



NORTHERN CHEYENNE

2018

COMMUNITY HEALTH ASSESSMENT



TABLE OF CONTENTS

Acknowledgements.....	2
Executive Summary.....	4
Community Description.....	5
Introduction.....	10
Methodology.....	11
Community Priorities.....	14
Strengths, Elders and Children.....	16
Demographics.....	18
Morbidity and Mortality.....	21
Behavioral Health.....	22
<i>Mental Health</i>	22
<i>Suicide</i>	24
<i>Substance Abuse</i>	26
Access to Primary Care.....	31
Chronic Disease.....	34
<i>Cancer</i>	35
<i>Diabetes</i>	37
<i>Cardiovascular Disease</i>	39
Communicable Diseases.....	40
<i>Sexually Transmitted Infections</i>	40
<i>Vaccinations</i>	42
Public Safety/Injury and Violence Prevention.....	43
<i>Public Safety</i>	43
<i>Violence</i>	45
Maternal and Infant Health.....	48
Environmental Health.....	51
<i>Built Environment</i>	51
<i>Housing</i>	52
Food, Movement, and Weight.....	56
References.....	60
Appendix: CHA Survey.....	67



ACKNOWLEDGMENTS

It is my honor to present to you the pivotal Community Health Assessment for the Northern Cheyenne Tribal Board of Health (NCTBH). This assessment examines data and views on our Tribe's overwhelming health issues – issues we face daily, such as addiction/substance abuse, mental health, trauma, and problems accessing quality healthcare – to name just a few. This health assessment is pivotal because it holds great importance to our growth and the development of our ability to effectively take care of our health through real self-determination.

Our tribe has been steadily building our health resources throughout the years, and as our capacity and experience grows, so does our knowledge. **We have learned of the appalling health disparities between us and the rest of America: chiefly that we live on average 20 years less – something my father commented, “in other words, our very young and our old are dying before their time!”** We must understand what the causes to this are. We believe that this assessment will provide a valuable technical resource for future development of strategies to tackle these health disparities but also improve our quality of life.

This work also calls attention to our cultural values and ceremonies to effectively overcome these health problems. **Integral to our health, is our relationship to the natural environment where we will always fight to have clean air to breath and pristine water to use. Our people have long-faced extreme hardships and threats to our existence with unwavering faith, determination and intelligence, and we have survived against all the odds.** Cultural oppression has let up enough this generation to where it is now acceptable for us to draw on the stone-strengths of our grandfathers' and grandmothers' way of health and healing, while utilizing the best of modern medicine, to prevent and/or heal our illnesses and disease. And so it is my sincere hope (and prayer) that our community health assessment will give our decision makers and program leaders the information, tools, and insight to serve as a starting point to improve services and build a better healthcare system.

This assessment represents broad community input from people and organizations, not only from the NCTBH but also from the following: schools, businesses, federal entities, and community members – all gathered through the long and hard work of dedicated people from NCTBH and our partners at Boston Medical Center. I want to thank everyone who has participated in this process. A sincere thank you to the MT DPHHS Public Health and Safety Division and the Montana Healthcare Foundation whose funding made this possible. **May this Community Health Assessment serve us well. Ha-ho.**

Eugene D. Little Coyote / May-uh Nahun (Morning Killer)

Tribal Health Administrator

Northern Cheyenne Tribal Board of Health



Photo by Cheyenne Foote

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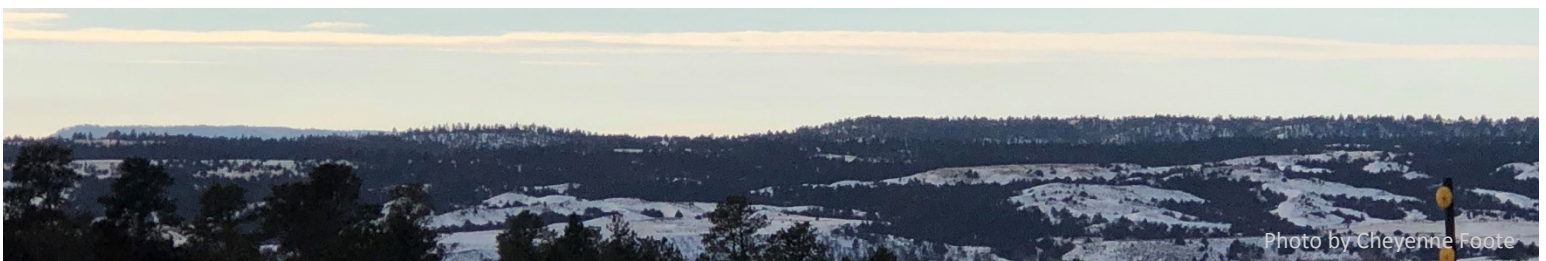


Photo by Cheyenne Foote

ACKNOWLEDGEMENTS

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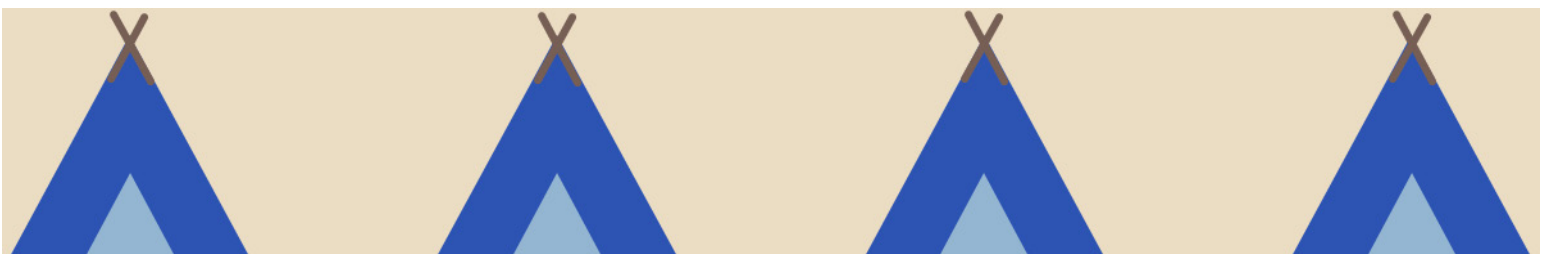
Ashland Public Schools
Boys and Girls Club of the Northern Cheyenne Nation
Chief Dull Knife College
Lame Deer Public School
Lame Deer Trading IGA
Northern Cheyenne BIA Law Enforcement
Northern Cheyenne Commodity Program
Northern Cheyenne Department of Environmental Protection and Natural Resources
Northern Cheyenne Elderly Program and the Elder/Senior Center
Northern Cheyenne Head Start Program
Northern Cheyenne Recovery Center
Northern Cheyenne Reservation Extension Service of MSU

Northern Cheyenne Nation, Tribal Office
Northern Cheyenne Service Unit, IHS
Northern Cheyenne Service Unit, IHS Community Health Representatives
Northern Cheyenne Tribal Board of Health
Northern Cheyenne Tribal Board of Health, Department of Behavioral Health
Northern Cheyenne Tribal Board of Health, Dragonfly Project
Northern Cheyenne Tribal Education Department
Northern Cheyenne Tribal Housing Authority
Tribal Historic Preservation Office (THPO)
Wild Rose Center

This Community Health Assessment is a product of the collaborative effort of the Northern Cheyenne Tribal Health Department and The Center for Health Equity Education and Research at Boston University/Boston Medical Center. It was conducted between August 2017 and July 2018. Funding was provided by the Montana Department of Health and Human Services and the Montana Healthcare Foundation.



Photo: Cheyenne Foote



EXECUTIVE SUMMARY

OVERVIEW

The Northern Cheyenne Tribal Board of Health (NCTBH) created this Community Health Assessment (CHA) in collaboration with local and state-based partners in 2017/18. Community input shaped the CHA at three large community meetings; in small-group consultations with local experts in top health priority areas, and with ongoing feedback from tribal health and other tribal officials. Consultants at Boston Medical Center's Center for Health Equity, Education, and Research (CHEER) supported this work by gathering secondary data and, for areas of concern where data was still needed, creating and conducting a CHA survey. (See *Methodology* section on page 11.) This CHA was conducted to comply with Public Health Accreditation Board (PHAB) standards and included an in-person survey of over 300 residents of the Reservation.

DEMOGRAPHICS

84% of residents on the Northern Cheyenne Reservation (NCR) are American Indian, and on average, are younger than Montana and US populations. The average life expectancy for the people of the Northern Cheyenne Reservation is approximately 57 for men and 61 for women, which is 20 years shorter than that of white Montanans.

PRIORITY CONCERNS

At the Northern Cheyenne CHA Community Health Priorities Meeting, community members identified Mental Health, Substance Use, Trauma, Housing, and Education/Youth opportunities as the 5 health-related issues of most concern. (See the *Community Priorities* section on page 14 for more details). The pages dedicated to the top 10 community health priorities in the CHA are marked by a Morning Star symbol in this CHA.

Mental Health included mental illness, codependency, stress, resentment, unhealthy coping mechanisms (leading to substance use and abuse), suicide, schizophrenia, and depression.

Substance Use included the broad use of methamphetamines, alcohol, and "pills" (narcotics, opioids, or other prescription drugs), and particular concerns were stated about substance use in pregnancy and among parents.

Trauma included historical trauma, inter-generational trauma, and ongoing daily trauma, and deliberation on how to break the cycle of inter-generational trauma from one generation to the next.

Housing/Homelessness included concerns about the lack of quality housing; contamination from methamphetamines; overcrowding, and hygiene issues.

Education/Youth included concerns about the lack of resources for youth, with few activities, high risk of exposure to illicit drug use and trauma, high dropout rates at schools, and lack of job or career prospects.

POSITIVE FINDINGS

Although the CHA found many challenges, it represents a positive step for the Northern Cheyenne Tribe in gathering and presenting health information, much of which has not been published before. This information will inform future work; it is a starting point to track improvements, and to plan future health projects and programs to serve the community.

Some specific, positive findings included appreciation of strong, community-focused tribal health programs, and clinic services at the IHS Northern Cheyenne Service Unit (NCSU). Survey respondents and meeting attendees appreciated free access to a fitness center, lighted walking paths, and institutions like Chief Dull Knife College and access to public and private schools. Other strengths include the large land base, of which 98% is owned by tribal members, and connections to family, language, and traditional activities like hunting, sweats, pow wows and gathering berries.



Photo by Eugene Little Coyote

THE CHEYENNE PEOPLE

*“This book is the story of the warfare of the most warlike tribe of the warlike Plains Indians.” - George Bird Grinnell, 1914, **The Fighting Cheyennes**; Series: **Civilization of the American Indian***

*“The Cheyennes were traditionally a peace loving people...they could and did fight exceedingly well in defense of their land; however, they never were the militant super-warriors portrayed by Hollywood.” - Tom Weist, 1977, **A History of the Cheyenne People**; Series: **Montana Council for Indian Education***



Photo by Kirsten Krane

These words on the opening pages of *The Fighting Cheyennes* and *A History of the Cheyenne People* state conflicting views on the Cheyenne. The titles of the series to which they belong make it painfully clear that, from the perspective of the publisher, tribes need to be ‘civilized’ or ‘educated’. And, although these two books are generally respected by the tribe, it’s typical that they were written by non-tribal members. Indeed in many cases, Cheyenne history has been recorded by their enemies.

*“The book, **The Fighting Cheyenne**. My knowledge of who we are is not congruent with **The Fighting Cheyenne**. We are a familial, kind people. That is what ‘they’ said about ‘us’.” - Janelle Timber-Jones*

Cheyenne history has been passed down orally through narrative storytelling. In the 1950s, western anthropologists started to collect some of these stories, put them into the English language and publish them. Some are accurate, others less so – many learned and traditional Cheyenne avoided contact with westerners, and those who spoke with them were frequently thought of as “hang-around-the-fort Indians”. Cheyenne narrative histories still coexist with these written records, but many were lost.

“We suffer from cultural amnesia – a lot of our history was erased via boarding schools created to acclimatize Indian children. Our cultural identity was literally beaten out of us. We try to empower oral histories – the books are not us. They were not by the Northern Cheyenne. A lot of history has been handed down, and that is more relevant.” - Eugene Little Coyote, Tribal Health Director

Long ago, the Cheyenne lived in Minnesota gathering local crops and hunting bison. Over time, the tribe migrated with canoes across the marshes away from the Great Lakes into North Dakota. In the early days, dogs were the beasts of burden, until the time of the horse. According to the late Mahk sta’vo yan’st st (Black Moccasin), the Cheyenne reached the Missouri about 204 winters before 1880.

“One thing I wasn’t taught in school – the Cheyenne were derived from two tribes, the Suhtai and the Tsitsistas. The Suhtai introduced the major religious traditions like the sun dance. They brought the sacred covenant and the relationship with Ma’haya; the sacred buffalo hat bundle. The Tsitsistas and the Mahuts brought the government and military structure, the sacred arrows bundle that grants dominion over enemies and game. They had 44 chiefs and their warriors were organized in groups. The Cheyenne were allied with three other tribes – the Arapahoe, the Lakota Sioux, and they made peace with the Kiowa.” - Eugene Little Coyote, Tribal Health Director



THE CHEYENNE PEOPLE

One of the most revered Cheyenne prophets was Sweet Medicine, who predicted the coming of the white man.

“They will be powerful people, strong, tough. They will fly up in the air, into the sky, they will dig under the earth, they will drain the earth and kill it. All over the earth they will kill the trees and the grass, they will put their own grass and their own hay, but the earth will be dead -- all the old trees and grass and animals. They are coming closer all the time...We have this good air. This prairie hay still grows. But they are coming all the time, to turn the land over and kill it, more and more babies being born, more and more people coming.’ That’s what He said.” - Fred Last Bull, Keeper of the Sacred Arrows (Busby, 1957) on the prophecies of Sweet Medicine

Since contact, the story of the Cheyenne has been one of war, disease, and trauma. Smallpox and cholera killed many people. The early 1800s were marked by a series of broken treaties and raids, but the watershed was the Sand Creek Massacre. In 1864, Col. Chivington, a former Methodist minister then in command of the Colorado Volunteers, attacked a camp of peaceful Cheyenne at Sand Creek with a mission to take no prisoners, and slaughtered 137 people; 109 of whom were women and children. After this massacre, the Cheyenne and their allies consolidated and mistrusted new offers of government peace treaties.

Eventually, the hostilities led to the Battle of the Little Bighorn, where the allied Cheyenne, Lakota Sioux, and Arapahoe forces destroyed Custer’s entire army with relatively few Cheyenne casualties (believe to be 7 Cheyenne and 67 Sioux warriors dead). This was however, the last of the Cheyenne military victories. The Cheyenne, Lakota Sioux and Apache are considered the last of the warrior tribes.

“My great grandmother was born the day after the Battle of Little Bighorn. She was alive until I was 9 years old.” - Janelle Timber-Jones

“In the late 1800s, after the tribe surrendered to the US government, we were sent to Oklahoma, to live with the Southern Cheyenne, who were already living there. We Northern Cheyenne were used to a colder climate. There were no game in Oklahoma. We were given rations, and they were inadequate. People got sick. Quite a few passed away. This forced Chiefs Little Wolf and Dull

Knife to make a decision to return. On September 9th, 1878, they left Oklahoma territory with over 300 Northern Cheyenne and started the journey north. They were pursued by the US cavalry and fought four battles. But they made it north. They spent the winter in Nebraska but the following spring, Chief Little Wolf continued and brought the people back to the same exact territorial range where they had lived before.” - Wallace Bearchum, direct descendant of Chief Little Wolf



Photo of Wallace Bearchum, direct descendant of Chief Little Wolf

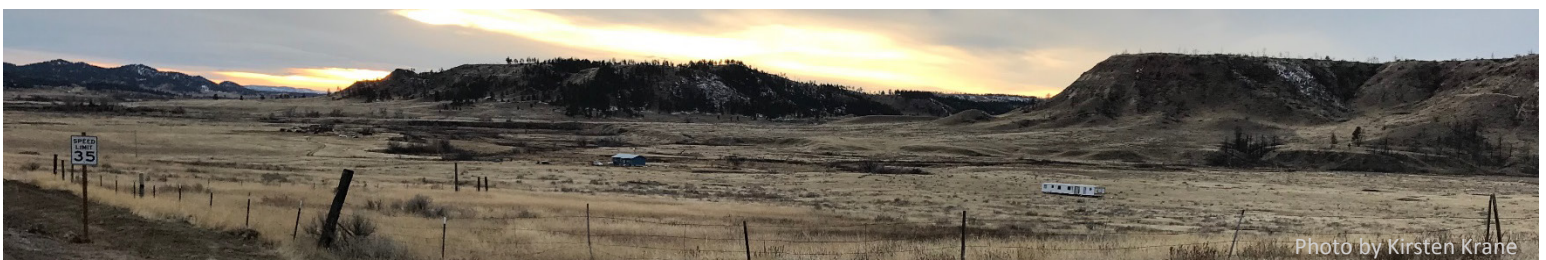


Photo by Kirsten Krane

THE CHEYENNE PEOPLE

The Tongue River Indian Reservation, now the Northern Cheyenne Reservation, was established between 1884 and 1900, and occupies approximately 444,000 acres. Although the Northern Cheyenne had made it back to their homeland, the assaults from western culture did not end. Other attempts at westernization such as the boarding schools, continued.

“My maternal grandmother was in boarding school in Busby, Montana and in Chemawa, Oregon, she said she was one of the youngest ones in Busby. At night the headmaster would come in and choose a girl (we know what happened under those circumstances). Everyone would try to be the first to bed, to choose the bed furthest away. The way children are being raised right now is a direct result of these kinds of experiences.

My paternal grandfather went to the Carlisle Boarding School. Boarding school, I imagine they told them it was a good thing – they got to have food and shelter and learn to read and write, at least that’s what they were told. On the reservation, people were being told you can’t hunt or leave the reservation without being shot, so their way of life meant having their lives endangered just to feed their families...No wonder men lost hope. They were watching their families suffer. I can’t imagine what those feelings of helplessness and hopelessness would be like. Is this the stuff that is passed in DNA?” - Anonymous quote, Northern Cheyenne Tribal Member



“Our old food we used to eat was good. The meat from buffalo and game was good. It made us strong. These cows are good to eat, soft, tender, but they are not like that meat. Our people used to live a long time. Today we eat white man’s food, we cannot live so long -- maybe seventy, maybe eighty years, not a hundred. Sweet Medicine told us that. He said the white man was too strong. He said his food would be sweet, and after we taste that food we want it. Chokecherries and plums, and wild turnips, and honey from the wild bees, that was our food. This other food is too sweet. We eat it and forget...It’s all coming true, what He said.” - Fred Last Bull, Keeper of the Sacred Arrows (Busby, 1957)

“Today, our Cheyenne Nation is being invaded by powerful enemies of another kind – alcohol and drugs. We must win the victory over them as we overcame those who attempted to destroy our people and our culture in the past.”
- The late Elva Standsintimber



THE CHEYENNE PEOPLE

NORTHERN CHEYENNE GOVERNMENT TODAY

The Northern Cheyenne Nation is governed by the Northern Cheyenne Tribal Council, led by the President, who oversees the management of tribal lands, resources, businesses, programs, and services. Consisting of six members, the council is responsible for all powers of government as defined by the Northern Cheyenne Constitution and By-laws (*NC GOV 2017*). Representing five districts, members are elected by the tribe to serve four-year staggered terms (*NC GOV 2017*). A list of current council members is available on the tribal website: <http://www.cheyennation.com/executive.html>

PRESENT DAY COMMUNITY

The current reservation spans approximately 444,000 acres (*NC LANDS 2017*), with 98% tribal ownership. The reservation is bordered to the east by the Tongue River, and to the west by the Crow Reservation. Communities on the reservation include Lame Deer, Busby, Birney, Kirby, and the Muddy/Ree area (*AMBLER ET AL 2008*). The city of Ashland is adjacent to the reservation's eastern edge. The population of the reservation was estimated to be 4,382 people, as of the 2015 Census (*US CENSUS BUREAU 2015 NC*). Major employers on the reservation include the local schools, tribal and federal governmental entities, as well as power and construction companies (*NC LANDS 2017*). For the purpose of this Community Health Assessment (CHA), the community refers to all individuals who live on Northern Cheyenne Reservation (NCR) who are able to access tribal health and related infrastructure.

Community Resources

Ashland Public Schools School nurses, mental health programming, child nutrition programs, Backpack Program, Families in Transition Program

Boys & Girls Club of the Cheyenne Nation Afterschool programs for youth and teens in the Lame Deer Community

Chief Dull Knife College Various health programs, associate degree programs in nursing and community health, USDA Extension Agent, health research projects <http://www.cdnc.edu>

Dragonfly Project Culturally appropriate meth, suicide and bullying prevention programs

Healing Hearts Programs for domestic violence prevention, sexual assault services

Indian Health Service Northern Cheyenne Service Unit Hospital in Lame Deer. Primary care, emergency/urgent care services, dental, optometry, nutrition, physical therapy <https://www.ihs.gov/billings/healthcarefacilities/ncheyenne/>

Lame Deer Public Schools K-12 education, mental health programming, child nutrition programs <https://lamedeerk12.weebly.com>

Northern Cheyenne Commodity Food Program Food distribution program for low income families

Northern Cheyenne Elderly and Senior Center Senior congregate meal site

Northern Cheyenne Food Pantry Food distribution and job skills training

Northern Cheyenne Head Start Program and Early Head Start Parenting classes, health screening and service coordination, child nutrition program

Northern Cheyenne Recovery Center Outpatient treatment classes and counseling to support people with substance use disorders

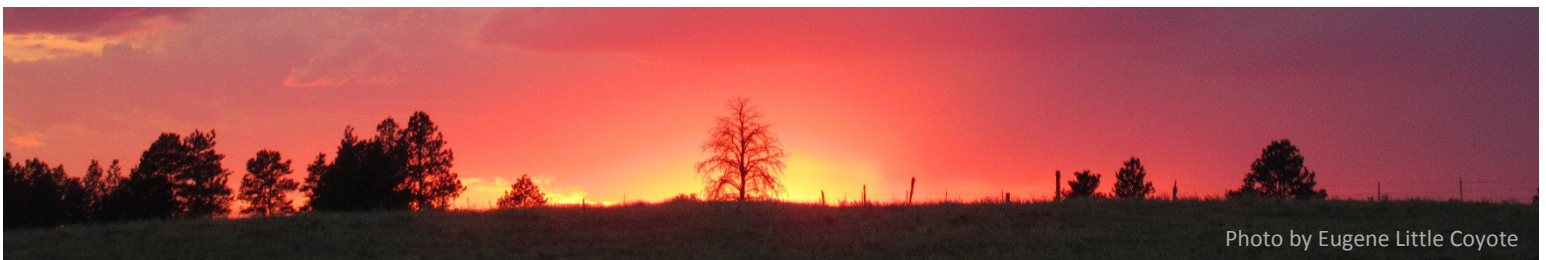


Photo by Eugene Little Coyote

THE CHEYENNE PEOPLE

Community Resources, Continued

Northern Cheyenne Tribal Board of Health Oversight for a wide array of health-related programs: domestic violence prevention, tobacco prevention, suicide prevention, bullying prevention, diabetes prevention, mental health, community health nursing, community health representatives, health education <http://www.nctribalhealth.org>

Northern Cheyenne Tribal Board of Health – Community Health Representatives Services for all ages. Home visitation, transportation, screenings

Northern Cheyenne Tribal Board of Health – Public Health Nursing Vaccinations, STI testing and counseling, nursing home visitation, pregnancy testing, birth control

Northern Cheyenne Tribal Board of Health – Behavioral Health Services Counseling services

Northern Cheyenne Tribal Board of Health – Health Education

Northern Cheyenne Tribal Housing Authority Tribal housing assignments and home purchasing counseling

Northern Cheyenne Tribal School Culturally relevant K-12 education <http://www.nctsk12.com>

Northern Cheyenne Wellness (Diabetes) Project Diabetes prevention and education, fitness center

Repatriation of skeletal remains to the reservation (August 2017) http://billingsgazette.com/news/state-and-regional/montana/northern-cheyenne-remains-returned-to-reservation-after-years/article_50116f63-d5e5-50ac-81c1-745306a24571.html

St. Labre Schools and Assistance Programs Child nutrition program, food pantry, thrift store, emergency assistance

Special Supplemental Nutrition Program for Women Infants and Children (WIC) Nutrition counseling, breastfeeding support, food security

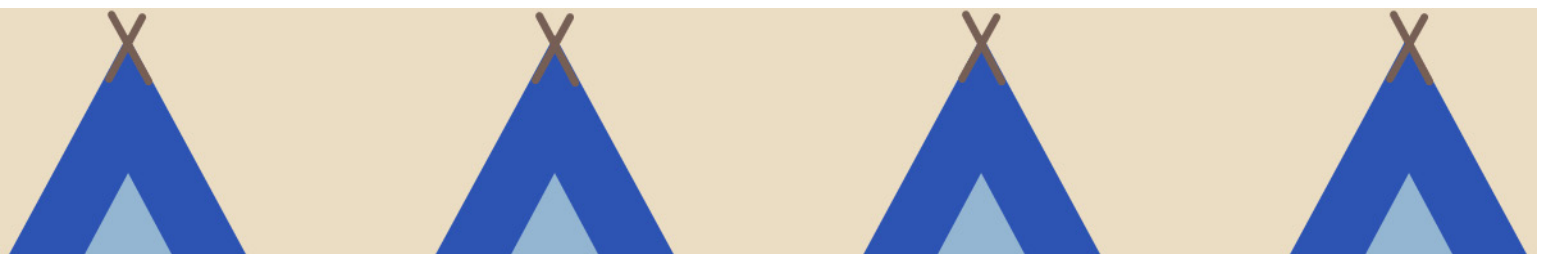
Wild Rose Center Spiritual and cultural healing center for women <https://www.wildrosecenter.com>



Photo by Kirsten Krane

For those of us who work with people in the community in alternative/other ways, I am hoping that the Community Assessment results are shared with all of us. It would help my organization find ways we can impact people on a smaller more intimate scale, and it might also show some gaps that we are uniquely situated to fill. During the one session I was at, I heard some great ideas as well as needs being discussed.

April Martin/Executive Director at Wild Rose Center (Busby)



INTRODUCTION

“Let us be Cheyenne with simple honesty, sober, clear minds, united together in the sacred circle of Maheo’s life that makes the Cheyenne people a holy nation.” - The late Elva Standsintimber

“There is a lot of good and a lot of bad. But I love my home.” - NCR CHA Survey Respondent



Photo by Kirsten Krane

About the Community Health Assessment

PURPOSE

The goal of this CHA is to examine systematically important health issues on the Northern Cheyenne Reservation (NCR), in order to identify key programming needs that can improve the health and well-being of the community. The findings of this CHA will be used to plan future health improvement projects and programs.

DEFINITION

In this assessment, the “community” is defined as all individuals who live on the Northern Cheyenne Reservation. Per the 2015 US Census, the population of the Reservation was 4,382.

AUDIENCE

This CHA is meant to inform the work of the Northern Cheyenne Tribal Board of Health (NCTBH) and its programs, as well as the work done by other community partners who are responsible for the health and well-being of the Northern Cheyenne community, including, but not limited to: Tribal Council of the Northern Cheyenne Tribe, IHS Northern Cheyenne Service Unit (NCSU), Lame Deer Public Schools, Chief Dull Knife College, Northern Cheyenne Child and Family Services, Northern Cheyenne Housing, Northern Cheyenne Environmental Department, Rocky Mountain Tribal Leaders’ Council, 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 the Northern Cheyenne Reservation.



Photo by Cheyenne Foote



Photo by Kirsten Krane

METHODOLOGY

APPROACH

The Northern Cheyenne Tribal Board of Health (NCTBH) conducted this CHA, to examine, systematically, health issues of importance to the people of the Northern Cheyenne Reservation (NCR). This CHA, which was performed to meet Public Health Accreditation Board (PHAB) standards, prioritized the following:

- Active involvement of tribal leaders and stakeholders
- Identification of tribal health priorities
- Collection of primary data through an in-person community survey of 332 participants
- Analysis of several other primary datasets
- Extensive review and analysis of secondary data

Ultimately, the CHA will help the tribe to identify key programming needs to improve the health and well-being of the community. The next step towards PHAB accreditation and health planning 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 NCTBH to provide technical assistance for this CHA. The “CHA team” referred to in this document consists of Tribal Board of Health members, CHEER team members, and expert advisors from the Northern Cheyenne community.

DATA REVIEW

The CHA team collected, reviewed, and compiled data from public and program-based sources. Tribal leadership requested unpublished data from IHS Billings Area Office (BAO), Rocky Mountain Tribal Epidemiology Center (RMTEC), and systems such as the Lame Deer Public Schools.

A note on the Youth Risk Behavioral Survey (YRBS) Data: YRBS is administered every 2 years, and presented here are results from 2013 and 2015.

STAKEHOLDER MEETINGS FOR IDENTIFICATION OF COMMUNITY HEALTH PRIORITIES AND COMMUNITY INPUT

The following stakeholder meetings were held:

- **Community Health Priorities, November 16, 2017:** 35 community health leaders attended, including tribal health leadership and health programming employees; individuals representing local community groups; and clinicians and senior administrators from the NCSU. Using Nominal Group Technique, groups identified key community health challenges, and the outcomes were reviewed and analyzed by the CHA team.

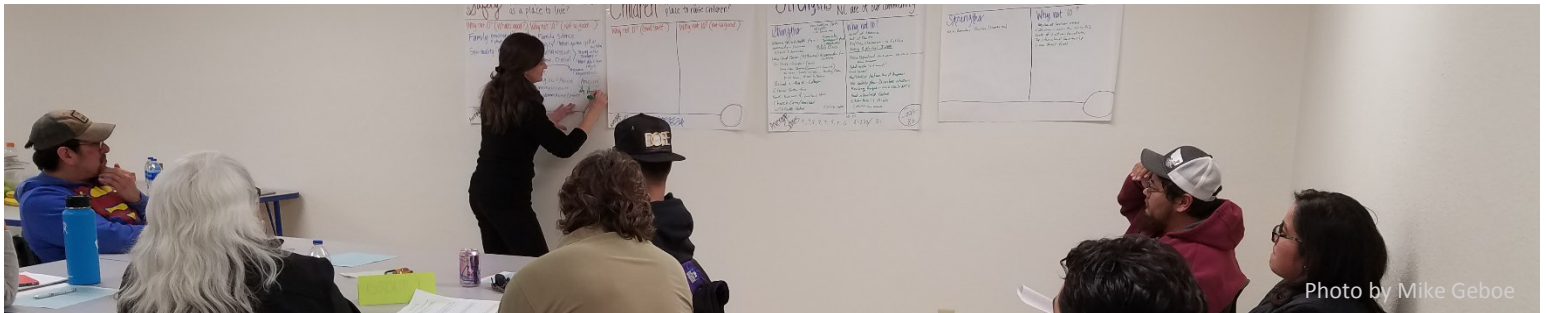
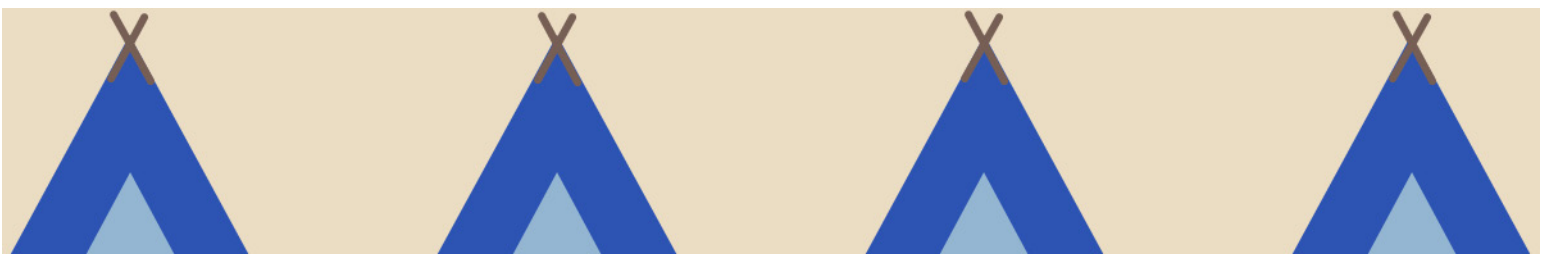


Photo from one of the Subject Matter Expert Meetings.



