

# Community Health Assessment 2022

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# Acknowledgments

The CSKT Tribal Health would like to acknowledge and thank the many Tribal Health staff that spent countless hours recruiting and surveying participants. This study would not be possible if it were not for your tireless work and dedication to the wellbeing of our community.

We are forever grateful for the willingness and shared knowledge of all the community members that participated in our survey. Your collective voices matter and will inform decision-making that is data-driven.

#### **CHA Team Members**



CSKT Community Health Division with help from other Tribal Health programs

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Pictured (Left to Right): Kaelen Wall, Dawne Scott, Mary Driscoll

# Acronyms

- CSKT Confederated Salish and Kootenai
- CHA Community Health Assessment
- SDoH Social Determinants of Health
- PR Priority Resolutions
- COVID-19 Coronavirus Disease 2019
- CASPER Community Assessment for Public Health Emergency Response
- **CDC** Centers for Disease Control and Preventions
- BMI Body Mass Index (weight status indicator)
- Freq Frequency (data counts)
- % Percentage (data proportions)

# **Executive Summary**

#### **Overview**

Native Americans have historically fared worse across a range of health indicators compared to other races.<sup>1-4</sup> The advent of the COVID-19 pandemic further exacerbated disparities as chronic health conditions (e.g., diabetes), household overcrowding and air pollution (e.g., indoor smoke from increased wildfires), poverty, limited healthcare access due to underfunding, and limited healthy food access were also found the be highly prevalent among Native Americans.<sup>7</sup> Although these statistics are important public health concerns that warrant attention, it is important to also share that the Native American communities can be a place of resilience and resistance to historical and contemporary traumas that contribute to such risk factors and outcomes, with each tribal community holding diverse values, languages, and histories.

Tribal Health, a department of the Confederated Salish and Kootenai Tribes (CSKT), launched the Community Health Assessment (CHA) in collaboration with local and state-based partners in summer 2020. This report was developed in recognition and respect for honoring tribal sovereignty, understanding tribal diversity, and interpreting data within the cultural context.<sup>8-11</sup> The development of the CHA survey tool was informed by community and leadership input and a document scan of the following local community reports: CSKT of the Flathead Nation: Community-Wide Needs Assessment Tribal Health Diabetes Program; 2017 – 2018 Annual Report. "Growing Healthy Populations"; CSKT Tribal Health Tribal Opioid Response Strategic Plan, 2018 – 2020; SAMHSA Confederated Salish and Kootenai Tribes Intensive Cohort Community Story; and Lake County Community Health Assessment: Lake County Health Department 2018.

#### **Focus Areas**

The CSKT Priority Resolutions and other key public health indicators set the foundation for the primary focus areas of the 2022 CSKT CHA Report. The data presented in this report directly and indirectly inform the CSKT Priority Resolutions. To promote data-driven decision-making per priority resolution, social determinants of health (SDoH) indicators are also provided to draw comparisons and identify sub-groups that can be targeted for services and interventions. Table 1 in the Introduction section lists the available SDoH indicators and risk factors used in this report.

#### **Community Characteristics**

The Flathead Reservation is home to the federally recognized Selis (Salish), Qlispe (Pend d'Oreille) and Ksanka (Kootenai) Tribes, and is located in western Montana in the northwestern United States. The Reservation is approximately 1.3 million acres, and lies within four counties. It is comprised of 13 towns that range from rural and isolated to non-metro urban. Although the towns are spread apart, and would not necessarily be considered one community, the social ecosystem of the Reservation includes Tribal Members, Tribal Descendants and non-Tribal community members. There are about 8,000 enrolled members with approximately 5,200 that reside within the exterior boundaries of the Flathead Reservation.

# Introduction

#### **Overall Goal and Principles**

The goal of Community Health Assessments (CHA) is to identify key health-related needs and concerns through systematic, comprehensive data collection and analyses. These comprehensive data then enable organizations to understand and address their community's current health status, needs and concerns.<sup>6</sup> The following CDC CHA Principles are relevant to our report:

- Multisector collaborations that support shared ownership of all phases of community health improvement, including assessment, planning, investment, implementation, and evaluation
- Proactive, broad, and diverse community engagement to improve results
- A definition of community that encompasses both a significant enough area to allow for populationwide interventions and measurable results, and includes a targeted focus to address disparities among subpopulations
- Maximum transparency to improve community engagement and accountability
- Evaluation to inform a continuous improvement process

## **Social Determinants of Health**

The following social determinants of health (SDoH) indicators that lead to other risk factors for COVID-19 severity were found to be particularly prominent in tribal nations during the COVID-19 pandemic: poverty status, stable housing, healthy foods, healthcare access, education attainment, smoking, obesity, diabetes, and cardiovascular disease.<sup>7,12</sup> Disproportionate and growing health disparities among Native Americans continue to remain high despite concerted efforts from both tribal communities and researchers to implement strategies for both prevention and intervention.

By taking a SDoH lens and identifying which sub-groups within a community are at particularly high-risk for disease or mortality, communities and partners can better inform future interventions that target these groups. This approach has been evidenced to have a meaningful impact on reduced BMI scores and sugar-sweetened beverages among children that participated in a culturally congruent and tailored home-visiting intervention.<sup>14</sup>

The following SDoH indicators listed in **Table 1** (see next page) were used to make such comparisons. Note that only results informing *Priority Resolutions* include additional comparative findings and when data are available. Gender, employment status, education attainment, age groups, self-reported mental health and self-reported physical health were applied to draw comparisons. When significant differences were found, these results with interpretations were included in the *Significant Findings* section of this report.

# Introduction

#### Table 1. Social Determinants of Health Indicators and descriptions\*

Indicators:	Description:	
Gender	Men, Women	
Employment status	Unemployed, Employed Full-Time	
Education	Less than a High School Diploma; High School Diploma or GED;	
attainment	Some College; College Degree/Trade	
Age Groups	18-24; 25-34; 35-44; 45-54; 55-59; 60-64; Age 65+	
Mental health	Fair to poor mental health; Good to excellent mental health	
Physical health	Fair to poor physical health; Good to excellent physical health	

\* = Groupings per indicator were collapsed if cell sizes were less than 5 participants.

#### Message from CSKT Tribal Health

The Confederated Salish & Kootenai Tribes (CSKT) Tribal Health strives to better understand the public health status and meet the needs of our community using community data, and through discussions and interactions. We conducted and concluded the Community Health Assessment (CHA) in July 2021. The CHA is a data-driven approach that will inform our future decision-making and will create a foundation to work together on important and timely issues. The CHA will inform areas of need related to both public health and wellbeing in our community.

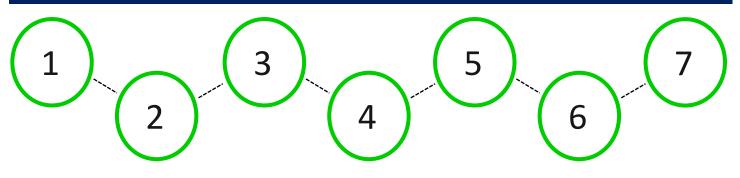
The CHA results will inform our future strategic planning, including program goals and objectives for CSKT Tribal Health and will be shared across the CSKT community to promote transparency and learning of health-focused community needs. The CSKT Tribal Health ensured the CHA report was developed with a high-level of expertise and contains cultural- and community-sensitive and specific results that are relevant to and inclusive of the CSKT community.

For more information or to contact CSKT Tribal Health, visit our website at: www.cskthealth.org

#### **Next Steps**

A key next step following dissemination of CHA results to the community, Tribal Leadership, and other key stakeholders will involve developing a comprehensive community health improvement plan that aims to: 1) improve organizational and community coordination and collaboration; 2) increase knowledge about public health and the interconnectedness of activities; 3) strengthen partnerships within state, tribal and local public health systems; 4) identify strengths and weaknesses to address quality improvement efforts; 5) set the stage for baselines on performance to use for future accreditation needs; and 6) provide benchmarks for public health practice improvements.<sup>6</sup>

# **Priority Resolutions**



The *Priority Resolutions* were adopted on July 15, 2021 by the CSKT Tribal Council. CSKT Tribal Health is dedicated to informing and responding to the top health-related needs and concerns brought forth by community members and leadership. The following icon is used throughout the report to signal specific findings that inform one or more of the *Priority Resolutions*:



- 1. Resolution 21-085 To signify the Tribes' desire and commitment to fully integrating traditional cultural values and languages into the daily lives of individuals within the reservation
- 2. Resolution 21-086 To foster business ownership among membership
- 3. Resolution 21-087 Proclaiming homelessness as a risk to the health, security, and general welfare of the Tribes and directing necessary resources to eradicate homelessness
- 4. Resolution 21-088 Proclaiming mental illness as a risk to the health, security, and general welfare of the Tribes and directing necessary resources to improve and promote mental health
- 5. Resolution 21-089 Proclaiming addiction as a risk to the health, security, and general welfare of the Tribes and directing necessary resources to eradicate addiction
- 6. Resolution 21-090 To commit to the achievement of food sovereignty, proclaiming hunger as a risk to the health, security, and general welfare of the Tribes and directing necessary resources to achieve food sovereignty and security
- 7. Resolution 21-094 To promote earning opportunities and jobs for every member who wants one

#### Objective

To better understand Native American community members' health and quality of life.

#### Sampling Approach

A random clustered sampling approach at the neighborhood level was applied in this study with the goal of reaching 30 neighborhood cluster and 210 participants as recommended by CDC's Community Assessment for Public Health Emergency Response (CASPER) approach.<sup>5</sup>

#### Participant recruitment

A total of 31 neighborhood clusters were randomly identified for participant recruitment. Participants were eligible to participate if they were at least 18 years or age, were Native American, lived in the household, and consented to participating in the survey. The Consent Script and neighborhood maps are provided in Appendices A and C, respectively.

#### Survey tool

The *CSKT Tribal Health Community Health Assessment* survey consisted of 104 questions specific to demographic information, risk-taking behaviors, physical activity, nutrition, healthcare use and access, suicide, mental health, relational support, cultural and traditional participation, food and housing insecurity, child-related needs and concerns, elder-related needs and concerns, and community resources, concerns, and needs. The *CSKT Tribal Health CHA* survey can be found in Appendix B.

#### Analyses

CSKT Tribal Health conducted a cross-sectional study design to collect both descriptive and inferential statistics. Descriptive data consists of individual risk factors (e.g., food insecurity, poor mental health), individual protective factors (e.g., family/friends, exercise), and attitudes and beliefs for available community resources, concerns and needs. Inferential data are provided in the *Significant Results* section. These findings were calculated using adjusted prevalence ratios that were analyzed using the recommended Mantel-Haenszel technique to evaluate if confounding by common risk factors (e.g., age or gender) was present among the comparisons groups.<sup>13</sup> The prevalence ratios include 95% confidence intervals (95% CI). To interpret, if the 95% CI does not cross "1", then there is sufficient evidence to conclude that the groups are statistically significantly. Additional analyses were conducted among available outcomes that directly and indirectly inform the seven *Priority Resolutions*. The bar graphs consist of proportions of the outcome of interest and are organized by social determinants of health (SDOH) indicators, which include both mental health and physical health status. This is a recommended approach to understand high risk groups within Native American communities.<sup>15</sup>

#### Dissemination

Study findings are primarily comprised into 1-2 page infographics that consist of figures and brief in-text descriptions in this report. This report is recommended to be shared to the larger community audience so they may be informed of health-related results relevant to their community. The significant findings and results organized by SDoH indicators may inform leadership, programs, and services to support data-driven decisions.

# Results

CSKT Tribal Health Department volunteers recruited and surveyed a total of **210 participants** from across 30 community neighborhoods in the from July 12-16, 2022.

