Bozho,

The Forest County Potawatomi Community Health Department strives to meet the health needs of the Forest County Potawatomi Community. To do this, during March 2017 – October 2017 we implemented a health assessment and conducted focus groups to identify major health needs and concerns within the Forest County Potawatomi Community. It is our pleasure to share with you this 2018 Community Health Assessment plan. In this plan, we share information regarding the overall health of the Forest County Potawatomi Community. This plan includes Forest County Potawatomi specific data on demographics, health factors and lifestyle behaviors that influences one’s health and quality of life.

The data in this plan represents your voices and stories. This plan helps identify areas for improvement that the Forest County Potawatomi Community Health Department will focus on for the next five years. The goal of this plan is to help improve the overall wellness of the Forest County Potawatomi Community for future generations.

Our efforts will not be successful without the involvement and voice of the community. We will to continue to engage the community, continue to develop programs that are accepted and effective in reducing and eliminating poor health outcomes.

We invite you to review this report and take action in improving the health of your community.

Chi Megweth,

Melanie Tatge, MPH, CHES
Community Health Outreach Manager
FCP Community Health Department
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Introduction

The 2017 Forest County Potawatomi Community Health Assessment Plan includes data specific to the Forest County Potawatomi Community. This plan is made available through many efforts of the Forest County Potawatomi Community Health Department, other FCP Departments, and representatives of the Forest County Potawatomi Community.

Community Health Assessment Process

This assessment used an adaption of the County Health Rankings and Roadmaps Wisconsin’s Guidebook on Improving the Health of Local Communities. The guidebook is based on an improvement process based on the following steps:

- Working together and communicating
- Assessing needs and resources
- Focusing on what’s important
- Choosing effective policies and programs
- Acting on what’s important
- Evaluating actions

Purpose of Assessment

- To collect updated data and information regarding the Forest County Potawatomi Community’s health status, which will be used to identify and prioritize the health needs of the community.
- Utilize findings to develop a comprehensive Community Health Improvement Plan that strives to reduce or eliminate poor health outcomes.
- Develop a process to engage and encourage the Forest County Potawatomi Community in the community improvement process.
- To gather information that will aide in internal program planning and resource allocation.
Community Engagement

To assure that the community health assessment had a representation of all of Forest County Potawatomi Community multiple approaches were used that included: surveys and focus groups.

Assessment Process

The process to collect health data efforts was led by the Forest County Potawatomi Community Health Department (FCPCHD) Tribal Public Health Accreditation Workgroup that is comprised of following FCP Health Division staff:

<table>
<thead>
<tr>
<th>FCPCHD Maternal Child Health Nurse/Co-Accreditation Coordinator</th>
<th>FCPCHD Public Health Educator/Co-Accreditation Coordinator</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCPCHD Administrative Assistant</td>
<td>FCPCHD Community Health Outreach Manager</td>
</tr>
<tr>
<td>FCP Health and Wellness Center Clinical Services Administrator</td>
<td>FCP Health and Wellness Center Clinical Data Analyst</td>
</tr>
</tbody>
</table>

Additional partners include:

<table>
<thead>
<tr>
<th>The Great Lakes Inter-Tribal Epidemiology Center</th>
<th>Gray Horse Strategies, LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCP Land and Natural Resources Department</td>
<td>FCP Education and Culture Division</td>
</tr>
<tr>
<td>FCP Behavioral Health</td>
<td>- FCP Education</td>
</tr>
<tr>
<td>- FCP Mental Health Department</td>
<td>- FCP Language and Culture</td>
</tr>
<tr>
<td>FCP AODA Services</td>
<td>FCP Health Division Administration</td>
</tr>
<tr>
<td>FCP Medical Department</td>
<td>FCP Elder Services Department</td>
</tr>
</tbody>
</table>
Community Health Assessment Survey

Two Community Health Assessment tools were created; one youth (ages 12 – 17) and one adult (ages 18+), both tools were developed by using the 2010 Forest County Potawatomi Health Opinion Survey as a template. Stakeholder feedback was encouraged through meetings to review the assessment to assure a comprehensive approach to health. Both surveys included 68 questions regarding the participant’s demographics and health behaviors. To assure readability of both survey tools to include exhaustive options of multiple choice and literacy, the FCP Community Health Department (FCPCHD) worked with the Great Lakes Inter-tribal Epidemiology Center. Surveys were distributed throughout the community during community events, at the FCPCHD, and during in-home care visits, from May 2017 to October 2017. The FCP Education Division worked with the FCPCHD to implement the youth survey within the Crandon, Wabeno and Laona School Districts. Completed assessments returned to the FCPCHD were incentives with a $25 Forest County Potawatomi C-Store Gift Card. In total, there were 28 youth surveys and 103 adult surveys received, with 45% of survey participants being male and 55% being female. Only responses from FCP enrolled Tribal Members were reported in this document. The 2017 Community Health Assessment represents 8% of the total enrolled FCP Tribal Members and 18% of the total enrolled FCP Tribal Members who reside in Forest County.

Community Health Assessment Focus Groups

Small focus groups, of five to seven individuals, were conducted on two occasions (September 14, 2017, and April 18, 2017). Questions were reviewed for readability by Gray Horse Strategies, LLC. Focus group participants were given a $25 Forest County Potawatomi C-Store Gift Card and a meal as incentives. The April 18, 2017, focus group was comprised of five FCP Tribal Members. The September 14, 2017, focus group was comprised of three FCP Tribal Members and one FCP Community member. Both focus groups were facilitated by Jodie Harris, FCPCHD Maternal Child Health Nurse and Co-Accreditation Coordinator. Additional FCPCHD staff assisted in taking notes from the focus group discussions. For both sessions, conversations were recorded with verbal permission from all participants. Focus group participants were asked questions regarding what the participants felt were strengths of the FCP Community, what they felt were areas of improvements, what they felt were three significant health
concerns in the FCP Community, what was their definition of health, what are some barriers to receiving public health services they need and if they felt that the FCP Community Health Department met then needs of the FCP Community. Discussion in the September focus group did steer more towards a discussion on how to address the opioid epidemic, why they felt it was impacting their community and how the FCP Community Health Department could help.

The recording and notes taken by FCPCHD staff were transcribed and underwent qualitative analysis to review for common themes and trends. These trends were included throughout this plan, in the SWOT analysis and taken into consideration when determining the three identified health priorities.

**Data Entry and Analysis**

The FCP IT Department created a data entry system within SharePoint. SharePoint is a web-based document management and storage system. For data entry, FCPCHD staff manually entered all surveys responses into SharePoint. Once compiled, the FCP IT Department converted the data into a Microsoft Excel spreadsheet and conducted “what-if” analyses. Qualitative questions and focus group response were transcribed and a trend analysis was conducted to identify health concerns trends. Additional data was utilized by the resources below:

**Healthiest Wisconsin 2020: Everyone Living Better, Longer**

Healthiest Wisconsin 2020 represents a statewide community health improvement plan designed to benefit the health of everyone in Wisconsin and the communities in which we live, play, work and learn.

The Healthiest Wisconsin 2020 health improvement plan’s 112 focus areas provided the framework for this assessment. Data was collected for each area and strengths and gaps were identified.

