THE CENTERS FOR DISEASE CONTROL AND PREVENTION'S ANNUAL TRIBAL CONSULTATION REPORT FISCAL YEAR 2005

Section 1. Tribal Priorities

Tribal Priority 1, Funding and Related Issues

Objectives: Manage the Centers for Disease Control and Prevention's (CDC) fiscal and personnel resources in a manner that maximizes impact on the health and safety of American Indian/Alaskan Native (AI/AN) people, accurately monitor CDC resources allocated to benefit AI/AN communities, and make this information readily available to Tribal leaders.
Background: In addition to a new strategic focus on health impact, another of CDC's six new strategies is accountability. This means that CDC will work to sustain people's trust and confidence by making the most efficient and effective use of the public's investment in CDC. Improved accountability and better management of resources devoted to AI/AN populations will strengthen CDC efforts to improve public health in Indian Country.
Activities: (1) CDC intends to initiate a portfolio management approach to its resources devoted to AI/AN health issues. This approach will improve how CDC tracks and displays its AI/AN resource commitments (see below). Also as part of this approach, CDC will more closely monitor funds distributed to state health departments via CDC grants and cooperative agreements to help ensure that AI/AN communities receive appropriate benefit from CDC funds. (2) CDC will continue to submit to the Department of Health and Human Services (HHS) and Tribal leaders an annual tribal budget and consultation report that includes a summary of CDC resources committed to programs that benefit AI/AN communities. This information will portray fiscal information as committed by CDC's various organizational components and by defined categories. The latter will include a summary of grants and cooperative agreements awarded directly to Tribes and Tribal organizations.
Expected Outcomes: Better management and improved flow of resources will help to maximize the health impact of CDC programs/projects that focus on AI/AN populations. Increasing transparency in CDC's AI/AN resource allocation process and outcomes will facilitate tribal awareness of, and participation in, CDC efforts to address tribal public health issues.

Tribal Priority 2, Increased Access to CDC Programs

Objectives: Eliminate barriers and improve Tribal access to CDC's extramural funding opportunities.
Background: In order to take full advantage of the many opportunities that CDC offers for public health support, Tribal leaders need to know what those opportunities are and how best to access them. Extramural funding through grants and cooperative agreements is a key mechanism for Tribal access to CDC resources.
Activities: All CDC program announcements are now available for viewing and application submission through www.grants.gov. In addition, CDC is working with

Tribal organizations such as the National Indian Health Board, and networks such as the Tribal Epidemiology Centers, 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.
Expected Outcomes: These activities should produce (1) an increased number of Tribal applications/proposals from Indian Country in response to CDC program announcements, (2) a broader spectrum of Tribal awardees (Tribal governments, Tribal organizations, and (3) a more accurate measure of CDC's extramural funds that support programs in Indian Country.

Tribal Priority 3, Health Promotion and Disease Prevention

- Cancer Prevention

Objective: To promote cancer prevention, improve cancer detection, increase access to health and social services, and reduce the burden of cancer.
Background: The significant growth of cancer prevention and control programs within health agencies has resulted in recognizing that improved coordination of cancer control activities is essential to maximize resources and achieve desired cancer control outcomes. Comprehensive cancer control results in many benefits, including increased efficiency for delivering both public health-related messages and services to the public.
Activities: All activities are ongoing (see section 3).
Expected Outcomes: These efforts will contribute to reducing cancer risk, detecting cancers earlier, improving treatments, and enhancing survivorship and quality of life for cancer patients.

Objective: Assist AI/AN women to gain access to lifesaving screening programs for early detection of breast and cervical cancers.
Background: To help improve access to screening for breast and cervical cancers among underserved women, Congress passed the Breast and Cervical Cancer Mortality Prevention Act of 1990, which created CDC's National Breast and Cervical Cancer Early Detection Program (NBCCEDP). This program provides both screening and diagnostic services, including clinical breast examinations, mammograms, Pap tests, surgical consultation, and diagnostic testing for women whose screening outcome is abnormal.
Activities: All activities are ongoing (see Section 3).
Expected Outcomes: Many deaths from breast and cervical cancers could be avoided by increasing cancer screening rates among women at risk. Timely mammography screening among women aged 40 years or older could reduce breast cancer mortality by approximately 16 percent compared with women who are not screened. Pap tests can find cervical cancer at an early stage when it is most curable or even prevent the disease if precancerous lesions found during the test are treated.

- Diabetes Programs

Objective: Get the "Eagle book" series into the hands of young Native children throughout the United States.

Background: We know that reaching young people, particularly in the school setting where they are spending 6-9 hours a day, presents an opportunity to help improve the health outcomes of the nation's youth, which, in turn, can have positive effects on intermediate and long-term social, educational, and economic outcomes. The Eagle books and the efforts of CDC's Native Diabetes Wellness Program, in partnership with the Indian Health Service (HIS) and the Tribal Leaders Diabetes Committee (TLDC), are putting those ideas into action by bringing to teachers, parents, and students important health promotion messages to help children grow safe and strong -- messages like good nutrition and regular physical activity.
Activities: CDC, IHS, the TLDC, and the author and artists (Georgia Perez, author; Patrick Rolo and Lisa A. Fifield, artists), and First Book, have made it possible to share the Eagle books with American Indian and Alaska Native children throughout the country. First Book, a national non-profit group whose mission it is to put a new book into the hands of every child, is committed to reaching American Indian and Alaska Native children, and through their National Book Bank, we will be able to deliver more than 300,000 books to schools and children.
Expected outcomes: Nationwide distribution of the books to children, schools, and communities may help to change the dialogue about diabetes prevention to one of hope and respect for community traditions.

Objective: Tribes, Tribal organizations, and TCUs can easily obtain technical assistance in developing diabetes prevention initiatives.
Background: Discussion groups in 2001 conducted by CDC and IHS identified a critical, universal need for technical assistance in developing diabetes prevention programs from conceptualization to implementation. The TLDC echoed this need.
Activities: The Wellness Program has contracted with McKing Consultants, a minority, women-owned business, to provide culturally appropriate technical expertise in public health program planning and implementation. In addition to an open invitation to Tribes, Tribal organizations and TCUs to access this expertise, formal consultation is being provided to the eight grantees of the *Health Promotion and Diabetes Prevention Projects for AI/AN Communities: Adaptations of Practical Community Environmental Indicators* project. The initial meeting among the CDC Wellness Program, McKing Consultants, and the grantees was held in Albuquerque, New Mexico during November 15-16, 2005. Software support tools developed by the Wellness Program include "CDCynergy: AI/AN Diabetes Edition" and the "Diabetes Atlas: Mapping the Vision of Hope," a Geographic Information Systems tool for communities maintained by the University of New Mexico Earth Data Analysis Center.
Expected outcomes: Increased utilization of technical assistance resources to build program and infrastructure capacity and sustainability.

Objective: Training for a program that provides emotional support to community members with and at risk for diabetes is provided across the country, using a tested "Talking Circles" curriculum.
Background: A culturally-rooted, participatory study, "Diabetes Wellness: American Indian Talking Circles" (Talking Circles), which took place on four reservations in South

and North Dakota in recent years, represents an ancient way of gathering Tribal members in a group such as “talking circles,” “council fires” and “talkstories.” Directed by Dr. Felicia Hodge and implemented by Ms. Loralei DeCora, the project engages families and community members in a process of listening, dialogue, and action to impart wisdom and support for members.
Activities: Community health workers (community health representatives, diabetes outreach workers) in the Aberdeen area have been trained to serve as Talking Circle facilitators in their communities and all interested Tribes in the Northern Plains, and Woodlands in Minnesota, Michigan, and Wisconsin will soon be provided this training. In addition to *Talking Circles* training, community health representatives (CHRs) and diabetes outreach workers will be offered additional tools including, the "Eagle books" for children, "CDCynergy: Diabetes version for American Indian/Alaska Native Communities" (a software package for health communication program development and planning), "Diabetes Atlas" (a geographic information systems tool to assist communities with surveillance and planning), and the DVD curriculum, “The In-Between People: Including Community Health Workers in the Circle of Care.”
Expected Outcomes: Community health workers and other health leaders in Plains and some woodland communities (Aberdeen, Billings, and Bemidji I.H.S. areas) will have the tools and the training to offer “Talking Circles” diabetes curriculum for interested groups in their communities.

