



Ho-Chunk Nation Community Health Assessment 2017-2019



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III. Executive Summary

The Community Health Assessment (CHA) is an initiative launched by the Ho-Chunk Health department to regularly and systematically evaluate assets, gaps and barriers connected to health and well-being of Ho-Chunk communities in Ho-Chunk Contract Health Service Delivery Area (CHSDA) counties. The first CHA was implemented in 2011 [1], and the second was implemented in 2017. This document provides a comprehensive summation of the results of a CHA that was initiated in 2017. The CHA included a comprehensive survey that was conducted in 2017 at General Council by the Ho-Chunk Nation Health Department (HCHD) and subsequently analyzed by the UWPHI, as well as a series of face-to-face listening sessions that were conducted jointly by the UWPHI and HCHD in April-May 2019.

The CHA survey compiled results from 397 unique, consenting Ho-Chunk Nation Tribal Members. Respondents were asked several different questions to determine their perceptions about how socioeconomic factors, the effectiveness and efficiency of the healthcare system, health behaviors, and access to services all influenced the health of tribal members. The results of the survey highlight the persistent perceptions of low income/poverty, racism/discrimination, domestic violence and mental health issues of youth and teens. Demographic data from the CHA survey, especially on the range of household incomes, supported the survey respondents' perceptions of lower incomes and socio-economic disparities compared to secondary data on the rest of the Wisconsin population. The survey also highlighted health disparities, particularly in the levels of asthma, diabetes, and anxiety/depression, between Ho-Chunk members and broader population norms in Wisconsin and the United States.

The community health listening sessions were built upon the survey data. These approximately 90 minutes face-to-face sessions were structured in an open-ended discussion-based format that allowed for Ho-Chunk voices to speak at length about health-related concerns, needs, and visions. Five such sessions were attended by 26 Ho-Chunk members living within or close to five Wisconsin communities: Tomah, Nekoosa, Black River Falls, Wisconsin Dells, and Wittenberg. In addition to reinforcing the emerging results of the survey data, the listening sessions highlighted the following topics needing sustained attention: (1) mental health and relationships among Ho-Chunk young adults and teens; (2) developing equitable access to adequate healthcare services and fitness facilities for ALL Ho-Chunk communities; (3) fostering more effective means of communication regarding health-related services and resources available to various Ho-Chunk communities; (4) better



community-building strategies; (5) leveraging cultural traditions such as Ho-Chunk food to foster a healthy living and healthy community relationships.

In sum, the 2017 CHA outlines Ho-Chunk community perspectives and recommendations about the barriers, challenges, and potential solutions for improving the community- and individual-health of Ho-Chunk people living in CHSDA counties in Wisconsin today.

IV. Introduction

Community health assessment (CHA) can be a valuable tool to gauge the health needs and concerns of the members of a community and in this sense comprises an important step toward addressing and improving the health status of the community [1]. The goals of this CHA were to:

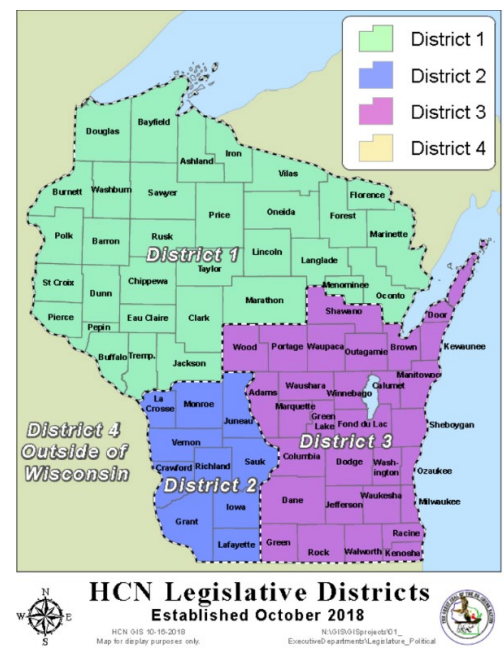
1. Assess the health-related issues of communities **and** individuals belonging to the Ho-Chunk Nation of Wisconsin
2. Identify the top health needs of Ho-Chunk Nation communities

V. Methodology

In 2017, the Ho-Chunk Health Department (HCHD) created individual surveys with the support of the Great Lakes Inter-Tribal Epidemiology Center (see Appendix C for a copy of the survey). The survey was approved by the Ho-Chunk Institutional Review Board.

Approximately 464 individuals were surveyed. Of the 464 respondents, we excluded from the final analysis 41 respondents who did not respond or answered “No” to the question “Would you like to participate?” since consent was not given. To avoid double-counting answers, an additional 47 respondents were excluded because they answered “Yes”, “Not Sure”, or did not give an answer to the question “Have you participated in this year’s survey already?”. An additional 14 respondents were excluded from the final analysis because they noted that they were not an enrolled Ho-Chunk Nation Tribal Member. Finally, 10 more respondents were excluded because they did not indicate which

Figure 1. Ho-Chunk Legislative Districts Map





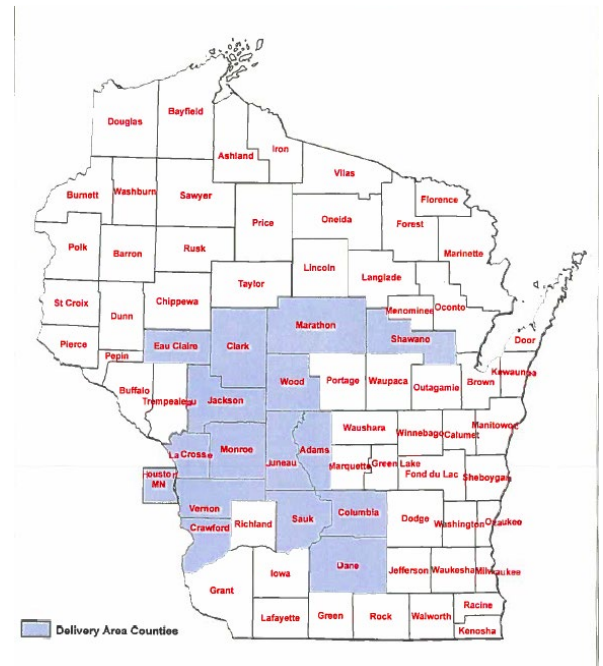
county they belonged to. The final analysis sample was hence made up of 397 unique, consenting Ho-Chunk Nation Tribal Members. This constitutes 7.2% of registered tribal members in Wisconsin [2].

It is important to note that all respondents outside of Wisconsin and those who were not in the Ho-Chunk's Contract Health Service Delivery Area (CHSDA) within Wisconsin were lumped together in "District 4" (Figure 1). In other words, anyone outside of the blue area in figure 2 was counted as being part of "District 4."

Respondents were asked several different questions to determine how socioeconomic factors, the effectiveness and efficiency of the healthcare system, health behaviors, and access to services all influenced the health of tribal members. Also, survey respondents were asked to answer questions regarding the perceived health needs of the community and potential programs/services to develop and implement in the future to help improve the health of community members [1].

The sample was a convenience sample; Ho-Chunk adults over 18 years of age who answered the survey and lived near one of the six tribal community buildings where health staff conducted the surveys. Each survey was self-administered, using pen and paper. It was filled out at General Council. All adults completed a survey about their individual health. The data were hand-entered into excel by HCHD personnel. Data were statistically analyzed and packaged using JMP Pro (version 11) and Microsoft Excel software.

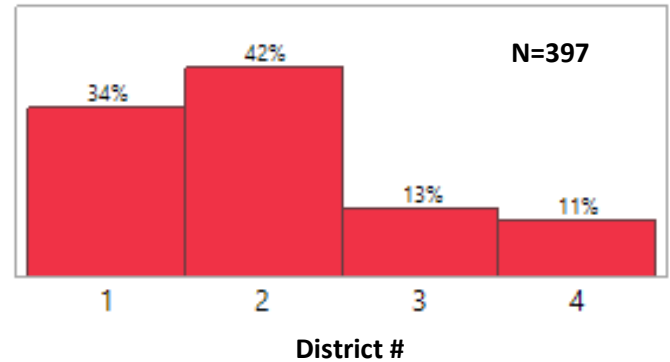
Figure 2. CHSDA Counties Map





The results of the survey were collected, analyzed, and developed into a CHA. The CHA will then be utilized by leaders of the Ho-Chunk Nation Health Department to develop a Community Health Improvement Plan (CHIP) which will be used to move strategies and interventions forward to address the health needs identified in this assessment.

Figure 3. Distribution of respondents by districts



VI. Demographics

The Ho-Chunk Nation cannot be defined by one geographic location, with tribal members spread throughout the state of Wisconsin and in other states as well. As stated earlier, only counties that were in the CHSDA were considered within Districts 1-3 (Figures 1, 2). For the purposes of the CHA, counties were categorized across the following four areas:

District 1: Clark, Eau Claire, Jackson, Marathon

District 2: Crawford, La Crosse, Juneau, Monroe, Sauk, Vernon

District 3: Adams, Columbia, Dane, Shawano, Wood

District 4: Outside of Wisconsin, non-CHSDA counties in Wisconsin

This section provides a demographic distribution of the Ho-Chunk Nation members who responded to the CHA survey in terms of the following characteristics: 1. Age and Gender; 2. Employment status; 3. Educational Status; 4. Pre-tax incomes across households.

1. Age and gender distribution of Ho-Chunk Nation respondents

Surveying individuals at a variety of ages, genders, income and educational backgrounds can help to provide a more robust perspective on the health status and health needs of a community rather than if the population were from a narrow slice of these demographic categories as it allows for more diverse responses [1]. Survey respondents ranged in age from 18 to 97 (Table 1). Across all districts, Ho-Chunk Nation respondents belonged most commonly to the 45-59 years age group, and second-most-commonly to the 30-44 years age group. In District 1 counties, Ho-Chunk respondents in the 30-44 years age group were the most prevalent, whereas in District 2, the 30-44 age group and 45-59 years age group were equally as prevalent. According to the State of Wisconsin's Department of Health

Services there are currently 6,563 Ho-Chunk tribal members (as of 9/21/10); 17 and under = 1,975; Ages 18 - 64 = 4,795; 64 and older = 3547 [2].

Table 1. Age distribution. “Overall” column includes “District 4”.

Age Range	District 1	District 2	District 3	Overall
18-29 years	18 (14.5%)	27 (17.4%)	11 (22%)	58 (15.7%)
30-44 years	41 (33%)	52 (33.5%)	11 (22%)	115 (31%)
45-59 years	38 (30.6%)	52 (33.5%)	15 (30%)	126 (34.1%)
60+ years	27 (21.7%)	24 (15.4%)	13 (26%)	71 (19.2%)
Total	124	155	50	370

Across, all districts roughly a third of the Ho-Chunk respondents identified themselves as male and two-thirds as female. These distributions between male and female respondents were reflected within each district (Table 2).

Table 2. Gender distribution. “Overall” column includes “District 4”.

Gender	District 1	District 2	District 3	Overall
Male	37 (28.9%)	62 (38.5%)	17 (32.1%)	127 (33%)
Female	91 (71.1%)	99 (61.5%)	36 (67.9%)	258 (67%)
Total	128	161	53	385

2. Distribution of employment status

56% of respondents were employed in full-time positions, with 11% unemployed for less than a year, and 5% employed part-time. The general distribution of employment status was consistent across each district, with those in full-time positions comprising the largest percentage within each district, followed by those who were unemployed for less than a year (Table 3).

Table 3. Distribution of employment status. “Overall” column includes “District 4”.

Employment status	District 1	District 2	District 3	Overall
Full-time	75 (62.5%)	79 (53.3%)	25 (51%)	198
Part-time	5 (4.2%)	9 (6%)	2 (4.1%)	19
Retired	6 (5%)	12 (8.1%)	3 (6.1%)	24
Armed forces	8 (6.7%)	10 (6.8%)	1 (2.1%)	23



>1 Year Unemployed	4 (3.3%)	9 (6.1%)	5 (10.2%)	22
Disabled	4 (3.3%)	6 (4.1%)	0	11
Student	4 (3.3%)	3 (2%)	3 (6.1%)	12
Home-maker	1 (0.8%)	2 (1.4%)	1 (2%)	7
<1 Year Unemployed	13 (10.9%)	18 (12.2%)	9 (18.4%)	40
Total	120	148	49	356

3. Educational Status

The general distribution of educational status was consistent across each district (Table 4). Respondents who were high school graduates (or their equivalent) comprised the largest proportion within each district, followed by those who had some college experience but no college degree.

Table 4. Distribution of educational status. “Overall” column includes “District 4”.