METHODOLOGY

STAKEHOLDER MEETINGS FOR IDENTIFICATION OF COMMUNITY HEALTH PRIORITIES AND COMMUNITY INPUT

- **Subject Matter Expert Meetings, January 24, 2018:** Small group, expert meetings in the identified health priority areas of housing and homelessness, mental health and trauma, and substance use met to offer specific input and further guidance in survey development and the context of these issues on the Northern Cheyenne Reservation.
- **Community Strengths and Special Populations Meeting, January 25, 2018:** Stakeholders from the November 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 provided additional, focused context to specific issues. During this meeting, individuals were asked to rate their perception of quality of life, related to community strengths, children, elders, built environment, and safety, on a scale of 1-10. Individual scores were averaged to obtain a group score for the issue. Participants then discussed these issues in context of community strengths and weaknesses on the Northern Cheyenne Reservation.
- **CHA Report Feedback, June 2018:** 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.

SURVEY METHODOLOGY

Since pre-existing data were not available for all priority areas identified at the stakeholder meetings, the CHA team created a survey to gather primary data. Where possible, questions came from validated, established surveys, or diagnostic tools used in the Northern Cheyenne community. The team included additional questions of cultural relevance, for example, consumption of traditional foods and use of Native healers. (See the full survey in *Appendix A*.)

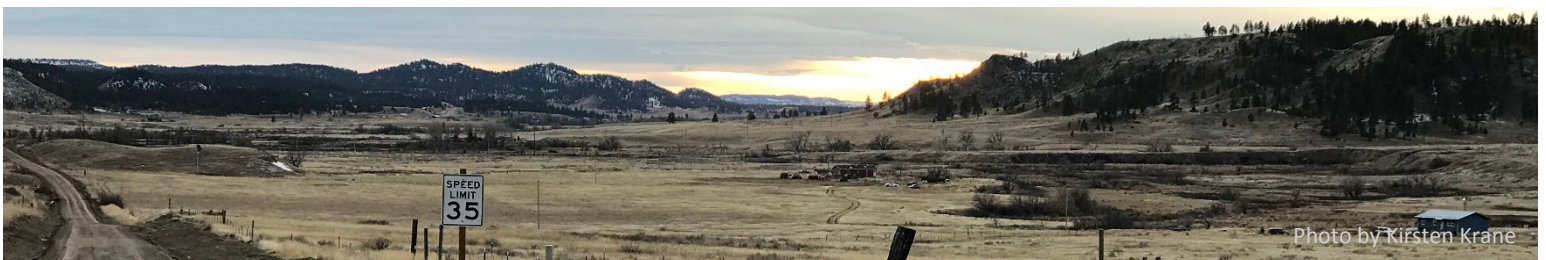
Eligible participants were individuals over the age of 18, living on the Northern Cheyenne Reservation. No identifiable information was collected; all surveys were anonymous and no one collating or entering survey data had any means of identifying respondents. The CHEER team analyzed the data. The demographic information of the surveys was reviewed as the surveys were collected to ensure the sample was representative of the community's basic demographics.

Between March 9, 2018 and March 12, 2018, 332 eligible, in-person surveys were conducted at the following locations:

- IHS Northern Cheyenne Service Unit (NCSU) in Lame Deer
- Lame Deer Trading Post in Lame Deer
- Northern Cheyenne Tribal Council Building in Lame Deer
- Custer's Last Stand Store in Busby
- Ashland Merc in Ashland

The CHA survey was also available for people to complete online through a secure Qualtrics link. This was posted on Facebook and 8 eligible surveys were collected using this method during March of 2018.

A total of 345 surveys were completed; 13 were eventually excluded because the respondent indicated that they did not live within the bounds of the Northern Cheyenne Reservation.



METHODOLOGY

METHODS OF SURVEY ANALYSIS

Once all the surveys were collected, the results were tallied. If a person skipped a question or their response was illegible, they were not included in the denominator for that question. Several sets of questions were used to calculate additional variables. For example, responses regarding the number of bedrooms and people who sleep in a household were used to calculate rates of overcrowding.

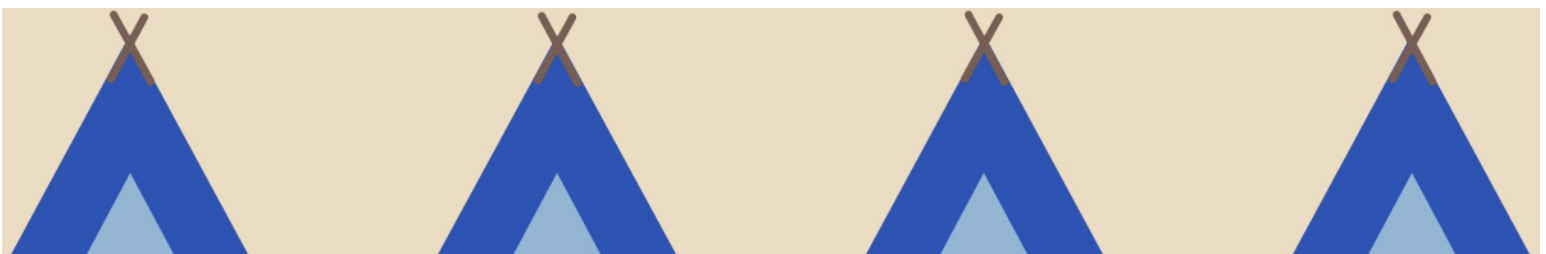
STRENGTHS AND LIMITATIONS OF SURVEY

The surveys covered a variety of topics, and the CHA Team was able to survey a large number of individuals at a variety of locations. The number of surveys collected from participants in the major communities of Northern Cheyenne was reflective of the percent of the Reservation population residing in each of those communities. Of the completed surveys, 60% percent of respondents were between the ages of 28 and 57, and 58% were female. The survey was anonymous, but respondents were advised to skip questions if they felt uncomfortable.

Queries: For questions regarding the information in this report, contact the CHEER team at: CHEERequity@gmail.com

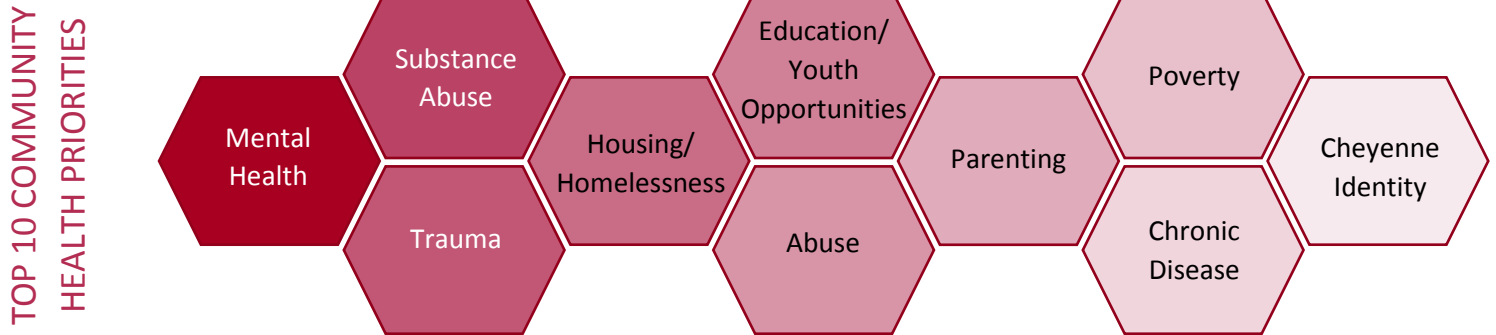


Photo by Eugene Little Coyote



COMMUNITY PRIORITIES

Northern Cheyenne health leaders and involved tribal members from many sectors came to the Northern Cheyenne CHA Community Health Priorities Meeting in November 2017. The community discussed and voted on top health priorities on the Northern Cheyenne Reservation. (See the *Methodology* section on page 11 for more information on this process.) The priorities identified were:



Community Priority Definitions

Community priorities are listed in order of importance and described below. Some of these groupings were quite broad:

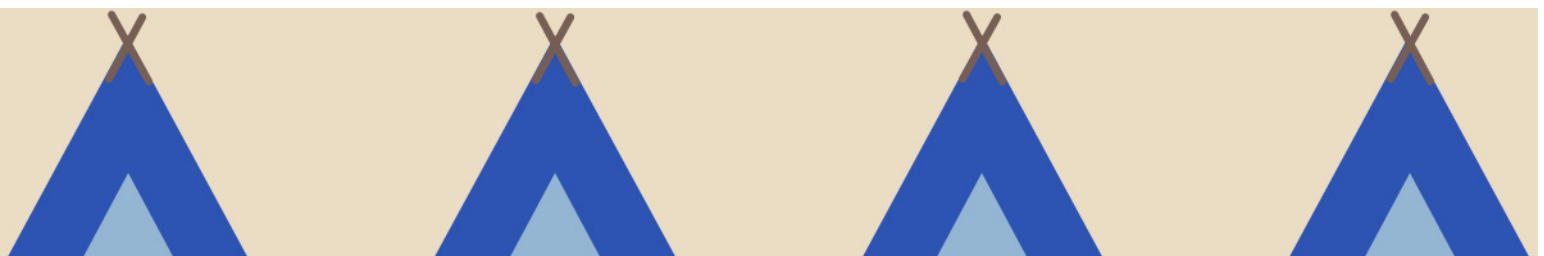
Mental Health priority areas included specific mental health issues such as mental illness, codependency, stress, resentment, unhealthy coping mechanisms (leading to substance use and abuse), suicide, schizophrenia, and depression. Some community members are labelled and some have undiagnosed mental illnesses, which, coupled with substance use, can lead to violence, unpredictable behavior, and complex issues. Meeting participants described a lack of mental health services and a need for more mental health professionals and integrated behavioral health models of care. Trauma was thought to be a major cause of mental health issues.

Substance Use included common use of methamphetamines, alcohol, and “pills” (narcotics, opioids, or other prescription drugs). Participants recognized that substance use is an issue in the community generally, but specifically cited pregnancy and parenting concerns that have arisen due to substance use. They talked about the pervasiveness of people distributing meth and bootlegging alcohol onto their “dry” reservation, especially to teens and preteens. Again, lack of resources and services for addiction recovery were described as major concerns.

Trauma areas are historical, inter-generational, and ongoing daily trauma. Participants discussed how historical trauma like warfare, boarding school abuse, and confinement to the Reservation are relatively recent events. Ongoing trauma includes short life expectancy and frequent loss, unresolved grief, crime, poverty, and high prevalence of abuse. Participants spoke about the importance of finding ways to break the cycle of inter-generational trauma from one generation to the next.

Housing/Homelessness included concerns about the lack of quality housing; contamination from methamphetamines; overcrowding, and hygiene issues such as head lice and bedbugs. Emergency housing (shelter) for victims of crime such as domestic violence was an issue with the closest shelter being in Billings.

Education/Youth Opportunities were described as a lack of resources for youth, with few activities, high risk of exposure to illicit drug use and trauma, general behavior issues, high dropout rates at schools, lack of respect for elders, and lack of job or career prospects.



COMMUNITY PRIORITIES

Community Priority Descriptions, Continued

Abuse included domestic violence, elder abuse, and sexual abuse, including sexual abuse of children. The requirement of grandparents to raise grandchildren was specifically cited as a form of elder abuse and the lack of parenting as a form of child abuse.

Parenting or lack of parenting and parenting skills was a major concern, as was family dysfunction and the demand on elders to raise several generations of children. Participants cited the role of drugs and alcohol, the lack of parenting role models, and few resources to support and teach parenting techniques.

Poverty incorporated concerns about the lack of jobs, high rates of unemployment, and general community poverty. Participants believed that better career opportunities would lower poverty and strengthen the health of the community.


Chronic Disease was considered a major health issue. This included diabetes, cancer, heart disease and obesity. Participants talked about the fitness center and lamented that it wasn't in better condition and used by more people. Poor nutrition, lack of access to referred care, and education were also major concerns around chronic disease.

Cheyenne Identity Two particular themes that emerged around Cheyenne identity were the impact of trauma on historical cultural identity, and issues around non-western spirituality and traditional healing. Some participants specifically spoke of spiritual abuse through the manipulation of elders to adopt western religious practices.



Photographs from the Northern Cheyenne CHA Community Health Priorities Meeting in November 2017.

Community Priority Sections in the CHA

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



COMMUNITY STRENGTHS AND SPOTLIGHT ON CHILDREN AND ELDER

At the CHA Community Strengths and Special Populations Meeting on January 25, 2018, a group of community members considered the strengths of the Northern Cheyenne Reservation, and discussed the needs of elders and children. Participants rated their answers to the following three questions on a scale of 1-10 (1 = worst, 10= best):

- How would you rate community pride for the Northern Cheyenne Community?
- How would you rate Northern Cheyenne as a place to raise children?
- How would you rate Northern Cheyenne as a place to grow old?

(See the **Methodology** section on page 11 for more details of this process.)

Community Strengths



Community Pride Average: 8.6

People were pleased with strong, community-focused tribal health programs, and clinic services at the IHS Northern Cheyenne Service Unit (NCSU). They appreciated free access to a fitness center, the new lighted walking path along the highway, the Boys and Girls Club of Northern Cheyenne, and a new homeless shelter in Busby. Institutions like Chief Dull Knife College, churches, second hand stores, the Wild Rose Center, and the private and public schools also play strong roles in the community. Other strengths included maintenance of a large land base (98% owned by NC Tribe) and connections to the culture, family, language, dances, pow-wows, local and traditional foods. In addition, people liked being able to hunt wild game, harvest berries, attend sweats and other traditional healing opportunities.

Areas of the community that participants wanted to see improvement included lowering the crime rates through community policing initiatives and more consistent enforcement of existing laws. They also shared concerns about high levels of violence, trauma, and drug and alcohol use in the community. High rates of homelessness and hunger concerned them, as well as living in a “food desert.” They suggested having more apartments available. A consistent theme was the need for programs to work together better and for leadership to be more consistent and effective and to stop all of the “in-fighting” that they see happening as a result of consistently believing that there is “not enough.”



A Place to Grow Old: 5.6

The participants discussed community strengths for elders including services specifically for seniors like the Shoulder Blade Complex and Ashland Senior Center for senior living, as well as congregate meals, wood and food box distributions to seniors, and assistance with energy bills and funeral expenses. They also talked about access to clinical and hospital services, as well as home visiting care and transportation support from Public Health Nurses and Community Health Representatives. Seniors living in the community are also able to teach traditional practices and update the Northern Cheyenne language to include new concepts. Elders are also available to take classes at Chief Dull Knife College for free, take part in the college’s elder committee and can even receive honorary degrees from the College.

Areas that could be addressed to make the community healthier for elders included doing more to record elder stories and oral history and finding more opportunities for elders to share their traditional knowledge with children and the community at large. Participants also noted missing programs that they would like to see assist elders including a Meals On Wheels program, a transportation program that would allow elders to get around more easily for non-medical events, an elder protection program to address and protect from elder abuse, and more support for those grandparents raising grandchildren.



Community Strengths, Continued

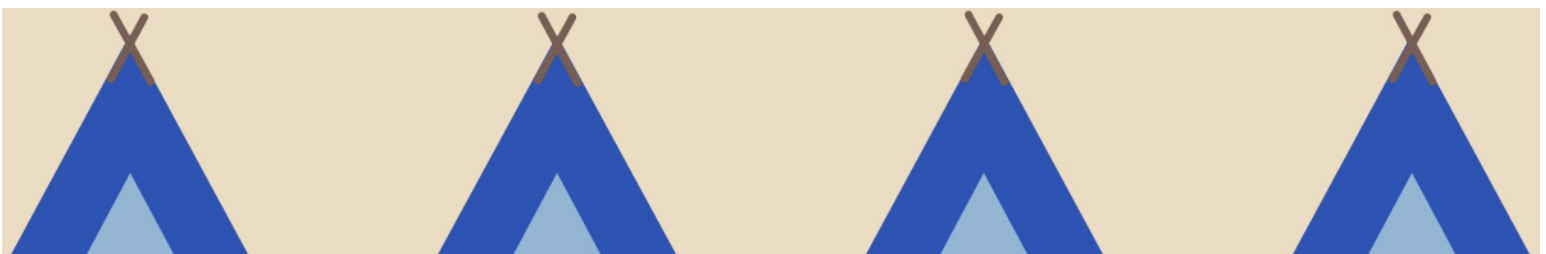
A Place to Raise Children Average: 5.3

5.3

Of note: Younger meeting participants who were currently raising children all gave scores under 5, and those who were older and had already raised their children provided much higher responses, all of them over 5.

Some of the things that participants talked about as strengths for the children in the community included strong family ties with access to their grandparents and extended family, as well as a sense of community and belonging. Children raised on Northern Cheyenne have access to the Northern Cheyenne language from preschool through college, clean air and water, and traditional activities like hunting, fishing, camping, hiking, swimming, picking berries and attending ceremony. They also talked about access to free education opportunities beginning in Head Start and continuing all the way through a two-year college degree and access to scholarships for additional higher education. Additionally, they talked about access to free healthcare services, summer lunch programs for children, and the fitness center.

Those who ranked the community lower for raising children suggested areas that the community could improve upon, including issues with the school system that lead to high dropout rates, bullying, low morale among teachers and staff and lack of support for parents with children in the school systems. They talked about high levels of hunger, neglect, and poverty in families with children and dysfunction in families from trauma, unemployment, and addiction that impacts children. Many grandparents are raising children and large numbers of children are in foster care. Participants worried that despite living among their extended family and on their traditional land, many children were losing their sense of belonging and identity and were concerned about prejudice against two-spirited youth and blood quantum discrimination. They also cited general community issues like crime, lack of consistent tribal leadership, and lack of economic opportunity.



DEMOGRAPHICS

This section compares information about the population of the Northern Cheyenne Reservation (NCR) with Montana (MT) and the United States (US).

Looking at the Numbers

TOTAL POPULATION

NCR: 4,382 MT: 1,014,699 US: 316,515,021

US CENSUS BUREAU 2015 NC

LIFE EXPECTANCY BY RACE AND SEX, 2011-2013

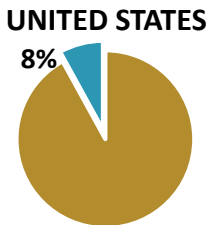
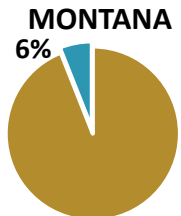
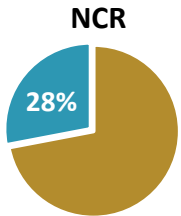
Race	Rosebud County		Montana	
	Male	Female	Male	Female
White	77	79	76	83
American Indian	57	61	63	64

Disclaimer: Life expectancy is for residents of Rosebud County overall. Northern Cheyenne make up the majority of Rosebud County.

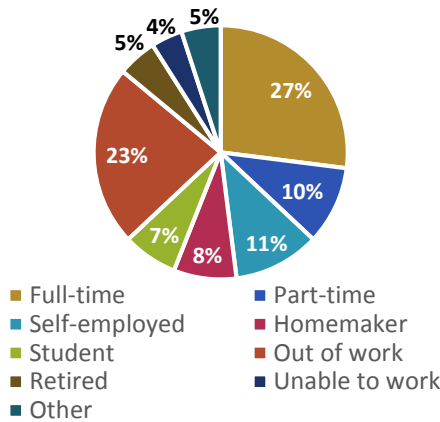
MTDPHHS RBCCHP 2015

UNEMPLOYMENT RATES

Percentage of the civilian labor force (16+ years old).



NC CHA SURVEY: WORK STATUS



US CENSUS BUREAU 2015 NC

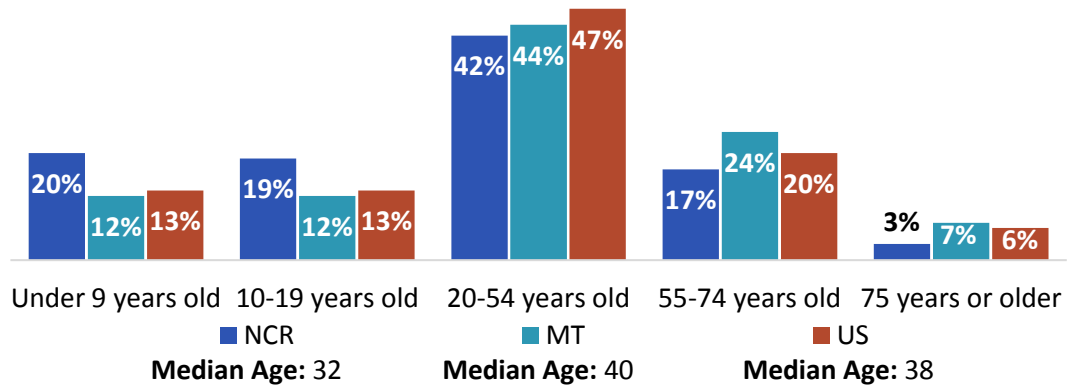
NC CHA SURVEY 2018

RACIAL CATEGORIES

Racial Category	NCR	MT	US
American Indian/Alaska Native	84%	7%	1%
White	12%	89%	74%
Black (African American)	0%	1%	13%
Asian	0%	1%	5%
Native Hawaiian/Other Pacific Islander	0%	0%	0%
Other race	0%	1%	5%
Two or more races	3%	3%	3%

US CENSUS BUREAU 2015 NC

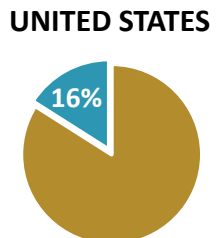
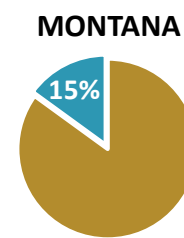
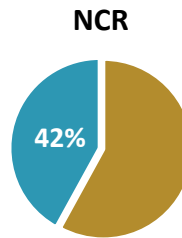
AGE COHORTS AND POPULATION MEDIAN AGE



US CENSUS BUREAU 2015 NC

COMPARATIVE POVERTY RATES

Percent of all people below poverty level in the last 12 months (2015 data).



US CENSUS BUREAU 2015 NC

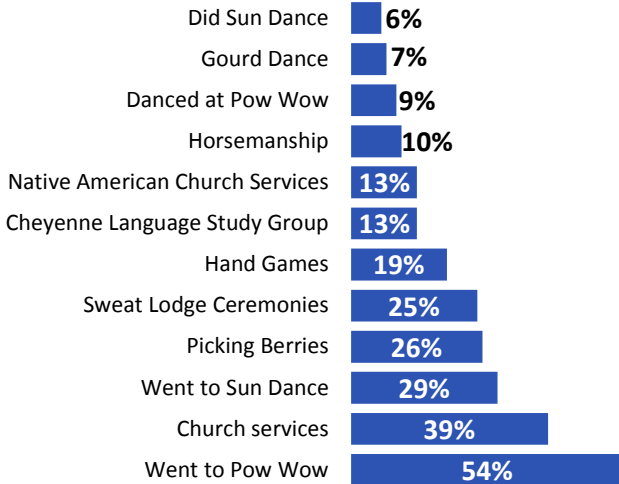


Photo by Eugene Little Coyote

DEMOGRAPHICS

TRADITIONAL ACTIVITIES

Percent of people who took part in traditional activities, from the NC CHA survey in 2018. Some people took part in more than one activity.



NC CHA SURVEY 2018

MEDIAN HOUSEHOLD INCOME

NCR \$34,970 \$\$\$\$

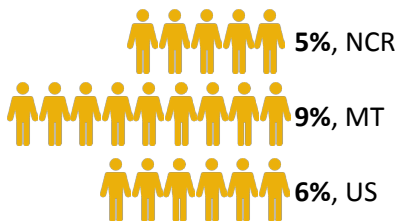
MT \$47,169 \$\$\$\$\$

US \$53,889 \$\$\$\$\$\$

US CENSUS BUREAU 2015 NC

VETERAN STATUS

Percent of civilian veterans in each population.



US CENSUS BUREAU 2015 NC

LANGUAGES SPOKEN

As of 2012, nationally, 20% of American Indian individuals spoke a language other than English at home (OMH 2016). Chief Dull Knife College conducted a survey on Cheyenne language ability and use in 2016, and the findings are displayed in the table below:

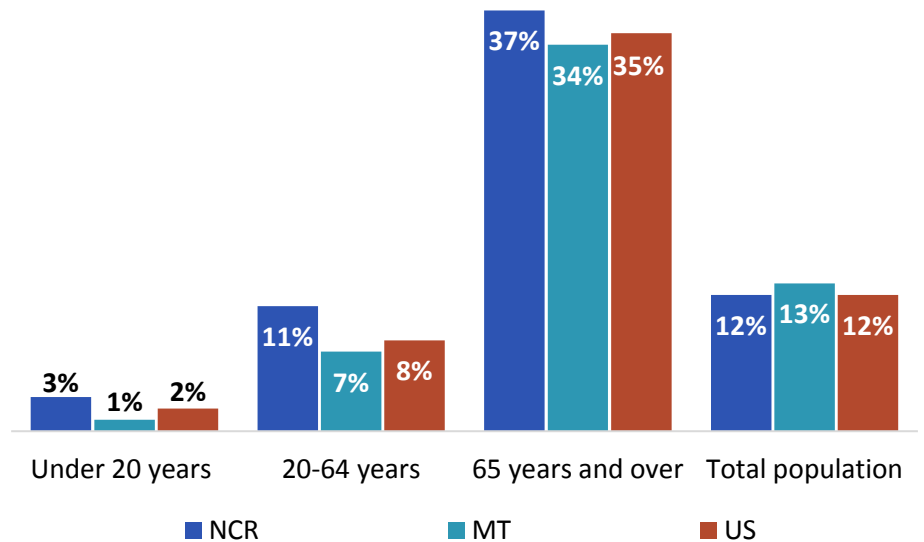
Language Ability	Yes	No	Somewhat
Can speak Cheyenne	18%	38%	44%
Can understand Cheyenne	29%	21%	50%
Can read or write Cheyenne	8%	69%	24%
Language Use	Daily	Often	Occasionally
How often do you speak Cheyenne?	9%	13%	24%
How often do you hear Cheyenne?	26%	37%	26%
Other Responses			
95% feel it is important for people to speak the Cheyenne language			
85% expressed that they would like to learn more Cheyenne			
77% hear Cheyenne the most from their parents and/or grandparents			
81% think sacred ceremonies should be conducted in Cheyenne			

NC LANGUAGE 2016

My parents told my grandparents not to speak Cheyenne to us, for the protection of myself and my siblings, so we wouldn't get in trouble in school. I grieve this. I grieve that I didn't get to learn our language.

Janelle Timber-Jones

PERCENT OF POPULATION WITH A DISABILITY BY AGE



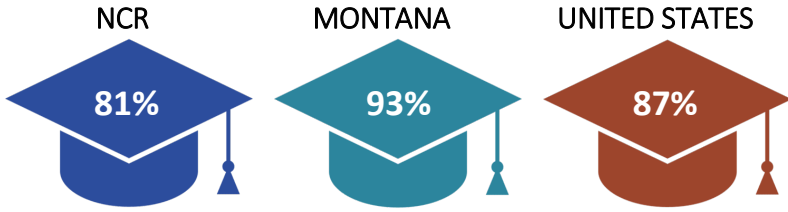
US CENSUS BUREAU 2015 NC



DEMOGRAPHICS

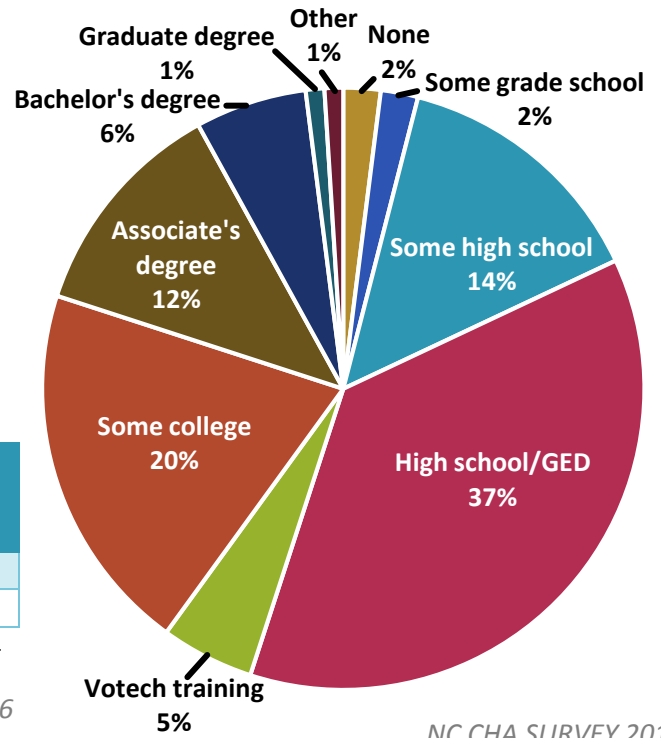
HIGH SCHOOL GRADUATION RATES

Percent of the population 25 years and older with high school (or equivalent) education level.



US CENSUS BUREAU 2015 NC

NC CHA SURVEY: HIGHEST LEVEL OF SCHOOLING



NC CHA SURVEY 2018

HIGH SCHOOL GRADUATION AND DROPOUT RATES

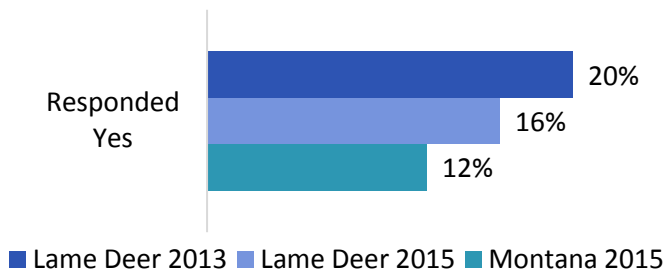
	Lame Deer High School	Rosebud County High Schools	Montana High Schools
Graduation Rate*	44%	74%	86%
Dropout Rate	18%	7%	3%

*Percent of 4-year cohort; not including those who took longer than 4 years

MT OPI STUDENTS 2016

HELP FROM A SPECIAL EDUCATION TEACHER

The Youth Risk Behavior Survey asks high schoolers, "During the past 12 months, did you receive help from a resource teacher, speech therapist, or other special education teacher at school?" Results from Lame Deer High School and the state of Montana can be found below.



NC YRBS 2013, NC YRBS 2015, MT YRBS 2015



Photo by Eugene Little Coyote

Our Cheyenne People need to use their Cheyenne ways of life all the time. –NC CHA Survey Participant



NORTHERN CHEYENNE COMMUNITY HEALTH CENTER
Photo by Eugene Little Coyote

MORBIDITY AND MORTALITY

TOP 10 CAUSES OF DEATH

NCR, 2013-2016		Montana, 2014	United States, 2014
1	Cardiovascular Disease	Cancer	Cardiovascular Disease
2	Accidents*	Cardiovascular Disease	Cancer
3	Cancer	Accidents*	Respiratory (chronic)
4	Diabetes	Respiratory (chronic)	Accidents*
5	Liver-related	Stroke	Stroke
6	Septicemia (blood infection)	Suicide	Alzheimer's Disease
7	Pneumonia and Flu	Diabetes	Diabetes
8	Respiratory (chronic)	Alzheimer's Disease	Pneumonia and Flu
9	Pregnancy Complications	Pneumonia and Flu	Liver-related
10	---	Liver-related	Suicide

* Accidents are defined as unintentional injuries, includes motor vehicle and drug poisoning.

