

NAVAJO COUNTY

Community Health
Improvement Plan

CHIP

April 2013

Navajo County, Arizona



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The CHIP Committee of Navajo County Embraces the following Vision and Values

VISION

“Education, Accessibility, & Leadership by promoting quality health through community education, planning, and partnerships.”

The ability to provide leadership to sustain the vision of Navajo County Public Health Services District with the focus on health promotion and prevention to conquer current and future public challenges in developing a healthy lifestyle and quality of life for the community.

Executive Summary

The MAPP Subcommittee of Navajo County is pleased to present the following Community Health Improvement Plan (CHIP) to county residents, community organizations and civic groups after engaging in a five-year strategic planning process. The MAPP Committee is composed of over 40 member organizations and individuals who represent a broad spectrum of the community and subscribe to a broad definition of health.

The community health assessment data was both quantitative and qualitative. Input was gathered from residents through community forums, focus groups, and surveys through “Survey Monkey” via email. Other assessments involved gathering data on the health status of the community and the workings of the local public health system as well as an assessment of forces likely to impact the health of the public in the near future.

The resulting data was examined by the MAPP Committee and Local Public Health Officials, who identified 10 health issues as priorities. They are:

- *Insurance Coverage—Availability and/or Affordability*
- *Heart Disease*
- *Obesity and Overweight in the Population*
- *Domestic Violence*
- *Access to Well-Care, General Health Check-Ups*
- *Availability of Specialty Medical/Healthcare Providers*
- *Linking Individuals to Physicians/Healthcare Providers*
- *Management of Other Chronic Diseases*
- *Behavioral Health Services—Access and/or Coverage*
- *Maternal and Child Health—Prenatal Care*

Goals and objectives relating to these issues as well as suggested strategies, barriers and community resources comprise the health improvement plan.

The next step in the process is an anticipated four year action cycle during which the strategies deemed most promising will be implemented.

Currently, tasks forces composed of individuals and groups committed to improving the identified health issues are being organized. Many task force members have been drawn from MAPP Committee organizations engaged in the process to date, and other community residents are encouraged to step forward.

The CHIP process is an ambitious and bold effort at community engagement for a common good. No single organization has the depth of resources needed to raise community health to an optimal level or even to maintain it at its current level. The CHIP process is based on the idea that through collaboration and synergy two plus two will equal a great deal more than four. Another important feature of CHIP is that the plan arises out of the community, which then has a greater investment in its implementation.

Residents and community groups are encouraged to join the CHIP process as it enters the Action Phase. For more information, please refer to The Path Ahead on page 19 of this document. By collaborating on priority health issues, local residents and community organizations will exhibit their deep commitment to maintaining Navajo County as a healthy place to live and work.



The Framework: A Strategic Planning Model



Navajo County is a rural county in northeastern Arizona first formed on March 21, 1895. Holbrook is the county seat. The Navajo Nation, Hopi and White Mountain Apache Tribes have territory within the Navajo County borders. Two distinct areas make up the county, divided by the Mogollon Rim. The northern portion is dry, high plains desert. The southern section is more mountainous with forests of piñon, juniper, and ponderosa pine. The principal industries of Navajo County are tourism, coal mining, manufacturing, timbering, ranching, transportation, communications, and utilities.

A group of 10 key stakeholders in the health of Navajo County convened on April 3, 2013, in Holbrook. Their purpose was to craft a new public health agenda for the county through a four year strategic planning process. The endeavor was in line with the revised Community Health Status Assessment that was previously conducted in 2010 and to generate an updated Community Health Status Assessment for 2012 with quantitative data from the 2011 Census. The process to redevelop the Community Health Improvement Plan CHIP and Strategic Plan for 2013 in order to move forward into the Action Plan for Navajo County is the objective for 2013. The next step is to pursue accreditation with the Public Health Accreditation Board (PHAB) for the Navajo County Public Health Services District, effective in 2013-2014.

In May 2008, Navajo County Public Health Services District made an unanimous decision to develop a strategic community health plan based on the National Association of County & City Health Officials (NACCHO) Mobilizing for Action through Planning & Partnerships (MAPP) process. MAPP is a community-driven strategic planning tool for improving community health. Facilitated by public health leaders, this tool helps communities apply strategic thinking to prioritize public health issues and identify resources to address them. MAPP is not an agency-focused assessment tool; rather, it is an interactive process that can improve the efficiency, effectiveness, and ultimately the performance of local public health systems.

In July 2008, a MAPP committee was formed and continued to follow the MAPP community health improvement planning model. The committee's primary role was to assess Navajo County's community strengths, assets, and needs through the development and implementation of a community health improvement plan (CHIP).

The MAPP strategic planning consists of these six phases:

1. In the **Organize for Success Phase**, the key public health partners and NCPHSD program managers prepared themselves to implement the MAPP process. The planning process was discussed, an introductory community meeting was conducted, and the MAPP committee was formed.