Educational status	District 1	District 2	District 3	Overall
Less than 9 th grade	1 (0.8%)	2 (1.2%)	0	4 (1%)
9-12 th grade, no diploma	12 (9.4%)	12 (7.5%)	4 (7.6%)	32 (8.3%)
High school graduate (or GED/equivalent)	47 (37%)	51 (31.7%)	19 (35.8%)	123 (32%)
Associate’s degree or Vocational training	15 (11.8%)	27 (16.8%)	7 (13.2%)	58 (15.1%)
Some college (no degree)	31 (24.4%)	43 (26.7%)	13 (24.5%)	98 (25.5%)
Bachelor’s degree	12 (9.5%)	9 (5.5%)	5 (9.4%)	31 (8.1%)
Graduate or professional degree	6 (4.7%)	12 (7.5%)	4 (7.6%)	27 (7%)
Other	3 (2.4%)	5 (3.1%)	1 (1.9%)	11 (2.9%)
Total	127	161	53	384

4. Distribution of household incomes

Total annual household incomes (pre-tax) reported by Ho-Chunk Nation respondents ranged between less than \$10,000 to greater than \$100,000 (Table 5 below). In Districts 1, 2 and 3, household incomes in the \$25,000-\$34,999 range were the most prevalent, and those in the \$35,000-\$49,999 were the second-most prevalent. Compared to households in Wisconsin in 2017 (Table 6), only 4.8% of Wisconsin households had a total income in the range of \$10,000-\$14,999, compared to 15% of Ho-Chunk Nation respondent households. These data



demonstrate the income disparities between Ho-Chunk Nation people living in Wisconsin compared to other people in the same region.

Given that each enrolled Ho-Chunk Tribal member should at least have \$12,000 per year in per cap income, if no other income was reported, a question remains about how to understand the data concerning 6% of respondents reporting less than \$10,000 income per year (Table 5). This may reflect respondents' perceptions of income and if they have their per cap utilized for bills or child support they may not consider it as true income.

Ho-Chunk Nation households varied in the number of household members supported, and a breakdown of household incomes by the number of household members revealed that at least 8% of single-member households, 21% of 2-member households, 14% of 3-member households, 27% of 4-member households, 28.5% of 5-member households, a third of 6-member households live in impoverished conditions, where the poverty threshold as a function of number of persons per household is defined according to the federal poverty limits data [3].

Table 5. Household Income Distribution. The “overall” column includes “District 4”.

	District 1	District 2	District 3	Overall
Less than \$10,000	4 (3.1%)	9 (6%)	4 (7.6%)	21 (5.6%)
\$10,000 to \$14,999	22 (17.2%)	17 (11.3%)	8 (15.1%)	57 (15.2%)
\$15,000 to \$24,999	20 (15.6%)	18 (11.9%)	6 (11.3%)	49 (13.1%)
\$25,000 to \$34,999	25 (19.5%)	39 (25.8%)	12 (22.6%)	80 (21.3%)
\$35,000 to \$49,999	25 (19.5%)	27 (17.9%)	8 (15.1%)	64 (17.1%)
\$50,000 to \$74,999	18 (14.1%)	23 (15.2%)	7 (13.2%)	58 (15.5%)
\$75,000 to \$99,999	5 (3.9%)	7 (4.6%)	7 (13.2%)	20 (5.3%)
\$100,000 or more	9 (7.1%)	11 (7.3%)	1 (1.9%)	26 (6.9%)
	128	151	53	375

Table 6. Wisconsin Household Income Proportion In The Past 12 Months in 2017 (Inflation-adjusted dollars)

Income range	Wisconsin	Ho-Chunk Nation Respondents
<\$10,000	5.2%	6%
\$10K-\$14.999	4.8%	15%



\$15K-\$24.999	10%	13%
\$25K-\$34.999	10%	21%
\$35K-\$49.999	13.9%	17%
\$50K-\$74.999	19.3%	15%
\$75K-\$99.999	13.7%	5%
>\$100K	22.9%	7%

Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates [4]

VII. Perspectives on community health

This section highlights Ho-Chunk Nation respondents' perceptions of: (1) the most important issues affecting their quality of lives, (2) health services needing the most improvement in their communities, (3) health topics Ho-Chunk Nation children need more information on, (4) environmental health concerns.

1. Issues affecting quality of life.

When respondents were asked to indicate their level of disagreement or agreement with regards to particular quality of life statements, most responses within each district fell between "neutral" and "agree" regarding whether respondents' county-of-residence has good healthcare, is a good place to raise children, is a good place to grow old, has plenty of economic opportunity, is a safe place to live in and has plenty of help for people during times of need.

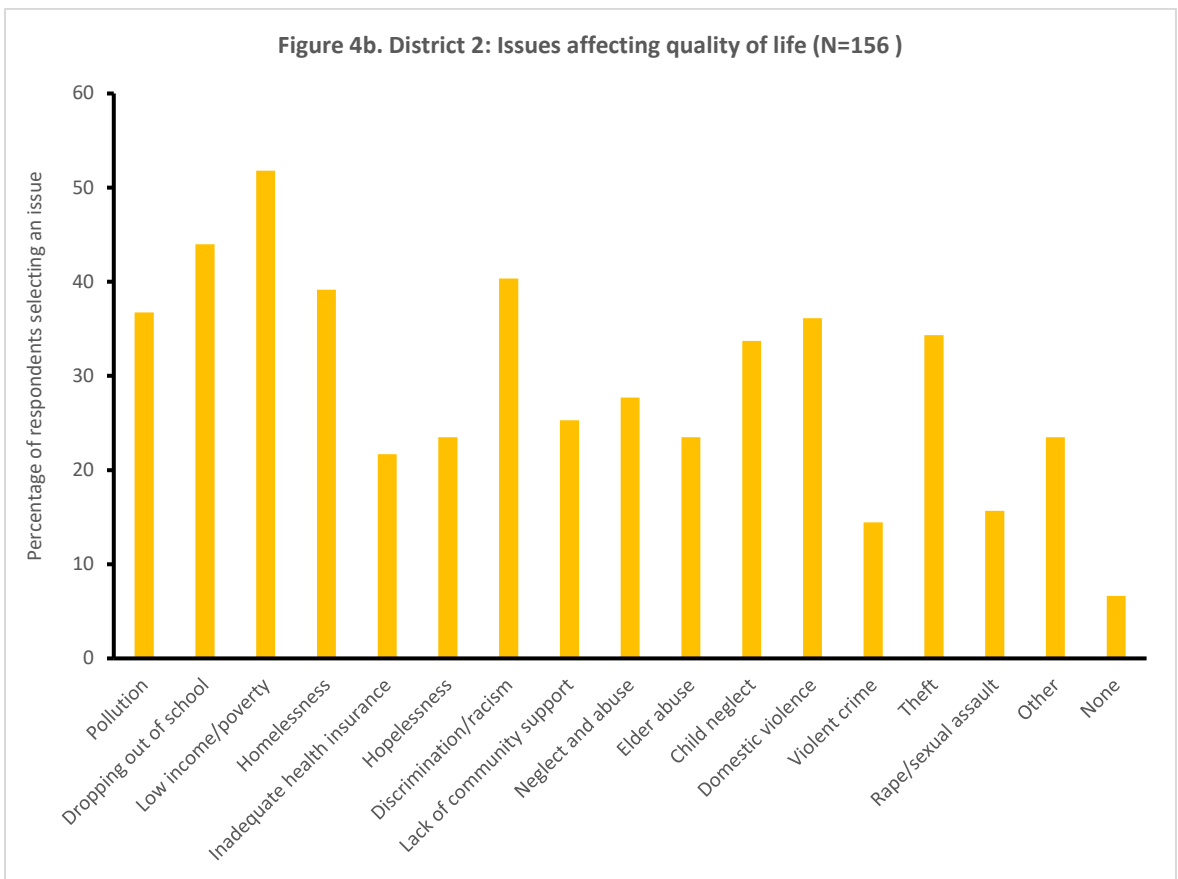
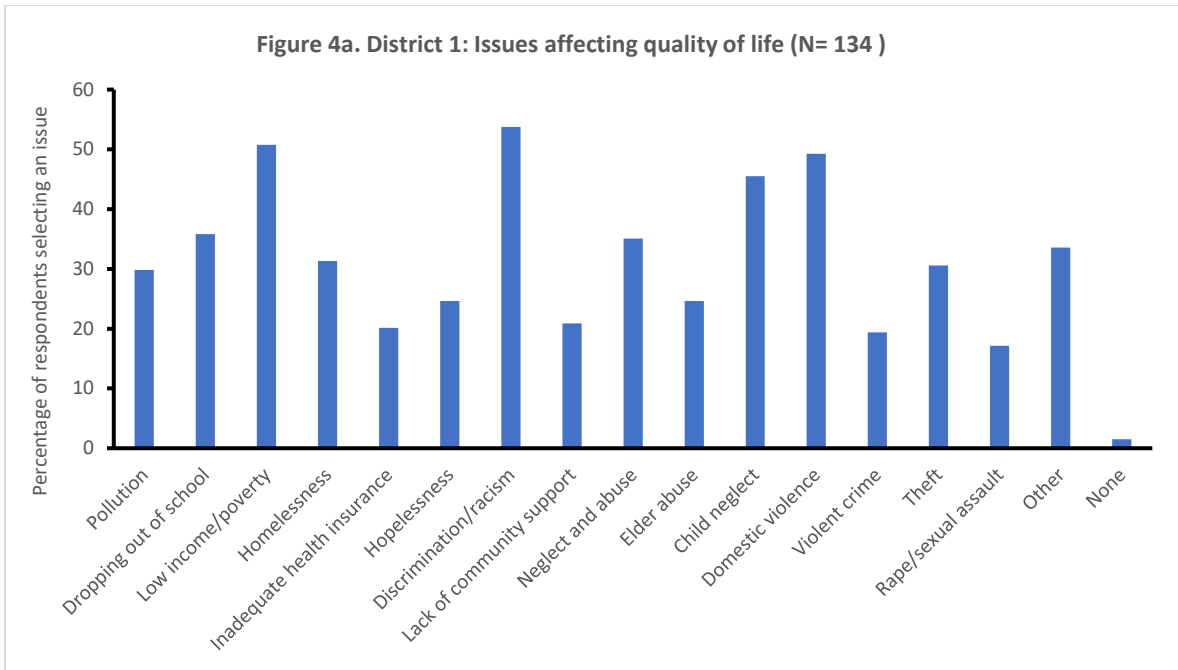
By contrast, when respondents were asked to indicate which of the listed factors affect their quality of life the most (Figure 4a-d below), the following top three district-specific issues emerged in rank-order of importance:

