

# National Center for Injury Prevention and Control (NCIPC)

**Mission:** Provides leadership in developing and executing a national program for nonoccupational injury prevention and control with Federal, State and local agencies, voluntary and private sector organizations.



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**Center Organizational Chart**  
[About CDC's Injury Center: Organization | Injury Center | CDC](#)

## Points of Contact

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## Priority Areas and Initiatives

- Child maltreatment
- Falls, drownings, and other unintentional injuries
- Firearm Injury and Mortality Prevention Research
- Injury Control Research Centers
- Motor vehicle injury and impaired driving
- National Violent Death Reporting System (NVDRS)
- Drug Overdose Prevention (DOP)
- Traumatic brain injury (concussions)
- Violence prevention (e.g., homicide, MMIP, suicide, intimate partner, sexual, youth)

## NCIPC Initiatives in Indian Country

- Injury Prevention in American Indian and Alaska Native Communities
  - o Each tribal community in Indian Country is unique with its own set of traditions, languages, spiritual practices, connections to elders, and social ties. Native communities work with the support of CDC's National Center for Injury Prevention and Control (Injury Center) to prevent injuries, the leading cause of death for American Indians and Alaska Natives between the ages of 1 and 54.

## Division of Violence Prevention Deliverables:

### Rape Prevention and Education (RPE) Tribal Consultation

The Rape Prevention and Education (RPE) tribal consultation, was held on July 12, 2023, provided opportunities for leaders from tribal nations, CDC, and ATSDR to have a government-to-government discussion to ensure that the Notice of Funding Opportunity (NOFO) for new funding from the RPE program is sensitive to the needs and concerns of tribal communities, and that the funding opportunity is as effective as possible in preventing sexual violence. CDC/ATSDR wanted to hear how to best support tribes and tribal communities on RPE efforts and addressing injury prevention-related health inequities.

#### Summary of workplan

The RPE consultation was held on July 12, 2023, from 2-3:30pm EDT

The comment period closed on July 24, 2023

The Post Consultation report was released in early October and can be found on the [tribal consultation session webpage](#).

**Completion date: October 3, 2023**

### Rape Prevention and Education: Assessing Coalition Capacity to Advance Primary Prevention

The purpose of this Notice of Funding Opportunity is to build and enhance the primary prevention capacity of State, Territorial, and Tribal Sexual Assault Coalitions (“Coalition(s)”) in preparation for sexual violence prevention strategy implementation focused on advancing health equity. This NOFO builds upon and complements work funded through the Rape Prevention and Education: Using the Best Available Evidence for Sexual Violence Prevention (CE19-1902). Further, this work will help build the foundation for Coalitions to enhance, expand, and strengthen primary sexual violence prevention efforts, and address health inequities and will create meaningful involvement engagement of with state health departments, state sexual assault coalitions, culturally specific organizations, and underserved communities in the Rape Prevention and Education program. The RPE program is authorized through the Violence Against Women Act (VAWA), passed by Congress in 1994 and recently reauthorized in May 2022. VAWA 2022 requires that CDC allocate a portion of RPE funding to tribal sexual assault coalitions. Earlier this year, CDC released a notice of funding opportunity for tribal sexual assault coalitions to comply with this legislative requirement. This program began July 1st and is the first time CDC is funding tribal sexual assault coalitions directly and provides an opportunity to expand sexual violence prevention work in Indian Country.

#### Summary of Workplan

Conduct bi-monthly calls with tribal sexual assault coalitions to ensure regular communication between coalitions and their partner. Provide technical assistance to support tribes in their development of a capacity assessment Disseminate culturally appropriate resources to promote prevention of sexual violence in tribal communities. Leverage resources with a focus on building the capacity of tribal communities to prevent sexual violence in a culturally appropriate and sustainable manner. Foster partnerships and collaborations with local organizations to strengthen tribal capacity

**Notice of Award:** June 30, 2023

**Reporting period:** 12 months

**Total Award Budget:** \$7,410,000

**(Target) Completion date:** July 1, 2024

## **New 4 Year Rape Prevention Education Notice of Funding Opportunity for Sexual Assault Coalitions**

CDC will release a new NOFO to provide funding to state, territorial, and tribal sexual assault coalitions to prevent sexual violence.