Disparities observed commonly occurred by gender, low education attainment, unemployed but looking for work, poor physical and mental health, and younger age groups.

Most participants reported strong community cohesion in terms of attitudes on safety, being a good place to grow old and have children, knowing the first names of their neighbor(s), access to healthcare, etc. A top concern was having affordable housing. Nearly half were concerned about illegal drug use and over a third were worried about suicide in their communities. Over half attended the local powwows and nearly half reported having access to cultural support in their community.

# Significant Findings

Key data and findings for mental health (proxy for suicide risk), unemployment, and food insecurity.

# Mental health (risk factor for suicide):



- Women were associated with a 76% (1.91; 95% CI: 1.07, 2.91) increase in reporting fair to poor mental health compared to men, adjusting for age.
- Those with a High School degree, GED or less were **2.15 times** (95% CI: 1.46, 3.16) more likely to report fair to poor mental health compared to those with some college, college degree or trade, adjusting for gender.
- Those with fair to poor physical health were **4.75 times** (95% CI: 2.93, 7.71) more likely to report fair to poor mental health compared to those with good to excellent physical health, adjusting for age.

# Unemployed but looking for work: 😿



• Those with a High School degree, GED or less had an **89%** (1.89; 95% CI: 1.11, 3.20) increased likelihood to report being unemployed but looking for work compared to those with some college, college degree or trade, adjusting for gender.

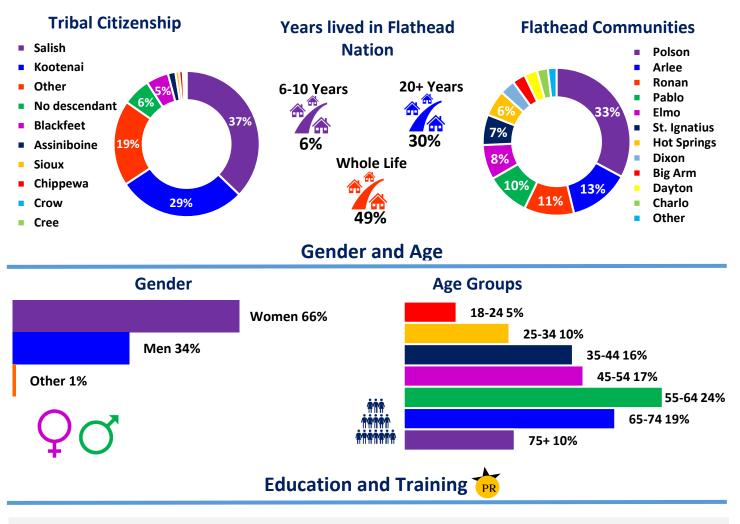
#### Food Insecurity: PR

• Those with fair to poor mental health had an 87% (1.87; 95% CI: 1.45, 2.42) increased likelihood to report sometime to often experiencing food insecurity compared to those with good to excellent mental health, adjusting for age.

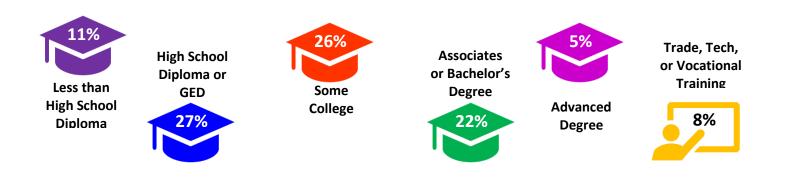
# Demographics

#### **Flathead Nation Characteristics**

Demographic information is presented here. Most participants reported they resided in Polson and Arlee, were women, were ages 55-64, were Salish and Kootenai, resided in the Flathead community all their life, had their High School diploma/GED, and were employed full-time or were retired.



Participants reported their highest level of educational attainment or training. The majority had at least graduated with their high school diploma or GED equivalent.



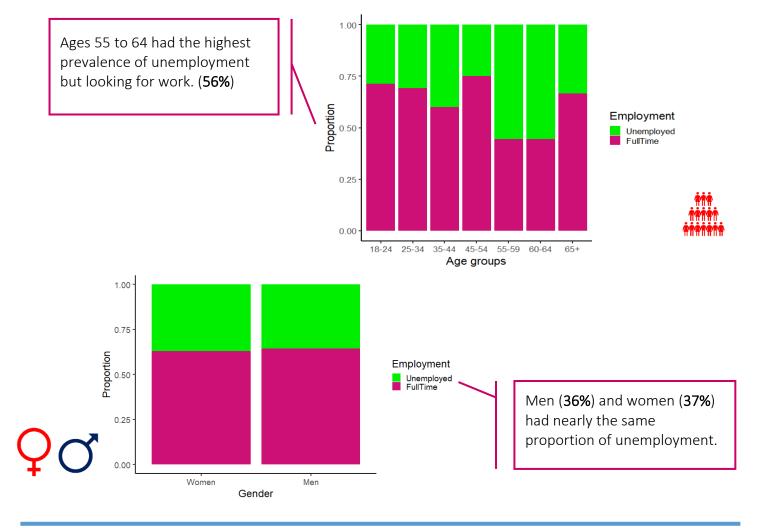
# Demographics

# Employment PR

Table 2 lists employment status most often mentioned among participants. Most participants were employed full-time, were retired, or were out of work for more than a year. Additional comparisons by age groups, and gender are also provided to make comparisons for unemployment, but looking for work.



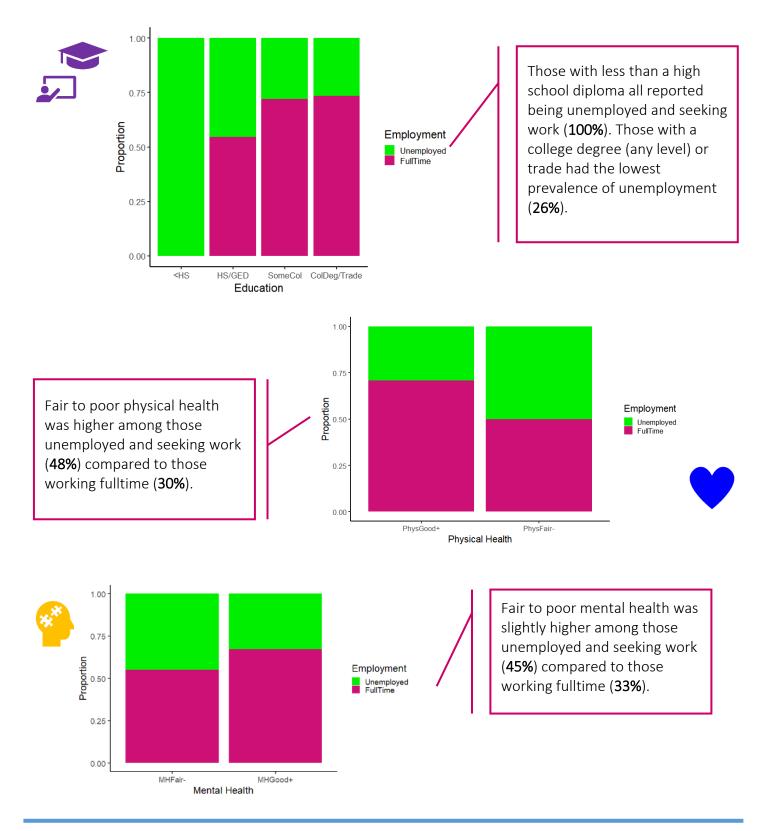
Table 2. Employment among participants				
Employment characteristics	Freq.	Percent		
Full-time	62	30%		
Retired	54	26%		
Unemployed 1+ years	21	10%		
Unemployed less than 1 year	15	7%		
Part time	14	7%		
Stay at home parent or caregiver	13	6%		
Self-employed	10	5%		
Temporary/seasonal employment	8	4%		
Unemployed but not seeking work	6	3%		
Veteran	5	2%		
Student	1	0%		



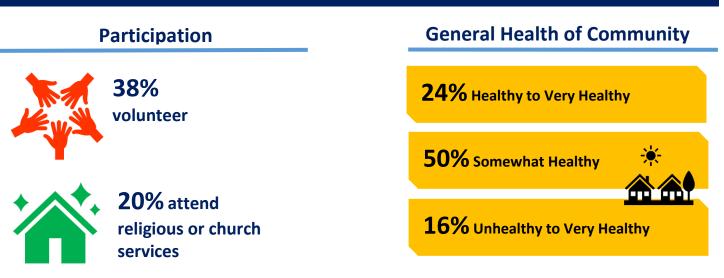
# Demographics



Additional comparisons by education attainment, physical health, and mental health are also provided to make comparisons for unemployment, but looking for work.

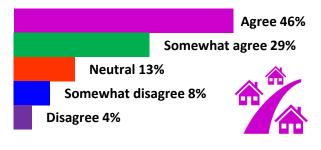


# Community Health

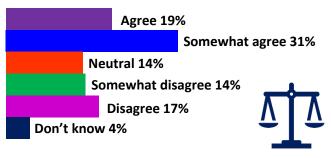


#### **Safety and Resources**

#### Feel safe in their community (%)

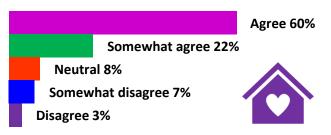


#### All races, ethnicities, backgrounds, socioeconomic statuses, and beliefs are treated fairly (%)

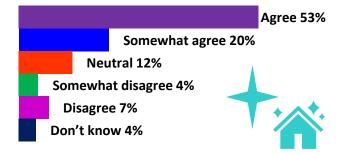




#### Feel safe in their home (%)



# Access to spiritual/religious support in community (%)



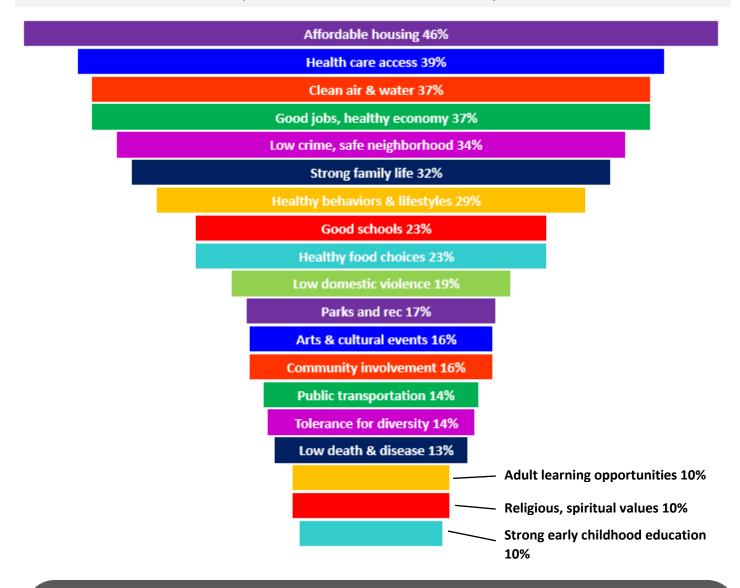


**71%** Have their firearms locked or secured in their home.

# **Community Health**

## Needs and Concerns

Participants selected their top 3 priorities that they believe were most important for a healthy community. Over a third of participants reported affordable housing, health care access, clean air and water, good jobs and a healthy economy, low crime and a safe neighborhood, and a strong family life should be priorities to promote the health of their community.



