



Tuba City

Regional Health Care Corporation

Community Health Assessment and Needs Survey

2021

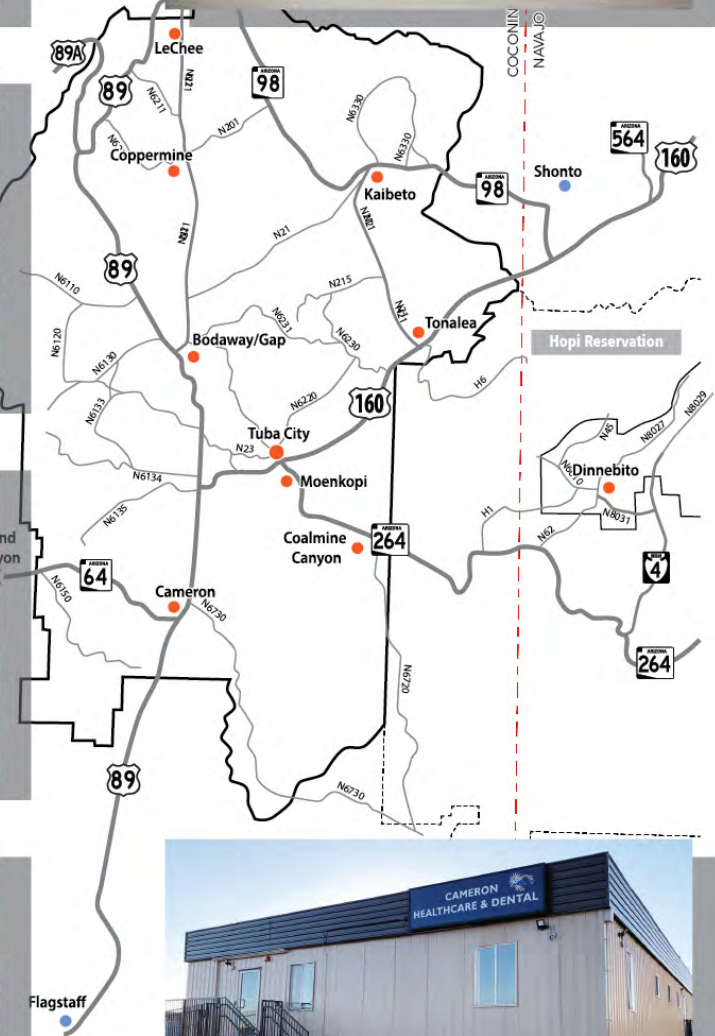


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Executive Summary

The Tuba City Regional Health Care Corporation (TCRHCC) Community Health Division completes a Community Health Assessment and Needs Survey approximately every three years. The information included is specific to the tribal communities served by Tuba City Regional Health Care Corporation. The service area includes Navajo communities of Cameron, Coalmine Canyon, Coppermine, Dinnebito (Hard Rock Chapter), Gap-Bodaway, Kaibeto, LeChee, Tonalea, and Tuba City; the San Juan Southern Paiute Community; and the Hopi Village of Moencopi. In a few sections where noted, the Assessment may include information on individuals living in surrounding communities served by TCRHCC, such as but not limited to Flagstaff, Page, Grand Canyon, and Shonto.

TCRHCC is a tribal health organization and a 501(c)(3) nonprofit organization. Since September 2002, TCRHCC has had a P.L. 93-638 Indian Self-Determination contract with the Secretary of Health and Human Services and the Indian Health Service. In July 2010, TCRHCC was granted Title V of the Indian Self-Determination and Education Assistance Act (25U.C.S 450 et seq.). Today, TCRHCC is in its nineteenth year of operation as a 638 tribal healthcare organization and continues to grow as a health care system, a regional referral center, and a public health authority.

Purpose

The Community Health Assessment and Needs Survey serves as a foundation for developing Community Health Improvement Plans (CHIP). The document is shared with Chapter communities and other community partners so that each community may utilize the information to develop their own plans for community health improvement. It will also be shared with other tribal, county, state, and regional partners. The information gathered aids in planning TCRHCC services and programs, including Mobile Medical and Dental Clinics, public health services, and other community health programs.

Data Collection

The 2021 Community Health Assessment contains data from diverse sources. At the time of publishing, 2020 census data was not yet available and any census data specific to the communities served was extremely limited. Due to the geography of Arizona counties; shared zip codes amongst communities on and off tribal lands; and frequent movement from community to community both on and off tribal lands, data on the people living in the Tuba City Service Area is difficult to obtain from federal and state sources. As a proxy, this Community Health Assessment utilizes data from the TCRHCC electronic health record sorted by each patient's community of residence.

Survey responses, collected September-November 2021, have been received from more than 700 residents or approximately 3.8% of the 18 and older population of each of the ten communities served. The survey asks about demographics, including employment, housing, utilities, and transportation; health status and behaviors questions, most of which are adapted from validated screening tools or the CDC's Behavioral Risk Factor Surveillance System surveys; health care access; and community health-related needs and priorities. Navajo language interpreters delivered surveys to ensure that the unique experiences and needs of the Navajo-speaking population were gathered.

Data on the COVID-19 pandemic was obtained using testing and other data sources that TCRHCC has used to track data throughout the pandemic. These methods were developed primarily by the TCRHCC Epidemic Response Team in collaboration with staff from the Centers for Disease Control and Prevention, who were deployed to TCRHCC and the Navajo Nation from April to September 2020. Some data was also obtained from various TCRHCC services.

Lastly, data was also collected through ‘welfare check’ forms. From April 2020 to present day, the TCRHCC Community Health Division interviewed community members in COVID isolation or quarantine about the number of people living in their home, home utilities and transportation, and the resources they needed to stay isolated. While this was for the primary purpose of delivering resources to households, it also provided useful data for the Community Health Assessment.

Findings

The COVID-19 pandemic severely affected health outcomes in a wide variety of ways. Our tribal communities experience COVID-related hospitalization and death rates twice the overall Coconino County rate. Despite making up only about 26% of the Coconino County population, Native Americans accounted for 75% of the total Coconino County COVID-19 deaths (March 2020-October 2021 data). The Navajo Nation was disproportionately impacted by the COVID-19 pandemic due to a super-spreader event on March 7th, 2020; crowded living conditions; 30% of homes lacking running water; lack of access to culturally-tailored and Navajo language information; and a high rate of comorbidities, such as obesity, diabetes, and substance abuse. The future of the COVID-19 pandemic and its long-term effect on our community members is still uncertain. The Community Health Division has selected to focus this Community Health Assessment on information related to COVID-19 and the underlying conditions (obesity, diabetes, substance abuse, hypertension) and social determinants of health (water, housing, employment, access to care, electric, access to internet, access to healthy foods, and access to healthcare) that were responsible for the severity of the pandemic for the communities we serve.

Another important finding in the community surveys is the variety of what community members consider community health problems. While substance abuse, diabetes, and COVID-19 were often identified as community health problems, so were trash, animal control, water, electric, and housing. Social and economic issues are also very important in our community members health and well-being. As a healthcare organization, these concerns may be considered outside of our scope, but our community members clearly consider them a central part of their community’s health. TCRHCC looks forward to supporting communities in developing solutions to these problems.

Lastly, obesity continues to be a significant problem across our communities. More than 50% of adults are obese and another 25% are overweight. This might be an overestimate as those at a healthy weight may have been less likely to have a healthcare visit that included a weight and height in the last three years. However, Fitnessgram data of 9-12 year olds attending schools within our tribal communities also show that for the first time since 2006, less than half were at a healthy weight and more than 30% were considered obese as of Fall 2019 measurement. Obesity is associated with an increased risk of chronic diseases, such as diabetes, hypertension, heart disease, and cancer. It is also associated with an increased risk of severe illness and death from COVID-19 infection.

Acknowledgments

It is important to recognize the individuals and teams that contributed to the 2021 Community Health Assessment. These include:

Community Health Leadership Team

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TCRHCC Community Health Division



Tuba City Regional Health Care Corporation

MISSION: To provide safe, accessible, quality, and culturally sensitive health care.

VISION: Embracing healthy living to heal, to respect, to console.

VALUES: We take pride and honor in the dignity in all individuals. We promise to uphold a safe environment dedicated to quality and a vision of excellence for today and tomorrow.

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COVID-19

At the time of our 2018 Community Health Assessment, COVID-19 did not exist. Since March 2020, COVID-19 has become a global pandemic, a national public health emergency, and a serious threat to the health and well-being of our community members.

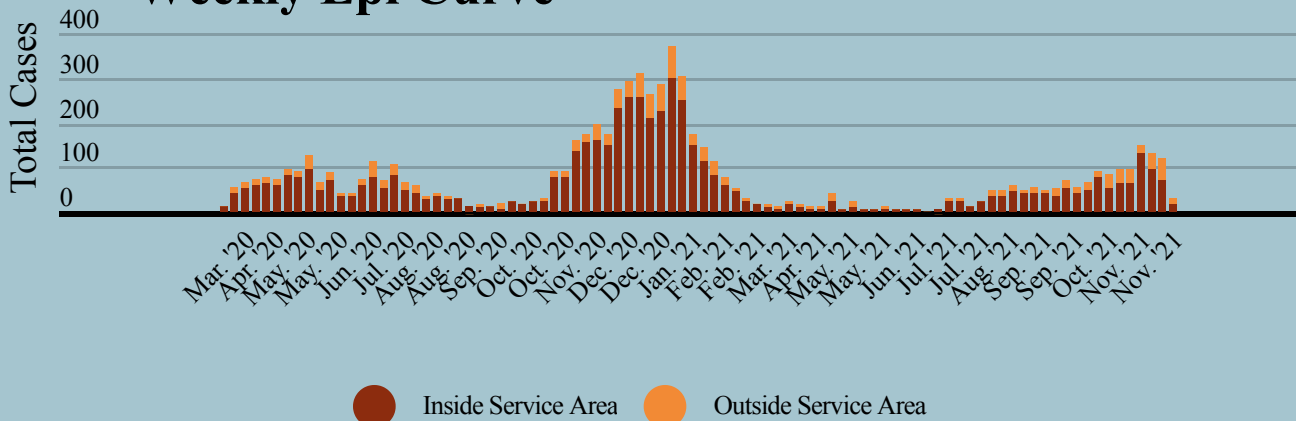
COVID-19 (coronavirus disease 2019) is a disease caused by the SARS-CoV-2 virus and was discovered in December 2019 in Wuhan, China. It is very contagious and has quickly spread around the world.

COVID-19 spreads when an infected person breathes out droplets and very small particles that contain the virus. These droplets and particles can be breathed in by other people or land on their eyes, noses, or mouth. In some circumstances, they may contaminate surfaces they touch. People who are closer than 6 feet from the infected person are most likely to get infected. Symptoms may include shortness of breath, body aches, chills, cough, headache, runny nose, sore throat, vomiting or diarrhea, and loss of smell or taste. Most people with COVID-19 have mild symptoms, but some people become severely ill. Some people including those with minor or no symptoms may suffer from post-COVID conditions — or “long COVID”. Older adults and people who have underlying medical conditions are at increased risk of severe illness from COVID-19. Native Americans have been disproportionately affected by COVID-19.

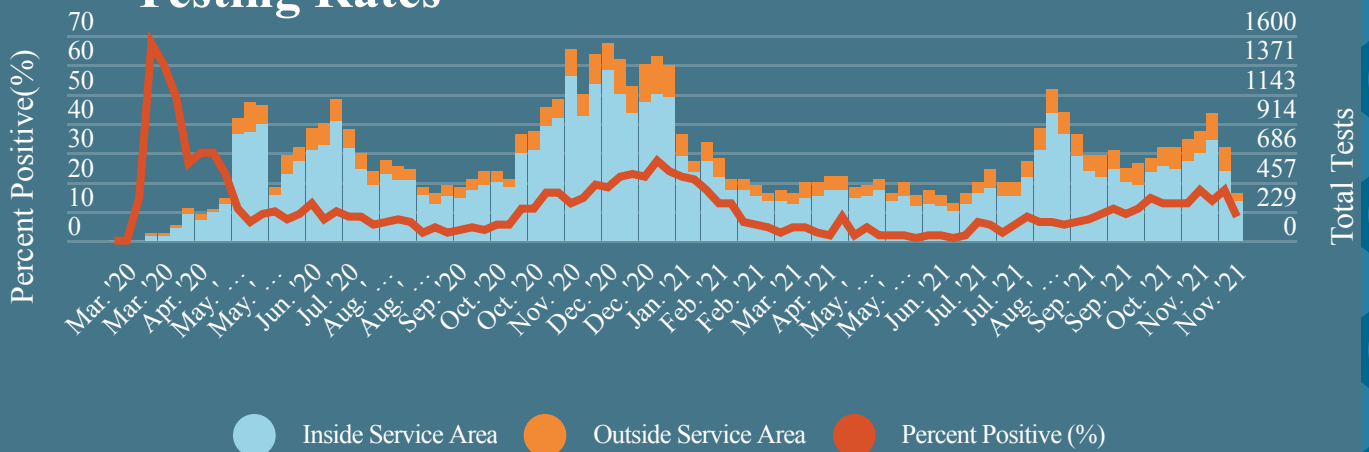
COVID-19

The graph below shows the weekly number of COVID-19 cases since March 17, 2020 when the first cases in our Service Area were identified. The darker red color includes cases that live in tribal communities within the Service Area, regardless of where they were tested. The orange color identifies those cases that live outside of the Service Area, such as Flagstaff, Page, or other Service Areas, but were tested or received hospital care with TCRHCC. From December 2020 to January 2021, TCRHCC had more than 300 new COVID cases per week. This data is current as of November, 2021.

Weekly Epi Curve



Testing Rates

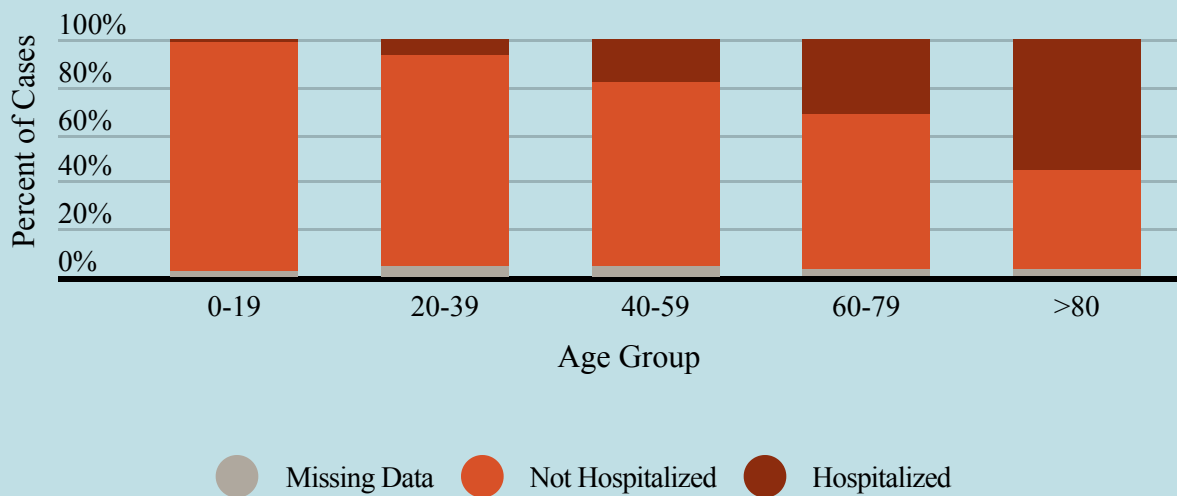


The graph above shows the total number of COVID-19 tests each week and the percentage of tests that were positive. For example, in March-April 2020, TCRHCC had very limited testing availability and only tested the sickest patients: less than 200 tests were done per week and up to nearly 70% of these returned positive results. In November 2020-January 2021, more than 1000 tests were done each week. During the darkest days of the winter surge, 25% or more of these were returning positive. Between March 2020 and October 2021, TCRHCC performed more than 55,000 COVID tests.

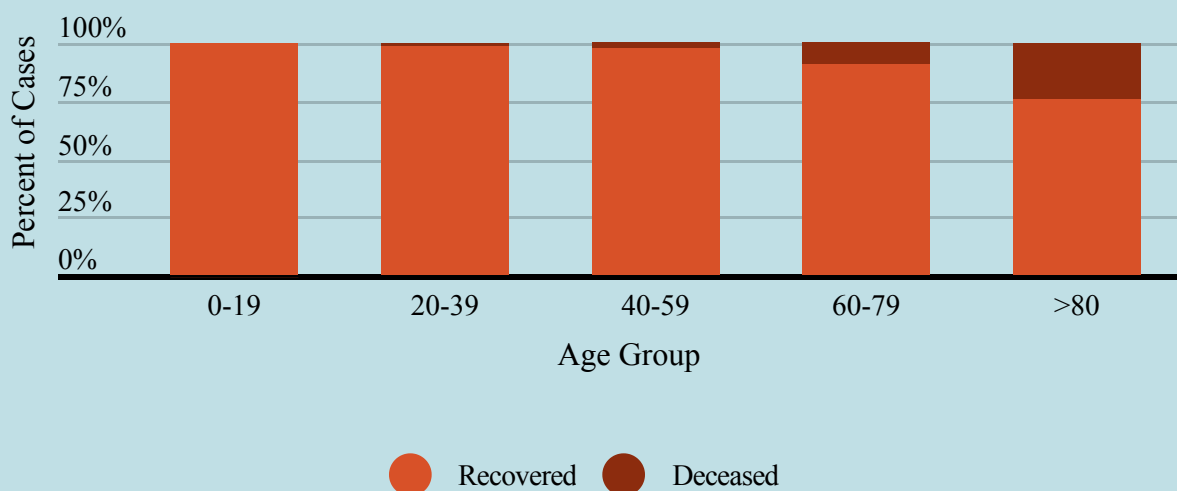
COVID-19 Outcomes by Age Group

Between March 2020-October 2021, 14% of all Service Area COVID-19 cases were hospitalized, compared to 7.1% for Coconino County overall. 2.7% of Service Area COVID-19 cases resulted in death compared to 1.5% for Coconino County overall. Although Native Americans comprise only 26% of the Coconino County population, 75% of all COVID-19 deaths in Coconino County were Native Americans.

Proportion of Cases Hospitalized by Age



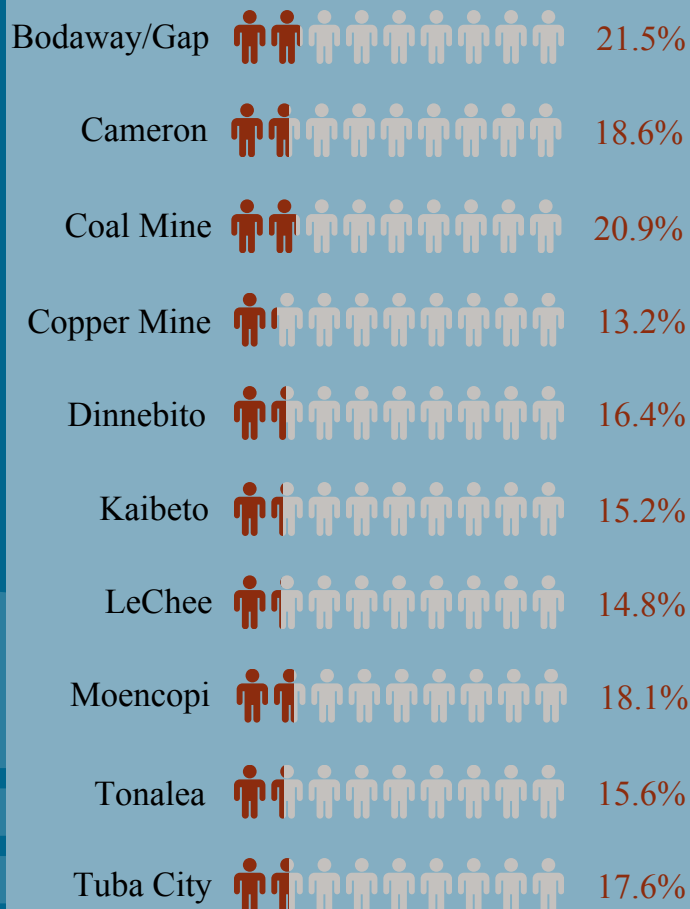
Proportion of Recovered Cases by Age



Estimated COVID-19 Prevalence

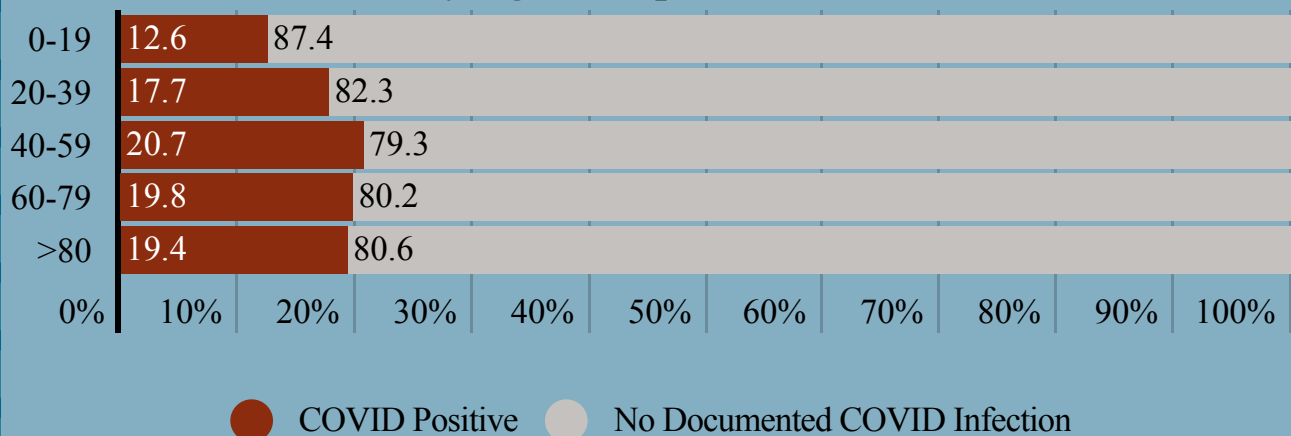
Tuba City Service Area

Estimated Prevalence by Community



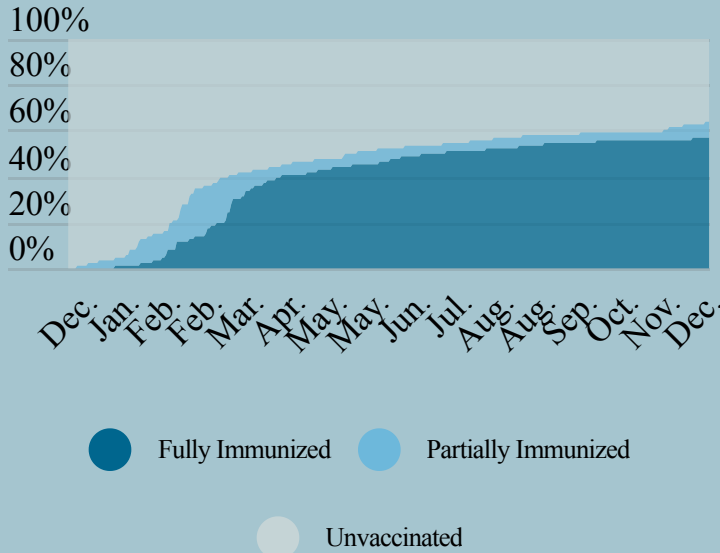
COVID-19 prevalence does not include people who had the virus but never had a positive test result. In spring 2020, testing capacity was limited and many people with mild to moderate symptoms may not have been tested. Even after testing capacity increased, people who were asymptomatic or had mild symptoms may not have been tested. One study from National Institutes of Health suggests that for each person diagnosed with COVID in the first half of 2020, another 4.8 people had undiagnosed COVID.

Estimated Prevalence by Age Group Within the Service Area



COVID-19 Vaccination Effort in Tuba City Service Area

Cumulative Vaccinations Over Time



Vaccine	No. of Doses Given
Johnson & Johnson	370
Moderna	13,589
Pfizer BioNTech	24,268
Pfizer Pediatric	1154



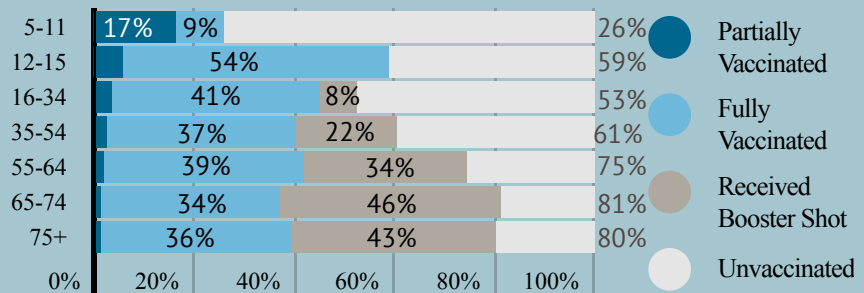
5,290

Booster Doses Given
as of December 3, 2021

TCRHCC received the first shipment of COVID-19 vaccine on December 15, 2020 and began vaccinating health care workers and first responders the following day. On December 29, we were able to start vaccinating elders, and on January 15 TCRHCC held its first mass vaccination event.

