

The Navajo Nation (NN) is the largest sovereign American Indian nation extending into remote areas of northeastern Arizona, northwestern New Mexico, and southeastern Utah. 2004 population estimates indicate that 201,583 Native Americans, nearly all are Navajo, live within the reservation and Trust Lands under the Nation's jurisdiction (U.S. Census). The NN land base is about the size of West Virginia encompasses some 26,109 square miles (excluding newly acquired lands). The population density of the largely rural Navajo reservation area is about 7.2 Native American persons per square mile. About 96% of the NN population is Navajo and other Native American, while non-Indians make up the remaining four percent. Parents of CYSHCN are faced with challenges of physical isolation, lack of local resources, lack of knowledge of existing resources within a system that attempts to cobble together state, local, federal and IHS service resources. In addition to the dismal statistics on child health, there is no systematic way for families and providers to address disparities in care, multiple governances, or gaps in service.

In response to these challenges, NN Dept of Social Services in collaboration with Indian Health Services, New Mexico Title V, Family Voices, and Southwest Institute for Families and Children with Special Needs proposes to implement the *Dine' for Our Children* (DOC) project; through which we propose to improve the integration of health and social services for children and youth with special needs and their families by building capacity within local communities of parents and professionals and supporting a NN Nationwide steering committee to promote data-based change in Navajo service structures and neighboring states.

Methodology: The DOC project is dependent on an ecological model rooted in the strength of the relationships between individuals and their communities. Seven individual community teams will be linked together to form a network of Navajo communities that will continuously inform and participate in a Navajo Nation wide steering committee. Using community-based Participatory Action Research, each community will attempt to solve local problems in ways that are family-centered and culturally responsive. Based on each communities' PAR outcome data, these solutions will be replicable in other communities with similar issues. Specific objectives and strategies:

- A. Develop a statewide steering committee representative of consumers (families and youth), health professionals, tribal and state(s) administrative personnel, and social service/education providers who will be charged with reviewing the NN Needs Assessment based on a modified version of the SLAITS and addressing each of the 6 core performance indicators
- B. Identify, recruit and support local teams of families, youth and service providers in the 7 IHS service areas (who by using community-based participatory action research, map resources, identify service gaps and inequities; and develop testable solutions that promote progress toward meeting the 6 core performance indicators.
- C. Assist youth from the 7 service areas to form the Navajo Youth Action Council and link with Youth Councils in AZ (YAC-AZ, NM, UT and nationwide) to articulate the unique perspective and needs of youth as they transition to adulthood.
- D. Using statistical sampling, conduct a version of the Survey of Children with Special Health Care Needs (version July, 2005) to determine Navajo compliance with MCH Performance Indicators at the beginning and conclusion of the project

Evaluation: Multimodal, multi-method evaluations will be conducted by project management, the steering committee and the local teams. Both quantitative and qualitative data will inform the reporting procedures that annually will provide input to the Title V offices in NM, AZ, and UT prior to their Block Grant applications.