In addition, 6 participants shared the following responses on what was most important for a healthy community:

"Reopen bath house" "Less illegal drugs" "E

"Exercise"

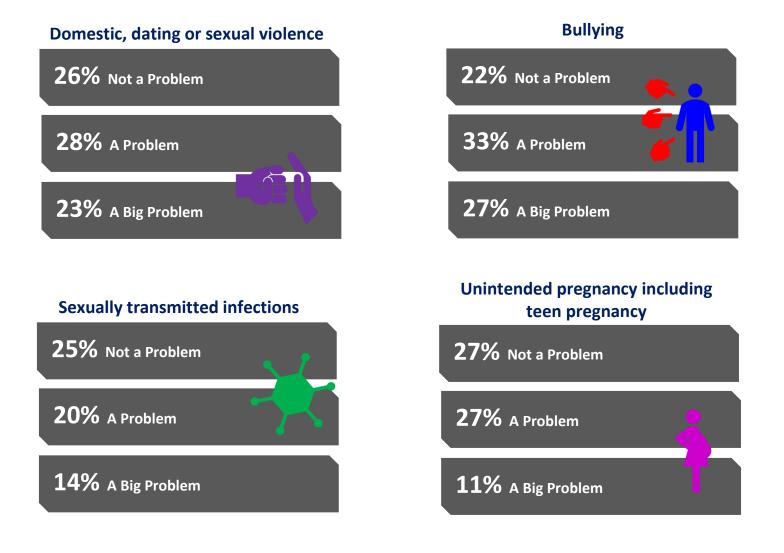
"All of the above"

"All are important"

# Community Health

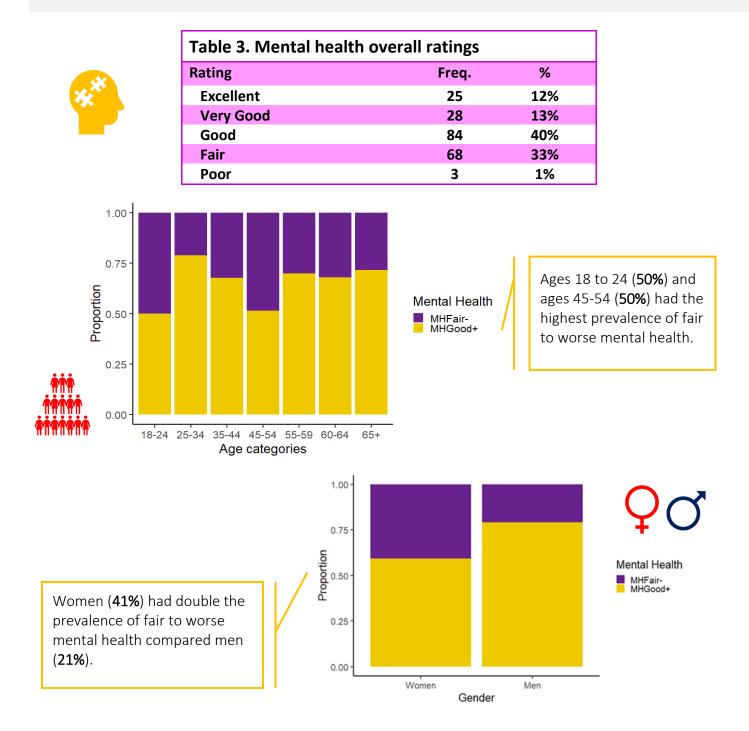
#### **Concerns and Needs**

Participants rated whether the following concerns were not a problem to a big problem in their community. Domestic, dating or sexual violence, and bullying were mainly considered a problem. Sexually transmitted infections were mainly considered not a problem. Unintended pregnancy including teenage pregnancy was split between not a problem and a problem



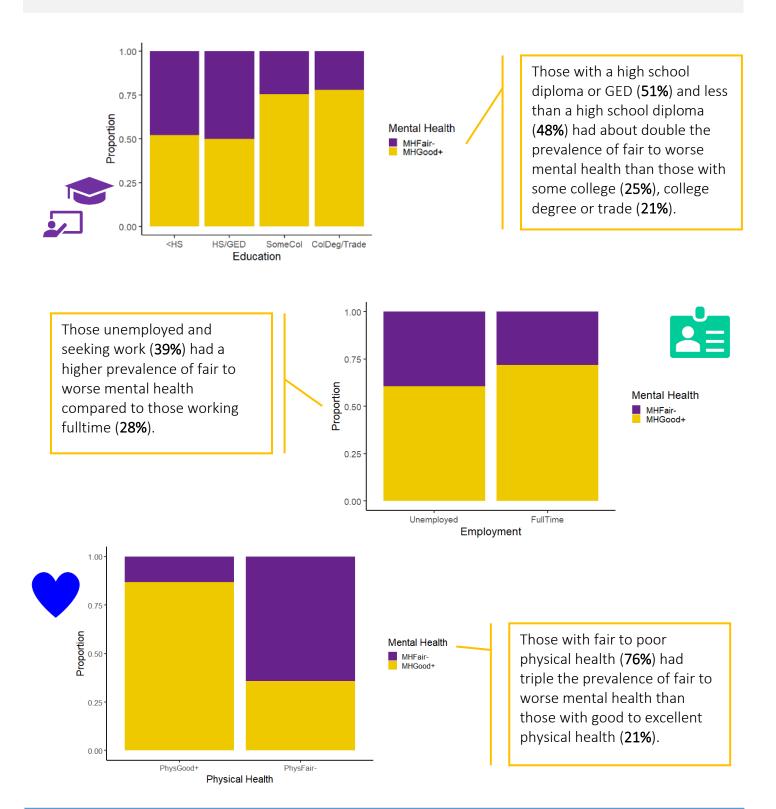
# Mental Health PR

Table 3 provides a breakdown participants' self-reported rating of their overall mental health. Below, are additional comparisons by age groups and gender against mental health status. Mental health status is organized by fair and poor mental health (**suicide** risk factor) and good, very good, and excellent mental health.

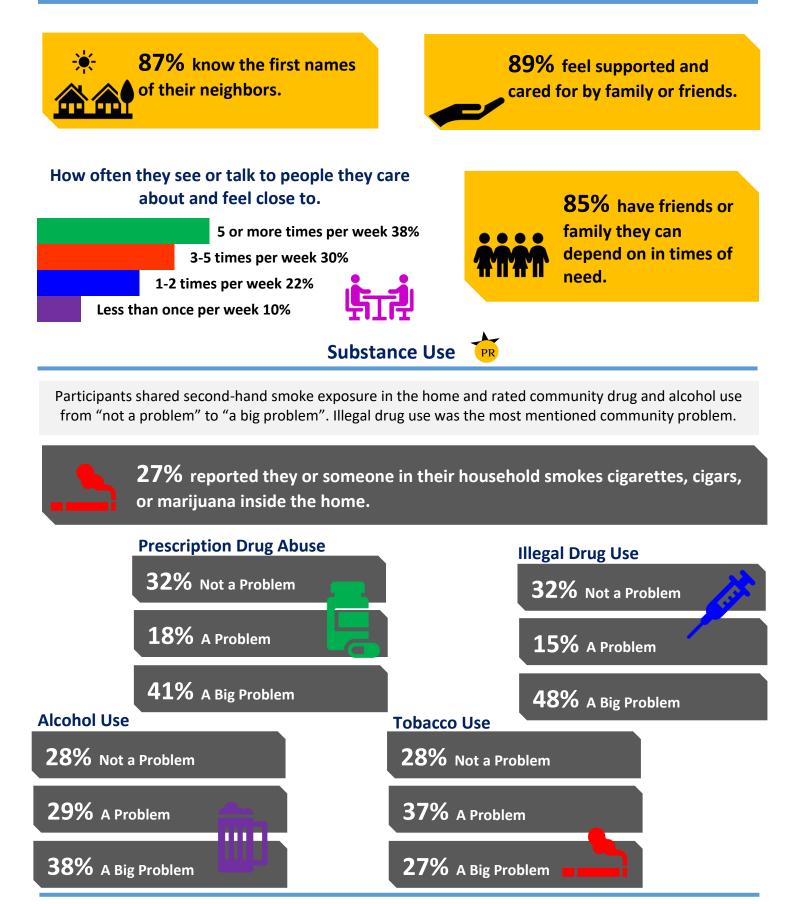


# Mental Health

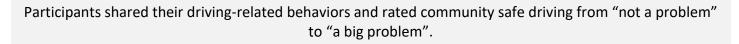
Below, are additional comparisons by education attainment, employment status, and physical health against mental health status. Mental health status is organized by fair and poor mental health (**suicide** risk factor) and good, very good, and excellent mental health.

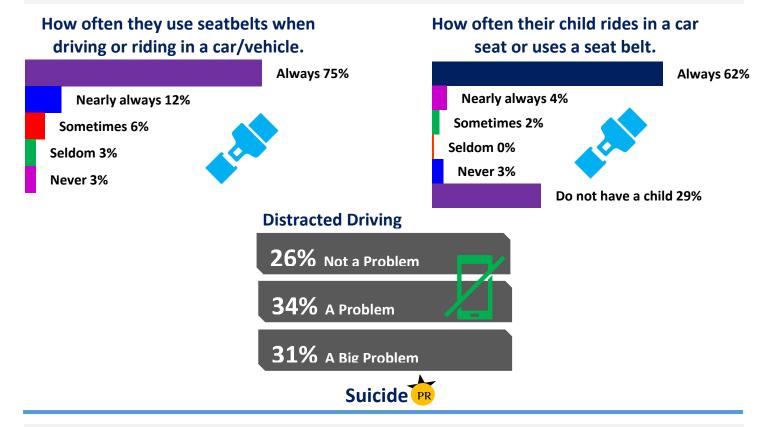


#### **Relational Support**



#### Safe Driving

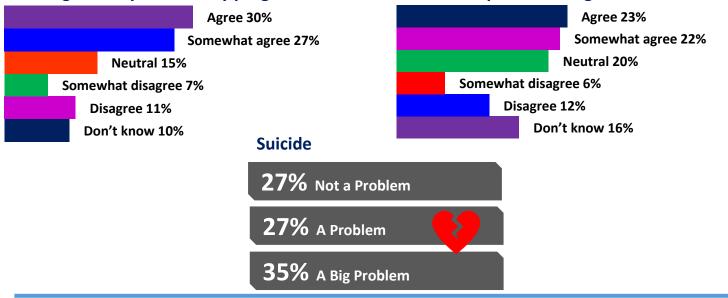




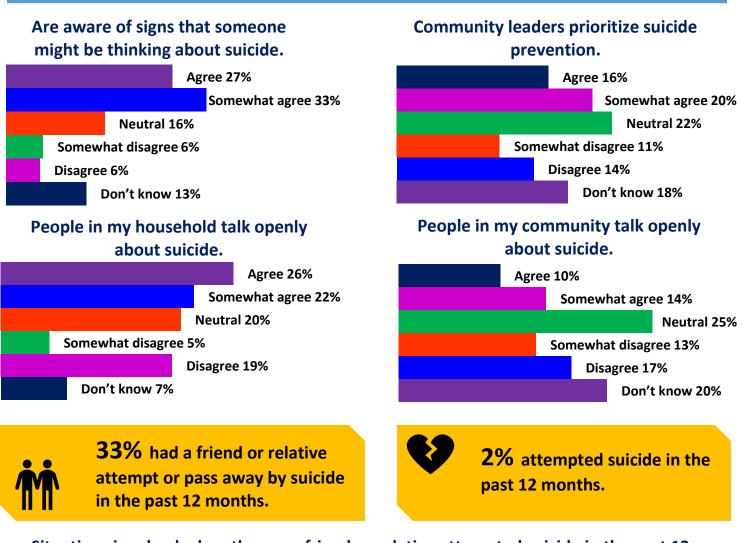
Participants shared their awareness surrounding suicide, including community stigma, signs of suicidal ideation, leader prioritization of suicide, suicide attempts, etc.

