Rocky Mountain Tribal Leaders Council, Epidemiology Center (RMTEC) developed a short survey to learn more about your community’s public health priorities. Results from this survey will guide future projects and help better serve your community. You do not have to complete this if you do not want to. Information that you provide cannot be traced back to you.

*Please clearly mark your response by circling your response or marking the associated circle. Thank you.*

1. Are you?
   * Male
   * Female
   * Prefer not to say
2. What is your age group?
   * 18-24
   * 25-29
   * 30-34
   * 35-39
   * 40-44
   * 45-49
   * 50-54
   * 55-59
   * 60-64
   * 65-69
   * 70-74
   * 75 and older
3. Which Tribe are you enrolled in?
   * Blackfeet
   * Chippewa Cree of Rocky Boy
   * Crow
   * Eastern Shoshone
   * Assiniboine or Gros Ventre of Fort Belknap
   * Assiniboine or Sioux of Fort Peck
   * Little Shell Chippewa
   * Northern Arapaho
   * Northern Cheyenne
   * Salish, Kootenai, or Pend ‘Oreille of Flathead
   * Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   * None
4. What town and county do you live in? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Town, County

1. Describe your role in the community. *(Choose all that apply)*
   * Community member
   * Tribal Leader
   * Health program staff member
2. How healthy are you?

○ Poor ○ Fair ○ Good ○ Very Good ○ Excellent

1. How healthy is the community that you live in?

○ Poor ○ Fair ○ Good ○ Very Good ○ Excellent

1. What are themost important public health issuesin your community regarding **access or lack of access to care**? *(Choose all that apply)*
   * Emergency Medical Services
   * Care for Older Adults
   * Care for People with Disabilities
   * Care for Pregnant Women
   * Clinical Preventive Services
   * Contraceptives
   * Dentist / Oral Health Care
   * Doctors
   * Kidney Dialysis Services
   * Medical Services
   * Mental Health Services
   * Health Education
   * Substance Use Treatment Services
   * Immunizations/Vaccines
   * Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What are themost important public health issuesin your community regarding **disease**? *(Choose all that apply)*
   * Asthma
   * Cancer
   * Chronic Pain
   * Obesity / Diabetes
   * Heart Disease
   * High Blood Pressure
   * Liver Disease / Cirrhosis
   * Lung Disease
   * Pneumonia
   * Sexually Transmitted Infections
   * Tuberculosis
   * Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. What are themost important public health issuesin your community regarding **environmental conditions**? *(Choose all that apply)*
   * Accidents / Motor Vehicle Crashes
   * Crime
   * Lack of Opportunities for Physical Activity
   * Limited Employment
   * Poverty
   * Poor Housing
   * Poor Nutrition
   * Secondhand Smoke
   * Solid Waste Disposal
   * Unintentional Injury
   * Unintentional Injury Due to Substance Use
   * Water Quality
   * Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. What are themost important public health issuesin your community regarding **behavioral health**? *(Choose all that apply)*
   * Alcohol Abuse
   * Child Abuse/Neglect
   * Commercial Tobacco Abuse
   * Depression, Stress, Anxiety
   * Domestic Violence
   * Heroin Use
   * Grief and Loss
   * Methamphetamine Use
   * Prescription Drug Abuse
   * Suicide
   * Trauma
   * Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Of the health issues you selected in questions 8 – 11, rank your community’s **top 5 highest health issues**.

1st Highest Issue: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2nd: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3rd: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4th: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5th: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Tribal communities often share similar concerns or passions. We would like to share best-practices and lessons learned.*

1. What are some ways that your tribe has successfully addressed health issues in your community? For example, a community garden increased access to healthy foods and reduced obesity.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Public health is about preventing disease, prolonging life, and improving health. It’s about where you live, learn, work, and play.*

1. What questions do you have about public health issues in your community?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Thank you!**

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