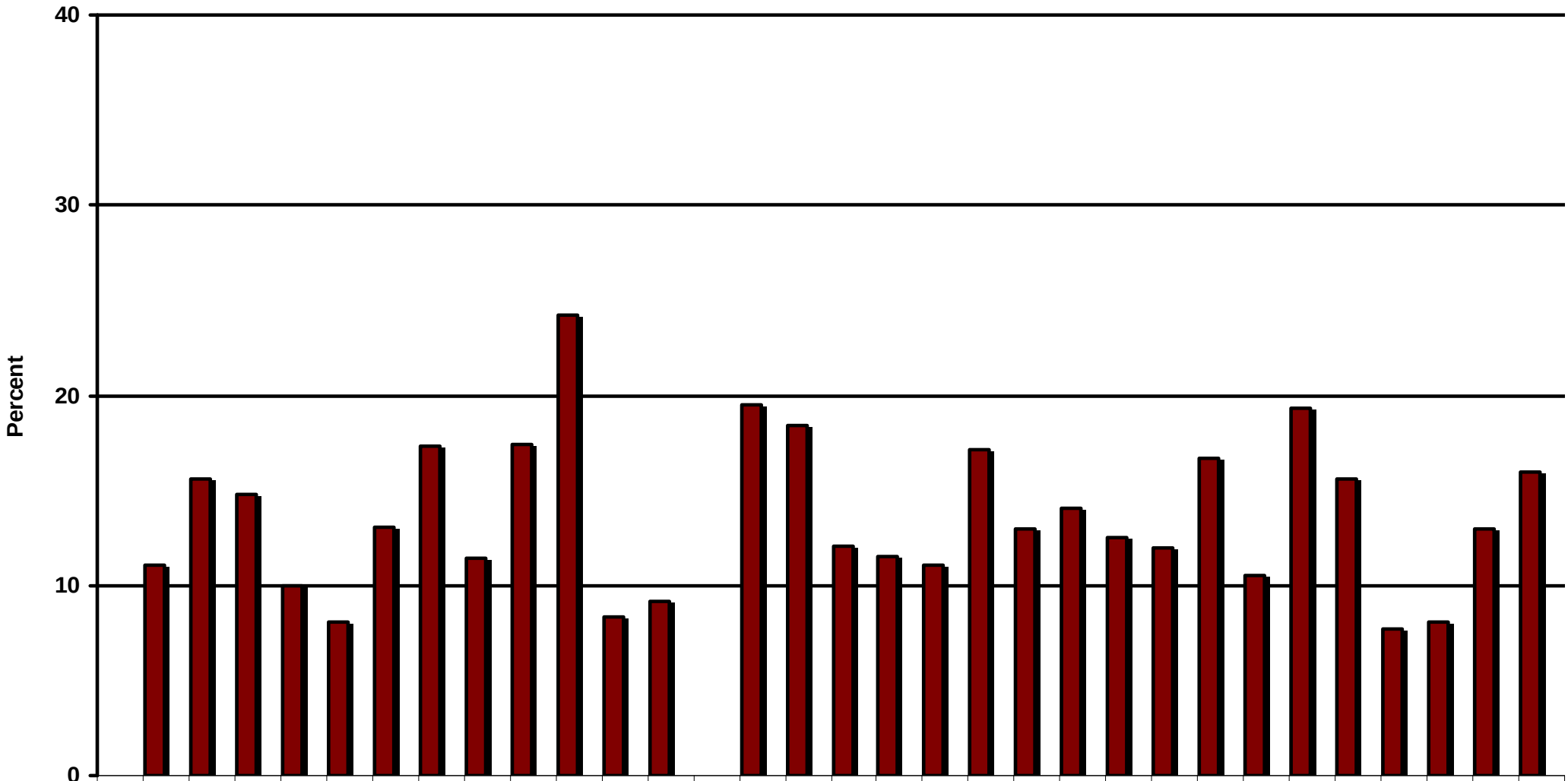
DIABETES: POOR GLYCEMIC CONTROL

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.*



DIABETES: POOR GLYCEMIC CONTROL



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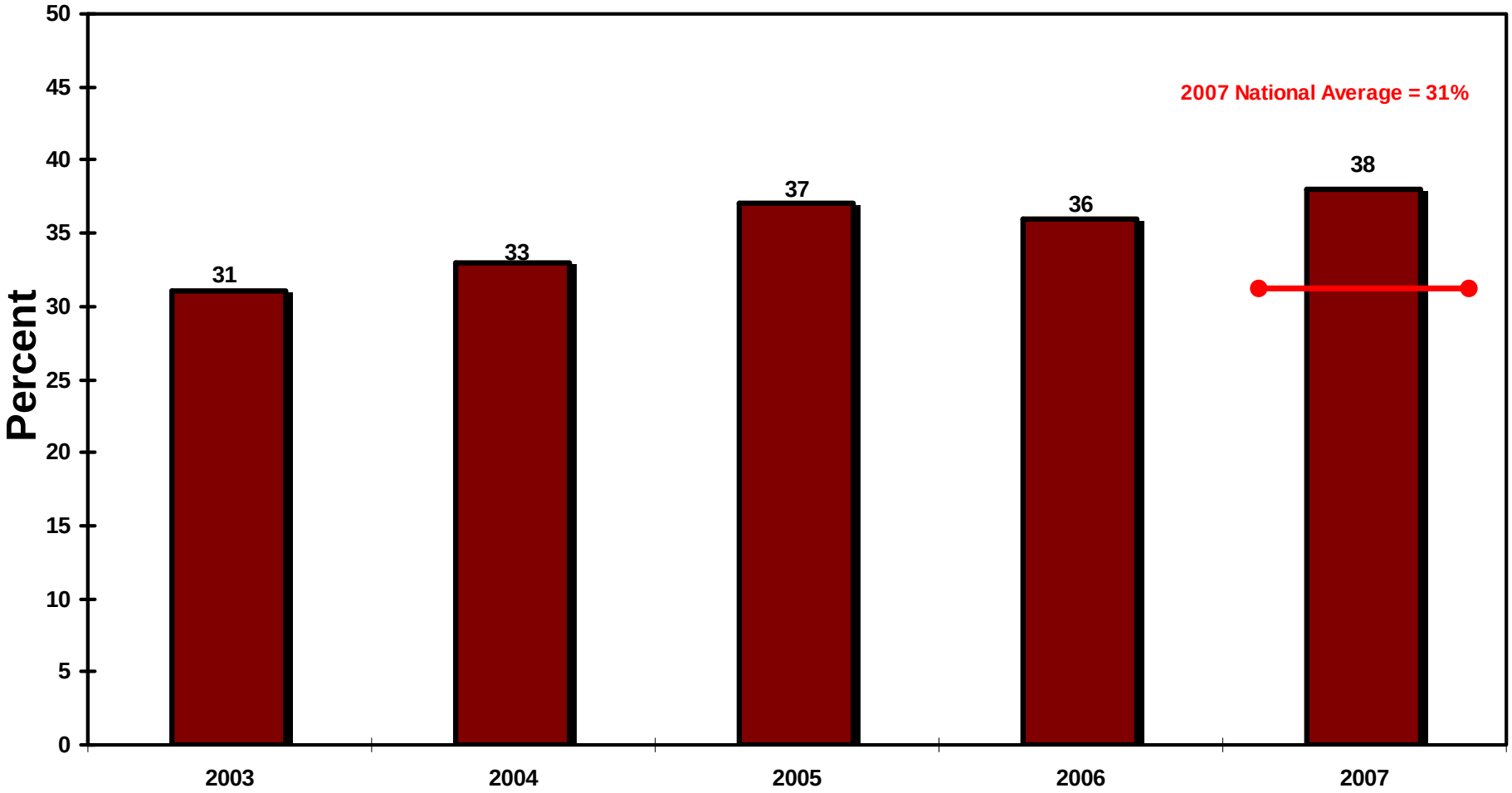
GY07	0	11	16	15	10	8	13	17	11	17	24	8	9	0	20	18	12	12	11	17	13	14	13	12	17	11	19	16	8	8	13	16
GY06	12	9	17	16	15	20	12	15	7	20	15	10	9	69	30	20	19	22	13	12	15	17	14	8	6	13	19	17	40	12	10	30
n	72	198	192	359	239	62	237	330	105	138	62	132	152	0	87	814	107	26	9	35	144	142	377	25	12	38	249	180	13	99	332	19

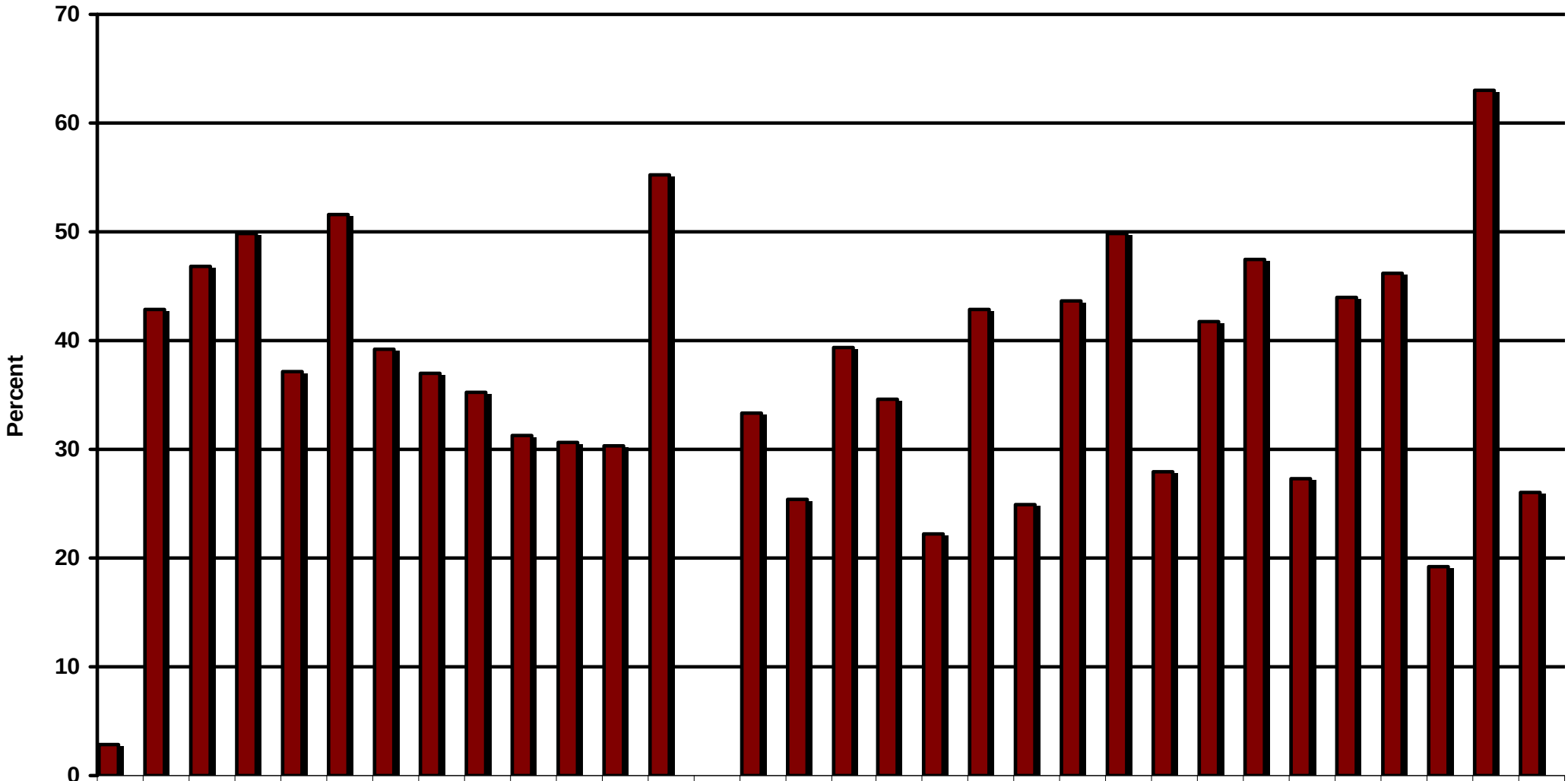
DIABETES: IDEAL GLYCEMIC CONTROL

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. Good blood sugar control also lowers the risk of heart attack and stroke.*



DIABETES: IDEAL GLYCEMIC CONTROL

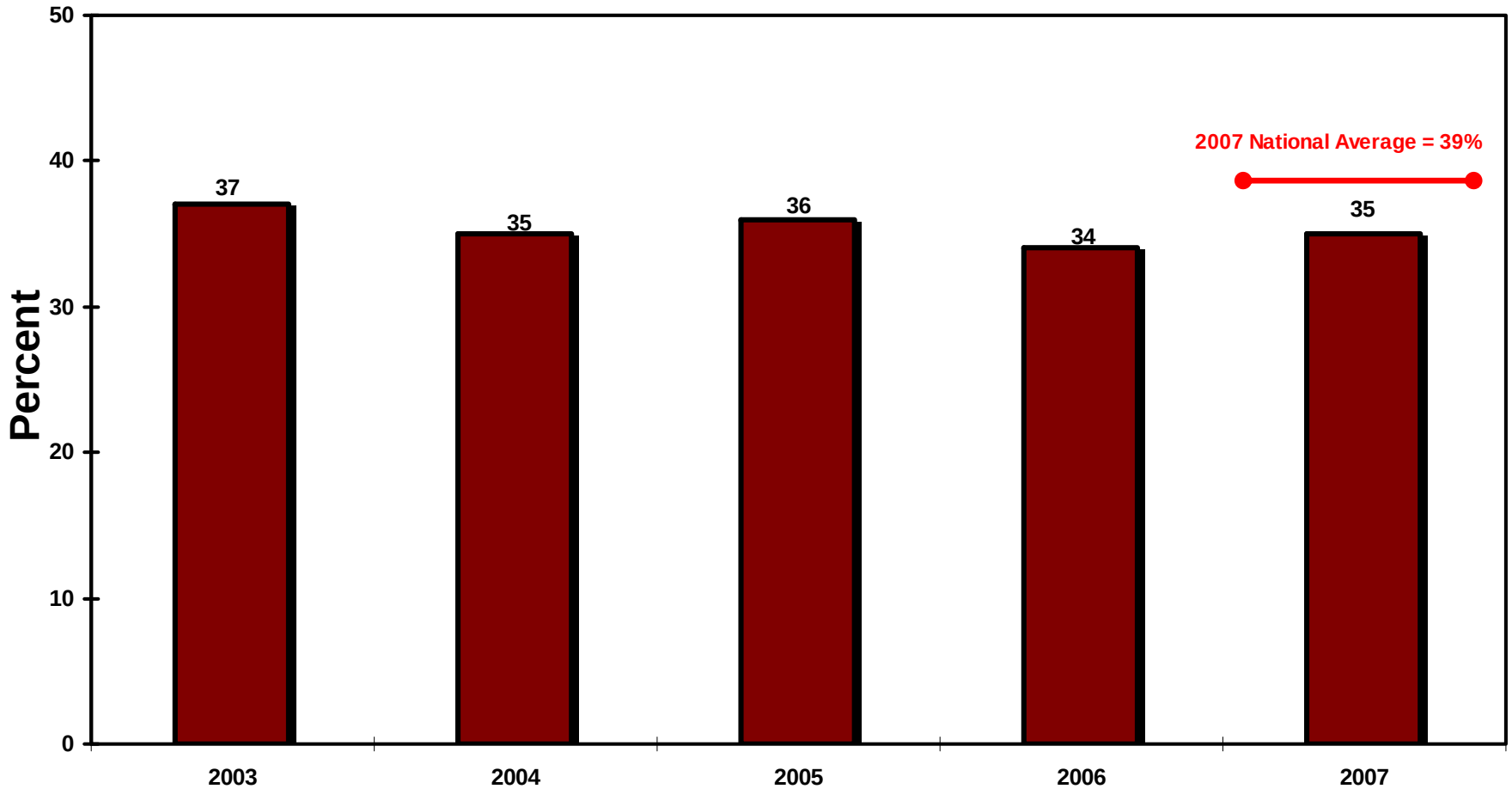


	BAK	CDE	CON	CVL	FRV	GVL	HPA	IHC	KRK	LAK	LAS	MAC	NVL	OAK	PIT	RSB	RVL	SAC	SBR	SDG	SJO	SIH	SON	SS	SYC	SYZ	TOI	TUL	TUO	UAII	UIHS	WMT
GY07	3	43	47	50	37	52	39	37	35	31	31	30	55	0	33	25	39	35	22	43	25	44	50	28	42	47	27	44	46	19	63	26
GY06	17	45	40	47	31	41	36	39	26	31	43	27	51	69	38	20	39	6	25	49	37	42	45	35	50	31	27	49	20	28	47	43
n	72	198	192	359	239	62	237	330	105	138	62	132	152	0	87	814	107	26	9	35	144	142	377	25	12	38	249	180	13	99	332	19

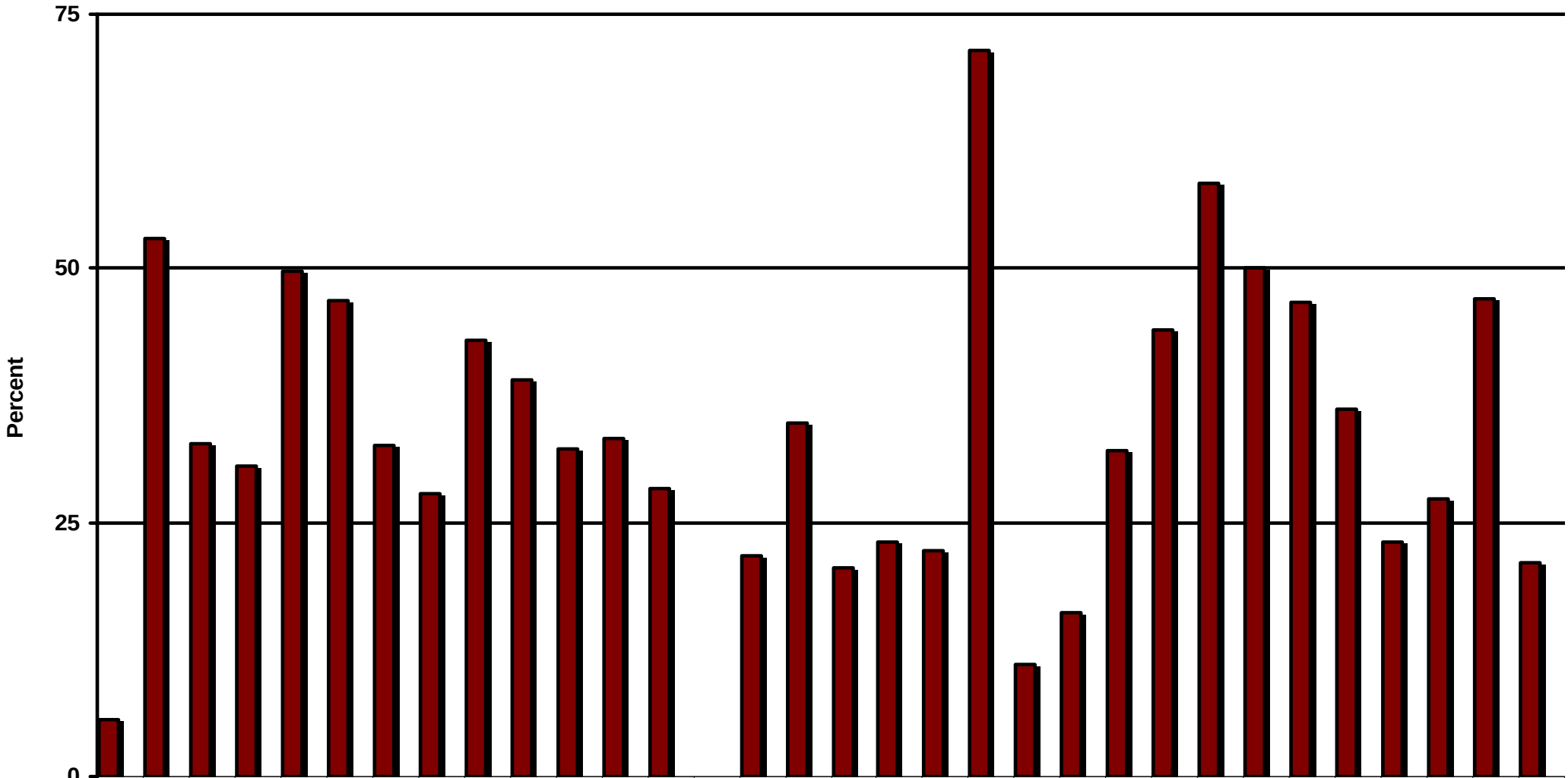
DIABETES: BLOOD PRESSURE CONTROL

Measure: Proportion of patients with diagnosed diabetes that have achieved blood pressure control (BP < 130/80).