# Are aware of the suicide prevention efforts being done by community programs.

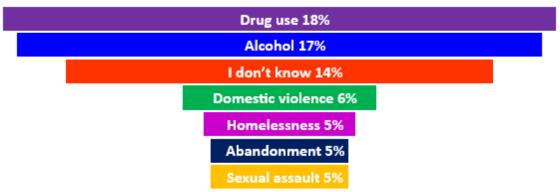
# Community stigma or shame exists for those who attempted or thought about suicide.



## Suicide 【



Situations involved when they or a friend or relative attempted suicide in the past 12 months.

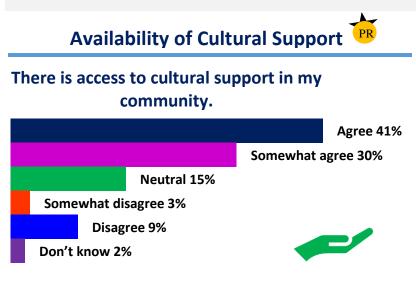


Participants also shared other situations involved with their or their friend's or relative's attempted suicide: "Trauma, influenced by peers" "Shunned for drug use" "Relationships" "PTSD/Veteran"

"Mental health" "Health issues" "Finances" "Depression" "Bullying"

# **Culture and Traditions**

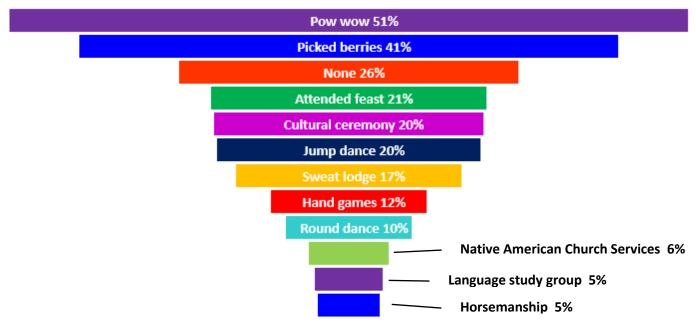
Participants shared their perception of accessible cultural support available in their community. The majority agreed that there was available cultural support.



#### **Cultural and Traditional Participation**

Participants shared all the cultural and traditional activities or events they had participated in prior to the COVID-19 shutdown. Powwows were most often mentioned followed by having picked berries.

#### Participants engaged in the following activities before the COVID shutdown.



Participants shared what supports them to be physically active and whether there are indoor and outdoor places from them to be active.

### **Physical Activity Availability and Supports**

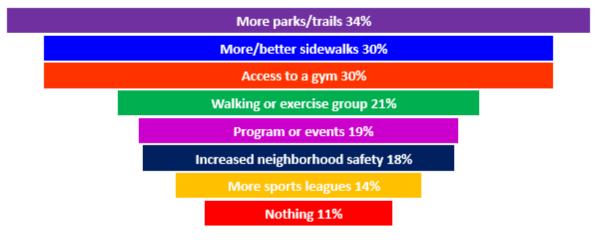


**73%** Have outdoor places to be physically active near my home.



**51%** Have indoor places to be physically active near my home.

#### The following would help participants to be more physically active.



#### **Self-Rated Physical Activity and Exercise**

Table 4. Exercise like walking, running, cycling, weightlifting in the past 7 days			
Time spent exercising: Freq. %			
No exercise in past week	61	30%	
Yes, total 30 minutes or less	38	18%	
Yes, total 30-60 minutes	47	23%	
Yes, total 60-90 minutes	15	7%	
Yes, total 90-120 minutes	14	7%	
Yes total 150 minutes or more	31	15%	

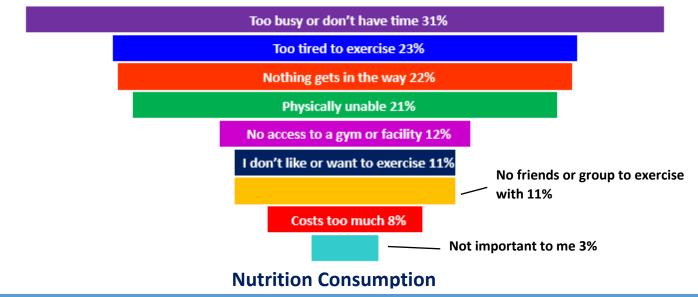


Table 5. Physical health overall ratings				
Rating	Freq.	%		
Excellent	13	6%		
Very Good	17	8%		
Good	98	47%		
Fair	51	24%		
Poor	30	14%		

Participants shared what barriers exist for them to be physically active. The top three most mentioned reasons were not having enough time, too tired, or being physical unable to exercise. Nearly a quarter shared nothing got in the way for them to be physically active.

#### **Barriers to Physical Activity**

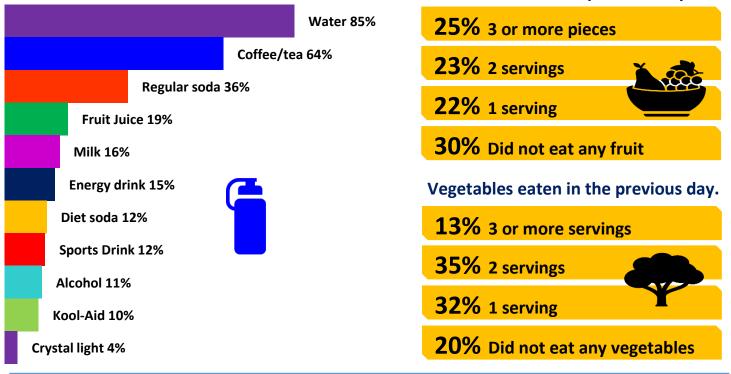
#### The following gets in the way of being more physically active or exercising.



Participants shared the types of drinks they had, and whether they consumed fruits and vegetables. Water, coffee/tea were most mentioned beverages, having two servings of vegetables and 3+ pieces of fruit were the most mentioned amounts of consumption.

Fruit eaten in the previous day.

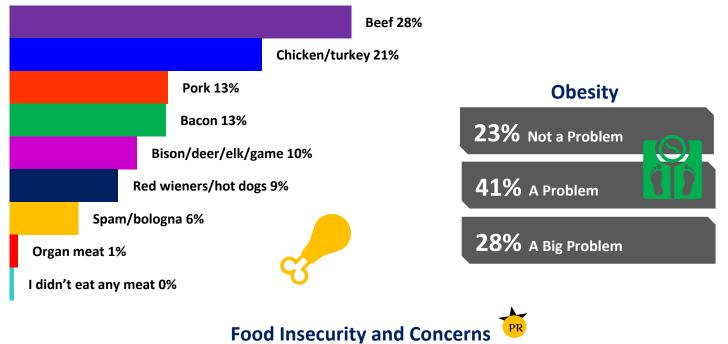
#### What participants drank yesterday.



#### **Nutrition Consumption**

Participants shared the types of meats they ate, and whether they consumed fruits and vegetables and their perception as to whether obesity was not a problem to a big problem in their community. Beef, chicken/turkey, and the majority considered obesity to be a problem.

#### What participants ate yesterday.



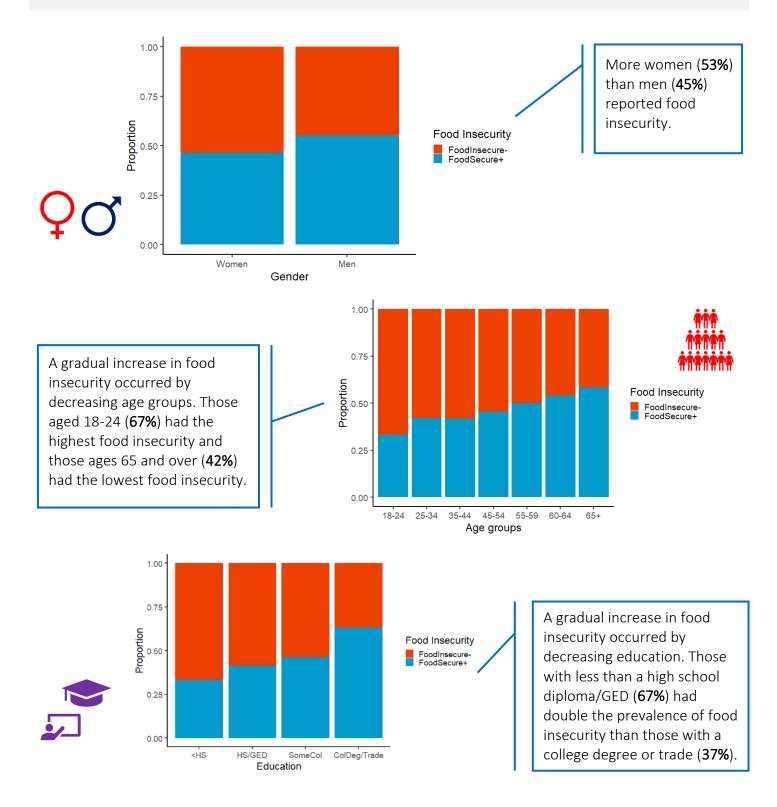
Participants shared whether they experienced running or fear of running out of food and their perception as to whether hunger was not a problem to a big problem in their community. The majority of participants reported no food insecurity, and that hunger was not a problem in their community.

#### The food bought didn't last and they didn't have



# Food Insecurity and Concerns 😿

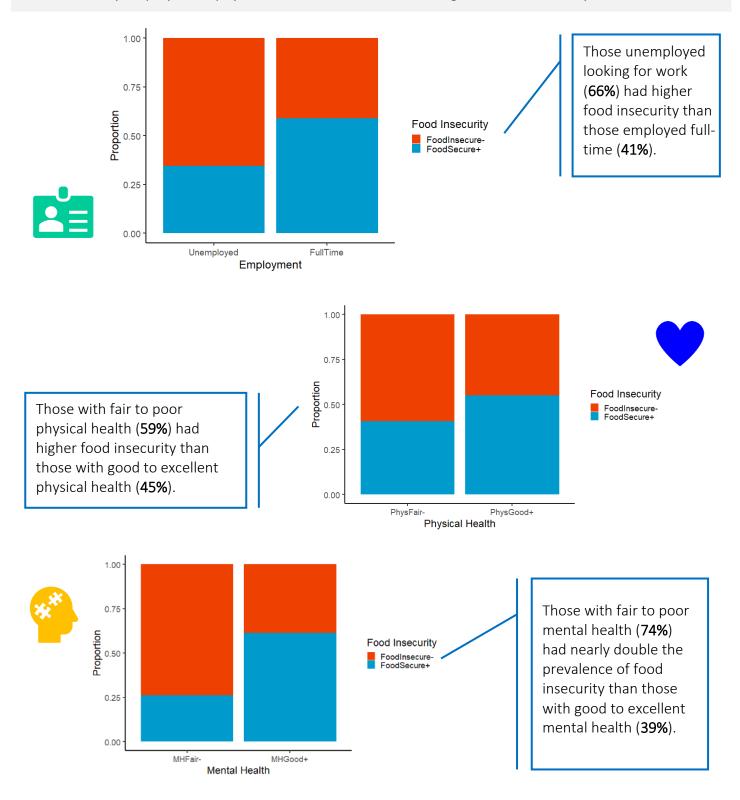
Food insecurity status is based on those sharing they sometimes or often would run out of food (food insecure) compared to those that never run out of food (food secure). Additional comparisons are provided by gender, age groups, and education attainment against food insecurity status.



## Food Insecurity and Concerns

PR

Food insecurity status is based on those sharing they sometimes or often would run out of food (food insecure) compared to those that never run out of food (food secure). Additional comparisons are provided by employment, physical health, and mental health against food insecurity status.



