NAHATA'DZIIL HEALTH CENTER

FORT DEFIANCE INDIAN HOSPITAL BOARD, INC.

COMMUNITY HEALTH NEEDS ASSESSMENT

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NAHATADZIL HEALTH CENTER

COMMUNITY HEALTH NEEDS ASSESSMENT EXECUTIVE SUMMARY

The 2017 NahataDziil Health Center Community Health Needs Assessment identifies and prioritizes community health needs of the Sanders, AZ, otherwise known as NahataDziil, service area. The service area was identified by chapter locations within a 15-mile radius of the NahataDziil Health Center.

The NahataDziil Health Center is one of two facilities of the Fort Defiance Indian Hospital Board, Inc. It is located in Sanders, AZ, and a few hundred feet away from the central governance area. The campus is comprised of the health center with smaller buildings that house public health nursing and other programs.

The community health needs report includes indicators that impact health such as demographics, social characteristics, economic characteristics, operations report, youth perspectives, and community survey results. These components are taken into account when prioritizing the health needs of the service area. At the end of the report, the top three health needs are identified; Alcohol and Substance Abuse, Urgent Care, and Diabetes and Obesity Prevention.

FDIHB, Inc. understands the importance of the CHNA as it allows the community to have a voice in the health services provided to the community, making the organization responsive and focused on the patients. It also allows the organization to use valuable human and financial resources efficiently and effectively.

NAHATDZIIL HEALTH CENTER SERVICE AREA DEMOGRAPHICS

The NahataDziil Health Center Service Area is made up of six primary chapters that are in the surrounding area within a 15-mile radius. They include Houck, Klagetoh, Lupton, NahataDziil, Oak Springs/Pine Springs, and Wide Ruins Chapters. The total population for each of the chapters can be found below and was acquired using the U.S. Census American Fact Finder tool, specifically the 2015 American Community Survey results.

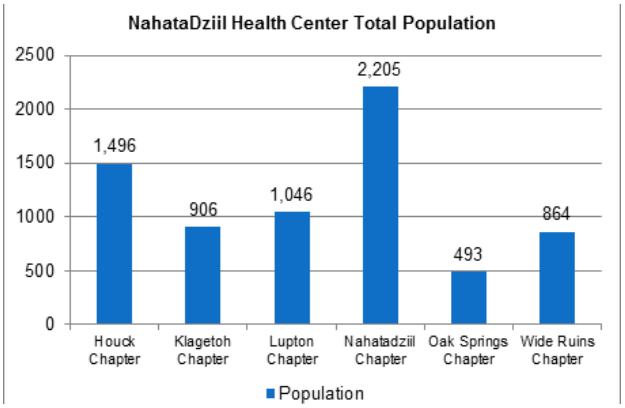
The American Community Survey is the Census Bureau's program that produces and disseminates official estimates of the population for the nation, states, counties, cities and towns (United States Census Bureau, 2015).

Demo to know

Understanding the demographic make-up of a community helps to target interventions and services to address the community health needs of the community. Demographics help by ensuring that resources are used efficiently and effectively.

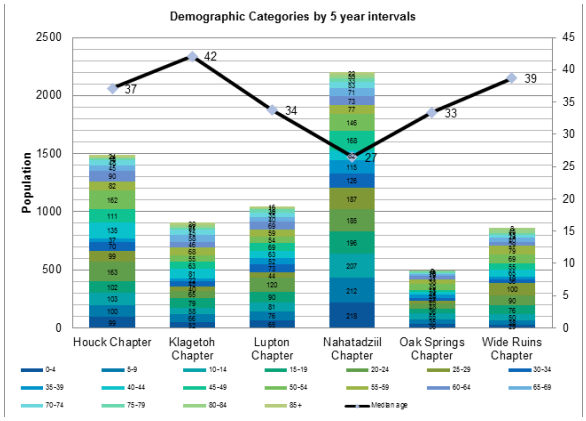
"To fully understand a community, you have to know who is a part of that community. That is what demographics do"

Total Population



The total population of people living in the NahataDziil Health Center Service Area is 7,010 people. The chapter with the highest number of individuals is NahataDziil, the chapter located next to the NahataDziil Health Center. The second most populated chapter in the NahataDziil Service Area is the Houck Chapter, located 9.8 miles from the Health Center. The third most populated chapter is Lupton, located 20 miles from NahataDziil.

Demographic Categories



To better understand the demographics of the chapters in the service area, analysis was completed using 5-year intervals.
(United States Census Bureau, 2015)

Table 1: Number of individuals in each 5-year age category

	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85+	Median a
Houck Chi	98.736	100.232	103.224	101.728	163.064	98.736	70.312	37.4	134.64	110.704	161.568	82.28	89.76	44.88	47.872	14.96	8.976	23.936	37.1
Klagetoh (	51.642	66.138	57.984	78.822	65.232	39.864	45.3	21.744	80.634	63.42	55.266	67.95	46.206	57.984	45.3	20.838	21.744	19.932	42.1
Lupton Ch	64.852	76.358	80.542	89.956	120.29	43.932	73.22	52.3	62.76	69.036	54.392	58.576	69.036	39.748	34.518	30.334	11.506	15.69	39.7
Nahatadz	218.295	211.68	207.27	196.345	185.22	187.425	125.685	114.66	81.565	167.58	145.53	77.175	72.765	70.56	52.92	33.075	33.075	22.05	26.5
Oak Spring	35.969	35.003	55.216	35.969	47.821	25.143	23.171	26.101	34.157	18.241	48.807	37.961	31.059	14.79	9.86	11.818	8.874	0	39.4
Wide Ruins	29.376	38.016	50.112	76.032	89.856	100.224	36.288	19.008	64.8	55.296	69.12	78.624	29.376	39.744	23.328	12.96	44.928	7.776	36.7

(United States Census Bureau, 2015)

The black line indicates the median age for each chapter community. The chapter with the highest population, NahataDziil, also has the lowest median age. One of the trends identified is that chapter communities located in rural areas have the higher median ages. An assumption is that individuals living in rural areas tend to live longer than those in more populated areas. The chapter with the highest median age is Klagetoh Chapter.

Houck Chapter

In the Houck chapter, the three largest age categories include 20-24 year olds with 163 individuals, 50-54 year olds with 162 individuals, and 40-44 year olds with 135 individuals, respectively.

Klagetoh Chapter

The three largest age categories include 40-44 year olds with 81 individuals, 15-19 year olds with 79 individuals, and 55-59 year olds with 68 individuals, respectively.

Lupton Chapter

The three largest age categories include 20-24 year olds with 120 individuals, 15-19 year olds with 90 individuals, and 10-14 year olds with 81 individuals, respectively. The three most populated age categories are under 24 years old for this chapter.

NahataDziil Chapter

The three largest age categories include 0-4 year olds with 218 individuals, 5-9 year olds with 212 individuals, and 10-14 year olds with 207 individuals, respectively. The three most populated age categories are under 14 years old for this chapter.

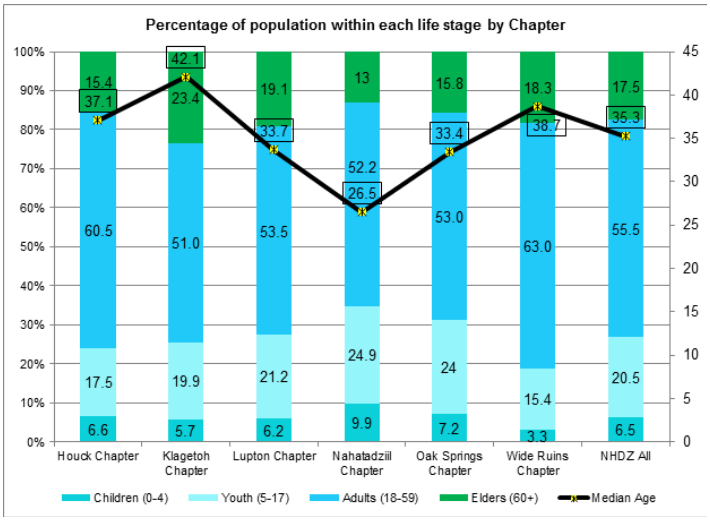
Oak Springs/Pine Springs Chapter

The three largest age categories for this chapter include 10-14 year olds with 55 individuals, 50-54 year olds with 49 individuals, and lastly, 20-24 year olds with 48 individuals.

Wide Ruins Chapter

The top three largest age categories for the Wide Ruins Chapter includes 25-29-year olds with 100 individuals, 20-24 year olds with 90 individuals, and 55-59 year olds with 79 individuals.

Percentage of Population within each life stage



(United States Census Bureau, 2015)

When organized by life stage, NahataDziil Chapter has the highest percentage of the population under the age of 18, at 34.8 percent of the population. This includes the highest percentage of the population under the age of 5, at 9.9 percent. On the opposite end, elders, Klagetoh Chapter has the highest percentage of population over the age of 60, at 23.4 percent. The Chapter with the second highest percentage of elders in the NahataDziil area is Lupton, with 19.1 percent of the population over the age of 60.

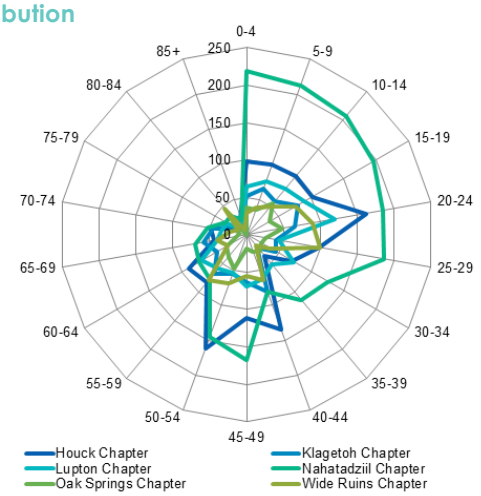
Table 2: Number of individuals in each life stage

	Total Population	Children (0-4)	Youth (5-17)	Adults (18-59)	Elders (60+)
Houck Chapter	1496	99	262	905	230
Klagetoh Chapter	906	52	180	462	212
Lupton Chapter	1046	65	222	560	200
Nahatadziil Chapter	2205	218	549	1151	287
Oak Springs Chapter	493	35	118	261	78
Wide Ruins Chapter	864	29	133	544	158
NHDZ All	7010	454	1436	3893	1227

(United States Census Bureau, 2015)

Overall, 6.5 percent of the NahataDziil service area, or 454 individuals are under the age of 5. The total number of people in the youth category is 1,436. In the adult category, there are 3,893 individuals. Lastly, there are 1,227 elders in the NahataDziil Service area.

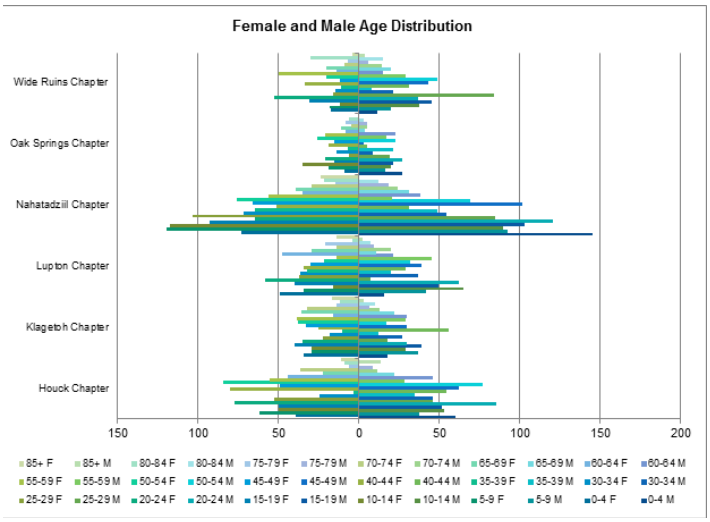
Age Distribution



(United States Census Bureau, 2015)

Further, the radar chart above displays the number of people in each 5-year interval category. The most noticeable trend is the substantial number of individuals in NatahaDziil Chapter that are under the age of 29. In addition, the radar graph visually shows the small number of individuals over the age of 65 in all chapters.

During a recent event at the NahataDziil Health Center, the NahataDziil Youth Day, the data correlated with the high number of children present at the event. It was the one of the first times that the clinic was packed with people. It was a magnificent event that used targeted services to reach the most people.