- Epidemiology and Public Health Practice

Objective: Continue to place qualified professionals in direct assistance/trainee positions with IHS and Tribal organizations.
Background: CDC offers several training programs whose assignees/trainees contribute to health promotion and disease prevention in Indian country. Examples include the Epidemic Intelligence Service, the Preventive Medicine Residency Program, and the Public Health Prevention Specialist Program. For several years, CDC has assigned professional trainees to work with the IHS Division of Epidemiology and Disease Prevention in Albuquerque, New Mexico, and, recently, has expanded these assignments to include tribal organizations.
Activities: Existing and future trainees working in Indian country will provide increased technical assistance to IHS and the Tribes in epidemiology, training, and building epidemiologic capacity. In particular, working relationships with the Tribal Epidemiology Centers will be strengthened as a pathway for bringing CDC technical expertise to Tribal communities.
Expected Outcomes: Strengthened public health infrastructure and epidemiologic capacity in national and regional organizations providing public health services to AI/AN communities.

- Fetal Alcohol Syndrome (FAS)

Objective: Reduce the incidence of FAS in Northern Plains AI/AN children.
Background: Alcohol use during pregnancy continues to be a problem for some AI/AN communities. Programs are needed to educate communities about the effects and prevention of FAS, as well as its identification and management.

Activities: In collaboration with Black Hills State University, Little Wound School on the Pine Ridge Reservation agreed to participate in the pilot testing of a school-based curriculum for students in grades 5-8, based on "Making the Right Choices: A Grade 5-8 Fetal Alcohol Syndrome Prevention Curriculum," developed and used in the Frontier School Division of Canada. In addition, a curriculum was developed and used to conduct a two-day workshop for teachers, juvenile justice workers, and others who might have responsibilities for working with young people with FAS. In collaboration with the University of South Dakota, AI communities in Rosebud, Standing Rock, and Turtle Mountain Chippewa participated in the development of a media campaign to promote a toll-free helpline for women of childbearing age to either reduce their drinking or to increase family planning.
Expected Outcomes: Trainings/workshops for educators, juvenile justice workers, social service workers, foster care and adoption workers, justice system workers, and others who work with children and youth with FAS and their families, will continue in an effort to improve care for those affected by FAS. A media campaign designed to engage AI/AN women in the project will provide a toll-free number for women to call for support in decreasing alcohol consumption and/or increasing effective contraception use. Also, in fiscal year (FY) 06, implementation of the surveillance component of the project will occur as well as the tracking system for linking affected individuals with appropriate community services.

- HIV Prevention: Native Peoples Alliance

Objective: To promote HIV prevention in AI/AN communities.
Background: From January through September 2005, the National Center for HIV, STD, and TB Prevention's (NCHSTP) Division of HIV/AIDS Prevention (DHAP) continued to work with the Native Peoples' Alliance. The Alliance, which was established in 2004, has been proposed as one of the alliances included in DHAP's National HIV/AIDS Partnership (NHAP) activity.
Activities: NHAP was involved in actively recruiting AI/AN leaders and influential persons to promote HIV prevention. NHAP has recruited 11 nationally recognized leaders and organizations, including notable actors/artists such as Adam Beach, Dana Tiger, Martha Redbone, Rita Coolidge, Wes Studi, Floyd Red Crow, and Jana Mashonee; and Tribal leaders such as Ms. Wilma Mankiller and Ms. Karen J. Hatcher. NHAP and its partners developed and distributed public service announcements (PSAs), posters with original artwork , ad space in Native American newspapers, and radio/TV/newspaper interviews with NHAP messages.
Expected Outcomes: PSAs, posters, and other messages have reached more than 3 million AI/ANs through various means and materials were distributed to more than 726,000 persons at 11 national and regional Powwows in 2005. During FY 06, CDC expects to continue to promote HIV prevention by recruiting AI/AN leaders and influential persons to promote HIV prevention, investigating sources for external funding for HIV prevention activities, reaching AI/ANs at national and regional Powwows and using PSAs and the media, expanding efforts to reach AI/ANs at tribal conferences specifically by distributing public health messages and print PSAs to approximately 16,000 persons attending the annual National Indian Health Board and National Congress of American Indians conferences in early FY 06.

- Immunization

Objective: To help ensure that AI/AN children benefit fully from Vaccine for Children (VFC) services and to accurately monitor immunization coverage/utilization.
Background: In FY 2005, the VFC program purchased more than $1 billion in vaccines for children birth through 18 years of age who are eligible for the VFC entitlement, which includes all AI/AN children. CDC estimates that 2.43 percent of the U.S. population is AI/AN children 0-18 years and are VFC eligible. AI/AN children receive VFC services through both IHS and non-IHS providers and facilities.
Activities: Coverage and utilization data for AI/AN populations are monitored through the IHS immunization registry, the National Immunization Survey, and state immunization registries. CDC is working with IHS staff and state immunization registries to develop software to allow the electronic exchange of immunization data between IHS, Tribal, and Urban Indian Health (I/T/U) facilities and state immunization registries. The software is currently operational in 4 states, with further expansion expected.
Expected Outcomes: The inclusion of immunization data from I/T/U facilities into state immunization registries will improve patient care for this population, allow for more complete information on immunization coverage at the state level to monitor potential disparities, and conserve resources.

- Infectious Diseases in Alaska Natives

Objective: Prevention and control of infectious diseases in Alaska Natives.
Background: The Arctic Investigations Program (AIP) located in Anchorage, Alaska is one of three U.S. field stations operated by CDC's National Center for Infectious Diseases. Core program activities include; surveillance of infectious diseases, public health research, health communication and education, public health emergency preparedness and response, and bioterrorism preparedness and response.
Activities: AIP maintains a statewide surveillance system for invasive diseases caused by certain bacteria: S*treptococcus pneumoniae, Haemophilus influenzae, Neisseria meningitidis*, and Groups A and B Streptococcus. In Alaska, the infant pneumococcal vaccine (PCV7) was introduced in 2001 and disease rates due to vaccine types declined by 85 percent among children under 2 years of age. However, the adult pneumococcal vaccine remains underutilized. For example, surveillance identified an outbreak among unvaccinated adults for whom vaccine was indicated but not received by 50 percent of outbreak cases. Clusters of invasive *H. influenzae* type A infections have been identified through surveillance among Alaska Natives, and rapid case investigations/interventions are linked to an intact surveillance system. *N. meningitidis* remains an important cause of bacterial meningitis for which a new vaccine has recently been introduced. Surveillance data indicate that 57 percent of early-onset group B streptococcus (GBS) cases in Alaska were preventable through use of national guidelines for prenatal screening and treatment. These findings promoted an educational effort by AIP and the Alaska Department of Health and Social Services to increase awareness among Alaska healthcare providers regarding appropriate diagnosis and treatment of perinatal GBS disease. Surveillance is needed to determine whether this education can reduce rates of GBS disease.
Expected Outcomes: Vaccine policies and programs need ongoing high quality data collection to be responsive to changes in disease trends. With continued surveillance for

these diseases, AIP will assess vaccine program effectiveness, monitor for the emergence of bacterial types not covered by current vaccines, and test for the development of drug resistant strains. The impact of the newly introduced vaccine against *N. meningitidis* will be determined through disease surveillance.