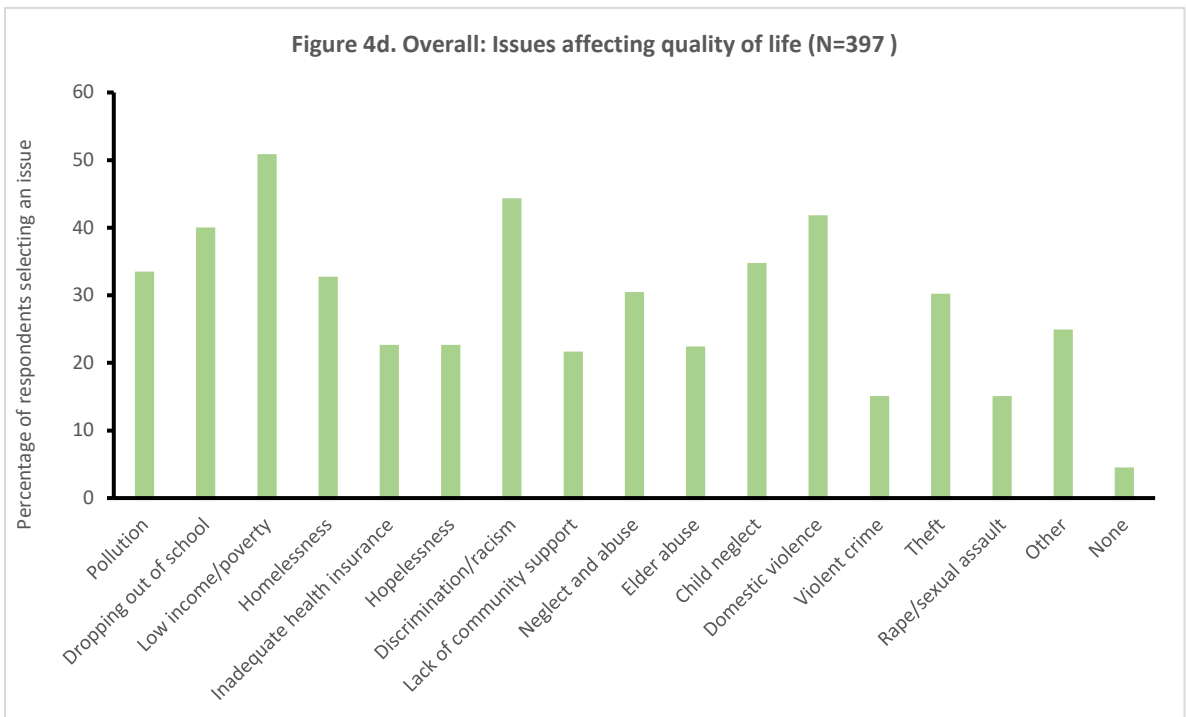
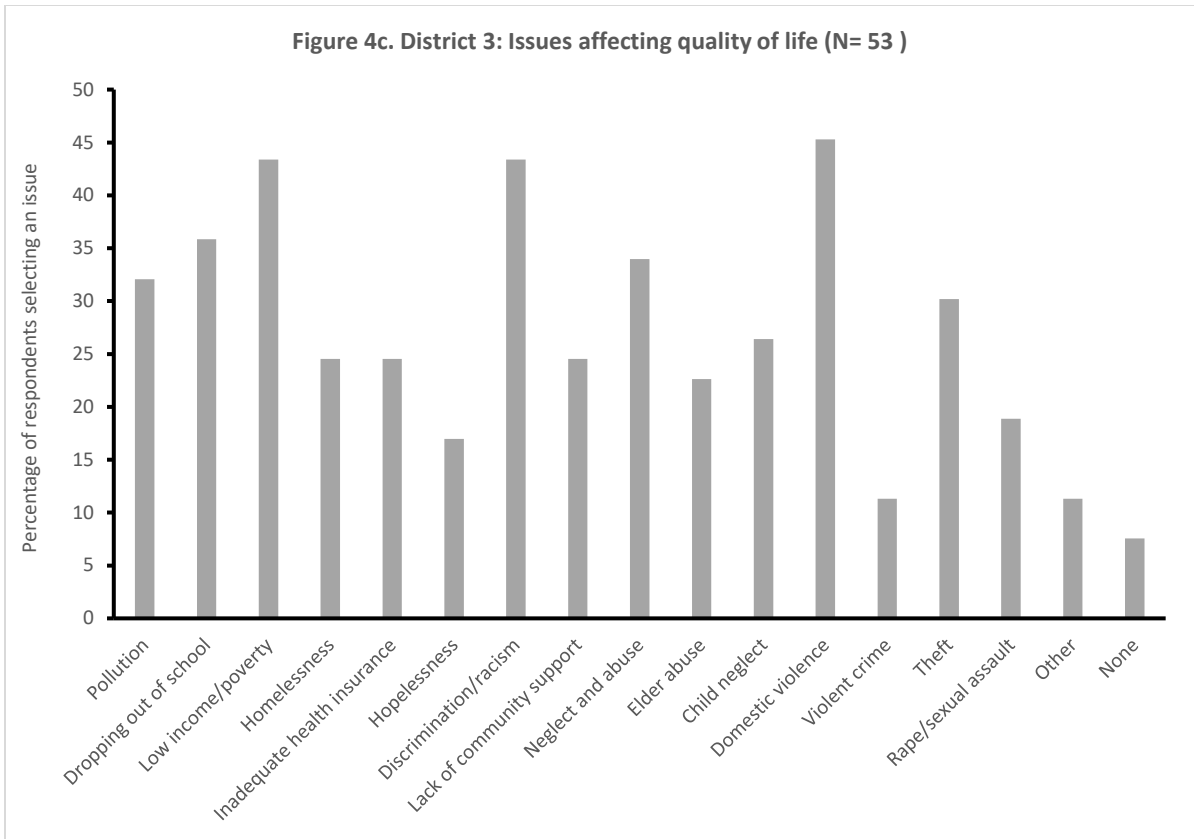
District 1: 1. Discrimination/racism, 2. Low income/poverty, 3. Domestic violence

District 2: 1. Low income/poverty, 2. Dropping out of school, 3. Discrimination/racism

District 3: 1. Domestic violence, 2. Discrimination/racism, 3. Low income/poverty

Overall: 1. Low income/poverty, 2. Discrimination/racism, 3. Domestic violence



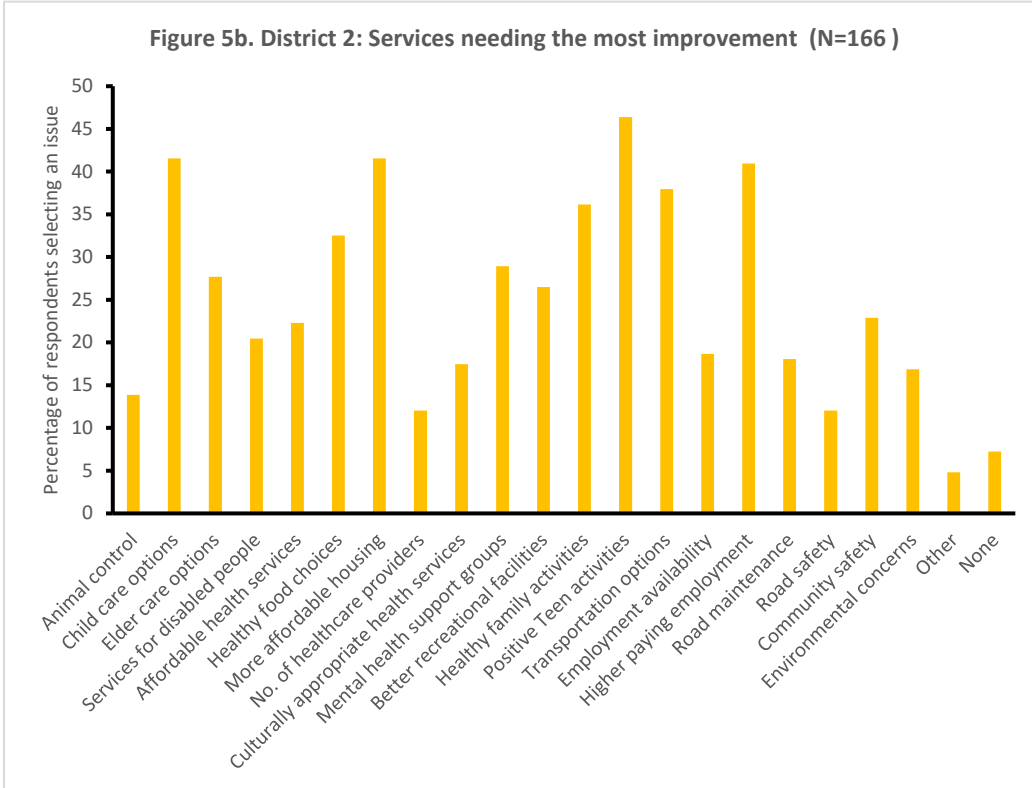
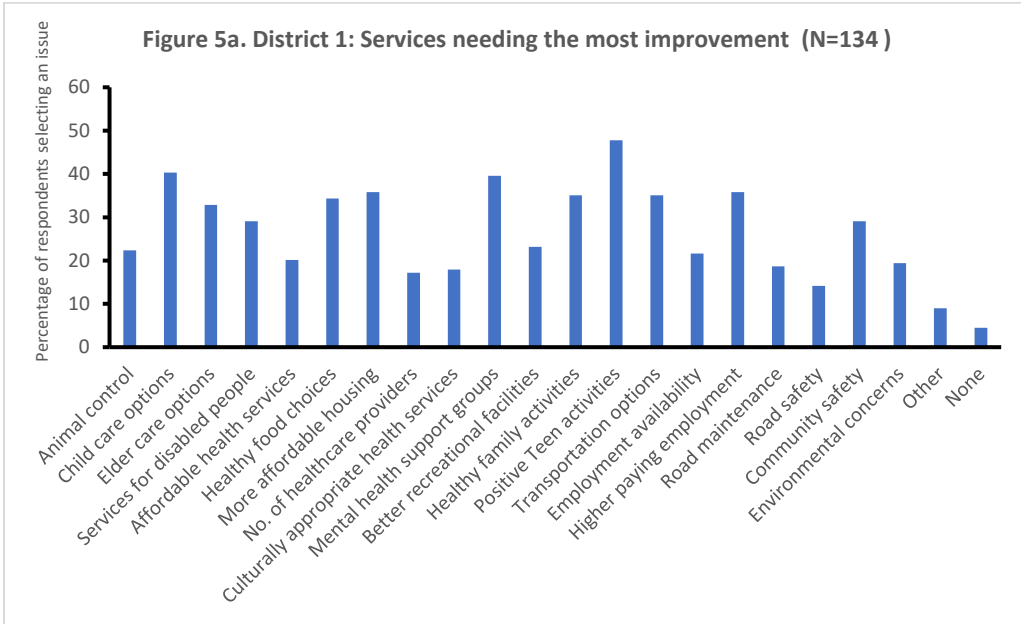


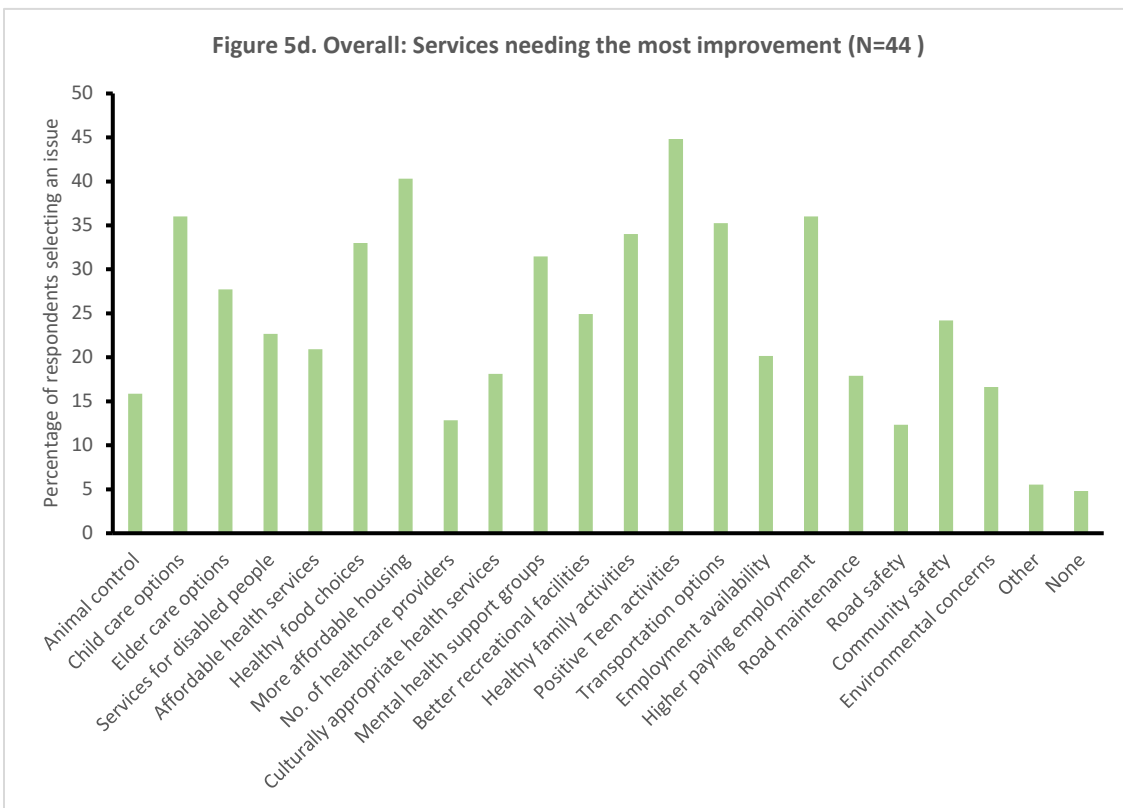
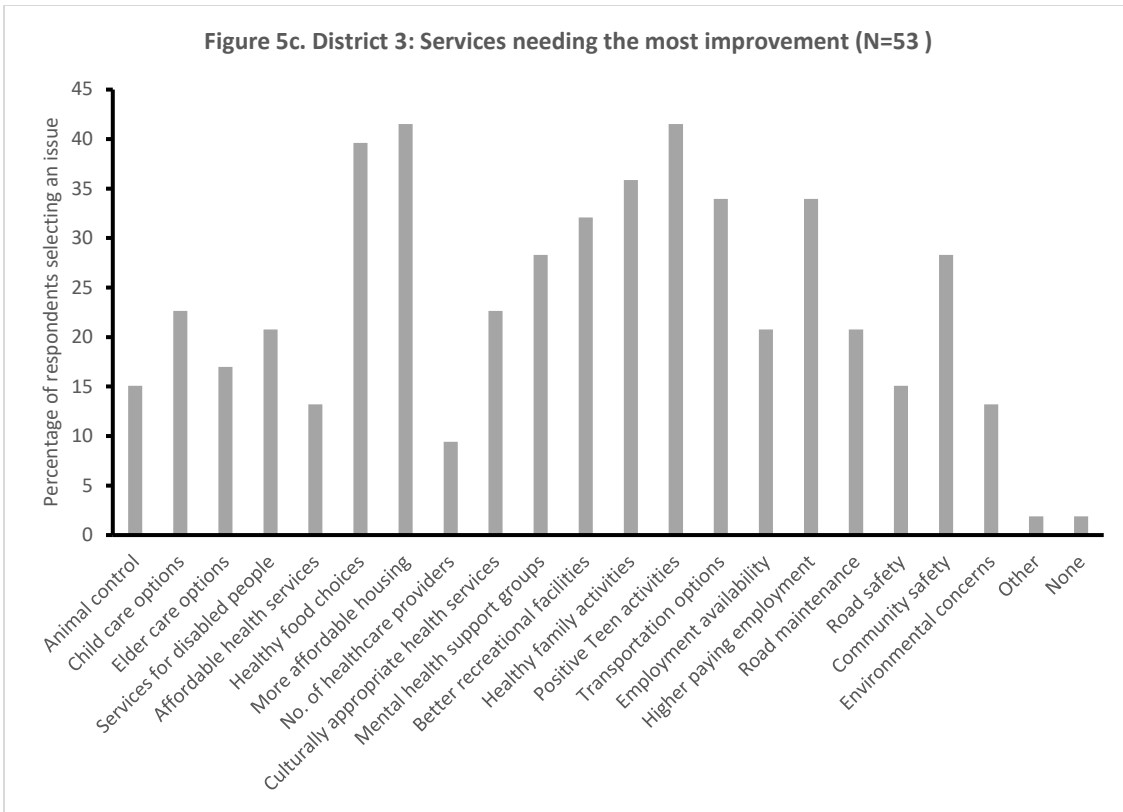
It is clear that discrimination/racism and low income/poverty are perceived as key issues affecting quality of lives in all three Ho-Chunk Nation districts in Wisconsin. Domestic violence emerged as an issue of concern for respondents in Districts 1 and 3, whereas



District 2 respondents perceived “Dropping out of school” as a distinct factor affecting their quality of lives.