2. In the **Vision Phase**, the NCPHSD program managers and MAPP committee members answered the question "What does a healthy community look like? Input for the vision statement was conducted throughout the process.
3. In the **MAPP Assessment phase**, the MAPP committee conducted four community health assessments. These assessments included the:
 - **The Community Themes and Strengths Assessment (CTSA)** identifies issues that residents feel are important by answering the questions: "What is important to our community?" and "What assets do we have that can be used to improve community health?" - January 2009
 - **The Local Public Health System Assessment (LPHSA)** focuses on all of the organizations and entities that contributes to the public's health. The LPHSA answers the questions: "What are the components, activities, competencies, and capacities of our local public health system? And "How are the Essential Services being provided to our community?" - June 2009
 - **The Community Health Status Assessment (CTSA)** identifies priority community health and quality of life issues. Questions answered include: "How health are our residents?" and "What does the health status of our community look like?" - December 2009

- **The Forces of Change Assessment (FOC)** focuses on identifying forces such as legislation, technology, and other impending changes that affect the community and its public health system. This answers the questions: "What is occurring or might occur that affects the health of our community or the local public health system?" and "What specific threats or opportunities are generated by these occurrences?" - January 2010

4. The goal for the **Identify Strategic Issues phase** was to develop a list of the community's significant issues and to identify the ones that represented the highest priorities. Eight strategic issues were identified and prioritized from reviewing the four completed community health assessments.
5. In the **Formulate Goals and Strategies phase** of the MAPP process, the identified strategic issues were used as a basis for the development of goals and strategies for achieving the strategic issue. In addition, the Community Health Improvement Plan (CHIP) was drafted, finalized, and adopted by the committee.
6. The final phase is the **Action Cycle** that includes process planning, implementation, and evaluation of the CHIP.

*For more information on MAPP log on to <http://www.naccho.org/topics/infrastructure/mapp/index.cfm>



The Community Themes and Strengths Assessment (CTSA) methods for Navajo County was conducted in 2008, the CTSA subcommittee planned and conducted three community –based activities to assess the Navajo County residents’ views of their local assets and health priorities. The MAPP process developed by National Association of City and County Health Officials (NACCHO) was used by the committee as a planning resource.

The CTSA subcommittee decided to use the following three methods of information gathering: 1) a Community Healthy Survey provided throughout Navajo County, 2) Focus groups to identify quality of life issues, and 3) the Photo Voice Survey, mapping community assets through photos taken by community members and volunteers. Taken collectively, the three methods strengthen the overall findings of this report.

Community Health Survey

The Navajo County Community Health Survey was designed to answer the question, “What is important to our communities?” Based on the sample community survey from the MAPP website, the survey was a one page questionnaire asking respondents to select the most important factors of a healthy community, the most important health issues, and the most important factors of a healthy community, the most important health issues, and the most important risky behaviors, as well as some demographic questions such as age, gender, education, and income level. Surveys were distributed at local community health centers, hospitals, libraries, community colleges, faith institutions, coffee houses, health district offices, seasonal flu shot clinics, vital record clinics, and several health fairs and conferences. The survey was also distributed via an email blast in “Survey Monkey” to Navajo County employees, surveys were provided

in both English and Spanish. Approximately, 1,084 surveys were completed and analyzed.

Focus Groups

The CTSA focus groups were designed to obtain open-ended opinions on community assets, health priorities and issues, and identify quality of life issues. Focus groups were conducted with existing coalitions and with Community Health Representatives. Questions were read from a script to provide uniform consistency for each group.

- *What do you believe are the 2-3 most important characteristics of a healthy community?*
- *What makes you most proud of our community?*
- *What are some specific examples of people or groups working together to improve the health and quality of life in our community?*
- *What do you believe are the 2-3 most important issues that must be addressed to improve the health and quality of life in our community?*
- *What do you believe are the 2-3 most important issues that must be addressed to improve the health and quality of life in our community?*
- *What do you believe is keeping our community from doing what needs to be done to improve health and quality of life?*
- *What actions, policy, or funding priorities would you support to build a healthier community?*
- *What would excite you enough to become involved (or more involved) in improving our community?*

Photo Voice

The Photo Voice survey as used to answer the question: “What assets do our communities have that can be used to improve community health?” The Photo Voice approach established a map of community assets from the perspective of community members. Individuals within the community took photographs of what they felt represented important community strengths and resources. Community members, volunteers, and students were provided with a single use camera following a brief overview on the survey approach. All participants were also provided photo voice instructions, a photo log, and photo release forms.

After photos were developed, a facilitated session with the CTSA subcommittee was utilized to sort, group, and categorize the photos. The categories of the photos were discussed with participants and subcommittee members and labeled with titles and explanatory phrases. The results of the Photo Voice survey were then displayed in local libraries, community colleges, and Navajo County offices. Photos were mounted and displayed in collages, single frames, and power presentations as appropriate to the venue.