Importance: *This measure is directed at reducing complications of diabetes. A National Heart, Lung,and Blood Institute report indicates that the risk of heart disease and stroke doubles for every increase of 20 mm in systolic or 10 mm in diastolic pressure. Lower blood pressure levels in people with diabetes reduce the risk of heart disease and stroke by 33-50%. Blood pressure control also reduces the risk of eye, kidney, and nerve disease by one third.*



DIABETES: BLOOD PRESSURE CONTROL



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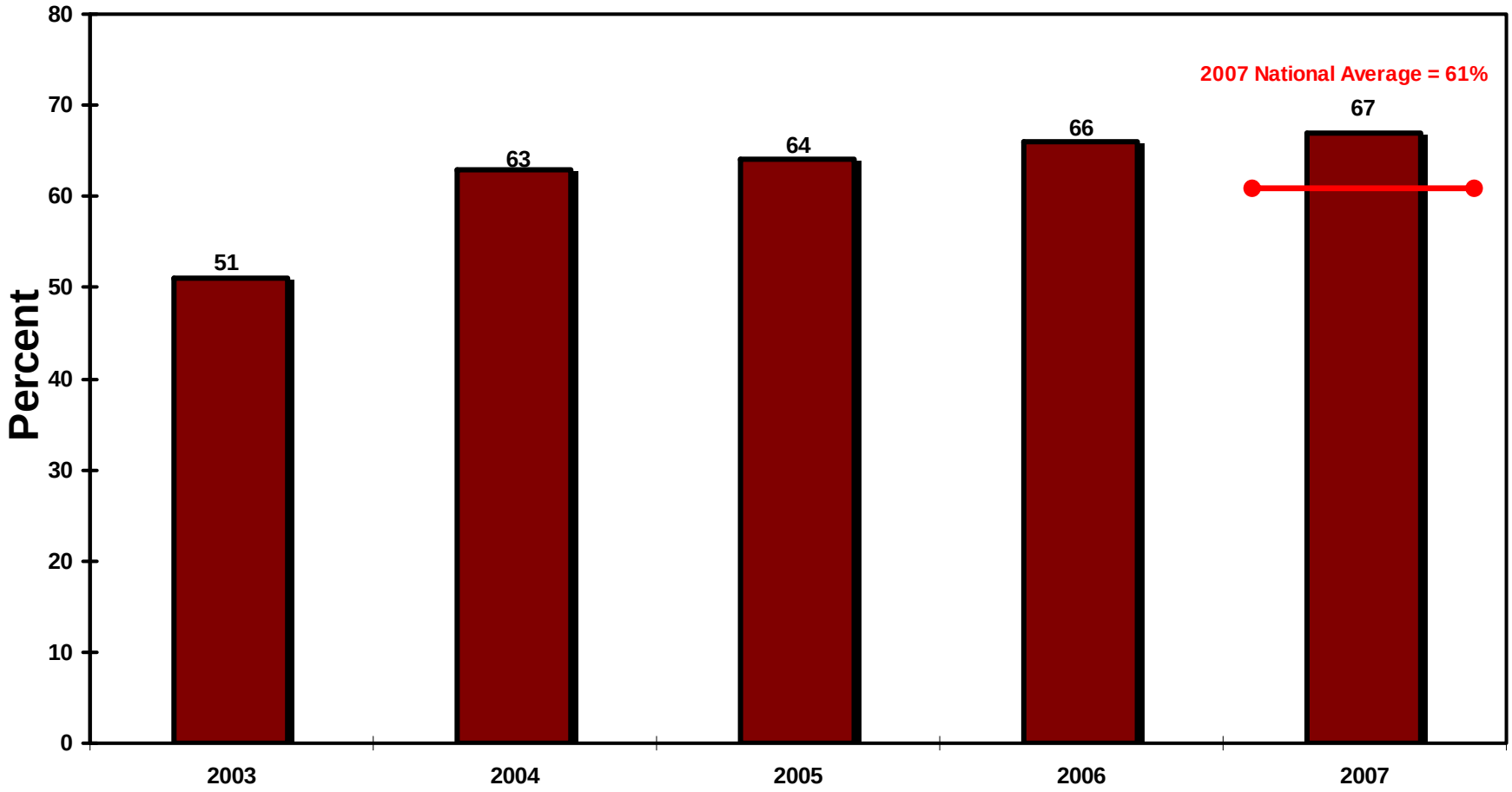
GY07	6	53	33	31	50	47	33	28	43	39	32	33	28	0	22	35	21	23	22	71	11	16	32	44	58	50	47	36	23	27	47	21
GY06	7	54	29	37	48	34	32	30	40	34	28	39	30	76	42	33	27	28	33	41	24	24	28	38	38	38	46	30	20	26	29	39
n	72	198	192	359	239	62	237	330	105	138	62	132	152	0	87	814	107	26	9	35	144	142	377	25	12	38	249	180	13	99	332	19

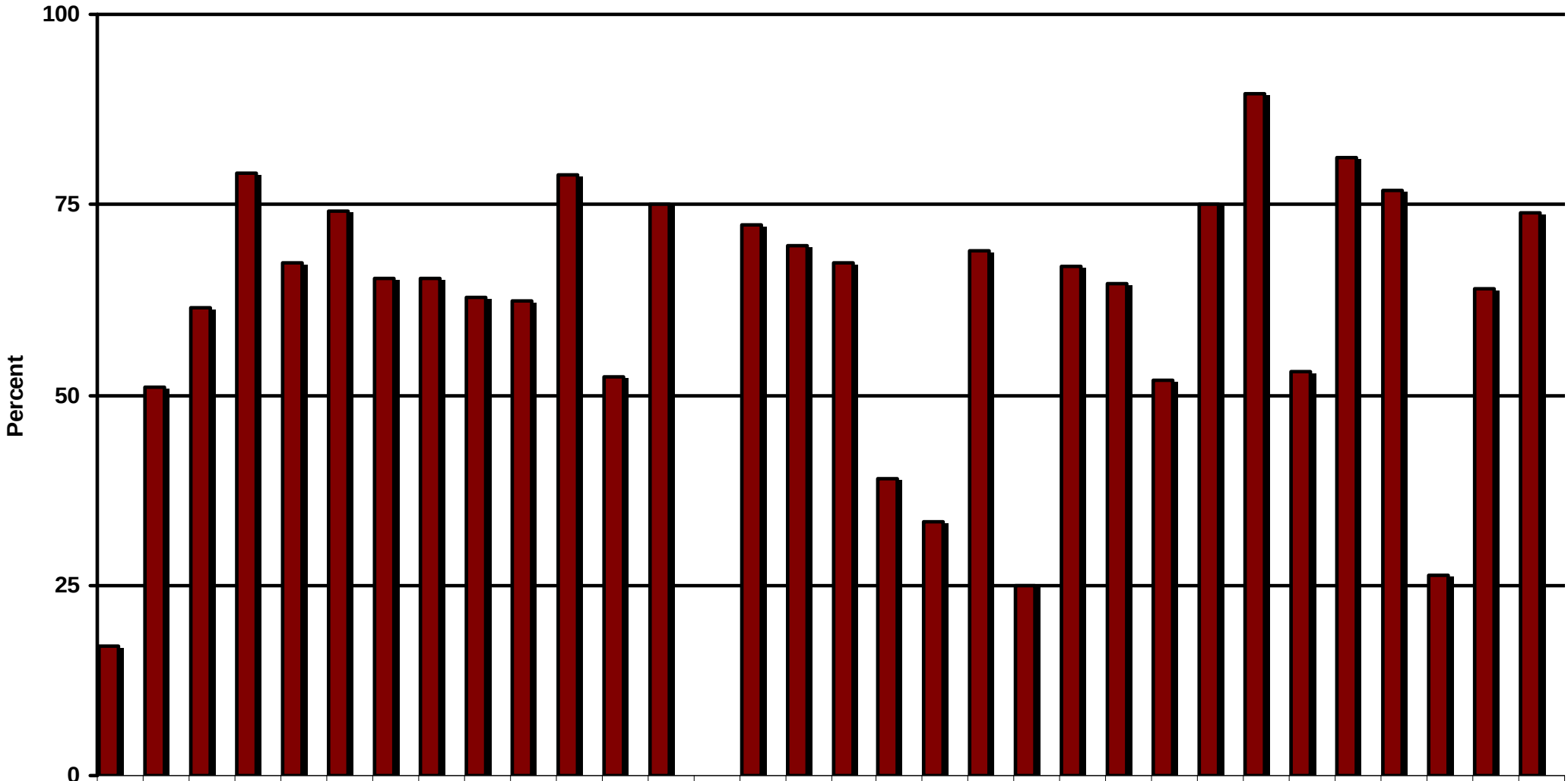
DIABETES: DYSLIPIDEMIA ASSESSMENT

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

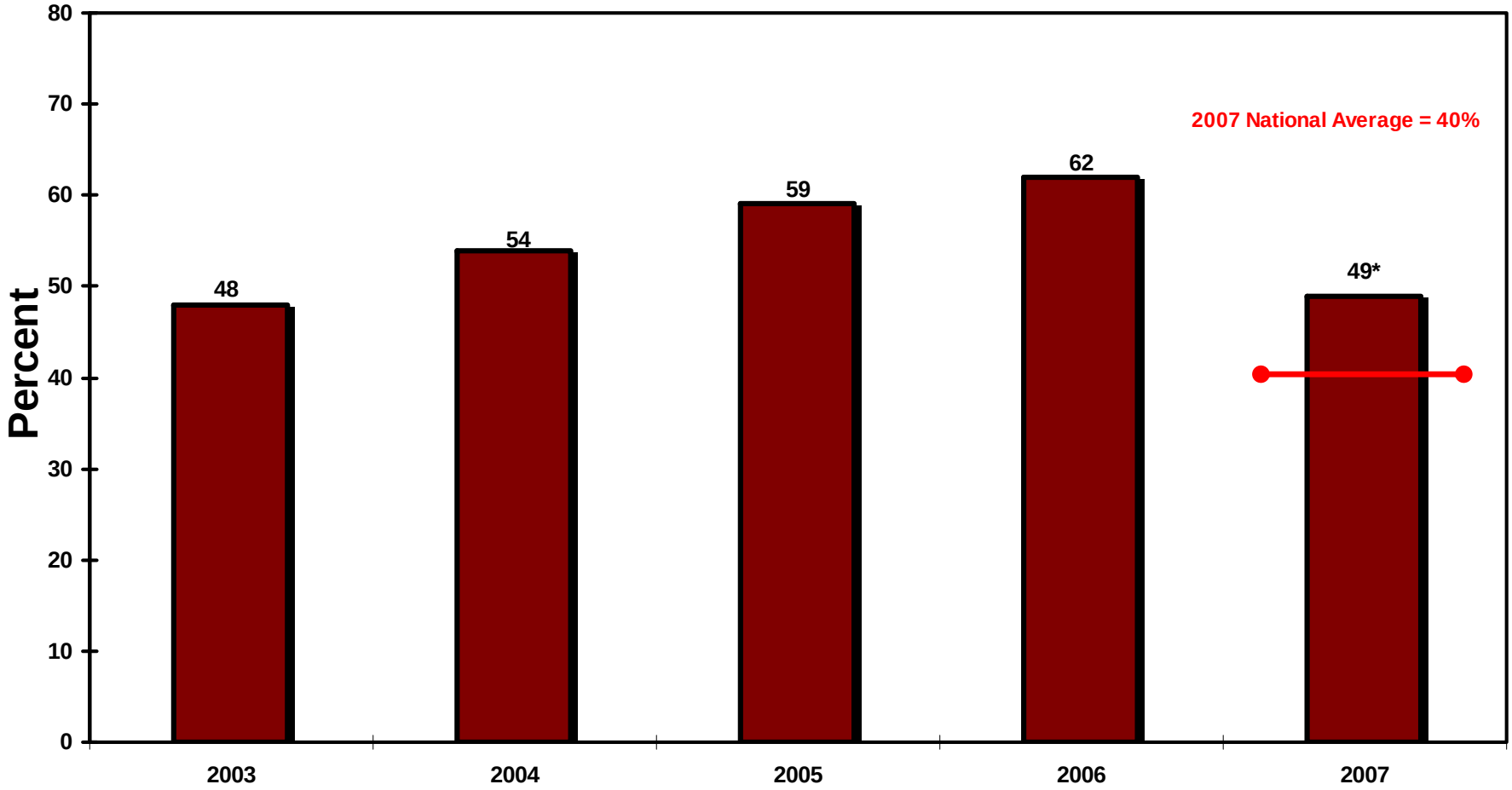


	BAK	CDE	CON	CVL	FRV	GVL	HPA	IHC	KRK	LAK	LAS	MAC	NVL	OAK	PIT	RSB	RVL	SAC	SBR	SDG	SJO	SIH	SON	SS	SYC	SYZ	TOI	TUL	TUO	UAII	UIHS	WMT
GY07	17	51	62	79	67	74	65	65	63	62	79	52	75	0	72	70	67	39	33	69	25	67	65	52	75	90	53	81	77	26	64	74
GY06	51	61	66	77	65	73	76	65	57	67	89	34	68	67	78	61	61	28	63	76	36	66	76	58	56	88	68	60	80	52	60	48
n	72	198	192	359	239	62	237	330	105	138	62	132	152	0	87	814	107	26	9	35	144	142	377	25	12	38	249	180	13	99	332	19

DIABETES: NEPHROPATHY ASSESSMENT

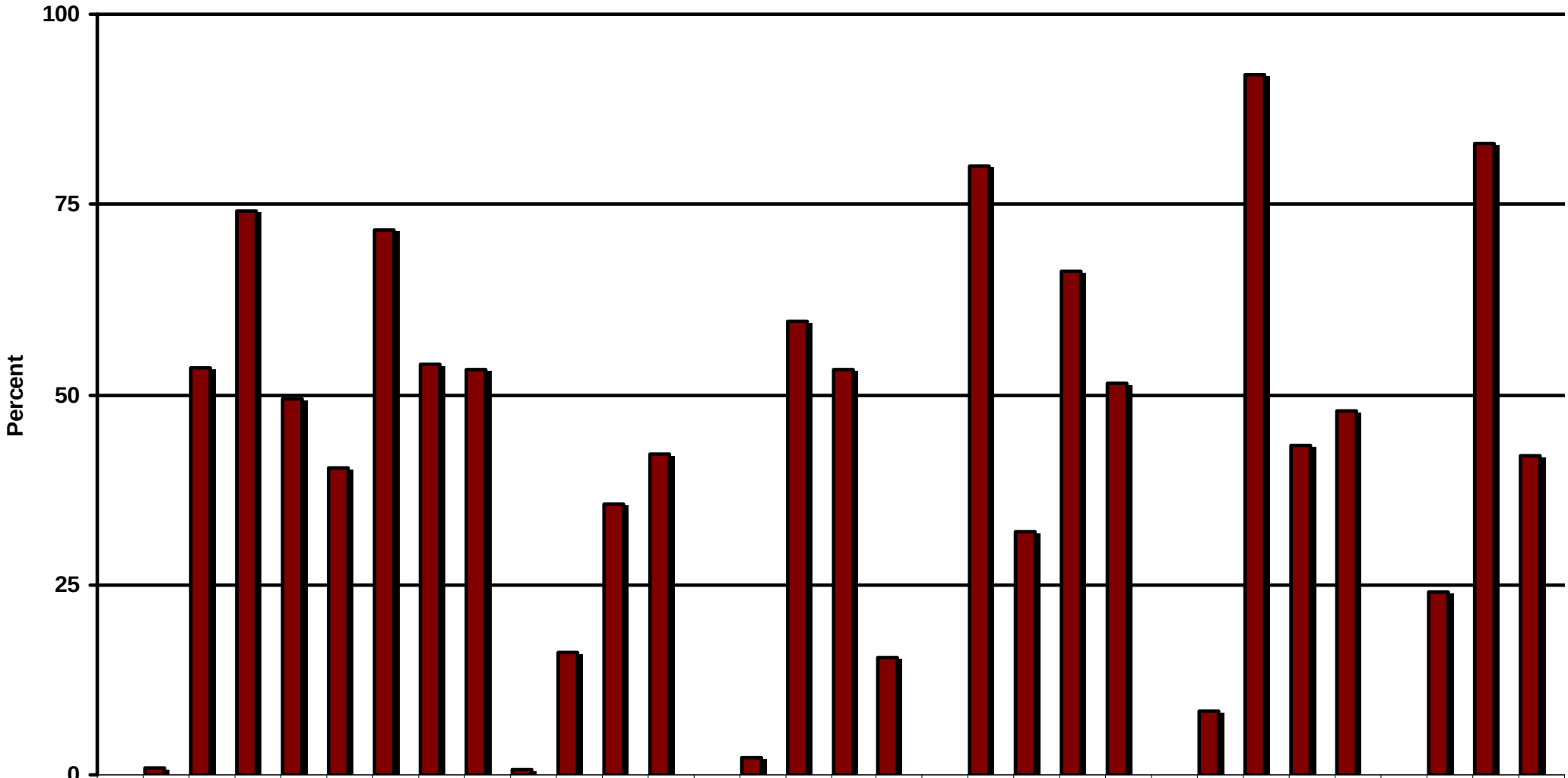
Measure: Proportion of patients with diagnosed diabetes assessed for nephropathy.

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. Microalbuminuria (or proteinuria) is measured in the urine with a urinalysis test. Microalbumin in the urine is an early sign of diabetic kidney disease. Proteinuria is also an independent predictor of cardiovascular disease, which is the number one killer of American Indian and Alaska Native adults.*



*More stringent standards of care guidelines were adopted in FY 2007

DIABETES: NEPHROPATHY ASSESSMENT



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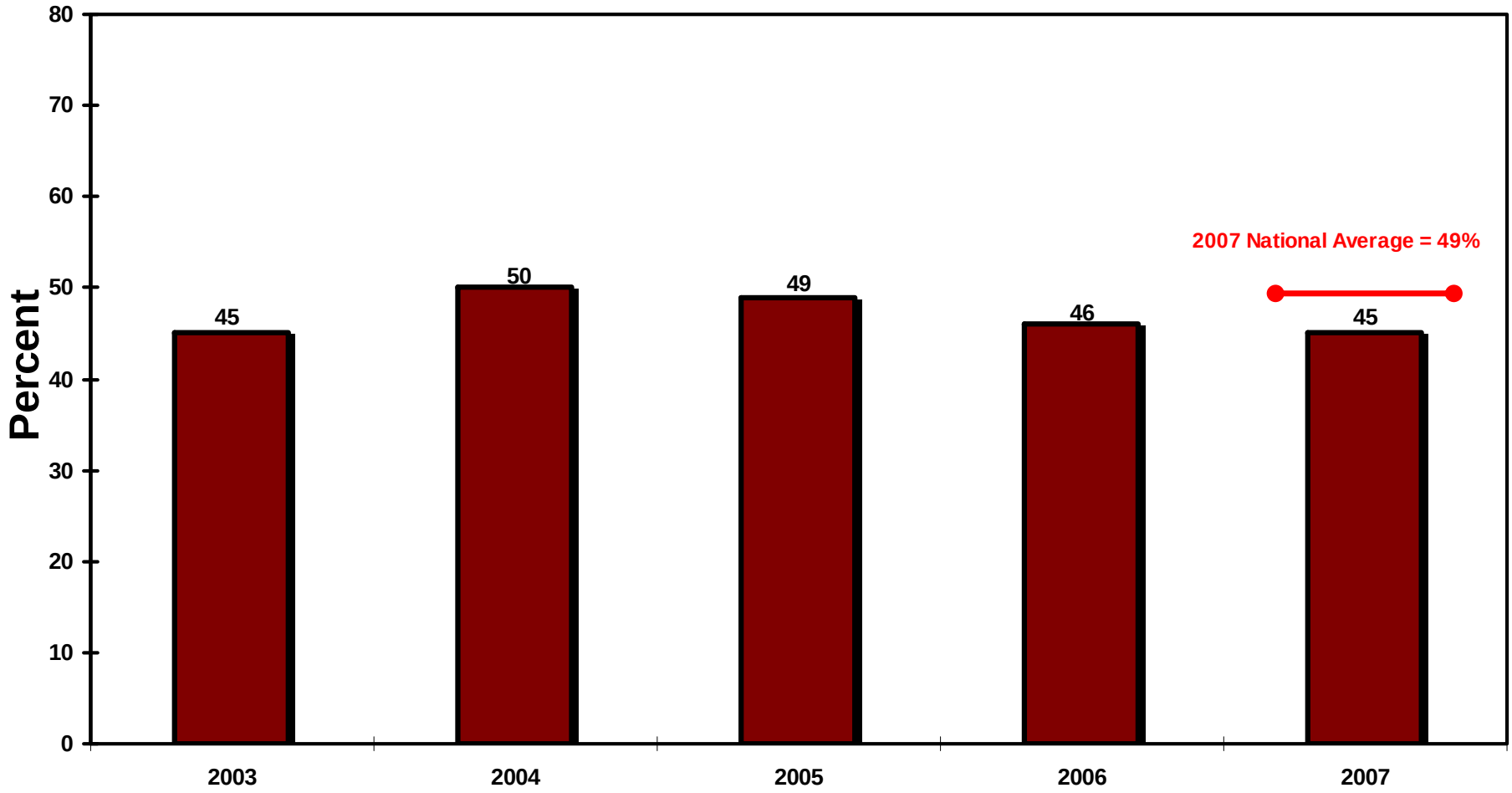
GY07	0	1	54	74	49	40	72	54	53	1	16	36	42	0	2	60	53	15	0	80	32	66	52	0	8	92	43	48	0	24	83	42
GY06	0	68	58	75	52	46	61	70	18	47	67	41	58	100	55	58	72	17	38	73	24	80	67	73	50	88	68	87	100	17	50	48
n	72	198	192	359	239	62	237	330	105	138	62	132	152	0	87	814	107	26	9	35	144	142	377	25	12	38	249	180	13	99	332	19

