

Chippewa Cree Tribe



Community Health Assessment 2019

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Photo by Kirsten Krane

ABBREVIATIONS

CCWC	Chippewa Cree Wellness Coalition
ACE	Adverse Childhood Events
AI	American Indian
AI/AN	American Indian/Alaska Native
BE	Box Elder
BE HS	Box Elder High School
BE MS	Box Elder Middle School
BMC	Boston Medical Center
BMI	Body Mass Index
BU	Boston University
CCHA	Chippewa Cree Housing Authority
CDC	Centers for Disease Control and Prevention
CHA	Community Health Assessment
COPD	Chronic Obstructive Pulmonary Disease
CY	Calendar Year
DPHHS	Department of Public Health and Human Services
DVPI	Domestic Violence Prevention Initiative
ELCA	Evangelical Lutheran Church of America
EMS	Emergency Medical Services
FDA	Food and Drug Administration
FDPIR	Food Distribution Program on Indian Reservations
FY	Fiscal Year
GPRA	Government Performance and Results Act
GY	GPRA Year
HRDC	Human Resources Development Council
HS	High School
ICWA	Indian Child Welfare Act
IHS	Indian Health Service
MAT	Medication Assisted Treatment



ABBREVIATIONS

MS	Middle School
MSPI	Methamphetamine/Suicide Prevention Initiative
MT	Montana
NICU	Neonatal Intensive Care Unit
ODD	Opioid Use Disorder
PHAB	Public Health Accreditation Board
PNC	Prenatal Care
PTSD	Post-Traumatic Stress Disorder
RB	Rocky Boy
RB HS	Rocky Boy High School
RB MS	Rocky Boy Middle School
RBC	Rocky Boy's Community
RBHB	Rocky Boy Health Board
RBHC	Rocky Boy Health Center
RBR	Rocky Boy's Reservation
RMTEC	Rocky Mountain Tribal Epidemiology Center
SAMHSA	Substance Abuse and Mental Health Services Administration
SNAP	Supplemental Nutrition Assistance Program
TOR	Tribal Opioid Response
US	United States
WIC	Supplemental Nutrition Program for Women, Infants, and Children
WSHC	White Sky Hope Center
YRBS	Youth Risk Behavior Survey



ACKNOWLEDGMENTS



I am pleased to present the Chippewa Cree Tribe Community Health Assessment that was funded by the Montana Health Care Foundation, awarded to and overseen by the Chippewa Cree Wellness Coalition (CCWC), and facilitated by a team from Boston Medical Center (BMC). This project involved community-wide input, data gathering and hard work on behalf of so many individuals, departments and organizations. I want to thank everyone who has participated in the process. This report would not have been possible without the input of community members, administrators, but more importantly, the staff who enter the data to produce the reports that were analyzed and included in this report. Special thanks to staff on the front lines of our healthcare system and community members who shared their perspectives when focus groups and surveys were administered. Their voices and endorsement of greater coordination are important, as the community reflects upon, reforms, and renews the commitment to meeting our healthcare needs.

In this report, you'll find information on health issues including substance use, mental health, maternal and child health, chronic disease and more. We've been building our health resources and capacity over many years with the creation of the new tribally owned health clinic and wellness center. Finishing the Health Center is a testament to what we can do as a community when we come together and focus on one goal, which is bringing better healthcare to our people. I truly feel this report will be helpful to address these health-related issues and look forward to receiving community feedback.

- Elinor Nault Wright M. Ed – CCWC Chairperson

COMMUNITY PARTNERS AND COMMUNITY HEALTH ASSESSMENT (CHA) TEAM MEMBERS

CHA TEAM

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COMMUNITY PARTNERS

- Box Elder Public Schools
- Chippewa Cree Housing Authority
- Chippewa Cree Law Enforcement
- Chippewa Cree Natural Resources Department



ACKNOWLEDGMENTS

- Chippewa Cree Tribal Court
- Chippewa Cree Tribal Child Support Program
- Chippewa Cree Wellness Center
- CCWC
- District 4 Human Resources Development Council (HRDC)
- Our Saviour's Lutheran Church
- Plain Green Loans
- Rocky Boy DVPI
- RBHC, Administration and Data Departments
- RBHC, Community Health Nurses
- RBHC, Dental Department
- RBHC, Department of Behavioral Health
- RBHC, Emergency Medical Services (EMS)
- Rocky Boy Methamphetamine/Suicide Prevention Initiative (MSPI)
- Rocky Boy Public Schools
- Rocky Boy Tobacco Prevention Program
- Rocky Boy Veterans Center
- Rocky Boy Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- Senior Citizens Center of the Chippewa Cree Tribe
- Stone Child College
- White Sky Hope Center (WSHC)



This Community Health Assessment (CHA) is a product of the collaborative effort of the CCWC, Rocky Boy Health Board (RBHB) and BMC between May 2018 and July 2019. Funding was provided by the Montana Department of Public Health and Human Services (DPHHS).



EXECUTIVE SUMMARY

OVERVIEW

The CCWC created this CHA in collaboration with local, state, and national partners between May 2018 and July 2019. Community input shaped the CHA through health priorities and data review meetings; small-group consultations with local health experts, and regular meetings of the core CHA Team. The CHA team supported this community work by gathering secondary data and, for areas of concern where data was still needed, creating and conducting a CHA survey (See **Methods Section**). This CHA was conducted to comply with Public Health Accreditation Board (PHAB) standards.

DEMOGRAPHICS

94% of residents on the Rocky Boy's Reservation (RBR) are American Indian (AI), and on average, are younger than Montana (MT) or United States (US) populations. The average life expectancy for the people of the RBR is about 13.5 years shorter than that of their white MT counterparts (*US CENSUS BUREAU 2016 RB, MTDPHHS HCCHP 2015*).

PRIORITY CONCERNS

Community members identified mental health, substance use, nutrition/food access, trauma, and healthcare infrastructure as the 5 health-related issues of most concern.

Mental Health: Mental illness, suicide, and the related priority of family health are major community concerns. One in every five adults surveyed indicated they experienced symptoms of depression. 32% of those surveyed reported that they had a friend or relative who had attempted suicide in the past year. 70% of survey respondents felt that family members asked too much of their grandparents or elders (*RB CHA SURVEY 2018*).

Substance Use: Substance use was also identified as a major challenge in the community, with 96% of those surveyed agreeing that drug use was a big problem on the reservation. At least 23% of women receiving prenatal screenings at the RBHC admitted using opioids while pregnant. 38% of community members surveyed thought that meth was the main drug of abuse on the reservation (*RB CHA SURVEY 2018, RB PRENATAL 2018*).

Nutrition and Food Access: Rates of obesity and food insecurity are higher among people living on the RBR than for Montanans as a whole. In 2017, at least 50% of students at Rocky Boy and Box Elder High Schools were trying to lose weight. 34% of people who took the CHA survey indicated that sometime during the last year they worried about food running out before they had money to buy more, and/or their food did not last and they did not have money to buy more (*RB HS YRBS 2017, BE HS YRBS 2017, RB CHA SURVEY 2018*).

Trauma: Trauma and the need for trauma-informed care were identified as major issues facing the community. 39% of those surveyed had experienced four or more traumatic events during their childhood, while 68% had a traumatic experience as an adult. 44% of those surveyed felt they had unresolved grief from a traumatic experience in adulthood (*RB CHA SURVEY 2018*).

Healthcare Infrastructure: The need for improved healthcare infrastructure, to include consistent funding and access to specialty care through the referral system, was seen by community members as very important. Only 44% of community members surveyed reported having a regular doctor that they see for medical issues, and 64% reported trouble accessing adequate medical care in the past year (*RB CHA SURVEY 2018*).



EXECUTIVE SUMMARY

POSITIVE FINDINGS

Although this CHA reveals many challenges, it represents a new, positive step for the Chippewa Cree community. The community has already made progress aimed at improving health and wellness, which include the opening of the new RBHC, implementation of a tribal breastfeeding resolution, and the work of several grant-funded initiatives. Many similar communities are concerned with a lack of information or data on their health status; the gathering and presentation of previously unpublished data in this CHA will strategically inform further work by the CCWC, RBHC, and other community partners moving forward. These data offer a baseline, can be used as a starting point to track be used to plan future health improvement projects and programs that serve the community. The information in this CHA will allow all of us to address the unique needs of the Chippewa Cree community, and to make strides toward further improvement in our health.



To preserve our indigenous ways reflective of each tribe, and to protect those involved in our ways, and defend those indigenous ways for each tribe on this Red Turtle Island is of the utmost importance to us as native people.

- Alvin Windy Boy, Cultural Preservationist

COMMUNITY DESCRIPTION

HISTORY OF THE NE HIYAWAK (THOSE WHO SPEAK THE SAME LANGUAGE)

Although formerly existing as separate peoples, the Chippewa and Cree have historically been associated as each tribe traveled to Montana to hunt buffalo, an integral part of Cree and western Chippewa life for centuries.

Both tribes are part of the larger Algonquin language group that originally lived in the Great Lakes region. The Chippewa, known originally as the Ojibwa, occupied territory in both Canada and the northern US, stretching from east of the Great Lakes region into the West. The Cree lived in the same region, and historically hunted in Montana and North Dakota.

Many tribes were placed on reservations in mid-1800s, and were forced to rely on government rations and family gardens as their primary sources of food, after limits were placed on the hunting of traditional animals like the buffalo. Since Chippewa and Cree leaders had never signed land treaties, neither tribe had reservation land where they could receive rations, plant gardens, or practice ceremonial ways, forcing them to search for homes for their people to prosper.

Spurred by a prophecy and facing discrimination in their eastern lands, the Chippewa migrated westward in the late 18th century, arriving in Montana around 1885. Chief Stone Child (Rocky Boy) led the Chippewa from their original eastern territory into Montana. Lacking a permanent home, the Chippewa led a nomadic life upon arriving in Montana, establishing campsites at various places. Also in 1885, Chief Little Bear of the Cree led a band of his people from Canada to Montana, following the Frog Lake Massacre. Although the band was temporarily deported back to Canada in the summer of 1896, they eventually returned to Montana, where they joined the Chippewa led by Chief Rocky Boy (*RB ABOUT 2018, RB HISTORY 2014*).

ESTABLISHMENT OF THE ROCKY BOY'S RESERVATION

Even after the tribes banded together, they were still forced to wander the State of Montana for 30 years, with no land to grow



COMMUNITY DESCRIPTION

food or practice ceremony. This time was filled with sickness, starvation, sadness, and discrimination. In 1902, Chief Rocky Boy dictated a letter to President Theodore Roosevelt, asking him to establish a reservation. President Roosevelt denied this request.

In 1909, attempts were made to settle the Chippewa Cree on a portion of the Blackfeet Reservation. As the land and living conditions in this portion of the reservation were poor, the Chippewa and Cree eventually returned to their nomadic lifestyle, in search of a permanent home. Chief Rocky Boy continued to campaign for land for his people, with help from civic leaders including Frank Linderman, Charles M. Russell, Paris Gibson, and William Boles.

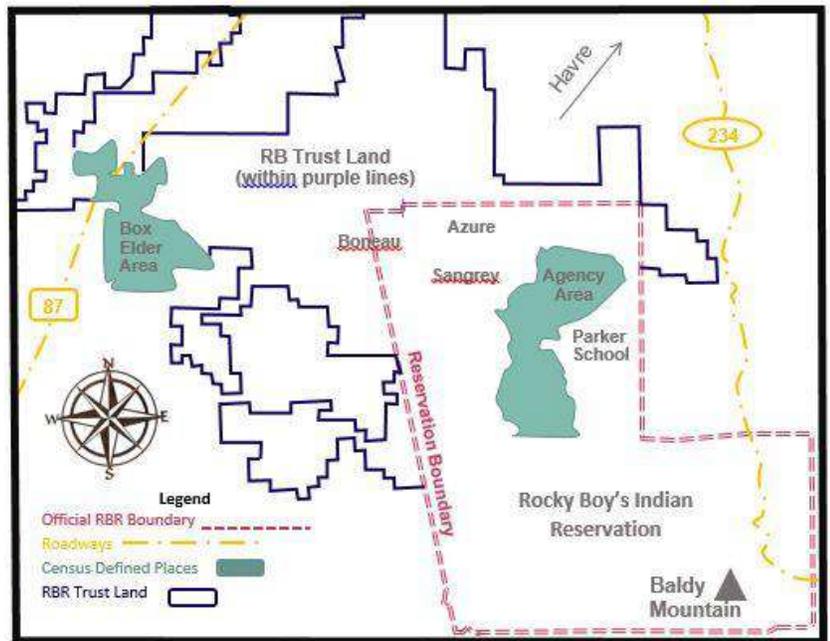
Finally, on September 7, 1916, President Woodrow Wilson signed a bill into law that set aside land for the Chippewa Cree and other homeless American Indians, formally establishing a reservation near the Bear Paw Mountains, on part of the former Fort Assiniboine. The reservation was named “Rocky Boy’s”, in honor of Chief Rocky Boy, who died on April 18th, 1916, and did not live to see the reservation officially established (RB ABOUT 2018; RB History; MT OIA RB FACTS 2018; STAMPER ET AL 2008).

“After more than one hundred years of searching, the Chippewa were able to settle in the Bear Paw Mountains with their allies, the Cree, and form a stable community in which to raise their children and pass down the cultural history and beliefs that are an important part of daily life. Today, the Rocky Boy’s Reservation is home to new generations of Chippewas and Crees, and it is important to preserve the now-historic places and structures that are part of the early history of the reservation.” (RB HISTORY 2014)

PRESENT-DAY COMMUNITY

Home to the Chippewa Cree, the RBR is located in north-central Montana, near the Canadian Border. The reservation lies in the foothills and plains of the Bear Paw Mountains and encompasses approximately 128,000 acres, including the Bear Paw Ski Bowl and Chippewa-Cree Recreation Area. Communities on the reservation include Box Elder, Boneau, Azure, Rocky Boy Agency, and Parker School. The city of Havre is located north of the reservation. The population of the reservation was estimated to be 3,171 people, as of the 2016 Census (US CENSUS BUREAU 2016 RB). Major employers on the reservation include the local schools, tribal and federal governmental entities, as well as wheat farming and post/pole production (MT OIA RB FACTS 2018).

For the purpose of the Tribal CHA, the Rocky Boy’s “community” (RBC) refers to all individuals residing within official reservation boundaries and places located on off-reservation trust land, including Box Elder and Rocky Boy West. Some members of the wider community also live in the town of Havre, MT, which is located outside the official RBC boundaries. While these people do not live on the reservation or trust land, they may still access facilities and services located on the RBR. Health and survey data for the RBHC presented throughout the CHA represent all individuals accessing care at RBHC, and may include these people who do not reside on the RBR (RB ABOUT HISTORY 2018, RB HISTORY 2018).



COMMUNITY DESCRIPTION

CHIPPEWA CREE GOVERNMENT

The Chippewa Cree tribe is governed by the Chippewa Cree Business Committee, led by the Chairman. This Tribal Council, consisting of eight Council members and the Chairman, is responsible for all powers of government as defined by the Chippewa Cree Constitution and By-laws. All members, including the Chairman, are elected at large and serve four-year staggered terms. Elections are held in the fall of every even-numbered year. A list of current council members is available on the Montana Governor's Office of Indian Affairs website: <https://tribalnations.mt.gov/chippewacree>. A copy of the current tribal constitution, by-laws, and codes is available from the State of Montana website: <http://indianlaw.mt.gov/cc/codes> (MT OIA RB FACTS 2018).

COMMUNITY RESOURCES

Community health resources come in many shape and sizes on the RBR. Some of the most prominent community health resources include:

- Chippewa Cree Tribal Human Services: <https://btmolinajr.wixsite.com/ccthumanservices>
- Tribal Court: www.cctcourt.org/index.html
- Rocky Boy Health Board: www.rbclinic.org/rbhb/

INTRODUCTION

ABOUT THE COMMUNITY HEALTH ASSESSMENT

Purpose

The goal of this CHA is to systematically examine important health indicators of people of the RBR, in order to identify key programming needs that can improve the health and wellbeing of our community. Ultimately, the assessment will be used to strategically plan future health improvement projects and programs.

Definition

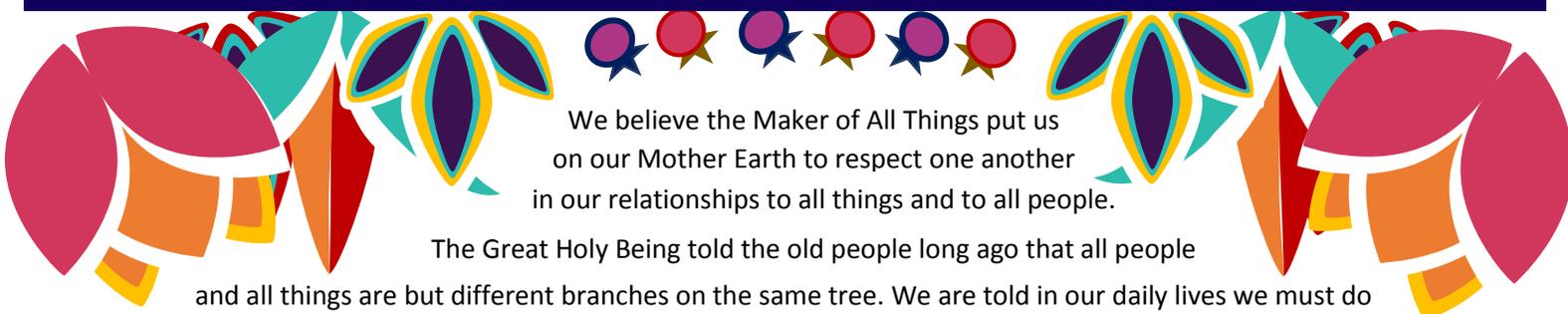
In this assessment, the RBC refers to all individuals residing within official reservation boundaries and places located on off-reservation trust land, including Box Elder and Rocky Boy West. Per the 2016 US Census, the population of the Reservation was 3,171 (US CENSUS BUREAU 2016 RB).

Audience

This CHA is meant to inform the work of the CCWC, the RBHC and its programs, as well as the work done by other community partners who are responsible for the health and well-being of the RBC, including, but not limited to: Chippewa Cree Tribal Council, Box Elder and Rocky Boy Public Schools, Chippewa Cree Housing Authority, Tribal Law Enforcement, Chippewa Cree Tribal Court, Rocky Mountain Tribal Epidemiology Center (RMTEC), non-governmental and other health-driven organizations, and finally state and federally funded and policy-making agencies who have a stake in ensuring the health of the RBR.



THE PHILOSOPHY OF THE CHIPPEWA CREE PEOPLE



We believe the Maker of All Things put us on our Mother Earth to respect one another in our relationships to all things and to all people.

The Great Holy Being told the old people long ago that all people and all things are but different branches on the same tree. We are told in our daily lives we must do these things.

Respect Mother Earth and all things that live here.

Respect the elders, our mothers, and our sisters. Love one another and help one another.

Pray in a good way that we might get the power to help one another and to respect one another for our differences.

Be truthful and respectful in our speech, which in itself is a miracle and a gift from our Creator that we might use it only to speak good of each other and to pass on the good things in life.

Remember that everything that is created on Mother Earth is useful, has a purpose, and was put here for a reason. Nothing is to be abused that has been created.

Remember that all things are related and that all things are perfect as they have been created: wind, fire, water, rocks, animals, crawlers, birds, plants, the moon, the sun, and humans.

Remember that the earth was created for everyone and everything and that we are not to selfishly claim it. We are all to share the good things in life so that we may all live in harmony.

Realize that we as human beings have been put on this earth for only a short time and that we must use this time to use our minds to gain wisdom, knowledge, respect, and understanding of all human beings since we are all brothers.

Be humble and respectful before the Creator everyday and give thanks for putting us here on earth.

Always be respectful of life.

We are not to kill our fellow man.

The elders also said,

“We believe in the uniqueness of the individual and want our children to have a deep respect for others and for those things and people who may be different from them. We believe that racism and prejudice in any form is a useless exercise for the human mind because it only breeds hatred, misunderstanding, and unhappiness; it ignores the realities of the world because there are different people and beliefs which have the right to exist as long as theirs does not attempt to do away with our way of life.”

RB PHILOSOPHY 2018

METHODOLOGY

APPROACH

The CCWC and RBHB conducted this CHA to systematically examine important health indicators of the people of the RBC. This CHA, which meets PHAB standards, prioritized the following:

- Active involvement of tribal leaders and stakeholders
- Identification of tribal health priorities
- Collection of primary data through an in-person community survey of 296 participants
- Analysis of several other primary datasets
- Extensive review and analysis of secondary data

Ultimately, the CHA will enable the tribe to identify key programming needs to improve the health and well-being of the community. Now that the CHA is completed, the next step will be to create a Community Health Improvement Plan (CHIP) based on CHA data. A team from BMC collaborated with the CCWC and RBHB to provide technical assistance for this CHA. The “CHA team” referred to in this document consists of Wellness Coalition and Health Board members, BMC team members, and expert advisors from the RBHC and RBC.

DATA REVIEW

To prepare for community meetings to identify and prioritize health issues, the CHA team collected, reviewed and compiled data from public and programmatic sources. The CCWC secured support from the Tribal Council that specifically requested cooperation or data to be released from relevant community organizations. The Coalition and RBHB requested and collected unpublished data from the RBHC, RMTEC, and systems such as the Box Elder and Rocky Boy Public Schools. An initial review of secondary data was completed and collated prior to discussion of community health issues, and was used as a resource to assist those attending early stakeholder meetings. Secondary data continued to be updated and refined. Whenever possible, the most recent data is always used.

STAKEHOLDER MEETINGS

The following stakeholder meetings were held to identify community health priorities and gather community input:

- **Community Health Priorities Meeting / July 18, 2018:** 20 Community Health leaders attended, including tribal health leadership; community groups; as well as clinicians and senior administrators from the RBHC. Using Nominal Group Technique, small groups of health leaders identified key community health challenges and the outcomes were reviewed and analyzed by the BMC team. At this meeting, the top 10 community health priority areas were identified as:
 1. Mental Health
 2. Substance Use
 3. Nutrition/Food Access
 4. Trauma
 5. Healthcare Infrastructure
 6. Chronic Disease
 7. Family Health
 8. Access to Specialty Care
 9. Poverty
 10. Domestic Violence
- **Data Review and Design Meeting / July 18, 2018:** This meeting was conducted with senior leadership of the RBHC and the CCWC as well as data experts at the RBHC. At this meeting, the CHA team members considered how and what kinds of data were possible to collect through the electronic health records of the RBHC, as well as possible data sources within the community.



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- **Subject Matter Expert Meetings / August 29-30, 2018:** Small group meetings of experts in the identified health priority areas of mental health, food security, substance use, and housing/environmental health met to offer specific input and further guidance in survey development and the context of these issues in the RBC.
- **CHA Report Review / June 2019:** A draft of the CHA document, incorporating primary and secondary data, was provided to the CCWC and tribal health leaders for feedback prior to the formatting and finalization of the report.

SURVEY METHODOLOGY

Since pre-existing data were unavailable for many priority areas identified at the stakeholder meetings, the CHA team created a survey to gather primary data. The BMC team calculated approximate survey numbers required for analytical purposes and statistical significance, and created and reviewed all questions. Where possible, questions came from validated, established surveys, or diagnostic tools. The team included additional questions about cultural relevance, for example, use of traditional foods and Native healers. The surveys were pilot tested with members of the CCWC, and then revised. A copy of the survey is attached in Appendix A.

The CHA team performed in-person surveys during November and December 2018 at the following locations:

- Council chambers
- RBHC lobby
- Youth Pow Wow at the Rocky Boy Elementary School
- Office of Government Assistance
- Gramma's Market (Rocky Boy Agency)
- Jitterbug Café and Gas Station (Box Elder)

The CHA team also made the survey available online for two weeks beginning on November 29, 2018. The online link was circulated through relevant Facebook groups and to the employees of the RBHC.

Eligible participants were individuals over the age of 18, living on or near the RBR (including communities such as Havre and Great Falls) and identifying as American Indian or Alaska Native (AI/AN). No identifiable information was collected; all surveys were anonymous, and no one collating or entering survey data had any means of identifying respondents. The BMC team analyzed the survey data. The demographic information of the surveys was reviewed as surveys were collected in an attempt to make sure the survey respondents represented the RBC demographics as much as possible.

METHODS OF SURVEY ANALYSIS

Once all the surveys were collected, the results were tallied. When calculating the results, if a person skipped a question or their response was illegible, they were not included in the denominator for that question. Several sets of questions were used to calculate additional variables. A total of 296 eligible surveys were collected.

STRENGTHS AND LIMITATIONS OF SURVEY

The surveys covered a variety of topics, and the CHA team was able to survey a large number of individuals at a variety of locations. Despite our efforts at standardization, because participation was voluntary, it was not completely representative of



METHODOLOGY

the population. 63% of respondents were between the ages of 28 and 57, and 73% were female. The survey was anonymous, but respondents were advised to skip questions if they felt uncomfortable. 82% of respondents provided a truthful response to the questions. Reasons for not including surveys in the analysis included: respondents either did not answer the question or their response was illegible. Demographically based questions, such as highest level of schooling completed and employment status, were more likely to be completed than more sensitive questions about substance abuse and mental health (*RB CHA SURVEY 2018*).



Photo by Kirsten Krane

Community members discuss health priorities

REPORT FORMAT

The CHA details findings regarding various community health priority areas. For questions regarding the information contained in this report, contact the BMC team at CHEERequity@gmail.com

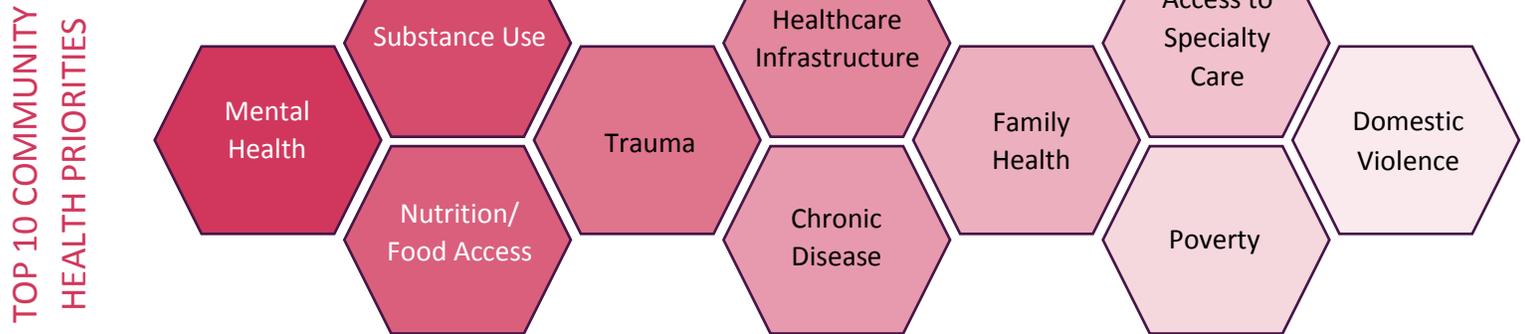


Photo by Jacqueline Berger

COMMUNITY PRIORITIES

IDENTIFIED COMMUNITY PRIORITIES

Chippewa Cree health leaders and tribal members from many sectors came to the Rocky Boy's CHA Community Health Priorities Meeting in July 2018. The community discussed and voted on top health priorities on the RBR (see the **Methods Section** for more information on this process). The top 10 community health priorities in the CHA are marked by the symbol  in the page heading. The priorities identified were:



COMMUNITY PRIORITY DEFINITIONS

Some of these groupings were quite broad; more information can be found below. Related priorities are listed together.

- **Mental Health.** This priority area included concerns about serious mental health conditions for which there are few resources on or off the RBR, as well as less extreme issues such as chronic stress from poverty, unresolved grief, historical trauma, and persistent off-Reservation racism. Counselors at the RBHC noted that the community values emotional stoicism. As a result, many people attempt to hide strong emotions that they may feel, and are reluctant to seek help. Community members also discussed how children regularly do not receive needed mental health treatment, often due to caregivers' worries about children disclosing aspects of their home-life for which a caregiver could be reported. Meeting participants were similarly concerned about the high number of suicides and suicide attempts, and indicated the community generally thinks that people attempt suicide when they are under the influence of drugs or alcohol, and as a way for youth to garner attention. Mental health was also discussed as being related to all of the other health priorities discussed here.
 - **Substance Use.** In conjunction with comments about mental health, discussions about substance use included grave concerns regarding the number of people who are using substances as a coping mechanism for trauma and unresolved grief. Commonly used substances are alcohol, methamphetamines, and opioids. There were specific worries about women using substances during pregnancy and in homes in front of young children. One participant described that in a community with high unemployment, selling drugs was a lucrative profession.



COMMUNITY PRIORITIES

COMMUNITY PRIORITY DEFINITIONS

- **Family Health.** Related to concerns about mental health, many people expressed the view that if families were able to function in a healthy, strong way – as a unit – that many health issues could be eliminated. This priority area included the goal of resilient families that are able to care for individual members, such as their young children or elders. People spoke of the stress working for the income necessary to provide for a family, while at the same time caring for family members. Participants felt that services like parenting and relationship classes, as well as family/couples’ therapy were necessary to create strong support systems, especially for those with young children. Community members stressed that children needed a safe place to live, learn, and be loved, and that elders deserved to stay in strong families that had the ability to financially and emotionally care for them. Community members also stated that all families needed to have the physical structure of a safe home to shelter in.
- **Trauma.** In addition, many attendees of the Community Health Priorities meeting considered historical and present-day traumas a distinct health priority. Participants at the meeting described a myriad of traumatic events affecting all ages of people, which often go untreated and unresolved. Peoples’ traumas are then compounded by social systems (on- and off-Reservation) that are insensitive to those affected by trauma. Meeting participants felt strongly that systems of care, especially the RBHC, needed to embrace trauma-informed practices. These systems were seen as needed to assist with healing and prevent unintentional additional trauma in the lives of community members.
- **Nutrition / Food Access.** Community members discussed the sheer lack of food availability in the RBC. There are no full-size grocery stores in the community, with the closest store in Havre. Not having a full-size grocery store leads to a lack of healthy food options, and also exacerbates the issue of decreased food availability in the community. Additionally, community members noted that there are no consistent emergency food pantries or soup kitchens available on the Reservation.
- **Healthcare Infrastructure.** Participants at the Health Priorities Meeting spoke at length about the need to improve healthcare provided in the community. Concerns included the influence of Council on the healthcare system, the fluctuation of services provided by grant-funded programs, and the demand for better disease prevention and health education systems. They also noted that providers do not stay for entire careers to create relationships with patients, impacting trust. Since many of the community-based health programs are grant-based and success-driven, community members frequently see good programs come and go. Many participants voiced concerns that the current system does not adequately prevent disease or promote wellness through education and early screening, citing late detection of cancer or other conditions going unnoticed until people seek care at other facilities. Participants also thought the RBHC could do a better job of integrating mental and physical healthcare so that people are treated more holistically.
 - **Access to Specialty Care.** As a component of healthcare infrastructure, concerns about access to specialty care sprang from the need for additional support to access outside specialty medical care beyond RBHC. In some instances, people cited smaller frustrations like not being sent out to specialized clinics in Great Falls in a timely manner. At other times, they spoke of larger concerns around the inability to access specialized care off-Reservation, especially when the type of care is generally difficult to access (like substance use and mental healthcare). Many also felt the bureaucracy of the outside referral system magnified the difficulty of accessing certain types of specialized care.



