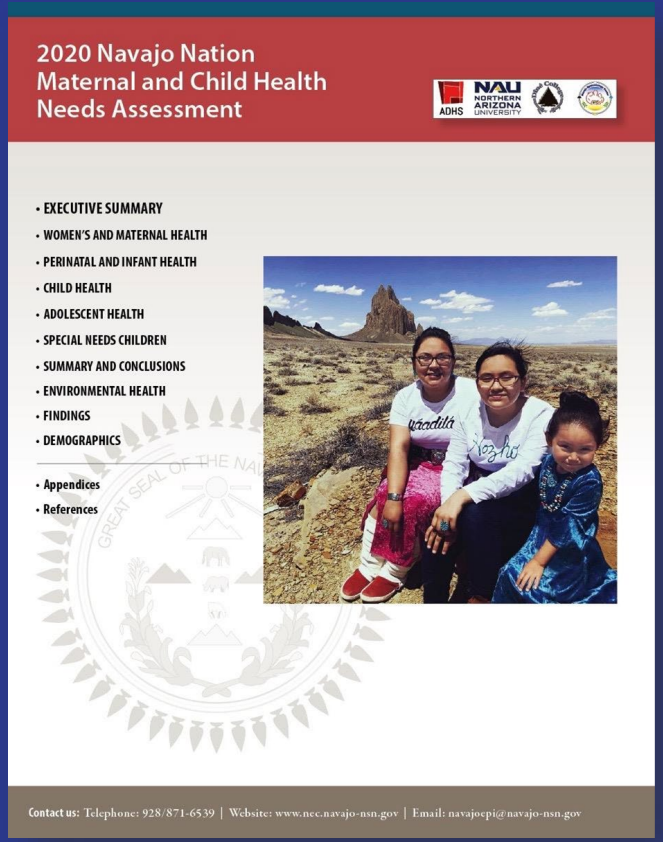
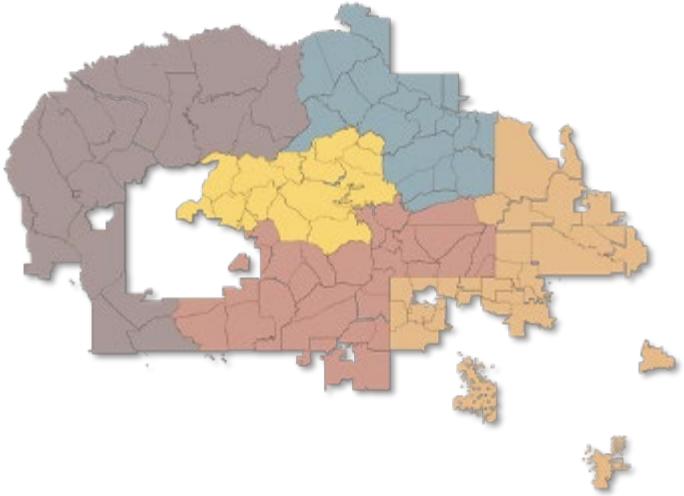
Navajo Maternal Health Needs Assessment Workshop: Process and Implications

Amber-Rose Waters, BA

Diné College- Public Health Dept.



The Navajo Nation



Map of Navajo Nation and 5 agencies

- 332,000 enrolled members and 47% live on the NN
- 5 agencies and 110 chapters
- 13 grocery stores
- 17 hospitals and clinics
- Navajo Epidemiology Center
- The land has been a target of resource extraction which impacts Navajo health today.

FRAMEWORK ADAPTED FROM SĄ'ÁH NAAGHÁÍ BIK'EH HÓZHÓÓN

4. *Sihasin:* Reflecting (Roof)
Identifying unmet needs in presentations, final report, and other dissemination activities.

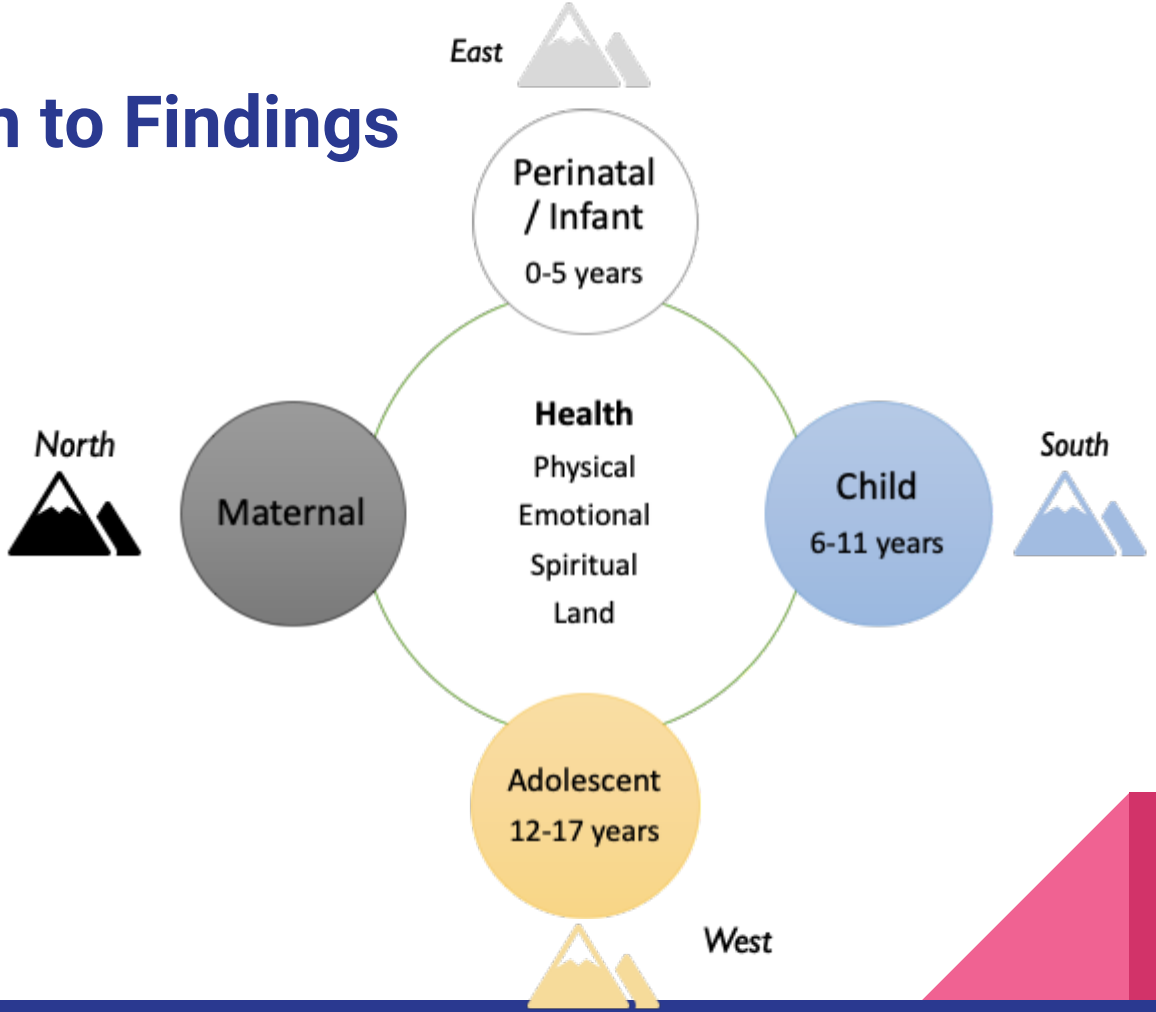
2. *Nahat'á:* Planning (Structure)
Partnership with partners, stakeholders and Advisory Council.

Traditional Navajo Hogan

3. *Iiná:* Implementation (Structure)
Primary and secondary information collection and analysis.
Priority setting with stakeholders.

1. *Nitsáhákees:* Thinking (Foundation)
Building on knowledge and understanding of mothers and children.

