

Disability and Health Factsheet: American Indian Adults in Montana, 2016-2020

This fact sheet describes disability among American Indian adults in Montana. It also describes preventive health practices and health and wellness in Montana American Indian adults who have a disability.

Key facts about disability among Montana American Indian adults

- Two in five (41%) Montana American Indian adults have a disability (Figure 1).
- Disability is significantly more common in Montana American Indian adults than in white adult residents of the state (Figure 1).
- Mobility disability is the most common disability type, affecting one in five (20%) Montana American Indian adults (Figure 1).

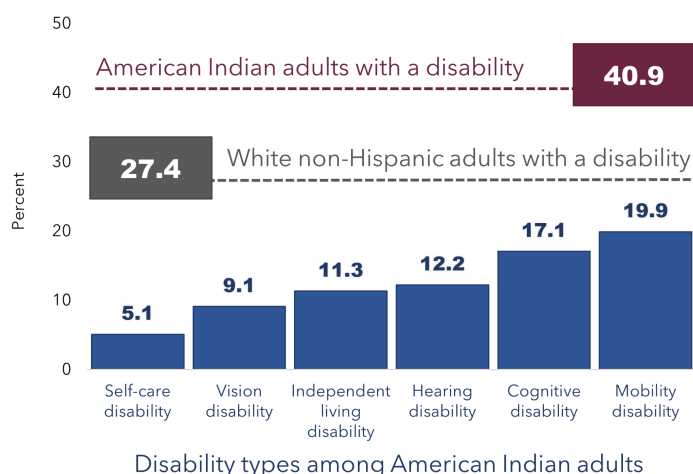
Key facts about preventive health practices among Montana American Indian adults who have a disability

- Three in four (73%) Montana American Indian adults who have a disability have had a routine health check-up within the past year (Figure 2).
- Only slightly more than half (56%) of Montana American Indian adults who have a disability are current with their colorectal cancer screening per US Preventive Services Task Force recommendations (Figure 3).

Prevalence data in this fact sheet were estimated from the 2016-2020 Montana Behavioral Risk Factor Surveillance System (BRFSS). Survey respondents were classified as having a disability if they answered 'yes' to one or more American Community Survey questions covering six disability types: vision, hearing, cognitive, mobility, self-care and independent living. Missing responses and the responses 'don't know/not sure' and 'refused' were excluded from analysis.



Figure 1. Prevalence of disability among **American Indian adults** compared with **white, non-Hispanic adults** and prevalence of disability types among **American Indian adults**, Montana, All counties, 2016-2020



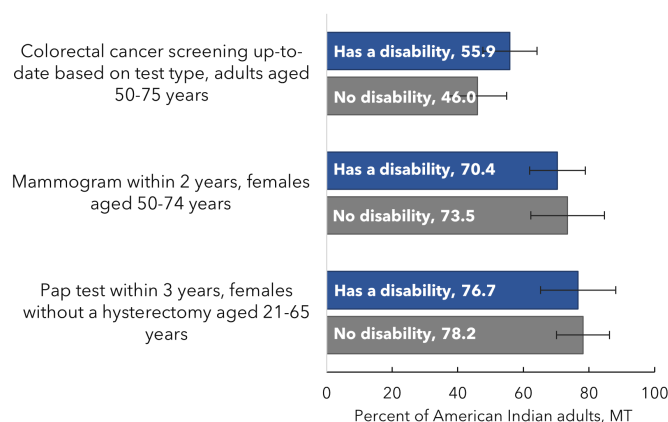
Source: MT BRFSS

Figure 2. Routine healthcare among **American Indian adults who have a disability** compared to **American Indian adults who do not have a disability**, Montana, All counties, 2016-2020



Source: MT BRFSS

Figure 3. Colorectal, breast and cervical cancer screening among **American Indian adults who have a disability** compared to **American Indian adults who do not have a disability**, Montana, All counties, 2016, 2018 and 2020



Source: MT BRFSS

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Key facts about health and wellness among Montana American Indian adults who have a disability

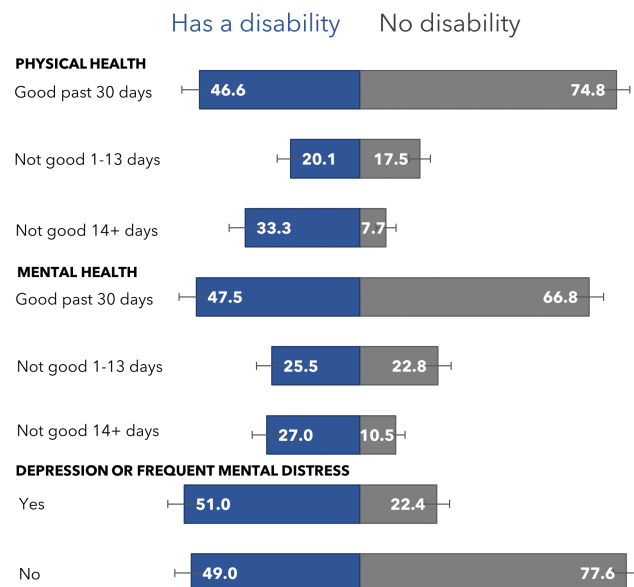
- Montana American Indian adults who have a disability are significantly more likely to experience poor physical and mental health compared with American Indian adults without a disability (Figure 4).
- Half (51%) of Montana American Indian adults who have a disability experience depression or frequent mental distress (Figure 4).
- Three in five (60%) Montana American Indian adults who have a disability have two or more chronic conditions* (Figure 5).
- Obesity and not being physically active are both significantly associated with having two or more chronic conditions in Montana American Indian adults who have a disability (data not shown).

The Montana Disability and Health Program offers resources and training for healthcare providers on providing accessible healthcare for persons who have a disability. Please contact hwelch@mt.gov for more information.

If you have any questions about this report, please contact:

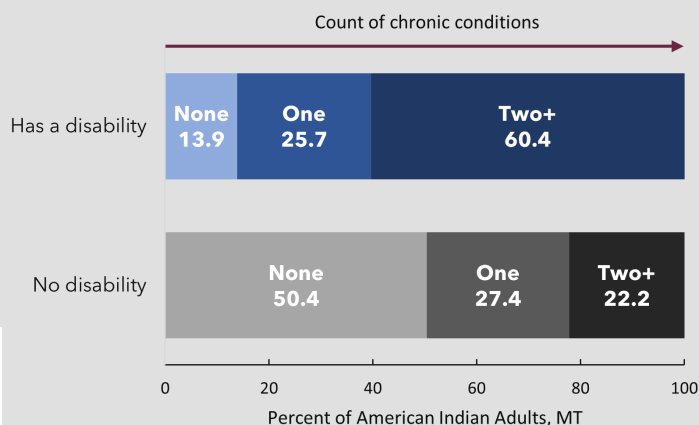
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Figure 4: Health and wellness among **American Indian adults who have a disability** compared to **American Indian adults who do not have a disability**, Montana, All counties, 2016-2020



Source: MT BRFSS

Figure 5: Number of chronic conditions* among **American Indian adults who have a disability** compared to **American Indian adults who do not have a disability**, Montana, All counties, 2016-2020



Source: MT BRFSS

*Diagnosis by a doctor, nurse, or other health professional of arthritis, asthma that is current, cancer other than skin cancer, chronic obstructive pulmonary disease, coronary heart disease, depression, diabetes, hypertension, high cholesterol, heart attack, kidney disease or stroke. Data on hypertension and high cholesterol were only collected in 2017 and 2019.