COMMUNITY PRIORITIES

COMMUNITY PRIORITY DEFINITIONS

- **Chronic Disease.** Issues of obesity and being overweight, diabetes, cancer, and heart disease came up repeatedly and tended to cluster together as one issue under “chronic disease”. Most commonly, people discussed a lack of opportunities to safely exercise and a lack of education around healthy food purchasing and preparation. Finally, people also talked about the need for improved early screening for diabetes and cancer.
- **Poverty.** People are acutely aware that the poverty of the community is directly related to the health of the community, and a priority unto itself. Poverty in the community manifests in lack of food and housing, but also encompasses the chronic stress of poverty and its relationship to mental illness and substance abuse. Participants commented on the general lack of jobs, and the low pay of jobs that are available. Additionally, the community’s isolation from larger population centers that may offer resources and opportunities was noted. Those most affected are children and elders who rely on their family members for basic needs and care, and cannot earn income.
- **Domestic Violence and Abuse.** People spoke of not only violence amongst intimate partners living together, but also the abuse that happens within families toward children, elders, and women. Participants believe that sexual abuse and rape are happening with unsettling frequency, as well as general physical assault. Participants also noted the more sophisticated methods of abuse including emotional abuse toward children, and financial abuse aimed at elders living in the home.



Photo by Kirsten Krane



DEMOGRAPHICS

This section compares information about the population of the RBR with MT and the US. Some members of the Chippewa Cree also live in the town of Havre, MT, which is located outside the official RBC boundaries. Limited information on the AI/AN individuals who reside in Havre, MT is presented when available.

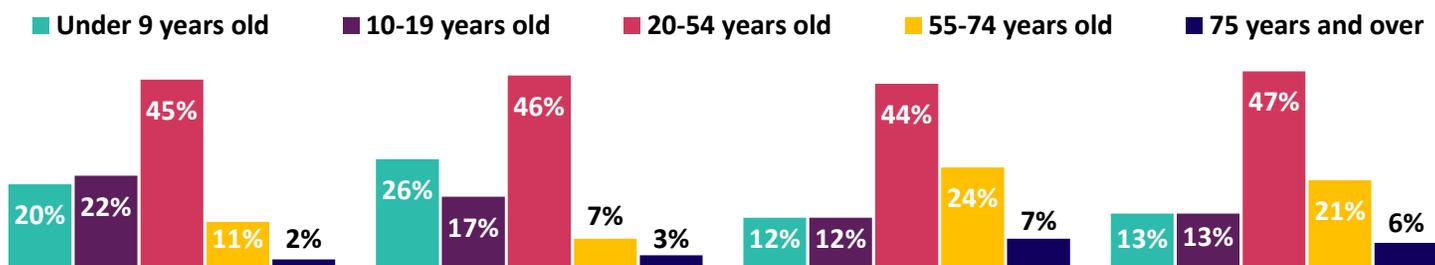
Looking at the Numbers

RACIAL CATEGORIES

Race (% of population), 2016	RBR	Havre, MT	MT	US
AI/AN	94%	13%	7%	0.8%
White	3%	82%	92%	76%
Black (African American)	0.1%	0%	0.4%	13%
Asian	0%	0.8%	0.8%	5%
Native Hawaiian/ Other Pacific Islander	0%	0%	0.1%	0.2%
Other race	1%	0.7%	0.5%	5%
Two or more races	2%	3%	3%	3%

US CENSUS BUREAU 2016 RB

POPULATION AGE GROUPS



RBR, 2016

Median Age*: 25.9 years
Total Population: 3,171

Havre, MT (AI/AN), 2015

Median Age: 23.3 years
Total Population: 1,069**

MT, 2016

Median Age: 39.8 years
Total Population: 1,023,391

US, 2016

Median Age: 37.7 years
Total Population: 318,558,162

*Average median age

**Individuals considered AI/AN for this population include those who identify as solely AI/AN OR AI/AN and one or more other races.

US CENSUS BUREAU 2016 RB, US CENSUS BUREAU 2015

Median Age at Death (in Years) by Race and Sex, 2011-2013

Race Category	Hill County, MT		Montana	
	Male	Female	Male	Female
White	79	83	76	83
AI	62	70	63	64

MTDPHHS HCCHP 2015



Photo by Kirsten Krane

DEMOGRAPHICS

Poverty was identified as a community priority by participants in the CHA Priorities meeting, who were concerned that economic hardship is directly impacting community health.

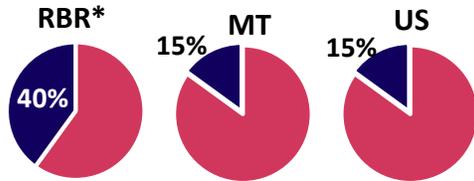
Looking at the Numbers



POVERTY



COMPARATIVE POVERTY RATES



■ Percentage living below poverty level in 2016

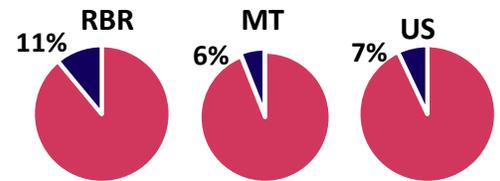
*Weighted average

MEDIAN HOUSEHOLD INCOME

As of 2016



UNEMPLOYMENT



■ Percentage of people 16+ years old who are unemployed in 2016

US CENSUS BUREAU 2016 RB

VETERAN STATUS

Percentage of population who are veterans, as of 2016

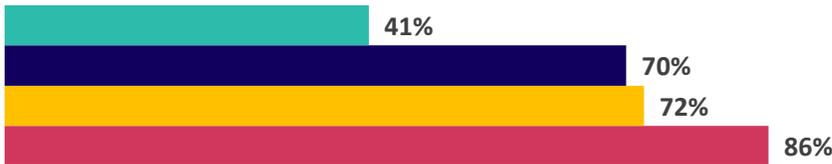


US CENSUS BUREAU 2016 RB

EDUCATION LEVEL

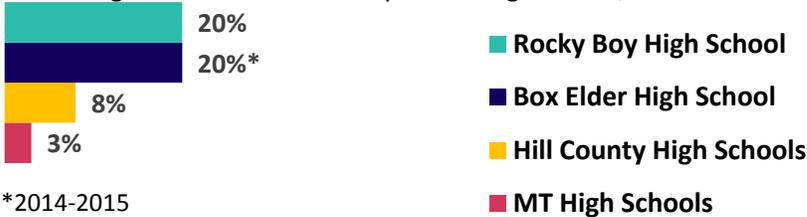
GRADUATION RATE COMPARISON

Percentage of students who graduate within the expected four years, 2016-2017



DROPOUT RATE COMPARISON

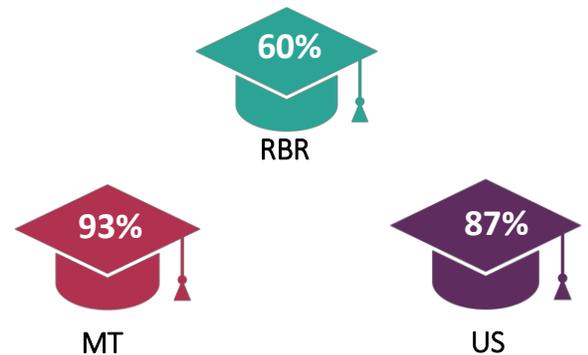
Percentage of students who drop out of high school, 2016-2017



*2014-2015

HIGH SCHOOL GRADUATION RATES

Percentage of the population 25 years and older with high school, or equivalent, education level in 2016



US CENSUS BUREAU 2016 RB, MT OPI STUDENTS 2016



DEMOGRAPHICS

SURVEY DEMOGRAPHICS

Looking at the Numbers

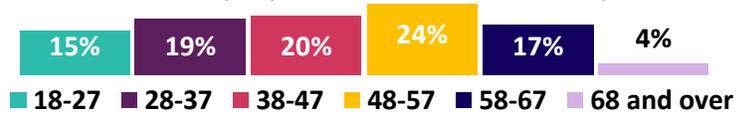
GENDER

Of the people who took the CHA survey:



AGE

Of the people who took the CHA survey:



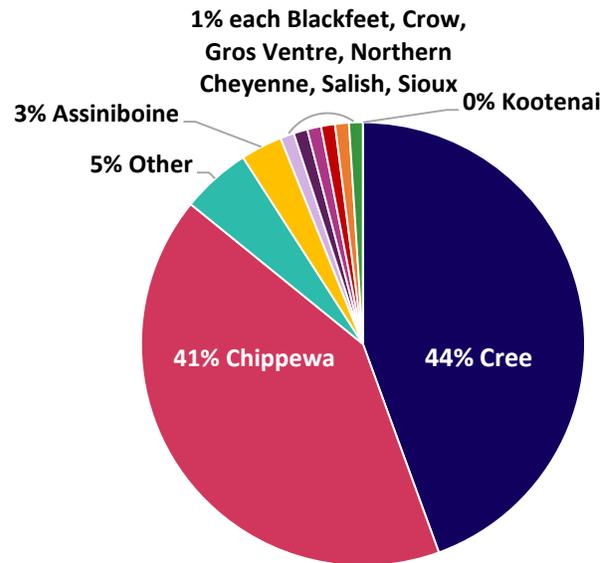
LEVEL OF EDUCATION

Of the people who took the CHA survey:

No Schooling	1%
Nursery school to 8th grade	0%
Some high school, no diploma	9%
High School Graduate or GED	15%
Trade/technical/vocational training	4%
Some college	29%
Associate's degree	24%
Bachelor's degree	13%
Advanced degree (Master's, PhD)	5%
Other	1%

TRIBAL AFFILIATION

Of the people who took the CHA survey:

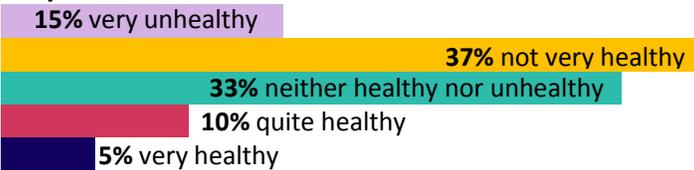


*Categories are not mutually exclusive

RESERVATION HEALTH

Of the people who took the CHA survey.

Do you think life on the reservation is...?



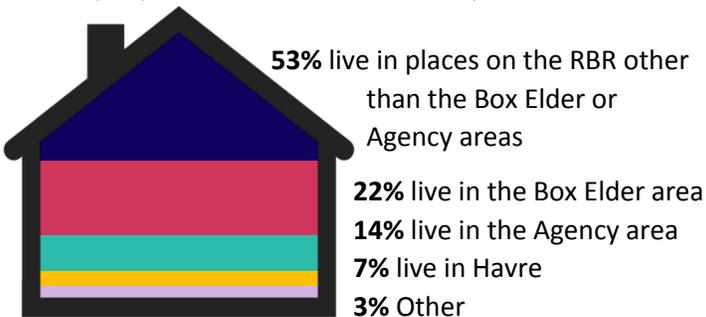
EMPLOYMENT

Of the people who took the CHA survey:

Full time (35-40 hours/week)	51%
Part time (1-34 hours/week)	8%
Self-employed	4%
Homemaker	7%
Student	4%
Out of Work	11%
Active Military	0%
Retired	3%
Unable to Work	7%
Other	6%

HOME LOCATION

Of the people who took the CHA survey:



RB CHA SURVEY 2018



Photo by Kirsten Krane

MORBIDITY AND MORTALITY

TOP 10 CAUSES OF DEATH

	RBR*, 2013-2017**	MT, 2014	US, 2014
1	Cardiovascular disease	Cancer	Cardiovascular Disease
2	Accidents (including motor vehicle incidents and drug poisoning)	Cardiovascular Disease	Cancer
3	Cancer	Accidents (including motor vehicle incidents and drug poisoning)	Respiratory diagnoses (chronic)
4	All other causes	Respiratory diagnoses (chronic)	Accidents (including motor vehicle incidents and drug poisoning)
5	Diabetes	Stroke	Stroke
6	Suicide	Suicide	Alzheimer's Disease
7	---	Diabetes	Diabetes
8	---	Alzheimer's Disease	Pneumonia and Flu
9	---	Pneumonia and Flu	Liver-related
10	---	Liver-related	Suicide

*Causes 7-10 suppressed to maintain confidentiality.

**Unless noted as Fiscal Year (FY) or Government Performance and Results Act (GPRA) Year (GY), years denote the calendar year (CY)

MTDPHHS RB MORT 2017, MTIBIS MORTAL 2014, CDC MORTAL 2014

TOP CAUSES OF DEATH BY DEMOGRAPHICS

RBHC Leading Causes of Death, 2013-2017				
	Males (All Ages)	Females (All Ages)	Patients 18-54 Years of Age	Patients 55+ Years of Age
1	Cardiovascular Disease	Cardiovascular Disease	Accidents (including motor vehicle incidents and drug poisoning)	Cardiovascular Disease
2	Accidents (including motor vehicle incidents and drug poisoning)	Cancer	Suicide	Cancer
3	Cancer	Accidents (including motor vehicle incidents and drug poisoning)	All other causes	Diabetes
4	All other causes	All other causes	Cancer	All other causes
5	Diabetes	---	---	---

MTDPHHS RB MORT 2017

TOP DIAGNOSES AMONG PATIENTS SEEN AT THE RBHC

All Ages, FY2018	
1	Type II Diabetes
2	Upper Respiratory Infection
3	Lice
4	Back Pain
5	Chronic Sinus Problems

RBHC RPMS 2018



MORBIDITY AND MORTALITY

TOP DIAGNOSES AMONG PATIENTS SEEN AT THE RBHC

	Age 0-12 Months, FY2018	Age 1-4 Years, FY2018	Age 5-14 Years, FY2018	Age 15-19 Years, FY2018
1	Upper Respiratory Infection	Upper Respiratory Infection	Cavities	Cavities
2	Ear Infection	Ear Infection	Emotional Disorders (other)	Depression
3	Skin Rash/Infection	Lice	Upper Respiratory Infection	Emotional Disorders (other)
4	Oral Thrush	Cavities	Lice	Sore Throat
5	Food intolerance	Fever	Sore Throat	Poor Eye Sight
6	---	Pink Eye	Poor Eye Sight	Anxiety Disorder
7	---	Skin Rash/Infection	---	Upper Respiratory Infection
8	---	Sore Throat	---	Joint/Muscle Problems (other)
9	---	Viral Infection	---	---
	Age 20-24 Years, FY2018	Age 25-44 Years, FY2018	Age 45-64 Years, FY2018	Age 65+ Years, FY2018
1	Type II Diabetes	Stimulant Dependence (Meth)	Type II Diabetes	Type II Diabetes
2	Chlamydia	Cavities	High Blood Pressure	High Blood Pressure
3	Viral/Bacterial Infection	Alcohol Dependence	Back Pain	Back Pain
4	Lice	Joint/Muscle Problems (other)	Cavities	Chronic Kidney Disease
5	Hypothyroidism	Back Pain	Alcohol Dependence	Arthritis
6	Vitamin D Deficiency	Opioid Dependence	Joint/Muscle Problems (other)	High Cholesterol
7	Type I Diabetes	Drug Dependence (other)	Stimulant Dependence (Meth)	Irregular Heart Beat
8	---	---	Neck Pain	Bronchitis

TOP CHRONIC DISEASE DIAGNOSES AMONG PATIENTS SEEN AT THE RBHC

RBHC RPMS 2018

	All Ages, FY2018
1	Type II Diabetes
2	Alcohol Dependence
3	Depression
4	Emotional Disorders (other)
5	High Blood Pressure
6	Opioid Dependence
7	Post-Traumatic Stress Disorder (PTSD)
8	Neck Pain
9	Drug Dependence (other)
10	Arthritis
11	Anxiety Disorder
12	Stomach Problems
13	Bipolar Disorder
14	Asthma
15	Chronic Obstructive Pulmonary Disease (COPD)

RBHC RPMS 2018

“Life on the reservation does have unhealthy aspects, but there are also healthy areas such as community gatherings, cultural events, youth activities, and those working toward bettering our community, through work and personal lives.”

– RBC CHA Survey Respondent



Photo by Kirsten Krane

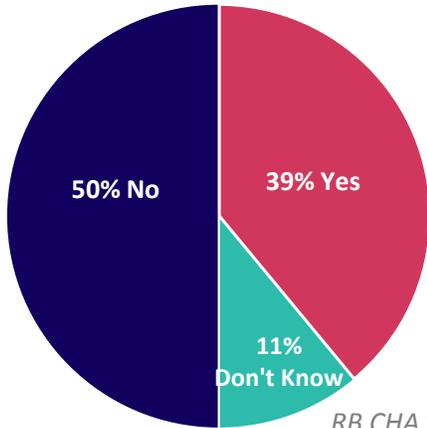
Mental health was voted as the main issue of concern on the RBR, closely followed by substance use and trauma. Participants in the CHA Priorities meeting mentioned unresolved grief, stress from poverty, cycles of trauma, and off-Reservation racism as components of mental health. People were also worried about the availability of mental health resources on the RBR, the value the community places on emotional stoicism, and suicide rates.

MENTAL HEALTH SERVICES

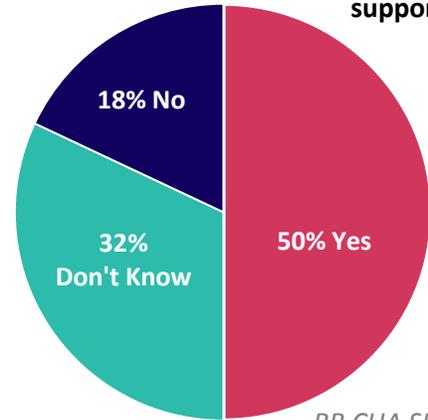
Percentage of people who took the CHA survey, 2018
Have you heard about peer support services at RBHC?



Percentage of people who took the CHA survey, 2018
If you needed this kind of help, would you use a peer support service?

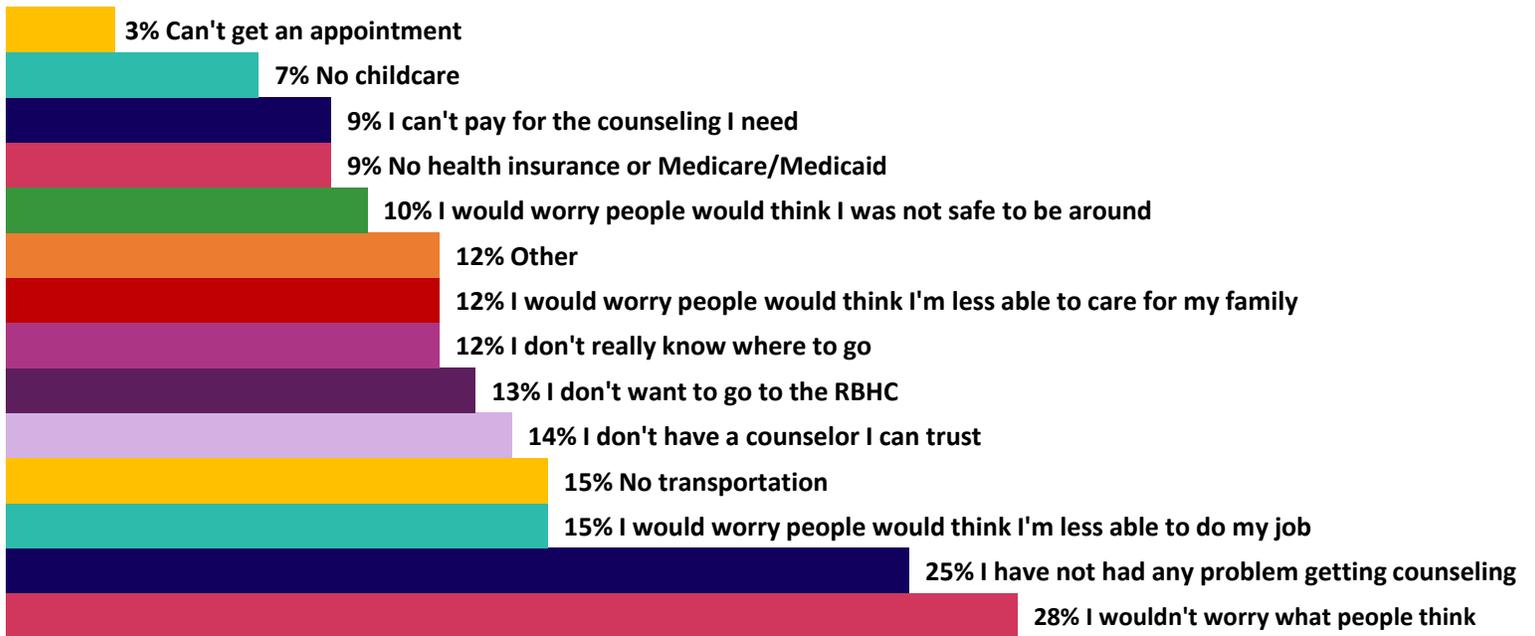


RB CHA SURVEY 2018



RB CHA SURVEY 2018

Percentage of people who took the CHA survey, 2018*
If you needed counseling services, what things might keep you from getting help?



*Categories are not mutually exclusive

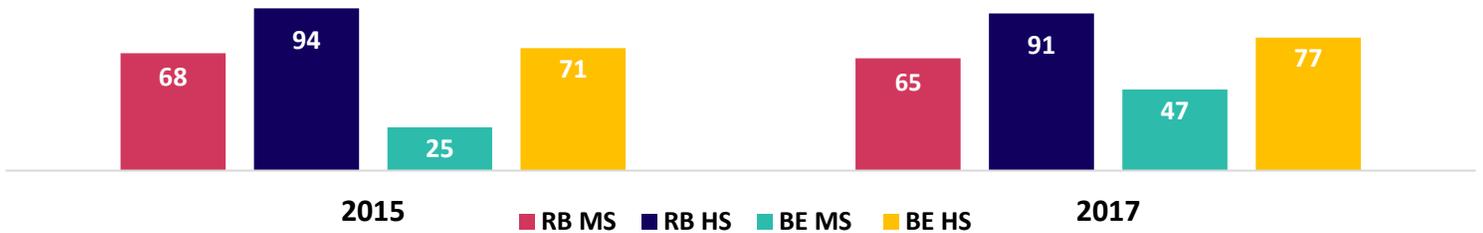
RB CHA SURVEY 2018



The Montana Youth Risk Behavior Survey (YRBS) is performed every other year in odd numbered years, among Rocky Boy (RB) and Box Elder (BE) Middle and High School (MS, HS) students. Because of the relatively small numbers of youth who complete the survey, it is not possible to be sure whether year-to-year changes are due to successful interventions in the community; to differences among the students completing the survey in different years – or to a combination of these reasons. Comparative results for Montana (MT) and the United States (US) only include students in grades 9-12 (high school).

YRBS PARTICIPATION 2015 AND 2017: NUMBER OF PARTICIPANTS

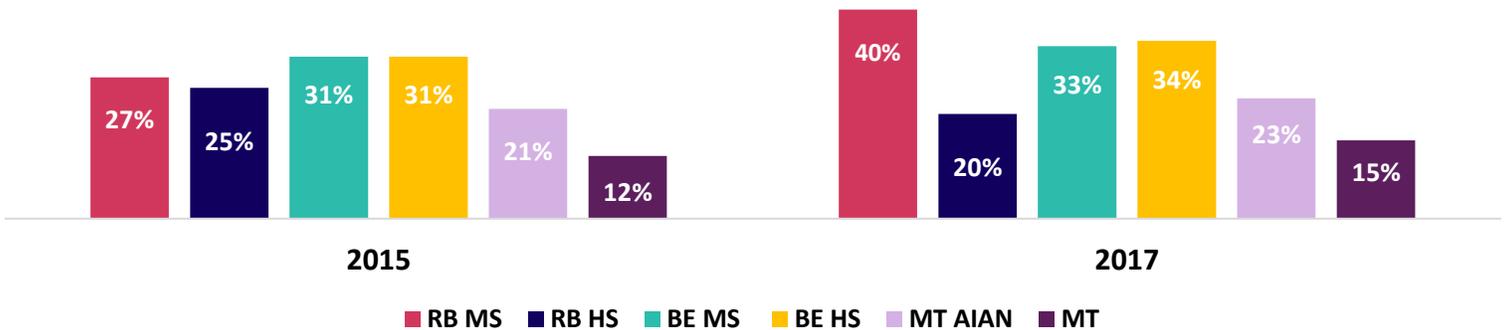
Rocky Boy Middle and High Schools, Box Elder Middle and High Schools, MT, MT AI/AN, US



RB MS YRBS 2015, 2017; RB HS YRBS 2015, 2017; BE MS YRBS 2015, 2017; BE HS YRBS 2015, 2017; MT YRBS 2015, 2017; MT YRBS AIAN 2017

YRBS RESULTS 2015 AND 2017

Percentage of students who received help from a resource teacher, speech therapist, or other special education teacher at school, within the past 12 months



RB MS YRBS 2015, 2017; RB HS YRBS 2015, 2017; BE MS YRBS 2015, 2017; BE HS YRBS 2015, 2017; MT YRBS 2015, 2017; MT YRBS AIAN 2017

“People are responsible for their own wellbeing and mental health. Some just don’t understand that there is a lot of resources available to them, but just don’t utilize them. It helps to be honest with your problems when asking for help from somebody. Otherwise, how will they know how to treat your illness or situation? Outside influences only take up space in your head. If you allow these actions of others to take up space in your head, then they are in control of you, not you.”

– RBC CHA Survey Respondent





BEHAVIORAL HEALTH



The diagnosis information below reflects RBHC patients with specific diagnoses included in their medical records. These only show people with official medical diagnoses, not everyone who may experience these mental health conditions in the RBC.

Behavioral Health Screening and Diagnoses

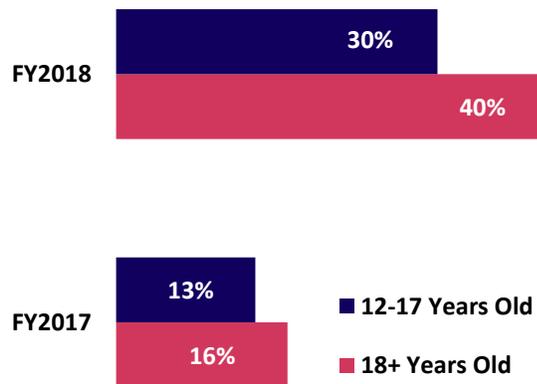
	Diagnoses at RBHC, FY2018		
	Anxiety Disorder	Depression	Post-Traumatic Stress Disorder (PTSD)
Patients* with Current Diagnosis	216	141	70
Male Patients* with Current Diagnosis	82	34	26
Female Patients* with Current Diagnosis	134	107	44

*Patients 18 years and older

RBHC RPMS 2018

GPRA behavioral health indicators at RBHC

Percentage of patients 12-17 years old and 18+ years old who were screened for Depression



RB GPRA 2018

The CHA survey included two questions that are used by mental health professionals to screen for depression. 22% of people answered those questions in a way that suggest they suffered from depression.

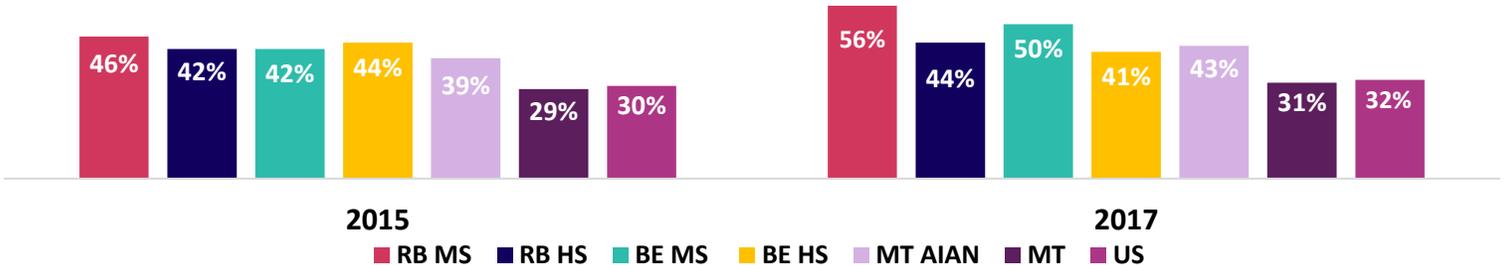
CQAIMH PHQ2 2018, RB CHA SURVEY 2018

Community Resources

- Mental health care services are available through Rocky Boy Health Center (RBR), Bullhook Community Health Center (Havre), and Northern Montana Healthcare (Havre).
- Substance use treatment services are available through Rocky Boy Health Center (RBR), White Sky Hope Center (RBR), and Bullhook Community Health Center (Havre).

