



YELLOWHAWK
TRIBAL HEALTH CENTER



2021

CHA Report

Community Health Assessment



AAAHC

ACCREDITATION ASSOCIATION
for AMBULATORY HEALTH CARE, INC.



NPAIHB

Indian Leadership for Indian Health



YELLOWHAWK PUBLIC HEALTH DEPARTMENT



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FOREWORD

BACKGROUND

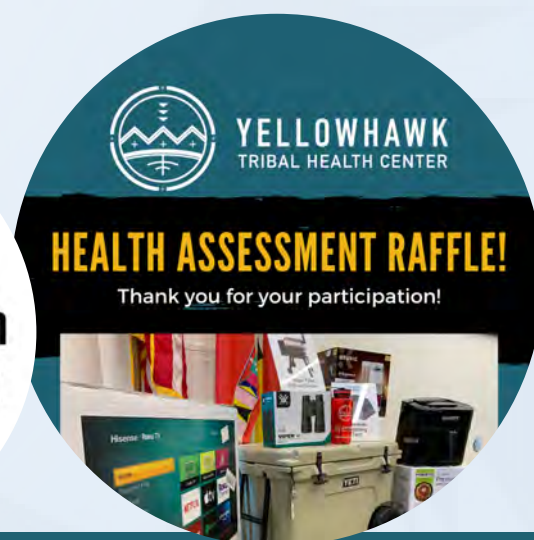
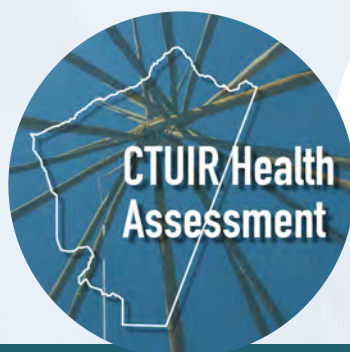
Yellowhawk Tribal Health Center (Yellowhawk) is pleased to present the 2020-2021 Community Health Assessment (CHA).

The 2020-2021 CHA is the Confederated Tribes of the Umatilla Indian Reservation's (CTUIR) first independent assessment, as the Tribe has previously been incorporated into Umatilla and Morrow Counties' assessments. Through an enormous collaborative effort between Tribal agencies and committees, data was collected within and by our Tribal community for the 2020-2021 CHA. We believe the data is a reflection of the stories within our community—and we offer our thanks to all the individuals who completed a survey, participated in a focus group, or served on a committee in hopes of building a healthier future. This would not be possible without the collaborative efforts!

The Northwest Tribal Epidemiology Center (EpiCenter), located within the Northwest Portland Area Indian Health Board (NPAIHB), serves the 43 federally recognized tribes in Idaho, Oregon, and Washington, and was our collaborating partner in evaluating the survey results. Established in 1972, NPAIHB serves tribal communities across the fields of health promotion, legislation, training, and research. The EpiCenter has played a role in a number of public health surveillance, research, health promotion, and disease prevention projects and is one of twelve national centers that partner with tribal and urban Indian communities. With the help of the EpiCenter, the data was analyzed and prepared in a collective effort that respected CTUIR tribal stewardship.

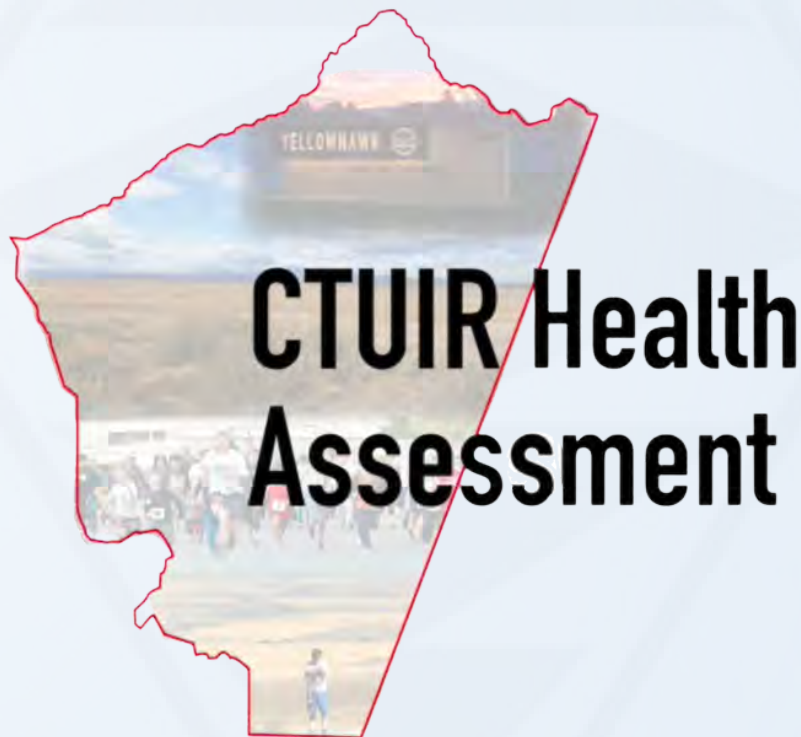
The process of creating the Community Health Assessment survey and gathering data was impacted by the CTUIR flooding and the start of the COVID-19 Pandemic in early 2020. While we made every effort to continue through with collaboration and data gathering, it was clear there were pressing community health needs taking priority. We believe the results of the 2020-2021 CHA indicate a portion of what our community was dealing with at that time, and our hopes for continuing a culture of wellness.

The CHA is only the first step in understanding and promoting health and wellness in our community. This report provides a comprehensive picture of our community, and allows us the opportunity to act in order to meet the needs of our community. The data prioritizes and encourages development and collaboration between our agencies to support a healthy lifestyle for all our residents.



EXECUTIVE SUMMARY

This executive summary provides an overview of health-related data for adults (18 years of age and older) within the CTUIR community who completed a health assessment survey during Spring and Summer of 2021. For the purpose of this assessment, we defined community as all enrolled members of the CTUIR and other American Indians and Alaska Natives living in the CTUIR Contract Health Service Delivery Area of Umatilla and Union counties. The assessment was conducted through an online survey platform, posted on the Yellowhawk website. The questions were developed through collaboration with CTUIR entities such as: the Board of Trustees, the Education Department, the Department of Child and Family Services, Umatilla Tribal Court, Housing, various departments within Yellowhawk Tribal Health Center, and the CTUIR Community Wellness Improvement Collaborative (CCWIC), along with the assistance of the Northwest Portland Area Indian Health Board. The Tribal Epidemiology Center assisted in finalizing questions and analyzing the data for the final report.



PROJECT MANAGEMENT, SECONDARY DATA, DATA COLLECTION, AND REPORT DEVELOPMENT:

- Yellowhawk Tribal Health Center
- Northwest Portland Area Indian Health Board
- Northwest Tribal Epidemiology Center
- Center for Disease Control, and Prevention Public Health Associate Program

FUNDING FOR THE 2020-2021 CTUIR'S COMMUNITY HEALTH ASSESSMENT PROVIDED BY:

- National Indian Health Board - Strong Systems Stronger Communities for Tribal Health Departments
- Oregon Health Authority Tribal Public Health Modernization

COMMISSIONED BY:

Yellowhawk Tribal Health Center

PRIMARY DATA COLLECTION METHODS

DESIGN

To ensure this assessment was steered by and responsive to our tribal community, we included a written survey, participant focus groups, and one-on-one interviews. Community leaders were included through all stages of the planning process and helped to define the study. The decision to complete an independent CHA within the CTUIR community was heavily influenced by our desire to get an accurate picture of the health of our community, driven by our community members.

INSTRUMENT DEVELOPMENT

As a first step in the design process, a survey instrument was designed through meetings with community partners and focus group planning. The NPAIHB provided banks of potential survey questions that were reviewed and discussed during meetings. Based on input from the community and the CTUIR Community Wellness Improvement Collaborative, Yellowhawk composed a draft survey containing 140 questions. The drafts were reviewed and approved by CCWIC, NPAIHB, and the EpiCenter.

SAMPLING

Adults ages 18 and over who were enrolled members of the CTUIR or other American Indians and Alaska Natives living in the CTUIR Contract Health Service Delivery Area of Umatilla and Union counties were used as the sampling frame for the adult survey. There were 2,398 persons ages 18 and older living on the CTUIR. A total of 414 surveys were completed for the 2020-2021 CHA.

PROCEDURE

Prior to distributing the assessment, the community was informed of the project through participation in focus group planning and one-on-one interviews. Once a draft of the project survey was completed, QR codes and links were developed for the online surveys. Surveys were promoted across CTUIR and Yellowhawk social media sites, website postings, newspaper ads, flyers, word of mouth and a collection of videos featuring community leaders describing why the survey is important and encouraging our people to complete the survey.

Participants were given incentives such as water bottles and gift cards for completing the survey; additionally, if they chose to disclose their name, they could be entered into a raffle for larger prize items such as a big screen TV, Keurig, Traeger Grill, YETI cooler and more. The raffle was conducted on October 1, 2021, via an online platform to select winning participants at random and we were able to video the process to share with our community.

DATA ANALYSIS

The results of the survey were anonymous and confidential—only group data is available. The data was analyzed by the Tribal Epidemiology Center. The 140 Community Health Assessment questions were organized into major topic areas. Simple proportions or percentages were calculated for each question. All analyses were conducted in SAS v.9.4. The data were visualized in Excel and the report was prepared in PowerPoint. Written responses to open text field questions were reviewed and representative responses were included in appropriate sections of the Community Health Assessment. The analyst from the EpiCenter reviewed the analysis plan and interim and results with Yellowhawk Tribal Health Center staff to ensure alignment with their goals for the Community Health Assessment.

LIMITATIONS

As a part of Public Health Accreditation, we will continue the Community Health Assessment and Improvement Plan process every five years. We know how imperative it is to have a comprehensive overview of our community, and to ensure the accuracy of our findings, it is essential that we think about the limitations and challenges of this process.

First, as with most data collection, if any significant differences between the respondents to the assessment and the non-respondents exist, this would result in a threat to the validity of the results. While our sample size was quite large compared to past surveys, there could be relationships between demographics that were not captured if a difference is present. If little to no differences exist between respondents and non-respondents, then this would not be a limitation.

Second, we had initially wished to offer the assessment in a variety of formats such as: paper, online, through focus groups, and through one-on-one interviews. However, with the flooding and COVID-19 pandemic in 2020, social distancing became a priority and we were unable to offer in-person options. We believe opening the methods of response would have allowed us to receive more data, and we hope to conduct the survey in various formats in the future.

Third, our assessment contains all the historic and traditional limitations involved in cross-sectional study design (e.g., reliance on self-reporting, recall bias by participants, socially desirable responses, and the inability to establish causation and relationships).



Left: A State of Emergency was declared February 6, 2020 by the Board of Trustees for the Confederated Tribes of the Umatilla Indian Reservation (CTUIR) when the Umatilla River breached its banks Feb. 6-7. Heavy snow topped by four inches of rain and unusually warm temperatures caused a melt that resulted in record-level flooding on the Umatilla Indian Reservation and in three eastern Oregon counties and Walla Walla County in Washington. Residents of the reservation, in Pendleton, Weston, Milton-Freewater, and Echo were hit hard.

Right: In early March, the Board of Trustees for the Confederated Tribes of the Umatilla Indian Reservation (CTUIR) declares a Public Health Emergency due to COVID-19. Numerous resolutions followed along with constantly changing updates and information. Social distancing was made a priority on the CTUIR.

2021



Community Health Assessment Survey Results & Information



YELLOWHAWK
TRIBAL HEALTH CENTER

YELLOWHAWK PUBLIC HEALTH DEPARTMENT

YELLOWHAWK COMMUNITY HEALTH ASSESSMENT

RESPONDENT DEMOGRAPHICS

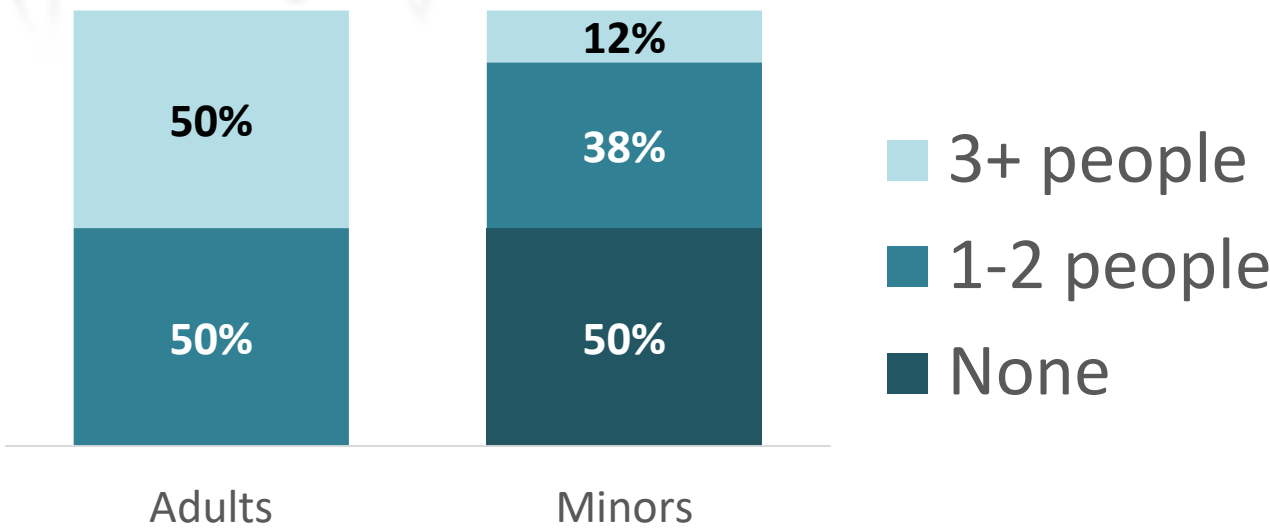
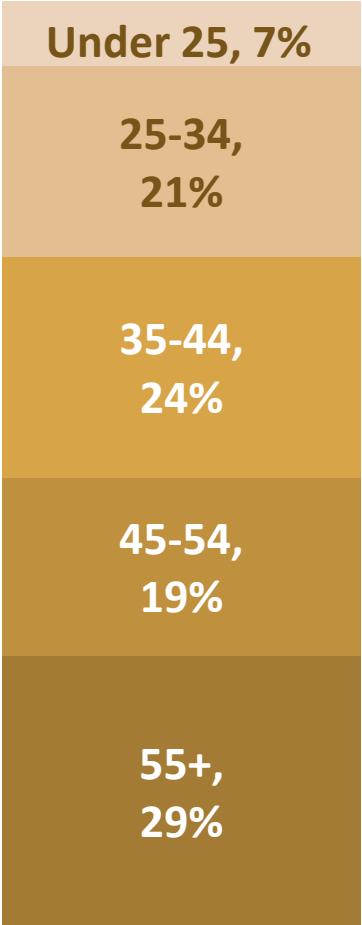
87% of respondents were **American Indian or Alaska Native**.

78% of respondents were either **CTUIR Tribal members**, the **descendants** of CTUIR members, or **primary caretakers** to CTUIR members. 65% lived within the CTUIR boundaries.

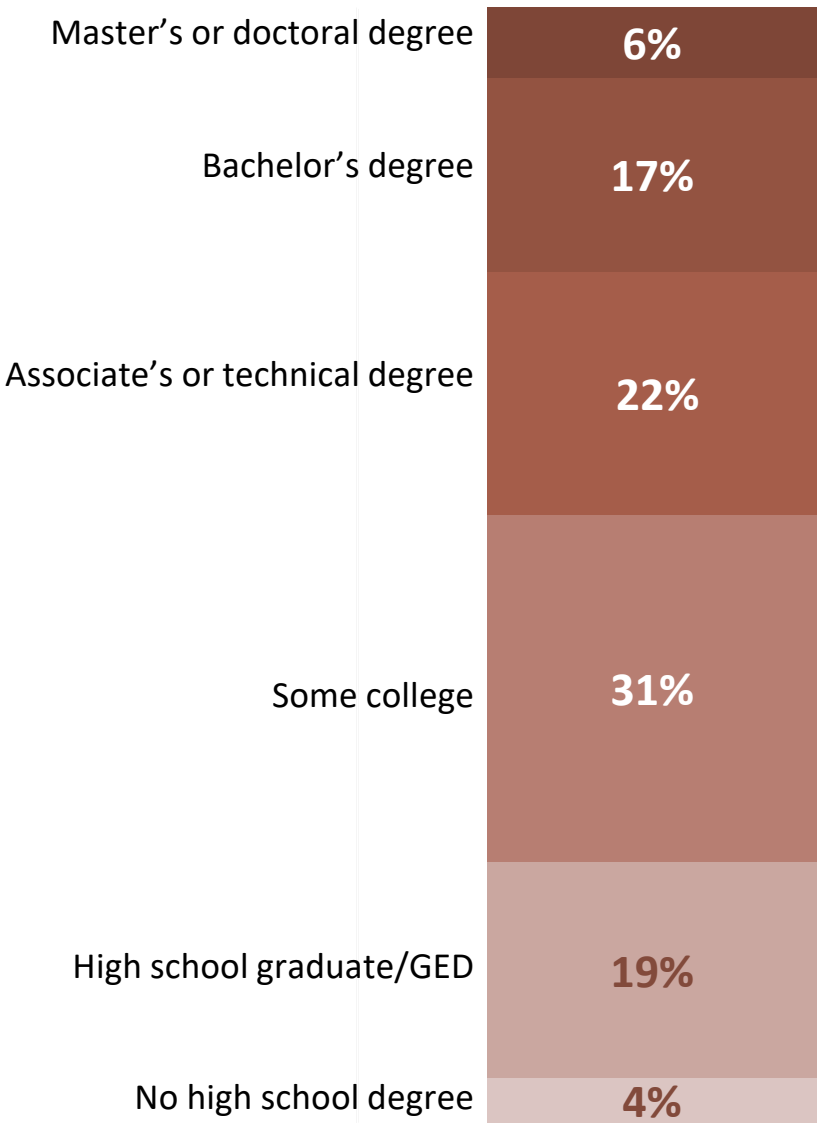
76% of respondents identified as **female**. 24% as **male**.

52% of respondents were **married or cohabitating** and 50% of households lived with **minors**.

Age distribution of respondents.

