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ACTIVITY/MECHANISMS BUDGET SUMMARY  
 Department of Health and Human Services  
 Indian Health Service - 75-0390-0-1-551  
**EPIDEMIOLOGY CENTERS**

Program Authorization:

Program authorized by 25 U.S.C. 13, Snyder Act, P.L. 83-568, Transfer Act 42 U.S.C. 2001, and P.L. 102-573, Title II, Section 214.

	2000 <u>Actual</u>	2001 <u>Appropriation</u>	2002 <u>Estimate</u>	2002 Est. +/- <u>2000 Actual</u>	2002 Est. +/- <u>2001 Approp.</u>
Budget Authority	\$950,000	\$1,450,000	\$1,450,000	+\$500,000	0

**PURPOSE AND METHOD OF OPERATION**

Although acquisition of medical data through development of information systems is critical, just as important is the ability to analyze and interpret the data. Because most medical data are complex, simple reports automatically generated by computer systems cannot answer many questions posed by health professionals and administrators. Trained epidemiologists are needed to complete the system of health information for tribes and communities.

The innovative Tribal Epidemiology Center program was authorized by Congress as a way to provide significant support to multiple tribes in each of the IHS Areas. Beginning in FY 1996, four Centers were funded up to \$155,000 each. Since then, these centers have proven that the concept is sound and worthy of additional funding and expansion of the program. In response to a Request For Proposal in FY 2000, the four original centers were funded for another five years, and two new centers were funded. The annual level of funding for FY 2001 will be approximately \$207,000 for each center. This primary source of increased funding was a \$500,000 increase in FY 2001 earmarked for HIV research.

Operating from within tribal organizations such as regional health boards, the Epidemiology centers are uniquely positioned to be effective in disease surveillance and control programs, and also in assessing the effectiveness of public health programs. In addition, they can fill gaps in data needed for Government Performance Results Act and Healthy People 2010. Some of the four existing Epidemiology Centers have already developed innovative strategies to monitor the health status of tribes, including development of tribal health registries, and use of sophisticated record linkage computer software to correct existing state data sets for racial misclassification. These data may then be collected by the National Coordinating Center at the IHS Epidemiology Program to provide a more accurate national picture of Indian Health.

EPI CENTERS		
Northwest Portland Epi Center	Inter-Tribal Council of Arizona Epi Center	Alaska Native Epi Center
Great Lakes Inter-Tribal Epi Center	Seattle Indian Health Epi Center	United South and Eastern Tribes, Inc. Epi Center

Epidemiology Centers provide critical support for tribal efforts at self-governing of health programs. Data generated locally and analyzed by Epidemiology Centers enable Tribes to evaluate tribal and community-specific health status data so that planning and decision making can best meet the needs of their tribal membership. Because these data are used at the local level, immediate feedback is provided to the local data systems which will lead to improvements in Indian health data overall. They also can assist tribes in activities such as conducting Behavioral Risk Factor Surveys in order to establish baseline data for successfully evaluating intervention and prevention activities. Epidemiology centers can assist tribes in looking at the cost of health care for Indian people in order to improve the use of resources. In the future, in the expanding environment of tribally operated health programs, epidemiology centers will ultimately provide additional public health services such as disease control and prevention programs. Some existing centers already provide assistance to tribal-participants in such areas as sexually transmitted disease control and cancer prevention. In FY 2002, this Program will continue to enhance the ability of the Indian health system to collect and manage data more effectively to better understand and develop the link between public health problems and behavior, socioeconomic conditions, and geography.

The Tribal Epidemiology Program will also support tribal communities by providing technical training in public health practice and prevention-oriented research and promoting public health career pathways for tribal members.

Efforts to implement the Tribal Epidemiology Program will be coordinated with the Centers for Disease Control and Prevention (CDC) to optimize federal resource utilization, create stronger interagency partnerships, and prevent costly duplication of effort.

Following are the funding levels for the last 3 fiscal years:

<u>Year</u>	<u>Funding</u>
1999	750,000
2000	950,000
2001	1,450,000