Indian Health Service
Government Performance and Results Act (GPRA)

2011

California Area Report

Measuring healthcare quality to improve patient care

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ACKNOWLEDGMENTS

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Tribal and Urban Health Program Staff
Information Technology Staff
Project Officers

Special thanks for data analysis and report preparation: **Amy Patterson**, Public Health Analyst, CAO; **Christine Brennan**, Public Health Analyst, CAO; **Wendy Blocker**, Public Health Analyst, CAO; and **Rachel Pulverman**, Editorial Assistant, CAO.

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Area Contacts

National GPRA Support Team	**(916) 930-3927**	**caogpra@ihs.gov**
• Christine Brennan	(916) 930-3981 ext. 333	christine.brennan@ihs.gov
• Wendy Blocker	(916) 930-3981 ext. 308	wendy.blocker@ihs.gov
• Amy Patterson	(916) 716-6929	amy.patterson@ihs.gov

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INTRODUCTION

This 2011 California Area Report contains detailed performance results for all clinical Government Performance Results Act (GPRA) measures collected from 33 (25 tribal and 8 urban) programs, 30 of which used Clinical Reporting System (CRS) 11.0 software to report results. The 12-month GPRA collection period for FY 2011 ran from July 1, 2010 through June 30, 2011.

The California Area Report includes detailed results for all clinical GPRA measures. All measure results, except for Dental Sealants and Topical Fluorides, are displayed in two graphs. The first graph displays California Area results for each year from 2004-2011 (when available), as well as the FY 2011 IHS national average. The second graph displays results for each reporting California Indian health program for FY 2011. The first two rows under each graph show the percentage of patients meeting the measure in 2010 and 2011. The "n" row shows the number of patient records examined at each clinic, i.e. the "denominator," in 2011. Because there are no denominators for the Dental Sealants and Topical Fluorides measures, those measure results are displayed in tables. Please note that as of FY 2011, GPRA results are reported to the tenth percentile.

Using the data in this report, health programs can review changes in their own performance from FY 2010 to FY 2011, compare their performance with other California programs and with national averages, and assess their progress toward achieving long-term goals. Page five of this document displays a 2011 GPRA User Population table for all reporting California Indian health programs. This table is organized by population so programs can benchmark their progress against programs of similar size.

In FY 2011, California tribal programs met 8 of 19 clinical measure targets and exceeded the IHS national average on 4 of those measures. The California Area Office is sponsoring a series of web-ex trainings and measure challenges designed to improve performance on GPRA measures in FY 2012. FY 2011 performance by tribal programs in California did have some bright spots: for example, the Nephropathy Assessment measure increased by 6.3 percentage points compared to 2010 and the Alcohol Screening (FAS Prevention) measure increased by 4.5 percentage points compared to 2010.

In FY 2011, the California urban programs met 1 of 16 clinical measure targets. However, California urban programs improved over 2010 results on 12 of the 16 measures. The Nephropathy Assessed measure showed the largest increase, improving by 14.0 percentage points over the 2010 result. Domestic Violence/Intimate Partner Violence Screening had the second largest improvement, increasing by 13.6 percentage points, followed by Alcohol Screening (FAS Prevention) which increased by 8.9 percentage points compared to 2010.

PROGRAM LEGEND

Abbr.	Site Name	ASUFAC
BAK	BAKERSFIELD IHC	648655
CDE	CHAPA-DE	661010
CON	CONSOLIDATED	662210
CVL	CENTRAL VALLEY	661110
FRS	FRESNO	648510
FRV	FEATHER RIVER INDIAN HEALTH	663610
HPA	HOOPA	661210
IHC	INDIAN HEALTH COUNCIL	661610
KRK	KARUK	661355
LAK	LAKE	662930
LAS	LASSEN INDIAN HC	663030
MAC	MACT HEALTH BOARD CLINIC	662510
NVL	NORTHERN VALLEY	661557
OAK	OAKLAND NATIVE AMER HC/SAN FRAN	648410
PIT	PIT RIVER	661710
QTZ	QUARTZ VALLEY	663855
RED*/**	REDDING RANCHERIA	661910

Abbr.	Site Name	ASUFAC
RSB	RIVERSIDE/SAN BERNARDINO	661810
RVL	ROUND VALLEY	662710
SAC	SACRAMENTO NATIVE AMER HEALTH	648310
SBR	SANTA BARBARA IHC	648755
SDG	SAN DIEGO IHC	648110
SIH	SO. INDIAN HEALTH COUNCIL	662110
SJO*/**	SAN JOSE	648210
SON	SONOMA	662010
SS	SHINGLE SPRINGS TRIBAL HEALTH	663410
SYC	SYCUAN	663230
SYZ	SANTA YNEZ	662830
TOI	TOIYABE	662310
TUL	TULE RIVER CLINIC	662410
TUO	TUOLUMNE ME-WUK CLINIC	664110
UAII	UNITED AMERICAN INDIAN INVOLVEMENT	645060
UIHS*/**	UNITED INDIAN HEALTH SERVICES	662610

2010/**2011 data reported from non-RPMS System; data not validated by CRS software equivalent

Urban Indian Health Program

2011 GPRA USER POPULATION, BY PROGRAM

Population Scale

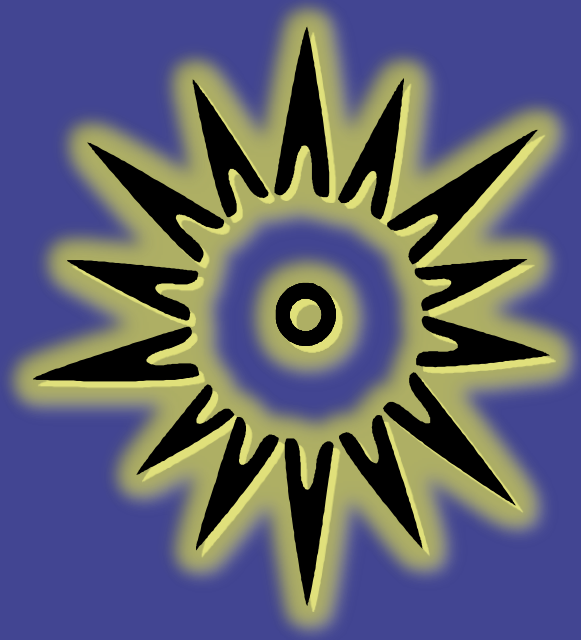
> 4000	4000-2000	2000-1000	< 1000

Health Program	GPRA User Population
Riverside/San Bern (RSB)	13,301
Central Valley (CVL)	7,900
Chapa De (CDE)	6,768
United Indian Health Services (UIHS)	5,930
Sonoma (SON)	5,458
Indian Health Council (IHC)	4,545
Feather River (FRV)	4,322
Redding (RED)	3,304
Hoopa (HPA)	3,203
Consolidated (CON)	2,970
Toiyabe (TOI)	2,866
Tule River (TUL)	2,780
United Amer. Indian Inv. (UAII)	2,388
Southern Indian Health (SIH)	2,375
Northern Valley (NVL)	2,092
Karuk (KRK)	2,073

Health Program	GPRA User Population
Lake (LAK)	1,788
MACT (MAC)	1,765
San Jose (SJO)	1,701
Bakersfield (BAK)	1,484
San Diego (SDG)	1,467
Oakland/San Francisco (OAK)	1,313
Sacramento NAHC (SAC)	1,298
Round Valley (RVL)	1,240
Susanville (LAS)	1,089
Shingle Springs (SS)	1,030
Santa Ynez (SYZ)	1,020
Pit River (PIT)	901
Fresno (FRS)	570
Santa Barbara (SBR)	399
Tuolumne Me-Wuk (TUO)	243
Quartz Valley (QTZ)	158
Sycuan (SYC)	128

GPRA MEASURES

Results



California Area Trends (2004-2011)

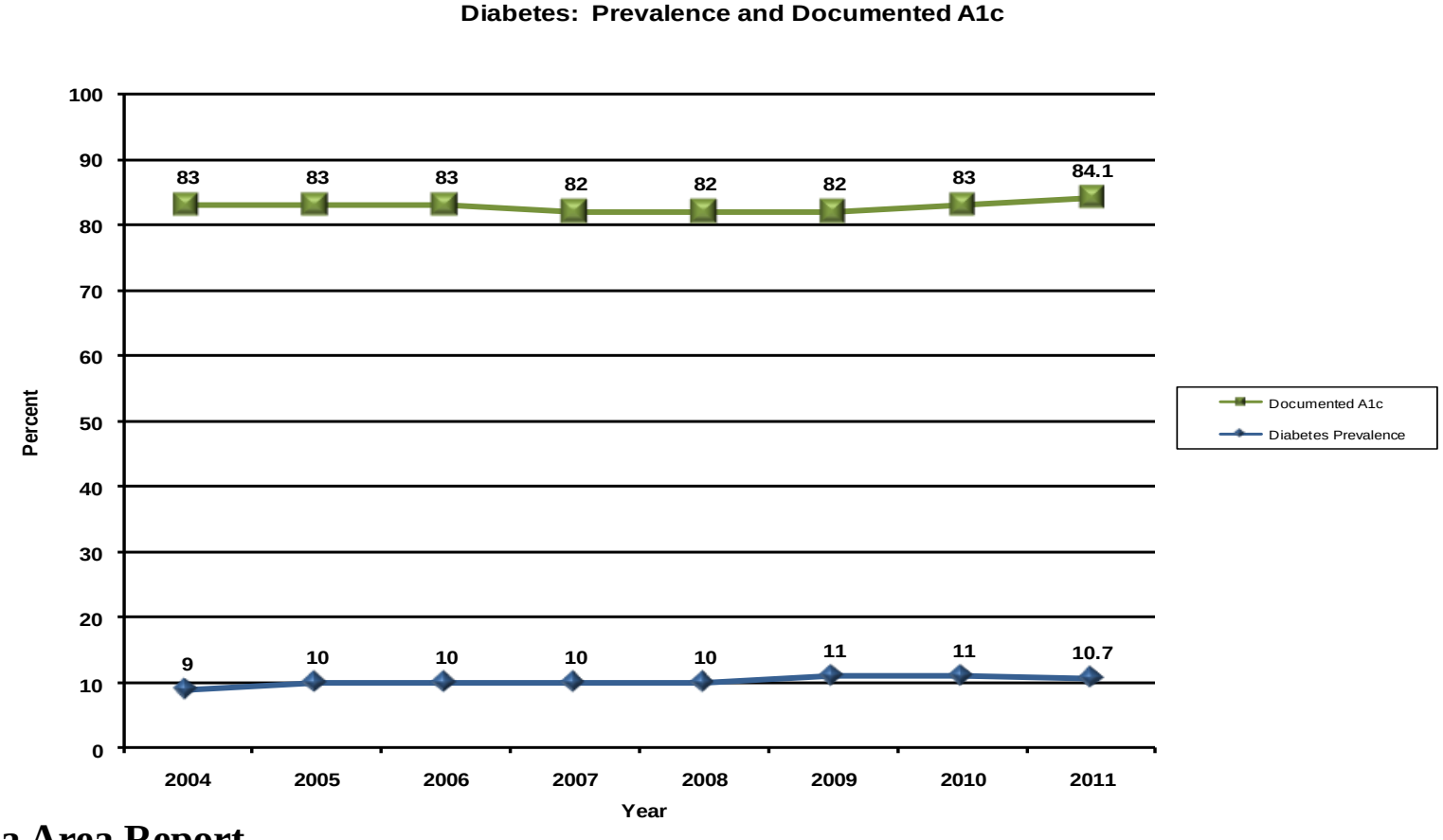
and

Results by Program (2010 & 2011)

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.

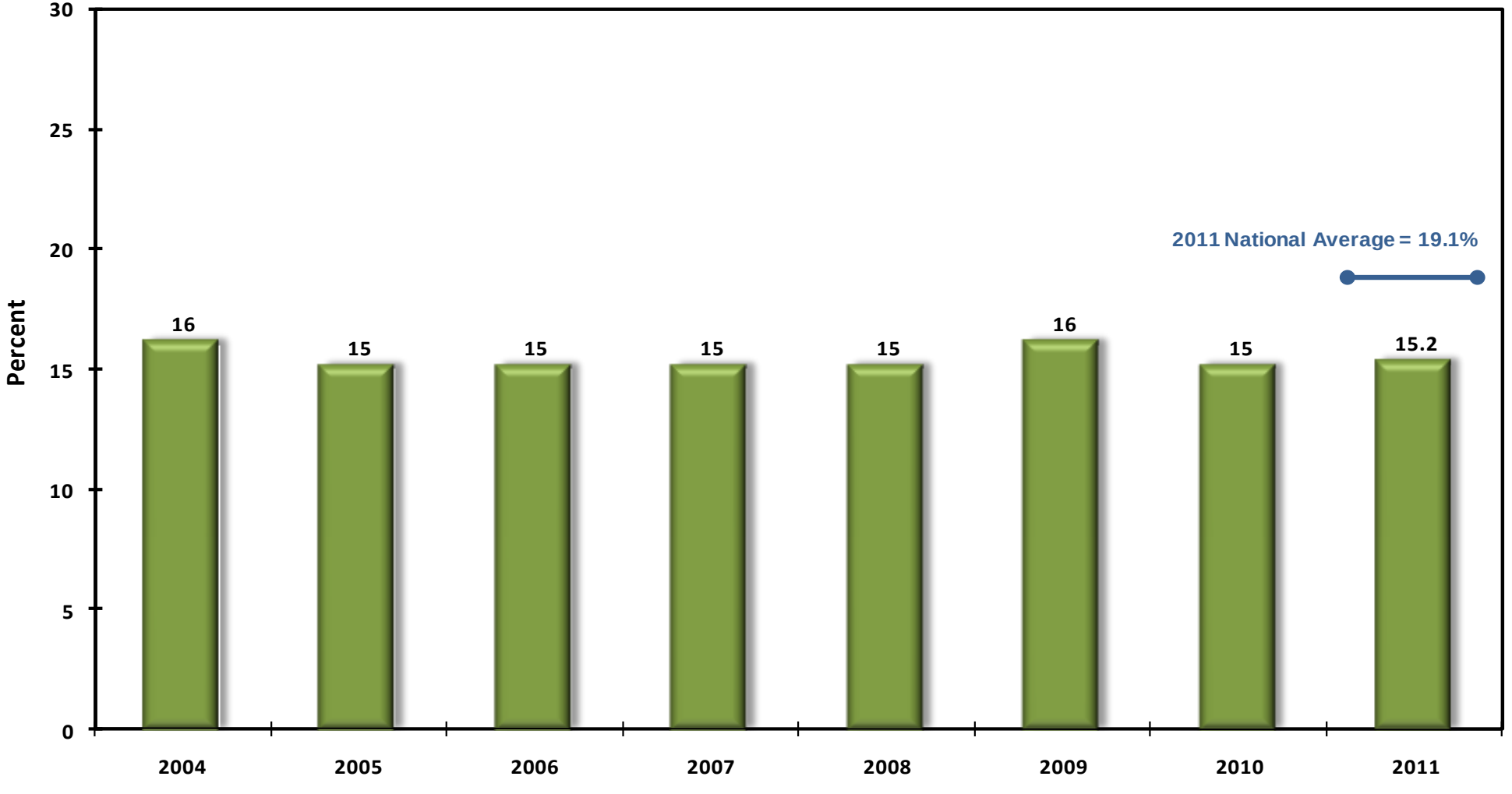
Importance: *Diabetes leads to many health complications and is one of the leading causes of death among AI/AN people. Diabetes is also a major risk factor for cardiovascular disease, and CVD is the leading cause of death for American Indians. "Documented A1c" refers to a blood test called the Hemoglobin 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.*



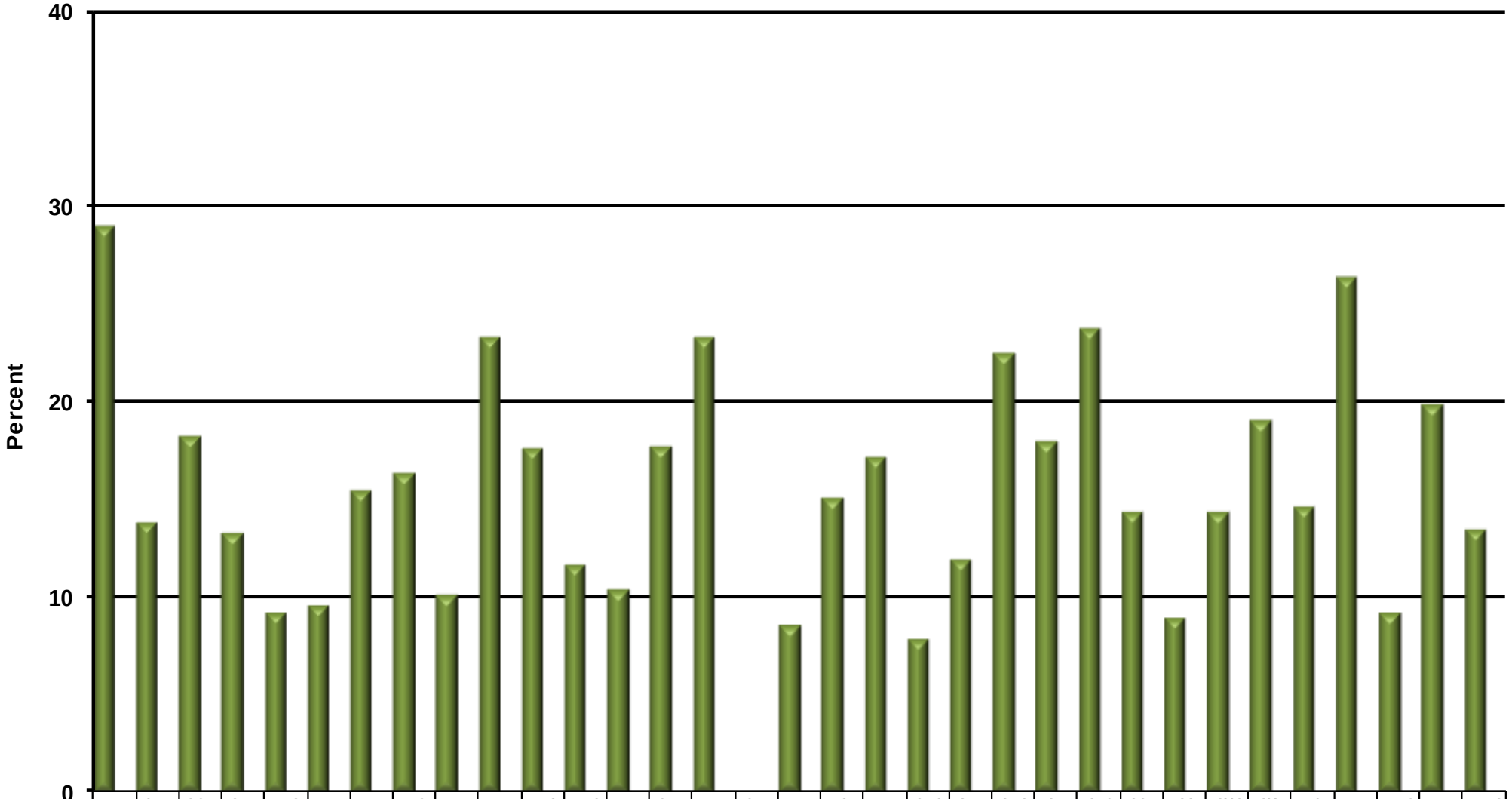
DIABETES: POOR GLYCEMIC CONTROL

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

Importance: *Helping patients with diabetes with poor glycemic control (an A1c level at 9.5 or higher) lower their levels will reduce their risk of diabetes-related complications. Lowering the A1c level reduces the risk of diabetes-related death, and helps to reduce the number of heart attacks, strokes, eye diseases, amputations, and kidney failures among people with diabetes.*



DIABETES: POOR GLYCEMIC CONTROL

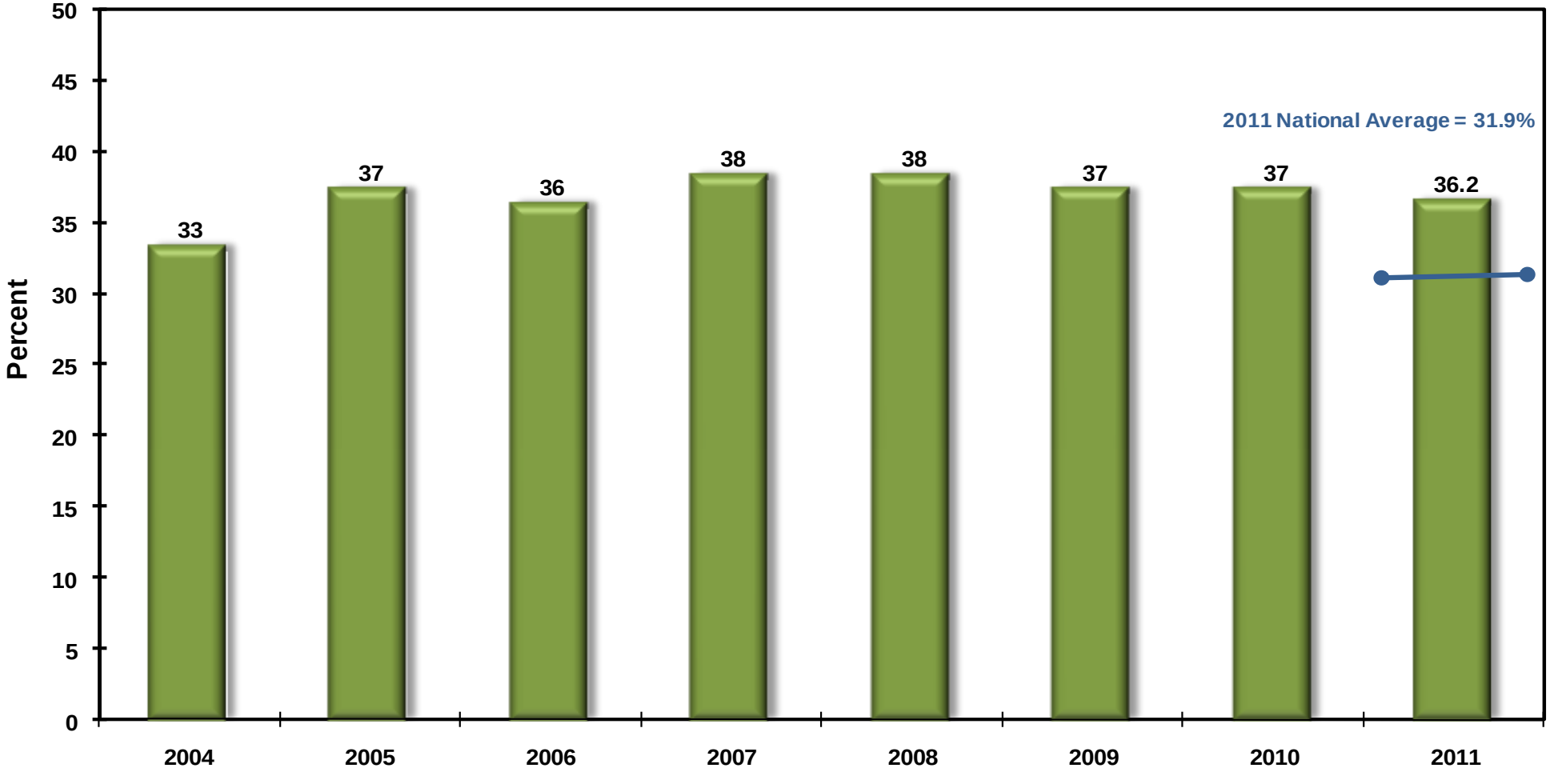


	BAK	CDE	CON	CVL	FRS	FRV	HPA	IHC	KRK	LAK	LAS	MAC	NVL	OAK	PIT	QTZ	RED	RSB	RVL	SAC	SBR	SDG	SIH	SJO	SON	SS	SYC	SYZ	TOI	TUL	TUO	UAII	UIHS
GY11	28.9	13.7	18.2	13.2	9.1	9.5	15.4	16.3	10	23.2	17.5	11.6	10.3	17.6	23.2	0	8.5	15	17.1	7.8	11.8	22.4	17.9	23.7	14.3	8.8	14.3	19	14.5	26.3	9.1	19.8	13.4
GY10	10	15	14	15	0	10	16	12	10	25	19	13	9	14	20	0	7	15	19	8	11	17	19	7	13	9	20	11	16	26	5	11	11
n	38	262	236	507	11	316	234	410	130	142	80	129	156	85	99	6	284	934	111	51	17	58	173	76	407	34	14	58	296	190	22	91	322

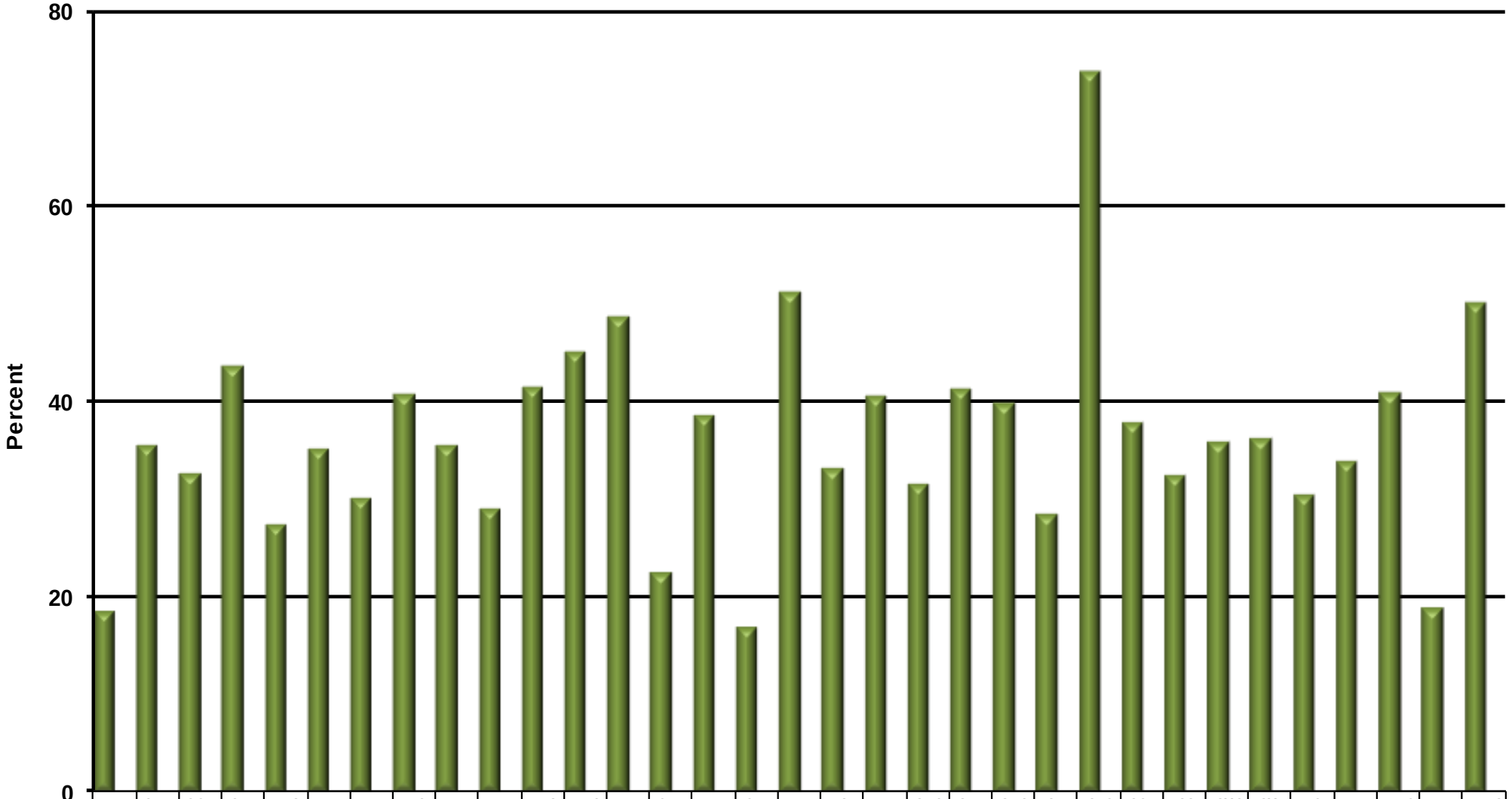
DIABETES: IDEAL GLYCEMIC CONTROL

Measure: Proportion of patients with diagnosed diabetes with ideal glycemic control (A1c<7.0).