- Injury Prevention

Objective: To design, implement, and evaluate AI/AN community-based interventions with demonstrated effectiveness for preventing motor vehicle injuries within the following areas: (1) strategies to reduce alcohol-impaired driving among high risk groups; (2) strategies to increase safety belt use among low-use groups; and (3) strategies to increase the use of child safety seats and booster seats among low use groups.
Background: The leading cause of death among AI/AN is unintentional injuries caused by motor-vehicles. The initial funding year for this program began in 2004.
Activities: CDC's National Center for Injury Prevention and Control funds four Tribes, each $71,480 annually (Ho-Chunk Nation, White Mountain Apache Tribe, Tohono O'odham Nation, and San Carlos Apache Tribe) to develop, implement, and evaluate a tailored community-based intervention with demonstrated effectiveness to reduce motor vehicle-related injuries among AI/AN. This project has a four-year project period.
Expected Outcomes: For each Tribe to reduce injury and deaths due to motor vehicles and to increase seat belt and booster seat use.

- Reproductive Health (RH)/Maternal-Child Health (MCH)

Objective: To carry out activities in epidemiology, surveillance, capacity building, and enhanced data utilization and dissemination that lay the groundwork for improvements in reproductive and maternal-child health among AI/ANs.
Background: In FYs 2004 and 2005, CDC's Division of Reproductive Health (DRH) modified its approach to AI/AN health, implementing and supporting more activities that are aimed toward expanding and improving AI/AN RH/MCH in the United States. The new approach has focused on helping to overcome obstacles to such activities and assisting Tribal organizations to make RH/MCH improvements.
Activities: DRH convened a meeting of experts in MCH among AI/AN in the spring of 2004 with the goal of raising awareness of the need for enhanced research into this much neglected area. This meeting has led to a number of follow-up activities inside and outside DRH. One such activity is the production of a special issue of the Maternal and Child Health Journal that will help publicize AI/AN MCH disparities and develop publication capacity among AI/AN researchers. DRH researchers are studying the effects of smokeless tobacco on pregnancy outcomes in Alaska Native women. DRH staff has explored potential applications of IHS clinical data in the area of maternal and infant health and have conducted a study of maternal morbidity in IHS facilities using such data. DRH is also playing a lead role in a new international initiative regarding the measurement of health indicators in indigenous populations. Other activities include working with AI groups to improve and standardize death scene investigations for SIDS deaths, working with Tribal EpiCenters to use data to create positive change in Tribal communities, and providing technical assistance in South Dakota to investigate reported excess molar pregnancies.

Expected Outcomes: Enhanced research and surveillance activities on MCH and reproductive health among AI/AN, in both basic epidemiology and programmatic issues, improved capacity of Tribes and Tribal organizations to carry out and publish research in RH/MCH, successful epidemiologic studies in this area, improved utilization of MCH data collected by IHS, and improved understanding of measurement issues and how data can be improved in RH/MCH among AI/ANs.

- STD Prevention and Control

Objective: To develop a National Coalition of STD Directors (NCSD) sub-committee to better address STD prevention and control efforts among AI/ANs.
Background: In 2004, CDC and the IHS National STD Program recommended to NCSD that it form a subcommittee of state STD Directors from states with large AI/AN populations to better address STD prevention and control efforts among AI/ANs. NCSD accepted the paper and voted to form this subcommittee in early 2005.
Activities: The AI/AN subcommittee is currently co-chaired by the STD Directors of Minnesota and Utah and has approximately 15 members. Following an organizing meeting in January 2005, IHS and NCSD, with CDC assistance, entered into a Memorandum of Agreement whereby IHS will support NCSD in hiring a contractor to operationalize and support many of the subcommittees' efforts. Interviews for this position will take place in December 2005 and (if necessary) January 2006, and a final decision will be made shortly thereafter.
Expected Outcomes: The NCSD AI/AN subcommittee will facilitate improved education of federal, state, and local policymakers about issues relevant to STD prevention and control measures in AI/AN populations and will foster stronger partnerships between tribal and state public health programs to address STD control in AI/AN communities. These partnerships should lead to the creation of f public health and tribal networks that can serve not only the STD issue well, but also other public health issues and emergencies.

Objective: To improve STD prevention and control activities in Indian country through improved collaboration between CDC, IHS, and Tribal, state, and county health programs.
Background: CDC and the IHS National STD Program collaborated to plan and convene a series of regional STD summits. The goal of the summits was to bring together CDC, IHS, Tribes, states, and counties to develop collaborative strategies to improve STD prevention and control activities in Indian Country.
Activities: The first summit was hosted by the Alaska Native Epidemiology Center in Anchorage, Alaska in January 2005. Summit participants included representatives from public and private organizations across the state. Topics included a presentation of STD epidemiological data, an overview of the Alaska health system, Tribal perspectives on STDs, reporting issues, partner notification issues, new testing technologies, and training opportunities. The second summit took place in Farmington, New Mexico in June 2005 and focused on Tribes in the Four Corners region of the United States. More than 100 people attended, representing IHS and tribal/state/county governments. In addition to

basic topics on STD and HIV prevention, transmission, and treatment, there was a special facilitated strategy session. The third summit will occur in Tempe, Arizona in January 2006.
Expected Outcomes: Improved collaboration between CDC, IHS, Tribal, state, and county entities addressing STD prevention and control should lead to decreased incidence of STDs among AI/ANs in these regions.

- Violence Intervention

Objective: To create partnerships with communities to support the delivery of intimate partner violence interventions to prevent intimate partner and sexual violence and services for American Indians/Alaska Native communities.
Background: This is a new program with a project period of three years and is intended to assist racial/ethnic minority communities to assess and prevent sexual and intimate partner violence.
Activities: CDC's National Center for Injury Prevention and Control funds the National Indian Justice Center $150,000 annually to build capacity for Native American communities to prevent intimate partner and sexual violence. There will be an emphasis to work with men and boys in a culturally appropriate manner to prevent these forms of violence before they occur.
Expected Outcomes: To support the development, implementation, and evaluation of culturally competent demonstration projects for early intervention of both sexual and intimate partner violence.

Tribal Priority 4, Recruitment and Retention of Healthcare Providers

- Professional Clinical Skills Development

Objective: To train mid-level providers to perform flexible sigmoidoscopy in IHS and tribal health facilities.
Background: This is the second of a two-year CDC–IHS Intra-Agency Agreement.
Activities: Activities that have occurred thus far include curriculum development for trainees, purchase of screening equipment, training of three mid-level practitioners from Kotzebue, Klawock, and Juneau at the Alaska Native Medical Center; brochure of training program developed; abstracts about the program submitted/accepted for the American Public Health Association; Inuit Rural Health Conference; and the Alaska Public Health Summit; baseline rates established in all areas for trainee regions; and participation in the development of RPMS-based tracking systems.
Expected Outcomes: It is anticipated that screening rates for colorectal cancer will increase for the Alaska Native population based on increased access to these services.

- Recruitment for Public Health Professionals Training Opportunities

Objective: Strengthen efforts to recruit AI/AN trainees for all CDC training programs.
Background: CDC offers several training programs that may contribute to the development of a stronger public health workforce for Indian Country. Examples include the Epidemic Intelligence Service, the Preventive Medicine Residency Program, the Public Health Prevention Specialist Program, the Public Health Informatics Fellowship,

the Health Communication Intern/Fellow Program, the Postdoctoral Fellowship in Prevention Effectiveness Methods, the Presidential Management Fellows Program, and a number of research/laboratory training programs.
Activities: Develop and implement communications and recruitment plans to increase the number of AI/ANs participating in CDC training programs.
Expected Outcomes: Successful recruitment and training of AI/AN students/fellows/interns should lead to an increased number of well-trained public health professionals to strengthen the public health workforce serving AI/AN communities.