YRBS RESULTS 2015 AND 2017

During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities? (% of total students who answered yes)



RB MS YRBS 2015, 2017; RB HS YRBS 2015, 2017; BE MS YRBS 2015, 2017; BE HS YRBS 2015, 2017; MT YRBS 2015, 2017; MT YRBS AIAN 2017; US YRBS 2015, 2017

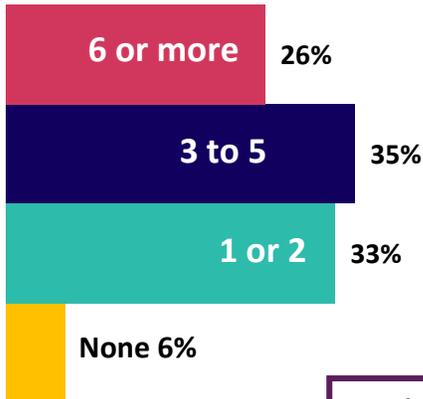


At the Rocky Boy's CHA Community Health Priorities Meeting, health leaders and community members identified the area of "Family Health" as a priority health area. On the community survey, questions about caregiving, family dynamics, and support systems were asked in order to better understand this priority. Overall, respondents to the community survey indicated that many of them do have support systems in their lives; however, families may over-rely on or ask too much of their elders.

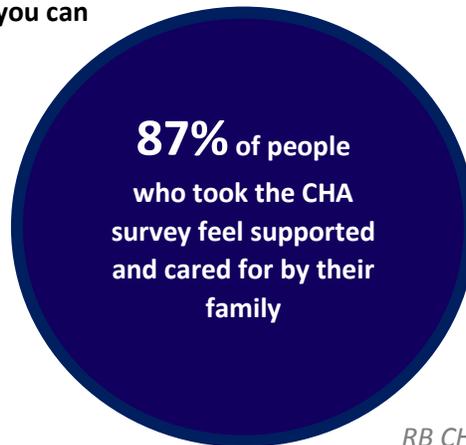
FAMILY AND COMMUNITY

Percentage of people who took the CHA survey, 2018

How many people in your life do you feel you can trust or depend on?



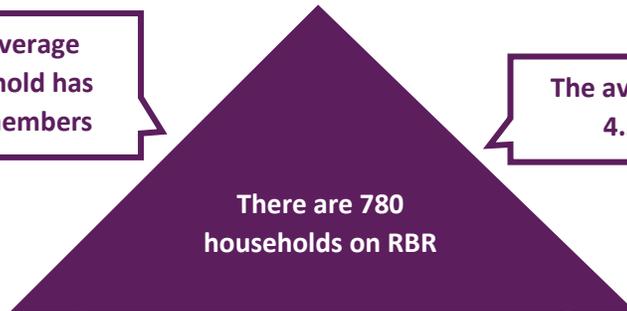
RB CHA SURVEY 2018



RB CHA SURVEY 2018

"In many cultures, elders preserve traditions and share wisdom to help community permanency and balance. Native communities often hold elders in a unique and important social position."

RB ELDER ABUSE 2018



17% of households have one or more members over the age of 65 years old



65% of households have one or more members under the age of 18 years old

70% of people who took the CHA survey think that family members ask too much of their grandparents and elders, 20% did not think so and 10% were unsure

52% of people who took the CHA survey report that a grandparent is the primary caregiver for their grandchildren

RB CHA SURVEY 2018; US CENSUS BUREAU 2016 RB

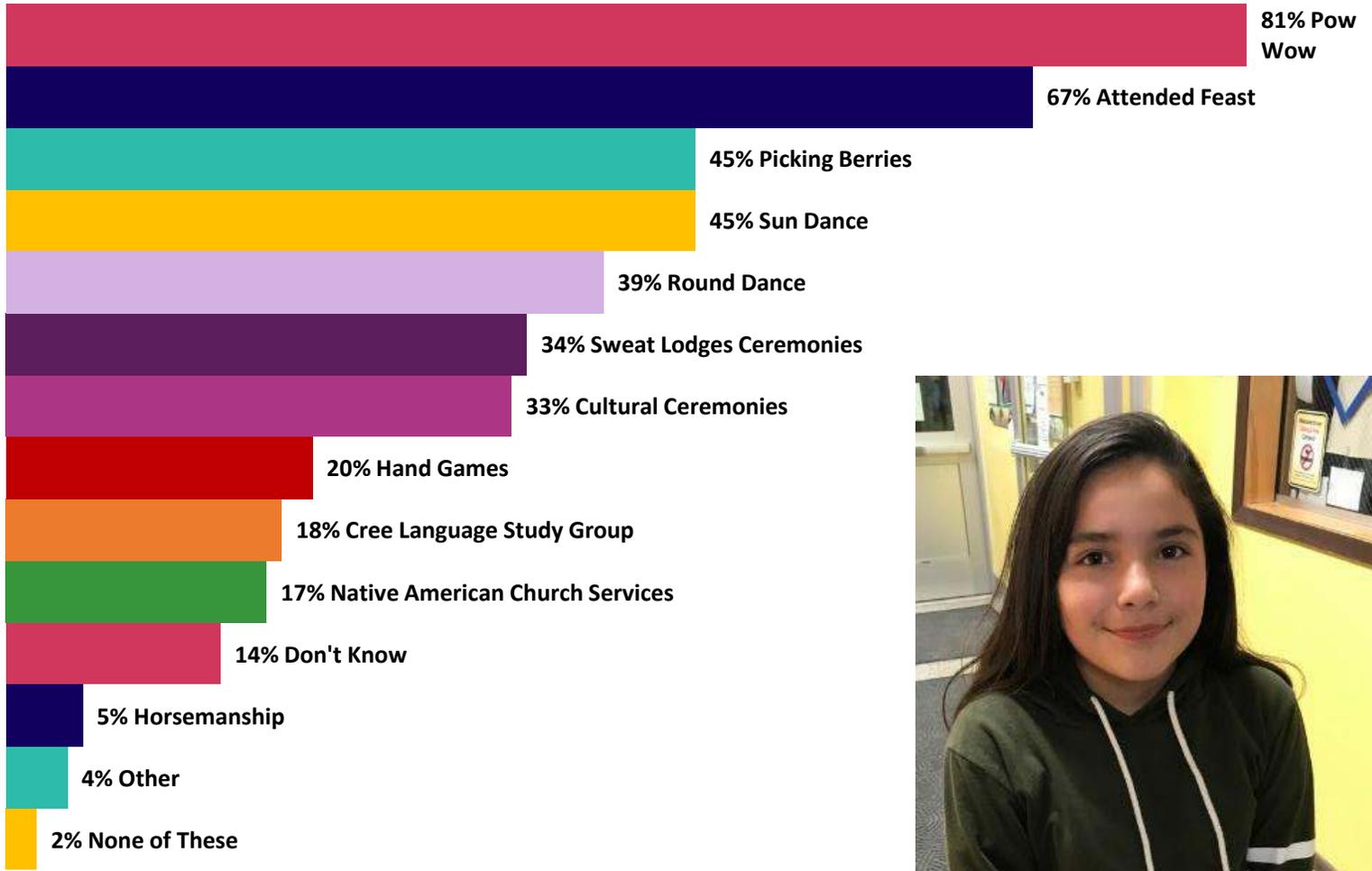


Photo by Kirsten Krane



TRADITIONAL ACTIVITIES

Percentage of people who took the CHA survey, 2018
In the past 12 months, have you done to or done any of these things?



RB CHA SURVEY 2018

“My favorite memories of Rocky Boy’s is going to the Rocky Boy Pow Wow. We have our own camp there where put up our teepee and see all of my friends. I love looking at all the blanket displays there. I also love to take walks up the big hills. And, the skies are so pretty at night here. Summers are so fun. We can go hiking and skating and ride bikes. ... There’s a lot of fun people here. There’s a lot of good places to walk because there isn’t much traffic. There are even Christmas Pow Wows!”

-Faren Geboe, 11 years old



Photo by Faren Geboe



FAMILIES AND MENTAL HEALTH

Community Resources

The Enhanced Training and Services to End Abuse Later in Life Program is a co-operative agreement to assist the Rocky Boy community members age 55 or older. Their efforts focus on training for police, prosecutors, and the judiciary system to increase recognition, investigation, and prosecution of abuse, neglect, exploitation, domestic violence, and sexual assault against older individuals. The co-operative also provides services to older community members through the Senior Citizens Center.

RB ELDER ABUSE 2018



Of the people who took the CHA survey, 15% had been told that their child should receive mental health services

Reasons for child not receiving mental health services

57% Other

29% Child did not want to

14% Child got help on their own

0% I didn't want to

0% I tried but help was not available

Of those who were told their children should receive mental health services, 69% got their child mental health services



RB CHA SURVEY 2018



"I've been a Public Health Nurse for 18 years. There are way more drugs now than when I started and they've gotten to the younger population. The people using are getting younger and younger. I think that hope and ambition will be stronger for the youth when the drugs go away. They have good intentions, but they have a helluva time following through. I have to wonder if it's trauma-induced. When you're at home and you're seeing your parents using, that is trauma. It's hard to get out of that cycle if that's all you know. That cycle has to be broken by someone in that family who understand how to be happy themselves and how to be successful themselves. No one is to blame and no one else gets the credit."

- Sandra Friede, Public Health Nurse

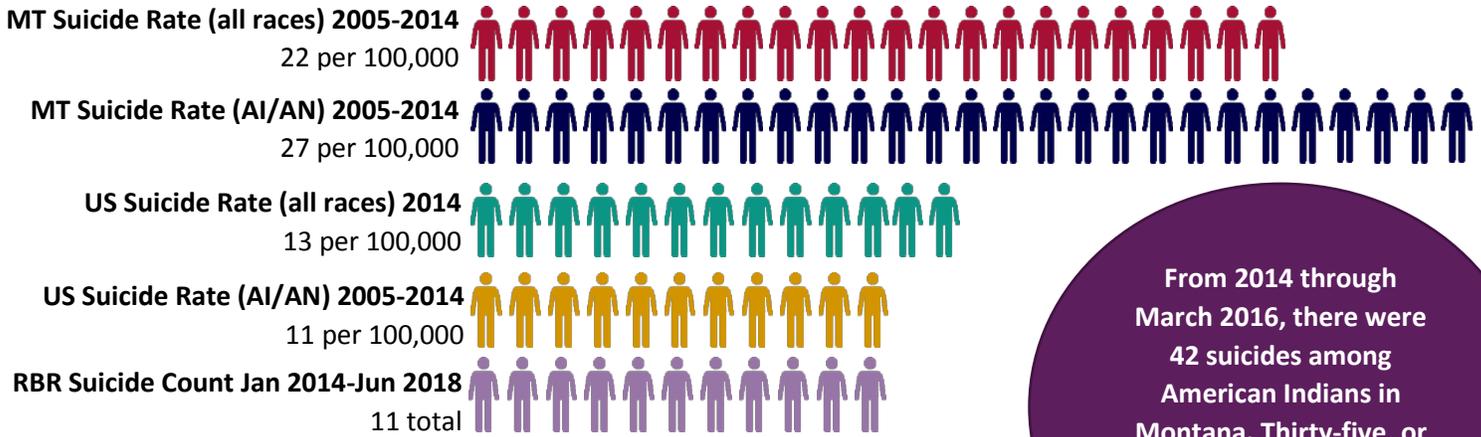




Montana had the highest suicide rate in the United States in 2016 (*CDC MT 2016*), and has been in the top 5 states for suicide rates since the 1970s (*MTDPHHS SPP 2017*). The suicide rate for US males is 21.1/100,000 (*VITAL STATS 2016*). For American Indian males in Montana, the suicide rate (2005-14 data) reaches a rate of 40.4/100,000 (*MTDPHHS SPP 2017*).

In 2014, for the first time, the state began labeling death certificates with the reservation on which the person lived when they died, and the Montana Strategic Suicide Prevention Plan (*MTDPHHS SPP 2017*) documents American Indian suicides by tribe. At present there's no developed tracking system on the RBR for suicide. Data tracking is complicated by changes from year to year, and uncertainty as to whether events like fatal accidents and drug overdoses may actually be suicides.

SUICIDE



From 2014 through March 2016, there were 42 suicides among American Indians in Montana. Thirty-five, or **83%** of these were male.

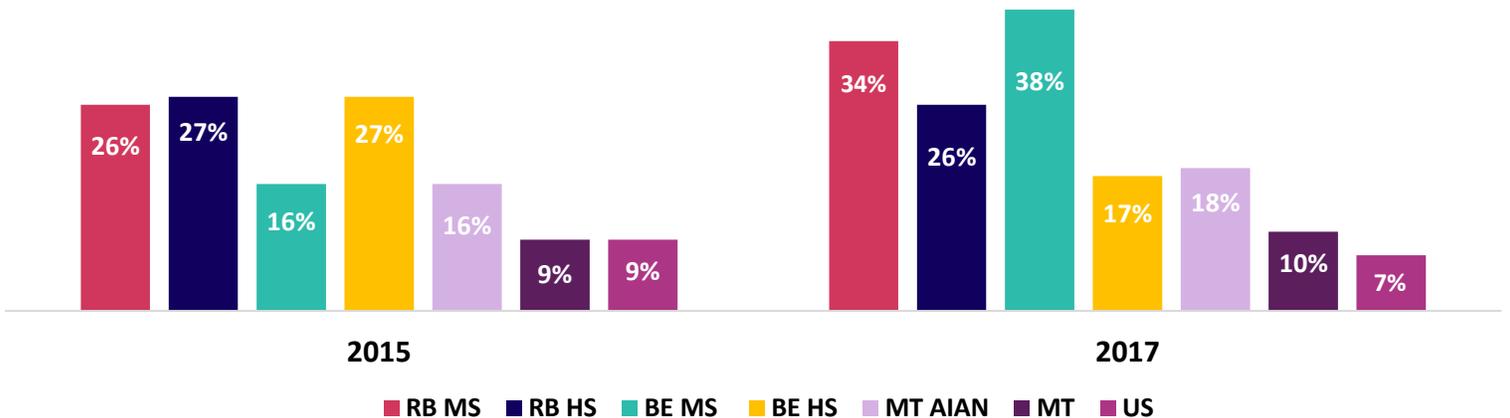
*Rates rounded to the nearest whole number

MTDPHHS SPP 2017, RB SUICIDE UPDATE 2018

YRBS COMPARISON

Percentage of students who reported attempting suicide within the past 12 months
Rocky Boy Middle and High Schools, Box Elder Middle and High Schools, MT, MT AI/AN, US

MTDPHHS SPP 2017



RB MS YRBS 2015, 2017; RB HS YRBS 2015, 2017; BE MS YRBS 2015, 2017; BE HS YRBS 2015, 2017; MT YRBS 2015, 2017; MT YRBS AIAN 2017; US YRBS 2015, 2017



Community Resources

To Live to See the Great Day that Dawns: Preventing Suicide by American Indians and Alaska Native Youth and Young Adults.
US Department of Health and Human Services. SAMHSA. 2010.

www.sprc.org/sites/default/files/migrate/library/Suicide_Prevention_Guide.pdf

"If you're thinking about suicide, you don't have to end your life. There are people to talk to. It's all about the family dynamics. When they've attempted suicide and they're released from the clinic, they go back to the same environment that was causing the problem and they need better support or someone else to turn to. We have to do a better job of engaging and involving the family in these cases."

- Crissa Oliva/EMS Director

OLIVA 2018



Photo by Crissa Oliva

People who took the 2018 CHA survey were asked: **"If you or a friend/relative have tried to commit suicide in the past 12 months, what other problems were involved?"**

The percentages of survey takers who reported each problem as a factor in a suicide attempt are reported below.*



*Categories are not mutually exclusive

RB CHA SURVEY 2018

"I think over again my small adventures
My fears, those small ones that seemed so big
For all the vital things I had to get and reach
And yet there is only one great thing, the only thing
To live to see the great day that dawns
And the light that fills the world."

— Anonymous Inuit

USDHHS SUICIDE AIAN 2010



Photo by Jacqueline Berger



In FY2018, RBHC reported **19** diagnoses of suicidal ideation, and **12** suicide attempts.

5% of adults who took the Rocky Boy's CHA Survey said they had attempted suicide in the past year.

32% of adults who took the Rocky Boy's CHA Survey had a friend or relative who had attempted suicide in the past year.

RBHC RPMS 2018, RB CHA SURVEY 2018

Suicidal ideation, planning and related injuries among high school students

The YRBS asks about students' experiences with suicide. Percentages below reflect students who engaged in suicidal ideation, planning, or were injured by a suicide attempt.

2015	RB MS	RB HS	BE MS	BE HS	MT AI/AN	MT	US
Seriously considered attempting suicide within the last 12 months	31%	24%	28%	33%	24%	19%	18%
Made a plan about how to attempt suicide within the last 12 months	29%	22%	32%	30%	21%	16%	15%
% of those who attempted suicide: Suicide attempt within the past 12 months resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse	29%	23%	40%	32%	47%	35%	---

2017	RB MS	RB HS	BE MS	BE HS	MT AI/AN	MT	US
Seriously considered attempting suicide within the last 12 months	45%	26%	38%	24%	28%	21%	17%
Made a plan about how to attempt suicide within the last 12 months	36%	17%	26%	26%	19%	17%	14%
% of those who attempted suicide: Suicide attempt within the past 12 months resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse	27%	13%	19%	28%	19%	33%	---

RB MS YRBS 2015, 2017; RB HS YRBS 2015, 2017; BE MS YRBS 2015, 2017; BE HS YRBS 2015, 2017; MT YRBS 2015, 2017; MT YRBS AIAN 2017; US YRBS 2015, 2017

"Bullying and suicide! We need more people to go to schools to talk about the two... [having] someone that experienced [these] would [mean] much more to the kids!"
 – RBC CHA Survey Respondent



At the Community Health Priorities Meeting, when tribal members voted on the importance of different issues, substance use was identified as the second biggest problem on the Reservation after mental health. The top four abused substances are believed to be methamphetamine, prescription pills including opioids, marijuana, and alcohol (*RB CHA SURVEY 2018*). In the survey conducted for this CHA, 96% of people said that drug use is a big problem on the reservation (*RB CHA SURVEY 2018*), and 38% said they thought meth was the main drug of abuse (*RB CHA SURVEY 2018*). Reported street prices of drugs commonly used on the RBR are described below in order to show the economic cost of purchasing illegal drugs.

ILLEGAL DRUG USE AMONG YOUTH

Some questions on the YRBS ask about students' use of illegal drugs over their lifetime and within the past 30 days. Percentages below reflect students who *did* utilize particular drugs during the specified time period.

2015		RB MS	RB HS	BE MS	BE HS	MT AI/AN	MT	US
Ever used meth - lifetime		4%	10%	4%	6%	4%	3%	3%
Ever used marijuana - lifetime		52%	74%	40%	80%	63%	38%	39%
Tried marijuana for the first time before age 13 years		50%	48%	32%	33%	22%	8%	8%
Currently used marijuana/past 30 days (one or more times)		38%	52%	26%	57%	34%	20%	22%
Ever used heroin - lifetime		2%	4%	0%	0%	1%	2%	2%
Ever took steroids without a doctor's prescription - lifetime		5%	5%	8%	1%	3%	3%	4%
Ever injected any illegal drug - lifetime		1%	3%	0%	0%	1%	2%	2%
Ever used cocaine - lifetime		4%	8%	0%	4%	7%	5%	5%
Ever used inhalants - lifetime		13%	22%	8%	20%	14%	8%	7%
Ever used ecstasy - lifetime		3%	11%	8%	4%	8%	6%	5%
Was offered, given, or bought an illegal drug on school property/past 12 months		27%	26%	28%	15%	18%	22%	22%
Took a prescription drug without a doctor's prescription - lifetime	0 times	94%	82%	92%	83%	82%	84%	83%
	1 to 9 times	0%	14%	8%	14%	18% ever	10%	17% ever
	10 to 19 times	3%	2%	0%	3%		2%	
	20 to 39 times	0%	0%	0%	0%		1%	
	40 or more times	3%	2%	0%	0%		2%	

RB MS YRBS 2015, 2017; RB HS YRBS 2015, 2017; BE MS YRBS 2015, 2017; BE HS YRBS 2015, 2017; MT YRBS 2015, 2017; MT YRBS AIAN 2017; US YRBS 2015, 2017



Photo by Kirsten Krane

2017		RB MS	RB HS	BE MS	BE HS	MT AI/AN	MT	US
Ever used meth - lifetime		2%	6%	0%	1%	5%	2%	3%
Ever used marijuana - lifetime		74%	72%	63%	67%	59%	35%	36%
Tried marijuana for the first time before age 13 years		54%	43%	49%	33%	19%	7%	7%
Currently used marijuana/past 30 days (one or more times)		57%	40%	30%	43%	32%	20%	20%
Ever used heroin - lifetime		2%	1%	0%	1%	2%	2%	2%
Ever took steroids without a doctor's prescription - lifetime		5%	5%	2%	0%	3%	2%	3%
Ever injected any illegal drug - lifetime		3%	3%	0%	0%	4%	2%	2%
Ever used cocaine - lifetime		2%	6%	0%	6%	4%	4%	5%
Ever used inhalants - lifetime		14%	10%	9%	20%	9%	6%	6%
Ever used ecstasy - lifetime		6%	11%	2%	2%	7%	5%	4%
Was offered, given, or bought an illegal drug on school property/past 12 months		29%	18%	17%	17%	21%	22%	20%
Took a prescription drug without a doctor's prescription - lifetime	0 times	85%	76%	83%	83%	84%	86%	86%
	1 to 9 times	14%	17%	15%	14%	16% ever	11%	14% ever*
	10 to 19 times	2%	1%	0%	1%		2%	
	20 to 39 times	0%	2%	2%	0%		1%	
	40 or more times	0%	3%	0%	1%		1%	

*Ever used pain control medication without a prescription

RB MS YRBS 2015, 2017; RB HS YRBS 2015, 2017; BE MS YRBS 2015, 2017; BE HS YRBS 2015, 2017; MT YRBS 2015, 2017; MT YRBS AIAN 2017; US YRBS 2015, 2017

"Some people try to con health personnel to get pills, or hurt themselves to get pain medication."

Quotes from
RBC CHA Survey
Respondents

"More help with our drug problem."

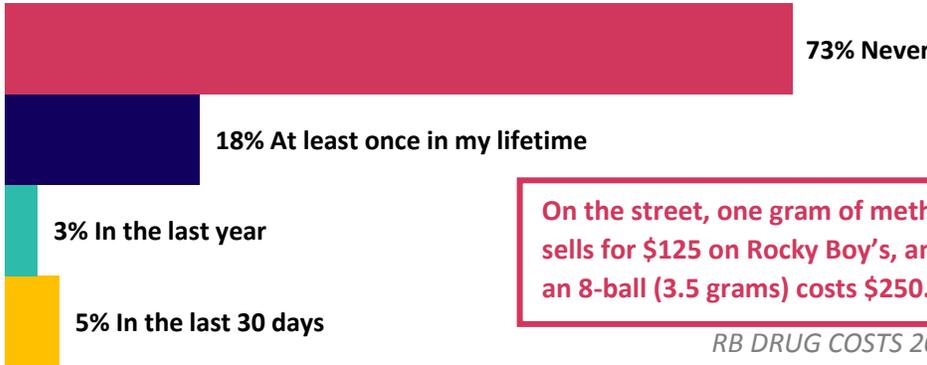
"Find a way to get drugs off our reservation."



METHAMPHETAMINE USE

Percentage of people who took the CHA survey, 2018

How often have you used meth?



On the street, one gram of meth sells for \$125 on Rocky Boy's, and an 8-ball (3.5 grams) costs \$250.

RB DRUG COSTS 2018

RB CHA SURVEY 2018



Photo by Kirsten Krane

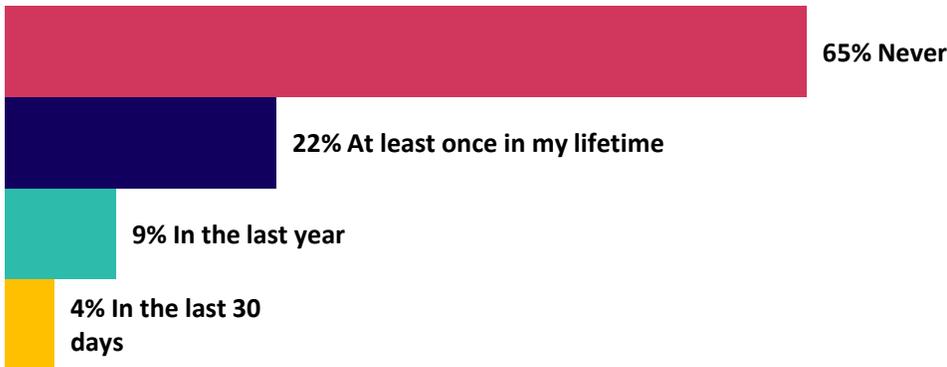
Photo of a "Bindle" of Meth

OPIOID USE

Opioids come in a variety of forms including heroin, and prescription painkillers like oxycodone, hydrocodone, morphine, codeine, fentanyl, and buprenorphine (Suboxone, Subutex). Medication Assisted Treatment (MAT) is a standard of care for people with an opioid use disorder. Prices for types of opioids listed below reflect the typical cost of buying these substances illegally.

Percentage of people who took the CHA survey, 2018

How often have you used opioids?



RB CHA SURVEY 2018

45% of people would support a needle exchange program, where drug users could get free clean needles in exchange for their used ones.

RB CHA SURVEY 2018

On Rocky Boy's, a four mg Suboxone strip costs

\$40.

On Rocky Boy's, 30 mg of Oxycodone costs

\$80-90.

On Rocky Boy's, 0.1 gram of heroin costs

\$50.

RB DRUG COSTS 2018



Photo by Kirsten Krane



MARIJUANA USE

Percentage of people who took the CHA survey, 2018

How often have you used marijuana?



RB CHA SURVEY 2018

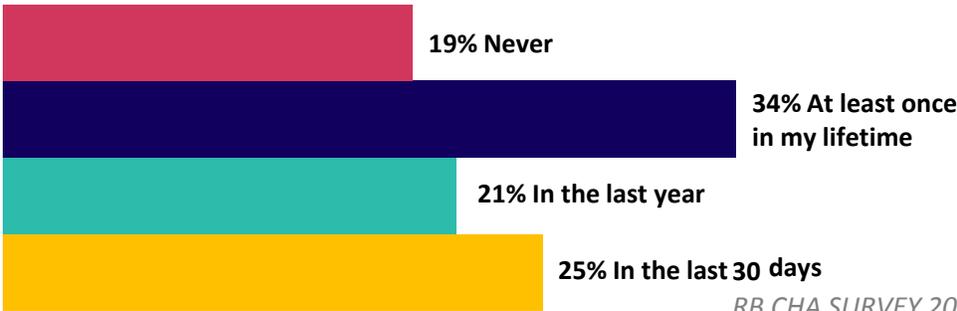
On the street, marijuana costs \$275-350 per ounce, depending on the quality of the marijuana. That's enough to roll about 40 joints.

RB DRUG COSTS 2018

ALCOHOL USE

Percentage of people who took the CHA survey, 2018

How often have you used alcohol?



RB CHA SURVEY 2018

RB GPRA 2018

In FY2017, **29%** of RBHC patients, age 9 to 75 years old, were screened for problem alcohol use. In FY2018, **34%** were screened.

Some questions on the YRBS ask about students' drinking habits. Percentages below reflect students who *did* engage in these drinking behaviors.

2015	RB MS	RB HS	BE MS	BE HS	MT AI/AN	MT	US
Ever drank alcohol in lifetime	40%	60%	42%	60%	70%	70%	63%
Had their first drink of alcohol before age 13 years	28%	22%	20%	13%	20%	20%	17%
Drank alcohol in the past 30 days	22%	32%	30%	31%	32%	34%	33%
Engaged in binge drinking alcohol in the past 30 days	15%	25%	21%	26%	22%	21%	18%

2017	RB MS	RB HS	BE MS	BE HS	MT AI/AN	MT	US
Ever drank alcohol in lifetime	49%	58%	45%	62%	61%	68%	60%
Had their first drink of alcohol before age 13 years	48%	21%	46%	17%	18%	20%	16%
Drank alcohol in the past 30 days	23%	21%	20%	26%	27%	33%	30%
Engaged in binge drinking alcohol in the past 30 days	22%	19%	23%	19%	20%	18%	14%

RB MS YRBS 2015, 2017; RB HS YRBS 2015, 2017; BE MS YRBS 2015, 2017; BE HS YRBS 2015, 2017; MT YRBS 2015, 2017; MT YRBS AIAN 2017; US YRBS 2015, 2017



TOBACCO USE

Percentage of people who took the CHA survey, 2018

How often have you used tobacco products?



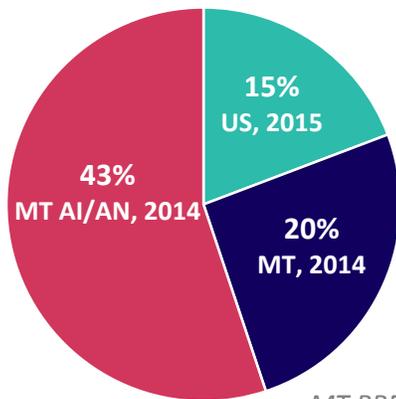
RB CHA SURVEY 2018

Healthy People 2020 Goal
Reduce cigarette smoking to 12% of adults

HP2020

MT BIRTH CERTS 2013-17

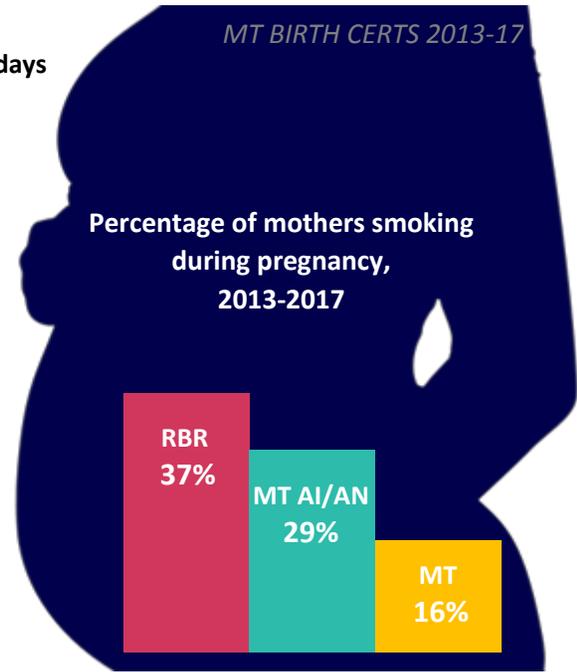
Adults who currently smoke, percentage of population



MT BRFSS 2014; HP2020



Percentage of mothers smoking during pregnancy, 2013-2017



Some questions on the YRBS ask about students' smoking habits.
Percentages below reflect students who did engage in these smoking behaviors.