Approach to Findings



Needs Assessment Partners

Collaboration between Diné College (DC), Northern Arizona University (NAU), and Navajo Epidemiology Center with funding from Arizona Department of Health Services.

Needs Assessment Primary Team

Navajo NARCH Partnership between DC, NAU and Public Health Senior level students

Navajo MCH Advisory Council

- Navajo Area providers
- State and tribal program specialists
- Navajo area stakeholders
- NM, AZ, and UT state health departments

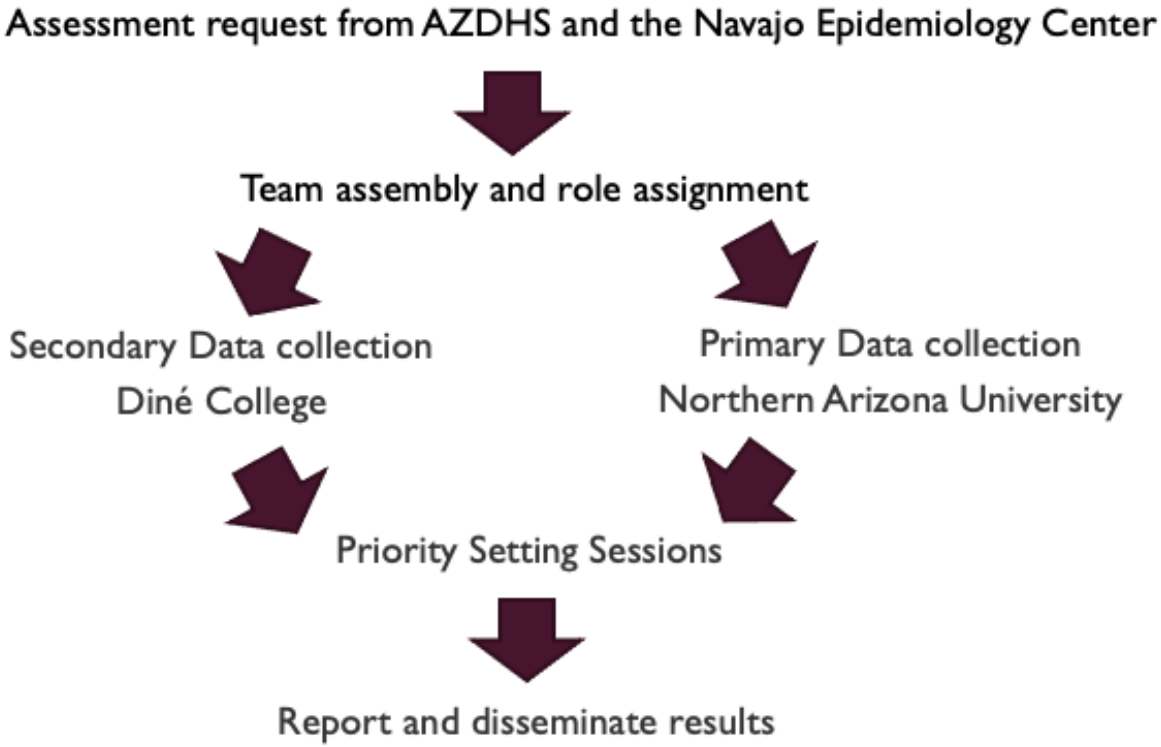
Public Health Students

- 9 senior-level undergraduate public health students assigned to a section of data to analyze
- Created tables/graphs and established preliminary priority areas
- Presented their final capstone projects at the end of Spring 2020 semester
- Assisted in writing the report on their section

Assigned sections-

1) perinatal/infant
2) child
3) adolescent
4) women's/maternal
5) children with special healthcare needs
6) environmental health

Assessment Process



Workshop Quantitative Data Collection

Secondary Data Sources

Navajo Reports

- Navajo Health Survey
- Hospitalizations
- Mortality
- Youth Risk Behaviour Survey
- Hospital Data
- Breastfeeding
- GPRA
- Birth Defects

Online Datasets

- American Community Survey
- CDC WONDER
- Immunizations

Data Requests

- PRAMS NM and AZ
- Women's Health Survey responses

Previous Research

- Navajo Birth Cohort Study
- Abandoned Uranium Mine
- Water Quality
- Air Quality
- Fatal Car Crashes
- Food Access

Navajo Epidemiology Center

Funded by IHS, 12 Tribal Epidemiology Centers exist across the U.S.

- **Access existing health reports**
- **Make data requests**
- **Work collaboratively with Epidemiology team**

https://www.nec.navajo-nsn.gov/

Online Datasets

American Community Survey- Demographic data, https://www.census.gov/tribal/

CDC WONDER- Maternal and infant hospital data by county, https://wonder.cdc.gov/

Indian Health Services Immunization reports- Immunization data by IHS facility, https://www.ihs.gov/NonMedicalPrograms/ihpes/immunizations/index.cfm?module=immunizations&option=reports

Data Requests

PRAMS- Pregnancy Risk Assessment Monitoring System by state with a breakdown by Navajo responses only.

Navajo Health Survey- Requested women's responses only from Navajo Epi Center

Individual Navajo Area MCH Program Data Requests- sent a letter by email requesting program data to-

- **BIE, Public Schools, and Charter Schools**
- **Social Service Data**
- **Early Childhood Intervention**