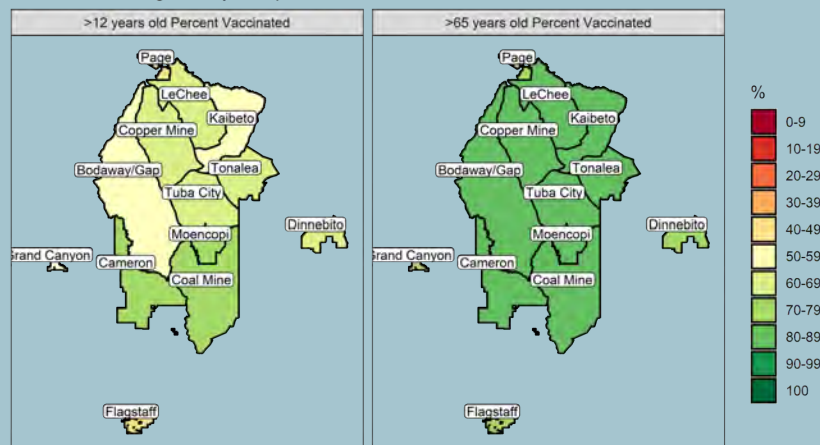
Service Area Vaccination Breakdown by Age (as of 12/10/21)

(does not include TCRHCC patients living outside of Service Area tribal communities)



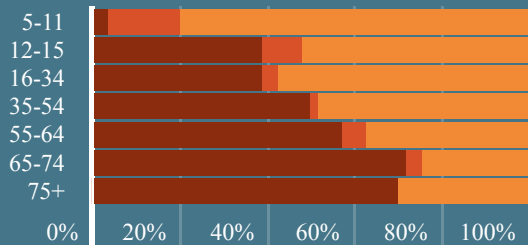
Community Vaccination Progress (as of 12/10/21)

Vaccination Progress by Chapter House

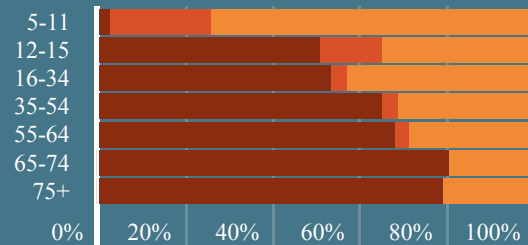


Vaccination Rates by Age Group and Community as of 12/10/21

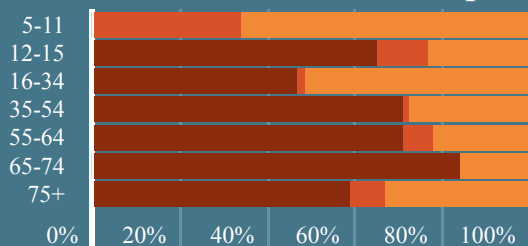
Bodaway/Gap Chapter



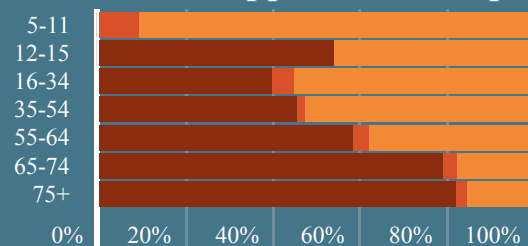
Cameron Chapter



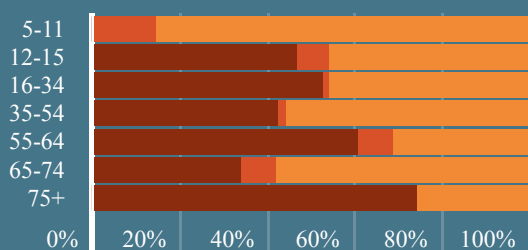
Coal Mine Chapter



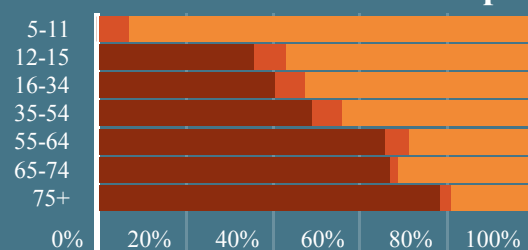
Copper Mine Chapter



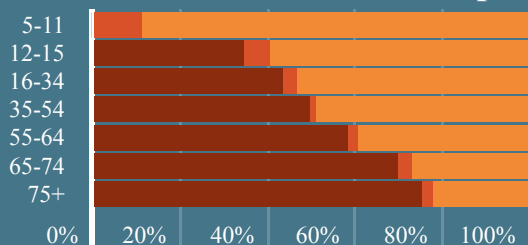
Dinnebito



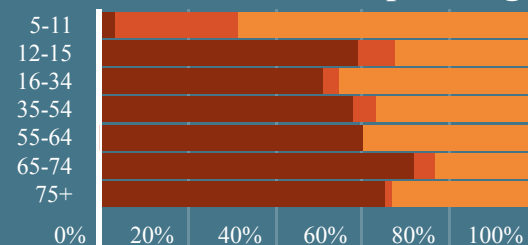
Kaibeto Chapter



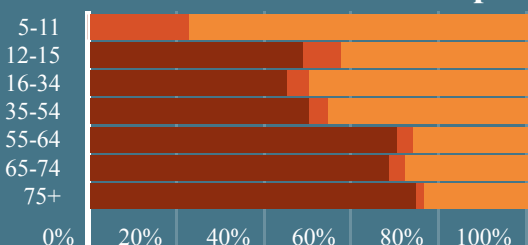
LeChee Chapter



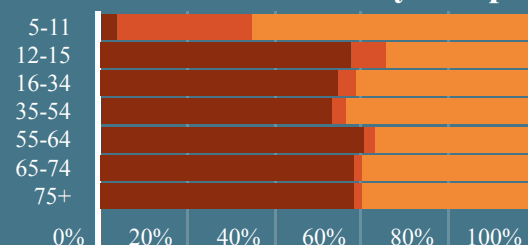
Moencopi Villages



Tonalea Chapter

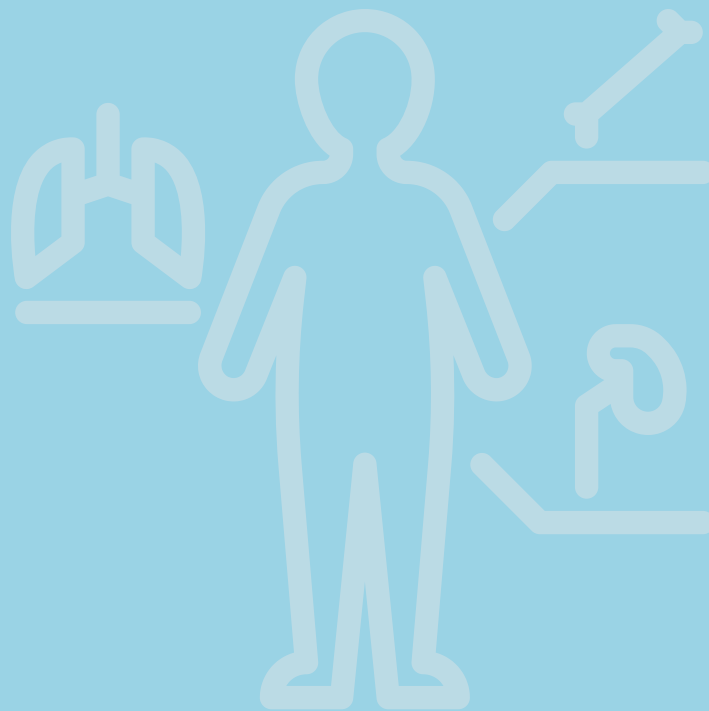


Tuba City Chapter



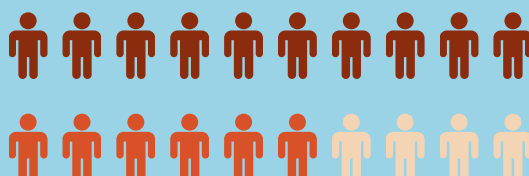
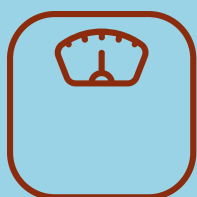
Fully Vaccinated
 Partially Vaccinated
 Unvaccinated

Underlying Health Conditions



Adult Obesity

Adults



- Obese (BMI > 30)
- Overweight (BMI 25-29)
- Healthy Weight (BMI 18.5-24.9)

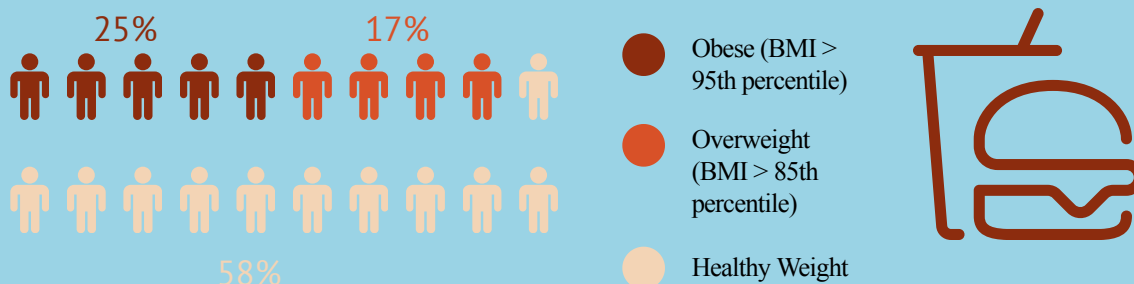
Of community members 18+ who have been seen at TCRHCC in the last three years and live in the TCRHCC Service Area, 82% had a measured weight and height. As the infographic above shows, just over 50% were obese and another 25% or more were overweight. Adults at a healthy weight may be less likely to have a visit in the last three years and less likely to have a measured weight. Obesity may be overestimated in this data.

Body mass index, or BMI, is calculated using weight and height. Obesity is the most common health condition in our community members. Obesity is associated with an increased risk of many serious conditions, such as diabetes, high blood pressure, high cholesterol, heart disease, stroke, certain types of cancers, sleep apnea, osteoarthritis, and mental health problems.



Childhood Obesity

Children aged 2-18 living in Service Area with a TCRHCC visit in last 3 years

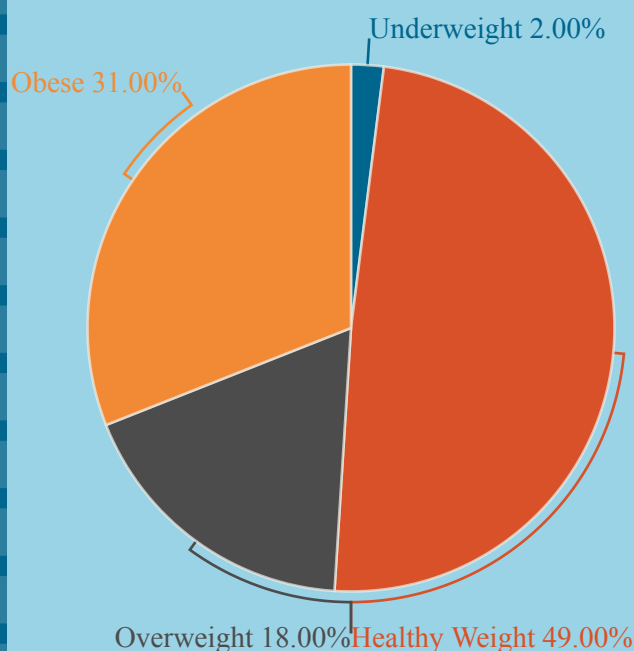


In Fall 2019, 3195 nine to twelve year old students attending all Tuba City Service Area schools (excluding those that attend schools outside of Service Area) were assessed utilizing the FitnessGram assessment to measure childhood obesity. The 2019 data shows that 49.5% of school aged children have a healthy body weight while 18.4% are overweight and 30.5% are obese. Fitnessgram assessments were not completed for the 2020 school year due to COVID-19.

More 9-12 year old kids are obese or overweight in our schools than ever before. In fact, for the first time since 2006, less than ½ of these children are at a healthy weight. (see graphic at right)

Obesity is defined as a Body Mass Index or BMI for age that is greater than the 95th percentile. Overweight is defined as a BMI for age greater than the 85th percentile. Children and adolescents who are overweight or obese are more likely to become overweight or obese adults. Childhood obesity can lead to early onset type 2 diabetes, high blood pressure, high cholesterol, and mental health problems.

2019 FitnessGram Results (n=3195)



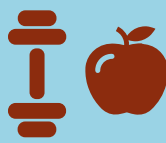
Diabetes

Diabetes is a chronic condition that affects how your body turns food into energy. Too much blood sugar stays in your bloodstream. Over time, that can cause serious health problems, such as heart disease, vision loss, and kidney disease.



4,149

Number of service area residents who have been diagnosed with diabetes.



590

Number of service area residents who have been diagnosed with pre-diabetes.

Patient with diabetes can live longer, healthier lives and reduce risks of complications by:

- Visiting your primary care provider
- Getting annual foot, eye and dental exams
- Choosing healthier food options
- Being physically active
- Taking medication regularly



16.2%

16.2% of the adult (18+) population and 0.6% of those under 18 been seen for diabetes or pre-diabetes since 2018.

Prediabetes is also known as impaired glucose tolerance. Prediabetes is a condition in which blood sugar is elevated, but not high enough to be type 2 diabetes. With weight loss, healthy eating, and increased physical activity, progression to Type 2 Diabetes is preventable.

Healthy Living Center, Diabetes Education & Clinical Nutrition at TCRHCC provides these services:

- Diabetes Self-Management Education/Training
- Medical Nutrition Therapy
- Glucometer Teaching and Training
- Continuous Glucose Monitoring Teaching and Training
- Foot Exams, JVN Eye Screening
- Visits can be face to face or by telehealth, call 928 283-2895

Diabetes in Pregnancy



Since 2018, out of 530 pregnancies in our service area population, 128 have been women with diabetes in pregnancy.

Year	Pregnancies	DM in Pregnancy
2018	206	13
2019	180	65
2020	144	50

Diabetes in Pregnancy includes women with Gestational Diabetes or Pre-existing Type 2 Diabetes.

Risk factors:

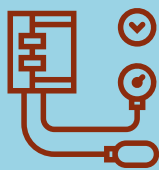


Gestational diabetes goes away after delivery, but women remain at high risk of developing type 2 diabetes and should get tested yearly. Weight loss, healthy eating, and physical activity after delivery reduce the risk. Children born to women with diabetes in pregnancy are at increased risk of childhood obesity and diabetes. Breastfeeding reduces this risk.

Diabetes in Pregnancy increases risks for:

- Large infants relative to gestational age
- Delivery complications - larger babies are harder to deliver
- Birth defects
- Low blood sugar of baby at delivery
- Jaundice
- Miscarriage
- Type 2 Diabetes for both mom and baby

Hypertension and Heart Disease



1,005

Number of service area residents who have been diagnosed with hypertension.



2,063

Number of service area residents who have been diagnosed with other heart diseases.

Hypertension or high blood pressure means that the pressure of blood pushing against the walls of the blood vessels is too high. A normal blood pressure is 120/80—the top number is the pressure when the heart beats and the bottom number is the pressure when the heart rests between beats.

Risk Factors



High blood pressure can increase the risk of heart attack and heart failure; stroke; and kidney disease. High blood pressure usually has no signs or symptoms, so it is important to have regular check-ups with a blood pressure measurement.

The most common heart disease is coronary artery disease, which affects blood flow to the heart. Heart disease may not be diagnosed until a person experiences signs or symptoms of a heart attack, heart failure or arrhythmia.

Risk factors for heart disease include

- high blood pressure
- high cholesterol
- alcohol abuse and tobacco use
- obesity
- physical inactivity
- unhealthy diets.



11.8%

Service Area residents diagnosed with heart disease.

Mood Disorders

Since 2018, 2,108 individuals have been seen by TCRHCC providers for help with a mood disorder, including depression, bipolar disorder, and anxiety disorders.



38%

Survey respondents who scored a 3 or higher on the PHQ4 scale, indicating psychological distress. The PHQ4 is a four question screening tool for anxiety and depression.



7.2%
7% of the adult community and 3% of the pediatric population served by TCRHCC has been seen for a mood disorder in the past 3 years.

How do mental health symptoms affect our communities?

While there is limited data on native communities specifically, trends seem to be following those of the general US population:

- In 2020, 4.2 million adolescents 12 to 17 received mental health services in the past year.
- An estimated 41.4 million adults 18 or older in 2020 received mental health services or took prescription medication for a mental health issue in the past year.
- These numbers have been 25-50% higher than the previous year (a significantly higher increase than the average 5-10% per year over the last decade).



During the COVID pandemic, large numbers of affected people reported distress, including new or worsening symptoms of depression, anxiety, and insomnia. Most people will recover, though that recovery can take some time. A notable fraction of people will develop chronic symptoms severe enough to meet criteria for a mental illness, such as post-traumatic stress disorder (PTSD) or major depressive disorder. People who experience more severe stressors, such as exposure to death, and people with more prolonged disruptions are more likely to experience enduring symptoms that would benefit from treatment.

Substance Abuse

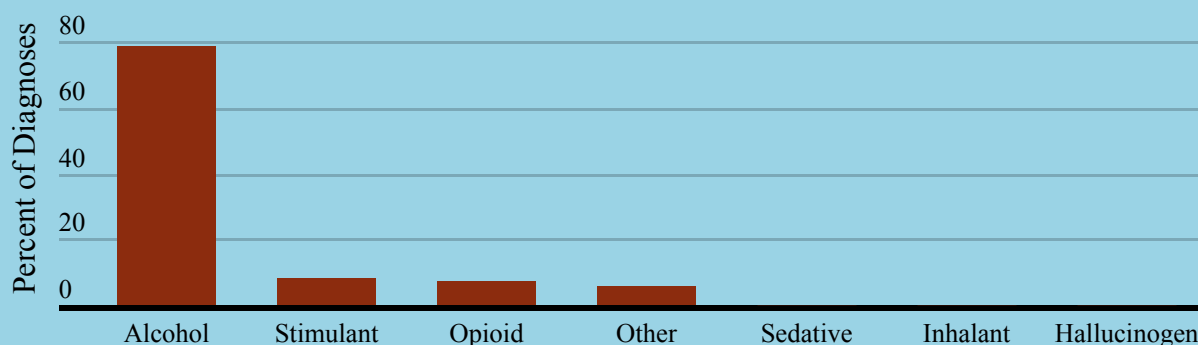
Currently more than 2700 residents, or 11% of the TCRHCC user population has been diagnosed with a substance abuse disorder.



What are substance use disorders?

These are disorders where people are using chemicals (both legal and illegal) which are negatively impacting their lives but they are unable to stop using them. Use of legal substances like alcohol and cigarettes is common, and many people find they cannot stop using them. Even illegal substance use is common with almost 1 out of every 6 people 12 or older using them in 2020.

Type of Substance Abuse

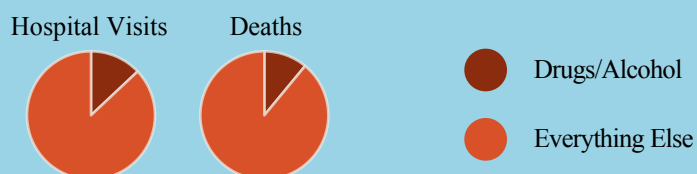


American Indian/Alaska Native (AI/AN) have the highest rates of substance abuse compared to other racial or ethnic groups in the United States (U.S). Data reveal that AI/AN have the highest rates of alcohol, and drugs abuse. Like many communities across the U.S., Coconino County is not invulnerable to substance abuse. Combined with high rates of poverty, with 22.2% of residents living below the federal poverty line, and limited access to mental health providers, substance abuse injury and death have been increasing among county residents. Analysis of alcohol/drug morbidity and mortality identified the following trends among Coconino County residents:

Relative Increase of Drug/Alcohol Related:



Hospital Visits and Death, Past 5 Years



- Alcohol was the most abused substance, making it the leading cause of death among residents aged 35-54 years-old and the second leading cause of death among American Indian/Alaskan Natives residents.
- Drug-related deaths have increased at rate 1.6 times faster than alcohol deaths.

Suicide

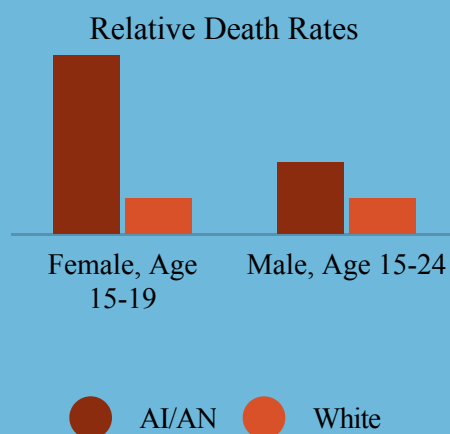


179

Number of documented suicide attempts since 2018.

WHY ADDRESS SUICIDE PREVENTION

- In 2019, suicide was the second leading cause of death for American Indians/Alaska Natives between the ages of 10 and 34.
- In 2019, adolescent American Indian/Alaska Native females, ages 15-19, had a death rate that was five times higher than non-Hispanic white females in the same age group.
- In 2018, American Indian/Alaska Native males, ages 15-24, had a death rate that was twice that of non-Hispanic white males in the same age group.



HOW AMERICAN INDIAN/ALASKA NATIVE COMMUNITIES CAN TAKE ACTION

American Indian/Alaska Native communities often lack access to suicide prevention programs that meet their cultural needs. The best way to prevent suicide is to use a culturally relevant, and comprehensive action that includes:

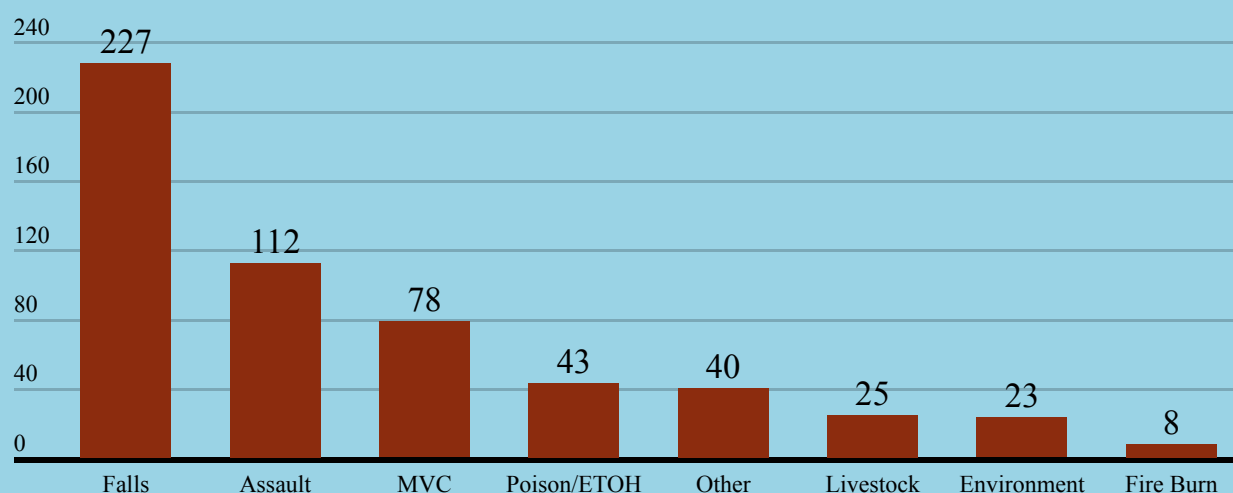
- Creating a vision of wellness by collecting and sharing the community's resources.
- Increase protective factors by promoting culturally competent practices that reduces risk.

Important protective factors that address the high rates of suicide are:

- Cultural Identification
 - Native Language
 - Spirituality
 - Ceremonies
 - Kinship models
 - Family connectedness
- Gaining knowledge and understanding of the issues of suicide in the community where you live by gathering information from Elders and community members.

Unintentional Injuries

Any TCRHCC visit related to unintentional injuries, 2018-2020



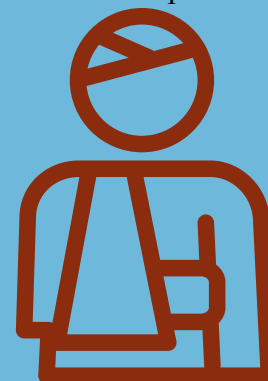
The Tuba City Regional Health Care Corporation, Environmental Health Services/Injury Prevention Program collects Injury data from the emergency department log on a monthly basis and maintains the Injury Data Surveillance System (IDSS) data base for program planning. The IDSS data base provides community specific information on injury trends which is used to identify risk factors, and opportunities for prevention and intervention to reduce injuries. Prevention and intervention efforts target injury events at the primary, secondary and tertiary prevention level.

The IDSS data base includes information collected on severe injuries, which includes injuries related to:

- Transportation
- Falls
- Assault
- Suicide
- Burns
- Environment
- Poison
- Livestock and Other causes.

The leading causes of injury-related hospitalization for Tuba City Service Area:

- 1** Falls
- 2** Suicide Attempts
- 3** Assault

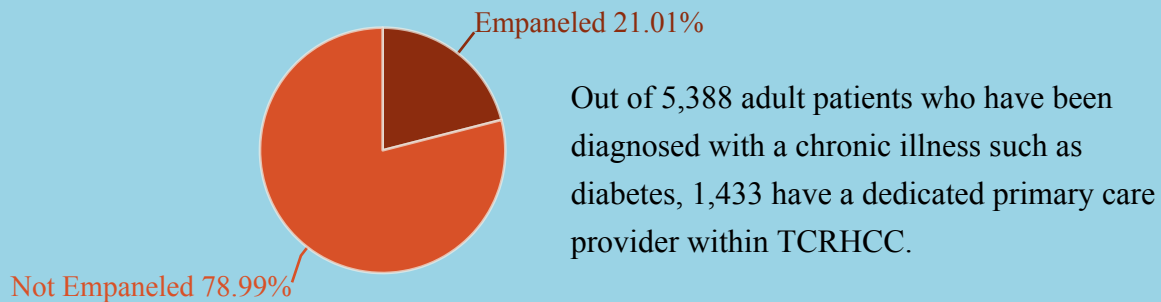


hospitalizations include transfers to other facilities or admission for 24 hours or more

Access to Care

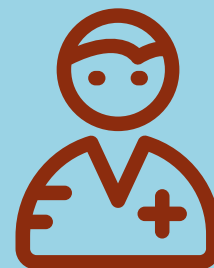
TCRHCC offers health care services at four permanent locations, as well as a Mobile Medical Clinic and Mobile Dental Clinic. In addition to our main campus, we have Sacred Peaks Health Center in Flagstaff, LeChee Health Facility, Cameron Primary Care Clinic, and Bodaway-Gap Primary Care Clinic. The Mobile Medical and Dental Clinics operate in all ten Service Area chapters and villages and several Service Area schools. There are no other healthcare entities within the Service Area. Some community members do seek care in Page, Flagstaff, Hopi Health, Kayenta Service Unit, or Chinle Service Unit.

Patient Centered Medical Home



Tuba City Regional Health Care Corporation (TCRHCC) is an American Indian Medical Home by earning The Joint Commission's Primary Care Medical Home (PCMH) accreditation in 2020 and by demonstrating integration of care by providing the following:

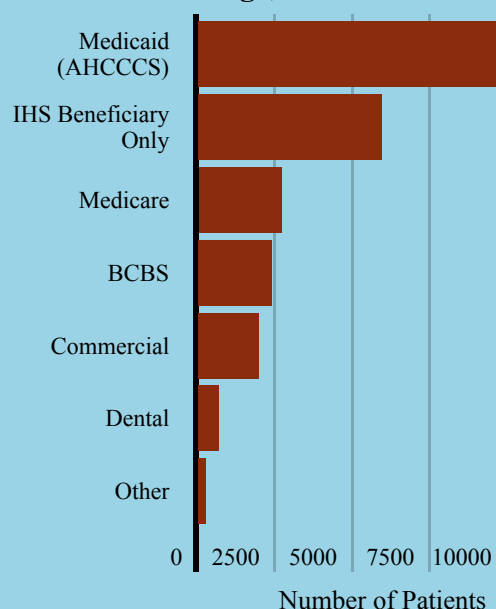
- A Comprehensive Team Approach
- Access to Care
- Electronic Health Records (EHR)
- Better Care Coordination
- Measuring High Quality Care



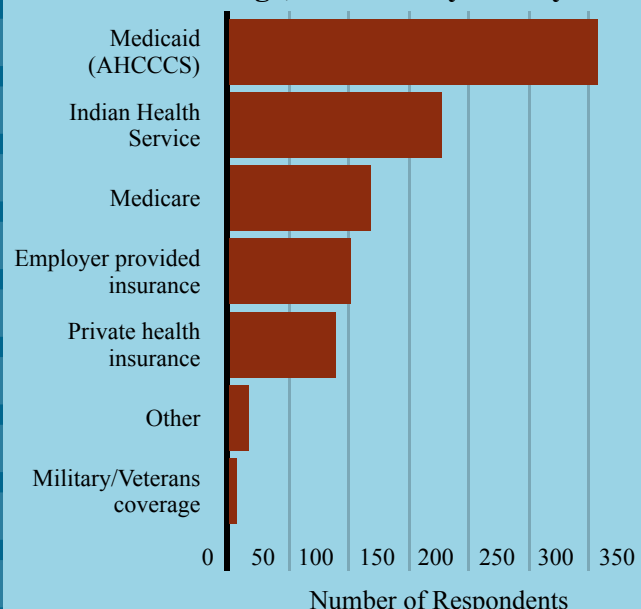
When patients enroll in the TCRHCC Patient-Centered Medical Home they are assigned to a specific care team that includes a medical provider, registered nurse, and other healthcare staff. To enroll, call our same-day appointment clinic at 1-866-976-5941 to schedule an appointment and request a primary care provider assignment.