2. Services needing the most improvement in Ho-Chunk Nation communities.

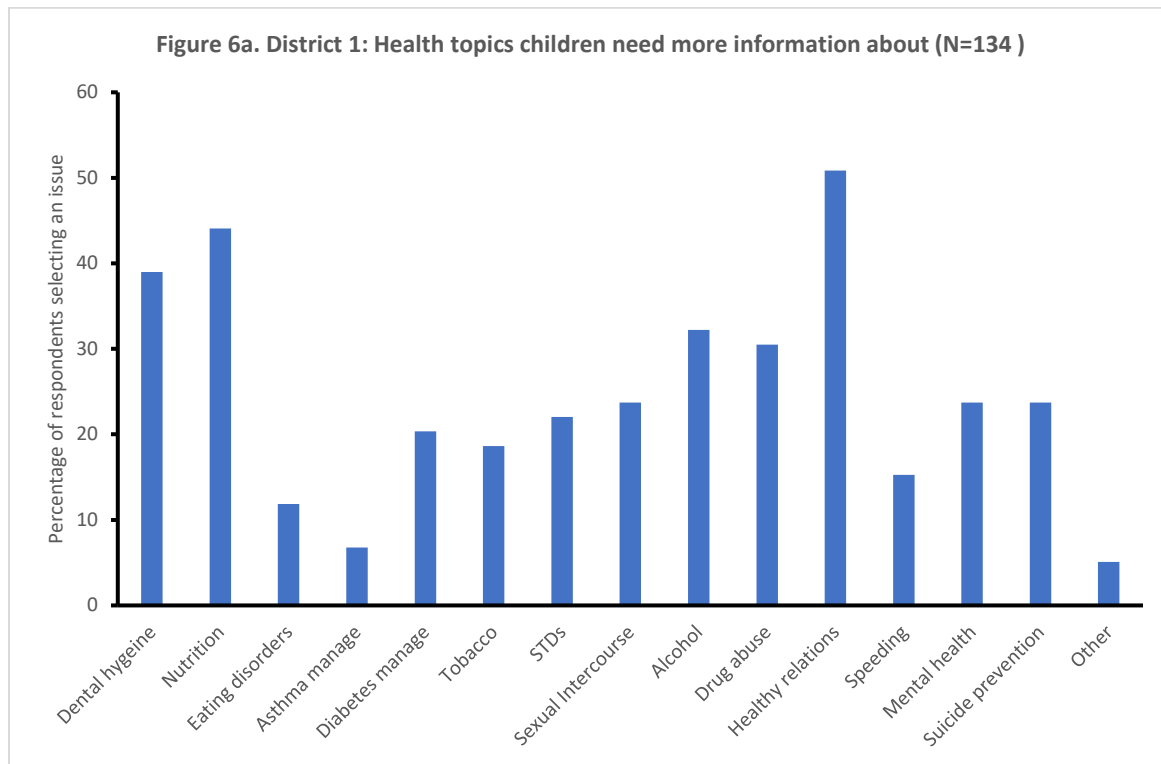


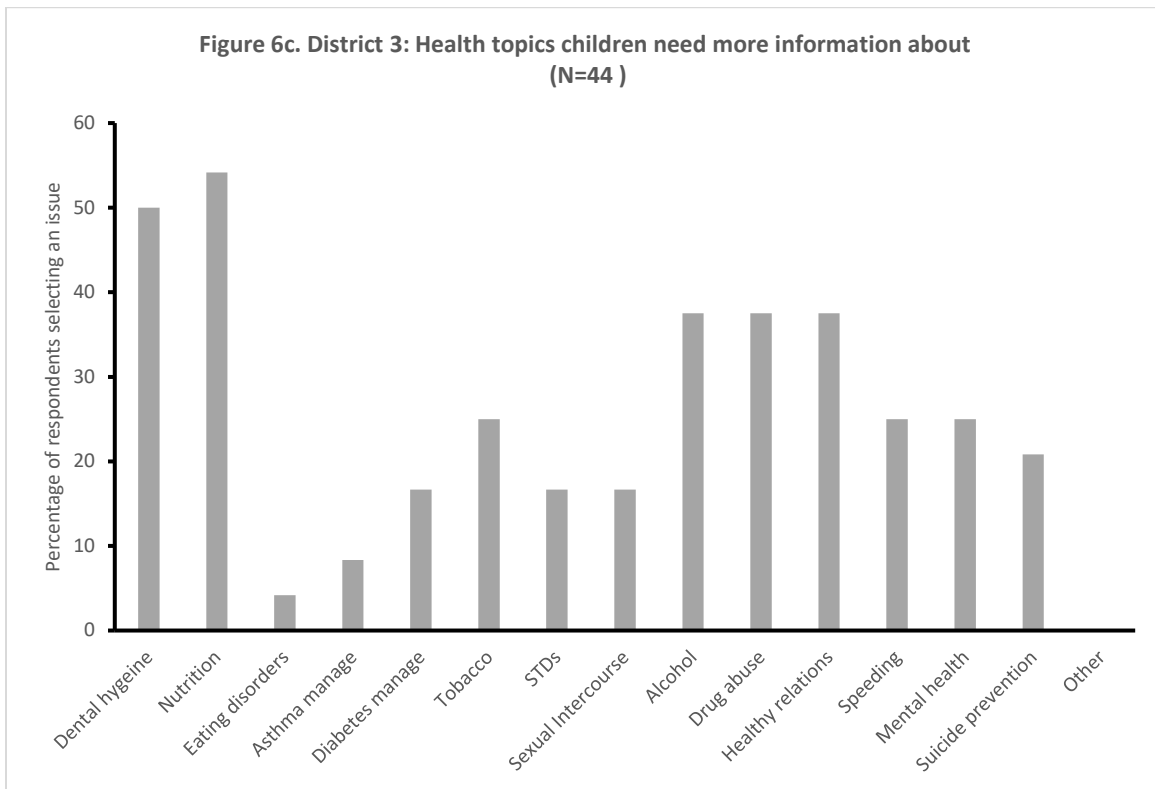
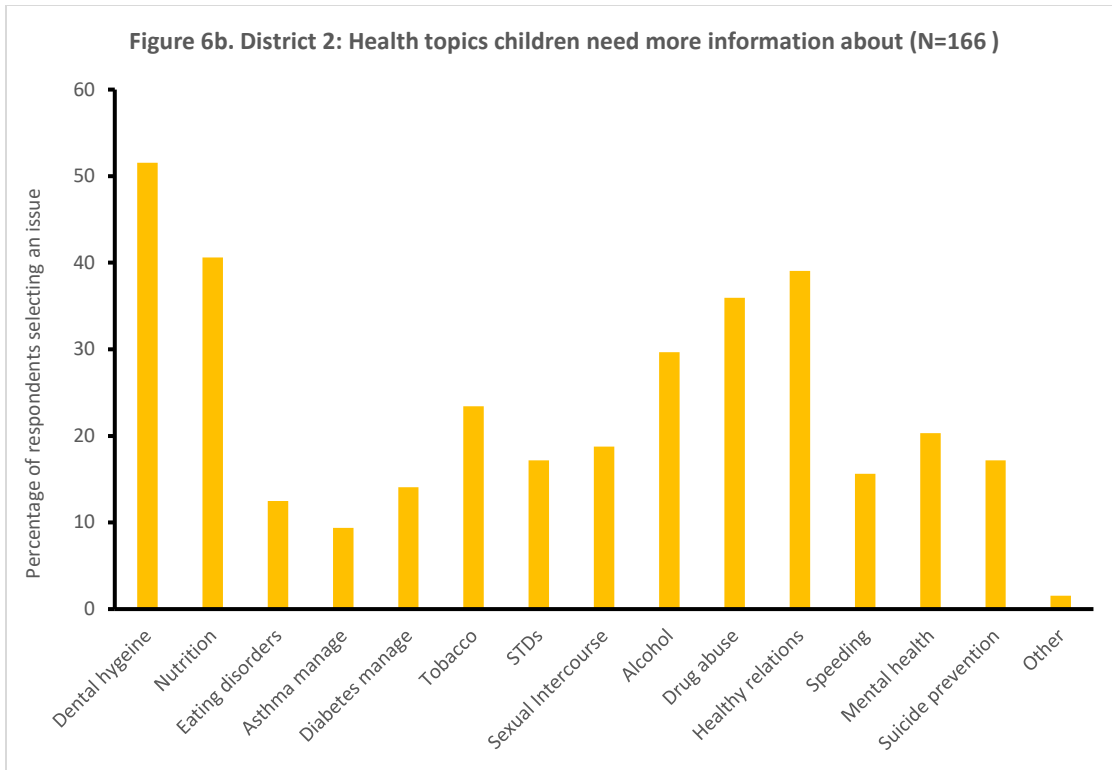


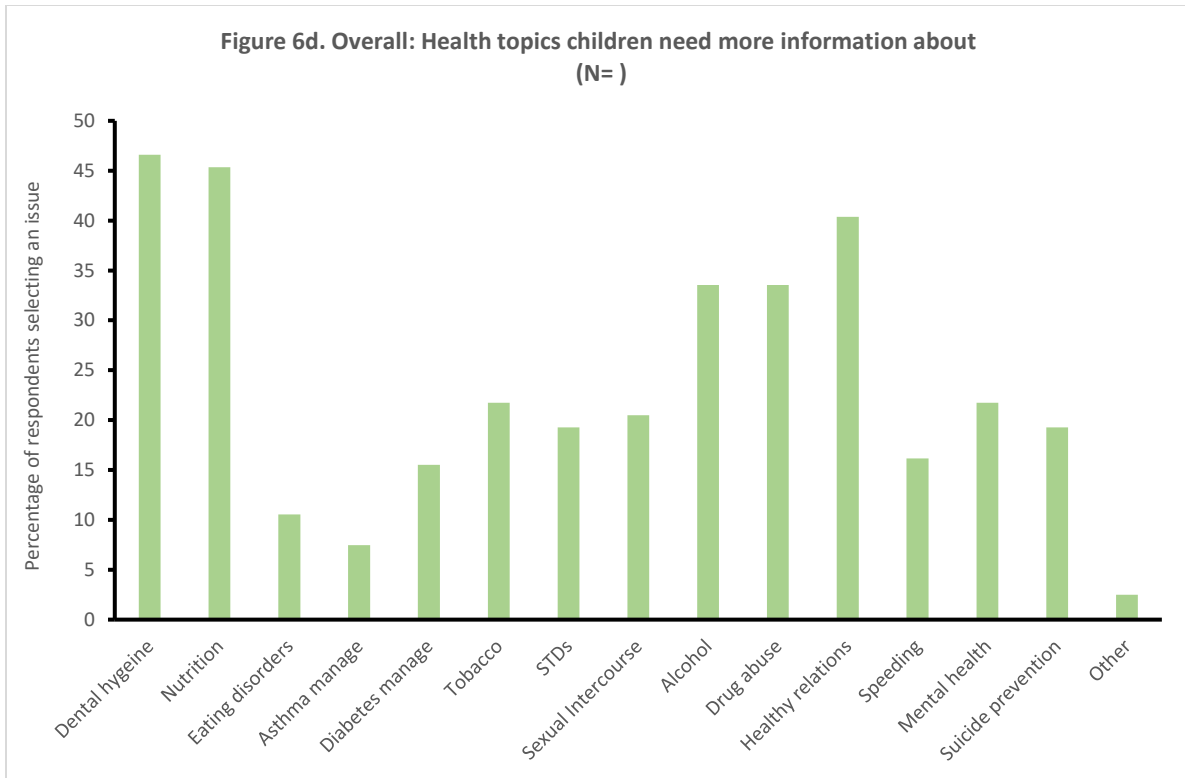


A community health assessment can be an important tool to gauge community members' perceptions of services needing the most improvement. In all three CHSDA districts, the most common response among Ho-Chunk Nation respondents was the need for improved services around "positive teen activities" (Figure 5a-d). Child-care options and more affordable housing were ranked highly in both Districts 1, 2 and 3 as other services needing most improvement. Some district-specific issues also emerged, with District 1 respondents noting the need for improved services regarding Mental health support groups, District 2 respondents wanting better services around Higher paying employment, and District 3 respondents noting the need for Healthy food choices and Healthy family activities.