*More stringent standards of care guidelines were adopted in FY 2007

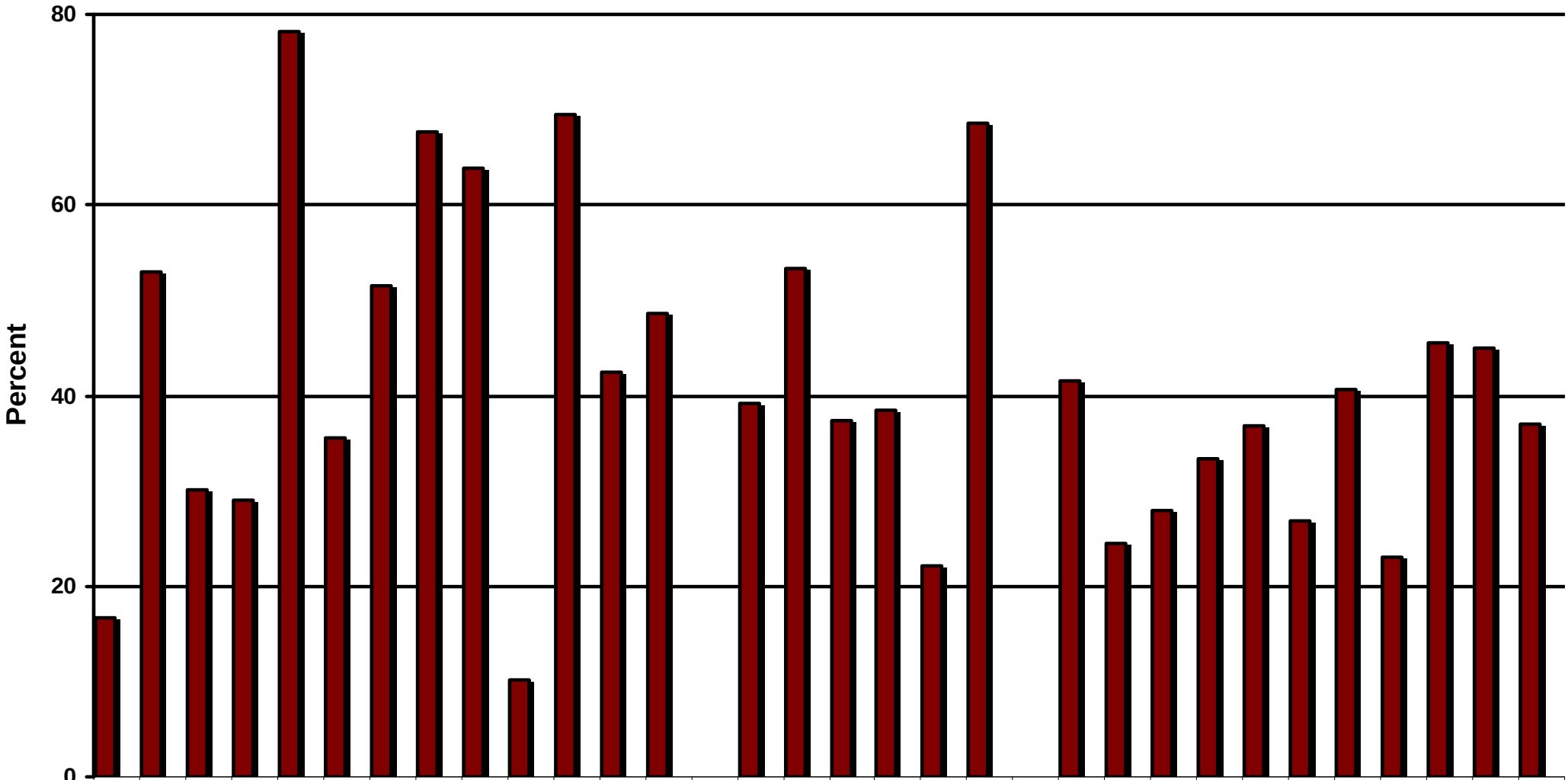
DIABETES: RETINOPATHY

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

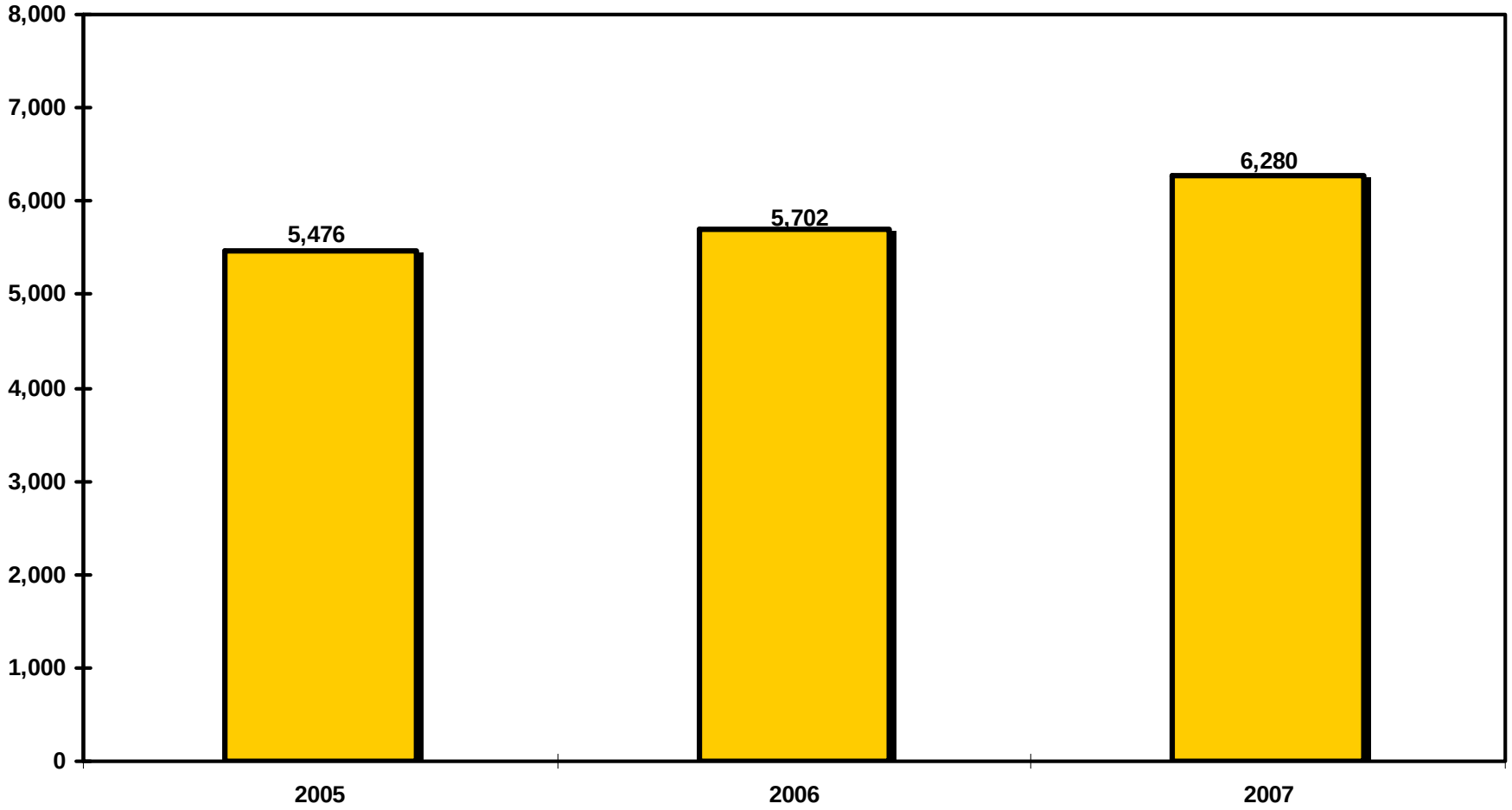


	BAK	CDE	CON	CVL	FRV	GVL	HPA	IHC	KRK	LAK	LAS	MAC	NVL	OAK	PIT	RSB	RVL	SAC	SBR	SDG	SJO	SIH	SON	SS	SYC	SYZ	TOI	TUL	TUO	UAII	UIHS	WMT
GY07	17	53	30	29	78	36	52	68	64	10	69	42	49	0	39	53	37	39	22	69		42	24	28	33	37	27	41	23	46	45	37
GY06	22	53	32	41	41	54	56	76	25	21	72	14	61		52	57	39	6	21	54		49	37	50	44	56	23	41	40	63	43	39
n	72	198	192	359	239	62	237	330	105	138	62	132	152	0	87	814	107	26	9	35		142	377	25	12	38	249	180	13	99	332	19

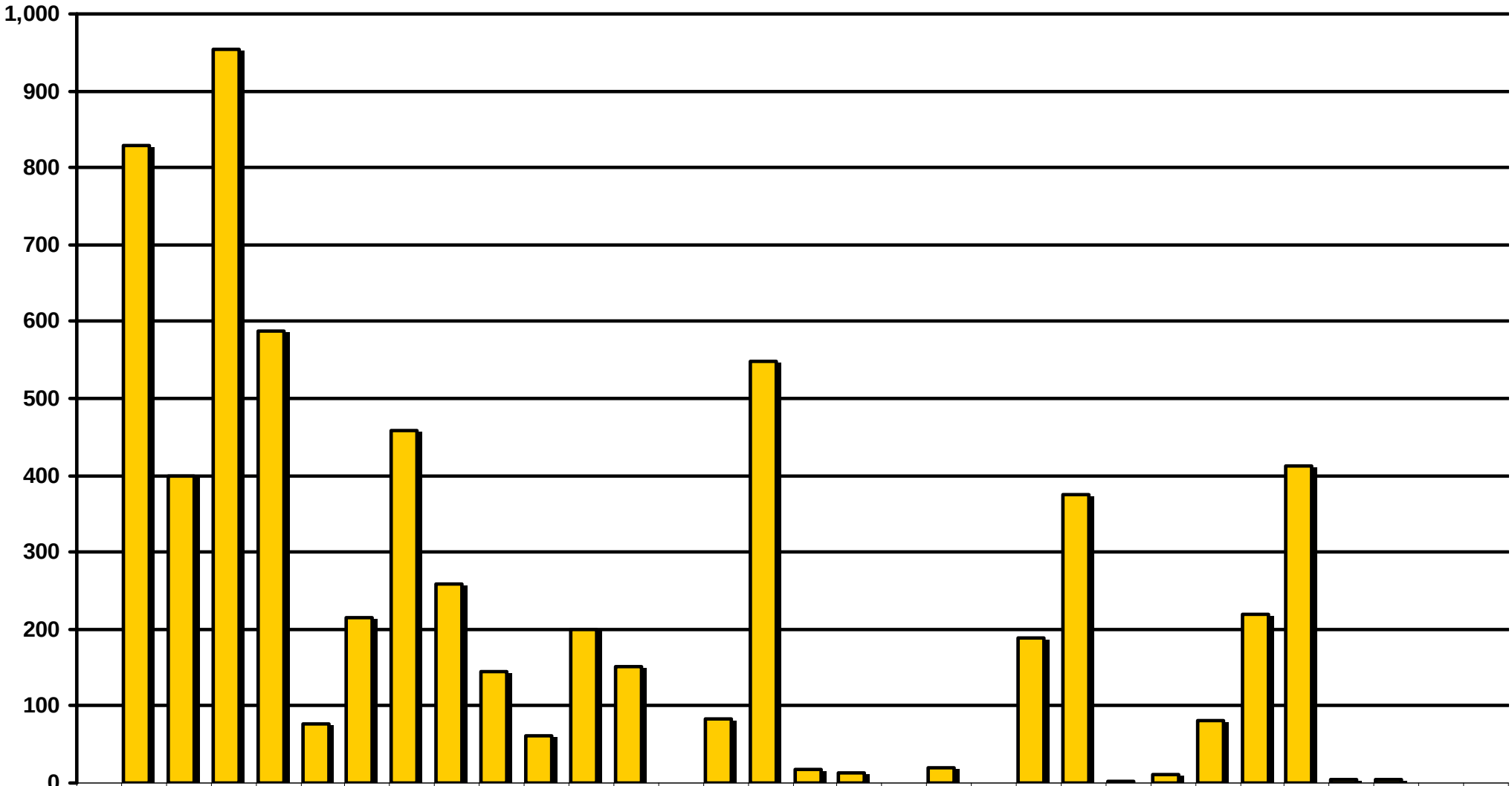
DENTAL: TOPICAL FLUORIDES (PATIENTS)

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: FLUORIDE (PATIENTS)

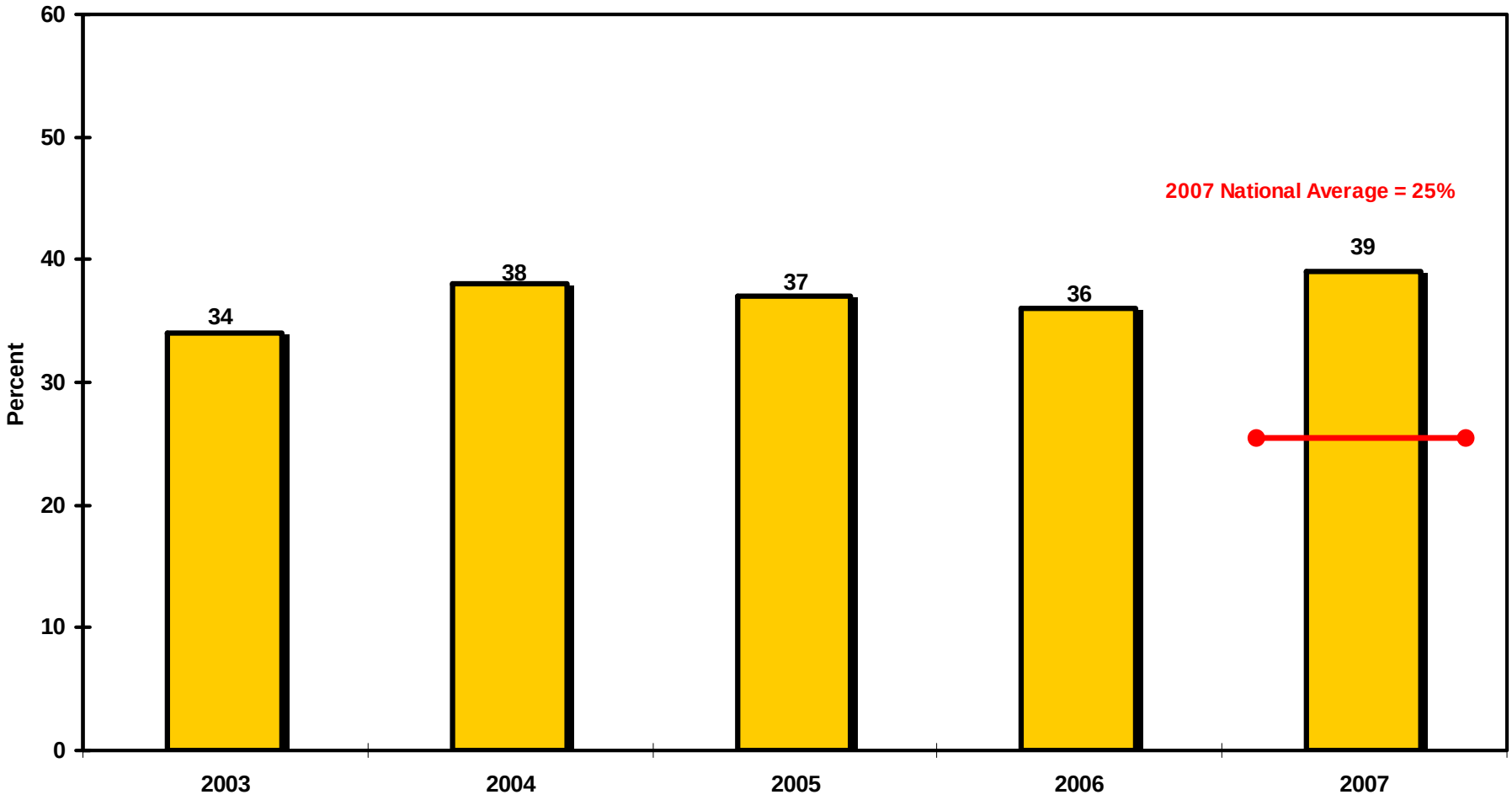


	BAK	CDE	CON	CVL	FRV	GVL	HPA	IHC	KRK	LAK	LAS	MAC	NVL	OAK	PIT	RSB	RVL	SAC	SBR	SDG	SJO	SIH	SON	SS	SYC	SYZ	TOI	TUL	TUO	UAII	UIHS	WMT
GY07	0	828	399	954	588	76	214	459	258	144	62	200	152	0	84	548	18	14	0	19		188	376	3	11	81	220	412	5	4	0	0
GY06	0	782	391	668	452	31	166	571	290	135	63	180	108		52	505	22	4	0	27		228	353	10	3	63	211	414	0	8	3	

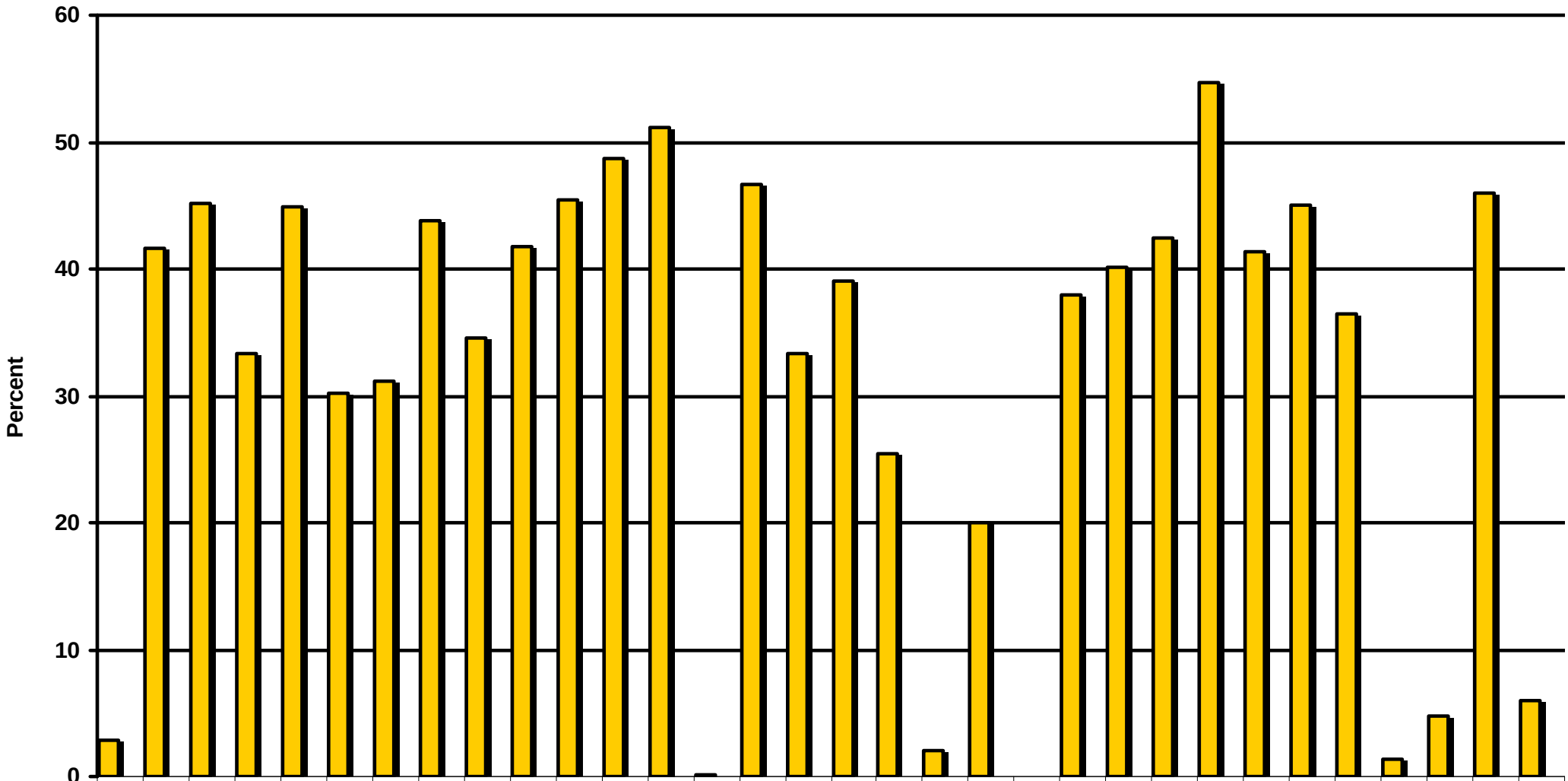
DENTAL: GENERAL ACCESS

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

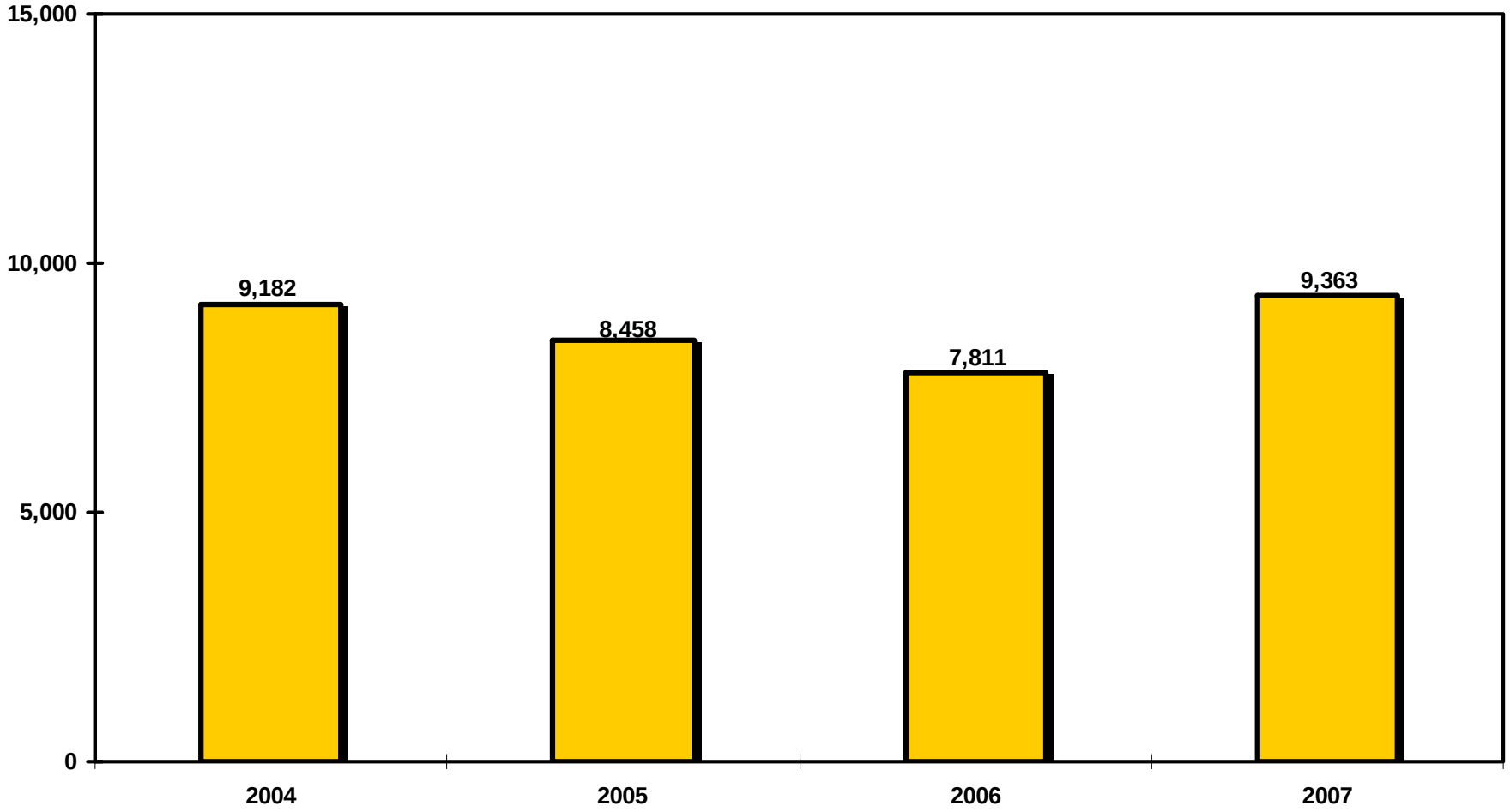


	BAK	CDE	CON	CVL	FRV	GVL	HPA	IHC	KRK	LAK	LAS	MAC	NVL	OAK	PIT	RSB	RVL	SAC	SBR	SDG	SJO	SIH	SON	SS	SYC	SYZ	TOI	TUL	TUO	UAII	UIHS	WMT
GY07	3	42	45	33	45	30	31	44	35	42	46	49	51	0	47	33	39	25	2	20		38	40	43	55	41	45	37	1	5	46	6
GY06	1	49	43	32	41	23	34	48	35	43	44	46	44		46	34	39	18	17	29		36	41	45	40	38	48	31	1	10	2	8
n	1,336	5,165	2,959	6,085	3,588	1,012	3,306	4,285	2,033	1,638	1,005	2,125	1,815	1,129	887	12,62	1,255	602	302	1,228		2,185	4,926	881	75	985	2,861	2,819	140	2,455	7,488	155

