





TABLE OF CONTENTS

Acknowledgements.....	2
Executive Summary.....	3
Community Description.....	5
Introduction.....	7
Methodology.....	8
Community Priorities.....	10
Demographics.....	12
Morbidity and Mortality.....	14
Behavioral Health.....	15
<i>Suicide</i>	15
<i>Mental Health</i>	17
<i>Substance Abuse</i>	19
Access to Primary Care.....	25
Chronic Disease.....	27
<i>Cardiovascular Disease</i>	27
<i>Chronic Respiratory Disease</i>	28
<i>Cancer</i>	29
<i>Diabetes</i>	31
Communicable Diseases.....	33
<i>Sexually Transmitted Infections</i>	33
<i>Vaccinations</i>	35
Public Safety/Injury and Violence Prevention.....	36
<i>Public Safety</i>	37
<i>Violence</i>	39
Maternal and Infant Health.....	41
Health Risk Factors.....	43
Environmental Health.....	46
<i>Built Environment</i>	46
<i>Housing</i>	48
Food Access and Sovereignty.....	50
Conclusion.....	53
References.....	54
Appendix: CHA Survey.....	58

ACKNOWLEDGMENTS



Photo by Rosemary Cree Medicine

I am pleased to present to you our Blackfeet Community Health Assessment! This project involved broad community input and hard work on behalf of so many individuals and organizations. I want to thank everyone who has participated in the process. In this document, you'll find information on tremendous health issues we are tackling including drug abuse, a critical shortage of doctors, and high rates of food insecurity and chronic disease. Despite all of it, I take heart thinking of the strength our people possess and the struggles we have come through in the past. We've been building our health resources and capacity over the past several years with the creation of the 2 new tribally-run health clinics, the new Community Health Representatives building, and a Wellness Center on the way. I truly feel we are on the right path to tackle these issues and look forward to seeing you all in good health.

Rosemary Cree Medicine

Director, Blackfeet Tribal Health Department (Feb 2017)

Community Partners

Billings Area Bureau of Indian Affairs (BIA)
Billings Area Office Indian Health Services (IHS)
Blackfeet BIA
Blackfeet Child and Family Services
Blackfeet Community College
Blackfeet Community Health Representatives
Blackfeet Community Hospital
Blackfeet Domestic Violence Program
Blackfeet Tribal Courts
Blackfeet Emergency Services
Blackfeet Environmental Department
Blackfeet Head Start
Blackfeet Housing Department
Blackfeet Planning Department
Blackfeet Tobacco Prevention Program
Blackfeet Tribal Business Council
Blackfeet Tribal Health Department
Blackfeet WIC

Browning Public School-Based Health Clinic
Crystal Creek Lodge Treatment Center
Eagle Shields Senior Center
FAST Blackfeet (Food Access and Sustainability Team)
Good Health and Wellness in Indian Country
Good Medicine Counseling Program
Heart Butte Public Schools
Honor Your Life Program
Montana Legal Services
Northern Winds Recovery Center
Rocky Mountain Tribal Epidemiology Center
Silent Warriors Coalition
Southern Piegan Diabetes Program
Southern Piegan Health Clinic
Teen Pregnancy and Parenting

CHA Team

Rosemary Cree Medicine, Blackfeet Tribal Health Director
Becky Arnold, Community Member
Jacqueline Berger, Boston University
Cinda Burd, Boston Medical Center
Laura Burnham, Boston Medical Center
Stefany Jones, IHS Public Health Nutritionist
Kirsten Krane, Boston University
Porsha Lark, Boston University
Jade Heather Lepotokisi, Honor Your Life Program
Anne Merewood, Boston University
Christy Racine, Good Health and Wellness in Indian Country
Rayola Runningcrane, Blackfeet Community College
Sharon Silvas, Blackfeet Community Hospital
Rebecca Snow, Boston Medical Center

This Community Health Assessment represents a collaborative effort of the Blackfeet Tribal Health Department and Boston Medical Center/Boston University between October 2016 and February 2017. Funding was provided by the State of Montana's Department of Health and Human Services in partnership with the Montana Healthcare Foundation.

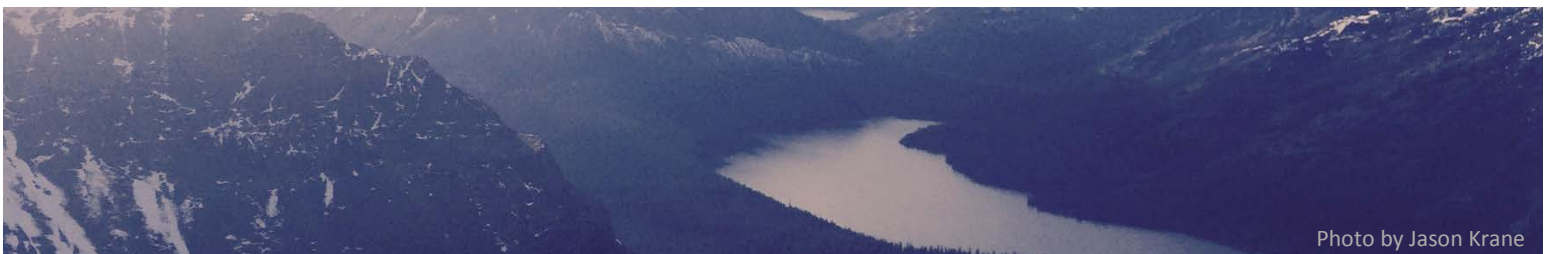


Photo by Jason Krane

EXECUTIVE SUMMARY

OVERVIEW

The Blackfeet Tribal Health Department created this Community Health Assessment (CHA) in collaboration with local and state-based partners from October 2016 to February 2017. Community input shaped the CHA at three large community meetings, a series of small-group consultations with local experts in top health priority areas, and weekly meetings with the core CHA Team. The CHA team supported this 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

76% of residents on the Blackfeet Reservation are American Indian, and on average, are younger than Montana or United States populations. The average life expectancy for the people of the Blackfeet Reservation is about 15 years shorter than that of their white Montana counterparts.

PRIORITY CONCERNS

Community members identified 10 top health-related issues of most concern as a part of conducting the CHA (See the **Community Priorities Section** for a full listing). A summary of these concerns and findings are condensed here with more information on these topics throughout this document.

Behavioral Health Concerns: Mental health, suicide, and substance issues are a major concern. One in every three adults surveyed indicated they feel depressed or sad most days of the week. One in every three 8th graders at Browning Middle School admitted to attempting suicide. There is a known substance use rate of at least 50% for women who have recently given birth at the Indian Health Service's Blackfeet Community Hospital (IHS BCH).

Access to Care: Almost half of the people who have access to IHS BCH do not have health insurance and a quarter of people surveyed said that they or a close family member were unable to get access to care they needed in the past year.

Health Issues: Rates of cancer, diabetes, cardiovascular disease, and chronic respiratory disease are higher among people living on the Blackfeet Reservation than for Montanans. Chlamydia and gonorrhea occur at 2-3 times the rate as in Montana overall. Obesity rates in Blackfeet have been about 10% higher in Glacier County than in Montana over the past 5 years and 60% of people surveyed indicated they drank a sugary beverage every day over the 7 days preceding the survey.

Built Environment and Safety: Homelessness and overcrowding in homes is a concern with a housing waiting list of close to 150 families waiting for a home. FAST Blackfeet's survey found that 69% of people on the Reservation have issues with food insecurity. A CHA meeting with residents rated the safety of the Reservation as a 3 out of 10, citing lack of law enforcement along with other specific concerns.

EXECUTIVE SUMMARY

POSITIVE FINDINGS

The Blackfeet Reservation has several bright spots for health promotion. Some of the most notable include that the IHS BCH has received designation as a Baby-Friendly™ hospital and has high breastfeeding rates. The public schools have implemented salad bars and healthy menus that encourage students to consume higher amounts of fruits and vegetables than the average consumption for teens across the state. There are many programs and people across the Reservation that are dedicated to making the community a safe and healthy place to live.



Although this CHA reveals many challenges, it represents a positive step for the Blackfeet Tribe. 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 Blackfeet Tribal Health Department and other community partners moving forward. These data offer a baseline, can be used as a starting point to track improvements, and ultimately, will be used to plan future health improvement projects and programs to serve the community. The information in this CHA will allow all of us to address the unique needs of the Blackfeet community and to make strides toward improvement in our health.



COMMUNITY DESCRIPTION



Photo by Connie Johnson

Blackfeet community leaders Denise Juneau, Earl Old Person, and Harry Barnes at 2016 Native American Indian Days in Browning, MT.

HISTORY OF THE BLACKFEET PEOPLE

For the last 10,000 years, the Blackfeet people have lived in the Rocky Mountain region. Primarily nomadic, the Blackfeet previously occupied large areas of the northern plains, tracking the seasonal migration of buffalo herds. Following the introduction of horses to the plains in the 18th century, the Blackfeet were one of the most powerful tribes of the region. The Blackfoot Confederacy or Niitsitapi ('the people') is historically composed of 4 bands: the North Piegan, the South Piegan, the Blood, and the Siksika. In modern times, the North Piegan, the Blood, and the Siksika reside in Canada, and are recognized as First Nation governments by Canadian law. Members of the Blackfeet Nation in the United States are primarily descendants of the South Piegan or Piikani, and reside in Montana.

ESTABLISHMENT OF THE BLACKFEET RESERVATION

Home to the Blackfeet Nation in the United States, the Blackfeet Indian Reservation is located in northwest Montana. Following the encroachment of Europeans and the large-scale destruction of buffalo herds in the 19th century, the Blackfeet were confined to an increasingly smaller territory. Established through the 1855 Blackfeet Treaty, the original Blackfeet Reservation encompassed most of the northern half of the state of Montana (*LANDS 2016*). The 1895 "Agreement" further decreased Blackfeet land holdings, and failed to include ownership of the Badger-Two Medicine area, long considered sacred by the Blackfeet people. Though the Blackfeet Nation has continued to have reserved hunting and fishing rights to this area, recent efforts have only partially protected the sacred land from energy development (*BADGER-TWO MEDICINE 2017*).



Map of the Blackfeet Reservation including major roadways, towns, and water ways; created by the CHA Team based on a map from the Blackfeet Nation website, blackfeetnation.com.

PRESENT-DAY COMMUNITY

One of the largest in the United States, the current reservation spans approximately 1.5 million acres or 3,000 square miles. The reservation is bordered to the west by Glacier National Park, to the north by the Canadian province of Alberta, and Cut Bank Creek and Birch Creek form parts of the eastern and southern borders. Home to many species of fish and wildlife, the reservation has more than 518 miles of streams and 180 bodies of water, including 8 large lakes (*LANDS 2016*). Communities on the reservation include Browning, Blackfoot, East Glacier, Heart Butte, Babb, St. Mary, Starr School, and Seville. The population of the reservation was estimated to be 11,392 people as of 2014 (*US CENSUS BUREAU 2015*). For the purpose of the Tribal Community Health Assessment, the "community" refers to all individuals residing within the confines of the Blackfeet Reservation.

COMMUNITY DESCRIPTION

BLACKFEET GOVERNMENT

The Blackfeet Nation is governed by the Blackfeet Tribal Business Council, which oversees the management of tribal lands, resources, businesses, programs, and services. Consisting of 9 members, the council is responsible for all powers of government as defined by the Blackfeet Constitution and By-laws. Representing 4 districts, members are elected by the tribe to serve 4-year terms. The terms are staggered and elections are held in June of every even numbered year (*GOVERNMENT 2016*). The Blackfeet Tribal Health Department administers many of the health-related programs on the reservation, and is overseen by the Health and Human Services Committee, a committee of the Blackfeet Tribal Business Council. A list of current council members, as well as the constitution and historic treaties, are available on the tribal website:

www.blackfeetnation.com/government/

Prominent Community Health Resources on the Blackfeet Reservation

Blackfeet Community College *Various Health Programs. Associates Degrees: Nursing, and Community Health, USDA Extension Agent, Health Research Projects* <http://bfcc.edu>

Blackfeet Community Health Representatives *Services for infants—Elders. Home visitation, Transportation, Screenings, Family Spirit Program*

Blackfeet Head Start and Early Head Start *Parenting Classes, Health Screening and Service Coordination, Child Nutrition Program* <http://inaksim.com/index.html>

Blackfeet Long-term Care Center <https://www.blackfeetcarecenter.com>

Blackfeet Tribal Health Department *Programs for various health issues, including Domestic Violence Prevention, Tobacco Prevention, Suicide Prevention, Bullying Prevention, Youth Capacity Building*

Browning Public Schools *School Nurses, Mental Health Programs and Counseling, Child Nutrition Programs, School-Community Garden Site in Browning, Backpack Program, Families in Transition Program* <http://www.bps.k12.mt.us>

Crystal Creek Lodge Treatment Center *Inpatient treatment of alcohol dependency* <http://www.blackfeetcd.org>

Eagle Shields Senior Center *Senior independent living, Senior Congregate Meal Site*

Heart Butte Senior Center *Senior Congregate Meal Site*

Heart Butte Public Schools *Mental Health Programming, Child Nutrition Programs*

Indian Health Service Blackfeet Service Unit *Hospital in Browning and satellite clinic in Heart Butte. Primary Care, Emergency Services, Inpatient Hospitalization, Dental, Optometry, Nutrition, Physical Therapy* <https://www.ihs.gov/billings/healthcarefacilities/blackfeet/>

Northern Winds Recovery Center *Outpatient mental health counseling for individuals and groups, Substance abuse counseling and program support* <http://nwrecoverycenter.wixsite.com/nwrc>

Southern Piegan Diabetes Project *Diabetes Prevention and Education, Fitness Center*

Southern Piegan Health Clinic and School-based Health and Wellness Center *Primary Care*

Special Supplemental Nutrition Program for Women Infants and Children (WIC) *Nutrition Counseling, Breastfeeding Support, and Food Security*



Photo by Bear Star Photography

INTRODUCTION



Photo by Cinda Burd

“Due to our relationship to environment, we’re part of that environment...The physical self is part of the physical world, and is healthily or unhealthily maintained by our environment and by the spirit...The spirit is like the life force, there’s the spirit of health, there’s the spirit of love, there’s the spirit of jealousy. So, emotions relate to that spirit. And then, we have the transcendent, things that maybe we don’t see, but are nonetheless of spirit, of light or of shadow. And spirit and material world are all made by our Creator. So, in a way, I know we’re all connected, and one affects the other.

[It] can be easily done and overdone, to keep talking about the trauma. I think we should just so far in acknowledging it, honoring it, recognizing it, but as Blackfeet evolve[s], we have to move forward and not get stuck in that victim mode. Some persons when it comes to abusing drugs and stuff might have been affected directly whether it’s through their DNA, or abuse, direct abuse. You know it’s good for them to recognize the trauma, that it’s not all their fault...You know I’ve talked about this in class before too, and it was such a relief for students to recognize that. ‘You mean the way I feel isn’t always...? Can be influenced by something in my past?’ And I said, ‘Yeah’. And they felt, ‘Oh, that’s a relief’. And they found that if they just direct their minds forward and what they do want, then they could go forward.”

-Marietta “Mary” King, Social Sciences Instructor, Human Services Department, Blackfeet Community College

About the Community Health Assessment

“The reservation health for most may not always appear so great. I've chosen a different path in my life and the true beauty is overwhelming.” -Anonymous CHA Survey Respondent

PURPOSE	The goal of this CHA is systematically to examine important health indicators of the people of the Blackfeet Nation, in order to identify key programming needs that can improve the health and well-being of our community. Ultimately, the assessment will be used strategically to plan future health improvement projects and programs.
DEFINITION	In this assessment, the “community” is defined as all individuals who live on the Blackfeet Reservation. Per the 2014 US Census, the population of the reservation was 11,392.
AUDIENCE	This CHA is meant to inform the work of the Blackfeet Tribal Health Department and its programs, as well as the work done by other community partners who are responsible for the health and well-being of the Blackfeet community, including, but not limited to: Blackfeet Tribal Business Council, IHS Blackfeet Community Hospital, Browning and Heart Butte Public Schools, Blackfeet Community College, Blackfeet Child and Family Services, Blackfeet Housing, Blackfeet Environmental Department, Rocky Mountain Tribal Epidemiology Center, NGOs and other health-driven organizations, and finally state and federally funded and policy-making agencies who have a stake in ensuring the health of our Nation.

“We all develop differently, and having the influence of parents, and grandparents, and cousins, and aunts, and uncles is a great help. But if we don’t have them, then we’re just wanderers. We wander endlessly trying to find that person that [we] are... Our people can’t say no anymore. They want to belong to somebody. They want to be part of somebody. They want to be part of life but if you’re floating around, and you don’t have the value of who you are, or [an] understanding [of] why things are happening, then you’re lost...We’ve lost it, the unity.”

-Diana Burd, Blackfeet Elder and Teacher



Photo by Cinda Burd



METHODOLOGY

Approach

The Blackfeet Tribal Health Department conducted this CHA systematically to examine important health indicators of the people of the Blackfeet Nation. This CHA, which aligns with Public Health Accreditation Board 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 479 participants, analysis of several other primary datasets, and 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 the Center for Health Equity, Education, and Research (CHEER) at Boston Medical Center (BMC) and Boston University (BU) collaborated with the Blackfeet Tribal Health Department to provide technical assistance for this CHA. The “CHA team” referred to in this document consists of Tribal Health Department members, BMC/BU team members, and expert advisors from the Blackfeet community.

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. Tribal leadership requested previously unpublished data from IHS BCH, Rocky Mountain Tribal Epidemiology Center (RMTEC), and systems such as the Browning Public Schools. An initial review of secondary data was completed prior to discussion of community health issues and was utilized during early stakeholder meetings. Secondary data continued to be updated and refined. Whenever possible, the most recent data are presented. Throughout this document, the data presented from IHS BCH includes Heart Butte Health Clinic data.

Stakeholder Meetings to Provide Community Input and Identify Community Health

Community Health Priorities Meeting - October 26, 2016: Thirty-six community health leaders attended, including tribal health leadership; community groups; clinicians and senior administrators from the IHS BCH, Crystal Creek Treatment Center, and North Winds Recovery Center; the Area Director of the Billings Area IHS; leadership from Browning and Heart Butte Public Schools; and representation from Browning and Heart Butte Senior Centers. Using Nominal Group Technique, small groups identified key community health challenges and the feedback was reviewed and analyzed by the BMC team. From this meeting, we identified the top 10 community health priority areas (see Communities Priorities section).

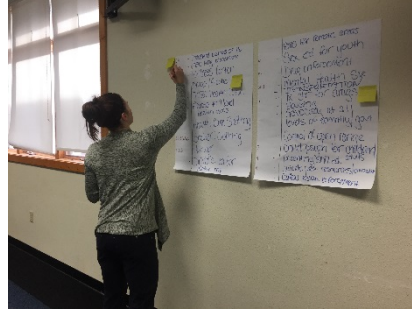
Subject Matter Expert Meetings - November 2016: Small group, expert meetings in the identified health priority areas of housing, mental health, substance use, and hunger met to offer specific input and further guidance in survey development and the context of these issues on the Blackfeet Reservation.

Community Strengths and Special Populations Meeting - January 10, 2017: All stakeholders from the October meeting, in addition to a wide array of public health-related organizations from the area, were invited to provide a second round of insights. This meeting focused on the specific issues of: community pride, children, elders, safety, and built environment. During this meeting, individuals were asked to rate their perception of quality of life, related to the 5 issues listed previously, on a scale of 1-10. Individuals' scores were averaged in each small group to get an average group score. Participants then engaged in discussion to determine the strengths and weaknesses of each issue in the context of the Blackfeet Reservation.

CHA Report Feedback Meeting - February 22, 2017: A draft of the completed CHA, incorporating primary and secondary data, was presented to tribal health leaders for feedback prior to the finalization of the report.



METHODOLOGY



Photos by Kirsten Krane

Photos from the Community Health Priorities Meeting, October 26, 2016

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 Boston Medical Center statistician calculated survey numbers required for analytical purposes and statistical significance, and the CHA team created and reviewed all questions. Where possible, questions came from validated, established surveys, or diagnostic tools utilized in the Blackfeet community. The team included additional questions of cultural relevance, for example, use of traditional foods and traditional healers. The surveys were pilot tested on tribal Community Health Representatives, and then revised. A copy of the survey is attached in the Appendix.

The CHA team collected 479 in-person surveys in December 2016 and January 2017 at the following locations: council chambers during per capita check distribution, high school sports events, grocery stores, and Blackfeet Community College. Eligible participants were individuals 18 years or older, living on Blackfeet Reservation. Surveys were anonymous and no one collating or entering survey data had any means of identifying respondents. The BMC team analyzed data. We reviewed the demographic information of an initial set of surveys to ensure the sample was representative of the community. The second round of surveys targeted distal communities, as Browning was over-represented in the initial sample.

Methods of Survey Analysis

If a person skipped a question or their response was illegible, they were not included in the denominator for that question. We created and calculated additional variables which summarized the results of a set of survey questions.

Strengths and Limitations of Survey

The surveys covered a variety of topics, and included a large number of individuals at a variety of locations. Despite our efforts at standardization, since participation was voluntary, the survey results are not completely representative of the population. Sixty-six percent of respondents were between the ages of 25 and 55, and 67% were female. The survey was anonymous, but respondents were advised to skip questions they felt uncomfortable answering. The average valid response rate per question was 90%. Reasons for not including survey results in the analysis included: not answering a question or illegible responses. 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.

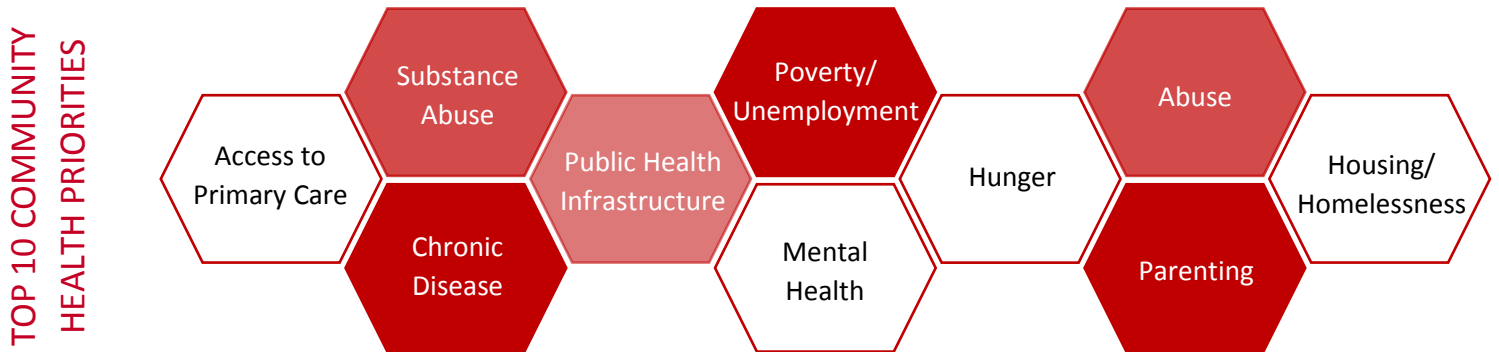
Report Format

The CHA details findings regarding the community health priority areas. Additionally, child and elder health are considered. For questions regarding this report, contact the Center for Health Equity, Education and Research at Boston Medical Center at CHEERequity@gmail.com.



COMMUNITY PRIORITIES

At the Community Health Priorities Meeting community health leaders established health-related priorities and concerns on the Blackfeet Reservation. See the *Methods Section* for more information on this process. The top 10 community health priority areas were identified as:



Community Priority Descriptions

Community priorities are listed in order of importance and described below, detailing health and community leader feedback:

Substance Use was identified as the top community priority. Health professionals named specific abused drugs in the community, including methamphetamines, opioids, and alcohol, in addition to general drug abuse. The need for more stringent drug enforcement, a dedicated detox center or program, as well as problems surrounding Neonatal Abstinence Syndrome (NAS) were also highlighted.

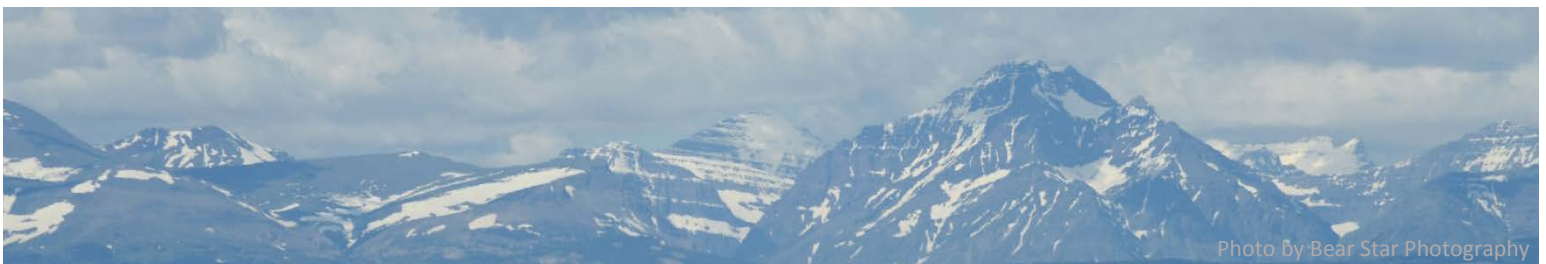
Public Health Infrastructure included concerns about transportation, the need for health education, especially for youth, and greater law enforcement presence. Additionally, many health leaders spoke about the need for greater collaboration amongst health programs and increased advocacy for the community at all levels of government, hopefully leading to more prevention/intervention strategies and policy changes.

Mental Health priority areas included specific issues such as suicide, depression, self-mutilation, PTSD, and trauma. The demand for more mental health services, especially for children, was highlighted. In multiple discussions, a need for more mental health practitioners in general was noted. Participants identified better suicide prevention resources, training for PTSD treatment, and an examination of the role of cultural resiliency factors as necessary for the community. Finally, a goal of community-based self-efficacy was discussed, through the support and advocacy of all fellow community members.

Housing/Homelessness included concerns about the availability and quality of housing. Participants discussed overcrowding leading to head lice outbreaks. Additionally, clothing needs for those currently homeless was mentioned.

Access to Primary Healthcare encompassed feedback about the current quality and access to primary health care, as well as the necessity for adequate, high-quality health care staffing. The lack of healthcare for K-12 students as well as limited availability of a wide variety of health services was emphasized.

Chronic Disease included concerns about specific diseases or risk factors, including diabetes and obesity. Health leaders described a significant need for greater annual well-child checks, a health/fitness center, education and support for healthier diet practices and regular exercise, and increased access to preventative care for all community members.