**Additional Data Sources:**

- Forest County Potawatomi Insurance Department
- Forest County Potawatomi Education Department
Demographic Profile

The Forest County Potawatomi Tribal Reservation lands are located primarily in Forest County. The Forest County Demographics as indicated in the Robert Wood Johnson Foundation’s 2018 County Health Rankings.

Forest County is ranked 62 out of 72 counties for social and economic factors.

U.S. Census Quick Facts

- Median Household Income: $42,100
- Unemployment Rate: 6.4%

Population Profile

<table>
<thead>
<tr>
<th>Age</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 5 Years Old</td>
<td>5.7%</td>
</tr>
<tr>
<td>Under 18 Years Old</td>
<td>19.9%</td>
</tr>
<tr>
<td>Over 65 Years Old</td>
<td>22.7%</td>
</tr>
</tbody>
</table>

The Forest County Potawatomi (FCP) Tribal Potawatomi Reservation land totals 19,000 acres of forests, clear lakes, and streams, most of which is held in Federal Trust Status. The FCP Tribal Reservation forms a checkerboard pattern throughout Forest County, which includes three communities:
Many contributing factors merge together to influence the health of a population. Environmental factors, access to health care services, age, income, education level, interpersonal relationships, cultural beliefs, customs, and genetics all have an impact on overall health. Many of these contributing factors are part of the Social Determinants of Health. According to Healthy People 2020, the social determinants of health are factors in the environments where people are born, live, learn, work, play, worship, and age that affect one’s health. It is important to consider all these factors when assessing the health of a community.

Age and Gender

Both age and gender influence patterns of morbidity and mortality and the utilization of health services. Current age distribution can be used as a predictor for how many people will be in the older age groups in the future. Gender can be a key indicator to assess the health of a community. For select diseases, males and females have differing mortality and morbidity rates.
Disease conditions or injuries can affect one sex more dramatically than the other or can affect one sex exclusively. Average life expectancy also tends to differ by sex.

The FCP population is comprised of 49% Male and 51% Female

The Forest County Potawatomi does have a growing Elder population. An Elder within the FCP Community is defined as an individual is 55 years of age or older. By the year 2022, the FCP elderly population will increase by 46%

### FCP Elder Population

<table>
<thead>
<tr>
<th>Year</th>
<th>Total # of FCP Elders</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>202</td>
</tr>
<tr>
<td>2018</td>
<td>219</td>
</tr>
<tr>
<td>2019</td>
<td>237</td>
</tr>
<tr>
<td>2020</td>
<td>253</td>
</tr>
<tr>
<td>202</td>
<td>276</td>
</tr>
<tr>
<td>2022</td>
<td>294</td>
</tr>
</tbody>
</table>

Source: FCP Elder Service Department

### Education and Socioeconomic Status

Education and socioeconomic status have been shown to correlate with overall health and well-being. Typically, individuals with higher education levels tend to fall into a higher socio-economic bracket and vice versa. Socio-
economic status affects a person’s ability to live in a safe home and environment and limits access to appropriate health care services. Low education is a risk factor for poor health outcomes and unhealthy lifestyle behaviors, as individuals may not possess the skills, knowledge, and resources necessary to make important choices regarding their health.

- The majorities of FCP Adults who participate in the 2017 Community Health Assessment have some college or have earned their GED/HSED.

The majority of FCP Youth who reside in the FCPCD service attend school in the Crandon, Wabeno, or Laona School Districts totaling 138 students. The data in the table above is from the FCP Education Division.

**Environment and Community Resources**

When assessing community health status, it is important to look beyond the health data and consider the environment in which a typical person lives. Individual health is more than just a personal choice, the environment where a person lives, works and plays can greatly influence health.

The Forest County Potawatomi Community is located in Northern Wisconsin, which has an array of outdoor recreational activities that promote health and embrace the traditional Native American culture. People choose to live in the Northwood’s because of
the relaxed environment, natural beauty, and small-town values, however with all of these perks comes many challenges when it comes to healthy living.

Access to fresh produce is a challenge due to the short growing season and limited grocery stores in the area. There are only two full-service grocery stores within Forest County limits, which require some residents to drive long distances to access food for their families. Although grocery stores are limited, there are eight gas stations and convenience stores in Forest County. These stores contain a majority of foods that are low in nutritional value and high in calories, fats, and preservatives. Majorities of the foods found in these locations are untraditional to Native Americans; traditional diet includes berries, vegetables, lean protein (venison, bison, fish, etc.), seeds and nuts. To improve the nutrition of its Tribal Members, the Forest County Potawatomi Community has established a farm on tribal lands name Bodwewadmi Ktegan. This tribally owned farm is located in Blackwell, WI. The farm raises chickens, turkeys, cows, and pigs that are made available to Rising Sun Day Care, Gte Gen Nus Pre-School and the FCP Caring Place. A variety of fresh fruit and vegetables is also made available to community programs and events. The farm has increased access to healthy foods and in the future will include a hydroponic garden to be able to provide food year round.

The Forest County area is filled with lakes and various recreational trials, making it an ideal place for outdoor enthusiasts. FCP Tribal Members also have access to a baseball field and many enjoy this outdoor sport. Unfortunately, during the long winter months, cold and inclement weather can be a barrier for individuals who typically enjoy exercising outdoors. When asked if they felt they access to safe areas to exercise outdoors 77% (78 of out of 101) survey stated yes. The FCP Community is fortunate to have two fitness facilities in the Stone Lake and Carter communities; however, hours are limited and can be restrictive for some
individuals. The size of the facilities as well as limited space and exercise equipment can also be a barrier for some individuals. Like many other communities, fitness among youth is a challenge. Many of the popular activities among youth include activities that require very little physical fitness such as ATVing, snowmobiling and video games.

Social and cultural norms greatly influence health. Sometimes these factors can be the most difficult to change because these behaviors have been embedded in the traditions and customs of the community over generations. One particular social norm that Wisconsin is known for is its high levels of alcohol consumption. Forest County is no exception to this norm; there is approximately one bar for every 118 Forest County residents.

Ordinances that promote safe environments and roadways can greatly influence the health of the community. These ordinances may include road safety, helmet use, car seat use or recreational vehicle safety to name just a few. The FCP Community is unique in comparison to other Tribes, in that it does not have a Tribal police department. Although the local Sheriff’s Department has jurisdiction over Tribal land, there are limitations in the ability to enforce laws and ordinances due to 1,046 square miles of land that law enforcement is required to cover. In order for a law or ordinance to be effective, it must be enforced regularly and consistently.

**Access to Health Care**

Access to comprehensive, quality health care services is important for promoting and maintaining health, prevention and managing disease, reducing unnecessary disability and premature death and achieving health equity (Healthy People 2020, 2018). According to Healthy People 2020 (2018), Access to health services means, “The timely use of personal health services to achieve the best health outcomes,” and requires three distinct steps:
1. Gaining entry into the health care system (usually through insurance coverage)
2. Accessing a location where needed health care services are provided (geographic availability)
3. Finding a health care provider whom the patient trusts and communicate with (personal relationship)

According to the Forest County Community Health Assessment (2015), the top barrier keeping community members from visiting the doctor was the cost of care and lack of transportation. However, this is not the case within the Forest County Potawatomi Community. The Forest County Potawatomi Community is fortunate in that self-funded health care insurance is provided to Tribal Members. It is also the number one employer in Forest County and has a Tribal preference policy. Financial resources are greater today than they were in the past; this has created a wealth of opportunities for the community, however, it has also caused a unique set of challenges specifically related to financial management and continuation of education.