Insurance

Insurance coverage, EHR

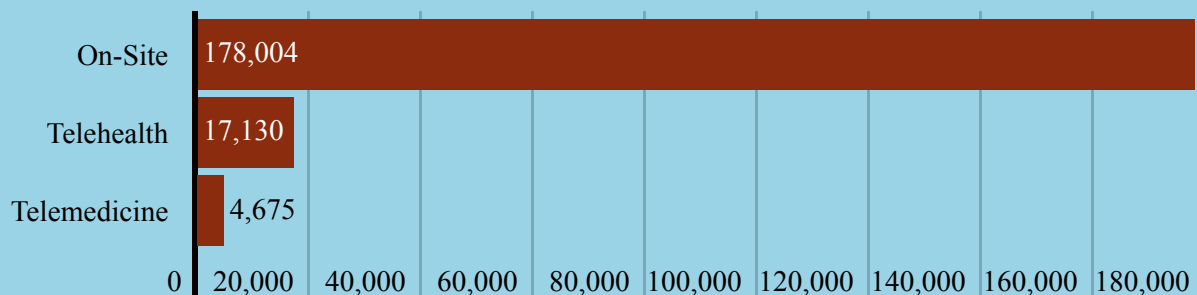


Insurance coverage, Community Survey



Telehealth and Telemedicine

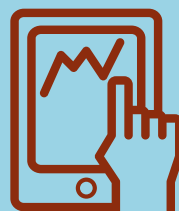
Total TCRHCC Visits Since March 2020



Telehealth visits provided by Tuba City Regional Health Care Corporation are conducted through using a personal landline or cellular phone.



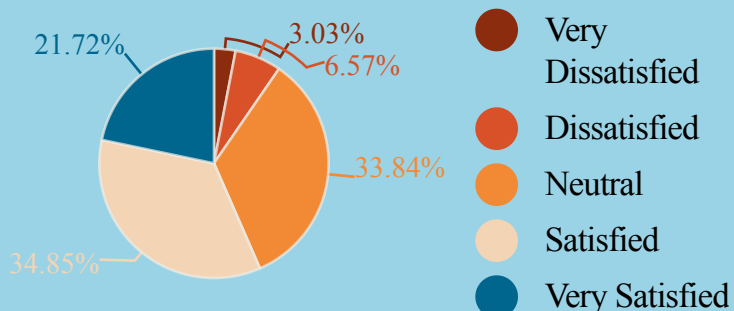
Telemedicine visits are also provided by Tuba City Regional Health Care Corporation and are conducted virtually, through video conferencing. Providers can connect with patients through live video conferencing using the ZOOM and/or Doximity application, by using a computer, laptop or handheld device.



Tuba City Regional Health Care Corporation offers telehealth and telemedicine services in the following departments:

- Mental Health
- Dermatology
- ED/ER Stroke Care
- Oncology
- Physical Therapy
- Primary care
- Diabetes education + nutrition
- COVID-19 visits

35% of Community Health Survey respondents have had a telehealth or telemedicine visit since March 2020. They were asked how satisfied they were with the experience.



Social Determinants of Health (SDOH)

Social determinants of health are conditions in the places where people live, learn, work, and play that affect a wide range of health risks and outcomes. These include things like:

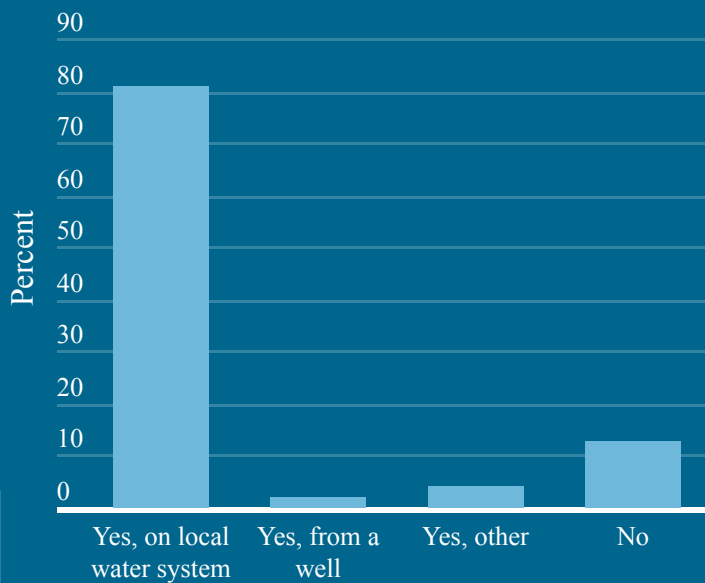
- Adequate and safe housing
- Access to quality education
- Access to water, indoor plumbing, electric, and internet
- Availability of healthy foods
- Safe, well-cared for neighborhoods
- Access to emergency and health services
- Employment
- Health insurance coverage
- Health literacy
- Racism and Discrimination
- Community participation and cohesion
- Environments free of toxins, hazardous chemicals and waste.

For this community health assessment, we have collected data on SDOH from a variety of sources, including COVID-19-related welfare checks and community survey responses.

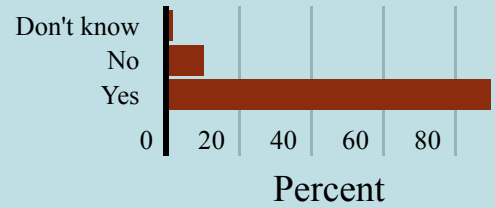
Utilities

Water, Indoor Plumbing, and Electric

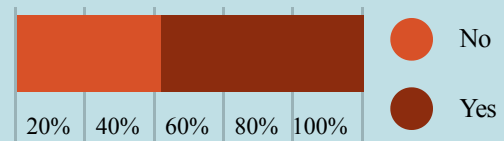
Do you have running water/indoor plumbing?



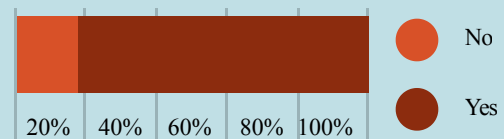
Do you have indoor toilet facilities?



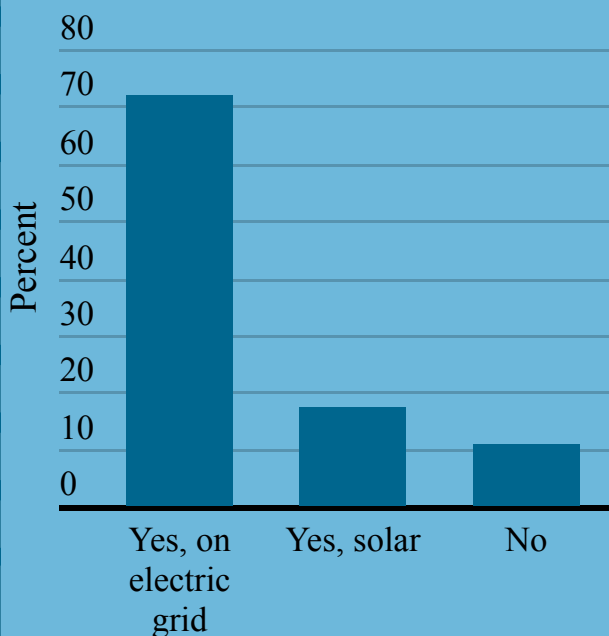
Is your toilet on a septic system?



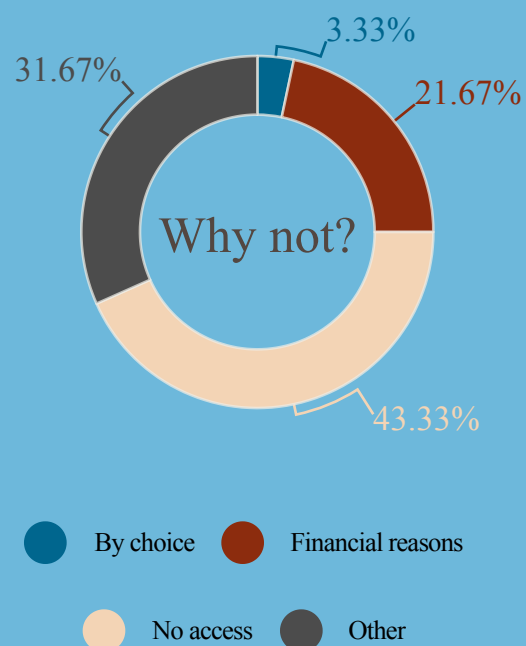
If no indoor toilet, do you have an outhouse?



Do you have electricity at home?



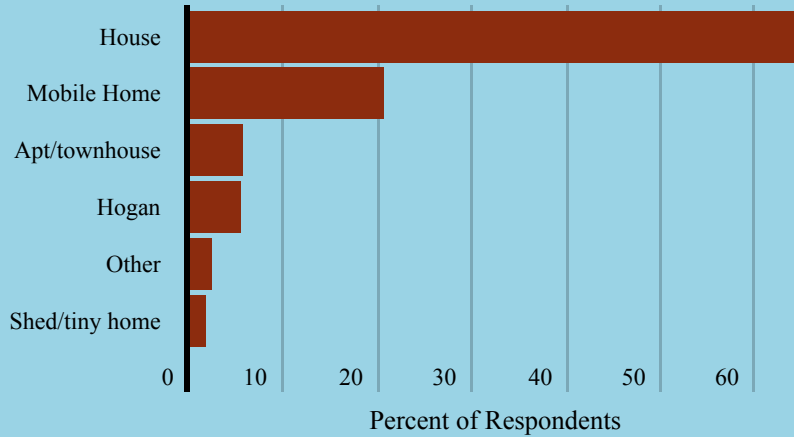
If not...



Housing

Data from Community Health Survey

What type of residence do you live or stay in?



How many people live in your home?



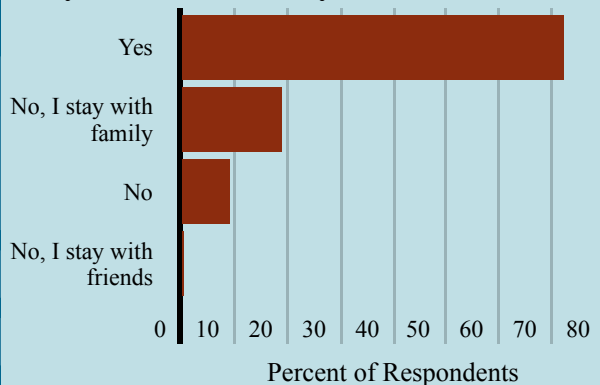
4.2

Average number of persons in a home

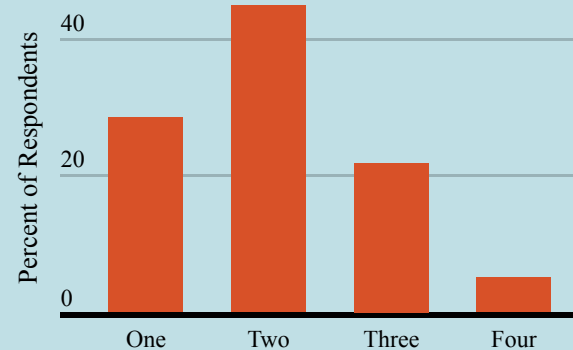
1 - 14

Range of persons in a home

Do you call this home your own?



How many generations live in your home?



Data from Welfare Checks to COVID and High Risk Households



37.7

Average Age in a Household



3.7

Average Household Size



14

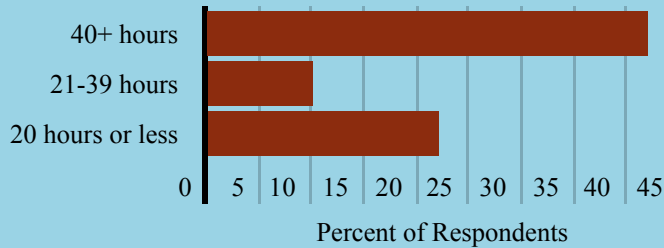
Maximum Household Size

Employment

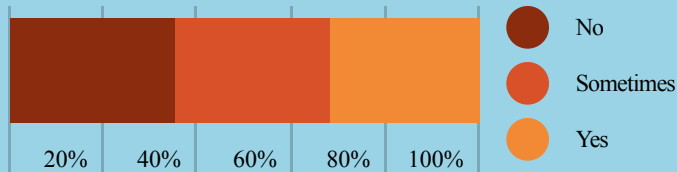
Do you get paid to work?



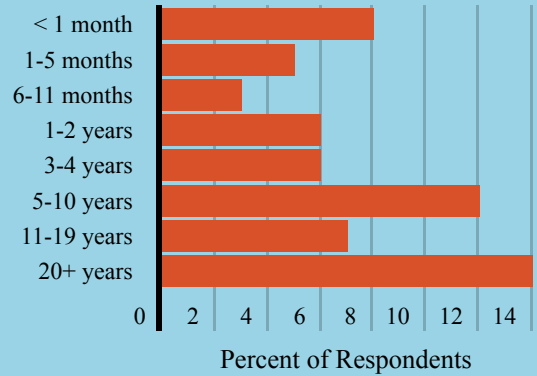
How many hours do you work a week?



Is your income adequate to support you and your family?



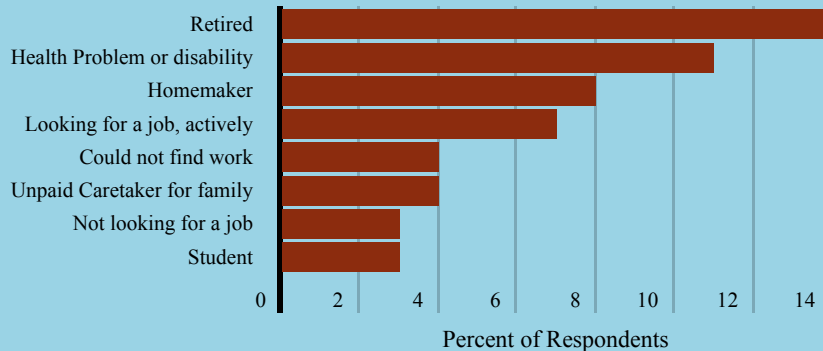
How long have you been in your current job?



Do you travel to work?



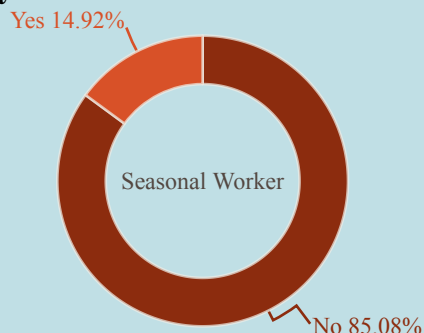
If you are not working for pay, what are the reasons?



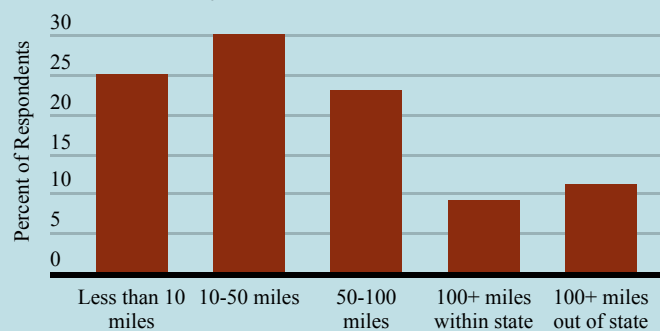
Are you...



Are you a...

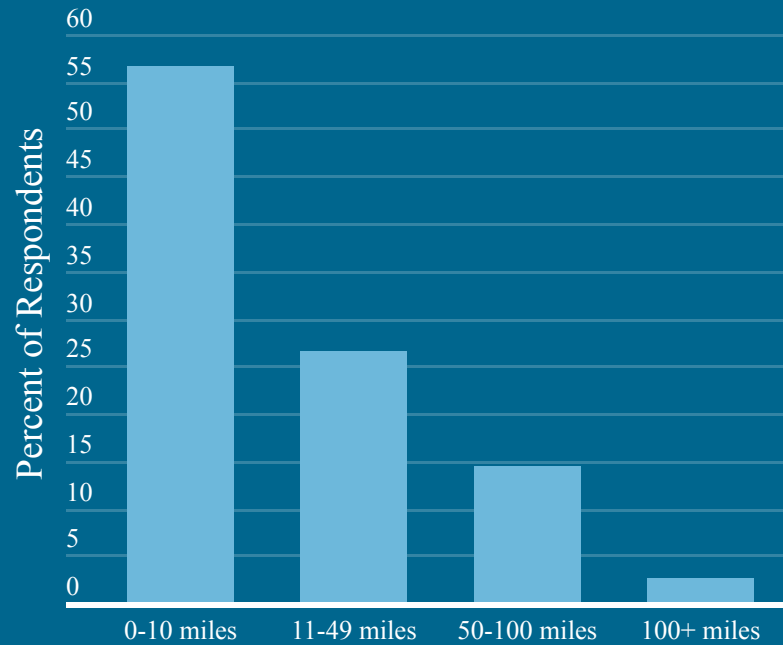


How far do you travel for work?



Food Access and Transportation

What is the distance from your home to the nearest large grocery store?



56%

Respondents who "Often" or "Sometimes" worried they may not have money to buy more food.



45%

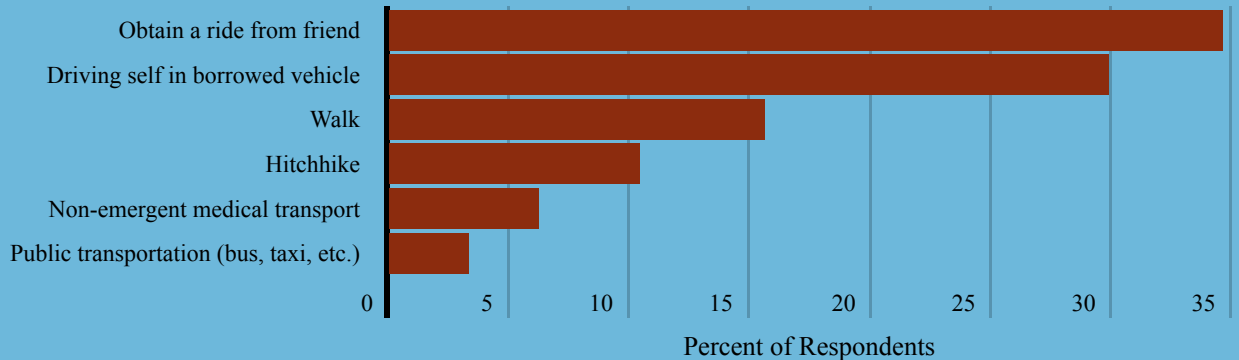
Respondents who "Often" or "Sometimes" ran out of food and didn't have money for more.

What is your usual transportation in the last 6 months?

Driving self in own vehicle

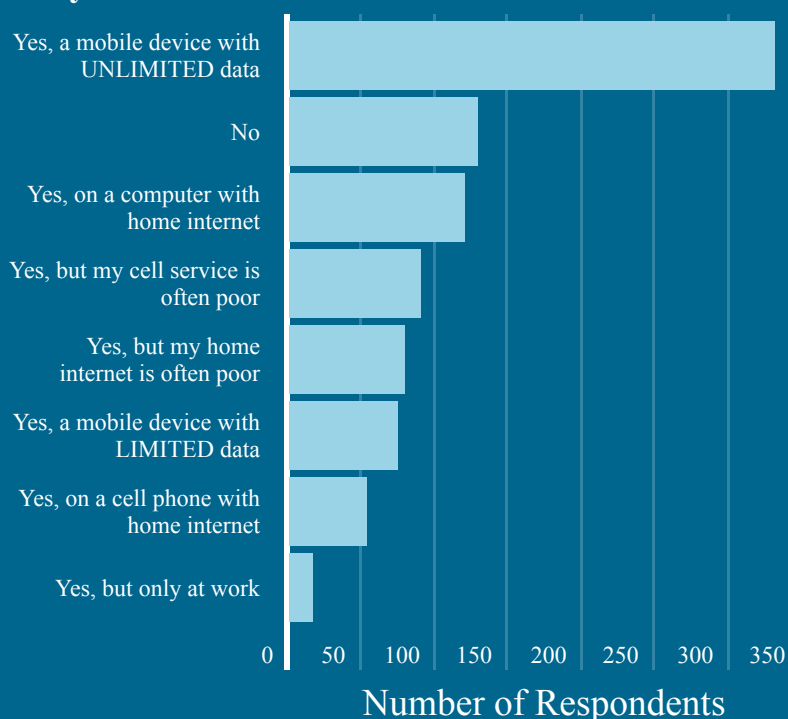


Does not own a vehicle



Internet/Information Access

Do you have access to the internet?



40%

Respondents who have limited or no access to wifi.



4%

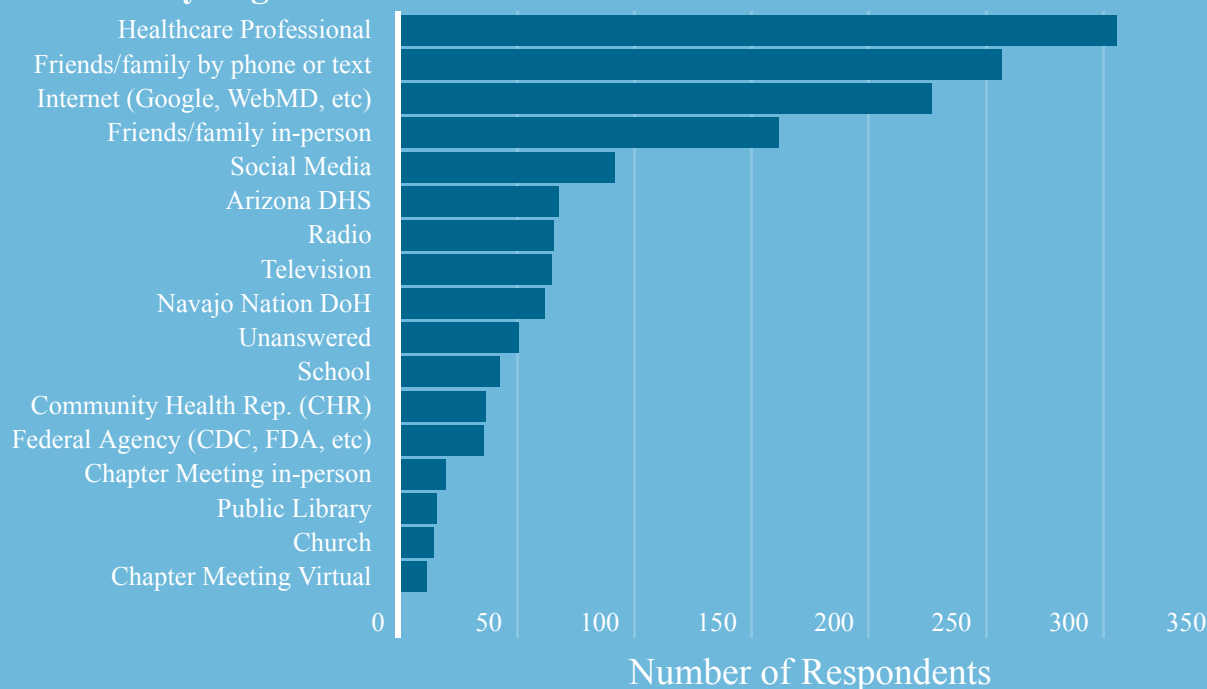
Respondents who do not have a cell phone or landline.



9%

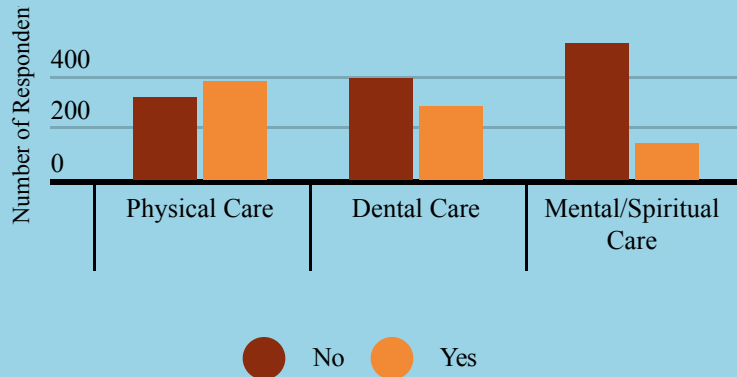
Respondents who have a cell phone but no service at home.

Where do you get information about health?



Health Status

Have you had any of the following visits in the past year?

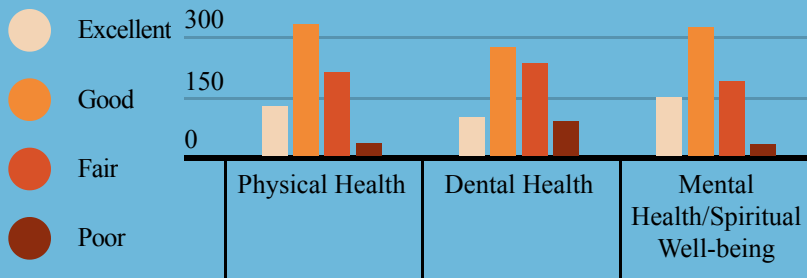


2 years

Median amount of time since last routine check-up or physical.

Additionally, 8% of respondents have never had a routine check-up.

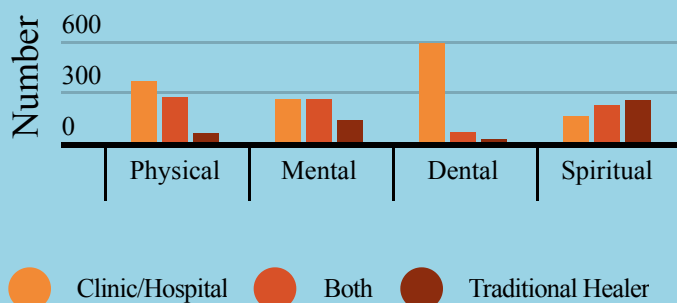
How would you describe your health?



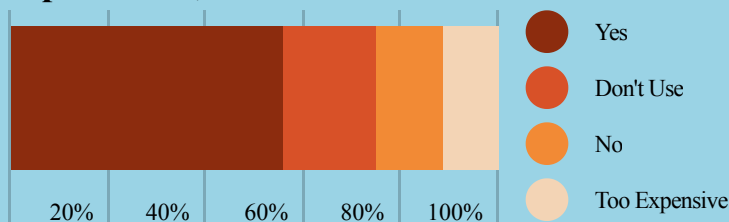
Percent of respondents who reported a decline in their:

13%	17%	10%
Physical Health	Dental Health	Mental/Spiritual Health

Which resource would you use for this health concern?