The Local Public Health System Assessment (LPHSA)

The National Public Health Performance Standards Program (NPHSP) assessments are intended to help users answer questions such as “What are the activities and capacities of our public health system?” and “How well are we providing the Essential Public Health Services in our jurisdiction? The dialogue that occurs in answering these questions can help to identify strengths and weaknesses and determine opportunities for improvement.

Community Health Status Assessment

The purpose of the CHSA is to gather and analyze information regarding the health status of Navajo County residents. Ultimately the CHSA will provide additional data for the stakeholders in the Navajo County local public health system to develop a strategic plan. The CHSA provides a way to measure the health status of Navajo County residents as well as identifying trends in comparison to peer communities, state data, and national data. The CHSA 2010 was previously updated in December 2012 to the quantitative data of the 2011 Census to focus on the changes to the core health status indicators and factors:

- Social & Mental Health
- Maternal & Child Health
- Death, Illness & Injury
- Communicable Diseases
- Sentinel Events
- Demographic
- Socioeconomic
- Health Resource
- Quality of Life
- Behavioral Health

The Forces of Change Assessment (FOC)

The Forces of Change Assessment is designed to help communities identify forces that may affect its community or public health system by answering the following questions:

- What is occurring or might occur that affects the health of our community or the local public health system?
- What specific threats or opportunities are generated by these occurrences?

While responding to these questions, participants were asked to develop a comprehensive but focused, list of forces. These “forces” could be Trends, Factors, or Events that impact the future planning for the public health system.

- Trends-Patterns over time;
- Factors-Discrete Elements; or
- Events-One-time occurrences.

Conducting the Navajo County Forces of Change Assessment

Through the Mobilizing for Action through Planning and Partnerships (MAPP) process and the Forces of Change session, diverse individuals discussed forces, trends, and current issues facing youth, elders, and the general population throughout Navajo County.

Any and all types of forces were included in the Forces of Change assessment, ranging from social, economic and political issues to legal and environmental topics. Pre-planning meetings were convened in late 2009 to design the Forces of Change session. A flyer was distributed along with an email asking participants to prepare by utilizing the Forces of Change assessment, ranging from social, economic and political issues to legal and environmental topics. Pre-planning meetings were convened in late 2009 to design the Forces of Change session. A flyer was distributed along with an email asking participants to prepare by utilizing the Forces of Change Brainstorming worksheet. The contributions and input of the group would be utilized to strengthen public health throughout Navajo County.

The Navajo County Forces of Change Assessment was conducted on January 14, 2010 with 23 participants representing several organizations, including Navajo County, Summit Healthcare, Indian Health Service, First Things First, Community Counseling Center, Northland Pioneer College, Northern Arizona University, and many others.

History of Navajo County

Navajo County is a rural county in northeastern Arizona first formed on March 21, 1895. Holbrook is the county seat. The Navajo Nation, Hopi and White Mountain Apache Tribes have territory within the Navajo County borders. Two distinct areas make up the county, divided by the Mogollon Rim. The northern portion is dry, high plains desert. The southern section is more mountainous with forests of piñon, juniper, and ponderosa pine. The principal industries of Navajo County are tourism, coal mining, manufacturing, tibering, ranching, transportation, communications, and utilities.

The interstate 40 corridor communities of Holbrook and Winslow are in the county’s center and are tied to the cross-country transportation route. Major communities in the south are Pinetop-Lakeside, Show Low, Snowflake, Taylor, and Heber-Overgaard. Almost 66 percent of Navajo County’s 9,949 square miles is Indian reservation land. Individual and corporate ownership accounts for 18 percent; the U.S. Forest Service and U.S. Bureau of Land Management together control 9 percent; and the state of Arizona owns 5.9 percent.

According to the 2011 population estimates, the population of Navajo County was 107,398 with 49.5% white, 43.5% Native American, 11.1% Hispanic and 0.4% Black. Of the population, 39.9% are less than 24 years of age, 46.2% are 25 to 64 years of age and 14% are 65+ years of age. Navajo County residents are the intended population that the strategic community health improvement plan will benefit.



Navajo County Arizona



Located in the northern part of Arizona, Navajo County is home to 107,398 residents according to the 2011 census.

Navajo County has 6,632.73 square miles (17,178.7 km²) of federally designated Indian reservation within its borders, the third most of any county in the United States (neighboring Apache County and Coconino County are first and second). In descending order of territory within the county, the reservations are the Navajo Indian Reservation, Hopi Indian Reservation, and Fort Apache Indian Reservation, all of which are partly located within Navajo County, which delivers some of its services countywide.