Importance: *Keeping blood sugar levels below 7 can slow or prevent the onset and progression of eye, kidney, and nerve disease caused by diabetes. Clinical studies have shown that keeping glycemic levels in the "ideal" range (below 7) results in a significantly reduced risk of eye disease, kidney disease, nerve disease, heart attack, and stroke.*



DIABETES: IDEAL GLYCEMIC CONTROL

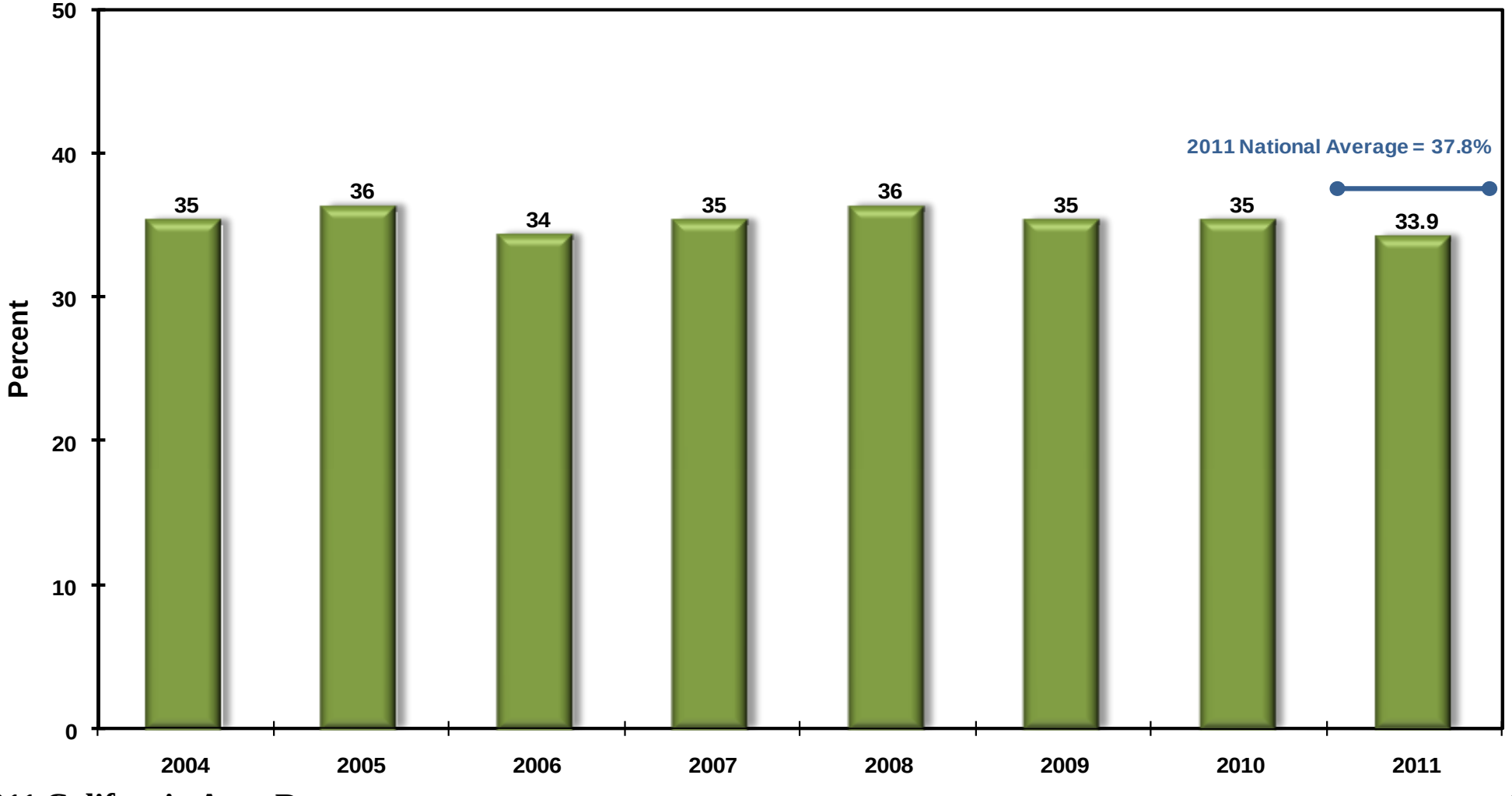


	BAK	CDE	CON	CVL	FRS	FRV	HPA	IHC	KRK	LAK	LAS	MAC	NVL	OAK	PIT	QTZ	RED	RSB	RVL	SAC	SBR	SDG	SIH	SJO	SON	SS	SYC	SYZ	TOI	TUL	TUO	UAII	UIHS
GY11	18.4	35.5	32.6	43.6	27.3	35.1	29.9	40.7	35.4	28.9	41.3	45	48.7	22.4	38.4	16.7	51.1	33	40.5	31.4	41.2	39.7	28.3	73.7	37.8	32.4	35.7	36.2	30.4	33.7	40.9	18.7	50.0
GY10	13	40	40	44	25	41	34	41	39	26	39	48	45	29	30	8	52	27	37	30	28	37	30	18	41	41	40	47	36	34	43	21	48
n	38	262	236	507	11	316	234	410	130	142	80	129	156	85	99	6	284	934	111	51	17	58	173	76	407	34	14	58	296	190	22	91	322

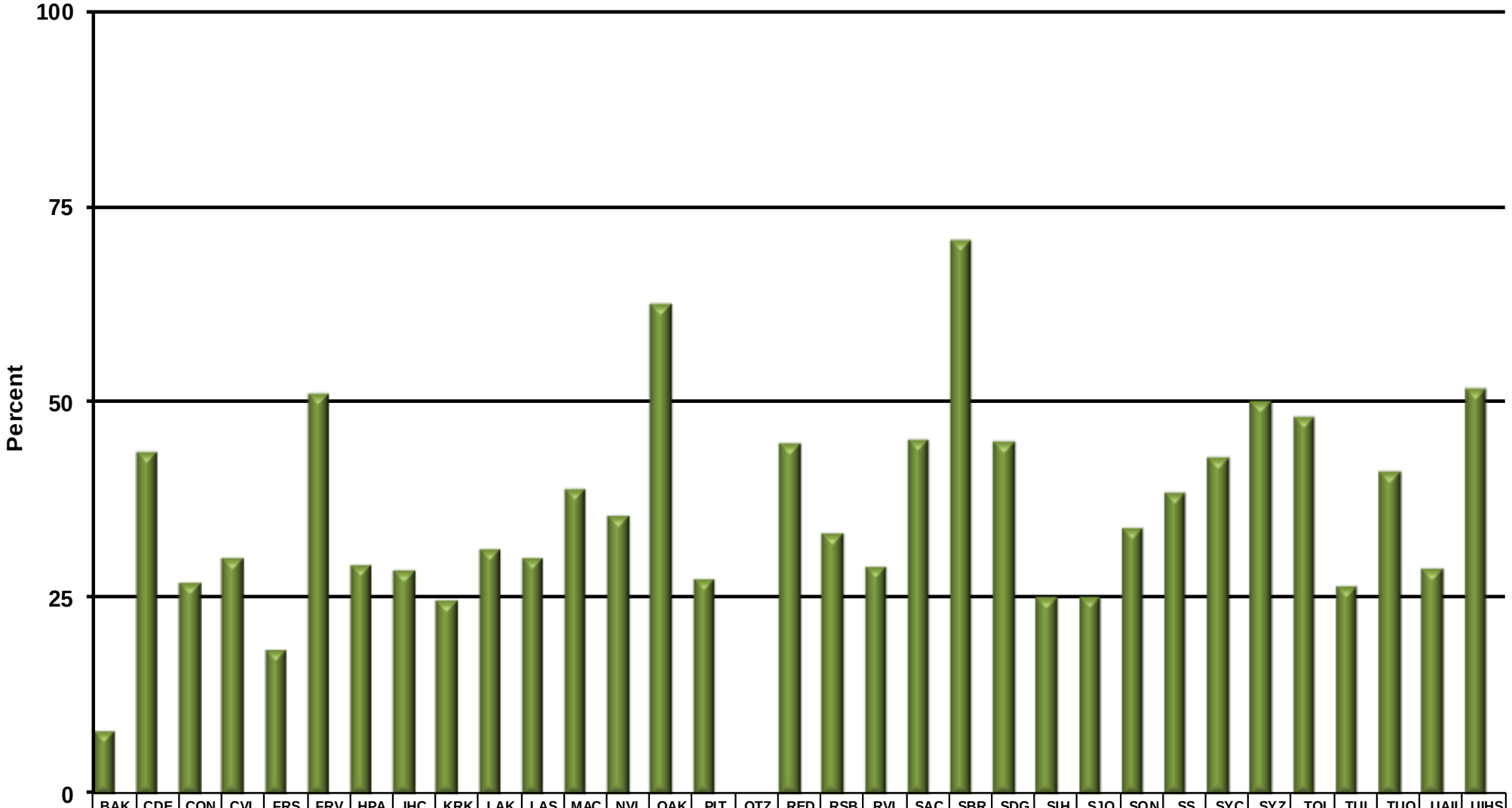
DIABETES: BLOOD PRESSURE CONTROL

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

Importance: *Good blood pressure control can reduce the risk of complications from diabetes. A large clinical study found that diabetics with blood pressure kept under control had a significantly reduced risk of death, heart attack and stroke.*



DIABETES: BLOOD PRESSURE CONTROL

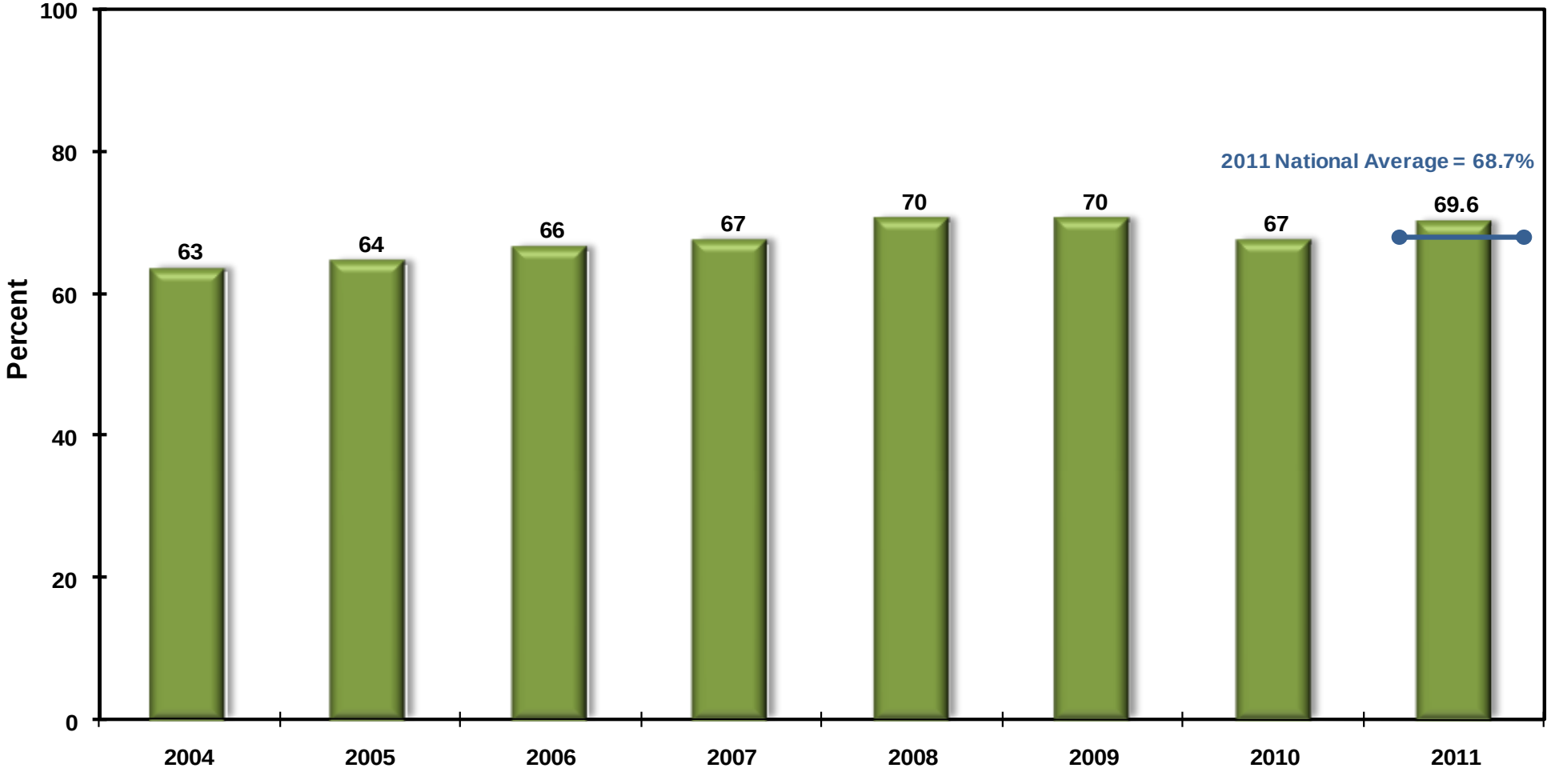


	BAK	CDE	CON	CVL	FRS	FRV	HPA	IHC	KRK	LAK	LAS	MAC	NVL	OAK	PIT	QTZ	RED	RSB	RVL	SAC	SBR	SDG	SIH	SJO	SON	SS	SYC	SYZ	TOI	TUL	TUO	UAII	UIHS
GY11	7.9	43.5	26.7	30	18.2	50.9	29.1	28.3	24.6	31	30	38.8	35.3	62.4	27.3	0	44.7	33	28.8	45.1	70.6	44.8	24.9	25.0	33.7	38.2	42.9	50	48	26.3	40.9	28.6	51.6
GY10	2	39	25	27	38	61	40	35	35	36	47	33	37	47	23	31	50	29	35	32	39	59	27	16	34	56	40	60	52	26	33	33	50
n	38	262	236	507	11	316	234	410	130	142	80	129	156	85	99	6	284	934	111	51	17	58	173	76	407	34	14	58	296	190	22	91	322

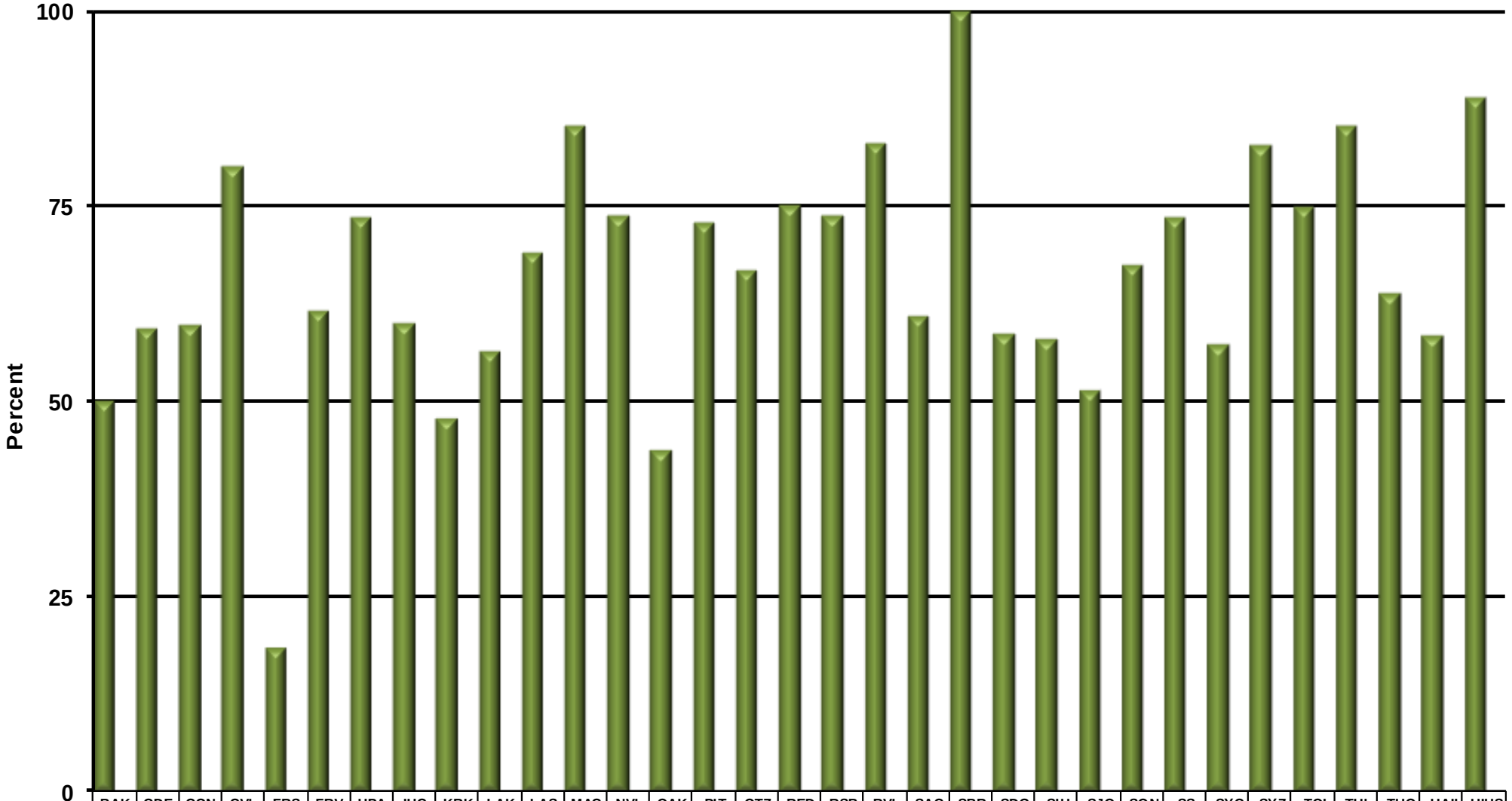
DIABETES: DYSLIPIDEMIA ASSESSMENT

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

Importance: *Dyslipidemia refers to having high LDL (bad) cholesterol and low HDL (good) cholesterol. Controlling cholesterol levels in people with diabetes reduces the risk of complications like heart attack and stroke. 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.*



DIABETES: DYSLIPIDEMIA ASSESSMENT



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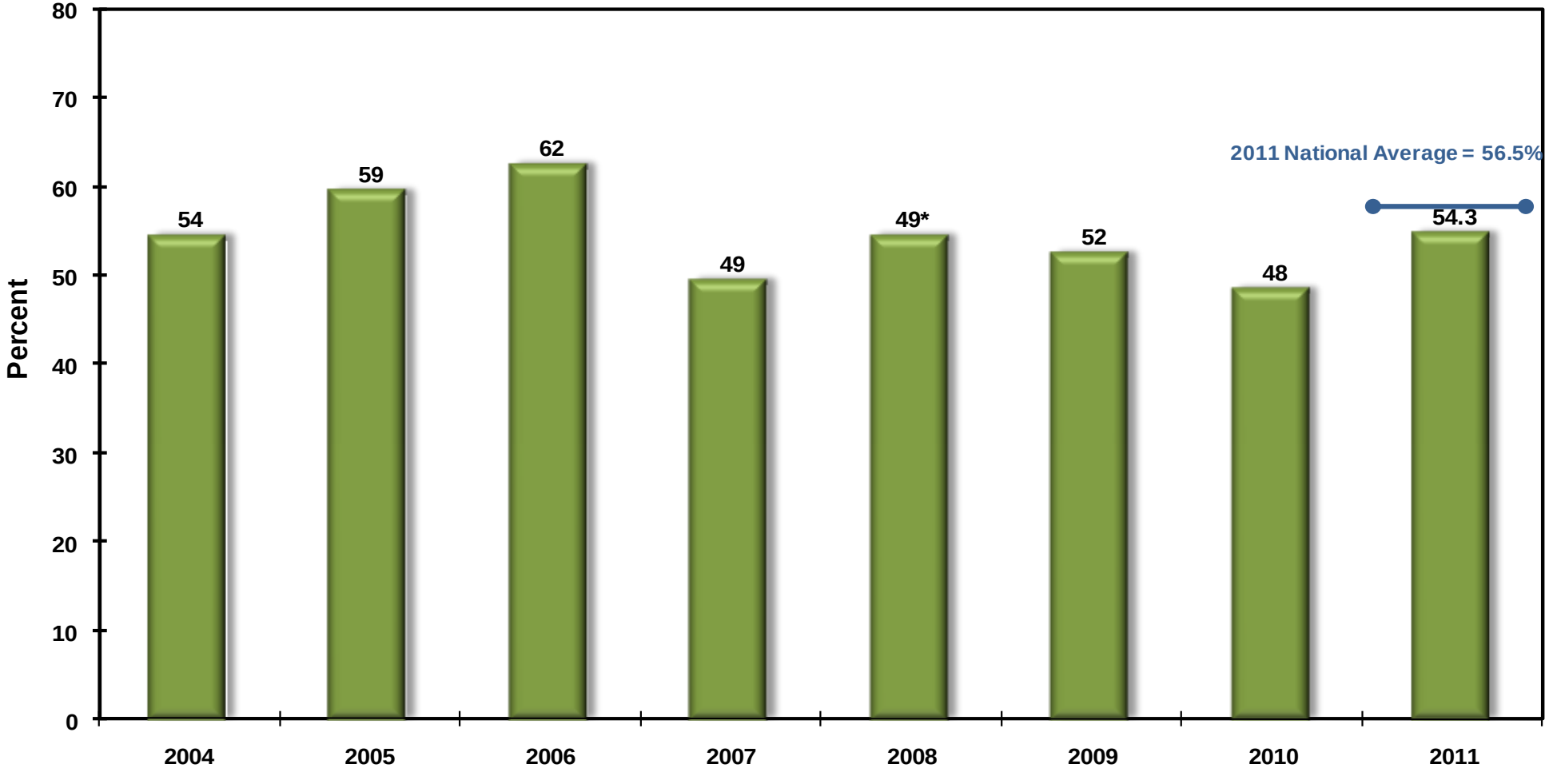
GY11	50.0	59.2	59.7	80.1	18.2	61.4	73.5	59.8	47.7	56.3	68.8	85.3	73.7	43.5	72.7	66.7	75.0	73.7	82.9	60.8	100	58.6	57.8	51.3	67.3	73.5	57.1	82.8	74.7	85.3	63.6	58.2	88.8
GY10	31	55	59	70	38	70	78	58	64	76	86	84	74	51	56	0	73	68	75	49	89	65	60	35	62	72	87	79	69	76	57	41	91
n	38	262	236	507	11	316	234	410	130	142	80	129	156	85	99	6	284	934	111	51	17	58	173	76	407	34	14	58	296	190	22	91	322

DIABETES: NEPHROPATHY ASSESSMENT

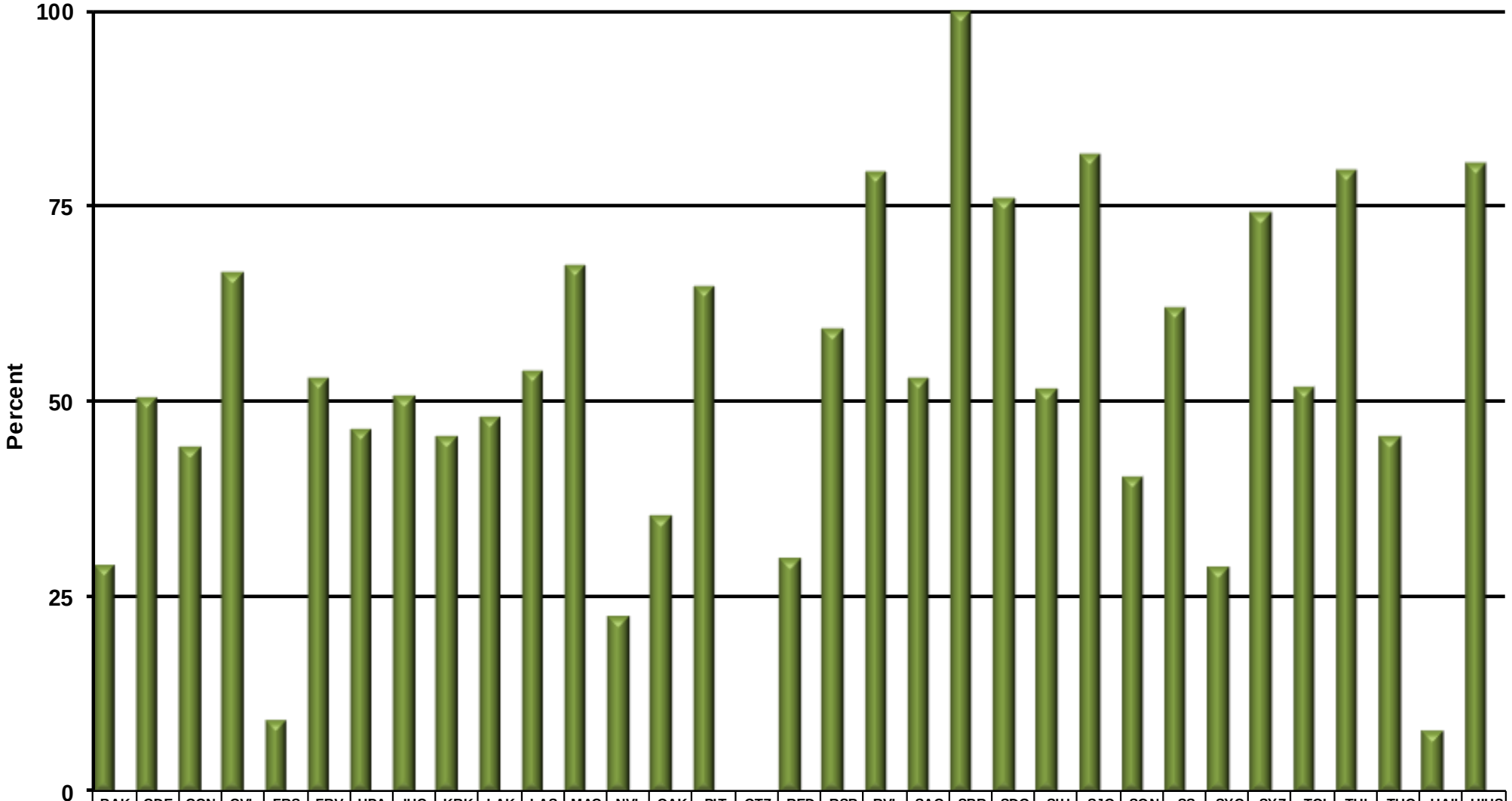
Measure: Proportion of patients with diagnosed diabetes assessed for nephropathy.