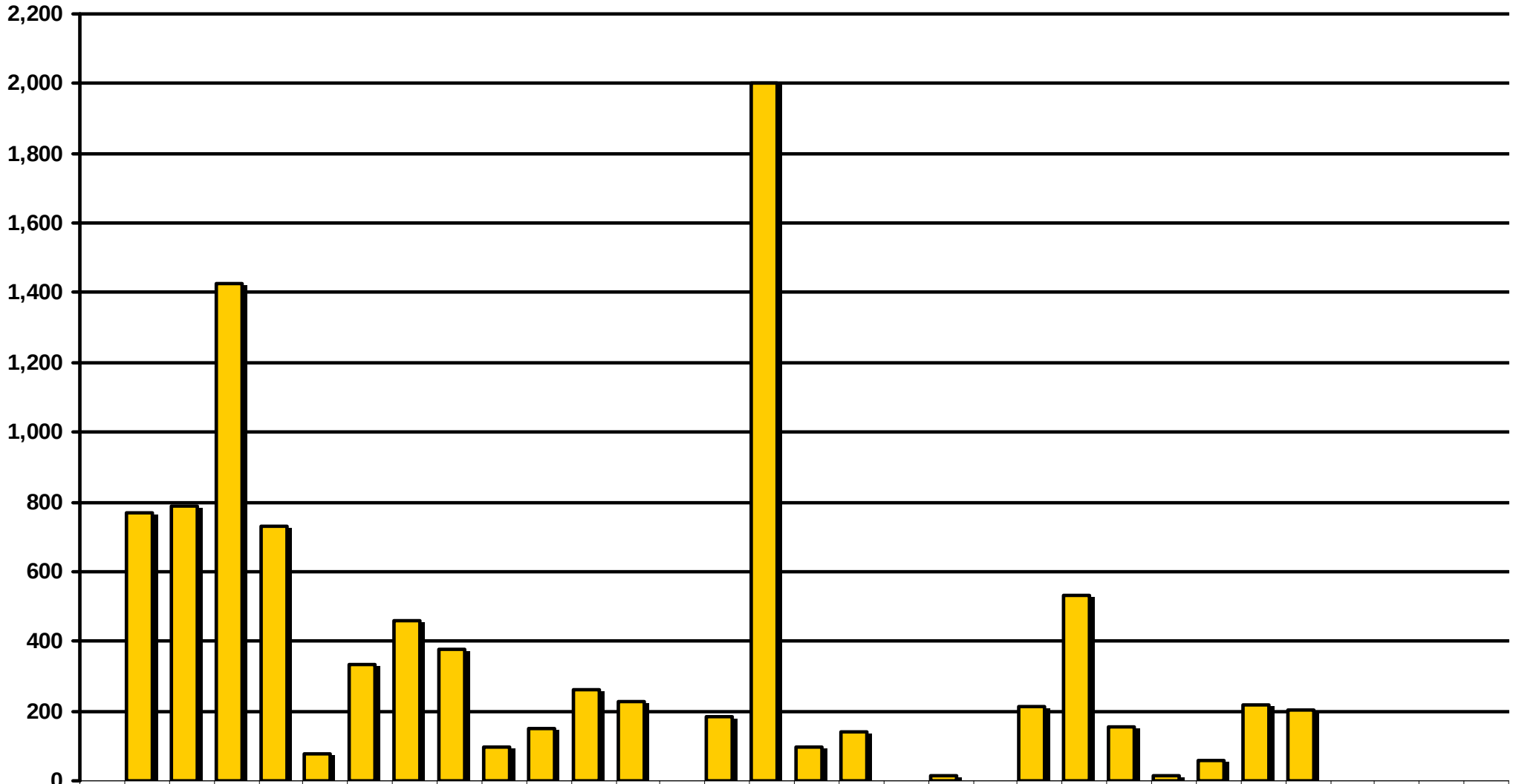
DENTAL: SEALANTS

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

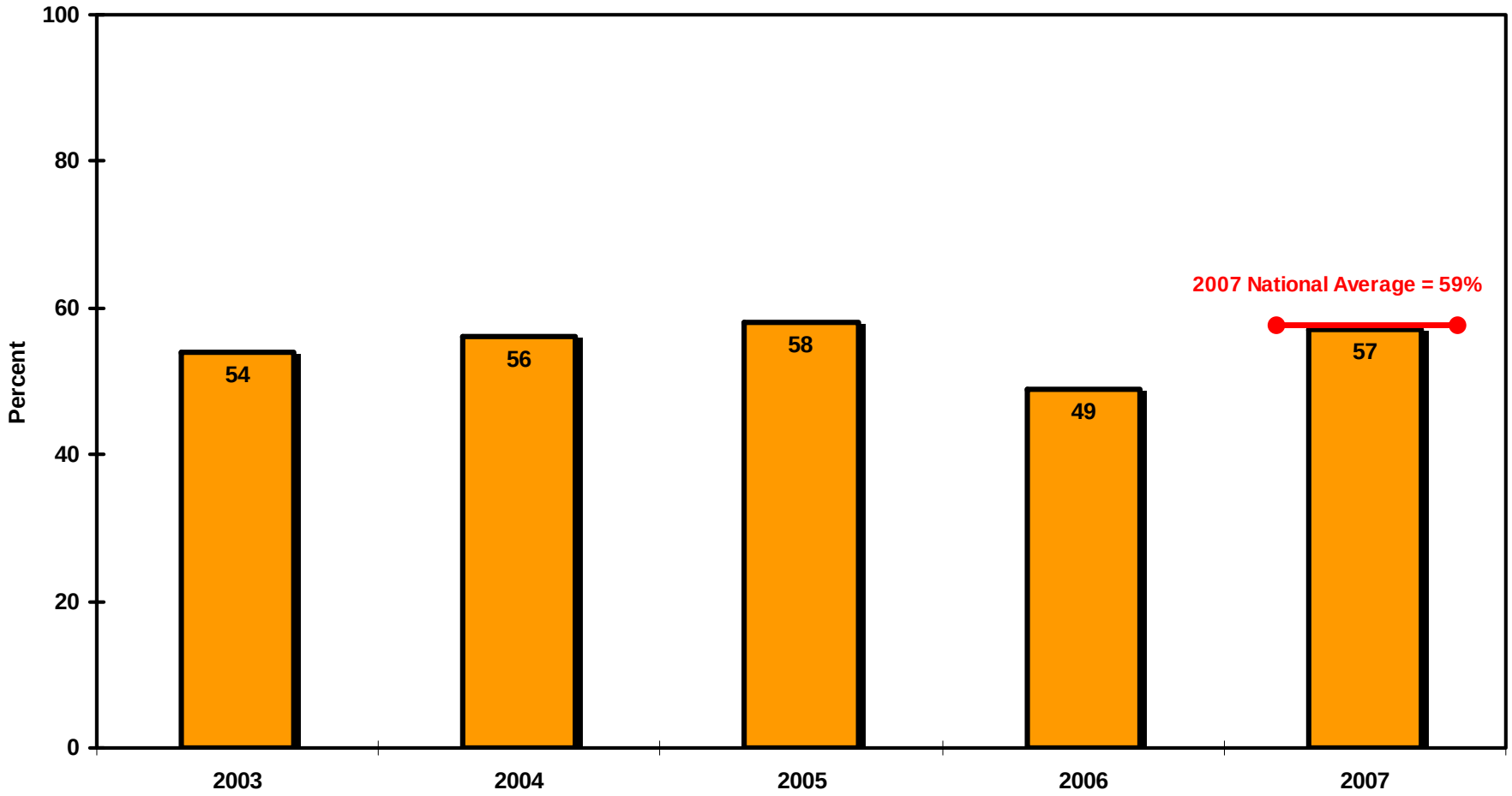


	BAK	CDE	CON	CVL	FRV	GVL	HPA	IHC	KRK	LAK	LAS	MAC	NVL	OAK	PIT	RSB	RVL	SAC	SBR	SDG	SJO	SIH	SON	SS	SYC	SYZ	TOI	TUL	TUO	UAII	UIHS	WMT
GY07	0	769	787	1,424	728	76	336	457	378	96	151	261	225	0	185	2,000	98	141	0	13		211	531	156	15	59	216	203	1	0	0	0
GY06	0	403	615	1,122	813	88	383	1,086	329	93	69	186	103		92	1,373	116	5	12	70		241	449	43	1	24	118	64	0	3	0	

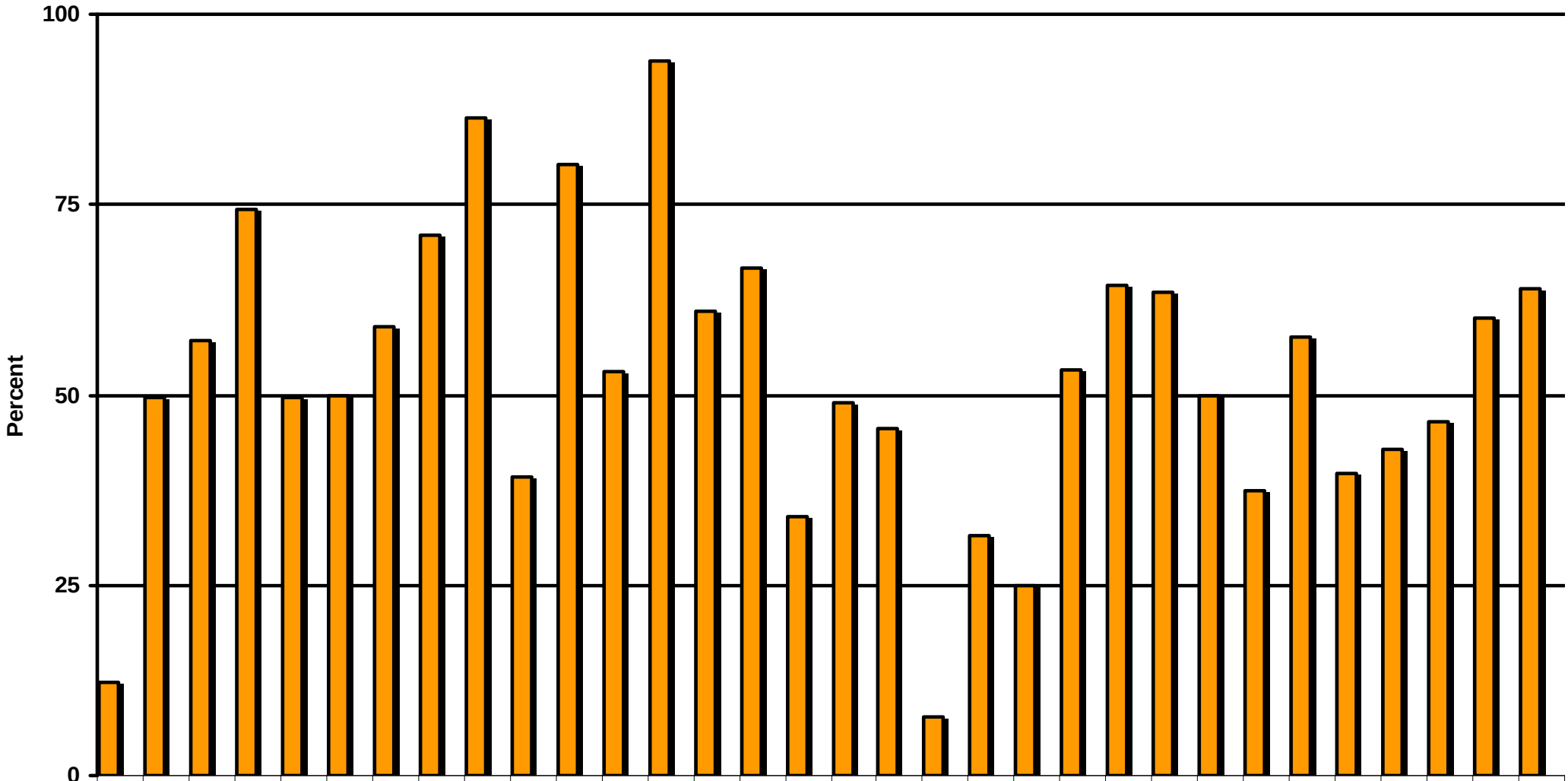
IMMUNIZATIONS: INFLUENZA

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

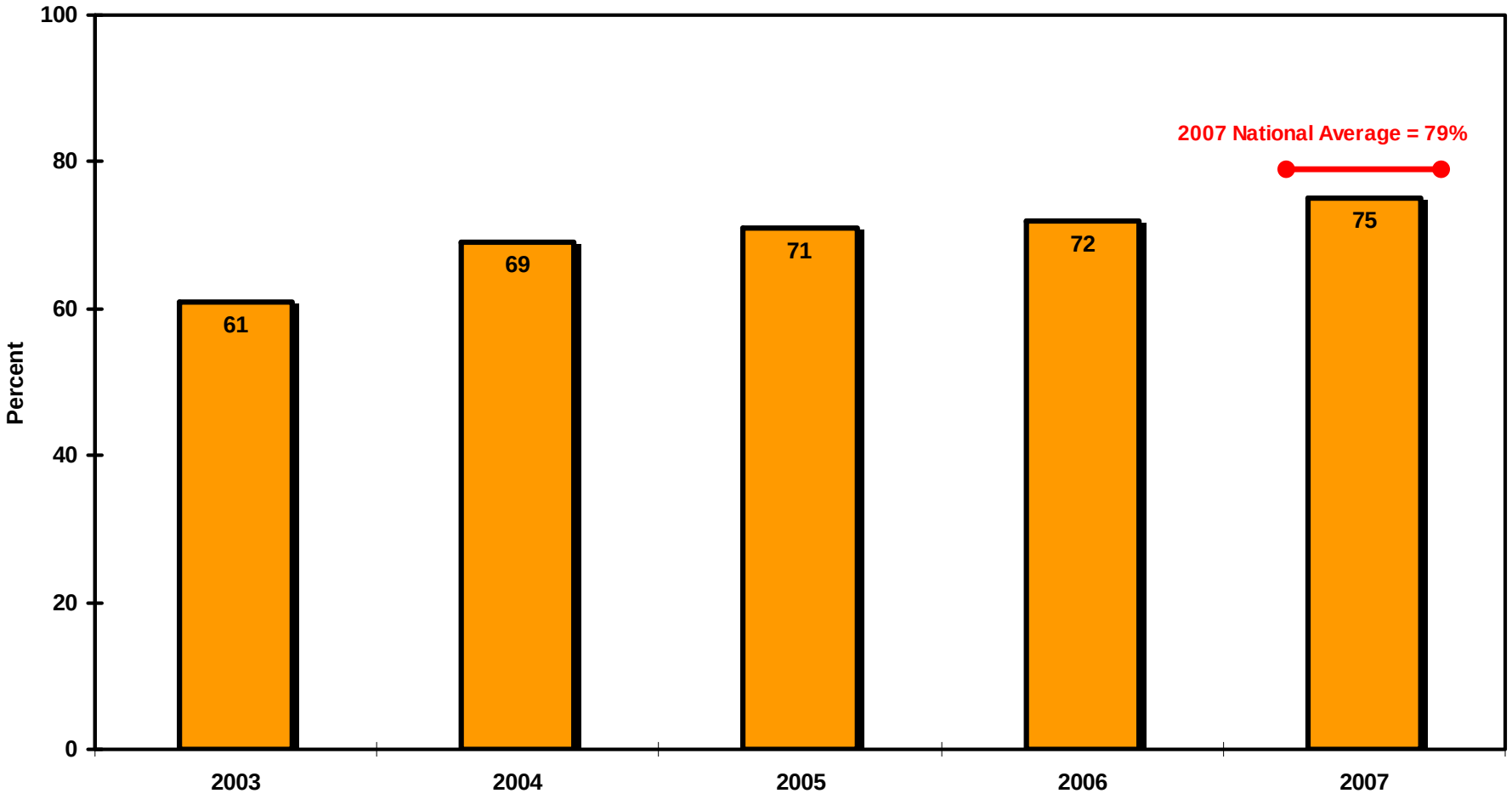


	BAK	CDE	CON	CVL	FRV	GVL	HPA	IHC	KRK	LAK	LAS	MAC	NVL	OAK	PIT	RSB	RVL	SAC	SBR	SDG	SJO	SIH	SON	SS	SYC	SYZ	TOI	TUL	TUO	UAII	UIHS	WMT
GY07	12	50	57	74	50	50	59	71	87	39	80	53	94	61	67	34	49	46	8	32	25	53	64	64	50	38	58	40	43	46	60	64
GY06	37	53	41	71	47	34	63	63	38	45	67	34	66	71	68	25	60	8	37	40	36	48	68	70	57	50	56	40	60	55	47	54
n	41	149	133	268	179	54	192	196	171	74	61	147	82	36	36	533	88	11	13	19	80	88	208	33	6	40	201	121	7	56	408	11

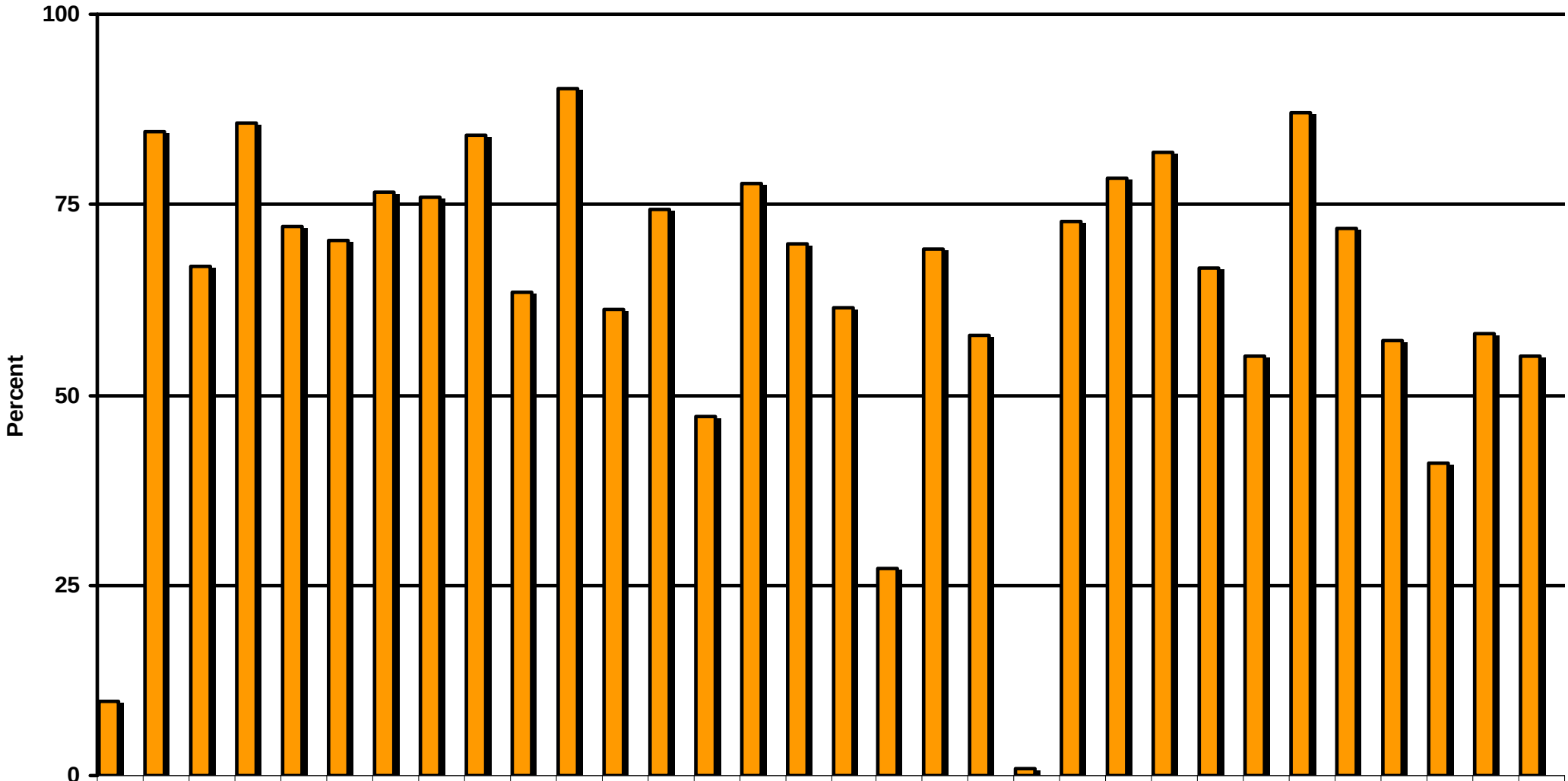
IMMUNIZATIONS: PNEUMOCOCCAL

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

Importance: *The purpose of this measure is to 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. In 1998, over 3400 patients over the age of 65 died from pneumonia. Pneumococcal vaccination is a low-cost medical intervention that has been shown to prevent serious health complications among the elderly.*



IMMUNIZATIONS: PNEUMOCOCCAL

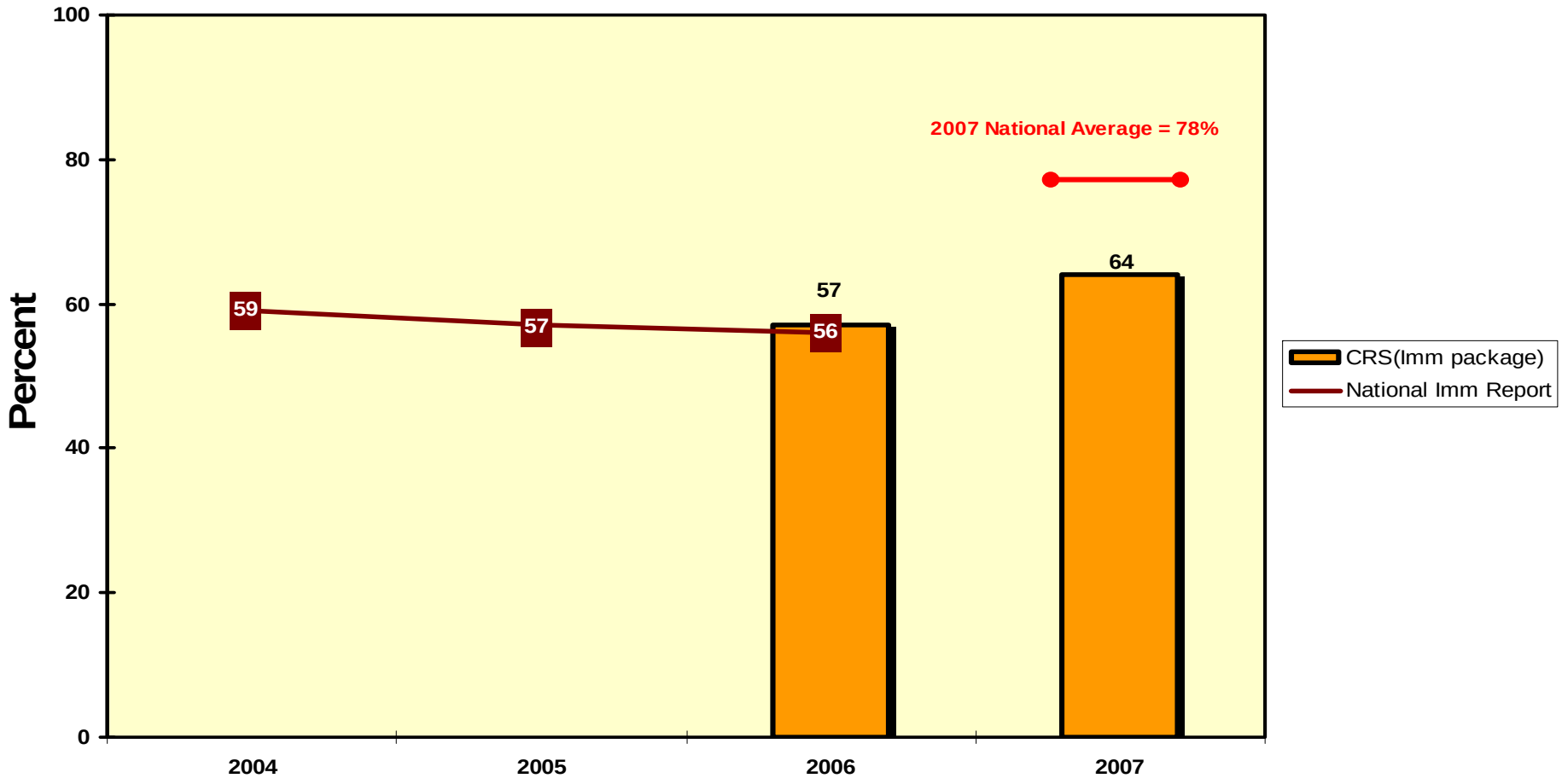


	BAK	CDE	CON	CVL	FRV	GVL	HPA	IHC	KRK	LAK	LAS	MAC	NVL	OAK	PIT	RSB	RVL	SAC	SBR	SDG	SJO	SIH	SON	SS	SYC	SYZ	TOI	TUL	TUO	UAII	UIHS	WMT
GY07	10	85	67	86	72	70	77	76	84	64	90	61	74	47	78	70	61	27	69	58	1	73	78	82	67	55	87	72	57	41	58	55
GY06	11	81	71	88	65	64	76	84	54	56	92	57	59	71	86	66	54	25	63	65	38	78	83	83	57	50	78	66	60	40	69	8
n	41	149	133	268	179	54	192	196	171	74	61	147	82	36	36	533	88	11	13	19	80	88	208	33	6	40	201	121	7	56	408	11

IMMUNIZATIONS: CHILDHOOD (19 - 35 months)

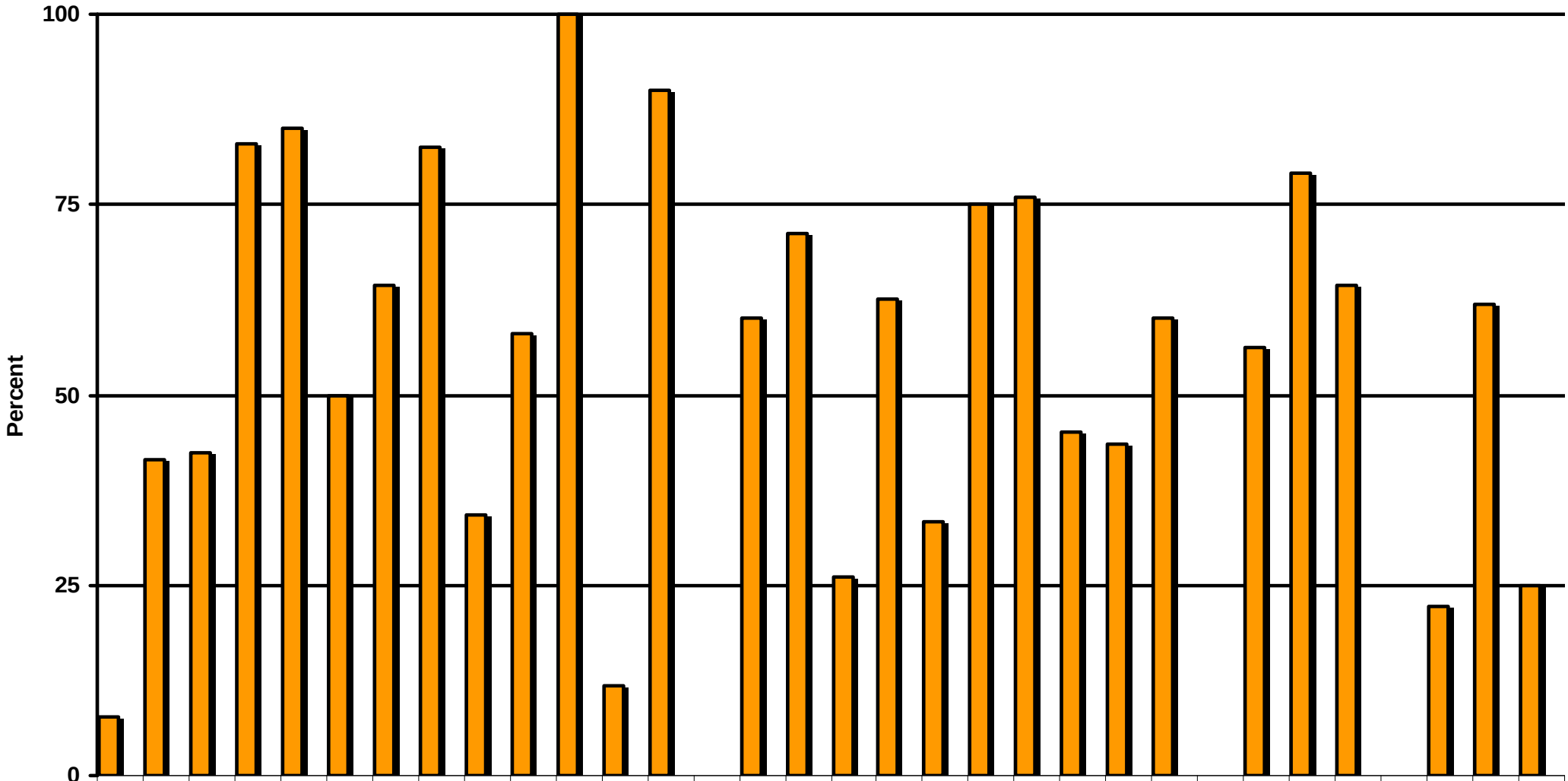
Measure: Immunization rates for AI/AN patients aged 19-35 months.