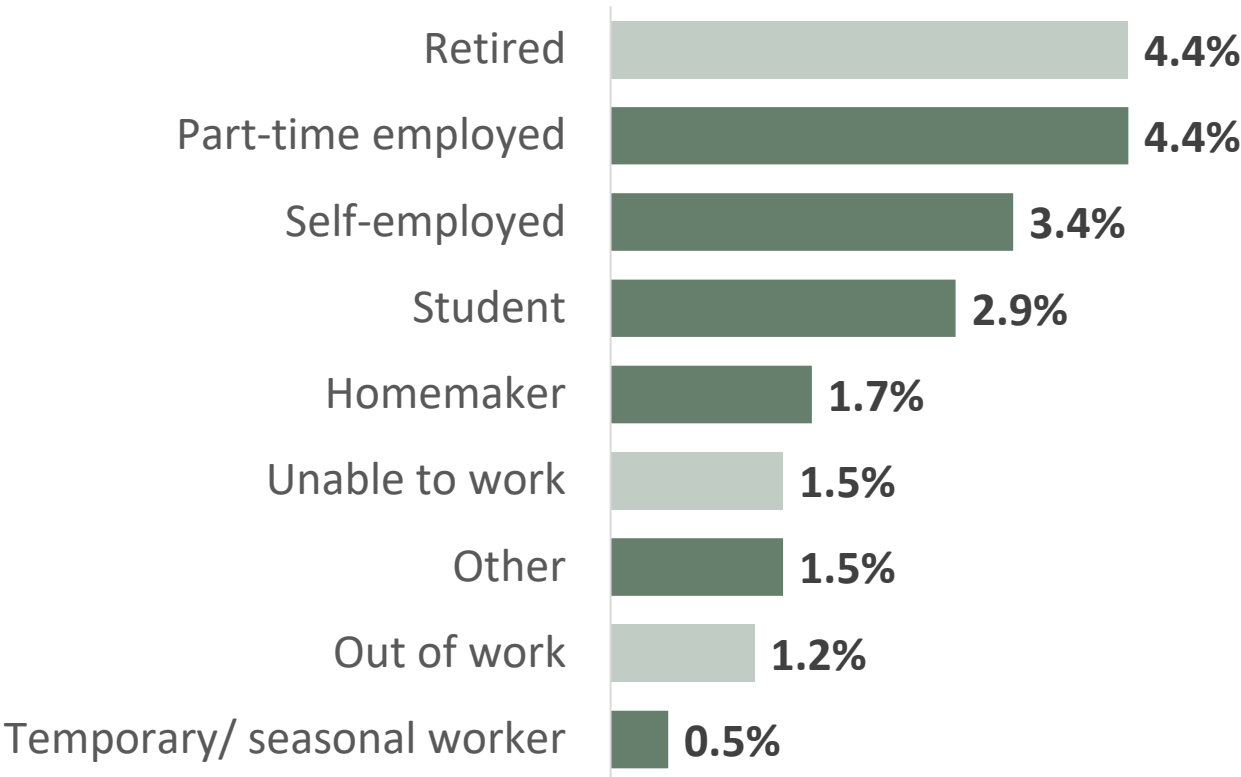


45% of respondents earned an **associate's degree or higher**.



51% of households reported an **annual income** less than **\$50,000**
10% reported less than **\$20,000 annual income**

79% of respondents are employed **full-time**.

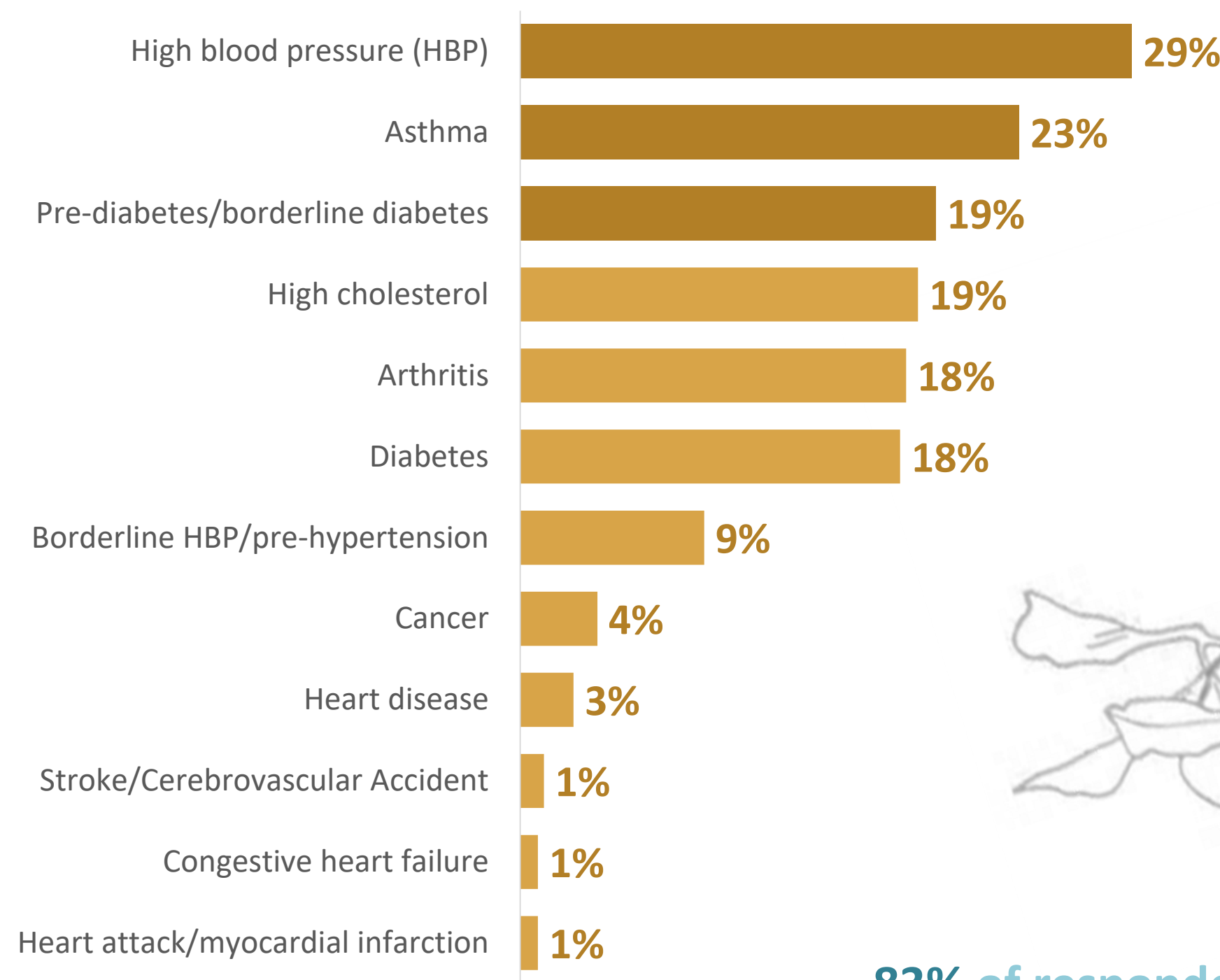


Percentages may not total to 100% due to rounding.

YELLOWHAWK COMMUNITY HEALTH ASSESSMENT

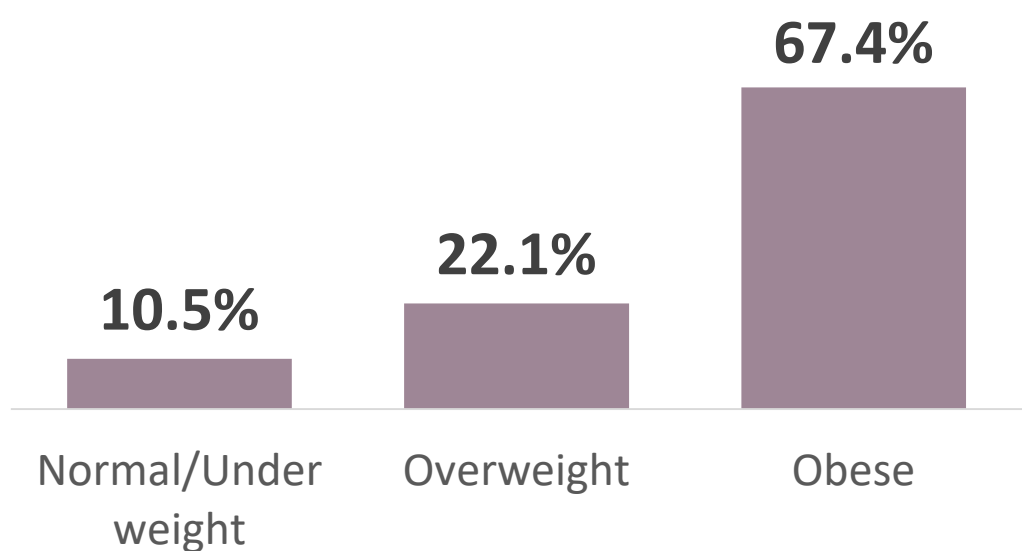
CHRONIC HEALTH CONDITIONS

High blood pressure, asthma and pre-diabetes were the most commonly reported health conditions.



26% of respondents **were limited from participating in activities** due to physical, mental or emotional issues.

89% of respondents were **overweight or obese**.



83% of respondents had a **personal doctor or primary care provider**.

64% had received a **routine checkup in the past year or less**.

47% of respondents reported **no barriers to medical care**.

The primary reasons for not seeking care regularly were:

- Inconvenient hours
- Trouble getting time off work
- Cost
- Worried to find something wrong

YELLOWHAWK COMMUNITY HEALTH ASSESSMENT

SUBSTANCE USE & TREATMENT



82% of respondents **used no commercial tobacco.**

Among the **18%** who used tobacco:

- 79% used tobacco daily
- 43% had attempted to quit smoking for at least one day in the past year.

55% of respondents **consumed no alcoholic drinks** in the past month.

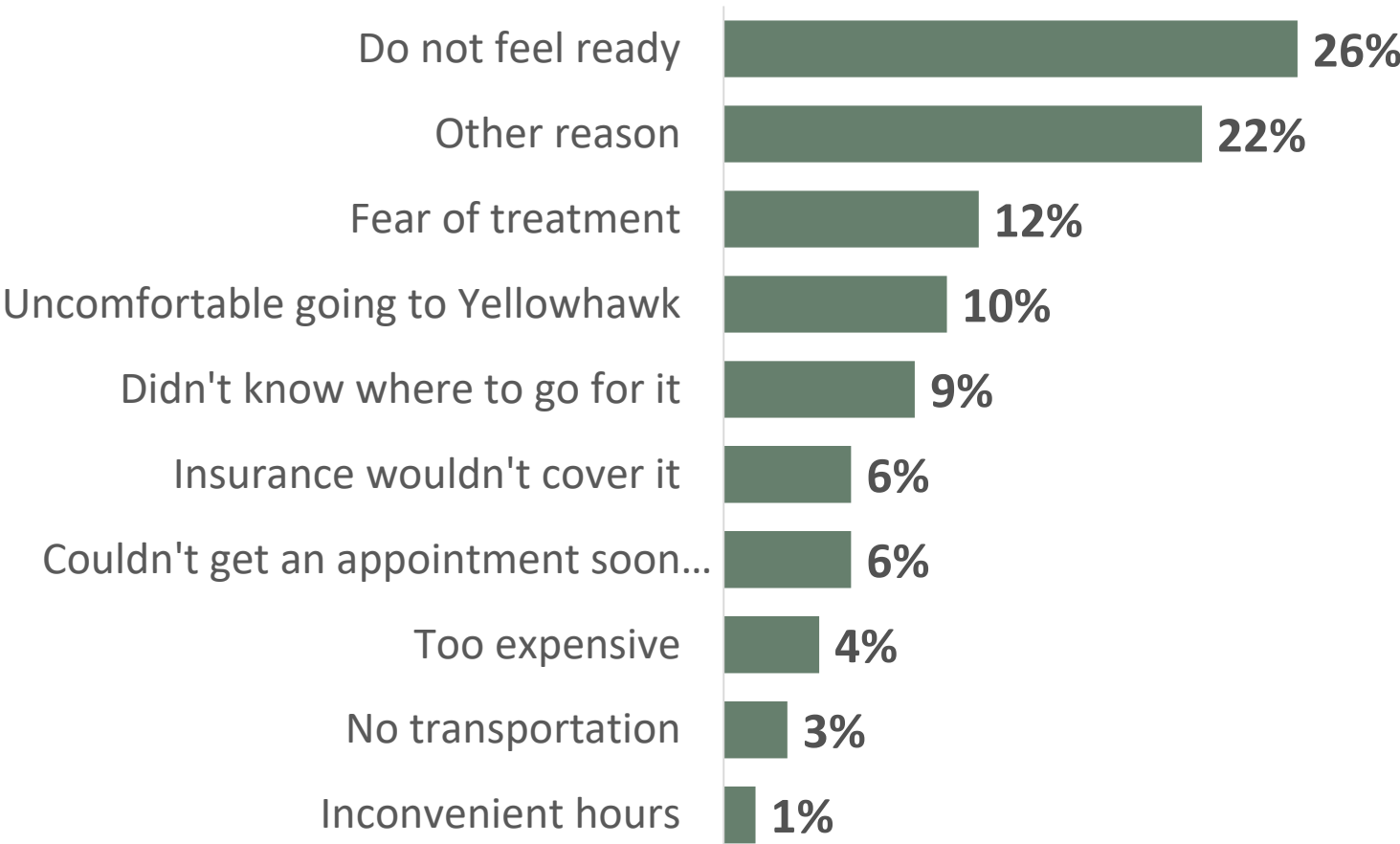
Among those who do drink, **one third** had 2+ drinks a day.

Of the **22%** of respondents who used **marijuana** in the past 30 days, one third used marijuana daily.

3% of households had at least one member who use **other illegal drugs.**

6% of households had at least one member who used off-label **prescription drugs.**

Among households who needed substance use treatment in the past year, the **primary barriers** were:



10% of respondents reported **driving after drinking** or using drugs in the past 6 months.

In the past year, 6% of respondents had looked into smoking or substance use treatment programs for themselves or a loved one.

1% of respondents had enrolled in Yellowhawk substance use programs.

YELLOWHAWK COMMUNITY HEALTH ASSESSMENT

SCREENINGS & IMMUNIZATIONS

IN THE PAST TWO YEARS...

Among **female respondents** eligible for screenings:

- 57% had a mammogram
- 66% had a pap smear
- 70% had a clinical breast exam

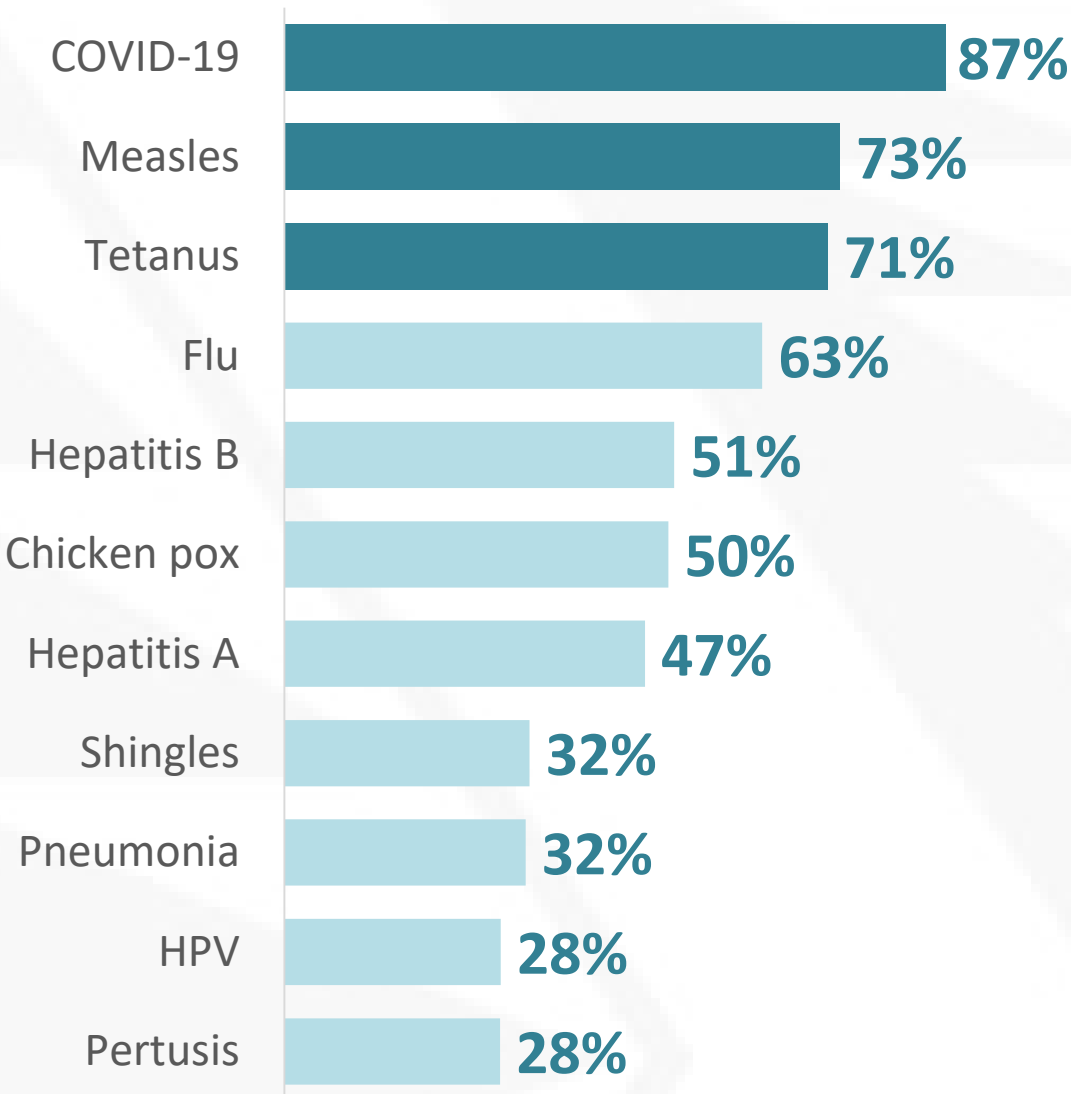
8% had never had a clinical breast exam or pap smear.

Among eligible **male respondents**:

- 23% had a prostate cancer screening
- 16% had a testicular exam

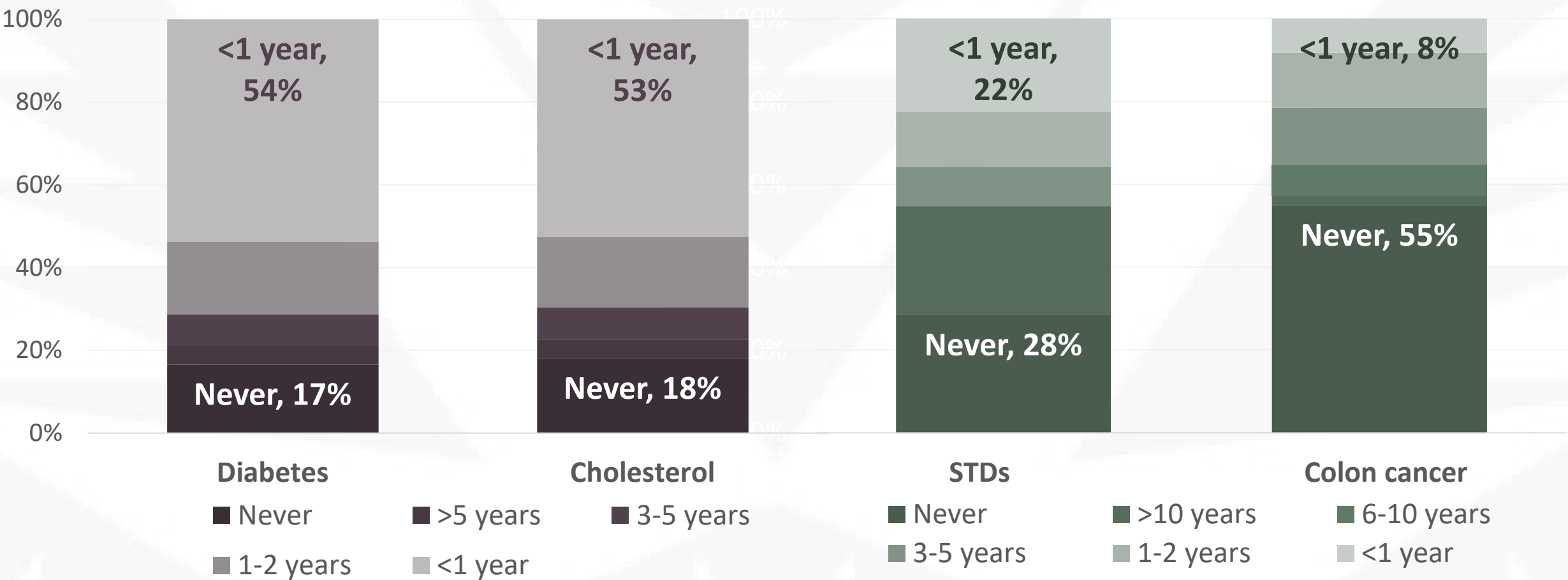
57% had never had a prostate screening or testicular exam.