Public Health Priority Issues and Strategies

ISSUE ONE:

Access to Well-Care, General Health Check-Ups Availability of Specialty Medical/Healthcare Providers Linking Individuals to Physicians/Healthcare Providers Insurance Coverage-Availability and/or Affordability

Community input to identify issues of interest to residents was solicited using three methods of information gathering: 1) a Community Health Survey provided throughout Navajo County, 2) Focus groups to identify quality of life issues, and 3) the Photo Voice Survey, mapping community assets through photos taken by community members and volunteers. Taken collectively, the three methods strengthen the overall findings of this report.

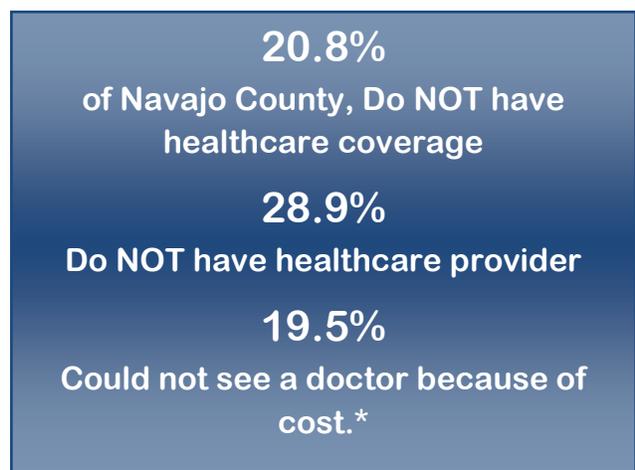
Most residents named access to care, availability of specialty healthcare providers, and linking individuals to physician providers as some of the most important issues. By the conclusion of the forums the participants ranked issue one the most important health issue in Navajo County.

Lack of public transportation for medical/health appointments and communication among resources and/or other programs or services

The difficulty of providing public transportation for individuals in the County has been one of the barriers for all medical, health, and mental appointments.



Healthcare clinics and facilities throughout Navajo County are provided by Summit Healthcare or North Country. Residents who lack adequate health insurance or a access to healthcare and those who face lack of facilities in North County, medical professionals unavailability, and increases cost burden.



*Data from ADHS, BRFSS, Health Status & Health Behaviors of Arizonans, 2008-2010

The elderly transport is the most challenging to accommodate transportation for medical purposes and the funding for additional services from the local public transportation system is limited to provide medical/health transportation for this specific population.

Number of Uninsured in Navajo County, 2011

Age Group (18-64)

25.6%

Total Under 65

21.7%*

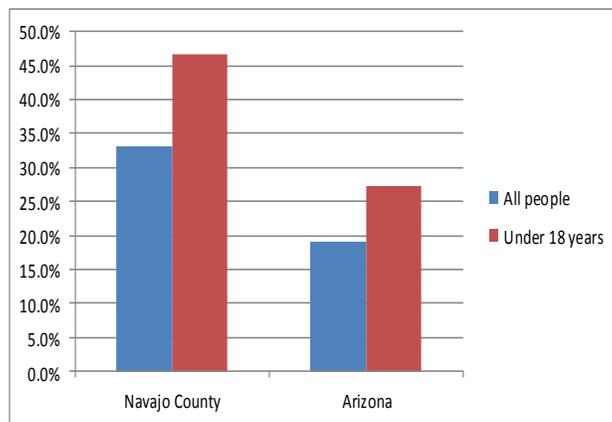
*Data from U.S. Census Bureau, 2011

Residents express need for more accessible health care and affordability

The Forces of Change and Community Themes & Strengths Assessments expressed the communities' concerns of accessibility and affordability of healthcare. The result of the survey concluded that the effects of economic changes and lack of employment opportunities served as barriers for citizens to receive appropriate and cost effective healthcare in Navajo County. The result of the survey concluded the effects of economic changes and lack of employment opportunities to receive appropriate and cost effective healthcare in Navajo County.

The Affordable Care Act was put into law in 2010 and requires most Americans to have healthcare insurance by 2014. The lack of knowledge of the policies surrounding these healthcare changes has Navajo County residents, healthcare providers, and the local public health services unfamiliar with the costs, coverage, and changes to the healthcare system. The impact of Navajo County Public Health Services District and other health programs or programs will effect in providing adequate healthcare services under the Affordable Care Act is unpredictable.

Population Living Below the Poverty Line



Source: U.S. Census Bureau, 2011 American Community Survey

One concern expressed from the focus groups was the need to increase specialty providers to the areas of Winslow and Holbrook. The use for telemedicine by decreasing travel for patients referred out to Phoenix and Flagstaff for appointments or medical procedures was one of the strategies the group developed. Summit Healthcare is able to provide patients suffering from a stroke or having neurological symptoms a direct consultation with a board-certified neurologist at the Mayo Clinic. Through video conference technology Summit medical staff are able to connect the neurologist to the patient at Summit without having to leave the mountain for a consultation and provide our patients with quality care at Summit Healthcare Regional Medical Center.