The FCP Community Health Department is part of the FCP Health and Wellness Center, which is located in Stone Lake. The Health and Wellness Center provides Medical, OB-GYN, Pediatrics, Imaging, Laboratory Services, Podiatry, and Family Practice, Physical Therapy, Occupational Therapy, Speech, Message Therapy, Chiropractic, Pharmacy Dental, Optical, Mental Health and AODA. The clinic is open to FCP Tribal Members and the general population.

The Forest County Community does have a transit route that operates Mondays through Thursday, a Transportation Department that assists with Medical appointments and the FCP

<table>
<thead>
<tr>
<th>How many miles do you live from the FCP Health and Wellness Center?</th>
<th>20</th>
<th>19%</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 to 5 miles</td>
<td>21</td>
<td>20%</td>
</tr>
<tr>
<td>6 to 10 miles</td>
<td>5</td>
<td>5%</td>
</tr>
<tr>
<td>11 to 15 miles</td>
<td>13</td>
<td>13%</td>
</tr>
<tr>
<td>16 to 49 miles</td>
<td>35</td>
<td>34%</td>
</tr>
<tr>
<td>50 miles or more</td>
<td>10</td>
<td>10%</td>
</tr>
</tbody>
</table>

Source: 2017 FCP Adult CHA
Community Health Staff also serve as backup transportation for Medical appointments and provides In-Home Care Services to those in need.

The number of surveyed FCP Adults who have a Primary Care Provider at the FCP Health and Wellness Center is 60% (62 of 103) and 32% (33 of 102) have a Primary Care Provider at a different facility. The most common services utilized at the FCP Health and Wellness Center includes Pharmacy, Optical, Dental, Medical and Laboratory Services. If not receiving services from the FCP Health and Wellness Center FCP 2017 CHA Adult participants reported going to Aspirus and/or Ministry Ascension and the majority of respondents who indicated this reside 16 to 49 miles from the FCP Health and Wellness Center.

**Top 10 Reasons of Tribal Members to Visit the FCP Health and Wellness Center**

The chart to the right indicates the top ten reasons FCP Tribal Member are seen at the FCP Health and Wellness Center. Since 2014, the following diagnoses have been on the top 10: Diabetes, Myopia, Routine Annual Child Exams and Sinusitis.

<table>
<thead>
<tr>
<th>Reason</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine Child Exam</td>
<td>176</td>
</tr>
<tr>
<td>Myopia</td>
<td>105</td>
</tr>
<tr>
<td>Sinusitis</td>
<td>88</td>
</tr>
<tr>
<td>Type 2 Diabetes</td>
<td>68</td>
</tr>
<tr>
<td>Respiratory Infection</td>
<td>65</td>
</tr>
<tr>
<td>Adult Annual Medical Exam</td>
<td>56</td>
</tr>
<tr>
<td>Counseling</td>
<td>54</td>
</tr>
<tr>
<td>Regular astigmatism, bilateral</td>
<td>50</td>
</tr>
<tr>
<td>Alcohol dependence,</td>
<td>48</td>
</tr>
</tbody>
</table>

**Forest County Potawatomi Community Resources and Assets**

In many rural settings, access to care can be a challenge. With the exception of not having a hospital
within Forest County, the FCP Community has a wealth of health care services, programs, and services that promote health.

**Health & Wellness Center** – The FCP Health and Wellness Center provides Medical, Optical, Dental, Physical Therapy, Occupational Therapy, Massage Therapy, Chiropractic, Imaging, Pharmacy, Laboratory, OB/GYN, Podiatry, Pediatrics, Community Health, Mental Health and AODA services. The clinic is open to FCP Tribal Members and the general population.

**Recreation Center** – The FCP Recreation Center has a fully equipped gym and weight room. The Recreation Center offers a variety of events and programs that promote physical activity and healthy living. Hunter’s Safety and ATV Safety Classes are also offered.

**Bodwewadmi Ktegan** – This tribally owned farm is located in Blackwell, WI. The farm raises chickens, turkeys, cows, and pigs that are made available to Rising Sun Day Care, Gte Gen Nus Pre-School and the FCP Caring Place. A variety of fresh fruit and vegetables is also made available to community programs and events.

**Caring Place**: the FCP Caring Place provides high-quality supportive services to enhance the well-being of tribal members and the FCP Community. Services provided by the FCP Caring Place include advocacy, assessment, congregate elder meals, transportation services, evaluation of services, Family/Caregiver support, home-delivered meals, referrals to public, voluntary and local resources, letter writing/reading, long-term care, outreach and assistance with personal cares.

**Walking Trails** – Groomed-walking trails are available in the Stone Lake Community.
Community Health Programs – The FCP Community Health Department has the following programs, events and services that promote healthy living: Special Diabetes Program for Indians, Maternal Child Health, Infant Nutrition Program, Women, Infants and Children (WIC) Program, Tobacco Cessation Program, Car Seat Safety Program, In-Home Care Program, Health Promotion, Disease Prevention Programs (Youth Walking Program, Youth Day Camp, Fall Hike), Nutritional and Weight Management Consultations, Skilled Nursing Services, Fall Risk Assessment Programs, Brown Bag Program, Public Health Emergency Preparedness, Communicable Disease Information and Reporting, and Community Events.

AODA Department – The FCP AODA Department is a Native American outpatient treatment program that provides an effective and unique treatment experience that is culturally sensitive for Native Americans struggling with addiction and other mental health disorders. The AODA Department combined a variety of approaches that include: medication management, the 12 step recovery and wellbriety principles, individual, community-based and group therapy, psycho-educational talks, and family participation. Clients have the opportunity to learn more about spirituality and culture through individual work and participation in traditional practices, which include: Smudging, Talking Circles and Story Telling, and Sweat Lodges. Services were expanded in 2018 to include one male and one female transitional home, and an AODA youth prevention program.

Family Services – FCP Family Services Center offers various family-friendly events and programs that focus on healthy living, healthy relationships and positive parenting. Child-Care, Indian Child Welfare, Child Support and Domestic Violence Services are also available. The goal of the Family Services Center is to offer a one-stop resource center, which offers a wide array of services for Tribal Families in order to enhance, engage and strengthen families.

C.H.O.I.C.E.S. Program – The C.H.O.I.C.E.S. Youth program aims to provide culturally appropriate activities and educational sessions for Tribal Youth. The education activities cover a variety of topics including cultural traditions, healthy lifestyle behaviors, safe sex and alcohol and drug abuse prevention.
Cultural and Spiritual Wellness

Wellness and quality of life include so much more than physical health, exercise and nutrition. Wellness is multi-faceted as indicated in the National Wellness Institute’s Six Dimensions of Wellness that includes: emotional, occupational, physical, social, intellectual and spiritual wellness. Spiritual wellness recognizes one’s search for the meaning and purpose in human existence. In Tribal Communities for many is the importance of their culture.