# Healthcare Access

#### **Communications and Community Access**

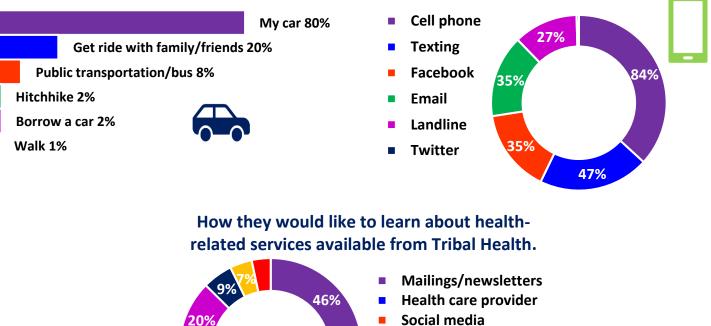
Participants shared the communication devices they tend to use, how they prefer to receive Tribal Health information, and access in terms of transportation. The majority used cell phones for daily use and preferred receiving Tribal Health information via mailings or newsletters. Nearly all participants drive their vehicle for important trips.

# How they usually get somewhere important, like a medical appointment.

21%

28%

#### Forms of communication they use daily.

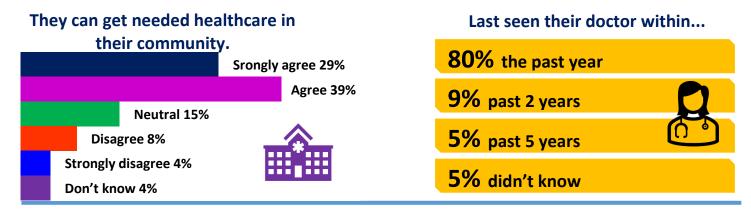


- Website/internet
- Newspaper
- Radio
- Presentations
- TV

**Primary Care** 

34%

Access to and use of primary healthcare is shared in this section. Nearly all agreed they have healthcare access in their community and the majority visited their doctor within the past year.



# **Healthcare Access**

#### **Primary Care**

Participants shared the reasons they delayed seeking healthcare services and what they would recommend improving the community's access to healthcare. Too long of a wait and could not get an appointment were the most mentioned reasons for delaying healthcare services. Having a walk-in clinic and more primary care providers was most recommended to improve the community's access to healthcare.



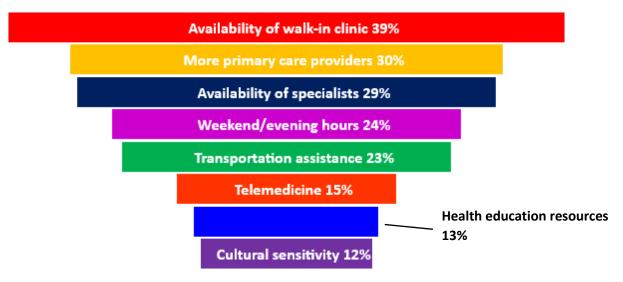


Participants also shared other reasons they delayed seeking healthcare services:

"Cant go alone, need help" "COVID-19" "Depression" "Embarrassed"

"No one to care for husband" "No PCP [Primary care provider]" "No time" "Too far to travel"

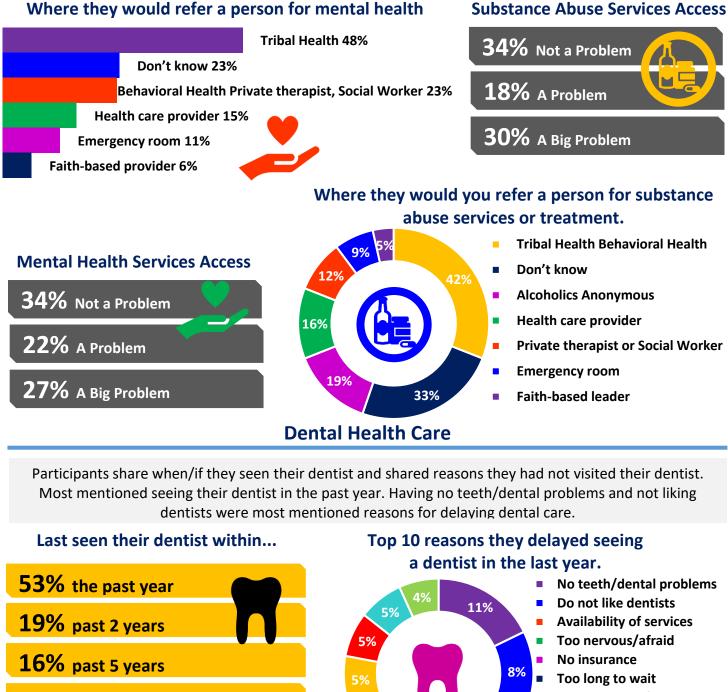
#### Ways to improve the community's access to healthcare.



# **Healthcare Access**

#### **Mental Health Care**

Participants shared where they would refer someone for mental health and substance abuse services, and whether community availability of mental health services was not a problem to a big problem. Tribal Health and Tribal Health Behavioral Health for mental health and substance abuse referrals were most mentioned, respectively. Mental health access was mainly considered not a problem.



- Insurance didn't cover
- Couldn't get appointment
- Low priority
- No transportation

29

6%

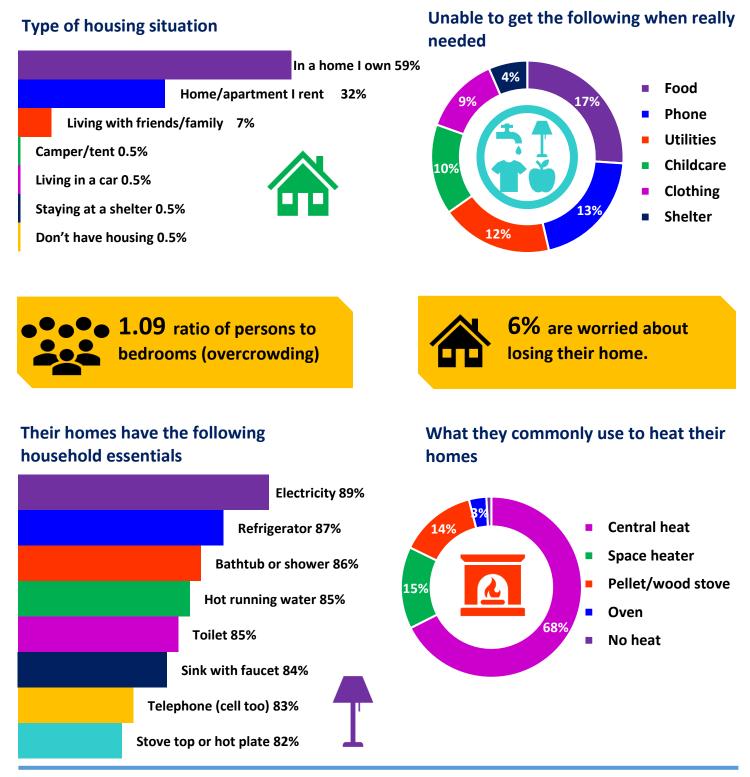
5%

9% didn't know

# Housing

#### **Housing Insecurity**

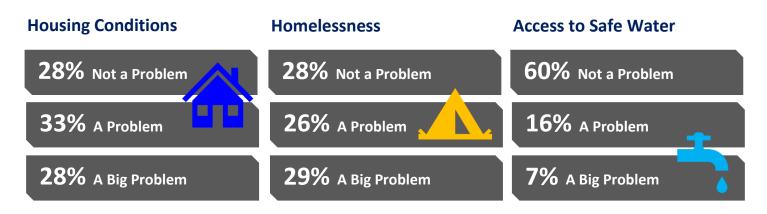
Individual housing type, overcrowding, having basic necessities, type of heating, and worry of losing their home information and concerns are provided in this section. Most participants owned their home and used central heat. Nearly all participants had the basic housing necessities. Most mentioned housing concern was having enough food. The number of people to bedrooms in the home indicates potential overcrowding. A small number of participants were worried about losing their home.



# Housing

# Housing Insecurity

Community perceptions on housing conditions, homelessness, and access to safe water are shared here. Housing conditions were most mentioned as being a problem. Homeless was mainly considered as being a big problem. Access to safe water was heavily considered to be not a problem.

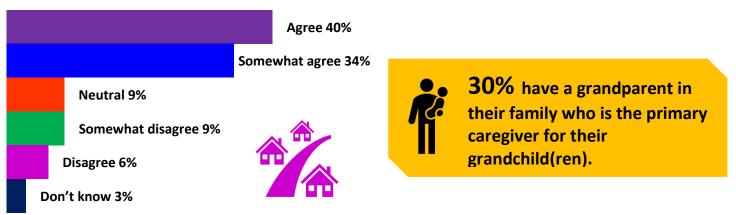


# Children and Elders

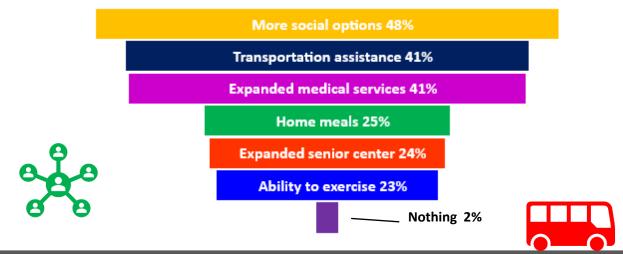
#### **Elders**

Whether there is a grandparent who is a primary caregiver to their grandchild(ren), and whether their community is a good place to grow old and recommended improvements are shared here. The majority agreed their community is a good place to grow old. Nearly a third had a grandparent raising a grandchild(ren) in their family. More social options and transportation assistance were the most mentioned ideas to make their community a better place to grow old.

# Their community is a good place to grow old



#### What would make their community a better place to grow old



Select ideas to make their community a better place to grow old are shared here:

"Assist with yard work" "Assisted living for elders" "Church stores" "Decreased drug activity" "Elmo has nothing" "Evict drug apartment" "Home care" "home maintenance for elders" "Less drugs in community" "Monthly Tribal retirement" "More affordable housing" "More in home services" "more law enforcement" "Recreation" "Younger people to help out more"

# Children and Elders

#### Elders

Community perceptions on falls resulting in injuries, availability of disability services and elder abuse or neglect as not being a problem to being a big problem are shared here. Injury-related falls were most mentioned as being not a problem. Disability services availability was mainly considered not a problem. Elder abuse or neglect was mainly considered as not a problem.



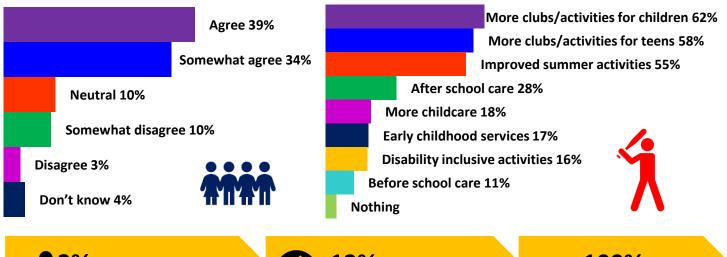
#### Children

If their community is a good place to raise children and recommended improvements, worry of child being taken away, and if their child needed and received mental health services are shared here. The majority agreed their community was a good place to raise children. More clubs/activities for kids and teens were the most mentioned recommended improvements. Of the 13% that were told their child needed mental health services, all received such services. Nearly no participants worried their child would be taken away.

to raise children

What would make their community a better place

# Their community is a good place to raise children



3% worried having their child(ren) taken due to their activities or things they experienced.

