

COMMUNITY HEALTH ASSESSMENT REPORT

CROW TRIBE
2021



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This CHA is a gift from the Apsáalooke people. We ask that if you use information from this CHA, you use it **with** Apsáalooke people **for** Apsáalooke people with the sole intent of improving the lives and health of our people. There is an extensive history of governments and institutions gathering and expressing data about our Nation to promote agendas that do not benefit our Nation. To avoid that happening with this data, we ask that respect and reciprocity drive the intention with which you use the information in this document.

Ahóoh baaáatchinnaache

Abbreviations

AAMC	Association of American Medical Colleges
ACS	American Cancer Society
ACS CAN	American Cancer Society Cancer Action Network
AI/AN	American Indian/Alaska Native
BIA	Bureau of Indian Affairs
CAH	Critical Access Hospital
CHA	Community Health Assessment
CHIP	Community Health Improvement Plan
CN	Crow Nation
COVID-19	Coronavirus
CR	Crow Reservation
Crow CHA Survey	Crow Community Health Assessment Survey
CSU	Crow Service Unit (all IHS facilities on Crow Nation)
DPHHS	Department of Health and Human Services
FY	Fiscal Year
HPSA	Health Professional Shortage Area
HRSA	Health Resources & Services Administration
HP2020, HP2030	Healthy People 2020, 2030
IHS	Indian Health Service
IRB	Institutional Review Board
KII	Key Informant Interview
LBHC	Little Big Horn College
MSU	Montana State University
MT	Montana
PNA	Prevention Needs Assessment
PPB	Person Per Bedroom
RMTEC	Rocky Mountain Tribal Epidemiology Center
RRM	Resource Requirements Methodology
RWJF	Robert Wood Johnson Foundation
STI	Sexually Transmitted Infection
US	United States
WIC	Women, Infants, and Children
YRBS	Youth Risk Behavior Surveillance

Acknowledgments

We are pleased to present the Apsáalooke Nation Community Health Assessment (CHA).

The Apsáalooke CHA is a product of the American Cancer Society (ACS) Health Equity Pilot Community Projects in partnership with the Robert Wood Johnson Foundation (RWJF). The goal of ACS's Health Equity Pilot Community Projects was to explore, identify, and implement community-based solutions to address social determinants of health and advance health equity. An important part of the community projects was the identification and recruitment of a Community Leadership Team made up of cross-sector community members who were charged with using local data and leveraging local assets to develop and implement an action plan to address health inequities within their community.

This project was chosen by the Apsáalooke Health Equity Team as a pivotal first step to provide vital and often unavailable health information for our Apsáalooke Nation, from which to effectively advance health equity and address social determinants of health. This involved community-wide input and hard work on behalf of a multitude of individuals, departments, and organizations, including the Montana Department of Public Health and Human Services Public Health Systems Improvement Office, the Montana Healthcare Foundation, and the Montana Public Health Institute. Yarrow, LLC facilitated the CHA process. We extend tremendous gratitude to everyone who has supported this endeavor.

In this report, you will find information and data surrounding the health issues most impacting our community members, including substance use, chronic diseases, access to healthcare, and the infrastructure of our built environment. Since early 2020, the COVID-19 pandemic has presented a unique hurdle for not just our community, but for everyone in the United States. However, despite the challenges noted in this document, community members and organizations have continued to join together to help promote the health and wellbeing of Crow Nation. Indeed, this assessment is a positive step forward for identifying our most pressing health issues so that we may develop strategic methods to address them.

Apsáalooke Health Equity Community Health Assessment (CHA) Team Members & Community Partners:

Co-Chairs

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- Kristin Page Nei, American Cancer Society Cancer Action Network
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- Center Pole
- Little Big Horn College*
- Crow Service Unit, Indian Health Service
- Montana Department of Public Health and Human Services*
- Rocky Mountain Tribal Leaders Council*
- Montana WIC*
- Hardin School District
- Wyola School District
- Lodge Grass School District
- Pryor School District
- Awe Kualawaache Care Center
- Crow Enrollment Office
- Crow Nation Recovery Center
- Messengers for Health
- Montana Department of Health and Human Services Tribal Relations*
- Montana Office of Public Instruction*
- Indian Health Service/Billings Area Office*
- Montana Governor's Office of Indian Affairs*
- Crow Tribe Executive Branch*
- Crow Tribe Legislative Branch*
- Crow Language Consortium*

*Organizations that provided data/information

Executive Summary

Overview

The Community Health Assessment (CHA) team created this assessment in collaboration with representatives from the American Cancer Society, Yarrow, and Apsáalooke community leaders from state and local organizations between April 2019 and December 2021. Community input helped to mold the CHA over several core meetings with the CHA leadership team via ongoing feedback and support. Members of the CHA team aided this work by gathering Key Informant Interviews (KIIs), collecting quantitative and qualitative primary data by creating and conducting a CHA survey, and examining several sources of secondary data. This CHA was conducted to comply with Public Health Accreditation Board (PHAB) standards.

Demographics

According to the United States (US) Census, 78% of residents of Crow Nation (CN) describe themselves as American Indian (AI). CN community members are relatively younger than other Montanans and those living in the US, with a median age of 29.5 years—about 10 years younger than the median age of other Montana and US residents. (*US CENSUS BUREAU 2019*) Likewise, the life expectancy for American Indian/Alaska Natives (AI/AN) living in Big Horn County is about 20 years shorter than the life expectancy for white Montanans. (*MTIBIS MORTAL 2019*)

Respondents to the Crow Nation CHA Survey, conducted specifically for this assessment during the summer of 2021, were mostly female (69%) and were between the ages of 18-27 or 28-37 (21% each). The survey was able to capture the opinions of people from all CN districts and neighboring towns. However, most respondents were from either Pryor district (23%), Agency/Black Lodge district (20%), Hardin (13%), or Billings (13%). (*CN CHA SURVEY*)

Information about student behavior was gathered from the Youth Risk Behavior Surveillance Survey (YRBS), and student data was reported from Hardin, Pryor, Wyola, and Lodge Grass Schools. There were 209 CN Middle School survey respondents, and 138 CN High School student respondents.

Community Priorities

Community members identified ten health-related areas that were of the highest priority for CN (see the *Community Priorities* section for a full listing). Below is a brief snapshot of these concerns and findings, with more information on these topics found throughout this document.

Behavioral Health: Mental health and substance use, components of behavioral health, were large community concerns. About 49% of adult patients who sought care at Crow Service Unit (CSU) had been screened for depression. (*CN GPRA 2020*) Regarding substances, 42% of CN adults reported that they currently smoked, which is more than other Montana American Indian/Alaska Natives (AI/AN) and other adults in Montana and the US. (*HP2020, MTIBIS SMOKING 2018, CN CHA SURVEY 2021*) Among students, 70% of CN Middle School students reported having had their first drink of alcohol before age 13, which is twice as high as CN High School students and three times higher than other Montana AI/AN, Montana, and US students. (*MT YRBS 2019, MT US YRBS 2019, HHS YRBS 2021, HMS YRBS 2021, PC HS YRBS 2021, P7-8 YRBS 2021, W7-8 YRBS 2021, LGHS YRBS 2021*)

Healthy Lifestyles: Most chronic disease–related visits to CSU in 2020 were for diabetes and hypertension. (*RMTEC CHRONIC DISEASE 2019 & 2020*) In 2020, the most common types of cancer on CN were female breast, prostate, and lung cancers. (*MTDPHHS CANCER 2020, MTCTRAR 2018*) According to the CHA Survey, about 48% of CN would be considered food insecure. Survey results also showed that almost 50% of respondents spent less than 30 minutes engaging in physical activity during the previous week. (*CN CHA SURVEY 2021*)

Community Strength: According to the US Census, about 58% of grandparents on CN were the primary caretakers for grandchildren in 2019, which was more than MT and US. (*US CENSUS BUREAU 2019*) Similarly, over 35% of CHA Survey respondents reported a need for more parenting role models in CN. (*CN CHA SURVEY 2021*) Relating to culture, there were approximately 4,200 Crow speakers in CN in 2019. (*GRUNEWALD & LOZAR 2019*) Nearly one-third of CHA Survey respondents reported participating in traditional activities such as powwow, sweat lodge, hand games, and/or beading. (*CN CHA SURVEY*) CN also had a lower rate of suicide among the CN community compared to other Montana AI/AN and others in Montanans. (*CDC NCHS VITAL STATS 2019, CN MORTAL STATS 2019*)

Resources: In 2019, almost 30% of CN lived below poverty level, more than twice that of MT and the US. (*US CENSUS BUREAU 2019*) Similarly, about 9% of individuals aged 16+ were unemployed, which is two times more than in MT and the US. (*US CENSUS BUREAU 2019*) Relating to healthcare access, about 17% of CN CHA survey respondents reported that they or a family member was unable to get the healthcare they needed, most citing the largest barrier to care being either a lack of insurance or no transportation. (*CN CHA SURVEY 2021*) Infrastructure of the built environment was a large concern for many community members. About 37% of survey respondents expressed that streets did not have proper lighting, and 44% reported a lack of adequate legal trash disposal sites in the community. (*CN CHA SURVEY 2021*)

Next Steps

This CHA represents an important step forward for Crow Nation. Many similar communities are concerned with a lack of information or data on their health status; the collection, presentation, and dissemination of previously unpublished data in this CHA will strategically inform future work by Apsáalooke leaders and community partners. These data offer a baseline assessment of the community's current health, and can be used as a launching pad to track improvements. Ultimately, the data assembled for this CHA will be used to plan future health improvement projects and programs to serve the community. The information in this CHA will allow Crow Nation to address the unique needs of its community members and to make strides towards improving overall health.

History of the Apsáalooke (Children of the Large-Beaked Bird)

The original name of our people, the Apsáalooke—also known as Absaroke and Apsaroke—comes from a Hidatsa word meaning “people (or children) of the large-beaked bird”. (*CN HISTORY 2017*) Later, French interpreters would mistakenly translate the name as “people of the crow,” and since the early 1800s, the moniker of “Crow” has been used to describe our tribe. (*LBHC 2012*) The ancestral tribe of the Apsáalooke and Hidatsa inhabited the upper midwest region of the United States near northern Minnesota or Wisconsin, and southern Canada near Winnipeg, Manitoba. (*LBHC 2012, CN HISTORY 2017*) This tribe eventually moved to the Devil’s Lake region of North Dakota, where they lived until ultimately splitting into what would become the Apsáalooke tribe, who settled in Montana and Wyoming, and the Hidatsa tribe, who settled in the Heart River area of North Dakota. (*LBHC 2012*)

The Apsáalooke tribe separated from the Hidatsa into two main groups: first the Mountain Crow, and then later the River Crow. The Kicked in the Bellies was a third group that later split from the Mountain Crow. (*LBHC 2012*)

Originally described as semi-nomadic farmers and hunters while living in the wooded areas of northeastern United States/Canada, our Crow ancestors adopted the nomadic hunter-gatherer lifestyle of the Plains Native Americans. (*LBHC 2012, CN HISTORY 2017*) This tribe traditionally lived in large teepees, primarily hunted buffalo for food, and used dog travois to carry personal possessions and other items. They eventually acquired large herds of horses, and became well-known for horse breeding and trading. (*CN HISTORY 2017*) By 1490, the Apsáalooke had firmly established their homeland by allying themselves with the resident Kiowa and uprooting the Shoshones. (*LBHC 2012*) Though the Kiowa ultimately migrated south, our Crow ancestors maintained control in their established region throughout the eighteenth and nineteenth centuries. (*CN HISTORY 2017*)

First contact with Europeans occurred around 1743, when a group of Apsáalooke met with the French-Canadian traders who famously misinterpreted the tribe’s name. The formation of a relationship with the United States began in 1825, when the first treaty between the Crow and the United States was signed. (*LBHC 2012*) Referred to as the Friendship Treaty, the document declared the United States’ supremacy and outlined trade restrictions, but also extended the US’s protection of our Tribe, so long as we did not supply weapons to US enemies. (*CTLB 2016*) Though lacking support from some Apsáalooke chiefs, this would be the first of many treaties with the United States that would potentially help solidify the placement of the Crow Reservation on our original lands. (*LBHC 2012*)

Establishment of the Crow Reservation

In 1851, the Apsáalooke participated in the first Fort Laramie Treaty, which stated that the tribe controlled over 33 million acres of land that stretched across portions of present-day Montana and Wyoming—from the Big Horn Basin in the west to the Powder River to the east, and included the Musselshell River on the northern border down to the Tongue River basin in the south. (*CN HISTORY 2017*) However, the Cheyenne, Arapaho, and Lakota had established themselves nearby, to the south and east of Crow territory in Montana, and did not make life easy for our Crow ancestors. These tribes conducted tribal warfare against the Apsáalooke over their access to optimal hunting lands, which pushed people in the eastern, less-populated regions of the Crow territory to the west and northwest along the Yellowstone river. Though sometimes outnumbered, our Crow ancestors often defended themselves successfully. (*CN HISTORY 2017*)

Encouraged by Chief Plenty Coups, the Apsáalooke supported the United States military during this period of the Indian Wars (spanning intermittently between 1865–1887) by providing scouts and protection to travelers along the Bozeman Trail. (*CN HISTORY 2017, LBHC 2012*) The Chief believed that aiding the Americans, whom he expected to win the war, would ensure the tribe's survival in a white world. However, despite Crow allegiance to the United States, the second Fort Laramie Treaty, signed in 1868, reduced the Crow land holdings to 8 million acres in present-day Montana. (*CN HISTORY 2017*) Apsáalooke lands were again diminished in 1882, 1891, and for the last time in 1904, down to the current size of 1.5 million acres. (*LBHC 2012, USFS 1997*)

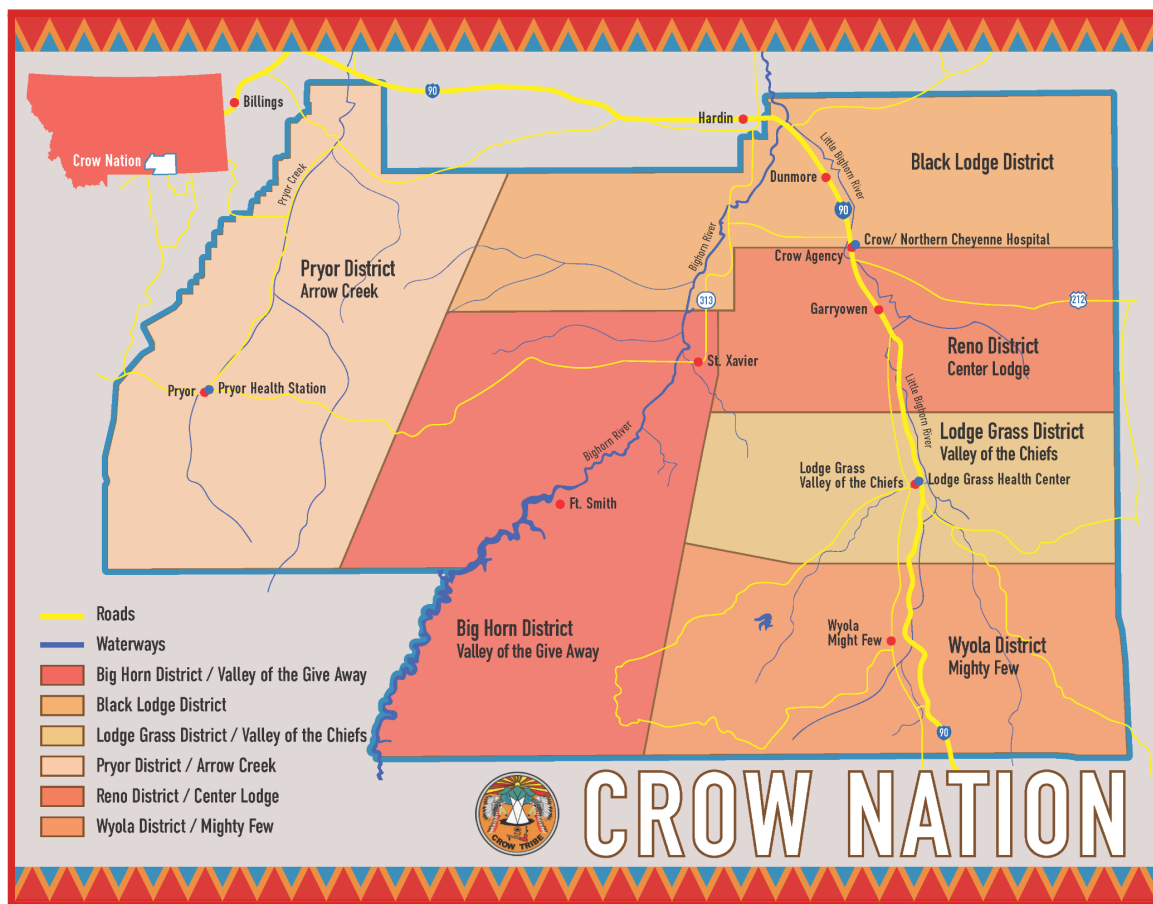
During Chief Plenty Coups' most well-known vision quest, the details of which were dictated to friend Frank B. Linderman in 1930, he explained that he observed a tremendous storm enveloping the earth, taking with it all the buffalo and all the trees except for one. Sitting in that singular tree was a small bird, which he was told was where the Chickadee lived; a bird who may not have been physically strong, but who possessed more mental strength than any other of its kind. (*MTOPI CPC 2020*)

Chief Plenty Coups was informed that "the Chickadee-person is a good listener...he gains success and avoids failure by learning how others succeeded or failed, and without great trouble to himself. Develop your body, but do not neglect your mind, Plenty Coups. It is the mind that leads a man to power, not strength of the body." (*MTOPI CPC 2020*)

From this vision, Chief Plenty Coups understood that white men would one day seize not only Native American lands, but also their way of life, which was represented by his vision of a great storm overtaking the lands. However, this storm left only one tree standing, which he interpreted to represent the Apsáalooke. Chief Plenty Coups believed that the white man would have mercy on his Crow people if they learned to work with him. (*CN HISTORY 2017*) Although the tribe was still constrained within ever-dwindling portions of the reservation, the Apsáalooke were able to keep part of their original lands, perhaps due in part to the insights of Chief Plenty Coups. (*CN HISTORY 2017, LBHC 2012*) This experience is unlike that of other tribal communities, many of whom were forced to relocate to reservations on unfamiliar lands. (*CN HISTORY 2017*)

Present-Day Community

Present-day Crow Nation is located in south-central Montana, bordered by the state of Wyoming to the south and the Northern Cheyenne Reservation to the east, with its northwestern boundary about 10 miles from Billings, MT. (LBHC 2012) The Reservation includes about 1.5 million acres of land, and is regarded as the largest Native American reservation in Montana and the tenth largest in the United States. (USFS 1997) The area includes the Wolf, Bighorn, and Pryor Mountains, as well as the Bighorn River, Little Bighorn River, and Pryor Creek. Crow Nation comprises six districts, including Black Lodge District, Bighorn District, Pryor District, Reno District, Lodge Grass District, and Wyola District. The government seat of Crow Nation sits between the Black Lodge and Reno Districts at Crow Agency. (MT OIA CN FACTS 2020) Today the Crow Reservation is home to about 8,344 of our 14,093 enrolled tribal members. (TURNSPLENTY 2021) Primary employers of Crow Nation include area schools, tribal administrations, the Bureau of Indian Affairs, and the Crow/Northern Cheyenne Indian Health Service, as well as coal mining and irrigated and dry farming. (CN HISTORY 2017)



For the purposes of this Community Health Assessment (CHA), the Crow Nation “community” (CN) refers to all Tribal members, including those who live within the official Crow Nation boundaries as well as places located on off-reservation trust land, and those who live in neighboring towns or cities, including Billings and Hardin. Though some may live off Crow Nation itself, many still utilize facilities and services located within the reservation.

Crow Nation Government

The Crow Tribe is governed by the Crow Tribal Council, led by the Chairman, who serves as the chief executive officer, speaker of the council, and majority leader of the Crow Tribal Council. (CN GOVERN 2021) In 2001, the Council established a three-branch government, made up of the Executive, Legislative, and Judicial branches. All members of the Executive and Legislative branches are elected at-large by the tribe, and serve four-year terms. (CN HISTORY 2017) A list of current council members is available on the tribal website: <http://www.crow-nsn.gov/crow-tribe.html>. A copy of the current tribal constitution, bylaws, and codes are available on the State of Montana website: <https://indianlaw.mt.gov/crow/>. (CN GOVERN 2021)



Photo from Donovan Hawk

About the Community Health Assessment

Purpose:

The goal of this CHA is to methodically examine important health indicators for the people of Crow Nation (CN) in order to identify essential programming needs that can improve our community's health and wellbeing. We will ultimately use findings from this assessment to inform and strategically plan future health improvement projects and programs.

Definition:

In this assessment, "CN community" refers to all Tribal members inhabiting official Crow Nation boundaries, as well as places located on off-reservation trust land, and individuals residing in nearby towns or cities, including Billings and Hardin. According to the 2020 US Census, the population living on Crow Nation was 6,974. (*US CENSUS BUREAU 2020*)

Audience:

This CHA is intended to inform the work of the Crow Tribal Council and community members and partners who are tasked with optimizing the health and wellbeing of the community. These partners include: Crow Tribal Council, Tribal Law Enforcement, Crow Tribal Courts, Apsáalooke Nation Housing Authority, Hardin, Pryor, Lodge Grass, and Wyola Public Schools, Rocky Mountain Tribal Epidemiology Center (RMTEC), non-governmental and other health-focused organizations, as well as state and federally funded policy-making agencies who are invested in promoting the health of the Crow Nation.



Methodology

Approach

The Apsáalooke Health Equity CHA Leadership team, which consisted of representatives from the American Cancer Society (ACS), Yarrow, Crow community leaders representing various organizations and programs from public schools, Crow Housing Authority, Tribal government, Messengers for Health, and IHS Crow Service Unit, developed this CHA to systematically explore key determinants of health for the people of Crow Nation. The intent of this CHA was to provide much needed health data for the community.

This CHA utilized the following methods:

- Fourteen initial Leadership Team underwent Human Research Training so as to assist with key informant interviews & the surveying of Apsáalooke community members
- Recruitment of a strong Crow Community Leadership Team - 90% were Apsáalooke
- Active involvement of tribal leaders & stakeholders through district meetings, leadership team meetings, & regular communications
- Submission & approval of an application to perform research activities on CN through the Little Big Horn College Institutional Review Board (IRB)
- Identification & prioritization of community health concerns
- Collection of qualitative primary data through in-person & virtual key informant interviews
- Collection of quantitative & qualitative primary data through an in-person & online community survey
- Analysis of multiple other primary data sources
- Comprehensive review & analysis of secondary data

This CHA will ultimately enable the tribe to identify important programming needs to improve the health and well-being of our community. The next step will be to use the findings from this CHA to develop a Community Health Improvement Plan (CHIP).

Data Review

In preparation for discussion with the CHA Leadership Team to identify and prioritize health indicators, Yarrow collected, reviewed, compiled, and analyzed data from numerous public and programmatic sources. In order to further define the community's health priorities, Key Informant Interviews (KIIs) were conducted to gather the inputs and perspectives of notable people in the CN community who held knowledge about factors impacting the health of their community. The CHA Leadership team also secured support from Tribal Council, who released a letter requesting Tribal program cooperation with CHA efforts. Yarrow requested and collected unpublished data from Department of Public Health and Human Services (DPHHS) Vital Statistics Department, the Rocky Mountain Tribal Epidemiology Council (RMTEC), Indian Health Services (IHS), Women, Infants, and Children (WIC), and school systems including Hardin, Pryor, Wyola, and Lodge Grass Public Schools. A review of secondary data was completed and collated prior to the initial discussion of prioritizing community health concerns, and was amended based on CHA Leadership team feedback. Secondary data was updated, defined, and re-analyzed as appropriate. The most current data was used whenever possible. As certain data sets release information at different times, not all data is from the same year. Same-year comparisons were done whenever possible. Please note the year(s) used in the citations for graphics and references at the end of this document.

Leadership Team Meetings

The following meetings were held to determine the scope of the CHA, receive feedback on CHA action items, and determine appropriate next steps. At each meeting, members received updates on the progress of the project.

Informational/Educational Meetings - Spring & Summer 2021

ACS and Crow Community Leadership Team held six community meetings—one in each voting district—to explain and answer questions about the details of the project; Professor Tim McCleary of Little Big Horn College (LBHC) trained ACS on Crow protocol and customs in preparation for conducting KIIs and surveying Apsáalooke Nation members.

Introductory Meeting - June 17, 2021

Representatives from Yarrow, ACS, and Crow met to discuss the timeline and steps for completing the CHA, identified others who would be assets to the group, and reviewed details for conducting the KIIs.

Data Review Meeting - July 14, 2021

The CHA Leadership team met to review the list of pre-determined health indicators and to identify local data sources.

CHA Survey Draft Review Meeting - July 28, 2021

The CHA Leadership team met to assess the CHA survey draft and to discuss the logistics for administering the in-person and online survey.

CHA Survey Finalization Meeting - August 4, 2021

The CHA Leadership team met via Zoom to finalize the CHA survey questions and collection methodology, including identifying volunteers to help with in-person survey collection.

CHA Survey Progress Review Meeting - September 16, 2021

Yarrow provided updates to the Leadership team on survey collection. Because a representative sample size had been achieved with the collection of 235 surveys, the team decided to end survey collection at this time in order to progress to data analysis. Discussion was held on how to collect the remaining secondary data sources from various organizations. A report design was selected, and community photos were shared.

CHA Report Progress Review Meeting - November 10, 2021

Yarrow provided updates to the Leadership team on the progress of secondary data collection, data analysis, and report drafts.

Final CHA Report Review - December 16, 2021

A completed draft of the CHA document was provided to the CHA Leadership team for feedback prior to finalization of the report.

Survey Methodology

As pre-existing CN-specific data were unavailable for many priority areas identified in the Key Informant Interviews, the CHA Leadership team developed a survey to gather missing primary data. Yarrow determined the approximate number of surveys required to ensure representative sampling and statistical significance, created the survey, and reviewed all questions with the CHA Leadership team. Survey questions were derived from validated, established surveys or diagnostic tools where necessary. The team included additional topics related to cultural health, including questions regarding cultural practices and historical trauma. Once created, the survey was pilot tested with members of the CHA Leadership team, and revised based on feedback. A copy of the survey is attached in Appendix C.

The CHA Leadership team administered in-person surveys during August and September 2021 at the following locations:

- Crow Fair
- Crow Housing Authority
- Small Community Gatherings

The CHA Leadership team also made the survey available online for 4 weeks beginning August 19, 2021 and ending September 17, 2021. An online link to the survey was publicized through email, the Apsáalooke Health Equity Project Facebook page, and other Facebook profiles as appropriate. To ensure a representative sample and incentivize participation, online surveys were distributed to each of the six CN voting districts, along with a seventh area incorporating towns near the CN with high Crow populations (Billings and Hardin). Interested respondents could submit their personal information to an online raffle survey which was entirely separate from the CHA survey. Those who entered the raffle had the chance to win one \$100 prize per district/area. One respondent from each voting district/area was selected and mailed a \$100 gift card, except for Big Horn, as there were no online survey respondents from this district. Winners were contacted to ensure accurate mailing addresses were obtained.

Respondents eligible to participate in the survey included individuals 18 years or older, those identifying as Apsáalooke, and those living either on or near CN (including communities in Billings and Hardin). All surveys were anonymous; no identifiable information was collected, and those responsible for entering and analyzing survey data were blind to respondent identities. The demographic information of the surveys was reviewed as surveys were collected in an attempt to ensure that survey respondents represented the CN demographics as closely as possible. After completing the survey, all respondents were provided with a list of local behavioral health services in the event they were struggling with mental health or substance use issues or were triggered by any of the sensitive questions asked in the survey.

Methods of Survey Analysis

In total, 275 surveys were collected, 213 paper and 62 online. 36 surveys were determined to be invalid due to respondents being under the age of 18, not identifying as Crow, and/or not living on or near the CN. Once all 235 valid in-person and online surveys were collected, the combined data were entered and cleaned. Data entry and cleaning was conducted by Montana State University (MSU) students under the supervision of Associate Professor Dr. Vanessa Simonds. During analysis, skipped or illegible responses were not included in the denominator for that question. Yarrow analyzed the survey data using Google Sheets.

Survey Strengths and Limitations

The survey incorporated a wide range of themes and topics, and the CHA Leadership team was able to survey numerous people from various locations. Despite efforts to standardize the approach, the sample may not be completely representative of the population due to the voluntary nature of the survey, which may have led to the over- or under-representation of some voting districts in the results. Though the survey was anonymous, respondents could elect to skip questions that they found confusing or uncomfortable. About 8.5% of respondents made up answers if they didn't know or didn't wish to provide an answer, and 15.1% skipped questions that they could not answer. Furthermore, although the survey was comprehensive, many potential respondents decided not to participate due to the document's length and concerns over the utilization of reservation population data by outside entities (*CN CHA SURVEY 2021*).

Report Format

The CHA presents findings concerning various health priority areas. For questions or concerns regarding the information included within this report, please contact Kirsten Krane at kirsten@yarrowcommunity.org.

Community Priorities

Identified Community Priorities

Information garnered from Key Informant Interviews (KIIs) were used to determine the top health priorities for Crow Nation. The CHA Leadership team then met and discussed the most salient health concerns and established 10 health priorities, as follows:

Behavioral Health

- Mental Health
- Substance Use

Healthy Lifestyles

- Chronic Disease
- Nutrition & Physical Activity

Community Strength

- Elder Support
- Parenting
- Cultural Unity/Traditionalism

Resources

- Access to Healthcare
- Infrastructure of Built Environment
- Poverty

Community Priority Descriptions

Detailed information about each priority can be found below. Related priorities are listed together.

Behavioral Health

Mental Health

Community members remarked on the importance of considering mental health when thinking of health holistically. Some Key Informants discussed how the effects of mental health issues stemming from historical trauma, stress, and grief can lead to addiction, self-harm, and suicide. Suggestions for addressing mental health on CN included recruiting more open-minded pastors and preachers, identifying medicine men, and improving people's attitudes towards and information about mental health so that those who need help are open to it and know how to access it.

Substance Use

Similar to concerns surrounding mental health, many interviewees cited substance use and abuse as problems within CN, especially among youth. Informants observed that many residents of CN use drugs such as methamphetamine, opioids, and alcohol as a means of coping with mental health problems or feelings of spiritual suffering related to unresolved grief. One community member noted that drug trafficking and drug cartels within CN were introducing people to various illegal substances and thereby exacerbating substance use issues. Another interviewee suggested developing additional recovery programs to help community members overcome addictions, rather than sending drug and alcohol offenders to jail.

Healthy Lifestyles

Chronic Disease

Several Key Informants mentioned that chronic diseases such as diabetes, heart disease, and obesity impact the health of many CN people. Though some brought up the presence of prevention and education programs that help disseminate information about diabetes, many also believed more needs to be done to help treat and prevent diabetes, especially as it may lead to other illnesses, such as heart disease. People considered the lack of nutrition education and fitness centers as factors impeding progress in this area.

Nutrition & Physical Activity

Interviewees noted a lack of available food in the community, especially among those who are unemployed, rural-living, or homeless. Some also suggested that chronic disease prevention on CN should start with providing healthy, non-processed foods for the community. For example, people indicated that additional food banks and education on how to cook and prepare nutritious food while avoiding the harmful effects of sugar would be important steps in improving community health. Similarly, Key Informants noted that people in CN, especially kids, do not engage in enough physical activity. Suggestions for increasing physical activity among people in CN included creating safe areas for physical activity, building fitness centers, and organizing more fitness programs for community members.

Community Strength

Elder Support

Numerous interviewees mentioned issues surrounding inadequate support for elders, with many seeing this group as one of the most vulnerable in the community. Multiple people noted that a large number of children on CN are cared for by grandparents or great-grandparents, the stress of which can negatively impact the health of these elders. One interviewee indicated that there is a need for additional elder-focused programs and resources, such as physical activity programs and spaces to gather and socialize.

Parenting

Key Informants identified a need for parenting classes in CN, emphasizing that, in addition to those for whom they were mandated, classes could be made available for anyone wanting to learn more about being a parent. Some interviewees felt that attendees of parenting classes could gain skills such as how to be encouraging, supportive role models and embracing positive disciplinary tactics. Interviewees also suggested that high-quality parental role models may also positively influence youth in areas that affect their health and well-being, such as support for mental health, exposure to healthy foods, and avoidance of illegal substances.

Cultural Unity/Traditionalism

Many Key Informants spoke at length about sensing a lack of unity among CN communities. Maintaining healthy relationships and actively participating in traditional activities plays an important role in establishing and maintaining holistic health. One interviewee cited older traditions such as food preparation and cooking, berry picking, and skinning, cutting, and drying meat as examples of healthy traditions that are no longer frequently passed down to younger generations. Another reported that even before COVID-19, people of CN tended to isolate themselves, demonstrating a lack of friendship and respect between districts. Others mentioned that only through unity can the community heal from many of the issues affecting the people of CN.

Resources

Access to Healthcare

Interviewees discussed the challenges of accessing healthcare in CN. Many shared frustrations over the lack of primary care providers, scarcity of specialized care centers, high doctor turnover, and language barriers that increase the difficulty of accessing healthcare.

Infrastructure of Built Environment

Interviewees repeatedly mentioned the need for improved infrastructure in the community. Several reported that many streets have no lights or sidewalks to allow pedestrians to walk safely. Many people reported the scarcity of water in general, and the lack of access to clean water more specifically. Most of the wells dug for homes in CN are contaminated with sediment and iron, while people living in bigger towns and cities such as Crow Agency must boil their water. One interviewee suggested that a lifetime of drinking unclean water could lead to other health problems later in life. Similarly, some noted that the community could benefit from improved waste removal systems such as garbage collection, dedicated landfill sites, and sewage systems.

Poverty

This priority area included concerns about the lack of job opportunities and pervasive homelessness within CN. Indeed, poverty is a factor that directly impacts a person's health; lacking funds to pay for nutritious foods or sufficient housing may lead to chronic and communicable diseases, for which treatment could be unaffordable or inaccessible. An interviewee felt that some in the community have a sense of learned helplessness, which could play into an inability to break the cycle of poverty.



Photos from Raelene Yazzie

Demographics

This section compares information about the population of the Crow Nation (CN) with Montana (MT) and the United States (US). Big Horn County encompasses most of the CN, but also includes regions outside the Reservation. Data from Big Horn County was sometimes used when CN-specific information was unavailable, with the understanding that these numbers do not accurately represent all people within CN.

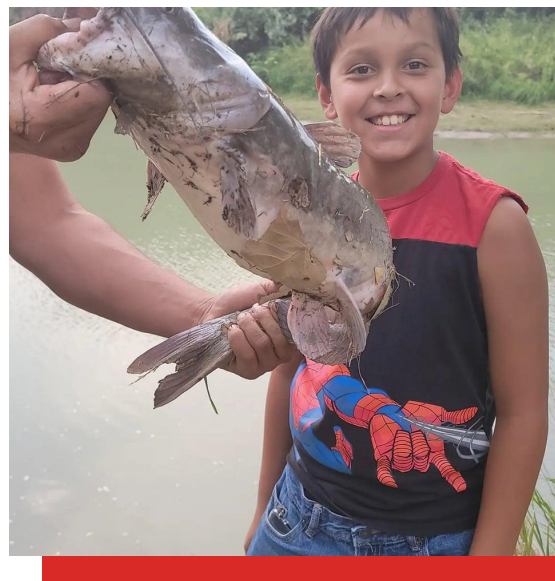
There are currently over 14,000 enrolled Crow members, most of whom live within CN, primarily in the Black Lodge district. More than three-fourths of the CN population describe themselves as American Indian/Alaska Native (AI/AN), with an average age of approximately 30 years. Nearly 30% of the population lived below the poverty line in 2019, while almost 9% reported that they were unemployed. In 2019, roughly 90% of the population had acquired at least a high school diploma, though high schools within CN averaged about a 12% dropout rate.

Population

Total Population			
Number of People	CN, 2020	MT, 2020	US, 2019
	6,974	1,084,225	324,697,795

US CENSUS BUREAU 2019 & 2020

The population for Crow Nation listed here comes from the US Census Bureau. This represents that agency's estimate of all people, both American Indian and other races, who live within the exterior bounds of Crow Nation.



Photos from Raelene Yazzie.

Tribal Enrollees, 2021

	Number of People
Currently Enrolled Members	14,093
Members Living within Boundaries	8,344
Members Living out of Boundaries	5,334
Enrolled Members in Each District	
Big Horn	338
Black Lodge	4,137
Reno (Center Lodge)	437
Lodge Grass (Valley of the Chiefs)	1,899
Wyola (Mighty Few)	440
Pryor (Arrow Creek)	1,093

URNSPLENTY 2021

CN has 14,093 enrolled members, with most living within its boundaries. Most enrolled members live in Black Lodge district (4,137 members), while Big Horn district is home to the fewest members (338 members).

Although the data in this table places Crow Agency in Black Lodge district, sometimes it is considered to be located in Reno district. Furthermore, though the table provides the estimated population residing in each district, people often claim a district different from the one in which they live; this can be based on where the person was born or where they grew up.

The population for Crow tribal members listed here comes from the Crow Tribe. This represents the Tribe's records of those members who live within and outside the exterior bounds of Crow Nation.

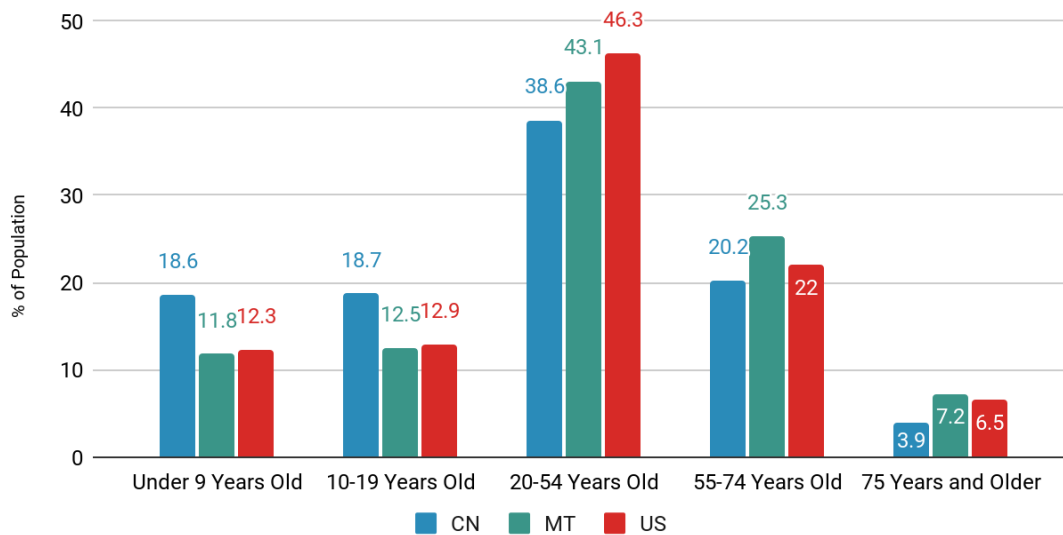
Racial Categories

Race (% of population), 2019	CN	MT	US
American Indian/Alaska Native	78.40%	6.40%	0.80%
White	18.70%	88.50%	72.50%
Black/African American	0.10%	0.50%	12.70%
Asian	0.20%	0.80%	5.50%
Native Hawaiian/Other Pacific Islander	0.10%	0.10%	0.20%
Other Race	0.10%	0.70%	4.90%
Two or More Races	2.50%	3.10%	3.30%

US CENSUS BUREAU 2019

The CN population is predominantly American Indian/Alaska Native (78.4%), while the majority of people living in Montana and the US are of White race (88.5% and 72.5%, respectively).

Population Age Cohorts and Population Median Age, 2019



MEDIAN AGE

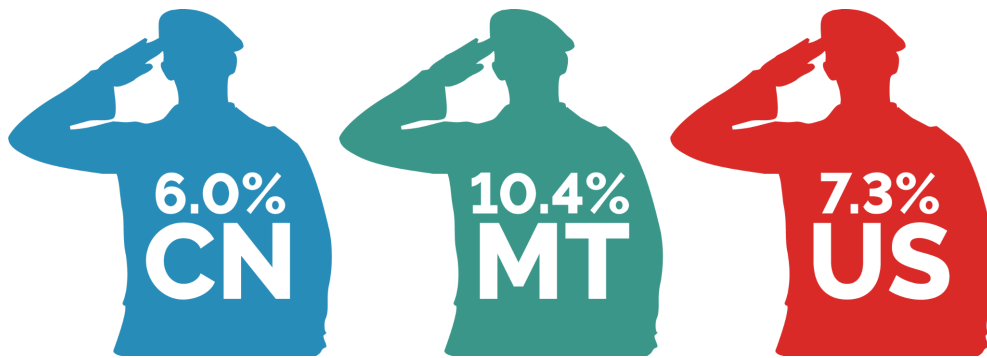


US CENSUS BUREAU 2019

The population of CN is young compared to that of MT and the US, with the median age being 29.5 years old—about 10 years younger than the median ages for MT and the US.

Veteran Population

Percentage of population who are veterans, as of 2019



US CENSUS BUREAU 2019

The veteran population is 10.4% in MT, higher than the proportion in CN and the US.

Average Age at Death (in Years) by Race and Sex, 2003-2019

Race Category	Big Horn County		MT	
	Male	Female	Male	Female
White	73.6	--	72.9	78.1
AI/AN	51.4	60.3	57.0	60.8

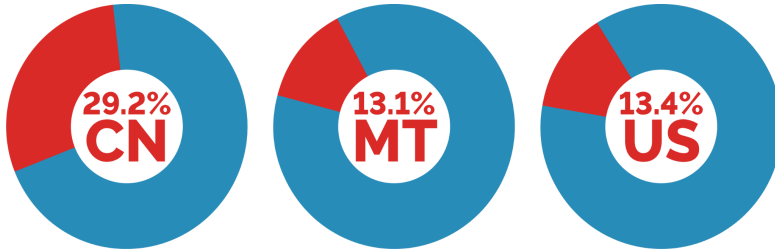
MTIBIS MORTAL 2019

There is about an 18 year difference between the average age of death for White versus AI/AN races in both Big Horn County and Montana, with people of White race living longer than people of AI/AN race.

Economic Status

Comparative Poverty Rates

Percentage living below poverty level in 2019*



*in the past 12 months
US CENSUS BUREAU 2019

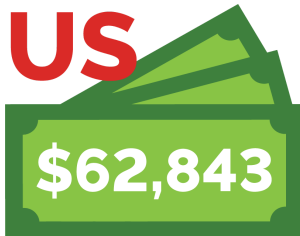
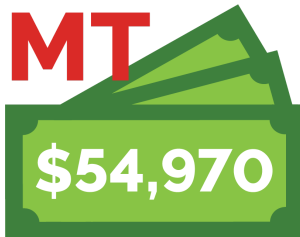
Nearly 30% of the CN population lives below the poverty line, compared to 13% in MT and the US.



Median Household Income, 2019

Median Household Income*

With a median household income of \$50,179, CN households are making less than MT and US households.

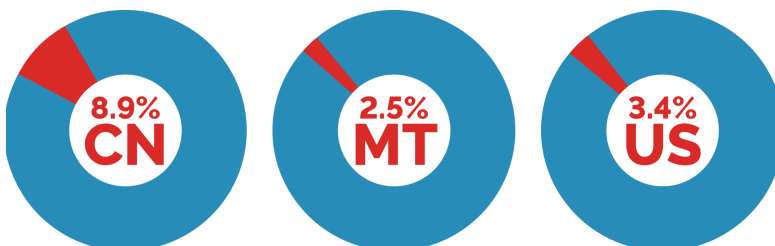


Per capita is another source of income for many Crow families. Per capita is sourced from tribal revenues to be used for the benefit of enrolled members, and is usually distributed quarterly. Funds come from a variety of revenue sources including, but not limited to, the lease or sale of assets such as timber, coal, hydroelectric power, oil, or gas from successful enterprises such as construction, gaming, and entertainment businesses, or other ventures that create and/or sell goods and services. Sources may also depend on the specific chairman and their fiscal policy. Because funds from revenue streams fluctuate, the amount of money in each per capita payment varies as well. (*PER CAPITA ABOUT 2019*) Generally, per capita payments are distributed four times each year and are valued between \$20 - \$250 per payment, but on occasion may be higher.

