Report to Congress

on the

Social and Economic Conditions of Native Americans

U.S. Department of Health and Human Services

Fiscal Years 2007
and 2008

This U.S. Department of Health and Human Services Report to Congress is in accordance with 42 U.S.C. 2992-1, to report on the social and economic conditions of American Indians, Alaska Natives, Native Hawaiians, American Samoan Natives and other Native American Pacific Islanders.

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EXECUTIVE SUMMARY

This report contains the descriptions of Staff Divisions and Operating Divisions under the Office of the Secretary who have made a significant impact on Native Americans (Indian tribes, both federally recognized and state recognized, Alaska Natives, Native Hawaiians and Pacific Islanders located in Guam, American Samoa and the Northern Mariana Islands). The report provides data specific to awards made to Native Americans and Agency highlights of Native American projects that were impacted by HHS funding.

Some of the highlights included in this report are:

- The Administration on Aging recognized eight exemplary Title VI programs at the FY 2008 National Forum: Alu Like, Inc., Hawaii; Karuk Tribe of California; Miami Tribe of Oklahoma; Oneida Nation of Wisconsin; Salt River Pima-Maricopa Indian Community, Arizona; Santee Sioux Nation of Nebraska; Spirit Lake Sioux Tribe, North Dakota; and Toiyabe Indian Health Project, Inc., California.
- Technical assistance provided by the Children's Bureau to the Native American Community has ranged from designing and implementing Indian Child Welfare Act training modules for state and tribal welfare workers to tribal child welfare information systems.
- In FY 2008, the Family and Youth Services Bureau, National Runaway Switchboard reached out to tribal communities in an effort to share its "Runaway Prevention Curriculum", presenting at native conferences and providing resources to encourage use of this tool in school and community settings.
- In FY 2007 and 2008, the Administration for Native Americans provided 819 instances of training and technical assistance to tribes and Native non-profit organizations.
- In FY 2007, under the Office of Child Support Enforcement program, the Shoalwater Bay tribe entered into an agreement with the Washington State Outreach, Education and Support Enforcement Program. This allowed the tribe to have Full Faith and Credit for child support orders issued through the tribal court. Conversely, the state assisted the tribe with cases outside the reach of the tribal court. Additionally, the tribe enforced state-ordered obligations from those who were employed by tribal enterprises through wage withholding.
- In July 2008, the territories participated in the annual State and Territory Child Care Administrators Meeting (STAM) that included a pre-session "State and Territory Administrators Day' and post meeting" Territory Administrators Day."
- The Office of Head Start funded tribal colleges and universities to increase the number of classroom staff with AA and BA degrees in Early Childhood Education.
- In FY 2007 and 2008, the Agency for Healthcare Research and Quality supported a research network of 54 primary care providers, including 21 American Indians all of whom served a largely American Indian population in Robeson County, North Carolina. The network studied disease- and tribal-specific data on such issues as diabetes prevalence and processes of care.
- The Assistant Secretary for Planning and Evaluation conducted a study entitled *Obesity and American Indians/Alaska Natives (AI/ANs)*. The report of the study summarizes research findings about the prevalence, determinants, and consequences of obesity

among AI/ANs as well as the nature and outcomes of clinical and community-based interventions.

- The Assistant Secretary for Preparedness and Response reported that Dr. Elizabeth Boyd, an enrolled member of the Seneca Nation of Indians, was selected to serve on the National Biodefense Science Board (NBSB) Disaster Mental Health Subcommittee as mandated by Homeland Security Presidential Directive 21.
- The Centers for Disease Control and Prevention collaborated with the Tribal Leaders Diabetes Committee, as well as an indigenous author and indigenous artists, to develop "The Eagle Books," a series of four books that teach children about diabetes prevention and healthy living.
- In FY 2007, the Food and Drug Administration, Office of Regulatory Affairs, Central Region (Chicago) provided food safety information (ALERT and Fight Bac) to the Oglala Sioux Tribe. FDA worked through a U.S. Public Health Service Officer to provide training to Head Start Educators at the Pine Ridge Hospital in Pine Ridge SD.
- In April of 2007, the Health Resources and Services Administration provided technical assistance (TA) to Cascade City-County Health Department in Great Falls, Montana. The purpose of the TA was to provide cultural sensitivity training in a region with a large AI/AN customer base seeking to increasing the ability of clinicians to provide culturally appropriate quality care.
- The Indian Health Service Chronic Care piloted 14 sites that led change by focusing on strategies that improved the health status of patients and populations affected by chronic conditions by adapting and implementing the IHS Chronic Care Model.
- Healthy Hearts, Healthy Families: The National Institutes of Health, National Heart, Lung and Blood Institute, implemented efforts to promote heart health among Filipino Americans by partnering with communities to develop culturally appropriate educational materials.
- In FYs 2007 and 2008, the Office of Civil Rights conducted several technical assistance and outreach activities to Native Americans on major civil rights laws such as Title VI of the Civil Rights Act of 1964 and the Americans with Disabilities Act of 1990, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA).
- In FY 2008, Healthfinder®, a user-friendly website, ensured access toresources that target AI/AN communities. Through its collaboration with the Office of Public Health and Science's Office of Disease Prevention and Health Promotion the Healthfinder® website http://odphp.osophs.dhhs.gov/projects has a section dedicated to AI/AN with over 475 resources available.
- In FY 2007 and 2008, the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment awarded a total of $30.4 million in discretionary funding to more than 40 grantees providing treatment or treatment-related services to American Indian/Alaska Native (AI/AN) populations.

In Fiscal Year 2007, the Department of Health and Human Services held its 9th Annual Tribal Budget Consultation session and in 2008, its 10th Annual Tribal Budget Consultation session in accordance with its tribal consultation policy issued in 2005.

HEALTH AND HUMAN SERVICES

The mission of the U.S. Department of Health and Human Services (HHS or the Department) is to enhance the health and well-being of Americans by providing effective health and human services and by fostering strong, sustained advances in the sciences, underlying medicine, public health, and social services.

The Department administers more than 300 programs, covering a wide spectrum of services and activities, to protect the health of all Americans and provide essential human services, especially for those who are least able to help themselves. Examples of programs include the following:

- Health and social science research
- Preventing infectious diseases
- Assuring food and drug safety
- Medicare (health insurance for elderly and disabled Americans) and Medicaid (health insurance for low-income people)
- Health information technology
- Financial assistance and services for low-income families
- Improving maternal and infant health
- Head Start (pre-school education and services)
- Faith-based initiatives and community initiatives
- Preventing child abuse and domestic violence
- Substance abuse treatment and prevention
- Services for older Americans, including home delivered meals
- Medical preparedness for emergencies, including potential terrorism

Within the Federal Government, HHS is the largest grant-making agency and represents nearly a quarter of all Federal outlays. With a budget of $657 billion and 63,748 employees in Fiscal Year (FY) 2007 and $716 billion and 64,750 employees in FY 2008. HHS works closely with state, local, and tribal governments, and many HHS-funded services are provided at the local level by state, county, or tribal agencies, or through private sector grantees. The Department has 11 HHS operating divisions, including eight agencies in the U.S. Public Health Service and three human service agencies that administer the programs. In addition to the services they deliver, the HHS programs provide for equitable treatment of beneficiaries nationwide and enable the collection of national health and other data.

This report to Congress summarizes the accomplishments of the U.S. Department of Health and Human Services during FY 2007 and 2008 in the delivery of programs and technical assistance to meet the needs of Native American communities in the United States, Guam, the Commonwealth of Northern Mariana Islands and American Samoa.

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INTRADEPARTMENTAL COUNCIL ON NATIVE AMERICAN AFFAIRS

The Intradepartmental Council on Native American Affairs (ICNAA or the Council), located in the immediate Office of the Secretary, is authorized by the Native American Programs Act of 1974, as amended, and serves as the focal point within HHS for coordination and consultation on health and human services issues affecting Native Americans. The Council brings together all HHS operating divisions and staff divisions to help develop effective HHS policy and initiatives for Native Americans, Alaska Natives, and Native Hawaiians.

The ICNAA is the Departmental focal point for initiatives affecting Native people. Under its charter, the Council coordinates and encourages the cooperation of the Department's and other Federal agencies' resources for Native people and develops and implements a meaningful policy on Native American affairs for the entire Department. The charter ensures that this policy will be applied consistently throughout the Department and, where possible, the Federal Government.

This coordination of HHS leadership ensures consistency on policy and maximizes resources. The Council is comprised of 25 of the heads of the Department's major agencies.

In 2003, a study began that inventoried HHS programs and the accessibility to programs by tribes. This resulted in a follow-on study in 2004 to assess the regulatory and policy barriers that exist and to document 'Best Practices' that work for tribes. In 2005, meetings were held with tribal representatives and HHS program officials to understand their perspectives on various program and regulatory barriers to American Indian, Alaska Native, and/or Native American (AI/AN/NA) tribes or communities. This was to ascertain AI/AN/NA challenges in accessing HHS discretionary grants, identify for HHS the most significant barriers to grants access for AI/AN/NAs, and consider strategies for improving access. The final report was submitted to the Council in early 2006.

In addition to the study, the Council identified eight priorities for FY 2007-2008:

1. Health promotion and disease prevention;
2. Tribal consultation;
3. Increased awareness and effectiveness of HHS human services with AI/AN/NA populations;
4. Recruitment into health professions;
5. Emergency preparedness;
6. Increased AI/AN/NA access to HHS programs;
7. Health Information Technology (IT); and
8. Behavioral health .

These priorities complemented the Secretary's 500-Day Plan, with Priority Six being a response to a Secretarial directive. The outcomes of ICNAA's efforts included an enhanced emphasis on activities relating to promoting healthy lifestyles; continued promotion of tribal

consultation; increased efforts to promote the awareness of HHS human services in Native populations; improved efforts to recruit AI/AN/NAs in the health profession workforce; greater encouragement of tribes to have emergency preparedness plans in place; and augmented funding to Native populations as HHS works to remove barriers that may have kept Native populations from applying for grant opportunities.

In October 2008, the ICNAA facilitated, along with the Office of Minority Health, the award of $1,248,000 to the Association of American Indian Physicians (AAIP), of Oklahoma City, OK, and its partners (National Indian Health Board, Alexandria, VA; National Indian Council on Aging, Washington, D.C.; and National Council on Urban Indian Health, Washington, D.C.) for a Healthier Indian Country Initiative. The funds supplemented tribal prevention programs such as the "Rock n' the Rez" youth camp of the Coeur d'Alene Tribe in Idaho and the intimate partner violence prevention program created by the Lac Courte Oreilles Band of Lake Superior Chippewa in Wisconsin.

The national organizations evaluated and compiled information on promising tribal health programs and worked with HHS to create a database of best practices that can be replicated in other tribal communities. They also developed an intergenerational education and awareness campaign focused on prevention activities and programs for Indian Country and launched health outreach programs for urban Indian populations. The grant was an outgrowth of HHS Secretary Michael Leavitt's nationwide 2007 bus tour promoting prevention and healthy living through the A Healthier US Starts Here initiative. The tour included more than 20 visits to Indian Country, at which HHS staff saw tribal programs that are improving their communities' health. The tribes participating in the initiative were: Native Village of Minto (Alaska); Hualapai Tribe (Arizona); Coeur d' Alene Tribe (Idaho); Houlton Band of Maliseet Indians (Maine); Penobscot Indian Nation (Maine); Lac Vieux Desert Band of Lake Superior Chippewa Indians (Michigan); Little Traverse Bay Bands of Odawa Indians (Michigan); Ponca Tribe of Nebraska (Nebraska) Indian Health Board of Nevada (Nevada); Santa Clara Pueblo (New Mexico); Rosebud Sioux Tribe (South Dakota); Sisseton Sioux Tribe (South Dakota); Confederated tribes of the Colville Reservation (Washington); and Lac Courte Oreilles (LCO) Band of Lake Superior Chippewa (Wisconsin).

ADMINISTRATION ON AGING[1]

The mission of the Administration on Aging (AoA), as embodied in the Older Americans Act (OAA), is to promote the dignity and independence of older people and to help society prepare for an aging population. The agency does this by serving as an advocate for older people and by overseeing the development of a comprehensive and coordinated system of care that is responsive to the needs and preferences of older people and their family caregivers.

Administration on Aging
an Operating Division of the
Department of Health and Human Services
http://www.aoa.gov

The AoA's vision for older people is based on the American value that all individuals warrant dignity, and the belief that older people should have the opportunity to fully participate in all aspects of society and community life, maintain their health and independence, and remain in their own homes and communities as long as possible.

In the ongoing management of its programs and strategic planning process, the agency is guided by a set of core values that define AoA's organizational culture. In developing and carrying out this action plan and future updates, AoA:

- Listens to older people and the partners who serve them;
- Capitalizes on the experience and unique attributes of its network;
- Identifies and promotes the replication of the "best" the network has to offer in service models and systems of community care;
- Produces measurable outcomes that significantly impact the well-being of older people and their family caregivers;
- Takes advantage of external opportunities to advance its strategic goals and priorities;
- Responds to the changing needs and preferences of the diverse and growing elderly population; and
- Helps position the community-based aging services provider network to enhance the responsiveness of its health and long-term care system to the needs and preferences of older consumers.

The Assistant Secretary for Aging established five priorities to guide AoA's activities for FY 2005 – FY 2008. These priorities support the HHS Strategic Plan and include the following:

Priority 1: Make it easier for older people to access an integrated array of health and social supports.
Priority 2: Help older people to stay active and healthy.
Priority 3: Support families in their efforts to care for their loved ones at home and in the community.
Priority 4: Ensure the rights of older people and prevent their abuse, neglect, and exploitation.
Priority 5: Promote effective and responsive management.

[1] In FY 2012, the Administration on Aging (AOA) became the Administration on Community Living (ACL).

Support Provided to Native American Communities

The Office of American Indian, Alaska Natives, and Native Hawaiian Programs (OAIANNHP), has statutory responsibility to provide training and technical assistance to tribal organizations receiving funds under Title VI of the OAA. The purpose of Title VI is to promote the delivery of supportive and nutrition services to American Indian, Alaska Native and Native Hawaiian elders and to provide caregiver support for family members caring for their elders. AoA carries out this responsibility by conducting regional, cluster, on-site and national training, and technical assistance forums.

In FY 2007, AoA held its National Training and Technical Assistance Forum in Baltimore, Maryland, May 1-3. The 2007 National Title VI Training and Technical Assistance Forum provided participants with practical information and tools necessary to develop and strengthen Title VI programs and help their communities respond to the needs of older Indians. The FY 2007 Forum also provided training to assist in preparing the Title VI funding application. In FY 2008, the National Training and Technical Assistance Forum was held April 28 to May 1 in Mystic Lake, Minnesota. The FY 2008 Forum provided the opportunity to celebrate the 30th anniversary of the Title VI program.

Each Forum involved four days of activities, including plenary sessions, workshops, guest speakers, and exhibits. Nearly 300 tribal program staff and elders attended each Forum. AoA staff from Central and Regional Offices attended the Forums, both as presenters and participants. Also participating were representatives of various Federal Government departments and agencies that have programs for Indian Elders.

The Administration on Aging recognized eight exemplary Title VI programs at the FY 2008 National Forum. Criteria used for selecting the exemplary programs included: expanding the program beyond the required services; enhanced coordination with other services provided by the tribe or by local, state or federal programs; implemented innovations that saved money or increased revenue for the program; enhanced staff skill levels; utilized volunteers in unique ways; and involved elders in helping to preserve tribal language, history, culture or traditional arts and crafts. The 2008 Title VI Exemplary Programs were:

Alu Like, Inc., Hawaii – Elizabeth Meahl, Director
Karuk Tribe of California – Babbie Peterson, Director
Miami Tribe of Oklahoma – Laurie Shade, Director
Oneida Nation of Wisconsin – Florence Petri, Director
Salt River Pima-Maricopa Indian Community, Arizona - Elizabeth Carpio, Director
Santee Sioux Nation of Nebraska – Lila James, Director
Spirit Lake Sioux Tribe, North Dakota – Myrna Greene, Director
Toiyabe Indian Health Project, Inc., California – Janice Mitchell, Director

In addition to national training, AoA provided cluster training sessions that are more in-depth on a specific topic. In FY 2007, Cluster Training sessions were held in Green Bay, WI, Auburn, WA, Phoenix, AZ, Sacramento, CA, Bismark, ND, Lawton, OK, Billings, MT, and Portland, ME. In FY 2008, Cluster Training sessions were held in Albuquerque, NM, Henderson, NV, Rapid City, SD and Salt Lake City, UT.

AoA also provided support to Title VI grantees through a website that posted timely information, including the availability of grants, and monthly web chats. During FY 2008, topics for the web chats included: caregiver support; health promotion; information and assistance; program performance reporting; and developing policies and procedures.

Technical assistance was provided during on-site grant monitoring visits.

Funding Opportunities Available to Native Americans

The Native American (Title VI) Grants are a combination of discretionary and formula grants. Title VI grants to Native American tribes and Hawaiian Americans require that, like discretionary grants, grantees must submit an application that meets the requirements for funding; a population-based formula is used to distribute the available funds. Title VI Part A grants to Indian tribes and Title VI Part B grants to Native Hawaiians are for nutrition and supportive services for helping elders maintain their health and independence and remain in their own homes and communities as long as possible. Title VI Part C grants are for the Native American Caregiver Support Program to provide support for unpaid family caregivers caring for their elders.

In FY 2007, 47,698 elders received over 1.9 million meals in a congregate setting and 20,528 thousand received over 2.2 million home delivered meals. In FY 2008, 2 million congregate meals were provided to 44,029 elders and 2.2 million meals were delivered to 19,216 home bound elders. In addition to providing meals, Title VI Senior Programs provided other supportive services to 62,159 elders in FY 2007 and 71,308 elders in FY 2008. These supportive services included: 888,814 units of transportation in FY 2007 and 1,072,631 in FY 2008; 19,321 units of case management in FY 2007, increasing to 27,681 units in FY 2008; 290,731 units of in home support such as homemaker, chore and personal care services in FY 2007, increasing to 305,224 in FY 2008; and 116,879 units of health promotion and wellness services in FY 2007, increasing to 246,024 units in FY 2008.

The number of family members receiving caregiver support services, in general, increased from FY 2007 to FY 2008.

	FY 2007	FY 2008
Elders receiving respite	4,772	4,889
Total respite hours provided	71,036	80,762
Caregivers attending support groups	3,046	2,883
Caregivers counseled	4,789	4,819
Caregivers provided information	34,982	41,871
Caregivers provided training	5,833	5,289

The Nutrition Services Incentive Program (NSIP) is another grant program funded under Title III of the OAA, and also is available to Native Americans, Alaska Native, and Native Hawaiian tribal entities. NSIP is an incentive program to encourage and reward effective performance in the efficient delivery of nutritious meals to older individuals. Tribes can choose to receive

NSIP in the form of all cash, all agricultural commodities from the Department of Agriculture, or a combination of cash and agricultural commodities.

Grantees and funding amounts for Title VI, Parts A, B and C and NSIP are listed on the following tables.

AoA Title VI-A Grantees		
Tribes or Tribal Organizations	**FY 2007 Amount**	**FY 2008 Amount**
Alabama		
Poarch Creek Indians	$93,860	$106,530
Alaska		
Aleutian/Pribilof Islands Association	$82,660	$94,540
Association of Village Council Presidents	$135,500	$87,390
Bristol Bay Native Association	$135,500	$136,480
Central Council, Tlingit and Haida	$135,500	$136,480
Copper River Native Association	$72,850	$83,250
Hoonah Indian Association	$72,850	$73,370
Kodiak Area Native Association (Northern Section)	$72,850	$73,370
Kodiak Area Native Association (Southern Section)	$72,850	$73,370
Metlakatla Indian Community	$82,660	$83,250
Native Village of Barrow	$93,860	$94,540
Tanana Chiefs Conference for Kuskokwim Subregion	$72,850	$73,370
Tanana Chiefs Conference for Lower Yukon Subr.	$72,850	$73,370
Tanana Chiefs Conference for Yukon Flats Subregion	$72,850	$73,370
Tanana Chiefs Conference for Yukon Koyukuk Subr.	$82,660	$83,250
Tanana Chiefs Conference for Yukon Tanana Subr.	$72,850	$73,370
Fairbanks Native Association, Inc.	$135,500	$136,480
Maniilag Association	$116,980	$117,830
Native Village of Unalakleet	$72,850	$73,370
Chugachmiut	$72,850	$83,250
Artic Slope Native Association	$82,660	$83,250
Denakkanaaga, Inc.	$82,660	$83,250
Klawock, I.R.A.	$72,850	$73,370
Kootznoowoo, Inc.	$72,850	$73,370
Native Village of Fort Yukon, I.R.A.	$72,850	$73,370
Native Village of Point Hope	$72,850	$73,370
Seldovia Village Tribe	$72,850	$73,370
Sitka Tribes of Alaska	$93,860	$94,540

AoA Title VI-A Grantees		
Tribes or Tribal Organizations	**FY 2007 Amount**	**FY 2008 Amount**
Yakutat Native Association	$72,850	$73,370
Ketchikan Indian Corporation	$93,860	$94,540
Kuskokwim Native Association	$82,660	$83,250
Southcentral Foundation	$177,920	$179,200
Kenaitze Indian Tribe, I.R.A.	$93,860	$94,540
Wrangell Cooperative Association	$72,850	$73,370
Native Village of Savoonga	$72,850	$73,370
Native Village of Gambell	$72,850	$73,370
Native Village of Eyak	$72,850	$73,370
Organized Village of Kake		$73,370
Chickaloon		$83,250
Arizona		
Colorado River Indian Tribes	$105,770	$106,530
Gila River Indian Community	$135,500	$136,480
Hopi Tribal Council	$135,500	$136,480
Hualapai Tribal Council	$72,850	$83,250
Navajo Nation	$135,500	$136,480
Pascua Yaqui Association	$135,500	$136,480
Salt River Pima-Maricopa Community	$135,500	$117,830
San Carlos Apache Tribe	$135,500	$136,480
Tohono O'odham Nation	$135,500	$136,480
White Mountain Apache Tribe	$135,550	$136,480
Ak-Chin Indian Community	$72,850	$73,370
Yavapai-Apache Tribe	$72,850	$83,250
Havasupai Tribal Council	$72,850	$73,370
Inter-Tribal Council of Arizona	$72,850	$73,370
Cocopah Indian Tribe	$72,850	$73,370
Quechan Indian Tribe	$82,660	$83,250
California		
Bishop Indian Tribal Council	$82,660	$83,250
Blue Lake Rancheria	$82,660	$86,250
Karuk Tribe of California	$82,660	$94,540
Pit River Health Services	$72,850	$73,370
Picaynue Rancheria	$72,850	$73,370
Riverside-San Bernardino County IH for Morongo	$82,660	$83,250

AoA Title VI-A Grantees		
Tribes or Tribal Organizations	**FY 2007 Amount**	**FY 2008 Amount**
Riverside-San Bernardino County IH for Pechanga	$82,660	$73,370
Riverside-San Bernardino County IH for Soboba	$72,850	$73,370
Sonoma County Indian Health Project	$82,660	$73,370
Southern Indian Health Council - Area I	$82,660	$73,370
Southern Indian Health Council - Area II	$82,660	$73,370
Toiyabe Indian Health Project – North	$72,850	$73,370
Tule River Indian Health Center	$72,850	$83,250
United Indian Health Services for Resighini	$72,850	$73,370
United Indian Health Services for Smith River	$93,860	$83,250
California Indian Manpower Consortium (CIMC)	$72,850	$73,370
Indian Senior Center, Inc.	$82,660	$83,250
Sonoma County Indian Health Project, Manchester	$72,850	$73,370
Bear River Band of the Rohnerville Rancheria	$93,850	
CIMC - La Jolla and Susanville Rancherias	$72,850	$83,250
CIMC – Santa Ysabel and San Pasqual	$72,850	$73,370
Pala Band of Mission Indians	$72,850	$73,370
Redding Rancheria Indian Health Services	$135,500	$136,480
Toiyabe Indian Health Project – South	$72,850	$73,370
Hoopa Valley Tribe	$82,660	$73,370
Round Valley Indian Tribes	$72,850	$73,370
Fort Mojave Indian Tribe	$72,850	$73,370
Santa Ynez Band of Mission Indians	$72,850	$73,370
Colorado		
Southern Ute Indian Tribe	$82,660	$83,250
Ute Mountain Ute Tribe of Indians	$82,660	$83,250
Florida		
Seminole Tribe of Florida	$72,850	
Idaho		
Coeur d'Alene Tribe	$82,660	$83,250
Nez Perce Tribe of Idaho	$116,980	$106,530
Shoshone-Bannock Tribes	$135,500	$94,540
Kansas		
Kickapoo Nation in Kansas	$72,850	$73,370
Prairie Band of Potawatomi Indians	$39,860	$106,530
Iowa Tribe of Kansas and Nebraska	$72,850	$73,370

AoA Title VI-A Grantees		
Tribes or Tribal Organizations	**FY 2007 Amount**	**FY 2008 Amount**
Louisiana		
Institute for Indian Development	$72,850	$83,250
Maine		
Passamaquoddy Tribe	$82,660	$94,540
Penobscot Indian Nation	$82,660	$83,250
Michigan		
Grand Traverse Band of Ottawa and Chippewa	$82,660	$83,250
Inter-Tribal Council of Michigan	$82,660	$73,370
Keweenaw Bay Indian Community	$82,660	$83,250
Sault Ste. Marie Tribe of Chippewa Indians	$135,500	$136,480
Little Traverse Bay Bands of Odawa Indians	$82,660	$83,250
Bay Mills Indian Community	$72,850	$73,370
Pokagon Band of Potawatomi Indians	$72,850	$83,250
Little River Band of Ottawa Indians		$94,540
Nottawaseppi Huron Band of Potawatomi		$73,370
Minnesota		
Bois Forte Reservation Business Committee	$72,850	$83,250
Fond du Lac Reservation Business Committee	$105,770	$117,830
Leech Lake Reservation Business Committee	$116,980	$136,480
Mille Lacs Band of Chippewa Indians	$82,660	$94,540
Minnesota Chippewa Resource Development	$93,860	$83,250
Red Lake Band of Chippewa Indians	$105,770	$117,830
White Earth Reservation Tribal Council	$82,660	$83,250
Grand Portage Reservation Business Committee	$72,850	$73,370
Mississippi		
Mississippi Band of Choctaw Indians	$116,980	$136,480
Missouri		
Eastern Shawnee Tribe of Oklahoma	$72,850	$73,370
Montana		
Assiniboine and Sioux Tribes	$116,980	$117,830
Blackfeet Tribe	$135,500	$136,480
Chippewa-Cree Tribe	$93,860	$94,540
Confederated Salish and Kootenai Tribes	$135,500	$136,480
Fort Belknap Community Council	$105,770	$106,530
Northern Cheyenne Tribe	$93,860	$83,250

AoA Title VI-A Grantees		
Tribes or Tribal Organizations	**FY 2007 Amount**	**FY 2008 Amount**
Crow Tribal Elders Program	$135,500	$136,480
Nebraska		
Omaha Tribe of Nebraska	$82,660	$83,250
Santee Sioux Tribe of Nebraska	$72,850	$73,370
Winnebago Tribe of Nebraska	$72,850	$83,250
Nevada		
Fallon Paiute-Shoshone Tribes	$72,850	$83,250
Inter-Tribal Council of Nevada, Inc. (Duckwater)	$82,660	$73,370
Inter-Tribal Council of Nevada, Inc. (South Fork)	$72,850	$73,370
Inter-Tribal Council of Nevada, Inc. (Moapa)	$72,850	$83,250
Shoshone-Paiute Tribes	$93,860	$94,540
Walker River Paiute Tribe	$82,660	$83,250
Washoe Tribe of Nevada and California	$82,660	$94,540
Yerington-Paiute Tribe	$72,850	$73,370
Pyramid Lake Paiute Tribe	$93,860	$94,540
Elko Band Council	$82,660	$73,370
Reno-Sparks Indian Colony	$72,850	$73,370
New Mexico		
Eight Northern Indian Pueblos Council (Picuris)	$82,660	$136,480
Eight No. Indian Pueblos Council – San Indefonso		$83,250
Five Sandoval Indian Pueblos, Inc.	$93,860	$94,540
Jicarilla Apache Tribe	$116,980	$106,530
Laguna Rainbow Corporation	$135,500	$136,480
Mescalero Apache Tribe	$82,660	$94,540
Pueblo de Cochiti	$82,660	$83,250
Pueblo of Acoma	$135,500	$136,480
Pueblo of Isleta	$116,980	$136,480
Pueblo of Jemez	$105,770	$106,530
Pueblo of San Felipe	$93,860	$106,530
Pueblo of Taos	$105,770	$106,530
Pueblo of Zuni	$135,500	$136,480
San Juan Pueblo	$116,980	$117,830
Santa Clara Pueblo	$93,860	$94,540
Santo Domingo Pueblo	$105,770	$83,250
Tesuque Pueblo		$73,370

AoA Title VI-A Grantees		
Tribes or Tribal Organizations	**FY 2007 Amount**	**FY 2008 Amount**
New York		
St. Regis Mohawk Community and Education Fund	$135,500	$136,480
Seneca Nation of Indians	$116,980	$117,830
Oneida Nation		$73,370
North Carolina		
Eastern Band of Cherokee Indians	$135,500	$179,200
North Dakota		
Spirit Lake Nation	$83,540	$83,250
Standing Rock Sioux Tribe	$135,500	$117,830
Three Affiliated Tribes	$105,770	$136,480
Trenton Indian Service Area	$135,500	$106,530
Turtle Mountain Band of Chippewa Tribe	$135,500	$136,480
Oklahoma		
Apache Tribe of Oklahoma	$116,980	$136,480
Caddo Tribe of Oklahoma	$93,860	$136,480
Cherokee Nation of Oklahoma	$179,130	$180,778
Cheyenne-Arapaho Tribes of Oklahoma	$135,500	$136,480
Chickasaw Nation	$177,920	$179,200
Choctaw Nation of Oklahoma	$177,920	$179,200
Citizen Band Potawatomi of Oklahoma	$177,920	$179,200
Comanche Indian Tribe	$116,980	$136,480
Delaware Tribe of Western Oklahoma	$135,500	$78,960
Iowa Tribe of Oklahoma	$135,500	$136,480
Kaw Tribe of Oklahoma	$135,500	$136,480
Kickapoo Tribe of Oklahoma	$100,000	$100,000
Kiowa Tribe of Oklahoma	$135,500	$136,480
Miami Tribe of Oklahoma	$135,500	$179,200
Muscogee (Creek) Nation	$177,920	$179,200
Osage Nation of Oklahoma	$177,920	$179,200
Otoe-Missouria Tribe	$93,860	$94,540
Ottawa Tribe of Oklahoma	$135,500	$136,480
Pawnee Tribe of Oklahoma	$135,500	$136,480
Peoria Tribe of Oklahoma	$135,500	$136,480
Ponca Tribe of Oklahoma	$82,660	$83,250
Quapaw Tribe of Oklahoma	$75,000	$94,540

AoA Title VI-A Grantees		
Tribes or Tribal Organizations	**FY 2007 Amount**	**FY 2008 Amount**
Sac and Fox Tribe of Indians of Oklahoma	$105,770	$136,480
Seminole Nation of Oklahoma	$105,770	$117,830
Seneca-Cayuga Tribe of Oklahoma	$82,660	$83,250
Wichita and Affiliated Tribes	$135,500	$136,480
Wyandotte Tribe of Oklahoma	$135,500	$136,480
Absentee Shawnee Tribe	$177,920	$179,200
Fort Sill Apache Tribe	$93,860	$94,540
United Keetowah Band of Cherokee Indians	$135,500	$136,480
Oregon		
Confederated Tribes of Siletz Indians of Oregon	$93,860	$94,540
Confederated Tribes of the Umatilla Indian Reserve.	$116,980	$117,830
Confederated Tribes of Warm Springs	$105,770	$106,530
Confederated Tribes of Grand Ronde	$72,850	$73,370
Klamath Tribe	$135,500	$136,480
Confed. Tribes of Coos, Lower Umpqua and Siuslaw	$72,850	$73,370
Rhode Island		
Narragansett Indian Tribe	$93,860	$94,540
South Carolina		
Catawba Indian Nation	$82,660	$83,250
South Dakota		
Cheyenne River Sioux Tribe	$135,500	$136,480
Crow Creek Sioux Tribe	$82,660	$83,250
Lower Brule Sioux Tribe	$72,850	$73,370
Oglala Sioux Tribe	$177,920	$179,200
Rosebud Sioux Tribe	$177,920	$179,200
Sisseton-Wahpeton Sioux Tribe	$135,500	$136,480
Yankton Sioux Tribe	$135,500	$83,250
Texas		
Alabama-Coushatta Tribe	$82,660	$83,250
Kickapoo Traditional Tribe of Texas	$72,850	$73,370
Utah		
Uintah and Ouray Business Committee	$93,860	$83,250
Washington		
Colville Confederated Tribes	$135,500	$136,480
Lower Elwha Klallam Tribe	$82,660	$83,250

AoA Title VI-A Grantees		
Tribes or Tribal Organizations	**FY 2007 Amount**	**FY 2008 Amount**
Lummi Indian Business Council	$105,770	$106,530
Makah Indian Tribal Council	$72,850	$83,250
Muckleshoot Indian Tribe	$105,770	$136,480
Nooksack Indian Tribe	$72,850	$83,250
Puyallup Tribal Health Authority	$135,500	$136,480
Quinault Indian Nation	$93,860	$117,830
S. Puget Intertribal Planning Agency for Chehalis & Nisqually	$135,500	
S. Puget Intertribal Planning Agency for Nisqually		$117,830
S. Puget Intertribal Planning Agency for Skokomish & Squaxin Island Tribes	$116,980	
Skokomish Indian Tribe		$94,540
S. Puget Intertribal Planning Agency-Squaxin Island		$83,250
Swinomish Indian Tribal Community	$72,850	$73,370
Spokane Tribe of Indians	$82,660	$83,250
Yakama Indian Nation	$82,660	$73,370
Tulalip Tribes	$135,500	$117,830
Jamestown S'Klallam Tribal Center	$82,660	$83,250
Quileute Tribal Council	$72,850	$73,370
S. Puget Intertribal Planning Agency-Shoalwater Bay	$82,660	$94,540
Stillaguamish Tribe of Indians	$82,660	$83,250
Upper Skagit Indian Tribe	$72,850	$73,370
Suquamish Indian Tribe	$93,860	$94,540
Port Gamble S'Klallam Tribe	$82,660	$83,250
Samish Indian Nation	$72,850	$83,250
Cowlitz Indian Tribe	$82,660	$94,540
Skokomish Indian Tribe		$94,540
Confederated Tribes of the Chehalis		$94,540
Wisconsin		
Bad River Band of Lake Superior Chippewa	$82,660	$83,250
Forest County Potawatomi Community	$72,850	$73,370
Lac Courte Oreilles	$93,860	$94,540
Lac du Flambeau Band of Lake Superior Chippewa	$82,660	$83,250
Menominee Indian Tribe of Wisconsin	$116,980	$117,830
Oneida Tribe of Indians of Wisconsin	$116,980	$117,830

AoA Title VI-A Grantees		
Tribes or Tribal Organizations	**FY 2007 Amount**	**FY 2008 Amount**
Red Cliff Band of Lake Superior Chippewa	$72,850	$83,250
St. Croix Tribal Council	$72,850	$83,250
Stockbridge-Munsee Community	$82,660	$83,250
Ho-Chunk Nation Committee	$116,980	$106,530
Wyoming		
Northern Arapaho Business Council	$93,860	$94,540
Shoshone Tribal Business Council	$116,980	$106,530
Total	**$25,240,470**	**$24,407,758**

AoA Title VI-B Grantees		
Tribes or Tribal Organizations	**FY 2007 Amount**	**FY 2008 Amount**
Hawaii		
Alu Luki, Inc.	$1,692,210	$1,505,000
Hana Community Health Center	$93,860	$83,250
Total	**$1,786,070**	**1,588,250**

AoA Title VI-C Grantees		
Tribes or Tribal Organizations	**FY 2007 Amount**	**FY 2008 Amount**
Alabama		
Poarch Creek Indians	$29,110	$33,370
Alaska		
Arctic Slope Native Association	$21,830	$21,220
Aleutian/Pribolof Island Association	$21,830	$28,290
Bristol Bay Native Association	$50,940	$49,520
Central Council, Tlingit And Haida Indian Tribes		$49,520
Chugachmiut	$14,550	$21,220
Copper River Native Association	$14,550	$21,220
Denakkanaaga, Inc.	$21,830	$21,220
Fairbanks Native Association, Inc.	$50,940	$49,520
Hoonah Indian Association	$14,550	$14,140
Kenaitze Indian Tribe, I.R.A.	$29,110	$28,290
Ketchikan Indian Corporation	$29,110	$28,290

AoA Title VI-C Grantees		
Tribes or Tribal Organizations	**FY 2007 Amount**	**FY 2008 Amount**
Klawock, I.R.A.	$14,550	$14,140
Kodiak Area Native Association (Northern Section)	$14,550	$14,140
Kodiak Area Native Association (Southern Section)	$14,550	$14,140
Kootznoowoo, Inc.	$14,550	$14,140
Kuskokwim Native Association	$21,830	$21,220
Maniilag Association	$43,680	$42,450
Metlakatla Indian Community	$21,830	$21,220
Native Village of Barrow	$29,110	$28,290
Native Village Of Eyak	$14,550	$14,140
Native Village of Fort Yukon, I.R.A.	$14,550	$14,140
Native Village of Gambell		$14,140
Native Village of Point Hope	$14,550	$14,140
Sitka Tribes of Alaska	$29,110	$28,290
Southcentral Foundation	$58,230	$56,590
Tanana Chiefs Conference for Kuskokwim Subregion	$14,550	$14,140
Tanana Chiefs Conference for Lower Yukon Subregion	$14,550	$14,140
Tanana Chiefs Conference for Yukon Flats Subregion	$14,550	$14,140
Tanana Chiefs Conference for Yukon Koyukuk Subregion	$21,830	$21,220
Tanana Chiefs Conference for Yukon Tanana Subregion	$14,550	$14,140
Wrangell Cooperative Association	$14,550	$14,140
Yakutat Native Association	$14,550	$14,140
Organized Village of Kake		$14,140
Arizona		
Colorado River Indian Tribes	$36,390	$35,370
Gila River Indian Community	$50,940	$49,520
Hopi Tribal Council	$50,940	$49,520
Hualapai Tribal Council	$14,550	$21,220
Navajo Nation	$50,940	$49,520
Pascua Yaqui Association	$50,940	$49,520
Salt River Pima-Maricopa Community	$50,940	$42,450
San Carlos Apache Tribe	$50,940	$49,520
Tohono O'odham Nation	$50,940	$49,520
White Mountain Apache Tribe	$50,940	$49,520
Ak-Chin Indian Community	$14,550	$14,140
Havasupai Tribal Council	$14,550	$14,140

AoA Title VI-C Grantees		
Tribes or Tribal Organizations	**FY 2007 Amount**	**FY 2008 Amount**
Inter-Tribal Council of Arizona	$14,550	$14,140
Quechan Indian Tribe	$21,830	$21,220
California		
Bishop Indian Tribal Council	$21,830	$21,220
Blue Lake Rancheria	$21,830	$21,220
Karuk Tribe of California	$21,830	$28,290
Riverside-San Bernardino County IH for Morongo	$21,830	$21,220
Riverside-San Bernardino County IH for Pechanga	$21,830	$14,140
Riverside-San Bernardino County IH for Soboba	$14,550	$14,140
Southern Indian Health Council-Area I	$21,830	$14,140
Southern Indian Health Council-Area II	$21,830	$14,140
Toiyabe Indian Health Project-North	$14,550	$14,140
Tule River Indian Health Center	$14,550	$21,220
United Indian Health Services for Resighini	$14,550	$14,140
United Indian Health Services for Smith River	$29,110	$21,220
California Indian Manpower Consortium (CIMC)	$14,550	$14,140
Indian Senior Center, Inc.	$21,830	$21,220
CIMC-LaJolla and Susanville Rancherias	$14,550	$14,140
CIMC Ysabel and San Pasqual	$14,550	$21,220
Redding Rancheria Indian Health Services	$50,940	$49,520
Santa Ynez Band of Mission Indians		$14,550
Toiyabe Indian Health Project-South	$14,550	$14,140
Fort Mojave Indian Tribe	$14,550	$14,140
Colorado		
Southern Ute Indian Tribe	$21,830	$21,220
Hawaii		
Alu Like	$59,320	$56,590
Hana	$29,110	
Idaho		
Coeur d'Alene Tribe	$21,830	$21,220
Nez Perce Tribe of Idaho	$43,680	$35,370
Shoshone-Bannock Tribes	$50,940	$28,290
Kansas		
Kickapoo Nation in Kansas	$14,550	$14,140
Prairie Band of Potawatomi Indians	$29,110	$35,370

AoA Title VI-C Grantees		
Tribes or Tribal Organizations	**FY 2007 Amount**	**FY 2008 Amount**
Iowa Tribe of Kansas and Nebraska	$14,550	$14,140
Maine		
Passamaquoddy Tribe	$21,830	$28,290
Michigan		
Grand Traverse Band of Ottawa and Chippewa Indians	$21,830	$21,220
Inter-Tribal Council of Michigan	$21,830	$14,140
Keweenaw Bay Indian Community	$21,830	$21,220
Little Traverse Bay Bands	$21,830	
Nottawaseppi Huron Band		$14,140
Bay Mills Indian Community	$14,550	$14,140
Minnesota		
Bois Forte Reservation Business Committee	$14,550	$21,220
Fond du Lac Reservation Business Committee	$36,390	$42,450
Leech Lake Reservation Business Committee	$43,680	$49,520
Mille Lacs Band Of Chippewa Indians	$21,830	$28,290
Minnesota Chippewa Resource Development	$29,110	$21,220
White Earth Reservation Tribal Council	$21,830	
Mississippi		
Mississippi Band of Choctaw Indians	$43,680	$49,520
Missouri		
Eastern Shawnee Tribe Of Oklahoma	$14,550	$14,140
Montana		
Assiniboine and Sioux Tribes	$43,680	$42,450
Blackfeet Tribe	$50,940	$49,520
Chippewa Cree Tribe	$29,110	$28,290
Confederated Salish And Kootenai Tribes	$50,940	$49,520
Fort Belknap Community Council	$36,390	$35,370
Northern Cheyenne Tribe	$29,110	$21,220
Crow Tribal Elders Program	$50,940	$49,520
Nebraska		
Omaha Tribe of Nebraska	$21,830	$21,220
Winnebago Tribe of Nebraska	$14,550	$21,220
Nevada		
Fallon Paiute-Shoshone Tribes	$14,550	$21,220

AoA Title VI-C Grantees		
Tribes or Tribal Organizations	**FY 2007 Amount**	**FY 2008 Amount**
Inter-Tribal Council of Nevada, Inc. (Duckwater)	$21,830	$14,140
Inter-Tribal Council of Nevada, Inc. (South Fork)	$14,550	$14,140
Inter-Tribal Council of Nevada, Inc. (Moapa)	$14,550	$21,220
Shoshone-Paiute Tribes	$29,110	$28,290
Washoe Tribe of Nevada and California	$21,830	$28,290
Pyramid Lake Paiute Tribe	$29,110	$28,290
Elko Band Council	$21,830	$14,140
Reno-Sparks Indian Colony		$14,140
New Mexico		
Eight Northern Indian Pueblos (Picuris et al)	$21,830	$49,520
Eight Northern Indian Pueblos- San Ildefonso		$21,220
Jicarilla Apache Tribe	$43,680	$35,370
Laguna Rainbow Corporation	$50,940	$49,520
Pueblo de Cochiti	$21,830	$21,220
Pueblo of Acoma	$50,940	$49,520
Pueblo of Isleta	$43,680	$49,520
Pueblo of Jemez	$36,390	$35,370
Pueblo of San Felipe	$29,110	$35,370
Pueblo of Taos	$36,390	$35,370
Pueblo of Zuni	$50,940	$49,520
San Juan Pueblo	$43,680	$42,450
Santa Clara Pueblo	$29,110	$28,290
Pueblo of Tesuque		$14,140
New York		
St. Regis Mohawk Community and Education Fund	$50,940	$49,520
Seneca Nation of Indians	$43,680	$42,450
Oneida Indian Nation		$14,140
North Carolina		
Eastern Band of Cherokee Indians	$50,940	$56,590
North Dakota		
Spirit Lake Nation	$21,830	$21,220
Standing Rock Sioux Tribe	$36,390	$42,450
Three Affiliated Tribes	$43,680	$49,520
Trenton Indian Service Area	$50,940	$35,370
Turtle Mountain Band of Chippewa Tribe	$50,940	$49,520

AoA Title VI-C Grantees		
Tribes or Tribal Organizations	**FY 2007 Amount**	**FY 2008 Amount**
Oklahoma		
Apache Tribe of Oklahoma	$43,680	$49,520
Caddo Tribe		$49,520
Cherokee Nation of Oklahoma	$58,230	$57,865
Cheyenne-Arapaho Tribes of Oklahoma	$50,940	$49,520
Chickasaw Nation	$58,230	$56,590
Choctaw Nation of Oklahoma	$58,230	$56,590
Citizen Band Potawatomi of Oklahoma	$58,230	$56,590
Comanche Indian Tribe	$43,680	$49,520
Delaware Tribe of Western Oklahoma	$50,940	$14,140
Iowa Tribe of Oklahoma	$50,940	$49,520
Kickapoo Tribe of Oklahoma	$21,830	$21,220
Kiowa Tribe of Oklahoma	$50,940	$49,520
Miami Tribe of Oklahoma	$50,940	$56,590
Muscogee (Creek) Nation	$58,230	$56,590
Osage Nation of Oklahoma	$58,230	$56,590
Otoe-Missouria Tribe	$29,110	$28,290
Ottawa Tribe	$50,940	$49,520
Pawnee Tribe of Oklahoma	$50,940	$49,520
Ponca Tribe	$21,830	$21,220
Quapaw Tribe of Oklahoma	$14,550	$28,290
Sac and Fox Tribe of Indians of Oklahoma	$36,390	$49,520
Seminole Nation of Oklahoma	$36,390	$42,450
Wichita and Affiliated Tribes	$50,940	$49,520
Seneca-Cayuga Tribe	$21,830	$21,220
Wyandotte Tribe of Oklahoma	$50,940	$49,520
Absentee Shawnee Tribe	$58,230	$56,590
Fort Sill Apache Tribe	$29,110	$28,290
United Keetoowah Band of Cherokee Indians	$50,940	$49,520
Oregon		
Confederated Tribes of Siletz Indians of Oregon	$29,110	$28,290
Confederated Tribes of the Umatilla Indian	$43,680	$42,450
Confederated Tribes of Warm Springs	$36,390	$35,370
Confederated Tribes of the Grand Ronde	$14,550	$14,140
Klamath Tribe	$50,940	$49,520

AoA Title VI-C Grantees		
Tribes or Tribal Organizations	**FY 2007 Amount**	**FY 2008 Amount**
Confederated Tribes of Coos, Lower Umpqua, & Siuslaw Indians	$14,550	$14,140
South Carolina		
Catawba Indian Nation	$21,830	$21,220
South Dakota		
Cheyenne River Sioux Tribe	$50,940	$49,520
Crow Creek Sioux Tribe	$21,830	
Lower Brule Sioux Tribe	$14,550	$14,140
Oglala Sioux Tribe	$58,230	$56,590
Rosebud Sioux Tribe	$58,230	$56,590
Texas		
Alabama-Coushatta Tribe	$21,830	$21,220
Utah		
Uintah and Ouray Business Committee	$29,110	$21,220
Washington		
Colville Confederated Tribes	$50,940	$49,520
Lower Elwha Klallam Tribe	$21,830	$21,220
Lummi Indian Business Council	$36,390	$35,370
Makah Indian Tribal Council	$14,550	$21,220
Muckleshoot Indian Tribe	$36,390	$49,520
Nooksack Indian Tribe	$14,550	$21,220
Puyallup Tribal Health Authority	$50,940	$49,520
Quinault Indian Nation	$29,110	$42,450
S. Puget Intertribal Planning Agency for Skokomish & Squazin Island	$43,680	
S. Puget Intertribal Planning Agency for Squazin Island		$21,220
S. Puget Intertribal Planning Agency for Chehalis & Nisqually	$50,940	
S. Puget Intertribal Planning Agency for Nisqually		$42,450
Swinomish Indian Tribal Community	$14,550	$14,140
Spokane Tribe of Indians	$21,830	$21,220
Yakama Indian Nation	$21,830	$14,140
Tulalip Tribes	$50,940	$42,450
Jamestown S'Klallam Tribal Center	$21,830	$21,220
Quileute Tribal Council	$14,550	$14,140
S. Puget Intertribal Plan. Agency for Shoalwater Bay	$21,830	$28,290

AoA Title VI-C Grantees		
Tribes or Tribal Organizations	**FY 2007 Amount**	**FY 2008 Amount**
Stillaguamish Tribe of Indians	$21,830	$21,220
Upper Skagit Indian Tribe	$14,550	$14,140
The Suquamish Indian Tribe	$29,110	$28,290
Port Gamble S'Klallam Tribe	$21,830	$21,220
Samish Indian Nation	$14,550	$21,220
Cowlitz Indian Tribe	$21,830	$28,290
Skokomish Indian Tribe		$28,290
Confederated Tribes of the Chehalis Reservation		$28,290
Wisconsin		
Bad River Band of Lake Superior Chippewa	$21,830	$21,220
Forest County Potawatomi Community	$14,550	$14,140
Lac Courte Orellies Tribal Governing Board	$29,110	$28,290
Lac du Flambeau Band of Lake Superior Chippewa	$21,830	$21,220
Menominee Indian Tribe of Wisconsin	$43,680	$42,450
Oneida Tribe	$43,680	$42,450
Red Cliff Band of Lake Superior Chippewa	$14,550	$21,220
St. Croix Tribal Council	$14,550	$21,220
Stockbridge-Munsee	$14,550	$21,220
Ho-Chunk Nation Committee	$43,680	$35,370
Total	**$6,194,192**	**$6,268,335**

AoA NSIP Grantees		
Tribes or Tribal Organizations	**FY 2007 Amount**	**FY 2008 Amount**
Alabama		
Poarch Creek Indians	$9,538	$10,216
Alaska		
Aleutian/Pribilof Islands Association	$18,414	$16,738
Arctic Slope Native Association Limited	$4,149	$9,464
Association of Village Council Presidents	$7,916	$33,364
Bristol Bay Native Association	$2,485	$3,767
Central Council, Tlingit and Haida	$575	$5,655
Chugachmiut	$4,729	$6,490
Copper River Native Association	$2,938	$2,426

AoA NSIP Grantees		
Tribes or Tribal Organizations	**FY 2007 Amount**	**FY 2008 Amount**
Hoonah Indian Association	$1,911	$1,523
Kenaitze Indian Tribe, I.R.A.	$9,651	$11,262
Ketchikan Indian Corporation	$1,885	$1,811
Klawock, I.R.A.	$1,046	$1,671
Kodiak Area Native Association (Northern Section)	$1,349	$752
Kodiak Area Native Association (Southern Section)	$2,073	$3,380
Kootznoowoo, Inc.	$1,740	$1,869
Kuskokwim Native Association	$5,651	$4,577
Maniilag Association	$9,961	$9,909
Metlakatla Indian Community	$1,371	$1,868
Native Village of Barrow	$6,566	$8,040
Native Village of Eyak	$427	$979
Native Village of Fort Yukon, I.R.A.	$4,757	$5,373
Native Village of Gambell	$3,850	
Native Village of Point Hope	$1,981	$2,060
Native Village of Savoonga	$284	$7,803
Native Village of Unalakleet	$3,721	$3,369
Seldovia Village Tribe	$461	$776
Sitka Tribes of Alaska	$1,692	$1,740
Southcentral Foundation	$9,879	$7,854
Tanana Chiefs Conference for Kuskokwim Subregion	$2,703	$3,087
Tanana Chiefs Conference for Lower Yukon Subregion	$4,482	$2,975
Tanana Chiefs Conference for Yukon Flats Subregion	$3,017	$1,838
Tanana Chiefs Conference for Yukon Koyukuk Subreg.	$3,163	$3,931
Tanana Chiefs Conference for Yukon Tanana Subregion	$390	$1,804
Wrangell Cooperative Association	$603	$1,146
Yakutat Native Association	$1,406	$1,474
Organized Village of Kake		$5,764
Chickaloon		$1,369
Arizona		
Ak-Chin Indian Community	$2,932	$2,607
Cocopah Indian Tribe	$9,687	$11,153
Colorado River Indian Tribes	$4,885	$4,826
Gila River Indian Community	$13,151	$24,395
Havasupai Tribal Council	$38	$398

AoA NSIP Grantees		
Tribes or Tribal Organizations	**FY 2007 Amount**	**FY 2008 Amount**
Hopi Tribal Council	$3,729	$5,334
Hualapai Tribal Council	$5,748	$6,028
Inter-Tribal Council of Arizona	$1,672	$807
Navajo Nation	$51,904	$58,519
Pascua Yaqui Association	$24,967	$19,931
Quechan Indian Tribe	$6,915	$6,302
Salt River Pima-Maricopa Community	$21,576	$12,088
San Carlos Apache Tribe	$15,499	$6,988
Tohono O'Odham Nation	$10,302	$12,153
White Mountain Apache Tribe	$12,377	$13,110
Yavapai-Apache Tribe	$2,218	$1,806
California		
Bear River Band of the Rohnerville Rancheria	$8,556	
Bishop Indian Tribal Council	$20,873	$15,567
Blue Lake Rancheria	$18,310	$16,570
California Indian Manpower Consortium (CIMC)	$7,465	$9,348
CIMC-LaJolla and Susanville Rancherias	$5,377	$6,118
CIMC-Santa Ysabel and San Pasqual	$6,572	$8,207
Fort Mojave Indian Tribe	$5,276	$1,897
Hoopa Valley Tribe	$7,290	$7,917
Indian Senior Center, Inc.	$4,464	$10,457
Karuk Tribe of California	$3,155	$3,178
Pala Band of Mission Indians	$9,403	$2,773
Picaynue Rancheria	$3,359	$3,244
Pit River Health Services	$2,546	$3,091
Redding Rancheria Indian Health Services	$5,261	$5,431
Riverside-San Bernardino County IH for Morongo	$6,948	$5,543
Riverside-San Bernardino County IH for Pechanga	$2,573	$2,522
Riverside-San Bernardino County IH for Soboba	$5,689	$4,581
Round Valley Indian Tribes	$4,562	$5,686
Santa Ynez Band of Mission Indians	$857	$1,590
Sonoma County Indian Health Project	$8,005	$7,051
Sonoma County Indian Health Project, Manchester	$7,241	$5,489
Southern Indian Health Council - Area I	$6,567	$7,918
Southern Indian Health Council - Area II	$5,815	$5,624

AoA NSIP Grantees		
Tribes or Tribal Organizations	**FY 2007 Amount**	**FY 2008 Amount**
Toiyabe Indian Health Project – North	$6,263	$7,413
Toiyabe Indian Health Project – South	$3,049	$3,614
Tule River Indian Health Center	$4,919	$11,021
United Indian Health Services (for Resighini)	$6,731	$7,398
United Indian Health Services (for Smith River)	$9,502	$7,941
Colorado		
Southern Ute Indian Tribe	$3,782	$4,439
Ute Mountain Ute Tribe of Indians	$6,528	$11,763
Florida		
Seminole Tribe of Florida	$11,374	
Hawaii		
Alu Luki, Inc	$50,504	$45,366
Hana Community Health Center	$2,829	$8,183
Idaho		
Coeur d'Alene Tribe	$9,841	$12,794
Nez Perce Tribe of Idaho	$12,192	$25,707
Shoshone-Bannock Tribes	$15,269	$22,445
Kansas		
Iowa Tribe of Kansas and Nebraska	$4,698	$4,880
Kickapoo Nation in Kansas	$6,941	$6,571
Prairie Band of Potawatomi Indians	$16,117	$16,793
Louisiana		
Institute for Indian Development	$2,757	$3,724
Maine		
Passamaquoddy Tribe	$29,029	$10,811
Penobscot Indian Nation	$4,756	$4,440
Michigan		
Bay Mills Indian Community	$5,012	$5,225
Grand Traverse Band of Ottawa and Chippewa Indians	$3,839	$6,909
Inter-Tribal Council of Michigan	$7,968	$8,178
Keweenaw Bay Indian Community	$10,262	$10,414
Little Traverse Bay Bands of Odawa Indians	$4,189	$4,866
Pokagon Band of Potawatomi Indians	$2,174	$2,881
Sault Ste. Marie Tribe of Chippewa Indians	$18,086	$23,762
Little River Band of Ottawa Indians		$21,245

AoA NSIP Grantees		
Tribes or Tribal Organizations	**FY 2007 Amount**	**FY 2008 Amount**
Nottawaseppi Huron Band of Potawatomi		$2,906
Minnesota		
Bois Forte Reservation Business Committee	$6,009	$6,966
Fond du Lac Reservation Business Committee	$30,560	$33,312
Grand Portage Reservation Business Committee	$4,208	$4,412
Leech Lake Reservation Business Committee	$7,155	$10,101
Mille Lacs Band of Chippewa Indians	$21,044	$18,721
Minnesota Chippewa Resource Development	$18,744	$16,300
Red Lake Band of Chippewa Indians	$44,506	$43,656
White Earth Reservation Tribal Council	$4,190	$4,946
Mississippi		
Mississippi Band of Choctaw Indians	$29,750	$29,910
Missouri		
Eastern Shawnee Tribe of Oklahoma	$9,768	$12,544
Montana		
Assiniboine and Sioux Tribes	$21,751	$21,575
Blackfeet Tribe	$22,133	$27,538
Chippewa-Cree Tribe	$37,344	$30,319
Confederated Salish and Kootenai Tribes	$3,028	$3,175
Crow Tribal Elders Program	$30,011	$31,296
Fort Belknap Community Council	$11,197	$11,190
Northern Cheyenne Tribe	$21,918	$23,992
North Carolina		
Eastern Band of Cherokee Indians	$19,913	$26,322
North Dakota		
Spirit Lake Nation	$15,776	$17,201
Standing Rock Sioux Tribe	$44,769	$52,216
Three Affiliated Tribes	$11,344	$12,443
Trenton Indian Service Area	$4,405	$3,499
Turtle Mountain Band of Chippewa Tribe	$25,247	$20,110
Nebraska		
Omaha Tribe of Nebraska	$9,555	$9,331
Santee Sioux Tribe of Nebraska	$3,572	$3,624
Winnebago Tribe of Nebraska	$8,965	$10,622
Nevada		

AoA NSIP Grantees		
Tribes or Tribal Organizations	**FY 2007 Amount**	**FY 2008 Amount**
Elko Band Council	$6,528	$6,479
Fallon Paiute-Shoshone Tribes	$7,807	$8,187
Inter-Tribal Council of Nevada, Inc. (Moapa, etc.)	$4,997	$5,938
Inter-Tribal Council of Nevada, Inc. (South Fork, etc.)	$5,458	$6,162
Inter-Tribal Council of Nevada, Inc. (Duckwater)	$7,578	$7,611
Pyramid Lake Paiute Tribe	$9,396	$8,583
Reno-Sparks Indian Colony	$9,515	$8,892
Shoshone-Paiute Tribes	$7,409	$8,097
Walker River Paiute Tribe	$10,501	$11,641
Washoe Tribe of Nevada and California	$9,762	$11,242
Yerington-Paiute Tribe	$4,050	$3,718
New Mexico		
Eight Northern Indian Pueblos Council – Picuris, etc	$9,041	$8,653
Eight Northern Indian Pueblos Council – San Ildefonso		$4,210
Five Sandoval Indian Pueblos, Inc.	$15,610	$15,205
Jicarilla Apache Tribe	$14,472	$14,330
Laguna Rainbow Corporation	$16,577	$17,421
Mescalero Apache Tribe	$3,226	$6,601
Pueblo de Cochiti	$6,182	$6,697
Pueblo of Acoma	$7,584	$7,947
Pueblo of Isleta	$15,115	$17,241
Pueblo of Jemez	$5,204	$5,112
Pueblo of San Felipe	$29,532	$12,578
Pueblo of Zuni	$21,458	$22,724
San Juan Pueblo	$11,961	$11,716
Santa Clara Pueblo	$9,780	$9,984
Santo Domingo Pueblo Tribe	$7,909	$7,976
Taos Pueblo	$6,166	$6,966
Tesuque Pueblo		$6,212
New York		
St. Regis Mohawk Community and Education Fund	$4,369	$14,905
Seneca Nation of Indians		$5,065
Oneida Indian Nation		$7,103
Oklahoma		
Absentee Shawnee Tribe	$20,288	$16,144

AoA NSIP Grantees		
Tribes or Tribal Organizations	**FY 2007 Amount**	**FY 2008 Amount**
Apache Tribe of Oklahoma	$6,301	$7,078
Caddo Tribe of Oklahoma	$7,975	$5,134
Cherokee Nation of Oklahoma	$37,330	$33,967
Cheyenne-Arapaho Tribes of Oklahoma	$11,788	$14,829
Chickasaw Nation	$74,414	$75,032
Choctaw Nation of Oklahoma	$22,372	$24,648
Citizen Band Potawatomi of Oklahoma	$12,998	$10,810
Comanche Indian Tribe	$11,749	$12,802
Delaware Tribe of Western Oklahoma	$7,504	$9,900
Fort Sill Apache Tribe	$5,054	$4,970
Iowa Tribe of Oklahoma	$7,208	$7,016
Kaw Tribe of Oklahoma	$3,941	$3,100
Kickapoo Tribe of Oklahoma	$6,705	$15,403
Kiowa Tribe of Oklahoma	$5,985	$6,554
Miami Tribe of Oklahoma	$22,693	$20,445
Muscogee (Creek) Nation	$126,135	$134,582
Osage Nation of Oklahoma	$15,964	$17,539
Otoe-Missouria Tribe	$6,495	$5,795
Ottawa Tribe of Oklahoma	$16,723	$16,941
Pawnee Tribe of Oklahoma	$8,606	$9,046
Peoria Tribe of Oklahoma	$19,381	$17,574
Ponca Tribe of Oklahoma	$10,086	$11,027
Quapaw Tribe of Oklahoma	$13,584	$14,679
Sac and Fox Tribe of Indians of Oklahoma	$8,147	$11,520
Seminole Nation of Oklahoma	$10,566	$12,986
Seneca-Cayuga Tribe of Oklahoma	$7,958	$8,325
United Keetowah Band of Cherokee Indians	$7,257	$8,865
Wichita and Affiliated Tribes	$11,002	$10,077
Wyandotte Tribe of Oklahoma	$18,137	$14,968
Oregon		
Confed. Tribes of Coos, Lower Umpqua, & Siuslaw	$3,839	$13,442
Confederated Tribes of Grand Ronde	$7,493	$7,979
Confederated Tribes of Siletz Indians of Oregon	$2,710	$3,392
Confederated Tribes of the Umatilla Indian Reservation	$6,443	$6,763
Confederated Tribes of Warm Springs	$5,393	$8,714

AoA NSIP Grantees		
Tribes or Tribal Organizations	**FY 2007 Amount**	**FY 2008 Amount**
Klamath Tribe	$3,055	$3,644
Rhode Island		
Narragansett Indian Tribe	$1,821	$2,376
South Carolina		
Catawba Indian Nation Elderly Nutrition	$5,808	$7,045
South Dakota		
Cheyenne River Sioux Tribe	$11,648	$9,498
Crow Creek Sioux Tribe	$12,542	$12,449
Lower Brule Sioux Tribe	$8,797	$9,205
Oglala Sioux Tribe	$133,623	$127,244
Rosebud Sioux Tribe	$65,875	$61,831
Sisseton-Wahpeton Sioux Tribe	$28,959	$32,797
Yankton Sioux Tribe	$14,925	$15,651
Texas		
Alabama-Coushatta Tribe	$8,054	$9,370
Kickapoo Traditional Tribe of Texas	$8,909	$5,819
Utah		
Uintah and Ouray Business Committee	$7,355	$8,985
Washington		
Colville Confederated Tribes	$10,757	$15,061
Cowlitz Indian Tribe	$1,319	$2,272
Jamestown S'Klallam Tribal Center	$4,943	$3,050
Lower Elwha Klallam Tribe	$1,063	$3,838
Lummi Indian Business Council	$15,007	$16,295
Makah Indian Tribal Council	$5,241	$4,748
Muckleshoot Indian Tribe	$12,112	$13,353
Nooksack Indian Tribe	$3,183	$8,933
Port Gamble S'Klallam Tribe	$2,389	$1,956
Puyallup Tribal Health Authority	$10,195	$4,859
Quileute Tribal Council	$6,241	$1,395
Quinault Indian Nation	$12,290	$11,274
Samish Indian Tribe	$1,792	$857
S. Puget Intertribal Planning Agency for Chehalis & Nisqually	$5,536	
S. Puget Intertribal Planning Agency for Nisqually		$5,174

AoA NSIP Grantees		
Tribes or Tribal Organizations	**FY 2007 Amount**	**FY 2008 Amount**
S. Puget Intertribal Planning Agency for Shoalwater Bay	$4,589	$4,772
S. Puget Intertribal Planning Agency for Skokomish & Squaxin Island	$1,635	
S. Puget Intertribal Planning Agency for Squaxin Island		$4,004
Spokane Tribe of Indians	$6,435	$9,829
Stillaguamish Tribe of Indians	$287	$931
Suquamish Indian Tribe	$4,669	$5,695
Swinomish Indian Tribal Community	$3,649	$3,389
Tulalip Tribes	$9,126	$9,682
Upper Skagit Indian Tribe	$1,720	$1,780
Yakama Indian Nation	$1,442	$1,660
Confederated Tribes of Chehalis		$4,528
Skokomish Indian Tribe		$4,636
Wisconsin		
Bad River Band of Lake Superior Chippewa	$13,337	$10,192
Forest County Potawatomi Community	$7,714	$17,310
Lac Courte Oreilles	$9,547	$10,223
Lac du Flambeau Band of Lake Superior Chippewa	$22,265	$15,533
Menominee Indian Tribe of Wisconsin	$19,412	$18,131
Oneida Tribe of Indians of Wisconsin	$12,432	$15,567
Red Cliff Band of Lake Superior Chippewa	$14,460	$18,784
St. Croix Tribal Council	$3,905	$4,241
Stockbridge-Munsee Community	$5,435	$4,933
Ho-Chunk Nation Committee	$9,993	$10,402
Wyoming		
Northern Arapaho Business Council	$9,815	$11,423
Shoshone Tribal Business Council	$9,840	$9,655
Total	**$2,618,636**	**$2,794,902**

Other Funding Opportunities or Contracts Awarded

The Older American Act (OAA) Title IV Discretionary grants were awarded to the following organizations serving American Indians, Alaska Natives, and Native Hawaiians:

- National Resource Center on Native American Aging, University of North Dakota ($341,995 in FY 2007 and $341,995 in FY 2008).

- National Resource Center for American Indians, Alaska Natives and Native Hawaiians, University of Alaska ($221,995 in FY 2007 and $221,995 in FY 2008).
- National Resource Center on Native American Aging, University of Hawaii ($120,000 in FY 2007 and $120,000 in FY 2008).
- Inter-tribal Council of Arizona, AZ ($127,669 in FY 2007 and $127,669 in FY 2008).
- Kauffman and Associates, WA ($670,697 in FY 2007 and $670,700 in FY 2008).

Identifying the Needs of American Indian, Alaska Native and Native Hawaiian Elders

Under the cooperative agreement with the Administration on Aging, the National Resource Center on Native American Aging at the University of North Dakota assists tribes in creating a record of the health and social needs of elders. A survey instrument was constructed using questions from nationally administered questionnaires so comparisons could be made with data from the nation. Data is collected on: general health status, activities of daily living, vision, hearing and dental care, screening, health care access, tobacco and alcohol usage, weight and nutrition, social support/housing, demographics and social functioning. During the most recent needs assessment (CY 2007), 15,565 Native elders from 298 tribes/Alaska Native Villages/Native Hawaiians completed the survey. The data from the survey indicates:

- Regional variance – one size does not fit all
    - Example: Life expectancy for the California Indian Health Service Area is close to the U.S.; however, Aberdeen Area is 64.3, a difference of 12.5 years.
    - Example: Alaska Area has a diabetes rate close to the general population (16 percent); whereas, the majority of other IHS regions are at 37 percent or higher.
- 63 percent of Native elders had household incomes below the Federal poverty level.
- 27 percent of Native elders lived alone.
- Native elders were 13 percent more likely to experience arthritis than the general U.S. population.
- Native elders were 25 percent more likely to experience congestive heart failure than the general U.S. population.
- Native elders were 29 percent more likely to experience a stroke than the general U.S. population.
- Native elders were 57 percent more likely experience asthma than the general U.S. population.
- Native elders were 25 percent less likely to experience cataracts than the general U.S. population.
- Native elder women were 85 percent more likely to experience cervical cancer and 22 percent more likely to experience breast cancer than the general U.S. population of women.
- Native elder men were 40 percent less likely to experience prostate cancer than the general U.S. population of men.
- Native elders were 50 percent less likely to experience colon/rectal cancer than the general U.S. population.
- Native elders were 141 percent more likely to experience diabetes that the general U.S. population.

- 66percent of Native elders never drank alcohol or have not had a drink for at least a year and 74percent do not smoke.
- 20 percent of Native elders are normal weight, 31percent are overweight and 34percent area obese, as measured by BMI.
- 29percent of Native elders are at high nutritional risk.

ADMINISTRATION FOR CHILDREN AND FAMILIES

The Administration for Children and Families (ACF), within HHS with a budget of $47.3 billion in FY 2007 and $47.4 billion in FY 2008, is responsible for Federal programs that promote the economic and social well-being of families, children, individuals, and communities.

Administration for Children and Families
an Operating Division of the
Department of Health and Human Services
http://www.acf.hhs.gov

The goals of ACF are as follows:

- Support projects that empower families and individuals to increase their economic independence and productivity.
- Strengthen and sustain strong, healthy, supportive communities that have a positive impact on the quality of life and the development of children.
- Establish partnerships with individuals, front-line service providers, communities, American Indian tribes, Native communities, states, and Congress to promote solutions that transcend traditional agency boundaries.
- Implement services that are planned, reformed, and integrated to improve community access through community ownership.
- Strengthen our commitment to working with people with developmental disabilities, refugees, and migrants to address their needs, strengths, and abilities.

ACF works in partnership with American Indian tribes; Alaska Native villages; state and local governments; community organizations; non- and for-profit organizations; the U.S. Territories of Guam, American Samoa, and the Mariana Islands; other Native communities in the United States; and other HHS Agencies.

The following offices within ACF work collaboratively to meet these needs:

- Administration on Children, Youth, and Families:
  - Children's Bureau
  - Family and Youth Services Bureau
- Administration for Native Americans
- Administration on Developmental Disabilities
- Office of Family Assistance
  - Child Care Bureau
  - Temporary Assistance for Needy Families Bureau
- Office of Community Services
- Office of Child Support Enforcement
- Office of Head Start

ADMINISTRATION ON CHILDREN, YOUTH AND FAMILIES

The Administration on Children, Youth and Families (ACYF) is a part of ACF in HHS. ACYF is administered by a Commissioner who is a Presidential appointee confirmed by the United States Senate. ACYF administers major Federal programs that support social services promoting:

Administration on Children, Youth and Families
Administration for Children and Families
http://www.acf.hhs.gov/programs/acyf/

- positive growth and development of children, youth, and their families;
- protective services and shelter for children and youth in at-risk situations;
- child care for working families and families on public assistance;
- adoption for children with special needs; and
- early childhood education.

ACYF is divided into two bureaus, each of which is responsible for different issues involving children, youth, and families, as well as a cross-cutting unit responsible for research and evaluation. Additionally, the United States and its territories are divided into ten geographic regions, each having an office responsible for administering some of ACYF's programs located in that region. The organizational structure of ACYF changed during the time period covered by this report, but the functions of offices remain the same. The following discusses the efforts each ACYF Bureau made regarding Native American communities.

CHILDREN'S BUREAU

The Children's Bureau (CB) seeks to provide for the safety, permanency and well being of children through leadership, support for necessary services and productive partnerships with states, tribes and communities.

Children's Bureau
Administration for Children, Youth and Families
Administration for Children and Families
http:// www.acf.hhs.gov/programs/cb/

Providing approximately $8 billion in funding every year, CB works with state, local and tribal agencies to develop and implement programs that focus on preventing the abuse and neglect of children in vulnerable families, protecting children and youth from further abuse and finding permanent placements and connections for those who cannot safely return to their homes.

General Support Provided to Native American Communities:

The **Stephanie Tubbs Jones Child Welfare Services Program** (title IV-B, subpart 1 of the Social Security Act) assists states and tribes to improve their child welfare services with the goal of keeping families together. States and tribes provide services in support of the following purposes: 1) protecting and promoting the welfare of all children; 2) preventing the neglect, abuse, or exploitation of children; 3) supporting at-risk families through services which allow children, where appropriate, to remain safely with their families or return to their

families in a timely manner; 4) promoting the safety, permanence, and well-being of children in foster care and adoptive families; and 5) providing training, professional development and support to ensure a well-qualified child welfare workforce. Services are available to children and their families without regard to income.

The **Promoting Safe and Stable Families (PSSF) Program** (title IV-B, subpart 2 of the Social Security Act) provides grants to state and eligible tribes to support the operation of a coordinated program of family preservation services, community-based family support services, time-limited reunification services, and adoption promotion and support services.

Discretionary Grants:

The **Community-Based Child Abuse Prevention (CBCAP) Program** provides grants to a lead state agency to disburse funds for community child abuse and neglect prevention activities. Funds are used to develop, operate, expand and enhance community-based efforts to strengthen and support families to prevent child abuse and neglect; foster the development of a continuum of preventive services through state and community-based public and private partnerships; and finance public information activities focusing on the healthy and positive development of families and child abuse and neglect prevention activities. There is a 1 percent set aside that is typically awarded as a grant to tribes or tribal organizations and a migrant program.

Technical Assistance Provided to Native American Communities:

The purpose of the Training and Technical Assistance (T\TA) Network is to build the capacity of state, local, tribal, and other publicly administered or publicly supported child welfare agencies and family and juvenile courts through the provision of training, technical assistance, research, and consultation on the full array of Federal requirements administered by the Children's Bureau. The T\TA Network members assist states and tribes in improving child welfare systems and conforming to the outcomes defined in the Child and Family Services Reviews (CFSRs) and the results of other monitoring reviews conducted by the Children's Bureau. In addition, the T\TA Network is designed to improve child welfare systems and to support states and tribes in achieving sustainable, systemic changes that result in greater safety, permanency, and well-being for children, youth, and families.

The T\TA Network has delivered services to the Native American community through a diverse range of modalities. Forms of technical assistance that the T\TA Network has provided are: onsite technical assistance, conference presentations, off-site curriculum development, conference calls, webinars, peer to peer, implementation projects, and regional roundtables. Technical assistance provided to the Native American community has ranged from designing and implementing Indian Child Welfare Act training modules for state and tribal welfare workers to tribal child welfare information systems.

