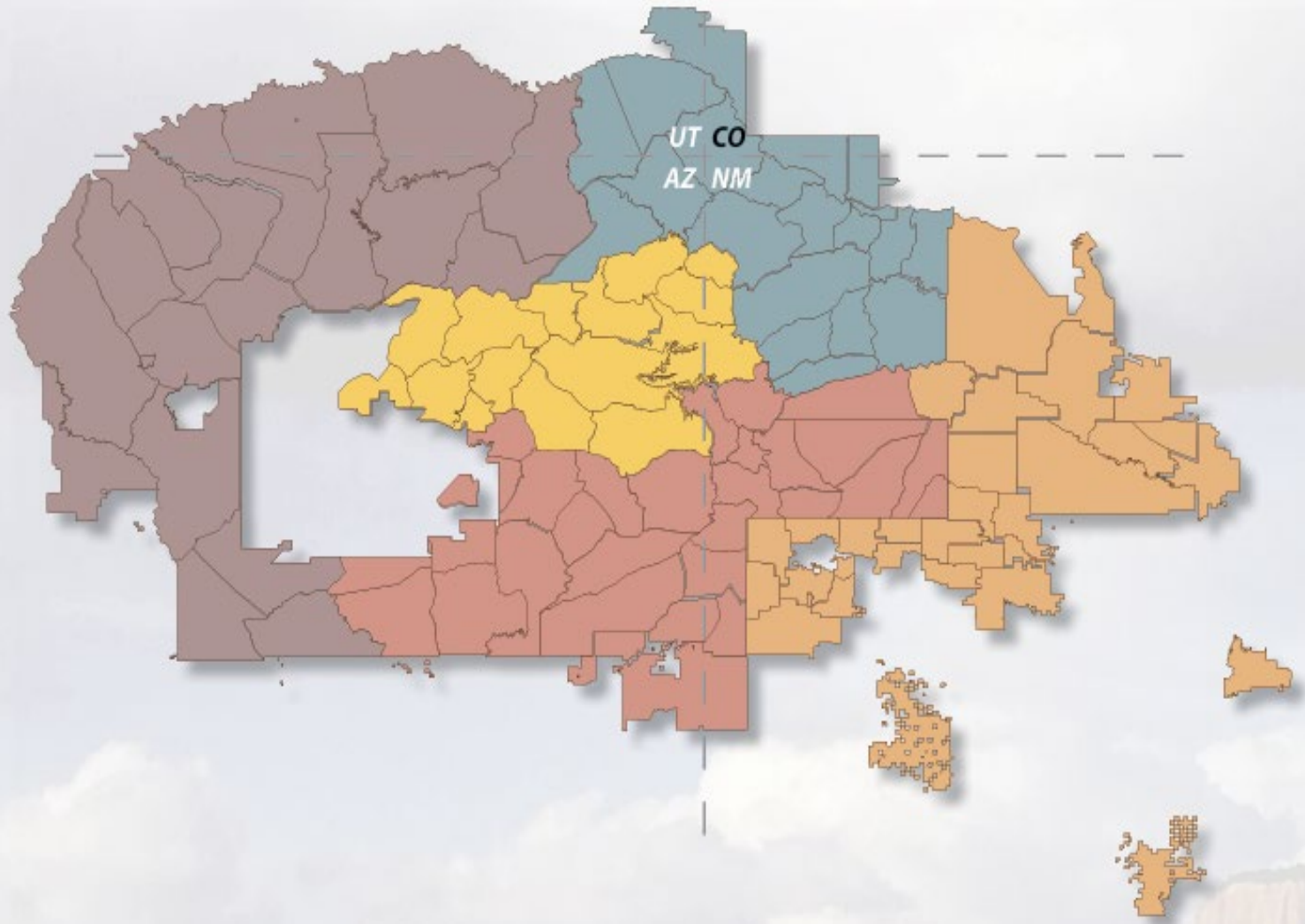




Navajo Epidemiology Center Diné Action Plan Data Workgroup Combating Modern Day Naayéé (Monsters) with Data - 2025 May 22, 2026





Diné Action Plan Data Workgroup

Combating Modern Day *Naayéé* (Monsters) with Data – 2025

Acknowledgments

- Navajo Nation Diné Action Plan Leadership & Colleagues – *partnership*
- Indian Health Service, Division of Epidemiology and Disease Prevention – *funding*
- Centers for Disease Control, Tribal Epidemiology Centers Public Health Infrastructure – *funding*
- New Mexico Department of Health, Bureau of Vital Records & Health Statistics – *partnership*

Background

“The Diné Action Plan (DAP) is a multi-disciplinary collaboration intended to identify several issues affecting the Navajo Nation by using Diné teachings and the Diné Planning Model. Together, the DAP will serve as the foundational document in developing planning documents providing for coordination in addressing issues. The DAP will also serve as an informational and data resource outlining the ongoing public safety issues affecting the Navajo Nation which can be used as a reference document for future grant applications.” (Legislation #CS-51-21. Begay, et al. Diné Action Plan. [The Diné Action Plan – Navajo Nation](#). Accessed 5/15/25.)

The DAP intends to address 4 modern day Naayéé (monsters) faced by Diné. The NEC is working with partners to collect and analyze data to help address the Naayéé: Violence, Suicide, Substance Abuse, and Missing and Murdered Diné Relatives (MMDR). Currently, NEC has data to address three Naayéé but is still working with partners to better address MMDR.

Methods

Health care facilities operating on the Navajo Nation including Indian Health Service (IHS), 638, and private clinics submit clinical data to the IHS National Data Warehouse (NDW). IHS then makes this data available to Tribal Epidemiology Centers via the Epi Data Mart (EDM). Facilities send this data to the NDW on a regular schedule with most sent monthly.

This report contains diagnosis data for the Navajo Nation from the EDM if the patient was treated between January 1 and December 31, 2025, inclusive, as well as comparison data from 2021 through 2025. Agency level data is also provided by combining 5 years of data to generate rates for infrequent events. Charts are provided for events wherein one Agency is significantly different from other Agencies. Clients are included only if they are Native American, Navajo, and have a community residence on the Navajo Nation, including the 3 Navajo satellite communities (Alamo, Ramah, and Tó'Hajiileé), or within a border town including Aztec (NM), Blanding (UT), Bloomfield (NM), Bluff (UT), Cuba (NM), Farmington (NM), Flagstaff (AZ), Upper Fruitland (NM), Gallup (NM), Grants (NM), Holbrook (AZ), Joseph City (AZ), Kirtland (NM), Monticello (UT), Page (AZ), Waterflow (NM), and Winslow (AZ).

Crude rates are reported for single year charts and tables, while age adjusted rates are utilized when comparing data by gender or across time.

Mortality data shared with the NEC by the New Mexico Department of Health Vital Records Division are also included in this report. Data are organized into 2 distinct surveillance periods: 2018-2020, and 2021-2024. Surveillance periods are created to increase the likelihood of having stable rates for rare causes of death and were divided to have the clearest distinction between the first year of COVID-19 and subsequent years. Causes of death are processed in accordance with the *International Classification of Diseases, 10th Revision*.

