NORTHERN CHEYENNE

Community Health Assessment Overview

CHEER
CENTER FOR HEALTH EQUITY, EDUCATION, & RESEARCH

For questions regarding this document, contact the Center for Health Equity, Education, and Research at Boston Medical Center at CHEERequity@gmail.com. To view this document electronically, visit www.CHEERequity.org/NC-CHA.

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PART 1—BACKGROUND

What is a Community Health Assessment (CHA)?

A CHA, sometimes called a Community Health Needs Assessment (CHNA), measures and records the health needs and priorities of a state, tribe, local, or territorial area. The CHA process engages the community to identify health priorities, and then the CHA team collects and analyzes data according to those priorities. A CHA serves as a written resource containing community feedback as well as primary and secondary data on health. To remain current, a CHA should be updated every five years; this document can serve as a framework or template for creating a CHA, but it is not, in itself, a CHA. A sample of a finalized tribal CHA (Blackfeet tribe) can be found on the CHEER Website.

For tribes, a CHA can provide a useful, community-wide data resource. The data in the CHA can be used in grant applications and to inform use of resources.

Centers for Disease Control and Prevention (CDC) Identified CHA Principles

- Multisector collaborations that support shared ownership of all phases of community health improvement
- Proactive, broad, and diverse community engagement to improve results
- Use of the highest quality data pooled from, and shared among, diverse public and private sources
- Maximum transparency to improve community engagement and accountability
- Use of evidence-based interventions and encouragement of innovative practices with thorough evaluation
- Evaluation to inform a continuous improvement process
- A definition of community that includes an area that allows for interventions and measurable results, while focusing on addressing disparities

Benefits of creating a CHA

According to the CDC, the benefits of creating a CHA include:

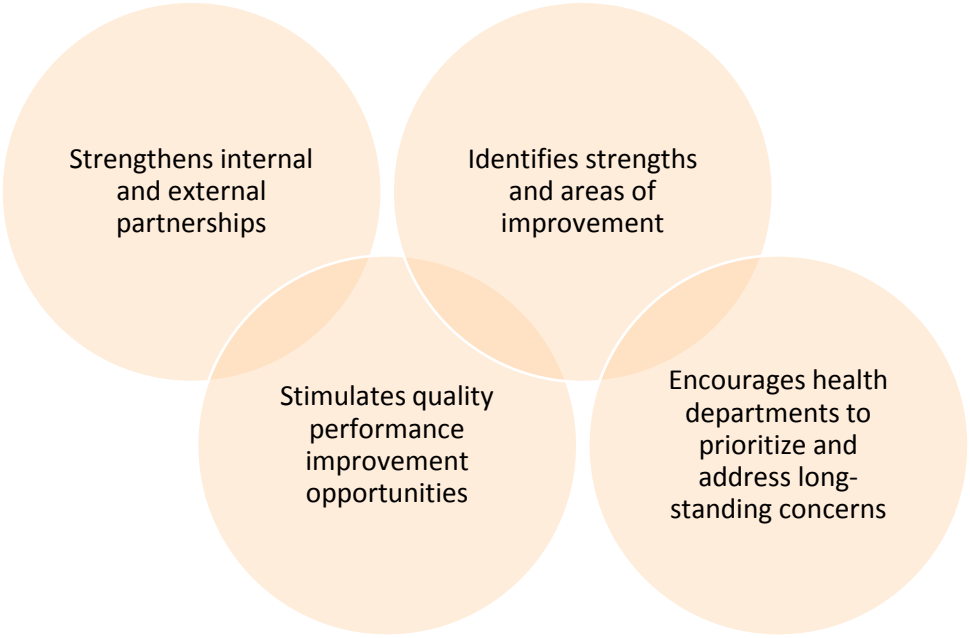
- Improved organizational and community coordination and collaboration
- Increased knowledge about public health and interconnectedness of activities
- Strengthened partnerships within state and local public health systems
- Identified strengths and weaknesses to address in quality improvement efforts
- Baselines on performance to use in preparing for accreditation
- Benchmark for public health practice improvements

What is Public Health Accreditation?

The Public Health Accreditation Board (PHAB) grants accreditation to Health Departments (including tribal Health Departments) when they meet nationally recognized evidence-based standards. To meet PHAB accreditation standards, a tribe needs (1) a CHA, (2) a CHIP, (3) a Strategic Plan; as well as an ongoing system for data collection, processing, and sharing with the local and statewide community. Measures must also be in place to assess infectious disease outbreaks and environmental health hazards, report violations, and to sustain accreditation. When the required criteria are in place, an assessing body from PHAB performs an on-site inspection to determine whether the health board meets the required standards. The National Indian Health Board website has detailed information on tribal-specific PHAB processes.

