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In the Ramah Chapter of the Navajo Nation — as in many parts of Indian Country — late detection of breast cancer leads to disproportionately high rates of breast cancer mortality. Ramah Navajo’s Pine Hill Health Center devised a creative response: it launched a series of “Mammo Days,” educational and social outings designed to encourage Navajo women to get regular breast cancer exams. Highly popular, Mammo Days meet a critical need in a culturally sensitive and medically effective way.

The Sore That Does Not Heal

Ramah Navajo is a community of about 4,000 citizens, who live on 150,000 acres of reservation land in New Mexico. Although it is part of the Navajo Nation, its territory is not connected to the main Navajo reservation. The area is rural and remote; the nearest urban center is more than a two hour drive away. The unemployment rate in the area is estimated at 65-70%, and some homes lack basic amenities such as running water and electricity. Many residents follow traditional ways and speak Navajo as a first language.

A decade ago, local leaders decided to take an in-depth look at the community’s health needs. A women’s health task force was soon established. They found that community members were not receiving important preventative care. With regard to breast cancer screening, the statistics were especially troubling. While the American Cancer Society urges all women over the age of 40 to get yearly mammograms to help detect early signs of breast cancer, less than 6% of Ramah Navajo women over age 40 in 2003 were being screened compared to 70% of the general U.S. population. Because treatments are more successful when cancer is found early, Ramah women were at risk by not receiving routine mammograms.

The community’s health care leaders understood that getting more women screened would not be easy. Simply telling women they should get mammograms was not enough, as many other issues complicated patient compliance and service delivery. Many residents often let basic medical monitoring fall by the wayside as they dealt with social and financial challenges. In addition, language barriers made some women unwilling to see medical providers located outside the community and screening equipment was not readily available locally. A more fundamental issue affected screening frequency as well. The vast majority of community members found the notion of getting mammograms intimidating, unnecessary, or in conflict with customary teachings on modesty. Culturally, the Western approach to medicine was foreign to residents raised on traditional teachings about the body and wellness. Some women considered the topic of cancer taboo. In the Navajo language, there

is no word for “cancer.” Locally, it translates to “the sore that does not heal.” To really change the screening numbers, women’s attitudes and beliefs about screening also needed to change.

We Will Do Something About This

The Ramah Navajo people have a long history of asserting local control to address critical community needs. In the 1970s, the community established the Ramah Navajo School Board, Inc. (RNSB) to oversee its tribal school. Later, it made a similar assertion of control for the health clinic. Under the contracting provisions of U.S. Public Law 93-638, RNSB took responsibility for providing a wide range of health and medical services to community members. During the formation of the Women’s Health Task Force, their motto became: “We need to do something about this, we want to do something about this, and we will do something about this!”

Understanding the importance of strong partnerships, community health leaders sought allies within and outside the community for their breast cancer outreach work. Within the community, the planning team brought together tribal officials, residents, and school board members, a mix that helped assure a wide base of support for programming. At every step, community focus groups and surveys were used to set priorities and imagine possible ways to meet objectives.

Partnerships with organizations outside the community resulted in needed resources and knowledge. Initial funding came from the Spirit of Eagles, an American Indian-focused initiative of the National Cancer Institute, and the Susan G. Komen Foundation, a national charity focused on breast cancer. The School of Public Health at the University of New Mexico assisted in assembling the community’s health profile. The Albuquerque Area Indian Health Board provided technical assistance to develop the program. The Zuni Comprehensive Community Health Center at Zuni Pueblo and the Rehoboth McKinley Christian Hospital in Gallup provided access to mammography equipment, provided space, and worked closely with the Women’s Health Coordinator.

By maintaining a clear focus on its ultimate goal, the Ramah Navajo community has been able to coordinate work with all these partners and create a program that is a perfect fit for its women. “Mammo Days,” have become a regularly-scheduled event to provide mammograms in a more culturally appropriate atmosphere, along with breast cancer awareness education.

A Social Occasion with a Medical Purpose

The Pine Hill Health Center offered its first “Mammo Days” in 2004. Today, they occur approximately once a month and have become a regular part of the Women’s Health Task Force goals to improve mammography rates in the community. In remarkable contrast to the past, interest in breast cancer screening has grown to the point that the Center could provide even more Mammo Days if enough funds, equipment, staffing, and certified technologists’ were available.

The Pine Hill Health Center initiates a Mammo Day by scheduling screening time with one of its partner facilities (Zuni Comprehensive Community Health Center or Rehoboth McKinley Christian Hospital). The physicians work closely with the Women’s Health Coordinator to make referrals and to seek out women who have not had mammograms and refer them for the Mammo Day. Staff make contact with women who are due for mammograms, encourage them to join the Mammo Day, and help schedule appointments. They also help participants gather health insurance documents and set up any medical appointments that are needed prior to the scheduled Mammo Day.

On the Mammo Day itself, the group — along with a Navajo speaking staff — travels together in a van to the screening location. Participants are seen in turn, and those waiting socialize with other women in the group and give comfort and encouragement to those who have not gone through a mammogram before. The women are treated to a luncheon along with education on how to perform breast self exams, which often becomes a forum for frank conversations about troubling health issues. Each woman is given a small gift and is asked to share the information they have learned with their families. After the Mammo Day, health care providers contact participants about test results and follow-up. If for some reason they are unable to make contact, a Pine Hill Health Center staff member visits the woman's home to inform them of their results and make plans for further services. In this way, no woman falls through the cracks.

The success of the program is directly related to the social nature of the outing and personalized attention each participant receives. But other factors matter as well. In particular, the program uses education methods tailored to the community. One Mammo Day participant notes, "The last time I took my mom over with me. She's 83. She was more comfortable understanding what she was going through since they explained it to her in Navajo." An awareness-raising video, available in both Navajo and English, highlights local families talking about their first-hand experiences with cancer and features advice from familiar Health Center staff members. Community Health Representatives, who are Navajo, sometimes make multiple visits to a woman's home to talk about health concerns and the importance of cancer screening. As part of the Pine Hill Health Center's cancer education program, the women are told: "Your good health is a gift of respect to you and those you love."

Bringing the Lessons Home

American Indian women are more likely to discover that they have breast cancer once it has reached an advanced, less treatable stage. Ramah Navajo community leaders were determined that neither logistical challenges nor attitudinal barriers would stop women from getting the health care they deserved. By creating a popular social event organized around a screening, the Pine Hill Health Center has improved health care access and helped women overcome the barriers to preventative care. Through its programming, the community is helping ensure that mothers and grandmothers will be around to pass along Navajo culture, values, and language to the future generations.

Lessons in Nation Building:

- A nation can serve its citizens in rural or otherwise hard-to-reach communities through creative and personalized healthcare delivery.
- Culturally appropriate wellness education can overcome health and body taboos that stand in the way of preventative care.
- Cultivating a variety of healthcare partnerships within and outside the community can bolster the well-being of the entire nation.