

About the Division of Population Health

CDC's Division of Population Health (DPH) envisions a nation where every population thrives in health and wellness.



DPH promotes health and well-being and prevents chronic diseases among people in all stages of life. We do this by collecting data, conducting community-based research, and developing cross-cutting public health programs.

DPH delivers timely, high-quality health data to help communities and states better understand the prevalence and geographic distribution of health measures, which can be helpful in planning public health programs that best meet the needs of their populations.

The [Behavioral Risk Factor Surveillance System](#) (BRFSS) collects state data about health behaviors, chronic health conditions, and use of preventive services among U.S. adults. BRFSS is the largest telephone health survey in the world and captures information from more than 400,000 U.S. adults each year across all 50 states, the District of Columbia, and participating U.S. territories. The [BRFSS online tool](#) allows users to display data for state-to-state and state-to-national comparisons.

[PLACES: Local Data for Better Health](#) provides health data for small areas (counties, census tracts, and ZIP code tabulation areas) across the country.

The [Chronic Disease Indicators](#) tool provides national and state estimates for 113 surveillance indicators of chronic diseases and their risk factors. Where applicable, estimates are broken down by sex, race and ethnicity, and age group.

Since 1984, CDC has funded the [Prevention Research Centers](#) (PRCs), a network of academic research centers that study how people and their communities can reduce risk factors for chronic conditions, such as heart disease, obesity, and cancer. PRCs work with local communities to develop, test, and evaluate solutions to public health problems.

For example, to improve access to community health workers (CHWs), the University of Arizona PRC (AzPRC) partnered with other local public health organizations to achieve a state certification path for CHWs. They first established the [Arizona CHW Workforce Coalition](#), which worked with legislators to formalize voluntary CHW certification. Then they developed tools to share AzPRC's research with decision makers and identified sustainable funding mechanisms to integrate CHWs into the health care system.

American Indian and Alaska Native (AI/AN) adults have higher rates of some chronic diseases and lower life expectancy—about 11 years lower—than other racial and ethnic groups in the U.S. With DPH's culture-first approach, the [Healthy Tribes Program](#) funds tribes, villages, tribal organizations, and Tribal Epidemiology Centers through three programs:

[Good Health and Wellness in Indian Country](#). Recipients implement a coordinated and holistic approach to reduce chronic disease risk factors in Native communities.

[Tribal Practices for Wellness in Indian Country](#) (TPWIC). Recipients implement tribal practices and cultural traditions to strengthen community and cultural connections for improved physical, mental, emotional, and spiritual health and well-being within AI/AN communities. From 2018 through 2022, TPWIC engaged over 250,000 AI/AN community members in diet, nutrition, physical activity, cooking, and gardening activities that promote healthy living.

[Tribal Epidemiology Centers Public Health Infrastructure](#). Recipients work to address data gaps and build public health capacity to promote health and prevent disease in AI/AN communities.

DPH focuses on two challenges to the health and quality of life of aging adults today: Alzheimer's disease and arthritis.

Alzheimer's disease is the most common form of dementia and the seventh leading cause of death in the United States. It affects 6.9 million U.S. adults, a number that is expected to double by 2060.

CDC promotes awareness and strategies to address Alzheimer's disease and related dementias through the [National Healthy Brain Initiative](#) and [Building Our Largest Dementia \(BOLD\)](#) infrastructure activities. BOLD funds 43 public health department programs and 3 BOLD Public Health Centers of Excellence to:

- Increase early detection and diagnosis.
- Reduce risk.
- Prevent avoidable hospitalizations.
- Support caregiving for people with Alzheimer's disease and related dementias.

Arthritis affects 1 in 5 adults, or over 54 million people, in the United States.¹ It is a major cause of disability and pain for adults, and the top reason for work disability in this country.

