

Annual TCU Performance Report for the Minority Initiatives

Fiscal Year 2007

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Check the Appropriate Initiative

Historically Black Colleges
and Universities (TCUs)

Educational Excellence for Hispanic
Americans (EEHA)

Tribal Colleges and Universities (TCUs) X

Increasing Economic Opportunity and Business
Participation of Asian Americans and Pacific
Islanders (AAPI)

CDC/ATSDR Tribal Colleges and Universities (TCU) Initiatives Fiscal Year 2007 Annual Performance Report

Executive Summary

The Centers for Disease Control and Prevention (CDC)/Agency for Toxic Substances and Disease Registry (ATSDR) FY 2007 Annual Performance Report for the White House Initiative on Tribal Colleges and Universities (TCUs) contains information about CDC/ATSDR activities that are responsive to four of the five overarching goals provided by HHS. This Report also provides a comparison of FY 2007 agency performance to the FY 2006-2008 Plan, new and/or ongoing programs that show specific benefit to tribal colleges and the American Indian/Alaska Native (AI/AN) communities served by those TCUs, total awarded funding to TCUs, and agency funding increases or decreases.

CDC centers, institute, and offices (CIOs) are engaged in activities under these three goals: (1) Strengthen the capacity of minority institutions of higher education and/or minority organizations that address racial/ethnic minority populations to provide the highest quality education and service; (2) Increase access to and the participation of TCUs in HHS programs and services; (3) Promote data collection of racial and ethnic minority populations, e.g., through minority institutions of higher education and minority organizations; (4) Increase access to and participation of TCUs in education-related activities and HHS workforce.

Measurable objectives to accomplish the goals were developed in collaboration with CDC's CIOs. Progress was made in achieving the programs and activities and the measurable objectives contained in the FY 2006-2008 Plan but CDC recognizes the need to increase partnerships and maintain current programs and initiatives with the TCUs to more successfully achieve objectives. Inherent in all four goals is a commitment to enhance and strengthen the capacity of TCUs and other minority and/or majority entities targeting AI/AN populations to participate in and benefit from federally-sponsored programs and more effectively participate in health disparities' research and interventions. In addition to CDC's direct contribution to the TCU Initiative, the agency has a major commitment to public health activities with tribes and tribal communities that impact TCUs.

Three CIOs proposed activities with a funding amount of \$200,000 to accomplish these measurable objectives. The three CIOs included in this report are the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP); the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP); and the National Center for Environmental Health (NCEH)/Agency for Toxic Substances and Disease Registry (ATSDR). CDC was able to meet the commitment made in the FY 2006-2008 Plan by allocating \$259,000 to three TCUs directly.

In FY 2007, NCCDPHP provided support to 15 tribal colleges and universities to strengthen their capacity to maintain present activities. NCCDPHP distributed \$415K to 9 TCUs (\$315K funds 8 TCUs for the development of the K-12 Diabetes Education in Tribal Schools [DETS] curriculum through a IAA with the National Institute of Diabetes, Digestive and Kidney Disorders [NIDDK], NIH, and IHS MOU; \$100K directly supports 1 TCU to develop interventions in practical environmental community indicators for diabetes prevention).

NCCDPHP provided TCU support through diabetes talking circles, 2 year college diabetes prevention curriculum development (UNM-Gallup), Diabetes Atlas and GIS map development (UNM Earth Data Analysis Center), and evaluation technical assistance through the McKing evaluation contract. A total of \$789,000 was expended. In FY2008, the NCCDPHP will publish a new FOA that will have total funding available of \$800K to fund 8 AI/AN grantees for five years. In FY2008, NCCDPHP will continue to award 8 DETS TCUs @ \$315K to develop and implement a school-based (K-12) diabetes curriculum that supports the integration of AI/AN culture and community knowledge with diabetes-related science.

Through contracted services, the Division of Diabetes translation (DDT) Native Diabetes Wellness Program continues to work to provide culturally appropriate technical expertise in public health program planning and implementation to tribal entities. Eight cooperative agreements were maintained in FY 2007, at approximately \$100,000 being awarded to each to establish simple, practical, environmental interventions that help prevent diabetes and promote health in communities. These awards were to two urban Indian populations (Tulsa Indian Health, Oklahoma; United American Indian Involvement, Los Angeles), five rural reservation tribes: Lummi (Washington), Southern Ute (Colorado), Hopi (Arizona), Ho-Chunk Nation (Nebraska), and Stockbridge-Munsee Community (Wisconsin), and one tribal college (Salish Kootenai, Montana) mentioned above.