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

IMMUNIZATIONS: CHILDHOOD (19 - 35 months)

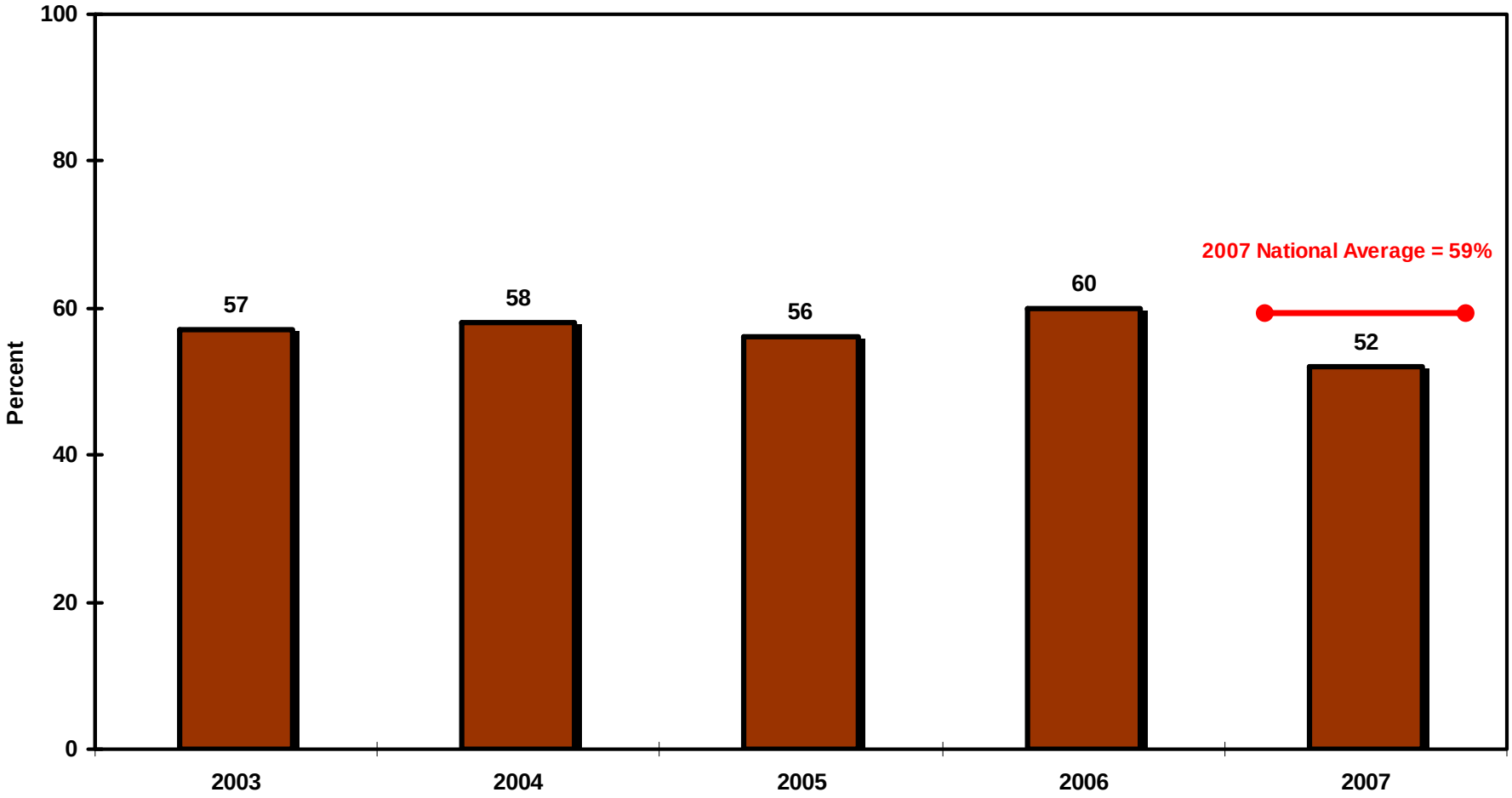


	BAK	CDE	CON	CVL	FRV	GVL	HPA	IHC	KRK	LAK	LAS	MAC	NVL	OAK	PIT	RSB	RVL	SAC	SBR	SDG	SJO	SIH	SON	SS	SYC	SYZ	TOI	TUL	TUO	UAII	UIHS	WMT
GY07	8	42	43	83	85	50	65	83	34	58	100	12	90	0	60	71	26	63	33	75	76	45	44	60	0	56	79	64	0	22	62	25
GY06	0	59	63	71	77	20	46	91	25	55	80	10	43	82	69	45	57	100	60	86	29	52	71	63	0	80	55	57	17	20	53	0
n	13	65	40	124	74	4	31	57	38	43	21	17	30	17	15	194	23	8	3	4	54	31	124	15	0	16	48	56	2	18	127	4

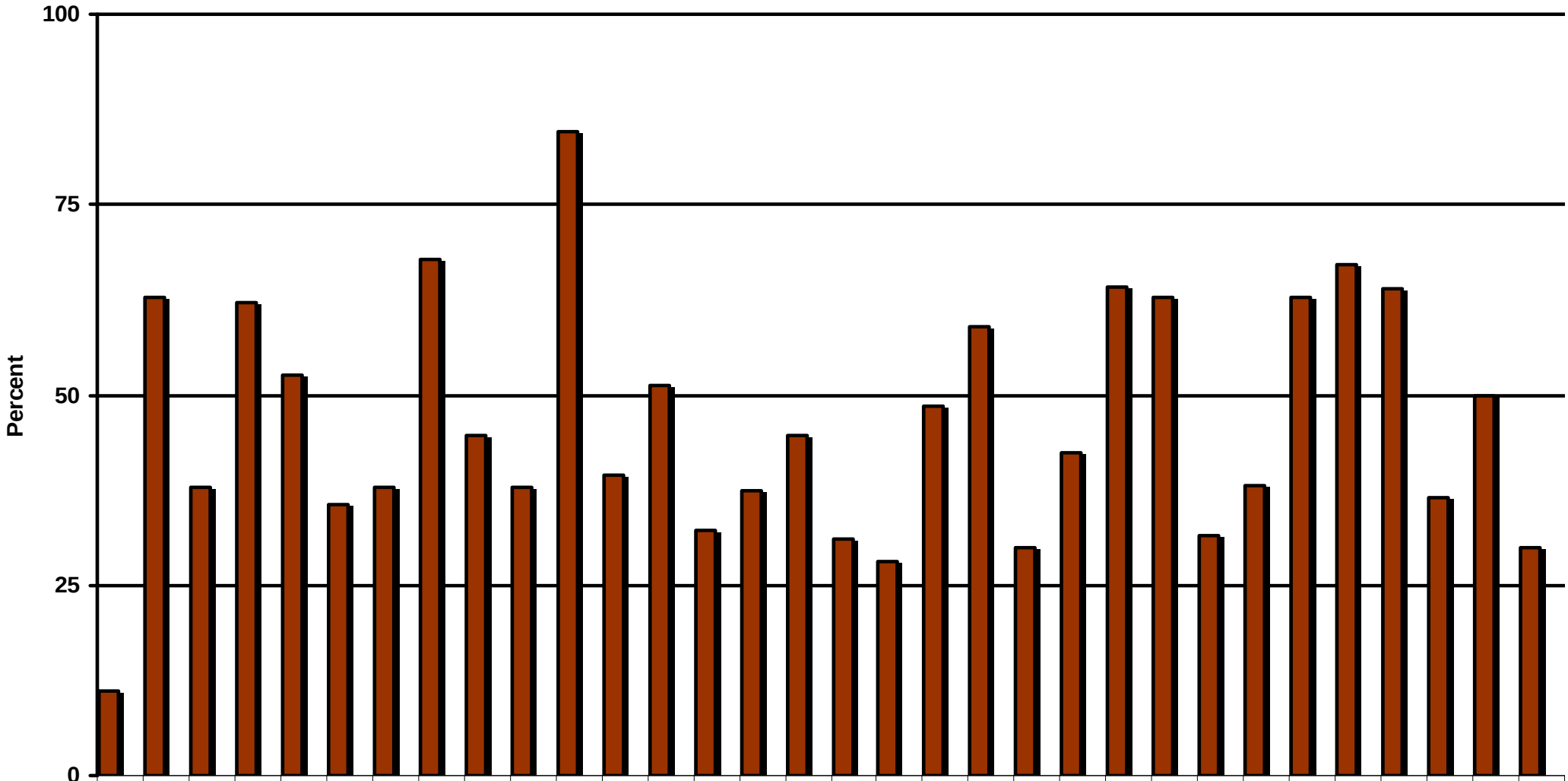
CANCER SCREENING: CERVICAL (PAP SMEAR)

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)

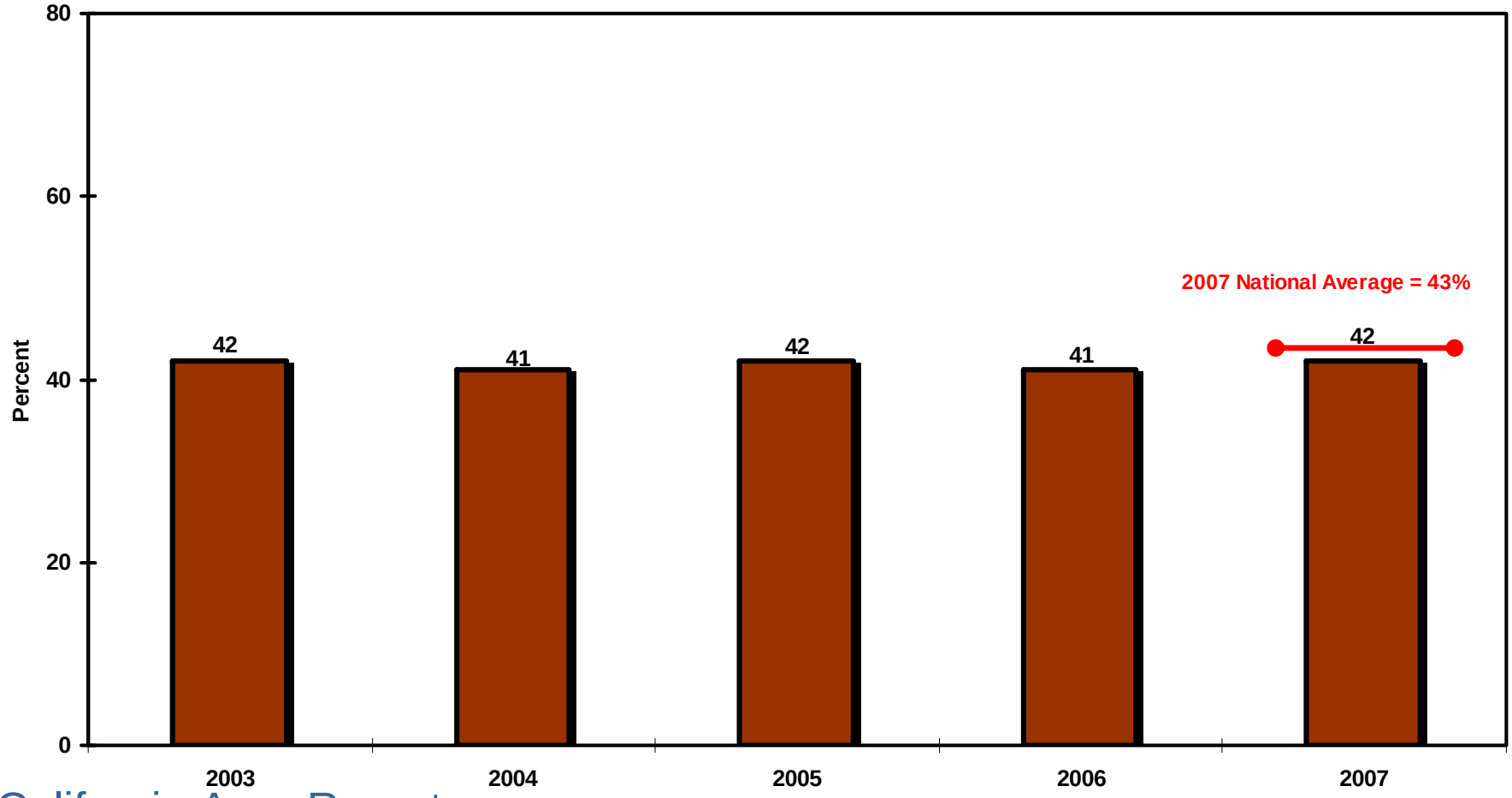


	BAK	CDE	CON	CVL	FRV	GVL	HPA	IHC	KRK	LAK	LAS	MAC	NVL	OAK	PIT	RSB	RVL	SAC	SBR	SDG	SJO	SIH	SON	SS	SYC	SYZ	TOI	TUL	TUO	UAII	UIHS	WMT
GY07	11	63	38	62	53	36	38	68	45	38	85	40	51	32	38	45	31	28	49	59	30	42	64	63	32	38	63	67	64	36	50	30
GY06	11	75	42	63	56	36	39	78	52	35	87	43	45	46	41	79	36	33	63	60	20	46	65	74	40	38	63	64	70	49	49	22
n	126	924	595	1,250	760	234	693	819	385	346	194	451	390	325	192	2,358	235	117	70	246	459	420	982	143	19	179	620	573	36	209	1,588	27

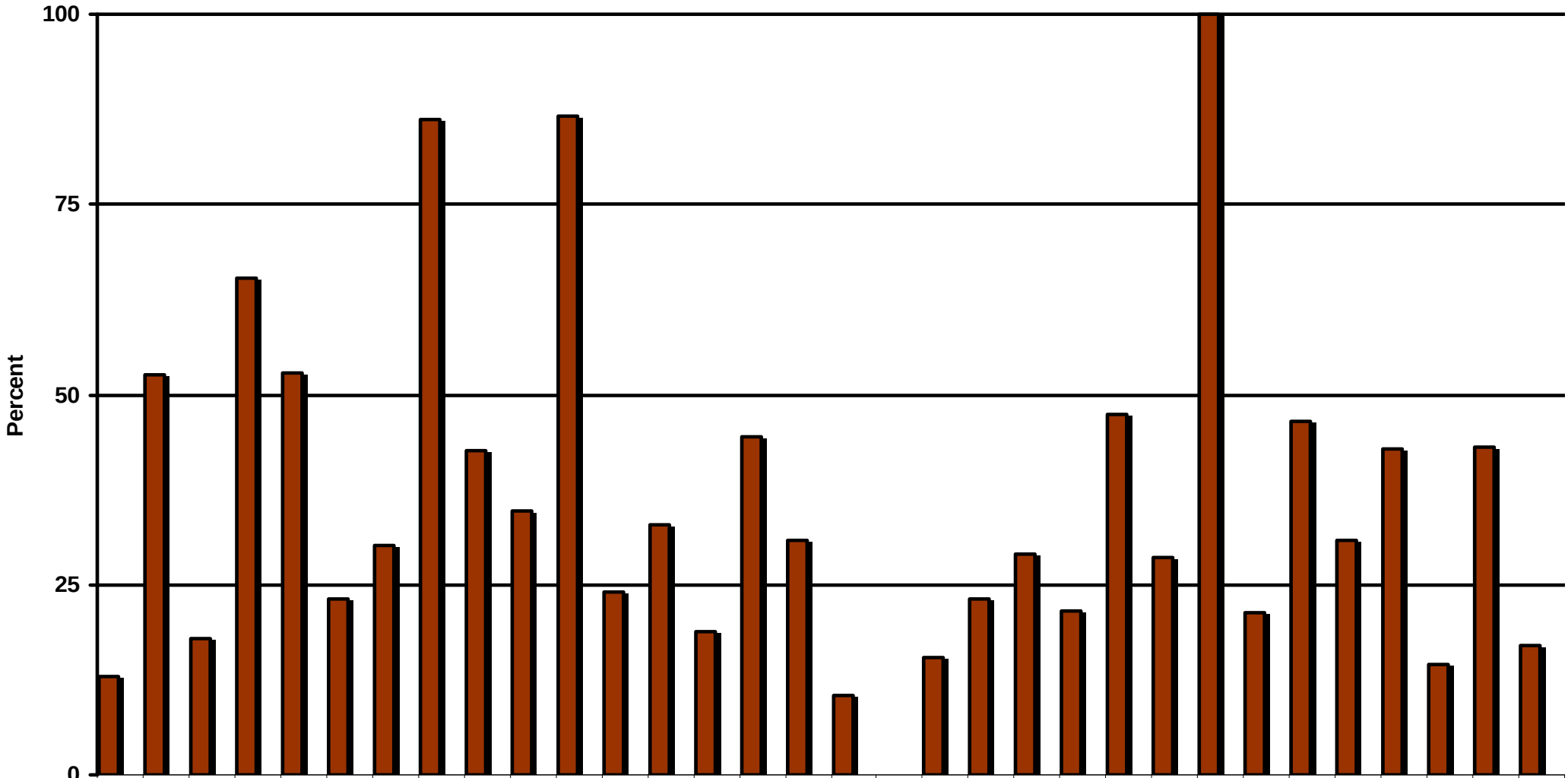
CANCER SCREENING: BREAST (MAMMOGRAPHY)

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. It is because of this disparity that breast cancer screening remains one of the Agency's highest priorities.*



CANCER SCREENING: BREAST (MAMMOGRAPHY)

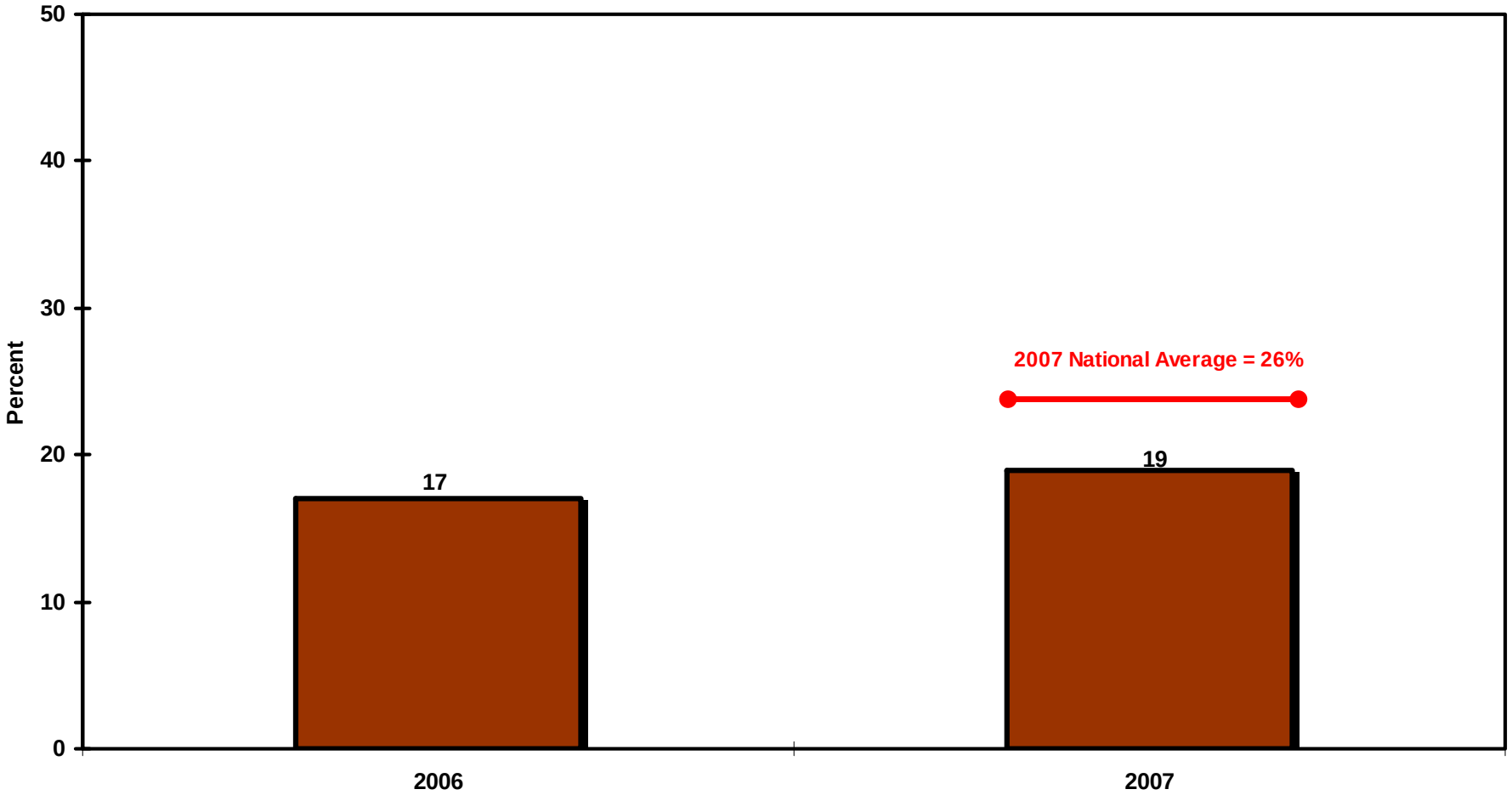


	BAK	CDE	CON	CVL	FRV	GVL	HPA	IHC	KRK	LAK	LAS	MAC	NVL	OAK	PIT	RSB	RVL	SAC	SBR	SDG	SJO	SIH	SON	SS	SYC	SYZ	TOI	TUL	TUO	UAII	UIHS	WMT
GY07	13	53	18	65	53	23	30	86	43	35	87	24	33	19	44	31	11	0	15	23	29	22	47	29	100	21	46	31	43	15	43	17
GY06	5	64	25	71	56	23	38	94	37	34	79	27	23	74	50	23	25	0	59	36	21	28	52	42	0	18	50	2	50	37	23	33
n	23	179	128	240	136	56	129	167	94	69	60	121	64	69	45	471	57	29	13	39	108	79	209	28	1	42	151	120	14	55	281	6