3. Health topics children need more information about







Children are the future of any community and gauging their needs are especially important parts of community health assessments. When Ho-Chunk Nation participants to the CHA were asked about health topics children in their communities need more information about, their responses varied somewhat according to their situatedness in particular districts. A greater need for topics concerning “Healthy relationships” was a top priority for District 1 respondents. “Dental hygiene” was the biggest concern for District 2 residents, while “Nutrition” emerged as a top priority for District 3 respondents. Dental hygiene was among the top three concerns for respondents from District 1 and District 3 as well, and “Nutrition” figured as a top-three concern for District 1 respondents too. Interestingly, alcohol, drug abuse and healthy relationships were equally of concern for District 3 respondents.

4. Environmental health concerns

Aspects of peoples’ built environments can be sources of health concern, such as polluted air, contaminated water, appropriate waste disposal mechanisms, etc. Mold was the biggest environmental health concern for respondents from Districts 1 and 2 (Figures 7a-b). “Clean drinking water” was the biggest issue for District 3 respondents, and a top-three concern for District 1 and District 2 respondents. It remains to be determined whether Ho-Chunk Nation respondents are having trouble accessing clean drinking water or whether clean drinking



water is available and was simply noted as being a major environmental health priority. Mosquito and tick-borne illnesses were a major environmental health concern for respondents from all CHSDA and non-CHSDA districts.

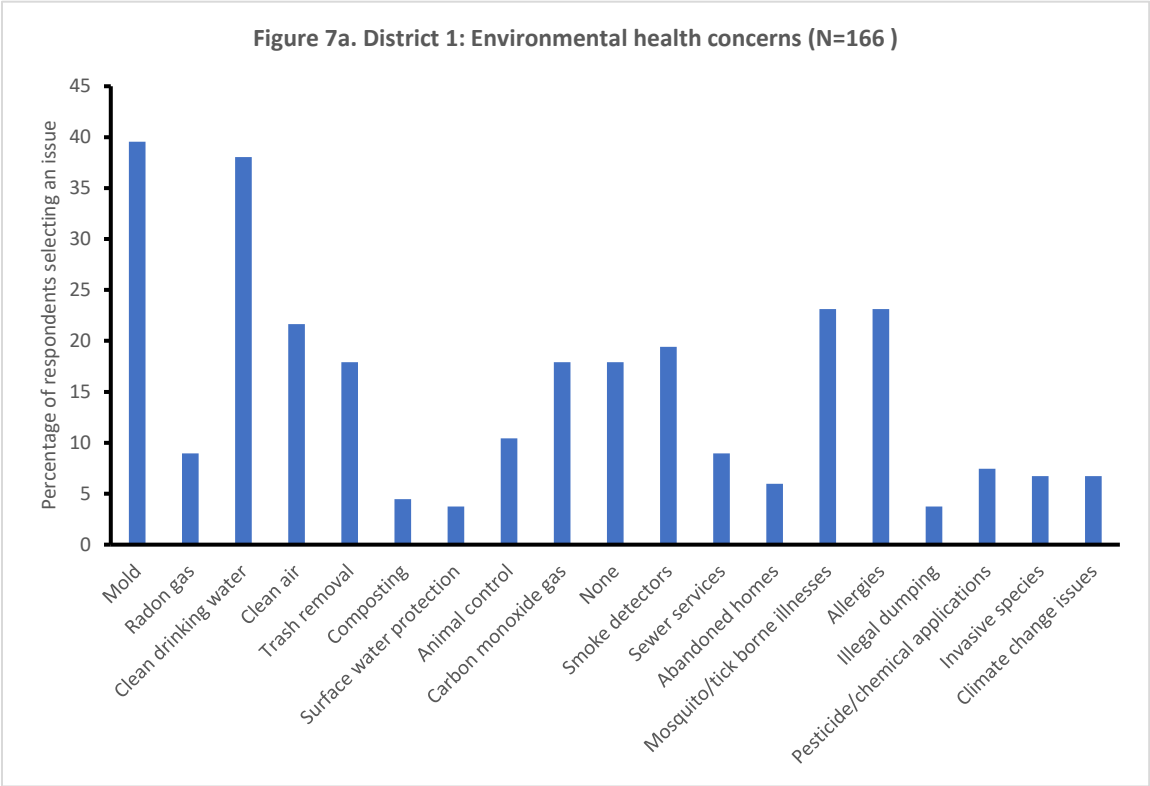




Figure 7b. District 2: Environmental health concerns (N=166)

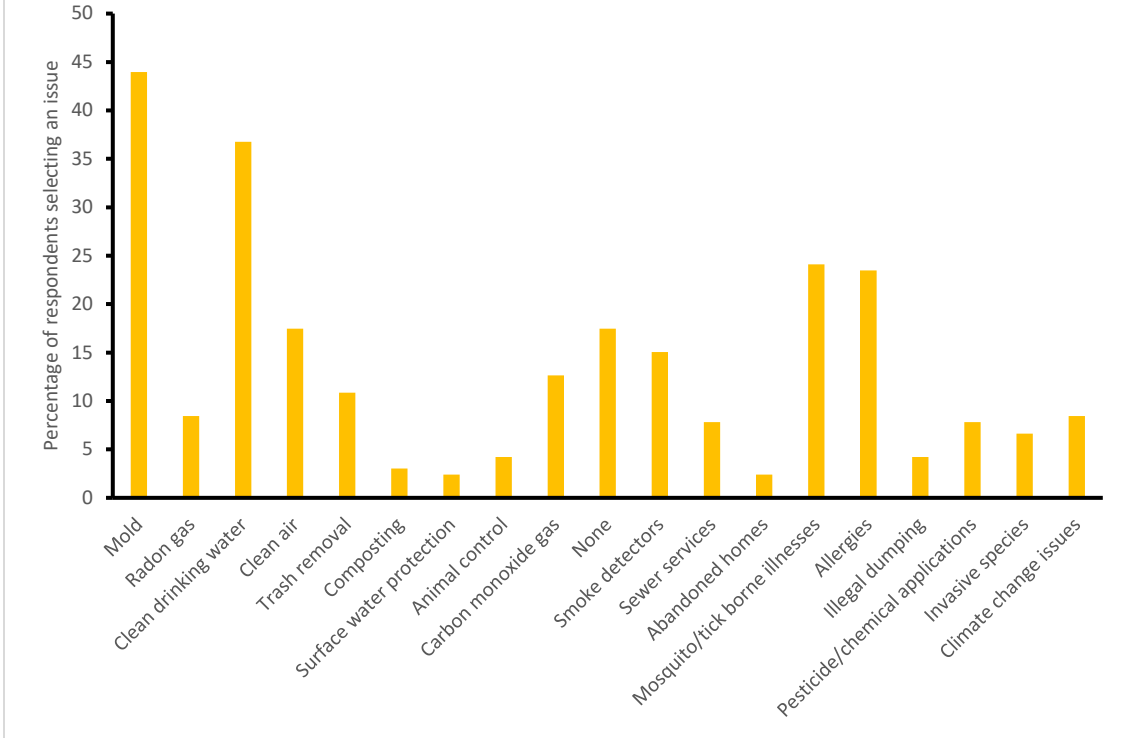
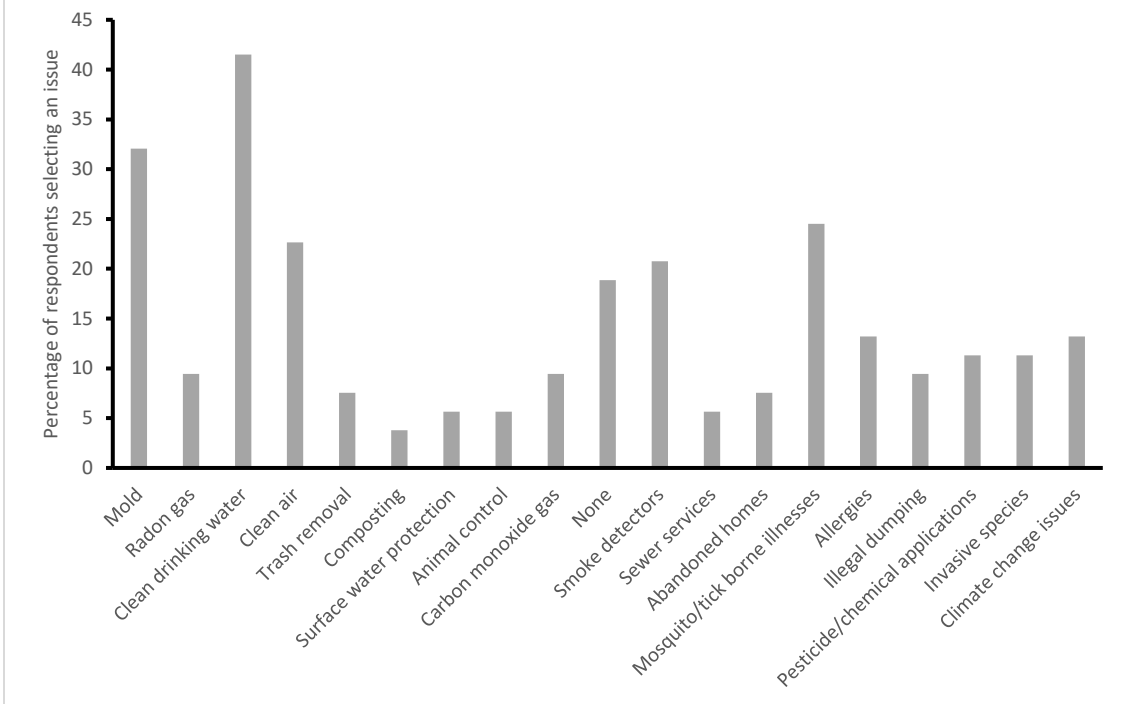
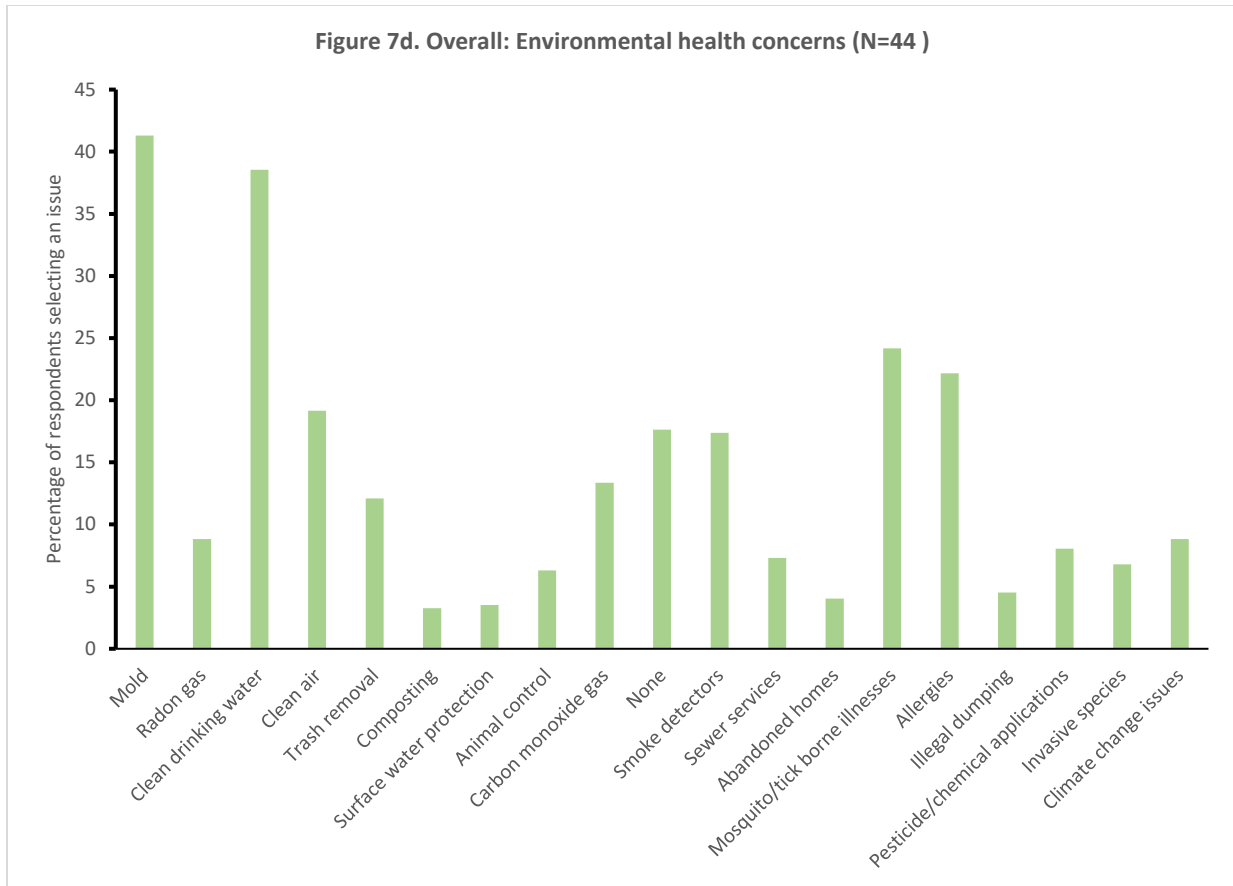


Figure 7c. District 3: Environmental health concerns (N=53)





VIII. Personal health

Ho-Chunk Nation CHA survey respondents had the opportunity to report about general and specific aspects of their personal health status, health behaviors and sources of health information and health insurance.