Tribal Priority 5, Emergency Preparedness

- Communicable Disease Control

Objective: To revise federal communicable disease (quarantine) regulations.
Background: The federal regulations that implement CDC's statutory authorities for communicable disease control are in the Code of Federal Regulations (42 CFR, Parts 70, 71). These regulations, which have not been updated in many years, contain no specific provisions regarding Indian Country.
Activities: During FY 05, CDC initiated a Tribal consultation process regarding the proposed revisions that included presentations at HHS Regional Tribal Consultation Sessions and the distribution of a Dear Tribal Leader letter from Directors of CDC and IHS. These activities served to advise Tribal leaders about the formal release of revised draft regulations in the form of a Notice of Proposed Rule Making (NPRM).
Expected Outcomes: The NPRM containing the proposed revisions was released for Tribal and public comment early in FY 06. Tribal leaders' comments will be collected and specifically addressed as part of CDC's newly established tribal consultation procedures. With Tribal input, the new regulations should specifically and effectively address the application of these regulations in Indian Country.

- Cross-Border Preparedness

Objective: To establish cross-border emergency preparedness partnerships with First Nations (FN) and Health Canada.
Background: Communities located on or near international frontiers face unique jurisdictional and organizational challenges when planning for, or responding to, health crises such as pandemic influenza, outbreaks of other infectious diseases, or bioterrorism events.
Activities: The Early Warning Infectious Disease Surveillance (EWIDS) project is working to enhance surveillance and epidemiological capabilities at the U.S. northern and southern borders, with emphasis on creating interoperable systems with Canada and Mexico. States along the Canadian border participating in EWIDS have initiated discussions with AI/AN and First Nations (FN) representatives, Health Canada, and provincial partners to support preparedness for AI/AN and FN communities and to ensure their participation in federal-state-provincial planning activities. CDC intends to convene a planning meeting that will bring together representatives from U.S. state and Tribal governments, First Nations, and Health Canada to explore expanding collaborations to address cross-border terrorism and emergency preparedness initiatives.

Expected Outcomes: The proposed meeting will help to create a greater awareness of the on-going challenges to effective emergency preparedness and response faced by AI/AN and First Nations communities located on or near the U.S.–Canadian international frontier. A priority for the meeting will be to clearly define these challenges and propose solutions and partnerships to address them.

- Tribal-Federal AI/AN Task Force

Objective: To establish an AI/AN Task Force on Bioterrorism and Emergency Preparedness.
Background: Improved coordination across the many federal organizations that play a role in addressing emergency preparedness and response in Indian Country would help AI/AN communities and governments to be better prepared. Preliminary discussions among federal and Tribal officials have addressed the possibility of establishing a Tribal-federal task force that would address the issue of collaboration between federal agencies (e.g., CDC, Environmental Protection Agency, Indian Health Service, Federal Emergency Management Agency, Division of Health Studies, Bureau of Indian Affairs, Department of the Interior, Health Resources and Services Administration, Office of the Assistant Secretary for Public Health Emergency Preparedness, Agency for Toxic Substances and Disease Registry) and Tribal governments, Tribal-serving organizations (e.g., National Congress of American Indians, National Indian Health Board, NNAEMS, regional health boards, etc.), and other Tribal entities involved in addressing bioterrorism and emergency preparedness issues.
Activities: During FY 06, CDC will be working with Tribal and federal partners to continue these discussions and to finalize the purpose, membership, and goals for the proposed task force.
Expected Outcomes: Establishment of the proposed task force will allow for more consistent communication between federal agencies and Tribal entities, and will facilitate effective, coordinated planning for emergency preparedness and response in Indian Country.

Tribal Priority 6, Data and Research

- Cancer

Objective: To provide state-specific and regional data for cancer incidence and mortality for all Americans, including AI/ANs, with cancer.
Background: The *U.S. Cancer Statistics: 2002 Incidence and Mortality* report marks the fourth time that CDC and the National Cancer Institute (NCI) have combined their cancer incidence data sources to produce a new set of official federal statistics on cancer incidence (newly diagnosed cases) from each registry that met data quality criteria. Mortality statistics from CDC's National Vital Statistics System are included on cancer deaths for a single year for each state. This joint report covers 93 percent of the U.S. population for incidence and 100 percent of the population for mortality. The report has been produced in collaboration with the North American Association of Central Cancer Registries (NAACCR).
Activities: Activities surrounding this publication are conducted annually.
Expected Outcomes: There is now a surveillance capacity and infrastructure in all 50 states upon which to build and improve a national cancer data system. Publishing this

report illustrates the major progress made in cancer surveillance for our nation in the last decade alone. As more cancer registries are successful in meeting the data criteria for inclusion in this report, data will become available for more regions, states, and metropolitan areas. Mortality statistics for all racial and ethnic populations in all states and the District of Columbia will continue to be published in this report. In future years, we will be able to present 5-year cancer incidence rates and trends, and information on other advanced surveillance activities.

Objective: Compare levels of organochlorine compounds in Alaska Native women who have breast cancer and those who do not have breast cancer.
Background: Dietary practices may place Alaska Natives at increased risk of exposure to organochlorine compounds. These compounds are being evaluated for a possible role in the development of breast cancer.
Activities: Methodology for analyzing organohalogen compounds in breast adipose tissue will be evaluated and certified. Then the 229 adipose tissue sampled will be analyzed for brominated flame retardants, polychlorinated biphenyls, and persistent pesticides. This project is planned to be completed during the spring of 2006.
Expected outcome: The ultimate goal of the project is to enhance primary prevention of breast cancer by evaluating the environmental risk factors for this disease.

- Infectious Diseases in Alaska Natives

Objective: To reduce the morbidity and mortality of diseases caused by *Streptococcus pneumoniae*, *Haemophilus influenzae*, *Helicobacter pylori*, methicillin resistant *Staphylococcus aureus* (MRSA) and Hepatitis B virus.
Background: In Alaska, several infectious diseases require new knowledge and techniques to improve prevention and control strategies. High rates of invasive *S. pneumoniae* infections among Alaska Natives have been complicated by increased antimicrobial resistance. Pneumococcal conjugate vaccine (PCV7) use has reduced disease rates and drug resistance among invasive infections; however, the long term impact upon resistance and disease rates is uncertain. Prior to infant vaccine use, Alaska's *H. influenzae* type b (Hib) rates were the country's highest. Despite successful vaccination programs and a 90 percent drop in disease, Hib rates remain higher in Alaska Native children than non-Natives. Further effort is needed to reduce this health disparity and meet the objective of elimination of Hib disease. *Helicobacter pylori* infections, occurring in up to 80 percent of Alaska Natives, are a cause of gastric ulcers and cancer. Antimicrobial resistance complicates treatment and contributes to high reinfection rates. The role played by *H. pylori* in the 3-fold increased risk of gastric cancer among Alaska Natives remains to be determined. Emerging MRSA causing skin infections among Alaska Natives has presented challenges for prevention and control. The high rate of pneumonia hospitalization of young children in rural Alaska remains an problem despite advances in vaccines and health care access.
Activities: AIP is working to characterize the effect of PCV7 vaccine use on disease rates, antimicrobial resistance, and colonization, to evaluate the 23-valent polysaccharide vaccine by determining antibody response among revaccinees, and to develop standardized methods for detecting and quantifying total and functional serotype antibody. Research activities directed toward *H. influenzae* include monitoring the effects of Hib vaccine on

disease rates, including emergence of non-vaccine types; responding to new cases of invasive disease by rapidly assessing risk factors and colonization; and developing standardized molecular methods for the detection, serotyping, subtyping and characterization of virulence factors. AIP's *H. pylori* research seeks to determine risk factors for reinfection after treatment, monitor antimicrobial resistance patterns among clinical isolates, develop antibody assays for organisms with high virulence, and develop strategies to assess risk factors for gastric cancer among Alaska Natives. For MRSA infections, AIP is working to establish surveillance in S.W. Alaska and Anchorage, develop molecular methods for the subtyping and characterization of antimicrobial resistance and virulence factors, and assess community perceptions of potential prevention strategies. AIP is also conducting studies to determine if persons receiving Hepatitis B vaccine remain protected after 23 years and if children vaccinated as infants retain immunity as teenagers.

