

# Fort Peck

Community Health Assessment

2016



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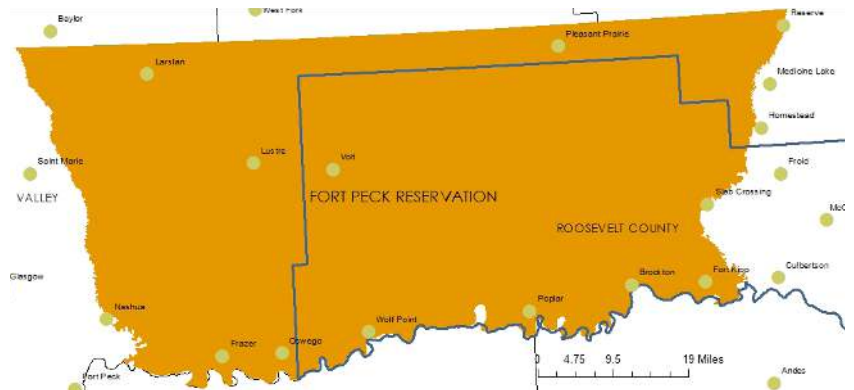
# Acknowledgements

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*Christine Eggar, Frontier School*  
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*Greg Hollar-Dinsemore*

# Introduction

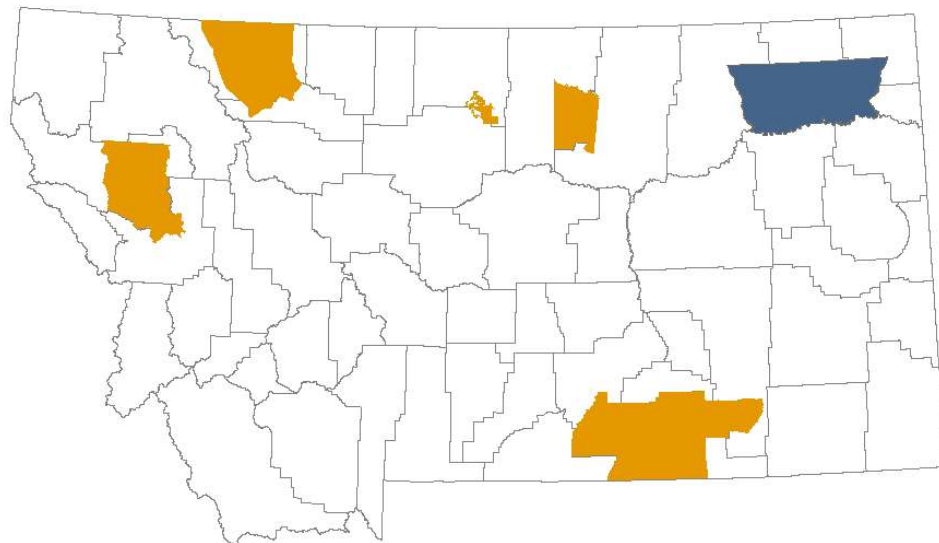
The Fort Peck Reservation in rural, northeastern Montana, is home to two American Indian Nations, the Assiniboine and Sioux Tribes. The reservation, which spans 180 miles and encompasses a total of 3200 square miles, is home to more than 7,000 tribal members. The four main communities on the Fort Peck Reservation-Wolf Point, Poplar, Brockton and Frazer-lie just north of the Missouri River. The reservation encompasses parts of frontier counties of Roosevelt, Valley, Daniels and Sheridan.



The Fort Peck Tribes are governed by the Tribal Executive Board, composed of twelve voting members, plus a chairman, vice-chairman, secretary-accountant, and sergeant-at-arms. Tribal executive board members are elected every two years. The tribal government operates a wide variety of tribal government programs, including the Fort Peck Tribal Health Department.

In 2015, the Fort Peck Tribal Health Department applied for and received funding from the Montana Public Health and Safety Division to develop a comprehensive health assessment of the Fort Peck Reservation. Dennis Four Bear, the director of the Fort Peck Tribal Health Department, worked with a third party consultant to convene a group of community stakeholders to guide the health assessment process.

The stakeholder group met quarterly in 2016 to guide the process. The following document contains an analysis of the most up to date population-level data for the Fort Peck Reservation. For question regarding the information contained in this report, contact Dennis Four Bear at 406-768-2200 or [d.fourbear@fortpecktribes.net](mailto:d.fourbear@fortpecktribes.net).



# Key Health Concerns

In January, 2016, the Community Health Assessment Committee made up of stakeholders from Fort Peck and Roosevelt County, identified a number of key health concerns in our community based on their experience working in the community.

## Substance Abuse

Methamphetamine      Opiates  
Alcohol Abuse          Tobacco  
Gambling

## Chronic Disease

Diabetes                  Heart Disease  
Cancer                    Obesity

## Maternal and Child Health

Teen Pregnancy          Drug use in pregnancy  
Developmental delay      School support

## Mental Health

Trauma

## Communicable Disease

Hepatitis C              Head Lice  
Sexually Transmitted Infections

# Contributing Factors

Community Health Assessment Committee members identified the following factors that contribute to the health concerns in Fort Peck and Roosevelt County.