1. General health status

Table 7. General Health Status.¹

	District 1	District 2	District 3	Overall
Excellent	9 (7%)	16 (10.3%)	0	27 (7.2%)
Very good	26 (20.3%)	33 (21.1%)	6 (11.3%)	70 (18.6%)
Good	59 (46.1%)	48 (30.8%)	29 (54.7%)	152 (40.3%)
Fair	27 (21.1%)	46 (29.5%)	17 (32%)	103 (27.3%)
Poor	6 (4.7%)	11 (7%)	1 (2%)	22 (5.8%)

¹ Self-rating of health on a scale where 1=excellent, 2 =very good, 3=good, 4=fair and 5 = poor.



Don't know/Not sure	1 (0.8%)	2 (1.3%)	0	3 (0.8%)
	128	156	53	377

Self-assessed health status has been validated as a useful indicator of health for a variety of populations and allows for broad comparisons across different conditions and populations. When Ho-Chunk Nation survey participants were asked to rank their general health on a scale from “Excellent”, “Very good”, “Good” “Fair” to “Poor”, their average responses clustered tightly around “Good”, within each CHSDA and non-CHSDA area (Table 7). Self-assessed health status is a measure of how an individual perceives his or her health—rating it as excellent, very good, good, fair, or poor. 33% of Ho-Chunk respondents noted their health to be fair or poor compared to 9.5% of individuals in the United States reporting in 2007 [4].

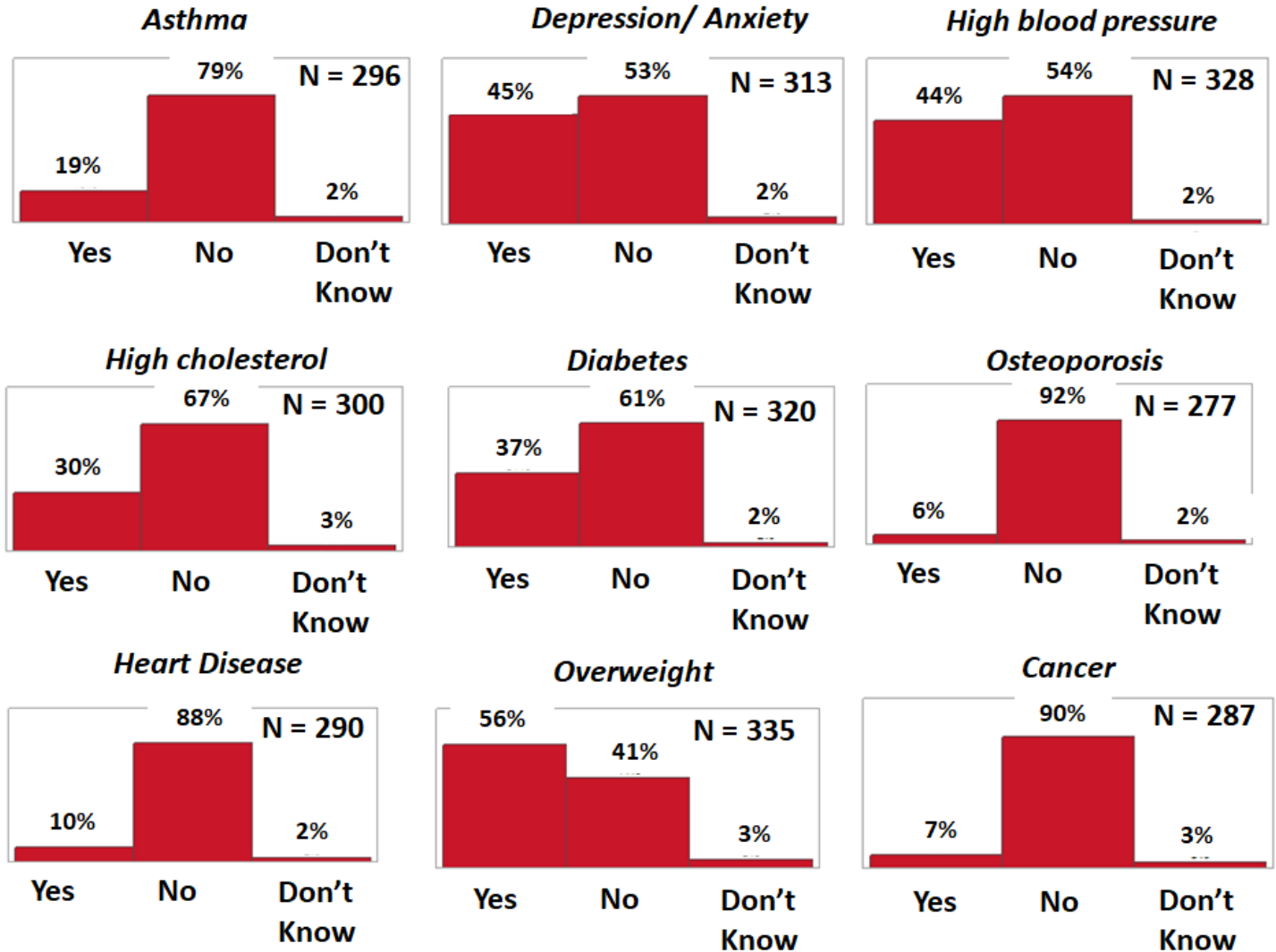
2. Personal Health Conditions





Figure 8. Specific health conditions among Ho-Chunk Nation respondents identified by a doctor, nurse or other health professional.

Ho-Chunk Nation respondents to the CHA survey were asked to indicate Yes (=1) or No (=2) or Don't know (=3) in response to whether a doctor, nurse or health professional had identified any



one of the following specific health conditions in them: Asthma, Depression/Anxiety, High blood pressure, High Cholesterol, Diabetes, Osteoporosis, Heart Disease, Overweight, and Cancer. 19% of respondents reported having **Asthma**. As a comparison, according to the Wisconsin Department of Health Services, 9.5% of adults experienced asthma in Wisconsin in 2017 [5], and 18% of Native Americans in Wisconsin had adult asthma in 2017. A striking 45% of the respondents reported having clinical **depression and/or anxiety**, compared to 21% of American Indian adults in Wisconsin reporting being diagnosed with a lifetime depressive disorder [6]. According to the Anxiety and depression association of America, anxiety disorders are the most



common mental illness in the U.S., affecting 40 million adults in the United States age 18 and older, or 18.1% of the population every year [7]. 37% of respondents reported suffering from Diabetes, compared to 9.4% of the U.S. population having diabetes, according to the Center for Disease Control's 2017 National Diabetes Statistics Report [8]. 56% of Ho-Chunk Nation respondents reported being overweight, which was comparable with national averages that show 64% of adults as either overweight or obese [9].

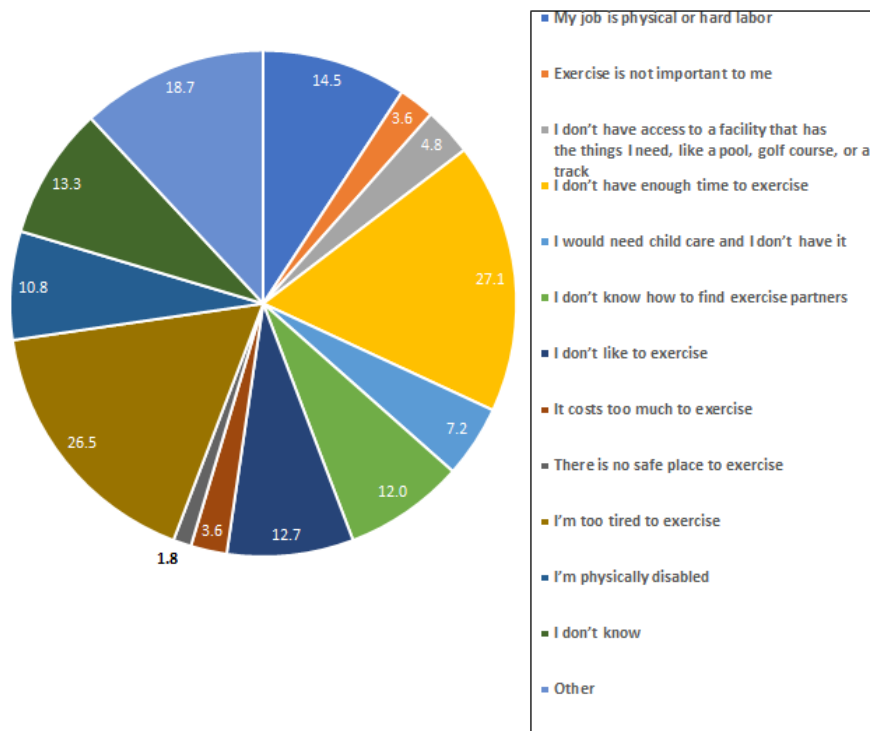
3. Health Behaviors

a. Exercise

Close to 50% of respondents identified themselves as exercisers, meaning those who engaged in any physical activity or exercise that lasts at least a half an hour during a normal week. Exercisers in every district identified their homes as the most common place to exercise or engage in physical activity. Parks and "other" places were the most commonly preferred alternatives to Homes in all CHSDA and non-CHSDA areas.

b. Reasons for not exercising

Figure 9. Reasons for not exercising



Among those who responded that they did not engage in any physical activity or exercise for at least a half an hour during a normal week, the highest proportion of respondents (27%) cited "I don't have enough time to exercise" as a reason for not exercising. "I am too tired to exercise"



was the second-most common reason among Ho-Chunk Nation survey respondents for not engaging in exercise (Figure 9).

c. Smoking

Table 8. Smoking and Non-smoking in the Ho-Chunk Nation

	District 1	District 2	District 3	Overall
Smoking	61 (47%)	77 (48%)	19 (36%)	167 (43%)
Non-smoking	69 (53%)	83 (52%)	34 (64%)	218 (57%)
Total	130	160	53	385

43% of Ho-Chunk Nation respondents reported smoking behavior. Districts 1 and 2 had higher proportions of smoking Ho-Chunk Nation members compared to District 3 and non-CHSDA areas.

Furthermore, compared to the county-wide proportions of smokers from counties in Districts 1, 2 and 3 between 2006-2008, which includes non-Ho-Chunk people (Table 9), the proportions of Ho-Chunk Nation smokers in Districts 1, 2 and 3 were much higher.

Table 9. County-wide proportions of smokers compared to Ho-Chunk smokers²

District	Smoking (Percent)	Ho-Chunk Smoking (Percent)
1	19.3	47
2	21.4	48
3	20	36

d. Second-hand smoke exposure. Exposure to second-hand smoke can be harmful to lung and bodily health. A striking 76% of survey respondents reported being exposed to second-hand smoke. Casinos were by far the most common places of exposure to second-hand smoke in each of the CHSDA districts. Homes and workplaces were the second- and third-most common places of exposure to second-hand smoke in each of the CHSDA districts.

e. Places visited most often for receiving health care

² The latest official data on county-wide smoking rates is from 2006-2008 in current CHSDA counties. Numbers for districts were calculated from all-county percent data in the Wisconsin Interactive Statistics on Health (WISH) Data query system [10].