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 transplants.*



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

DIABETES: NEPHROPATHY ASSESSMENT



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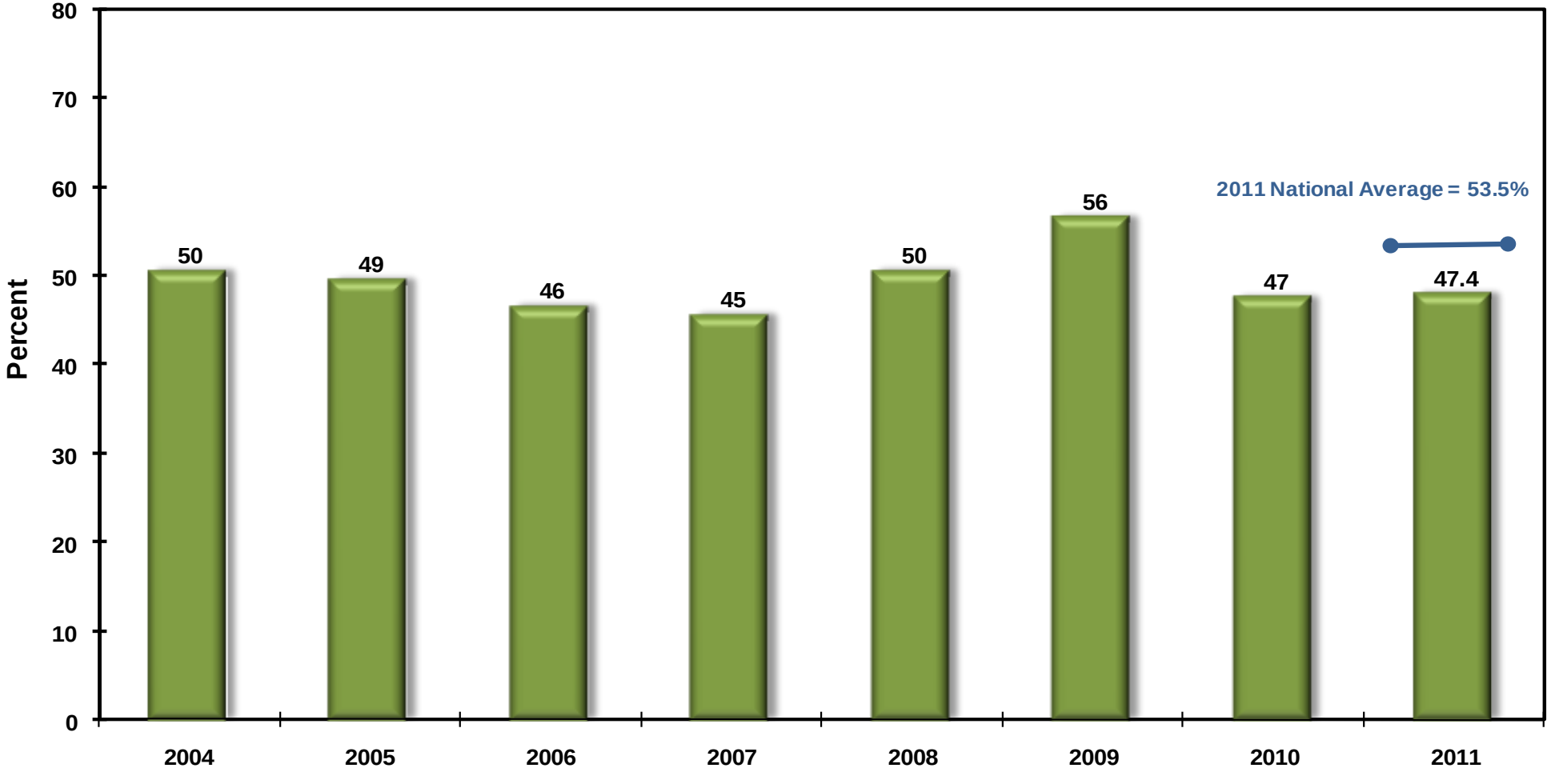
GY11	28.9	50.4	44.1	66.5	9.1	52.8	46.2	50.5	45.4	47.9	53.8	67.4	22.4	35.3	64.6	0	29.9	59.2	79.3	52.9	100	75.9	51.4	81.6	40.3	61.8	28.6	74.1	51.7	79.5	45.5	7.7	80.4
GY10	6	43	30	61	38	61	65	35	49	69	81	58	31	19	39	0	40	52	66	32	67	72	54	21	15	59	67	83	47	55	10	7	82
n	38	262	236	507	11	316	234	410	130	142	80	129	156	85	99	6	284	934	111	51	17	58	173	76	407	34	14	58	296	190	22	91	322

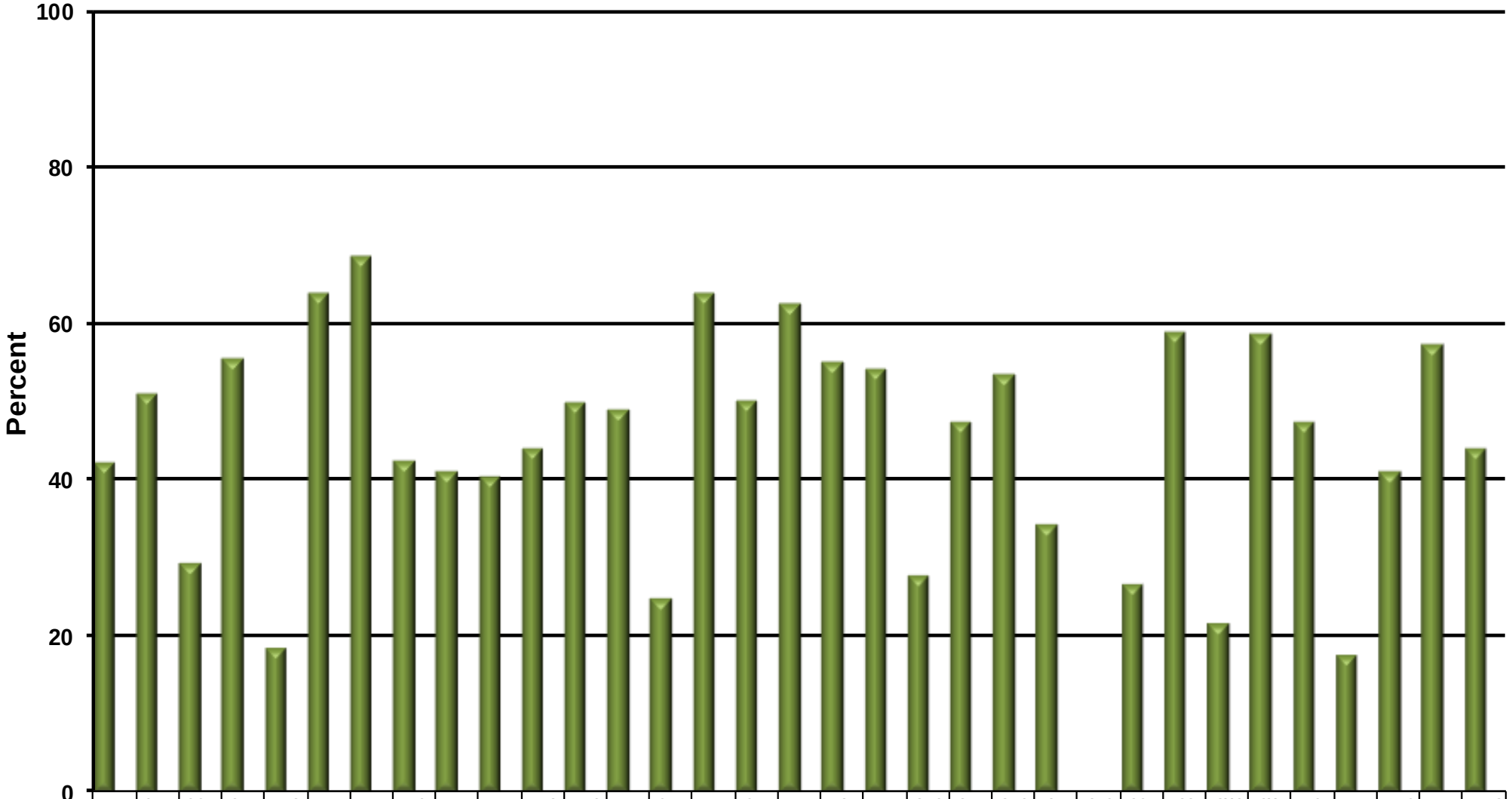
DIABETES: RETINOPATHY

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) helps to reduce vision problems in diabetic patients. A treatment known as "laser photocoagulation" can be effective, but only if the problem is identified early.*



DIABETES: RETINOPATHY

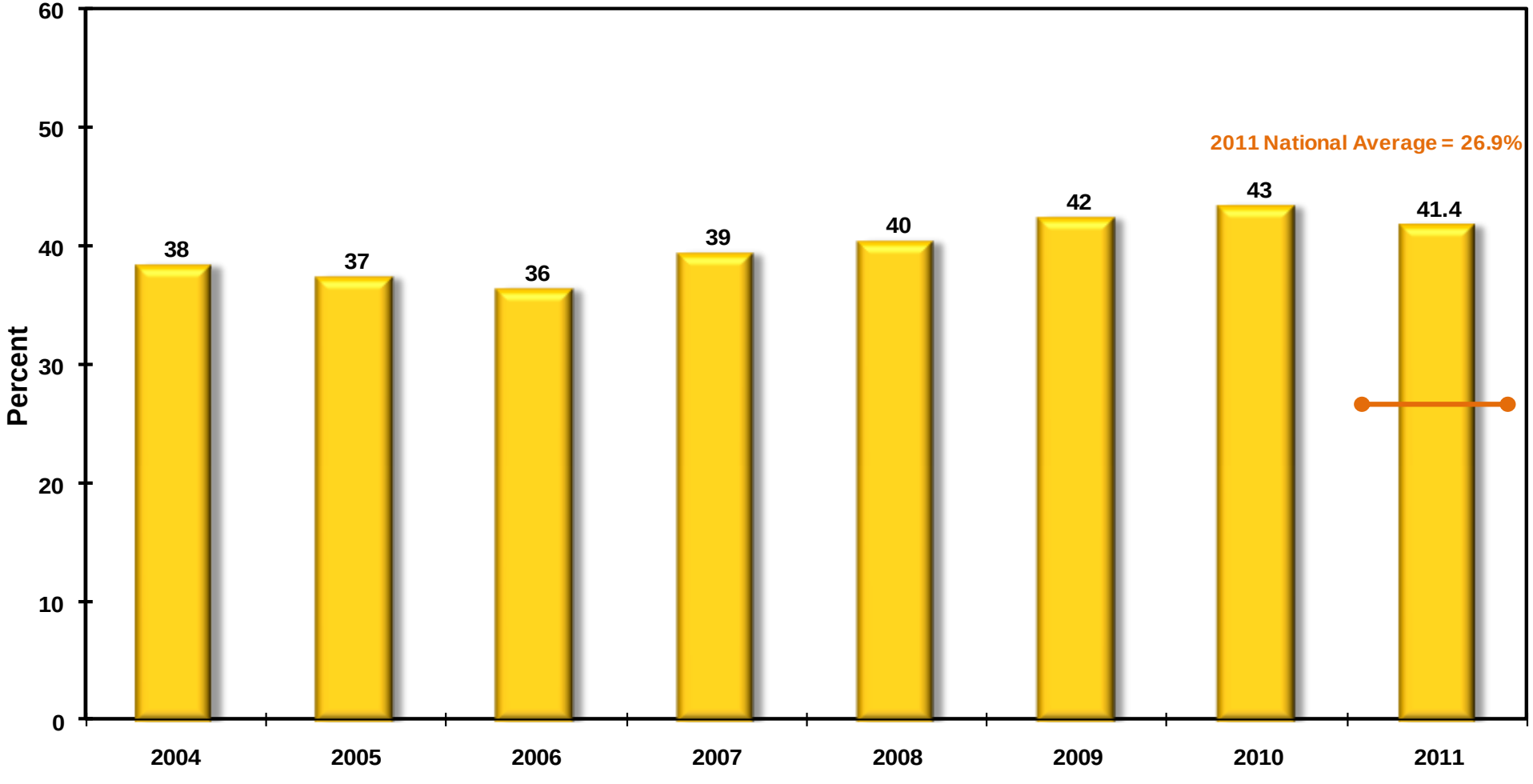


	BAK	CDE	CON	CVL	FRS	FRV	HPA	IHC	KRK	LAK	LAS	MAC	NVL	OAK	PIT	QTZ	RED	RSB	RVL	SAC	SBR	SDG	SIH	SJO	SON	SS	SYC	SYZ	TOI	TUL	TUO	UAII	UIHS
GY11	42.1	50.8	29.2	55.4	18.2	63.6	68.4	42.2	40.8	40.1	43.8	49.6	48.7	24.7	63.6	50	62.3	54.8	54.1	27.5	47.1	53.4	34.1		26.3	58.8	21.4	58.6	47.3	17.4	40.9	57.1	43.8
GY10	10	57	29	47	38	38	71	34	48	39	84	51	57	19	55	8	43	54	40	16	28	39	33		41	56	47	47	42	65	5	16	57
n	38	262	236	507	11	316	234	410	130	142	80	129	156	85	99	6	284	934	111	51	17	58	173		407	34	14	58	296	190	22	91	322

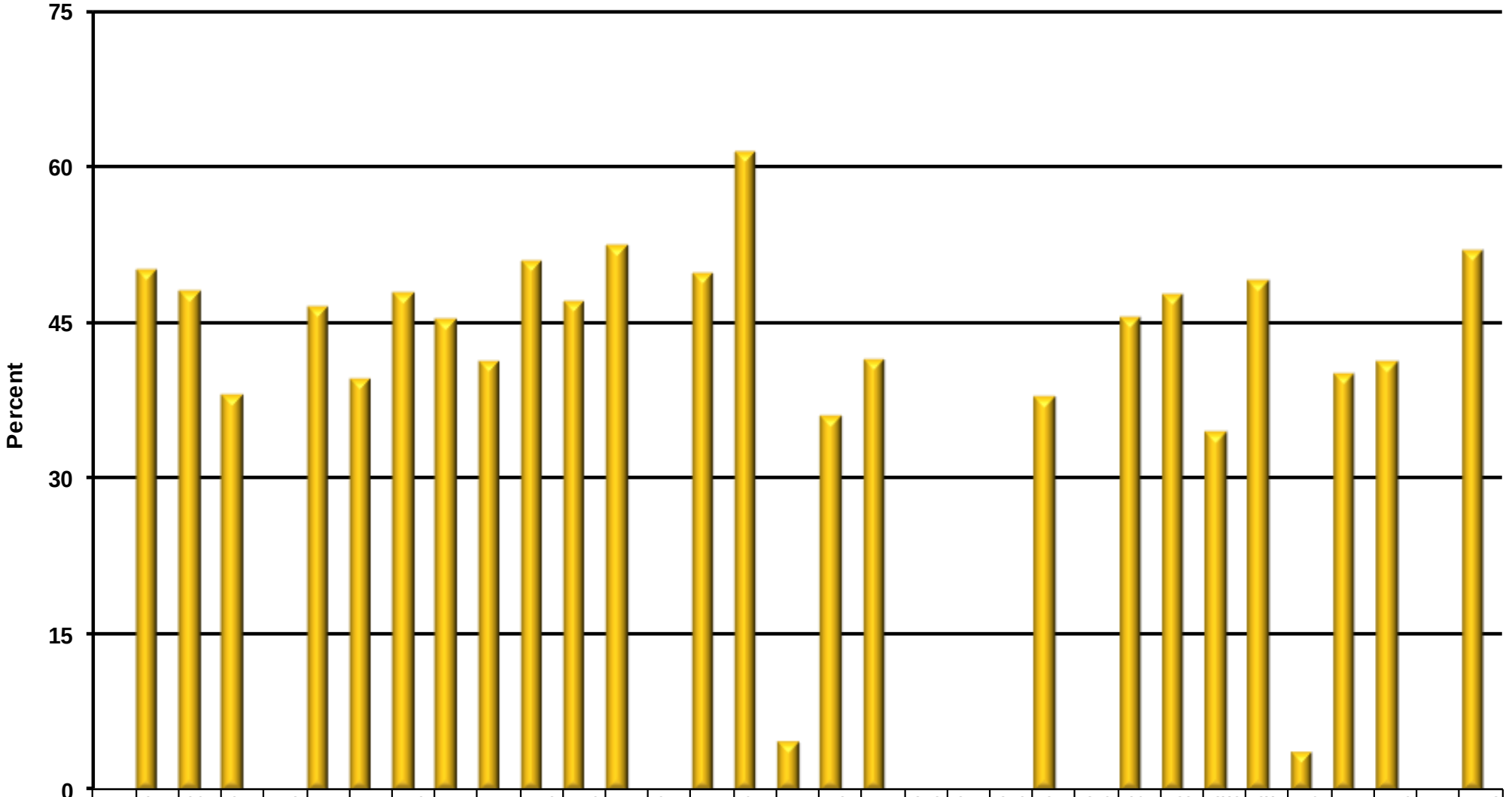
DENTAL: GENERAL ACCESS

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

Importance: *American Indians and Alaska Natives are less likely to receive regular dental care compared to non-Hispanic whites. Untreated tooth decay can cause many complications, including abscesses, infections, and pain, and can lead to other health problems. Access to dental care improves the oral health as well as the overall health of AI/AN people.*



DENTAL: GENERAL ACCESS

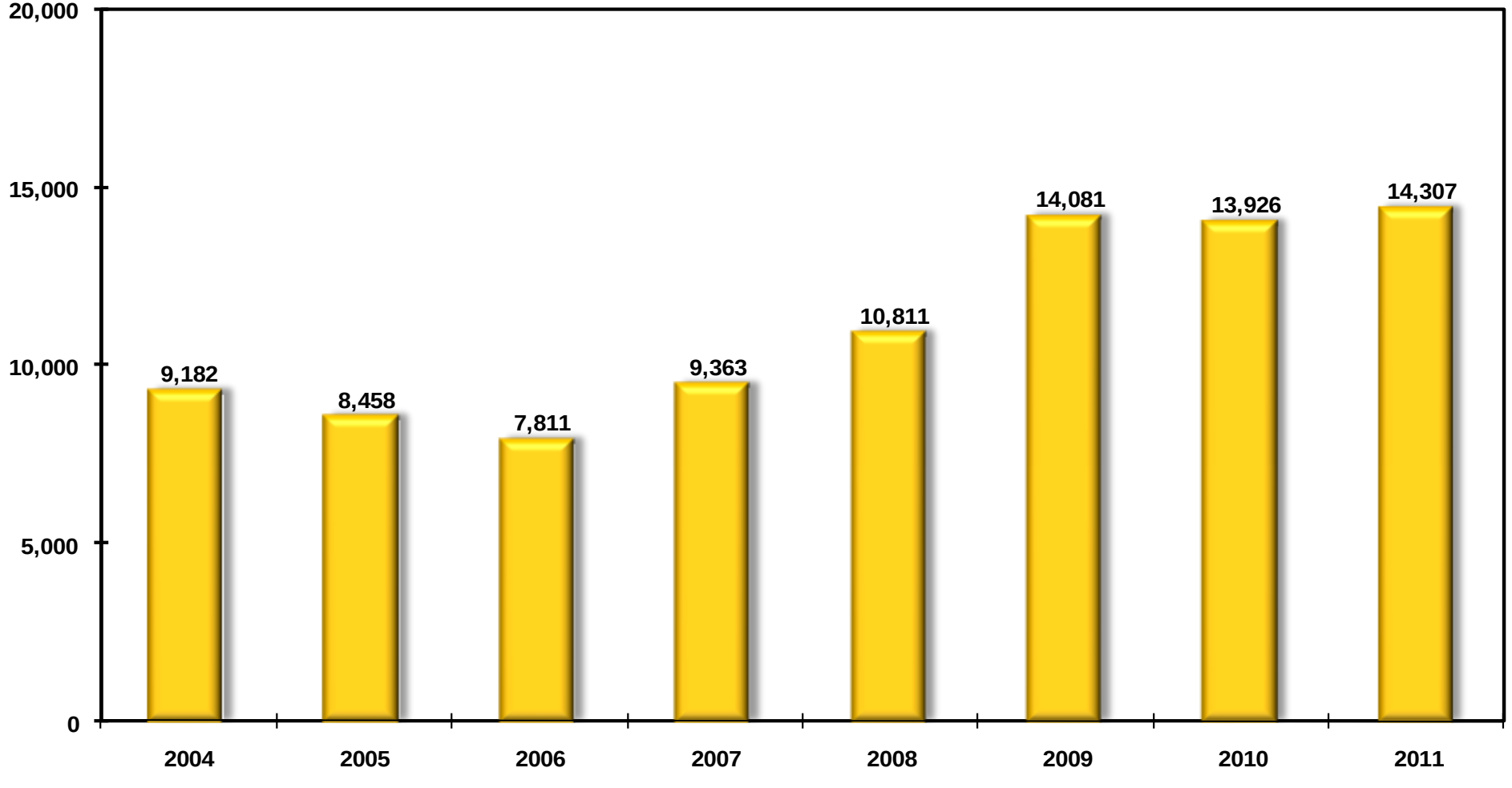


	BAK	CDE	CON	CVL	FRS	FRV	HPA	IHC	KRK	LAK	LAS	MAC	NVL	OAK	PIT	QTZ	RED	RSB	RVL	SAC	SBR	SDG	SIH	SJO	SON	SS	SYC	SYZ	TOI	TUL	TUO	UAll	UIHS
GY11		50	47.9	38		46.5	39.5	47.7	45.3	41.2	50.9	47	52.3		49.6	61.4	4.5	35.9	41.4				37.7		45.4	47.6	34.4	48.9	3.6	39.9	41.2		51.9
GY10		53	48	36		45	45	48	39	46	51	46	54		53	57	9	35	42				40		46	49	41	49	46	42	55		56
n		6768	2970	7900		4322	3203	4545	2073	1788	1089	1765	2092		901	158	3304	13301	1240				2375		5458	1030	128	1020	2866	2780	243		5930

DENTAL: SEALANTS

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

Importance: *American Indian and Alaska Native children have significantly higher dental decay rates than the general U.S. population. Dental sealants are an effective way to reduce decay and can be applied for a relatively low cost. Sealants can provide 100% protection from dental decay, and can prevent decay from continuing once it has started.*