Health conditions are organized according to the International Classification of Diseases (ICD) 10 standards, and according to the National Center of Health Statistics (NCHS) guidelines for 113 selected causes of death (http://www.cdc.gov/nchs/data/nvsr/nvsr58/nvsr58_19.pdf). The data in this report pertains to Naayéé identified by the Diné Action Plan: Violence, Suicide, and Substance Use, as well as infectious diseases. Important issues such as opioid poisoning can be found within the T codes.

U.S. Census data from 2010 and 2020 provide population data for each Navajo Chapter and border town. The author estimated the 2024 Navajo Nation population by calculating the population change between 2010 and 2020 and applying a constant rate of change for each year from 2011-2025. The combined Navajo and border town populations are then used as the denominator to calculate the rates. Rates are age adjusted to the 2000 U.S. population.

Results

Navajo Nation Emergency Department (ED) & Hospitalization

Substance Use

Chart 1. Substance Use ED Rates, 2025

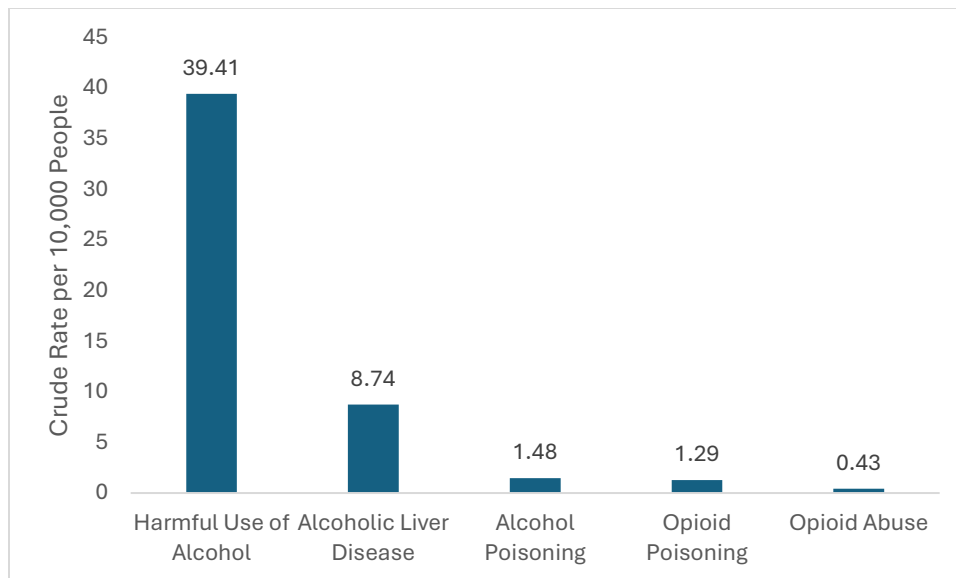


Chart 1 illustrates the burden of alcohol use on the Navajo people and health care system. While opioid abuse is a public health concern, the data does not show this to be as large a burden as alcohol. Now is the time to plan prevention programs to ensure that opioid abuse does not become a new monster.

Chart 2. Substance Use Hospitalization Rates, 2025

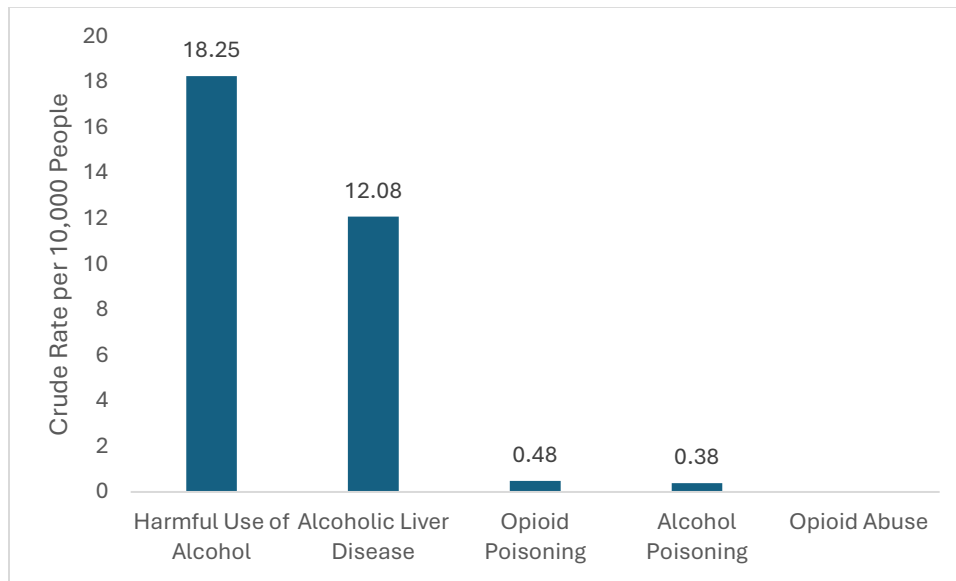


Chart 2 continues to illustrate the burden of alcohol abuse on the Navajo people. Opioid hospitalization remains low. However, if an individual passes away from acute opioid poisoning the EDM data would not capture this event.

Table 1. Substance Use Trends (Age-adjusted rates per 10,000 People), 2021-2025

Emergency Department Rates						
	2021	2022	2023	2024	2025	Trend
Harmful Use of Alcohol	26.91	27.53	33.72	44.28	44.31	↑
Opioid Abuse			0.72	1.17	0.52	↔
Alcoholic Liver Disease	28.96	20.81	13.18	14.09	10.05	↓
Opioid Poisoning	2.33	2.56	3.37	3.61	1.42	↔
Alcohol Poisoning	4.47	3.78	3.29	2.71	1.66	↓
Hospitalization Rates						
	2021	2022	2023	2024	2025	Trend
Harmful Use of Alcohol	6	11.37	21.59	25.93	20.67	↑
Opioid Abuse			0	0.19	NA	NA
Alcoholic Liver Disease	29.08	22.92	17.53	13.47	13.71	↓
Opioid Poisoning	0.73	0.8	0.53	0.45	0.53	↔
Alcohol Poisoning	1.55	1.66	1.15	0.43	0.44	↔

Table 1 indicates Harmful use of alcohol has increased since 2021, but the more chronic issue of Alcoholic Liver Disease has decreased since 2021. There are not enough cases of chronic opioid abuse reported yet to establish trends.