Table 10. Places visited most often for receiving health care

	District 1	District 2	District 3	Overall
Doctor's office	25 (23%)	24 (19%)	14 (36.8%)	80 (26%)
HHCC	50 (46%)	10 (7.9%)	2 (5.3%)	62 (20%)
HOW Clinic	3 (2.7%)	53 (41.7%)	13 (34.2%)	71 (23%)
Hospital	1 (0.8%)	5 (3.9%)	0	7 (2%)
Medical Clinic	21 (19.3%)	16 (12.6%)	3 (7.9%)	48 (16%)
Urgent Care Center	6 (5.5%)	9 (7.1%)	2 (5.2%)	21 (7%)
Other	3 (2.7%)	10 (7.8%)	4 (10.6%)	19 (6%)
Total	109	127	38	308

In District 1, Ho-Chunk residents who took the CHA survey reported visiting the Ho-Chunk Health Care Center (HHCC) in Black River Falls (Jackson County) most often when they felt sick (Table 10). District 2 residents, by contrast, visited the House of Wellness (HOW) Clinic in Wisconsin Dells the most often. Interestingly, District 3 residents reported visiting the Doctor's office most often, with the HHCC being a close second in terms of places most visited when feeling sick. Overall, the Doctor's office was the most common place for Ho-Chunk respondents to receive health care.

IX. Community Health Listening Sessions

Building on the above results of the CHA survey, the Ho-Chunk Department of Health sought face-to-face input from Ho-Chunk Nation community members living in CHSDA counties regarding their community health strengths and needs. The specific goals of the listening sessions were to:

1. Identify and discuss community health strengths and needs
2. Link socioeconomic factors to the health of each community
3. Gather input from a variety of diverse voices
4. Inform future public health programs and other community initiatives to promote and protect the health of and prevent disease in our communities.



Community members were given the opportunity to learn about existing health programs and give their input on the direction the department should follow in the future (See Appendix A for agenda and list of specific questions that were discussed during each listening session).

Five listening sessions were held in:

- 1) Nekoosa, Wisconsin on April 30, 2019
- 2) Tomah, Wisconsin on May 1, 2019
- 3) Black River Falls, Wisconsin on May 8 2019
- 4) House of Wellness, Wisconsin Dells on May 20, 2019, and
- 5) Wittenberg, WI on May 22, 2019

Community members were recruited from May 2019 onward with the help of a Listening Sessions Notice announcing the listening sessions that was broadcasted on various online, print and social media channels. The recruitment process included a “Fact Sheet” highlighting some of the emerging results of the CHA survey. In this way, the recruitment process also served as a vehicle communicating the emerging results of the CHA survey to Ho-Chunk Nation community members and the listening sessions served as a way to gather qualitative data on community input regarding the CHA survey results. Recruited attendees were provided with the option of \$20 gas card to compensate for their transportation costs. **A methodological limitation of the listening sessions was the relatively low number of attendees.** The key results are summarized below (see Appendix B for more comprehensive table of results):

In addition to reinforcing the emerging results of the survey data, the listening sessions highlighted the following topics needing sustained attention:

- (1) mental/behavioral health and relationships among Ho-Chunk young adults and teens:** Participants from multiple Ho-Chunk communities expressed concern about youth at risk of drug and alcohol abuse, suicide, diabetes and obesity. Children are finding needles and drugs in their backyards, while at the same time facing increasing social isolation due to social pressures to appear successful, especially in the era of social media. Intergenerational and peer-to-peer racism and social estrangement in schools, as well as the lack of sufficient role models and support systems for youth in Ho-Chunk communities were seen as factors influencing the mental/behavioral risks facing youth, especially in Black River Falls, Dells and Tomah.
- (2) developing equitable access to adequate healthcare services and fitness facilities for ALL Ho-Chunk communities:** Participants from multiple Ho-Chunk communities expressed



concerns about not having sufficient access to appropriate healthcare services and fitness facilities. For example, community members in places such as Wittenberg felt that in order to see a doctor they needed to drive 20-30 miles away. Without access to vehicles, it is difficult, especially for families with young children, to be able to factor in the time and effort to see a doctor. Similarly, access to healthy, fresh foods was seen as a problem. The food obtained through the Commods program was felt to be too processed (e.g. canned), especially in light of the high rates of diabetes, obesity and other diseases affected by fast food diets in Ho-Chunk communities.

(3) fostering more effective means of communication regarding health-related services and resources available to various Ho-Chunk communities: Participants from multiple Ho-Chunk communities expressed concerns about various aspects of communication contributing to health problems in Ho-Chunk communities. People expressed a lack of awareness about offerings by the Health Department, such as the Purchase and Referred Care program and the ability to receive over-the-counter medications free-of-cost from involved pharmacies. Participants recommended diversified modes of communication including newsletters, flyers, email, social media, website and door-to-door strategies. Hocak Worak was suggested a great way to get the word out about activities that are being planned in Ho-Chunk areas.

(4) better community-building strategies: lack of sufficient community was a common issue that cropped up in the listening group sessions. Participants pointed to the relative dearth of participants in the listening group sessions as being characteristic of community events. While there was a broad consensus that there were sufficient resources available for people to be healthy, what was lacking was for community members to take initiative and help others who are unwilling or unable to utilize the available resources for a variety of reasons. For example, Nekoosa members noted the need for male volunteers working in social services to coordinate activities, and support teen male youth, but barriers include time and transportation.

(5) leveraging cultural traditions such as Ho-Chunk food to foster a healthy living and healthy community relationships: Several participants from different communities noted the need to foster positive and age appropriate health activities tied to culture such as traditional Dress making. Participants from Black River Falls recommended a Big Brother, Big Sister mentoring program for helping teen youth to positively address behavioral/mental health issues. Others saw connecting to Ho-Chunk traditions as a way to access “real”, healthy food without steroids, antibiotics and industrial processing and thus reduce diabetes and other diet-related disorders.



X. Conclusions of the CHA report

This CHA report commissioned by the Ho-Chunk Health Department highlighted the community and personal health aspects of contemporary Ho-Chunk communities with a focus on CHSDA counties in Wisconsin. The primary quantitative data for the CHA was gathered based on a systematic survey that was conducted in 2017. Key survey results on demographics and health were given additional context and meaning with comparative secondary data gleaned from the databases of the U.S. Census Bureau, the Wisconsin Department of Health Services, and the Centers for Disease Control. Further primary qualitative data was gathered through a series of community health listening sessions in April-May 2019. The demographic results showed wide disparities on household incomes between Ho-Chunk people living in Wisconsin compared to rest of the people in the State of Wisconsin, with a much larger percentage of Ho-Chunk households earning below \$25,000 annually, and a much lower proportion of Ho-Chunk households earning above \$100,000 annually. Such income disparities and low household incomes, especially when households are supporting multiple family members, can affect the quality of health and healthcare that people can reasonably access. Indeed, survey respondents noted low income/poverty as one of the most pressing issues affecting the health and well-being of their communities. Discrimination/racism was another crucial issue that emerged as a factor affecting Ho-Chunk community health. In the listening sessions, attendees spoke at length about ongoing and persistent experiences of racism and discrimination, especially faced by their children in public schools. Experiences of racism, discrimination and bullying can lead to mental and behavioral health issues such as depression/anxiety as well as affect personal relationships, which can trigger further negative health behaviors and outcomes [11]. In this context, the survey and listening sessions highlighted the urgent need for better mental health services-- especially in District 1 counties (Clark, Eau Claire, Jackson, Marathon). An urgent need was also consistently noted in the survey and listening sessions for fostering support structures that develop positive relationships among Ho-Chunk teens, who may be troubled by racism, substance abuse and domestic violence. Attendees of the listening sessions especially noted the crucial need for positive male role models for boys and the strategic use of Ho-Chunk cultural traditions to foster safe spaces for young adults to mature in healthy ways.

The personal health section of the CHA survey was noteworthy for showing the health disparities in proportions of adults suffering from asthma and depression/anxiety that exist between Ho-Chunk communities in Wisconsin compared to all other communities in Wisconsin. The survey and listening sessions showed a persistent concern about levels of exercise and



physical activity and the existing barriers exercising. Similarly, the survey showed large disparities in the levels of smokers within the CHSDA Ho-Chunk counties, compared to the total populations living in these same counties. Since more than 3/4th of the survey respondents had noted exposure to second-hand smoke, especially in Ho-Chunk casinos, listening session attendees were asked about their opinions about a ban on smoking in casinos. Support for a complete ban was tepid, although most participants were willing to consider technical fixes such as better air filtration units and isolating a part of the casinos for non-smokers.

The Ho-Chunk Health Department's fitness services were greatly appreciated, especially in Black River Falls and Wisconsin Dells. Members in other Ho-Chunk communities such as Wittenberg asked for comparable healthcare and fitness facilities closer to their communities so that they did not have to depend on long-distance transportation up to 2 hours for utilizing fitness facilities.

In sum, the results of the CHA survey and listening sessions pointed to several areas of focus for a community health improvement plan that would focus on facilitating: (1) healthy relationships and mental health among youth and teens, (2) equitable access to physical activity and healthy diets, (3) equitable access to adequate healthcare services.

CHA Limitations

The CHA survey data have limitations. The survey utilized convenience methods; data were self-reported. In some cases, the questions used non-standard wording and/or response options, limiting comparability to other populations. These constraints shaped some limitations in interpreting the results: The results about personal health conditions were not age-adjusted for comparisons. The convenience sample of respondents was older and perhaps biased by selection from health clinics. For evaluating the extent of second-hand smoking, frequency of exposure is particularly important but was not asked in the survey. The income question did not clarify if respondents were to include or exclude their per cap income of \$12,000 as annual income. The Environmental health concerns question did not make it clear to respondents that when they chose clean air and/or clean water whether it meant that they had issues with access to or availability of clean air/water or if they simply noted it as a priority. A methodological limitation of the listening sessions was the relatively low number of attendees (36 across 5 sessions, see Appendix B for a breakdown of attendees per session).



XI. Top 10 items of CHA

The following list represents the top 10 items needing attention based on the CHA results:

1. At least 8% of single-member households, 21% of 2-member households, 14% of 3-member households, 27% of 4-member households, 28% of 5-member households, and a third of 6-member households live in impoverished conditions.
2. Discrimination/racism, low income/poverty and domestic violence were perceived as key issues affecting quality of lives in all three Ho-Chunk Nation districts in Wisconsin.
3. In all three CHSDA districts, Ho-Chunk Nation respondents were unanimous in indicating the greatest need for improved services around “positive teen activities.”
4. A striking 45% of the respondents reported having clinical **depression and/or anxiety**, compared to 18% of adults in Wisconsin reporting being diagnosed with a lifetime depressive disorder.
5. The proportions of Ho-Chunk Nation smokers in Districts 1, 2 and 3 were much higher compared to the proportions of county-wide smokers from counties in CHSDA districts.
6. mental health and relationships among Ho-Chunk young adults and teens;
7. developing equitable access to adequate healthcare services and fitness facilities for ALL Ho-Chunk communities;
8. fostering more effective means of communication regarding health-related services and resources available to various Ho-Chunk communities
9. develop better community-building strategies;
10. leveraging cultural traditions such as Ho-Chunk food to foster a healthy living and healthy community relationships.

XII. Community Resource List:

Jackson in Action

Kids Safety Council

MB3

Kickapoo Valley Reserve

Badger

Ho-Chunk Housing and Community Development ball fields/playgrounds/recreational spaces in 6 communities

Health and Wellness Program: CSA and gym membership programs

District Community Centers in Black River, Wisconsin Dells, Tomah, and Wittenberg



Farmer's markets at or near each community
Urgent Care and Emergency Services near each community
Head Start Programs at 6 centers
Ho-Chunk Housing Program (rental and ownership)
Water and waste water utility services within communities
Ho-Chunk Behavioral Health Services
Maternal Child Health Program and Nurse Family Partnership program
State Lab of Hygiene
University of Wisconsin Eau Claire, La Crosse, and Edgewood College and Viterbo
University
Wisconsin Infants and Children Program
Ho-Chunk Food Distribution Program
Native American Center for Health Professionals
Ho-Chunk Nation Social Services and Youth Services
Ho-Chunk Nation Law Enforcement Commission and Police Department
Ho-Chunk Nation Smoking Cessation Program
Great Lakes Intertribal Epi Center
Ho-Chunk Nation Department of Natural Resources
Wisconsin Department of Natural Resources
First Breath
Partners in Parenting Program
Indian Health Service
Ho-Chunk Nation
Clan Mothers and Traditional Court
Ho-Chunk Heritage Preservation and Language Department
Ho-Chunk Nation Education Department
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XIV. Appendices.

Appendix A. Community Health Listening Sessions: Agenda

5-5:30 PM: Community Meal and Introduction facilitated by Ho-Chunk representative

- Overall context of the CHA
- Ground rules
- Introductions of co-facilitators, scribes, and if practical, community participants

5:30-7 PM: Co-facilitation of group discussion by Renee Brocker and Sainath

Suryanarayanan^{3,4}

1. Are people able to be healthy in your community?
 - a. Potential follow-up: are people across various age-groups, ranging from young to old, able to be healthy?
 - b. Potential clarification: do you feel like you are part of a community, and if so, what is that community?
2. What issues do you feel most affect your overall health, positively and negatively?
3. What are the greatest existing assets that promote health in your community?
4. What are existing barriers to positive change in health within your community?
 - a. How can they be overcome?
 - b. What are the resources available and the resources needed for positive change?
5. Results from the survey indicate that services for Positive Teen Activities are one of the leading concerns for Ho-Chunk people regarding services needing most improvement.
 - a. Why do you think there is a heightened need for services of positive teen activities?
 - b. Do you have any ideas for positive activities for teens in your community?
6. A majority of the folks who responded to the CHA survey noted that they either smoked and/or experienced exposure to second-hand smoke, especially in Casinos. What is your opinion about casinos going smoke free?
7. What is your understanding of what health means to you?
 - a. Potential follow-up: How do you relate your understanding of what health means to traditional Ho-Chunk notions about health and well-being?
8. What is your vision for the health of your community?
9. Do you feel like there are opportunities for community members to help contribute to community health efforts?
 - a. If so, how? If not, what could the Health Depart do to help create those opportunities.