## Socioeconomic Status

Poverty      Low education rates  
Insufficient and poor housing  
Dependence on a broken system

## Lifestyle

Diet                  Nutrition      “Night” lifestyle  
Access to exercise opportunities

## Access to Care, Services and Education

Lack of: Dental care      Providers      Mental Health Services  
Elder assisted living, home health and hospice  
Treatment facilities      Access to family planning

## Trauma

Family breakdown      Neglect  
Racism                      Hopelessness  
Adverse Childhood Experiences  
Lack of faith/spirituality

## Demographics

Aging population      Frontier community  
Effects of Bakken      Lack of youth activities

# Disparities

The Community Health Assessment Committee identified the following groups as those that experience health disparities in Fort Peck and Roosevelt County

**Children**  
**Adolescents**  
**American Indians**

**Transients from the Bakken**  
**Pregnant women and teen mothers**  
**The elderly**

# Assets and Resources

The Community Health Assessment Committee identified a number of community assets and resources that Fort Peck can draw upon to improve the health of our community.

**Extension services**  
**Community library**  
**Law enforcement**  
**Schools and school counseling services**  
**Health Promotion Disease Prevention Program**  
**School Based Clinics**  
**Mental health center**  
**Three hospitals, ER and several health clinics**  
**Two midwives**  
**Faith based organizations and churches**  
**Local clinics**  
**IHS**  
**Community hotlines**  
**Prenatal classes**  
**Best Beginnings**  
**Fort Peck Transit Service**  
**Stat Air (Airlift)**  
**Cultural center open gym**  
**Wellness center**  
**Home visiting programs**

**Family planning**  
**Hi-line Homes**  
**Parenting Classes**  
**Great Northern Development Corporation**  
**Fort Peck Community College**  
**Head Start**  
**Loy Sprague Grant-Sexual Behaviors**  
**Youth Dynamics Inc.**  
**Youth Groups**  
**Adult Education Classes**  
**Meals on Wheels**  
**4-H Clubs**  
**Women's Club**  
**Youth Advisory Boards**  
**Swimming pool in the summers**  
**Health department services: WIC, Immunizations, Family Planning, Home Visiting**  
**Generational depth-families**

# Demographics

Table 1. Demographics	Fort Peck	Montana
Population	10,262	1,006,370
Median Age	29.7	38.8
Under 5	10%	6.3%
Under 18	32%	22.6%
65 and Older	10%	14.8%
Male	49%	50.2%
Female	51%	49.8%
White	29%	89.4%
American Indian	70%	6.3%

The demographics of the Fort Peck reservation are very different than those in Montana as a whole. Compared to only 6% of Montanans, 70% of Fort Peck residents are American Indians. Fort Peck has a significantly younger population than the state of Montana, with one in ten residents of the reservation under the age of 5 and nearly one in three residents under the age of 18. (See Table 1).

**33% of young adults aged 18-24 in Fort Peck do not have a high school degree compared to 15% in MT.**

In terms of socioeconomic status, residents of Fort Peck face many challenges. The median household income in Fort Peck more than \$12,000 less than that in Montana. One in four households in Fort Peck report that there are no workers present and 36% of families with children under 18 live in poverty. Seven out of ten families with children in Fort Peck participate in the Supplemental Nutrition Assistance Program (also known as food stamps).

In terms of education, Fort Peck residents are 3 times less likely to have a bachelor's degree than all Montanans. Educational disparities are evident early on in our population, as fewer 3 and 4 year olds are enrolled in preschools and only four in five 15 to 17 year olds still attending school (See Table 2).

Table 2. Education, income, and employment	Fort Peck	Montana
Bachelor's degree or higher	11%	29%
3 and 4 year olds enrolled in preschool	32%	41%
15 to 17 year olds enrolled in schools	81%	96%
Median household income	\$34,345	\$46,766
Households with no workers in the past year	24%	15%
Percent in poverty (all people)	28%	15%
Poverty (under 18)	36%	20%
Households receiving SNAP	18%	11%
Households with children under 18 receiving SNAP	70%	52%

**11% of the American Indian population of Montana lives in Fort Peck.**

Source: American Community Survey (ACS) 5 Year Estimates, 2009-2014

# Demographics

Table 3. Housing	Fort Peck	Montana
Owner occupied housing	57%	68%
Renter occupied housing	43%	32%
Vacant housing	23%	16%
Housing built in year 2000 or later	3%	17%
No vehicle available	7%	5%
Housing lacks complete plumbing facilities	1%	1%
No telephone service	14%	3%

Housing is also a pressing issues in Fort Peck. Residents of the reservation are less likely than residents elsewhere in Montana to own their own homes and the housing stock in Fort Peck is much older than that in rest of the state, with only 3% of homes build in the year 2000 or later. 1 in 14

Fort Peck residents have no vehicle available (7%) and 1 in 6 do not have telephone service (14%). (See Table 3) These limitations pose barriers for residents of Fort Peck who wish to access services, as transportation and communication limitations arise.

Housing is also a pressing issues in Fort Peck. Residents of the reservation are less likely than residents elsewhere in Montana to own their own homes and the housing stock in Fort Peck is much older than that in rest of the state, with only 3% of homes build in the year 2000 or later. Almost 1 in 10 Fort Peck residents have not vehicle available (7%) and 1 in 6 do not have telephone service (14%). These limitation pose barriers for residents of Fort Peck who wish to access services, as transportation and scheduling pose greater issues to those individuals without access to reliable transportation and/or phone

Disabilities are also a concern in our community, especially later in life, with half of the seniors in For Peck reporting a disability.