Residents strongly voiced their need for increased access and affordable healthcare through focus groups and community forums. The assessments reinforced its importance as one of the top health priorities.

Unemployment Rate, 2012 in Navajo County

15.1%

Unemployment Rate, 2012 in Arizona

8.4%



ISSUE ONE:

<p>Goal</p> <p>Increase Access to Well-Care, General Health Check-Ups</p> <p>Increase Availability of Specialty Medical/Healthcare Providers</p> <p>Improvement in Linking Individuals to Physicians/Healthcare Providers</p>	<p>Outcome Objectives/Indicators</p> <p>Increase the percentage of adults who have access to primary care by providing affordable healthcare coverage.</p> <p>Increase the availability of specialty medical/healthcare providers in the lacking areas in Navajo County through Summit Healthcare and North Country Healthcare to decrease the travel to Phoenix and Flagstaff.</p> <p>Increase the linkage of individuals and physicians/healthcare providers to provide health services with resources with outreach and communication with the efforts of local public health, health services, and programs.</p>
<p>Risk Factors</p> <p>Medical professionals unavailability</p> <p>Residents will not get routine medical care</p> <p>Cost burden</p> <p>Unknown impact of the Affordable Care Act</p> <p>Lack of health/medical transportation</p> <p>Economic strain</p> <p>Lack of employment opportunities</p>	<p>Impact Objectives</p> <ul style="list-style-type: none"> •Improve access to primary care for residents who live in the North County area •Strengthen the linkage and referral system between agencies that offer free health care and other social service and health care agencies •Improve transportation with local public transit system to offer to all residents for medical/health transportation to appointments
<p>Contributing Factors</p> <p>Direct contributing factors:</p> <ul style="list-style-type: none"> •Lack of health insurance coverage •Cost •Unavailability and inappropriate use of healthcare resources or services •Lack of communication and collaboration among organizations, local public health, and stakeholders •Transportation provided for health/medical for appointments for all residents <p>Indirect contributing factors:</p> <ul style="list-style-type: none"> •Health coverage system is based on employment (affordability for family coverage and part-time employment) •Lack of jobs •Health Providers staying on the mountain 	<p>Suggested Intervention Strategies</p> <p>Improve communication, collaboration, etc. among stakeholders, health providers, public health, and all organizations involved with the public and community in providing health services and prevention.</p> <p>Gain community trust in providing consistency with resources, information, and communication to improve involvement with participation of programs and services throughout the communities in Navajo County.</p> <p>Outreach to the community by advertisements, PSAs, health fairs, and other sources to get the word out health providers, public health programs, and organizations/services offered to promote a healthy community.</p> <p>Develop access to link Navajo County Public Health Services District Facebook with other organizations Facebook pages and vice versa.</p> <p>Strengthen coordination among local public health system partners to eliminate gaps in service and improve referral mechanisms among providers.</p> <p>Provide information and/or training on the Affordable Care Act on how it will effect in public health, private health, healthcare industries, and individuals in the community.</p> <p>Research funding efforts available from other programs and/or services in providing availability and/or affordability in insurance coverage.</p> <p>Support and advocate for telemedicine capabilities.</p>
<p>Resources Available</p> <p>Healthcare Providers , Clinics, North Country Healthcare Insurance Providers</p> <p>NCPHSD, Summit Regional Medical Center, IHS</p>	<p>Barriers</p> <p>Transportation Lack of Knowledge of existing resources</p> <p>Language</p> <p>Cultural</p>



Heart Disease Obesity and Overweight in the Population Management of Other Chronic Diseases

The strong concerns regarding heart disease, obesity and overweight, and management of chronic diseases in the Navajo County population have focused on the youth and targeting schools to promote physical activity.



Residents expressed health concerns that encompassed the needs of those with heart disease, obesity/overweight, and managing chronic disease to promote with increase opportunities for physical activity in the communities resources.

Target children/youth through parents and schools

This emphasis of educating parents to promote and prevent these health issues will improve the lifestyle of children/youth and hopefully result in sustainability throughout adulthood.

The participants called for accessibility to facilities for physical activity within community resources and schools, care and more support to adults/elderly suffering with chronic diseases, and education, information, and/or workshops to offer management strategies to cope with these health issues.

Cardiovascular Disease Deaths in Navajo County	
<u>2009</u>	193
<u>2010</u>	203

Diabetes Deaths in Navajo County	
<u>2009</u>	25
<u>2010</u>	41

The Navajo County Public Health Services District and other programs have addressed the health issues with programs to educate in schools and communities about the health risks of obesity with children and adolescents.

The focus is to continue and improve the information and education to promote a healthy lifestyle for our communities and to encourage a healthy quality of life for the future.

