

RESOLUTION OF THE  
NAABIK'IYATI' COMMITTEE OF THE  
NAVAJO NATION COUNCIL

23<sup>RD</sup> Navajo Nation Council---Second Year, 2016

AN ACTION

RELATING TO HEALTH, EDUCATION AND HUMAN SERVICES AND  
NAABIK'IYATI' COMMITTEES; REQUESTING THAT INDIAN HEALTH SERVICE  
SHARE DATA WITH INCREASED TRANSPARENCY AND A BREAKDOWN OF TRIBAL  
AND REGIONAL DISTINCTIONS, BY I.H.S. AREA, TO AID IN MORE  
EFFECTIVE SERVICES TO THE NAVAJO NATION

WHEREAS:

- A. The Health, Education and Human Services Committee ("HESHC") is established as a standing committee of the Navajo Nation Council, which has oversight authority over health related activities of the Navajo Nation and its tribal organizations, enterprises, relating to the delivery of health services including research, planning and prevention. 2 N.N.C. §§ 400(A), 401(C)(2); *see also* CJA-03-13.
- B. The Navajo Nation established the Naabik'iyati' Committee as a Navajo Nation Council standing committee and as such empowered Naabik'iyati' Committee to coordinate all federal programs, i.e. Indian Health Service ("IHS"), to provide efficient services to Navajo members. 2 N.N.C. §§ 164 (A)(9), 700 (A), 701 (A)(4); *see also* CJA-03-13.
- C. On September 16, 2015, HEHSC received a report on "Improving the Oral Health of the Navajo People." See Copy of Presentation attached as Exhibit A.
- D. The recommendations to the Navajo Nation Leadership was to ask for greater transparency with IHS data, including sharing specific tribal and area breakdowns to ensure a better allocation of prevention and oral health literacy resources. See Exhibit A at page 7.
- E. On September 14, 2015, United States Congressional Representatives from the House of Representatives sent a letter to the Acting Director of IHS also requesting increased access to data generated by studies on oral

healthcare in American Indian communities. See Letter attached as Exhibit B.


- F. It is in the best interests of the Navajo Nation to request that IHS share data from studies on oral health issues, and other applicable health studies, with increased transparency and with breakdowns of tribal and regional distinctions, by IHS Area, in order aid in providing more effective services to the Navajo Nation.

**NOW, THEREFORE, BE IT RESOLVED:**

The Navajo Nation hereby requests that the Indian Health Service share data from recent studies on oral health, and other applicable health studies, with increased transparency and a breakdown of tribal and regional distinctions, by IHS Area, to aid in more effective services to the Navajo Nation.

**CERTIFICATION**

I hereby certify that the foregoing resolution was duly considered by the Naabik'íyáti' Committee of the 23rd Navajo Nation Council at a duly called meeting in Navajo Nation Council Chambers, Window Rock (Arizona), at which a quorum was present and that the same was passed by a vote of in 18 favor and 0 oppose, this 14<sup>h</sup> Day of January, 2016.



