

Annual Performance Report for the Minority Initiatives

Fiscal Year 2005

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Check the Appropriate Initiative

**Historically Black Colleges
and Universities (HBCUs)**

**Hispanic Agenda for Action/
Hispanic Serving Institutions
(HAA/HSIs)**

**Tribal Colleges and Universities
(TCUs) X**

**Asian Americans and Pacific Islanders
(AAPI)**

CDC/ATSDR Tribal Colleges and Universities (TCU) Initiatives Fiscal Year 2005 Annual Performance Report

Executive Summary

This report presents the Centers for Disease Control and Prevention (CDC)/Agency for Toxic Substance and Disease Registry (ATSDR) FY 2005 Annual Performance Report for the White House Initiative on Tribal Colleges and Universities (TCUs). It provides the overarching goal identified by the agency under which measurable objectives were achieved during the time period, the amount of funds distributed to minority institutions and other minority entities, the number of institutions/other minority entities reached through awards and program activities, the types of programs by categories of funding targeted and barriers and accomplishments of the programs.

CDC's overarching goal for FY 2005 was to "promote health and quality of life by reducing the disproportionate burden of preventable disease, death and injury among specific racial and ethnic populations." Inherent in this goal is a commitment to enhance and strengthen the capacity of TCUs and other minority and/or majority entities targeting American Indian/Alaska Native (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.

In October of 2005, CDC released its first official Tribal Consultation Policy written in direct response to tribal leaders' requests to have ongoing and meaningful input into CDC programs and policies that affect AI/AN communities. This new Tribal Consultation Policy outlines the need for, and importance of, coordinating, communicating, and collaborating with tribal governments on issues that affect AI/AN communities. This policy and new procedures implemented by CDC's Procurement and Grants Office (PGO) assure tribal eligibility for CDC program announcements. (In addition to funding TCUs, CDC also funded 66 cooperative agreements to 51 tribal partners--which included 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. 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.)

Over the past few years CDC has recognized the need to strengthen recruitment of AI/ANs to participate in all of CDC public health training programs and opportunities. Several of these training programs such as the Epidemic Intelligence Service, Preventive Medicine Residency Program, Public Health Prevention Specialist Program, the Public Health Informatics Fellowship, Health Communication Intern/Fellow Program, Postdoctoral Fellowship in Prevention Effectiveness Methods, Presidential Management Fellows Program, and a number of research/laboratory training programs would

* Note: References to CDC refer also to ATSDR throughout this report.

contribute to the development of a stronger and well-trained public health workforce serving AI/AN communities. To assist with building increased visibility and connectivity with Indian Country, the Office of Minority Health and Health Disparities funded the National Indian Health Board (NIHB) and Northwest Portland Tribal Epidemiology Center Consortium under new cooperative agreements “Strengthening Existing National Organizations Serving Racial and Ethnic Populations Capacity Development Programs: Strategies to Advance Program Implementation, Coordination, Management and Evaluation Efforts.” Through these agreements, CDC hopes to establish a pipeline that will help AI/AN students to increase their access to training opportunities.

During FY 2005, CDC awarded 12 TCUs and 3 majority institutions of higher education (IHEs) targeting AI/ANs for a total of \$1,160,638. The three categories of funding are training: \$519,975, research and development: \$91,900, and minority-specific activities with majority IHEs: \$548,763. This TCU and AI/AN funding to tribes and tribal organizations represented less than one percent of CDC awards to all IHEs. Programs supported by CDC represent the primary programmatic areas of the centers listed below. The following are CDC’s significant activities and programs that have directly contributed to achieving the overarching TCU goal.

The National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) continued to support tribal colleges and universities to strengthen their capacity to provide high quality education and other services. The NCCDPHP Division of Diabetes Translation Wellness Program collaborated with the National Institutes of Health (NIH) and Indian Health Service (IHS), by providing technical assistance and evaluation to develop school curriculum for grades K-12 using diabetes as a basis for science, social studies, language arts and other subjects. The Wellness Program disseminated a training format called “Diabetes Wellness Talking Circles,” as a method and resource for communities interested in providing this intervention. In addition, they developed a “Diabetes Atlas” geographic information systems tool which is maintained by the University of New Mexico for AI communities and also supported a diabetes prevention specialist certificate program at the University of New Mexico Gallup campus.

NCCDPHP Division of Reproductive Health (DRH) carried out activities in epidemiology, surveillance, capacity building, and enhanced data utilization and dissemination that lay the groundwork for improvements in reproductive, maternal child health (MCH). They have worked hard to engage AI/ANs in these efforts and are producing 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 studied the effects of smokeless tobacco on pregnancy outcomes in Alaska Native women. They have explored potential applications of IHS clinical data in the area of MCH and have conducted a study of maternal morbidity in IHS facilities using such data. DRH also worked 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.