(United States Census Bureau, 2015)

The last chart in regard to demographics is the female and male age distribution chart (above). This chart displays the number of females and males in each of the 5-year age categories. Although difficult to distinguish the respective age categories, the lower age categories are at the bottom. Again, for the NahataDziil Chapter it is easily distinguished that there are a lot of people in the lower age categories, both for females and males. For most communities, there are more females than males. In addition, there are drastically older females than males. Females are living longer than males in most cases.

Table 3: Male and Female Median ages by Chapter

	Male Median age (years)	Female Median age (years)
Houck Chapter	32.2	40.5
Klagetoh Chapter	41.3	43.7
Lupton Chapter	32.3	34.7
Nahatadziil Chapter	24.6	28.9
Oak Springs Chapter	28.3	36.6
Wide Ruins Chapter	30.7	41.4
NHDZ All	31.56667	37.63333

(United States Census Bureau, 2015)

The table above shows that in all chapters the median age for women is older than men, including the overall NahataDziil totals.

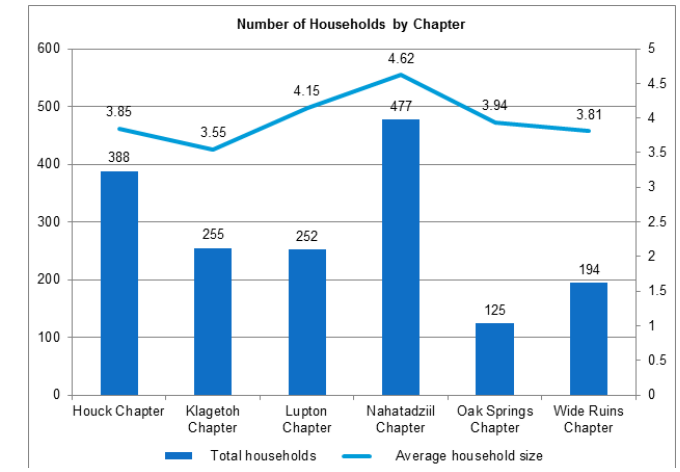
SELECTED SOCIAL CHARACTERISTICS

Social characteristics are an important consideration for community health. Social characteristics, like demographics help service providers develop targeted and focused interventions for each respective population. For example, school enrollment is a social characteristic that can help with school health initiatives for the hospital as well as other service providers. It allows for service providers to plan using resources efficiently and effectively.

Grace Tracy, cultural liaison, teaching a cultural cooking class. It is important that social characteristics are considered because they can give a good perspective of the make-up of households in the community.

All information and data for the following section was collected using the American Fact Finder tool from the U.S. Census Bureau. The information is from the 2011-2015 American Community Survey 5- Year Estimates, selected social characteristics (United States Census Bureau, 2015).

Households



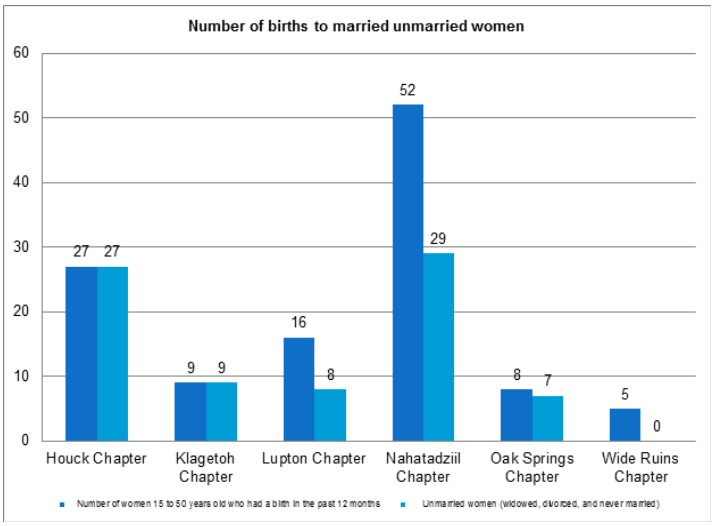
(United States Census Bureau, 2015)

The total number of NahataDziil Service Area households is 1,691. The number of households mirrors the results of the total population with NahataDziil chapter having the highest number of households at 477, followed by Houck Chapter (388). The only difference between the household and population charts is that Klagetoh Chapter has the third most households, whereas Lupton has the third most population. Therefore, Klagetoh Chapter has more households with less of a population than Lupton. That is the main reason that Klagetoh Chapter has the lowest average household size at 3.55 individuals per household.

Impact on Health

The number of individuals in each household can impact health as this is where most individuals spend their time and where they have an opportunity to practice health. Household health education initiatives such as healthy eating, eating as a family, and how to shop for healthy foods are essential elements to living a healthy life.

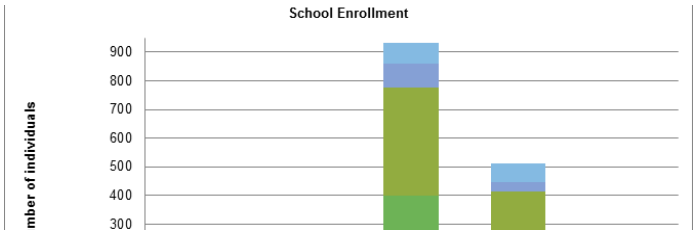
Number of births to married and unmarried women



(United States Census Bureau, 2015)

The chart above displays the number of women ages 15-50 years old who had birth in the past 12 months and the number of those that were unmarried. This is important to community for two reasons, family planning and family services. In alignment with the population totals, NahataDziil chapter had the most number of births at 52, with 29 of those coming from unmarried women. The high number of births in the NahataDziil chapter could be a reason that there are a high number of individuals under the age of 24 years old.

School Enrollment



	Nursery school, preschool	Kindergarten	Elementary school (grades 1-8)	High school (grades 9-12)	College or graduate school
Wide Ruins Chapter	17	6	73	66	16
Oak Springs Chapter	8	3	80	31	16
Nahatadziil Chapter	45	42	378	176	63
Lupton Chapter	10	22	132	69	28

(United States Census Bureau, 2015)

NahataDziil chapter continues to dominate in regards to being having the largest amount of individuals in each area of inquiry. It is important to keep in mind that the results are those of individuals who are aged 3 and older. There are a total of 1,823 individuals who are over the age of 3 and are enrolled in school; this is about 26 percent of the total population of NahataDziil Health Center service area.

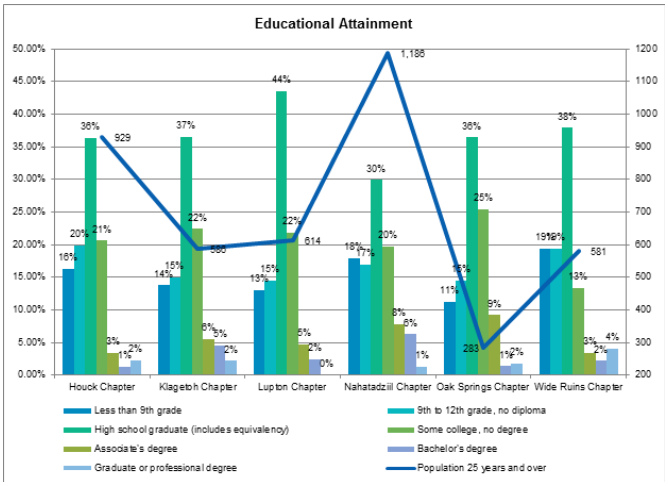
Table 4: Percent of population, school enrollment by chapter

	Houck Chapter	Klagetoh Chapter	Lupton Chapter	Nahatadziil Chapter	Oak Springs Chapter	Wide Ruins Chapter
Nursery school, preschool	1.3%	3.6%	3.8%	6.4%	5.8%	9.6%
Kindergarten	6.9%	2.7%	8.4%	6.0%	2.2%	3.4%
Elementary school (grades 1-8)	49.2%	49.8%	50.6%	53.7%	58.0%	41.0%
High school (grades 9-12)	30.0%	32.9%	26.4%	25.0%	22.5%	37.1%
College or graduate school	12.6%	11.1%	10.7%	8.9%	11.6%	9.0%

(United States Census Bureau, 2015)

Further analysis by percentage of population over 3 years old enrolled in school evenly highlights the chapter areas with the highest percentage in each category. The highest percentage of individuals in nursery school/preschool is in Wide Ruins chapter. This chapter also had the highest births to married women at 5 of 5, or 100 percent. The chapter with the highest percentage of individuals in kindergarten is Lupton chapter with 8.4 percent. For elementary school (grades 1-8), the highest percentage belongs to Oak Springs chapter. The highest percentage of individuals in high school is in Wide Ruins chapter. In regards to college or graduate school, Oak Springs chapter has the highest percentage.

Educational Attainment



(United States Census Bureau, 2015)

Research shows that better-educated individuals live longer, healthier lives than those with less education, and their children are more likely to thrive. (Reference) Educational attainment is an indicator that is important to understanding and identifying community health needs. It is helpful to know what level of education the community has attained to focus services.

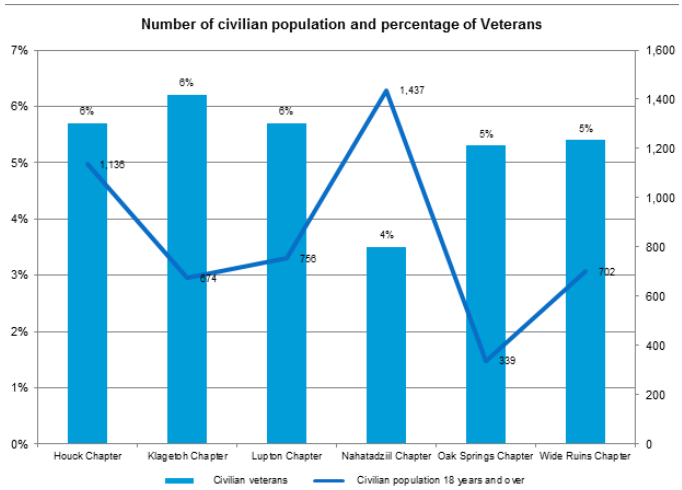
The line on the chart above displays the number of people that are 25 years old and over. The bars represent the respective educational level of the population. For comparison, Arizona's high school graduate percentage is at 86 percent, bachelor's degree at 27.5 percent, and graduate or professional degree at 10.2 percent. These are well above the percentages for each of the six chapters in the NahataDziil service area.

The highest percentage in regard to high school graduate rate is Lupton chapter with 44 percent. The community with the highest percentage of individuals with a bachelor's degree is NahataDziil chapter with 6 percent. Regarding a graduate degree or professional degree, Wide Ruins chapter has the highest percentage at 4 percent or about 24 people.

Impact on health

This indicator can impact health by affecting how the organization communicates. By knowing the educational attainment for each chapter, resource materials can be developed using readability analysis so that the population can understand what is being communicated to them.

Veterans

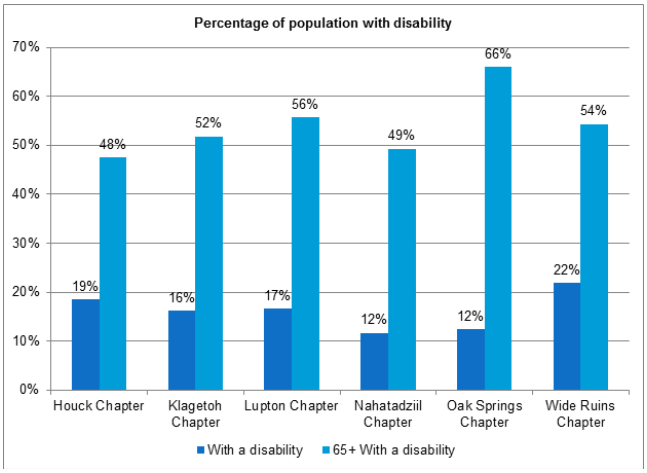


(United States Census Bureau, 2015)

The chapter with the highest civilian population over the age of 18 is NahataDziil chapter, followed by Houck and Lupton chapters. The communities with the highest percentage of veterans are Klagetoh, Houck, and Lupton chapters at 6 percent.

This is an important factor for health as veterans are a highly respected population with access to multiple health systems, including FDIHB, Inc. facilities and the Veterans Administration health systems.