*in 2019 inflation-adjusted dollars
US CENSUS BUREAU 2019

Unemployment

Percentage of population 16+ years who are unemployed, 2019

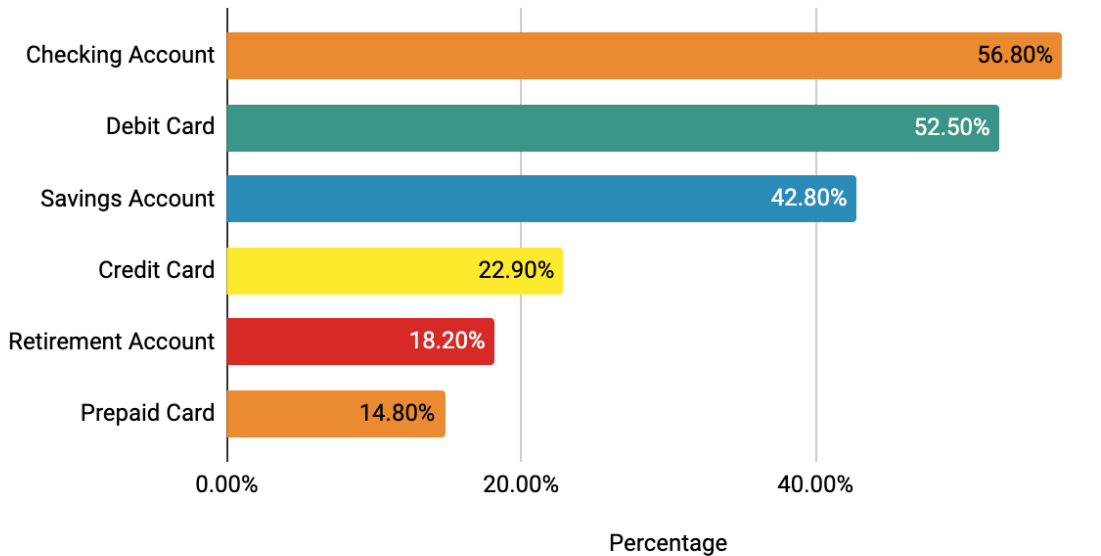


US CENSUS BUREAU 2019

About 9% of people 16 years and older are unemployed, which is about three times more than the proportion of unemployed in MT and the US.

Financial Accounts

Crow Nation, 2021

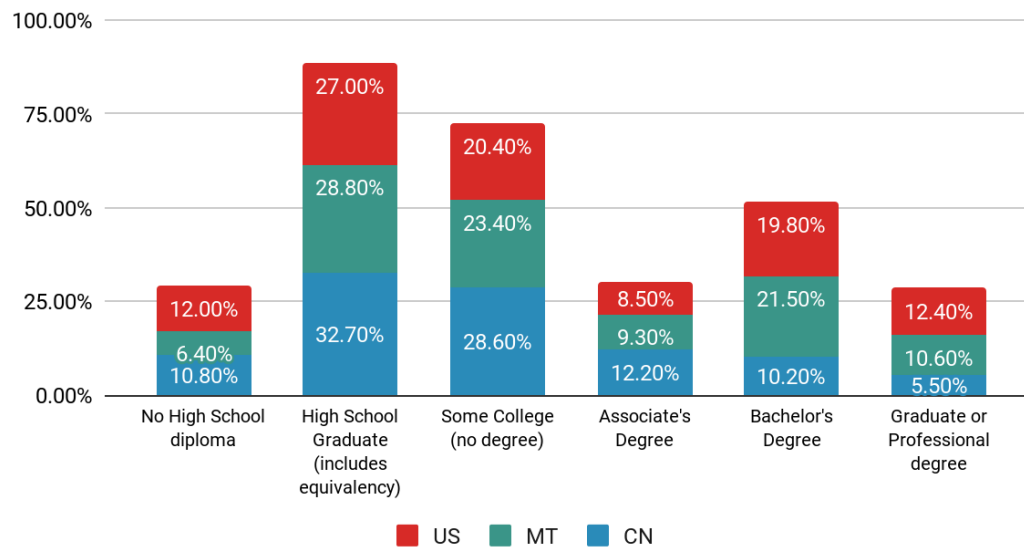


CN CHA SURVEY 2021

Education

Highest Level of Educational Attainment, 2019

US CENSUS BUREAU 2019

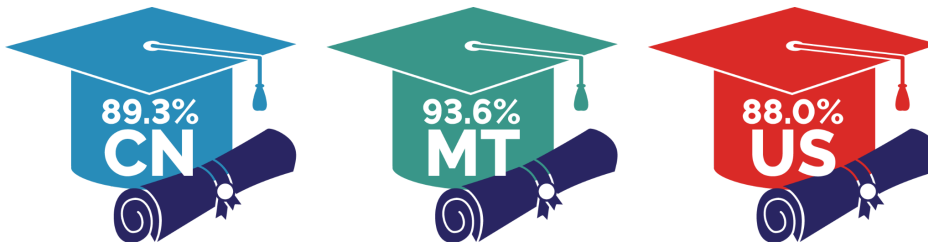


For most of the CN population, High School Graduate is the highest level of educational attainment (32.7%), followed by some college (28.6%), and then Associate's Degree (12.2%).

High School Graduation Rates

Percentage of the population 25 years and older with high school, or equivalent, education level in 2019

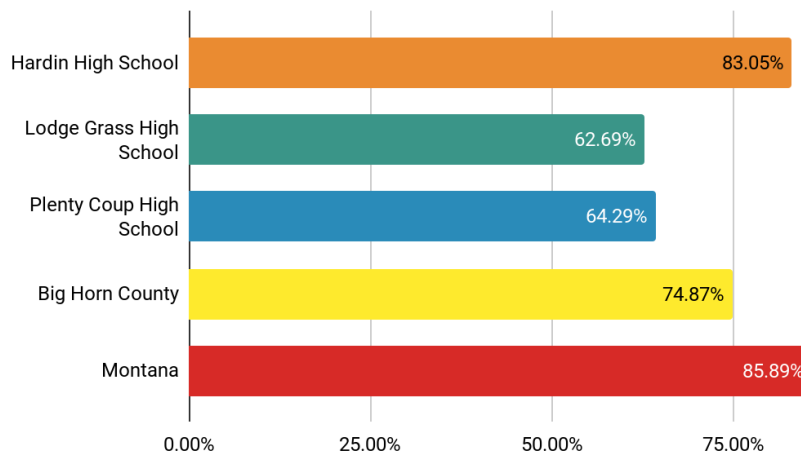
US CENSUS BUREAU 2019



Almost 90% of the CN population 25 years or older has at least a high school diploma, which is less than Montana (93.6%), but slightly higher than the US (88.0%).

Graduation Rate Comparison

Percentage of students who graduated high school within the expected 4 years, 2019-2020

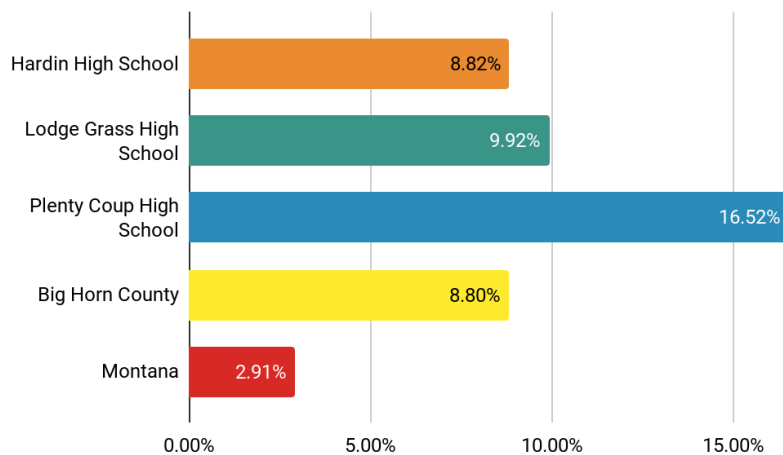


MT OPI STUDENTS 2020

Among CN High Schools, Hardin High School has graduated the most students (83.1%), while Lodge Grass High School has the fewest graduates (62.7%).

Dropout Rate Comparison

Percentage of students who dropout of high school, 2019-2020



MT OPI STUDENTS 2020































Plenty Coup High School has the highest percentage of students dropping out (16.5%), followed by Lodge Grass High School (9.9%) and Hardin High School (8.8%).

Morbidity and Mortality

Similar to Montana and the rest of the United States, the top cause of death in Crow Nation in 2019 was heart disease. The most common diagnosis among people who seek health care at Crow Service Unit was type 2 diabetes. Following the emergence of COVID-19, the virus was one of the top 10 reasons for people 65 years and older to seek care at Crow Service Unit Emergency Room.

Mortality

Top 10 Causes of Death, 2019

CN, 2015-2019*	MT, 2019	US, 2019
1  Heart disease	1  Heart disease	1  Heart disease
2  Unintentional injuries	2  Cancer	2  Cancer
3  Cancer	3  Chronic lower respiratory diseases	3  Unintentional injuries
4  Diabetes	4  Unintentional injuries	4  Chronic lower respiratory diseases
5  Chronic liver disease	5  Stroke	5  Stroke
6  Kidney disease	6  Alzheimer's disease	6  Alzheimer's disease
7  Stroke	7  Intentional self-harm (suicide)	7  Diabetes
8  Influenza and pneumonia	8  Diabetes	8  Kidney disease
9  Septicemia	9  Chronic liver disease	9  Influenza and pneumonia
10  Chronic lower respiratory diseases	10  Influenza and pneumonia	10  Intentional self-harm (suicide)

CN MORTAL STATS 2019, MTIBIS MORTAL 2019, US VITAL STATS 2019

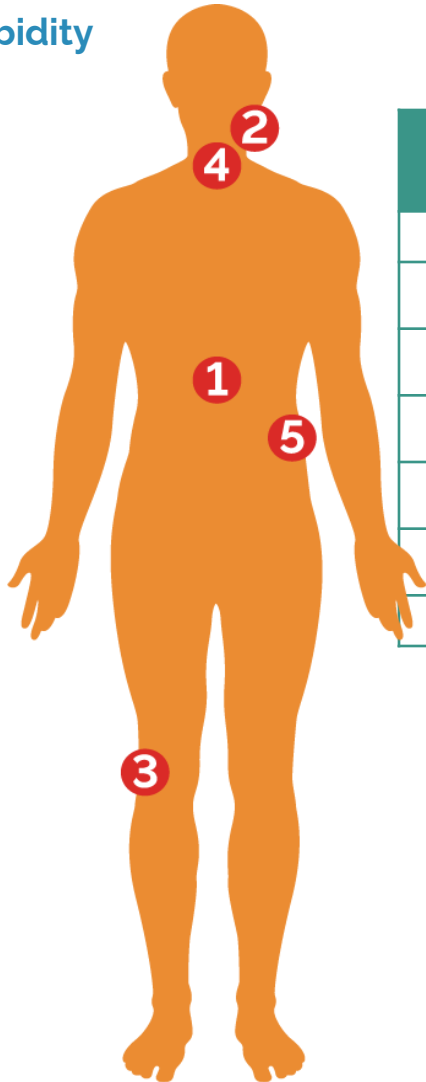
*Due to the small population of CN and limited available data, the number of deaths involved in calculating top causes of death were averaged over five years.

Top Causes of Death by Demographics, 2015-2019

Males	Females	Age 18-54	Age 55+
1 Heart disease	1 Heart disease	1 Unintentional injuries	1 Heart disease
2 Unintentional injuries	2 Diabetes	2 Chronic liver disease	2 Cancer
3 Cancer	3 Unintentional injuries	3 Diabetes	3 Diabetes
4 Diabetes	4 Cancer	4 Heart disease	4 Unintentional injuries
5 Chronic liver disease	5 Chronic liver disease	5 Cancer	5 Stroke

CN MORTAL STATS 2019

Morbidity



Top Diagnoses Among Patients Seen at Crow Service Unit, FY 2020

	Diagnoses
1	Type 2 diabetes mellitus
2	Dental caries
3	Joint disorders
4	Sore throat
5	Back pain

RMTEC DATA PROFILE 2020

**Top Diagnoses Among Patients Seen at Crow Service Unit by Age Group,
Ages 0-17 Years, FY 2020**

	0-12 Months	1-5 Years	6-12 Years	13-17 Years
1	Ear infections	Ear infections	Ear infections	Lice
2	Acute upper respiratory infections	Acute upper respiratory infections	Acute upper respiratory infections	Sore Throat
3	Viral infection (unspecified)	Candidiasis (oral thrush)	Sore Throat	Ear infection
4	Sore throat	Pneumonia	Dental caries	Dental caries
5	Pneumonia	Circulatory & respiratory systems	Viral infection (unspecified)	Acute upper respiratory infections

RMTEC DATA PROFILE 2020

**Top Diagnoses Among Patients Seen at Crow Service Unit by Age Group,
Ages 18 to Over 66, FY 2020**

	18-45 Years	46-65 Years	66+ Years
1	Lice	Dental caries	Type 2 diabetes mellitus
2	Sore throat	Type 2 diabetes mellitus	Dental caries
3	Dental caries	Sore throat	Joint disorder
4	Ear infection	Joint disorder	Sore throat
5	Acute upper respiratory infections	Lice	Back pain

RMTEC DATA PROFILE 2020

Top Reasons for Crow Service Unit ER Visits by Age Group, FY 2020

	Less than 3 years	3-5 Years	6-17 years	18-64 Years	65+ years
1	Ear infections	Sore throat	Sore throat	Sore throat	Sore throat
2	Left ER before being treated	Ear infections	Ear infections	Left ER before being treated	Left ER before being treated
3	Sore throat	Left ER before being treated	Left ER before being treated	Ear infection	Joint disorder
4	Acute upper respiratory infections	Acute upper respiratory infections	Acute upper respiratory infections	Acute upper respiratory infections	Back pain
5	Viral infection (unspecified)	Viral infection (unspecified)	Cough	Cough	Soft tissue disorder (unspecified)
6	Cough	Cough	Viral infection (unspecified)	Joint disorder	Cough
7	Open wound of head	Impetigo	Open wound of head	Viral infection (unspecified)	Acute upper respiratory infections
8	Impetigo	Open wound of head	Impetigo	Soft tissue disorder (unspecified)	Viral infection (unspecified)
9	Disorders of external ear	Nausea and vomiting	Disorders of external ear	Open wound of head	COVID-19
10	Nausea and vomiting	Disorders of external ear	Nausea and vomiting	Abdominal and pelvic pain	Type 2 diabetes mellitus

RMTEC DATA PROFILE 2020

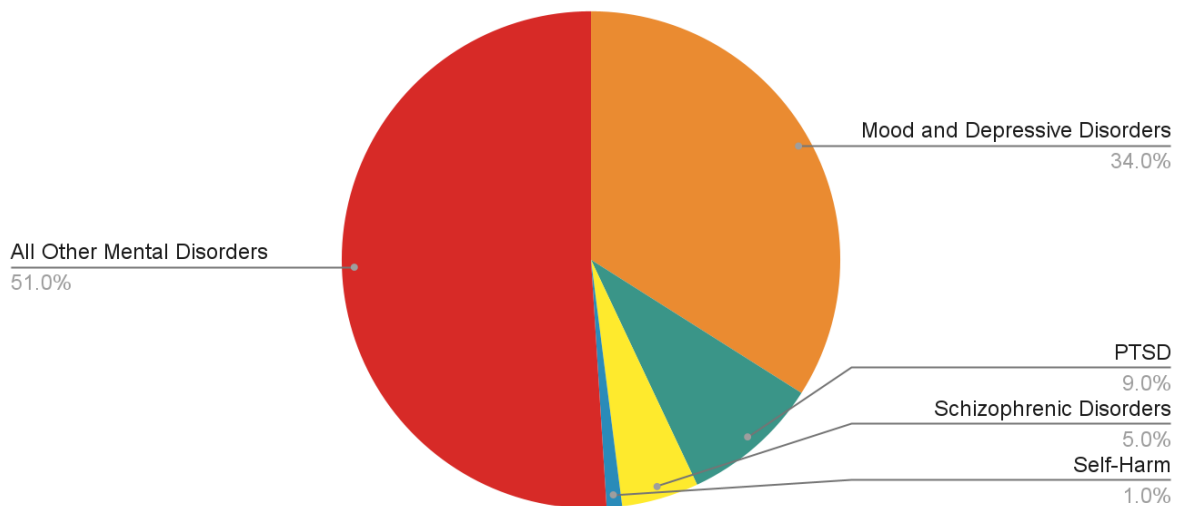
Behavioral Health

For many communities, including here on Crow Nation (CN), mental health is an important indicator of overall community health. Mental health and substance use are often called behavioral health. For those seeking help within CN, the Crow Service Unit offers behavioral health support, and the Crow Nation Recovery Center is available to individuals exploring care options for substance use. In 2020, about one-third of behavioral health visits to Crow Service Unit (CSU) were for the treatment or evaluation of mood and depressive disorders, with approximately 3.5 mental health providers available to those who sought care at Crow Service Unit. Untreated mental health conditions can sometimes drive people to consider suicide, and suicide is a leading behavioral health concern on CN. The proportion of students who have considered or have planned to commit suicide in CN is far higher than the proportion of students in the rest of Montana and the US. Substance use is also a health priority of concern for CN. Substance use can be used as a coping mechanism for untreated mental health conditions. About 93% of community members believe that substance use is a problem in CN. Among CN students, almost three-fourths of youth had their first sip of alcohol before age 13. Over 6% of respondents to the CHA Survey reported the use of methamphetamines in the past 30 days. Substance use was also reported among CN pregnant women, with 20.8% smoking while pregnant. Although many agree that substance use is a problem in CN, 12% of CHA Survey respondents noted an inability to pay for treatment as the biggest barrier to seeking treatment.

Mental Health - Screening & Services

Behavioral Health-Related Visits to Crow Service Unit, 2020

Percentage of behavioral health-related visits



RMTEC BEHAVIORAL HEALTH 2020

Most behavioral health-related visits to CSU in 2020 were for Mood and Depressive Disorders (34%), followed by PTSD (9%).

Behavioral-Health-Related Visits to Crow Service Unit by Sex, 2020

	Men	Women
Mood and Depressive Disorders	878	1,306
PTSD	171	386
Schizophrenic Disorders	248	82
Self-Harm	107	62
All Other Mental Disorders (excluding alcohol/drug induced)	1,696	1,651

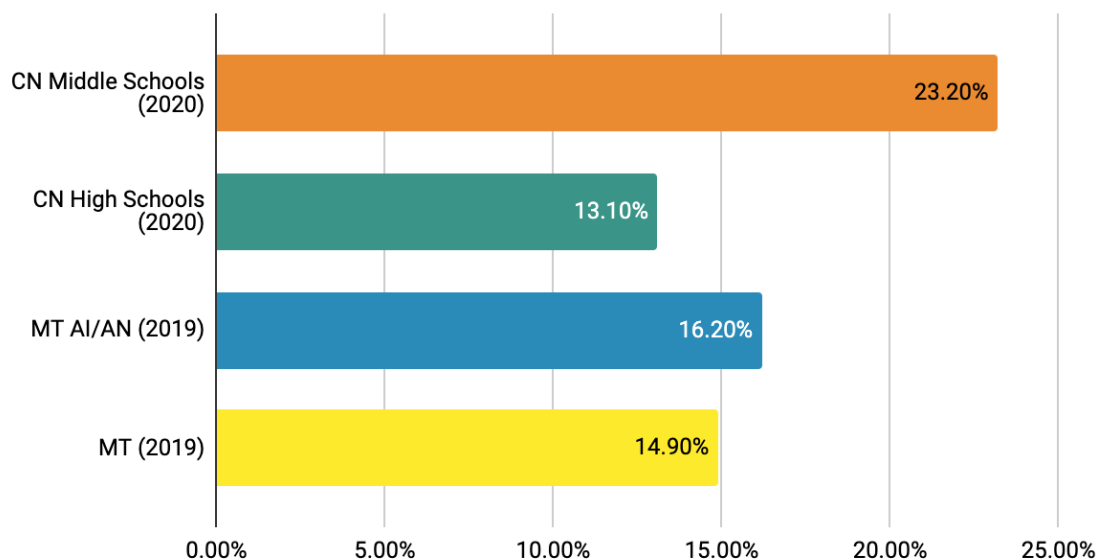
RMTEC BEHAVIORAL HEALTH 2020

*Rate per 10,000

Among both men and women, most behavioral health-related visits to CSU were for mood and depressive disorders (878 and 1,306 visits, respectively).

Students who received help from a resource teacher*, speech therapist, or other special education teacher at school within past 12 months**

YRBS Measure



MT YRBS 2019, MT US YRBS 2019, HHS YRBS 2021, HMS YRBS 2021, PC HS YRBS 2021, P7-8 YRBS 2021, W7-8 YRBS 2021, LGHS YRBS 2021

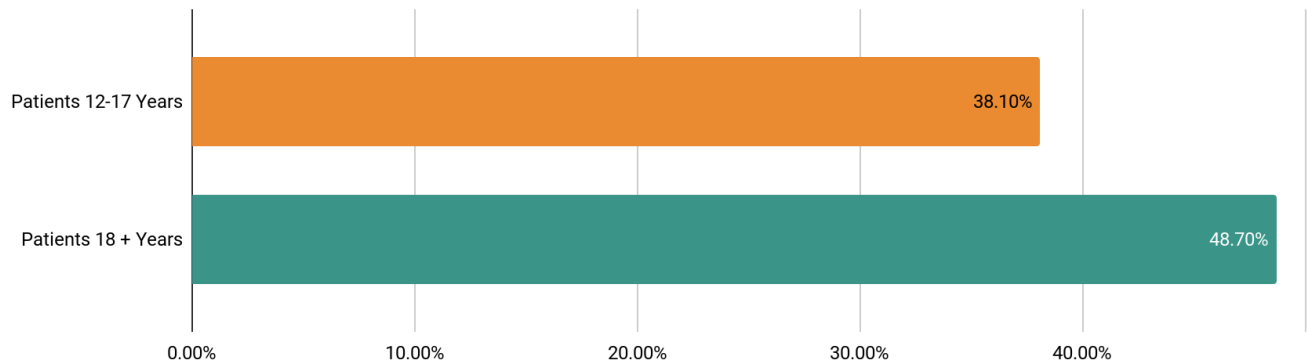
*A resource teacher is an education professional who provides group instruction and customized learning for students with special cognitive, physical, or emotional needs. *INDEED RESOURCE TEACHER ABOUT 2021*

**Includes Hardin, Pryor, Wyola, and Lodge Grass schools

About 23% of CN Middle School students received help from a type of special education teacher, compared to 13% of CN High School students. Montana AI/AN students (16.2%) were more likely to receive help from special education teachers than other students in Montana (14.9%).

Crow Service Unit Patients 12-17 Years and 18+ Years Who Were Screened For Depression

FY 2020



CN GPRA 2020

Almost 50% of CSU patients over 18 years old have been screened for depression.

1 : 3,340

RATIO OF MENTAL HEALTH PROVIDERS TO CROW NATION POPULATION SEEKING CARE AT CROW SERVICE UNIT, 2020

RMTEC DATA PROFILE 2020, CSU STAFFING 2021

According to the IHS Resource Requirements Methodology (RRM), the minimum mental health staffing levels for CSU are 0.5 full time employees per 1,000 user population, or 1 full time employee per 2,000 user population. (RRM MENTAL HEALTH 2021) By this standard, CSU is understaffed at 1 full-time employee per 3,300 user population.

Mental Health - Depression and Services



"Things that need to be done to address mental health is to recruit pastors and preachers to be more open-minded about mental health issues so that they can help the people with them."
- APSÁALOOKE VOICES

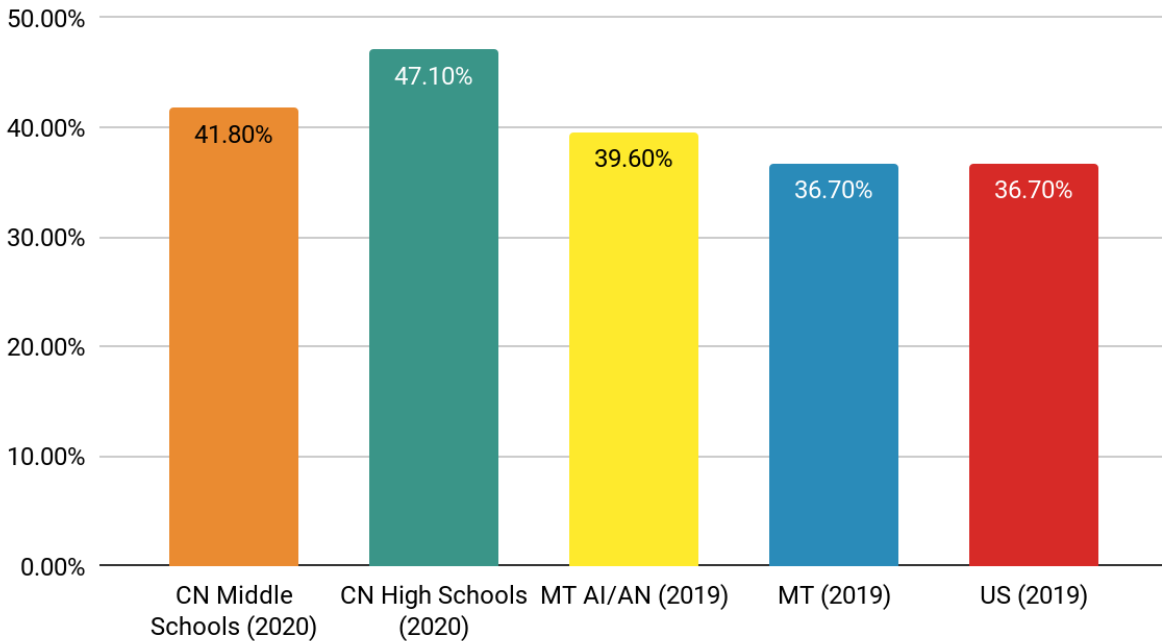
CN CHA SURVEY 2021

*The PHQ-2 is a validated component of a longer Patient Health Questionnaire, and is used to assess depression in individuals. Patients with a positive score should be further screened to determine if they meet the criteria for depressive disorder. APA PHQ-2 ABOUT 2011

About 10% of respondents to the CHA Survey answered affirmatively to questions asking about depressive symptoms.

Total students who ever felt so sad or hopeless almost every day for two or more weeks in a row that they stopped doing some usual activities*

YRBS Measure



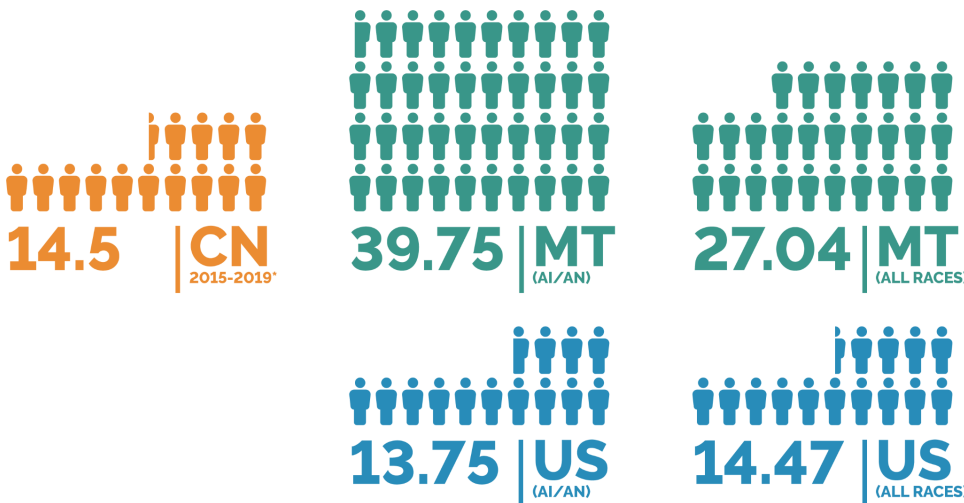
MT YRBS 2019, MT US YRBS 2019, HHS YRBS 2021, HMS YRBS 2021, PC HS YRBS 2021, P7-8 YRBS 2021, W7-8 YRBS 2021, LGHS YRBS 2021

*includes Hardin, Pryor, Wyola, and Lodge Grass schools

Students at CN Middle (42%) and High Schools (47%) reported more feelings of sadness or hopelessness than other Montana AI/AN students (40%), and more than students in the rest of Montana (37%) and the US (37%).

Rates of Suicide, 2019

Crude Suicide Rate per 100,000



CDC NCHS VITAL STATS 2019, CN MORTAL STATS 2019

*Due to the small population of CN and limited available data, the rate was averaged over five years.

The highest rates of suicide were among Montana AI/AN (39.8 per 100,000). Rates of suicide among the CN population (14.5 per 100,000) were similar to that of the US population (14.5 per 100,000).

Students Engaged in Suicidal Ideation, Planning, or Injured by Suicide Attempt*

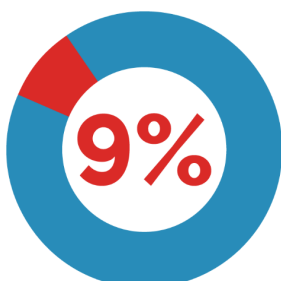
YRBS question	CN Middle Schools (2020)	CN High Schools (2020)	MT AI/AN (2019)	MT (2019)	US (2019)
Seriously considered attempting suicide in the past 12 months	19.9%	32.4%	26.1%	23.4%	18.8%
Made a plan about how they would attempt suicide in the past 12 months	17.9%	29.0%	20.4%	19.5%	15.7%
Among those attempting suicide, an attempt that resulted in injury, poisoning, or overdose that had to be treated by a doctor or nurse	33.3%	25.6%	5.4%	3.7%	2.5%
Percentage of students who reported attempting suicide within the past 12 months	15.1%	22.1%	15.4%	10.0%	8.9%

MT YRBS 2019, MT US YRBS 2019, HHS YRBS 2021, HMS YRBS 2021, PC HS YRBS 2021, P7-8 YRBS 2021, W7-8 YRBS 2021, LGHS YRBS 2021

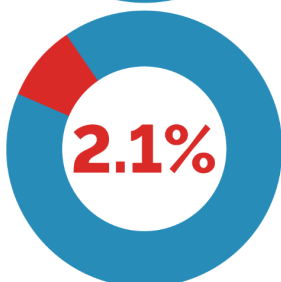
*includes Hardin, Pryor, Wyola, and Lodge Grass schools

Students from CN High Schools reported seriously considering attempting suicide, planning to attempt suicide, and made actual suicide attempts more often than students from CN Middle Schools, Montana AI/AN, Montana, and US students. However, CN Middle School students reported more instances of needing treatment from a doctor or nurse after a suicide attempt than their counterparts.

Suicide in Crow Nation, 2021



Percentage of adults who have thought about attempting suicide in the past 12 months



Percentage of adults who have attempted suicide in the past 12 months

"...it all connects. I feel we need to do physical healing well in order to, I guess, help with their mental health as well. I feel mental health is a huge issue, and it's tied to, again, addiction."

- APSÁALOOKE VOICES

CN CHA SURVEY 2021

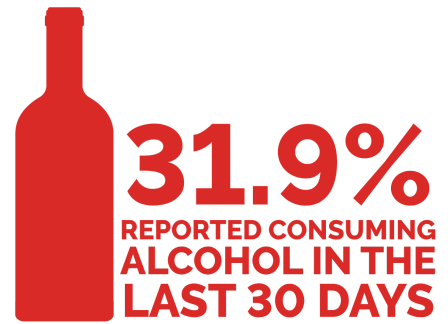
Less than 10% of CHA survey respondents reported having attempted suicide in the past year, while about 2% reported actually attempting suicide.

Substance Use - Alcohol

Frequency of Alcohol Use in Crow Nation, 2021			
In the Last 30 Days	In the Last Year	At Least Once in My Lifetime	Never
31.9%	20.7%	28.4%	19.0%

CN CHA SURVEY 2021

Nearly one-third of CHA survey respondents reported consuming alcohol in the 30 days before taking the survey.



Drinking Habits Among Students*					
YRBS Measure	CN Middle Schools (2020)	CN High Schools (2020)	Montana AI/AN (2019)	Montana (2019)	US (2019)
Ever drank alcohol in their lifetime	--	--	--	61.8%	--
Had their first drink of alcohol before age 13 years	70.4%	27.0%	17.1%	17.6%	15.0%
Drank alcohol in the past 30 days	7.3%	19.9%	25.3%	33.4%	29.2%
Engaged in binge drinking alcohol in the past 30 days	5.8%	12.5%	10.2%	17.5%	13.7%

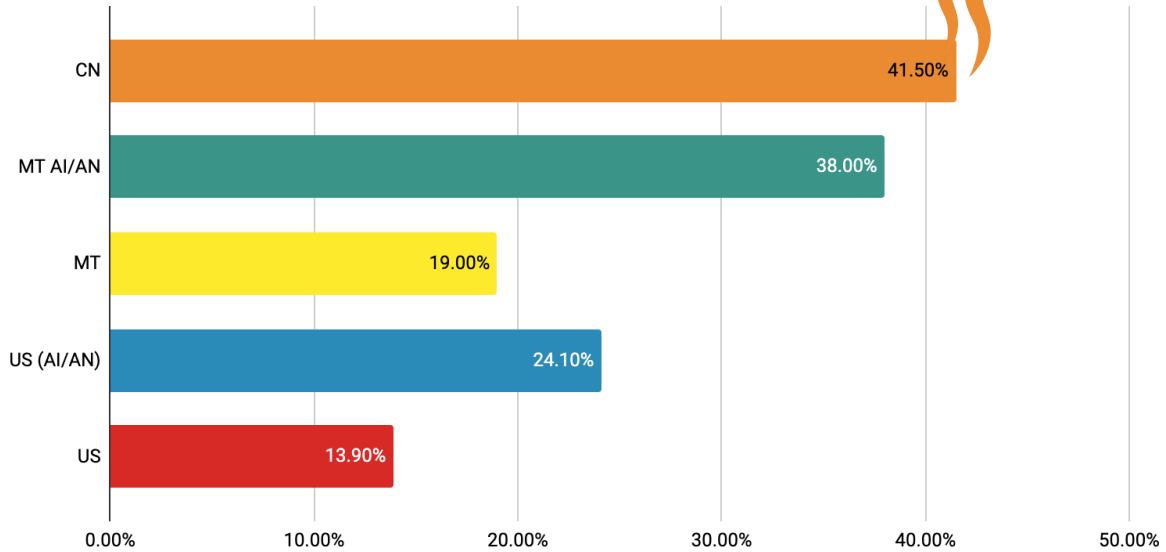
MT YRBS 2019, MT US YRBS 2019, HHS YRBS 2021, HMS YRBS 2021, PC HS YRBS 2021, P7-8 YRBS 2021, W7-8 YRBS 2021, LGHS YRBS 2021

*Includes Hardin, Pryor, Wyola, and Lodge Grass schools

About 70% of CN Middle School students reported consuming their first alcoholic drink before age 13, which is a much higher frequency than students from CN High Schools (27%), and other Montana AI/AN (17%), Montana (18%), and US students (15%).

Substance Use - Tobacco

Adult Population that Currently Smokes, 2018

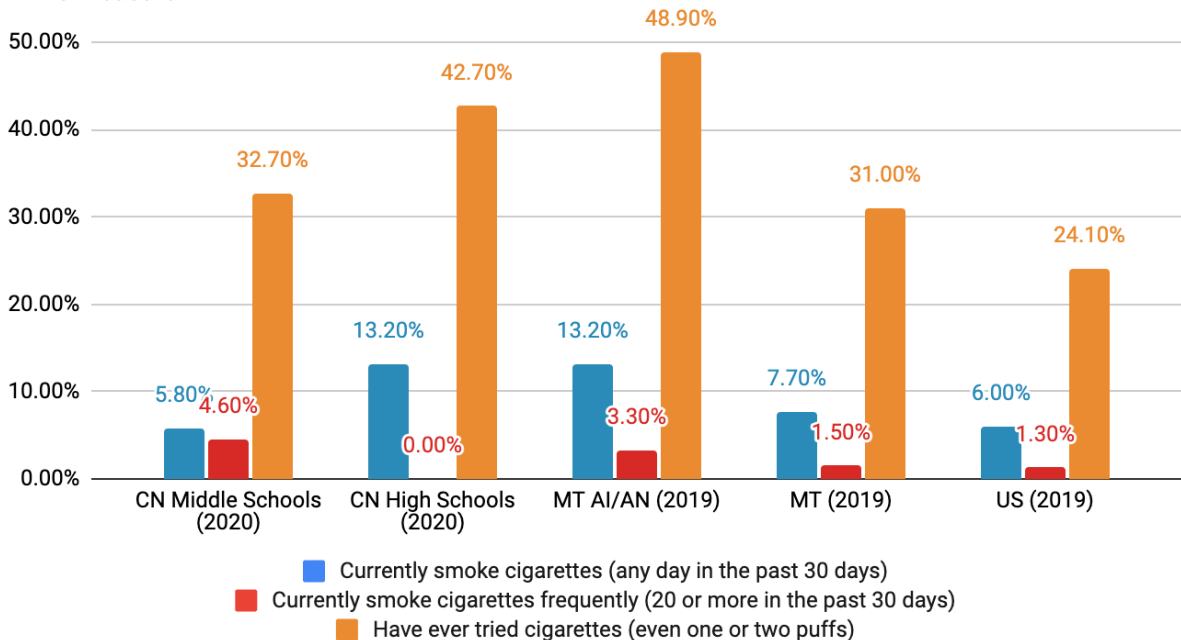


HP2020, MTIBIS SMOKING 2018, CN CHA SURVEY 2021

About 40% of CN adults responding to the CHA survey reported currently smoking, which is over two times the proportion of Montana residents who are current smokers.

Smoking Habits Among Crow Nation Students*

YRBS Measure



MT YRBS 2019, MT US YRBS 2019, HHS YRBS 2021, HMS YRBS 2021, PC HS YRBS 2021, P7-8 YRBS 2021, W7-8

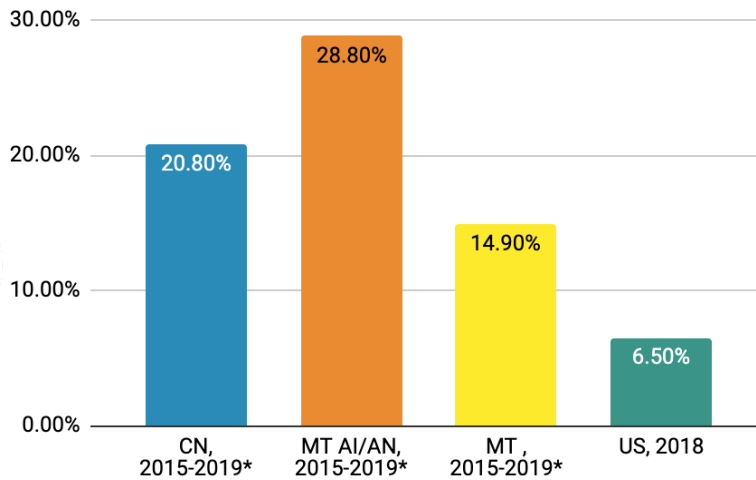
*Includes Hardin, Pryor, Wyola, and Lodge Grass schools.

YRBS 2021, LGHS YRBS 2021

Students from CN Middle Schools were the least likely to report currently smoking cigarettes compared to their counterparts, but were the most likely to report frequently smoking cigarettes compared to other CN students and students in Montana and the US.



Mothers who Smoked During Pregnancy



CN BIRTH STATS 2019, US PREGNANT SMOKE 2018

*Due to the small population of CN and limited available data, percentages were averaged over five years. Montana AI/AN mothers (28.8%) were more likely to report smoking during pregnancy than CN mothers (20.8%) and other mothers in Montana (14.9%) and the US (6.5%).

Smokeless and Electronic Tobacco Use Among Adults in Crow Nation, 2021

	In the Last 30 Days	In the Last Year	At Least Once in My Lifetime	Never
Smokeless tobacco products use (non-ceremonial)	9.4%	5.8%	17.9%	67.0%
Electronic tobacco product use (non-ceremonial)	10.6%	6.2%	13.7%	69.5%

CN CHA SURVEY 2021

About 10% of CHA survey respondents reported using either smokeless tobacco or an electronic tobacco product in the last 30 days.

Smokeless and Electronic Tobacco Use Among Students*

YRBS Measure**	CN Middle Schools (2020)	CN High Schools (2020)	Montana AI/AN (2019)	Montana (2019)	US (2019)
Currently use smokeless tobacco products	3.9%	2.9%	6.2%	6.3%	3.8%
Ever used an electronic vapor product	35.6%	51.8%	65.7%	58.3%	50.1%
Currently use an electronic vapor product	17.5%	29.0%	28.4%	30.2%	32.7%

MT YRBS 2019, MT US YRBS 2019, HHS YRBS 2021, HMS YRBS 2021, PC HS YRBS 2021, P7-8 YRBS 2021, W7-8 YRBS 2021, LGHS YRBS 2021

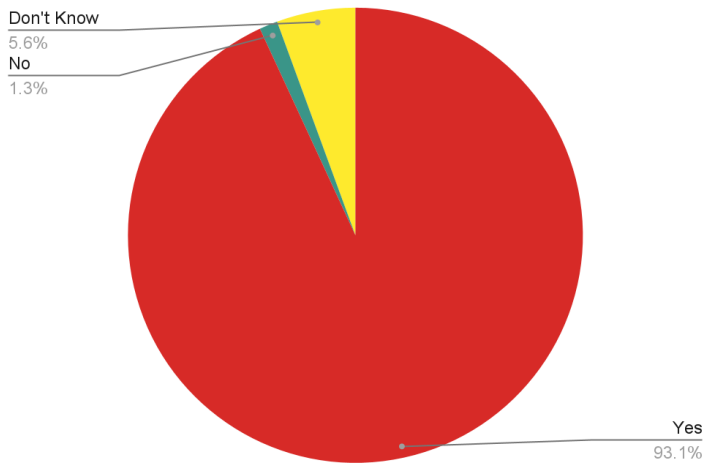
*includes Hardin, Pryor, Wyola, and Lodge Grass schools **Current use includes the last 30 days

Electronic vapor use (ever and current) was lowest among CN Middle School students compared to students in other populations.

Substance Use - Illegal Substances

"Do you think drug use is a problem on Crow Nation?"

Perception of Drug Use in Crow Nation, 2021



CN CHA SURVEY 2021

Over 90% of those surveyed believed there was a drug problem in Crow Nation.

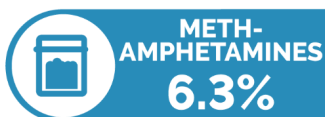
Frequency of Illegal Drug Use in Crow Nation, 2021

	In the Last 30 Days	In the Last Year	At Least Once in My Lifetime	Never
Marijuana (weed, pot)	22.7%	9.0%	37.8%	30.5%
Opioids (pills, subox, oxys)	3.1%	4.8%	18.0%	74.1%
Methamphetamines (meth)	6.3%	3.1%	14.4%	76.2%
Heroin (tar, H)	0.9%	1.3%	2.2%	95.6%
Cocaine (coke, blow)	3.1%	3.1%	11.5%	82.3%
Other (Ecstasy, Xanax, Gabas, Bath Salts, Huffing, Shrooms)	4.0%	2.7%	9.0%	84.3%

CN CHA SURVEY 2021

Nearly a quarter of survey respondents reported using marijuana in the past 30 days, while less than 10% reported using other illegal drugs in the same time period. Almost 15% have ever tried methamphetamines, and about 11% have tried cocaine.