Benefits of PHAB

According to *The Value of PHAB Accreditation: Strengthening Health Departments to Better Serve their Communities*, achieving Public Health Accreditation:



Pursing PHAB Accreditation

If the Northern Cheyenne Reservation wants to pursue PHAB accreditation, performing a CHA would be the first step. CHAs have to follow certain guidelines to meet PHAB standards, which are outlined by PHAB.

PART 2—METHODOLOGY: HOW TO CREATE A CHA

Step 1: Define the Approach

Before beginning a CHA, it is important to think about

- **The purpose of the CHA:** What is the goal and how will the CHA be used?
- **The geographic area:** Will the CHA be targeted at those who live on the Northern Cheyenne Reservation?
- **Audience:** How will the CHA inform the work of tribal Health Department and their community partners? Will the CHA be shared broadly or will some data remain confidential?

Step 2: Describe the Community

The community description section of the CHA could include history of the Northern Cheyenne people, establishment of the Northern Cheyenne Reservation, present-day community, the Northern Cheyenne government, and prominent community health resources on the Northern Cheyenne Reservation.

Step 3: Perform Stakeholder Meetings

Community input is a critical piece of any CHA. This can be obtained in different ways; below is one recommendation for a series of meetings with community members which would comply with PHAB standards.

Meeting 1: Introductory Meeting for Tribal Health Leadership and Community Partners

- Outline the CHA and discuss preliminary questions.

Meeting 2: Select Health Priorities

At this meeting where key stakeholders and tribal members decide on the health priorities for their community, the following groups should be represented:

- Tribal Health Leadership
- Community Health Leaders
- Clinicians and administrators from clinics providing health care on the Reservation
- Indian Health Service Billings Area Office (IHS BAO)
- Leadership from Northern Cheyenne schools and community college
- Representatives from elder care
- Steering committee members from any other areas of health interest including prevention programs, substance abuse programs, etc.

The Selecting Priorities meeting should use a method such as the Nominal Group Technique to identify key community health strengths, challenges, and the top ten community health priority areas.

Meeting 3: Insights Meeting

Stakeholders from meeting two provide insights following gathering of secondary data. Stakeholders discuss gaps in the data and discuss possible survey questions.

Meeting 4: Feedback Meeting

Tribal health leaders review a CHA draft, and provide feedback prior to the finalization of the CHA.

Meeting 5: Dissemination and Next Steps

This meeting will be held after the CHA is completed to share data with the tribe and discuss future steps.