### **Summary of Workplan:**

The new 4-year NOFO has been forecasted on grants.gov. The start date is tentatively June 30, 2024. With this NOFO up to 10 tribal sexual assault coalition will be funded to address Social Determinants of Health within the community levels of the Social Ecological Model using evidence-informed and culturally validated strategies.

### **Building Capacity of Tribal Coalitions to Prevent Violence**

CDC is funding National Network of Public Health Institutes (NNPHI) and a tribal implementation partner - the Alliance of Tribal Coalitions to Prevent Violence - to increase awareness and capacity of tribal coalitions to plan, implement and evaluate sexual violence prevention. This project is intended to ensure CDC funding reaches tribal communities to plan, implement and evaluate sexual violence prevention in tribal communities. This project seeks to better understand the needs of tribal coalitions to provide Rape Education and Prevention programming through conducting a landscape needs assessment and conducting listening sessions or focus groups. Using the information gathered from the first phase of the project, NNPHI and their partners will provide capacity building technical assistance to tribal coalitions with a goal to increase the number of coalitions applying for federal funding for violence prevention in FY24 and ultimately prevent violence in tribal communities.

### **Summary of workplan:**

Develop a needs and resources landscape assessment to understand current practices, existing resources and key partners related to sexual violence prevention in tribal communities.

Conduct a series of listening sessions and/or focus groups with existing Tribal Coalitions and other key partners

Develop and implement a plan for building awareness and capacity of tribal coalitions to apply for CDC funding

Develop a resource to support planning and implementation of sexual violence prevention

Provide recommendations for additional training and technical assistance processes and resources for after the project period.

**Reporting period: September 30, 2023 - July 31, 2024**

**Total Award Budget: \$541,000**

**Target completion date: July 31, 2024**

### **National Sexual Violence Technical Assistance Resource Center for Prevention of Sexual Violence: Building Capacity of Tribal Coalitions to Prevent Violence Supplement**

CDC is funding National Sexual Violence Resource Center (NSVRC) to expand their website to include a section related to preventing sexual violence in Tribal communities which will include tools and resources related to violence prevention in Tribal Communities. These resources will help to support planning and implementation of violence prevention by Tribal coalitions with a focus on preventing sexual violence in Tribal communities. In addition, NSVRC will identify and implement capacity building activities in partnership with tribal coalitions and provide outreach to tribal coalitions to raise awareness about the availability of RPE funding. NSVRC will collaborate closely with NNPHI, and the Minnesota Indian Women's Sexual Assault Coalition to ensure alignment of resources and activities.

**For TAC Use Only**

**Summary of workplan:**

Expand the NSVRC website to include a section related to preventing sexual violence in Tribal communities

Identify existing tools and resources related to violence prevention in Tribal Communities to link to on website.

Develop at least one new resource and identify existing resources that support planning and implementation of violence prevention by Tribal coalitions with a focus on preventing sexual violence in Tribal communities.

Develop and implement a plan for capacity building activities in partnership with Tribal coalitions

Provide outreach to Tribal coalitions to raise awareness about the availability of RPE funding

Deliver group and individual Capacity Building Technical Assistance to Tribal coalitions.

Collaborate with the recipient of the OT18-1802 Building Capacity of Tribal Coalitions to Prevent Violence to identify resources and technical assistance needs.

**Reporting period: September 30, 2023 - September 29, 2024**

**Total Award Budget: \$300,000**

**Target completion date: September 30, 2024**

**Essentials for Childhood: Preventing Adverse Childhood Experiences through Data to Action (CDC-RFA-CE-23-0005)**

Funded recipients will build or improve ACEs and Positive Childhood Experience (PCEs) data collection infrastructure and capacity; implement and sustain ACEs prevention strategies, focusing on health equity; and conduct ongoing data-to-action activities to inform changes to their existing prevention strategies or select additional strategies. Funded recipients will use data to inform the implementation of evidence-based prevention strategies and approaches to ensure safe, stable, nurturing relationships and environments for all children. The primary focus of this funding is translating data into prevention activities. Chickasaw Nation is a recipient of this funding.