Population with Disability

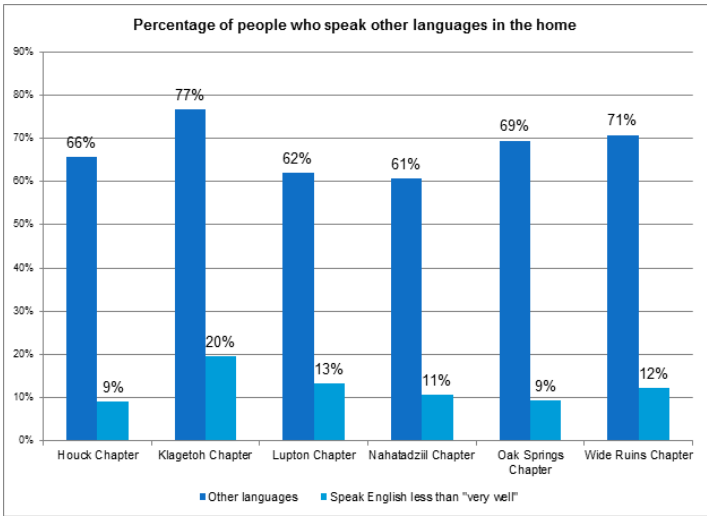


(United States Census Bureau, 2015)

The chart above displays the percentage of population that has a disability. Further, the second bars display the percentage of people over the age of 65 years that are disabled. The United States and Arizona disability prevalence is at 12.6 and 12.8 percent, respectively (Cornell University Disability Statistics, 2016). All chapters in the NahataDziil service area, except NahataDziil and Oak Springs Chapter have higher percentages of disabled individuals compared to the U.S. and Arizona.

These populations require additional and sometimes more advanced health services due to their unique conditions. The data here could be used to justify specialty clinics in each of the chapters with a high percentage of disabled individuals.

Language



(United States Census Bureau, 2015)

The last social characteristic covered in this report is the percentage of people who speak other languages in the home. Although not specified as Navajo, this is likely the other language that is spoken in the home. More than half of all the people in the NahataDziil service area speak other languages other than English. Further, there are a high percentage of people that speak English less than "very well".

Like educational attainment, the main factor affecting health is health communication. At FDIHB, Inc. there are multiple translators to help with this social characteristic.

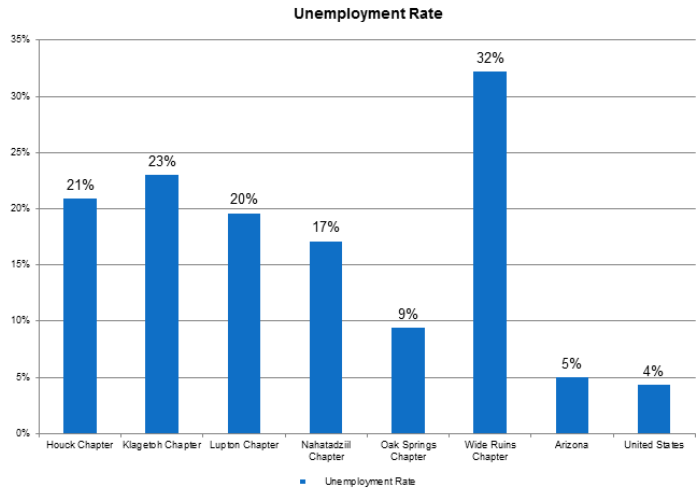
SELECTED ECONOMIC CHARACTERISTICS

Economics and health go hand-in-hand so it is important that economic characteristics be included in the community health needs assessment. Research has shown that individuals that have steady safe jobs tend to have better health outcomes (Health Poverty Action, 2017). In addition, poverty is both a cause and a consequence of poor health (Health Poverty Action, 2017). Poverty increases the chances of poor health (Health Poverty Action, 2017).

FDIHB, Inc.'s Annual Just Move It series brings the community together to increase access to physical activity and to empower the community to be physically active.

The following section includes economic characteristics taken from the United States Census Bureau's American Community Survey, 2011-2015 5-year estimates (United States Census Bureau SEC, 2015).

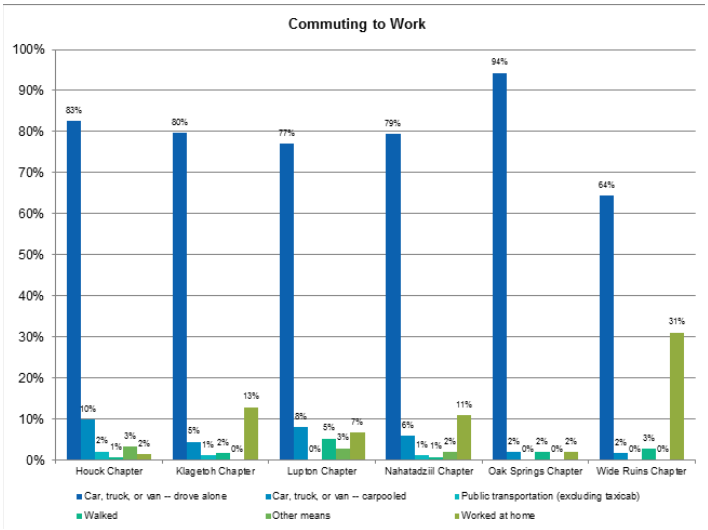
Unemployment



(United States Census Bureau SEC, 2015)

For reference, the U.S. and Arizona unemployment rates have been included in the draft above and are 4 percent and 5 percent, respectively. There is a dramatic difference between the State and Nation totals compared to the chapters in the NahataDziil service area. The high rates of unemployment negatively affect the health of the community members on all levels of health. As shown on the previous page, language is a barrier to having a job. Most jobs on the Navajo Nation require English proficiency. In each of the communities, the major employers are schools, local governance organizations, and some retail organizations.

Commuting



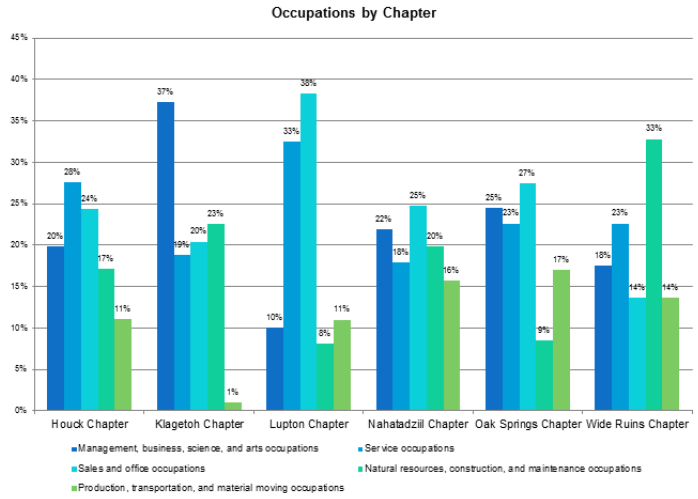
(United States Census Bureau SEC, 2015)

The above chart displays the percentage of those employed that community to work and how they commute to work. In each of the chapters, a high percentage of people commute to work in a car, truck, or van and drive alone. This has an impact on health because the high use of vehicles can pollute the air causing respiratory problems. The high use of single occupancy vehicles to and from work is inefficient. In addition, coupled with the two-lane roads, this could lead to the high frequency of motor vehicle accidents.

FDIHB, Inc. closer to a major goal

Ideally, people would live work, and play near their home. However, due to infrastructural circumstances unique to the reservation, this is difficult to achieve. FDIHB, Inc. is one of the leading organizations that make housing available to its critical employees. In addition, the new Wellness Center should be open in a few months so achieving this goal is closer to reality. Individuals have the opportunity to live, work, and play within a ¼ mile radius.

Occupation



(United States Census Bureau SEC, 2015)

Table 5: Occupation by Chapter

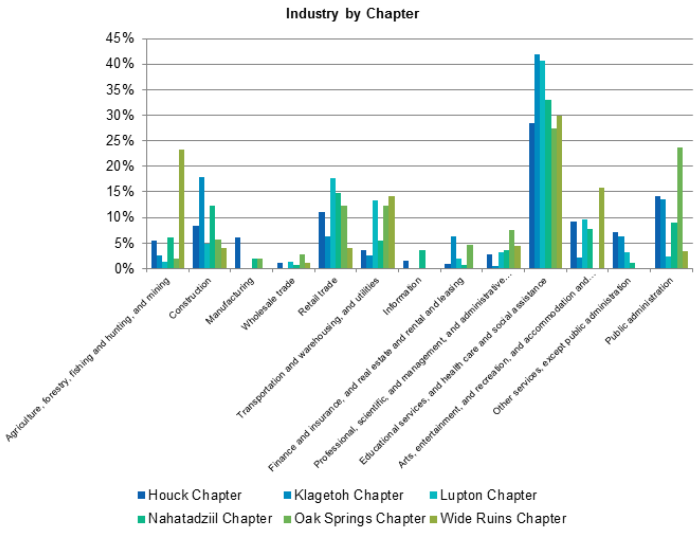
OCCUPATION	Houck Chapter	Klagetoh Chapter	Lupton Chapter	Nahatadziil Chapter	Oak Springs Chapter	Wide Ruins Chapter
Civilian employed population 16 years and over	333	191	209	535	106	177
Management, business, science, and arts occupations	66	71	21	117	26	31
Service occupations	92	36	68	96	24	40
Sales and office occupations	81	39	80	132	29	24
Natural resources, construction, and maintenance occupations	57	43	17	106	9	58
Production, transportation, and material moving occupations	37	2	23	84	18	24

(United States Census Bureau SEC, 2015)

Occupations are important to health as they are what people do when they are at work. From the table and chart above, the highest occupation, at 38 percent is the 'Sales and office occupations' in the Lupton Chapter.

For the other chapters, Houck's highest occupation is in the service occupation. For Klagetoh, it is in the management, business, science, and arts occupation. For NahataDziil and Oak Springs Chapters, the highest occupation is in the sales and service occupations. Lastly, the Wide Ruins Chapter's highest occupation is in the natural resources, construction, and maintenance organizations. Knowing this information can help with targeting safety trainings and worksite wellness programs.

Industry



(United States Census Bureau SEC, 2015)

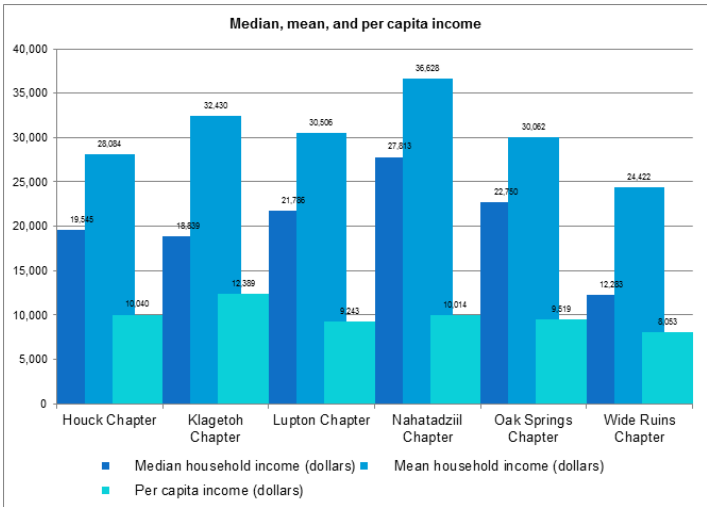
Table 6: Industry by Chapter

INDUSTRY	Houck Chapter	Klagetoh Chapter	Lupton Chapter	Nahatadziil Chapter	Oak Springs Chapter	Wide Ruins Chapter
Civilian employed population 16 years and over	333	191	209	535	106	177
Agriculture, forestry, fishing and hunting, and mining	5%	3%	1%	6%	2%	23%
Construction	8%	18%	5%	12%	6%	4%
Manufacturing	6%	0%	0%	2%	2%	0%
Wholesale trade	1%	0%	1%	1%	3%	1%
Retail trade	11%	6%	18%	15%	12%	4%
Transportation and warehousing, and utilities	4%	3%	13%	5%	12%	14%
Information	2%	0%	0%	4%	0%	0%
Finance and insurance, and real estate and rental and leasing	1%	6%	2%	1%	5%	0%
Professional, scientific, and management, and administrative and waste management services	3%	1%	3%	4%	8%	5%
Educational services, and health care and social assistance	29%	42%	41%	33%	27%	30%
Arts, entertainment, and recreation, and accommodation and food services	9%	2%	10%	8%	0%	16%
Other services, except public administration	7%	6%	3%	1%	0%	0%
Public administration	14%	14%	2%	9%	24%	3%

(United States Census Bureau SEC, 2015)

The highest industry in all of the NahataDziil Service Area is in the educational services, and health care and social assistance.