Obesity, Navajo County,
2010
Percent Who are Obese²
27.3%*



ISSUE TWO:

<p>Goal Promote and prevent Heart Disease, Obesity/Overweight, and Other Chronic Diseases from developing with youth and managed with adults/elderly</p>	<p>Outcome Objective/Indicators</p> <p>Increase the recommended amount of physical activity for adults and adults 65 years of age or older to 150 minutes per week.</p> <p>Increase the recommended amount of physical activity for children and adolescents to 60 minutes per day.</p> <p>Availability of joint-use agreements of schools and facilities for use of physical activities and/or after school physical activity programs.</p> <p>Increase the information, education, and resources of nutrition, managing health issues, and decrease the rates of obesity with adults/youth.</p>
<p>Risk Factors</p> <p>Family History Unhealthy diet Physical inactivity Lack of education Minority group member i.e. Native Americans, Hispanics, etc.</p>	<p>Impact Objectives</p> <ul style="list-style-type: none"> •Increase the number of school cafeterias in promoting healthy choices •Increase the number of community groups in improving and developing policies on healthy community design and school health •Increase the number of families engaging in physical activity together •Increase the awareness of the effects of development of health issues to reduce the health outcomes •Increase the resources to the community of preventative services, programs, and/or trainings or workshops on promoting a healthy lifestyle and/or managing health issues
<p>Contributing Factors</p> <p>Direct contributing factors:</p> <ul style="list-style-type: none"> •Lack of knowledge •Lack of time •Poor eating habits •Lifestyle does not incorporate physical activity <p>Indirect contributing factors:</p> <ul style="list-style-type: none"> •Lack of access to exercise facilities •Environment unfavorable to physical activity due to weather during seasonal limitations •Language barriers with informational literature and lack of language interpreters •Chronic Illness •Disabilities •Role Models •Lack of sustainability of policies 	<p>Suggested Intervention Strategies</p> <p>Assess attitudes, behaviors, and responses to build that support and/or promote healthy eating and lifestyles through existing programs and services offered in Navajo County.</p> <p>Provide consistent preventative health education to youth, adults, and tribal entities through schools, public events and community networking.</p> <p>Develop new or improve policies within schools within the specifications of the Health in Arizona Policy Initiative (HAPI) to promote healthy lifestyle and community.</p> <p>Increase awareness and knowledge of the benefits of regular physical activity and good nutrition for all County residents throughout the lifespan.</p> <p>Improve the communication and collaboration of other health providers, programs, services among public health to promote or prevent health issues among youth and adults.</p>
<p>Resources Available</p> <p>Municipal and County parks Schools facilities Summit Healthcare WIC NCPHSD Nutrition Program NCPHSD Tobacco & Chronic Disease Program Other Entities, Organizations, and Programs in NC</p>	<p>Barriers</p> <p>Cost Time constraints Lack of knowledge Attitudes and behaviors of the community Concerns of liability of use of facilities</p>



Behavioral Health Services-Access and/or Coverage

Domestic Violence



Residents express concerns the lack of facilities or room for victims of domestic violence and behavioral health services accessible to patients.

The behavioral health services, access and/or coverage is limited in some areas of the County. The lack of awareness of resources and information to educate patients, providers, public health, and the community was one of the health issues discussed.

The focus groups and community forums discussed the availability and accessibility of behavioral health to control the behaviors of substance,

drug abuse and the signs of depression in preventing suicidal thoughts or actions. The strategies to

Drug & Alcohol-Induced Deaths
Navajo County-2010
Male-47
Female-19

address these issues includes providing resources and referrals to individuals through healthcare providers/organizations and local public health programs.

Suicides by Gender in Navajo County-2010

Male—25
Female-8

The focus groups discussions of domestic violence came to a concern of the techniques in training and education. By delivering confidential information among healthcare providers, local public health, and other behavioral/health organizations in appropriately assessing abusive situations with informative trainings to help individuals with behavioral health and domestic violence issues will decrease the chances of life threatening outcomes.

DID YOU KNOW?

- One in every four women will experience domestic violence in her lifetime. One in 33 men have experienced an attempted or completed rape.
- An estimated 1.3 million women are victims of physical assault by an intimate partner each year.
- The majority (73%) of family violence victims are female. Females were 84% of spousal abuse victims and 86% of abuse victims at the hands of a boyfriend.
- The cost of intimate partner violence exceeds \$5.8 billion each year, \$4.1 billion of which is for direct medical and mental health services.
- Boys who witness domestic violence are twice as likely to abuse their own partners and children when they become adults.*

*National Coalition Against Domestic Violence—Domestic Violence Facts: Arizona



ISSUE THREE:

<p>Goal</p> <p>Promote and advocate for Behavioral Health Services for accessibility and coverage to decrease the outcomes of substance, alcohol, drug abuse and suicide</p> <p>Improve the resources and information of Domestic Violence</p>	<p>Outcome Objectives/Indicators</p> <p>Increase the resources and information to the community by pamphlets, booklets, etc.</p> <p>Increase the accessibility and affordability for behavioral health services by offering behavioral health coverage through healthcare coverage.</p> <p>Increase the education with youth in schools, parent committees, and other sources by eliminating the abuse.</p>
<p>Risk Factors</p> <p>Youth, especially those under age 18</p> <p>Isolation and loss, especially for senior adults</p> <p>Depression</p> <p>Parental/peer use of alcohol and other substances</p> <p>Parental actions of DV abuse</p> <p>Victim insecurities</p> <p>Control</p> <p>Economy</p>	<p>Impact Objectives</p> <ul style="list-style-type: none"> •Raise awareness among youth by enforcing the risks of use of substance, drugs, etc. by developed programs or implementing new programs. •Decrease the use of substance among youth and adults with resources available to access behavioral health services within local areas within the County. •Increase the number of behavioral health services and domestic violence services to the County, especially in the North County.
<p>Contributing Factors</p> <p>Direct contributing factors:</p> <ul style="list-style-type: none"> •Peer Pressure •Lack of knowledge/refusal skills •Attitudes about substance use/abuse •Addiction •Victim Acknowledgment <p>Indirect contributing factors:</p> <ul style="list-style-type: none"> •Low self-esteem •Role Models •Lack of family management skills •Lack of community and school support •Lack of talking about domestic violence •Lack of policies and regulations 	<p>Suggested Intervention Strategies</p> <p>Implement programs for consistent health education in schools to address substance abuse or other drugs and domestic violence on prevention, risks, and awareness.</p> <p>Develop the capacity to provide culturally and linguistically appropriate services and information.</p> <p>Strengthen law and policies related to domestic violence.</p> <p>Look at domestic violence interventions that focus on prevention before it happens by providing trainings to providers, programs and public health organizers.</p> <p>Awareness to the public the cause of domestic violence is NOT results from substance, anger, and/or stress problem by workshops, PSAs and/or publications.</p> <p>Eliminate on educating the abuser of the signs of domestic violence to better hid the abuse from their victims by screening the abuser and victim.</p> <p>Improve the awareness of resources and referrals of substance abuse and domestic violence through the resource directory, health providers, public health and organizations/programs/services.</p>
<p>Resources Available</p> <p>SAFE House</p> <p>Community Counseling Centers</p> <p>Tall Pines Rehab</p> <p>Navajo County Coalition Against Drugs</p> <p>Alice Place</p> <p>Local Churches</p>	<p>Barriers</p> <p>Attitudes about substance abuse and domestic violence</p> <p>Lag time in appearance of detrimental effects</p> <p>Victims and substance abuser willingness to ask for help</p>



Maternal and Child Health



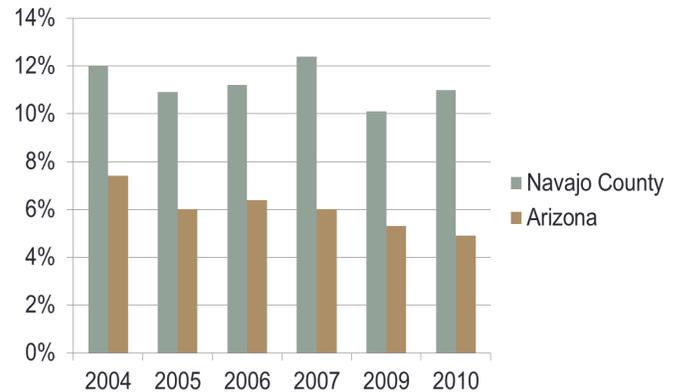
Community perspective gathered through forums, focus groups and surveys revealed residents' needs for improving prenatal care and increasing their knowledge and awareness of prenatal care offered to mothers.

In Navajo County the focus is to improve and implement strategies to increase the care for pregnant women through existing programs offered by Summit Healthcare Healthy Steps, Navajo County Public Health Newborn Follow-up Program, North Country, Parenting Arizona, First Things First and Indian Health services. The concerns include the lack of awareness and information available to women and public at large of the regarding the benefits of prenatal care or the access to care provided to those in need of prenatal services.

Improved prenatal care for women lessens the risks of low birth weight and decreases perinatal mortality. Early treatment can cure many problems and prevent others.

The goal is to target first time and inexperienced mothers to offer support, guidance, resources and information regarding the development of their unborn child to encourage a healthy

Percent of Pregnant women receiving inadequate prenatal care, Arizona and Navajo County, 2004-2010



Births by Trimester of Pregnancy Prenatal Care Began in Navajo County, 2009-2010

Category	Year	Percentage
No Care	2009	1.5%
	2010	2.0%
1st trimester	2009	65.8%
	2010	67.9%
2nd trimester	2009	25.3%
	2010	23.1%
3rd trimester	2009	6.8%
	2010	6.7%

The strategies and actions as healthcare providers, public health, and other entities in the community serve to promote and advocate for prenatal care. Prenatal care benefits every woman during her pregnancy with a healthy delivery, avoids the risk of early delivery, and leads to less maternal-child problems in the future.