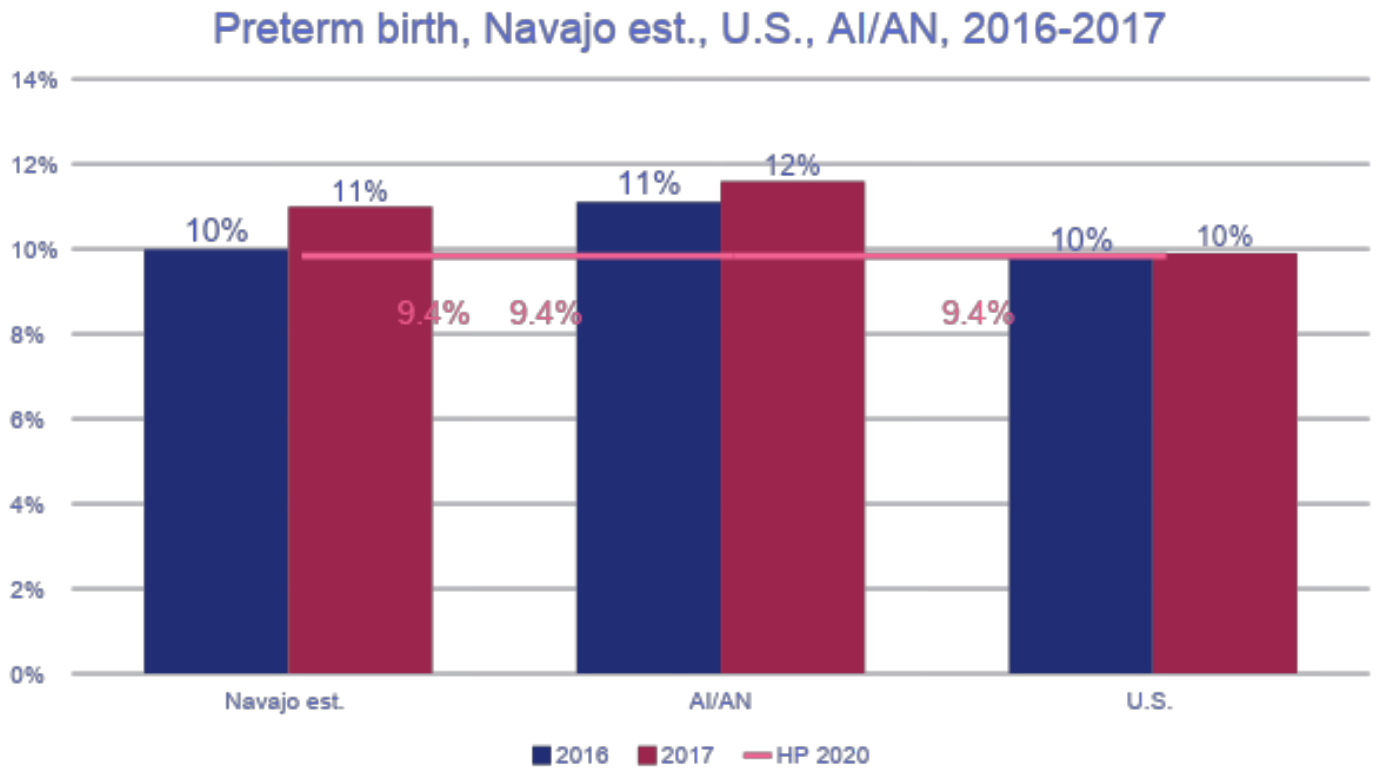
Analysis

- Data was retrieved from the most recent reports on Navajo for perinatal and infant, child, adolescent, and maternal health.
  - Collected some education, disability, and demographic data.
  - Environmental health reports reviewed and used to describe impacts on health issues.
- U.S. and American Indian/Alaskan Native comparison data was used in analysis to compare rates and identify disparities.
- Disparities were noted as preliminary priorities.

Infant Mortality, Navajo mortality Report, 2006-2009
Pre-term Birth- <37 weeks, CDC WONDER

Cause	Count	Percent of total
Sudden Infant Death Syndrome	5	10.4%
Sepsis	3	6.3%
Homicide	3	6.3%
Respiratory and cardiovascular disorders, specific to perinatal period	3	6.3%
Unintentional Injuries	3	6.3%
Congenital malformations of the brain	2	4.2%
Congenital malformations Down's syndrome	2	4.2%
Congenital malformations of the heart	2	4.2%
Congenital malformations of the musculoskeletal system	2	4.2%
Disorder related to length of gestation and fetal growth	2	4.2%
Fetus and newborn affected by maternal factors and by complications of pregnancy, labor, and delivery	2	4.2%

Preterm Birth Comparison, CDC WONDER



Breastfeeding, PRAMS

- **The target for Healthy People 2020 for ever breastfed is 81.9%.**
- **NM PRAMS 2016-2018, 70.6% of mothers reported breastfeeding over 2 months.**
- **AZ PRAMS 2016-2017, 94.5% of mothers reported ever breastfeeding their baby.**
  - **Breastfed 9 weeks or longer, 62.7%**
  - **Breastfed 5-8 weeks 3.5%**
  - **Breastfed 4 weeks or less 33.8%**

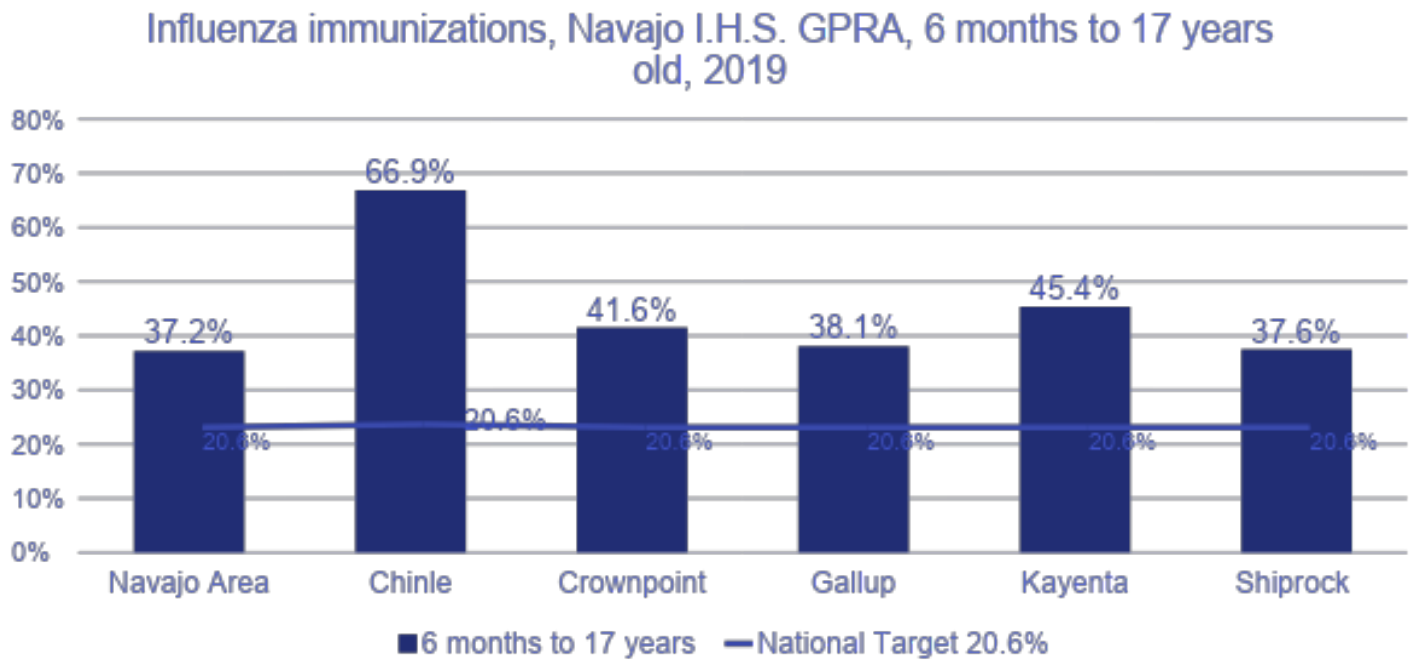
Child Mortality, NN Mortality report 2010-2013

HP 2020 goal for reducing the rate of death among children aged 1 to 4 years is 26.5 deaths per 100,000.
The goal for reducing deaths among children aged 5 to 9 years is 12.4 deaths per 100,000.

Leading Causes of Death ages 0-9 years old

	Count	Avg Rate 100k/yr
• Congenital Malformations	8	6.5
• Certain conditions originating in perinatal period	6	4.9
• Unintentional injury	6	4.9
• All other causes	16	13.1
Total	36	29.5

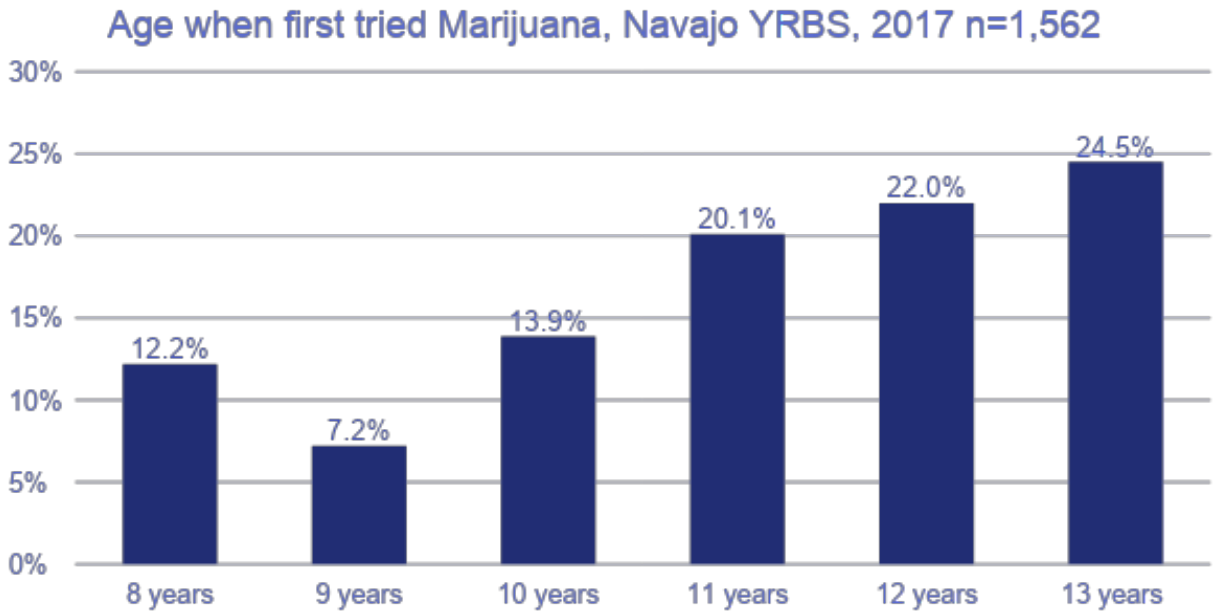
Influenza Immunizations, 6 months to 17 years GPRA 2019



