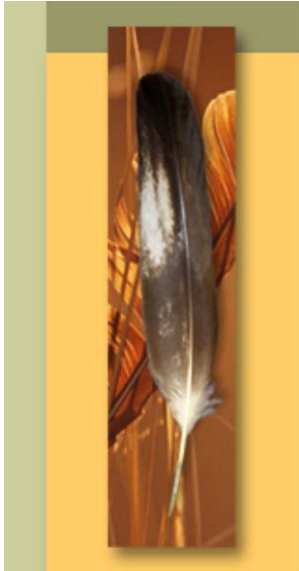




Initiatives Update 2009



December 2009



Introduction

The California Area Office compliments all tribal and urban programs for their continued efforts to address the health challenges and disparities facing Indian people today. With a focus on Health Promotion/Disease Prevention, Chronic Disease Care, and Behavioral Health, a positive impact on the health and wellness of Indian people can be achieved.

In 2006, the California Area Indian Health Service (CAIHS) began efforts to improve integration of Behavioral Health, Health Promotion/Disease Prevention and Chronic Care. This update provides a summary of the California Area Office FY 2009 activities.

The integration plan developed in 2007 was reviewed during 2009 with revisions to better guide activities planned. The plan targets health conditions and chronic diseases that are related to lifestyle challenges, and fosters physical, spiritual and mental wellness through healthier lifestyles that lead to reduced health disparities in current and future generations of California Indian people. It strives to be community focused, patient centered, multidisciplinary and includes defined objectives. A focus on Government Performance and Results Act (GPRA) measures that characterize integration of behavioral health, chronic diseases and health promotion/disease prevention will continue to provide a means of evaluating progress.

PROGRESS UPDATE

Focus 1: Domestic Violence/Intimate Partner Violence Screening

2007	2008	2009
34%	43%	48%

- In 2007, 34% of women were screened for domestic violence at tribal healthcare facilities in California; the national rate was 36%.
- In 2008, the rate improved to 43%, exceeding the national target of 36%.
- In 2009, the rate improved again to 48%, meeting the national target.

During FY 2009, improvement efforts included promotion of continual methods of integration among disciplines that resulted in increased screening rates. A goal of 40% is the national target for 2010. This was in addition to assessing available services and increasing the ability to monitor and support prevention education and campaigns annually.

Focus 2: Tobacco Cessation

2007	2008	2009
11%	20%	23%

- In 2007, 11% of tobacco-using patients received tobacco cessation intervention; the national rate was 16%.
- In 2008, the rate improved to 20%.
- In 2009, the rate improved to 23%, exceeding the national target of 21%.

During FY 2009, improvement efforts included collaborations among disciplines that lead to increased cessation intervention. This was in addition to assessing available services and increasing the ability to monitor and support prevention education and campaigns annually.

Focus 3: Childhood Weight Control

2007	2008	2009
23%	23%	24%

- In 2007, 23% of children ages 2-5 years had a body mass index (BMI) at the 95th percentile or above or higher; the national rate was 24%
- In 2008, the rate was maintained at 23%, exceeding the national target of 24%.
- In 2009, the rate increased to 24%, indicating that more improvement efforts are needed to effectively address the growing number of young children at risk for disease connected with overweight and obesity

During FY 2009, improvement efforts included assessing services available that support prevention, provision of technical support, promotion of the national Just Move It campaign and training in the use of the IHS Physical Activity Toolkit (PAK).

Focus 4: Immunization

Measure	2007	2008	2009
Influenza (65+)	57%	59%	62%
Pneumococcal (65+)	75%	79%	81%
Childhood Immunization	64%	66%	77%

- In 2009, rates for adult influenza improved to 62%, meeting the national target.
- In 2009, the rates for adult pneumococcal improved to 81%, one percentage point below the national target.
- In 2009, the rates for childhood immunizations jumped from 64% in 2007 to 77%, one percentage point below the national target.

During FY 2009, efforts included area office hosting on-site and web-Ex trainings, technical assistance and assessment of services/available resources. Collaborations involving Area Office and Tribal Health programs with California Department of Public Health Immunization Branch toward comprehensive immunization records and improved practice continued to be encouraged.

IHS/CAO AWARDS

The awards recognized initiatives that tribal and urban programs achieved while demonstrating integration of Health Promotion/ Disease Prevention, Chronic Disease

GPRO FOCUS AREA INTEGRATION AWARDS

Domestic/Intimate Partner Violence Screening	Central Valley Indian Health, Inc.
Tobacco Cessation Counseling	Tule River Indian Health Center, Inc.
Childhood Weight Control	Sacramento Native American Health Center, Inc.
Immunization Overall	Sonoma County Indian Health Project, Inc.
Partnerships In Prevention	Round Valley Indian Health Center, Inc.

ANNUAL GPRO AWARDS

Outstanding GPRO Performance, 2008 integration focus areas	Indian Health Council, Inc.
	Susanville Indian Rancheria
	Sonoma County Indian Health
	Santa Ynez Tribal Health Program

ANNUAL DIABETES AWARDS

Outstanding Performance in Diabetes Care and Case Management	Redding Rancheria Indian Health Service
	Northern Valley Indian Health, Inc.
	Santa Ynez Tribal Health Program
	Native American Health Center, Inc.
Significant Improvement in Diabetes Care & Case Management	Pit River Health Service, Inc.

Performance Awards

Blood Pressure Control	Chapa-De Indian Health Program, Inc.
Blood Pressure Control	Feather River Tribal Health, Inc.
Blood Pressure Control	Toiyabe Indian Health Project, Inc.
Diabetic Retinopathy Screening	K'ima:w Medical Center
Childhood Immunization	MACT Health Board, Inc.
Childhood Immunization	Toulumne Me-Wuk Indian Health Center
Adult Immunization & Mammography Screening	Sycuan Band of Mission Indians

SUMMARY OF FY 2009 INTEGRATION ACTIVITIES

- **WebEx series** provided technical training on numerous GPRA indicators.
- **GPRA and Improved Patient Care** site visits provided by OPH.
- **Community Wellness Planning** site visits provided training on community capacity with a focused on prevention.
- **3rd Best Practices/GPRA conference** for providers/healthcare staff.
- **Integration poster and focus group** on Historical Trauma in conjunction with National Combined Council.
- **4th Just Move It – California Challenge** supported tribal and urban programs physical activity initiatives and the national Just Move It campaign.
- **Annual Tribal Leaders Consultation Conference** included sessions on Historical Trauma and Injury Prevention.
- **Taking Care of Your Diabetes** (TCOYD) was a community focused diabetes educational & motivational event.
- **Annual Dental Conference** provided oral health topics for clinical staff.
- **RPMS trainings** included two boot camps covering numerous packages, Diabetes Management System, QMan/VGEN and Immunization package.
- **Telemedicine Medicine** and **Tele-Retinopathy** are ongoing networking efforts with UC Davis and tribal health programs.
- **Diabetes Case Management Project** is ongoing and provides technical support to all T/U diabetes grant programs.
- **Immunization Improvement Project** is ongoing and provides technical support and guidance to tribal and urban immunization staff related to immunization practice and reporting issues – with emphasis on “evidence based” best practice.