Expected Outcomes: These activities will support and inform the development of vaccine policy to reduce disease incidence; help to rapidly identify *H. influenzae* cases and determine factors that could be used to reduce disease rates; identify risk factors for re-infection for *H. pylori* to improve outcomes among persons undergoing treatment; educate Alaska Natives in affected areas about MRSA prevention strategies and educate healthcare providers about treatment and prevention of MRSA infections; and use data on duration of Hepatitis B vaccine effectiveness to inform vaccine policy regarding the need or booster doses. Ongoing laboratory research and development, particularly that in support of epidemiologic studies important to Alaska Natives, will also build AIP's capacity to rapidly detect, identify, and respond to any new infectious disease threats.

- Smoking Cessation in Alaska Native Women Study

Objective: Increase smoking cessation among Alaska Native women.

Background: Alaska Natives have the highest smoking rate during pregnancy of any ethnic group. Alaska Native leaders are aware of this problem and they are committed to changing it. This study is a planned intensive smoking cessation effort to be undertaken as part of the Smoke-Free Families initiative to stop smoking during and beyond pregnancy. This study will involve approximately 500 women who will be evaluated and counseled at their first prenatal visit, and again at the 6^{th} and 8^{th} month of pregnancy. Previous studies of smoking cessation during pregnancy have confirmed that biomarkers, such as cotinine measurements, are essential for accurate assessment of the results.

Activities: CDC will provide analyses of biomarkers to ensure accurate assessment of study results. These data will also provide needed new information on the extent of exposure, based on biomarker analysis, in this population. During FY 05, we completed an initial pilot study of this project. During FY 06, we will provide analyses for the fuller study.

Expected outcome: Identification of facilitators and barriers to smoking cessation among Alaska Native women.

- Smokeless Tobacco Use by Alaska Natives

Objective: To study the health effects of iq'mik, a form of smokeless tobacco used by Alaska Natives.

Background: Alaska natives in specific remote locations use a form of smokeless tobacco called iq'mik. This is a combination of tobacco and punk tree ash. The punk tree ash is likely used to increase nicotine bioavailability by altering the pH of the material. Iq'mik is widely used by infants to lessen the pain from teething and by pregnant women as an alternative to smoking. Both of these uses been well educated concerning the risks.
Activities: CDC is working with Alaska Native groups to develop information on the product and its effects in people that can then be used in educating AN communities about the threats of adverse effects from the use of iq'mik. During FY 05, CDC developed plans and protocols for this study; CDC also has obtained iq'mik samples to assess levels of toxic and addictive compounds. In FY 06, CDC will continue laboratory analyses of iq'mik products to inform educational efforts on this product.
Expected Outcome: Increased scientific understanding of the harms of iq'mik use and enhanced awareness of risk among Alaska Native people.

- STD Prevention and Control

Objective: To improve the relevance of national STD surveillance data for Indian country.
Background: The IHS system of records provides a rich source of health data for approximately 56 percent of the total U.S. AI/AN population. IHS health data primarily focus on population statistics, birth/death data, and patient care utilization. Data on STDs and other nationally notifiable diseases are lacking, yet these diseases represent a significant burden on the IHS healthcare system. STD surveillance data reported to CDC are typically available only at the county, state, or national levels. IHS administrative areas, however, are made up of groupings of select counties from select states. New approaches and methodologies are needed to better manage and analyze federal data sources that support public health programs in Indian Country.
Activities: CDC and IHS National STD Program staff collaborated with statisticians from both agencies to improve AI/AN STD surveillance methodology, whereby CDC's nationally compiled STD data are coded and presented using population parameters based on IHS administrative regions (Areas and Service Units). A final report focusing on chlamydia, gonorrhea, and syphilis will be prepared in FY 06.
Expected Outcomes: This approach to analysis of surveillance data will improve the accuracy of STD epidemiologic data for AI/ANs, and may serve as a model for addressing similar issues for other reportable diseases, such as hepatitis and tuberculosis.

Section 2.

Name of Division: Centers for Disease Control and Prevention

Date	Event	In Attendance	Summary
Regional Consultation Sessions			
May 19, May 12, April 18-19, March 9-10, April 7, April 7-8, June 9, May 23-24, May 25-26, 2005	Region 1, Region II, Region IV, Region V, Region VI, Region VII, Region IX, Region X, and Annual HHS National Session	CDC Staff, IGA and HHS national and regional Staff, Tribal leaders, Regional and National Tribal Organizations.	CDC participated in all HHS consultation sessions and provided an overview of background issues and proposed changes to existing federal quarantine regulations. Issues discussed were: statutory authorities, the relationship between laws and regulations, a summary of proposed changes and procedures for revision, and an outline of planned Tribal consultation activities. It was noted that the NPRM will expand this process to gain additional Tribal input. Tribal leaders recommended that the revised regulations should clarify state versus Tribal roles in the implementation of any quarantine-related activities. Also that tribes should be encouraged to develop and implement their own quarantine/communicable disease control laws and regulations. At the Region X Session, CDC also presented: (1) an overview of the new Terrorism Preparedness Program Guidance as it applies to tribes, pointing out particularly those areas with explicit guidance on tribal inclusion and the ability to provide resources to tribes; (2) update on the development and status of the CDC Tribal Consultation Policy, and (3) a brief overview of the types of assistance offered by CDC and our new portfolio management approach to tracking AI/AN - devoted resources.

Date	Event	In Attendance	Summary
Workgroups and Task Forces			
2005	Coordinating Office of Terrorism Preparedness and Emergency Response (COTPER) is facilitating formal relationships with the Network for Public Health Preparedness.	This new working group has begun having regular meetings via conference calls to network with state and local public health agencies.	An internal Preparedness Workgroup will provide educational and training resources to AI/Ands Tribes and communities in support of their efforts to improve Tribal public health emergency and bioterrorism preparedness and response.
Agency Consultation Sessions			
2005	CDC/COTPER DIVISION Tribal Consultation Sessions and 12 tribal site visits	CDC COTPER Tribal Liaison and other Division staff consulted with tribal leaders from Seneca, Tuscarora, Penobscot, Holton Band of Maliseets, Standing Rock Sioux, Three Affiliated Tribes (Manda, Hidatsa, Arikara), Seminole, Passamaquoddy Pleasant Point, county and state health officials, other federal representatives and in some cases, health officials from Canada and Mexico.	Discussions focused on how to facilitate broader tribal participation in terrorism preparedness activities that will allow federal staff to better understand BT /preparedness issues in Indian Country. Strategic planning discussed ways to ensure states are applying federal resources in ways that meet needs of tribes. Tribal recommendations received were instrumental in applying specific language to the 05 Cooperative Agreement Announcement requiring states needing to document and describe the process used by their state health department to engage tribes in these activities.
June-05	COTPER assisted the National Immunization Program (NIP) in pandemic flu preparedness for tribal nations by hosting a series of regional meetings.	CPTPER, NIP, states, Area IHS Director and Medical Directors, and Tribal Epi Centers representatives.	Stakeholders came together to review state pandemic plans to discuss how state planners have addressed Tribal partner in their plans and involve Tribal entities in the state influenza planning processes.