Income

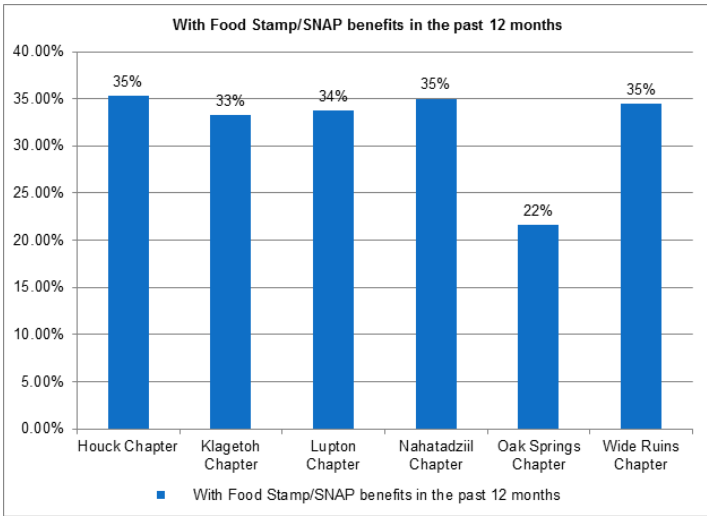


(United States Census Bureau SEC, 2015)

The median household income, mean household income, and per capita income in dollars are displayed in the above chart. The chapter with the highest median household income is NahataDziil Chapter. This is not surprising as the NahataDziil Chapter is the most populated in the service unit. With that, it also has significantly more economic development opportunities and more jobs. Also, it can be considered the central location for the surrounding communities. There are two hospitals, several schools, several stores, and other organizations.

NahataDziil Chapter also has the highest mean household income and per capita income. The chapter with the lowest median household income is Wide Ruins Chapter. It also has the lowest mean household income. Further, it has the lowest per capita income. Wide Ruins chapter is located in a rural area with little to no economic development or jobs. It is also one of the furthest chapters from the FDIHB, Inc. headquarters in Fort Defiance, AZ.

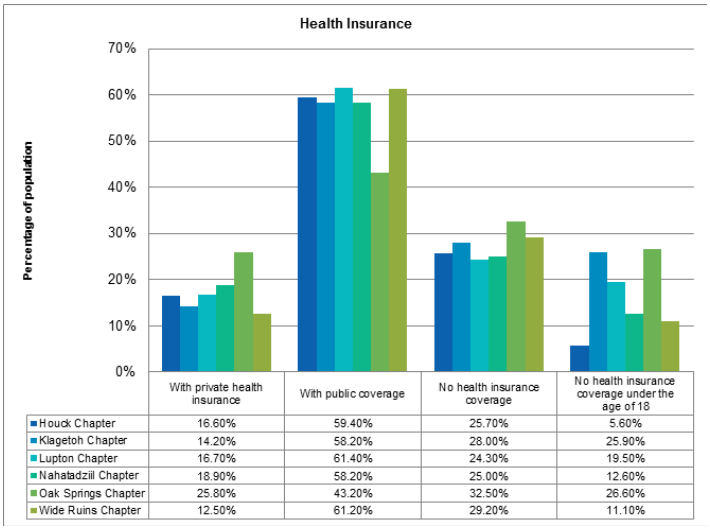
SNAP Benefits



(United States Census Bureau SEC, 2015)

There are three chapters that have the highest percentage of individuals receiving food stamps/SNAP benefits. They are Houck, NahataDziil, and Wide Ruins chapters. They are closely followed by Lupton and Klagetoh chapters.

This information can guide FDIHB, Inc. initiatives such as cooking demonstrations, healthy food shopping classes, and recipe books. Even though there are a high percentage of people receiving food stamps the only stores available to redeem their benefits are convenient stores.



	With private health insurance	With public coverage	No health insurance coverage	No health insurance coverage under the age of 18
Houck Chapter	16.60%	59.40%	25.70%	5.60%
Klagetoh Chapter	14.20%	58.20%	28.00%	25.90%
Lupton Chapter	16.70%	61.40%	24.30%	19.50%
Nahatadziil Chapter	18.90%	58.20%	25.00%	12.60%
Oak Springs Chapter	25.80%	43.20%	32.50%	26.60%
Wide Ruins Chapter	12.50%	61.20%	29.20%	11.10%

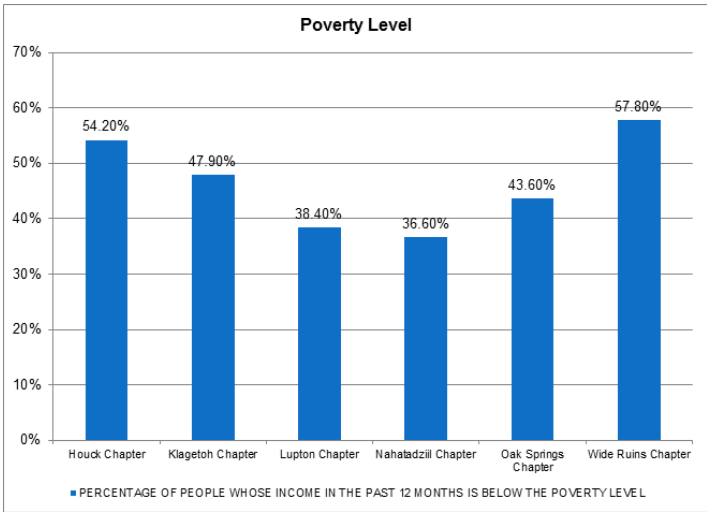
Health Insurance

(United States Census Bureau SEC, 2015)

A majority of the population in each chapter in the NahataDziil Service Area has health insurance through public coverage. This includes Medicare and Medicaid. There are a higher percentage of people with no health insurance coverage than there are people with private health insurance.

It would be in the best interest of FDIHB, Inc. to ensure that the number of people with no health insurance coverage gain coverage. This will improve access to healthcare for the service unit and will allow for the organization to receive reimbursements for the care it provides.

Poverty



(United States Census Bureau SEC, 2015)

Poverty is one of the primary indicators of economic stability and plays a major role in the health of a community. People living in poverty tend to be disproportionately affected by diseases and illness. However, those in poverty have the opportunity to apply for public assistance.

The chapter with the highest percentage of people whose income in the past 12 months is below the poverty level is Wide Ruins chapter with 57.8 percent of the population. These percentages should coincide with the percentage of people receiving SNAP to ensure that every individual that is eligible for assistance receives it. If they do not match, it would be in the best interest of all parties to ensure people can access valuable resources provided by public assistance.

NAHATADZIIL HELATH CENTER OPERATIONS REPORT

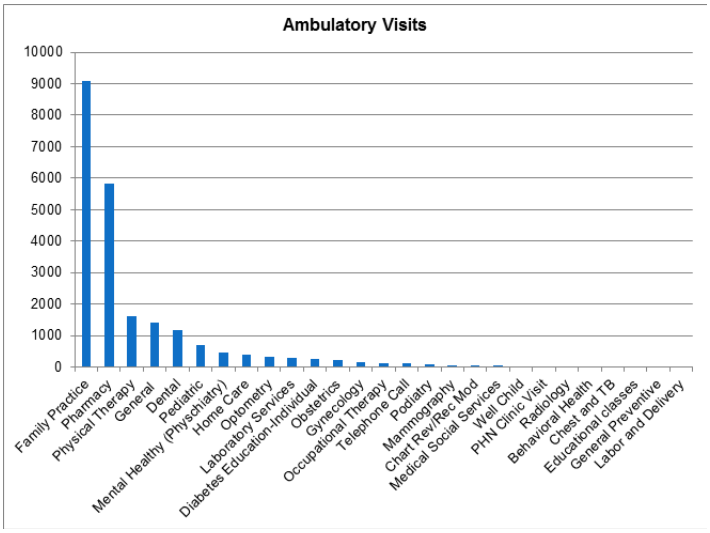
In this section, an internal look at the NahataDziil Health Center will be conducted. The information comes from the operations report that is compiled using data from the electronic health record. The information is from fiscal year 2016, the latest complete fiscal year that could be analyzed.

It is important that internal operations are analyzed alongside external community health needs to properly identify and prioritize community health needs. In combination, the information can help service providers by developing targeted and focused interventions.

Community members learn Tai Chi, one of the services provided by FDIHB, Inc.

All information presented in this section comes from the NahataDziil Health Center FY2016 Operations Report (Fort Defiance Indian Hospital Board, Inc., 2016).

Ambulatory Visits

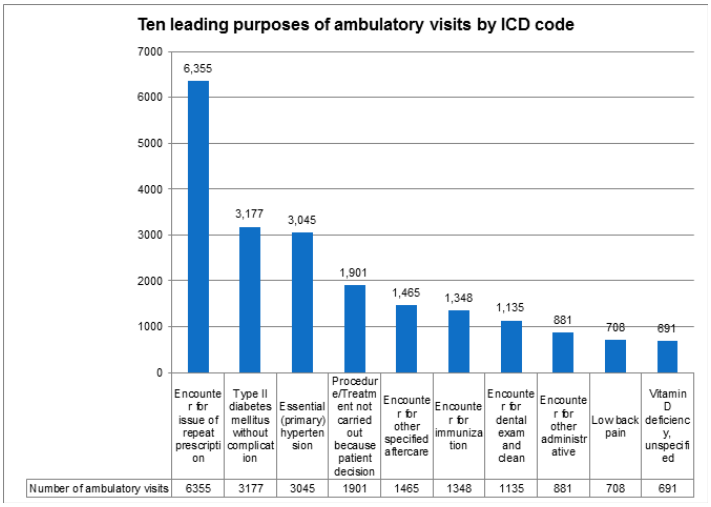


(Fort Defiance Indian Hospital Board, Inc., 2016)

There were a total of 22,426 ambulatory visits for NahataDziil in fiscal year 2016, a 31.6 percent increase from the year prior. The clinic with the most visits was family practice or the primary care clinic with 9,076 visits. This equals about 174 visits per week. If you break that down to a 5-day clinic week, the number of visits per day to the family practice clinic is at 34.8 visits.

Family practice is made up primarily of the primary care providers. They schedule patients for reoccurring appointments and provide walk-in services. The next clinic with the highest ambulatory visits is the pharmacy. The clinic with the third highest number ambulatory visits is physical therapy.

Leading causes of visits



(Fort Defiance Indian Hospital Board, Inc., 2016)

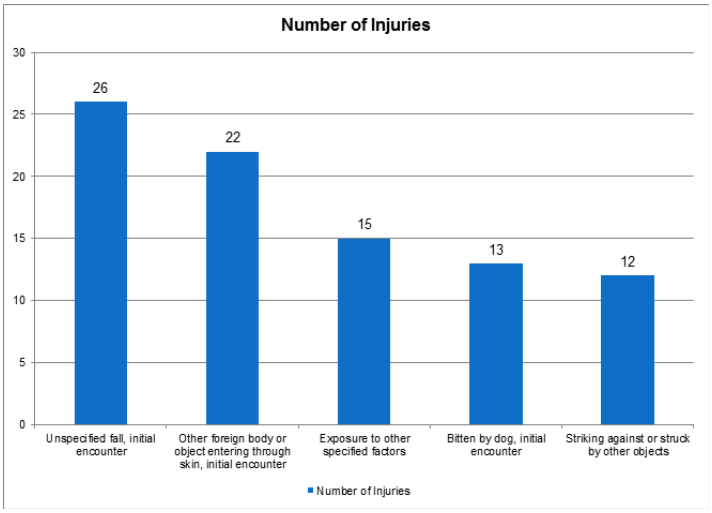
The above chart displays the top ten leading purposes of ambulatory visits by ICD code. The highest reason for ambulatory visits was for repeat prescriptions. This indicates that many people living in the NahataDziil area take medications to manage their disease or illness.

The next leading cause of ambulatory visits is type II diabetes without complications. In previous community health needs assessments, type II diabetes has been a top concern. The Division of Healthy Living and Outreach plays a vital role in prevention and management of chronic diseases such as type II diabetes. They provide access health promotion and disease prevention services.