DRUG USE IN THE LAST 30 DAYS



Student Drug Utilization*

YRBS Measure		CN Middle Schools (2020)	CN High Schools (2020)	MT AI/AN (2019)	MT (2019)	US (2019)
Ever used meth - lifetime		1.4%	3.7%	3.9%	2.4%	2.1%
Ever used marijuana - lifetime		38.4%	44.9%	58.9%	40.0%	36.8%
Tried marijuana for the first time before age 13 years		76.0%	39.0%	20.6%	7.5%	5.6%
Currently used marijuana/past 30 days (one or more times)		18.1%	28.7%	28.5%	21.1%	21.7%
Ever used heroin - lifetime		1.4%	0.8%	1.0%	1.7%	1.8%
Ever took steroids without a doctor's prescription - lifetime		--	--	0.0%	1.6%	1.9%
Ever used cocaine - lifetime		1.0%	8.9%	2.8%	4.1%	3.9%
Ever used inhalants - lifetime		9.2%	9.6%	8.8%	8.0%	6.4%
Ever used ecstasy - lifetime		3.9%	4.5%	3.2%	4.3%	3.6%
Was offered, given, or bought an illegal drug on school property/past 12 months		15.4%	25.0%	15.6%	22.5%	21.8%
Took a prescription drug without a doctor's prescription - lifetime	0 times	--	--	--	87.2%	--
	1 to 9 times	--	--	--	9.5%	--
	10 to 19 times	--	--	--	1.7%	--
	20 to 39 times	--	--	--	0.6%	--
	40 or more times	--	--	--	1.0%	--
Ever took prescription pain medication without a doctor's prescription or differently than how a doctor told them to take it - lifetime		13.9%	9.8%	14.2%	12.8%	14.3%

MT YRBS 2019, MT US YRBS 2019, HHS YRBS 2021, HMS YRBS 2021, PC HS YRBS 2021, P7-8 YRBS 2021, W7-8 YRBS 2021, LGHS YRBS 2021

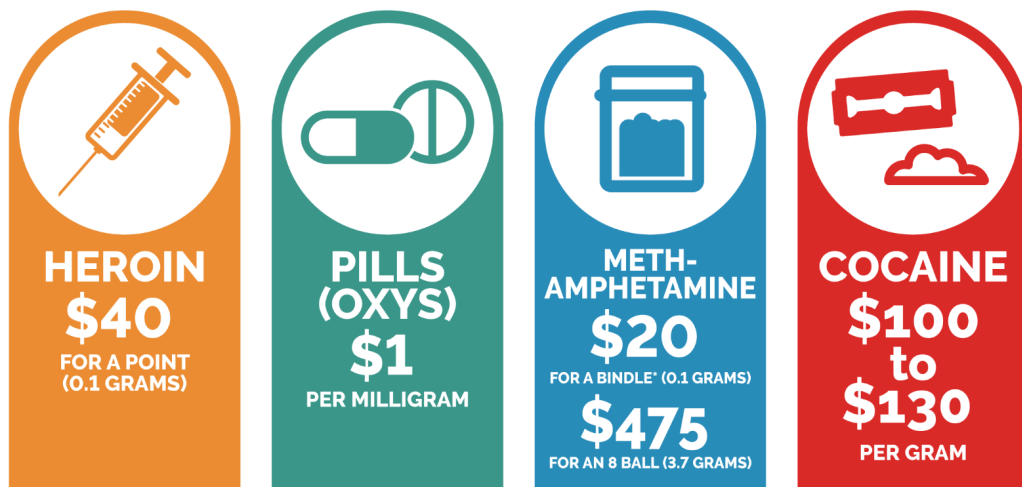
*includes Hardin, Pryor, Wyola, and Lodge Grass schools

The percentage of students trying marijuana before age 13 was considerably higher among CN Middle (76%), CN High (39%), and Montana AI/AN (21%) students compared to other students in Montana (8%) and the US (6%). CN High School students (10%) were less likely to report taking prescription pain medication differently than prescribed/without a prescription compared to other students.

"There's not a high suicide rate, which I'm glad, but there's a lot of kids that are into drugs, and that's where I think they need help."

- APSÁALOOKE VOICES

Approximate Illegal Drug Prices on Crow Nation, 2021



*A small envelope made by folding a square piece of paper, often used for carrying powdered drugs.

Substances Identified Among Newborns, Child and Family Services*, FY 2020

Methamphetamine	Amphetamine	Marijuana	Alcohol	Subutex/ Suboxone	Barbiturates/ Opiates/Other Prescriptions
68.8%	25.0%	43.8%	25.0%	0.0%	12.5%

MTCI 2020

*Information about newborns was based on referrals received by the Montana Centralized Intake for Child and Family Services. Values reflect only mothers and newborns with suspected substance use issues, and for which substances were found; this is not representative of all births in the community.

Among mothers and newborns suspected to have substance use issues, the highest proportion of newborns were positive for methamphetamine (69%), followed by marijuana (44%).

Top Things that Might Prevent a Person from Seeking Help If They Needed Substance Use Treatment, 2021

	Reason
1	I don't want to go to Crow Nation Recovery Center
2	I can't pay for treatment
3	People would think I couldn't do my job
4	People would think I was not safe to be around
5	I worry what people think

CN CHA SURVEY 2021

Trauma

Adverse Childhood Experiences (ACE) Score*

ACE scores	CN (CHA Survey)	MT (AI/AN) 2020	MT (All races) 2020	US (All races) 2010
0	27.0%	13.1%	31.6%	38.5%
1-3	48.0%	48.9%	46.1%	45.7%
4+	24.9%	38.0%	22.3%	15.8%

CDC BRFSS ACE 2010, MT BRFSS ACE 2020, CN CHA SURVEY 2021

*The ACE questions are used to collect information about child abuse, neglect, and household challenges among children ages 0-17 years. The ACE score is determined by the number of experiences out of 10 that the respondent has encountered. *CDC ACES FAST FACTS 2021*

Among those responding to the CHA survey, about 21% have a high ACE score, or a score of 4 or above. Though this score is less than that for other Montana AI/AN and other Montanans, it is still greater than the US population.

Types of Trauma Experienced During Childhood

Types of trauma experienced during childhood	CN (CHA Survey)	MT (AI/AN) 2020	MT (All Races) 2020	US 2011-2014
Emotional Abuse	31.0%	42.3%	39.6%	34.4%
Physical Abuse	22.8%	34.7%	25.3%	17.9%
Sexual Abuse	9.7%	13.0%	9.5%	11.6%
Intimate Partner Violence	16.7%	35.2%	18.5%	17.5%
Substance Abuse	45.7%	46.2%	23.1%	27.6%
Mental Illness	19.7%	33.9%	25.0%	16.5%
Parental Separation or Divorce	44.7%	47.4%	32.4%	27.6%
Incarcerated Household Member	23.9%	28.1%	10.9%	7.9%

CDC BRFSS ACE 2010, MT BRFSS ACE 2020, CN CHA SURVEY 2021

The proportion of CN CHA survey respondents who reported experiencing living with someone with substance abuse (45.7%) and living with an incarcerated household member (23.9%) during childhood is similar to the proportion for other Montana AI/AN, but much greater than other Montanans and the US population. The percent of respondents having witnessed intimate partner violence is about 17%, which is less than the percent for Montana Native Americans, other Montanans, and the US population.

School-Related Behavior

Students Expressing Their Commitment to and Involvement in School, 2020			
PNA Measure	Crow Tribe Students	Montana Native American Students	Montana Students
Perceived importance of school			
Feel school is quite/very important for later in life	28.9%	27.5%	24.4%
Often/Almost always enjoyed being in school during the past year	28.0%	35.9%	33.6%
Positive school environment			
There are lots of chances for students in school to talk one-on-one with teachers	87.0%	82.2%	81.1%
There are lots of chances to be part of school discussions or activities	78.7%	80.0%	84.4%
I feel safe at my school	74.0%	82.0%	82.0%
My teachers praise me when I work hard in school	29.7%	44.9%	47.6%

CN STUDENT PNA 2020, NA STUDENT PNA 2020

Crow students (28.0%) were less likely to enjoy being in school during the past year compared to other Montana Native American students (35.9%) and students in Montana (33.6%). Crow students were also least likely to report receiving praise from teachers when working hard in school (29.7%) compared to other students.



Cultural Health

Culture affects health in an abundance of ways. Differences in language and style of communication can impact the delivery and understanding of health information between patients and health care providers. Furthermore, cultural beliefs play an important role in how people think and feel about their overall health and wellness, when and from whom they seek healthcare services, and how they respond to provider suggestions regarding lifestyle changes, treatments, and interventions. Participation in cultural activities—whether spiritual or physical—can facilitate a sense of wellbeing and connectedness. *(IOM 2004)*

Language affects the way people think about the world around them, including health. The Crow language is now considered endangered, *(MCCLEARY 2021)* with an estimated 4,200 speakers. About one-fifth of participants in the Crow CHA Survey reported experiencing, on at least a daily basis, feelings arising from the effects of historical trauma, such as children and grandchildren's loss of respect for elders, loss of our people through early death, and children's loss of respect for traditional ways. The majority of survey respondents reported having 3–5 people in their lives whom they can count on, while 77% felt supported and cared for by family. The traditional activities most survey respondents participated in included Powwow, Sweat Lodge, and Hand Games.



Photo from Johnna Snell.

Language

4,200

Crow Speakers, Crow Nation, 2019

GRUNEWALD & LOZAR 2019

Similar to other Native American languages in North America, fluency in the Crow language is slowly declining. However, the Crow language has managed to maintain its vitality, especially compared to other Native languages in the northern plains. *(CN HISTORY 2017)* Most members of our older generations across CN still speak Crow fluently, while considerably fewer of the younger generations speak Crow, though many can at least understand it. *(MCCLEARY 2021)* English is widely spoken by members of our community, undoubtedly due to decades of interactions outside of the reservation *(LBHC 2012)*, with the result that many of our residents are bilingual Crow-English speakers. Though there are concerns that knowledge of the Crow language is in decline, local organizations, as well as teachers and staff of schools on and near Crow Nation, have endeavored to teach Crow to students and adults in hopes of keeping the language and culture alive. *(CN HISTORY 2017, LBHC 2012)*

Aiding in this endeavor are the Crow Language Consortium, The Language Conservancy, and Little Big Horn College (LBHC). The Crow Language Consortium is a group of Crow schools, colleges, and educators who work together to preserve the Crow language. This collective develops language materials such as textbooks, dictionaries, flash cards, and posters, creates apps and multimedia, and organizes intense teacher training and workshops. *(CLC 2021)* LBHC is a public two-year community college located in Crow Agency, MT. Chartered by the Crow Tribe, Little Big Horn College is devoted to the "preservation, perpetuation and protection of Crow culture and language," and is dedicated not only to the educational advancement of the Crow Indian family, but also to building the community through the professional, vocational, and personal development of its students. *(LBHC ABOUT 2020)* The LBHC fall 2021 semester course listing included three classes on the Crow language (Crow Language I & II and Conversational Crow), and the college holds an intense summer program that immerses participants in speaking, reading, and writing the Crow language. *(MCCLEARY 2021, LBHC COURSES 2021)*

"...it's the focal point of our culture. If they don't know their language, they won't know their culture. ..if they don't know their culture, then they don't have identity."

- APSÁALOOKE VOICES

Historical Trauma

Frequency of Thoughts on Historical Trauma, Crow Nation, 2021

	Several Times a Day	Daily	Weekly	Monthly	Yearly or Only at Special Times	Never	Don't Know
Loss of our land	9.5%	6.1%	11.3%	10.8%	25.1%	22.1%	15.1%
Loss of our language	14.0%	18.4%	11.8%	10.5%	20.6%	14.9%	9.7%
Losing our traditional spiritual ways	12.2%	16.1%	12.6%	11.7%	21.7%	17.0%	8.7%
Loss of our family ties because of boarding schools	5.2%	7.8%	7.4%	13.0%	17.7%	32.5%	16.4%
Loss of families from the reservation to government relocation	5.2%	8.7%	8.2%	11.3%	16.4%	31.6%	18.6%
Loss of self-respect from poor treatment by government officials	10.2%	10.6%	8.0%	13.3%	16.8%	23.4%	17.7%
Loss of trust in Whites from broken treaties	11.8%	12.7%	7.0%	13.1%	16.6%	26.2%	12.7%
Losing our culture	17.5%	16.2%	11.0%	10.5%	17.1%	17.1%	10.5%
Losses from the effects of alcoholism on our people	17.9%	16.6%	12.2%	12.2%	16.6%	14.4%	10.0%
Loss of respect by our children and grandchildren for elders	21.0%	20.5%	12.7%	8.3%	14.4%	13.1%	10.0%
Loss of our people through early death	20.1%	16.6%	12.7%	13.1%	15.3%	12.2%	10.0%
Loss of respect by our children for traditional ways	22.1%	16.4%	12.1%	9.1%	16.0%	14.3%	10.0%

CN CHA SURVEY 2021

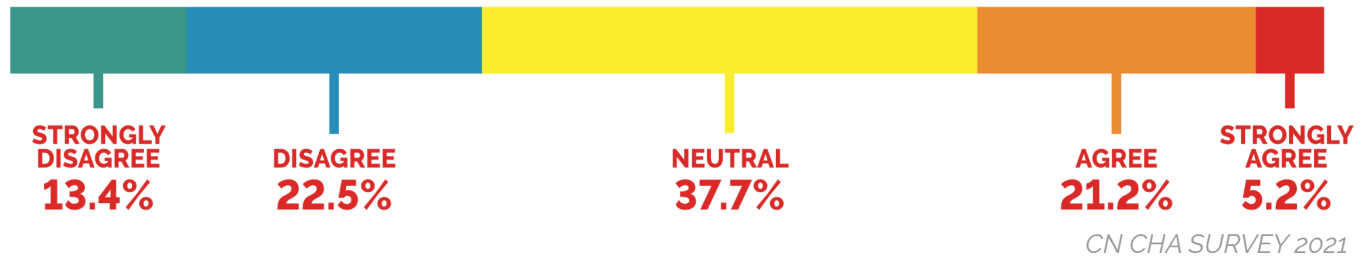
Historical trauma and historical grief are complex concepts that are not easily dissected. The effects may span generations, and are sometimes the root cause of symptoms people experience following present-day events. Experiences of historical trauma can impact health. For example, historical trauma has been associated with symptoms of post-traumatic stress disorder, anxiety, and depression, as well as substance abuse. (WHITBECK ET AL 2004) It is important to consider various aspects and experiences of historical trauma when examining the health and wellbeing of our Native American populations, which have experienced centuries of trauma through colonization, genocide, racism, and systemic attempts at dismantling Native culture. According to the CHA, situations thought about most frequently across CN included "Loss of respect by our children and grandchildren for elders", "Loss of our people through early death", and "Loss of respect by our children for traditional ways", which at least 20% of the survey population indicated they thought about either daily or several times a day.

"One of the little slogans we came up with [for] our brochures was 'Good health: it's traditional, it's the Crow culture.' That's our traditional ways, being healthy."

- APSÁALOOKE VOICES

Resilience

It Is Hard For Me To Snap Back When Something Bad Happens

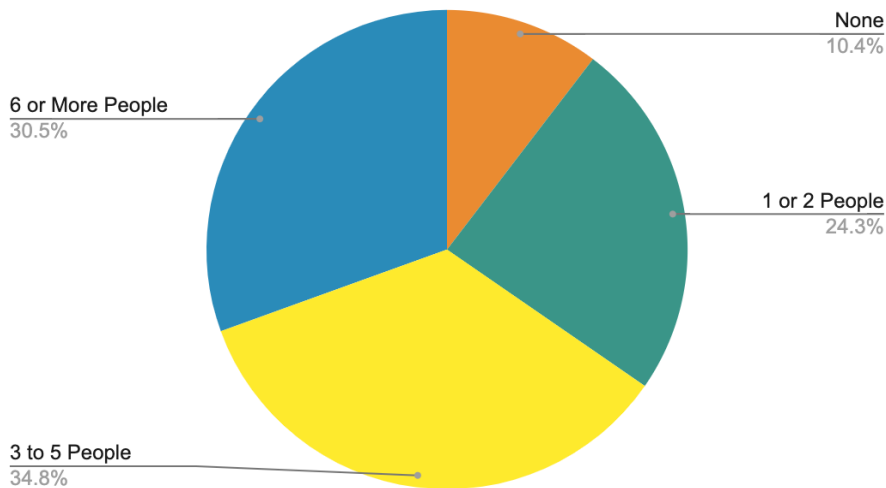


About 26% of survey respondents agreed or strongly agreed that they have difficulty snapping back when something bad happens.

Family and Community

People in Life Who Are Trustworthy and Dependable

Crow Nation, 2021



CN CHA SURVEY 2021

Over 65% of CHA survey respondents reported having at least 3 people in their lives who they consider trustworthy and dependable.



Feeling Supported and Cared for by Family, Crow Nation, 2021

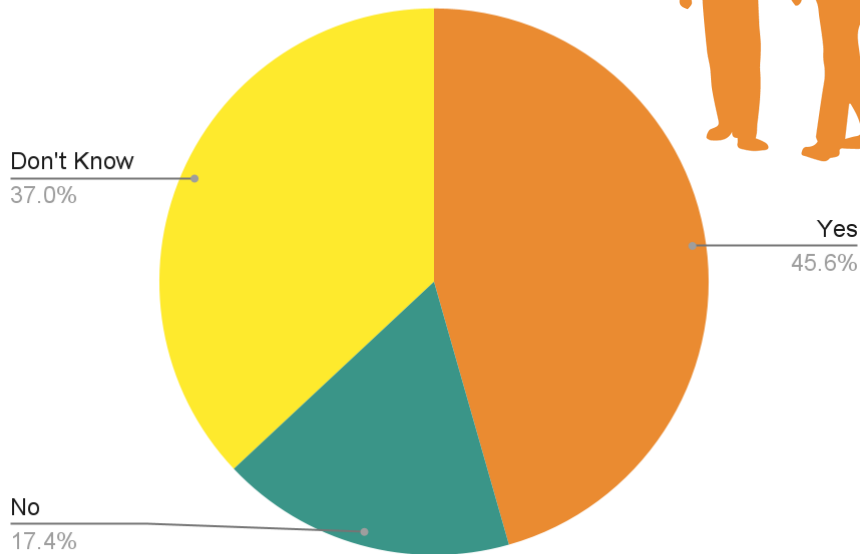
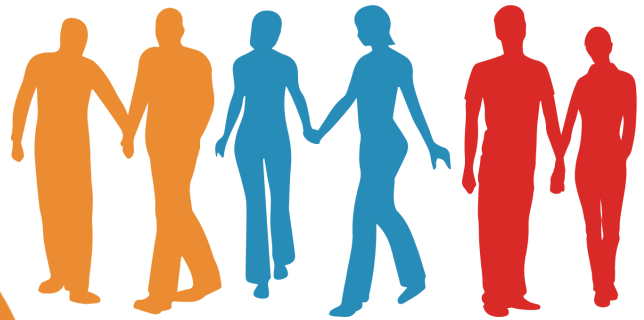
	Percentage
Yes	77.4%
No	12.8%
Don't Know	9.8%

CN CHA SURVEY 2021

More than 75% of survey respondents reported feeling supported and cared for by their families.

Perceived LGBTQ2S Acceptance

Crow Nation, 2021



CN CHA SURVEY 2021

*Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, Two Spirit

Most of the individuals taking the CHA survey believed that LGBTQ2S people were accepted within CN.

Top Employable Skills, Crow Nation, 2021
























Skill/Trade

- 1 Education
- 2 Business
- 3 Service
- 4 Artist
- 5 Sales
- 6 Public Administration
- 7 Construction
- 8 Agriculture/Ranching
- 9 Natural Resources
- 10 Government

CN CHA SURVEY 2021

Traditional Activities

Participation in Traditional Activities in the Past 12 Months, Crow Nation, 2021

	Percentage		Percentage
 Powwow	58.4%	 Round Dance	14.7%
 Sweat Lodge	45.4%	 Fasting	12.2%
 Hand Games	32.8%	 Sun Dance	11.3%
 Beading	31.5%	 Native American Church Service	10.9%
 Attending Feast	30.7%	 Crow Language Study Group	8.0%
 Fishing	30.7%	 None of These	6.3%
 Picking Berries	27.3%	 Traditional Healer	5.9%
 Naming Ceremony	25.6%	 Daytime Dance	5.0%
 Horsemanship	23.5%	 Tobacco Society/Beaver Dance	2.5%
 Hunting/Arrow throwing	22.7%	 Other	2.1%
 Other Cultural Ceremonies	19.7%	 Don't Know	1.3%
 Collecting Herbs/Plants	16.8%		

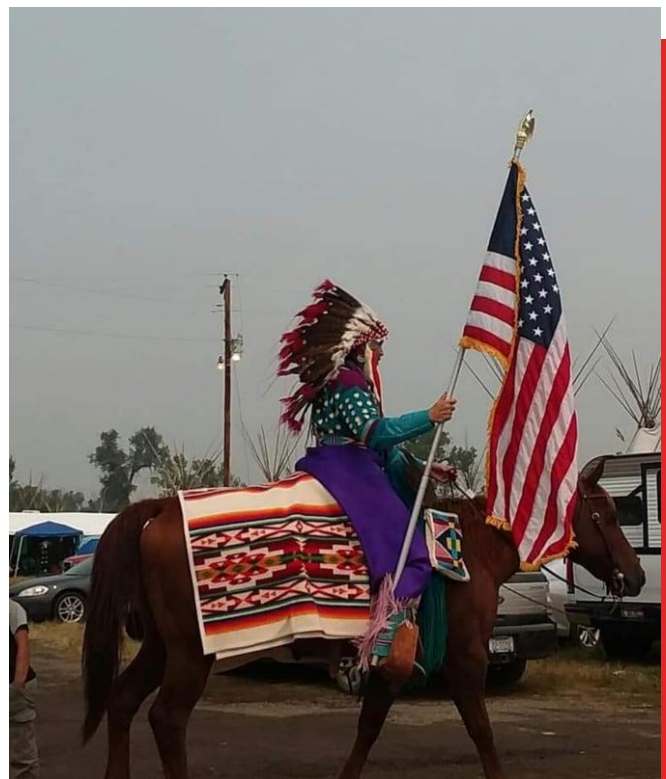
CN CHA SURVEY 2021

Most CHA survey respondents reported participating in Powwow (58.4%), Sweat Lodge (45.4%), and Hand Games (32.8%).

Traditional Activities Descriptions

Crow Fair is an annual event held during the third weekend of August in Crow Agency, MT. Throughout the multi-day event, the Crow community, Native Americans from other tribes, and Non-Natives from across the globe travel to Crow Fair to experience a celebration of Crow culture, a reunion of family groups, powwows, horse racing, and vendors. Originating in the early 1900s by the BIA as a means of introducing the Crow Native Americans to home building and farming as an income source, the control of Crow Fair was given to the Crow Tribe in 1930. From then, the Fair has flourished as the celebration of Crow traditions that we know today. *(HSHSC 2010, HEIDENRIECH 2011)*

Similarly, attending high school sporting events has become a cultural pastime enjoyed by many as a way to not only support our youth in their sports endeavors, but also for families and the community to gather and reconnect with each other.



LEADERSHIP TEAM 2021.

Access to Primary Care

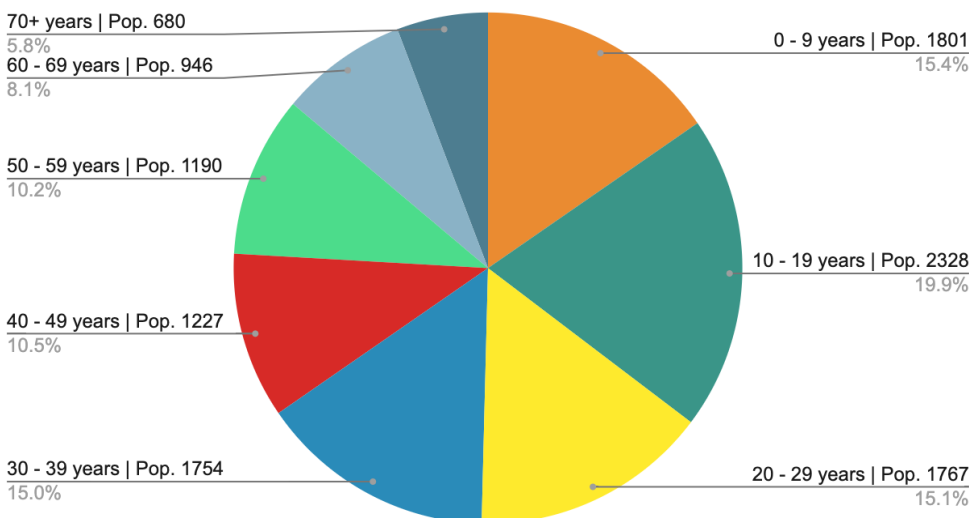
Primary care is described as the interdisciplinary health care services provided by clinicians who are committed to handling a wide range of personal health care needs and developing and maintaining a collaborative partnership with patients, families, and the community. Primary care providers not only serve as a usual source of general care, but also offer early detection and treatment of diseases, management of chronic diseases, and preventive care such as immunizations, blood pressure screenings, and cancer screenings. The more barriers to primary care services that exist, the more health disparities that occur, and the higher the risk of adverse health outcomes. Access to primary care is important because of its relationship to good health and higher quality of life. (HP PRIMARY CARE 2021)

Crow Service Unit offers a variety of services to those living in and around CN. Most patients who seek care at Crow Service Unit tend to be younger, between 10–19 years old. More than one-third of the CN population is uninsured, compared to about one-tenth of the total US population. Although most care is provided by IHS, people also frequently access Hardin and Billings for healthcare services, especially those who have insurance or Medicaid/Medicare. Billings in particular is a major regional healthcare hub that offers multiple types of care, with a catchment area that includes multiple states. Hardin also offers an abundance of resources, including substance use, mental health, primary care, and some specialty care services. See *Appendix A: Resources* for more details about various services offered in and around CN. Nearly 25% of CHA survey respondents reported receiving healthcare services off of Crow Nation in nearby towns or cities. The majority of Crow CHA Survey respondents reported that the largest barriers to receiving the care they needed include having no transportation and not having health insurance or Medicaid/Medicare. About 55% of survey respondents said they were satisfied/very satisfied with the care they received at Crow Service Unit.

Patient Demographics

Crow Service Unit Patients (User Population) by Age, 2020

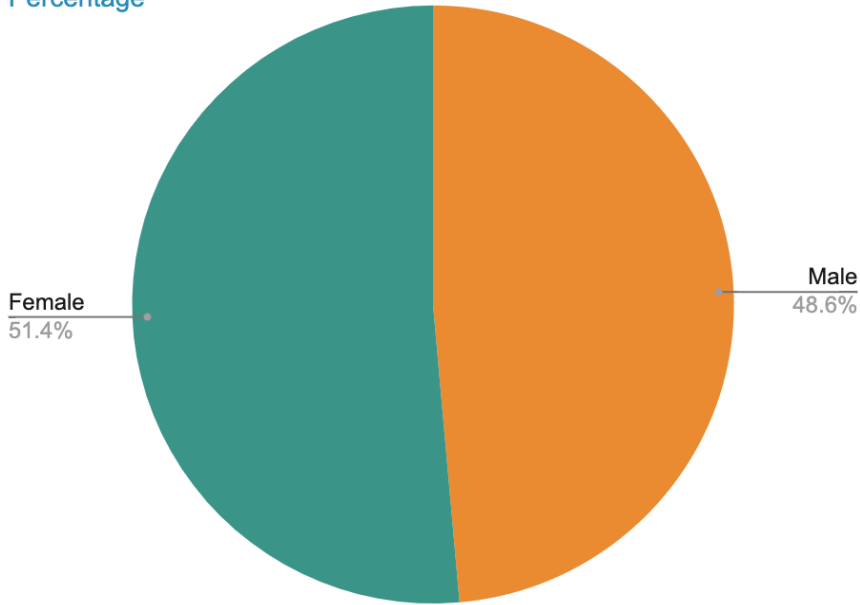
RMTEC DATA PROFILE 2020



In 2020, the Crow Service Unit provided care for 11,693 individuals. Among patients seeking care at the Crow Service Unit in 2020, most were between 10–19 years old (19.9%), while the lowest proportion of patients were 70 years old or older (5.8%).

Crow Service Unit Patients by Sex, 2020

Percentage



RMTEC DATA PROFILE 2020

Most patients who sought care at the Crow Service Unit were female (51.4%).

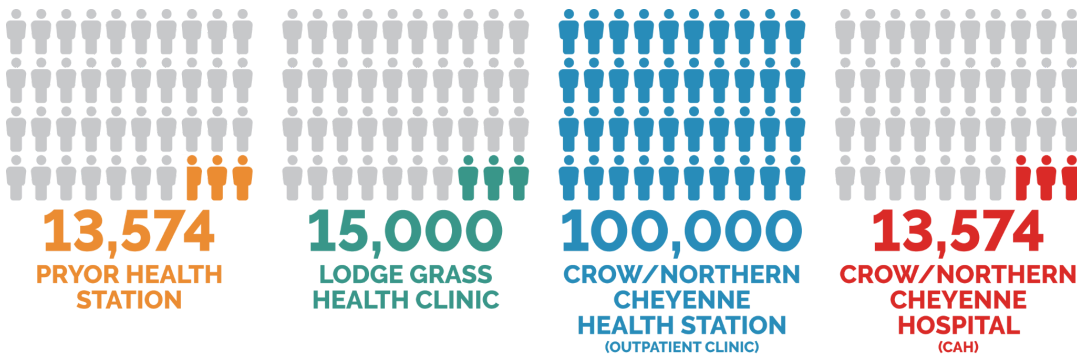
Services Provided at Crow Service Unit

Services Provided at Crow Service Unit, 2020

- Behavioral Health
- Dental
- Diabetic Clinic
- Emergency Department
- ENT/Audiologic Services
- Family Medicine
- Internal Medicine
- Laboratory Services
- Medical Records
- Nutrition/Dietary
- Obstetrics/Gynecology
- Optometry
- Pediatrics
- Pharmacy Primary Care Clinic
- Podiatry
- Public Health Nursing
- Radiology Services
- Surgery

IHS CSU ABOUT 2020

Number of Patient Encounters Annually by Clinic Location, 2021



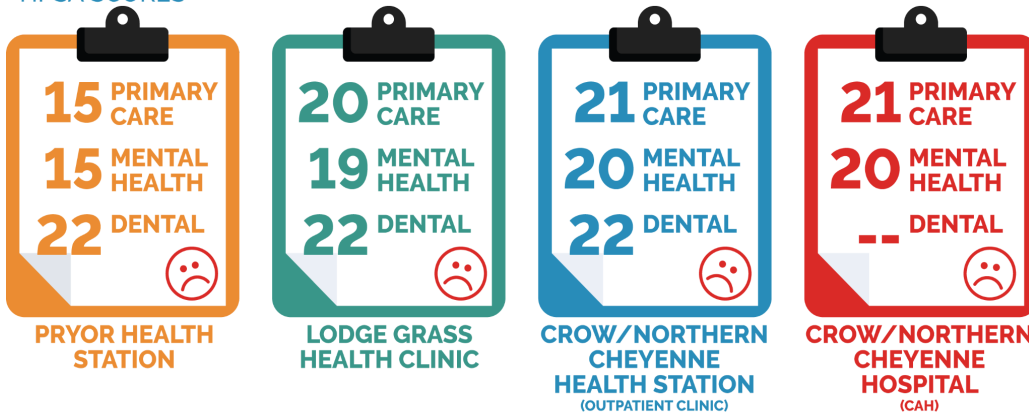
HRSA CSU 2021

The Health Resources & Services Administration (HRSA) is a federal agency responsible for ensuring that everyone in the

US has access to the personal and public health resources that they need. HRSA is particularly interested in advancing tribal health resources and systems, and is specifically prioritizing increasing participation in urban programs, supporting the healthcare workforce, increasing access to care in Health Professional Shortage Area (HPSAs), and increasing participation in HRSA grants.

Health Professional Shortage Areas Scores, by Clinic Location, 2021

HPSA SCORES



HRSA utilizes HPSA scores to determine areas of prioritization for the assignment of healthcare providers. Ranging from 1 to 25 for primary care and mental health or from 1 to 26 for dental, the higher the score, the greater the priority.

(HRSA TRIBAL AFFAIRS 2021, HRSA CSU 2021)

Crow Service Unit sees a total of 142,148 patient encounters annually. The different hospitals/clinics in CSU have high scores for all three care areas, but dental appears to be the area of greatest need across all locations.

1:1,603

RATIO OF PRIMARY CARE PROVIDERS* TO CROW NATION POPULATION SEEKING CARE AT CROW SERVICE UNIT, CROW NATION, 2020

RMTEC DATA PROFILE 2020, CSU STAFFING 2021

*Primary care providers include primary care nurse practitioners, family physicians, internal medicine physicians, and general practice physicians.

In 2018, the Association of American Medical Colleges (AAMC) reported the ratio of primary care providers to total population for Montana was 1:1,093. (AAMC PCP 2019) By this standard, the CSU is similarly staffed with primary care providers.

Insurance Coverage

Population by Type of 3rd Party Health Insurance			
Insurance Type	CN (2020)	MT (2019)	US (2019)
Uninsured	43.4%	8.3%	9.2%
Private Insurance	17.6%	66.3%	67.4%
Medicaid	49.8%	21.0%	19.8%
Medicare	10.4%	21.3%	18.1%
Military Health Care	--	8.0%	4.9%

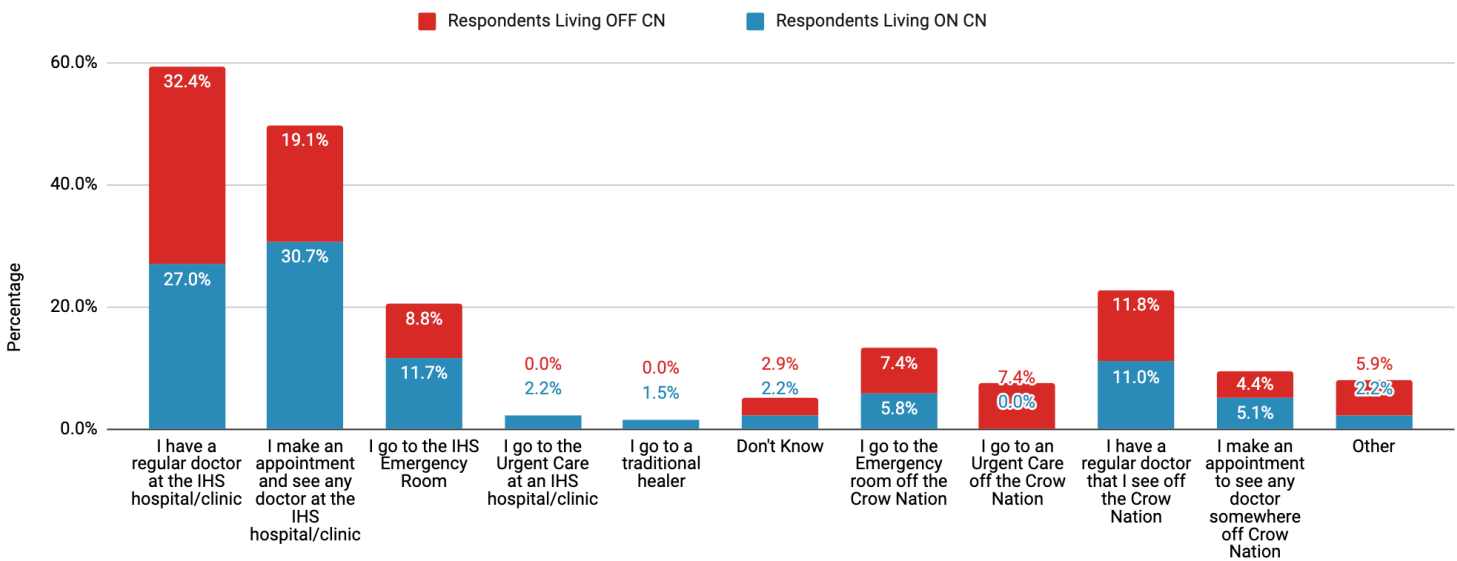
CN INSURANCE 2020, US CENSUS CPS 2019

Over 40% of CN does not have health insurance, compared to 8% of Montana and 9% of the US. Nearly half of CN has Medicaid health insurance.

Access to Care

Healthcare Services Utilized by Crow Nation

2021

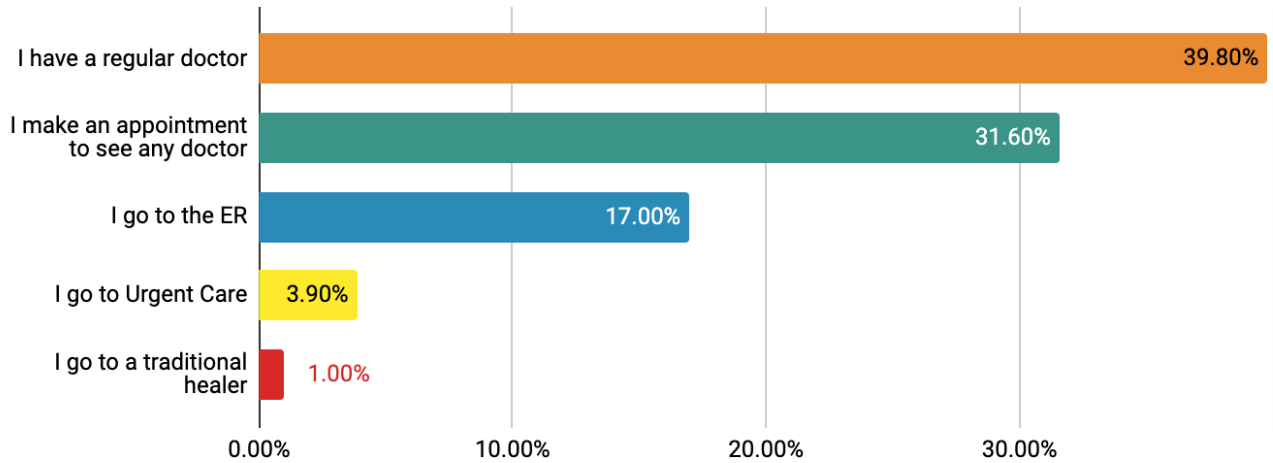


CN CHA SURVEY 2021

Among survey respondents who reported living on CN, most reported either having a regular doctor at the IHS hospital/clinic or said that they would make an appointment to see any doctor at the IHS hospital/clinic when they felt sick or needed advice about health. This pattern was also observed among those living off, but near, CN. Going to an Urgent Care off of CN was the method of care least used by those living on CN, while going to the Urgent Care at an IHS hospital/clinic and going to a traditional healer were least reported among those living off CN.

Access of Healthcare Services by Crown Nation CHA Respondents, 2021

Where do you usually go for help when you are sick or need advice about your health?



CN CHA SURVEY 2021

Overall, CHA survey respondents noted that they either had a regular doctor (39.8%) or would make an appointment to see any doctor (31.6%) if they were sick or needed advice about their health.

Access to Healthcare Services, Crow Nation, 2021

In the past 12 months, was anyone in your family (including you) not able to get medical care, tests, or treatments that they needed?

Yes	No	Don't Know	Other
17.4%	70.0%	11.7%	0.9%

CN CHA SURVEY 2021

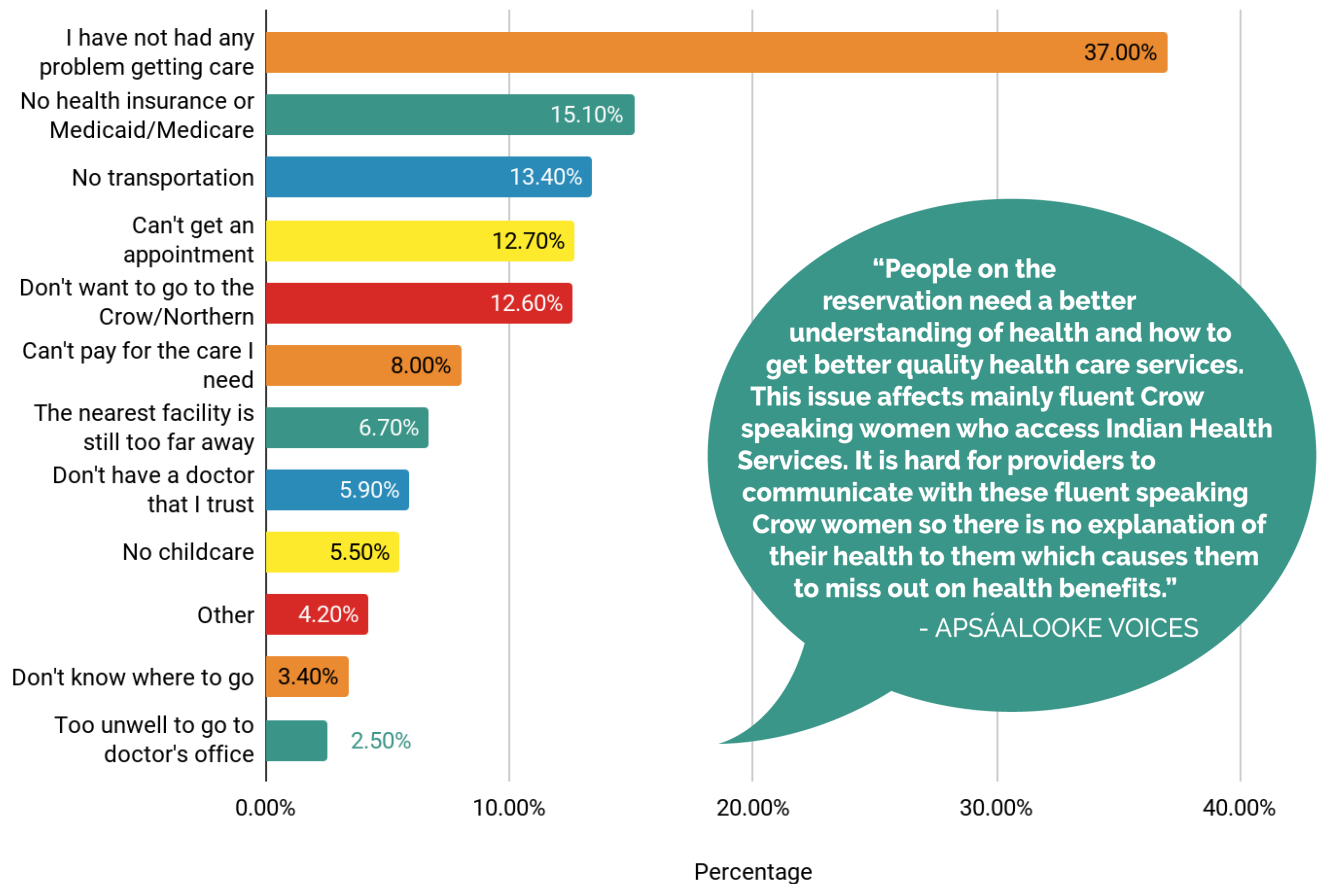
Over 17% of survey respondents reported that they or their family members weren't able to get medical care or services they needed in the course of the past year.

"...even access to healthcare. I haven't tried to access this healthcare here for a long time, but...the healthcare system is such, that it's very frustrating."

- APSÁALOOKE VOICES

Barriers to Care, Crow Nation, 2021

Which of these problems have you had when getting health care or seeking emergency services?



CN CHA SURVEY 2021

Although most survey respondents reported not having trouble getting care if it was needed, those who faced difficulties cited not having transportation and not having health insurance as the top barriers to receiving care.

Satisfaction of Healthcare Received on Crow Nation, 2021

	Very Satisfied	Satisfied	Neutral	Unsatisfied	Very Unsatisfied
How satisfied are you with the quality of care you receive when you seek medical care?	54.7%		30.6%	12.1%	2.6%

CN CHA SURVEY 2021

Over 50% of CHA survey respondents reported being either very satisfied or satisfied with the quality of care they received when seeking medical care.

Chronic Disease

Chronic diseases are responsible for three of the top five causes of death in CN, Montana, and the US. In 2019–2020, the rate of diagnosis for all cancers in CN was higher than that in Montana, with the most common types of cancer in CN including breast, prostate, and lung cancers. Despite this, no more than 50% of the CN population are meeting national screening recommendations for breast cancer, cervical cancer, or prostate cancer. One of the leading causes of death in CN, diabetes, has been diagnosed in about 11% of the adult population. Most people with diabetes on CN have two or three comorbidities, including hypertension, cardiovascular disease, and retinopathy. Cardiovascular disease is the top cause of death in CN, Montana, and the US, with higher cardiovascular disease-related hospitalization rates in CN than in Montana. Maintaining good dental care is important not only for teeth and gums, but also for overall health. In 2018, only 20.8% of the CN population received dental care—less than half of the Healthy People 2030 goal.

