



# Understanding the 2020 Navajo Maternal And Child Health Needs Assessment

Navajo NARCH Partnership Diné College and  
Northern Arizona University

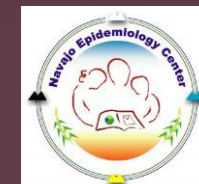
## 2020 Navajo Nation Maternal and Child Health Needs Assessment



- 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.ncc.navajo-nsn.gov](http://www.ncc.navajo-nsn.gov) | Email: [navajocpi@navajo-nsn.gov](mailto:navajocpi@navajo-nsn.gov)



# COMMUNITY RESPONSES

## ADOLESCENTS

Participants believed there is a responsibility to provide:

- safety and order
- expanded health care centers and services
- healthier food outlets
- sustainable land use planning initiatives

## CAREGIVERS

Participants thought their health can improve if their leaders and policies prioritized:

- funding for future housing
- healthy food options
- mental health and substance use treatment

## PROVIDERS

Navajo Area providers and program specialists priorities:

- Prevention Programs
- Childcare Services and Parenting Programs
- Healthcare Utilization
- Physical Activity & Nutrition
- Food Security
- Home Utilities Connection
- Economic stability
- Language and Cultural Research



## MATERNAL AND CHILD HEALTH PRIORITIES TO ADDRESS

### PERINATAL/ INFANT

1. Mortality (Sudden Unexpected Infant Death 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

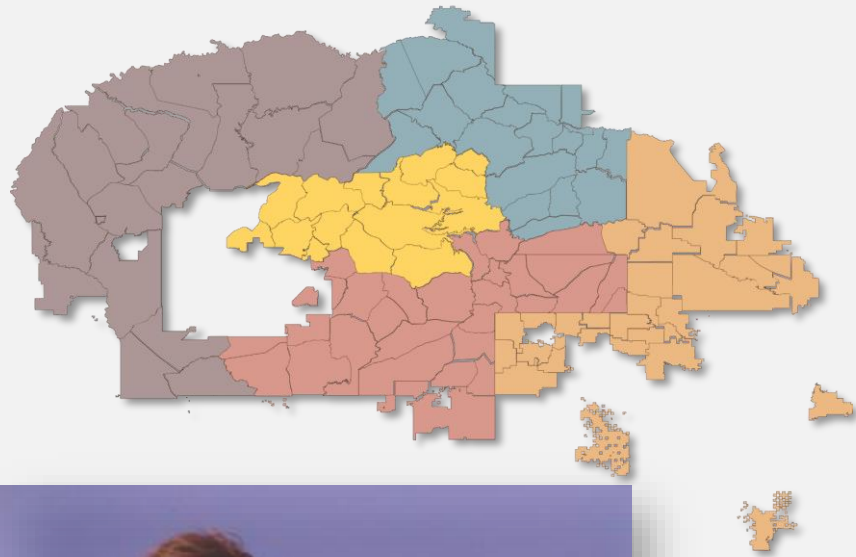
### ADOLESCENT

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

# INTRODUCTION





- Navajo population is approximately 286,731 and 47% live on the Navajo Nation.
- 5 agencies and 110 chapters across Navajo.
- Approximately 13 grocery stores.
- 17 hospitals and clinics.
- The land has been a target of resource extraction which impacts Navajo health today.

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# PROCESS

- Collaboration between Diné College (DC), Northern Arizona University (NAU), and Navajo Epidemiology Center (NEC) with funding from Arizona Department of Health Services (ADHS).
- Diné College - health information collection and analysis
  - Senior level public health students helped in analysis through a Diné College practicum course.
- NAU - community response information analyzed by Masters of Public Health graduates.
- Advisory council based on Navajo PRAMS advisory group consisting of Navajo area providers, tribal program specialists, and Navajo Area stakeholders.
- Priorities setting meetings held with Navajo program supervisors and providers and overall advisory council.