Of FCP Adults surveyed, 81% (78 out of 96) responded that they consider themselves a spiritual or religious person and 59% (57 out of 97) responded that they are part of a spiritual or religious community.

The Forest County Potawatomi Community also continues the utilization of the Potawatomi Language. The FCP has a museum as well as a Language and Culture Department that hosts language classes. However, the use of the Potawatomi language is less than 75% of the time.

What Religious Community do you belong to?

- 54% Big Drum
- 28% Native American Church (NAC)
- 18% Other

Source: FCP 2017 Adult
Healthiest Wisconsin 2020 provides a framework on a range of health disparities found in some of the populations and communities within Wisconsin. According to the National Institute of Health (2010), disparities are defined as, “Differences in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exits among specific population groups.” Disparities are complex, however, the Indian Health Service (I.H.S.) (2014) stated that the disparities among American Indian populations are rooted within social factors include poverty, no access to health care, lack of education, social inequality, and cultural influences.”

These disparities are evident in the death rates seen across the races and ethnicities in Wisconsin.

It is also important to indicate note the leading cause of death among American Indian and Alaskan Native communities, as seen on the left.

The Leading Causes of Death for American Indian/Alaska Native are the following:

1. Heart Disease
2. Malignant Neoplasms
3. Accidents
4. Diabetes
5. Chronic Liver Disease and Cirrhosis
6. Chronic Lower Respiratory Disease
7. Cerebrovascular Disease
8. Intentional Self-Harm (Suicide)
9. Nephritis
10. Influenza Pneumonia

Source: CDC, 2017
Alcohol and Drug Abuse

Alcohol and other drug abuse is defined as the use of a substance that results in negative consequences that include operating a motor vehicle while intoxicated, drinking while pregnant, alcohol dependence, fetal alcohol spectrum disorder, alcohol-related hospitalization, heaving drinking, alcohol-related liver cirrhosis deaths, motor vehicle injury or death, liquor law violations, other attributable deaths, underage drinking, non-medical or illicit drug use, drug-related deaths, drug-related hospitalizations, arrests for drug law violations, and alcohol or drug-related crimes.

Alcohol Use

Wisconsin is known as the state that binge drinks, binge drinking is more than five drinks in one sitting for men and more than four drinks for women. Unfortunately, these rates have continued to increase in the State of Wisconsin and it is important to note that alcohol dependence has been a top 10 diagnosis for FCP Adults seen at the FCP Health and Wellness Center, since 2015. Drugs and alcohol are also identified as an area for improvement in the focus groups conducted.

Forest County Potawatomi Community Alcohol Data:

- 9% (43 out of 488) active Tribal Members seen at the Health and Wellness Center have been diagnosed with alcohol dependence (from January 1, 2017 – August 21, 2018).
  Source: AthenaHealth

- 1% (7 out of 488) active Tribal Member seen at the Health and Wellness Center has an alcohol abuse diagnoses (from January 1, 2017 – August 21, 2018).
  Source: AthenaHealth

- 21% (22 out of 103) active Tribal Members who participated in the 2018 FCP Community Health Assessment self-reported that they have an alcohol problem.
  Source: 2017 FCP Community Health Assessment

- 37% (36 out of 98) of adult Tribal Member who participated in the 2018 Community Health Assessment currently use alcohol.
  o 23% (9 out of 39 ) of those Tribal Members that currently drink feel they drink too much
  o The age group of 26-35 years old has the highest diagnosis rate of drugs and Alcohol
  Source: 2017 FCP Community Health Assessment
Forest County Youth Risk Behavioral Survey Alcohol Behaviors compared to FCP Youth (ages 12-17)

<table>
<thead>
<tr>
<th>YRBS Crandon School District</th>
<th>YRBS Crandon School District Native American</th>
<th>FCP Youth</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of students who have drunk alcohol</td>
<td>60.5%</td>
<td>54.2%</td>
</tr>
<tr>
<td>% of students who have drunk alcohol during the last 30 days</td>
<td>41.8%</td>
<td>37.5%</td>
</tr>
<tr>
<td>% of students who had 5 or more drinks of alcohol in a row</td>
<td>25.8%</td>
<td>12.5%</td>
</tr>
</tbody>
</table>

When asked if their friends and/or relatives they hang out with drink alcohol regularly 72% of FCP youth stated no, FCP surveyed Youth also indicated that their friends do no pressure them to drink alcohol (85%). 5% (2 out of 8) of FCP CHA survey respondents said they purchased the alcohol themselves and 50% (4 out of 8) receive the alcohol a different way.

**Opioid and Illegal Drugs**

In 2016 alone there were approximately 64,000 overdose deaths, which has led to an opioid epidemic that has led to a drop in life expectancy in 2015 and 2016, according to the National Indian Health Board Tribal Guide – Opioids Fact Sheet (May, 2018). This is a heavy burden among American Indian/Alaska Native communities as they have the highest disparity rates of opioid dependence and overdose.

**Forest County Potawatomi Community Drug Data:**

12% (58 out of 488) of Tribal members seen at the FCP Health and Wellness Center have been diagnosed for abuse or dependence of one of the following substances: cannabis, opioids, or polysubstance, *which is the addiction to being in an intoxicated state without a preference of one particular substance.*

- Source: AthenaHealth
• Of those who self-reported using other drugs or someone else’s prescriptions drugs to get high in the following frequencies in the 2017 FCP Adult CHA
  o 33% (3 out of 9) daily
  o 11% (1 out of 9) 4+ days per week
  o 56% (5 out of 9) once a month
  Source: 2017 CHA Adult

• In Forest County Deaths related to alcohol and other drugs is 456 per 100,000 population compared to the State of Wisconsin that is 179.3 per 100,000 population (Wisconsin Public Health Profile, 2017)

When asked if their friends and/or relatives they hang out with use drugs regularly 78% (21 out of 27) aid no, and when asked if their friends pressure them to use drugs 89% (24 out of 27) said no.

### Forest County Youth Risk Behavioral Survey Substance Abuse Behaviors compared to FCP Youth (ages 12-17)

<table>
<thead>
<tr>
<th>% of students who have ever tried marijuana (“pot”)</th>
<th>YRBS Crandon School District</th>
<th>YRBS Crandon School District Native American</th>
<th>FCP Youth</th>
</tr>
</thead>
<tbody>
<tr>
<td>30.1%</td>
<td>33.1%</td>
<td>28%</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>% of students who have ever tried any form of cocaine</th>
<th>YRBS Crandon School District</th>
<th>YRBS Crandon School District Native American</th>
<th>FCP Youth</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.7%</td>
<td>8.3%</td>
<td>7% (2 out of 28)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>% of students who have tried huffing or sniffing inhalants</th>
<th>YRBS Crandon School District</th>
<th>YRBS Crandon School District Native American</th>
<th>FCP Youth</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.3%</td>
<td>4.2%</td>
<td>7% (2 out of 27)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>% of students who have taken prescriptions pills without a doctor’s prescription to get high</th>
<th>YRBS Crandon School District</th>
<th>YRBS Crandon School District Native American</th>
<th>FCP Youth</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.7%</td>
<td>8.3%</td>
<td>18% (5 out of 28)</td>
<td></td>
</tr>
</tbody>
</table>

• 22% (6 out of 28) have tried illegal drugs to get high.
Chronic Disease Prevention and Management

According to Healthy People 2020 (2010), chronic diseases are defined as illnesses that last a long time, do not go away on their own, are rarely cured, and often result in disability later in life. Chronic diseases, such as heart disease, stroke, cancer, diabetes, asthma and arthritis are among the most common and costly of all health problems in the United States. Chronic diseases such as heart disease, diabetes, cancer, and stroke are in the top leading causes of death among American Indians and Alaskan Natives in the State of WI (WI DHS, 2016). Many chronic diseases are preventable through a healthy diet, physical activity, not smoking and limited second-hand smoke exposure and drinking.