Step 4: Select Health Indicators

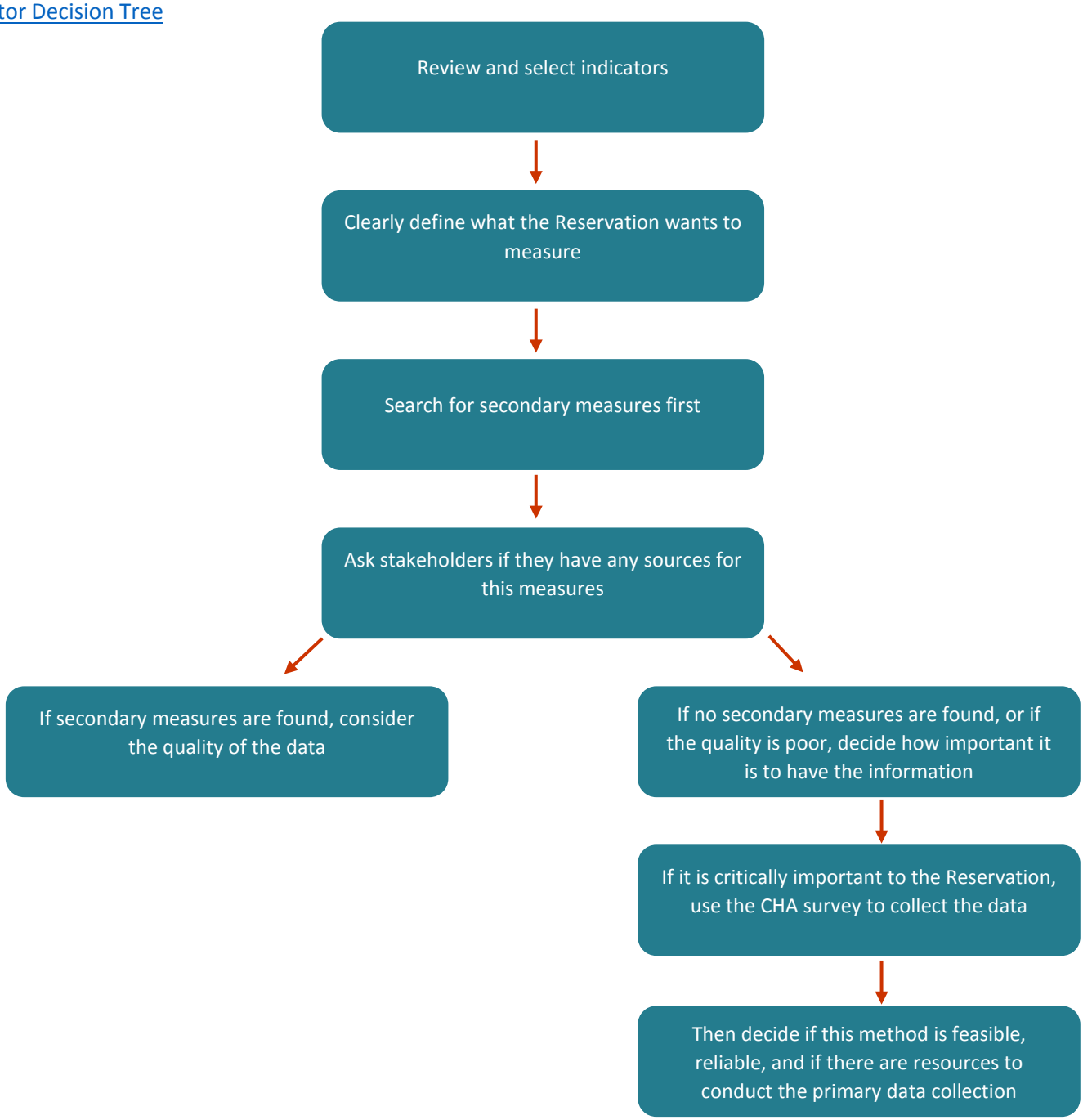
CHAs can include a range of health indicators, chosen in part by input from the community meetings. The Montana CHA Template provides a recommended CHA outline. The Blackfeet CHA is one example of a recently completed CHA, and meets PHAB standards. CHA frameworks can be changed to fit the community's needs and priorities.

Potential Health Indicators

- Access to Primary Care
- Behavioral Health
- Chronic Disease
- Communicable Diseases
- Environmental Health
- Food Access and Sovereignty
- Health Risk Factors
- Public Safety/Injury and Violence Prevention
- Maternal and Infant Health
- Morbidity and Mortality

Community health professionals should review community input to determine how it aligns with the suggested health indicators. If there are health indicators for which primary data does not exist or have not been identified as previous community priorities, these indicators can be included in the CHA survey.

Indicator Decision Tree



Step 5: Assemble the Data

Secondary Data

Secondary data are data that have been collected for a purpose other than the CHA. Some secondary data may be published and some may never have been accessed, analyzed, or published. The CHA team will obtain secondary data, with data-request assistance from the tribe when needed, from relevant data resources. Secondary data might include demographic/census data; data on mortality and morbidity; data regarding top reasons for admissions to the IHS Lame Deer facility; data from state cancer and suicide registries; Women, Infants, and Children (WIC) breastfeeding data; Child Health Measures from Rocky Mountain Tribal Epidemiology Center (RMTEC), etc.

CHA team members may be able to obtain additional data from local programs and departments in the community that are already collecting data for their own/other purposes.

Primary Data

Primary data are data that are collected specifically for the CHA and can be collected to fill gaps that exist in secondary data. If pre-existing data are unavailable for health priority areas identified by the community, the CHA team should create a survey to gather primary data. Where possible, questions should come from validated, established surveys, or diagnostic tools utilized in the tribal community. It is wise to consider carefully whether to ask about sensitive topics such as drug use or suicide. Such questions are not always answered accurately and could produce misleading results, such as under-reporting of drug use in the community.

Tribes may want to add questions that make the CHA more culturally relevant. For example, if no secondary data exist on the use of native healers, and the tribe wants to know about the use of native healers, a CHA survey could include questions on whether survey participants ever use native healers, and why. Survey respondents should be representative of the community and the survey should be conducted at places where a cross-section of people gather, for example, sporting events, grocery stores, the casino, and gas stations.