COMMUNITY PRIORITIES

Community Priority Descriptions, Continued


Poverty/Unemployment incorporated concerns about the lack of jobs or employment, high rates of unemployment, and general community poverty. Participants articulated their strong belief that better employment opportunities and economic advantages will create healthier individuals and community.

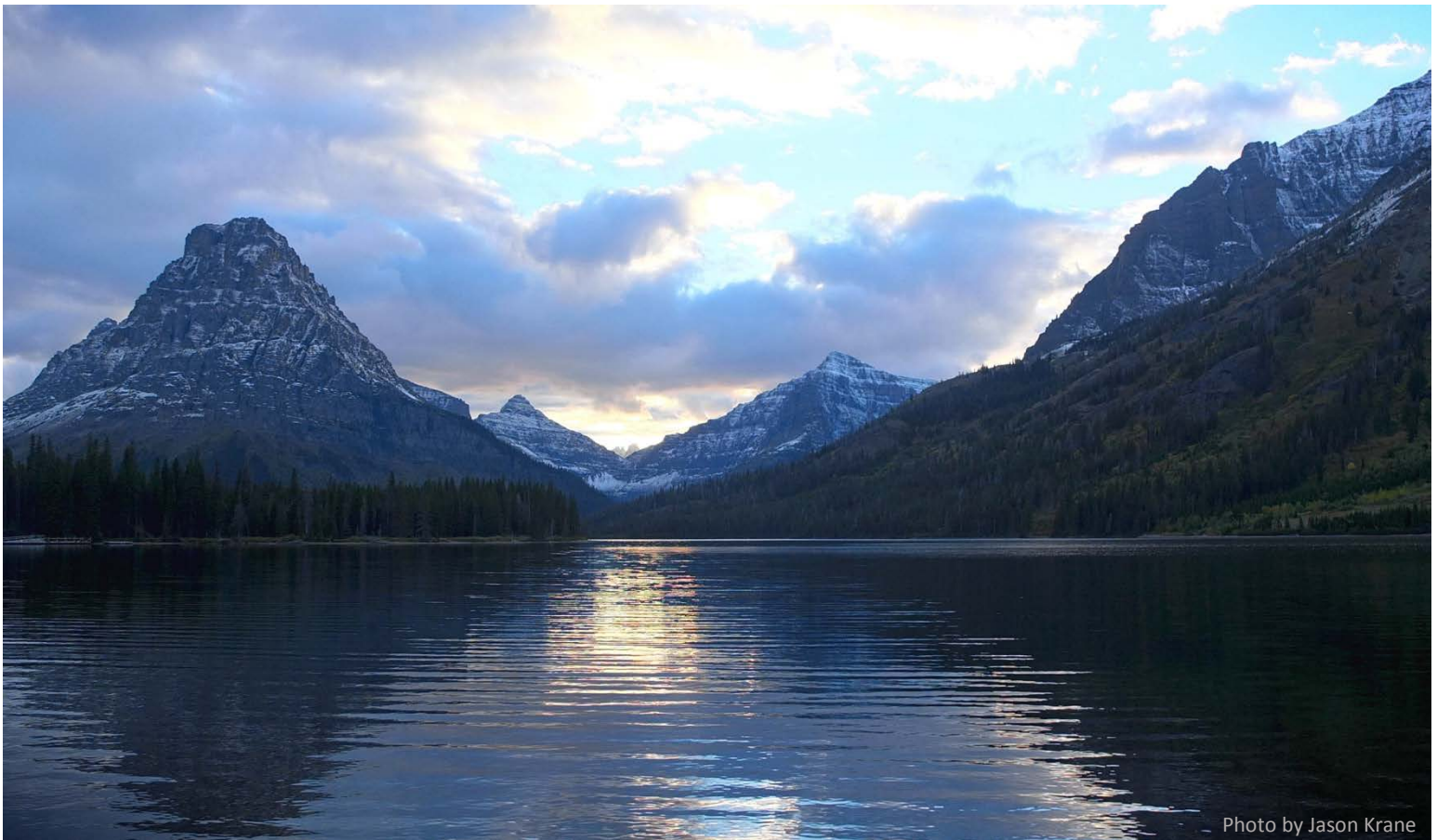
Hunger included discussion about general community hunger, especially including the hunger of infants and children.

Abuse was stressed as a significant community challenge; domestic violence, elder abuse, and the sexual abuse of children were all mentioned specifically.

Parenting was also brought up as an area of concern, especially the general lack of parenting skills of community members and the absence of parenting education.

Community Priority Sections in the CHA

Throughout the CHA, “community priority” sections are labeled with the symbol  in the page heading.



DEMOGRAPHICS

This section compares basic demographic information on the Blackfeet Reservation with Montana and the US.

Looking at the Numbers

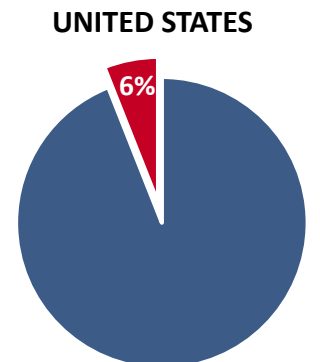
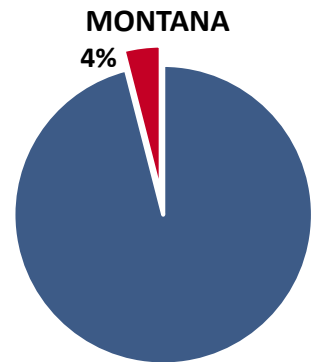
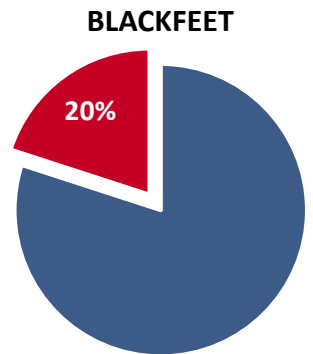
RACIAL CATEGORIES

Racial Category	Blackfeet	Montana	United States
American Indian/Alaska Native	76%	7%	1%
White	21%	89%	74%
Black (African American)	<1%	1%	13%
Asian	<1%	1%	5%
Native Hawaiian/Other Pacific Islander	<1%	<1%	<1%
Other race	1%	1%	5%
Two or more races	2%	3%	3%

US CENSUS ACS 2015

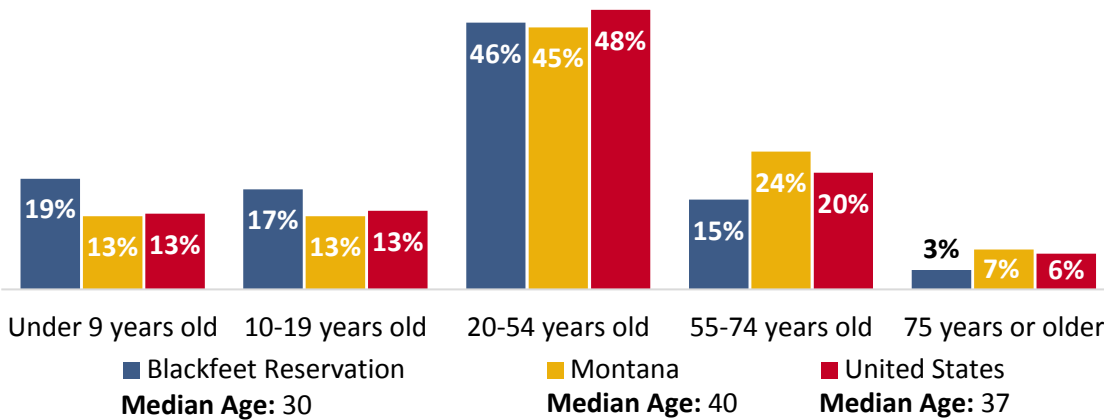
UNEMPLOYMENT RATES

Percentage of total area population



US CENSUS ACS 2015

AGE COHORTS AND POPULATION MEDIAN AGE



US CENSUS ACS 2015

LIFE EXPECTANCY BY RACE AND SEX (2011-2013)

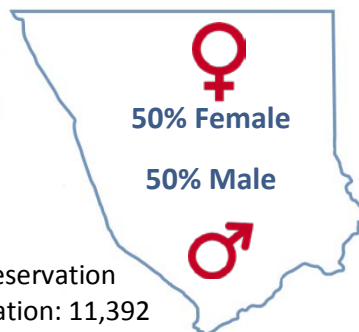
Race	Glacier County		Montana	
	Male	Female	Male	Female
White	75	81	76	83
American Indian	62	68	63	64

US CENSUS ACS 2015

US CENSUS ACS 2015

GENDER

Blackfeet Reservation
Total Population: 11,392



US CENSUS ACS 2015

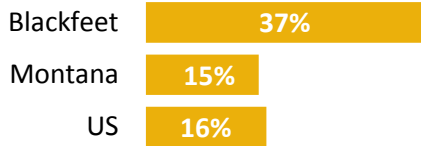


Photo by Kristen Krane

DEMOGRAPHICS

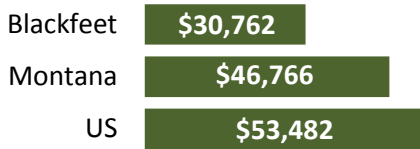
COMPARATIVE POVERTY RATES

Percentage of people below the federal poverty level in the past 12 months



MEDIAN HOUSEHOLD INCOME

Median household income in US dollars



US CENSUS ACS 2015

LANGUAGES SPOKEN

As of 2012, nationally, 20% of American Indian individuals spoke a language other than English at home. At Blackfeet Community College, 500 people (aged 18-50) were surveyed about their ability to speak Blackfeet. They described themselves as:

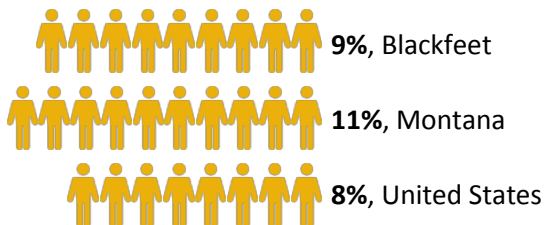
10%, Proficient (fluent) or nearing proficient

40%, Basic knowledge

OMH 2016; BCC CHA 2016

VETERAN STATUS

Percent of civilian veterans in each population



US CENSUS ACS 2015

EDUCATION RATES IN MONTANA

Total Number of K-12 grade students (2015-2016): 145,319

American Indian K-12 grade students: **11%**

GRADUATION AND DROP-OUT RATES* BY RACE

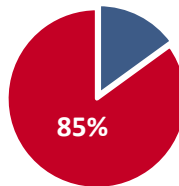
	American Indian	White
Average high school graduation rate	63%	88%
Average high school dropout rate	10%	3%

*Rates are 3 year averages (school years 2012/2013– 2014/2015)

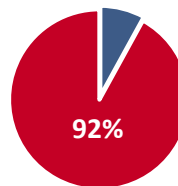
MT OPI STUDENTS 2015; MT OPI AIAN 2016

PERCENT OF THE POPULATION WITH HIGH SCHOOL (OR EQUIVALENT) EDUCATION LEVEL

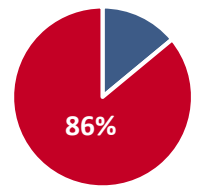
BLACKFEET



MONTANA

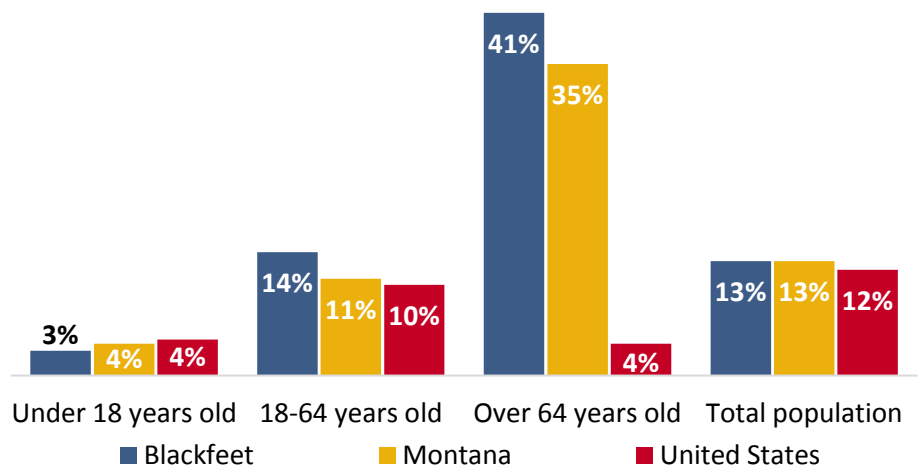


UNITED STATES



US CENSUS ACS 2015

PERCENT OF POPULATION WITH A DISABILITY BY AGE



US CENSUS ACS 2015

MORBIDITY AND MORTALITY

MORBIDITY DATA






TOP DIAGNOSES AMONG ADULTS SEEN AT IHS BCH

	18-45 years	46-65 years	66+ years
1	Diabetes	Diabetes	Diabetes
2	Back Pain	High Blood Pressure	Disease of Nails
3	Abdominal Pain	Leg Joint Pain	Urinary Tract Infections
4	Anxiety	Back Pain	High Blood Pressure
5	Alcohol Abuse	Shoulder Pain	Cardiovascular Disease
6	Urinary Tract Infections	Abdominal Pain	Chronic Pain
7	Acute Upper Respiratory Infections	Urinary Tract Infections	Chronic Obstructive Pulmonary Disease
8	Post-Traumatic Stress Disorder	Bronchitis	Back Pain
9	Visual Disorders (Myopia, Astigmatism)	Chronic Pain	Post-Traumatic Stress Disorder
10	Pain in Limbs	Chest Pain	Chest Pain






IHS BSU MORBIDITY 2016

MORTALITY DATA

TOP CAUSES OF DEATH ON BLACKFEET RESERVATION (2014-2015)

-  Cancer
-  Cardiovascular Disease
-  Liver-related
-  Diabetes-related
-  Drug Use/Poisoning (includes alcohol poisoning)

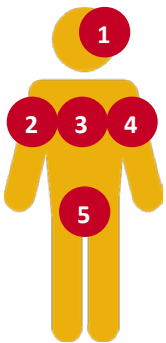
TOP CAUSES OF DEATH IN THE UNITED STATES (2005-2011)

-  Disease of the Heart
-  Cancer
-  Respiratory (Chronic)
-  Stroke
-  Unintentional Injury (includes car crash, drug poisoning)

MT DEATH CERTIFICATES 2014-2015; CDC MMWR 2014

Top Emergency Room Diagnoses at IHS BCH by Age Group

0-1 YEAR



1. Ear Infections
2. AUR
3. Bronchitis
4. Cough
5. Diaper Rash

2-5 YEARS



1. Ear Infections
2. AUR
3. Impetigo
4. Bronchitis
5. Viral Infection

6-12 YEARS



1. AUR
2. Abdominal Pain
3. Impetigo
4. Asthma
5. Ear Infections

13-17 YEARS



1. AUR
2. Alcohol Abuse
3. Abdominal Pain
4. Ankle Sprain
5. General Exam

18-45 YEARS



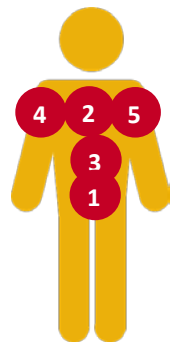
1. Abdominal Pain
2. Alcohol Abuse
3. Back Pain
4. UTI
5. AUR

46-65 YEARS



1. Abdominal Pain
2. Bronchitis
3. Alcohol Abuse
4. Back Pain
5. UTI

66+ YEARS



1. UTI
2. Chest Pain
3. Abdominal Pain
4. Bronchitis
5. COPD

Abbreviations: AUR, acute upper respiratory infection; COPD, chronic obstructive pulmonary disease; UTI, urinary tract infection

IHS BSU ER 2016



Photo by Jason Krane

BEHAVIORAL HEALTH

During the Community Health Priorities Meeting, public health leaders consistently gave their highest marks of concern to issues surrounding and related to mental health. To prepare this section of the CHA, the CHA Team met with a small group of mental health experts on the Blackfeet Reservation to discuss this issue. This group described a critical situation with regard to mental health issues on the Blackfeet Reservation.

They spoke of the effects of historical trauma combined with a current lack of access to mental health services, which creates an environment of constant crisis. They highlighted the need to address many interconnected aspects of mental health that are cyclical in nature and the interconnectedness of unresolved grief with depression and anxiety. With such unmet needs, community members may turn to drugs or alcohol as a way to cope, which amplifies existing problems. To some in this cycle, suicide seems to be one of the few solutions to their problems. Unsurprisingly, family members, friends, and others who are connected to people who are caught in cycles of addiction can begin to experience secondary trauma and mental health issues themselves, widening the circle of affected people and continuing a cycle of community crisis. Mental health professionals frequently cited Adverse Childhood Events (ACEs), which refer to a specific set of traumatic childhood experiences, as significant factors in the ongoing, generational cycle of mental health issues. Finally, caregivers spoke of the resilience that they work to build among their clients and their community. Many expressed hope for a time when they can proactively prevent trauma and offer constructive support when trauma occurs, helping to break the cycle that contributes to grave mental health issues on the Blackfeet Reservation.

CP BEHAVIORAL HEALTH: Suicide CP

Montana had the highest suicide rate in the United States in 2014, and has been among the top 5 states for suicides per capita since the 1970s (MTDPHHS SPP 2017). Nationally, American Indians/Alaska Natives have the highest suicide rates, almost double the rate of the general population, with young AI/AN males at highest risk. In 2014, the crude suicide rate for US males was 21/100,000 (VITAL STATS 2016). For American Indian males in Montana, the crude suicide rate (2005-14 data) reached a staggering 40/100,000 (MTDPHHS SPP 2017).

In 2014, for the first time, the state began labeling death certificates with the reservation the person lived on when they died. The Montana Strategic Suicide Prevention Plan documents American Indian suicides by tribe, but a well-monitored surveillance and tracking system on the Blackfeet Reservation has yet to be developed (MTDPHHS SPP 2017). Data tracking is complicated by small numbers, annual fluctuations, and lack of clarity around whether deadly motor-vehicle accidents and drug overdoses may actually be suicides.

-Inuit,
Anonymous

*"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."*

USDHHS SUICIDE AIAN 2010

Voices of Blackfeet

"Family is not sitting together anymore. We're not discussing what's happening. We're not saying, 'Okay, I've got a problem, let's talk about it.'"

-Diana Burd, Blackfeet Elder



SUICIDE RATES BY REGION AND RACE

Crude suicide rates per 100,000 people



MTDPHHS SPP 2017



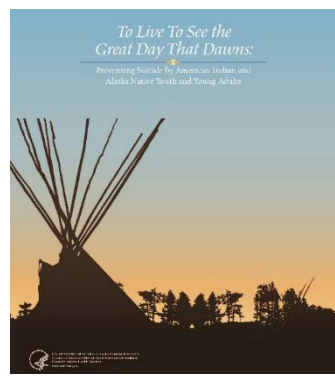
In Montana from January 2014 to April 2016, there were 42 suicides among American Indians. Of those, 35 (83%) were men.

MTDPHHS SPP 2017

6% of Blackfeet CHA Survey respondents reported attempting suicide in the past year.

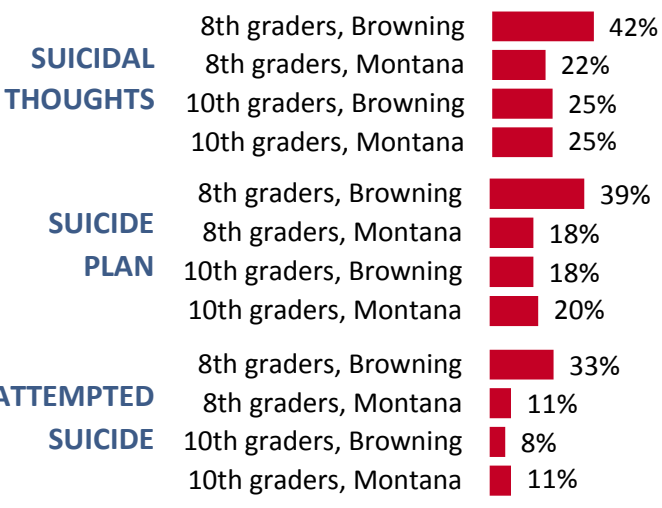
CHA SURVEY 2017

Suicide Resource for Programs



To Live to See the Great Day that Dawns: Preventing Suicide by American Indians and Alaska Native Youth and Young Adults. United States Department of Health and Human Services. SAMHSA. 2010. http://www.sprc.org/sites/default/files/migrate/library/Suicide_Prevention_Guide.pdf

YOUTH SUICIDE IDEATION, PLANS AND ATTEMPTS



MTDPHHS PNA 2016



Photo by Kirsten Krane

Historical trauma, racism, and poverty, as well as geographic isolation and lack of access to care all play into the complex issues surrounding mental health on the Blackfeet Reservation. During the CHA Report Feedback Meeting, participants also pointed to the lack of mental health professionals, particularly for adults, who practice on the Blackfeet Reservation.

Voices of Blackfeet

“Some of the people back then who had [mental illnesses] were treated [as] special...they were special to our people and the spirits. They believed they were gifted with something. Mental illness didn’t come about until later in life, that I see, when the thinking of people started to change, and they said ‘Oh, there’s something the matter with him or her’. Through history, they were really guarded as special people, and treated as such.”

-Diana Burd, Blackfeet Elder and Teacher

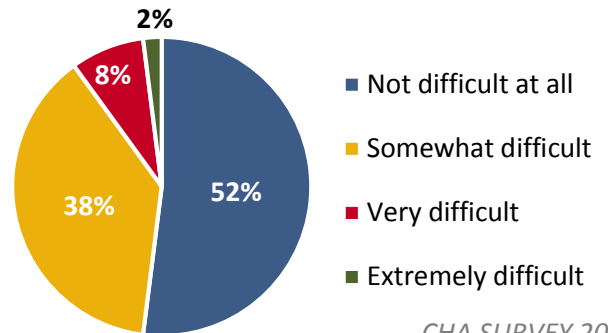


Looking at the Numbers

ANXIETY

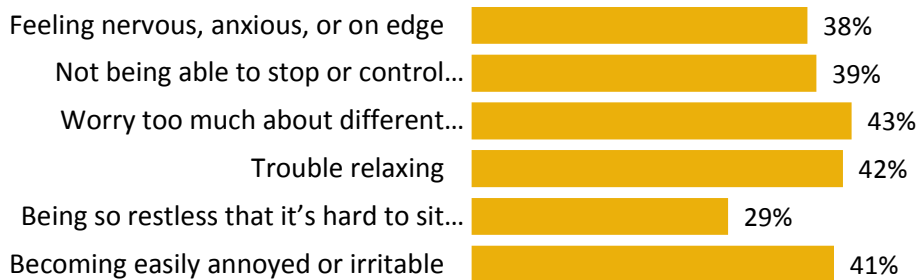
The General Anxiety Disorder (GAD)-7 assessment scores responses on several questions to determine whether an individual suffers from anxiety, and how serious this is. The GAD-7 was administered as a part of the CHA Survey. A diagnosis of anxiety is made if a person suffers from symptoms such as excessive worry, irritability, and difficulty concentrating more days than not over the last 6 months, and these symptoms significantly impact their day-to-day life. The percentage of the survey respondents experiencing clinically significant symptoms of anxiety, as well as the impact of these symptoms on their daily life is presented here.

DEGREE TO WHICH ANXIETY SYMPTOMS AFFECT DAILY LIFE



ANXIETY SYMPTOMS EXPERIENCED ON BLACKFEET RESERVATION

Residents experiencing these symptoms several or more days in the past 2 weeks.



40% of survey respondents reported experiencing anxiety symptoms that make daily life at least somewhat difficult or more. In comparison, only 18% of US adults experience anxiety.

KESSLER 2005

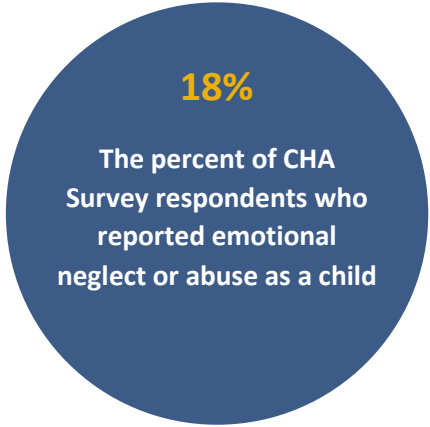


DEPRESSION

The CHA Survey asked the same question about depression that Browning Middle and High School students receive on Montana’s Preventive Needs Assessment Survey. Here are those results compared to the results from Browning and Montana Public Schools:

In the past year, have you felt depressed or sad MOST days, even if you felt okay sometimes?"	
Answers: "YES!, Yes, No, NO!"	% YES! or Yes
Adults (18+ Years) in Blackfeet	33%
8 th Grade Browning Middle School	60%
8 th Grade MT Middle School	42%
10 th Grade Browning High School	37%
10 th Grade MT High School	43%

CHA SURVEY 2017



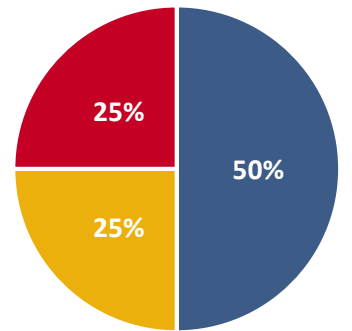
CHA SURVEY 2017

ADVERSE CHILDHOOD EVENTS (ACE) SCORES

The ACE Score is an evidence-based method to determine an individual’s increased risk for an array of mental health issues, chronic physical health issues, and socioeconomic risks later in life based on traumatic childhood experiences. An ACE Score of 0 indicates that the person experienced none of the classic childhood emotional, physical, or sexual abuse or neglect indicators asked about on the questionnaire. While it is relatively common to have at least 1 traumatic childhood experience, these adverse events tend to cluster. Previous studies have generally identified 4+ experiences as the threshold for greatly increased risk; however, the cumulative effect of multiple traumatic experiences is thought to play a greater role in an individual’s risk, rather than the individual effect of each event. Due to this cumulative effect, an individual with 2-3 traumatic childhood experiences may still have a relatively increased risk for later mental and physical health issues, even though they do not meet the previously identified threshold. Questions from the CHA Survey were used to calculate each respondent’s ACE score.