2015	RB MS	RB HS	BE MS	BE HS	MT AI/AN	MT	US
Currently smoke cigarettes (any day in the past 30 days)	32%	38%	8%	28%	20%	13%	11%
Currently smoke cigarettes frequently (20 or more in the past 30 days)	3%	13%	0%	4%	5%	4%	3%
Have ever tried cigarettes (even one or two puffs)	68%	76%	27%	72%	39%	65%	32%
2017	RB MS	RB HS	BE MS	BE HS	MT AI/AN	MT	US
Currently smoke cigarettes (any day in the past 30 days)	22%	32%	15%	24%	19%	12%	9%
Currently smoke cigarettes frequently (20 or more in the past 30 days)	2%	9%	0%	8%	5%	3%	3%
Have ever tried cigarettes (even one or two puffs)	69%	70%	58%	72%	58%	34%	29%

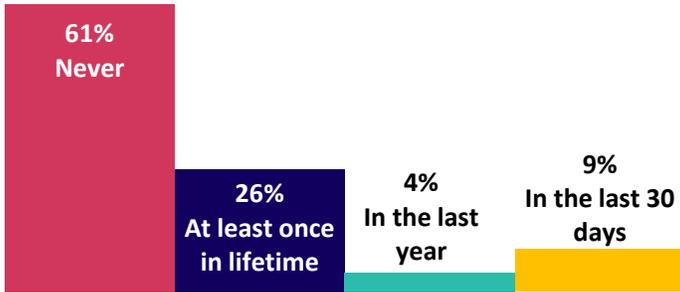
RB MS YRBS 2015, 2017; RB HS YRBS 2015, 2017; BE MS YRBS 2015, 2017; BE HS YRBS 2015, 2017; MT YRBS 2015, 2017; MT YRBS AIAN 2017; US YRBS 2015, 2017



Photo by Jacqueline Berger

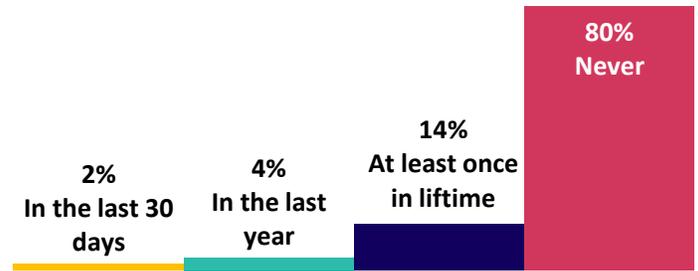
SMOKELESS AND ELECTRONIC TOBACCO USE

Percentage of people who took the CHA survey, 2018
How often have you used smokeless tobacco products?



RB CHA SURVEY 2018

Percentage of people who took the CHA survey, 2018
How often have you used electronic tobacco products?



RB CHA SURVEY 2018
 RB CHA SURVEY 2018

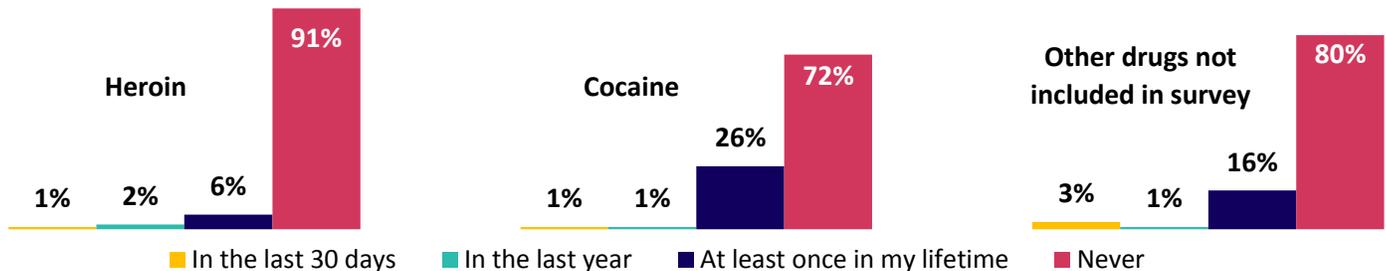
Some questions on the YRBS ask about students' smokeless and electronic tobacco use. Percentages below reflect students who did engage in these behaviors. Current use is use within the last 30 days.

2015	RB MS	RB HS	BE MS	BE HS	MT AI/AN	MT	US
Currently use smokeless tobacco products	42%	39%	13%	17%	16%	12%	7%
Currently use smokeless tobacco products on school property	36%	31%	8%	10%	10%	8%	---
Ever used an electronic vapor product	32%	37%	32%	38%	57%	51%	45%
Currently uses an electronic vapor product	15%	14%	20%	16%	34%	30%	24%
2017	RB MS	RB HS	BE MS	BE HS	MT AI/AN	MT	US
Currently use smokeless tobacco products	20%	23%	26%	28%	18%	10%	6%
Currently use smokeless tobacco products on school property	22%	22%	17%	18%	13%	7%	---
Ever used an electronic vapor product	32%	48%	53%	47%	49%	47%	42%
Currently uses an electronic vapor product	14%	18%	21%	14%	20%	23%	13%

RB MS YRBS 2015, 2017; RB HS YRBS 2015, 2017; BE MS YRBS 2015, 2017; BE HS YRBS 2015, 2017; MT YRBS 2015, 2017; MT YRBS AIAN 2017; US YRBS 2015, 2017

OTHER DRUG USE

People who took the 2018 CHA survey were asked about their use of heroin, cocaine, and other drugs not listed on the survey. Frequency of use among those who took the survey is reported below.



SUBSTANCE USE AMONG EXPECTANT MOTHERS

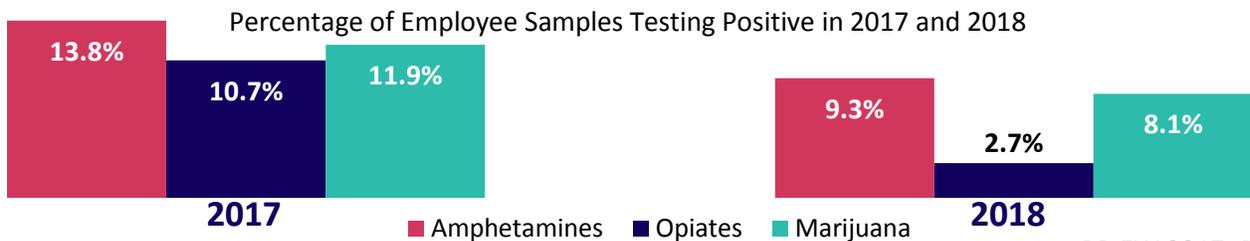
Information about substance use among RBR mothers is included below. These data report substance use screening among mothers who received prenatal care at RBC during an undisclosed 12-month period in the past 5 years (2014-2018). MAT refers to medication-assisted treatment for substance abuse.

MAT clinics combine behavioral therapy and medications to treat substance use disorders and use Food and Drug Administration (FDA)-approved medications to treat alcohol and opioid use disorders and smoking cessation. Medications commonly used to treat opioid addiction include methadone, buprenorphine, and naltrexone (*RB TOR 2018*).

Percentage of RBC Mothers				
Substance Screening/Testing	Alcohol	Marijuana	Meth	Opioids
Mother verbally admitted use to prenatal provider	10.8%	41.0%	14.1%	22.9%
Mother screened positive for substance	---	15.7%	14.1%	10.8%
Infant screened positive for substance	---	12.1%	14.1%	8.4%
Mother has Subutex/Methadone Rx and no signs of opioid misuse	---	---	---	2.4%
Mother was misusing opioids in early pregnancy, but began MAT	---	---	---	0.0%

RB PRENATAL 2018

SUBSTANCE USE AMONG TRIBAL EMPLOYEES



RB EW 2017; RB EW 2018

SUBSTANCE USE TREATMENT AND COMMUNITY RESOURCES

White Sky Hope Center

- Community members can receive substance abuse treatment at the WSHC. WSHC offers Alcoholics Anonymous groups for the community and lodge clients, as well as other forms of substance abuse treatment. In FY2017, 18 females and 15 males were enrolled in the lodge. In FY2017, 268 out-patient services were provided, and in FY2018, there were 65 in-patient referrals made.

White Sky Hope Center– Youth Treatment

- Among youth (born 1994-2017) who received substance use evaluations at WSHC:
 - 46.4% reported alcohol use.
 - 28.6% reported marijuana use.
 - 8.9% reported opiate use.
 - 1.8% reported amphetamine use.
- Youth were referred to WSHC by a variety of sources including court systems, social services, schools, and self-referrals.

WSHC 2018, WSHC YOUTH 2018



Photo by Jacqueline Berger



White Sky Hope Center – Substance Use Trends

- In FY2018, 504 client intake evaluations were completed at WSHC that provide information on substance use trends and sources of treatment referrals.
- The information below shows the percentage of WSHC clients who reporting using each substance as their 1st, 2nd, and 3rd choice or preference.

WSHC TRENDS 2018

Substance Use Trends Among WSHC Clients* - FY2018

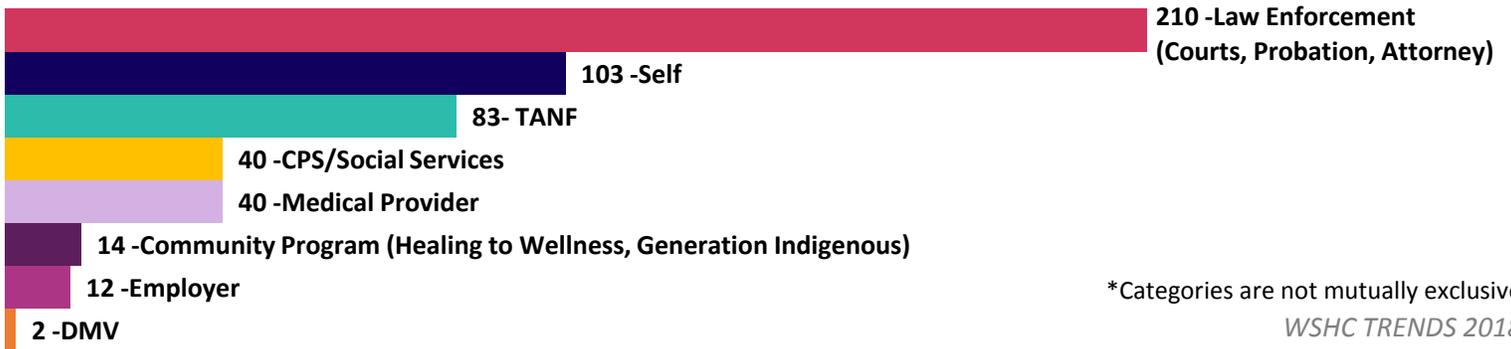
Substance	Primary Choice	Secondary Choice	Tertiary Choice
Alcohol	59.7%	1.5%	0.6%
Amphetamines/Meth	9.0%	20.0%	6.0%
Marijuana	6.9%	15.2%	8.4%
Cocaine	0.3%	0.3%	0.6%
Opiates	5.7%	10.1%	9.6%
Other	3.0%	5.4%	4.2%

*Categories are not mutually exclusive

WSHC TRENDS 2018

Sources of Referrals for WSHC Clients - FY2018

Number of clients per referral source*



*Categories are not mutually exclusive

WSHC TRENDS 2018

METHAMPHETAMINE AND SUICIDE PREVENTION INITIATIVE

Rocky Boys MSPI currently offers counseling, education, treatment, and referrals aimed at addressing substance use, through the White Sky Hope Center. The program also provides traditional healing such as sweats and support groups; both through the center and external referrals. The WSHC approaches addiction as a problem affecting the entire family, and embraces a holistic approach to addiction recovery, grounded in the cultural ethos of the 'Four Bodied People' and the Medicine Wheel treatment modality.

Goals of Rocky Boys MSPI

- Address community substance abuse holistically
- Implement culturally relevant prevention, intervention, and treatment services
- Provide community activities for prevention, education, and culture
- Offer assessment, consultation, clinical services, and team recommendation

RB PREVENTION REPORTS 2018



TRIBAL OPIOID RESPONSE PLAN

The RBHB Tribal Opioid Response (TOR) is a 2-year grant program funded through the Substance Abuse and Mental Health Services Administration (SAMHSA). TOR is dedicated to addressing the opioid crisis in tribal communities by increasing access to culturally appropriate and evidence-based treatment, including MAT. The goal of the program is to reduce the unmet treatment need and opioid overdose-related deaths through prevention, treatment, and/or recovery activities for opioid use disorder (OUD).

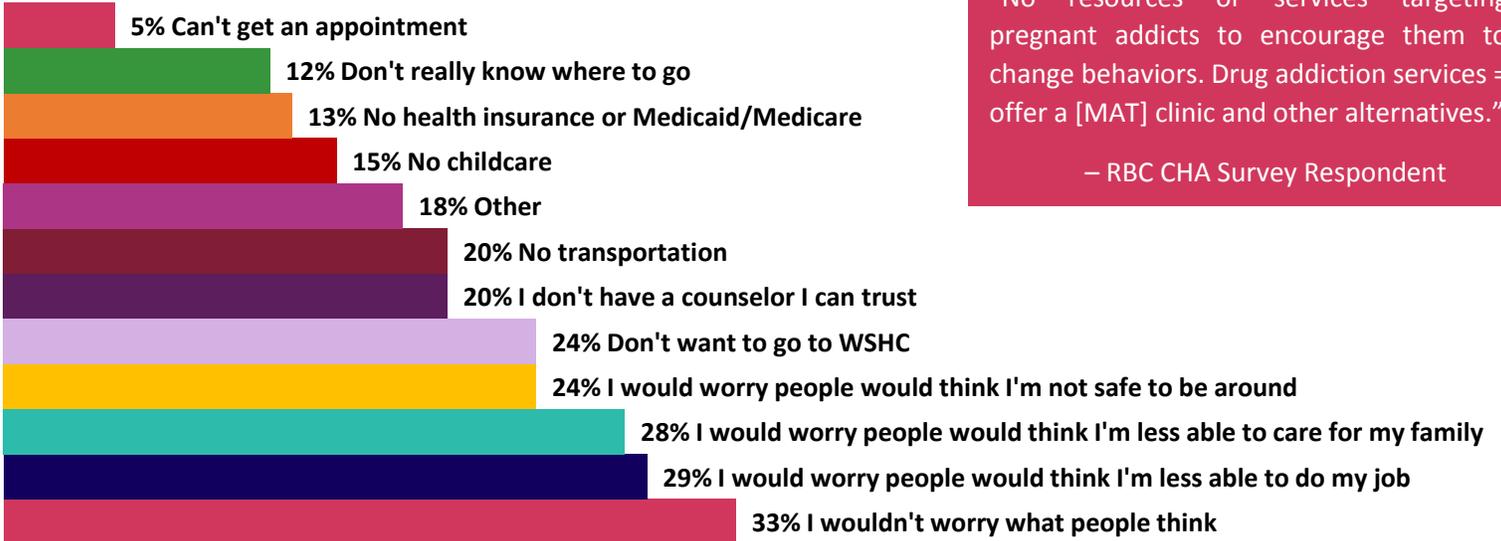
RB TOR 2018

Percentage of people who took the CHA survey, 2018

If you needed substance abuse treatment, what things might keep you from getting help?*

0% I don't have any problem getting counseling

0% I can't pay for the counseling I need



"No resources or services targeting pregnant addicts to encourage them to change behaviors. Drug addiction services = offer a [MAT] clinic and other alternatives."
 – RBC CHA Survey Respondent

*Categories are not mutually exclusive

RB CHA SURVEY 2018

"There are so many facets to health and wellbeing of the community. I would say that the drug epidemic, at least for my facility, would classify as being in nearly a state of emergency. Almost all of our offenses are related to drugs and alcohol in some way. I'm not saying that all of our community members are involved in that, but we [the jail] are a microcosm of what is happening in the community. Even when you're looking at other offenses, like shoplifting, there is almost always a motivating factor and that usually includes drugs and alcohol to some extent. When they come here after an offense, I don't know if there was a trauma in their past that drove them to it, or something that happened to them as a child. Like I said, these are multi-faceted, problem-derived incarcerations. Once they get here, we try to stop the flow from getting to the general population. My motto is "Zero tolerance". From the holding cell to the general population. If they're at rock bottom, that's a good place to start for rehabilitation. Get them safe. Get them clean. Get them safely out on their road to recovery."



Photo by Randy Ellis

-Randy Ellis/Chief of Corrections, Chippewa Cree Law Enforcement Services – Corrections Division

ELLIS 2018



Photo by Jacqueline Berger

At the Community Health Priorities Meeting, when health issues were voted on for level of importance, the community chose “trauma” as one of the top five health-related problems on the Reservation today. Many community members highlighted the impact of historical and present-day trauma on health, including how social systems are insensitive to people who have been affected by trauma. Meeting attendees stressed the need for trauma-informed practices, especially at RBHC.

Trauma can be measured in different ways; one measure that has recently become well known is the “Adverse Childhood Events” or “ACE” score. A person’s ACE score may predict a range of physical and mental health issues that surface later in life. An ACE Score of 0 means a person experienced no serious emotional, physical, or sexual abuse issues in childhood. Experiencing 4 or more traumatic events greatly increases the chances of future health problems. As part of the CHA in-person survey, community members responded to questions about their ACE score.

TRAUMA

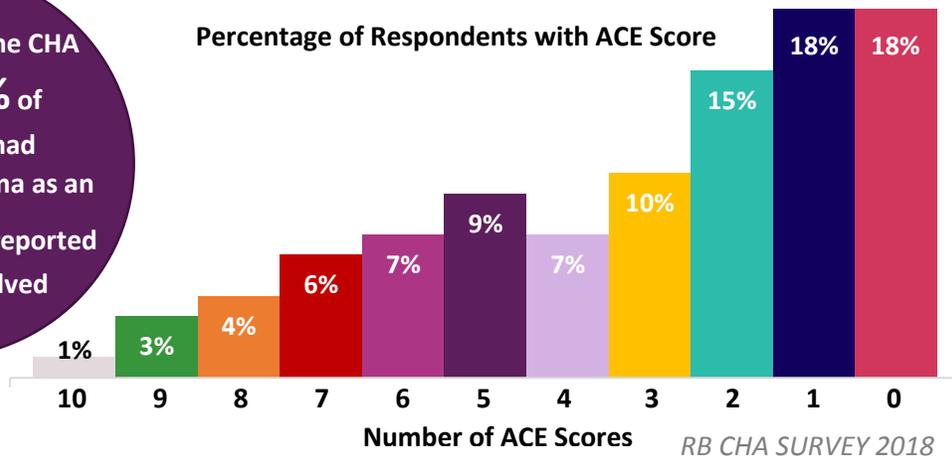
Population	ACE Scores		
	0	1-3	4+
RBR CHA Survey, 2018	18%	43%	39%
MT AI/AN, 2011	21%	44%	34%
MT (all adults), 2011	40%	43%	17%
US, (all races), 2010	41%	45%	14%

RB CHA SURVEY 2018, MT BRFSS 2011 ACE, CDC BRFSS 2010 ACE



Photo by Wilbur Nagel

When asked in the CHA survey, **68%** of participants had experienced trauma as an adult and **44%** reported having unresolved grief.



“People need other relatable people around to understand what they’re going through. Wellness isn’t just something for individuals. It is a whole way of life for communities. There are no right or wrong answers when it comes to healing from tragic experiences. Sometimes, it’s just waking up every morning and knowing that the world will turn.”

- Wilbur Nagel (and Granddaughter, Zariah), Community Member

TYPES OF TRAUMA EXPERIENCED DURING CHILDHOOD	RBR 2018	MT AI/AN 2011	MT 2011	US 2010
Experienced Verbal Abuse	32%	40%	31%	35%
Experience Physical Abuse	26%	29%	17%	16%
Experience Sexual Abuse	20%	18%	13%	11%
Household Member Mentally Ill	29%	25%	19%	16%
Household Member in Prison	31%	23%	8%	6%
Household Member Abused Substances	54%	52%	32%	25%
Parents Divorced/Separated	51%	48%	28%	23%
Witnessed Domestic Violence	25%	37%	17%	15%

RB CHA SURVEY 2018, MT BRFSS 2011 ACE, CDC BRFSS 2010 ACE

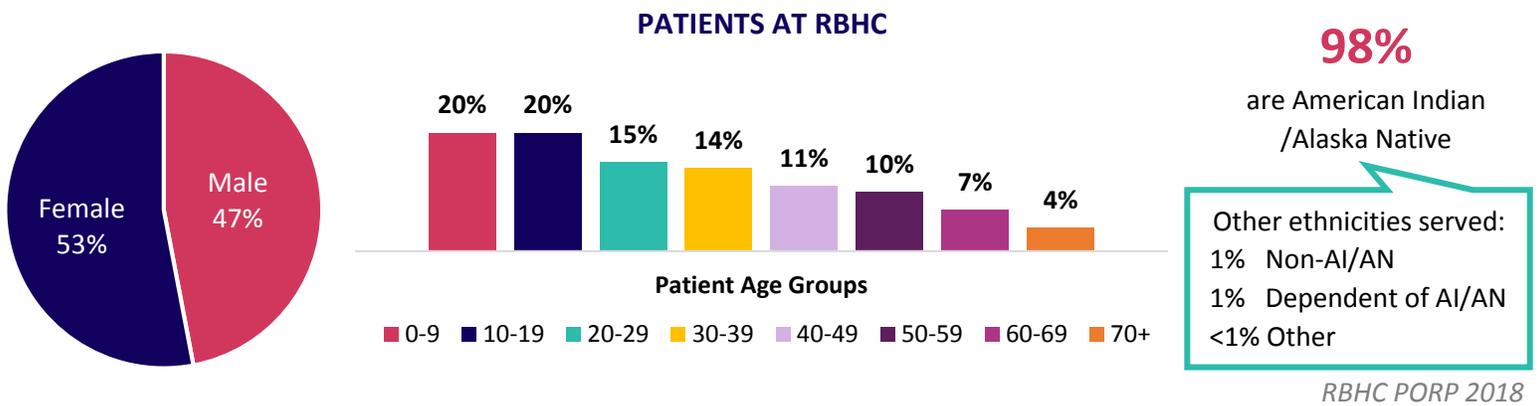


Primary care on the RBR is delivered by the RBHC, located between the population centers of Rocky Boy Agency and Box Elder. This new, purpose-built facility opened in 2018, and allows community members to access many types of care at a central location. For more information on services available at the RBHC, and for a message from the director, Jessica Alcorn-Windy Boy, visit <https://www.rbclinic.org>.

The Chippewa Cree Tribe manages all of their own healthcare systems through a self-governance compact with the Indian Health Service (IHS). On the RBR, enrolled tribal members or descendants of any of the 567 federally-recognized tribes, can access primary care via the RBHC without need for 3rd party reimbursement and are not charged as an individual for their healthcare. However, tribal members can access a broader range of treatments from medical providers outside of the RBHC if they also sign up for 3rd party insurance such as Medicaid or Medicare.

Participants at the CHA Priorities Meeting identified healthcare infrastructure as a community priority, to include consistent funding for initiative programs, and meeting the need for better disease prevention and health education systems. Access to specialty care was identified as a specific community priority beyond infrastructure. Community members especially mentioned concerns about accessing care off-Reservation, and difficulty navigating the referral system.

Looking at the Numbers



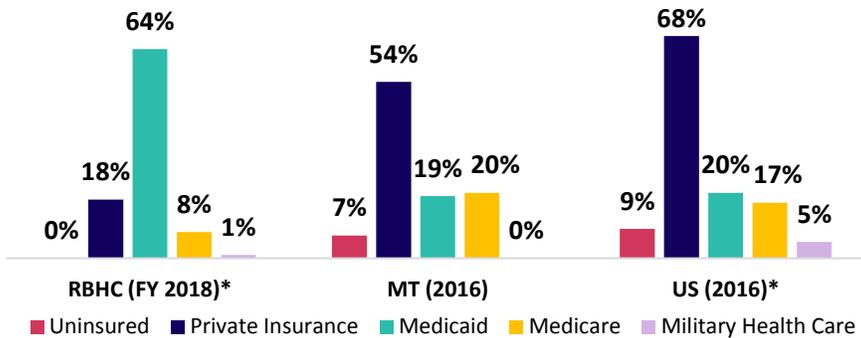
The old clinic was small. Everyone was bunched together and there was kind of a perception that care was slow. Like in my office, there was 7 of us in about 15 x 15 ft space. Most of the employees like this new, bigger space. Most of the community loves this new building. There's only one drawback – it's a longer walk for elders. It seems like the community's perception is better. Things are faster because of updated computers and services all being located together. Before we had separate buildings for the CHRs, WIC, EMS, White Sky, even maintenance was in a different building from the clinic, but now that we're all together, it's faster and easier for people to get services.

- Bill the Boy, Sanitation Safety Officer – RBHC



INSURANCE COVERAGE AND BILLING

Percentage of the population with each form of 3rd Party Health Insurance



*Categories of insurance are not mutually exclusive

RBHC PORP 2018, OMSA CSI 2016, US CENSUS CPS 2016

ACCESS TO SPECIALTY CARE

Participants in the CHA Priorities meeting expressed concern over the access to specialty treatment services that aren't provided at the RBHC. They indicated that there was often trouble getting the necessary referral to these outside specialties quickly enough, if at all. They also indicated that the system for accessing the services was difficult to navigate.

TRAUMA-INFORMED CARE

Participants in the CHA Priorities meeting were proud of the work that had been done by the RBHC to improve the system, so that it better acknowledged and cared for people who have experienced trauma. They also indicated that they would like to see additional community organizations and systems adopting practices that respected the ways in which traumatic experiences still haunt the community, and be able to provide healing, as well as prevent re-traumatizing people seeking services.

Healthy People 2020 Goal

0% of people will be uninsured

As described previously, all enrolled tribal members or descendants without health insurance can use RBHC services or IHS services on other reservations, but are able to access a broader range of treatments and provider options with 3rd party insurance, which covers reimbursements to health care providers for services approved by the insurance plan.

Data for reimbursable coverage at RBHC are for an entire year, meaning individual patients may belong to multiple insurance access categories throughout the year. For example, a patient may use Medicaid for part of the year and private insurance through their employer for the rest of the year.

Percentages for the state of Montana reflect coverage at a single point in time. Individuals with multiple types of coverage are automatically assigned to a single category. US percentages also capture a moment in time; however, individuals may belong to more than one category.

HP2020

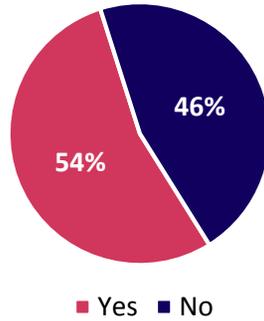
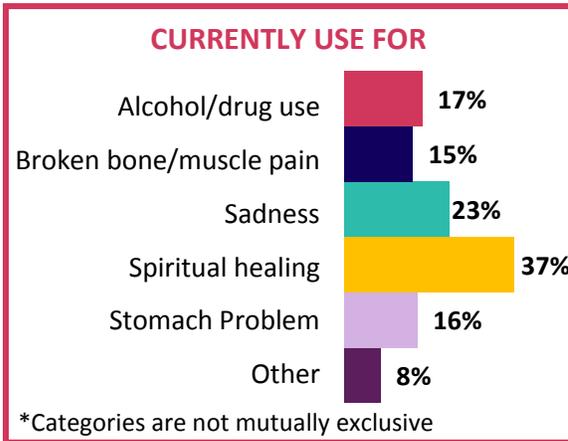
COMMUNITY RESOURCES

- **Rocky Boy Health Center (RBR)**—Provides primary care, pediatric care, dental, diabetes education, immunizations, mental health, physical therapy, pharmacy, emergency medical services (EMS), purchased and referred care services, substance use services.
- **White Sky Hope Center (RBR)** – Provides outpatient substance use treatment services.
- **Bullhook Community Health Center (Havre)** – Provides primary care, dental, mental health, pharmacy, substance use care.
- **Northern Montana Healthcare (Havre)** – Provides in-patient hospital services, emergency room, prenatal and birthing services, oncology, mental health, radiology, optometry, podiatry, orthopedics.

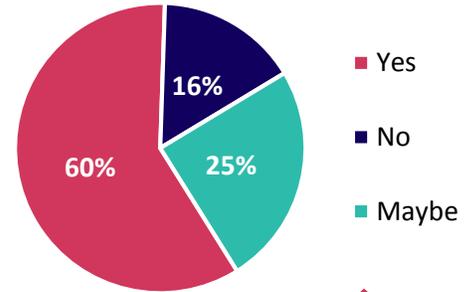


TRADITIONAL HEALERS

RB CHA SURVEY: DO YOU CURRENTLY USE TRADITIONAL HEALERS?



RB CHA SURVEY: IF A TRADITIONAL HEALER WORKED AT A LOCAL CLINIC, WOULD YOU ASK FOR THEIR HELP WITH HEALTH PROBLEMS?



RB CHA SURVEY 2018

“It would be nice to have a spiritual room available at the clinics to light sage and sweetgrass.” – RB CHA Survey Respondent

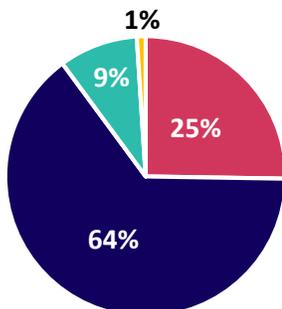
Healthy People 2020 Goal

84% of people will have a usual primary care provider

44% of CHA survey respondents indicated that they have a regular doctor

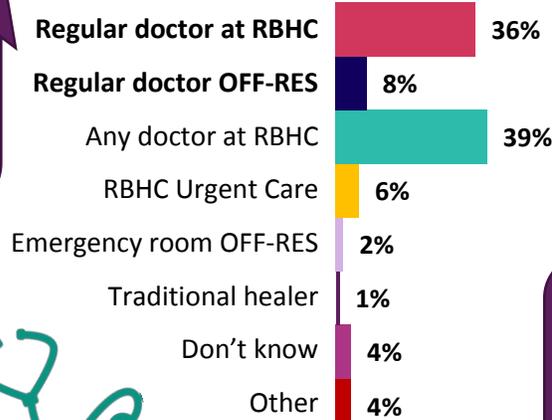
HP2020

RB CHA SURVEY: DO YOU HAVE ADEQUATE ACCESS TO MEDICAL CARE?