**Only 3% of the homes in Fort Peck were built after the year 2000. 23% of homes are vacant.**



**1 in 14 Fort Peck adults does not have a car and 1 in 6 has no telephone service**

Table 4. Disability	Fort Peck	Montana
Disability status	12%	13%
Disability aged 5-17	4%	5%
Disability 65 and over	50%	36%



# Substance Abuse

## Youth

<b>Table 5. Alcohol Use Among Youth</b>	<b>Fort Peck</b>	<b>Montana</b>	<b>US</b>
Lifetime alcohol use	54%	70%	63%
Current alcohol use	24%	34%	33%
Binge drinking in the last month	13%	21%	18%

Youth in Fort Peck report less alcohol use than youth in Montana or the US, however they are more likely to report drug use, and the rates of use are particularly high for harder drugs such as heroin, methamphetamine and cocaine.

<b>Table 6. Illicit Drug Use Among Youth</b>	<b>Fort Peck</b>	<b>MT</b>	<b>US</b>
Lifetime marijuana use	40%	38%	39%
Lifetime cocaine use	9%	5%	5%
Lifetime inhalant use	10%	8%	7%
Lifetime heroin use	5%	2%	2%
Lifetime methamphetamine use	5%	3%	3%
Lifetime ecstasy use	8%	6%	5%
Lifetime misuse of prescription drugs	15%	16%	17%

## Adults

On in five adults in Roosevelt County report excessive drinking. The percent of driving fatalists that are attributable to alcohol is sharply elevated in Roosevelt County compared to the US and Montana. Adults in Roosevelt County are twice as likely as adults in Montana to report misusing prescription pain medication.

<b>Table 7. Alcohol Use Among Adults</b>	<b>Roosevelt County</b>	<b>Montana</b>	<b>US</b>
Excessive drinking (binge or heavy drinking in the last month)	20%	21%	15%
Percent of driving deaths that are alcohol impaired	71%	47%	31%

<b>Table 8. Prescription drug misuse</b>	<b>Roosevelt County</b>	<b>Montana</b>
Misused prescribed pain medication	6%	3%

Source: Youth Risk Behavior Survey (YRBS), 2015 Behavioral Risk Factor Surveillance Survey (BRFSS), 2014 and pain medication module, MT BRFSS 2011 - County Health Rankings 2016

# Mental Health and Trauma

## Youth

<b>Table 9. Mental Health and Trauma among Youth</b>	<b>Fort Peck</b>	<b>MT</b>	<b>US</b>
Symptoms of depression in the last year	18%	29%	30%
Suicide attempts in the last year	13%	9%	9%
Carried a weapon in the past 30 days	15%	26%	16%
In a physical fight in the past year	26%	22%	23%
Physically forced to have sexual intercourse	8%	9%	7%
Experienced dating violence	8%	8%	10%
Experienced sexual dating violence	6%	10%	11%
Bullied on school property in the last year	27%	25%	20%
Electronically bullied in the last year	20%	19%	16%

Youth in Fort Peck are more likely to report attempting suicide in the last year compared to high school students in Montana and the US. They are also more likely to report being in a physical fight and to have experienced bullying on school property in the last year.

## Adults

<b>Table 10. Mental Health among Adults</b>	<b>Roosevelt County</b>	<b>Montana</b>	<b>US</b>
Poor mental health days in the last month	4.4	3.4	3.4
Ratio of population to mental health providers	1030:1	399:1	529:1

Adults in Roosevelt County report an average of 4.4 poor mental health days in the last month. However, there is a severe shortage of access to mental health providers in Fort Peck relative to Montana and the US as a whole.

# Chronic Disease

## Tobacco Use

<b>Table 11. Tobacco Use among Youth</b>	<b>Fort Peck</b>	<b>MT</b>	<b>US</b>
Current cigarette use	17%	13%	11%
Current chewing tobacco use	13%	12%	7%
Lifetime e-cigarette use	43%	45%	45%

Youth in Fort Peck are more likely to currently use cigarettes than high schools students in the US as a whole.

<b>Table 12. Tobacco Use among Adults</b>	<b>Roosevelt County</b>	<b>MT</b>	<b>US</b>
Current cigarette use	29%	20%	20%
Current chewing tobacco use (Eastern MT)	12%	8%	4%

## Nutrition and Physical Activity

More than 1/3 of Fort Peck high school students describe themselves as overweight and 35% of adults are obese.