CDC's DDT has collaborated with the Tribal Leaders Diabetes Committee, as well as an indigenous author and indigenous artists, to develop "The Eagle Books," which is a series of four books that teach children about diabetes prevention and healthy living. During 2007 over 2 million books were distributed to over 700 AI/AN health and school organizations; animation of three of the four books in the series was completed, with the animation of the last book scheduled for FY 2008; and a safe children's website, the "Eagle's Nest," was established on the DDT website. Beginning in February 2005, the National Diabetes Education Program within the DDT began a cooperative agreement entitled "National Program to Promote Diabetes Education Strategies in Minority Communities." In FY 07, the Association of American Indian Physicians continued to be funded through this program at \$300,000 to partner with other tribal stakeholders to reach AI/AN communities to implement effective diabetes education strategies to increase awareness of the seriousness of diabetes, promote better diabetes self-management behaviors, improve health care providers understanding and approach to care, and reduce disparities in health.

In previous TCU Performance Reports, CDC has also highlighted allocations to three Institutes of Higher Education (IHE) to fund Prevention Research Centers (PRCs) focusing on projects primarily benefiting AI/AN. This funding level for these PRCs was maintained in FY 2007. PRCs are a network of academic researchers, public health agencies, and community members that conducts applied research in disease prevention and control. The University of Oklahoma, the University of New Mexico, the University of Oregon Health Sciences, and the University of Washington continue to have tribally focused PRCs and projects.

- The University of Oklahoma PRC continued to receive \$735,500 for "The Regular Activity in Life Study" which engages Anadarko high school students to participate in a 16-week elective physical education class to increase physical activity during school hours. It is

intended that findings will be shared and will serve as the basis for developing new physical activity interventions and promoting changes in nutrition here and in other school settings.

- The University of New Mexico PRC continued to receive \$733,500 for the Teen Health Resiliency Intervention for Violence Exposure (THRIVE) community intervention which aims to improve youths' quality of life and reduce the traumatic effects of their exposure to violence. The intervention's focus is on addressing the negative effects of historical trauma experienced by American Indians. Researchers are developing a program manual and tool kit to disseminate throughout the country.
- The University of Oregon PRC has received \$680,00 for the Tribal Vision Impairment Prevention Project (VIP Project), which aims to increase residents' access to eye exams, improve the quality of life for residents who need prescription eye glasses, reduce the risk of blindness for residents who have diabetes, and determine the extent and possible causes of the community's visual impairments. Participants are asked for project recommendations and suggestions for expanding it to other Native communities.
- The University of Washington PRC continued to receive \$225,628 to work on completing the development of Cardiovascular Disease Curriculum Modules for AI/AN Youth. These curriculum modules present a culturally appropriate grade 7-12 supplemental health education curriculum focusing on cardiovascular health. The University of Washington PRC has been developing, testing, evaluating, testing, evaluating, and fine-tuning this curriculum. These Modules will be used in classrooms to help improve the long-term health of AI/AN youth.

The Office on Smoking and Health (OSH) continued the funding of seven cooperative agreements with tribes and/or tribal organizations in the area of commercial tobacco prevention and control. Capacity-building Cooperative Agreements have led to engagement and endorsement of the programs as evidenced by tribal resolutions, additional funding by tribes, and tribal representation at national tobacco meetings, fielding the American Indian Adult Tobacco Surveys, and increased partnerships between tribes and states. OSH also funds the Northwest Portland Indian Health Board who houses the National Tribal Tobacco Prevention Network (NTTPN) which serves as a national resource for all tribes and tribal organizations in the area of commercial tobacco prevention and control. Significant increases in funding to address AI/AN health disparities has been made available under the REACH US program. In order to develop a comprehensive national program that supports a more systematic approach to the elimination of racial and ethnic health disparities, two levels of interlinked funding are supported under this new, 5-year cooperative agreement.