Immunization rates were the highest for **COVID-19, measles** and **tetanus**.



More than half of respondents were screened for diabetes and high cholesterol in the past year.

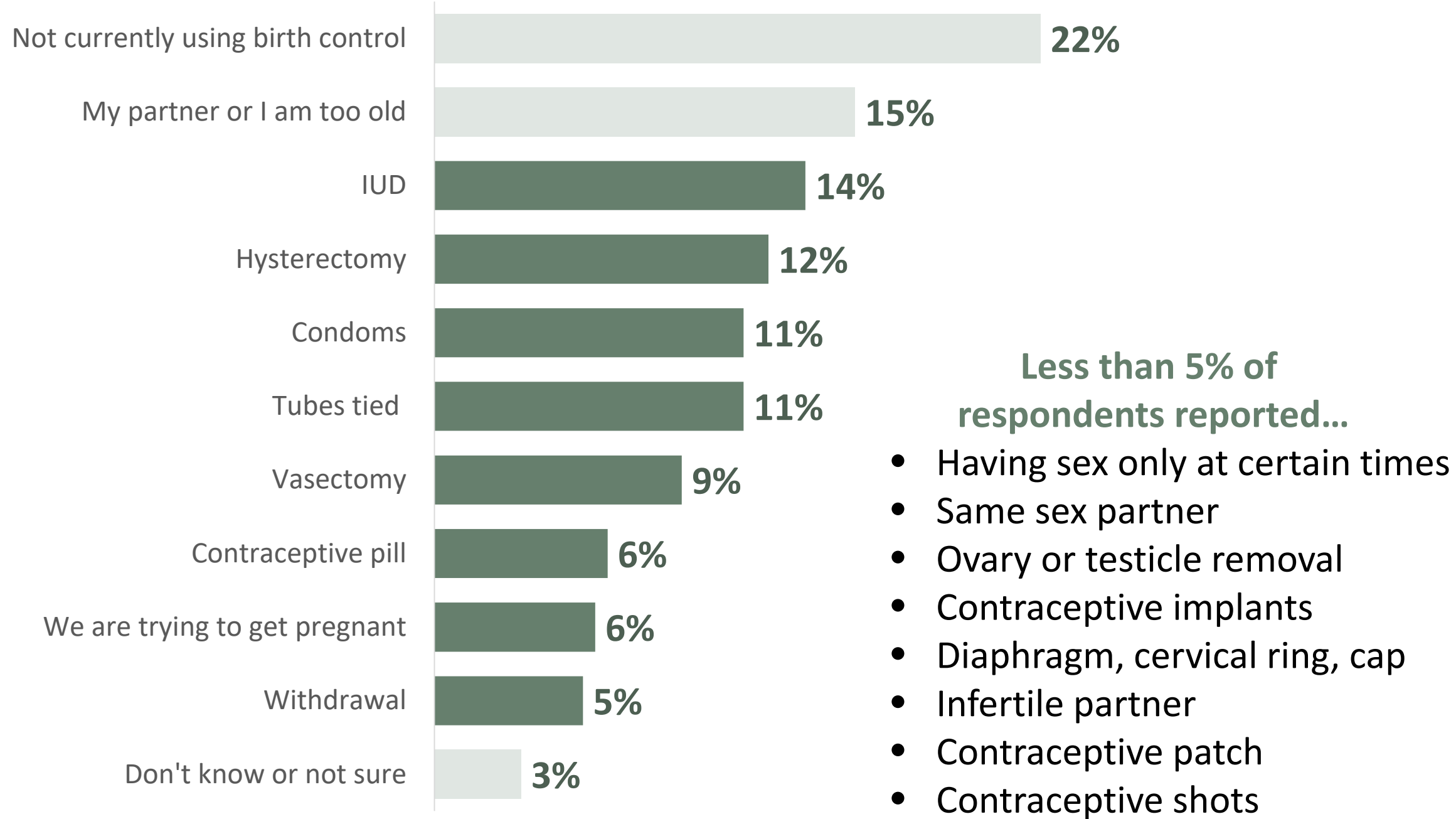
28% had never been screened for sexually transmitted diseases (STDs).



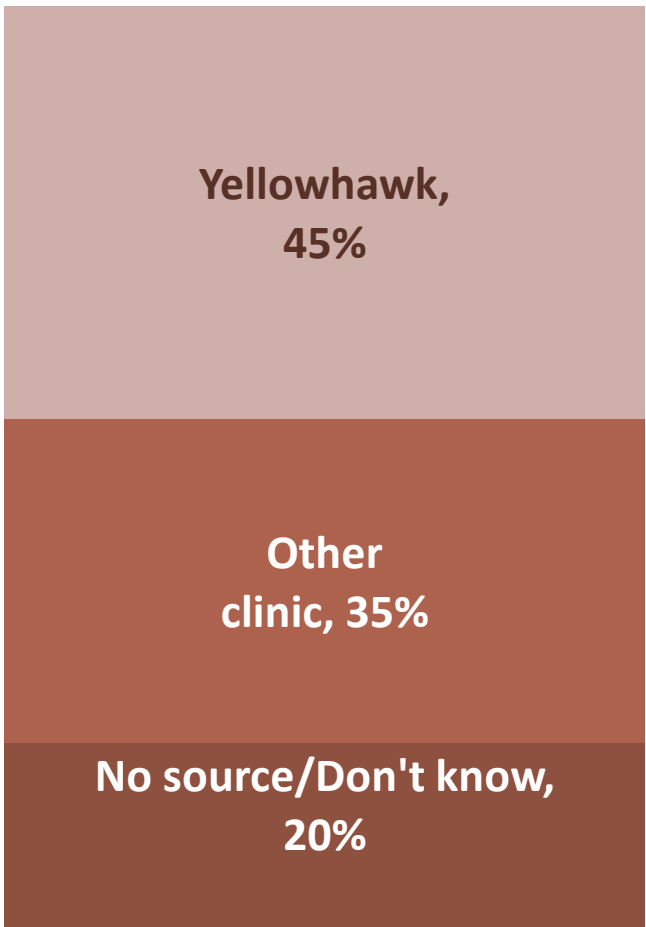
YELLOWHAWK COMMUNITY HEALTH ASSESSMENT

SEXUAL HEALTH & FAMILY PLANNING

Among those who use contraception, intrauterine devices (IUDs) were the most common method of birth control.



45% use Yellowhawk for family planning or sexually transmitted disease (STD) testing.



67% had one sexual partner in the past year.

28% of respondents have never been screened for STDs.

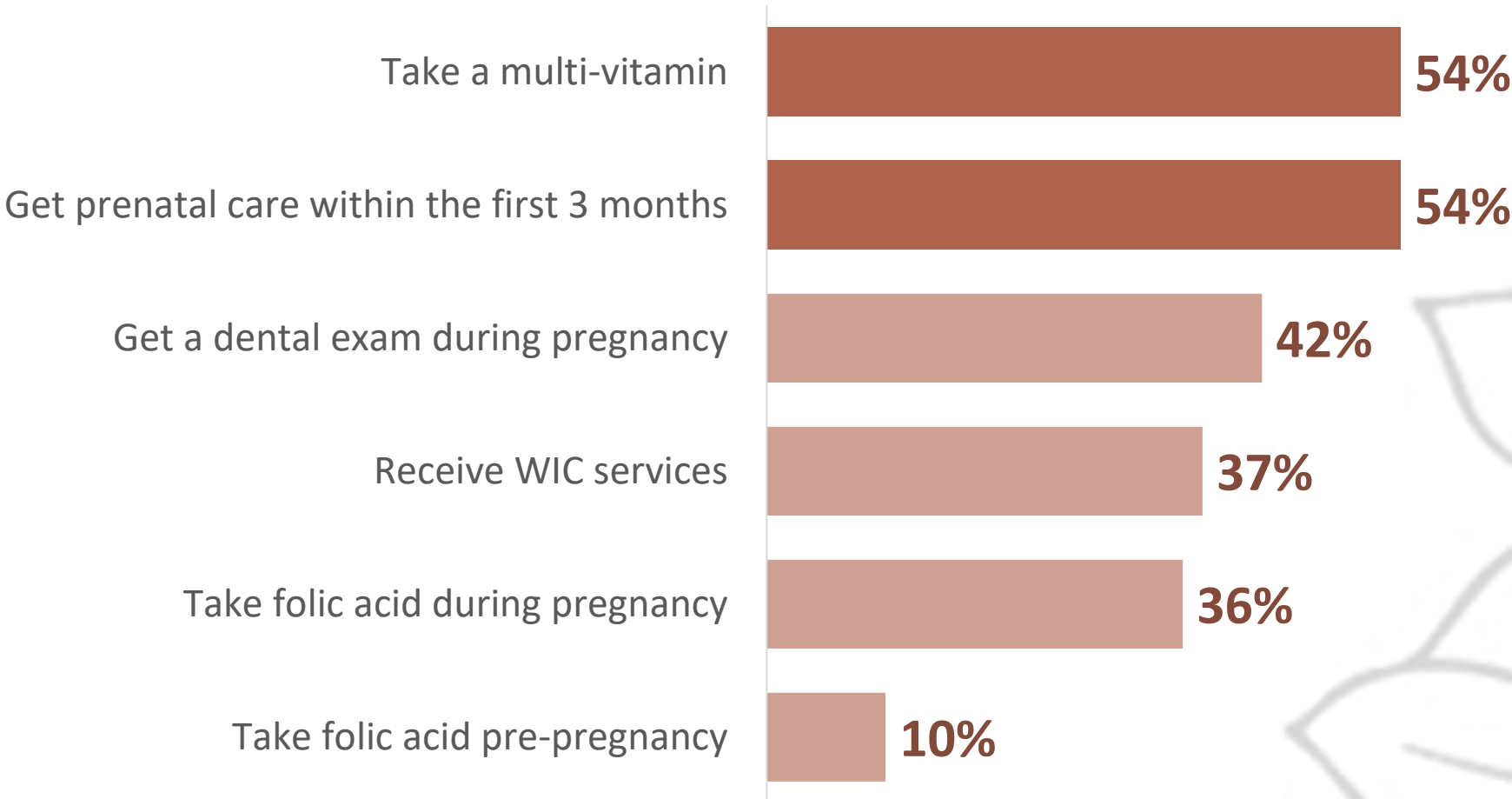


YELLOWHAWK COMMUNITY HEALTH ASSESSMENT

PREGNANCY

36% of respondents have been **pregnant** in the past 5 years.

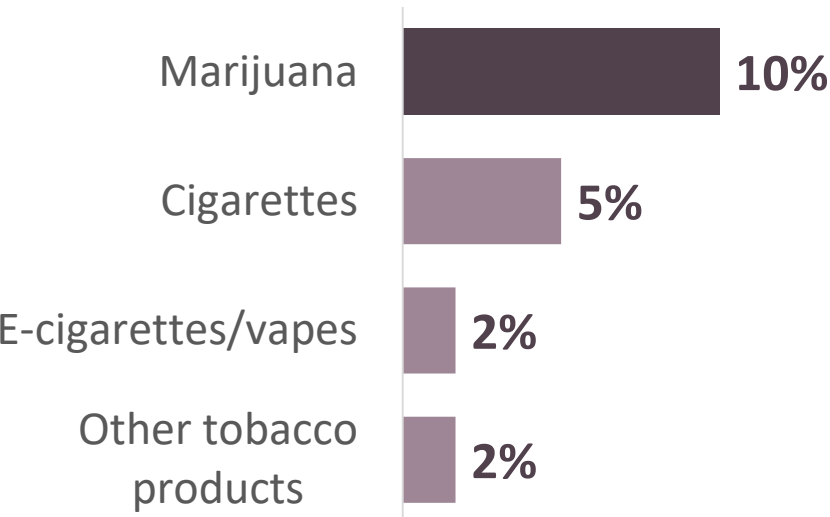
More than half of **respondents** started prenatal care **within the first 3 months** and **took a multi-vitamin**.



31% of recently pregnant respondents experienced **depression** during or after pregnancy.

5% experienced **domestic violence**.

Marijuana was the most commonly used substance during pregnancy.



AMONG RECENTLY PREGNANT RESPONDENTS...

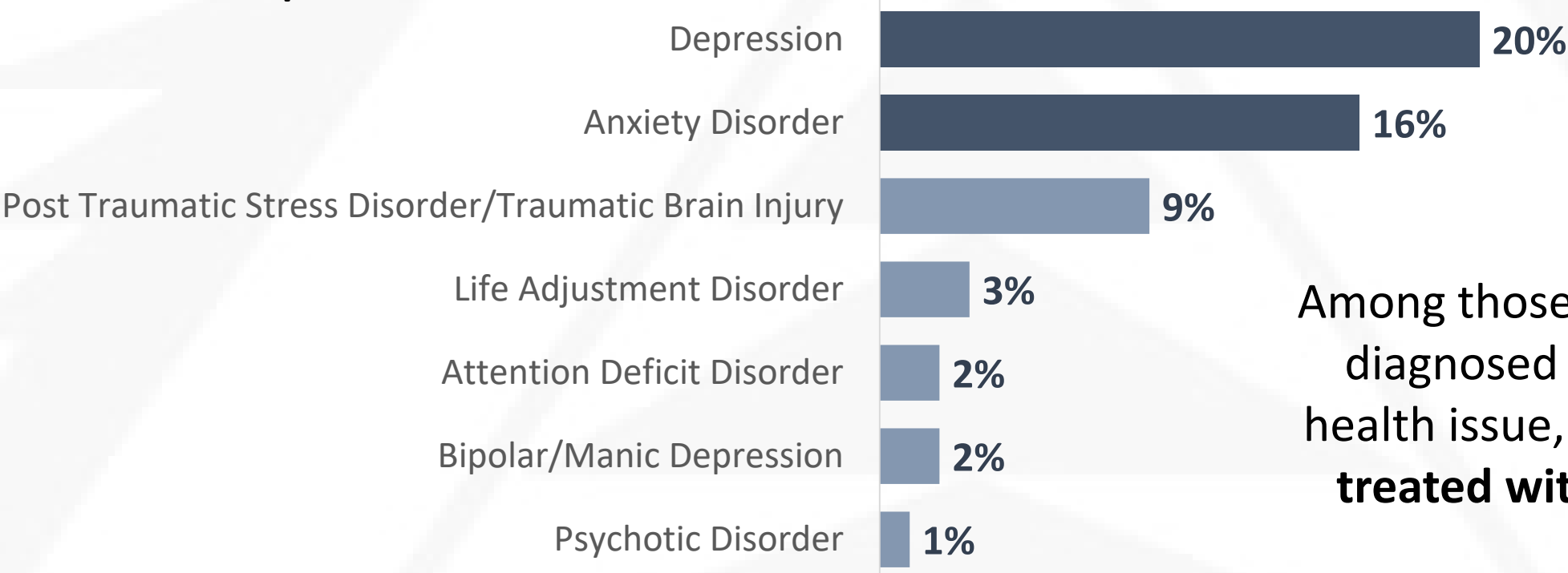
- 7% had an abortion
- 3% visited a pregnancy resource or crisis intervention center
- 2% looked for unwanted pregnancy options

YELLOWHAWK COMMUNITY HEALTH ASSESSMENT

MENTAL HEALTH

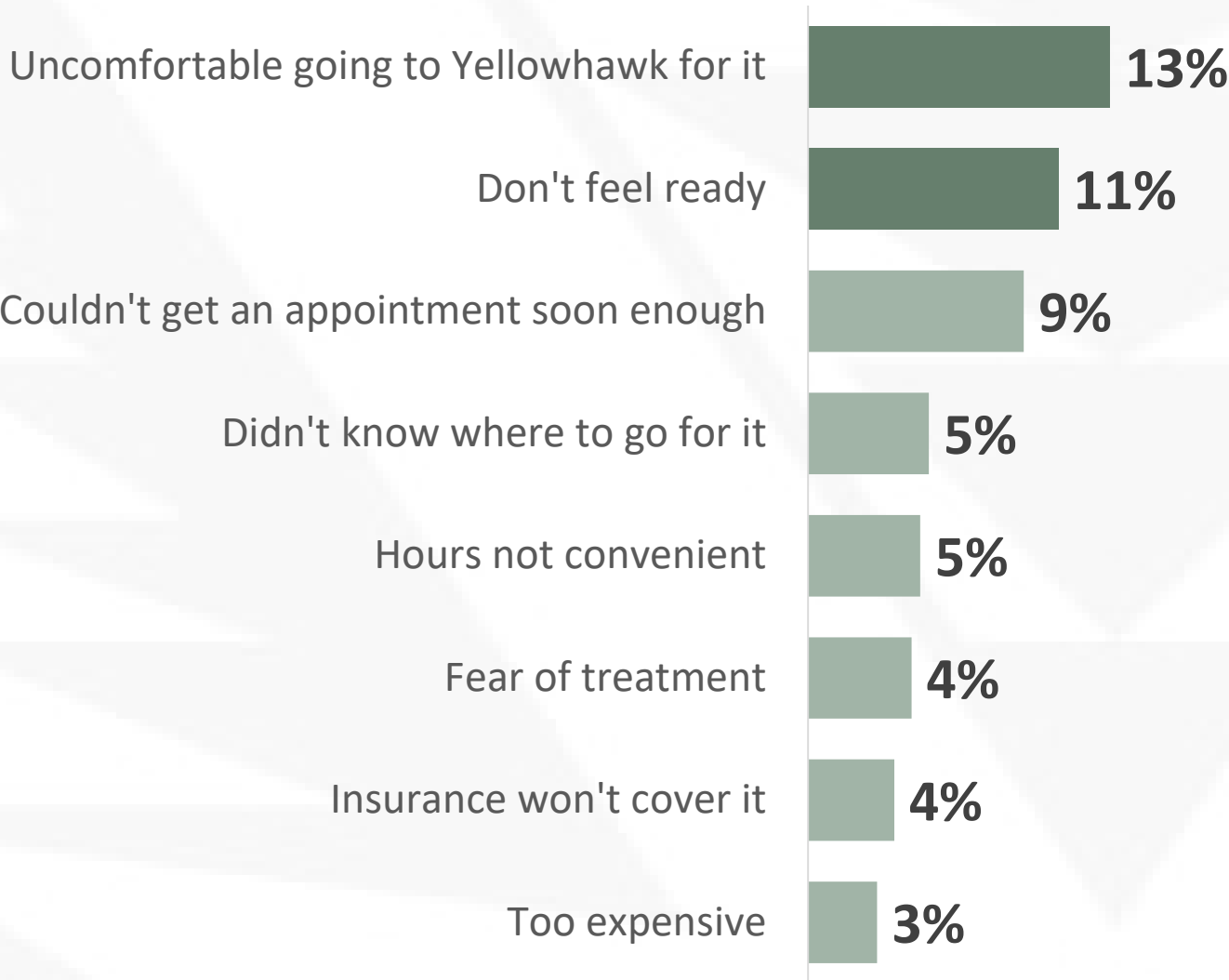
27% of respondents have **been diagnosed with a mental health issue.**

Depression and **anxiety** were the most common mental health issues reported.