Examples of training and technical assistance that has been provided to the Native American community by the T\TA Network from 2007 to 2008 are:

- Muscogee Creek Nation, OK – Child welfare program review/assessment

- Shoshone Bannock Tribe, ID – Title IV-B 422 Protections/Case review training
- All Pueblos IV-B meeting, NM – Title IVB plan development
- Zuni Tribe, NM – child welfare program review/assessment
- 7 Tribes, MT – tribal child welfare services association development
- Statewide ICWA Training for Missouri DSS staff –12 sites
- Chippewa Cree Tribe, MT – developing Family Group Conferencing in tribal communities
- ICWA training to Navajo Nation Social Services Conference
- Navajo Tribal DSS - Coordination of tribal child welfare services/Strategic Planning
- Montana Tribal Social Services Association development
- Spirit Lake Tribe, N Dakota, Child Welfare Program Review/Assessment
- AVCP Corp, Alaska – Strategic Planning for Tribal Child Welfare
- California DSS –Training on Customary Adoption for tribal children
- American Samoan Child Welfare and Family Advocacy Branch (CWFAB)-Customized the Reconnect Families database program

Funding Provided to Native American Communities (Grants):

Title IV-B, Subpart 1, Child Welfare Services		
Tribe/Organization	**FY 2007**	**FY 2008**
Alaska		
Aleutian/Pribilof Island Association	$11,507	$11,404
Artic Slope	$24,140	$23,924
Association of Village Council Presidents	$81,224	$80,497
Bristol Bay	$24,753	$24,531
Chugachmiut	$6,131	$6,076
Cook Inlet	$99,485	$98,594
Kawerak	$41,758	$41,384
Ketchikan Indian Corp.	$15,909	$16,145
Kodiak Area Native Association	$8,040	$11,713
Kotzebue Native Village	$10,844	$10,747
Maniilaq Assoc	$22,381	$22,181
Metlakatla Indian Community	$8,844	$8,765
Orutsaramuit	$15,316	$15,179
Shoonaq Tribe of Kodiak	$3,779	
Sitka Tribe		$6,006
Tanana Chiefs	$47,315	$46,892
Tlingit Haida	$21,437	$14,860
Arizona		
Colorado River	$15,319	$14,580
Gila River	$56,554	$53,825

Title IV-B, Subpart 1, Child Welfare Services		
Tribe/Organization	**FY 2007**	**FY 2008**
Hopi	$45,499	$43,303
Navajo (AZ portion)	$557,631	$530,721
Navajo (NM portion)	$388,360	$371,772
Navajo (UT portion)	$36,806	$35,036
Pascua Yaqui	$45,767	$43,559
Salt River	$37,061	$35,273
San Carlos Apache	$49,616	$47,222
Tohono O'odham	$128,595	$122,390
White Mt Apache	$66,401	$63,197
California		
Karuk Tribe	$5,418	$5,327
Smith River Rancheria	$3,292	
Tule River Tribal Council	$6,414	$6,306
Yurok	$14,442	$14,200
Colorado		
Ute Mountain (CO portion)	$6,402	$6,294
Ute Mountain (UT portion)	$1,623	$1,545
Idaho		
Nez Perce Tribe	$12,620	$12,077
The Shoshone Bannock Tribes	$20,939	$20,038
Kansas		
Kickapoo Tribe	$3,507	
Louisiana		
Chitimacha	$5,454	$5,214
Massachuetts		
Wampanoag of Gay Head	$2,542	$2,573
Maine		
Aroostook Micmacs	$4,140	$4,330
Houlton Band of Maliseets	$3,422	$4,071
Passamaquoddy Indian Township		$5,687
Pleasant Point Passamaquoddy	$4,948	$7,044
Penobscot	$7,349	$6,074
Michigan		
Bay Mills	$6,332	$6,182
Grand Traverse of Ottawa & Chippewa Indians	$13,919	$13,379
Keweenaw Bay Indian Community	$5,085	$4,888
Lac Vieux Desert Band	$3,045	

Title IV-B, Subpart 1, Child Welfare Services		
Tribe/Organization	**FY 2007**	**FY 2008**
Little River Band of Ottawa Indians of Michigan		$6,752
Little Traverse Bay Bands of Odawa Indians	$10,000	$9,612
Match-E-Be-Nash-She-Wish Band (Gun Lake Tribe)	$1,367	$1,314
Pokagon Band of Potawatomi (MI portion)	$7,246	$1,816
Pokagon Band of Potawatomi (IN portion)	$1,800	$7,660
Saginaw Chippewa Tribe of Michigan		$5,864
Sault Ste. Marie Chippewa	$112,962	$126,507
Minnesota		
Bois Forte Reservation Tribal Council (Nett Lake)	$1,878	
Fond Du Lac Reservation Business Committee	$7,125	$6,959
Grand Portage Reservation	$1,102	
Leech Lake Reservation	$19,658	$19,201
Mille Lacs Band of Ojibwe Indians	$12,579	$12,286
Red Lake Chippewa	$27,451	$26,813
Upper Sioux	$1,960	
White Earth Chippewa	$14,024	$13,697
Mississippi		
Mississippi Choctaw	$57,358	$54,463
Montana		
Blackfeet	$62,223	$58,908
Chippewa Cree	$25,214	$23,871
Confederated Salish & Kootenai	$38,471	$36,422
Crow Tribe	$63,462	$60,081
Ft. Belknap	$23,206	$21,970
Ft. Peck Assiniboine and Sioux Tribes	$62,309	$58,990
Northern Cheyenne	$43,873	$41,536
North Carolina		
Eastern Band Cherokee	$51,569	$49,546
North Dakota		
Spirit Lake	$22,070	$21,137
Standing Rock Sioux Tribe (ND portion)	$17,656	$16,909
Standing Rock Sioux Tribe (SD portion)	$17,670	$16,940
Three Affiliated Tribes(Ft Berthold)	$40,908	$39,178
Turtle Mountain	$45,816	$43,878
Nebraska		
Omaha Tribe	$14,102	$13,618
Ponca Tribe	$9,776	$9,440

Title IV-B, Subpart 1, Child Welfare Services		
Tribe/Organization	**FY 2007**	**FY 2008**
Santee Sioux Nation	$2,951	$2,849
Winnebago Tribe of Nebraska	$7,581	$7,321
New Mexico		
Acoma	$22,029	$21,088
Isleta	$17,337	$17,522
Jemez	$13,683	$13,099
Jicarilla Apache	$13,647	$13,064
Laguna	$34,304	$32,838
Mescalero Apache	$22,841	
San Felipe	$18,053	$17,282
San Ildefonso Pueblo	$2,472	$2,366
Sandia Pueblo	$2,424	$2,320
Santa Ana Pueblo	$2,842	$2,720
Santa Clara	$6,077	$5,818
Santo Domingo	$22,447	$21,488
Taos	$8,657	$8,287
Zia	$3,104	
Zuni	$43,426	$51,458
Oklahoma		
Absentee Shawnee Tribe	$10,944	$10,454
Apache Tribe of Oklahoma	$8,618	$8,233
Caddo Tribe	$13,657	$13,046
Cherokee	$703,722	$672,240
Cheyenne Arapaho	$37,301	$35,632
Chickasaw	$112,541	$107,506
Choctaw	$441,271	$421,530
Citizen Potawatomi	$54,036	$51,619
Comanche Nation	$47,880	$45,738
Creek	$233,757	$223,299
Delaware Nation of Western Oklahoma	$4,970	$4,748
Eastern Shawnee Tribe		$4,563
Fort Sill Apache Tribe	$3,192	$3,049
Iowa	$2,052	$1,960
Kaw Nation	$3,295	$3,147
Kialegee Tribal Town	$1,710	
Kickapoo Tribe of Oklahoma	$5,381	$11,500
Kiowa	$26,049	$24,884

Title IV-B, Subpart 1, Child Welfare Services		
Tribe/Organization	**FY 2007**	**FY 2008**
Miami Tribe of Oklahoma	$4,070	$3,888
Modoc Tribe of Oklahoma	$889	
Osage	$43,753	$41,796
Otoe Missouria Tribe	$1,778	
Ottawa Tribe of Oklahoma	$8,345	$7,971
Pawnee Nation of Oklahoma	$10,317	$9,855
Peoria Tribe of Indians of OK	$3,181	
Ponca Tribe of Indians	$12,814	$12,240
Quapaw Tribe of Oklahoma	$12,597	$12,033
Sac & Fox	$25,274	$24,143
Seminole	$64,239	$61,365
Seneca Cayuga	$17,602	$20,843
Shawnee Tribe		$6,697
Thlopthlocco Tribal Town		$2,015
Tonkawa Tribe of Oklahoma	$3,044	$2,908
United Keetoowah Band of Cherokee	$18,023	$20,310
Wichita & Affiliated Tribes	$12,346	$25,515
Wyandotte Tribe	$7,068	$6,752
Oregon		
Confederated Tribes of Coos, Lower Umpqua & Siuslaw	$3,664	$3,569
Confederated Tribe of Grand Ronde	$20,260	$19,452
Confederated Tribe of Warm Springs	$20,133	$19,330
Confederated Tribes of Siletz Indians, Inc.	$18,385	$17,834
Coquille Indian Tribe	$3,938	
Klamath	$9,614	$9,230
Umatilla Confederated Tribes	$9,287	
Rhode Island		
Narragansett Indian Tribe	$10,245	$9,890
South Dakota		
Cheyenne River Sioux Tribe	$54,370	$52,122
Crow Creek Sioux Tribe	$11,192	
Oglala Sioux (Pine Ridge)	$87,168	$83,564
Rosebud Sioux	$55,542	$53,246
Sisseton Wahpeton Sioux	$22,059	$21,147
Yankton Sioux	$35,120	$33,668
Texas		
Alabama Coushatta	$2,360	$2,270

Title IV-B, Subpart 1, Child Welfare Services		
Tribe/Organization	**FY 2007**	**FY 2008**
Utah		
Paiute	$4,302	$4,095
Ute Unitah & Ouray	$15,038	$14,314
Washington		
Colville	$29,776	$27,839
Lummi Tribe	$19,912	$19,523
WA Makah	$9,007	$8,831
Port Gamble S'Klallam Tribe	$3,785	$3,711
Quinault Indian Nation	$7,442	
Swinomish Tribe	$2,395	$2,953
The Tulalip Tribes	$16,412	$16,091
Yakama	$35,394	$34,702
Wisconsin		
Bad River	$20,884	$20,198
Ho Chunk Nation	$17,145	$22,317
Lac Courte Oreilles Tribal Gov Board	$11,326	$10,954
Lac Du Flambeau	$10,613	$10,264
Menominee Indian Tribe of Wisconsin	$37,889	$26,186
Oneida Nation of Wisconsin	$42,210	$40,824
Red Cliff Band of Lake Superior Chippewas	$18,432	$17,826
Sokaogon Chippewa Community	$4,975	$4,811
Stockbridge Munsee	$2,955	$2,858
Forest County Potawatomi Community		$5,832
Wyoming		
Eastern Shoshone Tribe	$16,151	$15,626
Northern Arapaho	$41,623	$40,270
TOTAL	**$5,746,794**	**$5,526,719**

Title IV-B, Subpart 2, Promoting Safe and Stable Families		
Tribe/Organization	**FY 2007**	**FY 2008**
Alaska		
Aleutian/Pribilof Island Association	$26,082	$24,901
Artic Slope	$54,716	$52,238
Association of Village Council Presidents	$218,820	$208,907
Bristol Bay	$56,106	$53,564
Chugachmiut	$13,895	$13,266
Cook Inlet	$225,494	$215,279

Title IV-B, Subpart 2, Promoting Safe and Stable Families		
Tribe/Organization	**FY 2007**	**FY 2008**
Kawerak	$94,649	$90,361
Kodiak Area Native Association	$26,789	$25,575
Maniilaq Assoc	$75,309	$71,898
Tanana Chiefs	$107,246	$102,388
Tlingit Haida	$104,694	$99,952
Arizona		
Colorado River	$31,185	$29,772
Fort Yuma (Quechan)	$14,624	
Gila River	$115,127	$109,912
Hopi	$92,621	$88,426
Hualapai	$13,144	
Navajo	$1,946,847	$1,858,658
Pascua Yaqui	$93,168	$88,948
Salt River	$75,446	$72,028
San Carlos Apache	$101,004	$96,429
Tohono O'odham	$261,782	$249,923
White Mt Apache	$135,173	$129,050
California		
Hoopa Valley	$23,805	
Karuk Tribe	$13,759	$13,136
Tule River Tribal Council	$16,287	$15,550
Yurok	$36,675	$35,014
Colorado		
Southern Ute	$13,394	
Ute Mountain	$19,545	$18,659
Idaho		
Nez Perce Tribe	$24,260	$23,161
Shoshone Bannock Tribes	$40,251	$38,428
Coeur d'Alene	$13,121	
Louisiana		
Chitimacha	$10,729	
Maine		
Penobscot	$14,921	$12,266
Pleasant Point Passamaquoddy	$10,046	$14,223
Indian Township Passamaquoddy	$12,028	$11,483
Michigan		
Bay Mills	$14,351	$13,918

Title IV-B, Subpart 2, Promoting Safe and Stable Families		
Tribe/Organization	**FY 2007**	**FY 2008**
Grand Traverse of Ottawa & Chippewa Indians	$31,550	$30,120
Isabella	$13,827	
Keweenaw Bay Indian Community	$11,526	$11,004
Little River Band of Odawa Indians	$15,809	$15,202
Little Traverse Bay Bands of Odawa	$22,666	$21,639
Pokagon Band of Potawatomi	$20,274	$21,117
Saginaw Chippewa Tribe of Michigan		$13,201
Sault Ste. Marie Chippewa	$256,041	$284,806
Minnesota		
Fond Du Lac Reservation Business Committee	$17,973	$17,159
Leech Lake Reservation	$49,591	$47,344
Mille Lacs Band of Ojibwe Indians	$31,732	$30,294
Red Lake Chippewa	$69,250	$66,113
White Earth Chippewa	$35,377	$33,774
Mississippi		
Mississippi Choctaw	$104,694	$99,952
Montana		
Blackfeet	$114,398	$109,216
Chippewa Cree	$46,356	$44,256
Confederated Salish & Kootenai	$70,730	$67,526
Crow Tribe	$116,676	$111,391
Ft. Belknap	$42,666	$40,733
Ft. Peck Assiniboine and Sioux Tribes	$114,558	$109,369
Northern Cheyenne	$80,662	$77,008
North Carolina		
Eastern Band Cherokee	$109,683	$104,715
North Dakota		
Spirit Lake	$41,686	$39,798
Standing Rock Sioux Tribe	$68,019	$64,938
Three Affiliated Tribes (Ft. Berthold)	$77,268	$73,768
Turtle Mountain	$86,539	$82,619
Nebraska		
Omaha Tribe	$30,593	$29,207
Winnebago Tribe of Nebraska	$16,447	$15,702
Nevada		
Pyramid Lake	$12,119	
New York		

Title IV-B, Subpart 2, Promoting Safe and Stable Families		
Tribe/Organization	**FY 2007**	**FY 2008**
Seneca Nation	$31,618	
St., Regis Mohawk	$23,349	
New Mexico		
Acoma	$42,028	$40,124
Isleta	$33,076	$33,339
Jemez	$26,105	$24,923
Jicarilla Apache	$26,037	$24,857
Laguna	$65,445	$62,481
Mescalero Apache	$43,577	
San Felipe	$34,443	$32,882
San Juan Pueblo	$11,207	
Santa Clara	$11,595	$11,070
Santo Domingo	$42,825	$40,885
Taos	$16,515	$15,767
Zuni	$82,849	$97,908
Oklahoma		
Absentee Shawnee Tribe	$21,868	$20,878
Apache Tribe of Oklahoma	$17,221	$16,441
Caddo Tribe	$27,290	$26,054
Cherokee	$1,406,177	$1,342,479
Cheyenne Arapaho	$74,534	$71,158
Chickasaw	$224,879	$214,692
Choctaw	$881,748	$841,806
Citizen Potawatomi	$107,975	$103,084
Comanche Nation	$95,674	$91,340
Muscogee (Creek) Nation	$467,093	$445,934
Kickapoo Tribe of Oklahoma	$10,752	$22,965
Kiowa	$52,051	$49,693
Osage	$87,428	$83,467
Ottawa Tribe of Oklahoma	$16,675	$15,919
Pawnee Nation of Oklahoma	$20,615	$19,682
Ponca Tribe of Indians	$25,604	$24,444
Quapaw Tribe of Oklahoma	$25,171	$24,031
Sac & Fox	$50,502	$48,214
Seminole	$128,362	$122,548
Seneca Cayuga	$35,172	$41,625
United Keetoowah Band	$36,014	$40,559

Title IV-B, Subpart 2, Promoting Safe and Stable Families		
Tribe/Organization	**FY 2007**	**FY 2008**
Wichita & Affiliated Tribes	$24,670	$50,955
Wyandotte Tribe	$14,123	$13,484
Oregon		
Confederated Tribes of the Grand Ronde	$43,828	$41,842
Confederated Tribe of Warm Springs	$43,554	$41,581
Confederated Tribes of Siletz Indians, Inc.	$39,773	$38,363
Cow Creek Band of Umpqua and Siuslaw	$11,686	
Klamath	$20,798	$19,856
Umatilla Confederated Tribes	$20,091	
Rhode Island		
Narragansett Indian Tribe	$22,483	$21,465
South Dakota		
Cheyenne River Sioux Tribe	$106,676	$101,844
Crow Creek Sioux Tribe	$21,959	
Lower Brule	$14,693	
Oglala Sioux(Pine Ridge)	$171,028	$163,281
Rosebud Sioux	$108,977	$104,040
Sisseton Wahpeton Sioux	$43,281	$41,320
Yankton Sioux	$68,908	$65,786
Utah		
Ute Unitah & Ouray	$28,907	$27,598
Washington		
Colville	$73,646	$67,048
Lummi Tribe	$49,249	$47,018
Makah	$22,278	$21,269
Muckleshoot	$12,005	
Puyallup	$35,331	
Quinault Indian Nation	$18,406	
Spokane	$16,151	
The Tulalip Tribes	$40,593	$38,754
Yakama	$87,541	$83,576
Wisconsin		
Bad River	$47,336	$45,191
Forest County Potawatomi Community	$13,668	$13,049
Ho-Chunk Nation	$38,862	$49,932
Lac Courte Oreilles Tribal Gov Board	$25,672	$24,510
Lac Du Flambeau	$24,055	$22,965

Title IV-B, Subpart 2, Promoting Safe and Stable Families		
Tribe/Organization	**FY 2007**	**FY 2008**
Menominee Indian Tribe of Wisconsin	$85,879	$58,588
Oneida Nation of Wisconsin	$95,674	$91,340
Red Cliff Band of Lake Superior Chippewas	$41,778	$39,885
Sokaogon Chippewa Community	$11,276	$10,765
Wyoming		
Eastern Shoshone Tribe	$33,235	$31,730
Northern Arapaho	$85,651	$81,771
TOTAL	**$11,823,000**	**$11,049,339**

FAMILY AND YOUTH SERVICES BUREAU (FYSB)

The mission of the Family and Youth Services Bureau (FYSB) is to provide national leadership on youth and family issues. The Bureau promotes positive outcomes for children, youth, and families by supporting a wide range of comprehensive services and collaborative efforts at the local, tribal, state, and national levels. FYSB Programs included in this report are: Community-Based Abstinence Education (CBAE); Family Violence Prevention and Services (FVPSA); Mentoring Children of Prisoners (MCP); and Runaway and Homeless Youth (RHY).

Family and Youth Services Bureau
Administration for Children, Youth and Families
Administration for Children and Families
http:// www.acf.hhs.gov/programs/fysb

FYSB has consistently and actively participated in the cross-ACF Native American Affairs Workgroup as well as in HHS-wide tribal initiatives/efforts, including the HHS Annual Tribal Budget Consultation. Partnerships and collaborations across government, with tribes and community-based organizations are also important aspects of FYSB's tribal work.

General support provided to Native American Communities:

Community-Based Abstinence Education Program (CBAE)

Support provided in FY 2007 and FY 2008 included information-sharing and programmatic outreach such as a letter sent out to all Federally-recognized tribes regarding funding opportunities within Title V.

Mentoring Children of Prisoners Program (MCP)

In FY 2007 and FY 2008, FYSB invited grantees to participate in the MCP Advisory Group (FY 2008).

In FY 2008, FYSB encouraged non-tribal MCP grantees to work with Native youth and their families and to ensure that culturally competent training in this area is included.

Runaway and Homeless Youth Program (RHY)

In each of the following fiscal years -- FY 2007 and FY 2008 -- FYSB served over 4,000 self-identified Native Youth through its three RHY programs – Basic Center, Transitional Living, and Street Outreach (in both tribal and non-tribal programs).

In FY 2008, the National Runaway Switchboard reached out to tribal communities in an effort to share its "Runaway Prevention Curriculum", presenting at Native conferences and providing resources to encourage use of this tool in school and community settings.

In FY 2008, FYSB also funded a "Support Services for Rural Homeless Youth" demonstration project focused on the coordination of Transitional Living and Independent Living services to young people. Tribes are participating as local community partners in several of the demonstration grants.

Technical Assistance Provided to Native American Communities:

Community-Based Abstinence Education Program (CBAE)

Technical assistance to tribal grantees included on-site visits from federal staff and training and technical assistance (T/TA) providers; peer mentoring; webinars and other electronic communication. These types of T/TA were provided across FY 2007 and FY 2008.

Family Violence Prevention and Services Program (FVPSA)

Technical assistance and support was provided to the FVPSA program tribal grantees daily via telephone and email. FVPSA also conducted monthly conference calls consisting of up to 15 grantees to discuss issues specific to the participating organizations as well as emerging issues impacting tribal population/programs in general. Annually, the FVPSA Program conducted site visits to a minimum of 10% of the grantees and also hosted a tribal grantee conference. These T/TA efforts were conducted across FY 2007 and FY 2008.

In FY 2008, FVPSA began development of an online "Tribal Communities of Practice", intended to serve as an opportunity for increased peer-to-peer learning among tribal grantees.

Mentoring Children of Prisoners Program (MCP)

In FY 2007 and FY 2008, technical assistance to Native American communities and those serving Native youth and families included site visits by the MCP Support Center and federal staff; tribal-specific regional workshop; Native American-focused sessions at our National Conference; webinars/e-learning opportunities; and other communication such as emails and phone calls.

Runaway and Homeless Youth Program (RHY)

Across FY 2007 and FY 2008, FYSB's Runaway and Homeless Youth Training and Technical Assistance Center (RHYTTAC) has provided culturally competent, proactive technical assistance to Native American grantees as well as to those serving Native youth in their communities. Federal staff located in the Regions and the Central Office maintain regular contact with their Native American grantees through site visits, telephone calls, webinars and participation in tribal meetings and consultations.

Funding Provided to Native American Communities (Grants):

Family Violence Prevention and Services Program (FVPSA) Funding		
Tribal Grantee	**FY 2007**	**FY 2008**
Alabama		
Poarch Band of Creek Indians	$26,709	$26,541
Alaska		
Alatna Tribal Council	$26,709	$26,541
Aleutian/Pribilof Island Assoc.	$46,741	$46,446
Allakaket Tribal Council	$26,709	$26,541
Anvik		$26,541
Beaver Village Council	$26,709	$26,541
Birch Creek Tribal Council	$26,709	
Bristol Bay	$86,804	$82,456
Chalkyitsik Village Council	$26,709	$26,541
Chugachmiut	$46,741	
Circle		$26,541
DOT Lake Tribal Council	$26,709	$26,541
Eastern Aleutian Tribes, Inc.	$26,709	$159,246
Evansville Tribal Council	$26,709	$26,541
Fairbanks Native Association	$60,095	$57,085
Gwichyaa Zhee Gwick'in	$26,709	$26,541
Holy Cross Village Council	$26,709	$26,541
Hughes Village Council	$26,709	$26,541
Kaltag Tribal Council	$26,709	$26,541
Kodiak Area Native Association	$46,741	$46,446
Koyukuk Tribal Council	$26,709	$26,541
Louden Tribal Council	$26,709	
McGrath Native Village Council	$26,709	$26,541
Mendas Cha~Ag Tribe		$26,541
Minto Tribal Council	$26,709	$26,541
Native Village of Afognak	$26,709	$26,541
Native Village of Eagle	$26,709	$26,541

Family Violence Prevention and Services Program (FVPSA) Funding		
Tribal Grantee	**FY 2007**	**FY 2008**
Native Village of Eyak	$26,709	$26,541
Nenana Native Council	$26,709	$26,541
Nikolai Edzeno Village Council	$26,709	$26,541
Northway Village Council	$26,709	$26,541
Nulato Tribal Council	$26,709	$26,541
Ruby Tribal Council	$26,709	$26,541
Shageluk Tribal Council		$26,541
South Central Foundation	$307,153	$291,767
Sun'aq Tribe of Kodiak		$46,447
Takotna Tribal Council	$26,709	$26,541
Tanacross Village Council	$26,709	$26,541
Telida Village Council	$26,709	$26,541
Tetlin Tribal Council	$26,709	$26,541
Tlingit and Haida Indian Tribes	$227,026	$215,654
Tok Native Association		$26,541
Arizona		
Hualapai Tribal Council	$26,709	$26,541
Navajo Nation	$2,337,036	$2,219,962
Pascua-Yaqui Tribe of AZ	$60,095	
Tohono O'odham Nation	$140,222	$133,198
Yavapai Prescott Indian Tribe	$26,709	$26,541
California		
Dry Creek Rancheria		$26,541
Fort Mojave Indian Tribe	$26,709	$26,541
Inter-Tribal Council of CA	$661,048	$709,971
Smith River Rancheria	$26,709	$26,541
Southern Indian Health Council, Inc.	$240,381	$238,869
Yurok	$26,709	$26,541
Colorado		
Southern Ute Indian Tribal Council	$26,709	$26,541
Idaho		
Coeur D'Alene Tribe	$26,709	$26,541
Shoshone-Bannock Tribe	$60,095	$57,085
Kansas		
Kickapoo Tribe of Kansas	$26,709	$26,541
Native American Family Services		$26,541

Family Violence Prevention and Services Program (FVPSA) Funding		
Tribal Grantee	**FY 2007**	**FY 2008**
Maine		
Aroostook Band of Micmacs	$26,709	
Houlton Band of Maliseet Indians	$26,709	$26,541
Passamaquoddy Tribe at Pleasant Point	$26,709	$26,541
Massachusetts		
Wampanoag Tribe of Gay Head (Aquinnah)	$26,709	$26,541
Michigan		
Grand Traverse	$26,709	$26,541
Hannahville Indian Community	$26,709	$26,541
Lac Vieux Desert Band of Chippewa Indians	$26,709	$26,541
Little River Band of Ottawa Indians of Michigan	$26,709	$26,541
Saginaw Chippewa Tribe	$46,741	$46,446
Sault St. Marie Chippewa	$26,709	$26,541
Minnesota		
Bois Fort Reservation Tribal Council	$26,709	$26,541
Fond Du Lac Reservation Business Committee	$26,709	
Grand Portage Reservation	$26,709	$26,541
Leech Lake Reservation	$73,450	$69,770
Red Lake Band of Chippewa Indians	$86,804	$82,456
White Earth Reservation	$60,095	$57,085
Mississippi		
Mississippi Band of Choctaw Indians	$73,450	$69,770
Montana		
Blackfeet Tribe	$126,868	$120,512
Confederated Salish and Kootenai	$100,159	$95,142
Fort Belknap Community Council	$46,741	$46,446
Fort Peck Tribes Assiniboine & Sioux		$72,987
Northern Cheyenne Tribal Council	$73,450	$69,770
Santee Sioux Tribe		$46,446
Nebraska		
Ponca Tribe of Nebraska	$46,741	$46,446
Winnebago Tribe of Nebraska	$46,741	$46,446
Nevada		
Elko Band Council	$26,709	$26,541

Family Violence Prevention and Services Program (FVPSA) Funding		
Tribal Grantee	**FY 2007**	**FY 2008**
Inter-Tribal Council of Nevada, Inc.	$213,672	$265,410
New Mexico		
Eight Northern Indian Pueblos Council	$213,672	$212,328
Pueblo of Isleta	$46,741	$46,446
Pueblo of Laguna	$60,095	$57,085
Pueblo of Santo Domingo	$60,095	$57,085
Pueblo of Zuni	$113,512	
New York		
St. Regis Mohawk Community & Educ. Fund		$46,446
North Carolina		
Eastern Band of Cherokee Indians	$100,159	$95,141
North Dakota		
Fort Berthold Reservation	$60,095	$57,085
Spirit Lake of Fort Totten	$60,095	$57,085
Turtle Mountain Band of Chippewa	$126,868	$120,512
Oklahoma		
Absentee Shawnee Tribe	$100,159	$95,142
Apache Tribe of Oklahoma	$26,709	$26,541
Cherokee Nation of Oklahoma	$1,669,312	$1,585,687
Chickasaw Nation	$333,862	$317,137
Choctaw Nation of Oklahoma	$413,989	$393,250
Citizen Band Potawatomi Nation	$100,159	$95,141
Comanche Indian Tribe	$100,159	$95,142
Fort Sill Apache Tribe	$26,709	$26,541
Iowa Tribe of Oklahoma	$26,709	$26,541
Muscogee Creek Nation	$253,735	$241,024
Osage Tribal Council	$100,159	$95,141
Otoe-Missouria Council	$26,709	$26,541
Quapaw Tribe of Oklahoma	$26,709	$26,541
Sac and Fox Nation	$86,804	$82,456
Wichita and Affiliated Tribes	$26,709	$26,541
Oregon		
Confederated Tribes of Warm Springs	$46,741	$46,446
Confederated Tribes of Grand Ronde	$60,095	$57,085
Klamath Tribe	$46,741	$46,446

Family Violence Prevention and Services Program (FVPSA) Funding		
Tribal Grantee	**FY 2007**	**FY 2008**
Rhode Island		
Narrangansett Indian Tribe	$26,709	$26,541
South Carolina		
Catawba Indian Tribe	$26,709	$26,541
South Dakota		
Cheyenne River Sioux Tribe	$100,159	$95,142
Crow Creek Reservation	$46,741	$46,446
Lower Brule Sioux Tribe	$26,709	$26,541
Oglala Lakota Nation	$200,317	$190,282
Rosebud Sioux Tribe	$140,222	$133,197
Sisseton-Wahpeton Sioux Tribe	$60,095	$57,085
Standing Rock Sioux Tribe	$60,095	$57,085
Utah		
Paiute Indian Tribe of Utah	$26,709	$26,541
Washington		
Lummi Nation	$46,741	$46,446
Muckleshoot Tribe of Washington	$26,709	
Puyallup Tribe of Indians	$26,709	$26,541
Skokomish		$26,541
South Puget Intertribal Planning Agency	$133,545	$132,705
Spokane Tribal Community	$46,741	$46,446
Swinomish Tribal Community	$26,709	
Tulalip Tribes	$60,095	
Yakama Indian Nation	$113,513	$107,827
Wisconsin		
Bad River Band of Lake Superior	$26,709	$26,541
Ho-Chunk Nation	$26,709	$26,541
Lac Du Flambeau Band of Lake Superior	$46,741	$46,446
Menominee Indian Tribe	$60,095	$57,085
Red Cliff Band of Lake Superior	$26,709	$26,541
Sokaogon Chippewa Community	$26,709	$26,541
Wyoming		
Northern Arapahoe Tribes	$100,159	$95,141
TOTAL	**$12,473,099**	**$12,255,195**

Name of Tribe or Organization	FY 2007	FY 2008
Community-Based Abstinence Education		
Alaska		
Care Net Pregnancy Center of the Tanana Valley		$ 541,444
Crisis Pregnancy Center, Inc		$ 352,926
California		
Riverside-San Bernardino County Indian Health, Inc		$ 512,500
Hawaii		
Catholic Charities of Hawaii		$ 600,000
Nebraska		
Winnebago Tribe of Nebraska		$ 395,460
South Dakota		
Rural America Initiatives		$ 512,926
Mentoring Children of Prisoners		
Arizona		
Navajo Nation	$ 400,000	$ 400,000
Hawaii		
Honolulu Community Action Program	$ 100,000	$ 100,000
Keiki O Ka Aina Preschool, Inc.	$ 210,000	$ 210,000
Michigan		
Lac Courte Oreilles Band of Lake Superior Indians	$ 67,000	$ 67,000
New Mexico		
First Nations Community HealthSource	$ 100,000	$ 100,000
Runaway Homeless Youth - Basic Center Program		
Alaska		
Juneau Youth Services		$ 100,000
Guam		
Sanctuary, Inc. of Guam		$ 100,000
Hawaii		
Hawaii Youth Services Network		$ -
Minnesota		
Ain Dah Yung		$ 199,999
Evergreen House	$ 100,000	$ 100,000
Lower Sioux	$ 100,000	$ 100,000
Oklahoma		
Cherokee Nation		$ 63,000
South Dakota		
Oglala Sioux		$ 200,000

Name of Tribe or Organization	FY 2007	FY 2008
Runaway Homeless Youth – Demonstration		
Hawaii		
Hawaii Youth Services Network		$ 100,000
Runaway Homeless Youth - Street Outreach Program		
Hawaii		
Hawaii Youth Services Network	$ 100,000	$ 100,000
The Salvation Army Hawaiian Family Intervention Services		
Minnesota		
Ain Dah Yung	$ 99,999	$ 99,999
Evergreen House	$ 100,000	$ 100,000
Runaway Homeless Youth - Transitional Living Program		
Hawaii		
Hawaii Youth Services Network		$ 200,000
Minnesota		
Ain Dah Yung	$ 51,554	$ 51,554
Evergreen House		
South Dakota		
Oglala Sioux		$ 200,000
Washington		
Lummi Nation		$ 200,000
TOTALS	**$ 1,428,553**	**$ 5,193,882**

Other Funding Opportunities:

Family Violence Prevention and Services Program (FVPSA)

The Cangleska, Inc./Sacred Circle Tribal Resource Center in South Dakota, a grant/cooperative agreement, was funded at $1,178,812 in both FY 2007 and 2008.

ADMINISTRATION FOR NATIVE AMERICANS (ANA)

The Administration for Native Americans (ANA), within ACF, promotes the goal of economic and social self-sufficiency for American Indians, Alaska Natives, Native Hawaiians, and other Native American Pacific Islanders. To achieve ANA's goal of self-sufficiency and to improve the lives of Native American children and families, community-based project funding is provided through discretionary grants to eligible tribes and non-profit Native American organizations on a competitive basis in the areas of Social and Economic Development Strategies (SEDS), Language Preservation and Maintenance, and Environmental Regulatory Enhancement. In both FY 2007 and FY 2008, Congress appropriated $44.3 million for ANA grant projects and training and technical assistance.

Administration for Native Americans
Administration for Children and Families
www.acf.hhs.gov/programs/ana

In Fiscal Years 2007 and 2008, ANA provided $76,706,080 in new and continuation awards to tribes and Native non-profit organizations. The funding benefits community-based projects, which are locally determined and implemented. Funding in each of the program areas is illustrated on the table below.

FY 2007-2008	
Program Area*	**Amount**
SEDS	$57,154,746
SEDS-AK	$1,761,335
P&M	$12,320,873
EMI	$1,250,933
ERE	$4,218,193
Total	$76,706,080

*Acronym Key: Social and Economic Development Strategies (SEDS); SEDS-Alaska (SEDS-AK); Native American Language Preservation and Maintenance (P&M); Native American Language Preservation and Maintenance – Esther Martinez Initiative (EMI); and Environmental Regulatory Enhancement (ERE).

As outlined in the Native American Programs Act (NAPA), ANA must evaluate its portfolio at least once every three years. The ANA Division of Policy, Planning and Evaluation accomplishes this by assessing at least one-third of its closing grant portfolio each year against measures reportable for Government Performance and Results Act (GPRA) compliance. The following table represents the combined findings of those impact evaluations for FY 2007 and FY 2008.

Rating Category	FY 2007 Number of Grantees	FY 2008 Number of Grantees
Exceptional	9	9
Successful	60	47

Rating Category	FY 2007 Number of Grantees	FY 2008 Number of Grantees
Marginally Successful	20	26
Unsuccessful	4	5

Key: Exceptional: outcomes exceeded expectations and significant economic/social development opportunities were created within the target community; **Successful:** outcomes met expectations and had a positive impact on the community; **Marginally Successful:** outcomes fell short of expectations but moderate benefits to the community were visible; and **Unsuccessful:** outcomes were not achieved.

Technical Assistance Provided to Native American Communities

Section 804 of NAPA requires ANA to provide training and technical assistance (T/TA) to communities. To meet this requirement, ANA contracted with T/TA Providers in four geographic regions: East, West, Alaska, and Pacific. The T/TA Providers are experts in project management, training, and community development, as well as knowledgeable of ANA policies, programs, and the communities served. Additionally, ANA T/TA Providers are well-informed of other funding opportunities and partnerships; this information is helpful when shared with ANA grantees for sustainability of the ANA projects.

The T/TA Providers conducted two types of training for ANA:

- Pre-Application
- Post Award

Technical assistance (TA) is provided to communities served by ANA both electronically and through on-site visits. TA is provided during the application stage to review efforts and provide feedback, as well as outreach to unsuccessful applicants to discuss reasons for funding denial and encourage attendance at ANA trainings for future funding opportunities. Once grantees receive an ANA award, they sometimes experience challenges during the implementation of the project. TA also is available to assist grantees in implementing their projects.

In FY 2007 and 2008, ANA provided 819 instances of T/TA to tribes and Native non-profit organizations.

Funding Provided to Native American Communities (Grants):

Grantee Name	FY 2007 Funding	FY 2008 Funding
Alaska		
Akiachak Native Community	$107,237	
Alaska Native Heritage Center		$117,113
Alaska Native Tribal Health Consortium	$396,610	$496,410

Grantee Name	FY 2007 Funding	FY 2008 Funding
Aleut Community of St. Paul Island (Tribal Government)		$107,019
Calista Elders Council	$190,292	$164,708
Central Council Tlingit Haida	$359,112	$146,543
Chilkat Indian Village		$127,888
Chickaloon Native Village	$423,513	
Chilkoot Indian Association	$139,443	$106,387
Chugach Regional Resources Commission	$302,961	$297,211
Chugachmiut	$535,934	$345,984
Cook Inlet Tribal Council, Inc.	$280,918	$269,743
Council of Athabascan Tribal Governments	$174,428	$138,164
Goldbelt Heritage Foundation		$117,132
Gulkana Village Council		$101,435
Inupiat Community of the Arctic Slope	$72,961	
Kawerak, Inc	$123,276	$211,294
Kenaitze Indian Tribe	$167,682	$60,302
Knik Tribal Council	$367,216	$367,899
MT Sanford Tribal Consortium	$147,970	$156,520
McGrath Native Village Council	$85,121	
Metlakatla Indian Community	$206,526	
Nanwalek IRA Council		$92,500
Native Village of Afognak	$251,556	$314,588
Native Village of Anaktuvuk Pass		$130,000
Native Village of Eyak	$267,550	$205,385
Native Village of Georgetown	$107,767	$99,447
Native Village of Koyuk	$126,943	
Native Village of Napaimute		$125,680
Native Village of Point Hope	$124,958	
Native Village of Port Graham	$236,225	
Nome Native Arts Center		$134,446
Nuniwarmiut Piciryarata Tamaryalkuti, Inc	$182,380	$187,380
Old Harbor Tribal Council		$281,518
Qutekcak Native Tribe		$111,233
Seldovia Village Tribe	$445,817	
Sitka Tribe of Alaska	$196,088	$384,534
Spruce Island Development Corporation		$190,477
St. George Traditional Council		$150,000
Sun'aq Tribe of Kodiak	$91,188	

Grantee Name	FY 2007 Funding	FY 2008 Funding
Tatitlek Village IRA Council	$223,263	
Telida Village Council	$58,644	$99,700
Yakutat Tlingit Tribe	$200,000	$200,000
Yukon River Inter-Tribal Watershed Council	$429,690	$227,660
American Samoa		
America Samoa Soil and Water Conservation District	$132,070	$98,752
Intersections, Inc.		$339,142
Native American Samoan Advisory Council	$238,025	$226,665
Arizona		
Developing Innovations in Navajo Education, Inc.	$236,917	$236,917
Dine College	$98,978	
Iina' Coalition	$86,352	
Moenkopi Developers Corporation	$214,605	$180,001
San Carlos Apache Tribe	$77,778	
Shonto Community Development Corp, Inc.		$132,015
Sipaulovi Development Corporation	$108,320	$97,680
The National Society for American Indian Elderly	$277,420	
White Mountain Apache Housing Authority	$200,500	
Yavapai-Apache Nation		$81,944
California		
American Indian Recruitment Programs	$111,476	$111,562
Bishop Paiute Tribe		$167,977
California Indian Museum and Cultural Center	$82,050	
Chamorro Hands in Education Links Unity		$100,000
Cortina Indian Rancheria Wintun Tribe	$133,172	
Dry Creek Rancheria Band of Pomo Indians		$100,000
Hopland Band of Pomo Indians	$72,420	$85,487
Indian Child Welfare Consortium		$227,275
Karuk Tribe of California	$436,905	$444,376
La Jolla Indian Reservation		$150,353
Manzanita Band of Mission Indians		$84,810
Mesa Grande Band of Mission Indians		$72,772
National Indian Justice Center	$155,000	
Pauma Band of Mission Indians		$29,949
Redwood Valley Little River Band of Pomo Indians		$89,643
Rincon Band of Luiseno Indians		$114,977
Riverside-San Bernardino County Indian Health, Inc.		$217,827

Grantee Name	FY 2007 Funding	FY 2008 Funding
Santa Ysabel Band of Mission Indians		$155,230
Shingle Springs Rancheria	$146,804	
Smith River Rancheria	$121,479	$92,287
Soboba Bands of Luiseno Indians	$150,900	
Southern California Tribal Chairmen's Assn, Inc		$126,123
Southern Indian Health Council, Inc.	$250,000	
Susanville Indian Rancheria		$267,237
Suscol Council		$78,170
The Nakwatsvewat Institute, Inc.	$302,500	$302,500
Tribal Economic & Social Solutions Agency, Inc.	$234,226	$252,218
Tuolmne Mewuk Tribe of Indians		$84,730
Ukiah Hinthill Community & Cultural Development, Inc.		$76,899
United American Indian Involvement, Inc.	$253,158	$200,630
Yurok Tribe	$361,324	$336,034
Colorado		
Southern Ute Indian Tribe	$94,181	$92,011
District of Columbia		
National Congress of American Indians Fund	$302,500	$300,000
Guam		
Guam Community College	$152,306	
Historic Inalahan Foundation, Inc.		$261,289
Pa'a Taotao Tano'	$252,719	$291,620
Sanctuary, Inc. of Guam	$424,660	
Hawaii		
'Aha Kukui O Molokai	$96,308	
Hana Community Health Center	$251,939	
Hawai'i Maoli	$271,570	
Hawaiian Community Assets	$411,184	$352,200
Healani Canoe Club	$89,370	
Ho'oulu Lahui	$202,090	
Institute for Native Pacific Education & Culture	$187,661	
Keiki O Ka Aina Family Learning Centers	$149,230	$269,421
Keomailani Hanapi Foundation		$305,837
Ma Ka Hana Ka 'Ike Building Program	$75,662	
Na Kamalei-Ko'olauLoa Early Education Program (KEEP)	$365,911	$290,851
Nanakuli Housing Corporation		$224,500
Native Hawaiian Tourism & Hospitality Association	$281,340	$254,988

Grantee Name	FY 2007 Funding	FY 2008 Funding
Partners In Development	$337,441	$335,243
Pasifika Foundation Hawi'i, Inc.	$118,464	$248,744
The Neighborhood Place of Wailuku, Inc.	$408,668	$516,630
Wai'anae Coast Coalition for Human Services	$251,282	$290,782
Waianae Community Re-Development Corporation (WCRC)		$312,680
Waipa Foundation	$104,250	$343,722
Idaho		
Coeur d' Alene Tribe	$236,279	$252,260
Nez Perce Tribe		$100,000
Indiana		
Lakota Language Consortium		$149,998
Kansas		
Prairie Band Potawatomi Nation		$142,041
Massachusetts		
Wampanoag Tribe of Gay Head (Aquinnah)		$114,339
Maryland		
Accohannock Indian Tribe, Inc.		$299,531
Maine		
Penobscot Indian Nation	$177,496	
Penobscot Indian Nation Enterprises	$335,140	$359,682
Michigan		
American Indian Health and Family Services		$150,000
Burt Lake Band of Ottawa & Chippewa Indians, Inc	$116,000	$103,283
Grand Traverse Band of Ottawa & Chippewa Indians	$346,210	$83,013
Hannahville Indian Community	$325,462	$183,565
Huron Potawatomi, Inc.		$177,322
Keweenaw Bay Indian Community	$173,115	$396,899
Little Traverse Bay Bands of Odawa Indians	$171,738	
Match-E-Be-Nash-She-Wish Band of Pottawatomi Indians	$200,000	$200,000
Pokagon Band of Potawatomi Indians		$93,363
Saginaw Chippewa Indian Tribe of Michigan	$125,421	$135,263
Minnesota		
American Indian Economic Development Fund	$302,500	$294,628
Bois Forte Reservation Tribal Council	$299,000	$229,258
Fond du Lac Band of Lake Superior Chippewa		$193,651
Fond du Lac Reservation Business Committee		$60,765
Greater Minneapolis Council of Churches	$153,703	

Grantee Name	FY 2007 Funding	FY 2008 Funding
Leech Lake Band of Ojibwe		$149,997
Little Earth Residents Association	$109,822	
Migizi Communications, Inc.		$301,126
Minneapolis American Indian Center	$263,473	$202,500
Red Lake Band of Chippewa Indians	$304,500	$199,453
Upper Sioux Community	$180,613	
White Earth Tribal and Community College	$53,799	
Missouri		
Saponi Nation of Missouri, Mahenips Band		$64,865
Northern Mariana Islands		
Inetnon Amot Natibu/Ammwelil Safeyal Faluwasch	$158,646	
Northern Marianas College	$303,100	$299,584
San Vicente Elementary School Community Based Mgmt		$378,168
Mississippi		
Mississippi Band of Choctaw Indians	$139,759	
Montana		
Blackfeet Tribal Business Council	$203,000	$185,863
Chief Dull Knife College	$142,446	
Chippewa Cree Tribe	$169,934	
Fort Belknap College	$200,000	$200,000
Lodge Pole District Community Development Corporation	$129,277	
National Tribal Development Association	$237,133	
New Day, Inc.	$309,443	
Northern Cheyenne Tribe	$163,897	
Nkwusm		$223,855
Piegan Institute, Inc.		$200,000
Salish Kootenai College	$137,675	$137,675
Stone Child College	$149,912	$184,367
North Carolina		
Coharie Intra-Tribal Council, Inc.	$127,095	$131,157
Cumberland County Association for Indian People Inc		$227,002
Eastern Band of Cherokee Indians		$127,500
Hawkeye Indian Cultural Center, Inc.	$197,556	$157,839
Lumbee Nation Tribal Programs		$110,777
Tuscarora Nation of Indians of the Carolinas	$95,635	
North Dakota		
Boys and Girls Club of the Three Affiliated Tribes		$271,376

Grantee Name	FY 2007 Funding	FY 2008 Funding
Inter-Tribal Economic Alliance (ITEA)	$373,000	
St. Ann's Church	$204,482	$200,965
Standing Rock Sioux Tribe (ONAP)	$327,631	$102,417
Turtle Mountain Band of Chippewa Indians		$129,750
Nebraska		
Indian Center, Inc.	$368,732	$204,677
Nebraska Indian Community College	$87,213	$89,153
Omaha Tribe of Nebraska	$263,936	
Ponca Economic Development Corporation (PEDCO)	$228,653	$245,912
Santee Sioux Nation	$61,859	
Winnebago Tribe of Nebraska	$102,161	$107,765
New Hampshire		
Wijokadoak	$86,105	
New Jersey		
Nanticoke Lenni-Lenape Indians of New Jersey, Inc.	$171,900	
New Mexico		
Cornerstone Ministries, Inc.		$294,925
Indigenous Language Institute	$150,712	
Mescalero Apache Tribe	$170,434	
National Indian Council on Aging, Inc.		$241,579
Native American Professional Parent Resources, Inc.	$249,280	$255,990
Native Pride		$152,000
Pueblo of Isleta		$150,000
Pueblo of Laguna	$56,594	
Pueblo of Tesuque	$198,603	
Ramah Navajo School Board, Inc.	$120,626	
Shiprock Home for Women and Children	$203,925	$202,000
Nevada		
Ely Shoshone Tribe	$87,215	$125,996
Fallon Paiute Shoshone Tribe	$202,500	
Reno Sparks Indian Colony		$208,645
Washoe Tribe of Nevada and California		$111,899
Yerington Paiute Tribe		$127,012
New York		
Friends of the Akwesasne Freedom School, Inc.		$125,500
Native Amer. Community Svcs of Erie & Niagara Cos, Inc.		$102,012
Shinnecock Indian Nation	$186,403	

Grantee Name	FY 2007 Funding	FY 2008 Funding
Ohio		
American Indian Education Center	$257,383	$243,742
Oklahoma		
Association of American Indian Physicians, Inc.	$219,616	$230,029
Cherokee Nation	$250,000	$366,665
Choctaw Nation of Oklahoma	$146,468	
Citizen Potawatomi Community Development Corporation		$202,288
Citizen Potawatomi Nation	$552,589	$121,890
Euchee (Yuchi) Tribe of Indians	$118,070	$191,875
Iowa Tribe of Oklahoma	$118,991	
Kaw Nation	$180,598	$304,494
Kiowa Culture Preservation Authority		$100,000
Kiowa Young Men's Association		$140,149
Miami Tribe of Oklahoma	$352,457	$308,317
Modoc Tribe of Oklahoma		$257,396
National Women's Indian Health Resource Center	$400,692	
Osage Nation		$126,546
Otoe-Missouria Tribe		$167,188
Pawnee Nation of Oklahoma	$377,500	
Ponca Tribe of Oklahoma	$153,770	$87,237
Quapaw Tribe of Oklahoma	$108,593	
Seminole Nation of Oklahoma		$89,070
United Keetoowah Band of Cherokee Indians in Oklahoma	$177,706	$154,934
United National Indian Tribal Youth, Inc.	$221,936	
Oregon		
Native American Youth and Family Center	$245,408	
Confederated Tribes of Siletz Indians of Oregon	$325,541	$496,172
Confederated Tribes of the Grand Ronde Community of Oregon	$541,062	$381,442
Confederated Tribes of the Umatilla Indian Reservation	$454,984	$209,981
Coquille Tribe		$199,170
Native Wellness Institute	$495,222	$434,443
The Native American Youth and Family Center	$152,281	$368,391
South Dakota		
Four Bands Community Fund		$139,848
Inter-Tribal Bison Cooperative	$288,277	
Lower Brule Community College	$182,195	$186,242
Native American Advocacy Program		$211,189

Grantee Name	FY 2007 Funding	FY 2008 Funding
Oceti Wakan - Sacred Fireplace		$143,768
Pine Ridge Area Chamber of Commerce	$195,490	$177,990
Rural America Initiatives		$299,058
Teton Coalition, Inc.	$70,160	
The Lakota Fund	$572,500	
Thunder Valley Community Development Corporation		$387,467
Wakanyeja Pawicayapi, Inc.	$274,862	$354,261
Texas		
Ysleta del Sur Pueblo	$160,259	$290,275
Utah		
Ka Lama Mohala Foundation	$341,560	$128,626
Virginia		
High Plains Indians, FBO Sappony		$225,000
Washington		
Confederated Tribes and Bands of the Yakama Nation		$152,140
Confederated Tribes of the Chehalis Reservation	$209,551	$105,779
Council for Tribal Employment Rights	$170,901	$200,123
Duwamish Tribal Services	$106,980	$70,125
Kalispel Tribe of Indians		$64,000
Lower Elwha Klallam Tribe		$166,855
Lummi Indian Business Council	$204,500	$193,429
Makah Tribal Council	$152,727	$146,504
Nooksack Indian Tribe	$304,802	$398,657
Skokomish Indian Tribe	$109,835	$148,219
Spokane Tribe of Indians	$120,236	$138,961
Swinomish Indian Tribal Community	$242,202	$161,982
United Indians of All Tribes Foundation	$162,154	$187,402
Wisconsin		
College of Menominee Nation	$156,655	$154,510
Great Lakes Indian Fish and Wildlife Commission	$266,590	$409,194
Great Lakes Inter-Tribal Council	$181,630	$183,886
Ho-Chunk Nation	$81,780	
Lac Courte Oreilles Band of Lake Superior Chippewa Ind		$191,336
Lac du Flambeau Band of Lake Superior Chippewa Indians	$404,360	$64,521
Mashikisbi (Bad River) Boys and Girls Club	$110,966	$111,817
Oneida Tribe of Indians of Wisconsin		$150,000
St. Croix Chippewa Indians of Wisconsin		$127,000

Grantee Name	FY 2007 Funding	FY 2008 Funding
Waadookodaading, Inc	$170,700	$245,100
Totals	**$38,067,867**	**$38,465,845**

Other Funding Opportunities (Contracts):

ANA contracted with the following Native American organizations for training and technical assistance:

Alaska Summit Enterprises, Alaska
ACKCO, Inc., Arizona and Hawaii
Native American Management Services, Virginia

Levels of funding for these contracts have been as follows:

FY 2007*	FY 2008
$937,163	$2,257,164

*FY 2007 was the base year of funding for three contracts, covering the time period of April 1, 2007 through September 30, 2007.

OFFICE OF CHILD SUPPORT ENFORCEMENT

The mission of the Child Support Enforcement Program is to enhance the well-being of children by assuring that assistance in obtaining support, including financial and medical, is available to children through locating parents, establishing paternity, establishing support obligations, and monitoring and enforcing those obligations.

Office of Child Support Enforcement
Administration for Children and Families
http://www.acf.hhs.gov/programs/cse/

Funding Provided to Native American Communities (Grants):

Grantee Name	FY 2007	FY 2008
Alaska		
Tlingit & Haida Tribes Central Council	$920,635	$298,520
Idaho		
Coeur d'Alene Tribe	$251,265	
Maine		
Penobscot Indian Nation		$160,075
Michigan		
Keweenaw Bay Indian Community		$58,506
Minnesota		
Mille Lacs Band of Ojibwe	$450,324	
Red Lake Band of Chippewa Indians		$130,376
White Earth Reservation Tribal Council		$105,027
Montana		
Chippewa Cree Tribe	$217,881	
New Mexico		
Mescalero Apache Tribe		$134,793
Oklahoma		
Cherokee Nation of Oklahoma	$1,153,318	$826,466
Kaw Nation of Oklahoma		$97,439
Modoc Tribe of Oklahoma		$247,830
Ponca Tribe of Oklahoma		$119,092
Oregon		
Confederated Tribes of the Umatilla Indian Reservation		$219,771
South Dakota		
Sisseton-Wahpeton Sioux Tribe	$96,600	$192,634
Washington		
Port Gamble S'Klallam Tribe	$209,200	$215,004
Puyallup Indian Tribe	$326,400	$346,425
Quinault Indian Nation		$321,256
Wisconsin		
Forest County Potawatomi Community	$103,800	$133,257

Grantee Name	FY 2007	FY 2008
Lac Du Flambeau Band of Lake Superior Chippewa Indians	$97,800	$177,749
Oneida Nation of Wisconsin		$270,086
Wyoming		
Eastern Shoshone Tribe		$174,767
Northern Arapaho Business Council	$232,178	
Totals	**$4,059,401**	**$4,229,073**

Other Funding Opportunities:

Shoalwater Bay-Washington State Outreach, Education and Support Enforcement Program

This grant responded to the 2007 Priority Area 2: Improving Child Support by Encouraging Parents and CSE Agencies to Work Together for Better Case Management and Results. This program established an integrated case management process with the Washington State Division of Child Support; installed a support enforcement-specific database; provided community outreach; and offered education services/referrals to encourage tribal parental responsibility and healthy marriage. The goal was to assist noncustodial parents (NCPs) in obtaining the education and skills needed to allow them to meet their support obligations.

The grantee entered into an agreement with the State of Washington that established a "trust relationship" with its state support-enforcement counterparts. This allowed the tribe to have Full Faith and Credit for child support orders issued through the tribal court. Conversely, the state assisted the tribe with cases outside the reach of the tribal court. Additionally, the tribe enforced state-ordered obligations from those who were employed by tribal enterprises through wage withholding.

This project provided a "one-stop" approach to support enforcement. On-site assistance was made available for those who resided on or near the Reservation and for employees who worked on the reservation. Through community partnerships and service referrals, participating parents were offered educational assistance, job placement, and other support services, as appropriate.

Program reports, data gathered, court records, participant counts, etc., were reviewed to determine to what extent project goals and objectives were achieved.

Grantee Name	Award Title	FY 2007	FY 2008
Washington			
Shoalwater Bay Indian Tribe	Special Improvement Project	$99,896	$49,934

OFFICE OF COMMUNITY SERVICES

The Office of Community Services (OCS) is a component of the Administration for Children and Families within HHS. The mission of OCS is to increase the capacity of individuals and families to become more self-sufficient and assist them to build, revitalize, and strengthen their communities. Its vision is to provide leadership to address the causes and effects of poverty and empower low-income individuals and families to thrive in safe and healthy communities.

Office of Community Services
Administration for Children and Families
www.acf.hhs.gov/programs/ocs/

OCS's objectives are to:

- Increase its understanding of the problems and needs of its constituents;
- Improve access to resources;
- Strengthen partnerships with other Federal agencies, state, tribal, and local governments, non-profit agencies, community based organizations, national associations, and the private sector; and
- Foster stability, self-sufficiency, safety, and economic opportunities to help create upward mobility and increased well-being.

Technical Assistance Provided to Native American Communities

OCS and its training and technical assistance providers supply technical assistance to tribes in conferences and meetings, on site, by telephone and correspondence, and in printed material. Printed material includes the Low Income Home Energy Assistance Program (LIHEAP) tribal manual, which provides in-depth information for tribes to apply for LIHEAP funds and operate a LIHEAP program.

Funding Opportunities

Compassion Capital Fund

The Compassion Capital Fund competitive grants help faith-based and community organizations increase their effectiveness and enhance their ability to provide social services to those most in need. Nine tribes and tribal organizations in five states received Compassion Capital Funds in FY 2007. There were no new grants funded for FY 2008.

Compassion Capital Fund
FY 2007

Compassion Capital Fund	
Tribe/Tribal Organization	**FY 2007**
Alaska	
Klawock Cooperative Association	$49,473

Compassion Capital Fund	
Tribe/Tribal Organization	**FY 2007**
California	
National Indian Justice Center	$249,788
Native Directions, Inc. doing business as (dba): Three Rivers Indian	$49,567
Idaho	
Kootenai Tribe of Idaho	$50,000
Michigan	
Keweenaw Family Resource Center	$44,909
Ohio	
Native American Indian Center of Central Ohio	$43,473
South Dakota	
Native American Advocacy Program	$50,000
Diamond Willow Ministries	$50,000
Native American Community Board	$50,000

Low Income Home Energy Assistance Program (LIHEAP)

LIHEAP assistance and services are provided through the LIHEAP block grant, the leveraging incentive program for LIHEAP grantees, and the Residential Energy Assistance Challenge Program (REACH) for LIHEAP grantees. The LIHEAP block grant helps low-income households meet the costs of home energy. State and tribal grantees use LIHEAP funds to provide heating assistance, cooling assistance, energy crisis intervention (crisis assistance), weatherization, and services that encourage and enable households to reduce their home energy costs. The LIHEAP leveraging incentive program rewards grantees the leverage of non-Federal home energy resources. REACH grants support innovative projects to demonstrate the long-term cost-effectiveness of supplementing energy assistance benefits with non-monetary benefits that increase the ability of eligible households to meet their home energy costs and achieve energy self-sufficiency.

Each year in the LIHEAP program, approximately 65,000 – 70,000 American Indian households are served by tribal grantees that receive LIHEAP funding. State LIHEAP programs serve American Indian households that are not in the service population of direct tribal grantees. More specific data on the number of American Indian households served by state LIHEAP programs are not available.

In FY 2007, 149 tribal grantees received funding totaling $26,271,704 in direct LIHEAP funding, including regular LIHEAP block grants, emergency contingency releases, leveraging incentive fund awards, and REACH funding. In FY 2008, 147 tribal grantees received funding totaling $26,460,338 in direct LIHEAP funding, including regular LIHEAP block grants, emergency contingency releases, leveraging incentive fund awards, and REACH funding.

The following table describes the allotments for tribes in FY 2007 and FY 2008, including LIHEAP block grants, contingency grants, leveraged funds, and REACH funds.

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM FY 2007 Allocations to Direct-Funded Indian Tribes and Tribal Organizations					
Tribe/Tribal Organization	**Block Grant Amount**	**Contingency Grant Amount**	**Leveraging Funds**	**REACH Funds**	**Total**
Alabama					
Ma-Chis Lower Creek Indian Tribe	$3,581	$1,161			$4,742
Mowa Band of Choctaw Indians	$53,159	$17,230			$70,389
Poarch Band of Creek Indians	$46,898	$13,366			$60,264
Alaska					
Aleutian/Pribilof Islands Association	$91,415	$14,944			$106,359
Assn. of Village Council Presidents	$1,480,137	$241,917			$1,722,054
Kenaitze Indian Tribe	$72,805	$11,902			$84,707
Kuskokwim Native Association	$222,048	$36,292			$258,340
Orutsararmuit Native Council	$88,150	$14,410			$102,560
Seldovia Village	$7,509	$1,227			$8,736
Tanana Chiefs Conference	$829,817	$135,627			$965,444
Tlingit & Haida Central Council	$473,485	$77,387			$550,872
Yakutat Tlingit Tribe	$21,409	$3,500			$24,909
Arizona					
Cocopah Tribe	$5,383	$293			$5,676
Colorado River Indian Tribes	$17,355	$944			$18,299
Gila River Pima-Maricopa Community	$54,322	$2,954	$103,147		$160,423
Navajo Nation	$1,243,269	$67,595			$1,310,864
Pascua Yaqui Tribe	$20,752	$1,128			$21,880
Quechan Tribe	$21,506	$1,169			$22,675
Salt River Pima Maricopa Ind. Cmty.	$20,043	$1,090			$21,133
San Carlos Apache Tribe	$33,051	$1,797			$34,848
White Mountain Apache Tribe	$47,216	$2,567			$49,783
California					
Berry Creek Rancheria	$7,046	$383			$7,429
Bishop Paiute	$22,332	$1,214			$23,546
Coyote Valley Pomo Band	$5,854	$318			$6,172
Enterprise Rancheria	$2,710	$147			$2,857
Hoopa Valley Tribe	$48,567	$2,641			$51,208
Hopland Band	$7,372	$401			$7,773
Karuk Tribe	$35,232	$1,916		$50,000	$87,148
Mooretown Rancheria	$20,110	$1,094			$21,204
N. Cal. Ind. Devel. Council,	$278,044	$15,117			$293,161

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM FY 2007 Allocations to Direct-Funded Indian Tribes and Tribal Organizations					
Tribe/Tribal Organization	**Block Grant Amount**	**Contingency Grant Amount**	**Leveraging Funds**	**REACH Funds**	**Total**
Inc.(NCIDC)					
Pinoleville Rancheria	$8,996	$489			$9,485
Pit River Tribe	$42,225	$2,296			$44,521
Quartz Valley	$4,228	$230			$4,458
Redding Rancheria	$52,144	$2,835			$54,979
Redwood Valley	$2,385	$130			$2,515
Riverside-San Bernardino Indian Health	$48,458	$2,635			$51,093
Round Valley	$31,167	$1,695			$32,862
Sherwood Valley Rancheria	$7,914	$430			$8,344
Shingle Springs Rancheria	$3,577	$195			$3,772
Smith River Rancheria	$3,577	$195			$3,772
S. Cal. Tribal Chairmen's Association	$5,475	$298			$5,773
Southern Indian Health Council	$4,607	$251			$4,858
Yurok Tribe	$63,202	$3,437			$66,639
Idaho					
Coeur d'Alene Tribe	$37,012	$2,013			$39,025
Nez Perce Tribe	$85,648	$4,657			$90,305
Shoshone-Bannock Tribes (Fort Hall)	$471,127	$25,615	$115,003		$611,745
Kansas					
United Tribes of Kansas & SE Nebraska	$25,990	$3,471			$29,461
Maine					
Aroostook Band of Micmac Indians	$115,316	$31,363			$146,679
Houlton Band of Maliseet Indians	$115,316	$31,363			$146,679
Passamaquoddy Tribe--Indian Township	$220,069	$59,841			$279,910
Passamaquoddy Tribe--Pleasant Point	$307,035	$83,489			$390,524
Penobscot Tribe	$211,319	$57,462			$268,781
Massachusetts					
Mashpee Wampanoag Tribe	$32,741	$4,776			$37,517
Michigan					
Grand Traverse Ottawa/Chippewa Band	$42,063	$2,287	$60,503	$60,000	$164,853
Inter-Tribal Council of Michigan	$80,020	$4,349	$207,517		$291,886
Keweenaw Bay Indian Community	$110,995	$6,036	$159,655		$276,686
Little River Band of Ottawa Indians	$20,341	$1,106			$21,447
Pokagon Band of Potawatomi	$76,350	$4,151			$80,501

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM FY 2007 Allocations to Direct-Funded Indian Tribes and Tribal Organizations					
Tribe/Tribal Organization	**Block Grant Amount**	**Contingency Grant Amount**	**Leveraging Funds**	**REACH Funds**	**Total**
Indians					
Sault Ste. Marie Chippewa Tribe	$500,058	$27,189	$46,227		$573,474
Mississippi					
Mississippi Band of Choctaw Indians	$27,247	$6,623			$33,870
Montana					
Assiniboine & Sioux Tribes (Fort Peck)	$559,771	$30,434	$29,130		$619,335
Blackfeet Tribe	$639,036	$34,743			$673,779
Chippewa-Cree Tribe	$163,494	$8,889	$101,531		$273,914
Confederated Salish & Kootenai Tribes	$626,649	$34,070	$74,654		$735,373
Fort Belknap Community	$225,393	$12,254			$237,647
Northern Cheyenne Tribe	$294,748	$16,025			$310,773
New Jersey					
Powhatan Renape Nation	$190,011	$10,331			$200,342
New Mexico					
Five Sandoval Indian Pueblos	$17,163	$933			$18,096
Jicarilla Apache Tribe	$17,098	$930			$18,028
Pueblo of Jemez	$13,102	$712		$60,000	$73,814
Pueblo of Laguna	$34,064	$1,852			$35,916
Pueblo of Zuni	$62,363	$3,391			$65,754
New York					
Seneca Nation	$201,539	$10,957			$212,496
St. Regis Mohawk Band	$202,717	$11,021			$213,738
North Carolina					
Lumbee Tribe	$657,734	$160,015			$817,749
North Dakota					
Spirit Lake Tribe	$626,830	$34,079			$660,909
Standing Rock Sioux Tribe	$636,525	$34,606			$671,131
Three Affiliated Tribes (Fort Berthold)	$469,357	$25,517			$494,874
Turtle Mountain Chippewa Band	$1,252,118	$68,073			$1,320,191
Oklahoma					
Absentee Shawnee Tribe	$8,979	$2,252			$11,231
Alabama-Quassarte Tribal Town	$5,755	$1,444			$7,199
Apache Tribe of Oklahoma	$7,735	$1,941			$9,676
Caddo Indian Tribe	$9,025	$2,264			$11,289
Cherokee Nation of Oklahoma	$558,026	$139,967	$144,284		$842,277
Cheyenne-Arapaho Tribes	$29,238	$7,335			$36,573
Chickasaw Nation of Oklahoma	$75,111	$18,843	$143,957		$237,911

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM FY 2007 Allocations to Direct-Funded Indian Tribes and Tribal Organizations					
Tribe/Tribal Organization	**Block Grant Amount**	**Contingency Grant Amount**	**Leveraging Funds**	**REACH Funds**	**Total**
Choctaw Nation of Oklahoma	$210,934	$52,903	$330,990		$594,827
Citizen Band Potawatomi	$11,787	$2,957	$22,591		$37,335
Comanche Indian Tribe	$33,670	$8,447			$42,117
Delaware Nation of Western Oklahoma	$4,000	$1,004			$5,004
Eastern Shawnee Tribe of Oklahoma	$4,000	$1,004			$5,004
Kickapoo Tribe of Oklahoma	$7,827	$1,964			$9,791
Kiowa Tribe	$28,179	$7,069			$35,248
Miami Tribe	$4,604	$1,155			$5,759
Modoc Tribe of Oklahoma	$4,000	$1,004			$5,004
Muscogee (Creek) Nation	$140,792	$35,312	$137,909		$314,013
Osage Tribe	$53,311	$13,375			$66,686
Otoe-Missouria Tribe	$4,236	$1,062			$5,298
Ottawa Tribe of Oklahoma	$4,000	$1,004			$5,004
Pawnee Tribe	$4,789	$1,201			$5,990
Ponca Tribe	$10,360	$2,599			$12,959
Quapaw Tribe	$11,327	$2,842			$14,169
Sac & Fox Tribe of Oklahoma	$9,929	$2,491			$12,420
Seminole Nation of Oklahoma	$27,902	$7,000			$34,902
Seneca-Cayuga Tribe	$5,479	$1,375	$2,000		$8,854
Shawnee Tribe	$4,000	$1,004			$5,004
Tonkawa Tribe	$4,000	$1,004			$5,004
United Keetowah	$119,713	$30,034			$149,747
Wichita & Affiliated Tribes	$4,098	$1,028			$5,126
Wyandotte Nation	$4,000	$1,004			$5,004
Oregon					
Conf. Tribe of Coos-Lower Umpqua	$37,000	$2,012			$39,012
Conf. Tribes of Grand Ronde	$118,845	$6,462			$125,307
Conf. Tribes of Siletz Indians	$114,665	$6,235			$120,900
Conf. Tribes of Warm Springs	$114,665	$6,235			$120,900
Cow Creek Band of Umpqua Indians	$12,000	$653			$12,653
Klamath Tribe	$170,177	$9,254			$179,431
Rhode Island					
Narragansett Indian Tribe	$38,177	$5,661			$43,838
South Dakota					
Cheyenne River Sioux Tribe	$357,132	$19,416	$162,180		$538,728
Lower Brule Sioux Tribe	$48,114	$2,616	$76,444		$127,174
Oglala Sioux Tribe	$739,570	$40,209	$57,474		$837,253

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM FY 2007 Allocations to Direct-Funded Indian Tribes and Tribal Organizations					
Tribe/Tribal Organization	**Block Grant Amount**	**Contingency Grant Amount**	**Leveraging Funds**	**REACH Funds**	**Total**
Rosebud Sioux Tribe	$582,549	$31,671	$207,140		$821,360
Sisseton-Wahpeton Sioux Tribe	$235,561	$12,806	$161,712		$410,079
Yankton Sioux Tribe	$141,852	$7,711	$181,878		$331,441
Utah					
Paiute Indian Tribe of Utah	$60,000	$3,263			$63,263
Ute Tribe (Uintah & Ouray)	$100,000	$5,438			$105,438
Washington					
Colville Confederated Tribes	$338,743	$18,418			$357,161
Hoh Tribe	$8,460	$460			$8,920
Jamestown S'Klallam Tribe	$9,877	$537			$10,414
Kalispel Indian Community	$9,877	$537			$10,414
Lower Elwha Klallam Tribe	$24,153	$1,313			$25,466
Lummi Indian Tribe	$99,931	$5,434	$40,000		$145,365
Makah Indian Tribe	$77,937	$4,238			$82,175
Muckleshoot Indian Tribe	$35,670	$1,940	$36,774		$74,384
Nooksack Indian Tribe	$27,432	$1,492			$28,924
Port Gamble S'Klallam Tribe	$16,475	$896	$16,985		$34,356
Puyallup Tribe	$111,447	$6,060			$117,507
Quileute Tribe	$31,831	$1,731			$33,562
Quinault Tribe	$86,735	$4,716			$91,451
Samish Tribe	$32,910	$1,790			$34,700
Small Tribes Organization of W. Wash.	$52,665	$2,864			$55,529
South Puget Intertribal Planning Agency	$111,247	$6,049			$117,296
Spokane Tribe	$69,740	$3,792			$73,532
Suquamish Tribe	$9,877	$537			$10,414
Swinomish Indians	$42,268	$2,298	$43,576		$88,142
Tulalip Tribe	$74,658	$4,060		$60,000	$138,718
Yakama Indian Nation	$359,058	$19,522	$174,313		$552,893
Wyoming					
Northern Arapaho Nation	$210,032	$11,419			$221,451
TOTAL	**$21,049,027**	**$2,155,103**	**$2,837,574**	**$230,000**	**$26,271,704**

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM FY 2008 Allocations to Direct-Funded Indian Tribes and Tribal Organizations					
Tribe/Tribal Organization	**Block Grant Amount**	**Contingency Grant Amount**	**Leveraging Funds**	**REACH Funds**	**Total**
Alabama					
Ma-Chis Lower Creek Indian Tribe	$3,654	$275			$3,929

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM FY 2008 Allocations to Direct-Funded Indian Tribes and Tribal Organizations					
Tribe/Tribal Organization	**Block Grant Amount**	**Contingency Grant Amount**	**Leveraging Funds**	**REACH Funds**	**Total**
Mowa Band of Choctaw Indians	$54,243	$4,084			$58,327
Poarch Band of Creek Indians	$47,854	$3,603			$51,457
United Cherokee Ani-Yun-Wiya Nation	$18,991	$1,430			$20,421
Alaska					
Aleutian/Pribilof Islands Association	$92,469	$37,025			$129,494
Assn. of Village Council Presidents	$1,496,936	$599,373			$2,096,309
Kenaitze Indian Tribe	$73,645	$29,488			$103,133
Kuskokwim Native Association	$224,568	$89,917			$314,485
Orutsararmuit Native Council	$89,167	$35,702			$124,869
Seldovia Village	$7,596	$3,041			$10,637
Tanana Chiefs Conference	$839,235	$336,029			$1,175,264
Tlingit & Haida Central Council	$478,859	$191,734			$670,593
Yakutat Tlingit Tribe	$21,656	$8,671			$30,327
Arizona					
Cocopah Tribe	$5,492	$414			$5,906
Colorado River Indian Tribes	$17,708	$1,333			$19,041
Gila River Pima-Maricopa Community	$55,430	$4,173			$59,603
Navajo Nation	$1,267,252	$119,106			$1,386,358
Pascua Yaqui Tribe	$21,175	$1,594			$22,769
Quechan Tribe	$21,945	$1,653			$23,598
Salt River Pima Maricopa Ind. Cmty.	$20,452	$1,540			$21,992
San Carlos Apache Tribe	$33,725	$2,539			$36,264
California					
Berry Creek Rancheria	$7,190	$541			$7,731
Bishop Paiute	$22,787	$1,716			$24,503
Coyote Valley Pomo Band	$5,973	$450			$6,423
Enterprise Rancheria	$2,765	$208			$2,973
Hoopa Valley Tribe	$49,557	$3,731			$53,288
Hopland Band	$7,522	$566			$8,088
Karuk Tribe	$35,951	$2,707			$38,658
Mooretown Rancheria	$20,520	$1,545			$22,065
N. Cal. Ind. Devel. Council, Inc.(NCIDC)	$323,493	$24,356			$347,849
Pinoleville Rancheria	$9,180	$691			$9,871
Pit River Tribe	$43,086	$3,244			$46,330
Quartz Valley	$4,314	$325			$4,639
Redding Rancheria	$53,207	$4,006			$57,213

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM FY 2008 Allocations to Direct-Funded Indian Tribes and Tribal Organizations					
Tribe/Tribal Organization	**Block Grant Amount**	**Contingency Grant Amount**	**Leveraging Funds**	**REACH Funds**	**Total**
Redwood Valley	$2,434	$183			$2,617
Riverside-San Bernardino Indian Health	$49,446	$3,723			$53,169
Round Valley	$31,803	$2,394			$34,197
Sherwood Valley Rancheria	$8,075	$608			$8,683
Smith River Rancheria	$3,650	$275			$3,925
S. Cal. Tribal Chairmen's Association	$5,586	$421			$6,007
Southern Indian Health Council	$4,701	$354			$5,055
Yurok Tribe	$64,490	$4,855			$69,345
Idaho					
Coeur d'Alene Tribe	$37,439	$2,843			$40,282
Nez Perce Tribe	$86,635	$6,580			$93,215
Shoshone-Bannock Tribes (Fort Hall)	$476,495	$36,190			$512,685
Kansas					
United Tribes of Kansas & SE Nebraska	$56,400	$14,488			$70,888
Maine					
Aroostook Band of Micmac Indians	$116,647	$55,044			$171,691
Houlton Band of Maliseet Indians	$116,647	$55,044			$171,691
Passamaquoddy Tribe--Indian Township	$222,567	$105,026			$327,593
Passamaquoddy Tribe--Pleasant Point	$310,521	$146,530			$457,051
Penobscot Tribe	$213,718	$100,851			$314,569
Massachusetts					
Mashpee Wampanoag Tribe	$33,119	$12,877			$45,996
Michigan					
Grand Traverse Ottawa/Chippewa Band	$42,548	$10,807			$53,355
Inter-Tribal Council of Michigan	$80,904	$20,550			$101,454
Keweenaw Bay Indian Community	$112,275	$28,519			$140,794
Little River Band of Ottawa Indians	$20,575	$5,226			$25,801
Pokagon Band of Potawatomi Indians	$77,154	$19,617			$96,771
Sault Ste. Marie Chippewa Tribe	$500,000	$128,436			$628,436
Mississippi					
Mississippi Band of Choctaw Indians	$27,803	$2,093			$29,896
Montana					
Assiniboine & Sioux Tribes (Fort	$566,143	$143,804			$709,947

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM FY 2008 Allocations to Direct-Funded Indian Tribes and Tribal Organizations					
Tribe/Tribal Organization	**Block Grant Amount**	**Contingency Grant Amount**	**Leveraging Funds**	**REACH Funds**	**Total**
Peck)					
Blackfeet Tribe	$646,305	$164,165			$810,470
Chippewa-Cree Tribe	$165,347	$41,999			$207,346
Confederated Salish & Kootenai Tribes	$633,777	$160,983			$794,760
Fort Belknap Community	$227,958	$57,903			$285,861
Northern Cheyenne Tribe	$298,103	$75,720			$373,823
New Mexico					
Five Sandoval Indian Pueblos	$17,513	$1,319			$18,832
Jicarilla Apache Tribe	$17,446	$1,314			$18,760
Pueblo of Jemez	$13,369	$1,007			$14,376
Pueblo of Laguna	$34,759	$2,617			$37,376
Pueblo of Nambe	$13,703	$1,032			$14,735
Pueblo of Zuni	$63,635	$4,791			$68,426
New York					
Seneca Nation	$202,472	$78,359			$280,831
St. Regis Mohawk Band	$203,241	$78,812			$282,053
North Carolina					
Lumbee Tribe	$671,005	$50,520			$721,525
North Dakota					
Spirit Lake Tribe	$703,328	$178,650			$881,978
Standing Rock Sioux Tribe	$769,896	$195,559			$965,455
Three Affiliated Tribes (Fort Berthold)	$578,748	$147,006			$725,754
Turtle Mountain Chippewa Band	$1,324,654	$336,470			$1,661,124
Oklahoma					
Absentee Shawnee Tribe	$9,162	$690			$9,852
Alabama-Quassarte Tribal Town	$5,873	$442			$6,315
Apache Tribe of Oklahoma	$7,893	$594			$8,487
Caddo Indian Tribe	$9,209	$693			$9,902
Cherokee Nation of Oklahoma	$569,285	$42,862			$612,147
Cheyenne-Arapaho Tribes	$29,834	$2,246			$32,080
Chickasaw Nation of Oklahoma	$76,642	$5,770			$82,412
Choctaw Nation of Oklahoma	$215,171	$16,200			$231,371
Citizen Band Potawatomi	$12,027	$906			$12,933
Comanche Indian Tribe	$34,357	$2,587			$36,944
Delaware Nation of Western Oklahoma	$4,000	$307			$4,307
Eastern Shawnee Tribe of Oklahoma	$4,000	$307			$4,307
Kialegee Tribal Town	$4,000	$307			$4,307

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM FY 2008 Allocations to Direct-Funded Indian Tribes and Tribal Organizations					
Tribe/Tribal Organization	**Block Grant Amount**	**Contingency Grant Amount**	**Leveraging Funds**	**REACH Funds**	**Total**
Kickapoo Tribe of Oklahoma	$7,987	$601			$8,588
Kiowa Indian Tribe	$28,753	$2,165			$30,918
Miami Tribe	$4,698	$354			$5,052
Modoc Tribe of Oklahoma	$4,000	$307			$4,307
Muscogee (Creek) Nation	$143,625	$10,814			$154,439
Osage Tribe	$54,398	$4,096			$58,494
Otoe-Missouria Tribe	$4,322	$325			$4,647
Ottawa Tribe of Oklahoma	$4,000	$307			$4,307
Pawnee Tribe	$4,886	$368			$5,254
Ponca Tribe	$10,571	$796			$11,367
Quapaw Tribe	$11,558	$870			$12,428
Sac & Fox Tribe of Oklahoma	$10,131	$763			$10,894
Seminole Nation of Oklahoma	$28,471	$2,144			$30,615
Seneca-Cayuga Tribe	$5,591	$421			$6,012
Shawnee Tribe	$4,000	$307			$4,307
Tonkawa Tribe	$4,000	$307			$4,307
United Keetowah	$122,154	$9,197			$131,351
Wichita & Affiliated Tribes	$4,181	$315			$4,496
Wyandotte Nation	$4,000	$307			$4,307
Oregon					
Conf. Tribe of Coos-Lower Umpqua	$37,000	$2,842			$39,842
Conf. Tribes of Grand Ronde	$118,845	$9,128			$127,973
Conf. Tribes of Siletz Indians	$114,665	$8,807			$123,472
Conf. Tribes of Warm Springs	$114,665	$8,807			$123,472
Cow Creek Band of Umpqua Indians	$12,000	$922			$12,922
Klamath Tribe	$172,140	$13,074			$185,214
Rhode Island					
Narragansett Indian Tribe	$38,617	$15,075			$53,692
South Dakota					
Cheyenne River Sioux Tribe	$361,178	$91,742			$452,920
Lower Brule Sioux Tribe	$48,669	$12,362			$61,031
Oglala Sioux Tribe	$747,972	$189,990			$937,962
Rosebud Sioux Tribe	$589,156	$149,649			$738,805
Sisseton-Wahpeton Sioux Tribe	$238,224	$60,511			$298,735
Yankton Sioux Tribe	$143,447	$36,436			$179,883
Utah					
Paiute Indian Tribe of Utah	$60,000	$15,412			$75,412
Ute Tribe (Uintah & Ouray)	$100,000	$25,687			$125,687

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM FY 2008 Allocations to Direct-Funded Indian Tribes and Tribal Organizations					
Tribe/Tribal Organization	**Block Grant Amount**	**Contingency Grant Amount**	**Leveraging Funds**	**REACH Funds**	**Total**
Washington					
Colville Confederated Tribes	$342,608	$26,021			$368,629
Hoh Tribe	$8,460	$650			$9,110
Jamestown S'Klallam Tribe	$9,991	$759			$10,750
Kalispel Indian Community	$9,991	$759			$10,750
Lower Elwha Klallam Tribe	$24,432	$1,856			$26,288
Lummi Indian Tribe	$101,083	$7,677			$108,760
Makah Indian Tribe	$78,836	$5,988			$84,824
Muckleshoot Indian Tribe	$36,081	$2,740			$38,821
Nooksack Indian Tribe	$27,748	$2,107			$29,855
Port Gamble S'Klallam Tribe	$16,665	$1,266			$17,931
Puyallup Tribe	$112,733	$8,562			$121,295
Quileute Tribe	$32,198	$2,445			$34,643
Quinault Tribe	$87,735	$6,663			$94,398
Samish Tribe	$33,290	$2,528			$35,818
Small Tribes Organization of W. Wash.	$53,272	$4,046			$57,318
South Puget Intertribal Planning Agency	$112,531	$8,547			$121,078
Spokane Tribe	$70,544	$5,358			$75,902
Suquamish Tribe	$9,991	$759			$10,750
Swinomish Indians	$42,755	$3,247			$46,002
Tulalip Tribe	$75,519	$5,736			$81,255
Yakama Indian Nation	$363,156	$27,581			$390,737
Wyoming					
Northern Arapaho Nation	$210,000	$53,943			$263,943
TOTAL	**$21,529,607**	**$4,930,731**			**$26,460,338**

Community Services Block Grant

The Community Services Block Grant (CSBG) program addresses the causes and conditions of poverty. State and tribal grantees use CSBG funds to support a wide variety of services for low-income people. CSBG services typically include:

- Assisting with employment, education, and adequate housing;
- Providing nutrition, child care, transportation, youth development, and emergency health services;
- Solving problems that block the achievement of self-sufficiency;
- Helping people make better use of their income; and
- Coordinating resources.