Violence

Chart 3. Violence Emergency Department Rates, 2025

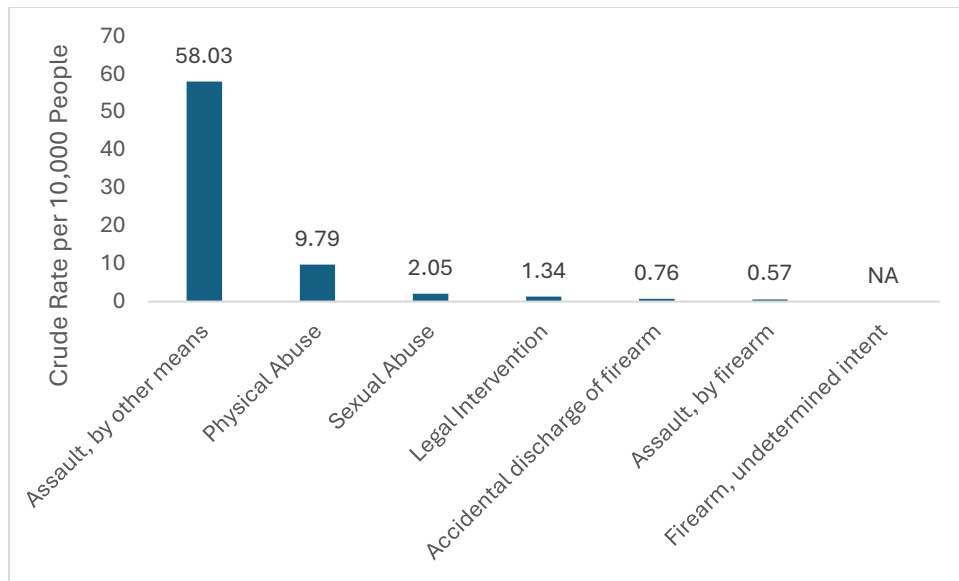


Chart 3 illustrates the magnitude of the monster of assault on the Navajo Nation. Firearms do not play a major role in most non-fatal Navajo assaults. Assault by other means include methods such as sharp objects, blunt objects, or the use of one's body to inflict injury.

Chart 4. Violence Hospitalization Rates, 2025

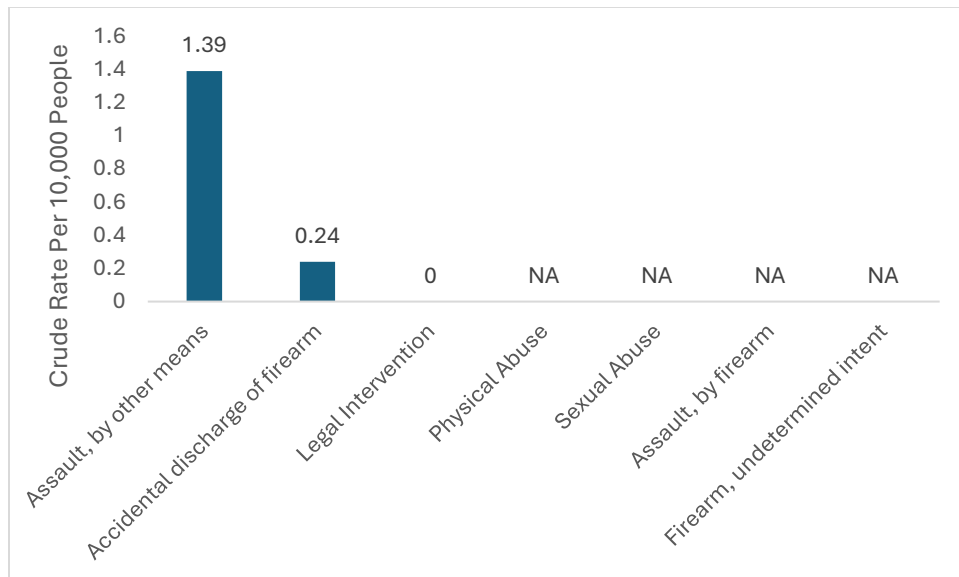


Chart 4 indicates that among different types of violence, assault by other means is most likely to lead to hospitalization. The rate for assault hospitalization is much lower than the rate for ED visits. Most violent conditions have too few data to be reported which is indicated with an NA (Not available). Most people injured in assault are either treated and released or possibly transferred to be hospitalized outside the Navajo health care system.

Table 2. Violence Trends (Age-adjusted rate per 10,000 People), 2021-2025

Emergency Department						
	2021	2022	2023	2024	2025	Trend
Accidental discharge of firearm	2.63	2.57	2.43	1.43	0.76	↓
Assault by firearm	1.53	1.85	1.14	1.19	0.70	↓
Firearm undetermined intent	0.42	0.36	0.25	0.38	NA	NA
Assault by other means	130.9	125.1	106.7	99.43	62.82	↓
Legal intervention	4.88	3.41	3.68	2.29	1.49	↓
Physical Abuse	9.69	12.02	10.93	16.68	10.55	↔
Sexual Abuse	2.82	4.21	3	3.1	2.18	↔
Hospitalization						
	2021	2022	2023	2024	2025	Trend
Accidental discharge of firearm	NA	NA	NA	0	0.26	NA
Assault by firearm	NA	0.21	NA	NA	NA	NA
Firearm undetermined intent	NA	NA	0	NA	NA	NA
Assault by other means	4.26	3.03	2.15	1.11	1.51	↓
Legal intervention	NA	0	0	0	0	↔
Physical Abuse	0.29	0.55	0.73	0.36	NA	NA
Sexual Abuse	NA	NA	0.24	NA	NA	NA

Table 2 indicates that while Assault is a major concern there has been some progress in lowering its impact since 2021.

Suicide

Chart 5. Suicide Emergency Department & Hospitalization Rates, 2025

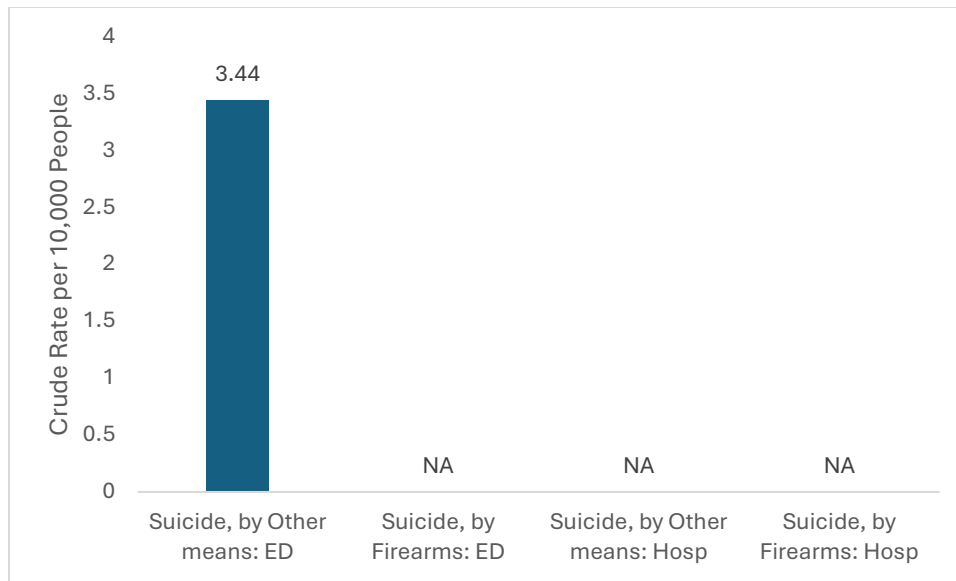


Chart 5 illustrates that the treatment rates for suicide attempt by Firearm are very low. Most who attempt suicide use other means such as drug use, sharp objects, or strangulation. The use of firearms is more likely to result in fatality, and individuals using this method may not present at a clinical setting.