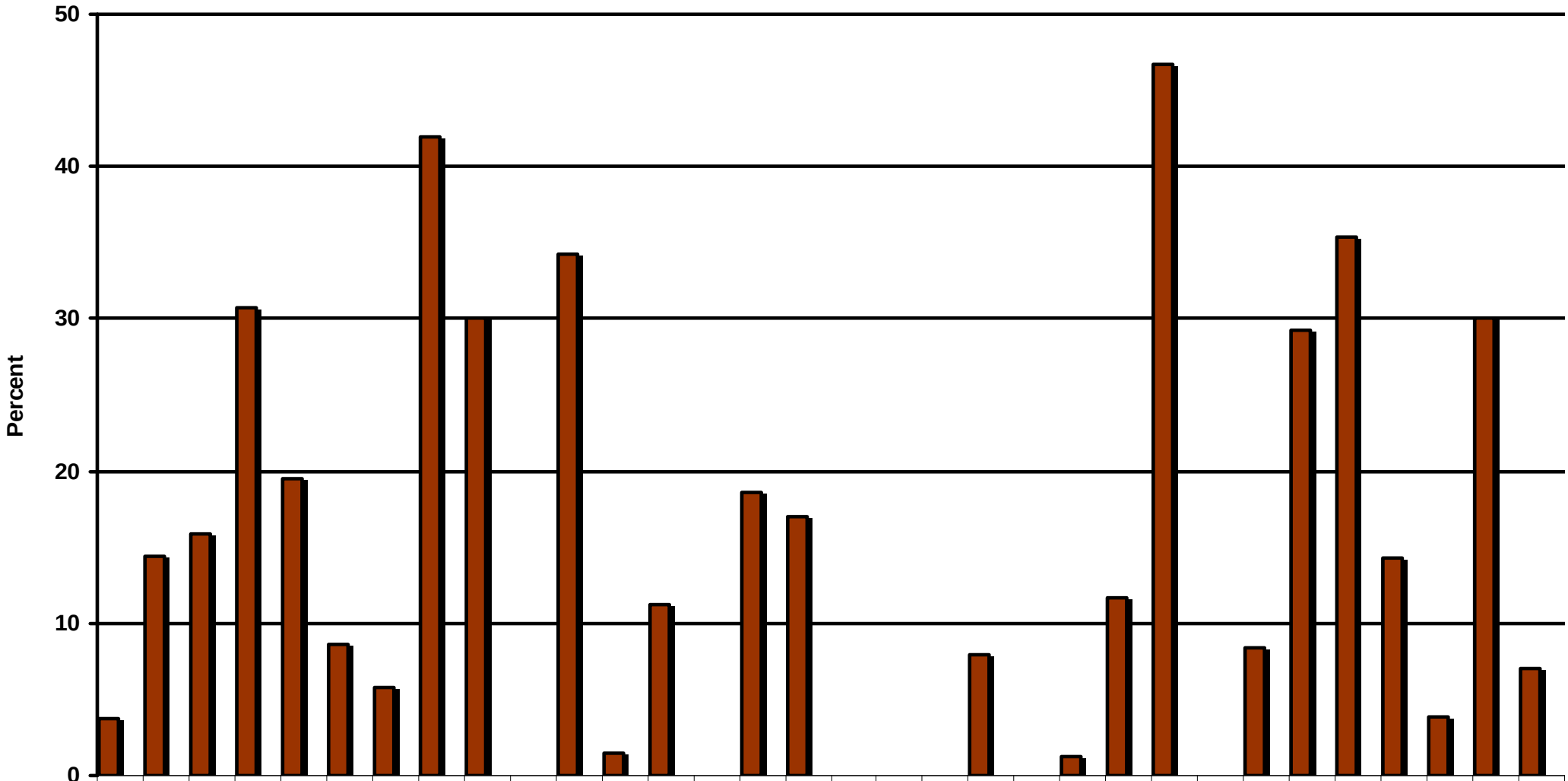
CANCER SCREENING: COLORECTAL

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

Importance: *Colorectal cancer rates among the Alaska Native population are well above the national average. Studies have tracked rates of 69.3 to 79.7 per 100,000 among Alaska Native men, and 67.4 to 71.4 per 100,000 among Alaska Native women. Alaska Native women in particular have colorectal cancer rates of more than twice the US average. Screening and preventative measures such as removal of polyps have been well proven to reduce the rates and lethality of colorectal cancer. Colorectal cancers have long asymptomatic periods during which they can be diagnosed and treated. Yearly screening has been shown to result in a 33.4 percent reduction in colorectal cancer mortality.*



CANCER SCREENING: COLORECTAL

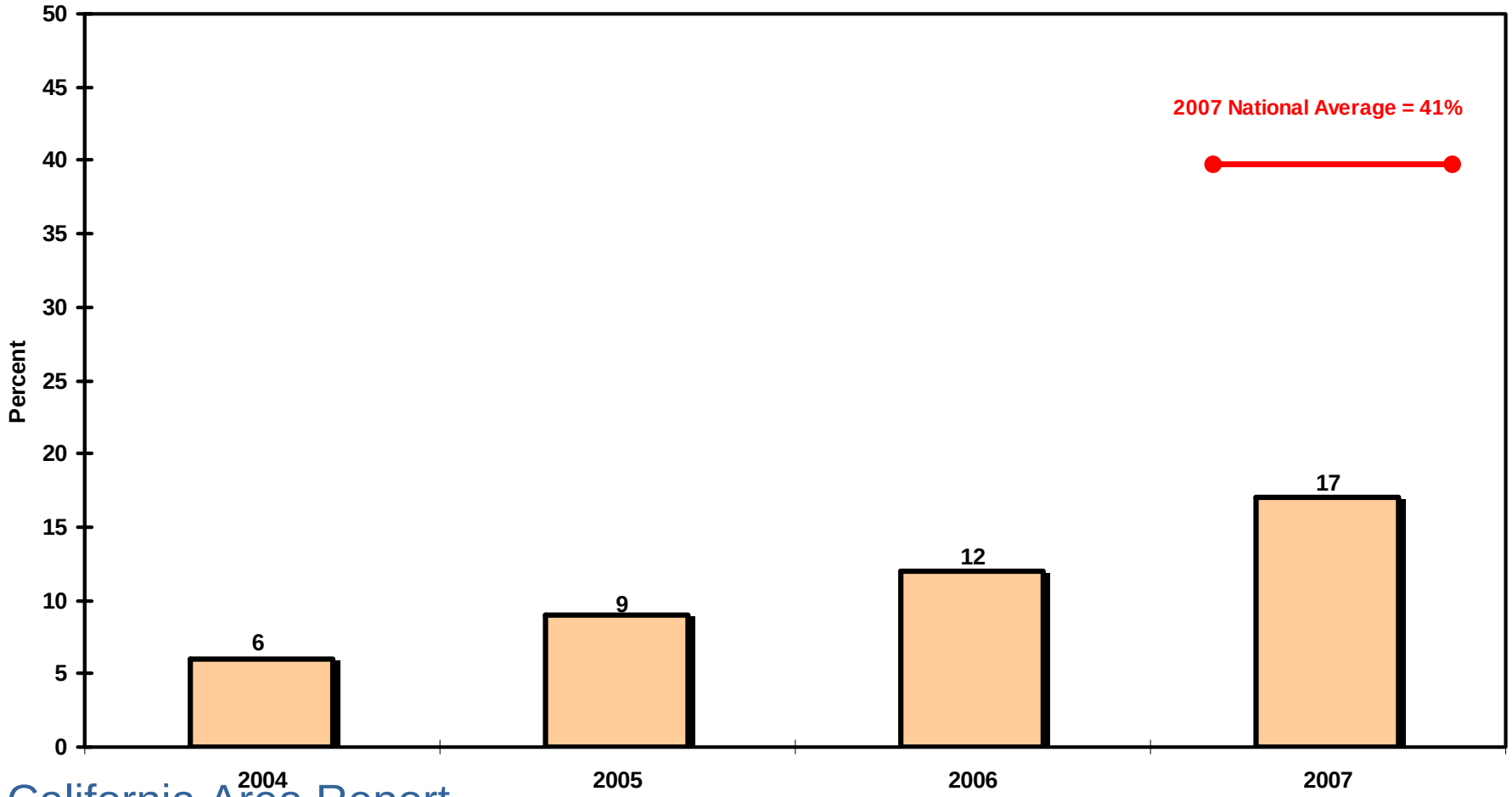


	BAK	CDE	CON	CVL	FRV	GVL	HPA	IHC	KRK	LAK	LAS	MAC	NVL	OAK	PIT	RSB	RVL	SAC	SBR	SDG	SJO	SIH	SON	SS	SYC	SYZ	TOI	TUL	TUO	UAII	UIHS	WMT
GY07	4	14	16	31	20	9	6	42	30	0	34	2	11	0	19	17	0	0	0	8		1	12	47	0	8	29	35	14	4	30	7
GY06	2	14	14	34	23	13	6	12	27	0	34	2	5		21	15	0	2	0	3		0	11	32	8	11	14	42	12	3	24	0
n	81	473	359	675	462	139	432	486	350	215	155	334	206	160	118	1,373	190	61	38	89		237	528	107	9	107	461	345	35	155	953	14

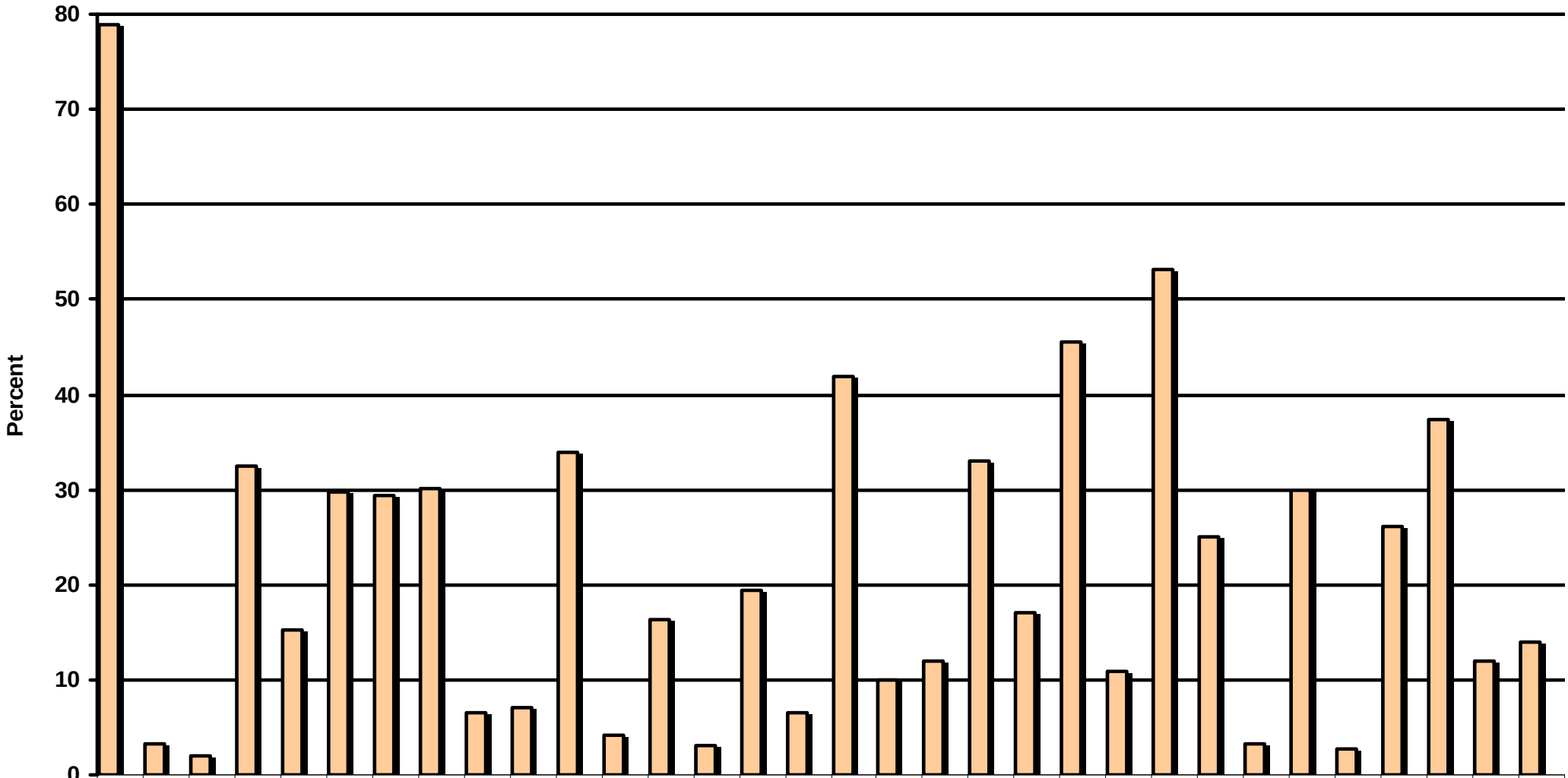
ALCOHOL SCREENING: FETAL ALCOHOL SYNDROME (FAS) PREVENTION

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. The US Preventive Services Task Force recommends screening and behavioral counseling interventions to reduce alcohol misuse by adults, including pregnant women, in primary care settings. Screening with intervention has been shown to be effective in reducing alcohol misuse in pregnancy and to reduce the incidence of FAS.*



ALCOHOL SCREENING: FETAL ALCOHOL SYNDROME (FAS) PREVENTION

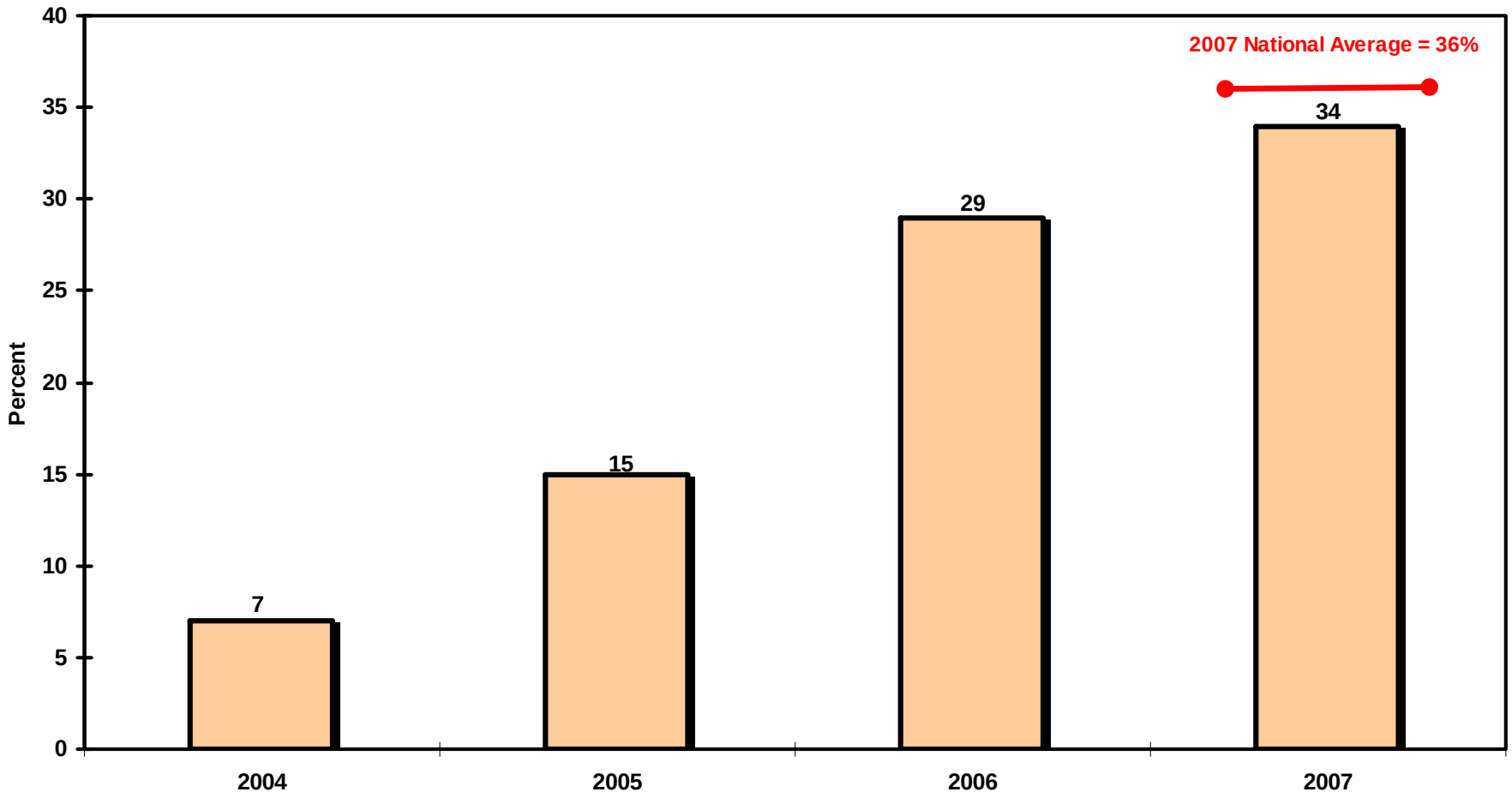


	BAK	CDE	CON	CVL	FRV	GVL	HPA	IHC	KRK	LAK	LAS	MAC	NVL	OAK	PIT	RSB	RVL	SAC	SBR	SDG	SJO	SIH	SON	SS	SYC	SYZ	TOI	TUL	TUO	UAII	UIHS	WMT
GY07	79	3	2	32	15	30	29	30	7	7	34	4	16	3	19	7	42	10	12	33	17	46	11	53	25	3	30	3	26	37	12	14
GY06	26	2	6	16	4	23	22	21	4	9	27	4	2		28	2	13	4	23	29	35	39	15	68	24	3	35	3	21	46	2	17
n	95	817	501	1,160	703	181	642	717	341	299	189	318	355	229	165	2,004	229	71	50	191	287	395	925	160	16	158	527	554	23	150	1,448	21

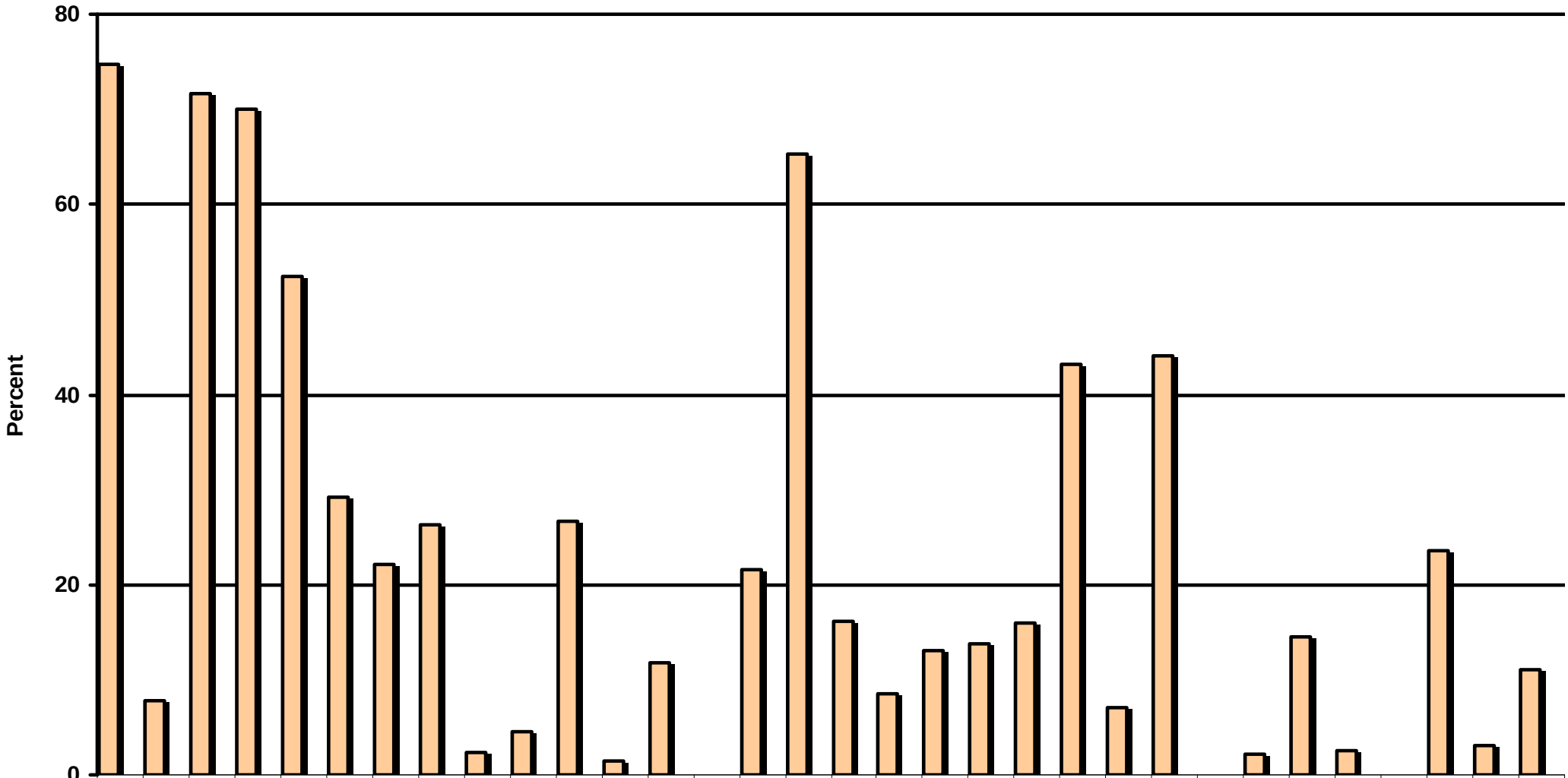
DOMESTIC/INTIMATE PARTNER VIOLENCE SCREENING

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

Importance: *This measure is designed to help ascertain, evaluate, and reduce the prevalence of family violence, abuse, and neglect in American Indian and Alaska Native communities. Thirty percent of women in the United States experience domestic violence at some time in their lives. AI/AN women experience domestic violence at rates similar to or higher than the national average. The health consequences of intimate partner violence are numerous. Women who experience domestic violence are more often victims of nonconsensual sex, have higher levels of smoking, chronic pain syndromes, depression, generalized anxiety, substance abuse, and Post-Traumatic Stress Disorder.*