Honorable LoRenzo Bates, Chairperson  
Naabik'íyáti' Committee

Motion: Jonathan Perry  
Second: Benjamin Bennett

# NAVAJO NATION

RCS# 231

Naa'bik'iyati Committee

1/14/2016

03:37:37 PM

Amd# to Amd#

Legislation No. 0343-15

PASSED

MOT Perry

Requesting that Indian Health

SEC Bennett

Service shara data with increase

Transparency and a Breakdown

**Yea : 18**

**Nay : 0**

**Not Voting : 6**

**Yea : 18**

Begay, K

Chee

Perry

Tso

Begay, M

Damon

Phelps

Tsosie

Begay, NM

Daniels

Slim

Witherspoon

BeGaye, N

Filfred

Smith

Yazzie

Bennett

Hale

**Nay : 0**

**Not Voting : 6**

Bates

Crotty

Pete

Shepherd

Brown

Jack




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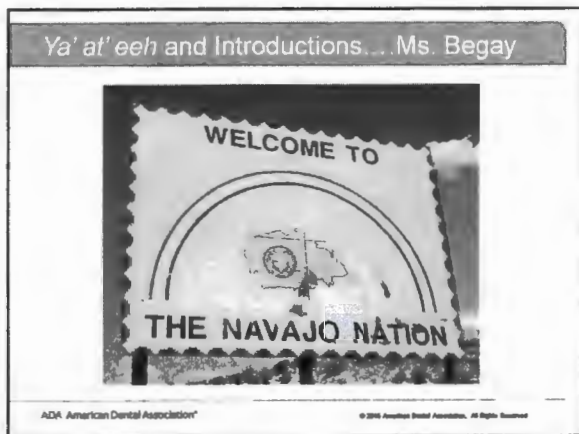
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Why is Oral Health Important?...Dr. Geiermann



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Disease burden overwhelming...




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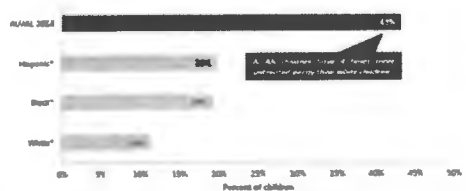
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Untreated decay in children by comparison

Indian Health Service Data Brief - April 2015

Figure 2. Percent with untreated decay among children 5-6 years of age



Group	Percent of children
ALL/AL, 2012	4.1%
Hispanic*	20%
Black*	18%
White*	12%

\* Data Source: National Health and Nutrition Examination Survey (NHANES), 2003-2010

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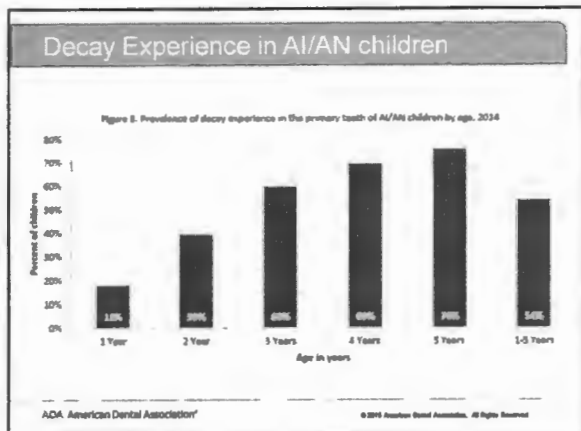
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### All IHS Areas Differences 2010-2014

IHS Area	Decay Experience (1-5 Yrs)			Improvement (1-5 Yrs)		
	2010	2014	% Decrease	2010	2014	% Decrease
Alaska	58.5	59.0	-1%	41.4	43.1	-4%
Albuquerque	68.1	66.8	2%	51.6	40.1	22%*
Barroldi	48.5	45.2	7%	34.2	31.0	9%
Bilings	60.9	58.2	4%	39.9	35.0	12%
California	47.6	46.7	2%	32.5	28.8	11%
Great Plains	58.6	60.1	-3%	43.8	31.7	28%*
Indianapolis	43.1	44.6	-3%	36.1	23.0	37%
Navajo	78.0	68.4	12%	20.0	29.4	34%
Oklahoma City	32.8	23.8	28%	25.5	12.9	49%
Phoenix	56.7	62.8	-11%	35.7	53.8	-51%
Portland	54.3	48.3	11%	35.8	26.0	27%
Texas	56.5	58.3	-3%	33.1	21.0	37%
USA (average)	54.9	52.6	4%	44.2	35.7	24%

\* Statistically significant difference, p<0.05  
A negative number means that there was an increase between 2010 and 2014

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**Practical Goals across the Lifespan ..**

- Every Navajo individual will have access to the benefits of fluoride.
- Every Navajo pregnant woman will have a healthy mouth.
- Every Navajo child will be caries-free upon entering kindergarten.



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**Practical Goals across the Lifespan...**

- Every Navajo individual with a chronic disease, such as diabetes or HIV, will receive oral health care as an integral part of their disease management.
- Every Navajo elder will have access to dentures or other replacement options.