Chronic Diseases Overall

Top 3 Chronic Disease-Related Visits to Crow Service Unit, 2019-2020		
	2019	2020
1	Diabetes (31%)	Diabetes (34%)
2	Hypertension (21%)	Hypertension (20%)
3	Chronic Kidney Disease (9%)	Chronic Kidney Disease (10%)

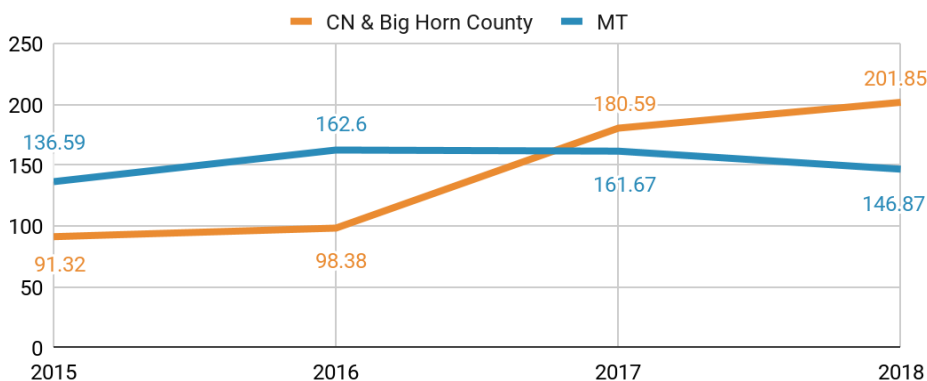
RMTEC CHRONIC DISEASE 2019 & 2020

Among people whose visits were related to chronic diseases at the Crow Service Unit, diabetes was the most-cited reason for seeking care during both 2019 and 2020.

Hepatitis C

Chronic Hepatitis C Rate per 100,000*

2015-2018



MTDPHHS COMM DISEASE
2015-2018, US CENSUS
BUREAU 2019

*Rates calculated using CN and Big Horn County and Montana populations for each year as reported by the US Census Bureau for each year

In 2015, rates of Hepatitis C were lower in Big Horn County and CN compared to Montana, but Big Horn and Crow rates surpassed Montana rates in 2017 and 2018.

New Cases of Chronic Hepatitis C by Year, 2015-2018

Year	CN & Big Horn County	MT
2015	12	1386
2016	13	1664
2017	24	1665
2018	27	1530

MTDPHHS COMM DISEASE 2015-2018, US CENSUS BUREAU 2019

Between 2015–2018, Big Horn County and Crow had considerably fewer new cases of Hepatitis C compared to Montana.

Cancer

Top 5 Most Common Types of Cancer, 2014-2018*

	CN	MT AI/AN	MT
①	Female Breast	Lung	Prostate
②	Prostate	Female Breast	Female Breast
③	Lung	Colorectal	Lung
④	Colorectal	Prostate	Colorectal
⑤	Kidney	Kidney	Melanoma

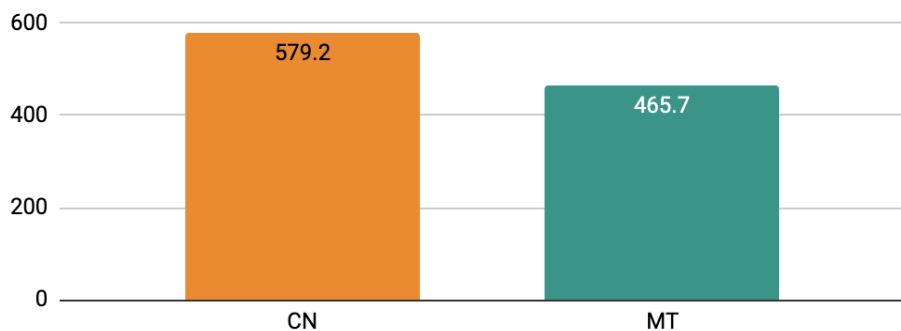
MTDPHHS CANCER 2020, MTCTRAR 2018

*Due to the small population of CN and limited available data, the count of cancer cases used to calculate the most common types was averaged over five years.

Although the common types of cancer are similar across the three populations, the order differed for each location. In CN, female breast and prostate cancer topped the list for most common cancer types, whereas among other Montana AI/AN, lung and female breast cancer were the most common. In Montana, prostate cancer was the most common type reported, followed by female breast cancer.

Age-Adjusted Rate of Cancer Diagnoses (All Types) per 100,000

2009-2018*



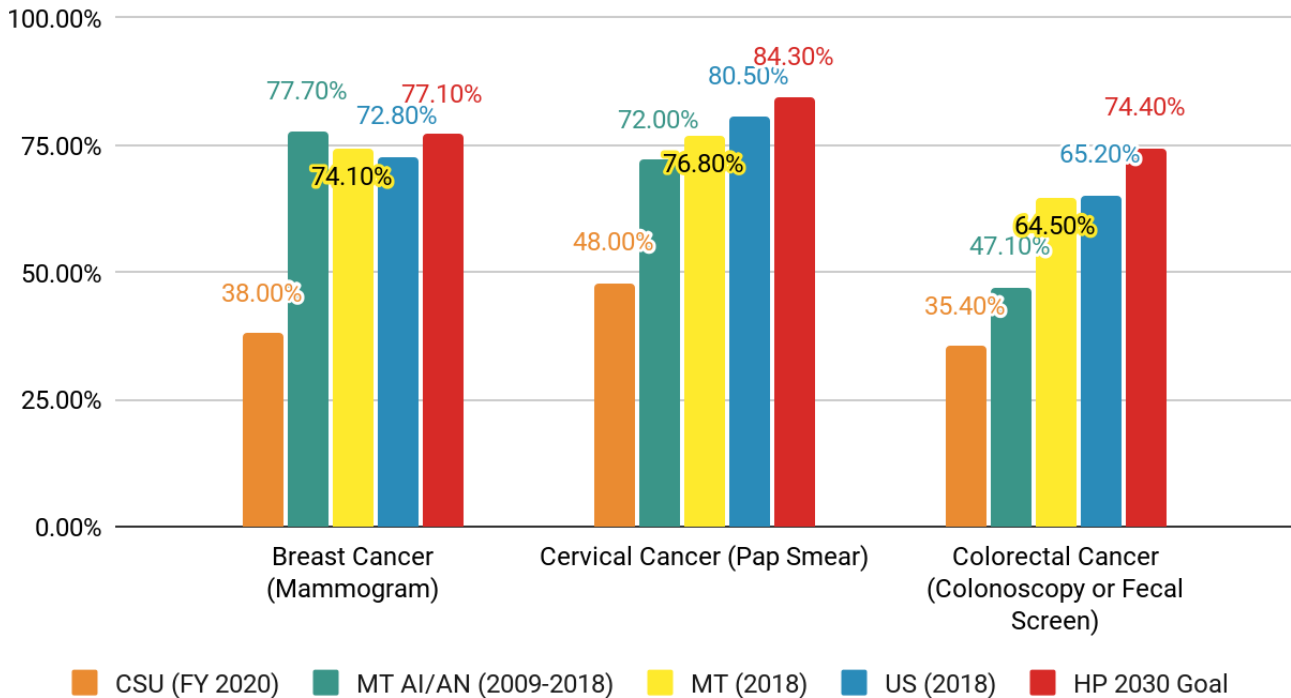
MTDPHHS CANCER 2020, MTIBIS CANCER 2021

*Due to the small population of CN and limited available data, the rate was averaged over ten years.

The age-adjusted rate of all cancer types was higher in Crow Nation (579.2 per 100,000 people) compared to Montana (465.7 per 100,000 people).

Population Meeting National Recommendations for Cancer Screenings

Types of Screenings



CN GPRA 2020, MTDPHHS CANCER 2020, HP2030, CDC BRFSS CANCER 2018

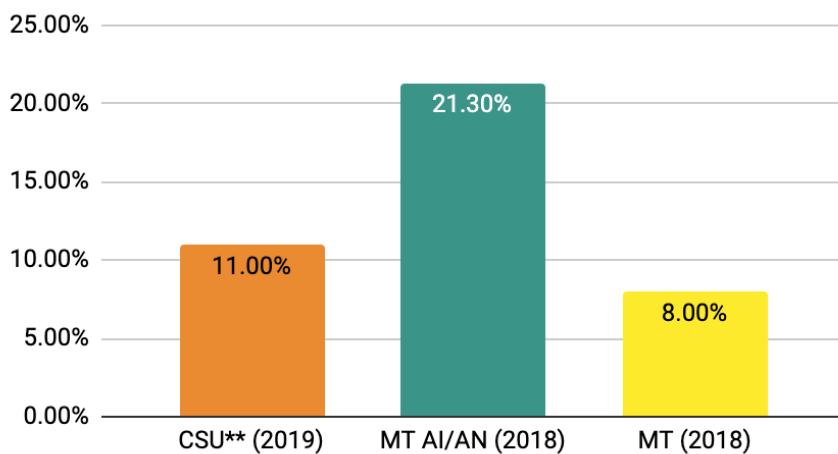
The proportion of CSU patients who met recommendations for breast and colorectal screening was almost half of the proportion meeting recommendations in Montana and the US. Besides breast cancer screenings among Montana AI/AN, no population met the Healthy People 2030 goal for any of the cancer screenings.

"Messengers for Health [has] been successful...[because] we provide knowledge. Knowledge about the health, knowledge about how important it is to go in and have cancer screening, that people need to hear this information from someone they know, and they trust."
- APSÁALOOKE VOICES

Diabetes

Diagnosed Diabetes Among Adults 18 Years and Older*

Percentage



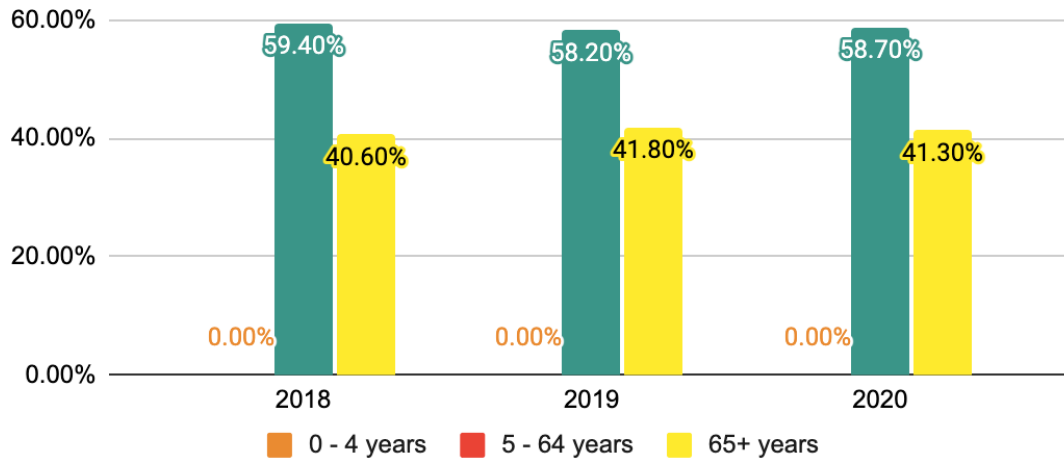
CDC NDSR 2020, MTIBIS DIAB 2018

* Percentages do not distinguish between Type 1, Type 2, or Gestational diabetes.

** CSU diabetes data includes adults 20 years and older.

The prevalence of diabetes among CSU patients was 11%, which was lower than other Montana AI/AN (21%), but still greater than other Montanans (8%).

Ages of People with Diabetes Seeking Care at Crow Service Unit 2018-2020



RMTEC
PROFILE 2020

Most people who sought diabetes care at the Crow Service Unit between 2018-2020 were 5-64 years old.

Gestational Diabetes Among Pregnant Women*

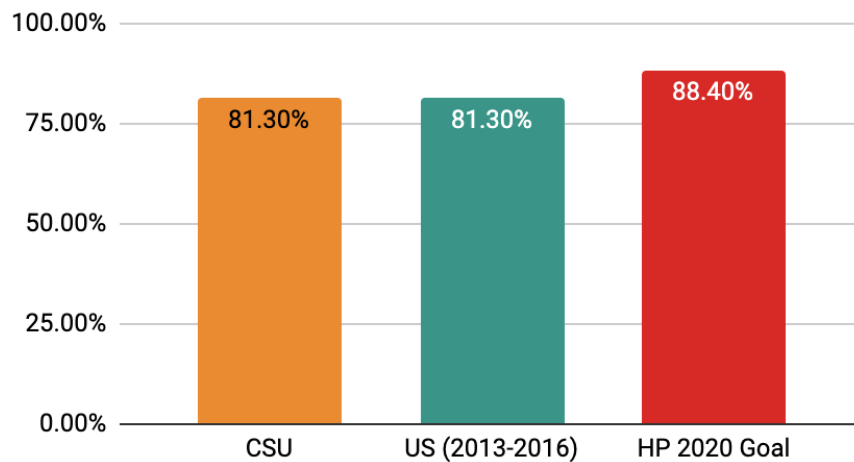
	CN (2015-2019)	MT AI/AN (2015-2019)	MT (2015-2019)	US (2016-2019)
Percentage	16.6%	11.8%	9.3%	6.9%

CN BIRTH STAT 2019, CDC GEST DIAB 2019

*Due to the small population of CN and limited available data, the prevalence was averaged over five years.

Crow Nation pregnant mothers (16.6%) had the highest frequency of gestational diabetes compared to other Montana AI/AN mothers (11.8%), and mothers in Montana (9.3%) and the US (6.9%).

Adults with Diabetes Who Have an A1c* <9.0% Percentage

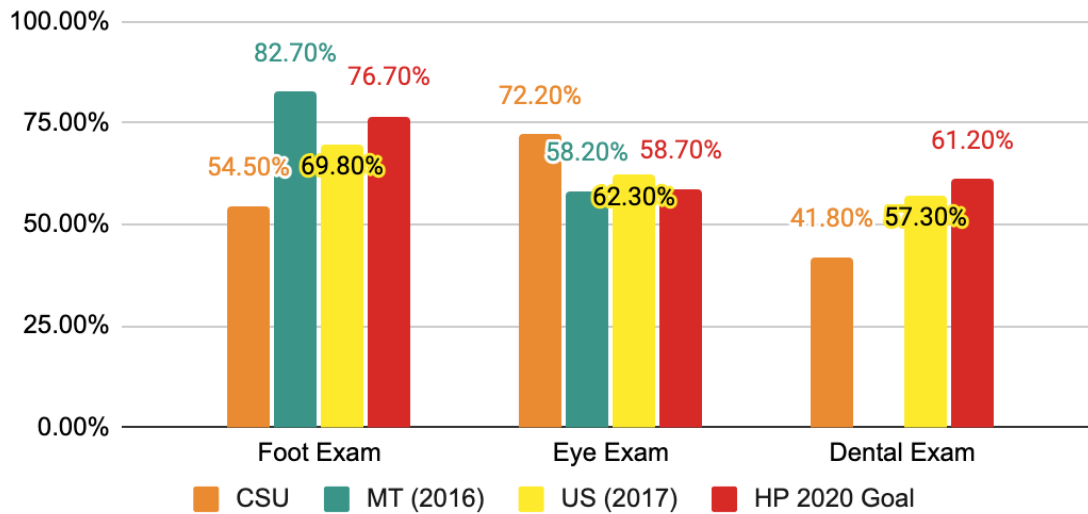


CN GPRA 2020, HP2020

*A1c refers to the three to six month average of a person's blood sugar, which is based on measured glycated hemoglobin. A1c values higher than 9.0% indicate poor glycemic control. (CDC NDSR 2020)

The proportion of adults with diabetes who had an A1c less than 9.0% at CSU was the same as the US proportion. However, this percentage does not meet the Healthy People 2020 goal of 88.4%.

Adults with Diabetes Who Received Recommended Annual Exams

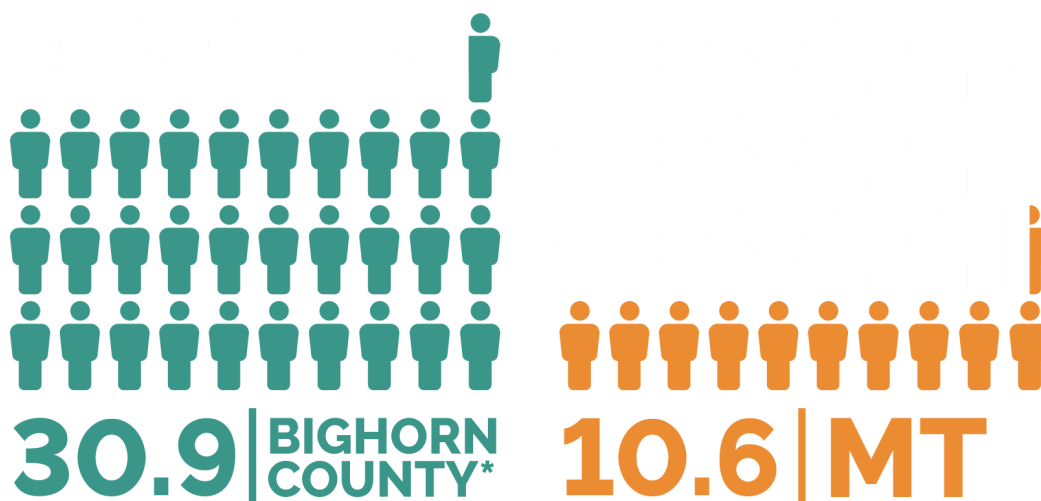


CN DIABETES 2019, HP2020, CDC DIAB REPORT CARD 2019

The proportion of adults with diabetes who received recommended foot and dental exams at CSU was less than Montana and the US. However, adults with diabetes at CSU received more eye exams than others with diabetes in Montana and the US. Though the proportion receiving eye exams at CSU met the Healthy People 2020 goal, the proportion receiving foot and dental exams fell short of the proposed goal.

Annual Hospitalization Rate for Diabetes, 2012-2014

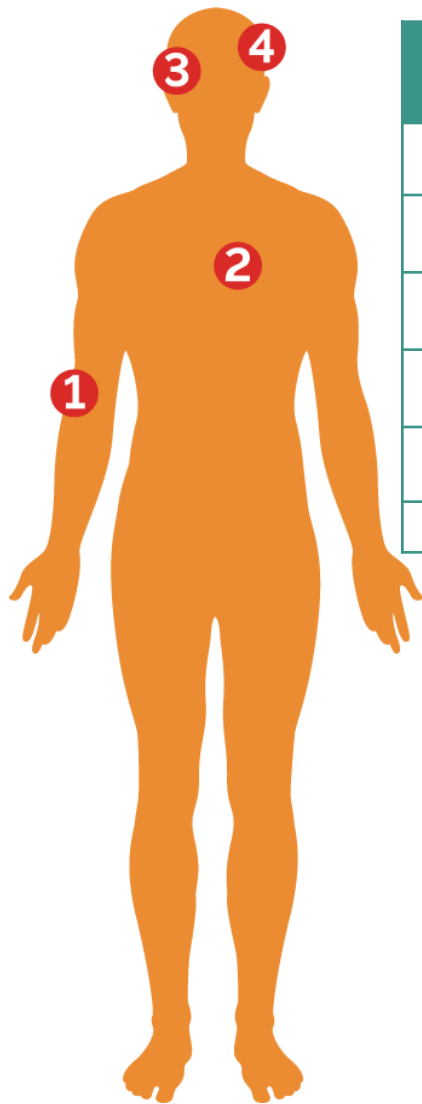
Rate per 1,000



MTIBIS DIAB HOSP
2012-2014

*Big Horn County data is used to represent CN when CN-specific data is not available.

From 2012-2014, Big Horn county had a considerably higher rate of diabetes-related hospitalizations (30.9 per 1,000 people) compared to Montana (10.6 per 1,000 people).

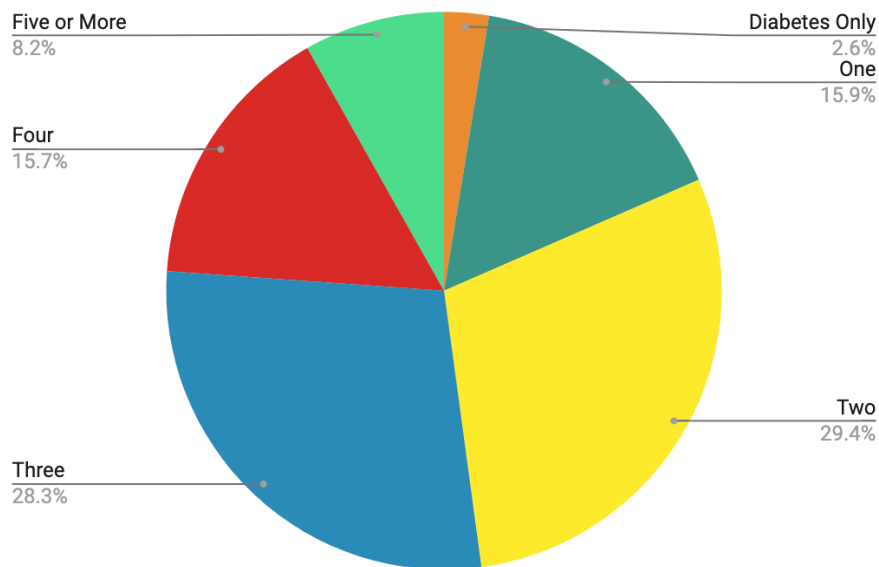


Types of Comorbidities Among the Diabetic Population at Crow Service Unit		
	Comorbidities	Percentage
1	Hypertension	90.4%
2	Cardiovascular Disease	49.0%
3	Retinopathy	33.9%
4	Active Depression	33.8%
<i>CN DIABETES 2019</i>		

"Things that need to be done to address obesity and diabetes are to have more diabetes educators...the most significant barrier/roadblock to improving obesity and diabetes on the reservation are lack of interest to living healthier [lives, and] no one to start these programs."

- APSÁALOOKE VOICES

Number of Comorbidities Among Population with Diabetes at Crow Service Unit



CN DIABETES 2019

Most people with diabetes at CSU had two (29%) or three (28%) comorbidities.

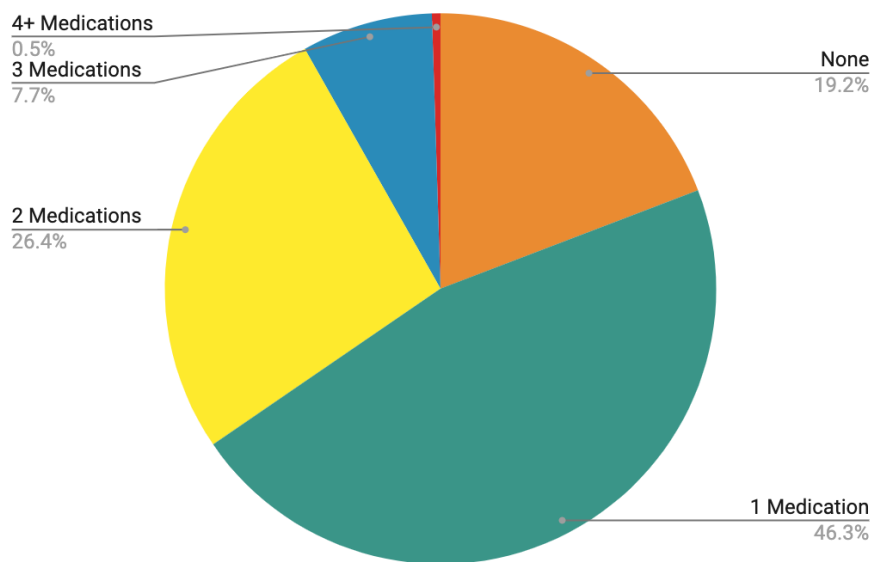
Body Mass Index (BMI) of Diabetic Patients at Crow Service Unit

BMI Ranges	Percentage
Normal (BMI < 25)	12.2%
Overweight (BMI 25-29)	27.3%
Obese (BMI 30-40)	47.8%
Severely Obese (BMI 40 or more)	12.5%
Unknown	0.2%

CN DIABETES 2019

Among those with diabetes at CSU, most were considered obese (48%) or overweight (27%).

Medications Used to Manage Diabetes Among Patients at Crow Service Unit

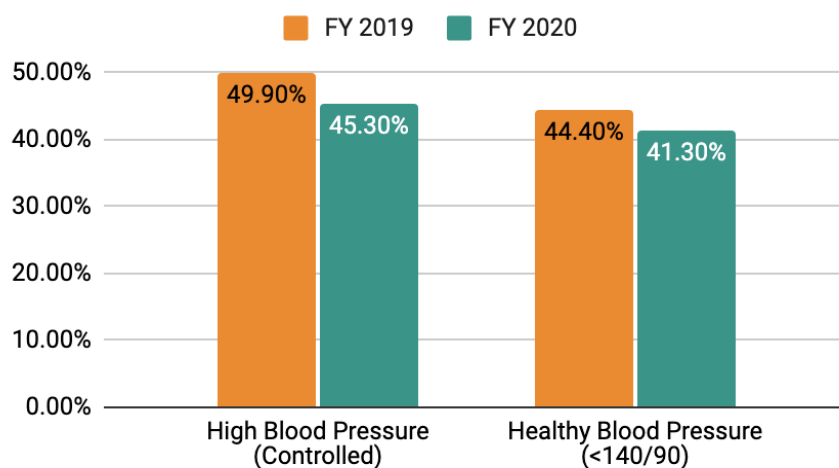


CN DIABETES 2019

Most of those with diabetes at CSU used either one medication (46%) or two medications (26%) to manage their diabetes.

Cardiovascular Disease

Crow Service Unit Patients with Selected Blood Pressure Indicators, 2018-2019



CN GPR A 2020

The portion of patients at CSU with controlled high blood pressure decreased from 50% in 2019 to 45% in 2020. However, the proportion of CSU patients with healthy blood pressure also decreased, from 44% in 2019 to 41% in 2020.

Annual Hospitalization Rate for Select Cardiovascular Diseases, 2012-2014

Rate per 100,000	Big Horn County*	MT
Acute Myocardial Infarction (MI)	165.8	118.1
Heart Failure (among residents 65+ years)	1,895.5	857.4
Stroke	210.3	152.0

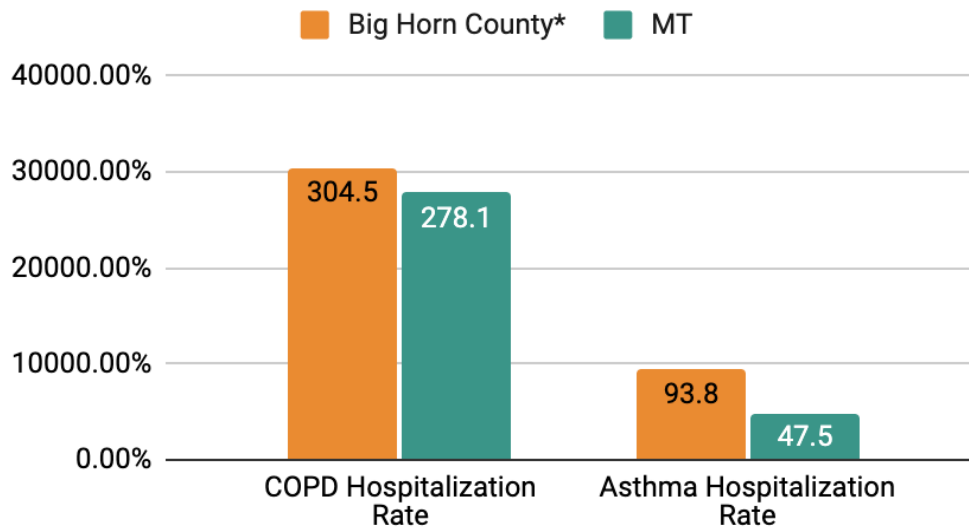
MTIBIS MI HOSP 2012-2014, MTIBIS HF HOSP 2012-2014, MTIBIS STROKE HOSP 2012-2014

*Big Horn County data is used to represent CN when CN-specific data is not available.

Rates of hospitalization for all selected cardiovascular diseases were greater for Big Horn county than for Montana as a whole.

Chronic Respiratory Disease

Annual Chronic Respiratory Disease Hospitalization Rates per 100,000, 2012-2014



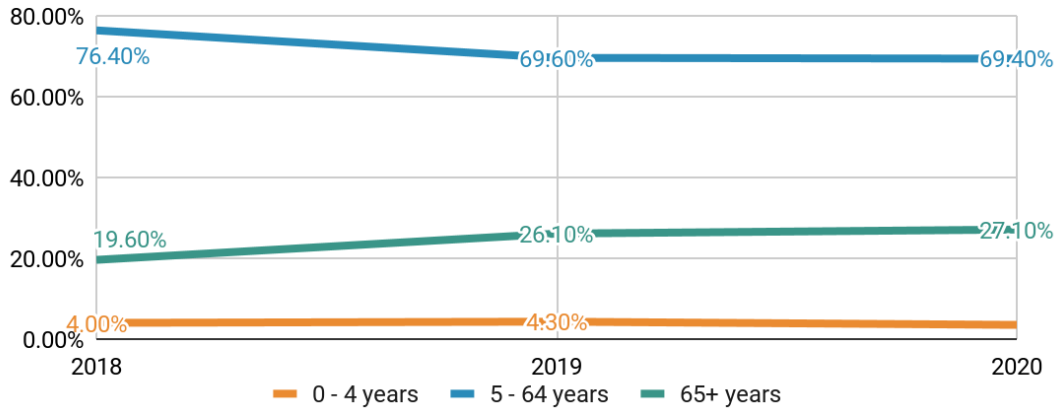
MTIBIS COPD HOSP 2012-2014, MTIBIS ASTHMA HOSP 2012-2014

*Big Horn County data is used to represent CN when CN-specific data is not available.

COPD and asthma-related hospitalization rates were higher for Big Horn County than for Montana.

Crow Service Unit Users with a Current Asthma Diagnosis, 2018-2020

RMTEC PROFILE
2020



Among all patients who sought care at the Crow Service Unit for asthma, most were between 5–64 years old for all three years.

Youth Who Have Ever Been Told by a Doctor/Nurse that They Have Asthma*

YRBS Measure		CN Middle Schools (2020)	CN High Schools (2020)	MT AI/AN (2019)	MT (2019)	US (2019)
Has ever been told by a doctor/nurse that they have asthma	Yes	18.5%	24.0%	27.3%	21.8%	21.8%
	No	68.3%	64.3%	--	73.3%	--
	Not sure	13.2%	11.6%	--	5.0%	--

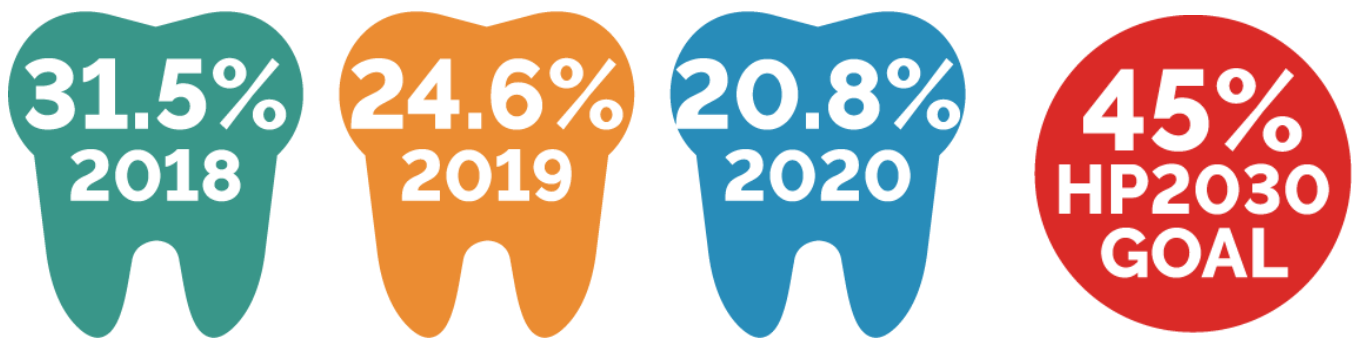
MT YRBS 2019, MT US YRBS 2019, HHS YRBS 2021, HMS YRBS 2021, PC HS YRBS 2021, P7-8 YRBS 2021, W7-8 YRBS 2021, LGHS YRBS 2021

*Includes Hardin, Pryor, Wyola, and Lodge Grass schools

The proportion of students who were told they had asthma by a doctor or nurse was comparable across all five populations, with CN Middle School students having the lowest proportion.

Dental Care

Crow Nation Members Who Accessed Dental Services, 2018-2020



HP2030, RMTEC PROFILE 2020

The proportion of the CN population who accessed dental services decreased from 31.5% in 2018 to 20.8% in 2020, both of which are less than the Healthy People 2030 goal of 45.0%.

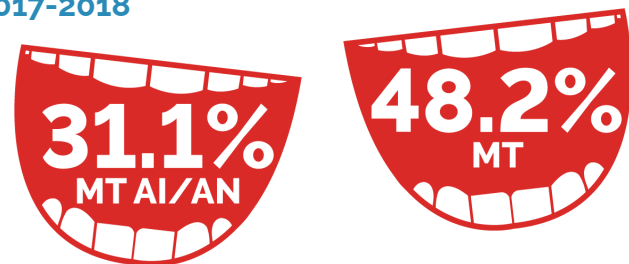
Tooth Decay Among Third-Grade Children, 2017-2018

	MT AI/AN	MT
Decay Experience	84.0%	61.6%
Untreated Decay	30.1%	14.8%

MT SSOH 2020

The frequency of tooth decay experiences and untreated tooth decay was much higher among Montana AI/AN children than among other children in Montana.

Dental Sealants in Third-Grade Children, 2017-2018



MT SSOH 2020

In 2017-2018, Dental sealants were less prevalent among Montana AI/AN children (31.1%) compared to other children in Montana (48.2%).

Communicable/Infectious Diseases

Communicable diseases, also known as infectious diseases, are those that can be spread from person to person or from animal to person. Some diseases spread through the air, through touch, or by sharing bodily fluids. The spread of infectious diseases can be prevented in many ways, including, but not limited to, vaccinations, proper handwashing, practicing safe sex, and simply avoiding contact with people who are ill. Communicable diseases can have a substantial impact on human health. Preventing and controlling the spread of diseases is crucial for maintaining quality of life. (APHA COMM DISEASE 2021)

Rates of chlamydia and gonorrhea for CN and Big Horn County are considerably higher than in the rest of Montana and the US, while rates of syphilis and HIV are much lower. Only about 35% of CN children have received the recommended doses of age-appropriate vaccinations, compared with the Healthy People 2020 goal of 80%. Similar to the rest of the country, CN and Big Horn County have been impacted by the COVID-19 pandemic. At the time of writing, there have been over 3,400 cases of COVID-19 in Big Horn County, with over 80 deaths. The racial disparity between cases and deaths due to COVID-19 was large: although Whites make up 89% of the Montana population, Native Americans have experienced a higher rate of cases (12,057 vs. 6,840 per 100,000) and a higher mortality rate (303 vs. 92 per 100,000) from COVID-19 than the White population. Specifically, Montana Native Americans under 65 years old had 12.5 times the rate of death due to COVID-19 compared to White Montanans in the same age group.

Sexually Transmitted Infections

New Cases and Rate of STIs per 100,000, 2018*					
	CN & Big Horn County		MT		US
	New Cases	Rate/100,000*	New Cases	Rate/100,000	Rate/100,000
Chlamydia	159	1188.7	4,917	462.9	537.5
Gonorrhea	61	456.0	1,181	111.9	178.3
Syphilis (Primary and Secondary)	0	0	45	4.3	10.7
HIV	0	0	23	2.2	11.5

CDC STDS 2019, CDC HIV 2019

*Rates for CN and Big Horn County were calculated for each year using Big Horn County population data.

Rates of chlamydia and gonorrhea are considerably higher for CN and Big Horn County than for Montana and the US.

New Cases and Rate of STIs per 100,000*, 2015-2018

	CN & Big Horn County		MT		US
	New Cases	Rate/100,000	New Cases	Rate/100,000	Rate/100,000
Gonorrhea					
2015	120	897.1	844	81.7	123.0
2016	75	564.3	867	83.2	145.0
2017	44	333.0	782	74.4	170.6
2018	61	464.2	1,181	111.2	178.3
Chlamydia					
	New Cases	Rate/100,000	New Cases	Rate/100,000	Rate/100,000
2015	1565	11700.1	4,184	405.1	475.0
2016	191	1437.2	4,416	423.6	494.7
2017	194	1468.1	4,560	434.1	524.6
2018	159	1210.0	4,917	462.9	537.5
Syphilis (Primary and Secondary)					
	New Cases	Rate/100,000	New Cases	Rate/100,000	Rate/100,000
2015	1	7.5	13	1.3	7.4
2016	0	0	14	1.3	8.6
2017	0	0	48	4.6	9.4
2018	0	0	45	4.2	10.7

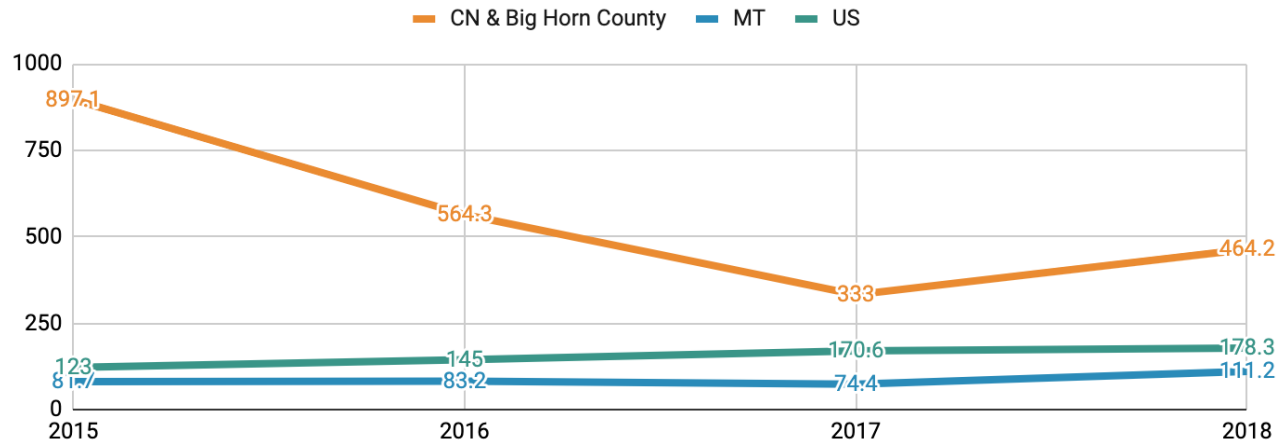
CDC STDS 2019, MTDPHHS COMM DISEASE 2015-2018

*Rates for CN and Big Horn County were calculated for each year using Big Horn County population data.

Rates for gonorrhea and chlamydia are consistently higher in CN and Big Horn County than for Montana and the US across the years. Only rates of syphilis are lower in CN and Big Horn county than the rest of Montana and the US.

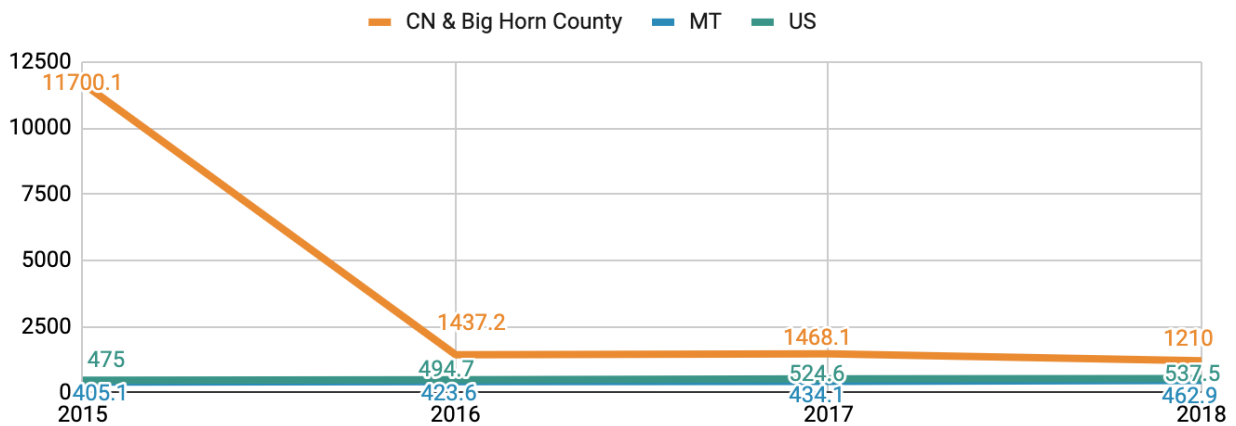
Rate of Gonorrhea per 100,000*

2015-2018



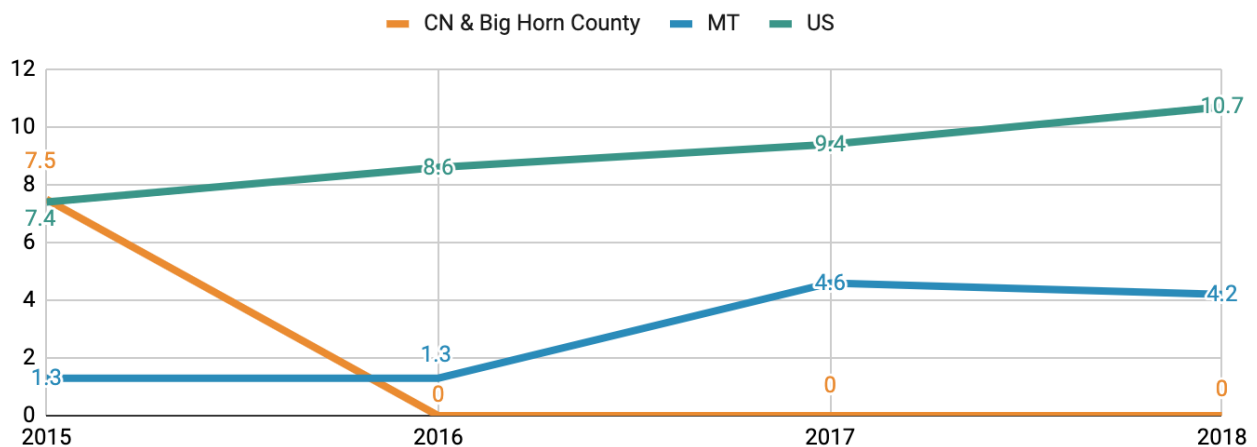
Rate of Chlamydia per 100,000*

2015-2018



Rate of Syphilis (Primary and Secondary) per 100,000*

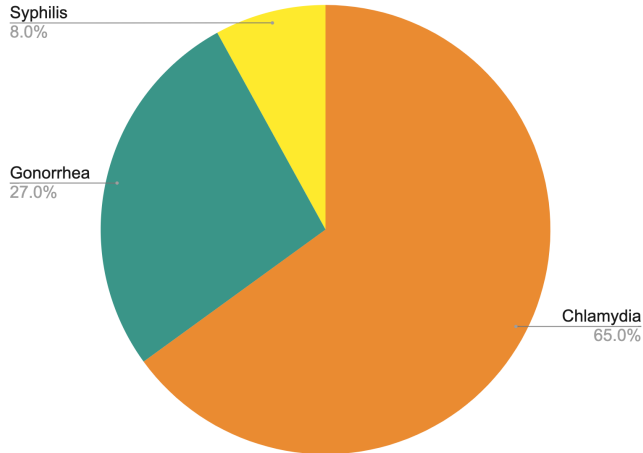
2015-2018



Sexually Transmitted Infection (STI)-Related Visits to Crow Service Unit, Fiscal Year (FY) 2019 & 2020*

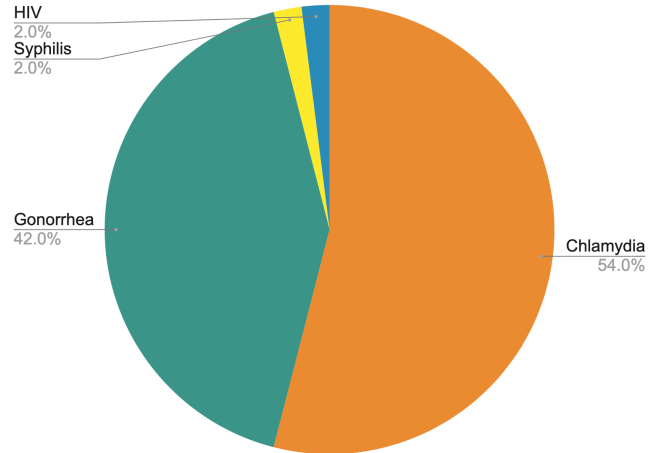
2019

Total Number of Visits: 130



2020

Total Number of Visits: 163



RMTEC INFECTIOUS DISEASE 2019-2020

*Fiscal Year refers to the 12-month period that an organization uses to report its finances. It often differs from the standard calendar year.