In FY 2007, a total of $4,348,433 was provided to tribes and tribal organizations through CSBG and in FY 2008, a total of $4,503,219 was provided. The following table identifies the tribe or tribal organization, by state, that received funds from this program.

Community Service Block Grant Funding		
Tribes and Tribal Organizations	**FY 2007 Amount**	**FY 2008 Amount**
Alabama		
Mowa Band of Choctaw Indians	$54,703	$56,701
Poarch Band of Creek Indians	$16,413	$17,013
Alaska		
AK Copper River	$81,082	
Central Council of The Tlingit And Haida Indian Tribes	$213,106	$222,206
Cook Inlet Tribal Council	$300,376	$313,203
Fairbanks Native Association	$77,000	$80,288
Shoonaq Tribe of Kodiak	$41,716	$43,497
Sitka Tribe of Alaska	$40,572	$42,305
Tanana Chiefs Conference, Inc.		$204,719
Village of Old Harbor	$6,186	$6,387
Arizona		
Navajo Nation (AZ, NM, UT)	$1,149,432	$1,191,883
Quechan Tribe (AZ, CA)		$18,209
San Carlos Apache Tribe	$54,066	$56,041
White Mountain Apache Tribe	$64,030	
Colorado		
Southern Ute Indian Tribe	$6,656	$6,899
Idaho		
Shoshone-Bannock Tribes of the Fort Hall Reservation	$35,986	$37,522
Maine		
Passamaquoddy Tribe at Pleasant Point	$6,541	$6,820
Michigan		
Inter-Tribal Council of Michigan	$32,768	$33,965
Sault Ste. Marie Tribe of Chippewa Indians	$32,024	$33,194
Montana		
Assiniboine and Sioux Tribes of the Fort Peck Reservation	$85,954	$89,625
Blackfeet Tribe	$84,741	$88,360
Chippewa Cree Tribe of the Rocky Boy's Reservation	$30,226	
Confederated Salish and Kootenai Tribes	$68,342	$71,260
Northern Cheyenne Tribe	$54,781	
Nevada		
Walker River Paiute	$11,470	

Community Service Block Grant Funding		
Tribes and Tribal Organizations	**FY 2007 Amount**	**FY 2008 Amount**
New Jersey		
Nanticoke Lenni-Lenape Indians of New Jersey, Inc.	$21,053	
New Mexico		
Five Sandoval Indian Pueblos, Inc.	$18,116	$18,778
Pueblo of Jemez	$22,142	$22,951
New York		
St. Regis Band of Mohawk Indians	$12,120	
North Carolina		
Coharie Intra-Tribal Association	$8,969	$9,296
Lumbee Tribe	$227,290	$235,592
North Dakota		
Spirit Lake Sioux Tribe	$72,487	$75,582
Three Affiliated Tribes of the Fort Berthold Reservation	$68,754	$71,690
Turtle Mountain Band of Chippewa Indians	$142,308	$148,385
Oklahoma		
Cherokee Nation	$284,138	$294,516
Cheyenne-Arapaho Tribes of Oklahoma	$22,501	$23,323
Chickasaw Nation	$35,344	$36,635
Choctaw Nation	$104,676	$108,499
Citizen Potawatomi Nation	$3,193	$3,309
Delaware Nation	$1,019	$1,056
Muscogee (Creek) Nation	$70,423	$72,995
Osage Tribe	41,785	$43,311
Pawnee Nation	2,663	$2,760
Sac And Fox Nation of Oklahoma	$5,647	
Seminole Nation of Oklahoma	$14,343	$14867
Wichita and Affiliated Tribes	$4,917	$5,097
Oregon		
Confederated Tribes of the Grand Ronde Reservation	$10,487	$10,870
Klamath Indian Tribe		$12,766
Rhode Island		
Narragansett Indian Tribe	$25,551	$26,484
South Carolina		
Catawba Nation	$9,649	$10,001
South Dakota		
Oglala Sioux Tribe	$292,645	$305,142
Rosebud Sioux Tribe	$198,122	$206,583
Sisseton-Wahpeton Sioux Tribe (SD, ND)	$51,109	$53,291
Yankton Sioux Tribe	$49,138	

Community Service Block Grant Funding		
Tribes and Tribal Organizations	**FY 2007 Amount**	**FY 2008 Amount**
Washington		
South Puget Intertribal Planning Agency	$23,158	$24,003
Swinomish Indians	$3,274	$3,393
Tulalip	$4,956	$5,137
Yakama Nation	$35,513	$36,810
Total	**$4,348,433**	**4,503219**

Community Economic Development Program

Community Economic Development competitive grants support community development corporation projects that provide employment and business development opportunities for low-income people in disinvested communities. In FY 2007, one tribal project was newly funded under this program. In FY 2008, five tribal organizations were newly funded.

Community Economic Development Funding		
Tribal Organizations (by State)	**FY 2007 Amount**	**FY 2008 Amount**
Arizona		
Moenkopi Developers Corporation, Inc.	$0	$ 663,891
Hawaii		
Hawaii County Economic Opportunity Council	$677,000	$686,000
Pacific Gateway Center		$686,000
Maryland		
Accohannock Indian Tribe, Inc.	$0	$686,000
Nebraska		
Ho-Chunk Community Development Corporation	$0	$680,705
Total	**$677,000**	**$3,402,596**

Job Opportunities for Low-Income Individuals (JOLI) Program

Job Opportunities for Low-Income Individuals competitive grants support the creation of new jobs to be filled by low-income individuals. JOLI grantees create jobs through business plans and the provision of technical and/or financial assistance to private employers in the community. The ultimate goal of the JOLI program is economic self-sufficiency for the targeted populations. In FY 2007, one tribal organization was newly funded under this program. In FY 2008, there were no new tribal projects funded.

Job Opportunities for Low-Income Individuals Funding for FY 2007	
Tribal Organizations (by State)	**Amount**

Maryland	
Accohannock Indian Tribe, Inc.	$500,,000
Total	**$500,000**

Rural Community Facilities Program

Arizona

Inter-Tribal Council of Arizona, Inc.

FY 2007 funding: $718,000
FY 2008 funding: $730,000
FY 2009 funding: $800,000

Rural Community Facilities grants support private nonprofit groups that provide training and technical assistance to low-income rural communities to develop expertise needed to establish and/or maintain safe water and waste water treatment facilities. A non-competing continuation grant was awarded in FY 2005 – 2010 to Inter-Tribal Council of Arizona, Inc. In FY 2007 and FY 2008, there were no new tribal projects funded.

Assets for Independence

Assets for Independence provides grants to nonprofit organizations and state, local, and tribal governments to support Individual Development Account (IDA) projects for low-income working families. IDAs are dedicated matched savings accounts that participants may use to save earned income for the purchase of a long-term economic asset including a first home, post-secondary education and to capitalize a business.

AFI Grants Operating in FY 2007

Alaska
Cook Inlet Tribal Council
Project period: 09/30/2003 – 09/29/2008
Funding: $625,000 awarded in FY 2003 to support the five-year project

Michigan
Ojibwa Housing Authority and Ojibwa Community College
Project period: 02/01/06 – 01/31/11
Funding: $64,702 awarded in FY 2006 to support the five-year project.

South Dakota
Four Bands Community Council
Project period: 06/15/2005 – 06/15/2010
Funding: $47,647 awarded in FY 2005 to support the five-year project.

The Lakota Fund
Project period: 09/30/2005 – 09/29/2010
Funding: $42,353 awarded in FY 2005 to support the five-year project.

AFI Grants Operating in FY 2008

Alaska
Cook Inlet Tribal Council
Project period: 09/30/2003 – 09/29/2008
Funding: $625,000 awarded in FY 2003 to support the five-year project

Cook Inlet Lending Center
Project period: 07/01/2008 – 06/30/2013
Funding: $233,000 awarded in FY 2008 to support the five-year project

Michigan
Ojibwa Housing Authority and Ojibwa Community College
Project period: 02/01/06 – 01/31/11
Funding: $64,702 awarded in FY 2006 to support the five-year project

Oregon
Umpqua Community Development Corporation
Project period: 07/01/2008 – 06/30/2013
Funding $200,000 awarded in FY 2008 to support the five-year project

South Dakota
Four Bands Community Fund, Inc.
Project period: 06/15/2005 – 06/15/2010
Funding: $47,647 awarded in FY 2005 to support the five-year project.

Four Bands Community Fund, Inc.
Project period: 07/01/2008 – 06/30/2013
Funding: $63,529 awarded in FY 2008 to support the five-year project.

The Lakota Fund
Project period: 09/30/2005 – 09/29/2010
Funding: $42,353 awarded in FY 2005 to support the five-year project.

OFFICE OF FAMILY ASSISTANCE

CHILD CARE BUREAU

The Child Care Bureau (CCB) supports low-income working families by promoting access to affordable, quality early care and education and afterschool programs. The CCB administers the Child Care and Development Fund (CCDF), a block grant program that provides funding to states, territories and tribes to assist low-income families' access to child care so parents can work and attend training/education. CCDF funds are also used to support quality initiatives for child care providers

Child Care Bureau (CCB)
Office of Family Assistance (OFA),
Administration for Children and Families
http://www.acf.hhs.gov/programs/ccb/index.html

General Support provided to Native American Communities:

The Child Care and Development Fund (CCDF), authorized by the Child Care and Development Block Grant Act (CCDBG) and Section 418 of the Social Security Act, makes block grants available to states, territories and tribes to assist low-income families, families receiving temporary public assistance, and those transitioning from public assistance in obtaining child care so they can work or attend training/education.

In 1996, the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Public Law 104-193) amended the CCDBG to reserve "not less than 1 percent and no more than 2 percent" of the aggregate CCDF funds for Indian tribes. The Secretary elected to reserve the full 2 percent set-aside. Over 500 Federally-recognized Indian tribes, Alaska Native Villages, and a Native Hawaiian organization receive CCDF funds directly or through consortium arrangements. In FY 2007, 260 tribal grantees were awarded $99,581,618 in CCDF funds. In FY 2008, 260 tribal grantees were awarded $99,581,609 in CCDF funds. The 260 tribal grantees included ALU LIKE, a Native Hawaiian organization.

The Personal Responsibility and Work Opportunity Reconciliation Act of 2006 (PRWORA) created three major streams of fundings within the Child Care and Development Fund (CCDF): 1) Discretionary, 2) Mandatory, and 3) Matching. Territories (America Samoa, Guam, Commonwealth of Northern Mariana Islands; Puerto Rico, and Virgin Islands) were eligible to receive CCDF Discretionary Funds that included targeted funds for: child care quality improvement activities, infant and toddler quality improvement; and child care resource and referral and school-age activities.

CCDF allocations for the territories are determined by a formula that consists of three[2] factors:

- **Young child factor:** The ratio of the number of children under age 5 in the state to the number of children under age 5 in the country;

[2] Child Care and Development Block Grant Act of 1990

- **School lunch factor:** The ratio of the number of children in the state who receive free or reduced-price school lunches under the National School Lunch Act to the number of such children in the country; and
- **Allotment proportion factor:** A weighting factor determined by dividing the 3-year average national per capita income by the 3-year average per capita state income (as calculated every 2 years).

Technical Assistance Provided to Native American Communities

Federal regulations [45 CFR Section 98.60(b)(1)] provides a set-aside of one-fourth of 1 percent (.25 percent) of the Child Care and Development Fund (CCDF) for the purpose of providing technical assistance (TA) to CCDF grantees.

In fiscal years (FY) 2007 and 2008, approximately $12 million was appropriated each year to meet the TA needs of state, Territorial, and tribal CCDF grantees.

Tribes receive specialized technical assistance (TA) in administering their Child Care and Development Fund (CCDF) programs through Native American Management Services, Inc., a Native American, women-owned contractor that operates a Tribal Child Care Technical Assistance Center (TriTAC).

TriTAC assists tribal grantees in child care capacity building efforts through:

- websiteA toll-free information and referral line;
- On-site technical assistance to grantees;
- Materials development including CCB TA Guides and training documents;
- Support for regional TA activities;
- An annual Administrators Training (basics);
- An annual Tribal Child Care Conference.

TriTAC reported the following activities and related data for FY 2007:

- In December 2006, 60 tribal representatives participated in the annual Tribal CCDF Administrator's Training.
- In February 2007, the *Tribal Child Care and Development Fund Guide for New Administrators* was finalized and distributed to tribal grantees. This Guide provides basic information on CCDF program requirements including fiscal management and reporting.
- In April 2007, 548 tribal representatives participated in the AI/AN Child Care Conference, "Tribal Child Care: Supporting Working Families Through Building New Partnerships".
- There were six Regional TA events.
- Seventeen grantees received on-site TA visits.
- Staff presented workshops at three national conferences on topics related to CCDF.

TriTAC reported the following activities and related data for FY 2008:

- In November 2007, 109 tribal representatives participated in the annual Tribal CCDF Administrators Training.
- In May 2008, 484 tribal representatives participated in the AI/AN Child Care Conference, "Strengthening the Future of Tribal Children, Families, and Communities through Effective Partnerships".
- There were 20 Regional TA training events including two 2 1/2 day workshops on policies and procedures, two 2-day workshops on fiscal management, and a two-day training for Alaska grantees that included specific topics for programs operating under P.L. 102-477. Topics for other training events included state/tribal collaboration, health and safety issues including emergency preparedness, administrative issues, construction/renovation, and improving program quality.
- Twenty-five grantees received on-site TA visits with one grantee receiving a second follow-up visit.
- Staff presented workshops at two national conferences on topics related to child care.

Similar to tribal CCDF grantees, the territories receive TA through the CCB's Child Care Technical Assistance Network (CCTAN), which is comprised of nine projects that provide information, training and technical assistance to help CCDF grantees and their partners administer CCDF funds and programs. In addition, many CCTAN partners provide information and outreach to parents, child care providers, institutions of higher education, federal agencies and national organizations. CCTAN partners also provide direct consultation and TA to CCDF administrators and child care stakeholders in states, territories and tribes.

The National Child Care Information and Technical Assistance Center (NCCIC), which links parents, providers, policymakers, researchers, and the public to early childhood education information through its question-and-answer services, online library, and Website, also supports CCDF administrators by providing onsite, customized technical assistance; producing and disseminating reports and training tools; and supporting CCB meetings and TA-related events.

FY 2007-FY 2008 Accomplishments

- Commonwealth of Northern Mariana Islands (NMI) received on-site technical assistance to provide consultation and presentations on multiple issues including: requirements of inclusion as they impact subsidy, licensing and direct services; coordination of licensing and subsidy-roles and potential benefits of integration; professional development initiatives and quality improvement initiatives.
- Guam received on-site technical assistance that included licensing regulations; and the impact of military re-location on child care.
- New York, New York was the site of a multi-regional peer-to-peer activity to increase and share knowledge relevant to federal resources to support the Temporary Assistance for Needy Families (TANF) and Child Care Coordination.
- In July 2008, the territories participated in the annual State and Territory Child Care Administrators Meeting (STAM) that included a pre-session "State and Territory Administrators Day' and post meeting" Territory administrators Day."

Funding provided to Native American Communities:

Tribal/ Organization	FY 07 Discretionary	FY 07 Mandatory	FY 07 TOTAL	FY 08 Discretionary	FY 08 Mandatory	FY 08 TOTAL
Alabama						
Poarch Band of Creeks	$26,951	$12,925	$39,876	$26,955	$12,856	$39,811
Alaska						
Agdaagux Tribal Council	$26,951		$26,951	$23,741		$23,741
Akaichak Native Community	$32,393		$32,393	$30,959		$30,959
Akiak Native Community	$25,119		$25,119	$26,481		$26,481
Aleutian/Pribilo f Island Association, Inc	$111,779	$27,854	$139,633	$105,540	$25,030	$130,570
Artic Slope Native Association, Inc.	$130,800	$135,962	$266,762	$134,088	$116,289	$250,377
Asa'carsarmiut Tribal Council	$34,710		$34,710	$30,538		$30,538
Association of Village Council Presidents, Inc	$1,080,242	$780,501	$1,860,743	$1,030,222	$748,478	$1,778,700
Bristol Bay Native Association	$388,475	$208,401	$596,876	$394,088	$155,442	$549,530
Central Council Tlingt and Haida Tribes				$650,190	$860,580	$1,510,770
Chilkat Indian Village	$22,748		$22,748	$22,845		$22,845
Chugachmiut	$81,956	$25,950	$107,906	$80,224	$26,297	$106,521
Cook Inlet Tribal Council, Inc	$574,109	$955,638	$1,529,747	$596,811	$1,219,771	$1,816,582
Copper River Native Association	$62,414	$17,133	$79,547	$64,768	$16,947	$81,715
Hoonah Indian Association	$36,919		$36,919	$36,755		$36,755
Kawerak, Inc	$472,795	$237,256	$710,051	$446,979	$245,727	$692,706
Kenaitze Indian Tribe IRA	$44,517		$44,517	$67,629		$67,629
Kivalina IRA Council	$26,304		$26,304	$26,164		$26,164
Knik Tribal Council (new)	$101,202		$101,202	$102,772		$102,772

Tribal/ Organization	FY 07 Discretionary	FY 07 Mandatory	FY 07 TOTAL	FY 08 Discretionary	FY 08 Mandatory	FY 08 TOTAL
Kodiak Area Native Association	$135,166	$95,884	$231,050	$128,505	$88,921	$217,426
Maniilaq Association	$268,643	$148,285	$416,928	$261,166	$137,034	$398,200
Metlakatla Indian Community	$49,636	$55,106	$104,742	$48,978	$53,567	$102,545
Mt. Sanford Tribal Consortium	$22,694		$22,694	$30,643		$30,643
Native Village of Barrow	$69,519		$69,519	$59,621		$59,621
Ninilchik Traditional Council	$32,609		$32,609	$32,645		$32,645
Nome Eskimo Community				$41,549		$41,549
Organized Village of Kwethluk	$41,284		$41,284	$41,496		$41,496
Orutsararmuit Native Council	$106,052		$106,052	$104,353		$104,353
Sitka Tribe of Alaska	$56,964		$56,964	$58,040		$58,040
Tanana Chiefs Conference, Inc.	$723,692	$517,094	$1,240,786			
Tlingit & Haida Tribes of Alaska	$638,101	$852,139	$1,490,240			
Tuluksak Native Community				$720,820	$511,712	$1,232,532
Yakutat Tlingit Tribe	$30,346		$30,346			
American Samoa						
America Samoa	$2,606,042		$2,606,042	$2,535,971		$2,535,971
Arizona						
Cocopah Indian Tribe	$30,453	$19,437	$49,890	$27,587	$14,025	$41,612
Fort McDowell Mohave-Apache	$92,581	$134,960	$227,541	$86,650	$123,204	$209,854
Gila River Indian Community	$236,233	$402,073	$638,306	$231,277	$390,553	$621,830
Havasupai Tribal Council	$28,621	$16,031	$44,652	$34,436	$26,686	$61,122

Tribal/ Organization	FY 07 Discretionary	FY 07 Mandatory	FY 07 TOTAL	FY 08 Discretionary	FY 08 Mandatory	FY 08 TOTAL
Hopi Tribe	$154,924	$250,882	$405,806	$148,505	$237,546	$386,051
Hualapai Tribal Council	$37,620	$32,763	$70,383	$47,397	$50,645	$98,042
Navajo Nation	$3,196,201	$5,905,958	$9,102,159	$3,650,584	$6,711,273	$10,361,857
Pascua Yaqui	$209,885	$353,079	$562,964	$197,557	$328,220	$525,777
Quechan Indian Tribe	$67,471	$88,270	$155,741	$79,221	$109,472	$188,693
Salt River Pima-Maricopa	$155,894	$252,686	$408,580	$135,649	$213,781	$349,430
San Carlos Apache Tribe	$151,852	$245,172	$397,024	$172,793	$282,445	$455,238
Tohono O'Odham	$279,609	$482,728	$762,337	$330,065	$573,168	$903,233
White Mountain Apache Tribe	$378,270	$666,181	$1,044,451	$370,371	$647,675	$1,018,046
Yavapai-Apache Tribe (Camp Verde)	$34,602	$27,152	$61,754			
California						
Bear River Band of Rohnerville (Rohnerville Rancheria)	$30,346	$19,237	$49,583	$30,221	$18,895	$49,116
Big Sandy Rancheria				$25,532	$10,226	$35,758
Bishop Paiute Tribe	$44,517	$45,588	$90,105	$40,495	$37,887	$78,382
California Indian Manpower, Inc	$245,313	$117,726	$363,039	$251,664	$111,030	$362,694
California Rural Indian Health Board	$309,742	$278,436	$588,178	$353,320	$283,419	$636,739
Campo Consortia	$67,685	$25,449	$93,134	$103,762	$43,925	$147,687
Chico Rancheria (Mechoopda)	$45,756	$47,892	$93,648			
Chukchansi Tribe of Picayane	$42,254	$41,380	$83,634	$41,865	$40,419	$82,284
Cloverdale Rancheria	$28,298	$15,430	$43,728	$27,798	$14,414	$42,212
Colusa Indian Community (New Applicant)	$22,748	$5,110	$27,858	$22,792	$5,162	$27,954
Coyote Valley	$27,005	$13,025	$40,030	$26,270	$11,590	$37,860

Tribal/ Organization	FY 07 Discretionary	FY 07 Mandatory	FY 07 TOTAL	FY 08 Discretionary	FY 08 Mandatory	FY 08 TOTAL
Dry Creek Rancheria	$35,087	$28,054	$63,141	$35,279	$28,244	$63,523
Enterprise Rancheria	$33,471	$25,048	$58,519	$32,645	$23,375	$56,020
Fort Mojave Tribe	$39,236	$35,769	$75,005	$34,489	$26,784	$61,273
Hoopa Tribe (Hoopa Valley)	$56,694	$68,231	$124,925	$47,239	$50,353	$97,592
Hopland Band of Pomo Indians	$30,992	$20,439	$51,431	$30,748	$19,869	$50,617
Inter Tribal Council of California	$349,302	$135,561	$484,863	$214,543	$66,813	$281,356
Karuk	$48,181	$52,401	$100,582	$47,187	$50,256	$97,443
Lytton Rancheria	$25,227	$9,719	$34,946			
Mechoopda Indian Tribe of Chico Rancheria				$44,552	$45,386	$89,938
Middletown Rancheria	$23,987	$7,414	$31,401	$23,952	$7,305	$31,257
Mooretown Rancheria	$33,201	$24,547	$57,748	$35,806	$29,218	$65,024
North Fork Rancheria	$37,566	$32,663	$70,229	$40,917	$38,666	$79,583
Pala Band of Mission Indians	$29,106	$16,933	$46,039	$26,744	$12,467	$39,211
Pinoleville Indian Community	$26,089	$11,322	$37,411	$26,059	$11,200	$37,259
Pit River Tribe	$40,799	$38,674	$79,473	$50,875	$57,073	$107,948
Quartz Valley Indian Community	$24,634	$8,617	$33,251	$24,320	$7,986	$32,306
Redding Rancheria	$81,966	$115,222	$197,188	$95,975	$140,443	$236,418
Robinson Rancheria	$32,178	$22,644	$54,822	$32,434	$22,985	$55,419
Round Valley Indian Tribe	$108,907	$165,318	$274,225	$115,628	$176,771	$292,399
Scotts Valley Band of Pomo	$24,365	$8,116	$32,481	$24,531	$8,376	$32,907
Smith River	$54,755	$64,624	$119,379	$53,983	$62,820	$116,803
Soboba Band of Mission Indians	$30,076	$18,736	$48,812	$33,172	$24,349	$57,521
Southern California Tribal	$51,699	$18,035	$69,734	$52,811	$18,505	$71,316

Tribal/ Organization	FY 07 Discretionary	FY 07 Mandatory	FY 07 TOTAL	FY 08 Discretionary	FY 08 Mandatory	FY 08 TOTAL
Chairmen's Association						
Susanville Rancheria/Lassen	$37,458	$32,462	$69,920	$41,391	$39,542	$80,933
Table Bluff Rancheria	$23,233	$6,012	$29,245			
Torres Martinez Desert Cahuilla	$30,777	$20,039	$50,816	$31,855	$21,914	$53,769
Tyme Maidu Berry Creek Rancheria	$31,154	$20,740	$51,894	$31,960	$22,109	$54,069
Wiyot Tribe/Table Bluff Rancheria				$26,902	$12,759	$39,661
Yurok Tribe	$130,461	$205,395	$335,856	$126,376	$196,640	$323,016
Colorado						
Southern Ute	$61,275	$76,748	$138,023	$73,688	$99,245	$172,933
Ute Mountain Ute Tribe	$74,207	$100,794	$175,001	$73,004	$97,979	$170,983
Florida						
Miccosukee Corporation	$35,357	$28,555	$63,912	$34,911	$27,563	$62,474
Guam						
Guam	$4,047,582		$4,047,582	$4,022,522		$4,022,522
Hawaii						
Alu Like	$1,000,000		$1,000,000	$982,530		$982,530
Idaho						
Coeur d'Alene Tribes	$78,841	$109,410	$188,251	$77,482	$106,258	$183,740
Nez Perce Tribe	$83,097	$117,326	$200,423	$79,748	$110,446	$190,194
Northwestern Band of Shoshoni Nation	$36,381	$30,459	$66,840	$48,557	$52,788	$101,345
Shoshone-Bannock Tribes	$127,713	$200,285	$327,998	$155,512	$250,499	$406,011
Iowa						
Sac and Fox Tribe of the Mississippi in Iowa	$63,484	$80,856	$144,340	$54,194	$63,209	$117,403
Kansas						
Iowa Tribe of Kansas & Nebraska	$26,520	$12,123	$38,643			

Tribal/ Organization	FY 07 Discretionary	FY 07 Mandatory	FY 07 TOTAL	FY 08 Discretionary	FY 08 Mandatory	FY 08 TOTAL
Kickapoo	$41,392	$39,776	$81,168	$38,124	$33,504	$71,628
Native American Family Services, Inc.				$25,848	$10,811	$36,659
Prairie Band of Potawatomi	$57,072	$68,933	$126,005	$48,767	$53,177	$101,944
Louisiana						
Chitimacha Tribe	$30,453	$19,437	$49,890	$31,380	$21,037	$52,417
Coushatta Tribe	$31,423	$21,241	$52,664	$31,275	$20,842	$52,117
Tunica Biloxi	$26,250	$11,622	$37,872	$26,955	$12,856	$39,811
Michigan						
Aroostook Band of Micmac Indians	$29,699	$18,035	$47,734	$30,748	$19,868	$50,616
Houlton Band of Maliseet Indians	$27,651	$14,227	$41,878	$26,428	$11,882	$38,310
Indian Township Passamaquoddy	$29,483	$17,634	$47,117	$29,536	$17,628	$47,164
Penobscot Nation	$37,566	$32,663	$70,229	$36,228	$29,998	$66,226
Pleasant Point Passamaquoddy	$30,561	$19,638	$50,199	$29,642	$17,823	$47,465
Massachusetts						
Wampanoag of Gay Head	$23,826	$7,114	$30,940	$23,635	$6,720	$30,355
Michigan						
Bay Mills Indian Community	$39,667	$36,570	$76,237	$39,758	$36,523	$76,281
Grand Traverse Band of Ottawa/Chippewa	$39,344	$35,969	$75,313	$38,599	$34,380	$72,979
Hannaville Indian Community (Potawatomi)	$35,141	$28,154	$63,295	$32,118	$22,401	$54,519
Keweenaw Bay Indian Community	$43,224	$43,183	$86,407	$54,036	$62,917	$116,953
Lac Viex Desert	$36,327	$30,358	$66,685	$24,847	$8,960	$33,807
Little Traverse Bay Bands of Odawa Indians	$29,052	$16,832	$45,884	$27,271	$13,440	$40,711

Tribal/ Organization	FY 07 Discretionary	FY 07 Mandatory	FY 07 TOTAL	FY 08 Discretionary	FY 08 Mandatory	FY 08 TOTAL
Pokagon Band	$67,956	$89,171	$157,127	$65,311	$83,759	$149,070
Sault St. Marie Tribe of Chippewas	$193,235	$322,120	$515,355	$178,378	$292,768	$471,146
Minnesota						
Bois Forte Reservation (Nett Lake)	$58,904	$72,339	$131,243	$60,991	$75,773	$136,764
Fond Du Lac	$116,882	$180,146	$297,028	$141,708	$224,982	$366,690
Grand Portage	$26,951	$12,925	$39,876	$26,375	$11,785	$38,160
Leech Lake	$330,745	$577,811	$908,556	$217,999	$366,009	$584,008
Lower Sioux Indian Tribe of Minnesota	$36,327	$30,358	$66,685	$40,179	$37,302	$77,481
Mille Lacs Band of Chippewa	$46,079	$48,493	$94,572	$49,716	$54,931	$104,647
Red Lake Band of Chippewa	$152,876	$247,075	$399,951	$134,121	$210,957	$345,078
Shakopee Mdewakanton Sioux Community	$33,686	$25,449	$59,135	$35,859	$29,316	$65,175
Upper Sioux Community	$27,759	$14,428	$42,187	$27,640	$14,122	$41,762
White Earth	$240,652	$410,289	$650,941	$230,328	$388,800	$619,128
Ms. Band of Choctaw	$185,206	$307,191	$492,397	$177,008	$290,236	$467,244
Montana						
Blackfeet Nation	$161,659	$263,407	$425,066	$163,047	$264,427	$427,474
Chippewa-Cree Tribe (Rocky Boys)	$86,761	$124,139	$210,900	$85,754	$121,549	$207,303
Confederated Tribe of Salish & Kootenai	$181,596	$300,478	$482,074	$181,856	$299,196	$481,052
Crow Tribe	$142,369	$227,538	$369,907	$185,597	$306,111	$491,708
Fort Belknap Community Council	$175,292	$288,755	$464,047	$175,691	$287,801	$463,492
Fort Peck Assiniboine & Sioux	$185,314	$307,391	$492,705	$189,601	$313,513	$503,114
Northern Cheyenne Tribe	$216,189	$364,802	$580,991	$159,042	$257,025	$416,067
Nebraska						
Omaha	$90,695	$131,453	$222,148	$86,123	$122,230	$208,353

Tribal/ Organization	FY 07 Discretionary	FY 07 Mandatory	FY 07 TOTAL	FY 08 Discretionary	FY 08 Mandatory	FY 08 TOTAL
Ponca Tribe of Nebraska	$39,613	$36,470	$76,083	$37,176	$31,751	$68,927
Santee Sioux	$37,674	$32,863	$70,537	$34,173	$26,199	$60,372
Winnebago	$156,432	$253,688	$410,120	$159,832	$258,485	$418,317
Nevada						
Ely Shoshone Tribe	$24,580	$8,516	$33,096	$24,742	$8,766	$33,508
Fallon Paiute-Shoshone Tribe	$34,926	$27,753	$62,679	$34,647	$27,076	$61,723
Inter Tribal Council of Nevada	$428,880	$340,054	$768,934	$435,689	$356,562	$792,251
Las Vegas Paiute Tribe	$92,150	$134,158	$226,308	$114,205	$174,142	$288,347
Pyramid Lake Paiute Tribal Council	$58,149	$70,936	$129,085	$65,680	$84,441	$150,121
Reno-Sparks Indian Colony	$38,320	$34,066	$72,386	$37,914	$33,114	$71,028
Shoshone-Paiute Tribe of Duck Valley	$39,667	$36,570	$76,237	$40,653	$38,179	$78,832
Walker River Paiute Tribe	$41,014	$39,075	$80,089	$36,860	$31,166	$68,026
New Mexico						
Eight Northern Indian Pueblos	$211,395	$132,755	$344,150	$191,022	$131,288	$322,310
Mescalero Apache	$91,341	$132,655	$223,996	$83,857	$118,042	$201,899
Pueblo of Acoma	$128,575	$201,888	$330,463	$96,713	$141,807	$238,520
Pueblo of Cochiti	$35,464	$28,755	$64,219	$35,701	$29,024	$64,725
Pueblo of Isleta	$66,932	$87,268	$154,200	$58,936	$71,975	$130,911
Pueblo of Jemez(Jemus Pueblo)	$44,894	$46,289	$91,183	$43,393	$43,243	$86,636
Pueblo of Laguna	$110,524	$168,324	$278,848	$102,930	$153,299	$256,229
Pueblo of Sandia	$28,945	$16,632	$45,577	$25,638	$10,421	$36,059
Pueblo de San Felipe	$66,340	$86,166	$152,506	$64,152	$81,617	$145,769
Pueblo of Tesuque				$27,429	$13,733	$41,162
Pueblo of Zia	$30,992	$20,439	$51,431	$30,906	$20,161	$51,067
Pueblo of Zuni	$165,269	$270,119	$435,388	$160,359	$259,459	$419,818
Santa Ana	$26,843	$12,724	$39,567	$28,325	$15,388	$43,713

Tribal/ Organization	FY 07 Discretionary	FY 07 Mandatory	FY 07 TOTAL	FY 08 Discretionary	FY 08 Mandatory	FY 08 TOTAL
Pueblo						
Santo Domingo Pueblo	$74,584	$101,495	$176,079	$70,580	$93,499	$164,079
Taos Pueblo	$56,748	$68,331	$125,079	$56,881	$68,176	$125,057
New York						
St. Regis Mohawk	$156,540	$253,888	$410,428	$209,359	$350,036	$559,395
Seneca Nation	$130,892	$206,197	$337,089	$138,863	$219,722	$358,585
North Carolina						
Eastern Band of Cherokee	$192,265	$320,316	$512,581	$138,705	$219,430	$358,135
North Dakota						
Spirit Lake Nation	$204,065	$342,258	$546,323	$202,088	$336,596	$538,684
Standing Rock Sioux Tribe	$199,431	$333,642	$533,073	$196,872	$326,954	$523,826
Three Affiliated Tribes	$159,288	$258,998	$418,286	$162,994	$264,329	$427,323
Trenton Indian Service Area	$64,508	$82,759	$147,267	$55,511	$65,644	$121,155
Turtle Mountain Band of Chippewa	$284,028	$490,944	$774,972	$277,378	$475,773	$753,151
Northern Marianas						
N. Mariana Islands	$1,799,139		$1,799,139	$1,887,360		$1,887,360
Oklahoma						
Absentee Shawnee Tribe	$501,827	$895,922	$1,397,749	$290,024	$499,147	$789,171
Alabama-Quassarte Tribal Town	$56,802	$68,432	$125,234	$55,459	$65,547	$121,006
Apache Tribe of Oklahoma	$45,110	$46,690	$91,800	$72,055	$96,226	$168,281
Caddo Indian Tribe of Oklahoma	$104,705	$157,503	$262,208	$101,508	$150,670	$252,178
Central Tribes of Shawnee Area, Inc.	$196,144	$327,530	$523,674	$192,235	$318,383	$510,618
Cherokee Nation	$3,490,512	$6,453,211	$9,943,723	$3,625,824	$6,665,498	$10,291,322
Cheyenne & Arapaho	$134,448	$212,809	$347,257	$131,908	$206,866	$338,774
Chickasaw Nation	$911,337	$1,657,388	$2,568,725	$900,302	$1,627,271	$2,527,573

Tribal/ Organization	FY 07 Discretionary	FY 07 Mandatory	FY 07 TOTAL	FY 08 Discretionary	FY 08 Mandatory	FY 08 TOTAL
Choctaw Nation	$1,431,741	$2,625,049	$4,056,790	$1,455,206	$2,653,031	$4,108,237
Citizen Band Potawatomi	$629,096	$1,132,578	$1,761,674	$631,385	$1,130,168	$1,761,553
Comanche Tribe of Oklahoma	$170,819	$280,439	$451,258	$164,732	$267,543	$432,275
Delaware Nation of Oklahoma	$31,585	$21,541	$53,126	$31,960	$22,109	$54,069
Eastern Shawnee	$289,847	$501,765	$791,612	$283,226	$486,584	$769,810
Fort Sill Apache Tribe	$26,789	$12,624	$39,413	$26,270	$11,590	$37,860
Iowa Tribe of Oklahoma	$103,357	$154,998	$258,355	$76,902	$105,186	$182,088
Kaw	$233,647	$397,264	$630,911	$238,811	$404,480	$643,291
Kialegee	$27,436	$13,827	$41,263	$30,537	$19,479	$50,016
Kickapoo	$283,381	$489,742	$773,123	$297,926	$513,757	$811,683
Kiowa	$133,155	$210,405	$343,560	$137,282	$216,801	$354,083
Miami Tribe of Oklahoma	$289,847	$501,765	$791,612	$283,226	$486,584	$769,810
Modoc Tribe of Oklahoma	$289,847	$501,765	$791,612	$283,174	$486,486	$769,660
Muscogee-Creek Nation	$1,382,060	$2,532,671	$3,914,731	$1,358,050	$2,473,435	$3,831,485
Osage Nation	$419,598	$743,029	$1,162,627	$433,069	$763,574	$1,196,643
Otoe-Missouria	$53,461	$62,220	$115,681	$47,924	$51,619	$99,543
Ottawa Tribe of Oklahoma	$289,847	$501,765	$791,612	$283,226	$486,584	$769,810
Pawnee	$60,897	$76,046	$136,943	$91,128	$131,483	$222,611
Peoria Tribe (New Applicant)	$289,847	$501,765	$791,612	$283,859	$487,753	$771,612
Ponca Tribe	$69,788	$92,578	$162,366	$71,159	$94,570	$165,729
Quapaw Tribe	$289,847	$501,765	$791,612	$283,226	$486,584	$769,810
Seminole Tribe of Oklahoma	$274,329	$472,910	$747,239	$249,348	$423,959	$673,307
Seneca Cayuga Tribe of Oklahoma	$289,847	$501,765	$791,612	$283,226	$486,584	$769,810
Shawnee Tribe	$289,847	$501,765	$791,612	$283,226	$486,584	$769,810
Thlopthlocco Tribal Town	$30,831	$20,139	$50,970	$31,539	$21,329	$52,868
Tonkawa Tribe	$43,493	$43,684	$87,177	$42,972	$42,464	$85,436
United Keetoowah Band of	$179,979	$297,472	$477,451	$236,018	$399,318	$635,336

Tribal/ Organization	FY 07 Discretionary	FY 07 Mandatory	FY 07 TOTAL	FY 08 Discretionary	FY 08 Mandatory	FY 08 TOTAL
Cherokee Indians of OK						
Wichita and Affiliated Tribes	$190,810	$317,611	$508,421	$185,070	$305,138	$490,208
Wyandotte Tribe	$289,847	$501,765	$791,612	$283,226	$486,584	$769,810
Oregon						
Burns Paiute Tribe	$23,449	$6,412	$29,861	$24,636	$8,571	$33,207
Confederated Tribes of Coos, Lower Umpaqua, Siuslaw	$25,227	$9,719	$34,946	$25,374	$9,934	$35,308
Confederated Tribes of Grande Ronde	$80,511	$112,516	$193,027	$80,116	$111,127	$191,243
Conf. Tribes of Siletz Indians	$137,304	$218,119	$355,423	$98,504	$145,118	$243,622
Confederated Tribes of Umatilla Indian Reservation	$52,977	$61,318	$114,295	$74,795	$101,290	$176,085
Conf. Tribes of Warm Springs	$86,869	$124,339	$211,208	$93,973	$136,742	$230,715
Coquille Indian Tribe	$26,250	$11,622	$37,872	$26,533	$12,077	$38,610
Cow Creek Band Of Umpqua Tribe	$28,837	$16,432	$45,269	$29,220	$17,044	$46,264
Klamath Tribes	$72,159	$96,987	$169,146	$62,729	$78,987	$141,716
Rhode Island						
Narragansett	$46,241	$48,794	$95,035	$48,504	$52,691	$101,195
South Carolina						
Catawba Indian Nation	$72,913	$98,389	$171,302	$6,564	$8,867	$15,431
Catawba Indian Nation (ISWA)				$62,764	$82,294	$145,058
South Dakota						
Cheyenne River Sioux	$235,156	$400,069	$635,225	$188,916	$312,247	$501,163
Crow Creek Sioux Tribe	$110,254	$167,823	$278,077	$107,725	$162,162	$269,887
Flandreau Santee Sioux Tribe	$51,198	$58,012	$109,210	$50,822	$56,976	$107,798
Lower Brule	$80,834	$113,118	$193,952	$79,642	$110,251	$189,893

Tribal/ Organization	FY 07 Discretionary	FY 07 Mandatory	FY 07 TOTAL	FY 08 Discretionary	FY 08 Mandatory	FY 08 TOTAL
Sioux						
Oglala Sioux	$925,993	$1,684,640	$2,610,633	$879,543	$1,588,897	$2,468,440
Rosebud Sioux	$332,523	$581,118	$913,641	$332,384	$577,453	$909,837
Sisseton-Wapheton Sioux Tribe	$103,950	$156,100	$260,050	$109,674	$165,766	$275,440
Yankton Sioux Tribe	$100,178	$149,087	$249,265	$103,351	$154,078	$257,429
Texas						
Alabama-Coushatta	$27,651	$14,227	$41,878	$30,906	$20,161	$51,067
Kickapoo Traditional Tribe of TX				$44,131	$44,607	$88,738
Ysleta Del Sur Pueblo	$31,262	$20,940	$52,202	$33,119	$24,251	$57,370
Utah						
Paiute Indian Tribe	$33,309	$24,748	$58,057	$33,172	$24,349	$57,521
Ute Indian Tribe	$88,162	$126,744	$214,906	$87,598	$124,957	$212,555
Washington						
Confederated Tribes of Colville	$135,795	$215,314	$351,109	$141,866	$225,274	$367,140
Confederated Tribes of Yakama Indian Nation	$334,193	$584,224	$918,417	$310,308	$536,645	$846,953
Hoh Tribe	$23,179	$5,911	$29,090	$23,372	$6,233	$29,605
Jamestown S'Kallam Tribe	$57,287	$69,333	$126,620	$54,300	$63,404	$117,704
Kalispel Tribe of Indians	$30,723	$19,938	$50,661	$30,959	$20,258	$51,217
Lower Elwha Tribal Council (Elwha)	$75,985	$104,100	$180,085	$75,638	$102,849	$178,487
Lummi Indian Nation	$90,479	$131,052	$221,531	$108,304	$163,233	$271,537
Makah Tribal Council	$59,604	$73,642	$133,246	$45,922	$47,918	$93,840
Muckleshoot Indian Tribe	$135,957	$215,615	$351,572	$135,385	$213,294	$348,679
Nooksack Indian Tribe	$29,861	$18,335	$48,196			
Port Gamble S'Kallam	$36,758	$31,160	$67,918	$37,281	$31,945	$69,226
Puyallup Tribe of Indians	$461,627	$821,179	$1,282,806	$451,826	$798,247	$1,250,073

Tribal/ Organization	FY 07 Discretionary	FY 07 Mandatory	FY 07 TOTAL	FY 08 Discretionary	FY 08 Mandatory	FY 08 TOTAL
Quileute Tribal Council	$34,602	$27,152	$61,754	$56,144	$66,813	$122,957
Quinault Indian Nation	$80,080	$111,715	$191,795	$79,958	$110,835	$190,793
Samish Indian Tribe	$26,682	$12,424	$39,106	$28,377	$15,486	$43,863
Sauk Suiattle Indian Tribe	$23,341	$6,212	$29,553	$23,267	$6,038	$29,305
Skokomish Indian Tribe	$56,048	$67,029	$123,077	$55,248	$65,157	$120,405
Snoqualmie Tribe	$78,733	$109,210	$187,943	$77,429	$106,160	$183,589
South Puget Intertribal Planning Agency	$280,554	$372,917	$653,471	$283,163	$375,554	$658,717
Spokane Tribe of Indians	$72,590	$97,788	$170,378	$70,580	$93,499	$164,079
Stillaguamish	$48,343	$52,701	$101,044	$47,714	$51,230	$98,944
Suquamish	$59,820	$74,042	$133,862	$53,878	$62,625	$116,503
Swinomish Tribal Community	$31,693	$21,742	$53,435	$33,172	$24,349	$57,521
Tulalip Tribes	$113,218	$173,333	$286,551	$106,407	$159,727	$266,134
Upper Skagit Indian Tribe	$34,710	$27,353	$62,063	$31,170	$20,648	$51,818
Wisconsin						
Bad River of Lake Superior	$39,290	$35,869	$75,159	$40,917	$38,666	$79,583
Forest County Potawatomi (Potawatomi Community)	$36,812	$31,260	$68,072	$36,070	$29,705	$65,775
Ho-Chunk Nation (Winnebago)	$94,036	$137,665	$231,701	$60,675	$75,189	$135,864
Lac Court Orielles	$57,449	$69,634	$127,083	$53,615	$62,138	$115,753
Lac Du Flambeau Chippewa	$54,162	$63,522	$117,684	$53,298	$61,553	$114,851
Menominee Indian Tribe of Wisconsin	$114,350	$175,437	$289,787	$112,888	$171,707	$284,595
Oneida Tribe	$129,329	$203,291	$332,620	$136,281	$214,950	$351,231
Red Cliff Chippewas	$43,439	$43,584	$87,023	$41,602	$39,932	$81,534
Sokaogan Chippewa	$24,957	$9,218	$34,175	$25,058	$9,350	$34,408

Tribal/ Organization	FY 07 Discretionary	FY 07 Mandatory	FY 07 TOTAL	FY 08 Discretionary	FY 08 Mandatory	FY 08 TOTAL
St. Croix Chippewa	$72,644	$97,888	$170,532	$78,746	$108,595	$187,341
Stockbridge-Munsee Tribal Council	$45,379	$47,191	$92,570	$41,075	$38,958	$80,033
Wyoming						
Eastern Shoshone	$82,289	$115,823	$198,112	$71,686	$95,544	$167,230
Northern Arapaho	$139,675	$222,528	$362,203	$146,081	$233,065	$379,146
TOTALS:	**$86,411,829**	**$58,340,000**	**$144,751,829**	**$84,862,614**	**$58,340,000**	**$143,202,614**

TANF BUREAU

The Office of Family Assistance is responsible for providing program guidance and technical assistance to: 1) federally recognized American Indian tribes and certain statutorily identified Alaska Native entities in the development, implementation, and administration of tribal Temporary Assistance for Needy Families (TANF) programs; 2) federally recognized tribes and tribal organizations in the implementation and administration of Native Employment Works (NEW) programs; 3) tribes and tribal organizations administering TANF programs in the implementation and administration of Tribal TANF – Child Welfare Coordination projects; and 4) where appropriate, providing general and specific information, guidance, and technical assistance to tribes and state and federal agencies on issues relating to these programs, related legislation, and other initiatives affecting these programs.

Office of Family Assistance
Administration for Children and Families
http://www.acf.hhs.gov/programs/ofa/

Technical Assistance Provided to Native American Communities:

Technical assistance is provided to current grantees and applicants by ACF Regional TANF program staff and OFA Central Office (TANF Bureau) staff on a continuing basis via telephone conversations, e-mails, fax, direct meetings, site visits, regional TANF grantee training and technical assistance conferences and regularly scheduled grantee meetings, peers, and TA contracts.

Funding Provided to Native American Communities (Grants):

TANF became effective July 1, 1997, and replaced the Aid to Families with Dependent Children (AFDC) and Job Opportunities and Basic Skills Training (JOBS) programs. TANF provides assistance and work opportunities to needy families by providing states and tribal grantees the federal funds and flexibility to develop and implement their own welfare programs. Federally recognized American Indian tribes and certain Alaska Native organizations may elect to operate their own TANF programs to serve eligible tribal families. The following table displays the Tribal TANF programs and their allocations by state for FYs 2007 and 2008. The amounts

shown in the table are the full annual Tribal Family Assistance Grant (TFAG) amounts for each Tribal TANF grantee. Six tribes began TANF programs in the middle of FY 2007 or FY 2008; therefore, the amount actually awarded to those tribes for the first FY of their program was prorated consistent with the start date of the program and was less than the amount shown in the table cell.

Ten Tribal TANF grantees administer discretionary grants for Coordination of Tribal TANF and Child Welfare Services to Tribal Families at Risk of Child Abuse or Neglect. These grantees are: Central Council of the Tlingit and Haida Indian Tribes, Confederated Salish and Kootenai Tribes, Confederated Tribes of the Siletz Reservation, Forest County Potawatomi Community, Hoopa Valley Tribe, Port Gamble S'Klallam Tribe, Quileute Tribe, Red Cliff Band of Chippewa Indians, South Puget Intertribal Planning Agency, and Tanana Chiefs Conference. Total annual funding for these Tribal TANF – Child Welfare Coordination grants in each of fiscal years 2007 and 2008 was $1,489,296. The project period for these grants is five years, from September 30, 2006 to September 29, 2011.

The NEW program began July 1, 1997; it replaced the Tribal JOBS program. In the funding period from July 2007 – June 2008, there were 77 NEW grantees. By law, only federally recognized Indian tribes and Alaska Native organizations that operated a Tribal JOBS program in FY 1995 are eligible for NEW program funding. In FY 2007-2008, total annual federal funding awarded for NEW programs was $37,551,452. By law, NEW grant awards are set at FY 1994 Tribal JOBS funding levels. The purpose of the NEW program is to make work activities available to grantees' designated service populations and service areas. Allowable work activities include educational activities, training and job readiness activities, and employment activities. NEW funds also may be used for supportive and job retention services that enable participants to prepare for, obtain, and retain employment. Allowable activities also include job creation.

TANF Tribal Family Assistance Grants		
Tribe or Tribal Organization	**FY 2007**	**FY 2008**
Alaska:		
Association of Village Council Presidents	$5,420,841	$5,420,841
Central Council of Tlingit & Haida Indian Tribes of Alaska	$2,367,150	$2,367,150
Cook Inlet Tribal Council, Inc.	$5,428,077	$5,428,077
Tanana Chiefs Conference, Inc.	$2,443,973	$2,443,973
Bristol Bay Native Association	$1,216,441	$1,216,441
Arizona:		
Hopi Tribe	$628,740	$628,740
Navajo Nation (AZ, NM, UT)	$31,174,026	$31,174,026
Pascua Yaqui Tribe of Arizona	$1,729,965	$1,729,965
Salt River Pima-Maricopa Indian Community	$710,340	$710,340

TANF Tribal Family Assistance Grants		
Tribe or Tribal Organization	**FY 2007**	**FY 2008**
White Mountain Apache Tribe	$1,914,669	$1,914,669
San Carlos Apache Tribe		$1,972,962
California:		
Hoopa Valley Tribe	$1,212,239	$1,212,239
Morongo Band of Mission Indians	$1,473,624	$1,473,624
Soboba Band of Luiseno Indians	$1,492,333	$1,492,333
Southern California Tribal Chairmen's Association	$7,224,967	$7,224,967
Torres Martinez Desert Cahuilla Indians	$20,058,817	$20,058,817
Washoe Tribe of Nevada and California	$14,010,134	$14,010,134
Yurok Tribe	$1,273,264	$1,273,264
Scotts Valley Band of Pomo Indians		$1,935,052
Federated Indians of Graton Rancheria		$1,570,412
Idaho:		
Coeur d'Alene Tribe	$161,719	$161,719
Nez Perce Tribe	$504,990	$504,990
Shoshone-Bannock Tribes of the Ft. Hall Reservation	$858,781	$858,781
Minnesota:		
Mille Lacs Band of Ojibwe	$4,550,816	$4,550,816
Montana:		
Blackfeet Nation	$3,089,816	$3,089,816
Chippewa Cree Tribe of the Rocky Boy's Reservation	$1,258,657	$1,258,657
Confederated Salish & Kootenai Tribes	$2,139,915	$2,139,915
Fort Belknap Indian Community	$1,006,502	$1,006,502
Nebraska:		
Winnebago Tribe of Nebraska	$790,204	$1,045,985
New Mexico:		
Pueblo of Zuni	$801,389	$801,389
Oklahoma:		
Osage Tribe of Oklahoma	$419,328	$419,328
Muscogee (Creek) Nation		$2,312,788
Oregon:		
Klamath Tribe	$464,259	$464,259
Confederated Tribes of Siletz Indians	$661,625	$661,625
South Dakota:		

TANF Tribal Family Assistance Grants		
Tribe or Tribal Organization	**FY 2007**	**FY 2008**
Sisseton-Wahpeton Oyate	$613,868	$613,868
Washington:		
Confederated Tribes of the Colville Reservation	$3,396,965	$3,396,965
Lower Elwha S'Klallam Tribe	$501,343	$501,343
Nooksack Indian Tribe	$644,753	$644,753
Port Gamble S'Klallam Tribe	$516,580	$516,580
Quileute Tribe	$608,686	$608,686
Quinault Indian Nation	$1,695,135	$1,695,135
South Puget Inter-tribal Planning Agency	$4,743,962	$4,743,962
Spokane Tribe of Indians	$8,403,229	$8,403,229
Tulalip Tribes	$967,330	$967,330
Upper Skagit Indian Tribe	$115,777	$115,777
Lummi Nation	$1,514,421	$1,514,421
Wisconsin:		
Bad River Band of Lake Superior Tribe of Chippewa	$291,848	$291,848
Forest County Potawatomi Community	$115,793	$115,793
Lac du Flambeau Band of Lake Superior Chippewa	$610,124	$610,124
Menominee Indian Tribe of Wisconsin	$1,267,930	$1,267,930
Oneida Tribe of Wisconsin	$835,924	$835,924
Red Cliff Band of Lake Superior Chippewa Indians	$347,120	$347,120
Sokaogon Chippewa Community - Mole Lake Band	$77,195	$77,195
Stockbridge-Munsee Band of Mohican Indians	$143,122	$143,122
Wyoming:		
Eastern Shoshone Tribe – Wind River Reservation	$1,640,458	$1,640,458
Northern Arapaho Tribe – Wind River Reservation	$1,640,458	$1,640,458
Totals:	**$170,128,997**	**$177,920,211**

NATIVE EMPLOYMENT WORKS (NEW) GRANTEES AND FUNDING – PROGRAM YEAR 2007-2008 (JULY 1, 2007 – JUNE 30, 2008)	
NEW Program Grantees, by State	**Funding Levels**
Alaska	
Aleutian/Pribilof Islands Association, Inc	$7,600
Association of Village Council Presidents	$326,075

NATIVE EMPLOYMENT WORKS (NEW) GRANTEES AND FUNDING – PROGRAM YEAR 2007-2008 (JULY 1, 2007 – JUNE 30, 2008)	
NEW Program Grantees, by State	**Funding Levels**
Bristol Bay Native Association	$54,427
Central Council of the Tlingit and Haida Indian Tribes	$124,791
Chugachmiut	$17,652
Cook Inlet Tribal Council, Inc.	$285,377
Kawerak, Inc.	$80,415
Kodiak Area Native Association	$19,123
Metlakatla Indian Community	$16,917
Tanana Chiefs Conference, Inc.	$159,115
Arizona	
Cocopah Indian Tribe	$5,187
Gila River Indian Community	$126,512
Hualapai Indian Tribe	$6,089
Navajo Nation (Arizona, New Mexico, and Utah)	$1,752,666
Pascua Yaqui Tribe	$55,025
Salt River Pima-Maricopa Indian Community	$51,868
Tohono O'odham Nation	$150,868
California	
California Indian Manpower Consortium	$447,885
Idaho	
Nez Perce Tribe	$34,752
Kansas	
Kickapoo Tribe in Kansas	$27,269
Maine	
Penobscot Nation	$23,915
Michigan	
Sault Ste. Marie Tribe of Chippewa Indians	$113,011
Minnesota	
Leech Lake Band of Chippewa Indians	$168,176
Mille Lacs Band of Chippewa Indians	$61,723
Minnesota Chippewa Tribe	$396,575
Red Lake Band of Chippewa Indians	$134,691
White Earth Band of Chippewa Indians	$192,415
Mississippi	
Mississippi Band of Choctaw Indians	$42,598

NATIVE EMPLOYMENT WORKS (NEW) GRANTEES AND FUNDING – PROGRAM YEAR 2007-2008 (JULY 1, 2007 – JUNE 30, 2008)	
NEW Program Grantees, by State	**Funding Levels**
Montana	
Assiniboine and Sioux Tribes of the Ft. Peck Reservation	$64,671
Blackfeet Tribe	$116,825
Chippewa-Cree Tribe of the Rocky Boy's Reservation	$24,512
Confederated Salish and Kootenai Tribes of the Flathead Reservation	$60,238
Crow Tribe of Montana	$69,365
Northern Cheyenne Tribe	$59,456
Nebraska	
Omaha Tribe of Nebraska	$39,606
Santee Sioux Nation	$12,576
Winnebago Tribe of Nebraska	$19,389
Nevada	
Shoshone-Paiute Tribes of the Duck Valley Reservation (Nevada and Idaho)	$5,257
New Mexico	
Mescalero Apache Tribe	$22,244
Pueblo of Zuni (Zuni Tribe)	$54,474
New York	
Seneca Nation of New York	$74,616
North Carolina	
Eastern Band of Cherokee Indians	$90,972
North Dakota	
Spirit Lake Sioux Tribe	$55,904
Standing Rock Sioux Tribe (ND and SD)	$75,312
Three Affiliated Tribes of the Ft. Berthold Reservation	$38,279
Turtle Mountain Band of Chippewa Indians	$207,368
Oklahoma	
Cheyenne and Arapaho Tribes of Oklahoma	$53,288
Chickasaw Nation	$29,960
Comanche Nation	$34,991
Inter-Tribal Council, Inc.	$7,776
Sac and Fox Nation	$10,063
Oregon	
Confederated Tribes of the Grand Ronde Community	$54,426
South Dakota	

NATIVE EMPLOYMENT WORKS (NEW) GRANTEES AND FUNDING – PROGRAM YEAR 2007-2008 (JULY 1, 2007 – JUNE 30, 2008)	
NEW Program Grantees, by State	**Funding Levels**
Cheyenne River Sioux Tribe	$69,415
Lower Brule Sioux Tribe	$8,184
Oglala Sioux Tribe	$219,158
Rosebud Sioux Tribe	$164,596
Sisseton-Wahpeton Oyate	$41,831
Washington	
Colville Confederated Tribes	$111,945
Confederated Tribes and Bands of the Yakama Nation	$131,731
Lummi Tribe	$57,274
Makah Indian Tribe	$12,496
Nooksack Indian Tribe	$45,819
Puyallup Tribe	$22,910
Sauk-Suiattle Indian Tribe	$11,455
South Puget Inter-Tribal Planning Agency (SPIPA)	$57,274
Stillaguamish Tribe	$14,319
Swinomish Indian Tribal Community	$17,182
Tulalip Tribes	$28,637
Upper Skagit Indian Tribe	$45,819
Wisconsin	
Forest County Potawatomi Community	$13,185
Ho-Chunk Nation	$52,217
Lac Courte Oreilles Band of Chippewa Indians	$58,483
Menominee Indian Tribe of Wisconsin	$114,615
Oneida Tribe of Wisconsin	$19,320
Sokaogon Chippewa Community	$13,184
Wyoming	
Eastern Shoshone Tribe (Shoshone Tribe of the Wind River Reservation)	$22,447
Northern Arapaho Tribe (Arapahoe Tribe of the Wind River Reservation)	$33,671
Total	**$737,551,452**

OFFICE OF HEAD START

The Office of Head Start provides grants to tribes, consortia of tribes and tribal non-profit agencies to provide comprehensive child development services to economically disadvantaged children and families, with a special focus on helping preschoolers develop the early reading and math skills they need to be successful in school. In FY 1995, the Early Head Start program was established to serve children from birth to three years of age in recognition of the mounting evidence that the earliest years matter a great deal to children's growth and development.

Office of Head Start,
Administration for Children and Families
http://www.acf.hhs.gov/programs/ohs/

Head Start programs promote school readiness by enhancing the social and cognitive development of children through the provision of educational, health, nutritional, social and other services to enrolled children and families. They engage parents in their children's learning and help them in making progress toward their educational, literacy and employment goals. Significant emphasis is placed on the involvement of parents in the administration of local Head Start programs.

Tribes and consortia of tribes are served primarily by Office of Head Start's American Indian - Alaska Native Program Branch for the purpose of operating Head Start programs at the community level. Programs are operated in over 200 tribal communities and villages in 27 states.

Technical Assistance provided to Native American Communities

Technical assistance is provided to each grantee through contracts funded to the Academy for Educational Development in FY 2007 and 2008. The American Indian technical assistance network has twelve specialists located across the nation to serve the tribal grantees as well as six content experts to provide additional training and technical assistance to grantees.

All Head Start grantees are reviewed on a triennial basis by the Office of Head Start. In FY 2007, there were 36 tribes that were monitored and four tribes met all of the program requirements (approximately 1700 requirements): California Rural Indian Health Board, Pueblo of Laguna, Quinault Indian Tribe, and Redding Rancheria. In FY 2008, 55 tribes were monitored and five tribes met all requirements: Coquille Indian Tribe, Passamaquoddy Tribe (Pleasant Point), Pueblo of San Felipe, Suquamish Tribe, and Turtle Mountain Band of Chippewa Indians. OHS has been working with the tribes to ensure they meet all requirements of the Head Start program.

Funding Provided to Native American Communities

In the reauthorization of the Head Start Act in December 2007, tribes were specifically named to receive an additional $10 million of expansion monies if Congress appropriated an increase in total funding to all grantees.