CDC's [Arthritis Well-Being and Management Program](#) works to improve the quality of life for people with arthritis by:

- Collecting data to identify arthritis trends.
- Conducting research to learn how arthritis affects quality of life for people who also have other chronic diseases (like diabetes).
- Funding 12 states and 5 national organizations to expand the reach of proven physical activity and self-management education programs.
- Funding 3 universities as part of a new arthritis research network.

Since 2012, in collaboration with states and national partners, CDC has reached more than 200,000 adults with evidence-based interventions that can improve arthritis management and quality of life.

Not all people have the same opportunities for health and wellness. Some groups have much higher rates of chronic diseases as a result of different environmental, policy, structural, or social conditions. CDC funds programs to address nonmedical factors that influence health in five priority areas:

- Built environment.
- Community-clinical linkages.
- Food and nutrition security.
- Social connectedness.
- Tobacco-free policies.

Since 2021, CDC has funded 71 states, communities, and territories to develop [Accelerator Plans](#) addressing the five priorities. These plans are intended to accelerate action in state, local, territorial, and tribal jurisdictions that lead to improved chronic disease outcomes for groups affected by health disparities and inequities.

CDC is also funding five [ACTion](#) states and communities to implement established plans to address SDOH in their communities by increasing access to clinical services, safe places to be active, healthy foods, and social services.

Excessive alcohol use, including underage drinking and binge drinking, is responsible for more than 178,000 deaths per year in the United States. Among adults aged 20 to 49, about 1 in 5 deaths are from excessive drinking. Excessive alcohol use increases the risk of injuries, violence, and chronic diseases (such as liver diseases, several types of cancer, and high blood pressure).

CDC's [Alcohol Program](#) funds 11 states to promote strategies that reduce alcohol-related illness, injury, and deaths. The program:

- Measures the effects of excessive alcohol use on groups of people.
- Works with partners to provide resources and expand the use of effective strategies in states and communities.
- Communicates the [benefits of reducing excessive alcohol use](#).
- Expands the ability of states to monitor patterns of alcohol use and related health effects.

About 3.3 million Americans have [epilepsy](#), including 456,000 children. Epilepsy and seizures cost the nation at least \$24.5 billion per year in medical costs.

Epilepsy can have both direct and indirect health effects that limit life opportunities and access to timely and effective treatment. For example, people with epilepsy may have uncontrolled seizures, need frequent in-hospital care, be unable to drive, and face stigma and discrimination. As a result, they may have trouble with school, jobs, and relationships, and may have depression and anxiety.

CDC's [Managing Epilepsy Well Network](#) has collaborated with more than 35 epilepsy health or social service partners across the United States to expand the reach of proven epilepsy self-management programs through in-person and virtual offerings. These programs help people with epilepsy take control of their health and manage their day-to-day challenges.

[Lupus](#) is an incurable autoimmune disease that triggers inflammation, causing pain and affecting daily life. It can affect people of all ages, including children, but women aged 15 to 44 and those from minority racial and ethnic groups are most at risk.

CDC funds research to improve the diagnosis and treatment of lupus by funding lupus patient registries and long-term studies.

In 2023, with CDC's support, the Lupus Foundation of America's Partners United for Sustainable Lupus Education and Awareness (PULSE) project launched a campaign to help people with lupus get diagnosed more quickly and an app to promote access to lupus self-management programs. Since their launch, both initiatives have seen tremendous success, with nearly 17 million campaign views and over 3,200 app downloads.

CDC also funds partners to provide expertise, education, and data on chronic conditions such as [inflammatory bowel disease](#) and [interstitial cystitis](#).

[Chronic Disease Education and Awareness](#) projects fund recipients to strengthen the science base for prevention, education, and public health awareness for less known and addressed conditions.



[Director's Bio](#)

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Dr. Thomas leads the Division of Population Health.

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[National Center for Chronic Disease Prevention and Health Promotion \(NCCDPHP\)](#).

References

1. National Center for Health Statistics. National Health Interview Survey Data, 2021–2023. Accessed August 6, 2024.
<https://www.cdc.gov/nchs/nhis/documentation/index.html>

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