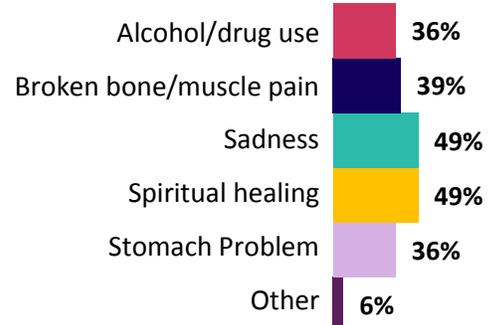
RB CHA SURVEY 2018

RB CHA SURVEY: WHERE DO YOU TYPICALLY ACCESS CARE?



RB CHA SURVEY 2018

WOULD USE FOR



*Categories are not mutually exclusive

RB CHA SURVEY 2018

Healthy People 2020 Goal

49% of patients (2 years and older) will visit the dentist in the past year

40% of RBHC patients in FY2017, and 44% in FY2018 accessed dental services

HP2020, RB GPRA 2018

“Better quality healthcare services given at the RBHC, access to care, more focus on preventable disease and prevention screenings, so that diseases are caught sooner than later.” – RBC CHA Survey Respondent



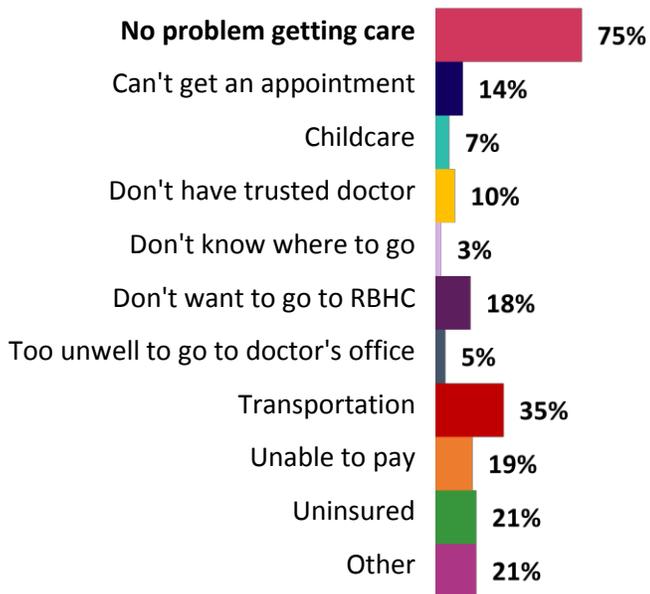
Photo by Jacqueline Berger

PHOTO OF THE RBHC



Photo by Kirsten Krane

BARRIERS TO CARE*, AS REPORTED BY PEOPLE WHO TOOK THE CHA SURVEY



*Categories are not mutually exclusive

RB CHA SURVEY 2018

COMMUNITY EXPERIENCES ACCESSING CARE

"Communications between service providers is still a problem, there is a lack of follow-up with some departments."

"More information or maybe a workshop or something to get help with dental care. I need more information and no one provided the answers. I know more people would come forward, like me! Thank you!"

"Expand to cover dental for adults who only get the basic coverage, instead of full coverage."



Chronic diseases like heart disease and strokes, diabetes, asthma, chronic pain, and cancers are common on the RBR. Factors known to contribute to chronic diseases include poverty, stress, poor diet, and substance use. Long distances to major medical centers for care also play a role. At the Community Health Priorities Meeting, when health issues were voted on for level of importance, chronic diseases as a category ranked 6th out of the top 10 health concerns.

Looking at the Numbers

TOP 3 CHRONIC DISEASE DIAGNOSES BY AGE AT RBHC*

	5-14 years	15-19 years	20-24 years	25-44 years	45-64 years	65+ years
1	Emotional Disorders (other)	Depression	Type II Diabetes	Type II Diabetes	Type II Diabetes	Type II Diabetes
2	PTSD	Emotional Disorders (other)	Hypothyroidism	Depression	High Blood Pressure	High Blood Pressure
3	Depression	Anxiety	Insomnia	High Blood Pressure	Joint/Muscle Issues	Arthritis

*Dental and vision diagnoses omitted

RBHC RPMS 2018

CHRONIC PAIN AND ARTHRITIS



Neck and back pain were some of the top diagnoses for older adults at RBHC. In Montana in 2010, 40% of AI/AN people suffered from chronic pain compared to 33% of whites.

RBHC RPMS 2018, MT BRFSS 2012

"Need Better Relationships with Doctors + Chronic Pain Patients" – RB CHA Survey Respondent

NEW CASES OF HEPATITIS C

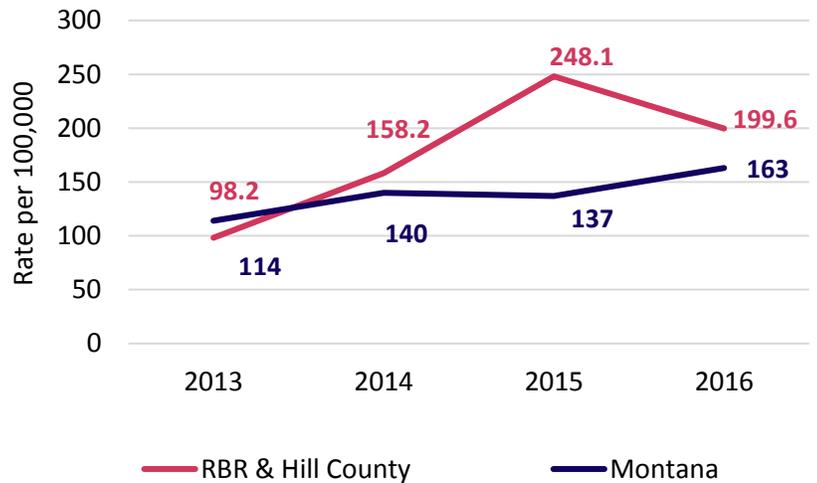
Year	RBR & Hill County	Montana
2013	16	1142
2014	26	1413
2015	41	1386
2016	33	1664

MTDPHHS COMM DISEASE 2013-2016, CDC STI 2016

HEPATITIS C

Hepatitis C can be spread through sexual contact, though it is more commonly spread through contact with blood, such as through accidental needle sticks or through needle sharing in cases of IV drug use.

CHRONIC HEPATITIS C RATE*



*All rates calculated using Hill County and Montana populations for each year as reported by the US Census Bureau for each year

MTDPHHS COMM DISEASE 2013-2016, CDC STI 2016



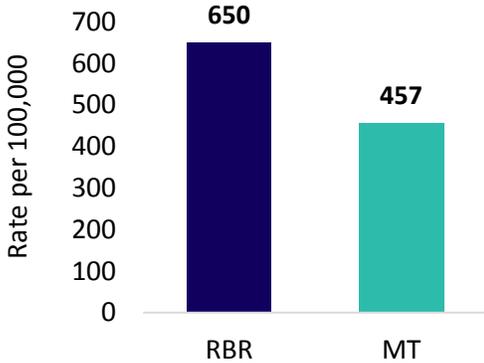
Photo by Jacqueline Berger

CANCER

Cancer was the third leading cause of death on the RBR in 2013-2017. Tribal members are concerned about the problems of getting referrals, early diagnoses, and access to specialty cancer care off the reservation. RBR residents have higher rates of cancer, and lower rates of screening, than other Montana residents overall.

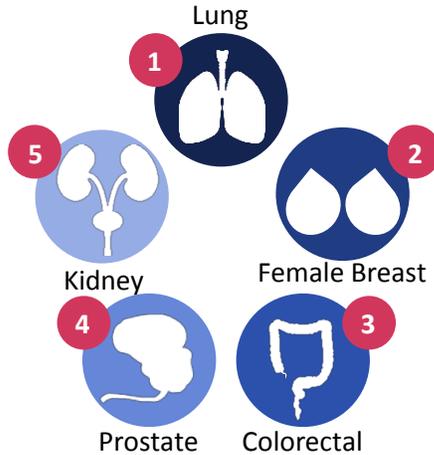
MTDPHHS RB MORT 2017

CANCER DIAGNOSES (ALL TYPES), 2006-2015

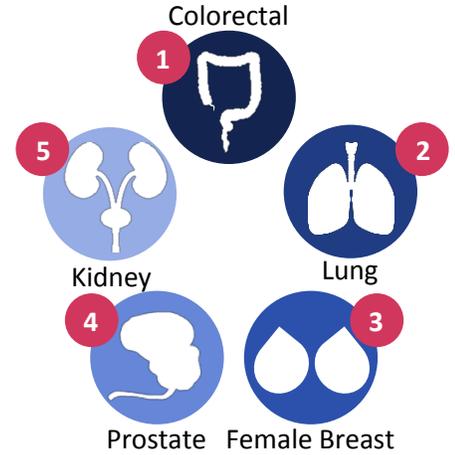


MTDPHHS CANCER FACT SHEET 2017

MT AI/AN, 2006-2015



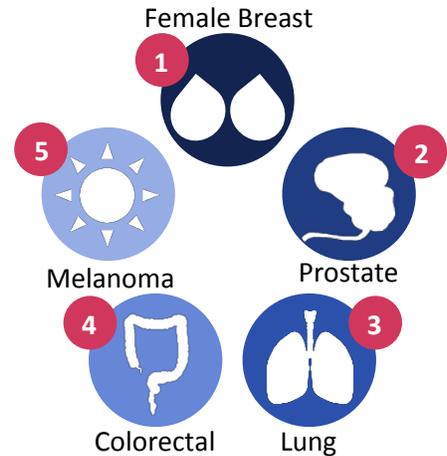
RBR, 2006-2015



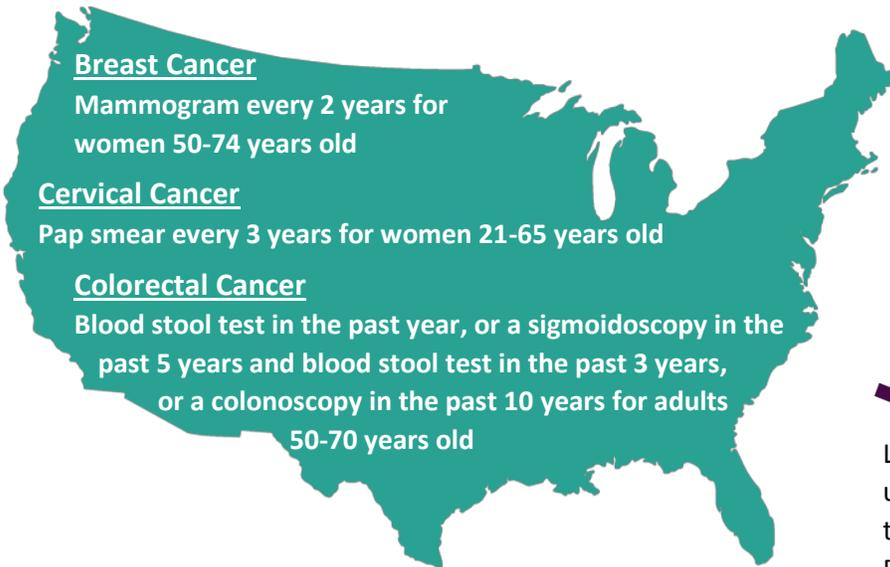
TOP 5 MOST COMMON TYPES OF CANCER

MT, 2010-2014

MTCTRAR 2017



NATIONAL RECOMMENDATIONS FOR CANCER SCREENINGS



HP2020, CANCER SCREEN 2018



LUNG CANCER AND TOBACCO

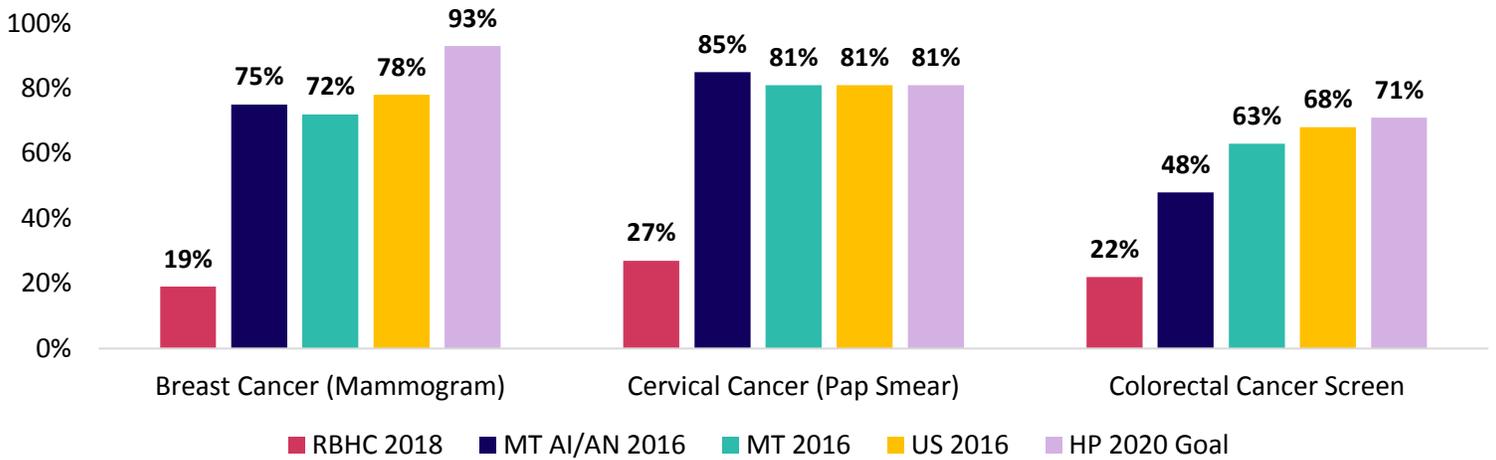
Lung cancer is related to tobacco use. Rates of tobacco use among American Indians in Montana are over twice that of the national rate. In 2018, 41% of adult RBHC patients in need of tobacco-related services received cessation counseling.

MT BRFSS 2014, RB GPRA 2018



CANCER

PERCENTAGE OF POPULATION MEETING THE NATIONAL RECOMMENDATIONS FOR CANCER SCREENINGS

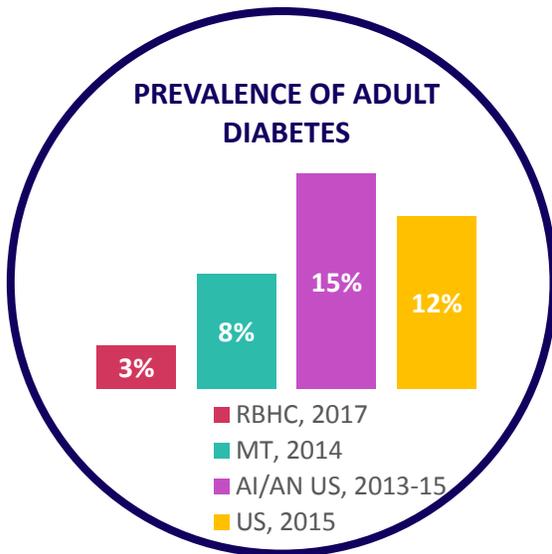


RBHC BENCHMARKS 2018, MTDPHHS CANCER FACT SHEET 2017, HP2020

DIABETES

Diabetes was the 5th leading cause of death on the RBR from 2013-2017. As of 2018, it was the most common diagnosis among people 46 years and older on Rocky Boy's. In 2017, there were 314 patients in the diabetes registry at the RBHC. Most data sources do not distinguish between types 1 and 2 diabetes, but type 2 diabetes accounts for approximately 99% of those on the diabetes registry on Rocky Boy's. Medical care for diabetes is provided at RBHC. People can also access diabetes education, screenings, and support at RBHC.

MTDPHHS RB MORT 2017, RBHC RPMS 2018, RB DIABETES 2018



BENCHMARK: A1C < 9.0

An A1C blood test determines how well blood sugar is being controlled. An A1C of less than 9.0 indicates relatively well controlled diabetes.

Adults with an A1C <9.0*

- RBHC (2017): 64%
- United States (2011-2014): 84%
- Healthy People 2020 Goal: 84%



*Does not include those who did not have their A1C tested or had an invalid test

RB DIABETES 2018, CDC NDSR 2017, HP2020

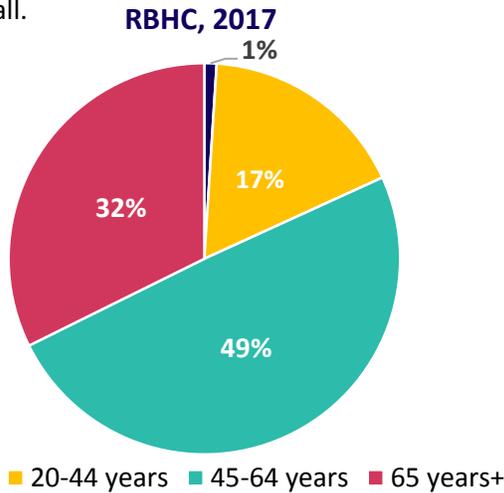
RBHC RPMS 2018, RB DIABETES 2018, MT BRFSS 2014, CDC NDSR 2017



Photo by Kirsten Krane

AGE RANGES OF ADULTS WITH DIABETES

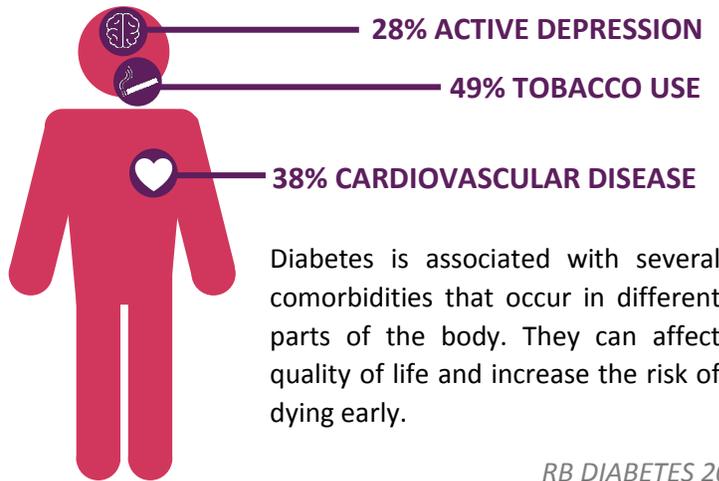
Middle-aged people make up a greater portion of the population of adults with diabetes at RBHC compared to Montana overall.



RB DIABETES 2018

COMORBIDITIES OF DIABETES AT RBHC, 2017

Percentage of each comorbidity among people with diabetes



Diabetes is associated with several comorbidities that occur in different parts of the body. They can affect quality of life and increase the risk of dying early.

RB DIABETES 2018

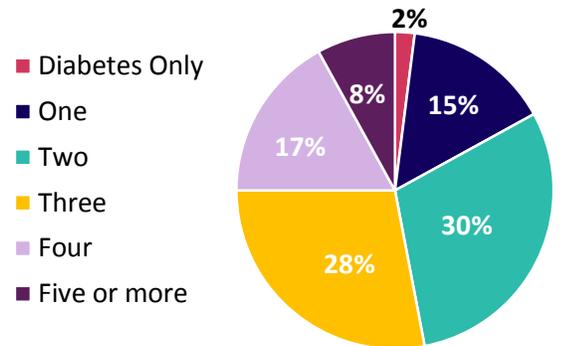
DIABETIC EXAMS

Percentage of adults with diabetes who received recommended annual exams.



RB DIABETES 2018, CDC DIABETES 2014 REPORT CARD

NUMBER OF COMORBIDITIES AMONG THE DIABETIC POPULATION AT RBHC, 2017



RB DIABETES 2018

LENGTH OF DIABETES DIAGNOSIS FOR RBHC PATIENTS



RB DIABETES 2018

HOSPITALIZATIONS

Annual hospitalization rate for diabetes in Hill County and Montana (2011-2013).

HILL COUNTY



12 hospitalizations per/1000 people



MONTANA

8 hospitalizations per/1000 people



MTDPHHS HCCCHP 2015



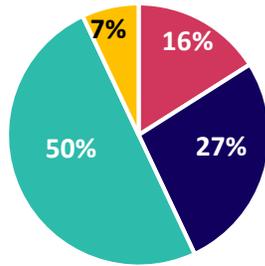


CHRONIC DISEASE



BODY MASS INDEX (BMI) OF DIABETIC PATIENTS AT RBHC

- Normal (BMI < 25)
- Overweight (BMI 25-29)
- Obese (BMI 30 or more)
- Unknown



RB DIABETES 2018

GESTATIONAL DIABETES AMONG PREGNANT WOMEN, 2013-2017

RBHC	MT AI/AN	MT
22*	(10.2%)	(8.3%)

*Percentages were not calculated for fewer than 20 events because they did not meet precision reliability

MT BIRTH CERTS 2013-17



Photo by Gerry Eagleman

NUMBER OF MEDICATIONS USED TO MANAGE DIABETES AMONG PATIENTS AT RBHC

33%, 1 Medication



31%, 2 Medications



16%, 3 Medications



2%, 4+ Medications



RB DIABETES 2018

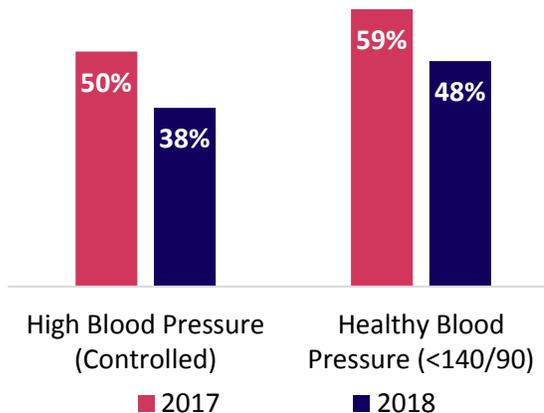
"If you go back to our original ways, we ate more plant-based foods and lived off the land. For example, frybread and bannock, even though they say those are traditional, they aren't really—Our foods were deer meat, berries, rabbit. I think if a lot of us went back to eating that way we'd be a lot healthier, living longer, respecting Mother Earth and not wasting. That's easier said than done, though."

- Gerry Eagleman, Diabetic Lifestyle Coach

CARDIOVASCULAR DISEASE

Cardiovascular disease includes strokes, heart disease, heart attacks, and irregular heartbeats. Cardiovascular disease was the leading cause of death on the RBR in 2013-2017. *MTDPHHS RB MORT 2017*

PERCENT OF RBHC PATIENTS WITH SELECTED BLOOD PRESSURE INDICATORS



RB GPRA 2018

CARDIOVASCULAR DISEASE HOSPITALIZATIONS

Annual hospitalization rate for cardiovascular disease in Hill County and Montana (2011-2013).

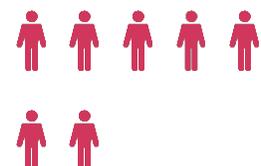
HILL COUNTY

10 hospitalizations per/1000 people



MONTANA

7 hospitalizations per/1000 people



MTDPHHS HCCCHP 2015



Photo by Jacqueline Berger

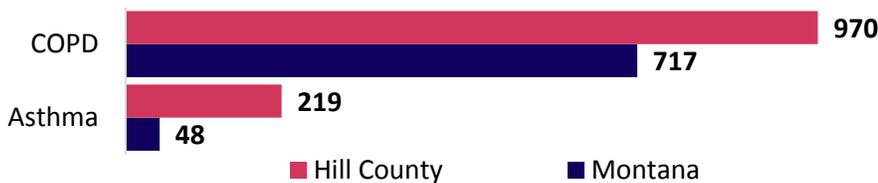
CHRONIC RESPIRATORY DISEASES

Asthma and Chronic Obstructive Pulmonary Disease (COPD) are the two most common types of chronic respiratory disease on the RBR.

Asthma and COPD have different causes and outcomes, but can be difficult to tell apart, and some people have both. When patients have asthma, they can find it hard to breathe, and react to ‘triggers’ like allergens or cold air. COPD gets worse over time, because of airborne chemicals like those in cigarette smoke.

CHRONIC RESPIRATORY DISEASES HOSPITALIZATIONS

Annual hospitalization rate per 100,000 in Hill County and Montana (2011-2013).



MTDPHHS HCCCHP 2015

Nationally, asthma rates for AI/AN people are **1.3 times** that of white people

CDC NHIS 2016

YRBS RESULTS

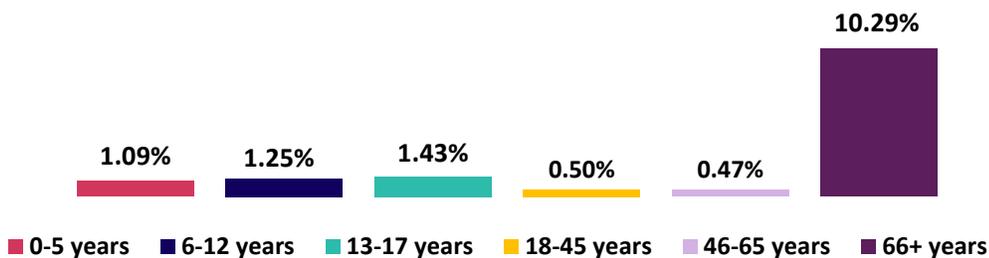
2015		RB MS	RB HS	BE MS	BE HS	MT AI/AN	MT	US
Has ever been told by a doctor/nurse that they have asthma	Yes	13%	9%	22%	22%	25%	22%	23%
	No	81%	82%	66%	66%	75%	72%	---
	Not sure	6%	9%	11%	12%		6%	---

2017		RB MS	RB HS	BE MS	BE HS	MT AI/AN	MT	US
Has ever been told by a doctor/nurse that they have asthma	Yes	12%	14%	21%	14%	24%	22%	23%
	No	75%	78%	66%	77%	76%	74%	---
	Not sure	14%	8%	13%	9%		5%	---

RB MS YRBS 2015, 2017; RB HS YRBS 2015, 2017; BE MS YRBS 2015, 2017; BE HS YRBS 2015, 2017; MT YRBS 2015, 2017; MT YRBS AIAN 2017; US YRBS 2015, 2017

In 2017, **5.3%** of students on the RBR reported being diagnosed with asthma

Percentage of RBHC users with a current asthma diagnosis, by age group, FY2017



RMTEC CHP RB 2017

RBHC RPMS 2018



COMMUNICABLE DISEASES

At the Community Health Priorities Meeting, when health issues were voted on for level of importance, the community expressed concern about healthcare infrastructure, to include better disease prevention, but did not consider communicable diseases as a top health concern compared to other priorities. The data collected in this CHA suggest that communicable diseases are more common on the RBR than in other parts of Montana. At this time, education on communicable diseases, as well as vaccines, can be obtained from RBHC.

Note- in this section (*Communicable Diseases*) data are listed as RBR and Hill County, because the state-based data measure for this region for communicable diseases only includes all of the RBR (including any portions of the reservation that are in a different county) + all of Hill County (even those portions that are not part of the reservation).

SEXUALLY TRANSMITTED INFECTIONS

In 2015, sexually transmitted infections were the most common reported communicable disease in Montana (*MTDPHHS COMM DISEASE 2015*). In recent years, cases of chlamydia and gonorrhea have skyrocketed on the RBR, with new cases of chlamydia appearing at two and a half times the rate elsewhere in Montana, and with almost 2 times as many new cases of gonorrhea in 2016. Rates of HIV and syphilis however are lower than elsewhere in the state, with just one new case of HIV reported on the RBR in the past 5 years, and one new case of syphilis over the same time period (*MTDPHHS COMM DISEASE 2012-2016*). HIV is extremely rare. In contrast, the State of Montana has seen a rise in syphilis since 2014 (*MTDPHHS COMM DISEASE 2016*).

STIs: New Cases and Rate per 100,000, 2016

	RBR & Hill County		MT		US
	New Cases	Rate / 100,000	New Cases	Rate / 100,000	Rate / 100,000
Chlamydia	180	1,089.0	4,416	427.5	497.3
Gonorrhea	24	145.2	867	83.9	145.8
Syphilis (Primary and Secondary)	0	0.0	14	1.4	8.7
HIV	1	6.1	22	2.2	12.3

*Rates/100,000 calculated using Hill county populations for each year as reported by the US Census Bureau for each year.

MTDPHHS COMM DISEASE 2012-2016, CDC STI 2016, CDC HIV 2016

Gonorrhea	RBR & Hill County		MT		US
	New Cases	Rate / 100,000	New Cases	Rate / 100,000	Rate / 100,000
2016	24	145.2	867	83.9	145.8
2015	15	90.9	844	81.7	123.0
2014	8	48.7	434	42.4	109.8
2013	1	6.1	224	22.1	105.3
2012	2	12.1	108	10.7	106.7

Chlamydia	RBR & Hill County		MT		US
	New Cases	Rate / 100,000	New Cases	Rate / 100,000	Rate / 100,000
2016	180	1,089.0	4,416	427.5	497.3
2015	116	702.1	4,184	405.1	475.0
2014	108	657.2	4,193	409.6	452.2
2013	142	871.1	3,818	376.1	443.5
2012	265	1,640.2	3,827	380.7	453.3

*Rates/100,000 calculated using Hill county populations for each year as reported by the US Census Bureau for each year.

MTDPHHS COMM DISEASE 2012-2016, CDC STI 2016



Photo by Jacqueline Berger

COMMUNICABLE DISEASES

Some questions on the YRBS ask about students' sexual experiences and use of contraceptives. Percentages below reflect students who have had these experiences or used particular types of contraception.