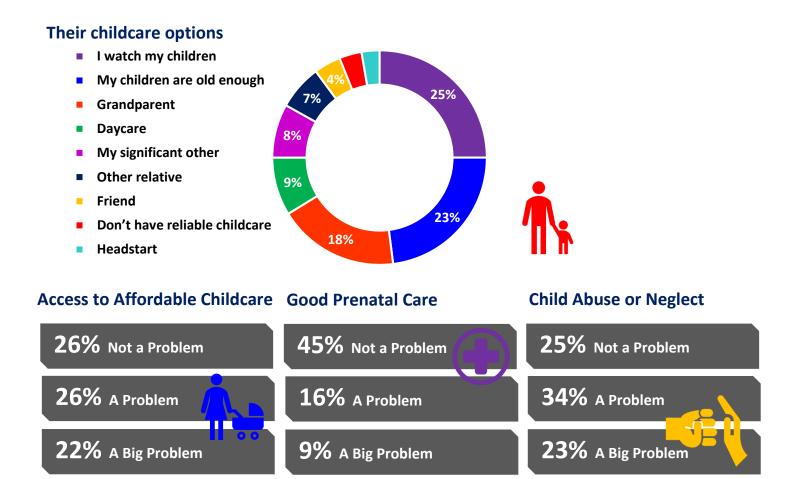


13% told by school or doctor's office their child needed mental health services. 100% received recommended mental health services

# Children and Elders

## Children

Childcare options, and community perceptions of available affordable childcare, child abuse and neglect, and good prenatal care are shared here. Most watcher their children or their children were old enough to care for themselves. Affordable childcare access was equally considered not a problem and a problem. Good prenatal care was not a problem. Child abuse or neglect was considered mainly a problem.



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# Appendices

### Appendix A: Consent Script

### **Consent Script**

### **Community Health Assessment Survey**

Confederated Salish and Kootenai Tribes

Hello, I am \_\_\_\_\_\_ (your name) and this \_\_\_\_\_\_ (your name) and we are volunteers working with the CSKT Tribal Health Department. We are talking with people throughout the Flathead Reservation today to learn more about health and quality of life here. Is anyone in this household American Indian or Alaska Native, including descendants?

### Yes, keep reading.

No, thank them for their time and move onto the next home.

What we learn during this assessment will help the health department and community partners address the major health and community issues on the reservation.

Your neighborhood was randomly selected to participate in the survey. This survey is completely voluntary and all opinions you share with us will be completely confidential. You may decline to answer any question.

You will receive a \$25 gift card for your participation, once the survey is completed. Additionally, we have teamed up with the American Heart Association to ask a few additional questions about stroke. This is optional, if you choose to answer these questions, you will be entered into a drawing

You may have questions about this survey or want to confirm we were sent by the CSKT Tribal Health Department. If so, you can ask anyone here right now or call the CSKT Tribal Health Department at **(406) 745-3525 ext. 7362**.

Are you willing to participate? Yes No (If NO, stop the survey here and thank the person for his or her time.)

Are you 18 years old or older? Yes No (If NO, ask if you can speak with someone who is 18 years or older. If no one is available, stop the survey here and thank the person for his or her time.)

Do you live in this household? Yes No (If NO, ask if you can speak with someone who lives at the address. If no one is available, stop the survey here and thank the person for his or her time)

### Appendix B: CSKT Tribal Health CHA Survey

Date:	Cluster:	No. HHs in cluster:	Survey No:	Interviewer Initial:

### **CSKT Tribal Health Community Health Assessment**

For the purposes of this survey, "community" is defined as the Flathead Reservation.

1. Which community do you live in?□ Arlee⊠ Dixon□ Hot Springs□ Polson□ Elmo□ Ronan□ Charlo□ Big Arm□ Dayton	□Pablo □St. Ignatius □Other:			nave you	onths (1 yea moved? □1 time	-	-
3. Gender: How do you identify? □Man □Other □Woman □Non-binary	<b>4. What age range</b> □ 18-19 □ 20-2 □ 55-59 □ 60-6	4 🗆	25-34 [	□35-44 □>75	□45-54		
<ul> <li>5. Are you or a member of your housel recognized tribe?</li> <li>No, descendant </li> </ul>		<b>derally</b> □Salish	Reser	vation?	you lived on Dyears □11		ad
□ Blackfeet □ Gros-Ventre			□0-3 yea		20+years	-15 years	
□Kootenai □Chippewa	□Northern Cheye		$\square$ My who		20. years		
□Other							
<ul> <li>7. What is the highest level of school/education you have completed?</li> <li>No schooling □Grade school (K-8) □Some high school □High school graduate □GED</li> <li>□Some college □Associates degree □Bachelor's degree □Advanced degree (masters, doctorate)</li> <li>□Trade/technical/vocational training</li> </ul>							
Statements		Agree	Somewhat Agree	Neutral	Somewhat Disagree	Disagree	Don't know
8. My community is a good place to rai (consider the quality and safety of sc after school care, and places to play i neighborhood)	hools and childcare,						
9. My community is a good place to gro elder-friendly housing, transportation access to shopping centers and busin and services for the elderly)	n to medical services, esses, recreation,						
10. I feel safe in my community. (conside in and around your neighborhood, so parks, businesses, and shopping area	hools, playgrounds,						
11. There is affordable housing in my co	mmunity.						
12. People of all races, ethnicities, backg socioeconomic statuses, and beliefs are treated fairly.							
13. I feel safe in my home. (consider everything that makes you neighbors, and everything that make including family violence, robbery, ho	s you feel unsafe						

14. There is access to spiritual/religious support in my						
community.						
15. There is access to cultural support in my community.						
16. What do you think needs to be available, or improved make our community a better place to raise children? items)         Before school care       More clubs/activitie         After school care       More childcare         More clubs/activities for children       Disability inclusive at the school care         More clubs/activities for children       Disability inclusive at the school care         More clubs/activities for children       Disability inclusive at the school care         More clubs/activities for children       Disability inclusive at the school care         Improved Summer Activities       Nothing         Improved Summer Activities       Other	(Pick up to 3 es for teens activities <b>vsically</b> trails ercise group nts like g challenges	CO Up Trar Expa Expa Dor Abil Hon Oth 19. Ho CO Very Hea	hat do you think mmunity a bette o to 3 items) hsportation assist anded medical se anded senior centre social options ity to exercise ne meals er ow do you rate the mmunity? y Healthy lthy newhat Healthy	er place t tance ervices ter Noth ne genera	o grow old ing al health of ealthy Unhealthy	
□Nothing □Other						
<b>20.</b> Do you know the first names of your neighbors?	21. Do y	vou volu	nteer? 🗆 Yes	□No		
22. Do you trust your local law enforcement?	23. Do y	ou atte	nd religious/chu	rch servi	ces?	
□Yes □No	□Yes	□No □Sometimes				
<ul> <li>24. How often do you see or talk to people that you care a phone, visiting friends or family, going to church or club</li> <li>□ Less than once per week</li> <li>□ 1-2 times per week</li> </ul>				-	o friends or les per wee	
25. Which do you believe is most important for a healthy of	community?					
(Pick up to 3 items)Access to health care and other servicesAffordable housingParks and cultural eventsArts and cultural eventsClean air/waterCommunity involvementStrong familyGood jobs and a healthy economyStrong earlyGood schoolsAccess to adult learning opportunities	creation ortation piritual value / life childhood (pr stem	s e-k)	☐ Healthy food o ☐ Tolerance for ☐ Low crime/saf ☐ Low death and ☐ Don't know ☐ Other	diversity e neighb		
26 Descent have friends // sold share	27.0. 1			fault f		<b>1-2</b>
<ul> <li>26. Do you have friends/family that you can depend on in times of need?</li> <li>□Yes □No □Unsure</li> </ul>	-	eel supp ]No	orted and cared	for by fa	mily/frienc	IS ?
	cigars, o		one in your house ana inside of the Don't know		oke cigaret	tes,

30. Previous to COVID shut down and cancellations, did y	ou participa <sup>,</sup>	te or do any of the fo	ollowing? (Cheo	ck all that apply)						
□ Hand games □ Round Dance □ Pick berries	□Jump Danc	e 🛛 Attended fea	ast 🗌 Pow v	wow						
□Language study group □Sweat lodge □Cultural	Ceremony	□Native American	Church service	S						
□Horsemanship □None □Other:										
31. During the past 7 days, did you do any exercises like walking, running, cycling, weight-lifting?										
$\Box$ No, I haven't had any exercise in the past week $\Box$ Yes, total 30 minutes or less										
□Yes, total 30-60 minutes (1/2 to 1 hour) □Yes, total 60-90 minutes (1 to 1 ½ hours)										
$\Box$ Yes, total 90-120 minutes or more (1 ½ to 2 hours) $\Box$ Yes, total 150 minutes or more (2 ½ hours)										
32. There are outdoor places to be physically active near	<b>32.</b> There are outdoor places to be physically active near my home. <b>33.</b> There are playgrounds/parks for children to be									
□Yes □No □I don't know	-	physically activ	e near my hom	ne.						
34. There are indoor places to be physically active near n	ny home	□Yes □No □Id	lon't know							
$\Box$ Yes $\Box$ No $\Box$ I don't know	ly nome.									
35. Which of the following gets in the way of you being n	nore physical	lly active or exercisin	<b>ig?</b> (Pick all that	t apply)						
□I'm too busy or don't have time	$\Box$ It costs	too much								
□I'm physically unable	🗆 l'm too	tired to exercise								
□I don't have access to a gym or facility	$\Box$ It is not	important to me								
□I don't like or want to exercise	🗆 I don't l	have friends or a grou	up to exercise v	vith						
□Nothing gets in the way / I regularly exercise		C								
□ Other										
<b>36. What makes it hard for you to eat healthy?</b> (pick all the second se										
□ I don't know how to prepare the food we like in a health		Nobody in my fami	•							
Healthy food doesn't taste good		Healthy food costs								
$\Box$ It's hard to find heathy choices when you eat outside of		□Nothing / I eat healthy								
$\Box$ There aren't any places in my community to buy healthy	y foods	□Other								
□ It takes too much time to prepare and shop for healthy										
	Often	Sometimes	Never	Don't						
Statements		Sometimes True	Never True	Don't Know						
Statements 37. In the past 12 months the food I/we bought just	Often									
Statements	Often									
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Food		Phone			Shelter		□Clothing	
	□ None □	Other						
	where you stay most of the	time:						
#bedr	iduals that normally sleep in	the space in	cludin	α νου				
man								
<ul> <li>47. In the place where you stay most of the time, does it have right now? (check all that you have. If something isn't working, do not check)</li> <li>Hot running water Bathtub or shower</li> <li>Stove top or hot-plate Refrigerator</li> <li>Electricity Sink with faucet</li> <li>Telephone (include cell phone) Toilet</li> </ul>					eat (gas or elect	ric) □:	<b>y most of the time heated?</b> Space heater Pellet/Wood stove	
49 What is you	r current work situation?							
Unemployed f Unemployed f Self-employed Stay-at-home	for <b>less than</b> 1 year □Pa for <b>more than</b> 1 year □Te d □Re	teran			-	ve Duty N	Лilitary	
50. If you need	to go somewhere important	, like a medio	cal	51. W	nich forms of co	mmunica	ation do you use on a daily	
appointment, how do you usually get there? My car Get a ride with family/friends Walk Hitchhike Borrow a car Bicycle Public Transportation/Bus (DHRD) Other				basis? (pick all that apply)         Cell phone       Email         Landline       Facebook         Texting       Twitter         Other				
52. In general, f physical hea Excellent Good Poor	now do you rate your alth? □Very Good □Fair		<b>Tribal</b> care p aper	Health? rovider	□Mailing: □Present □Radio	s/Newsle tations	e <b>lated services available</b> tters - Facebook)	
				55. Ho	w often do you	use seat	belts when you drive or ride	
stress, depre	out your mental health, whice ession, and concerns with en ur mental health, in general? UVery Good Fair	notions; how	v do	in ⊡Alwa ⊡Nea	a car/vehicle?		Seldom Never Never ride or drive in a car	
56. When your	child rides in a car/vehicle w	ith you, how	ofter	n does	57. If you have	e firearm	s in your home, are they	
he/she ride	in a car seat (infant seat, tod	•			-		(gun safe or gun lock)	
-		etimes	□Se	ldom	□Yes		No	
			0 41		leve her it here		au utatead a da ctor for a	
-	e health care I need in my con ng specialists)				-	-	<b>ou visited a doctor for a</b> •up is a general exam, not an	
□ Strongly agree	• •				specific injury, i			
					ast year		n't know	