MTDPHHS NC MORT 2016, MTIBIS MORTAL 2014, CDC MORTAL 2014

TOP 5 ADMISSIONS TO URGENT CARE AT NORTHERN CHEYENNE SERVICE UNIT

	0-12 months	1-5 years	6-12 years	13-17 years	18-45 years	46-65 years	66+ years
1	Acute RI	Acute upper RI	Acute upper RI	Alcohol abuse with intoxication	Acute upper RI	Urinary tract infection	Urinary tract infection
2	Ear infection	Ear infection	Sore throat	Acute upper RI	Urinary tract infection	Acute upper RI	Acute upper RI
3	Teething	Impetigo*	Ear infection	Sore throat	Alcohol abuse with intoxication	Rheumatoid arthritis	Pneumonia
4	Fever	Fever	Impetigo*	Common cold	Teeth problems	Back pain	Rheumatoid arthritis
5	Diarrhea	Hand, Foot, & Mouth Virus	Abdominal pain	Urinary tract infection	Anxiety	Chronic pain	Shortness of breath

Abbreviations: RI, respiratory infection.

IHS NCSU UC 2016

*Impetigo is a bacterial skin infection.

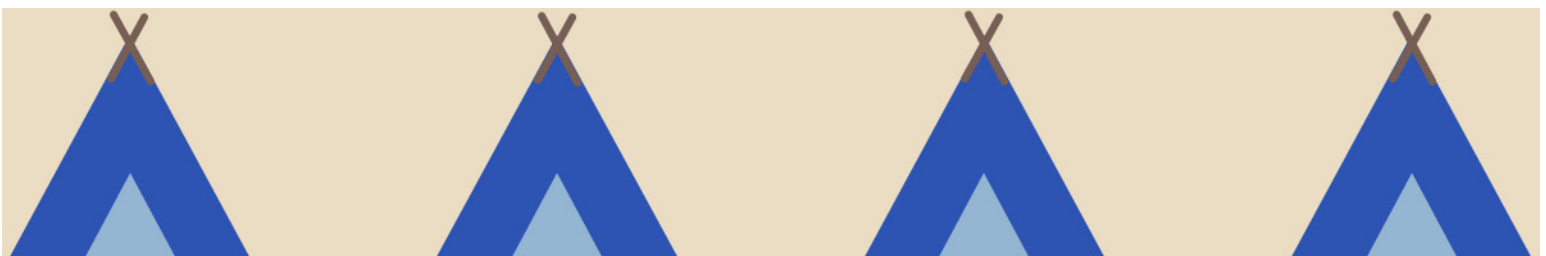
TOP 5 DIAGNOSES AMONG PATIENTS SEEN AT NORTHERN CHEYENNE SERVICE UNIT

	0-12 months	1-5 years	6-12 years	13-17 years	18-45 years	46-65 years	66+ years
1	Acute RI	Acute RI	Head lice	Acute RI	Urinary tract infection	Type 2 diabetes	Type 2 diabetes
2	Neonatal jaundice	Ear infections	Acute RI	Visual disorder	Back pain	Chronic pain	High blood pressure
3	Ear infections	Impetigo	Sore throat	Sore throat	Acute upper RI	Back pain	Hearing problems
4	Diarrhea	Ear infections	Visual disorder	Alcohol abuse with intoxication	Anxiety	High blood pressure	Urinary tract infection
5	Teething	Fever	ADHD	Suicidal ideation	Visual disorders*	Rheumatoid arthritis	Acute upper RI

Abbreviations: ADHD, Attention-deficit hyperactivity disorder; RI, respiratory infection.

IHS NCSU MORBIDITY 2016

*Visual disorders include myopia and astigmatism





At the Northern Cheyenne CHA Community Health Priorities Meeting in November 2017, health leaders and community members discussed and voted on top health priorities on the Northern Cheyenne Reservation. Mental health was voted as the main issue of concern on the Reservation, closely followed by substance use and trauma. Community members included mental illness, codependency, stress, resentment, and unhealthy coping mechanisms as components of mental health concerns. People were also worried about the lack of mental health services, and the need for additional mental health professionals and implementation of integrated behavioral health models of care. Trauma – historical, inter-generational, and ongoing, was thought to be a major cause of mental health issues.

In 2016, the Northern Cheyenne Behavioral Health Clinic (NCBHC) conducted a survey in which they asked community members if they felt that trauma they had experienced was healed. Over half, 55%, felt that their trauma was still unresolved.

NC BH REPORT 2016

Looking at the Numbers: Mental Health

Access to counseling services is available through the NC Behavioral Health Clinic (NCBHC), a tribal program co-located in the NCSU facility. In 2017, the clinic served 1377 patients with over 2865 episodes of care.

NCTBH FY2017 ANNUAL REPORT



Photo by Cheyenne Foote

Mental health needs to be addressed in a practical way. I hear that most people don't feel safe or comfortable seeking help. That needs to be addressed.

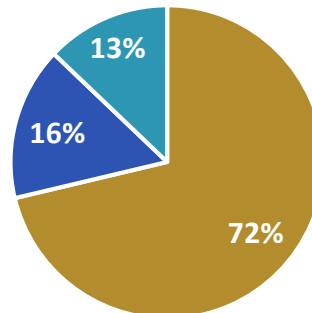
NC CHA Survey Participant

Relearning tribal identity as Cheyenne people has been really helpful for our clients to feel good about who they are and where they come from. What I've noticed was there are not many young people that get these teachings due to parents that are addicted to alcohol and drugs. Learning about Cheyenne identity has benefitted many recovery clients. It helps them identify self-love and self-respect.

Pierce Big Left Hand / Addictions Counselor, Recovery Center

NC CHA SURVEY: PERCEPTIONS OF SEEKING HELP

In the NC CHA Survey, participants were asked, "If you used counseling services, what do you think people around you would think?" Participants could choose from one of the 3 options represented in the pie chart below.



- They would be happy I'm getting help
- They would think I'm less able to do my job
- They would think I'm less able to care for my family

NC CHA SURVEY 2018



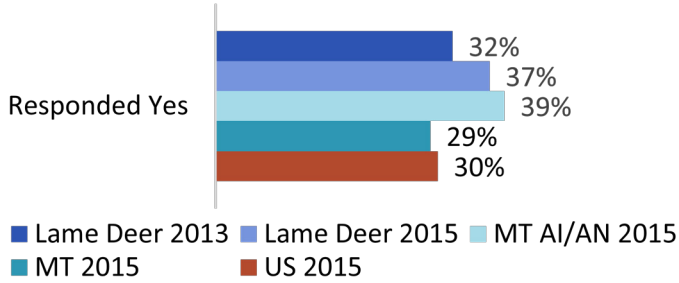
Photo by Cheyenne Foote



Looking at the Numbers: Depression

DEPRESSION IN HIGH SCHOOL

The Youth Risk Behavior Survey asks high schoolers, "During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?" Results from Lame Deer High School, Montana, and the US.



NC YRBS 2013, NC YRBS 2015, MT YRBS AIAN 2017, MT YRBS 2015, US YRBS 2015

DEPRESSION SCREENING AND TREATMENT AT THE NORTHERN CHEYENNE SERVICE UNIT

	2010	2016
Patients screened for depression, 12-17 years old	30%	53%
Patients screened for depression, 18+ years old	57%	72%
Patients with long-term depression diagnosis with adequate medication management	20%	13%

NC GPRA 2016

NCR CHA SURVEY

The CHA survey included 2 questions that are used by mental health professionals to screen for depression. 25% of people answered those questions in a way that suggest they suffered from depression.

CQAIMH PHQ2 2018, NC CHA SURVEY 2018

COMMUNITY RESOURCES

- Ashland Public Schools
 - Mental health counseling
- Lame Deer Public Schools
 - Mental health counseling
- Northern Cheyenne Tribal Board of Health
 - Behavioral Health Dept: Mental health counseling
 - Dragonfly Project: Individual and family trauma support
 - Health Education, Cottonwood Connections
 - Suicide Prevention Project: Community engagement activities
 - Recovery Center: Outpatient substance use disorder treatment

Quotes from the Community

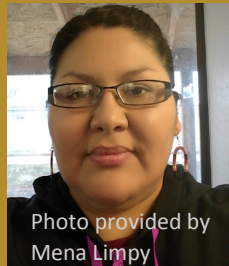


Photo provided by Mena Limpy

"We see the same vicious cycles over and over. It all comes down to trauma – often the grandparents are involved with youth mental health issues – and they don't know where to begin. Sometimes we have 15 year olds turn themselves in to behavioral health, they don't know where their parents are, but you can see the kids trying to reach out. I've been here four years. I know about dysfunction, it wasn't a pretty picture how I was raised, but I didn't know this level of need existed. Even in my mom's dysfunction, she said, 'you'll go to college no matter what'. It was an eye opener coming here. Simple basic needs like food and running water aren't being met." - Mena Limpy (Tribal Member)

"We offer the Addictions Studies program that leads to the Licensed Addiction Counselor credential and the Nursing Program to name a few. We are growing our own to be able to work in the community. We have a new Behavioral Health program that integrates mental health and behavioral health. Recently one of our students was hired for that program. We work with and have reciprocity with Miles City Community College in the skills labs classes to offer support for those who transfer. We ensure our students are excelling as they graduate and contribute to the N. Cheyenne Nation community." - Bill Briggs/Chief Dull Knife College, Dean of Academics

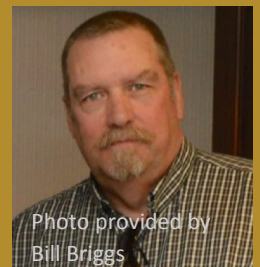
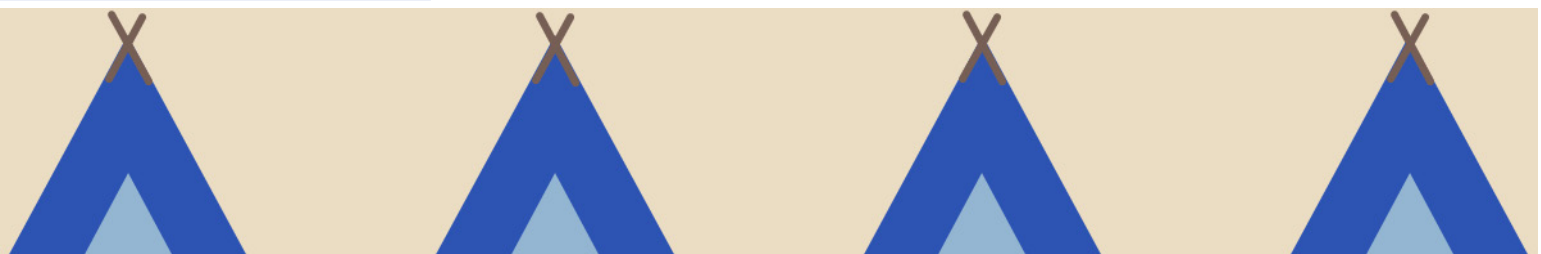


Photo provided by Bill Briggs





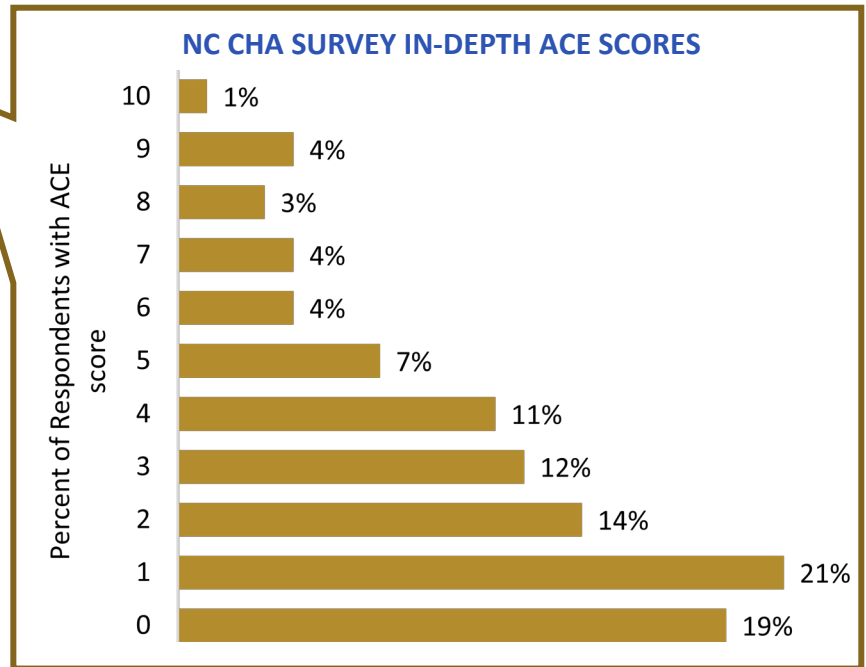
At the Community Health Priorities Meeting, when health issues were voted on for level of importance, the community chose "trauma" as one of the top health-related problems on the Reservation today. Trauma can be measured in different ways; one measure that has recently become well known is the "Adverse Childhood Events" or "ACE" score. A person's ACE score has been shown to predict a range of physical and mental health issues that surface later in life. An ACE Score of 0 means a person experienced no serious emotional, physical, or sexual abuse issues in childhood. Experiencing 4 or more traumatic events greatly increases the chances of future health problems. As part of the NC CHA survey, community members responded to questions to assess their ACE score.

Looking at the Numbers: Trauma

ACE SCORES

Population	0	1-3	4+
NC CHA Survey, 2018	19%	48%	33%
MT AI/AN, 2011	21%	44%	34%
MT all races, 2011	40%	43%	17%
US all races, 2010	41%	45%	14%

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



NC CHA SURVEY 2018

Being an observer is its own kind of trauma. Free-floating anxiety and hypervigilance is the response of this kind of generational trauma. Parenting skills and priorities then become about our children not being hurt.

So I ask – how can we do better from this day forth? How can I be compassionate, kind and forgiving? How can I hold someone's hand as they work through their trauma?

Janelle Timber Jones

TYPES OF TRAUMA EXPERIENCED DURING CHILDHOOD

	NCR 2018	MT AI/AN 2011	MT 2011	US 2010
Experienced Verbal Abuse	34%	40%	31%	35%
Experience Physical Abuse	22%	29%	17%	16%
Experience Sexual Abuse	12%	18%	13%	11%
Household Member Mentally Ill	21%	25%	19%	16%
Household Member in Prison	28%	23%	8%	6%
Household Member Abused Substances	46%	52%	32%	25%
Parents Divorced/Separated	49%	48%	28%	23%
Witnessed Domestic Violence	23%	37%	17%	15%

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

When asked in the NC CHA Survey, **48%** of participants had had a traumatic experience as an adult

NC CHA SURVEY 2018

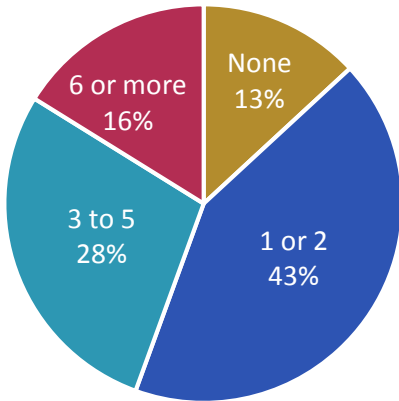


Photo by Eugene Little Coyote



NC CHA SURVEY: TRUST

Participants were asked, "How many people can you trust or rely on?" The pie chart below represents their responses:



When asked in the NC CHA Survey, **79%** of participants had recently had a meaningful conversation with someone they trusted

NC CHA SURVEY 2018



Photo by Eugene Little Coyote

Looking at the Numbers: Suicide

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

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

CDC MT 2016, MTPHHS SPP 2017, VITAL STATS 2016,

SUICIDE RATE PER 100,000

Population	Rate*
NCR, 2014-2/2016	20
MT AI/AN, 2005-2014	27
MT all races, 2005-2014	22
US AI/AN, 2005-2014	11
US all races, 2014	13

*Rate is number of suicides per 100,000, rounded to the nearest whole number

MTPHHS SPP 2017

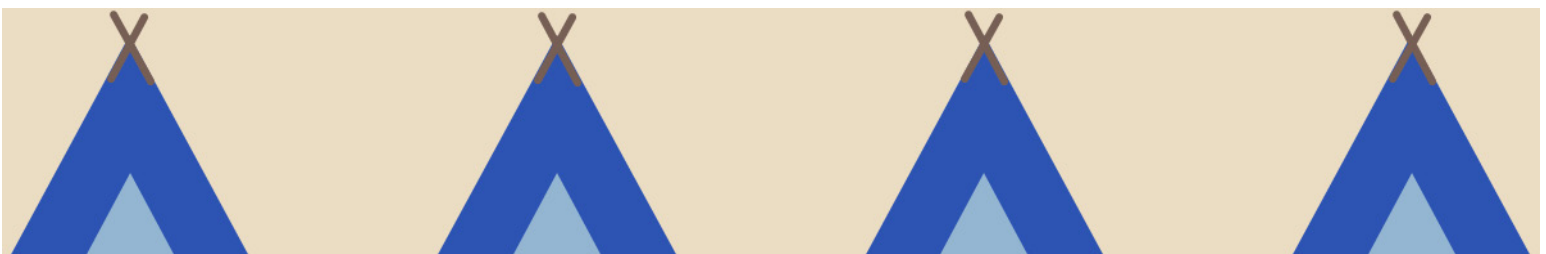
When asked in the NC CHA Survey, **7%** of participants said they had attempted suicide in the past year

48% of participants had a friend or relative who had attempted suicide in the past year

65% of participants responded that people talk about suicide on the Reservation

NC CHA SURVEY 2018

I believe that children should be taught early about drug and alcohol use, and about suicide. –NC CHA Survey Respondent





SUICIDAL IDEATION, PLANNING AND INJURIES IN HIGH SCHOOL

From 2014 to March 2016, there were 42 suicides among American Indians in Montana. 83% of these were among men

MTDPHHS SPP 2017

YRBS Measure	Lame Deer, 2013	Lame Deer, 2015	MT AI/AN, 2015	MT, 2015	US, 2015
Attempted suicide/ past 12 months	11%	26%	16%	9%	9%
Seriously considered attempting suicide/ past 12 months	25%	26%	24%	19%	18%
Made a plan about how to attempt suicide/past 12 months	26%	26%	21%	16%	15%
Suicide attempt in the past 12 months resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse	11%	41%	---	36%	33%

*Percent of those who attempted suicide

NC YRBS 2013, NC YRBS 2015, MT YRBS AIAN 2017, MT YRBS 2015, US YRBS 2015

SUICIDE RESOURCE

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

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

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

— Anonymous Inuit

USDHHS SUICIDE AIAN 2010

Looking at the Numbers: Substance Use

At the Community Health Priorities Meeting, when tribal members voted on the importance of different issues, substance abuse was identified as the second biggest problem on the Reservation after mental health. The top four abused drugs are believed to be methamphetamines, marijuana, prescription pills, and alcohol. In the survey conducted for this CHA, 92% of people said that drug use is a big problem on the reservation, and 95% said they thought meth was the main drug of abuse. According to the Bureau of Indian Affairs in FY2017, 146 tribal drug cases resulted in the seizure of \$632.00 in cash, 550.4 grams of processed marijuana and 21.941 grams of methamphetamines.

NC CHA SURVEY 2018, NC DRUGS 2017

In 2016, 72% of NCSU patients, ages 12 to 75 years old, were screened for problem alcohol use. 67% of those with positive substance abuse screens received intervention on the same day.

NC GPRA 2016

It all stems from a cycle of abuse, neglect, and then trying to find a way to numb it. And meth is a way to do it. I'm not saying that meth is a good thing. It kills it, but....you're always going to be chasing it, that same high that you first got. And that's what they want. And not to think or feel.

Royalle Chavez, Northern Cheyenne Tribal Member

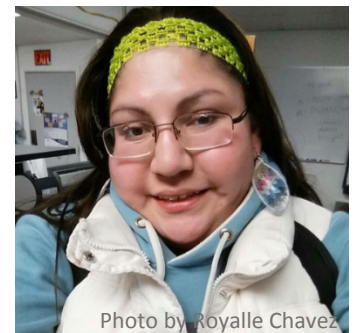


Photo by Royalle Chavez



Photo by Kirsten Krane



ILLEGAL DRUG USE AMONG YOUTH

The Montana Youth Risk Behavior Survey (YRBS) is performed every other year in odd numbered years, among Lane Deer High School students. Because of the relatively small numbers of youth who complete the survey, it is not possible to be sure whether year-to-year changes are due to successful interventions in the community; to differences among the students completing the survey in different years – or to a combination of these reasons. In 2013, 29 students in grades 9 through 12 at Lane Deer High School completed the survey, and in 2015, it was completed by 42 students.

YRBS Measure	Lane Deer, 2013	Lane Deer, 2015	MT AI/AN, 2015	MT, 2015	US, 2015
Ever used methamphetamines – lifetime	19%	12%	4%	3%	3%
Ever used marijuana – lifetime	46%	61%	63%	38%	39%
Tried marijuana for first time before at 13 years	46%	28%	22%	8%	8%
Currently used marijuana/past 30 days (one or more times)	45%	43%	34%	20%	22%
Ever used heroin - lifetime	8%	7%	1%	2%	2%
Ever took steroids without a doctor’s prescription – lifetime	12%	5%	3%	3%	4%
Ever injected any illegal drug – lifetime	0%	5%	1%	2%	2%
Ever used cocaine - lifetime	24%	14%	7%	5%	5%
Ever used inhalants - lifetime	44%	14%	14%	8%	7%
Ever used ecstasy - lifetime	15%	10%	8%	6%	5%
Was offered, given, or bought an illegal drug on school property/ past 12 months	16%	19%	18%	22%	22%
Took a prescription drug without a doctor's prescription - lifetime					
0 times	63%	79%	82%	84%	83%
1 to 9 times	11%	16%	18%	10%	17%
10 to 19 times	19%	2%		2%	
20 to 39 times	4%	0%		1%	
40 or more times	4%	2%		2%	

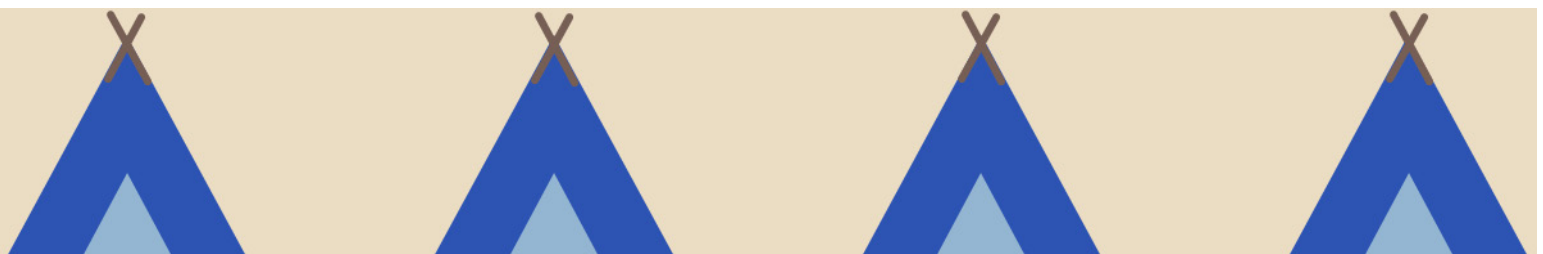
NC YRBS 2013, NC YRBS 2015, MT YRBS AIAN 2017, MT YRBS 2015, US YRBS 2015

‘What made you stop using?’ The question made way for me go to some places I hadn't visited in a long while. The answer would be me being so dang miserable and my kids. And... making a decision that something had to be better than what I was experiencing at that time. The provocative pull toward fun and freedom was so strong... while the truth of me was being/feeling sad, hurt and alone, mistrustful of adults... The years of 15 to 20 are a blur...

And as a bonus, sometimes something comes out of the recesses of my mind like this, on this cold Saturday morning... being thankful for being a survivor of that lie I told myself. The lie of unworthiness, the lie of not enough. Today being a Mother, a Grandma, being an Auntie, being a Daughter, being a Wife, just Being, is enough. Learning that I am worthy was gift enough in my sober life to sustain me for 34 years. I am grateful to the Sacred and Holy Grace of this Life to bring me to now. May our sober days, be one of learning, of teaching, of gaining wisdom, and most of all of loving the best way we know how.



Janelle Timber-Jones





METHAMPHETAMINE ABUSE

When asked in the NC CHA Survey, **53%** of participants reported that a close friend or relative uses meth

NC CHA SURVEY 2018



METH USE IN HIGH SCHOOL

In 2015, nearly 5% of Lame Deer High School students had used meth 40 or more times. An additional 5% had tried meth one or two times.

NC YRBS 2015

A "bindle" of meth crystals is \$25 on the NCR and produces 2-4 highs

OPIOID ABUSE

Opioids come in a variety of forms including heroin, and prescription painkillers like oxycodone, hydrocodone, morphine, codeine, fentanyl, and buprenorphine (Suboxone, Subutex). Medication Assisted Treatment (MAT) is a standard of care for people with an opioid use disorder. Bighorn Valley Medical Center is offering services in Hardin, MT and Ashland, MT, and treatment is also available in Billings, MT.



OPIOID USE IN HIGH SCHOOL

In 2015, nearly 5% of Lame Deer High School students had used heroin 40 or more times, in comparison to only 0.5% of all MT HS students.

NC YRBS 2015, MT YRBS 2015

When asked in the NC CHA Survey, **40%** of participants reported that a close friend or relative uses opioids

NC CHA SURVEY 2018



Our Reservation is rich beyond belief but all the alcohol and drugs create a huge problem for everyone."

NC CHA Survey Respondent

An ounce of marijuana costs \$150-300 and can make about 40 joints

MARIJUANA ABUSE



MARIJUANA USE IN HIGH SCHOOL

In 2015, nearly 26% of Lame Deer High School students had smoked marijuana 100 or more times.

NC YRBS 2015

When asked in the NC CHA Survey, **70%** of participants reported that a close friend or relative uses marijuana

NC CHA SURVEY 2018

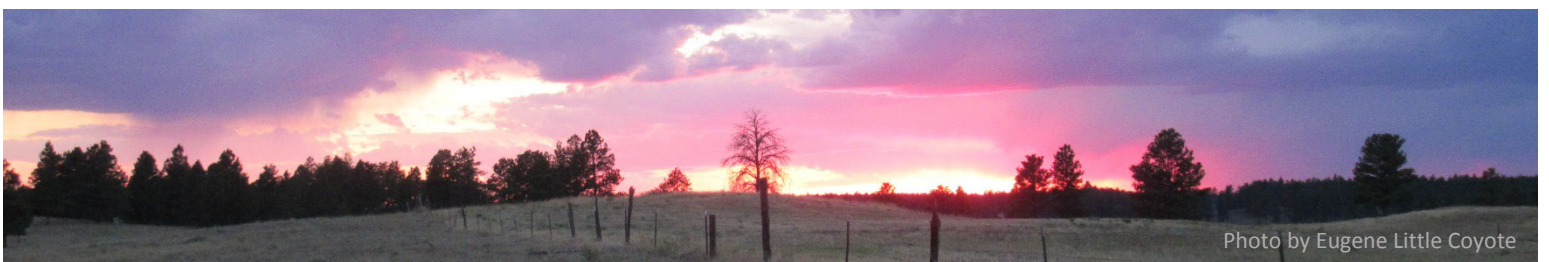


Photo by Eugene Little Coyote



ALCOHOL ABUSE

Although Northern Cheyenne is a 'dry' reservation, and alcohol is not sold legally on the Reservation, excessive alcohol use is a major concern of Northern Cheyenne residents.

ALCOHOL USE IN HIGH SCHOOL

YRBS Measure	Lame Deer, 2013	Lame Deer, 2015	MT AI/AN, 2015	MT, 2015	US, 2015
Have ever drank alcohol (lifetime)	64%	56%	70%	70%	63%
Had their first drink of alcohol before age 13 years	43%	14%	20%	20%	17%
Currently drank alcohol/past 30 days	37%	21%	32%	34%	33%
Binge drinking/past 30 days	21%	28%	22%	21%	18%

NC YRBS 2013, NC YRBS 2015, MT YRBS AIAN 2017, MT YRBS 2015, US YRBS 2015

In 2015, 7% of Lame Deer High School students had drunk alcohol on school property at least once in the past 30 days.

NC YRBS 2015, MT YRBS 2015

When asked in the NC CHA Survey, 65% of participants reported that a close friend or relative uses alcohol

NC CHA SURVEY 2018



In thinking about the methamphetamine, opioids, and alcohol, they are part of our culture whether we acknowledge it or not. These substances are devastating to our people and all of our families. About 10 years ago there was lots of community activity in response to the meth epidemic but it has died down. The effort needs to be constant and ongoing to be more effective.

Dr. Richard Littlebear, President, Chief Dull Knife College

Healthy People 2020 Goal

Reduce cigarette smoking to only 12% of adults.

HP2020

When asked in the NC CHA Survey, 79% of participants reported that a close friend or relative smokes tobacco

NC CHA SURVEY 2018

TOBACCO USE

CIGARETTE USE IN HIGH SCHOOL



In 2015, 69% of Lame Deer High School students who smoke cigarettes had tried to quit in the past 12 months.

NC YRBS 2015

Of the students who smoke, most reported giving money to someone else to buy them cigarettes, or being given them by someone else. Only 9% of students bought cigarettes in a store.