Table 3. Suicide Trends (Age-adjusted rate per 10,000 People)

	2021	2022	2023	2024	2025	Trends
Suicide, Firearms: ED	0.51	NA	NA	NA	NA	NA
Suicide, Other means: ED	8.92	7.85	7.11	6.54	3.48	↓
Suicide, Firearms: Hospitalization	0	0	0	NA	NA	NA
Suicide, Other Means: Hospitalization	0.55	0.25	0.25	0	NA	NA

Table 3 indicates, as with Assault, that there has been some progress in reducing treatment rates for suicide attempt. This improvement can only be described for attempts that did not use a firearm. There is still insufficient data to make any statements on suicide by firearm attempts.

Table 7. Gender Differences where Males have higher rates than Females, 2025

Emergency Department Visits	
Health Condition	Male: Female Ratio
Assault by Firearm	3.12
Accidental Discharge of Firearm	4.5
Alcohol Poisoning	9.7
Legal Intervention	4.76
Hospitalization	
Health Condition	Male: Female Ratio
Harmful Use of Alcohol	2.07
Alcohol Poisoning	7.28
Alcoholic Liver Disease	1.66

Table 7 indicates a pattern of Alcohol misuse being a greater burden on male Navajos than female Navajos.

Table 8. Gender Differences where Females have higher rates than Males, 2025

Emergency Department Visits	
Health Condition	Female: Male Ratio
Sexual Abuse	9.38
Physical Abuse	1.45
Hospitalization	
Health Condition	Female: Male Ratio
None	

Table 8 indicates that Sexual Abuse impacts the female population more than the male population, and that there are no health conditions under consideration within this report in which females have a significantly higher hospitalization rate than males.

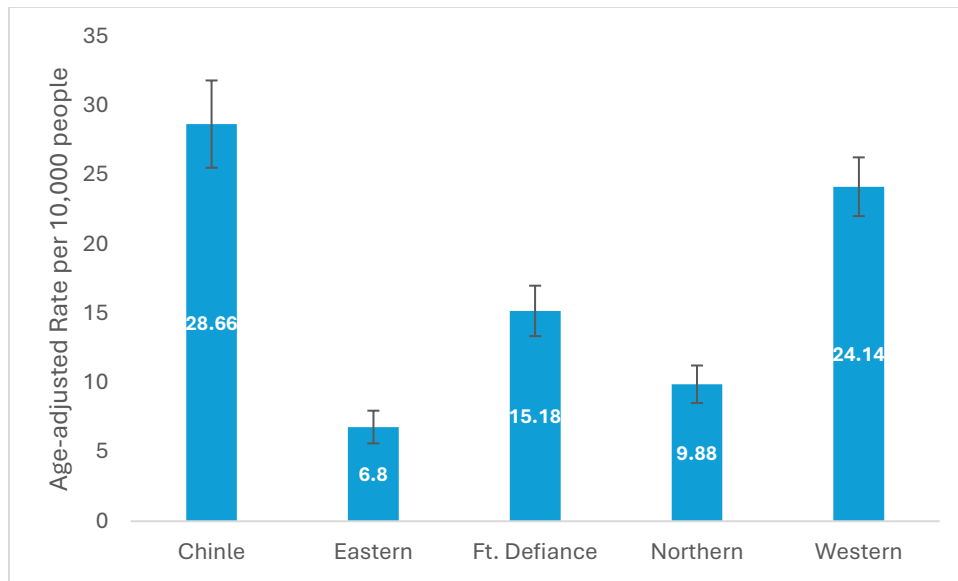
Table 9. Largest changes across time for Emergency Room and Hospitalization Rates, 2021-2025

Increasing Rates		
Health Condition	Percent Change	Absolute Change
Harmful Use of Alcohol: Emergency Department	65%	17.4/10,000 People
Harmful Use of Alcohol: Hospitalization	245%	14.7/10,000 People
Decreasing Rates		
Health Condition	Percent Change	Absolute Change
Alcoholic Liver Disease: Emergency Department	-64%	-18.91/10,000 People
Legal Intervention: Emergency Department	-70%	-3.39/10,000 People

Table 9 Harmful use of Alcohol has increased for both emergency department visits and hospitalizations. This category is an acute form of alcohol abuse that falls short of alcohol poisoning.

