

National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)

Mission: Help people and communities prevent chronic diseases and promote health and wellness for all.



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Center Organizational Chart

<https://www.cdc.gov/chronicdisease/center/organization/index.htm>

Points of Contact

[Sean Cucchi, MA, Associate Director for Policy](#)

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Priority Areas and Activities

- [Adolescent and school health](#)
- [Aging and Alzheimer's disease](#)
- [Behavioral Risk Factor Surveillance Survey](#) and [Youth Risk Behavior Surveillance System](#)
- [Cancer](#)
- [Cultural and social connectedness](#)
- [Diabetes](#)
- [Heart disease and stroke](#)
- [Nutrition, physical activity, and obesity](#)
- [Oral health](#)
- [Reproductive health](#)
- [Social determinants of health](#)
- [Smoking and commercial tobacco use](#)

Center level technical assistance services and programs

CDC's Healthy Brain Initiative [Road Map for Indian Country](#) is designed to support discussion about dementia and caregiving within tribal communities and to encourage a public health approach - as part of a larger holistic approach. The Road Map includes public health strategies to 1) Enhance wellness for older adults affected by dementia, 2) Support family caregivers, and 3) Promote brain health across generations. The Road Map highlights examples of native leaders and community partners leveraging local strengths and resources within their tribal communities to address dementias in Indian Country.

[CDC's Hear Her Campaign Resources for AI/AN women](#) are designed for pregnant people, new moms, their families and friends, and healthcare providers. Palm Cards and one-pagers with key information about the warning signs and tips for talking about concerns with pregnant people and with healthcare providers can be downloaded from the link provided or available for ordering in hard copy at no cost.

Upon request, Division of Cancer Prevention and Control staff are available to provide technical assistance to tribes and tribal organizations around cancer data inquiries, data linkage inquiries, and AI/AN cancer data trainings. This includes a demo of the [United States Cancer Statistics Data Visualization Tools AI/AN module](#) to find the most current AI/AN restricted to IHS Purchased/Referred Care Delivery Area cancer data.

[National DPP Customer Service Center](#) provides easy access to information about prediabetes and the National Diabetes Prevention Program.

[Tobacco Where You Live: Native Communities](#) is a best practice guide that focuses on how to reduce commercial tobacco use disparities among AI/AN populations. This guide provides information to help tobacco control program staff and partners develop strong relationships with Native leaders and members; communicate the harms of commercial tobacco and respect the use of traditional tobacco; and work with tribes to tailor strategies to reflect their unique cultures, capacities, and challenges.

Total number of grants and cooperative agreements with Tribes, TECs, or Tribal Health Organizations for FY 22.

17

Total number of grants and cooperative agreements with Tribes, TECs, or Tribal Health Organizations for FY 23

24

For each FY 23 funding activity with Tribes, TECs, Tribal Health Organizations complete the following information. Please be sure to provide updates for each funding activity including CDC FRA award number, award title, award amount, funding period, and brief description.

NCCDPPH funds over 20 grants and cooperative agreements with Tribes, TECs, or Tribal Health Organizations, including:

CDC-RFA-DP19-1903**Title: Good Health and Wellness in Indian Country****Funding period:** FY 2019 - FY 2023**FY 23 Total award amount:** \$19,005,060

Brief description: GHWIC is CDC's largest investment focused on health promotion and chronic disease prevention in tribal communities. Through GHWIC, NCCDPHP funds 28 awards to tribes, tribal organizations, and Urban Indian Organizations and almost 100 sub awardees to smaller area tribes and villages. GHWIC supports healthy behaviors for AI/AN people and emphasizes strategies to reduce risk factors in native communities to attain long-term goals by:

- Supporting a coordinated and holistic approach to healthy living and chronic disease prevention
- Reinforcing the work already underway in Indian Country to make healthy choices easier
- Continuing to support culturally appropriate, effective public health approaches
- Working with more tribes and extending the program's reach and impact through tribal organizations, including Urban Indian Organizations

<https://www.cdc.gov/healthytribes/ghwic.htm>

CDC-RFA-DP22-2201**Title: Tribal Practices for Wellness in Indian Country****Funding Period:** FY 2022 - FY 2026**FY 23 Total award amount:** \$5,352,775

Brief description: TPWIC supports tribal practices and cultural traditions to build resilience and strengthen community and cultural connections for improved physical, mental, emotional, and spiritual health and wellbeing within AI/AN communities. NCCDPHP's Healthy Tribes funds 36 tribes and Urban Indian Organizations through the TPWIC, with the goal of reducing illness and death from chronic diseases. The long-term goals of TPWIC are to increase resilience and use of cultural practices to reduce illness and death from chronic diseases such as diabetes, heart disease, stroke, and cancer.