<b>Table 13. Nutrition and Physical Activity Among Youth</b>	<b>Fort Peck</b>	<b>MT</b>	<b>US</b>
Self described overweight	35%	30%	32%
Did not eat fruit in the past 7 days	16%	5%	5%
Drank pop every day in last 7 days	25%	19%	20%
Were not physically active one day in the last week	13%	11%	14%

Youth in Fort Peck are three times more likely to report not eating fruit in the last 7 days compared to other

<b>Table 14. Nutrition and Physical Activity Among Adults</b>	<b>Roosevelt County</b>	<b>MT</b>	<b>US</b>
Obese	35%	25%	27%
Physically Inactive	31%	22%	23%

<b>Table 15. Screen Time Among Youth</b>	<b>Fort Peck</b>	<b>MT</b>	<b>US</b>
Watched TV three or more hours per day	26%	22%	25%
3 or more hours of video games or computer time per day	31%	34%	42%

high schoolers and are also more likely to report drinking pop every day in the last 7 days. Adults in Roosevelt County are also more physically inactive than adults in Montana as a whole. More than a quarter of high school students in Fort Peck report watching three or more hours of TV per day and one third report three or more hours of computer of video games per day.

# Chronic Disease Prevalence, ER Visits and Hospitalizations

Table 16. Chronic Disease Prevalence	Eastern Montana	MT	US
Asthma (Fort Peck youth)	22%	22%	22%
Asthma (adults)	10%	9%	9%
Diabetes (adults)	10%	9%	10%
Arthritis (adults)	28%	27%	26%

More than one in five youth in Fort Peck reports that they currently have asthma. The rates of chronic illnesses in Eastern Montana is similar to that of Montana as a whole, but, based on our ED and hospital admissions data, we believe these rates are higher in Fort Peck.

Cancer incidence rates in Roosevelt County are elevated relative to Montana. Of note, **incidence rates of colon and rectum cancer are almost twice that seen in the entire state.**

Table 17. Cancer Incidence*	Roosevelt County	MT
Overall	476.1	439.8
Lung and bronchus	64.9	56.4
Colon and rectum	61.2	36.9

\*Rate per 100,000, Roosevelt County 2011-2013

Table 17. Chronic Disease Inpatient Hospital Admissions*	Roosevelt County	MT
Asthma	308.2	47.7
COPD	451.3	716.8
Cardiovascular disease	859.6	746.7
Diabetes (types 1 and 2)	1277.9	822.5

Rates of inpatient admissions for chronic diseases are elevated in Roosevelt County compared to Montana. Of particular concern, **asthma admission rates are 6 times higher in Fort Peck compared to Montana as a whole.**

\* Rate per 100,000 Roosevelt County 2011-2013

Admission rates in the emergency room for chronic diseases are also elevated in Fort Peck. Asthma rates are double and **cardiovascular disease admission rates are almost four times higher those seen in the rest of the state.**

Table 18. Chronic Disease Emergency Room Admissions*	Roosevelt County	MT
Asthma	516.7	260
COPD	1425	804.9
Cardiovascular disease	1140.5	372.7
Diabetes (types 1 and 2)	1765.2	1235.6

\* Rate per 100,000 Roosevelt County 2011-2013

# Communicable Disease

## Sexual Risk Behaviors

Table 20. Sexual risk behaviors among youth	Fort Peck	MT	US
Ever had sexual intercourse	44%	44%	41%
Currently sexually active-last three months	28%	32%	30%
Did not use a condom at last intercourse (among currently sexually active HS students)	30%	41%	43%

Almost half of students in Fort Peck report ever having sexual intercourse and almost a third of sexually active teens did not use a condom at last intercourse.

## Disease Incidence

Table 21. Communicable disease case rates*	Roosevelt County	MT
Chlamydia	1446.9	366.2
Hepatitis C	857.1	123.0
Gonorrhea	294.9	13.8
Pertussis	55.3	44.6
Campylobacteriosis	24.6	22.2

\*Rates per 100,000, DPHHS 2011-2013

Rates of sexually transmitted diseases in Fort Peck are sharply elevated compared to Montana as a whole. Chlamydia rates are almost quadruple those in Montana and Gonorrhea rates are 20 times higher. **The rate of Hepatitis C in Fort Peck, which is a blood born pathogen and is often transmitted through the sharing of needles, is 7 times higher in Fort Peck than in Montana.**

# Maternal and Child Health

## Birth Rates

Table 22. Birth Rates*	Fort Peck	MT
Number of births**	546	37,353
Birth rate overall***	43.2	12.2
Teen birth rate	162.2	32
Preterm birth****	10%	9%
Born weighing less than 2500 grams	6%	7%

\* Rates per 1000 population 2011-2013 \*\* 2015-2015 \*\*\* 2013-2014  
 \*\*\*\*Born less than 37 weeks

Data from Fort Peck indicate the health disparities begin affecting our population early in life. The teen birth rate in Roosevelt County is three times higher than that rate in Montana.

Babies are less likely to be breastfed at discharge in Fort Peck

Table 23. Maternal and Child Nutrition*	Roosevelt County	MT
Children aged 2-5 years on WIC who are overweight or obese	38%	28%
Women in the WIC program who initiate breastfeeding	53%	85%

\*2011-2013

and women participating in the WIC program in Fort Peck are also

Table 24. Maternal Child Health Indicators*	Roosevelt County	MT
Women entering prenatal care after first trimester	50%	27%
Women whose Kotelchuck Index is $\geq$ 80%	45%	75%
Smoking during pregnancy	29%	16%
Mother's education less than high school graduate	38%	12%
Any insurance	97%	92%
Receiving WIC	55%	35%
Breastfeeding at discharge	56%	89%

\*Birth certificate data 2011-2013

less likely to report initiating breastfeeding and 2-5 year old WIC participants are more likely to be overweight or obese.