Date	Event	In Attendance	Summary
Agency Consultation Sessions (continued)			
2001-2005	CDC National Diabetes Wellness Program (NDWP) seeks Tribal Guidance in implementing work plan.	NDWP staff, the Tribal Leaders Diabetes Committee, IHS Division of Diabetes Treatment and Prevention, National Institute of Diabetes, and NIH	TLDC suggested the development of a "children's book series" to teach children about promoting health and preventing diabetes using the tradition of storytelling, a DVD that supports the role of a community health worker as the bridge between community and the health care system. An "Eagle Book" series of four vividly illustrated books for children has been developed as has a DVD called "The In-Between People: Community Health Workers in the Circle of Care" with both being broadly disseminated.
2004 - 2005	Release of CDC Tribal Consultation Policy .	CDC, CDC Tribal Consultation Policy Workgroup, National Indian Health Board, Regional Health Boards, national Tribal Organizations, Tribal Leaders, Tribal Colleges and Universities, and AI/AN community members.	CDC Director signed and officially released the CDC/ATSDR Tribal Consultation Policy. It is felt that this policy and its implementation agency wide will provide for meaningful and effective Tribal consultation leading to enhanced communication, stronger partnerships, and ultimately safer and healthier American Indian and Alaska Native communities.
Tribal Conferences and Summit			
October 2004, April and July 2005	Louisville Metro and Phoenix Community Based Emergency Response Training Programs and "Four Corners Bioterrorism Tribal Summit Conference.	CDC COPTER, eastern and western tribal entities, Tribal nations from AZ, NM, UT, and CO.	All focused on identifying, framing and examining issues surrounding a coordinated response to bioterrorism and emergency preparedness affecting Tribal nations in these regions.
Other Consultation Efforts			
5/25/2005	DTLL	N/A	The CDC Director sent a DTLL to every Tribal Government, national Tribal Organizations, and Regional Tribal Health Board informing them about the draft CDC Tribal Consultation Policy and requesting comments with all aspects of the policy.

Other Consultation Efforts			
9/30/2005	DTLL	N/A	The CDC Director informed Tribal leaders of the intent to publish the proposed changes in the *Federal Register* as a NPRM. Requested tribal comments regarding the implications of proposed quarantine regulations changes in Indian Country
2005	REACH 2010 data sharing agreement negotiations	A data sharing agreement between the REACH 2010 AI/AN communities ((Albuquerque Area Indian Health Board, Association of American Indian Physicians, Choctaw Nation, Chugachmuit Inc., Eastern Band of Cherokee Indians, the National Indian Council on Aging, United South and Eastern Tribes, OK State Department and CDC REACH administrative officials/ affiliated staff.	Draft agreement is under review to establish a framework of principles and procedures to guide data sharing. The overarching aims of this agreement are to maximize the benefits of the REACH Program and to respect and protect the integrity of the communities it serves. This agreement will outline protocols and responsibilities for all partners related to data: ownership; access; storage; confidentiality; dissemination; and disposition.
2005	The CDC National Diabetes Education Program (NDEP) working with NIH, created an extensive partnership network to improve the way diabetes is treated.	NDEP, IHS, Association of American Indian Physicians Association, Tribal leaders and community members, and other partner organizations in states.	An AI/AN Workgroup was formed to assist with the development of culturally appropriate ads for tribal communities. With input from Tribal leaders and communities, the campaign message "Control your Diabetes for Future generations." The AAIP was selected by CDC to help disseminate materials. The workgroup developed a campaign focused on youth called "Move It!" and another campaign for adults at risk for diabetes called "We have the power to prevent diabetes". CDC supports diabetes prevention and control programs to improve surveillance and to provide unique training to meet the special needs of different communities.
2005	Recently initiated effort to explore the feasibility and map out a "blueprint" for state and local health agency accreditation.	CDC, Robert Wood Johnson Foundation, the Association of State and Territorial Health Officers (ASTHO), the National Association of County and City Health Officials (NACCHO), and two Tribal leader representatives.	A Steering Committee has been convened to explore issue and develop the blueprint. Tribal leaders are represented and NIHB will be following deliberations closely.

Section 3. Outcomes and Evaluation

Major Outcomes and Accomplishments

- **Tribal Priorities #1 and #2, Funding and Related Issues, and Increased Access to CDC Programs**

CDC Tribal Consultation Policy
This policy was written in direct response to Tribal leaders' requests to have ongoing and meaningful input into CDC programs and policies that affect AI/AN communities. Through a series of meetings hosted by regional and national Tribal health organizations, CDC went directly to Tribal leaders and asked them how they would like to see CDC conduct consultation. This new policy derives from that input.

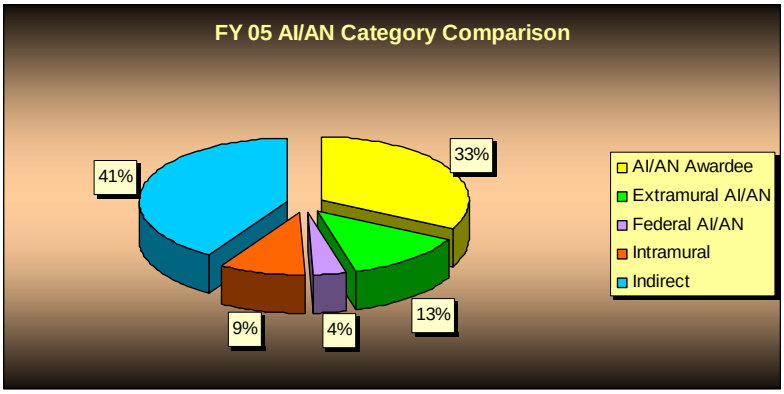
With this new policy, CDC and Agency for Toxic Substances and Disease Registry/ATSDR become the first of eleven U.S. Health and Human Services (HHS) operating divisions to establish consultation procedures that comply with the recently revised HHS Tribal Consultation Policy, released in January 2005. The CDC/ATSDR policy outlines the need for, and importance of, coordinating, communicating, and collaborating with tribal governments on issues that affect American Indians and Alaska Natives. It also calls for the establishment of a standing committee of Tribal leaders, the Tribal Consultation Advisory Committee, to advise the agencies on issues relevant to Tribal consultation and the health threats facing Indian Country.

The new CDC/ATSDR Tribal Consultation policy describes steps that CDC programs should take toward working effectively with AI/AN communities and organizations. The policy identifies when CDC programs should involve Tribal leaders and outlines specific responsibilities regarding program activities, including mutual participation in setting program and budget priorities. The policy also recognizes the importance and value of enhancing AI/AN access to CDC programs.

Tribal Access to CDC Programs and CDC AI/AN Resource Allocations
CDC's new Tribal Consultation Policy and new procedures implemented by CDC's Procurement and Grants Office (PGO) assure tribal eligibility for CDC program announcements. In FY 05, CDC funded 66 cooperative agreements to 51 Tribal partners (tribal governments, health boards/coalitions, tribal organizations, Alaska Native health corporations, urban Indian health centers, and tribal colleges) across 19 states and the District of Columbia. Total funds allocated through competitively awarded grants and cooperative agreements exceeded $22.5 million. Compared to FY 04, although total funding in this category decreased by about $2 million, the number of awardees increased from 42 to 51 (21 percent increase) and the total number of awards increased from 58 to 66 (14 percent increase).