**Summary of workplan:** The work plan covers the following required goals:

Goal 1: Build or Improve Surveillance Infrastructure and Capacity

Goal 2. Implement and Sustain ACEs Prevention Strategies

Goal 3. Use ACEs/PCEs Data for Action

**The notice of award went out on:** August 25, 2023

**Reporting period:** 5 years (September 1, 2023 - August 31, 2028)

**Total Award Budget:** Each recipient will receive up to \$485,000 annually.

**Target completion date:** August 31, 2028

**Preventing Adverse Childhood Experiences through Data to Action (CDC-RFA-TO-23-0001)**

The purpose of this funding is to conduct a pilot project to build capacity among tribes/tribal organizations to assess, collect, and analyze new and existing ACEs and PCEs surveillance data within their communities and to use that data to identify and implement ACEs prevention/PCEs Promotion strategies. The primary focus of this funding opportunity is translating data into prevention activities. The recipient for this award is Chickasaw Nation.

**Summary of workplan:**

Activity 1: Identify any available sources of data on ACEs and PCEs within their community, access this data, and summarize it for use in planning prevention strategies.

Activity 2: Add ACEs and PCEs questions to existing surveillance systems (or continue to collect these data) with youth (ages 14-18), such as the Youth Risk Behavioral Survey (YRBS) or other similar systems.

Activity 3: Identify and implement at least 1 ACE primary prevention/PCE promotion strategies and approaches with potential for impact across the tribal community. Strategies will be drawn from CDC's ACEs prevention resource tool, [Preventing Adverse Childhood Experiences: Leveraging the Best Available Evidence](#).

Activity 4: Use ACEs data throughout the funding period to refine the implementation of the prevention strategies.

**Reporting period:** September 30, 2023-September 29, 2028.

**Total Award Budget:** Recipient will receive up to \$350,000 annually.

**Target completion date:** September 29, 2028

**Preventing Adverse Childhood Experiences through Data Capacity (CDC-RFA-TO-23-001)**

The purpose of this funding is to conduct a pilot project to build capacity among tribes/tribal organizations to assess, collect, and analyze adverse childhood experiences (ACEs) and positive childhood experiences (PCEs) surveillance data within their communities and to begin to use that data to plan for the implementation of ACEs prevention/PCEs Promotion strategies. The primary focus of this funding opportunity is building surveillance capacity for ACEs and PCEs by tribes/tribal organizations. The recipient for this award is Wabanaki Public Health and Wellness.

**Summary of workplan:**

Activity 1: Identify any available sources of data on ACEs and PCEs within their community, access this data, and summarize it for use in planning prevention strategies.

Activity 2: Add ACEs and PCEs questions to existing surveillance systems (or continue to collect these data) with youth (ages 14-18), such as the Youth Risk Behavioral Survey (YRBS) or other similar systems.

Activity 3: Use data collected and analyzed as part of activities 1 and 2 to begin to plan for and select ACEs prevention strategies from CDC's ACEs prevention resource tool, [Preventing Adverse Childhood Experiences: Leveraging the Best Available Evidence](#).

**Reporting period:** September 30, 2023-September 29, 2028

**Total Award Budget:** Recipient will receive up to \$200,000 annually.

**Target completion date:** September 29, 2028

**Adverse Childhood Experiences (ACEs) Resource Basket (CDC-RFA-OT18-1802)**

DVP continues to support the National Indian Health Board for the culturally centered Adverse Childhood Experiences Resource Basket project. The fifth and final year of their funding ended on July 31, 2023. However, they were awarded a no-cost extension to complete all project activities (with CDC technical assistance) by July 31, 2024. The intended outcome of this project is to have additional resources available to help tribes build capacity to prevent ACEs and leverage Positive Childhood Experiences (PCEs) specific to tribal culture.

**Summary of workplan:**

Activity 1: Create online and technology-based presentations that feature Tribal programs and services that represent best, emerging, and promising practices in culturally tailored AI/AN ACEs prevention.

Activity 2: Interview tribal leaders and complete environmental scan to increase understanding of ACEs work in Tribal communities.

Activity 3: Develop and conduct ACEs training for community leaders and behavioral health professionals. Evaluate the success of these trainings.

Activity 4: Present at a national Tribal conference and disseminate presentations on the ACEs resource basket in the online ACEs Hub.