			□Within the past 2 years □Never □Within the past 5 years			
60. People delay seeking health care for a variety of reaso         12 months you delayed seeking health care services, wereasons? (Check all that apply)         Did not delay care       Not treated with reacted not get an appointment         Could not get an appointment       Office not open where an appointment         Availability of services       Too long to wait for a constraint on the constrated on the constraint on the constraint on the		es, what were the ch respect in when I could go it for an appointment fraid ion ces were available id not cover		<ul> <li>61. Where would you refer a person for mental health services?</li> <li>Don't know</li> <li>Tribal Health Behavioral Health</li> <li>Private therapist or social worker</li> <li>Health care provider</li> <li>Emergency Room</li> <li>Faith-based leader (priest or pastor)</li> <li>Other</li> </ul>		
62. In your opinion, what would improve our community's access to health care?         Nothing         Availability of walk-in clinic         Cultural sensitivity         Health education resources         Availability of specialists         More primary care providers         Telemedicine         Transportation assistance         Weekend/evening hours			services o Don't know Tribal Healt Private ther Health care Alcoholics A Emergency Faith-based	h Behavioral Health apist or social worker provider monymous		
visited a dentist because of pain of Within the past year Point Within the past 5 years Of <b>65. If you have not visited the dentist</b> Did not delay care Of Could not get an appointment Of Availability of services Of Could not get off work Of Do not like dentists Of	or an emergency) ever □W on't know	/ithin t what w respect hen I c or an a d	he past 2 years <b>vere the main re</b> : ould go ppointment			

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

Statements	Agree	Somewhat Agree	Neutral	Somewhat Disagree	Disagree	Don't know
66. I am aware of the suicide prevention efforts being done by community programs.						
67. There is community stigma or shame for those who have attempted or thought about suicide.						

68. I am aware of about suicide.	•	e might be thinking						
69. Community le	aders prioritize sui	cide prevention.						
70. People in my household talk openly about suicide.								
71. People in my community talk openly about suicide.								
72. During the pashas attempted or	· ·	ar) a friend or relative	73. Dur suicide	ring the past ?	12 month	s (1 year) ha	ive you att	empted
□Yes	□No □	l don't know	□Yes		No			
74. If you or a friend/relative have attempted suicide in the past 12 months (1 year), what other situations were involved?								volved?
Check all that appl	У							
□Alcohol	□Drug use	Domestic Violence	$\Box I$	Abandonmen	t ⊟Ho	omelessness		
				bunuoninen		1110103511055		

### Questions for individuals with children under the age of 18 – Skip to next section if these questions do not apply

75. My childcare options are (check all that apply)										
□I watch my children □Friend □I	My significant of	ther 🗆	Daycare	□Grandparent	□Other relative					
□Headstart □My children a	re old enough to	o not requi	re childca	re 🛛 🛛 I do not hav	ve reliable childcare					
□Other:										
76. Are you ever worried about having you child/children taken away because of activate involved in or things they have experied	<b>77.</b> Has anyone from the school or doctor's office told you that your child needed mental health services? If no, skip last two questions in this section.									
□Yes □No □Don't know	1	□Yes	∐No	□Don't know						
78. Has your child received	79. If no, what	t was the r	reason?							
recommended mental health services?	🗆 I didn't wan	t to		$\Box$ My child didn't want to						
□Yes □No	□My family d	idn't want	them to	$\Box$ I tried, but hel	p was not available					
	☐ My child go <sup>.</sup>	t help on their own		□Other:						

### From your point-of-view, are the following:

Not a problem: The issue is not a problem and requires no additional attention by my community.

A problem: The issue is somewhat of a problem. My community needs to address this problem.

Big problem: The issue is a major problem. My community needs to address this problem.

Don't know: I do not know enough information to determine whether or not this is a problem.

Issue	Not a problem	A problem	A big problem	Don't know
Obesity				
Alcohol Use				
Tobacco use (smoking, dip, chew, etc.)				
Prescription drug abuse				
Illegal drug use (meth, heroin, marijuana, etc.)				
Access to mental health services (counseling,				
treatment, etc.)				
Access to substance abuse services (for				
alcohol and drug addiction)				
Suicide				
Motor vehicle injuries				
Falls resulting in injuries				
Good prenatal care – including access				
Availability of services for individuals with				
physical disabilities				

Availability of affordable childcare		
Hunger (prolonged lack of food)		
Housing conditions		
Availability of affordable childcare		
Homelessness		
Access to safe water		
Child abuse or neglect		
Elder abuse or neglect		
Domestic, dating, or sexual violence		
Bullying		
Unintended pregnancy including teen		
pregnancy		
Sexually transmitted infections including		
HIV/AIDS		
Distracted driving (texting/cell phone use)		
Other		

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

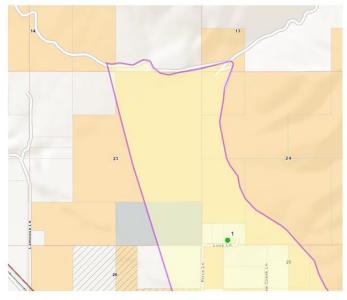
 $\Box$  I couldn't answer some questions, so I skipped them.

□ I didn't know or want to give all the answers, so sometimes I made up the answers.

□ I think all my answers were correct.

### Appendix C: CSKT CASPER Maps

Cluster 1 – North of Arlee (HU:17)



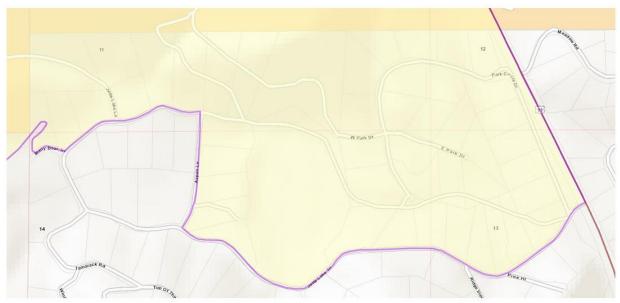
### Cluster 1 – North of Arlee (HU:17)



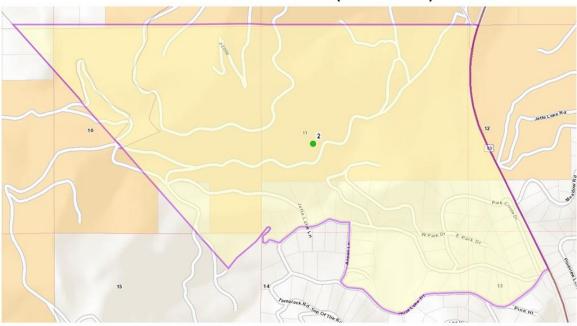
### Cluster 1 – North of Arlee (HU:17)



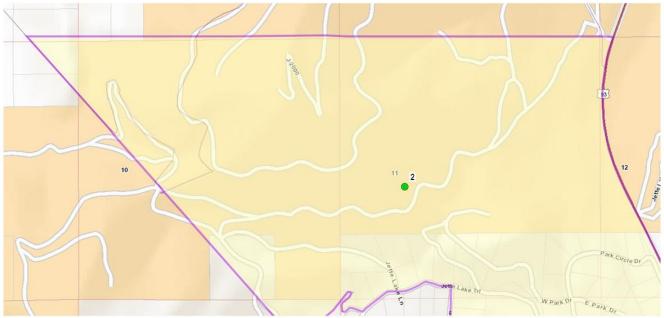
Cluster 2: North of Polson (HU:41)



Cluster 2: North of Polson (HU:41)



### Cluster 2: North of Polson (HU:41)



### Cluster 3: Polson (HU: 13)



### Cluster 3: Polson (HU: 13)



# Cluster 4: Polson (HU:62)

# Cluster 4: Polson (HU:62)



### Cluster 4: Polson (HU:62)



### Cluster 5: Polson (HU: 18)

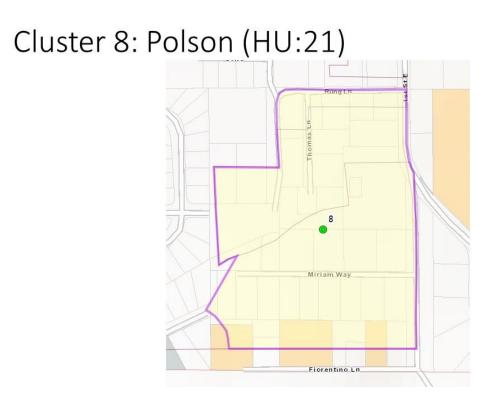


### Cluster 5: Polson (HU: 18)



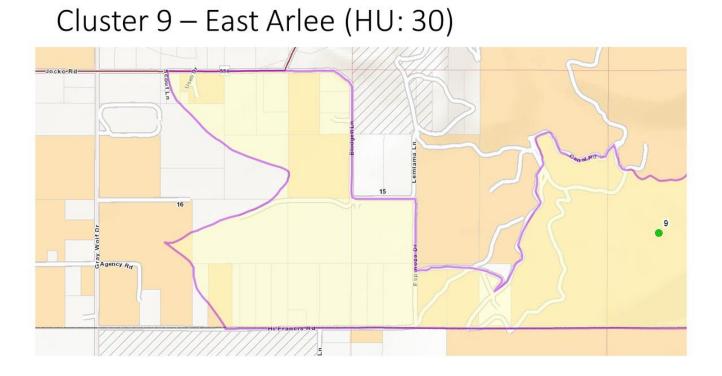
Cluster 6 – South of Ronan (HU: 11)



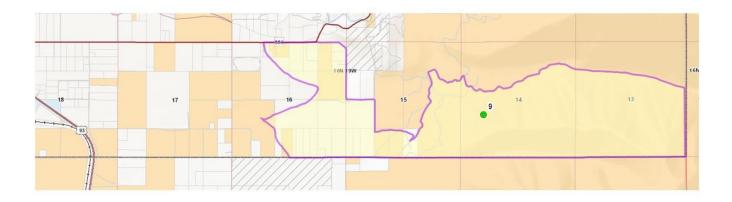


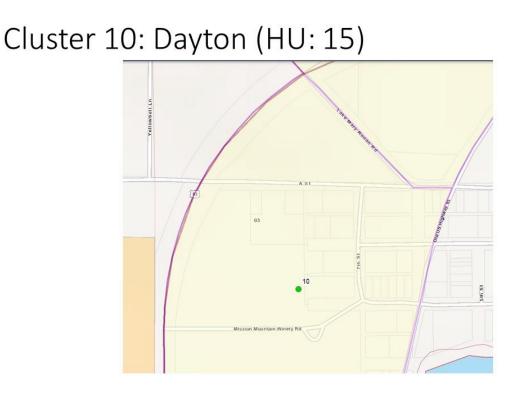
Cluster 8: Polson (HU:21)