Data Requests

If the tribe does not have automatic access to secondary data, they will need to file data request forms, for example, to the IHS or to RMTEC. Each organization has a different process for data requests. The request should come from an official source (for example, the Tribal Health Director), and be as specific as possible. For example, a request to the IHS for Government Performance and Results Act (GPRA) data should state the year needed, the type of GPRA data being requested, and specifications such as how the data will be used.

- **IHS**
  For information on how to obtain a Data Request Application for a Resource and Patient Management System-Electronic Health Record (RPMS-EHR) Data and Reports form, contact the IHS BAO.

- **RMTEC**
  For information on how to obtain a RMTEC Data Request form, contact Michael Andreini (mike.andreini@rmtlc.org) or Helen Tesfai (helen.tesfai@rmtlc.org) at the Rocky Mountain Tribal Leaders Council.

Step 6: Assemble the CHA

Before assembling the CHA, team members should review steps one through five to ensure that the goal and purpose of the assessment are met. Following review, primary and secondary data can be organized based on demographics, community description, community priorities, health indicators, or other categories, as decided by the CHA team. Regardless of format, the final written CHA produced by the CHA team will enable the tribe to develop recommendations regarding public health policy, processes, programs, or interventions on the health status of the community.

PART 3—RESOURCES FOR NORTHERN CHEYENNE

Community Health Profiles (CHPs)

CHPs offer basic health information about a population including demographics and disease rates, usually through secondary data. The CHPs listed below provide health information about the tribal community, and/or the counties which overlap with Reservation land.

- Northern Cheyenne CHP 2016
  The Northern Cheyenne CHP provides disease rates by type and gender for the Northern Cheyenne Reservation including cancer, diabetes, asthma, and arthritis. Each tribe should have received their CHP from RMTEC, but for additional information contact Michael Andreini (mike.andreini@rmtlc.org) or Helen Tesfai (helen.tesfai@rmtlc.org).

- Big Horn County CHP 2015
  The Public Health and Safety Division of the Montana State Department of Public Health and Human Services (MTDPHHS) created the Big Horn County CHP. Data for Big Horn County includes demographic information, maternal child health indicators, and chronic and communicable disease rates.

- Rosebud County CHP 2015
  The MTDPHHS also created the Rosebud County CHP, which includes demographic information, maternal child health indicators, and chronic and communicable disease rates.

- Select Health Indicator Comparison by Montana County, 2011-2013
  Provided by the MTDPHHS, this report illustrates the statistical difference between county rates and the state rate for multiple health indicators. The report is intended to be used in conjunction with individual county CHPs.

Community Health Assessments (CHA)

The Northern Cheyenne Reservation does not have a current CHA. The CHNA below covers Rosebud County, but is not specific to Northern Cheyenne as the Reservation and Rosebud County are not fully aligned. Northern Cheyenne has contracted with the Center for Health Equity, Education, and Research (CHEER), to perform a CHA.

- Rosebud County CHNA 2014
  This report summarizes the findings of a community survey conducted by Rosebud Health Care Center in 2014. Results of the survey include the identification of health concerns including cancer, heart disease/stroke, and diabetes.

Community Health Improvement Plans (CHIP)

CHIPs are formulated based upon the findings of CHAs, laying out a plan for community health improvements. At this time, no CHIPs are available for the Northern Cheyenne Reservation or surrounding counties.

PART 4—SPECIFIC DATA SOURCES FOR NORTHERN CHEYENNE

Data sources are provided below for the suggested health indicators, and hyperlinks to those data sources are provided if available. Hyperlinks are visible as blue underscored text.

DEMOGRAPHICS

- U.S. Census American Community Survey 2015
  Demographic data are available for the Northern Cheyenne Reservation from the U.S. Census Bureau (race, age, gender, marital status, birthrate, educational attainment, household makeup, etc.). Data are searchable by geographic designation including zip code and reservations as "census-defined places."

- Growth and Enhancement of Montana Students (GEMS) Database
  Maintained by the Montana Office of Public Instruction (OPI), the GEMS database provides searchable student data by school including student demographics and use of assistance programs.

MORBIDITY AND MORTALITY

- Montana Vital Statistics 2015
  This report provides the frequency of live births, deaths, fetal, infant, and maternal deaths for Big Horn and Rosebud counties.

- MTDPHHS Services Statistical Report January 2017
  This report provides the percent of the Montana population receiving Temporary Assistance for Needy Families, financial assistance and Supplemental Nutrition Assistance Program (SNAP), and the number of households receiving supplemental nutrition assistance and value of SNAP issues for Big Horn and Rosebud counties.