	FY 2007			FY 2008		
Grantee Name	**HS Enroll**	**EHS Enroll**	**Total Funding**	**HS Enroll**	**EHS Enroll**	**Total Funding**
Alaska						
Fairbanks Native Association, Inc	152	111	$2,971,747	152	111	$2,971,746
South Central Foundation	195	32	$2,429,712	195	32	$2,478,124
Chugachmiut	22		$301,223	22		$302,817
Metlakatla Indian Community	31		$360,650	31		$360,650
Tanana Chiefs Conference	89		$874,777	89		$888,425
Kawerak, Inc	164		$1,571,258	164		$1,571,258
Tlingit & Haida Tribes Central Council	262		$2,462,731	262		$2,468,731
Association of Village Council Presidents (Head Start)	221		$2,301,969	221		$2,301,969
Aleutian/Pribilof Islands Association, Inc.	72		$1,073,833	72		$1,076,633
Native Village of Tyonek, IRA	16		$151,063	16		$151,063
Kenaitze Indian Tribe, IRA	57		$569,651	57		$569,651
Council of Athabascan Tribal Governments		30	$463,210		30	$463,210
Arizona						
Salt River Pima-Maricopa Indian Community	102		$799,742	102		$805,242
Pascua Yaqui Association	72		$576,879	72		$576,879
Gila River Indian Community	203		$1,352,784	203		$1,352,784
Navajo Nation	4,013	60	$27,927,181	4,013	60	$27,927,181
Tohono O'Odham Nation (Head Start)	215		$1,642,400	215		$1,642,400
San Carlos Apache Tribe	233		$1,468,841	233		$1,468,841
Quechan Tribal Council	87		$660,536	87		$660,536
Havasupai Tribal Council	30		$257,172	30		$257,172

	FY 2007			FY 2008		
Grantee Name	**HS Enroll**	**EHS Enroll**	**Total Funding**	**HS Enroll**	**EHS Enroll**	**Total Funding**
(Head Start)						
Hualapai Tribal Council	57		$461,947	57		$461,947
White Mountain Apache Tribe	252		$1,608,395	252		$1,615,960
Hopi Indian Tribal Council	195		$1,479,132	195		$1,479,132
Colorado River Indian Tribes	183		$1,473,852	183		$1,473,852
Cocopah Indian Tribe	20		$234,381	20		$234,381
California						
Bishop Indian Tribal Council	60		$455,779	60		$455,779
Yurok Tribe	60		$413,223	60		$413,223
Rincon San Luiseno Band of Mission Indians	68		$506,624	68		$629,089
Karuk Tribe of California	60		$453,999	60		$453,999
Round Valley Indian Tribe	20		$201,152	20		$201,152
Redding Rancheria Indian Health Services	34		$347,410	34		$347,410
California Rural Indian Health Board	90		$847,614	90		$1,003,622
Hoopa Valley Tribal Council	68	44	$809,488	68	44	$811,804
Pinoleville Band of Pomo Indians	30		$400,772	30		$400,772
Chemehuevi Indian Tribe	20		$208,314	20		$208,314
Big Sandy Rancheria	20		$141,962	20		$149,127
Smith River Rancheria				34		$345,775
Colorado						
Southern Ute Indian Tribe	95	40	$1,663,045	95	40	$1,664,545
Ute Mountain Ute Tribe of Indians	56		$446,175	56		$446,175
Florida						
Miccosukee Tribe of Indians of Florida (Head Start)	20		$234,200	20		$234,200
Idaho						
Nez Perce Tribe of Idaho (Head Start)	103	75	$1,719,476	103	75	$1,719,476
Shoshone-Bannock	65		$503,435	65		$503,435

	FY 2007			FY 2008		
Grantee Name	**HS Enroll**	**EHS Enroll**	**Total Funding**	**HS Enroll**	**EHS Enroll**	**Total Funding**
Tribal Business Council						
Coeur D'Alene Tribe of Idaho	36	60	$935,051	36	60	$935,051
Kansas						
Kickapoo Tribe In Kansas	30		$249,407	30		$450,407
Prairie Band Potawatomi Indians	32	12	$564,790	32	12	$567,290
Maine						
Passamaquoddy Tribe (Pleasant Point Reservation)	20		$238,765	20		$238,765
Aroostook Band of Micmac Indians	20		$234,299	20		$234,299
Houlton Band of Maliseet Indians	20		$219,960	20		$219,960
Michigan						
Inter-Tribal Council of Michigan, Inc	212	128	$3,846,466	212	128	$3,850,462
Grand Traverse Band of Ottawa and Chippewa Indians	40	48	$793,091	40	48	$793,090
Sault Ste. Marie Tribe of Chippewa Indians	80	50	$1,026,810	80	50	$1,028,410
Minnesota						
Fond Du Lac Reservation Business Committee	102	60	$1,555,879	102	60	$1,560,879
Red Lake Tribal Council	129		$1,007,648	129		$1,007,648
White Earth Reservation Business Committee	130	40	$1,500,298	130	40	$1,512,298
Leech Lake Reservation Business Committee	192		$1,665,520	192		$1,671,520
Grand Portage Reservation Business Committee	15		$187,722	15		$187,722
Bois Forte Reservation Tribal Council	48		$426,626	48		$441,626
Mille Lacs Reservation Business Committee	53	40	$886,859	53	40	$888,321
Mississippi						
Mississippi Band of Choctaw Indians	208	68	$2,026,851	208	68	$2,026,851

	FY 2007			FY 2008		
Grantee Name	**HS Enroll**	**EHS Enroll**	**Total Funding**	**HS Enroll**	**EHS Enroll**	**Total Funding**
Montana						
Northern Cheyenne Tribal Council	160		$1,230,055	160		$1,230,055
Ft. Belknap Community Council (Head Start)	140		$1,102,510	140		$1,102,510
Confederated Salish & Kootenai Tribes	177	40	$1,611,389	177	40	$1,611,390
Blackfeet Tribal Business Council (Head Start)	290	115	$3,438,594	290	115	$3,438,594
Assiniboine & Sioux Tribes Community Action Agency	254		$1,726,147	254		$1,737,212
Rocky Boy Head Start Program	167	40	$1,460,967	167	40	$1,451,174
Crow Tribe of Indians	304		$2,171,820	304		$2,171,820
North Carolina						
Eastern Band of Cherokee Indians	176	70	$1,862,017	176	70	$1,862,017
North Dakota						
Spirit Lake Tribe	100	75	$2,033,893	100	75	$2,033,893
Three Affiliated Tribes	163		$1,295,890	163		$1,319,716
Turtle Mountain Band of Chippewa Indian Tribe	330		$2,700,252	330		$2,700,252
Standing Rock Sioux Tribe	257	75	$3,069,616	257	75	$3,069,616
Nebraska						
Omaha Tribe of Nebraska, Head Start	101		$742,929	101		$742,929
Winnebago Tribe of Nebraska	90		$727,678	90		$728,818
Santee Sioux Tribe of Nebraska	35		$306,488	35		$306,488
New Mexico						
Pueblo of San Felipe	93		$744,331	93		$744,331
Pueblo of Taos Governor's Office	56		$587,979	56		$587,979
Pueblo of Jemez	68		$535,999	68		$535,999
Santo Domingo Pueblo Tribe	120		$875,136	120		$875,136
Ramah Navajo School Board, Inc	60		$466,657	60		$466,657
Alamo Navajo School	80	60	$1,021,661	80	60	$1,021,661

	FY 2007			FY 2008		
Grantee Name	**HS Enroll**	**EHS Enroll**	**Total Funding**	**HS Enroll**	**EHS Enroll**	**Total Funding**
Board, Inc.						
Pueblo De Acoma Tribal Council	112		$860,874	112		$860,874
Pueblo of Zuni	153		$987,797	153		$987,797
Pueblo of Isleta	87		$747,580	87		$747,580
Mescalero Apache Tribe	120		$776,362	120		$776,362
Pueblo of Laguna, Dept of Education	140	70	$2,099,595	140	70	$2,099,595
Eight Northern Indians Pueblo Council	36		$274,924	36		$274,924
Jicarilla Apache Tribe	102	60	$1,514,212	102	60	$1,514,212
Five Sandoval Indian Pueblos, Inc	53		$460,336	53		$464,594
Pueblo of Sandia	16		$138,484	16		$138,484
Santa Clara Pueblo	38		$277,052	38		$277,052
Pueblo of Tesuque	22		$162,503	22		$162,503
San Juan Pueblo	81		$584,900	81		$584,900
Nevada						
Washoe Tribal Council	90		$963,256	90		$965,662
Inter-Tribal Council of Nevada	220		$1,831,534	220		$1,803,390
Reno-Sparks Indian Colony	52		$407,864	52		$408,907
New York						
St Regis Mohawk Tribal Council	63		$627,667	63		$627,667
Seneca Nation of Indians	80		$554,863	80		$560,204
Oklahoma						
Central Tribes of the Shawnee Area, Inc.	154	32	$1,415,976	154	32	$1,415,976
Caddo Indian Tribe of Oklahoma	80		$674,135	80		$674,135
Otoe-Missouria Tribal Council	40		$292,024	40		$292,024
Osage Tribal Council	210		$1,523,298	210		$1,523,298
Muscogee (Creek) Nation of Oklahoma	289		$2,123,683	289		$2,123,683
Cheyenne & Arapaho Tribes of Oklahoma	133		$918,602	133		$918,602
Chickasaw Nation Planning Department (Head Start)	256		$1,867,389	256		$1,871,246

	FY 2007			FY 2008		
Grantee Name	**HS Enroll**	**EHS Enroll**	**Total Funding**	**HS Enroll**	**EHS Enroll**	**Total Funding**
Kiowa Tribe of Oklahoma	146		$866,405	146		$870,845
Cherokee Nation of Oklahoma	680	162	$6,344,112	680	162	$6,351,282
Choctaw Nation of Oklahoma	310		$2,131,979	310		$2,131,979
Kickapoo Tribe of Oklahoma	60		$453,656	60		$456,658
Ponca Tribe of Oklahoma	35		$201,747	35		$201,747
Iowa Tribe of Oklahoma		32	$379,140		32	$379,140
University of Oklahoma Early Head Start Program		34	$430,614		34	$430,614
Seminole Nation of Oklahoma	135	32	$1,394,419	135	32	$1,394,419
Oregon						
Confederated Tribes of Siletz	112		$901,530	112		$901,530
Confederated Tribes of the Umatilla	40		$363,492	40		$363,492
Confederated Tribes of the Warm Springs	112	48	$1,119,259	112	48	$1,119,258
Confederated Tribes of Grand Ronde	20		$315,543	20		$315,543
Coquille Indian Tribe	20		$178,951	20		$180,308
South Carolina						
ISWA Development Corporation/Catawba	82		$684,993	80		$678,993
South Dakota						
Sisseton Wahpeton Sioux Tribe	154	40	$1,541,335	154	40	$1,563,163
Cheyenne River Sioux Tribe	251		$1,936,206	251		$1,951,930
Rosebud Sioux Tribal Council	315		$2,292,083	315		$2,303,483
Lower Brule Sioux Tribe	60		$510,998	60		$510,998
Yankton Sioux Tribe	36		$454,230	36		$454,230
Oglala Lakota College	511	100	$5,191,179	511	100	$5,191,179
Rural America Initiatives	155	73	$2,223,179	155	73	$2,223,180
Texas						
Kickapoo Traditional Tribe of Texas	34		$398,879	34		$398,879
Utah						

	FY 2007			FY 2008		
Grantee Name	**HS Enroll**	**EHS Enroll**	**Total Funding**	**HS Enroll**	**EHS Enroll**	**Total Funding**
Ute Indian Tribe	215		$1,695,857	215		$1,719,211
Washington						
Nisqually Indian Tribe	40		$379,649	40		$379,649
Lummi Indian Business Council	117		$815,100	117		$818,633
Skokomish Indian Tribe	40		$321,897	40		$325,837
Nooksack Indian Tribe	64		$573,039	64		$585,725
Port Gamble S'Klallam Tribe	20	28	$583,175	20	28	$584,266
Lower Elwha Klallam Tribe	40		$315,605	40		$320,493
Spokane Tribe of Indians	70		$620,110	70		$620,110
Colville Confederated Tribes	115		$800,543	115		$802,763
Quinault Indian Nation	60		$421,927	60		$421,927
Makah Tribal Council	46		$381,195	46		$381,195
Confederated Tribe of Chehalis	49	35	$859,943	49	35	$859,943
Muckleshoot Indian Tribe	90		$727,541	90		$727,541
Yakama Tribal Council	171		$1,226,864	171		$1,226,864
Quileute Tribal Council	51		$407,948	51		$413,708
The Suquamish Tribe	36	40	$695,889	36	40	$695,889
Upper Skagit Indian Tribe	36		$250,577	36		$250,577
Samish Indian Tribe	30		$257,461	30		$257,461
Wisconsin						
Red Cliff Band of Lake Superior Chippewas	50	65	$1,239,901	47	68	$1,227,003
Oneida Tribe of Indians of Wisconsin	108		$852,695	108		$857,716
Lac Courte Oreilles Tribal	99		$667,853	99		$669,853
Ho-Chunk Nation	110		$837,417	110		$837,417
Lac Du Flambeau Band of Lake Superior Chippewa	74	40	$1,141,018	74	40	$1,155,261
Stockbridge-Munsee Tribal Council (Head Start)	20		$194,656	20		$200,576
Bad River Tribal Council (Head Start)	55		$456,251	55		$456,251

	FY 2007			FY 2008		
Grantee Name	**HS Enroll**	**EHS Enroll**	**Total Funding**	**HS Enroll**	**EHS Enroll**	**Total Funding**
St. Croix Tribe of Wisconsin	34		$270,767	34		$270,767
Menominee Indian Tribe	210	45	$1,661,150	210	45	$1,661,150
Wyoming						
Shoshone & Arapahoe Joint Business Council	199	48	$1,989,476	199	48	$1,989,476
Total	**20,544**	**2,357**	**$184,950,127**	**20,573**	**2,360**	**$186,065,117**

Other Funding Opportunities:

The Office of Head Start also funded Tribal Colleges and Universities to increase the number of classroom staff with AA and BA degrees in Early Childhood Education.

Tribal Colleges and Universities	FY 2007	FY2008
Stone Child College	$150,000	$261,480
Ft Peck Community College	$149,475	
College of Menominee Nation	$147,335	$500,000
Fort Belknap Community College	$150,000	
Oglala Lakota College	$150,000	$300,000
Blackfeet Community College	$150,000	
Southwestern Indian Polytechnic Institute	$150,000	$150,000
Chief Dull Knife College	$150,000	$150,000
Sitting Bull College	$143,529	$143,529
Northwest Indian College	$149,000	$149,000
Sinte Gleska University		$215,255
Bay Mills Community College	$137,000	
Total	**$1,626,339**	**$1,869,264**

AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

The mission of the Agency for Healthcare Research and Quality (AHRQ) is to improve the quality, safety, efficiency, and effectiveness of healthcare for all Americans. AHRQ promotes healthcare quality improvement by conducting and supporting health services research that develops and presents scientific evidence regarding all aspects of healthcare.

Agency for Healthcare Research and Quality,
an Operating Division of the
Department of Health and Human Services
http://www.ahrq.gov

Health services research:

- Addresses issues of organization, delivery, financing, utilization, patient and provider behavior, quality, outcomes, effectiveness, and cost;
- Evaluates both clinical services and the system in which these services are provided;
- Provides information about the cost of care, as well as its effectiveness, outcomes, efficiency, and quality;
- Includes studies of the structure, process, and effects of health services for individuals and populations; and
- Addresses both basic and applied research questions, including fundamental aspects of both individual and system behavior as well as the application of interventions in practice settings.

The vision of the Agency is to improve healthcare through the production and use of evidence. As a result of AHRQ's efforts, American healthcare will provide services of the highest quality with the best possible outcomes at the lowest cost.

AHRQ fulfills its mission through establishing a broad base of scientific research and promoting improvements in clinical and health system practices. These practices include the prevention of diseases and other health conditions.

Support Provided to Native American Communities

In both FY 2007 and 2008, The California Rural Indian Health Board was a Native American Research Center for Health (NARCH). In addition to helping to build its research capacity, this multiyear project aimed to identify which health care characteristics of tribal health program service systems are associated with preventable hospitalizations. This NARCH developed information on preventable hospitalizations and the relationship of IHS funding and preventable hospitalizations. Also, the NARCH mentored American Indian/Alaska Native researchers.

In FY 2007 and 2008, AHRQ supported a research infrastructure development project run by the Montana-Wyoming Tribal Leaders Council which included six studies addressing in-depth topics such as seat belt use, eye disease, suicide prevention, emergency medical services, and physical and mental health care access improvement. One of the six studies entailed developing and testing a Consumer Assessment of Healthcare Providers and Systems (CAHPS®) instrument for IHS users to gain information on user experiences with providers, processes, and care access. This continuation grant, funded until 2011, builds upon its earlier capacity-building success,

during which the Montana-Wyoming Tribal Leaders Council developed a shared data resource and research infrastructure for participatory research among a majority of the 10 tribes it serves. The continuation project will further build capacity for health care research on the priority health issues identified by the tribes and continue to support culturally appropriate health programs.

Implementation of Health Improvement Collaboration in Cherokee County, Oklahoma — In FY 2007 and 2008, this project included a collaborative partnership among 12 agencies, including a rural acute care hospital, a large American Indian tribal entity, an IHS hospital, a community health center, a health department, and a community consortium. The total patient population is 250,000 in 14 counties in rural northeastern Oklahoma. The project includes three components for improving quality of care. The first component, Healthfinder, was an electronic and telephone resource for consumers to assist in locating health providers and social services. It also assists providers in meeting community needs. The second component implemented an integrated community health information exchange network to facilitate provider coordination and transfer of critical patient information. The last component explored areas for the most cost effective prevention strategies and adopted common objectives for prevention interventions and outcome measurement.

In FY 2007 and 2008, AHRQ supported a research network of 54 primary care providers, including 21 American Indians and all of whom served a largely American Indian population in Robeson County, North Carolina, to study disease- and tribal-specific data on such issues as diabetes prevalence and processes of care. Robeson County, North Carolina, is a rural county that is home to most of the 50,000+ members of the Lumbee Tribe who live in the state. In addition to creating the network of primary care practices where disease- and tribe-specific data can be collected, researchers estimated diabetes prevalence in adults and children as well as collected pilot data on processes of care for diabetes. The creation of the network, measurement of prevalence, and results of the pilot study will result in assessment of the needs for further work to improve the identification and care for diabetes in the community.

In FY 2007 and 2008, the Holomua Project brought together the Hawaii Primary Care Association, the Kalihi-Palama Health Center, Kokua Kalihi Valley Health Center, Hawaii Pacific Health, and the Queens Medical Center in an approach to information sharing during transitional care. The implementation plan assisted the Holomua partners in achieving the ultimate project goal to increase patient safety, quality and continuity of care during transitional care for vulnerable populations in Hawaii through improving the flow of information between patients/families, community health centers and hospitals using health information technology (HIT). The project consisted of both technological and non-technological solutions to the problem of transitional care.

In both FY 2007 and 2008, AHRQ supported the tribal Health Research Advisory Council, which is a group of tribal leaders who advise the Department on health research matters and provided support for the annual American Indian/Alaska Native Health Research Conference.

In FY 2007, AHRQ provided monetary support and assistance to IHS with development of an integrated case management IT application (iCare) that sought to improve clinicians' ability to

understand and proactively manage their patients. It included population and community health components. This was an enhancement to IHS' Resource and Patient Management System (RPMS) that AHRQ has assisted in developing over the last 3-4 years.

During FY2007, AHRQ updated its Agency Tribal Consultation Policy to ensure it was in line with the Department's policy issued in January 2005.

In FY 2008, AHRQ continued its efforts to work with IHS on the development of a sophisticated system of electronic health records. AHRQ helped to fund an effort by IHS to develop, test, and deploy a system to capture information on family health history in electronic health records. The system must be able to produce a standards-based, machine-readable file that can be utilized by organizations across the government and private industry. In addition, 11 IHS and one tribal facility participated in pilot testing the AHRQ "Common Format" data set which will be used nationally to report patient adverse events to Patient Safety Organizations.

Technical Assistance

No technical assistance provided directly to tribes.

Funding Provided to Native American communities

Tribe/Organization	State	FY 2007	FY 2008
MT/WY Tribal Leaders Council	MT, WY	$275,000	$275,000
American Indian Network Study of Clinical Outcomes	NC	$ 50,219	
NARCH California Rural Indian Health Board	CA	$250,000	$250,000
Implementation of Health Improvement Collaboration in Cherokee County, Oklahoma	OK	$495,841	$500,000
Holomua Project Improving Transitional Care in Hawaii	HI	$500,000	

Other Funding

Tribe/Organization	State	FY 2007	FY 2008
IHS Electronic Health Records	n/a	$400,000	
Health Research Advisory Council (HRAC)	n/a	$ 16,700	$ 16,700
Annual AI/AN Research Conference	n/a	$ 7,500	$ 10,000
IHS Family Health History Project	n/a		$178,000

ASSISTANT SECRETARY FOR PLANNING AND EVALUATION

The Assistant Secretary for Planning and Evaluation (ASPE) advises the Secretary of HHS on policy development in health, disability, aging, long-term care, human services, science and data, and provides advice and analysis on economic policy. ASPE leads special initiatives; coordinates the Department's evaluation, research, and demonstration activities; and manages cross-Department planning activities such as strategic planning, legislative planning, and review of regulations.

Office of the Assistant Secretary for Planning and Evaluation
Located in HHS Office of the Secretary
http://www.aspe.hhs.gov/

ASPE is organized into four principal offices, each of which is headed by a Deputy Assistant Secretary. These offices include:

- Office of Disability, Aging, and Long-Term Care Policy;
- Office of Health Policy;
- Office of Human Services Policy; and
- Office of Science and Data Policy.

ASPE does not provide or fund services and it does not have programs that serve American Indians, Alaska Natives, or other Native Americans (AI/AN/NA). A number of ASPE's research, evaluation, and other activities are beneficial to AI/AN/NA people and to Indian tribes; however, they are not the types of activities where ASPE is able to quantify the benefits that go directly to the tribes. The following is a brief summary of some of these ASPE activities.

Support Provided to Native American Communities

Data on the Health and Well-Being of American Indians, Alaska Natives, and Native Americans

ASPE supported a 14-month study: *Data on the Health and Well-Being of American Indians, Alaska Natives, and Native Americas*. This study compiled information on health and human services data sources pertaining to AI/AN/NAs, explored the quality of these data sources, and identified ways to improve the usefulness of these sources. Workgroups of HHS and tribal representatives provided feedback throughout the study. Two reports were produced as a result of this activity. The *Data Catalog* is a compilation of 68 existing data sources that include reliable information about AI/AN/NA population characteristics and measures of health and well-being. The Data Catalog is a valuable reference that can be used by Native communities, researchers, and policy makers. It is posted on ASPE's website at: http://aspe.hhs.gov/hsp/06/Catalog-AI-AN-NA/. The second report is entitled: *Gaps and Strategies for Improving AI/AN/NA Data.* This companion report to the Data Catalog describes gaps in available AI/AN/NA data and identifies possible strategies to improve the quality,

usefulness, and population and geographic coverage of data on health and well-being. This report is posted on ASPE's website at: http://aspe.hhs.gov/hsp/07/AI-AN-NA-data-gaps.

Obesity and American Indian/Alaska Native Populations

ASPE conducted a study entitled *Obesity and American Indians/Alaska Natives (AI/ANs)*. The report of the study summarizes research findings about the prevalence, determinants, and consequences of obesity among AI/ANs as well as the nature and outcomes of clinical and community-based interventions. Information is also included about activities undertaken by selected federal agencies pertaining to obesity and AI/ANs and suggestions for future research. This report is posted on ASPE's website at: http://aspe.hhs.gov/hsp/07/AI-AN-obesity/.

U.S. Department of Health and Human Services Data Council

The HHS Data Council was formed to provide a forum and advisory body to the Secretary on health and human services data policy and to coordinate data collection and analysis activities. The Council consists of senior level officials designated by their Agency and Staff office Heads, The Director of the National Center for Health Statistics, and the HHS Privacy Advocate/Expert. It meets monthly and is co-chaired by the Assistant Secretary for Planning and Evaluation on a permanent basis and the Head of an Operating Division on a rotating basis. The current co-chair is the Agency for Healthcare Research and Quality. ASPE provides the Council's executive secretariat and coordinates the activities of working groups of the Council. ASPE is a member of the Data Council's Working Group on Race and Ethnicity. This Working Group has implemented a HHS minority data Website that is linked to the HHS Gateway to Statistics Website at http://aspe.hhs.gov/datacncl/index.shtml.

The National Committee on Vital and Health Statistics

The National Committee on Vital and Health Statistics (NCVHS) serves as the statutory public advisory body to the Secretary in the area of health data and statistics. ASPE staffs the NCVHS which has a Subcommittee on Populations. One of the main focuses of this Subcommittee is on racial and ethnic health data needs including data needs pertaining to AI/AN/NAs.

ASSISTANT SECRETARY FOR PREPAREDNESS AND RESPONSE

The Assistant Secretary for Preparedness and Response (ASPR) serves as the HHS Secretary's principal advisory staff on matters related to bioterrorism and other public health emergencies. ASPR also coordinates interagency activities between HHS, other Federal departments, agencies, and offices, and state and local officials responsible for emergency preparedness and the protection of the civilian population from acts of bioterrorism and other public health emergencies. ASPR is organized into five main offices, which include:

Office of the Assistant Secretary for Preparedness and Response
Located in HHS Office of the Secretary
http://www.hhs.gov/aspr/

- Biomedical Advanced Research and Development Authority (BARDA);
- Office of Preparedness and Emergency Operations (OPEO);
- Office of Medicine, Science, and Public Health (OMSPH);
- Office of Policy and Strategic Planning (OPSP); and
- Office of Resources, Planning, and Evaluation (RPE).

Since ASPR is not a service agency, it does not have programs that serve Native Americans specifically. The following is a brief summary of some of the activities and projects supported by ASPR that are pertinent to Native American communities.

Support Provided to Native American Communities

On April 17, 2008, Minnesota Emergency Readiness Education and Training (MERET), an ASPR Bioterrorism Training and Curriculum Development Program (BTCDP) awardee, hosted the Annual Tribal Preparedness Conference in Hinkley, MN. The conference was held on the Mille Lacs Reservation for 51 participants, representing 10 of the 11 Minnesota tribal communities and one Wisconsin tribal community. The conference focused on Emergency Planning for Special Populations. This event was co-sponsored by the University of Minnesota, Center for Public Health Preparedness and the Minnesota Department of Health, Office of Emergency Preparedness. The discussion-based program addressed a range of emergency planning considerations based on specific needs in communication, medical situation, independence, supervision, and transportation (C-MIST). Resources for tribal representatives in emergency planning for these special needs individuals and groups were provided and/or made accessible to attendees.

As an ASPR BTCDP awardee, MERET also held the Care of Native American Mothers and Infants during the Disasters workshop at the Northern Lights Casino Walker, MN on August 5, 2008. There were 65 participants, primarily from tribal Nations, the Indian Health Service, county public health departments, hospitals, and healthcare service agencies in Northwest Minnesota and North Dakota. Six of the eleven Minnesota tribal communities were represented. The workshop was co-sponsored by the Minnesota Department of Health and was designed to assist communities in developing a process and a workforce to provide safe care for birthing women and their infants in situations when hospitals are not accessible or in

situations (such as pandemic influenza) when the hospitals are not safe for pregnant or birthing women and newborn infants.

In FY 2008, Dr. Elizabeth Boyd was selected as one of twelve Invited Experts to the Disaster Mental Health Subcommittee of the National Biodefense Science Board (NBSB). The Subcommittee was mandated by Homeland Security Presidential Directive 21. It was convened in June and will submit advice and guidance to the NBSB for protecting, preserving, and restoring individual and community mental health in catastrophic health event settings, including pre-event, intra-event, and post-event education, messaging, and interventions. Dr. Boyd is an Associate Professor in the Department of Psychology at the University of South Dakota and a member of the University's Disaster Mental Health Institute. Dr. Boyd's clinical and research interests include: work with children and families within a developmental/systemic framework, trauma and mental health in Native American communities, development of ethnic identity, trans-racial adoption, and childhood depression. She is an enrolled member of the Seneca Nation of Indians.

Montana Bioterrorism Training and Education Project, an ASPR BTCDP awardee, provided training, education, and exercise programs for Indian Health Service and Native American sites regarding emergency preparedness, Incident Command Structure, and casualty triaging. From June through September of 2008, this program held trainings on IS-100, IS-200, and IS-700 at nine different sites (see table below). "IS" refers to the course number of the Federal Emergency Management Agency's [FEMA] National Incident Management System [NIMS] Emergency Management Institute [EMI] course list. Participants have included senior leadership personnel, such as clinic directors and tribal health directors, from multiple community agencies, including health centers, fish and game departments, law enforcement, public works, fire services, public health, facilities maintenance, and a variety of disciplines/positions from within hospitals.

Location	IS-100	IS-200	IS-700
Ft. Belknap	60	23	64
Ft. Peck	8	8	8
Crow Agency	15	15	16
CSKT (Flathead)	6	9	9
Browning (Blackfeet)	9	8	0
Rocky Boy	11	13	14
N. Cheyenne	5	7	8
Billings	14	13	15
Wind River	14	20	58
TOTAL	**142**	**116**	**192**

CENTERS FOR DISEASE CONTROL AND PREVENTION

The Centers for Disease Control and Prevention (CDC) is recognized as the lead Federal agency for protecting the health and safety of people—at home and abroad, providing credible information to enhance health decisions, and promoting health through strong partnerships. CDC works hard to make people safer and healthier. By charting decisive courses of action, collecting the right information, and working closely with other health and community organizations, CDC has been putting science into action to tackle important health problems since 1946. With more than 9,500 employees across the country, CDC plays a critical role in protecting the public from the most widespread, deadly, and mysterious threats against our health today and tomorrow.

Centers for Disease Control and Prevention
an Operating Division of the
Department of Health and Human Services –
Headquarters in Atlanta, GA
http://www.cdc.gov

CDC serves as the national focus for developing and applying disease prevention and control, environmental health, health promotion, and health education activities designed to improve the health of the people of the United States. CDC's mission is to promote health and quality of life by preventing and controlling disease, injury, and disability. CDC seeks to accomplish its mission by working with partners throughout the nation and world to monitor health, detect and investigate health problems, conduct research to enhance prevention, develop and advocate sound public health policies, implement prevention strategies, promote health behaviors, foster safe and healthful environments, and provide leadership and training.

Those functions are the backbone of CDC's mission. Each of CDC's component organizations undertakes these activities in conducting its specific programs. The steps needed to accomplish this mission are also based on scientific excellence requiring well-trained public health practitioners and leaders dedicated to high standards of quality and ethical practice. CDC administers specific preventive health categorical grant programs while providing program expertise and assistance in responding to federal, state, local, tribal, and private organizations on matters related to disease prevention and control activities.

Support Provided to Native American Communities in FY 2007 and 2008

Diabetes

In FY2005, CDC released a Funding Opportunity Announcement (FOA) to tribes and tribal organizations for 3-year cooperative agreements to establish simple, practical, environmental interventions that help prevent diabetes and promote health in communities. The grant cycle was completed in September 2008. Eight cooperative agreements were awarded at approximately $100,000 each for three years, from 2006-2008. The programs were: Indian Health Care Resource Center of Tulsa, OK; United American Indian Involvement, Los Angeles, CA; one tribal college (Salish Kootenai, MT), and five rural reservation tribes: Lummi (WA), Southern Ute (CO), Hopi (AZ), Winnebago Tribe/Ho-Chunk (NB), and Stockbridge-Munsee (WI). Grantees presented program results through special topic sessions

and poster presentations at the Division of Diabetes Translation (DDT) conference in 2008. At the final grantee meeting in August 2008, in Albuquerque, the grantees shared their outcomes and shared indicators were identified. With the completion of the project in September 2008, a number of programs are working to share their outcomes on a broader basis. Six grantees worked together to develop peer-reviewed papers for special edition of *Journal of Health Disparities Research and Practice*, University of Nevada Las Vegas. Three grantees and an external evaluator presented their results at the annual National Indian Education Conference in October 2008. All grantees will be on an email list serve with CDC staff for networking and notification of funding opportunities that may be helpful in sustaining some of their work.

CDC collaborated with the Tribal Leaders Diabetes Committee, as well as an indigenous author and indigenous artists, to develop "The Eagle Books," a series of four books that teach children about diabetes prevention and healthy living. The FY 2007 accomplishments include: (1) about 2 million books were distributed to over 700 AI/AN health and school organizations; (2) animation of three of the four books in the series was completed, with the completion of the last book scheduled for FY 2008; and (3) a safe children's website, the "Eagle's Nest," was established on the DDT website.

CDC began a cooperative agreement titled "National Program to Promote Diabetes Education Strategies in Minority Communities: The National Diabetes Education Program" in February 2005. In FY 2007, the Association of American Indian Physician's (AAIP) continued to partner with other stakeholders to reach AI/AN communities to implement effective diabetes education strategies to increase awareness of the seriousness of diabetes, promote better diabetes self-management behaviors, improve health care providers understanding and approach to care, and reduce disparities in health.

In FY2008, CDC released an FOA to tribes and tribal organizations for 5-year cooperative agreements to: 1) support community use of traditional foods and sustainable ecological approaches for diabetes prevention and health promotion in American Indian and Alaska Native communities; and 2) engage communities in identifying and sharing the stories of healthy traditional ways of eating, being active, and communicating health information and support for diabetes prevention and wellness. Eleven cooperative agreements were awarded at approximately $91,000 each for 5 years, from 2008-2013, to two tribal corporations (Aleutian Pribilof Islands Association, Southeast Alaska Regional Health Care Consortium), one urban Indian health program (Indian Health Care Resource Center of Tulsa), one tribal college (Salish Kootenai College), and seven (7) rural reservation communities (Catawba Cultural Preservation Project, Cherokee Nation, Nooksack Indian Tribe, Prairie Band Potawatomi Nation, Santee Sioux Nation, Sault Ste Marie Tribe of Chippewa Indians, Standing Rock Sioux Tribe.) CDC received 75 Letters of Intent and 60 grant applications were received and reviewed in July 2008. The total award made to the 11 newly funded grantees was one million dollars total in Year 1 of a 5-year grant cycle. The program built a group mail list of state and tribal organizations to distribute notice of private and public grant funding opportunities.

The Native Diabetes Wellness Program had two IPAs to: 1) develop GIS maps for Eagle Book distribution, Talking Circles conducted, and traditional food use – gathering, hunting, horticulture, cultivation – for 11 new *Traditional Foods and Sustainable Ecological Approaches*

to Health Promotion and Diabetes Prevention grantees; and 2) provide external evaluation assistance for shared data elements for 11 new grantees, as above; provide evaluation technical assistance to local evaluators of each program; and review new Eagle Books for "cultural voice" and cultural relevance of diabetes presentation narrative.

Cancer Prevention and Control

The National Breast and Cervical Cancer Early Detection Program (NBCCEDP) was established in response to Congress passing the Breast and Cervical Cancer Mortality Prevention Act of 1990 (Public Law 101-354). NBCCEDP targets low-income women with little or no health insurance. Racial and ethnic minority women comprise priority populations in the program which has helped to reduce disparities in cancer screening and health outcomes. As of FY 2008, more than 3.2 million women had been served and more than 7.8 million screening examinations had been provided. Over 35,000 breast cancers were found, and 2,161 cases of invasive cervical cancer were diagnosed through the national screening program. Since inception, approximately 52 percent of women screened through the program were of racial or ethnic minority groups, and 5% were AI/AN women. In fiscal years 2003-2007, AI/AN organizations provided 84,606 Pap tests and 44,786 mammograms to 52,582 unique women. A total of 241 breast cancers, 13 invasive cervical cancers, and 468 high-grade pre-cancerous cervical lesions were detected.

National Program of Cancer Registries

Cancer burden in AI/AN populations differ markedly by region, and the national cancer incidence data for AI/ANs have not been reliable due to racial misclassification. The misclassification of race decreases the accuracy of cancer incidence data for AI/ANs in some central cancer registries. In FY 2008, CDC staff addressed racial misclassification, a major barrier to accurate AI/AN cancer data, by conducting linkages, at low cost, between the IHS patient registration database and central cancer registries in all states. The effort to reduce racial misclassification by cancer registries were linked through cancer cases diagnosed from 1995 through 2004 from the National Program of Cancer Registries (NPCR) and Surveillance, Epidemiology, and End Results (SEER) registries and administrative records from IHS database. As a result of the linkages between the NPCR, SEER registries and administrative records from IHS, (which provides medical services to approximately 60% of the AI/AN population in the United States), the number of AI/AN cancer cases in NPCR and SEER registries increased by 21.1%. Also, CDC staff led efforts to publish "*Annual Report to the Nation on the Status of Cancer, 1975–2004, Featuring Cancer in American Indians and Alaska Natives"* in the October 2007, journal CANCER. The classification of race for AI/AN cases in cancer registries can be improved by linking records to the IHS and stratifying by Contract Health Service Delivery Area counties. Cancer in the AI/AN population is clarified further by describing incidence rates by geographic region. Improved cancer surveillance data for AI/AN communities should aid in the planning, implementation, and evaluation of more effective cancer control and should reduce health disparities in this population.

Heart Disease and Stroke Prevention

CDC's WISEWOMAN (Well-Integrated Screening and Evaluation for Women across the Nation) program provides low-income, under- or un-insured 40- to 64-year old women with the knowledge, skills, and opportunities to improve diet, physical activity, and other lifestyle

behaviors to prevent and control cardiovascular and other chronic diseases. Across the nation, WISEWOMAN has screened over 63,000 women. At the South Central Foundation, Alaska site, 1,786 women had been screened. Of those women screened, the five-year cardiovascular disease risk reduction percentage was estimated at 7.9%, and the ten-year risk reduction percentage was 4.8%. Through the Southeast Alaska Regional Health Consortium (SEARHC) sites, 1,921 women had been screened, and the five-year risk reduction percentage was estimated at 6.7%.

WISEWOMAN had two tribal programs: Southeast Alaska Regional Health Consortium (SEARHC) with headquarters in Sitka, and the South Central Foundation (SCF) with headquarters in Anchorage. The program also identified 36% of women with previously unidentified CVD risk factors. Since 2000, the South Central Foundation WISEWOMAN program screened 3,035 women for cardiovascular disease risk factors and 100% of participants were AI/AN. The 1-year follow-up data for SCF showed statistically significant improvement in participants' total cholesterol levels, systolic blood pressure, and CHD risk. South Central Foundation's five-year cardiovascular disease risk reduction percentage had been estimated at 9.9%.

The South Dakota WISEWOMAN program worked with health care providers and lifestyle interventionists to serve American Indian populations throughout the state. They worked with clinics located on or near the nine reservation areas in the state so that eligible American Indian women could receive cardiovascular disease risk factor screening and lifestyle interventions. They also collaborated with their state tobacco program, which developed tobacco cessation materials specifically for their American Indian population. The Minnesota WISEWOMAN program, SAGE*plus*, was in the process of expanding to a reservation clinic. The Nebraska program offered services at two health care provider settings that see a large number of American Indian clients: Winnebago Tribe of Nebraska and Carl T. Curtis Health Center. The South Dakota WISEWOMAN program received a health disparities outreach grant to focus on health literacy among Native American women throughout the state. This initiative was spearheaded by a Native American health disparities outreach coordinator. SAGE*plus* partnered with the medical director at an American Indian clinic and the Minnesota Department of Health's to identify contacts and strategies to facilitate expansion.

The Montana Department of Public Health and Human Services Cardiovascular Health Program developed a culturally appropriate public education awareness campaign to increase awareness of heart attack signs/symptoms and the need to call 9-1-1 on the Blackfeet Reservation. Following development of the campaign, the Cardiovascular Health program began a 20 week public education media campaign on the reservation. The campaign included paid cable television/print/radio ads, a movie theater advertisement, outdoor banner, and distribution of American Indian education materials and promotional items at community gatherings. Pre and post telephone surveys indicated a statistically significant increase in residents' awareness of 3 or more signs and symptoms of heart attack.

In 1999-2003 American Indians (AIs) and Blacks had the highest age-adjusted mortality rates for ischemic heart disease and stroke in Oklahoma. In FY 2007, Oklahoma was the latest state to participate in the state Cardiovascular Health Examination Survey. The project enhanced the scientific capacity of the state to collect data on blood pressure, blood cholesterol levels, and

other relevant information. The development and implementation of a state cardiovascular health exam survey allowed data comparisons between priority populations, like American Indians, and the general public.

The program partnered with 2 IHS Clinics and local health departments who developed the survey and ensured that National Health and Nutrition Examination Survey (NHANES) and Behavioral Risk Factor Surveillance System (BRFSS) protocols were used for data collection. The survey included measurements of blood pressure, lipid and lipoprotein cholesterol; anthropometrics; risk factors; and disease history. The study sample was representative of Oklahoma's population with oversampling of American Indians and Blacks. The survey consisted of phone interviews and physical and laboratory measurements. All labs participated in CDC/National Heart, Lung and Blood Institute (NHLBI) Lipid Standardization Program. No state-level examination data was available that allowed states to monitor progress towards Healthy People 2010 goals for blood pressure and cholesterol, or to inform state decision-makers about local burden. This data will be useful for decision-makers to guide resource allocation for blood pressure and cholesterol interventions and for a Best Practices Guide for state programs. The findings will be used to develop culturally specific prevention activities to reduce heart disease and stroke in Oklahoma.

Nutrition and Physical Activity

In 2007, the University of Washington Prevention Research Center worked on completing the development of Cardiovascular Disease Curriculum Modules for American Indian and Alaska Native Youth. These curriculum modules present a culturally appropriate grade 7-12 supplemental health education curriculum focusing on cardiovascular health. The University of Washington Prevention Research Center developed, tested, evaluated, and fine-tuned this curriculum. These Cardiovascular Disease Curriculum Modules are used in classrooms to help improve the long-term health of American Indian and Alaska Native youth.

Maternal Child-Health

The NCCDPHP/Division of Reproductive Health's (DRH) collaborated with the Indian Health Service (IHS), which provides health services for 40 percent of AI/AN in the U.S. to determine whether IHS clinical data could be used to provide needed information o the health status of AI/AN mothers and infants. DRH's first collaboration using IHS clinical data was to pilot a study that used data from 5 IHS hospitals to examine maternal morbidity during delivery hospitalizations. The findings revealed elevated levels of gestational diabetes, pregnancy induced hypertension and hemorrhage. The article, "Maternal morbidity during delivery hospitalizations in American Indian and Alaska Native women", was published in the Indian Health Service Provider in February 2008.

A study on pregnancy outcomes in Alaska Native smokeless tobacco users began in January 2006. The primary objective of this study was to explore the potential effects of maternal smokeless tobacco use on pregnancy outcomes. The secondary objectives were to explore the effects of maternal smokeless tobacco use on glucose tolerance, complications of labor and delivery, maternal hospital length of stay and readmission, fetal growth, severity of pre-eclampsia and on infant complications. Over the course of a year, CDC/DRH completed data

collection analyzed data and reported findings back to the Yukon Kuskokwim Health Corporation.

A special supplement of the *Maternal and Child Health (MCH) Journal* titled: "Research for MCH practice in AI/AN Communities" was composed of articles addressing AI/AN MCH that reported disparities and offered direction for research to improve MCH outcomes. The journal included a broad spectrum of articles ranging from analysis of existing data sets to primary research spanning pregnancy, motherhood and child rearing through adolescence. Key partners were many, including but not limited to: Members of the editorial advisory board and theme editors, Committee on Native American Child Health, American Academy of Pediatrics, Native American Prevention Research Center, Bette Keltner, Dean of the School of Nursing and Health Studies, Georgetown University, George Brenneman MD, Chris Carey, Director, Obstetrics and Gynecology, Denver Health Medical Center, Everett R. Rhoades, University of Oklahoma College of Public Health, the editorial advisors and Myra Tucker, DRH Tribal Liaison, Roger Rochat, Emory University School of Public Health, Milissa Adams, University of Alabama School of Public Health, and Milton Kotelchuck, Boston University School of Public Health, theme editors, as well as multiple contributors from the U.S. and Canada. The Special supplement was published September 2008. It was disseminated to partners and to all tribal health chairpersons in the U.S.

A smaller proportion of AI women participated in Promoting the use of Pregnancy Risk Assessment Monitoring System (PRAMS), a surveillance system designed to capture information on maternal attitudes and experiences, before, during, and shortly after pregnancy. The Division of Reproductive Health (DRH) took several measures to bring attention to this problem and to mobilize effective state and tribal response to the problem. The measures include a descriptive analysis of low PRAMS response rates among AI women, a meeting of PRAMS states and tribal representatives to examine the issues of low response, and specific recommendations to improve PRAMS response rates among AI women. Partners were PRAMS states with greater than or equal to 5 percent AI or AN and tribes residing in those states: AK, MN, MT, NE, NM, ND, OK, OR, UT and WA; South Dakota Tribal PRAMS project, the DRH Tribal Liaison and PRAMS Team, and the CDC Office of Minority Health. The manuscript, "How can PRAMS survey response rates be improved among American Indian women with data from 10 states", was published in September 2008 as part of a special supplement of the Maternal and Child Health Journal dedicated to AI/AN. The meeting between PRAMS states and tribal representatives was held as part of the annual PRAMS national meeting and a special session dedicated to tribal PRAMS was held at the PRAMS annual meeting in December.

The Secretary's Initiative, Closing the Health Disparities Gap: Sudden Infant Death Syndrome and Infant Mortality Initiative provided 1.5 million dollars annually in support of maternal and child health epidemiologists at 7 Tribal Epidemiology Centers (TEC) and multiple infant mortality risk reduction projects. The TEC maternal and child health (MCH)-epidemiology program was modeled on the CDC MCH-epidemiology program that supports resident CDC epidemiologists in state health departments. Key partners included Judith Thierry, IHS Maternal and Child Health Coordinator, Pelagie Snesrud, CDC Office of Minority Health, Myra Tucker, Tribal Liaison, DRH, and MCH epidemiologists at the IHS Tribal Epidemiology Centers. Over

the three year project life, 7 TECs established functional MCH epidemiology units that initiated tribal infant mortality surveillance and their interventions and outreach involved more than 33 tribal communities. Each of the three years, TEC MCH-epidemiology sessions were held at the national annual MCH-epidemiology conference. A special session at the 2007 national annual MCH-EPI conference highlighted their work: "Building MCH Epi Capacity through Data Collection and Partnerships: Urban Indian and Tribal Epidemiology Centers' Experience." In addition, in February 2008, TEC MCH epidemiologists presented a summary of their accomplishments at CDC's Tribal Consultation Advisory Committee Meeting.

The Yankton Sioux Tribe (YST) and the Aberdeen Area Tribal Chairmen's Health Board (AATCHB) identified maternal and child health as the highest health priority in response to persistently high rates of infant mortality. In South Dakota from 2002 to 2004, American Indians made up 18.1% of births, but accounted for 34% of infant deaths. The South Dakota Tribal (SDT) PRAMS was a unique PRAMS project collecting information exclusively from AI women (and mothers of AI infants) who recently giving birth to a live infant in SD, and Sioux County North Dakota. PRAMS is an ongoing, population-based risk factor surveillance system initiated and designed to identify and monitor selected maternal experiences and behaviors that occur before and during pregnancy and in the child's early infancy among women who deliver live born infants. In this project, CDC/DRH provided technical assistance including development of a model protocol for data collection, assistance with question design, survey instrument development, and training on human subjects' protections and telephone interviewing. CDC also provided and installed data entry software and survey tracking software, conducted on-site training of staff on the software, and gave on-going technical assistance on the systems. CDC provides ongoing consultation regarding sampling, human subjects protections, data collection procedures, and data analysis, and recently sent the project a final cleaned and weighted dataset.

A few of the key partners are: Healthy Start Program; state and local Women, Infants and Children (WIC) programs; South Dakota Department Of Health (DOH); IHS; Native Women's Health Center; University of SD School of Medicine; March of Dimes; and the Tribal Oversight Committee with representatives from all 9 South Dakota tribes. SDT presented their study results and methodologies at the PRAMS National Meeting in December 2008.

Tobacco

The American Indian Adult Tobacco Survey (AI ATS) was developed with 5 tribal support centers as a culturally appropriate survey tool for American Indian tribes to utilize to better understand commercial tobacco use patterns in their communities. Eleven tribes fielded the survey successfully in 2006 and shared their results with their communities. In 2007 various American Indian tribes opted to present the results of their survey fielding at national meetings and some also worked together with states to continue to use this survey in additional settings. An AI ATS Implementation Manual and Interviewer Training Manual were also updated and finalized for posting on the web.

The OSH continued the funding of seven cooperative agreements with tribes and/or tribal organizations in the area of commercial tobacco prevention and control. Four cooperative agreement grantees were funded for Capacity Building and included: Cherokee Nation,

Tahlequah, OK; Black Hills Center for American Indian Health, Southeast Navajo Tobacco Education and Prevention Program, Winslow, AZ; Indigenous Peoples Task Force, Minneapolis, MN; and California Rural Indian Health Board, Sacramento, CA. Capacity Cooperative Agreements led to engagement and endorsement of the programs as evidenced by tribal resolutions, additional funding by tribes, and tribal representation at national tobacco meetings, fielding the American Indian Adult Tobacco Surveys, and increased partnerships between tribes and states.

OSH funds the Northwest Portland Indian Health Board who houses the National Tribal Tobacco Prevention Network (NTTPN). NTTPN is one of 6 National Networks and it is the lead organization for the Network, which consists of individuals and tribal organizations from across the nation. The NTTPN serves as a national resource for all tribes and tribal organizations in the area of commercial tobacco prevention and control. Tribal engagement and endorsement of the programs and initiatives were evidenced by the following: 1) attendance at annual Leadership Conferences and regional trainings (more than 1,000 participants), 2) the leadership role taken in developing Promising Practices in Indian Country, and 3) providing venues in which the Muscogee (Creek) Nation Tobacco Prevention Program conducted trainings for Second Wind facilitators.

Findings from the initial American Indian (AI) Adult Tobacco Survey suggested that commercial tobacco abuse prevalence rates were significantly higher among AI women of child-bearing age when compared to all other populations in the U.S. This finding was associated with disparate rates of infant mortality and morbidity found in AI populations. Muscogee (Creek) Nation Tobacco Prevention Program tailored a version of *Second Wind* for pregnant and post-partum AI women - *Second Wind*: *First Breath* incorporates native concepts such as the Medicine Wheel and Talking Circles.

Cross Cutting Chronic Disease

Under Racial and Ethnic Approaches to Community Health (REACH US), CDC awarded 6 entities targeting the elimination of health disparities in American Indian/Alaska Native communities; all six engaged in intervention activities. Two of these entities functioned as Centers of Excellence in Eliminating Disparities (CEED) and served as resource centers on effective interventions in addition to working in their "home" communities. Four entities were funded as Action Communities (AC); they implemented and evaluated successful approaches with specific communities that impact AI/AN populations. The six grantees awarded funds included: Oklahoma State Department of Public Health, University of Colorado at Denver and Health Sciences Center, the Choctaw Nation of Oklahoma, the Eastern Band of Cherokee Indians, the Inter-Tribal Council of Michigan, and the Northern Arapaho Tribe.

The Steps to a Healthier Cherokee Nation under the *Steps to a Healthier US (Steps)* program built healthier communities for American Indians by working with schools, health care providers, work sites, and tribal leaders in Cherokee, Adair, Mayes, Sequoyah, and Delaware counties. Specifically, the Steps to a Healthier Cherokee Nation: 1) promoted physical activity and healthy eating programs in communities; 2) worked in health care settings to improve patient care and prevention activities related to tobacco use and chronic diseases such as obesity, diabetes, and asthma; 3) worked with more than 20 schools to implement CDC's School Health

Index (SHI) assessment and planning guide to improve programs related to physical activity, nutrition, asthma, and prevention of tobacco use; and 4) provided technical assistance to local businesses and work sites interested in improving employee health.

The Steps to a Healthier Anishinaabe Program built healthier tribal communities in a large intervention area—covering 38 of the 83 counties in Michigan—by working with schools, health care providers, work sites, and community leaders. Specifically, the Steps to a Healthier Anishinaabe Program: 1) encouraged healthy behaviors by promoting community-wide programs, including the statewide tribe to tribe Walking Challenge; 2) worked on providing regional training to health care providers on a systems approach to treating tobacco dependence; 3) planned to implement clinical guidelines on tobacco dependence based on the University of Michigan's Kick the Habit or the American Lung Association's Freedom from Smoking curriculum; 4) worked with a combination of tribal and public schools to conduct the Michigan Healthy School Action Tool; and 5) partnered with tribal work sites to help improve employee health.

The Steps to a Healthier Southeast Alaska built healthier communities for over 12,000 Alaskan natives by working with schools, health care providers, work sites, and community leaders. The Steps Program targeted the Tlingit, Haida, and Tsimpshian populations of all ages. Specifically, the Steps to a Healthier Southeast Alaska: 1) implemented the CDC's School Health Index assessment and planning guide to identify opportunities to improve physical activity, healthy food choices, and tobacco-free lifestyle programs for school students and staff; 2) developed Employee Wellness Coalitions in Sitka and Juneau that consist of 10 Sitka businesses and in 4 Juneau businesses; 3) through the Southeast Alaska Regional Health Consortium (SEARHC), a non-profit tribal health care organization, established an inventory of SEARHC primary prevention programs to be made available for community members; and 4) provided an educational kiosk to the Mt. Edgecombe Hospital outpatient clinic.

Under the Healthy Communities Program (formerly Steps Program), CDC awarded 12 communities to be supported as Strategic Alliance for Health communities under a new cooperative agreement that began in FY 2008. Two tribal communities were selected under this program. Two of the 12 communities that were awarded funds are tribal entities: The Sault Ste. Marie Tribe of Chippewa Indians and the Cherokee Nation. These communities developed models and strategies for how local communities can take action to address chronic disease, with a focus on physical activity, nutrition, tobacco use, obesity, diabetes, and heart disease. Communities developed effective strategies for taking action in schools, worksites, health care, community planning, and community organizations and created Action Guides that gave other communities a step-by-step process for replicating effective strategies. These as well as other tools for community action are universally available via the internet and were being disseminated widely.

HIV, Viral Hepatitis, STD Prevention

School based STD screening guidelines and projects began in 2006 by the Division of Reproductive Health (DRH)/Division of Sexually Transmitted Diseases (DSTD). In 2006, the Indian Health Service National STD Program (staff of 2 CDC assignees) formed an advisory committee to review existing guidelines for school-based STD screening to determine whether

they fit the unique needs of Indian Country. The committee determined tailored guidelines would better serve these unique needs, so the guidelines were appropriately modified and finalized in early 2007. The tailored guidelines for school-based STD screening have been developed, published, and disseminated.

In 2007, in support of recently issued CDD and the IHS National STD Program guidelines for school-based STD screening in Indian Country, STD screening projects were initiated in several schools serving AI/AN students. The IHS National STD Program collaborated witht Project Red Talon to implement screening in the Pacific Northwest at one Bureau of Indian Affairs (BIA) boarding school and at several reservation-based schools. On the Navajo Nation Indian Reservation Board (IRB) approval was obtained, preliminary training of screening team members was conducted and consents were collected. Key partners in this initiative were the Northwest Portland Area Indian Health Boad/Project Red Talon; participating schools, tribes, and health care facilities; and corporate partners Beckton Dickson and GenProbe. The primary accomplishment was the implementation of school-based STD screening in schools serving AI/AN.

A study on STD, HIV, Sexual Violence among AI/AN Women living in the Great Lakes Region began in August 2007. It is documented that AI/AN women have the highest rates of sexual violence in the US and high rates of HIV. There is a relationship between 1) risky sexual behavior following sexual assault and 2) STDs that result from sexual assault. An initial conference call was conducted in FY 2008 with representatives from diverse groups working on this issue (e.g., tribal, community based organizations (CBO) state, regional, federal) to identify the most pressing challenges and to identify strategies to work together to address them. From that experience, the IHS National STD Program provided funding to the IHS Bemidji Area Office (BAO) who in turn worked with the Great Lakes Inter-Tribal Epi Center (GLITEC) to provide mini-grants to one tribe or tribal organization in each of the three states (e.g., MI, MN, WI) served by BAO and GLITEC. Key partners included BAO, GLITEC, participating tribes and tribal organizations. The main accomplishment was the provision of funds to BAO and GLITEC to provide resources to Tribes/Tribal organizations to assess, develop, and implement Tribal specific prevention interventions.

The goal of the Red Talon project was to enhance the capacity of tribal health educators, program managers, and clinicians to provide STD prevention services to the Northwest tribes through the development, production, and dissemination of tribe-appropriate educational materials. Partnerships included the National Coalition of STD Directors (NCSD) and Northwest Portland Area Indian Health Board. With financial support from CDC, these partners implemented a program designed to reduce the prevalence of STDs among American Indians and Alaska Natives in the Pacific Northwest. The 43 federally recognized tribes in Idaho, Oregon, and Washington were served by this project. From October 2007 to April 2008, Project Red Talon's Webpage received more than 1,600 site visits. In addition, Project Red Talon responded to more than 125 phone or e-mail requests for resources, information, or technical assistance from tribes and partnering agencies throughout the United States. Most of the requests were for support for school-based STD screening activities and updated STD data. Project Red Talon identified 8 tribes and one tribal boarding school who were interested in hosting a school-based Chlamydia screening event. Project Red Talon made 10 tribal visits to facilitate screening

planning and/or to support local STD/HIV program development; approximately 200 young people were screened for Chlamydia at Acoma, Navajo, and Chemawa schools. In response to tribal requests, Project Red Talon provided timely information, native-specific outreach materials, educational resources, promotional materials, and a continually updated STD/HIV website. Promotional materials produced included fliers, posters, t-shirts, teen rhymes, and postcards. Although the funded project was concluded, at the request of the NW tribes, Project Red Talon has continued to host the Red Talon STD/HIV Coalition.

In 2007, CDC assignees to the IHS National STD Program, in partnership with the National Coalition of STD Directors (NCSD) and John Snow, Inc., collaborated to build capacity within public health organizations to better serve AI/AN populations. An educational and advocacy tool was developed for those working in STD prevention at the state- or local-level. Individual AI/AN-specific fact sheets were created for all of CDC's 65 STD project areas and major urban settings that included state-specific demographics, STD indicators, and key information describing the AI/AN populations in their respective states. These materials were compiled in a summary document entitled: *STD's in American Indians & Alaska Natives – Nation & State Facts Sheets, 2007.*

CDC and the IHS National STD Program were invited to attend an Inuit Women's Sexual Health Conference in Inuvik, Northwest territories, Canada in February 2008. During the meeting, many similarities in STD epidemiology, risk behaviors, and cultural issues were noted between Alaska
Natives and Canada's northern peoples (mostly Inuit, but also First Nations and Métis). As a result, the IHS National STD Program began a conversation with Canadian public health officials about potential areas for collaboration. A bi-national meeting was held in Anchorage, AK in April 2008 to share knowledge, identify gaps, and identify opportunities to collaborate. Key partners were Alaska Native Tribal Health Consortium, the State of Alaska Department of Health, Health Canada, Public Health Agency of Canada. The final meeting report was published and a core workgroup was formed and collaborated on several initiatives.

CDC, in collaboration with the HIS National STD Program, provided funding to the Alaska Native Tribal Health Consortium (ANTHC) to develop a unique and confidential alternative for requesting and obtaining STD screening and treatment services, particularly for Alaska's isolated populations. This pilot initiative attempted to increase STD screening opportunities while lessening perceived barriers to services in some Northern Native communities. The project sought to increase utilization of and access to self-collected specimens, enhance the scope of STD prevention services currently available to residents of Alaska, and evaluate the feasibility, acceptance, and application of self-collected specimens among Alaska Natives."

Injury Prevention

The National Center for Injury Prevention and Control (NCIPC)'s Suicide Prevention Program Evaluation funded The Native American Rehabilitation Association (NARA) in Portland, Oregon for a period of three years. NARA, in collaboration with nine federally recognized AI communities in Oregon, assessed whether the range of suicide prevention activities implemented in these communities enhanced protective factors and/or reduced risk factors for suicidal behavior among AI youth. As a result of this collaboration, IA communities have

reduced injuries and deaths among AI/AN populations through enhanced evaluation on suicide prevention programs.

Starting in the fall of 2004, CDC's NCIPC awarded approximately $72,000 to each of four American Indian tribes (the San Carlos Apache Tribe, the White Mountain Apache Tribe, the Tohono O'odham Nation and the Ho-Chunk Nation) to design, implement and evaluate effective injury prevention programs to reduce motor vehicle-related injuries and deaths among members of their communities. Over the course of these five-year grants, program staff implemented interventions selected from *The Guide to Community Preventive Services*, a systematic review of community-based interventions (to read more about *The Guide* and recommended interventions, visit www.thecommunityguide.org).

Immunizations Services

The Vaccine for Children (VFC) Program under the National Center for Immunization and Respiratory Diseases (NCIRD)/Immunization Services Division (ISD) helps to ensure that AI/AN children benefit fully from services and that the immunization coverage/utilization is accurately monitored. Based on state population estimate surveys, CDC estimates that AI/AN children make up 2.45% of the VFC eligible population 0-18 years of age. AI/AN children receive VFC services through both IHS and non-IHS providers and facilities. In FY 2007, the VFC program provided approximately $69 million for purchasing vaccines for AI/AN children in this age group. Coverage and utilization data for AI/AN populations were monitored through IHS immunization reports, the National Immunization Survey, and state immunization registries. CDC staff led efforts to review data on AI/aN immunization coverage collected in the National Immunization Survey, and in 2008 published a manuscript *Underimmunization of American Indian and Alaska Native* Children based on data from 2000-2005. Once of the issues highlighted was the need to further strengthen the completeness of data on AI/AN populations in 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 operational in 7 states, with further expansion expected. The inclusion of immunization data from I/T/U facilities into state immunization registries improved patient care for this population, and allowed for more complete information on immunization coverage at the state level to monitor potential disparities, and conserve resources. In FY 2007, the immunization services (VFC/317) programs implemented guidance to state awardees requiring tribal engagement/partnerships. NCIRD project officers worked more closely with the 35 reservation states to facilitate more effective state engagement of tribes and increase the number of AI/AN children being fully immunized. Finally, during the Hib vaccine shortage in 2007 and 2008, CDC staff worked with IHS and state immunization programs to disseminate guidelines and develop vaccine distribution mechanisms to ensure AI/AN children, who are at high risk for Hib disease, continued to receive the full vaccine series in accordance with the recommendations.

Terrorism Preparedness and Emergency Response

The Coordinating Office for Terrorism Preparedness and Emergency Response (COTPER)'s Division of State and Local Readiness (DSLR) met with the Tribal Consultation Advisory Committee (TCAC) on a quarterly basis to inform them about public health emergency preparedness (PHEP) activities. DSLR consulted with TCAC to develop language placed in a

Funding Opportunity Announcement (FOA) to hold states more accountable as to how they engage tribes within their state. Beginning in FY 2007, CDC required more explicit documentation in states' applications for PHEP/ Pandemic Influenza cooperative agreement funds. A letter from either the individual tribes within a state's boundaries or the tribal health board (or similar coalition) representing those tribes was necessary. The letter needed to specify that the tribes or their legitimate representatives were engaged in the planning, and that they were in substantial agreement with the plan and the methodology for distributing Cooperative Agreement resources to, and assuring the accountability for related activities, local health departments, and tribes. In FY 2007, states used federal funding totaling $3.6 million from the Public Health Emergency Preparedness program to support tribal organizations' preparedness planning and activities. These funds have translated to improved preparedness among the tribes. CDC analysis of states' reports regarding tribal engagement indicated that a greater proportion of tribes received direct funding from the states under the PHEP Cooperative Agreement. Ongoing CDC guidance to states included specific remedial actions to be taken to engage tribes, where needed, as well as the sharing of promising practices and success stories.

Birth Defects

In 2005, the National Center on Birth Defects and Developmental Disabilities (NCBDDD) awarded a cooperative agreement to Black Hills State University (BHSU), in Spearfish, South Dakota, to develop a Center for Fetal Alcohol Syndrome (FAS) Resources and Technical Assistance. The Center provided a wide range of services and technical assistance to organizations, families and providers who work with children and youth with FAS. A multidisciplinary advisory board comprised of members of the South Dakota Task Force onf FAS, representatives from South Dakota American Indian Tribes and others helped guide project activities. Activities included the development, implementation and evaluation of a curriculum/training program on FAS for educators and juvenile justice workers, development of an FAS prevention curriculum for children in grades K-12 (to teach students about alcohol use, pregnancy and FAS), and dissemination of FAS information to state and local officials in support of requiring FAS training for K-12 teacher certification.

The Black Hills State University project ended August 31, 2007. Evaluation findings show that the project was successful in increasing knowledge among training participants, BHSU was also able to offer Special Education courses on FAS to BHSU education and special education teachers and students and bring together people across the various systems in South Dakota that serve individuals with FAS and their families.

In 2003, the University of South Dakota (in collaboration with the North Dakota Fetal Alcohol Syndrome Center), was funded as a bona fide agent for the South Dakota Department of Health for a five-year, cooperative agreement as one of seven state-based fetal alcohol spectrum disorders (FASD) prevention programs. The purposes of these programs were to: (1) develop, implement, and evaluate population-based and targeted programs for FASD prevention, including the identification of high-prevalence geographic areas or selected subpopulations of childbearing-age women at high risk for an alcohol-exposed pregnancy; (2) establish or enhance prenatal and preconception intervention programs to serve these populations; and (3) establish or use existing systems for monitoring the impact of prevention programs. Through this project, American Indian communities in Standing Rock, Turtle Mountain, and Pine Ridge

participated in the development of a media campaign to promote a community-based intervention for women of childbearing age to either reduce their drinking or to improve family planning. In addition, project staff developed and implemented a FAS surveillance system serving both North and South Dakota. Implementation of these surveillance and prevention activities continued in FY 2008.

Infectious Disease

The National Center for Preparedness, Detection, and Control of Infectious Diseases (NCPDCID) Arctic Investigations Program (AIP) is an infectious disease field research station located on the campus of the Alaska Native Medical Ceter in Anchorage, Alaska. The program mission is the prevention of infectious disease in people of the Arcticand subarctic with particular emphasis on indigenous people's health. AIP coordinates disease surveilland in Alaska for selected bacterial and viral infections and conducts public health research to determine risk factors for disease, to evaluate prevention strategies and ti improve laboratory diagnosis. AIP operates one of only two Laboratory Response Network labs in Alaska and is involved in preparedness and response to public health threats in Alaska. The program provides leadership and expertise in public health concerns of peoples of the circumpolar north through international collaborations and surveillance. The AIP works closely with the Alaska Native Tribal Health Consortium (ANTHC) and other tribal health organizations in Alaska to improve infectious disease prevention activities by providing health data, laboratory expertise, focused investigations and interventions.

Nearly one out of three rural Alaska villages lack in-home running water and flush toilets. AIP and collaborators with tribal health organizations reported that residents of villages lacking the home water and sewer service were more likely to be hospitalized with skin infections and repiratory infections than those with modern sanitation services. For example, hospitalization rates for infants with pneumonia from villages lacking modern sanitation services are approximately 10 times higher than the general U.S. population. Findings were published in the *American Journal Public Health*, Nov. 1, 2008 and were used to successfully support the Alaska Native Tribal Health Consortium (ANTHC) environmental health initiatives aimed at improving water and sewer service in rural Alaska. Two new projects were begun in FY 2008; (1) Economic evaluation of the excess hospitalizations associated with lack of running water; and (2) Long-term study of health indicators in communities that will receive in-home water and sewer service for the first time.

CDC implemented a coordinated response to the emergence of pneumococcal disease in Alaska Native infants. During FY 2008, AIP enacted a plan that was developed with tribal partners (ANTHC and the Yukon –Kuskokwim Health Consortium (YKHC)) to introduce a new pneumococcal vaccine, called PCV13, which included the most common replacement types, in communities where disease rates were highest. This plan included careful safety monitoring, evaluations of disease transmission and serious infection rates; it is hoped that these efforts will stop this ongoing disease outbreak.

CDC assessed the threat of avian influenza among Alaska subsistence hunters due to the increased concern about the spread of avian influence to the US through migratory waterfowl. This assessment led to a major effort to test migratory birds which are a major source of food for

rural Alaska Native families. Currently, no evidence exists regarding the potential risk of contracting avian influenza associated with these practices. This study should prove very helpful for counseling families on the risk of avian influenza and the best practices to avoid illness.

Management of the Alaska Area Specimen Bank is housed in the AIP building and houses nearly 500,000 specimens that are residual from health research done in the past half century in Alaska. AIP joined with tribal health leadership throughout Alaska to revise policies and procedures related to the bank with the goal of ensuring this valuable collection is used to maximize health benefits for Alaska Native people while protecting individual privacy, respecting tribal health priorities and informing the Alaska Native people of this resource. AIP participated in quarterly meetings with a committee of: ANTHC, Aleutian Pribilof Islands Association, Norton Sound Health Corporation, Bristol Bay Health Corp, Manilaaq Health Corporation, Southcentral Foundation, Arctic Slope Native Association, Yukon Kuskokwim Health Corporation, and Southeast Alaska Regional Health Corporation. The resulting management structure provided a model for shared management and governance of this unique and valuable specimen repository.

The National Center for Zoonotic, Vector-Borne, and Enteric Diseases (NCZVED) funded public health activities and accomplishments with the American Indian and Alaska Native Population in FY 2007. The projects were ongoing collaborative efforts between the Indian Health Service, Alaska Native Tribal Health Consortium, the CDC Arctic Investigation Program, and other agencies or CDC divisions to address the objectives of the studies of infectious disease morbidity. The study findings provided health information to assist in developing prevention strategies and reducing health disparities among AI/AN populations in the areas of infectious diseases.

Dental caries among Alaska Native children represented a substantial and long-standing health disparity. For example, an assessment from 2004 showed that 87% of Alaska Native third-graders had evidence of caries compared with 55% of Caucasian Alaskans of the same age. In August 2008, AIP was asked by the Yukon Kuskokwim Health Corporation (YKHC) in western Alaska to conduct a public health investigation to determine the prevalence of pediatric dental caries, risk factors for caries and to identify feasible plans to address the problem. Key partners included: YKHC and ANTHC dental programs, Alaska Division of Health, Indian Health Service, CDC's National Center for Chronic Disease Prevention and Health Promotion, Division of Oral Health. The investigation began October 2008 and included oral health exams on children in five communities, a behavioral health evaluation, and an evaluation of available data sources. This yielded two major predictors of dental caries; lack of access to fluoridated water and consumption of sugar-sweetened beverages. This has informed long-term strategy for improving pediatric oral health at YKHC.
AIP promoted research activities by tribal health organizations and supported Alaska Native health researchers. Efforts included joint CDC/tribal health research projects and technical support to tribal health research activities such as the ANTHC Hepatitis Program, the Alaska Native Tribal Epi Center and the Southcentral Foundation research program. This support included medical and epidemiologic consultation, laboratory and specimen handling, database

and statistical support, grant submission, access to other CDC resources, membership on the Alaska Area IRB (ethics board), training students and researchers through seminars, internships and conferences. In addition to our core infectious disease activities, in FY 2008, AIP helped tribal research activities related to tobacco control, stroke management, diabetes care, cancer screening, sexually transmitted diseases, pharmacy services and environmental health.

In FY 2007, activities and investigation and education efforts of rickettsial disease were held in collaborations with the Indian Health Service among areas in the Southwest. Education programs were implemented to increase awareness of Rocky Mountain spotted fever among the American Indian population. Prevention efforts were addressed and initiated to reduce the occurrence of rickettsial disease.

Occupational Safety and Health

The National Institute for Occupational Safety and Health (NIOSH) conducted a case control intervention with Navajo farmers to assess the effectiveness of best management practices and pesticide safety application procedures on farm yield, safety behaviors, and environmental effects. Preliminary recommendations were developed about "model farms" and "model farmers" based on the preliminary outcomes of the study. These recommendations can be used to disseminate best practices to neighboring farmers on the Navajo Nation and to other culturally differentiated groups where health disparities may be common.

Public Health Practice

The Office of Chief of Public Health Practice (OCPHP)/Public Health on Legal Preparedness (PHLP) assisted in the establishment of the CDC "Tribal Public Health Law Workgroup" with the Office of Minority Health and Health Disparities (OMHD). PHLP also collaborated with OMHD in studying public health-related provisions in tribal communities; co-sponsored the "Tribal Forum on Legal Foundations for Public Health Practice in Indian Country; facilitated the development of actionable options for public health legal preparedness in Indian Country; incorporated tribal concerns in legal working meetings; and made presentations on public health legal preparedness in Indian Country.

Office of Minority Health and Health Disparities (OMHD)

The Office of Minority Health and Health Disparities (OMHD) cooperative agreement with NIHB continues to strengthen the formal, collaborative relationship between NIHB and CDC and enables each organization to better implement their respective missions as they apply to AI/AN populations across the U.S. In FY 2007 NIHB engaged ASTHO to increase and facilitate more effective working relationships between tribes and states regarding public health activities. NIHB worked with the CDC National Public Health Systems Performance Program to provide technical assistance and potential use of their instruments in tribal settings. NIHB is collaborating with NACCHO and ASTHO to explore how the accreditation model developed could be applied in tribal settings to eligible tribal accreditation applicants. NIHB completed a public health capacity survey to identify culturally appropriate approaches to reduce disease burden with findings to be shared in early 2008. NIHB staff solicited specific public health promotion examples from Area Health Boards for the NIHB publication, “What Every Tribe Should Know about Public Health.” NIHB has connected with the CDC funded Tribal Epicenter Consortium to discuss collaborative efforts to enhance the public health systems capacity of

Indian Country. NIHB will partner with CDC and the Summer Fellowship Program at Morehouse School of Medicine, Department of Community Health/Preventive Medicine, Master of Public Health Program in Atlanta to support six students and one resident advisor for summer 2008. Increased communications between CDC, tribal leaders, Area Health Directors, and the TCAC from FY 2006 levels have resulted in increased tribal access to CDC resources. NIHB and TCAC work collaboratively to identify and define a process for AI/AN tribes to impact the CDC budget formulation annually. NIHB has assisted CDC to conduct TCAC meetings for tribal representatives and CDC staff to discuss collaborative and innovative approaches to address public health issues in Indian country.

The Northwest Tribal Epidemiology Center (located at the Northwest Portland Area Indian Health Board), the Southern Plains Inter-Tribal Epidemiology Center (located at the Oklahoma City Area Inter-Tribal Health Board), and the California Tribal Epidemiology Collaborative, a partnership of the California Rural Indian Health Board, Inc. have established a Tribal EpiCenter Consortium (TECC). This interregional network will collaborate to build tribal epidemiologic and public health capacity and promote the standardization and culturally competent use of health data to improve the health of Native people. Over the next four years, this TECC intends to become a national network among the tribal Epicenters in all areas of the United States. TECC is working to increase: 1) the integration of Epicenters into the existing data collection systems and public health resources among their constituent tribes through analysis of the tribal capacity assessment; 2) the standardization of data analysis among the three regions to allow better comparability of AI/AN health data across regions on a national level; 3) increase the capacity of Epicenters to assist their constituents in using epidemiologic data to effect policy changes in their communities; and 4) and promote the sustainability of the Epicenters by maintaining the personnel infrastructure at each EpiCenter consistently available. The TECC is assisting state and federal agencies to recognize the diversity among individual tribes and regions of Indian Country, both in terms of the health characteristics of the population and the manner in which health services are delivered. They are assisting tribes to participate in state and federal surveillance activities, utilizing health data to bring about positive changes in the health of their communities, and have increased collaboration among Epicenters in different regions to maximize the expertise and scarce resources that exist to serve the public health needs of the tribes.

CDC included a tribal scenario in two of its FY 2007 pandemic influenza preparedness internal functional exercises. The CDC Tribal Pandemic Influenza Preparedness Work Group and the United South and Eastern Tribes Tribal Epidemiology Center assisted in planning and preparation for both events. Another CDC work group (Tribal Public Health Law Work Group) addressed tribal legal emergency preparedness. This topic was included in presentations and discussions of the tribal Forum on Legal Foundations for Public Health Practice in Indian Country. An after action improvement plan was developed to help improve CDC's response coordination and technical assistance capacity for pandemic influenza-related situations involving tribal lands/people. Recommendations to be put forth from the tribal Forum assisted tribal leaders in being legally prepared for public health emergency response.

Cross-Cutting Public Health Programs

The Oklahoma State Department of Health focuses on decreasing disparities in diabetes and cardiovascular disease mortality between American Indians and whites in the region. Data collection included more community level data such as community needs assessments and benefits and drawback surveys. The program also focused on individual interventions, training, and policy changes on risk behavior reduction including physical activity, nutrition, and commercial tobacco use reduction and cessation using accomplished, successful, tribal community programs and mentors as its foundation.

The University of Colorado implemented an evidence-based organizational change process with approximately 240 Special Diabetes Program for Indian (SDPI) members not involved in the competitively awarded demonstration projects, delivered intensive train-the-trainer workshops about organizational culture and effectiveness, as well as the importance of improving performance of health organizations to reduce disparities, and disseminated lessons learned in regard to organizational change to private sector, tribal, and government agencies concerned with diabetes prevention.

The Choctaw Nation of Oklahoma Community Action Plan was developed with input from each of the 10 County Coalitions within the Choctaw Nation of Oklahoma (CNO) with overarching guidance and support from the CNO Health Services and the tribal Council. The intervention, Honoring the Gift of Heart Health, provided science-based cardiovascular health tools and training for tribal communities using information focused on American Indian populations. The curriculum was a culturally appropriate 10 session course on heart health education for AI/AN communities. The Choctaw Core Capacity staff attended the Train the Trainers Course in preparation for this intervention. It was agreed that the intervention would be implemented in the CNO 10.5 counties at staggered time frames.

The Eastern Band of Cherokee Indians proposal had several interventions listed as goals with objectives. These included Implementation of Mentoring Program, Sustaining Collaboration with School Health Advisory Council, Developing Walkable Communities Initiative, Implement worksite and Community Wellness program, Maintenance of efficient administrative functions and increase grant revenue, and communicate program progress.

The Intertribal Council of Michigan project implemented the "Reaching toward Healthier Anishinaabe" intended to reduce the burden of chronic disease specific to cardiovascular disease and diabetes among three federally recognized tribal communities in Michigan. Each tribe selected three interventions from a list of promising and evidenced based practices in addition to one required intervention for a total of four interventions. The interventions selected encompassed both diabetes and cardiovascular disease. Each of the tribes developed a culturally tailored community action plan (CAP) to detail their interventions along a one year timeline. This model shifted the emphasis from an individual to a population based approach and utilized academia, business, local communities and the media to create a healthier nation.

The Northern Arapaho Tribe activities included: 1) maintaining an active program for identifying and conducting outreach to pregnant women; 2) providing support, assistance, and education to pregnant women throughout their pregnancies; 3) meeting monthly with new mothers to discuss infant care, SIDS prevention, breastfeeding, and injury prevention and provide support and

referrals, as needed; 4) providing support for elders and traditional healers to organize and hold Talking Circles for pregnant women and new mothers to share information and experiences, within a cultural context and environment; 5) working with the Wind River Indian Reservation (WRIR) high schools to provide counseling and workshops on healthy pregnancy and infant well-being to teen-age women; 6) providing periodic training for IHS providers and staff and staff of other organizations on tribal culture, traditions, history, and health beliefs and attitudes; 7) providing counseling to pregnant women and new mothers on health and income support programs for which they may be eligible and assisting them to enroll; and 8) maintaining and building community awareness and support through presentations to the tribal Councils, community meetings, and the Annual Healthy Babies Conference.