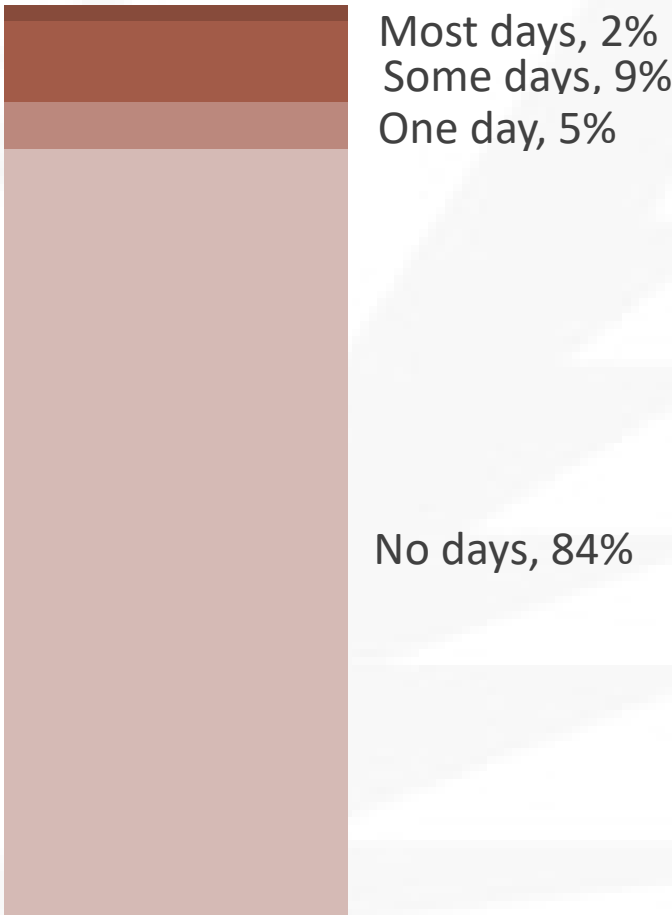


Among those who have been diagnosed with a mental health issue, **79% have been treated with medication.**

Being **uncomfortable going to Yellowhawk** for treatment **and not feeling ready** were the main reasons for not seeking treatment in the past year.



16% of respondents **reported considering suicide** one day or more in the past year.

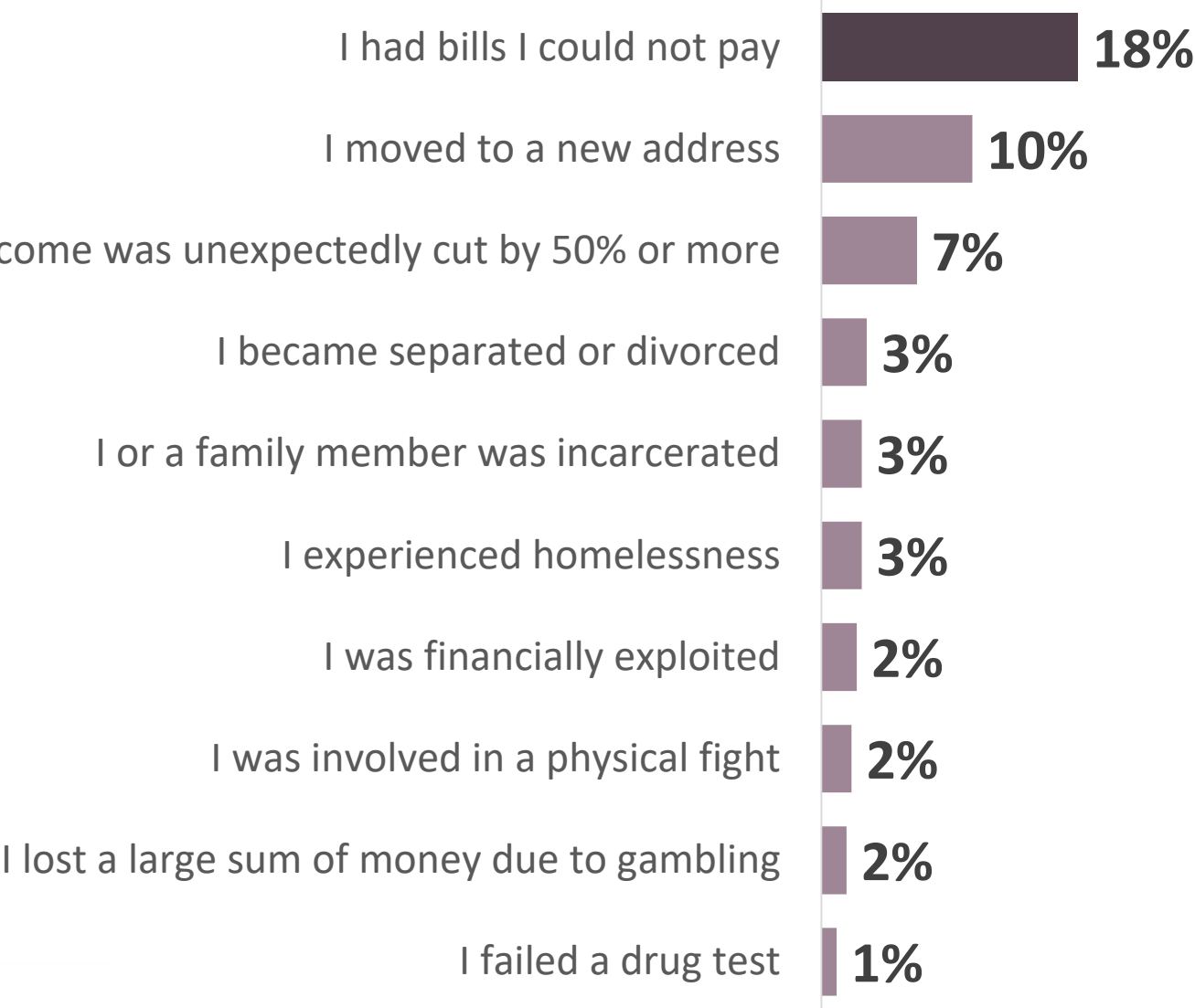


2% attempted suicide in the past year.

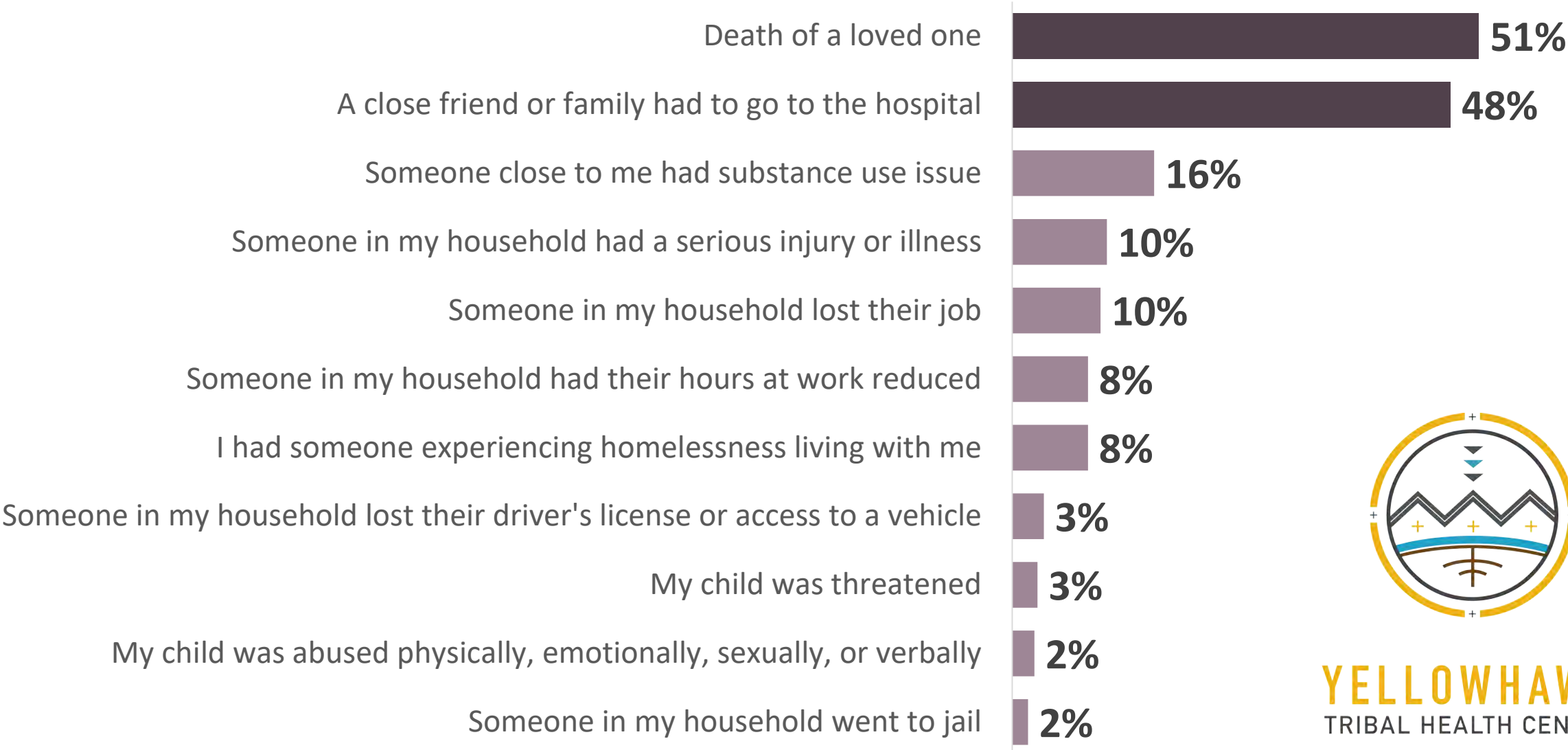
STRESSORS

79% of respondents experienced **one or more stressor** in the past year.

18% of respondents had **difficulty paying bills** in the past year.



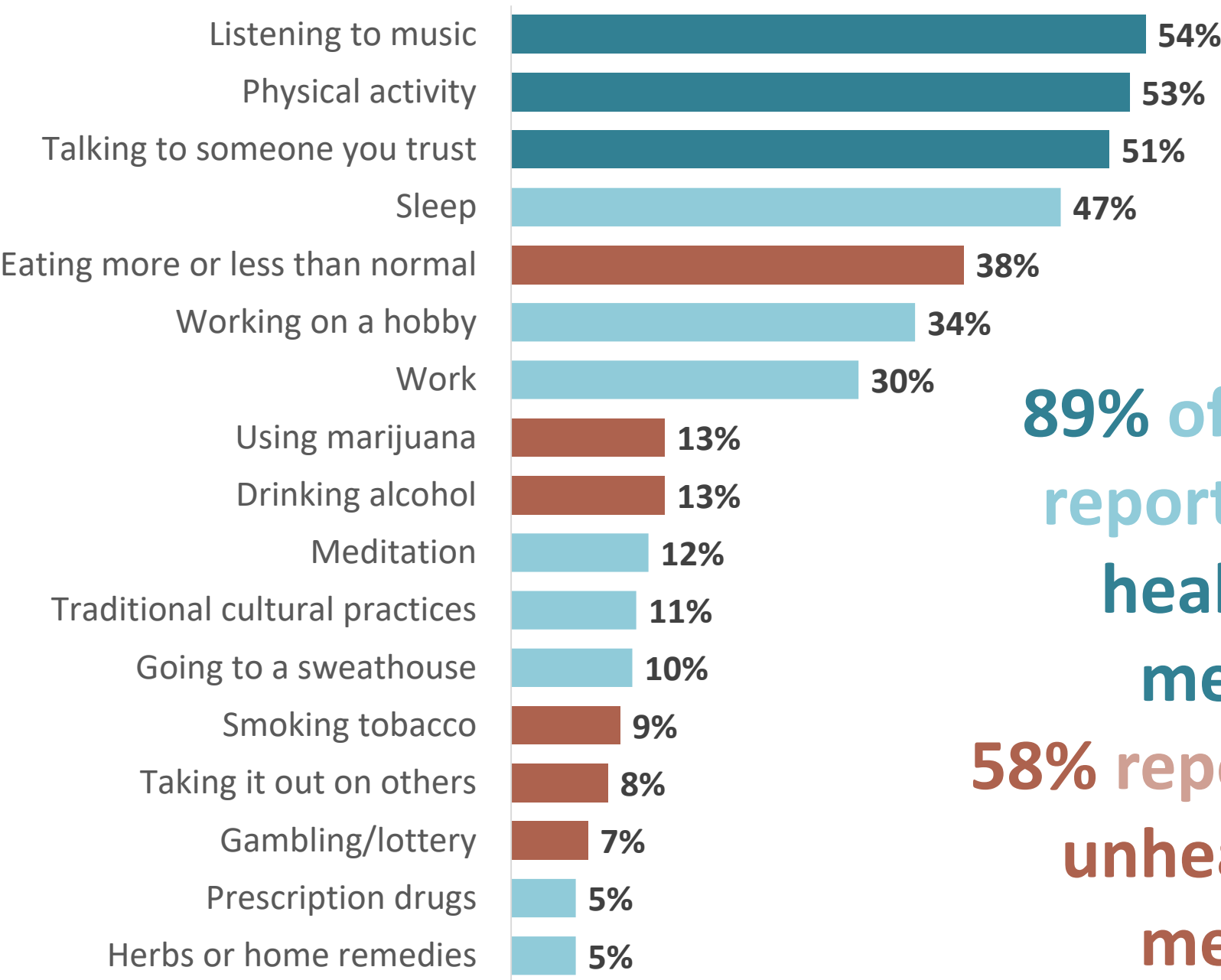
51% of respondents experienced the **death of a loved one** and 48% had a **close friend or family member go to the hospital** in the past year.



YELLOWHAWK COMMUNITY HEALTH ASSESSMENT

SUPPORT & COPING MECHANISMS

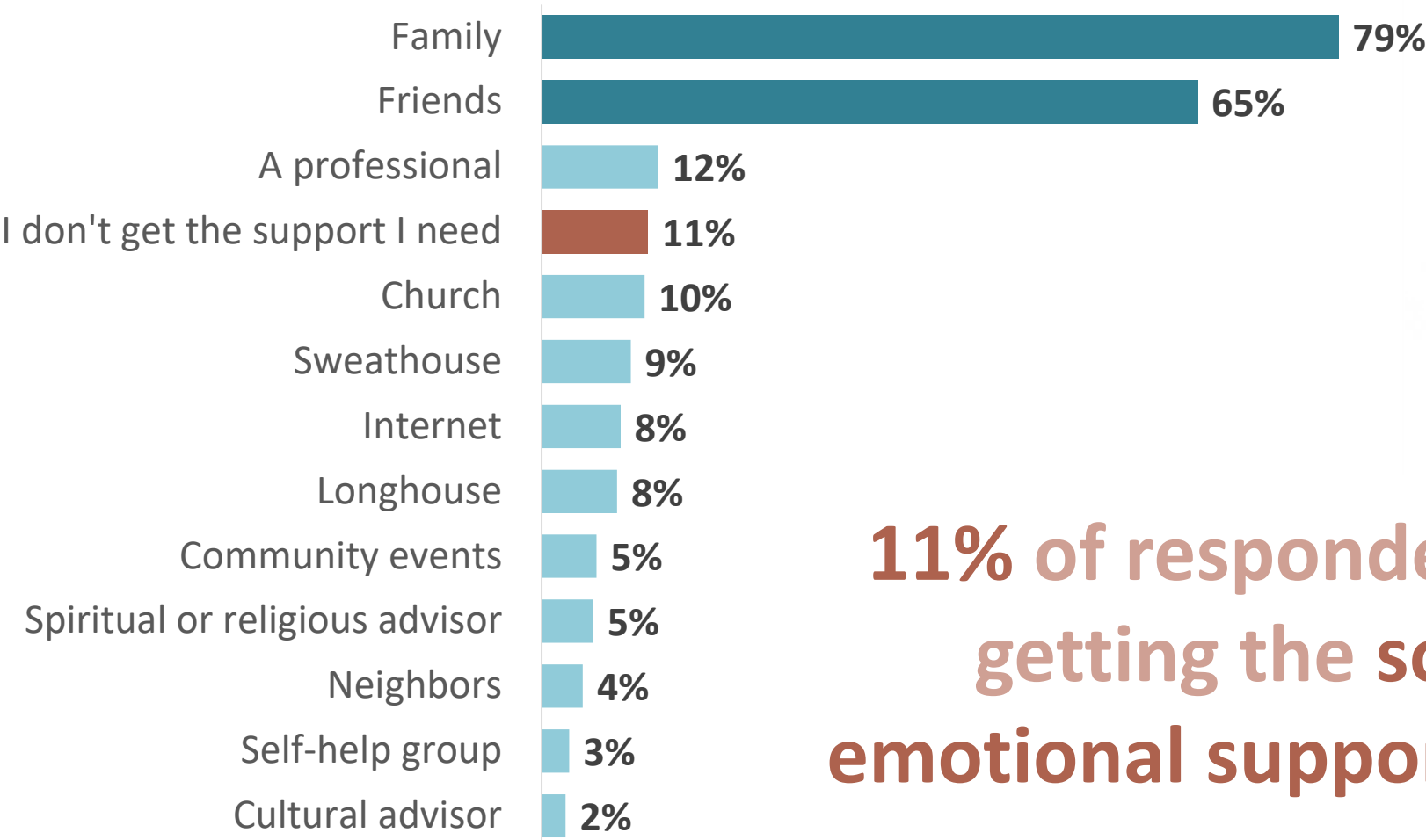
More than half of respondents deal with feelings of stress, anxiety and depression by listening to music, physical activity and talking to someone they trust.



89% of respondents report at least one healthy coping mechanism.

58% report at least one unhealthy coping mechanism.

Family and friends are important sources of emotional support.



11% of respondents are not getting the social and emotional support they need.