Child- First tried marijuana before 13, YRBSS

18.9% first tried marijuana before age 13

- **New Mexico 15.7%**
  - **American Indian/Alaskan Native 26.7%**
- **Overall U.S. YRBS 6.8%**
  - **AI/AN 16%**



Adolescent Mental Health, YRBSS

Mental Health and Suicide	Navajo Nation	U.S. All	U.S. Native American	Arizona	New Mexico	Utah
Felt sad or hopeless	38%	31.5%	34.7%	36.4%	35.8%	33%
Seriously condsidered suicide	23%	17.2%	19%	19.2%	17.8%	21.6%
Made a suicide plan	21%	13.6%	13.7%	14.6%	15.5%	17.1%
Attempted suicide	20%	7.4%	NA	11.3%	9.9%	9.6%
Suicide attempt resulted in an injury	7%	2.4%	NA	4.7%	3.4%	4.0%

Research Study Review

Many environmental impacts affect Navajo people's health today. We did a review of research studies that have or are addressing environmental health issues.

- **Navajo Birth Cohort Study**
- **Abandoned Uranium Mining**
- **Water and Air Quality**
- **Road Safety**
- **Food Access**

Environmental Health Topic	Study Population & Setting	Study Design
Radon concentration levels within homes 2014-2015	51 homes tested in Northern (22), Eastern (23) and Chinle agencies (4).	Cross-sectional study; radon tests conducted in homes on Navajo Nation.
Coal and Wood Burning 2018	41 homes in Tsaile, AZ and Shiprock, NM who use different heating sources such as gas and/or wood/coal.	Cross-sectional study; carbon monoxide tests were conducted daily for 2-3 days inside and outside homes.
Fatal Car Crashes 2014	Navajo Nation major highways and border towns, only Navajo population included.	Secondary Analysis using Fatality Analysis Report System (FARS)
Food Access 2016	21 Navajo Nation store managers and owners at 22 stores.	Cross-sectional; structured interviews

Environmental Health Topic	Study Population & Setting	Study Design
Navajo Birth Cohort Study (NBCS) 2013- present	n=>450 mother-infant pairs, >100 fathers,	Cohort study; blood and urine sample collected; socioeconomic, demographic, and lifestyle information collected.
Residential AUM and Serum Inflammatory Potential 2005-2010	n=1,304, 20 Chapters on the Navajo Nation	Cross sectional study; blood samples collected
Elemental Contaminants in Unregulated Water 2014-2017	n=296 groundwater samples, Arizona and Utah Western, Chinle, Shiprock, Fort Defiance	Cross sectional study; analyzed elements contained in water source
Gold King Mine Spill 2015-2016	Shiprock and Upper Fruitland, NM and Aneth, UT.	Case control study; sediment samples were collected from the San Juan River and canals. Agricultural topsoil samples during winter, spring and summer.

ENVIRONMENTAL HEALTH

Association between heart disease and close proximity to an abandoned uranium mine (Harmon, 2017).

High exposure to multiple metals increases the relative risk of preterm birth by 2.5-3 fold (Hoover, 2020).

Unregulated water sources contain higher levels of lead, arsenic, uranium, fecal bacteria and E. coli (Credo, 2019; Hoover, 2020).

Some homes have high concentrations of radon and carbon monoxide (Yazzie, 2020; Casey 2018).

Limited number of stores with healthy food options and transportation to these stores as barriers to healthy food (Piltch, 2020).

Workshop Qualitative Data

Input Events

Input received from advisory council on questions and helped with distribution of survey.

In-person- sports gatherings, health fairs, community events printed paper surveys and used sticky notes to capture responses.

Virtual- Online college classroom, online survey created on Qualtrics survey

Questions Asked

Caregiver/adolescent questions:

- ✓ Health teachings
- ✓ Health Programs utilized
- ✓ Problems/barriers to accessing services
- ✓ Services needed but not received
- ✓ Community needs

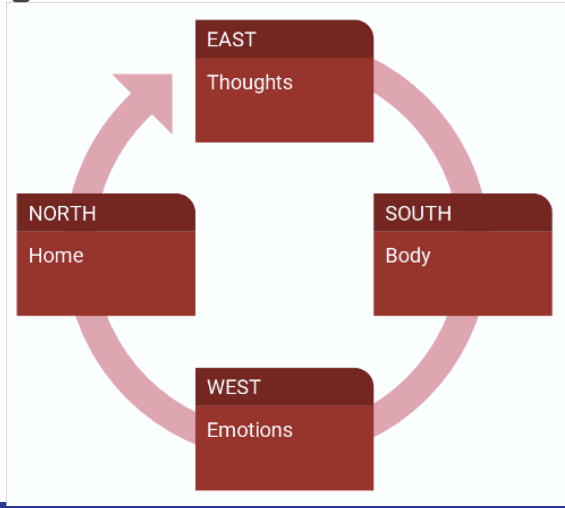
Provider questions:

- ✓ Current interventions
- ✓ Needed interventions
- ✓ Health information
- ✓ MCH provider/client barriers
- ✓ Five important MCH needs