**Reporting Period:** August 1, 2018-July 31, 2024

**Total Award Budget:** The recipient is currently spending carry-over funds from previous award years (up to \$100,000 annually)

**Target completion date:** July 31, 2024 (end date of no-cost extension)

**The Building Indigenous Resilience in Communities and Homes Study (BIRCH) (Contract No. 75D30120C09034)**

This is a 3-year formative research study to identify potential protective factors and prevention strategies for the primary prevention of ACEs and substance use in American Indian/Alaskan Native (AI/AN) tribal communities. The qualitative research design includes focus groups discussion and in-depth interviews with parents/caregivers, tribal Elders, community leaders, service providers, tribal leaders, and young adults. The purpose of this study is to identify existing practices/programs and facilitators/barriers that contribute to ACEs/substance use prevention strategies—particularly in populations that are disproportionately burdened by ACEs. Chickasaw Health Consulting, LLC is the contractor with James Bell Associates, Inc. serving as a sub awardee for the study.

- Summary of workplan: Accomplishments include Collaborative Research Model: formative research partnership with CDC, Chickasaw Nation Industries (Chickasaw Health Consulting, contractor), American Indian urban and rural communities, Native research consultants, and other experts (James Bell and Associates; subcontractor); Community Engagement and Tribal Data Sovereignty: CDC and research team supported strengths-based approaches and relied on Native research consultants who leveraged their work and relationships with communities to engage in positive, discussions, collaborations, and data sharing agreements that respect tribal data sovereignty; Qualitative Data Collection (focus groups and individual in-depth interviews) with respondent groups (parents/caregivers; service providers; tribal Elders, community leaders, healers; young adults) located in four tribal communities (one urban community and one rural reservation community in the Great Lakes and one urban community and one rural reservation community in the Pacific Northwest).

**Reporting Period:** September 23, 2020- May 31, 2023.

**Total Award Budget:** \$1.37M

**Target completion date:** May 31, 2023

## Division of Violence Prevention Deliverables:

### **Tribal Overdose Prevention Program (Supplement to CDC-RFA-TO-23-001) Description:**

The Tribal Overdose Prevention Program (TOPP) is intended to help tribal communities heal from the overdose epidemic by developing a comprehensive, culturally based approach to preventing overdose, including polysubstance use. NCIPC recognizes the importance of community-driven approaches that include local culture and indigenous knowledge in all stages of public health programming (planning, implementation, and evaluation). Funded partners will have an opportunity to utilize an Indigenous evaluation approach to incorporate local values, indigenous knowledge, and traditions in programming and evaluation to prevent overdose. During Year 1 recipients will partner with CDC and an Indigenous evaluation consultant to review and revise the proposed work plan and activities.

**Summary of Workplan:** TOPP funded partners are required to select at least 2 of the following strategies:

Component 1: Community-based cultural interventions to address protective and risk factors

Component 2: Improve overdose data and surveillance

Component 3: Health Systems Interventions

Component 4: Public Safety Partnerships and Interventions

Component 5: Other Innovative Community-Based Strategies

**Number of Awards:** 16

**Total Award Budget:** \$11.2M

**Target Completion Date:** August 30, 2028

### **Tribal Epidemiology Center Public Health Infrastructure (TECPHI) Overdose Supplement (Supplement to CDC-RFA-DP22-2206)**

The TECPHI Overdose Supplement is intended to improve overdose data for American Indian and Alaska Native (AI/AN) people by working with Tribal Epidemiology Centers (TECs). AI/AN people are experiencing increased mortality from drug overdoses and more information about non-fatal overdoses and substances contributing to overdoses is important to stimulate focused action on "hot spots," particular service sectors, or high-risk populations. Working with TECs will strengthen epidemiologic surveillance and public health data infrastructure to address issues of data quality, completeness, accuracy, and timeliness. Supporting a multi-disciplinary, data-focused approach between TECs, tribal nations, and key partners will provide an important foundation to enhance data quality. Through this effort, ultimately prevention strategies can be targeted to better address drug overdose in AI/AN communities. Funded partners will have an opportunity to utilize an Indigenous evaluation approach to incorporate local values, indigenous knowledge, and traditions in programming and evaluation to prevent overdose. During Year 1 recipients will partner with CDC and an Indigenous evaluation consultant to review and revise the proposed work plan and activities.

**Summary of Workplan:** Funded partners are required to propose activities in components 1 and 2, and at least 2 additional activities.