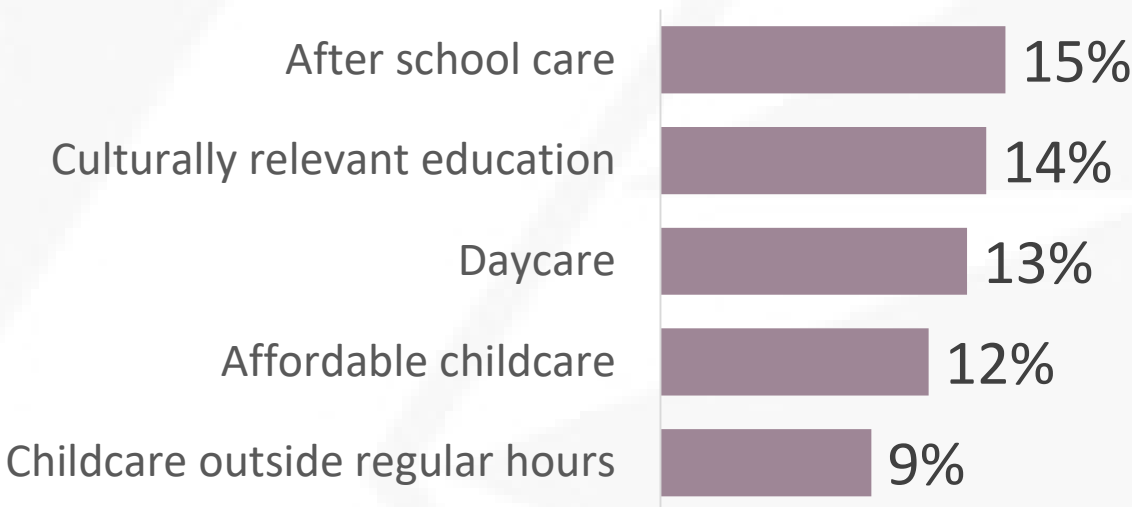


YELLOWHAWK COMMUNITY HEALTH ASSESSMENT

CHILDCARE & CHILD HEALTHCARE NEEDS

For respondents who work outside the home, **45%** say their children are cared for by a **family member** when not in school.

38% of respondents did **not have all of their childcare needs met** and need more...

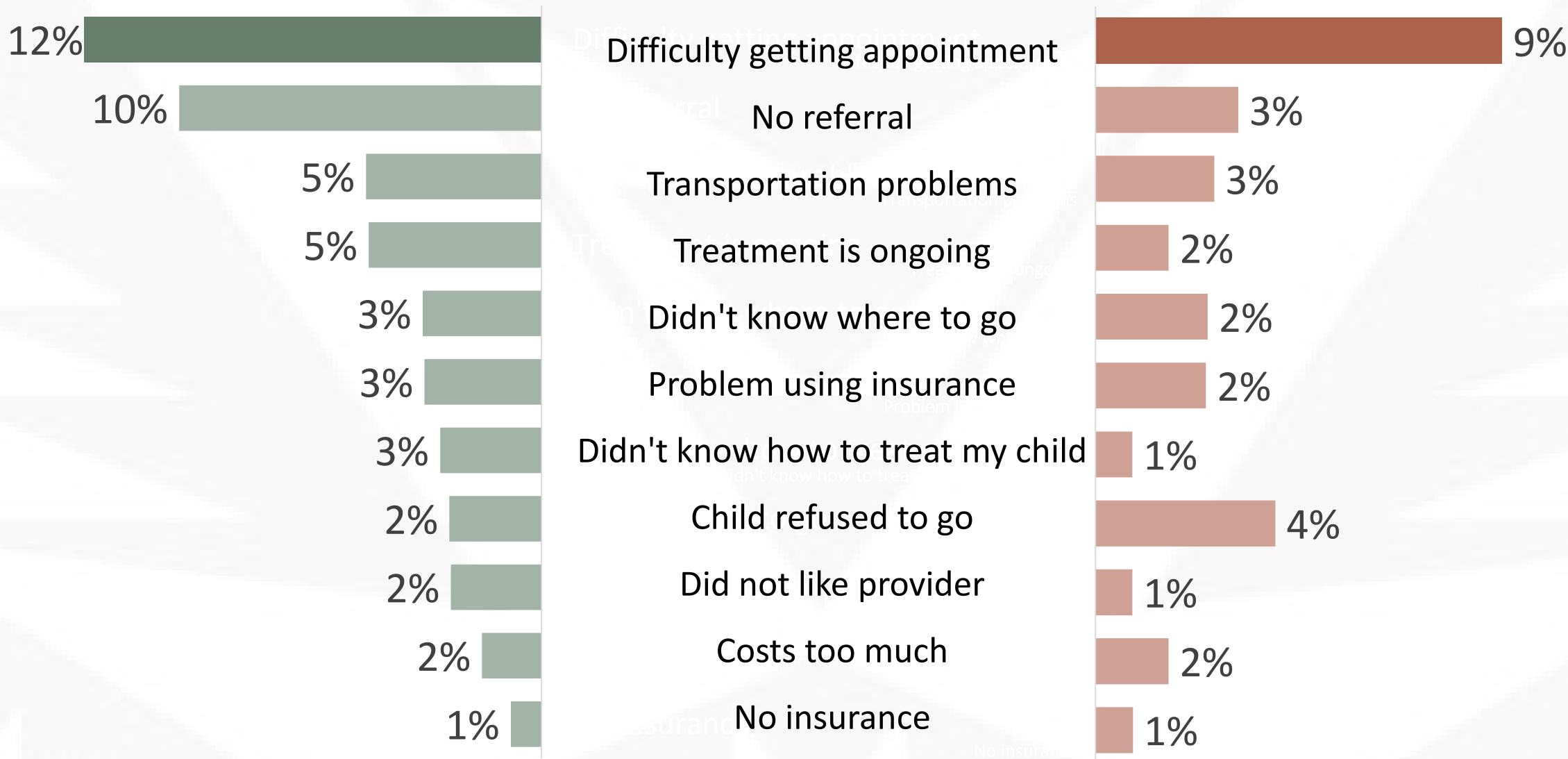


34% of respondents said their child needs some **special health services** in the past year including:

- Special education
- Speech therapy
- Physical therapy

18% of respondents needed counseling for their child in the past year.

Inability to get an appointment and inconvenient appointment times were the primary challenges to getting needed **medical** and **dental** care for children.

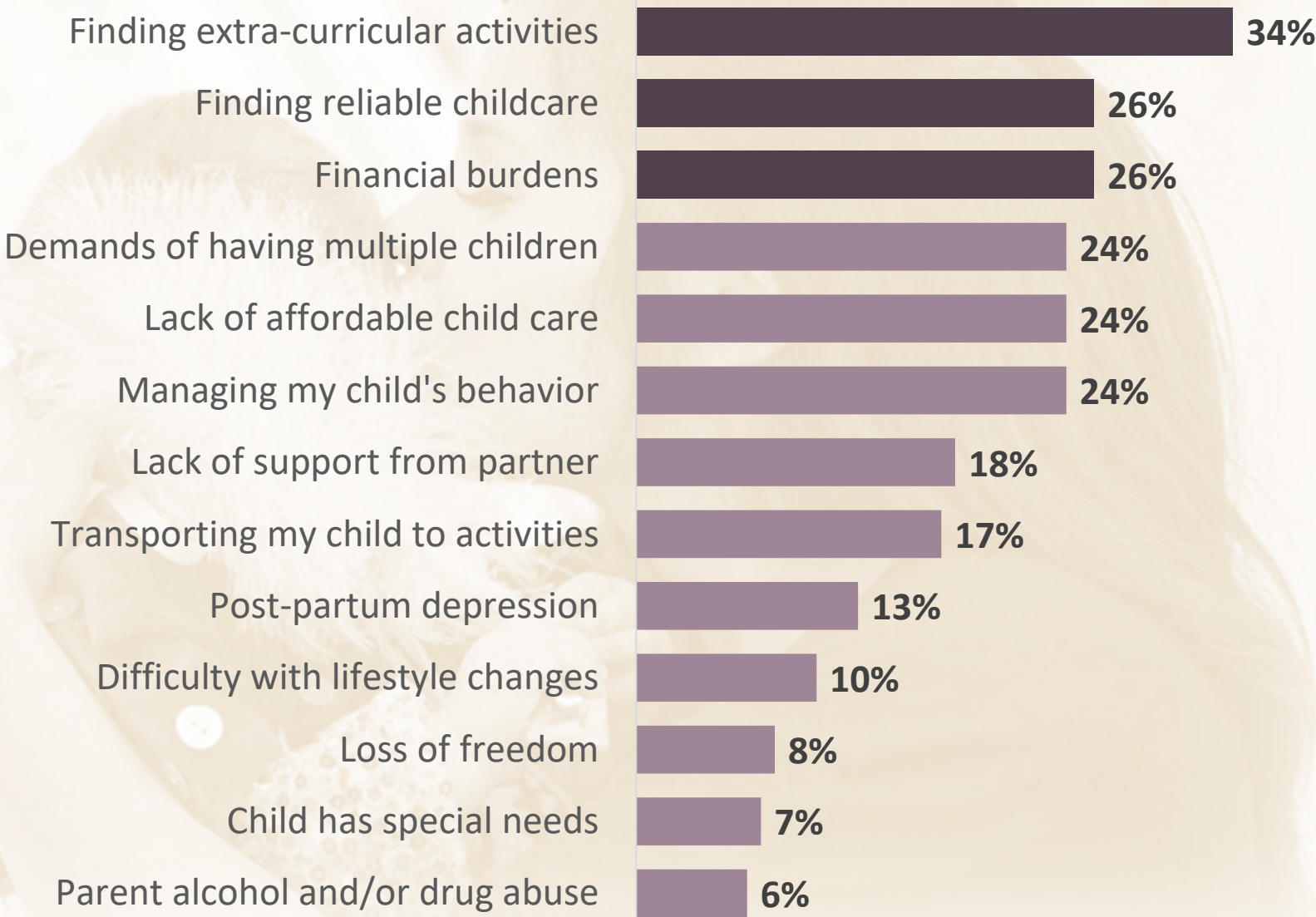


YELLOWHAWK COMMUNITY HEALTH ASSESSMENT

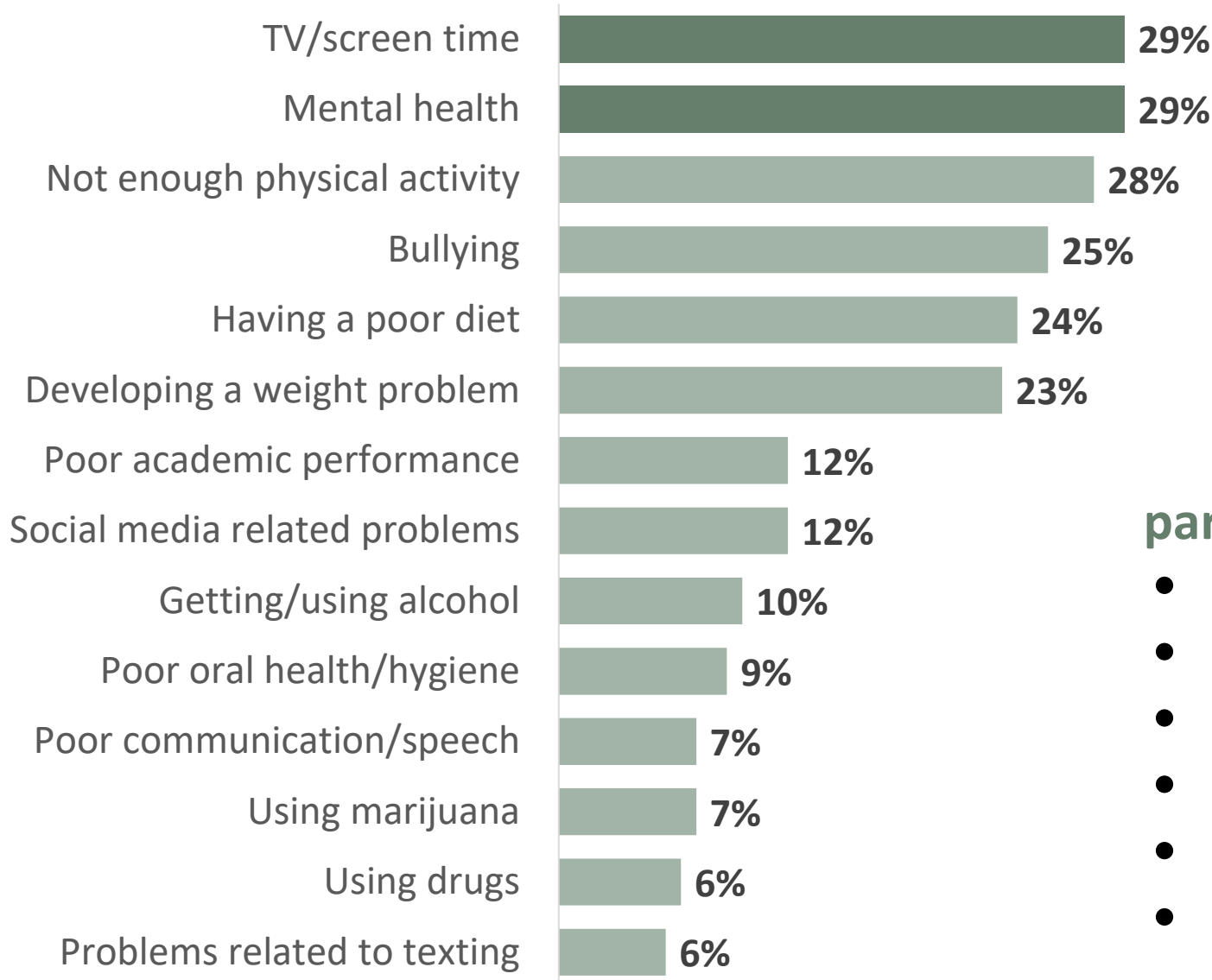
CHALLENGES OF PARENTING

Finding extra-curricular activities, regular childcare and financial burdens were the primary challenges faced by primary caregivers.

30% of respondents have faced challenges in being a single parent.



Screen time and mental health were the primary concerns experienced by primary caregivers.



31% of households are WIC eligible but only 23% are enrolled.

Less than 5% of parents were concerned about...

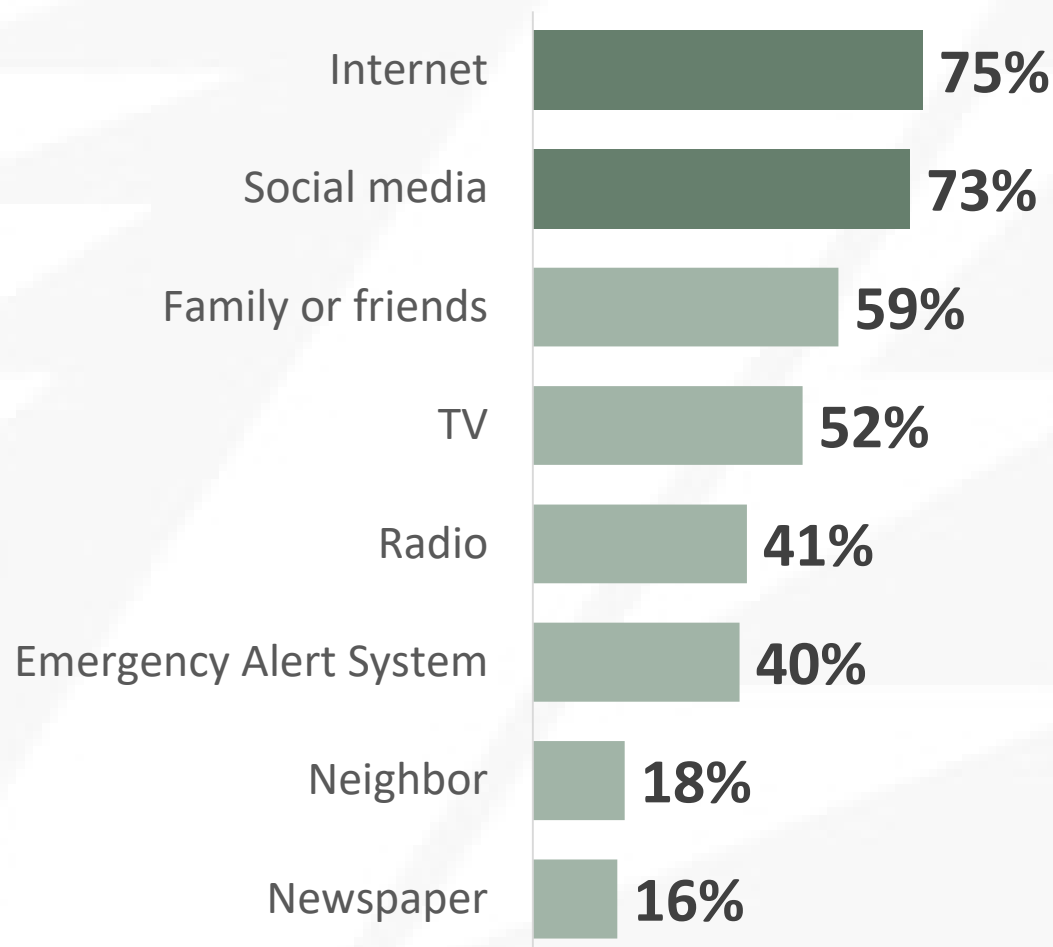
- Violence
- Tobacco use
- Food insecurity
- Drinking and driving
- Hearing loss
- Teen pregnancy



YELLOWHAWK COMMUNITY HEALTH ASSESSMENT

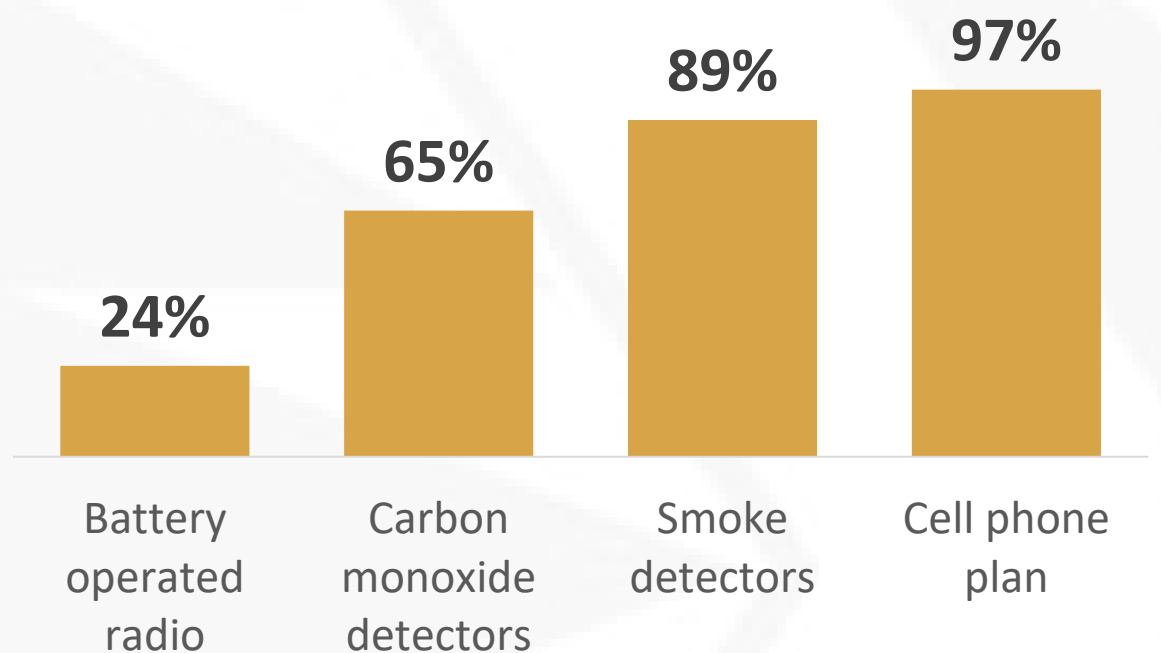
FIREARM OWNERSHIP & EMERGENCY PREPAREDNESS

Internet and social media are the primary source of emergency information.