If preferred, is a traditional healer available?

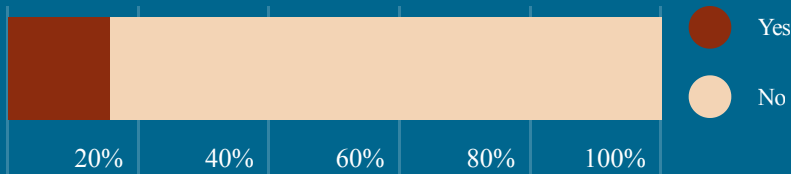


39% of patients received care at a non-TCRHCC facility in the past year. Of these:

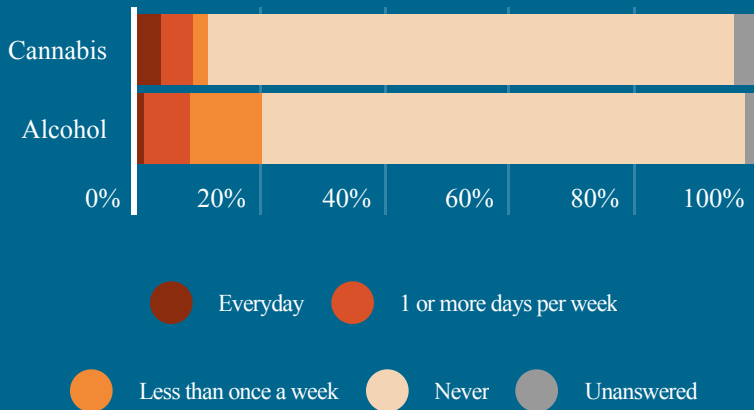
- **83%** stated it was for a logistic reason (eg, distance, cost, availability of care, etc)
- **10%** stated it was for quality reasons (eg, concerns about privacy, quality of care, etc)
- **7%** stated it was a factor of both concerns

Health Behaviors

Have you used commercial tobacco in the past year?



In the last 30 days, how often have you consumed:



Average number of...

Vegetable servings eaten:



1.5

Per day

Fruit servings eaten:



1.7

Per day

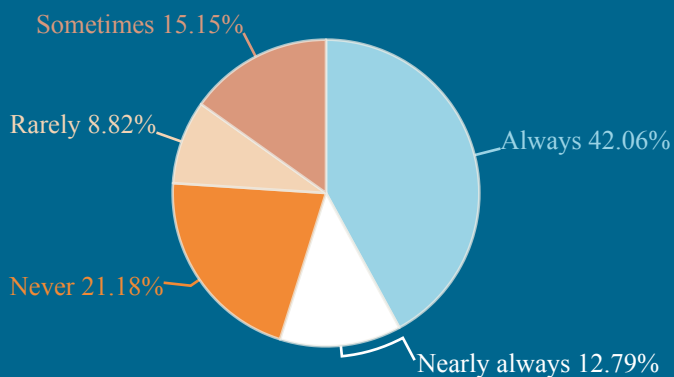
Sugary drinks consumed:



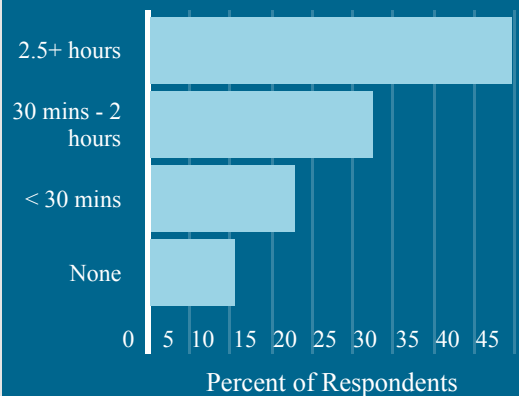
1.2

Per day

Do you have access to safe spaces for exercise?



How much do you exercise per week?



Community Profiles & Survey Results

Survey Demographics

49

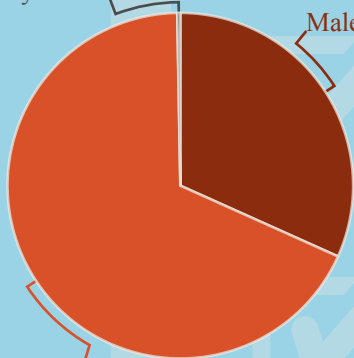
Average Age

Gender Identity

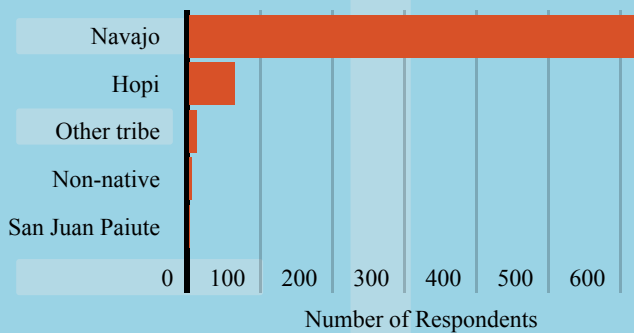
Non-binary 0.29%

Male 31.71%

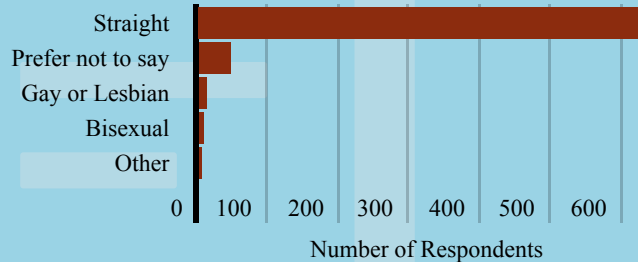
Female 68.00%



Tribal Affiliation



Sexual Identity



CAMERON

(Na' niah Hasani- Old structure across)



Cameron Chapter is in Coconino County. It contains the communities of Cameron, Black Falls, Needmore, Gray Mountain, and Shadow Mountain. Cameron Chapter is 236,338 acres. Cameron Chapter has one residential subdivision and scattered-site homes in the more remote areas. Many of the homes in the Chapter are of poor construction quality and many in the Former Bennett Freeze Area have become very run-down due to the restrictions on improvements.

Navajo Tribal Utility Authority (NTUA) provides potable water to the community. The water system serves approximately 150 homes, seven commercial establishments, the Chapter House, and Cameron school. Many of the homes in the Chapter use septic systems to handle wastewater.

The Chapter is served by the Arizona Public Service (APS). The local APS electric power system will continue to expand its customer base. To do so, APS will work with Navajo Nation agencies to acquire the rights-of-way, land leases, and needed equipment. The Navajo Nation will work with APS to ensure future connections to the Chapter.

Natural gas is not available to the Chapter. Many of the Chapter members use wood and coal for heating. Bottled propane is also available.

Navajo Communications provides landline telephone service. Cellular One and Verizon offer the best coverage for private cellular services on the Navajo Nation, although reception is often reported as unreliable.

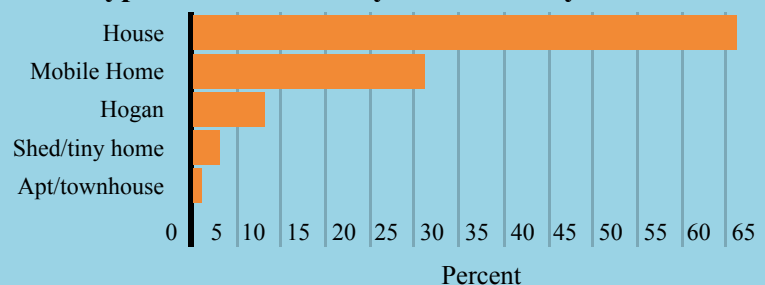
The nearest medical facility, Tuba City Regional Health Care Corporation (TCRHCC) is located 25 miles away. The TCRHCC Mobile Medical unit provides services in the Cameron area at least twice a month. There is a new TCRHCC Cameron Primary Care Clinic opened in late 2021. The TCRHCC Cameron Dental Clinic is under renovation.

Cameron has four convenience stores that offer a small amount of healthy foods. Nearest grocery store is in Tuba City 25 miles away. Cameron has a walkable area along highway 89 that has a wide, well-maintained sidewalk and good lighting.

Projected 2020 census population: 1244

Housing and Employment

What type of residence do you live or stay in?



Do you call this residence your own?



How many people live in your home?



3.8

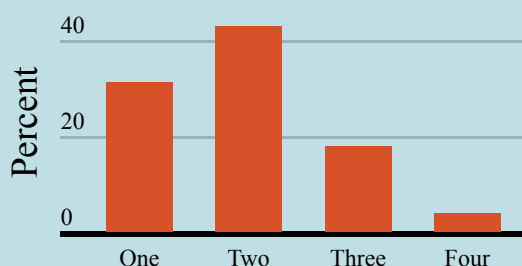
Average number of persons in a home

1 - 9

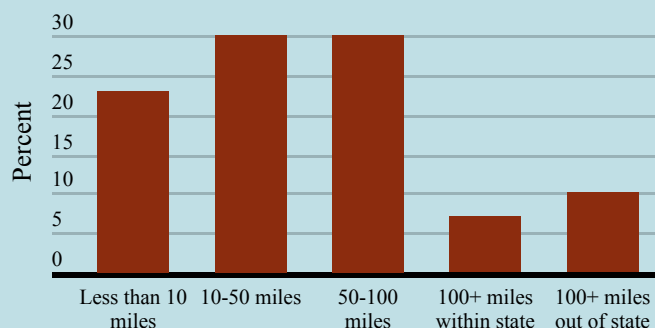
Range of persons in a home

data from Community Needs Survey

How many generations live in your home?



How far do you travel for work?

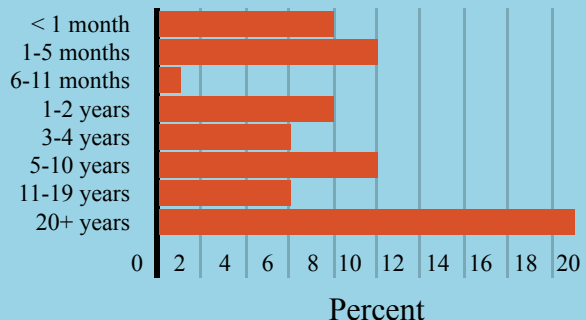


Employment Status (people under age 65)

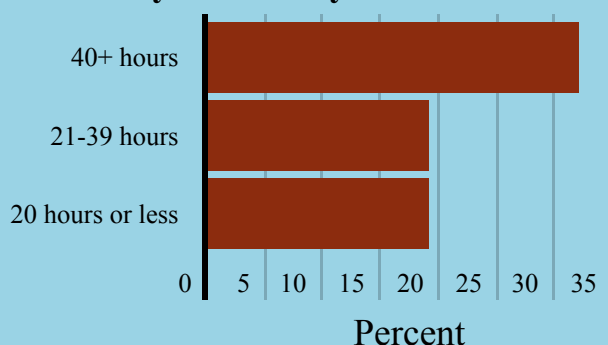


Of the 51% of survey respondents who get paid to work, 28% are self employed.

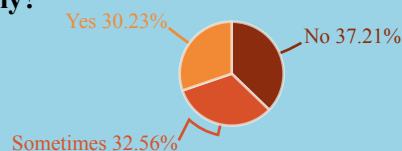
How long have you been in your current job?



How many hours do you work a week?



Is your income adequate to support you and your family?



Access to Resources



25%

Percent of respondents without electricity.



33%

Percent of respondents without running water or indoor plumbing.



46%

Percent of respondents with limited or no wifi.



11-49 miles

Median distance travelled to buy food.



65%

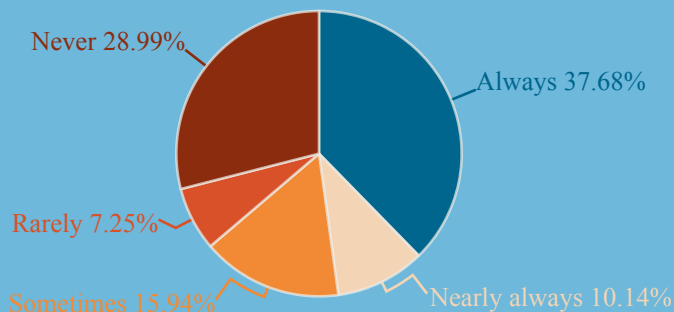
Respondents who "Often" or "Sometimes" worried they may not have money to buy more food.



47%

Respondents who "Often" or "Sometimes" ran out of food and didn't have money for more.

Do you have access to a safe place to exercise?



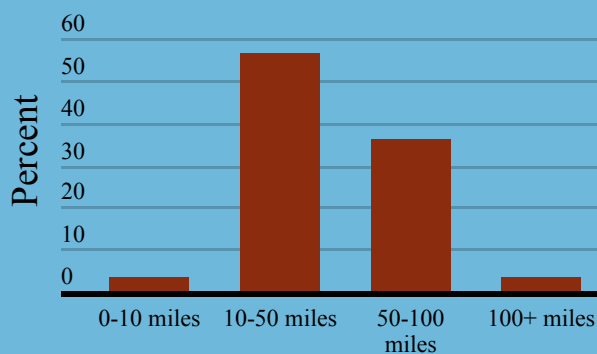
What is your usual transportation?

Driving self in own vehicle

          **64%**

Of those respondents that do not own a vehicle, 17% usually borrow a vehicle, 38% usually get a ride from a friend or family member, and 38% walk or hitchhike wherever they need to go.

How far do you travel for healthcare?



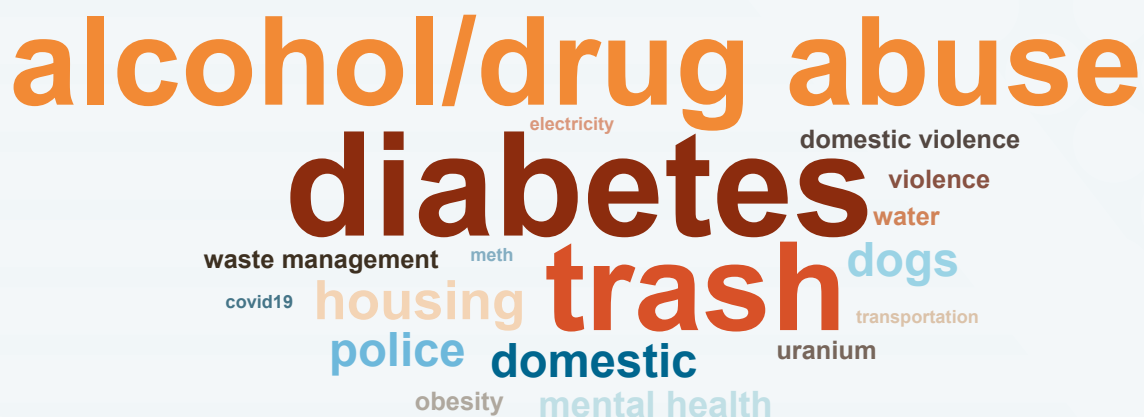
Community Priorities

What service is most important in each of the following categories?

Topic	Top Two Priorities
Medical Care	Hospital Services (In-patient/overnight services), Emergency medical care (ER Department)
Ancillary Services	Pharmacy, Dental Care
Mental Health	Mental health counseling & treatment, Emergency mental health treatment
Family Planning and Support	Prevention of gestational diabetes, Prenatal Care
Child Care	Car seats for children, Daycare for children
Family Education/Preventative Care	COVID Vaccination, PE & Exercise Programs
Chronic Illness Support	Diabetes, Heart Care
Elderly Wellness	Nursing Home Care, Senior Center
Behavioral Health	Alcohol/Drug Counseling & Treatment, Domestic Violence Counseling & Shelter
Communicable Disease/Prevention	COVID Prevention (mask wearing, hand washing, etc), Foodborne illness
Environmental Surveillance	Water Quality, Air Quality
Community Services	Language Translation/Interpretation Services, Food Assistance
Civic Services	Fire Department, Police Department

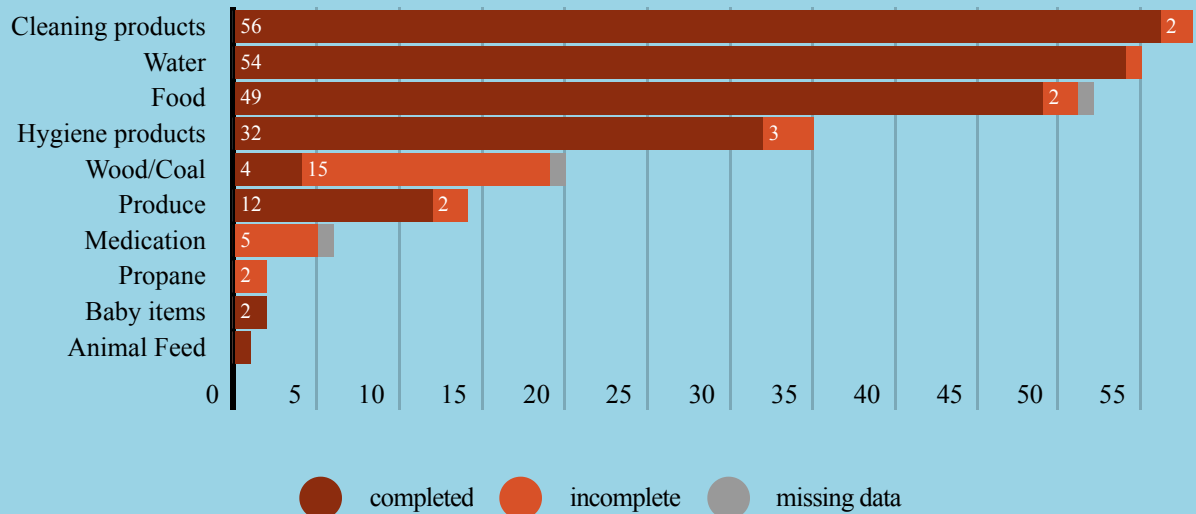
What are the top 3 community health problems in your community?

The sizes of these words show how frequently each concern was identified relative to the others, with larger words being identified most frequently and smaller words being chosen less often.

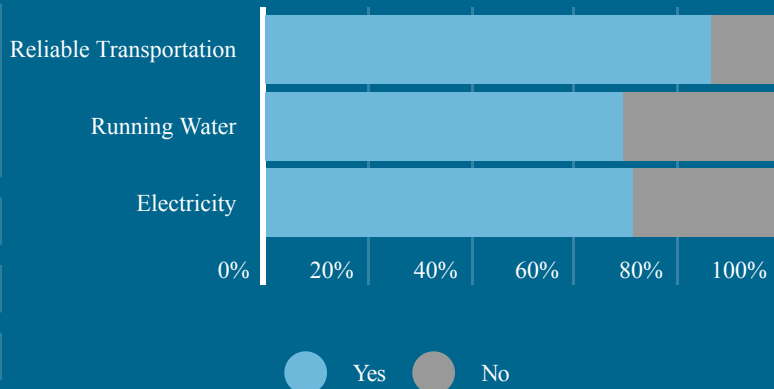


Data from Welfare Checks

Resources Requested by and Delivered to COVID+ and High Risk Households



Do you have the following?



3

Median Household Size



9

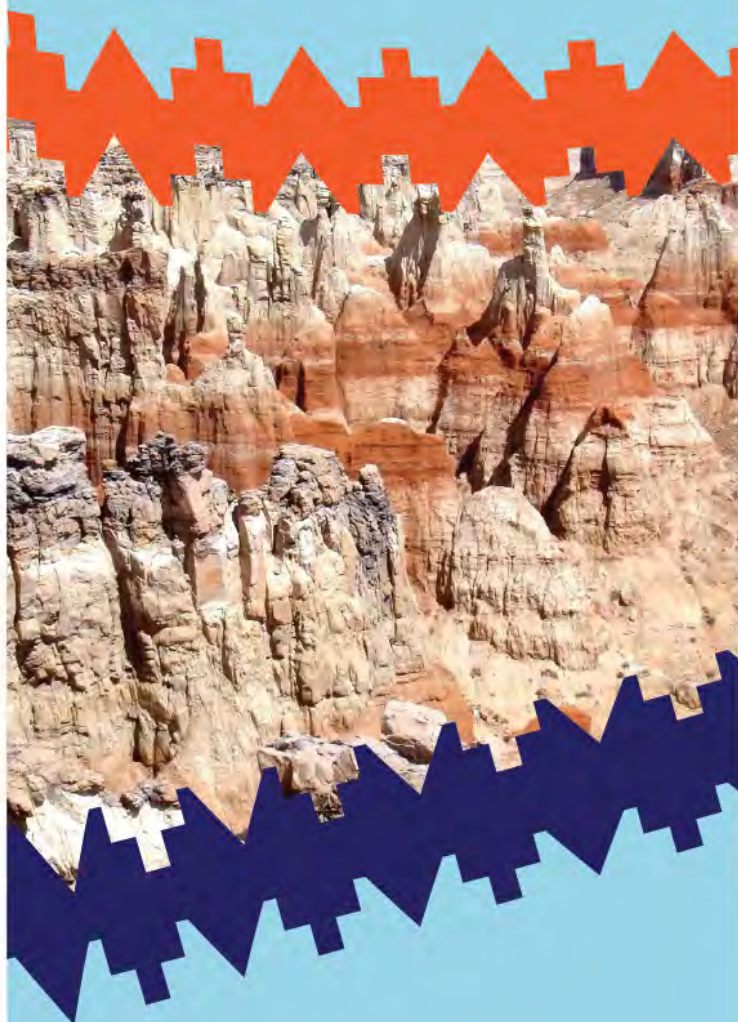
Maximum Household Size



COALMINE

(LEEJIN HAAGEED OR TSÉ KÓ HÁSÁNÍ)

-DIGGING UP COAL)



Coalmine Chapter is located off highway 264, approximately 17 miles southeast of Tuba City Community. Coalmine Chapter communities include Kerley Valley. The chapter is 402,357 acres.

Coalmine Chapter has two residential subdivisions: Navajo-Hopi Relocation homes and Navajo Housing Authority. The rest are scattered housing in more remote areas, many in clusters of one-acre home sites.

Limited areas of the Chapter are served by public water systems. The water systems are operated by Navajo Tribal Utility Authority (NTUA). Water hauling is a common practice and may be difficult for some families.

APS and NTUA work together to provide electricity to the area. NTUA provides electricity to the two residential subdivisions and to several homes in that area. Those living in the outlying areas may use generators or solar panels as a source of energy.

Natural gas is not available to the Chapter. Many of the Chapter members use wood and coal for heating. Bottled propane is also available.

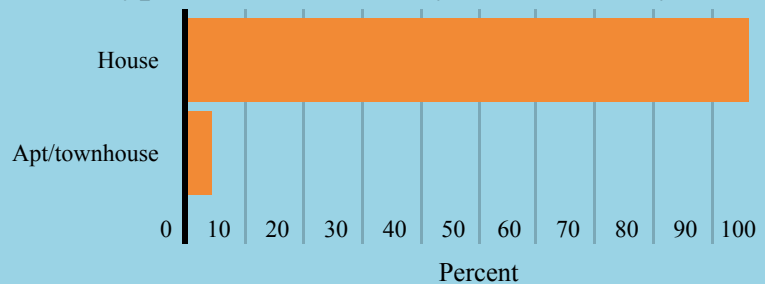
Navajo Communications provides landline telephone service. Cellular One, AT&T, and T-Mobile offer the best coverage for private cellular services.

Tuba City Regional Healthcare Corporation (TCRHCC) is the closest hospital located 17 miles away. Coalmine Chapter has no grocery or convenience stores, the nearest grocery store is 17 miles away. Coalmine has walkable areas with dirt trails near subdivision with no lighting. The nearest waste station is in Tuba City 17 miles away.

Projected 2020 census population: 667

Housing and Employment

What type of residence do you live or stay in?



Do you call this residence your own?



How many people live in your home?



4.1

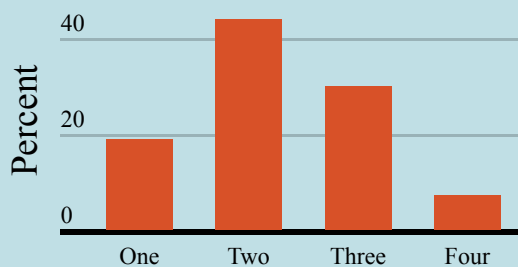
Average number of persons in a home

1 - 8

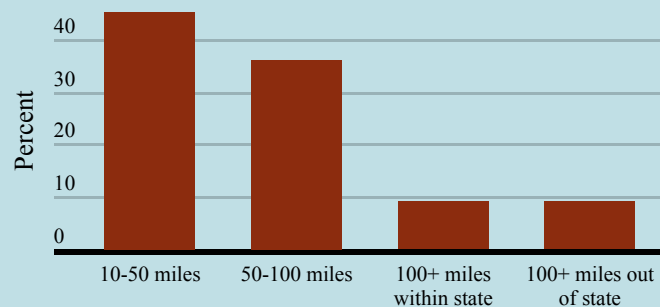
Range of persons in a home

data from Community Needs Survey

How many generations live in your home?



How far do you travel for work?

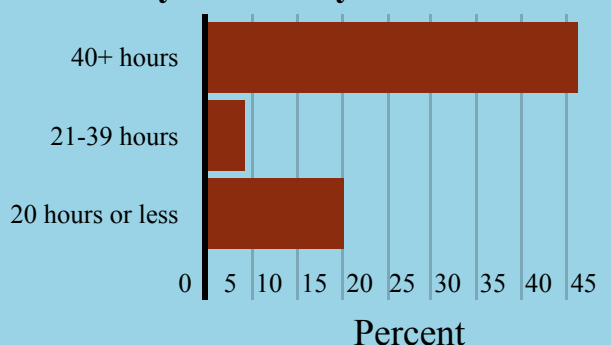


Employment Status (people under age 65)

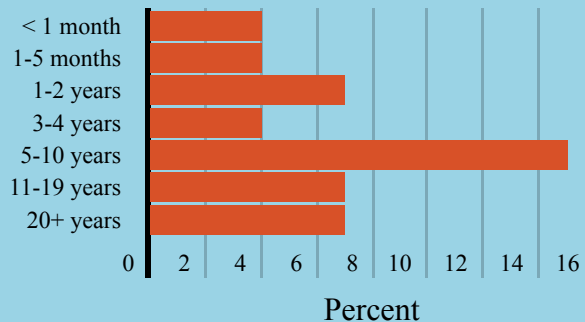


Of the 50% of survey respondents who get paid to work, 9% are self employed.

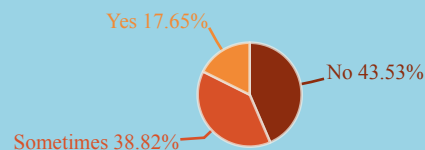
How many hours do you work a week?



How long have you been in your current job?



Is your income adequate to support you and your family?



Access to Resources



4%

Percent of respondents without electricity.



7%

Percent of respondents without running water or indoor plumbing.



37%

Percent of respondents with limited or no wifi.



11-49 miles

Median distance travelled to buy food.