BLACKFEET ACE SCORES

Percent of CHA Survey respondents in each ACE Score category:



■ 0-1 ■ 2-3 ■ 4+

CDC ACE 2016; CHA SURVEY 2017; SAMHSA ACE

BULLYING

In a survey of 28 people at a community event to bring awareness to domestic violence (Oct 2016), people of various ages were asked if they were bullied or knew someone who had been bullied:

- 75% said they knew someone who had been bullied
- 87% said they tried to do something about the bullying

DVPI SURVEY 2016

Blackfeet Community Resources

- **IHS Behavioral Health Department:** Serves individuals and families, 1:1 setting
- **Northern Winds Recovery:** Mental health services, 1:1 and group settings
- **Tamarack Grief Resource Center:** Provides basic grief counseling, 1:1 and group settings
- **Browning Public Schools (supplemented by the Good Medicine Program and Altacare):** Offers mental health services to students in the district



Photo by Jason Krane

Based on combined feedback from the community meetings for this CHA, substance abuse was identified as the biggest problem on the Blackfeet Reservation. A wide range of substances are misused, often used in combination with one another. Substance abuse has devastating consequences on individuals, families, and the community at large.

According to qualitative input from well-informed community members, methamphetamine and opioids are the most commonly abused illicit drugs in the community. In the survey conducted for this CHA, 71% of people indicated that they had a close friend or family member using illicit drugs at the time of the survey (including marijuana), and 51% indicated they had a close friend or family member who was using an illicit substance other than marijuana (*CHA SURVEY 2017*). On the Preventive Needs Assessment Survey, 42% of Browning High School students reported that a family member has severe drug or alcohol problems (*MTDPHHS PNA 2016*).

Data are difficult to assess regarding illicit substance abuse. The sources used in this CHA are:

1. The 2012, 2014, and 2016 Montana Preventive Needs Assessment (PNA) and the Youth Risk Behavior Survey (YRBS) from Browning Middle and High School: The results of the PNA show some distinct changes in 2016, inconsistent with 2012 and 2014 survey responses. It is not possible to determine, given the data's nature, if these changes are due to successful interventions in the community, a smaller sample size, or differences in the samples in different years – or to a combination of these reasons.

Number of Browning Students Participating in PNA by Year			
Grade	2012	2014	2016
10 th Grade	81	92	49
8 th Grade	79	95	89

2. The Blackfeet CHA Survey: The survey asked questions about use of selected substances in an attempt to gauge relative prevalence use in the community. When these data were compared to usage rates among pregnant women gained from test results, and discussed at the CHA Feedback Meeting, it was generally agreed that the responses underestimated usage and in-person surveys distributed in public forums are potentially ineffective methods of obtaining substance abuse data.

3. IHS BCH Delivery Chart Review Data: Data are from the documented screening tests for women who delivered their infant at IHS BCH in 1 undisclosed calendar year between 2013 and 2017.

IHS BCH Delivery Chart Review Data		
Type of Screening	Number Screened for Illicit Substance Use	Identified Rate of Illicit Substance Use
Urine screen in pregnancy	47% (67/143) of women screened in pregnancy	27% (39/143) tested positive
Meconium or urine screen at delivery	73% (104/143) of deliveries	50% (71/143) tested positive

4. Blackfeet Needle Exchange Program: We are presenting data from the initial participant reports.

Voices of Blackfeet



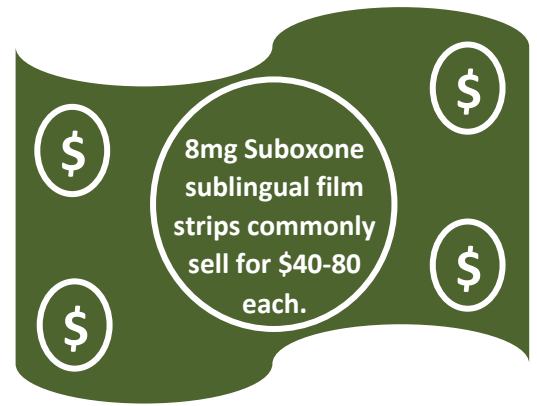
Photo by Ginda Burd

"I don't think we should blame our ancestors. I don't think we should blame somebody for our addictions. I think somewhere along the line, we've lost our identity, or who we are. We had a great lifestyle in our days, maybe at times it was kind of rough, but we made it through."

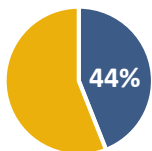
-Diana Burd, Blackfeet Elder and Educator

OPIOID ABUSE

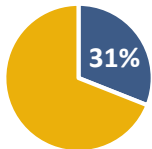
Originally, the term "opiate" described a drug derived from the opium poppy, and "opioid" described a similar drug that was produced synthetically. Today, the terms are frequently interchanged, and the drug group includes, but is not limited to, heroin and prescription painkillers like oxycodone, hydrocodone, morphine, codeine, fentanyl, and buprenorphine (Suboxone, Subutex). Most current opioid abuse on Blackfeet is in the form of buprenorphine which is often heated, liquefied and intravenously administered. According to the data from the Needle Exchange Program in Browning, heroin use is increasing in the community. Qualitative data also suggest that cocaine is re-emerging as a drug of concern.



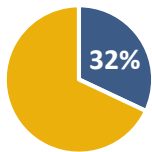
IHS BCH DELIVERY CHART REVIEW DATA: OPIOID USE



29 out of 67 pregnant women tested for illicit substances tested positive for opioid use.



44 out of 143 women delivering at IHS BCH tested positive for opioids at delivery.



46 out of 143 infants delivered showed signs of neonatal abstinence syndrome (NAS) during their stay.

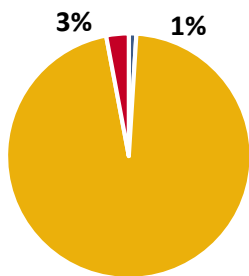
IHS BAOR 2017

Table: Non-Prescribed Opioid Use (Not Heroin). Columns: Age Group, 2012 (Used in Lifetime, Used in Last 30 Days), 2014 (Used in Lifetime, Used in Last 30 Days), 2016 (Used in Lifetime, Used in Last 30 Days). Rows: Browning 10th Grade, Montana 10th Grade, Browning 8th Grade, Montana 8th Grade, CHA Survey Adults*.

*CHA Survey responses do not appear to reflect actual rates of use on the Blackfeet Reservation when compared to rates obtained from urine samples, for example. Refer to the IHS BCH Delivery Chart Review.

CHA SURVEY 2017; MTDPHHS PNA 2016

HEROIN USE AMONG ADULTS ON BLACKFEET RESERVATION*



Last 30 Days Lifetime Use

YOUTH HEROIN USE No Browning 10th or 8th graders admitted to using heroin.

MTDPHHS PNA 2016

*CHA Survey responses do not appear to reflect actual rates of use on the Blackfeet Reservation when compared to rates obtained from urine samples, for example. Refer to the IHS BCH Delivery Chart Review.

CHA SURVEY 2017



BLACKFEET TRIBAL HEALTH NEEDLE EXCHANGE PROGRAM

The program began in the fall of 2015. In the first year, the program served approximately 151 people and distributed over 5,500 needles. They have served people ages 17-56 years old with an average age of 31-32 years. 71% of clients have been tested for Hepatitis C. Of those tested, 47% have Hepatitis C.

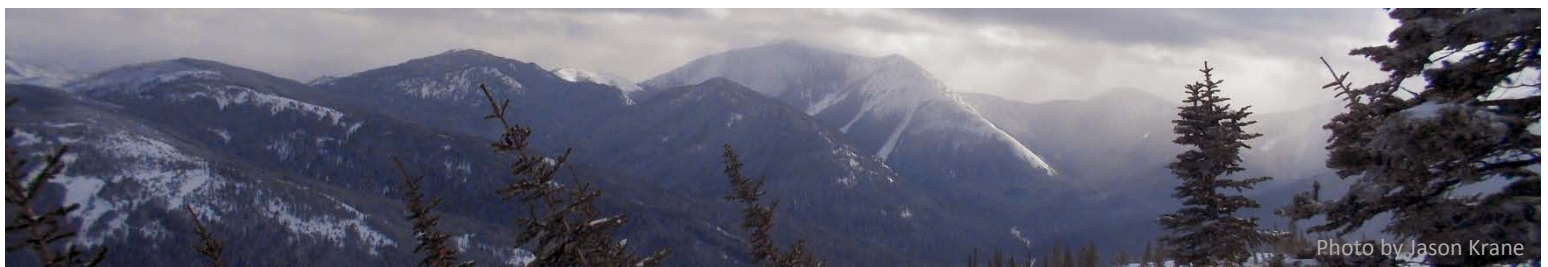
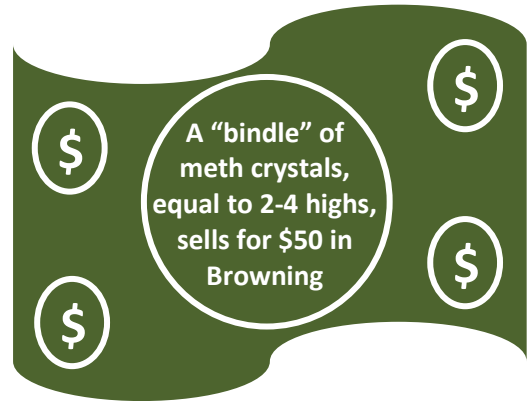


Photo by Jason Krane

METHAMPHETAMINE ABUSE

According to the Blackfeet Housing Department (BHD), in 2016, 16 of 422 housing units tested positive for methamphetamines, and were therefore condemned and boarded.

In a small group CHA meeting, a BHD staff member described the small-batch methamphetamine production in plastic soda bottles, referred to as "shake and bake meth." Sometimes these bottles explode, harming the people shaking them, as well as contaminating the home.

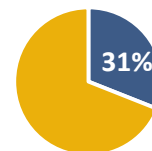


Methamphetamine Use						
Age Group	2012		2014		2016	
	Used in Lifetime	Used in Last 30 Days	Used in Lifetime	Used in Last 30 Days	Used in Lifetime	Used in Last 30 Days
Browning 10 th Grade	6%	2%	5%	2%	0%	0%
Montana 10 th Grade	1%	0%	1%	0%	1%	<1%
Browning 8 th Grade	0%	0%	3%	1%	0%	0%
Montana 8 th Grade	1%	0%	1%	0%	<1%	<1%
CHA Survey Adults*	--	--	--	--	12%	3%

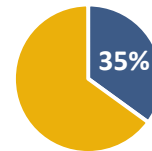
*CHA Survey responses do not appear to reflect actual rates of use on the Blackfeet Reservation when compared to rates obtained from urine samples, for example. Refer to the IHS BCH Delivery Chart Review.

CHA SURVEY 2017; MTPPHS PNA 2016

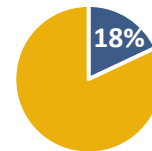
IHS BCH DELIVERY CHART REVIEW DATA: METHAMPHETAMINE USE



21 out of 67 pregnant women tested for illicit substances tested positive for methamphetamine.



25 out of 71 women tested for illicit substances at delivery tested positive for methamphetamine.



25 out of 143 total women giving birth tested positive for methamphetamine at delivery.

IHS BAOR 2017



A quarter of Browning High school students think it would be somewhat or very easy to get access to methamphetamines.

MTPPHS PNA 2016

Voices of Blackfeet

"The people seeking needles at the Exchange do not want this life. They are sick with an addiction. The shame they feel because of their choice is heart-wrenching. Many have had their children ripped away by program people who don't understand addiction or trauma. I believe they return every week because of the anonymity I provide, the compassion, and lack of judgment. They are already judging themselves, their families have turned them away, they are alone. Many have thanked me for providing clean needles."

- Sharon Silvas, IHS BCH Community Health Educator

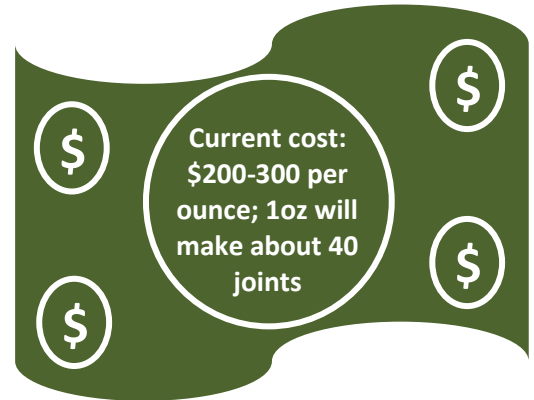


Photo by Kirsten Krane

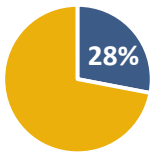


MARIJUANA ABUSE

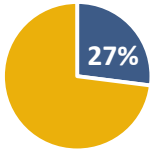
Marijuana use was not mentioned in the meeting of professionals identifying significant health concerns. Despite this, it appears to be used heavily by adults and youth on the Blackfeet Reservation. According to the CHA Survey, 68% of respondents indicated that they have a close friend or family member who regularly uses marijuana.



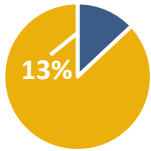
**IHS BCH DELIVERY CHART REVIEW
DATA: MARIJUANA USE**



19 out of 67 pregnant women tested for illicit substances tested positive for marijuana.



19 out of 71 women tested for illicit substances at delivery tested positive for marijuana.



19 out of 143 total women giving birth tested positive for marijuana at delivery.

IHS BAOR 2017

Marijuana Use						
Age Group	2012		2014		2016	
	Used in Lifetime	Used in Last 30 Days	Used in Lifetime	Used in Last 30 Days	Used in Lifetime	Used in Last 30 Days
Browning 10 th Grade	71%	31%	71%	39%	39%	20%
Montana 10 th Grade	37%	20%	36%	19%	32%	16%
Browning 8 th Grade	55%	31%	53%	37%	49%	33%
Montana 8 th Grade	17%	8%	14%	7%	13%	33%
CHA Survey Adults*	--	--	--	--	43%	11%

*CHA Survey responses do not appear to reflect actual rates of use on the Blackfeet Reservation when compared to rates obtained from urine samples, for example. Refer to the IHS BCH Delivery Chart Review.

CHA SURVEY 2017; MTDPHHS PNA 2016

OTHER SUBSTANCE ABUSE

The use of other illicit substances on the Blackfeet Reservation is less prevalent than the drugs highlighted in this section. A few select illicit drugs are profiled here. One CHA Meeting participant noted that these drugs are “novel” in a way, being brought in by out-of-town relatives. Cocaine use appears to be increasing, which is reflective of a national trend in cocaine use.

Other Illicit Substance Use		
Substance Name	2016	
	Used in Lifetime	Used in Last 30 Days
Cocaine	15%	1%
Hallucinogens	8%	1%
Inhalants	8%	1%
Ecstasy	6%	0%

*CHA Survey responses do not appear to reflect actual rates of use on the Blackfeet Reservation when compared to rates obtained from urine samples, for example.

CHA SURVEY 2017



Photo by Kirsten Krane

ALCOHOL ABUSE

Excessive drinking in this CHA is defined as:

- **Binge drinking:** Consuming excessive alcohol in 1 sitting (4+ drinks for women; 5+ for men)
- **Excess weekly drinking:** Consuming excessive alcohol in 1 week (8+ drinks for women; 15+ drinks for men)

1 in 4 Browning 8th graders indicated they had binge drunk in the past 2 weeks.

Alcohol Use in Youth									
Age Group	2012			2014			2016		
	Used in Lifetime	Used in Last 30 Days	Binged in Past 2 Weeks	Used in Lifetime	Used in Last 30 Days	Binged in Past 2 Weeks	Used in Lifetime	Used in Last 30 Days	Binged in Past 2 Weeks
Browning 10 th Grade	74%	30%	25%	73%	50%	31%	42%	25%	14%
Montana 10 th Grade	66%	37%	22%	65%	36%	20%	60%	32%	17%
Browning 8 th Grade	55%	30%	16%	43%	24%	17%	45%	32%	25%
Montana 8 th Grade	44%	19%	10%	39%	16%	8%	37%	14%	7%

MTDPHHS PNA 2016

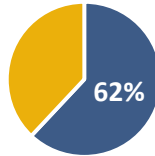


IHS BCH DELIVERY CHART REVIEW DATA: ALCOHOL USE

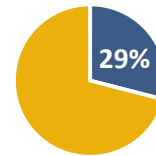
20 of 143 women who gave birth admitted to alcohol use during pregnancy.

IHS BAOR 2017

BINGE DRINKING AMONG ADULTS ON BLACKFEET RESERVATION



62% have binged in their lifetime



29% have binged in the last 30 days

CHA SURVEY 2017



ALCOHOL ABUSE AND EMERGENCY ROOM USE AT IHS BCH

- Alcohol abuse was the 2nd leading ER diagnosis among all individuals admitted between ages 13-45
- It was the 3rd leading ER diagnosis among 46-66 years olds

IHS BSU ER 2016

"The reservation health for most may not always appear so great. I've chosen a different path in my life and the true beauty is overwhelming. Yet, when I was younger, life seemed so gloomy and worthless, not much to do but drink."

– Survey Respondent



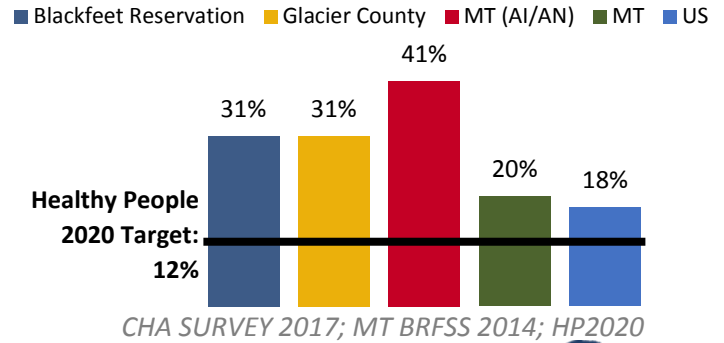
COMMERCIAL TOBACCO

This section describes current tobacco use practices on the Blackfeet Reservation, and makes comparisons to Glacier County, Montana and the United States overall. Tobacco use includes cigarettes and smokeless tobacco products, such as spit tobacco.



“Being raised with tobacco being sacred and cultural beliefs around its use led to me never using tobacco.”
 – Anonymous CHA Meeting Participant

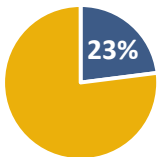
ADULTS WHO CURRENTLY SMOKE



Tobacco Use in Youth

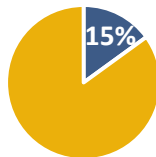
Age Group	2012		2014		2016			
	Used Cigarettes in Lifetime	½ Pack in Last 30 Days	Used Cigarettes in Lifetime	½ Pack in Last 30 Days	Used Cigarettes in Lifetime	½ Pack in Last 30 Days	Used Smokeless Tobacco in Lifetime	Used E-Cigarettes in Lifetime
Browning 10 th Grade	73%	2%	62%	0%	21%	0%	24%	21%
Montana 10 th Grade	32%	15%	29%	12%	26%	<1%	19%	39%
Browning 8 th Grade	46%	0%	40%	0%	35%	0%	32%	23%
Montana 8 th Grade	21%	8%	17%	6%	15%	<1%	8%	21%

SMOKELESS TOBACCO USE AMONG ADULTS



15% of adults and 23% of adult males on Blackfeet Reservation used smokeless tobacco in the past 30 days

CHA SURVEY 2017



15% of adult males in Montana use smokeless tobacco, which is double the national average of 8%

MT BRFSS 2014



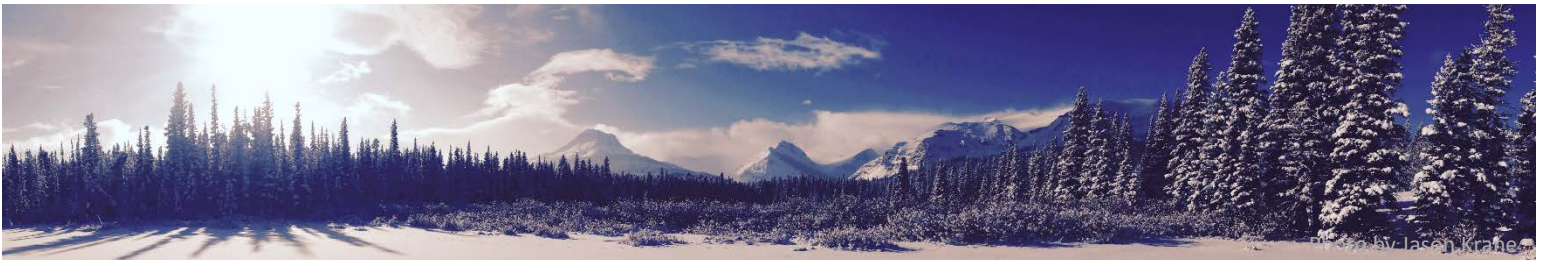
MONTANA BIRTHS

24% of women in Glacier County and 16% of women in Montana smoked during pregnancy (2011-2012)

MTDPHHS GCCHP 2015

Blackfeet Community Resources

- **Crystal Creek Treatment Center:** provides in-patient treatment for alcohol use primarily
- **Northern Winds Recovery Center:** provides drug use counseling services in individual and group settings
- **Narcotics Anonymous:** meets at Crystal Creek Lodge (Thurs 7pm); IHS Family Service room (Mon, Thurs 7pm; Weds 6 am)
- **Alcoholics Anonymous:** meets at Crystal Creek Lodge (Mon, Wed, Sat, Sun 7pm); CHR Building (Mon, Fri 7:30pm); East Glacier Park Library (Tues, Thurs 7pm); Cut Bank Presbyterian Church (Fri 7pm)
- **Four Winds Assembly of God:** provides women’s (Tues 7pm) and men’s (Thurs 7pm) support groups
- **Blackfeet Women’s Word Fellowship:** meets at Chief Cornerstone Founder Church (Varied Days 7 pm)
- **Blackfeet Needle Exchange:** occurs weekly at the Medicine Bear Shelter and provides clean needles in exchange for used needles along with information and support to find appropriate treatment options



Most primary health care on the Blackfeet Reservation is delivered by IHS BCH (Indian Health Service Blackfeet Community Hospital). The IHS is a federal agency within the US Department of Health and Human Services responsible for providing health services to American Indians and Alaska Natives. On the Blackfeet Reservation, any enrolled tribal member or descendant of any of the 567 federally recognized tribes can access the care provided through IHS BCH free of charge. Two tribal health clinics also offer care. The Southern Piegan Health Clinic has 1 full-time family medicine provider, and the Southern Piegan School Health and Wellness Clinic offers primary care services and coordinates specialty care, like dentistry, for students of Browning Public Schools.

Looking at the Numbers

PRIMARY CARE PROVIDER

Percent of people with access to a usual primary care provider

- Blackfeet Reservation: 61%
- Healthy People 2020 Goal: 84%



CHA SURVEY 2017; HP2020

Voices of Blackfeet

CHA Survey respondents provided these comments about access to primary care



"We need more providers"

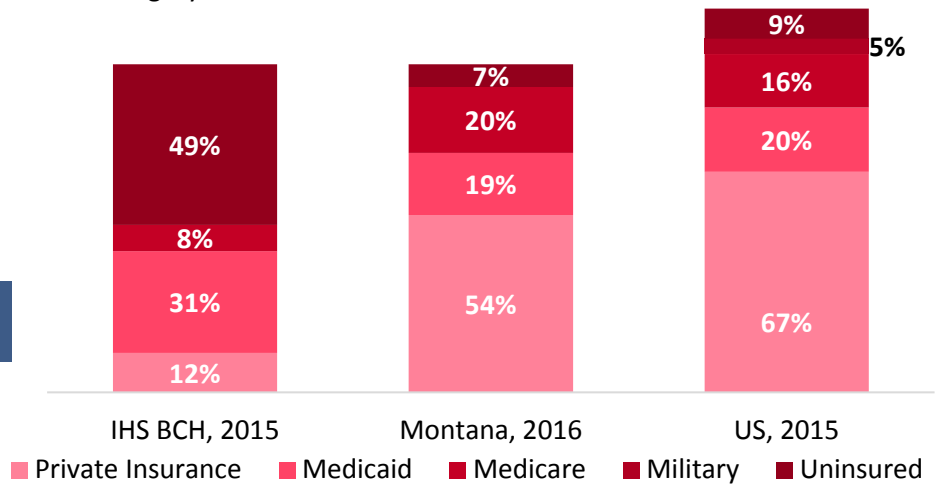
"We need to have a better way of seeing a doctor when we need to"

"IHS needs to have more vans and drivers to take people in each community to their doctors' appointments"

CHA SURVEY 2016

HEALTH INSURANCE STATUS

Percentage of the Total Group Population with Health Insurance Coverage. The "US, 2015" data includes people who have multiple types of insurance in each insurance category.



IHS RPMS 2015; OMSA CSI 2016; US CENSUS CPS 2015

EMERGENCY ROOM UTILIZATION

26% of Blackfeet Reservation residents go to the Emergency Room (ER) to receive care or health advice, instead of scheduling a doctor's appointment.

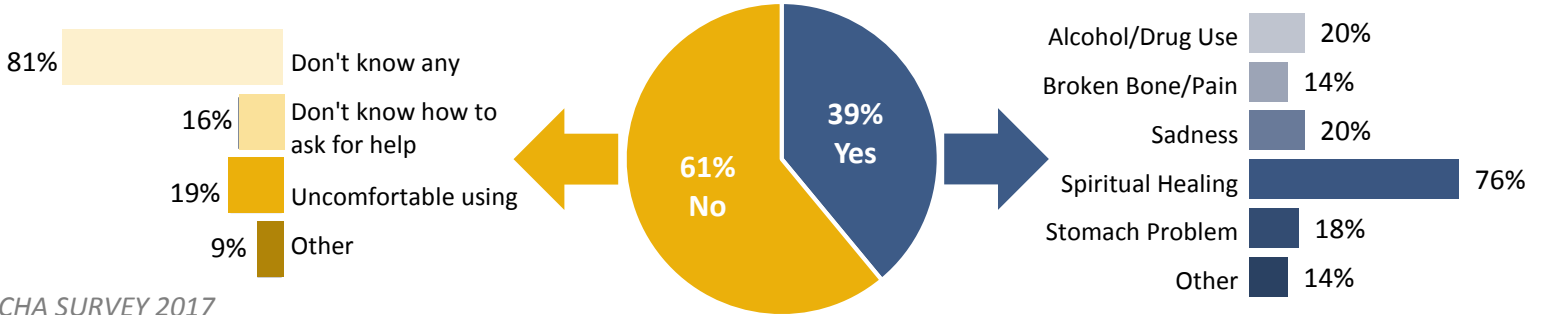
CHA SURVEY 2017

After reviewing the top ER diagnoses at IHS BCH among children 1-5 years old, the Clinical Director indicated that 100% of the top diagnoses could likely be seen in the out-patient clinic if there were enough providers to offer same day, walk-in care.