- IHS Lame Deer Service Unit Top 15 Causes of Morbidity by Age
  Tribe-specific information regarding the top 15 causes of morbidity by age is recorded at the Lame Deer Service Unit and collected at the Area office. Please file an IHS data request to the BAO following the data request instructions included in the methodology section of this document.

- IHS Lame Deer Service Unit Top Emergency Room Diagnosis by Age Group 2016
  Tribe-specific information regarding the top emergency room diagnosis by age group is recorded at the Lame Deer Service Unit and collected at the Area office. Please file an IHS data request to the BAO following the data request instructions included in the methodology section of this document.

- Office of Epidemiology and Scientific Support (OESS) Montana Death Certifications
  Tribe-specific information regarding death certifications for Northern Cheyenne residents should be available at OESS. For additional information, please contact Laura Williamson (lwilliamson@mt.gov or 406-444-0064). Please note that death certificate information retrieval will incur a small processing fee.

BEHAVIORAL HEALTH

Suicide

- Montana Strategic Suicide Prevention Plan 2017
  The Montana Strategic Suicide Prevention Plan presents the findings of the Montana Suicide Mortality Review Team and has a detailed section with a wealth of information on suicide in the Montana tribes. This report includes the number of suicides by tribe.

- The Northern Cheyenne Dragonfly Project, an Indian Health Service-funded Generation Indigenous project under the Methamphetamine and Suicide Prevention Initiative, aims to reduce suicide and substance abuse in Native youth on the reservation. Program-specific data collection will begin in late 2017.

BEHAVIORAL HEALTH, Continued

Mental Health

- The state of Montana conducts The Preventive Needs Assessment (PNA) as a school-based survey around high-risk behavior in youth every other year in even-numbered years. The schools serving Northern Cheyenne children include: St. Labre Middle and High School, Lame Deer 7-8 and High School, Northern Cheyenne Tribal 7-8 and High School, and Birney School. These schools did not participate in the PNA in 2012, 2014, or 2016. We highly recommend that the tribe contact Rona McOmber (rmcomber@mt.gov) to participate in this survey going forward. There is no cost to participating and all data are made available to the school systems involved. This survey would offer Northern Cheyenne a valuable source of data on their youth.

- The Montana OPI conducts the Youth Risk Behavior Survey (YRBS), every other year in odd-numbered years. The survey investigates self-reported health risk behavior in Montana high school students. Community health professionals should contact the schools' superintendents to request YRBS data from OPI. We highly recommend that the tribe contact Susan Court (scourt@mt.gov) to participate in the survey going forward. There is no cost to participating and all data are made available to the school systems involved. This survey would offer Northern Cheyenne a valuable source of data on their youth.

Depression

- To obtain specific information about adult depression in the Northern Cheyenne community, health professionals should consider including question(s) about depression in the Northern Cheyenne CHA survey.

Substance Abuse

- Montana Behavioral Risk Factor Surveillance System (BRFSS) – Survey Results 2014
  Administered annually by the state of Montana, the BRFSS survey provides state-wide information about behavioral risk factors for Montana adults and their relationship to health outcomes. This telephone survey covers a variety of topics including access to care, preventative practices, chronic health conditions, and abuse of tobacco and alcohol.

- PNA
  Described above in the Mental Health section

- YRBS
  Described above in the Mental Health section

ACCESS TO PRIMARY CARE

- The University of Wisconsin Population Institute of Health provides the number of primary care physicians for Rosebud and Big Horn counties.

- IHS Top Reasons for Admission to the Emergency Department
  Tribe-specific information regarding the percent of the top reasons for admission to the Lame Deer Emergency Department should be recorded at the Lame Deer Service Unit and collected at the Area office. Please file an IHS data request to the BAO following the data request instructions included in the methodology section of this document.

- IHS RPMS
  Community-specific data for a variety of health indicators including health insurance coverage and unintentional injury are stored in RPMS. These data should be available upon request to IHS BAO. Please file an IHS data request to the BAO following the data request instructions included in the methodology section of this document.

- To obtain specific information about access to primary care in the Northern Cheyenne community, qualitative and quantitative questions about health insurance barriers to care, use of Medicare/Medicaid and the utilization of traditional healers could be included in a Northern Cheyenne CHA survey.

CHRONIC DISEASE

Cardiovascular Disease

- Addressing Community Health Needs: Health Priorities and Strategies found in Montana Implementation Plans
  The Montana Office of Rural Health presents the findings of the Community Health Services Development survey of Montana Critical Access Hospitals including the identification of cardiovascular disease, cancer, and diabetes as top health concerns.