The National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) sought to invest in the development of AI/AN public health scientists with interest in the prevention of viral hepatitis, HIV/AIDS, sexually transmitted diseases, and tuberculosis by continuing to provide support to Diné Tribal College for infrastructure development to facilitate instruction and research. In FY 2007 a supplemental award to the Inter Tribal Council of Arizona, Inc. (ITCA) National STD/HIV/AIDS Prevention Program (NSHAPP,) in collaboration with the Arizona College of Public Health, Diné College was tasked with developing "guidelines" for Tribal Colleges and Universities (TCUs) for development of academic degree programs in public health for AI/AN students. After several months delay, Dine College declined the funds on February 6, 2008, without beginning the project. The \$50,000 award was retained

by ITCA to support AI/AN HIV/AIDS Awareness Day. Although not a part of the FY 2007 TCU plan, NCHHSTP provided \$21,942 support to two interns in American Indian Sciences and Engineering Society (AISES) through an Inter Agency Agreement between CDC and the AISES Student Internship Program to foster careers in the field of public health.

The National Center for Environmental Health (NCEH) continues to fund and support its highly successful cooperative agreement with the Association of Environmental Health Academic Programs (AEHAP). This agreement supports the HHS Goal to increase access to and the participation of racial and ethnic minority populations in HHS programs and services (including education-related activities and HHS workforce). In 2007, NCEH/ EEHS funded and continues to provide technical support to the 2nd National Conference for Minority Serving Institutions (Building the Diverse Environmental Health Workforce of the 21st Century). The conference, scheduled for April 16–18, 2008, will assist participating universities to understand and embrace the importance of developing a diverse environmental health workforce and develops strategies to address challenges faced when seeking accreditation. The Agency for Toxic Substances and Disease Registry (ATSDR) is in the third year of a five-year cooperative agreement funding cycle for the development and enhancement of environmental/public health programs with two tribal colleges, Turtle Mountain Community College in Belcourt, North Dakota, and Diné College in Shiprock, New Mexico. Both institutions were funded in FY 2007 at \$50,000 each.

Diné College has developed and delivered new coursework in Environmental Public Health and has developed a new Associate of Science degree program in Public Health, in close consultation with four regional universities, including a Memorandum of Understanding with the Arizona College of Public Health. The existing GIS (Geographic Information Systems) program at Diné College was substantially expanded with ATSDR funding, and Navajo students from Diné and other colleges participated in two summers of intensive internship research training in the application of GIS technology to the study of the impacts of the former uranium mining industry on the environmental public health of two separate Navajo communities. The GIS Laboratory at Diné College is being increasingly recognized as the primary repository of GIS and related data for the entire Navajo Nation. Workshops on environmental public health effects of uranium mining were provided to Community Health Representatives (CHRs) in all five agencies of the Navajo Nation, and, beginning in the Spring 2004 Semester, all CHRs in the Navajo Nation have been directed to enroll in our Associate of Science degree program in Public Health in a major new collaboration between Diné College and the Navajo Nation in workforce development for employees of the Navajo Nation Division of Health. Diné College has also begun to focus more on providing access to public health and health education classes, filling in the gaps that exist in the curriculum.

Turtle Mountain Community College has leveraged their funding with other grants and proposals that they are expected to be awarded. The science faculty at the college handles all first- and second-year college courses in the areas of chemistry, biology, environmental science, physics, engineering, and earth science, and does this with a staff of four individuals, one of whom is paid through CDC/ATSDR funds. The environmental public health student projects also include a component of outreach to the community. GIS capability has been established with 15 computers with ArcGIS 9.0 software in a separate GIS laboratory on campus through a Ford PAS grant. Collaboration has resulted in a community mapping project

and GIS curricula for the GIS class this semester. Turtle Mountain Community College has also refocused its efforts to provide distance learning and provide a visiting professor series to provide students with classes that may not be available for a year or more through their memorandum of understanding with Dickinson College. Funding to the TCUs is level funding for the next three years of \$50,000 each per year.

Early in FY 2006, CDC implemented its Tribal Consultation Policy. This policy describes steps that CDC programs should take toward working effectively with AI/AN communities and organizations and provides guidance on enhancing AI/AN access to CDC programs and resources. As a result of the policy, CDC is consulting more effectively with tribes and is receiving helpful tribal input on a broad range of issues that include the development of new program announcements, implementation of new or ongoing public health programs, and the fostering of stronger partnerships between tribes and other CDC partners such as state health departments and academic institutions. The implementation of this policy has been enhanced by the establishment of the CDC Tribal Consultation Advisory Committee (TCAC) as an advisory committee to the CDC Director to provide a complementary venue wherein tribal representatives and CDC staff would exchange information about urgent public health issues in Indian country and collaborate on approaches to address these issues and needs. The TCAC assists in strengthening CDC partnerships with tribes and tribal organizations, and provides enhanced connectivity between CDC and tribal leaders to help ensure that CDC activities or policies that impact Indian country are brought to the attention of tribal leaders as well as CDC senior leadership. CDC's Tribal Consultation Policy also helps to ensure tribal eligibility for CDC program announcements. CDC desires to increase access of TCUs and other tribal and minority organizations to CDC resources by improving access to CDC's extramural funding opportunities. All CDC program announcements are now available for viewing and application submission through www.grants.gov. CDC is working with tribal organizations to help ensure that news of program announcements is reaching more potential applicants from Indian country. CDC program announcements now contain standardized language specifying tribal eligibility for most program announcements.