DENTAL: SEALANTS

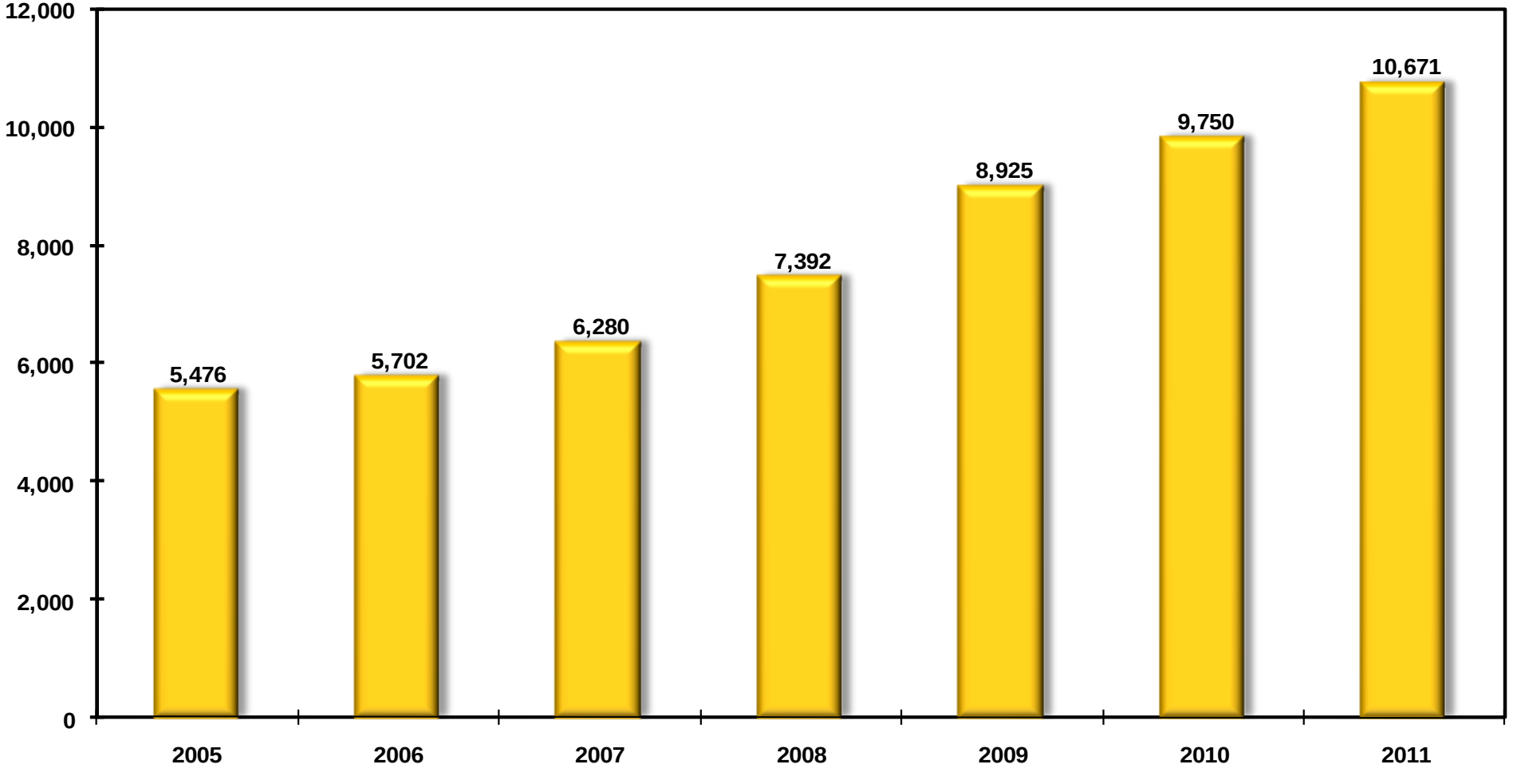
Site Name	2011	2010
BAKERSFIELD IHC	N/A	N/A
CHAPA-DE	1252	1748
CONSOLIDATED	568	740
CENTRAL VALLEY	1572	945
FRESNO	N/A	N/A
FEATHER RIVER INDIAN HEALTH	1770	1317
HOOPA	988	796
INDIAN HEALTH COUNCIL	733	681
KARUK	470	335
LAKE	34	65
LASSEN INDIAN HC	500	300
MACT HEALTH BOARD CLINIC	221	52
NORTHERN VALLEY	451	569
OAKLAND NATIVE AMER HC/SAN FRANCISCO	N/A	N/A
PIT RIVER	197	240
QUARTZ VALLEY	65	60
REDDING RANCHERIA	0	0

Site Name	2011	2010
RIVERSIDE/SAN BERNARDINO	3343	3430
ROUND VALLEY	158	118
SACRAMENTO NATIVE AMER HEALTH CENTER	N/A	N/A
SANTA BARBARA IHC	N/A	N/A
SAN DIEGO IHC	N/A	N/A
SO. INDIAN HEALTH COUNCIL	236	277
SAN JOSE	N/A	N/A
SONOMA	651	561
SHINGLE SPRINGS TRIBAL HEALTH PROGRAM	249	271
SYCUAN	19	12
SANTA YNEZ	202	257
TOIYABE	0	289
TULE RIVER CLINIC	565	636
TUOLUMNE ME-WUK CLINIC	63	91
UNITED AMERICAN INDIAN INVOLVEMENT	N/A	N/A
UNITED INDIAN HEALTH SERVICES	513	720

DENTAL: TOPICAL FLUORIDES

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

Importance: *The topical application of fluoride helps prevent cavities and is appropriate for children, adolescents, and adults. Topical fluorides can also help older adults with dental problems such as exposed roots or dry mouth. Patients who receive at least one fluoride application have fewer new cavities, which reduces the cost of providing dental care, and improves the oral health of patients.*



DENTAL: TOPICAL FLUORIDES

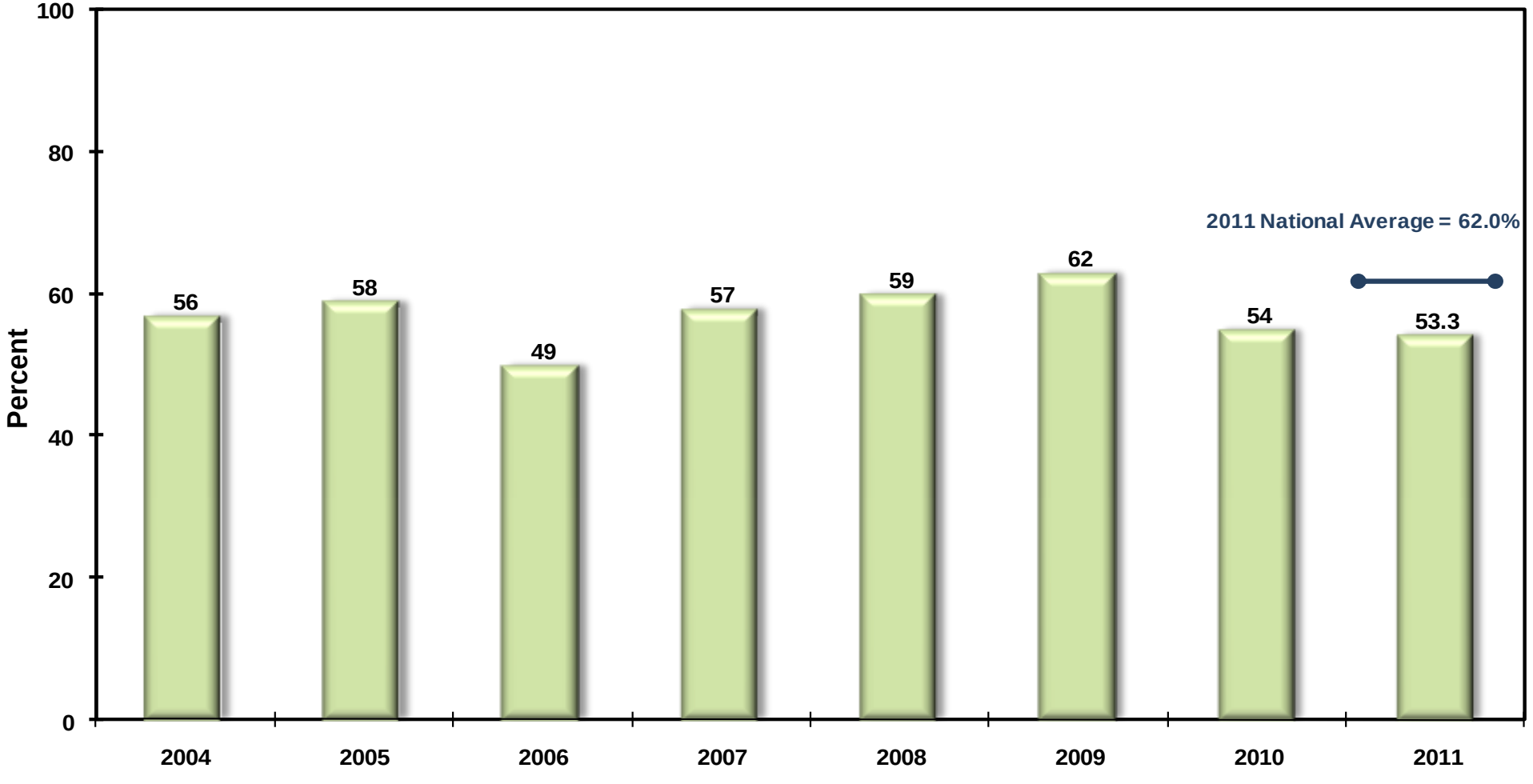
Site Name	2011	2010
BAKERSFIELD IHC	N/A	N/A
CHAPA-DE	1336	1299
CONSOLIDATED	922	841
CENTRAL VALLEY	1664	1341
FRESNO	N/A	N/A
FEATHER RIVER INDIAN HEALTH	833	771
HOOPA	654	586
INDIAN HEALTH COUNCIL	675	659
KARUK	503	397
LAKE	183	170
LASSEN INDIAN HC	187	155
MACT HEALTH BOARD CLINIC	98	101
NORTHERN VALLEY	495	384
OAKLAND NATIVE AMER HC/SAN FRANCISCO	N/A	N/A
PIT RIVER	208	190
QUARTZ VALLEY	62	31
REDDING RANCHERIA	0	0

Site Name	2011	2010
RIVERSIDE/SAN BERNARDINO	921	917
ROUND VALLEY	124	133
SACRAMENTO NATIVE AMER HEALTH CENTER	N/A	N/A
SANTA BARBARA IHC	N/A	N/A
SAN DIEGO IHC	N/A	N/A
SO. INDIAN HEALTH COUNCIL	191	157
SAN JOSE	N/A	N/A
SONOMA	646	575
SHINGLE SPRINGS TRIBAL HEALTH PROGRAM	158	91
SYCUAN	9	9
SANTA YNEZ	146	160
TOIYABE	0	142
TULE RIVER CLINIC	605	564
TUOLUMNE ME-WUK CLINIC	51	56
UNITED AMERICAN INDIAN INVOLVEMENT	N/A	N/A
UNITED INDIAN HEALTH SERVICES	1080	1254

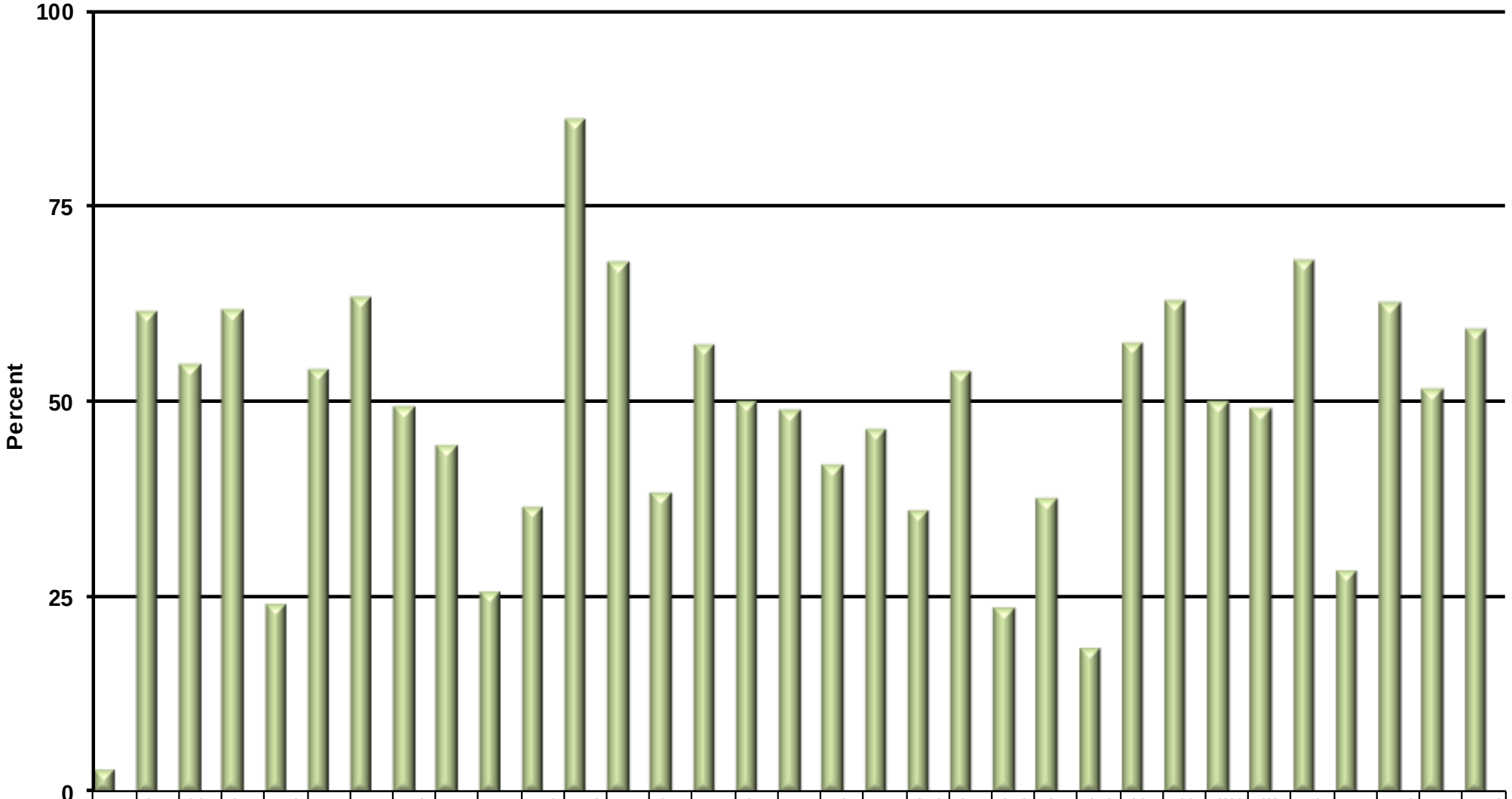
IMMUNIZATIONS: INFLUENZA

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

Importance: *Influenza (the "Flu") is a highly contagious respiratory illness that can cause life-threatening complications. People aged 65 and older are especially vulnerable. Adults age 65 and older account for 90% of the deaths each year from complications related to influenza, and most of the hospitalizations from influenza-related illness. The best way to prevent influenza and its associated complications is to get an annual flu vaccination.*



IMMUNIZATIONS: INFLUENZA

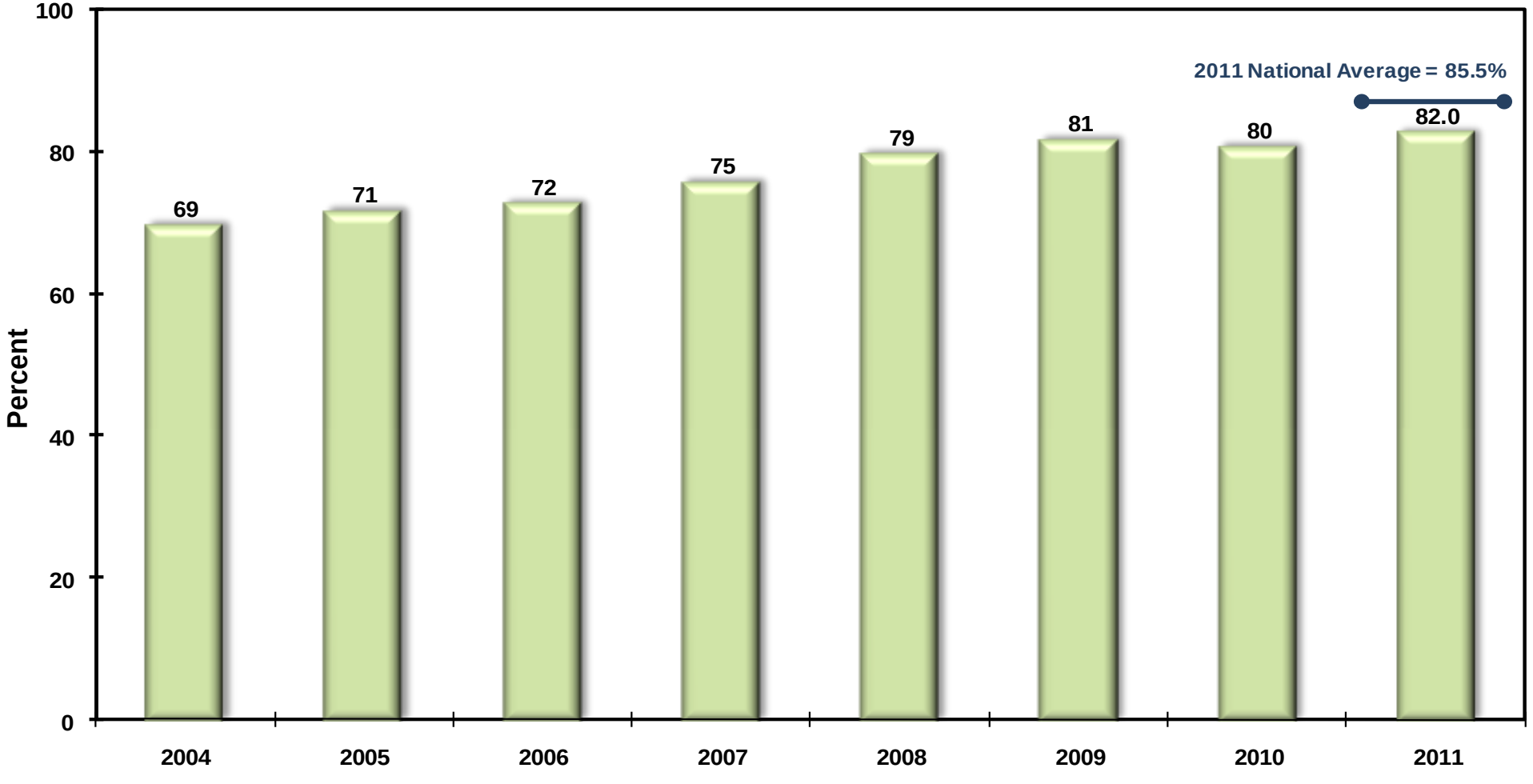


	BAK	CDE	CON	CVL	FRS	FRV	HPA	IHC	KRK	LAK	LAS	MAC	NVL	OAK	PIT	QTZ	RED	RSB	RVL	SAC	SBR	SDG	SIH	SJO	SON	SS	SYC	SYZ	TOI	TUL	TUO	UAII	UIHS
GY11	2.6	61.4	54.7	61.6	24.0	54.1	63.3	49.3	44.2	25.6	36.4	86	67.7	38.2	57.1	50	48.9	41.8	46.2	36.0	53.8	23.5	37.5	18.2	57.3	62.7	50	49.1	68.1	28.3	62.5	51.5	59.2
GY10	0	65	48	70	11	45	72	48	43	31	74	70	67	28	37	0	58	40	50	48	30	12	49	30	61	71	43	51	67	38	60	60	57
n	38	202	148	354	25	205	177	217	154	86	66	129	93	55	49	2	311	577	91	25	13	17	80	33	241	51	8	53	204	99	16	68	424

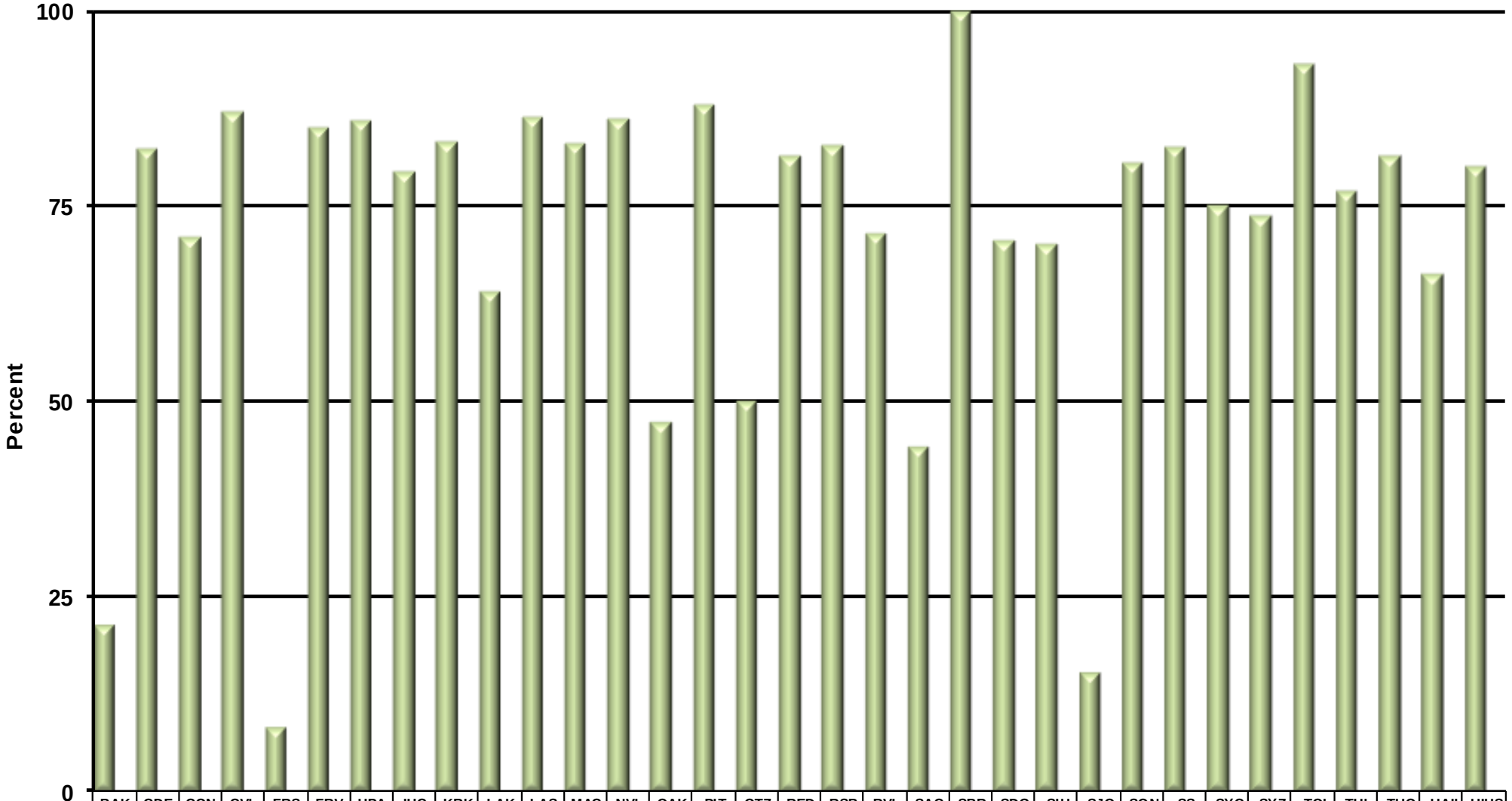
IMMUNIZATIONS: PNEUMOCOCCAL

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

Importance: *Pneumococcal disease is a bacterial infection that can lead to meningitis, pneumonia, and other serious infections. Most of the people who die from pneumococcal disease are older adults. The risk of death and complications from the disease can be greatly reduced by a single pneumococcal vaccination once a person reaches the age of 65.*



IMMUNIZATIONS: PNEUMOCOCCAL

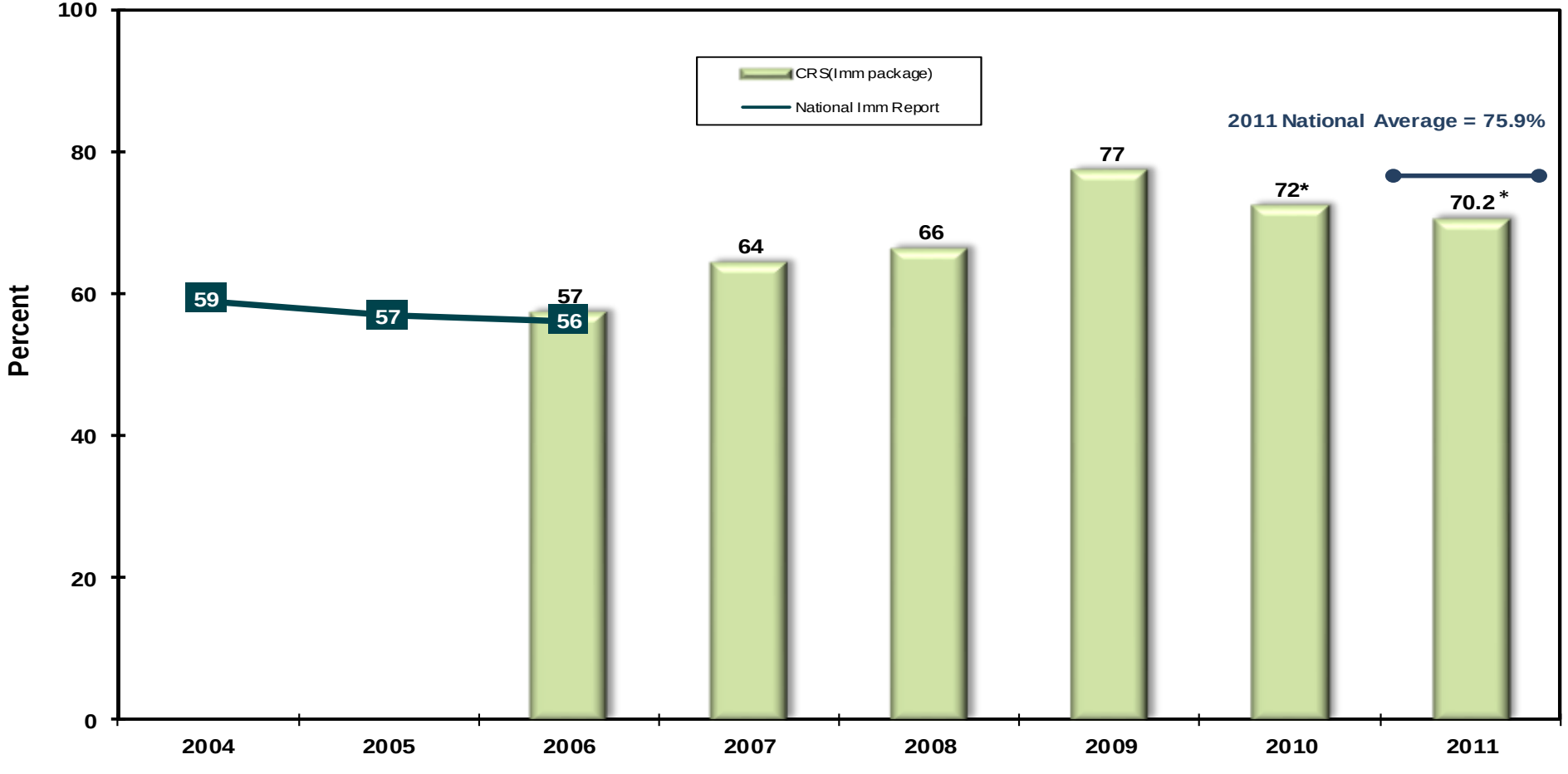


	BAK	CDE	CON	CVL	FRS	FRV	HPA	IHC	KRK	LAK	LAS	MAC	NVL	OAK	PIT	QTZ	RED	RSB	RVL	SAC	SBR	SDG	SIH	SJO	SON	SS	SYC	SYZ	TOI	TUL	TUO	UAII	UIHS
GY11	21.1	82.2	70.9	87	8.0	84.9	85.9	79.3	83.1	64	86.4	82.9	86	47.3	87.8	50	81.4	82.8	71.4	44.0	100	70.6	70	15.2	80.5	82.4	75	73.6	93.1	76.8	81.3	66.2	80.0
GY10	12	81	71	87	11	81	84	78	79	65	87	80	84	47	87	0	59	77	67	48	70	65	73	69	84	86	71	78	93	79	73	52	79
n	38	202	148	354	25	205	177	217	154	86	66	129	93	55	49	2	311	577	91	25	13	17	80	33	241	51	8	53	204	99	16	68	424