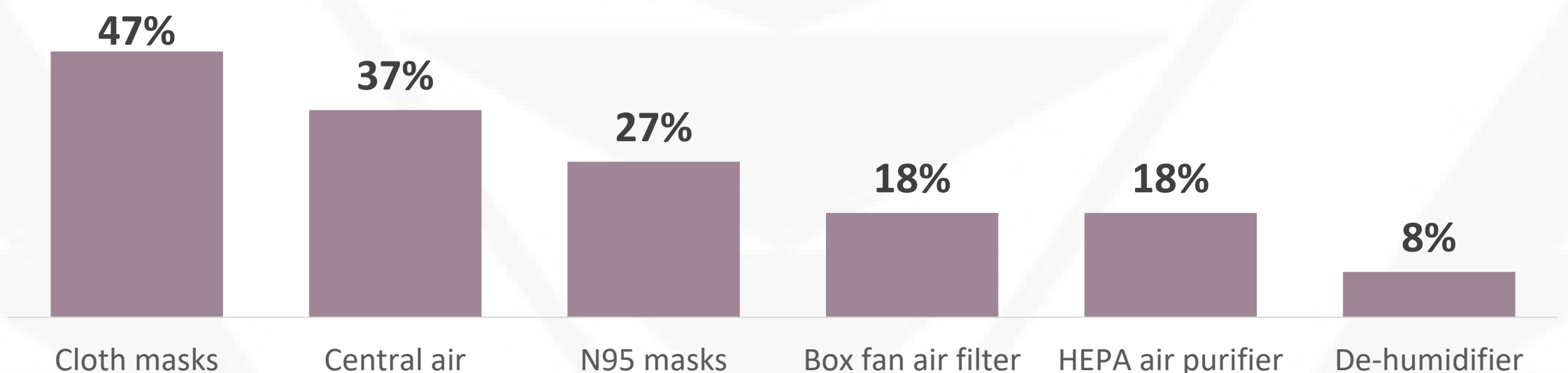


56% of respondents have an emergency plan.

Nearly all respondents had a **cell phone plan** and **smoke detectors** in their home.



Cloth masks and central air were the primary means of protection from wildfire smoke.



54% of respondents own a firearm, primarily for hunting and recreation.

89% of those who own firearms keep them in the home.

- 28% do not keep firearms in a locked container in the home.
- 12% keep firearms loaded in the home.
- 4% keep firearms unlocked and loaded in the home.

YELLOWHAWK COMMUNITY HEALTH ASSESSMENT

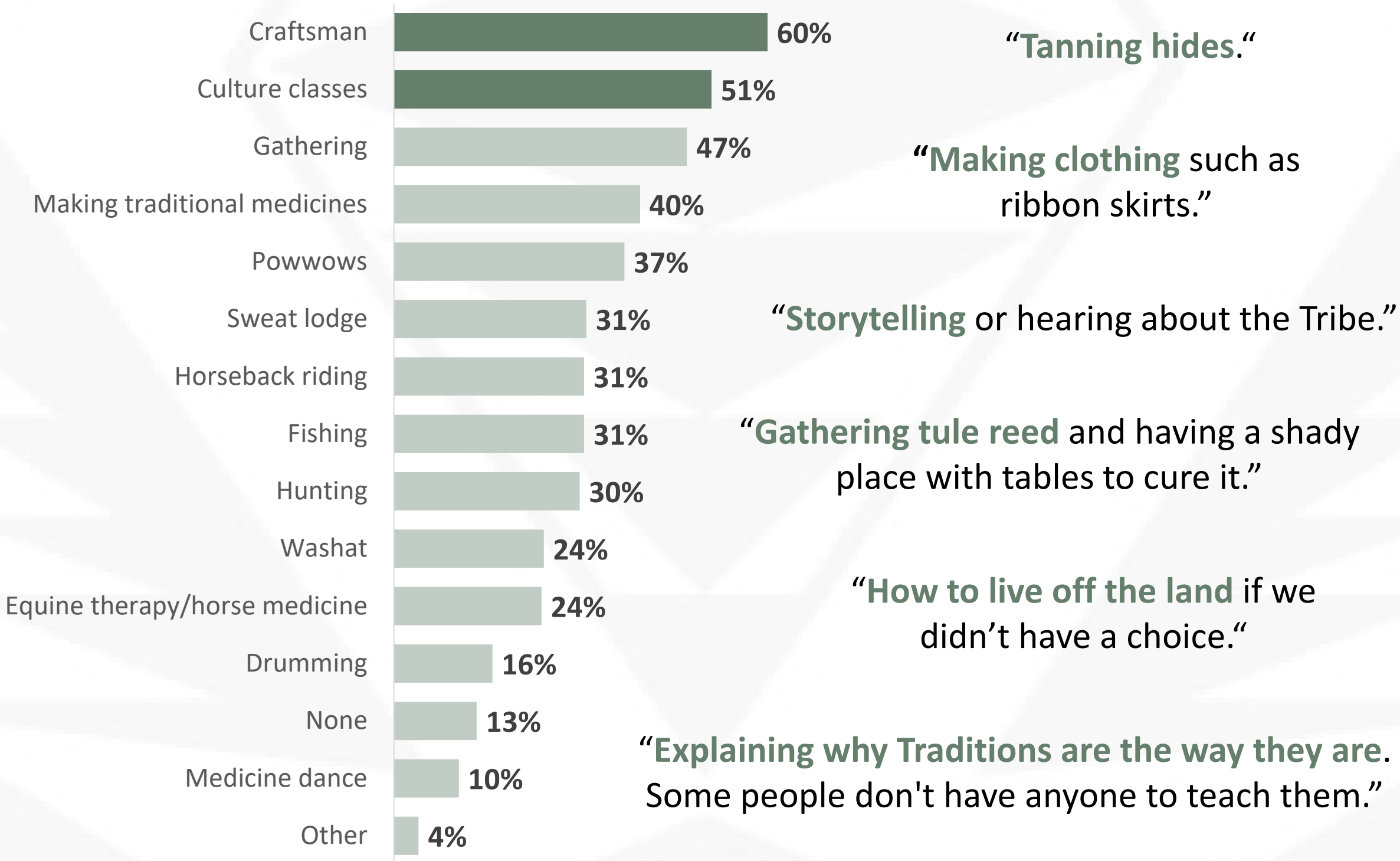
LANGUAGE & CULTURE

2% of respondents speak their Tribe’s native language fluently.

7% have someone in their household who speaks their Tribe’s native language fluently.

61% of respondents have not had or would like more opportunities to learn about the Cayuse/Nez Perce, Umatilla, and Walla Walla languages.

More than half of respondents would like more opportunities to engage in **craftsmanship activities** (weaving, beading, toolmaking) and **culture classes**.



Note: Minor grammar and punctuation changes made to write-in responses.

YELLOWHAWK COMMUNITY HEALTH ASSESSMENT

ELDERS

67% of elders are obese.

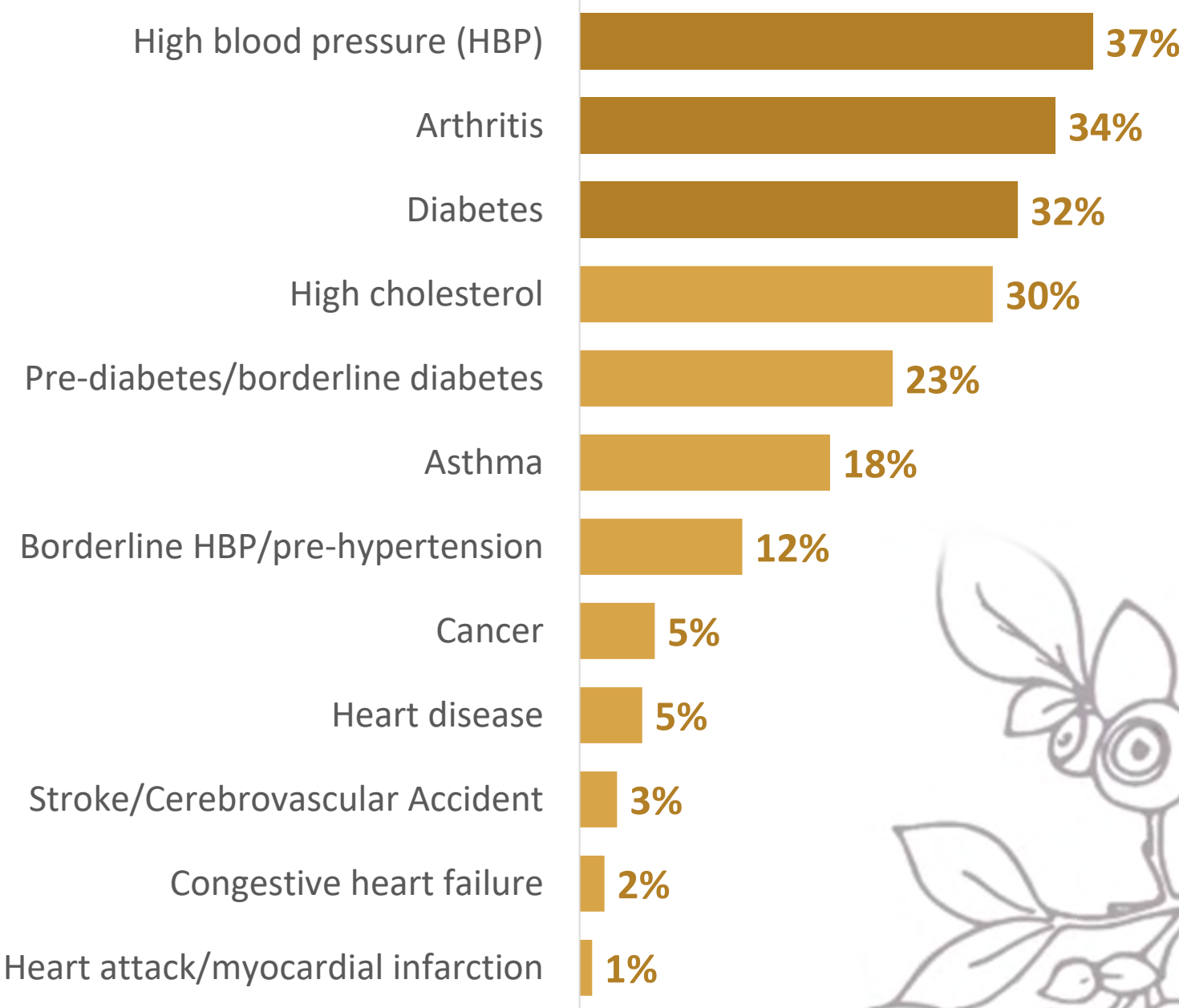
High blood pressure, arthritis and diabetes were the most commonly reported health conditions among respondents 55 years of age or older.

88% of elders have a personal doctor.

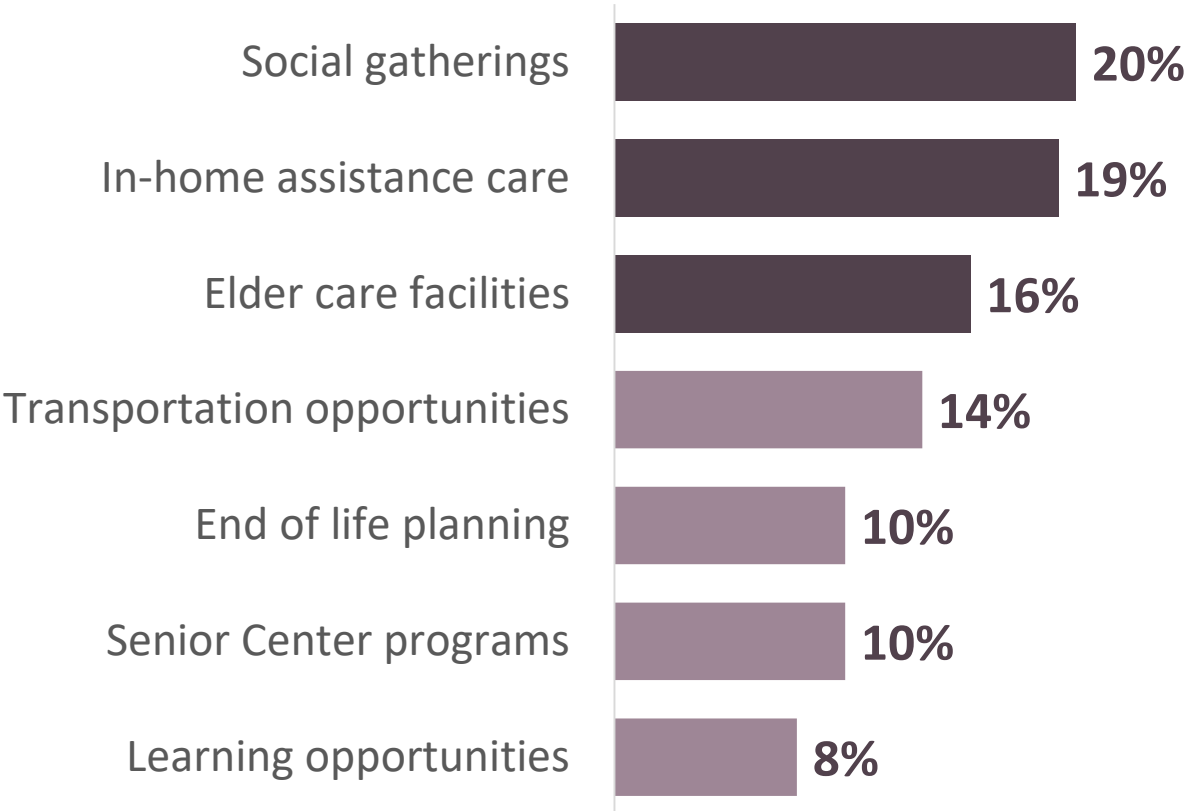
76% had a check up in the past year.

70% had a diabetes and cholesterol check in the past year.

83% had a colonoscopy in the past 10 years.



Respondents primarily wanted to see more social gatherings, in-home care and elder care facilities for elders.



34% of respondents reported at least one person in their household is over the age of 55.

65% of respondents do not think there are enough services available locally to meet the needs of CTUIR elders.

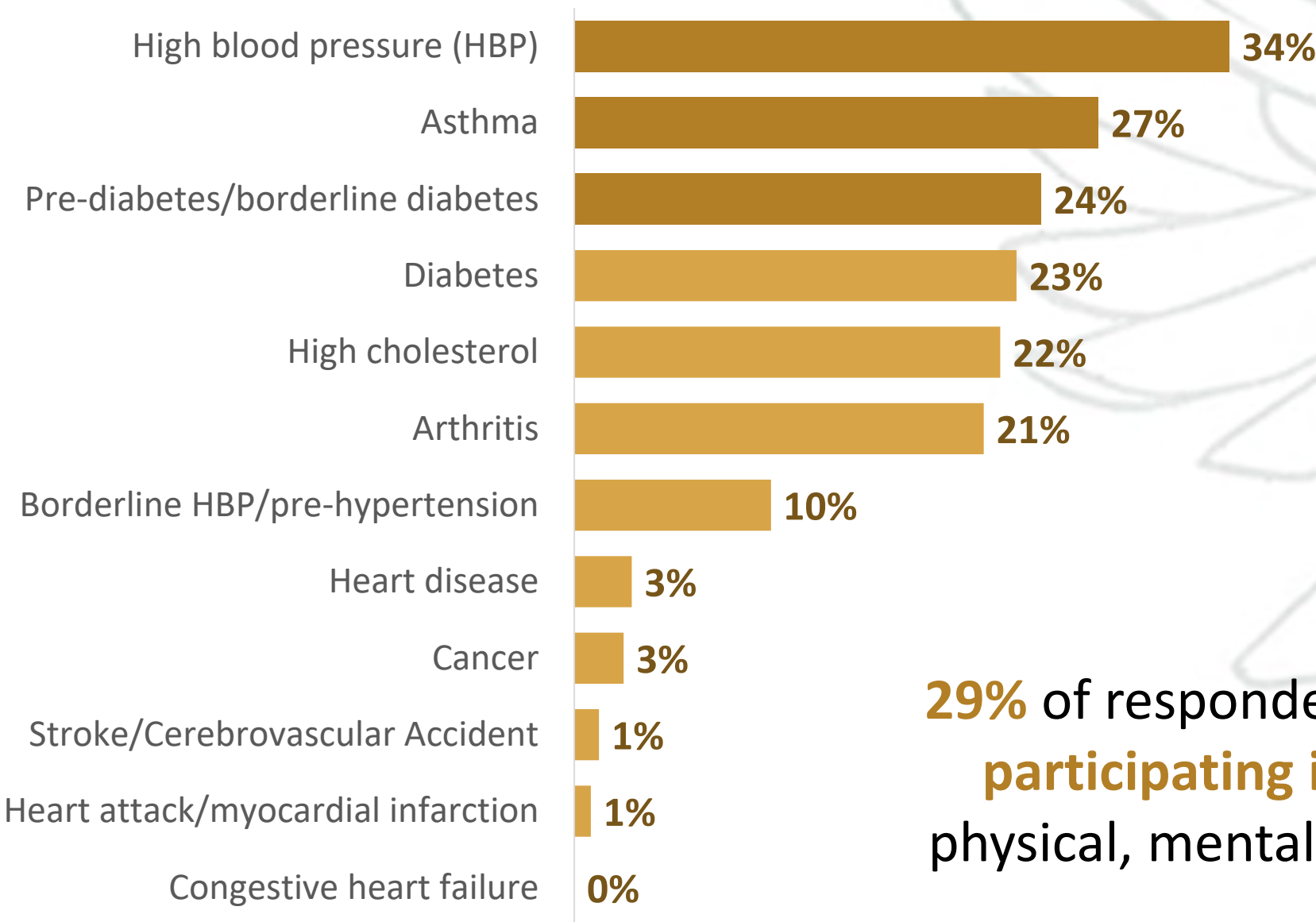


YELLOWHAWK COMMUNITY HEALTH ASSESSMENT

OBESITY

70% of respondents are **obese**.
Among obese respondents...

High blood pressure, asthma and pre-diabetes were the most commonly reported health conditions.