**Women in Fort Peck are almost twice as likely to enter prenatal care later in their pregnancy** and are more likely to smoke during their pregnancy. Pregnant women in Fort Peck do have good access to health insurance and more than half have access to the WIC program

# Injury

## Driving Risk Behaviors

Table 25. Driving risk behaviors among youth	Fort Peck	MT	US
Never or rarely wears a seat belt when driving in a car driven by someone else	14%	10%	6%
In a vehicle driven by someone who had been drinking alcohol in last month	22%	23%	20%
Text or email while driving in last month	30%	55%	42%

Seat belt use among high school students in Fort Peck is lower than that in the US and in Montana.

## ER visits for Injury

Table 26. Emergency room visits for injury*	Roosevelt	Montana
ER visits for all unintentional injury	9169.9	5901.8
ER visits for falls	3759.7	2020.0
ER visits for motor vehicle injuries	830.6	520.0
ER visits for Intentional self harm	308.2	104.5
ER visits for Traumatic Brain Injury	824.1	649.9

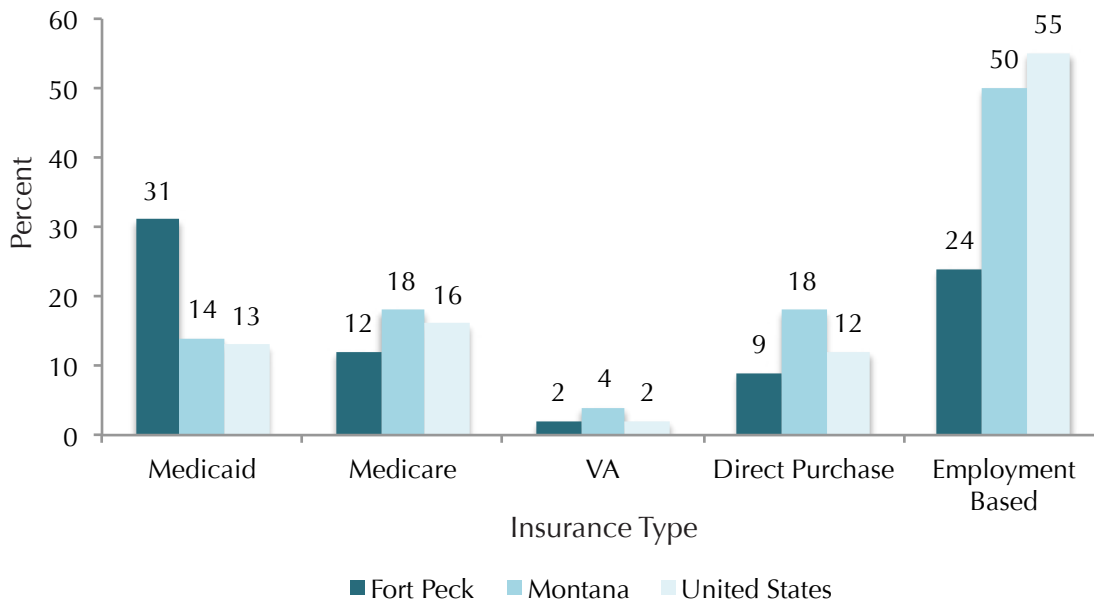
\*Rates per 100,000, 2011-2013

For many types of injuries, emergency room admission rates are higher in Roosevelt County compared to Montana as a whole. **Of particular concern is the rate for intentional self harm, which is almost three times the rate for Montana.**

# Access to Care

## Insurance Type

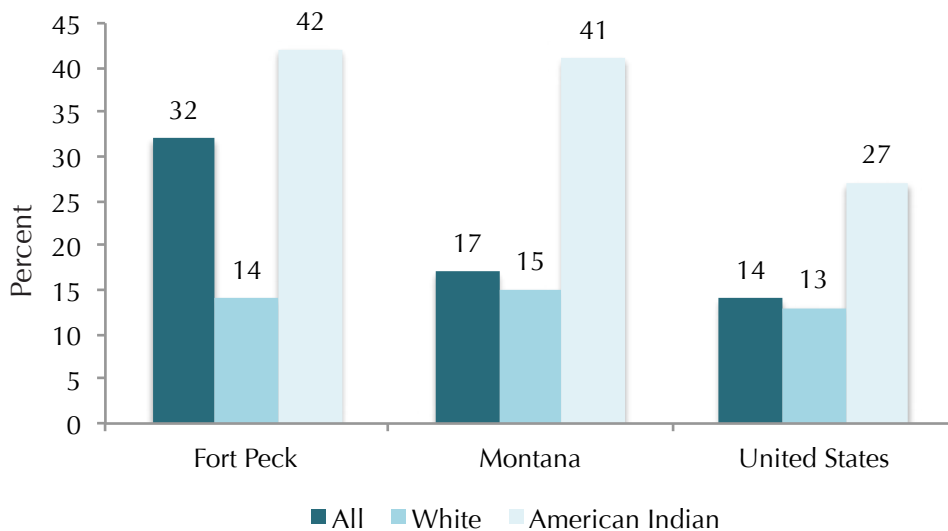
Insurance Type, ACS 5 Year Estimates 2014