- 3% (15 out of 488) of Tribal Members who are seen at the Health & Wellness Center are diagnosed with heart disease.

Source: AthenaHealth

<table>
<thead>
<tr>
<th>Diabetes Prevalence Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Forest County</strong></td>
</tr>
<tr>
<td><strong>Potawatomi</strong></td>
</tr>
<tr>
<td><strong>9.6%</strong></td>
</tr>
<tr>
<td><strong>FCP Tribal Members who are seen at the FCP Health and Wellness Center are diagnosed with Diabetes</strong></td>
</tr>
</tbody>
</table>

Source: 2017 FCP Adult CHA
Communicable Disease

Communicable diseases (infectious diseases) are illnesses caused by bacteria, viruses, fungi or parasites. Organisms that are communicable may be transmitted from one infected person to another or from an animal to a human, directly or by modes such as airborne, waterborne, foodborne, or vector-borne transmission, or by contact with an inanimate object, such as a contaminated doorknob.

Communicable disease prevention and control involves the surveillance for and protection from communicable diseases that may result from changes in or evolution of infectious agents (bacteria, viruses, fungi or parasites), spread of infectious agents to new geographic areas or among new populations, persistence of infectious agents in geographic areas and populations, newly emerging infectious agents, or acts of bioterrorism.

Communicable disease prevention and control is the cornerstone of public health. Waves of severe illness and death due to communicable diseases have occurred throughout history, including smallpox prior to its eradication, the bubonic plague in 14th century Europe, the influenza pandemic of 1918 and, close to home, the massive waterborne outbreak of cryptosporidiosis in Milwaukee in 1993. Advancements in clean water and refrigeration and the development of safe, effective vaccines have greatly decreased such threats; however, common diseases still cause outbreaks and new communicable diseases emerge. The worldwide AIDS epidemic, multidrug-resistant tuberculosis, West Nile virus, severe acute respiratory syndrome (SARS), avian influenza and drug-resistant staphylococcus infections are

<table>
<thead>
<tr>
<th>Disease Name</th>
<th>Number of Incidents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlamydia</td>
<td>13</td>
</tr>
<tr>
<td>Gonorrhea</td>
<td>2</td>
</tr>
<tr>
<td>Hepatitis C</td>
<td>1</td>
</tr>
<tr>
<td>Hepatitis C, Chronic</td>
<td>11</td>
</tr>
<tr>
<td>Lyme’s Disease</td>
<td>1</td>
</tr>
<tr>
<td>Measles</td>
<td>1</td>
</tr>
<tr>
<td>Pertussis (Whooping Cough)</td>
<td>13</td>
</tr>
<tr>
<td>Streptococcal Group A</td>
<td>2</td>
</tr>
<tr>
<td>Streptococcal Group B</td>
<td>1</td>
</tr>
</tbody>
</table>
all reminders of our continued vulnerability to communicable diseases. (Healthiest Wisconsin 2020 “Communicable Disease Focus Area Profile” July 2010).

Note: The Forest County Potawatomi Health & Wellness Center reports communicable disease data to the Forest County Health Department. The data is aggregated with the County’s data through the Wisconsin Epidemiological Disease Surveillance System (WEDSS).

Environmental and Occupational Health

Environmental and occupational health includes the broad and diverse suite of interrelated regulatory and educational programs and services needed in every Wisconsin community to prevent, identify, and mitigate illnesses and injuries resulting from hazards in the natural, built, and work environments. Environmental and occupational health practice requires close collaboration with environmental and public health system partners to achieve and maintain the healthy places required for healthy living.

The air we breathe, the water we drink, communities where we live and food we eat are increasingly recognized as underlying determinants of health. In response, the fields of environmental and occupational health have expanded into a diverse area of work with the main focus to protect people from exposures (e.g., lead, contaminated water, asthma triggers, toxic waste) that cause health problems. (Healthiest Wisconsin 2020 “Communicable Disease Focus Area Profile” July 2010)

Note: The Forest County Potawatomi Health and Wellness Center reports all required reportable diseases to the Forest County Health Department. The data is aggregated with the County’s data through the Wisconsin Epidemiological Disease Surveillance System (WEDSS).

| Foodborne & Waterborne Illnesses in Forest County 2012-October, 2018 (WEDSS) |
|-----------------------------|-----------------|
| Disease                    | Number of Incidents |
| Cryptosporidiosis           | 1                |
| Salmonellosis               | 2                |

- Source: Wisconsin Epidemiological Disease Surveillance System (WEDSS)
• **Cryptosporidiosis** – diarrheal disease caused by microscopic parasites that live in water, it is most frequent waterborne illness among humans in the U.S.

• **Salmonellosis** – a bacterial disease that causes abdominal pain, diarrhea, nausea, and a sudden onset of headache.

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**Health Growth and Development**

Healthy growth and development require family-centered, community-based, culturally competent, coordinated care and support throughout the life course during preconception and prenatal periods, infancy, childhood, adolescence, and adulthood. Healthy growth and development in early life have a profound effect on health across the lifespan. Research studies over the past decade demonstrated the link between early life events and adult chronic diseases and found that babies born at lower birth weights have an increased risk of developing heart disease, diabetes, and high blood pressure in later life. Infants with poor birth outcomes begin life with multiple risk factors that may prevent them from reaching their full health and development potential. (Healthiest Wisconsin 2020 “Healthy Growth and Development Focus Area Profile” July 2010).

**Forest County Potawatomi Data (From January 2018 to October 2018)**

- Approximately 8.7 pregnancies occur a month
- 1.9 babies are born a month
- 224 families participate in the FCPCHD Maternal Child Health Program
- 28% (88 out of 316) of FCP enrolled Tribal Member Mother’s or mother’s to FCP enrolled Children breastfeed, compared to 72% (228 out of 316) who formula feed.