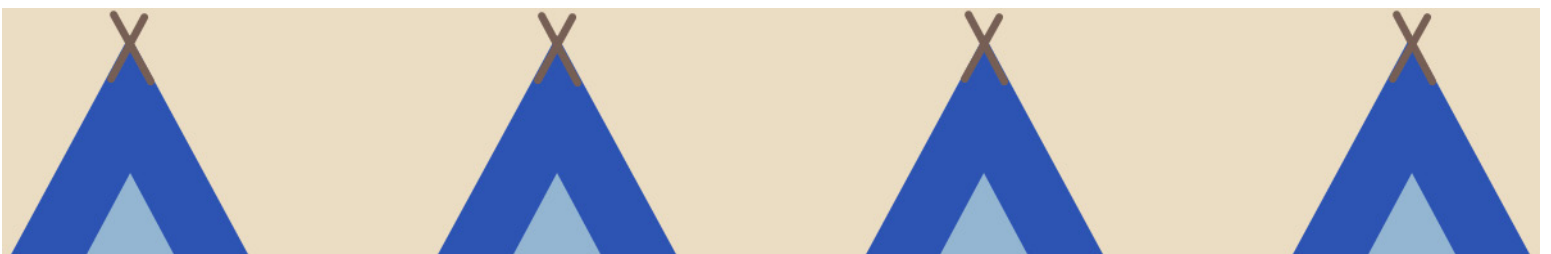
NC YRBS 2015

TOBACCO USE IN HIGH SCHOOL

YRBS Measure	Lame Deer, 2013	Lame Deer, 2015	MT AI/AN, 2015	MT, 2015	US, 2015
Currently* smoke cigarettes	21%	19%	20%	5%	11%
Currently* smoke cigarettes frequently (20 or more)	21%	9%	5%	4%	3%
Have ever tried cigarettes (even one or two puffs)	59%	67%	65%	39%	32%
Currently* use smokeless tobacco products	28%	26%	16%	12%	7%
Currently* use smokeless tobacco products on school property	21%	26%	10%	8%	---
Ever used any electronic vapor product	---	63%	57%	51%	---
Currently* use an electronic vapor product	---	54%	34%	30%	24%

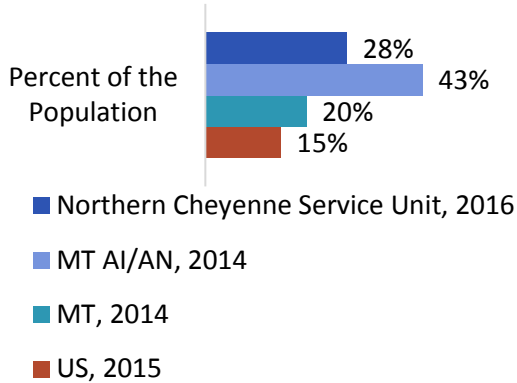
*Current use is use within the last 30 days

NC YRBS 2013, NC YRBS 2015, MT YRBS AIAN 2017, MT YRBS 2015, US YRBS 2015



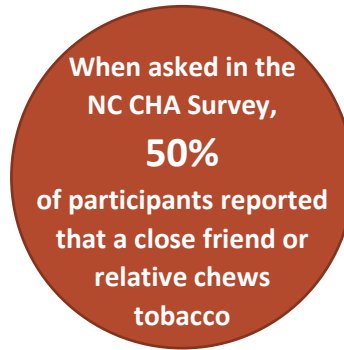


ADULTS WHO CURRENTLY SMOKE

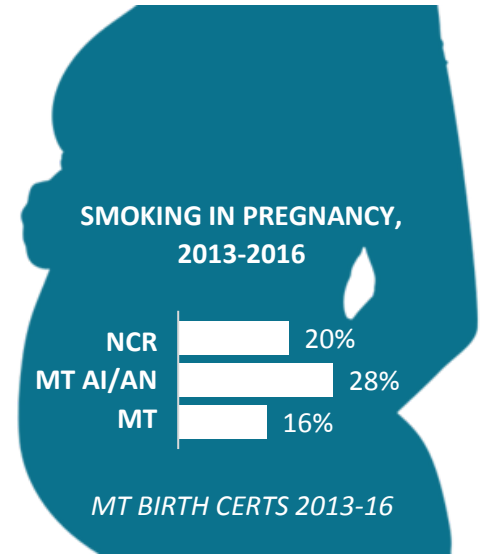


IHS NC RPMS 2016, MT BRFSS 2014, HP2020

TOBACCO USE



NC CHA SURVEY 2018



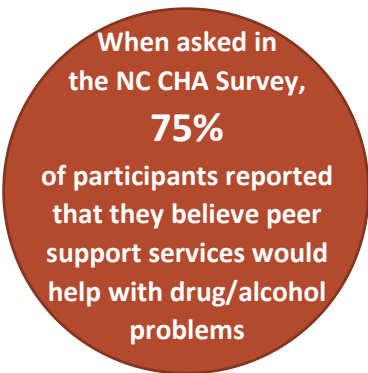
MT BIRTH CERTS 2013-16

BEHAVIORAL HEALTH SUPPORT SERVICES

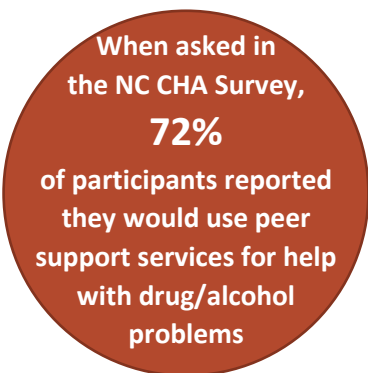
COMMUNITY RESOURCES ADDRESSING SUBSTANCE USE

- **Dragonfly Project: Methamphetamine and Suicide Prevention Initiative (MSPI)**
 - IHS funds the Dragonfly Project through MSPI to provide support for young people caught in the cycle of drug use, trauma, and suicide.
 - Since beginning in 2016, the Dragonfly Project has made more than 2,535 contacts within the NCR. The target audience is youth ages 8-24 years. Prevention is focused on education and culture. Program staff would like to bring more adults into the program, to address disconnections in families.
 - According to program staff, there is a subpopulation on the NCR that does not fit the scope of work for project, who need immediate assistance with anger, grief, and processing trauma in a safe environment.
- **Northern Cheyenne Recovery Center (NCRC)**
 - In financial year 2017, NCRC provided 251 chemical dependency evaluations.
 - In the same period, 147 patients participated in Level I group therapy and 231 patients participated in Level II group therapy. 'Levels' refer to substance abuse severity.
 - 55 Level II patients participated in individual counseling at NCRC.
 - 26 patients participated in the therapy group for those in aftercare.
 - 25 patients were referred for residential treatment.

NCTBH FY2017 ANNUAL REPORT



NC CHA SURVEY 2018



NC CHA SURVEY 2018

BARRIERS TO PROVIDING SUBSTANCE ABUSE SERVICES

- NCRC building does not meet state standards
- Lack of testing materials
- Need for more staff in the adolescent department
- Out-of-date computers

NCTBH FY2017 ANNUAL REPORT

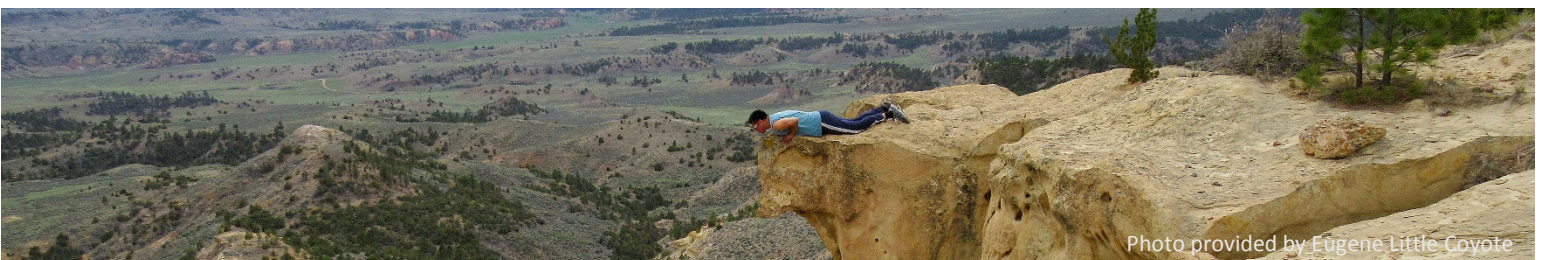


Photo provided by Eugene Little Coyote

ACCESS TO PRIMARY CARE

Most primary care on the Northern Cheyenne Reservation is delivered by the Indian Health Service (IHS) Northern Cheyenne Service Unit (NCSU) in Lame Deer. The IHS is an agency within the US Department of Health and Human Services, responsible for providing federal health services to American Indians and Alaska Natives. On Northern Cheyenne, enrolled tribal members or descendants of any of the 567 federally recognized tribes can access primary care via the IHS NCSU. However, tribal members can access a broader range of treatments if they also sign up for 3rd party insurance such as Medicaid or Medicare.

Looking at the Numbers: Access to Primary Care

Healthy People 2020 Goal
0% uninsured rate

HP2020

Historically Native People called hospitals a place of death. When you walk through those doors, you are coming to a place that's not comfortable. They need to understand things like that.

Deborah Charett, Tribal Councilwoman, Muddy District Council

When asked in the NC CHA Survey, **14%** of participants reported that if they need health advice they go to the NCSU Emergency Room instead of their doctor

NC CHA SURVEY 2018

3RD PARTY HEALTH INSURANCE STATUS (REIMBURSABLE COVERAGE)

Insurance Access	NCSU, 2016*	MT, 2016	US, 2015*
Uninsured (no form of reimbursable coverage)	48%**	7%	9%
Private Insurance (employer or individual market)	20%	54%	67%
Medicaid	48%	19%	20%
Medicare	8%	20%	16%
Military Health Care	---	---	5%

* Categories of insurance access are not mutually exclusive

**Patients do have access to IHS services

IHS NC RPMS 2016, OMSA CSI 2016, US CENSUS CPS 2015

INSURANCE COVERAGE AND BILLING

- All enrolled tribal members or descendants can use IHS services, but are able to access a broader range of treatments with 3rd party insurance, which covers reimbursements to health care providers for services approved by the insurance plan.
- Data for reimbursable coverage at NCSU are for an entire year, meaning individual patients may belong to multiple insurance access categories throughout the year. For example, a patient may use Medicaid for part of the year and private insurance through their employer for the rest of the year.
- Data for the state of Montana reflect coverage at a single point in time. Individuals with multiple types of coverage were assigned to a single category. US percentages also capture a moment in time; however, individuals may belong to more than one category.



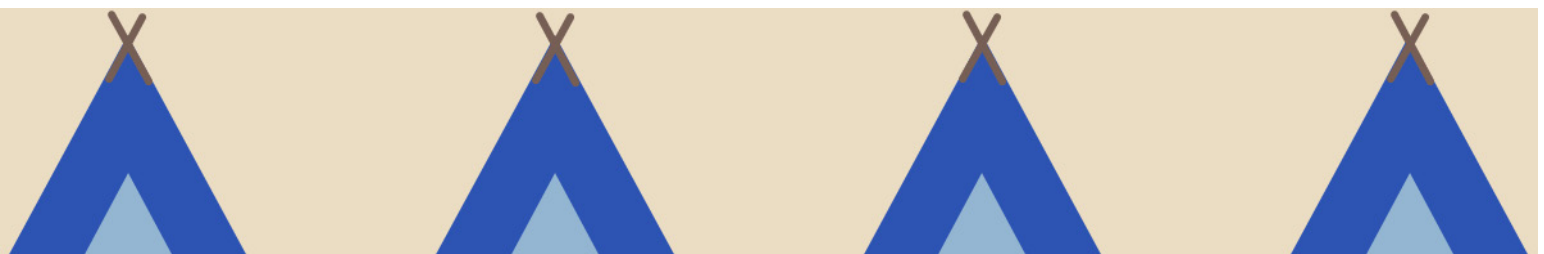
BILLABLE SERVICES AND REIMBURSABLE COVERAGE AT NCSU



- In 2016, 3 of 4 NCSU visits were made by patients with a form of reimbursable coverage.
- If NCSU accurately billed for all services for patients with reimbursable coverage, it would have been reimbursed approximately \$18 million more for services provided in 2016.

IHS NC RPMS 2016

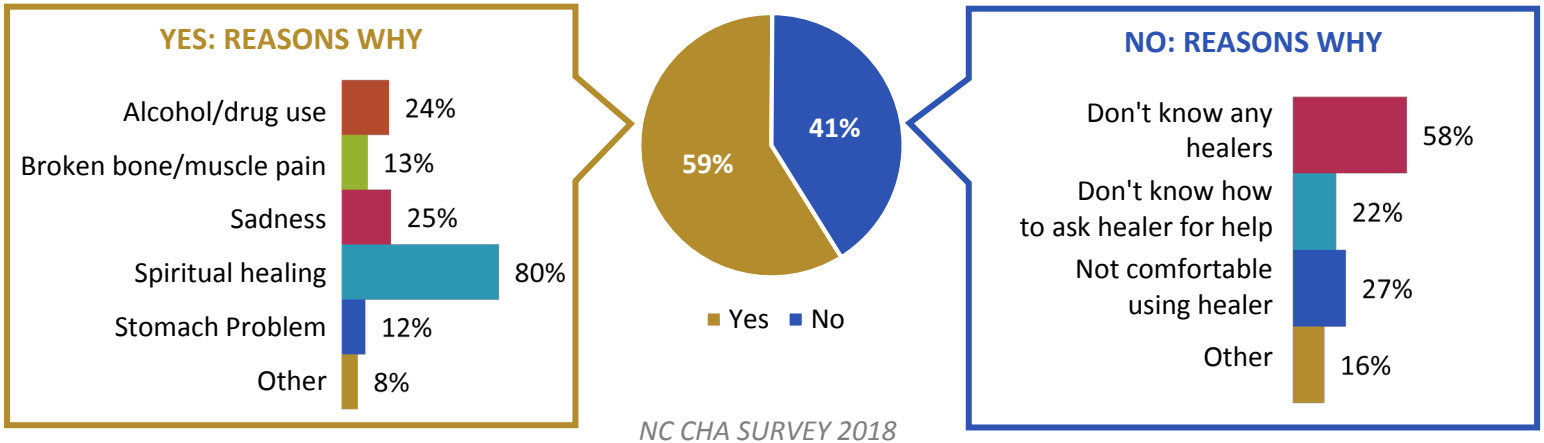
Follow up care is important when people are discharged from the hospital – they need CHRs to do this or PHNs. I think getting help for treatment needs to be expedited due to clients going through withdrawals. - NC CHA Survey Respondent



ACCESS TO PRIMARY CARE

TRADITIONAL HEALERS

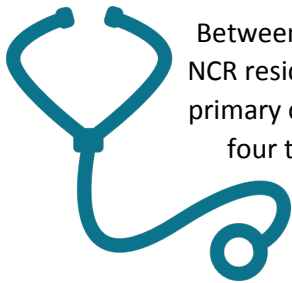
NC CHA SURVEY: DO YOU USE TRADITIONAL HEALERS?



More qualified physicians are needed... We should not have to wait all day for healthcare. - NC CHA Survey Respondent

When asked in the NC CHA Survey, **47%** of participants reported that they were interested in using local healers

NC CHA SURVEY 2018



PRIMARY CARE VISITS

Between 2012 and 2016, NCR residents visited their primary care doctor about four times per year.

IHS NC RPMS 2016

Healthy People 2020 Goal
49% of people (2 yrs and older) will visit the dentist each year

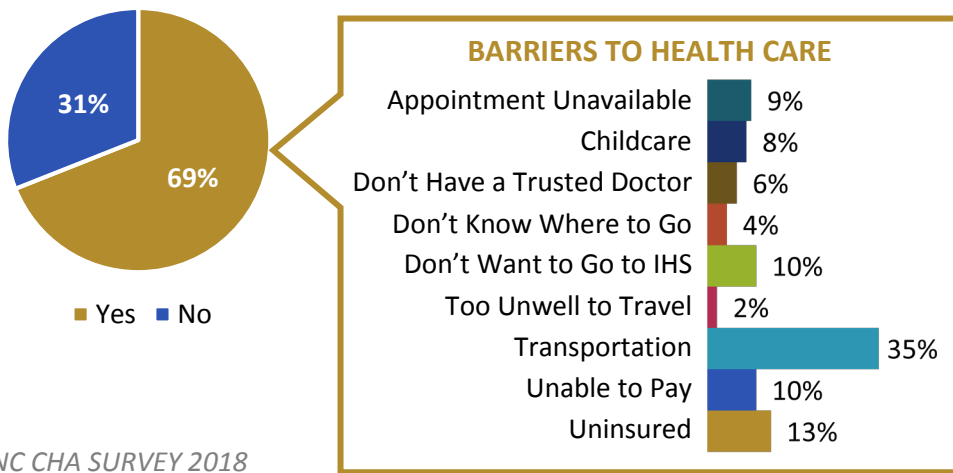
HP2020

In 2016, 41% of NCSU patients visited the dentist

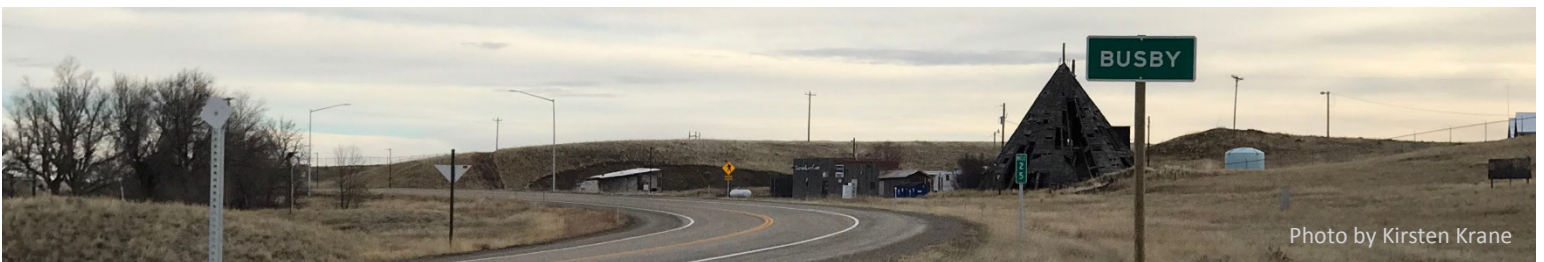
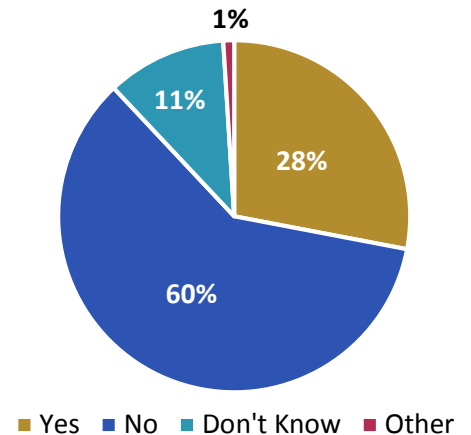
IHS NC RPMS 2016

BARRIERS TO HEALTH CARE

NC CHA SURVEY: DO YOU HAVE BARRIERS TO GETTING HEALTH CARE?



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



ACCESS TO PRIMARY CARE

Healthy People 2020 Goal

84% of people will have a usual primary care provider

HP2020



COMMUNITY RESOURCES

- **Indian Health Services (IHS)**
 - Northern Cheyenne Service Unit (NCSU) - *Primary and emergency healthcare*
- **Northern Cheyenne Tribal Board of Health (NCTBH)**
 - Tribal Premium Sponsorship Program- *Health insurance purchasing*
 - Veterans Affairs Office- *Care coordination with VA clinics*

When asked in the NC CHA Survey, **63%** of participants reported that they have a regular doctor

NC CHA SURVEY 2018

Before you go for a referral, you have to make sure you can pay. If you don't have insurance, you have to pay up front. Even if IHS refers you, you'll still get billed because IHS didn't pay, and then they send it to collection. It plays havoc with your credit.

Sheldon King/Tribal Councilman, Busby District

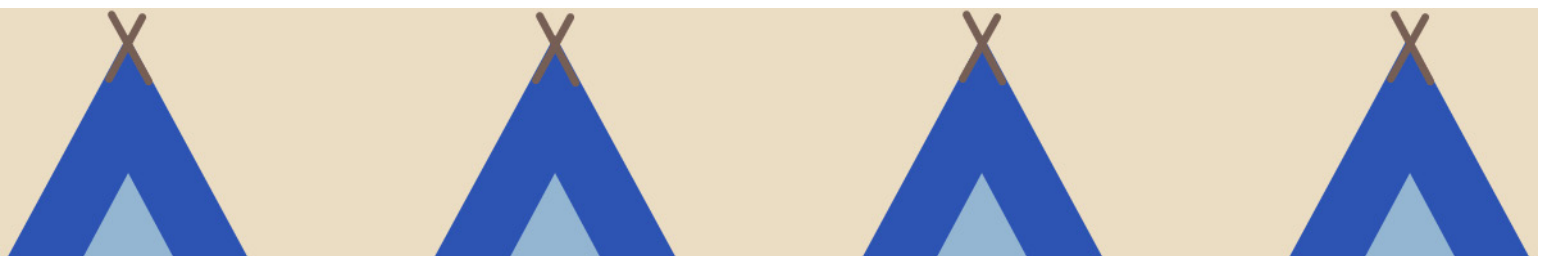


Photo by Anne Merewood

The population is growing so our healthcare providers should grow too. Prevention programs are needed. Diet education is needed. We need a store where we can purchase meat, vegetables, and fruits at a reasonable price. – NC CHA Survey Respondent



Photo by Kirsten Krane





Chronic diseases like heart disease and strokes, diabetes, asthma, chronic pain, and cancers are common on the Northern Cheyenne Reservation. Factors known to contribute to chronic diseases include poverty, stress, poor diet, and substance use. Long distances to major medical centers for care also play a role. At the Community Health Priorities Meeting, when health issues were voted on for level of importance, chronic diseases as a category ranked 9th out of the top 10 health concerns.

Looking at the Numbers

TOP 3 CHRONIC DISEASE DIAGNOSES BY AGE AT NORTHERN CHEYENNE SERVICE UNIT



	6-12 years	13-17 years	18-45 years	46-65 years	66+ years
1	Vision problems	Vision problems	Anxiety	Diabetes	Diabetes
2	ADHD	ADHD	Vision problems	Chronic pain	High blood pressure
3	Asthma	PTSD	Diabetes	High blood pressure	Hearing

IHS NCSU MORBIDITY 2016

Chronic pain is one of the main problems diagnosed for adults at NCSU. In 2010, 40% of AI/AN people in Montana suffered from chronic pain compared to 33% of whites. Forty percent of people who answered the NC CHA survey stated that they suffered from chronic pain, and 26% from arthritis.

IHS NCSU MORBIDITY 2016, MT BRFSS 2012, NC CHA SURVEY 2018

HEPATITIS C

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

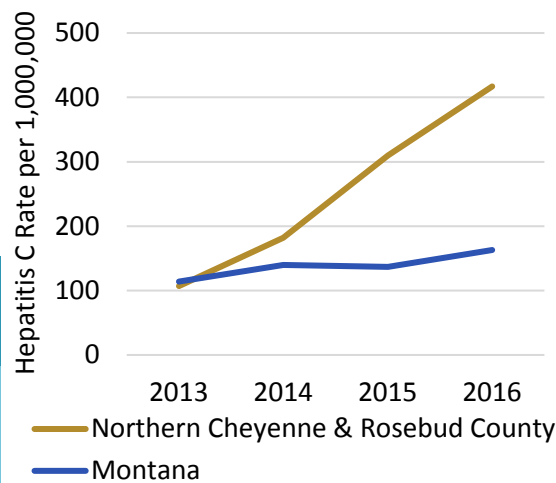
NEW CASES OF HEPATITIS C

Year	Northern Cheyenne & Rosebud County	Montana
2013	10	1142
2014	17	1413
2015	29	1386
2016	39	1664

*Rate calculated using Rosebud County and Montana populations as reported by the US Census Bureau for each year

MTDPHHS COMM DISEASE 2012-2016, CDC STI 2016

CHRONIC HEPATITIS C RATE*



There's a critical need for more healthcare— how can we access it? It costs money to be healthy. It costs money to eat right. We have an epidemic of addiction, to meth, to alcohol, to gambling. Our best hope is that we can educate our children. Our job is to give them hope – to be shining examples of good people, of productive citizens, of our tribe.

Tony Prairiebear, Former Tribal Council



Photo by Anne Merewood



Photo by Kirsten Krane

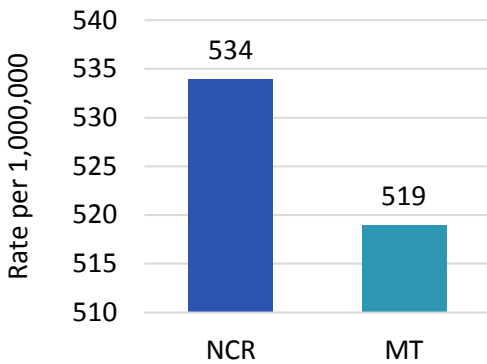


CANCER

Cancer was the third-leading cause of death on the Northern Cheyenne Reservation (NCR) in 2013-2016. Tribal members are concerned about the problems of getting referrals, early diagnoses, and specialized treatment at cancer centers off of the Reservation. Northern Cheyenne residents have higher rates of cancer, and lower rates of screening, than other Montana residents.

MTDPHHS NC MORT 2016

CANCER DIAGNOSES (ALL TYPES), 2005-2014

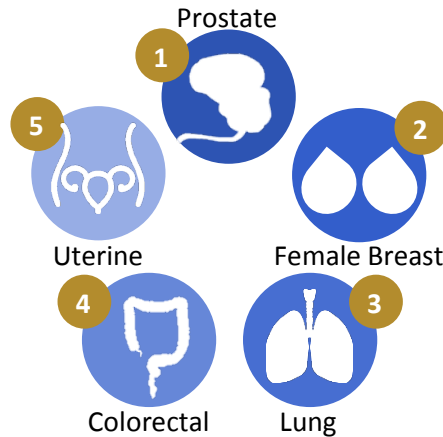


MTDPHHS CANCER FACT SHEET 2016

People go to the clinic and get sent home....by the time they're referred for cancer treatment and get to a specialist, it's already stage 4. That happened to my brother.

Charlene Alden, Director, EPA

MT AI/AN, 2005-2014



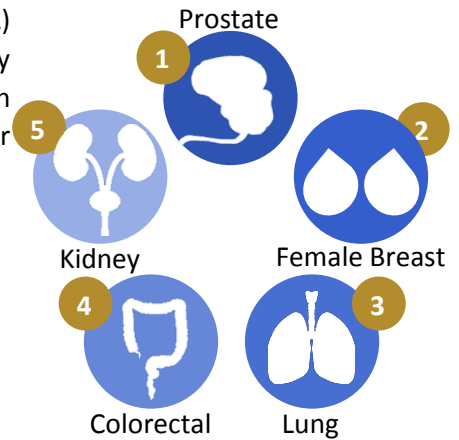
MTDPHHS CANCER FACT SHEET 2016

LUNG CANCER AND TOBACCO

Lung cancer is related to tobacco use. Rates of tobacco use among American Indians in Montana are over twice that of the national rate.

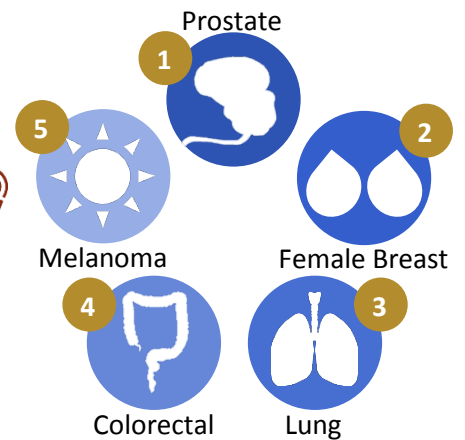
MT BRFSS 2014

NCR, 2005-2014



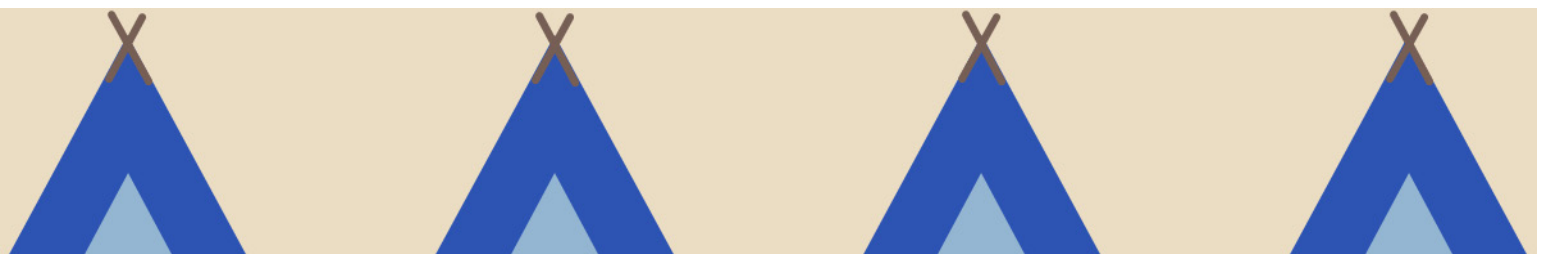
TOP 5 MOST COMMON TYPES OF CANCER

MT, 2009-2013



COMMUNITY RESOURCES FOR CHRONIC DISEASES

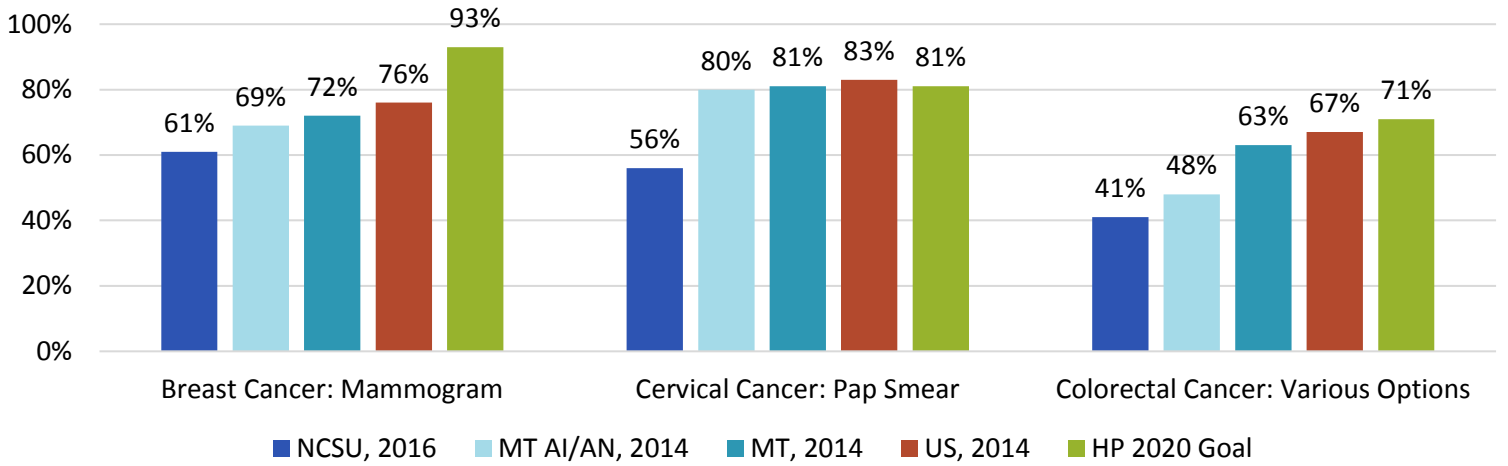
- **Indian Health Services (IHS)**
 - Northern Cheyenne Service Unit (NCSU) - *Primary and emergency healthcare*
- **Northern Cheyenne Tribal Board of Health (NCTBH)**
 - Community Health Nurses- *Diabetes education, home visiting*
 - Community Health Representatives- *Home visiting, community education, appointment transportation*
 - Health Education- *Community engagement, education*
 - Special Diabetes Program for Indians- *Diabetes education, home visiting, case management, podiatry clinic*
 - Tobacco Prevention Program- *Community engagement, policy development*





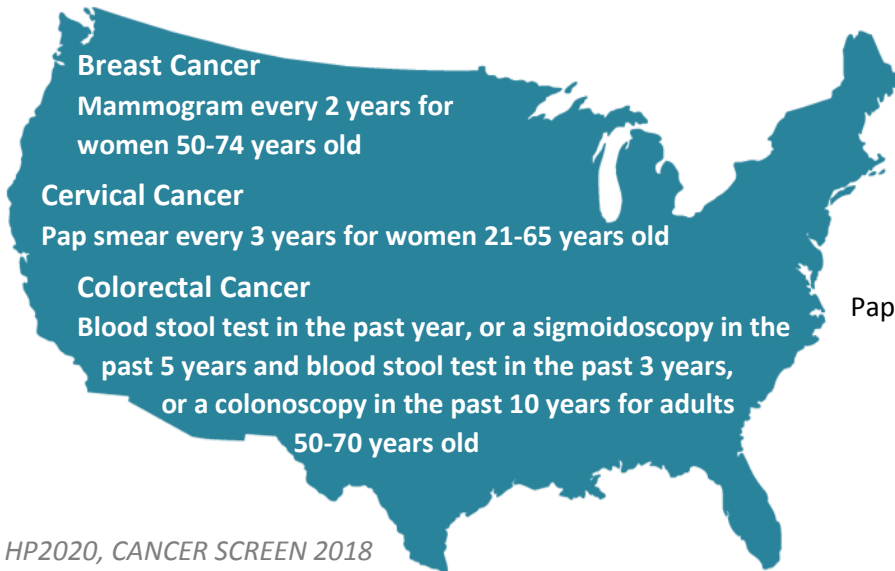
CANCER SCREENING DATA

PERCENT OF POPULATION MEETING THE NATIONAL RECOMMENDATIONS FOR CANCER SCREENINGS



NC GPRA 2016, MTDPHHS CANCER FACT SHEET 2016, HP2020

NATIONAL RECOMMENDATIONS FOR CANCER SCREENINGS



HP2020, CANCER SCREEN 2018

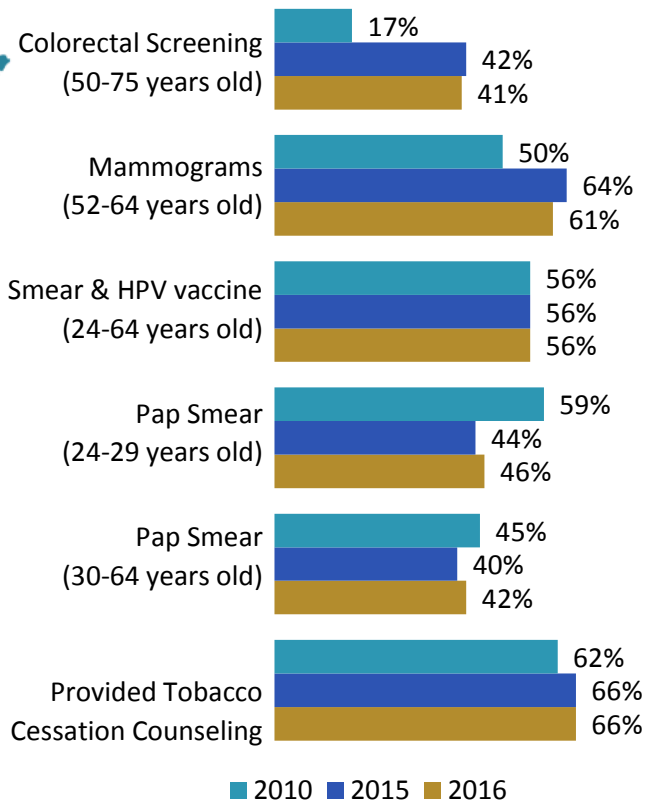
People need to come in and get medical help. When they do, they can't wait around all day. They need transportation even to pick up their medicine. I see a lot of people walking to get to the clinic. It's really tough to get in for appointments.