Next, essential hypertension is the third leading cause of ambulatory visits. These are visits for high blood pressure. They could be for refill on medications to scheduled appointments.

One of the important results of this operations report is the fourth leading cause of ambulatory visits, procedure/ treatment not carried out because patient decision. This means that patients denied their procedure or treatment.

Injuries



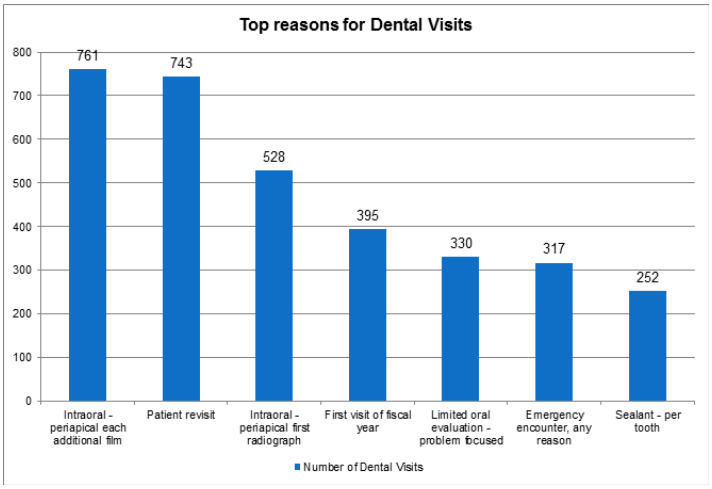
(Fort Defiance Indian Hospital Board, Inc., 2016)

Another important indicator included in the operations report is the number of injuries. This is important because injuries are a leading cause of death on the Navajo Nation for individuals under the age of 45 (reference). The leading cause of injury at the NahataDziil Health Center was due to an unspecified fall. Next, was due to other foreign body or object entering the skin. The third most cause of injury is exposure to other specified factors. Lastly, bitten by a dog and striking against or struck by other objects.

IMPACT ON HEALTH

Several organizations on the reservation empower people to be physically active, but with dog bites being a leading cause of injury, more needs to be done to develop safe running trails.

Dental Visits



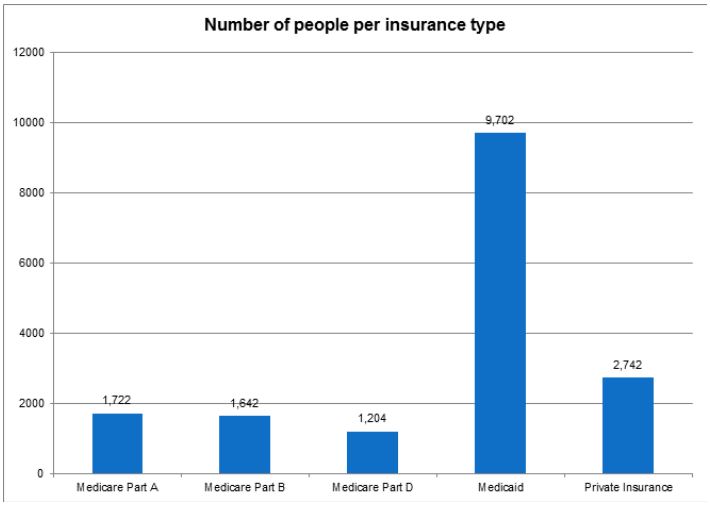
(Fort Defiance Indian Hospital Board, Inc., 2016)

The top reason for dental visits in FY2016 was intraoral periapical radiographs, otherwise known as teeth x-rays. These are done when the dentist needs to visualize teeth and bones in ways not possible via the naked eye. These specific x-rays capture the entire tooth all the way down to the tissues at the tip of the tooth root.

The next leading reasons for dental visits are patient revisits. These are follow-up appointments.

Dental health is important to overall health as the teeth are vital to consumption of foods.

Health Insurance Operations



(Fort Defiance Indian Hospital Board, Inc., 2016)

These are the numbers from internal sources. The highest number of people is insured by Medicaid, the state-funding health insurance, followed by private insurance and Medicare.

This is important because these are how the hospital is reimbursed for the services provided. The organization should research what is covered and what is not covered in each respective insurance type and then use that to guide some services.

COMMUNITY SURVEY RESULTS

The following results are from the community survey that was completed from July 2016 to July 2017. The surveys were completed at several high foot traffic areas in the community and through events that were held by the hospital. The objective of the survey was to collect responses to develop the community health needs assessments for NahataDziil Health Center and Tsehootsooi Medical Center.

Youth pay attention to Cultural Specialist, Emerson John, during an afternoon workshop at Bowl Canyon Asaayi Lake Recreation Area, NM.

Community Health Needs

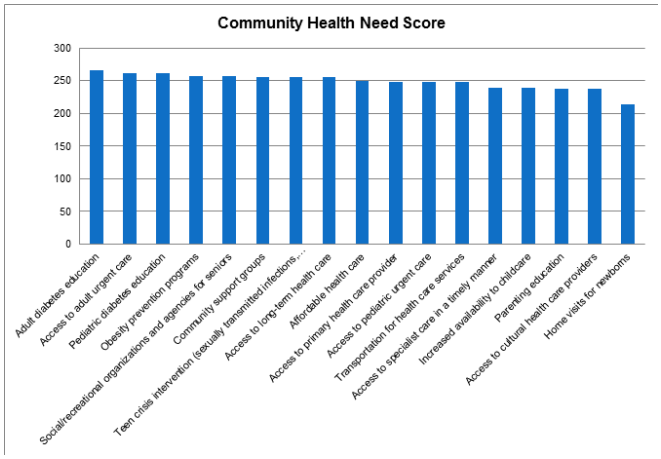


Table 7: Community Health Need Score

Identified Community Needs	Score
Adult diabetes education	266
Access to adult urgent care	262
Pediatric diabetes education	262
Obesity prevention programs	257.5
Social/recreational organizations and agencies for seniors	257
Community support groups	256
Teen crisis intervention (sexually transmitted infections, pregnancy)	256
Access to long-term health care	255.5
Affordable health care	249
Access to primary health care provider	248.5
Access to pediatric urgent care	248.5
Transportation for health care services	247.5
Access to specialist care in a timely manner	239.5
Increased availability to childcare	239
Parenting education	238
Access to cultural health care providers	237.5
Home visits for newborns	213.5

The question posed for these responses was, "In your community how much is there a need for……" The options were no need, low need, high need, and I don't know. These were then calculated and scored to get the results. For every selection of high need, 2 points were given. For every selection of low need, 1 point was given. For every selection of no need or I don't know, no points were allocated.

The highest need indicated by those living in the NahataDziil Health Center service area was adult diabetes education. The second need was access to adult urgent care, followed by pediatric diabetes education.

Obesity prevention programs were listed as the fourth highest need. To round out the top five, social/recreational organizations and agencies for seniors was the fifth highest need.

Community Concerns

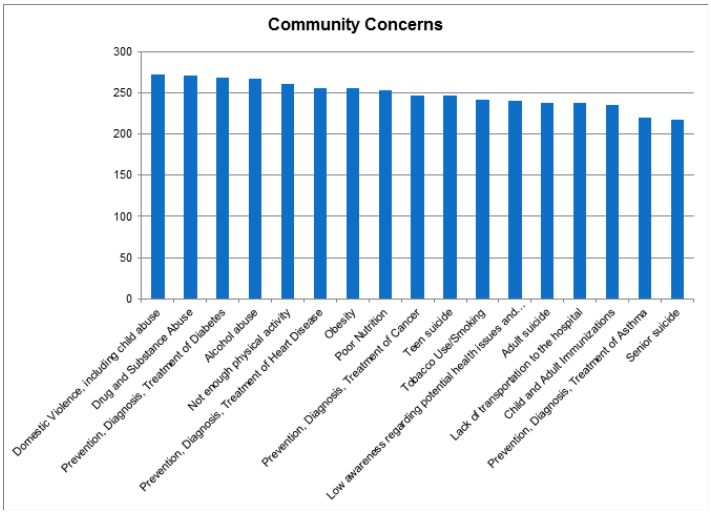


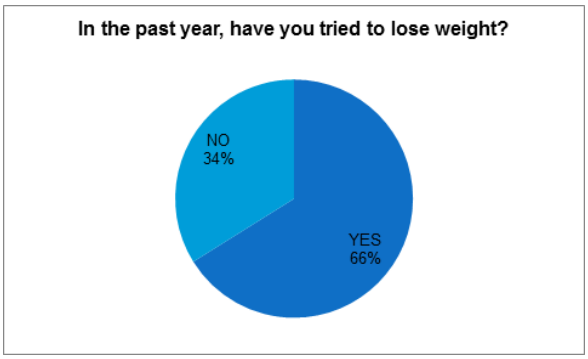
Table 8: Community Concerns Score

Community Concerns	Community Concerns
Domestic Violence, including child abuse	272
Drug and Substance Abuse	270.5
Prevention, Diagnosis, Treatment of Diabetes	268.5
Alcohol abuse	266.5
Not enough physical activity	260.5
Prevention, Diagnosis, Treatment of Heart Disease	255
Obesity	255
Poor Nutrition	253.5
Prevention, Diagnosis, Treatment of Cancer	247
Teen suicide	246
Tobacco Use/Smoking	242
Low awareness regarding potential health issues and threats	240.5
Adult suicide	237.5
Lack of transportation to the hospital	237
Child and Adult Immunizations	235.5
Prevention, Diagnosis, Treatment of Asthma	220
Senior suicide	217.5

The results for the greatest community concerns are displayed above in chart and table form. Like the scoring for need, this followed the same methodology to prioritize the concerns. The greatest community concern was for domestic violence, including child abuse followed by drug and substance abuse. From third to fifth the results were prevention, diagnosis, treatment of diabetes, alcohol abuse, and not enough physical activity, respectively.

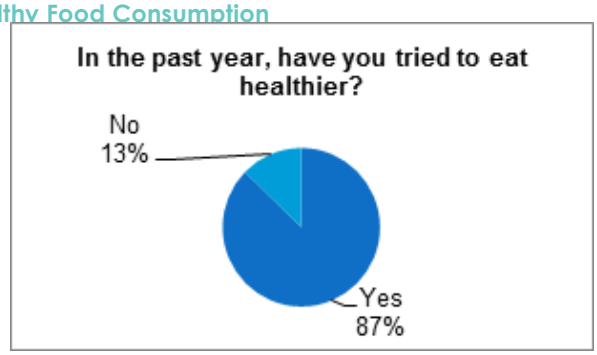
Most of the needs and concerns of the community are centered on increasing physical activity, eating healthy, and alcohol. It is important to note that one of the major alcohol distributors in this community was shut down within the past year of the survey collection. However, these results show that that alcohol is still a problem in these communities.

Weight Loss



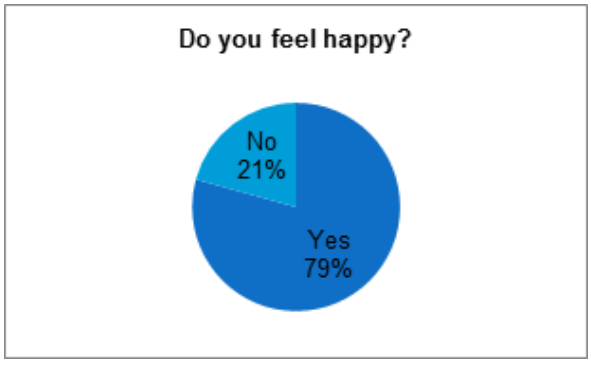
The above graph is the result of the question, "In the past year, have you tried to lose weight?" Of those that responded, 66 percent said that they have tried to lose weight in the past year. This question indicates the readiness of the community to consume more healthy foods and to be more physically active. The high percentage of people choosing yes means that these communities are actively seeking was to be healthy.