Analysis

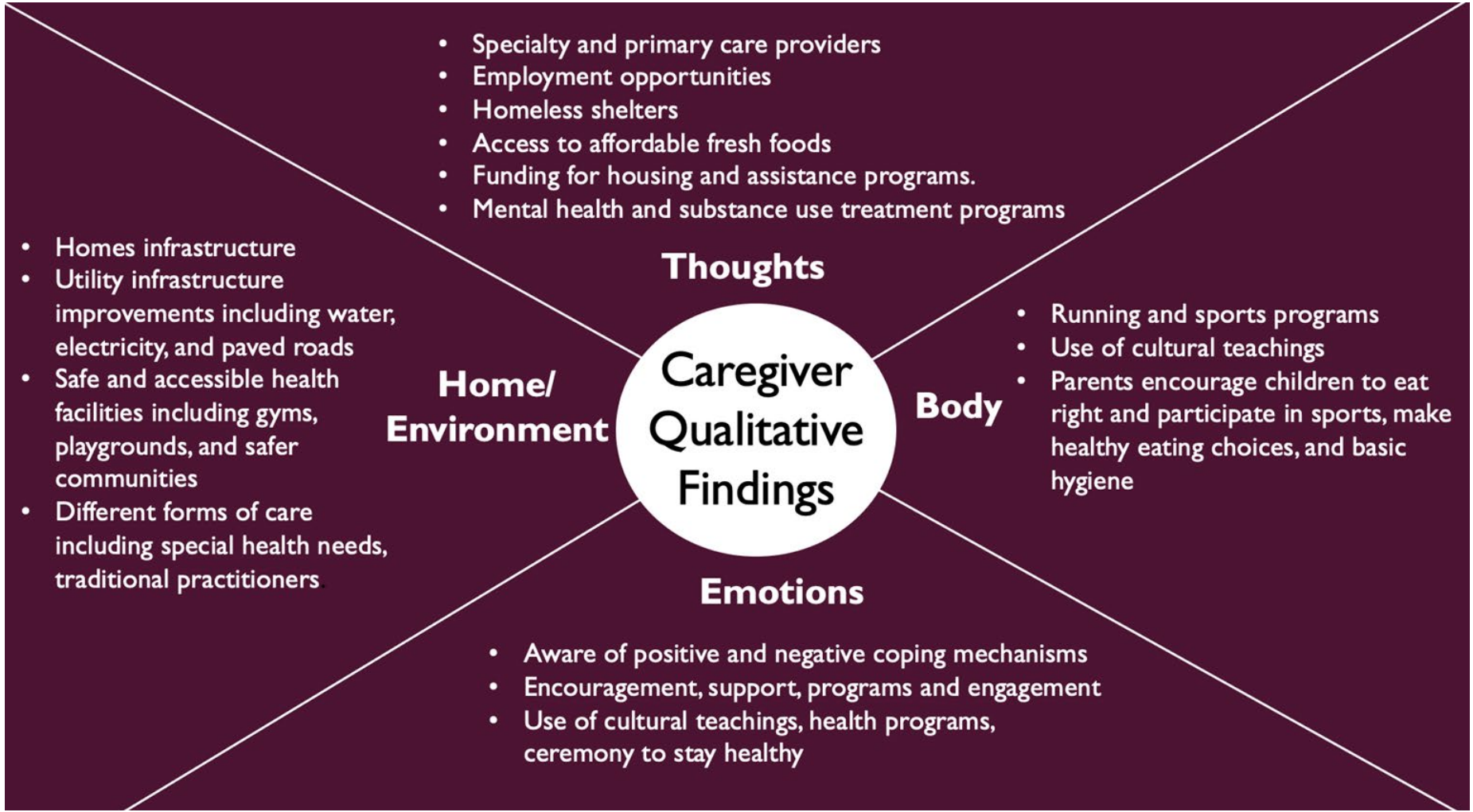
Caregiver Demographic data: n=122

- 65% between 12-29 years old
- 28% caregivers in the sibling role
- 26% parents
- 30% multiple caregiving roles



Provider Demographic data: n=11

- Director
- General practitioner
- Project coordinator
- Program manager
- Specialist


Caregiver Qualitative Findings
Thoughts
• Specialty and primary care providers
• Employment opportunities
• Homeless shelters
• Access to affordable fresh foods
• Funding for housing and assistance programs.
• Mental health and substance use treatment programs
Home/ Environment
• Homes infrastructure
• Utility infrastructure improvements including water, electricity, and paved roads
• Safe and accessible health facilities including gyms, playgrounds, and safer communities
• Different forms of care including special health needs, traditional practitioners
Body
• Running and sports programs
• Use of cultural teachings
• Parents encourage children to eat right and participate in sports, make healthy eating choices, and basic hygiene
Emotions
• Aware of positive and negative coping mechanisms
• Encouragement, support, programs and engagement
• Use of cultural teachings, health programs, ceremony to stay healthy

Provider Qualitative Findings

Indicated Intervention Needs

- Resources and treatment for addressing substance use, maternal mental health, and domestic violence victims
- Culturally relevant specialized childca education for children with disabilities
- Program development, health promotion to address unhealthy lifestyles behaviors
- Affordable and accessible nutritious food and water

Qualitative Analysis

Indicated Barriers for Mothers & Children

- Neighborhood and environment
- Economic stability
- Healthcare
- Community and social support
- Food
- Reliable transportation
- Difficulties navigating the healthcare system

Important MCH Needs

1. Prevention programs
2. Childcare services and parenting programs
3. Healthcare utilization and continuity of care
4. Physical activity and nutrition programs
5. Food security
6. Home utility connection
7. Economic stability
8. Culturally relevant health programming and research

Indicated Barriers for Providers

- Scheduling difficulties
- Client's home conditions
- Beyond scope of program
- Economic Stability

Outcomes and Findings

Virtual Priority Sessions

- **Meetings held on Zoom platform**
- **Invited Navajo Area** providers and maternal/child health program supervisors and Navajo MCH advisory council
- Created video recorded data PowerPoint presentations and sent ahead of meetings.
- Priorities were ranked based on criteria using a Qualtrics survey link.

Criteria

1. Magnitude- the number of people impacted
2. Impact- the effects/severity of (a) financial costs, (b) morbidities & comorbidities, and (c) mortality
3. Preventability- able to be prevented, avoided, or stopped in its tracks
4. Accessibility- the accessibility/availability of effective interventions to improve the priority
5. Political will- the collective support from tribal and state administration, politicians, and the public.

FINALIZED PRIORITIES BASED ON SECONDARY QUANTITATIVE DATA

PERINATAL/ INFANT

1. Mortality (Sudden Unexpected Infant Death Syndrome and shaken baby syndrome)
2. Preterm birth, low birth weight
3. Breastfeeding duration
4. Birth defects
5. Oral health
6. Large infant gestational size

CHILD

1. Mortality (unintentional injuries, violence, falls)
2. Substance use (tobacco, alcohol, marijuana)
3. Oral health

ADOLESCENT

1. Mental health (ACEs)
2. Alcohol use
3. Nutrition
4. Sexual risk behavior-Coming of age health education
5. Tobacco use
6. Family composition, displacement & homelessness
7. Marijuana use
8. Cognitive disabilities
9. Sex trafficking & sexual violence
10. Dating violence
11. Cyber bullying

MATERNAL

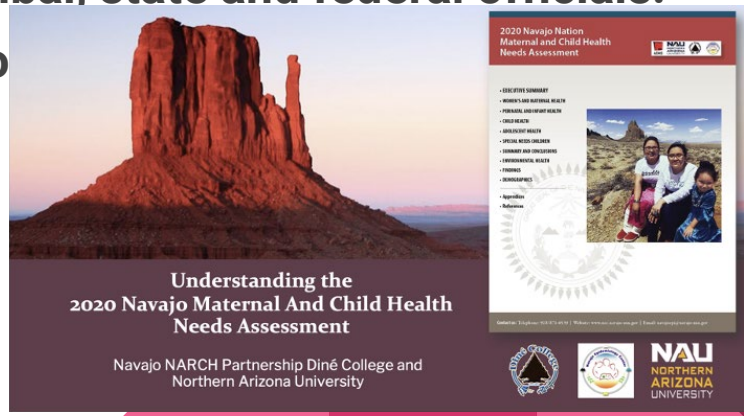
1. Prenatal care in the 1st trimester (family planning education)
2. Adequate prenatal care
3. Maternal mortality
4. Breastfeeding duration
5. Drug use
6. Diabetes
7. Obesity
8. Oral health