Pregnancies, Females 19 or Younger in Navajo County

2010—Ages

<15	5
15-17	85
18-19	199



ISSUE FOUR:

<p>Goal Improve the Prenatal Care with promotion and awareness of maternal and child health during pregnancy and beyond</p>	<p>Outcome Objectives/Indicators Increase percentage of women receiving adequate prenatal care Increase percentage of women receiving prenatal care with local healthcare providers or clinics Improve awareness and education of maternal and child health with local public health and health providers or clinics</p>
<p>Risk Factors Cultural Lack of access to care Young teenagers or adult Lack of education Language barriers</p>	<p>Impact Objectives</p> <ul style="list-style-type: none"> • Increase prenatal care to teenagers and young adults by using resources of local public health programs and other health agencies/organizations. • Increase prenatal care services by offering more OB/GYN physicians in areas needed in the County. • Increase the communication and advocacy of local public health programs and health agencies/organizations.
<p>Contributing Factors Direct contributing factors:</p> <ul style="list-style-type: none"> • Lack of healthcare coverage • Lack of transportation • Lack of knowledge of information sources • Religious or cultural beliefs • Lack of experience of signs of pregnancy <p>Indirect contributing factors:</p> <ul style="list-style-type: none"> • Embarrassment • Uncertainty of choosing a healthcare provider or OB/GYN • Lack of employment and/or affordability 	<p>Suggested Intervention Strategies</p> <ul style="list-style-type: none"> • Provide cultural and linguistically appropriate materials, brochures, community newsletters, etc. • Develop and educational enhancement programs or enhances programs established to promote with local health providers, public health and other organizations or programs/services. • Advocate for the website “Strongfamiliesaz.org”, Navajo County Public Health Services District Preconception Health programs and other programs in the County to provide resources, information and services to all mother expecting. • Promote free or low cost health coverage programs through Department of Economic Security or other programs
<p>Resources Available Summit Healthcare Healthy Steps Navajo County Preconception Health Program North Country Parenting Arizona Summit Healthcare Hospital Healthcare providers, clinics, etc. WIC First Things First</p>	<p>Barriers Transportation Language Cultural Lack of knowledge of resources or programs Immaturity Lack of the signs of pregnancy</p>

The Path Ahead

By definition the CHIP process is a cyclical progression towards community health improvement. The Navajo County CHIP will take the community into the final phase of the MAPP process: The Action Cycle. The Action Cycle phase has three states: Plan, Implement, and Evaluate initiatives and interventions to reach measurable objectives. Upon completion of the Planning Stage, the activities are carried out in the Implementation Stage. After the plan has been implemented, the activities and results will be assessed in the Evaluation stage to establish what has been accomplished. Planning, Implementation, and Evaluation are not independent of each other and should be conducted collaboratively and continuously. Members of the MAPP Committee have already joined task forces that will focus on each of the four priority health issues. Their next step will be to bring more community members “to the table” who will help set measurable objectives and select strategies to reach them. Evaluation will remain foremost so that progress toward goals can be quantified.

While the NCPHSD has the responsibility for the continuing assessment and evaluation of the community, it will be the community’s responsibility to take the necessary steps to implement the strategies outlined in the CHIP. All residents and community and civic organizations are invited to join the effort. To become involved or for more information, contact:

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10 Tips for *Better* Health

The Navajo County Community Health Improvement Plan process will generate an Action Plan to focus to improve the health of all with working together to select and implement strategies. Individuals, residents and communities are encouraged to take action. Following are 10 Tips that residents and communities can employ for better health.

- 1) *Recommended amount of physical activity of 60 minutes for children and adolescents per day and 150 minutes a week for adults.*
- 2) *Eat five to nine servings of fruits and vegetables a day.*
- 3) *Manage and control chronic diseases and illness with a healthy diet and exercise.*
- 4) *Maintain a healthy weight with nutrition and physical activity.*
- 5) *See your physician for wellness check-ups, prenatal care, and other healthcare concerns with a healthcare provider for preventable illness and/or diseases.*
- 6) *Recognize that behavioral health can happen to anyone and can be treated.*
- 7) *Strive for open communication with your children, adolescents and adults. They will be better able to resist substance abuse and seek help for domestic violence.*
- 8) *Find and use credible sources of health information.*
- 9) *Reduce unhealthy stress and recognize symptoms of depression.*
- 10) *Call your local public health department for possible sources of affordable preventative health care.*