Component 1: Improve data and surveillance activities related to fatal and non-fatal drug overdose, including polysubstance use (required)

Component 2: Provide training and/or technical assistance to tribes in your respective area on overdose data, epidemiology, and surveillance (required)

Component 3: Conduct needs assessment of Area Tribes to assess data needs related to drug overdose

Component 4: Implement a continuous quality improvement (CQI) approach to ensure the usefulness, quality, timeliness, and relevance of drug overdose data and products developed for tribes

Component 5: Improve data and surveillance related to the primary prevention of drug overdose

Component 6: Proposed additional activities to address local needs related to drug overdose data collection, analysis, interpretation, and prevention.

**Total Award Budget:** \$2M

**Estimated Number of Awards:** 10

**Target Completion Date:** September 29, 2027

### **Division of Injury Prevention's Indigenous Evaluation Approach**

NCIPC's Division of Injury Prevention (DIP) now requires all tribal funding opportunities to include an Indigenous Evaluation (IE) Approach. This approach recognizes tribal sovereignty and privileges Indigenous Knowledge. Tribal partners using an IE approach embed traditional tribal value systems and practices into their injury prevention program and evaluation design activities from the start. This ensures tribal injury prevention efforts are truly tribally-driven to maximize the cultural validity of program and evaluation. IE serves as a guard against forced implementation of ill-fitting public health interventions that further deepen injury-related health disparities. IE is a community-based health equity approach to advance tribal public health. The first DIP tribal programs to implement IE will be funded under the CDC-RFA-TO-23-0001: Strengthening Public Health Systems and Services in Indian Country portfolio and will include supplements focused on Tribal Alcohol-Impaired Driving Prevention Program, Tribal Overdose Prevention, and Tribal Suicide Prevention.

**Start Date:** September 30, 2023

**Target Date of Completion:** September 29, 2027

### **Opioid Overdose Prevention in Tribes: Technical Assistance Through Public Health Institutes (Supplement to CDC-RFA-OT18-1802)**

**Description:** The goal of this partnership with the National Network of Public Health Institutes and the Seven Directions indigenous Public Health Institute is to increase the capacity of tribal health systems to prevent and respond to opioid overdose, while providing technical assistance and resources to improve data collection and epidemiologic surveillance capacity, increase the implementation of evidence-based prevention strategies within tribal health systems, and evaluate current effective activities. In addition, NNPHI and Seven Directions conducted an evaluability assessment of CDC-funded tribal overdose prevention partners and led the development of an Indigenous evaluation toolkit.



**Summary of Workplan:** NNPHI and Seven Directions are providing technical assistance related to Indigenous evaluation to CDC-funded partners in overdose prevention, suicide prevention, falls prevention, and alcohol-impaired driving. In Year 6 NNPHI will be reviewing CDC's Opioid Prescribing Guidelines and make recommendations to implementing the guidelines in tribal and urban healthcare settings.

**Total Award Budget:** \$2.1M

**Estimated Number of Awards:** 1

**Target Completion Date:** July 31, 2024

**Funding Title: Urban AI/AN Overdose Needs Assessment (Supplement to CDC-RFA-OT18-1802)**

Little is known about the current landscape of drug overdose prevention efforts in urban American Indian and Alaska Native (AI/AN) communities or protective factors related to preventing overdose that are unique to this population. This project will identify current overdose prevention initiatives in Urban Indian Organizations (UIOs), identify specific needs of UIOs related to preventing drug overdose, and identify unique protective factors within urban AI/AN communities related to preventing overdose. The overall goal is to build the capacity of UIOs to address drug overdose among their service population by enhancing cultural protective factors and conduct a needs assessment with UIOs to learn more about specific needs and gaps related to preventing drug overdose among urban AI/AN people, ultimately resulting in increased capacity for UIOs to address overdose.

**Summary of Workplan:** The National Council on Urban Indian Health (NCUIH) will conduct an environmental scan/landscape assessment of current drug overdose prevention activities occurring within Urban Indian Organizations nationwide. The results of these assessments will be summarized and used to identify protective factors for overdose and used by UIOs to enhance and improve overdose prevention services.

**Total Award Budget:** \$350K

**Estimated Number of Awards:** 1

**Target Completion Date:** July 31, 2024

**Opioid Overdose Prevention Conference Track for Tribes and Tribal Organizations (Supplement to CDC-RFA-OT18-1802)**

CDC has partnered with the National Indian Health Board to expand an existing national meeting/conference to include a track or topics related to opioid overdose prevention in tribal communities and sponsor relevant partners and stakeholders to attend the conference track.