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**Navajo Nation Ten-Year Draft Health and Wellness Plan  
Priority Area – Oral Health**

*Reduce the incidence of oral health problems by 75% among Navajo people through establishing a foundation of prevention, early detection and treatment of dental disease, and providing timely and accessible oral health services.*

**Goal #10**

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### Laying a solid foundation...

- Building Infrastructure
- Building Capacity
- Building Community
- Building Partnerships



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### Connecting the pieces...

- Prevention
- Interdisciplinary integration of oral health
- Patient navigation/case management
- Arrest caries
- Increase efficiency within existing clinics
- Collaboration between IHS and private dentists
- Educate elders about breaking the cycle of decay
- Establish a Navajo Office of Oral Health
- Surveillance and evaluation




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### Importance of Advocacy...Mr. Earle

- Coalition: Leverage the power of collective voices
- Oral Health getting greater visibility in Window Rock, in Congress, in Phoenix and in Santa Fe
  - Oral Health Disparities Report
  - Congressional letter to IHS – Oral Health Report
  - Resources for Prevention
  - AHCCCS Program Coverage
  - SB1282 (2015)



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Arizona American Indian Oral Health Initiative



**Arizona Tribal Oral Health Legislative Forum**  
 August 27-28, 2015  
 Twin Arrows Casino Resort  
 22181 Resort Boulevard  
 Flagstaff, Arizona 86004

Registration: [ada.org/events](http://ada.org/events)

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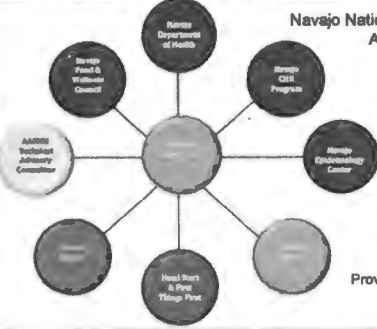
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Forming a coalition of Navajo OH Stakeholders...Mr. Twist



**Navajo Nation Oral Health Coalition At the Service Unit Level**

Tribal Programs and Stakeholders Organized Around Service Units

Collaboration is Focused on Communities Within Each Service Unit

Arizona American Indian Oral Health Initiative Provides Technical Assistance

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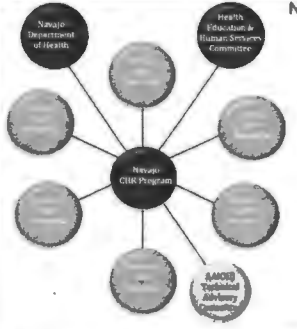
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Forming a coalition of Navajo OH Stakeholders...



**Navajo Nation Oral Health Coalition Throughout the Reservation**

Service Unit Networks Organized Around Navajo CHR Program

Navajo Department of Health & Navajo Health, Education & Human Services Committee Provide Oversight and Develop Necessary Oral Health Policies

Arizona American Indian Oral Health Initiative Provides Technical Assistance

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**Next Steps... Dr. Geiermann**

**Recommend that the Navajo Leadership:**

- Ask the Navajo Area IHS to emphasize oral health prevention policies for both IHS and 638 tribal health programs.
- Seek tools to be better able to advocate for better oral health for their constituents.



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**Next Steps...**

**Recommend that the Navajo Leadership**

- Ask for greater transparency with IHS data, including sharing of tribal specific 2010 and 2014 data
  - Leverage relationships with the AZ and NM Congressional delegations, asking them to sign onto a letter to IHS requesting that the delegation be presented with this analyzed data at a policy briefing
  - Request that the IHS provide a plan to share this data with the tribal communities in all IHS Service Areas



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**Next Steps...**

**Recommend that the Navajo Leadership:**

- Based on the tribal specific data, ask the IHS to collaborate with the Navajo Nation on recommendations for the geographic allocation of prevention and oral health literacy resources.