³ The order and wording of questions is subject to change based on how the discussion develops

⁴ If the whole group is larger than 10 individuals, then we will divide into two groups with a facilitator/group



Appendix B. Results of the Community Health Listening Sessions. Numbers in brackets indicate the number of people who attended the listening session.

Questions	Nekoosa (n=7)	Tomah (n=6)	Black River Falls (n=14)	Dells (n=1)	Wittenberg (n=8)
Are people able to be healthy?	There are resources but whether you utilize them is up to the individual	Considering we have a workout area, there is no excuse not to. The gym is free for members. Good parks, good trails.	Yes, they are able but they choose not to. We offer a lot of opportunities but not a lot of "takers".	There is an ability to be but some people don't always take the initiative. We have options to be healthier, safer and happier.	People in the community are able to stay healthy despite scant resources. They can stay healthy using the Health Dept., TAU, their own resources
What issues do you feel most affect your overall health, positively and negatively?	Stress caused by jobs; Lack of time to get out and exercise; Emotional exhaustion; Food prep, and too many home duties.	Administrative, sedentary duties; Can't take time away from work to exercise; Direct patient care employees have no opportunity to leave work; Lack of motivation by employees to workout.	Mental health: Struggle to get to where we are now. Raised to be tough and afraid to ask for help. There is a larger issue with mental health with the youth. There are issues parents are dealing with their adult children they did have in their youth (depression, anxiety, drugs); The food that people get from our Food Distribution program (commods). They felt this food was too processed (canned food viewed negatively, frozen and fresh food more positively viewed). Group agreed that over the generations the diet has become too processed; Alcoholism.	Pollution (building, car, trash), lack of access to clean water. More organic food options in stores are good. Drug abuse and alcohol abuse is huge in native communities. Obesity is also an issue leading to diabetes and high blood pressure.	Transportation is a problem. To see a doctor in the community they have to travel twenty to thirty miles away. This is not easy when factoring in the time, especially for families with young children. Some people do not have vehicles. Certain programs offer a fuel card to help transport, but that doesn't help when the tribal member does not have a vehicle.
Greatest health assets	A new health building with additional services Youth Services and TAU programming	Outdoor life , fishing, biking, hiking-there are places for you to go. Kickapoo Valley, Kickapoo river-canoeing.	Fitness initiative for 30 minutes 3 times per week through Ho-Chunk Nation employment. District 1 community center, nutrition classes	Health provides a lot of good promotional activities, the House of Wellness (HOW) facility, nutritionists	



	<p>Having a Physiologist is a wonderful asset</p> <p>Parks and recreational spaces</p>	<p>Tomah is the best community for the youth center.</p>		<p>and personal trainers.</p>	
<p>Barriers to positive change in health</p>	<p>People drive too fast on the road next to the community park leading to no one using the park;</p> <p>Need working water fountains for park in the village;</p> <p>More information needed to realize the importance of why they should use the resources available to them;</p> <p>Not sure if everyone within the community knows of health programs; Supervisors are not supportive to allow staff to attend health classes during work time;</p> <p>No big new community building with a gym;</p> <p>The YMCA limits access to the facility for programming by HCN</p>	<p>Fast Food is easy and tastes good-- Access to processed food.</p> <p>Community as a whole can be a barrier. Only 4 individuals are here for the listening session, and most of the community is not here.</p> <p>Lack of participation at events. Lack of interest. If we give out door prizes, more people would come. When the prizes stopped, less people would attend.</p> <p>The community has changed over the past 3-4 decades. More money, per capita, gaming etc.</p> <p>People don't want to help unless they get some type of Administrative leave.</p>	<p>Communication is the number one problem to getting involvement;</p> <p>It's almost impossible to get an appointment with mental health (they are short staffed).</p> <p>Many said they felt they didn't know that there were offerings by the Health Department;</p> <p>Health department staff treat us like a "job" and not with compassion.</p>	<p>Tradition (fry bread),</p> <p>some people don't like working out (the mental desire to exercise)</p> <p>travel distance to gyms can be a factor.</p>	<p>Resources: Imbalance in what certain places like Black River Falls get, compared to others such as Wittenberg. If they have a program at the local Y(MCA) they still have to drive to Wausau.</p> <p>Staffing scarcity: Need more employees and better trained/qualified employees: They currently have one nurse and one CNA. There is also one AODA counselor. The government is cutting programs. CHN and CNAs are gone a lot.</p> <p>Clinic: Many Tribal members do not have insurance, they have to go to the Ho-Chunk Health Care Center or the House of Wellness. Wittenberg clinics do not see walk-ins.</p> <p>Communication: People simply do not know that they can receive over the counter medications free from the pharmacies and Community doesn't know about the</p>



	because of lack of support staff to watch the kids				Purchase and Referred care program. The pharmacy is a hassle, sometimes people get their prescription in three days and other times, 3 weeks.
Resources needed to overcome barriers	<p>A light pole by the first sharp corner which is also the trail that community members walk to the casino to walk;</p> <p>A gym is needed to keep people busy in the winter</p>	<p>Provide healthy meals in communities, mile runs, color runs.</p> <p>Farmers markets need to be fair priced</p> <p>Youth coordinators, other members in the community to help.</p> <p>Resources are there, people not using them or breaking out of old habits.</p>	<p>Focus and invest more in Mental and Behavioral Health</p> <p>Diversified modes of communication including newsletters, flyers, email, social media, and website</p>	<p>Tribe could focus more of their funding on health facilities, more services be offered to tribal members living outside of Wisconsin, gym memberships, people are motivated by money and food.</p>	<p>Build a small clinic for the community. Some tribal members cannot work because of their background (criminal) or they have physical limitations. A tribal member tried to go to the Stockbridge clinic but was turned away because they did not belong to that tribe. A clinic in Wittenberg would open more jobs for the Health Dept.</p>
Need for Positive Teen Activities: Reasons and ideas	<p>Not a lot of things for teens to do, teens don't want to get involved, teens don't go to Youth Services, they don't want to hang out with younger kids; need a separate space for the older kids, teens need support system and self-esteem building and trust with adults not</p>	<p>Our youth are at risk: drug abuse, alcohol abuse, suicide. Dropping out of high school. Kids realize that they are going to gain weight, get diabetes, and that has been normalized. Some teens don't have the role models that they need, and they learn bad habits that then become normal. Other teens attend Youth Services, become involved and take the "right" path. Parenting skills come into play-respect for parents.</p>	<p>Kids are finding needles and drugs are in our back yard; social isolation due to social media.</p> <p>More pressure to succeed, because with social media everything looks to great and you feel inferior. We are not part of the non-native community at school, by peers.</p> <p><u>Idea for positive change:</u></p> <p>Big brother big sister</p>	<p>Help keep tribal youth out of jail, Youth tribal government, traditional and non-traditional music courses, access to music for developing kids.</p>	<p>Parent participation is needed.</p> <p>Health department and Social Services should be teaching kids and parents.</p> <p>Drug and alcohol use is prevalent and a way of life that most kids see.</p> <p>Youth Services helps by taking youth to various activities. It is</p>



	<p>there; We don't have men that work in social services to support boys, half the kids are into sports and the other are not involved, no one to coordinate activities, more volunteering hours needed but barriers include time, school, and transportation; Need positive activities tied to culture, age appropriate activities like traditional Dress making, Discovery Dating curriculum that is 16 weeks in length through the Life Skills Program, getting more men involved to teach boys.</p>	<p>Intergenerational racism. School teachers consistently talking down to the Native students. It affects everyone in the Native Community.</p>	<p>programs/mentoring programs.</p>		<p>doing a great job.</p> <p>Health staff should be at Youth Culture Camps to discuss health issues with kids.</p>
<p>Opinions about smoke-free casinos</p>	<p>Would support but don't think it will go over well; would consider if patrons can still smoke but in other places or separate spaces</p>	<p>Madison did it, so it is a possibility. As a non-smoker, it is overwhelming and I remove myself from the situation. Don't see it as an option-economically and financially-but I would love to see it that way. Doors dividing the smoking and non-smoking sections. Better air filtration systems in casinos.</p>	<p>General consensus is that the community might be ready to change but that the concern is about how financially feasible it would be to make that change at any/all of the casinos. Madison is a different demographic</p>	<p>Have a well-ventilated room people can go to smoke in. Will we lose patrons if it goes smoke-free? Use a survey to ask how patrons feel.</p>	<p>It was stated that the Madison casino is doing really well. Perhaps it can be done like it is in Black River Falls where half the casino is smoke-free and the other half is smoking. When there was remodeling being done at the big casino in the Dells there were people complaining that</p>



					it was smoke free. It was also noted that smoking is a part of our business, the C-stores and casinos.
<p>Understanding of health/ Traditional notions of health</p>	<p>Mental health, physical health including blood pressure and blood sugar.</p> <p>There is a difference between pre-colonization health and post; we are coming around to pre-colonization type eating again.</p> <p>Physical, mental and emotional everything about you its all one spiritual health and who you are.</p>	<p>Food is a big thing for Ho-Chunk people. The processed food is the problem. If it is food that was traditionally healthy and "real," with no steroids, antibiotics, etc., our bodies could digest that better. Our bodies are changing because of the processed food.</p>	<p>Connecting to traditions, reducing diabetes and complications from diabetes, informal health groups, eating healthy (diets with special foods/shakes don't work), having a Recreation Department, access to traditional sports, adding sporting fields at District 1 community building.</p> <p>We are working hard the last 10 years to get back to traditional ways and families have to want it. Health should be compassion. Food at traditional events as medicine so important to take part. Getting back to organic gardens and traditional foods important. The group wanted to see more greenhouse projects and family gardens in the community.</p>	<p>Taking care of your diet and not eating a lot of sugar. Taking care of your body and understanding how what you eat affects you.</p> <p>Not smoking.</p> <p>Being active the best you can.</p>	<p>We are losing our language and going to the European way. Everything has to be documented. That is not our traditional way, where everything was oral tradition and storytelling. The society we live in is not Ho-Chunk, and we are not that many.</p>
<p>Vision for community health</p>	<p>More movement and gardening and walking trails, more group activities or promote different activities, no one in the branch office to coordinate these efforts, to be more</p>	<p>We need leaders within the communities to:</p> <ol style="list-style-type: none"> 1. Start a running group-invite others 2. Step up and lead activities (softball, kickball, etc.) 3. Foster family ties 	<p>More community involvement, compassion.</p> <p>A focus on food and nutrition and physical activities.</p>	<p>See people be really active, let activity be something we teach our children is fun. How do we cook differently to teach our children how to do it....to the point obesity and</p>	<p>Need to get the word out there on what the Health Dept. can do for tribal members. When trying to eat healthy it must be remembered that tribal members fight diabetes, they fight heart disease. Commods are bad for you, just</p>



	involved with one another, having fun runs.			diabetes are not a problem	unhealthy. They do receive more fresh foods in the summer months, such as vegetables from gardens. But it is canned in the winter months. They would like to receive good stuff all year. It should be with low/no sugar.
Other concerns	Youth Services has challenges with a wide range of kids and behavioral issues and development, which makes it hard to meet all their needs	Many tribal members don't have means to transportation. Cell phone access: Many tribal members don't have access to cell phones, but will find ways to get to the casino.	What is going to happen with this (information from the listening session)? Is this information going to get back to us? How do people know what is going on? (Communication)		When asked what the best way was to get information out there to the tribal members it was stated that people could come to an area meeting or mail out flyers. Another stated that we go door to door and inform the people. It was stated that Jon Greendeer has a good turnout when he does culturally appropriate teachings. We need to find someone gifted like Greendeer in the Health Dept.
Other recommendations for the Health Department	Utilize Yoga and other activities to try to address issues with stress and special needs	Hocak Worak would be a great way to get the word about activities that are planned in Ho-Chunk areas. Other community/county websites could list activities on calendars that people have access to.	Would like to see greater communication from Health, one person used an example of not getting a phone call back after they reached out to a particular department.		They could use a dentist in their community. Even if only once per month; or a physician or podiatrist; recruit a community member to become a doctor. It was mentioned that perhaps the Health Dept. could use the old Headstart



					building, as there is the potential for HIPAA issues in their current location-- voices carry and there is no real privacy. Use the old Headstart building as a daycare center to help working parents or as a small clinic site.
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