DOMESTIC/INTIMATE PARTNER VIOLENCE SCREENING

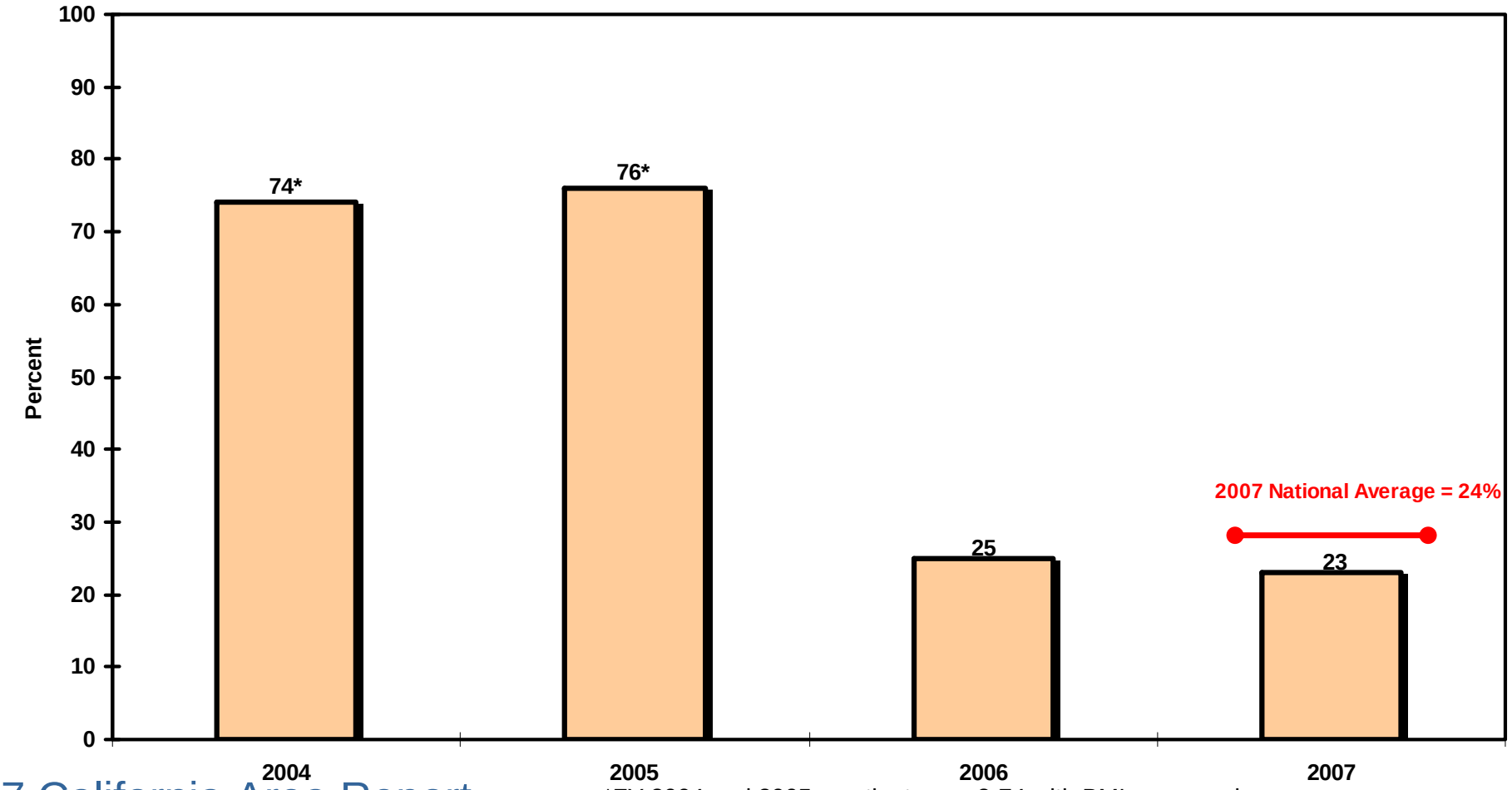


	BAK	CDE	CON	CVL	FRV	GVL	HPA	IHC	KRK	LAK	LAS	MAC	NVL	OAK	PIT	RSB	RVL	SAC	SBR	SDG	SJO	SIH	SON	SS	SYC	SYZ	TOI	TUL	TUO	UAII	UIHS	WMT
GY07	75	8	72	70	53	29	22	26	2	5	27	2	12	0	22	65	16	9	13	14	16	43	7	44	0	2	15	3	0	24	3	11
GY06	6	7	76	58	51	13	10	24	0	7	24	0	1		29	67	0	0	19	1	35	33	11	55	0	2	10	1	0	31	1	0
n	75	716	448	1,034	612	161	582	651	297	264	165	275	306	186	149	1,746	204	59	46	167	235	343	805	143	13	140	470	481	22	127	1,287	19

CHILDHOOD WEIGHT CONTROL (CWC)

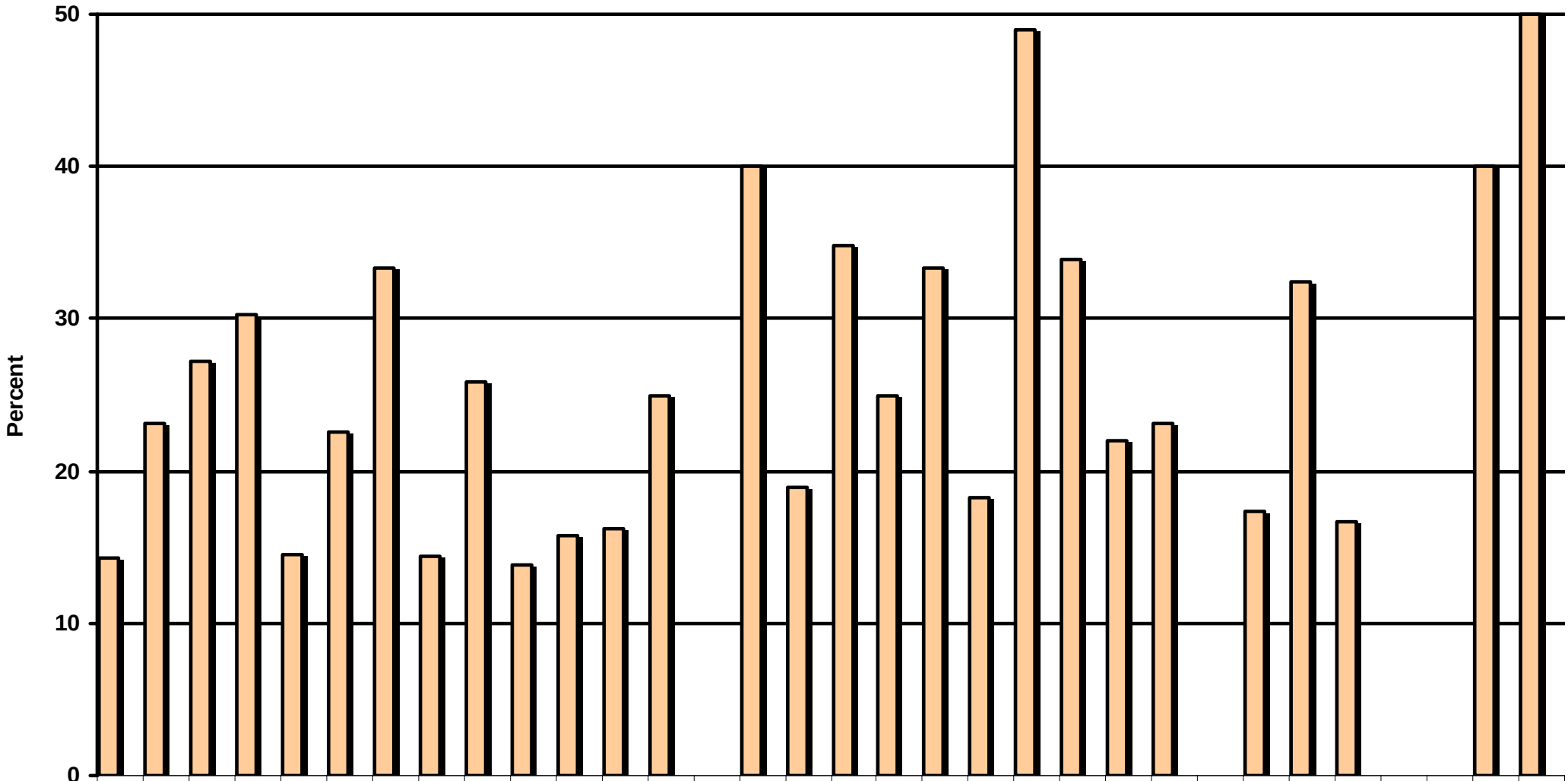
Measure: Proportion of children ages 2-5 years with a BMI of 95% or higher.

Importance: *Rates of overweight among American Indian and Alaska Native children exceed the national averages. Children who are overweight tend to show related signs of morbidity, including elevated blood pressure, cholesterol, triglyceride, and insulin levels. One major result of rising childhood overweight rates is the growing prevalence of type 2 diabetes among children. In some populations, type 2 diabetes is now the dominant form of diabetes in children and adolescents. Excess weight gain in early childhood also has significant effects on later health, including a high risk of being overweight or obese in adulthood, and a higher risk of type 2 diabetes and cardiovascular disease. Children with a BMI at or above 95% are considered overweight.*



*FY 2004 and 2005 – patients age 2-74 with BMI measured.

CHILDHOOD WEIGHT CONTROL (CWC)

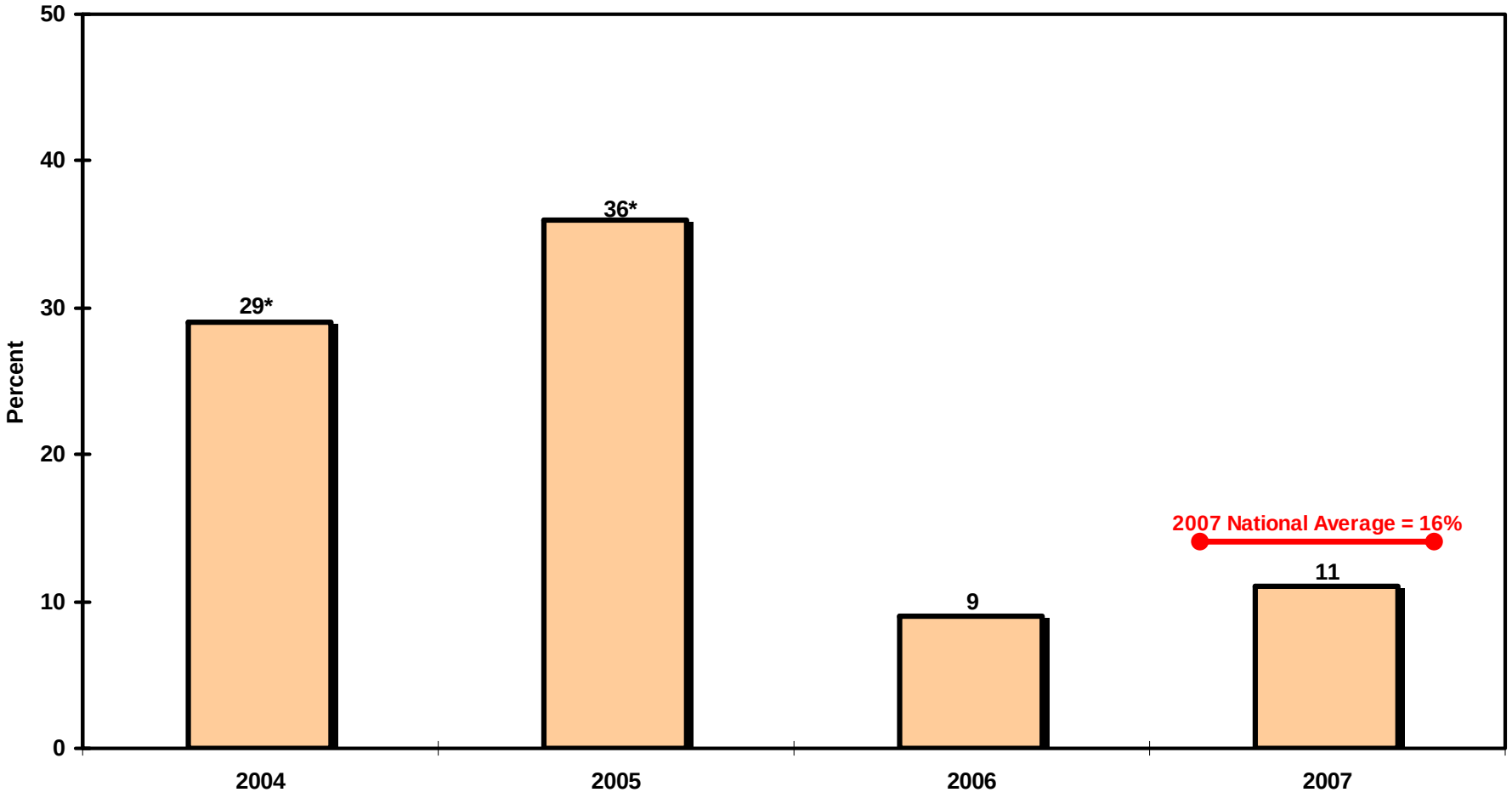


	BAK	CDE	CON	CVL	FRV	GVL	HPA	IHC	KRK	LAK	LAS	MAC	NVL	OAK	PIT	RSB	RVL	SAC	SBR	SDG	SJO	SIH	SON	SS	SYC	SYZ	TOI	TUL	TUO	UAII	UIHS	WMT
GY07	14	23	27	30	15	23	33	14	26	14	16	16	25	0	40	19	35	25	33	18	49	34	22	23	0	17	32	17	0	0	40	50
GY06	100	14	22	31	17	6	29	23	22	25	18	13	38		31	20	49	0	50	8	40	26	36	6	50	22	35	20	0	100	24	14
n	7	78	92	244	124	31	114	139	62	65	38	37	48	0	25	354	69	8	3	11	71	56	200	13	1	23	111	120	4	3	140	2

TOBACCO CESSATION INTERVENTION

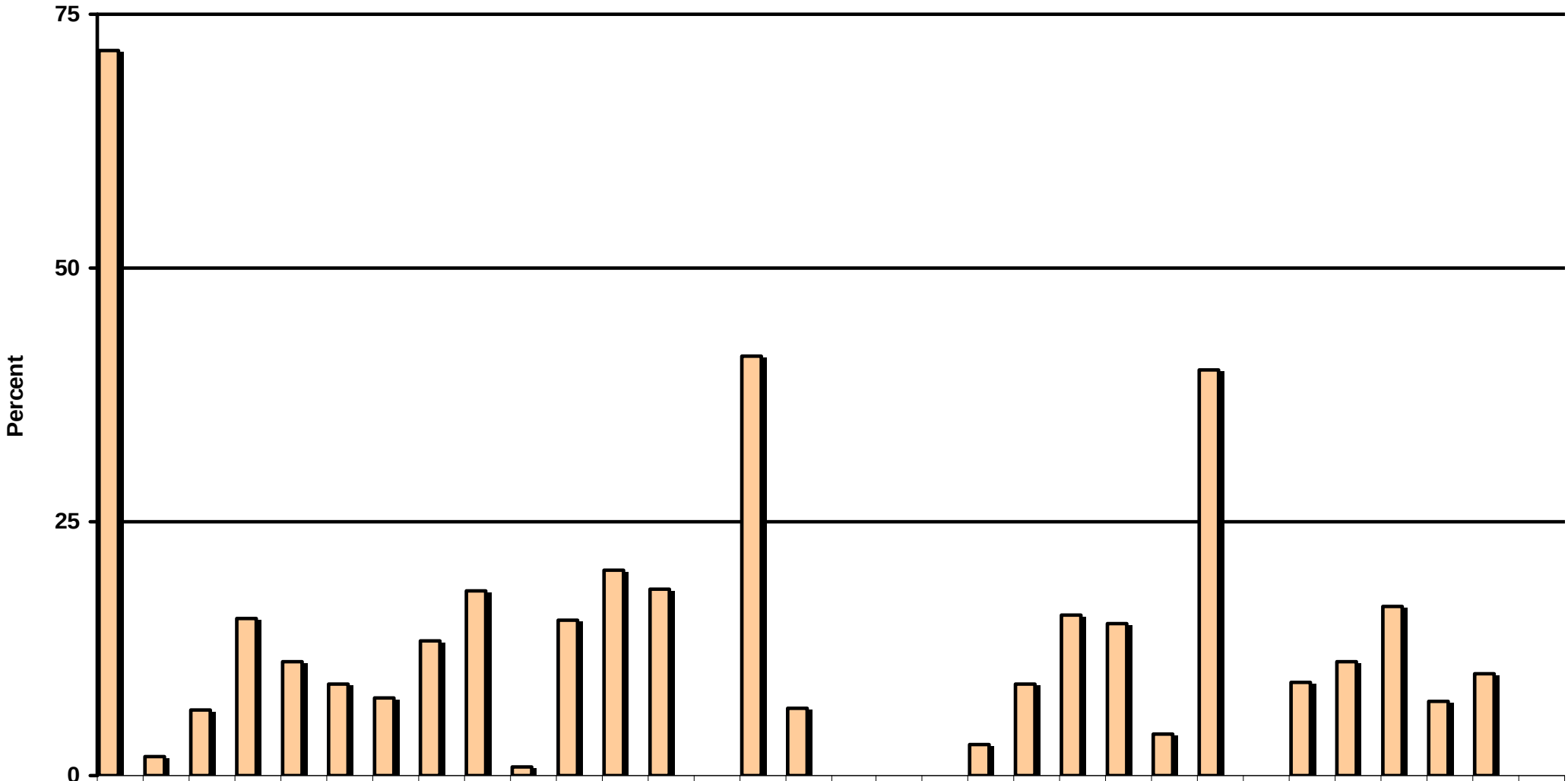
Measure: Proportion of tobacco-using patients that receive tobacco cessation intervention.

Importance: *The use of tobacco represents the second largest cause of preventable deaths for American Indian and Alaska Native people. Smoking rates in many communities are almost twice the national average. Tobacco users who quit enjoy longer and healthier lives, on average, than those who do not. Even a long-time smoker 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. Cost analyses have shown tobacco cessation programs to be either cost-saving or cost-neutral.*



*FY 2004 and 2005 – patients age 5+ screened for tobacco use.

TOBACCO CESSATION INTERVENTION

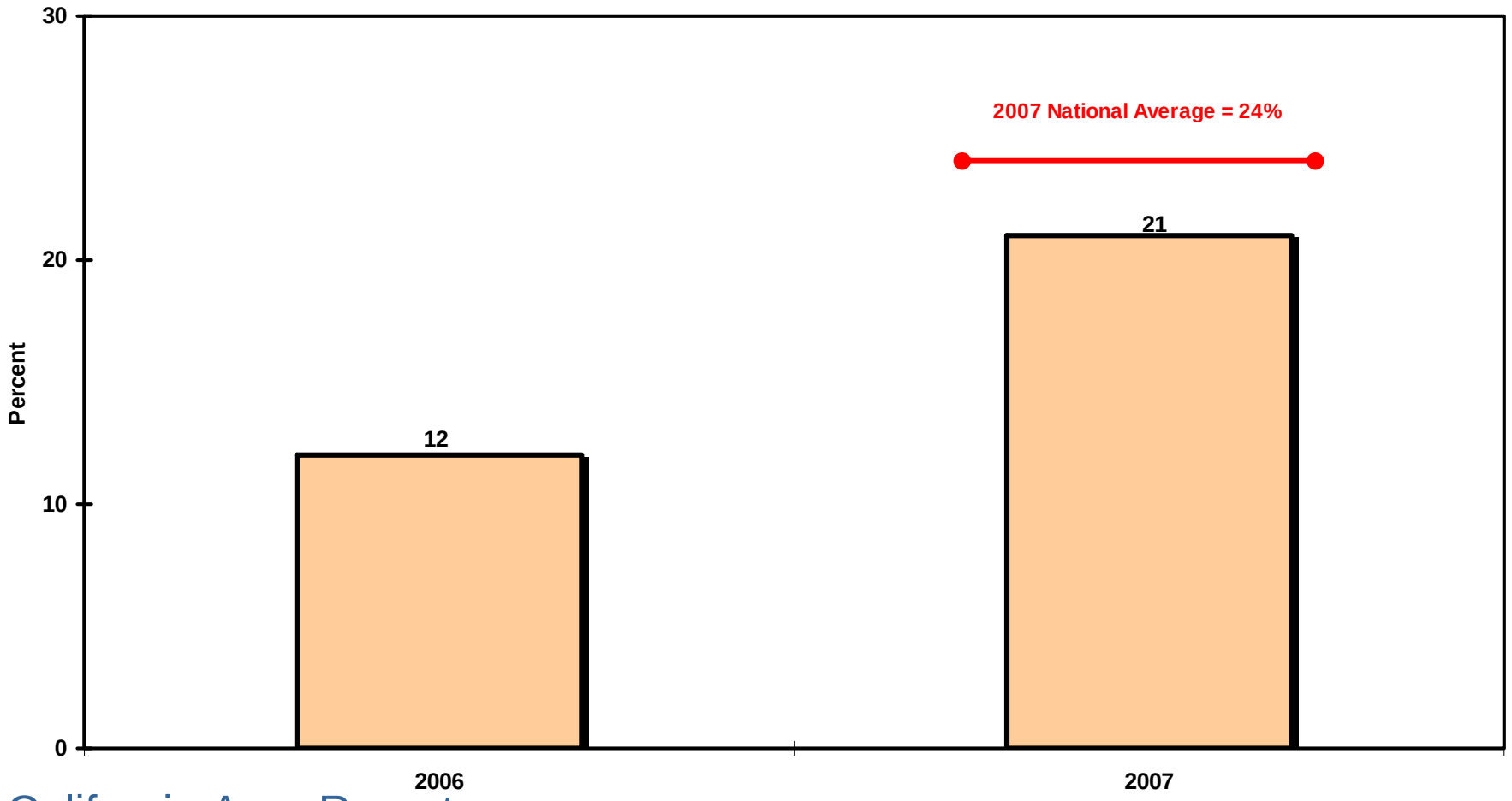


	BAK	CDE	CON	CVL	FRV	GVL	HPA	IHC	KRK	LAK	LAS	MAC	NVL	OAK	PIT	RSB	RVL	SAC	SBR	SDG	SJO	SIH	SON	SS	SYC	SYZ	TOI	TUL	TUO	UAII	UIHS	WMT
GY07	71	2	7	15	11	9	8	13	18	1	15	20	18	0	41	7	0	0	0	3	9	16	15	4	40	0	9	11	17	7	10	0
GY06	0	3	10	13	17	2	1	8	14	1	25	10	6	51	36	3	0	0	2	6	25	15	17	9	43	0	7	1	0	11	1	0
n	14	627	556	1,107	823	100	748	646	548	258	235	439	282	0	138	1,355	140	25	69	165	57	352	726	195	30	107	415	485	24	164	576	5