**Forest County Total Number of Births by Birth Weight for American Indian/Alaska Native**

<table>
<thead>
<tr>
<th>Birth Weight Range</th>
<th>Number of Births</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,500-2,499 grams</td>
<td>2,500-3,999 grams</td>
</tr>
<tr>
<td>&lt;5</td>
<td>21</td>
</tr>
</tbody>
</table>

Source: Wisconsin Interactive Statistics on Health (WISH)
Injury and Violence

Injury and violence encompass a broad array of topics. Unintentional injuries are often referred to as accidents despite being highly preventable. Examples include falls, drowning, motor vehicle crashes, suffocation and poisoning. Intentional injuries include those that were purposely inflicted, with the intent to injure or kill someone (including self). Intentional injuries often involve a violent act. Examples include homicide, child maltreatment, sexual assault, bullying and suicide. Common prevention strategies exist across all causes and manners of injury that include but are not limited to environmental changes, education, and enforcement of policies, laws and standards.

The burden of injury differs across the lifespan. The effects of unintentional and intentional injury include costs related to care and treatment of injuries, but also the loss of productivity (economic loss to the individual, family and workforce), years of potential life lost due to injury mortality, and the influence of injury and violence on chronic disease, physical and mental health.

Injuries are the leading cause of death among Wisconsin people age 1-44 years and are a significant cause of morbidity and mortality at all ages. Though many of these deaths due to injury are unintentional, the majority are also preventable. Injuries and violence are not discriminatory; they occur in all ages, races, and socioeconomic classes. (Healthiest Wisconsin 2020 “Injury and Violence Focus Area Profile” July 2010).

Source: Wisconsin Interactive Statistics on Health (WISH)

<table>
<thead>
<tr>
<th>Ranked Causes of Emergency Department Visits for Injuries American Indian/Alaskan Native 2012-2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suffocation</td>
</tr>
<tr>
<td>MVT - self</td>
</tr>
<tr>
<td>Motor vehicles traffic crash - self</td>
</tr>
<tr>
<td>Motor vehicle traffic crash - MVT</td>
</tr>
<tr>
<td>Fire, heat, chemical burns</td>
</tr>
<tr>
<td>Other specified cause of injury, MVT</td>
</tr>
<tr>
<td>overexertion</td>
</tr>
<tr>
<td>Non traffic transportation</td>
</tr>
<tr>
<td>Cutting or piercing objects</td>
</tr>
<tr>
<td>Falls</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>
Forest County Potawatomi Data

- 10% (10 out of 98 FCP Adults surveyed) self-reported that they have driven or have ridden with someone who had been drinking or under the influence of drugs.
- 69% (69 out of 100 FCP Adult surveyed) reported that they always wear their seatbelt when riding in a car.
  - Ages 26 to 25 years of age are the highest self-reported who do not wear their seatbelts and to practice dangerous vehicle practices.

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**Forest County Youth Risk Behavioral Survey Safety Behaviors compared to FCP Youth (ages 12-17)**

<table>
<thead>
<tr>
<th>Safety Behaviors</th>
<th>YRBS Crandon School District</th>
<th>YRBS Crandon School District Native American</th>
<th>FCP Youth</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of students who have driven a car or other vehicle when they have been drinking alcohol during the past 30 days.</td>
<td>33.3% (Middles School)</td>
<td>42.3% (Middle School)</td>
<td>4% of respondents (1 of 25) stated that they have driven or ridden with someone under the influence of drugs.</td>
</tr>
<tr>
<td>% of students who rarely or never wear a seatbelt when riding in a car</td>
<td>15.9%</td>
<td>20.8%</td>
<td>8% (2 out of 28)</td>
</tr>
<tr>
<td>% of students who text or e-mail while driving.</td>
<td>38.2%</td>
<td>29.2%</td>
<td>26% (7 out of 27)</td>
</tr>
<tr>
<td>% of students who never or rarely wear helmets when riding a motorcycle or ATV.</td>
<td>74.3%</td>
<td>57.7%</td>
<td>33% (9 out of 27)</td>
</tr>
</tbody>
</table>
Additional Data:

- 20% (20 out of 100) self-reported that they have experience or felt abuse (Verbal, Physical, Emotional, Sexual or Financial)
  - Of those abused 72% were women who used illegal substances and 25% were men who used illegal substances.
  - According to the YRBSS, 12.5% of Native American Students were forced to have sexual intercourse when they did not want to compared to 9.6% of that total student populations.
- 20% (20 out of 101) self-reported that in the past year they have been abusive (Verbal, Physical, Emotional, Sexual or Financial)

Bullying

The U.S. Department of Health and Human Services defines bullying as, “repetitive aggressive behavior that is repeated over time and involves an imbalance of power or strength,” (Education Development Center, 2018). Bullying behaviors may include:

- Teasing
- Name calling
- Mockery
- Harassment
- Taunting
- Hazing
- Social Exclusions
- Rumors
- Threats

According to the Youth Risk Behavioral Surveillance Survey, 2017, bullying is higher among American Indian/Alaskan Native and White youth than those in other racial and ethnic groups.

<table>
<thead>
<tr>
<th>Forest County Youth Risk Behavioral Survey Bullying compared to FCP Youth (ages 12-17)</th>
</tr>
</thead>
<tbody>
<tr>
<td>YRBS Crandon School District</td>
</tr>
<tr>
<td>% of students that have been electronically bullied.</td>
</tr>
</tbody>
</table>

- When asked if they have ever been treated negatively based on their Native American Heritage 57% (16 out of 28) responded yes.
Females reported being bullied more than males.

**CHA Youth 2018: Bullying**

![Graph showing bullying data]

Source: 2017 FCP Youth CHA

**Suicide**

Intentional self-harm is one of the leading causes of death among American Indian/Alaska Native populations and has increased every year in the State of Wisconsin for the last ten years (Health Wisconsin, 2014). Of FCP Adults surveyed 82% (80 out of 97) reported that they have never thought about taking their own lives, however, the case is different for youth.

**Forest County Youth Risk Behavioral Survey Suicide compared to FCP Youth (12 -17)**

<table>
<thead>
<tr>
<th>YRBS Crandon School District Total</th>
<th>YRBS Crandon School District</th>
<th>FCP Youth Native American</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of students who ever thought about harming themselves or taking their own lives</td>
<td>16.3%</td>
<td>16.7%</td>
</tr>
<tr>
<td></td>
<td>19% (23 out of 123) adults</td>
<td></td>
</tr>
</tbody>
</table>

- The ages of 26 to 25 years old and 65 years of age or older are the age groups had the highest frequency of self-reporting they had suicidal thoughts.
Mental Health

Mental health is a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her community. Mental health is the foundation for well-being and effective functioning for an individual and community. It is more than the absence of mental illness; it is a resource vital to individuals, families and societies.

Mental and physical health are closely connected, and the statement "there is no health without mental health" accurately summarizes the relationship between the two. More specifically, mental health disorders are associated with increased rates of chronic health problems and risk factors such as smoking, physical inactivity, obesity, and substance abuse and dependence. (Healthiest Wisconsin 2020 “Mental Health Focus Area Profile” July 2010). Among American Indian populations’ lifetime depression is higher (21% vs 17%) (WI DHS, 2016). This proportion for depressions is significantly higher among American Indian women (32% vs. 21%) (WI DHS, 2016).

Forest County Potawatomi 2018 Community Health Assessment Data

- 29% (46 out of 156) self-reported that they had depression. Compared to the 33% (84 of 250) who are diagnosed with depression and anxiety.
- 25% (39 out of 156) have needed support for Anxiety.
- 21% (33 out of 156) have needed support for Anger, Irritability or Rage.
- 6% (9 out of 156) have needed support for Seeing or Hearing Things that Others Don’t see or Hear.
- 19% (29 out of 156) have needed support for Multiple reasons
- 51% (52 of 1010) self-reported that they have received counseling.