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**Congress of the United States**  
**House of Representatives**  
**Washington, DC 20515-0301**

Robert G. McSwain,  
Acting Director  
Indian Health Service  
801 Thompson Avenue  
Rockville, Maryland 20852

September 14, 2015

Dear Acting Director McSwain:

In April 2014, the Indian Health Service released the results of 2010 Oral Health Survey of American Indian and Alaska Native Preschool Children. One of the key findings of the report was that these children suffer from disproportionately high levels of Early Childhood Caries (ECC)—levels which are almost four times higher than among Hispanic or White populations. In our own States of Arizona and New Mexico, ECC rates are among the highest in the Nation. The 2014 Report also contained a number of recommendations, suggesting that:

1. Age specific prevention programs be developed to reduce the burden of dental disease;
2. Increase the number of dental providers available to provide care to this population;
3. Develop strategies to address the backlog of dental disease;
4. Partner with non-dental health care providers to assess, educate and refer children in need of dental care; and
5. Collaborate with health care administrators, Chief Executive Officers, Area Directors and Tribal Administrators to ensure adequate support for both preventive and restorative dental problems.

Just a few months ago, the Indian Health Service issued an additional Data Brief reporting on the results of a 2014 IHS oral health survey among children aged 1-5 years, which once again demonstrated that tooth decay is still a significant health problem in this population. However, unlike the full survey from 2010, the Data Brief does not break down the data by IHS Area, despite the fact that service units in our states participated in the survey. Therefore it is difficult to determine if any progress has been made since 2010.



Awareness of these vast oral health disparities has increased significantly among the American Indian communities in our states, as has the importance of robust prevention activities. In fact, in many American Indian communities, oral health issues dominate the healthcare conversation and organized efforts are developing to increase oral health literacy, change nutrition habits, and focus prevention efforts on younger children and their parents and caregivers. These community efforts need the support of the Indian Health Service. The data generated by these studies can help build greater understanding of the problem and disaggregation of the IHS data will help to focus prevention efforts where the problems are the most serious. However, despite the stated objective noted in Recommendation #5 above, there does not appear to be an organized effort on the part of the Indian Health Service to share and interpret this data with Tribal officials.

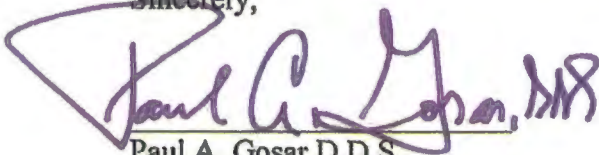
The undersigned members of the Arizona and New Mexico Congressional delegations respectfully request the answers to the following questions:

1. The 2014 Report contained the results of a 2010 survey. What caused a four year delay in the release of this data?
2. How were the results of the 2014 Report shared with the tribal community?
3. The 2014 Report contained results on an area-by-area basis. What does the 2015 data show on an area-by-area basis and how does this compare to the 2010 survey results?
4. How is the IHS supporting prevention efforts in the Phoenix, Albuquerque, Navajo and Tucson areas?
5. How does the data compare to data collected in 2010? Is IHS making any progress?
6. What is your plan to share the recent data and support prevention and education activities on the tribal level?
7. How can additional efforts be leveraged to address the problem?


In the interest of gaining a better understanding of these complex issues, we are requesting that the IHS conduct a briefing session so that we as Members of Congress and our staff may be better informed of your plans and more effectively report back to the tribal communities in our States and Districts.

Your assistance in this matter is appreciated. We look forward to your timely response.

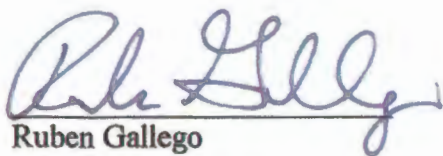
Sincerely,



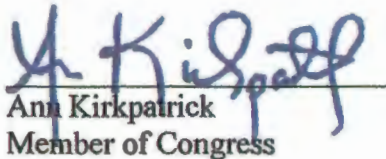
Paul A. Gosar D.D.S.  
Member of Congress