IMMUNIZATIONS: CHILDHOOD (19 – 35 months)

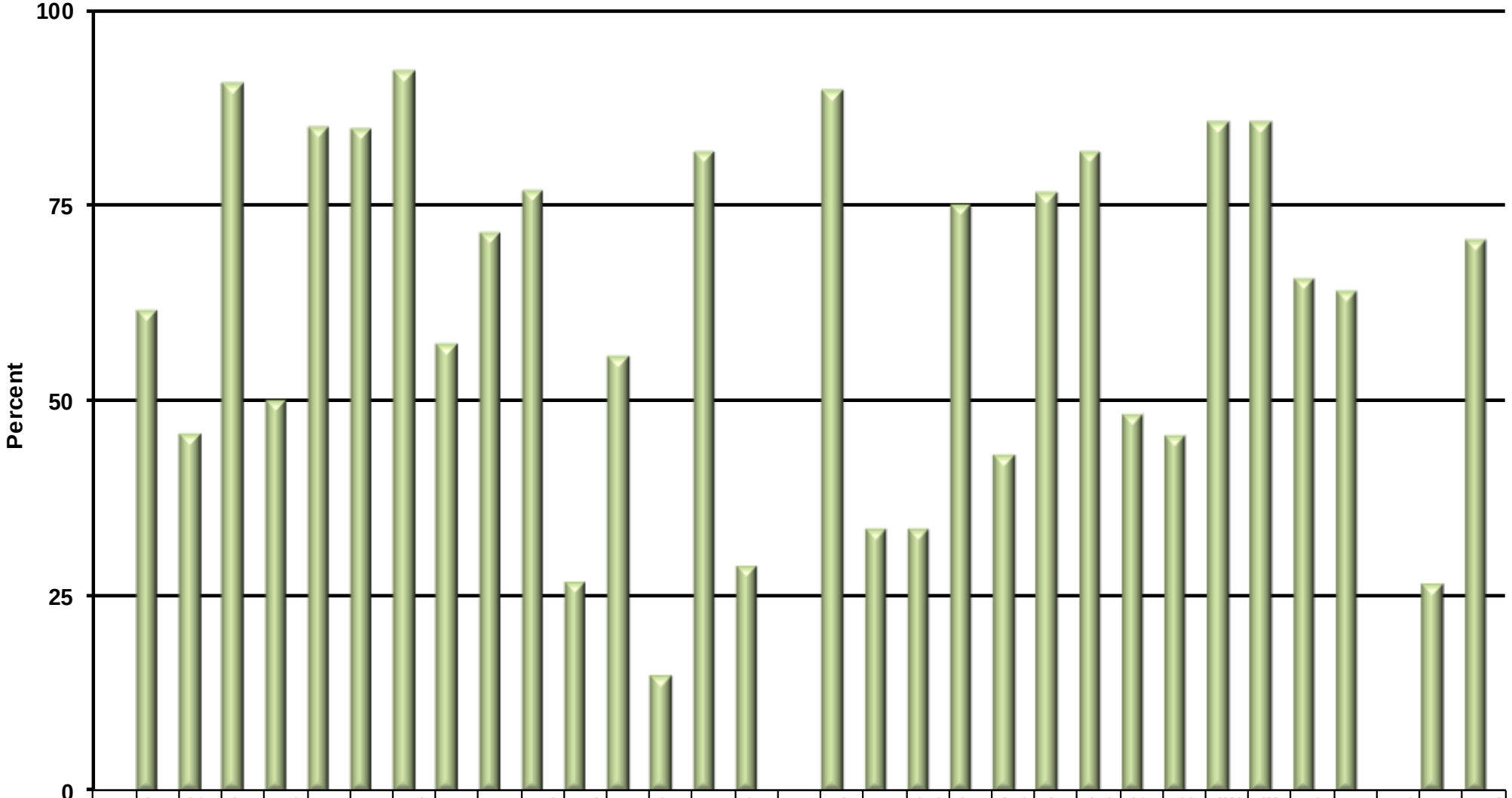
Measure: Combined (4:3:1:3:3:1:4) immunization rates for AI/AN patients aged 19-35 months.

Importance: *Immunizations significantly improve the health of children, and stop the spread of disease within communities. The Healthy People 2020 goal is 80% coverage for the combined 4:3:1:3:3:1:4 series, which includes 4 doses of DTaP (Diptheria/Tetanus/Pertussis-Whooping Cough), 3 doses of IPV (Polio), 1 dose of MMR (Measles/Mumps/Rubella), 3 doses of Hep B (Hepatitis), 3 doses of Hib (Haemophilis Influenzae- a cause of meningitis), one dose of Varicella (Chicken Pox), and 4 doses of PCV (Pneumococcal Conjugate). IHS measured the 4:3:1:3:3:1 series in FY 2010, and began measuring the 4:3:1:3:3:1:4 series in FY 2011.*



Starting in FY 2007, GPRA results are reported using the CRS Immunization package. Previous results were provided by the National Immunization Program.
* Varicella vaccine added to childhood immunization serires in FY 2010 and four pneumococcal conjugate vaccines added in FY 2011.

IMMUNIZATIONS: CHILDHOOD (19 – 35 months)

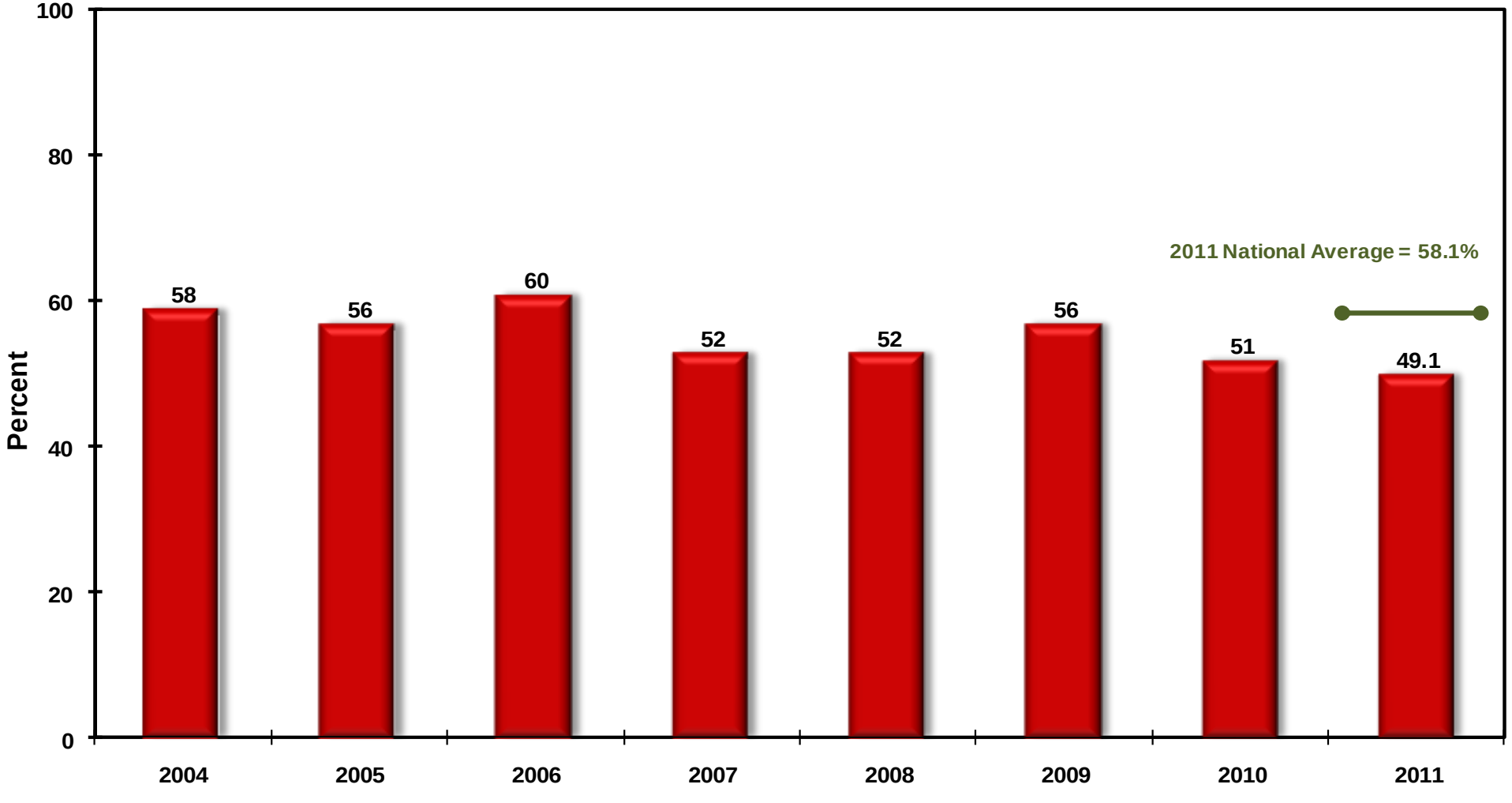


	BAK	CDE	CON	CVL	FRS	FRV	HPA	IHC	KRK	LAK	LAS	MAC	NVL	OAK	PIT	QTZ	RED	RSB	RVL	SAC	SBR	SDG	SIH	SJO	SON	SS	SYC	SYZ	TOI	TUL	TUO	UAII	UIHS
GY11	0	61.5	45.7	90.7	50.0	84.9	84.8	92.1	57.1	71.4	76.9	26.7	55.6	14.6	81.8	28.6	0.0	89.7	33.3	33.3	75	42.9	76.7	81.8	48.2	45.5	85.7	85.7	65.6	64	0	26.5	70.5
GY10	0	70	64	80	0	84	82	89	56	62	85	57	79	19	44	0	55	91	78	100	100	33	58	45	61	41	100	91	75	48	40	44	62
n	2	52	46	129	2	53	46	63	35	7	13	15	18	41	11	7	73	87	15	9	4	14	30	11	137	11	7	14	64	50	3	34	146

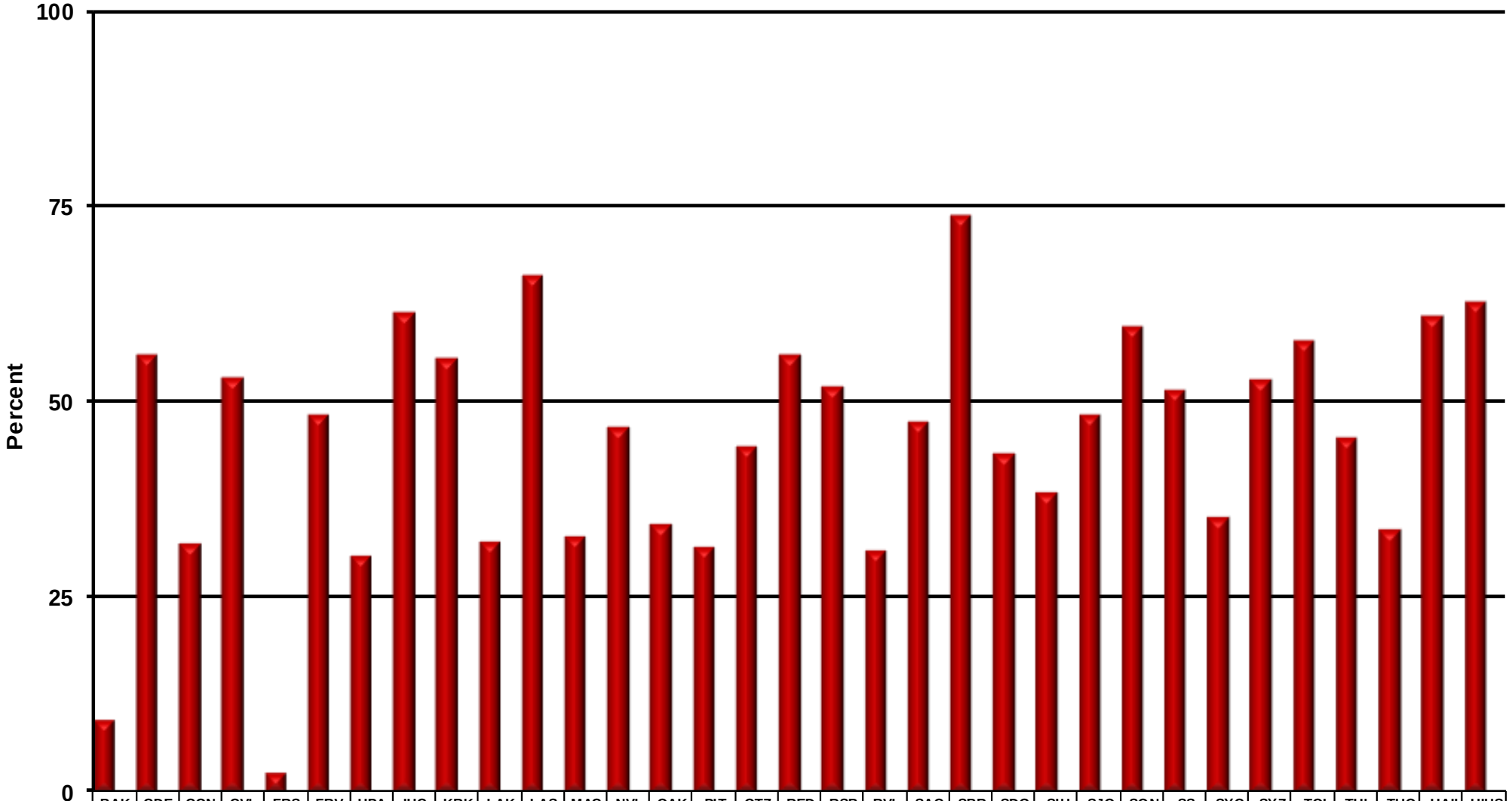
CANCER SCREENING: CERVICAL (PAP SMEAR)

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 screen lowers the risk of developing cervical cancer by detecting pre-cancerous changes. If cervical cancer is detected early, the likelihood of survival is almost 100 percent with appropriate treatment and follow-up.*



CANCER SCREENING: CERVICAL (PAP SMEAR)

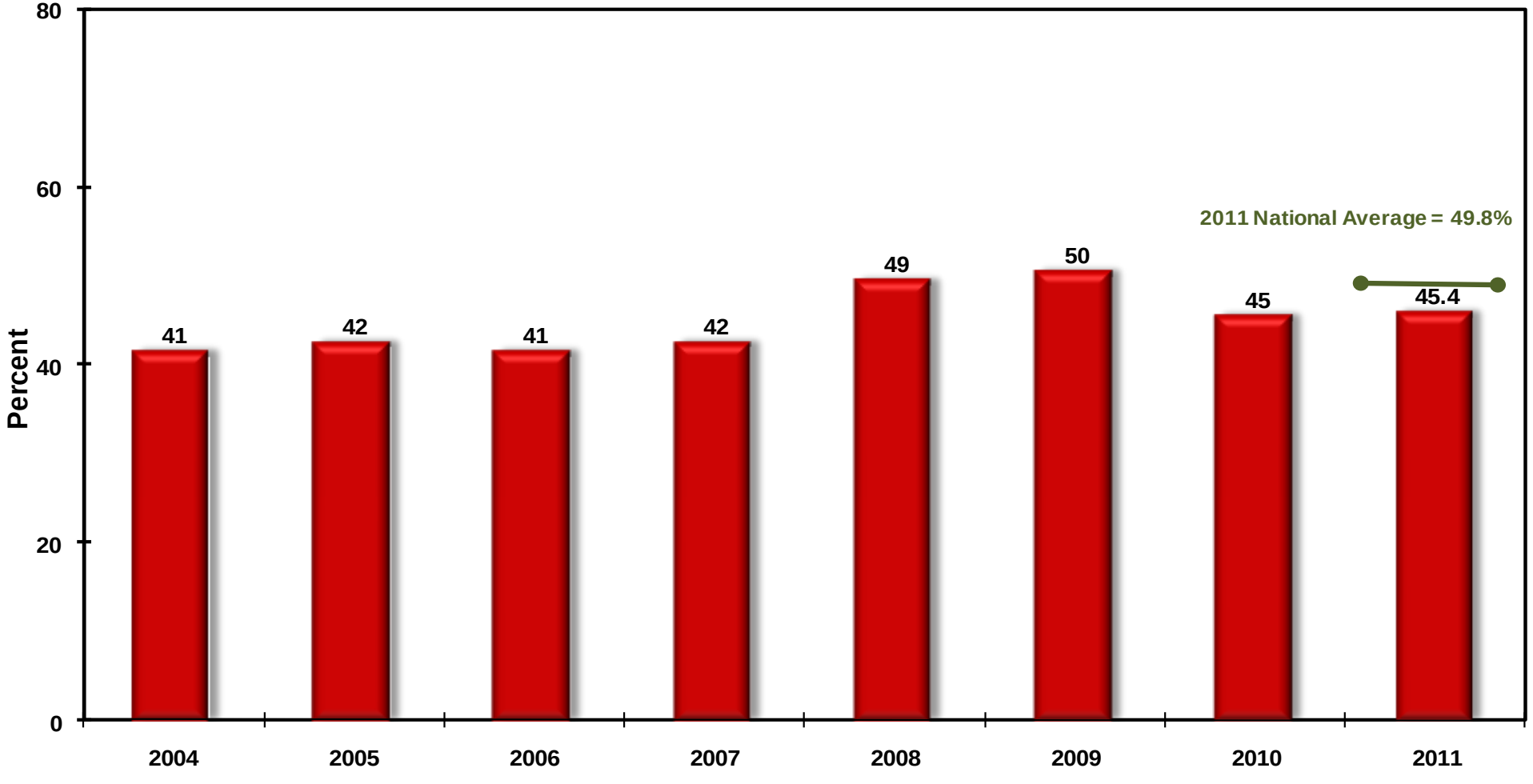


	BAK	CDE	CON	CVL	FRS	FRV	HPA	IHC	KRK	LAK	LAS	MAC	NVL	OAK	PIT	QTZ	RED	RSB	RVL	SAC	SBR	SDG	SIH	SJO	SON	SS	SYC	SYZ	TOI	TUL	TUO	UAII	UIHS
GY11	9.1	55.8	31.5	52.8	2.1	48.1	30	61.3	55.4	31.8	65.9	32.6	46.6	34.1	31.2	44	55.7	51.7	30.7	47.3	73.6	43.1	38.1	48.2	59.4	51.2	35	52.6	57.7	45.2	33.3	60.7	62.5
GY10	11	59	33	54	18	54	35	65	58	34	68	39	48	45	30	4	57	48	37	29	75	51	39	50	63	52	40	61	64	43	41	56	67
n	176	1178	606	1649	94	979	677	846	383	400	208	344	472	434	199	25	849	2256	267	298	106	297	475	199	1176	201	20	213	664	502	60	359	1424

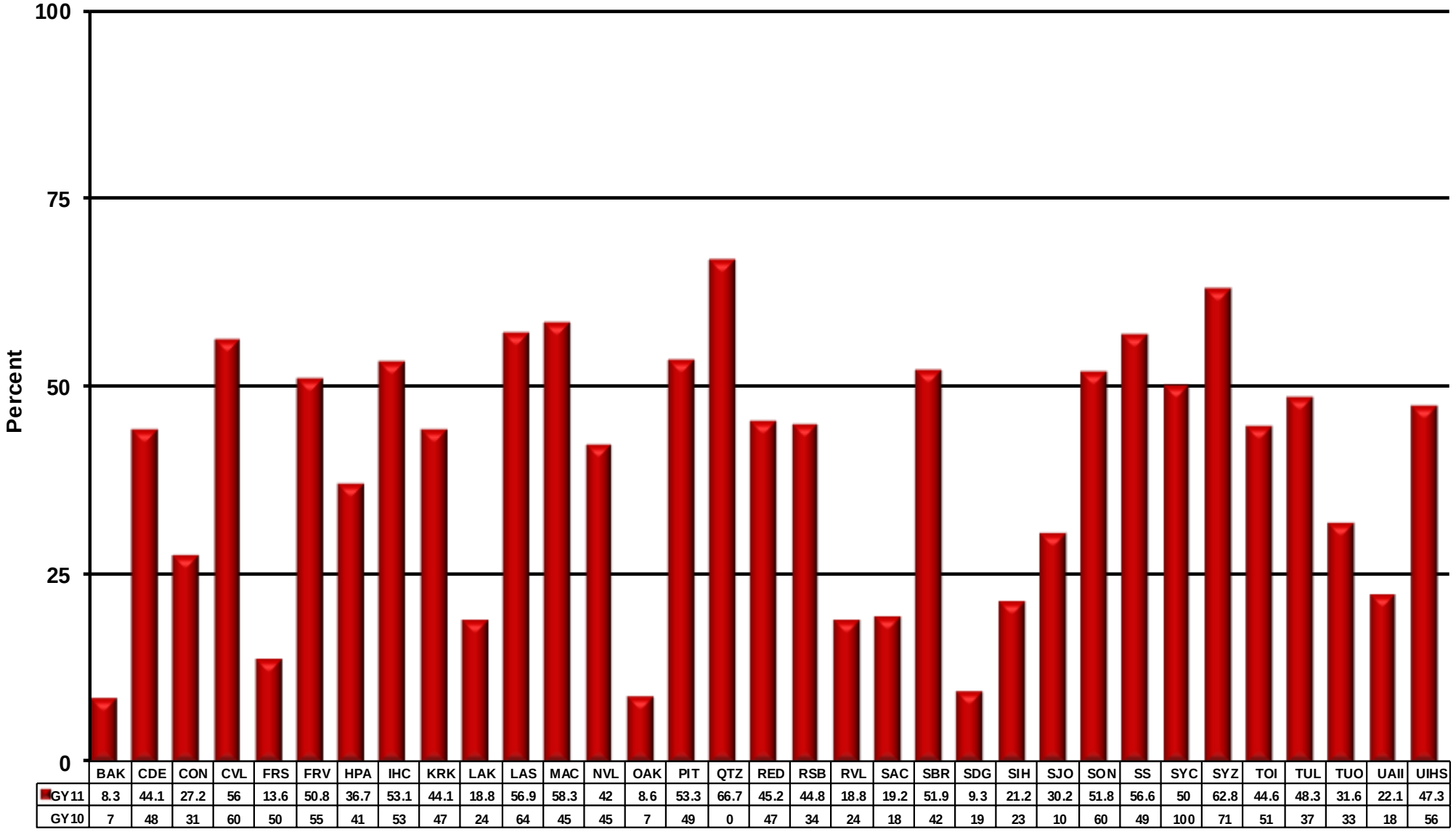
CANCER SCREENING: BREAST (MAMMOGRAPHY)

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

Importance: *Screening women between the ages of 50 and 69 every other year has been shown to decrease the risk of death from breast cancer. 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 death rates since 1990, AI/AN women have not shared these gains. AI/AN women diagnosed with breast cancer have lower likelihood of surviving for five years compared to almost all other groups, mainly because their cancers are less likely to be found at an early stage, where they can be treated effectively.*



CANCER SCREENING: BREAST (MAMMOGRAPHY)