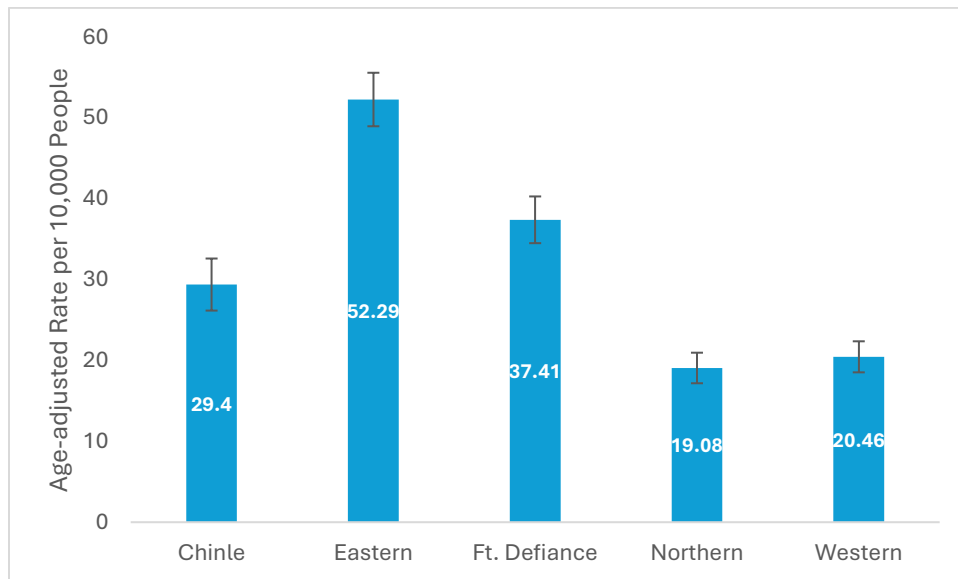
Agency Level ED & Hospitalization Data

Chart 6 Harmful Use of Alcohol Hospitalization Rates



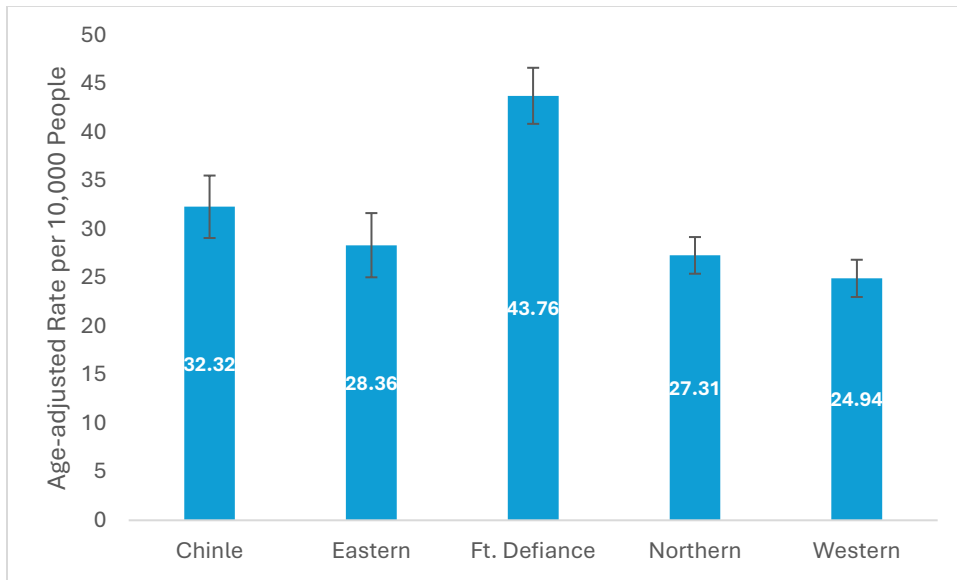
Harmful use of alcohol hospitalization is significantly more likely to be reported in the Chinle and Western agencies.

Chart 7 Alcoholic Liver Disease ED Rates



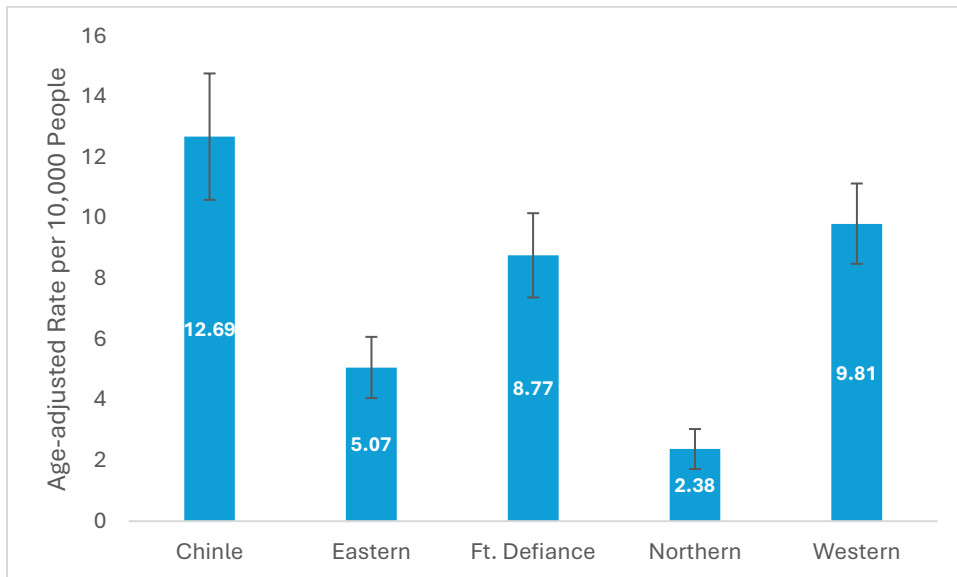
Alcoholic liver disease emergency department rates are highest in the Eastern Agency, and Ft. Defiance is also significantly higher than the remaining 3 agencies.

Chart 8 Alcoholic Liver Disease Hospitalization Rates



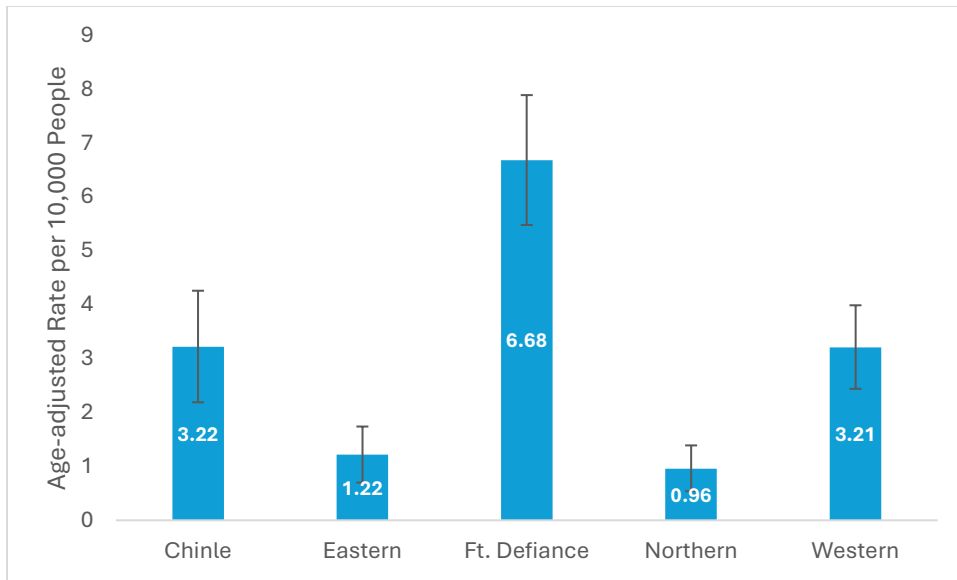
Ft. Defiance has the highest rates of alcoholic liver disease hospitalization.

Chart 9 Alcohol Poisoning ED Rates



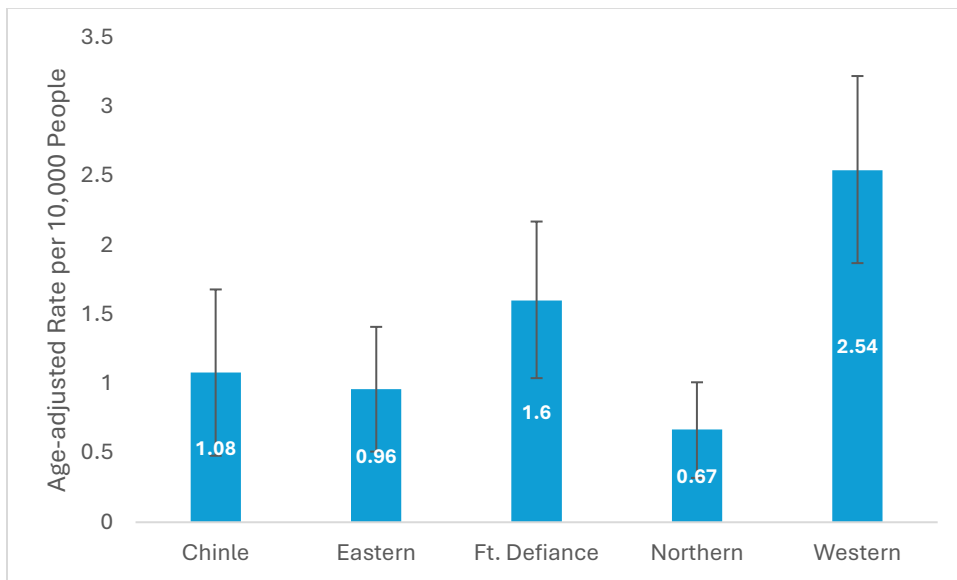
Agencies with most of their Chapters found within Arizona have higher rates of Alcohol Poisoning ED rates than Agencies with most Chapters found within New Mexico.