Adolescent and School Health

In FY 2008, CDC awarded funds to the Cherokee Nation Health Services Group and the Cherokee Nation Education Services Group; the Winnebago Tribe of Nebraska and the Nez Perce Tribal Government to conduct various school prevention education, obtain data to advance the knowledge of critical health related behaviors among high school students and to plan and implement coordinated school health programs in local schools. These 2008-2013 tribal programs are just under way and are in a start-up mode—began March 2008.

The following examples illustrate activities conducted through the last 5-year cycle of funding (2003 - ending February 2008) that supported coordinated school health through state and local education agencies and included a youth component for impacting or supporting AI/AN American youth:

- Montana Office of Public Instruction provided HIV prevention education and conducted the Youth Risk Behavior Survey (YRBS). The YRBS collected data on health risk behaviors among young people so that health and education agencies could more effectively target and improve programs. Montana produced two special YRBS reports summarizing the health behaviors of American Indian students attending schools on reservations and in urban schools. These results guided Montana's development of a long-term, comprehensive approach to improving health and reducing risk behaviors among its American Indian youth. In a second activity, the Montana Office of Public Instruction collaborated with tribal Health and the Indian Health Service, presented school-specific data from the YRBS Website and information on how to use the data to develop appropriate program interventions in their school communities to address the needs of Indian youth. Much of the data regarding suicide, alcohol, and other drug use (especially methamphetamines), tobacco use, sexual activity, nutritional and physical activity behaviors affected work currently under way in Indian country to bring about healthier lifestyles. The Montana Indian Educators Association also requested a presentation on YRBS data specific to Indian youth, their challenges, and possible program planning ideas.

- South Dakota Department of Public Instruction promoted coordinated school health, provided HIV prevention education, and conducted the Youth Risk Behavior Survey (YRBS). For the Fruit and Vegetable Pilot Project, South Dakota supported a special evaluation project with students attending elementary schools on the Pine Ridge Indian

Reservation to determine best practices for increasing fruit and vegetable consumption. This study indicated that culturally appropriate educational intervention is a potential tool for increasing fruit and vegetables intake and nutrition knowledge among American Indian children.

- Milwaukee Public Schools provided HIV prevention education and conducted the Youth Risk Behavior Survey (YRBS). For the Reaching American Indian Students through a Teen After-school HIV Prevention and Native Dance Program, the Milwaukee Public Schools (MPS) WE INDIANS Program (Wisconsin Education for Indians, New Day in Awareness of Native Studies) collaborated with the HoChunk Nation of the Milwaukee area to build ethnic pride and academic achievement in Milwaukee's American Indian students grades 5-12. For the past 3 years, the MPS HIV Project Director has provided training and technical assistance on the implementation of the evidence-based curricula *Making Proud Choices* and *Reducing the Risk* to staff of the WE INDIANS Program. As a result, the curricula was delivered three to four times a year to an annual total of 70-80 American Indian middle and high school students. During the 2006-2007 school year, the after-school WE INDIANS Program engaged and motivated students by combining a new reading initiative with the evidence-based curricula and an original HoChunk creation story. With the assistance of a professional dance teacher and a traditional dancer, the students translated what they learned into original dance movements.

- Alaska Department of Education & Early Development provided HIV prevention education and conducted the Youth Risk Behavior Survey (YRBS). The funded programs were developed and delivered in collaboration with the Alaska Department of Health and Social Services. Alaska provided the "Making Proud Choices" HIV prevention curriculum that is used for adolescents in Department of Juvenile Justice facilities across the state. The program reached many Alaska Native adolescents, as they made up a large percentage of the incarcerated youth in the state.

- Maine Department of Education promoted coordinated school health, provided HIV prevention education, and conducted the Youth Risk Behavior Survey (YRBS). Maine worked with the Wabanaki Mental Health Association to deliver evidence-based HIV education (modified for this population) to at least 30 Native American youth at three rurally isolated reservations. Wabanaki provided culturally-sensitive psychological and social services to a Native American population from four counties in Maine.

Technical Assistance Provided in FY 2007 and 2008

Technical assistance was provided to various tribal personnel to better equip them with skills and understanding of cancer burden among AI/AN population. Forty-eight central cancer registries, received $37 million in cooperative agreement funds under the National Program for Cancer Registries (NPCR). Additionally, the National Comprehensive Cancer Control Program (NCCCP) awarded approximately $21.6 million in cooperative agreements, expanding the funding to all 50 states, the District of Columbia, 7 tribes/tribal organizations, and 7 U.S. territories. These activities resulted in capacity building for various cancer surveillance activities and improved overall functionality and capability of personnel involved in cancer surveillance

and cancer control activities. In FY 2008, awards represented an increase of seven newly funded programs from FY 2007. Overall, NCCCP grantees released 56 comprehensive cancer control plans, which included all 50 states, the District of Columbia, and 5 tribes. The plans served as a guide to assist organizations in the implementation of comprehensive cancer control strategies for the next 3 to 5 years.

Sudden, Unexplained Infant Death Investigation (SUIDI) Training for AI/AN Communities was initiated in FY 2005. CDC collaborated with several AI/AN partners to identify training needs for professionals and community leaders who were involved with the investigation of sudden, unexplained infant deaths (SUID) and are working with AI/AN populations. In addition to assessing training needs, CDC worked with AI/AN partners to integrate the CDC SUIDI training curriculum and materials for training activities targeted to the AI/AN community. Key partners included IHS, FBI, the National Indian Health Board, Bureau of Indian Affairs, Navajo Nations Dept. of Public Health and Safety Director, Representatives from Tribal Nations. The Navajo officers in attendance at the Sept. 18, 2007 one-day training session on SUIDI at the National Indian Program Training Center in Albuquerque, NM, returned to the Navajo and Pueblo tribes and trained 75 other officers and first responders in sudden, unexpected infant death investigations. The Northwestern SUIDI Training Academy was held May 12-15, 2008 in Seattle, WA. Eleven teams attended and a couple of the teams included Indian Nations representatives from the Northwest U.S. and Alaska.

DRH provided technical assistance in the design, implementation and analysis of Behavioral Risk Factor Surveys, Maternal and Child Health Surveys, and related population-based surveys for more than 30 AI populations throughout the United States. The topics addressed in these surveys included tobacco use, alcohol use, diet/weight, physical activity, diabetes, cardiovascular health, injury issues, maternal/child health, and use of health services, among others. Data was collected in face-to-face interviews conducted by local community members. DRH worked with tribes and other AI organizations to develop questionnaires, design the sampling field approach for the surveys, train interviewers, develop data entry programs, analyze the information collected in the surveys, and produce reports on the survey results. DRH worked with the tribal/organizational staff to determine how to utilize the results. Key partners included multiple American Indian tribes and organizations and the Indian Health Service. Results were used to provide input into health programs and interventions and to document the current health situation in order to obtain resources to address health problems. In FY 2008, DRH provided assistance for analysis and interpretation to the Lower Elwha Klallam tribe in Washington State for a health survey DRH helped design and implemented in FY 2007. A similar survey was carried out 10 years earlier, so the 2007 survey identified trends in the indicators measured over the previous 10 years. DRH also began assistance to advise the Navajo Tribe in developing and implementing a large behavioral health survey. DRH continued to provide assistance to tribes as requested to design and implement population-based health surveys. DRH also moved towards building capacity within tribal organizations so they are better able to carry out their own surveys.

The Oglala Sioux Tribe (OST) is one of the largest American Indian tribes in the US. During the first 6 months of 2008, there was a reported increase in the number of infant deaths compared to the previous year on the Pine Ridge Reservation. The OST made an official

request to DRH for assistance. In response to this request, a site visit was made on August 4-15, 2008 to conduct an initial assessment. Vital records data, obituaries, autopsy reports, clinical charts, Infant Mortality Review forms, and Healthy Start Program files were reviewed to provide a detailed description of the circumstances surrounding each case. Several of the reported cases of infant death had been misclassified, and were actually miscarriages (<20 weeks gestation) and fetal losses (stillbirths, ≥ 20 weeks gestation). Key maternal and child health partners included: City Match, Association of Maternal and Child Health Programs (AMCHP), and Council of State and Territorial Epidemiologist (CSTE). As a result of the assessments made, a presentation was made before the members of the OST Health Administration to clarify definitions of fetal and infant deaths, report our findings, and identify potential surveillance and programmatic resources.

In response to a training need originally voiced by Tribal Epidemiology Center (TEC) staff at the 2007 MCH EPI Conference, discussions were initiated with the organizers of the Summer Institute for American Indian/Alaska Native (AI/AN) health professionals in Portland, OR. In June 2008, DRH staff delivered a modified version of DRH's Reproductive Health (RH) Epidemiology course to health care professionals working with AI/AN. Key partners included Oregon Health Sciences University and Northwest Portland Area Indian Health Board. The Epi course was delivered at the Summer Institute in Summer 2008.

Summary of Activity: In 2006, the Alaska Native Tribal Health Consortium (ANTHC) requested technical assistance from the Indian Health Service National STD Program, (staff of 2 CDC assignees) to assess their STD/HIV services in urban and rural areas. A subsequent visit occurred in January 2007 to the rural areas of Kotzebue, Dillingham, and Sitka. DRH partnered with the Alaska Native Tribal Health Consortium, three corporations, the Alaska Department of Health and various community based organizations. A final report with findings and recommendations was submitted to the ANTHC. A request for technical assistance and financial support to implement some of the recommendations was made by ANTHC to ANA office. ANA provided additional funding to ANTHC and provided technical assistance.

In FY 2008, DRH successfully competed for Minority AIDS Initiative (MAI) funds from the Department of Health and Human Services Office of HIV/AIDS Policy. Funding for the second year project expanded on the first year's project. In year one, JSI Research & Training (Denver, CO) (a Regional Training Center for Family Planning) was funded to adapt training and technical assistance tools developed under Cooperative Agreement # 04073 for providers of AI/AN. The main accomplishment for this year was the adaptation of the HIV Integration Toolkit for use by clinics serving AI/AN population. The adapted toolkit was disseminated through a series of regional trainings and intensive technical assistance in two clinical settings.

On behalf of the American Native Tribal Health Consortium (ANTHC), CDC and the Indian Health Service (IHS) National STD Program conducted an STD/HIV assessment of urban and rural Alaska 2006 and 2007. Based on findings and recommendation from the final report, CDC awarded end-of-year funds to the IHS National STD Program to implement some of the report's key recommendations, including focus groups among Alaska Native youth to inform a social marketing campaign and an enhanced STD screening initiative. ANTHC completed focus

groups with Alaska native youth and used the information gathered to inform a social marketing campaign.

The Tohono O'odham Nation (TON) is a large reservation southwest of Tucson, AZ. In 2007 TON had a marked increase in syphilis cases compared to previous years. A CDC Rapid Response team was deployed, followed by a series of Public Health Advisors. A STD core work group was formed. CDC and the IHS National STD Program provided funding to IHS to support many of the identified interventions and funded TON to enhance STD prevention efforts. Key partners in this initiative included TON, IHS (Tucson and Phoenix Area Offices, the Sells Service Unit), the AZ Department of Public Health Services (including Pima and Maricopa Counties). The workgroup developed a matrix to guide response efforts. Some resulting efforts included: clinical interventions, partner services training, school-based STD screening, community-based outreach and screening, enhanced surveillance and sharing of data.

As part of the overall Department of Health and Human Services (HHS) strategy for preparing for the next pandemic flu, the National Center for Health Marketing (NCHM) facilitated two Crisis and Emergency Risk Communications (CERC) trainings specifically for tribal communities. CDC held one Crisis and Emergency Risk Communications (CERC)/Pandemic Flu training course for tribal audiences on April 9-11, 2007 in Phoenix for over 70 tribal participants. A second CERC course was held in San Antonio, TX on October 29-31 with over 100 tribal attendees.

The Arctic Investigations Program (AIP) worked closely with the Alaska Native Tribal Health Consortium (ANTHC) and other tribal health organizations in Alaska to improve infectious disease prevention activities by providing health data, laboratory expertise, focused investigations and interventions. AIP conducted disease surveillance in Alaska for selected bacterial and viral infections; conducted public health research to determine risk factors for disease, to evaluate prevention strategies and to improve laboratory diagnosis.

The Intercultural Cancer Council (ICC) was one of ten National Partners for Comprehensive Cancer Control (CCC), who requested assistance from the CCC AI/AN Advisory Group to plan the AI/AN Educational Forum. The forum provided an opportunity for invited members of the AI/AN community to educate participants on culturally appropriate ways of communication. Forum participants agreed to form ongoing and inclusionary collaborative bonds by broadening, enhancing, and creating the "communication process"; to increase an understanding of the differences in the AI/AN communities nationwide, and to reinforce that they are not a uniform group of people; to verify the importance of involving the AI/AN communities and their people early in the planning and implementation process, to reduce major health disparity risks; and to offer participants and appreciation of the AI/AN cultural differences. Approximately 70 participants attended the AI/AN Educational Forum 2008 "Reverse Capacity Building: Sharing our Cultural Story", including Comprehensive Cancer Control (CCC) tribal program directors; CCC program consultants assigned to the tribal programs, members of the CCC AI/AN Advisory Group, tribal community representatives from across the country, and CCC National Partners. This forum provided an excellent opportunity for Comprehensive Cancer Control National Partners to enhance their ongoing

internal and external communication regarding their work with AI/AN populations; and to work together in an effort to reduce cancer risk in AI/AN communities.

Since 2001, the National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), in partnership with the Tribal Leaders Diabetes Committee, CDC Native Diabetes Wellness Program, the Indian Health Service, and 8 tribal colleges and universities, developed the K-12 science and culturally based *Health is Life in Balance* Diabetes Education in Tribal Schools curriculum. All partners worked with school sites throughout the United States to test the curriculum in three evaluation phases. CDC assisted with evaluation format and scientific oversight for the project. The Eagle Books were included as part of the K-4 lessons plans. The curriculum was "rolled out" in November 2008 at the Smithsonian National Museum of the American Indian in Washington, DC. The roll out occurred simultaneously with the Eagle Book art exhibit at the same locale.

In 2008, the Native Diabetes Wellness Program (NDWP) launched this new initiative to encourage and support working relationships between state Diabetes Prevention and Control Programs (DPCP) and the respective tribal nations in each state. In August 2008, at the DDT/state DPCP conference held at the CDC, an initial presentation was made by the CDC tribal Liaison and NDWP to announce this new initiative. The initiative had support from CDC's Tribal Council Advisory Committee (TCAC) and the Tribal Leaders Diabetes Committee (TLDC). Partnerships included all state DPCPs with an initial emphasis on "model" DPCPs demonstrating innovation in their relationships with tribal partners and tribal nations. State-based programs received guidance to seek opportunities for tribal consultation with tribes in their states. NDWP printed thousands of American Indian/Alaska Native Culture Cards, initially developed by SAMHSA, to be distributed to state DPCPs and tribal nations.

CDC-Office on Smoking and Health and the National Native Commercial Tobacco Abuse Prevention Network collaborated on a series of trainings tailored for tribes who wish to implement their own American Indian Adult Tobacco Survey (AI ATS). The training stressed the importance of tribal-specific surveillance to inform and improve comprehensive commercial tobacco prevention and control at the tribal health system level and provided the knowledge and tools that allow tribes to implement this surveillance system. Tribes served by the Inter-Tribal Council of Michigan, the Aberdeen Area Tribal Chairmen's Health Board, Muscogee (Creek) Nation and the Tribal Support Centers for Tobacco Programs committed to work collaboratively on these trainings held at least twice per year.

DASH's Surveillance and Evaluation Research Branch provided technical assistance to the Bureau of Indian Education (BIE) to conduct the Youth Risk Behavior Survey (YRBS). The BIE/YRBS is conducted every 3 years to collect data on students in Bureau-funded schools. In addition, the Navajo Nation (working with the Indian Health Service) conducted the YRBS among middle school and high school students attending public and private schools on the Navajo Reservation. The age groups served by this surveillance program were students in grades 6-8 and 9-12. This surveillance activity was designed to: determine the prevalence of health-risk behaviors among students; assess trends in these behaviors; and examine the co-occurrence of health-risk behaviors. The YRBS collected data on health risk behaviors among young people so that health and education agencies could more effectively target and improve programs. In 2005,

the most recent prior year in which YRBS was conducted by the Bureau of Indian Affairs (BIA) and the Navajo Nation, participation included 8,391 students in 69 public high schools funded by BIA; 7,833 students in 129 public middle schools funded by BIA; 13,383 students in 46 public high schools on the Navajo Nation; and 10,347 students in 92 public middle schools on the Navajo Nation. The BIE and Navajo surveys were last conducted in 2005; both were conducted again in fall 2008.

Funding Provided to Native American Communities in FY 2007 and 2008

FY 2007/2008 AWARDS TO AI/AN TRIBES & ORGANIZATIONS				
NATIONAL CENTER	GRANTEE NAME	PROJECT TITLE	FY 2007 FUNDING AMOUNT	FY 2008 FUNDING AMOUNT
Alaska				
NCCDPHP	Alaska Native Tribal Health Consortium (Anchorage, AK)	Alaska Tribal Health System Comprehensive Cancer Control Program	$255,000.00	$266,465.00
NCCDPHP	Arctic Slope Native Association, Ltd (Barrow, AK)	Arctic Slope Native Assoc. Breast and Cervical Cancer Early Detection Program	$584,734.00	$578,886.00
NCCDPHP	South Puget Intertribal Planning Agency (Shelton, WA)	National Cancer Prevention and Control Program	$255,000.00	$255,000.00
NCCDPHP	Southcentral Foundation (Anchorage, AK)	Alaska Native Women's Wellness Project- Nat'l Breast and Cervical Cancer Early Detection	$1,388,012.00	$1,360,252.00
NCCDPHP	Southcentral Foundation (Anchorage, AK)	DHDSP	$459,500.00	$460,000.00
NCCDPHP	Southeast Alaska Regional Health Consortium (Sitka, AK)	Steps To a Healthier Us	$746,496.00	$746,496.00
NCCDPHP	Southeast Alaska Regional Health Consortium (Sitka, AK)	Chronic Disease Prevention and Health Promotion Programs	$675,640.00	
NCCDPHP	Southeast Alaska Regional Health Consortium (Sitka, AK)	DHDSP	$561,270.00	$550,000.00
NCCDPHP	Yukon-Kuskokwim Health Corporation (Bethel, AK)	Keeping Delta Women Strong- Coordinated Delivery of Breast and Cervical Screening	$624,000.00	$614,362.00

FY 2007/2008 AWARDS TO AI/AN TRIBES & ORGANIZATIONS				
NATIONAL CENTER	GRANTEE NAME	PROJECT TITLE	FY 2007 FUNDING AMOUNT	FY 2008 FUNDING AMOUNT
NCEH	Alaska Native Tribal Health Consortium (Anchorage, AK)	Preventing Water Related Disease Among Alaska Natives Through Enhanced Education	$121,827.00	$115,735.00
NCHHSTP	Alaska Native Tribal Health Consortium (Anchorage, AK)	Evaluate the Long-Term Protection From Hepatitis A and B Vaccine Among Alaska Natives	$250,047.00	
NCHHSTP	Alaska Native Tribal Health Consortium (Anchorage, AK)	PS04-064, HIV Prevention Projects for Community-Based Organizations	$279,120.00	$338,222.00
NCCDPHP	Aleutian Pribilof Islands Association (Anchorage, AK)	Building Community Strengthening Traditional Ties		$90,909.00
NCCDPHP	Southeast Alaska Regional Health Consortium (Juneau, AK)	SEARHC Breast and Cervical Health Program		$668,884.00
NCCDPHP	Southeast Regional Health Consortium (Juneau, AK)	Wisefamilies Through Customary and Traditional Living		$90,909.00
NCHHSTP	Alaska Native Tribal Health Consortium (Anchorage, AK)	Natural HX Of Viral Hepatitis in Alaska Native People		$217,000.00
NCHHSTP	Alaska Native Tribal Health Consortium (Anchorage, AK)	AI/AN STD Prevention		$150,000.00
Alabama				
NCCDPHP	Poarch Band Of Creek Indians (Atmore, AL)	Breast and Cervical Cancer Early Detection Program	$75,000.00	$75,000.00
Arizona				
NCCDPHP	Hopi Tribe (Kykotsmovi, AZ)	Health Promotion and Diabetes Prevention Projects for AI/AN Communities	$99,993.00	
NCCDPHP	Navajo Nation Division Of Health (Window Rock, AZ)	Navajo Nation Breast and Cervical Cancer Prevention Program	$785,000.00	$871,458.00
NCCDPHP	Tohono O'odham Nation (Sells, AZ)	Tohono O'odham Nation Comprehensive Cancer Prevention and	$120,484.00	$100,000.00

FY 2007/2008 AWARDS TO AI/AN TRIBES & ORGANIZATIONS				
NATIONAL CENTER	GRANTEE NAME	PROJECT TITLE	FY 2007 FUNDING AMOUNT	FY 2008 FUNDING AMOUNT
		Control Planning		
NCHHSTP	Inter Tribal Council Of Arizona, Inc. (Phoenix, AZ)	CBA (HIV) Prevention Services for Racial/Ethnic Minority Populations	$50,000.00	
NCHHSTP	Inter Tribal Council Of Arizona, Inc. (Phoenix, AZ)	CBA (HIV) Prevention Services for Racial/Ethnic Minority Populations	$270,307.00	$285,975.00
NCHHSTP	Native American Community Health Center (San Francisco, CA)	Human Immunodeficiency Virus (HIV) Prevention Projects for Young Men of Color	$449,964.00	
NCIPC	National Native American Ems Association (Maricopa, AZ)	Linkages of Acute Care and EMS to State and Local Injury Prevention Programs	$30,000.00	
NCIPC	San Carlos Apache Tribe (San Carlos, AZ)	Effective Strategies/Reduce Motor Vehicle Injuries-Am Indian/Alaskan Native	$71,480.00	$71,480.00
NCIPC	Tohono O'odham Nation (Sells, AZ)	Effective Strategies/Reduce Motor Vehicle Injuries-Am Indian/Alaskan Native	$71,480.00	$71,480.00
NCIPC	White Mountain Apache Tribe (White River, AZ)	Effective Strategies/Reduce Motor Vehicle Injuries-Am Indian/Alaskan Native	$71,480.00	$71,480.00
NCHHSTP	Native American Health Center, Inc. (Phoenix, AZ)	HIV Prevention Projects for Young Men of Color		$442,103.00
NCCDPHP	Hopi Tribe (Kykotsmovi, AZ)	Hopi Breast and Cervical Cancer Early Detection Project	$516,897.00	$516,897.00
NCHHSTP	Tohonno O'odham Nation (Sells, AZ)	AI/AN STD Prevention		$49,127.00
California				

FY 2007/2008 AWARDS TO AI/AN TRIBES & ORGANIZATIONS				
NATIONAL CENTER	GRANTEE NAME	PROJECT TITLE	FY 2007 FUNDING AMOUNT	FY 2008 FUNDING AMOUNT
NCCDPHP	California Rural Indian Health Board (Sacramento, CA)	Tribes and Tribal Organizations	$274,970.00	$275,000.00
NCCDPHP	United American Indian Involvement, Inc.(LA, CA)	Health Promotion and Diabetes Prevention Projects for AI/AN Communities	$100,000.00	
NCHHSTP	Native American Health Center, Inc. (Phoenix, AZ)	PS04-064 Human Immunodeficiency Virus (HIV) Prevention Projects for CBO	$281,395.00	
NCHHSTP	The Nat. Native American Aids Prev. Center (Denver, CO)	CBA (HIV) Prevention Services for Racial/Ethnic Minority Populations	$1,309,770.00	$1,286,888.00
NCIPC	National Indian Justice Center (Santa Rosa, CA)	Preventing Sexual and Intimate Partner Violence Within Racial/Ethnic Minority	$143,031.00	$146,000.00
NCHHSTP	Native American Community Health Center, Inc (San Francisco, CA)	Human Immunodeficiency Virus (HIV) Prevention Projects for CBO		$276,479.00
NCCDPHP	California Rural Indian Health Board (Sacramento, CA)	Tribes and Tribal Organizations	$200,000.00	$200,000.00
NCCDPHP	Cherokee Nation Of Oklahoma (Tahlequah, OK)	Tribes and Tribal Organizations	$200,073.00	$200,100.00
NCCDPHP	Muscogee Creek Nation (Okmulgee, OK)	Tribes and Tribal Organizations	$250,000.00	$400,000.00
NCCDPHP	SE AK Regional Health Consortium (Sitka, AK)	Tribes and Tribal Organizations	$281,255.00	$275,000.00
Colorado				
NCCDPHP	Native American Cancer Initiatives, Inc. (Pine, CO)	American Indian Cancer Collaborative for Women's Health	$350,000.00	$350,000.00
NCCDPHP	Southern Ute Indian Tribe (Ignacio, CO)	Health Promotion and Diabetes Prevention Projects for AI/AN Communities	$100,000.00	

FY 2007/2008 AWARDS TO AI/AN TRIBES & ORGANIZATIONS				
NATIONAL CENTER	GRANTEE NAME	PROJECT TITLE	FY 2007 FUNDING AMOUNT	FY 2008 FUNDING AMOUNT
District Of Columbia				
OD/ OMHD	National Indian Health Board (Washington, DC)	Strengthening Existing National Organizations Serving Racial/Ethnic Population	$450,369.00	$334,011.00
Kansas				
NCCDPHP	Kickapoo Tribal Council (Horton, KS)	Preventive Health Services	$28,886.00	$28,325.00
NCCDPHP	Prairie Band Potawatomi Nation (Mayetta, KS)	Building Community Strengthening Traditional Ties		$90,909.00
Massachusetts				
NCEH	Wampanoag Tribe Of Gay Head (Aquinnah, MA)	Wampanoag Environmental Life Learning (Well) Initiative	$120,500.00	$114,475.00
Michigan				
NCCDPHP	Inter-Tribal Council of Michigan, Inc. (Sault Ste. Marie, MI)	Reach Us 2007	$415,390.00	$415,390.00
NCCDPHP	Inter-Tribal Council of Michigan, Inc. (Sault Ste. Marie, MI)	Steps to A Healthier Us: A Community-Focused Asthma, Diabetes, and Obesity	$800,000.00	
NCCDPHP	Inter-Tribal Council of Michigan, Inc. (Sault Ste. Marie, MI)	AI/AN National Network for Tobacco Control and Prevention		$399,874.00
NCCDPHP	Sault Ste Marie Tribe/Chippewa Indians (Sault Ste Marie, MI)	Uniting to Create Traditional and Healthy Environments		$90,909.00
Minnesota				
NCCDPHP	Fond Du Lac Reservation (Cloquet, MN)	Fond Du Lac Reservation Cancer Comprehensive Control and Prevention Program	$255,000.00	$255,000.00
NCHHSTP	Indigenous Peoples Task Force (Minneapolis, MN)	Human Immunodeficiency Virus (HIV) Prevention Projects for CBO	$120,266.00	$134,311.00

FY 2007/2008 AWARDS TO AI/AN TRIBES & ORGANIZATIONS				
NATIONAL CENTER	GRANTEE NAME	PROJECT TITLE	FY 2007 FUNDING AMOUNT	FY 2008 FUNDING AMOUNT
NCCDPHP	Indigenous Peoples Task Force (Minneapolis, MN)	Tribes and Tribal Organizations	$215,276.00	$212,457.00
Montana				
NCCDPHP	Salish Kootenai College (Pablo, MT)	Health Promotion and Diabetes Prevention Projects for AI/AN Communities	$99,975.00	
NCCDPHP	Salish Kootenai College (Pablo, MT)	Building Community Strengthening Traditional Ties		$90,909.00
North Carolina				
NCCDPHP	Eastern Band Of Cherokee Indians (Cherokee, NC)	Reach Us 2007	$415,390.00	$415,390.00
Nebraska				
NCCDPHP	Ho-Chunk Community Development Corp (Baraboo, WI)	Health Promotion and Diabetes Prevention Projects for AI/AN Communities	$97,894.00	
NCCDPHP	Santee Sioux Tribe Of Nebraska (Niobrara, NE)	Preventive Health Services	$28,886.00	$28,326.00
NCCDPHP	Santee Sioux Tribe Of Nebraska (Niobrara, NE)	Building Community Strengthening Traditional Ties		$90,909.00
NCCDPHP	Winnebago Tribe Of Nebraska	Funding to Implement the Comprehensive School Health Planning and Paint Initiative		$10,000.00
New Mexico				
NCCDPHP	National Indian Youth Leadership Program (Albuquerque, NM)	Youth Leadership Development Camp NDWP	$24,900.00	
Oklahoma				
NCCDPHP	Association Of American Indian Phys'ns (Oklahoma City, OK)	Program to Promote Diabetes Education Strategies in Minority Community/NDEP	$300,000.00	
NCCDPHP	Cherokee Nation Of Oklahoma (Tahlequah, OK)	Cancer Comprehensive Control and Prevention Program	$255,000.00	$279,009.00

FY 2007/2008 AWARDS TO AI/AN TRIBES & ORGANIZATIONS				
NATIONAL CENTER	GRANTEE NAME	PROJECT TITLE	FY 2007 FUNDING AMOUNT	FY 2008 FUNDING AMOUNT
NCCDPHP	Cherokee Nation Of Oklahoma (Tahlequah, OK)	Cherokee Nation Breast and Cervical Cancer Early Detection	$1,147,418.00	$1,102,649.00
NCCDPHP	Cherokee Nation Of Oklahoma (Tahlequah, OK)	Steps To A Healthier Us	$746,856.00	$746,856.00
NCCDPHP	Choctaw Nation Of Oklahoma (Talihina, OK)	Choctaw Nation Lifetime Legacy Project	$415,390.00	$415,390.00
NCCDPHP	Indian Health Care Resource Center (Tulsa, OK)	Health Promotion and Diabetes Prevention Projects for AI/AN Communities	$100,000.00	
NCCDPHP	Kaw Tribe Of Oklahoma (Newkirk, OK)	Kaw Nation Breast and Cervical Cancer Early Detection Program	$321,300.00	$333,029.00
COCHP / NCCDPHP	Cherokee Nation Of Oklahoma (Tahlequah, OK)	Building A Health Nation - Strategic Alliance for Health		$160,000.00
NCCDPHP	Association Of American Indian Physicians (Oklahoma City, OK)	National Program to Promote Diabetes Education Strategies in Minority Community		$300,000.00
NCCDPHP	Cherokee Nation Of Oklahoma (Tahlequah, OK)	Healthy Nation Healthy Food Project: Using Traditional Foods		$90,909.00
NCCDPHP	Cherokee Nation Of Oklahoma (Tahlequah, OK)	Funding to Implement the YRBS, Comprehensive School Health Planning		$105,000.00
NCCDPHP	Indian Health Care Resource Center (Tulsa, OK)	Building Community Strengthening Traditional Ties		$90,909.00
NCCDPHP	Nez Perce Tribal Executive Committee (Lapwai, ID)	Funding to Implement the Comprehensive School Health Planning and Paint Initiative		$275,097.00

FY 2007/2008 AWARDS TO AI/AN TRIBES & ORGANIZATIONS				
NATIONAL CENTER	GRANTEE NAME	PROJECT TITLE	FY 2007 FUNDING AMOUNT	FY 2008 FUNDING AMOUNT
NCCDPHP	Sault Ste Marie Tribe/Chippewa (Sault Ste. Marie, MI)	Building a Health Nation - Strategic Alliance for Health		$160,000.00
Oregon				
NCCDPHP	Native American Rehabilitation Assn (Portland, OR)	Nara Indian Health Clinic	$427,598.00	$427,598.00
NCCDPHP	Northwest Portland Area Indian Health Board (Portland, OR)	National Cancer Prevention and Control Program	$250,000.00	$265,000.00
NCHHSTP	Northwest Portland Area Indian Health Board (Portland, OR)	AI/AN STD (Dash)	$75,000.00	
OD/ OMHD	Northwest Portland Area Indian Health Board (Portland, OR)	Strengthening Existing National Organizations Serving Racial/Ethnic Populations	$315,800.00	$287,905.00
NCHHSTP	Northwest Portland Area Indian Health Board (Portland, OR)	AI/AN STD Prevention		$202,130.00
South Carolina				
NCCDPHP	Catawba Cultural Preservation Project (Rock Hill, SC)	Building Community Strengthening Traditional Ties		$90,909.00
South Dakota				
NCCDPHP	Aberdeen Area Tribal Chairmen's Health Board (Rapid City, SD)	Northern Plains Comprehensive Cancer Control Program	$200,000.00	$200,000.00
NCCDPHP	Black Hills Center/ American Indian Health (Rapid City, SD)	Tribes and Tribal Organizations	$199,964.00	$199,964.00
NCCDPHP	Cheyenne River Sioux Tribal Council (Eagle Butte, SD)	Cheyenne River Breast and Cervical Cancer Early Detection Program	$357,563.00	$362,780.00
NCCDPHP	Standing Rock Sioux Tribe (Fort Yates, SD)	Native Gardens: An Indigenous Permaculture Approach to the Prevention		$90,909.00
NCCDPHP	Yankton Sioux Tribe (Marty, SD)	SD Tribal Pram System - Point in Time		$125,017.00

FY 2007/2008 AWARDS TO AI/AN TRIBES & ORGANIZATIONS				
NATIONAL CENTER	GRANTEE NAME	PROJECT TITLE	FY 2007 FUNDING AMOUNT	FY 2008 FUNDING AMOUNT
Washington				
NCCDPHP	Lummi Indian Business Council (Bellingham, WA)	Health Promotion and Diabetes Prevention Projects for AI/AN Communities	$99,331.00	
NCCDPHP	Seattle Indian Health Board (Seattle, WA)	The Key to Survival Unlocking Knowledge Around Breast and Cervical Cancer Screening	$350,000.00	$350,000.00
NCCDPHP	Nooksack Indian Tribal Council (Deming, WA)	Listen to the Elders: Healing Nooksack Health Through HX		$90,909.00
NCCDPHP	South Puget Intertribal Planning Agency (Shelton, WA)	Native Women's Wellness Program	$440,679.00	$436,476.00
Wisconsin				
NCCDPHP	Stockbridge-Munsee Band Of Mohicans (Bowler, WI)	Health Promotion and Diabetes Prevention Projects for AI/AN Communities	$100,000.00	
NCIPC	Ho-Chunk Nation (Black River Falls, WI)	Effective Strategies/Reduce Motor Vehicle Injuries-Am Indian/Alaskan Native	$71,480.00	$71,480.00
Wyoming				
NCCDPHP	Northern Arapaho Tribe (Ethete, WY)	Reach Us 2007	$398,808.00	$398,807.00
		TOTAL DOLLARS	**$21,948,144.00**	**$22,837,514.00**

Other Resource Allocations Benefitting American Indian/Alaska Natives:

In FY 2007, CDC funded 68 cooperative agreements to 48 tribal partners (tribal governments, tribal health boards, 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 approached $22 million ($21,948,144). Compared to FY 2006, total funding in this category decreased by approximately $81,170.; the number of awardees decreased by two; and the total number of awards decreased by one. In addition to grants and cooperative agreements awarded to tribal partners, CDC also allocated more than $9.5 million through grants/cooperative agreements awarded to state health departments and academic institutions for programs focusing on AI/AN public health issues.

The remainder of CDC's AI/AN portfolio fell into three categories: (1) intramural resources (approximately $6.9 million), (2) federal intra-agency agreements (about $1.9 million), and (3) indirect allocations ($70.7 million). The indirect category primarily represents resources devoted to immunizing AI/AN children through the Vaccines for Children (VFC) program. If indirect funds were included, CDC estimated its total FY 2007 resource allocation for AI/AN programs to be approximately $111 million, 19.8 percent of which went directly to tribal partners and 92 percent overall was expended outside of the Department of Health and Human Services. The total figure ($111,041,808.) represented an 18 percent increase over AI/AN allocations in FY 2006. If indirect funds were not included, CDC estimated its total FY 2007 allocation for AI/AN programs to be approximately $40 million, 54 percent of which went directly to tribal partners and 78 percent overall was expended outside of HHS. The total figure ($40,323,327.) represented a 4.0 percent decrease over AI/AN allocations in FY 2006.

In FY 2008, total funds allocated through competitively awarded grants and cooperative agreements to tribal partners (tribal governments, tribal health boards, tribal epidemiology centers, tribal health organizations, Alaska Native health corporations, urban Indian health centers, and tribal colleges) approached $23 million ($22,839,514). Compared to FY 2007, total funding in this category increased by about $891,340, or 4.1 percent. In addition to grants and cooperative agreements awarded to tribal partners, CDC also allocated more than $10.6 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 fell into three categories: (1) intramural resources (about $6.8 million), (2) federal intra-agency agreements (about $2 million), and (3) indirect allocations (about $65.7 million). The indirect category primarily represents resources devoted to immunizing AI/AN children through the Vaccines for Children (VFC) program.

CDC estimated its total FY 2008 resource allocation for AI/AN programs to be approximately $108 million. In FY 2007, 19.8 percent of these resources went directly to tribal partners and in FY 2008, 21 percent of these resources went directly to tribal partners. The total figure ($108,079,306.) represented a 2.7 percent decrease compared to AI/AN allocations in FY 2007. However, this decrease was consistent with an overall reduction in VFC funds received by CDC in FY 2008. If VFC funds were not included, CDC estimated its total FY 2008 allocation for AI/AN programs to be approximately $44 million, of which 52 percent would go directly to tribal partners and 76 percent overall was expended outside of HHS. The total figure ($43,815,405.) represented a 4.6 percent increase over non-VFC AI/AN allocations in FY 2007.

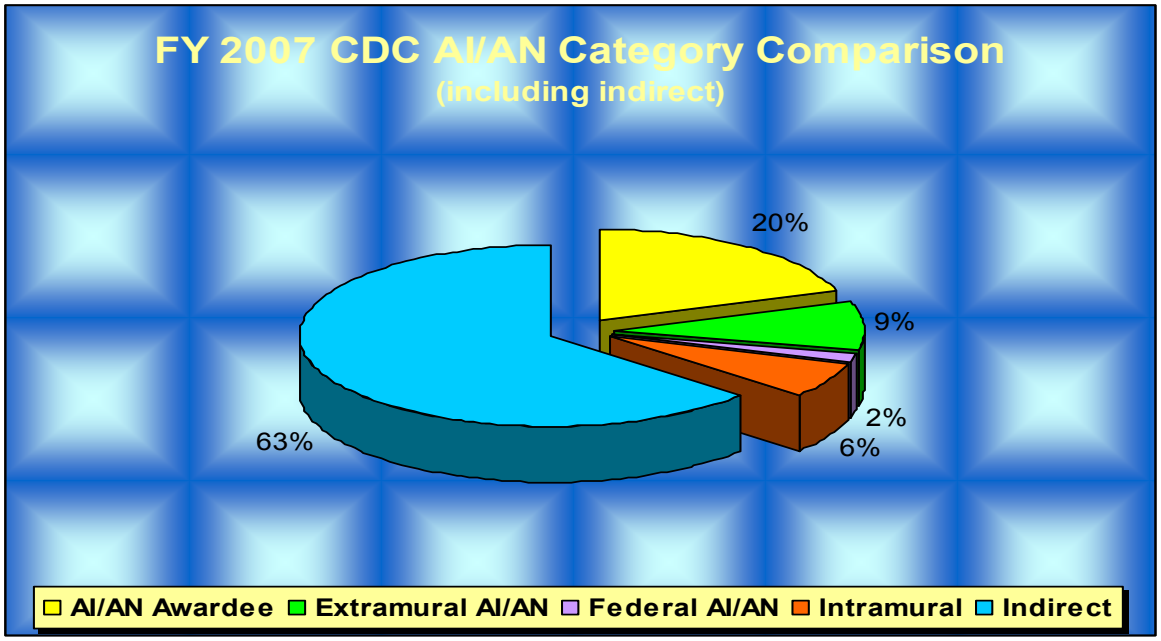
	National Center/Office	2007 AI/AN Funding	2008 AI/AN Funding
1	NCPDCID	$3,117,469	$2,631,565
2	NCHHSTP	$4,259,090	$4,447,049
3	NCIRD	$69,588,664	$64,585,378
4	NCVZED	$82,600	$234,000
5	NCCDPHP	$24,742,263	$25,966,243
6	NCBDDD	$412,330	$250,000

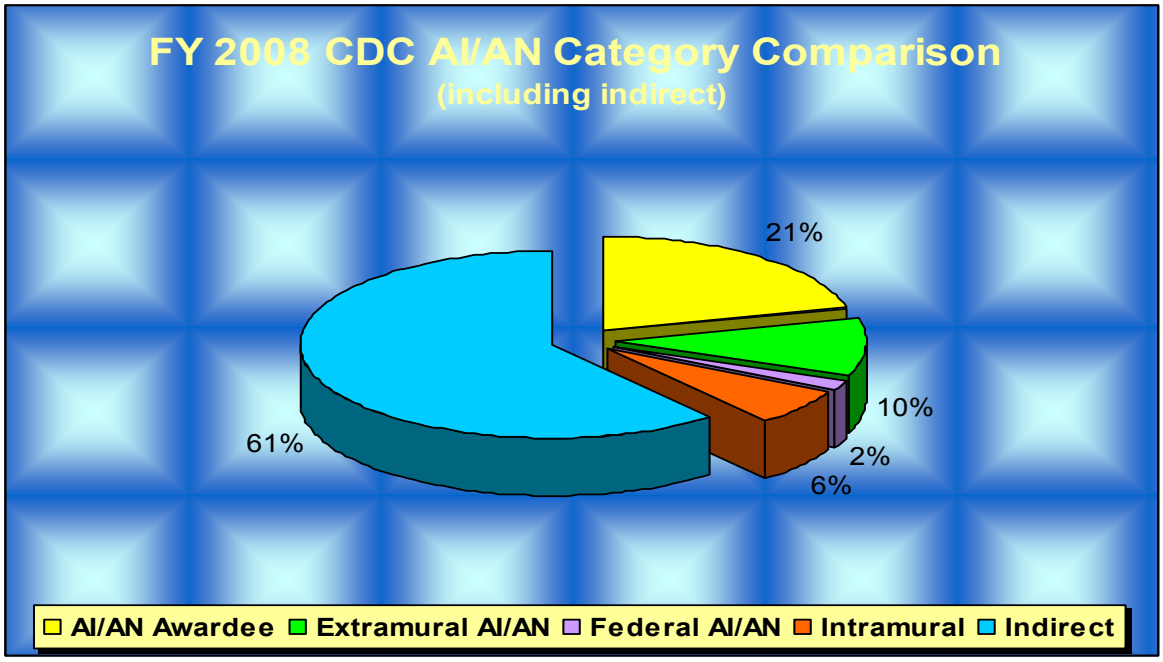
National Center/Office		2007 AI/AN Funding	2008 AI/AN Funding
7	NCHS	$1,571,627	$1,424,746
8	NCHM	$72,096	$229,000
8	NCEH	$642,328	$614,686
9	NCIPC	$589,701	$581,920
10	NIOSH	$234,607	$310,140
11	OMHD/OD	$1,126,225	$1,165,349
12	OWCD	$258,918	$447,196
13	OCPHP	$5,761	$0
14	COTPER	$4,338,129	$5,192,034
	CDC Total:	**$111,041,808**	**$108,079,306**

Each CDC national center/office provides the FY allocations using the five categorical listed below which captures "actual" spending:

1. **AI/AN Awardee:** Competitively awarded programs (i.e., grants, cooperative agreements) where the awardee is a tribe/tribal government, tribal organization, tribal epidemiology center, Alaska Native health organization, tribal college or university, or urban Indian Health program.
2. **Extramural AI/AN benefit**: Competitively awarded programs where the purpose of the award is to primarily or substantially benefit AI/ANs. (*This category includes extramural programs funded through universities, state and local health departments, non-tribal community-based organizations, etc. whose purpose is primarily to benefit AI/ANs. "Primarily or substantially" means 50% or greater devotion of resources 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. (*This category includes agreements funding other federal agencies such as the IHS, whose purpose is to primarily or substantially benefit AI/ANs*.
4. **Intramural AI/AN:** Intramural programs whose purpose is to primarily or substantially benefit AI/ANs. *(This category would include costs [salary, fringe, travel, etc.] associated with CDC staff or contractors whose time/effort primarily or substantially benefit AI/ANs; this category also includes purchase orders and contracts that 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 applies **only** to 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] and to **NCHS** [where resource allocation benefiting AI/AN is estimated based on the AI/AN population proportion in NCHS data sets].*

FY 2007 and 2008 CDC AI/AN Funding Category Comparison		
Category	**FY 2007**	**FY 2008**
AI/AN Awardee	$21,948,174	$22,839,514
Extramural AI/AN	$9,500,990	$10,687,986
Federal AI/AN	$1,963,397	$2,006,435
Intramural	$6,910,766	$6,856,724
Indirect	$70,718,481	$65,688,647
Total AI/AN Funding	**$111,041,808**	**$108,079,306**





FOOD AND DRUG ADMINISTRATION

The Food and Drug Administration (FDA) is responsible for protecting the public health by assuring the safety, efficacy, and security of human and veterinary drugs, biological products, medical devices, our nation's food supply, cosmetics, and products that emit radiation. The FDA is also responsible for advancing the public health by helping to speed innovations that make medicines and foods more effective, safer, and more affordable; and by helping the public get accurate, science-based information they need to use medicines and foods to improve their health.

Food and Drug Administration
Operating Division of the
Department of Health and Human Services
http://www.fda.gov/

Support Provided to Native American Communities FY 2007 with 2008

Health Promotion

- In FY 2007, Food and Drug Administration, Office of Regulatory Affairs, Central Region (Chicago) provided food safety information (ALERT and Fight Bac) to the Oglala Sioux Tribe. FDA worked through a U.S. Public Health Service Officer to provide training to Head Start Educators at the Pine Ridge Hospital in Pine Ridge SD.

Health Professional Recruitment and Outreach

- FDA sponsored two student interns from the American University, Washington Internships for Native Students (WINS) in FY 2007.
- FDA collaborated with the Association of American Indian Physicians to support the National Native American Youth Initiative (NNAYI) for high school students in 2007. Over 70 American Indian students participated.

Emergency Preparedness

- FDA hosted the Gateway to Food Protection meeting in St. Louis, MO, August 12-14, 2008, which brought together representatives from federal, state, local, territorial, and tribal governments. Globalizing the US food supply, rapid and widespread distribution of food and changes in consumer expectations create the need for a new approach to food protection. The goal was to build trust and develop a more efficient food-protection model. Teams of representatives focused on four main areas of developing a national food safety system: recalls, outbreak investigation, risk-based inspections, and roles and responsibilities.

  Recommendations from the risk-based inspection and sampling team included four foundations: defining and classifying risk, building a nationally integrated system, training and certification, and education and outreach. These included ranking product types according to public-health risk and identifying products targeted for sampling. Training and certification built on programs including web-based curriculums and used internal and external support. Education campaigns sought to raise awareness and promote behavioral changes on ways to mitigate risk. Other

recommendations included studies to identify state and local needs, defining minimal standards, and best-practice models for foodborne outbreaks and investigations. Communication and efficiency improved by working with stakeholders to apply lessons learned from outbreaks and prevent future outbreaks.

Technical Assistance Provided to Native American Communities FY 2007 and 2008.

- In FY 2007 and 2008, Food and Drug Administration, Office of Regulatory Affairs, Regional Retail Food Specialists and Division of Human Resource Development - State Training Team collaborated with the Indian Health Service to train tribes on the FDA Model Food Code, Hazard Analysis & Critical Control Points (HACCP) planning and review process, foodborne illness investigation and risk-based inspection methods relative to tribal retail and food service regulatory programs and the Voluntary National Retail Food Regulatory Program Standards. The Program Standards covered nine essential program areas and represented a set of best practices for regulatory programs. FDA assisted the tribes to meet the nine standards and regulatory programs to assist their regulated industry with reducing contributing factors to foodborne illness.
- In FY 2007 and 2008, Food and Drug Administration, Office of Regulatory Affairs, (San Francisco) worked with the Hoopa Valley Tribe to provide orientation to the Agency's Model Food Code and regulatory technical assistance in low-acid canning processing certification.
- In FY 2007 and 2008, Food and Drug Administration, Office of Regulatory Affairs, Pacific Region (Seattle) Retail Food Specialists provided technical assistance to the Crow Reservation, in Montana, and to the Squaxin Island Indian Tribe, in Washington on the use of the Voluntary National Retail Program. The specialists provided food safety management courses and information on the Model Food Code. Regional Shellfish Specialists provided training and technical support to tribes in western Washington on shellfish harvesting and handling practices.
- In FY 2007 and 2008, Food and Drug Administration, Office of Regulatory Affairs, Pacific Region (Seattle) conducted outreach to the Colville Indian Tribe in Washington. Retail Food Specialists provided training and program resources to tribe.
- In FY 2007 and 2008, Food and Drug Administration, Office of Regulatory Affairs, (San Francisco) worked with the Hoopa Valley Tribe to provide orientation to the Agency's Model Food Code and regulatory technical assistance in low-acid canning processing certification.
- In FY 2007 and 2008, Food and Drug Administration, Office of Regulatory Affairs, Pacific Region (Seattle) Retail Food Specialists provided technical assistance to the Crow Reservation, in Montana, and to the Squaxin Island Indian Tribe, in Washington on the use of the Voluntary National Retail Program. The specialists provided food safety management courses and information on the Model Food Code. Regional Shellfish Specialists provided training and technical support to tribes in western Washington on shellfish harvesting and handling practices.
- In FY 2007 and 2008, Food and Drug Administration, Office of Regulatory Affairs, Regional Retail Food Specialists and Division of Human Resource Development -

State Training Team collaborated with the Indian Health Service to train tribes on the FDA Model Food Code, HACCP planning and review process, foodborne illness investigation and risk-based inspection methods relative to tribal retail and food service regulatory programs and the Voluntary National Retail Food Regulatory Program Standards. The Program Standards cover nine essential program areas and represent a set of best practices for regulatory programs. FDA assisted the tribes to meet the nine standards and regulatory programs to assist their regulated industry with reducing contributing factors to foodborne illness.

- In FY 2007 and 2008, Food and Drug Administration, Office of Regulatory Affairs (Seattle) attended the HHS Region 10 Tribal Consultation in Portland Oregon. FDA discussed its food defense program the Alert Initiative. Alert wallet cards were distribution.
- In FY 2007 and 2008, Food and Drug Administration, Office of Regulatory Affairs, Pacific Region (Seattle) conducted outreach to the Colville Indian Tribe in Washington. Retail Food Specialists provided training and program resources to the tribe.
- In FY 2007 and 2008, Food and Drug Administration, Southwest Region and representatives of the Department of Social and Health Services, and the Health and Human Services Commissioner, Border Health, attended a face to face meeting with the Ysleta del Sur Pueblo, Tigua Indians at the Tigua Indian Reservation of Texas in El Paso, TX. The discussion was on Food Safety and health issues facing the Tigua Indians and how we could work together to educate families. FDA's Southwest Import District (SWID) shared materials on food safety, food defense/ALERT, methyl mercury in fish, The Dangers of Eating Raw Milk products, Diabetes, High Blood Pressure, and obesity. The materials were appreciated and future partnerships will be discussed with the tribal council.

HEALTH RESOURCES AND SERVICES ADMINISTRATION

The Health Resources and Services Administration (HRSA), an agency of the U.S. Department of Health and Human Services, is the primary Federal agency for improving access to health care services for people who are uninsured, isolated or medically vulnerable. Comprising six bureaus and 13 offices, HRSA provides leadership and financial support to health care providers in every state and U.S. territory. HRSA grantees provide health care to uninsured people, people living with HIV/AIDS, and pregnant women, mothers and children. They train health professionals and improve systems of care in rural communities. HRSA oversees organ, bone marrow and cord blood donation. It supports programs that compensate individuals harmed by vaccination, and maintains databases that protect against health care malpractice and health care waste, fraud and abuse.

Health Resources and Services Administration
an Operating Division of the
Department of Health and Human Services
http://www.hrsa.gov

Support Provided to Native American Communities FY 2007 and 2008

In FY 2007-2008, HRSA's support of AI/AN populations focused specifically on health information technology; tribal consultation; emergency preparedness; health promotion; and disease prevention. HRSA's support resulted in increased successes by AI/AN tribes and tribal organizations to secure sponsored funds from HHS programs and grants.

Historically, Indian Health Service (IHS) and HRSA have collaborated on HIV/AIDS initiatives. In June 2007, IHS and HRSA signed a three year Memorandum of Understanding (MOU) to establish a collaborative partnership with two objectives: 1) support strategic planning between the IHS HIV/AIDS program and HRSA's HIV/AIDS Bureau; and 2) identify ways that both agencies can work together to effectively meet the goal of improving the health outcomes of AI/AN communities. Areas of collaboration included training, technical assistance, capacity building, communication, and strategic planning.

HRSA's Bureau of Primary Health Care collects data from Federally Qualified Health Centers funded by the Public Health Service Act, Section 330 through the Uniform Data System (UDS), including core sets of information for monitoring and evaluating health center performance and trends data. In FY 2007, HRSA transferred $50,000 to the IHS and entered into an interagency agreement to support and update HRSA's UDS reporting system and IHS's Resources and Patient Management System (RPMS). In 2008, the UDS was updated in an effort to better focus and streamline current data reporting requirements, including clinical quality and health outcome measures to assess health disparities on the following health indicators: low birth weight, blood pressure control, and control of diabetes (HbA1c levels).

Technical Assistance Provided to AI/AN Communities FY 2007-2008

Support of programs and activities to American Indian and Alaska Native populations, tribes, and tribal organizations is an important priority area for HRSA. HRSA has provided technical

assistance to facilitate successful program outcomes for AI/AN communities and organizations aiming to decrease health disparities within their population.

In April of 2007, technical assistance (TA) was provided to Cascade City-County Health Department in Great Falls, Montana. The purpose of the TA was to provide cultural sensitivity training in a region with a large AI/AN customer base seeking to increase the ability of clinicians to provide culturally appropriate quality care.

South Dakota State University in Brookings, South Dakota sponsored a one day faculty development/technical assistance training session on "American Indians and Cultural Competency" for students in both the Doctorate in Nursing and the Master of Science in Nursing Educator programs. HRSA's Division of Nursing provided TA in response to more than 24 inquiries from Tribal Colleges and Universities.

Funding Provided to Native American Communities FY 2007 and 2008

HRSA Targeted/Discretionary Funding		
Tribe or Organization	**FY 2007**	**FY 2008**
Alaska		
Alaska Native Tribal Health Consortium, Nurse Education, Practice and Retention (NEPR) Program	$254,713	$258,295
Alaska Native Tribal Health, Title III Early Intervention Services (EIS)	$487,500	$487,500
Aleutian/Pribilof Islands Association	$683,615	$922,576
Bristol Bay Area Health Corporation	$1,332,235	
Bristol Bay Area Health Corporation, Rural Health Outreach Grant	$125,000	$100,000
Bristol Bay Borough Camai Community Health Center	$584,546	
Bristol Bay Area Health, Dillingham		$1,335,140
Bristol Bay Borough, Naknek		$585,821
Council of Athabascan Tribal Government	$676,814	$677,990
Eastern Aleutian Tribes, Inc.	$1,306,772	$1,946,393
Eastern Aleutian Tribes, Rural Health Outreach Grant	$150,000	$125,000
Eastern Aleutian Tribes, Network Development Grant		$179,995
Emergency Medical Services for Children (EMSC) State Partnership grant	$15,000	$15,000
Edgar Nollner Health Center, Galena		$655,627
Galena Health Clinic	$654,201	

HRSA Targeted/Discretionary Funding		
Tribe or Organization	**FY 2007**	**FY 2008**
Illiuliuk Family and Health Service	$680,933	
Ilanka Clinic, Cordova		$586,616
Iliuliuk Family and Health Services, Inc., Unalaska		$682,418
Kenaitze Indian Tribe, Rural Health Outreach Grant	$125,000	$100,000
Maniilaq Health Center	$1,158,637	$1,178,206
Mount Sanford Tribal Consortium, Network Planning Grant		$85,000
Native Village of Eyak	$653,500	
Norton Sound Health Corporation	$2,098,908	$2,103,486
Providence Health System, Nurse Education, Practice and Retention (NEPR) Program		$258,120
SE Alaska Regional Health Consortium	$3,460,277	$3,910,206
Seldovia Village Tribe	$1,065,623	$1,206,888
Southcentral Foundation	$1,302,161	$578,807
Tanana Chiefs Conference	$541,667	$651,418
University of Alaska , Advanced Education Nursing Traineeship Program	$29,957	
University of Alaska, Anchorage, Nursing Workforce Diversity (NWD) Program	$394,865	
Yakutat Tlingit Tribe	$321,784	
Yakutat Community Health Center, Yakutat		$483,728
Yukon-Kuskokwim Health Corporation	$2,824,289	$3,247,475
Arizona		
Arizona State University , Advanced Education Nursing (AEN) Program	$315,842	
Arizona State University , Advanced Education Nursing (AEN) Program	$345,614	
Arizona State University, Comprehensive Geriatric Education Program	$170,820	
Hardrock Council on Substance Abuse, Inc., Rural Health Outreach Grant	$125,000	
Northern Arizona University , Advanced Education Nursing Traineeship Program	$21,157	
University of Arizona , Advanced Education Nursing (AEN) Program	$324,732	

HRSA Targeted/Discretionary Funding		
Tribe or Organization	**FY 2007**	**FY 2008**
University of Arizona , Advanced Education Nursing Traineeship Program	$51,824	
University of Arizona, Advanced Education Nursing (AEN) Program	$281,978	
Chinle Comprehensive Health Care, Chinle		$314,461
Four Corners Regional Health Center, Red Mesa		$132,230
Ft. Defiance Indian Hospital, Fort Defiance		$176,974
Hardrock Council on Substance Abuse, Inc., Rural Health Outreach Grant		$99,996
Phoenix Indian Medical Center, Phoenix		$41,617
Whiteriver Indian Health Service, Whiteriver		$86,498
California		
Indian Health Center of Santa Clara	$655,500	$999,857
Karuk Tribe of California	$644,321	$740,790
Pacific AIDS Education and Training Center (AETC)	$80,145	$50,000
Colorado		
Mountain Plains AETC	$80,145	$50,000
Hawaii		
EMSC State Partnership grant	$15,000	$15,000
Idaho		
Benewah Medical / Wellness Center, Plummer		$697,886
Coeur D'Alene Tribe	$696,368	
Dirne Community Health Center	$859,250	$1,646,834
Illinois		
Midwest AETC	$80,145	$50,000
Kansas		
Shawnee County Health Agency	$537,201	$538,372
The Hunter Health Clinic, Inc., Witchita		$1,510,805
Massachusetts		
New England AETC	$80,145	$50,000
Michigan		
Bay Mills Indian Community	$615,503	$557,247
Minnesota		
College of St. Scholastica, Nursing Workforce Diversity (NWD) Program	$260,041	$207,076

HRSA Targeted/Discretionary Funding		
Tribe or Organization	**FY 2007**	**FY 2008**
College of St. Scholastica, Nurse Education, Practice and Retention (NEPR) Program		$178,732
HIT Innovations Implementation Grant: Implementing e-prescribing, Northern Minnesota		$66,667
Indian Health Board Minneapolis, Inc.	$671,992	$683,341
Native American Community Clinic	$632,931	$626,079
The Evergreen House, Rural Health Outreach Grant		$125,000
Montana		
Big Horn Indian Hospital, Hardin		$44,744
Blackfeet Community Hospital - Glacier, Browning		$108,776
Bullhook Community Health Center	$566,667	$651,418
Fort Peck Assiniboine Sioux Tribes, Rural Health Outreach Grant	$125,000	$100,000
Montana State University , Advanced Education Nursing (AEN) Program	$264,240	
Montana State University , Advanced Education Nursing Traineeship Program	$31,296	
Montana State University, Nursing Workforce Diversity (NWD) Program	$325,851	$338,271
Salish Kootenai Tribal College, Nurse Education, Practice and Retention (NEPR) Program	$347,710	$295,558
Salish Kootenai Tribal College, Nursing Workforce Diversity (NWD) Program	$340,342	
Salish Kootenai College, Baccalaureate Nursing Program, Scholarships for Disadvantaged Students (SDS)		$9,291
Salish Kootenai College, Associate Nursing Program , Scholarships for Disadvantaged Students (SDS)		$49,553
North Dakota		
Northwestern Mental Health Center, Rural Health Outreach Grant	$191,300	
University of North Dakota, Nursing Workforce Diversity (NWD) Program		$329,092
New Mexico		
Crownpoint Health Care Facility, Crownpoint		$126,245

HRSA Targeted/Discretionary Funding		
Tribe or Organization	**FY 2007**	**FY 2008**
First Nations Community Health Source	$566,180	$651,418
La Clinica Del Pueblo De Rio Arriba	$648,233	
Gallup Indian Medical Center, Gallup		$150,671
High Impact Electronic Health Record Implementation, Presbyterian Medical Services		$1,375,542
Northern Navajo Medical Center - San Juan, Shiprock		$329,718
Taos Health Systems, Rural Health Outreach Grant		$98,702
Zuni Comprehensive CHC, Zuni		$46,881
New York		
Electronic Health Record Implementation Initiative, Community Health Care Association of New York		$621,875
New York/New Jersey AETC	$80,145	$50,000
Oklahoma		
Oklahoma City University , Nurse Education, Practice and Retention (NEPR) Program	$264,973	$259,547
University of Oklahoma Health Science Center , Advanced Education Nursing Traineeship Program	$82,195	
University of Oklahoma Health Science Center, Nurse Education, Practice and Retention (NEPR) Program	$325,099	$255,337
University of Oklahoma Health Science Center, Nurse Education, Practice and Retention (NEPR) Program		$293,266
Oregon		
Native American Rehabilitation Association Of The NW	$664,202	$675,420
Rhode Island		
Providence Health System, Nurse Education, Practice and Retention (NEPR) Program	$228,800	
South Dakota		
EMSC State Partnership grant	$15,000	$15,000
Oglala Lakota College, Associate Nursing Program, Scholarships for Disadvantaged Students (SDS)		$18,583

HRSA Targeted/Discretionary Funding		
Tribe or Organization	**FY 2007**	**FY 2008**
Oglala Lakota College, Nursing Workforce Diversity (NWD) Program	$290,605	$288,954
PHS Hospital - Pennington, Rapid City		$51,895
Sharing the Gift of Life: A Multi-state American Indian Tribal College Intervention to Increase Organ and Tissue Donation	$112,282	
Sisseton Wahpeton College, Nurse Education, Practice and Retention (NEPR) Program	$223,770	$209,641
South Dakota Urban Indian Health, Inc., Rural Health Outreach Grant	$124,999	
Standing Rock Sioux Tribe, Rural Health Outreach Grant	$125,000	$100,000
Utah		
College of Eastern Utah, Nursing Workforce Diversity (NWD) Program	$294,197	$318,645
Utah Navajo Health Systems, Inc.	$1,470,586	$1,916,257
Washington		
Coleville Confederated Tribes	$883,936	$667,654
Northwest AIDS Education and Training Center (AETC)	$80,145	$50,000
Seattle Indian Health Board	$748,947	$750,580
University of Washington, Nurse Education, Practice and Retention (NEPR) Program	$270,058	$365,564
Washington State University , Nurse Education, Practice and Retention (NEPR) Program	$376,891	$300,416
Wisconsin		
Ho-Chunk Nation, Rural Health Outreach Grant	$188,762	
Wyoming		
Wind River Health Systems, Inc.	$566,667	$651,418
Targeted/Discretionary Funding, Totals	**$39,297,729**	**$44273,099**

Other funding Opportunities FY 2007 and 2008

Tribe or Organization	FY 2007	FY 2008
Interagency Agreement between HRSA and IHS	$50,000	
Interagency Agreement between HRSA MCHB and IHS EMSC	$10,000	$10,000

Tribe or Organization	FY 2007	FY 2008
Interagency Agreement between HRSA Office of Health Information Technology (OHIT) and IHS OHIT	$50,000	
Maternal Child Health Bureau (MCHB) Research Program Project	$235,151	$235,151
HIV Training for Health Care Providers Serving American Indian/Alaska Native	$641,160	$400,000

INDIAN HEALTH SERVICE

The mission of the IHS in partnership with AI/AN people is to raise their physical, mental, social, and spiritual health to the highest level. The IHS goal is to ensure that comprehensive, culturally acceptable personal and public health services are available and accessible to all AI/AN people. The IHS mission and goal are based on its foundation to uphold the Federal Government's obligation to promote healthy AI/AN people, communities, cultures, and to honor and protect the inherent sovereign rights of tribes.

Indian Health Service
an Operating Division of the
Department of Health and Human Services
http://www.ihs.gov

Support Provided to Native American Communities FY 2007 and 2008

IHS Facilitated Enrollment of American Indians and Alaska Natives in Medicare Part D
Medicare-eligible American Indian and Alaska Native (AI/AN) beneficiaries using Indian Health Service-funded services can enroll for Medicare Prescription Drug, Improvement, and Modernization Act (MMA) drug benefits (Part D) to help provide greater prescription drug coverage to all people with Medicare. The IHS and the Centers for Medicare & Medicaid Services (CMS) collaborated to provide outreach and education in tribal communities with special emphasis on MMA Part D drug benefits. These outreach activities helped to facilitate increased Medicare Part D enrollment in 2007 and helped the Department of Health and Human Service (HHS) ensure equitable access to HHS programs for American Indians and Alaska Natives through prescription drug coverage. As a result of this activity, more than 30,000 Medicare-eligible AI/AN beneficiaries enrolled in MMA Part D drug benefits in 2007.

New Regulations Extend Medicare's Authority to the IHS Contract Health Services Program
The IHS and the Centers for Medicare & Medicaid Services implemented new regulations to extend Medicare's payment authority to the IHS, tribal contract health services (CHS) programs, and Urban Indian programs. Under the new regulation, Medicare participating hospitals, including critical access hospitals, are required to accept Medicare-like rates as payment in full for items and services furnished to individuals referred to them through the CHS and Urban Indian programs funded by the IHS. To ensure that tribal and Urban Indian programs get the information needed to make the most of the new regulations, the IHS established a Website to explain the regulations and provide notices about training opportunities. As a result of this activity, the overall implementation of Medicare's payment authority effective July 5, 2007, extended the ability of Indian health system to provide additional medical services for AI/ANs. The "Medicare-like" rates regulations will reduce CHS expenses for hospital services and enable Indian health programs to use the resulting savings to increase services to their beneficiaries. The IHS also provided training to more than 300 tribal and CHS staff at the CHS Training Seminar, in Phoenix, Arizona, on July 23-25, 2007. Additional training was provided on September 27, 2007 to more than 100 tribal CHS staff at the Annual National Indian Health Board Consumer Conference in Portland, Oregon.

Indian Health Service Implements Case Management Software
The Indian healthcare system continued to integrate health information technology into clinical care to improve individual and population health status for AI/ANs. The IHS took the next step to electronic patient population management with the May 2007 release of the IHS "iCare" application. The IHS iCare marks a transformation in care management for high risk and chronic disease patients. The iCare application provides easy-to-use tools to give a wide variety of providers the ability to view patient data in a "population-centric" way of thinking. A key element of iCare is the "tagging" of all patients in the facility's database with one or more clinical diagnoses. The patient clinical "tag" is used in iCare to easily create clinically relevant patient profiles. For example, a physician or researcher can create a list of patients within a certain age range who had a visit in the past year and is "tagged" as at high risk for cardiovascular disease. The iCare application represents a significant enhancement to the IHS Resource and Patient Management System, an integrated software solution used throughout the IHS health system for automated management of clinical and administrative information in system health care facilities. As a result of this activity, the iCare application supports health care provider data collection and management, allowing them identification and helps increase awareness of the services that American Indian and Alaska Native patients need, by highlighting the status of key clinical prevention and treatment measures.

Indian Health Service Electronic Health Record
The IHS Electronic Health Record (EHR) is a software solution that is easily extensible to tribes and other rural communities. The IHS EHR is being used at 116 IHS and tribally-operated health care sites to improve health care quality and patient safety for AI/ANs. Of the 116 current sites, (5) tribal hospitals and (40) tribal health centers/health stations have deployed the IHS EHR. By migrating most (and eventually all) data retrieval and documentation activities to the electronic environment, access to patient clinical records can occur virtually in multiple locations without the need for a paper chart. Moreover, point-of-service data entry ensures that the medical record is continually updated for all users. The Resource and Patient Management System (RPMS) EHR combines the powerful database capabilities of the RPMS with a graphical user interface. Integration of various RPMS components into this user friendly presentation enables providers to obtain a more comprehensive view of the clinical process. Access to patient information is available to users via "point and click," access rather than having to perform multiple logins across separate applications. As a result of this activity, by December 31, 2008, the IHS EHR was deployed in 100 percent of all IHS federally operated facilities. The IHS EHR is intended to help providers manage all aspects of patient care electronically by providing a full range of functions for data retrieval and capture to support patient review, encounter and follow up.

The Indian Health Service Chronic Care
At 14 pilot sites within the Indian health care system, AI/AN patients with chronic conditions such as diabetes, cardiovascular disease, asthma, renal disease, depression, and cancer are experiencing patient and family-centered care that applies across multiple chronic conditions. The pilot sites led change by focusing on strategies that improved the health status of patients and populations affected by chronic conditions through the adaptation and implementation of the IHS Chronic Care Model. As processes were developed, the sites were testing system changes and measuring progress. Spreading successful innovations across the Indian health

care system included caregiver learning sessions devoted to information sharing about the pilot sites' experiences in implementing the Model. The success of these chronic care pilot sites demonstrated the IHS and HHS commitment to meet challenges with innovation. As a result of this activity, the findings from the IHS Chronic Care pilot sites demonstrated the diversity of care delivery options used by the IHS health system to improve patient outcomes. These efforts were part of the implementation of the IHS's 5-year strategy to develop care processes that applied across multiple chronic disease conditions.

Indian Health Service Participates in Support to Latin American Countries and Collaborates with Canada on Indigenous Health

The IHS deployed its Public Health Service Commissioned Officers and operating concepts on a worldwide basis to a variety of sites (e.g., Iraq, Afghanistan, and Indonesia) and assisted local and national governments in recovery and health delivery system enhancements. During 2007, IHS Commissioned Officers were deployed to Latin American countries to provide clinical and public health services in support of the President's Health Diplomacy initiative. The IHS health professionals were valuable additions to international efforts because the IHS is regarded as a model rural integrated public/primary healthcare system. In addition to responding to deployment activities, the IHS entered into a formal partnership with Canada on Indigenous Health. The HHS and Canada continued activities through a Memorandum of Understanding (MOU) on Indigenous Health to improve the health status of indigenous communities through enhanced international collaborations, identification and reinforcement of best practices, and innovative approaches to learning opportunities. The MOU focused on improving health care delivery and access to health services for AI/AN people of the United States, the First Nation, and the Inuit of Canada. This agreement holds great promise in terms of opportunities for future improvements in health care service quality and overall health promotion for Native communities in the United States and Canada. The IHS administers the activities under the MOU for the United States. As a result of this activity, in fiscal year 2007, the IHS deployed (62) Public Health Service Commissioned Officers to nine different deployment activities of the Office of Force Readiness and Deployment. These Officers provided (1,105) days of service. This service opportunity provides a powerful career development and retention tool for the Public Health Service Commissioned Officers who deploy. Their experiences in underserved communities worldwide strengthen their ability to provide a broader spectrum of care in their usual assignments in the IHS. The 2007 U.S. and Canada MOU on Indigenous Health focused on three areas of mutual interest: behavioral health with emphasis on fetal alcohol spectrum disorder and suicide prevention that identified best practices in prevention that are being shared on our respective websites; staff exchanges that included both the IHS, First Nations, and Inuit Health Branch (FNIHB) nurses making site visits to community programs and facilities to directly experience the health and clinical practices employed; and a first-of-its-kind Indigenous Summer Research Institute at the Johns Hopkins Bloomberg School of Public Health that included emerging indigenous scholars from Canada, the United States, New Zealand, and Australia, with a focus on the social determinants of health for indigenous populations. A second Indigenous Research Institute was held at the University of Alberta in 2008.

Indian Health Service Health Promotion/Disease Prevention Initiative

The IHS increased emphasis on both clinical and community-based health promotion and disease prevention (HP/DP) efforts and focused on collective development and implementation of

programs that prevent diseases. The IHS continued to implement a major initiative on Health Promotion and Disease Prevention (HP/DP) first launched in 2005 to reduce health disparities. The IHS had a Prevention Task Force that included representation from IHS and tribal programs to identify key components for a systematic approach to preventive health activities. The IHS also had a HP/DP Prevention Policy Advisory Committee to provide oversight and policy guidance to the Agency. The IHS invested $2 million annually since 2005 to support 1) Healthy Native Communities Fellowship training that develops skills of AI/AN community leaders to be catalysts for positive change and to work with tribal communities to advance a new vision of population health; 2) community grants to provide community programs with support for healthy lifestyles and choices; and 3) training and regional conferences to engage youth to take active roles in addressing health and social issues that impact their communities and schools. As a result of this activity, the IHS trained 121 local Healthy Native Communities Fellows to serve as catalysts for change and provide leadership capacity to build healthy tribal communities. Hundreds of tribal communities participated in the *Just Move It* program, a physical activity campaign for AI/AN people. Thirty three tribal communities benefitted from community HP/DP programs that supported healthy lifestyles and choices.

Indian Health Service Helps Tribal Partners Build Capacity to Respond to and Manage All Hazards Incidences and Pandemics

The IHS supported this HHS Priority by continuing to build capacity among tribal communities in a focused initiative to increase their ability to prepare for and respond to natural and manmade catastrophic events, including chemical, biological, radiological, nuclear, explosive, and pandemic threats. The IHS conducted an Agency-wide exercise that included tribal and state programs and other Federal agencies on the coordinated use of the National Incident Management System and the National Response Plan. All 12 IHS Areas have incorporated All-Hazards planning and guidance into their public health and medical preparedness and response plans. The IHS, in partnership with the Bureau of Indian Affairs, conducted workshops with tribes on coordination of emergency management, COOP, and pandemic activities. The IHS also conducted training for nursing and pre-hospital providers on the application of disaster medical skills in three locations. The IHS worked with Medical Reserve Corps (MRC) units and tribes to create new Medical Reserve Programs with emphasis on meeting the needs of an underserved population in a culturally acceptable atmosphere. Several tribes have accredited community-based MRC teams and more are being formed. The IHS continues to focus on pandemic preparedness mostly at the regional level. The IHS provided leadership for a successful regional mass vaccination in partnership with the Navajo Nation and 50 participating local agencies including states, counties, and other Federal agencies. Approximately 24,000 vaccinations were provided during an 8-hour period at 15 point-of-dispensing sites in Arizona and New Mexico. This exercise may have been the largest regional mass vaccination exercise in the United States. As a result of this activity, the IHS, in collaboration with Bureau of Indian Affairs, FEMA, and the U.S. Coast Guard, strengthened provisions in the National Pandemic Plan and the new National Response Framework to reinforce and operationalize a strategy consistent with the direct tribal-to-Federal relationship during disasters. An IHS-wide All-Hazards exercise helped to increase understanding of Agency-wide incident management application and the use of the National Response Plan. It also prompted the IHS to revise its policy to facilitate emergency travel and acquisitions and add personnel with operational knowledge of disaster response to the Operations Section of the

Agency's Incident Management Team. The regional mass vaccination exercise enhanced the Indian health system's capability to meet state and Federal recommendations for mass vaccination in rural and diverse communities.