TRADITIONAL HEALERS ON THE BLACKFEET RESERVATION

The CHA Survey asked, "Do you use traditional healers?" Based on this answer, responders were asked to answer what they used traditional healers for (multiple reasons were accepted), or they were asked why they did not use them (multiple reasons were accepted). The results from these questions are displayed below:

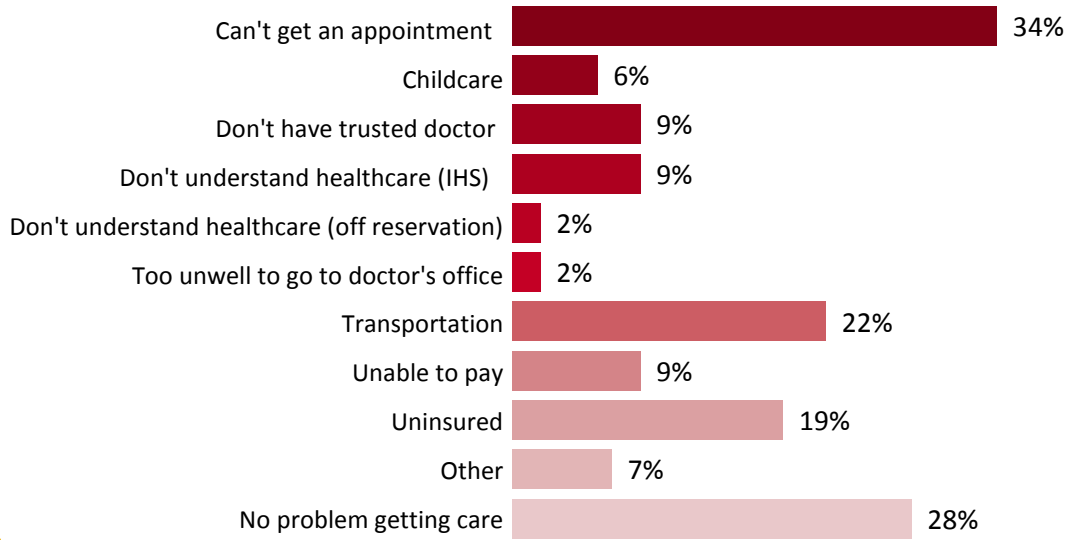


CHA SURVEY 2017

BARRIERS IN ACCESS TO CARE

The CHA Survey asked Blackfeet Reservation residents to identify their top 2 barriers to accessing healthcare. Results are displayed in the chart to the right and highlighted below:

- **34%** said they were unable to schedule appointments
- **28%** said they had no problem getting care



CHA SURVEY 2017



1 in 4

Blackfeet Reservation residents surveyed indicated that they (or a family member) were unable to access needed medical care, tests, or treatments in the past year.

CHA SURVEY 2017

Blackfeet Community Resources

- Blackfeet Community Hospital IHS
- Southern Piegan Health Clinic
- Southern Piegan School-Based Health and Wellness Center
- Community Health Representatives (Transportation)
- Blackfeet Transport



Photo by Durand Bear Medicine

Chronic diseases such as cardiovascular disease (includes heart disease and stroke), diabetes, chronic kidney disease, chronic respiratory diseases (like asthma and chronic obstructive pulmonary disease), chronic pain, and cancers are common among people on the Blackfeet Reservation. Major factors known to contribute to chronic disease include: unhealthy diet, lack of physical activity, and tobacco and alcohol use. Additionally, there are “intermediary” contributing factors that are closely related to many metabolic chronic diseases, which include: obesity, high blood pressure, and high cholesterol. The social determinants of health also contribute to chronic disease.

At the Community Health Priorities Meeting little was said about any specific chronic diseases. It seems that though chronic diseases are clearly pressing issues, as will be shown through the data in this section, there are other issues weighing more immediately on the minds of many in the community.

Chronic diseases highlighted in this section: (1) Respiratory and Cardiovascular Diseases, (2) Cancer, (3) Diabetes

Top 3 Chronic Disease Diagnoses by Age at Blackfeet Service Unit

1-5 years	6-12 years	13-17 years	18-45 years	46-65 years	66+ years
Asthma	ADHD	Depression	Diabetes	Diabetes	Diabetes
Unable to determine	Asthma	Asthma	Back Pain	High Blood Pressure	High Blood Pressure
Unable to determine	Vision	PTSD	Anxiety	Joint/Back Pain	CVD

CHRONIC PAIN IN MONTANA

Chronic pain is among the top diagnoses for adults at IHS BCH. In Montana, 40% of American Indians said they had chronic pain compared to 33% of whites



MT BRFSS 2012

CHRONIC DISEASE: Cardiovascular Disease

The term cardiovascular disease (CVD) includes stroke, heart disease, heart attacks, and irregular heart rhythms. Cardiovascular disease was the second leading cause of death on the Blackfeet Reservation in 2014-2015 (MT DEATH CERT 2014-2015). In Glacier County, hospitalization rates for CVD are higher than in Montana.

HOSPITALIZATIONS

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

GLACIER COUNTY



9 hospitalizations per/1000 people



MONTANA

7 hospitalizations per/1000 people



MTDPHHS GCCHP 2015



CHRONIC DISEASE: Chronic Respiratory Disease

Asthma and Chronic Obstructive Pulmonary Disease (COPD) are the 2 most common types of chronic respiratory diseases on the Blackfeet Reservation, with chronic respiratory diseases as the 6th leading cause of death. Asthma is the most commonly diagnosed chronic disease among children 1-5 years old and the 2nd leading chronic disease for 6-12 year olds and 13-17 year olds.

Asthma and COPD are differentiated by specific causes and progression, but are often difficult to distinguish from one another and sometimes occur together. Asthma is associated with episodes of breathing difficulty that are caused by specific triggers. COPD is persistent and becomes progressively worse over time as a response to airborne chemicals, such as cigarette smoke.

Nationally, in 2015, American Indian or Alaska Native people have asthma rates 1.3 times that of white people.

Voices of Blackfeet

"It's frustrating because sometimes you can't do activities you want to do. It stops you from being active sometimes. I have to take medicine twice a day and I forget sometimes."

-Sondrea, age 15 (asthma for 7 years)



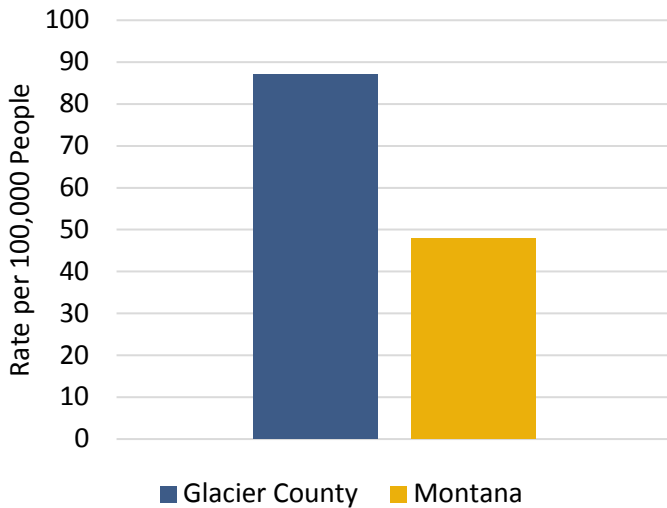
Photo by Charlene Ramirez

CDC NHIS 2016

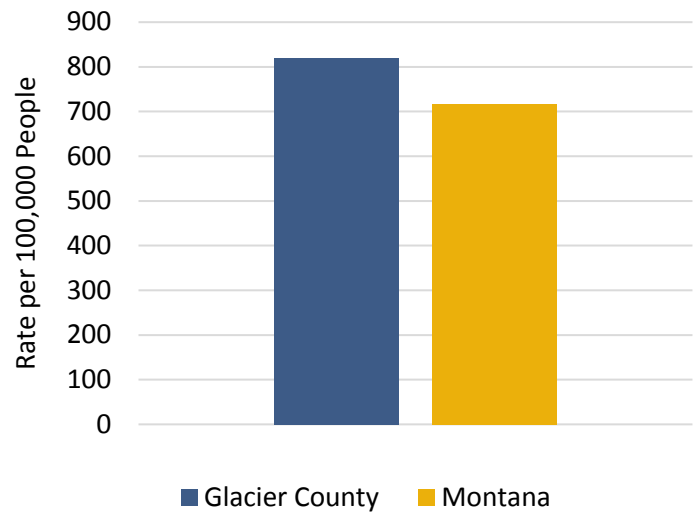
Looking at the Numbers

HOSPITALIZATION FOR CHRONIC RESPIRATORY DISEASES IN GLACIER COUNTY AND MONTANA 2011 - 2013

ASTHMA



COPD



MTDPHHS GCCHP 2015



Photo by Jason Krane

CHRONIC DISEASE: Cancer

Cancer was the top cause of death on the Blackfeet reservation in 2014-2015, accounting for 16% of all deaths. For people living on the Blackfeet Reservation, a diagnosis of cancer involves significant amounts of time and resources to travel to one of the larger regional hospitals in the area for treatment.

At the CHA Feedback meeting, participants discussed the need for greater education and awareness surrounding cancer. They expressed surprise that this was the leading cause of death on the Blackfeet Reservation and thought more could be done to make the larger community aware of the screening and other preventative measures available to them.

Looking at the Numbers

YEARLY RATE OF CANCER DIAGNOSIS (ALL TYPES), 2005-2014



BLACKFEET

6 per 1,000 people*



MONTANA

5 per 1,000 people

*Statistically significant difference ($p < 0.05$)

MTDPHHS CANCER
FACT SHEET 2016

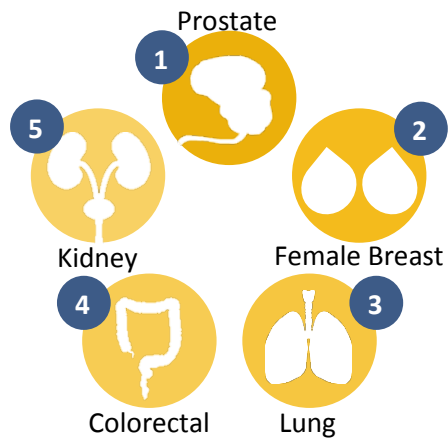
BLACKFEET RESERVATION

30% of cancer deaths in 2014-2015 were from lung cancer. Rates of tobacco use among American Indians in Montana are over twice the national rate.

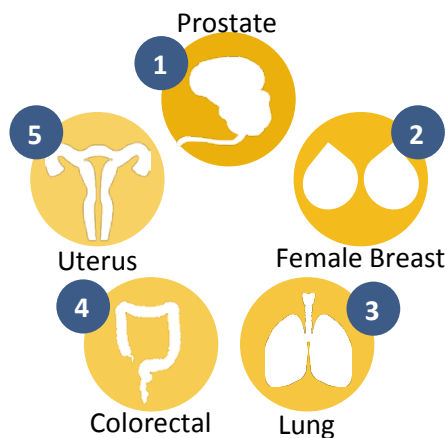
MT DEATH CERTIFICATES 2014-2015;
MT BRFS 2014

TOP 5 MOST COMMON TYPES OF CANCER DIAGNOSES

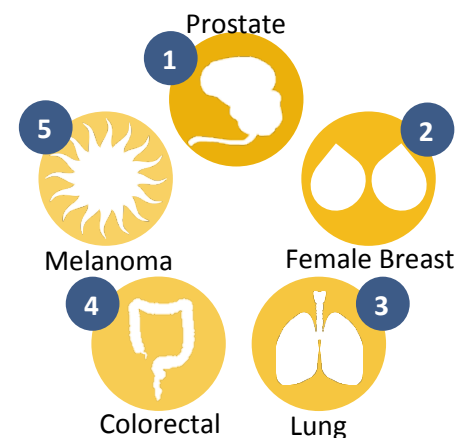
BLACKFEET, 2005-2014



MONTANA AI, 2005-2014



MONTANA, 2009-2013



MTDPHHS CANCER FACT SHEET 2016; MTCTRAR 2016

CHRONIC DISEASE: Cancer

CANCER SCREENINGS

These graphs represent the percent of people who received regular cancer screenings, defined as:



Breast Cancer: Women aged 50+ who have had a mammogram within the past 2 years

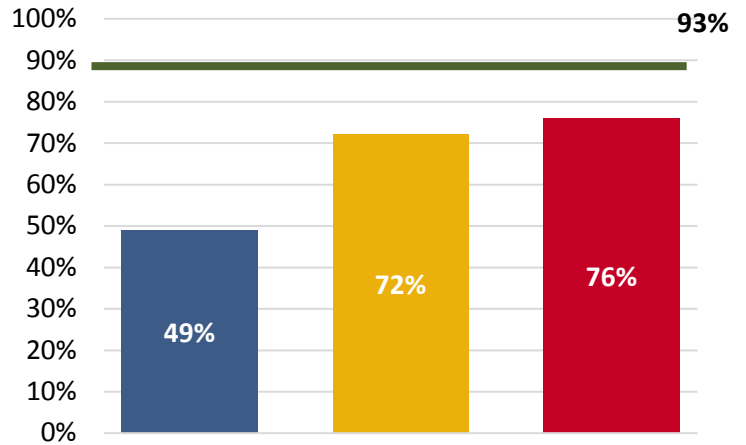


Cervical Cancer: Women aged 21-65 years who have had a pap test within the past three years

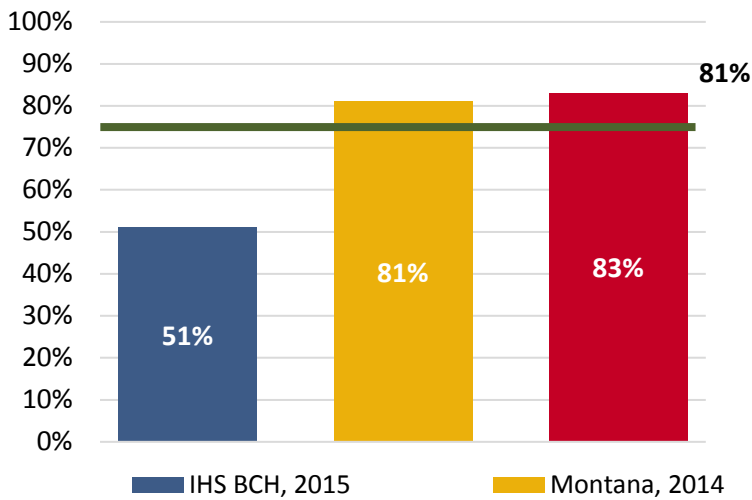


Colorectal Cancer: Men and women aged 50-75 who have had colonoscopy in the past 10 years, flexible sigmoidoscopy in the past 5 years, or a blood stool test in the past 1 year

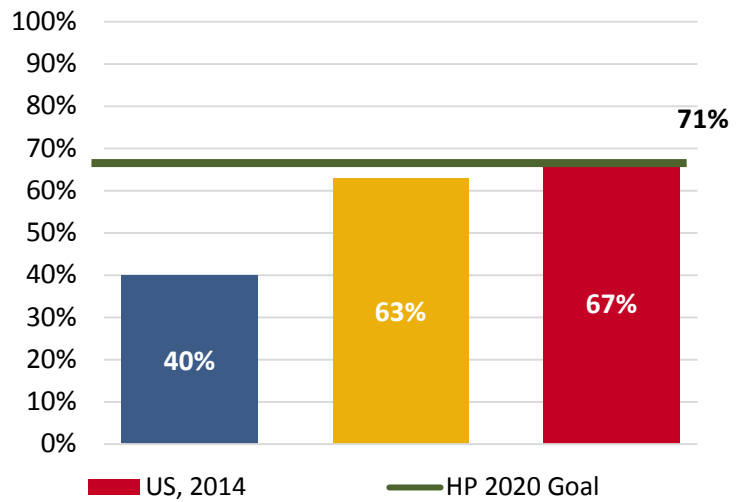
BREAST CANCER SCREEN



CERVICAL CANCER SCREEN



COLORECTAL CANCER SCREEN



IHS GPRA 2016; MTDPHHS CANCER FACT SHEET 2016; HP2020

Voices of Blackfeet

“As a member of the Montana American Indian Women’s Health Coalition (MAIWHC) I have been working with other people in Blackfeet and across the state to bring awareness and education about cervical and breast cancer screenings to public places where we hold games, rodeos, health fairs and other big events.”

-Patricia “Tana” Fleurry



CHRONIC DISEASE: Diabetes

Diabetes is the most common diagnosis for all age groups 18 years and older at IHS BCH. In 2015, there were 902 patients in the Diabetes Registry at IHS BCH. People with diabetes on the Blackfeet Reservation can also access primary care for diabetes management at the Southern Piegan Health Clinic, and many obtain healthcare off of the Blackfeet Reservation. Diabetes prevention programming, including annual diabetes screening and education in the Browning and Heart Butte Public Schools, is provided through the Blackfeet Tribe's Southern Piegan Diabetes Project.

Most data sources do not distinguish between type 1 and 2 diabetes, but type 2 diabetes accounts for approximately 99% of diabetes among the Blackfeet (*IHS BCH 2015*).

Looking at the Numbers

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.

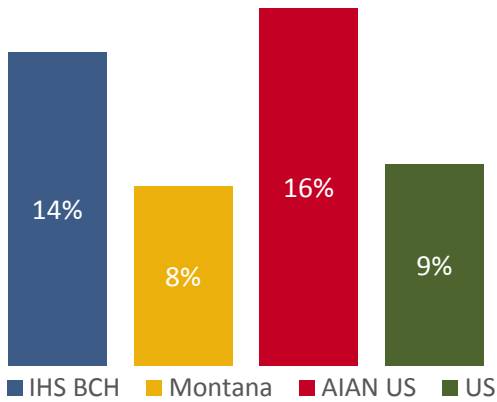
Adults with an A1C <9.0

- IHS BCH (2015): 56%
- US Overall (2014): 80%
- Healthy People 2020 Goal: 83%



HP2020; IHS BCH 2016

PREVALENCE OF ADULT DIABETES



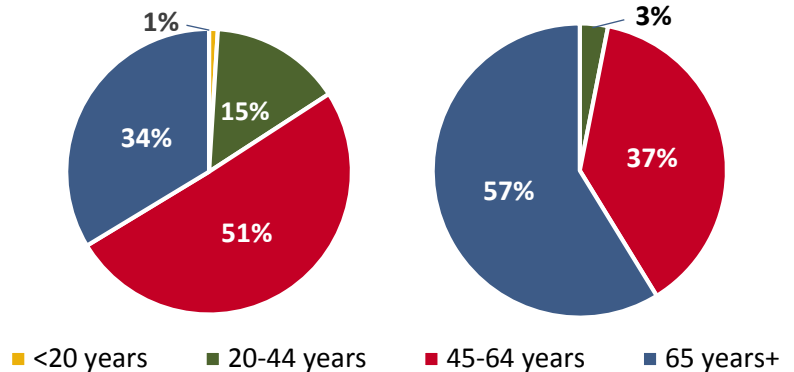
CDC NDSR 2014; IHS BCH 2016;
MT BRFSS 2014

AGE RANGES OF ADULTS WITH DIABETES

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

BLACKFEET COMMUNITY HOSPITAL

MONTANA



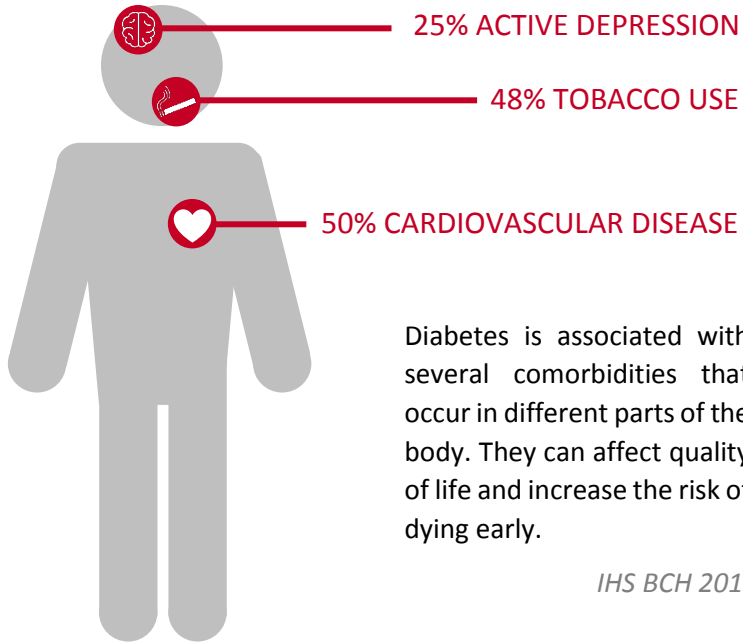
HP2020; IHS BCH 2016

THAT'S 1 IN 7 PEOPLE AT IHS BCH



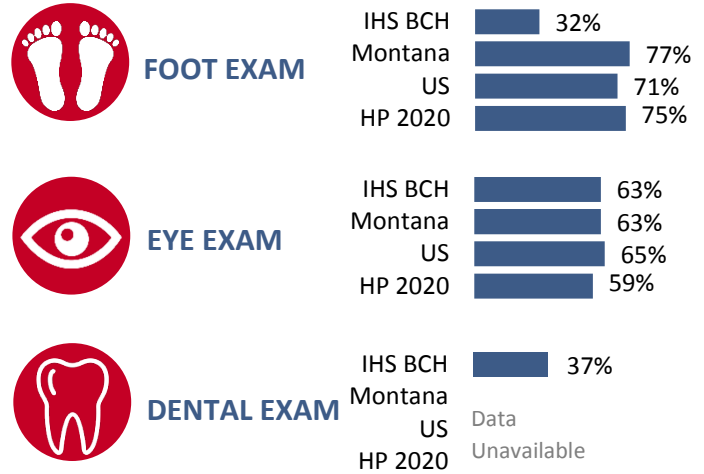
CHRONIC DISEASE: Diabetes

COMORBIDITIES OF DIABETES AT IHS BCH



DIABETIC EXAMS

Percent of Adults with Diabetes who Received Recommended Annual Exams



HOSPITALIZATIONS

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

GLACIER COUNTY
MONTANA



12 hospitalizations per/1000 people
8 hospitalizations per/1000 people



MTDPHHS GCCHP 2015

Voices of Blackfeet



“The Southern Piegan Diabetes Project (SPDP) is working to prevent diabetes and improve the health of people living with diabetes by providing free access to our gym, nutrition education classes, community diabetes screenings and organizing community activities to maintain a healthy lifestyle. I’m so proud of the collaboration that has been taking place recently with the Southern Piegan Health Clinic and School-based Clinic. We are hopeful that these partnerships will increase our presence in the community and we continue to build a strong alliance with the community so that we can all work together to improve the health of people in Blackfeet.”

– Michelle Brown, SPDP Acting Coordinator



COMMUNICABLE DISEASES

During CHA community meetings, communicable diseases such as sexually transmitted infections (STIs) and common childhood illnesses garnered little attention, although concern was expressed about hepatitis C and HIV. Nonetheless they are included in this CHA due to their high prevalence and relationship to other high priority issues.

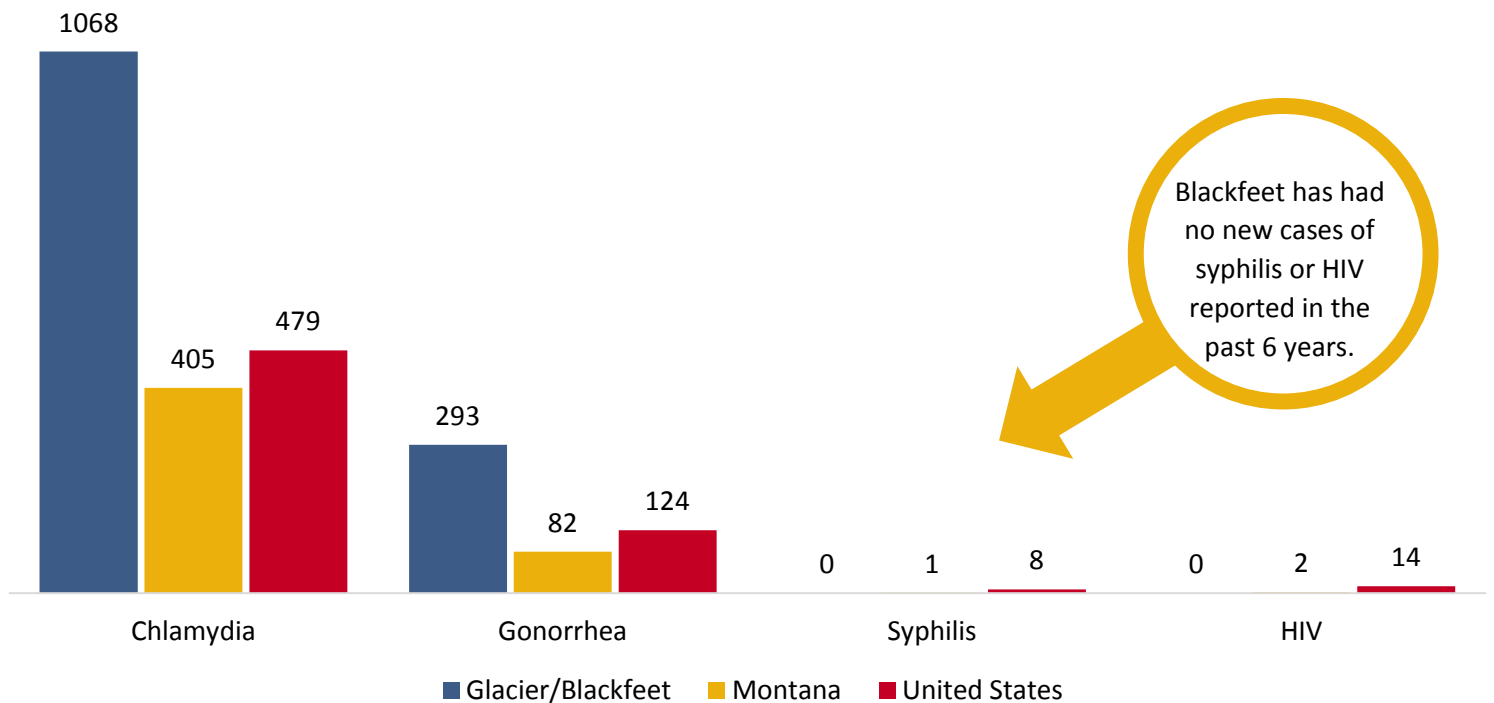
Throughout this section, the term “Glacier/Blackfeet” encompasses all of Glacier County (including communities outside the Blackfeet Reservation) and all of the Blackfeet Reservation (including the portions of the reservation that are in Pondera County).

COMMUNICABLE DISEASES: Sexually Transmitted Infections

In 2015, sexually transmitted infections were the most common reported communicable disease in Montana.