Break for 10 minutes

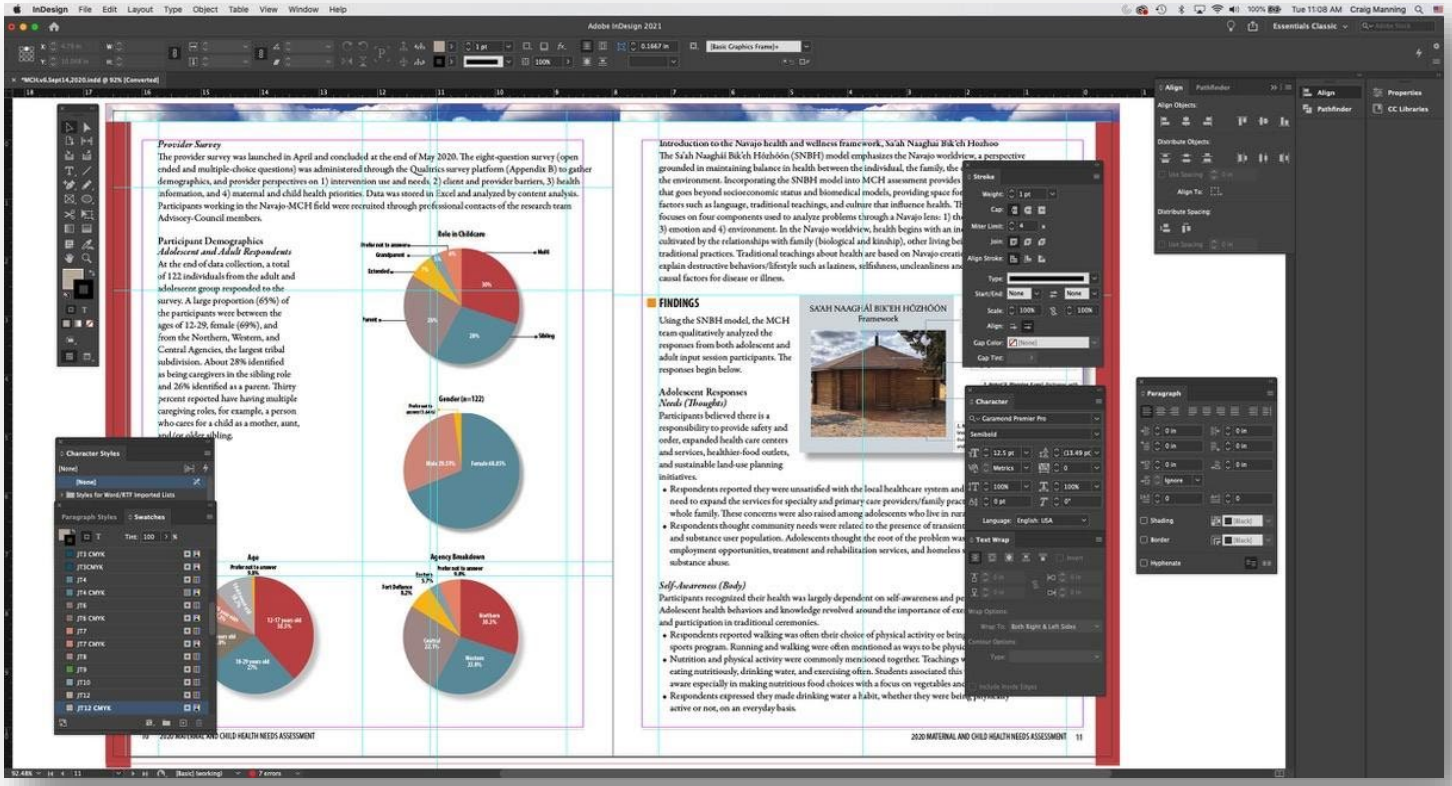
Dissemination Plan

2020 Navajo Maternal and Child Needs Assessment Report

- Included in 2020 Arizona state needs assessment
- Available on Navajo Nation Epidemiology Center website
- PowerPoint and Infographic
- 500 printed copies sent to chapter houses, hospitals, advisory council members, MCH programs across Navajo and tribal, state and federal officials.
- Virtual presentations with Arizona, New Mexico Utah, and Navajo Departments of Health and other interested entities.



2020 Navajo Nation
Maternal and Child Health
Needs Assessment
EXECUTIVE SUMMARY
WOMEN'S AND MATERNAL HEALTH
PERINATAL AND INFANT HEALTH
CHILD HEALTH
ADOLESCENT HEALTH
SPECIAL NEEDS CHILDREN
SUMMARY AND CONCLUSIONS
ENVIRONMENTAL HEALTH
FINDINGS
DEMOGRAPHICS
Appendices
References
Contact us: Telephone: 928/871-6539 | Website: www.nec.navajo-nsn.gov | Email: navajoeps@navajo-nsn.gov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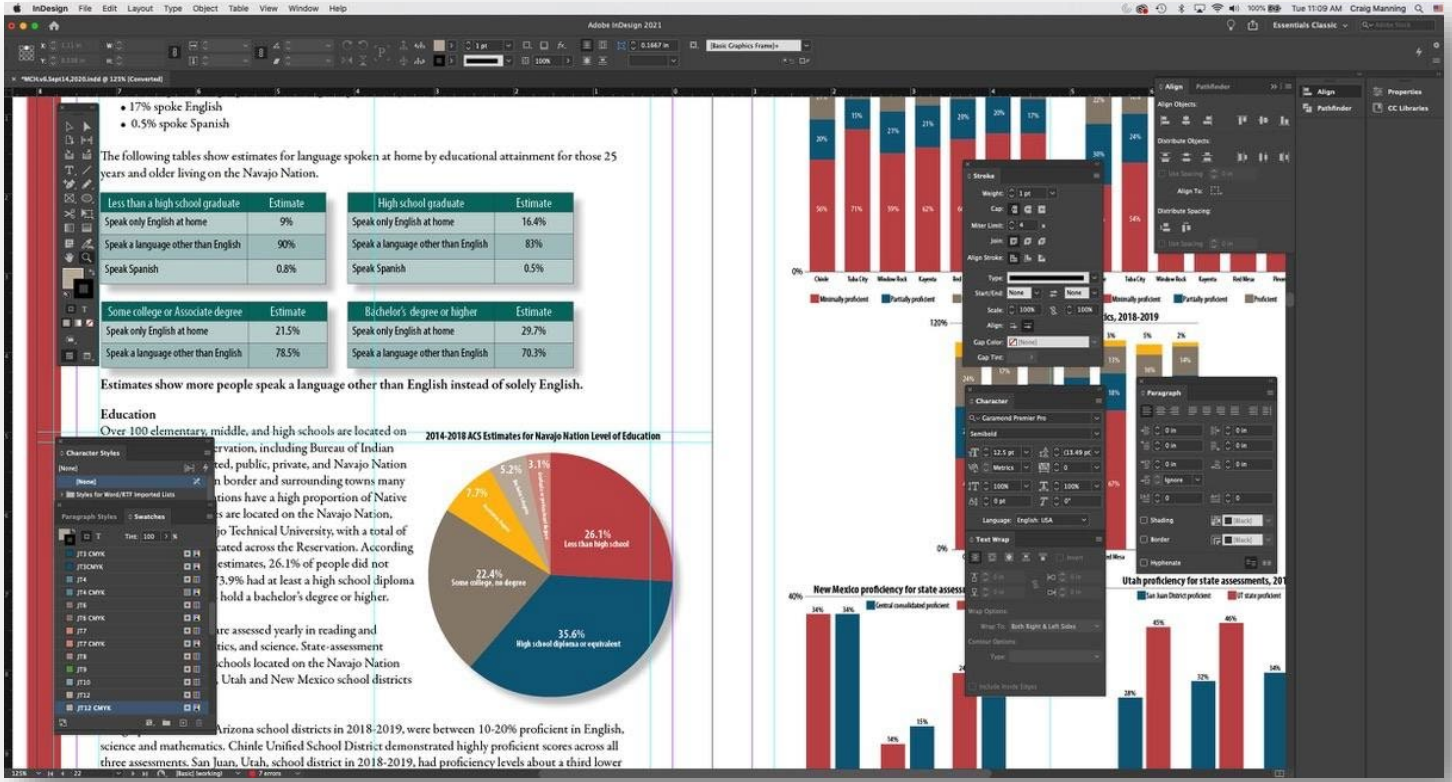
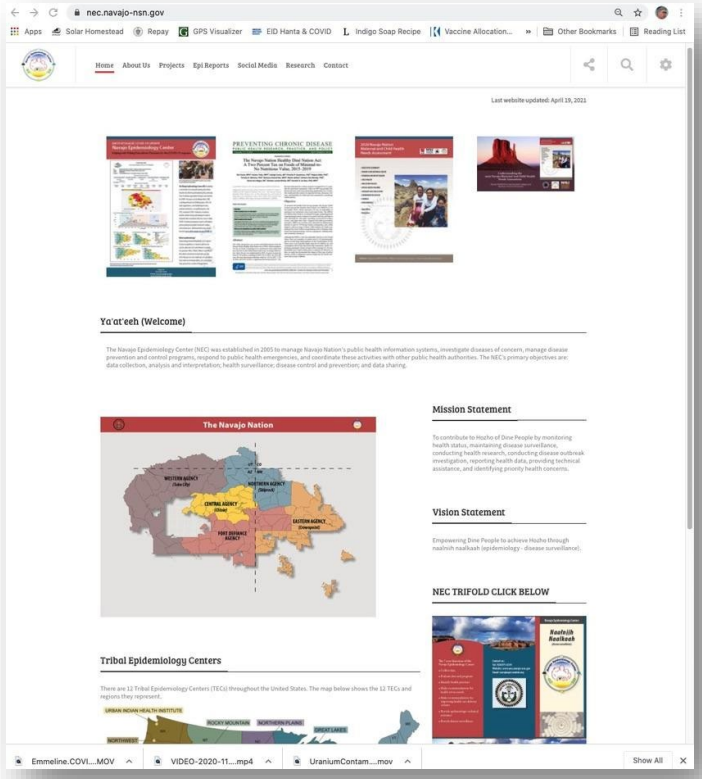
Adobe InDesign 2021
Provider Survey
The provider survey was launched in April and concluded at the end of May 2020. The eight-question survey (open ended and multiple-choice questions) was administered through the Qualtrics survey platform (Appendix B) to gather demographics, and provider perspectives on 1) intervention use and needs, 2) client and provider barriers, 3) health information, and 4) maternal and child health priorities. Data was stored in Excel and analyzed by content analysis. Participants working in the Navajo-MCH field were recruited through professional contacts of the research team Advisory-Council members.
Participant Demographics
Adolescent and Adult Respondents
At the end of data collection, a total of 122 individuals from the adult and adolescent group responded to the survey. A large proportion (65%) of the participants were between the ages of 12-29, female (69%), and from the Northern, Western, and Central Agencies, the largest tribal subdivision. About 28% identified as being caregivers in the sibling role and 26% identified as a parent. Thirty percent reported have having multiple caregiving roles, for example, a person who cares for a child as a mother, aunt, and/or older sibling.
Role in Childcare
Gender (n=122)
Age
Agency Breakdown
Introduction to the Navajo health and wellness framework, Sa'ah Naaghai Bik'eh Hozhoo
The Sa'ah Naaghái Bik'eh Hózhóón (SNBH) model emphasizes the Navajo worldview, a perspective grounded in maintaining balance in health between the individual, the family, the
the environment. Incorporating the SNBH model into MCH assessment provides
that goes beyond socioeconomic status and biomedical models, providing space for
factors such as language, traditional teachings, and culture that influence health. Th
focuses on four components used to analyze problems through a Navajo lens: 1) th
3) emotion and 4) environment. In the Navajo worldview, health begins with an in
cultivated by the relationships with family (biological and kinship), other living be
traditional practices. Traditional teachings about health are based on Navajo creati
explain destructive behaviors/lifestyle such as laziness, selfishness, uncleanliness an
causal factors for disease or illness.
FINDINGS
Using the SNBH model, the MCH team qualitatively analyzed the responses from both adolescent and adult input session participants. The responses begin below.
SA'AH NAAGHÁÍ BIK'EH HÓZHÓÓN
Framework
Adolescent Responses
Needs (Thoughts)
Participants believed there is a responsibility to provide safety and order, expanded health care centers and services, healthier-food outlets, and sustainable land-use planning initiatives.
• Respondents reported they were unsatisfied with the local healthcare system and
need to expand the services for specialty and primary care providers/family pract
whole family. These concerns were also raised among adolescents who live in rur
• Respondents thought community needs were related to the presence of transient
and substance user population. Adolescents thought the root of the problem was
employment opportunities, treatment and rehabilitation services, and homeless
substance abuse.
Self-Awareness (Body)
Participants recognized their health was largely dependent on self-awareness and pe
Adolescent health behaviors and knowledge revolved around the importance of exe
and participation in traditional ceremonies.
• Respondents reported walking was often their choice of physical activity or being
sports program. Running and walking were often mentioned as ways to be physi
• Nutrition and physical activity were commonly mentioned together. Teachings w
eating nutritiously, drinking water, and exercising often. Students associated this
aware especially in making nutritious food choices with a focus on vegetables an
• Respondents expressed they made drinking water a habit, whether they were bei
active or not, on an everyday basis.
2020 MATERNAL AND CHILD HEALTH NEEDS ASSESSMENT 11
Character Styles
Paragraph Styles
Swatches
Align
Pathfinder
Stroke
Character
Paragraph
Text Wrap
Properties
CC Libraries