Chart 10 Alcohol Poisoning Hospitalization



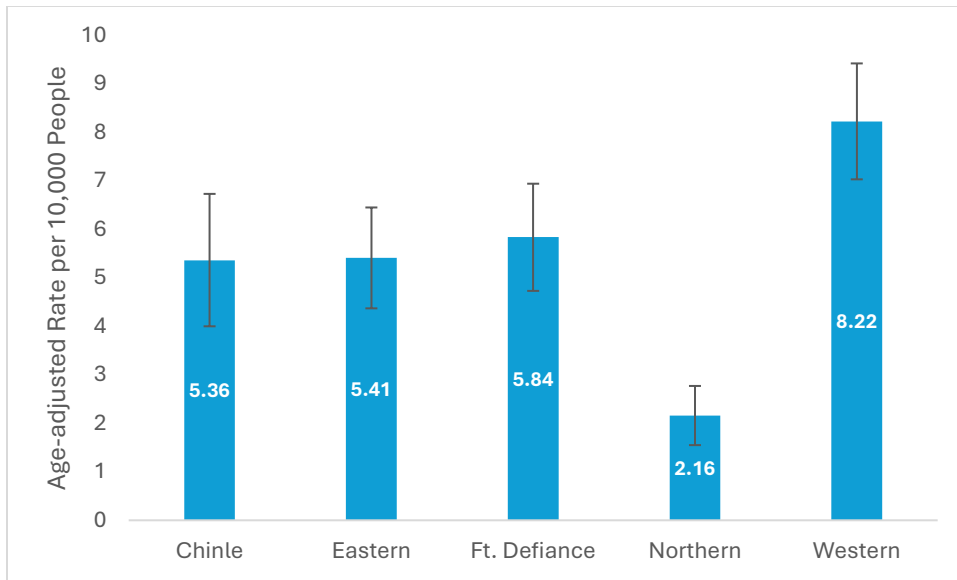
A similar pattern of Arizona agencies having higher rates of Alcohol Poisoning can be seen here, but Ft. Defiance rates are more than twice as high as Chinle and Western.

Chart 11 Opioid Poisoning Hospitalization



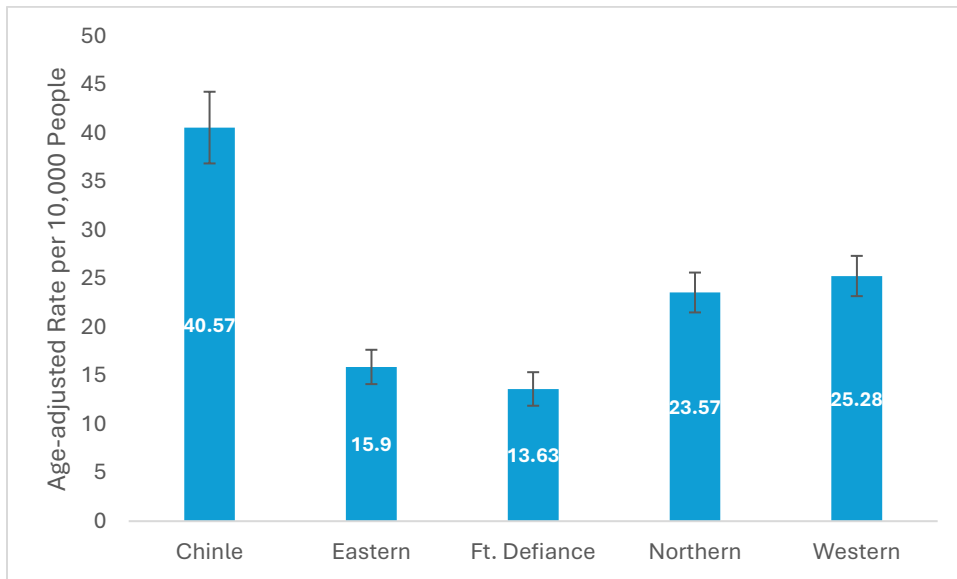
Rates for opioid poisoning remain relatively low. Western Agency is most impacted by this problem but is not significantly higher than Ft. Defiance Agency.

Chart 12 Opioid Poisoning ED Rates



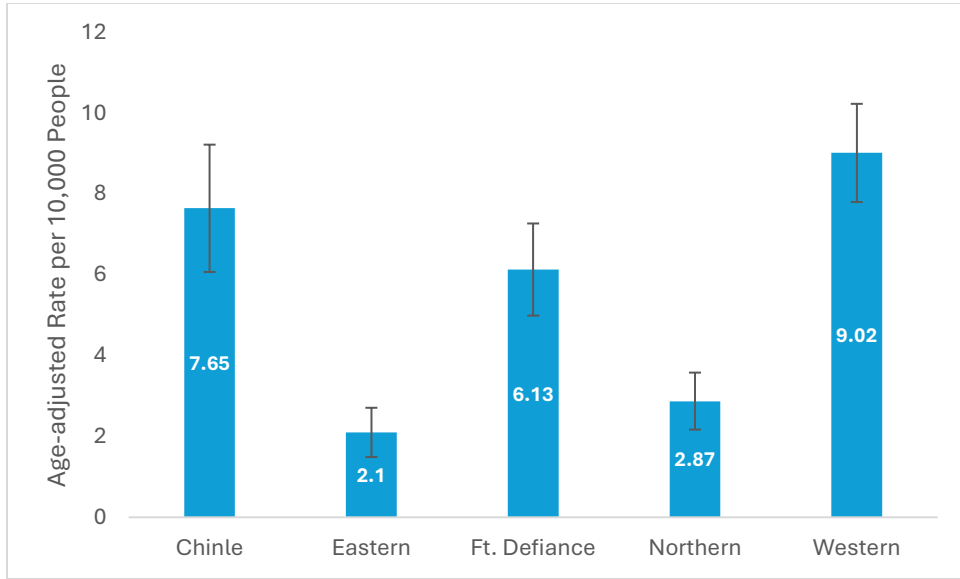
The Western Agency has the highest rates of Opioid Poisoning ED rates.