# SA'AH NAAGHÁÍ BIK'EH HÓZHÓÓN Framework



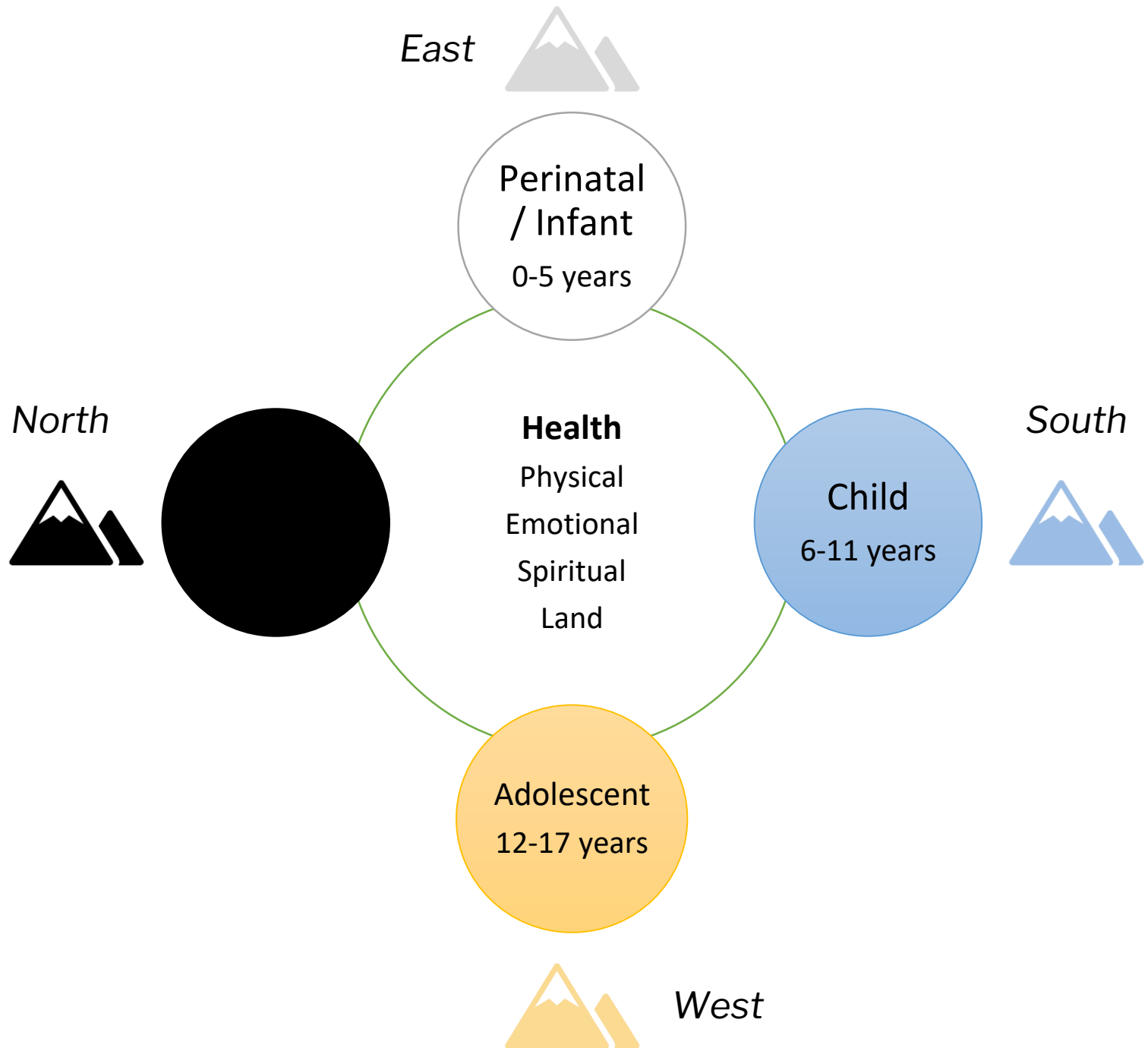
**4. *Sihasin*: Reflecting (Roof):** Identifying unmet needs- Analyzed information. Dissemination of findings.

**3. *liná*: Implementation (Logs):** Identified sources e.g. Navajo Agencies and organizations, community events, public congregations, and recruited participants.

**2. *Nahat'á*: Planning (Logs):** Partnered with NEC, NAU, public health students, and advisory council. Met with advisory counsel monthly and team meetings weekly.

**1. *Nitsáhákees*: Thinking (Foundation):** Building on the knowledge and understanding of mothers and children. Guided by: Advisory council, NEC, providers, caregivers and adolescents.