56%

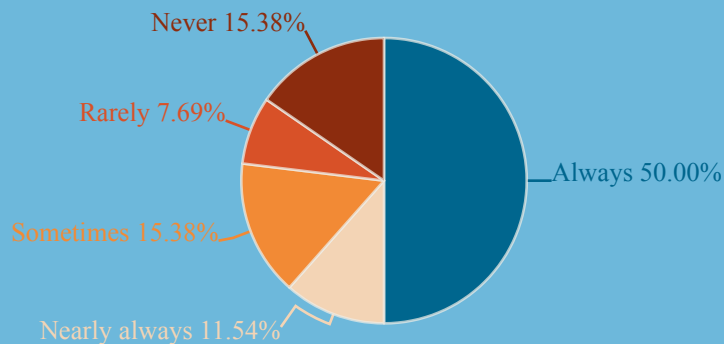
Respondents who "Often" or "Sometimes" worried they may not have money to buy more food.



48%

Respondents who "Often" or "Sometimes" ran out of food and didn't have money for more.

Do you have access to a safe place to exercise?



What is your usual transportation?

Driving self in own vehicle

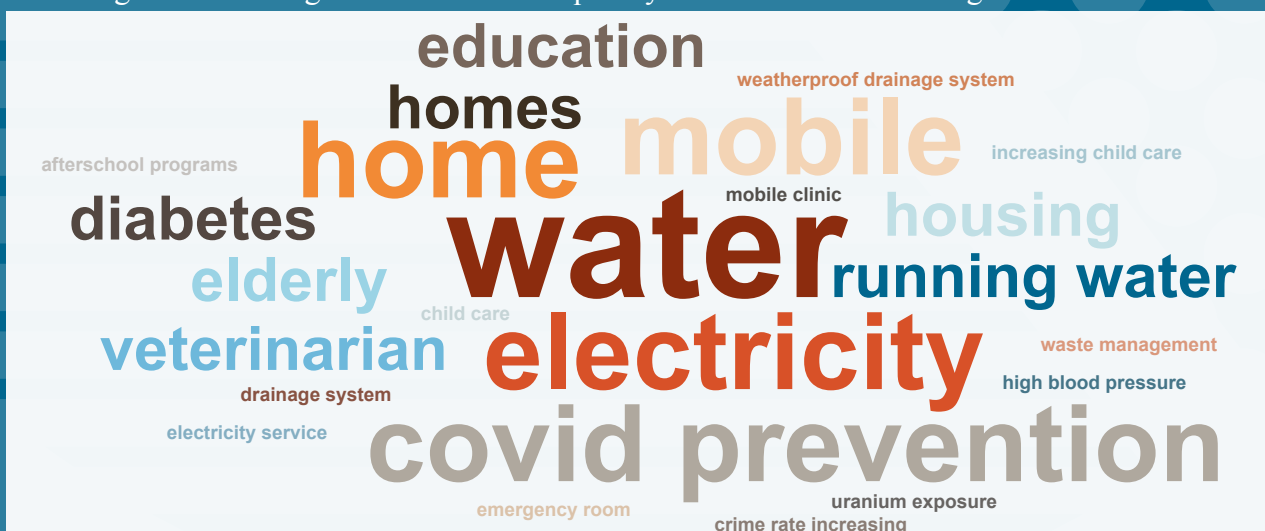
Community Priorities

What service is most important in each of the following categories?

Topic	Top Two Priorities
Medical Care	Emergency medical care (ER Department), Ambulance services (Ambulance and EMT's)
Ancillary Services	Pharmacy, Dental Care
Mental Health	Mental health counseling & treatment, Emergency mental health treatment
Family Planning and Support	Prevention of gestational diabetes, Prenatal Care
Child Care	Car seats for children, Headstart
Family Education/Preventative Care	COVID Vaccination, Nutrition Counseling
Chronic Illness Support	Hypertension (High Blood Pressure), Diabetes
Elderly Wellness	Nursing Home Care, Care for the Elderly/Fall Prevention
Behavioral Health	Alcohol/Drug Counseling & Treatment, Domestic Violence Counseling & Shelter
Communicable Disease/Prevention	COVID Prevention (mask wearing, hand washing, etc), Food Handler's training/certification
Environmental Surveillance	Water Quality, Air Quality
Community Services	Food Assistance, Language Translation/Interpretation Services
Civic Services	Police Department, Afterschool programs

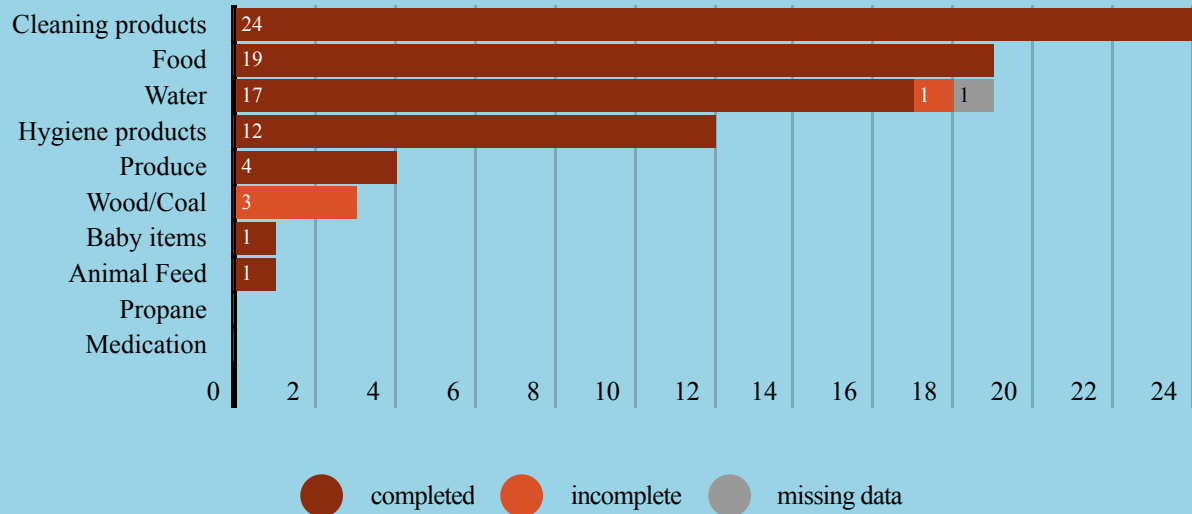
What are the top 3 community health problems in your community?

The sizes of these words show how frequently each concern was identified relative to the others, with larger words being identified most frequently and smaller words being chosen less often.

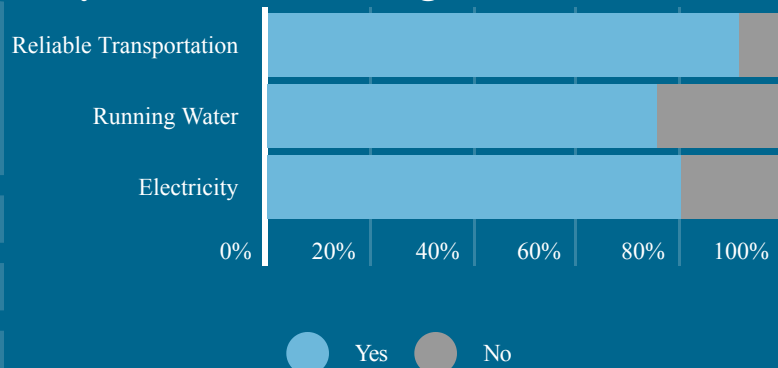


Data from Welfare Checks

Resources Requested by and Delivered to COVID+ and High Risk Households



Do you have the following?



3

Median Household Size



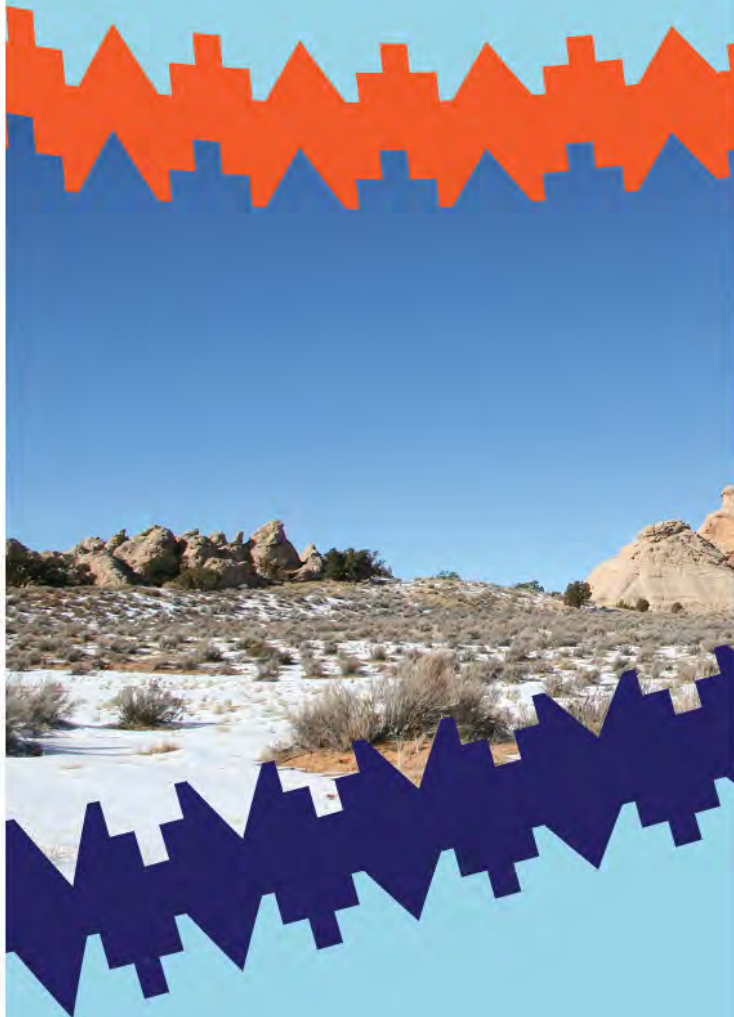
7

Maximum Household Size



COPPERMINE

(BEESH HAAGEED-DIGGING OUT METAL)



Coppermine Chapter is located off highway 20 on route 6210. The community name, Coppermine, was derived from an open pit mine that was closed in 1968. Coppermine is 240,000 acres.

There are no housing developments in Coppermine. Most of the existing homes in are small one to three room wood frame or cinderblock homes, wood frame octagon dwellings, mobile homes, or Graceland shed homes.

Navajo Tribal Utility Authority provides electricity and water to residents in the Coppermine area. Many homes in this area do not have running water and electricity. Families living in the outlying areas may use generators or solar panels as a source of energy. There is no natural gas line in the community; wood and coal are used for heating. Bottled propane is also available.

Cellular One and Choice wireless offer the best coverage for private cellular services.

The nearest medical facility, Banner Hospital, is 22 miles away in Page, AZ. TCRHCC is 53 miles, and Lechee Health Facility is 17 miles north and does not provide emergency services. The Mobile Medical Unit provides services in this community twice a month.

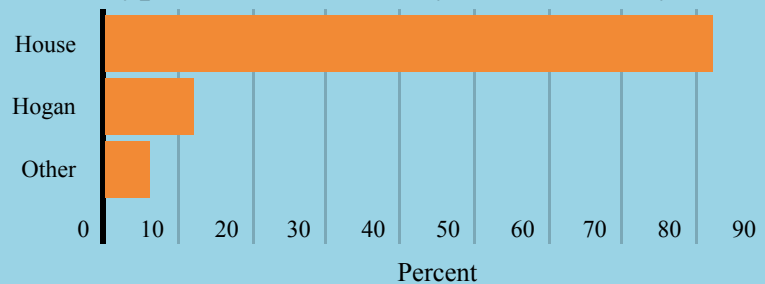
Coppermine has no grocery or convenience stores. Nearest grocery stores are in Page, AZ 22 miles away.

Coppermine Chapter provides a large trash bin for the community.

Projected 2020 census population: 745

Housing and Employment

What type of residence do you live or stay in?



Do you call this residence your own?



How many people live in your home?



3.9

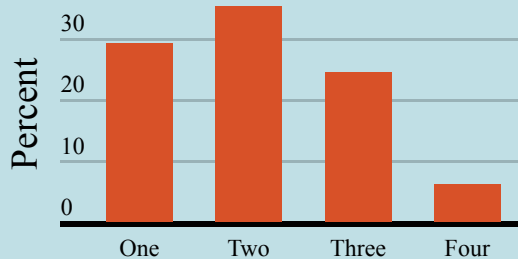
Average number of persons in a home

1 - 13

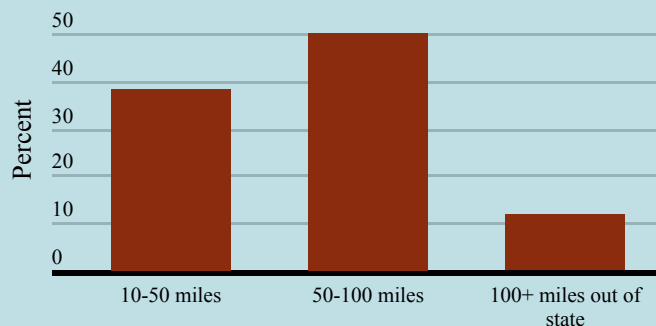
Range of persons in a home

data from Community Needs Survey

How many generations live in your home?



How far do you travel for work?



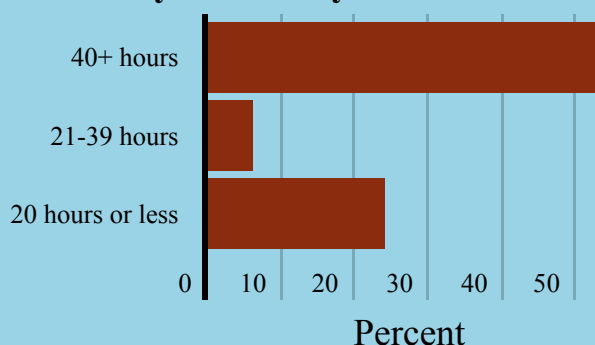
Employment Status (people under age 65)



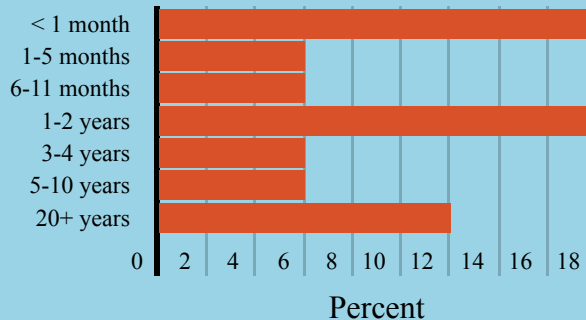
62%

Of the 62% of survey respondents who get paid to work, 12% are self employed.

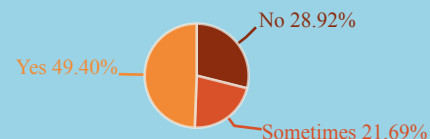
How many hours do you work a week?



How long have you been in your current job?



Is your income adequate to support you and your family?



Access to Resources



6%

Percent of respondents without electricity.



18%

Percent of respondents without running water or indoor plumbing.



41%

Percent of respondents with limited or no wifi.



50-100 miles

Median distance travelled to buy food.



65%

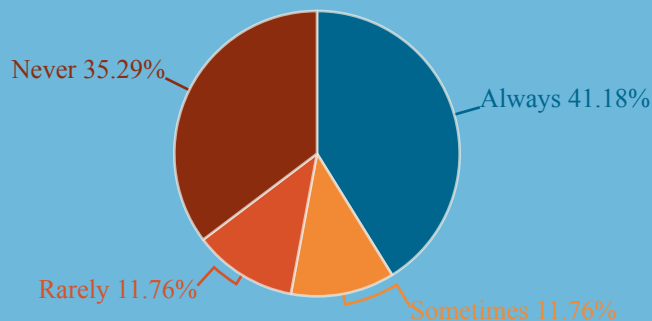
Respondents who "Often" or "Sometimes" worried they may not have money to buy more food.



59%

Respondents who "Often" or "Sometimes" ran out of food and didn't have money for more.

Do you have access to a safe place to exercise?



What is your usual transportation?

Driving self in own vehicle

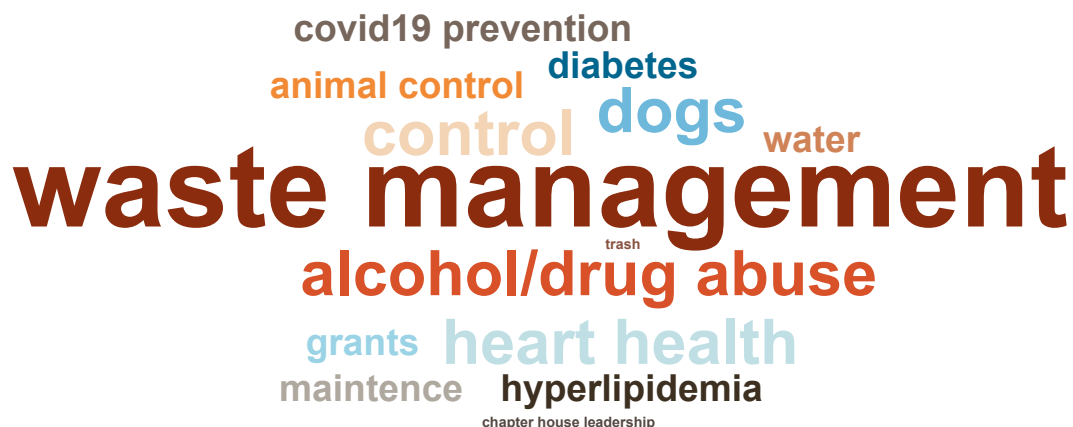
Community Priorities

What service is most important in each of the following categories?

Topic	Top Two Priorities
Medical Care	General medical care (includes surgery, radiology, etc.), Mobile Health Units
Ancillary Services	Dental Care, Hearing clinic (Audiology)
Mental Health	Mental health counseling & treatment, Inpatient mental health care
Family Planning and Support	Family planning & birth control, Prenatal Care
Child Care	Car seats for children, Headstart
Family Education/Preventative Care	Non-COVID Immunizations/Flu Shots, Nutrition Counseling
Chronic Illness Support	Diabetes, Hypertension (High Blood Pressure)
Elderly Wellness	Nursing Home Care, Care for the Elderly/Fall Prevention
Behavioral Health	Alcohol/Drug Counseling & Treatment, Domestic Violence Counseling & Shelter
Communicable Disease/Prevention	COVID Prevention (mask wearing, hand washing, etc), Sexually Transmitted Infections
Environmental Surveillance	Water Quality, Uranium
Community Services	Language Translation/Interpretation Services, Child Protective Services
Civic Services	Police Department, Fire Department

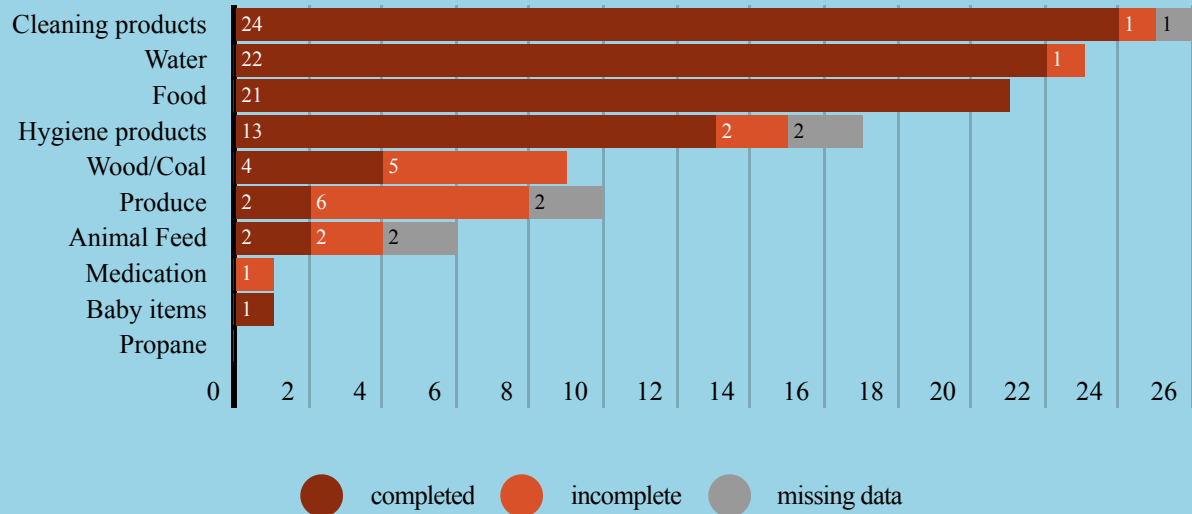
What are the top 3 community health problems in your community?

The sizes of these words show how frequently each concern was identified relative to the others, with larger words being identified most frequently and smaller words being chosen less often.

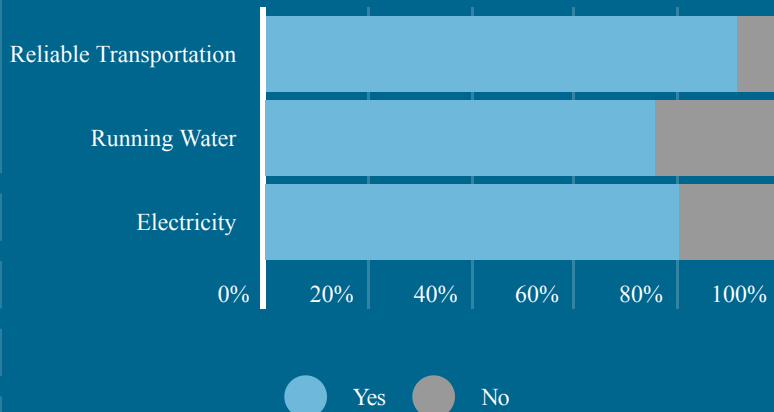


Data from Welfare Checks

Resources Requested by and Delivered to COVID+ and High Risk Households



Do you have the following?



3

Median Household Size



10

Maximum Household Size



DINNEBITO

(DINE BITOO' - WATER FOR THE PEOPLE)



Dinnebito community is in Navajo County located northeast of highway 264 milepost 362.

Dinnebito community consists of Rocky Ridge, Hard Rock, Big Mountain, White Valley, and Forest Lake. The Hardrock Chapter is 78,100 acres.

Dinnebito housing is scattered across the community, and consists of traditional Hogans, manufactured homes, modern homes made of wood; 40% of housing is by Navajo-Hopi Relocation homes. Many of the homes are considered substandard, needing weatherization and replacement.

Navajo Tribal Utility Authority (NTUA) provides electricity and water to most of the homes in the Dinnebito area. Families that reside on Hopi Partitioned Land use solar power and haul water. Most homes have septic tanks.

Navajo Communications provides telephone service to the Chapter house and Rocky Ridge school via satellite. Cellular One, Choice Wireless, Verizon, and T-Mobile offer the best coverage for private cellular services.

Tuba City Regional Health Care Corporation (TCRHCC) is 50 miles away. Hopi Health Care Center is 33 miles away. Pinon Health Clinic is 25 miles on dirt road. The TCRHCC Mobile Medical unit provides services in the Dinnebito area at least twice a month. The TCRHCC Dental mobile unit comes out to Rocky Ridge Boarding school to provide services to students.

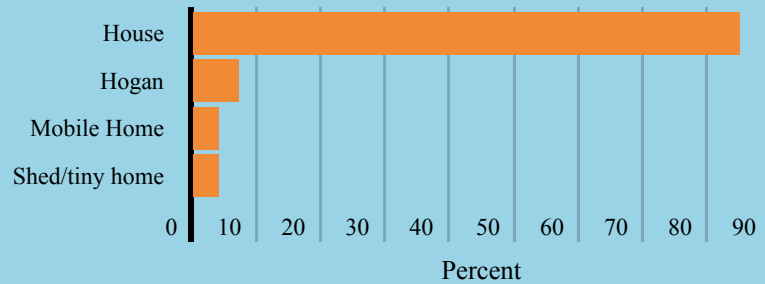
Dinnebito has one general store with one working gas pump. The general store has very limited food choices; the nearest grocery store is 50 miles away.

There is no waste station in Dinnebito community. The nearest free waste station is in Tuba City 50 miles away. Hopi Landfill is 5 miles from Chapter house with fees starting at \$20.00.

Projected 2020 census population: 350

Housing and Employment

What type of residence do you live or stay in?



Do you call this residence your own?



How many people live in your home?



4

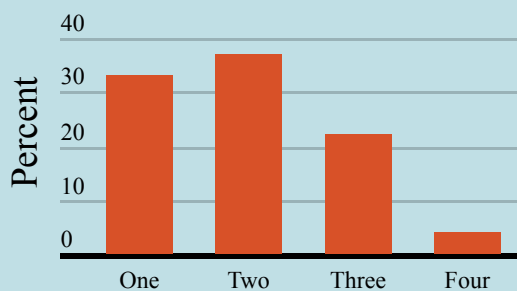
Average number of persons in a home

1 - 8

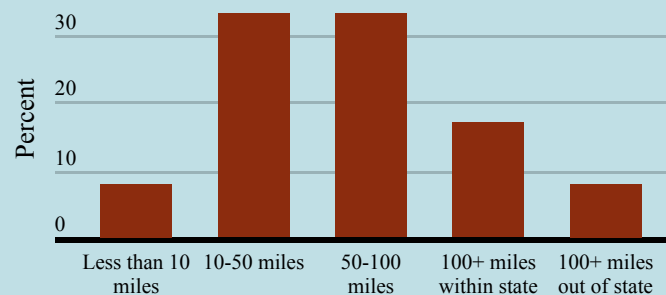
Range of persons in a home

data from Community Needs Survey

How many generations live in your home?



How far do you travel for work?

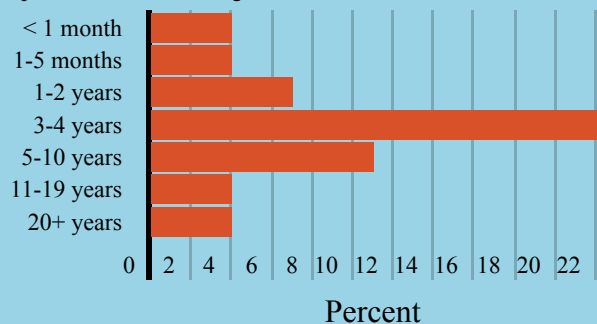


Employment Status (people under age 65)

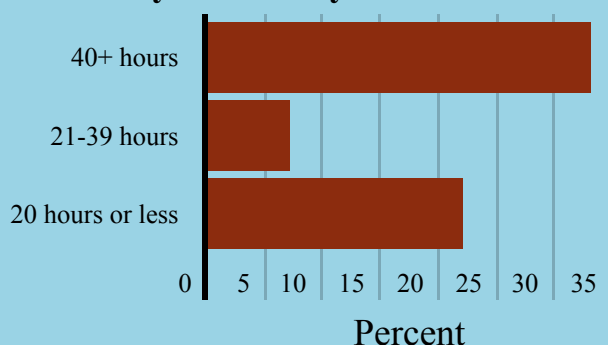


Of the 50% of survey respondents who get paid to work, 8% are self employed.

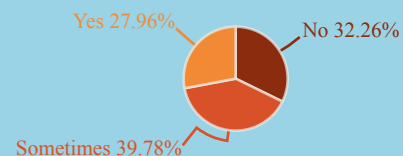
How long have you been in your current job?