Among all STI-related visits to the CSU, most patients were seen for chlamydia and gonorrhea in 2019 and 2020.

Students' Sexual Experiences and Contraception Use*

YRBS Measure	CN Middle Schools (2020)	CN High Schools (2020)	MT AI/AN (2019)	MT (2019)	US (2019)
Ever had sexual intercourse - lifetime	21.8%	43.2%	54.6%	43.8%	38.4%
Had sexual intercourse for the first time before age 13 years**	37.8%	15.0%	6.1%	3.6%	3.0%
Had sexual intercourse with four or more persons during life	3.9%	6.7%	16.2%	12.1%	8.6%
Drank alcohol or used drugs before last sexual intercourse**	20.0%	18.6%	--	18.3%	21.2%

MT YRBS 2019, MT US YRBS 2019, HHS YRBS 2021, HMS YRBS 2021, PC HS YRBS 2021, P7-8 YRBS 2021, W7-8 YRBS 2021, LGHS YRBS 2021

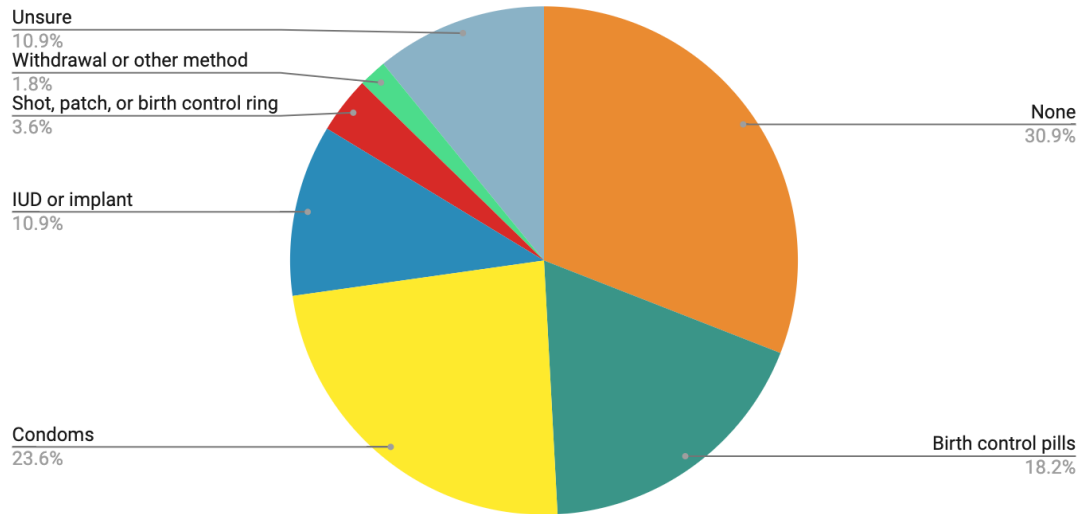
*Includes Hardin, Pryor, Wyola, and Lodge Grass schools

**Among those who have had sexual intercourse

Students from CN Middle and High Schools were more likely to have their first sexual intercourse before age 13, but less likely to have four or more sexual partners in their lifetime compared to other Montana AI/AN students and other students in Montana and the US.

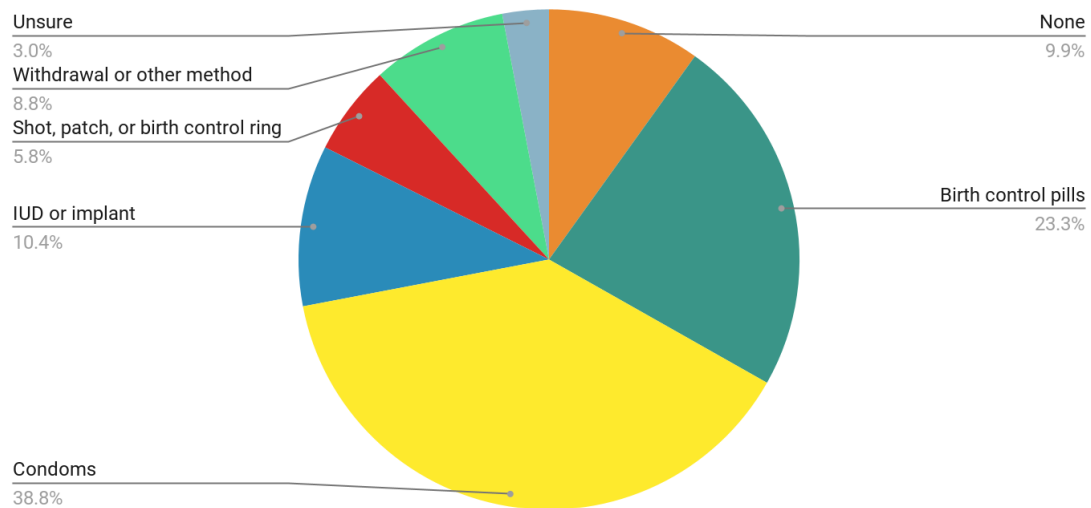
Crow Nation High Schools* Contraceptive Use, 2020

Method used to prevent pregnancy at last sexual intercourse**



Montana High Schools Contraceptive Use, 2019

Method used to prevent pregnancy at last sexual intercourse**



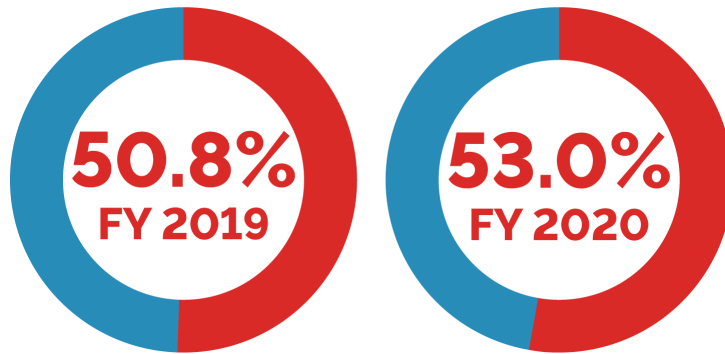
MT YRBS 2019, HHS YRBS 2021, PC HS YRBS 2021, LGHS YRBS 2021

*Includes Hardin, Pryor, and Lodge Grass schools

**Among those who have had sexual intercourse

Almost one-third of CN High School students did not use any form of contraceptive during their last sexual intercourse encounter, compared to about 10% of MT High School students. Birth control, condoms, the shot, patch, or birth control ring, and withdrawal were modes of contraceptives more popular among MT High School students during their last sexual intercourse than among CN High School students.

Crow Service Unit Patients Ever Screened for HIV, FY 2019 & 2020



CN GPRA 2020

Vaccine-Preventable Diseases

Pertussis: New Cases and Rate per 100,000*, 2015-2018

	CN & Big Horn County*		MT		US	
	New Cases	Rate/100,000	New Cases	Rate/100,000	New Cases	Rate/100,000
2015	0	0	230	22.3	20,762	6.5
2016	0	0	21	2.0	17,972	5.54
2017	0	0	106	10.1	18,975	5.83
2018	15	114.1	143	13.5	15,609	4.77

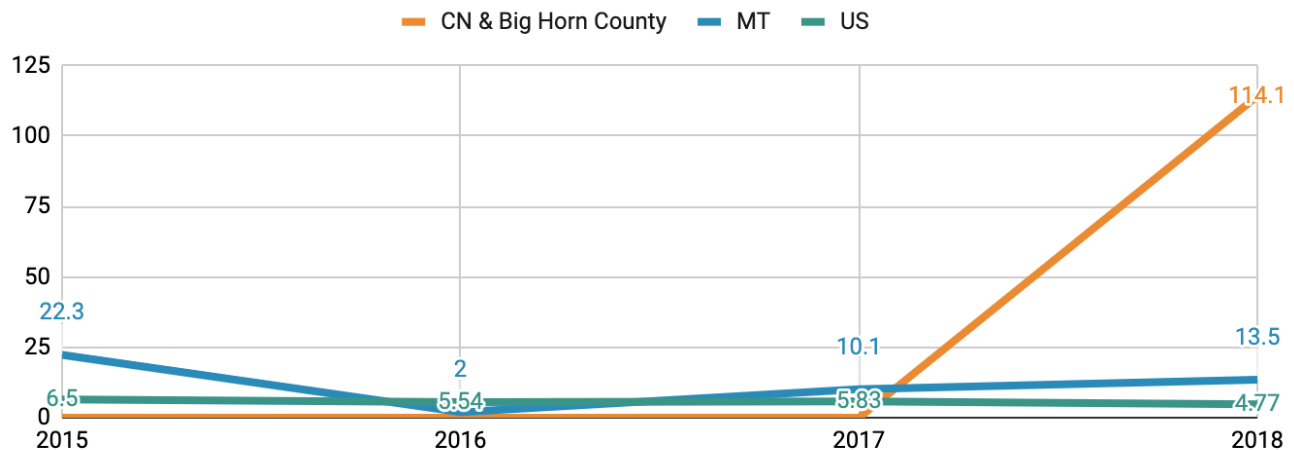
MTDPHHS COMM DISEASE 2015-2018, CDC PERTUSSIS REPORT 2015-2018

*Rates for CN and Big Horn County were calculated for each year using Big Horn County population data

From 2015 to 2018, the rate of pertussis in CN and Big Horn County suddenly increased in 2018, to a rate far greater than that reported in Montana and the US.

Pertussis Rate per 100,000*

2015-2018



Varicella: New Cases and Rate per 100,000*

	CN and Big Horn County		MT	
	New Cases	Rate/100,000	New Cases	Rate/100,000
2015	1	7.5	132	12.8
2016	0	0	77	7.4
2017	2	15.1	54	5.1
2018	0	0	57	5.4

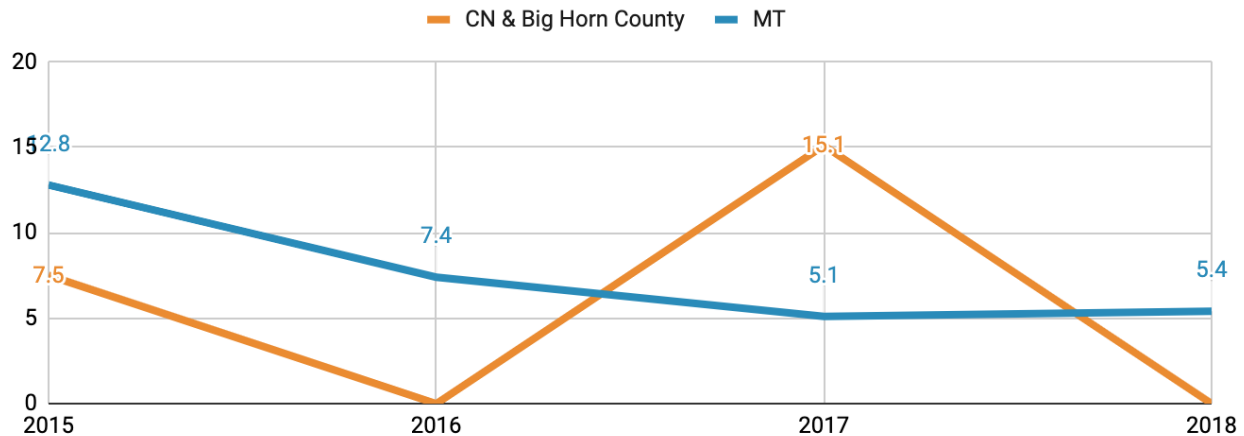
MTDPHHS COMM DISEASE 2015-2018

*Rates for CN and Big Horn County were calculated for each year using Big Horn County population data.

Rates for varicella in CN and Big Horn County are inconsistent over the four-year period, whereas rates in Montana have decreased.

Varicella Rate per 100,000*

2015-2018



Proportion of Population Receiving Appropriate Immunizations by Age, Crow Nation, FY 2019-2020

	Influenza Vaccination (6 months - 17 years)	Influenza Vaccination (18+ years)	Childhood Vaccinations (19-35 months)
FY 2019	29.1%	24.6%	50.0%
FY 2020	28.1%	28.2%	34.7%



CN GPRA 2020, HP2020

*Increase in the percentage of children aged 19 to 35 months who receive the recommended doses of DTaP, polio, MMR, Hib, hepatitis B, varicella and pneumococcal conjugate vaccine (PCV)

In FY 2020, only about 35% of children between 19-35 months have received recommended vaccinations, which is markedly lower than the Healthy People 2020 goal of 80%.

COVID-19

Number and Percentage of COVID-19-Related Visits to Crow Service Unit in FY 2020

	COVID-19- Related Visits
Number of COVID-19-related visits	680.2
Percentage of airborne diseases visits attributable to COVID-19	48.0%

RMTEC INFECTIOUS DISEASE 2020

Nearly half of all CSU visits related to airborne diseases were attributed to COVID-19 in 2020.

Rates of Cases, Hospitalizations, and Deaths from COVID-19 per 100,000 by Race in Montana*, 2021

	MT White	MT AI/AN
Percentage of Population	89.0%	6.0%
Cases per 100,000	6,840	12,057
Hospitalizations per 100,000	240	670
Deaths per 100,000	92	303

CTP 2021

*As of March 7, 2021

White residents make up the vast majority of the Montana population. However, Native Americans have experienced a disproportionately large number of COVID-19 cases, hospitalizations, and deaths compared to White residents.

"COVID...[has] been a big setback, as in overall health, because sure, people are trying to come out and do the gatherings again. But still, that variant's out there, and it's still scaring people. It's traumatizing people."

APSÁALOOKE VOICES

COVID-19 Cumulative Incidence Rates per 100,000 Among American Indian/Alaska Native and White Races in Montana by Age and Sex, March 13-November 30, 2020*

	MT AI/AN	MT White	Rate Ratio
Total	9,064	4,033	2.2
Sex			
Male	8,405	3,687	2.3
Female	9,517	4,272	2.2
Age Group			
Less than 65 years	8,947	4,137	2.2
65 years or more	10,321	3,632	2.8

MMWR COVID 2020

*Race data were missing for 22% of patients, while ethnicity data was missing for 37% of patients.

Montana AI/AN had 2.2 times the rate of COVID-19 cases compared to White Montana residents. Montana Native Americans who were 65 years old or older had almost 3 times the rate of COVID-19 cases compared to White Montanans in the same age group.

MONTANA AI/AN HAD



THE RATE OF COVID-19 CASES COMPARED TO WHITE MONTANA RESIDENTS

MONTANA AI/AN 65 YEARS & OLDER HAD



THE RATE OF COVID-19 CASES COMPARED TO WHITE MONTANA RESIDENTS IN THE SAME AGE GROUP

**MONTANA
AI/AN HAD**

**3.8
TIMES**

**THE RATE OF
COVID-19 DEATHS
COMPARED TO WHITE
MONTANA RESIDENTS**

**MONTANA AI/AN
65 YEARS &
OLDER HAD**

**12.5
TIMES**

**THE RATE OF
COVID-19 DEATHS
COMPARED TO WHITE
MONTANA RESIDENTS
IN THE SAME AGE GROUP**

COVID-19 Cumulative Mortality and Case Fatality Rates Among American Indian/Alaska Native and White Races in Montana by Age and Sex, March 13-November 30, 2020*

	MT AI/AN	MT White	Rate Ratio
Cumulative Mortality, per 100,000 people			
Total	267	71	3.8
Sex			
Male	311	76	4.1
Female	223	66	3.4
Age Group			
Less than 65 years	122	10	12.5
65 years or more	1,834	302	6.1
Case Fatality, per 1,000 COVID cases			
Total	29.4	17	1.7

MMWR COVID 2020

*Sex data was missing for 1% of AI/AN patients and for 1% of White patients.

Montana AI/AN had almost 4 times the rate of death from COVID-19 compared to White Montana residents. Montana Native Americans who were less than 65 years old had 12.5 times the rate of death due to COVID-19 compared to White Montanans in the same age group.

Number of COVID-19 Cases and Vaccinations, 2021*

	Big Horn County**	MT	US
Cumulative Cases	3,423	192,236	48,918,251
Deaths	83	2,739	784,893
Vaccinations			
Number Fully Immunized	6,629	521,969	198,952,978
Percentage of Eligible Population Fully Vaccinated			

MTDPHHS COVID 2021, CDC US COVID 2021

*As of December 6, 2021

**Big Horn County data is used to represent CN when CN-specific data is not available.

The percentages of eligible people receiving both COVID-19 vaccinations is comparable across populations, with the US proportion slightly higher than the proportions in Big Horn County and Montana state.

Public Safety & Violence

Exposure to crime and violence can greatly impact the health of individuals and communities, whether through direct violence, witnessing a violent event, or knowing about crime in the area. Such experiences have been linked to decreased physical and mental health in adults, as well as increased behavioral health problems in children and a greater risk of substance use and domestic violence when those children become adults. Identifying and addressing concerns related to violence is an important step in decreasing the threat to community members' well-being. (*HP VIOLENCE 2021*)

Only about 3.0% of Crow Nation (CN) reported via the CHA Survey that they trust and are satisfied with the overall performance of the Bureau of Indian Affairs law enforcement to a great extent. The age-adjusted rate of fatal injuries among Montana Native Americans was 201.8 per 100,000 people—almost three times the rate for the US. In 2019, the most frequent crimes reported on CN included theft of personal property, motor vehicle theft, and aggravated assault. About 35% of students in CN Middle Schools reported engaging in physical fights in the last 12 months, and over 17% noted staying home from school at least once in the past 30 days due to safety concerns, both of which are much higher than in Montana and the US. Furthermore, about 19% of CN Middle and 16% of High School students reported carrying a gun on at least one day in the past year compared to 5% of Montana AI/AN students, 8% of students in Montana, and 4% of students in the US. CN High School students reported being physically forced to have sexual intercourse and experiencing physical dating violence more often than students in CN Middle Schools, other Montana AI/AN students, and other students in Montana and the US. Likewise, nearly 11% of CN Middle and 15% of CN High School students reported instances of sexual dating violence compared to 2% of other Montana AI/AN students, 6% of Montana students, and 8% of US students. Within CN, 9% of respondents to the CN CHA Survey reported experiencing situations of domestic violence in the past 12 months, while 80.3% reported feeling safe inside their homes.



Photo from Kirsten Krane.

Public Safety

Perception of Law Enforcement, Crow Nation, 2021					
	Not at All	A Little	Somewhat	A Lot	To a Great Extent
"To what extent do you trust your law enforcement agency (BIA)?"	32.6%	20.2%	36.5%	7.7%	3.0%
"To what extent are you satisfied with the overall performance of your law enforcement agency (BIA)?"	37.0%	19.2%	33.2%	7.7%	3.0%
"To what extent are officers in your law enforcement agency (BIA) responsive to the concerns of community members?"	31.8%	29.2%	30.0%	7.7%	1.3%

CN CHA SURVEY 2021

"If [the BIA comes], they come hours late. And so in order to try to create a sense of action and safety. We organized ourselves in the community and they said, 'Well, let's do neighborhood watch.'"

- APSÁALOOKE VOICES

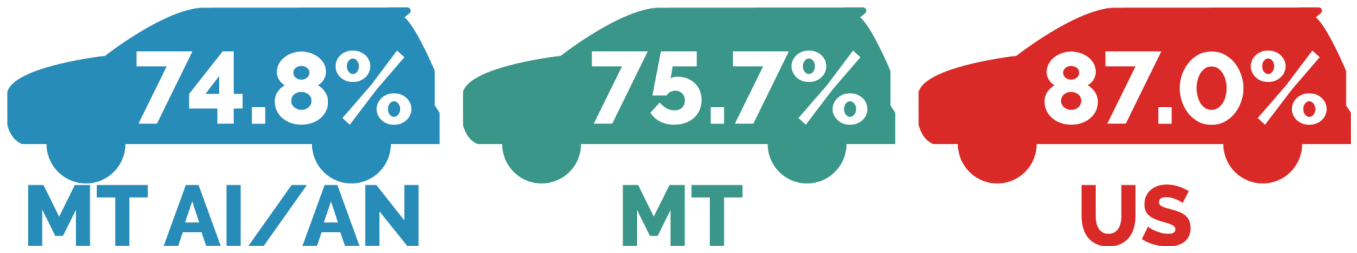
"Our tribe really needs to strengthen our police force. The BIA... police force is inadequate. The BIA tries to tell the tribe what they need to do and it should be the other way around."

- APSÁALOOKE VOICES

Many respondents to the CHA survey reported only somewhat trusting BIA (36.5%), being not at all satisfied with the overall performance of BIA (37.0%), and believing BIA was not at all responsive to community member concerns (31.8%).

Seat Belt Usage, 2018

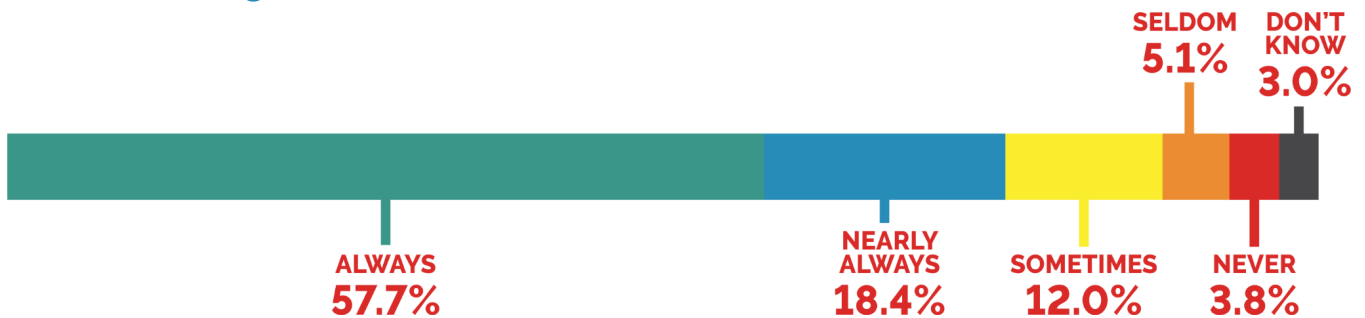
Always wore a seatbelt



MTIBIS SEAT BELTS 2018, CDC BUCKLE UP 2020

About 87% of the US population reported always wearing a seat belt in 2018, almost 10% more than Montana AI/AN (75%) and Montana state (76%) populations.

Seat Belt Usage, Crow Nation, 2021



CN CHA SURVEY 2021

Only 58% of CHA survey respondents reported always wearing their seat belt when driving or riding in a car.

Driving Under the Influence in the Past 30 Days, Crow Nation, 2021



CN CHA SURVEY 2021



10.4%
OF SURVEY RESPONDENTS
REPORTED DRIVING WHILE
DISTRACTED WITH PHONE
21 TO 30
OF THE LAST 30 DAYS

Driving While Distracted with Phone in the Past 30 Days, Crow Nation, 2021

	Did not drive in the past 30 days	0 days	1 to 3 days	4 to 6 days	7 to 10 days	11 to 20 days	21 to 29 days	All 30 days
Percentage	15.2%	35.2%	22.6%	7.0%	5.2%	4.4%	4.3%	6.1%

CN CHA SURVEY 2021

Students Who Engaged in Behaviors Related to Driving and Bicycle Safety*

YRBS Measure	CN Middle Schools (2020)	CN High Schools (2020)	MT AI/AN (2019)	MT (2019)	US (2019)
Cell phone use while driving in the past 30 days**	--	--	36.4%	45.9%	--
Rarely or never wore a seat belt in a car driven by someone else	16.9%	8.7%	14.6%	7.5%	6.5%
Rode with a driver who had been drinking alcohol	24.2%	18.3%	18.1%	19.1%	16.7%
Drove after drinking alcohol**	--	4.9%	2.7%	7.1%	5.4%
Texted/emailed while driving a car**	--	50.0%	39.6%	53.3%	39.0%

MT YRBS 2019, MT US YRBS 2019, HHS YRBS 2021, HMS YRBS 2021, PC HS YRBS 2021, P7-8 YRBS 2021, W7-8 YRBS 2021, LGHS YRBS 2021

*Includes Hardin, Pryor, Wyola, and Lodge Grass Schools

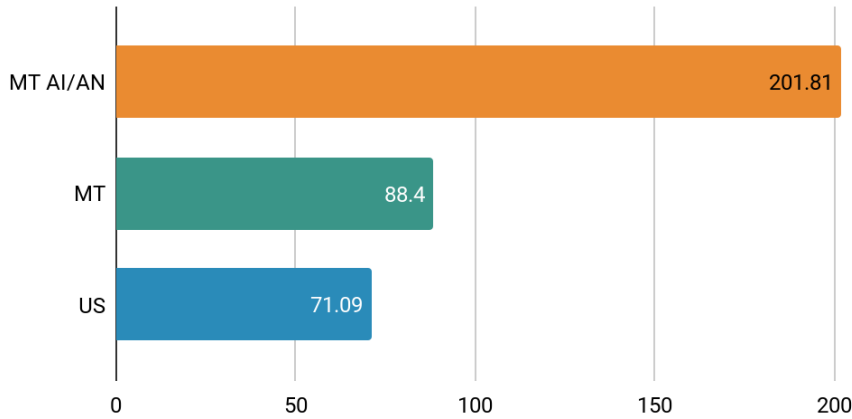
**Among those who drive cars

CN Middle and High School students, as well as other Montana AI/AN students were more likely to report rarely or never wearing a seatbelt while riding in a car driven by someone else, compared to other students in Montana and the US.

Injury

Fatal Injuries, 2019

Age-Adjusted Rate per 100,000



CDC FATAL INJURY 2019

In 2019, the age-adjusted rate of fatal injuries was substantially higher among Montana AI/AN (202 per 100,000) compared to the rate among other Montanans (88 per 100,000) and the US (71 per 100,000).

Violence and Crime

Crimes Reported by Year and Type, Crow Nation

Crimes	2015	2016	2017	2018	2019
Murder and non negligent manslaughter	3	1	4	0	0
Robbery	0	2	1	1	0
Burglary	29	57	26	31	39
Motor vehicle theft	47	174	51	41	68
Rape	7	6	11	5	13
Aggravated assault	45	52	41	45	46
Larceny-theft	64	156	102	72	96
Arson	3	6	3	6	0

UCR MT TRIBES 2015-2019

The quantity of many crimes reported in CN appears inconsistent over time, but appear to slightly increase from 2015–2019. Only the number of reported murder/non-negligent manslaughters and robberies show a decrease over time.

Students Who Engaged in Violent Behaviors or Experienced Violence*

YRBS Measure	CN Middle Schools (2020)	CN High Schools (2020)	MT AI/AN (2019)	MT (2019)	US (2019)
% of students who were the victim of teasing, name calling, or bullying because someone thought they were gay, lesbian, or bisexual in the past 12 months	15.5%	13.2%	13.2%	13.3%	--
% of students who carried a weapon on at least 1 day in the past 30 days	--	--	17.7%	23.1%	13.2%
% of students who carried a gun on at least 1 day in the past 12 months	19.1%	15.9%	4.8%	7.7%	4.4%
% of students who carried a weapon on school property at least 1 day in the past 30 days	7.7%	8.0%	3.2%	7.0%	2.8%
% of students who were threatened or injured with a weapon on school property one or more times in the past 12 months	5.7%	7.3%	6.4%	7.9%	7.4%
% of students who were in a physical fight one or more times in the past 12 months	35.1%	26.8%	27.1%	23.3%	21.9%
% of students who were in a physical fight on school property one or more times in the past 12 months	13.0%	5.1%	10.5%	8.0%	8.0%
% of students who did not go to school because of safety concerns on at least 1 day in the past 30 days	17.3%	7.3%	7.3%	9.3%	8.7%
% of students who were electronically bullied during the past 12 months	18.4%	21.9%	15.7%	17.9%	15.7%
% of students who were bullied on school property during the past 12 months	19.1%	18.8%	18.3%	22.0%	19.5%
% of students who were ever physically forced to have sexual intercourse	8.7%	17.5%	9.6%	9.8%	7.3%
% of students who experienced physical dating violence (one or more times)**	7.4%	10.4%	11.4%	7.8%	8.2%
% of students who experienced sexual dating violence (one or more times)**	10.8%	15.1%	2.1%	6.3%	8.2%

MT YRBS 2019, MT US YRBS 2019, HHS YRBS 2021, HMS YRBS 2021, PC HS YRBS, 2021, P7-8 YRBS 2021, W7-8 YRBS 2021, LGHS YRBS 2021


*Includes Hardin, Pryor, Wyola, and Lodge Grass schools**Of those who dated someone in the past 12 months

CN Middle and High School students were much more likely to report carrying a gun on at least one day in the past year compared to other Montana AI/AN students and other students in Montana and the US. CN High School students reported being physically forced to have sexual intercourse and experiencing physical dating violence more often than students in CN Middle Schools, other Montana AI/AN students, and other students in Montana and the US. Likewise, CN Middle and High School students reported more instances of sexual dating violence than their counterparts.

**Frequency of Physical Fighting in the Past 12 Months,
Crow Nation, 2021**

	0 Times	1 Time	2 to 5 Times	6 to 9 Times	10 or More Times
Percentage	83.4%	6.4%	7.2%	2.1%	0.9%

CN CHA SURVEY 2021



3%
OF SURVEY RESPONDENTS
REPORTED BEING INVOLVED
IN PHYSICAL FIGHT AT LEAST
6 TIMES
IN THE PAST YEAR

Top 5 Perceived Reasons for Being Bullied in the Past 12 Months*, 2020

	Crow Tribe Students	MT Native American Students	MT Students
1	The way I look (clothing, hairstyle, etc.)	The way I look (clothing, hairstyle, etc.)	The way I look (clothing, hairstyle, etc.)
2	I don't know why	My size (height, weight, etc.)	My size (height, weight, etc.)
3	My size (height, weight, etc.)	I don't know why	Some other reason
4	The color of my skin	The color of my skin	My social standing
5	My sexual orientation	Some other reason	I don't know why

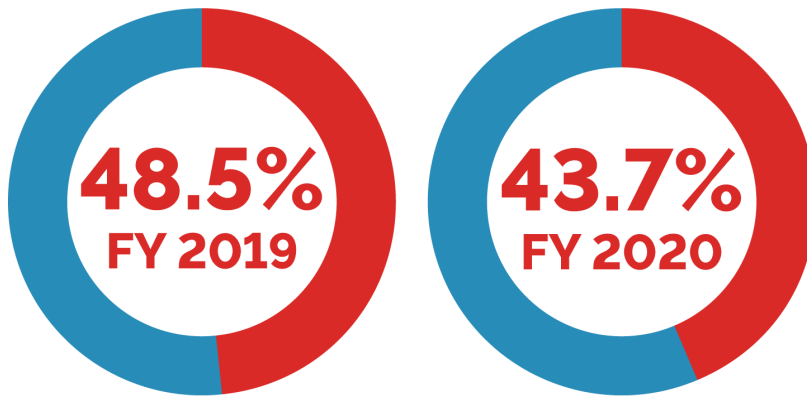
CN STUDENT PNA 2020, NA STUDENT PNA 2020

*Among students who reported being bullied

Most students across the three populations noted "The way I look" as a top reason for being bullied in the past year, but only Crow and other Montana Native American students noted "The color of my skin" as a reason for being bullied.

Abuse

Female Patients Screened at the Crow Service Unit for Interpersonal or Domestic Violence, FY 2019 & 2020



CN GPRA 2020

The proportion of women screened for interpersonal or domestic violence in CSU slightly decreased from about 49% in 2019 to 44% in 2020.

Frequency of Domestic Violence, Crow Nation, 2021

	Yes	No
"During the past 12 months, has someone you were in a relationship with forced you to do sexual things that you did not want to do?"	2.6%	97.4%
"During the past 12 months, has someone you were in a relationship with physically hurt you on purpose?"	6.4%	93.6%

CN CHA SURVEY 2021

About 3% of those who took the CHA survey responded that they had experienced sexual coercion, and about 6% of respondents answered that they had experienced physical abuse in their relationships in the past year.

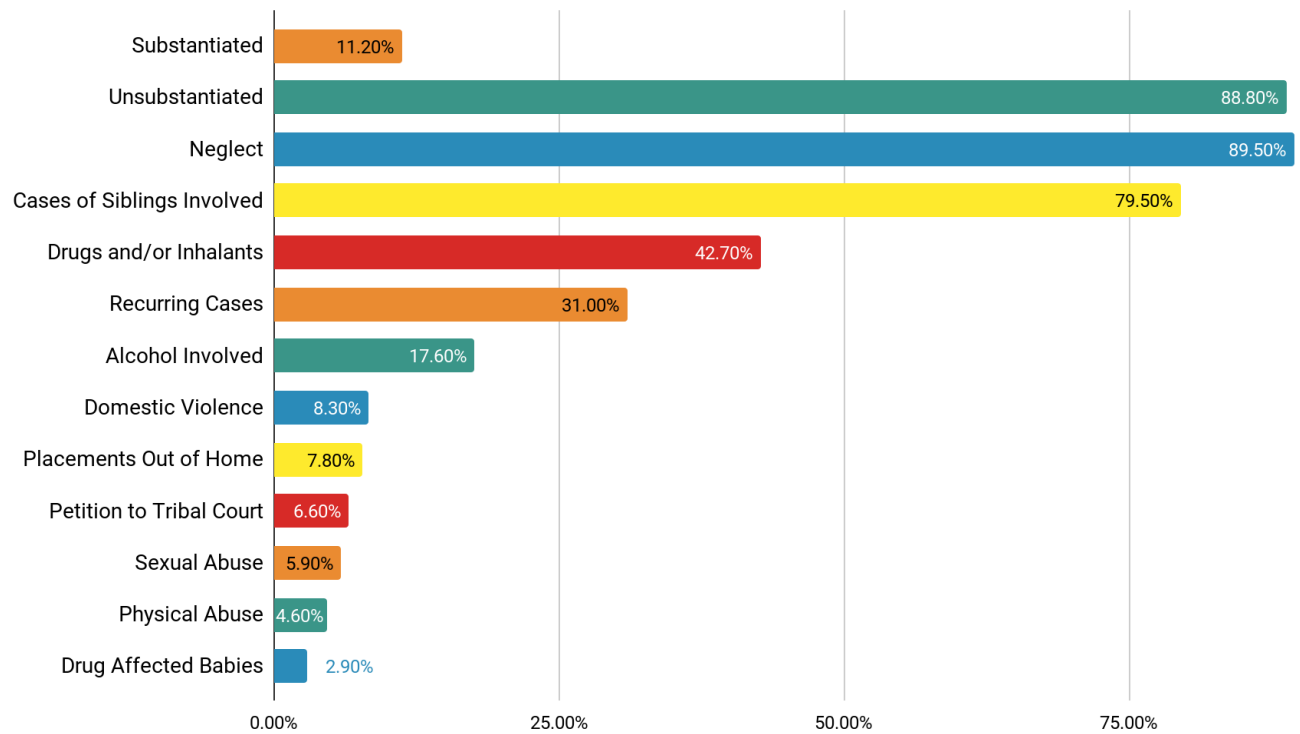
Feeling of Safety at Home, Crow Nation, 2021

	Unsafe	Somewhat Unsafe	Neither unsafe or safe	Somewhat Safe	Safe	Don't Know
Percentage	0.8%	4.6%	13%	10.5%	80.3%	2.5%

CN CHA SURVEY 2021

Although most CHA survey respondents said they felt either somewhat safe or safe at home, over 5% reported feeling either somewhat unsafe or unsafe.

Reports Received by the Bureau of Indian Affairs Involving Child Abuse and Neglect, FY 2020*



BIA SS 2020

*Percentages will not add up to 100%, as many reports involve more than one type of case.

Almost 90% of the reports received by the Bureau of Indian Affairs (BIA) were not supported by evidence. Among substantiated reports, the most common included neglect (90%), cases in which siblings were involved (80%), and cases involving drugs and/or inhalants (43%).

Maternal and Child Health

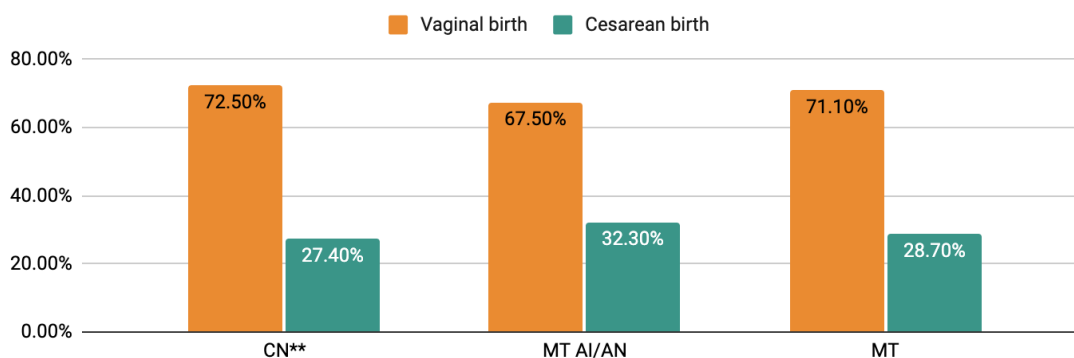
The well-being of mothers, infants, and children is imperative, because their good health directly impacts the health of the next generation. Health patterns discovered in this population can help anticipate potential future problems not just for families, but for communities, and the health care system overall. (HP MATERNAL 2021)

This needs assessment identified the health patterns of Crow Nation (CN) mothers, infants, and children. Nearly one-third of CN mothers have less than a high school education, and most are insured through Medicaid. Compared to the state of Montana, the rate of teen births in CN is nearly 10 times higher, at about 110 births per 1,000 girls between the ages of 15–19 years. Over 50% of CN mothers participate in WIC, and about 80% of these mothers indicate they ever breastfed their infants. More than half of the grandparents in CN are the primary caregivers for their grandchildren, with about 40% of these grandparents having cared for their grandchildren for five or more years. About 37% of respondents indicate that there is a lack of parenting role models in the community.

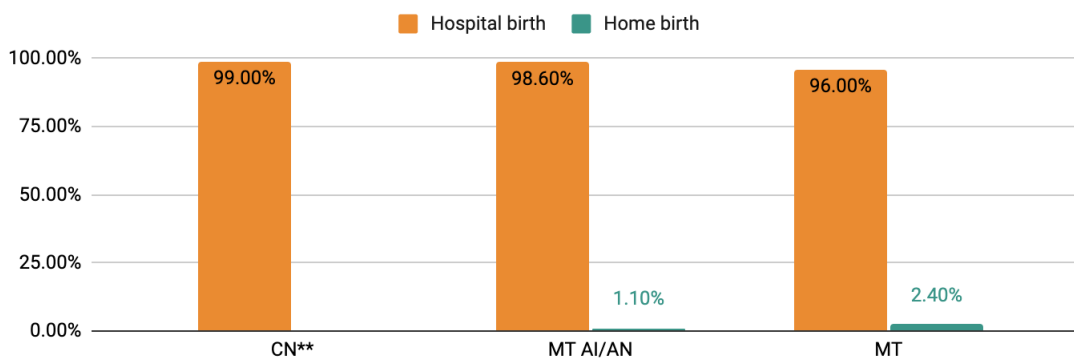
Pregnancy and Birth Statistics

Birthing Characteristics of Mothers, 2015-2019*

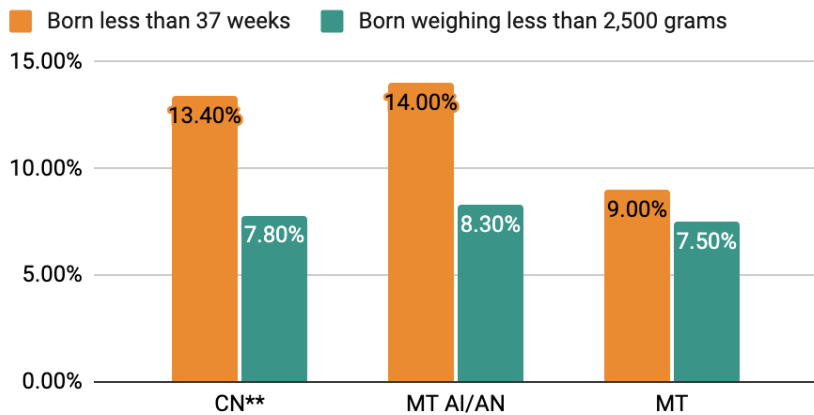
Vaginal Birth vs. Cesarean Birth Characteristics of Mothers
2015-2019*



Hospital Birth vs. Home Birth Characteristics of Mothers
2015-2019*



Born <37 Weeks vs. Born Weighing <2500 Grams 2015-2019*



MTIBIS BIRTH WEIGHT 2019, MTIBIS PRETERM 2019, CN BIRTH STATS 2019

*Due to the small population of CN and limited available data, the proportions were averaged over five years.

**Rates were not calculated if there were too few events.

Most births across all populations from 2015–2019 were vaginal births compared to cesarean, and were conducted in a hospital rather than at home. Although the

CN proportion of infants born before 37 weeks or weighing less than 2,500 grams was lower than other Montana Native Americans, the percentage was still higher than Montana overall.

Prenatal Indicators of Mothers, 2015-2019*

	CN	MT
No prenatal care	8.4%	1.5%
Women entering prenatal care after first trimester	70.7%	27.1%
Last prenatal care visit after 28 weeks	88.5%	95.8%

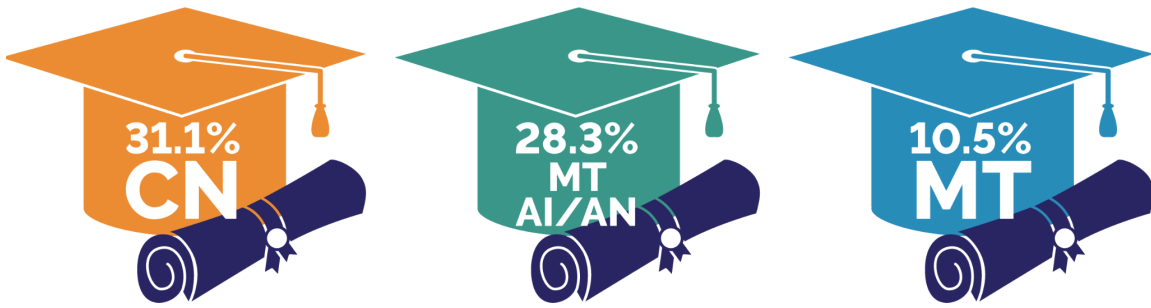
CN BIRTH STATS 2019

*Due to the small population of CN and limited available data, the percentages were averaged over five years.

Prenatal care, or healthcare received while pregnant, helps to keep both mother and baby healthy throughout the pregnancy. Prenatal visits can help reduce the risk of complications for mom and baby by informing women what to do regarding pre-existing conditions, foods and substances to avoid, as well as steps to take to ensure proper nutrition and physical activity. (NIH PRENATAL 2017, OWH PRENATAL 2019)

Compared to other mothers in Montana, CN mothers were more likely to have no prenatal care and to enter prenatal care after the first trimester of pregnancy. Similarly, CN mothers were less likely to attend a prenatal visit after 28 weeks gestation compared to Montana mothers.

Mothers with an Education Level Less than High School Graduate, 2015-2019*

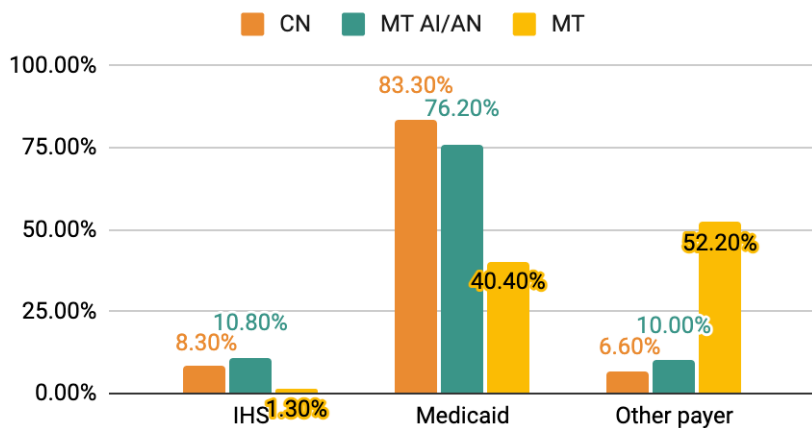


CN BIRTH STATS 2019

*Due to the small population of CN and limited available data, the percentages were averaged over five years.