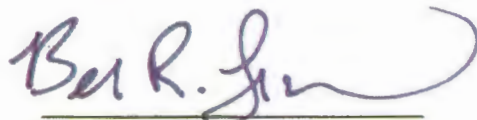
Trent Franks  
Member of Congress



Ruben Gallego  
Member of Congress



Anna Kirkpatrick  
Member of Congress



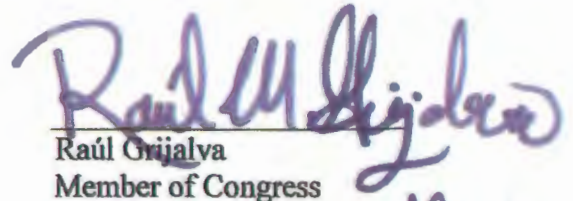
Ben Ray Lujan  
Member of Congress



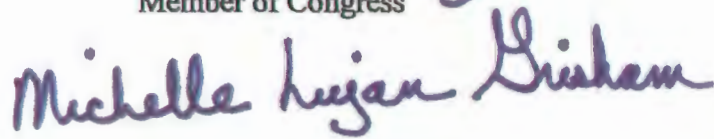
Stevan Pearce  
Member of Congress



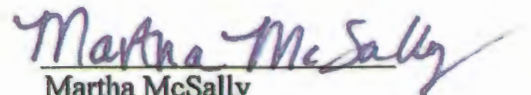
David Schweikert  
Member of Congress



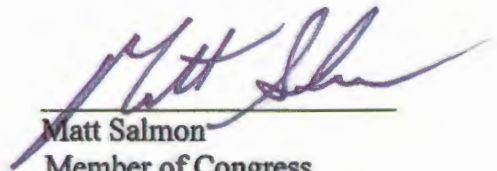
Raúl Grijalva  
Member of Congress



Michelle Lujan Grisham  
Member of Congress



Martha McSally  
Member of Congress



Matt Salmon  
Member of Congress



Kyrsten Sinema  
Member of Congress

THE NAVAJO NATION  
LEGISLATIVE BRANCH  
INTERNET PUBLIC REVIEW SUMMARY

LEGISLATION NO.: 0343-15


SPONSOR: Honorable Jonathan L. Hale

TITLE An Action Relating To Health, Education And Human Services And Naabik'iyati' Committees; Requesting That Indian Health Service Share Data With Increased Transparency And A Breakdown Of Tribal And Regional Distinctions, By I.H.S. Area, To Aid In More Effective Services To The Navajo Nation.

Posted: September 28, 2015 at 3:01PM

5 DAY Comment Period Ended: October 3, 2015

Digital Comments received: *No comments received.*

  
\_\_\_\_\_  
Policy Analyst  
Office of Legislative Services

10/5/15 9:30am  
Date/Time

Committee Report


THE HEALTH, EDUCATION AND HUMAN SERVICES COMMITTEE OF THE NAVAJO NATION COUNCIL to who has been assigned;

LEGISLATION NO. 0343-15

AN ACTION RELATING TO HEALTH, EDUCATION AND HUMAN SERVICES AND NAABIK'IYATI' COMMITTEES; REQUESTING THAT INDIAN HEALTH SERVICE SHARE DATA WITH INCREASED TRANSPARENCY AND A BREAKDOWN OF TRIBAL AND REGIONAL DISTINCTIONS, BY I.H.S. AREA, TO AID IN MORE EFFECTIVE SERVICES TO THE NAVAJO NATION

Has had under consideration and report the same with the recommendation that it PASSED with no amendment and no directive;

And therefore referred the same to the NAABIK'IYATI' COMMITTEE OF THE NAVAJO NATION COUNCIL

  
\_\_\_\_\_  
Norman M. Begay, Vice-Chairperson  
Health, Education and Human Services Committee

Dated: October 07, 2015

**Main Motion**

Motion by: Honorable Herman Daniels, Jr.

Seconded by: Honorable Jonathan L. Hale

Vote: 4 in favor; 0 Opposed and 0 Abstain

Vice-Chairperson not voting