The National Center for Birth Defects and Developmental Disabilities (NCBDDD) hosted 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 Fetal Alcohol Syndrome (FAS) and their families in an effort to improve care for those affected by FAS and to reduce the incidence. A media campaign was designed to engage AI/AN women in the project that will provide a toll-free number for women to call for support in decreasing alcohol consumption and/or increasing effective contraception use.

The National Center for HIV, STD, and TB prevention (NCHSTP) and the IHS National Sexual Transmitted Disease (STD) Program collaborated to plan and convene a series of regional STD summits. The goal of these 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. In addition to basic topics on STD and HIV prevention, transmission, and treatment, there were special facilitated strategy sessions to address STD prevention and control that should lead to decreased incidence of STDs among AI/ANs. From January through September 2005, 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. NHAP was involved in actively recruiting AI/AN leaders and influential persons to promote HIV prevention. They have recruited 11 nationally recognized Native leaders and organizations to develop and distribute public service announcements (PSAs), posters with original artwork, advertisement space in Native newspapers, and radio/television/newspaper interviews with NHAP messages. These 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.

NCHSTP continued to support Diné Tribal College for infrastructure development and facilitated instruction and research. In collaboration with the Arizona College of Public Health, Diné College has developed a two-year Associate of Science degree program in public health for AI/AN students.

The National Center for Injury Prevention and Control (NCIPC) found the leading cause of death among AI/AN to be unintentional injuries caused by motor-vehicles. NCIPC awarded Ho-Chunk Nation, White Mountain Apache Tribe, Tohono O'odham Nation, and San Carlos Apache Tribe funding to develop, implement, and evaluate tailored community-based interventions with demonstrated effectiveness to reduce motor vehicle-related 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. They also continued to provide technical assistance to United Tribal Colleges and American Indian injury practitioners in the completion of their injury-related course work.

NCIPC funded the National Indian Justice Center to build capacity for development, implementation, and evaluation of culturally competent demonstration projects for early intervention of both sexual and intimate partner violence in Native communities. There was an emphasis to work with men and boys in a culturally appropriate manner to prevent these forms of violence before they occur and to create partnerships with communities to support the delivery of interventions and services for AI/AN communities.

The National Institute for Occupational Safety and Health (NIOSH) funded occupational safety and health and research projects to increase AI/ANs in the workforce. They undertook numerous activities to address areas where Native workers and others are at the highest risk, such as the mining, forestry, construction and agricultural industries. They supported the University of Oklahoma Health Sciences Center to conduct a graduate degree program in Industrial Hygiene for the past 7 years which has graduated a total of 52 trainees. This program included an emphasis on recruitment of Native trainees.

The National Center for Infectious Diseases (NCID) efforts have focused on preventing illness, disability, and death caused by infectious diseases in the United States and around the world. NCID continued to support the Arctic Investigation Program (AIP) located in Anchorage, Alaska, to prevent infectious diseases with special emphasis on diseases of high incidence and concern among Alaska Native (AN) populations. The AIP is one of three U.S. field stations operated by CDC's NCID. 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.

The National Immunization Program (NIP) helped to ensure that AI/AN children benefit fully from Vaccine for Children (VFC) services and promoted health and quality of life among AI/ANs by working with the IHS to raise immunization coverage rates among this population. Higher vaccination coverage rates reduced the cases of vaccine-preventable disease in the population. 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 estimated that 2.43 percent of the U.S. population is AI/AN children 0-18 years and was VFC eligible. AI/AN children received VFC services through both IHS and non-IHS providers and facilities. NIP monitors coverage and utilization data for the AI/AN populations through the IHS immunization registry, the National Immunization Survey, and state immunization registries. CDC worked 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 to improve patient care for this population, monitor potential disparities, and conserve resources.

The Coordinating Office of Bioterrorism and Emergency Preparedness (COTER) participated in preliminary discussions among federal and tribal officials about the possibility of establishing a tribal-federal task force that would address the issue of collaboration between federal agencies and tribal governments, tribal-serving organizations. COTER worked to further engage tribes in the Early Warning Infectious Disease Surveillance (EWIDS) project to enhance surveillance and epidemiological capabilities at the U.S. northern and southern borders, with emphasis on creating interoperable systems with Canada and Mexico. They encouraged states along the Canadian border participating in EWIDS to have 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.