More pregnant CN mothers indicated they had less than a high school degree compared to other Montana Native Americans and Montanans.

Health Insurance Among Mothers 2015-2019*

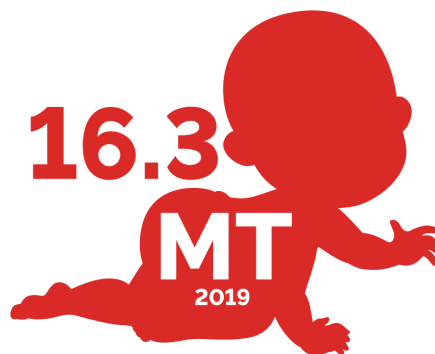


CN BIRTH STATS 2019

*Due to the small population of CN and limited available data, the percentages were averaged over five years.

Pregnant CN mothers reported using Medicaid insurance more often than both Montana AI/AN mothers and other mothers in Montana. However, there were fewer CN mothers using IHS than other Montana Native American mothers.

Teenage Birth Rates per 1,000 Females Age 15-19 Years Old

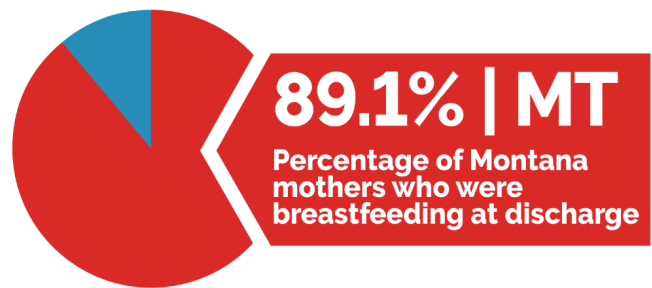
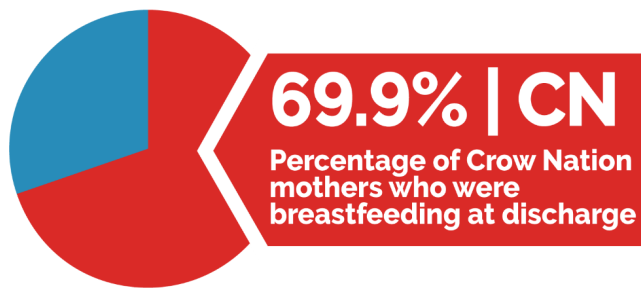


MTIBIS TEEN BIRTHS 2019, CN BIRTH STATS 2019

*Due to the small population of CN and limited available data, the percentages were averaged over five years.

The rate of teen births in CN was substantially higher than teen births in Montana state.

Breastfeeding at Discharge, 2015-2019*

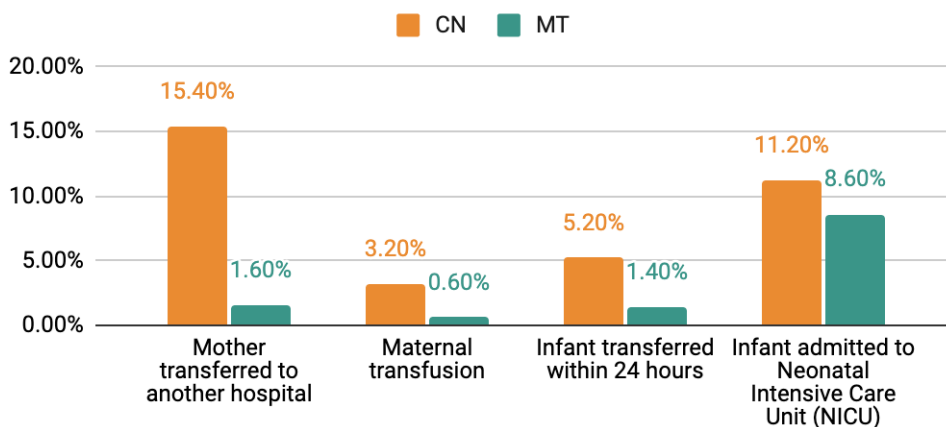


CN BIRTH STATS 2019

*Due to the small population of CN and limited available data, the percentages were averaged over five years.

Fewer new CN mothers (69.9%) indicated they were breastfeeding at discharge from the hospital compared to other new Montana mothers (89.1%).

Pregnancy Complications 2015-2019*



CN BIRTH STATS 2019

*Due to the small population of CN and limited available data, the percentages were averaged over five years.

More CN mothers experienced delivery complications than other mothers in Montana.

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

Total WIC Participants by Agency, 2020		
	Crow Tribe Health Department	Big Horn Health Department
Number of Participants	35	607

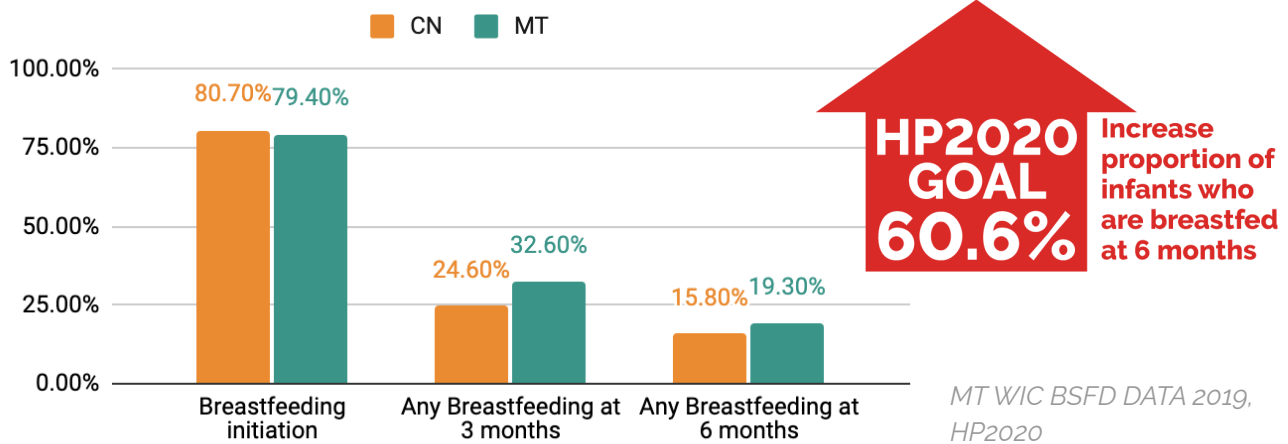
MT WIC M-SPIRIT 2021

Although the service area of Big Horn Health Department overlaps with CN, there are substantially more WIC participants in Big Horn Health Department compared to the Crow Tribe Health Department. There may be several reasons for this disparity, mostly revolving around difficulties accessing services. Potential barriers preventing access among the CN community include a lack of transportation, inability to take off from work during location operation hours, and difficulty finding childcare. (WIC NA 2021)

Percentage of Mothers Who Participate in WIC, 2019



Breastfeeding Among WIC Participants 2019



Although more CN mothers reported breastfeeding their newborn compared to other Montana mothers, they were less likely to breastfeed when their infant reached 3 and 6 months of age compared to other Montana mothers. Neither CN nor Montana mothers met the Healthy People 2020 goal of having 60.6% of 6-month-old infants breastfed.

WIC Participants Who Have Ever Breastfed, 2018-2020

	Big Horn County*
2018	75.8%
2019	78.4%
2020	76.0%

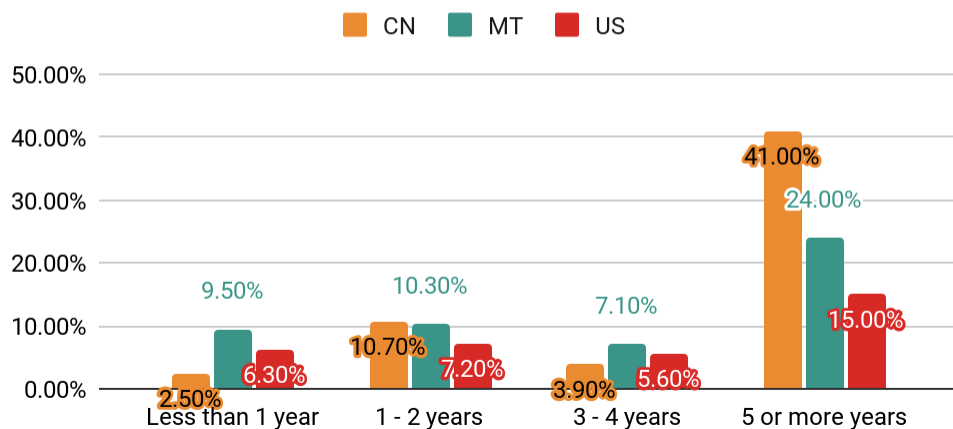
MT WIC BSFD INITIATE 2020

*Big Horn County data is used to represent CN when CN-specific data is not available.

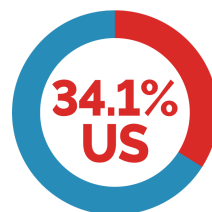
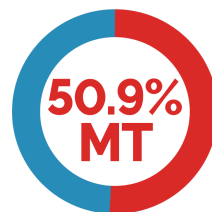
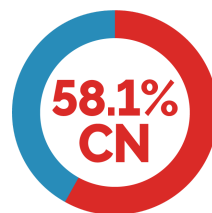
The proportion of WIC participants in Big Horn County who have ever breastfed slightly increased from 2018 to 2019, but decreased from 2019 to 2020.

Caring for Children

Number of Years Grandparents are Responsible for Grandchildren Percentage



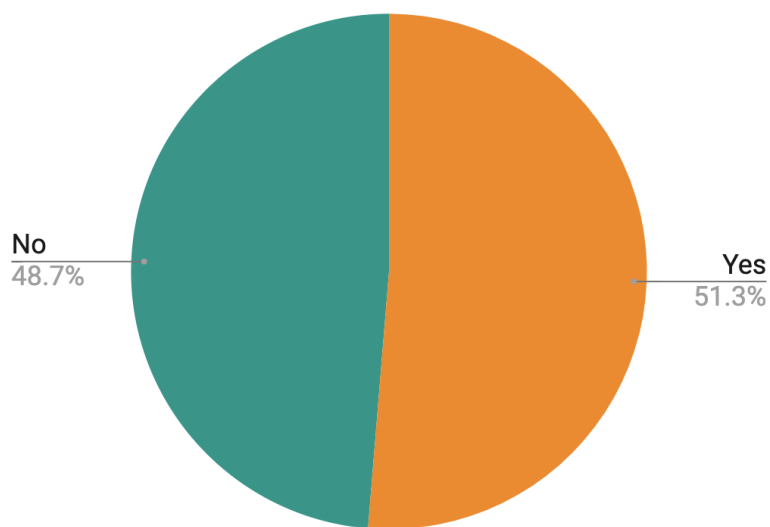
Percentage of Grandparents who are Primary Caretakers for Grandchildren



US CENSUS BUREAU 2019

In 2019, about 58% of grandparents in CN were considered the primary caregivers for their grandchildren, compared to 51% in Montana and 34% in the US. Furthermore, CN grandparents were more likely to take care of their grandchildren for 5 or more years compared to other Montana and US grandparents.

Parents/Caregivers/Guardians in Crow Nation, 2021



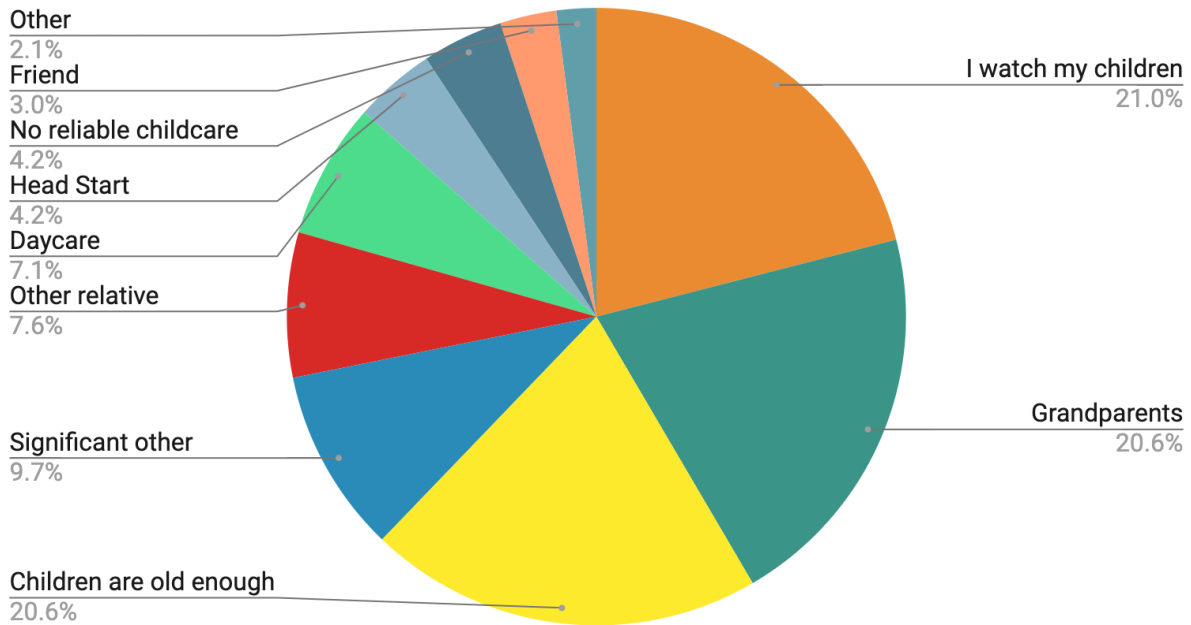
"When you have great grandmas raising their great grandchildren, that's just, wow."

- APSÁALOOKE VOICES

CN CHA SURVEY 2021

Over half of the CN CHA survey respondents consider themselves parents or caregivers of children.

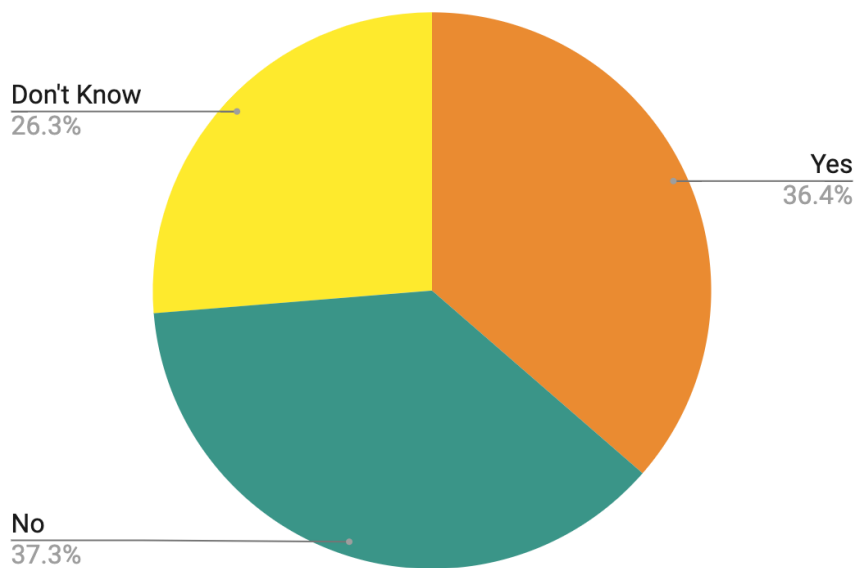
Childcare Options in Crow Nation, 2021



CN CHA SURVEY 2021

Most parents in CN indicated that they either watch their children themselves (21%) or utilize grandparents (21%) for childcare.

Presence of Parenting Role Models, Crow Nation, 2021



"There's a lot of children who actually don't have parents now. And if they're being taken care of by a grandparent, oftentimes the structure that needs to be there, isn't there. Because maybe the grandparent doesn't have the energy, or the resources."
 - APSÁALOOKE VOICES

CN CHA SURVEY 2021

Over one-third of survey respondents said they believed CN could benefit from more parenting role models.

Worried About Having Children Taken Away, Crow Nation, 2021

	Yes	No	Don't Know
Percentage	7.5%	89.7%	2.9%

CN CHA SURVEY 2021

Almost 8% of survey respondents reported being worried about having their children taken away.

Caregivers Who Were Told that Child Should Get Mental Health Services from School or Doctor's Office, Crow Nation, 2021

	Yes	No	Don't Know
Percentage	8.5%	89.1%	2.4%

CN CHA SURVEY 2021

About 9% of CN parents/caregivers who took the 2021 CHA survey had been told that their child should get mental health services.

If Told that Child Should Get Mental Health Services, Did the Child Receive those Services?, Crow Nation, 2021

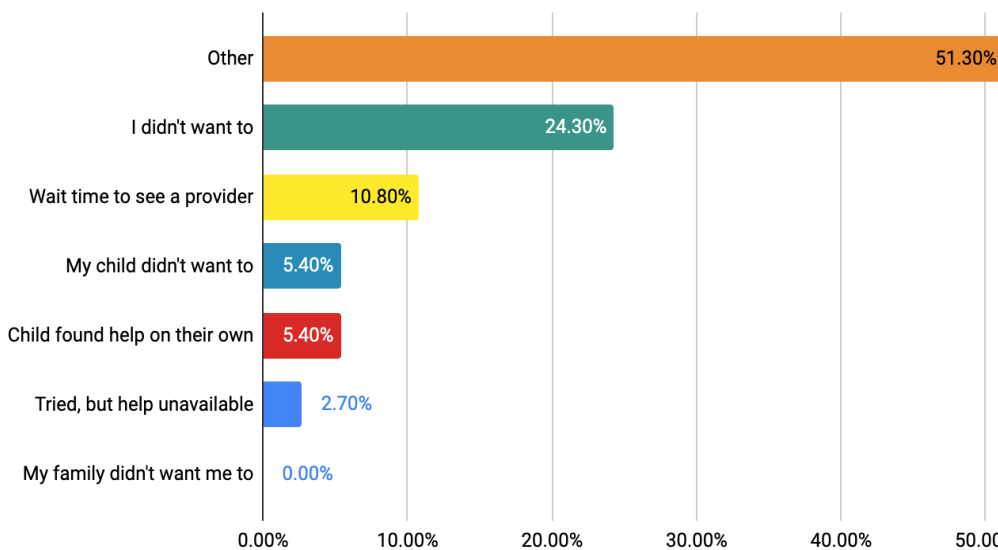
	Yes	No	Don't Know
Percentage	27.1%	72.9%	0.0%

CN CHA SURVEY 2021

Among parents/caregivers who were told their child needed mental health services in 2021, a quarter of children received those services.

Reason for Not Getting Child Mental Health Resources, Crow Nation, 2021

CN CHA SURVEY 2021



The biggest reasons parents/caregivers cited for not getting mental health services for their child were that the parent/caregiver didn't want to (24%) and the wait time to see a provider was too long (11%).

Environmental Health & Housing

Environmental health focuses on the relationship between people and their environments. (*APHA ENVIRONMENT 2021*) Unhealthy environmental conditions can result in increased disease and injury, and can be a pathway for both communicable and chronic diseases. Environmental health includes air and water quality, sanitation, hygiene, and the quality of built environments, such as workplaces and homes. (*WHO ENVIRONMENT 2021*) All of these factors combine to influence human health and the health and safety of our communities.

For the Apsáalooke, and many people within present-day Crow Nation (CN), surface water sources have continuously deteriorated over time, and many of our community members experience water insecurity. Due to the decreased quality of river water, many face a lack of access to safe, clean water for basic household tasks. Furthermore, a deep, spiritual relationship with water is ingrained into the community's cultural practices and ceremonies. Maintaining these cultural traditions is complex; the Apsáalooke understand that local water sources are contaminated and may be associated with health risks, but losing their relationship with the water is not an option. (*MARTIN ET AL 2021*) Many participants from a study by Christine Martin and others reported that although they no longer consume untreated river water for household uses, the water may still be used during ceremonies.

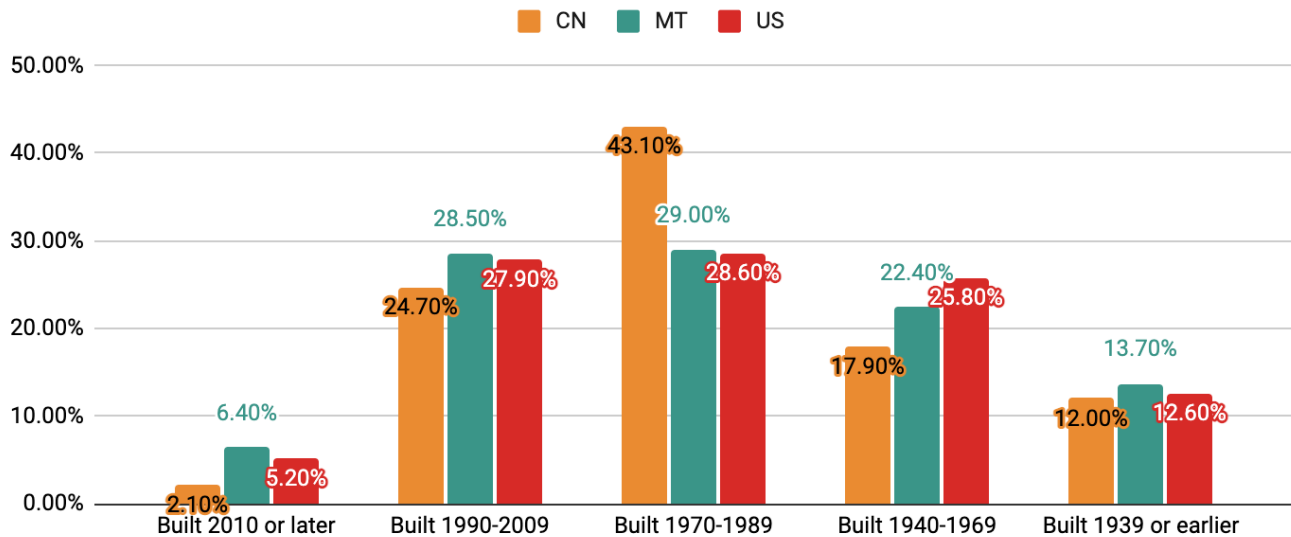
Many homes in CN (43.1%) were built between 1970–1989, and less than three-fourths of homes in the community are occupied—a rate lower than that seen across Montana or the US. The majority of respondents to the Crow CHA Survey reported their current living situation was in a home they own (37%), with family (33%), or in a home they rent (25%). Home amenities most lacking in CN included internet/WiFi, a clothes washer, and a telephone that makes and receives calls (including a cell phone). Although most community members surveyed about the quality of infrastructure in CN noted that sidewalks were easy to navigate, they felt that streets did not have proper lighting, and that there were not adequate legal trash disposal sites or trash pick-up in the community.



Photo from Johnna Snell.

Housing

Housing Construction by Year, 2019



US CENSUS BUREAU 2019

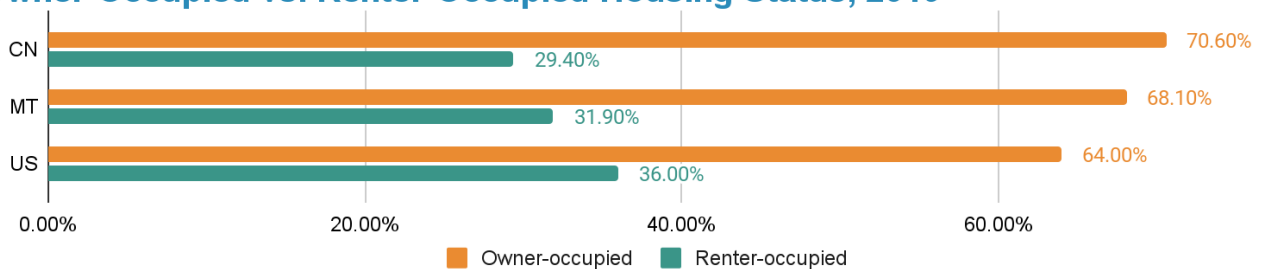
The distribution of houses constructed by year was similar across all three populations, with a small proportion of houses built in 1939 or earlier, peaking at a construction year between 1970–1989, and falling again, with the lowest proportion being built in 2010 or later. However, almost half of the houses in CN were built between 1970–1989, and only 2% were built after 2010.

Occupied Housing Units, 2019



US CENSUS BUREAU 2019

Owner-Occupied vs. Renter-Occupied Housing Status, 2019



US CENSUS BUREAU 2019

Percentage of People with No Vehicle, 2019



US CENSUS BUREAU 2019

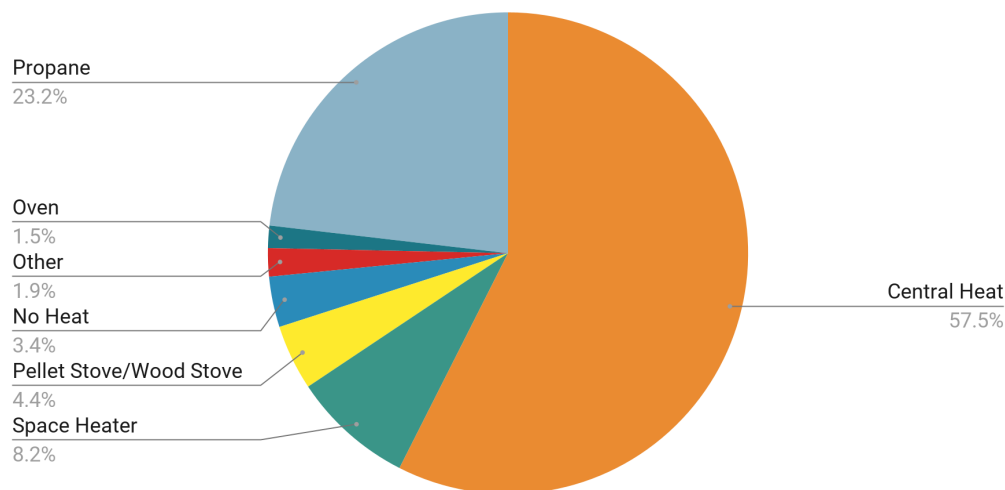
In CN, only about 72% of housing units were occupied, compared to 84% in Montana and 88% in the US. However, a greater proportion of houses in CN were owner-occupied compared to either Montana or the US. Only 3% of households did not have a vehicle, compared to 5% in Montana and 9% in the US.

Current Living Situation, Crow Nation, 2021	
	Percentage
In a Home They Own	37.1%
With Family	32.5%
In a Home They Rent	25.0%
With Friends	2.5%
Other	1.3%
Hotel	0.8%
Camper	0.8%
Car	0.0%
Shelter	0.0%

CN CHA SURVEY 2021

Most of the CN CHA survey respondents reported living in a home they owned (37%), with family (33%), or in a home they rented (25%).

Primary Source of Heating in Homes, Crow Nation, 2021



CN CHA SURVEY 2021

Survey respondents reported using central heat (electric/gas) (58%) as the primary source for heating their homes, followed by propane (23%), and space heaters (8%).

Access to Home Amenities/Appliances in Crow Nation, 2021

Amenity/ Appliance	
Internet/WiFi	69%
Clothes washer	71%
Telephone that makes and receives calls, including cell phones	74%
Oven	85%
Access to clean water	86%
Stovetop	88%
Sink with faucet	91%
Hot running water	91%
Working Toilet	92%
Electricity	95%
Bathtub or Shower	96%

CN CHA SURVEY 2021

House Occupancy Level, Crow Nation, 2021



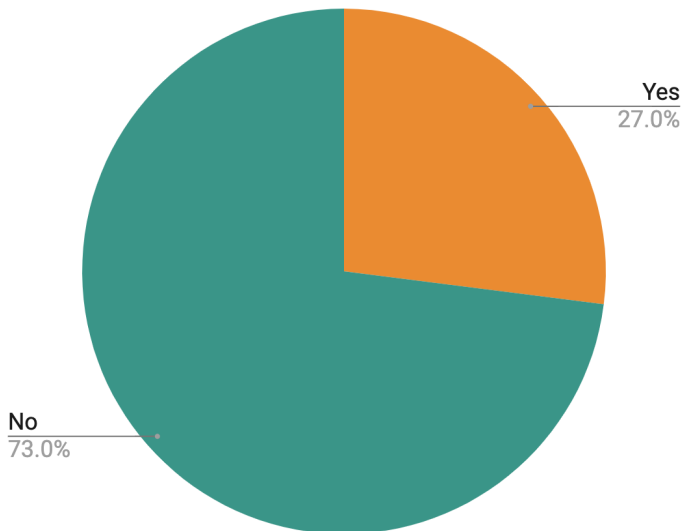
3 AVERAGE NUMBER OF BEDROOMS

5 AVERAGE NUMBER OF PEOPLE SLEEPING IN THE HOUSE (INCLUDING THEM)

CN CHA SURVEY 2021

Overcrowding can be defined as having more people sleeping in a home than there are available bedrooms. Using a measurement of person per bedroom (PPB), a PPB greater than 2 indicates overcrowding (OVERCROWDING 2007).

Home Overcrowding, Crow Nation, 2021

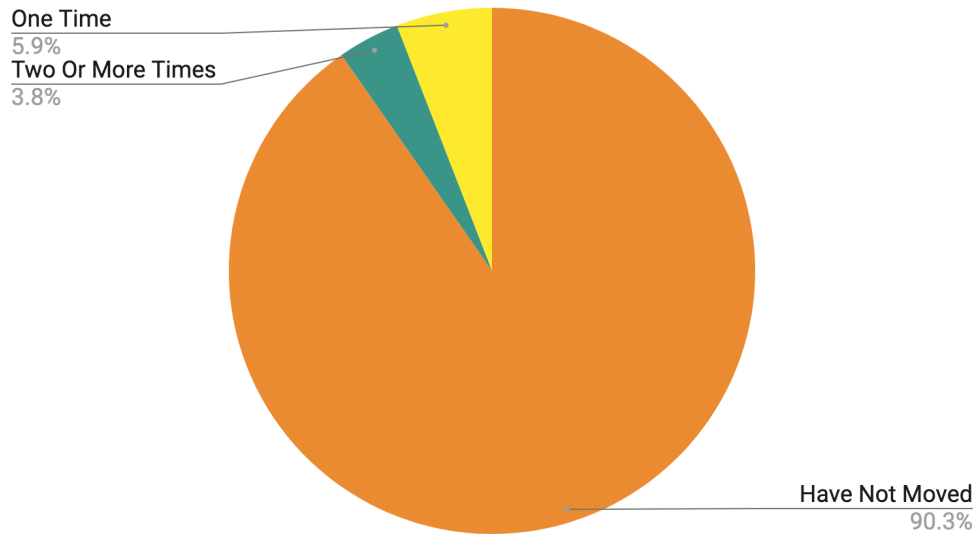


CN CHA SURVEY 2021

According to data collected in the CN CHA survey, over one-fourth of homes in CN met the criteria for overcrowding. The number of bedrooms and number of people sleeping inside one house varied widely; the number of bedrooms ranged from 1 to 6, while the number of individuals sleeping inside the home ranged from 1 to 20 people.

"Every single one of us, we have huge, huge disparities in drinking water. We don't have clean water here."
- APSÁALOOKE VOICES

Home Moving Frequency, Crow Nation, 2021



CN CHA SURVEY 2021

In the past 2 months, about 6% of survey respondents reported moving once, while almost 4% reported moving two or more times.

Average Wait Time for Housing, Crow Nation, 2021

CROW HOUSING AUTHORITY 2021



According to the Crow Housing Authority, the average wait time for housing is 10 years. This extended wait time is due to a lack of housing availability, largely because so few new houses have been built. Housing units generally stay within families as long as someone has the ability to pay rent.

Waiting List for Housing, Crow Nation, 2021

	Lodge Grass	Crow Agency	Black Lodge	St. Xavier	Pryor
Number of People	63	52	27	29	43

CROW HOUSING AUTHORITY 2021

The largest number of people on the waiting list for housing is in Lodge Grass, while Black Lodge has the lowest number on the waiting list.

Uninhabitable Meth Houses, Crow Nation, 2021



CROW HOUSING AUTHORITY 2021

Houses in which the previous occupants had smoked or cooked methamphetamines are subject to its volatile organic compounds settling on surfaces such as walls, countertops, and flooring, where they can migrate throughout the home. New occupants of these homes could be exposed to residual methamphetamine, as well as other chemicals related to its production. This exposure can result in adverse health effects, including respiratory illnesses, skin irritations, and behavioral changes. For this reason, it is imperative that these

homes are properly cleaned and restored to acceptable standards before they become available to others. (KUHN ET AL 2019)

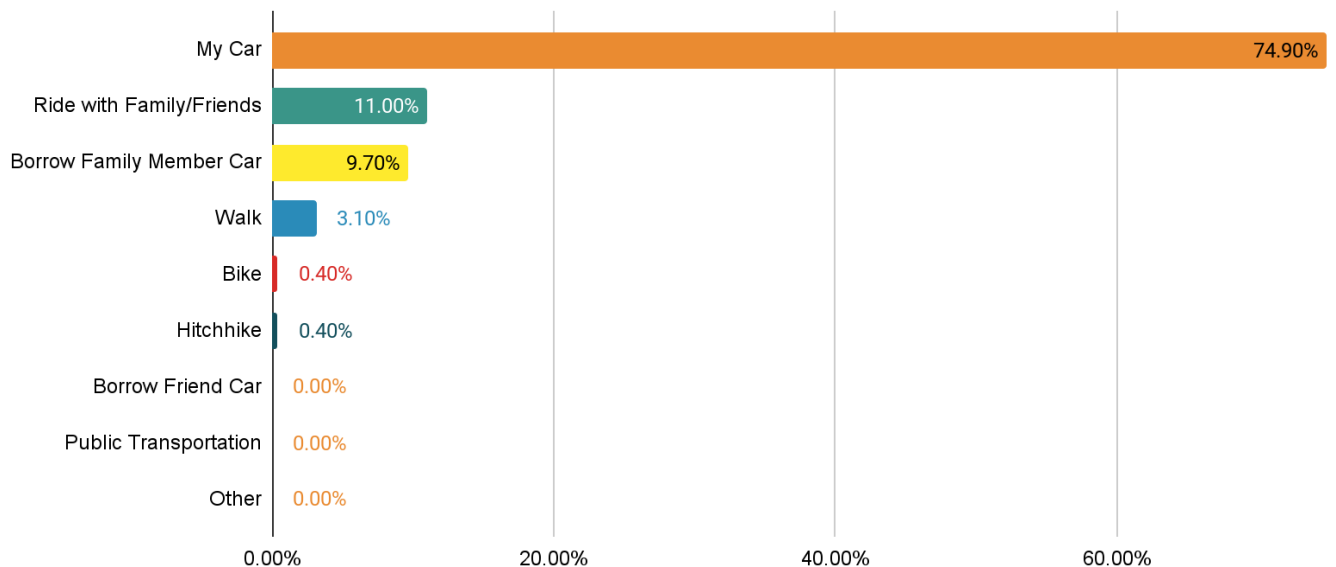
Estimated Cost to Mitigate a Meth House*, 2021



CROW HOUSING AUTHORITY 2021

*Cost depends on the size of the bedrooms in the house and how many rooms are positive for meth.

Transportation, Crow Nation, 2021

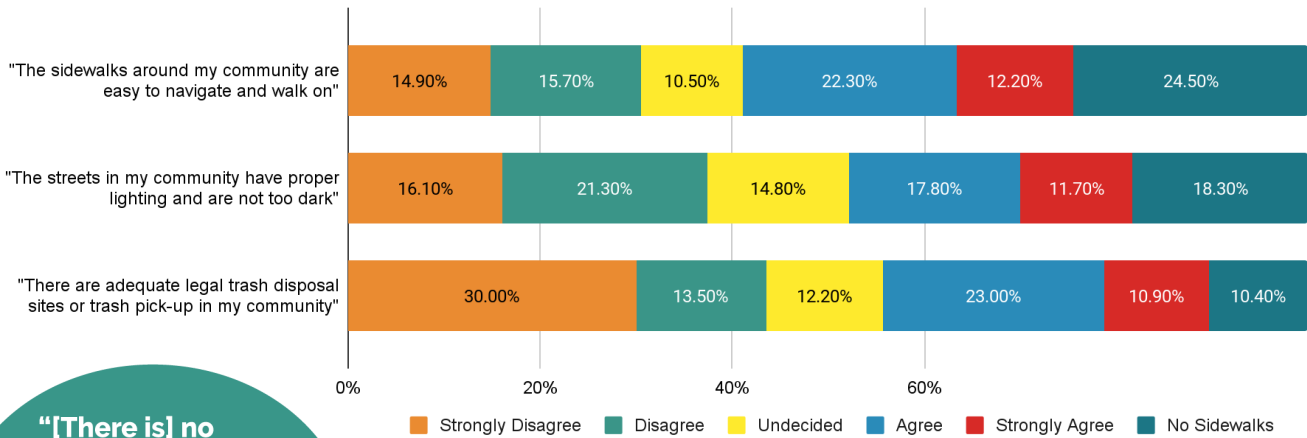


CN CHA SURVEY 2021

About three-fourths of those taking the CN CHA survey reported using their own vehicles for transportation, while 11% reported riding with family or friends, and 10% borrowed a car from a family member.

Infrastructure

Quality of Infrastructure, Crow Nation, 2021



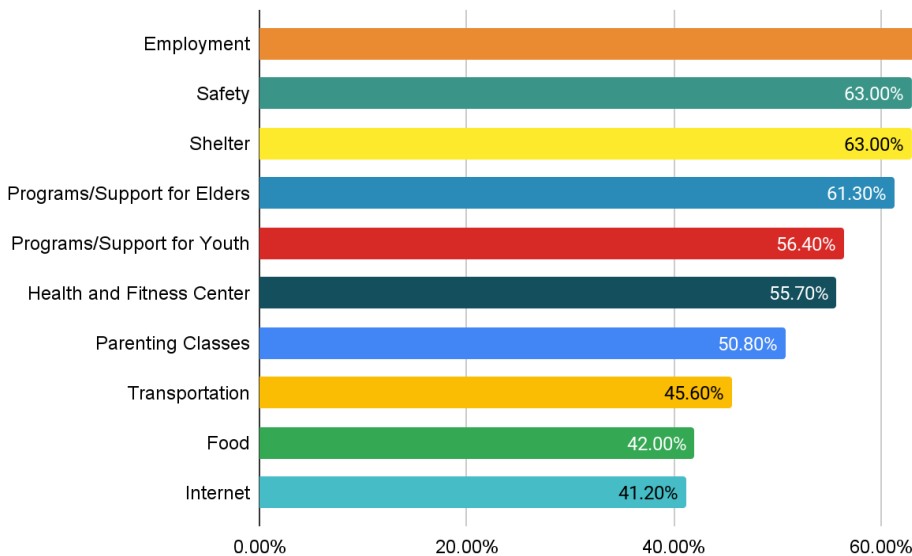
CN CHA SURVEY 2021

About 35% of survey respondents reported agreeing/strongly agreeing that the sidewalks in the community were easy to navigate and walk on. However, 37% disagreed/strongly disagreed that their streets had proper lighting, and 44% disagreed/strongly disagreed that there were adequate legal trash disposal sites in the community.

"[There is] no safety for the kids walking around at night, especially because we do not have lights along the streets..."
 APSÁALOOKE VOICES

Resources

Perceived Lack of Resources, Crow Nation, 2021



CN CHA SURVEY 2021

CN CHA survey respondents reported employment services as the most lacking resource in CN (70%), followed by safety (63%), shelter (63%), and programs/support for elders (61%).

"The Crow people need more places on the reservation to work. The only services available to help with work [are] the Crow Tribe Human Resource Department, TERO, schools, and Indian Health Service. Some people utilize these job services, but job spaces is limited."
 APSÁALOOKE VOICES

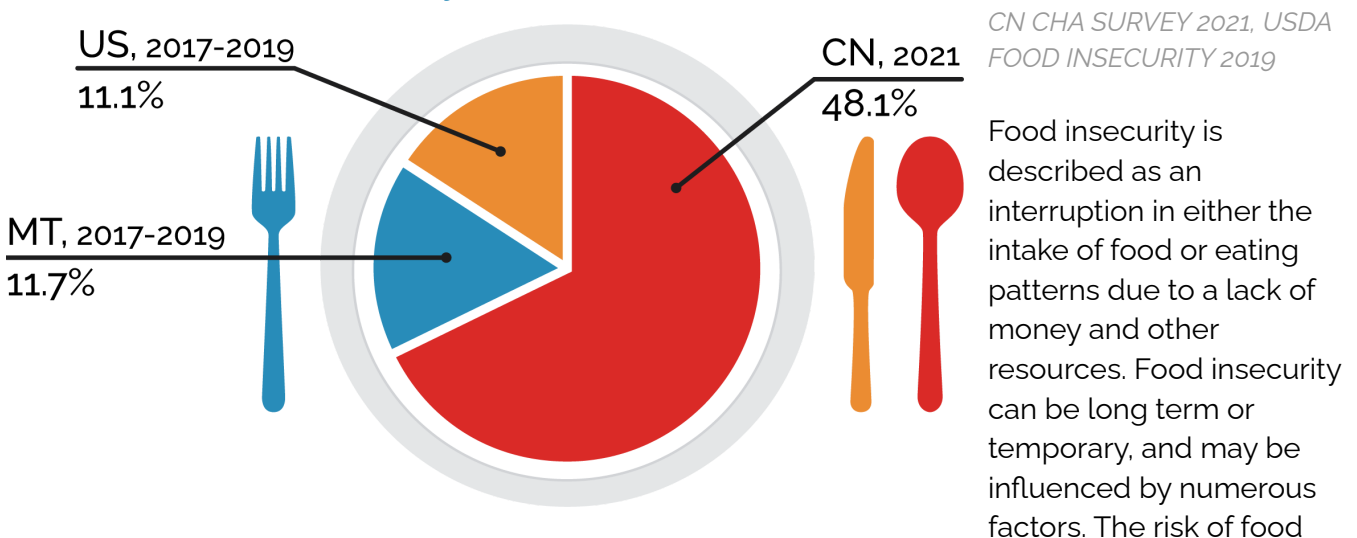
Food, Movement, and Weight

Maintaining proper nutrition, adequate physical activity, and a healthy body weight are all essential components of a person's overall health and wellbeing. When considered together, these elements are key lifestyle factors that positively influence lifelong health in various ways. Establishing healthy nutrition and physical activity has been shown to improve physical and cognitive performance and musculoskeletal health, while also preventing metabolic diseases like obesity, type 2 diabetes, and cardiovascular disease. (KOEHLER & DRENOWATZ 2019)

As reported in the CN CHA Survey, almost half of the households in CN are considered food insecure. Nearly all of the students who went to schools predominantly attended by Crow students were eligible for free or reduced-price meals, compared to only about half of the students attending schools in the rest of Montana. Less than one-third of students attending CN middle and high schools reported attending physical education classes all five days a week, and about three-fourths of students engaged in three or more hours of screen time on an average school day.

Nutrition

Prevalence of Food Insecurity



insecurity significantly increases as money to buy food is limited or unavailable. Furthermore, environment and neighborhood characteristics may also impact physical access to food. For example, individuals living in urban, rural, and low-income areas may not have adequate access to full-service supermarkets or grocery stores. Similarly, residents living in neighborhoods with limited transportation options, extended distances to stores, and few supermarkets are also at a greater risk for food insecurity compared to neighborhoods with ample transportation options, as well as closer and more abundant supermarkets. Adults and children who are food insecure are at increased risk for negative health outcomes including higher rates of chronic diseases and obesity. (HP FOOD INSECURITY 2021)

According to responses from the CN CHA survey, there is significantly more food insecurity in CN (48%) compared to Montana (12%) and the US (11%).