The Bemidji Area IHS Specific Accomplishments for FY 2007:

Under the Secretary's Priority "Every American Insured", the Bemidji Area Office carried out the following activities:

- Held a conference call with Michigan Tribal Health Directors in October 2007 and discussed the Administrative match process developed in Minnesota via a model agreement with one tribe in MN. As a result, the Michigan tribes utilized the model agreement and submitted their proposed plan to the state of Michigan for approval. Bemidji Area Staff continued to provide assistance**.**
- Discussed various strategies for Indian health programs to use in calculating the correct amounts owed for various bills, including utilizing the Fiscal Intermediary (FI), local FI or the self-insured carrier FI as well as other options at the All I/T/U Meeting in Minneapolis, November 2007. As a result, Indian health program officials have a clearer understanding of how to maximize their CHS budgets and reduce health care expenditures as well as the steps to take to implement this new authority at the local level.

The Nashville Area IHS Specific Accomplishments for FY 2007:

- Expanded access to healthcare via implementation of Telehealth to three additional sites
- Improved healthcare through implementation of the Electronic Health Record (EHR) at tribal sites
- Expanded healthcare in collaboration with the Veterans Administration, United States Department of Agriculture, the Environmental Protection Agency, states, and the Trans Am Program
- Expanded administrative services through regional partnerships with the Oklahoma Area IHS and Albuquerque Area IHS (i.e. Public Law 93-638 Indian Self-Determination and Education Assistance Act (ISDEAA) database)
- Waste Water Treatment Plant joint venture with the State of Mississippi and Choctaw Indians
- Initiated approximately (30) sanitation facilities construction projects throughout the United South and Eastern Tribes (USET)
- Opened an Emergency Response Command Center

The Navajo Area IHS Specific Accomplishments for FY 2007:

- Led and participated in extensive consultative activities through ongoing Indian Self-Determination and Education Assistance Act (ISDEAA) Public Law 93-638 activities on the Navajo Nation. Also provided technical assistance and disseminated policy and program information to Public Law 93-638 organizations.
- Advised and consulted with the Health and Social Services Committee in the following areas: facilities construction ("grandfathering" issue), new hospital construction priority setting, Public Law 93-638 contracting issues, Veterans' health care coordination, health issues related to uranium exposure, and emergency preparedness.

- Assisted and consulted the Veterans Administration (VA) on coordination of Navajo Veteran health services and establishing new VA health centers.
- Supported and facilitated the development of the VA Strategic Plan.
- Completed the Data Project that tracked Veterans' health care utilization patterns.
- Supported consultative efforts on injury prevention programs such as the purchase of radar units for the Navajo Department of Public Safety and training for proper child car seat usage among others.
- Organized and implemented the Northern Region Mass Vaccination Exercise, which in 2006 vaccinated nearly 24,000 individuals in one day.
- Jointly sponsored a Medicaid/Medicare Outreach and Training Conference with the Navajo Division of Health to improve services by increasing third-party resources. The need for training was determined jointly through consultation with the goal of building a foundation for training and supporting an effective knowledge base.
- Operated an extensive consultation network that included tribal health programs, schools, state agencies, IHS Service Units and Navajo Nation Chapters.
- Health Promotion/Disease Prevention Program (HPDP) employed a systematic approach based on up-to-date Navajo Nation health statistics and data.
- Produced several widely reviewed culturally based media resources/publications.

The Oklahoma City Area IHS Specific Accomplishments for FY 2007:

- Worked directly with the Oklahoma City Area Inter-Tribal Health Board (OCAITHB) to draft pandemic flu templates for distribution to all 41 tribes in the Area.
- Worked cooperatively with the Bureau of Indian Affairs to provide training to the Muskogee tribes on emergency management and pandemic influenza.
- Held the "3 Initiatives Integration" Forum to share successful programs addressing American Indian/Alaska Native healthcare issues, the IHS Director's Initiatives, and best and promising practices of OCA IHS/tribal/Urban health programs. The targeted audiences included tribal leaders, healthcare administrators, healthcare providers, and educators.
- Area-wide tribal meeting was held to discuss the UFMS process and how the new management system would affect purchasing through the National Supply Service Center (NSSC).

The Portland Area IHS Specific Accomplishments for FY 2007:

- Worked extensively with HHS Region X, the Alaska Area IHS, the Northwest Portland Area Indian Health Board (NPAIHB), and the Alaska Native Health Board in planning, implementing, and hosting the FY07 Tribal Budget Consultation.
- Partnered with HHS Region X to plan, co-host, and participate in the Region X Tribal Consultation meeting in Portland in March.
- Supported tribal attendance at the national HHS Budget Consultation meeting and the SAMSHA Consultation meeting.
- Reported quarterly to NPAIHB Tribal Delegates and to Affiliated Tribes of Northwest Indians. Topics included IHCIA reauthorization, GPRA, PART, FISMA, HSPD12, Medicare-like Rates, IHS Director's Initiatives, and IHS Appropriations.

- Held more than 30 meetings with tribal leaders and/or staff and attended quarterly tribal/state meetings in OR, WA, and ID.
- Attended Oregon Tribes Summits hosted by U.S. Senator Gordon Smith.
- Attended the Washington State Tribal Health Summit in November.
- Created a tribal workgroup to allow consultation on planning for a regional hospital and three regional specialty facilities.
- Met with the local tribal health committees.
- Provided on-site health promotion/disease prevention support to 27 Area tribes.
- Attended the Area's first Data Quality conference on the RPMS system.
- Provided technical assistance and training for 40 tribal diabetes programs.
- Funded Northern Portland Area Indian Health Board's (NPAIHB)'s Tribal Diabetes Data Project to assist programs in collecting and reporting diabetes data.
- Funded NPAIHB to provide tribes with information on funding opportunities, training, and technical assistance.
- Supported tribal Head Start programs and injury prevention activities.
- Collaborated with NPAIHB on a regional Methamphetamine Conference.
- Collaborated with Shoshone-Bannock Tribes and Project Red Talon to host a "Circle of Life HIV/AIDS Elementary/Middle School Curriculum" and "Safer Snagg'n" training for teenage girls and parents.
- Worked with the Coeur d'Alene Tribe in piloting Pathways Native American Games/Physical Activity Toolkit.
- Supported the IHS Nutrition Program Community Mobilization Training for the Nez Perce and Lummi Tribes.
- Collaborated with the Oregon Department of Mental Health/Addiction Services and MADD to train representatives from each of Oregon's 9 tribes on "Protecting You/Protecting Me" elementary school curriculum—a SAMSHA model program. Consulted with tribes and the VA to enhance delivery of services to AI/AN veterans.

IHS HQ/Office of Clinical and Preventive Services/Emergency Services
The Indian Health Service (IHS) Emergency Services program initiated the Tribal Assistance Coordination Group (TAC-G) to enhance Agency-wide coordination of emergency responses provided to American Indian and Alaska Native (AI/AN) populations. The TAC-G is a voluntary group of representatives from various Federal agencies that interface with tribes during emergency events. The TAC-G was formed to enhance communications, strengthen working relationships, expedite Agency and Area-specific responses, and expand planning to address emergencies impacting tribes throughout the country. The TAC-G is an action-oriented group that has improved IHS rapid response capabilities and processes. In responding to hurricanes Gustav and Ike, the TAC-G was responsible for the Agency's first ever utilization of Emergency Support Function 15. The guidance and protocols established through the TAC-G have resulted in greater efficiency and more streamlined management of activities to enhance response capabilities to the tribes.

IHS HQ/Office of Clinical and Preventive Services/Health Promotion/Disease Prevention
The IHS awarded Health Promotion/Disease Prevention (HP/DP) Competitive Grant awards to 13 tribal and Urban health programs and organizations in fiscal year (FY) 2008. The purpose of

these grants was to enhance and expand health activities targeted at reducing health disparities among AI/AN populations through innovative and effective community, school, clinic, and work site health programs. Efforts included enhancing and maintaining personal and behavioral factors in support of healthy lifestyles, such as making healthier food choices; avoiding the use of tobacco, alcohol, and other harmful substances; being physically active; and, demonstrating other positive behaviors to achieve and maintain good health. The Healthy Native Communities Fellowship (HNCF) program included 15 community teams (40 individuals) comprised of health care professionals, wellness specialists, substance abuse and social service professionals, tribal and local governmental leaders, and community volunteers. This program was an intensive year-long opportunity that developed tribal, IHS, and Urban Indian health leaders who are catalysts for positive change, and who have the skills to work with tribal communities to advance a new vision of population health.

IHS HQ/Office of Clinical and Preventive Services/Division of Behavioral Health
The IHS Division of Behavioral Health (DBH) established the National Tribal Advisory Committee on Behavioral Health (NTAC) to support DBH efforts to improve service delivery within Indian Country. Overall, the NTAC assisted in the guidance, development, and support of behavioral health services throughout the IHS/Tribal/Urban (I/T/U) system, and worked to ensure that services are broadly integrated, available, and culturally appropriate. The NTAC membership was made up of elected tribal leaders from each of the IHS Areas. All NTAC meetings dealt primarily with advisory discussions regarding the FY 2008 special appropriations for the national methamphetamine and suicide prevention initiative. On November 1, 2007, Health Canada and the United States Department of Health and Human Services (DHHS) signed a Memorandum of Understanding to raise the health status of First Nations people in Canada and American Indians and Alaska Natives in the U.S. An Ad Hoc Working Group on Suicide Prevention was also established as a resource to share knowledge. As part of this work, the Honoring Life Network, a project of the National Aboriginal Health Organization, developed a Website with direct links to the IHS Community Suicide Prevention Website. Both Websites offered culturally relevant information and resources on suicide prevention. The IHS developed a suicide surveillance reporting tool to document incidents of suicide in a standardized and systematic fashion. This tool was part of the Resource and Patient Management System (RPMS) health information system and was made available to all providers. The Suicide Reporting Database began to provide a more detailed profile of who is committing or attempting suicide, and identify salient factors contributing to the events. Accurate and timely data captured at the point of care provides important clinical and epidemiological information used to inform intervention and prevention efforts.

The IHS Emergency Medical Services/Preparedness Division supported AI/AN communities by utilizing the IHS Emergency Response to Suicide Model to assess communities with high incidence of suicide, coordinate responses to the affected community, and augment existing staff, with the goal of mitigating crisis situations and stabilizing the community.

IHS HQ/Office of Clinical and Preventive Services/Community Health Representatives
A 3-day training and testing session was held July 7-11, 2008, in Kansas City, Kansas, to certify Community Health Representative (CHR) and area staff as coding instructors on the CHR Patient Care Component (PCC) software application. This effort increased accuracy,

consistency, and standardization of all aspects of the use of the patient reporting system utilized by CHRs and aid in promoting community-based tribal employees in taking greater responsibility and knowledge of Self-Determination. The National CHR education conference was held in Las Vegas, Nevada, July 28-31, 2008. Marking the 40 year anniversary, the theme of the conference was "Make a Difference," with 500 attendees participating in educational sessions on use of the CHR PCC, (the software application used for patient and administrative workload reporting); suicide awareness through the SafeTALK Program; emergency preparedness and response; sexually transmitted disease (STD) surveillance; grant writing; behavioral health updates related to methamphetamine and youth suicide clusters; diabetes outcomes and status report following 10 years of the Special Diabetes Program for Indians; Health Insurance Portability and Accountability Act (HIPAA) confidentiality/security training; first aid and cardiopulmonary resuscitation (CPR) refresher training; infection control and blood-borne pathogens; the Veterans Health Administration (VA) Tribal Veteran's Representatives Program. The IHS Headquarters' (HQ) CHR program honored the Blackfeet CHR Program for its collaborative work with the non-profit Angel Flight to arrange gratis transport of patients for medical services long distances away from their homes and for partnership efforts with the Benefits Coordinator at the local IHS health facility to provide outreach services to the Tribal community resulting in a 55 percent increase in enrollment into the State Children's Health Insurance Program (SCHIP).

IHS HQ/Office of Clinical and Preventive Services/Long Term Care

In September 2008, the IHS awarded 12 Long Term Care grants to assist tribes and tribal organizations in the development of long-term care services. Grants of $50,000 per year for 2 years were awarded to Chugachmiut, the Ramah Navajo School Board, Bristol Bay Area Health Corporation, Nez Pierce Tribe, Pueblo of Jemez, Qutekcak Native Tribe, Southern Indian Health Council, Kodiak Area Native Association, Inter-Tribal Council of Michigan, Huron Potawatomi, and the Leech Lake Band of Ojibwe. The funds supported needs assessment and planning for long-term care programs and services. Technical assistance was given to 11 grantees currently receiving funding for long-term care service development. The projects for these grantees were divided into three categories: initial assessment and planning; tribes currently providing services seeking additional reimbursement to enhance programs; and new program implementation. Grantees participated in regular teleconferences to share information and learn from each other as well as learn about topics relevant to long-term care service delivery and reimbursement opportunities. The IHS organized and participated in a panel on models of tribal long-term care at the NIHB Consumer Conference in September 2008 and presented on long-term care at the Direct Services Tribes meeting in August 2008.

IHS HQ/Office of Clinical and Preventive Services/Dental Clinical and Preventive Support

There are currently nine Dental Support Centers, serving tribal programs in 10 IHS Areas. These centers were created approximately nine years ago, in order to promote local and Area-wide clinic- and preventive-based dental initiatives. Dental Support Centers are housed at tribal organizations such as the Northwest Portland Area Health Board and the Inter-Tribal Council of Arizona. Centers were encouraged to maintain periodic consultations with tribal organizations and all local dental programs, in order to remain attuned to the developing needs within their Areas. All centers reported at least annually to the Division of Oral Health, outlining

accomplishments and plans for future initiatives. The Division of Oral Health sponsored externships for rising third-year dental students during the period of April 1, 2008 through September 30, 2008. Our partners were 24 I/T/U sites and their staff who served as hosts and preceptors.

IHS HQ/Office of Clinical and Preventive Services/Pharmaceuticals
For the first time in the last 10 years, there was no increase in pharmaceutical expenditures. Agency pharmaceutical expenditures remained at approximately $254 million for FY 2008 despite rising pharmaceutical costs and an increase in the number of facilities participating in the IHS Pharmaceutical Prime Vendor (PPV) Program. The IHS combated the rising cost of pharmaceuticals for federal, tribal, and urban programs in the following ways:

- continued participation in the VA Pharmaceutical Prime Vendor (PPV);
- promoted the use of the IHS National Core Formulary to address the quality of products available at Indian healthcare system facilities, while incorporating evidence-based medicine approach;
- enhanced cost avoidance opportunities with increased access to federally negotiated sub-ceiling pricing on select pharmaceuticals via collaboration with other Federal Agencies (the VA and the Department of Defense (DoD)) and the pharmaceuticals industry; strengthened partnership with the VA and the DoD to increase opportunities for joint procurements on various pharmaceutical product classes;
- implemented a Pharmacy Support Branch at the IHS National Supply Service Center and incorporated numerous communication portals; and
- developed data analysis processes to ensure and promote maximization of all cost avoidance opportunities.

IHS HQ/Office of Clinical and Preventive Services/Special Diabetes Program for Indians
The Special Diabetes Program for Indians (SDPI) developed 18 Diabetes Best Practices through a collaborative expert workgroup process in 2002, convened 18 Best Practices workgroups, and then updated them in 2006. The 18 Best Practices used each year throughout the program are: Foot care, Eye care, Cardio Vascular Disease risk reduction, kidney preservation, Improving A1c hemoglobin tests, Dental care, Diabetes Mellitus (DM) in Youth, Depression & DM, Adult weight management, Systems of care, DM screening, DM in pregnancy, Self care management, Nutrition/physical, activity education, School health, Community advocacy, Breastfeeding, and Communication.

IHS HQ/Office of Tribal Programs (OTP)
During FY 2008, the IHS coordinated (50) meetings with (32) Direct Service and contracting American Indian and Alaska Native tribes and tribal organizations. A majority of the meetings were held at IHS Headquarters in Rockville, Maryland; the remaining meetings took place at the Direct Service Tribes National Meeting in Spokane, Washington.

Tribes and tribal organizations that met with IHS leadership in FY 2008 discussed a variety of issues. Facilities construction remained the top concern for the tribal Delegation Meetings followed by IHS funding; contract health services (CHS); Medicare and Medicaid (M/M); and recruitment and retention. Facilities construction discussions focused primarily on construction funding, facility design, and staffing of facilities. Tribal officials were also

concerned with overall Agency appropriations, program funding, and Area distributions. The CHS program and M/M were other top priorities for tribes. Primary concerns focused on the need for additional CHS funding, billing of tribal members, and accessing the catastrophic health emergency fund. Concerns specific to the M/M programs included Medicaid reimbursements and termination of the Medicare Provider Agreement. Recruitment and retention of medical staff were other important issues. Tribes cited medical staff and nursing shortages as significant concerns.

The IHS Office of Tribal Programs (OTP) coordinated meetings with the following American Indian tribes, Alaska Native communities, and tribal health entities in FY 2008: Aleutian Pribilof Islands Association, Cherokee Nation of Oklahoma, Cheyenne & Arapaho Tribes of Oklahoma, Cheyenne River Sioux Tribe, Chippewa- Cree, Crow Tribe Legislative Council, Flandreau Santee Sioux, Fort Defiance Health Board, Gila River Indian Community, Hoh Tribe, Inter-Tribal Council of Arizona, Jicarilla Apache Nation, Makah Tribe, Navajo Nation, Oglala Sioux Tribe, Ponca Tribe of Nebraska, Portland Area, Facilities Advisory Committee, Pueblo of Laguna, Reno Sparks Indian Colony, Sage Memorial Hospital Health Board, Salt River Pima Maricopa Indian Community, San Carlos Apache Tribe, Southeast Alaska Regional Health Corporation, Seminole Nation of Oklahoma, Taos Pueblo, Three Affiliated Tribes, Tohono O'odham Nation, Trenton Indian Service Area, United Keetoowah Band of Cherokee Indians, Winnebago Tribe of Nebraska, Yakama Nation, and Yankton Sioux Tribe.

The IHS policy on Contract Support Costs (CSC), in existence since 1992, governs the administration and allocation of CSC, and was developed through extensive tribal consultation and participation. The policy was last revised in April 2007 and established as a permanent chapter within the IHS Manual (Part 6, Chapter 3, TN-2007-05) effective for the FY 2007 through FY 2010 funding periods.

The IHS provides ongoing review of CSC allocation policies by meeting on an as needed basis with the IHS/tribal CSC Workgroup. This is a long-standing IHS/Tribal Workgroup with open participation by tribes, Federal staff, and others with an interest in CSC issues. The CSC Workgroup met in Phoenix, Arizona, November 28-29, 2007. Several topics related to CSC, policy, renegotiations, rates, and projects were discussed. Additional CSC meetings were held with the Bemidji Area IHS in May and July of 2008.

IHS HQ/Office of Information Technology

The Information Systems Advisory Committee (ISAC) was established to guide the development of a co-owned and co-managed Indian health information infrastructure and information systems. The ISAC is an advisory body that represents the I/T/U customer base that reports to the IHS Director. The Office of Information Technology (OIT) consults with the ISAC on current information technology issues, budget, and information technology investments. In FY 2008, the ISAC established the 2010-2011 information technology (IT) priorities to be used in setting overall Agency IT priorities and budget requirements.

- Alaska Tribal Health Compact Pre-Negotiations - March 2008: The Chief Information Officer conducted preliminary discussions with tribal leaders on the development of proposed changes to the IT Product Package options available to tribes when compacting and/or contracting.

- Tribal Self-Governance May 2008 Conference: The Chief Information Officer and Chief Information Security Officer conducted preliminary discussions with tribal leaders on the development of proposed changes to the IT Product Package options available to tribes when compacting and/or contracting.
- Tribal Self-Governance Advisory Committee (TSGAC) Meeting - July 2008: The Health Services Officer, OIT, IHS, met with the TSGAC to conduct preliminary discussions with tribal leaders on the development of the proposed changes to the IT Product Package options available to tribes when compacting and/or contracting.
- Multiple meetings with Alaska Area tribes, August 11 – 15, 2008: Highest ranking HHS information technology executives and the IHS Chief Information Officer met with various Alaska Area tribal, state, and Federal officials at locations throughout the state on health information technology issues/initiatives.
- Locations Visited: Bethel - Emmonak/Kotlik, Dillingham - Togiak/Manokotak, Anchorage - Dutch Harbor, Dutch Harbor - Unalaska/Akutan, Kotzebue - Kiana/Selawik.

Summary of Aberdeen Area Consultation Sessions
Billing eligible beneficiaries was the primary topic for the May 29 tribal Consultation meeting held in Rapid City, South Dakota. Sixteen representatives from the Cheyenne River Sioux Tribe, Oglala Sioux Tribe, Omaha Tribe of Nebraska, Ponca Tribe of Nebraska, Rosebud Sioux Tribe, Standing Rock Sioux Tribe, Winnebago Tribe of Nebraska, and Yankton Sioux Tribe were in attendance for the discussion with the Aberdeen Area Indian Health Service (AAIHS). The majority of comments were to the effect that the AAIHS tribes would not be supportive of a tribe charging eligible beneficiaries for IHS-funded services. The Area Director met with each of the AAIHS tribes throughout fiscal year 2008. These consultation meetings included: Cheyenne River Sioux Tribe, Crow Creek Sioux Tribe, Flandreau Santee Sioux Tribe, Lower Brule Sioux Tribe, Oglala Sioux Tribe, Omaha Tribe of Nebraska, Ponca Tribe of Nebraska, Rosebud Sioux Tribe, Sac & Fox Tribe of the Mississippi in Iowa, Santee Sioux Nation, Sisseton-Wahpeton Oyate of the Lake Traverse Reservation, Spirit Lake Tribe, Standing Rock Sioux Tribe, Three Affiliated Tribes, Turtle Mountain Band of Chippewa Indians, Winnebago Tribe of Nebraska, and Yankton Sioux Tribe.

Summary of Alaska Area Consultation Sessions
December 6, 2007 – The Area Executive Officer/Chief Finance Officer led the annual tribal budget consultation with representatives of our Title I and Title V organizations. Inputs were made for the IHS National FY 2010 Budget Consultation to be held later. Health priorities for Alaska tribes and tribal organizations were also confirmed.

Highlights of Albuquerque Area-Specific Accomplishments
On January 17, 2008, the Area Director met with the local Federal Executive Board to plan objectives for shared services as well as obtain updates to Federal policy and local new initiatives as a collaborative effort from the 25-member board that heads the 70 Federal agencies in New Mexico. This board meets bi-monthly and these efforts have resulted in over $3 million in savings through shared services. On January 22, 2008, the Albuquerque Area Director met with Southwest Telehealth Consortium to collaborate on a 4-Area telehealth system. This group includes the University of New Mexico (UNM) and met quarterly to

develop a telehealth system and support services in a four state regional approach. Subsequent initiatives resulted in a $15 million grant to the UNM to develop this system. On January 25, 2008, the Area Director met with the All Indian Pueblo Council in their first meeting of the New Year. The council consists of 19 Pueblo tribal Leaders who comprise the majority of tribes in New Mexico. On February 13, 2008, the Area Director met with four senior citizen leaders from To'hajiilee Navajo Chapter to discuss the development of a senior center and ancillary services coordination at the Chapter. They planned to meet on a regular basis to develop a plan and resource acquisition feasibility. On August 15, 2008, the Mescalero Service Unit met all 22 Government Performance Results Act (GPRA) indicators for 2008. The Mescalero tribal council also recognized this success and provided their support to the leadership of the hospital.

On September 22-25, 2008, the Area Director participated in the National Indian Health Board meeting in support of the Director's presentation on the possibility of moving forward on the realignment of the IHS as a health system. This was the first presentation of this type with IHS Areas to follow up on discussions with tribes. On October 9, 2008, the Area Director and the Chief Medical Officer met with the new Executive Director of the Eight Northern Pueblos Council; items discussed were the repayment agreement of funds owed to IHS and information on the possibility of change in the IHS system.

Highlights of Bemidji Area-Specific Accomplishments

In the past 14 months, the IHS - Bemidji Area Office (IHS-BAO) hosted the Office of Management and Budget (OMB), Office of Resource Development (ORD), Centers for Medicaid & Medicare Services (CMS) and National/Regional HHS officials visited seven tribes/tribal health programs in the Bemidji Area. Tribes/tribal health programs visited included Leech Lake Band of Ojibwe, Red Lake Band of Chippewa Indians, Bois Forte Band of Chippewa, Bad River Band of the Lake Superior Tribe of Chippewa Indians, Lac Courte Oreilles Band of Ojibwe, St. Croix Chippewa Indians, and the Fond Du Lac Band of the Lake Superior Tribe of Chippewa Indians. The IGA Director initiated the OMB visit to follow-up on the May 7, 2008 Consultation Session. At the Consultation Session, tribes raised concerns regarding OMB performance ratings and GPRA/PART; they wanted the OMB to meet with Bemidji Area tribes to discuss issues related to the performance measures and their impact on smaller tribal health programs as well as understand the tribes' perspectives and challenges faced by smaller tribes. The OMB requested a cross-section of the tribes and the various types of health delivery systems. The tribes, including numerous tribal leaders, showcased the innovation and partnerships they have developed. They stressed the need for additional funding and highlighted the work they have done to collect alternative resources. The CMS visit was a fact-finding mission organized by CMS and the CMS Tribal Technical Advisory Group (TTAG). They asked Mr. Richard Billera, Financial Policy Team Leader, CMS, to visit a number of IHS Areas to assess how the all inclusive rate was being implemented and if the tribes were billing for multiple encounters. The goal of CMS was to work towards a uniform policy and standard state plan for all tribes.

Highlights of Billings Area-Specific Accomplishments

In December 2007, the Billings Area IHS conducted the FY 2010 Budget Formulation Consultation with the Montana and Wyoming (MT-WY) tribes. The tribes and the IHS jointly formulated the FY 2010 Area budget recommendations and health priorities. On February 19-

20, 2008, the IHS and representatives of the MT-WY Tribal Leaders Council (TLC) met to present and discuss the FY 2010 budget recommendations and health priorities; the future plan for the Billings Area Internal Review Board; the 30-year construction priority list, and FY 2008 budget update. The IHS planned and participated with the TLC to host the 8th National Tribal Conference on Environmental Management. The conference was held in Billings, Montana, on June 24-26, 2008, and co-hosted by the U.S. Environmental Protection Agency (EPA) and attracted over 500 participants. The conference was intended to inspire environmental change and improve health in Indian Country. The agenda included sessions on climate, water, air quality, health and traditional life ways, waste, energy, law, and policy and justice. The IHS participated in a meeting with representatives of the Fort Peck Tribe, Montana Hospital Association that included private hospital chief executive officers and congressional representatives to discuss health funding disparities. On November 18-19, 2008, the IHS attended a meeting of the TLC to discuss tribal health disparities. The agenda focused on Best Practices and programs that are working in our tribal communities. Presentations included; discerning the effects of historical trauma, healthy reservations, health start program, Planting Seeds of Hope Suicide Prevention Project, and the Crow Housing Anti-Methamphetamine Initiative. The IHS met with representatives of the Blackfeet Tribal Business Council to discuss and provide education regarding the Self-Governance principles of the Indian Self-Determination Act. The tribe is considering planning for a future training session. The TLC has acquired a vacated treatment center and the IHS is working with them to develop a plan of operation. Although there are many issues to overcome, we are jointly partnering and collaborating to develop the plan with the goal of re-opening the treatment center to include treatment for methamphetamines.

Highlights of California Area Specific Accomplishments

The IHS/California Area Office (IHS/CAO) remained committed to consulting with tribal Governments/organizations, through implementation of the IHS/CAO tribal Consultation Policy and the California Area Tribal Advisory Committee (CATAC) Policy, to serve as a model for the IHS and the Department of Health and Human Services (DHHS). Consultations for calendar year (CY) 2008 included the following: Annual Tribal Leaders' Consultation Conference, CATAC meetings, Youth Regional Treatment Center (YRTC) meetings/activities, Billing Eligible Indian Patients, hosting tribal delegations, conducting visits with tribes, and providing leadership for Best Practices that impact all of the IHS and the Department. The most prominent consultation forums for the IHS/CAO continued to be the Annual Tribal Leaders' Consultation Conference and quarterly CATAC meetings. The Annual Tribal Leaders' Consultation Conference was announced months in advance, to encourage attendance. Once the majority of pre-registration forms were received from tribal leaders, the Area Director made personal telephone contacts to those not yet registered. The CATAC is the primary means for ongoing tribal consultation with 102 federally recognized tribes in California. The CATAC Policy reaffirms the significant relationship between Indian tribes and the Federal Government, helps strengthen the Government-to-Government relationship, and formalizes this consultation process in California.

Summary of Nashville Area Tribal Consultation Session

On February 13 - 14, 2008, Regions I, II, IV, and VI and the Nashville Area IHS held a combined consultation session at Crystal City, Arlington, Virginia. Brenda Shore, Director,

Tribal Health Programs of the United South and Eastern Tribes (USET and Brian Golden, Region I, Director, Department of Health and Human Services moderated the session.

On April 10 – 11, 2008, Regional Consultation session for Region VI convened in Dallas, Texas. Regional Director Michael Garcia provided welcoming remarks and Area Directors from the IHS included RADM Richie Grinnell, Nashville Area, James Toya, Albuquerque Area, and Floyd Thompson, Navajo Area. A summary of 2007 consultation reports was provided by Arne Owens, Deputy Director, HHS Office of Intergovernmental Affairs and Michael Garcia. Ms. Doni Wilder, IHS Director, Portland Area IHS, reported on IHS issues and tribal Consultation.

Highlights of Navajo Area Specific Accomplishments

The Navajo Area Indian Health Service (NAIHS), located within three DHHS Regions; Region VI-New Mexico, Region VIII-Utah, and Region IX-Arizona, has an inclusive consultation process that consists of Service Unit Health Boards, the Navajo Area Health Board, Navajo Nation Council's Intergovernmental Relations Committee, and the Health and Social Services Committee. In addition, the Area has an established Diabetes Core Advisory Group, an annual Budget Execution and Formulation Conference, and quarterly reporting to the full Navajo Nation Council providing DHHS, IHS and NAIHS updates and issues. On an ongoing basis, various NAIHS offices assisted and provided requested information to many Navajo Nation programs and offices and coordinated with tribal, state, and other federal programs. The NAIHS highlights the following:

- The Navajo Area's Traditional Healing Program expanded in 2008 to include services at the Gallup Indian Medical Center (GIMC). The program included one traditional hogan and two sweat lodges. Two traditional healer positions were assigned to the program. This program collaborated with the physicians and other care providers resulting in the best care possible for patients.
- At the request of the U.S. House of Representatives Committee on Oversight and Government Reform, the Agency developed a Five-Year Action Plan to work towards resolution of the effects of historical uranium mining/milling on the Navajo people and the effects of using unregulated/contaminated water sources by the Navajo people. The overall Five-Year Plan was developed in a coordinated manner with the Department of Energy, the Nuclear Regulatory Commission, the Bureau of Indian Affairs, the EPA, as well as the CDC and Agency for Toxic Substances and Disease Registry (ATSDR) located within DHHS. Every Navajo Area Service Unit has a current Strategic Plan consistent with IHS/DHHS, which includes input from tribal representation through their Health Board members.
- The NAIHS worked with the various VA organizations, including VISN 18 in Prescott, Arizona, and the Navajo Nation, on coordination of Navajo Veteran health services and related issues.

The NAIHS HPDP operated an extensive consultation network that included tribal health programs, schools, state agencies, IHS Service Units and Navajo Nation Chapters throughout the whole Navajo Nation. The HPDP employed a systematic approach based on up-to-date Navajo Nation health statistics and data. This approach, coupled with Navajo culturally-based use of media resources produced several publications now widely used and several notable programs. The NAIHS Office of Environmental Health & Engineering (OEHE) supported consultative

efforts through various injury prevention programs. The OEHE program also housed the Emergency Preparedness Program which worked closely with various Navajo Nation programs that participated in emergency preparedness. For 2 years in a row, the Navajo Nation and NAIHS have together organized and implemented the Northern Region Mass Vaccination Exercise, which annually provided influenza vaccine to thousands of individuals in a single day. This event successfully brought together many Navajo Nation and IHS programs throughout Navajo Area to partner in organizing, sharing resources and developing an effective emergency response system.

The NAIHS jointly sponsors a yearly Medicare/Medicaid Outreach and Training Conference with the Navajo Division of Health and CMS to improve services. The need for training is determined through consultation with the goal of keeping updated on Medicaid/Medicare program changes. Medicare/Medicaid activities also support collaboration across boundaries within the Department and with other agencies.

Highlights of Phoenix Area Specific Accomplishments

On September 30, 2008, the Tribal Health Steering Committee for the Phoenix Area IHS met with tribes in the Phoenix Area. The Steering Committee provided a forum for the leadership to meet on various American Indian health issues, system and policy issues. The Utah Indian Health Advisory Board (UIHAB) reaffirmed the unique legal status of Tribal Governments having Government–to-Government relationships with the State of Utah and the Federal Government. The UIHAB provided leadership to develop collaborative efforts between or among tribes, tribal organizations, Urban Indian health program, the IHS, Utah Department of Health (UDOH), and other public or private agencies. The UIHAB met the first Thursday of each month. The Phoenix Area IHS met quarterly with the UDOH, Utah tribal Leaders, Urban Indian Health Program, and various state agencies. The State of Utah is unique in that it includes tribal representation from four Area IHS Offices (Phoenix, Portland, Navajo, and Albuquerque). The meetings included dialogue about methods and resources to be more efficient in addressing the disparities among the Native American population in Utah.

Summary of 2008 Tucson Regional Consultation Sessions

At the tribal consultation session regarding the Special Diabetes Program Initiative (SDPI) for Indians held March 7, 2007, Karen Higgins, Ph.D., Diabetes Consultant, Tucson Area Office (TAO), conducted a SDPI Tribal Consultation at the Tucson Area Conference Center. Representatives from the Pascua Yaqui Tribe and the Tohono O'odham Nation attended and participated with Tucson Area staff. The Consultation session addressed the prerequisite subject matter with the following outcomes:

1) Recommended the distribution of 2009 funds remain unchanged;
2) Recommended change to one budget cycle (Oct.1 – Sept. 30) because the IHS budget cycle does not complement the tribal cycle;
3) Identify more Project Officers for the heavy workload. Project Officers must be clearly identified with current contact information;
4) Improve the time between the submission of the carry-over fund request and its approval by IHS HQE. The slow process has been significant enough to prevent timely expenditures of the carry-over funds. Staffing and expertise for assistance in this matter is a concern as well;

5) Recommend web-ex training be more interactive, which would require IT involvement. It was requested that the IHS provide RFA Web-Ex training because Tribal/Urban (T/U) Information Technology (IT) infrastructure may not be adequate for T/U use of the technology;
6) Promote wellness, primary prevention of Diabetes Mellitus (DM), Cardio Vascular Disease (CVD) risk reduction and obesity prevention programs in adults and youth. Increase community programs focused on youth;
7) Expand best practices and lessons learned from the targeted demonstration projects to the community-directed programs;
8) Expand the heart disease risk reduction skills and strategies to other IHS, Tribal and Urban Indian health programs;
9) Do not require tribal matching to participate in SDPI; and
10) Improve data collection/sharing and IT infrastructure for all T/U/I.

On May 30, 2007, the Tucson Area IHS conducted a tribal Consultation with Area tribes regarding billing eligible beneficiaries for services in reference to the Susanville Rancheria case. The Consultation meeting was attended by Tucson Area tribal officials and staff and the Tucson Area IHS staff. Consultation outcomes were:

- The tribal representatives determined, in consensus, that 1) the tribes fully supported IHS' position of record that the IHS cannot, as a matter of law, bill otherwise eligible American Indians and Alaskan Natives for IHS-provided health care and 2) that the IHS cannot enter into agreement with tribes, except for in the Susanville case, which proposes to bill those patients who are otherwise eligible for IHS-provided services for health care services the tribe will be administering under the aegis of a Title I contract or Title V compact.
- The tribal representatives concluded, by consensus, that they are adamantly opposed to passage of any provision of law or regulation that would allow, authorize, or require that American Indians and Alaska Natives who are otherwise eligible for IHS medical services, be charged any amount, in any capacity, for health care services provided either by the IHS or by any tribe administering contracted or compacted programs, functions and or services derived from Federal funds appropriated for the health care of American Indians and Alaska Natives.
- The tribal Representatives further concluded that any tribes who determine to charge any amount for any health care service are undermining the entitlement and right of American Indians and Alaska Natives to receive quality and adequate health care from the United States Government at no charge to the American Indians, Alaska Natives or any AI/AN tribe, community or group. Further, the entitlement, in perpetuity, to that free quality and adequate health care was "paid for' by the secession of land, water, hunting, etc. to the United States and its citizenry."

At the tribal consultation session regarding the 2010 Budget Formulation held December 19 and 20, 2007, Mr. George Bearpaw, Acting Director, and the Tucson Area Office staff met with the Pascua Yaqui Tribe (PYT), Chairman Peter Yucupicio, and Tohono O'odham Nation (TON) Chairman Ned Norris, Jr. and Vice-Chairman Isidro Lopez and the Tucson Indian Center's Executive Director, Jacob Bernal. The outcomes of this consultation were that: The tribes and urban participants determined that the 2010 health priorities should remain the same as was

reported for 2009: 1) Behavioral Health/Alcohol Substance Abuse/Mental Health, 2) Diabetes, 3) Health Promotion/Disease Prevention, 4) Maternal Child Health, 5) Cancer, 6) Water and Sanitation, 7) Injuries/Injury Prevention, 8) Domestic/Family Violence, 9) Dental, and 10) Elder Health. The Tribal/Urban and IHS (T/U/Is) did complete the calculation for the $200 million and $800 million increases, respectively, with 100 percent of the $200 million increase to current services, 62 percent of the $800 million to current services, and 38 percent to the identified health priorities. Additionally, the T/U/I complied with IHS HQ instructions for the Rules-Based Budget Recommendations of two percent and four percent plus the workgroup agreed upon an additional recommendation of 25 percent: two percent increase for a total of $3,336,140,520, four percent increase for a total of $3,401,555,040, 25 percent increase for a total of $4,088,407,500. The Tribal, Urban and IHS participants unanimously recommended that the full restoration of the Urban Program be a continuing priority, since the FY 2008 President's Budget, used in the calculation of the FY 2010 budget does not include the Urban Program amount of $33,000,000.

Technical Assistance Provided to Native American Communities FY 2007 and 2008

Sponsoring Organization: IHS Division of Diabetes
Title: Making Data Count: Measuring Diabetes and Obesity in the Indian Health System
Date Offered: July 24 – 26, 2007
Target Audience: I/T/U health care professionals
Brief Description: An innovative conference that provided opportunities for individuals and programs working in Indian health care systems to:

- Review current and advanced data systems and analysis tools relevant to diabetes and obesity data
- Learn the impact of cost and quality issues
- Network and share common issues and best practices for capturing, reporting, using and improving data to help improve the lives of AI/AN people

Sponsoring Organization: Division of Diabetes -
Title: Technical assistance Meeting
Date Offered: October 23-24, 2006
Target Audience: SDPI Demonstration Project grantees
Brief Description: Meeting for Diabetes Prevention Program and Healthy Heart staff to receive training on DPP Curriculum/case management and other programmatic, data, and clinical technical assistance

Sponsoring Organization: IHS Biennial Nutrition Seminar – Tammy Brown
Title: IHS Division of Diabetes Program Update: 2006-2007
Date Offered: 08/21/07
Target Audience: I/T/U Registered Dietitians and Nutritionists

Brief Description: Review of the problem of diabetes in AI/AN and a SDPI Program Update and review of new materials and programs of the Division of Diabetes

Sponsoring Organization: IHS Biennial Nutrition Seminar – Tammy Brown
Title: Reimbursement for Medical Nutrition Therapy and Diabetes Self-Management training Services
Date Offered: Aug 22 2007
Target Audience: I/T/U Registered Dietitians and Nutritionists
Brief Description: Review of Medicare reimbursement of medical nutrition therapy and diabetes self-management education reimbursement: eligibility, overview of benefits, documentation and procedural coding

Sponsoring Organization: IHS Biennial Nutrition Seminar Medical Nutrition Therapy Action Team
Title: Medical Nutrition Therapy Reimbursement, Are we getting paid?
Date Offered: 08/23/07
Target Audience: I/T/U Registered Dietitians and Registered Nurses
Brief Description: National Presentation on the overview of the Medicare MNT Benefit and how to bill for these services

Sponsoring Organization: IHS Division of Diabetes
Title: Onsite technical assistance to SDPI Targeted Demonstration Project grant programs
Date Offered: Nov 2006 – one DP grant program
Target Audience: DDP staff and tribal Leaders
Brief Description: Provided technical assistance on topics such as: overall goals and objectives and DPP recruitment and retention

Sponsoring Organization: IHS Division of Diabetes
Title: Onsite technical assistance to SDPI Targeted Demonstration Project grant programs
Date Offered: Dec 2006 – one DP grant program
Target Audience: DPP staff and IHS Clinic Staff
Brief Description: Provided technical assistance on topics such as: overall goals and objective review; recruitment and implementation of core curriculum

Sponsoring Organization: IHS Division of Diabetes
Title: Onsite technical assistance to SDPI Targeted Demonstration Project grant programs
Date Offered: Jan 2007 – one DP grant program
Target Audience: DPP staff and Clinic Staff

Brief Description: Provided technical assistance on topics such as: overall goals and objectives and recruitment efforts

Sponsoring Organization: IHS Division of Diabetes
Title: Onsite technical assistance to SDPI Targeted Demonstration Project grant programs
Date Offered: Feb 2007 – one DP grant program
Target Audience: DPP staff and tribal Leaders
Brief Description: Provided technical assistance on topics such as: overall goals and objectives and recruitment efforts

Sponsoring Organization: IHS Division of Diabetes
Title: Onsite technical assistance to SDPI Targeted Demonstration Project grant programs
Date Offered: 03/01/07
Target Audience: HH program staff and Clinic Staff
Brief Description: Provided technical assistance on topics such as: Case Management by HH Program and community awareness

Sponsoring Organization: IHS Division of Diabetes
Title: Onsite technical assistance to SDPI Targeted Demonstration Project grant programs
Date Offered: Sep 2007 – one DP grant program
Target Audience: DPP and clinic staff
Brief Description: Provided technical assistance on topic such as: DP core curriculum implementation and overall program goals and objectives recruitment efforts

Sponsoring Organization: IHS Division of Diabetes
Title: Technical assistance via telephone, email, newsletters and DDTP website
Date Offered: FY2007 - ongoing
Target Audience: I/T/U SDPI grant programs
Brief Description: Provided technical assistance to the Special Diabetes Programs for Indian Grantees on the clinical and community programmatic aspects of the grant program

Sponsoring Organization: IHS Division of Diabetes
Title: Technical assistance requests were handled via phone calls or through an email response.
Date Offered: FY 2007 - ongoing
Target Audience: I/T/U DSME Programs
Brief Description: Individualized technical assistance provided on site to programs that are planning to apply for IHS IDERP in the near future also addressed the components required for developing

the structure and process to sustain a quality DSME program and methods to evaluate program effectiveness

Sponsoring Organization: IHS HQ – Kelly Acton, MD, Division of Diabetes
Title: Overview of SDPI
Date Offered: 04/01/07
Target Audience: Area Directors and HQ staff
Brief Description: Overview of SDPI Program and future directions

Sponsoring Organization: IHS National Combined Councils Meeting – Tammy Brown
Title: Medical Nutrition Therapy (MNT) Collaborative
Date Offered: 02/01/07
Target Audience: IHS Senior leaders and interdisciplinary health care professionals
Brief Description: Meeting to explore solutions to lack of access to nutrition services for I/T/U communities

Sponsoring Organization: IHS National Combined Councils Meeting Nutrition Category Meeting
Title: IHS Division of Diabetes Program Update: 2006-2007
Date Offered: 03/01/07
Target Audience: I/T/U Dietitians and Nutritionists
Brief Description: Review of the problem of diabetes in AI/AN and a SDPI Program Update and review of new materials and programs of the Division of Diabetes

Sponsoring Organization: IHS National Combined Councils Meeting Nutrition Category Meeting
Title: Step-By-Step Guide to Medicare MNT and DSMT Reimbursement
Date Offered: 03/01/07
Target Audience: I/T/U Registered Dietitians and Nutritionists
Brief Description: Review of Medicare reimbursement of medical nutrition therapy and diabetes self-management education reimbursement: eligibility, overview of benefits, documentation and procedural coding

Sponsoring Organization: IHS National Councils mtg – Kelly Acton, MD, Division of Diabetes
Title: Overview of SDPI Demo Projects
Date Offered: 02/01/07
Target Audience: Health professionals and para-professionals
Brief Description: Plenary talk and two workshops on SDPI and on non-pharmacy treatment of diabetes

Sponsoring Organization: IHS OCPS Staff Meeting
Title: IDERP Program Update
Date Offered: 07/11/07
Target Audience: IHS HQE OCPS Staff
Brief Description: Provided an overview of the IDERP Program

Sponsoring Organization: National Congress of American Indians Meeting – Tammy Brown
Title: SDPI: Celebrating a decade of Success
Date Offered: 05/12/07
Target Audience: I/T/U tribal leaders and community members
Brief Description: Reviewed the problem of diabetes in AI/AN and provided an overview of the SDPI grant program and future directions

Sponsoring Organization: National Indian Health Board – Tammy Brown
Title: SDPI: A Decade of Success
Date Offered: Oct 11, 1006
Target Audience: I/T/U tribal leaders, health board members and community members
Brief Description: Reviewed the problem of diabetes in AI/AN and provided an overview of the SDPI grant program and future directions

Sponsoring Organization: NCUIH – Kelly Acton, MD, Division of Diabetes
Title: Overview of SDPI
Date Offered: 05/10/07
Target Audience: Urban SDPI Program representatives
Brief Description: Provided an overview of SDPI Program especially as it relates to urban programs

Sponsoring Organization: NIHB Consumer Conference – Kelly Acton, MD, Division of Diabetes
Title: Overview of SDPI Demo Projects
Date Offered: 09/01/07
Target Audience: Consumers, health directors, tribal leaders
Brief Description: SDPI Demonstration Projects: an Introduction to the SDPI Diabetes Prevention and Healthy Heart Projects

Sponsoring Organization: UC Davis & CA IHS Area Office – Kelly Acton, MD, Division of Diabetes
Title: DM Prevention in Youth & Community Based Approaches
Date Offered: 05/01/07
Target Audience: Community members & health professionals
Brief Description: Diabetes Prevention in Youth & Community Based Approaches

Sponsoring Organization: University of Colorado SDPI targeted Demonstration Project Coordinating Center
Title: SDPI Demonstration Projects Year 3, Meeting 1
Date Offered: March 6-8, 2007
Target Audience: SDPI Demonstration Project grantees
Brief Description: Required grantee meeting for Diabetes Prevention Program and Health Heart Project staff to share successes related to projects and receive programmatic, data, and clinical technical assistance

Sponsoring Organization: University of Colorado SDPI targeted Demonstration Project Coordinating Center
Title: Honoring the Gift of Heart Health Training
Date Offered: Jul 17-18, 2007
Target Audience: SDPI Healthy Heart Project grantees
Brief Description: Training opportunity for Healthy Heart staff to receive instruction on teaching the Honoring the Gift of Heart Health curriculum. This training was coordinated by the CC and hosted by the Choctaw Nation of Oklahoma, a Healthy Heart grantee

Sponsoring Organization: University of Colorado SDPI targeted Demonstration Project Coordinating Center
Title: Quarterly technical assistance conference calls
Date Offered: 2/1/2007; 5/1/2007 and 9/1/2007
Target Audience: SDPI Demonstration Project grantees
Brief Description: Conference calls for Diabetes Prevention Program and Healthy Heart Project staff to receive technical assistance on the DPP Curriculum/case management, recruitment and retention, clinical issues related to the project, and data submission

Sponsoring Organization: University of Colorado SDPI targeted Demonstration Project Coordinating Center
Title: Monthly One-on-One technical assistance Conference Calls with SDPI Demonstration Project Grantees
Date Offered: Ongoing
Target Audience: Select SDPI Demonstration Project grantees identified by the Coordinating Center as needing additional technical assistance
Brief Description: Addressed areas in which grantees need additional guidance, including recruitment and retention efforts, case management, clinical issues, lifestyle coaching, After Core, and teaching the DPP Curriculum

Sponsoring Organization: University of Colorado SDPI targeted Demonstration Project Coordinating Center
Title: Site Visits
Date Offered: FY2007 – 33

Target Audience: SDPI Demonstration Project grantee sites
Brief Description: Programmatic and data site visits to Diabetes Prevention Program and Health Heart Project grantee sites to ensure compliance with project requirements and to provide technical assistance as necessary

Sponsoring Organization: University of Colorado SDPI targeted Demonstration Project Coordinating Center
Title: E-mail and phone technical assistance
Date Offered: Ongoing
Target Audience: Requests are received from a variety of SDPI Demonstration Project grantee staff members
Brief Description: Programmatic, data, and clinical technical assistance provided to staff members on a variety of project-related activities

Sponsoring Organization: University of Colorado SDPI targeted Demonstration Project Coordinating Center
Title: SDPI Demonstration Projects Website
Date Offered: Ongoing
Target Audience: SDPI Demonstration Project grantees
Brief Description: Tips of the Week, e-Updates, Frequently Asked Questions, the Operations Manual, and the Resources page are additional means of providing ongoing programmatic, data, and clinical technical assistance. The website is updated on a regular basis

Sponsoring Organization: Aberdeen Area
Title: AA IHS Basic Nutrition and Diabetes 101 Conference
Date Offered: Oct 17-19, 2006
Target Audience: Oct 23-27, 2006
Brief Description: Basic Nutrition and Fitness, Carbohydrate Counting for Diabetes, Basic Diabetes—Prevention and Care for Type2 Diabetes and Pre Diabetes and Lifestyle Coaching

Sponsoring Organization: Aberdeen Area
Title: SDPI Grant technical assistance Training
Date Offered: Oct 23-27, 2006
Target Audience: SDPI Grantees
Brief Description: Provided training to the Special Diabetes Programs for Indian Grantees in the areas of Grants Management: Work Plans; Applications Submissions; Financial Responsibilities; Program Planning; etc.

Sponsoring Organization: Aberdeen Area
Title: University of South Dakota - SDPI Non-Competitive & Competitive technical assistance Training
Date Offered: Jan - Dec. 2007

Target Audience: SDPI Grantees
Brief Description: Provided training to the Special Diabetes Programs for Indian Grantees in the areas of Grants Management: Work Plans; Applications Submissions; Financial Responsibilities; Program Planning; etc.

Sponsoring Organization: Aberdeen Area
Title: Motivational Interviewing Workshop
Date Offered: April 10-12, 2007
Target Audience: SDPI Grantees
Brief Description: Provided training skills and techniques to the SDPI staff when encountering diabetic patients and perform interviewing

Sponsoring Organization: Aberdeen Area
Title: SDPI Grant technical assistance Training
Date Offered: April 16-20, 2007
Target Audience: SDPI Grantees
Brief Description: Provided training to the Special Diabetes Programs for Indian Grantees in the areas of Grants Management: Work Plans; Applications Submissions; Financial Responsibilities; Program Planning; etc.

Sponsoring Organization: Aberdeen Area
Title: 2nd Annual Northern Plains IHS Wellness Conference: Health and Fitness across the Lifespan.
Date Offered: Jun 12-14, 2007
Target Audience: SDPI Grantees
Brief Description: Annual Health and Wellness Conference designed to train all SDPI, IHS, tribal staff in various aspects of health and diabetes management

Sponsoring Organization: Aberdeen Area
Title: Epi Info for Simple Data Collection & Analysis
Date Offered: June 19-21, 2007
Target Audience: SDPI Grantees
Brief Description: Data collection techniques for capturing and analyzing activities of the tribal patients

Sponsoring Organization: Aberdeen Area
Title: SDPI Grant technical assistance Training
Date Offered: June 18-22, 2007
Target Audience: SDPI Grantees
Brief Description: Provided training to the Special Diabetes Programs for Indian Grantees in the areas of Grants Management: Work Plans; Applications Submissions; Financial Responsibilities; Program Planning; etc.

Sponsoring Organization: Aberdeen Area
Title: SDPI Grant technical assistance Training
Date Offered: July 9-13, 2007
Target Audience: SDPI Grantees
Brief Description: Provided training to the Special Diabetes Programs for Indian Grantees in the areas of Grants Management: Work Plans; Applications Submissions; Financial Responsibilities; Program Planning; etc.

Sponsoring Organization: Aberdeen Area
Title: SDPI Grant technical assistance Training
Date Offered: Aug 20-24, 2007
Target Audience: SDPI Grantees
Brief Description: Provided training to the Special Diabetes Programs for Indian Grantees in the areas of Grants Management: Work Plans; Applications Submissions; Financial Responsibilities; Program Planning; etc.

Sponsoring Organization: Aberdeen Area
Title: Program Site Visits
Date Offered: FY07 - 19 SDPI Grantees
Target Audience: SDPI Grantees
Brief Description: Provided training to SDPI staff during regularly scheduled site visits to review the annual progress of meeting the SDPI Grant application program goals and objectives

Sponsoring Organization: Aberdeen Area
Title: technical assistance Site Visits
Date Offered: FY07 - 5 SDPI Grantees
Target Audience: SDPI Grantees
Brief Description: Provided specific technical assistance training to individual SDPI Grantees with various problems and issues concerning their grant applications, program plans, etc.

Sponsoring Organization: Alaska Area
Title: Annual Diabetes Conference
Date Offered: 12/06/10
Target Audience: Alaska Region Diabetes Program staff Community Health Aide to Provider Level
Brief Description: Variety of CE presentations on treatment, prevention, and behavioral issues regarding diabetes

Sponsoring Organization: Alaska Area Annual Diabetes Conference -Tammy Brown
Title: Childhood Obesity: Primary Prevention for Lifelong

	health
Date Offered:	12/02/06
Target Audience:	Alaska Area I/T/U clinicians and educators
Brief Description:	Reviewed the problem of obesity in AI/AN children and youth and possible contributors and primary prevention interventions

Sponsoring Organization:	Albuquerque Area
Title:	SDPI Grant Coordinators' Meeting
Date Offered:	FY07 - Quarterly (Dec., Mar., Jun, Sep.)
Target Audience:	I/T/U SDPI Grant Coordinators & Staff
Brief Description:	SDPI update from Area DM & TLDC Representative; number of participants ranges from 40-50.

Sponsoring Organization:	Albuquerque Area
Title:	Site Visits (SDPI Programs)
Date Offered:	FY2007
Target Audience:	SDPI Grant Coordinators & Staff
Brief Description:	Technical assistance provided by former Area Diabetes Consultant.

Sponsoring Organization:	Bemidji Area
Title:	Annual Diabetes Coordinator Meeting
Date Offered:	Sept 18-20, 2007
Target Audience:	I/T/U diabetes coordinators
Brief Description:	Attendance ranges from 50-80 for each meeting, ½-1 day of SDPI updates are on all agendas

Sponsoring Organization:	Bemidji Area
Title:	Health Directors Orientations
Date Offered:	2007 - Quarterly
Target Audience:	New I/T/U directors
Brief Description:	SDPI orientation

Sponsoring Organization:	Bemidji Area
Title:	Conference Call on technical assistance with SDPI grants
Date Offered:	2007 – 3 -5/per year
Target Audience:	Local diabetes coordinator, medical staff and health director
Brief Description:	Reviewed SDPI applications and progress

Sponsoring Organization:	Bemidji Area
Title:	Email and phone assistance
Date Offered:	2007 - ongoing
Target Audience:	I/T/U diabetes coordinators
Brief Description:	Distributed information

Sponsoring Organization: Billings Area
Title: Integration Training
Date Offered: Mar 20-21, 2007
Target Audience: All SDPI programs, health educators, clinical diabetes programs, behavioral health programs
Brief Description: Community Wellness : Integration of Director's 3 Initiatives: Chronic Disease, Behavioral Health and Health Promotion. Trainer: Dr. Chris Percy

Sponsoring Organization: CA Area IHS – Kelly Acton, MD, Division of Diabetes
Title: Overview of SDPI Success
Date Offered: 03/20/07
Target Audience: Tribal Leaders and Health Directors
Brief Description: Overview of SDPI Program: Successes and Challenges

Sponsoring Organization: California Area
Title: CAN DO technical assistance conference calls - every other month
Date Offered: 06/29/05
Target Audience: T/U SDPI grant programs
Brief Description: SDPI updates and various information/trainings

Sponsoring Organization: California Area
Title: Site Visits to all T/U SDPI
Date Offered: FY2007 – ongoing annually
Target Audience: T/U SDPI Grantees
Brief Description: Face to face all day meeting with DM Coordinator/Team and org admin/medical director re: DM Audit and Case Management

Sponsoring Organization: California Area
Title: Emails and Phone Technical assistance
Date Offered: FY2007 – ongoing
Target Audience: T/U SDPI Grantees
Brief Description: technical assistance provided for DM Audit, DM Registries, Pre-DM registries and Case Management

Sponsoring Organization: California Area
Title: RPMS BDM Package Training
Date Offered: 01/01/07
Target Audience: I/T/U sites
Brief Description: Basic and intermediate training for sites using RPMS/BDM package

Sponsoring Organization: California Area

Title: Best Practices
Date Offered: 11/01/06
Target Audience: I/T/U sites
Brief Description: GPRA Best Practices collaboration with IHS/GPRA specialists with a focus on diabetes for breakout sessions

Sponsoring Organization: California Area tribal Registered Dietitian (RD) Conference – Tammy Brown
Title: Step-By-Step Guide to Medicare MNT and DSMT Reimbursement
Date Offered: 05/01/07
Target Audience: California Area tribal RDs
Brief Description: Review of Medicare reimbursement of medical nutrition therapy and diabetes self-management education reimbursement: eligibility, overview of benefits, documentation and procedural coding

Sponsoring Organization: Nashville Area
Title: Annual Diabetes Coordinator Meeting
Date Offered: May 15-16, 2007
Target Audience: I/T/U diabetes coordinators
Brief Description: Attendance ranges from 15-20 for each meeting. SDPI updates are on all agendas

Sponsoring Organization: Nashville Area
Title: Conference calls – every other month
Date Offered: At least 6 each year
Target Audience: I/T/U diabetes coordinators
Brief Description: SDPI updates on all conference calls. Wide range of attendance on these calls

Sponsoring Organization: Nashville Area
Title: Site visits
Date Offered: 2007 – 7 sites
Target Audience: Local diabetes coordinator, medical staff and health director
Brief Description: SDPI review included in all site visits

Sponsoring Organization: Nashville Area
Title: Email and phone assistance
Date Offered: Ongoing
Target Audience: Diabetes coordinators are primary target, however requests are received from variety of I/T/U staff members
Brief Description: Technical assistance provided as needed

Sponsoring Organization: Nashville Area
Title: USET meeting/Health Director meeting
Date Offered: February 2007, June 2007
Target Audience: USET Health Committee composed of member tribes
Brief Description: Presentations provided with the inclusion of SDPI information

Sponsoring Organization: Navajo Area
Title: Basic Diabetes Management
Date Offered: 06/29/05
Target Audience: Para-professionals working in I/T/U programs in Navajo Area
Brief Description: Lecture (by internationally recognized diabetes trainer, CDE, RN and Navajo Area RD) and small group practice regarding diabetes treatment and prevention

Sponsoring Organization: Navajo Area
Title: Comprehensive Diabetes Management
Date Offered: 06/29/05
Target Audience: Healthcare professionals working on or near the Navajo Reservation
Brief Description: Lecture (by internationally recognized diabetes trainer, CDE, RN and Navajo Area RD) and small group practice regarding diabetes treatment and prevention

Sponsoring Organization: Navajo Area
Title: Diabetes Coordinator's Meeting
Date Offered: 06/29/05
Target Audience: Navajo Area Urban/Tribal/I.H.S. Diabetes and HP/DP (school and community-based) staff
Brief Description: Opportunity to network, exchange successful strategies, hear guest speakers, hear updates re: diabetes audit, SDPI grants, latest in diabetes treatment and prevention

Sponsoring Organization: Navajo Area
Title: Diabetes in Pregnancy Coordinators' Meetings
Date Offered: 06/29/05
Target Audience: Navajo Area Urban/Tribal/IHS multidisciplinary staff working with patients whose pregnancies are complicated by diabetes
Brief Description: Opportunity to network, exchange successful strategies, hear special speakers, share/compare data/QI

Sponsoring Organization: Navajo Area
Title: Diabetes Program Site Visits - Area Diabetes Consultant visits each SDPI grantee at least once each year; All Navajo Area sites interact frequently via email/phone

Date Offered: 2007 – at least once yearly
Target Audience: All Navajo Area SDPI grantees (Urban, Tribal and I.H.S.)
Brief Description: Shared information re: diabetes, annual DM audit, Diabetes in Pregnancy annual data report; latest DM Standards of Care, SDPI grant requirements, etc.

Sponsoring Organization: Oklahoma Area
Title: Oklahoma Medical Research Foundation Symposium on American Indian Health
Date Offered: 08/09/07
Target Audience: I/T/U Leaders and Healthcare Professionals
Brief Description: Presented on most prevalent issues in AI/AN community in Oklahoma

Sponsoring Organization: Oklahoma Area
Title: Site Visits
Date Offered: FY 07 – 17 visits
Target Audience: Diabetes Program Coordinators; Health Professionals; tribal Leaders
Brief Description: Reviewed program performance, audit/GPRA data; training needs, etc.

Sponsoring Organization: Oklahoma Area
Title: technical assistance via E-mail and phone
Date Offered: Ongoing
Target Audience: Diabetes Program Coordinators; Healthcare Professionals; Grant Writers; tribal Leaders

Sponsoring Organization: Phoenix Area
Title: Phoenix Area training and technical assistance has consisted of individual one-on-one sessions, and referral to diabetes.ihs.gov for DDTP's training offerings
Date Offered: 06/29/05
Target Audience: I/T/U SDPI Grantees

Sponsoring Organization: Portland Area – Northwest Portland Area Indian Health Board
Title: National DMS Training
Date Offered: 02/01/07
Target Audience: 20 Participants, All SDPI programs nationally, Providers, Diabetes Coordinators, clinic administration personnel
Brief Description: Hands on training for DMS, QMAN and RPMS

Sponsoring Organization: Portland Area – Northwest Portland Area Indian Health Board
Title: National DMS Training

Date Offered: 04/01/07
Target Audience: 20 Participants, All SDPI programs nationally, Providers, Diabetes Coordinators, clinic administration personnel
Brief Description: Hands on training for DMS, QMAN and RPMS

Sponsoring Organization: Portland Area – Northwest Portland Area Indian Health Board
Title: National DMS Training
Date Offered: 04/01/07
Target Audience: 20 Participants, All SDPI programs nationally, Providers, Diabetes Coordinators, clinic administration personnel
Brief Description: Hands on training for DMS, QMAN and RPMS

Sponsoring Organization: Portland Area – Northwest Portland Area Indian Health Board
Title: NW DMS Training
Date Offered: 05/01/07
Target Audience: 12 Participants, All SDPI programs nationally, Providers, Diabetes Coordinators, clinic administration personnel
Brief Description: Hands on training for DMS, QMAN and RPMS

Sponsoring Organization: Portland Area – Northwest Portland Area Indian Health Board
Title: National DMS Training
Date Offered: 06/01/07
Target Audience: 20 Participants, All SDPI programs nationally, Providers, Diabetes Coordinators, clinic administration personnel
Brief Description: Hands on training for DMS, QMAN and RPMS

Sponsoring Organization: Portland Area – Northwest Portland Area Indian Health Board
Title: NW DMS Training
Date Offered: 06/01/07
Target Audience: 12 Participants, All SDPI programs nationally, Providers, Diabetes Coordinators, clinic administration personnel
Brief Description: Hands on training for DMS, QMAN and RPMS

Sponsoring Organization: Portland Area – Northwest Portland Area Indian Health Board
Title: Nike Native Fitness IV Training
Date Offered: 09/01/07
Target Audience: 200 Participants, All SDPI programs nationally
Brief Description: Hands on training for multiple types of physical activity

Sponsoring Organization: Tucson Area
Title: Family Night Diabetes

Date Offered: FY 2007
Target Audience: SDPI non-comp grant participants
Brief Description: Presented on the prevention and control of diabetes for participants

Sponsoring Organization: Division of Diabetes -
Title: SDPI Demonstration Projects Year 4, Meeting 1
Date Offered: November 13-15, 2007
Target Audience: SDPI Demonstration Project grantees
Brief Description: Required grantee meeting for Diabetes Prevention Program and Healthy Heart Project staff to receive programmatic, data, and clinical technical assistance, attend workshops related to the project, and present grantee posters/exhibits

Sponsoring Organization: First Nations/Inuit Health Branch, Health Ministry of Canada meeting – Tammy Brown
Title: Overview if IHS IDERP Program
Date Offered: 04/22/08
Target Audience: Canadian health Ministry representatives
Brief Description: Provided overview of the IHS diabetes self-management education recognition program

Sponsoring Organization: IHS CHR Conference – Kelly Acton
Title: Overview of Diabetes & SDPI
Date Offered: 07/30/08
Target Audience: IHS & tribal CHRs
Brief Description: Overview of Diabetes & SDPI with focus on community health aspects of the program

Sponsoring Organization: IHS CHR Conference – Tammy Brown
Title: Childhood Obesity: Primary Prevention for Lifelong Health
Date Offered: 07/30/08
Target Audience: I/T/U Community Health Representatives
Brief Description: Reviewed the problem of obesity in AIAN children and youth and the role of the CHR in prevention

Sponsoring Organization: IHS Division of Diabetes
Title: Technical assistance via telephone, email, newsletters and DDTP website
Date Offered: FY 2008 ongoing
Target Audience: I/T/U SDPI grant programs
Brief Description: Provided technical assistance to the Special Diabetes Programs for Indian Grantees on the clinical and community programmatic aspects of the grant program

Sponsoring Organization: IHS Division of Diabetes

Title: Onsite technical assistance to SDPI Targeted Demonstration Project grant programs
Date Offered: Dec 2007 – one Diabetes Prevention grant site and One Healthy Heart grant site
Target Audience: IHS/tribal grant program and clinic staff
Brief Description: Provided onsite technical assistance in topics such as: Goals and objectives; Recruitment efforts and Case management efforts

Sponsoring Organization: IHS Division of Diabetes
Title: IDERP Reviewer Update (AADE)
Date Offered: 08/08/08
Target Audience: I/T/U nurses and dietitians who are active IDERP reviewers
Brief Description: Provided updated information for the Integrated Diabetes Education Recognition Program (IDERP). The IHS IDERP program revised the standards and review criteria in response to the 2007 National Standards for Diabetes Self-Management Education (NSDSME). This update was provided to prepare reviewers for the up-coming IDERP application cycle

Sponsoring Organization: IHS Division of Diabetes
Title: Technical assistance requests were handled via phone calls or through an email response
Date Offered: FY 2008 - ongoing
Target Audience: I/T/U DSME programs
Brief Description: Individualized technical assistance provided on site to programs that are planning to apply for IHS IDERP in the near future and addressed the components required for developing the structure and process to sustain a quality DSME program and methods to evaluate program effectiveness

Sponsoring Organization: IHS Division of Diabetes – Karen Sheff, Biostatistician
Title: WebEx – How to use the Diabetes WebAudit (1.5 hour session)
Date Offered: 04/01/08
Target Audience: I/T/U Program/facility staff that participate in conducting the Audit
Brief Description: This one hour session provided an overview of how to use the diabetes WebAudit to submit data and generate reports for the annual IHS Diabetes Audit

Sponsoring Organization: IHS Division of Diabetes – Kelly Acton
Title: Measuring Diabetes
Date Offered: 12/18/07
Target Audience: IHS OIT profs, Hlth care profs & para-profs
Brief Description: Description and history of Surveillance and audits for DM in the IHS system

Sponsoring Organization: IHS Division of Diabetes (co-sponsor)
Title: Advances in Indian Health Conference
Date Offered: 04/01/08
Target Audience: I/T/U Health care professionals
Brief Description: Primary care clinical conference and attracted over 350 clinicians from across the Indian health system. The conference covered many primary care topics with special emphasis on diabetes, mental health, substance abuse, women's health, geriatrics and training on EHR

Sponsoring Organization: IHS Division of Diabetes-Medical Nutrition Therapy Action Team
Title: How to Use the Electronic Health Record (EHR) for Dietitians and Diabetes Educators
Date Offered: 09/17/08
Target Audience: I/T/U Registered Dietitians and Diabetes Educators
Brief Description: Live WebEx session that provided registered dietitians and diabetes educators the basic skills of utilizing the electronic health record when documenting medical nutrition therapy and diabetes education visits

Sponsoring Organization: IHS Division of Diabetes-Medical Nutrition Therapy Action Team
Title: Step by Step Guidance to MNT Reimbursement
Date Offered: 09/24/08
Target Audience: I/T/U Registered Dietitians
Brief Description: Live WebEx session that detailed the regulations and billing process for Medical Nutrition Therapy visits including how to utilize the IHS Step-by-Step Guide to MNT Reimbursement

Sponsoring Organization: IHS Division of Diabetes-Medical Nutrition Therapy Action Team
Title: MNT: Are We Really Getting Paid?
Date Offered: 09/30/08
Target Audience: I/T/U Registered Dietitians
Brief Description: This live WebEx presentation went a step beyond the Step-by-Step Guide and concentrated on how to work with the Billing Office, suggested methods for how to track the billing process to determine if the bills are being paid by the 3rd party payers and suggested method of reporting and marketing your service to your supervisor and Administration. Data for two years of successful billing and tracking are presented

Sponsoring Organization: IHS HQ – Kelly Acton, MD, Division of Diabetes
Title: History of the IHS Diabetes Program

Date Offered: 06/01/08
Target Audience: IHS HQ professional personnel
Brief Description: History of the IHS Diabetes Program: focused on its accomplishments and continued success with SDPI

Sponsoring Organization: IHS HQE Open Door Forum – Tammy Brown
Title: Overview of SDPI activities for the prevention and treatment of overweight and obesity
Date Offered: 05/20/08
Target Audience: I/T/U health care professionals
Brief Description: Overview of SDPI activities and best practices that addressed the treatment and prevention of obesity in AIAN communities

Sponsoring Organization: IHS National Combined Councils Meeting – Tammy Brown
Title: MNT Collaborative
Date Offered: 02/01/08
Target Audience: IHS Senior leadership and interdisciplinary health care professionals
Brief Description: Meeting to explore solutions to lack of access to nutrition services for I/T/U communities

Sponsoring Organization: Montana Director's Forum on Obesity Prevention – Tammy Brown
Title: Childhood Obesity: Primary Prevention for Lifelong Health
Date Offered: 04/24/08
Target Audience: Billings Area IHS and tribal Leaders and Health Directors
Brief Description: Reviewed the problem of obesity in AIAN children and youth and SDPI activities and best practices addressing the treatment and prevention of obesity in AIAN communities

Sponsoring Organization: National Indian Health Board – Tammy Brown
Title: Overview of Diabetes & SDPI
Date Offered: 05/21/08
Target Audience: I/T/U leaders, health board members and consumers
Brief Description: Overview of Diabetes & SDPI and future directions

Sponsoring Organization: UC Davis' Native Youth Wellness Conf – Kelly Acton, MD
Title: Diabetes Mellitus (DM) in AIAN Youth
Date Offered: 04/15/08
Target Audience: Native Youth & community members in CA
Brief Description: DM in AIAN Youth: an overview of what is known and not known. Focus on lifestyle factors and positive change

Sponsoring Organization: University of Colorado SDPI targeted Demonstration Project Coordinating Center

Title: DPP Lifestyle Balance Curriculum Training
Date Offered: November 27-28, 2007
Target Audience: SDPI Diabetes Prevention Program grantees
Brief Description: Training opportunity for Diabetes Prevention Program staff received instruction on teaching the DPP Curriculum and After Core

Sponsoring Organization: University of Colorado SDPI targeted Demonstration Project Coordinating Center
Title: SDPI Demonstration Projects Year 4, Meeting 2
Date Offered: June 24-26, 2008
Target Audience: SDPI Demonstration Project grantees
Brief Description: Required grantee meeting for Diabetes Prevention Program and Healthy Heart Project staff - received programmatic, data, and clinical technical assistance and share strategies related to the projects

Sponsoring Organization: University of Colorado SDPI targeted Demonstration Project Coordinating Center
Title: Native Fitness Training
Date Offered: September 20-21, 2007; September 30-October 1, 2008
Target Audience: Native Fitness Leaders, Diabetes Coordinators, Community Wellness Leaders
Brief Description: Training offered by the Northwest Portland Area Indian Health Board. The CC informed both Diabetes Prevention Program and Healthy Heart Project grantees of this training opportunity and many grantees were able to attend

Sponsoring Organization: University of Colorado SDPI targeted Demonstration Project Coordinating Center
Title: Quarterly technical assistance Conference Calls
Date Offered: 04/01/08
Target Audience: SDPI Demonstration Project grantees
Brief Description: Conference calls for Diabetes Prevention Program and Healthy Heart Project staff to receive technical assistance on the DPP Curriculum/case management, recruitment and retention, clinical issues related to the project, and data submission.

Sponsoring Organization: University of Colorado SDPI targeted Demonstration Project Coordinating Center
Title: Monthly One-on-One technical assistance Conference Calls with SDPI Demonstration Project Grantees
Date Offered: Ongoing
Target Audience: Select SDPI Demonstration Project grantees identified by the Coordinating Center as needing additional technical assistance

Brief Description: Addresses areas in which grantees need additional guidance, including recruitment and retention efforts, case management, clinical issues, lifestyle coaching, After Care, and teaching the DPP Curriculum

Sponsoring Organization: University of Colorado SDPI targeted Demonstration Project Coordinating Center
Title: Site Visits
Date Offered: FY2008 – 26
Target Audience: SDPI Demonstration Project grantee sites
Brief Description: Programmatic and data site visits to Diabetes Prevention Program and Health Heart Project grantee sites to ensure compliance with project requirements and to provide technical assistance as necessary

Sponsoring Organization: University of Colorado SDPI targeted Demonstration Project Coordinating Center
Title: E-mail and Phone technical assistance
Date Offered: Ongoing
Target Audience: Requests are received from a variety of SDPI Demonstration Project grantee staff members
Brief Description: Programmatic, data, and clinical technical assistance provided to staff members on a variety of project-related activities

Sponsoring Organization: University of Colorado SDPI targeted Demonstration Project Coordinating Center
Title: SDPI Demonstration Projects Website
Date Offered: Ongoing
Target Audience: SDPI Demonstration Project grantees
Brief Description: Tips of the Week, e-Updates, Frequently Asked Questions, the Operations Manual, and the Resources page are additional means of providing ongoing programmatic, data, and clinical technical assistance. The website is updated on a regular basis

Sponsoring Organization: USPHS Commission Officer Association Annual Conference: Nurse Category Day – Lorraine Valdez
Title: Nurses Fighting Against Diabetes
Date Offered: 06/01/08
Target Audience: USPHS Nurses
Brief Description: Discussed the Special Diabetes Program for Indians grant program with focus on prevention

Sponsoring Organization: Aberdeen Area
Title: University of South Dakota - SDPI Non-Competitive & Competitive technical assistance Training
Date Offered: Jan - Dec. 2008

Target Audience: SDPI grantees
Brief Description: Provided training to the Special Diabetes Programs for Indian Grantees in the areas of Grants Management: Work Plans; Applications Submissions; Financial Responsibilities; Program Planning; etc.

