

Overview

DCAA was formed in 2011 as a response to the high rates of obesity, diabetes, and the complications of these health issues among children, youth, families, adults, and elders living in the Navajo communities.

Navajo Nation is a 27,000-square-mile area in 3 states—Arizona, New Mexico, and Utah.

Mission

“DCAA is comprised of grassroots level community health advocates from various communities to raise awareness, inform, educate, and mobilize community members to combat obesity, diabetes, and other chronic health issues.” –DCAA Facebook page



Constituency

- Navajo (and other American Indian)
- African American, Asian, Latino, White
- Ages 6-65+
- LGBTQ
- Relative Caregivers
- People with Disabilities

Local Conditions & Critical Issues Impacting 0-5 Childhood Health in Navajo Nation

Food Deserts

There is more availability of inexpensive highly processed foods and sugary drinks compared to clean drinking water and fresh healthy foods in local stores and schools—the nearly 300,000 residents of the Navajo Nation are served by only 10 grocery stores (with 80% of one store's inventory comprised of junk food).¹

Lack of Access to Healthcare on the Reservation

This includes significant transportation barriers to health care, as well as supermarkets and schools.

“We have a couple of children who have type 1 diabetes where we live, and they have to drive off the reservation, I mean round trip about... 12 hours just to receive the care. We do not have that care for them... We need more healthy food access. Not only in our local grocery stores, convenient stores but also in the schools. And that is a huge concern especially when we're looking in the areas of Navajo where they drive hundreds of miles to go to the grocery store... Families strive to keep their children in local Head Start or pre-school programs due to closures or lack of schools nearby.” –Denisa Livingston, DCAA

Limited Health & Wellness Programs in the Community & Schools

High Rates of Suicide, Addiction (including rise in methamphetamine use), & Domestic Violence

Uranium Exposure

Including inhalation, eating, drinking, and absorption, resulting in higher prevalence of cancer and other health conditions (kidney disease) including effects on birth outcomes and child development.

“[we have] over 300 abandoned uranium mines on the Navajo nation that have not been cleaned up. So there's still exposure and that's one thing that they're looking into... [are] the women who are pregnant or maybe just recently have had a baby, and also the young children and youth, who have been exposed to radiation.”

Lack of a Comprehensive Health Policy for Navajo Nation

Limited Access to Early Childhood Education Programs & Funding

Including Head Start closures—Only 41% of 3-4 year olds in the Navajo Nation Region are enrolled in early childhood education.²

“We've seen grandparents... they're aged. They can barely take care of themselves... they're left to care of the younger children... the older children are obligated to take care of their younger siblings... they become the adult in the family.”

Key Indicators of Childhood Health in Navajo Nation

The prevalence and incidence of **type 2 diabetes** increases in adolescents ages 15–19; these youth are more likely to have high prevalence of unhealthy behaviors and evidence of **severely depressed mood**.¹

58%

of Eastern Navajo 3-6 year olds were **obese**, and 13% were **overweight**.⁴



Nearly 7 of 10 Navajo preschoolers have untreated early childhood **tooth decay**,⁵ which has a negative impact on children's health and wellbeing (eating, sleeping, self-esteem, home and school functioning).⁶

58.9

low weight births per 1000.³ The leading cause of death for infants are disorders related to short gestation and low birth weight.

Current Wellness & Safety Efforts

- **Monitoring of Food Policy Implementation**—ongoing grassroots involvement in the implementation plan and monitoring of the Healthy Diné Nation Act of 2014 (also known as the Unhealthy Foods 2% Sales Tax with the sister bill of the Elimination of Sales Tax on Healthy Foods) including community collaboration with other organizations in cities that have passed similar food policies.
- **Community-Defined Wellness Planning Efforts**—brainstorming, prioritization and development of a long-term community wellness plans (advocacy and wellness projects) defined and supported by children and families.

“As far as our work [goes], we are going to impact the future generations, ...also [build up] the collectiveness of our group that you know [will remain] for generations to come, which is a huge theme because we don't have all these opportunities available in the Navajo Nation. We are fighting for these things that exist, and once you go to the city and neighboring towns, they have parks, they have beautiful parks...they're funded by taxation, and so we're trying to do something [similar]. . .on Navajo [by being] funded by taxation.”



Community Defined “Best Practices” to Improve Childhood Health

Multigenerational Grassroots Community Advocacy

With genuine participation and meaningful involvement by all members of the community including youth making informed decisions and taking collective action.

“Whether it was the young people to provide their input (children were drawing pictures of what their ideal health project would be), whether it was tribal council or us, it was really the heart of community advocacy. Engaging everybody in all areas to bring them forward to create and impact the policy... there was no template to [guide us]. Every step of the way we were creating and brainstorming and [strategizing] about how we move forward. But it came all from the community members that were at the heart of this...as volunteers that we had the expertise...whether they were retired statisticians...school teachers...retired health professionals...elders...all the age groups are very involved.....”

Leveraging of Strategic Alliances to Strengthen Advocacy Efforts

Including political training, social media, writing policy, etc.

“I think that one of the biggest things that helped us were just groups and programs that provided technical assistance...whatever we lacked...there were groups of people to help us learn about some process or for something to be explained, that was something that really impacted the policy area, because when it did come down to [policy] terminology...that was something that we together sat down and examined every single word that we would use to impact this.”

DCAA Accomplishments in Wellness & Safety

- **Food (Tax) Policy Approach for Obesity Prevention**

Eliminated a 5% tax on healthy foods (ethnic foods, fruits, vegetables, water, etc.) and raised taxes from 5% to 7% on unhealthy foods (candy, pastries, chips, soda, desserts, fried foods, sweetened beverages, and other products with "minimal-to-no-nutritional value"); the sales tax will fund Community Wellness Projects in all 110 chapters on the Navajo Nation to engage the community (e.g., greenhouses, food processing and storage facilities, traditional foods cooking classes, community gardens, farmers' markets).

Allies/Partnerships Working on Children's Health

- Partners in Health and Community Outreach and Patient Empowerment (COPE) Fruit and Vegetable Prescription Program (FVRx) — <https://www.facebook.com/COPEProject/>
- Healing Circle Drop-In Center – Shiprock, NM <https://www.facebook.com/TheHealingCircleDropInCenter/>
- Navajo Nation Human Rights Commission – St. Michaels, AZ <http://www.nnhrc.navajo-nsn.gov/>
- New Mexico Health Year Weight Council – NM
- New Mexico Department of Health – Santa Fe, NM <https://nmhealth.org/>
- Navajo Tax Commission – St. Michaels, AZ <http://www.navajotax.org/>



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