In terms of insurance, almost 1/3 of individuals in Fort Peck have Medicaid and only 1/4 have employment based insurance. **The rate of private insurance in Fort Peck is less than half that in Montana as a whole.**

## Uninsured

Percent Uninsured, by Race, ACS 5 Year Estimates 2014



Almost 1/3 of all residents of Fort Peck are uninsured, driven by a racial disparity in insurance status. **Among American Indians 42% are uninsured compared to only 14% of the white population.**



# Disparities in Access

A number of populations in Fort Peck experience disparities in access to insurance:

- 60% of 19 to 25 year olds in Fort Peck are uninsured
- **85% of unemployed individuals in Fort Peck are uninsured**
- 43% of those making \$25,000 to \$49,999 annually are uninsured compared to only 30% of those making less than \$25,000
- Men are more likely to be uninsured than women

## Access to Dental Care

Table 27. Dental care	Fort Peck	MT	US
Did not see a dentist during the past year (youth)	32%	25%	26%
Population to dentist ratio (Roosevelt County)	2266:1	1477:1	1583:1

Almost one third of high school students report not seeing a dentist in the past year. Population to dentist ratio in Roosevelt County is higher than that in Montana and the US.

## Access to Primary Care

Table 28. Access to Primary Care	Roosevelt County	MT	US
Population to primary care provider ratio	5563:1	1312:1	1342:1

Access to primary care providers is severely limited in Fort Peck. The population to primary care provider ratio is more than 4 times that in Montana and the US as a whole.

# Access to Care

## Indian Health Service

The Billings Area Indian Health Service (IHS) operates the Fort Peck Service Unit on the Fort Peck Reservation with health centers in Poplar and Wolf Point. The mission of IHS is to "Strive to raise the physical, mental, social and spiritual health of American Indians and Alaska Natives to the highest level."

**Table 29. Top Ten Diagnosis at the Fort Peck IHS Service Unit, 2013-2015**

Dental exam  
 Acute upper respiratory infection  
 Type II Diabetes  
 Hypertension  
 Otitis media (ear infection)  
 Acute pharyngitis  
 Back Pain  
 Urinary tract infection  
 Pulpitis (infected tooth)  
 Bronchitis

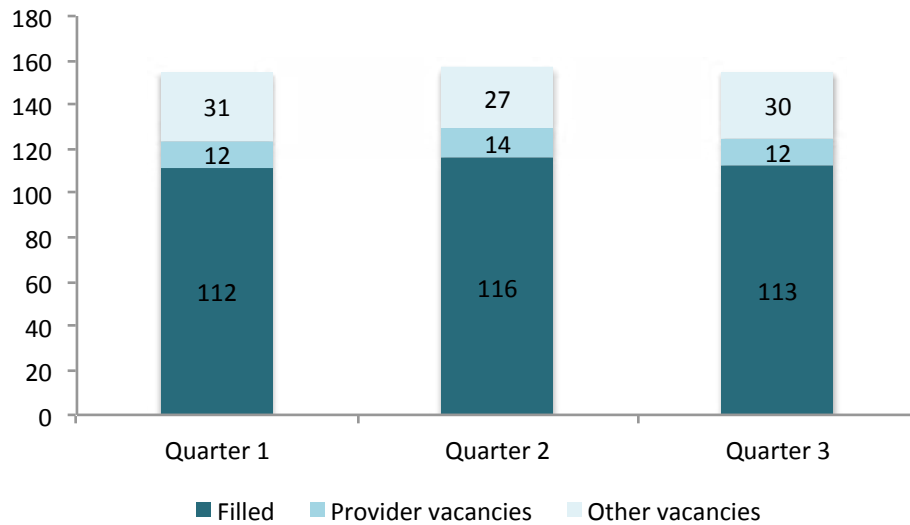
The Fort Peck Service Unit operates two clinics in Fort Peck, the Verne E. Gibbs Health Center in Poplar and the Chief Redstone Clinic in Wolf Point.

The Fort Peck Tribes also operates a number of services through a 638 contract, including the Health Promotion Disease Prevention that operates 5 school based clinics that provide medical, dental and behavioral health services to students and the Spotted Bull Recovery Center that provides individualized, comprehensive, and culturally based chemical dependency services.