Sponsoring Organization: Aberdeen Area
Title: SDPI Grant technical assistance Training
Date Offered: Nov 5-9, 2007
Target Audience: SDPI Grantees
Brief Description: Provided training to the Special Diabetes Programs for Indian Grantees in the areas of Grants Management: Work Plans; Applications Submissions; Financial Responsibilities; Program Planning; etc.

Sponsoring Organization: Aberdeen Area
Title: SDPI Grant technical assistance Training
Date Offered: Jan 7-11, 2008
Target Audience: SDPI Grantees
Brief Description: Provided training to the Special Diabetes Programs for Indian Grantees in the areas of Grants Management: Work Plans; Applications Submissions; Financial Responsibilities; Program Planning; etc.

Sponsoring Organization: Aberdeen Area
Title: SDPI Grant technical assistance Training
Date Offered: April 29 - May 2, 2008
Target Audience: SDPI Grantees
Brief Description: Provided training to the Special Diabetes Programs for Indian Grantees in the areas of Grants Management: Work Plans; Applications Submissions; Financial Responsibilities; Program Planning; etc.

Sponsoring Organization: Aberdeen Area
Title: SDPI Grant technical assistance Training
Date Offered: May 12-15, 2008
Target Audience: SDPI Grantees
Brief Description: Provided training to the Special Diabetes Programs for Indian Grantees in the areas of Grants Management: Work Plans; Applications Submissions; Financial Responsibilities; Program Planning; etc.

Sponsoring Organization: Aberdeen Area
Title: SDPI Grant technical assistance Training
Date Offered: July 21-25, 2008
Target Audience: SDPI Grantees

Brief Description: Provided training to the Special Diabetes Programs for Indian Grantees in the areas of Grants Management: Work Plans; Applications Submissions; Financial Responsibilities; Program Planning; etc.

Sponsoring Organization: Aberdeen Area
Title: SDPI Grant technical assistance Training
Date Offered: Aug 26-27, 2008
Target Audience: SDPI Grantees
Brief Description: Provided training to the Special Diabetes Programs for Indian Grantees in the areas of Grants Management: Work Plans; Applications Submissions; Financial Responsibilities; Program Planning; etc.

Sponsoring Organization: Aberdeen Area
Title: Access Database Training
Date Offered: March 18-20, 2008
Target Audience: SDPI Grantees
Brief Description: Designed a Data Base Queries system & Generated Reports Analysis

Sponsoring Organization: Aberdeen Area
Title: 3rd Annual Northern Plains Fitness Conference, Honor Yesterday, Respect Today and Build Tomorrow
Date Offered: June 17-19, 2008
Target Audience: SDPI Grantees
Brief Description: Annual Health and Wellness Conference designed to train all SDPI, IHS, tribal staff in various aspects of health and diabetes management

Sponsoring Organization: Aberdeen Area
Title: Footcare Conference
Date Offered: Aug 12-13, 2008
Target Audience: SDPI Grantees
Brief Description: Provided training to the staff in referral, care and treatment of various Diabetic Foot conditions.

Sponsoring Organization: Aberdeen Area
Title: SDPI Diabetes & Nutrition 101
Date Offered: Sept 15-17, 2009
Target Audience: SDPI Grantees
Brief Description: Hands-on workshop for Special Diabetes Program for Indians (SDPI) staff on basic diabetes and nutrition education and support for American Indian communities

Sponsoring Organization: Aberdeen Area

Title: Program Site Visits
Date Offered: FY08 – 7 grantees
Target Audience: SDPI Grantees
Brief Description: Provided training to SDPI staff during regularly scheduled site visits to review the annual progress of meeting the SDPI Grant application program goals and objectives

Sponsoring Organization: Aberdeen Area
Title: Technical assistance site visits
Date Offered: FY08 – 15 grantees
Target Audience: SDPI Grantees
Brief Description: Provided specific technical assistance training to individual SDPI Grantees with various problems and issues concerning their grant applications, program plans, etc.

Sponsoring Organization: Alaska Area
Title: Annual Diabetes Conference
Date Offered: 12/07/10
Target Audience: Alaska Region Diabetes Program staff Community Health Aide to Provider Level
Brief Description: Variety of CE presentations on treatment, prevention, and behavioral issues regarding diabetes

Sponsoring Organization: Albuquerque Area
Title: SDPI Grant Coordinators' Meeting
Date Offered: FY08 - Quarterly (Dec., Mar., Jun, Sep
Target Audience: I/T/U SDPI Grant Coordinators & Staff
Brief Description: SDPI update from Area DM & TLDC Representative; number of participants ranges from 40-50

Sponsoring Organization: Albuquerque Area
Title: Tribal Consultation 2009 SDPI Funding
Date Offered: 02/28/08
Target Audience: SDPI Coordinators & tribal Leaders
Brief Description: Informed tribal Leaders and communities at the local level of important new developments regarding the SDPI grant program and to seek input on allocation of funds for this one year of funding

Sponsoring Organization: Albuquerque Area
Title: Tribal Consultation Meeting
Date Offered: 03/06/08
Target Audience: SDPI Coordinators & tribal Leaders' Representative
Brief Description: Continuation of meeting held Feb. 28, 2008 to vote on FY 2009 budget

Sponsoring Organization: Albuquerque Area
Title: Honoring the Gift of Heart Health Workshop
Date Offered: April 8, 9 & 10, 2008
Target Audience: SDPI Grant Staff
Brief Description: Training sponsored by the AAO Diabetes Program, in partnership with SIPI, AHA, and Laguna Tribe, on cardiovascular disease prevention

Sponsoring Organization: Albuquerque Area
Title: Site Visits (SDPI Programs)
Date Offered: FY2008
Target Audience: SDPI Grant Coordinators & Staff
Brief Description: Technical assistance provided by former Area Diabetes Consultant

Sponsoring Organization: Bemidji Area
Title: Annual Diabetes Coordinator Meeting
Date Offered: Sept 16-18, 2008
Target Audience: I/T/U diabetes coordinators
Brief Description: Attendance ranges from 50-80 for each meeting, ½-1 day of SDPI updates are on all agendas

Sponsoring Organization: Bemidji Area
Title: Health Directors Orientations
Date Offered: 2008 - Quarterly
Target Audience: New I/T/U directors
Brief Description: SDPI orientation

Sponsoring Organization: Bemidji Area
Title: Conference Call on technical assistance with SDPI grants
Date Offered: 2008 – 3 -5/per year
Target Audience: Local diabetes coordinator, medical staff and health director
Brief Description: Reviewed SDPI applications and progress

Sponsoring Organization: Bemidji Area
Title: Email and phone assistance
Date Offered: 2008 - ongoing
Target Audience: I/T/U diabetes coordinators
Brief Description: Distributed information

Sponsoring Organization: Billings Area
Title: Integration Training
Date Offered: Dec 5-6, 2007
Target Audience: All SDPI programs, health educators, clinical diabetes

programs, behavioral health programs

Brief Description: Followed-up on March training with additional skill building in community wellness Community Wellness: Integration of Director's 3 Initiatives - Chronic Disease, Behavioral Health and Health Promotion. Trainer Dr. Chris Percy

Sponsoring Organization: Billings Area
Title: Diabetes Coordinator Meeting
Date Offered: Jan 23-24, 2008
Target Audience: All SDPI program coordinators, clinical diabetes coordinators
Brief Description: Annual meeting with a focus on basic nutrition and behavioral health as related to diabetes prevention and care. Trainers: Brenda Broussard- Eating for diabetes is a s easy as 1,2,3; Darren Calhoun-Motivational Interviewing

Sponsoring Organization: Billings Area
Title: Diabetes Prevention Program training
Date Offered: June 16-17, 2008
Target Audience: All SDPI programs
Brief Description: DPP: how to initiate the DPP adapted for Native American communities; partnered with Montana Diabetes Project to offer – costs of travel/r/b covered. Trainer: Carol Percy

Sponsoring Organization: Billings Area
Title: Diabetes Outreach Worker Training
Date Offered: Oct 25-26, 2007
Target Audience: All SDPI grant programs – tribal and Urban; IHS clinical diabetes coordinators
Brief Description: Teams trained on uniform community diabetes screening and education; SBGM, BP control, dietary health

Sponsoring Organization: Billings Area – Kelly Acton, MD, Division of Diabetes
Title: Native Youth Academy
Date Offered: 06/23/08
Target Audience: Native Youth & community members in MT & WY
Brief Description: DM in AIAN Youth: an overview of what is known and not known. Focus on lifestyle factors and positive change

Sponsoring Organization: California Area
Title: CAN DO technical assistance conference calls - every other month
Date Offered: 01/01/08
Target Audience: T/U SDPI grant programs
Brief Description: SDPI updates and various information/trainings

Sponsoring Organization: Nashville Area
Title: Annual Diabetes Coordinator Meeting
Date Offered: May 13-14, 2008
Target Audience: I/T/U diabetes coordinators
Brief Description: Attendance ranges from 15-20 for each meeting. SDPI updates are on all agendas

Sponsoring Organization: Nashville Area
Title: Conference calls – every other month
Date Offered: At least 6 each year
Target Audience: I/T/U diabetes coordinators
Brief Description: SDPI updates on all conference calls. Wide range of attendance on these calls

Sponsoring Organization: Nashville Area
Title: Site visits
Date Offered: 2008 -7 sites
Target Audience: Local diabetes coordinator, medical staff and health director
Brief Description: SDPI review included in all site visits

Sponsoring Organization: Nashville Area
Title: Email and phone assistance
Date Offered: Ongoing
Target Audience: Diabetes coordinators are primary target, however requests are received from variety of I/T/U staff members.
Brief Description: Technical assistance provided as needed

Sponsoring Organization: Nashville Area
Title: USET meeting/Health Director meeting
Date Offered: Oct 2007, May 2008, Sep 2008
Target Audience: USET Health Committee composed of member tribes
Brief Description: Presentations provided with the inclusion of SDPI information

Sponsoring Organization: Navajo Area
Title: Comprehensive Diabetes Management
Date Offered: April 2-3, 2008
Target Audience: I/T/U Healthcare professionals working on or near the Navajo Reservation
Brief Description: Lecture (by internationally recognized diabetes trainer, CDE, RN and Navajo Area RD) and small group practice regarding diabetes treatment and prevention

Sponsoring Organization: Navajo Area
Title: Diabetes Coordinator's Meeting
Date Offered: 06/26/08

Target Audience: Navajo Area Urban/tribal/I.H.S. Diabetes and HP/DP (school and community-based) staff
Brief Description: Opportunity to network, exchange successful strategies, hear guest speakers, hear updates re: diabetes audit, SDPI grants, latest in diabetes treatment and prevention

Sponsoring Organization: Navajo Area
Title: Basic Diabetes Management
Date Offered: 06/30/08
Target Audience: Para-professionals working in I/T/U programs in Navajo Area
Brief Description: Lecture (by internationally recognized diabetes trainer, CDE, RN and Navajo Area RD) and small group practice regarding diabetes treatment and prevention

Sponsoring Organization: Navajo Area
Title: Diabetes in Pregnancy Coordinators' Meetings
Date Offered: 03/06/08
Target Audience: Navajo Area Urban/tribal/IHS multidisciplinary staff working with patients whose pregnancies are complicated by diabetes
Brief Description: Opportunity to network, exchange successful strategies, hear special speakers, share/compare data/QI

Sponsoring Organization: Navajo Area
Title: Diabetes Program Site Visits - Area Diabetes Consultant visits each SDPI grantee at least once each year; All Navajo Area sites interact frequently via email/phone
Date Offered: 2008 – at least once yearly
Target Audience: All Navajo Area SDPI grantees (Urban, tribal and I.H.S.)
Brief Description: Share information re: diabetes, annual DM audit, Diabetes in Pregnancy annual data report; latest DM Standards of Care, SDPI grant requirements, etc.

Sponsoring Organization: Oklahoma Area
Title: Diabetes Update 2007
Date Offered: 10/26/07
Target Audience: Healthcare Professionals
Brief Description: Reviewed current standards of care for Type 2 DM and metabolic syndrome; complication management; health coaching

Sponsoring Organization: Oklahoma Area
Title: Data In Action
Date Offered: FY 08, 3/27/2008
Target Audience: I/T/U Healthcare Professionals; Planners; Leaders

Brief Description: Conference regarding the use of data in program improvement; information on alternate sources of data

Sponsoring Organization: Oklahoma Area
Title: Oklahoma City Area Innovations in Indian Health Care Delivery
Date Offered: August 12 – 13, 2008
Target Audience: I/T/U Healthcare Professionals
Brief Description: Education on successful system changes that enhance the care of chronic diseases

Sponsoring Organization: Oklahoma Area
Title: Dealing With Diabetes
Date Offered: 08/29/08
Target Audience: I/T/U Healthcare Professionals
Brief Description: Conference that reviewed diabetes care throughout the lifespan

Sponsoring Organization: Oklahoma Area
Title: Site Visits
Date Offered: FY 08 – 20 visits
Target Audience: Diabetes Program Coordinators; Health Professionals; tribal Leaders
Brief Description: Reviewed program performance, audit/GPRA data; training needs, etc.

Sponsoring Organization: Oklahoma Area
Title: Technical assistance via E-mail and phone
Date Offered: Ongoing
Target Audience: Diabetes Program Coordinators; Healthcare Professionals; Grant Writers; tribal Leaders

Sponsoring Organization: Phoenix Area
Title: Phoenix Area training and technical assistance has consisted of individual one-on-one sessions, and referral to diabetes.ihs.gov for DDTP's training offerings
Date Offered: 06/30/05
Target Audience: I/T/U SDPI Grantees

Sponsoring Organization: Portland Area – Northwest Portland Aria Indian Health Board
Title: National DMS Training
Date Offered: 11/01/07
Target Audience: 15 Participants, All SDPI programs nationally, Providers, Diabetes Coordinators, clinic administration personnel
Brief Description: Hands on training for DMS, QMAN and RPMS

Sponsoring Organization: Portland Area – Northwest Portland Aria Indian Health Board
Title: NW DMS Training
Date Offered: 12/01/07
Target Audience: 5 Participants, All SDPI programs nationally, Providers, Diabetes Coordinators, clinic administration personnel
Brief Description: Hands on training for DMS, QMAN and RPMS

Sponsoring Organization: Portland Area – Northwest Portland Aria Indian Health Board
Title: National DMS Training
Date Offered: 01/01/08
Target Audience: 20 Participants, All SDPI programs nationally, Providers, Diabetes Coordinators, clinic administration
Brief Description: Hands on training for DMS, QMAN and RPMS

Sponsoring Organization: Portland Area – Northwest Portland Aria Indian Health Board
Title: National DMS Training
Date Offered: 02/01/08
Target Audience: 18 Participants, All SDPI programs nationally, Providers, Diabetes Coordinators, clinic administration personnel
Brief Description: Hands on training for DMS, QMAN and RPMS

Sponsoring Organization: Portland Area – Northwest Portland Aria Indian Health Board
Title: NW DMS Training
Date Offered: 03/01/08
Target Audience: 7 Participants, All SDPI programs nationally, Providers, Diabetes Coordinators, clinic administration personnel
Brief Description: Hands on training for DMS, QMAN and RPMS

Sponsoring Organization: Portland Area – Northwest Portland Aria Indian Health Board
Title: National DMS Training
Date Offered: 04/01/08
Target Audience: 6 Participants, All SDPI programs nationally, Providers, Diabetes Coordinators, clinic administration personnel
Brief Description: Hands on training for DMS, QMAN and RPMS

Sponsoring Organization: Portland Area – Northwest Portland Aria Indian Health Board
Title: Risky Business
Date Offered: 05/01/08
Target Audience: 21 Participants, NW tribal Health educators, CHRs, clinic staff

Brief Description: Collaborative projects coming together to better inform tribal communities of project updates, trainings and hot topics

Sponsoring Organization: Portland Area – Northwest Portland Aria Indian Health Board
Title: Risky Business
Date Offered: 05/01/08
Target Audience: 15 Participants, NW tribal Health educators, CHRs, clinic staff
Brief Description: Collaborative projects coming together to better inform tribal communities of project updates, trainings and hot topics

Sponsoring Organization: Portland Area – Northwest Portland Aria Indian Health Board
Title: National DMS Training
Date Offered: 06/01/08
Target Audience: 2 Participants, All SDPI programs nationally, Providers, Diabetes Coordinators, clinic administration personnel
Brief Description: Hands on training for DMS, QMAN and RPMS

Sponsoring Organization: Portland Area – Northwest Portland Aria Indian Health Board
Title: National DMS Training
Date Offered: 07/01/08
Target Audience: 5 Participants, All SDPI programs nationally, Providers, Diabetes Coordinators, clinic administration personnel
Brief Description: Hands on training for DMS, QMAN and RPMS

Sponsoring Organization: Portland Area – Northwest Portland Aria Indian Health Board
Title: Motivational Interviewing Training
Date Offered: 07/01/08
Target Audience: 17 Participants, NW SDPI Programs
Brief Description: Intensive 4 day training for diabetes coordinators on motivational interviewing techniques

Sponsoring Organization: Portland Area – Northwest Portland Aria Indian Health Board
Title: CPHAD Training
Date Offered: 07/01/08
Target Audience: 10 Participants, All SDPI programs nationally, Providers, Diabetes Coordinators, clinic administration personnel
Brief Description: Computerized training on Community Health documentation in RPMS

Sponsoring Organization: Portland Area – Northwest Portland Aria Indian Health

	Board
Title:	National DMS Training
Date Offered:	09/01/08
Target Audience:	8 Participants, All SDPI programs nationally, Providers, Diabetes Coordinators, clinic administration personnel
Brief Description:	Hands on training for DMS, QMAN and RPMS
Sponsoring Organization:	Portland Area – Northwest Portland Aria Indian Health Board
Title:	Motivational Interviewing Training
Date Offered:	09/01/08
Target Audience:	24 Participants, NW SDPI Programs
Brief Description:	Intensive 4 day training for diabetes coordinators on motivational interviewing techniques

Funding Sources Available to Native American Communities FY 2007 and 2008

Tribal Management Grant Program

The Tribal Management Grant Program is intended to build the management capacity of tribes and tribal organizations. The goal is to improve their management systems and capacity to assume the programs, services, functions, and activities of the Federal Government under the Indian Self Determination and Education Assistance Act, (ISDEAA), P.L. 93-638.

In FY 2007, the IHS made 27 awards and 24 awards in FY 2008. The funding data is displayed in the tables below.

Tribal Management Grants FY 2007 and 2008		
Grantee	**2007 Amount**	**2008 Amount**
Alaska		
Chugachmiut, Inc.		$236,250
Fairbanks Native Association, Inc	$104,017	$105,225
Kenaitze Indian Tribe	$36,300	
Norton Sound Health Corporation	$100,000	$100,000
Southcentral Foundation		$100,000
Alabama		
Poarch Band of Creek Indians	$70,000	
California		
California Rural Indian Health Board	$79,000	
Indian Health Council, Inc	$100,000	
Riverside San Bernardino County Ind. Htk Inc.	$100,000	
Iowa		

Tribal Management Grants FY 2007 and 2008		
Grantee	**2007 Amount**	**2008 Amount**
Sac and Fox Tribe of MS, IN, IA	$29,959	
Idaho		
Benewah Medical Center	$100,000	$100,000
Massachusetts		
Mashpee Wampanoag Tribe		$104,960
Michigan		
Huron Potawatomi, Inc.	$90,359	$98,460
Little Traverse Bay Bands of Odawa Indians	$97,939	$89,977
Minnesota		
Leech Lake Reservation Business Committee	$86,120	$86,540
Montana		
Rocky Boy Health Board	$100,000	$100,000
Nebraska		
Omaha Tribe of Nebraska		$100,000
Nevada		
Ely Shoshone Tribe	$96,377	
Oklahoma		
Cherokee Nation Youth Services	$66,981	$68,471
Choctaw Nation of Oklahoma	$99,708	$49,643
Citizen Band of Potawatomi Indians of Oklahoma	$99,958	$99,900
Muscogee (Creek) Nation Health System	$33,527	
Otoe-Missouria Tribe of Oklahoma		$74,983
Pawnee Nation of Oklahoma		$50,000
Ponca Tribe of Indians of Oklahoma	$100,000	$100,000
The Chickasaw Nation		$99,799
South Dakota		
Flandreau Santee Sioux Tribe	$99,723	$96,507
Washington		
Cowlitz Indian Tribe	$100,000	
Hoh Indian Tribe	$93,856	$72,751
Shoalwater Bay Indian Tribe		$99,613
Snoqualmie Tribe	$100,000	$97,335
Stillaguamish Tribe of Indians	$167,087	$4,188
The Tulalip Tribes	$75,074	
Wyoming		
Bad River Band of Lake Superior Tribe of Chippewa	$100,000	

Tribal Management Grants FY 2007 and 2008		
Grantee	2007 Amount	2008 Amount
Indians		
Lac Courte Oreilles Band of Lake Superior Chippewa Indians	$100,000	$100,000
Totals	**$2,425,985**	**$2,234,602**

Special Diabetes Program for Indians

Beginning in 1998, the Special Diabetes Program for Indians (SDPI) grant program provided funding to 333 non-competitive grant programs to begin or enhance diabetes prevention programs in Indian communities as well as to address diabetes treatment. The result has been the creation of innovative, culturally appropriate strategies that address diabetes. The SDPI funds have enhanced diabetes care and education in AI/AN communities and built an infrastructure for diabetes programs. The IHS has continued to develop and operate the original SDPI grant program with 251 competitive and non-competitive IHS, tribal, and Urban Indian grants in FY 2007 and 257 grants in FY 2008.

Special Diabetes And Prevention Initiative		
Grantee	2007 Amount	2008 Amount
Alaska		
Alaska Native Tribal Health Consortium	$648,802	$648,802
Aleutian / Pribilof Islands Assn. Inc.	$124,366	$124,366
Arctic Slope Native Assoc., Ltd	$303,019	$303,019
Bristol Bay Area Health Corp.	$748,487	$748,487
Chugachmiut	$164,025	$164,025
Copper River Native Association	$93,014	$93,014
Council of Athabascan Tribal Governments	$113,865	$113,865
Eastern Aleutian Tribes	$105,853	$105,853
Hoonah Indian Association	$29,904	$29,904
Kenaitze Indian Tribe, IRA	$415,325	$506,350
Ketchikan Indian Community	$140,352	$140,352
Kodiak Area Native Association	$237,810	$237,810
Maniilaq Association	$613,712	$613,712
Metlakatla Indian Community	$71,969	$71,969
Mt. Sanford Tribal Consortium	$35,322	$35,322
Native Village of Eklutna	$13,765	$13,765
Ninilchik Traditional Council	$27,284	$27,284
Norton Sound Health Corp.	$940,095	$940,095

Special Diabetes And Prevention Initiative		
Grantee	**2007 Amount**	**2008 Amount**
S.E. Alaska Regional Health Consortium	$1,241,593	$1,241,593
Seldovia Village Tribe	$33,690	$33,690
Southcentral Foundation	$1,847,706	$1,847,706
Tanana Chiefs Conference, Inc.	$859,320	$859,320
Yakutat Tlingit Tribe/Native Association	$22,582	$22,582
Yukon-Kuskokwim Health Corp.	$1,898,839	$1,898,839
Arizona		
Ak-Chin Indian Community	$148,089	$148,089
Cocopah Indian Tribe	$145,363	$145,363
Colorado River Indian Tribes	$858,715	$858,715
Fort Mcdowell Yavapai Nation	$183,116	$183,116
Gila River Indian Community	$2,356,294	$2,356,294
Havasupai Tribe		$130,222
Hualapai Tribe	$597,355	$597,355
Kaibab Band of Paiute Indians	$99,132	$99,132
Navajo Health Foundation	$250,000	$450,000
Pascua Yaqui Tribe of Arizona	$609,419	$609,419
Salt River Pima Maricopa Indian Comm.	$537,726	$537,726
San Carlos Apache Tribe	$1,211,414	$1,211,414
San Lucy District of The Tohono O'odham	$143,244	$143,244
The Hopi Tribe	$674,906	$674,906
The Navajo Nation	$6,483,988	$6,283,988
Tohono O'odham Nation	$2,326,927	$2,326,927
Tonto Apache Tribe		$95,902
Tuba City Regional Health Care Corporation	$939,312	$939,312
White Mountain Apache Tribe	$1,558,857	$1,558,857
Yavapai-Apache Nation	$149,098	$149,098
Yavapai-Prescott Indian Tribe	$120,532	$120,532
California		
California Rural Indian Health Board, Inc.	$1,100,642	$1,100,642
Central Valley Indian Health, Inc.	$439,199	$439,199
Chapa-De Indian Health Program, Inc.	$274,673	$274,673
Chemehuevi Indian Tribe	$107,106	$107,106
Colusa Indian Community Council	$18,126	$18,126
Consolidated Tribal Health Project	$217,508	$217,508
Feather River Tribal Health, Inc.	$383,427	$383,427

Special Diabetes And Prevention Initiative		
Grantee	**2007 Amount**	**2008 Amount**
Greenville Rancheria Tribal Health Program	$88,036	$88,036
Hoopa Valley Tribe	$235,634	$235,634
Indian Health Council, Inc	$689,602	$689,602
Karuk Tribe of California	$157,554	$157,554
Lake County Tribal Health Consortium	$209,142	$209,142
Northern Valley Indian Health, Inc.	$174,285	$174,285
Pit River Health Service, Inc.	$103,177	$103,177
Quechan Indian Tribe	$390,653	$390,653
Redding Rancheria	$697,967	$697,967
Riverside San Bernardino County Ind. Hth, Inc.	$1,335,451	$1,335,451
Round Valley Indian Health Center	$112,937	$112,937
Santa Ynez Band of Mission Indians	$43,223	$49,223
Sonoma County Indian Health Project,	$324,300	$324,300
Southern Indian Health Council	$216,114	$216,114
Strong Family Health Center	$25,097	$25,097
Susanville Indian Rancheria	$104,571	$104,571
Sycuan Tribal Council	$27,886	$27,886
Table Mountain Rancheria	$12,549	$12,549
The Fort Mojave Indian Tribe	$192,201	$192,201
Toiyabe Indian Health Project	$631,042	$631,042
Tule River Indian Health Center	$210,536	$210,536
Colorado		
Southern Ute Indian Tribe	$212,749	$212,749
Ute Mountain Ute Tribe	$281,386	$281,386
Iowa		
Sac and Fox Tribe of MS, IN, IA	$254,197	$254,197
Idaho		
Coeur d'Alene Indian Tribe	$521,061	$521,061
Kootenai Tribe of Idaho	$25,792	$25,792
Nez Perce Tribal Health Board	$205,845	$205,845
Shoshone-Bannock Tribe	$331,752	$331,752
Kansas		
Kickapoo Tribe In Kansas	$62,337	$62,337
Prairie Band Potawatomi Nation	$93,679	$93,679
Sac and Fox Nation of Missouri	$35,624	$35,624
Michigan		

Special Diabetes And Prevention Initiative		
Grantee	**2007 Amount**	**2008 Amount**
Bay Mills Indian Community	$103,890	$108,260
Grand Traverse Band of Ottawa and Chippewa Indians	$106,640	$104,290
Hannahville Indian Community	$77,720	$78,030
Keweenaw Bay Indian Community	$153,010	$155,540
Lac Vieux Desert Band of Chippewa Inds.	$57,380	$59,000
Little River Band of Ottawa Indians	$75,020	$79,560
Little Traverse Bay Band of Odawa	$102,450	$106,010
Match-E-Be-Nash-She-Wish Pottawatomi Indians	$39,300	$39,234
Nottawaseppi Huron Band of Potawatomi	$55,500	$55,270
Pokagon Band of Potawatomi Indians	$98,300	$86,930
Saginaw Chippewa Indian Tribe	$223,080	$203,130
Sault Ste. Marie Tribe of Chippewa Indians	$1,189,784	$1,195,460
Minnesota		
Bois Forte Reservation	$105,870	$106,580
Fond Du Lac Reservation	$787,110	$1,130,120
Grand Portage Reservation Bus. Committee	$51,210	$50,250
Leech Lake Reservation Tribal Council	$1,115,820	$1,134,570
Lower Sioux Indian Community	$64,220	$66,030
Mille Lacs Band of Ojibwe	$573,980	$577,100
Prairie Island Indian Community	$54,970	$54,790
Red Lake Band of Chippewa Indians	$857,890	$866,680
Upper Sioux Community	$43,880	$42,360
White Earth Reservation Tribal Council	$675,540	$683,010
Mississippi		
Mississippi Band of Choctaw Indians	$397,100	$397,100
Montana		
Blackfeet Tribal Business Council	$1,017,148	$1,017,148
Chippewa Cree Tribe	$684,509	$684,509
Confederated Salish and Kootenai Tribes	$1,073,691	$1,073,691
Crow Tribal Council	$895,262	$895,262
Fort Belknap Community Council	$725,878	$725,878
Fort Peck Assiniboine and Sioux Tribes	$677,177	$677,177
Northern Cheyenne Tribal Council	$502,242	$502,242
North Carolina		
Eastern Band of Cherokee Indians	$1,285,126	$1,239,386
North Dakota		

Special Diabetes And Prevention Initiative		
Grantee	**2007 Amount**	**2008 Amount**
Spirit Lake Tribe	$452,673	$452,673
Standing Rock Sioux Tribe	$624,234	$624,234
Trenton Indian Service Area	$594,097	$594,097
Turtle Mountain Band of Chippewa	$729,226	$729,226
Nebraska		
Omaha Tribe of Nebraska	$406,148	$406,148
Ponca Tribe of Nebraska	$264,069	$264,069
Santee Sioux Tribe of Nebraska	$267,476	$267,476
Winnebago Tribe of Nebraska	$742,661	$742,661
New Mexico		
Alamo Navajo School Board, Inc.	$416,670	$416,670
Canoncito Band of Navajos	$204,034	$204,034
Jicarilla Apache Nation	$265,561	$265,561
Mescalero Apache Tribe	$263,950	$263,950
Picuris Pueblo	$97,882	$97,882
Pueblo of Acoma	$262,924	$262,924
Pueblo of Cochiti	$149,073	$149,073
Pueblo of Isleta	$696,861	$696,861
Pueblo of Jemez	$522,061	$522,061
Pueblo of Laguna	$346,228	$346,228
Pueblo of Nambe	$111,616	$111,616
Pueblo of Pojoaque	$102,543	$102,543
Pueblo of San Felipe	$324,300	$324,300
Pueblo of San Felipe	$259,792	$259,792
Pueblo of Sandia	$166,847	$166,847
Pueblo of Santa Ana	$193,300	$193,300
Pueblo of Taos	$207,814	$207,814
Pueblo of Zia	$233,117	$233,117
Pueblo of Zuni	$1,017,753	$1,017,753
Ramah Navajo School Board, Inc.	$561,247	$561,247
San Ildefonso Pueblo	$125,567	$125,567
San Juan Pueblo	$205,234	$205,234
Santa Clara Pueblo	$170,372	$170,372
Santo Domingo Pueblo	$1,004,930	$1,004,930
Taos-Picuris Service Unit		$324,300
Tesuque Pueblo	$115,872	$115,872

Special Diabetes And Prevention Initiative		
Grantee	**2007 Amount**	**2008 Amount**
Nevada		
Duck Valley Shoshone Tribe	$234,193	$234,193
Duckwater Shoshone Tribe	$97,921	$97,921
Ely Shoshone Tribe	$114,677	$114,677
Fallon Paiute Shoshone Tribe	$225,108	$225,108
Las Vegas Paiute Tribe	$301,830	$301,830
Pyramid Lake Paiute Tribe	$254,482	$254,482
Reno-Sparks Indian Colony	$418,715	$418,715
Te-Moak Tribe of Western Shoshone	$266,191	$266,191
Walker River Paiute Tribe	$176,656	$281,945
Washoe Tribe of Nevada And California	$305,962	$305,962
Yerington Paiute Tribe	$145,262	$145,262
Yomba Shoshone Tribe	$93,580	$93,580
New York		
Seneca Nation of Indians	$324,300	$324,300
St. Regis Mohawk Tribe	$324,300	$324,300
Oklahoma		
Absentee Shawnee Tribe of Oklahoma	$620,285	$620,285
Central Oklahoma American Indian Health Council, Inc.	$396,679	$396,679
Cherokee Nation of Oklahoma	$6,533,245	$6,533,245
Cheyenne-Arapaho Tribes of Oklahoma	$622,071	$622,071
Chickasaw Nation	$1,239,694	$1,239,694
Choctaw Nation of Oklahoma	$2,863,131	$2,863,131
Citizen Potawatomi Nation Health Clinic	$626,735	$626,735
Comanche Nation of Oklahoma	$431,894	$431,894
Fort Sill Apache Tribe of Oklahoma	$41,607	$41,607
Indian Health Care Resource Center of Tulsa	$396,679	$396,679
Iowa Tribe of Oklahoma	$90,889	$90,889
Kaw Nation	$81,397	$81,397
Kickapoo Tribe of Oklahoma	$325,666	$325,666
Muscogee (Creek) Nation	$2,032,903	$2,032,903
Northeastern Tribal Health System Center		$342,070
Osage Tribe	$320,465	$320,465
Otoe-Missouria Tribe	$134,888	$134,888
Pawnee Nation of Oklahoma	$161,657	$161,657
Ponca Tribe of Oklahoma	$249,609	$249,609

Special Diabetes And Prevention Initiative		
Grantee	**2007 Amount**	**2008 Amount**
Sac and Fox Nation	$468,274	$468,274
Seminole Nation of Oklahoma Health Department		$366,317
Tonkawa Tribe of Oklahoma	$51,451	$51,451
Wichita And Affiliated Tribes	$102,839	$102,839
Wyandotte Tribe of Oklahoma	$109,286	$109,286
Oregon		
Burns Paiute Tribe	$28,456	$28,456
Confederated Tribes-Coos/Lower Umpqua/Siuslaw	$40,008	$40,008
Confederated Tribes of Grand Ronde	$180,721	$180,721
Confederated Tribes of Siletz Indians	$290,013	$290,013
Confederated Tribes of Warm Springs	$193,268	$193,268
Coquille Indian Tribe	$56,111	$56,111
Cow Creek Band of Umpqua	$466,912	$466,912
Klamath Tribal Health & Family Services	$134,412	$134,412
Northwest Portland Area	$256,727	$256,727
Yellowhawk Tribal Health Center	$164,793	$164,793
South Dakota		
Cheyenne River Sioux Tribe	$877,700	$877,700
Crow Creek Sioux Tribe	$359,768	$359,768
Flandreau Santee Sioux Tribe	$279,583	$279,583
Lower Brule Sioux Tribe	$305,962	$305,962
Oglala Sioux Tribe	$1,146,481	$1,101,481
Rosebud Sioux Tribe	$767,889	$767,889
Sisseton-Wahpeton Sioux Tribe	$453,660	$453,660
Tennessee		
United South And Eastern Tribes, Inc.	$4,044,535	$4,003,086
Texas		
Kickapoo Traditional Tribe of Texas	$59,867	$59,867
Ysleta Del Sur Pueblo	$116,971	$116,971
Utah		
Confederated Tribes of The Goshute Indians	$108,620	$108,620
Northwestern Band of Shoshone Nation	$26,851	$26,851
Paiute Indian Tribe of Utah	$167,672	$167,672
Utah Navajo Health System, Inc.	$330,800	$330,800
Ute Indian Tribe	$482,712	$482,712
Washington		

Special Diabetes And Prevention Initiative		
Grantee	**2007 Amount**	**2008 Amount**
Chehalis Indian Tribe	$324,300	$324,300
Confederated Tribes of Chehalis	$64,411	$64,411
Confederated Tribes of the Colville Reservation	$660,644	$660,644
Cowlitz Indian Tribe	$50,000	$50,000
Hoh Tribal Business Committee		$22,806
Jamestown S'Klallam Tribe	$32,972	$32,972
Kalispel Tribe of Indians	$28,305	$28,305
Lower Elwha Klallam Tribe	$58,361	$58,361
Lummi Indian Nation	$257,527	$257,527
Makah Indian Tribe	$110,330	$110,330
Muckleshoot Indian Tribe	$171,016	$171,016
Nisqually Indian Tribe	$61,524	$61,524
Nooksack Indian Tribe	$56,028	$56,028
NW Washington Indian Health Board	$324,300	$324,300
Port Gamble S'Klallam Tribe	$68,073	$68,073
Puyallup Tribe of Indians	$410,209	$410,209
Quileute Indian Tribe	$62,980	$40,174
Quinault Indian Nation	$472,343	$472,343
Samish Indian Nation	$27,417	$27,417
Sauk-Suiattle Indian Tribe	$27,257	$27,257
Shoalwater Bay Indian Tribe	$31,364	$31,364
Skokomish Indian Tribe	$63,849	$63,849
Snoqualmie Tribe	$23,597	$23,597
Spokane Tribe of Indians	$130,284	$130,284
Squaxin Island Tribe	$49,854	$49,854
Stillaguamish Tribe of Indians	$26,235	$26,235
Swinomish Indian Tribal Community	$60,972	$60,972
The Suquamish Tribe	$36,079	$36,079
The Tulalip Tribes	$196,466	$196,466
Upper Skagit Indian Tribe	$36,974	$36,974
Yakama Indian Nation	$657,025	$657,025
Wisconsin		
Bad River Band of Lake Superior Chippewa	$451,710	$445,660
Forest County Potawatomi Community	$110,060	$117,870
Ho-Chunk Nation	$615,710	$626,080
Lac Courte Oreilles Band of Lake Superior Ojibwe	$248,980	$223,020

Special Diabetes And Prevention Initiative		
Grantee	**2007 Amount**	**2008 Amount**
Lac du Flambeau Band	$215,930	$221,000
Menominee Indian Tribe of Wisconsin	$888,380	$901,430
Oneida Nation of Wisconsin	$681,180	$706,940
Red Cliff Tribe	$118,740	$124,470
Sokaogan Chippewa Community	$50,630	$51,490
St. Croix Indian Tribe, Wisconsin	$142,940	$130,680
Stockbridge-Munsee Community	$149,730	$154,450
Wyoming		
Eastern Shoshone Tribe	$260,424	$260,424
Northern Arapaho Tribe	$487,454	$487,454
Totals	**$108,175,652**	**$109,903,328**

Other Funding Opportunities FY 2007 and 2008

IHS Grant Programs		
Grantee	**2007 Amount**	**2008 Amount**
Child & Youth Program		
Alaska		
Southcentral Foundation	$75,000	$75,000
Arizona		
Pascua Yaqui Tribe	$75,000	$75,000
Montana		
Rocky Boy Health Board	$74,383	$74,383
Oklahoma		
Indian Health Care Resource Center of Tulsa, Inc.	$75,000	$75,000
South Dakota		
Wakanyeja Pawicayapi	$75,000	$75,000
Washington		
Snoqualmie Tribe	$15,000	$15,000
The Suquamish Tribe	$11,807	$11,807
Wisconsin		
Lac Courte Oreilles Band of Lake Superior Chippewa	$74,134	$74,135
Lac du Flambeau Band of Lake Superior Chippewa Indians	$75,000	$75,000
Elder Care		
Alaska		

IHS Grant Programs		
Grantee	**2007 Amount**	**2008 Amount**
Bristol Bay Area Health Corporation		$50,000
Chugachmiut, Inc.		$47,430
Kodiak Area Native Association		$50,000
Qutekcak Native Tribe		$50,000
Arizona		
Colorado River Indian Tribes		$49,997
California		
Southern Indian Health Council, Inc.		$50,000
Idaho		
Nez Perce Tribe DBA Nimiipuu Health		$46,891
Michigan		
Huron Potawatomi, Inc.		$47,766
Inter-Tribal Council of Michigan, Inc.		$50,000
Minnesota		
Leech Lake Band of Ojibwe		$49,984
New Mexico		
Pueblo of Jemez		$50,000
Ramah Navajo School Board, Inc.		$50,000
Epidemiology & Disease Prevention		
Alaska		
Alaska Native Tribal Health Consortium	$730,000	$430,000
Arizona		
Inter Tribal Council of Arizona, Inc	$575,000	$355,000
Navajo Nation	$420,000	$190,000
California		
California Rural Indian Health Board, Inc.		$350,000
Montana		
Montana-Wyoming Tribal Leader Council	$495,000	$215,000
Oregon		
Northwest Portland Area	$650,000	$530,000
South Dakota		
Aberdeen Area Tribal Chairmen's Health Board	$575,000	$445,000
Tennessee		
United South And Eastern Tribes, Inc.	$495,000	$240,000
Wisconsin		
Great Lakes Inter-Tribal Council	$395,000	$275,000

IHS Grant Programs		
Grantee	**2007 Amount**	**2008 Amount**
Health Promotion & Disease Prevention		
Alaska		
Kodiak Area Native Association	$100,000	$100,000
Norton Sound Health Corporation	$100,000	$100,000
Southcentral Foundation	$100,000	$100,000
Southeast Alaska Regional Health Consortium	$100,000	$100,000
California		
Round Valley Indian Health Center Inc.	$100,000	$100,000
Massachusetts		
Institute For Healthcare Improvement	$600,000	$800,000
Michigan		
Huron Potawatomi, Inc.	$100,000	$100,000
Inter-Tribal Council of Michigan, Inc.	$100,000	$100,000
Montana		
Rocky Boy Health Board	$97,057	$97,057
New Mexico		
Pueblo of San Felipe	$99,554	$99,554
Oklahoma		
Central Oklahoma American Indian Health Council, Inc	$100,000	$100,000
Indian Health Care Resource Center of Tulsa, Inc.	$100,000	$100,000
Oregon		
Confederated Tribes of Warm Springs	$100,000	$100,000
Wisconsin		
Menominee Indian Tribe of Wisconsin	$100,000	$100,000
Injury Prevention		
Alaska		
Bristol Bay Area Health Corporation	$59,921	$50,000
Norton Sound Health Corporation	$59,960	$50,000
Southeast Alaska Regional Health Consortium	$89,988	$75,000
Arizona		
Navajo Nation	$90,322	$75,000
Quechan Indian Tribe	$62,500	$50,000
White Mountain Apache Tribe	$60,088	$50,000
California		
California Rural Indian Health Board	$93,750	$75,000
Indian Health Council, Inc	$59,037	$50,000

IHS Grant Programs		
Grantee	**2007 Amount**	**2008 Amount**
Toiyabe Indian Health Project	$59,918	$50,000
Louisiana		
Chitimacha Tribe of Louisiana	$12,472	
Jena Band of Choctaw	$10,000	
Maine		
Houlton Band of Maliseet Indians	$12,500	
Michigan		
Lac Vieux Desert Band of Chippewa Indians	$12,500	
Minnesota		
Fond du Lac Reservation Business Committee	$90,740	$73,354
White Earth Reservation Tribal Council	$12,125	
North Dakota		
Standing Rock Sioux Tribe (ONAP)	$60,513	$50,000
New Mexico		
Pueblo of Jemez	$89,826	$75,000
Pueblo of San Felipe	$60,390	$49,978
Pueblo of Nambe	$12,500	
Oklahoma		
Caddo Tribe of Oklahoma	$91,563	$75,000
Choctaw Nation of Oklahoma Health Department	$62,500	$49,999
Kaw Nation of Oklahoma	$87,449	$74,719
Kiowa Tribe of Oklahoma	$61,312	$50,000
Osage Nation	$60,572	$50,000
Seneca Cayuga Tribe of Oklahoma	$10,000	
South Dakota		
Sisseton-Wahpeton Sioux Tribal Council	$60,578	$50,000
Wisconsin		
Bad River Band of Lake Superior	$91,445	$73,445
Oneida Nation of Wisconsin	$49,988	$49,988
Stockbridge-Munsee Community	$11,715	
Indian Women's Health Demonstration		
Alaska		
Aleutian Pribilof Islands Association, Inc.	$49,582	$25,000
Kenaitze Indian Tribe	$49,995	$149,979
Mt Sanford Tribal Consortium	$48,681	$149,189
S.E. Alaska Regional Health Consortium	$100,000	

IHS Grant Programs		
Grantee	**2007 Amount**	**2008 Amount**
Southeast Alaska Regional Health Consortium	$50,000	
Arizona		
Inter Tribal Council of Arizona Inc	$50,000	
San Carlos Apache Tribe	$49,949	
California		
Yurok Tribe	$49,940	
Michigan		
Inter Tribal Council of MI, Inc.	$100,000	
Oklahoma		
Cherokee Nation	$50,000	
Wisconsin		
Ho-Chunk Nation	$149,085	
Stockbridge-Munsee Community	$100,000	
Mental Health And Community		
Arizona		
Inter Tribal Council of Arizona, Inc.	$125,000	
Oklahoma		
Central Oklahoma American Indian Health Council, Inc	$125,000	
South Dakota		
Aberdeen Area Tribal Chairmen's Health Board	$125,000	
Washington		
Lower Elwha Klallam Tribe	$125,000	
Nooksack Indian Tribe	$100,000	
Native American Research Center For Health		
Alaska		
Alaska Native Tribal Health Consortium	$730,000	$980,000
Southcentral Foundation	$454,730	$467,856
Arizona		
Inter Tribal Council of Arizona	$274,412	$300,980
National Association of Community Health Representatives	$79,511	
White Mountain Apache Tribe	$959,333	$960,000
California		
California Rural Indian Health Board	$250,000	$250,000
Indian Health Council, Inc	$462,581	$397,000
Oklahoma		
Chickasaw Nation of Oklahoma	$426,723	$326,000

IHS Grant Programs		
Grantee	**2007 Amount**	**2008 Amount**
The Chickasaw Nation	$241,799	$219,000
Oregon		
Northwest Portland Area Indian Health Board	$1,165,223	$1,313,480
South Dakota		
Aberdeen Area Tribal Chairmen`s Health Board	$ 479,540	$ 480,000
Black Hills Center For American Indian Health	$ 841,260	$577,000
Wisconsin		
Great Lakes Inter-Tribal Council	$552,374	$472,000
National Indian Health Board		
District of Columbia		
National Indian Health Board	$784,283	$1,278,967
National Native American Ems Association		
North Carolina		
National Native American EMS Association	$90,000	$90,000
Nursing Education Program for American Indians/Alaska Natives (AI/ANs)		
Alaska		
Southeast Alaska Regional Health Consortium	$100,000	$150,000
California		
Indian Health Council, Inc	$100,000	$122,043
Lake County Tribal Health Consortium	$100,000	$150,000
Michigan		
Huron Potawatomi, Inc	$100,000	$150,000
Minnesota		
Leech Lake Reservation Tribal Council	$100,000	$128,739
Montana		
Chippewa Cree Tribe	$99,706	$148,574
Oklahoma		
Cherokee Nation of Oklahoma	$83,447	$250,000
Public Health Nursing		
Alaska		
Southeast Alaska Regional Health Consortium		$150,000
California		
Indian Health Council, Inc.		$150,000
Michigan		
Huron Potawatomi, Inc.		$122,043
Keweenaw Bay Indian Community		$150,000

IHS Grant Programs		
Grantee	**2007 Amount**	**2008 Amount**
Sault Ste. Marie Tribe of Chippewa Indians		$150,000
New Mexico		
Pueblo of San Felipe		$128,739
Nevada		
Washoe Tribe of Nevada and California		$148,574
Oral Care & Prevention		
Arizona		
Inter Tribal Council of Arizona, Inc.	$250,000	$250,000
California		
California Rural Indian Health Board, Inc.	$250,000	$250,000
Montana		
Confederated Salish and Kootenai Tribes	$250,000	$249,996
South Dakota		
Aberdeen Area Tribal Chairmen's Health Board	$249,996	$236,250
Tribal Self-Governance		
Alaska		
Knik Tribal Council		$20,000
Chickaloon Native Village		$50,000
Minnesota		
Grand Portage Reservation Tribal Council	$50,000	
New Mexico		
Pueblo of Santo Domingo	$50,000	
Totals	**$19,400,257**	**$19,106,896**

NATIONAL INSTITUTES OF HEALTH

The National Institutes of Health (NIH) is the steward of medical and behavioral research for the Nation. Its mission is the pursuit of fundamental scientific knowledge about the nature and behavior of living systems and the application of that knowledge to extend healthy life and reduce the burdens of illness and disability.

National Institutes of Health
an Operating Division of the
Department of Health and Human Services
http://www.nih.gov/

The agency's mission is to:

- Foster fundamental creative discoveries, innovative research strategies, and their applications as a basis to advance significantly the Nation's capacity to protect and improve health;
- Develop, maintain, and renew scientific human and physical resources that will ensure the Nation's capability to prevent disease;
- Expand the knowledge base in medical and associated sciences in order to enhance the Nation's economic well-being and ensure a continued high return on the public investment in research; and
- Exemplify and promote the highest level of scientific integrity, public accountability, and social responsibility in the conduct of science.

In realizing these goals, the NIH conducts and supports research in 1) the causes, diagnosis, prevention, and cure of human diseases; 2) the processes of human growth and development; 3) the biological effects of environmental contaminants; 4) the understanding of mental, addictive and physical disorders and directs programs for the collection, dissemination, and exchange of information in medicine and health, including the development and support of medical libraries and the training of medical librarians and other health information specialists.

Support Provided to Native American Communities FY 2007-2008

In FY 2008, the **National Center on Minority Health and Health Disparities (NCMHD)** supported Little Big Horn College. First funded as a grantee of the Research Infrastructure in Minority Institutions program (RIMI) in 2007 under a five-year award, Little Big Horn College has entered into its first phase of research and research training infrastructure development. Research faculty at Montana State University and the University of Wyoming are helping the college develop faculty and student enrichment programs. During the summer of 2008, students and faculty members gained knowledge and skills in basic research methodology, design, data collection, and analyses. Faculty added innovative instruction and training programs in biology, chemistry, and computer science to the college's curriculum. Additionally, a comprehensive community awareness program was launched to help the Crow Nation understand the importance of biomedical research in improving healthcare and eliminating health disparities in their community.

Both the **National Heart, Lung and Blood Institute (NHLBI)** and the **National Cancer Institute (NCI)** supported Diné College, a multi-campus undergraduate tribal College in Arizona chartered by the Navajo Nation. The **NHLBI's** *Research Initiative for Scientific Enhancement* (RISE) award to Diné College helped integrate a research component into the

school's academic curriculum. **NCI s**upports the education, training, and research partnership between Diné College and the Mayo Clinic Cancer Center through curriculum and materials development; faculty and student research; mentoring and training; and community outreach and education. In FY 2008, Diné College students participated in summer research training projects in Mayo Clinic laboratories. The work of the newly established Native Healing Sciences Subcommittee has just begun, but this holds the potential for documenting entirely new cancer treatment regimens for cancer patients. This partnership enabled federal entities, bioethicists, community members, students, and others to engage in a dialogue on issues related to the role of research and how it should be conducted in the Native American community.

To expand and strengthen programs of outreach and education for minority populations, including the Native Hawaiians and Pacific Islanders, the ***NHLBI*** *Community Health Worker (CHW)* initiative implemented strategies for heart health training and risk factor education and management, and promoting partnerships and outreach. Out of the seven projects and one trans-NIH education program, the following programs continued to improve cardiovascular health of American Indians and Alaska Natives (AI/AN).

- **Honoring the Gift of Heart Health:** The **NHLBI-IHS** partnership encompassed formative research, strategy development, community engagement, capacity-building through CHW training, and materials development and dissemination. Ten tribal communities were funded to implement and evaluate community-based interventions using tribal CHWs and community health educators to conduct education and outreach to prevent and control CVD risk factors. The primary intervention tool was NHLBI's *Honoring the Gift of Heart Health* curriculum. Eight of the ten projects completed project activities and the NHLBI and IHS have worked to summarize, share results, and disseminate findings.

- **Heart Guardians: Cardiovascular Disease Prevention (Teacher's Guide and Curriculum) -** In partnership with Na Pu'uwai Native Hawaiian Health Care System, the **NHLBI** developed a culturally and linguistically appropriate heart health curriculum for Native Hawaiian elementary school age children. This heart health curriculum centered on the *Kupuna* (elders), whose wisdom and lessons provide educators with an interactive tool for teaching CVD awareness and prevention to upper elementary school students in Native Hawaiian communities. The five-chapter curriculum teaches students about heart function, risk factors for CVD, and heart health, and includes handouts, activities, and quizzes. Information is presented in a fun, engaging and culturally appropriate manner, with an underlying theme of inspiration, health, and empowerment. Partnership development engaged entities such as the: Native Hawaiian Board of Education, Native Hawaiian Health Care System, and community based organization, to focus efforts on dissemination and implementation.

The NHLBI Health Information Center (HIC)

The **NHLBI** developed an extensive portfolio of culturally appropriate, multilingual educational materials and resources for racial and ethnic minority populations, including Native Hawaiian and Pacific Islander audiences. Resources included pamphlets, videos, booklets, cookbooks, and

manuals, accessible from a single page on the NHLBI Website. In addition, the **NLHBI** HIC planned and implemented a yearly **NHLBI** exhibit program, showcasing the Institute and its mission, research, and educational materials. The exhibit program also supported the **NHLBI** Office of Research Training and Minority Health at four to six annual conferences and included exhibiting at events targeted to special populations.

The National Cancer Institute (NCI) provided support for The Inter Tribal Council of Arizona to establish the Southwest American Indian Collaborative Network (SAICN) to eliminate cancer health disparities among American Indians. This collaborative project involved three primary partners: the Inter Tribal Council of Arizona, Inc. (ITCA), Arizona Cancer Center (AZCC), and Phoenix Indian Medical Center (PIMC), with input from the communities, the three Arizona universities, and genomics researchers from Translational Genomics Institute (TGen). A core organizational infrastructure, made up of six core services, was implemented in order to support community-based participatory activities and the development of partnerships among communities, cancer prevention/care delivery systems, and research discovery/development systems. The SAICN cores were: Administrative, Data and Evaluation, Outreach and Service, Policy, Research, Training and Education. Cores were established and fully staffed during the first year of SAICN. The cores were designed to help assure that this occurs at many levels, thus allowing SAICN to increase and sustain delivery of interventions and to develop pilot studies using a collaborative approach. NCI plans to continue the development of interventions and work with the Inter-Tribal Council of Arizona, Inc., and other partners to reduce cancer health disparities in the Native American population.

The **National Institute on Aging (NIA)** continued its partnership with **NCMHD** to support research and training for AI/AN through the *Native Elder Research Center* (NERC), a Resource Center for Minority Aging Research (RCMAR) at the University of Colorado Health Sciences Center. The NERC Program promoted a research program focused on reducing differentials in health status and promoting AI/AN access to care. At present, it is working to identify, recruit, train, and sustain a cadre of AI/AN investigators who will specialize in aging research. The NERC/RCMAR achieved significant progress on inter-institutional collaboration and public-academic liaisons. The NERC's expanded research network includes: a) the Health Promotion Research Center in the University of Washington's (UW) School of Public Health; b) the UW Alzheimer's Disease Research Center; c) tribal Colleges and Universities in five states; d) five of the thirteen Native American Research Centers on Health; and e) over one hundred federally-recognized tribes, urban Indian health programs, and Alaska Native villages through the Indian Health Service (IHS) Division of Diabetes Treatment and Prevention's special diabetes program for American Indians.

The **Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD)** sponsored a workshop at the 2008 Society for the Advancement of Chicanos and Native Americans in Science (SACNAS) conference entitled "*Building Research Capacity at Tribal Colleges and Universities: Priorities and Opportunities*." Two of the four workshop objectives sought to: (1) increase understanding of American Indian health concerns and research priorities; and (2) highlight a potential role for TCUs in research aimed at improving American Indian health. The plenary speaker, a Native American scientist, addressed the construct of research knowledge and its application within tribal communities and

recommended that NIH support research that allows the integration of western and Native science and culture. The **NICHD** also funded the "*Safe Passage Study*" among a number of academic research institutions, the Northern Plains Comprehensive Clinical Site and the Oglala Lakota College. The long-term goals of the "*Safe Passage Study*" were to decrease fetal and infant mortality and to improve child health in communities at high risk for prenatal maternal alcohol consumption. This study also determined the association between prenatal alcohol exposure and the risk for SIDS; the role of alcohol exposure during pregnancy; and interactions among alcohol exposure and environmental and genetic modifiers in altering profiles of autonomic activity of the fetus and infant, and infant neurobehavioral outcomes; and the role of maternal alcohol exposure in the impairment of placental function. **NICHD** funded an exploratory study entitled, "*Physical Activity and Nutrition among Pacific Islander Youth.*" The long-term goals of this study were to: (1) test the feasibility of various quantitative and qualitative data collection activities among Pacific Islander adolescents (Marshallese, Samoans, and Tongan), ages 14-18 years; and (2) estimate the prevalence of obesity and physical activity in this population. **NICHD** also promoted data collection of racial and ethnic minority populations through its Academic/Community Partnership Conference Series U13 grant. NICHD funded an RO3 grant with the goal of gathering and disseminating information that encouraged Indian and non-Indian communities and service agencies to work together in developing strategies to reduce mental and physical health burden often experienced by Indian youth transitioning out of foster care. These goals were attained through focus group data collection methods with Native American community leaders, healthcare and service providers, and foster care youth.

In FY 2007 and FY 2008, the **National Institute on Drug Abuse (NIDA)** supported 21 research projects in Native American communities to assess patterns and pathways of substance abuse, contributing factors, such as culture and stress; and to develop treatment and prevention interventions that are culturally appropriate. Exemplary projects include: strategies to reduce tobacco use and improve cessation rates among Y-K Delta Alaska Natives and American Indian college-aged adults; interventions to prevent drug use (e.g., tobacco, ecstasy and methamphetamine) and to reduce/prevent HIV/AIDS and substance use risk behaviors in urban and reservation-living AI/AN youth; a randomized controlled trial testing the efficacy of a culturally-adapted, home visitation program for reservation-based American Indian teen mothers and their children to reduce substance use in the mothers and risk factors in their children. NIDA also developed community partnerships to increase capacity for managing adolescent substance abuse through school-based programs that include the integration of talking circles - a traditional Native American method of discussion used as a group intervention. NIDA also supported research to promote implementation of evidence based programs - examining factors that influence the decision of what interventions to use in Native communities.

NIDA continued to be a significant contributor to the Native American Research Centers for Health (NARCH) program, working in partnership with NIGMS, the Indian Health Service and other NIH Institutes to support **studies on** nicotine exposure among Alaska natives, the "*Listening to Each Other*" prevention curriculum, and moods disorder assessment in Northern Plains Indians. NIDA established an AI/AN Researchers and Scholars Workgroup, an institute-wide group of NIDA staff that coordinated and expanded activities focused on AI/AN. This included educating the public, students, health practitioners and researchers on addiction and

associated co-morbidities in the AI/AN/NH population, enhancing research competency, assisting AI/AN applicants who apply for research funding, and providing mentors for individuals entering this field.

The **National Center for Research Resources' (NCRR)** Institutional Development Award (IDeA) Program provided support to institutions located in states with historically low aggregate success rates for receipt of NIH funding. As part of the IDeA program, the IDeA Networks of Biomedical Research Excellence (INBRE) Program enhanced biomedical research capacity; expanded and strengthened the research capabilities of biomedical faculty; and provided access to biomedical resources for promising undergraduate students throughout the eligible states. The INBRE supported a statewide system of institutions with a multidisciplinary thematic scientific focus. Several TCUs served as partners to the lead institutions receiving the INBRE award. Many of these TCUs participated in activities that include Native Americans in biomedical research.

At the Harold Hamm Oklahoma Diabetes Center, researchers investigated the genetic and environmental factors influencing 14 diabetes-related genetic traits in American Indian sibling pairs. The identification of genetic and environmental components of diabetes risk is necessary so that effective, culturally-appropriate intervention and treatment strategies can be developed. In Montana, seven tribal colleges, including Little Big Horn, Chief Dull Knife, Blackfeet, Fort Belknap, Fort Peck, Salish Kootenai, and Stone Child were brought together under the IDeA Program to collaborate on biomedical research projects with undergraduate and research universities across the state. The IDeA program also supported the Center of Biomedical Research Excellence (COBRE) initiative. COBREs are thematic multidisciplinary centers that augment and strengthen institutional biomedical research capacity. The COBRE supported research program at the Pacific Center for Emerging Infectious Diseases Research at the University of Hawaii Manoa targets Asian American and Pacific Islander populations. Recent publications addressed rheumatic fever in American Samoa and the molecular epidemiology of dengue in Hawaii.

Another COBRE program, the Center for Alaska Native Health Research (CANHR) at the University of Alaska-Fairbanks employed a collaborative research model working with Yupik Eskimo and other Alaska Native communities tribal health care organizations and individuals. The research model will be used to frame research questions, develop methodologies and procedures, and interpret and apply data to the prevention and treatment of diabetes, cardiovascular diseases, mood disorders and substance abuse.

The *Research Centers in Minority Institutions (RCMI)* program provided grant support to predominately minority institutions that offered doctorates in health or the health-related sciences to develop the infrastructure for biomedical research. The RCMI program at the University of Hawaii Manoa provided resources to conduct research on diseases that disproportionately impact Native Hawaiian populations such as acute rheumatic fever and Kawasaki Disease. There were studies that assessed the role of specific bacteria, Group A streptococci (GAS), in the high incidence of acute rheumatic fever (ARF) in Hawaii, especially among Samoans. The objectives of the research were to identify GAS types responsible for ARF and to determine the responses to these specific infections so that improved prevention

strategies and treatments may be developed. Kawasaki Disease (KD) is an acute illness of young children which is more common in Hawaii and Japan than any other location in the world. RCMI investigators used genetic approaches to determine if increased susceptibility to the disease in Native Hawaiians is genetically based.

The RCMI program also supported a community-based observational study on the development of metabolic syndrome (MS) in overweight Native Hawaiian and Samoan children. The study goals were to 1) determine the prevalence of metabolic syndrome in overweight Native Hawaiian and Samoan youth; 2) examine the pattern of physical and laboratory markers associated with metabolic syndrome in high-risk children; and 3) examine the relationship between maternal gestational diabetes, birth weight, and growth rate in the first 3 years of life with the development of MS. RCMI investigators developed many prevention programs that focused on childhood obesity including the first eating disorders and obesity (EDO) prevention program implemented in Hawaii to address a spectrum of weight and body image issues in boys; a Healthy Body Image (HBI) curriculum designed to promote healthy lifestyles among fourth through sixth graders; and studies aimed at comparing perspectives about body size, food-related behavior, and exercise attitudes among Hawaiian teens.

The **National Institute of Mental Health (NIMH)** Division of AIDS and Health and Behavior Research (DAHBR) supported the *Indigenous HIV/AIDS Research Training (IHART) Program*, the first HIV/AIDS-focused initiative for Native scholars at NIH. Data on Native-specific interventions were especially needed; less than 6% of all indigenous health publications focus on any health interventions. The Indigenous HIV/AIDS and Mental Health Research Training (I-HART) institute was developed to increase the number of AI/AN (American Indian/Alaska Native) health researchers who can successfully compete for grants focused on tribal priority health issues. Housed at the University of Washington's Indigenous Wellness Research Institute (IWRI), the I-HART program assisted junior and mid-career AI/AN community/tribal-based researchers and AI/AN university-based researchers hone their competitive grant-making skills. Working in partnership with tribes, the I-HART program laid the groundwork for a strong network of highly-trained and grant-productive Native scholars dedicated to culturally and tribally grounded research. Such research addressed issues of mental health, trauma, and HIV-related health disparities among AI/ANs.

The **National Institute of Neurological Disorders and Stroke (NINDS)** funded the *Alaska Native Stroke Registry* at the Alaska Native Medical Center. This effort developed a statewide surveillance system to track incidence rates for primary and secondary stroke and to improve understanding of the epidemiology and risk factors of stroke among different Alaska Native populations. During FY 2007-08, tribal board leaders from across the state provided guidance on regional community concerns and on issues impacting the implementation of surveillance and clinical intervention systems. A method to regularly abstract data and medical records from 14 regional tribal hospitals and village clinics was approved by all tribal boards that govern these clinical facilities and the system was implemented. As a result of the abstraction, 350 stroke events were entered into the registry. **NINDS** also supported the development of research capacity of Alaska Native and Pacific Islander-serving institutions through *Specialized Neuroscience Research Programs (SNRPs*) at the University of Alaska, Fairbanks, and two programs at the University of Hawaii; one focused on addiction and neuro AIDS and another one

to develop basic neuroscience research. Several of these awards received co-funding from **NIMH**, and **NIDA**. Finally, NINDS co-funded a *Native American High School Summer Program (NAHSSP*) at Harvard University along with **NCRR, NIA, NIAAA, NIDA, NIGMS, and NIMH**. The NAHSSP promoted participation of high school students and teachers from Hopi, Assiniboine/Sioux, Wampanoag, Native Hawaiian communities in neuroscience, to increase the likelihood that students will pursue degrees in biomedical sciences. In 2008, NINDS continued to co-fund Phase II of this award to support distribution of the materials developed by the students and to promote further participation in the NAHSSP.

In FY 2008, the **National Institute of Nursing Research (NINR)** continued to support research on culturally competent interventions to promote health and improve the quality of life in Native American populations. A longitudinal study on the interactive behaviors of American Indian mothers and their premature born infants from the Lumbee tribe in southeastern North Carolina explored factors affecting mother-child interactions, including Lumbee mothers' responses to having a premature infant in the Neonatal Intensive Care Unit (NICU) and their experiences in parenting their prematurely born children. Findings from this study provided nurses with much needed data regarding the quality of interactions between Lumbee mothers and their premature infants. This knowledge was useful in designing culturally appropriate nursing interventions for Lumbee mothers and their premature infants and reduced the future likelihood of these children experiencing developmental delays and long-term illnesses.

The **National Institute of Nursing Research (NINR)** supported the Center for 'Ohana Self-Management of Chronic Illness at the University of Hawaii at Manoa's School of Nursing and Dental Hygiene. This Center seeks to improve the prevention and treatment of chronic illness through enhanced scientific understanding of the role and impact of cultural and social factors on self-management practices in ethnically diverse individuals, with a focus on Pacific Islander, Native Hawaiian, and Asian populations. The Center tested family and community based self-management interventions in members of these populations with chronic illnesses. Self-management research projects conducted at the Center focused on chronic illnesses such as HIV, type 2 diabetes, and chronic obstructive pulmonary disease (COPD). The activities of the Center concentrated on developing the capacity to conduct interdisciplinary, biobehavioral research in self-management, as well as disseminating and translating the knowledge generated by such research. This Center has been supported by **NINR** since FY 2007 under the Institute's Centers for Self-Management or End-of-Life Research program."

Several research projects sponsored by the **National Institute on Alcohol Abuse and Alcoholism** (**NIAAA)** have increased American Indian participation in biomedical research. In collaboration with the **National Center on Minority Health and Health Disparities (NCMHD)**, **NIAAA** funded two developmental projects working among rural Alaskan Natives that have tested a theoretical model for prevention, validated outcome measures, and provided pilot data that demonstrates the feasibility of the intervention and assessment models with rural dwelling Alaskan Native youth. The **NIAAA** sponsored clinical and health services research among American Indians in the Pacific Northwest led to a better understanding of American Indian access to effective alcohol treatment. The first project, headed by a Cherokee psychiatrist and included members of several tribes, examined treatment outcomes among

American Indians enrolled in several urban alcohol treatment centers. The second project, also led by an American Indian investigator, developed and tested culturally congruent, community-based treatment services and developing resources to address the alcohol and other drug problems of three non-urban American Indian communities. In collaboration with NCMHD, **NIAAA** sponsored research investigating neurobehavioral and genetic risk factors for alcohol abuse and dependence in reservation-dwelling Mission Indians in southern California. This study collected both cross-sectional and longitudinal data among Mission Indian adults, adolescents, and children to explore genetic and environmental/behavioral risk factors that may have existed prior to the initiation of alcohol use and during the development and maintenance of abusive drinking patterns.

Through the **National Human Genome Research Institute (NHGRI)** *Minority Action Plan*, Native Americans and other populations underrepresented in the biomedical sciences participated in short- and long-term research and training activities in extramural NHGRI-funded laboratories. The career level fellowship opportunities ranged from undergraduates to postdoctoral. Informatics was a particularly attractive area of interest. The **NHGRI** *Summer Internship Program* provides training opportunities in its Intramural laboratories.

The Indian Health Service (IHS) and the **National Institute of General Medical Science (NIGMS)** re-announced a *Native American Research Centers for Health (NARCH)* initiative that provided opportunities for conducting research and research training to meet the needs of AI/AN communities. Through partnerships between AI/AN tribes or tribal-based organizations, and research-institutions that conduct biomedical, behavioral, and health services research, the NARCH initiative: (1) developed a cadre of AI/AN scientists and health professionals engaged in biomedical, clinical, behavioral, and health services research who may be competitive in securing **NIH** and the Agency for Healthcare Research and Quality (AHRQ) funding; (2) helped research-intensive institutions and AI/AN organizations work together to engage the AI/AN communities in clinical research; (3) encouraged competitive research linked to the health priorities of the AI/AN organizations; and (4) contributed to reducing health disparities. Several NIH Institutes and Centers support projects through NARCH. The **National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS)**, for example, funded research to improve the health status of Native Americans who suffer from rheumatic diseases.

NIAMS coordinated the Trans-NIH American Indian and Alaska Native Health Communications and Information Work Group, composed of representatives from 16 NIH components[3]. The Work Group developed and disseminated health information targeting American Indian and Alaska Native communities. In FY 2007, for example, it partnered with the Diabetes Mellitus Interagency Coordinating Committee on a meeting to discuss American

[3] National Cancer Institute (NCI), National Eye Institute (NEI), National Heart, Lung, and Blood Institute (NHLBI), National Human Genome Research Institute (NHGRI), National Institute on Aging (NIA), National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS), Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD), National Institute on Deafness and Other Communication Disorders (NIDCD), National Institute of Dental and Craniofacial Research (NIDCR), National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), National Institute on Drug Abuse (NIDA), National Institute of General Medical Sciences (NIGMS), National Institute of Neurological Disorders and Stroke (NINDS), National Library of Medicine (NLM), National Center for Research Resources (NCRR), Office of Research on Women's Health (ORWH), Office of the Director, Office of Communications and Public Liaison (OD/OCPL).

Indians, Alaska Natives, and Federal Programs. See http://www.niams.nih.gov/About_Us/Mission_and_Purpose/Community_Outreach/Multicultural_Outreach/AIAN_WG/default.asp, for more information about Work Group activities).

The **National Institute of Environmental Health Sciences (NIEHS**) recruited more Native Americans into environmental health sciences through the *Minority Supplement Program* that targeted minority high school, undergraduate, graduate, and postdoctoral students. The same mechanism was also used to enhance the research capabilities of the researchers at grantee institutions. By developing the research capacity of Native Americans and other minorities, the NIEHS addressed the health concerns of underrepresented populations.

NIH LOAN REPAYMENT PROGRAMS (LRP) attracted health professionals to careers in clinical, pediatric, health disparities, or contraception and infertility research. There are five LRP programs. **NCMHD** administered two of the five programs. The Loan Repayments for Health Disparities Research (HD-LRP) and Loan Repayments for Clinical Researchers from Disadvantaged Backgrounds (ECR-LRP) were the primary recruitment tools for AI/AN/NA/HN/PI students interested in pursuing careers in biomedical research or health professions. These programs promoted a diverse scientific workforce from health disparity, medically underserved and disadvantaged communities. The Loan Repayment Programs provided up to $35,000 per year to qualified doctoral degree professionals in exchange for two years of service in health disparities research or clinical research.

In FY 2007/2008, the **NIH** LRP programs supported a total of 24 AN/NA researchers and five HN/PI researchers.

NIH Loan Repayment Programs	FY 2007/2008 Alaska Native/ Native American	FY 2007/2008 Hawaiian/ Pacific Islander
Clinical Research Loan Repayment Program	2 (5)[4]	0 (2)
Pediatric Research Loan Repayment Program	0 (2)	0
Health Disparities Research Loan Repayment Program	4 (9)	0 (3)
Loan Repayment Program for Clinical Researchers from Disadvantaged Backgrounds	1 (1)	0

Technical Assistance Provided to Native American Communities Fiscal Year 2007-2008

The **National Institute of Dental and Craniofacial Research (NIDCR)** provided its first year of support to the *Center for Native Oral Health Research* (CNOHR), University of Colorado in

[4] Numbers in parentheses represent FY 2008 figures.

Denver in FY 2008. The Center focused on oral health concerns of American Indians and Alaska Natives (AI/ANs), with an initial focus on oral infections and key roles of behavioral factors and co-morbidities. The Center tested a service delivery intervention with pregnant women/mothers of newborns on a Northern Plains Reservation in which tribal/community members were trained to apply fluoride varnish and deliver personalized oral health education to 3-5 year old children and their parents enrolled in reservation-based *Indian Head Start programs*. These activities increased community awareness and informed health policy. Additional funding supported training and career development and mentoring for secondary, undergraduate, professional and graduate, and post-doctoral students.

The National Institute on Drug Abuse (NIDA) provided technical assistance and outreach to researchers in Native Communities via: (1) a Grant Development Workshop at the Indian Health Service Research Conference in 2007; (2) participation in the Northwest Portland Area Indian Health Board's 2007 and 2008 American Indian and Alaska Native Summer Research Training Institute course on Research Methods and Grant Development; and (3) interactions with emerging investigators attending the 37th Annual Association of American Indian Physicians Meeting and National Health Conference, which led to funding for the NIDA American Indian Research Scholars Mentorship Program.

The **National Library of Medicine's (NLM)** *Environmental Health Information Partnership (EnHIP)* strengthened the capacity of participating minority-serving educational institutions to use **NLM's** electronic resources in the classroom and in the community to eliminate health disparities and improve public health. The *EnHIP* began in 1991 as the *Toxicology Information Outreach Project*, with an initial collaboration of nine Historically Black Colleges and Universities (HBCUs) that have graduate programs in biomedicine. Three tribal Colleges participated in the program: Oglala Lakota College (South Dakota), Diné College (Arizona), and Haskell Indian Nations University (Kansas). Examples of projects funded in FY 2008 include the Diné College's *Navajo Ethno-Medical Encyclopedia Project (NEME*), and the Oglala Lakota College's *Taking Charge-Living Wisely Program*. In addition, **NLM** provided support for the *Sacred Root Information Fellowship*, a tribal fellowship program to improve information technology on the reservation and in native communities and strengthen capacity at Candeska Cikana Community College (Spirit Lake Nation) in Ft. Totten, North Dakota.

Through the **National Human Genome Research Institute (NHGRI)** *Minority Action Plan*, Native Americans along with other populations underrepresented in the biomedical sciences participated in short- and long-term research and training activities in extramural **NHGRI**-funded laboratories. The career levels ranged from undergraduates to postdoctoral fellowship opportunities. Informatics was a particularly attractive area of interest. The **NHGRI** Intramural Training Office (ITO), in conjunction with the Office of the Scientific Director, also provided training opportunities in its Intramural laboratories through its *Summer Internship Program*.

The National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS), through its *Summer Internship Program and Post-baccalaureate Fellows Program*, exposes talented students from underprivileged backgrounds to the basic elements of research in the **NIAMS** disease areas. In FY 2007 and 2008, **NIAMS** staff attended the following national meetings, which are venues for hiring potential trainees from diverse background: 1) Society for

the Advancement of Chicanos and Native Americans in Science (SACNAS) annual conference, 2) American Indian Science and Engineering Society (AISES) annual conference and 3) Annual Biomedical Research Conference for Minority Students (ABRCMS).

