

[CDC Seeking Nominations from Urban Indian Organizations for Project on Anti-Racism Practices and Policies](#)

Category: Policy Blog

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The Centers for Disease Control and Prevention Seeks Nominations of Health Care Organizations Currently Implementing Anti-Racism Practices and Policies

The Centers for Disease Control and Prevention (CDC) Division for Heart Disease and Stroke Prevention (DHDSP) is [seeking nominations](#) of health care organizations that are currently implementing anti-racism practices and policies with the potential to reduce health disparities and improve outcomes related to heart disease, stroke, and other cardiovascular disease conditions. In partnership with NORC at the University of Chicago (NORC), the purpose of this project is to evaluate the impact of anti-racist practices on the delivery of health care and health equity. Eligible nominees include any health care organization or system, Tribal and Urban Indian health centers, school-based health centers, and outpatient community centers currently implementing anti-racism practices. **Nominations are due by December 9, 2022** and should be submitted (2 pages or less) via email to: AntiRacismEval@norc.org.

Background

[CDC's DHDSP](#) works with partners across government, public health, health care, and private sectors to improve prevention, detection, and control of heart disease and stroke risk factors, with a focus on high blood pressure and high cholesterol. DHDSP also works to improve recognition of the signs and symptoms of a heart attack or stroke and the quality of care following these events. Through its scientific and programmatic investments, DHDSP advances strategies such as using electronic health records to identify patients at risk and treat them appropriately and caring for patients with teams of clinicians, pharmacists, community health workers, and others outside of the doctor's office. The division also promotes strategies that link patients to community programs and resources that help them take their medicines consistently, manage their risk factors, and make healthy lifestyle changes, such as quitting smoking or losing weight.

Nomination Eligibility and Information

Any health care organization or system, including Tribal and **Urban Indian health centers**, school-based health centers, and outpatient community centers, that is currently implementing an anti-racism practice at the organizational, community, interpersonal and/or individual level. The intervention:

- Focuses on dismantling racism, advancing health equity, or reducing health disparities among racial and ethnic minorities.
- Focuses on cardiovascular disease or other chronic diseases
- Has not yet undergone a comprehensive evaluation and has been implemented for at least 12 months.

Interested health organizations should include the following information:

- Name and contact information for the primary point of contact
- Description of the patient population at the location(s) where the anti-racism practice is being implemented, including the size of patient population, the percentage of patients that identify as non-white, and other demographic and social determinants of health characteristics.
- A description of the anti-racism practice, including:
 - The anti-racism name
 - Implementation of the anti-racism practice began
 - The location(s) where the anti-racism practice is being implemented
 - The primary goals and the activities that comprise the anti-racism practices
 - The level(s) the implementation operates (i.e. individual, interpersonal, community, etc.)
 - The involvement of community members in the development and/or implementation of the anti-racism practice
 - The health condition(s) on which the anti-racism practice focuses
- Any monitoring or evaluation history of the anti-racism practice including outcomes currently being monitored, methods used to monitor, and/or plans to monitor outcomes in the future.
- The types of data available to support an evaluation of the anti-racism practice, such as EHR data, payer claims, registry data, or administrative records
- A description of staff and data systems capacity to retrieve and share quantitative data reports on the anti-racism practice delivery, patient social determinants of health, and patient clinical outcomes with NORC's evaluation team

When the nomination is complete, CDC will select up to six sites to participate in an evaluability assessment. Based on the outcome of the assessment, CDC will select up to three sites to participate in a rapid case study evaluation to further assess the impact of the anti-racism practice on the delivery of health care, health care access, and heart disease, stroke, or chronic disease outcomes.

All nomination sites will receive a selection decision by January 2023. If selected, virtual site visits and interviews will be scheduled in February 2023.

AI/AN Cardiovascular Health

American Indian and Alaska Native (AI/AN) populations are [disproportionately affected](#) by cardiovascular disease (CVD), coronary heart disease (CHD), and overall poorer heart health. Stroke is also the sixth-leading cause of death for AI/ANs, who have the highest reported history of stroke compared with other US racial and ethnic groups. According to the Health and Human Services Office of Minority Health [report](#), in 2018, AI/ANs were 50 percent more likely to be diagnosed with coronary heart disease than their white counterparts. Moreover, AI/AN adults were 10 percent more likely than white adults to have high blood pressure. Compared to the general AI/AN population, urban AI/AN communities experience [exacerbated](#) health problems due to lack of family and traditional cultural environments in metropolitan areas. Recent studies of the urban AI/AN population have also documented poorer health status and reveal lack of adequate health care services as serious problems.

Call to Action

Despite the disproportionate high rates of health disparities in AI/AN populations and specifically cardiovascular health, urban Indian organizations (UIOs) have continued to provide critical services aimed at addressing and combatting negative health outcomes through culturally competent care and programs. NCUIH encourages interested UIO leaders to submit nomination materials to antiracismeval@norc.org.