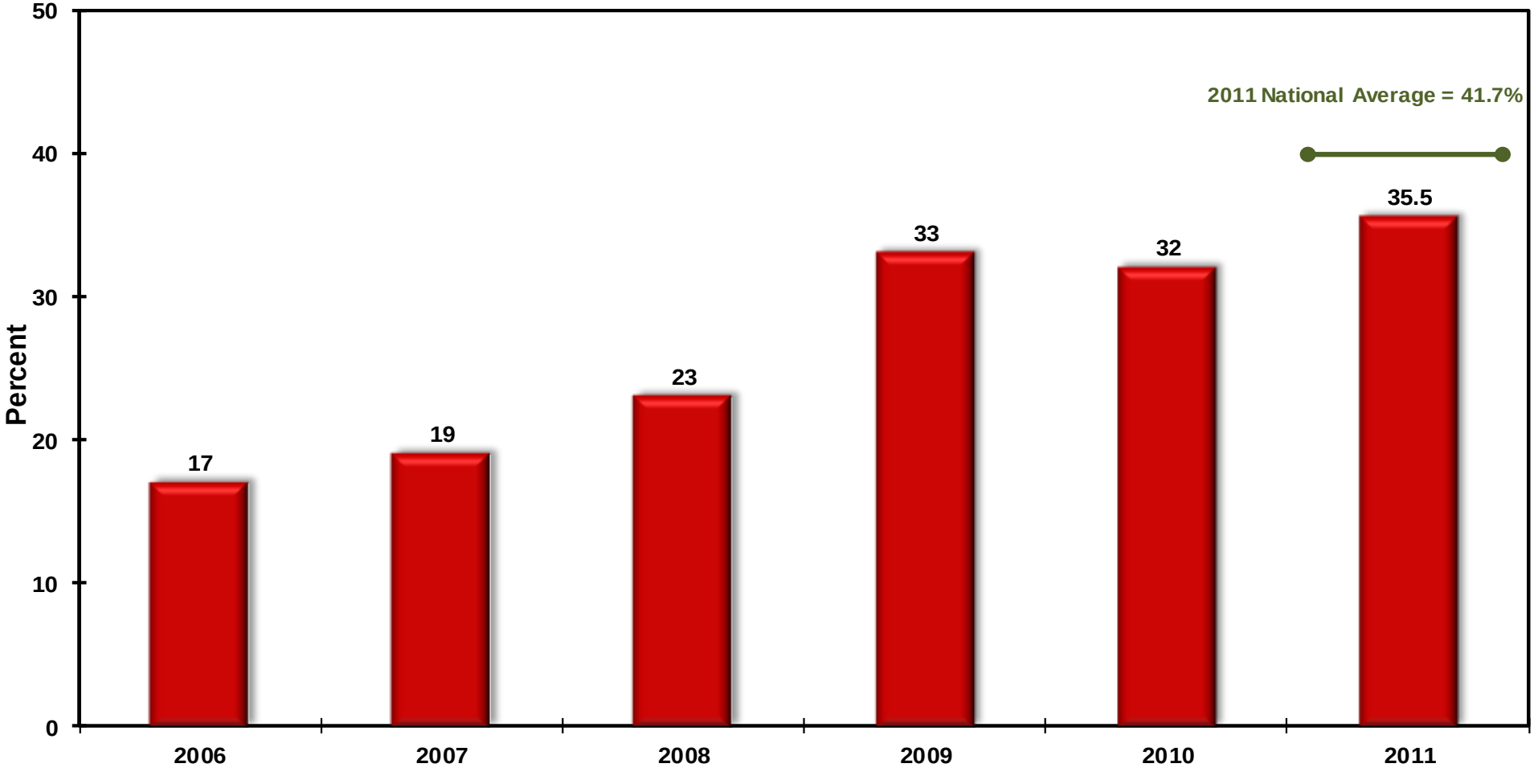


	BAK	CDE	CON	CVL	FRS	FRV	HPA	IHC	KRK	LAK	LAS	MAC	NVL	OAK	PIT	QTZ	RED	RSB	RVL	SAC	SBR	SDG	SIH	SJO	SON	SS	SYC	SYZ	TOI	TUL	TUO	UAII	UIHS
GY11	8.3	44.1	27.2	56	13.6	50.8	36.7	53.1	44.1	18.8	56.9	58.3	42	8.6	53.3	66.7	45.2	44.8	18.8	19.2	51.9	9.3	21.2	30.2	51.8	56.6	50	62.8	44.6	48.3	31.6	22.1	47.3
GY10	7	48	31	60	50	55	41	53	47	24	64	45	45	7	49	0	47	34	24	18	42	19	23	10	60	49	100	71	51	37	33	18	56

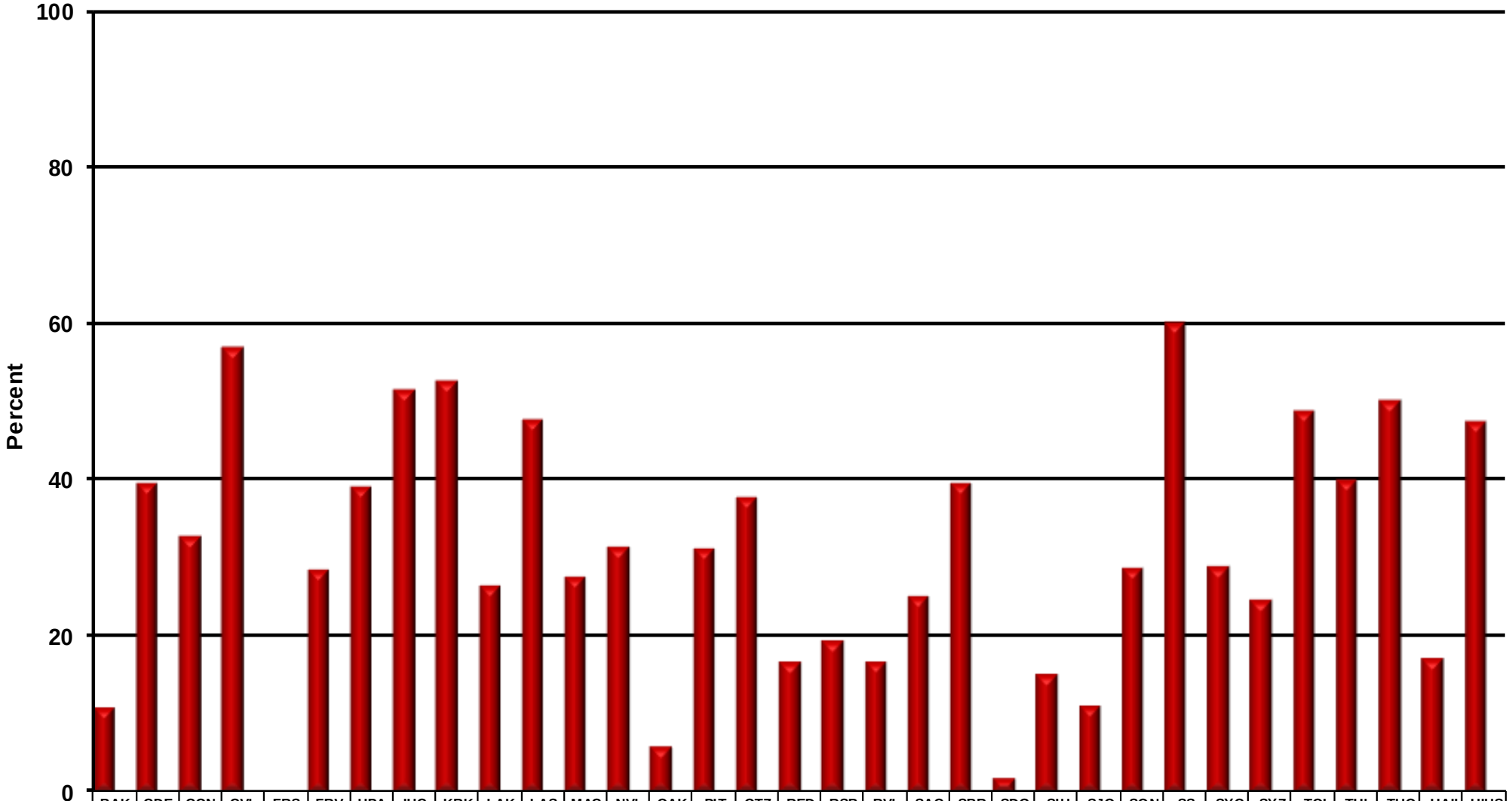
CANCER SCREENING: COLORECTAL

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

Importance: *Colorectal cancer is more common among Alaska Native and Northern Plains American Indians than among other groups, and the risk of death is higher than the national average. Screening improves the chance that colorectal cancer will be detected at an earlier stage, when it is more likely to be cured. Patients diagnosed at an early stage are 90% likely to survive for five years, but patients diagnosed at later stages have lower survival rates. The risk of colorectal cancer increases with age; 9 of 10 cases of colorectal cancer are found in individuals aged 50 and older.*



CANCER SCREENING: COLORECTAL

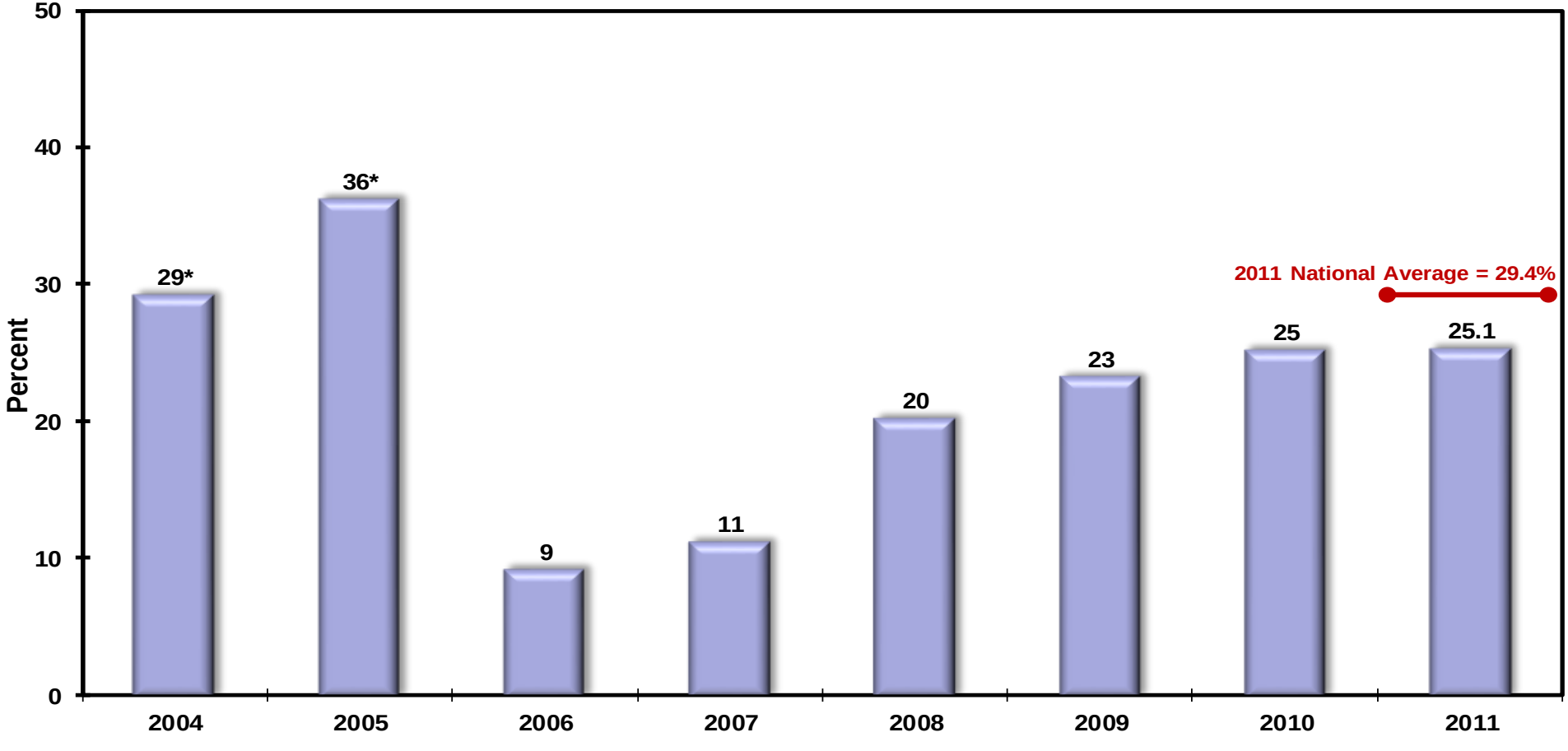


	BAK	CDE	CON	CVL	FRS	FRV	HPA	IHC	KRK	LAK	LAS	MAC	NVL	OAK	PIT	QTZ	RED	RSB	RVL	SAC	SBR	SDG	SIH	SJO	SON	SS	SYC	SYZ	TOI	TUL	TUO	UAII	UIHS
GY11	10.5	39.4	32.6	56.6	0	28.1	38.8	51.3	52.4	26.1	47.5	27.4	31.1	5.6	30.9	37.5	16.5	19.1	16.4	24.8	39.4	1.6	14.8	10.9	28.5	59.9	28.6	24.4	48.5	39.7	50	17.0	47.1
GY10	1	36	16	46	0	30	36	48	48	19	43	18	33	4	31	0	15	18	12	7	41	7	11	3	34	58	14	32	48	39	46	12	34
n	114	660	405	925	61	583	472	546	349	245	158	329	251	251	139	8	684	1493	201	121	71	126	257	156	655	137	14	131	493	343	50	200	1058

TOBACCO CESSATION

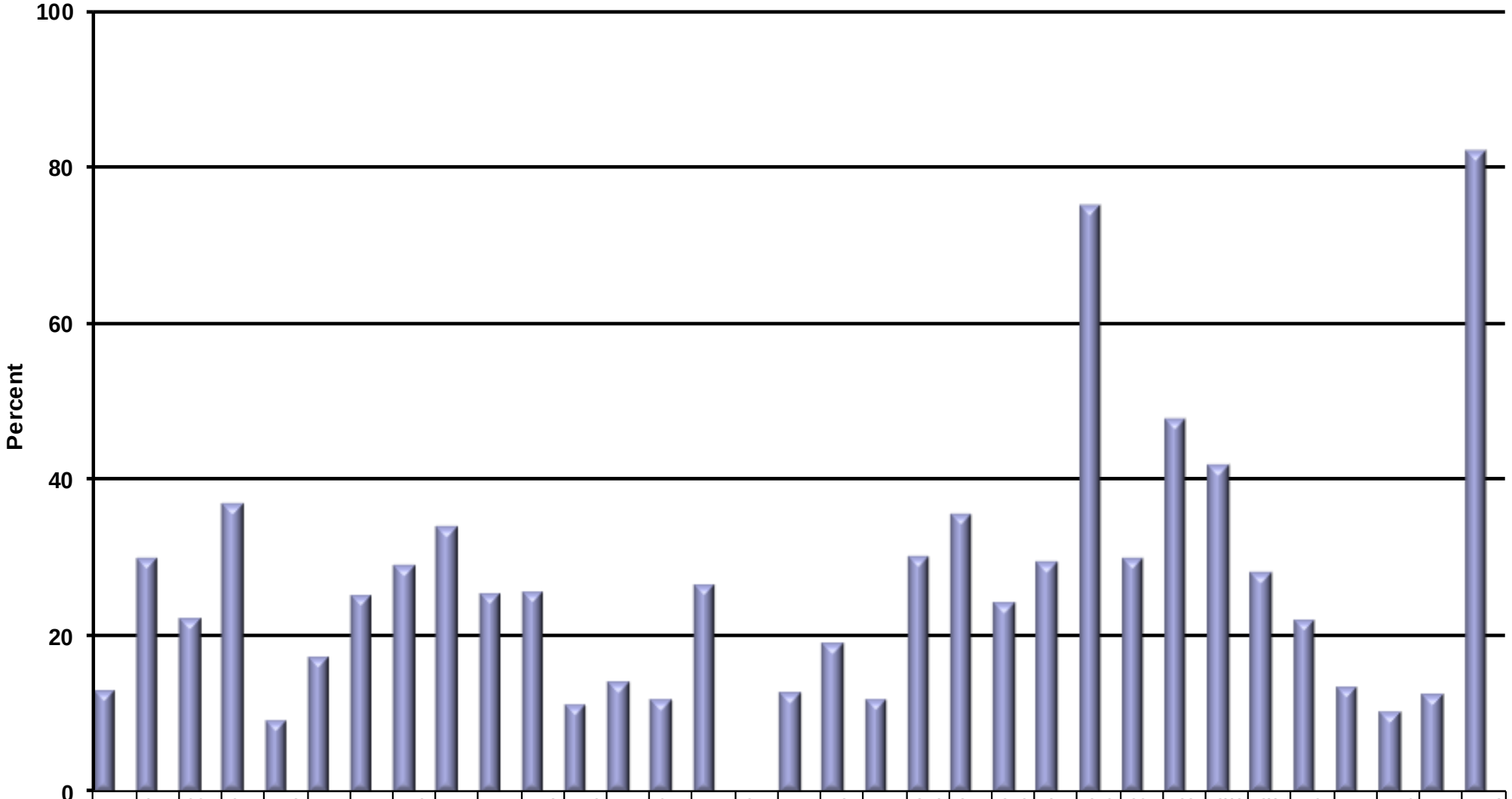
Measure: Proportion of tobacco-using patients that receive tobacco cessation intervention.

Importance: *Cigarette smoking is the leading preventable cause of death in the United States, resulting in an estimated 443,000 premature deaths each year. American Indians and Alaska Natives have the highest prevalence of current cigarette smoking (30%) of any other racial/ethnic group in the U.S., and are more likely to smoke compared to other groups. Tobacco users who quit enjoy longer and healthier lives, on average, than those who do not. Even long-time smokers can significantly reduce their risk of heart disease and other complications by quitting. This measure assesses how many patients using tobacco are receiving advice and support to quit. Advice from doctors, and group and individual counseling have been shown to help smokers quit.*



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

TOBACCO CESSATION

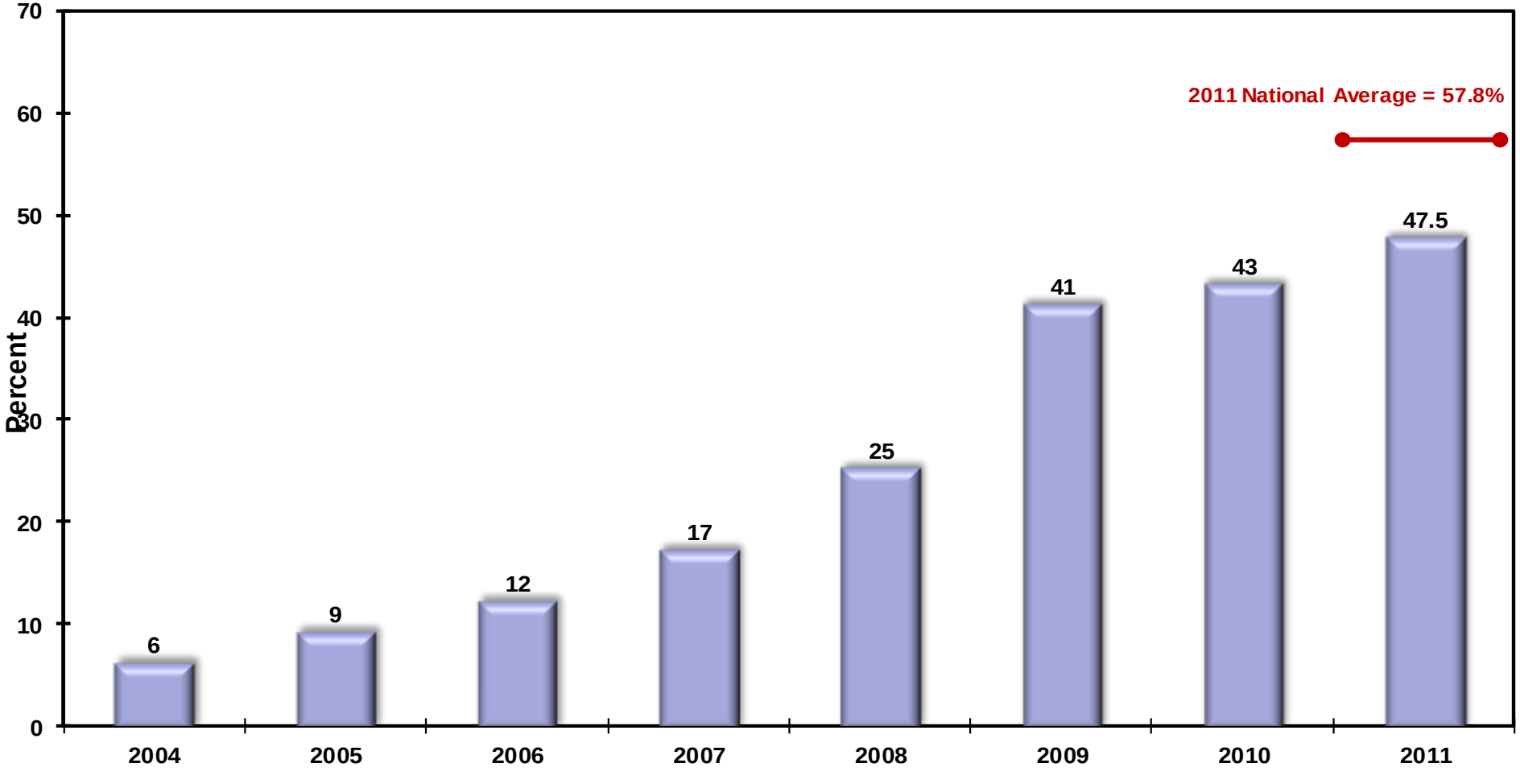


	BAK	CDE	CON	CVL	FRS	FRV	HPA	IHC	KRK	LAK	LAS	MAC	NVL	OAK	PIT	QTZ	RED	RSB	RVL	SAC	SBR	SDG	SIH	SJO	SON	SS	SYC	SYZ	TOI	TUL	TUO	UAII	UIHS
GY11	12.8	29.8	22	36.9	9.1	17.2	25.1	28.9	33.8	25.2	25.5	11.1	14	11.6	26.3	0	12.6	18.9	11.6	30.1	35.4	24.2	29.3	75.0	29.9	47.6	41.7	28	21.8	13.4	10.1	12.3	82.1
GY10	3	33	22	25	0	19	26	39	30	38	43	56	28	2	19	0	11	11	34	13	33	25	36	60	34	27	59	21	24	17	16	8	70
n	39	1091	549	1278	22	975	836	893	467	230	255	341	451	155	175	2	523	1685	232	103	79	207	440	80	927	252	24	125	518	456	69	211	2073

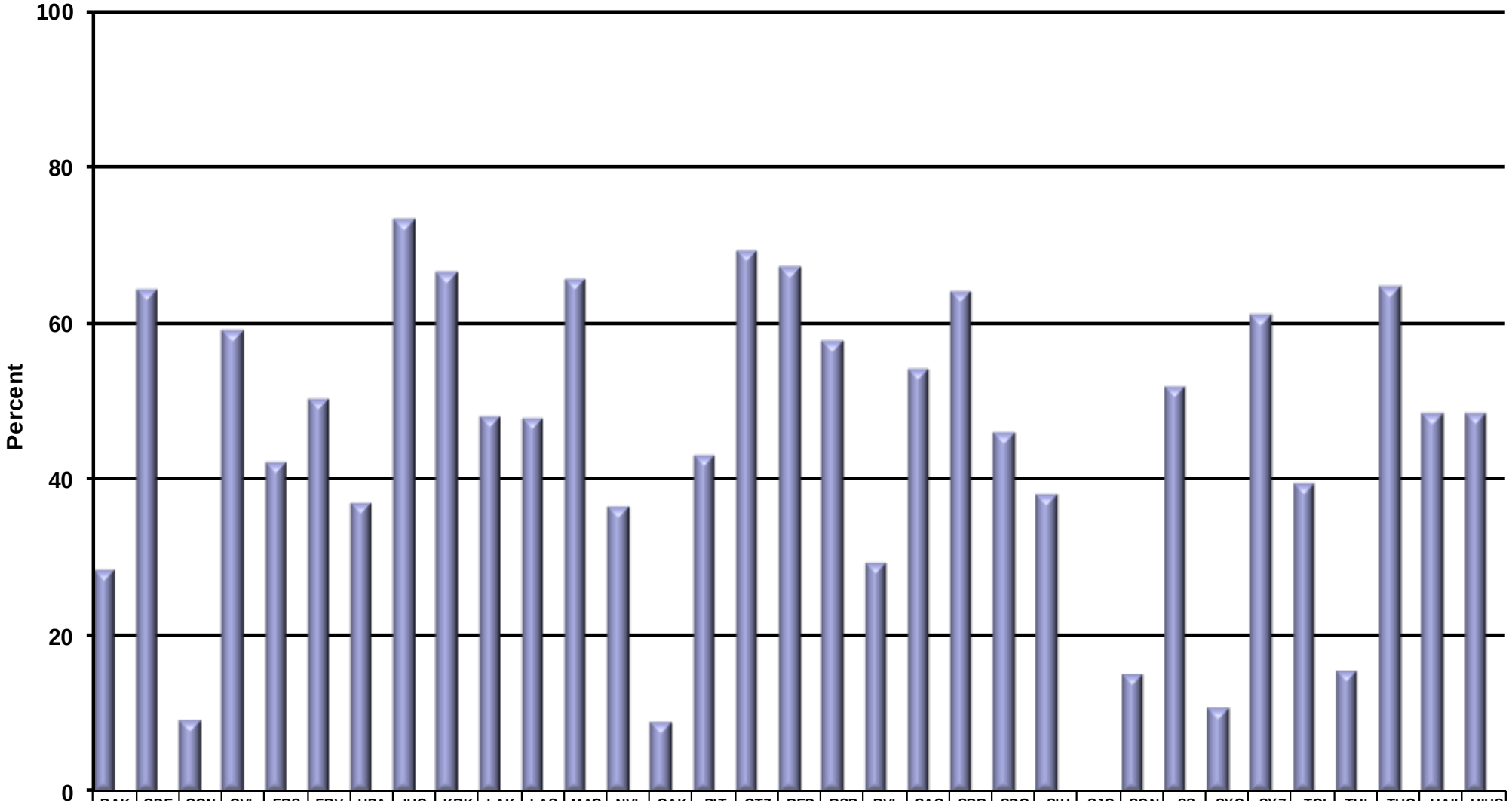
ALCOHOL SCREENING (FAS PREVENTION)

Measure: Alcohol use screening (to prevent Fetal Alcohol Syndrome) in appropriate female patients

Importance: *Heavy drinking during pregnancy can cause significant birth defects, including Fetal Alcohol Syndrome (FAS). FAS is the most common, and preventable, cause of mental retardation. Rates of FAS are higher among American Indians and Alaska Natives than the general population, and AI/AN women consume alcohol at greater rates than the national average. Screening women of childbearing age, and offering help to reduce or quit drinking, can lower the rate of FAS and related birth complications.*



ALCOHOL SCREENING (FAS PREVENTION)