Looking at the Numbers

CASE RATE OF SELECTED STI'S IN 2015 PER 100,000

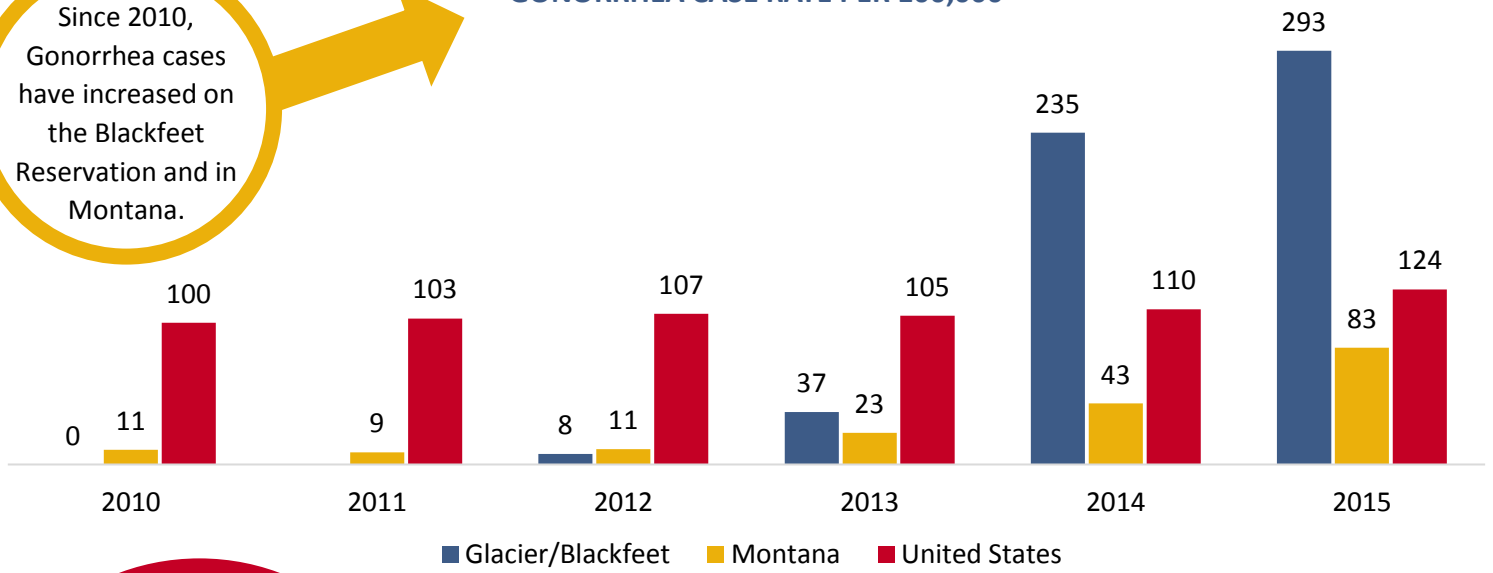


MTDPHHS COMMUNICABLE DISEASE 2015

COMMUNICABLE DISEASES: Sexually Transmitted Infections

Since 2010, Gonorrhea cases have increased on the Blackfeet Reservation and in Montana.

GONORRHEA CASE RATE PER 100,000



MTDPHHS COMMUNICABLE DISEASE 2015

36%
The percent of participants of the Blackfeet Needle Exchange Program who had not been tested for hepatitis C at the point that they first joined the program

BNEP 2016

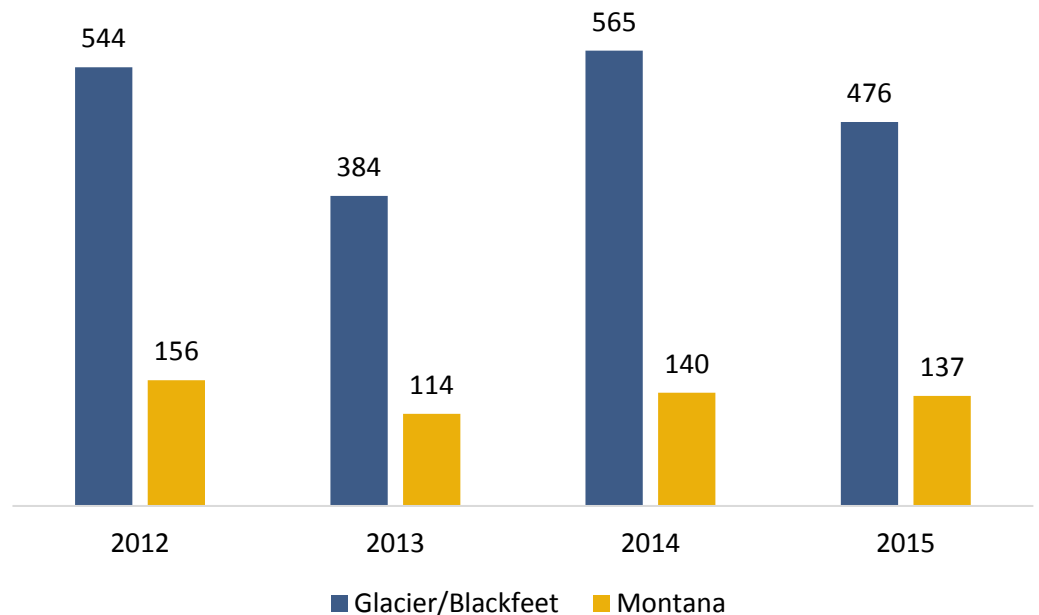
19
The number of positive Hepatitis C test results among women who delivered infants at IHS BCH

IHS BAOR 2017

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.

HEPATITIS C CASE RATE PER 100,000



MTDPHHS COMMUNICABLE DISEASE 2015



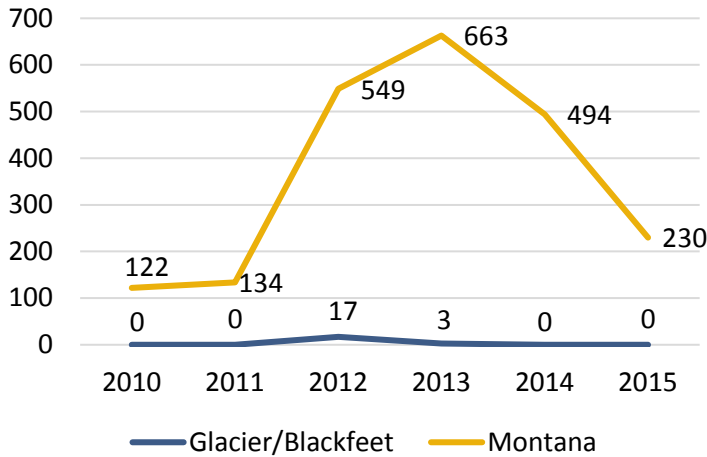
Photo by Jason Krane

COMMUNICABLE DISEASES: Vaccinations

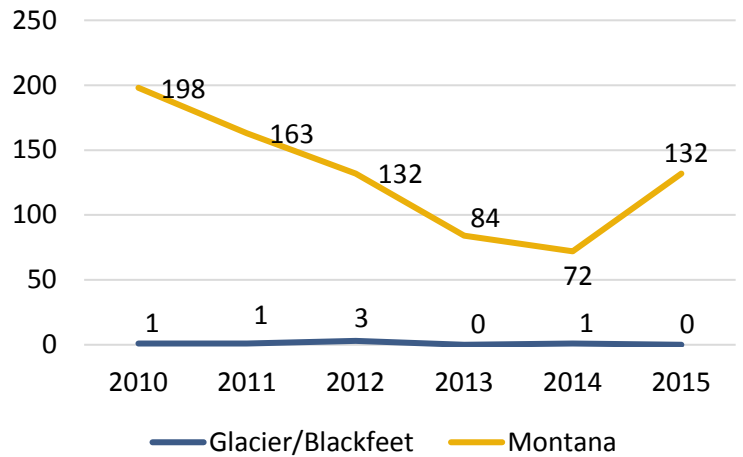
The most common types of reportable, vaccine-preventable illnesses are pertussis, varicella, mumps, and influenza. There were no cases of mumps on the Blackfeet Reservation from 2010-2014 and only one case of invasive influenza in 2013 during that same time period. Vaccines are provided through the IHS BCH on the Blackfeet Reservation.

Looking at the Numbers

PERTUSSIS NEW CASES REPORTED

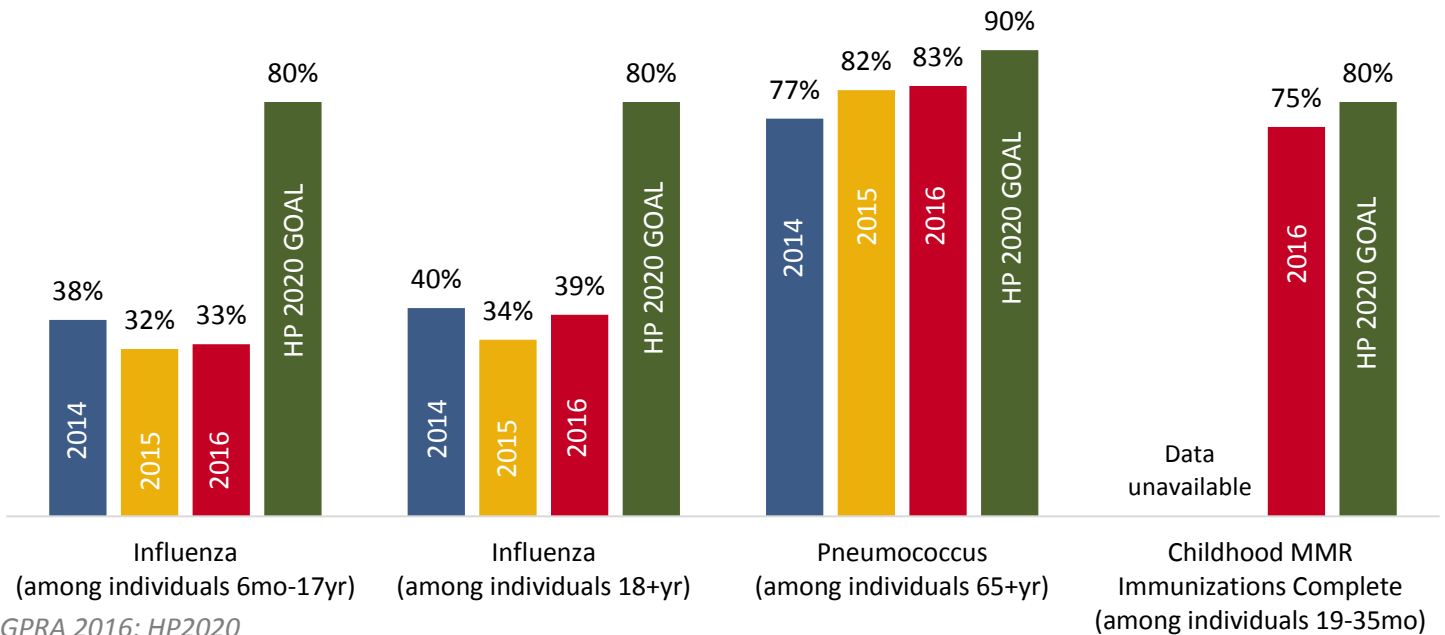


VARICELLA NEW CASES REPORTED



MTDPHHS COMMUNICABLE DISEASE 2015

VACCINATION RATES FOR SELECTED COMMUNICABLE DISEASES AT IHS BCH



IHS GPRA 2016; HP2020



PUBLIC SAFETY/INJURY AND VIOLENCE PREVENTION

This section of the CHA focuses on accidental injuries and violent crimes. At the CHA Community Strengths and Special Populations Meeting, a group of community members considered how safe they felt on the Blackfeet Reservation. As part of the activity, participants were asked the following question: **How would you rate Blackfeet as a safe place to live?** They were then asked to rank the Blackfeet Reservation as a place where they feel safe on a scale of 1-10 (1 = worst, 10 = best). The scores of individuals were averaged for a group score. See the *Methodology Section* for more details on this process.

Feedback from the CHA Community Strengths and Special Populations Meeting: Ways That the Blackfeet Reservation Could Be Made a Safer Place to Live

3 OUT OF 10

The average rating Blackfeet was given as a safe place to live.

Although they were asked, participants **did not** cite any specific examples of ways that the community felt safe to them.

- Improve Law Enforcement
 - Enforce laws generally
 - Enforce drug-related laws, specifically
 - Improve issues related to inadequate police coverage, especially in outlying areas of Blackfeet Reservation
- Increase EMS Staff and Availability
- Increase Court System Capacity
- Increase Addiction Treatment Facilities
- Need for Better Accountability (fines and punishment of crimes)
- Specific Issues that Decrease Feelings of Safety
 - Drug Use
 - Sexually Transmitted Infections
 - Stray animals
 - Garbage, Needles, Meth Labs



Community members at the CHA Community Strengths and Special Populations Meeting

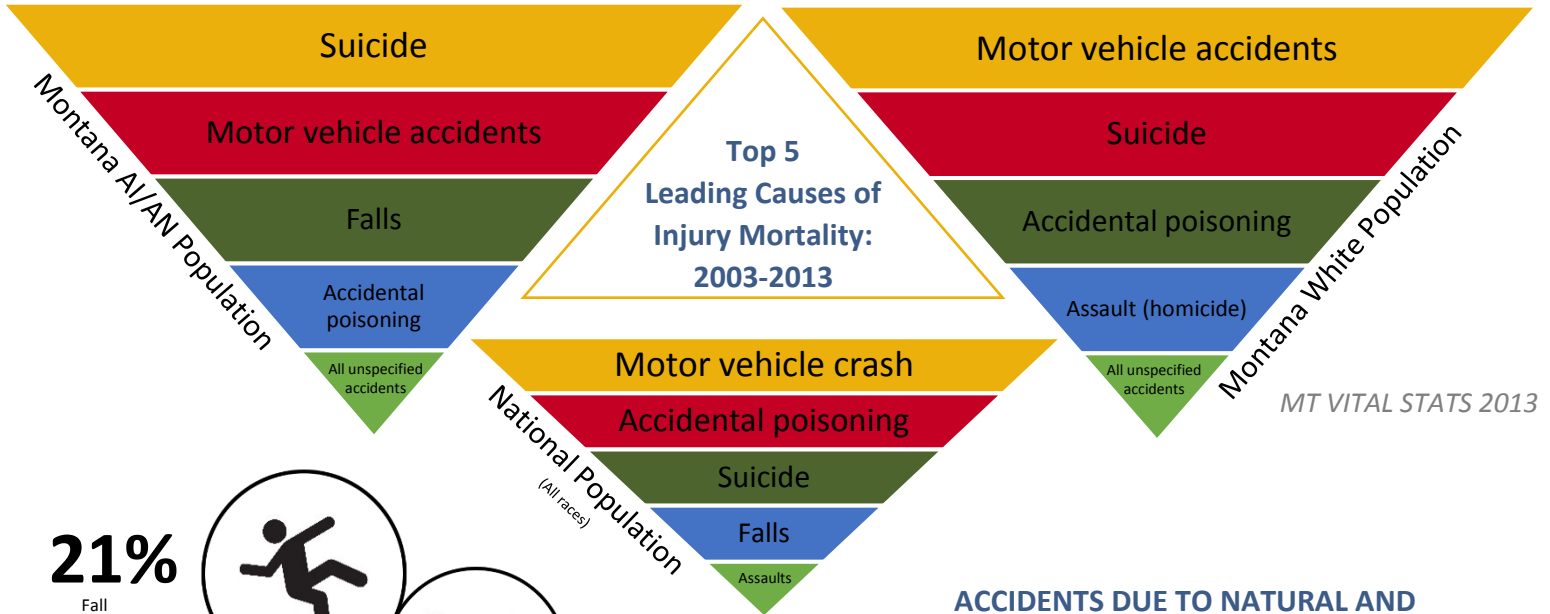


Photo by Kirsten Krahe

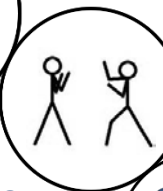
PUBLIC SAFETY/INJURY AND VIOLENCE PREVENTION: Public Safety

Safety of the everyday environment for community members is a concern on the Blackfeet Reservation. Motor vehicle crashes, natural/environmental accidents, and accidental falls are some of the top causes of injury on the reservation.

Looking at the Numbers



21%
Fall



11%
Assault



8%
Natural factors



4%
Traffic accident



2%
Suicide



2%
Undetermined

IHS BCH, 2015

Total cases = 2,856

TOP 10 LEADING CAUSES OF MORBIDITY/INJURY:

1%
Adverse effects in therapeutic use

2%
Poison

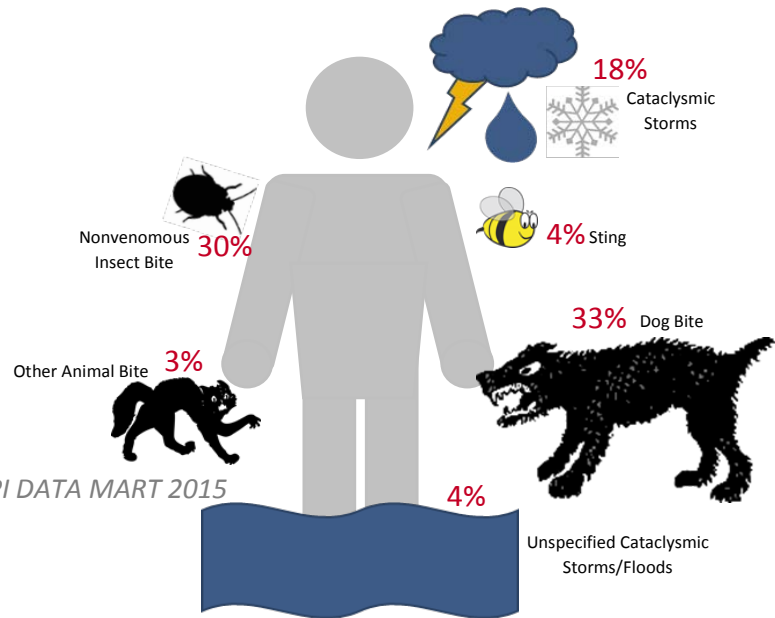
2%
Submersion/Suffocation

2%
Other road vehicle accident

IHS EPI DATA MART 2015

ACCIDENTS DUE TO NATURAL AND ENVIRONMENTAL FACTORS

226 total cases treated at the IHS BCH (2015)



PUBLIC SAFETY/INJURY AND VIOLENCE PREVENTION: Public Safety

MOTOR VEHICLE CRASH INJURIES (2014)

Symbols = 1 hospitalization per 1,000 people.



IHS BCH

UNITED STATES

IHS EPI DATA MART 2015; CDC WISQARS 2014

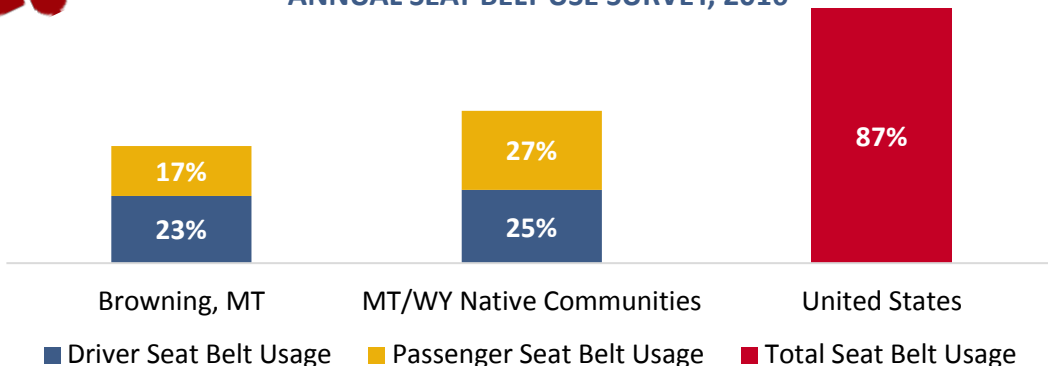


The number of skateboard injuries that resulted in a visit to the IHS BCH in 2015.

IHS EPI DATA MART 2015



ANNUAL SEAT BELT USE SURVEY, 2016



IHS IPR BLACKFEET 2016; IHS IPR BILLINGS 2016; NHTSA 2014

ACCIDENTAL FALLS (2014)

Symbols = 1 fall per 100 people

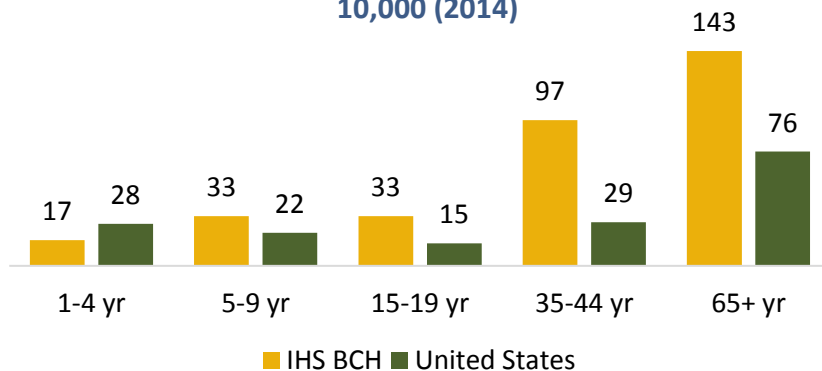


IHS BCH

UNITED STATES

IHS EPI DATA MART 2015

RATE OF ACCIDENTAL FALLS BY SELECTED AGE GROUP PER 10,000 (2014)



IHS RPMS 2015



Photo by Jason Krane

Violence, including assaults, sexual violence, and domestic violence are a threat to public and personal safety. Assaults were the second-leading cause of injury on the Blackfeet Reservation in 2014 and 2015.

Looking at the Numbers

ASSAULT PREVALENCE RATE

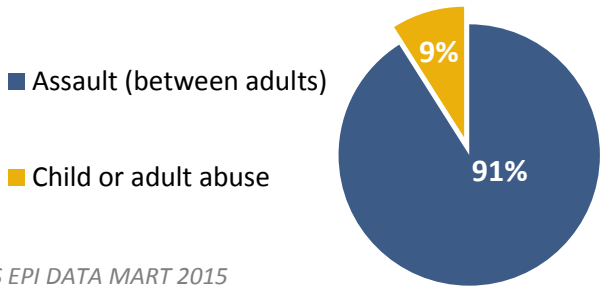
Assault rate for those treated at the IHS BCH (2014-2015) and for All Races in the U.S. (2014).

Symbols = 1 hospitalization per 1,000 people.



IHS EPI DATA MART 2015

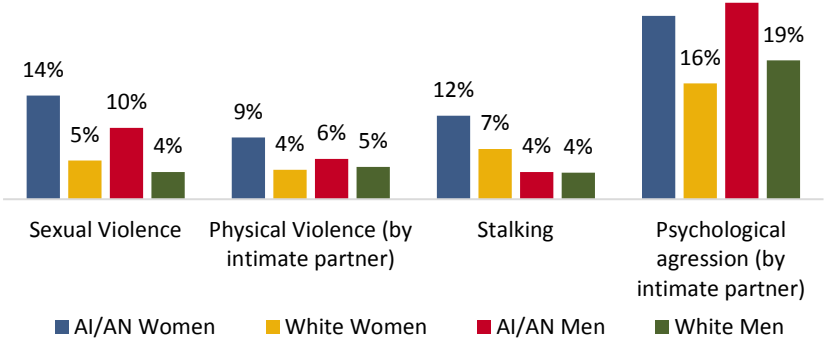
ASSAULT BY TYPE, IHS BCH (2014)



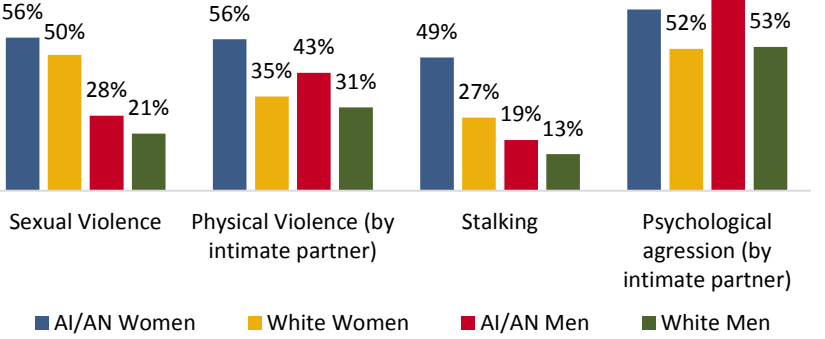
IHS EPI DATA MART 2015



VIOLENCE EXPERIENCED IN THE PAST YEAR BY RACE AND SEX (NATIONAL)



VIOLENCE EXPERIENCE IN A LIFETIME BY RACE AND SEX (NATIONAL)



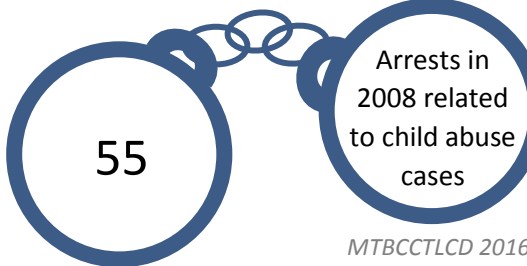
ROSAY, AB 2016



ASSAULT RELATED ARRESTS BY BLACKFEET LAW ENFORCEMENT



BTBC, LECM REPORT 2017

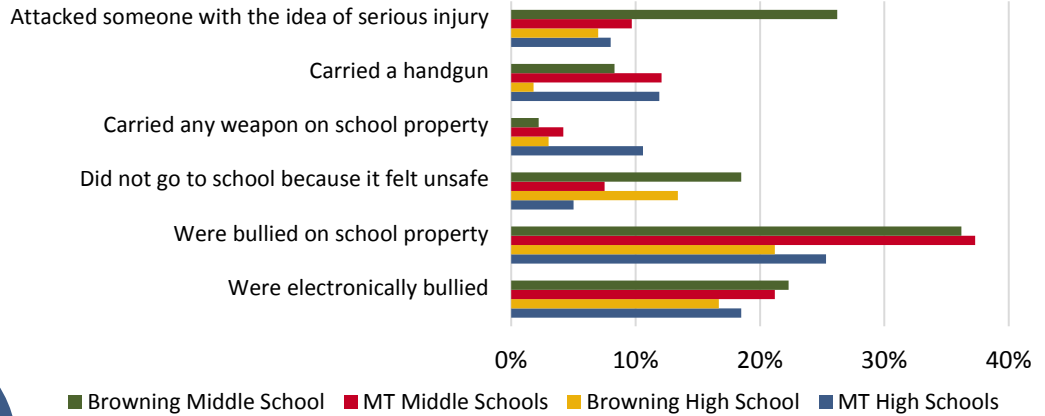


MTBCCTLCD 2016



MTBCCTLCD 2016; BTBC, LECM REPORT 2017

VIOLENCE AMONG STUDENTS

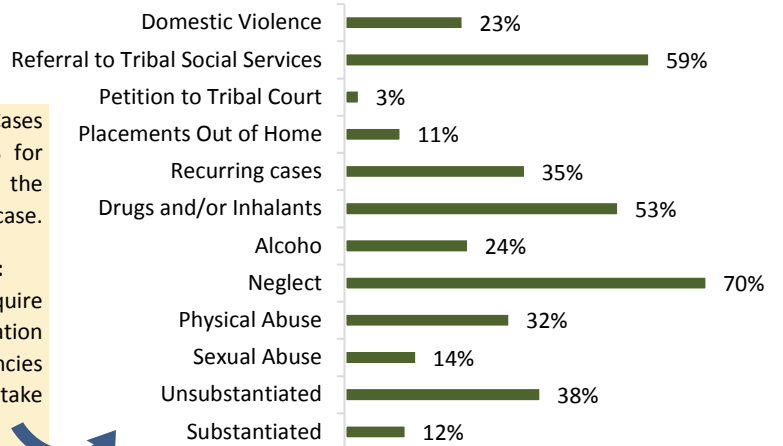


ROSAY, AB 2016; MTDPHHS PNA 2016; YRBS RESULTS 2015

CHILD ABUSE AND NEGLECT, BLACKFEET RESERVATION, 2016

Substantiated: Cases reported to CPS for which they have the ability to open a case.