In addition to grants and cooperative agreements awarded to tribal partners, CDC also allocated more than $9 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 $6.5M), (2) federal intra-agency agreements (about $2.5M), and (3) indirect allocations ($28.4M). The majority of the indirect category represents resources devoted to immunizing AI/AN children through the Vaccines for Children (VFC) program. CDC estimates its total FY 05 resource allocation for AI/AN programs to be approximately $69 million, 33 percent of which goes directly to tribal partners, and 87 percent overall is expended outside of HHS. The following pie chart displays CDC's AI/AN resource allocations by categories. Definitions for each category follow the chart (see Appendix VIII, D for tables displaying amounts per category).



1. **AI/AN Awardee:** Competitively awarded programs (i.e., grants, cooperative agreements) where the awardee is a Tribe, Tribal health board or coalition, Tribal organization, Alaska Native organization, urban Indian Health program, or Tribal college/university.
2. **Extramural AI/AN benefit**: Competitively awarded programs where the purpose of the award is to primarily or substantially benefit AI/ANs; however, the awardee is not a Tribal organization as defined in #1 above (e.g., state health departments, academic institutions). *(Note: "primarily or substantially" is defined as 50 percent or greater devotion of funds/efforts to AI/AN populations).*
3. **Federal AI/AN benefit:** Federal Intra-Agency Agreements where the purpose of the agreement is to primarily or substantially benefit AI/ANs (e.g. with IHS).
4. **Intramural AI/AN:** Intramural programs whose purpose is to primarily or substantially benefit AI/ANs; this category includes costs (e.g., salary, fringe, travel, etc.) associated with CDC staff or contractors whose time/effort primarily or substantially benefit AI/ANs.
5. **Indirect AI/AN:** Service programs where funding for AI/ANs can reasonably be estimated from available data on the number of AI/ANs served. This category includes the Vaccines for Children program, where the amount of funding benefiting the AI/AN population is reasonably estimated by taking the proportion of clients served who identify themselves as AI/AN via patient encounters, and applying that proportion to the total funding for the program.

Other Outcomes and Accomplishments

- **Tribal Priority #3, Health Promotion and Disease Prevention**

Infectious Diseases in Alaska Natives

Documented a 90 percent decrease in invasive pneumococcal disease among Alaska Native infants and children after introduction of pneumococcal conjugate vaccine. This has eliminated the longstanding health disparity for vaccine-type disease among Alaska Native children. Ongoing surveillance has established that use of this vaccine has resulted in a decrease in antimicrobial resistant pneumococcal infections and an indirect effect of decreased pneumococcal disease in adults resulting from decreased transmission of pneumococci.

Diabetes

The National Diabetes Education Program (NDEP), a joint initiative between CDC and NIH, has created an extensive partnership network to mobilize public and private sector organizations to work with the NDEP to improve the way diabetes is treated. An American Indian/Alaska Native (AI/AN) Workgroup was formed to assist with the development of culturally appropriate TV, radio, and print ads for American Indian communities. With input from tribal leaders and community members, the campaign message became, "Control your Diabetes for Future Generations." In addition, the Association of American Indian Physicians (AAIP) was selected by CDC to help disseminate campaign materials. The American Indian/ Alaska Native Workgroup developed a campaign focused on youth called "Move it!" The AIAN workgroup developed another campaign for adults at risk for diabetes, "We have the power to prevent diabetes."

Cancer

In FY 2005, the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) funded 13 tribal governments and organizations. NBCCEDP has helped to increase mammography use by women aged 50 years and older by 20 percent since the program's inception in 1991. NBCCEDP targets low-income women with little or no health insurance and has helped reduce disparities in screening for women from racial and ethnic minorities. Approximately 50 percent of screenings provided by the program were to women from racial or ethnic minority groups. Of that 50 percent, approximately 6.8 percent are AI/AN women.

The National Comprehensive Cancer Control Program (NCCCP) is a collaborative process through which a community and its partners pool resources to promote cancer prevention, improve cancer detection, increase access to health and social services, and reduce the burden of cancer. These efforts will contribute to reducing cancer risk, detecting cancers earlier, improving treatments, and enhancing survivorship and quality of life for cancer patients. In FY 2005, CDC expanded NCCCP adding 2 new programs, one of which was the Aberdeen Area Tribal Chairmen's Health Board. With $15 million this year, CDC supported 59 comprehensive cancer control capacity building programs across the United States, including 6 tribes and tribal organizations.

Tobacco

For the past 5 years OSH has funded 7 Tribal Support Centers to build capacity and infrastructure in "Indian Country" to prevent and control the non-traditional uses of tobacco among American Indians and Alaskan Natives. The Support Centers provide

technical assistance and consultation directly to tribes and organizations that work with tribes about culturally competent approaches to working with AI/ANs as they develop educational messages and policies to reduce tobacco use among native people.

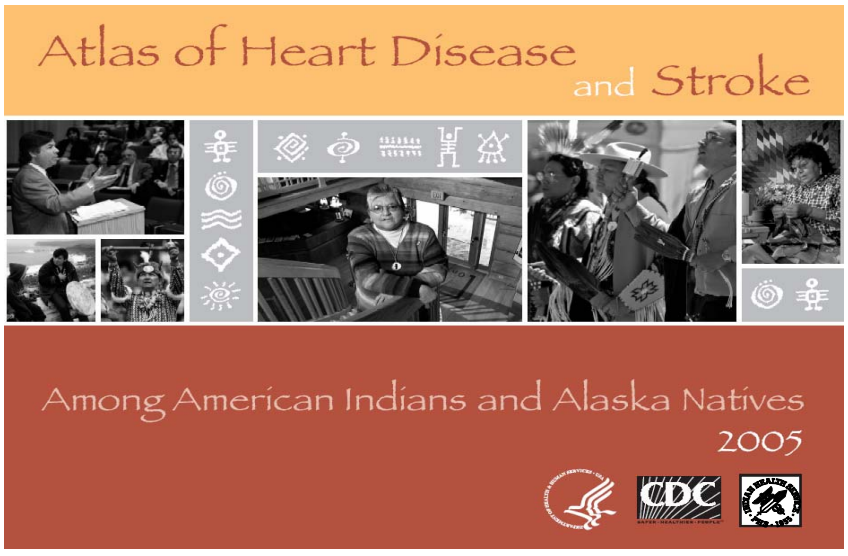
- **Tribal Priority #5, Emergency Preparedness**

In FY 05, $3,800,000 of states' cooperative agreement funds were disseminated to Tribal nations, IHS, and Tribal organizations in the form of grants, contracts, and dedicated staff. Of this amount, $1.1 million went to benefit tribal nations, associated organizations, and other response partners through activities such as the hiring of liaisons, resources to support tribal planning, and training and education.

- **Tribal Priority #6, Data and Research**

International Indigenous Health Measurement
NCHS, with NCCDPHP participation, organized an international collaboration to focus on improving the measurement of health status in Indigenous populations in the U.S., Canada, Australia, and New Zealand. This group, known as the International Group for Indigenous Health Measurement, planned to hold its first meeting in Vancouver, Canada on 1-5 October, 2005. The group includes government representatives, researchers and representatives of Indigenous organizations from the four countries. Because of the focus on measurement of health status, the group made a special effort to include representatives from the health statistics organizations of each member country.