The National Center for Environmental Health/Agency for Toxic Substance and Disease Registry (ATSDR) continued to provide funds to several TCUs to develop public health curriculums and degree programs to attract AI/ANs into public health professions. They have found that students at the TCUs have moved from reluctance to engage in a rigorous science-based curriculum to consistently demanding additional science, math, and technological offerings. Enrollment in all of these courses escalated from approximately 100 students in 1999 to nearly 500 students today, with many now entering 4-year degree programs in nursing and environmental health sciences. ATSDR established tribal secondary education programs, and thereby raised the awareness and importance of secondary education across the reservations, which ultimately increases the quality of education across the country as a whole. The impacts of these ATSDR cooperative agreements with TCUs demonstrated how eager American Indians are to learn and the quality programs that can be implemented when TCUs are given the resources.

ANNUAL PLAN FOR MINORITY INITIATIVES

Agency Goals, Objectives, Strategies, and Activities

TCU FY 2005

CDC/ATSDR Goal: To promote health and quality of life by reducing the disproportionate burden of preventable disease, death and injury among specific racial and ethnic populations.

Objective 1

Increase the number of minority serving institutions of higher education, national and minority organizations and community-based organizations that receive funding and support to address health disparities among specific racial and ethnic populations.

OD/OMH

Strategies/Activities:

Continued to support and coordinate the NIHB and NWPATHB Cooperative Agreements as a mechanism to get resources and technical assistance to tribes, tribal organizations, and IHE providing needed services to AI/ANs.

Measures/Achievements:

Maintained or increased funding level from FY 2005.

Maintained or increased activities and partnerships related to CDC's goals focused on eliminating health disparities.

Developed collaboration between CIOs and AI/ANs tribes and tribal organizations focusing on health disparity and public health capacity needs identified by tribal entities.

Strengthened public health system connectivity by convening a CDC, OMH, IHS, NACCHO, ASTHO, ASPH, and TCUs in National Partners Dialogue meeting.

Convened CDC Tribal Consultation Advisory Committee to hear identified public health issues from elected tribal leaders and public health experts.

Developed two new cooperative agreements with national Native organizations that offer a mechanism for CIOs to use in getting resources to particular tribes or regional health boards to address emergent public health issues in Indian Country. CDC Tribal Consultation Policy was established that institutionalizes a process for more effectively involving AI/ANs in CDC's current and ongoing activities.

Objective 1: By the end of FY 2005, maintain the number of national and minority organizations affiliated with minority-serving institutions and American Indian and Alaska Natives organizations receiving funding and/or support to address health disparities among specific racial and ethnic populations.

NCIPC

Strategies/Activities:

Increased the number of Native American students who are enrolled in public health programs at Native American Tribal Colleges and Universities (TCUs) through the establishment of cooperative agreements. Build and design courses at TCUs in the field of Injury and Violence Prevention.

Measures/Achievements:

Continued to support the development of injury prevention training programs in domestic violence, violence against women, youth violence and suicide prevention, childhood injury prevention and unintentional injury prevention at TCUs.

NIOSH

Strategies/Activities:

Supported and funded training and internship programs with a track record for targeting, attracting and supporting significant numbers of AI/AN students.

Measures/Achievements:

Collaborated with the University of Oklahoma Health Sciences Center to conduct a graduate degree program in Industrial Hygiene that has been supported for the past seven years. A total of 52 trainees completed the program and joined the occupational safety and health workforce. Currently 2 students are enrolled.

Strategies/Activities:

Increased the number of minority serving institutions of higher education, national and minority organizations and community-based organizations that receive funding and support to address health disparities among specific racial and ethnic populations.

Measures/Achievements:

Developed with the University of New Mexico and sub-contractors from the San Juan County Extension Service and The Shiprock Cooperative Extension Service three logic models which were used to improve knowledge and correct use of pesticides and herbicides, livestock handling and ditch safety.

Conducted intramural research including 6 projects, totaling \$217,157, that have a reasonable representation of the AI/ANs. These projects deal with:

- Detection of workplace factors to minority health and gauge the effectiveness of workplace occupational safety and health programs, and services in addressing needs.
- Monitoring and assessing the toxicity of workplace environments to women exposed to chemicals, radiation, physical exertion, stress, and other forms of occupational hazards.
- Maintaining a periodic surveillance system for collecting data on occupational traumatic injuries in the agricultural production industry in Alaska.
- Supporting and further development of the Alaska Trauma Registry which will become a model trauma registry surveillance system for nonfatal, work-related injuries in Alaska.
- Improving safety among commercial fishermen in Alaska.
- Promoting aviation safety and prevention of aircraft crashes and death in Alaska.