Healthy Food Consumption



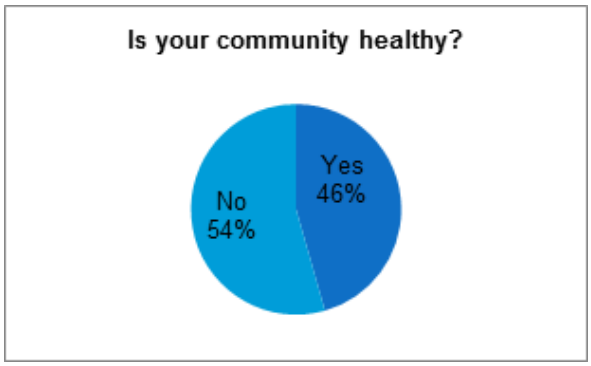
Like the question before, this one gauges the community's readiness to eat healthier. Almost all the people that responded have indicated they have tried to eat healthier in the past year. This is a perfect opportunity to empower the people to consume more fruits and vegetables through education.

Happiness



People who are generally healthy are happy so this question aims to gauge the happiness of the service area. Generally, people are happy. This question measures the individual's perspective of themselves. The next question measured individual's perspective of their community and their peers.

Community Healthy



The above graph shows that 56 percent of the respondents do not believe their community is healthy.

WORD CLOUDS

I think my community is healthy/unhealthy because…

Further, to understand why people think their community is healthy or not healthy, an open-ended question was posed. The results are displayed above in a word cloud form. Word clouds count the frequency that a word was used and then displays the most used word in bold and bigger font. As you can see alcohol and exercise are some of the biggest words that are identifiable. Alcohol was attributed to the unhealthy selection and exercise attributed to the healthy selection.

My favorite way to exercise is…

In regards to being physically active, respondents indicated that jogging, running, walking, hiking, and riding were the ways they were exercising.

The best thing about my community is….

This question was a bit different than the other questions, because it was an asset based question. This means that the answers could be used to identify assets in the community so that programs can leverage them to increase success. From the word cloud, the following words stand out: health, service, care, good, quality, and help.

When I am not home, I spend most of my time…

This question was a bit different than the other questions, because it was an asset based question. This means that the answers could be used to identify assets in the community so that programs can leverage them to increase success. From the word cloud, the following words stand out: health, service, care, good, quality, and help.

This question was asked so that services could be targeted in the places that people are located. People spend most of their time with family, traveling, walking, school, and rodeo.

NAHATA'DZIIL HOGAN GRAND OPENING SURVEY RESULTS

INTRODUCTION

This report utilizes data collected from the opening ceremony of Nahata Dziil Health Center's Hogan dated August 31, 2017. Moving forward in this event was key to reaching a highly populated sample of Nahata Dziil and communities proximate to the facility. A total of 112 assessments were received with each participant being provided an incentive for their time and responses.

METHODOLOGY

Collected data were entered in Microsoft Excel. After data was entered utilizing a codebook, data sheets were then imported to SAS 9.4 for analyses. Since the sample size is not large enough to draw any statistical significances, outputs presented in this report utilized SAS 9.4 to obtain basic descriptive statistics.

The following are select tables that are in alignment with the objective of this report. For the full report, please contact the Healthy Living and Outreach epidemiologist.

Health Behaviors

HEATG				
HEATG	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Excellent	11	9.82	11	9.82
Very Good	21	18.75	32	28.57
Good	49	43.75	81	72.32
Fair	28	25.00	109	97.32
Poor	3	2.68	112	100.00

TABLE 9: SELF-PERCEPTION OF HEALTH, 2017.

Self-perception of health gives an overall assessment by respondents of their health in general.

TABLE 10: TOBACCO USE/SMOKING STATUS, 2017.

SMOKE				
SMOKE	Frequency	Percent	Cumulative Frequency	Cumulative Percent
No	93	84.55	93	84.55
Yes	17	15.45	110	100.00
Frequency Missing = 2				

Highlight: Nearly 85% of respondents said they did not smoke tobacco.

TABLE 11: TOBACCO USE/SMOKING STATUS FREQUENCY PER DAY, 2017.

SMOFR				
SMOFR	Frequency	Percent	Cumulative Frequency	Cumulative Percent
1	8	34.78	8	34.78
2-5	10	43.48	18	78.26
6-10	5	21.74	23	100.00
Frequency Missing = 89				

TABLE 12: ALCOHOL USE WITHIN THE PAST 30 DAYS, 2017.

ALCOH				
ALCOH	Frequency	Percent	Cumulative Frequency	Cumulative Percent
No	98	88.29	98	88.29
Yes	13	11.71	111	100.00
Frequency Missing = 1				

Highlight: Contrary to the recommendations at the end of this report Alcohol use among the respondents was low at 11.71 percent. This may be due to the population that was surveyed, those that attending a cultural event.

TABLE 13: ALCOHOL USE WITHIN PAST 30 DAYS FREQUENCY ON MOST RECENT, SAME OCCASION, 2017.

ALCFR				
ALCFR	Frequency	Percent	Cumulative Frequency	Cumulative Percent
1	4	25.00	4	25.00
2	7	43.75	11	68.75
3	3	18.75	14	87.50
4	1	6.25	15	93.75
5+	1	6.25	16	100.00
Frequency Missing = 96				

Highlight: Of those that used alcohol, 43.75% drank 2 drinks.

TABLE 14: PHYSICAL ACTIVITY WITHIN PAST 30 DAYS, 2017.

PHYAC				
PHYAC	Frequency	Percent	Cumulative Frequency	Cumulative Percent
No	21	18.92	21	18.92
Yes	90	81.08	111	100.00
Frequency Missing = 1				

Highlight: Many of the people surveyed, 80%, have been physically active within the past 30 days.

TABLE 15: PHYSICAL ACTIVITY WITHIN PAST 30 DAYS FREQUENCY OF 30 OR MORE MINUTES OF EXERCISE, 2017.

PHYFR				
PHYFR	Frequency	Percent	Cumulative Frequency	Cumulative Percent
1	8	8.60	8	8.60
2-5	29	31.18	37	39.78
6-10	27	29.03	64	68.82
11-15	9	9.68	73	78.49
16-20	8	8.60	81	87.10
21-24	2	2.15	83	89.25
25+	10	10.75	93	100.00
Frequency Missing = 19				

TABLE 16: FRUIT CONSUMPTION PER WEEK, 2017.

FRUIT				
FRUIT	Frequency	Percent	Cumulative Frequency	Cumulative Percent
0	3	2.97	3	2.97
1	9	8.91	12	11.88
2	22	21.78	34	33.66
3	15	14.85	49	48.51
4	8	7.92	57	56.44
5	7	6.93	64	63.37
6	1	0.99	65	64.36
7	32	31.68	97	96.04
8	1	0.99	98	97.03
10	1	0.99	99	98.02
12	1	0.99	100	99.01
21	1	0.99	101	100.00
Frequency Missing = 11				

Highlight: Only 3 respondents met the USDA recommended fruit intake per week, 10.5-14 cups of fruit.

TABLE 17: VEGETABLE CONSUMPTION PER WEEK, 2017.

VEGTA				
VEGTA	Frequency	Percent	Cumulative Frequency	Cumulative Percent
0	3	3.06	3	3.06
1	6	6.12	9	9.18
2	13	13.27	22	22.45
3	14	14.29	36	36.73
4	12	12.24	48	48.98
5	5	5.10	53	54.08
6	1	1.02	54	55.10
7	39	39.80	93	94.90
12	2	2.04	95	96.94
14	2	2.04	97	98.98
21	1	1.02	98	100.00
Frequency Missing = 14				

Highlight: Only 3 respondents met the USDA recommended vegetable intake per week, 14-21 cups of fruits.

TABLE 18: SWEETENED BEVERAGES PER WEEK, 2017.

SWEET				
SWEET	Frequency	Percent	Cumulative Frequency	Cumulative Percent
0	9	9.78	9	9.78
1	19	20.65	28	30.43
2	17	18.48	45	48.91
3	16	17.39	61	66.30
4	3	3.26	64	69.57
5	3	3.26	67	72.83
7	22	23.91	89	96.74
10	1	1.09	90	97.83
16	1	1.09	91	98.91
28	1	1.09	92	100.00
Frequency Missing = 20				

Nahata Dziil Health Center Awareness

The focus for the following section of the survey report is on NahataDziil Health Center Services. These are directly related to the quality of care.

TABLE 19: UTILIZED ANY SERVICES WITHIN NAHATA DZIIL HEALTH CENTER WITHIN THE PAST 30 DAYS, 2017

UNDHC				
UNDHC	Frequency	Percent	Cumulative Frequency	Cumulative Percent
No	39	39.39	39	39.39
Yes	60	60.61	99	100.00
Frequency Missing = 13				

Highlight: Over 60% of the respondents utilized the NahataDziil Health Center in the past 30 days.

TABLE 20: AWARENESS OF AMBULATORY CARE SERVICES AT NAHATA DZIIL HEATH CENTER, 2017.

AWAMC				
AWAMC	Frequency	Percent	Cumulative Frequency	Cumulative Percent
No	32	36.36	32	36.36
Yes	56	63.64	88	100.00
Frequency Missing = 24				

Highlight: Over 60% of respondents were aware of ambulatory care services at NahataDziil Health Center.

TABLE 21: AWARENESS OF PEDIATRIC SERVICES AT NAHATA DZIIL HEALTH CENTER, 2017.

AWPED				
AWPED	Frequency	Percent	Cumulative Frequency	Cumulative Percent
No	31	36.47	31	36.47
Yes	54	63.53	85	100.00
Frequency Missing = 27				

TABLE 22: AWARENESS OF WOMEN'S HEALTH SERVICES AT NAHATA DZIIL HEALTH CENTER, 2017.

AWWHE				
AWWHE	Frequency	Percent	Cumulative Frequency	Cumulative Percent
No	24	27.91	24	27.91
Yes	62	72.09	86	100.00
Frequency Missing = 26				

TABLE 23: AWARENESS OF PODIATRY SERVICES AT NAHATA DZIIL HEALTH CENTER, 2017.

AWPOD				
AWPOD	Frequency	Percent	Cumulative Frequency	Cumulative Percent
No	35	41.67	35	41.67
Yes	49	58.33	84	100.00
Frequency Missing = 28				

TABLE 24: AWARENESS OF DENTAL SERVICES AT NAHATA DZIIL HEALTH CENTER, 2017.

AWDEN				
AWDEN	Frequency	Percent	Cumulative Frequency	Cumulative Percent
No	16	18.60	16	18.60
Yes	70	81.40	86	100.00
Frequency Missing = 26				

TABLE 25: AWARENESS OF REHAB SERVICES AT NAHATA DZIIL HEALTH CENTER, 2017.

AWRES				
AWRES	Frequency	Percent	Cumulative Frequency	Cumulative Percent
No	40	46.51	40	46.51
Yes	46	53.49	86	100.00
Frequency Missing = 26				

Highlight: Alcohol was identified as one of the community concerns, yet only 53.49 percent of respondents were aware that rehab services were available. However, rehab could mean a multitude of things. This could either be alcohol and drug rehab or physical rehabilitation, like physical therapy.

TABLE 26: AWARENESS OF OPTOMETRY SERVICES AT NAHATA DZIIL HEALTH CENTER, 2017.

AWOPT				
AWOPT	Frequency	Percent	Cumulative Frequency	Cumulative Percent
No	27	31.76	27	31.76
Yes	58	68.24	85	100.00
Frequency Missing = 27				

TABLE 27: AWARENESS OF MENTAL HEALTH SERVICES AT NAHATA DZIIL HEALTH CENTER, 2017.

UTWHE				
UTWHE	Frequency	Percent	Cumulative Frequency	Cumulative Percent
No	47	55.29	47	55.29
Yes	38	44.71	85	100.00
Frequency Missing = 27				

TABLE 28: AWARENESS OF SOCIAL SERVICES AT NAHATA DZIIL HEALTH CENTER, 2017.

AWSOS				
AWSOS	Frequency	Percent	Cumulative Frequency	Cumulative Percent
No	38	44.19	38	44.19
Yes	48	55.81	86	100.00
Frequency Missing = 26				

TABLE 29: AWARENESS OF TRADITIONAL SERVICES AT NAHATA DZIIL HEALTH CENTER, 2017.

AWTSE				
AWTSE	Frequency	Percent	Cumulative Frequency	Cumulative Percent
No	48	57.14	48	57.14
Yes	36	42.86	84	100.00
Frequency Missing = 28				

Highlight: This component had the lowest awareness, but since the event this has likely increased. The opening of the Hogan for traditional services added visibility to meet this low awareness score.