How many hours do you work a week?



Is your income adequate to support you and your family?



Access to Resources



7%

Percent of respondents without electricity.



19%

Percent of respondents without running water or indoor plumbing.



55%

Percent of respondents with limited or no wifi.



50-100 miles

Median distance travelled to buy food.



74%

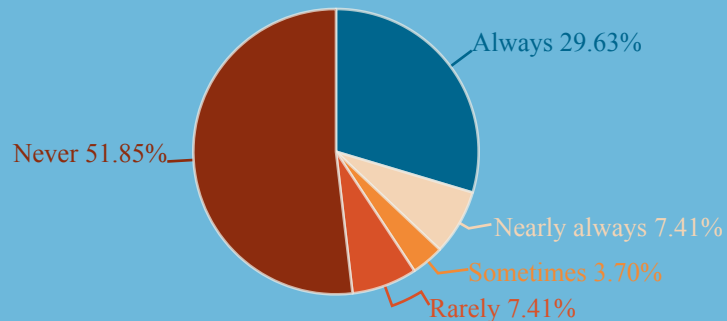
Respondents who "Often" or "Sometimes" worried they may not have money to buy more food.



63%

Respondents who "Often" or "Sometimes" ran out of food and didn't have money for more.

Do you have access to a safe place to exercise?



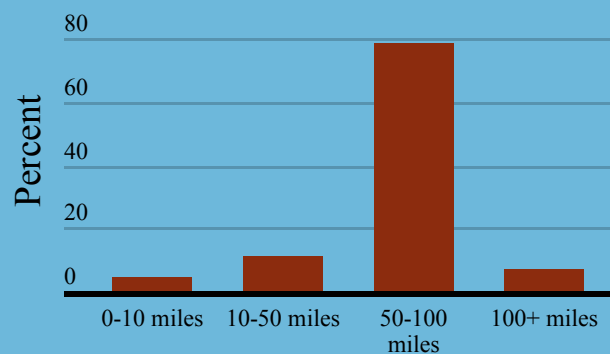
What is your usual transportation?

Driving self in own vehicle

         **65%**

Of those respondents that do not own a vehicle, 45% usually borrow a vehicle, 45% usually get a ride from a friend or family member, and 9% hitchhike wherever they need to go.

How far do you travel for healthcare?



Community Priorities

What service is most important in each of the following categories?

Topic	Top Two Priorities
Medical Care	Emergency medical care (ER Department), Hospital Services (In-patient/overnight services)
Ancillary Services	Dental Care, Pharmacy
Mental Health	Mental health counseling & treatment, Emergency mental health treatment
Family Planning and Support	Family planning & birth control, Sex education
Child Care	Car seats for children, Headstart
Family Education/Preventative Care	Nutrition Counseling, PE & Exercise Programs
Chronic Illness Support	Diabetes, Heart Care
Elderly Wellness	Nursing Home Care, Home Safety/Improvement
Behavioral Health	Alcohol/Drug Counseling & Treatment, Domestic Violence Counseling & Shelter
Communicable Disease/Prevention	COVID Prevention (mask wearing, hand washing, etc), Sexually Transmitted Infections
Environmental Surveillance	Air Quality, Water Quality
Community Services	Child Protective Services, Domestic Violence Shelters
Civic Services	Police Department, Housing

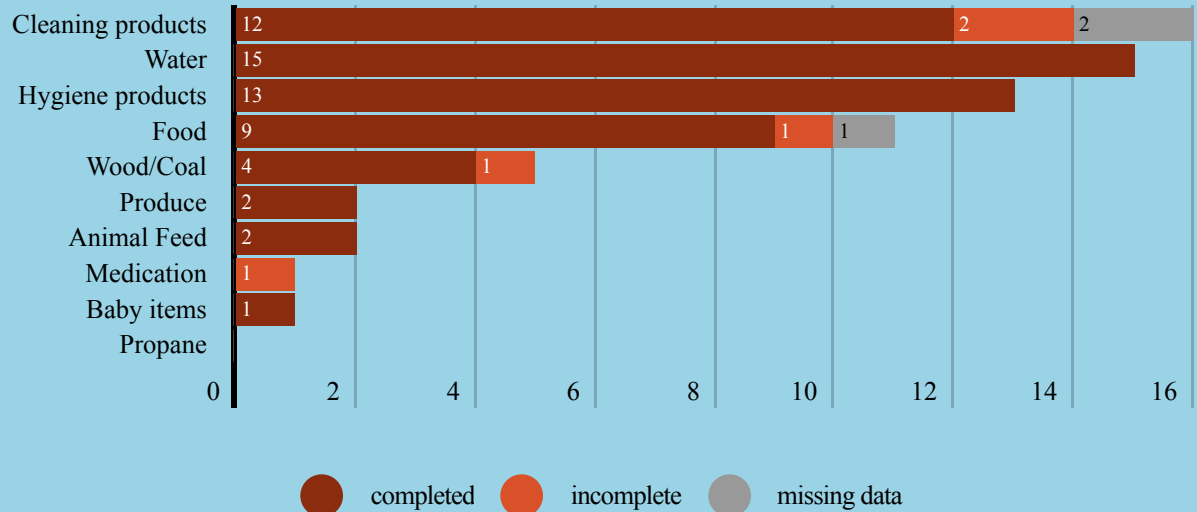
What are the top 3 community health problems in your community?

The sizes of these words show how frequently each concern was identified relative to the others, with larger words being identified most frequently and smaller words being chosen less often.

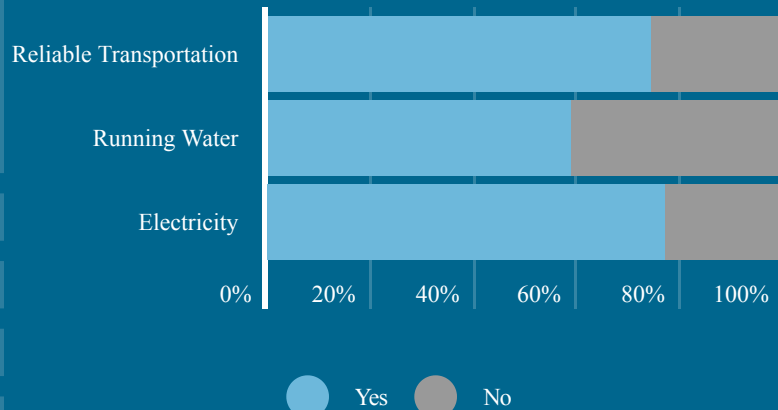
dogs
 mental health
 diabetes
 alcohol/drug abuse
 meth
 elderly care
 high blood pressure

Data from Welfare Checks

Resources Requested by and Delivered to COVID+ and High Risk Households



Do you have the following?



2

Median Household Size



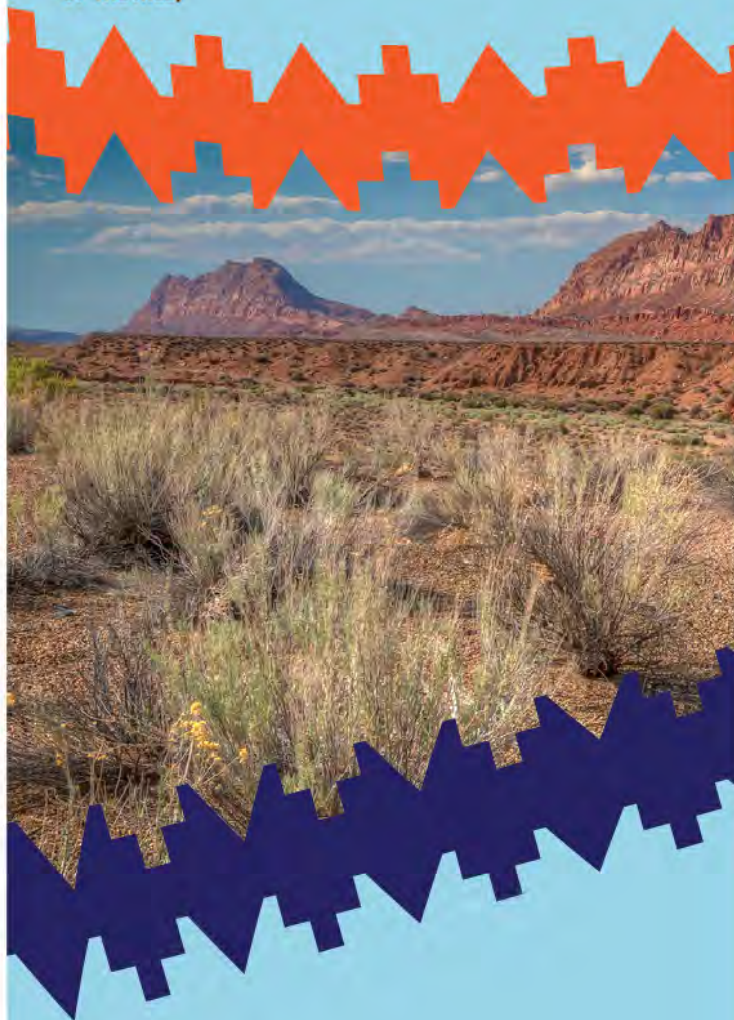
8

Maximum Household Size



GAP-BODAWAY

(BA' ADIWEEH -NO WATER AREA-
OR TSINAABAAS'HABITIN -WAGON TRAIL
UP THE HILL)



Gap/Bodaway Chapter is located off highway 89 and consists of several communities including: Gap, Cedar Ridge, Hidden Springs, Bitter Springs, Marble Canyon, and Navajo Springs. Gap/Bodaway is 590,000 acres.

The community has one subdivision of NHA housing in Bitter Springs. Most of the homes in Gap/Bodaway community are small one to three room wood frame or cinderblock homes, wood frame octagon dwellings, manufactured homes, or Graceland shed homes.

Navajo Tribal Utility Authority provides electricity and water to most homes in the community. Families living further from Highway 89 usually do not have running water or electricity and have to haul water from Gap, Tuba City, or Coppermine. Cellular Service is unreliable in most areas.

The nearest hospital is TCRHCC which is 30 miles southwest of Gap. Page Hospital is 46 miles northwest of Gap. The Mobile Medical Unit provides services twice a month.

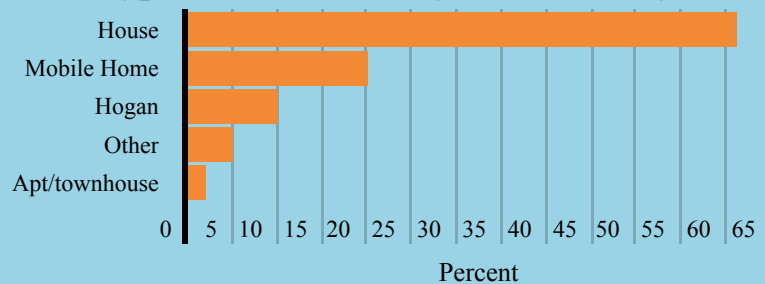
The community has one convenience store that has snacks, located behind the Chapter House and a Trading Post with a small selection of healthy foods. Nearest grocery stores are in Tuba City and Page.

Gap/Bodaway Chapter does not have a waste station. The nearest station is in Tuba City.

Projected 2020 census population: 1477

Housing and Employment

What type of residence do you live or stay in?



Do you call this residence your own?



How many people live in your home?



4.4

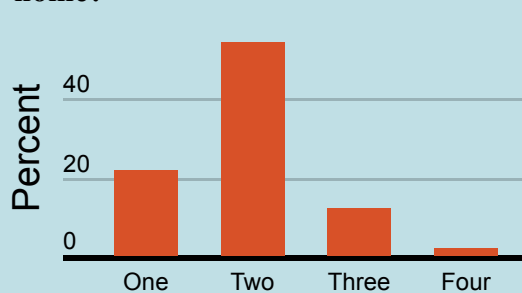
Average number of persons in a home

1 - 14

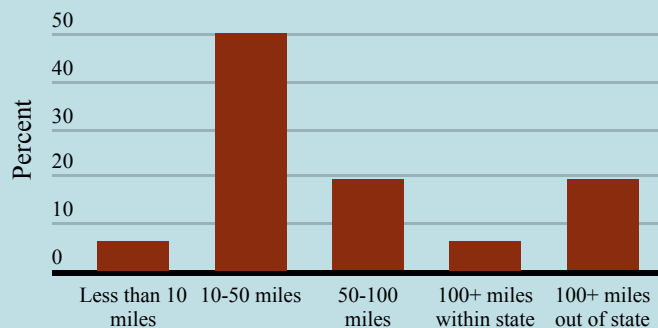
Range of persons in a home

data from Community Needs Survey

How many generations live in your home?



How far do you travel for work?

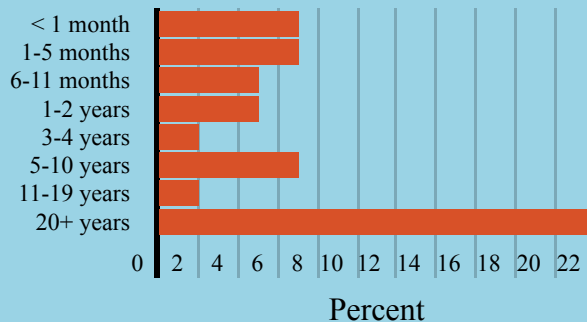


Employment Status (people under age 65)

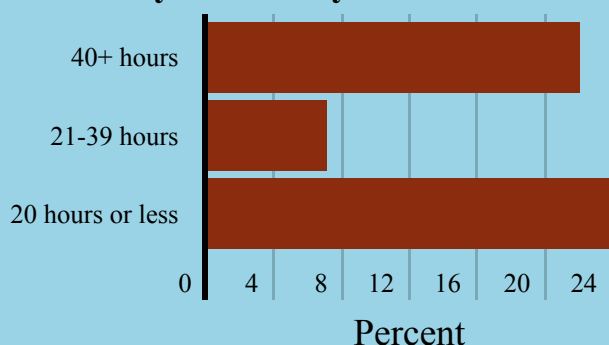


Of the 28% of survey respondents who get paid to work, 12% are self employed.

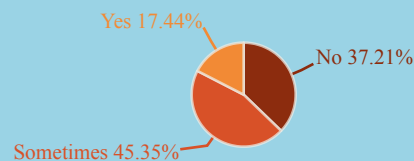
How long have you been in your current job?



How many hours do you work a week?



Is your income adequate to support you and your family?



Access to Resources



17%

Percent of respondents without electricity.



12%

Percent of respondents without running water or indoor plumbing.



49%

Percent of respondents with limited or no wifi.



11-49 miles

Median distance travelled to buy food.



75%

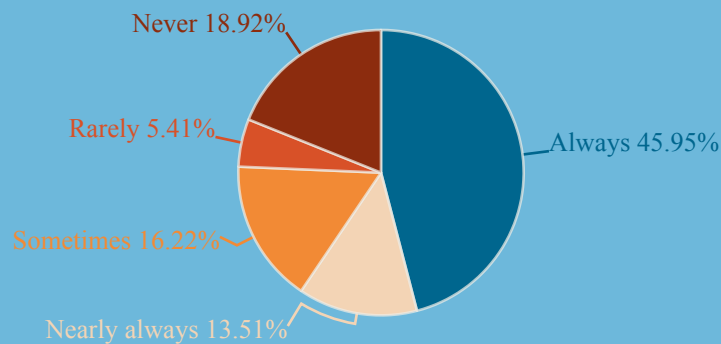
Respondents who "Often" or "Sometimes" worried they may not have money to buy more food.



66%

Respondents who "Often" or "Sometimes" ran out of food and didn't have money for more.

Do you have access to a safe place to exercise?



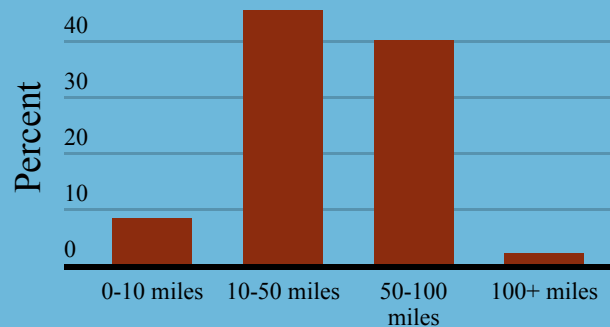
What is your usual transportation?

Driving self in own vehicle

          **47%**

Of those respondents that do not own a vehicle, 28% usually borrow a vehicle, 40% usually get a ride from a friend or family member, and 20% walk or hitchhike wherever they need to go.

How far do you travel for healthcare?



Community Priorities

What service is most important in each of the following categories?

Topic	Top Two Priorities
Medical Care	Emergency medical care (ER Department), Hospital Services (In-patient/overnight services)
Ancillary Services	Dental Care, Pharmacy
Mental Health	Mental health counseling & treatment, Suicide Intervention
Family Planning and Support	Prevention of gestational diabetes, Prenatal Care
Child Care	Car seats for children, Daycare for children
Family Education/Preventative Care	PE & Exercise Programs, Nutrition Counseling
Chronic Illness Support	Diabetes, Heart Care
Elderly Wellness	Nursing Home Care, Care for the Elderly/Fall Prevention
Behavioral Health	Alcohol/Drug Counseling & Treatment, Domestic Violence Counseling & Shelter
Communicable Disease/Prevention	COVID Prevention (mask wearing, hand washing, etc), Sexually Transmitted Infections
Environmental Surveillance	Water Quality, Air Quality
Community Services	Food Assistance, Language Translation/Interpretation Services
Civic Services	Police Department, Fire Department

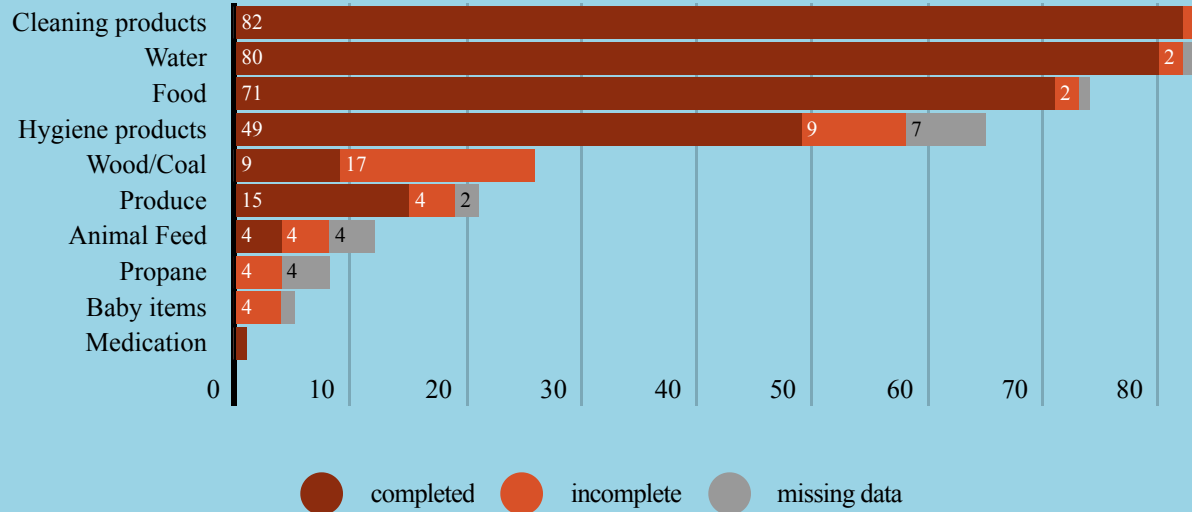
What are the top 3 community health problems in your community?

The sizes of these words show how frequently each concern was identified relative to the others, with larger words being identified most frequently and smaller words being chosen less often.

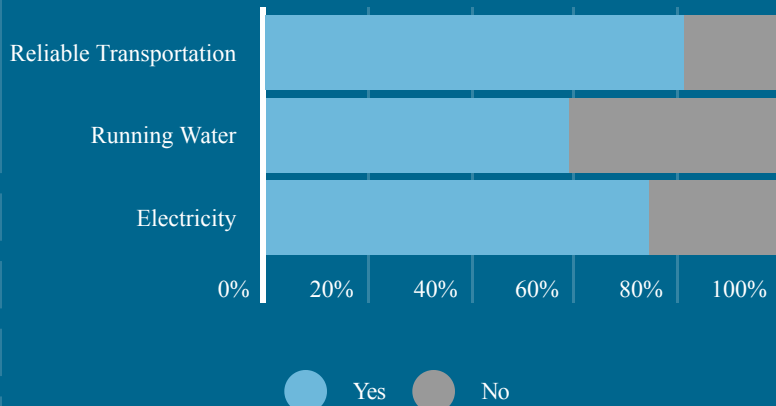
diabetes
road maintenance
drugs/alcohol abuse
cirrhosis
waste management
housing trash

Data from Welfare Checks

Resources Requested by and Delivered to COVID+ and High Risk Households



Do you have the following?



3

Median Household Size



11

Maximum Household Size



KAIBETO

(K'AI'BII'TO' – WILLOW'S WITHIN
THE SPRING WATER)



Kaibeto Chapter is located in the northeast portion of the Service Area. The land base has many natural willow springs which are drained by Kaibeto Creek. This gives the area the Navajo name – K'ai'bii'to'. Historically, many people from this area escaped the Long Walk by hiding out in the canyon of the Colorado River now flooded by Lake Powell. Kaibeto was very remote before U.S. 98 was completed in the 1970's.

Today many of the Kaibeto people live in rural settings with most maintaining a traditional lifestyle. Some residents live in hogans or octagons while others seek modern types of housing made with wood, cinder block, government housing, school housing, mobile homes, manufactured homes and Graceland portable sheds.

Arizona Public Service provides electricity to the Kaibeto community housing developments and some families that live close enough to a power line for connection of services. Those living in the outlying areas may use generators, solar panels, kerosene lanterns, wood, coal and propane for lighting, heating and cooking.

Homes receive their potable water from three sources: ground water pumped from wells, water from streams or springs and surface water from rivers or lakes. All water is pretreated, filtered and post treated by Navajo Tribal Utility Authority. A majority of the people in outlying areas have septic tanks or use outdoor toilet facilities.

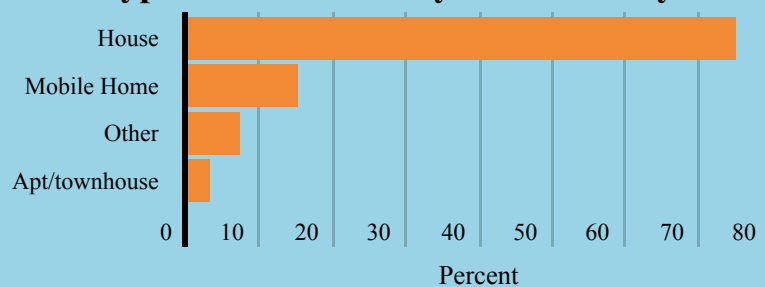
There is no waste transfer station in Kaibeto. The nearest one is 15 miles away in the Tonalea Community.

Tuba City Regional Health Care Corporation (TCRHCC) is 50 miles away. Page Banner Hospital is more than 30 miles away. TCRHCC Mobile Medical and Dental Units provide services on certain days of the week. Inscription House Health Center, offering weekday ambulatory care services, is located 20 miles away. Kaibeto has an Assisted Living Center.

Projected 2020 census population: 1966

Housing and Employment

What type of residence do you live or stay in?



Do you call this residence your own?



How many people live in your home?



4.1

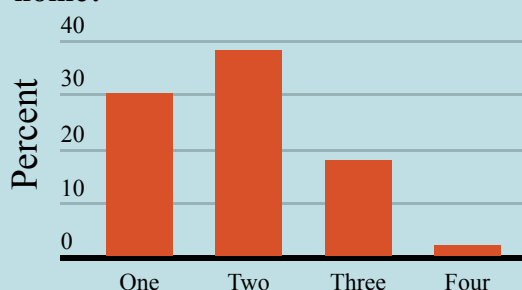
Average number of persons in a home

1 - 13

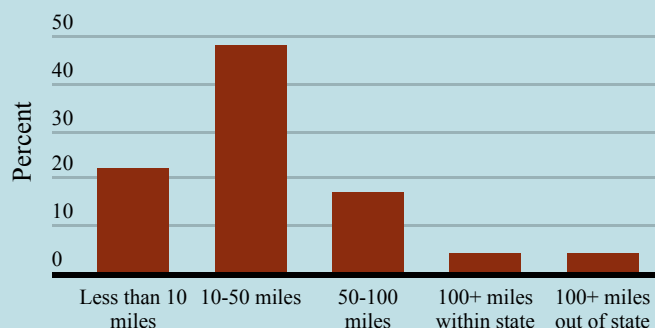
Range of persons in a home

data from Community Needs Survey

How many generations live in your home?



How far do you travel for work?

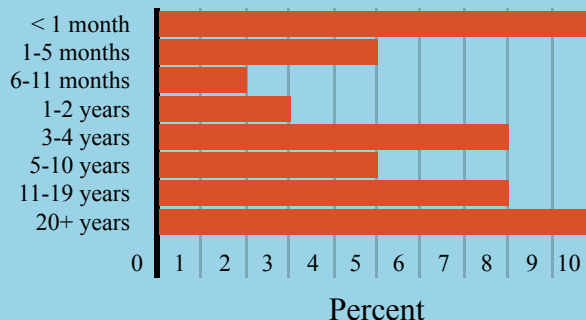


Employment Status (people under age 65)

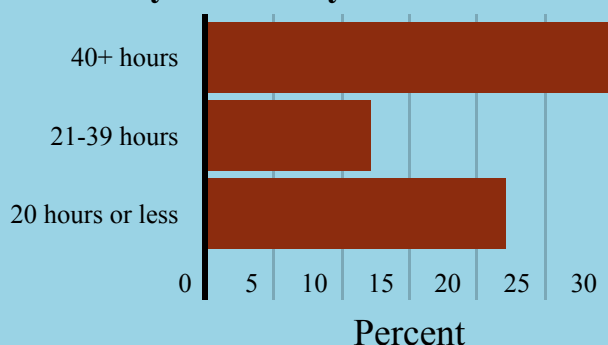


Of the 49% of survey respondents who get paid to work, 4% are self employed.

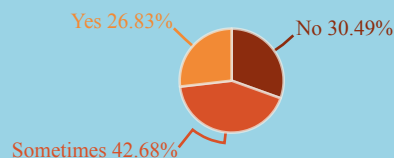
How long have you been in your current job?



How many hours do you work a week?



Is your income adequate to support you and your family?



Access to Resources



10%

Percent of respondents without electricity.



13%

Percent of respondents without running water or indoor plumbing.



36%

Percent of respondents with limited or no wifi.



11-49 miles

Median distance travelled to buy food.



60%

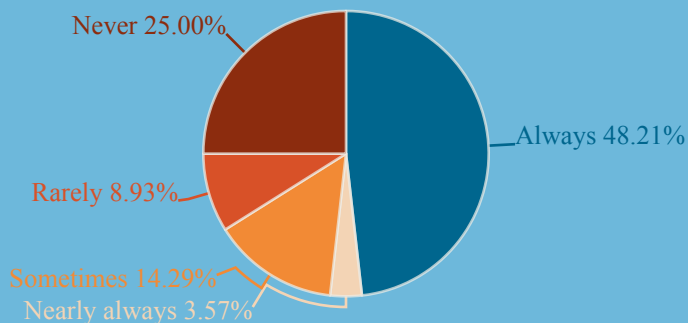
Respondents who "Often" or "Sometimes" worried they may not have money to buy more food.