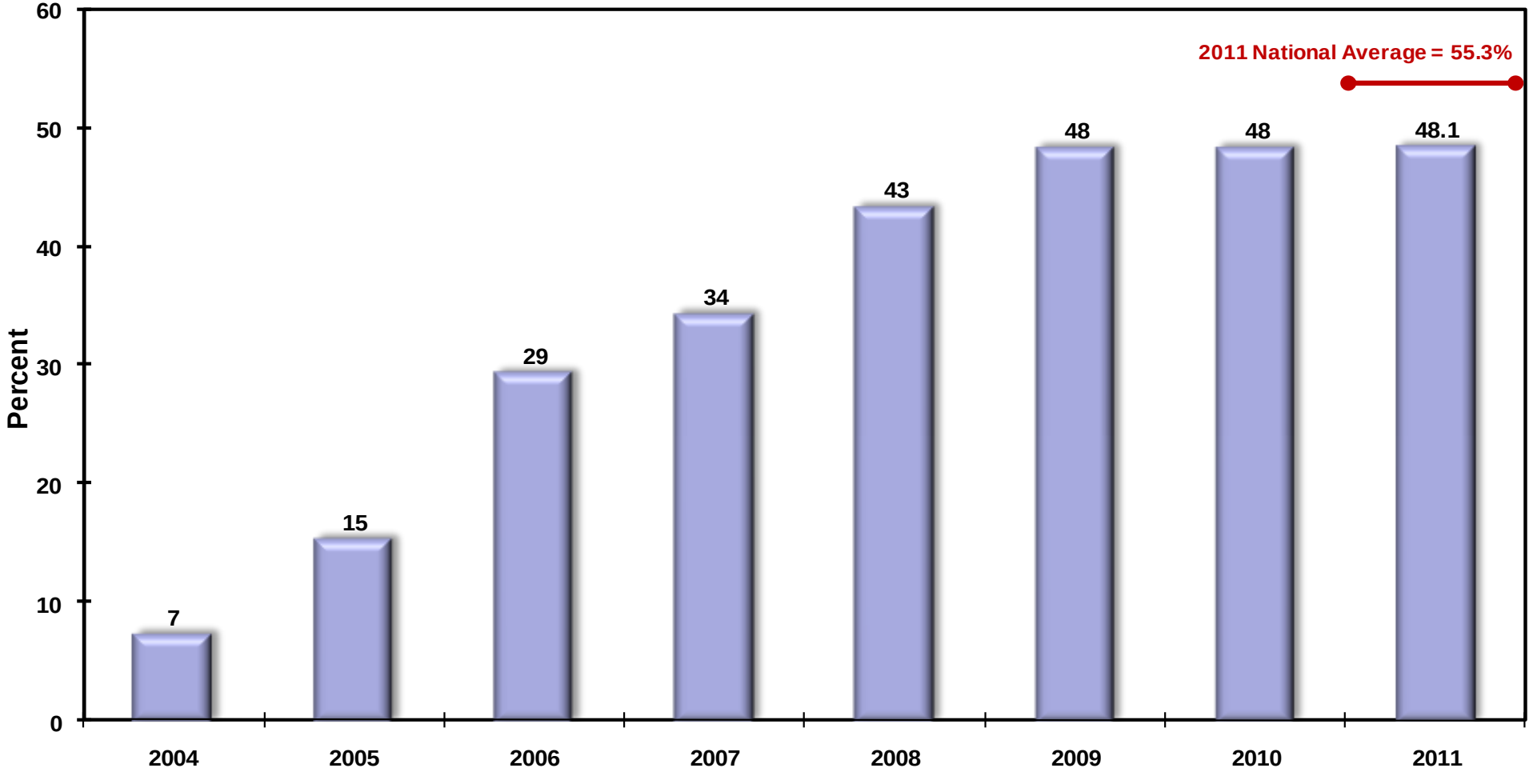


	BAK	CDE	CON	CVL	FRS	FRV	HPA	IHC	KRK	LAK	LAS	MAC	NVL	OAK	PIT	QTZ	RED	RSB	RVL	SAC	SBR	SDG	SIH	SJO	SON	SS	SYC	SYZ	TOI	TUL	TUO	UAII	UIHS
GY11	28.3	64.1	8.9	59	41.9	50.2	36.7	73.1	66.4	47.9	47.6	65.5	36.4	8.7	42.8	69.2	67.0	57.7	29.2	53.9	64.0	45.8	38	0	14.9	51.8	10.5	61.1	39.2	15.3	64.6	48.4	48.4
GY10	24	64	13	43	9	43	44	63	51	50	34	56	26	20	36	0	15	55	47	19	67	51	34	0	16	57	25	44	46	13	43	29	42
n	138	1051	494	1465	62	867	637	761	330	330	206	252	420	277	166	26	609	1947	243	230	75	240	429	155	1008	195	19	175	510	430	48	279	1245

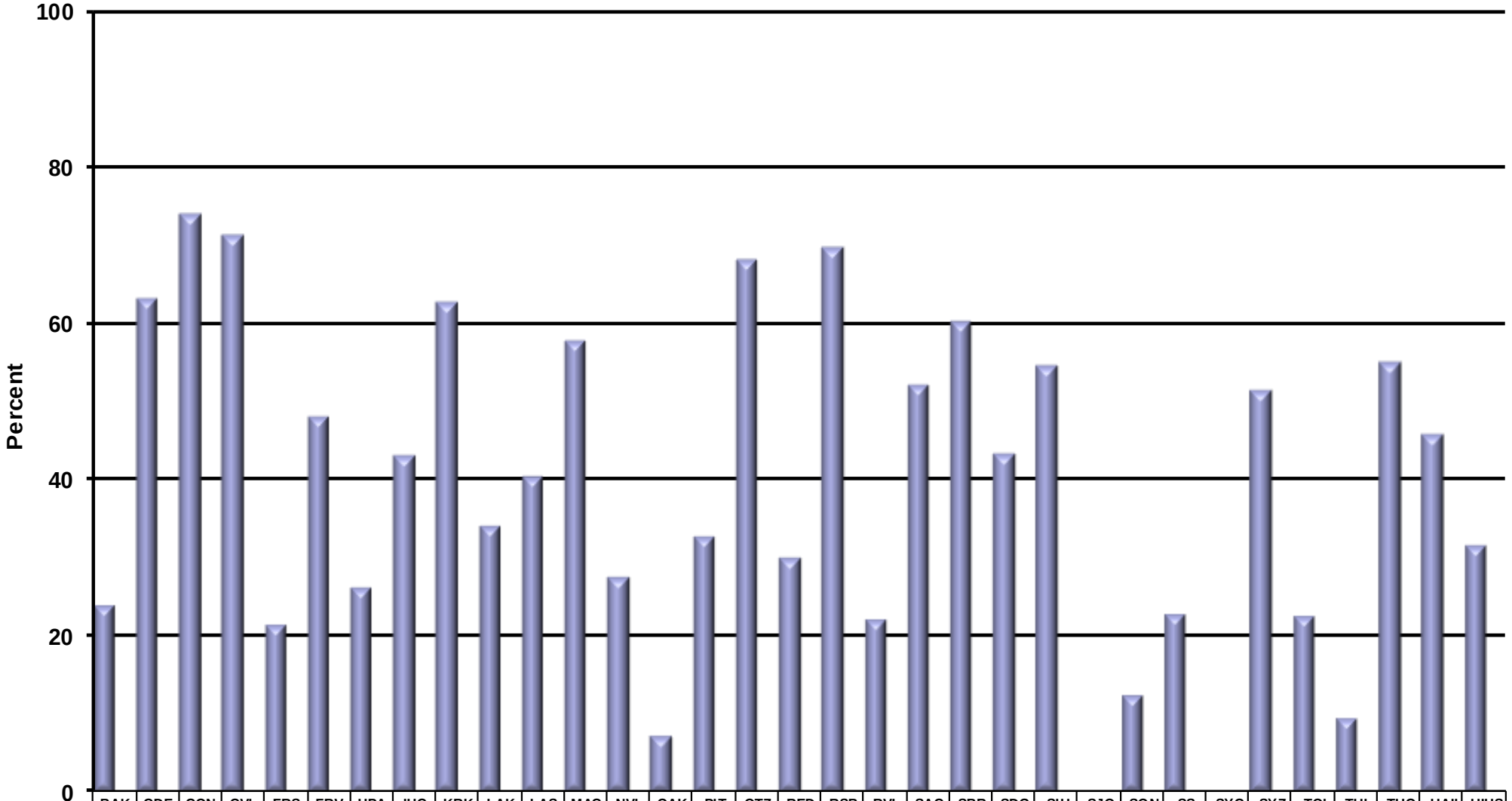
DOMESTIC VIOLENCE/INTIMATE PARTNER VIOLENCE SCREENING

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

Importance: *It is estimated that one in three American Indian/Alaska Native women have experienced domestic or intimate partner violence during their lives. Surveys at Indian Health hospitals have found even higher rates. Women who experience domestic violence are more often victims of nonconsensual sex and have higher rates of smoking, chronic pain syndromes, depression, anxiety, substance abuse, and Post-Traumatic Stress Disorder. Screening and offering help for victims of domestic violence will help to reduce this problem in Indian country.*



DOMESTIC VIOLENCE/INTIMATE PARTNER VIOLENCE SCREENING

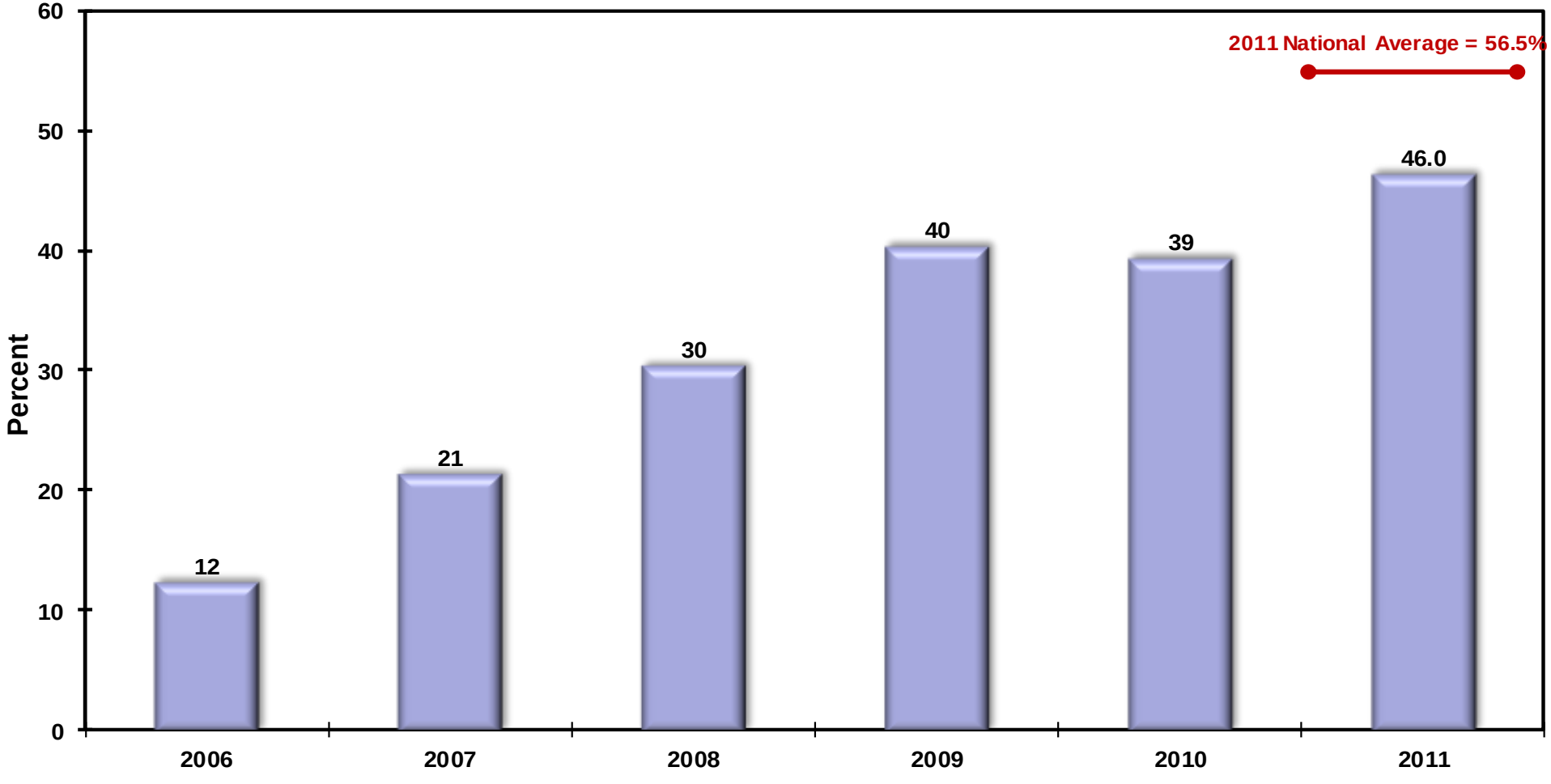


	BAK	CDE	CON	CVL	FRS	FRV	HPA	IHC	KRK	LAK	LAS	MAC	NVL	OAK	PIT	QTZ	RED	RSB	RVL	SAC	SBR	SDG	SIH	SJO	SON	SS	SYC	SYZ	TOI	TUL	TUO	UAII	UIHS
GY11	23.7	63	73.9	71.1	21.2	47.9	26	43	62.5	33.9	40.1	57.7	27.4	6.9	32.4	68	29.7	69.6	21.9	51.9	60.0	43.2	54.5	0	12.1	22.6	0	51.2	22.4	9.3	55	45.6	31.4
GY10	18	63	76	74	5	43	32	55	43	42	28	44	19	6	24	0	35	68	37	5	69	49	50	0	13	56	6	42	27	9	38	22	22
n	114	932	433	1323	52	783	576	704	296	301	187	222	379	245	145	25	542	1742	219	206	65	220	396	130	920	177	18	166	469	378	40	248	1132

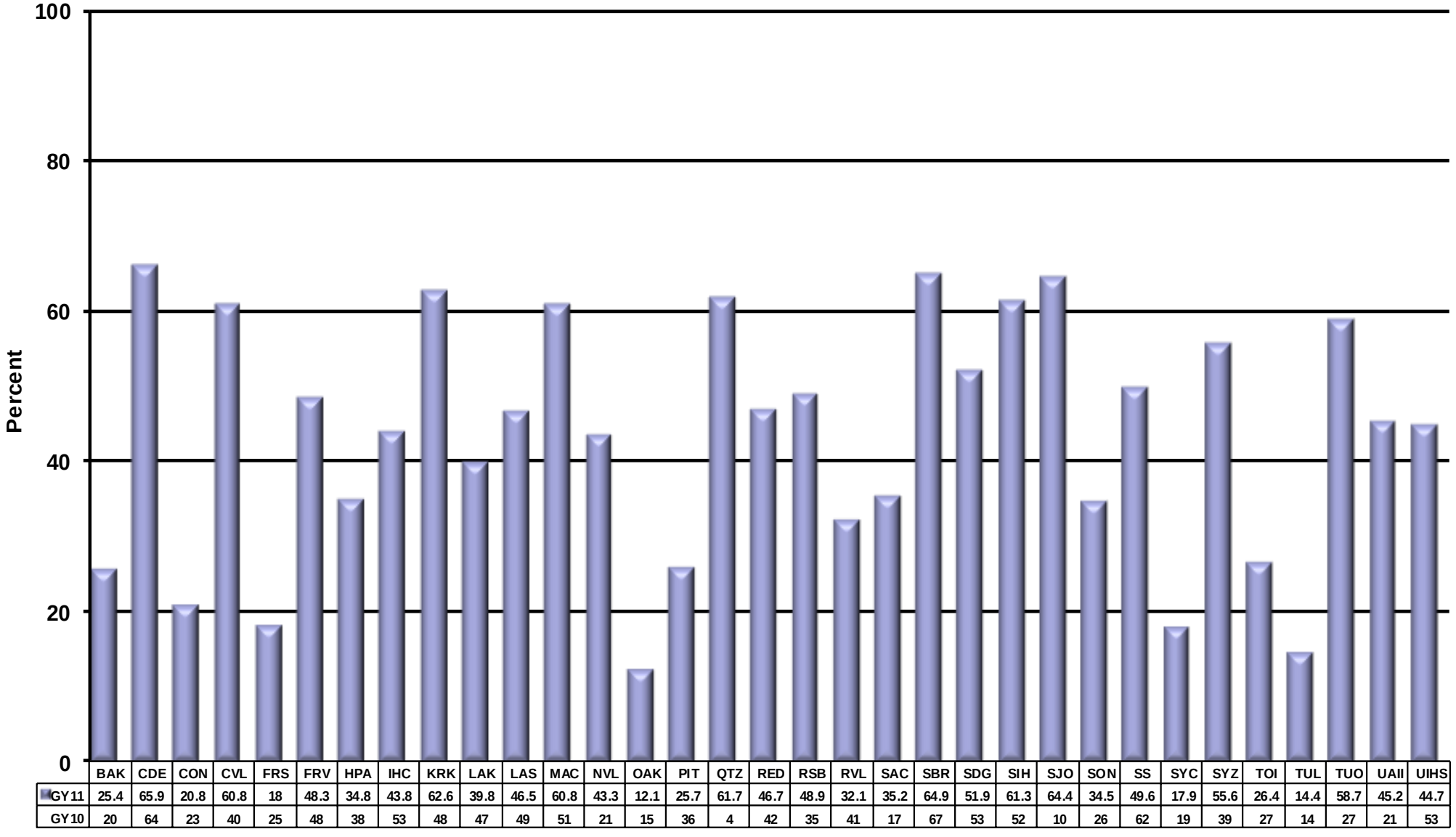
DEPRESSION SCREENING

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

Importance: *Almost one in six U.S. adults experience major depression during their lifetime. Depression and anxiety disorders may affect heart rhythms, increase blood pressure, and lead to elevated blood sugar and cholesterol levels. Depression also frequently increases the risk of suicidal behavior. The risk of suicide attempts among patients with untreated major depressive disorder is one in five. Screening for depression is the first step toward identifying patients who need intervention, treatment, and follow up.*



DEPRESSION SCREENING

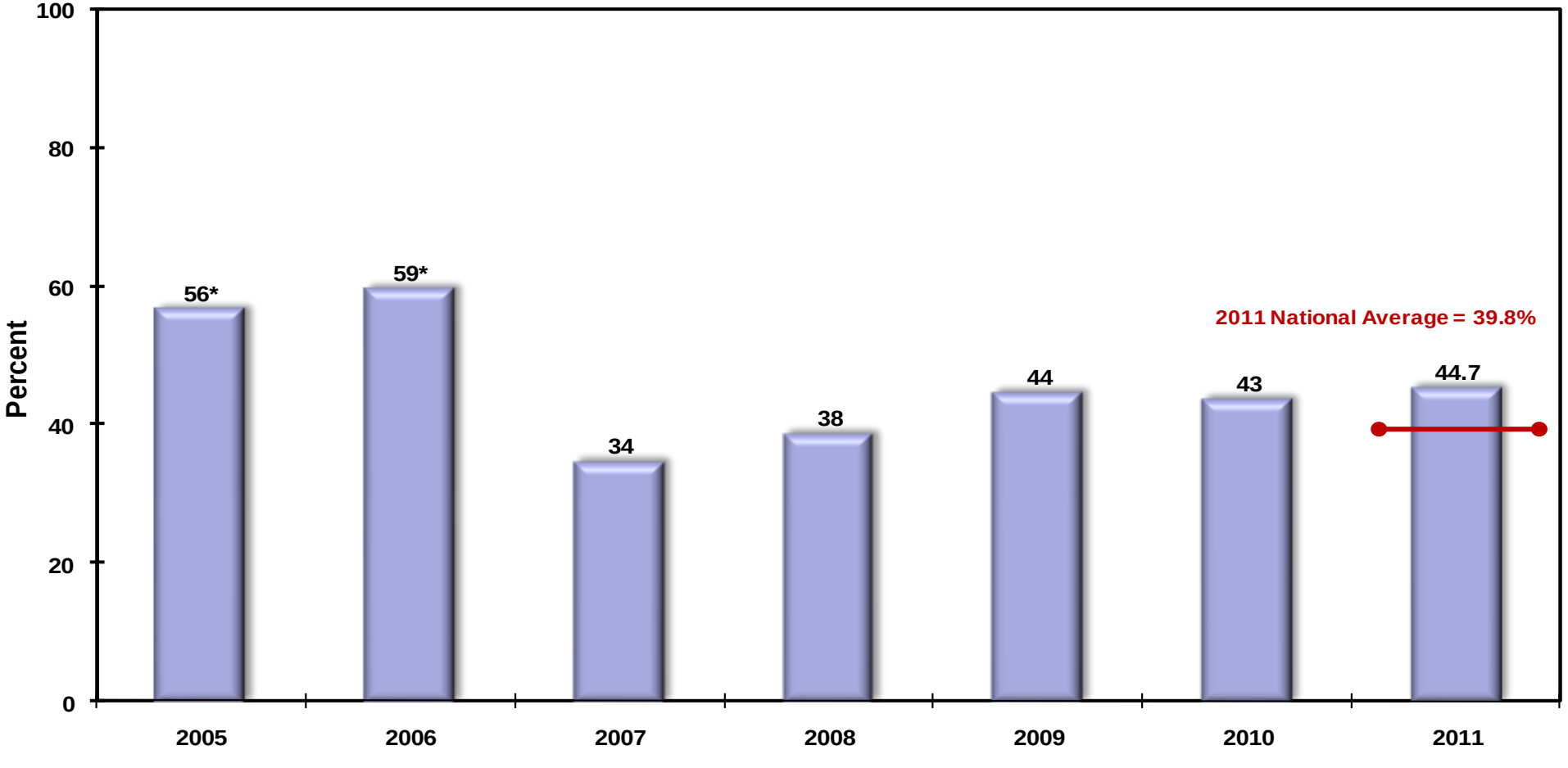


	BAK	CDE	CON	CVL	FRS	FRV	HPA	IHC	KRK	LAK	LAS	MAC	NVL	OAK	PIT	QTZ	RED	RSB	RVL	SAC	SBR	SDG	SIH	SJO	SON	SS	SYC	SYZ	TOI	TUL	TUO	UAII	UIHS
GY11	25.4	65.9	20.8	60.8	18	48.3	34.8	43.8	62.6	39.8	46.5	60.8	43.3	12.1	25.7	61.7	46.7	48.9	32.1	35.2	64.9	51.9	61.3	64.4	34.5	49.6	17.9	55.6	26.4	14.4	58.7	45.2	44.7
GY10	20	64	23	40	25	48	38	53	48	47	49	51	21	15	36	4	42	35	41	17	67	53	52	10	26	62	19	39	27	14	27	21	53

CVD PREVENTION: COMPREHENSIVE ASSESSMENT

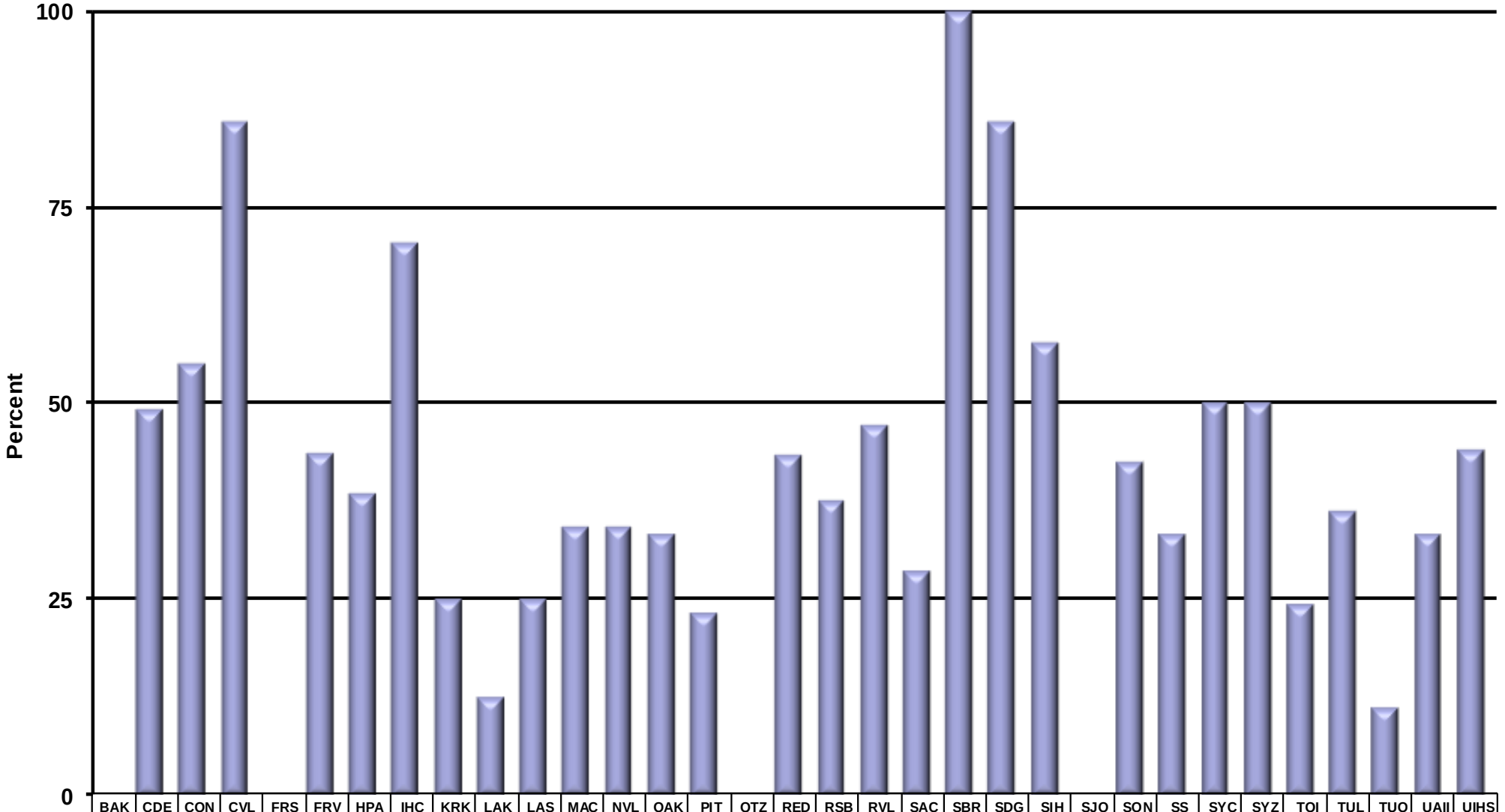
Measure: Proportion of IHD (Ischemic Heart Disease) patients who have a comprehensive assessment for five CVD-related risk factors.