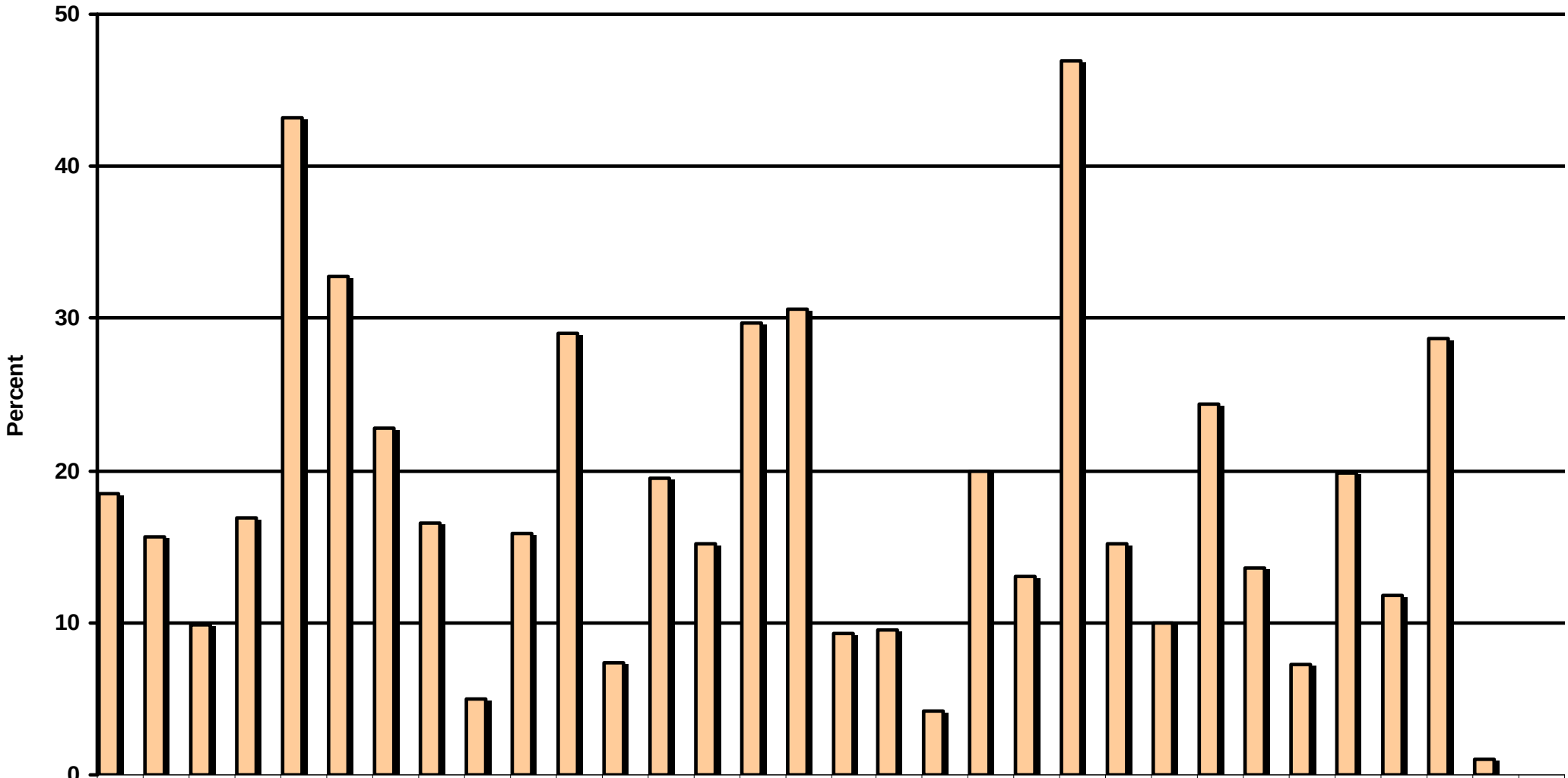
DEPRESSION SCREENING

Measure: Proportion of patients 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

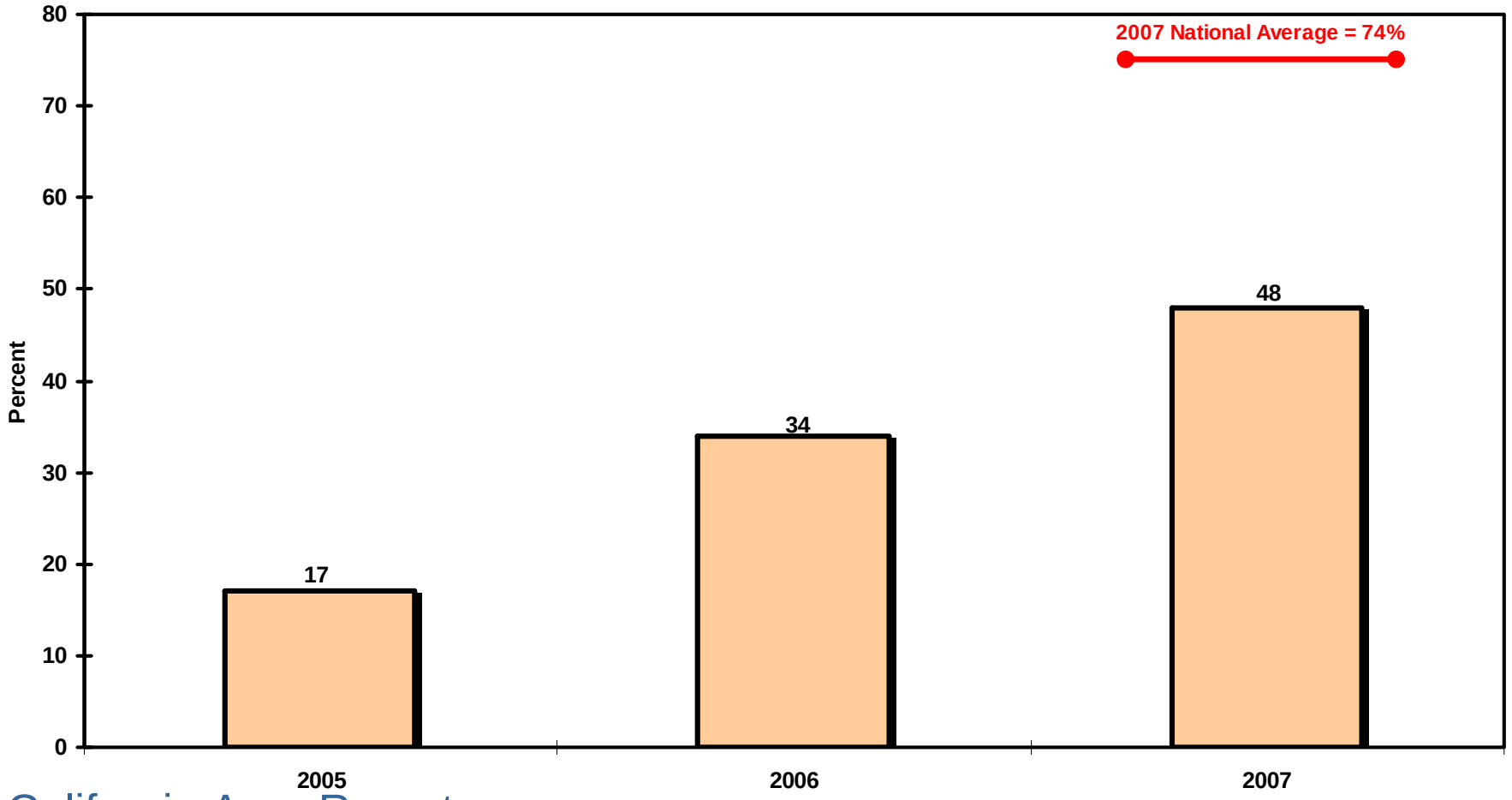


	BAK	CDE	CON	CVL	FRV	GVL	HPA	IHC	KRK	LAK	LAS	MAC	NVL	OAK	PIT	RSB	RVL	SAC	SBR	SDG	SJO	SIH	SON	SS	SYC	SYZ	TOI	TUL	TUO	UAII	UIHS	WMT
GY07	19	16	10	17	43	33	23	17	5	16	29	7	20	15	30	31	9	10	4	20	13	47	15	10	24	14	7	20	12	29	1	0
GY06	26	11	12	11	14	25	20	13	7	12	15	6	22	31	22	9	12	5	12	8	13	33	18	16	4	12	8	6	1	31	5	
n	259	2,025	1,298	2,767	1,778	460	1,655	1,905	1,087	753	513	1,016	845	606	448	4,963	612	201	142	438	458	961	2,146	401	41	375	1,489	1,387	93	457	3,733	68

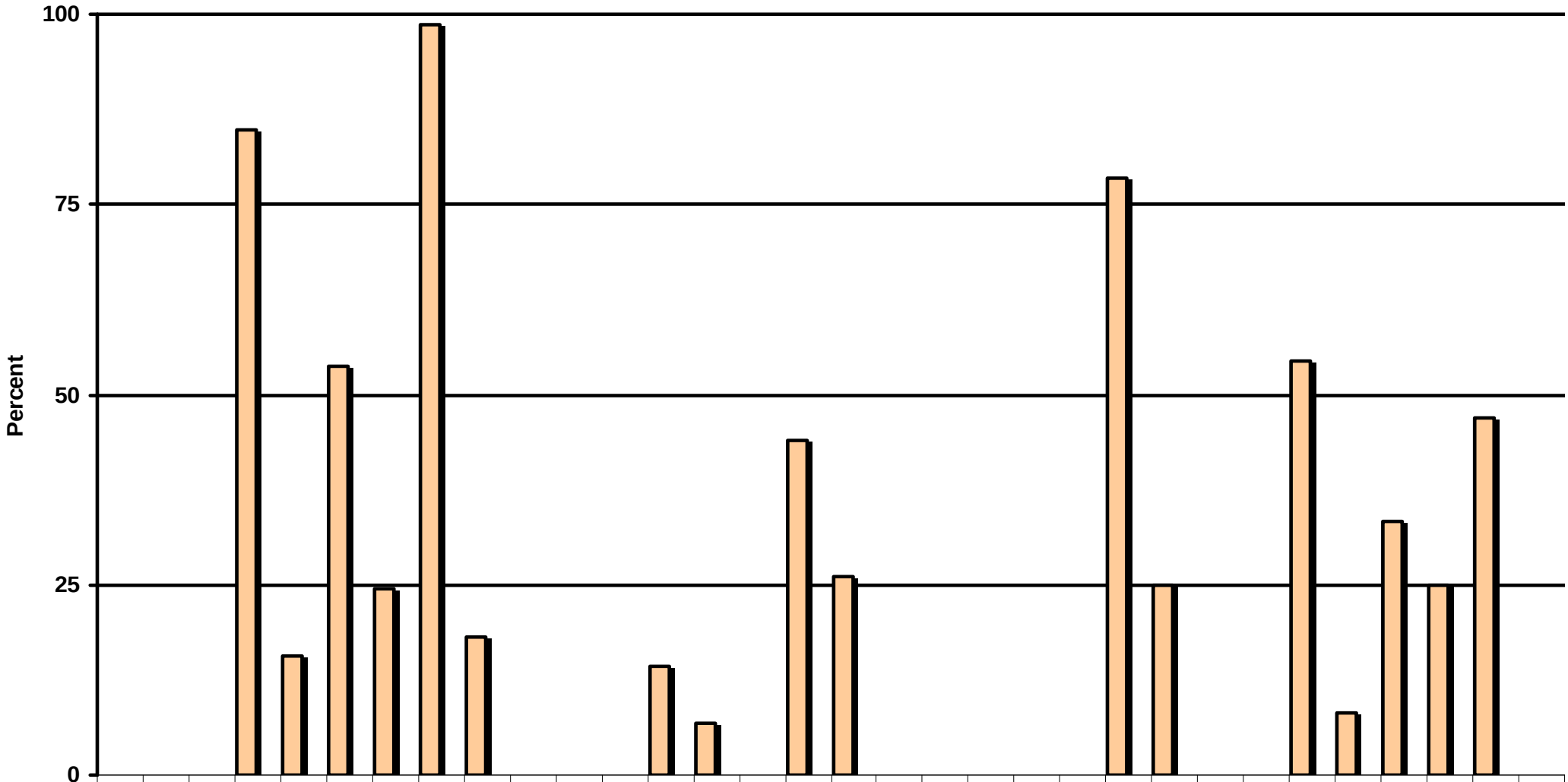
PRENATAL HIV SCREENING

Measure: Proportion of pregnant women screened for HIV.

Importance: *The HIV/AIDS epidemic represents a growing threat to American women of childbearing age. From 1999 through 2003, the estimated number of AIDS cases increased 15% among women and 1% among men. In 2003, the CDC reported that 92% of HIV and AIDS cases in children and virtually all new HIV infections in children in the United States were the result of prenatal transmission of HIV. Studies have shown transmission rates of less than 2% among HIV infected mothers who started antiretroviral treatment during pregnancy; those who did not begin treatment until labor or after birth had transmission rates of 12-13%, and those who received no treatment had rates of 25%. Routine prenatal HIV testing of all pregnant women is the best way to avoid transmission of HIV from mother to infant.*



PRENATAL HIV SCREENING

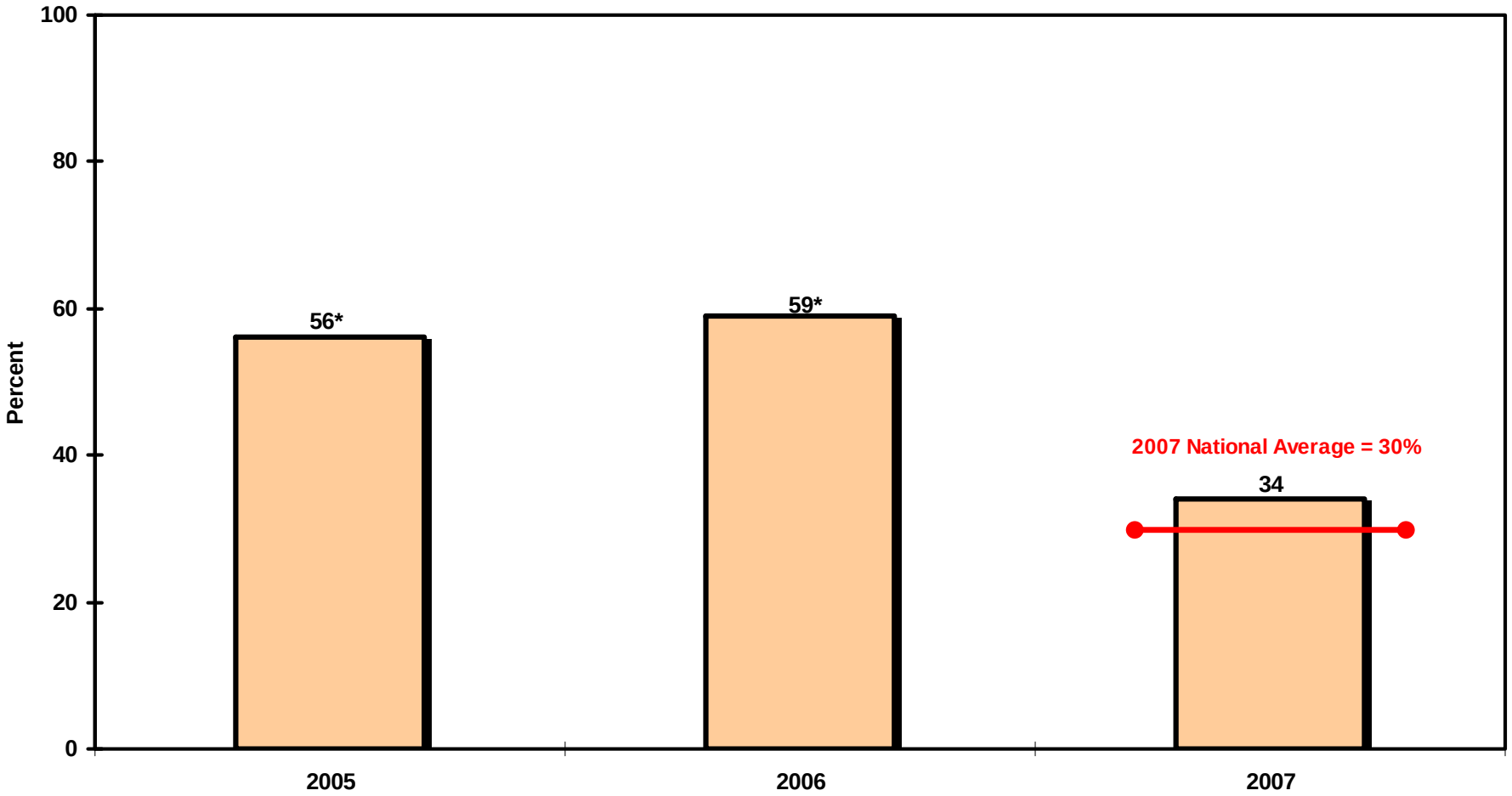


	BAK	CDE	CON	CVL	FRV	GVL	HPA	IHC	KRK	LAK	LAS	MAC	NVL	OAK	PIT	RSB	RVL	SAC	SBR	SDG	SJO	SIH	SON	SS	SYC	SYZ	TOI	TUL	TUO	UAII	UIHS	WMT
GY07	0	0	0	85	16	54	25	99	18	0	0	0	14	7	0	44	26	0	0	0		0	78	25	0	0	55	8	33	25	47	0
GY06	0	0	0	73	0	100	31	99	8	0	25	0	33		6	32	13	0	0	0		0	62	0	0	0	48	0	50	0	0	0
n	0	20	8	72	32	13	57	78	11	19	7	9	7	29	17	59	23	0	0	0		7	97	4	0	7	55	37	3	4	346	0

CVD PREVENTION: COMPREHENSIVE ASSESSMENT

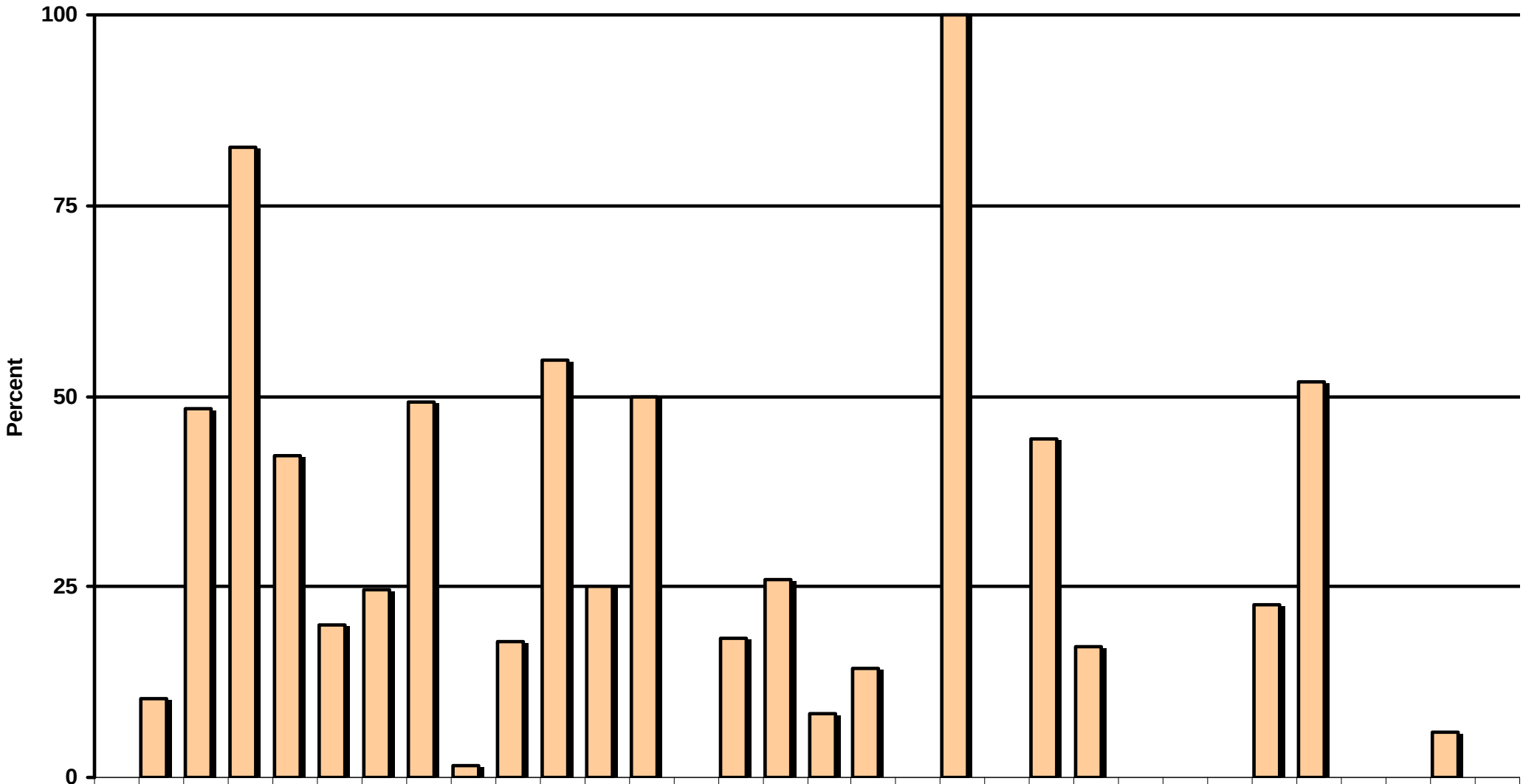
Measure: Proportion of IHD patients with comprehensive CVD assessment, defined as having BP, LDL, and tobacco use assessed, BMI calculated, and lifestyle counseling.

Importance: *Death rates from cardiovascular disease are higher among AI/AN people than other groups. In the late 1990s, heart disease death rates were 20% higher among AI/AN people than the total US population, and stroke death rates were 14% higher. 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.*



*FY 2005 and 2006 – patients age 23+ who receive blood cholesterol screening.

CVD PREVENTION: COMPREHENSIVE ASSESSMENT



	BAK	CDE	CON	CVL	FRV	GVL	HPA	IHC	KRK	LAK	LAS	MAC	NVL	OAK	PIT	RSB	RVL	SAC	SBR	SDG	SJO	SIH	SON	SS	SYC	SYZ	TOI	TUL	TUO	UAII	UIHS	WMT
GY07	0	10	48	83	42	20	25	49	2	18	55	25	50	0	18	26	8	14	0	100		44	17	0	0	0	23	52	0	0	6	0
n	0	48	31	132	90	5	81	67	66	45	31	80	28	0	44	170	36	7	1	1		18	76	9	2	7	62	54	5	3	157	5

APPENDIX A

SUMMARY
OF
KEY
FINDINGS

CALIFORNIA AREA DASHBOARD

GY 2007 End of Year Dashboard DIABETES	California Area 2007	California Area 2006	National Avg. 2007	National 2007 Target	2007 End of Year Results - California Area
Diabetes Dx Ever	10%	10%	11%	N/A	N/A
Documented HbA1c	82%	83%	79%	N/A	N/A
Poor Glycemic Control	15%	15%	16%	15%	MET
Ideal Glycemic Control	38%	36%	31%	32%	MET
Controlled BP <130/80	35%	34%	39%	37%	NOT MET
LDL Assessed	67%	66%	61%	60%	MET
Nephropathy Assessed	49%*	62%	40%*	baseline	MET
Retinopathy Exam	45%	46%	49%	49%	NOT MET
DENTAL					
Access to Services	39%	36%	25%	24%	MET
Sealants	9,363	7,811	245,449	246,645	N/A
Topical Fluoride- Patients	6,280	5,702	107,934	95,439	N/A
IMMUNIZATIONS					
Influenza 65+	57%	49%	59%	59%	NOT MET
Pneumovax 65+	75%	72%	79%	76%	NOT MET
Childhood Izs	64%	56%*** [57]	78%	78%	NOT MET
PREVENTION					
Pap Smear Rates	52%	60%	59%	60%	NOT MET
Mammogram Rates	42%	41%	43%	41%	MET
Colorectal Cancer Screening	19%	17%	26%	22%	NOT MET
Tobacco Cessation	11%	9%	16%	12%	NOT MET
FAS Prevention	17%	12%	41%	28%	NOT MET
IPV/DV Screen	34%	29%	36%	28%	MET
Depression Screening	21%	12%	24%	15%	MET
Comp. CVD-related Assessment	34%**	59%	30%**	baseline	MET
Prenatal HIV Screening	48%	34%	74%	65%	NOT MET
Childhood Weight Control	23%	25%	24%	24%	MET

*Standards of care changes may cause significant decrease in rates compared to previous year (see CRS logic)
**As of FY 2007, measure has changed to a comprehensive assessment of at-risk patients (see CRS logic)
***National IZ program report [CRS - IMM package]