# APPROACH TO FINDINGS



# COMMUNITY RESPONSE COLLECTION

## Community Input Sessions

5 input events throughout the Navajo Nation at pre-existing events from February to March 2020

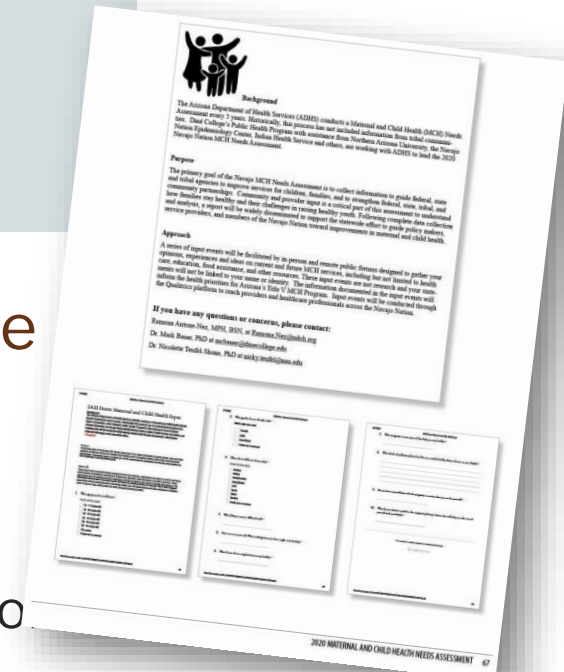
Information was collected in-person or by virtual meeting

Participants were asked about:

- Cultural teachings
- Health needs of caregivers and/or their children
- Problems/barriers caregivers and/or their children experience when trying to access services
- Services needed but not received
- What is needed in the community and/or Navajo

## Provider Questionnaire

- Online questions
- Recruited providers, program directors, managers and coordinators by email
- 8 questions
  - Current interventions
  - Needed interventions
  - MCH and Providers' barriers
  - Health information
  - Health priorities





# HEALTH INFORMATION COLLECTION

- Information was retrieved from the most recent reports on perinatal and infant, child, adolescent, and maternal health.
  - Some education, disability, and demographic.
  - Environmental reports were reviewed and used to describe impacts on health.
- U.S. and American Indian/Alaskan Native information was used to compare rates and identify disparities.
- Disparities were noted as preliminary priorities for priorities setting meetings on each age group.



- Little to no information was collected or readily available on children with special health care needs, education, tribal programs, and social services due to Covid-19.
  - No information collected on Utah portion of the Navajo Nation.
- Small representation by Navajo health providers and program managers during the priorities setting process.
- Low engagement with young mothers/fathers and providers.



## LIMITATIONS

## CONCLUSIONS AND NEXT STEPS


- Food insecurity, housing, substance use, and violence were common concerns shared by adolescents, caregivers, and providers.
- Discussions will continue on how priorities will be addressed with the Navajo Department of Health and other tribal officials, programs and providers.
- For the next needs assessment, allow sufficient time to collect comprehensive quantitative and qualitative data from:
  - Children with special healthcare needs, mental health, education, tribal programs, and social services.
  - Be more inclusive of extended family members.
  - Involve chapter houses for data collection and input events.





# CONCLUSIONS

The Navajo culture and people have been resilient through changing health and lifestyle.

2020 Navajo Nation  
Maternal and Child Health  
Needs Assessment



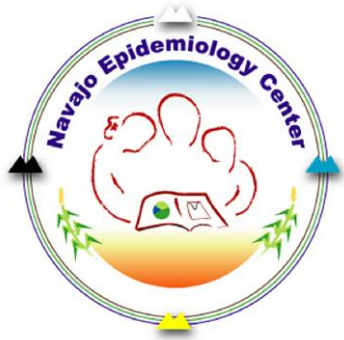
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# ACKNOWLEDGEMENTS



Arizona Department of Health  
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Diné College Public Health Program  
Northern Arizona University  
Navajo Area Providers  
Navajo Area Programs  
Mothers and Children of the Navajo  
Nation



*Ahéhee'*

## For More Information Visit the Following Videos Online:

Perinatal and infant health	<a href="https://www.youtube.com/watch?v=TjOyteguGAI&amp;t=3s">https://www.youtube.com/watch?v=TjOyteguGAI&amp;t=3s</a>
Child health	<a href="https://www.youtube.com/watch?v=7E0kFnZ5yyY&amp;t=23s">https://www.youtube.com/watch?v=7E0kFnZ5yyY&amp;t=23s</a>
Adolescent health	<a href="https://vimeo.com/432354279">https://vimeo.com/432354279</a>
Women's and maternal health	<a href="https://vimeo.com/433202063">https://vimeo.com/433202063</a>
Environmental health	<a href="https://www.youtube.com/watch?v=5_Lvx32qByI">https://www.youtube.com/watch?v=5_Lvx32qByI</a>
Qualitative data findings	<a href="https://vimeo.com/434583788">https://vimeo.com/434583788</a>
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