Adequate, Appropriate and Safe Food and Nutrition

Adequate, appropriate, safe food and nutrition means the regular and sufficient consumption of nutritious foods across the lifespan, including breastfeeding, to support normal growth and development of children and promote physical, emotional, and social well-being for all people. Good nutritional practices can also reduce the risk for a number of chronic diseases that are
major public health problems, including chronic conditions such as obesity, type 2 diabetes, cancer, heart disease and stroke.

Healthy eating is a staple for a good life. Adequate and appropriate nutrition is a cornerstone to prevent chronic disease and promote vibrant health. Because nourishment is required for survival, eating also serves as a basic source of enjoyment. In addition, preparing and sharing meals provide a common means through which people maintain a sense of family and community. The nutritional, social, cultural, and pleasurable aspects of food contribute to the quality of life for all.

Fortunately, people can incorporate all of these benefits into a healthy lifestyle. Healthy nutrition is concerned with striking a balance in the types of foods and beverages consumed that falls squarely on the side of health. A healthy diet can be constructed from foods associated with very different cultures, customs, or places of origin. (Healthiest Wisconsin 2020 “Adequate, Appropriate and Safe Food and Nutrition Focus Area Profile” July 2010)

If you eat less than 3 servings of fruit/vegetables per day - why?

- Answer Options
- Availability:
- Cost:
- Time:
- Dislike:
- Lack of Planning:
- Weight:
- Picky Eaters (Kids):
- Lack of Grocery Store:
- N/A:
- Depressed/MH:
- Not Hungry:
- Organic:

Availability is the most common reason for not eating adequate amounts of fruits and vegetables.
Obesity

Wisconsin has the 21st highest adult obesity rate in the nation and the 31st highest rate for youth ages 10 to 17 according to Robert Wood Johnson’s State of Obesity (2017). Of FCP Tribal Members seen at the FCP Health and Wellness Center 44% (214 out of 488) are considered obese. Obese is defined as having a Body Mass Index (BMI) greater than 30. Obesity was identified as an area of health improvement in the focus groups.

Oral Health

Oral health is basic to general overall health throughout the lifespan. It means being free of mouth pain, tooth decay, tooth loss, oral and throat cancer, oral sores, birth defects, gum (periodontal) disease, and other diseases that affect the mouth and surrounding structures.

Oral health means much more than having healthy teeth. It means being free of chronic oral-facial pain, oral and pharyngeal (throat) cancers, oral soft-tissue lesions, birth defects such as

- 58% (60 out of 103) of FCP Adults surveyed eat less than 3 servings of fruit/vegetables a day.
- 77% (21 out of 27) of FCP Youth surveyed eat less than 3 servings of fruit a day.
- 96% (26 out of 27) of FCP Youth surveyed eat less than 3 servings of vegetables a day.
- 59% (16 out of 27) have consumed fruit juice in the last 7 days.

- 25.3% students at the Crandon School District drank a surgery beverage last week in comparison to 71% pf FCP Youth
- 25% (7 out of 27) of FCP Youth drank an energy drink.
- 58% (17 out of 29) drank more than 2+ servings of milk.

Forest County Potawatomi Data

- Of FCP Adults surveyed:
  - 3% (3 out of 94) said they have never had a dental exam/cleaning.
- Of FCP Youth surveyed:
  - 22% (6 out of 27) have not had a dental exam/cleaning in the past 6 months

- Of FCP Adults surveyed:
  - 3% (3 out of 94) said they have never had a dental exam/cleaning.
- Of FCP Youth surveyed:
  - 22% (6 out of 27) have not had a dental exam/cleaning in the past 6 months

- Of FCP Adults surveyed:
  - 3% (3 out of 94) said they have never had a dental exam/cleaning.
- Of FCP Youth surveyed:
  - 22% (6 out of 27) have not had a dental exam/cleaning in the past 6 months
cleft lip and palate, and scores of other diseases and disorders. Good oral health also includes
the ability to carry on the most basic human functions such as chewing, swallowing, speaking,
smiling, kissing, and singing. Oral health is integral to general health, and people cannot be
healthy without good oral health. Oral health and general health should not be interpreted as
separate entities. Many systemic diseases may initially start with and be identified through oral
symptoms. (Healthiest Wisconsin 2020 “Oral Health Focus Area Profile” July 2010).

Physical Activity

Physical activity means any bodily activity that enhances or maintains physical fitness and overall health. Public health strategies focus on environmental and policy changes (e.g., active community environment initiatives, urban planning, safety enforcement, trails and sidewalks) to reach large sections of the population.

Physical activity is important and yet most people do not get enough. Recent developments such as reliance on cars for almost all transportation, significant decrease in walking and biking to schools, existence of suburban developments where shopping and parks are not within safe walking distances, busy lifestyles, and an increase in the time spent with computer and video gaming all have engineered activity out of the daily routine.

In schools, physical education and recess are often one of the first areas to experience reductions in assigned time, specially trained instructors, and funding. (Healthiest Wisconsin 2020 “Physical Activity Focus Area Profile” July 2010).

Which age group exercises the most/least during the week, at least 20 minutes or more by age?
The Forest County Potawatomi Community has access to walking trails and two recreational buildings in Stone Lake and Carter. When asked if they use the trails 2017 FCP CHA respondents said 22% (22 out of 99) yes. It was identified in the focus groups that the need for year-round access to be physical activities and consistent events was mentioned in the focus groups.

- 54% (53 out of 99) of FCP Adults surveyed are physical active for 3 or more times per week at 20 minutes or more, this is considered meeting the American Heart Association’s physical activity recommendations.

- 34% (9 out of 26) of FCP Youth surveyed are physical activity for 60 minutes 6 -7 days out of the week; this is considered meeting the American Heart Association’s physical activity recommendations.

- 79% (23 out of 29) spend 2+ hours on screen time.

Reproductive and Sexual Health

Reproductive and sexual health includes the factors that affect the physical, emotional, mental and social well-being related to reproduction and sexuality across the lifespan, including engaging in same-sex and/or heterosexual behaviors. Reproductive and sexual health is a core component of individual and community public health. Health outcomes are not driven by individual behavior alone. Supportive community attitudes toward healthy sexuality, positive social and economic environments, and constructive public policies are as important as access to education and services in fostering reproductive and sexual health. Supportive community attitudes recognize that sexuality is normal. Constructive public policies must support individuals and communities. (Healthiest Wisconsin 2020 “Reproductive and Sexual Health Focus Area Profile” July 2010).