<https://www.cdc.gov/healthytribes/tribalpractices.htm>

CDC-RFA-DP22-2206**Title: Tribal Epidemiology Centers Public Health Infrastructure (TECPHI)****Funding Period:** FY 2022 - FY 2026**FY 23 Total award amount:** \$6,799,999

Brief description: Complementing IHS funding, NCCDPHP's Healthy Tribes funds 12 Tribal Epidemiology Centers (TEC) and 1 Network Coordinating Center to increase TEC public health capacity and infrastructure. Recipient projects contribute to reduction of chronic diseases and risk factors and reductions in disparities in health outcomes for AI/AN population by building capacity and infrastructure to deliver the essential public health services.

<https://www.cdc.gov/healthytribes/tecphi.htm>

Does your CIO's Health Equity initiative include activities or metrics that specifically address AI/AN, Tribes, TECs, or Tribal Health Organizations? (yes/no) If yes, provide metric and/or describe activities (please be sure to include supporting links)

NCCDPHP is advancing health equity by addressing social determinants of health and improving fair and just practice through science, programs, policies, and other interventions. These include our collaboration with partners, communication efforts, efforts to engage communities, and workforce improvement. Examples of NCCDPHP's health equity initiatives that specifically address AI/AN, tribes, TECs, or THOs include:

- **DCPC:** In partnership with the Office on Smoking and Health (OSH), the Division of Cancer Prevention and Control (DCPC) funds the Tribal Nation Network Driving Action Network ([Rocky Mountain Tribal Leaders Council](#)) to advance the prevention of commercial tobacco use and cancer in AI/AN populations. It is intended to enhance the quality and performance of public health programs, data and information systems, practice and services, partnerships, and resources that focus on tobacco- and cancer-related health. It seeks to increase equitable delivery of tobacco prevention strategies and related interventions to advance health equity by addressing social determinants of health (SDOH).
- **DDT:** CDC's [Division of Diabetes Translation](#) strives to integrate health equity into all elements of our work to promote health and prevent the onset of type 2 diabetes in AI/AN communities. Efforts to meaningfully adapt the evidence based National Diabetes Prevention Program Prevent T2 curriculum and strengthen our partnership with the Indian Health Service's Division of Diabetes Treatment and Prevention and the Tribal Leaders Diabetes Committee are two examples of this work.
- **DHDSP:** With health equity as a guiding principle, the Division of Heart Disease and Stroke Preventions (DHDSP's) [WISEWOMAN](#) provides culturally-informed and tailored cardiovascular disease (CVD) risk factor assessments and access to healthy behavior support services (evidence-based lifestyle program, health coaching, and community-based resources) that support lifestyle change. The program aims to improve cardiovascular health with a focus on advancing health equity. It addresses social and economic factors to help program participants achieve the best health possible by addressing social needs and the effect of unfair opportunity structures.
- **DRH:** Division of Reproductive Health's (DRH) Hear Her Campaign focuses on personal stories of pregnancy-related complications from AI/AN people ([Hear Personal Stories from American Indian People, Hear Her | CDC](#)). CDC engaged with and included AIAN voices and talent in the development and implementation of the campaign. In partnership with HHS's Office of Minority Health, DRH is working with the National Indian Health Board (NIHB) to fund tribes and tribal serving organizations to implement the campaign locally to help improve maternal outcomes.

- **OSH:** CDC's Office on Smoking and Health (OSH) [provides funding](#) to help support commercial tobacco control efforts in all 50 states, the District of Columbia, 8 U.S. territories, and 26 tribes/tribal organizations. [National and State Tobacco Control Program](#) (NTCP) recipients use OSH funds to prevent youth from using tobacco, reduce secondhand smoke exposure, help people quit smoking, and reduce disparities in tobacco use. The [Best Practices for Comprehensive Tobacco Control Programs](#) and best practices user guides on [Health Equity](#) and [Native Communities](#) provide evidence-based guidance to help states build and maintain effective tobacco control programs to prevent and reduce tobacco use.

Currently collected, received, or produced health equity data that includes AI/AN information