In FY 2007, CDC funded 68 cooperative agreements to 48 tribal partners across 19 states and the District of Columbia. Total funds allocated through competitively awarded grants and cooperative agreements approached \$22.0 million (\$21,948,174). In addition to grants and cooperative agreements awarded to tribal partners, CDC also allocated more than \$9.5 million through grants/cooperative agreements awarded to state health departments and academic institutions for programs focusing on AI/AN public health issues. The remainder of CDC's AI/AN portfolio falls into three categories: (1) intramural resources (about \$6.9 million), (2) federal intra-agency agreements (about \$1.9 million), and (3) indirect allocations (\$70.7 million). The indirect category primarily represents resources devoted to immunizing AI/AN children through the Vaccines for Children (VFC) program. If indirect funds are not included, CDC estimates its total FY 2007 allocation for AI/AN programs to be approximately \$40 million, 54 percent of which goes directly to tribal partners and 78 percent overall is expended outside of HHS. The total figure (\$40,323,327.00) represents a 4.0 percent decrease over AI/AN allocations in FY 2006.

Goal, Objectives, and Activities in Support of the White House Executive Orders on Minority Initiatives

Goal #1 Increase access to and the participation of minority institutions of higher education and/or other minority organizations in HHS programs and services

In FY 2007, CDC continued implementation of its Tribal Consultation Policy and assertively working with tribal organizations such as the National Indian Health Board, the Tribal Epidemiology Centers, individual TCUs, and the American Indian Higher Education Consortium. These increased opportunities for dialogue, partnerships, and activity will support activities under Goals 2, 3, and 4 to benefit TCUs.

Activities/Program(s): 1) Supported memorandum of understanding with four year schools that offer environmental/ public health programs that enable TCU graduates to transfer credits towards the completion of their degree; 2) developed appropriate educational materials needed by tribal constituency; 3) designed and implemented internship programs with the intent of this executive order.

Measurable Objective 1: Increase the number of environmental/public health classes available to students by 10% each of the remaining years of the funding cycle.

Goal #2 Strengthen the capacity of minority institutions of higher education and/or minority organizations that address racial/ethnic minority populations to provide the highest quality education and service.

NCCDPHP

Objectives: Increase the number of TCUs that receive funding and/or support to address health disparities among AI/AN populations by 15%.

Activities:

Developed and implemented a school-based diabetes curriculum that supports the integration of AI/AN culture and community knowledge with diabetes-related science for DETS program led by the NIDDK, NIH.

Supported the funded TCU programs with an emphasis on building sustainable infrastructure and capacity to maintain present activities. Funding for eight TCUs will continue through FY 2009.

Continued support of Salish Kootenai College as one of the eight National Diabetes Wellness Programs (NDWP) tribes/tribal organization grantees for limited practical environmental adaptations and community indicators for diabetes prevention. Maintain funding through 2008.

With FY08 dollars, NCCDPHP will create a new FOA to fund 8 AI/AN organizations, including TCUs, for five years. Total funding levels will be at \$800K/year for five years (through FY2013).

Maintained and will update Geographic Information System (GIS) Web site as new information becomes available for the Diabetes Atlas Project at the University of New Mexico. Maintained capability for developing GIS maps for DETS TCUs, NDWP grantees, and others, including all TCUs, if interested, that focus on traditional foods by geographic and cultural regions of US.

Will include TCUs in Eagle Book community outreach campaign (planning starting FY 2008, implementation starts in 2009 through 2012). First outreach effort will be at Keweenaw Bay Ojibwa Community College, Baraga, Michigan, in conjunction with Eagle Book art display at Smithsonian Museum, Oct –Dec 2008.