54%

Respondents who "Often" or "Sometimes" ran out of food and didn't have money for more.

Do you have access to a safe place to exercise?



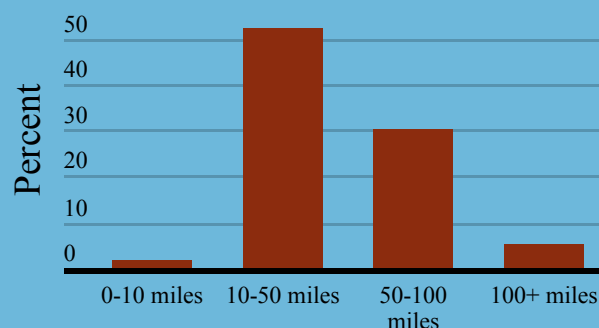
What is your usual transportation?

Driving self in own vehicle

          **61%**

Of those respondents that do not own a vehicle, 38% usually borrow a vehicle, 33% usually get a ride from a friend or family member, and 12% walk or hitchhike wherever they need to go.

How far do you travel for healthcare?



Community Priorities

What service is most important in each of the following categories?

Topic	Top Two Priorities
Medical Care	General medical care (includes surgery, radiology, etc.), Emergency medical care (ER Department)
Ancillary Services	Dental Care, Pharmacy
Mental Health	Mental health counseling & treatment, Inpatient mental health care
Family Planning and Support	Prevention of gestational diabetes, Prenatal Care
Child Care	Car seats for children, Headstart
Family Education/Preventative Care	COVID Vaccination, PE & Exercise Programs
Chronic Illness Support	Diabetes, Heart Care
Elderly Wellness	Care for the Elderly/Fall Prevention, Nursing Home Care
Behavioral Health	Alcohol/Drug Counseling & Treatment, Domestic Violence Counseling & Shelter
Communicable Disease/Prevention	COVID Prevention (mask wearing, hand washing, etc), Food Handler's training/certification
Environmental Surveillance	Water Quality, Air Quality
Community Services	Language Translation/Interpretation Services, Food Assistance
Civic Services	Police Department, Fire Department

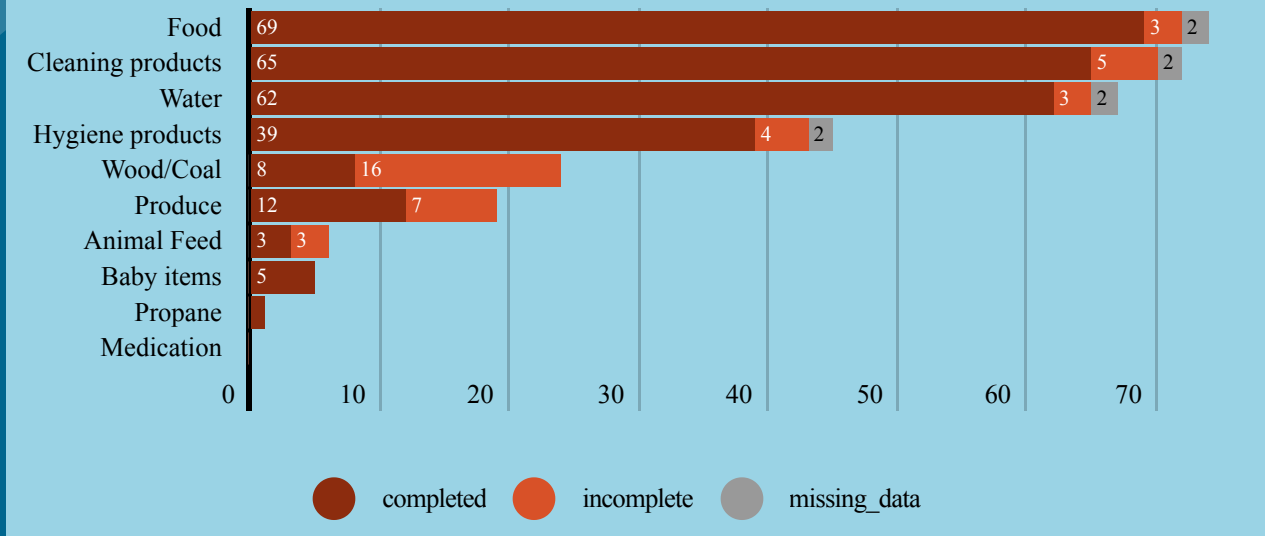
What are the top 3 community health problems in your community?

The sizes of these words show how frequently each concern was identified relative to the others, with larger words being identified most frequently and smaller words being chosen less often.

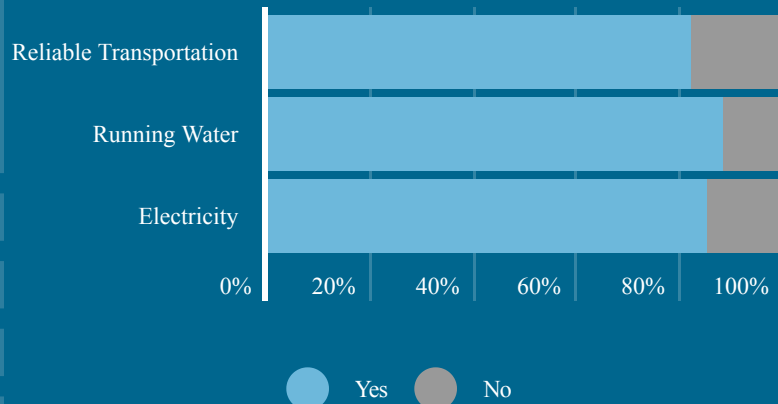


Data from Welfare Checks

Resources Requested by and Delivered to COVID+ and High Risk Households



Do you have the following?



5

Median Household Size



12

Maximum Household Size



LECHEE

(LICHII'II, WHICH MEANS "RED")



Lechee is located off route 20, just south of Page, AZ. The community is 293,000 acres. The community has eight different tourism sites and a mobile coffee truck called Stay Grounded.

Lechee has Navajo Housing Authority subdivision located near the Chapter house. There are also two mobile home parks in the community.

Families live in hogans or octagons while others seek modern types of housing made with wood, cinder block, and manufactured homes. Some families live in rural areas.

Navajo Tribal Utility Authority (NTUA) supplies the entire community of Lechee and many of the outlying communities along route 20 with electricity and water. Potable water is provided by the city of Page. Lechee is equipped with a gravity fed wastewater treatment facility that is located in Northeast Lechee. The facility connects all residential homes and the Chapter House facility.

Families heat homes with wood and coal. Bottled propane is also available.

Navajo Communications provides landline telephone service. Most cellular carriers work in the Lechee community.

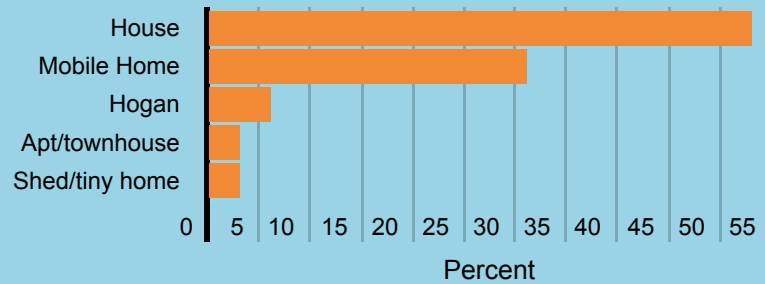
The TCRHCC LeChee Health Facility provides non-emergent primary care. Page Banner Hospital is the nearest hospital. There are several private outpatient clinics and dental clinics available in Page. Lechee has no stores in the community, but the nearest grocery store is less than 10 minutes away in Page.

Lechee Chapter provides a small garbage disposal site. Fees start at \$2.00 for one bag.

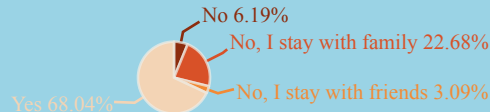
Projected 2020 census population: 1595

Housing and Employment

What type of residence do you live or stay in?



Do you call this residence your own?



How many people live in your home?



2.8

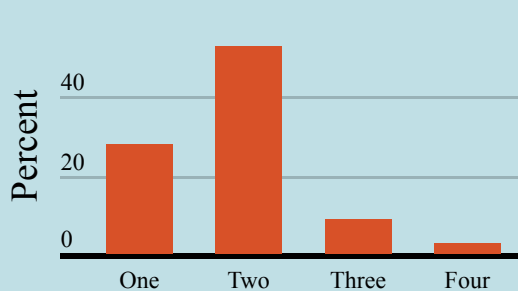
Average number of persons in a home

1 - 6

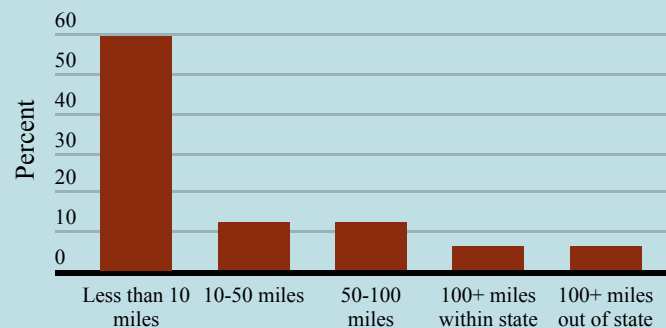
Range of persons in a home

data from Community Needs Survey

How many generations live in your home?



How far do you travel for work?

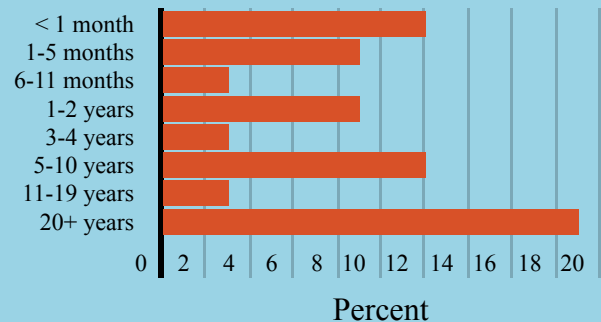


Employment Status (people under age 65)

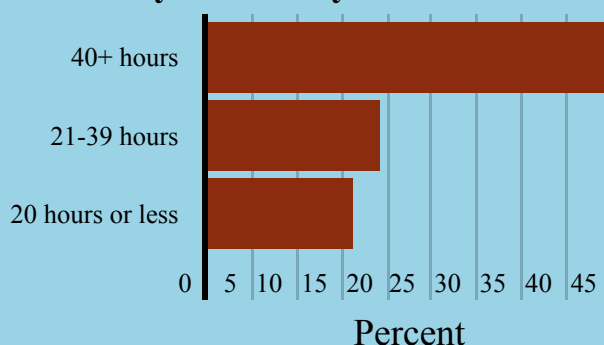


Of the 65% of survey respondents who get paid to work, 11% are self employed.

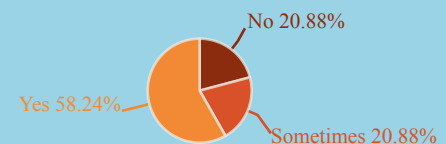
How long have you been in your current job?



How many hours do you work a week?



Is your income adequate to support you and your family?



Access to Resources



0%

Percent of respondents without electricity.



6%

Percent of respondents without running water or indoor plumbing.



34%

Percent of respondents with limited or no wifi.



0-10 miles

Median distance travelled to buy food.



37%

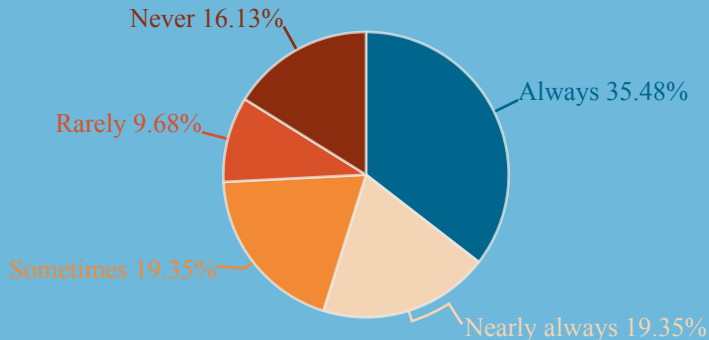
Respondents who "Often" or "Sometimes" worried they may not have money to buy more food.



25%

Respondents who "Often" or "Sometimes" ran out of food and didn't have money for more.

Do you have access to a safe place to exercise?



What is your usual transportation?

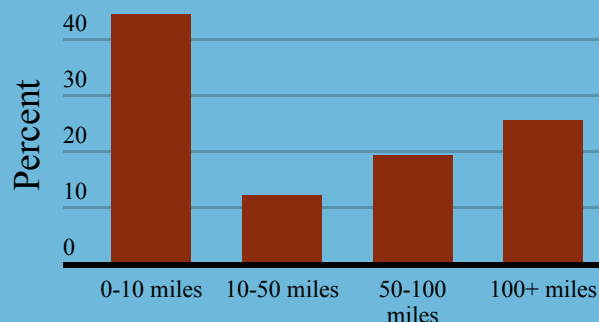
Driving self in own vehicle



88%

Of those respondents that do not own a vehicle, 25% usually borrow a vehicle, 50% usually get a ride from a friend or family member, and 25% take public transport wherever they need to go.

How far do you travel for healthcare?



Community Priorities

What service is most important in each of the following categories?

Topic	Top Two Priorities
Medical Care	Emergency medical care (ER Department), Ambulance services (Ambulance and EMT's)
Ancillary Services	Pharmacy, Dental Care
Mental Health	Suicide Intervention, Emergency mental health treatment
Family Planning and Support	Sex education, Prenatal Care
Child Care	Daycare for children, Headstart
Family Education/Preventative Care	COVID Vaccination, Non-COVID Immunizations/Flu Shots
Chronic Illness Support	Diabetes, Cancer Info & Exams (mammography, pap smears, prostate cancer screening)
Elderly Wellness	Care for the Elderly/Fall Prevention, Nursing Home Care
Behavioral Health	Domestic Violence Counseling & Shelter, Alcohol/Drug Counseling & Treatment
Communicable Disease/Prevention	COVID Prevention (mask wearing, hand washing, etc), Sexually Transmitted Infections
Environmental Surveillance	Water Quality, Air Quality
Community Services	Food Assistance, Domestic Violence Shelters
Civic Services	Police Department, Fire Department

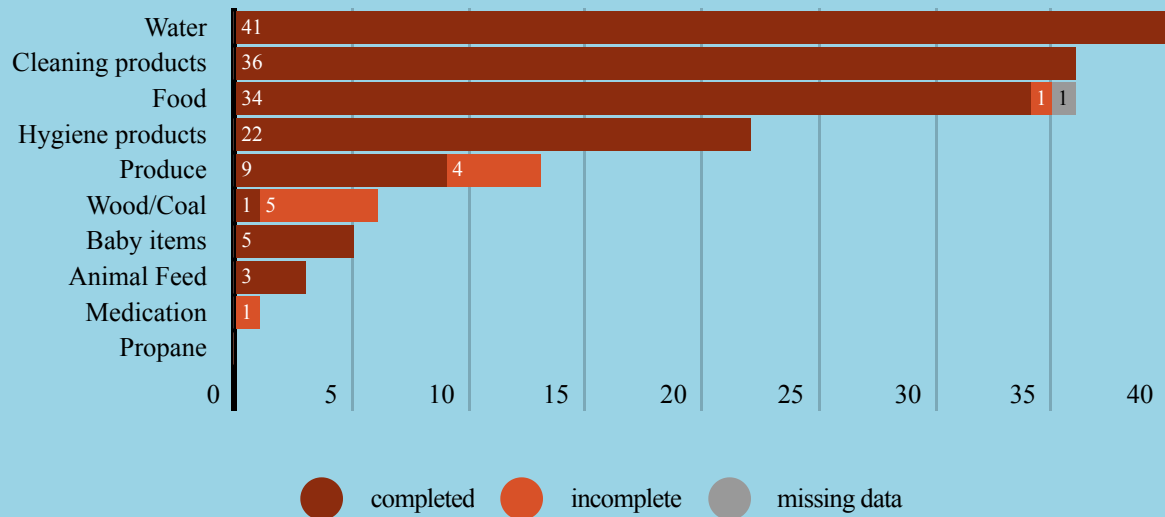
What are the top 3 community health problems in your community?

The sizes of these words show how frequently each concern was identified relative to the others, with larger words being identified most frequently and smaller words being chosen less often.

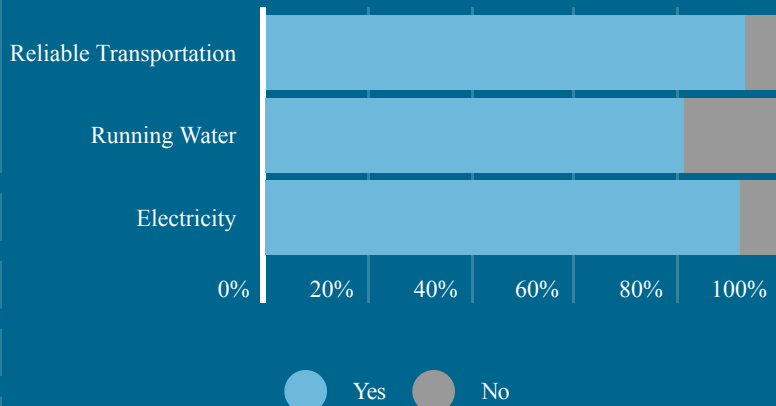
hypertension
diabetes
 domestic violence
 drugs/alcohol abuse
 elderly care

Data from Welfare Checks

Resources Requested by and Delivered to COVID+ and High Risk Households



Do you have the following?



4

Median Household Size



7

Maximum Household Size



MOENCOPI

(MUNGAPI - RUNNING WATER)



Moencopi Community is a Hopi village located near Tuba City. There are many springs and streams which give it the Hopi Name – Mungapi. This village is a satellite village of Oraibi which lies 40 miles to the east, initially used as summer fields for the village of Oraibi. Moencopi has an upper village, which is progressive, and lower village, which is traditional. The Hopi culture is based on their concept of harmony with nature and rebirth. They have strong connections to the land, mother earth. The majority of people living here still practice a traditional lifestyle.

The Hopi have rock or adobe houses with flat roofs supported by pine beams, while others seek modern types of housing of cinder block, mobile home and manufactured homes. There is Bureau of Indian Education (BIE) housing and Rent to Own HUD Housing.

Moencopi Utility Authority (MUA) provides electricity to the upper Moencopi village. Those living in the lower village who have no electric may use generators, solar panels, kerosene lanterns, wood, coal and propane for lighting, heating and cooking.

Water is supplied by, pretreated, filtered and post treated by Moencopi Utility Authority (MUA) to Upper Village homes. The housing units channel wastewater through sewer lagoons and dispersal fields. The lower village has no indoor plumbing so six public hydrants are placed around the lower village for water use. Lower village also has a spring that continuously runs. There is a communal shower/toilet facility for the lower village members.

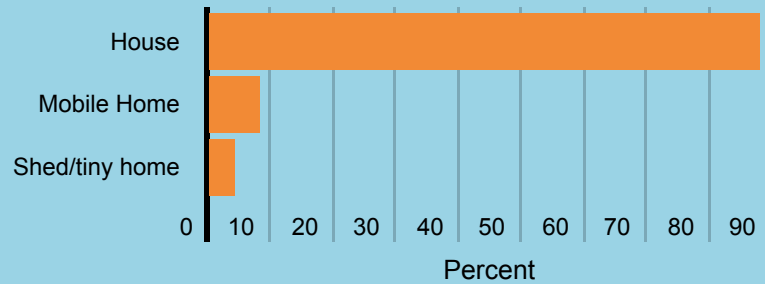
The people use Tuba City's Transfer Station for community solid waste disposal and recycling which helps stop open pit dumping and burning. Historically this community had concerns about uranium dumping contributing to water contamination.

Tuba City Regional Health Care Corporation (TCRHCC) is 2 miles north of the community. Flagstaff Medical Center is 75 miles south. Hopi Health Care Center is 55 miles east. The TCRHCC medical and dental mobile units provide services on certain days of the week. There is a Hopi Assisted Living Center.

Projected 2020 census population: 1250

Housing and Employment

What type of residence do you live or stay in?



Do you call this residence your own?



How many people live in your home?



3.9

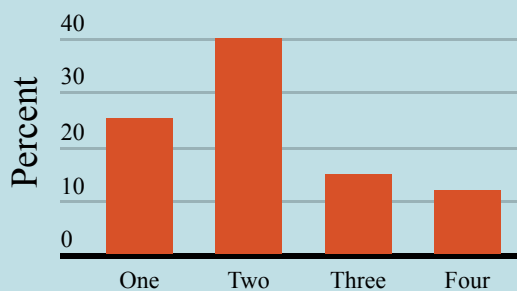
Average number of persons in a home

1 - 11

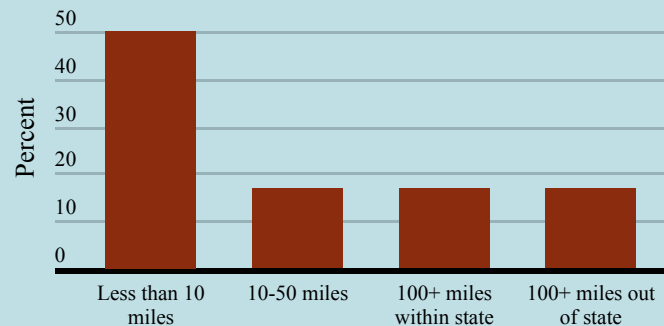
Range of persons in a home

data from Community Needs Survey

How many generations live in your home?



How far do you travel for work?

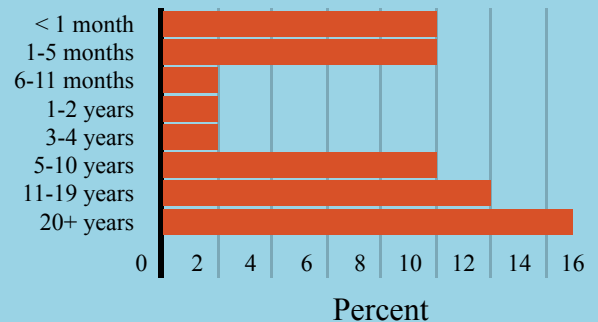


Employment Status (people under age 65)

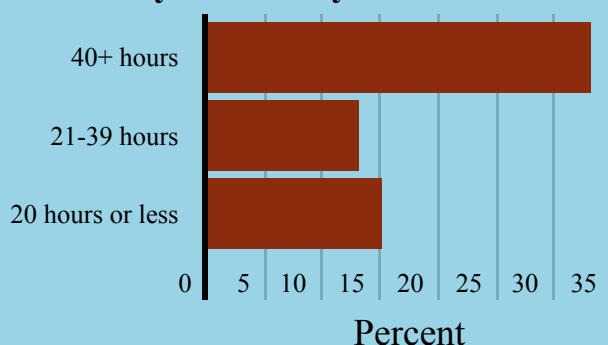


Of the 45% of survey respondents who get paid to work, 11% are self employed.

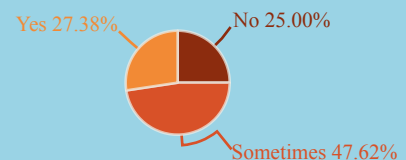
How long have you been in your current job?



How many hours do you work a week?



Is your income adequate to support you and your family?



Access to Resources



4%

Percent of respondents without electricity.



10%

Percent of respondents without running water or indoor plumbing.



42%

Percent of respondents with limited or no wifi.



0-10 miles

Median distance travelled to buy food.



51%

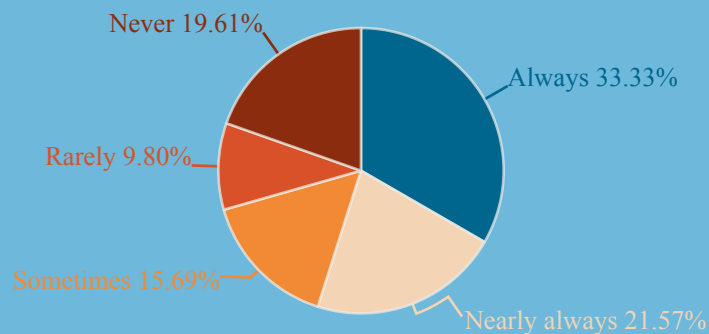
Respondents who "Often" or "Sometimes" worried they may not have money to buy more food.



37%

Respondents who "Often" or "Sometimes" ran out of food and didn't have money for more.

Do you have access to a safe place to exercise?



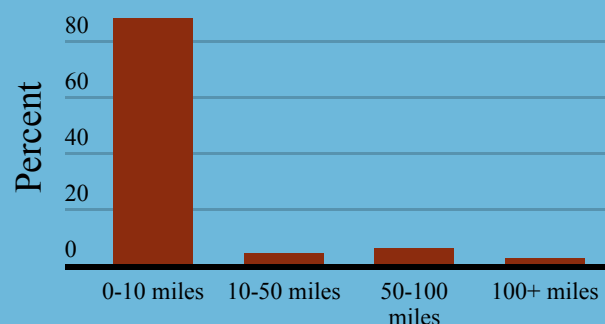
What is your usual transportation?

Driving self in own vehicle

          **68%**

Of those respondents that do not own a vehicle, 11% usually borrow a vehicle, 44% usually get a ride from a friend or family member, and 39% walk or hitchhike wherever they need to go.

How far do you travel for healthcare?



Community Priorities

What service is most important in each of the following categories?

Topic	Top Two Priorities
Medical Care	Emergency medical care (ER Department), General medical care (includes surgery, radiology, etc.)
Ancillary Services	Eye clinic, Pharmacy
Mental Health	Suicide Intervention, Adolescent mental health care
Family Planning and Support	Prevention of gestational diabetes, Prenatal Care
Child Care	Car seats for children, Daycare for children
Family Education/Preventative Care	COVID Vaccination, Non-COVID Immunizations/Flu Shots
Chronic Illness Support	Heart Care, Diabetes
Elderly Wellness	Nursing Home Care, Care for the Elderly/Fall Prevention
Behavioral Health	Alcohol/Drug Counseling & Treatment, Domestic Violence Counseling & Shelter
Communicable Disease/Prevention	COVID Prevention (mask wearing, hand washing, etc), Foodborne illness
Environmental Surveillance	Water Quality, Air Quality
Community Services	Child Protective Services, Food Assistance
Civic Services	Police Department, Fire Department

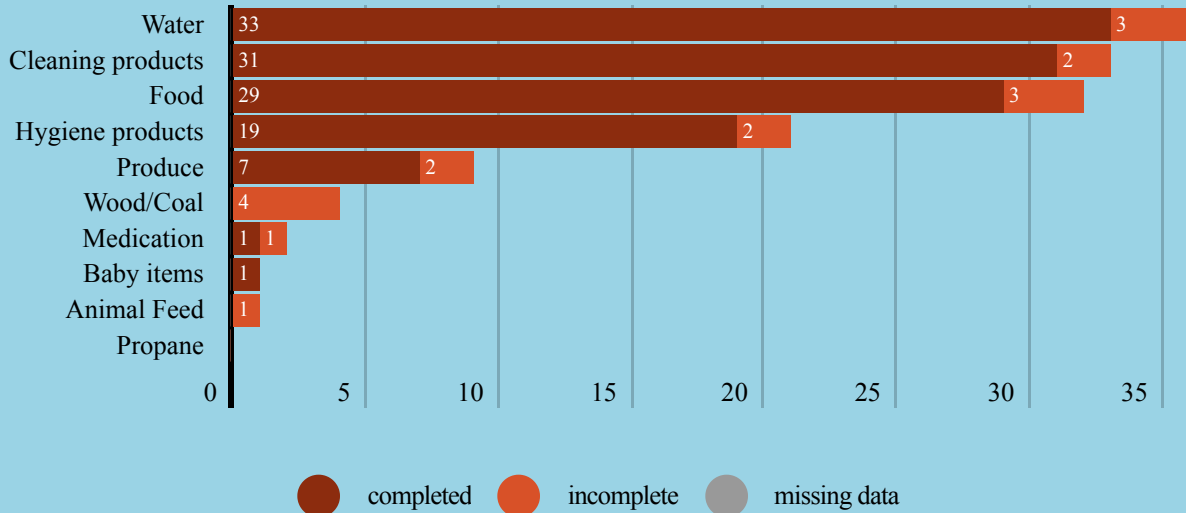
What are the top 3 community health problems in your community?