Importance: *Cardiovascular disease (CVD) is the leading cause of death for American Indian and Alaska Native people over age 45. Unlike other racial and ethnic groups, American Indians appear to have a growing rate of cardiovascular disease, likely because of the high rate of diabetes among American Indians. This measure addresses the major risk factors for CVD: high blood pressure, high cholesterol, smoking tobacco, excessive body weight, and physical inactivity.*



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

CVD PREVENTION: COMPREHENSIVE ASSESSMENT

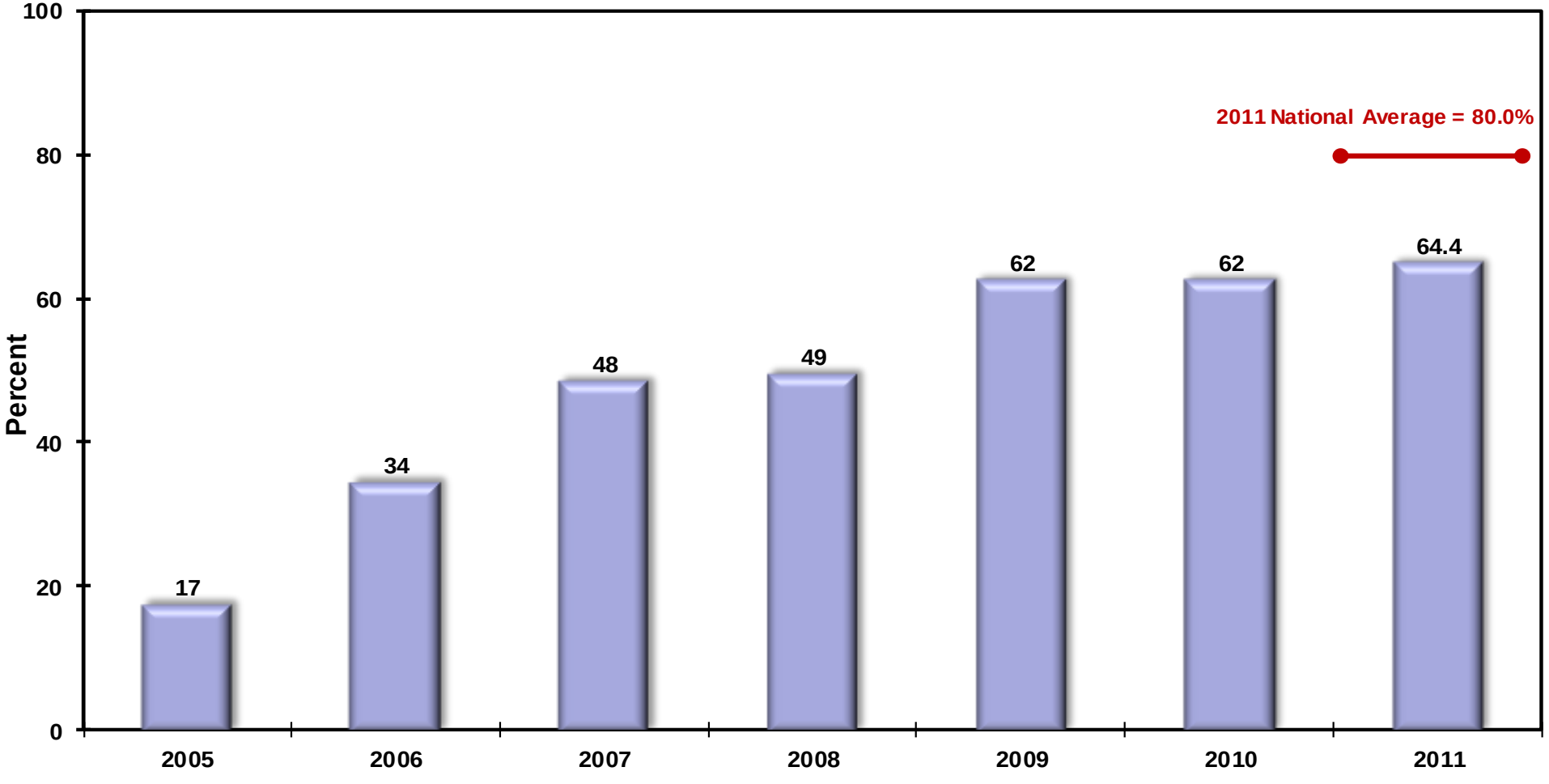


	BAK	CDE	CON	CVL	FRS	FRV	HPA	IHC	KRK	LAK	LAS	MAC	NVL	OAK	PIT	QTZ	RED	RSB	RVL	SAC	SBR	SDG	SIH	SJO	SON	SS	SYC	SYZ	TOI	TUL	TUO	UAII	UIHS
GY11	0	49.1	55	85.7	0	43.5	38.4	70.3	25	12.5	25	34.2	34.2	33.3	23.2	0	43.3	37.5	47.1	28.6	100	85.7	57.7		42.3	33.3	50	50	24.3	36.2	11.1	33.3	44.0
GY10		52	49	78		44	41	62	12	37	58	30	49		28	0	65	30	52				50		33	39	40	64	28	25	25		52

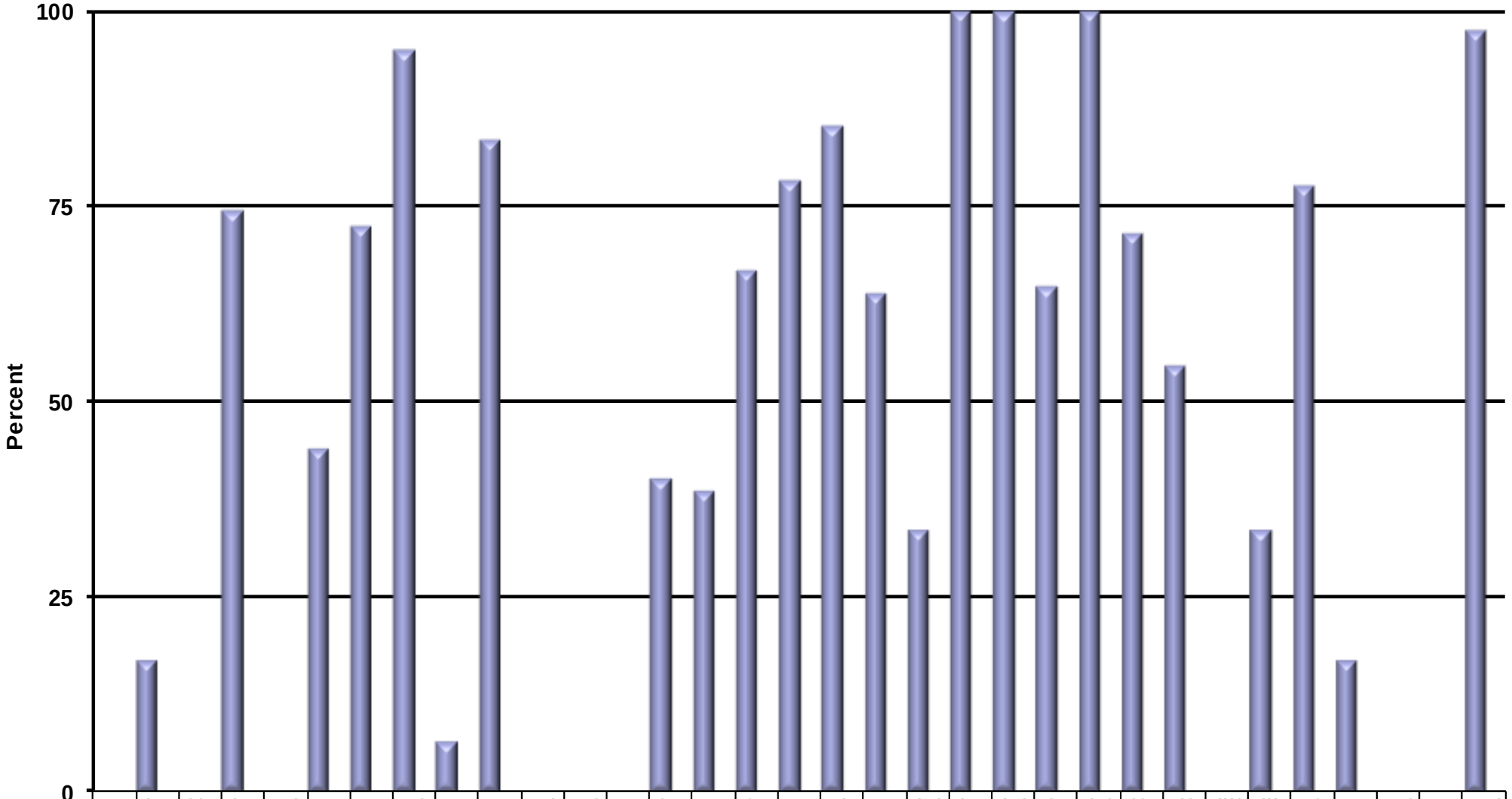
PRENATAL HIV SCREENING

Measure: Proportion of pregnant women screened for HIV.

Importance: *The HIV/AIDS epidemic is a significant issue for American Indian and Alaska Native women of childbearing age. Women account for almost one in three of all HIV/AIDS diagnoses among AI/ANs. Women with HIV can transmit the disease to their newborn children. There are drugs that can be taken during pregnancy to reduce the transmission rate to 2% or less; without these drugs, the rate is 25%. Routine prenatal HIV testing of all pregnant women is the best way to avoid passing HIV from mother to infant.*



PRENATAL HIV SCREENING

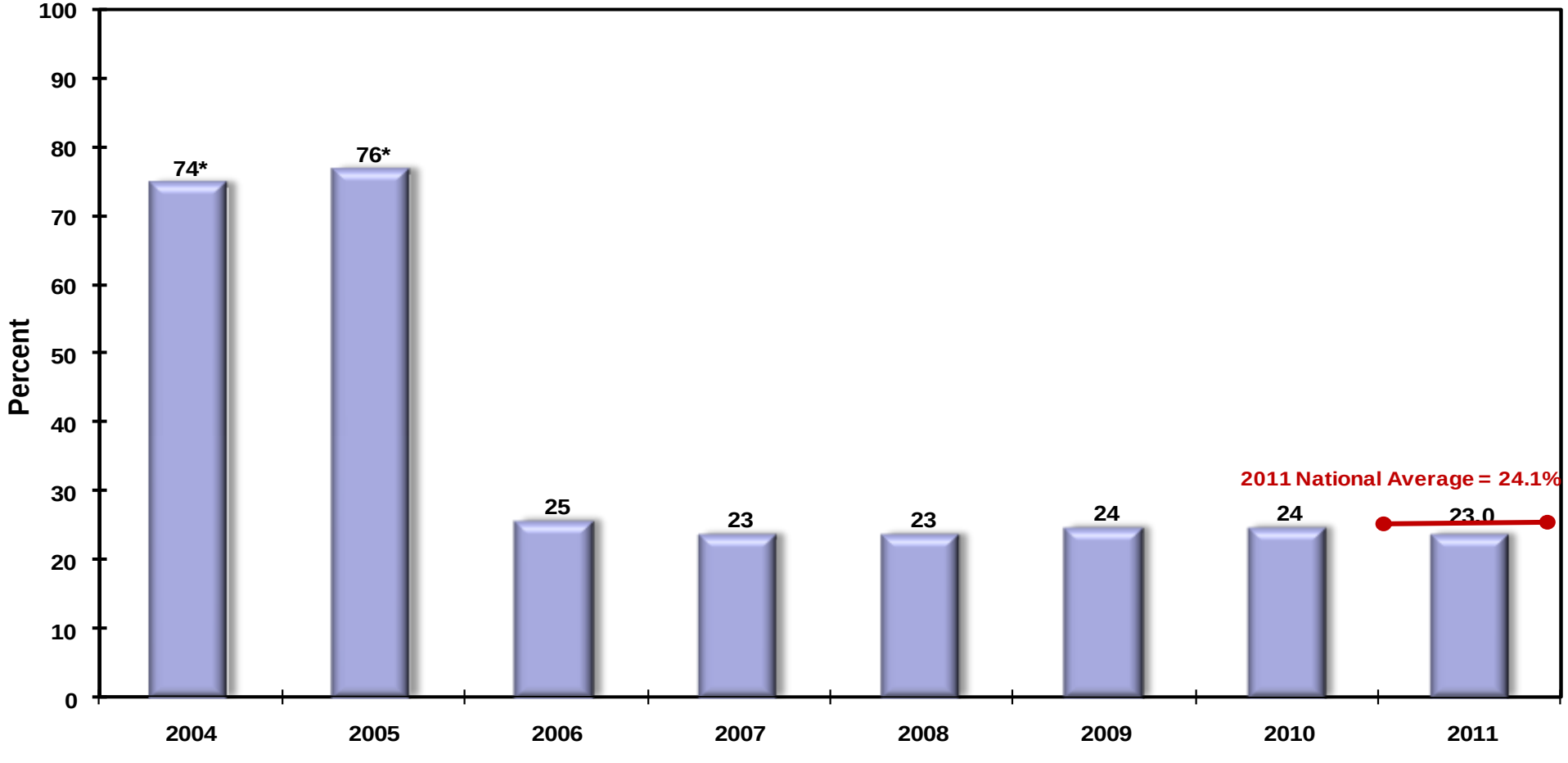


	BAK	CDE	CON	CVL	FRS	FRV	HPA	IHC	KRK	LAK	LAS	MAC	NVL	OAK	PIT	QTZ	RED	RSB	RVL	SAC	SBR	SDG	SIH	SJO	SON	SS	SYC	SYZ	TOI	TUL	TUO	UAII	UIHS
GY11	0	16.7	0	74.3	0	43.9	72.3	95	6.3	83.3	0	0	0	40.0	38.5	66.7	78.1	85.2	63.6	33.3	100	100	64.7	100	71.4	54.5	0	33.3	77.4	16.7	0	0	97.3
GY10	0	56	0	84	0	40	79	99	0	5	0	0	0	12	0	0	84	84	82	100	0	100	4	100	72	0	0	64	74	0	0	0	92
n	0	12	11	70	0	66	65	60	16	12	10	3	17	5	13	3	32	115	22	3	1	1	17	1	91	11	0	9	53	12	3	3	111

CHILDHOOD WEIGHT CONTROL

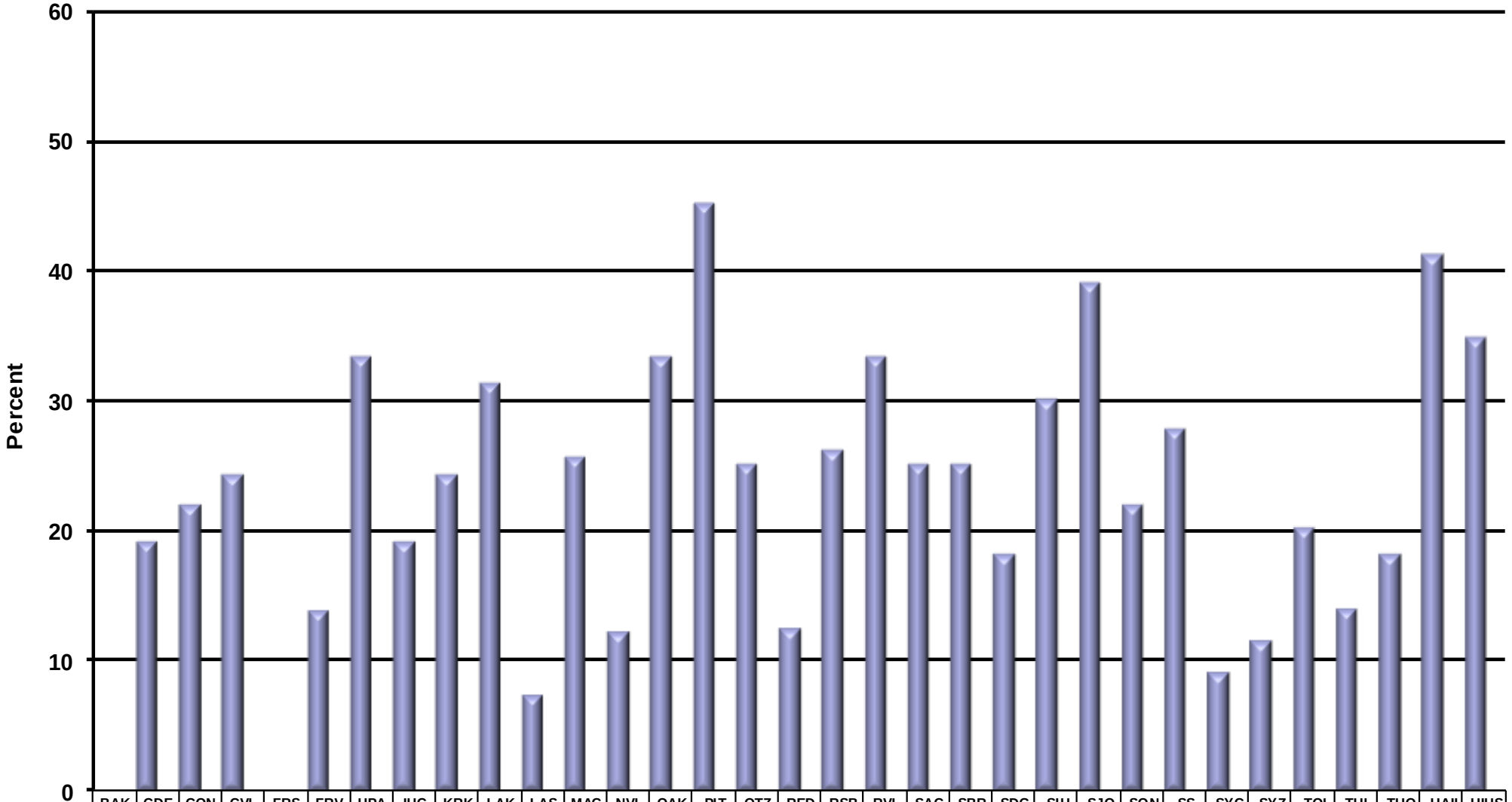
Measure: Proportion of children ages 2-5 years with a BMI at the 95th percentile or above.

Importance: *Rates of overweight among American Indian and Alaska Native children exceed the national averages. Overweight among children is defined as a Body Mass Index (BMI) at the 95th percentile or above. Children who are overweight often have elevated blood pressure, cholesterol, and insulin levels. They are at greater risk of developing type 2 diabetes. They are also at risk for shame, self-blame, and low self-esteem, all of which may affect how well they perform in school, and get along with their peers. This measure assesses the rate of obesity among 2-5 year olds, when there is still ample time for significant changes in eating patterns and activity levels.*



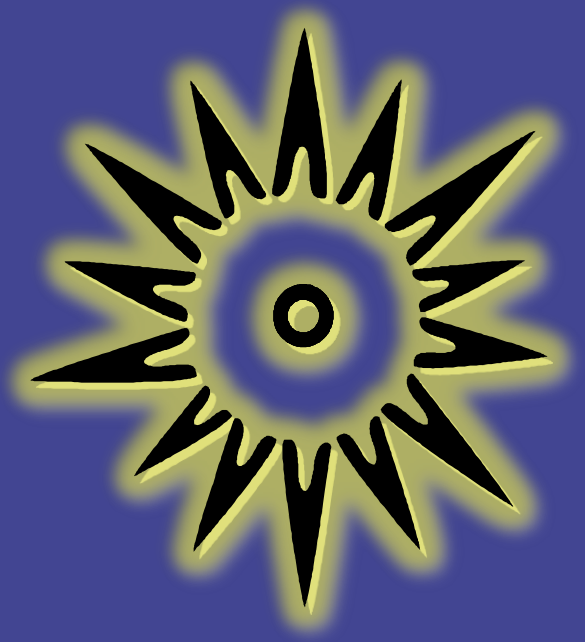
*FY 2004 and 2005 – patients age 2-74 with BMI measured.

CHILDHOOD WEIGHT CONTROL



	BAK	CDE	CON	CVL	FRS	FRV	HPA	IHC	KRK	LAK	LAS	MAC	NVL	OAK	PIT	QTZ	RED	RSB	RVL	SAC	SBR	SDG	SIH	SJO	SON	SS	SYC	SYZ	TOI	TUL	TUO	UAII	UIHS
GY11	0	19.1	21.9	24.3	0	13.8	33.3	19.1	24.3	31.3	7.3	25.6	12.2	33.3	45.2	25	12.4	26.1	33.3	25.0	25.0	18.2	30.1	39.1	22	27.8	9.1	11.5	20.2	14	18.2	41.2	34.9
GY10	0	14	37	25	0	15	39	16	26	37	11	20	23	0	35	8	12	21	48	20	0	12	28	7	22	11	14	15	26	24	33	14	32
n	0	152	64	267	0	174	132	110	70	80	41	39	49	9	31	8	137	399	72	28	4	11	73	23	241	18	11	26	109	93	11	17	372

APPENDIX



TRIBAL

AND

URBAN

DASHBOARDS

CALIFORNIA AREA TRIBAL DASHBOARD

2011 Final GPRA Dashboard DIABETES	California Area 2011-Final	California Area 2010-Final	National 2011-Final	National 2011 Target	2011 Final Results - California Area
Diabetes Dx Ever	10.7%	11%	12.8%	N/A[a]	N/A
Documented A1c	84.1%	83%	83.0%	N/A[a]	N/A
Poor Glycemic Control	15.2%	15%	19.1%	19.4%	Met
Ideal Glycemic Control	36.2%	37%	31.9%	30.2%	Met
Controlled BP <130/80	33.9%	35%	37.8%	35.9%	Not Met
LDL (Cholesterol) Assessed	69.6%	67%	68.7%	63.3%	Met
Nephropathy Assessed	54.3%	48%	56.5%	51.9%	Met
Retinopathy Exam	47.4%	47%	53.5%	50.1%	Not Met
DENTAL					
Dental: General Access	41.4%	43%	26.9%	23.0%	Met
Sealants	14,307	13,926	276,893	257,261	N/A
Topical Fluoride- Patients	10,671	9,750	161,461	135,604	N/A
IMMUNIZATIONS					
Influenza 65+	53.3%	54%	62.0%	58.5%	Not Met
Pneumovax 65+	82.0%	80%	85.5%	79.3%	Met
Childhood Iz[b]	70.2%	72%	75.9%	74.6%	Not Met
PREVENTION					
(Cervical) Pap Screening	49.1%	51%	58.1%	55.7%	Not Met
Mammography Screening	45.4%	45%	49.8%	46.9%	Not Met
Colorectal Cancer Screening	35.5%	32%	41.7%	36.7%	Not Met
Tobacco Cessation	25.1%	25%	29.4%	23.7%	Met
Alcohol Screening (EAS Prevention)	47.5%	43%	57.8%	51.7%	Not Met
DV/IPV Screening	48.1%	48%	55.3%	52.8%	Not Met
Depression Screening	46.0%	39%	56.5%	51.9%	Not Met
CVD-Comprehensive Assessment	44.7%	43%	39.8%	33.0%	Met
Prenatal HIV Screening	64.4%	62%	80.0%	73.6%	Not Met
Childhood Weight Control[c]	23.0%	24%	24.1%	N/A	N/A

[a]Measures used for context; no annual targets

[b]4 Pneumococcal conjugate vaccines added to Childhood Immunization series in FY 2011

[c]Long-term measure as of FY 2009, next reported FY 2013

Measures Met = 8

Measures Not Met = 11

CALIFORNIA AREA URBAN DASHBOARD

2011 Urban California Dashboard **DIABETES**	CA CRS Sites 2011-Final	CA CRS Sites 2010-Final	National 2011- Final	2011 Target	Results
Diabetes Dx Ever	10.8%	11%	11.3%	N/A[a]	N/A
Documented A1c	77.2%	65%	83.6%	N/A[a]	N/A
Poor Glycemic Control	18.2%	12%	15.3%	15.1%	Not Met
Ideal Glycemic Control	26.2%	26%	35.2%	34.9%	Not Met
Controlled BP <130/80	41.3%	36%	39.6%	38.8%	MET
LDL (Cholesterol) Assessed	55.0%	49%	73.8%	69.0%	Not Met
Nephropathy Assessed	39.0%	25%	61.5%	59.5%	Not Met
IMMUNIZATIONS					
Influenza 65+	34.4%	30%	48.5%	40.5%	Not Met
Pneumovax 65+	48.5%	41%	55.4%	50.1%	Not Met
Childhood IZ[b]	26.4%	36%	61.2%	66.1%	Not Met
PREVENTION					
(Cervical) Pap Screening	41.4%	42%	54.2%	51.9%	Not Met
Mammography Screening	16.6%	16%	50.2%	47.9%	Not Met
Colorectal Cancer Screening	12.7%	8%	24.3%	19.8%	Not Met
Tobacco Cessation	19.6%	14%	23.4%	21.7%	Not Met
Alcohol Screening (FAS Prevention)	38.9%	30%	62.4%	61.1%	Not Met
DV/IPV Screening	35.6%	22%	59.0%	60.7%	Not Met
Depression Screening	35.2%	27%	60.9%	62.8%	Not Met
Prenatal HIV Screening	*38.5%*	21%	86.0%	79.2%	Not Met
Childhood Weight Control[c]	29.0%	13%	16.2%	N/A	N/A

[a]Measures used for context; no annual targets

[b]4 Pnuemococcal conjugate vaccines added to Childhood Immunization series in FY 2011.

[c] Long-term measure; no specific annual target for FY 2011

National column includes data from all CA sites reporting via CRS

Results in italics represent measures with fewer than 20 patients in the denominator; use caution when interpreting these results

Measures Met = 1

Measures Not Met = 15

NOTES

NOTES