Unsubstantiated: Cases that require further investigation by other agencies before CPS can take action on them.



Factors involved in reported cases (not mutually exclusive)

BIA, SS 2015-2016

On the CHA Survey, respondents reported suffering certain types of violent situations in their homes as children:

- Physical abuse: 16%
- Sexual abuse: 7%
- Witnessed domestic violence: 20%

CHA SURVEY 2017

Blackfeet Community Resources

- Victim Advocate Services, Blackfeet BIA
- Montana Legal Services (Blackfeet Office)
- Blackfeet Law Enforcement
- Blackfeet Domestic Violence Program

Voices of Blackfeet



"Officers and tribal court personnel communicate and work together to ensure that laws are abided by and all are held accountable when laws are broken. Rights for victims need to be put in place so that they are aware of the status and details of their case, whether that case is civil or criminal. I work to make sure that the people I represent have a voice and can find peace of mind to move forward with their lives."

-Mistee Rides At The Door, Blackfeet Tribal Advocate, MT Legal Services



MATERNAL AND INFANT HEALTH

IHS BCH offers prenatal care and birthing services, including cesarean births. High risk pregnancies that are determined as requiring a higher level of care than can be provided at IHS BCH are referred to a hospital system in the region that can provide the relevant specialty care. IHS BCH is the only IHS birthing hospital in Montana and Wyoming.

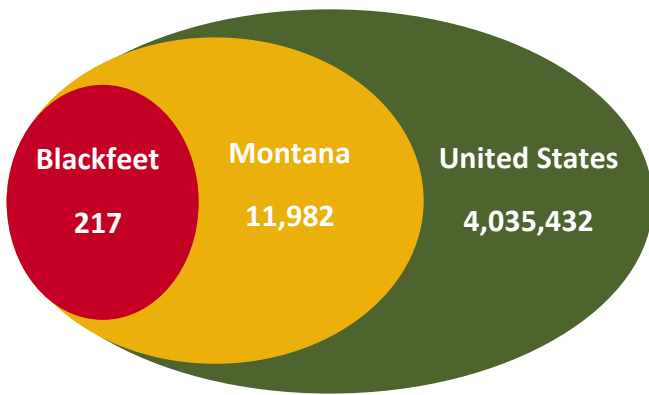
In 2014, the IHS BCH became only the second hospital in Montana to receive the World Health Organization's prestigious Baby-Friendly® designation. The hospital received the award after passing an external assessment and meeting the Ten Steps to Successful Breastfeeding.

Infant mortality numbers were too low to be accurately calculated or presented in this report.

Looking at the Numbers

TOTAL BIRTHS

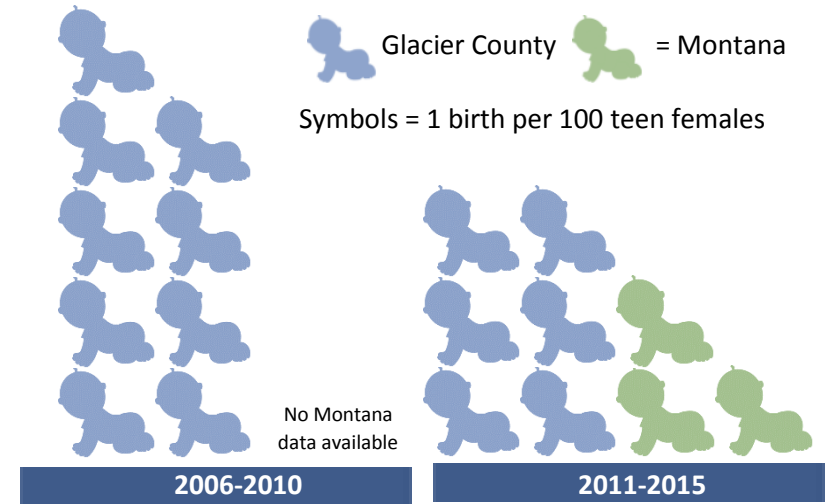
The total number of births in the past 12 months to female residents (aged 15-50 years old) of Blackfeet Reservation and the United States.



US CENSUS BUREAU 2015

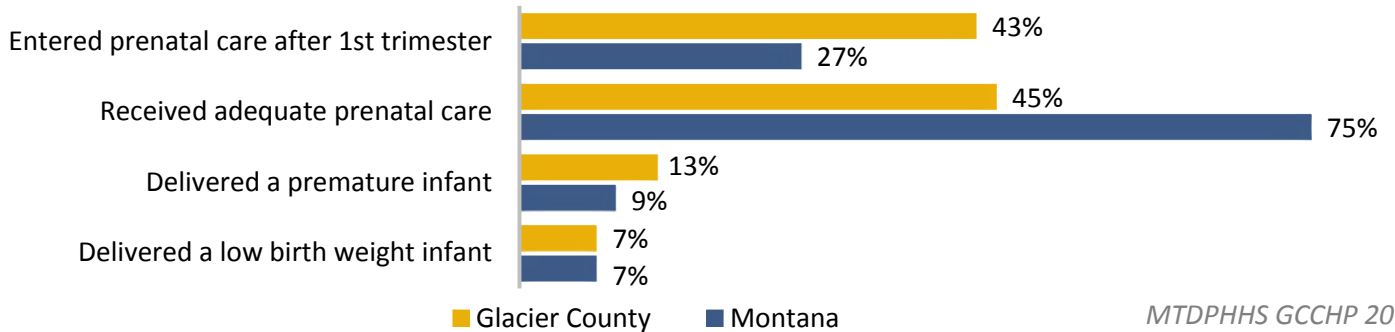
TEEN BIRTH RATE

Birth rates per 100 females age 15-19 years in Glacier County and Montana.



DPHHS 2016

BIRTHS TO MONTANA RESIDENT MOTHERS (2011-2012)



MTDPHHS GCCHP 2016

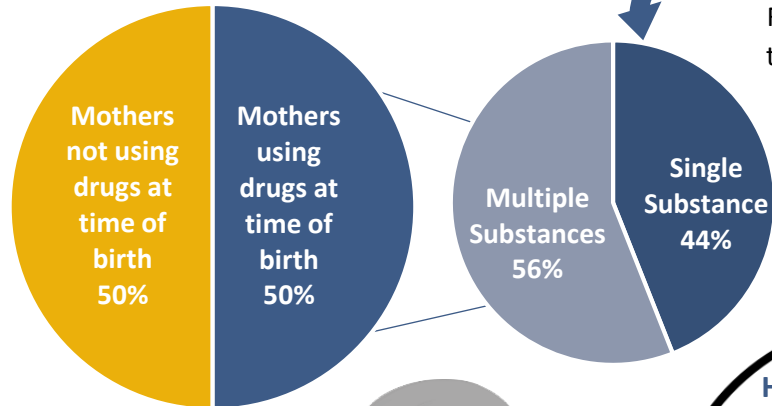
MATERNAL AND INFANT HEALTH

PERINATAL ILLICIT DRUG USE

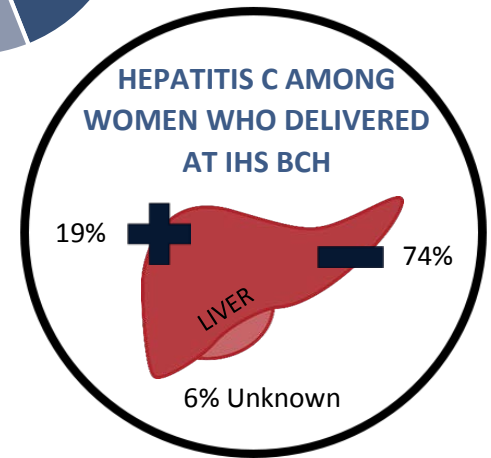
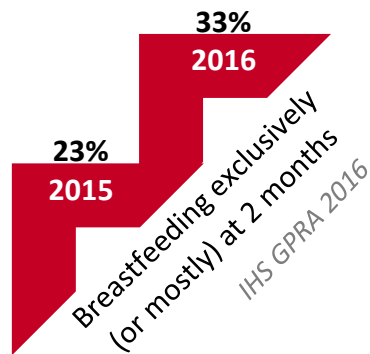
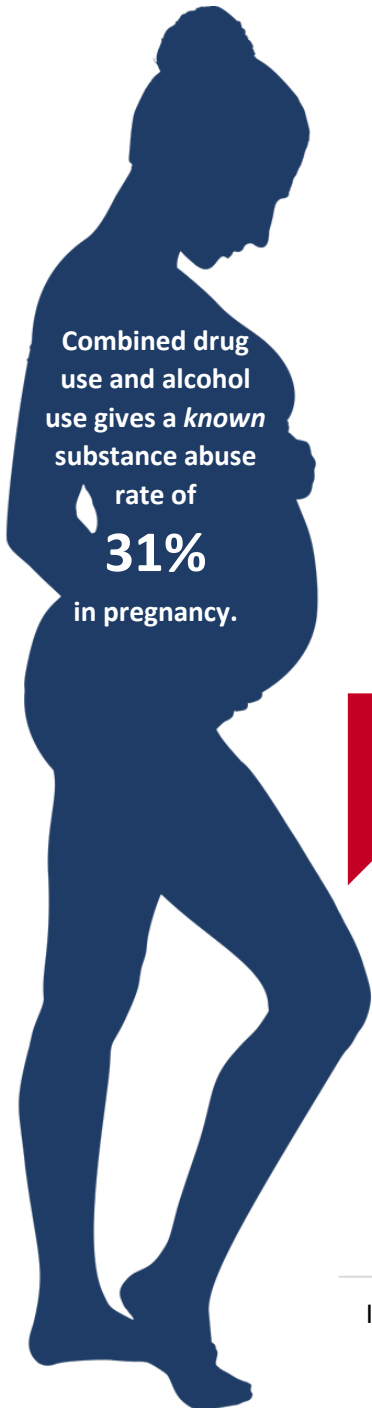
The following data are from a chart review of all births in a calendar year (2013-2017) at IHS BCH. The year is concealed to ensure privacy and anonymity. 143 women gave birth at IHS BCH during the undisclosed calendar year. Data from the prenatal period and the time of birth are from their records only. Pregnant women who delivered at another facility were not considered in this chart review.

ILLICIT SUBSTANCE USE AT TIME OF DELIVERY

IHS BAOR 2017

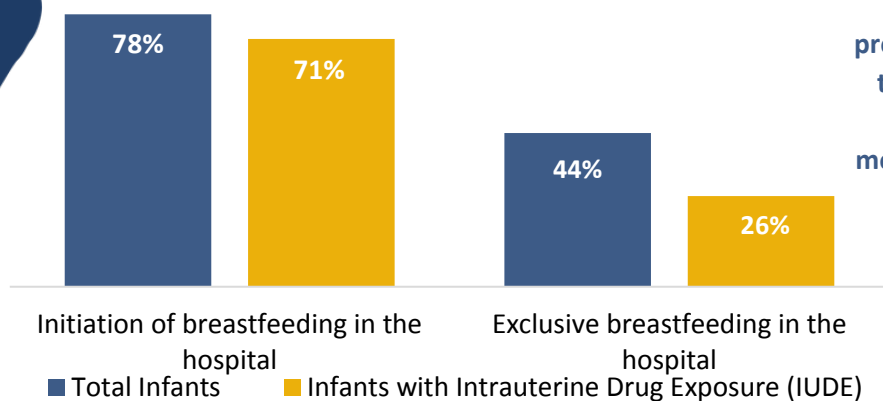


For more information about the specific illicit substances used, please see the **Behavioral Health: Substance Abuse** section.



Breastfeeding when the mother has been using illicit drugs is not always problematic. Providers offer tailored advice regarding breastfeeding to each mother dependent upon her unique circumstance.

BREASTFEEDING INITIATION AND EXCLUSIVITY DATA



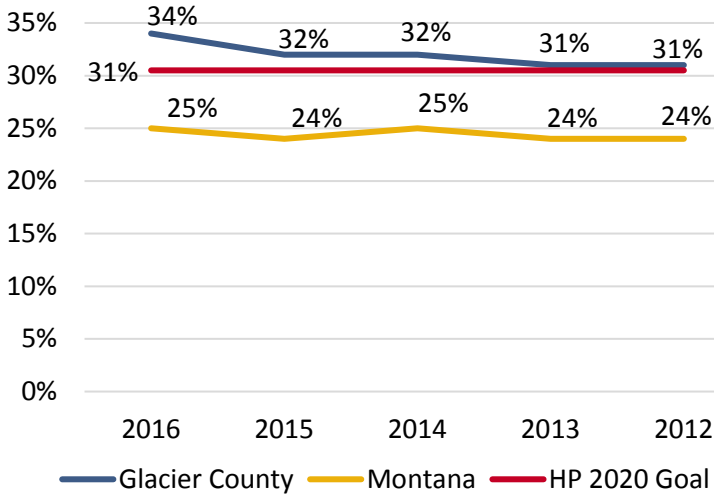
HEALTH RISK FACTORS

In this section, a few of the most impactful health risk factors are reviewed. Participants at the CHA Report Feedback Meeting (February 22, 2017) discussed the impact of some cultural norms like being forced to “clean your plate” have on weight status later in life. They spoke of the policies around smoking that are often not enforced, and the lack of access to healthy food and safe recreation activities on the Blackfeet Reservation. These community issues play a role in increasing the likelihood of some of these personal risk factors.

Looking at the Numbers

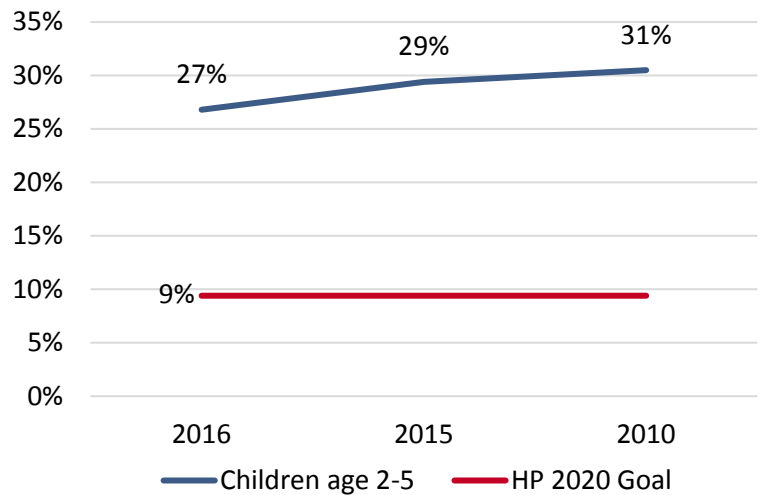
WEIGHT STATUS

ADULT OBESITY RATES



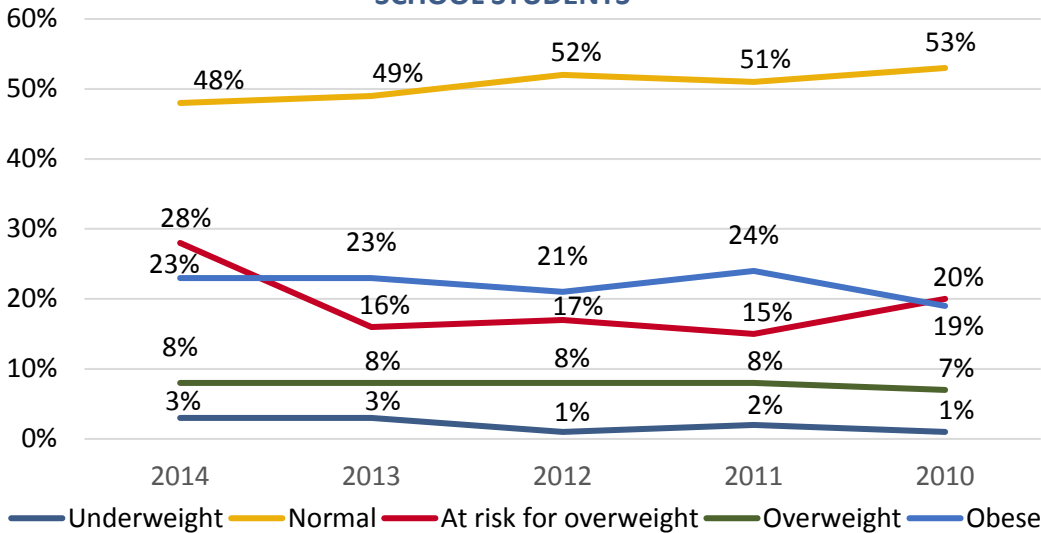
UWPHI CHR 2016; HP2020

CHILDHOOD OBESITY RATES IN BLACKFEET



IHS GPRA 2016; HP2020

BMI PERCENTILE OF ELEMENTARY, MIDDLE, AND HIGH SCHOOL STUDENTS



BCHM RMTEC 2014

Blackfeet Community Resources

- Southern Piegan Diabetes Project
- Blackfeet Tobacco Prevention Program
- IHS Public Health Nutrition Program
- USDA Extension Agent at Blackfeet Community College
- Montana State University SNAP-ed Educator

HEALTH RISK FACTORS

NUTRITION

CHA SURVEY RESULTS

60% Respondents indicated that they **drank a sugary beverage** the day prior to the survey.

29% Respondents indicated that they **did not eat any fruit** the day before the survey.

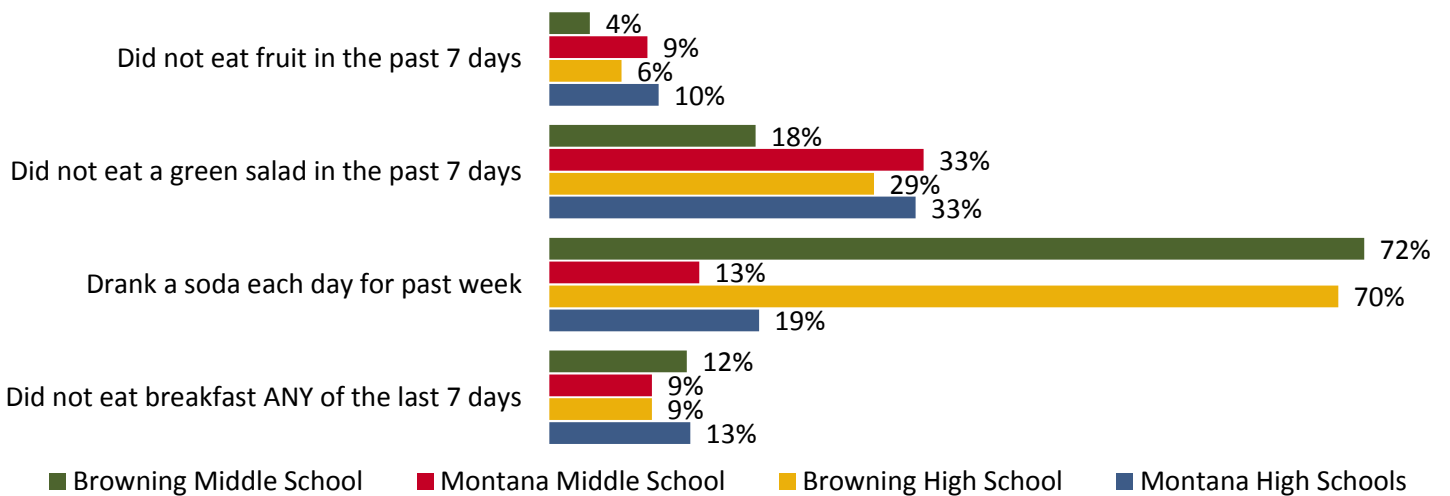
26% Respondents indicated that they **did not eat a vegetable** the day before the survey (excludes potatoes).

17% Respondents indicated that they **ate a highly processed meat** on the day before the survey.

13% Respondents indicated that they **ate wild game/meat** on the day before the survey. Almost all of the wild game meat was elk and deer.

SELECTED DIETARY HABITS AMONG STUDENTS (2015)

CHA SURVEY 2016



YRBS 2015

Voices of Blackfeet



"I'm not surprised that so many of our kids are eating fruits and vegetables! In every school elementary through high school there is a daily salad and fruit bar at lunch. All kids in the district have access to free breakfast and lunch every day. And, in Browning Elementary, Napi Elementary, Browning Middle School, and Browning High School, we offer alternative breakfast so that kids get breakfast as they come in the school door or after they sit down at their desk. Just because we are on a reservation doesn't mean we don't deserve the best in the country. I'm making sure our kids have the best."

– Lynne Keenan, Director of the Browning Public Schools Child Nutrition Program

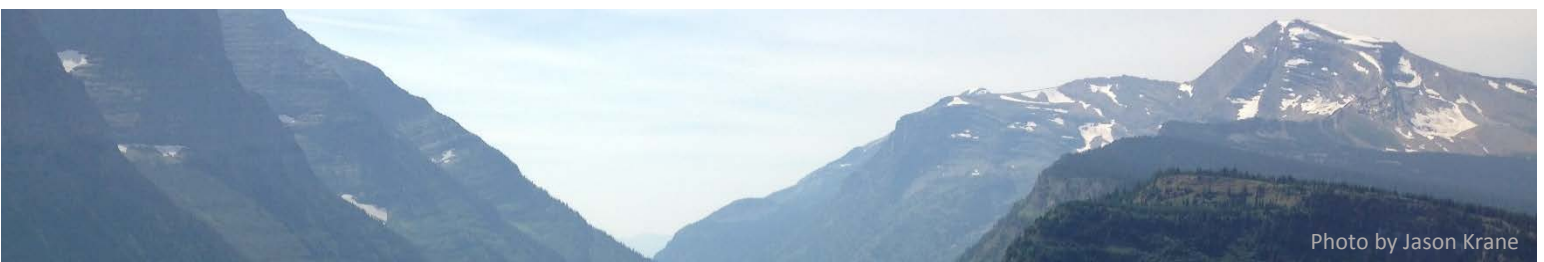


Photo by Jason Krane

HEALTH RISK FACTORS

PHYSICAL ACTIVITY



Adults who did not have any leisure time physical activity in the last month (2014):

- Montana American Indian: 27%
- Montana All Races: 20%
- United States: 23%

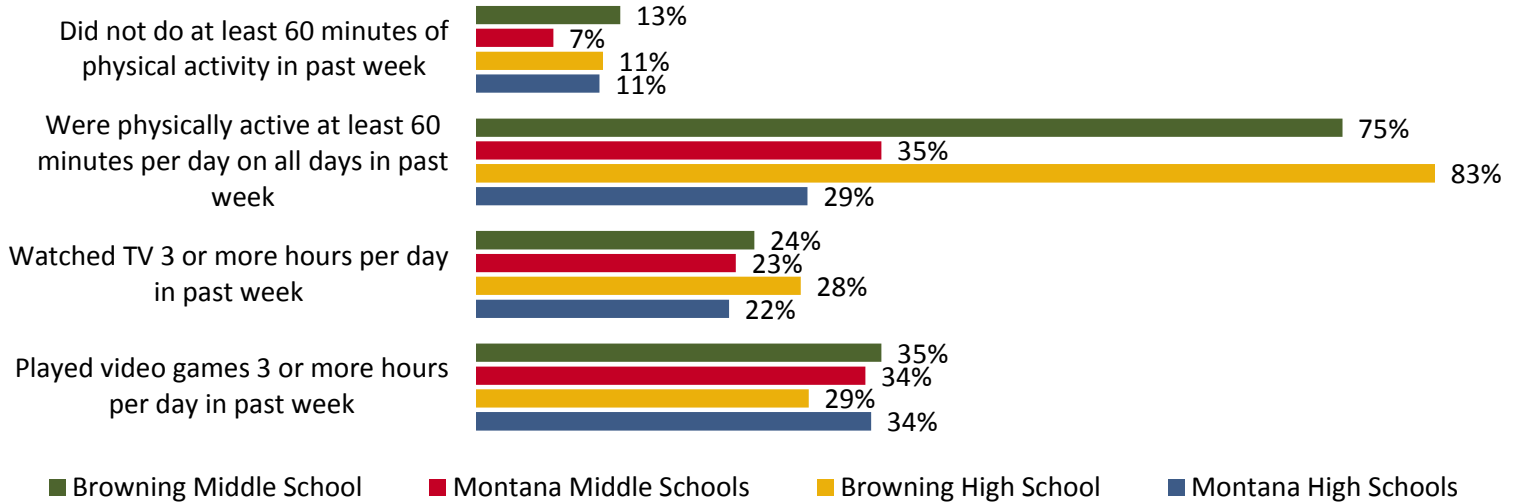
MBRFSS 2014

Healthy People 2020 Goal

Increase proportion of children and adolescents viewing 2 or less hours a day of television, videos, or video games.