Chart 13 Physical Abuse ED Rates



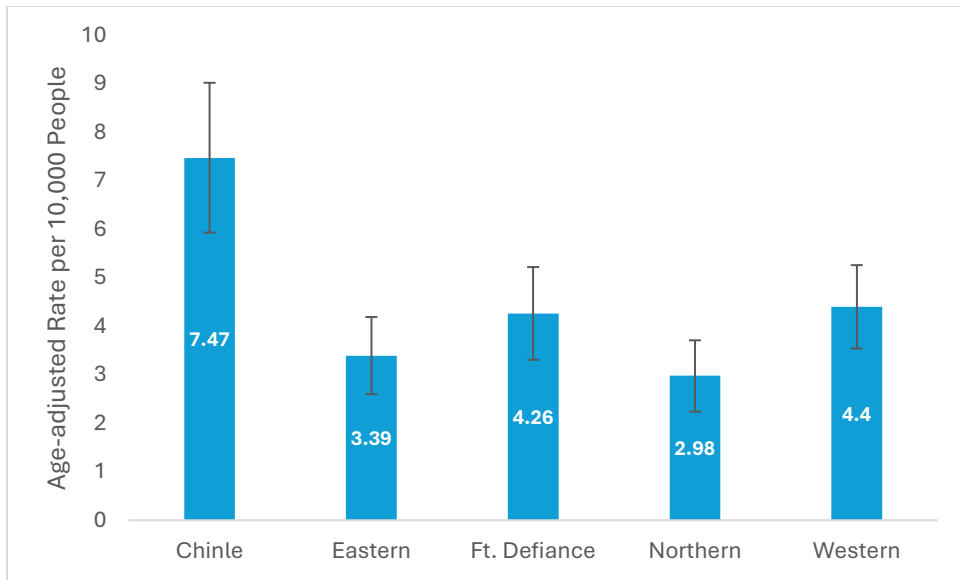
Physical Abuse ED rates are significantly higher for the Chinle Agency, and almost 40% higher than the next closest agency.

Chart 14 Sexual Abuse ED Rates



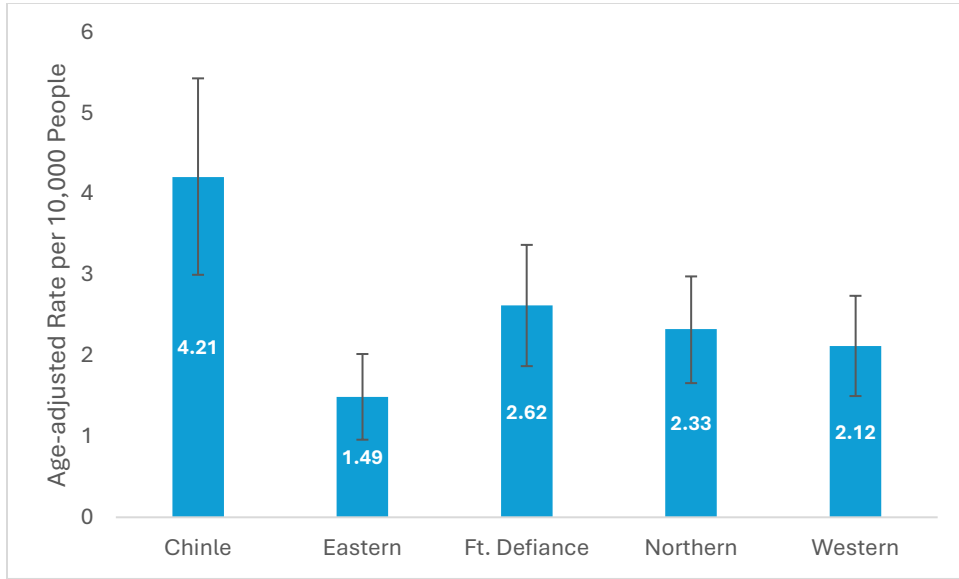
The Arizona Agencies have significantly higher rates of Sexual Abuse ED rates in comparison to the Agencies primarily found in New Mexico.

Chart 15 Accidental Discharge of Firearm ED Rates



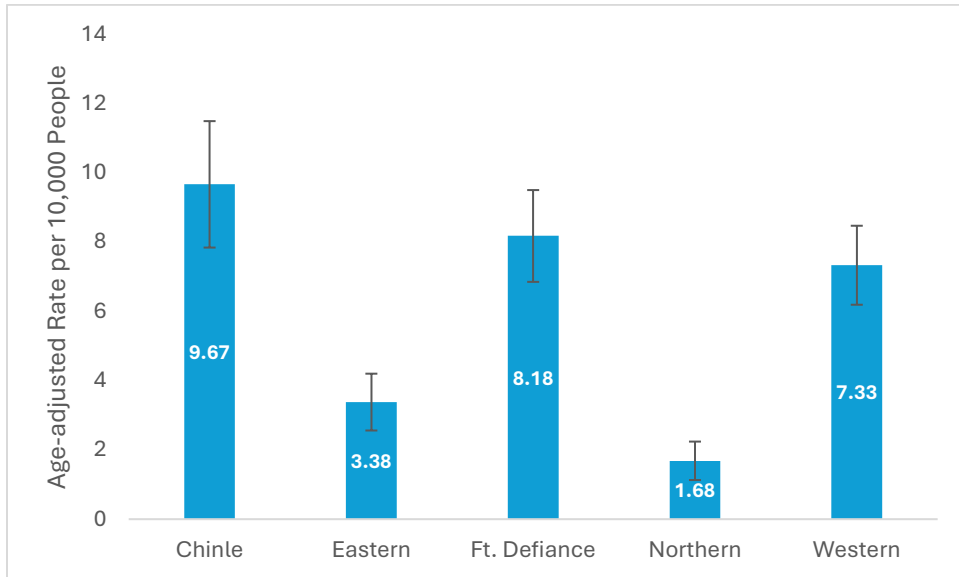
There is a pattern of the Chinle Agency having higher firearm associated treatment rates than the other 4 agencies. Here we see the Chinle Agency with the highest ED rates for Accidental discharge of firearm.

Chart 16 Assault, Firearms ED Rates



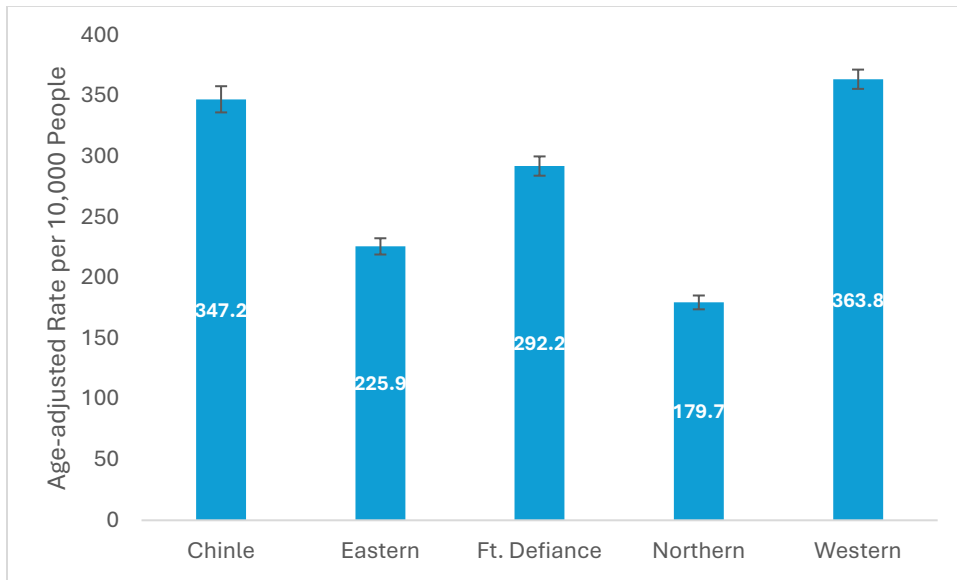
ED rates for assault with the use of a firearm are highest in the Chinle Agency.