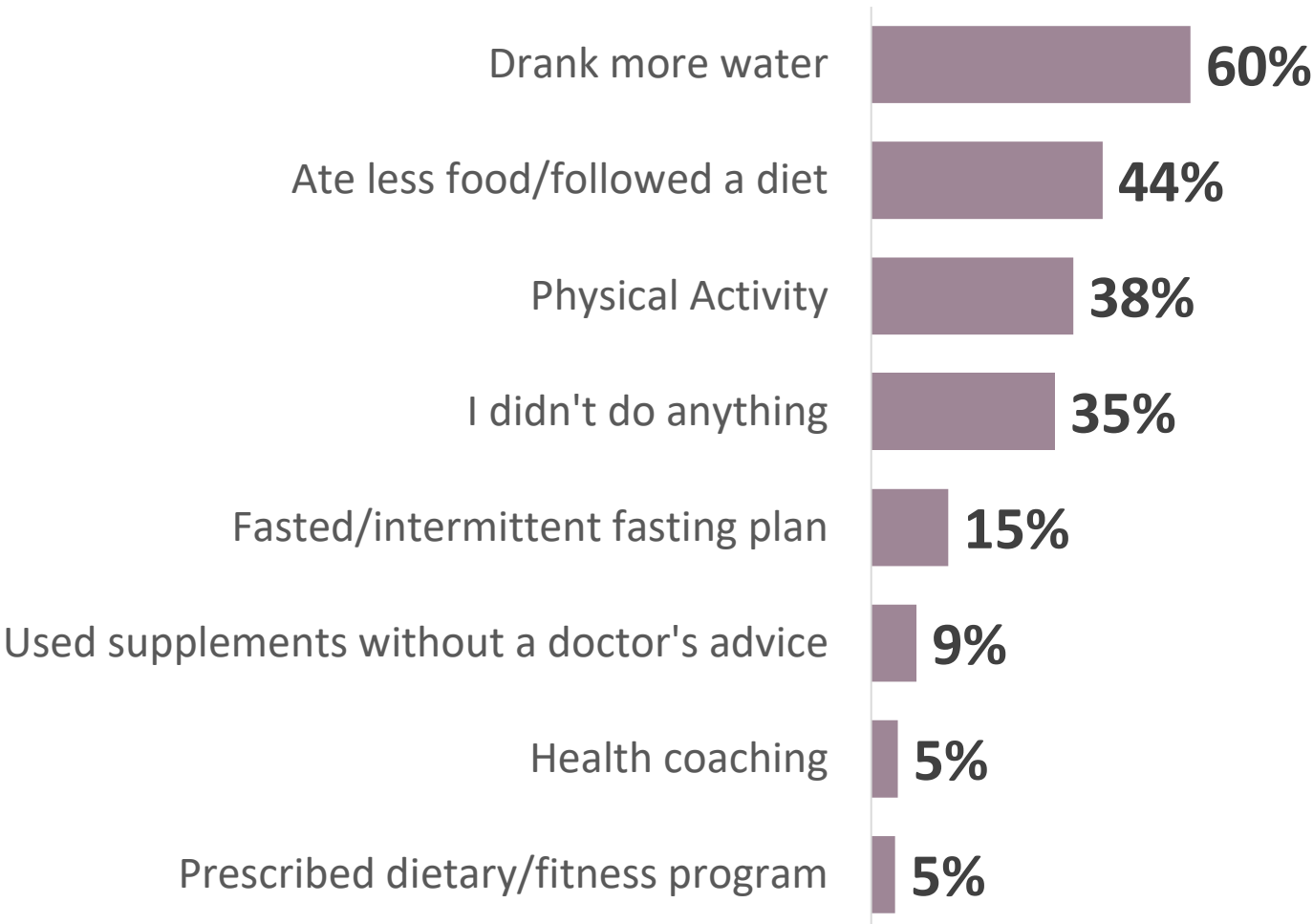


29% of respondents are **limited from participating in activities** due to physical, mental or emotional issues.

Only **10%** of obese respondents rate their health as **very good or excellent**.



65% have taken some action in the past 30 days to maintain or reduce weight.

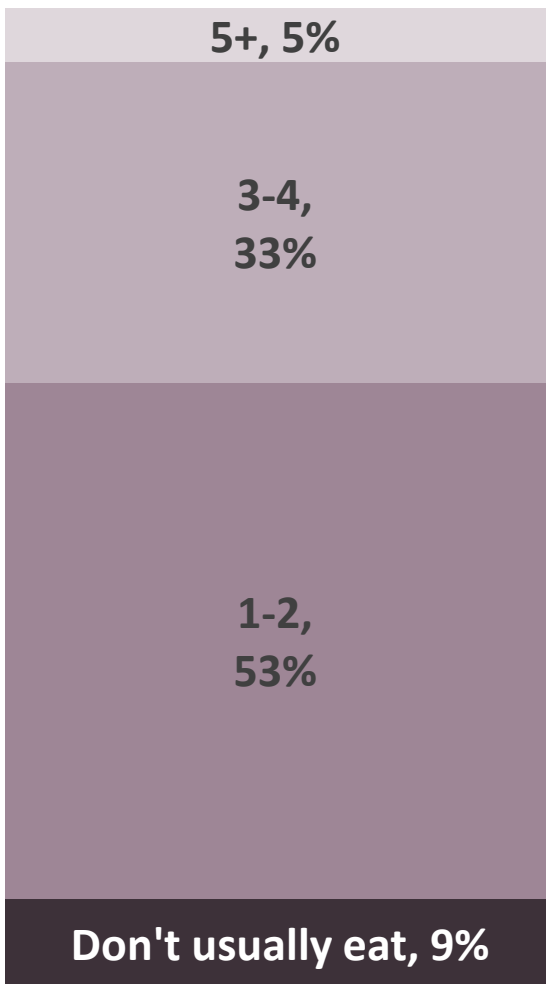


YELLOWHAWK COMMUNITY HEALTH ASSESSMENT

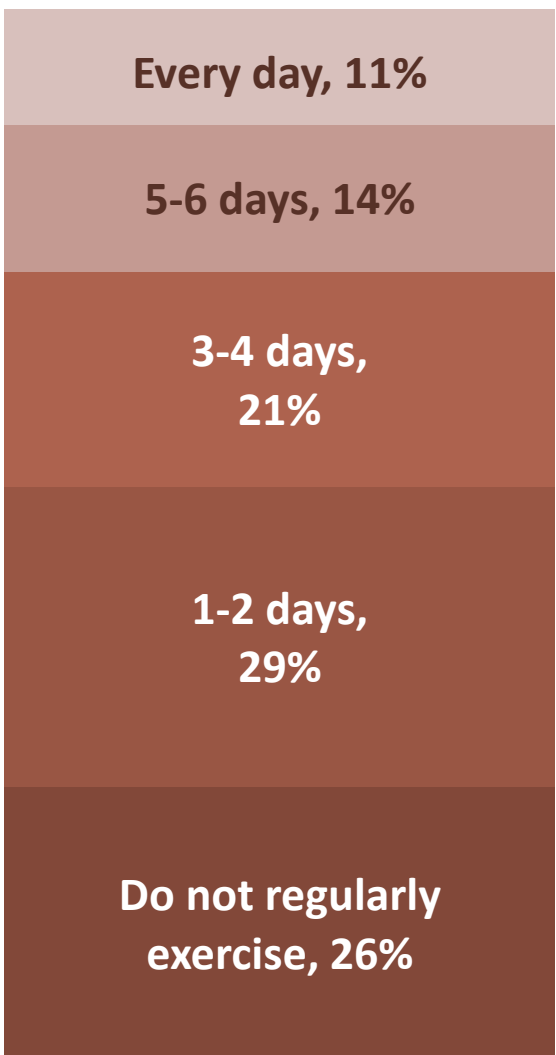
OBESITY

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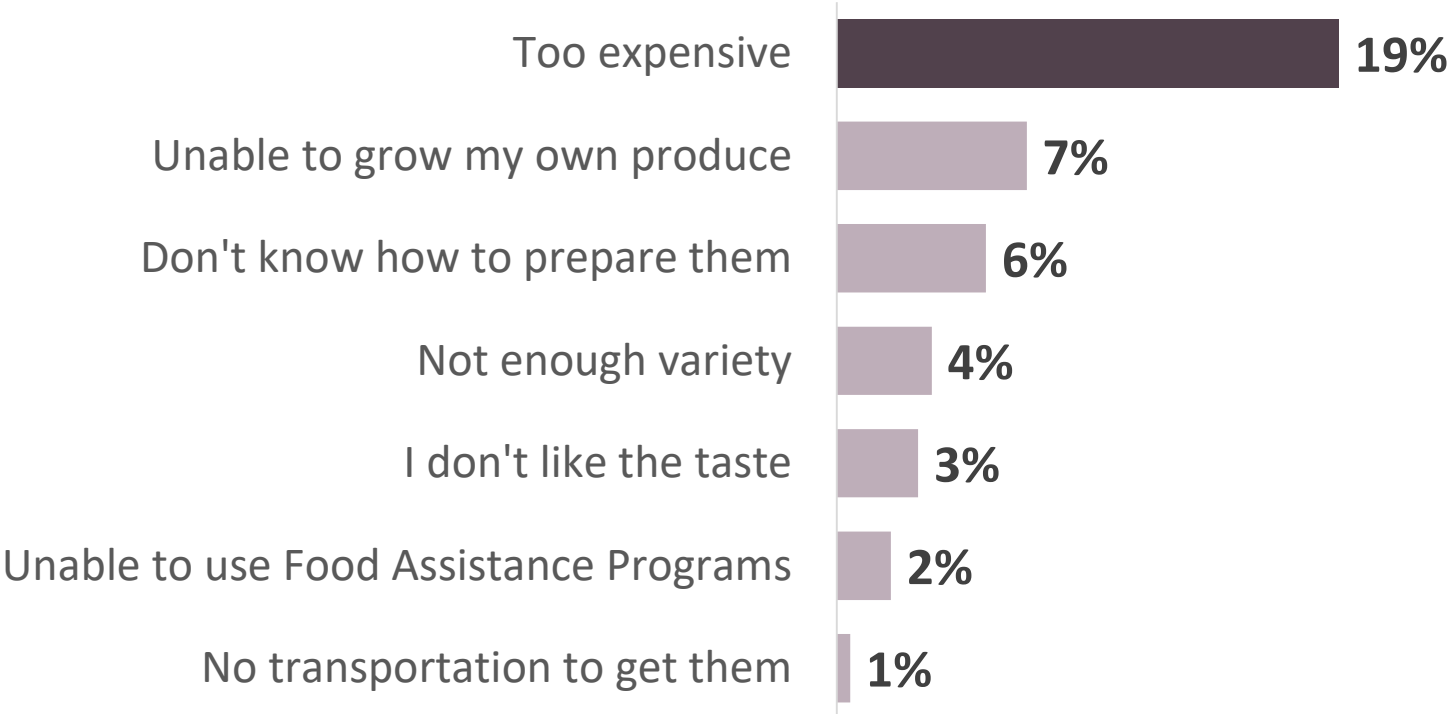
62% of obese respondents ate less than 3 servings of vegetables per day.



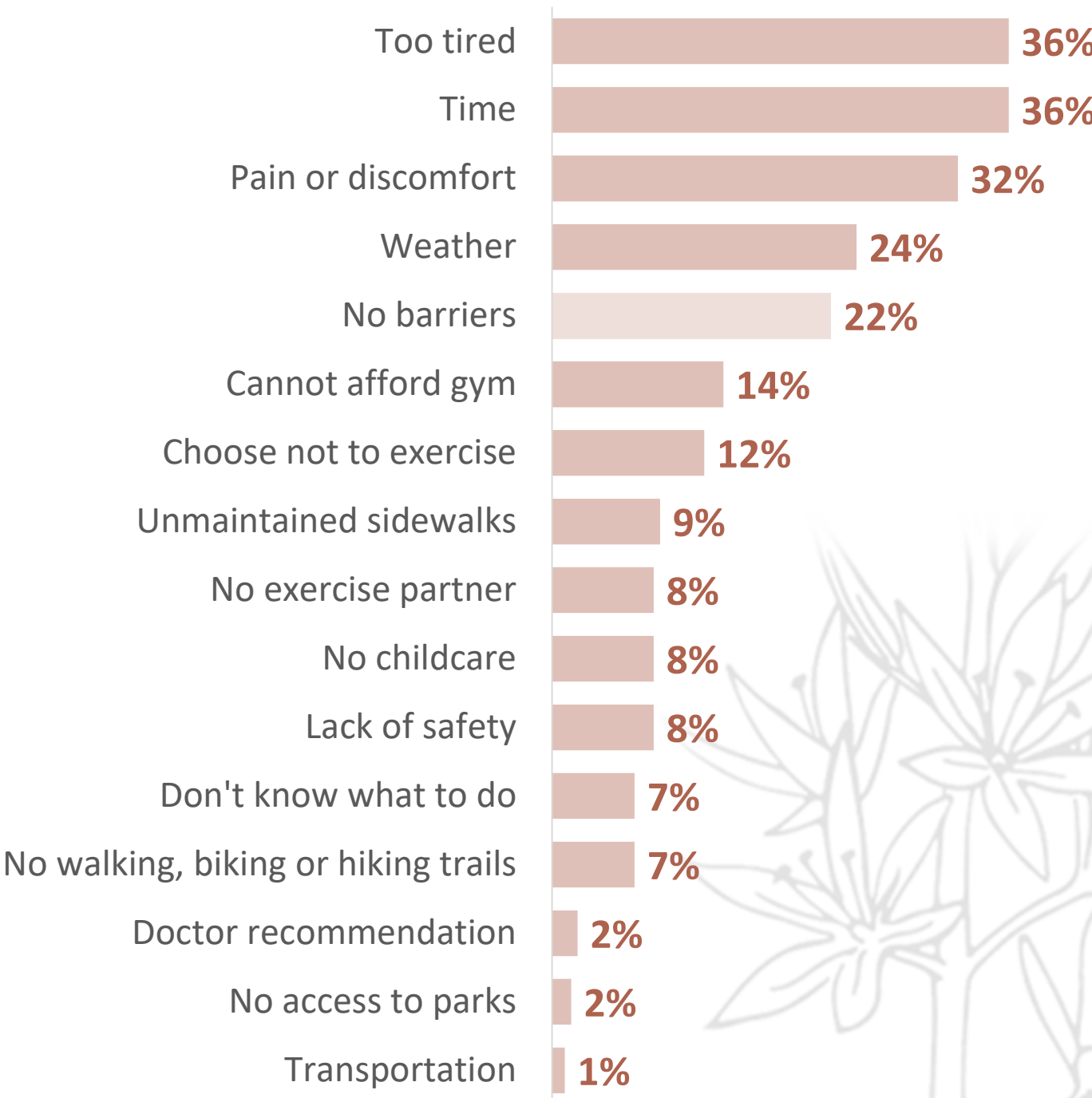
26% of obese respondents do not regularly exercise.



The primary barrier to eating fresh fruits and vegetables was the **cost**.



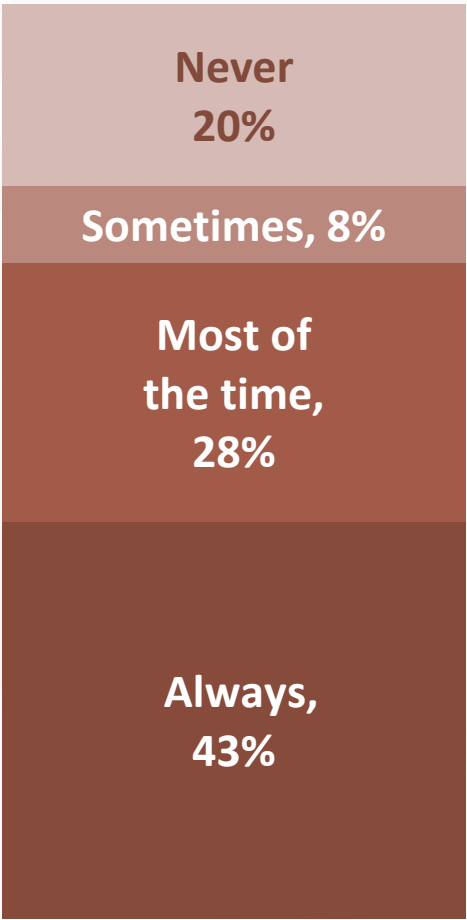
The primary barriers to exercise are being **too tired**, **time** and **pain or discomfort**.



YELLOWHAWK COMMUNITY HEALTH ASSESSMENT

CARE AT YELLOWHAWK

Two thirds of respondents use Yellowhawk services always or most of the time.



72% have had no difficulty getting prescriptions filled.

65% of respondents feel that Yellowhawk is able to meet their healthcare needs.

69% of respondents have a Yellowhawk primary caregiver.

15% of those who needed a referral, found it too difficult to get.

Respondents sought care outside of Yellowhawk primarily because of:

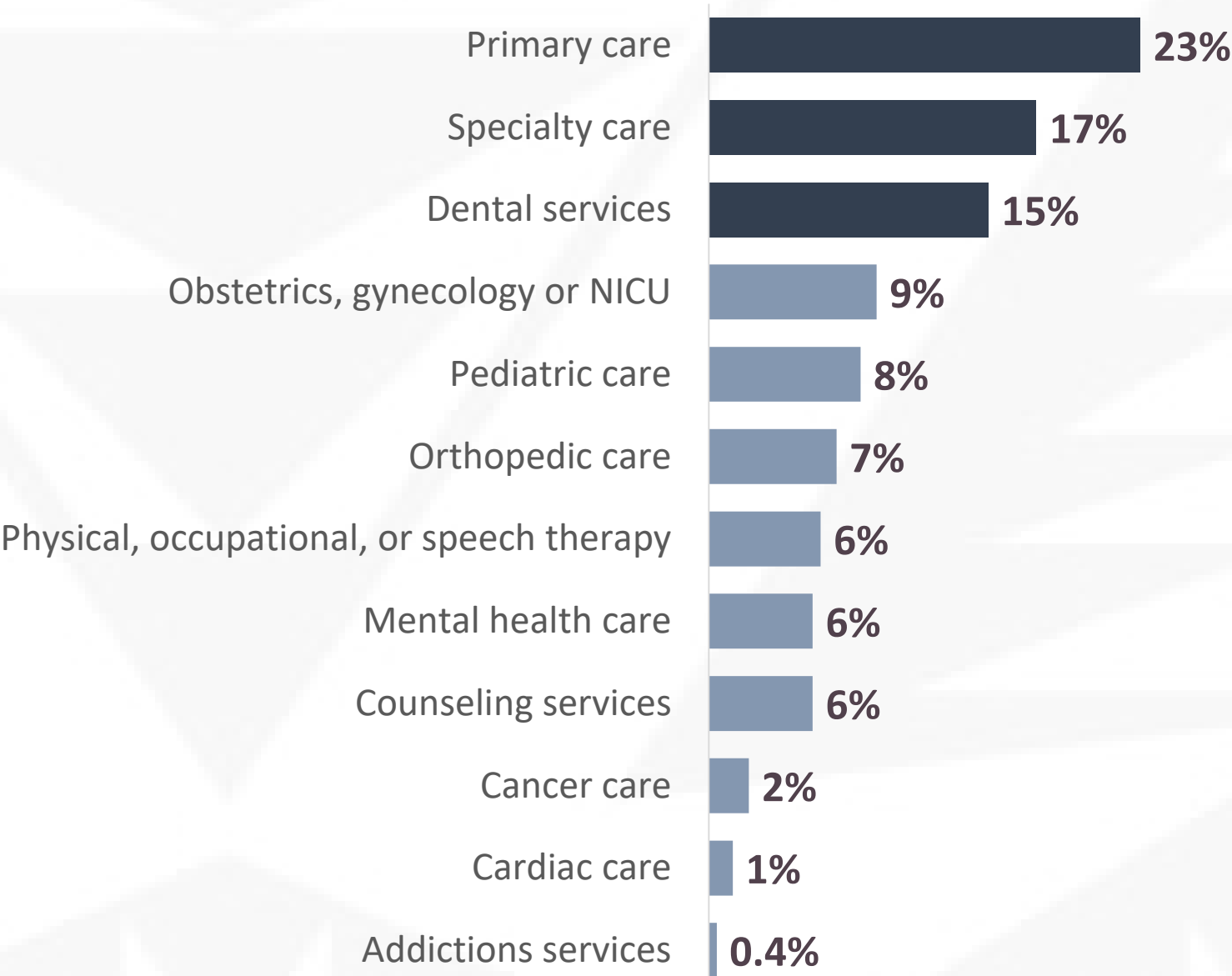
- Ineligibility
- Care not available
- More privacy
- Quality of care

“Unable to get timely appointment.”