- Target for ages 6-24 years: 86.8%
- Target for grades 9-12: 73.9%

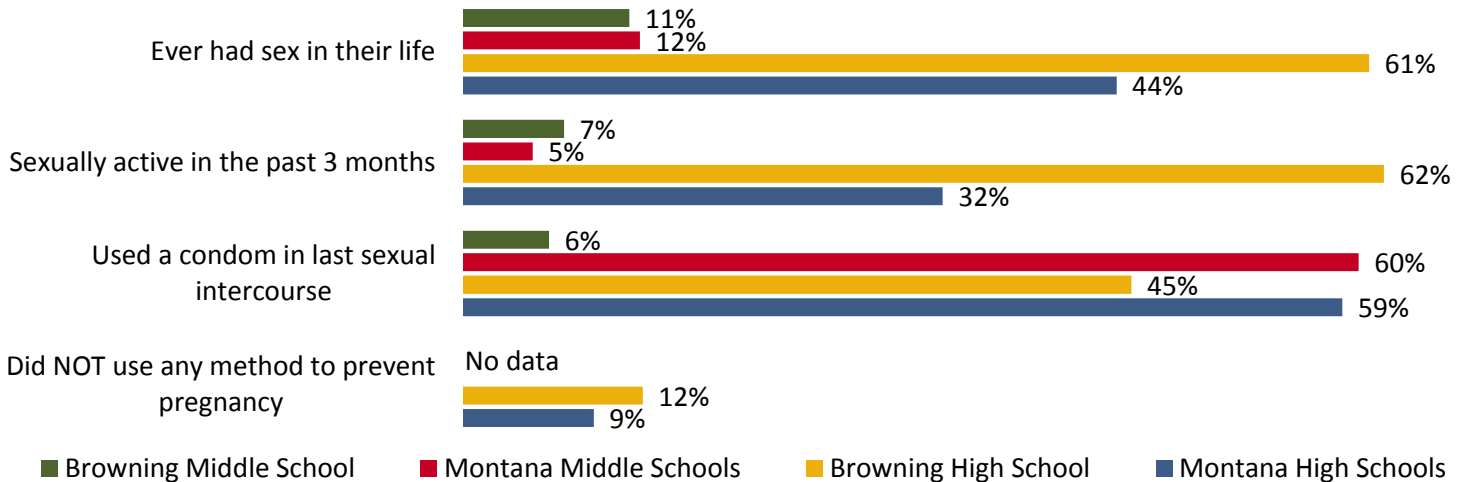
SELECTED PHYSICAL ACTIVITY HABITS AMONG STUDENTS (2015)



YRBS 2015; HP2020

YOUTH SEXUAL PRACTICES

SELECTED SEXUAL PRACTICES AMONG STUDENTS (2015)



YRBS 2015

ENVIRONMENTAL HEALTH: Built Environment

The Center for Disease Control and Prevention 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)” and it is generally studied in relation to its ability to foster safe and active lifestyles (*CDC NCEH 2011*).

Looking at the Numbers

COMMUNITY HEALTH ASSESSMENT STRENGTHS AND SPECIAL POPULATIONS MEETING

At the CHA Community Strengths and Special Populations Meeting, a group of community members considered the general built environment of the Blackfeet Reservation. As part of the activity, participants were asked to rank the built environment on a scale of 1-10 (1 = worst, 10 = best). **Their scores averaged to 5.3.** See the *Methodology Section* for more details on this process.

BUILT ENVIRONMENT CHARACTERISTICS CONSIDERED TO BE STRONG

- The School-Community garden
- Several parks in the Blackfeet Housing neighborhoods
- \$1.3 million worth of school playgrounds
- The recently constructed Skate Park in Browning
- The Arbor for ceremonies and celebrations
- The sidewalk linking the Browning High School to town

BUILT ENVIRONMENT CHARACTERISTICS CITED AS NEEDING IMPROVEMENT

- Enhancements to many existing parks and garden
- Improvements to many homes and buildings
- Water infrastructure
- Garbage/solid waste management
- Snow plowing
- Removal of abandoned vehicles
- Animal control
- Litter and stray needles removal
- Landscaping
- Handicap accessibility and sidewalks
- Need for prioritized, easily accessible space for healthy activities in the center of town, which would encourage people to be outside.



Browning School-Community Garden



An abandoned vehicle on the Blackfeet Reservation



Photo by Jason Krane

ENVIRONMENTAL HEALTH: Built Environment



The percent of Browning High School students who indicated **they would like to leave their neighborhood.**



The percent of Browning High School students who indicated that **they liked their neighborhood.**

MTDPHHS PNA 2016

Voices of Blackfeet



Photo by Kirsten Krane

The following quote from an article about housing on the Blackfeet Reservation, published in the Great Falls Tribune, provoked a lively conversation at the CHA Report Feedback Meeting. On the 1 hand, participants did not believe that the quote represented the majority of housing on the Blackfeet Reservation and suggested that it be removed. Others thought that it was “harsh...but true” and should be kept and held as an example of how people from off the Reservation see the housing situation on the Blackfeet Reservation. It was suggested that people who live on the Reservation, and see these housing conditions on a daily basis, have grown accustomed to them and do not see them in the same dramatic light that the reporter portrays here.

“This neighborhood, just a few blocks away from Browning Elementary School, represents the worst of housing conditions on the Blackfeet Indian Reservation. Empty, weed-filled lots separate the scattered mix of old trailer homes and wood frame houses. To keep the constant Rocky Mountain winds from peeling their roofs away, residents pile discarded tires atop their trailer homes. Boarded windows, missing shingles and torn siding offer poor protection from the frigid Montana winters. Stray dogs rummage through drifts of trash piled against scrap lumber fences.”

-David Murray - Great Falls Tribune, *The crisis in our backyard: Montana’s reservation housing.* March 31, 2016

On the Blackfeet Reservation quality housing, availability of housing, overcrowding, and homelessness are major concerns. Participants at CHA meetings told anecdotal stories of 15 or more people living in a single family home together. Others at the meeting pointed out that culturally, it is important and normal for many generations to live under the same roof and that large numbers of people living together unto itself is not inherently a problem. Problems do arise, however, when large numbers of people living together prevents children living in the home from sleeping well or doing school work. Some public health professionals assisting with the CHA pointed to issues exacerbated by close living conditions including a recent outbreak of bedbugs, frequent head lice outbreaks, and high numbers of children with impetigo (THHA 2012).

Voices of Blackfeet



Photo by Cinda Burd

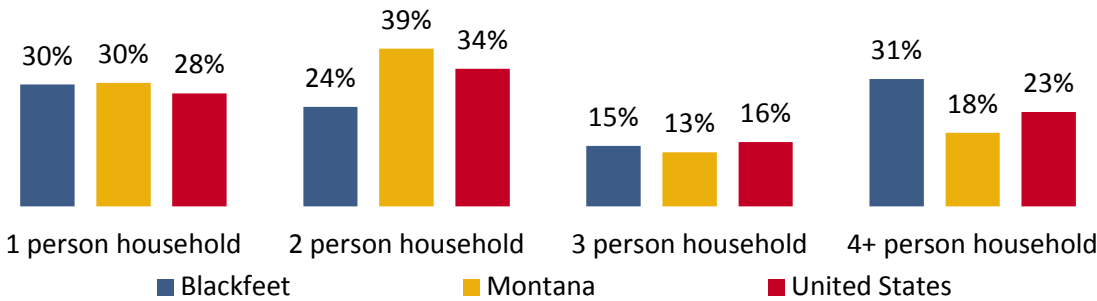
“We don’t understand what’s happened with families. ‘Can I come home?’ ‘Oh yeah, just for a little while you can, but after that, you have to go.’ We don’t have that thing of, ‘How can we help?’ I know Mom and Dad’s paying for everything, but how can I help them? How can I help me?”

-Diana Burd, Blackfeet Elder and Teacher

Looking at the Numbers

HOUSING AVAILABILITY AND QUALITY

ESTIMATED HOUSEHOLD SIZES

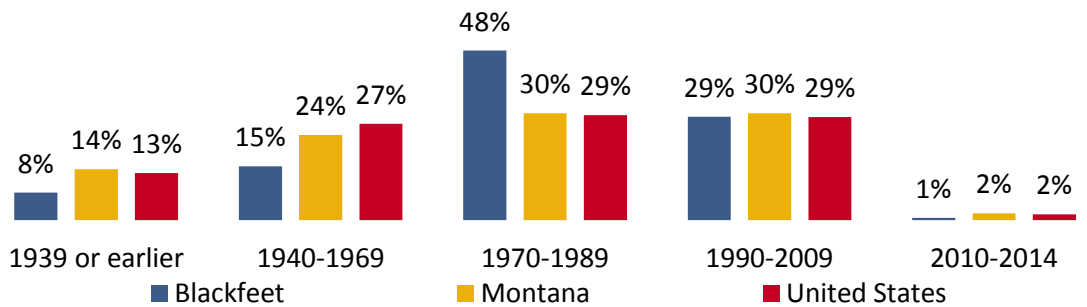


US CENSUS ACS 2015

25% of families living on the Blackfeet Reservation live in 1 of the 1,300 housing units that are owned and maintained by the Tribe.

GFT HOUSING 2016

CONSTRUCTION YEAR OF HOUSING INFRASTRUCTURE



GFT METH 2016

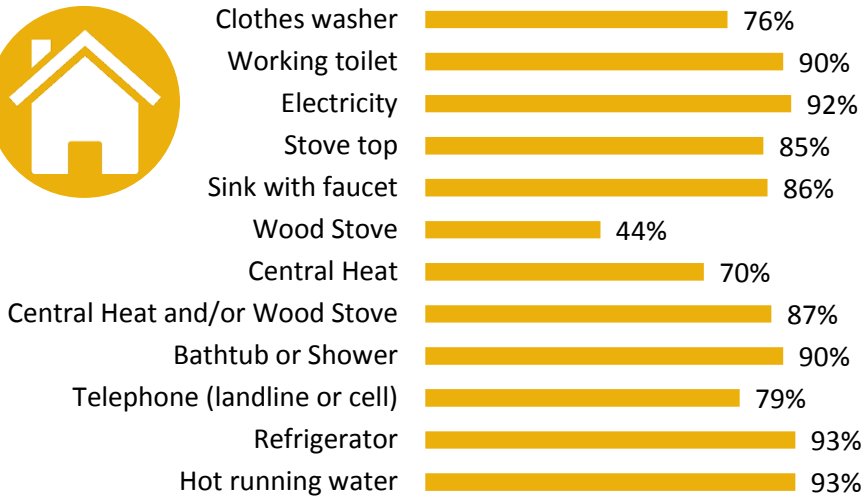
US CENSUS ACS 2015

\$25,000 to decontaminate a house that has been exposed to meth on the Blackfeet Reservation.



Photo by Kristen Krar

HOME APPLIANCES WORKED ON DAY OF CHA SURVEY



CHA SURVEY 2016

HOUSING PROBLEMS ON THE BLACKFEET RESERVATION

- 60%.....Bathroom – visible water damage
- 27%.....No operable stove fan
- 15%.....Mold or Mildew
- 15%.....Hazardous materials in reach of children
- 2%.....Kitchen – visible water damage

THHA 2012



MTDPHHS PNA 2016

21%
Browning High School students surveyed indicated they had moved 5 or more times since kindergarten.

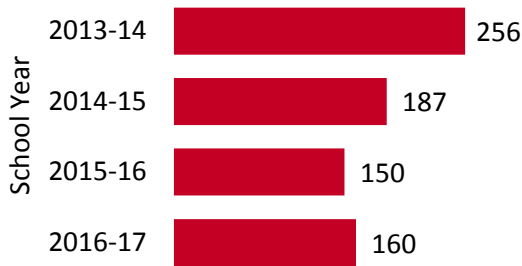
HOMELESSNESS

There are many definitions of homelessness throughout the Federal Government, which makes identifying and quantifying a homeless population difficult. The Department of Health and Human Services’ definition of homelessness considers someone homeless if they are “living with family.” Many see this as a direct contrast to the Blackfeet cultural value of living with family.

FAMILIES IN TRANSITION

Families in Transition (FIT) is a program that provides additional resources to 1,999 children in the Browning Public Schools whose families are identified as homeless.

NUMBER OF FIT STUDENTS



FIT PD 2017

HOMELESSNESS

- 8%.....live with friends, in a car, or other
- 22%..... live with family
- 34%..... live in a home they own
- 37%..... live in a home they rent

CHA SURVEY 2016

OVERCROWDING

32% of people who completed the CHA survey live in situations meeting the *Housing Assistance Council of 1997’s* definition of overcrowding.

CHA SURVEY 2016

151
families are on the Blackfeet Housing waiting list as of February 2017.

BHD 2017

TRANSIENCE

11% of those surveyed for the CHA have moved once in the last 2 months; an additional 9% have moved twice.

CHA SURVEY 2016

The Blackfeet Housing Department built 24 single-family homes in 2014. They began a project to build 50 single-family homes in the spring of 2016, which is ongoing at the time of this CHA. Additionally, they are beginning a project for 30 single-family homes to break ground in the spring of 2017.



Access to food that is affordable, locally sourced, and important to culture is a challenge for many on the Blackfeet Reservation.

Looking at the Numbers

FAST BLACKFEET 2016

FOOD INSECURITY

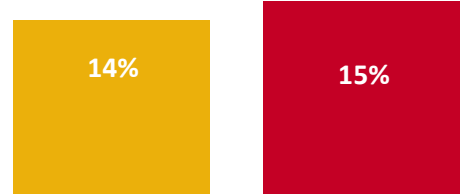


69%
People on Blackfeet Reservation indicated some level of food insecurity.



56%
People on Blackfeet Reservation meeting the criteria for low or very low food security.

ESTIMATED FOOD INSECURITY RATE (2014)



■ Montana ■ United States

FA 2016

Heart Butte, Browning, and Seville communities were found to have low food security. Heart Butte was the least secure.

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) AND WOMEN, INFANTS AND CHILDREN (WIC)

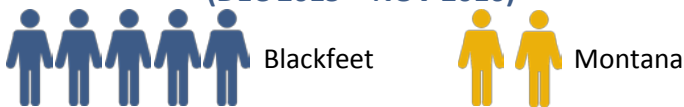
RESIDENTS UTILIZING SNAP (2016)



Browning, the capital of Blackfeet Reservation, has 2 full-sized grocery stores. East Glacier and St. Mary have small, more expensive grocery stores. Heart Butte and Babb depend on convenience/gas station stores. All of these establishments accept SNAP dollars.

MTDPHHS SR 2016

CRUDE RATE OF WIC PARTICIPATION PER 100 (DEC 2015 – NOV 2016)



The WIC clinic, and the 2 grocery stores that accept WIC vouchers, are located in Browning. Reservation residents in other communities travel up to 70-80 miles round-trip to access WIC services and foods.

MTDPHHS MT WIC 2016

EMERGENCY FOOD

The only emergency food programs on the Blackfeet Reservation are located in Browning.

- Blackfeet Food Bank
 - Served 60-80 families daily, summer 2016.
 - Closed fall 2016 due to lack of resources
- Medicine Bear Shelter
 - Serves hot lunch Monday-Friday
 - 1st half of the month: about 50 people daily
 - 2nd half of the month: about 150 people daily
- Heart Butte Senior Center
 - Currently distributing some food to family members, but not officially considered a place to seek emergency food supplies.

FAST BLACKFEET 2016

Food Distribution Program on Indian Reservations (FDPIR):

According to the FAST Blackfeet Assessment,

- 220 families participate
- 90 elderly and homebound citizens have food delivered

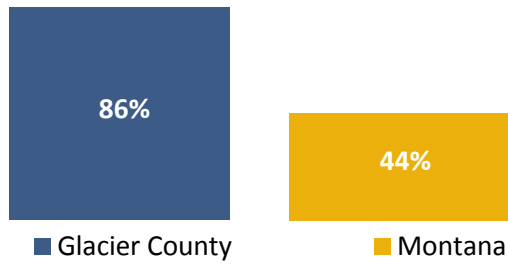
FAST BLACKFEET 2016



Photo by Kirsten Krane

SCHOOL MEALS

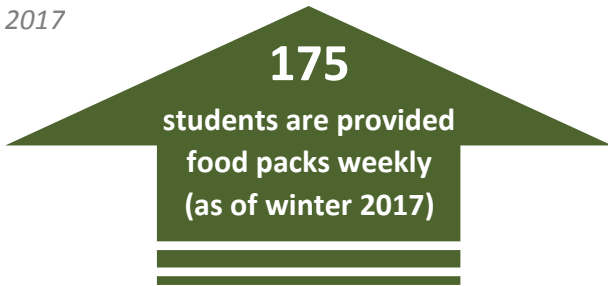
STUDENTS ELIGIBLE FOR FREE OR REDUCED-PRICE SCHOOL MEALS (2015)



MT OPI 2015

In response to increasing concern over food insecurity in Blackfeet, the Browning Public Elementary Schools implemented the Backpack Program in 2014. The program provides a small package of food for children, who are identified by teachers or counselors, to take home on the weekends.

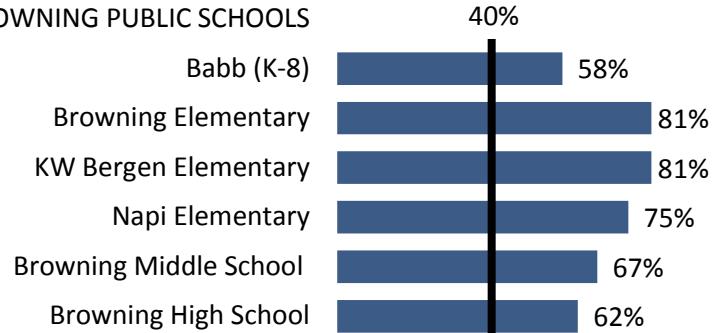
BPC 2017



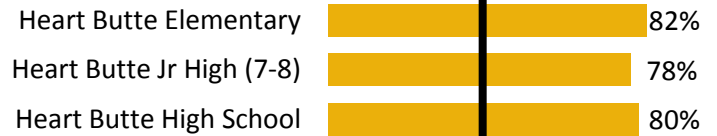
IDENTIFIED STUDENT PERCENTAGE (ISP)

Identified Student Percentage (ISP) is used by the MT Office of Public Instruction to identify those students whose families receive a federal benefit, such as SNAP, TANF, FDPIR, or are considered migrant, foster, homeless, or runaway. If **40%** of a school's population meets the ISP, then every child in the school is eligible for free meals through the School Breakfast, Lunch, and Dinner Programs.

BROWNING PUBLIC SCHOOLS



HEART BUTTE PUBLIC SCHOOLS



EAST GLACIER (K-8) 37%

MONTANA 38%

MT OPI 2015

Voices of Blackfeet

FAST Blackfeet Food Access and Sovereignty Survey respondents provided these comments about food security.

"We [homeless family] eat mostly at Medicine Bear Shelter. We have nowhere to cook. We live on candy and whatever we can get. We cannot get foods to heat because we have no microwave. That means no heated meals."

– Browning Resident

"Our people at the end of the month in Heart Butte don't have anything to eat. I know this because sometimes I give people food out of my house."

– Heart Butte Resident



FAST BLACKFEET 2016

FOOD SOVEREIGNTY

There are several organizations that are working to improve local food access in the area:

- The Browning Public Schools have a small greenhouse that is used by the district with the help of Food Corps Volunteers to teach gardening and nutrition. They also have a dedicated space for a school-community garden area that is planted and utilized throughout the summer. The school district also purchases and serves some locally procured produce in their school meal programs.
- Local Hutterite colonies sell their produce on a street corner in Browning during the summer months.
- The Blackfeet Tribe has been growing a herd of buffalo so that in coming years, they may be able to harvest these and provide them to the people of the Blackfeet Reservation.



The most common locally produced food items that people in Blackfeet are eating:

- Vegetables
- Meat
- Fruit
- Buffalo
- Berries
- Beef



FAST BLACKFEET 2016



Voices of Blackfeet



A FAST Blackfeet Food Access and Sovereignty Survey respondent provided this comment about food sovereignty.

FAST BLACKFEET 2016

“The issues going on now with food disparities would not have happened back then. We must learn to be a community again and learn to take care of one another. Food sovereignty is our right as Blackfeet people and we must form policies that meet our people's needs traditionally and to this day.”

– Browning Resident

According to a survey of 50 people at the North American Indian Days celebration in July 2015:

- 35% of people thought it was difficult or impossible to access traditional Blackfeet foods
- 88% thought food was important for Blackfeet cultural practices
- 80% of people thought that people would have improved health if they had better access to traditional foods.

IHS PHN 2015



CONCLUSION

PUBLIC HEALTH ACCREDITATION BOARD (PHAB) STANDARDS

This CHA was performed to comply with specific requirements set forth by the PHAB Standards and Measures Edition 1.5, (published December, 2013). Listed below are the Measures met for various standards through the facilitation and publication of this CHA. For a full description of how these Standards and Measures were met, please contact the Blackfeet Tribal Health Department.

Standard 1.1 Participate in or lead a collaborative process resulting in a comprehensive community health assessment.

Measure 1.1.1 Participate in a Tribal/local partnership that develops a comprehensive community health assessment of the population served by the health department

Measure 1.1.2 Participate in or Lead a Tribal/local community health assessment

Standard 1.2 Collect and Maintain reliable, comparable, and valid data that provide information on conditions of public health importance and on the health status of the population.

Measure 1.2.3 Primary Data

Standard 1.3 Analyze public health data to identify trends in health problems, environmental public health hazards, and social and economic factors that affect public health.

Measure 1.3.1 Data analyzed and public conclusions drawn

Standard 4.1 Engage with the Public Health System and Community in Identifying and Addressing Health Problems through Collaborative Processes.

Measure 4.1.2 Stakeholders and partners linked to technical assistance regarding methods of engaging with the community

Standard 7.1 Assess Health Care Service Capacity and Access to Health Care Services

Measure 7.1.1 Process to assess the availability of health care services

Measure 7.1.2 Identification of populations who experience barriers to health care services identified

Measure 7.1.3 Identification of gaps in access to health care services and barriers to the receipt of health care services identified

CONCLUSION

The Blackfeet Community Health Assessment represents a significant step toward seeking PHAB Accreditation for the Blackfeet Tribal Health Department and is an important tool for helping the people we serve.

The Blackfeet Tribal Health Department intends to use the information learned through this process to create and inform policies, programs, and develop our public health capacity to improve the health of those residing on the Blackfeet Reservation. These data are being shared with our community and stakeholders for the same purpose, and we hope that their release will prove useful to all those who seek to improve the health of our people.

Our next step in this process will be to complete a Community Health Improvement Plan (CHIP) and to work toward meeting the Public Health Accreditation Board (PHAB) Standards and Measures expected of Tribal Health Departments that strive to attain this prestigious accreditation.



REFERENCES

Citation Code	Citation
BADGER TWO-MEDICINE, 2017	Badger-Two Medicine Committee. (2017). <i>Committee Website</i> . Browning, MT: Blackfeet Nation. Retrieved from http://www.badger-twomedicine.org/
BCC CHA 2016	Blackfeet Community College. (2016). <i>Blackfeet Community College 2016 Community Needs Assessment</i> . Browning, MT: Blackfeet Community College, Office of Mission Effectiveness.
BCHM RMTEC 2014	Rocky Mountain Tribal Epidemiology Center. (2014). <i>Child Health Measures - Blackfeet Tribe</i> . Billings, MT: RMTEC.
BIA, SS 2015-2016	Bureau of Indian Affairs. (2016). <i>Child Protection Reports FY2015-2016</i> . Billings, MT: BIA Social Services.
BNEP 2016	Blackfeet Needle Exchange Program. (2016). <i>Baseline Program Data 2015-2016</i> . Browning, MT: Sharon Silvas.
BPC 2017	Blackfeet Backpack Program. (2017). <i>Baseline Program Data</i> . Browning, MT: Backpack Program Coordinator.
BTBC, LECEM REPORT 2017	Blackfeet Tribal Business Council. (2017). <i>Law Enforcement Committee Member Report; Conversation with Councilman Tim Davis on January 27, 2017</i> . Browning, MT: Blackfeet Tribal Business Council, Law Enforcement Committee.
CDC ACE 2016	Centers for Disease Control and Prevention, Kaiser Permanente. (2016). <i>ACE Study Survey Data [Unpublished Data]</i> . Atlanta, Georgia: US Department of Health and Human Services, Centers for Disease Control and Prevention.
CDC NDSR 2014	Center for Disease Control and Prevention. (2014). <i>National Diabetes Statistics Report, 2014</i> . Atlanta, GA: Center for Disease Control and Prevention, US Department of Health and Human Services. Retrieved from https://www.cdc.gov/diabetes/pubs/statsreport14/national-diabetes-report-web.pdf
CDC DIABETES 2014 REPORT CARD	Center for Disease Control and Prevention. (2015). <i>Diabetes Report Card 2014</i> . Atlanta, GA: Center for Disease Control and Prevention, US Department of Health and Human Services. Retrieved from https://www.cdc.gov/diabetes/pdfs/library/diabetesreportcard2014.pdf
CDC MMWR 2014	Center for Disease Control and Prevention. (2014). <i>CDC National Health Report: Leading Causes of Morbidity and Mortality and Associated Behavioral Risk and Protective Factors—United States, 2005–2013</i> . Morbidity and Mortality Weekly Report; Supplement October 31, 2014 / 63(04);3-27. Atlanta, GA: Johnson, N.B., Hayes, L.D., Brown, K., Hoo, E.C., & Ethier, K.A. Retrieved from https://www.cdc.gov/mmwr/preview/mmwrhtml/su6304a2.htm#tab2
CDC NCEH 2011	Center for Disease Control and Prevention. (2011). <i>Healthy Community Design Fact Sheet Series; Impact of the Built Environment on Health</i> . Atlanta, GA: Center for Disease Control and Prevention, National Center for Environmental Health. Retrieved from https://www.cdc.gov/nceh/publications/factsheets/impactofthebuiltenvironmentonhealth.pdf
CDC NHIS 2016	Center for Disease Control and Prevention. (2016). <i>Summary Health Statistics: National Health Interview Survey: 2015. Table A-2</i> . Atlanta, GA: Center for Disease Control and Prevention, National Center for Health Statistics. Retrieved from http://www.cdc.gov/nchs/nhis/shs/tables.htm
CDC WISQARS 2014	Center for Disease Control and Prevention. (2014). <i>Web-based Injury Statistics Query and Reporting System (WISQARS™)</i> . Atlanta, GA: Center for Disease Control and Prevention, Injury Center. Retrieved from https://www.cdc.gov/injury/wisqars/
CHA SURVEY 2017	Blackfeet Community Health Assessment Team. (2017). <i>Blackfeet Community Health Assessment Survey 2017</i> . Browning, MT: Blackfeet Tribal Health Department.
DPHHS 2016	Montana Department of Public Health and Human Services. (2016). <i>Teen birth rates per 1,000 females, age 15-19 years by Montana County, 2006-2010 and 2011-2015</i> . Helena, MT: MT DPHHS, Office of Vital Statistics. Retrieved from http://dphhs.mt.gov/Portals/85/publichealth/documents/WMH/2016%20County%20Teen%20Birth%20Rates.pdf
DVPI SURVEY 2016	Domestic Violence Prevention Initiative. (2016). <i>DVPI Survey 2016</i> . Survey conducted October 3, 2016 at a community event. Browning, MT: Blackfeet Tribal Health Department - DVPI Program.
FA 2016	Feeding America. (2016). <i>Food Insecurity in the United States 2014</i> . Retrieved from http://map.feedingamerica.org