• 17% spoke English
• 0.5% spoke Spanish
The following tables show estimates for language spoken at home by educational attainment for those 25 years and older living on the Navajo Nation.
Less than a high school graduate | Estimate
Speak only English at home | 9%
Speak a language other than English | 90%
Speak Spanish | 0.8%
High school graduate | Estimate
Speak only English at home | 16.4%
Speak a language other than English | 83%
Speak Spanish | 0.5%
Some college or Associate degree | Estimate
Speak only English at home | 21.5%
Speak a language other than English | 78.5%
Bachelor's degree or higher | Estimate
Speak only English at home | 29.7%
Speak a language other than English | 70.3%
Estimates show more people speak a language other than English instead of solely English.
Education
2014-2018 ACS Estimates for Navajo Nation Level of Education
26.1%
Less than high school
22.4%
Some college, no degree
35.6%
High school diploma or equivalent
7.7%
5.2%
3.1%
New Mexico proficiency for state assess
Utah proficiency for state assessments, 201
Arizona school districts in 2018-2019, were between 10-20% proficient in English, science and mathematics. Chinle Unified School District demonstrated highly proficient scores across all three assessments. San Juan, Utah, school district in 2018-2019, had proficiency levels about a third lower


nec.navajo-nsn.gov
Apps
Solar Homestead
Repay
GPS Visualizer
EID Hanta & COVID
Indigo Soap Recipe
Vaccine Allocation...
Other Bookmarks
Reading List
Home
About Us
Projects
Epi Reports
Social Media
Research
Contact
Last website updated: April 19, 2021
PREVENTING CHRONIC DISEASE
Ya'at'eeh (Welcome)
The Navajo Epidemiology Center (NEC) was established in 2005 to manage Navajo Nation's public health information systems, investigate diseases of concern, manage disease prevention and control programs, respond to public health emergencies, and coordinate these activities with other public health authorities. The NEC's primary objectives are: data collection, analysis and interpretation; health surveillance; disease control and prevention; and data sharing.
The Navajo Nation
WESTERN AGENCY
NORTHERN AGENCY
CENTRAL AGENCY
EASTERN AGENCY
FORT DEFIANCE AGENCY
Mission Statement
To contribute to Hozho of Dine People by monitoring health status, maintaining disease surveillance, conducting health research, conducting disease outbreak investigation, reporting health data, providing technical assistance, and identifying priority health concerns.
Vision Statement
Empowering Dine People to achieve Hozho through naahnih naalkaah (epidemiology - disease surveillance).
NEC TRIFOLD CLICK BELOW
Naahnih Naalkaah
Tribal Epidemiology Centers
There are 12 Tribal Epidemiology Centers (TECs) throughout the United States. The map below shows the 12 TECs and regions they represent.
URBAN INDIAN HEALTH INSTITUTE
ROCKY MOUNTAIN
NORTHERN PLAINS
GREAT LAKES
NORTHWEST
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VIDEO-2020-11....mp4
UraniumContam....mov
Show All

UNDERSTANDING THE

Healthy Diné Nation Act of 2014

Information about the Navajo Junk Food Tax on food of minimum to no nutritional value.

On Navajo Nation, the rates of heart disease, obesity, and diabetes are higher than the national average. The Junk Food Tax is one tool to help Navajo Nation residents find ways to become more physically active, eat better, and live longer, healthier lives.