“More comfortable with my family care doctor.”

“To stay eligible for extra services through VA.”

Primary, dental and specialty care were most commonly sought outside of Yellowhawk.

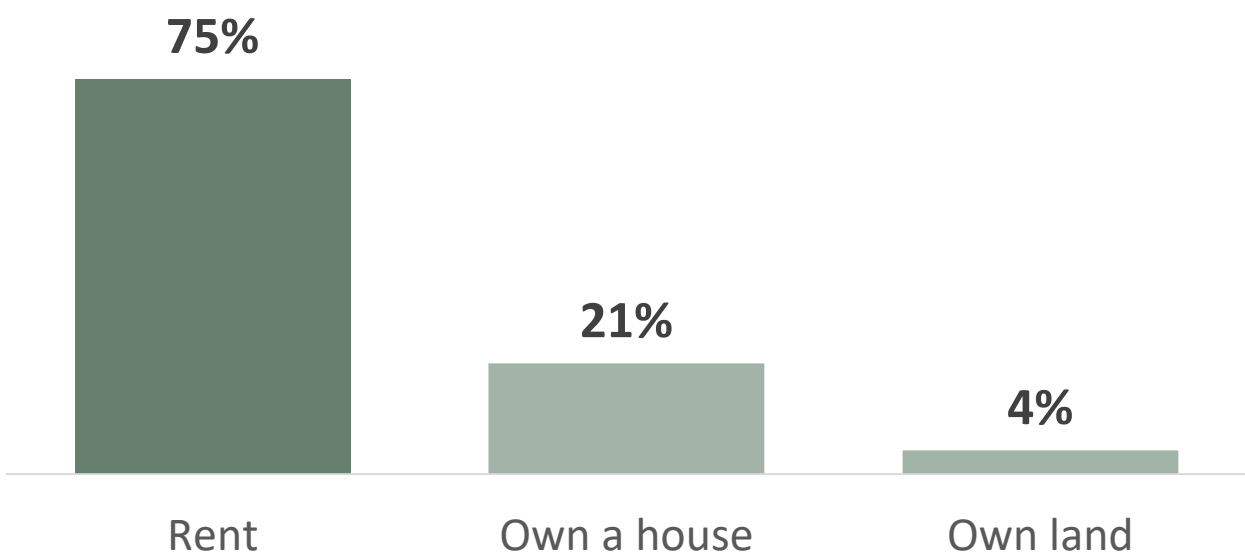


YELLOWHAWK COMMUNITY HEALTH ASSESSMENT

HOUSING & TRANSPORTATION ON THE CTUIR

3% of respondents **experienced** homelessness in the past year.
8% had a loved one experiencing homelessness stay with them.

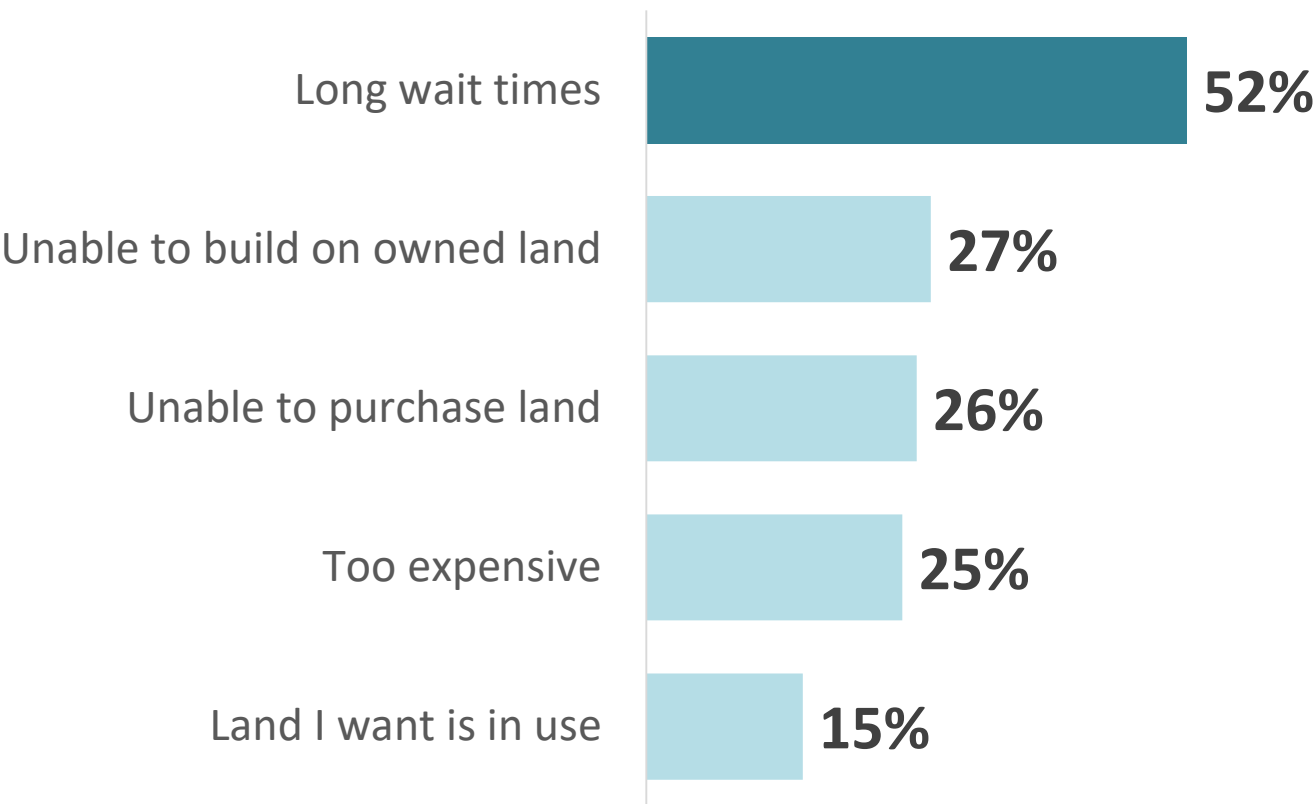
25% of respondents **applied for housing** on or near the CTUIR in the past 5 years, with the majority applying to **rent**.



66% found it **very difficult to find housing**.

78% said the **wait time was longer than expected**.

Long wait times were the primary barrier to housing on the CTUIR.



69% of respondents do not think there are **sufficient sidewalks**.

Only 25% of respondents use the Kayak bus routes.

Multiple respondents noted **the lack of available housing** and **exceeding income thresholds** as barriers to housing on the CTUIR.

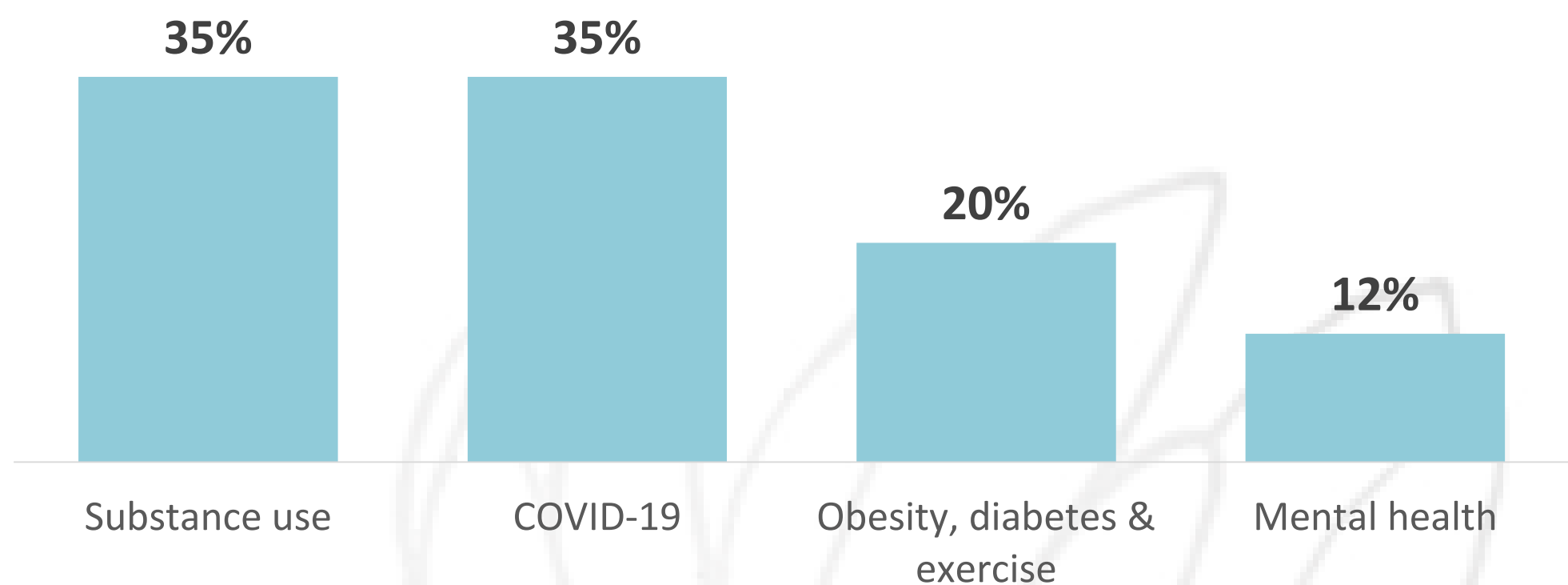
Among those who use the bus routes, 40% do not feel the **Kayak bus routes** meet their needs.

YELLOWHAWK COMMUNITY HEALTH ASSESSMENT

COMMUNITY HEALTH CONCERN

What is the most important health concern your community is facing?

Substance use, COVID-19 and **physical and mental health** were the most commonly mentioned concerns.



“**Climate change, water usage, COVID**, not being leaders on how to take care of the earth. Agriculture, non-sustainability with **climate change.**”

“Not enough **cultural resources**. Most are only available if you have a family who practices and can teach you. But sometimes we want to learn and have no family to help.”

“We don't have adequate facilities to help people with **recovery at home**. We keep **uprooting people** from their homes and sending them to NARA.”

“**Isolation**”

“**Past and current traumas-** mentally, spiritually and physically”

“**Emotional support** during **pandemic.**”

“**Lack of housing.** Multiple generations living cramped, in one home. 93 applicants on the 1, 2, 3 and 4 bedroom waiting list. Close proximity exacerbates poor health conditions, as well as mental & physical health. Build more HUD homes!”

“Dealing with **intergenerational trauma** that affects all parts of life, **alcoholism, drug use, sexual assaults, domestic violence, elder abuse.**”

YELLOWHAWK COMMUNITY HEALTH ASSESSMENT

IMPROVING ACCESS TO CARE AT YELLOWHAWK

If you could do one thing to improve your community's access to health care, what would it be?

“**Empower individuals** to understand health happens daily through choices, improve access to quality health care through highly qualified staff.”

“More providers for **specialty care** needs.”

“Make sure everyone has the **transportation** they need to get to their services.”

“I would emphasize the need for **preventive care** more. **Mental health needs** to be addressed better and getting more qualified counselors to help. People do not just do drugs for no reason, they have some mental health problems that need to be worked through. The **stigma of talking to mental health providers** is so strongly against this type of help that it cripples us as a community.”

“Stop cancelling community events. We need to **gather in positive ways** to see the best in each other, otherwise we'll just judge one another, harshly and likely negatively.”

“Make [healthcare] **affordable and available** for and to everyone.”

“**Share information and resources** in a way that **builds trust** between the community and health providers.”

“**Wellness center**, to include a variety of activities for the community to be more **physically active**, along with more educational information regarding obesity, and ways to fight it.”

“**Check on the elders** and neighbors, spreading the word.”

“**Hire more providers** that are welcoming to the clinic. People love the clinic but when there are providers serving the community without **trauma informed care**, it's hard to keep going back.”

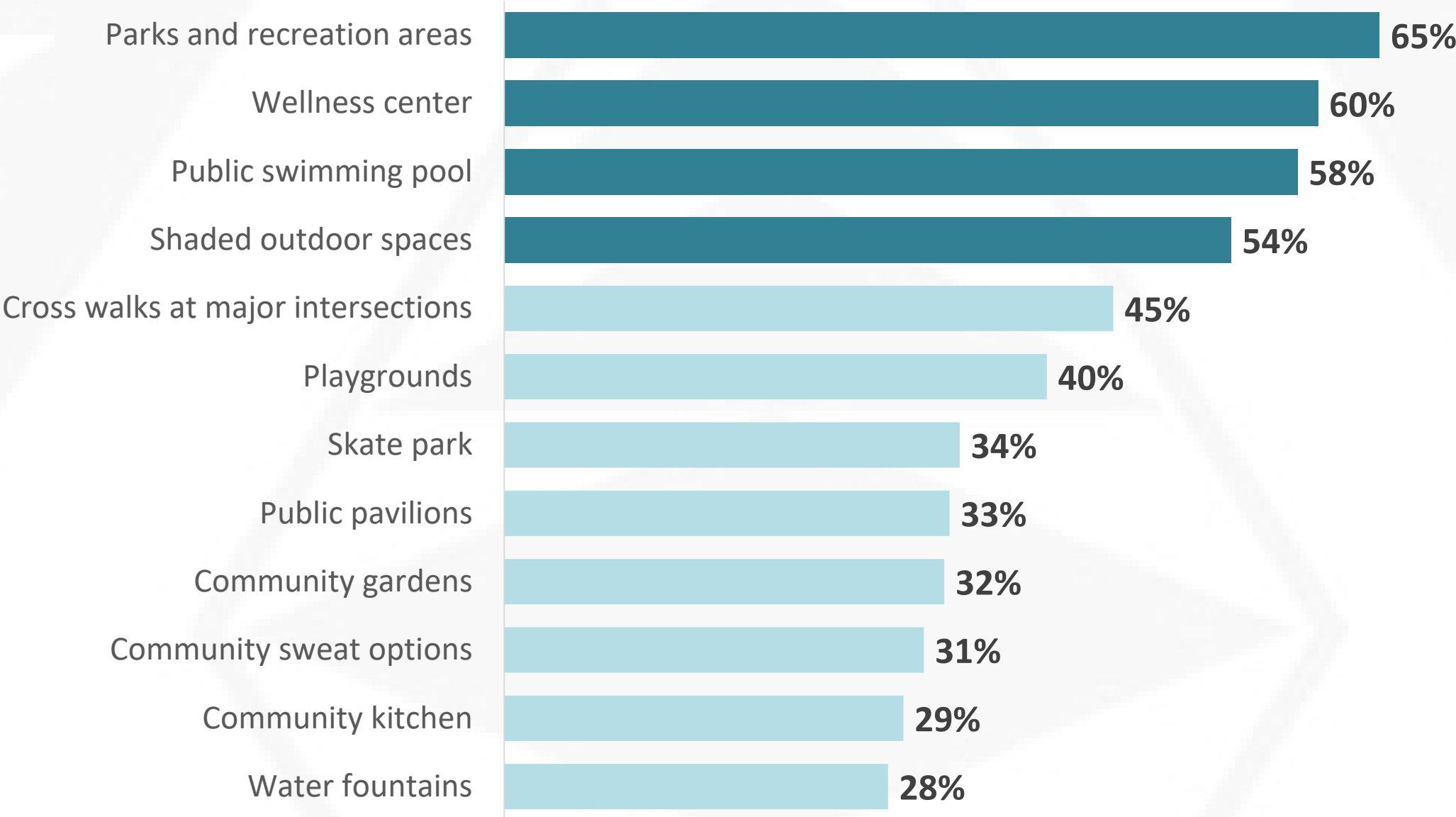
“**More doctors**, open hours of service of healthcare facility. Offer online doctor services for minor issues.”

YELLOWHAWK COMMUNITY HEALTH ASSESSMENT

IMPROVING SERVICES AT THE CTUIR

Which of the following additions would you like to see on the CTUIR?

More than half of respondents would like to see more parks and recreation areas, a wellness center, public swimming pools and shared outdoor spaces.



“More walking, biking and horse riding paths or zones.”

“Walking paths away from traffic.”

“Need a large gathering building for people to have family reunions, we have many large families.”

“Gym that women feel safe and comfortable to go to.”

“More fishing opportunities, trout ponds/stocking.”

“A state of the art gym with after hours access.”

“More outdoor activities for children.”

“A place more elder-friendly and safe from injury due to falling or nearby reckless activities”

“A mountain top recreational area for members.”

“First food community excursions.”

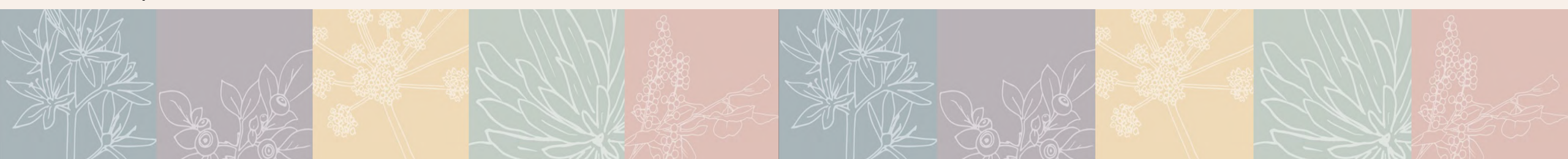
Note: Minor grammar and punctuation changes made to write-in responses.

YELLOWHAWK AI/AN SERVICE AREA

2019-2022 COMMUNITY HEALTH ASSESSMENT

TREND SUMMARY

Adult Comparisons	Yellowhawk AI/AN (CHA 2015)	Yellowhawk AI/AN (CHA 2021)	US (BRFSS, 2020)	Oregon (BRFSS, 2020)
Health Ratings:				
Rated health as fair or poor	28%	36%	13%	14%
More than 14 days where physical health was not good	N/A	15%	10%	10%
Dental Care:				
Adults who have visited the dentist in the past year	69%	55%	66%	66%
Weight Status:				
Overweight	28%	20%	35%	33%
Obese	53%	72%	32%	28%
Substance Use:				
Current drinker	38%	43%	53%	55%
Current smoker	23%	23%	16%	13%
Health Conditions:				
Had angina or coronary heart disease	8%	3%	4%	3%
Had a heart attack	N/A	1%	4%	4%
Had a stroke	N/A	1%	3%	3%
Has been diagnosed with high blood pressure	50%	29%	32%	28%
Has been diagnosed with high blood cholesterol	45%	19%	33%	30%
Cholesterol checked in 5 years	83%	77%	87%	88%
Asthma	16%	23%	10%	11%
Arthritis	37%	18%	25%	23%
Diabetes	26%	20%	11%	10%
Cancer	N/A	3%	7%	7%
Depression	N/A	18%	20%	21%
Uninsured	7%	N/A	11%	N/A
Firearms kept in or around their home	49%	47%	N/A	N/A
Limited in some way because of physical, mental, or emotional problem	42%	27%	N/A	N/A





YELLOWHAWK
TRIBAL HEALTH CENTER

coming soon

Community Health Improvement Plan 2023-2025