2015		RB MS	RB HS	BE MS	BE HS	MT AI/AN	MT	US
Ever had sexual intercourse - lifetime		20%	64%	38%	67%	58%	44%	41%
Had sexual intercourse for the first time before age 13 years		14%	12%	16%	7%	4%	3%	4%
Had sexual intercourse with four or more persons during their life		9%	29%	4%	19%	23%	13%	12%
Drank alcohol or used drugs before last sexual intercourse*		32%	33%	0%	26%	24%	20%	21%
Method used to prevent pregnancy at last sexual intercourse*	None	---	21%	---	20%	17%	9%	14%
	Birth control pills	---	11%	---	4%	15%	27%	18%
	Condoms	---	53%	---	44%	65%	59%	57%
	IUD or implant	---	0%	---	4%	---	---	3%
	Shot, patch, or birth control ring	---	5%	---	18%	15%	7%	5%
	Withdrawal or other method	---	7%	---	4%	---	---	---
	Unsure	---	4%	---	4%	---	---	---

2017		RB MS	RB HS	BE MS	BE HS	MT AI/AN	MT	US
Ever had sexual intercourse - lifetime		32%	69%	28%	63%	56%	43%	40%
Had sexual intercourse for the first time before age 13 years		11%	13%	9%	9%	6%	3%	3%
Had sexual intercourse with four or more persons during their life		2%	24%	4%	26%	20%	12%	10%
Drank alcohol or used drugs before last sexual intercourse*		27%	21%	0%	17%	19%	18%	19%
Method used to prevent pregnancy at last sexual intercourse*	None	---	22%	---	21%	18%	9%	14%
	Birth control pills	---	4%	---	6%	12%	25%	21%
	Condoms	---	56%	---	43%	50%	55%	54%
	IUD or implant	---	0%	---	0%	---	---	4%
	Shot, patch, or birth control ring	---	9%	---	17%	8%	8%	5%
	Withdrawal or other method	---	5%	---	4%	---	---	---
	Unsure	---	4%	---	9%	---	---	---

*of students who have had sex

RB MS YRBS 2015, 2017; RB HS YRBS 2015, 2017; BE MS YRBS 2015, 2017; BE HS YRBS 2015, 2017; MT YRBS 2015, 2017; MT YRBS AIAN 2017; US YRBS 2015, 2017

In 2017, **22%** of RBHC patients were screened for HIV and in 2018, **24%** of patients were screened.



RB GPRA 2018



COMMUNICABLE DISEASES

VACCINE- PREVENTABLE DISEASES

The most common types of reportable, vaccine-preventable illnesses are pertussis, varicella, mumps, and influenza (*MTDPHHS COMM DISEASE 2016*). Vaccines are provided through the RBHC.

Pertussis: New Cases and Rate Per 100,000*

	RBR & Hill County		MT		US	
	New Cases	Rate / 100,000	New Cases	Rate / 100,000	New Cases	Rate / 100,000
2016	0	0.0	21	2.1	15,737	4.9
2015	0	0.0	230	22.7	20,762	6.5
2014	4	24.3	494	49.1	32,971	10.3
2013	1	6.1	663	66.4	28,639	9.0
2012	4	24.8	549	55.4	48,277	15.2

*Rates/100,000 calculated using Hill County populations for each year as reported by the US Census Bureau for each year.

MTDPHHS COMM DISEASE 2012-2016, CDC PERTUSSIS REPORT 2012- 2016

Varicella: New Cases and Rate Per 100,000*

	RBR & Hill County		MT	
	New Cases	Rate / 100,000	New Cases	Rate / 100,000
2016	5	30.2	77	7.5
2015	1	6.1	132	13.0
2014	1	6.1	72	7.2
2013	6	36.8	84	8.4
2012	7	43.3	132	13.3

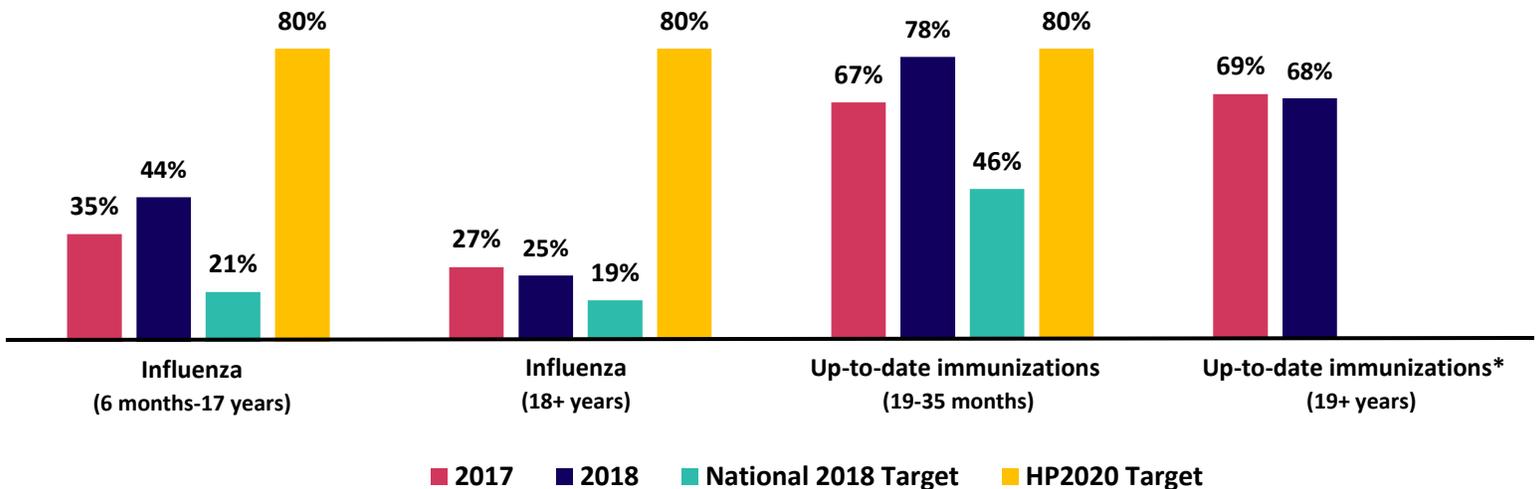
*Rates/100,000 calculated using Hill County populations for each year as reported by the US Census

MTDPHHS COMM DISEASE 2012-2016

On the RBR, there were 2 cases of Tuberculosis between 2012-2016.

MTDPHHS COMM DISEASE 2012-2016

IMMUNIZATIONS AT RBHC



*National 2018 Target and Healthy People 2020 Target data not available

RB GPRA 2018, HP 2020



Photo by Jacqueline Berger

MATERNAL CHILD HEALTH

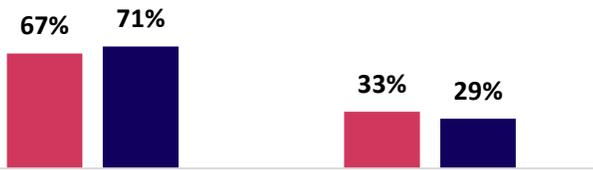
RBHC offers pediatric care, and limited prenatal care. Prenatal care is transferred to Northern Montana Health Care in Havre early in the pregnancy and high-risk pregnancies are referred to Benefis Health System Hospital in Great Falls. The RBC has also made great strides recognizing the importance of breastfeeding, with the Tribal Council declaring August 2017 as Chippewa Cree Breastfeeding Month. Also, work is in progress to provide breastfeeding protections in the workplace, such as break times and accommodations to breastfeed or pump.

Looking at the Numbers

BIRTHING CHARACTERISTICS

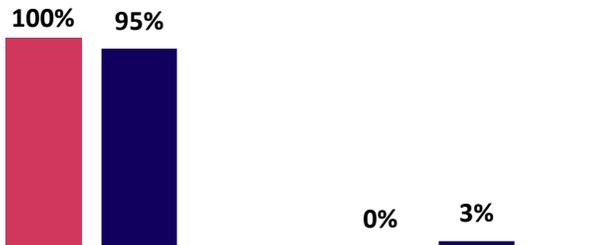
Percentage of mothers, 2013-2017

■ RBR ■ MT by Race (White)



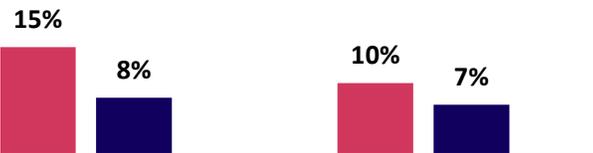
Vaginal Birth

Cesarean Birth



Hospital Birth

Home Birth



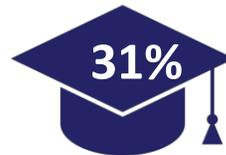
Born less than 37 weeks

Born weighing less than 2500 grams

MT BIRTH CERTS 2013-17

EDUCATION LEVEL, 2013-2017

Percentage of mothers with an education level less than high school graduate



MT
by race (White)

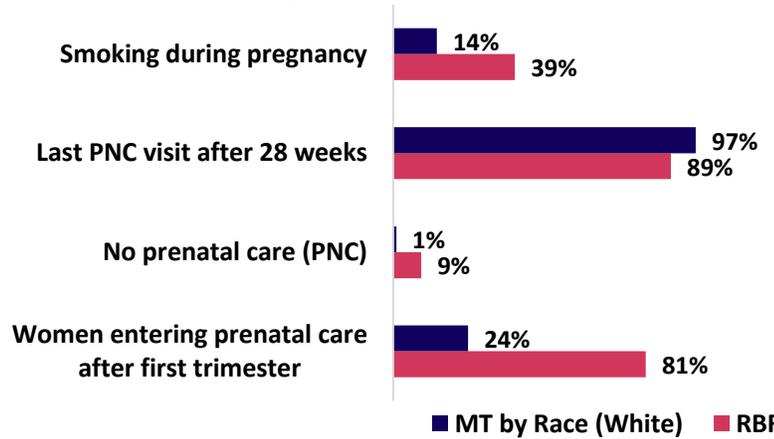


RBR

MT BIRTH CERTS 2013-17

PRENATAL INDICATORS

Percentage of mothers, 2013-2017*



MT BIRTH CERTS 2013-17

* Percentages were not calculated for fewer than 20 events because they did not meet precision reliability.

TEEN BIRTH RATES

Rate per 1,000 females, age 15-19 years, over a four-year period

RBR, 2013-2017 121 births

MT, 2013-2017 25 births

MT BIRTH CERTS 2013-2017

*each is equal to 10 births



Between 2013 and 2017,
there were **622** births to
mothers from the RBR.

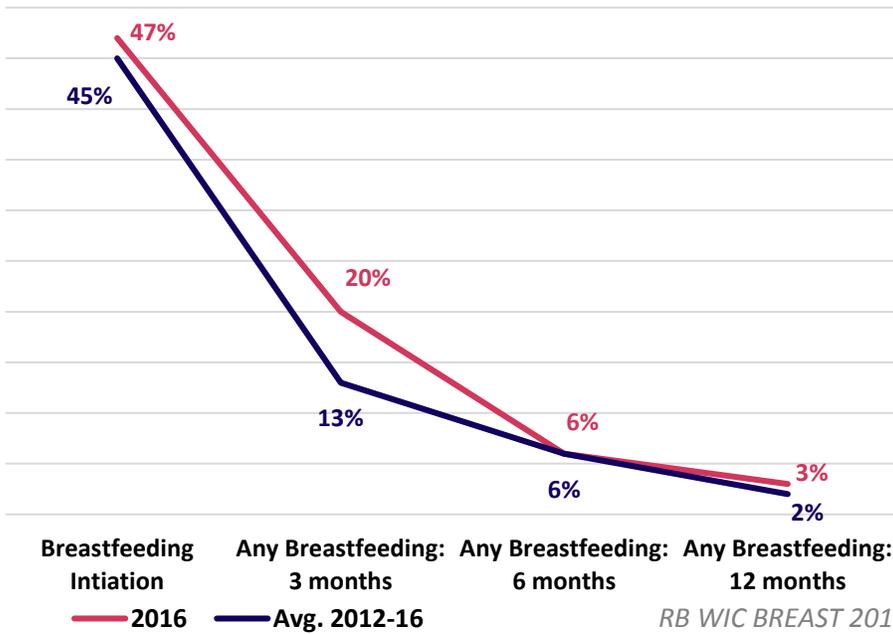
MT BIRTH CERTS 2013-17



MATERNAL CHILD HEALTH

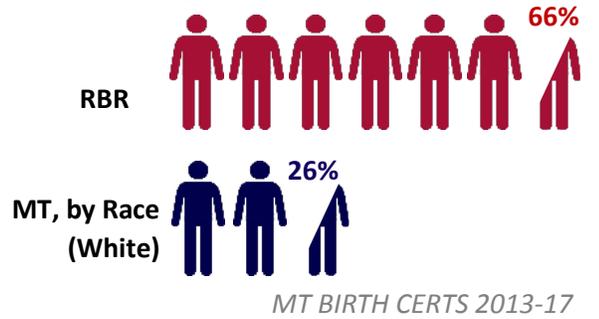
WIC: RBR BREASTFEEDING RATES

Percentage of WIC population, 2012-2016



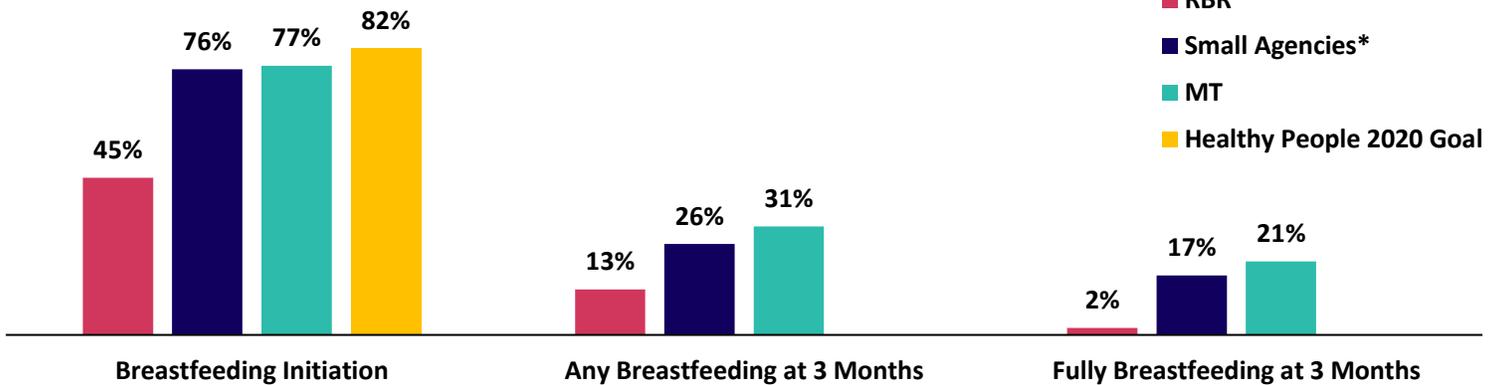
WIC: PARTICIPATION RATE

Percentage of mothers, 2013-2017



WIC: BREASTFEEDING RATES

Percentage of WIC population, avg., 2012-2016



*All MT WIC clinics with monthly participation averages below 400

PREGNANCY COMPLICATIONS, 2013-2017

Percentage of mothers*

	RBR	MT by Race (White)
Mother transferred to another hospital	5*	1%
Maternal Transfusion	<5*	< 1%
Infant transferred within 24 hours	<5*	1%
Infant admitted to neonatal intensive care unit (NICU)	15*	8%

*Percentages were not calculated for fewer than 20 events and did not meet precision reliability.

MT BIRTH CERTS 2013-17



Photo by Jacqueline Berger

MATERNAL CHILD HEALTH

Community Resources

Access to WIC programming is available at the RBHC. For more information, visit <https://www.rbclinic.org/wic>.

HEALTH INSURANCE STATUS

Type of coverage, percentage of mothers, 2013-2017*

Type of Coverage	RBR	MT AI/AN	MT
IHS	7%	14%	2%
Medicaid	79%	74%	38%
Other Payer	9%	9%	53%

*Categories are not mutually exclusive

MT BIRTH CERTS 2013-17

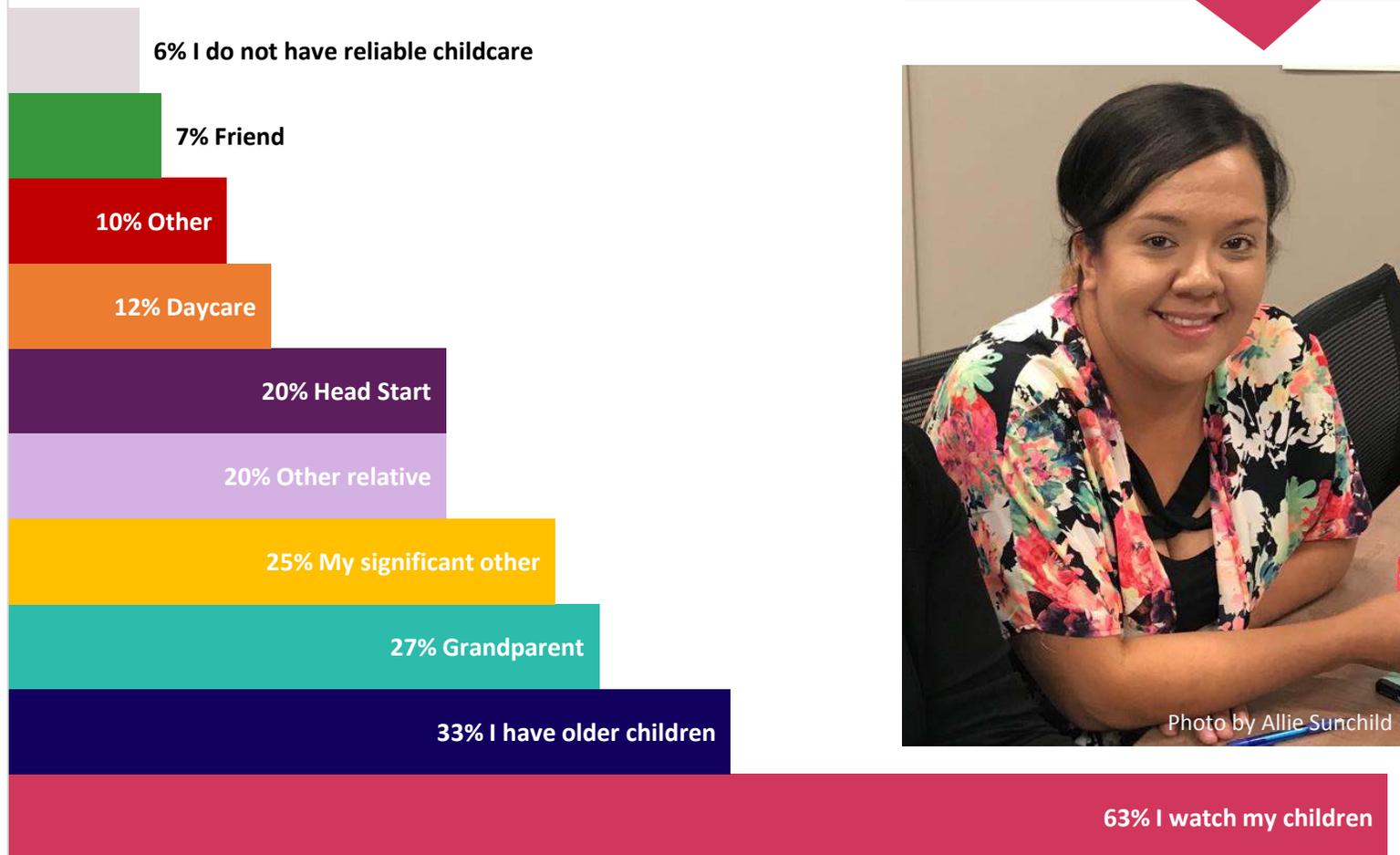
“Breastfeeding rates are low. It is something that takes a lot of time and energy, so it’s challenging. Breastfeeding isn’t talked about much here.”

“When moms come in with babies, moms have a great bond and are good mothers.”

“I love helping people and giving them education and letting them know we’re here if they need support.”

- Allie Sunchild, WIC Coordinator

WHO TAKES CARE OF THE CHILDREN ON RBR?, 2018*



*Categories are not mutually exclusive

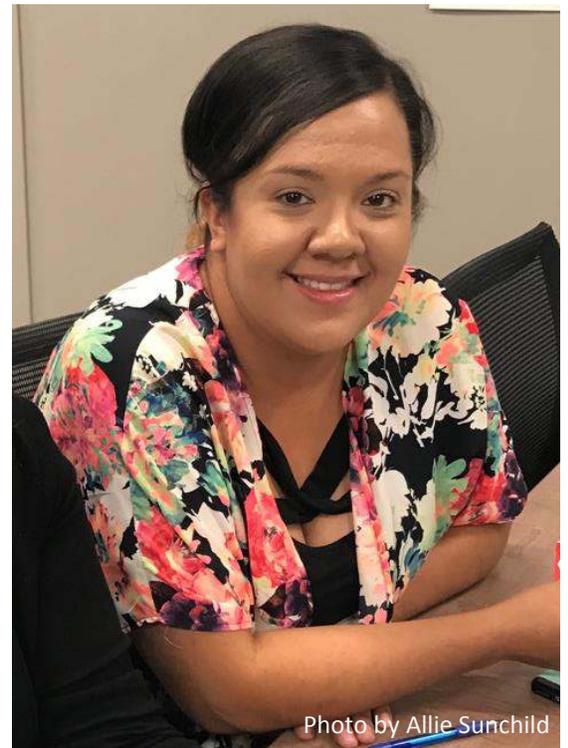


Photo by Allie Sunchild

RB CHA SURVEY 2018



PUBLIC SAFETY/ INJURY AND VIOLENCE PREVENTION

At both the CHA Priorities Meeting and the Small Group Meetings with RBC members, participants described themes related to public safety and violence. Public safety issues brought up by participants included trauma, unemployment, poverty, isolation, poor housing quality, violence within homes among family members, unsafe driving conditions (lack of seatbelts, underage drivers, and people driving under the influence of drugs and alcohol), a need for additional law enforcement, and widespread illicit drug use. Themes of public safety and violence are described in this section of the CHA.

Community Resources

- Chippewa Cree Law Enforcement – *Policing services*
- RBHC Emergency Medical Services (EMS) – *Ambulance services*
- Chippewa Cree Office of Victim Services
 - Domestic Violence Prevention Initiative (DVPI) – *Support for victims of domestic violence and sexual assault*
 - Victims of Crime – *Legal support for victims*
- Chippewa Cree Department of Child Welfare
 - Foster Care Services
 - Child Welfare Services
 - Promoting Safe and Stable Families
 - Indian Child Welfare Act (ICWA)

PUBLIC SAFETY

Motor vehicle accidents, assaults, and accidental falls are some of the top causes of injury on the reservation.

ACCIDENTAL FALLS

Rate per 10,000, age-adjusted

US, All Races, CY2017: 213

RBHC, FY2017: 43

RMTEC INJURY RB 2017

Top Ten Fatal Injuries, 2003-2013

	Montana AI/AN population	Montana White population	National population (all races)
1	Motor vehicle accidents	Suicide	Motor Vehicle Crash
2	Suicide	Motor vehicle accidents	Accidental Poisonings
3	Accidental Poisoning	Falls	Suicide
4	Assault (homicide)	Accidental Poisoning	Falls
5	All unspecified accidents	All unspecified accidents	Assaults
6	Event of undetermined intent	Event of undetermined intent	Unspecified Injuries
7	Falls	Assault (homicide)	Undetermined intent
8	Accidental drowning/submersion	Respiratory tract	Accidental drowning
9	Accidental exposure to smoke/fire	Accidental drowning/submersion	Accidental exposure to smoke/fire
10	Other accidental/unspecified threats to breathing	Complications of medical and surgical care	Adverse Effects

SEAT BELT USAGE RATES

By population

MT VITAL STATS 2013



RMTEC INJURY BF 2015, CDC SEAT BELT 2014



Photo by Kirsten Krane

PUBLIC SAFETY/ INJURY AND VIOLENCE PREVENTION

TYPES OF NON-FATAL INJURIES AT RBHC

(n = 167) 100%



“Rocky Boy can be a great place to live, I believe that it is what you make of it. I realize that all around me are individuals who have sad lifestyles, and who have addiction problems. I also know there are more positive, caring individuals in this community who want a positive environment.”

– RBC CHA Survey Respondent

0% experienced injuries from firearms, machinery, poisoning, suffocation, or drowning/submersion

RMTEC INJURY RB 2017

YRBS RESULTS

Some questions on the YRBS ask about driving and bicycle safety. Percentages below reflect students who did engage in these behaviors.

2015	RB MS	RB HS	BE MS	BE HS	MT AI/AN	MT	US
Cell phone use while driving/past 30 days *	---	22%	---	32%	39%	58%	---
Percentage of students who rarely or never wore a bicycle helmet**	95%	98%	95%	100%	95%	80%	81%
Percentage of students who rarely or never wore a seat belt in a car driven by someone else	25%	16%	17%	11%	14%	10%	6%
Percentage of students who rode with a driver who had been drinking alcohol	32%	37%	46%	31%	26%	23%	20%
Percentage of students who drove after drinking alcohol*	---	19%	---	25%	11%	11%	8%
Percentage of students who texted/emailed while driving a car*	---	39%	---	52%	41%	55%	42%
2017	RB MS	RB HS	BE MS	BE HS	MT AI/AN	MT	US
Cell phone use while driving/past 30 days *	---	24%	---	23%	39%	57%	---
Percentage of students who rarely or never wore a bicycle helmet**	---	---	---	---	---	---	---
Percentage of students who rarely or never wore a seat belt in a car driven by someone else	14%	15%	13%	19%	11%	8%	6%
Percentage of students who rode with a driver who had been drinking alcohol	20%	18%	15%	23%	26%	20%	17%
Percentage of students who drove after drinking alcohol*	---	7%	---	12%	7%	8%	6%
Percentage of students who texted/emailed while driving a car*	---	42%	---	55%	47%	54%	39%

*of those who had driven a car during the past 30 days

**of those who had rode a bike in the past 12 months

RB MS YRBS 2015, 2017; RB HS YRBS 2015, 2017; BE MS YRBS 2015, 2017;

BE HS YRBS 2015, 2017; MT YRBS 2015, 2017; MT YRBS AIAN 2017; US YRBS

2015, 2017

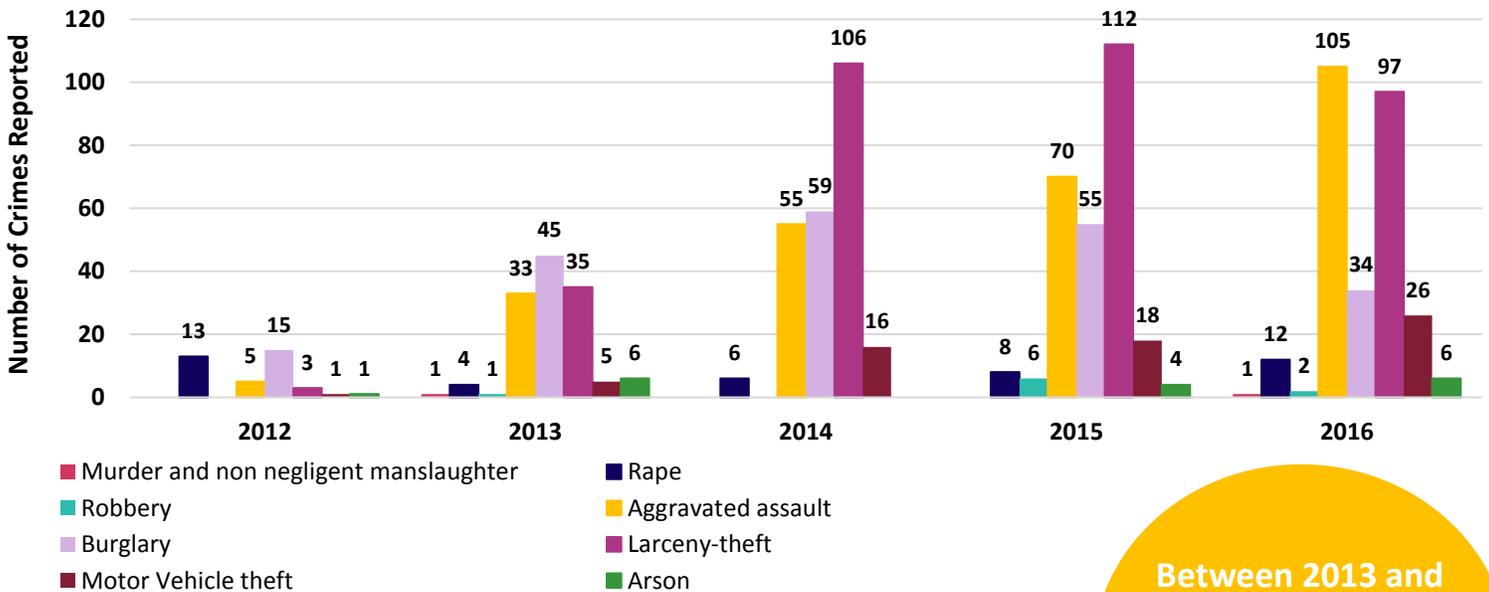


PUBLIC SAFETY/ INJURY AND VIOLENCE PREVENTION



VIOLENCE AND CRIME

Violence, such as assaults, sexual violence, and domestic violence are a threat to public and personal safety. Assaults were the 2nd-leading cause of injury on the RBR in FY2017 (*RMTEC INJURY RB 2017*). As mentioned previously, participants at the CHA Priorities meeting were concerned about trauma in the community, which could result from different types of violence experienced as children or adults. Domestic violence was mentioned as a specific health priority impacting the community.



UCR MT TRIBES 2012-2016

INTERPERSONAL AND/OR DOMESTIC VIOLENCE

Percentage of female patients (age 14-46) screened at the RBHC for interpersonal or domestic violence



RB GPRA 2018

In the United States, **40%** of AI/AN women, and **35%** of AI/AN men experienced some form of violence during 2010, in comparison to **23%** of White women and **26%** of White men.

Overall, **84%** of AI/AN women, and **82%** of AI/AN men have experienced violence in their lifetime, in comparison to **71%** of White women and **64%** of White men.

ROSAY AB 2016

Between 2013 and 2017, there were **17** accidental deaths on the RBR.

MTDPHHS RB MORT 2017

INJURIES FROM ASSAULT

RBR, FY2017



111 per 10,000, age-adjusted

US Rate, CY2017 (all races)



55 per 10,000, age-adjusted

RMTEC INJURY RB 2017



Photo by Jacqueline Berger

PUBLIC SAFETY/ INJURY AND VIOLENCE PREVENTION

YRBS RESULTS

The YRBS asks about students' experiences of violence to include use of weapons, bullying, and dating violence. Percentages below reflect students who did engage in these behaviors or experience a particular type of violence.