- Lame Deer Service Unit GPRA Clinical Performance Summary
  Community-specific information regarding the percent of people with controlled blood pressure, controlled high blood pressure, and who have completed low-density lipoprotein assessments should be available from IHS BAO. Please file an IHS data request to the BAO following the data request instructions included in the methodology section of this document.

Chronic Respiratory Disease (Chronic Obstructive Pulmonary Disease and Asthma)

- Montana BRFSS – Survey Results 2014
  Described above in the Substance Abuse section

- Select Health Indicator Comparison by Montana County, 2011-2013
  Described above in Part 3

Asthma

- Select Health Indicator Comparison by Montana County, 2011-2013
  Described above in Part 3

- Lame Deer Service Unit Asthma Diagnosis Rates
  Community-specific information regarding asthma diagnosis rates by age group and gender, as well as age-adjusted prevalence is available upon request to IHS BAO. Please file an IHS data request to the BAO following the data request instructions included in the methodology section of this document. Data are also secondarily reported in the RMTEC Tribal CHPs.

Diabetes

- Select Health Indicator Comparison by Montana County, 2011-2013
  Described above in Part 3

- Addressing Community Health Needs: Health Priorities and Strategies found in Montana Implementation Plans
  Described above in the Cardiovascular Disease section

- IHS Diabetes Care and Outcomes Audit
  Tribe-specific information regarding diabetes including patient gender, age, diabetes type, disease duration, BMI category, A1C value, mean blood pressure, and comorbidities is available for Lame Deer Service Unit, from IHS BAO. Please file an IHS data request to the BAO following the data request instructions included in the methodology section of this document

- Lame Deer Service Unit GPRA Clinical Performance Summary
  Community-specific information regarding the percent of people with good glycemic control, as well as childhood weight control, is available for the Lame Deer Service Unit, from IHS BAO. Please file an IHS data request to the BAO following the data request instructions included in the methodology section of this document.

Arthritis

- Montana BRFSS – Survey Results 2014
  Described above in the Substance Abuse section

CHRONIC DISEASE, Continued

Cancer

- Cancer Burden on Montana American Indian Reservations
  The MTDPHHS Cancer Fact Sheet provides information describing the burden of cancer among American Indians living "on or near" the Northern Cheyenne Reservation.

- Lame Deer Service Unit GPRA Clinical Performance Summary
  Community-specific information regarding the percent of people who received regular cancer screenings is available by data request, defined as:
  - **Breast Cancer**: Women aged 50+ who have had a mammogram within the past 2 years.
  - **Cervical Cancer**: Women aged 21-65 years who have had a pap test within the past 3 years.
  - **Colorectal Cancer**: Men and women aged 50-75 years who have had a colonoscopy in the past 10 years; flexible sigmoidoscopy in the past 5 years; or a blood stool test in the past year.

  Community health professionals should contact the BAO; Please file an IHS data request to the BAO following the data request instructions included in the methodology section of this document.

COMMUNICABLE DISEASES

- Communicable Disease in Montana: 2015 Annual Report
  This annual report provides the number of reportable communicable disease cases in Northern Cheyenne/Rosebud county, including: campylobacteriosis, chlamydia, coccidioidomycosis, giardiasis, gonorrhea, hepatitis C, Shiga-toxin producing *E. coli* (STEC), Salmonellosis, spotted fever rickets, streptococcal Toxic-Shock syndrome, and syphilis.

- Lame Deer Service Unit GPRA Clinical Performance Summary
  Community-specific information regarding the influenza (among individuals 6 months – 17 years and 18+ years), pneumococcus (among individuals 65+ years), and childhood MMR immunizations (among individuals 19-35 years old) should be available at the Lame Deer Service Unit, from IHS BAO. Please file an IHS data request to the BAO following the data request instructions included in the methodology section of this document.

PUBLIC SAFETY/INJURY AND VIOLENCE PREVENTION

Motor Vehicle Crashes

- RMTEC – IHS Epidemiology Data Mart – Lame Deer Service Unit
  Community-specific information regarding leading causes of injury morbidity and mortality including motor vehicle crashes, unintentional injury, assaults, and environmental-related injury is available for the Lame Deer Service Unit, available upon request from RMTEC's Epidemiology Data Mart. For additional information, please contact Michael Andreini (mike.andreini@rmtlc.org) or Helen Tesfai (helen.tesfai@rmtlc.org). Findings may also be reported secondarily in tribe-specific injury reports and should be available upon request from RMTEC.