NCCDPHP

Strategies/Activities:

Provided funding, and technical assistance to minority entities to develop culturally appropriate health promotion and disease prevention strategies to eliminate health disparities among American Indians.

Allocated \$315,000 to NIH for the project in FY 2005. Additionally, the program funds McKing Consultants to provide technical assistance in curriculum development, qualitative evaluation, and ethnographic research. Awarded the following eight TCUs with funds to develop school curriculums using diabetes as a basis for science, social studies, language arts and other subjects for grades K-12:

Cankdeska Cikana Community College
 Ft. Peck Community College
 Haskell Indian Nations University
 Keweenaw Bay Ojibwa Community College
 Leech Lake Community College
 Northwest Indian College
 Southwestern Indian Polytechnic Institute
 Stone Child College.

Measurements/Achievements:

Funded Salish Kootenai Community College through a cooperative agreement to target key environmental factors such as access to nutritional foods and beverages and opportunities for increased physical activity that support the prevention of type 2 diabetes.

Objective 2:

Increase the number of minority serving institutions of higher education, national and minority organizations and community-based organizations that receive funding and support for infrastructure development to facilitate instruction and research.

NCHSTP

Strategies/Activities:

Continued to support the 2-year Associate of Science degree program in public health at Diné Tribal College for AI/AN students.

Measures/Achievements:

Increased AI/AN participation in careers that affect the health, wellbeing, and quality of life for AI/AN. The Dine College Board of Regents approved the new Associate of Science degree program in public health, the only one of its kind at a TCU. Dine College also implemented a memorandum of agreement with the Navajo Division of Health, in which Dine agreed to provide public health instruction to 160 employees in their Community Health Representative Program.

Objective 3:

Increase funding and support to minority entities for domestic and international training opportunities (fellowships, internships, scholarships and other support) for racial and ethnic minority students, parents and faculty.

NIOSH

Strategies/Activities:

Continued funding the University of Oklahoma Health Science Center program to recruit AI/AN students into the field of industrial hygiene.

Measures:

Continued to fund the University of Oklahoma Health Science Center training project grant at the 2005 level or higher to recruit AI/AN students in the field of industrial hygiene.

NCEH/ATSDR

Strategies/Activities:

Provided funding and support to TCUs and other organizations serving Native Americans:

Dine

Turtle Mountain

New Mexico State University

Measures:

Provided support for programs that increase environmental health awareness; Increase awareness of environmental health among Native American students/health professions. Developed tracking systems to follow student enrollment trends, number of student graduates, and how many students go on to 4-year institutions.

Objective 4:

Increase technical assistance, training and capacity building that will enhance information technology, health promotion, program design, and research development among minority entities, including public and private partnerships.

NIOSH

Strategies/Activities:

Supported infrastructure development to facilitate instruction and research targeting minority populations.

Measures:

Funded the Southwest Agricultural Center to continue the Navajo Nation Evaluation Project.

NCEH/ATSDR

Strategies/Activities:

Funded Tribal Environmental Health Education Project to provide training at the Association of American Indian Physicians.

Measures:

Developed a new multi-tribal consortium; establishment of the "Inter-Tribal Environmental Health Institute" to address the environmental health issues affecting all tribes. Worked on establishing train-the-trainer courses in the Tribal Environmental Health Program.

Barriers to CDC Goal:

CDC CIOs have identified potential barriers that may impede them from implementing their programmatic activities to achieve the goals and objectives listed in this plan. It is the intention of the agency to utilize the combined corporate knowledge of best practices to decrease and effectively address the challenge of eliminating health disparities in the AI/AN communities. Some barriers identified included:

- Reduced appropriations for CIO programs
- Budgetary constraints and cuts that jeopardize increased funding
- Competing program priorities

- Limited funds available for program activities and new cooperative agreements
- Staff time required to develop collaboration between CIO and potential partners
- Matching CIO objectives with TCUs, tribal entities objectives
- Ability to match interns/fellows with mentors and needs of CIOs
- Lack of funding prevents the ability to provide trainings at the national AI/AN meetings and conferences.