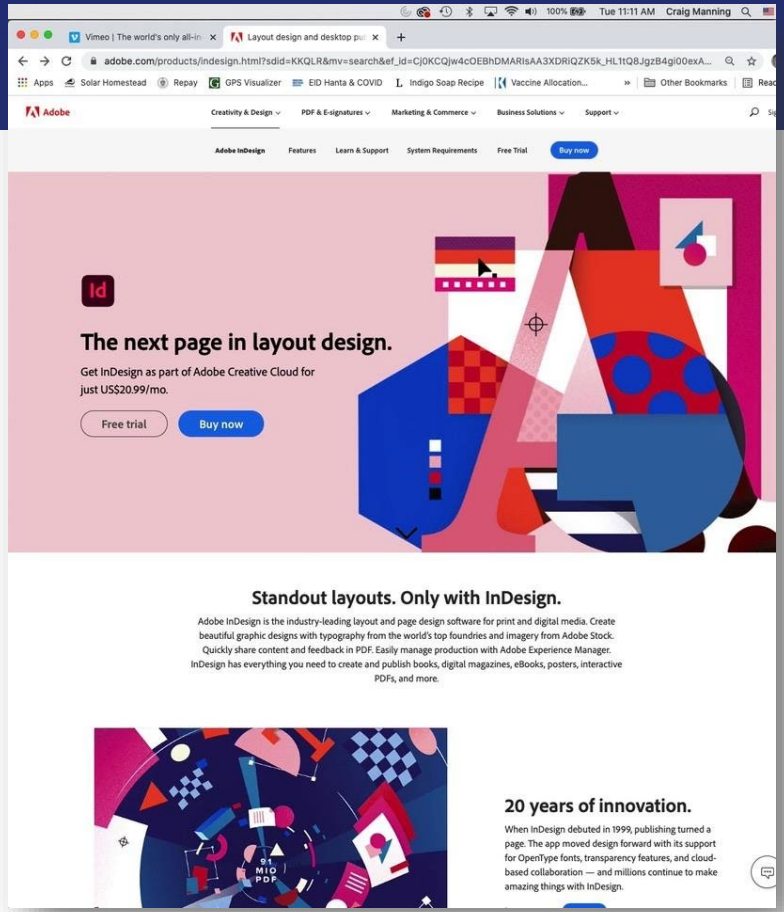
GET DIRECT FUNDING FOR YOUR COMMUNITY WELLNESS PROJECTS

- Exercise equipment
- Food classes
- Walking, running, biking trails
- Clean water
- Health classes
- Playgrounds
- Vegetable gardens

TBK Chapter uses HDNA funds to create a community hiking ■

"We all got together to think about what kind of Community Wellness Project would be best for everyone here. We liked the idea of a trail because it works for people of all ages. We applied for funding shortly after we learned about the HDNA. We cleared the trail and brought in the gravel and then we raked it smooth and compacted it. Now we see people of all ages coming to take a walk, or go running, often in mornings or after school. This is a great way to give something back to our communities."

— Member, TBK Chapter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Apps
Solar Homestead
Repay
GPS Visualizer
EID Hanta & COVID
Indigo Soap Recipe
Vaccine Allocation...
Other Bookmarks
Adobe
Creativity & Design
PDF & E-signatures
Marketing & Commerce
Business Solutions
Support
Adobe InDesign
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System Requirements
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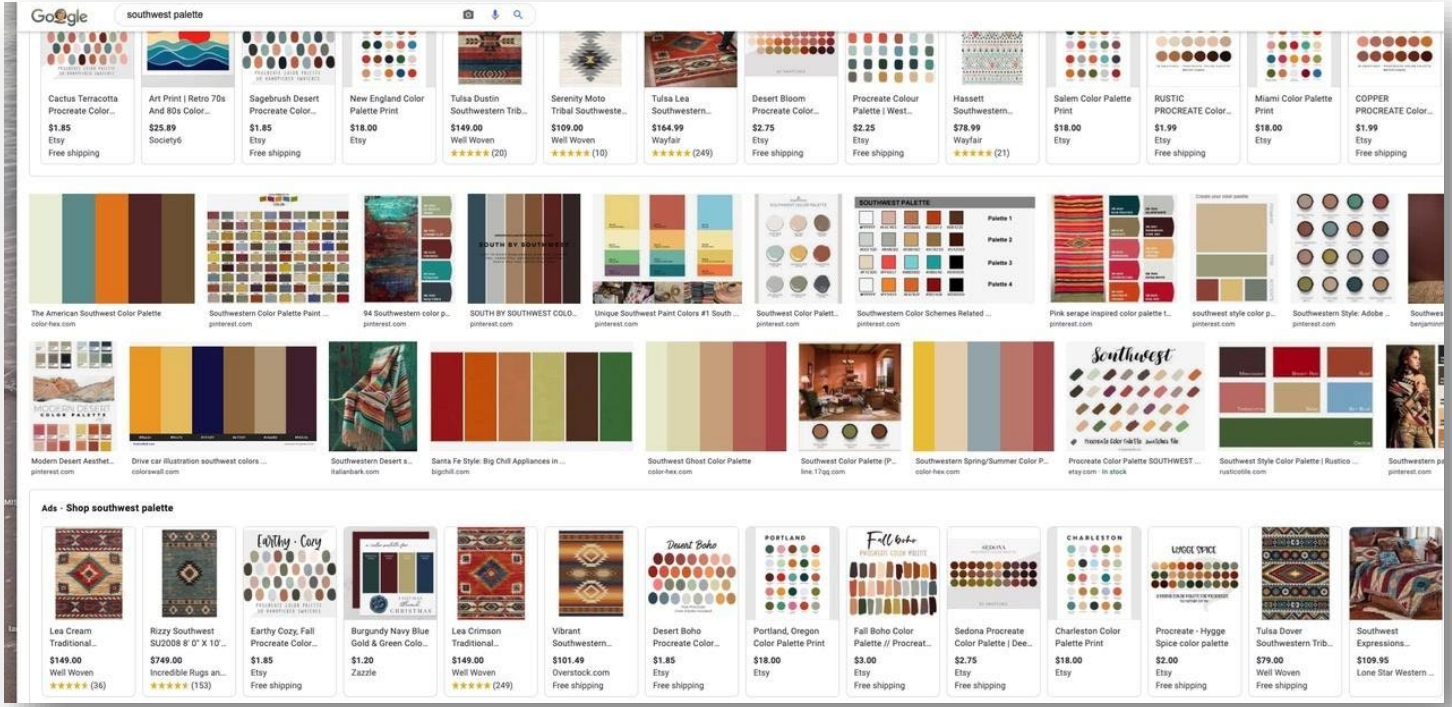
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Implications for Implementation in Tribal Communities

- Partner with tribal epidemiology centers, tribal and state health departments
- If possible, partner and collaborate with educational institutions
- Establish advisory council with MCH stakeholders including cultural knowledge keepers
- Include cultural teachings as part of framework and analysis process
- Use secondary and primary data sources where available.
- Create and distribute report and other materials on findings and next steps to general tribal community, and officials at the tribal, state and federal levels.

ACKNOWLEDGMENTS

Arizona Department of Health

Navajo Nation Department of Health

Navajo Epidemiology Center

Navajo MCH Advisory Council

Diné College Public Health

Northern Arizona University

Navajo Area Providers

Navajo Area Programs

Mothers and Children of the Navajo Nation

Ahéhee’

Panel Session

- Amber-Rose Waters, Navajo MCH Needs Assessment Coordinator- Diné College
- Kristen Tallis, Qualitative Data Collection and Analysis- Northern Arizona University
- Marissa Tutt, Qualitative Data Collection and Analysis- Northern Arizona University
- Dr. Christopher Dickerson, Quantitative Data Retrieval and Analysis- Diné College
- Craig Manning, Editing and Design- Diné College
- Martín Celaya, Chief of Assessment and Evaluation Bureau of Women's and Children's Health - Arizona Department of Health
- Karinne Dohi, Senior-level Public Health Student- Diné College
- Dr. Christine Benally- Navajo MCH Advisory Council, Indian Health Services

Moderator- Dr. Nicolette Teufel-Shone, Northern Arizona University