Sexually Active Youth

- Male 56%
- Female 44%

Source: 2017 Youth CHA
Note: The Forest County Potawatomi Health & Wellness Center reports communicable disease data to the Forest County Health Department. The data is aggregated with the County’s data through the Wisconsin Epidemiological Disease Surveillance System (WEDSS)

<table>
<thead>
<tr>
<th>Disease Name</th>
<th>Number of Incidents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlamydia</td>
<td>13</td>
</tr>
<tr>
<td>Gonorrhea</td>
<td>2</td>
</tr>
<tr>
<td>Hepatitis C</td>
<td>1</td>
</tr>
<tr>
<td>Hepatitis C, Chronic</td>
<td>11</td>
</tr>
<tr>
<td>Lyme’s Disease</td>
<td>1</td>
</tr>
<tr>
<td>Measles</td>
<td>1</td>
</tr>
<tr>
<td>Pertussis (Whooping Cough)</td>
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</tr>
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<td>Streptococcal Group A</td>
<td>2</td>
</tr>
<tr>
<td>Streptococcal Group B</td>
<td>1</td>
</tr>
</tbody>
</table>

Source: Wisconsin Epidemiological Disease Surveillance System (WEDSS)
Tobacco Use and Exposure

Approximately 7,700 deaths in Wisconsin are linked to tobacco use or exposure each year (Health Wisconsin, 2014). According to the Center for Disease Control and Prevention (2016), American Indian/Alaska Natives have the highest prevalence of cigarette smoking compared to all other racial/ethnic groups in the U.S.

Tobacco use is the single most preventable cause of death and disease in the U.S. (Healthiest Wisconsin 2020 “Tobacco Use and Exposure Focus Area Profile” July 2010).

Examples of how to reduce tobacco use and exposure are promoting the harms of first, second and third-hand smoke, protecting all people from exposure to second-hand smoke, promoting tobacco dependence treatment, limiting the sales of tobacco products to youth, and identifying and eliminating tobacco-related disparities. This is accomplished by collaborating with state and local leaders to implement a research-based comprehensive tobacco prevention and control plan.

S.W.O.T. Analysis

SWOT stands for Strengths, Weaknesses, Opportunities, and Threats. SWOT analysis is a useful technique that helps discover and understand both external and internal factors that may have an impact on an organization. Originated in the 1960s, SWOT is used internationally to identify four key elements of an organization use a matrix bottle below:

**Forest County Potawatomi Data:**

- 43% (209 out of 488) FCP enrolled Tribal Members who receive services at the FCP Health and Wellness Center report using tobacco to their health care provider
  - Source: Athena
- 37% (7 out of 29) of FCP Youth surveyed have tried smoking.
  - Of those who did smoke the highest prevalence was in Females who were 16.
- 88% (69 out of 78) of FCP Adults surveyed use traditional tobacco.
- 52% (51 out of 97) of FCP Adults surveyed said they are exposed to second-hand smoking.
  - 25% in the home
  - 25% from traditional smudging
  - 10% at the workplace
Strengths
- Departments work together
- Financial Stability
- In-Home Care
- Health Division/CH/Rehab/AODA
- Caring Staff
- Language and Culture
- Outreach and Events
- Housing
- Land and Natural Resources

Weaknesses
- Drugs and Alcohol
- Obesity
- Trust
- Shortage of AODA Counselors
- Lack of Participation at Events
- Advertising
- Turnover within the Health and Wellness Center
- Lack of Structure within the Tribe

Opportunities
- More Advertising
- More and Consistent Physical Activity Classes
- More Cultural Events
- More Health Education, specifically on opiates
- Community Involvement
- More Language and Culture events
- Financial Advisors
- REC
- Enrollment
- AODA
- Addressing the Drug Epidemic

Threats
- The Drug Epidemic
- Alcohol
- Money
- Forest County Court System
- School
- Health Disparities
- Non-Tribal Resource/Help
- Stereotypes
Identification of Health Priorities

Based on primary, secondary data, and data collected throughout the Community Health Assessment process, three primary health-related focuses were identified.

- Alcohol and Other Drugs
- Injury and Violence
- Obesity Prevention

**Alcohol and Other Drugs**

Alcohol and other drug abuse is an epidemic that is affecting the country. The impact of this epidemic has hit home within the Forest County Potawatomi with alcohol dependence is on the top ten diagnoses of FCP Tribal Members who visit the FCP Health and Wellness. From the analysis of data and input received at the focus groups alcohol and drug abuse was easily selected as a priority area.

**Injury and Violence**

The comprehensive data that included diagnoses rates, bullying and suicidal thoughts within the Forest County Potawatomi Community were reasons this health area was selected.

**Obesity Prevention**

American Indian populations have a higher prevalence of chronic disease, as indicated in the leading causes of deaths for American Indian/Alaska Native are the following: Heart Disease and Diabetes. Both of these diseases can be prevented with physical activity, nutrition, not smoking and reducing alcohol intake. Given the breadth of reducing obesity rates on one’s health and that 44% (214 out of 488) of FCP Tribal Members seen at the Health and Wellness Center has a Body Mass Index (BMI) greater than 30, reinforced the selection of obesity prevention as a priority area.

**Next Steps**

Based on the findings identified in this community health assessment plan, the Forest County Potawatomi Community Health Department in partnership with internal stakeholders and Communities Members will begin to develop a community health improvement plan. FCP Tribal Members will be asked to assist with the development of strategies for each of the three
priority areas. The Forest County Potawatomi Community Health Improvement Plan will serve as a guiding document for the Forest County Potawatomi Community Health Department for the next five years.

Acknowledgments

Thank you to those who were involved in the development of The Forest County Potawatomi Community Health Assessment. We appreciate you taking the time out of your busy schedules to share your knowledge and expertise.

Our Internal and External Partners

- FCP Education Department
- FCP Land and Natural Resources Department
- FCP Language and Culture Department
- FCP Behavioral Health Department
  - FCP Mental Health Department
  - FCP AODA Services
- FCP Health Division Administration
- FCP Medical Department
- FCP Elder Service Department

Public Health Accreditation Committee

- Melanie Tatge, MPH, CHES – FCP Community Health Outreach Manager
- Jodie Harris RN, Maternal Child Health Nurses & Co-Accreditation Coordinator
- Heather Robinson – FCP Community Health Department Administrative Assistant
- Jordyn Fink – Public Health Educator & Co-Accreditation Coordinator

Community Health Department Vision:

To provide essential public health services and respond to the health care needs of the Forest County Potawatomi Community.
References


Forest, Oneida, Vials County Health Departments. 2015. Creating a Path to Better Health: Community Health Needs Assessment, Forest, Oneida and Vilas Counties


WI CHIPP Infrastructure Improvement Project. 2015. Wisconsin Guidebook on Improving the Health of Local Communities.


The FCP 2017 Community Health Assessment Plan is not a stagnant plan, and is reviewed quarterly to review for errors. Data is also tracked annually and will be entered to track trends on the identified health priorities. Therefore it is important that records of these changes are kept in order to monitor the evolution of this plan.

<table>
<thead>
<tr>
<th>Date</th>
<th>Description of Change</th>
<th>Page #</th>
<th>Made By:</th>
<th>Rationale</th>
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<tr>
<td>5/23/19</td>
<td>Updated Athena data denominator to 488 unique clients</td>
<td>18-19, 21, 31, 35, 37</td>
<td>M. Tatge</td>
<td>Denominator changed for 250 to 488 of FCP Tribal Members seen at HWC during Jan 1, 17 – August 21, 2018.</td>
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