The sizes of these words show how frequently each concern was identified relative to the others, with larger words being identified most frequently and smaller words being chosen less often.

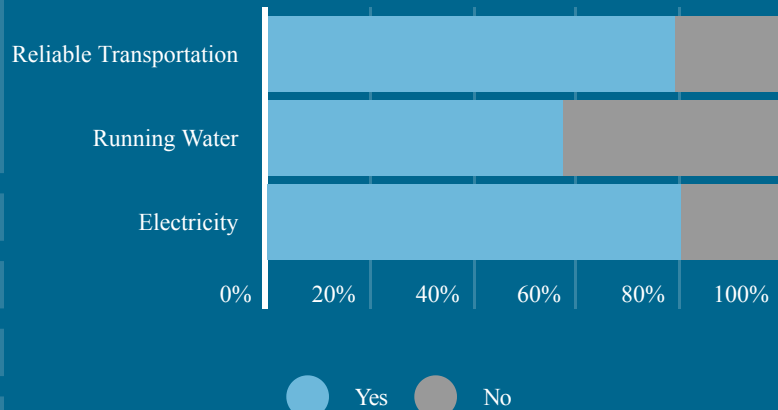


Data from Welfare Checks

Resources Requested by and Delivered to COVID+ and High Risk Households



Do you have the following?



4

Median Household Size



11

Maximum Household Size



TONALEA

(TO'NEHELIH - COLLECTING OF WATER)



Tonalea Chapter is on highway 160 east of Tuba City. The land is drained by streams which flow southwest towards the Red Lake and Cow Spring areas which gives it the Navajo Name – To'neheli. Its history is of a progressive, prosperous place -- a way station on the popular migration route first used by the Anasazi, later the Spanish and Navajo, then the Mormons. Many of the people still maintain a traditional lifestyle. Today many of the Tonalea people live in rural settings. Some residents live in hogans or octagons, while others seek modern types of housing made with wood, cinderblock, mobile homes and manufactured homes. There is also Bureau of Indian Education School Housing and government Housing.

Navajo Tribal Utility Authority and Arizona Public Service provides electricity to the Tonalea community housing developments and some families that live close enough to a power line for connection of services. Those living in the outlying areas may use generators, kerosene lanterns, wood, coal and propane for lighting, heating and cooking. NTUA also has a solar energy program for income qualified families to convert to solar and wind energy. Some families that live in the former Bennett Freeze Area are still waiting for electric.

Water is supplied by Navajo Tribal Utility Authority to most families. There are scattered windmills which are meant to supply water for livestock use, but many families still use the water for human consumption. The housing units and scattered housing projects have plumbing. The housing units channel wastewater through sewer lagoons and dispersal fields maintained by NTUA. Majority of the people in outlying areas have septic tanks or use outdoor toilet facilities.

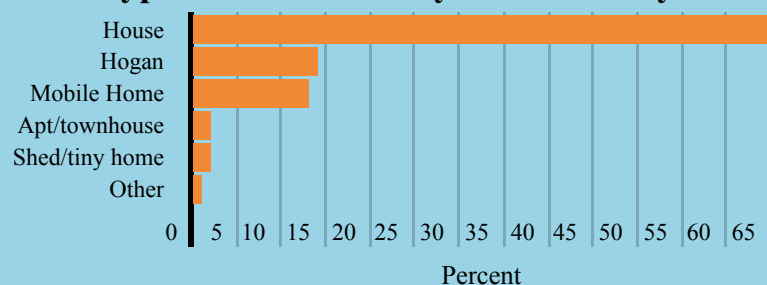
The Chapter has a Waste Transfer System for the community solid waste disposal and recycling which helps stop open pit dumping and burning.

Tuba City Regional Health Care Corporation is 30 miles away. Page Banner Hospital is more than 50 miles away. TCRHCC has a medical and dental mobile unit servicing this community on certain days of the week.

Projected 2020 census population: 2025

Housing and Employment

What type of residence do you live or stay in?



Do you call this residence your own?



How many people live in your home?



3.7

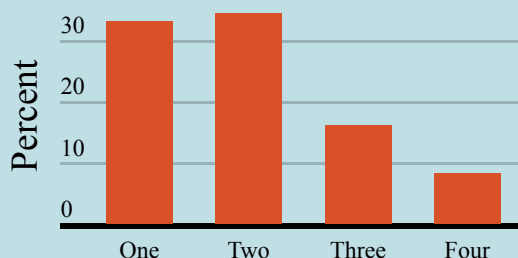
Average number of persons in a home

1 - 13

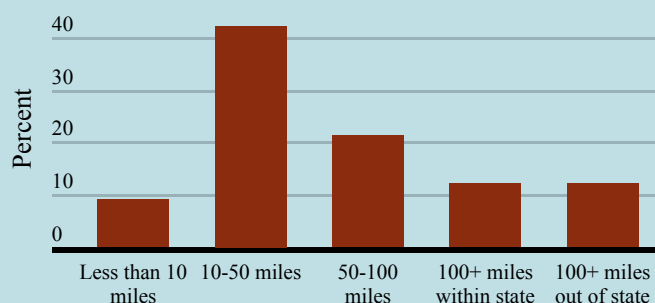
Range of persons in a home

data from Community Needs Survey

How many generations live in your home?



How far do you travel for work?



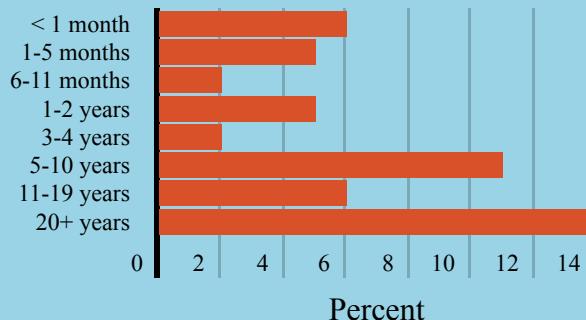
Employment Status (people under age 65)



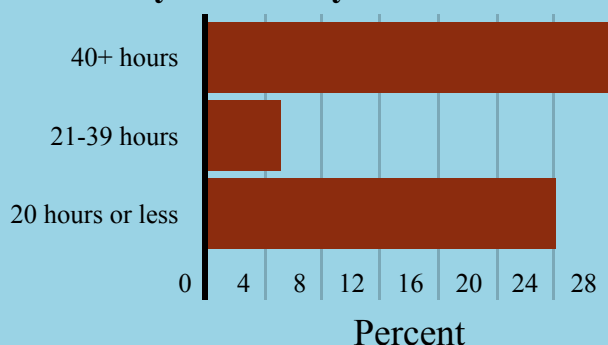
38%

Of the 38% of survey respondents who get paid to work, 0% are self employed.

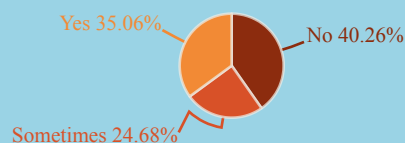
How long have you been in your current job?



How many hours do you work a week?



Is your income adequate to support you and your family?



Access to Resources



18%

Percent of respondents without electricity.



9%

Percent of respondents without running water or indoor plumbing.



50%

Percent of respondents with limited or no wifi.



11-49 miles

Median distance travelled to buy food.



59%

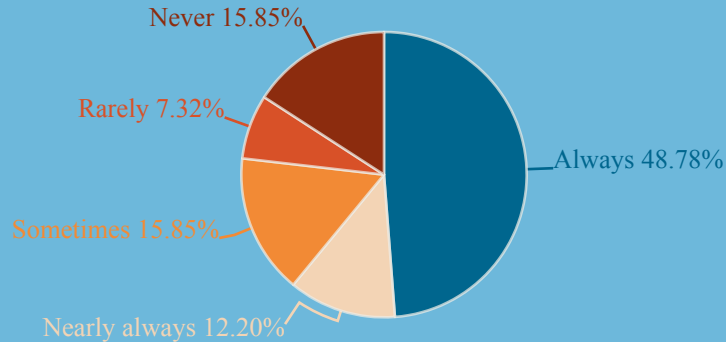
Respondents who "Often" or "Sometimes" worried they may not have money to buy more food.



43%

Respondents who "Often" or "Sometimes" ran out of food and didn't have money for more.

Do you have access to a safe place to exercise?



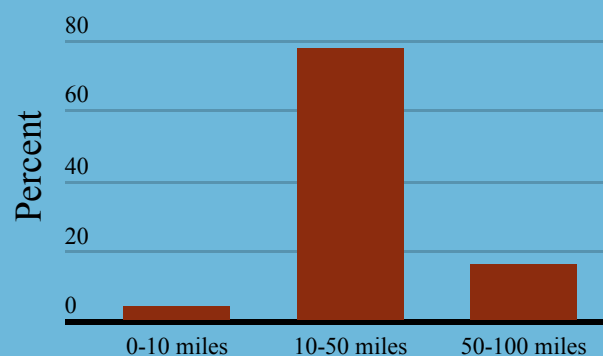
What is your usual transportation?

Driving self in own vehicle

          **63%**

Of those respondents that do not own a vehicle, 32% usually borrow a vehicle, 24% usually get a ride from a friend or family member, and 26% walk or hitchhike wherever they need to go.

How far do you travel for healthcare?



Community Priorities

What service is most important in each of the following categories?

Topic	Top Two Priorities
Medical Care	General medical care (includes surgery, radiology, etc.), Emergency medical care (ER Department)
Ancillary Services	Dental Care, Pharmacy
Mental Health	Mental health counseling & treatment, Inpatient mental health care
Family Planning and Support	Prevention of gestational diabetes, Prenatal Care
Child Care	Car seats for children, Daycare for children
Family Education/Preventative Care	PE & Exercise Programs, COVID Vaccination
Chronic Illness Support	Diabetes, Cancer Care
Elderly Wellness	Nursing Home Care, Care for the Elderly/Fall Prevention
Behavioral Health	Alcohol/Drug Counseling & Treatment, Domestic Violence Counseling & Shelter
Communicable Disease/Prevention	COVID Prevention (mask wearing, hand washing, etc), Food Handler's training/certification
Environmental Surveillance	Water Quality, Air Quality
Community Services	Child Protective Services, Language Translation/Interpretation Services
Civic Services	Police Department, Fire Department

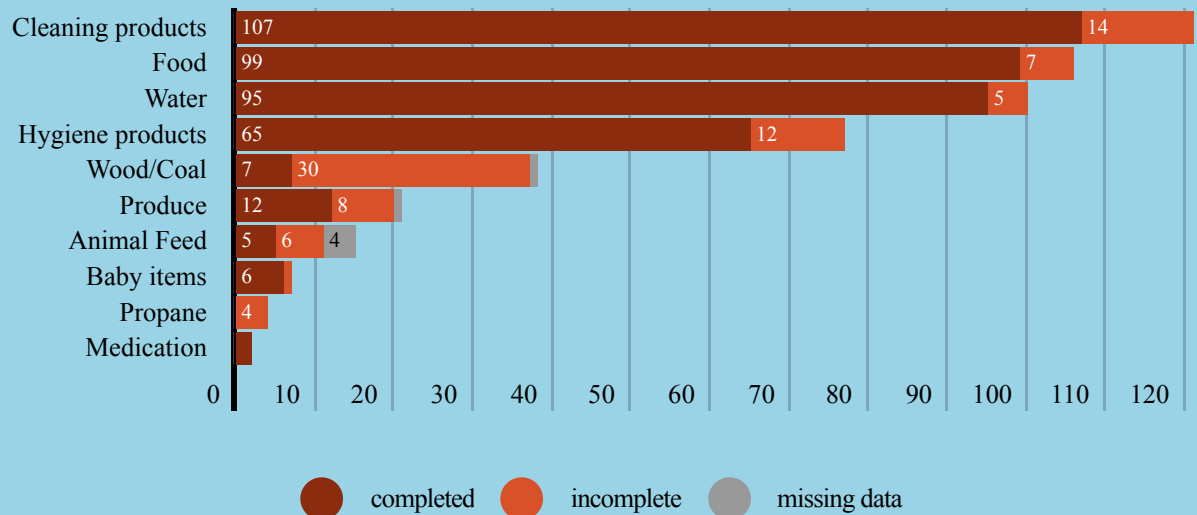
What are the top 3 community health problems in your community?

The sizes of these words show how frequently each concern was identified relative to the others, with larger words being identified most frequently and smaller words being chosen less often.

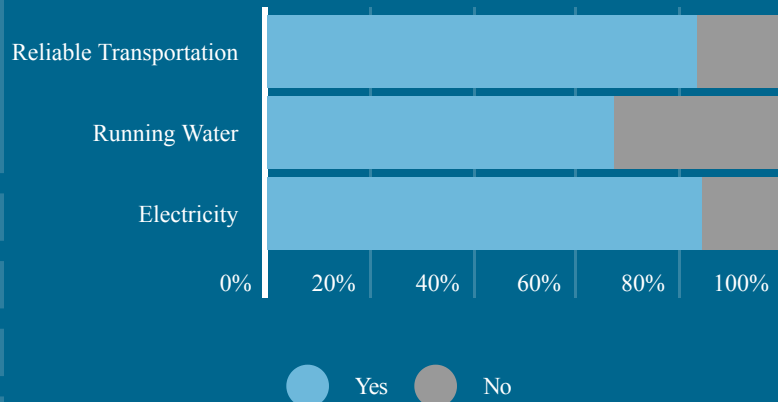


Data from Welfare Checks

Resources Requested by and Delivered to COVID+ and High Risk Households



Do you have the following?



4

Median Household Size



11

Maximum Household Size



TUBA CITY

(TO'NANEESDIZI, WHICH MEANS "TANGLED WATERS")



Tuba City is the Navajo Nation's largest community and the headquarters of the Western Navajo Agency. Tuba City has many springs below ground surface which are the source of several reservoirs giving the area its name -To'Naneesdizi. Tuba City gets its English name from the area's first Mormon settlers who befriended a Hopi Chief named Tuuvi. Historically, Tuba City was a uranium town being the regional office for Rare Metals Corporation and the Atomic Energy Commission. Tuba City also has the largest Boarding School in the U.S. established in 1898 by Bureau of Indian Affairs. Tuba City is a melting pot of many cultures but mostly Navajo and Hopi people.

Although Tuba City is considered a town, many of the people still live in rural settings. Housing in Tuba City is a mix of hogans, octagons, stone buildings, government housing, hospital housing, school housing, wood frame houses, mobile homes, manufactured homes and Graceland portable sheds.

Arizona Public Services and Navajo Tribal Utility Authority supply Tuba City with electricity. Those living in the remote areas use generators, propane, kerosene lanterns, wood for light, cooking and heating. NTUA also has a solar energy program for income qualified families to convert to solar and wind energy.

Water is supplied by NTUA who also maintains the sanitary wastewater system in Tuba City and has a large network of water/wastewater utility lines. The housing units channel wastewater through sewer lagoons and dispersal fields maintained by NTUA. Septic tanks and outdoor toilet facilities are still utilized by some residents of the community.

Tuba City has a large Basha's grocery store with a Starbucks, several convenience stores and dollar stores, several fast food restaurants, two full-service restaurants, and a local coffee shop.

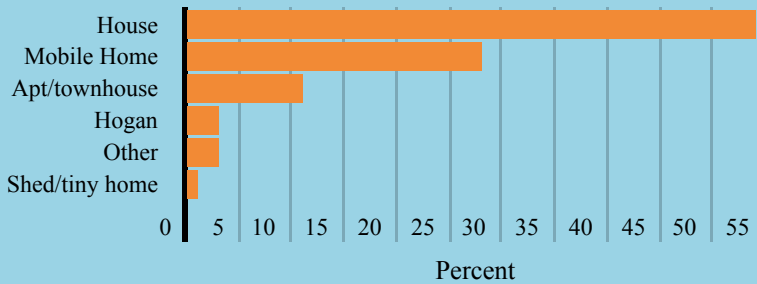
Tuba City has a Waste Transfer System for the community solid waste disposal and recycling which helps stop open pit dumping and burning. This community historically had land contamination with uranium dumping and open pits.

Tuba City Regional Health Care Corporation is in Tuba City. There is also a medical and dental mobile unit available on certain days of the week servicing outlying areas.

Projected 2020 census population: 9255

Housing and Employment

What type of residence do you live or stay in?



Do you call this residence your own?



How many people live in your home?



4.6

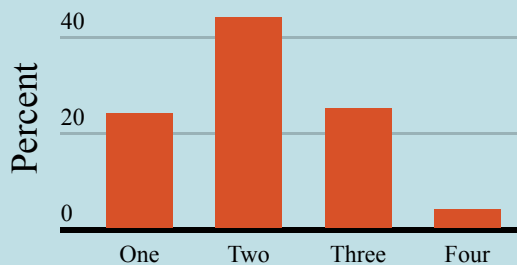
Average number of persons in a home

1 - 14

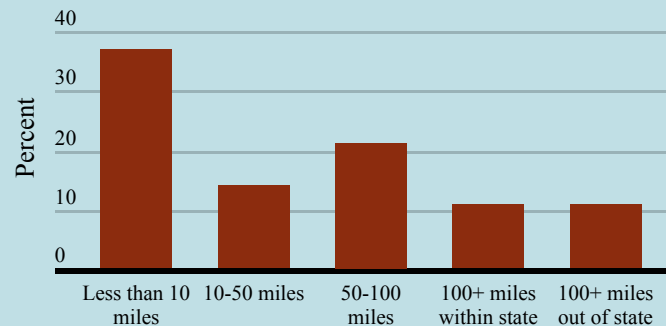
Range of persons in a home

data from Community Needs Survey

How many generations live in your home?



How far do you travel for work?



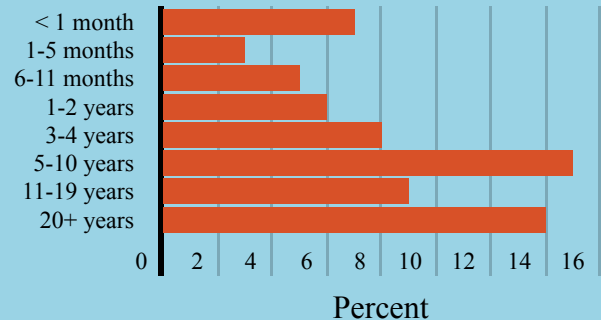
Employment Status (people under age 65)



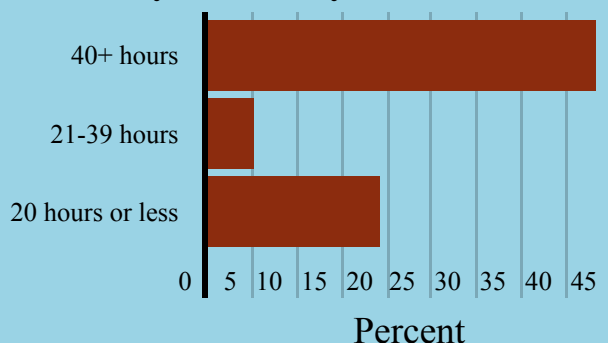
59%

Of the 59% of survey respondents who get paid to work, 10% are self employed.

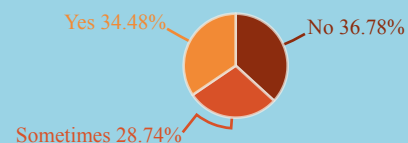
How long have you been in your current job?



How many hours do you work a week?



Is your income adequate to support you and your family?



Access to Resources



8%

Percent of respondents without electricity.



9%

Percent of respondents without running water or indoor plumbing.



34%

Percent of respondents with limited or no wifi.



0-10 miles

Median distance travelled to buy food.



51%

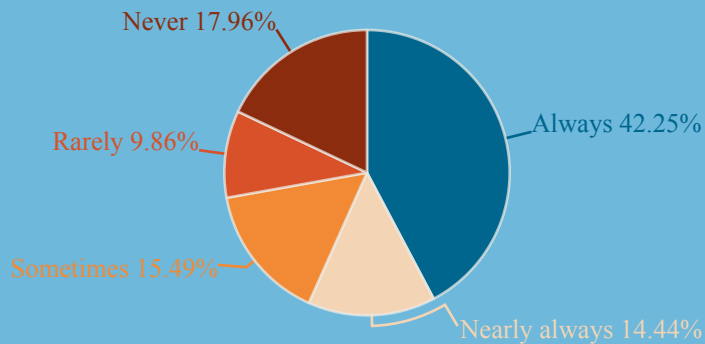
Respondents who "Often" or "Sometimes" worried they may not have money to buy more food.



41%

Respondents who "Often" or "Sometimes" ran out of food and didn't have money for more.

Do you have access to a safe place to exercise?



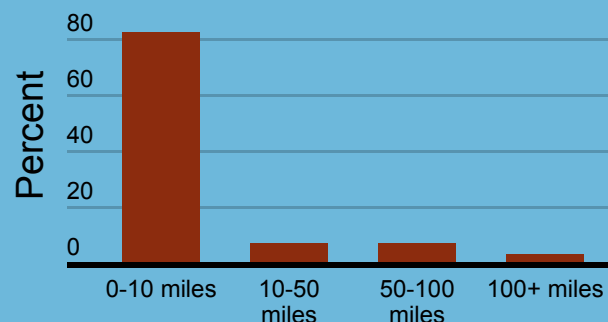
What is your usual transportation?

Driving self in own vehicle

         **75%**

Of those respondents that do not own a vehicle, 33% usually borrow a vehicle, 29% usually get a ride from a friend or family member, and 29% walk or hitchhike wherever they need to go.

How far do you travel for healthcare?



Community Priorities

What service is most important in each of the following categories?

Topic	Top Two Priorities
Medical Care	General medical care (includes surgery, radiology, etc.), Emergency medical care (ER Department)
Ancillary Services	Dental Care, Pharmacy
Mental Health	Mental health counseling & treatment, Suicide Intervention
Family Planning and Support	Prevention of gestational diabetes, Family planning & birth control
Child Care	Car seats for children, Daycare for children
Family Education/Preventative Care	Nutrition Counseling, COVID Vaccination
Chronic Illness Support	Diabetes, Heart Care
Elderly Wellness	Nursing Home Care, Care for the Elderly/Fall Prevention
Behavioral Health	Alcohol/Drug Counseling & Treatment, Domestic Violence Counseling & Shelter
Communicable Disease/Prevention	COVID Prevention (mask wearing, hand washing, etc), Sexually Transmitted Infections
Environmental Surveillance	Water Quality, Air Quality
Community Services	Child Protective Services, Language Translation/Interpretation Services
Civic Services	Police Department, Fire Department

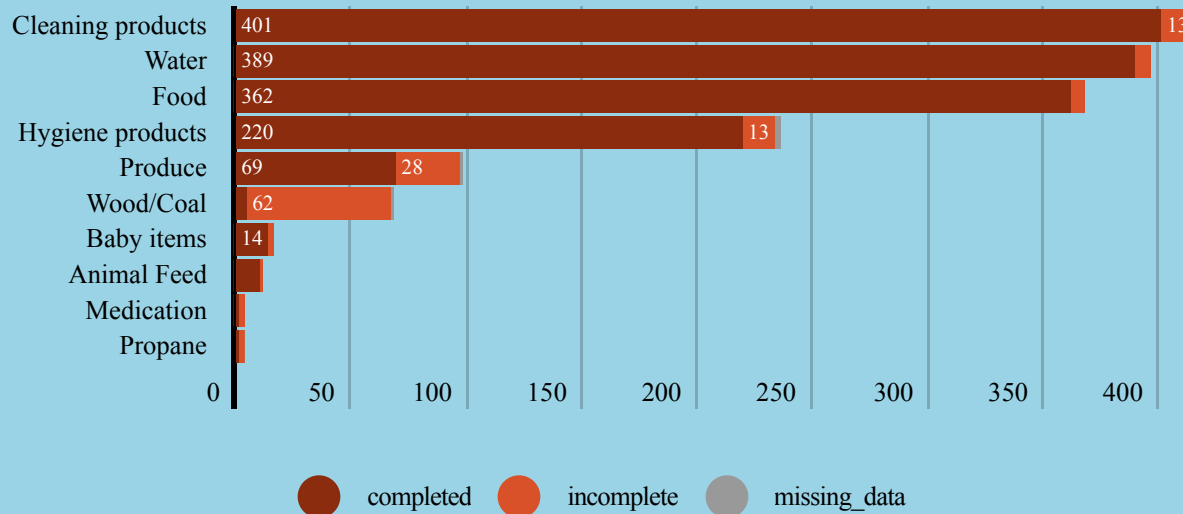
What are the top 3 community health problems in your community?

The sizes of these words show how frequently each concern was identified relative to the others, with larger words being identified most frequently and smaller words being chosen less often.

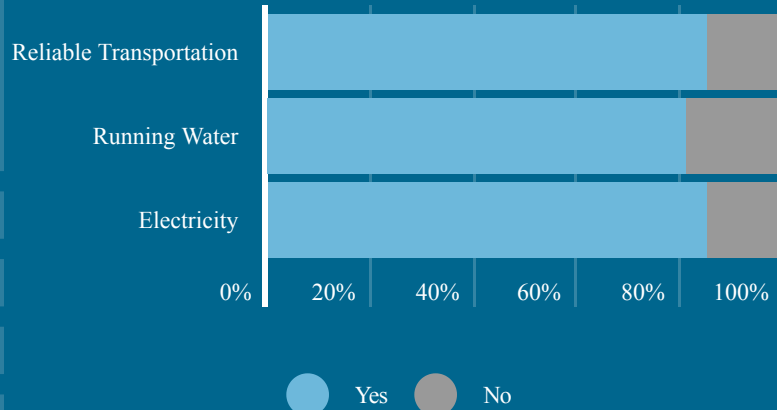


Data from Welfare Checks

Resources Requested by and Delivered to COVID+ and High Risk Households



Do you have the following?



4

Median Household Size



14

Maximum Household Size



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