Estimated Donations from Center Pole*, 2021

CENTER POLE 2021

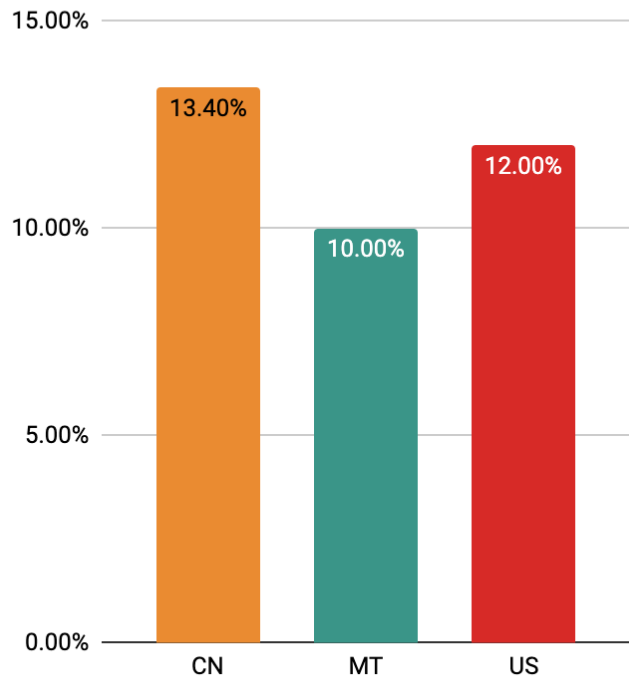
*The estimated count is for number of donations, not number of people served; there can be multiple donations per person served.

Students Eligible for Free or Reduced-Priced Meals by School, 2020	
School	Percentage of Students
Hardin Schools	93.1%
Crow Agency	100%
Fort Smith School	84.2%
Hardin High School	76.9%
Hardin Intermediate	100%
Hardin Middle School	97.6%
Hardin Primary	100%
Lodge Grass Schools (ALL)	100%
Pryor Schools (ALL)	100%
Wyola Schools (ALL)	100%
Montana	51.5%

MT OBI LUNCHES 2020

About 93% of students attending Hardin Schools were eligible for free or reduced-price school meals, compared to 100% of students attending Lodge Grass, Pryor, and Wyola Schools. Only about 52% of Montana students were eligible for free or reduced-price school meals.

Utilization of Supplemental Assistance Program (SNAP), 2019



CBPP 2019, US CENSUS BUREAU SNAP 2019

SNAP is a program that provides nutrition benefits to supplement the food needs of low-income families, which enables them to purchase healthy and nutritious foods for their families. The program's goal is to decrease the number of hungry families while moving people toward self-sufficiency (SNAP ABOUT 2021)

The proportion of CN who utilize SNAP (13%) is similar to the proportion who participate in the program in Montana (10%) and the US (12%).

Students Who Have Eaten and/or Drunk Particular Foods and Have Not Consumed Breakfast Over the Past 7 Days*

YRBS Measure	CN Middle Schools (2020)	CN High Schools (2020)	MT AI/AN (2019)	MT (2019)	US (2019)
Ate fruit	86.5%	89.2%	54.7%	54.8%	--
Ate green salad	36.1%	58.0%	38.6%	34.3%	--
Ate vegetables	67.8%	73.5%	89.2%	94.5%	--
Drank soda or pop	78.2%	67.9%	79.3%	71.5%	68.3%
Did not eat breakfast	14.0%	15.4%	13.7%	14.2%	16.7%

MT YRBS 2019, MT US YRBS 2019, HHS YRBS 2021, HMS YRBS 2021, PC HS YRBS 2021, P7-8 YRBS 2021, W7-8 YRBS 2021, LGHS YRBS 2021

*includes Hardin, Pryor, Wyola, and Lodge Grass schools

CN Middle School and High School students ate more fruit, and CN High School students ate more green salad, than other Montana AI/AN students and other Montana students. Both CN Middle and High School students ate less vegetables than other Montana AI/AN students and students in Montana. The proportion of students who did not eat breakfast was similar across all populations.

Top Beverages Consumed (% who consumed), Crow Nation, 2021

Beverage Consumed Yesterday

- 1** **Water (72%)**
- 2** **Regular Soda (47%)**
- 3** **Coffee/Tea (45%)**
- 4** **Alcohol (27%)**
- 5** **Gatorade (24%)**
- 6** **Energy Drink (19%)**

“[We need to] provide more healthy foods on the reservation...and prevention especially in the schools by teaching about the harmful effects of soda pop, sugar, corn syrup, aspartame...”

- APSÁALOOKE VOICES

CN CHA SURVEY 2021

Almost half of respondents to the CN CHA survey indicated that they drank a regular soda in the previous day and one in five people consumed an energy drink. Sixty-six percent of survey respondents consumed a sugary beverage in the previous day (included: regular soda, Kool Aid, energy drinks, and Gatorade).

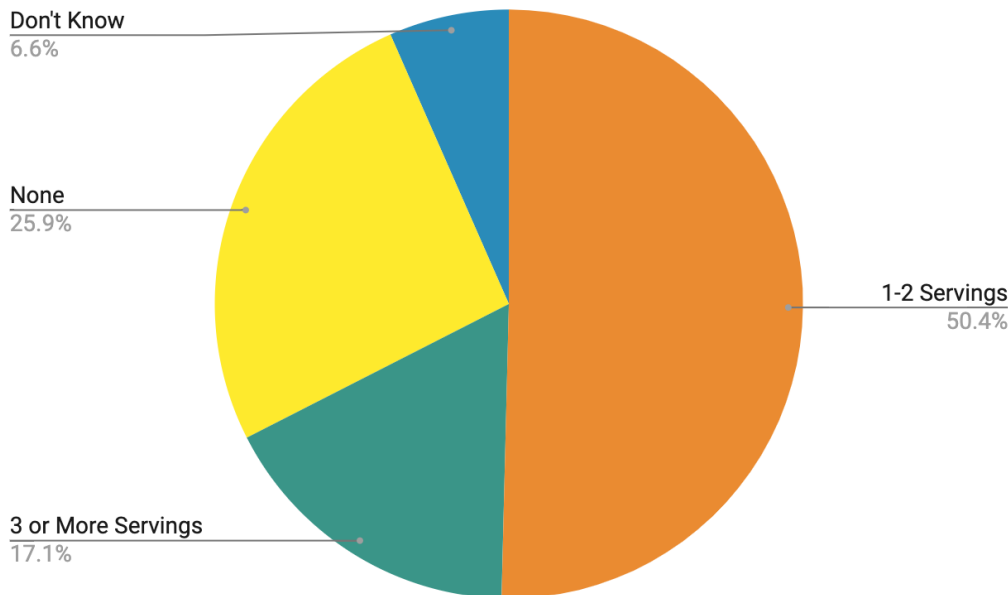
Fruits Consumed the Previous Day, Crow Nation, 2021

	1 Piece	2 or More Pieces	None	Don't Know
Percentage	24.1%	 34.9%	32.8%	8.2%

CN CHA SURVEY 2021

Over one-third of respondents to the CN CHA survey indicated that they ate 2 or more pieces of fruit the previous day. However, nearly one-third did not eat any fruit during the same period.

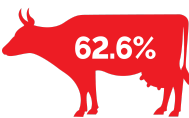


Vegetables Consumed the Previous Day, Crow Nation, 2021



CN CHA SURVEY 2021

About half of survey respondents ate 1-2 servings of vegetables the previous day. Approximately one-fourth of respondents consumed no vegetables during the same period.

Kinds of Meat Eaten the Previous Day, Crow Nation, 2021

Beef	Chicken/ Turkey	Deer/Elk /Other Game	Pork/ Bacon/ Sausage	Organ Meat	Bologna /Spam	Red Wieners /Hot Dog	None	Other
 62.6%	 29.0%	9.2%	 27.7%	1.7%	13.0%	9.7%	5.9%	2.1%

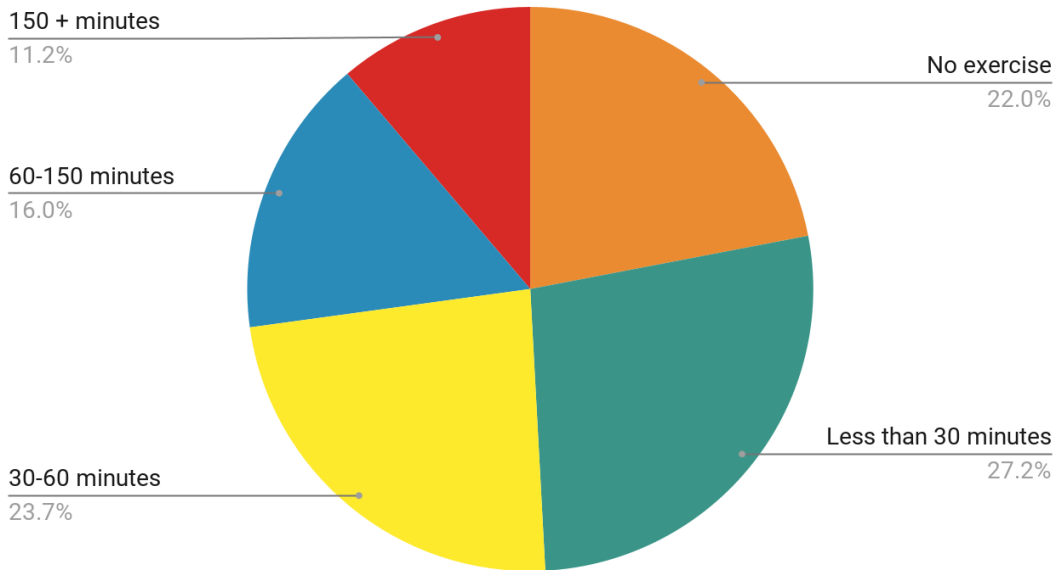
CN CHA SURVEY 2021

Most CN CHA survey respondents reported eating beef (63%), chicken/turkey (29%), or pork/bacon/sausage (28%) during the previous day.

Physical Activity

Time Spent Exercising in the Past Week, Crow Nation, 2021

Percentage performing exercises like walking, running, stretching, shoveling, intense cleaning, etc



CN CHA SURVEY
2021

Almost half of survey respondents (49.2%) completed less than 30 minutes of activity or no activity during the past week.

Students Who Participated in Structured Physical Activity

YRBS Measure	CN Middle Schools (2020)	CN High Schools (2020)	MT AI/AN (2019)	MT (2019)	US (2019)
Number of days attending physical education/average school week					
0 days	7.8%	31.5%	41%	43.4%	47.80%
1 day	7.4%	3.9%	59% (1+ days)	1.9%	52% (1+ days)
2-4 days	64.2%	32.3%		22.0%	
5 days	20.6%	32.3%		32.8%	
Sports teams played on/past 12 months					
0 teams	47.8%	37.8%	38.8%	39.2%	42.60%
1 team	22.2%	21.3%	61% (1+ teams)	24.7%	57% (1+ teams)
2 teams	13.8%	22.1%		19.5%	
3 or more teams	16.3%	18.9%		16.5%	

MT YRBS 2019, MT US YRBS 2019, HHS YRBS 2021, HMS YRBS 2021, PC HS YRBS 2021, P7-8 YRBS 2021, W7-8 YRBS 2021, LGHS YRBS 2021

*Includes Hardin, Pryor, Wyola, and Lodge Grass schools

CN Middle and High School students reported attending more physical education classes during an average week compared to other Montana AI/AN students and students in Montana and the US. CN High School and Montana AI/AN students reported playing on more sports teams than any other group.

Students Engaging in Non-Structured Physical Activity

YRBS Measure	CN Middle Schools (2020)	CN High Schools (2020)	MT AI/AN (2019)	MT (2019)	US (2019)
Percentage of students who were physically active at least 60 minutes per day on 5 of the past 7 days	34.5%	54.2%	43.2%	51.0%	44.1%

MT YRBS 2019, MT US YRBS 2019, HHS YRBS 2021, HMS YRBS 2021, PC HS YRBS 2021, P7-8 YRBS 2021, W7-8 YRBS 2021, LGHS YRBS 2021

*Includes Hardin, Pryor, Wyola, and Lodge Grass schools

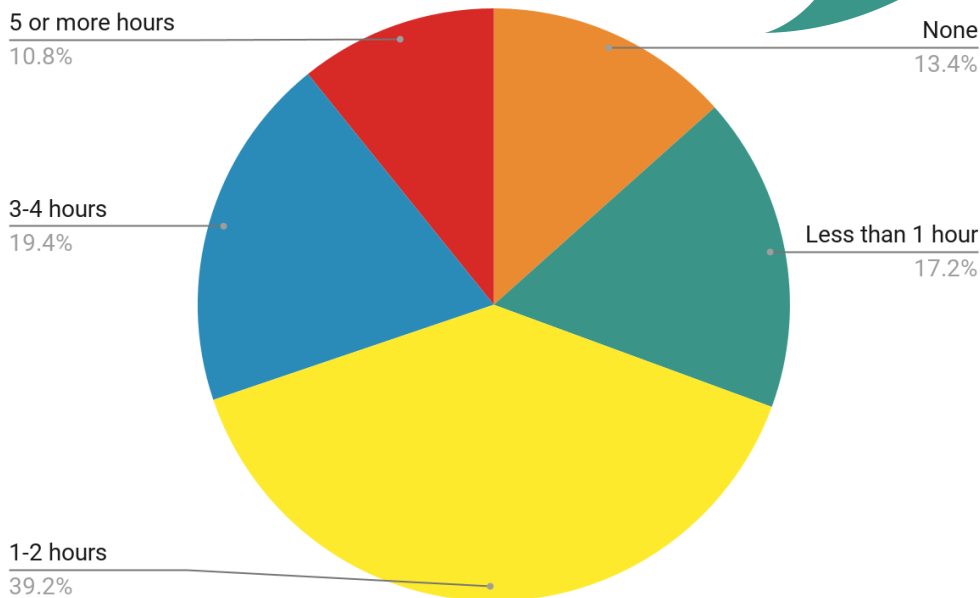
CN High School students reported engaging in physical activity (54%) more often than any other group.

"Things that need to be done to address obesity and diabetes are to ...close down all the delis on the reservation; open up fitness centers; work with kids at school and home for more physical fitness instead of being at home playing video games; have workout programs for adults and elders; and work with Boys and Girls Club to get kids active."

- APSÁALOOKE VOICES

Time Spent Watching Television on a Normal Day,

Crow Nation, 2021



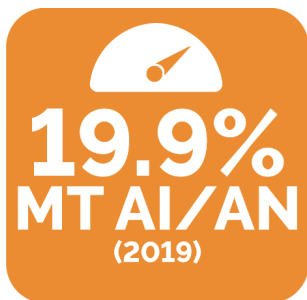
CN CHA SURVEY 2021

The majority of CN CHA survey respondents (39%) reported spending 1-2 hours per day watching television.

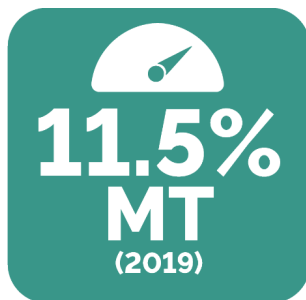
Screen Time Among Students					
YRBS Measure	CN Middle Schools (2020)	CN High Schools (2020)	MT AI/AN (2019)	MT (2019)	US (2019)
Percentage of students who watch TV for 3 or more hours on an average school day	75.0% (combined "screen time")	64.0% (combined "screen time")	25.1%	19.2%	19.8%
Percentage of students who play video or computer games for 3 or more hours on an average school day			46.2%	34.6%	46.1%
<p><i>MT YRBS 2019, MT US YRBS 2019, HHS YRBS 2021, HMS YRBS 2021, PC HS YRBS 2021, P7-8 YRBS 2021, W7-8 YRBS 2021, LGHS YRBS 2021</i></p> <p>*Includes Hardin, Pryor, Wyola, and Lodge Grass schools</p> <p>CN Middle School students (75%) and Montana AI/AN students (71%) reported more combined screen time than CN High School, Montana, and US students.</p>					

Weight Status

Percentages of Middle and High School Student Obesity*



MT YRBS 2019, MT US YRBS 2019



CN GPRA 2020

*Childhood obesity is defined here as at or above 95th percentile for BMI. CN data isn't available for this population.

The proportion of MT AI/AN who were obese was higher than the proportion in all other populations.

Student Weight Perception & Weight Loss*

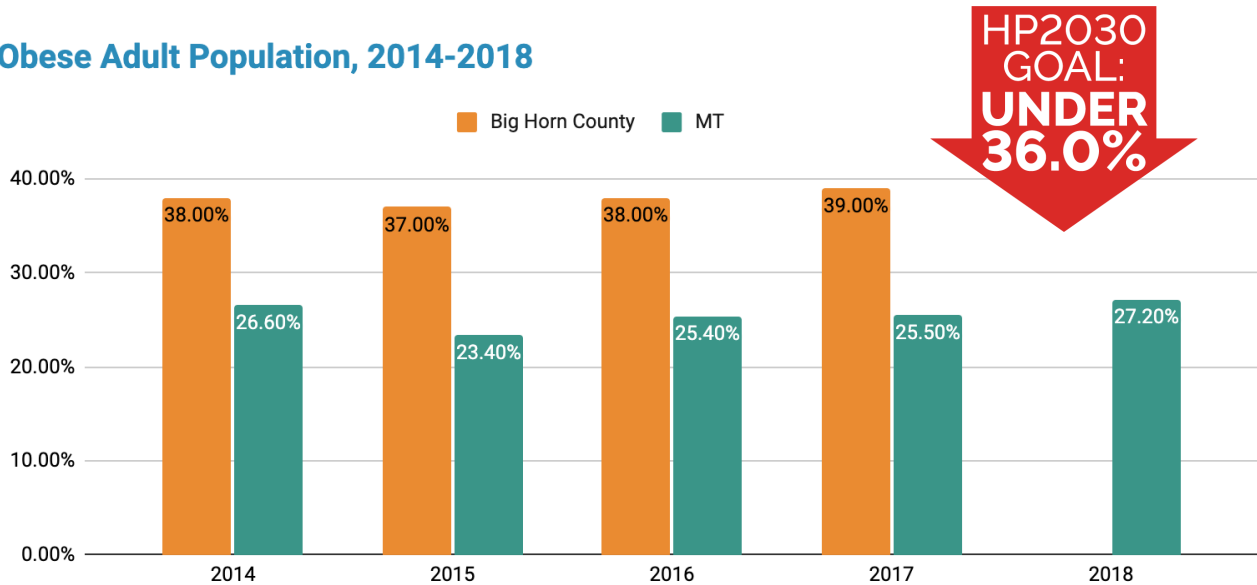
YRBS Measure	CN Middle Schools (2020)	CN High Schools (2020)	MT AI/AN (2019)	MT (2019)	US (2019)
Describe themselves as slightly or very overweight	38.5%	41.7%	43.7%	30.5%	32.4%
Were trying to lose weight	66.8%	53.4%	55.3%	41.3%	48.3%

MT YRBS 2019, MT US YRBS 2019, HHS YRBS 2021, HMS YRBS 2021, PC HS YRBS 2021, P7-8 YRBS 2021, W7-8 YRBS 2021, LGHS YRBS 2021

*Includes Hardin, Pryor, Wyola, and Lodge Grass schools

Although more Montana AI/AN students (44%) and CN High School students (42%) described themselves as slightly or very overweight, more CN Middle School students (67%) reported trying to lose weight than students in other populations.

Obese Adult Population, 2014-2018



MTIBIS OBESE 2014-2018, HP2030, MT CHRR 2014-2017

From 2014 to 2018, the population considered obese in Big Horn County was consistently higher than that of Montana, and exceeded the HP 2030 goal of 36%.

What People Say

When asked, our Key Informant Interviewees (KIIs) rated the quality of life in Crow Nation (CN) at an average score of 5 out of 10. They initially indicated that emotional and spiritual quality of life is high, but after considering the lack of basic needs met on a day-to-day basis, the rating decreased. One informant mentioned that the score mostly depends on which district a person is from, because conditions vary by location. While giving a rating of “average,” yet another community member reported that the rating would be higher if the CN community were more united. Similarly, when prompted to share how life in CN has changed over the past 10 years, the majority of key informants reported that the community’s quality of life has declined, mostly due to drugs and a lack of resources like jobs, housing, and education.

Positive Insights

However, despite these and other challenges revealed by this CHA, the people of CN have been working together to improve health within our community. Interviewees noted several activities and organizations that have united for the betterment of health on CN. For example, OneHealth has brought health services virtually to community members who live in rural areas, and who would otherwise have difficulty accessing care. Similarly, diabetes programs that help prevent and treat diabetes through education and scheduled activities are available, while Messengers for Health, which emphasizes self-care and meets people “where they are,” provides information about screenings and maintaining good health. These are just a few of the local organizations and programs available to the CN community; for a full list of resources, please see the Resources section in the Appendices. One informant also described how their community came together to secure the proper resources to control the burning of materials in the dump, create walking paths so that people had a safe place to exercise, form a neighborhood watch team, and repair a ruptured sewage pump—a tribute to what can be accomplished when working together.

Although the COVID-19 pandemic has, and continues to, cast a shadow over our lives, our KIIs reflected on the positive outcomes that have arisen from living during this pandemic for nearly two years. Long periods of quarantine highlighted the tribe’s interconnectedness, and the value and importance of maintaining relationships and ceremony. Most informants noted how the community came together to support those who were sick or grieving from losing a loved one. One interviewee mentioned that the pandemic encouraged families to join for meals more often, and to do things like plant gardens and participate in outdoor activities together. Together, these experiences over the years, both positive and negative, illustrate that, even through the toughest times, our community on CN continues to exhibit resiliency and can stand strong in the face of adversity.

APPENDIX A:

List of Community Resources

Crow Nation, Montana

Community Health Assessment (CHA)

2021

Organization Name	Brief Description of Services Offered	Location	Contact Info
Healthcare, Dental, Vision, Rehab Providers			
IHS Crow/Northern Cheyenne Hospital	Behavioral Health, Outpatient Care, Public Health Nursing, Dental, Lab, Pharmacy, Optometry, Physical Therapy, Podiatry, Radiology, Urgent Care, Ultrasound, Audiology	Crow Agency	(406) 638-3500
IHS Clinics - Lodge Grass Health Clinic - Pryor Health Station	Outpatient Care	Lodge Grass Pryor	(406) 639-2317 (406) 259-8238
oneHealth Bighorn	Outpatient Care, Behavioral Health, Dental, Pharmacy, Preventative Services, Wellness and Parenting Programs	Hardin	(406) 665-4103
Billings Clinic	Outpatient, In-patient, Full array of medical services	Billings	(406) 238-2500
SCL Health: St Vincent	Outpatient, In-patient, Full array of medical services	Billings	(406) 237-7000
Riverstone Health Clinic	Outpatient Care, Behavioral Health, Dental, Pharmacy, Immunizations, Home Care, Hospice, Public Health	Billings	(406) 247-3350
Big Horn County Memorial Hospital	Outpatient, Inpatient, Physical & Occupational Therapy	Hardin	(406) 665-2310
Sheridan Memorial Hospital	Outpatient Care, Inpatient Care, Cardiology, Women's Health, Cancer Care, Emergency Care, Urgent Care, Home Care, Hospice, Rehab, Surgical Services	Sheridan, WY	(307) 672-1000
Hardin Family Dental	Dental Care	Hardin	(406) 665-3300

Hardin Dental Clinic	Dental Care	Hardin	(406) 665-3300
Rock Creek Dental	Dental Care	Red Lodge	(406) 446-2814
Walmart Vision Center	Optometry, Glasses	Billings Billings	(406) 655-8275 (406) 254-6514
Costco Optical Department	Optometry, Glasses	Billings	(406) 651-8664
Mental / Behavioral Health Providers			
IHS Crow/Northern Cheyenne Hospital	Outpatient Therapy for Mental Health and Substance Use	Crow Agency	(406) 638-3500
Crow Nation Recovery Center	Outpatient Substance Use Counseling	Crow Agency	(406) 679-5365
South Central Montana Regional Mental Health Center	Mental Health and Chemical Dependency Care	Billings	(406) 252-5658
oneHealth Big Horn	Behavioral Health Counseling, Substance Use Disorder Treatment	Hardin	(406) 665-4103
National Suicide Prevention Lifeline	Free & Confidential Emotional Support - to people in suicidal crisis or emotional distress (24/7)	US	800-273-8255
The Crisis Text Line	Crisis Support Services via Crisis Counselor	US & Montana	Text "MT" to 741-741
Montana Warm Line	Home-based support services for people with mental illness (not in crisis)	Montana	877-688-3377
Montana Crisis Recovery	Support Locating Resources, and Counseling	Montana	877-503-0833
Homeless / Housing Assistance			
Crow Housing Authority	Housing within Crow Nation for Tribal Members	Crow Agency	(406) 623-7145
The Women & Family Shelter	Single Women and Women with Children (Christian-based)	Billings	(406) 259-3105
Montana Rescue Mission Men's Shelter	Homeless Shelter (Christian-based)	Billings	(406) 259-6079
HRDC - Harmony House	Parenting Women and Children	Billings	(406) 247-4732
HRDC - Section 8 Housing	Section 8 Housing Choice Voucher Program	Billings	(406) 247-4732

Big Horn Street Outreach Shelter	Day Shelter	Hardin	(406) 665-1722
Employment Services			
TERO	Employment Rights	Crow Agency	(406) 638-3727
People Ready	On-demand Labor	Billings	(406) 252-8989
Advanced Employment Services	On-demand Labor	Billings	(406) 652-8808
Social Services			
WIC - Hardin WIC - Crow WIC - Lodge Grass WIC - Riverstone Health	Nutrition Education and Food Vouchers	Hardin Crow Agency Lodge Grass Billings	(406) 665-8726 (406) 679-5398 (406) 639-2319 (406) 247-3370
SNAP	Hardin, Billings (Online Options)	Hardin	(406) 665-8700
TANF	HRDC Hardin, Billings HRDC (Online Options)	Hardin	888-706-1535
Crow Child and Family Social Services	Child Protection Services	Crow Agency	406-638-3919
School-based & Youth Services			
Crow Boys & Girls Club	Afterschool and Summer Programming	Lodge Grass	(406) 639-8910
21st Century Community Learning Centers	Academic Enrichment Afterschool	Lodge Grass	(406) 639-2333
Hardin Community Activity Center	Hardin Public Schools, Pool, Learning Center	Hardin	(406) 665-9425
oneHealth School-Based Health - Hardin School District - Wyola School District	School-Based Health Care	Hardin Wyola	Please talk with school liaison/nurse to make an appointment
Montana Gaining Early Awareness & Readiness for Undergraduate Programs (GEAR UP) - Hardin High - Hardin Middle - Lodge Grass Public Schools - Pryor Public Schools	Student College & Career Readiness	Hardin Lodge Grass Pryor	(406) 449-9124 (406) 665-6406 (406) 665-6343 (406) 639-2736 (406) 259-7329

Food Security Resources			
Center Pole	Food Pantry, Meals, Youth Development, Alternative Energy Demonstration Project, Food Sovereignty, Digital Archives, Indigenous Media and Education Center, Radio station	Garry Owen	(406) 638-2821
Helping Hands Food Bank	Food pantry	Hardin	(406) 665-2997
Legal & Justice Services			
Big Horn County Sheriff's Victims Witness Specialists (MMIP Crisis Specialists)	On Scene Response, Crisis Intervention, Emotional Support, Death Notification, Interview Assistance, Transportation, Needs Assessment, Safety Planning, Accompaniment to Appointments, Resources & Referrals, Court Support	Hardin	(406) 665-9727
Montana Legal Services Association	Civil, non-criminal, legal services to low income Montanans	Billings	(406) 252-6055
Aging Services			
Awe Kualawaache Care Center	Nursing Home	Crow Agency	(406) 638-9111
Senior Citizens Meal Programs	Meal Services	Crow Agency Lodge Grass Pryor	
Big Horn Senior Living	Extended Care Facility - Nursing Home, Assisted Living, Independent Living	Hardin	(406) 665-2310
Disability Services			
Living Independently for Today & Tomorrow (LIFTT)	Information, Referrals, Individual & Systems Change Advocacy, Peer Program, Independent Living Skills Training, Institutional Transitions & Diversion, Youth Transitions	Billings	(406) 259-5181

Other Services / Non-profits

Messengers for Health	Community outreach and education about disease prevention, accessing resources and support	Crow Agency	406.665.5492
Riverstone Mammogram, Breast, & Cervical Cancer Screening	Free screenings to those who qualify via Montana Cancer Screening Program	Billings	(406) 247-3215
St. Vincent Healthcare Mobile Mammography Coach	Mobile high-definition mammography	Southeastern MT & Northern WY	(406) 237-4373

APPENDIX B:

Key Informant Interview Questions

1. What does health mean to you?
2. What three things will keep our community healthy?
3. What are the two most positive things promoting health and well-being in your community?
4. What are the most **important issues** in Crow country?
 - a. Who is most affected by these?
 - b. What services are in place to address these issues?
 - c. Do people utilize these services? Why or why not?
5. What are the most important health issues on the reservation?
 - a. What needs to be done to address these issues?
 - b. What are the most significant barriers/roadblocks to improving health on the reservation?
6. How would you rate the overall quality of life on the reservation on a scale of 1 to 10, with 10 being the most positive?
7. Over the past ten years, has the quality of life in your community improved, stayed the same, or declined?
 - a. Why do you think so?
8. Is there a specific group of people on the reservation are you most concerned about? (*IF NEEDED, offer examples: LGBTQ, children, homeless, elderly, people with disabilities, veterans, certain district, other*)
 - a. Why?
 - b. What do you think needs to be done to support this group?
9. What issues on the reservation have been highlighted or become more urgent due to COVID?
 - a. How are these issues affecting different groups?
 - b. What solutions can be offered to prepare for the next public health crisis?
10. During COVID, were there some positive things you have seen happen on the reservation?
 - a. If yes, can you share examples?
11. Is there anything else you would like to add that I didn't ask you?

APPENDIX C:

Crow Nation CHA Survey

The Apsáalooke Healthy Equity Team is doing this survey as a part of the Apsáalooke Community Health Assessment. These questions will help health professionals better understand the needs of our community. All surveys are anonymous. This information is only being used for data collection, answers are private and will not be shared. It should take about 15 minutes. Some of these questions ask for sensitive and personal information. Community support resource contacts will be provided. **Your participation is completely voluntary. Please do not put your name on this survey.**

Are you 18 or older?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you identify as Apsáalooke (Crow)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Where do you live?	<input type="checkbox"/> I live on Crow Nation <input type="checkbox"/> I live near the Crow Nation (ex. Hardin, Billings) <input type="checkbox"/> I don't live in any of these places.	

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

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

1. What is your gender?	<input type="checkbox"/> Male <input type="checkbox"/> Other	<input type="checkbox"/> Female	<input type="checkbox"/> Non-Binary <input type="checkbox"/>
2. How old are you?	<input type="checkbox"/> 18-27 <input type="checkbox"/> 28-37 <input type="checkbox"/> 38-47	<input type="checkbox"/> 48-57 <input type="checkbox"/> 58-67 <input type="checkbox"/> 68 or over	<input type="checkbox"/> Prefer not to specify
3. Where do you live?	<input type="checkbox"/> Agency/Black Lodge District <input type="checkbox"/> Hardin <input type="checkbox"/> Arrow Creek/Pryor District <input type="checkbox"/> Lodge Grass/Valley of the Chiefs District	<input type="checkbox"/> Wyola/Mighty Few District <input type="checkbox"/> Big Horn District <input type="checkbox"/> Reno District <input type="checkbox"/> Billings <input type="checkbox"/> Other: _____	

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

4. Where are you living right now?	<input type="checkbox"/> In a home I own <input type="checkbox"/> With friends <input type="checkbox"/> With family	<input type="checkbox"/> In a home I rent <input type="checkbox"/> Car <input type="checkbox"/> Shelter	<input type="checkbox"/> Camper <input type="checkbox"/> Hotel <input type="checkbox"/> Other: _____
5. In the place where you stay most of the time:	<input type="checkbox"/> How many bedrooms?_____	<input type="checkbox"/> How many people normally sleep in the house (including you)?_____	
6. How safe do you feel in your home?	<input type="checkbox"/> Unsafe <input type="checkbox"/> Somewhat unsafe	<input type="checkbox"/> Not unsafe or safe <input type="checkbox"/> Somewhat safe	<input type="checkbox"/> Safe <input type="checkbox"/> Don't know
7. In the past 2 months,	<input type="checkbox"/> I have not moved	<input type="checkbox"/> 1 time	<input type="checkbox"/> 2 + times

how many times have you moved?			
8. In the house where you stay most of the time, does it have right now...? Check all that you have that work.	<input type="checkbox"/> Hot running water <input type="checkbox"/> Refrigerator <input type="checkbox"/> Access to clean water <input type="checkbox"/> Telephone that can make and receive calls (include cell phones)	<input type="checkbox"/> Bathtub or shower <input type="checkbox"/> Sink with faucet <input type="checkbox"/> Hot plate/Plug-in cooking burner <input type="checkbox"/> Internet/Wifi	<input type="checkbox"/> Stove top <input type="checkbox"/> Oven <input type="checkbox"/> Electricity <input type="checkbox"/> Working toilet <input type="checkbox"/> Clothes washer
9. How do you heat your home?	<input type="checkbox"/> Central heat (Electric or gas) <input type="checkbox"/> Pellet stove/Wood stove	<input type="checkbox"/> Space heater <input type="checkbox"/> Oven <input type="checkbox"/> Propane	<input type="checkbox"/> No heat <input type="checkbox"/> Other: -----
10. 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 borrow a family member's car <input type="checkbox"/> I borrow a friend's car	<input type="checkbox"/> I get a ride with family or friends <input type="checkbox"/> Bus/Public transportation <input type="checkbox"/> (Crow Transit or CHRs)	<input type="checkbox"/> Walk <input type="checkbox"/> Bike <input type="checkbox"/> Hitchhike <input type="checkbox"/> Other: -----
11. The sidewalks around my community are easy to navigate and walk on.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree	<input type="checkbox"/> Undecided <input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> No Sidewalks
12. The streets in my community have proper lighting and are not too dark.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree	<input type="checkbox"/> Undecided <input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> No Lighting
13. There are adequate legal trash disposal sites or trash pick-up in my community.	<input type="checkbox"/> Strongly Disagree <input type="checkbox"/> Disagree	<input type="checkbox"/> Undecided <input type="checkbox"/> Agree	<input type="checkbox"/> Strongly Agree <input type="checkbox"/> No Legal Sites

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 of 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"/>

Please continue to the next page.

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

16. How many people in your life can you fully trust or depend on?	<input type="checkbox"/> None <input type="checkbox"/> 1 or 2	<input type="checkbox"/> 3-5 <input type="checkbox"/> 6 or more
17. Do you feel supported and cared for by your family?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Don't know

18. What do you feel your main employable skill(s) are? Check all that apply	<input type="checkbox"/> Artist <input type="checkbox"/> Agriculture/Ranching <input type="checkbox"/> Science <input type="checkbox"/> Transportation <input type="checkbox"/> Education <input type="checkbox"/> Government	<input type="checkbox"/> Business <input type="checkbox"/> Service <input type="checkbox"/> Sales <input type="checkbox"/> Production <input type="checkbox"/> Finance <input type="checkbox"/> Recreation	<input type="checkbox"/> Construction <input type="checkbox"/> Maintenance <input type="checkbox"/> Real Estate <input type="checkbox"/> Entertainment <input type="checkbox"/> Natural Resources <input type="checkbox"/> Public Administration
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19. Are people who identify as lesbian, gay, bisexual, transgender, queer, or Two Spirit (LGBTQ2S) accepted in your community?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
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20. To what extent do you trust your law enforcement agency (BIA)?	<input type="checkbox"/> Not at all <input type="checkbox"/> A little	<input type="checkbox"/> Somewhat	<input type="checkbox"/> A lot <input type="checkbox"/> To a great extent
21. To what extent are you satisfied with the overall performance of your law enforcement agency (BIA)?	<input type="checkbox"/> Not at all <input type="checkbox"/> A little	<input type="checkbox"/> Somewhat	<input type="checkbox"/> A lot <input type="checkbox"/> To a great extent
22. To what extent are officers in your law enforcement agency (BIA) responsive to the concerns of community members?	<input type="checkbox"/> Not at all <input type="checkbox"/> A little	<input type="checkbox"/> Somewhat	<input type="checkbox"/> A lot <input type="checkbox"/> To a great extent

These next questions will ask about violence-related questions.

23. During the past 12 months, how many times were you in a physical fight?	<input type="checkbox"/> 0 times <input type="checkbox"/> 1 time <input type="checkbox"/> 2 to 5 times	<input type="checkbox"/> 6 to 9 times <input type="checkbox"/> 10 or more times
24. During the past 12 months, has someone you were in a relationship with forced you to do sexual things that you did not want to do? (Count such things as kissing, touching, or being physically forced to have sexual intercourse.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
25. During the past 12 months, has someone you were in a relationship with physically hurt you on purpose? (Count such things as being hit, slammed into something, or injured with an object or weapon.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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.

26. How often have you used the substances listed? Please check only one box in each row	In the last 30 days	In the last year	At least once in my life	Never
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commercial use of smoke tobacco products (cigarettes, cigars - not including ceremonial use)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smokeless tobacco products (chewing tobacco/snuff/dip)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electronic tobacco products (e-cigarettes, vapes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(26 continued) How often have you used the substances listed? (Please check only one box in each row)	In the last 30 days	In the last year	At least once in my life	Never
Marijuana (weed, Aunt Mary, ganja, grass, hash, herb, pot)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methamphetamine (dope, meth, werk, ice, crystal, shard)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opioids (any of the following that you took, but did NOT have a prescription from your doctor) Buprenorphine (suboxone, subutex, subox) Fentanyl (patches, Apache, China girl, jackpot, TNT) Oxycodone, OxyContin, Morphine, Percocet, Hydrocodone (Oxy, blues, pinks, OO, hydros, percs, fluffs, 512s, killers, kickers, vikes) Cough Medicine/Tylenol 3 (Purple Drank, Sizzurp)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heroin (Tar, Aunt Hazel, H, black pearl, brown sugar, capital H)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine (white girl, blow, C, coke, freeze, mojo, candy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Ecstasy, Xanax, Gabas/Gabbys, Bath Salts, Huffing, Shrooms)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please continue to the next page.

<p>27. Do you think that drug use is a problem in Crow?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Don't know
<p>28. If you needed substance use treatment, what things might keep you from getting help? Check all that apply.</p>	<input type="checkbox"/> People would think I couldn't do my job <input type="checkbox"/> People would think I'm unable to care for my family <input type="checkbox"/> People would think I was not safe to be around <input type="checkbox"/> I worry what people think <input type="checkbox"/> I <u>wouldn't</u> worry what people think <input type="checkbox"/> I don't have a counselor I trust <input type="checkbox"/> I don't want to go to Crow Nation Recovery Center	<input type="checkbox"/> HIPAA / Privacy concerns <input type="checkbox"/> No transportation <input type="checkbox"/> No childcare <input type="checkbox"/> No health insurance or Medicaid/Medicare <input type="checkbox"/> I can't pay for treatment <input type="checkbox"/> I can't get an appointment <input type="checkbox"/> I don't know where to go <input type="checkbox"/> I have not had trouble getting treatment <input type="checkbox"/> Other: _____

The next few questions are about children and childcare.

<p>29. Do you have children or routinely care for children who are 18 years old or younger? <i>If no, please proceed to question 35.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>30. My childcare options are... Check all that apply.</p>	<input type="checkbox"/> I watch my children <input type="checkbox"/> Daycare <input type="checkbox"/> Head Start <input type="checkbox"/> My significant other <input type="checkbox"/> Grandparent <input type="checkbox"/> Other relative <input type="checkbox"/> Friend <input type="checkbox"/> I do not have reliable childcare <input type="checkbox"/> My children are old enough to not need childcare <input type="checkbox"/> Other: _____
<p>31. Are you ever worried about having your child taken away?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> Don't know <input type="checkbox"/> No
<p>32. Has anyone from the school or doctor's office told you that your child should get mental health services? <i>If no/don't know, skip to question 35.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> Don't know <input type="checkbox"/> No
<p>33. If yes, Did you get your child mental health services? <i>If yes, skip to question 35.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>34. If no, what was the reason you didn't get your child mental health services?</p>	<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"/> Wait time to see a provider <input type="checkbox"/> I tried, but help was not available <input type="checkbox"/> My child got help on their own <input type="checkbox"/> Other: _____

We would like to know a little more about suicide on Crow Nation.

35. During the past 12 months, have you thought about attempting suicide?	<input type="checkbox"/> Yes <input type="checkbox"/> No
36. During the past 12 months, have you attempted suicide?	<input type="checkbox"/> Yes <input type="checkbox"/> No

This question is about culture.

37. In the past 12 months, have you gone to or done any of these things? Check all that apply.	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;"><input type="checkbox"/> Round Dance</td> <td style="width: 33%; border: none;"><input type="checkbox"/> Other Cultural Ceremonies</td> <td style="width: 33%; border: none;"><input type="checkbox"/> Traditional Healer</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Sun Dance</td> <td style="border: none;"><input type="checkbox"/> Hunting/Arrow throwing</td> <td style="border: none;"><input type="checkbox"/> Fasting</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Tobacco Society/ Beaver Dance</td> <td style="border: none;"><input type="checkbox"/> Horsemanship</td> <td style="border: none;"><input type="checkbox"/> Native American Church Service</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Daytime Dance</td> <td style="border: none;"><input type="checkbox"/> Fishing</td> <td style="border: none;"><input type="checkbox"/> Crow Language Study Group</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Pow Wow</td> <td style="border: none;"><input type="checkbox"/> Picking Berries</td> <td style="border: none;"><input type="checkbox"/> Don't Know</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Attending Feast</td> <td style="border: none;"><input type="checkbox"/> Collecting Herbs/Plants</td> <td style="border: none;"><input type="checkbox"/> None of these</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Naming Ceremony</td> <td style="border: none;"><input type="checkbox"/> Beading</td> <td style="border: none;"><input type="checkbox"/> Other: -----</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Sweat Lodge</td> <td style="border: none;"><input type="checkbox"/> Hand Games</td> <td style="border: none;"></td> </tr> </table>	<input type="checkbox"/> Round Dance	<input type="checkbox"/> Other Cultural Ceremonies	<input type="checkbox"/> Traditional Healer	<input type="checkbox"/> Sun Dance	<input type="checkbox"/> Hunting/Arrow throwing	<input type="checkbox"/> Fasting	<input type="checkbox"/> Tobacco Society/ Beaver Dance	<input type="checkbox"/> Horsemanship	<input type="checkbox"/> Native American Church Service	<input type="checkbox"/> Daytime Dance	<input type="checkbox"/> Fishing	<input type="checkbox"/> Crow Language Study Group	<input type="checkbox"/> Pow Wow	<input type="checkbox"/> Picking Berries	<input type="checkbox"/> Don't Know	<input type="checkbox"/> Attending Feast	<input type="checkbox"/> Collecting Herbs/Plants	<input type="checkbox"/> None of these	<input type="checkbox"/> Naming Ceremony	<input type="checkbox"/> Beading	<input type="checkbox"/> Other: -----	<input type="checkbox"/> Sweat Lodge	<input type="checkbox"/> Hand Games	
<input type="checkbox"/> Round Dance	<input type="checkbox"/> Other Cultural Ceremonies	<input type="checkbox"/> Traditional Healer																							
<input type="checkbox"/> Sun Dance	<input type="checkbox"/> Hunting/Arrow throwing	<input type="checkbox"/> Fasting																							
<input type="checkbox"/> Tobacco Society/ Beaver Dance	<input type="checkbox"/> Horsemanship	<input type="checkbox"/> Native American Church Service																							
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<input type="checkbox"/> Pow Wow	<input type="checkbox"/> Picking Berries	<input type="checkbox"/> Don't Know																							
<input type="checkbox"/> Attending Feast	<input type="checkbox"/> Collecting Herbs/Plants	<input type="checkbox"/> None of these																							
<input type="checkbox"/> Naming Ceremony	<input type="checkbox"/> Beading	<input type="checkbox"/> Other: -----																							
<input type="checkbox"/> Sweat Lodge	<input type="checkbox"/> Hand Games																								

These next questions ask about driving safety.