Seatbelt Use

- IHS Injury Prevention Annual Seat Belt Survey 2016 – BAO
  Conducted annually by IHS Injury Prevention and "various IHS Service Units/Tribal Injury Prevention Programs," the Annual Seat Belt Survey records driver and passenger seat belt usage rates in the IHS Billings Area. Please file an IHS data request to the BAO following the data request instructions included in the methodology section of this document. Additionally, tribe-specific rates may be available. Community health professionals should contact the tribal injury prevention/survey representative in their community.

Unintentional Injury

- RMTEC – IHS Epidemiology Data Mart – Lame Deer Service Unit
  Described above in the Motor Vehicle Crashes section

PUBLIC SAFETY/INJURY AND VIOLENCE PREVENTION, Continued

Unintentional Injury

- IHS RPMS
  Community-specific data for a variety of health indicators including health insurance coverage and unintentional injury are stored in RPMS. These data should be available upon request to IHS BAO. Please file an IHS data request to the BAO following the data request instructions included in the methodology section of this document.

Crime

- Crime in Montana 2014-2015 Report
  Produced by the Montana Board of Crime Control, this report provides violent and property crimes rates by jurisdiction and county within Montana in 2015. Rates only include those crimes known to law enforcement. State crime rates by ethnicity are also provided.

- The Empty Shawl: Honoring Native Women by Stopping the Violence Against Them
  Produced in conjunction with the Honoring Native Women by Stopping the Violence Against Them Conference in 2009, this report provides information about domestic violence on reservations in Montana including reservation-specific rates in 2008.

- Federal Bureau of Investigation Uniform Crime Report (UCR)
  The UCR offers standardized crime reporting at the national and jurisdictional level. National-level data is available at the link above. For tribe-specific data, community health professionals should contact the law enforcement agencies in their community to request access to the UCR data maintained by these entities.

- RMTEC – IHS Epidemiology Data Mart – Lame Deer Service Unit
  Described above in the Motor Vehicle Crashes section

- Bureau of Indian Affairs Child and Family Services – Child Abuse and Neglect Data
  Tribe-specific child abuse and neglect data for FY2015-2016 are available from the Rocky Mountain Regional Office. For additional information, please contact Marshelle Lambert (marshelle.lambert@bia.gov or 406-247-7970). Data may also be available from your local child protective services.

Bullying

- PNA
  Described above in the Mental Health section

- YRBS
  Described above in the Mental Health section

MATERNAL, INFANT, AND CHILD HEALTH

Births

- Most births, expect for those that occur unexpectedly at Lame Deer Service Unit, take place at Billings Clinic or St. Vincent Healthcare in Billings. The IHS, via an inter-agency agreement with the Office on Women's Health in 2017, is working to obtain data on normal or drug-affected births. These data will be available from the tribe and the Lame Deer Service Unit by 2018.

Teenage Births

- County-Specific Teen Birth Rates, 2006-2010 and 2011-2015
  This document provides teen birth rates per 1000 by all Montana counties in 2006-2010 and 2011-2015. Data on teen births are also available from the state via the birth certificate.

MATERNAL, INFANT AND CHILD HEALTH, Continued

Infant Mortality

- Montana Vital Statistics 2015
  Described above in the Morbidity and Mortality section

Tobacco Use While Pregnant/ Other Substance Use While Pregnant

- Described above in Maternal and Infant Child Health—Births

Access to Prenatal Care

- Lame Deer Service Unit GPRA Clinical Performance Summary
  Community-specific information regarding prenatal care should be available at the Lame Deer Service Unit, from IHS BAO. Please file an IHS data request to the BAO following the data request instructions included in the methodology section of this document.

Breastfeeding

- Lame Deer Service Unit GPRA Clinical Performance Summary
  Community-specific information regarding breastfeeding initiation and breastfeeding exclusivity should be available at the Lame Deer Service Unit, from IHS BAO. Please file an IHS data request to the BAO following the data request instructions included in the methodology section of this document.

HEALTH RISK FACTORS

Obesity

- Montana County Health Rankings 2017
  Created by the University of Wisconsin Population Health Institute, counties in Montana are ranked according to various health outcomes and risk factors, including county-specific adult obesity rates.

- Lame Deer Service Unit GPRA Clinical Performance Summary
  Community-specific information regarding childhood obesity rates should be available at the Lame Deer Service Unit, from IHS BAO. Please file an IHS data request to the BAO following the data request instructions included in the methodology section of this document.

- RMTEC Child Health Measures
  RMTEC gathers a variety of data on tribal health including the BMI percentile of Elementary, Middle and High School students. For more information, please contact Michael Andreini (mike.andreini@rmtlc.org) or Helen Tesfai (helen.tesfai@rmtlc.org).