Photo by Anne Merewood

Ernest Littlemouth Sr., Tribal Councilman, Birney District

NCSU CANCER SCREENINGS AND PREVENTION BY YEAR



NC GPRA 2016

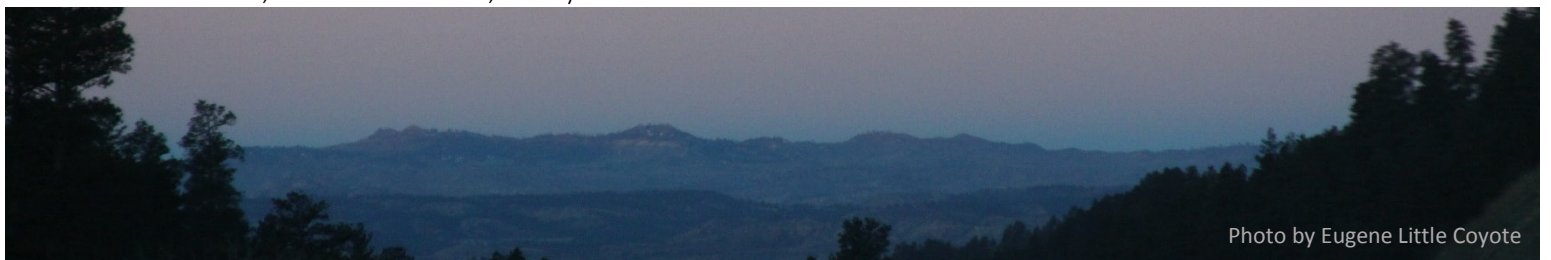


Photo by Eugene Little Coyote



DIABETES

Diabetes was the 4th leading cause of death on the Northern Cheyenne Reservation (NCR) from 2013 to 2016. As of 2016, it was the most common diagnosis among people 46 years and older on the NCR. In 2015, there were 554 patients in the diabetes registry at the Northern Cheyenne Service Unit (NCSU). Most data sources do not distinguish between types 1 and 2 diabetes, but type 2 diabetes accounts for approximately 99% of those on the diabetes registry. Medical care for diabetes is provided at NCSU. People can also access diabetes education, screenings, and support from the local Special Diabetes Program for Indians (SDPI) which is administered through the Northern Cheyenne Tribal Board of Health.

MTDPHHS NC MORT 2016, IHS NCSU MORBIDITY 2016, IHS NCSU DIABETES 2016

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.

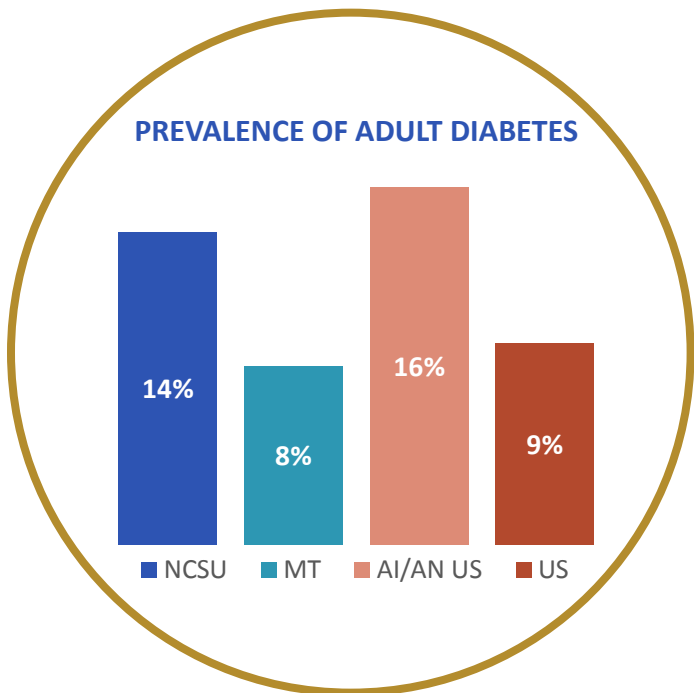
Adults with an A1C <9.0

- NCSU (2015): 61%
- United States (2005-2008): 82%
- Healthy People 2020 Goal: 84%



IHS NCSU DIABETES 2016, HP2020

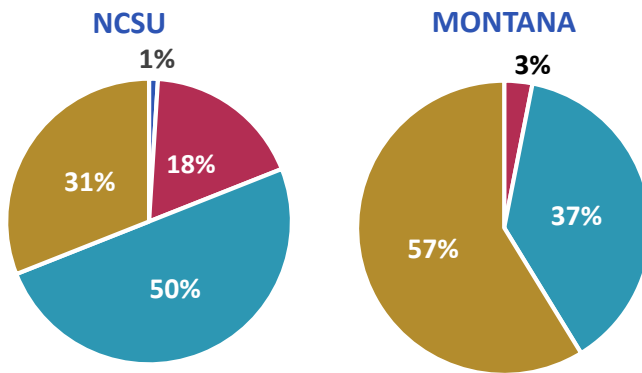
PREVALENCE OF ADULT DIABETES



■ NCSU ■ MT ■ AI/AN US ■ US

AGE RANGES OF ADULTS WITH DIABETES

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



■ <20 years ■ 20-44 years ■ 45-64 years ■ 65 years+

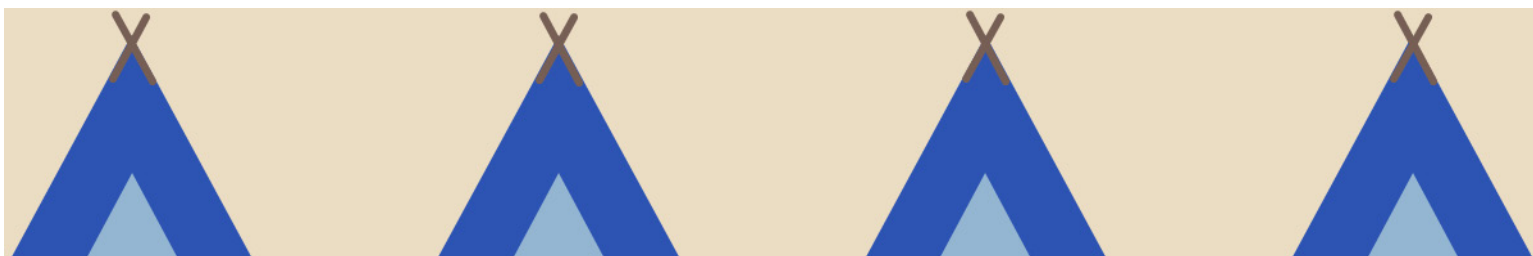
IHS NCSU DIABETES 2016, MT BRFSS 2014

THAT'S 1 IN 7 PEOPLE AT NCSU



IHS NC RPMS 2016, IHS NCSU DIABETES 2016, MT BRFSS 2014, CDC NDSR 2014

I think having a dialysis center here on the reservation would be great! Also more information on changes against drugs and alcohol for the kids and teens. Also maybe a restaurant offering healthy foods. – NC CHA Survey Respondent



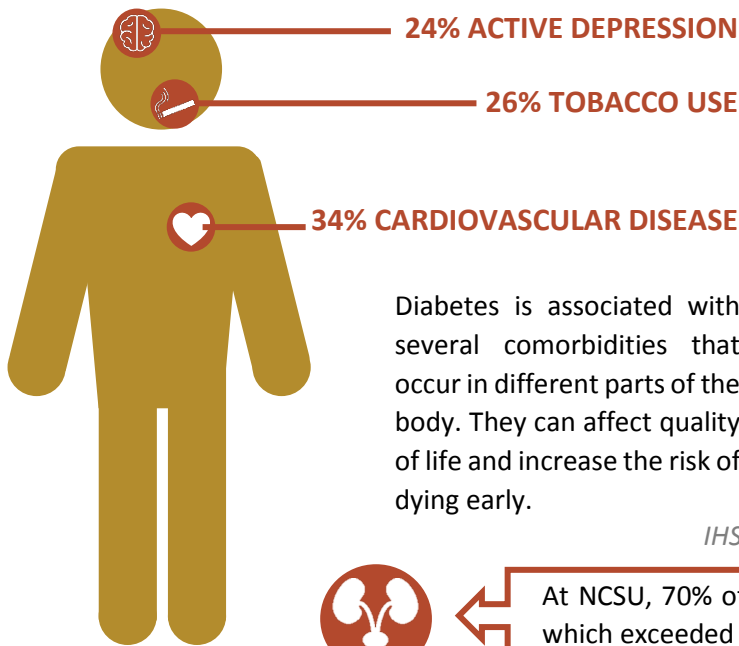


CHRONIC DISEASE



COMORBIDITIES OF DIABETES AT NCSU

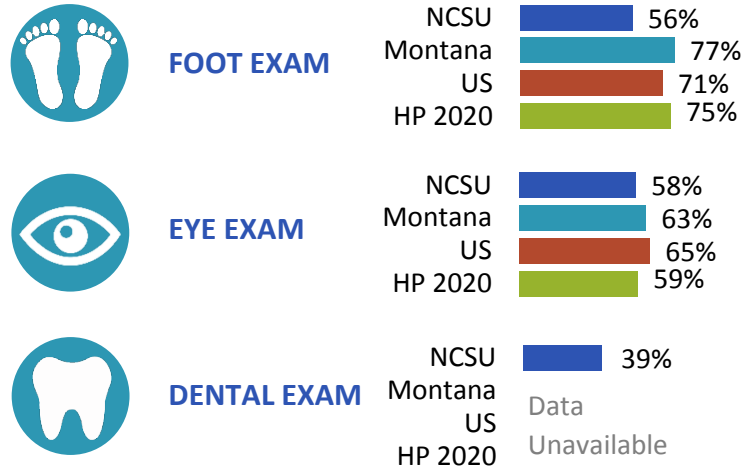
Percent of each comorbidity among people with diabetes.



IHS NCSU DIABETES 2016

DIABETIC EXAMS

Percent of adults with diabetes who received recommended annual exams.



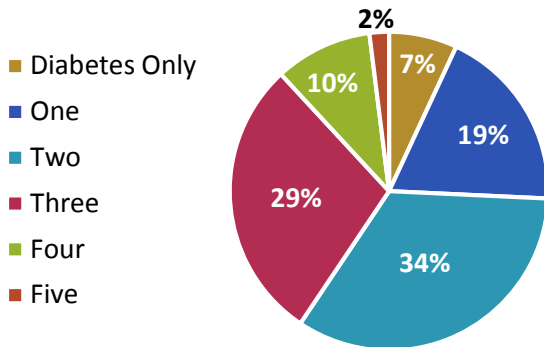
IHS NCSU DIABETES 2016, CDC DIABETES 2014 REPORT CARD, HP2020



At NCSU, 70% of the diabetes patients had their kidney function tested in 2017, which exceeded the FY2017 Goal of 63% set by IHS nationally

NCTBH FY2017 ANNUAL REPORT

NUMBER OF COMORBIDITIES AMONG THE DIABETIC POPULATION AT NCSU



IHS NCSU DIABETES 2016

Heart disease and diabetes are big issues. There's more we could be doing. Like around how food is made. We live in a fast paced society – people don't have time to sit and eat with family. They're grabbing food from the deli, fast food, energy drinks, there's potato chips in every aisle....we should get back to cooking. Eating traditional foods like buffalo. There used to be a lot of gardening. We're looking into starting a community garden and growing our own food.

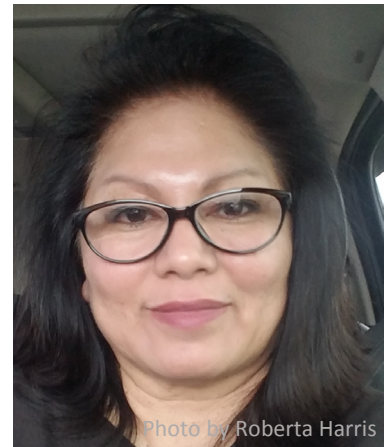


Photo by Roberta Harris

Roberta Harris, Tribal Employee

HOSPITALIZATIONS

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

ROSEBUD COUNTY



15 hospitalizations per/1000 people



MONTANA

8 hospitalizations per/1000 people



MTDPHHS RBCCHP 2015



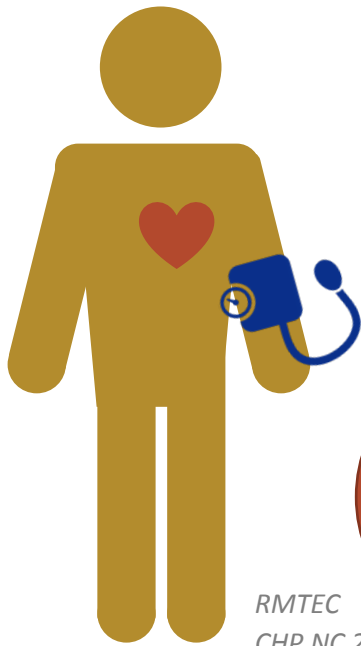
Photo by Kirsten Krane



CARDIOVASCULAR DISEASE

Cardiovascular disease includes strokes, heart disease, heart attacks, and irregular heartbeats. Cardiovascular disease was the leading cause of death on the Northern Cheyenne Reservation from 2013-2016.

MTDPHHS NC MORT 2016



ROSEBUD COUNTY

MONTANA



10 hospitalizations per/1000 people



7 hospitalizations per/1000 people



MTDPHHS RBCCHP 2015

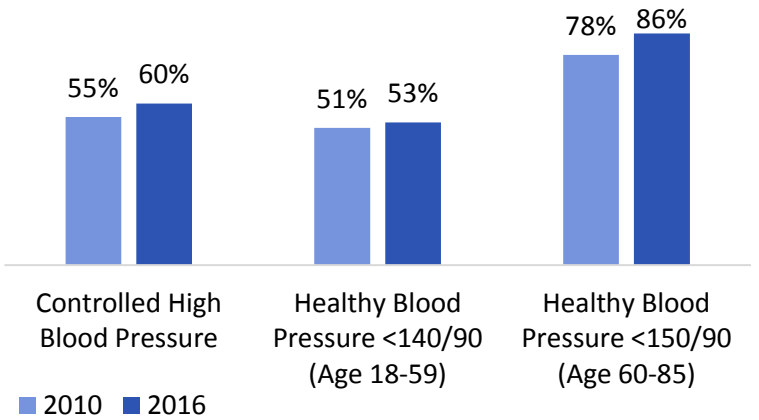
In 2015, 19% of 10-14 year olds seen at NCSU had a diagnosis of asthma

RMTEC CHP NC 2016

CARDIOVASCULAR DISEASE HOSPITALIZATIONS

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

PERCENT OF NCSU PATIENTS WITH SELECTED BLOOD PRESSURE INDICATORS



NC GPRA 2016

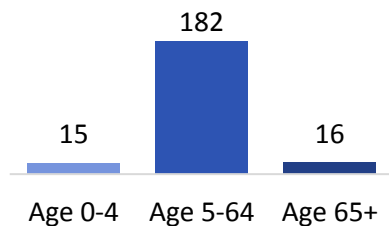
CHRONIC RESPIRATORY DISEASES

Asthma and Chronic Obstructive Pulmonary Disease (COPD) are the two most common types of chronic respiratory disease on Northern Cheyenne Reservation, and chronic respiratory diseases are the 8th leading cause of death.

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

MTDPHHS NC MORT 2016

ASTHMA URGENT CARE VISITS TO NCSU



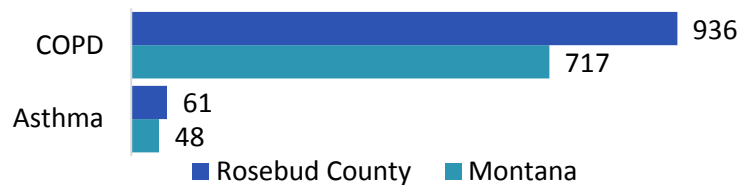
IHS NC RPMS 2016

Nationally, asthma rates for Native people are 1.3 times that of white people

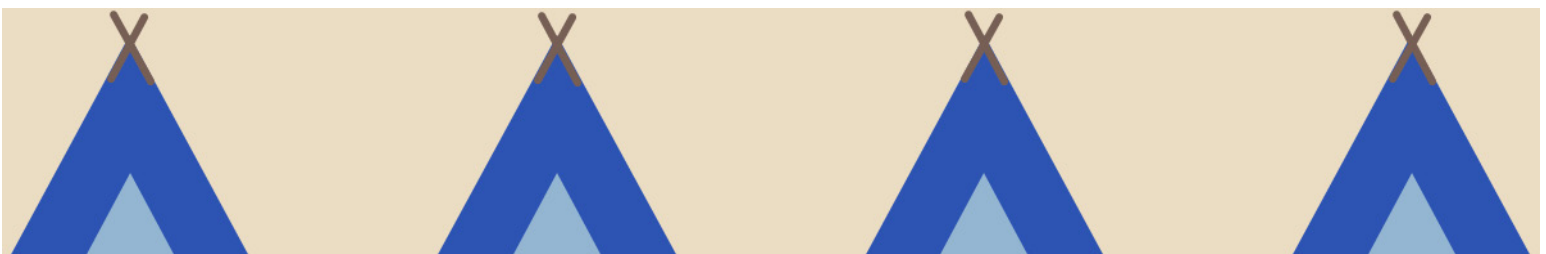
CDC NHIS 2016

CHRONIC RESPIRATORY DISEASES HOSPITALIZATIONS

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



MTDPHHS RBCCHP 2015, US CENSUS BUREAU 2016



COMMUNICABLE INFECTIOUS DISEASE

At the Community Health Priorities Meeting, when health issues were voted on for level of importance, the community expressed concern about communicable diseases, such as sexually transmitted infections (STIs) and hepatitis C, but did not consider them as top health concerns compared to other priorities. The data collected in this CHA suggest that communicable diseases are more common on the Northern Cheyenne Reservation than in other parts of Montana.

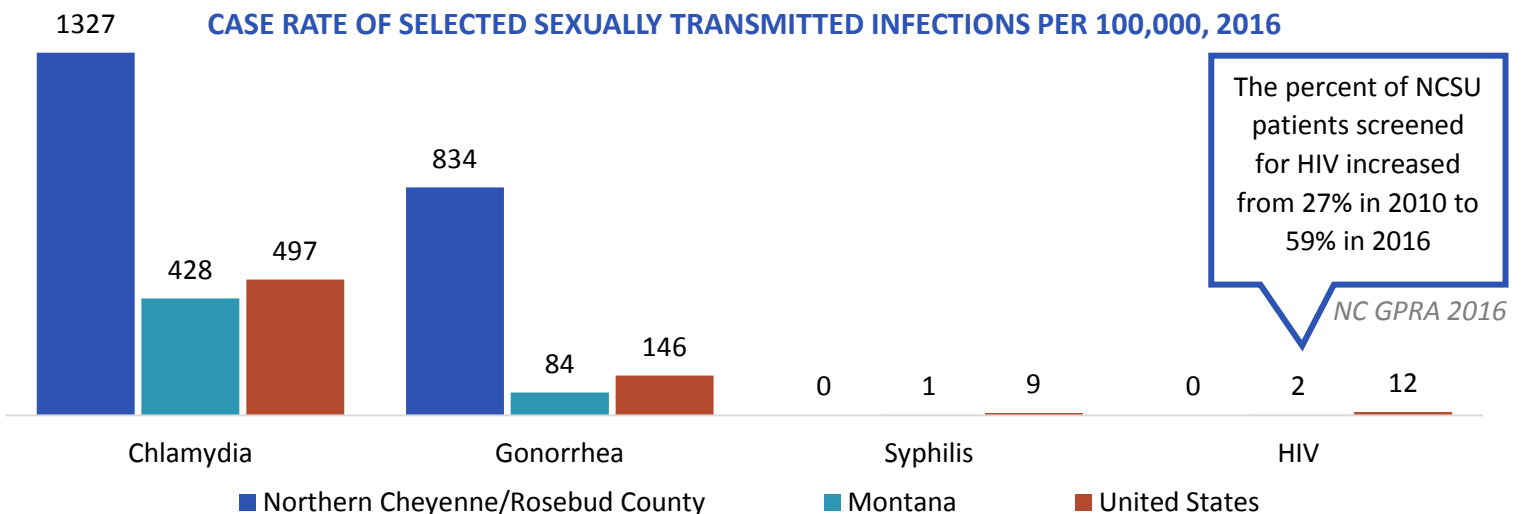
Please note, in this section data are listed as Northern Cheyenne and Rosebud County, because the state-based data measure for this region for communicable diseases includes all of Northern Cheyenne (including any portions of the reservation that are in a different county) and all of Rosebud County (even those portions that are not part of the reservation).

MTDPHHS COMM DISEASE 2012-2016

Looking at the Numbers

SEXUALLY TRANSMITTED INFECTIONS

In 2015, STIs were the most commonly reported communicable disease in Montana. In recent years, cases of chlamydia and gonorrhea have skyrocketed on the Northern Cheyenne Reservation, with new cases of chlamydia appearing at three times the rate elsewhere in Montana, and with almost 10 times as many new cases of gonorrhea. Rates of HIV and syphilis however are lower than elsewhere in the state, with just one new case of HIV reported on the Reservation in the past 5 years, and 4 new cases of syphilis over the same time period. Montana and the Northern Cheyenne Reservation have both seen a rise in syphilis since 2014.



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

COMMUNITY RESOURCES

- **Indian Health Services (IHS)**
 - Northern Cheyenne Service Unit (NCSU) - STI screening and treatment, vaccinations, primary and emergency healthcare
- **Northern Cheyenne Tribal Board of Health (NCTBH)**
 - Community Health Nurses- STI screening and treatment, head lice screening, vaccinations
 - Health Education- Community engagement and education

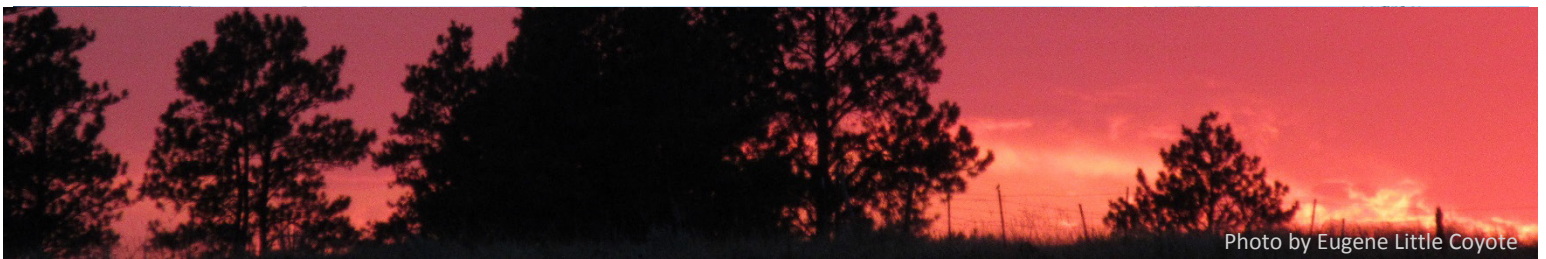
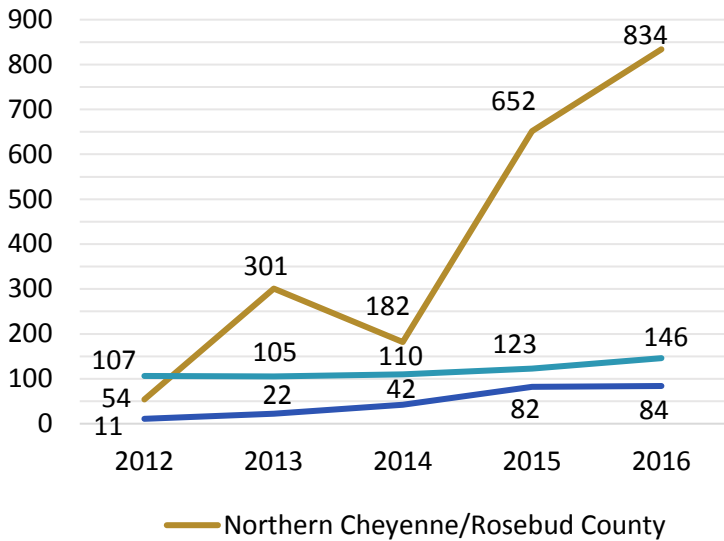


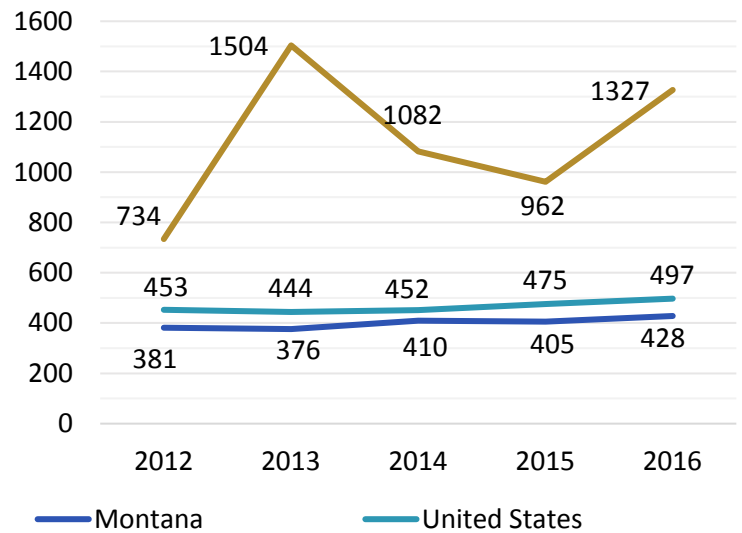
Photo by Eugene Little Coyote

COMMUNICABLE INFECTIOUS DISEASE

GONORRHEA CASE RATE* PER 100,000



CHLAMYDIA CASE RATE* PER 100,000



*Rates/100,000 calculated using Rosebud county populations for each year

MTDPHHS COMM DISEASE 2012-2016, CDC STI 2016, US CENSUS BUREAU 2016

YOUTH SEXUAL PRACTICES

YRBS Measure	Lame Deer, 2013	Lame Deer, 2015	MT AI/AN, 2015**	MT, 2015	US, 2015
Ever had sexual intercourse (lifetime)	71%	69%	58%	44%	41%
Had sexual intercourse for the first time before age 13 years	16%	10%	4%	3%	4%
Had sexual intercourse with four or more persons during their life	8%	40%	23%	13%	12%
Method used to prevent pregnancy at last sexual intercourse*					
None	24%	25%	17%	9%	14%
Birth control pills	0%	7%	15%	24%	18%
Condoms	54%	50%	65%	46%	57%
IUD or implant	0%	11%	---	3%	3%
Shot, patch, birth control ring	0%	0%	15%	6%	5%
Withdrawal or other method	18%	4%	---	9%	---
Unsure	6%	4%	---	3%	---
Drank alcohol or used drugs before last sexual intercourse*	56%	19%	24%	21%	21%

*Of sexually active students

**not mutually exclusive

NC YRBS 2013, NC YRBS 2015, MT YRBS AIAN 2017, MT YRBS 2015, US YRBS 2015

STDs (sexually transmitted diseases) are of major concern on the Reservation...If you choose to engage in sexual activity, use condoms consistently and correctly each time and get tested!



Sophia Messer, Northern Cheyenne Tribal Health Educator

All Active, Known Cases* of STDs on NCR in 2017

Chlamydia: 168
Gonorrhea: 77
Hepatitis C: 80

*different from case rate

NCTBH FY2017 ANNUAL REPORT

In 2013, 53% of Lame Deer High School students reported they had not or did not remember learning about HIV

NC YRBS 2013



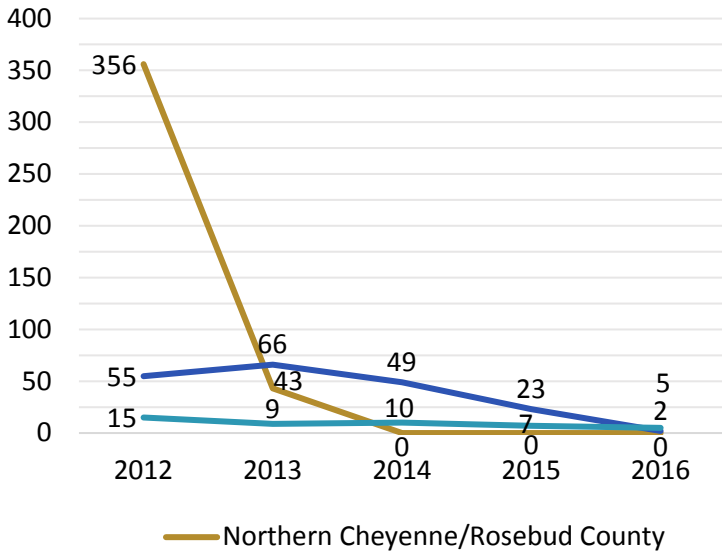
COMMUNICABLE INFECTIOUS DISEASE

VACCINE-PREVENTABLE DISEASES

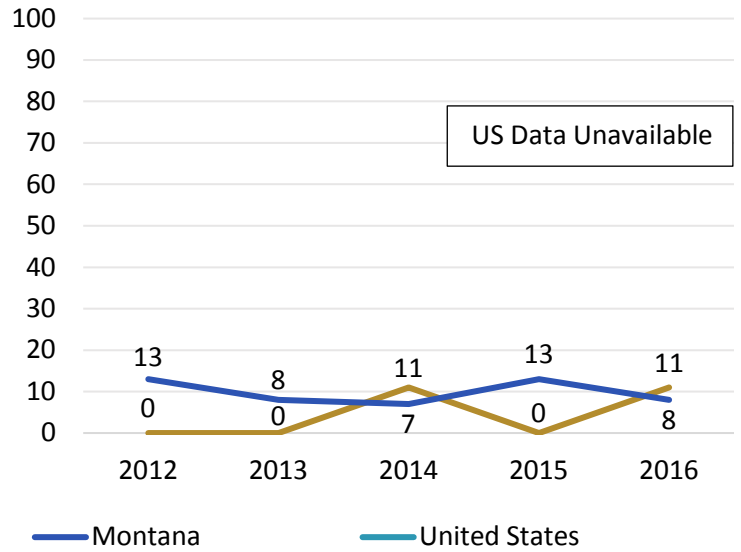
The most common types of reportable, vaccine-preventable illnesses are pertussis, varicella, mumps, and influenza. Vaccines are provided through the IHS Northern Cheyenne Service Unit (NCSU) in Lame Deer, MT.