Chart 17 Assault, Other Hospitalization



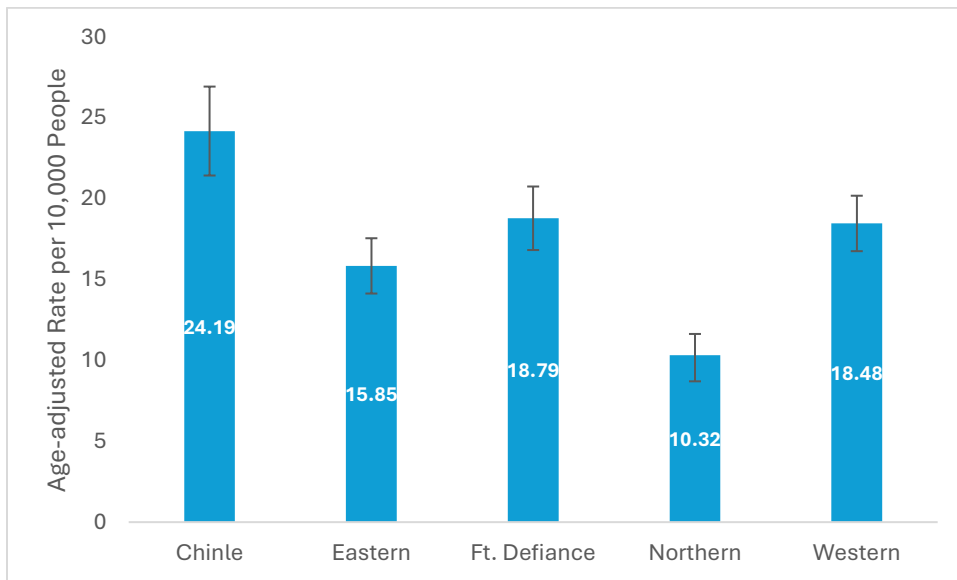
Non-firearm related Assault Hospitalizations are highest among the 3 Arizona agencies.

Chart 18 Assault, Other ED Rates



Non-firearm related assault ED rates are highest among the Western and Chinle agencies.

Chart 19 Suicide by Firearm ED Rates



ED rates for Suicide by firearm are highest in the Chinle agency.

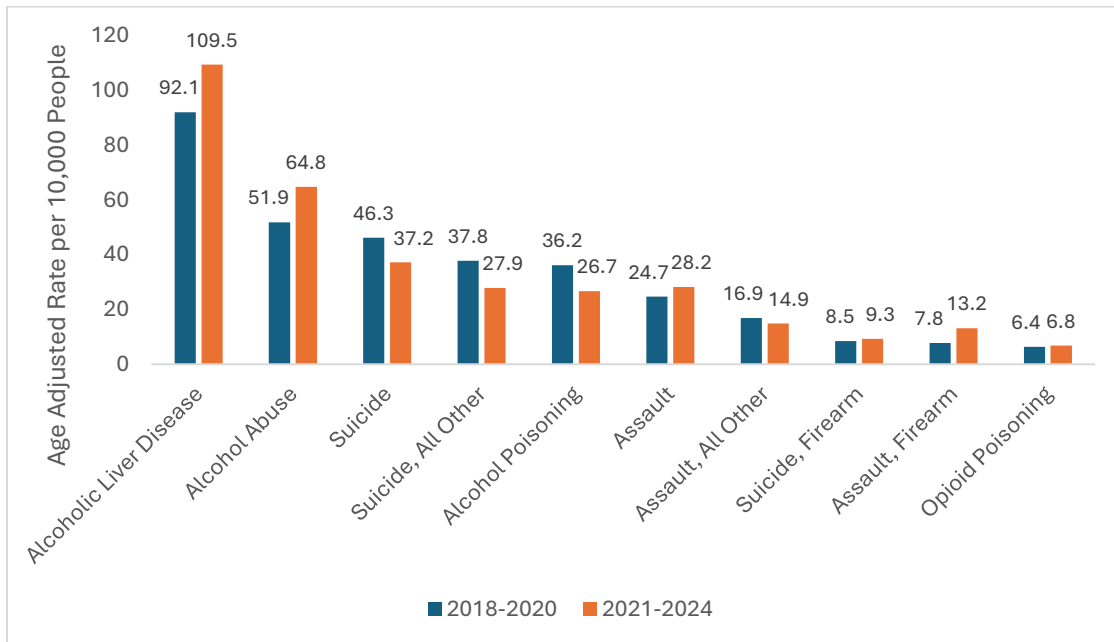
Mortality

Table 10. Percent of deaths attributable to violence and substance abuse

Cause	2018-2020 Surveillance Period	2021-2024 Surveillance Period
Alcoholic Liver Disease	6.3%	7.1%
Alcohol Abuse	3.6%	4.3%
Suicide	3.3%	2.6%
Alcohol Poisoning	2.6%	1.8%
Assault	1.8%	2.0%
Opioid Poisoning	0.4%	0.5%

Alcoholic Liver Disease, Alcohol Abuse, and Alcohol Poisoning combine to account for 13.2% of all deaths. For context, in the 2021-2024 surveillance period COVID-19 accounted for 10% of all deaths. Alcohol related deaths on the Navajo Nation each year exceed the deaths caused by a once in a lifetime pandemic.

Chart 20. Age-Adjusted Mortality Rates for Monster Related Causes



While most suicide attempts treated in a health care system do not involve firearms, they do contribute significantly to suicide completions (approximately 1 in 4 suicides). Firearms also play a much larger role in Assault mortality than in assault ED and hospitalizations (almost one half).

Data Considerations/Limitations

The results and interpretation of the EDM data is dependent upon accurate and complete classification of health conditions. Some injuries may not be classified completely to paint the full picture. For example, some injuries could be the result of assault or suicide attempt but coded as an unintentional injury. This could potentially cause the under reporting of some health conditions.

Definitions

Mortality: Refers to the state of being mortal (destined to die). In medicine, a term also used for death rate, or the number of deaths in a certain group of people in a certain period of time.

Mortality may be reported for people who have a certain disease, live in one area of the country, or who are of a certain gender, age, or ethnic group. (per National Cancer Institute)

Crude Incidence Rate: Refers to the ratio between the number of health events and the total population during a specified period.

Age-adjusted Incidence Rate: This is a method for adjusting rates to account for potential differences between the age composition in different populations or across different time periods. For example, if one population is older than another, we would expect them to have higher incidence rates of chronic diseases.