2015	RB MS	RB HS	BE MS	BE HS	MT AI/AN	MT	US
% of students who were the victim of teasing, name calling, or bullying because someone thought they were gay, lesbian, or bisexual/past 12 months	40%	17%	25%	24%	14%	15%	---
% of students who carried a weapon on at least 1 day in the past 30 days	16%	12%	20%	14%	17%	26%	16%
% of students who carried a gun on at least 1 day in the past 30 days	10%	4%	8%	7%	7%	11%	5%
% of students who carried a gun on at least 1 day in the past 12 months	---	---	---	---	---	---	---
% of students who carried a weapon on school property at least 1 day in the past 30 days	4%	4%	12%	10%	5%	11%	4%
% of students who were threatened or injured with a weapon on school property one or more times in the past 12 months	11%	3%	12%	7%	5%	6%	6%
% of students who were in a physical fight one or more times in the past 12 months	49%	33%	32%	38%	28%	22%	23%
% of students who were injured in a physical fight and injuries had to be treated by a doctor or nurse	6%	5%	4%	4%	2%	2%	3%
% of students who were in a physical fight on school property one or more times in the past 12 months	34%	13%	13%	11%	10%	8%	8%
% of students who did not go to school because of safety concerns on at least 1 day in the past 30 days	27%	10%	40%	7%	9%	5%	6%
% of students who were electronically bullied during the past 12 months	32%	14%	40%	24%	17%	19%	16%
% of students who were bullied on school property during the past 12 months	60%	26%	48%	27%	22%	25%	20%
% of students who were ever physically forced to have sexual intercourse	6%	6%	8%	13%	11%	9%	7%
% of students who experienced physical dating violence (one or more times)*	11%	14%	29%	24%	9%	8%	10%
% of students who experienced sexual dating violence (one or more times)*	14%	14%	36%	8%	10%	10%	11%

*Of those who dated someone in the past 12 months

RB MS YRBS 2015, 2017; RB HS YRBS 2015, 2017; BE MS YRBS 2015, 2017; BE HS YRBS 2015, 2017; MT YRBS 2015, 2017; MT YRBS AIAN 2017; US YRBS 2015, 2017

Of the people who took the CHA survey, **69%** have children or routinely care for children who are 18 years old or younger.

11%
of people worry that their children will be taken away.

RB CHA SURVEY 2018



PUBLIC SAFETY/ INJURY AND VIOLENCE PREVENTION

2017	RB MS	RB HS	BE MS	BE HS	MT AI/AN	MT	US
% of students who were the victim of teasing, name calling, or bullying because someone thought they were gay, lesbian, or bisexual/past 12 months	14%	13%	26%	12%	11%	11%	---
% of students who carried a weapon on at least 1 day in the past 30 days	29%	18%	15%	13%	20%	26%	16%
% of students who carried a gun on at least 1 day in the past 30 days	---	---	---	---	---	---	---
% of students who carried a gun on at least 1 day in the past 12 months	16%	4%	6%	5%	8%	8%	5%
% of students who carried a weapon on school property at least 1 day in the past 30 days	8%	3%	0%	4%	6%	9%	4%
% of students who were threatened or injured with a weapon on school property one or more times in the past 12 months	11%	8%	11%	1%	8%	7%	6%
% of students who were in a physical fight one or more times in the past 12 months	51%	32%	40%	19%	28%	20%	24%
% of students who were injured in a physical fight and injuries had to be treated by a doctor or nurse	---	---	---	---	---	---	---
% of students who were in a physical fight on school property one or more times in the past 12 months	26%	11%	21%	7%	7%	6%	9%
% of students who did not go to school because of safety concerns on at least 1 day in the past 30 days	26%	14%	9%	12%	12%	8%	7%
% of students who were electronically bullied during the past 12 months	31%	20%	40%	18%	17%	18%	15%
% of students who were bullied on school property during the past 12 months	45%	26%	56%	25%	20%	22%	19%
% of students who were ever physically forced to have sexual intercourse	5%	17%	11%	13%	11%	9%	7%
% of students who experienced physical dating violence (one or more times)*	17%	22%	15%	12%	11%	7%	8%
% of students who experienced sexual dating violence (one or more times)*	10%	15%	23%	14%	7%	7%	7%

*of those who dated someone in the past 12 months

RB MS YRBS 2015, 2017; RB HS YRBS 2015, 2017; BE MS YRBS 2015, 2017; BE HS YRBS 2015, 2017; MT YRBS 2015, 2017; MT YRBS AIAN 2017; US YRBS 2015, 2017



How safe do you feel at home?

People who took the CHA Survey, 2018



RB CHA SURVEY 2018

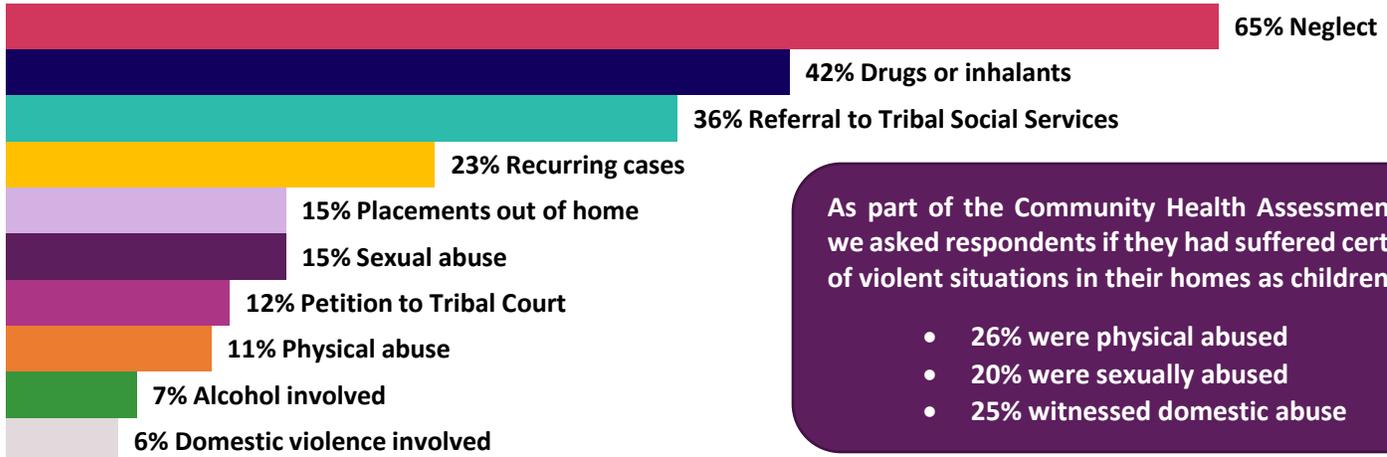


Photo by Kirsten Krane

PUBLIC SAFETY/ INJURY AND VIOLENCE PREVENTION

BUREAU OF INDIAN AFFAIRS: CHILD ABUSE AND NEGLECT CASES

Of the total number of cases* reported to BIA from RBR in FY 2017, reports fell into the following categories.



As part of the Community Health Assessment survey, we asked respondents if they had suffered certain types of violent situations in their homes as children.

- 26% were physical abused
- 20% were sexually abused
- 25% witnessed domestic abuse

*A single case may belong to multiple categories. Percentages describe the amount of cases overall that fit a particular description e.g. 7% involved sexual abuse.

RB CHA SURVEY 2018

BIA SS 2017

LAW ENFORCEMENT AND COMMUNITY PROGRAMS

The Rocky Boy Jail usually has less than 50 people in jail on any given day, although this number can fluctuate.

STUMP 2018

Chippewa Cree Law Enforcement: Jail-based Programming

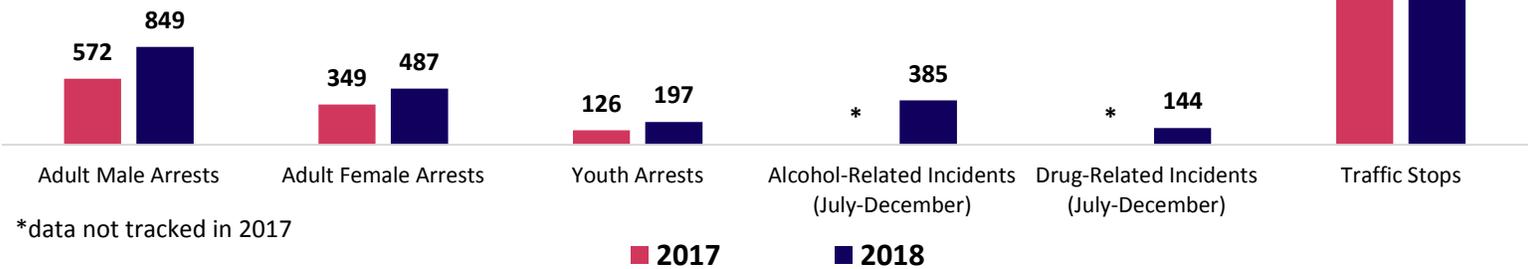
- Healing to Wellness: Assists those with drug-related charges
- Peer to Peer Support: Aids inmates with conducting business outside the jail and connecting them with resources
- Fatherhood/Motherhood is Sacred: Offers a parenting course and family support

In general, about 75% of inmates are interested in learning more about jail-based programs, with about 50% of inmates participating consistently in programming.

ELLIS 2018

CHIPPEWA CREE LAW ENFORCEMENT TRENDS: 2017-2018

Total incident/arrest count



*data not tracked in 2017

CCLC PT1 CRIMES 2018, CCLC TRENDS 2018



PUBLIC SAFETY/ INJURY AND VIOLENCE PREVENTION



DOMESTIC VIOLENCE

Participants at the CHA Priorities meeting identified domestic violence as a community priority. One way the community is seeking to address this priority is through the Domestic Violence Prevention Initiative (DVPI).

Domestic Violence Prevention Initiative

Rocky Boys DVPI aims to promote culturally appropriate domestic and sexual violence prevention, advocacy, and coordinated community responses to improve the social and emotional well-being of victims and their children. Program efforts include community education and advocacy efforts, the creation and maintenance of Memoranda of Understanding with community partners, the use of a domestic violence screening tool by providers, and ongoing training of health professionals aimed at trauma-informed care.

RB PREVENTION REPORTS 2018

In the United States, AI/AN women experienced sexual violence at nearly three times the rate of White women in 2010. AI/AN women were also stalked or experienced physical violence by an intimate partner at nearly two times the rate of White women.

ROSAY AB 2016

“The fact that Domestic Violence was identified as a health priority along with Mental Health and Substance Use shows that our community recognizes the violence and is ready to make a change. This is our time to do what we can to support our relatives in a way that is going to end the cycle of violence. Our goal is to create a support network, continue to build awareness, and advocate for change starting with a trauma-informed system that works.”

- Rose DeBerry, DVPI Coordinator

In the United States, AI/AN men experienced sexual violence at more than two times the rate of White men in 2010. AI/AN men also experienced psychological aggression by an intimate partner at nearly two times the rate of White men.

ROSAY AB 2016

Goals of Rocky Boys DVPI

- Foster coalitions and networks to improve coordination and collaboration among victim service providers, healthcare providers, and other responders.
- Establish coordinated community response policies, protocols, and procedures to enhance domestic and sexual violence intervention and prevention.
- Expand crisis intervention, counseling, advocacy, behavioral health, and case management services to victims of domestic and sexual violence.
- Implement trauma informed care interventions to support victims and their children.
- Educate and train service providers on trauma, domestic violence, and sexual assault and its impact on victims.
- Promote community education for adults and youths on domestic and sexual violence.
- Improve organizational practices to improve services for individuals seeking services for domestic and sexual violence.
- Integrate culturally appropriate practices and/or faith-based services to facilitate the social and emotional well-being of victims and their children.

RB PREVENTION REPORTS 2018



Photo by Rose DeBerry



Photo by Kirsten Krane

ENVIRONMENTAL HEALTH

BUILT ENVIRONMENT

The Centers for Disease Control and Prevention (CDC) defines the built environment as, “all of the physical parts of where we live and work (e.g., homes, buildings, streets, open spaces, and infrastructure)”. When the ‘built environment’ is discussed in terms of health, people usually focus on how it relates to safe and active lifestyles (CDC NCEH 2011).

At the CHA Priorities Meeting, participants were proud of some aspects of the built environment in the RBC. In particular, the new RBHC was something that people pointed out to show that they value the aesthetics, functionality, and feeling of creating beautiful spaces as a way to promote health. For more information on the new health center, see *the Access to Healthcare Section*.

In addition to some successes, participants also mentioned problems with the RBC built environment. They noted that there was a problem with garbage, specifically plastic bags, in the community. Poor housing quality was cited heavily as a major built environment issue. There was no conversation related to built environment elements such as sidewalks, crosswalks, green space, etc. and how it affects health.



Photo by Kirsten Krane

Projects Improving the RBR Built Environment

- Construction of the Skate Park
 - <https://www.indianz.com/News/2018/04/23/chippewa-cree-tribe-breaks-ground-on-you.asp>
- Donation by Plain Green for Improved Fire Safety
 - <https://www.prweb.com/releases/2018/02/prweb15193455.htm>

Community Resources

- Chippewa Cree Housing Authority – *Provides housing rental and purchasing services.*



ENVIRONMENTAL HEALTH

HOUSING

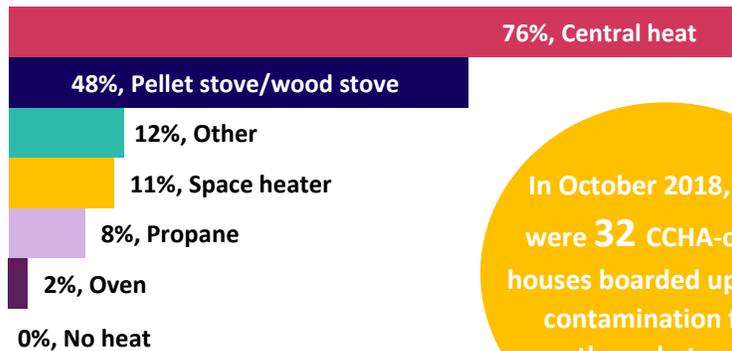
On the RBR, quality housing, availability of housing, overcrowding, and homelessness are major concerns. At the Community Health Priorities Meeting, participants discussed that they often see people who are constantly “couch surfing” - living with different relatives and friends all of the time. Participants didn’t necessarily consider these people homeless. There are also a lot of people with substance use and mental health issues who aren’t welcome with relatives and have no place to turn. Participants also pointed out that elders and youth are particularly prone to unsafe or unpredictable housing situations. Quality and availability of housing were mentioned as a component of stress from poverty, which was identified as a community priority.

CONSTRUCTION YEAR OF HOUSING INFRASTRUCTURE, 2016

	RBR	MT	US
Built 2010 or later	0%	3%	2%
Built 1990-2009	39%	30%	29%
Built 1970-1989	43%	30%	29%
Built 1940-1969	18%	23%	27%
Built 1939 or earlier	2%	14%	13%

US CENSUS BUREAU 2016 RB

PRIMARY SOURCE OF HEATING IN RBR HOMES*, 2018



*Categories are not mutually exclusive

RB CHA SURVEY 2018

In October 2018, there were **32 CCHA-owned houses boarded up** due to contamination from methamphetamines.

BILLY 2018

WORKING APPLIANCES

90% or more of people who took the CHA survey had the following working appliances in their own home at the time they took the survey:

- Hot running water
- Refrigerator
- Telephone (landline or cell)
- Bathtub or shower
- Sink with faucet
- Stove top
- Electricity
- Working toilet
- Clothes washer

RB CHA SURVEY 2018

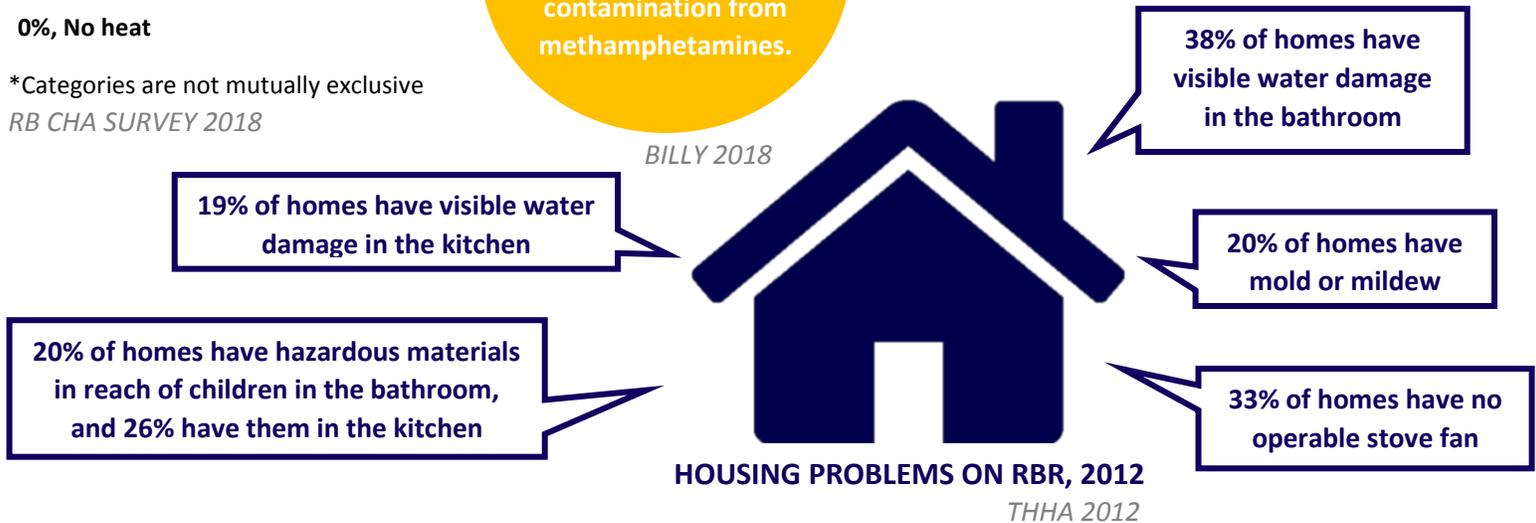


Photo by Jacqueline Berger

ENVIRONMENTAL HEALTH

HOUSING ON ROCKY BOYS - CHIPPEWA CREE HOUSING AUTHORITY (CCHA)

As of September 2018, CCHA manages 524 housing units. 414 of these are low rent units. These units are subsidized housing in which occupants are expected to pay a low monthly rent. The other 110 are mutual help units, which are “rent-to-own”. These units are not monitored for overcrowding and are not updated or repaired by CCHA. In September 2018, the CCHA had more than 700 people on the waiting list for a house, with approximately a 6-8 month wait from the time someone applies for a house until they find a placement.

BILLY 2018

Housing characteristics, percentage of occupied houses*, 2016

	RBR	Montana	United States
Occupied Housing Units	780	412,653	117,716,237
Owner-occupied	38%	67%	63%
Renter-occupied	62%	33%	36%
No vehicle	15%	5%	9%

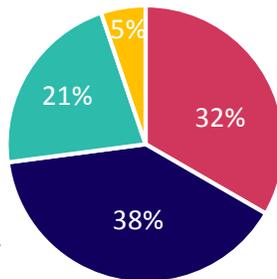
*All percentages reflect category/occupied housing units, rounded to nearest whole number.

US CENSUS BUREAU 2016 RB

LIVING SITUATION

The chart below represents the current living situation of people who took the CHA survey, 2018.

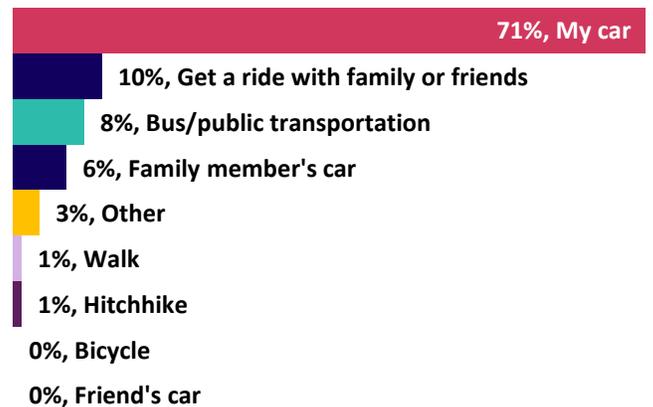
- Own their own home
- Rent
- Live with family
- Live with friends
- Live in a car, camper, hotel or shelter



RB CHA SURVEY 2018

TRANSPORTATION

The usual transportation people who took the CHA survey (2018) take to important things like medical appointments.



*Categories are not mutually exclusive

RB CHA SURVEY 2018

“I think it’s the people on the streets that make it unsafe. If they had more patrol to keep drugs off the streets, it would help the younger kids’ parents! That’s where it starts.”

– RBC CHA Survey Respondent

When asked in the CHA survey, **8%** had moved once in the last 2 months; **5%** had moved twice.

RB CHA SURVEY 2018

The US Department of Housing and Urban Development considers homes with more than 2 people per bedroom to be overcrowded. If people who took the survey said the number of people who sleeps in the house varies, the maximum number of people was considered when calculating overcrowding.

HUD OVERCROWD 2007

When asked in the CHA survey, **21%** of participants live in conditions that met the criteria for overcrowding

RB CHA SURVEY 2018



ENVIRONMENTAL HEALTH

NATURAL RESOURCES

The University of Montana recognizes natural resource areas throughout the state, including the RBR. The reservation is primarily bottomlands and prairies, as well as the sacred Bear Paw Mountains. Information about plants on the RBR and their traditional uses can be found at <http://hs.umt.edu/nativegarden/circles/rocky-boy.php>.



WATER QUALITY

The Chippewa Cree Tribal Water Resources Department oversees water quality and management on the RBR. Fresh water quality and availability are often a concern for community members. Although the RBR has a community water system, many homes are also on individual wells. Pipe breaks, contamination of water sources, and the amount of source water available in aquifers can also impact access to water and drinkability. These problems are increased by the design of the community water system. Efforts are being made to improve infrastructure on the RBR to increase water access and quality, to include the Rocky Boy's/North Central Montana Regional Water Project.

WETLAND MANAGEMENT

In addition to monitoring ground and surface water quality, the Chippewa Cree Tribal Water Resources Department also monitors and controls the preservation of wetland environments on the RBR, through the Wetlands Program. The program monitors the RBR wetlands to achieve no net loss of wetlands. Wetlands are invaluable to the health of the Chippewa Cree people. Wetlands clean surface water in which people fish and swim, provide growing areas for traditional and cultural plants, and provide safe drinking water and food to wild game, which is traditionally and culturally important. More information about the Chippewa Cree Wetlands Program and their management plan for 2018-2020 is available at:

https://www.epa.gov/sites/production/files/201802/documents/fy1820wpp_updated_chippewa_cree_at_rocky_boy.pdf

IMPROVING INFRASTRUCTURE

The Rocky Boy's/North Central Montana Regional Water Project is working to bring better water infrastructure to residents of the RBR, and citizens of the surrounding counties. More information about this initiative including the project history and the role of the Chippewa Cree tribe is available at the project website: <http://www.rockyboynorthcentral.com>.

The Chippewa Cree Tribe and Stone Child College have also worked to bring renewable energy to the RBR through solar panel systems. More information about this project is available at: <https://gridalternatives.org/headquarters/news/chippewa-cree-stone-child-college-and-grid-partner-bring-solar-montana-tribes>.

FISH AND WILDLIFE

Hunting and fishing on the RBR is overseen by Bear Paw Fish and Game. Information about hunting dates, licenses, and fees, as well as packaged hunts is available on the Bear Paw website: <http://bearpawfishandgame.com/about-us/>.

Big Horn Sheep hunting in Montana, including hunts on the RBR, was featured in the *New York Times*:

<https://www.nytimes.com/2017/02/16/sports/bighorn-sheep-hunting.html>.





Access to food that is affordable, locally sourced, and culturally important can be challenging on the RBR. There are no full-size grocery stores located within the bounds of the RBR or in Box Elder, MT. The nearest place to have access to a full-size grocery store is in Havre, MT, which is approximately 30 miles from Rocky Boy Agency and can take close to an hour of travel in bad weather. There is a convenience-type store in both Rocky Boy Agency and in Box Elder; however, neither store sells produce or is intended to serve as a full-size grocery store for families. At CHA Priorities and Subject Matter Expert Meetings, participants identified nutrition and food access as health priorities, and discussed the nuanced ways that food access issues present themselves in the community. Some of their examples included the following issues:

- **Transportation.** Participants at the community health priorities meeting noted that many people do not actually have access to a reliable vehicle for the distance required for grocery shopping. Additionally, participants provided the example of a grandmother who is caring for multiple children having to take all of them to the grocery store 30 miles away every time she shops. In this case, participants commented that shopping with multiple children is exhausting for most people, and that caregivers must also ensure they have enough seats in their car for all of the children they care for.
- **Unpredictable Need.** In many households, the number of people living in a house at any one time is unpredictable, which makes it difficult to estimate food costs or needs from day to week to month. Sometimes there is only one person in the house with an income or food stamps, and sometimes people aren't able to contribute to food costs when they're living in the house.
- **Drinking Water.** Participants spoke at length about their concerns regarding the availability and safety of drinking water, especially in places where people are reliant on wells that might be contaminated.
- **Populations at Risk:** People discussed that while major food access barriers existed for everyone, there were certain populations of people who were particularly vulnerable to hunger. These groups included children, elders, the homeless, and caretakers who leave their jobs to care for relatives and no longer have access to the paycheck that allows them to buy food for their household.

The percentage of CHA Survey participants who were "food insecure."

34%

Meaning, sometime in the past year they worried about food running out before they had money to buy more and/or food ran out and there was not money to buy more. By comparison, 13% of Montanans and 13% of all US residents were food insecure in 2015.

RB CHA SURVEY 2018, HAGER ET AL 2010, FEED MT 2017

Of the people who took the CHA survey:

- 79% said they drank a sugary beverage the day prior to the survey.
- 40% did not eat any fruit the day before the survey.
- 32% did not eat a vegetable on the day before the survey (excluding potatoes).
- 26% ate a highly processed meat on the day before the survey.
- 10% of people who took the CHA survey indicated that they ate traditional meat products on the day before the survey.

"You can't just walk to IGA here."
– CHA Small Group Meeting Participant

RB CHA SURVEY 2018



FOOD, MOVEMENT, AND WEIGHT

FOOD ACCESS PROGRAMS ON ROCKY BOY'S

- **Senior Citizens Center of the Chippewa Cree Tribe:** The Senior Center provides meals through both group meals and delivery services, Monday – Friday to 130 seniors in the community. People must be over the age of 60 to receive these services. They also provide monthly “Birthday Dinners” as meals for anyone to take part in as a celebration for those whose birthdays occur during the month. Additionally, they provide holiday meals at significant holidays.
- **Commodities Program:** The Food Distribution Program on Indian Reservations (FDPIR), commonly known as the “Commodities” is located next to Stone Child College and provides monthly food boxes to about 187 households (average of about 320 people) each month (as of April 2016). People have the option of going to the warehouse during its distribution hours or, if the person is “home bound” or disabled, the program can take food directly to the participant’s home. The program works hard to ensure that there are culturally important foods, offering bison meat. They also provide healthy recipes, nutrition education, and gardening classes.
- **Our Saviour’s Lutheran Church:** Each month the Pastor of the church, Linda Webster, works with the Office of Victim Services to disperse 20 family meal bags to those in need of food assistance. The meal bags are meant to feed a family of 4-6 people for one day. This work is funded through a small grant from the larger Evangelical Lutheran Church of America (ELCA) organization.
- **Gardening:** There are terrace gardens behind the FDPIR Warehouse and plots open to the community behind Stone Child College. The Chippewa Cree Tribe is also working to establish high tunnels for greenhouse growing and several acres of tilled land that will be available to community members for gardening.

WHITFORD 2019, MITCHELL 2019, WEBSTER 2018

ELIGIBILITY FOR FREE OR REDUCED MEALS (FY2015)*

School	Percentage of Students
Box Elder Schools	96%
Box Elder Elementary	100%
Box Elder 7-8	100%
Box Elder High School	100%
Rocky Boy Schools	88%
Rocky Boy Elementary	86%
Rocky Boy 7-8	86%
Rocky Boy High School	87%
East End Colony	100%
Hilldale Colony	100%
Montana	38%

*The MT Office of Public Instruction reports the percentage of students eligible for free or reduced meals. Students whose families receive a federal benefit, such as SNAP, TANF, FDPIR (commodities), who are considered migrant, foster, homeless, or runaway, or who meet certain income criteria are considered eligible.

MT OPI 2015, MT OPI STUDENTS 2015

FREE AND REDUCED-PRICE SCHOOL MEALS

Percent of eligible students, 2015



MT OPI 2015, MT OPI STUDENTS 2015

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)

Percent of residents utilizing, FY2017



MTDPHHS SR 2017

“We have a security system akin to Fort Knox around our commodity cheese!!!” – John Mitchell, Director of FDPIR



Photo by Jacqueline Berger

FOOD, MOVEMENT, AND WEIGHT

YRBS RESULTS

Some questions on the YRBS ask about students' eating habits over the last 7 days. Percentages of students who have eaten and/or drank particular food items during this time period are reported below, as well as the percentage of students who did not eat breakfast.

2015	RB MS	RB HS	BE MS	BE HS	MT AI/AN	MT	US
Ate fruit	89%	93%	84%	87%	93%	90%	---
Ate green salad	67%	70%	58%	61%	61%	67%	---
Ate vegetables*	---	72%	---	70%	92%	95%	---
Drank soda or pop	89%	93%	96%	84%	78%	74%	74%
Did not eat breakfast	20%	14%	13%	7%	10%	13%	14%
2017	RB MS	RB HS	BE MS	BE HS	MT AI/AN	MT	US
Ate fruit	89%	89%	89%	84%	88%	90%	---
Ate green salad	56%	57%	61%	56%	67%	68%	---
Ate vegetables*	64%	74%	74%	63%	93%	95%	---
Drank soda or pop	92%	77%	94%	87%	79%	75%	72%
Did not eat breakfast	7%	8%	11%	10%	12%	11%	14%

* Other than green salad, potatoes and/or carrots

RB MS YRBS 2015, 2017; RB HS YRBS 2015, 2017; BE MS YRBS 2015, 2017; BE HS YRBS 2015, 2017; MT YRBS 2015, 2017; MT YRBS AIAN 2017; US YRBS 2015, 2017



Photo by Linda Webster

Sister Ruth Ellen Rebelein assisting with food pick up at IGA for the monthly meal bags.



