Health Care in the Navajo Nation

FACT SHEET
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Background

The Navajo Nation is the largest federally-recognized tribe within the United States. The Navajo Nation population is relatively young – the median age being 22.5 years (2000 Census Count).

The Navajo Nation extends into Arizona, New Mexico and Utah and covers over 27,000 square miles, including all or parts of 13 counties in those states. If the Navajo Nation were a recognized state, it would be larger than 10 of the 50 states in the U.S.

Most of the land is remote and isolated, with significant renewable and non-renewable natural resources, including: surface and ground water; range lands; forests; irrigated farmlands; lakes; fish and wildlife; as well as substantial reserves of coal, oil and natural gas.

Government

The tribe’s Executive, Legislative and Judicial branch is centrally headquartered in Window Rock, Ariz. An 88-member popularly elected Council, with 12 Standing Committees, serves as the governing body of the Navajo Nation. The Legislative Branch contains various offices and boards, which are administered through an elected Speaker of the Navajo Nation Council.

An elected President and Vice-President head the Executive Branch, which is comprised of 16 Divisions and Offices. These Divisions and Offices provide a broad range of governmental services. The Judicial Branch consists of a system of seven District Courts, seven Family Courts, and a Supreme Court. One hundred ten (110) local government subdivisions, identified as Chapters, exist within the Navajo Nation.

The Navajo Nation’s right to self-govern is demonstrated through daily governmental actions. As the governing body of the Navajo Nation, the Navajo Nation Council has the authority to pass laws that govern the Navajo Nation, members of the Navajo Nation, and certain conduct of non-member Indians and non-Indians within the territorial boundaries of the Navajo Nation. All branches of the Navajo Nation Government exercise varied delegated powers and governmental authority in accordance with Navajo Nation statutory, regulatory, and common law.

Challenges

The lack of retail outlets is one of the major problems faced by the Navajo people, resulting in leakage of Navajo dollars to the border towns (see Table 1). For example, 68 percent of Navajo monies were spent in off-reservation communities in 1999; leaving a vast potential for on-reservation economic development.

The Navajo Nation is challenged daily by the tasks associated with attracting businesses to an environment that has little infrastructure. On a regular basis, several businesses explore the possibility of locating to the Navajo Nation before realizing the obstacles of inadequate paved roads and lack of electricity, water, telecommunication, and police and fire protection services (see Table 2).
In 1977, the Navajo Nation Council established the Navajo Division of Health Improvement Services and revised it and renamed it the Navajo Division of Health in 1995 (NTC Resolution CJY 70-95). The plan of Operation was then revised in 1995 (Resolution GSCJY –50-95). The purpose was: to plan, develop, promote, maintain, preserve, and regulate the overall health, wellness and fitness programs for Navajo population. The target population: Navajo individuals and families residing on the Navajo Nation and surrounding areas. For fiscal year 2003 (Oct. 2002 to Sept. 2003), the division’s operating budget totaled $78.8 million, of which 72 percent constitutes Federal funds, 8 percent state funds, 17 percent tribal funds, and 2 percent tribal trust funds. NDOH employs over 1,100 health professional, paraprofessional, and technical personnel stationed throughout the Navajo Nation.

In addition to the provision of health care services to the Navajo people, the Division of Health has taken a lead in advocating for increasing capacity and improving many public health concerns, such as; health promotion/disease prevention, alcohol and substance abuse, elder care, and diabetes prevention. The NDOH is committed to improving the level and quality of health, wellness, and fitness of the Navajo people. NDOH promotes individual and family health, family unity and family support to prevent diseases and promote health, wellness and fitness.

The eight member Health and Social Services Committee of the Navajo Nation Council serves as the oversight committee for NDOH.

In June 2003, the Navajo Division of Health, in coordination with other tribal divisions and the Navajo Area Indian Health Service, identified eight strategic goals to address healthcare disparities. These eight strategic goals were developed to guide improvement of the health status of tribal members, cost containment and quality of care. Each goal requires partnering with Federal agencies, states and counties of Arizona, New Mexico and Utah.

Health Care Disparities:

Navajos and other Native Americans experience disparities in health care, funding and other resources. This is contrary to the goal of eliminating racial disparities in health care. Strides have been made in some areas. According to Navajo Area Indian Health Service (NAIHS) statistics (Sept. 25, 2003 report), the following are some health statistics of the Navajo people (see Table 3).
Indian Health Service Funding for Fiscal Year 2004

The proposed budget for the Indian Health Service for FY 2004 is $2.9 billion. This is a $40 million increase over the FY 2003 appropriations level with the following added: health insurance collections estimated at $567 million, designated diabetes appropriations of $150 million, and $5.9 million for staff quarters rental collections. Increases in the IHS FY 2004 budget proposal were proposed in the following areas:

A. Sanitation Facilities Construction
   President George Bush’s 2004 budget request will include $114 million for IHS sanitation construction projects - a $20 million increase over the fiscal year 2003 budget and, according to the IHS “the largest sanitation increase in more than a decade.” The Navajo Area receives 24 percent of the national IHS funding allocation for sanitation facilities construction.
   The proposed increase in sanitation construction projects will support several sanitation initiatives, including:
   • $110 million for new, like-new, and existing homes with neither sanitation or sub-standard sanitation conditions.
   • $500,000 to address water supply and waste disposal emergencies and special projects as needed.
   • $3.5 million to clean up and replace open dumps on Indian lands.

B. Pay Increase
   The budget includes an additional $35 million toward covering increased Federal employee pay costs and to allow tribally operated health programs to provide comparable pay raises for their staff.

C. Staffing of new facilities
   An additional $25 million is included to complete staffing for two new hospitals (serving the Navajo Nation in Fort Defiance, Arizona, the Winnebago and Omaha tribes in Nebraska and the Pawnee Health Center in Oklahoma).

D. Contract Health Services
   The budget includes an additional $18 million for contract health services cost.

E. Diabetes Mellitus (Type 2)
   The budget includes an increase of $50 million over FY 2003 levels. Grantees will use these additional funds to improve their diabetes wellness/physical activity centers, provide diabetes self-management training, and for the purchase of newer medications that are more effective in treatment Type 2 diabetes.

F. Health Care Facilities Construction
   New facilities construction projects are slated for funding in the budget.
About Navajo Area Indian Health Service

There are 3,931 staff working at six IHS service units, and Area Office, and under three “638” Self-Determination contracts. The health care network includes five hospitals, six health centers, fifteen health stations and 22 dental clinics. The NAIHS is responsible for providing health care services to more than 200,000 patients, covering parts of Arizona, New Mexico and Utah (see Table 4). In fiscal year 2003, NAIHS budget amounted to $534.6 million, the majority of which are Federal appropriation totaling $391.1 million and the remaining $143.5 million was generated in revenues from Medicaid, Medicare, and private insurance.

P.L. 93-638 Health Providers/Tribal Programs

In 2002, three “638” Indian Self-Determination contracts were approved by the Navajo Nation Council. The three “638” Healthcare Providers are: Tuba City Regional Health Care Corporation located in Tuba City, AZ; Winslow Indian Health Care Center, Inc. located in Winslow, AZ; and Utah Healthcare System located in Montezuma Creek, Utah. The third major group of health providers are private clinics and hospitals. The fourth major health care service provider on the Navajo Nation is the Navajo Division of Health (see Table 5).