- **DASH:**
 - **2023 Supplementary Sample of AI/AN high school students.** CDC's Division of Adolescent and School Health oversees the Youth Risk Behavior Surveillance System (YRBS), the primary source of information on the most important health risk behaviors and experiences affecting the health of high school students in this country since 1991. For the first time, Spring 2023, CDC's Division of Adolescent and School Health conducted a supplementary sample of AI/AN high school students. The supplementary sample oversampled public high schools with high concentrations of AI/AN students. The supplemental survey data will be merged with the national YRBS data. These data will help public health decision makers at the national, state, tribal, and local level create awareness of the unique public health needs of AI/AN students, and influence how resources are allocated for prevention and education programs. Target release date: Fall 2024. Website: www.cdc.gov/yrbss
- **DCPC:**
 - The National Program of Cancer Registries (NPCR), funds central cancer registries in 46 states, DC, Puerto Rico, the U.S. Pacific Island Jurisdictions, and the U.S. Virgin Islands to collect data on all new cancer cases in each jurisdiction. Together with the National Cancer Institute's (NCI's) SEER Program, NPCR collects data for the entire U.S. population. DCPC links the central cancer registry data annually with the Indian Health Service patient database to correct cancer incidence data for racial misclassification of AI/AN people. These data linkages are used to create the United States Cancer Statistics American Indian and Alaska Native Incidence Analytic Database (USCS AIAD). This dataset is used to provide the most accurate and up to date cancer incidence data for AI/AN populations. [The U.S. Cancer Statistics Data Visualization tools](#) AI/AN module ([USCS Data Visualizations - CDC](#)) provides information on the number and rates of new cancer cases and deaths, including for AI/AN populations, at the national, state, and county levels. Mortality data from the National Center for Health Statistics are added to provide a complete picture of cancer cases and deaths in the U.S.

- **DDT:**
 - DDT's [National Diabetes Statistics Report](#) includes information received from Indian Health Service National Data Warehouse. The data received relates to the age-adjusted prevalence of diagnosed diabetes among AI/AN adults aged 18 years or older in the US.

- **DHDSP:**
 - Heart disease and stroke mortality data for American Indians and Alaska Natives are included in the [CDC's Interactive Atlas of Heart Disease and Stroke](#).

- **DNPAO:**
 - DNPAO has released data on adult obesity for AI/AN through its annual release of [obesity maps](#) from Behavior Risk Factor Surveillance System data.

- **DRH:**
 - DRH's [Pregnancy Risk Assessment Monitoring System \(PRAMS\)](#) collects jurisdiction-specific self-reported maternal behaviors and experiences around the time of pregnancy. PRAMS recently implemented its newest questionnaire, Phase 9, which includes additional Social Determinants of Health (SDOH) indicators, such as experiences of racism and discrimination (lifetime and in health care settings), access to transportation, food security, housing stability, incarceration, and employment. The PRAMS data on SDOH indicators can help us better understand the impact of these factors on AI/AN maternal and infant health.
 - [Pregnancy Mortality Surveillance System \(PMSS\) and Sudden Unexpected Infant Death \(SUID\) Case Registry](#), collects and allows for monitoring of data that assess racial/ethnic disparities in pregnancy-related and infant mortality respectively, including among AI/AN people. PMSS facilitates pregnancy-related mortality surveillance to better understand the risk factors for and causes of pregnancy-related deaths in the U.S. SUID registry data helps to reveal trends and circumstances around a sudden infant death that can aid in prevention strategies. Additionally, data from the Maternal Mortality Review Information Application (MMRIA) focused on AI/AN populations are available here: [Pregnancy-Related Deaths Among American Indian or Alaska Native Persons: Data from Maternal Mortality Review Committees in 36 US States, 2017-2019 | CDC](#)

- **OSH:**
 - The [National Youth Tobacco Survey](#) (NYTS) is a surveillance tool that provides national data on prevalence of youth tobacco use. The NYTS provides nationally representative data about middle and high school youth's tobacco-related beliefs, attitudes, behaviors, and exposure. The NYTS methodology was designed to produce national estimates at a 95% confidence level by school level (middle school and high school), by grade (6, 7, 8, 9, 10, 11, and 12), by sex (male and female), and by race and ethnicity (Hispanic, non-Hispanic White, non-Hispanic Black, non-Hispanic Asian, and non-Hispanic American Indian/Alaska Native).

Efforts to help Tribes, TECs, Tribal Health Organizations build or improve data infrastructure