- YRBS
  Described above in the Mental Health section

Physical Activity

- Montana BRFSS – Survey Results 2014
  Described above in the Substance Abuse section

- YRBS
  Described above in the Mental Health section

- To obtain specific information about adult physical activity in the Northern Cheyenne community, health professionals should consider including question(s) about physical activity in the Northern Cheyenne CHA survey.

Nutrition

- YRBS
  Described above in the Mental Health section

HEALTH RISK FACTORS, Continued

Nutrition

- To obtain specific information about adult nutrition in the Northern Cheyenne community, health professionals should consider including question(s) about nutrition in the Northern Cheyenne CHA survey.

Tobacco Use

- PNA
  Described above in the Mental Health section

- YRBS
  Described above in the Mental Health section

Safe Sexual Practice

- YRBS
  Described above in the Mental Health section

ENVIRONMENTAL HEALTH

Superfund Sites

- United States Environmental Protection Agency (EPA)
  Superfund sites are some of the nation's most uncontrolled hazardous waste site locations. The United States EPA has prioritized cleanup at these sites. The EPA maintains an interactive map in which individuals can locate superfund sites in or near their homes. The state of Montana has 19 superfund sites.

Air and Water

- Northern Cheyenne Environmental Health
  The Northern Cheyenne Tribe's Department of Environmental Protection and Natural Resources (DEPNR) monitors and protects air, water, and natural resources on the reservation. The DEPNR also prevents and detects breeches of environmental code to protect the built and natural environment on the reservation.

Housing/Homelessness

- Montana Department of Commerce White Paper
  The Montana Department of Commerce's Housing Coordinating Team developed The White Paper to detail issues surrounding affordable housing in Montana. The White Paper reports reservation level data on changes in population, housing units, number and percent of housing occupied by owner or rented. Tribal data reported to the U.S. Department of Housing and Urban Development (HUD) is also included in the report.

Built Environment

- Tribal Healthy Homes
  The Montana State University Extension Housing & Environmental Health Program working with the Native American Housing Technical Assistance Institute created *Tribal Healthy Homes* in 2009, to increase family and community wellness among American Indian tribes and Native Alaska communities. Funded by HUD, Tribal Healthy Homes conducted home assessments in the Billings area from 2009 to 2012.

FOOD ACCESS AND SOVEREIGNTY

- Feeding America
  Every year since 2011, Feeding America publishes an interactive map of county-level data providing food insecurity rates and an estimate of food budget shortfall as reported by residents of the county. Data are taken from the Current Population Survey.

- MTDPHHS WIC Participation Report
  The MTDPHHS publishes WIC program participation reports. These data are organized by county, reservation, and specific WIC program.

FOOD ACCESS AND SOVEREIGNTY, Continued

- Montana OPI
  The state's OPI maintains a searchable database with Montana student participation rates in nutrition programs, organized by state, county, and individual school.

- Native American Food Sovereignty in Montana 2016
  Alternative Energy Resources Organization (AERO) was formed in 1974 as a hub for renewable energy in Montana. AERO, led by Hope Radford, published these tribe-specific data on food insecurity, food access, agriculture, and health.

LIST OF ABBREVIATIONS

AERO	Alternative Energy Resources Organization
BAO	Billings Area Office
BRFSS	Behavioral Risk Factor Surveillance System
CDC	Centers for Disease Control and Prevention
CHA	Community Health Assessment
CHEER	Center for Health Equity, Education, and Research
CHIP	Community Health Improvement Plan
CHNA	Community Health Needs Assessment
CHP	Community Health Profile
DEPNR	Department of Environmental Protection and National Resources
EHR	Electronic Health Record
EPA	The United States Environmental Protection Agency
GEMS	Growth and Enhancement of Montana Students
GPRA	Government Performance and Results Act
HUD	The U.S. Department of Housing and Urban Development
IHS	Indian Health Service
MTDPHHS	The Montana Department of Public Health and Human Services
OESS	Office of Epidemiology and Scientific Support
OPI	Office of Public Instruction
PHAB	Public Health Accreditation Board
PNA	The Preventive Needs Assessment
RMTEC	Rocky Mountain Tribal Epidemiology Center
RPMS	Resource and Patient Management System
SNAP	Supplemental Nutrition Assistance Program
T-PHIT	Tribal Public Health Improvement Plan
YRBS	Youth Risk Behavior Survey
WIC	The Special Supplemental Nutrition Program for Women, Infants, and Children

CHEER CENTER FOR HEALTH EQUITY, EDUCATION, & RESEARCH

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