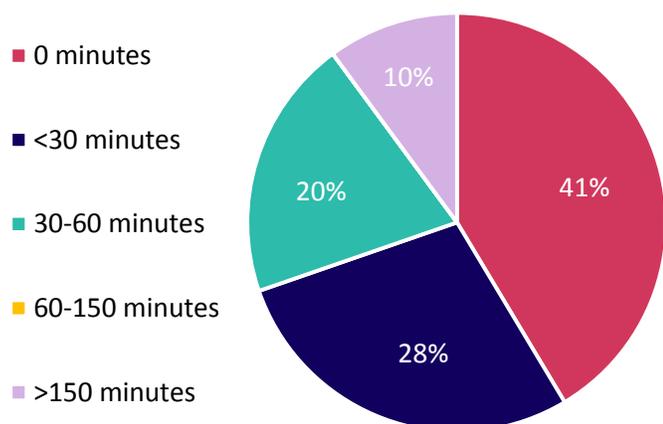
Photo by Linda Webster

Rose DeBerry assisting with the food drop.

PHYSICAL ACTIVITY

CHA SURVEY, 2018: EXERCISE

Participants were asked how much they exercised in the past week. The pie chart below represents their responses:



Healthy People 2020 Goal

Increase proportion of adults who engage in aerobic physical activity of at least moderate intensity for at least 150 minutes/week, or 75 minutes/week of vigorous intensity. Target: 47.9%

HP2020

COMMUNITY RESOURCES

Located in the previous health clinic, the Wellness Center opened in March 2006. The center offers a swimming pool, locker rooms with sauna, gym, a walking track, boot camp classes, and access to certified personal trainers. In an average month, there are around 2,000 visits by community members to the wellness center.

RB CHA SURVEY 2018

BLATT 2018



FOOD, MOVEMENT, AND WEIGHT

YRBS RESULTS

Some questions on the YRBS ask about students' exercise habits and technology usage. Percentages of students who participated in particular activities are reported below.

2015	RB MS	RB HS	BE MS	BE HS	MT AI/AN	MT	US
Number of days attending physical education/average school week							
0 days	33%	41%	13%	56%	40%	45%	48%
1 day	6%	4%	13%	5%	60% 1+days	2%	52% 1+days
2-4 days	6%	6%	22%	7%		20%	
5 days	54%	49%	52%	32%		33%	
Sports teams played on/past 12 months							
0 teams	37%	33%	44%	49%	41%	38%	42%
1 team	25%	24%	26%	19%	59% 1+teams	25%	58% 1+teams
2 teams	14%	22%	4%	9%		19%	
3 or more teams	24%	20%	26%	23%		18%	
Percentage of students who were physically active at least 60 minutes per day on 5 of the past 7 days	34%	43%	28%	38%	50%	54%	49%
Percentage of students who watch TV for 3 or more hours on an average school day	28%	27%	12%	24%	26%	22%	25%
Percentage of students who play video or computer games for 3 or more hours on an average school day	58%	57%	48%	56%	35%	34%	42%
2017	RB MS	RB HS	BE MS	BE HS	MT AI/AN	MT	US
Number of days attending physical education/average school week							
0 days	41%	37%	38%	32%	42%	44%	48%
1 day	5%	5%	6%	4%	58% 1+days	2%	52% 1+days
2-4 days	5%	7%	11%	18%		21%	
5 days	48%	50%	45%	46%		35%	
Sports teams played on/past 12 months							
0 teams	19%	35%	23%	41%	40%	39%	46%
1 team	35%	32%	30%	22%	60% 1+ teams	23%	54%
2 teams	28%	17%	36%	15%		20%	1+
3 or more teams	18%	16%	11%	23%		18%	teams
Percentage of students who were physically active at least 60 minutes per day on 5 of the past 7 days	29%	40%	36%	40%	49%	53%	47%
Percentage of students who watch TV for 3 or more hours on an average school day	34%	24%	17%	19%	23%	18%	21%
Percentage of students who play video or computer games for 3 or more hours on an average school day	47%	53%	57%	64%	40%	35%	43%

RB MS YRBS 2015, 2017; RB HS YRBS 2015, 2017; BE MS YRBS 2015, 2017; BE HS YRBS 2015, 2017; MT YRBS 2015, 2017; MT YRBS AIAN 2017; US YRBS 2015, 2017



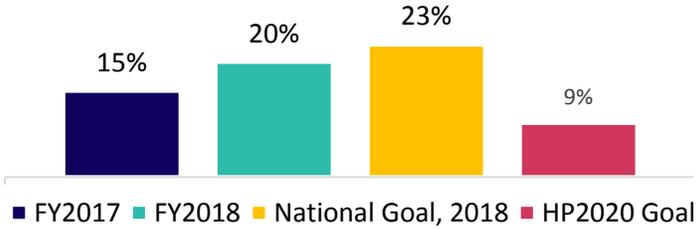
Photo by Jacqueline Berger

FOOD, MOVEMENT, AND WEIGHT

WEIGHT STATUS

CHILDHOOD OBESITY RATES

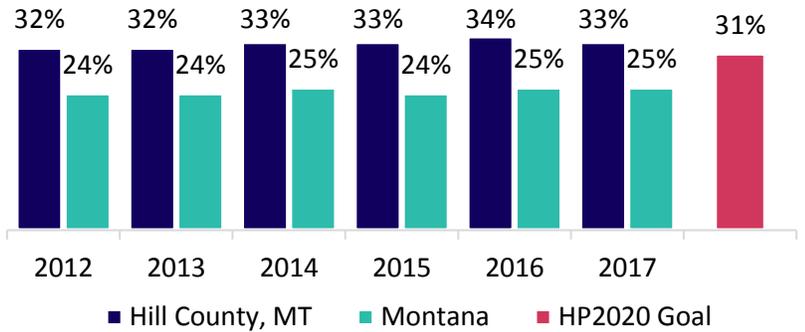
Children, age 2-5, at RBHC with BMI ≥ 95th percentile



RB GPRA 2018, HP2020

ADULT OBESITY RATES

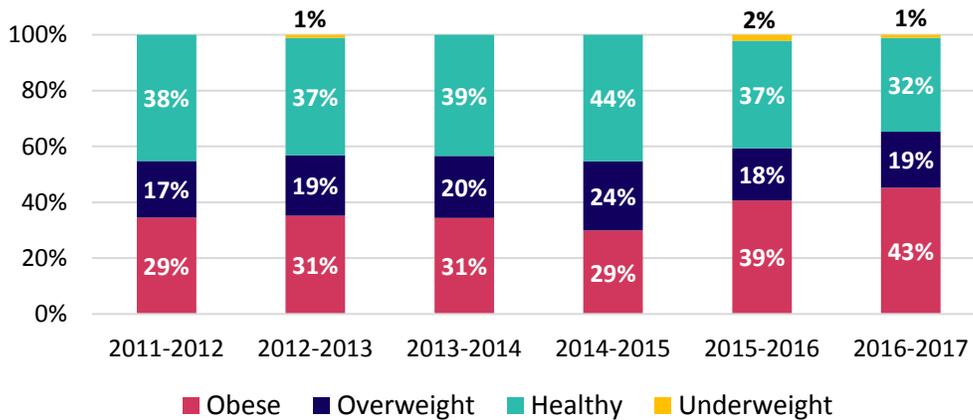
Percentage of the adult population that is considered obese



UWPHI CHR 2017, HP2020

CHILD HEALTH MEASURES

Percentage of RBR students (0-21 years) by BMI category



RMTEC CHM RB 2017

Healthy People 2020 Goal

Reduce the proportion of adolescents, aged 12-19, who are obese

Target: **16%**

HP2020

YRBS RESULTS

The YRBS asks about students' perception of their weight and attempts they are making to lose weight. Percentages below reflect students who responded 'yes' to these questions.

2015	RB MS	RB HS	BE MS	BE HS	MT AI/AN	MT	US
Describe themselves as slightly or very overweight	49%	36%	36%	39%	36%	30%	32%
Were trying to lose weight	62%	48%	60%	54%	54%	41%	46%
2017	RB MS	RB HS	BE MS	BE HS	MT AI/AN	MT	US
Describe themselves as slightly or very overweight	43%	46%	43%	42%	43%	31%	32%
Were trying to lose weight	60%	56%	50%	52%	56%	41%	47%

RB MS YRBS 2015, 2017; RB HS YRBS 2015, 2017; BE MS YRBS 2015, 2017; BE HS YRBS 2015, 2017; MT YRBS 2015, 2017; MT YRBS AIAN 2017; US YRBS 2015, 2017



WHAT PEOPLE SAY

The CHA survey asked respondents to write more about their thoughts around health related issues on the Rocky Boy's Reservation. Here are some of the things they said:

"Want to hear what these statistics will result in."

"To be more available, be more cultural sensitive Medical and WSHC"

"Our Tribe needs to become one instead of being Hateful/mean to one another. More Love"

"More ceremonies"

"More confidential-better waiting time."

"I feel our Rocky Boy Clinic needs to be 24/7 RB people have a lot of Emergencies after hrs and have to go into Havre for help Where they treat our people badly (Racist, Discriminative, etc)"

"Employees need to work together instead of talking bad about others no one is better"

"People don't help each other enough"

"No resources or services targeting pregnant addicts to help encourage them to change behaviors. Drug Addiction Services = Offer Suboxin Clinic and other alternatives Environmental health concerns with high rate of diseases on R.B., esp. cancer. Need a study."

"Elders need first priority to Appt's or walk ins when going to the clinic- As it is they would go after seeing @ doctor. They need to be treated w/Respect + Acknowledge."

"To many young people on drugs. Have a bad outlook on life. I see them sitting around. They don't go look for work or try and better themselves. They all ways look for handouts, instead of work, mostly the younger generations say that since they are natives, everything should be free or should won't do nothing, not their job."

"Clean up cluster home areas. They look depressing!"

"More Suicide Prevention Help, More Alcohol/Drug Help"

"Have a treatment center here on rez for longer than a month."

"Gambling should have been included. So much neglect and \$ problems, abuse, etc because of gambling."

"More Jobz"

"Our peoples mental conditions is a concern. It's starts from our youth. I see children these days not get enough attention and feel neglected. Effects they're emotions and attitude in school. A lot of anger issues."

"Use our cultural ceremonies"



Photo by CCWC

WHAT PEOPLE SAY

"I believe we need to stop victim shaming/blaming. We need to address topics nobody wants to discuss; childhood sexual & physical abuse, rape, domestic violence, suicide & depression, alcohol and drug use. I feel like people shun these topics and want to "sweep it under the rug," pretend it never happened. Sometimes we can't all go to a counselor, sometimes we need our own community to know that "Hey this happened to me, and I'm hurting" and for our community to accept and say "okay," without judgement; Encouragement is needed, better services."

"Hold people accountable"

"Need more after care from MH or CDC, more evening groups: AA, NA family groups, activities"

"We need a natural pathyologist"

"I think the providers need to spend more time w/patients. I've heard of many patients getting misdiagnosed or cancer was caught at another Dr. Apt."

"More stress on suicides + drugs"



Photo by CCWC



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The Chippewa Cree Wellness Coalition and the Rocky Boy Health Clinic are doing this survey as a part of the Rocky Boy's Community Health Assessment. These questions will help health professionals on the Reservation better understand the needs of our community. All surveys are anonymous. It should take about 15 minutes. Your participation is completely voluntary.

Are you 18 or older?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you identify as American Indian or Alaska Native?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you live on the Rocky Boy's Reservation, trust land, or in Havre?	<input type="checkbox"/> Yes, I live on Rocky Boy's/trust land/in Havre. <input type="checkbox"/> No –I don't live any of these places.	

If you answered "NO" to any of the questions above, please stop and return this to the surveyor.

First, we're going to ask you a few basic questions to get started.

1. What is your gender?	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other
2. What is your tribal affiliation? Check all that apply.	<input type="checkbox"/> Assiniboine <input type="checkbox"/> Blackfeet <input type="checkbox"/> Chippewa <input type="checkbox"/> Cree	<input type="checkbox"/> Crow <input type="checkbox"/> Gros Ventre <input type="checkbox"/> Kootenai <input type="checkbox"/> Northern Cheyenne	<input type="checkbox"/> Salish <input type="checkbox"/> Sioux <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____
3. How old are you?	<input type="checkbox"/> 18-27 <input type="checkbox"/> 28-37	<input type="checkbox"/> 38-47 <input type="checkbox"/> 48-57	<input type="checkbox"/> 58-67 <input type="checkbox"/> 68 or over <input type="checkbox"/> Prefer not to specify
4. Where do you live?	<input type="checkbox"/> Agency Area <input type="checkbox"/> Box Elder Area <input type="checkbox"/> Havre	<input type="checkbox"/> Other places on the reservation/trust land (Villages not listed here, isolated home sites, etc.) <input type="checkbox"/> Other: _____	
5. What is the highest level of school have you have completed?	<input type="checkbox"/> No schooling <input type="checkbox"/> Nursery school to 8 th grade <input type="checkbox"/> Some high school, no diploma	<input type="checkbox"/> High school graduate or GED <input type="checkbox"/> Trade/technical/vocational training <input type="checkbox"/> Some college	<input type="checkbox"/> Associate's degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Advanced degree (Master's, PhD) <input type="checkbox"/> Other: _____
6. Please tell us about your work or job (check all that apply)	<input type="checkbox"/> I work full-time (35-40 hours/week) <input type="checkbox"/> I work part-time (1-34 hours/week) <input type="checkbox"/> Self-employed	<input type="checkbox"/> Homemaker or take care of relatives <input type="checkbox"/> Student <input type="checkbox"/> Out of work	<input type="checkbox"/> Active Military <input type="checkbox"/> Retired <input type="checkbox"/> Unable to work <input type="checkbox"/> Other: _____

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Now, we'd like to know a little about where you live.

7. Where are you living right now?	<input type="checkbox"/> In a home I own	<input type="checkbox"/> In a home I rent	<input type="checkbox"/> Camper
	<input type="checkbox"/> I am living with friends	<input type="checkbox"/> Car	<input type="checkbox"/> I am living with family
	<input type="checkbox"/> Hotel	<input type="checkbox"/> Shelter	<input type="checkbox"/> Other: _____
8. In the place where you stay most of the time:	_____ : How many Bedrooms		_____ : How many people normally sleep in the house? (Including you)
9. How safe do you feel in your home?	<input type="checkbox"/> Unsafe	<input type="checkbox"/> Somewhat unsafe	<input type="checkbox"/> Neither unsafe or safe
	<input type="checkbox"/> Somewhat safe	<input type="checkbox"/> Safe	<input type="checkbox"/> Don't know
10. In the past 2 months, how many times have you moved?	<input type="checkbox"/> I have not moved		<input type="checkbox"/> 1 time <input type="checkbox"/> 2+ times
11. In the house where you stay most of the time, does it have right now . . . ? (Check all that you have. If the appliance isn't working, do not check.)	<input type="checkbox"/> Hot running water	<input type="checkbox"/> Bathtub or Shower	<input type="checkbox"/> Stove top
	<input type="checkbox"/> Refrigerator	<input type="checkbox"/> Sink with faucet	<input type="checkbox"/> Electricity
	<input type="checkbox"/> Telephone that can receive and make calls (Include Cell phones)	<input type="checkbox"/> Hot Plate/Plug-in Cooking Burner	<input type="checkbox"/> Working toilet
			<input type="checkbox"/> Clothes washer
12. How do you heat your home?	<input type="checkbox"/> Central Heat (Electric or Gas)	<input type="checkbox"/> Space Heater	<input type="checkbox"/> No Heat
	<input type="checkbox"/> Pellet Stove /Wood Stove	<input type="checkbox"/> Oven	<input type="checkbox"/> Other: _____
13. If you have to go somewhere important, like a medical appointment, how do you usually get there?	<input type="checkbox"/> My car	<input type="checkbox"/> I get a ride with family or friends	<input type="checkbox"/> Walk
	<input type="checkbox"/> I borrow a family member's car	<input type="checkbox"/> Bus/Public transportation	<input type="checkbox"/> Hitchhike
	<input type="checkbox"/> I borrow a friend's car	<input type="checkbox"/> Bicycle	<input type="checkbox"/> Other: _____

The next two questions are about how you've been feeling recently.

Over the last two weeks, how often have you been bothered by the following problems? (Check the one answer that is most true for you.)	Not at all	Several days	Over half the days	Nearly every day
14. Little interest or pleasure in doing things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Feeling down, depressed or hopeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Okay, now we'd like to know a little more about your family and community.

16. How many people in your life do you feel you can fully trust or depend on?	<input type="checkbox"/> None	<input type="checkbox"/> 1 or 2	<input type="checkbox"/> 3-5	<input type="checkbox"/> 6 or more
17. Do you feel supported and cared for by your family?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know	
18. In your immediate family, is there a grandparent who is the <i>primary</i> caregiver for their grandchildren/a grandchild?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know	
19. In your family, or families you know, do you think that other family members ask too much of their grandparents or elders?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know	

These next few questions are about drugs and alcohol that are often misused. Remember that all surveys are private and you will not get into any trouble based on your answers.

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How often have you used the substances listed? (Please check only one box in each row.)	In the last 30 days	In the last year	At least once in my lifetime	Never
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke tobacco products (cigarettes, cigars)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smokeless tobacco products (chewing tobacco/snuff/dip)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electronic tobacco products (e-cigarettes, vapes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana (420, Aunt Mary, ganja, grass, hash, herb, pot)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methamphetamine (meth, dope, beannies, blue devils)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opioids (any of the following that you took, but didn't have a prescription from your doctor) <ul style="list-style-type: none"> • Buprenorphine (suboxone, subutex, subox) • Fentanyl (patches, Apache, China girl, jackpot, TNT) • Oxycodone, OxyContin, Morphine, Percocet, hydrocodone (Oxy, OO, hydros, percs, fluffs, blue, 512s, killers, kickers, vikes, watsons) • Cough Medicine/Tylenol 3 (Purple Drank, Sizzurp) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heroin (Aunt Hazel, H, black pearl, brown sugar, capital H)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine (blow, C, coke, freeze, mojo, candy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Ecstasy, Xanax, Gabas/Gabbys, Bath Salts, Huffing/Wippets, Shrooms)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

30. Do you think that drug use is a big problem on the reservation?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
31. What do you think are the top 3 drugs used on the reservation? (Please write your answers.)				
32. Would you support a needle exchange program for drug users to give people free clean needles for their used ones?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
33. If you needed substance abuse treatment, what things might keep you from getting help? (Check all that apply.)	<input type="checkbox"/> I would worry people would think I'm less able to do my job	<input type="checkbox"/> No Transportation		
	<input type="checkbox"/> I would worry people would think I'm less able to care for my family	<input type="checkbox"/> No Childcare		
	<input type="checkbox"/> I would worry people would think I was not safe to be around	<input type="checkbox"/> No health insurance or Medicaid / Medicare		
	<input type="checkbox"/> I wouldn't worry what people think	<input type="checkbox"/> I can't pay for the treatment I need		
	<input type="checkbox"/> I don't have a counselor that I trust	<input type="checkbox"/> I can't get an appointment		
	<input type="checkbox"/> I don't want to go to the White Sky Hope Center	<input type="checkbox"/> I don't really know where to go		
		<input type="checkbox"/> I have not had any problem getting treatment		
		<input type="checkbox"/> Other:		

The next few questions are about children and childcare.

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34. Do you have children or routinely care for children who are 18 years old or younger? If no, please proceed to question 40.		<input type="checkbox"/> Yes <input type="checkbox"/> No
35. My childcare options are... (Check all that apply.)	<input type="checkbox"/> I watch my children <input type="checkbox"/> Friend <input type="checkbox"/> My significant other <input type="checkbox"/> Daycare <input type="checkbox"/> Grandparent <input type="checkbox"/> Head Start <input type="checkbox"/> Other relative <input type="checkbox"/> I do not have reliable childcare	<input type="checkbox"/> My children are old enough to not require childcare. <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____
	36. Are you ever worried about having your child taken away because of activities that you are involved in or things they have experienced?	
37. Has anyone from the school or doctor's office told you that your child should receive mental health services? If no/don't know, skip to question 40.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
38. Did you get your child mental health services? If yes, skip to question 40.		<input type="checkbox"/> Yes <input type="checkbox"/> No
39. If no, what was the reason you didn't get your child mental health services?	<input type="checkbox"/> I didn't want to <input type="checkbox"/> My child didn't want to <input type="checkbox"/> My family didn't want me to	<input type="checkbox"/> I tried, but help was not available <input type="checkbox"/> My child got help on their own <input type="checkbox"/> Other: _____

Some people on the Reservation worry about suicide rates. Because of this, we are asking some questions about suicide.

40. Do people talk about suicide on the reservation?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
41. During the past 12 months, has a friend or relative tried to commit suicide?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
42. During the past 12 months, have you tried to commit suicide?		<input type="checkbox"/> Yes <input type="checkbox"/> No
43. If you or a friend/relative have tried to commit suicide in the past 12 months, what other problems were involved? Please check all that apply.	<input type="checkbox"/> Alcohol <input type="checkbox"/> Mental Illness <input type="checkbox"/> Drug Use <input type="checkbox"/> Abandonment <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Sexual Assault <input type="checkbox"/> Homelessness <input type="checkbox"/> None/Don't Know <input type="checkbox"/> Other: _____	

The next few questions are about food and exercise.

44. Within the past 12 months, we worried whether our food would run out before we got money to buy more.	<input type="checkbox"/> Often True <input type="checkbox"/> Sometimes True <input type="checkbox"/> Never True <input type="checkbox"/> Don't Know
45. Within the past 12 months, the food we bought just didn't last and we didn't have money to get more.	<input type="checkbox"/> Often True <input type="checkbox"/> Sometimes True <input type="checkbox"/> Never True <input type="checkbox"/> Don't Know

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<p>46. Think about what you drank YESTERDAY. Check <u>everything</u> that you drank yesterday.</p>	<input type="checkbox"/> Regular soda <input type="checkbox"/> Diet soda / Crystal Light <input type="checkbox"/> Kool Aid <input type="checkbox"/> Energy Drinks	<input type="checkbox"/> Fruit Juice <input type="checkbox"/> Alcohol <input type="checkbox"/> Water <input type="checkbox"/> Coffee/Tea <input type="checkbox"/> Gatorade	<input type="checkbox"/> Milk <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____
<p>47. Did you eat any fruit YESTERDAY?</p>	<input type="checkbox"/> I ate 1 piece <input type="checkbox"/> I ate 2 pieces <input type="checkbox"/> I ate 3 or more pieces	<input type="checkbox"/> I didn't eat any fruit yesterday <input type="checkbox"/> I don't know	<input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____
<p>48. Did you eat any vegetables YESTERDAY? (Don't include potatoes.)</p>	<input type="checkbox"/> I ate 1 serving <input type="checkbox"/> I ate 2 servings <input type="checkbox"/> I ate 3 or more servings	<input type="checkbox"/> I didn't eat any vegetables yesterday	<input type="checkbox"/> I don't know <input type="checkbox"/> Other: _____
<p>49. Did you eat any meat YESTERDAY? Check <u>everything</u> that you ate yesterday.</p>	<input type="checkbox"/> Beef <input type="checkbox"/> Chicken/Turkey <input type="checkbox"/> Deer/Elk/Other Game <input type="checkbox"/> Pork	<input type="checkbox"/> Bacon <input type="checkbox"/> Organ Meat <input type="checkbox"/> Bologna/Spam <input type="checkbox"/> Red Wieners / Hot Dog	<input type="checkbox"/> I didn't eat any meat yesterday <input type="checkbox"/> Other: _____ _____
<p>50. During the past 7 days, did you do any exercises like walking, running, stretching, shoveling, intense cleaning, etc.?</p>	<input type="checkbox"/> No, I haven't had any exercise in the past week <input type="checkbox"/> Yes, it totaled less than 30 minutes <input type="checkbox"/> Yes, it totaled between 30-60 minutes	<input type="checkbox"/> Yes, it totaled 60-150 minutes <input type="checkbox"/> Yes, it totaled more than 150 minutes	

These ten questions are about your childhood. While you were growing up, during your first 18 years of life:

<p>51. Did a parent or other adult in the household often . . . Swear at you, insult you, put you down, or humiliate you? OR Act in a way that made you afraid that you might be physically hurt?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>52. Did a parent or other adult in the household often . . . Push, grab, slap, or throw something at you? OR Ever hit you so hard that you had marks or were injured?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>53. Did an adult or person at least 5 years older than you ever . . . Touch or fondle you or have you touch their body in a sexual way? OR Try to or actually have oral, anal, or vaginal sex with you?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>54. Did you often feel that . . . No one in your family loved you or thought you were important or special? OR Your family didn't look out for each other, feel close to each other or support each other?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO

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55. Did you often feel that . . . You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? OR Your parent or caregiver were too drunk or high to take care of you or take you to the doctor if you needed it?	<input type="checkbox"/> YES <input type="checkbox"/> NO
56. Were your parents ever separated or divorced?	<input type="checkbox"/> YES <input type="checkbox"/> NO
57. Was your parent or caregiver: Often pushed, grabbed, slapped, or had something thrown at them? OR Sometimes or often kicked, bitten, hit with a fist, or hit with something hard? OR Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?	<input type="checkbox"/> YES <input type="checkbox"/> NO
58. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?	<input type="checkbox"/> YES <input type="checkbox"/> NO
59. Was a household member depressed or mentally ill or did a household member attempt suicide?	<input type="checkbox"/> YES <input type="checkbox"/> NO
60. Did a household member go to prison?	<input type="checkbox"/> YES <input type="checkbox"/> NO

The next few questions are about mental health and counseling.

61. Have you ever heard about peer support services at the Rocky Boy's Clinic? (Peer support is help from people who have gone through certain problems and used those life experiences to help others.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
62. If you needed this kind of help, would you use a peer support service?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
63. As an adult, have you had a deeply upsetting or traumatic experience?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
64. As an adult, do you have unresolved grief from a traumatic experience?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
65. If you needed counseling services, what things might keep you from getting help? (Check all that apply.)	<input type="checkbox"/> I would worry people would think I'm less able to do my job <input type="checkbox"/> I would worry people would think I'm less able to care for my family <input type="checkbox"/> I would worry people would think I was not safe to be around <input type="checkbox"/> I wouldn't worry what people think <input type="checkbox"/> I don't have a counselor that I trust <input type="checkbox"/> Don't want to go to the Rocky Boy Health Clinic <input type="checkbox"/> No Transportation <input type="checkbox"/> No Childcare <input type="checkbox"/> No health insurance or Medicaid / Medicare <input type="checkbox"/> I can't pay for the counseling I need <input type="checkbox"/> I can't get an appointment <input type="checkbox"/> I don't really know where to go <input type="checkbox"/> I have not had any problem getting counseling <input type="checkbox"/> Other: _____

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Now for some questions about seeing your doctor.

<p>66. Where do you usually go for help when you are sick or need advice about your health?</p>	<p><input type="checkbox"/> I have a regular doctor I see at the Rocky Boy Health Clinic</p> <p><input type="checkbox"/> I make an appointment and see any doctor at the Rocky Boy Health Clinic</p> <p><input type="checkbox"/> I go to the Urgent Care at the Rocky Boy Health Clinic</p> <p><input type="checkbox"/> Don't Know</p>	<p><input type="checkbox"/> I go to a traditional healer</p> <p><input type="checkbox"/> I go to the Emergency Room off the Rocky Boy's Reservation</p> <p><input type="checkbox"/> I have a regular doctor that I see off the Rocky Boy's Reservation</p> <p><input type="checkbox"/> Other: _____</p>
<p>67. In the past 12 months, was anyone in your family (including you) not able to get medical care, tests, or treatments they needed?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p><input type="checkbox"/> Don't Know</p> <p><input type="checkbox"/> Other: _____</p>
<p>68. Which of these problems have you had when getting health care? (Check all that apply.)</p>	<p><input type="checkbox"/> No Transportation</p> <p><input type="checkbox"/> No Childcare</p> <p><input type="checkbox"/> No health insurance or Medicaid / Medicare</p> <p><input type="checkbox"/> I can't pay for the care I need</p> <p><input type="checkbox"/> Too unwell to go to doctor's office</p> <p><input type="checkbox"/> I have not had any problem getting care</p>	<p><input type="checkbox"/> Can't get an appointment</p> <p><input type="checkbox"/> I don't have a doctor that I trust</p> <p><input type="checkbox"/> Don't really know where to go</p> <p><input type="checkbox"/> Don't want to go to the Rocky Boy's Health Clinic</p> <p><input type="checkbox"/> Other: _____</p>
<p>69. Do you use Traditional Healers or Ceremony?</p>	<p><input type="checkbox"/> Yes</p>	<p><input type="checkbox"/> No</p>
<p>70. If a Traditional Healer worked at a local clinic, would you ask for their help with health problems? <i>If NO, proceed to question 72.</i></p>	<p><input type="checkbox"/> Yes</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Maybe</p>
<p>71. What do you use/would use Traditional Healers or Ceremony to heal? <i>Please check only one box in each row.</i></p>	<p>Currently use for</p>	<p>Would use for</p>
<p>Alcohol or Drug Use</p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>
<p>Spiritual Healing</p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>
<p>Sadness/Mental Health</p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>
<p>Broken Bone/Muscle Pain</p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>
<p>Stomach Problem</p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>
<p>Other: _____</p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>
<p>Other: _____</p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>

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You are almost finished!

<p>72. In the past 12 months, have you gone to or done any of these things? (Check all that apply.)</p>	<input type="checkbox"/> Hand Games <input type="checkbox"/> Round Dance <input type="checkbox"/> Picking Berries <input type="checkbox"/> Sun Dance <input type="checkbox"/> Attended Feast	<input type="checkbox"/> Pow wow <input type="checkbox"/> Cree Language study group <input type="checkbox"/> Sweat lodge ceremonies <input type="checkbox"/> Cultural Ceremony <input type="checkbox"/> None of these	<input type="checkbox"/> Native American church services <input type="checkbox"/> Horsemanship <input type="checkbox"/> Don't Know <input type="checkbox"/> Other: _____
<p>73. Do you think life on the reservation is . . .</p>	<input type="checkbox"/> Very Healthy <input type="checkbox"/> Quite Healthy	<input type="checkbox"/> Neither healthy nor unhealthy	<input type="checkbox"/> Not very healthy <input type="checkbox"/> Very unhealthy

74. This survey will help our local health professionals better understand and serve our community. If you have any more thoughts about the state of healthcare or health concerns we might have missed, please share your thoughts below.

Thanks for taking this survey! Your input will help the Wellness Coalition and Health Center create programs and take steps to make Rocky Boy's a healthier place for you to live.

We know that some of these questions are hard to "talk" about. Please tell us what it was like to answer this survey.

- I couldn't answer some questions, so I skipped them.
- I didn't know or want to give all the answers, so sometimes I made up the answers.
- I think all my answers were correct.