**Summary of Workplan:** NIHB will identify a national conference or meeting each year to incorporate a track related to the prevention of overdose prevention in tribal communities. This includes identifying potential presenters and speakers and supporting travel for key attendees and speakers.

**Total Award Budget:** \$100K

**Number of Awards:** 1

**Target Completion Date:** July 31, 2024

## **CDC-RFA-OT18-1803 Tribal Public Health Capacity Building and Quality Improvement Tribal Epidemiology Center Drug and Opioid Overdose Capacity Support Supplement**

**Description:** The National Center for Injury Prevention Division of Injury Prevention awarded one-year supplementary funding to Tribal Epidemiology Centers (TECs) to enhance tribal health information, surveillance, and epidemiological efforts to combat the worsening and expanding drug overdose epidemic, including opioid and stimulant use disorders. This project aims to increase the capacity of Tribal Epidemiology Centers to implement quality improvement activities that generate actionable data on opioid use disorder, substance use disorder, and polysubstance use, such as screening, diagnosis, and linkage to care. Ultimately, this data will aid public health efforts to curb the drug overdose epidemic. Eight regionally tribally designated organizations with prior experience collecting and analyzing opioid and drug overdose data were awarded \$1.6 million on August 30, 2022. The project is expected to conclude on August 30, 2023.

**Total Number of Awards:** 4

**Start Date:** August 31, 2022

**Target Completion Date:** August 30, 2023

## **Funding Title: Tribal Alcohol-Impaired Driving Prevention Program (Supplement to CDC-RFA-TO-23-001)**

The primary cause of unintentional injury-related death among American Indians and Alaska Natives (AIAN) is motor vehicle crashes. AIAN have a high prevalence of alcohol-impaired driving and the highest alcohol-impaired driving death rates among all racial/ethnic populations. The purpose of the cooperative agreement is to reduce injury and death due to alcohol-impaired driving in the AIAN population by directly funding AIAN Tribes and Tribal Organizations to implement interventions using [evidence-based strategies](#) and [indigenous evaluation approaches](#). Funded partners will have an opportunity to utilize an Indigenous evaluation approach to incorporate local values, indigenous knowledge, and traditions in programming and evaluation to prevent alcohol-impaired driving. During Year 1 recipients will partner with CDC and an Indigenous evaluation consultant to review and revise the proposed work plan and activities.

**Total Award Budget:** \$125,000

**Estimated Number of Awards:** 1

**Target Completion Date:** 8/30/2027

## **Tribal Suicide Prevention Program (Supplement to CDC-RFA-TO-23-001)**

Funded partners will have an opportunity to utilize an Indigenous evaluation approach to incorporate local values, indigenous knowledge, and traditions in programming and evaluation to prevent suicide. During Year 1 recipients will partner with CDC and an Indigenous evaluation consultant to review and revise the proposed work plan and activities.

**Total Award Budget:** \$1,000,000

**Estimated Number of Awards:** 4

**Target Completion Date:** 8/30/2027

### **Elder Falls Prevention (Supplement to CDC-RFA-TO-23-001)**

American Indian and Alaska Native (AIAN) elders report a higher percentage of falls and fall injuries and have higher death rates than any other group except for non-Hispanic White older adults. The purpose of the cooperative agreement is to reduce falls and their resulting injuries and deaths by directly funding AIAN Tribes and Tribal Organizations to implement clinical fall prevention strategies linked to effective community-based programs to support clinical recommendations. Funded partners will have an opportunity to utilize an Indigenous evaluation approach to incorporate local values, indigenous knowledge, and traditions in programming and evaluation to prevent falls. During Year 1 recipients will partner with CDC and an Indigenous evaluation consultant to review and revise the proposed work plan and activities.