MTDPHHS COMM DISEASE 2016

PERTUSSIS CASE RATE* PER 100,000



VARICELLA CASE RATE* PER 100,000

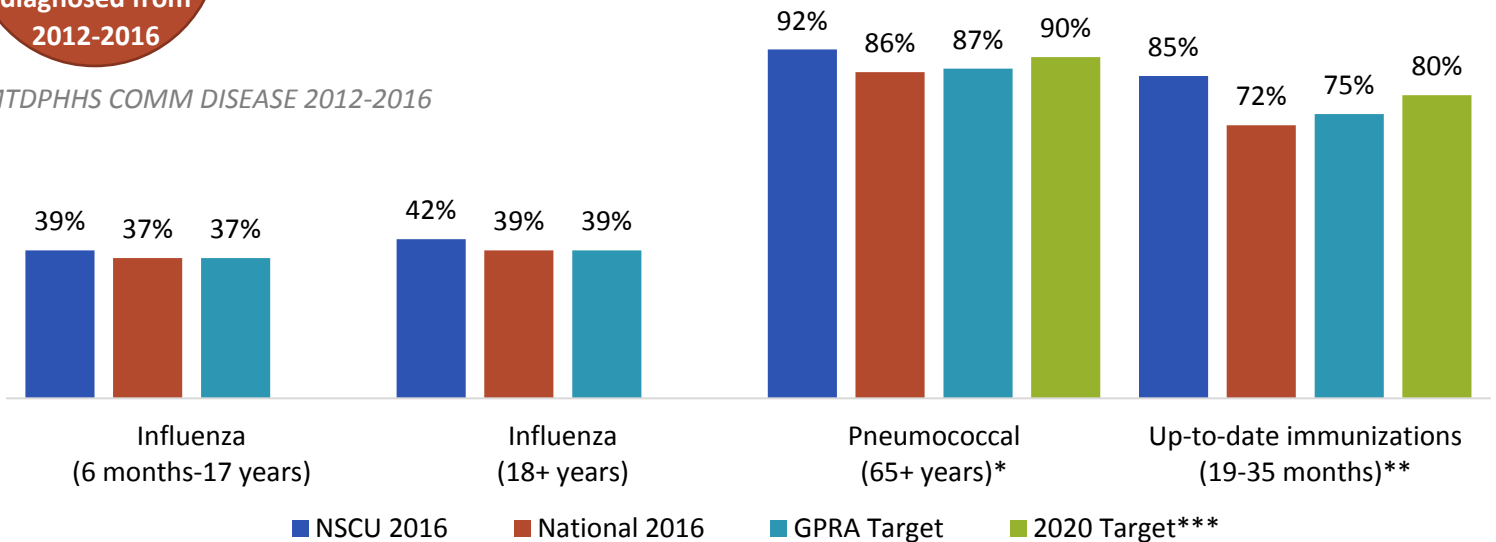


MTDPHHS COMM DISEASE 2012-2016, CDC PERTUSSIS REPORT 2012-2016

On the NCR, there were 6 cases of tuberculosis diagnosed from 2012-2016

IMMUNIZATIONS AT NCSU COMPARED TO NATIONAL AND TARGET RATES

MTDPHHS COMM DISEASE 2012-2016



*Measure definition changed in 2014

**Up-to-date immunization data unavailable for 2010 and 2015

***2020 Target unavailable for influenza

NC GPRA 2016

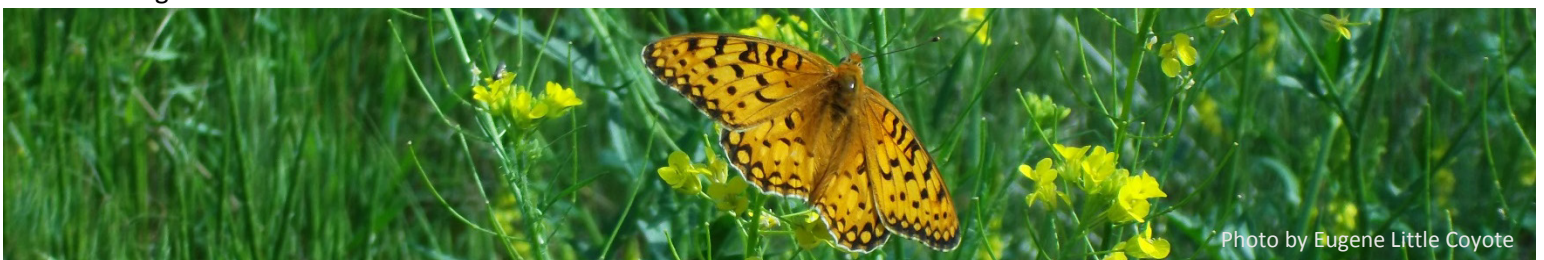


Photo by Eugene Little Coyote



At the CHA Community Strengths and Special Populations Meeting in January 2018, community members talked about the safety of the Reservation. Participants answered the question, “How safe would you rate NC as a place to live?” on a scale of 1-10 (1 = worst, 10= best). The average score for safety on NC was 4.3.

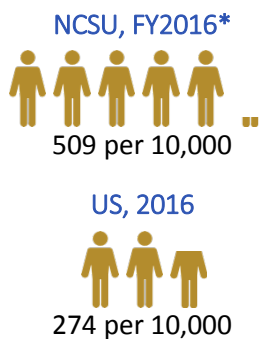
Strengths on Northern Cheyenne in terms of safety included emotional, spiritual and physical ties within families and the strength of communal prayer. Issues that made people feel unsafe included trauma and hopelessness, crime, unemployment, extreme poverty, poor housing and widespread illicit drug use. People also worried about abandonment, abuse, neglect, ‘thug music’, and the outside pressure of consumerism. They also felt that family silence, anger, shame, and denial made the environment unsafe for many. Themes of public safety and violence are described in this section of the CHA.

Looking at the Numbers

PUBLIC SAFETY

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

ACCIDENTAL FALLS



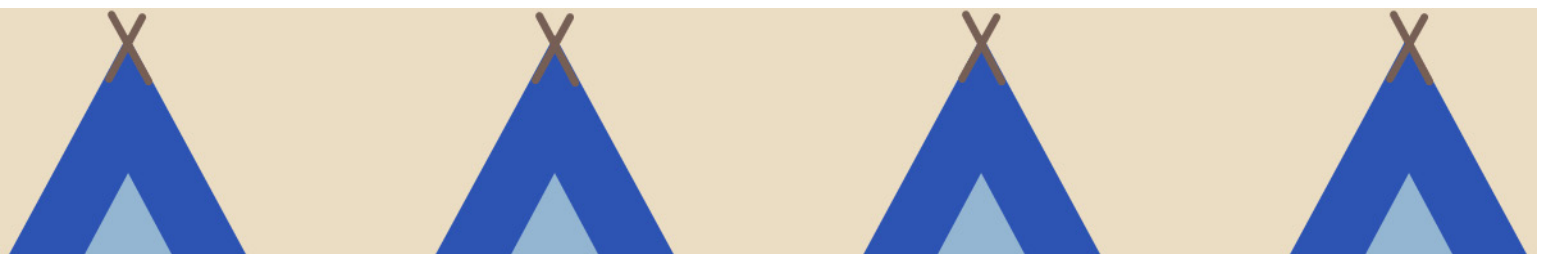
Prayer changes things, yet people got to be willing to change. Forgiveness to others, also helps in the healing process. Praying for the Reservation.

NC CHA Survey Respondent

*Age-adjusted to the 2000 US population
RMTEC INJURY MORBID NC 2016,
CDC WISQARS 2017

COMMUNITY RESOURCES

- **Bureau of Indian Affairs (BIA)**
 - Northern Cheyenne Police Department- *Policing services*
- **Indian Health Services (IHS)**
 - Injury Prevention Project- *Seat belt safety education and policy*
 - Northern Cheyenne Service Unit (NCSU) – *Emergency healthcare*
- **Northern Cheyenne Tribal Board of Health (NCSU)**
 - Healing Hearts- *Emergency assistance to people in domestic abuse crisis*
 - Northern Cheyenne Ambulance Service, Disaster Emergency Services- *EMS, disaster preparedness*
 - Office of Environmental Health- *Car seat distribution, rabies clinic, spay and neuter clinic, fall prevention kit distribution*

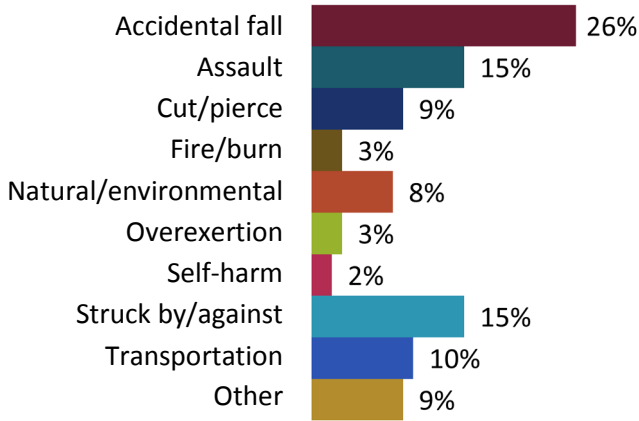




PUBLIC SAFETY/INJURY, VIOLENCE AND ABUSE



TYPES OF NON-FATAL INJURIES AT NCSU



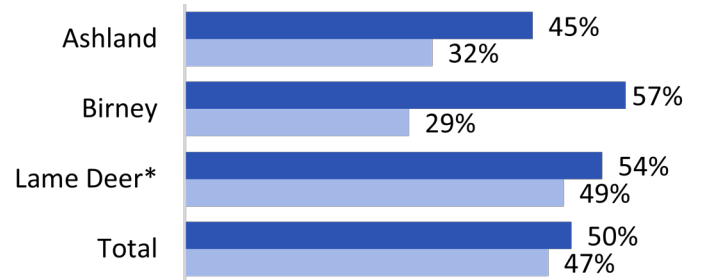
RMTEC INJURY MORBID NC 2016

SEAT BELT USAGE RATES

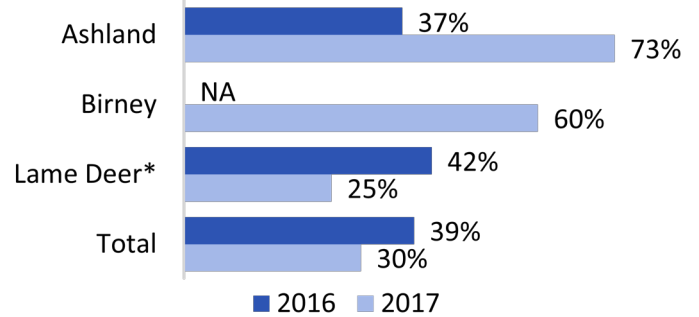
Population	Driver Seat Belt Usage	Passenger Seat Belt Usage
NCR, 2016	50%	39%
MT/WY AI/AN, 2016	25%	27%
MT, 2012	76% (total seat belt usage)	
US, 2012	86% (total seat belt usage)	

RMTEC INJURY BF 2015, CDC SEAT BELT 2014

DRIVERS' SEAT BELT USAGE IN NC COMMUNITIES



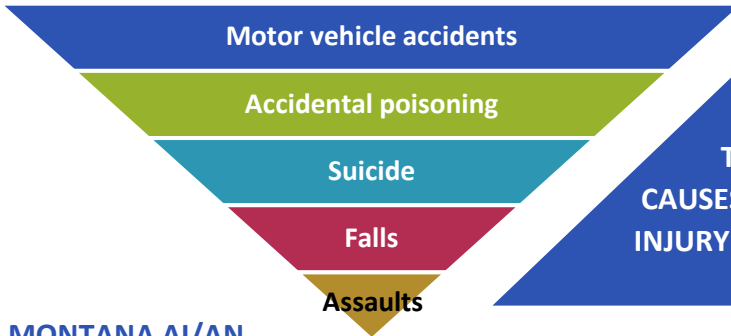
PASSENGERS' SEAT BELT USAGE IN NCR COMMUNITIES



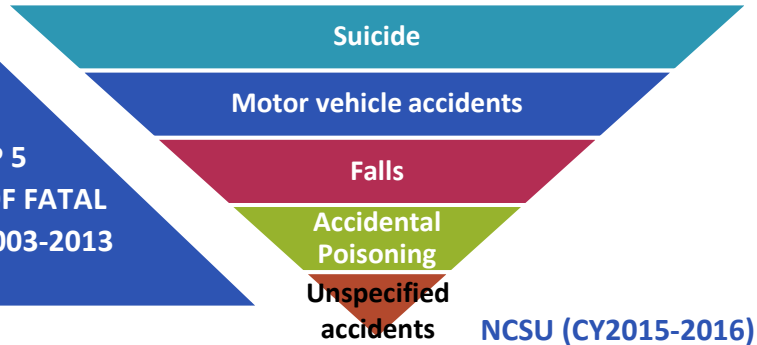
*7 vehicles in 2016 and 9 vehicles in 2017 observed without proper child restraints

IHS IPR NC 2017

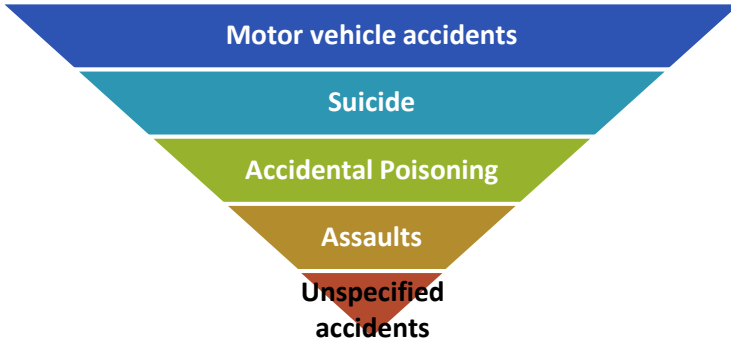
UNITED STATES



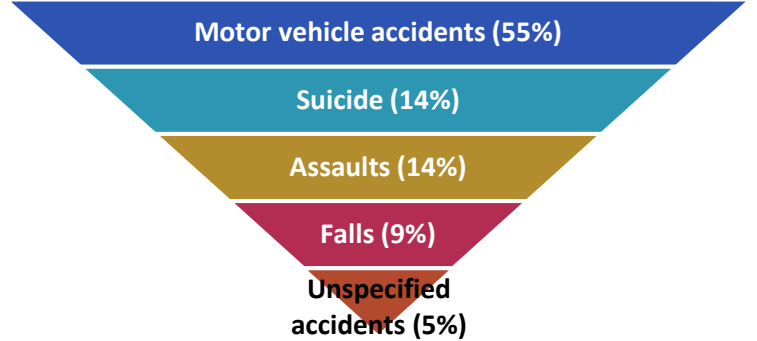
MONTANA WHITE POPULATION



MONTANA AI/AN



NCSU (CY2015-2016)



MT VITAL STATISTICS 2013, RMTEC INJURY MORTAL NC 2016

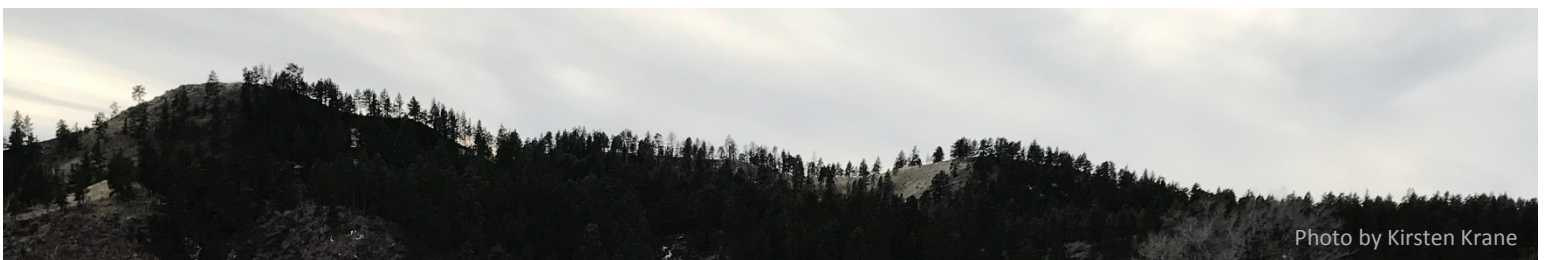


Photo by Kirsten Krane



SAFETY BEHAVIORS IN HIGH SCHOOL

YRBS Measure	Lame Deer, 2013	Lame Deer, 2015	MT AI/AN, 2015	MT, 2015	US, 2015
Cell phone use while driving/past 30 days					
Never (0 days)	92%	80%	---	42%	---
Sometimes (1-29 days)	4%	17%	---	54%	---
Every day (30 days)	4%	3%	---	4%	---
Percentage of students who rarely or never wore a bicycle helmet*	100%	96%	95%	80%	81%
Percentage of students who rarely or never wore a seat belt in a car driven by someone else	7%	17%	14%	10%	6%
Percentage of students who rode with a driver who had been drinking alcohol*	28%	21%	26%	23%	20%
Percentage of students who drove after drinking alcohol**	21%	12%	11%	11%	8%
Percentage of students who texted or emailed while driving**	24%	30%	41%	55%	42%

*Of students who rode a bike in the past 12 months

NC YRBS 2013, NC YRBS 2015, MT YRBS 2015, MT YRBS AIAN 2017,

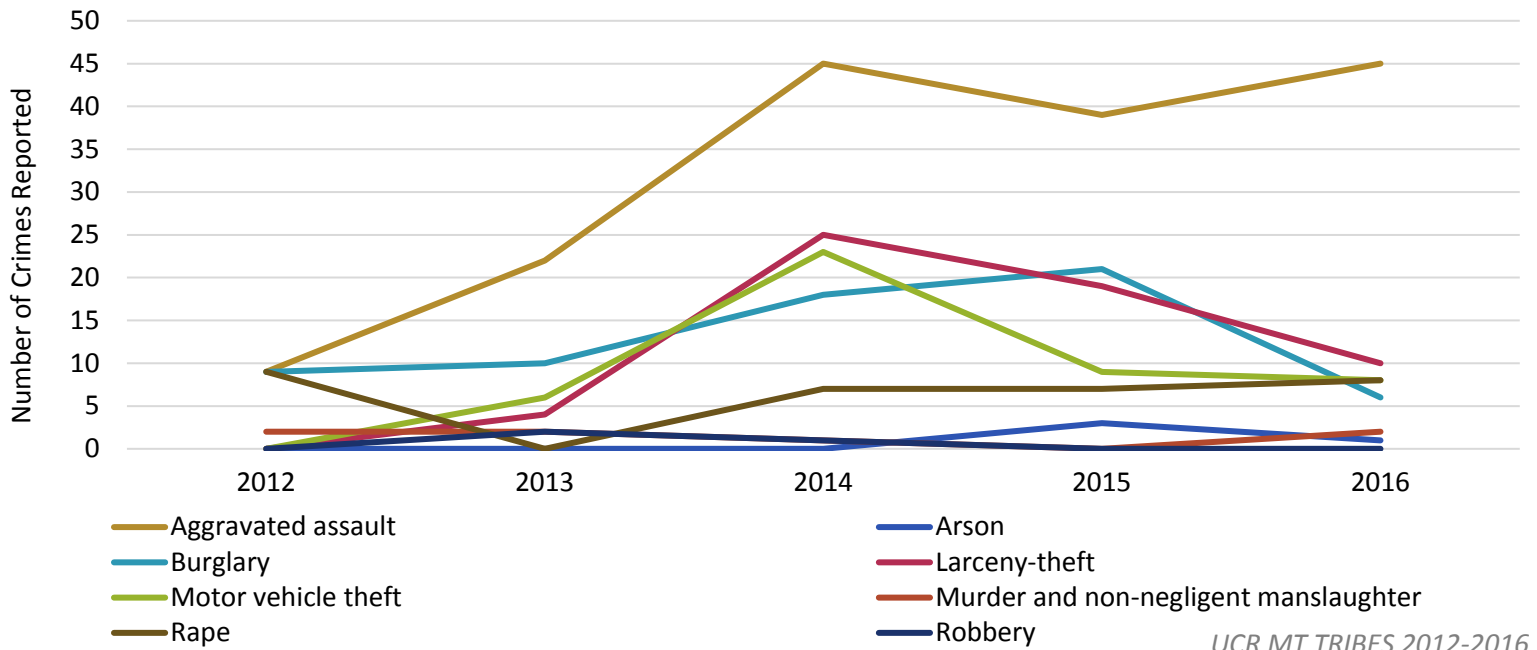
**Of students who had driven a car during the past 30 days

US YRBS 2015

VIOLENCE

Violence, such as assaults, sexual violence, and domestic violence are a threat to public and personal safety. Assaults were the second-leading cause of injury on the Northern Cheyenne Reservation in 2016.

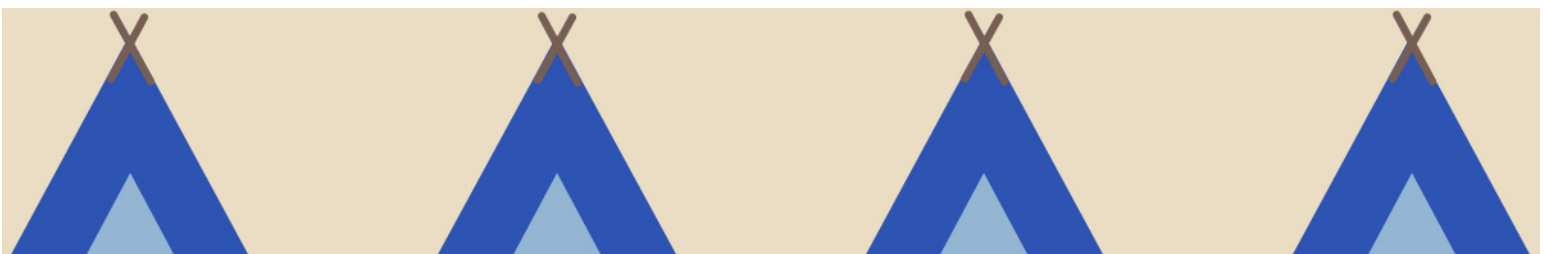
CRIMES REPORTED TO LAW ENFORCEMENT, 2012-2016



UCR MT TRIBES 2012-2016

With an increase in domestic violence and sexual assault cases on our Reservation, it is vital that we reach out for funding and support from our tribal leaders so that we can strengthen our programs, ... services, and Law and Order Codes."

Meridith McConnell, Director, Healing Hearts Domestic Violence Services

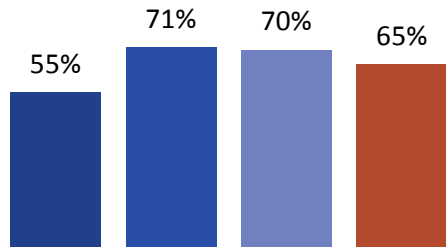




PUBLIC SAFETY/INJURY, VIOLENCE AND ABUSE



FEMALE PATIENTS SCREENED FOR INTERPERSONAL AND/OR DOMESTIC VIOLENCE AT NCSU (AGE 14-46)



■ 2010 ■ 2015 ■ 2016 ■ GPRC Target
NC GPRC 2016

Between 2003 and 2016, there were 18 known suicides and 9 homicides on the NCR

RMTEC INJURY MORTAL NC 2016

INJURIES FROM ASSAULT, 2016



297 per 10,000

US, 2016

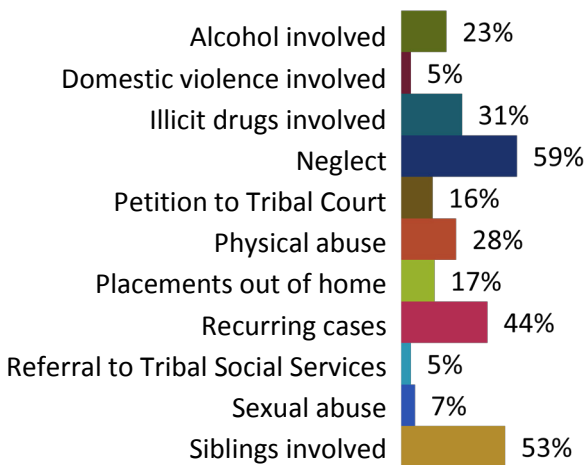


53 per 10,000

Age-adjusted rate to the 2000 US Population

RMTEC INJURY MORBID NC 2016, CDC WISQARS 2017

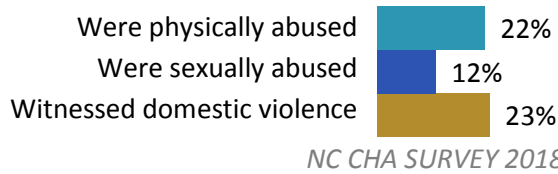
CHILD ABUSE AND NEGLECT CASES* ON THE NCR, 2017



*A single case may belong to multiple categories.
BIA SS 2017

NC CHA SURVEY: CHILDHOOD VIOLENCE

Participants were asked if they had suffered certain types of violent situations in their homes as children. The bar chart below represents their responses:



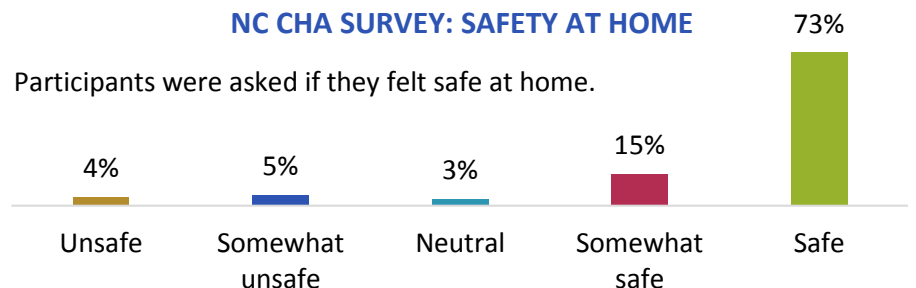
NC CHA SURVEY 2018

When asked in the NC CHA Survey, 16% of participants were worried their children might be taken away

NC CHA SURVEY 2018

NC CHA SURVEY: SAFETY AT HOME

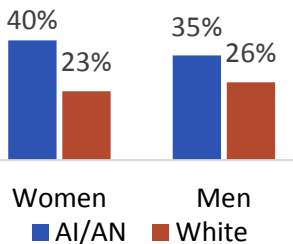
Participants were asked if they felt safe at home.



NC CHA SURVEY 2018

NATIONAL VIOLENCE STATISTICS: COMPARISONS BETWEEN AI/AN AND WHITE POPULATIONS

EXPERIENCED SOME VIOLENCE, 2010

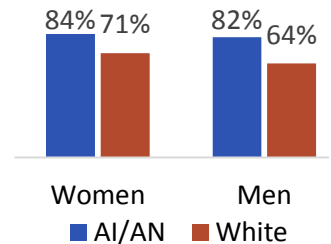


EXPERIENCED SEXUAL OR INTIMATE PARTNER VIOLENCE, 2010

AI/AN women experienced sexual violence at **nearly 3 times the rate** of white women. For AI/AN men the **rate was over 2 times** that of white men.

AI/AN women were stalked or experienced intimate partner violence at **nearly 2 times the rate** of white women. For AI/AN men, the rate of psychological aggression by an intimate partner was **nearly 2 times** that of white men.

EXPERIENCED VIOLENCE IN LIFETIME



ROSAY AB 2016



Photo by Eugene Little Coyote



YOUTH AND VIOLENCE IN HIGH SCHOOL

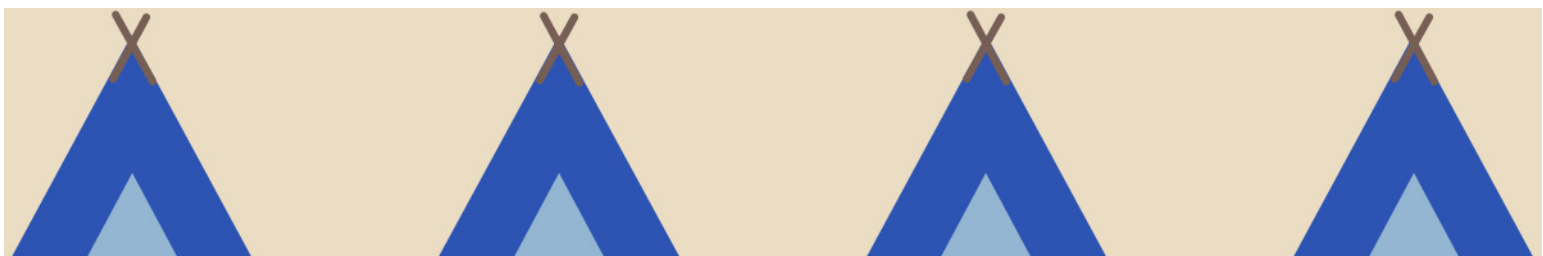
YRBS Measure	Lame Deer, 2013	Lame Deer, 2015	MT AI/AN, 2015	MT, 2015	US, 2015
Percentage of students who were the victim of teasing, name calling, or bullying because someone thought they were gay, lesbian, or bisexual/past 12 months	18%	14%	14%	15%	---
Percentage of students who carried a weapon on at least 1 day during the past 30 days	24%	19%	17%	26%	16%
Percentage of students who carried a gun on at least 1 day in the past 30 days	7%	12%	7%	11%	5%
Percentage of students who carried a weapon on school property at least 1 day in the past 30 days	10%	9%	5%	11%	4%
Percentage of students who were threatened or injured with a weapon on school property 1 or more times in the past 12 months	7%	7%	5%	6%	6%
Percentage of students who were in a physical fight 1 or more times in the past 12 months	41%	37%	28%	22%	23%
Percentage of students who were injured in a physical fight and injuries had to be treated by a doctor or nurse	7%	9%	2%	2%	3%
Percentage of students who were in a physical fight on school property 1 or more times in the past 12 months	11%	14%	10%	8%	8%
Percentage of students who did not go to school because of safety concerns on at least 1 day in the past 30 days	8%	5%	9%	5%	6%
Percentage of students who were electronically bullied in the past 12 months	24%	21%	17%	19%	16%
Percentage of students who were bullied on school property in the past 12 months	24%	26%	22%	25%	20%
Percentage of students who were ever physically forced to have sexual intercourse	21%	7%	11%	9%	7%
Percentage of students who experienced physical dating violence (1 or more times)*	12%	14%	9%	8%	10%
Percentage of students who experienced sexual dating violence (1 or more times)*	16%	11%	10%	10%	11%

*Of those who dated someone during the past 12 months

NC YRBS 2013, NC YRBS 2015, MT YRBS AIAN 2017, MT YRBS 2015, US YRBS 2015



Photo by Eugene Little Coyote

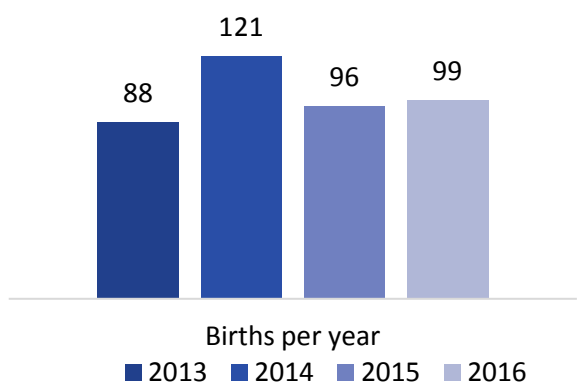


MATERNAL CHILD HEALTH

The IHS Northern Cheyenne Service Unit (NCSU) offers OB/GYN, prenatal, and pediatric care, although high-risk pregnancies are often referred to Billings hospitals. In 2017, NCSU also began a contract midwifery service with St Vincent's Hospitals in Billings. The nearest birthing hospitals are in Billings, approximately 100 miles away, where almost all infants to Northern Cheyenne women are born. Due to the distance involved, some births each year also occur in the NCSU emergency department. Until 2011, the Crow/Northern Cheyenne hospital, approximately 40 miles away on the Crow Reservation, performed births.