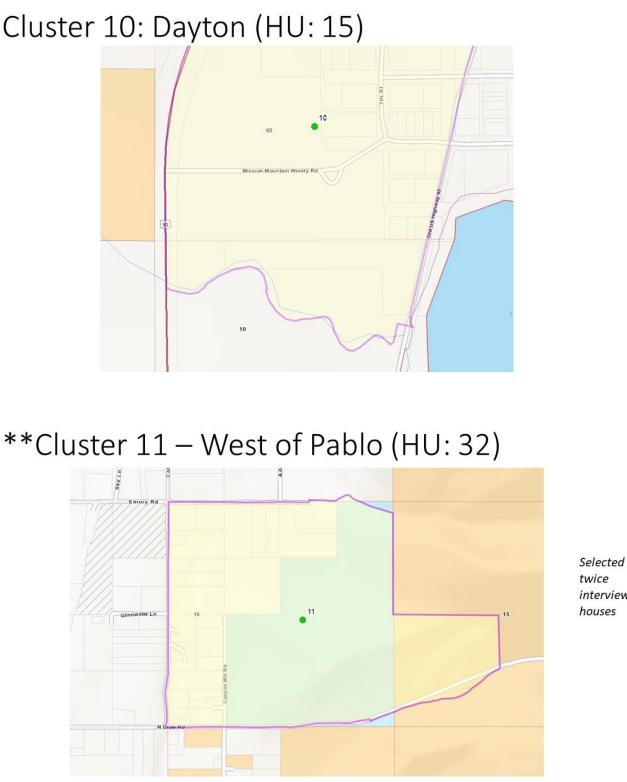
Cluster 9 – East Arlee (HU: 30)



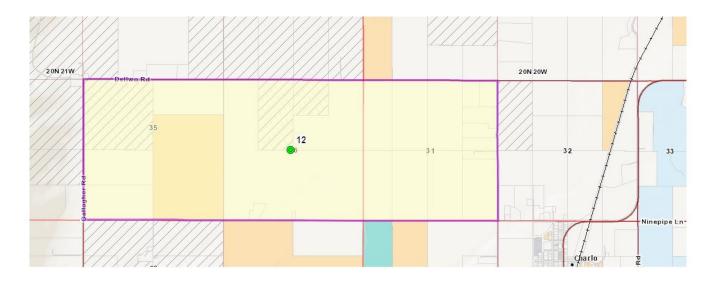


## Cluster 10: Dayton (HU: 15)



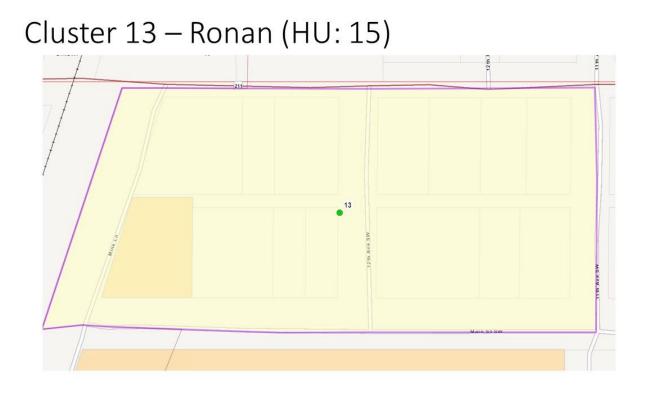


Cluster 12 – Charlo (HU: 19)



Cluster 13 – Ronan (HU: 15)





Cluster 14: Findley Point (HU:184)

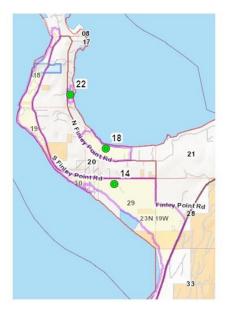


# Cluster 14: Findley Point (HU:184)

# Cluster 14: Findley Point (HU:184)

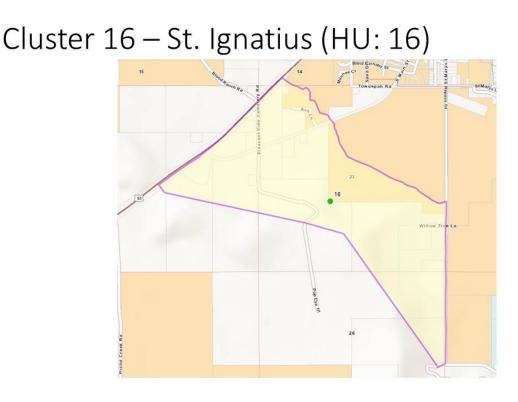


### Cluster 14: Findley Point (HU:184)



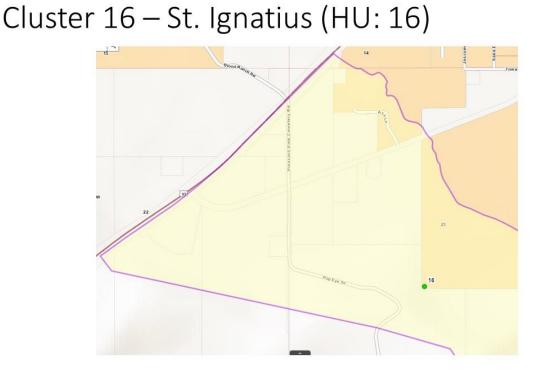
# Cluster 14: Findley Point (HU:184)





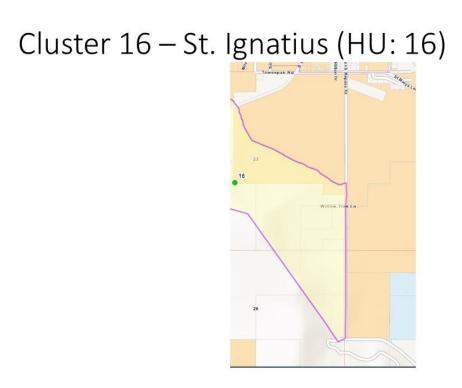
Cluster 16 – St. Ignatius (HU: 16)





Cluster 16 – St. Ignatius (HU: 16)





Cluster 16 – St. Ignatius (HU: 16)



### Cluster 17 – Ronan (HU:21)



Cluster 17 – Ronan (HU:21)

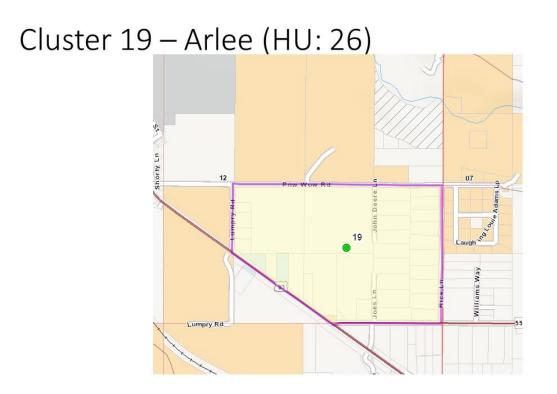




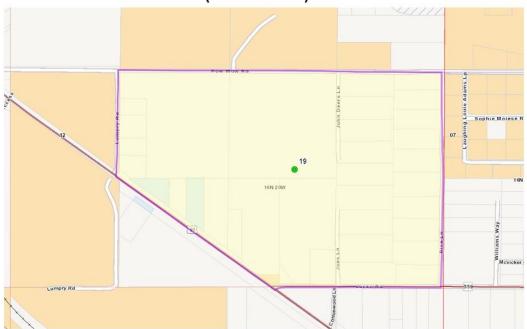
Cluster 18: Flathead Lake (HU: 23)

Cluster 18: Flathead Lake (HU: 23)





Cluster 19 – Arlee (HU: 26)



### Cluster 20: Polson (HU:14)



Cluster 20: Polson (HU:14)



Cluster 21: Polson/Flathead Lake (HU:72)



### Cluster 21: Polson/Flathead Lake (HU:72)



Cluster 21: Polson/Flathead Lake (HU:72)



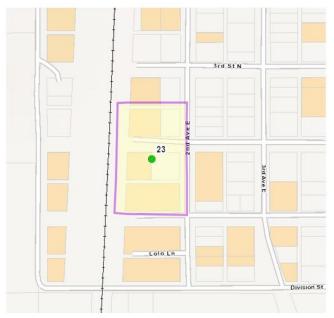
### Cluster 22: Flathead Lake (HU: 13)



### Cluster 23: Pablo (HU: 11)



### Cluster 23: Pablo (HU: 11)



Cluster 22: Flathead Lake (HU: 13)



# Cluster 23: Pablo (HU: 11)



### Cluster 23: Pablo (HU: 11)

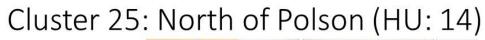


Cluster 24: Dayton (HU: 60)



Cluster 24: Dayton (HU: 60)







Cluster 25: North of Polson (HU: 14)



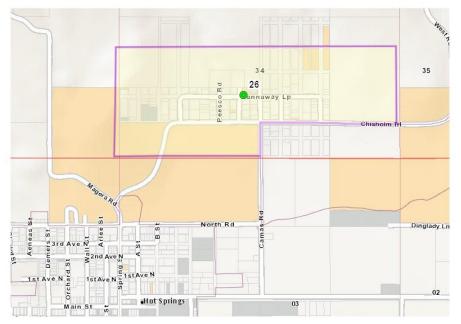
## Cluster 25: North of Polson (HU: 14)



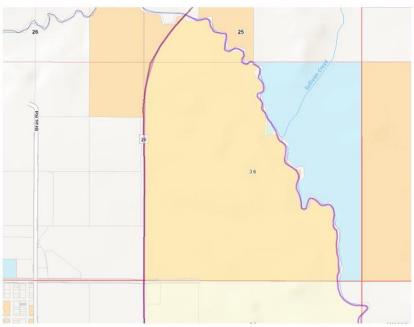
### Cluster 26: Hot Springs (HU: 36)



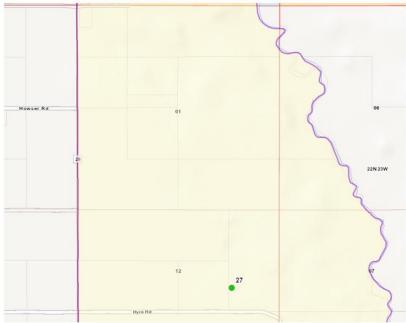
# Cluster 26: Hot Springs (HU: 36)



### Cluster 27: Lonepine (HU: 19)



### Cluster 27: Lonepine (HU: 19)



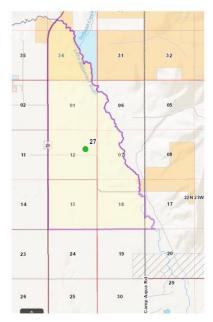
### Cluster 27: Lonepine (HU: 19)



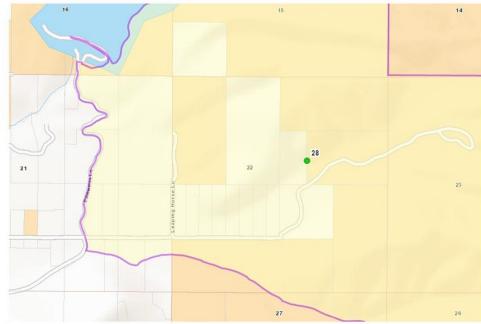
Cluster 27: Lonepine (HU: 19)



### Cluster 27: Lonepine (HU: 19)



Cluster 28 – West of St Ignatius (HU: 21)



# 

### Cluster 28 – West of St Ignatius (HU: 21)

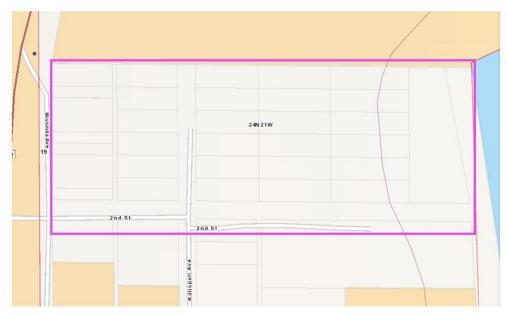
### Cluster 29: Polson (HU:24)



### Cluster 29: Polson (HU:24)



### Cluster 30: Elmo



# Cluster 31 – Dixon (HU: 15)