Disseminated “Diabetes Wellness Talking Circles” methods and resources for communities interested in providing this intervention. Sinte Gleska Community College and University of North Dakota will be a part of the dissemination and training. In 2007, Diabetes Talking Circles were strategically held throughout the Bemidji Area and elsewhere across the United States. A GIS map is available of talking circle site trainings to date.

Supported a two-year University of New Mexico (UNM) – Gallup campus (95% Native American enrollment) diabetes prevention specialist Associate of Arts/Certificate program. This program was completed in 2007, and the curriculum is available to TCUs throughout the country. The curriculum will also be shared with Morehouse School of Medicine for Community Health Worker curriculum development.

Funded and supported infrastructure development to facilitate instruction and research at TCUs. Supported TCU faculty development and research training initiative focusing on health disparities.

Measurable Objective(s): Maintained a three-year collaboration through a cooperative agreement with the NDWP at \$100,000 per grantee. Used mapping techniques to display, analyze, and interpret existing diabetes data to assist AI/AN communities in program planning made available by CD-ROM and an interactive Web site.

Increased training and the number participants who conducted talking circles in their own communities. GIS map are available of sites.

Increased reports/updates/student enrollment/training sessions for other TCUs on the two-year AA/certificate program at UNM-Gallup campus. Final report is available that includes interest in the certificate program from other TCUs.

Will increase the number of graduate students employed in practicum experiences and projects being conducted at Prevention Research Centers (PRCs). In 2007, the

PRC program encouraged centers working in AI/AN communities to seek opportunities to give experiences for their members. The PRC Program's National Community Committee held several training programs that involved AI/AN community members.

NCHSTP

Objective: By year end FY 2008, increase the number of minority-serving institutions of higher education that receive funding and/or support to address health disparities among specific racial/ethnic minority populations by 15%.

Activity: Supported Diné Tribal College in maintaining infrastructure development of a two-year Associate Degree in Science program to increase the number of AI/AN students in the field of public health. Partnered with Navajo Nation to send CHRs through public health courses offered by Diné College.

Activity: Utilized an Inter Agency Agreement between CDC and the AISES to support two AI/AN students through their Student Intern Program to foster careers in the field of public health.

Measure: Increased AI/AN participation in careers that affect the health, well-being, and quality of life for AI/AN.

Goal #3

Increase access to and the participation of racial and ethnic minority populations in HHS programs and services (including education-related activities and HHS workforce).

ASTDR

Objective: For FY 2008, maintain funding and/or support to minority institutions of higher education for domestic and/or international training opportunities (fellowships, internships, scholarships, and other support) for minority students.

Activities: Increased the number of AI students who are enrolled in environmental public health programs at TCUs through the establishment of cooperative agreements. Built and designed courses at Dine College and Turtle Mountain Community College in the field of Environmental Public Health. Also, developed and created unique internships for Native students to work in the field of environmental public health.

Measures: Both Dine College and Turtle Mountain Community College continued to expand their student internship programs in FY 2007, affording more students to participate in environmental health activities. Both colleges expanded their curriculum and student enrollment.

NCCDPHP

Objective: Increase the funding for TCUs to strengthen and diversify the pool of qualified health and behavioral science researchers by 15%.

Objective: Increase the funding for TCUs to improve coordination, communication, and application of health research results by 15%.

Objective: Improve the quality of data collected and reported on AI/AN populations involved in research in the PRC program.

Activities: Developed the PRC information system to collect data on AI/AN populations collaborating on research activities within the PRC program. In 2007, the PRC program implemented an information system that collected specific data regarding research activities involving AI/AN populations. The data collected improved the information received about the research activities involving AI/AN populations and helped the PRC program gain additional knowledge about the activities being conducted in AI/AN populations.

Activities: Collected health status information on REACH 2010 AI/AN populations where local REACH 2010 programs focus on breast and cervical cancer prevention, cardiovascular health, and diabetes infant mortality.

Measure: Evidence of improved data collection to enhance reporting of PRC program results specific to AI/AN populations.

Measure: Improvement in the quality of data regarding the health status of AI/AN populations in REACH US communities.

Activities: Increased significant funding to address AI/AN health disparities under the REACH US program. In order to develop a comprehensive national program that supports a more systematic approach to the elimination of racial and ethnic health disparities, two levels of interlinked funding are supported under a new, 5-year cooperative agreement:

Centers of Excellence in Eliminating Disparities (CEEDs)

CEEDs will function as a multidisciplinary national leader and expert center focused on the elimination of racial and ethnic health disparities. They will develop a comprehensive program to conduct relevant activities, coordinated through an established coalition, to eliminate racial and ethnic health disparities. Ten percent of the CEED total award each year is set aside to fund Legacy Projects. It is expected that communities will use these pilot funds to initiate or further develop initiatives or programs to eliminate health disparities. CEEDs are currently funded at \$850,000.