**Total Award Budget:** \$700,000

**Estimated Number of Awards:** 2

**Target Completion Date:** 8/30/2027

### **Pilot Swimming and Water Safety Skills Training Program in American Indian or Alaska Native Communities**

AI/AN people are at increased risk of drowning, and basic swimming and water safety skills training has been identified as an effective drowning prevention strategy. This project will leverage and expand on the drowning prevention project DIP first started in FY20 with the National Network of Public Health Institutes (NNPHI) and the American Red Cross. The goal of this FY20 project was to assess facilitators and barriers that affect children and their parents' ability to participate in swimming lessons. The first year of the project provided valuable information about how to engage children and families from high-risk communities who have not traditionally participated in swimming lessons. Additionally, in FY20 NNPHI and the American Red Cross pilot tested one site's ability to effectively promote swim skills acquisition in young children aged 1-4 years. In FY21, the American Red Cross expanded the swim and water safety skills pilot to three additional sites serving primarily Black and Hispanic children. The American Red Cross attempted to expand the pilot sites to include American Indian or Alaska Native (AI/AN) children but was unable to engage these communities. In FY22, the American Red Cross surveyed and conducted interviews with parents and caregivers, teens, and young adults from AI/AN communities to better understand factors that contribute to swim skills training in this population. The goal of the proposed FY23 project is to apply the lessons learned from the survey and interviews conducted in FY22 to engage AI/AN parents and children to participate in pilot swim and water safety skills training programs.

**Total Award Budget:** \$300,000

**Estimated Number of Awards:** 1

**Target Completion Date:** 6/30/2024

## Division of Overdose Prevention Deliverables:

### Harm Reduction Related Scientific and Programmatic Technical Expertise (Mod# 75D30123C16641)

The National Harm Reduction Technical Assistance Center (NHRTAC) was established by CDC and expanded in collaboration with SAMHSA to ensure comprehensive support of the integration of harm reduction strategies and principles across diverse community settings and within a treatment framework. NHRTAC expanded from 3 TA providers to 8, enabling the program to expand beyond providing TA to direct award recipients and broadly support integration of harm reduction in treatment and recovery spaces. On September 20, 2023, H2 PCI, a Tribally-Owned, "Super 8(a)"/Small Disadvantaged Business, was awarded \$3.8m for technical assistance and program support.

**Start Date:** September 2023

**Target Completion Date:** September 2024

### Drug-Free Communities (DFC) Support Program

The Drug Free Communities (DFC) Support Program, established in 1997 by the [Drug-Free Communities Act](#), provides grants to community coalitions to strengthen the infrastructure among local partners to create and sustain a reduction in local youth substance use. The DFC program aims to mobilize community leaders to identify and respond to the drug problems unique to their community and change local community environmental conditions tied to substance use.

**Start Date:** September 2023

- Earlier this year, the Office of National Drug Control Policy (ONDCP) and CDC announced Notices of Funding Opportunities (NOFOs) for recipients that are applying for their first 5 years of funding and for recipients that are applying for years 6-10. The announcement closed back on April 11th, and we anticipate announcing the awardees of the NOFOs in September 2023. Currently, a total of [745 community coalitions in all 50 states](#) receive over \$93 million in grant funding through the DFC Support Program. According to data from 2020, approximately 16 DFC coalitions are located in or serve a federally-recognized tribal areas to prevent alcohol, tobacco, marijuana, and prescription drugs and promote health and wellness among youth. A couple of examples of coalition work include:
  - o The Lapwai Community Coalition or LCC, a DFC Coalition in the Tribal Reservation of Nez Perce in Idaho, has collaborated with the community's local school district to support a shared vision that seeks to elevate culture as a key protective factor and foster resiliency in the face of historical and generational trauma. The LCC uses "culture as prevention" to holistically approach wellness and prevention that incorporates addressing historical trauma, fostering resilience, sharing cultural teachings, and developing a sense of connectedness to the community, the Tribe, and the land. This approach helps nurture protective factors that reduce the likelihood of youth substance while authentically engaging the community. In Lapwai, the school is a pillar of the community, bringing numerous organizations together. The school staff "work very closely with the Tribe's education department, social services, child protection, Tribal police, the health clinic here called Nimiipuu Health, behavioral health." The school serves as a hub for events and communications. Through collaboration with the school, the LCC has direct access to support youth, connect with families, improve access to behavioral health care, and collect data.

- o The Oyate Prevention Coalition in Rapid City, South Dakota, works to increase awareness and resource availability in their community and to uplift Native American youth. The coalition has been successfully engaged in several community activities designed to help prevent substance use among youth, including an 8-lesson program, Medicine Wheel Journey (adapted with permission from the Canoe Journey curriculum), to primarily Native American youth. The Medicine Wheel Journey Program is taught several times a week at several locations and teaches 15 youth at a time. Through storytelling and discussions, the youth explore the skills needed in life's journey. They are also taught facts about alcohol and drugs and practice making conscious choices about using and refusing.