**Table 30. IHS Services in Fort Peck**

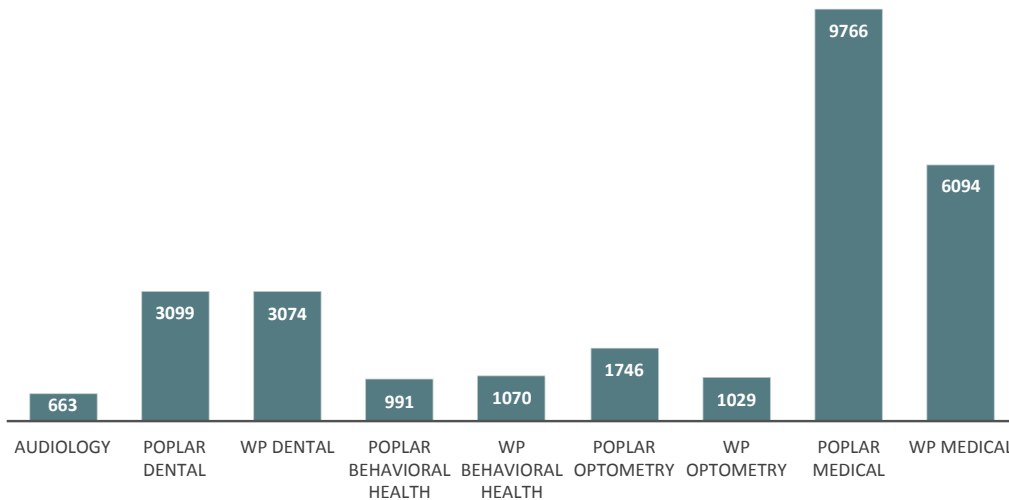
Verne E Gibbs Health Center-Poplar	Chief Redstone Clinic-Wolf Point	Services Provided through a 638 Contract
Medical	Medical	Health Promotion Disease Prevention
Dental	Dental	Safety and Environment of Care
Optometry	Optometry	Housekeeping
Behavioral Health	Behavioral Health	Tribal health
Radiology	Radiology	Spotted Bull Recovery Center
Pharmacy	Pharmacy	
Laboratory	Laboratory	
Public Health	Public Health	
Nutrition	Nutrition	
Case Management	Case Management	

## Number of filled positions and vacancies at the Fort Peck IHS Service Unit in the first three quarters of 2016



One barrier to providing effective health services in Fort Peck is recruiting and retaining licensed providers. In the first three quarters of 2016, the Fort Peck Service units were approximately 75% staffed.

## Number of visits to the Fort Peck Service Unit Health Programs, January through August 2016



Through the first three quarters of 2016, there were more than 27,500 visits to the IHS service unit health programs.

Table 31. IHS Prescriptions	Poplar	Wolf Point
2016 Quarter 1-3 Total Prescriptions	54,940	40,658
Prescriptions for Controlled Substances	3376	1965
% Controlled Substances	6.1%	4.8%

The service unit also dispensed almost 100,00 prescriptions during the first three quarters of 2016, including more than 5,300 prescriptions for controlled substances.

# Overall Health Status

## Overall

Table 32. Overall health status	Roosevelt County	MT	US
Self rated fair or poor health (adults)	24%	14%	16%
Poor physical health days per month (adults)	4.8	3.9	3.7
Years of Potential Life Lost Rate*	20,484	7,307	6,622

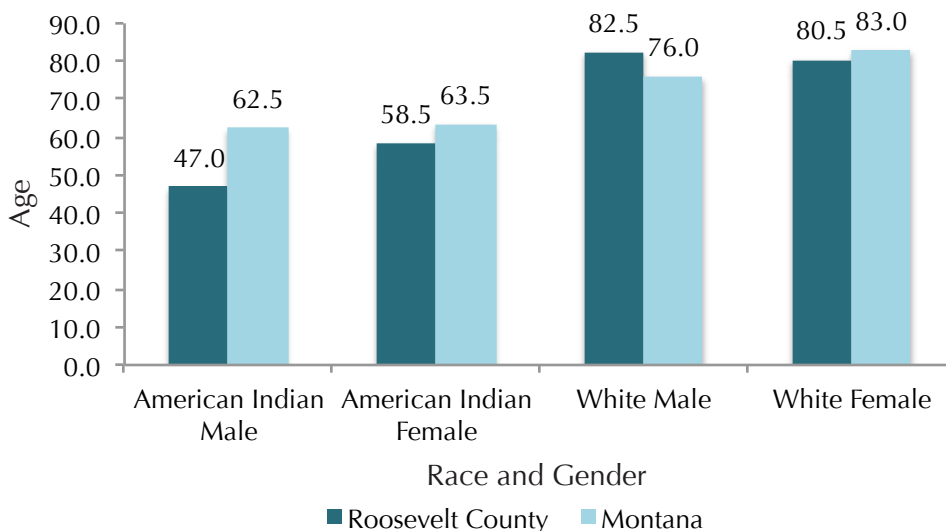
\*Age-adjusted years of potential life lost before aged 75 per 100,000 population

Almost one quarter of all adults in Roosevelt County rate their health as fair or poor and, on average, adults reports having almost 5 days per month of poor physical health. Compared to the US, adults in Roosevelt County experience more than 3 times the rate of Years of Potential Life lost.

**One in four adults in our area rate their health as fair or poor and adults report an average of almost 5 days per month of poor physical health.**

## Median Age of Death

Median age of death, by age and gender in Roosevelt County and Montana, 2011-2013



American Indians in Fort Peck face a **substantial disparity in life expectancy**, with a median age of death 35 years less for American Indian males than White males in Fort Peck and 28 years for American Indian Females compared to White females. American Indians in Fort Peck have median age if death 10 to 15 years less than other American Indians in Montana.