NahataDziil Health Center Utilization

The following section focuses on utilization. This section is looking at the respondents that have actually utilized the NahataDziil Health Center Services.

TABLE 30: UTILIZATION OF AMBULATORY SERVICES AT NAHATA DZIIL HEALTH CENTER, 2017.

UTAMC				
UTAMC	Frequency	Percent	Cumulative Frequency	Cumulative Percent
No	62	71.26	62	71.26
Yes	25	28.74	87	100.00
Frequency Missing = 25				

TABLE 31: UTILIZATION OF PEDIATRIC SERVICES AT NAHATA DZIIL HEALTH CENTER, 2017.

UTPED				
UTPED	Frequency	Percent	Cumulative Frequency	Cumulative Percent
No	56	63.64	56	63.64
Yes	32	36.36	88	100.00
Frequency Missing = 24				

TABLE 32: UTILIZATION OF WOMEN'S HEALTH SERVICES AT NAHATA DZIIL HEALTH CENTER, 2017.

UTWHE				
UTWHE	Frequency	Percent	Cumulative Frequency	Cumulative Percent
No	47	55.29	47	55.29
Yes	38	44.71	85	100.00
Frequency Missing = 27				

TABLE 33: UTILIZATION OF PODIATRY SERVICES AT NAHATA DZIIL HEALTH CENTER, 2017.

UTPOD				
UTPOD	Frequency	Percent	Cumulative Frequency	Cumulative Percent
No	59	69.41	59	69.41
Yes	26	30.59	85	100.00
Frequency Missing = 27				

TABLE 34: UTILIZATION OF DENTAL SERVICES AT NAHATA DZILL HEALTH CENTER, 2017.

UTDEN				
UTDEN	Frequency	Percent	Cumulative Frequency	Cumulative Percent
No	42	48.28	42	48.28
Yes	45	51.72	87	100.00
Frequency Missing = 25				

Highlight: This is the most utilized service at the NahataDziil Health Center, according to respondents.

TABLE 35: UTILIZATION OF REHAB SERVICES AT NAHATA DZIIL HEALTH CENTER, 2017.

UTRES				
UTRES	Frequency	Percent	Cumulative Frequency	Cumulative Percent
No	64	75.29	64	75.29
Yes	21	24.71	85	100.00
Frequency Missing = 27				

TABLE 36: UTILIZATION OF OPTOMETRY SERVICES AT NAHATA DZIIL HEALTH CENTER, 2017.

UTOPT				
UTOPT	Frequency	Percent	Cumulative Frequency	Cumulative Percent
No	50	57.47	50	57.47
Yes	37	42.53	87	100.00
Frequency Missing = 25				

TABLE 37: UTILIZATION OF MENTAL HEALTH SERVICES AT NAHATA DZIIL HEALTH CENTER, 2017.

UTMHE				
UTMHE	Frequency	Percent	Cumulative Frequency	Cumulative Percent
No	62	72.09	62	72.09
Yes	24	27.91	86	100.00
Frequency Missing = 26				

TABLE 38: UTILIZATION OF SOCIAL SERVICES AT NAHATA DZIIL HEALTH CENTER, 2017.

UTSOS				
UTSOS	Frequency	Percent	Cumulative Frequency	Cumulative Percent
No	67	77.01	67	77.01
Yes	20	22.99	87	100.00
Frequency Missing = 25				

Highlight: This is the second least used service at the Health Center.

TABLE 39: UTILIZATION OF TRADITIONAL SERVICES AT NAHATA DZIIL HEALTH CENTER, 2017.

UTTSE				
UTTSE	Frequency	Percent	Cumulative Frequency	Cumulative Percent
No	68	79.07	68	79.07
Yes	18	20.93	86	100.00
Frequency Missing = 26				

Highlight: This is the least used service at the Health Center however this may be due to the unavailability of a Hogan.

TAKE-AWAYS

Health Behaviors
Regarding health behaviors, fruit and vegetable consumption was very low. A total of three people met the USDA recommended weekly fruit and vegetable consumption guidelines. Fruit and vegetable consumption is a major component to living and health lifestyle and also one of the recommendations of this full report. Please reference the strategies section of this report for strategic recommendations to address this identified need.

Awareness
Awareness of services that are offered at the NahataDziil Health Center is generally high except in the traditional services offering. This has likely increased with the addition of the Hogan. The Hogan now provides more visibility to the community that traditional services are offered. Respondents were most aware of Dental Services and then Women's Health Services.

Utilization
The awareness transferred to the utilization proportions, as the highest utilized service at NahatDziil Health Center was dental services followed by women's health services. The most underutilized service matched the awareness outcome, traditional services. Through the event, this will likely increase.

NAHATA'DZIIL HEALTH CENTER YOUTH PERSPECTIVE REPORT

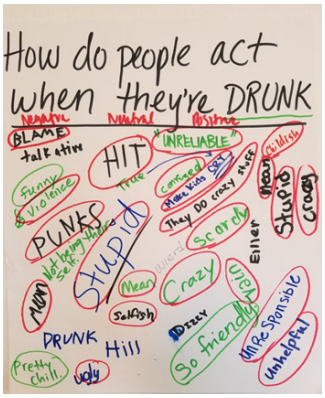
Introduction

One of the weaknesses of the NahataDziil Health Center draft community health needs assessment is that it did not include the perspective of the youth. This weakness was addressed through a quick survey at the NahataDziil Health Center Youth Day. The youth are vital members of a community and at some point will become the leaders of the community so it is of upmost importance to get their perspective regarding community needs. Many of the initiatives that work to address community needs will be passed down to the youth as the initiatives take years to successfully implement.

Methods

The research team used a frequency chart method to identify and prioritize community needs from the perspective of the youth. Although the data collection was targeted for the youth, some adults participated. The data was collected at the NahataDziil Health Center Youth Day. The event had several workshops and service providers were able to set up booths inside the NahataDziil Health Center in Sanders, AZ. The research team selected a high foot traffic area, entrance to the workshops, as the location to do the data collection.

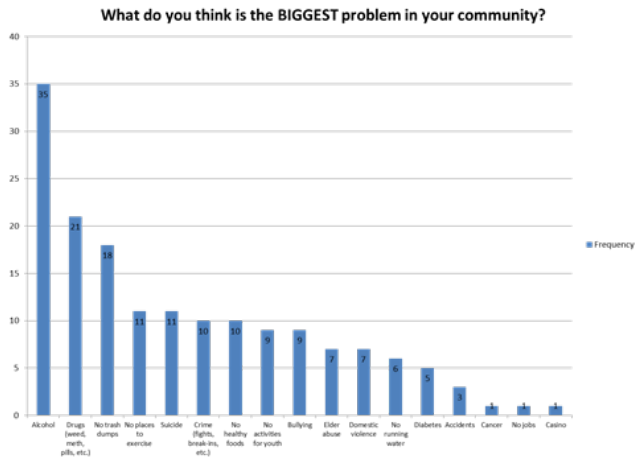
The research team listed several community health issues from previous assessments on a dry erase board. To make the data collection more interactive, participants were allowed to choose a marker and then mark an "x" on what they felt was the biggest problem in their community. Approximately 165 responses were recorded.



About 3 hours in to the event, Alcohol was the most identified problem, so the research team asked an open ended question to further data collection. The question posed was, "How do people act then they're drunk". The researchers wanted to dive deeper into why alcohol was considered a problem.

Results

From the participants that were surveyed, Alcohol was identified as the biggest problem in their community. This was followed by Drugs. The third most frequent response was No trash dumps, followed by No places to exercise, Suicide, Crime, and No healthy foods. After a trend was noticed regarding the high selection frequency of Alcohol, the investigators posed a second question for the participants, How do people act when they're drunk?



The results of the second question can be found below. Unlike the first question, the second question was an open-ended question that allowed for the participants to write their immediate thoughts.

The responses were analyzed by their tone and categorized between positive, negative, and neutral. In the positive category there were 3 responses. In the negative category there were 22 responses. In the neutral category there were 6 responses.

When the participants wrote their comments down they included statements such as, "alcohol causes the crime, bullying, suicide, cancer, and domestic violence". The participants seemingly picked alcohol as the biggest problem because it often leads to the other problems.

Discussion

Contrary to internal data sets and trends, youth in the NahataDziil area identified alcohol as the biggest problem in their community. Whereas, according to internal data regarding youth mortality and morbidity, the highest rates are due to unintentional injury. The research team believes that the difference between the two is due to the temporal social issues youth encounter. For example, youth are rarely diagnosed with chronic diseases so these long term diseases do not affect youth directly. Rather, these diseases impact the youth through their family members. For example, one youth stated "my grandma has diabetes" and selected Diabetes as the biggest problem. A majority of the participants selected Alcohol as the biggest problem because the negative effects of alcohol are more immediate than chronic diseases. The effects of alcohol happened within a few minutes and progressively worsen as the person drinks. The youth indicated more negative effects of alcohol that can lead to crime, domestic violence, and other "stupid, crazy, violent" behavior.

CATEGORY	FREQUENCY
POSITIVE	3
NEGATIVE	22
NEUTRAL	6

The research team recommends that a public health communications campaign using the data collected be used to persuade adults to consider the youth's perspective when deciding to drink alcohol. The research team understands that not all alcohol consumption is negative, but encourages responsible drinking behavior. In addition, there is an opportunity for alcohol service providers to use the data to strengthen the need for their services.

Conclusion

After surveying approximately 165 participants that attended the NahataDziil Health Center Youth Day, Alcohol was the top problem identified. The participants associated drunkenness to negative behaviors as the leading culprit to other problems in the community. The research team recommends a public health communications campaign using the data collected to address the identified need.

TOP 3 COMMUNITY HEALTH NEEDS AND CONCERNS

After looking at the components of the report collectively, the community health team prioritized the findings to three community health needs and concerns. They are alcohol and substance abuse, urgent care, and diabetes and obesity prevention.

Participants learn to prepare healthy traditional foods at the Cultural Food Demonstration held at a local chapter house in Arizona.

ALCOHOL AND SUBSTANCE ABUSE

In the last community health needs assessment report, the NahataDziil service area had six times the number of liquor or alcohol stores per 1,000 than the State of Arizona and the U.S. Since then, that number has decreased, but it is still higher than both the State and U.S. in general. It decreased due to the community forced shut down of Ol' Red Barn, a liquor store located in the center of town. It had a drive thru window and allowed walk up alcohol sales. Its closure precedes this report by about one year.

Although one of the primary sources for alcohol and possibly drugs has been shut down, the negative effects of both are still seen throughout the community. They were highly scored in the community survey and in the youth perspective analysis. Today, there are still other places within a 20-mile radius where alcohol can be purchased. There are still illegal sales of both alcohol and drugs within the service area.

Not only does alcohol and substance abuse lead to "crazy" behavior, it directly impacts the entire economics, social characteristics, and health of the community. Alcohol and substance abuse can lead to heart disease, cancer, unintentional injury, intentional injury, diabetes complication, liver disease, cirrhosis, and assault, all of which are on the top 15 reasons for death on the Navajo Nation (Navajo Nation Epi Center).

URGENT CARE

NahataDziil already operates much like an urgent care facility so adopting some practices from private urgent care facilities will enhance services and patient experience. Some examples include online check-in, approximate wait time clocks, nurse call lines, quick and easy registration, and extended operating hours.

One of the top barriers identified by the community was wait time. However, through several months of analysis wait times have actually decreased. The extended wait time perspective may be an expected pattern of Indian Health Service operations. For years, wait times at Indian hospitals have been portrayed negatively in Native country popular culture.

Looking at the operations report, there is a high need for chronic disease treatment and management. This is covered by the primary clinic. Otherwise, if there is an urgent need that is not life threatening, the patient is limited to the walk-in clinic. Walk-in clinics offer care on a first come first served basis. It does not take appointments, so the wait time depends on the number of people needing care. This is likely where individuals experience longer wait times. Typically, there is only one nurse practitioner and a nurse assistant that handle the walk-ins. Patients may not understand the process and it could lead to some confusion and frustration.

An urgent care clinic is basically a walk-in clinic with enhanced services. The clinic can treat serious illnesses and injuries, such as those that are listed in the operations report and are not considered chronic disease. An urgent care clinic can take the burden off more expensive hospital emergency care services. Extended hours and weekend services are usually available. In most cases, urgent care facilities can take appointments.