The **National Center on Minority Health and Health Disparities (NCMHD**) provided funds in FY 2008 to Little Big Horn College (LBHC), Crow Agency, Montana under the **NCMHD** Research Infrastructure in Minority-Serving Institutions (RIMI) program to assist in the building of health disparities research capacity at the college. The LBHC-RIMI project, entitled *"Building Research Infrastructure in the Crow Community,"* focused on integrating teaching, research, and outreach in environmental health and nutrition/diabetes, two health-related areas of critical importance to both the Crow Nation and other reservation communities. Specific aims included: 1) renovating and providing equipment to build a strong technology base that allows researchers and students access to relevant cutting-edge technologies, 2) providing opportunities for faculty to strengthen their science content and knowledge and skills, and 3) providing academic and career development activities in research to LBHC students. One-on-one biomedical research mentoring by Montana State University faculty enabled students to continue in a science education program at four-year academic institutions. Efforts continued to enhance the research activities and training of LBHC faculty and students in order to meet the specific aims of the project.

Several research projects sponsored by the **National Institute on Neurological Disorders and Stroke (NINDS)** supported the development of research capacity and expertise at universities that serve American Indian and Native Hawaiian communities. For example, **NINDS** funded *Specialized Neuroscience Research Programs (SNRPs*) aimed at increasing the basic research capacity and infrastructure at minority-serving institutions. As evidenced above, the SNRP programs at the University of Alaska, Fairbanks and at the University of Hawaii, Manoa helped increase research training opportunities in these institutions and increased the number of NIH-funded neuroscience investigators. **NINDS** also funded infrastructure development programs for specific health disparities topics. The SNRP at the University of Hawaii, Honolulu focused on drug addiction and neurological complications of HIV/AIDS, which are conditions that affect the Hawaiian community and place a major burden on its people and health care. The *Alaska Native Stroke Registry* project similarly supported the development of a stroke surveillance system that helps inform about the burden of stroke among Alaska Natives and provide targets for stroke prevention or intervention. **NINDS** staff provided significant oversight and guidance for each of these projects through the cooperative agreement mechanism, which sets clear milestones and deliverables.

The National Cancer Institute (NCI) supported the Network for Cancer Control Research among American Indian and Alaska Native Communities and other native-organized groups that mentor Native cancer researchers. The network was designed to build capacity of AI/AN cancer researchers who work with native populations. This program trained young investigators to carry out well-designed cancer prevention and control studies and established a network of mentors.

The **NCI** supported Community-Based Participatory Research Projects (CBPR**).** In FY 2008, CBPR developed opportunities by addressing culturally relevant education, training, and

research. This initiative provided opportunities at the *Mayo American Indian/Alaska Native Initiative on Cancer - Spirit of EAGLES. The Spirit of EAGLES (SoE) Community Networks Program (CNP).* Specifically the projects: (1) maintained established community-based networks in the southeast, northeast, Northern Plains and multi-tribal urban populations; (2) provided the infrastructure to support, expand and evaluate tribal community-based participatory research on cancer prevention, control, treatment and quality of life interventions; (3) improved access to and utilization of culturally competent cancer interventions (from prevention to palliative care) using community-based participatory research methods; (4) expanded training opportunities to increase the number of *NCI Cancer Information Service*, researchers and communities that are competent at implementing CBPR studies; and (5) developed, implemented and evaluated a strategic plan for long-term maintenance and expansion of SoE-CNP CBPR studies and projects. Since 2005, more than 30 intervention studies are ongoing or completed. Two ongoing community-driven studies, *ANTHC Tobacco Control Program* and *Nicotine Exposure among Alaska Natives* and a clinical study examined nicotine measures.

The **NCI's** *Native People for Cancer Control (NPCC)* program enhanced existing relationships and programs and fostered partnerships to improve education, training, and research. The **NCI** continued the development of interventions for Native Americans in the Northwest to increase awareness of cancer risks and importance of early detection. This program, housed at the University of Washington, used community-based participatory (CBPR) methods in an integrated, stepwise strategy to: (1) increase cancer education activities among American Indians and Alaska Natives; (2) build the capacity of tribal colleges and universities to become partners and leaders in cancer-related investigation and dissemination efforts; (3) enhance training opportunities for Native researchers; (4) conduct community-based research on access to care, health promotion, and disease prevention activities targeting key cancer disparity issues; and (5) reduce cancer-related health disparities by increasing access to and use of feasible interventions. Projects included: 1) *Tobacco Reduction among Indian Youth;* 2) *HPV in Lakota and Caucasian Women: Epidemiology and Risk Factors;* 3) *Barriers to Cancer Clinical Trial Participation Among Native Elders;* 4) *Numeracy and Participation in Cancer Clinical Trials Among Native Elders;* and 5) *Influence of Cultural Factors on Mammography Use Among American Indian Women.*

The **National Institute of Environmental Health Sciences (NIEHS)** supported research conducted in partnership with Native American tribes. In response to a trans-NIH Program Announcement on Community Participation in Research, **NIEHS** funded two grants to support research with Native American tribes with the University of New Mexico for the *Navajo Uranium Assessment and Kidney Health Project* and the *DINÉ Network for Environmental Health Project*. These projects addressed the health impact of past uranium mining at more than 1,000 mining and milling sites, with special focus on chronic kidney disease and contamination of drinking water. The project sought to reduce uranium exposure due to drinking water from unregulated sources and develop acceptable safe alternate sources, as well as to calculate relative risks for chronic kidney disease from contaminated water, to develop a local kidney health surveillance system, and to establish norms for kidney disease biomarkers in the Navajo population. The program also assessed the contribution of kidney toxicants to progression of kidney disease in the population. The *DINÉ Network for Environmental Health Project*

endeavored to leave in place policies and plans for alternative water supplies to replace those found to be unsafe.

As a part of the *Children's Environmental and Disease Prevention Centers Program*, *the Superfund Research Program*, and support through a five-year unsolicited grant, **NIEHS** continued to support research on a birth cohort of Native Americans living in the Tar Creek Oklahoma Superfund Mega-site. **NIEHS** funded a grant to Children's Hospital of Boston for research and one to Harvard University School of Public Health for training on metal exposure and children's preschool neurodevelopment; and interdisciplinary training in neurodevelopment toxicology. Both research and training focused on the ongoing birth cohort study of 750 mothers and their children at a former hard rock mining community at the Tar Creek, OK, superfund mega-site. The developing nervous system is vulnerable to heavy metals such as lead, arsenic, manganese, and selenium. To date, children have been followed to age 2 years, involving collection of extensive lead, manganese, and arsenic biomarker data (blood, hair, nails) providing a record of lifetime (including parental) exposures to these metals. Assessments were conducted at age 5.5. The neurodevelopment assessment included tests of intelligence, memory, visual-motor/spatial abilities, executive functions, and behavior. Data analysis looked at the association between neurodevelopment and individual metals and joint exposure to metals, as well as genetic susceptibility factors. The project sought to better define risks of heavy metal exposures to childhood development and generate information that will enable this community and others like it with similar exposures to better reduce and eliminate risks.

NIEHS also funded several five-year, unsolicited, investigator-initiated projects among various Native American populations. **NIEHS** supported a study for over 10 years to follow two unique cohorts of children, the Inuit in Canada and Greenland, who were exposed to high concentrations of organoclorine compounds and high concentrations of methyl mercury. Investigators explored effects of exposure on neurodevelopment through alterations in thyroid hormone availability, as well as the beneficial effects of a diet enriched with the beneficial omega-3-fatty acids, DHA and selenium. Another study supported by **NIEHS** at the University of Maryland Baltimore looked at Domoic Acid Neurotoxicity in Native Americans. The purpose of this study, looked at a cohort of 635 Native Americans, was to determine the incidence and prevalence of domoic acid related illness in this at-risk group and to identify both exposure and host factors. Participants were randomly selected from four U.S. and one Canadian tribe and represent five at-risk groups: infants, young children, older children, adults and geriatric. They all have varying levels of exposures and will be studied annually with standard age-appropriate measures of memory and cognition. The study examined threshold levels of different age groups, re-examined current safety levels, and studied the impact of early exposure on child development. The ultimate goal was to provide a rational basis for shellfish regulation and preventative education to disproportionately exposed and medically underserved Native American communities.

As part of the **NIEHS** *Environmental Justice Program,* NIEHS funded Alaska Community Action on Toxins, a project being done by Environmental Health and Justice in Norton Sound, Alaska, working in partnership with 15 communities, the majority of which are Inupiat and Yupik indigenous people, in the Norton Sound region of Alaska. The aim was to limit release

and mitigate human health effects of contaminants in the natural environment. Investigators analyzed historical data from the *Alaska Birth Defects Registry* and worked with health care providers to collect data on the frequency of birth defects among children in the region and collected breast milk from new mothers in the region to analyze them for the presence of contaminants. This pilot study helped residents design a methodology for conducting research on contaminants that may impact human health. Collaborators were the Alaska Community Action on Toxics; the State University of New York School of Public Health; and the Norton Sound Health Corporation.

The **NIEHS** funded the *Center for Environmental Health Sciences* (CEHS) at the University of Montana in its active high school and undergraduate training program to prepare students for graduate training and research careers. Through a Science Education Partnership Award (SEPA) funded through the National Center for Research Resources (NCRR), CEHS established a strong partnership with local high schools in environmental science education. The *Short-Term Educational Experiences for Research (STEER)* program served as a bridge increasing the numbers of motivated students wanting to pursue careers in environmental health sciences research. The program was designed to train a significant number of Native American students during its five-year duration.

In FY 2008, the **National Institute on Aging (NIA)** funded the Native Elder Research Center at the University of Colorado through the Resource Centers on Minority Aging Research (RCMAR). This effort supported increased access to HHS Programs and grants; improved technical assistance for All AI/An/ NAs; and increased awareness and effectiveness of human services with Native populations. NIA-supports tribal investigators studying topics relevant to the broad priority of eliminating health disparities, including *Disability and American Indian Elderly, Health Communications with American Indian Elders, and Exploring the Mistreatment of Native Elders*. Grant mechanisms included a center grant to the *Native Elder Research Center*, career development awards and a developmental research award.

In FY 2008, the **National Institute on Aging (NIA)** in collaboration with the American Indian Choctaw Nation, Texas continued to support activities on outreach, education and recruitment of AI/AN/NA. The *NIA's Alzheimer's Disease (AD) Center Program* conducted an array of activities across the country. This project promoted and increased heterogeneity of data resources. Primary among these efforts was the *Satellite Diagnostic and Treatments Clinic Program* linking satellite clinics within local communities to existing AD centers. The goal of this initiative was to use the satellite clinics to target minority, rural or other underserved populations in order to increase the heterogeneity of the research patient pool. It also encouraged special population groups to participate in research protocols and clinical drug trials associated with the parent Center. The inclusion of AI/NA patients from a variety of populations allowed investigators to answer questions related to clinical problems in Alzheimer's disease that were applicable to a diverse general population. Among the strong successes in the satellite program was a satellite clinic within the American Indian Choctaw Nation reservation that utilized telemedicine and a traveling nurse to maintain links with the University of Texas Southwestern Alzheimer's center. The *Education Cores of the Alzheimer's Disease Centers* were responsible for organizing and carrying out various innovative activities and approaches. A critical part of

diversity-related activities, and particularly recruitment to research, was for Centers to establish a reputable presence in the community in which they are located.

In FY 2008**,** to foster relationships with the AI/AN/NA communities and provide reliable, up to date information, the **National Library of Medicine (NLM)** collaborated with the Oglala Lakota College, Diné College, and Haskell Indian Nations University. The *Environmental Health Information Outreach Program (EnHIOP)*, supported the capacity of minority-serving academic institutions to reduce health disparities through the access, use and delivery of environmental health information on their campuses and in their communities. The project was an outgrowth of the *Toxicology Information Outreach Project (TIOP),* which began in 1991. The program included representation from three tribal Colleges, 14 Historically Black Colleges and Universities, and three Hispanic-Serving Institutions. The tribal Colleges who participated in this program were Oglala Lakota College (South Dakota), Diné College (Arizona), and Haskell Indian Nations University (Kansas). Faculty, staff, and students at the participating institutions received training in using **NLM'**s toxicology, environmental health, and other electronic resources, but the benefits and the collaboration extended beyond the training. In addition to incorporating the use of **NLM** databases into instructional programs, university administrators used the opportunities presented by the NLM to create and expand programs at their institutions. The **NLM** promoted outreach projects on the campuses of Oglala Lakota College and Diné College. The computers previously supplied by the NLM to the OGALA Lakota College for nursing community-outreach training were used to encourage high school students to pursue careers in health care. Diné College continues to work on transcription and preservation of information about traditional use of plants.

Several programs sponsored by the **National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK),** in collaboration with the **National Center on Minority Health and Health Disparities (NCMHD), Centers for Disease Control and Prevention (CDC), Indian Health Service (IHS), Tribal Colleges and Universities (TCUs),** have increased our understanding of diabetes. In FY 2008**,** the **NIDDK, the NCMHD, the CDC, the IHS**, and TCUs joined together to develop an educational program to foster understanding and appreciation of diabetes and related science in tribal elementary, middle and high schools. Diabetes is increasingly a devastating disease in the American Indian communities. The *Diabetes Education in Tribal Schools Program* provided a diabetes-based science curriculum that explained the problems associated with diabetes to American Indian communities, and stimulated general student interest in diabetes-based science in the early years (pre-college) of education.

In FY 2008, the **National Institute on Alcohol Abuse and Alcoholism's (NIAAA)** *Community Shadow Project* supported interventions that study the benefits of engaging American Indian families and their adolescent youth in a family-based intervention (EcoFIT). This study was based on a pilot project (*Shadow Project)* funded by **NIAAA**, during which 60 American Indian (AI) adolescents involved in residential treatment for alcohol and drug problems were provided with additional family-centered support. The project adapted, developed, and tested community-based intervention services that are appropriate for the culture, resources, and needs of three AI communities in the Pacific Northwest. The research team has continued the work of the previous *Shadow Project*, which focused on the adaptation

of the *Adolescent Transitions Program (ATP)* to the AI community, and has worked with a treatment facility to develop clinical experience, a database of the needs of AI adolescents and families with a history of alcohol and other drug (AOD) use, and culturally sensitive measurement and research protocols to examine the effectiveness of the ATP adaptation.

The **National Institute of Dental and Craniofacial Research (NIDCR)** provided its first year of support to the *Center for Native Oral Health Research* (CNOHR), University of Colorado in Denver in FY 2008. The Center focused on the oral health concerns of American Indians and Alaska Natives (AI/ANs), with an initial focus on oral infections and key roles of behavioral factors and co-morbidities. The Center tested a service delivery intervention among Southwestern American Indians, training tribal/community members to apply fluoride varnish and deliver personalized oral health education to 3-5 year old children and their parents enrolled in reservation-based *Indian Head Start* programs. These activities increased community awareness and inform health policy. Additional funding could support training and career development and mentoring for secondary, undergraduate, professional and graduate, and post-doctoral students.

The **National Center for Research Resources' (NCRR**) Institutional Development Award (IDeA) Program provided support to institutions located in states with historically low aggregate success rates for receipt of NIH funding. As part of the IDeA program, the *IDeA Networks of Biomedical Research Excellence (INBRE) Program* provided training and technical assistance to the biomedical faculty of participating institutions; and provided access to biomedical resources for promising undergraduate students throughout the eligible states. The INBRE supported a statewide system of institutions with a multidisciplinary thematic scientific focus. Several TCUs served as partners to the lead institutions receiving the INBRE award. Many of these TCUs participated in activities that included Native Americans in biomedical research. In Montana, seven tribal colleges, including Little Big Horn, Chief Dull Knife, Blackfeet, Fort Belknap, Fort Peck, Salish Kootenai, and Stone Child were brought together under the IDeA Program to collaborate on biomedical research projects with undergraduate and research universities across the state.

The IDeA program also supported the *Center of Biomedical Research Excellence (COBRE) Initiative.* COBREs are thematic multidisciplinary centers that augment and strengthen institutional biomedical research capacity. The COBRE supported research program at the Pacific Center for Emerging Infectious Diseases Research at the University of Hawaii Manoa targeted Asian American and Pacific Islander populations. Another COBRE program, the Center for Alaska Native Health Research (CANHR) at the University of Alaska-Fairbanks employed a collaborative research model working with Yupik Eskimo and other Alaska Native communities, tribal health care organizations and individuals to frame research questions, develop methodologies and procedures, and interpret and apply data to prevention and treatment of diabetes, cardiovascular diseases, mood disorders and substance abuse.

National Center for Complementary and Alternative Medicine (NCCAM) provided funding to support American Indian/Alaskan Native research though the Native American Research Centers for Health (NARCH). One such project, *Acupuncture and Diabetic Neuropathy among*

Native Americans explored whether acupuncture could reduce diabetic neuropathy among Southern California Native Americans.

National Institute on Drug Abuse (NIDA) provided funding for American Indian/Alaskan Native research, including studies conducted through the *Native American Research Centers for Health (NARCH)* organized by the Indian Health Service. Among the 22 NIDA-supported American Indian/Alaskan Native studies was a NARCH study being conducted at Northwest Indian College, a tribal College/University. NIDA provided support to the *One Sky Center for the American Indian Mentoring Program*. *The NIDA American Indian/Alaska Native Coordinating Committee* was formed to bring the power of science to bear in drug abuse in AI/AN communities by increasing available data, research infrastructure, research opportunities, and technical assistance for research; feeding the pipeline of investigators; and promoting trust between the community and academic partners. NIDA provided funding for the *American Indian Research Scholars Mentorship Program:* this group developed a mentoring program. To date: (a) one trainee completed a research grant application; (b) additional member successfully recruited into program; and (c) technical assistance to trainees/mentees on research development skills provided.

The **Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD)** conducted a technical assistance workshop that explored American Indian health concerns and research priorities, and offered an opportunity for sharing information about the programs at **NICHD** that facilitate capacity development in research administration and in academic/community partnerships. The Director of American Indian Research and Education School of Public Health, University of Nevada - Las Vegas presented information on the construct of research knowledge and application within tribal colleges. Other speakers at the event described their experiences in strengthening capacity in research administration at two- and four-year undergraduate institutions - institutions which shared some of the challenges as Tribally Controlled Colleges and Universities (TCUs) in building research capacity. Information was also shared regarding NICHD and NIH-sponsored programs designed to assist in building research capacity at TCUs and other institutions of higher learning with demonstrated special commitment to the encouragement of and assistance to faculty, students, and investigators at TCUs.

National Institute on Alcohol Abuse and Alcoholism (NIAAA) ***"****Preventing Underage Drinking by Southwest California Indians" and "Trial of FAS Prevention and Diagnosis among American Indians."*

National Institute on Drug Abuse (NIDA) Meeting: *"Historical Trauma"* and *"Conducting Research with American Indian/Alaska Native Communities in the CTN: Challenges, Opportunities and Collaborations"*. **NIDA** supported a meeting "Methamphetamine Use in American Indian and Alaska Native Populations" in 2007. NIDA also supported the "Blending Addiction Science and Treatment: *The Impact of Evidence-Based Practices on Individuals, Families and Communities"* conference in which advances in treatment and prevention strategies were shared among researchers and clinicians. NIDA supported two additional meetings in FY 2007-2008 *"Historical Trauma"* and *"Conducting Research with American Indian/Alaska Native Communities in the CTN: Challenges, Opportunities and Collaborations*

National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS) *"Trans-NIH American Indian and Alaska Native Health Communications and Information Work Group"*

Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD) sponsored the following events: *"Sudden Infant Death Syndrome (SIDS) Training and Outreach in Northern Tier American Indian and Alaska Native (AI/AN) Communities"* - outreach for the Healthy Native Babies Project, which provided nine training sessions in 2007 for the five Indian Health Service Areas: Aberdeen, SD; Anchorage, AK; Billings, MT; Bemidji, MN; and Portland, OR. A workshop at the 2008 Society for the Advancement of Chicanos and Native Americans in Science (SACNAS) conference entitled, *"Building Research Capacity at Tribal Colleges and Universities: Priorities and Opportunities."*

National Institute of Mental Health (NIMH) *) "Stimulating Mental Health Research in Frontier Populations;" "Frontier Mental Health Research: the NIH Grant Application Process;" "Site Visit to the University of North Dakota and Cankdeska Cikana Community College;" and "Society for the Advancement of Chicanos and Native Americans in Science (SACNAS) National Conference."*

Funding Provided to Native American Communities (Grants)

National Institutes Of Health		
Tribal Colleges And Universities	**FY 2007**	**FY 2008**
Arizona		
Dine College	$508,550	$521,057
Kansas		
Haskell Indian Nations University	$162,000	$160,120
Michigan		
Keweenaw Bay Ojibwa Community College	$162,000	$129,931
Minnesota		
Leech Lake Tribal College	$231,578	$0
Montana		
Fort Peck Community College	$97,020	$129,218
Little Big Horn College	$505,814	$584,186
Salish Kootenai College	$258,445	$263,650
Stone Child College	$660,990	$357,030
North Dakota		
Cankdeska Cikana Community College	$707,200	$119,789
New Mexico		
Southwestern Indian Polytechnic Institute	$159,813	$225,297
Washington		
Northwest Indian College	$308,260	$302,911

Total	**$3,761,670**	**$2,793,189**

Other Funding Provided to Native American Communities (Contracts)

National Institutes Of Health		
Tribal Colleges And Universities	**FY 2007**	**FY 2008**
Arizona		
Dine College	0	5,000
South Dakota		
Oglala Lakota College	0	5,000
Total	**$0**	**$10,000**

OFFICE FOR CIVIL RIGHTS

The Office for Civil Rights (OCR), HHS, promotes and ensures that people have equal access to and the opportunity to participate in and receive services from all HHS-funded programs without facing unlawful discrimination, and that the privacy of their health information is protected. Through prevention and elimination of unlawful discrimination and by protecting the privacy of individually identifiable health information, OCR helps HHS carry out its overall mission of improving the health and well-being of all people by its many programs.

Office for Civil Rights
Staff Division of the
Department of Health and Human Services
http://www.hhs.gov/ocr

Technical Assistance Provided to Native American Communities (Narrative) FY 2007 and 2008

In FYs 2007 and 2008, OCR conducted several technical assistance and outreach activities to Native Americans on major civil rights laws such as Title VI of the Civil Rights Act of 1964 and the Americans with Disabilities Act of 1990, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Through OCR's technical assistance and outreach activities, Native American populations become aware of their rights to nondiscrimination under the Federal civil rights laws, as well as their rights under the HIPAA Privacy Rule. The following are examples of OCR's technical assistance and outreach work activities.

OCR Technical Assistance and Outreach Activities

- In January 2007, OCR Region VIII staff gave presentations on Federal civil rights laws, complaint and compliance programs, and outreach, education and technical assistance processes at the United Tribes Technical College (UTTC) in Bismarck, North Dakota. OCR staff also discussed civil rights issues relating to diabetes education and injury and suicide prevention programs with UTTC Wellness Center staff.

- In January 2007, OCR Region VIII staff gave two presentations on Federal civil rights laws and the HIPAA Privacy Rule, and staffed an exhibit booth at the Sixth Annual North Dakota Indian Child Welfare Act Conference in Mandan, North Dakota.

- In April 2007, OCR participated in several capacities at the Fifth New England Regional Minority Health Conference, which was hosted by the Connecticut Department of Public Health and the Mashantucket Pequot Tribal Nation. The OCR Director gave a keynote speech on the topic "Civil Rights and Health Care Disparities: Impacting Access and Quality of Care;" OCR Region I and Headquarters staff presented a workshop on OCR programs and initiatives, including health disparities and limited English proficiency; and OCR staffed an exhibit booth.

- On April 23-24, 2007, at the Native Hawaiian/Pacific Islander Town Hall Meeting in Carson, California, OCR Region IX staff gave an overview of OCR's structure and

current initiatives, and led a discussion of Title VI of the Civil Rights Act of 1964 and the "Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibitions Against National Origin Discrimination Affecting Limited English Proficient Persons." The meeting was convened by the HHS Office of Minority Health. Approximately 200 community representatives of six distinct ethnic groups attended: Native Hawaiians, Samoans, Tongans, Chamorros, Fijians and Marshallese.

- In June 2007, the OCR Region VIII Manager gave a keynote speech entitled "Out of One, Many" at the Direct Services Tribes Annual Meeting in Denver, Colorado. The speech addressed Native American health disparities in the context of laws created to preserve the civil rights of all Americans. OCR staff also sponsored a workshop session on OCR's mission and its work in enforcing several civil rights laws prohibiting discrimination by recipients of HHS Federal financial assistance on the basis of race, color, national origin, disability, age and sex.

- In October 2007, OCR Region II staff presented an overview of the HIPAA Privacy Rule at the American Indian Community House in New York City. During the question and answer session that followed OCR's presentation, OCR staff clarified many myths and incorrect interpretations regarding the Privacy Rule to attendees.

- On April 11, 2008, at the HHS Region VI 2008 Tribal Consultation Session and Tribal Resource Session in Dallas, Texas, OCR Region VI staff gave power point presentations on Federal civil rights statutes enforced by OCR and the HIPAA Privacy Rule, and maintained an exhibit booth where staff distributed fact sheets on OCR's mission and authorities and answered questions.

- On May 6 and 7, 2008, OCR Region V staff participated in the 2008 Midwest Alliance of Sovereign tribes/HHS Tribal Consultation Session located at the Soaring Eagle Resort in Mount Pleasant, Michigan. OCR staff gave an overview of OCR's programs and answered questions regarding civil rights and the HIPAA Privacy Rule.

Funding Provided to Native American Communities (Grants) FY 2007 and 2008

OCR does not have legislative authority to make grants.

OFFICE OF PUBLIC HEALTH AND SCIENCE (OPHS)[5]

The Office of Public Health and Science (OPHS) is under the direction of the Assistant Secretary for Health (ASH), who serves as the Secretary's primary advisor on matters involving the nation's public health and oversees HHS' U.S. Public Health Service (PHS) for the Secretary.

Office of Public Health and Science
a Staff Division of the
Department of Health and Human Services
http://hhs.gov/ash/

The Office of Public Health and Science (OPHS) is comprised of 14 core public health offices and the Commissioned Corps, a uniformed service of more than 6,000 health professionals who serve at HHS and other federal agencies. The activities of two of these 14 public health offices are described in detail below. OPHS demonstrates its leadership with respect to the nation's public health through the Assistant Secretary for Health's role as chairman of the HHS Health Disparities Council comprised of senior managers and program officials from the HHS agencies and staff divisions who work on disparity issues affecting racial and ethnic minorities. OPHS also provides overall direction to its component entities in their efforts to improve the health status and eliminate health disparities for minority populations, inclusive of the first Americans. HHS continues to be guided by a comprehensive national effort to overcome disparities in health status for achieving health promotion and disease prevention objectives for the U.S. population, by establishing overarching goals of eliminating disparities in health status that affect racial and ethnic minority groups to increase years of quality life.

Support Provided to Native American Communities in FY 2007 and 2008

Office of Disease Prevention and Health Promotion

The Office of Disease Prevention and Health Promotion (ODPHP) is committed to initiating, coordinating, and supporting disease prevention to build a healthier America. In addition, ODPHP provides leadership and coordination in health promotion activities, programs, and policies. ODPHP collaborates with other HHS agencies in achieving health promotion and disease prevention objectives for the U.S. population. ODPHP also is committed to eliminating health disparities among American Indians and Alaskan Natives.

Website

- In FY 2008, Healthfinder® a user-friendly website's primary purpose was to ensure access to AI/ANs by assembling resources that targets AI/AN communities available in healthfinder®. Through its collaboration with the Office of the Assistant Secretary for Health (formerly the Office of Public Health and Science's Office of Disease Prevention and Health Promotion) the Healthfinder® website http://odphp.osophs.dhhs.gov/projects has a section dedicated to AI/AN with over 475 resources available.

websitewebsite

[5] The Office of Public Health and Sciences (OPHS) has been renamed to the Office of the Assistant Secretary for Health (OASH).

In FY 2007 and 2008, ODPHP participated in another project called Addressing the Health Disparities Existing within the Native American Population Project. The primary purpose of this project was to address the health disparities that existed within the AI/AN populations by conducting health research, health education, and health related services to AI/ANs on the local, state, and national levels through the Indian Health Network. In FY 2008 ODPHP participated in a network venture (the Indian Health Network Website) under the Addressing the Health Disparities Existing within the Native American Population Project. The Indian Health Network Website is a national clearinghouse of information regarding Indian health resources and services, legislative policy, and research data that support AI/AN tribes and communities as well as health care professionals and academic institutions.

In FY 2007, ODPHP also took part in the Office of Population Affairs (OPA) Clearinghouse. The primary focus of the OPA Clearinghouse was to develop and distribute age-appropriate, culturally diverse education materials concerning family planning and protective health services for grantees and the public. The OPA Clearinghouse entered into partnership with The Office of Family Planning to direct mail information of available publications to all Tribal Colleges and Universities (TCU) on an on-going basis. The outcome of this particular activity was a 10% increase in the number of publications ordered by TCUs through the OPA Clearinghouse.

Office of Population Affairs

The Office of Population Affairs (OPA) serves as the focal point to advise the Secretary and the Assistant Secretary for Health on a wide range of reproductive health topics, including adolescent pregnancy, family planning, and sterilization as well as other population issues. The OPA also provides policy and administrative direction for Title X Family Planning Program and the Title XX Adolescent Family Life Program.

In FY 2008, Region VII OPA staff attended the tribal consultation meeting in Marietta, KS. The purpose of the meeting was to inform tribal leaders of available program resources as well as address health concerns for tribal members in Region VII and the surrounding states.

The Choctaw Nation of Oklahoma is a federally recognized American Indian tribe with over 70 programs providing services to American Indian population in economically deprived areas. In FY 2008, the Choctaw Nation of Oklahoma, in collaboration with the Choctaw nation Community-Based Social Work Program, Choctaw Nation Health Services Authority, and partnering agencies, provided and evaluated a comprehensive and integrated program to reduce repeat pregnancies; improve health outcomes for mother and infant; increase healthy parenting skills; provide opportunities for education and job training; and increase healthy relationship skills. Intensive case management by a nurse and a home visitation program by social workers are key components of this project. This project is in the 4th year of the five-year program and, this year, the program planned to continue working with the community to provide culturally specific care services and a comprehensive and integrated program to reduce repeat pregnancies and improve health outcomes for mothers and their infants.

The Red Cliff Band of Lake Superior Chippewa Indians Anishinabeg Family Values Project serves a rural American Indian Reservation community. This project targeted approximately 30-50 high risk youth ages 12-17 using a culturally-based pregnancy prevention curriculum. The curriculum was designed by the Red Cliff Band's First American Prevention Center to promote strong identification with tribal values, reinforcement of sexual abstinence, and family responsibility. This project utilized community involvement and support to reach adolescents and parents. Youth met after school in their age appropriate groups and one evening per month with their families. The project used a mix of quantitative and qualitative evaluation methods. Those youth who received the intervention completed a pre-, post-, and follow-up test. The local school served as the comparison group for the quantitative evaluation. The project also conducted focus groups, in-depth interviews and case studies to gain a better understanding about specific program characteristics that were effective and those youth and families that experienced some sort of change. This project was in its 5th year. This project filled a need in the community with respect to positive activities, tribal teachings, and speakers, and the Junior Tribal Council all demonstrated the innovative characteristics of this project. This project planned to continue working with the community to provide culturally specific abstinence based pregnancy prevention programs with actual hands on cultural experience, as well as other life skill type activities to promote abstinence as the only sure way to prevent unwanted pregnancies and STDs.

All Adolescent Family Life (AFL) Demonstration projects are required to have a youth development approach when providing and evaluating services. In FY 2007 and 2008, two tribal grantees (Salish Kootenai College and College of Menominee Nation) participated in intensive and interactive workshop training on how to better use positive youth development concepts in their programs. Because this approach is all encompassing and deals with the emotional, spiritual, physical, and support components of young people's life, prevention of suicide is a benefit of these programs. Both tribal grantees increased their skills in providing programs that implement positive youth development.

Individual technical assistance and improved training were increased during FY 2007 and 2008. Both tribes who received AFL funding were assigned to one project officer who helped one program change their scope when not enough clients were being recruited. The tribal grantees improved both program and evaluation activities by working with a flexible project officer.

Although not targeted toward AI/ANs, the Office of Family Planning competitively awarded Title X Service grants to two AI/AN organizations, Gila River Indian Community and Navajo Family Health Resource Network, to provide family planning and related preventive health services. The Title X Service grants to AI/AN grantees provide access to a broad range of effective and acceptable family planning methods and related preventive health services for AI/AN individuals and all other populations in need.

Office of Minority Health

The Office of Minority Health (OMH) is dedicated to improving the health and healthcare outcomes of racial and ethnic minority populations through the development of health policies and programs that will eliminate health disparities affecting American Indians and Alaska

Natives, Asian Americans, Blacks/African Americans, Hispanics/Latinos, Native Hawaiians, and other Pacific Islanders.

During FY 2007 and 2008, OMH awarded funds to support the Association of American Indian Physicians (AAIP)/National Native American Youth Initiative (NNAYI). The purposes of the NNAYI program are: to increase the number of American Indian Alaska Native (AI/AN) students entering the health professions and biomedical research in an effort to eliminate health disparities with AI/AN communities; to improve coordination with organizations, including colleges and universities, Indian Health Service, and other Federal agencies to increase recruitment efforts among AI/AN students into the health professions; to utilize the NNAYI program to increase awareness of Indian health issues among AI/AN students; to use NNAYI to enhance and strengthen the personal and academic skills of participants required to admission to colleges and universities; and to increase student access to AI/AN role models in health careers through mentoring activities during NNAYI.

Association of American Indian Physicians/National Native American Youth Initiative: In FY 2007 NNAYI Summer Native American Youth Program had 60 student participants during the nine-day program which focuses on academic enrichment for high school students interested in health careers. During the nine-day program participants were involved in the following activities: pre-college preparation with the Association of American Medical Colleges (AAMC), mentoring activities with AI/AN health professionals and AAIP physicians, and visits to government, academic and private organizations that provide resources for the pursuit of careers in health professions.

In FY 2007, OMH funded the American Indian/Alaska Native Health Disparities Program and supported six tribal Epidemiology Centers (TECs); Inter Tribal Council of Arizona, Inc., Albuquerque Area Indian Health Board, Alaska Native Tribal Health Consortium, Aberdeen Area Tribal Chairman's Health Board, Seattle Indian Health Board, and Oklahoma City Inter-Tribal Health Board. Each grantee was awarded $200,000 per year for a five year project period. The purpose of the American Indian/Alaska Native Health Disparities Program is to reduce health-related disparities through a systematic cross-tribal investigation to assess the mediators and barriers that affect translation of quality health data into health service programs and policy. Grants were awarded to six Tribal Epidemiological Centers to improve the effectiveness of efforts in American Indian and Alaska Native communities through: (1) increased access and utilization of data and data-related activities that included special studies for evidence-based decision-making; (2) develop alliances and partnerships to improve coordination/alignments of health and human service access and quality; and/or (3) develop programs to increase the representation of American Indians/Alaska Natives in the health care workforce including research positions. Outcomes of the projects are expected to result in coordinated policies, programs and strategies that support sustainable, quality health care systems.

OMH funded several demonstration programs for FY 2007 that included the following: Minority Community Health Partnership HIV/AIDS Program, Community Partnerships to Eliminate Health Disparities Demonstration Grant Program, Youth Empowerment Program, HIV/AIDS Health Promotion and Education Program, and Indian Country Methamphetamine

Initiative. For FY 2008, OMH supported the following programs: Minority Community Health Partnership HIV/AIDS Program, Community Partnerships to Eliminate Health Disparities Demonstration Grant Program, HIV/AIDS Health Promotion and Education Program, and Indian Health Network.

In FY 2007, in partnership with the Minority Community Health Partnership HIV/AIDS Program, the program conducted its first annual Native American AIDS Awareness Day, which included 175 participants. The program referred more than 50 percent of its participants to HIV testing and following testing appointments the results of all participants were negative.

In FY 2008, the Minority Community Health Partnership HIV/AIDS Program focused on taking a community-based multi-partner approach to address this epidemic. OMH expanded the involvement of minority organizations and communities in well coordinated HIV/AIDS outreach, screening and education efforts and provided referrals and follow-up for HIV/AIDS treatment.

In FY 2007, the Community Partnerships to Eliminate Health Disparities Demonstration Grant Program funded through OMH was a community-based approach to improve the health status of both racial and ethnic minority populations. This approach involved community health promotion and disease risk reduction activities. In FY 2008, under this grant program two organizations were awarded grants. The first grantee awarded was the Huron Potawatomi, Inc., and the second grantee awarded was the Gila River Health Care Corporation. Both grantees integrated community-based education, screenings and outreach services. In addition, the grantees developed links and referrals for access and treatment to racial and ethnic minorities in high-risk, low income communities; and addresses sociocultural, linguistic and other barriers to health care.

OMH administered the Youth Empowerment Program that involves institutions of higher education, primary and secondary schools, community organizations and institutions, and the community-at-large in a concerted effort to address violent, abusive and other unhealthy behaviors in targeted minority youth. Under this specific program two tribal colleges and universities were funded for FY 2007. The Salish Kootenai College selected 30 Native American youth from the Flathead Reservation for its Choice and Option program. This program provided inspiration and hope for the youth selected by connecting them to healthy role models and stimulating their interests in assorted cultural activities that promoted the ideas of being both drug and alcohol free. The College of Menominee Nation was the second tribal college to be funded under the Youth Empowerment program. The College of Menominee Nation Youth Empowerment program was committed to achieving personal development, academic enrichment, career development, and cultural enrichment for its 25 Native American Youth participants.

HIV/AIDS Health Program and Education Cooperative Agreement Program is a national-level approach to improving the health status of targeted minority populations. During FY 2007 and 2008, OMH supported the National Indian Women's Health Resource Center (NIWHRC). The NIWHRC trained 27 AI/AN health care providers in cultural proficiency t improve HIV/AIDS services offered to AI/AN patients.

During FY 2007, OMH supported the Indian Country Methamphetamine Initiative (ICMI). This program conducted a national education and information outreach campaign targeting Native American communities. In addition to the outreach campaign, ICMI provided information on the practices of prevention, intervention, treatment, and recovery strategies.

Office on Women's Health

Womenshealth.gov is a service of the Office on Women's Health (OWH) Its mission is to provide leadership to promote health equity for women and girls through sex/gender-specific approaches. The strategy OWH uses to achieve its mission and vision is through the development of innovative programs, by educating health professionals, and motivating behavior change in consumers through the dissemination of health information.

OWH Region II Office of the Regional Health Administrator participated in a tribal Consultation meeting with the Oneida, St Regis-Mohawk, and Seneca nations located in upstate New York on April 11-12, 2007. Discussion focused on strategies to improve data collection on American Indian health indicators for health program planning and development.

In FY 2008, OWH Region II supported the PATH Native Women's Health Conference, which convened 53 women and girls with the goal of addressing diabetes, cardiovascular disease, breast cancer, and reproductive health. Successes from this Native American conference include:

- Awareness and motivation to make changes in their daily lives to promote healthy living,
- Forming a walking club called PATH Walkers for women to keep track of steps to encourage daily exercise,
- Mini workshops to provide skill building to teach women to search the internet and obtain information on breast cancer, diabetes, and other health related topics, and
- Future programs will be held in collaboration with community partners, Cornell University Cooperative extension and LEWAC (Lasting Education for Women, Adults & Children) Associates of WNY.

In 2007, OWH Region VII supported two health professionals with $2,010.05 in funding to present at the 4th Annual American Indian Symposium: "Addressing Needs of Today's Urban American Indian: Together We Can Walk the Path to Positive Results". The one-day symposium consisted of plenary, breakout sessions and continued education credits were available. The workshop, Sexual Violence in the Lives of Native Women is an example of how women's health is incorporated within the symposium. There were 220 participants at the symposium.

In FY 2008, OWH Region VII supported a physician with $2,000 in funding to present at the 5th Annual American Indian Symposium: "Building Bridges, Transforming Perceptions towards American Indian People: Changing Tomorrow, Cherishing and Honoring Our Past." Dr. DeRoin presented on Obesity and Nutrition among Native Americans. The one-day symposium consisted of four tracks: Education, Health, Mental Health, and Legal Issues. The

target audience was health providers, mental health workers, educators, state and local officials, policy makers, substance abuse counselors, attorneys, paralegals, school board members and social service providers. Federally recognized tribes from 14 different areas were represented at this symposium. There were 228 participants at the symposium.

OWH Region VIII supported Healthy Lifestyles Inc. (MT) with $3,000 in funding to plan, promote, and implement a Heart Truth event in Cascade County, MT that included the Rocky Boy Reservation.

OWH Region VIII supported the Southeastern Utah Health District (UT) with $3,000 in funding to promote and implement Heart Truth events throughout the area.

OWH Region VIII supported the Northern Plains Prevention, Inc. (SD) with $3,000 in funding to plan, promote, and implement a women's health awareness event in Eagle Butte, SD and the Cheyenne River Sioux Reservation during National Women's Health Week.

OWH Region VIII supported the Teen Summit (Wind River, WY) with $3,000 in funding to implement a health fair and educational event for young women to include topics such as mental health, violence prevention, healthy weight, STDs, and smoking cessation.

OWH Region VIII supported the Utah Navajo Health Systems (UT) with $3,000 in funding to plan, promote, and implement 4 mini-conferences on obesity for the "Melt the Pounds Away" initiative. Topics included: exercise, nutrition, weight loss methods, success stories, and expert advice.

OWH Region IX supported the NDNS4Wellness intertribal group (AZ) with $3,000 in funding to host a domestic violence educational seminar for rural and urban women and girls; $2,500 in funding for a seminar for women in treatment facilities on hypertension, self-management models, and drug therapies as part of the Heart Truth Campaign and $2,500 in funding for a seminar and workshop used to educate and raise awareness of violence in Indian Country..

OWH Region IX supported Native Images (AZ) with $2,497 in funding for a health workshop during National Women's Health Week.

OWH Region IX supported the Hopi Women's Wellness Program (AZ) with $2,273 in funding for health workshops and seminars during National Women's Health Week.

OWH Region IX supported the Cibecue Health Center-Indian Health Service (AZ) with $1,000 in funding for a conference on violence education, prevention, and resources.

OWH Region X supported the Southeast Alaska Regional Health Consortium with $4,999 in funding to provide health information for Alaska Native women in the state of Alaska.

OWH Region X supported the Open Arms Perinatal Services with $4,999 in funding to conduct outreach on healthy pregnancy and birth to five tribes in SW Washington State.

OWH Region X supported the Lake Roosevelt Community Health Center with $4,952 to implement a CVD registry in a clinic serving Native American women and conduct heart health outreach in the community in the state of Washington.

The Office of HIV/AIDS and Infectious Disease Policy

In FY 2007, the The Office of HIV/AIDS and Infectious Disease Policy (OHAIDP) provided $400,000 to the Indian Health Service to fund ten Title V Urban Indian Health organization sites to provide HIV testing. In FY 2008, OHAIDP provided $350,000 to the Indian Health Service to fund seven Title V funded Urban Indian Health organization sites to provide HIV testing. In FY 2008, OHAIDP provided $400,000 to the Indian Health Service to fund three sites to provide HIV testing, technical assistance and training.

Accomplishments of the Health Research Advisory Council (HRAC) and Federal Working Group

The charter was ratified by the council in June 2008 as developed by the HRAC. The charter outlines the infrastructure and purpose of the council. The HRAC is comprised of elected tribal officials, one delegate and one alternate from each of the 12 IHS areas. Four Washington-based tribal organizations also participate as members: National Congress of the American Indians; National Indian Health Board; Direct Service Tribes Advisory Committee; and Tribal Self-Governance Committee. Federal partners are involved in council activities and provide input, support and linkages with HHS' operating and staff divisions. These federal partners include: Office of Minority Health, Agency for Healthcare Research and Quality, Intergovernmental Affairs, Indian Health Service, Centers for Disease Control and Prevention, Assistant Secretary for Planning and Evaluation, and National Institutes of Health.

The council serves three primary functions:

1. Obtaining input from tribal leaders on health research priorities and needs for their communities.
2. Providing a forum through which HHS operating and staff divisions can better communicate and coordinate AI/AN health research activities.
3. Providing a conduit for disseminating information to tribes about research findings from studies focusing on the health of AI/AN populations.

HHS National Tribal Budget and Policy Consultation Session

The HRAC developed testimony and Co-Chair Cara Cowan Watts presented at the 2008 HHS Budget Consultation in March 2008. Concerns identified by the HRAC included diabetes, cancer, obesity, heart disease, and behavioral health.

HRAC Outreach

The HRAC held a town hall meeting on August 26, 2008 at the National Native Health research Conference. The purpose of this presentation was to provide a town hall setting in which conference participants could address the HRAC panel with questions and feedback pertaining to the issues associated with health disparities facing AI/AN communities. The presentation also allowed HRAC members the opportunity to share information about the HRAC and recent activities of the council.

The HRAC held a second town hall meeting at the National Indian Health Board Consumer Conference on September 23, 2008. This provided another opportunity for the council to share information about the HRAC and recent activities. The discussion guide was a main tenet of dialogue and provoked considerable interest among the conference participants. HRAC panelists used this forum to inform attendees about the purpose and importance of the discussion guide in hopes of encouraging completion once it is distributed.

Health research challenges noted by town hall attendees included: the coordination, collection and dissemination of data; lack of trust; and data ownership. In order to build trust and credibility, more AI/AN researchers are needed to address the fears of AI/AN communities feel from previous research conducted. Research guidelines and processes also need to be established to protect the intellectual property rights and indigenous knowledge of AI/AN communities.

Topics of interest that were discussed during the town hall meetings included: mental health; hepatitis C; vocational rehabilitation; elder care (Alzheimer's disease, dementia, depression, abuse, and neglect); health care in remote villages; breast cancer and mammography; healthy foods; injuries; emergency transportation; and health issues related to youth including obesity, diabetes, drug abuse, poverty, domestic violence, and suicide.

One of the most important next steps for the council is to receive and compile results from the revised discussion guide that will help the HRAC Council prioritize issues of most importance to American Indian Alaska Native communities.

Funding Provided to Native American Communities (Grants) FY 2007 and 2008:

Tribe or Organization	FY 2007 Number of Tribes Served	FY 2007 Dollars	FY 2008 Number of Tribes Served	FY 2008 Dollars
American Indian/Alaska Native Health Disparities Program				
Alaska				
Alaska Native Tribal Health Consortium		$200,000		
Alaska Native Tribal Chairman's Health Board				$200,000
Arizona				
Inter Tribal Council of Arizona, Inc.	21	$200,000	21	$200,000
New Mexico				
Albuquerque Area Indian Health Board	7	$200,000	7	$200,000
Oklahoma				
Oklahoma City Inter-Tribal Health	44	$200,000	44	$200,000

Tribe or Organization	FY 2007 Number of Tribes Served	FY 2007 Dollars	FY 2008 Number of Tribes Served	FY 2008 Dollars
Board				
South Dakota				
Aberdeen Area Tribal Chairman's Health Board	18	$200,000	18	$200,000
Washington				
Seattle Indian Health Board	150-250	$200,000	150-250	$200,000
Community Partnerships to Eliminate Health Disparities				
Arizona				
Gila River Health Care Corporation			AI/AN	$248,530
Michigan				
Huron Potawatomi, Inc	1	$178,773	1	$178,461
Addressing the Health Disparities Existing within the Native American Population				
Oklahoma				
Association of American Indian Physicians		$195,000		$195,000
Secretary's Prevention of Health Disparities Bus Tour				
Oklahoma				
Association of American Indian Physicians		$270,000		
HIV/AIDS Health Promotion and Education Cooperative Agreement				
Oklahoma				
National Indian Women's Health Resource	AI/AN	$200,000	AI/AN	$200,000
Indian Country Methamphetamine Initiative Project				
District of Columbia				
Association of American Indian Physicians and National Congress of American Indians	4	$1,200,000		
Minority Community Health Partnership HIV/AIDS				
California				
Native American Health Center, Inc			AI/AN	$200,000
Office of Adolescent Pregnancy Programs				
Oklahoma				
Choctaw Nation of Oklahoma	1	$286,765	1	$286,765
Wisconsin				

Tribe or Organization	FY 2007 Number of Tribes Served	FY 2007 Dollars	FY 2008 Number of Tribes Served	FY 2008 Dollars
Red Cliff Band of Lake Superior Chippewas	1	$172,000	1	$172,000
Youth Empowerment Program				
Montana				
Salish Kootenai College		$246,119	1	$201,250
Wisconsin				
College of Menominee Nation	1	$250,000	1	$198,126
Totals		**$4,198,657**		**$3,080,132**

Title X funds - Family Planning and Related Preventive Health Services

Title X Organizations	2007 Number Served	2008 Number Served	Total Number Served
AI/AN	**35,538**	**34,612**	**70,150**
Not Hispanic or Latino	**29,936**	**27,531**	**57,467**
Hispanic or Latino	**5,265**	**5,931**	**11,196**
Unknown	**337**	**1,150**	**1,487**

Title X funds - Family Planning and Related Preventive Health Services FY 2007 and 2008 combined

State	Tribe/Organization	Number of Tribes	Program Name	Dollars
AZ	Gila River Indian Community		Gila River Indian Community – Family Planning	$671,220
AZ	Navajo Nation Family Planning Corp		Navajo Nation Family Planning Corp	$1,437,693
NE	Ponca Tribe	1	LeRoy Health Center	$16,000

Other Funding Opportunities or Contracts Awarded in FY 2007-2008

All Title X and XX funds are awarded competitively in grants and contracts. Competitive funding opportunities available during 2007 and 2008 include:

- Family Planning Services Grants
- Family Planning Training Grants, and
- Family Planning Service Delivery Improvement Research Grants

FY 2007

Name: Native American Community Services of Erie & Niagara Counties, Inc.
Date: September 29, 2007
Amount: $4,000
Purpose: Positive Actions Towards Health (PATH) Native Women's Health Conference

OWH received Minority AIDS Initiative funds in the amount of $240,000 to support the In-Community Spirit—HIV/AIDS Prevention for Native American, Alaskan Native, and Native American Women Living in Rural and Frontier Indian Country. The goals of the program were to develop and sustain HIV prevention services to increase awareness and receptivity to HIV prevention information among American Indian/Alaskan Native women living in rural and frontier Indian Country experiencing high rates of HIV infection within female populations. The grantees were and each received $80,000:

- Navajo AIDS Network, Inc. (NAN)
- The University of South Dakota
- Sault Saint Marie Tribe of Chippewa Indians

FY 2007-2008

OWH provided grant funding in the amount of $88,333 for a HIV/AIDS prevention program targeting young women attending tribal colleges/universities. The following two tribal colleges were directly funded:

Southwestern Indian Polytechnic Institute
Salish Kootenai College

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

The Substance Abuse and Mental Health Services Administration (SAMHSA), Department of Health and Human Services (HHS), is the Federal agency charged with improving the quality and availability of substance abuse prevention, addiction treatment, and mental health services. SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities. SAMHSA provides leadership and devotes its resources – programs, policies, information and data, contracts and grants – toward helping the Nation act on knowledge that:

Substance Abuse and Mental Health Services Administration
an Operating Division of the
Department of Health and Human Services
http://www.samhsa.gov

- Behavioral health is essential to health;
- Prevention Works;
- Treatment is effective; and
- People recover.

Individuals and families cannot be healthy without positive mental health and freedom from addictions and substance abuse. Prevention, treatment, and recovery support services for behavioral health are important parts of health service systems and community-wide strategies that work to improve health status and lower costs for individuals, families, businesses, and governments. SAMHSA is comprised of three Centers that administer a combination of competitive, formula and block grant programs, and one Center that is the primary source of national data on the prevalence, treatment, and health consequences of substance abuse in the United States.

Support Provided to Native American Communities FY 2007 and 2008

Center for Mental Health Services (CMHS)

CMHS supports grants to tribes and tribal communities in the following grant programs:

- *Cooperative Agreements for Comprehensive Community Mental Health Services for Children and Their Families Program (CMHI) – Systems of Care*: This 6-year program supports states, political subdivisions within states, the District of Columbia, territories, Native American tribes and tribal organizations in developing integrated home and community-based services and supports for children and youth with serious emotional disturbances and their families by encouraging the development and expansion of effective and enduring systems of care. A "system of care" is an organizational philosophy and framework that involves collaboration across agencies, families, and youth for the purpose of improving access and expanding the array of coordinated community-based, culturally and linguistically competent services and supports for children and youth with a serious emotional disturbance and their families. Tribal

colleges and universities have been instrumental in some tribal systems of care projects, conducting needs assessments, facilitating strategic planning, and developing and presenting culturally specific wraparound training curricula for providers and community members. Tribal colleges often utilize distance-learning technology to partner with full universities, to enable students to stay in the community and pursue advanced degrees. Post-secondary student populations often face emotional/behavioral barriers to course completion such as substance abuse, suicidal behaviors and competing family responsibilities. These students represent important sources of future providers to their own communities.

- *CMHI Circles of Care.* This 3-year program provides tribal and urban Indian communities with tools and resources to plan and design a holistic, community-based *system of care* to support mental health and wellness for their children, youth, and families. These grants will increase the capacity and effectiveness of behavioral health systems serving AI/AN communities. As a result, Circles of Care grantees will be equipped to reduce the gap between the need for behavioral health services and the availability and coordination of services for children and families in AI/AN communities. The Circles of Care grant program draws on the *system of care* philosophy and principles that are implemented in the CMHI.

- *Cooperative Agreements for State-Sponsored Youth Suicide Prevention and Early Intervention.* This program builds on the foundation of prior suicide prevention efforts in order to support states and tribes in developing and implementing statewide or tribal youth suicide prevention and early intervention strategies, grounded in public/private collaboration. Such efforts must involve public/private collaboration among youth-serving institutions and agencies and should include schools, educational institutions, juvenile justice systems, foster care systems, substance abuse and mental health programs, and other child and youth supporting organizations.

- *Protection and Advocacy Program.* CMHS funds and oversees the Protection and Advocacy for Individuals with Mental Illness Program (PAIMI) that advocates for individuals with mental illnesses. Protection and advocacy services include general information and referrals; investigation of alleged abuse, neglect, and rights violations in facilities; and use of legal, legislative, systemic, and other remedies to correct verified incidents. Anyone with a mental illness who resides in, or recently has been discharged from a facility, such as a hospital, group home, homeless shelter, residential treatment center, jail, or prison, may be eligible to receive these services through the PAIMI program.

- In FY 2008, CMHS continued to direct efforts towards the strategic transformation of areas key to health care reform. Consistent with the Federal Action Agenda, CMHS remained focused on aligning programs and strategically investing resources to increase public awareness of effective treatments and ensure the availability of mental health services and treatments tailored to an individual's age, gender, race and culture. Addressing disparities in mental health care was a major priority for CMHS program development and implementation.

Center for Substance Abuse Prevention (CSAP)

- *Prevention of Methamphetamine Abuse Program.* Methamphetamine continues to adversely affect families and communities and places a burden on the economy. To help address this problem, CSAP awarded two tribal grants to expand prevention efforts that address the problem of methamphetamine abuse and addiction in local communities: the Native American Health Center in the Oklahoma State Department of Health and the new Champions Project for the Cherokee National Behavioral Health Services. These programs plan educational activities related to the prevention of methamphetamine abuse and addiction and assist local government entities in conducting outreach activities in rural and urban areas for youth. The goal of the methamphetamine effort is to prevent, reduce and/or delay methamphetamine abuse around the United States. In FY 2007-2008, CSAP provided level funding amounts to these two grantees to accomplish these goals.

- *Minority AIDS Initiative (MAI).* The purpose of this initiative is to provide substance abuse and HIV prevention services to at-risk minority populations in communities disproportionately affected by HIV/AIDS. The national MAI program consists of grantees that provide evidence-based prevention services by expanding knowledge and experience in developing blended substance abuse and HIV prevention practices for minority populations. Outcomes based, data-driven plans funded through this grant address not only the local substance abuse and HIV problems, but also address the associated risks or casual factors identified through a needs assessment process. Grantees are expected to gather data and monitor prevention services using local epidemiological data collection and/or focus groups in designing their projects to improve individual and community level changes. During FY 2007-2008, funding was provided for the above efforts to three tribal grantees.

- *Strategic Prevention Framework-State Incentive Grant (SPF/SIG) Program.* The SPF/SIGs provide funding to implement SAMHSA's Strategic Prevention Framework in order to prevent the onset and reduce the progression of substance abuse, including childhood and underage drinking; to reduce substance abuse-related problems in communities; and to build prevention capacity and infrastructure at the state/tribal and community levels. Through the SPF/SIG, grantees provide the requisite leadership, technical support, and monitoring to ensure that communities are successful in implementing the five steps of the SPF framework. These steps are required and all states/tribes/territories and communities are encouraged to build on existing infrastructure/activity, where appropriate. Grantees are expected to use the SPF framework to guide all prevention activity throughout the state/tribe/Territory, and coordinate and/or leverage all prevention services whether funded through the SPF/SIG or though other sources. In FY 2007 and 2008, CSAP funded five SPF/SIG grants to Native American organizations.

- *Twenty Percent Prevention Set-aside of the Substance Abuse Prevention and Treatment Block Grant (SAPT BG).* The program provides funds to plan, carry out, and evaluate

activities to prevent and treat substance abuse. The SAPT BG Program, legislated by Congress in 1981, is administered by CSAP and CSAT and represents the largest source of Federal funding to states for the prevention and treatment of substance use disorders. It constitutes a substantial amount of all states' budgets for substance abuse programming. States have flexibility in determining how funds should be allocated to address local needs; however, to receive funding, states must meet specific set-aside and maintenance of effort (MOE) requirements and conduct activities designed to achieve the 17 legislative goals of the program. The Red Lake Band of Chippewa Indians tribe receives these funds annually.

Center for Substance Abuse Treatment (CSAT)

In FY 2007 and 2008, CSAT awarded a total of $30.4 million in discretionary funding to more than 40 grantees providing treatment or treatment-related services to American Indian/Alaska Native (AI/AN) populations. Included in these awards were such programs as: Access to Recovery (five grantees, $15.7 million); Adolescent Treatment (three grantees, $1.4 million); Treatment Capacity Expansion for AI/AN populations (fifteen grantees, $4.7 million); and Treatment Capacity Expansion-HIV/AIDS (five grantees, $2.3 million). The balance of $6.3 million was awarded to thirteen grantees in six other CSAT programs. In addition, CSAT annually awards approximately $550,000 from the SAPT BG to the Minnesota Red Lake Band of the Chippewa Indian tribe. CSAT has several key discretionary substance abuse treatment programs that award grants to AI/AN communities. They are as follows:

- *Access to Recovery (ATR)*. ATR provides grants to states, tribes, and tribal organizations to carry out voucher programs that expand substance abuse treatment capacity and promote choice among clinical treatment and recovery support providers in order to facilitate client recovery from substance abuse. The objectives of the program are to expand treatment capacity by increasing the number and types of providers (including faith-based and grass-roots providers), to allow clients to play a more significant role in the development of their treatment plans, and using vouchers to link clinical treatment with critical recovery support services such as child care, transportation, and mentoring.

- *Screening, Brief Intervention, and Referral to Treatment (SBIRT)*. This program integrates screening, brief intervention, referral, and treatment services within general medical and primary care settings. Research and clinical experience supports the use of the SBIRT approach to provide effective early identification of substance use or abuse, and initiating interventions within the primary care or general medical settings. Early identification can decrease total healthcare costs by arresting progression toward substance addiction. SBIRT also can identify persons with more serious problems and refer them to appropriate specialty substance abuse treatment services.

- *Addiction Treatment for the Homeless Program*. This program enables communities to expand and strengthen their substance abuse treatment services for homeless individuals with substance abuse disorders, or with co-occurring substance abuse disorders and mental illness. Program funds provide for expansion and strengthening

substance abuse treatment services for persons who are alcohol-dependent, have histories of public inebriation, engage in frequent emergency room visits, are frequently arrested, and who are homeless (including the chronically homeless).

- Criminal Justice programs, including the following: *Treatment Drug Courts*, which are designed to combine the sanctioning power of courts with effective treatment services to break the cycle of criminal behavior, child abuse/neglect, alcohol and/or drug use, and incarceration or other penalties; *Ex-offender Re-entry Initiatives*, which are designed to facilitate reintegration into the community by providing pre-release screening, assessment and transition planning in institutional corrections settings and linking clients to community-based treatment and recovery services upon release; and the *Adult Criminal Justice Treatment Program*, which targets individuals that are under some form of judicial or community justice supervision and who are substance-involved.

- *Targeted Capacity Expansion (TCE) Programs*. This program provides grants to expand or enhance a community's ability to provide rapid, strategic, comprehensive, integrated, community-based responses to a specific, well-documented substance abuse capacity problem. TCE projects also focus on urgent, unmet, and emerging treatment needs, while addressing cultural relevance in treatment and recovery services.

Substance Abuse Prevention and Treatment Block Grant. This program distributes Federal funds to states, territories, the District of Columbia and the Red Lake Band of the Chippewa Indian Tribe (Minnesota) to plan, carry out, and evaluate substance abuse prevention activities and treatment services provided to individuals, families, and communities impacted by substance abuse and substance use disorders. Factors used to calculate the allotments include total personal income, population data, total taxable resources and a cost of services index factor.

- Additional grant programs supported with CSAT funding include: Pregnant and Post-partum Women, Family Centered Adolescent Treatment, and TCE-HIV/AIDS.

Technical Assistance Provided to Native American Communities FY 2007 and FY 2008)

Center for Mental Health Services

Technical assistance to promote public education and awareness has been an important focus of the CMHS transformation agenda.

- In FY 2008, Sinte Gleska University developed a local anti-stigma campaign for the community as part of their Circles of Care grant activities.

- CMHS developed the *Culture Card: American Indian and Alaska Native: A Guide to Build Cultural Awareness* to provide basic information for Federal disaster responders and other Federal health providers who may be deployed or otherwise assigned to provide or coordinate mental health services in AI/AN communities. After 1-year of availability to only Federal employees, the value of this guide to non-Federal employees who work with AI/AN communities in a variety of settings was acknowledged and the Culture Card is now available to the general public. The guide is intended to serve as a

general briefing to enhance cultural competence while providing services to AI/AN communities. (Cultural competence is defined as the ability to function effectively in the context of cultural differences.) It provides basic information on common AI/AN issues. Due to the diversity of tribes in the nation, the authors suggest users keep in mind that it should be supplemented by a more specific local orientation or training provided by a member of the particular community which user of the card is preparing to interact with. This is a pocket sized guide with fold out sections that cover the following topics: About This Guide, Myths and Facts, Tribal Sovereignty, Regional Cultural Differences, Cultural Customs, Spirituality, Communication Styles, Role of Veterans and Elders, Strengths in AI/AN Communities, Health and Wellness Challenges, Self-Awareness, and Etiquette Do's and Don'ts.

- *Child Mental Health Initiative Technical Assistance for Tribes*. Technical assistance was provided to the tribal grantees of this program through an Interagency Agreement with the Indian Health Service (IHS). SAMHSA transferred funds to IHS who in turn used the "Buy Indian" authority to contract with a non-profit Indian organization that provided technical assistance. The National Indian Child Welfare Association (NICWA) in Portland, Oregon provided grantees with individual technical assistance (TA) through phone calls, e-mails, and site visits. NICWA also coordinated grantee meetings, Webinars, group conference calls and peer-to-peer TA opportunities. NICWA was also tasked with developing various materials to assist grantees.

- *Circles of Care Grant Program.* As part of the above mentioned Interagency Agreement with the IHS, the National Indian Child Welfare Association (NICWA) provided grantees with individual TA to these grantees through phone calls, e-mails, and site visits. NICWA also coordinated grantee meetings, Webinars, group conference calls and peer-to-peer TA opportunities. The TA provider, Kauffman and Associates, was also tasked with developing a Website to house various materials to assist grantees.

Center for Substance Abuse Prevention

- *Native American Center for Excellence (NACE)*. In FY 2008, NACE provided technical assistance to 557 participants in this first year of operation and focused on the individual needs of SPF/SIG grantees and eight Service to Science (STS) Academy participants. The STS Academy was conducted on August 31 to September 1, 2008 as a collaborative effort between NACE, CRP, and the five CAPTs. Two Webinars on Foundations of Prevention and Understanding Your Theory of Change – Logic Model presented at the following conferences:
    - 31st Annual Indian School on Alcohol and Other Drugs Related Issues in New Mexico on 4/8/08
    - Office of Education partnerships for Indian Education in South Dakota on 7/10/08
    - 9th Annual Joining Voices Conference in Minnesota on 7/24/08
    - Service to Science Academy in Arizona on 8/20-22/08
- CSAP provided training to two Native American grantees on SAMHSA's Prevention Management Reporting System (PMRS).

- CSAP provided training during the annual grantee meeting. Training topics included: federal administrative requirements, data requirements and reporting program outcomes, program sustainability after the end of federal funding, National Registry of Evidence-based Programs and Practices (NREPP) and grant writing.
- CSAP participated in a number of planning teleconferences along with staff from the IHS, Department of Justice, Office of National Drug Control Policy and the Bureau of Indian Affairs (BIA), to plan the IHS/SAMHSA Behavioral Health Conference that was held in Billings, MT.
- CSAT, CSAP, and CMHS tribal grantees, youth, elders, and other concerned community members participated in the IHS/SAMHSA National Behavioral Health Conference, which was designed to support tribal leaders, doctors, nurses, behavioral health program providers, substance abuse program providers, psychologists, therapists, counselors, social workers, traditional service providers, and health program administrators. Speakers were sponsored by the SAMHSA to present at the IHS/SAMHSA Conference: 1) Inhalants: Not Just Another Drug, 2) Raising our Seventh Generation, and 3) Building Communities Through the Next Generation. The three workshops provided by Native American grantees were on prevention strategies aimed at methamphetamine abuse, inhalant abuse and HIV/AIDS. According to reports made by SAMHSA staff that attended the conference, this event was a resounding success with over 1,000 participants.
- CSAP supported travel funding for two AI/AN grantees to attend the National Methamphetamine Summit held in the District of Columbia. The Summit addressed the needs of three critical populations: (1) justice-involved individuals, (2) lesbian, gay, bisexual and transgender (LGBT) individuals, and (3) women effected by methamphetamine. Native American tribal organizations represented at this gathering included: Gila River, Salt River Pima Maricopa, San Carlos Apache, Navajo Nation, Rocky Boys, Crow Nation, Choctaw, Yakama, and Northern Arapaho.
- To increase awareness and effectiveness of the human services program for Native populations, CSAP participated in the 16th Annual National Native American Law Enforcement Association (NNALEA) National Training Conference, and sponsored 12 presenters to provide information to the law enforcement community. This conference attracted over 500 participants from Native American communities across the nation as well as law enforcement agencies, including, the Office of Homeland Security, the FBI, the U.S. Border Patrol, the National Sheriffs' Association, the BIA Law Enforcement Service, the U.S. Secret Service, and the State of Colorado. Two of the methamphetamine prevention grantees, the Cherokee Nation and the Native American Rehabilitation Association (NARA) presented on their prevention activities among youth and methamphetamine affected families. The Cherokee Nation presented the "Working Together to Prevent Methamphetamine Abuse in Rural, Non-Reservation Communities." The Cherokee Nation has implemented a very successful methamphetamine and violence prevention program in 14 counties in northwest Oklahoma that have a high percentage of Native American students enrolled in the public schools.
- SAMHSA's internal tribal Issues Workgroup in collaboration with SAMHSA's Native American Center for Excellence provided two trainings for SAMHSA Project Officers on September 1-2, 2008. Day one was introductory and day two was an intermediate course.

Approximately 40 staff attended. The intent of the trainings was to increase Project Officers' knowledge about how to work effectively with AI/AN communities/grantees.

Center for Substance Abuse Treatment (CSAT)

- CSAT and CMHS sponsored the first SAMHSA Policy Academy on Co-Occurring Substance Use and Mental Health Disorders for Native Communities, in Phoenix, Arizona. Seven tribes (Chippewa Cree, Sisseton-Wahpeton, Fairbanks Native Association, Northern Arapaho, Choctaw Nation of Oklahoma, Santa Clara Pueblo, and the Southern Ute Tribe) and one Native Hawaiian organization (Papa Ola Lokahi) were selected to participate in the academy through a competitive application process. The project provided each community with a pre-academy site visit. During the 3-day event, the delegates worked to develop a community-based policy on the prevention and treatment of co-occurring disorders.

- CSAT also contracted with training and technical assistance providers serving AI/AN clients. The contractors provided training for recovery program development, coalition building, sustainability, and grant writing for 300 participants. Technical assistance provided to AI/AN grantees were listed on the National Registry of Evidence Based Programs and Practices (NREPP).

Funding Provided to Native American Communities (Grants) FY 2007 and 2008:

SAMHSA Grants American Indian/Alaska Native Funding			
Programs	**Tribe/Tribal Organization Name**	**FY 2007 Dollars**	**FY 2008 Dollars**
Alaska			
CSAT	Cook Inlet Tribal Council	$ 3,582,979	$900,000
CSAP	Cook Inlet Tribal Council of Alaska	$1,633,546	$1,633,546
CMHS	Cook Inlet Tribal Council, Inc.	$319,714	
CSAT	Dena Nema Henash	$500,000	$500,000
CMHI	Fairbanks Native Association	$1,000,000	
CSAT	Fairbanks Native Association	$1,400,000	$650,000
CSAT	Maniilaq Association		$478,492
CSAT	Rural Alaska Community Action	$399,630	$399,630
CSAT	Southcentral Foundation	$1,650,000	$1,650,000
CSAT	Tanana Chiefs Conference		$2,144,560
Arizona			
CSAT	Native American Community Health Ctr Inc	$499,903	
CSAT	Native American Community Health Contract	$299,996	$299,996
CSAT	Native Images, Inc	$400,000	$400,000

SAMHSA Grants American Indian/Alaska Native Funding			
Programs	**Tribe/Tribal Organization Name**	**FY 2007 Dollars**	**FY 2008 Dollars**
CMHI	Pascua Yaqui Tribe	$1,500,000	$2,000,000
CSAT	Tohono O'odham Nation	$350,000	$350,000
CSAT	Native Images Inc	$498,884	$497,836
California			
CMHI	CA Rural Indian Health Board	$1,124,000	$1,163,000
CSAT	CA Rural Indian Health Board	$4,830,000	$4,830,000
CMHI	City of Oakland Urban Trails	$1,000,000	$1,000,000
CSAT	Friendship House Assn. of Am Indians	$400,000	$850,000
CMHS	Karuk Tribe of California		$116,157
CSAT	Native American Community Health Ctr Inc		$250,000
CSAT	Native American Community Health Contract	$500,000	
CSAP	Native American Health Center of CA	$1,455,143	$1,455,143
CSAP	Native American Health Center, Inc.	$254,320	$254,320
CSAT	Native American Health Center, Inc.	$499,920	$450,000
Colorado			
CMHS	Denver Indian Family Resource Ctr	$319,714	
CSAT	White Bison, Inc.	$350,000	
Connecticut			
CMHS	Mashantucket Pequot Tribal Nation		$305,875
Illinois			
CMHS	American Indian Center of Chicago		$257,326
Michigan			
CMHS	American Indian Health & Family Services		$305,386
CSAP	Grand Traverse Band in Michigan	$513,831	$513,831
CSAT	Inter-Tribal Council of Michigan	$3,893,518	$3,898,518
CSAT	Grand Traverse Band of Ottawa Chippewa		$244,568
Minnesota			
CSAP	Indigenous People Task Force	$250,000	
CSAT	Minnesota Indian Women's Resource Ctr		$93,305
CSAP	Red Lake Band of Chippewa Indians	$109,910	$110,307
CSAT	Red Lake Band of Chippewa Indians	$549,551	$551,535
CSAP	Upper Midwest American Indian Center	$250,000	
Montana			
CMHI	Blackfeet Tribe	$2,000,000	$2,000,000

SAMHSA Grants American Indian/Alaska Native Funding			
Programs	**Tribe/Tribal Organization Name**	**FY 2007 Dollars**	**FY 2008 Dollars**
CSAT	Chippewa Cree Tribe		$282,233
CSAT	Confederated Salish and Kootenai Tribes		$249,581
CSAT	Montana/Wyoming Tribal Leaders	$1,906,240	$ 2,094,022
CSAP	Salish Kootenai College	$85,000	$85,000
North Dakota			
CSAT	Parshall Resource Ctr Inc		$247,264
CMHS	Standing Rock Sioux Tribe		$305,875
CSAT	Standing Rock Sioux Tribe		$250,000
Nebraska			
CMHS	Indian Center, Inc.		$305,875
CSAT	Omaha Nation Comm. Response Team		$250,000
New Mexico			
CMHS	DNA-Native American Protection and Advocacy	$216,000	$221,000
CSAT	Mescalero Apache Tribal Council		
CSAT	Na Nizhoozhi Center, Inc	$500,000	$500,000
CMHS	Pueblo of San Felipe		$29,244
CSAT	Santa Clara Pueblo	$500,000	$500,000
CSAP	Southwestern Indian Polytechnic Institute	$85,000	$42,500
CSAP	University of New Mexico	$83,000	$45,000
Nevada			
CSAT	Reno-Sparks Indian Colony	$300,000	$300,000
Oklahoma			
CMHI	Choctaw Nation Cares	$307,000	
CSAT	Cherokee Nation		
CSAP	Cherokee Nation Behavioral Health Services	$350,000	$350,000
CSAP	Cherokee Nation of Oklahoma	$2,093,000	$2,093,000
CSAT	Cherokee Nation of Oklahoma	$3,400,320	$3,400,320
CSAT	Choctaw Nation of OK	$499,984	$500,000
CMHS	Indian Health Care Resource Center	$319,714	
CMHS	Muscogee Creek Nation	$319,714	
CMHI	Muscogee Creek Nation		$1,000,000
CSAT	Muscogee Creek Nation		$250,000
CSAT	Tonkawa Tribe of OK	$500,000	$250,000

SAMHSA Grants American Indian/Alaska Native Funding			
Programs	**Tribe/Tribal Organization Name**	**FY 2007 Dollars**	**FY 2008 Dollars**
CMHS	University of Oklahoma	$600,000	
Oregon			
CSAP	Native American Rehabilitation Assn	$350,000	$350,000
CMHS	Native American Rehabilitation Assn	$319,714	
CMHI	Northwest Portland Area Indian		$1,000,000
South Dakota			
CMHI	Yankton Sioux Tribe	$618,000	$613,000
CMHS	Crow Creek Sioux Tribal Council		$28,586
CMHS	Sinte Gleska University	$319,714	
CMHS	Wakanyeja Pawicayapi, Inc.	$400,000	$400,000
Washington			
CMHS	Puyallup Tribal Health Authority	$750,000	$750,000
CMHI	Lummi Nation		$1,000,000
CSAT	People of Color Against Aids Network	$500,000	
CSAT	Puyallup Tribal Health Authority	$750,000	$750,000
CMHS	Quileute Tribal Council	$319,714	
CSAT	Squaxin Island Tribal Council		
Wisconsin			
CSAP	Great Lakes Inter-Tribal Council of WI	$1,050,835	$1,050,835
CMHS	Red Cliff Band of Lake Superior Chippewa		$915,000
Wyoming			
CSAP	Wind River Tribal College		$70,000
	Totals	**$49,777,508**	**$51,031,666**