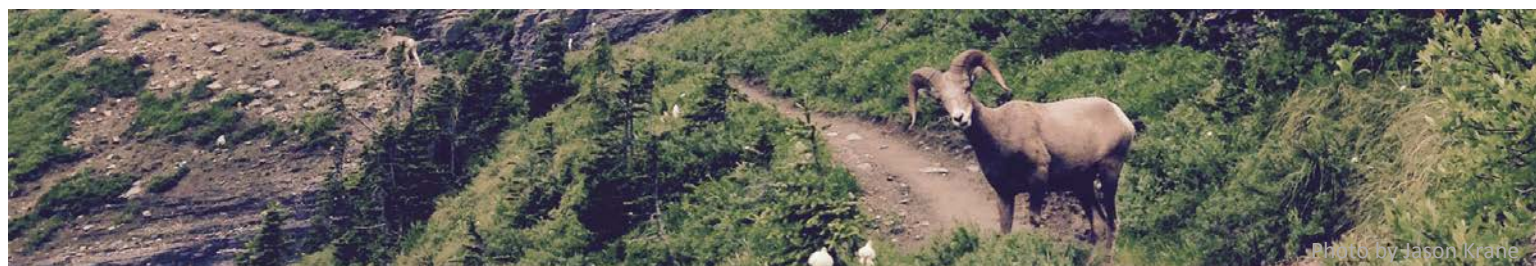


Photo by Jason Krane

Citation Code	Citation
FAST BLACKFEET 2016	FAST Blackfeet. (2016). <i>Blackfeet Reservation Community Food Security and Food Sovereignty Assessment</i> . Browning, MT: Food Access and Sustainability Team.
FIT PD 2017	Families in Transition. (2017). <i>Baseline Program Data</i> . Browning, MT: Families in Transition Program Coordinator.
GFT HOUSING 2016	Murray, D. (2016). <i>The crisis in our backyard: Montana's reservation housing</i> . Great Falls, MT: Great Falls Tribune. Retrieved from http://www.greatfallstribune.com/story/news/local/2016/03/31/crisis-backyard-montanas-reservation-housing/82466032/
GFT METH 2016	Murray, D. (2016). <i>Meth contamination hurting Blackfeet housing</i> . Great Falls, MT: Great Falls Tribune. Retrieved from http://www.greatfallstribune.com/story/news/local/2016/03/31/meth-contamination-hurting-blackfeet-housing/82470532/
GOVERNMENT 2016	Blackfeet Nation. (2016). <i>Tribal Website: Our Government</i> . Browning, MT: Blackfeet Nation. Retrieved from http://blackfeetnation.com/government/
HP2020	Healthy People 2020. (2017). <i>Healthy People 2020</i> . Rockville, MD: US Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved from https://www.healthypeople.gov
IHS BAOR 2017	Indian Health Service. (2017). <i>Chart review of all deliveries in one calendar year (undisclosed), 2013-2017</i> . Billings, MT: IHS Billings Area Office.
IHS BCH 2016	Indian Health Service. (2016). <i>Annual Diabetes Report, Blackfeet Service Unit - CY2015</i> . Browning, MT: IHS Blackfeet Community Hospital.
IHS BSU ER 2016	Indian Health Service. (2016). <i>Blackfeet Service Unit – Top Emergency Room Diagnosis at IHS BCH by Age Group</i> . FOIA Request to Billings Area Office - provided to Blackfeet Tribal Health Department on Oct. 25, 2016. Billings, MT: IHS Billings Area Office.
IHS BSU MORBIDITY 2016	Indian Health Service. (2016). <i>Blackfeet Service Unit - CY2015 Top 15 Causes of Morbidity by Age</i> . FOIA Request to Billings Area Office - provided to Blackfeet Tribal Health Department on Oct. 25, 2016; visual and dental diagnoses omitted from list. Billings, MT: IHS Billings Area Office.
IHS EPI DATA MART 2015	Indian Health Service. (2015). <i>Epi Data Mart FY2014-2015 – Blackfeet Service Unit Data</i> . Rockville, MD: Indian Health Service, Office of Information Technology. Reported by Rocky Mountain Tribal Epidemiology Center.
IHS GPRA 2016	Indian Health Service. (2016). <i>Government Performance and Results Act (GPRA) Clinical Performance Summary – Blackfeet Service Unit</i> . Billings, MT: IHS Billings Area Office.
IHS IPR BILLINGS 2016	Indian Health Service. (2016). <i>Billings Area Annual Seat Belt Survey, Seat Belt Usage Rates, by Driver and Passenger</i> . Browning, MT: IHS Injury Prevention, Reported by Billings Area Office.
IHS IPR BLACKFEET 2016	Indian Health Service. (2016). <i>Blackfeet Tribe Annual Seat Belt Survey, Seat Belt Usage Rates, by Driver and Passenger</i> . Browning, MT: IHS Injury Prevention, Reported by Blackfeet Service Unit.
IHS PHN 2015	Indian Health Service. (2015). <i>Summer Food Security Survey</i> . Billings, MT: IHS Public Health Nutrition.
IHS RPMS 2015	Indian Health Service. (2015). <i>Resource and Patient Management System FY2014-2015 – Blackfeet Service Unit</i> . Billings, MT: IHS Billings Area Office. Report generated upon request.
KESSLER 2005	Kessler, R.C., Chiu W.T., Demler O., & Walters E.E. (2005). Prevalence, severity, and comorbidity of twelve-month DSM-IV disorders in the National Comorbidity Survey Replication (NCS-R). <i>Archives of General Psychiatry</i> , 62(6), 617-627.
LANDS 2016	Blackfeet Nation. (2016). <i>Tribal Website: Our Lands</i> . Browning, MT: Blackfeet Nation. Retrieved from http://blackfeetnation.com/lands/
MTBCCTLCD 2016	Montana Board of Crime Control. (2016). <i>Montana Board of Crime Control Tribal Lands Crime Data</i> . Helena, MT: Montana Board of Crime Control, Statistical Analysis Center. Retrieved from http://www.mbcc.mt.gov/Data/SAC/Tribal/Tribal.asp
MT BRFSS 2012	Montana Department of Public Health and Human Services. (2012). <i>Montana Behavioral Risk Factor Surveillance System (BRFSS) - Montana Factors: Chronic Pain among Montana Adults, BRFSS 2010</i> . Retrieved from https://dphhs.mt.gov/Portals/85/publichealth/documents/BRFSS/Factors/2012Factors2.pdf
MT BRFSS 2014	Montana Department of Public Health and Human Services. (2014). <i>Montana Behavioral Risk Factor Surveillance System (BRFSS) 2014 Annual Report</i> . Billings, MT: MT DPHHS Office of Epidemiology and Scientific Support. Retrieved from http://dphhs.mt.gov/publichealth/BRFSS/Annual-Reports/2014AnnualReport



Citation Code	Citation
MTCTRAR 2016	Montana Department of Public Health and Human Services. (2016). <i>Central Tumor Registry Annual Report 2016</i> . Helena, MT: MT DPHHS – Central Tumor Registry. Retrieved from http://dphhs.mt.gov/Portals/85/publichealth/documents/Cancer/I_Tumor/1_MCTR%20Annual%20Report_2009-2013.pdf
MT DEATH CERTIFICATES 2014-2015	State of Montana. (2015). <i>Death Certificates for Blackfeet Residents 2014-2015</i> . Reported by Rocky Mountain Tribal Epidemiology Center.
MTDPHHS PNA 2016	Montana Department of Public Health and Human Services. (2016). <i>Prevention Needs Assessment Information</i> . Helena, MT: MT DPHHS - Chemical Dependency Bureau, Addiction and Mental Disorders Division. Retrieved from http://dphhs.mt.gov/amdd/SubstanceAbuse/CDDATA/PNADATA.aspx
MTDPHHS BCCHP 2016	Montana Department of Public Health and Human Services. (2016). <i>Glacier County Community Health Profile 2016</i> . Helena, MT: MT DPHHS – Public Health and Safety Division. Retrieved from https://dphhs.mt.gov/Portals/85/publichealth/Publications/County%20Health%20Profiles/Glacier%20Community%20Health%20Profile.pdf
MTDPHHS CANCER FACT SHEET 2016	Montana Department of Public Health and Human Services. (2016). <i>Cancer on Montana Reservations-Blackfeet Reservation Fact Sheet</i> . Helena, MT: MT DPHHS – Central Tumor Registry. Retrieved from http://dphhs.mt.gov/Portals/85/publichealth/documents/Cancer/B_American%20Indian_MAIWHC/CancerMTAIReservationMay2016.pdf
MTDPHHS COMMUNICABLE DISEASE 2015	Montana Department of Public Health and Human Services. (2015). <i>Communicable Disease Epi Reports 2010 – 2015</i> . Helena, MT: MT DPHHS - Communicable Disease Epidemiology Section, Public Health and Safety Division.
MTDPHHS GCCHP 2015	Montana Department of Public Health and Human Services. (2015). <i>Glacier County Community Health Profile 2015</i> . Helena, MT: MT DPHHS – Public Health and Safety Division. Retrieved from https://dphhs.mt.gov/Portals/85/publichealth/Publications/County%20Health%20Profiles/Glacier%20Community%20Health%20Profile.pdf
MTDPHHS SPP 2017	Montana Department of Public Health and Human Services. (2017). <i>Montana Strategic Suicide Prevention Plan 2017</i> . Helena, MT: MT DPHHS, Suicide Prevention Coordinator. Retrieved from http://www.sprc.org/sites/default/files/State%20Suicide%20Plan-2017.pdf
MTDPHHS SR 2016	Montana Department of Public Health and Human Services. (2016). <i>Statistics Report - TANF</i> . Helena, MT: MT DPHHS. Retrieved from http://dphhs.mt.gov/Portals/85/Statistics/documents/ProgramStats/tanf/June2016.pdf
MT VITAL STATS 2013	Montana Department of Health and Human Services. (2013). <i>Top ten leading causes of injury mortality: 2003-2013</i> . Helena, MT: MT DPHHS, Public Health and Safety Division, Vital Statistics Analysis Unit.
MTDPHHS MT WIC 2016	Montana Department of Public Health and Human Services. (2016). <i>Montana WIC Program Participation Report December 2015 – November 2016</i> . Helena, MT: MT DPHHS, Montana WIC/Nutrition. Retrieved from http://dphhs.mt.gov/Portals/85/publichealth/documents/WIC/Newsletters/Oct-Nov-Dec/12-1216/MontanaWICProgramParticipationReportDecember2015-November2016.pdf
MT OPI AIAN 2016	Montana Office of Public Instruction. (2016). <i>Montana American Indian Student Achievement Data Report, Fall 2016</i> . Helena, MT: MT Office of Public Instruction.
MT OPI 2015	Montana Office of Public Instruction. (2015). <i>Child Nutrition School Program Eligibility and Participation, FY2015</i> . Helena, MT: MT OPI: GEMS Database. Retrieved from http://gems.opi.mt.gov/StudentServices/Dashboards/Child%20Nutrition%20School%20Program%20Eligibility%20and%20Participation/ProgramEligibilityAndParticipation.aspx
MT OPI STUDENTS 2015	Montana Office of Public Instruction. (2015). <i>Student Characteristics</i> . Helena, MT: MT OPI: GEMS Database. Retrieved from http://gems.opi.mt.gov/StudentCharacteristics/Dashboards/Student%20Characteristics%20Dashboard/Student%20Characteristics%20Dashboard.aspx
NHTSA 2014	National Highway Traffic Safety Administration. (2014). <i>Seat Belt Use in 2013-Use Rates in the States & Territories, DOT HS 812 030: A Brief Statistical Summary</i> . Washington, DC: US Department of Transportation, National Highway Traffic Safety Administration.



Photo by Jason Krone

Citation Code	Citation
OMH 2016	Office of Minority Health. (2016). <i>Minority Population Profile: American Indian/Alaska Native</i> . Rockville, MD: US Department of Health and Human Services, Office of Minority Health. Retrieved from https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=3&lvlid=62
OMSA CSI 2016	Office of the Montana State Auditor. (2016). <i>2016 Report on Health Coverage and Montana's Uninsured</i> . Helena, MT: Office of the Montana State Auditor, Commissioner of Securities and Insurance, Office of Monica Lindeen. Retrieved from www.csimt.gov
ROSAY, AB 2016	Rosay, A.B. (2016). <i>National Institute of Justice Research Report: Violence against American Indian and Alaska Native Women and Men - 2010 findings from the National Intimate Partner and Sexual Violence Survey</i> . Washington, DC: US Department of Justice, Office of Justice Programs.
SAMHSA ACE	Substance Abuse and Mental Health Services Administration. (2016). <i>Adverse Childhood Experiences</i> . Rockville, MD: US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. Retrieved from https://www.samhsa.gov/capt/practicing-effective-prevention/prevention-behavioral-health/adverse-childhood-experiences
THHA 2012	Tribal Health Homes. (2012). <i>Tribal Healthy Homes Assessment, Report of Activities and Outcomes: 2009-2012</i> . Bozeman, MT: National Tribal Healthy Homes Assessment, Training and Technical Assistance Support Center.
USDHHS SUICIDE AIAN 2010	US Department of Health and Human Services. (2010). <i>To Live To See the Great Day That Dawns: Preventing Suicide by American Indian and Alaska Native Youth and Young Adults</i> . DHHS Publication SMA (10)-4480, CMHS-NSPL-0196. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration.
US CENSUS ACS 2015	United States Census Bureau. (2015). <i>American Community Survey 5-Year Estimate, 2010-2014</i> . Washington, DC: US Census Bureau, American FactFinder. Retrieved from https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml
US CENSUS BUREAU 2015	United States Census Bureau. (2015). <i>American Community Survey 5-year estimates, 2011-2015; 2015 year report: Selected Social Characteristics</i> . Washington, DC: US Census Bureau, American FactFinder. Retrieved from https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_14_5YR_DP02&prodType=table
US CENSUS CPS 2015	United States Census Bureau. (2015). <i>Current Population Survey, 2015 Annual Social and Economic Supplement</i> . Washington, DC: US Census Bureau, American FactFinder. Retrieved from https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar15.pdf
UWPHI CHR 2016	University of Wisconsin. (2016). <i>County Health Rankings</i> . Madison, WI: University of Wisconsin, Population Health Institute. Retrieved from http://www.countyhealthrankings.org/rankings/data/mt
VITAL STATS 2016	Heron, M. (2016). <i>Deaths: Leading causes for 2014</i> . National Vital Statistics Reports, 65(5). Hyattsville, MD: National Center for Health Statistics. Retrieved from https://www.cdc.gov/nchs/data/nvsr/nvsr65/nvsr65_05.pdf
YRBS 2015	Montana Office of Public Instruction. (2015). <i>Youth Risk Behavior Survey Results 2015 - Browning Middle School and High School</i> . Helena, MT: MT OPI Reports and Data. Provided by Browning Schools.



Appendix

BLACKFEET RESERVATION COMMUNITY HEALTH ASSESSMENT COMMUNITY SURVEY 2016

The Blackfeet Tribal Health Department is doing this survey as a part of the Blackfeet Community Health Assessment (Oct 2016 to Feb 2017). These questions will help health professionals on the reservation better understand the needs of our community. All surveys are anonymous. It should take about 10 minutes. Your participation is completely voluntary.

First, let's ask a couple of easy 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 race/ethnicity?	<input type="checkbox"/> Native American or American Indian	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Asian or Pacific Islander
	<input type="checkbox"/> White	<input type="checkbox"/> Mixed Race (2 or more races)	<input type="checkbox"/> Other: _____
	<input type="checkbox"/> Black or African American		
3. How old are you?			
4. What zip code do you live in?	<input type="checkbox"/> 59448	<input type="checkbox"/> 59411	
	<input type="checkbox"/> 59417	<input type="checkbox"/> 59427	
	<input type="checkbox"/> 59434	<input type="checkbox"/> Other: _____	
5. What is the highest level of school that you have completed?	<input type="checkbox"/> No schooling	<input type="checkbox"/> High school graduate or GED)	<input type="checkbox"/> Bachelor's degree
	<input type="checkbox"/> Nursery school to 8 th grade	<input type="checkbox"/> Trade/technical/vocational training	<input type="checkbox"/> Advanced degree (Master's, PhD)
	<input type="checkbox"/> Some high school, no diploma	<input type="checkbox"/> Some college	<input type="checkbox"/> Other: _____
	<input type="checkbox"/> Associate's degree		
6. Please tell us about your work or job (check all that apply)	<input type="checkbox"/> I work full-time (35-40 hrs/week)	<input type="checkbox"/> Homemaker or take care of relatives	<input type="checkbox"/> Active Military
	<input type="checkbox"/> I work part-time (1-34 hrs/week)	<input type="checkbox"/> Student	<input type="checkbox"/> Retired
	<input type="checkbox"/> Self-employed	<input type="checkbox"/> Out of work	<input type="checkbox"/> Unable to work
			<input type="checkbox"/> Other: _____

BLACKFEET RESERVATION COMMUNITY HEALTH ASSESSMENT COMMUNITY SURVEY 2016

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

7. Where are you currently living?	<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"/> No current home	<input type="checkbox"/> I am living with family
	<input type="checkbox"/> Hotel		<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		
9. 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
10. 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"/> Central Heat	<input type="checkbox"/> Electricity
	<input type="checkbox"/> Telephone that can receive and make calls (Include Cell phones)	<input type="checkbox"/> Wood Stove	<input type="checkbox"/> Working toilet
		<input type="checkbox"/> Sink with faucet	<input type="checkbox"/> Clothes washer

The next few questions are about daily stress.

Over the last two weeks, how often have you been bothered by the following problems?	Not at all	Several days	Over half the days	Nearly every day
11. Feeling nervous, anxious or on edge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Not being able to stop or control worrying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Worry too much about different things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Trouble relaxing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Being so restless that it's hard to sit still	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Becoming easily annoyed or irritable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. If you checked off any problems, how hard have these made it for you to work, take care of things at home, or get along with other people?	<input type="checkbox"/> Not difficult at all		<input type="checkbox"/> Very difficult	
	<input type="checkbox"/> Somewhat difficult		<input type="checkbox"/> Extremely difficult	
18. In the past year, have you felt depressed or sad MOST days, even if you felt okay sometimes?	<input type="checkbox"/> NO!	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> YES!

Okay, now we'd like to know a little about the kind of exercise you do.

19. For fun: How often do you do activities that make you sweat or breathe heavily for AT LEAST 10 MINUTES? <u>Please pick just one answer</u>	<input type="checkbox"/> Most days	<input type="checkbox"/> Few times a year	<input type="checkbox"/> Unable to do this kind of activity
	<input type="checkbox"/> Few times a week	<input type="checkbox"/> Never	<input type="checkbox"/> Don't Know
	<input type="checkbox"/> Few times a month		
20. For work: How often do you do activities that make you sweat or breathe heavily for AT LEAST 10 MINUTES? <u>Please pick just one answer</u>	<input type="checkbox"/> Most days	<input type="checkbox"/> Few times a year	<input type="checkbox"/> Unable to do this kind of activity
	<input type="checkbox"/> Few times a week	<input type="checkbox"/> Never	<input type="checkbox"/> Don't Know
	<input type="checkbox"/> Few times a month		

BLACKFEET RESERVATION COMMUNITY HEALTH ASSESSMENT COMMUNITY SURVEY 2016

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.

How often have you used the substances listed? (Please check only one box in each row.)	Never	At least once in my lifetime	At least once in last 30 days
Alcohol <u>5 or more alcoholic drinks in a row</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cigarettes <u>half a pack or more per day</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chewing Tobacco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana (weed, pot, bud, dank, ganja, green crack, grass, reefer)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methamphetamine (meth, tweek, ugly, sunshine, poor man's coke)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inhalants (huffing, cologne, hairspray, gas, wippets)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hallucinogens (shrooms, dream)	<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) • Oxycodone, OxyContin, Fentanyl, Morphine • Pills, subox 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heroin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine (blow, snow, booger sugar)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ecstasy (x, e)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Xanax, Gabas, Bath Salts)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

33. Do you have a close friend, or relative who uses marijuana?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
34. Do you have a close friend, or relative who uses meth or other illegal drugs? (not marijuana)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know

BLACKFEET RESERVATION COMMUNITY HEALTH ASSESSMENT COMMUNITY SURVEY 2016

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

35. During the past 12 months, did you ever seriously consider attempting suicide?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
36. During the past 12 months, did you make a plan about how you would attempt suicide?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
37. During the past 12 months, how many times did you actually attempt suicide?	<input type="checkbox"/> 0 times <input type="checkbox"/> 1 time <input type="checkbox"/> 2 to 3 times	<input type="checkbox"/> 4 to 5 times <input type="checkbox"/> 6 or more times

Alright, now for some questions about food!

38. Think about what you drank YESTERDAY. Check <u>everything</u> that you drank yesterday.	<input type="checkbox"/> Regular soda <input type="checkbox"/> Diet soda <input type="checkbox"/> High C / Tang / Fruit Punch	<input type="checkbox"/> Fruit Juice <input type="checkbox"/> Alcohol <input type="checkbox"/> Water	<input type="checkbox"/> Milk <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____
39. Did you eat any fruit YESTERDAY? Check <u>everything</u> that you ate yesterday.	<input type="checkbox"/> Apple <input type="checkbox"/> Banana <input type="checkbox"/> Orange <input type="checkbox"/> Grapes	<input type="checkbox"/> Berries <input type="checkbox"/> I didn't eat any fruit yesterday <input type="checkbox"/> I don't know if I ate any fruit yesterday	<input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____
40. Did you eat any colorful vegetables YESTERDAY? Check <u>everything</u> that you ate yesterday.	<input type="checkbox"/> I ate a red colored vegetable <input type="checkbox"/> I ate an orange or yellow vegetable <input type="checkbox"/> I ate a salad	<input type="checkbox"/> I ate a green vegetable (not salad) <input type="checkbox"/> I ate a different colorful vegetable <input type="checkbox"/> I ate potatoes (not including potato chips)	<input type="checkbox"/> I didn't eat any vegetables yesterday <input type="checkbox"/> I don't know <input type="checkbox"/> Other: _____
41. Did you eat any meat YESTERDAY? Check <u>everything</u> that you ate yesterday.	<input type="checkbox"/> Beef <input type="checkbox"/> Chicken <input type="checkbox"/> Deer	<input type="checkbox"/> Elk <input type="checkbox"/> Organ Meat <input type="checkbox"/> Bologna	<input type="checkbox"/> Turkey <input type="checkbox"/> Red Wieners / Hot Dog <input type="checkbox"/> Other: _____

BLACKFEET RESERVATION COMMUNITY HEALTH ASSESSMENT COMMUNITY SURVEY 2016

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

<p>42. 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>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>43. 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>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>44. 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>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>45. 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>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>46. 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 parents were too drunk or high to take care of you or take you to the doctor if you needed it?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>47. Were your parents ever separated or divorced?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>48. Was your mother or stepmother: Often pushed, grabbed, slapped, or had something thrown at her? 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?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>49. Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>50. Was a household member depressed or mentally ill, or did a household member attempt suicide?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>51. Did a household member go to prison?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>

BLACKFEET RESERVATION COMMUNITY HEALTH ASSESSMENT COMMUNITY SURVEY 2016

Now for some questions about seeing your doctor.

<p>52. 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 IHS hospital</p> <p><input type="checkbox"/> I make an appointment and see any doctor at the IHS hospital</p> <p><input type="checkbox"/> I go to the Emergency Room at the IHS</p>	<p><input type="checkbox"/> I go the Southern Piegan Tribal Health Clinic</p> <p><input type="checkbox"/> I have a regular doctor that I see off the Blackfeet Reservation</p> <p><input type="checkbox"/> I go to a traditional healer</p> <p><input type="checkbox"/> Don't Know</p> <p><input type="checkbox"/> Other: _____</p>
<p>53. In the last year, was anyone in your family (including you) unable 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>54. What are the <u>TOP TWO</u> biggest problems you face around getting health care?</p>	<p><input type="checkbox"/> Transportation</p> <p><input type="checkbox"/> 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"/> No 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 understand healthcare system in Blackfeet</p> <p><input type="checkbox"/> Don't understand healthcare outside of Blackfeet</p> <p><input type="checkbox"/> Other: _____</p>
<p>55. Do you use Traditional Healers? (Check all that apply)</p>	<p>Yes – for:</p> <p><input type="checkbox"/> Alcohol or Drug Use</p> <p><input type="checkbox"/> Sadness</p> <p><input type="checkbox"/> Spiritual Healing</p> <p><input type="checkbox"/> Broken bone / Muscle Pain</p> <p><input type="checkbox"/> Stomach problem</p> <p><input type="checkbox"/> Other: _____</p>	<p>No</p> <p><input type="checkbox"/> I don't know any Healers</p> <p><input type="checkbox"/> I don't know how to ask Healers for assistance</p> <p><input type="checkbox"/> I don't feel comfortable using Healers</p> <p><input type="checkbox"/> Other: _____</p>
<p>56. If a Traditional Healer worked at a local clinic, would you ask for their help with health problems?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p><input type="checkbox"/> Maybe</p> <p><input type="checkbox"/> Other: _____</p>

BLACKFEET RESERVATION COMMUNITY HEALTH ASSESSMENT COMMUNITY SURVEY 2016

You are almost finished!

<p>57. In the past year, have you done any of the following traditional activities for fun or for health? (Check all that you have done.)</p>	<input type="checkbox"/> Played Stick Games <input type="checkbox"/> Traditional Sweat <input type="checkbox"/> Bundle Ceremony <input type="checkbox"/> Horse Riding	<input type="checkbox"/> Dancing <input type="checkbox"/> Picking Berries <input type="checkbox"/> Drumming <input type="checkbox"/> Digging roots / Gathering Herbs	<input type="checkbox"/> Don't Know <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____
<p>58. How would you rate our health here on the Blackfeet reservation? Do you think life on the Blackfeet 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

<p>59. The purpose of this survey is help professionals better understand and serve our community. We welcome feedback on topics covered in the survey, as well as any concerns we might have missed. <u>Please feel free to share your thoughts below.</u></p>

Thanks for taking this survey! Your input will help the Tribal Health Department make programs and take steps to make Blackfeet a healthier place for you to live.

We know that some of these questions are hard to “talk” about. Thinking about the survey questions, how truthful were you able to be?

- I didn't feel comfortable answering some, so I skipped them
- I didn't feel comfortable answering some, so I made up something
- I answered all questions truthfully