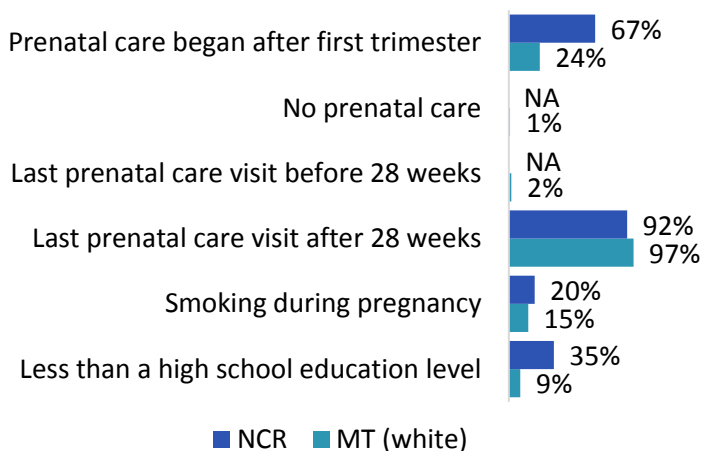
Looking at the Numbers

BIRTHS TO WOMEN LIVING ON THE NCR



MT BIRTH CERTS 2013-16

PRENATAL INDICATORS*, 2013-2016



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

MT BIRTH CERTS 2013-16

TEEN BIRTH RATE

Birth rate per 1,000 women age 15-19 years old over a 4 year period.



MTDPHHS RBCCHP 2015, MT BIRTH CERTS 2013-16

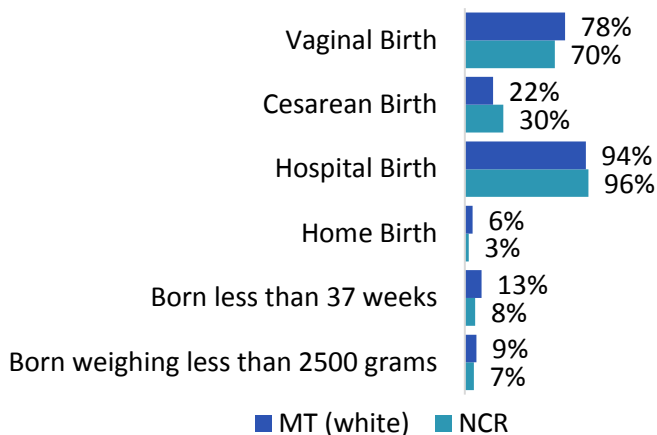
MATERNAL HEALTH INSURANCE STATUS, 2013-2016

Type of Coverage*	NCR	MT AI/AN	MT
IHS	15%	16%	2%
Medicaid	79%	71%	37%
Other payer	4%	9%	53%

* Categories may not be mutually exclusive

MT BIRTH CERTS 2013-16

BIRTH CHARACTERISTICS, 2013-2016



MT BIRTH CERTS 2013-16

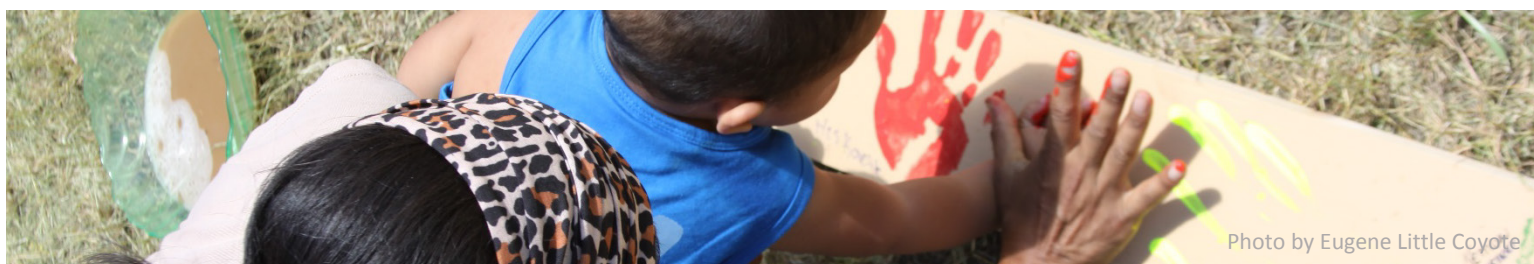
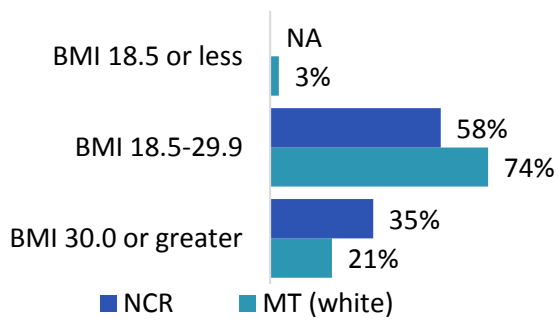


Photo by Eugene Little Coyote

MATERNAL CHILD HEALTH

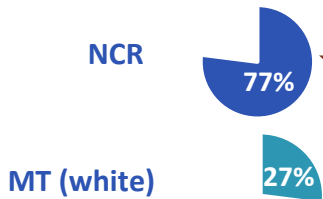
BMI STATUS DURING PREGNANCY*, 2013-2016



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

MT BIRTH CERTS 2013-16

WIC PARTICIPATION RATE



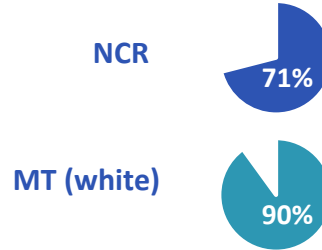
From August 2016-August 2017, Northern Cheyenne WIC served an average of 459 participants. In October 2017, participants included: 28 breastfeeding women, 234 children, 93 infants, 27 non-breastfeeding women, and 42 pregnant women.

NC WIC BREAST 2015

MT BIRTH CERTS 2013-16

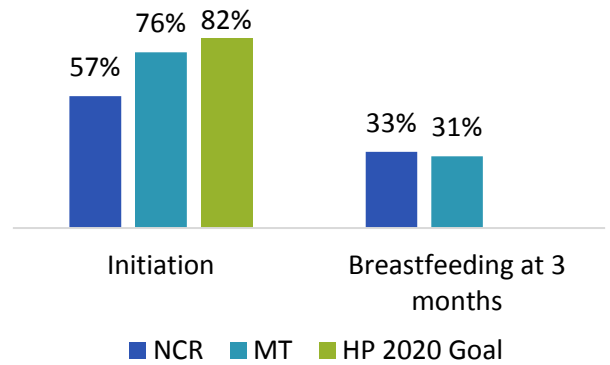
BREASTFEEDING

Percent of mothers who were breastfeeding at discharge from the birth hospital.



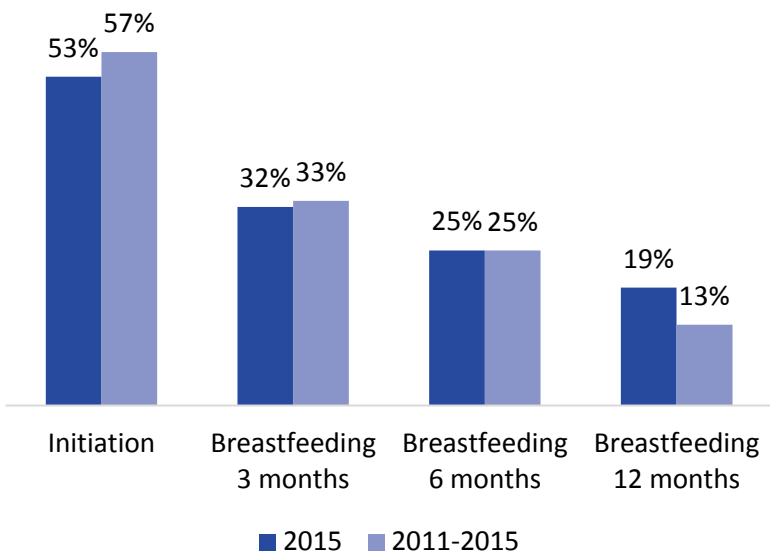
MT BIRTH CERTS 2013-16

WIC BREASTFEEDING RATES



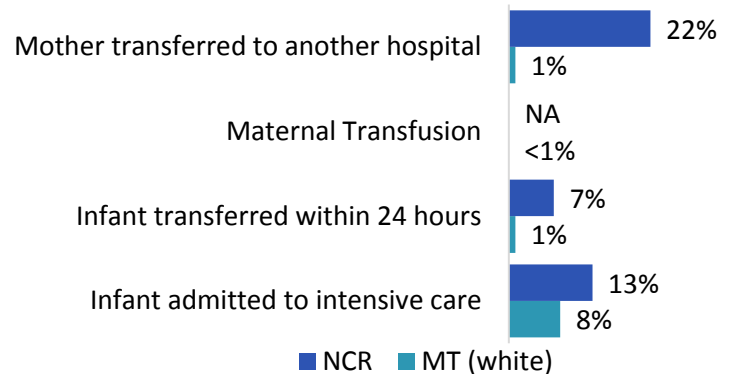
NC WIC BREAST 2015, HP2020

WIC BREASTFEEDING RATES ON THE NCR, 2011-2015



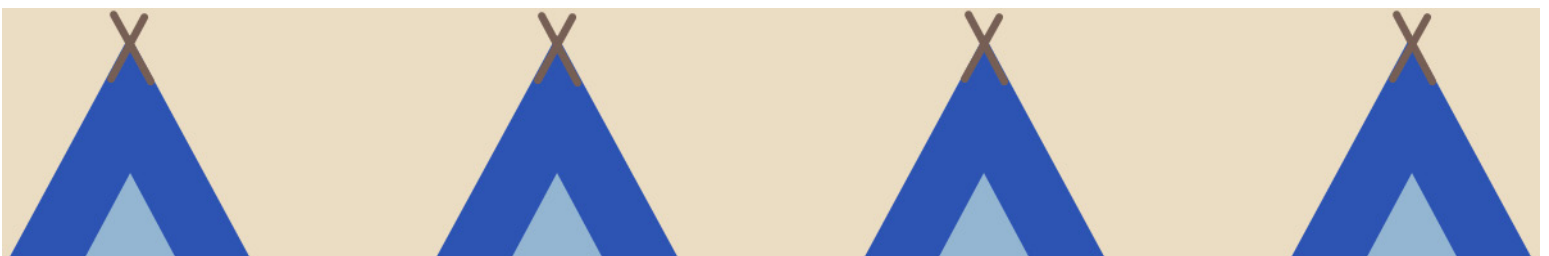
NC WIC BREAST 2015

PREGNANCY COMPLICATIONS*, 2013-2016



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

MT BIRTH CERTS 2013-16

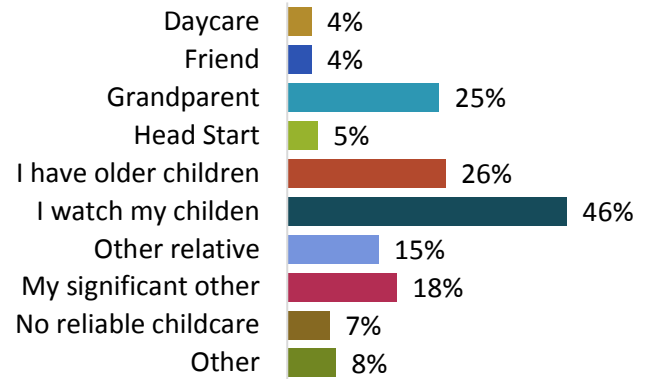


MATERNAL CHILD HEALTH



Photo by Eugene Little Coyote

CHILD CARE ON NORTHERN CHEYENNE



*Categories are not mutually exclusive

NC CHA SURVEY 2018



Photo by Eugene Little Coyote

COMMUNITY RESOURCES

- **Indian Health Services (IHS)**
 - Northern Cheyenne Service Unit (NCSU)- *Prenatal care, pediatric care, case management, coordination of delivery services*
- **Northern Cheyenne Head Start**
 - *Family health education, vision screenings, dental screenings, health screenings*
- **Northern Cheyenne Tribal Board of Health (NCTBH)**
 - *Community Health Nurses- Prenatal case management, head lice screening, vaccinations*
 - *Northern Cheyenne WIC Program- Nutrition and breastfeeding education, food assistance*



Photo by Eugene Little Coyote

ENVIRONMENTAL HEALTH

BUILT ENVIRONMENT

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

At the CHA Community Strengths and Special Populations Meeting in January 2018, a group of community members talked about the built environment on Northern Cheyenne, and ranked this on a scale of 1-10 (1 = worst, 10= best). The average score for the Reservation’s built environment was only 3.75. (See the *Methodology* section on page 11 for more details of this process.) Things people liked included the new roundabout, the bike path at Busby and Lame Deer High School, non-smoking buildings, the People’s Park, well-maintained paved highways, new cell towers, good air quality outside of town, and curbside trash pickup.

People discussed many areas of concern. Problems included road dust and burning plastic, lack of fences for horses and cattle, overgrazing, and agricultural waste run-off into streams. In terms of housing, people were concerned about the lack of building or fire codes, old houses, poor housing with mold, drafts, dilapidation, and poor air quality inside, and a lack of planning for new buildings. For public structures, people worried about overcrowding in professional buildings like the police and court house buildings, and the run-down state of the treatment center. They also hoped for improvement in planning around roadside stalls, asked for more spaces for communal gatherings like picnics and wanted more of input to tribal leadership around decisions.

CDC NCEH 2011

NORTHERN CHEYENNE BUILT ENVIRONMENT PROJECTS

Youth Work Learn Employment Project

The goal of the Youth Work Learn Employment Project is to build youths’ identity, interest, and learning in natural resources and environmental sciences from multiple and interdisciplinary ways of knowing, including Native and Western epistemologies. Youth engage in field training and projects in natural resources, air monitoring, water monitoring, environmental compliance, forestry; GIS/GPS; indigenous mapping; plant identification. Youth also engage in weekly readings and discussion. Youth select a project and work on it throughout the summer. They present to the Tribal Council, family and community members at the end of the summer. The program hires 4-8 youth and a youth coordinator during the summer months.

Brownfield Grant

The goal of the Brownfield grant is to assess and develop a plan of action to prepare properties for re-development and expand housing options for the Northern Cheyenne population. A major focus will be the assessment and redevelopment of infill Brownfield sites to revitalize the reservation neighborhoods, strengthening community bonds and minimizing the need for expansions of existing utility systems that are extremely under developed and underfunded. This grant has successfully assessed and cleaned-up 11 reservation properties in the past 5 years.

NCDEPNR PROJECTS 2017 (text by Charlene Alden)

Not enough jobs. Not enough homes.
Not enough help. Not enough unity.

NCR CHA Survey Respondents

I love this place, Lame Deer is life!



I’d like to pick up garbage in each district with my small business. The garbage around here makes me crazy. We can do better.
- NC CHA Survey Respondent





SERVICES PROVIDED BY THE NORTHERN CHEYENNE TRIBAL BOARD OF HEALTH: OFFICE OF ENVIRONMENTAL HEALTH

Service Provided	Description	Impact
Fall Prevention Kits	Distributed to cancer patients on NC	Distributed to 10 patients
Car Seat Distribution	Seats provided by various programs: NC Office of Environmental Health, NC Tribal Board of Health, MT Dept. of Transportation SOAR, Yellowstone Safe Kids Coalition RMTEC-TIPCAP	108 car seats distributed
Mosquito Control	Increased fogging to control mosquitos	Delivered to all districts
Priority Institutional and Food Service Surveys	Completed at institutions in Lame Deer and Busby; no description provided	12 total surveys completed

NCTBH FY2017 ANNUAL REPORT

Need a better housing or place to be fixed around the Reservation. Many abandoned houses.

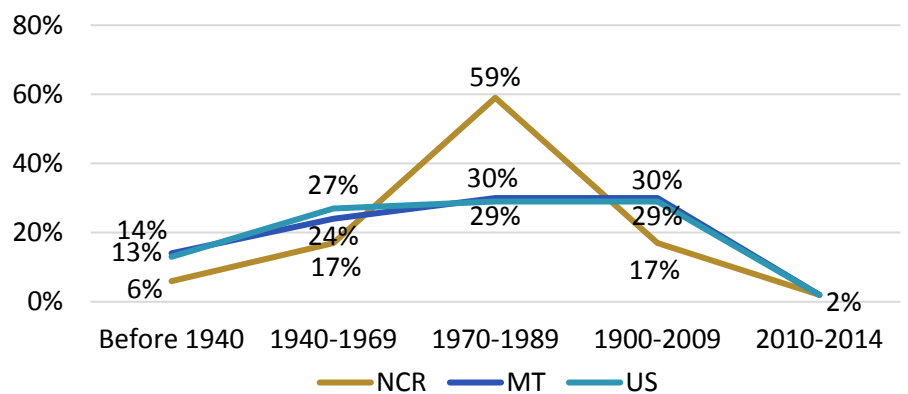
NC CHA Survey Respondent

HOUSING

On the Northern Cheyenne Reservation (NCR), quality housing, availability of housing, overcrowding, and homelessness are major concerns. At the Community Health Priorities Meeting, when health issues were voted on for level of importance, housing and homelessness ranked 4th (after mental health, substance use, and trauma) on the participants' scale of most critical issues. Overcrowding and poor quality housing were cited as specific problems. Also, of the >300 people who took the NC CHA survey, 15% did not have electricity in their home, 19% did not have hot running water, and 9% did not have heat.

NC CHA SURVEY 2018

CONSTRUCTION YEAR OF HOUSING INFRASTRUCTURE



US CENSUS BUREAU 2015 NC

On the NCR,*
44% of
residents live in households with 4 or
more people, compared to 18% of MT
households and 23% of US households.
Only 20% of residents live alone,
compared to 30% of MT residents and
28% of US residents.

*Northern Cheyenne data calculated using CCD data for Rosebud and Big Horn County

US CENSUS BUREAU 2015 NC

COMMUNITY RESOURCES

- **Northern Cheyenne Tribal Board of Health**
 - Office of Environmental Health- *Mosquito control*
- **Northern Cheyenne Environmental Protection Agency**
 - Wetland, water, air oversight and protection
- **Northern Cheyenne Tribal Housing Authority**
 - Builds and rents housing units
- **Northern Cheyenne Utilities Commission**
 - Drinking water

COLLABORATIONS WITH LINCOLN PARK ZOO

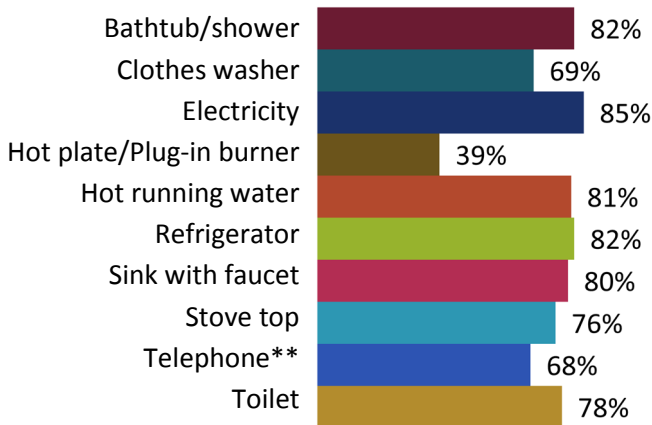
- Conservation partnership for the Black-Footed ferret on the reservation
- 2013/2014 survey of free-roaming dogs on Northern Cheyenne, including a spay/neuter clinic, blood/feces/hair sampling
- Visit www.lpzoo.org for more information



Photo by Eugene Little Coyote



WORKING APPLIANCES IN NCR HOMES*



*Categories are not mutually exclusive

**Landline or cell phone

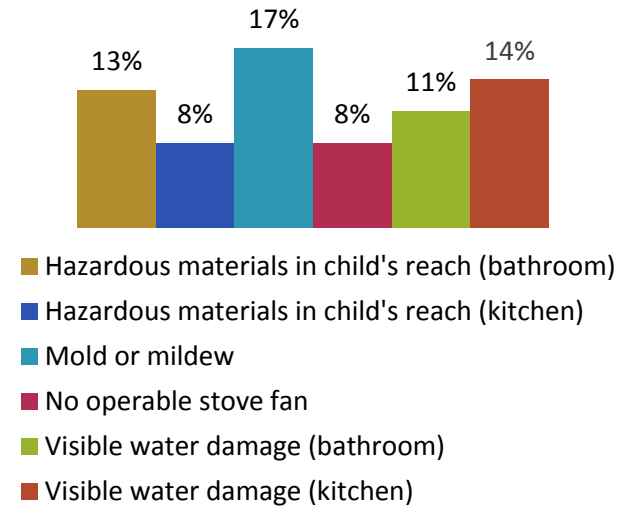
NC CHA SURVEY 2018

Among people who took the NC CHA Survey, 34% own their home, 24% rent their home, 32% live with family, 6% live with friends, and 5% live in a car, camper, or shelter.



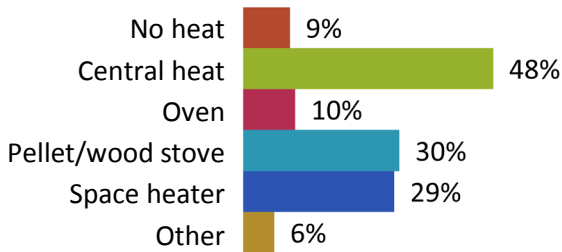
NC CHA SURVEY 2018

PROBLEMS IN NCR HOMES



THHA 2012

PRIMARY SOURCE OF HEAT IN NCR HOMES*



*Categories are not mutually exclusive

NC CHA SURVEY 2018

Overcrowding has been an issue due to non-payment of rent or property damage. This has caused families to move in with extended family into another housing unit.

Palmeda Fisher/Northern Cheyenne Housing Manager

The US Department of Housing and Urban Development considers homes with more than 2 people per bedroom to be overcrowded

HUD OVERCROWD

When asked in the NCR CHA Survey, **31%** of participants live in conditions that met the criteria for overcrowding

NC CHA SURVEY 2018

Many able-bodied people are moving in with extended families. Some are unwilling to pay for the light bill, sewer bill, and they move in with family which turns into an overcrowded household. There are many people living with other people.

Lafe Haugen/Executive Director, Northern Cheyenne Tribal Housing Authority

When asked in the NC CHA Survey, **12%** had moved once in the last 2 months; **11%** had moved twice.

NC CHA SURVEY 2018

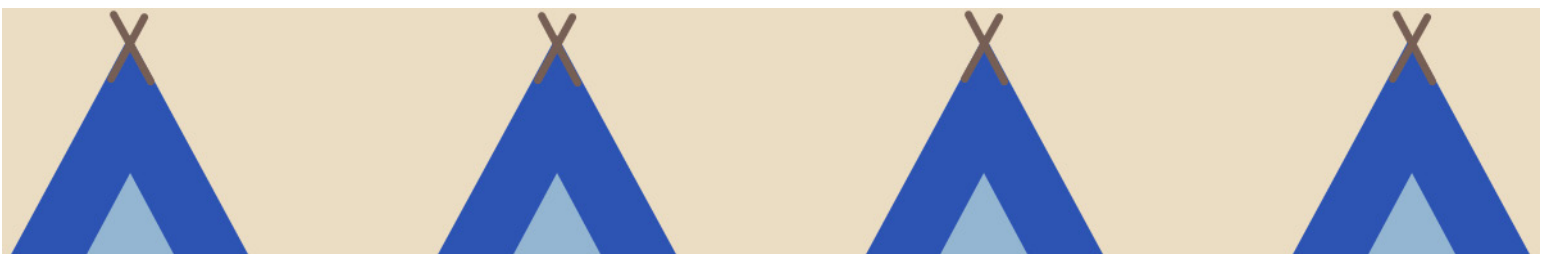


There are 53 families or individual renters on the Northern Cheyenne Housing waiting list as of January 26, 2018.

Districts where Low Rent Housing is Available:

- Ashland
- Birney
- Busby
- Lame Deer
- Muddy Complex
- Shoulder Blade Complex

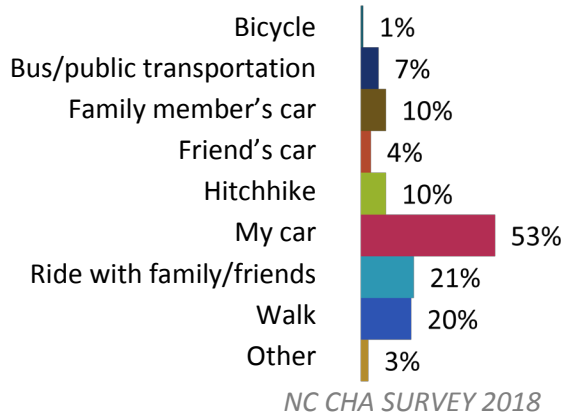
NC HOUSING 2018





NC CHA SURVEY: TRANSPORTATION*

NC CHA Survey participants were asked what they used for transportation to important things like medical appointments. There responses are tallied below and categories are not mutually exclusive:



HOUSING CHARACTERISTICS*

Characteristic	NCR	MT	US
Total occupied housing units	1,201	409,394	116,926,305
Owner-occupied	55%	67%	64%
Renter-occupied	45%	33%	36%
No vehicle	6%	5%	9%
1 vehicle	27%	29%	34%
2 vehicles	39%	38%	37%
3 or more vehicles	27%	28%	20%
Lacking complete plumbing	1%	1%	0%
Lacking complete kitchen	2%	1%	1%
No telephone service	6%	3%	3%

*All percentages reflect occupied housing units

US CENSUS BUREAU 2015 NC

We need to be good neighbors and help each other out, our family and neighbors. If we don't look out for each other, who will?

NC CHA Survey Respondent

WATER AND AIR QUALITY

WATER QUALITY

The Northern Cheyenne Department of Environmental Protection and Natural Resources (DEPNR) oversees water quality and management on the NCR, and Rosebud Creek and the Tongue River are its two major watersheds. There are currently 12 active sites where water quality data is being collected by DEPNR.

In April-September 2011, nine of these sites were tested on a regular basis to measure levels of mercury in the ground and surface water. Mercury levels in the water (about 0.0185 parts-per-billion) were well within safe limits for drinking water, as defined by the World Health Organization. This shows there is no mercury entering the waters from pollution, and that all NCR water is safe for human use and consumption.

Drinking water is provided to the residents of Northern Cheyenne by the Utilities Department. Water is sourced from different wells and aquifers across the Reservation. Every month, a routine sample of water is tested in each of the 5 Districts and sent to a lab in Billings, MT for analysis. The samples are tested for things like coliforms, e. coli, and residual chlorine. If there is ever an abnormal result, the Utilities Department will notify residents through the local paper and the Facebook page of the Utilities Department. Due to high iron levels in the wells in Birney and Busby, there is some water discoloration, but it is not a concern to human health.

NC MERCURY 2011, NCDEPNR WATER 2018, WHO DW 2010

RESOURCE

Water Quality Report www.cheyennenation.com/nct/news/annual_drinking_water_quality_report_2013.pdf

Take care of the air, water, and land. A good clean environment leads to healthy living. - Jay Littlewolf, N. Cheyenne community member works with the EPA and Air Quality in Lame Deer, Montana

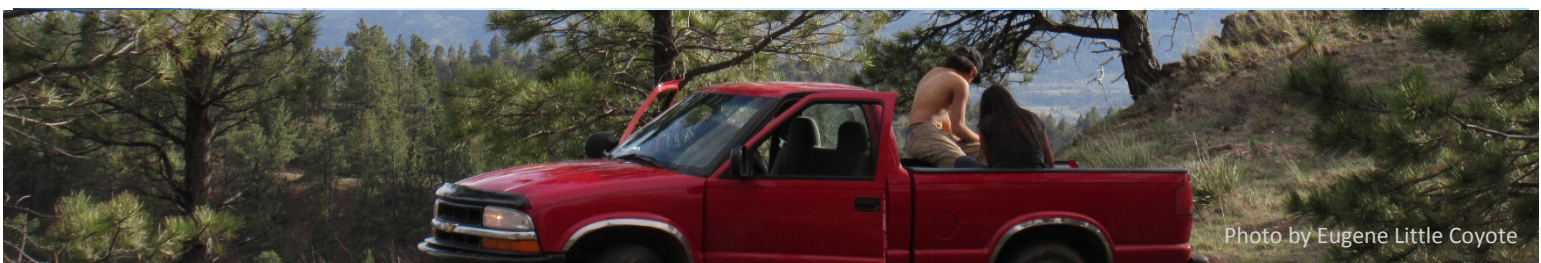


Photo by Eugene Little Coyote

ENVIRONMENTAL HEALTH

WETLAND PRESERVATION

In addition to monitoring ground and surface water quality, the DEP NR also monitors and controls the preservation of wetland environments on the NCR, through the Wetlands Program. The program monitors NCR wetlands to achieve “a level of no net-loss of wetlands and an improvement in wetland quality.” Wetlands are invaluable to the health of the Northern Cheyenne people. Wetlands clean surface water in which people fish and swim, provide growing areas for traditional and cultural plants, and provide safe drinking water and food to wild game, which is traditionally and culturally important.

NCDEPNR WETLANDS 2018

22 of the 31 plants identified as used for traditional purposes by the Northern Cheyenne are found in wetlands

NCDEPNR PLANTS 2018

AIR QUALITY

The Northern Cheyenne DEP NR also monitors and regulates air quality on the NCR, through the Air Quality Division. Following new federal mandates, the Northern Cheyenne Tribe was the first government in the US to become re-designated as a Class I air shed on August 5th, 1977. The Air Quality Division monitors visibility, indoor air quality, PM10, and mercury on the NCR, and has a monitoring contract with Talen Energy. In 2016-2017, the Air Division has worked with tribal leadership to adopt and implement the Northern Cheyenne Ambient Air Quality Standards.

PM10

PM10 is particulate matter that is 10 microns or smaller in size. Because of their small size, these pollutant particles can lodge in the human lung, making respiratory and cardiac illnesses worse. The main source of PM10 in Lame Deer is road dust. DEP NR began monitoring PM10 in 1988, and currently collects samples at the intersections of Highway 212, Cheyenne Avenue, and Highway 39 in Lame Deer.

Visibility

Visibility monitoring began with an EPA 103 grant in June 2002, and is ongoing, including filter sampling and digital photography of Badger Peak.

NCDEPNR AIR 2018

RESOURCE

Northern Cheyenne Clear Air Act

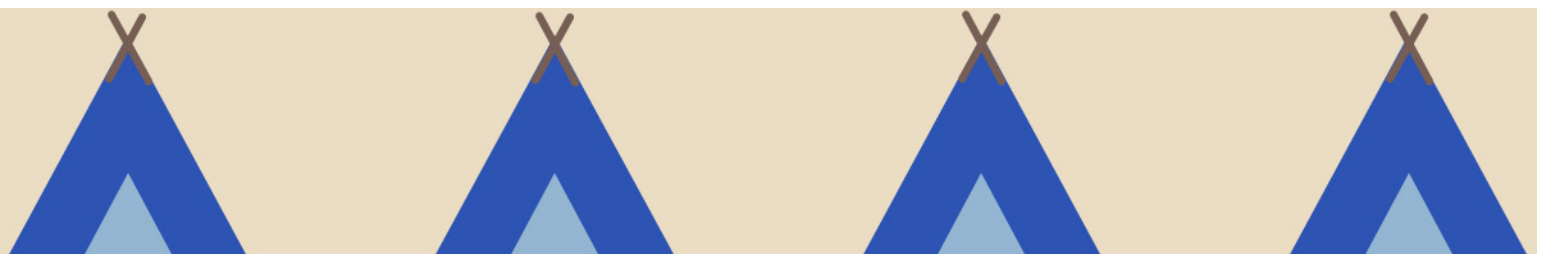
[www.cheyennation.com/nct/epd/Northern%20Cheyenne%20Clean%20Air%20Act%20\(final%2012-5-16\).pdf](http://www.cheyennation.com/nct/epd/Northern%20Cheyenne%20Clean%20Air%20Act%20(final%2012-5-16).pdf)

Air quality staff began monitoring for wet deposition mercury with the Tribal Air Monitoring Service (TAMs) center assistance in February 2009...Sampling for mercury occurs every time it rains, sleets, snows etc....The trends seen from this mercury monitoring for the past five years are that mercury levels are low on the Northern Cheyenne Reservation, even though the Colstrip power plant is fifteen miles away, we are near baseline for this part of the US.