Within the entire FDIHB, Inc. service area, there is not an urgent care facility. There are several other hospitals and clinics that operate similar to an urgent care facility, but are more closely related to walk-in services.

DIABETES AND OBESITY PREVENTION

Diabetes continues to be a top health concern for this population. As a central hub for the region, more activities that promote health and prevent disease would help to address this health concern. At the moment, the only community health program that is located in Sanders is Public Health Nursing.
Diabetes and Obesity prevention entails a wide range of services primarily focusing on eating healthy and being physically active. Access to healthy foods and access to physical activity are two starting strategies to address these chronic diseases. At the moment, there is no community facility to be physically active in the Sanders area. There are outdoor facilities, but are contingent on weather and other natural barriers, such as mosquitos. An indoor area such as basketball court or weight room would be beneficial for this community.

There is only one place in the NahataDziil health center service area that sells fresh fruits and vegetables. Most communities have convenience stores that sell high fat, high salt, and non-nutritious foods that are food stamp eligible. For some this may be the only access they have to food. These are the people that will likely visit the hospital for chronic disease. Then, they will be told by their provider to eat healthy and be physical active. They will likely attend the classes and services provided by the Division of Healthy Living and Outreach. However, when they get back home and back to their environment, they have little opportunity to practice their new skills.

STRATAGIES TO ADDRESS PRIORITIZED COMMUNITY HEALTH NEEDS

ALCOHOL AND SUBSTANCE ABUSE STRATEGIES

Alcohol and substance abuse have been plaguing Navajo communities for many years. It is a difficult issue to tackle as there are many stakeholders. For example, in addition to FDIHB, Inc. there are tribal departments, private organizations, non-profit organizations, law enforcement, and local government agencies that each has a responsibility to address the issue. Each program, department, and organization has to work together for any strategy to be successful. At the moment, there is a disconnection between involved stakeholders. However, there are three strategies that FDIHB, Inc. can implement to address this issue:

- Focus on community prevention through media campaign
- Collect data on the number of alcohol related ambulatory and emergency visits
- Begin developing partnerships with all stakeholders to create a more all-encompassing plan. At the end of this recommendation, there are strategies that can prevent drug abuse and excessive alcohol use by the Surgeon General of the United States. These are listed and available as a guiding resource.

Focus on community prevention through media campaign

The youth of the community have a strong voice. Initial reports indicate that most youth feel alcohol and drug abuse results in negative behavior that ultimately is detrimental to the community's overall health. One strategy is to give the youth a voice and let their opinions be heard through a campaign. Some examples of possible messages include, "The youth are watching, let's invest in a healthy future by not drinking and doing drugs", "Alcohol and drug abuse are attributed to the top 10 reasons Navajos die, live a long life by choosing to say no", or any message that focuses on the results of the youth perspective report.

Campaign materials could be developed for social media, billboard, print, and other existing media such as radio.

Preventing Drug Abuse and Excessive Alcohol Use

The following section on prevention drug abuse and excessive alcohol use, in its entirety, is taken directly from the Surgeon General's website (U.S. Dept. of Health and Human Services, 2014).

Preventing drug abuse and excessive alcohol use increases people's chances of living long, healthy, and productive lives. Excessive alcohol use includes binge drinking (i.e., five or more drinks during a single occasion for men, four or more drinks during a single occasion for women), underage drinking, drinking while pregnant, and alcohol impaired driving. Drug abuse includes any inappropriate use of pharmaceuticals (both prescription and over-the counter drugs) and any use of illicit drugs. Alcohol and other drug use can impede judgment and lead to harmful risk-taking behavior. Preventing drug abuse and excessive alcohol use improves quality of life, academic performance, workplace productivity, and military preparedness; reduces crime and criminal justice expenses; reduces motor vehicle crashes and fatalities; and lowers health care costs for acute and chronic conditions.

Recommendations:

- Support state, tribal, local, and territorial implementation and enforcement of alcohol control policies.
- Create environments that empower young people not to drink or use other drugs.
- Identify alcohol and other drug abuse disorders early and provide brief intervention, referral and treatment.
- Reduce inappropriate access to and use of prescription drugs.

What Can State, Tribal, Local and Territorial Governments Do?

- Maintain and enforce the age 21 minimum legal drinking age (e.g., increasing the frequency of retailer compliance checks), limit alcohol outlet density, and prohibit the sale of alcohol to intoxicated persons.
- Require installation of ignition interlocks in the vehicles of those convicted of alcohol impaired driving.
- Implement or strengthen prescription drug monitoring programs.
- Facilitate controlled drug disposal programs, including policies allowing pharmacies to accept unwanted drugs.
- Implement strategies to prevent transmission of HIV, hepatitis and other infectious diseases associated with drug use.

What Can Businesses and Employers Do?

- Offer alcohol and substance abuse counseling through employee assistance programs.
- Include substance use disorder benefits in health coverage and encourage employees to use these services as needed.
- Implement training programs for owners, managers, and staff that build knowledge and skills related to responsible beverage service.

What Can Health Care Systems, Insurers, and Clinicians Do?

- Identify and screen patients for excessive drinking using SBIRT, implement provider reminder systems for SBIRT (e.g., electronic medical record clinical reminders) and evaluate the effectiveness of alternative methods for providing SBIRT (e.g., by phone or via the internet).
- Identify, track, and prevent inappropriate patterns of prescribing and use of prescription drugs and integrate prescription drug monitoring into electronic health record systems.
- Develop and adopt evidence-based guidelines for prescribing opioids in emergency departments, including restrictions on the use of long-acting or extended-release opioids for acute pain.
- Train prescribers on safe opioid prescription practices and institute accountability mechanisms to ensure compliance. For example, the use of long-acting opioids for acute pain or in opioid-naïve patients could be minimized.

What Can Early Learning Centers, Schools, Colleges, and Universities Do?

- Adopt policies and programs to decrease the use of alcohol or other drugs on campuses.
- Implement programs for reducing drug abuse and excessive alcohol use (e.g., student assistance programs, parent networking, or peer-to-peer support groups).

What Can Community, Non-Profit, and Faith-Based Organizations Do?

- Support implementation and enforcement of alcohol and drug control policies.
- Educate youth and adults about the risks of drug abuse (including prescription misuse) and excessive drinking.
- Work with media outlets and retailers to reduce alcohol marketing to youth.
- Increase awareness on the proper storage and disposal of prescription medications.

What Can Individuals and Families Do?

- Avoid binge drinking, use of illicit drugs, or the misuse of prescription medications and, as needed, seek help from their clinician for substance abuse disorders.
- Safely store and properly dispose of prescription medications and not share prescription drugs with others.
- Avoid driving if drinking alcohol or after taking any drug (illicit, prescription, or over-the-counter) that can alter their ability to operate a motor vehicle.
- Refrain from supplying underage youth with alcohol and ensure that youth cannot access alcohol in their home.

URGENT CARE STRATEGIES

The demand for urgent care services is high, as seen through the high demand for walk-in clinics and use of the emergency room for non-emergency care. However, since most of the walk-in clinics are scheduled the same days as regular re-occurring appointments, there is a lengthy wait time. One recommendation could be to hold specific hours for urgent care where people could call in for appointment times. These hours could be during operating hours or outside of regular business hours, for those that have difficulty accessing services due to work. For example, every Tuesday morning from 6am to 10am will be for urgent care hours and appointments can be made in advance. These are recommendations and it is up to the leaders of the organization to implement or make their own recommendations. This report identifies and prioritizes the community health needs with the perspective of the community as the foundation for recommendations.

DIABETES AND OBESITY PREVENTION STRATEGIES

Currently, the Division of Healthy Living and Outreach provides a wide array of services that promote health and prevent disease. These services range from healthy food demonstrations using traditional food recipes to one-on-one personal training. Each of the services fall within two goals, increasing physical activity and increasing consumption of healthy foods. In addition, several other services are provided such as school health, home visits, immunizations, and environmental prevention education (Hantavirus, etc.).

Increase access to healthy foods and beverages.

Initiatives to increase access to healthier foods and beverages in retail venues can improve existing stores, encourage placement of new stores, improve transportation access to healthier food retailers and/or implement comprehensive in-store markets and promotion (Centers for Disease Control and Prevention, 2017).

Strategies outlined by the Center for Disease Control and Prevention (CDC) include providing access to healthy food retail (grocery stores, small stores, farmers markets, bodegas, and mobile food retail), promote adoption of the food service guidelines and other nutrition standards, healthy hospital environments, and salad bars to schools (Centers for Disease Control and Prevention, 2017).

PROVIDE ACCESS TO HEALTHY FOOD RETAIL

Healthier food retail (HFR) initiatives can help increase peoples' access to places that sell healthier foods and beverages in underserved areas, including grocery stores, small stores, farmers markets, bodegas, or mobile food retail. Initiatives can involve creating new food retail outlets that sell healthier foods; improving the quality, variety, and amount of healthier foods and beverages at existing stores; or promoting and marketing healthier foods and beverages to the consumer (Centers for Disease Control and Prevention, 2017).

PROMOTE ADOPTION OF THE FOOD SERVICE GUIDELINES AND OTHER NUTRITION STANDARDS

The Food Service Guidelines (FSG) or nutrition standards are guidelines for organizations or programs to create healthy eating and drinking environments in government-managed cafeterias, snack bars, and vending machines. The guidelines can be applied to non-government settings as well, including universities, hospitals, or worksite cafeteria or vending settings. Use of pricing incentives, promotional materials, or food placement strategies is important for guideline implementation (Centers for Disease Control and Prevention, 2017). Implement nutrition standards/ food service guidelines in priority settings ; Early Care and Education, Workplaces, Communities (Centers for Disease Control and Prevention, 2017).

HEALTHY HOSPITAL ENVIRONMENTS

Work to promote improvements in hospital environments, and ensure that the healthier choice is the easier choice. Hospitals reach a large population of employees, patients and visitors and can have an impact on neighboring communities (Centers for Disease Control and Prevention, 2017). This makes them an important setting for obesity-prevention efforts.

Hospitals are employers and providers of health care and serve more than 6.3 million employees and 481 million patients each year (Centers for Disease Control and Prevention, 2017).

Hospitals can create policies and environments to encourage healthier food and beverage choices, increase physical activity, and support breastfeeding/lactation (Centers for Disease Control and Prevention, 2017).

SALAD BARS TO SCHOOLS

Salad Bars to Schools is a unique public-private partnership to mobilize and engage stakeholders at the local, state and national level to promote and sponsor salad bars in schools. School children eat more fruits and vegetables when they have a variety of choices, such as those provided in a self-serve salad bar. Helping children develop good eating habits early in life helps maximize academic performance during the school years and promotes wellness throughout their lives (Centers for Disease Control and Prevention, 2017).

PHYSICAL ACTIVITY STRATEGIES

Increase Physical Activity Access and Outreach

Providing and promoting places for people to be physically active may increase public use of these facilities as well as help boost peoples' physical activity levels. This can include creating and improving walking trails, building exercise facilities, and providing access to existing facilities (Centers for Disease Control and Prevetion PA, 2017).

CREATE OR ENHANCE ACCESS TO PLACES FOR PHYSICAL ACTIVITY WITH FOCUS ON WALKING COMBINED WITH INFORMATIONAL OUTREACH.

Initiatives to provide access to places for physical activity may increase public use of these facilities and physical activity levels. Initiatives may include informational outreach such as directed promotion to target audiences (Centers for Disease Control and Prevetion PA, 2017).

DESIGN STREET AND COMMUNITIES FOR PHYSICAL ACTIVITY

Designing streets and communities for physical activity involves the efforts of planners, architects, engineers, developers, and public health professionals to change the physical environment of small geographic and urban areas in ways that support physical activity, such as through land use policies and urban design (Centers for Disease Control and Prevetion PA, 2017).

IMPLEMENT PHYSICAL ACTIVITY IN EARLY CARE AND EDUCATION (ECE)

ECE providers have significant opportunities to establish healthy activity habits in children. This is important because habits formed early in life can track into adulthood (Centers for Disease Control and Prevetion PA, 2017).

IMPLEMENT ECE STANDARDS FOR PHYSICAL ACTIVITY

Ensure that ECE facilities and/or ECE jurisdictions serving 0 – 5 year olds, including preschools, child care centers, day care homes (also known as family child care), and Head Start and pre-kindergarten programs, meet national standards for physical activity (Centers for Disease Control and Prevetion PA, 2017).

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