38. How often do you wear seat belts when you drive or ride in a car?	<input type="checkbox"/> Always <input type="checkbox"/> Nearly always <input type="checkbox"/> Sometimes	<input type="checkbox"/> Seldom <input type="checkbox"/> Never <input type="checkbox"/> Don't know
39. During the past 30 days, how many times have you driven when you've perhaps had too much to drink?	<input type="checkbox"/> ----- Times	
40. During the past 30 days, how many days did you text or email while driving a vehicle?	<input type="checkbox"/> I did not drive a vehicle in the past 30 days <input type="checkbox"/> 0 days <input type="checkbox"/> 1 to 3 days <input type="checkbox"/> 4 to 6 days	<input type="checkbox"/> 7 to 10 days <input type="checkbox"/> 11 to 20 days <input type="checkbox"/> 21 to 29 days <input type="checkbox"/> All 30 days

Please continue to the next page.

The next few questions are about food and exercise.

<p>41. <u>Within the past 12 months</u>, we worried whether our food would run out before we got money to buy more.</p>	<input type="checkbox"/> Often True <input type="checkbox"/> Sometimes True <input type="checkbox"/> Never True <input type="checkbox"/> Don't Know
<p>42. <u>Within the past 12 months</u>, the food we bought just didn't last and we didn't have money to get more.</p>	<input type="checkbox"/> Often True <input type="checkbox"/> Sometimes True <input type="checkbox"/> Never True <input type="checkbox"/> Don't Know
<p>43. Think about what you drank YESTERDAY. Check <u>everything</u> that you drank yesterday.</p>	<input type="checkbox"/> Regular soda <input type="checkbox"/> Alcohol <input type="checkbox"/> Diet soda/Crystal Light <input type="checkbox"/> Water <input type="checkbox"/> Kool Aid <input type="checkbox"/> Coffee/Tea <input type="checkbox"/> Energy Drinks <input type="checkbox"/> Gatorade <input type="checkbox"/> Fruit Juice <input type="checkbox"/> Milk <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____
<p>44. Did you eat any fruit YESTERDAY?</p>	<input type="checkbox"/> 1 piece <input type="checkbox"/> 0 pieces <input type="checkbox"/> 2+ pieces <input type="checkbox"/> Don't know
<p>45. Did you eat any vegetables YESTERDAY? (Don't include potatoes)</p>	<input type="checkbox"/> 1-2 servings <input type="checkbox"/> 0 servings <input type="checkbox"/> 3+ servings <input type="checkbox"/> Don't know
<p>46. Did you eat any meat YESTERDAY? Check <u>everything</u> that you ate yesterday.</p>	<input type="checkbox"/> Beef <input type="checkbox"/> Bologna/Spam <input type="checkbox"/> Chicken/Turkey <input type="checkbox"/> Red Wieners/Hot Dogs <input type="checkbox"/> Deer/Elk/Other Game <input type="checkbox"/> I didn't eat any meat yesterday <input type="checkbox"/> Pork/Bacon/Sausage <input type="checkbox"/> Other: _____ <input type="checkbox"/> Organ Meat
<p>47. During the past 7 days, did you do any exercises like walking, running, stretching, shoveling, intense cleaning, etc.?</p>	<input type="checkbox"/> No, I haven't exercised in the past week <input type="checkbox"/> Yes, 30-60 minutes total <input type="checkbox"/> Yes, less than 30 minutes total <input type="checkbox"/> Yes, 60-150 minutes total <input type="checkbox"/> Yes, more than 150 minutes total
<p>48. On a normal day, how many hours do you watch tv?</p>	<input type="checkbox"/> I don't watch tv on a normal day <input type="checkbox"/> 1-2 hours per day <input type="checkbox"/> Less than 1 hour per day <input type="checkbox"/> 3-4 hours per day <input type="checkbox"/> 5+ hours per day

Please continue to the next page.

These next ten questions are about your childhood.

While you were growing up, during your first 18 years of life:

<p>49. Did a parent or other adult in the household often... Swear at you, insult you, put you down, or humiliate you? OR Act in a way that made you afraid that you might be physically hurt?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>50. Did a parent or other adult in the household often.... Push, grab, slap, or throw something at you? OR Ever hit you so hard that you had marks or were injured?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>51. Did an adult or person at least 5 years older than you ever... Touch or fondle you or have you touch their body in a sexual way? OR Try to or actually have oral, anal, or vaginal sex with you?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>52. Did you often feel that... No one in your family loved you or thought you were important or special? OR Your family didn't look out for each other, feel close to each other or support each other?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>53. 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>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>54. Were your parents ever separated or divorced?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>55. 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>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>56. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>57. Was a household member depressed or mentally ill or did a household member attempt suicide?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>58. Did a household member go to prison?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please continue to the next page.

The next few questions are about mental health and counseling.

59. Please indicate how often you think about the following situations. *Check only one box for each situation.*

	Several Times a Day	Daily	Weekly	Monthly	Yearly or Only at Special Times	Never	Don't Know
The loss of our land	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The loss of our language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Losing our traditional spiritual ways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The loss of our family ties because of boarding schools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The loss of families from the reservation to government relocation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The loss of self respect from poor treatment by government officials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The loss of trust in whites from broken treaties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Losing our culture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The losses from the effects of alcoholism on our people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loss of respect by our children and grandchildren for elders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loss of our people through early death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loss of respect by our children for traditional ways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please continue to the next page.

<p>60. It is hard for me to snap back when something bad happens.</p>	<input type="checkbox"/> Strongly disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neutral	<input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree
<p>61. If you needed counseling services, what things might keep you from getting help? Check all that apply.</p>	<input type="checkbox"/> People would think I couldn't do my job <input type="checkbox"/> People would think I'm unable to care for my family <input type="checkbox"/> People would think I was not safe to be around <input type="checkbox"/> I would worry what people think <input type="checkbox"/> I don't worry what people think <input type="checkbox"/> I don't have a counselor I trust <input type="checkbox"/> HIPAA / Privacy concerns <input type="checkbox"/> Don't want to go to Crow/Northern Cheyenne Hospital	<input type="checkbox"/> No Transportation <input type="checkbox"/> No Childcare <input type="checkbox"/> No health insurance or Medicaid/Medicare <input type="checkbox"/> I can't pay for counseling <input type="checkbox"/> I can't get an appointment <input type="checkbox"/> I don't know where to go <input type="checkbox"/> I have not had any problem getting counseling <input type="checkbox"/> Other:-----

Now for some questions about seeing your doctor.

<p>62. In the past 12 months, was anyone in your family (including you) <u>not</u> able to get medical care, tests, or treatments that they needed?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Don't Know <input type="checkbox"/> Other: -----
<p>63. Which of these problems have you had when getting health care or seeking emergency services? Check all that apply.</p>	<input type="checkbox"/> No transportation <input type="checkbox"/> No childcare <input type="checkbox"/> No health insurance or Medicaid/Medicare <input type="checkbox"/> Can't pay for the care I need <input type="checkbox"/> Too unwell to go to doctor's office <input type="checkbox"/> I have not had any problem getting care	<input type="checkbox"/> Can't get an appointment <input type="checkbox"/> Don't have a doctor that I trust <input type="checkbox"/> Don't know where to go <input type="checkbox"/> Don't want to go the Crow/Northern Cheyenne Hospital <input type="checkbox"/> The nearest facility is still too far way <input type="checkbox"/> Other: -----
<p>64. Where do you usually go for help when you are sick or need advice about your health?</p>	<input type="checkbox"/> I have a regular doctor at the IHS hospital/clinic <input type="checkbox"/> I make an appointment and see any doctor at the IHS hospital/clinic <input type="checkbox"/> I go to the IHS Emergency Room	<input type="checkbox"/> I go to the Emergency Room off the Crow Nation <input type="checkbox"/> I go to an Urgent Care off the Crow Nation <input type="checkbox"/> I have a regular doctor that I see off the Crow Nation <input type="checkbox"/> I make an appointment to see

	<input type="checkbox"/> I go to the Urgent Care at an IHS hospital/clinic <input type="checkbox"/> I go to a traditional healer <input type="checkbox"/> Don't Know	any doctor somewhere off Crow Nation <input type="checkbox"/> Other: -----
65. How satisfied are you with the quality of care you receive when you seek medical care?	<input type="checkbox"/> Very satisfied <input type="checkbox"/> Satisfied	<input type="checkbox"/> Neutral <input type="checkbox"/> Unsatisfied <input type="checkbox"/> Very unsatisfied

The following questions are regarding access to resources.

66. Do you feel that any of these resources are lacking in your community? Check all that apply.	<input type="checkbox"/> Safety <input type="checkbox"/> Shelter <input type="checkbox"/> Food <input type="checkbox"/> Programs/Support for Elders <input type="checkbox"/> Parenting Classes	<input type="checkbox"/> Employment <input type="checkbox"/> Transportation <input type="checkbox"/> Internet <input type="checkbox"/> Programs/Support for Youth <input type="checkbox"/> Health & Fitness Center
67. Do you have any of these financial accounts? Check all that apply.	<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account <input type="checkbox"/> Retirement Account	<input type="checkbox"/> Credit Card <input type="checkbox"/> Debit Card <input type="checkbox"/> Prepaid Card
68. Are there enough parent role models in your community?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Don't know <input type="checkbox"/>

You are almost finished!

69. This survey will help our local health professionals better understand and serve our community. If you have 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 Crow Nation create programs and take steps to make Crow a healthier place for you to live.

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

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

If you have any questions or concerns, please don't hesitate to reach out to Kirsten Krane at kirsten@yarrowcommunity.org.

A'ho!

References

AAMC PCP 2019	Association of American Medical Colleges. (2019). 2019 State Physician Workforce Data Report. Washington, DC: AAMC. Retrieved from: https://store.aamc.org/downloadable/download/sample/sample_id/305/
APA PHQ-2 ABOUT 2011	American Psychological Association. (2011). Patient Health Questionnaire (PHQ-g & PHQ-2) - Construct: Depressive Symptoms. Washington, DC: APA. Retrieved from: https://www.apa.org/pi/about/publications/caregivers/practice-settings/assessment/tools/patient-health
APHA COMM DISEASE 2021	American Public Health Association. (2021). Communicable Disease. Washington, DC: APHA. Retrieved from: https://www.apha.org/topics-and-issues/communicable-disease
APHA ENVIRONMENT 2021	American Public Health Association. (2021). Environmental Health. Washington, DC: APHA. Retrieved from: https://www.apha.org/topics-and-issues/environmental-health
BIA SS 2020	Bureau of Indian Affairs. (2020). Child Protection Reports FY2020. Billings, MT: BIA Social Services.
CBPP 2019	Center on Budget and Policy Priorities. (2021). Supplemental Nutrition Assistance Program: Montana. Retrieved from: https://www.cbpp.org/sites/default/files/atoms/files/snap_factsheet_montana.pdf
CDC ACES FAST FACTS 2021	Centers for Disease Control and Prevention. (2021). Preventing Adverse Childhood Experiences. Atlanta, GA: CDC, National Center for Injury Prevention and Control - Division of Violence Prevention. Retrieved from: https://www.cdc.gov/violenceprevention/aces/fastfact.html
CDC BRFSS ACE 2010	Centers for Disease Control and Prevention. National Center for Injury Prevention and Control, Division of Violence Prevention. (2010). Behavioral Risk Factor Surveillance System ACE Data. Atlanta, GA: CDC. Retrieved from: https://www.cdc.gov/violenceprevention/aces/ace-brfss.html
CDC BRFSS CANCER 2018	Centers for Disease Control and Prevention. National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. (2021). BRFSS Prevalence & Trends Data. Atlanta, GA: CDC. Retrieved from: https://www.cdc.gov/brfss/brfssprevalence/
CDC BUCKLE UP 2020	Centers for Disease Control and Prevention. (2020). Buckle Up: Restraint Use - Montana. Atlanta, GA: Centers for Disease Control and Prevention, US Department of Health and Human Services. Retrieved from: https://www.cdc.gov/transportationsafety/pdf/seatbelts/2020/CDC-Restraint-Use-Fact-Sheets_Montana.pdf

CDC DIAB REPORT CARD 2019	Centers for Disease Control and Prevention. (2020). Diabetes Report Card 2019. Atlanta, GA: Centers for Disease Control and Prevention, US Department of Health and Human Services. Retrieved from: https://www.cdc.gov/diabetes/pdfs/library/Diabetes-Report-Card-2019-508.pdf
CDC FATAL INJURY 2019	Centers for Disease Control and Prevention. (2019). Web-based Injury Statistics Query and Reporting System (WISQARS). Atlanta, GA: CDC, National Center for Injury Prevention and Control. Retrieved from: https://www.cdc.gov/injury/wisqars/index.html
CDC GEST DIAB 2019	Centers for Disease Control and Prevention. (2020). Natality Public Use Data, 2016-2019 - Gestational Diabetes. Atlanta, GA: US DHHS - National Center for Health Statistics, Division of Vital Statistics. Retrieved from: https://wonder.cdc.gov/controller/datarequest/D149
CDC HIV 2019	Centers for Disease Control and Prevention. (2021). HIV Surveillance Report, 2019; vol. 32. Retrieved from: https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-2018-updated-vol-32.pdf
CDC NCHS VITAL STATS 2019	Centers for Disease Control and Prevention, National Center for Health Statistics Vital Statistics System. Web-based Injury Statistics Query and Reporting System (WISQARS). Fatal Injury Data. (2019). Retrieved from: https://www.cdc.gov/injury/wisqars/fatal.html
CDC NDSR 2020	Centers for Disease Control and Prevention. (2020). National Diabetes Statistics Report, 2020. Atlanta, GA: Centers for Disease Control and Prevention, US Department of Health and Human Services. Retrieved from: https://www.cdc.gov/diabetes/pdfs/data/statistics/national-diabetes-statistics-report.pdf
CDC PERTUSSIS REPORT 2015	Centers for Disease Control and Prevention. (2017). 2015 Final Provisional Pertussis Surveillance Report. Atlanta, GA: Centers for Disease Control and Prevention, US Department of Health and Human Services. Retrieved from: https://www.cdc.gov/pertussis/downloads/pertuss-surv-report-2015.pdf
CDC PERTUSSIS REPORT 2016	Centers for Disease Control and Prevention. (2018). 2016 Final Provisional Pertussis Surveillance Report. Atlanta, GA: Centers for Disease Control and Prevention, US Department of Health and Human Services. Retrieved from: https://www.cdc.gov/pertussis/downloads/pertuss-surv-report-2016.pdf
CDC PERTUSSIS REPORT 2017	Centers for Disease Control and Prevention. (2018). 2017 Final Provisional Pertussis Surveillance Report. Atlanta, GA: Centers for Disease Control and Prevention, US Department of Health and Human Services. Retrieved from: https://www.cdc.gov/pertussis/downloads/pertuss-surv-report-2017.pdf
CDC PERTUSSIS REPORT 2018	Centers for Disease Control and Prevention. (2019). 2018 Final Provisional Pertussis Surveillance Report. Atlanta, GA: Centers for Disease Control and Prevention, US Department of Health and Human Services. Retrieved from: https://www.cdc.gov/pertussis/downloads/pertuss-surv-report-2018-508.pdf

CDC STDS 2019	Centers for Disease Control and Prevention. (2019). Sexually Transmitted Disease Surveillance Tables 2019. Atlanta, GA: Centers for Disease Control and Prevention, US Department of Health and Human Services. Retrieved from: https://www.cdc.gov/std/statistics/2019/tables.htm
CDC US COVID 2021	Centers for Disease Control and Prevention. (2021). COVID Data Tracker. Atlanta, GA: CDC - Department of Health and Human Services. Retrieved from: https://covid.cdc.gov/covid-data-tracker/#datatracker-home
CENTER POLE 2021	Center Pole Staff. (2021). Informal Communication with Kirsten Krane: Food Donations at Center Pole. Garryowen, MT.
CLC 2021	Crow Language Consortium. (2021). We are working together to build a strong Crow language. Billings, MT: Crow Language Consortium. Retrieved from: https://crowlanguage.org/
CN BIRTH STATS 2019	Montana Department of Public Health and Human Services. (2021). Reservation Birth Indicators, 2015-2019. Office of Epidemiology and Scientific Support. Unpublished data.
CN CHA SURVEY 2021	Apsaalooke Community Health Assessment Team. (2021). Apsaalooke Nation Community Health Assessment Community Survey 2021. Crow Agency, MT: Apsaalooke Health Equity Team.
CN DIABETES 2019	Indian Health Service. (2020). IHS Diabetes Care and Outcomes Audit - Audit Report for 2020 (Audit Period 01/01/2019 - 12/31/2019). Billings, MT: IHS
CN GOVERN 2021	Crow Tribe. (2021). Tribal Website: Official Site of the Crow Tribe Executive Branch. Crow Agency, MT: Crow Tribe. Retrieved from: http://www.crow-nsn.gov/crow-tribe.html
CN GPRA 2020	Indian Health Service. (2020). IHS 2020 National GPRA/GPRAMA Report: Crow Hospital. Billings, MT: IHS
CN HISTORY 2017	Crow Nation. (2020). New World Encyclopedia. Retrieved from: https://www.newworldencyclopedia.org/entry/Crow_Nation
CN INSURANCE 2020	Indian Health Service. (2020). Crow Tribe Health Insurance. Billings, MT: IHS: Resource and Patient Management System
CN MORTAL STATS 2019	Montana Department of Public Health and Human Services. (2021). Reservation Death Indicators, 2015-2019. Office of Epidemiology and Scientific Support. Unpublished data.
CN STUDENT PNA 2020	Montana Department of Public Health and Human Services. (2021). 2020 Montana Prevention Needs Assessment Survey: Crow Tribe School Area Profile Report. Helena, MT: MT DPHHS - Addiction and Mental Disorders Division, Prevention Bureau.
CROW HOUSING AUTHORITY 2021	Crow Housing Authority. (2021). Informal Communication with Anna Schmitt: Apsaalooke Housing Survey Questions. Crow Agency, MT. Apsaalooke Nation Housing Authority.
CSU STAFFING 2021	Jefferson, E. (2021). Informal Communication with Krystal Bosenbark: Staffing at Crow Service Unit. Crow Agency, MT.

CTLB 2016	Treaty with the Crows - 1825. Crow Tribe Legislative Branch. Retrieved from: https://www.ctlb.org/wp-content/uploads/2016/02/1825-Friendship-Treaty.pdf
CTP 2021	The COVID Tracking Project. (2021). Montana: All Race and Ethnicity Data. The COVID Tracking Project - The Atlantic Monthly Group. Retrieved from: https://covidtracking.com/data/state/montana/race-ethnicity
GRUNEWALD & LOZAR 2019	Grunewald, R. and Lozar, C. (2019). Crow community wakes up its language: Immersion programs for young children boost Crow language learning. Minneapolis, MN: Federal Reserve Bank of Minneapolis. Retrieved from: https://www.minneapolisfed.org/article/2019/32-crow-community-wakes-up-its-language
HEIDENREICH 2011	Heidenreich, C. A. (2011). Crow Fair. Lincoln, NE: University of Nebraska-Lincoln, Encyclopedia of the Great Plains. Retrieved from: http://plainshumanities.unl.edu/encyclopedia/doc/egp.sr.012
HHS YRBS 2021	Montana Office of Public Instruction. (2021). Youth Risk Behavior Survey Results 2021 - Hardin High School. Helena, MT: MT OPI Reports and Data. Provided by Hardin Schools.
HSHC 2010	Hardin High School History Club. (2010). History of Crow Fair: A Family Tradition. Hardin, MT: Hardin High School. Retrieved from: https://arc.lib.montana.edu/ivan-doig/objects/2602-B039-F11.pdf
HMS YRBS 2021	Montana Office of Public Instruction. (2021). Youth Risk Behavior Survey Results 2021 - Hardin Middle School. Helena, MT: MT OPI Reports and Data. Provided by Hardin Schools.
HP FOOD INSECURITY 2021	Office of Disease Prevention and Health Promotion. (2021). Food Insecurity. Washington, DC: US Department of Health and Human Services. Retrieved from: https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/food-insecurity
HP MATERNAL 2021	Office of Disease Prevention and Health Promotion. (2021). Maternal, Infant, and Child Health. Washington, DC: US Department of Health and Human Services. Retrieved from: https://www.healthypeople.gov/2020/topics-objectives/topic/maternal-infant-and-child-health
HP PRIMARY CARE 2021	Office of Disease Prevention and Health Promotion. (2021). Access to Primary Care. Washington, DC: US Department of Health and Human Services. Retrieved from: https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/access-to-primary

HP VIOLENCE 2021	Office of Disease Prevention and Health Promotion. (2021). Crime and Violence. Washington, DC: US Department of Health and Human Services. Retrieved from: https://health.gov/healthypeople/objectives-and-data/social-determinants-health/literature-summaries/crime-and-violence
HP2020	Healthy People 2020. (2019). Washington DC: US Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved from: https://www.healthypeople.gov/2020/data-search/
HP2030	Healthy People 2030. (2020). Washington, DC: US Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved from: https://health.gov/healthypeople/objectives-and-data
HRSA CSU 2021	Health Resources and Services Administration Health Workforce. (2021). Crow Service Unit. Rockville, MD: HRSA Health Workforce. Retrieved from: https://connector.hrsa.gov/connector/site-profile/C2D050A2-54D0-4959-97F5-C1C71A6476C5
HRSA TRIBAL AFFAIRS 2021	Health Resources and Services Administration. (2021). Tribal Affairs. Rockville, MD: HRSA. Retrieved from: https://www.hrsa.gov/about/organization/offices/hrsa-iea/tribal-affairs
IHS CSU ABOUT 2020	United States Department of Health and Human Services. (2020). Indian Health Service - Crow Service Unit. Rockville, MD: Indian Health Service. Retrieved from: https://www.ihs.gov/billings/healthcarefacilities/crow/
INDEED RESOURCE TEACHER ABOUT 2021	Indeed Editorial Team. (2021). How to Become a Resource Teacher: A Step-by-Step Guide. Indeed. Retrieved from: https://www.indeed.com/career-advice/finding-a-job/how-to-become-resource-teacher
IOM 2004	Institute of Medicine Committee on Health Literacy, Nielsen-Bohlman, L., Panzer A. M., and Kindig D. A.. (2004). Health Literacy: A Prescription to End Confusion. Washington, DC: National Academies Press; 4, Culture and Society. Retrieved from: https://www.ncbi.nlm.nih.gov/books/NBK216037/
KOEHLER & DRENOWATZ 2019	Koehler, K. & Drenowatz, C. (2019). Integrated role of nutrition and physical activity for lifelong health. <i>Nutrients</i> , 11(7), 1437. https://doi.org/10.3390/nu11071437
KUHN ET AL 2019	Khun, E. J., Walker, G. S., Whiley, H., & Ross, K. E. (2019). Household contamination with methamphetamine: Knowledge and uncertainties. <i>International Journal of Environmental Research and Public Health</i> , 16(23), 4676. https://doi.org/10.3390/ijerph16234676
LBHC 2012	Apsaalooke Writing Tribal Histories Project. (2012). Little Big Horn College. Retrieved from: http://lib.lbhc.edu/index.php?q=node/17
LBHC ABOUT 2020	About Us. (2020). Little Big Horn College. Retrieved from: http://www.lbhc.edu/about

LBHC COURSES 2021	Little Big Horn College. (2021). Little Big Horn College Fall 2021 Course Listing. Crow Agency, MT: LBHC. Retrieved from: https://cloudram.lbhc.edu/ICS/Portal_Homepage.inz?portlet=Free-form_Content_2019-08-27T09-32-30-973
LEADERSHIP TEAM 2021	Apsaalooke Leadership Team members. (2021). Informal Communication with Anna Schmitt: Type of Cultural Events Attended Each Year. MT.
LGHS YRBS 2021	Montana Office of Public Instruction. (2021). Youth Risk Behavior Survey Results 2021 - Lodge Grass High School. Helena, MT: MT OPI Reports and Data. Provided by Lodge Grass Schools.
MARTIN ET AL 2021	Martin, C., Simonds, V.W., Young, S.L., Doyle, J., Lefthand, M., & Eggers, M.J. (2021). Our relationship to water and experience of water insecurity among Apsaalooke (Crow Indian) People, Montana. <i>International Journal of Environmental Research and Public Health</i> , 18(2), 582. https://doi.org/10.3390/ijerph18020582 .
MCCLEARY 2021	McCleary, T. (2021). Informal Communication with Anna Schmitt: Crow Language. Crow Agency, MT.
MMWR COVID 2020	Williamson, L.L., Harwell, T.S., Koch, T.M., Anderson, S.L., Scott, M.K., Murphy, J.S., Hozman, G.S., & Tesfai, H.F. (2021). COVID-19 Incidence and Mortality Among American Indian/Alaska Native and White Persons - Montana, March 13–November 30, 2020. <i>Morbidity and Mortality Weekly Reports</i> . Retrieved from: https://www.cdc.gov/mmwr/volumes/70/wr/mm7014a2.htm?s_cid=mm7014a2_x
MT BRFSS ACE 2020	Montana Department of Public Health and Human Services. (2020). 2020 Montana Behavioral Risk Factor Surveillance System. Helena, MT: DPHHS
MT CHRR 2014-2017	County Health Rankings & Roadmaps. (2021). Adult Obesity: Montana. Madison, WI: University of Wisconsin Population Health Institute. Retrieved from: https://www.countyhealthrankings.org/app/montana/2021/measure/factors/11/data
MT OBI LUNCHES 2020	Montana Office of Public Instruction. (2020). School Nutrition Programs Data Files. Helena, MT: MT OPI
MT OIA CN FACTS 2020	Montana Governor's Office of Indian Affairs. (2020). Crow Nation. Helena, MT: Office of the Governor. Retrieved from: https://tribalnations.mt.gov/crow
MT OPI Students 2020	Montana Office of Public Instruction. (2020). Student Achievement and Performance. Helena, MT: MT OPI: GEMS Database. Retrieved from: https://gems.opi.mt.gov/student-data

MT SSOH 2020	Montana Department of Health and Human Services. (2020). Montana Oral Health: State of the State's Oral Health. Helena, MT: DPHHS - Montana Oral Health Program. Retrieved from: https://dphhs.mt.gov/assets/ecfsd/OralHealth/OralHealthBurden2020FINAL.pdf
MT US YRBS 2019	Montana Office of Public Instruction. (2019). Montana Youth Risk Behavior Survey Results 2019 - Montana 2019 and United States 2019 Results. Helena, MT: MT OPI Reports and Data. Retrieved from: https://opi.mt.gov/Portals/182/Page%20Files/YRBS/2019YRBS/Montana%202019%20and%20United%20States%202019%20Results.pdf?ver=2020-08-21-110830-120
MT WIC BSFD DATA 2019	Montana Department of Public Health and Human Services. (2019). M-SPIRIT data, "Statewide Breastfeeding Tables" 2019. Unpublished data.
MT WIC BSFD INITIATE 2020	Montana Department of Public Health and Human Services. (2020). WIC M-SPIRIT, "Initiation Percentages by County" 2018-2020. Unpublished data.
MT WIC M-SPIRIT 2021	Montana Department of Public Health and Human Services. 2021. WIC M-SPIRIT, "Percentage of Benefits Redeemed" 2021. Unpublished data.
MT YRBS 2019	Montana Office of Public Instruction. (2019). Montana Youth Risk Behavior Survey Results 2019. Helena, MT: MT OPI Reports and Data. Retrieved from: https://opi.mt.gov/Portals/182/Page%20Files/YRBS/2019YRBS/2019_MT_YRBS_FullReport.pdf?ver=2019-08-23-083248-820
MT CI 2020	Department of Public Health and Human Services. (2020). Montana Centralized Intake for FY 2020. Helena, MT: DPHHS - Child and Family Services Division.
MTCTRAR 2018	Montana Department of Public Health and Human Services. (2021). Cancer in Montana: 2014-2018, Montana Central Tumor Registry Annual Report. Helena, MT: Montana Cancer Control Programs. Retrieved from: https://dphhs.mt.gov/Portals/85/publichealth/documents/Cancer/TumorRegistry/MCTRAnnualReport20142018.pdf?ver=2021-03-09-091002-860
MTDPHHS CANCER 2020	Montana Department of Public Health and Human Services. (2020). Cancer on the Crow Reservation. Helena, MT: MT DPHHS - Montana Cancer Control Programs. Retrieved from: https://dphhs.mt.gov/Portals/85/publichealth/documents/Cancer/ReservationFactsheets/DPHHSemplatecrow2020.pdf?ver=2021-01-05-113705-660
MTDPHHS COMM DISEASE 2015	Montana Department of Public Health and Human Services. (2015). Communicable Disease in Montana: 2015 Annual Report. Helena, MT: MT DPHHS - Communicable Disease Epidemiology Section, Public Health and Safety Division. Retrieved from: https://dphhs.mt.gov/Portals/85/publichealth/documents/CDEpi/StatisticsandReports/CDEpiAnnualSummaryReports/final2015cdepiannualreport.pdf

MTDPHHS COMM DISEASE 2016	Montana Department of Public Health and Human Services. (2016). Communicable Disease in Montana: 2016 Annual Report. Helena, MT: MT DPHHS - Communicable Disease Epidemiology Section, Public Health and Safety Division. Retrieved from: https://dphhs.mt.gov/Portals/85/publichealth/documents/CDEpi/Statistics andReports/CDEpiAnnualSummaryReports/2016CDEpiAnnualReportADACo mpliant.pdf
MTDPHHS COMM DISEASE 2017	Montana Department of Public Health and Human Services. (2017). Communicable Disease in Montana: 2017 Annual Report. Helena, MT: MT DPHHS - Communicable Disease Epidemiology Section, Public Health and Safety Division. Retrieved from: https://dphhs.mt.gov/Portals/85/publichealth/documents/CDEpi/Statistics andReports/CDEpiAnnualSummaryReports/2017CDEpiannualreportfinal.pdf
MTDPHHS COMM DISEASE 2018	Montana Department of Public Health and Human Services. (2018). Communicable Disease in Montana: 2018 Annual Report. Helena, MT: MT DPHHS - Communicable Disease Epidemiology Section, Public Health and Safety Division. Retrieved from: https://dphhs.mt.gov/assets/publichealth/CDEpi/StatisticsandReports/CDE piAnnualSummaryReports/2018-CDEpiAnnualReport.pdf
MTDPHHS COVID 2021	Montana Department of Health and Human Services. (2021). Montana Response: COVID-19 - Coronavirus - Global, National, and State Information Resources. Helena, MT: MT DPHHS - Montana State Library, Retrieved from: https://montana.maps.arcgis.com/apps/MapSeries/index.html?appid=7c34f3412536439491adcc2103421d4b
MTIBIS ASTHMA HOSP 2012-2014	Montana Public Health Information System (2018). Health Indicator Report of Asthma Hospitalization Rate. Helena, MT: MT DPHHS - Montana Hospital Discharge Data System. Retrieved from: http://ibis.mt.gov/indicator/view/AsthmaHospRate.Cnty.html
MTIBIS BIRTH WEIGHT 2019	Montana Public Health Information System. (2019). Query Results for Montana Birth Data, Years 1999-2019 - Percentage of Low and Very Low Birth Weight Infants (less than 2500 grams). Helena, MT: MT DPHHS - Office of Vital Statistics. Retrieved from: http://ibis.mt.gov/query/result/birth/BirthWtCnty/BirthWtLowVLow.html
MTIBIS Cancer 2021	Montana Public Health INformation System. (2021). Query Results for Cancer Incidence - Age-Adjusted Incidence Rates of Cancer per 100,000 Population. Helena, MT: MT DPHHS - Montana Central Tumor Registry. Retrieved from: http://ibis.mt.gov/query/result/cancer/CancerAgeRate/AgeRate.html
MTIBIS COPD HOSP 2012-2014	Montana Public Health Information System (2018). Health Indicator Report of COPD Hospitalization Rate. Helena, MT: MT DPHHS - Montana Hospital Discharge Data System. Retrieved from: http://ibis.mt.gov/indicator/view/COPDHospRate45.Cnty.html

MTIBIS DIAB 2018	Montana Public Health Information System. (2018). Query Results for Montana's Behavioral Risk Factor Surveillance System (BRFSS) Data - Doctor-Diagnosed Diabetes, Age-adjusted. Helena, MT: MT DPHHS - BRFSS. Retrieved from: http://ibis.mt.gov/query/result/brfss/DXDiabetes/DXDiabetesAA11_.html
MTIBIS DIAB HOSP 2012-2014	Montana Public Health Information System (2018). Health Indicator Report of Diabetes Hospitalization Rate. Helena, MT: MT DPHHS - Montana Hospital Discharge Data System. Retrieved from: http://ibis.mt.gov/indicator/view/DiabHospRate.Cnty.html
MTIBIS HF HOSP 2012-2014	Montana Department of Public Health and Human Services (2018). Health Indicator Report of Heart Failure Hospitalization Rate (Residents Aged 65+). Helena, MT: DPHHS - Montana Hospital Discharge Data System. Retrieved from: http://ibis.mt.gov/indicator/view/CardioVasDiseaseHeartFailure65HospRate.Cnty.html
MTIBIS MI HOSP 2012-2014	Montana Department of Public Health and Human Services (2018). Health Indicator Report of Acute Myocardial Infarction (MI) Hospitalization Rate. Helena, MT: DPHHS - Montana Hospital Discharge Data System. Retrieved from: http://ibis.mt.gov/indicator/view/CardioAMIHospRate.Cnty.html
MTIBIS Mortal 2019	Montana Public Health Information System. (2019). Mortality Query Module Configuration Section, Years 2003-2019. Helena, MT: MT DPHHS - Office of Vital Statistics. Retrieved from: http://ibis.mt.gov/query/selection/mort/MortSelection.html
MTIBIS OBESE 2014-2018	Montana Public Health Information System. (2018). Query Results for Montana's Behavioral Risk Factor Surveillance System (BRFSS) Data - Body Mass Index (BMI) Category, Age-adjusted. Helena, MT: MT DPHSS - BRFSS. Retrieved from: http://ibis.mt.gov/query/result/brfss/BMI4Cat/BMI4CatAA11_.html
MTIBIS PRETERM 2019	Montana Public Health Information System. (2019). Query Results for Montana Birth Data, Years 1999-2019 - Percentage of All Births that were Pre-Term (less than 37 weeks). Helena, MT: MT DPHHS - Office of Vital Statistics. Retrieved from: http://ibis.mt.gov/query/result/birth/BirthGestCnty/Preterm.html
MTIBIS SEAT BELTS 2018	Montana Public Health Information System. (2018). Query Results for Montana's Behavioral Risk Factor Surveillance System (BRFSS) Data - Always Wore Seatbelt, Age-adjusted. Helena, MT: MT DPHHS. Retrieved from: http://ibis.mt.gov/query/result/brfss/SeatBelt/SeatBeltAA11_.html
MTIBIS SMOKING 2018	Montana Public Health Information System. (2018). Query Results for Montana's Behavioral Risk Factor Surveillance System (BRFSS) Data - Current Cigarette Smoking, Age-adjusted. Helena, MT: MT DPHHS - BRFSS. Retrieved from: http://ibis.mt.gov/query/result/brfss/SmokeCurrent/SmokeCurrentAA11_.html

MTIBIS STROKE HOSP 2012-2014	Montana Department of Public Health and Human Services (2018). Health Indicator Report of Stroke Hospitalization Rate. Helena, MT: DPHHS - Montana Hospital Discharge Data System. Retrieved from: http://ibis.mt.gov/indicator/view/CardioVasDiseaseStrokeHospRate.Cnty.html
MTIBIS TEEN BIRTHS 2019	Montana Public Health Information System. (2019). Query Results for Montana Birth Data, Years 1999-2019 - Adolescent Births, Girls Age 15-19. Helena, MT: MT DPHHS - Office of Vital Statistics. Retrieved from: http://ibis.mt.gov/query/result/birth/AdolBirthCnty/AdolBirth15_19.html
MTOPI CPC 2020	Montana Office of Public Instruction. (2020). Crow Chief Plenty Coups. Helena, MT: MT OPI: Indian Education for All Unit. Retrieved from: https://opi.mt.gov/Portals/182/Page%20Files/Indian%20Education/Social%20Studies/9-12/Chief_Plenty_Coups_Lesson.pdf?ver=2020-04-21-154908-013
NA STUDENT PNA 2020	Montana Department of Public Health and Human Services. (2021). 2020 Montana Prevention Needs Assessment Survey: Native American Students Profile Report. Helena, MT: MT DPHHS - Addiction and Mental Disorders Division, Prevention Bureau.
NIH PRENATAL 2017	National Institute of Child Health and Human Development. (2017). What is prenatal care and why is it important? Bethesda, MD: US Department of Health and Human Services - NICHD. Retrieved from: https://www.nichd.nih.gov/health/topics/pregnancy/conditioninfo/prenatal-care
OVERCROWDING 2007	Blake, K. S., Kellerson, R. L., Simic, A., Econometrica, Inc., & ICF International. (2007). Measuring Overcrowding in Housing. Washington, DC: US Department of Housing and Urban Development - Office of Policy Development and Research. Retrieved from: https://www.census.gov/content/dam/Census/programs-surveys/ahs/publications/Measuring_Overcrowding_in_Hsg.pdf
OWH PRENATAL 2019	Office of Women's Health. (2019). Prenatal Care. Washington, DC: US Department of Health and Human Services: Office of the Assistant Secretary for Health - OWH. Retrieved from: https://www.womenshealth.gov/a-z-topics/prenatal-care
P7-8 YRBS 2021	Montana Office of Public Instruction. (2021). Youth Risk Behavior Survey Results 2021 - Pryor 7-8 School. Helena, MT: MT OPI Reports and Data. Provided by Pryor Schools.
PC HS YRBS 2021	Montana Office of Public Instruction. (2021). Youth Risk Behavior Survey Results 2021 - Plenty Coups High School. Helena, MT: MT OPI Reports and Data. Provided by Pryor Schools.
PER CAPITA ABOUT 2019	Office of Public Affairs. (2019). A Guide to Tracing American Indian & Alaska Native Ancestry. Washington, DC: Bureau of Indian Affairs - Office of Public Affairs. Retrieved from: https://www.bia.gov/sites/bia.gov/files/assets/public/ois/pdf/Guide_to_Tracing_American_Indian_Alaska_Native_Ancestry.pdf

RAY 2021	Ray, S. (2021). Informal Communication with Anna Schmitt: Crow Drug Names and Prices. Crow Agency, MT.
RMTEC BEHAVIORAL HEALTH 2020	Rocky Mountain Tribal Leaders Council Epidemiology Center. (2020). Behavioral Health Diseases in Crow Service Unit: Annual Report 2020. Billings, MT: RMTEC.
RMTEC CHRONIC DISEASE 2019	Rocky Mountain Tribal Leaders Council Epidemiology Center. (2019). Chronic Diseases in Crow Service Units: Annual Report 2019. Billings, MT: RMTEC.
RMTEC CHRONIC DISEASE 2020	Rocky Mountain Tribal Leaders Council Epidemiology Center. (2020). Chronic Diseases in Crow Service Units: Annual Report 2020. Billings, MT: RMTEC.
RMTEC DATA PROFILE 2020	Rocky Mountain Tribal Leaders Council Epidemiology Center. (2020). Data Request from Crow Service Units. Billings, MT: RMTEC.
RMTEC INFECTIOUS DISEASE 2019	Rocky Mountain Tribal Leaders Council Epidemiology Center. (2019). Infectious Disease in the Crow Reservation: Annual Report 2019. Billings, MT: RMTEC.
RMTEC INFECTIOUS DISEASE 2020	Rocky Mountain Tribal Leaders Council Epidemiology Center. (2020). Infectious Disease in the Crow Reservation: Annual Report 2020. Billings, MT: RMTEC.
RRM MENTAL HEALTH 2021	Indian Health Service. (2021). Mental Health: Rockville, MD: IHS - The Division of Planning, Evaluation, and Research. Retrieved from: https://www.ihs.gov/dper/planning/rrm-references/mental-health/
SNAP ABOUT 2021	Food and Nutrition Service. (2021). Supplemental Nutrition Assistance Program. Washington, DC: United States Department of Agriculture - Food and Nutrition Service. Retrieved from: https://www.fns.usda.gov/snap/supplemental-nutrition-assistance-program
URNSPLENTY 2021	Turnsplenty, Y. (2021). Informal Communication with Savannah Siquah: Crow Tribe Enrollment Data. Crow Agency, MT.
UCR MT TRIBES 2015	U.S. Department of Justice. (2015). Crime in the United States, Offenses Known to Law Enforcement by State, Tribal, and Other Agencies. Washington, D.C.: Federal Bureau of Investigation.
UCR MT TRIBES 2016	U.S. Department of Justice. (2016). Crime in the United States, Offenses Known to Law Enforcement by State, Tribal, and Other Agencies. Washington, D.C.: Federal Bureau of Investigation.
UCR MT TRIBES 2017	U.S. Department of Justice. (2017). Crime in the United States, Offenses Known to Law Enforcement by State, Tribal, and Other Agencies. Washington, D.C.: Federal Bureau of Investigation.
UCR MT TRIBES 2018	U.S. Department of Justice. (2018). Crime in the United States, Offenses Known to Law Enforcement by State, Tribal, and Other Agencies. Washington, D.C.: Federal Bureau of Investigation.

UCR MT TRIBES 2019	U.S. Department of Justice. (2019). Crime in the United States, Offenses Known to Law Enforcement by State, Tribal, and Other Agencies. Washington, D.C.: Federal Bureau of Investigation.
US Census Bureau 2019	United States Census Bureau. (2019). American Community Survey 5 - Year Estimates, 2015-2019. Washington, DC: US Census Bureau, American FactFinder. Retrieved from: https://www.census.gov/acs/www/data/data-tables-and-tools/data-profiles/2019/
US CENSUS BUREAU 2020	United States Census Bureau. (2020). Decennial Census - Redistricting Data, Table P1. Washington, DC: US Census Bureau, American FactFinder. Retrieved from: https://data.census.gov/cedsci/table?q=&t=Populations%20and%20People&g=0100000US_0400000US30_2500000US0845&y=2020&tid=DECENNIALPL2020.P1&hidePreview=true
US CENSUS BUREAU SNAP 2019	United States Census Bureau. (2019). American Community Survey 5 - Year Estimates, Table S2201. Washington, DC: US Census Bureau, American FactFinder. Retrieved from: https://data.census.gov/cedsci/table?q=SNAP&g=0400000US30_2500000US0845&y=2019&tid=ACSST5Y2019.S2201&hidePreview=true
US CENSUS CPS 2019	United States Census Bureau. (2019). Health Insurance Historical Table HIC-4_ACS: Health Insurance Coverage Status and Type of Coverage by State - All Persons: 2008-2019. Washington, DC: US Census Bureau, American FactFinder. Retrieved from: https://www.census.gov/library/publications/2020/demo/p60-271.html
US PREGNANT SMOKE 2018	America's Health Rankings Analysis of CDC Wonder Database: Smoking During Pregnancy. (2021). United Health Foundation. Retrieved from: https://www.americashealthrankings.org/explore/health-of-women-and-children/measure/Smoking_pregnancy/state/U.S.
US Vital Stats 2019	Kochanek, K. D. , XU, J.Q., & Arias, E. (2019). Mortality in the United States. NCHS Data Brief, no 395. Hyattsville, MD: National Center for Health Statistics. 2020.
USDA FOOD INSECURITY 2019	United States Department of Agriculture. (2019). State-Level Prevalence of Food Insecurity. USDA Economic Research Service.
USFS 1997	US Forest Service. (1997). Forest Service Natural Resource Guide to American Indian and Alaska Native Relations - Appendix D: Indian Nations. Washington, DC: US Forest Service - State and Private Forestry. Retrieved from: https://www.fs.fed.us/spf/tribalrelations/pubs_reports/NationalResourceGuide.shtml
W7-8 YRBS 2021	Montana Office of Public Instruction. (2021). Youth Risk Behavior Survey Results 2021 - Wyola 7-8 School. Helena, MT: MT OPI Reports and Data. Provided by Wyola Schools.

WHO ENVIRONMENT 2021	World Health Organization. (2021). Environmental Health. Geneva, Switzerland: WHO. Retrieved from: https://www.who.int/health-topics/environmental-health#tab=tab_1
WIC NA 2021	Montana Department of Public Health and Human Services. (2021). 2021 Montana WIC Needs Assessment. Helena, MT: MT DPHHS - Special Supplemental Nutrition Program for Women, Infants, and Children. Unpublished.

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