Atlas of Heart Disease and Stroke Among American Indians and Alaska Natives 2005 was published in May 2005. It was released at the Prevention of Cardiovascular Disease & Diabetes Among American Indians and Alaska Natives 2005 Conference (May 16-19, 2005, Denver Colorado). This atlas is the first to focus on the geographic disparities of heart disease and stroke mortality and risk factors for a specific racial/ethnic group. (http://www.cdc.gov/cvh/library/aian_atlas/introduction.htm)



Health Characteristics of the American Indian and Alaska Native Adult Population: United States, 1999–2003 is a report that compares national estimates for selected health status indicators, health behaviors, healthcare utilization, and health conditions of American Indians and Alaska Natives with those of White, Black, and Asian adults 18 years of age and over (http://www.cdc.gov/nchs/data/ad/ad356.pdf).


Advance Data
From Vital and Health Statistics
Number 356 • April 27, 2005

Health Characteristics of the American Indian and Alaska Native Adult Population: United States, 1999–2003
by Patricia M. Barnes, M.A.; Patricia F. Adams; and Eve Powell-Griner, Ph.D., Division of Health Interview Statistics

HIV/AIDS Fact Sheet

CDC HIV/AIDS Fact Sheet. HIV/AIDS among American Indians and Alaska Natives. 2005. Available at http://www.cdc.gov/hiv/pubs/Facts/Indian.htm. Accessed November 17, 2005.


CDC HIV/AIDS FACT SHEET

HIV/AIDS among American Indians and Alaska Natives

1-800-CDC-INFO (232-4636)
In English, en Español
24 Hours/Day
cdcinfo@cdc.gov
http://www.cdc.gov/hiv

July 2005

Other Notable Publications

Espey, D, Paisano, R, Cobb, N. Regional patterns and trends in cancer mortality among American Indians and Alaska Natives, 1990 – 2001. *Cancer.* 2005;103(5):1045-53.

Schneider, E. Tuberculosis Among American Indians and Alaska Natives in the United States, 1993 – 2002. *Am J Public Health.* 2005;95:873-880.

Demma LJ, Traeger MS, Nicholson WL, et al. Rocky mountain spotted fever from an unexpected tick vector in Arizona. *N Engl J Med.* 2005;353:587-94.

APPENDIX ONE

CDC Tribal Awardees, FY 2005

(Tribal governments [TG], tribal organizations [TO], tribal health boards/coalitions [HB], Alaska Native health corporations [ANC], urban Indian health centers [UC], tribal colleges and universities [TCU])

1. ABERDEEN AREA TRIBAL CHAIRMEN'S HLTH. BOARD [HB]
2. ALASKA NATIVE HEALTH BOARD [ANC]
3. ALASKA NATIVE TRIBAL HEALTH CONSORTIUM (5 awards) [ANC]
4. ALBUQUERQUE AREA INDIAN HLTH BOARD, INC. [HB]
5. ARTIC SLOPE NATIVE ASSOCIATION [ANC]
6. ASSOCIATION OF AMERICAN INDIAN PHYSICIAN (2 awards) [TO]
7. BLACK HILLS CENTER FOR AMERICAN INDIAN HEALTH [TO]
8. CALIFORNIA RUAL INDIAN HEALTH BOARD (2 awards) [HB]
9. CHEROKEE NATION (3 awards) [TG]
10. CHEYENNE RIVER SIOUX TRIBE [TG]
11. CHOCTAW NATION OF OKLAHOMA [TG]
12. CHUGACHMIUT [ANC]
13. EASTERN BAND OF CHEROKEE INDIANS [TG]
14. FOND DU LAC RESERVATION [TG]
15. HO-CHUNK NATION [TG]
16. HOPI TRIBE [TG]
17. INDIAN HEALTHCARE RESOURCE CENTER [UC]
18. INDIGENOUS PEOPLES TASK FORCE [UC]
19. INTER TRIBAL COUNCIL OF ARIZONA, INC. [HB]
20. INTER-TRIBAL COUNCIL OF MICHIGAN [HB]
21. KAW NATION OF OKLAHOMA [TG]
22. KICKAPOO TRIBE (TX) [TG]
23. LUMMI INDIAN BUSINESS COUNCIL [TG]
24. MISSISSIPPI BAND OF CHOCTAW INDIANS [TG]
25. MUSCOGEE (CREEK) NATION [TG]
26. NARA OF THE NORTHWEST, INC. [UC]
27. NATIONAL INDIAN COUNCIL ON AGING, INC [TO]
28. NATIONAL INDIAN HEALTH BOARD [HB]
29. NATIONAL INDIAN JUSTICE CENTER [TO]
30. NATIONAL INDIAN WOMENS HLTH RESOURCE CTR [TO]
31. NATIONAL NATIVE AMERICAN AIDS PREV CENTER (2 awards) [TO]
32. NATIONAL NATIVE AMERICAN EMA ASSOC. [TO]
33. NATIVE AMERICAN COMMUNITY HEALTH CENTER [UC]
34. NATIVE AMERICAN HEALTH CENTER [UC]
35. NAVAJO NATION (2 awards) [TG]
36. NORTHWEST PORTLAND AREA IND. HLTH BOARD (2 awards) [HB]
37. POARCH BAND OF CREEK INDIANS [TG]
38. SALISH-KOOTNAI TRIBAL COLLEGE [TCU]
39. SAN CARLOS APACHE TRIBE [TG]

40. SANTEE SIOUX (NEBRASKA) [TG]
41. SAULT STE. MARIE TRIBE/CHIPPEWA INDIANS [TG]
42. SOUTH PUGET INTERTRIBAL PLANNING AGENCY [HB]
43. SOUTHCENTRAL FOUNDATION (2 awards) [ANC]
44. SOUTHEAST ALASKA REGIONAL HEALTH CONSORT (4 awards) [ANC]
45. SOUTHERN UTE INDIAN TRIBE [TG]
46. STOCKBRIDGE-MUNSEE COMMUNITY [TG]
47. TOHONO O'ODHAM NATION [TG]
48. UNITED AMERICAN INDIAN INVOLVEMENT, INC. [UC]
49. UNITED SOUTH AND EASTERN TRIBES, INC. [HB]
50. WHITE MOUNTAIN APACHE TRIBE [TG]
51. YUKON-KUSKOKWIM HEALTH CORPORATION [ANC]

- Total number of awards: 66 awards to 51 awardees
- Geographic distribution = 19 states plus D.C.
  (AK, AL, AZ, CA, CO, MI, MN, MS, MT, NC, NE, NM, OK, OR, SD, TN, TX, WA, WI and the District of Columbia)

Awardee categories:

- Tribal governments, N= 21
- Tribal organizations, N= 7
- Tribal health boards/coalitions, N= 9
- Alaska Native health corporations, N= 7
- Urban Indian health centers, N= 6
- Tribal colleges/universities, N= 1

APPENDIX TWO

(1.) FY2005 CDC Coordinating Center/Institute/Office Comparison Table

Centers for Disease Control and Prevention American Indian/Alaska Native (AI/AN) Funding FY 2005	
Coordinating Center - Center/Institute/Office	FY 2005 Total Funding
Coordinating Center for Infectious Diseases:	$35,590,382
Coordinating Center for Health Promotion:	$25,408,913
Coordinating Center for Health Information and Service:	$1,089,639
Coordinating Center for Environmental Health and Injury Prevention:	$1,583,529
National Institute for Occupational Safety and Health	$193,616
Coordinating Office for Terrorism Preparedness & Emergency Response	$3,893,434
Office of the Director	$1,359,404
TOTAL, CDC	$69,118,917

(2.) FY 2005 AI/AN Funding Category Comparison Table

FY 2005 AI/AN Funding Category Comparison	
Category	Total
AI/AN Awardee	$22,523,405
Extramural AI/AN	$9,179,789
Federal AI/AN	$2,476,413
Intramural	$6,534,737
Indirect	$28,404,572
Total AI/AN Funding:	**$69,118,917**