# Leading Causes of Death

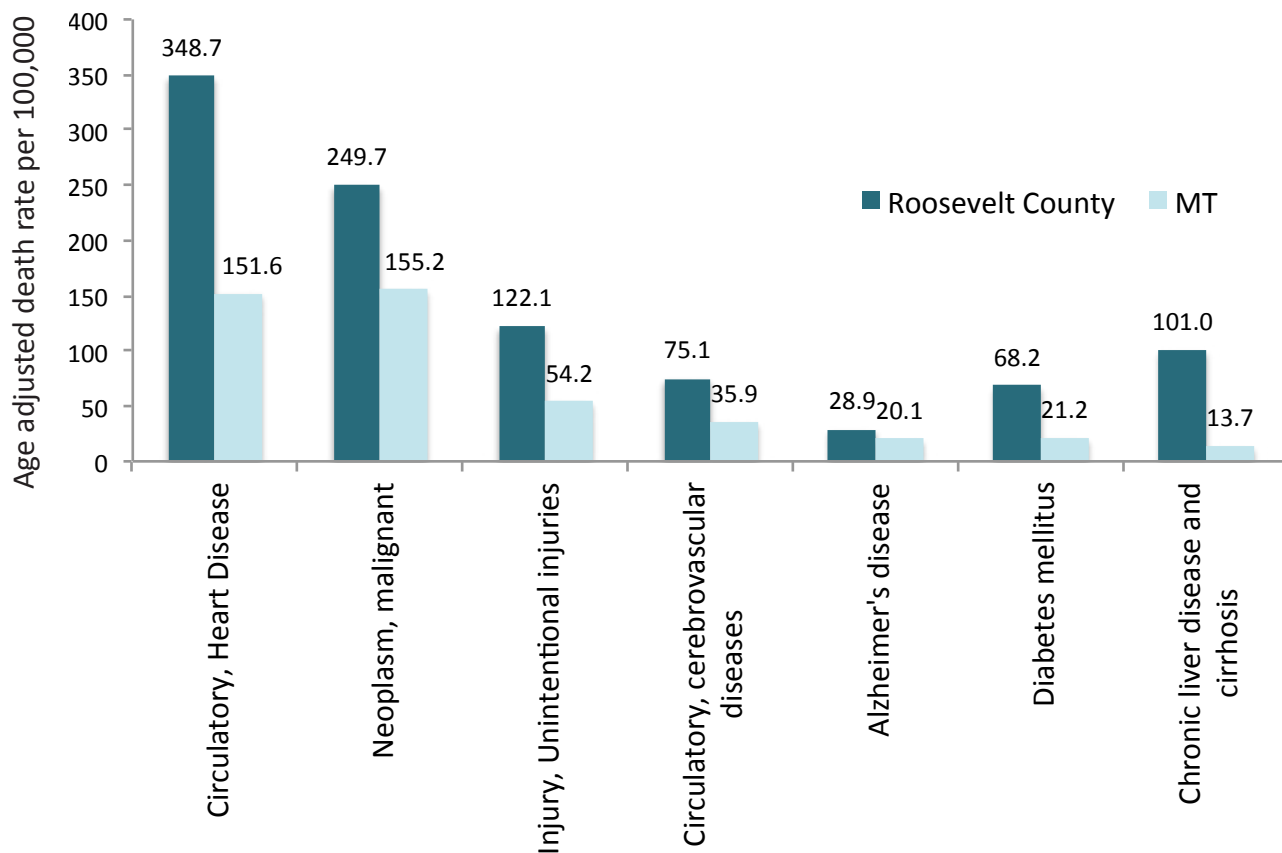
Table 33. Leading Causes of Death*	Roosevelt County	MT
Circulatory, Heart Disease	348.7	151.6
Neoplasm, malignant	249.7	155.2
Injury, Unintentional injuries	122.1	54.2
Circulatory, cerebrovascular diseases	75.1	35.9
Alzheimer's disease	28.9	20.1
Diabetes mellitus	68.2	21.2
Chronic liver disease and cirrhosis	101.0	13.7
Overall	1465.4	749.7

All of the age adjusted rates for the leading causes of death in Roosevelt County are elevated relative to Montana. Heart disease, Injury, and cerebrovascular disease death rates are more than twice that seen in Montana. **The death rate for diabetes is more than three**

\*Age adjusted death rate per 100,000, 2013-2015

**times the rate for the rest of the state and the chronic liver disease death rate is more than 7 times higher than Montana's rate for CKD.**

## Leading causes of death, 2013-2015, Roosevelt County and Montana



# Summary

There are many pressing health concerns facing the residents of the Fort Peck Reservation. This document is an attempt to quantify, using the available public health data, some of the needs that our community currently faces. This report is the result of a collaborative effort by stakeholders on our reservation to paint a picture of the overall health of our community.

A number of key health concerns were highlighted in the population level data analyzed in this report. The following health indicators are elevated in Fort Peck relative to the US and Montana:

## **Youth**

- Illegal drug and tobacco use
- Suicide attempts and bullying
- Nutrition and overweight
- Teen pregnancy
- Access to dental care

## **Adults**

- Access to mental health, primary care and dental care
- Access to insurance, particularly among American Indians
- Impaired driving and alcohol related motor vehicle accidents
- Tobacco use, including during pregnancy
- Initiation of prenatal care and breastfeeding
- Obesity and physical inactivity
- Sexually Transmitted Infections and Hepatitis C
- Chronic disease rates for hospital and ER visits and deaths
- Suicide

Clearly there is much work that can be done to improve the health of the residents of Fort Peck. And with the strong partnerships and many organizations working together to improve our community's health, we are confident that we can reduce risk factors and increase the quality of life for all Fort Peck residents.