- **DASH:**
 - **Youth Risk Behavior Survey Technical Assistance.** DASH provides technical assistance to tribes and tribal organizations for YRBS activities. This technical assistance includes consultation about designing questionnaires; scientific sampling of schools and students; obtaining approval for the survey among key partners such as tribal government, schools, and parents; administering the survey to protect student privacy and ensure quality data; and analyzing and disseminating findings. www.cdc.gov/yrbss
- **DCPC:**
 - American Indian and Alaska Native populations have unique cancer patterns because of their history and culture, as well as where they live, and how they receive health care. Better data helps with identifying communities that would benefit from cancer screenings and prevention programs. Many American Indian and Alaska Native people are misclassified as another race in cancer registry records. DCPC conducted annual linkages between the central cancer registries and the IHS patient database to improve racial misclassification in cancer data. The Division of Cancer Prevention and Control helped establish a collaboration between cancer surveillance communities and the Indian Health Service (IHS) to reduce misclassification. [Accurate Cancer Data on American Indian and Alaska Native People Can Help Expand Services | CDC](#)
 - DCPC has led the efforts to improve data quality for mortality data among AI/AN people by linking the National Death Index to the Indian Health Service. These IHS-linked mortality data (USCS AI/AN Mortality Database (AMD)) are currently available for the year 2020, with a full dataset representing all-cause mortality 1990-2020 forthcoming. The USCS AMD have been made available to the tribal epidemiology centers and the data has been classified according to IHS service area for the first time, to better serve the data needs of the TECs and IHS. DCPC also hosted a two-day training on the use of the USCS AMD and statistical software for the TECs in the summer of 2023 and continues to host quarterly data users calls to provide technical assistance to the TECs and IHS on the use of the USCS AMD.
- **DPH:**
 - DPH's Healthy Tribes [Tribal Epidemiology Center Public Health Infrastructure \(TECPHI\) cooperative agreement funds and](#) supports Tribal Epidemiology Centers (TEC) to build and improve data infrastructure at the TEC, tribal, and Urban Indian Organization levels by addressing racial misclassification, data access and availability, and data analysis through trainings and technical assistance. A recent publication, [Building a Roadmap to Health Equity: Strengthening Public Health Infrastructure in Indian Country](#), highlights the TECPHI model, which illustrates how collaboration, community-focused engagement, and leveraging resources across the 12 TECs can address common priorities while tailoring public health services to meet regional and local needs.

Efforts to help Tribes, TECs, Tribal Health Organizations to collect, acquire, or improve data

- **DPH:**
 - DPH's Healthy Tribes [Tribal Epidemiology Center Public Health Infrastructure \(TECPHI\)](#) cooperative agreement works to improve and increase access to American Indian/Alaska Native data for public health surveillance, including identifying various social determinants of health data sources and providing trainings on indigenous data collection methods. Healthy Tribes connects TECs and tribal recipients to subject matter expertise across CDC to help address data collection and access from various areas, including maternal and child health, opioid overdose, adverse childhood experiences, and GIS. TECPHI supports the establishment of new and/or expanded data-sharing agreements between various partners and Tribes/Tribal Organizations/Urban Indian Organizations.
- **DRH:**
 - In consultation with tribes, TECs, and/or Tribal serving organizations, DRH performs data disaggregation by race-ethnicity, with recent attention to categorization for AIAN populations specifically. To date, DRH has published the brief: [Pregnancy-Related Deaths Among American Indian or Alaska Native Persons: Data from Maternal Mortality Review Committees in 36 US States, 2017-2019](#). CDC has implemented methods for classification of AI/AN persons, with advising from tribal organizations to better capture those that identify as American Indian or Alaska Native, and will continue to use this methodology in future scientific work.

Efforts to help Tribes, TECs, Tribal Health Organizations enhance their ability to manage, analyze, interpret, or disseminate data

- **DCPC:**
 - CDC uses the [US Cancer Statistics American Indian and Alaska Native Incidence Analytic Database](#) and the U.S. Cancer Statistics AI/AN Mortality Database (Database not accessible to the general public) to quantify cancer disparities among Native populations. This information is used to develop targeted intervention strategies. CDC scientists are researching trends in leading cancers with higher incidence rates among Native people, including colorectal, stomach, and lung cancers, as well as the disparities in treatment for breast cancer. CDC scientists have studied cancer among the Navajo and the Haudenosaunee Nations. [Cancer within Native American and Alaska Native Populations \(cdc.gov\)](#).
 - As a part of the mortality data efforts, DCPC hosted a two-day training for the TECs and IHS on the use of the 2020 U.S. Cancer Statistics AMD and continues to host quarterly data users calls to provide technical assistance and support to the organizations that are currently using the data.

- **DPH:**

- [Tribalepicenters.org](https://tribalepicenters.org), maintained by the TECPHI Network Coordination Center (NCC), is a public website for TEC publications, resources, and news. TECPHI NCC supports all TECs in disseminating their work through the posting of success stories and publications through the tribalepicenters.org website and on social media. TECPHI supports TECs in the creation of data dashboards, fact sheets, and other data visualizations to make data access and understanding easier for partners and to reach a broad audience. All recipients funded from Healthy Tribes receive one-on-one technical assistance from evaluators to help them choose appropriate measures and data collection methods, as well as guidance on analysis and reporting.

- **DRH:**

- DRH's Maternal and Child Health Epidemiology Program assigns epidemiologists and fellows to state, local, and tribal levels to support epidemiologic research and provides scientific information to improve maternal and child health programs and policies. DRH MCH epidemiology assignees in the past have had extensive experience working with Tribal Nations.