Fiscal Year 2005
Table C-1 SUMMARY OF CIO AWARDS BY CATEGORY

Division Name: CDC
Initiative: TCU

Category: Training

Name of Awardee	*Funding Type	Summary of Activities	*Amount of Award	Minority Population(s)	Projected Number of Targeted Population(s)
Diabetes Education in Tribal Schools (DETS)	3	Developed and implemented a school-based diabetes curriculum that supports the integration of AI/AN culture and community knowledge with diabetes-related science. Worked with TCU grantees working in sub-committees to initiate pilot testing in tribal schools leading to feed back and fine tuning of the curricula intended eventually to reach all tribal schools. Funded eight TCUs to develop school curricula for grades K-12 using diabetes as a basis for science, social studies, language arts and other subjects. (Cankdeska Cikana Community College, Ft. Peck Community College, Haskell Indian Nations University, Keweenaw Bay Ojibwa Community College, Leech Lake Community College, Northwest Indian College, Southwestern Indian Polytechnic Institute, Stone Child College).	\$315,000	American Indian	Not determined
Salish Kootenai Community College	3	Targeted key environmental factors, with capacity to be influenced in a way to support the prevention of type II diabetes. Addressed	\$ 99,975	American Indian	11000

Funding types: 1= Contract; 2=Grant; 3=Cooperative agreement; 4=Memorandum of understanding/agreement

Fiscal Year 2005
Table C-1 SUMMARY OF CIO AWARDS BY CATEGORY

Name of Awardee	*Funding Type	Summary of Activities	*Amount of Award	Minority Population(s)	Projected Number of Targeted Population(s)
		environmental factors such as access to nutritional foods and beverages and opportunities for increased physical activity.			
United Tribes Technical College, Bismarck, North Dakota	4	Continue to support the development of an injury prevention training program in domestic violence, violence against women, youth violence and suicide prevention, childhood injury prevention and unintentional injury prevention.	\$5,000	AI/AN	Approx. 20
Diné College	3	Increased the number of Native students enrolled in environmental public health program. This program develops or enhances environmental/ public health programs, and undertakes curriculum building activities with TCUs. In addition, undertook capacity building activities that will assist TCU programs, and graduates, in addressing human health issues related to exposure to hazardous substances that may adversely impact the public health of the American Indians.	\$50,000	AI/AN	500
Turtle Mountain	3	Increased the number of Native students enrolled in environmental public health program. This program develops or enhances environmental/ public health programs, and	\$50,000	AI/AN	500

Funding types: 1= Contract; 2=Grant; 3=Cooperative agreement; 4=Memorandum of understanding/agreement

Fiscal Year 2005
Table C-1 SUMMARY OF CIO AWARDS BY CATEGORY

Name of Awardee	*Funding Type	Summary of Activities	*Amount of Award	Minority Population(s)	Projected Number of Targeted Population(s)
		undertakes curriculum building activities with TCUs. In addition, this program is designed to undertake capacity building activities that will assist TCU programs, and graduates, in addressing human health issues related to exposure to hazardous substances that may adversely impact the public health of the American Indians.			
Totals			Total \$519,975		Approx. 12,020

Funding types: 1= Contract; 2=Grant; 3=Cooperative agreement; 4=Memorandum of understanding/agreement

Fiscal Year 2005
Table C-1 SUMMARY OF CIO AWARDS BY CATEGORY

Division Name: CDC
Initiative: TCU
Category: Research and Development

Name of Awardee	Funding Type*	Summary of Activities	Amount of Award	Minority Population Target Type	Projected Number of Target Population
Dine College	1	Established a 2-year Associate of Science degree program in Public Health to determine the socio-cultural implications of Public Health and Environmental Health and increase opportunities for AI/AN students at 2- and 4-year colleges to foster careers in the Public Health field.	\$91,900	AI/AN	N/A
Totals			\$91,900		N/A

Funding types: 1= Contract; 2=Grant; 3=Cooperative agreement; 4=Memorandum of understanding/agreement

Fiscal Year 2005
Table C-1 SUMMARY OF CIO AWARDS BY CATEGORY

Division Name: CDC
Initiative: TCU

Category: Minority –Specific Activities With Majority IHEs

Name of Awardee	*Funding Type	Summary of Activities	*Amount of Award	Minority Population(s)	Projected Number of Targeted Population(s)
University of Oklahoma Health Sciences Center	2	Conducted a graduate degree program in Industrial Hygiene that has emphasis on recruitment of Native American trainees.	\$60,050	AI/AN	2 currently enrolled
University of New Mexico Health Science Center	2	Conducted research geared specifically to agriculture injury prevention and reduction in conjunction with the San Juan County Extension Service and The Shiprock Cooperative Extension Service.	\$88,713	Navajo	Unknown
Colorado State University	1	Conducted broad-based, multidisciplinary and multifaceted research efforts aimed at understanding AI/AN community dynamics and the social, psychological and cultural factors that contribute to social problems such as HIV/AIDS and other social problems.	\$400,000	AI/AN	N/A
Totals			\$548,763		Approx. 2

Funding types: 1= Contract; 2=Grant; 3=Cooperative agreement; 4=Memorandum of understanding/agreement