Photo by Eugene Little Coyote

NCDEPNR AIR 2018



FOOD, MOVEMENT, AND WEIGHT

NUTRITION AND FOOD ACCESS

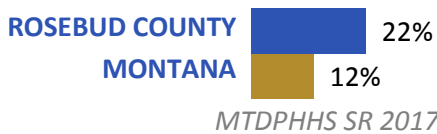
Access to food that is affordable, locally sourced, and culturally important can be challenging on the Northern Cheyenne Reservation. Moreover, access to food generally is a challenge for many residents. Based on responses to the NC CHA Survey, most people were 'food insecure,' facing the prospect of running out of food before the end of the month, and 28% of Lame Deer High School students reported going hungry.

71%

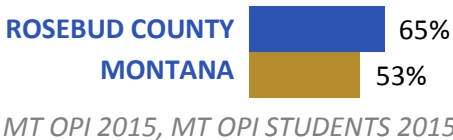
The percentage of NCR CHA Survey participants who were "food insecure." Meaning, sometime in the past year they worried about their food running out before they had money to buy more and/or their food ran out and there was not money to buy more. Only 13% of Montana and US residents were food insecure in 2015.

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

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM



FREE AND REDUCED-PRICE SCHOOL MEALS



Northern Cheyenne makes up 0.4% of the Montana population, but 3% of the Montana WIC population.

US CENSUS BUREAU 2015 NC, MTDPHHS MT WIC 2017

ELIGIBILITY FOR FREE SCHOOL BREAKFAST, LUNCH AND DINNER PROGRAMS*

School	Percentage of Students Eligible for Free or Reduced Meals (FY2015)
Lame Deer Public Schools	
Lame Deer School	100%
Lame Deer 7-8	100%
Lame Deer High School	100%
Ashland Public Schools	
Ashland School	83%
Ashland 7-8	100%
St. Labre Indian High School (Ashland)	
Pretty Eagle Catholic School	89%
St. Charles Mission School	90%
St. Labre Grade School	74%
St. Labre Indian High School	78%
Montana	44%

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

MT OPI 2015, MT OPI STUDENTS 2015

In 2013, 28% of Lame Deer High School students went hungry at least some of the time, over a 30 day period

NC YRBS 2013



Photo provided by Luella Brien

At the end of the 1800s, the Cheyenne were known as fierce warriors who refused to give up, but when I look around this reservation, I see so many people who have given up. The fire that was burning in the spirit of those fierce Cheyenne is all but extinguished. This isn't simply about being hungry, this is about being unemployed. It's about living in overcrowded homes. It's about living with no access to low-cost, high-quality food. It is a community-wide problem. Hunger in Cheyenne Country, and in much of Indian Country, isn't just about food, it's about a failing system that cannot protect the people.- Luella Brien, Community Outreach Coordinator, St. Labre Youth and Family Services

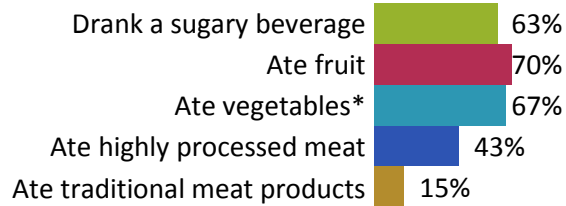


Photo by Cheyenne Foote

FOOD, MOVEMENT, AND WEIGHT

NC CHA SURVEY: FOOD INTAKE

Participants were asked what they had eaten and drunk the day prior to the survey. The bar chart below represents their responses:



*Excluding potatoes

NC CHA SURVEY 2018

DIET IN HIGH SCHOOL, IN THE PAST 7 DAYS

YRBS Measure	Lame Deer, 2013	Lame Deer, 2015	MT AI/AN, 2015	MT, 2015	US, 2015
Ate fruit	92%	88%	93%	90%	---
Ate green salad	54%	41%	61%	68%	---
Ate vegetables*	83%	61%	81%	85%	---
Drank soda or pop	85%	88%	80%	74%	74%
Did not eat breakfast	15%	7%	10%	13%	14%

*Other than potatoes and/or carrots

NC YRBS 2013, NC YRBS 2015, MT YRBS AIAN 2017, MT YRBS 2015, US YRBS 2015

FOOD ACCESS ON NORTHERN CHEYENNE

The only food pantry on the reservation is run through St. Labre in Ashland. They serve an average of 123 households each month, as of May 2018. Over the past year, their lowest usage month was 69 households and the highest was 144. The St. Labre Food Pantry is working to begin a mobile food pantry in the summer of 2018.

There are two senior meal sites: one at the Shoulder Blade Complex in Lame Deer and the other at Maggie's Café in Ashland.

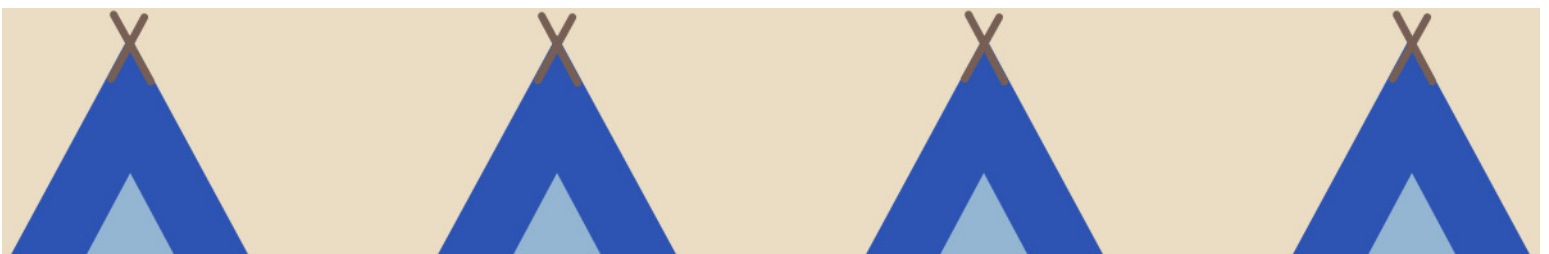
INFORMATION PROVIDED BY LUELLE BRIEN, MAY 2018

COMMUNITY RESOURCES

- Ashland Public Schools- School lunch program
- Lame Deer Public Schools- School lunch program
- Northern Cheyenne Commodity Food Program (Food Distribution Program on Indian Reservations, FDIPIR)- Commodity food distribution
- Northern Cheyenne Head Start- Breakfast and lunch program
- Northern Cheyenne Tribal Board of Health
 - Northern Cheyenne WIC Program- Nutrition and breastfeeding education, food assistance
- Northern Cheyenne Tribal School- School lunch program
- St. Labre Food Pantry- Emergency food access
- Supplemental Nutrition Assistance Program (SNAP), Office of Public Assistance, MT Department of Health and Human Services- Financial assistance to purchase food



Photo by Cheyenne Forte

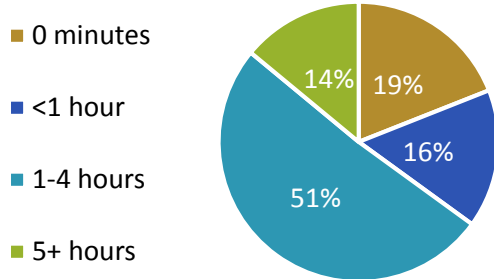


FOOD, MOVEMENT, AND WEIGHT

PHYSICAL ACTIVITY

NC CHA SURVEY: DAILY TV WATCHING

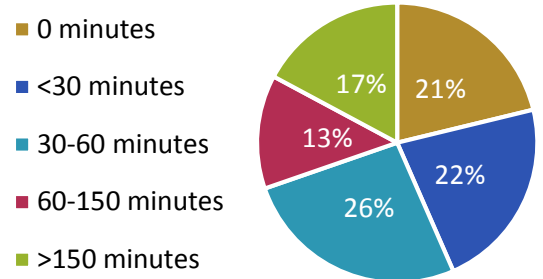
Participants were asked how much TV they watch per day. The pie chart below represents their responses:



NC CHA SURVEY 2018

NC CHA SURVEY: EXERCISE

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



NC CHA SURVEY 2018

Healthy People 2020 Goal

Decrease the amount of time young people spend watching TV, videos, and playing video games. **Targets:** 86.8% of 6-14 year olds, and 73.9% of 15-18 year olds will spend less than 2 hours per day on these activities.

HP2020

Healthy People 2020 Goal

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

HP2020

PHYSICAL ACTIVITY IN HIGH SCHOOL

YRBS Measure	Lame Deer, 2013	Lame Deer, 2015	MT AI/AN, 2015	MT, 2015	US, 2015
Number of days attending physical education/average school week					
0 days	46%	43%	40%	45%	51%
1 day	13%	11%	60% (≥1 days)	2%	49% (≥1 days)
2-4 days	4%	3%		20%	
5 days	38%	43%		33%	
Sports teams played on/past 12 months					
0 teams	50%	31%	41%	38%	42%
1 team	25%	25%	59% (≥1 teams)	25%	58% (≥1 teams)
2 teams	13%	19%		19%	
3 or more teams	13%	25%		18%	
Percentage of students who were physically active at least 60 minutes per day on 5 of the past 7 days	36%	48%	50%	54%	49%
Percentage of students who watch TV for 3 or more hours on an average school day	29%	23%	26%	22%	25%
Percentage of students who play video or computer games for 3 or more hours on an average school day	38%	42%	35%	34%	42%

NC YRBS 2013, NC YRBS 2015, MT YRBS AIAN 2017, MT YRBS 2015, US YRBS 2015



Photo by Cheyenne Foote

FOOD, MOVEMENT, AND WEIGHT

Would like to see something more for our young people- healthy stuff like a swimming pool, a (indoor) running/walking track, a (indoor) weight lifting room, a (indoor) healthy place to meet to have a good work out, etc.

NC CHA Survey Respondent

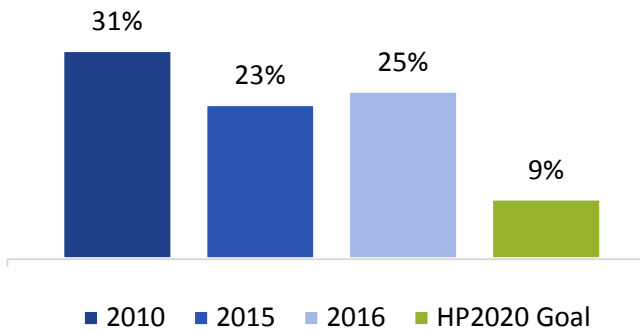
COMMUNITY RESOURCE

- Northern Cheyenne Tribal Board of Health
 - Fitness Center- *Exercise equipment and programming*

WEIGHT STATUS

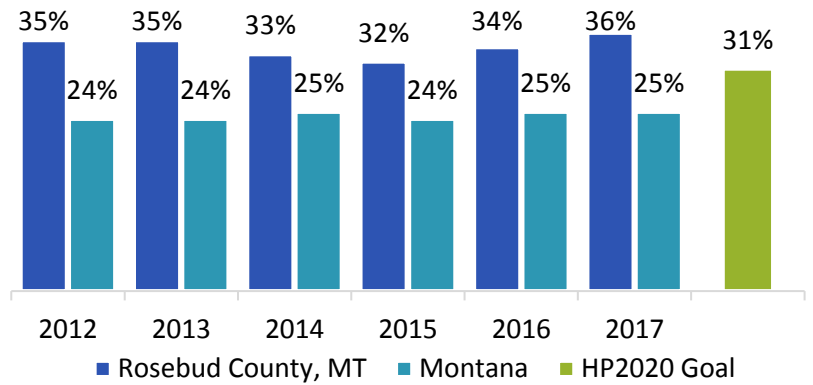
CHILDHOOD OBESITY RATES

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



NC GPRA 2016, HP2020

ADULT OBESITY RATES



UWPHI CHR 2017, HP2020

WEIGHT STATUS IN HIGH SCHOOL

YRBS Measure	Lame Deer, 2013	Lame Deer, 2015	MT AI/AN, 2015	MT, 2015	US, 2015
Describe themselves as slightly or very overweight	44%	38%	36%	30%	32%
Were trying to lose weight	54%	54%	54%	41%	46%

NC YRBS 2013, NC YRBS 2015, MT YRBS AIAN 2017, MT YRBS 2015, US YRBS 2015

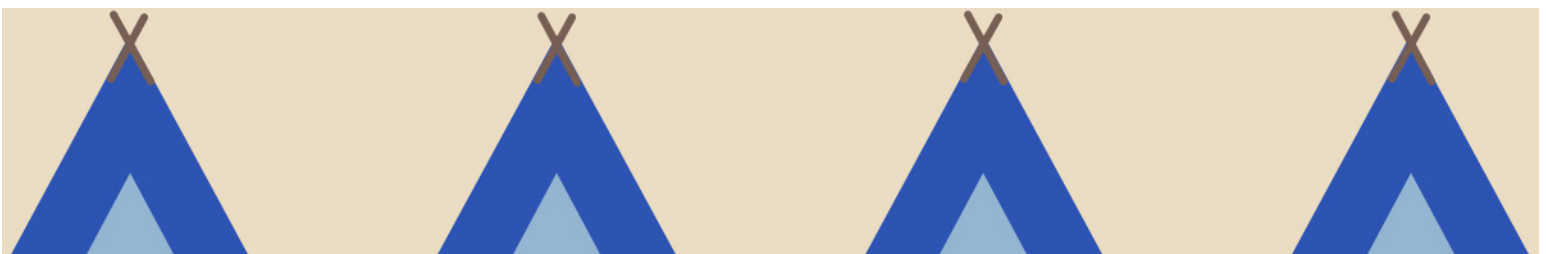
Healthy People 2020 Goal

Reduce the proportion of adolescents, aged 12-19, who are obese.
Target: 16.1%

HP2020



Photo by Kirsten Krane



WHAT PEOPLE SAY

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

Community Needs

“Need more transportation workers.”

“Need more activities for 30 something and older people. ‘Open’ activity centers.”

“[We need] Activities for kids during evenings and weekends. Homeless shelter in Lame Deer. Food bank in Lame Deer.”

“More programs for teenagers, suicide, young families.”

“Clean up Lame Deer Creek. Help clean up your yard. Free lunch for homeless. Summer programs for youth and adults.”

“Our leadership needs to change and think about ‘the people’ who put them there. Need to get rid of oppression, depression, suppression – every kind of pressure from people in charge of programs, judicial, council, housing, etc.”

“I try to live a good life for me and my family.”

“We need more single person housing. Make a bunch of tiny houses. Get street lights fixed on Cheyenne Ave. We need ‘day labor’ on the res, no applications or drug tests just who want to work for the day!”

“Need more rec, diagnostic centers, fitness centers, walking ways, need more language centers.”

“Our Community is in need of great healing/all aspects.”

Drugs and Alcohol

“...I use drugs and alcohol to ease my pain.”

“We need to stop meth coming in and out of our Cheyenne lands. We’re hurting as a nation. Meth has killed a lot of people. Meth is a big problem that needs to be solved.”

“Meth is a big problem that needs to get fixed.”

“I think the biggest problem on this reservation is Meth.”

“I think we need some help in the alcohol recovery program. Send people to treatment centers to get help.”

“Need more outreach for alcoholics. For me, if someone came to my home I would be more responsive.”

“More resources for crisis intervention when a loved one is out of their minds on alcohol or drugs – besides jail, they get no treatment. Treatment options in jail!!”

“Seems that addictions are keeping people from getting better health care or any at all.”

“Need to help stop drugs and alcohol. Need to do more activities up town. Some kids do not have a place to go or eat, so it would help if the tribe could get a lot of good activities going.”



Photo by Eugene Little Coyote

WHAT PEOPLE SAY

Healthcare

“Need a plan/outlet for emergency with Detox...Also need a dialysis program back here on the Res, so family don’t have to travel to Billings.”

“Mental health – more Native doctors and general staff.”

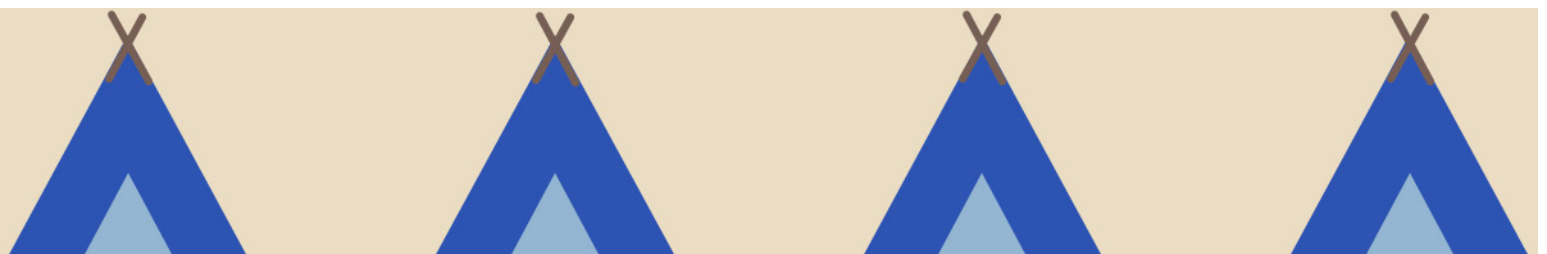
“It would be nice to have the old schedule of each district having a day like Birney day, because when we try to call same days the appointments are already full. It’s very hard to get in.”

“To help more with dental work and dentures. A payment plan to pay for them. I can’t eat good, and don’t have money for dentures right now.”

“I feel that healthcare professionals need more confidentiality in the work place. I don’t feel comfortable with services even though [they are] provided.”

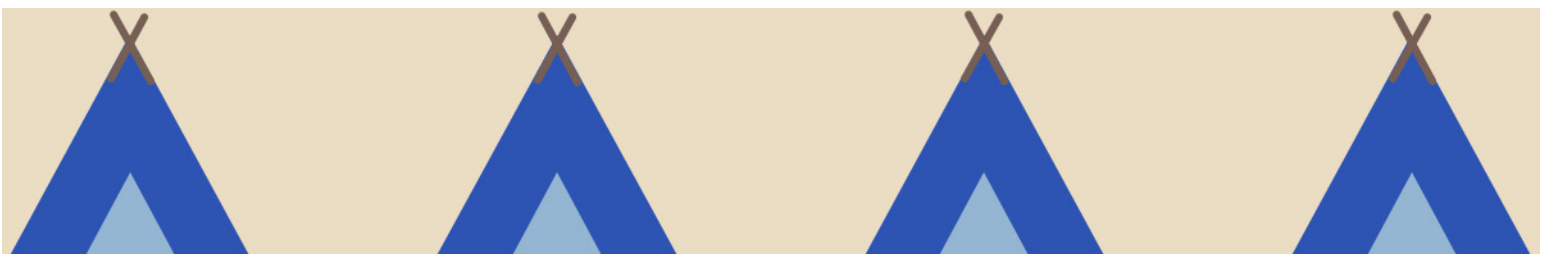


Photo by Eugene Little Coyote



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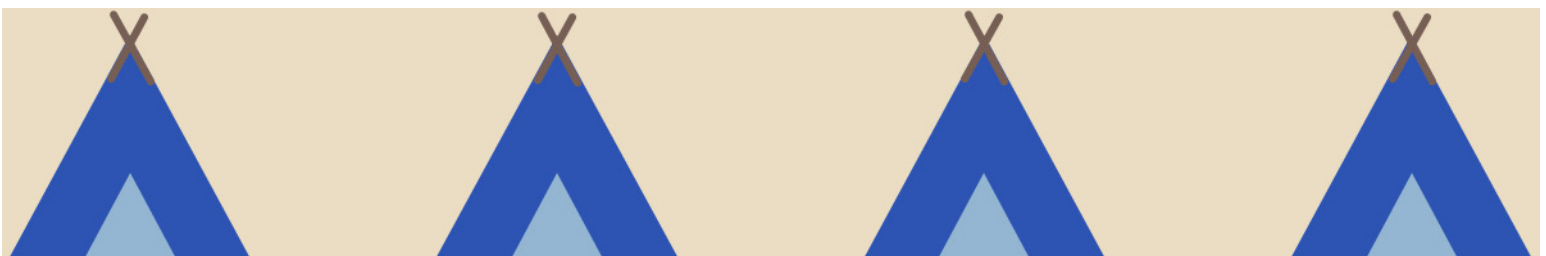
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APPENDIX

NORTHERN CHEYENNE RESERVATION COMMUNITY HEALTH ASSESSMENT COMMUNITY SURVEY 2018

The Northern Cheyenne Tribal Health Department is doing this survey as a part of the Northern Cheyenne Community Health Assessment. These questions will help health professionals on the reservation better understand the needs of our community. All surveys are anonymous. It should take about 15 minutes. Your participation is completely voluntary.

Are you 18 or older?	Yes	No
Do you live on the Northern Cheyenne Reservation?	Yes	No

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

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

1. What is your gender?	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
2. What is your race/ethnicity?	<input type="checkbox"/> Native American or American Indian <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> Mixed Race (2 or more races) <input type="checkbox"/> Other: _____
3. How old are you?	<input type="checkbox"/> 18-27 <input type="checkbox"/> 58-67 <input type="checkbox"/> 28-37 <input type="checkbox"/> 68 or over <input type="checkbox"/> 38-47 <input type="checkbox"/> Prefer not to specify <input type="checkbox"/> 48-57
4. What zip code do you live in?	<input type="checkbox"/> 59043 <input type="checkbox"/> 59016 <input type="checkbox"/> 59003 <input type="checkbox"/> Other: _____ <input type="checkbox"/> 59012
5. What is the highest level of school have 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 hours/week) <input type="checkbox"/> Homemaker or take care of relatives <input type="checkbox"/> Active Military <input type="checkbox"/> I work part-time (1-34 hours/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: _____

APPENDIX

NORTHERN CHEYENNE RESERVATION COMMUNITY HEALTH ASSESSMENT COMMUNITY SURVEY 2018

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

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

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

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

Okay, now we'd like to know a little about activities you do.

16. During the past 7 days, did you do any exercises like walking, running, stretching, shoveling, or intense cleaning, etc.?	<input type="checkbox"/> No, I haven't had any exercise in the past week	<input type="checkbox"/> Yes, it totaled between 30-60 minutes	<input type="checkbox"/> Yes, it totaled more than 150 minutes
	<input type="checkbox"/> Yes, it totaled less than 30 minutes	<input type="checkbox"/> Yes, it totaled 60-150 minutes	

APPENDIX

**NORTHERN CHEYENNE RESERVATION COMMUNITY HEALTH ASSESSMENT
COMMUNITY SURVEY 2018**

17. On a normal day, how many hours do you watch TV?	<input type="checkbox"/> I don't watch TV on a normal day	<input type="checkbox"/> 1 hour per day	<input type="checkbox"/> 4 hours per day
	<input type="checkbox"/> Less than 1 hour per day	<input type="checkbox"/> 2 hours per day	<input type="checkbox"/> 5 or more hours per day
		<input type="checkbox"/> 3 hours per day	

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.

18. Do you think that drug use is a big problem on the reservation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
19. Do you, a close friend, or relative smoke tobacco products? (cigarettes, cigars, e-cigarettes)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
20. Do you, a close friend, or relative use chewing tobacco, snuff, or dip?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
21. Do you, a close friend or relative use alcohol?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
22. 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
23. Do you have a close friend, or relative who uses meth?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
24. Do you have a friend or relative who uses opioids? (prescription pain medicines; sometimes called narcotics)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
25. Do you have a friend or relative who uses drugs not listed above?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
26. If you said yes to the question above, what drugs do they use? (Please write your answers.)			
27. What do you think are the top 3 drugs used on the reservation? (Please write your answers.)			

The next few questions are about family and community.

28. My childcare options are... (Check all that apply.)	<input type="checkbox"/> I watch my children	<input type="checkbox"/> Other relative	<input type="checkbox"/> I do not have reliable childcare	<input type="checkbox"/> I do not have children
	<input type="checkbox"/> My significant other	<input type="checkbox"/> Friend	<input type="checkbox"/> I have older children	<input type="checkbox"/> Other: _____
	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Daycare		
		<input type="checkbox"/> Head Start		
29. How many people in your life do you feel you can fully trust or depend on?	<input type="checkbox"/> None	<input type="checkbox"/> 1 or 2	<input type="checkbox"/> 3-5	<input type="checkbox"/> 6 or more
30. In the past 30 days, have you had a meaningful conversation with someone you love or trust?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know	
31. Are you ever worried about having your child taken away because of activities that you are involved in <i>or</i> things they have experienced?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know	

APPENDIX

NORTHERN CHEYENNE RESERVATION COMMUNITY HEALTH ASSESSMENT
COMMUNITY SURVEY 2018

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

32. Do people talk about suicide on the reservation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
33. During the past 12 months, has a friend or relative tried to commit suicide?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
34. During the past 12 months, have you tried to commit suicide?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

The next few questions are about food.

35. Within the past 12 months, we worried whether our food would run out before we got money to buy more.	<input type="checkbox"/> Often True	<input type="checkbox"/> Sometimes True	<input type="checkbox"/> Never True	<input type="checkbox"/> Don't Know
36. Within the past 12 months, the food we bought just didn't last and we didn't have money to get more.	<input type="checkbox"/> Often True	<input type="checkbox"/> Sometimes True	<input type="checkbox"/> Never True	<input type="checkbox"/> Don't Know
37. Think about what you drank YESTERDAY. Check <u>everything</u> that you drank yesterday.	<input type="checkbox"/> Regular soda	<input type="checkbox"/> Fruit Juice	<input type="checkbox"/> Milk	
	<input type="checkbox"/> Diet soda	<input type="checkbox"/> Alcohol	<input type="checkbox"/> Other:	_____
	<input type="checkbox"/> High C / Tang / Fruit Punch	<input type="checkbox"/> Water	<input type="checkbox"/> Other:	_____
	<input type="checkbox"/> Energy Drinks	<input type="checkbox"/> Coffee/Tea		_____
38. Did you eat any fruit YESTERDAY?	<input type="checkbox"/> I ate 1 piece/serving	<input type="checkbox"/> I didn't eat any fruit yesterday	<input type="checkbox"/> Other:	_____
	<input type="checkbox"/> I ate 2 pieces/servings	<input type="checkbox"/> I don't know	<input type="checkbox"/> Other:	_____
	<input type="checkbox"/> I ate 3 or more pieces/servings			_____
39. Did you eat any <u>colorful</u> vegetables YESTERDAY? (Don't include potatoes.)	<input type="checkbox"/> I ate 1 piece/serving	<input type="checkbox"/> I didn't eat any vegetables yesterday	<input type="checkbox"/> I don't know	
	<input type="checkbox"/> I ate 2 pieces/servings		<input type="checkbox"/> Other:	_____
	<input type="checkbox"/> I ate 3 or more pieces/servings			_____
40. Did you eat any meat YESTERDAY? Check <u>everything</u> that you ate yesterday.	<input type="checkbox"/> Beef	<input type="checkbox"/> Bacon	<input type="checkbox"/> I didn't eat any meat yesterday	
	<input type="checkbox"/> Chicken/Turkey	<input type="checkbox"/> Organ Meat	<input type="checkbox"/> Other:	_____
	<input type="checkbox"/> Deer/Elk/Other Game	<input type="checkbox"/> Bologna/Spam		_____
	<input type="checkbox"/> Pork	<input type="checkbox"/> Red Wieners / Hot Dog		_____

APPENDIX

NORTHERN CHEYENNE RESERVATION COMMUNITY HEALTH ASSESSMENT
COMMUNITY SURVEY 2018

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

<p>41. 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>42. 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>43. 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>44. 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>45. Did you often feel that . . . You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? OR Your parent or caregiver were too drunk or high to take care of you or take you to the doctor if you needed it?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>46. Were your parents ever separated or divorced?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>47. Was your parent or caregiver: Often pushed, grabbed, slapped, or had something thrown at them? OR Sometimes or often kicked, bitten, hit with a fist, or hit with something hard? OR Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>48. 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>49. 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>50. Did a household member go to prison?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>

The next few questions are about arthritis, which causes joint pain, and about chronic pain, which is pain that does not go away.

APPENDIX

NORTHERN CHEYENNE RESERVATION COMMUNITY HEALTH ASSESSMENT
COMMUNITY SURVEY 2018

51. Do you have chronic pain?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
52. Has a doctor, nurse, or healer ever told you that you have arthritis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know

The next few questions are about mental health and counseling.

53. Have you ever heard about peer support services on the reservation? (Peer support is help from people who have gone through certain problems but are not medical professionals.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
54. Do you think peer support services would help people who have drug or alcohol problems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
55. If you needed this kind of help, would you use a peer support service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
56. Do you have a child who you think needs help due to problems from depression, hyperactivity or other mental health problems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
57. <i>If yes</i> , did you get your child mental health services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know <input type="checkbox"/> N/A
58. <i>If no</i> , what was the reason you didn't get your child mental health services?	<input type="checkbox"/> I didn't want to	<input type="checkbox"/> My child didn't want to	<input type="checkbox"/> My family didn't want me to
		<input type="checkbox"/> I tried, but help was not available	<input type="checkbox"/> My child got help on their own
		<input type="checkbox"/> Other: _____	<input type="checkbox"/> N/A
59. If you used counseling services, what do you think people around you would think?	<input type="checkbox"/> They would be happy I'm getting help	<input type="checkbox"/> They would think I'm less able to do my job	<input type="checkbox"/> They would think I'm less able to care for my family
		<input type="checkbox"/> I don't know what people would think	<input type="checkbox"/> Other: _____
60. <i>As an adult</i> , have you had a deeply upsetting or traumatic experience?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know

Now for some questions about seeing your doctor.

APPENDIX

NORTHERN CHEYENNE RESERVATION COMMUNITY HEALTH ASSESSMENT
COMMUNITY SURVEY 2018

<p>61. 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 have a regular doctor that I see off the N Cheyenne 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>62. In the past 12 months, was anyone in your family (including you) not able to get medical care, tests, or treatments they needed?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p><input type="checkbox"/> Don't Know</p> <p><input type="checkbox"/> Other: _____</p>
<p>63. Which of these problems have you had when getting health care? (Check all that apply.)</p>	<p><input type="checkbox"/> No Transportation</p> <p><input type="checkbox"/> No Childcare</p> <p><input type="checkbox"/> No health insurance or Medicaid / Medicare</p> <p><input type="checkbox"/> I can't pay for the care I need</p> <p><input type="checkbox"/> Too unwell to go to doctor's office</p> <p><input type="checkbox"/> I have not had any problem getting care</p>	<p><input type="checkbox"/> Can't get an appointment</p> <p><input type="checkbox"/> I don't have a doctor that I trust</p> <p><input type="checkbox"/> Don't really know where to go</p> <p><input type="checkbox"/> Don't want to go to the IHS Hospital</p> <p><input type="checkbox"/> Other: _____</p>
<p>64. 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>65. 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>

You are almost finished!

APPENDIX

**NORTHERN CHEYENNE RESERVATION COMMUNITY HEALTH ASSESSMENT
COMMUNITY SURVEY 2018**

<p>66. In the past 12 months, have you done any of these things? (Check all that you have done.)</p>	<input type="checkbox"/> Hand Games <input type="checkbox"/> Gourd Dance <input type="checkbox"/> Picking Berries <input type="checkbox"/> Did Sun Dance <input type="checkbox"/> Went to Sun Dance	<input type="checkbox"/> Went to Pow wow <input type="checkbox"/> Danced at Pow Wow <input type="checkbox"/> Cheyenne Language study group <input type="checkbox"/> Went to sweat lodge ceremonies	<input type="checkbox"/> Church Services <input type="checkbox"/> Native American church services <input type="checkbox"/> Horsemanship <input type="checkbox"/> Don't Know <input type="checkbox"/> Other: _____
<p>67. Do you think life on the reservation is ...</p>	<input type="checkbox"/> Very Healthy <input type="checkbox"/> Quite Healthy	<input type="checkbox"/> Neither healthy nor unhealthy	<input type="checkbox"/> Not very healthy <input type="checkbox"/> Very unhealthy

You are almost finished!

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

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

APPENDIX

NORTHERN CHEYENNE RESERVATION COMMUNITY HEALTH ASSESSMENT COMMUNITY SURVEY 2018

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

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

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