Two entities targeting AI/AN populations are currently funded as CEEDs under REACH US:

- Oklahoma State Department of Public Health - This CEED will be established to reduce or eliminate health disparities of obesity, diabetes, cardiovascular disease and sedentary lifestyles among American Indians in the Southern Plains area of Oklahoma.
- University of Colorado at Denver and Health Sciences Center - This CEED will be established to prevent diabetes mellitus and cardiovascular disease in AI/AN communities throughout the U.S. It will deliver evidenced-based organizational change programs to all 240 Special Diabetes Programs for

Indians that are not currently involved in federally-funded competitive demonstration projects.

Action Communities (ACs):

ACs will implement evidence- or practice-based promising approaches in the field that are consistent with one or more of the REACH US programmatic efforts.

These activities may include application of promising approaches in a racial and ethnic community that have been shown to be effective in the general population or with one or more different racial and ethnic groups. ACs are currently funded up to \$450,000.

- Four entities targeting AI/AN populations are currently funded as ACs under REACH US: Choctaw Nation of Oklahoma, Eastern Band of Cherokee Indians, Inter-Tribal Council of Michigan and Northern Arapaho Tribe.

Goal #4 Promote data collection of racial and ethnic minority populations, e.g., through minority institutions of higher education and minority organizations.

NCCDPHP

Objective: Increase the total direct funding and/or support TCUs for domestic and international training opportunities (fellowships, internships, scholarships, and other support) for AI/AN and parents by 15%.

Activity: Supported a PRC training project that offers opportunities to AI/AN doctoral students in the field of public health. In 2007, the PRC program sponsored a minority fellowship program through the Association of Schools of Public Health that provided opportunities for AI/AN doctoral students.

Measure: Increase the number of AI/AN doctoral students that have gained practical prevention research experience through the program.

NCHSTP

Activities: Reviewed existing NCHSTP programs to assess adaptability to TCUs.

Informed and educated NCHSTP Division Directors and Senior Staff regarding the importance of supporting TCU activities. Identified NCHSTP programs willing to fund and support two AI/AN summer interns.

Measurable Objective: By FY 2008, increase AI/AN participation in careers that affect the health, well-being, and quality of life for AI/AN by supporting AI/AN summer interns.

Goal #5 Increase participation and support in HHS programs and services for other education-related activities toward educational attainment at early and post-secondary education.

During FY 2007, CDC continued implementation of its Tribal Consultation Policy and assertively worked with tribal organizations such as the National Indian Health Board, the Tribal Epidemiology Centers, individual TCUs, and the American Indian Higher Education Consortium. These increased opportunities for dialogue, partnerships, and activity will support activities under Goals 2, 3, and 4 to benefit TCUs.

B. SUMMARY OF FY 2007 AGENCY AWARDS BY CATEGORY TO TRIBAL COLLEGES AND UNIVERSITIES

1. Agency/Organization: Centers for Disease Control and Prevention

2. Name, Title, Phone, Fax, and email address of agency representative preparing report:

Captain Pelagie (Mike) Snesrud, Senior Tribal Liaison for Policy and Evaluation
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3. FY07 Total Funding for all Institutions of Higher Education (IHEs)

CATEGORY	TOTAL AWARDS TO IHEs	TOTAL AWARDS TO TCUs	% OF AWARDS TO TCUs
1. Research & Development	\$421,886,229		
2. Direct Institutional Subsidies	\$12,129,506		
3. Program Evaluation	\$11,667,201		
4. Training & Technical Assistance	\$98,480,777	\$259,000	.26%
5. Facilities & Equipment			
6. Fellowships, Internships Recruitment, IPAs	\$1,726,856		
7. Student Tuition Assistance, Scholarships, and Other Aid			
8. Economic Development			
9. Administrative Infrastructure			
10. Third Party Awards	\$1,608,029		
11. Private Sector Involvement			
12. Other Activities	\$15,974,925		
Total	\$563,473,523	\$259,000	.045%

Julie Louise Gerberding, M.D., MPH
 Agency Head (Typed)

 Agency Representative (Signature)

 Date