

Health Disparities

GHWIC focuses on health promotion and chronic disease prevention to address persistent health disparities experienced by AI/ANs.²

Compared to Non-Hispanic Whites, AI/AN adults are:



30% more likely to have coronary heart disease.³



20% more likely to be current cigarette smokers.⁶



Nearly half of AI/AN adults are obese, compared to one-third of Non-Hispanic Whites.⁵



17.6% of AI/AN adults have diabetes, compared to 7.3% of Non-Hispanic Whites.⁴

Investing in Chronic Disease Prevention

Between 2014-2019, the Centers for Disease Control and Prevention (CDC) will invest over \$78 million in chronic disease prevention efforts through the Good Health and Wellness in Indian Country (GHWIC) program.¹

Designed to promote Health and Wellness for American Indians and Alaska Natives (AI/ANs), GHWIC directly funds **23 tribes and tribal-serving health organizations**. Since 2014, regional GHWIC grantees have funded over **113 additional tribes and tribal-serving health organizations** to increase impact and end health disparities across Indian Country.

Community-Driven and Culturally Adapted Approach

The GHWIC program promotes **revitalization of indigenous values and traditional knowledge**. Grantees have crafted community driven strategies based on local norms and cultural values to:

- Increase health literacy
- Reduce tobacco use and exposure
- Strengthen team-based health care and community linkages
- Increase nutrition and physical activity
- Increase support for breastfeeding

In the first two years of GHWIC, grantees engaged in culturally-sound strategic planning to develop a foundation for addressing chronic disease priorities in funded communities by:

Tribes	Tribal-serving health organizations
<ul style="list-style-type: none"> •Forming cross-sector workgroups •Completing community health assessments •Selecting community-centered activities 	<ul style="list-style-type: none"> •Distributing regional community sub-awards •Strengthening coalitions and partnerships •Facilitating regional communities of practice

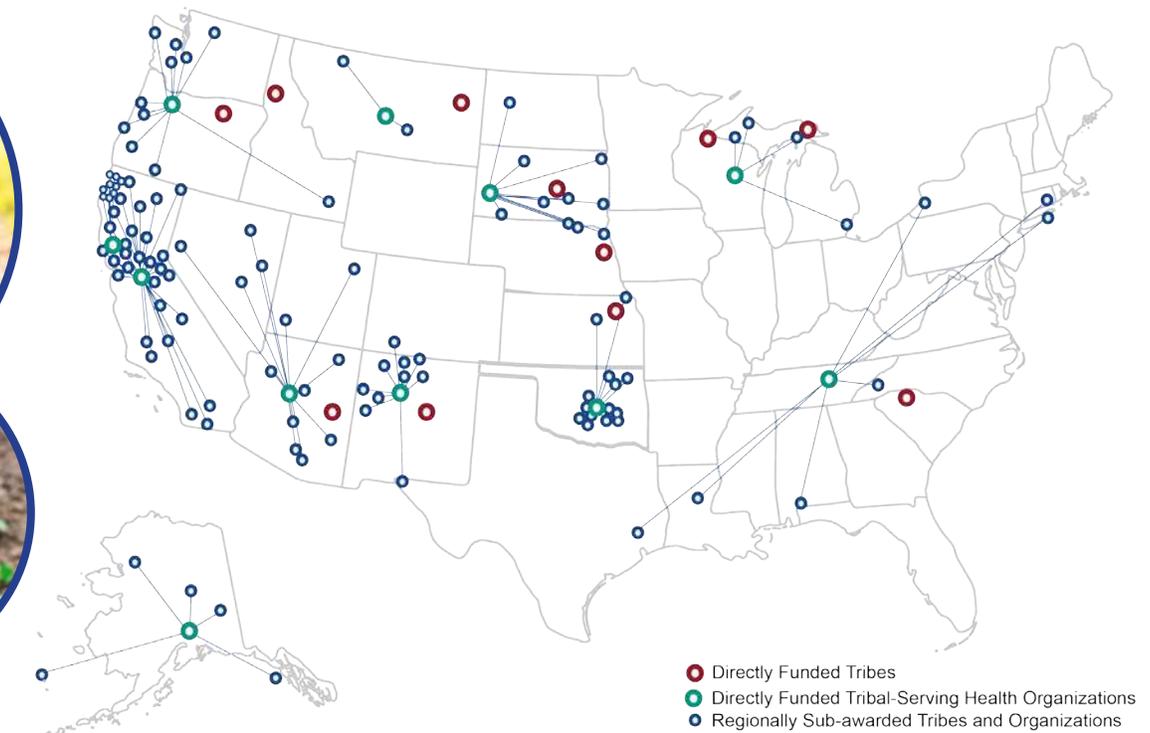
Partnerships, Collaboration, and Systemic Change

The GHWIC program uses policy, systems, and environmental (PSE) changes to create sustainable health improvements while addressing the root causes of health disparities. Recipients incorporate sustainable practices into their efforts to ensure that the impact of this work continues beyond the life of the funding.

Community involvement and partnership building are central components of the GHWIC program. All 23 recipients developed cross-sector workgroups to design, select, and implement chronic disease prevention strategies within their respective communities. When assessing their communities, funding recipients adapted western methodologies of research and evaluation in balance with indigenous ways of knowing to ensure that evaluation processes and tools met the unique context of each area.

The GHWIC program pairs expertise and technical support with local knowledge. Many recipients of GHWIC funds act as regional hubs for funding and technical assistance to smaller tribes and tribal-serving health organizations (See map). These regional hub organizations help with program planning and implementation while facilitating communication between peer organizations. This model allows grantees to develop and leverage inter-tribal relationships across Indian Country and greatly extends the reach of limited federal dollars.

Map of GHWIC Grantees and Sub-Awarded Tribes and Organizations



Centering Indigenous Values in Program Evaluation

To evaluate community driven strategies, the Urban Indian Health Institute uses four indigenous values: place, gifts, community, and sovereignty. Examining grantee efforts in relationship to these values reveals that the flexible structure of GHWIC allowed grantees to draw upon indigenous values as a means to achieve balance and health equity. As a result, grantees built program foundations that decolonize approaches to chronic disease prevention.



By creating collaborative workgroups and allowing the adaptation of health promotion programs to meet local community needs and priorities, the GHWIC program created a solid foundation for innovative interventions to combat health disparities in Indian Country. This locally driven, community-based model can be used as a template for empowering communities throughout the U.S., extending the impact of GHWIC beyond AI/AN people towards the overall health and well-being of all Americans.

1. CDC. Chronic Disease Prevention and Health Promotion. A Comprehensive Approach to Good Health and Wellness in Indian Country (DP14-1421PPHF14). <https://www.cdc.gov/chronicdisease/about/foa/2014foa/comprehensive-approach-health.htm>

2. *ibid.*

3. CDC. (2014). Summary Health Statistics for U.S. Adults: 2014. Table 2. https://www.cdc.gov/nchs/data/series/sr_10/sr10_260.pdf

4. CDC. (2014). Summary Health Statistics: National Health Interview Survey: 2014. Table A-4. <https://www.cdc.gov/nchs/nhis/shs/tables.htm>

5. CDC. (2016). Summary Health Statistics: National Health Interview Survey: 2014. Table A-15. <https://www.cdc.gov/nchs/nhis/shs/tables.htm>

6. CDC. (2013). Health United States, 2013. Table 54. <https://www.cdc.gov/nchs/data/hus/14.pdf>