

# Tribal Epidemiology Centers Public Health Infrastructure (TECPHI)

The Tribal Epidemiology Centers Public Health Infrastructure (TECPHI) program builds public health capacity to promote health and prevent disease in American Indian/Alaska Native communities.

## Tribal Epidemiology Centers (TECs)

Routine disease and risk factor data for American Indian and Alaska Native (AI/AN) populations is often incomplete or missing in federal and state data, due to relatively small size of these populations and widespread race misclassification. **The Tribal Epidemiology Centers Public Health Infrastructure program is one example of the Center of Disease Control and Prevention's (CDC) approach to address this data gap and build public health capacity to promote health and prevent disease in AI/AN communities.**

Tribal Epidemiology Centers (TECs) were established by, and receive core funding from, the Indian Health Service (IHS) to serve tribes in the 12 IHS administrative areas and Urban Indian Organizations (UIO). TECs seek to improve the health of AI/AN communities in consultation with and by the request of tribes, UIOs, and other tribal organizations. The TECs' seven core functions support AI/AN communities in identifying and understanding health problems and disease risks, strengthening public health capacity, and developing solutions for disease prevention and control.

## About TECPHI

TECPHI is a CDC cooperative agreement that complements IHS funding to increase TEC public health capacity and infrastructure. The purpose of TECPHI is to reduce programmatic silos within TECs and expand their ability to perform the seven core functions by building data infrastructure, increasing staff capacity and establishing partnerships.

CDC supports the 12 TECs and one Network Coordinating Center. The Network Coordinating Center coordinates the evaluation of this initiative and provides project organization, logistics, and communication across the TECs. TECPHI is a 5-year cooperative agreement (fiscal years 2017–2021). TECs receive a total of approximately \$8.5 million per year.

## Key Strategies

Although each of the TECs' project is unique, they are all engaging in the following three key strategies to contribute to overall health for AI/AN people nationwide:

- Strengthening public health capacity and infrastructure
- Implementing activities to improve effectiveness of health promotion and disease prevention
- Engaging in sustainability activities after the funding cycle ends

## Outcomes and Goals:

The program intends to contribute to:

- Reductions in chronic diseases and risk factors
- Reductions in disparities in health outcomes
- Program monitoring and evaluation
- Improvements in overall health by building public health capacity and infrastructure in Indian Country for disease surveillance, epidemiology, prevention and control of disease, injury, or disability

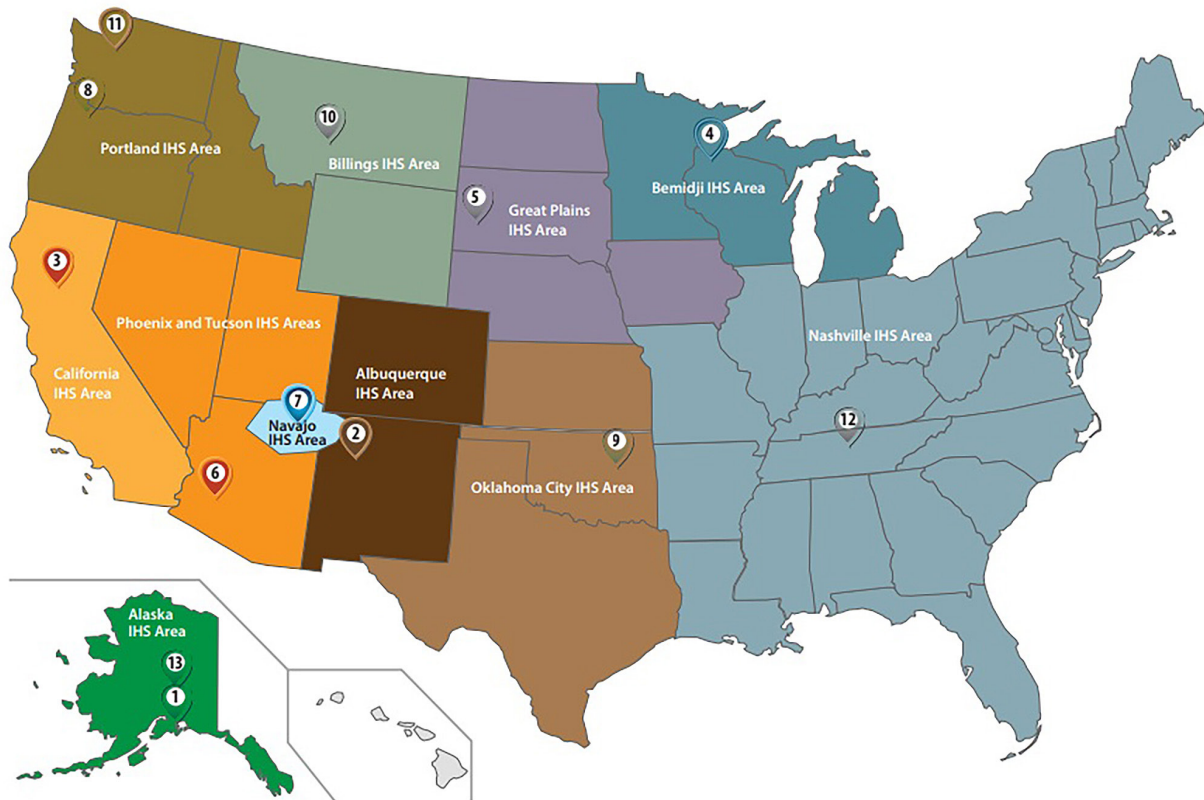
## Seven Core Functions

1. Collecting data
2. Evaluating existing delivery systems data systems, and other systems that impact health
3. Identifying health priorities and health status objectives
4. Making recommendations for health service needs
5. Making recommendations for improving health care delivery systems
6. Providing epidemiologic technical assistance
7. Providing disease surveillance and assisting in the promotion of public health



# Tribal Epidemiology Centers and Service Areas, 2017-2021

By location, including Network Coordinating Center



## Tribal Epidemiology Centers and Service Areas (12 Awardees)

1. Alaska Native Tribal Health Consortium Epidemiology Center | (Anchorage, AK)
2. Albuquerque Area Southwest Tribal Epidemiology Center | (Albuquerque, NM)
3. California Tribal Epidemiology Center | (Sacramento, CA)
4. Great Lakes Inter Tribal Epidemiology Center | (Lac du Flambeau, WI)
5. Great Plains Tribal Epidemiology Center | (Rapid City, SD)
6. Inter-Tribal Council of Arizona Tribal Epidemiology Center | (Phoenix, AZ)
7. Navajo Epidemiology Center | (Window Rock, AZ)
8. Northwest Portland Area Indian Health Board Tribal Epidemiology Center | (Portland, OR)
9. Oklahoma Area Tribal Epidemiology Center | (Oklahoma City, OK)
10. Rocky Mountain Tribal Epidemiology Center | (Billings, MT)
11. Urban Indian Health Institute | (Seattle, WA)
12. United South and Eastern Tribes Tribal Epidemiology Center | (Nashville, TN)

## Network Coordinating Center (1 Award)

13. Alaska Native Tribal Health Consortium Epidemiology Center | (Anchorage, AK)

