Oneida Comprehensive Health Division
Oneida Community Health Center
Behavioral Health Services
Anna John Resident Centered Care Community
Employee Health Nursing

ONEIDA

She·kú,

We are excited and honored to present the Oneida Community Health Improvement Plan (CHIP) to the members of the Oneida Nation. This plan was developed from a lot of hard work by individuals dedicated to improving services that will promote a healthier Tribal community.

This plan identifies health priorities, goals, and strategies that build the capacity and foundation for a healthier community rooted in **Tsiʔ niyukwalihotʌ**, Our Ways. The plan will have little impact without the support and involvement from our community members. By working together and taking action, we can achieve a healthier future for the Oneida Community.

We look forward to working with the community, collaborating with Tribal departments, and developing partnerships with local agencies in implementing this plan.

A special thank you is extended to community partners and workgroup members for their time and dedication throughout this process.

We invite you to actively be a part of this plan.

Yawʌʔkó,

Eric Krawczyk, MPH, MCHES
Community/Public Health Officer

The mailing address to all locations is: P.O. Box 365, Oneida, WI 54155
http://oneida-nsn.gov/resources/health/

Oneida Community Health Center	525 Airport Dr., Oneida, WI 54155	Phone: (920) 869-2711 or 1-866-869-2711	Fax: (920) 869-1780
Behavioral Health Services	2640 West Point Rd., Green Bay, WI 54304	Phone: (920) 490-3790 or 1-888-490-2457	Fax: (920) 490-3883
Anna John Resident Centered Care Community	2901 S. Overland Rd., Oneida, WI 54155	Phone: (920) 869-2797	Fax: (920) 869-3238
Employee Health Nursing	701 Packerland Dr., Green Bay, WI 54303	Phone: (920) 405-4492	Fax: (920) 405-4494

(Koch, Sue. *Oneida Orchard in Spring*. 2018. Big Bear Media)

Oneida Comprehensive Health Division
Oneida Community Health Center
Behavioral Health Services
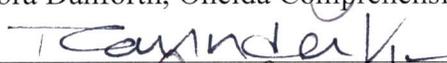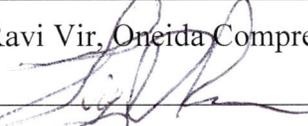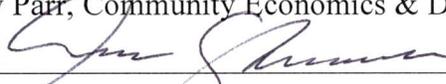Anna John Resident Centered Care Community
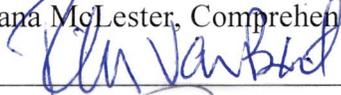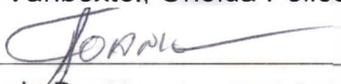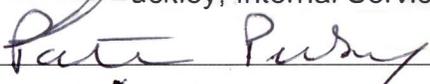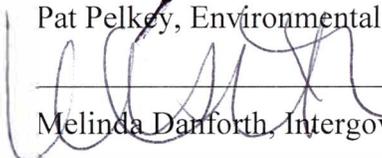Employee Health Nursing

ONEIDA

She·kú,

As participating partners in the Oneida Community Health Improvement Plan (CHIP), we endorse this plan and are committed to improve health and make it possible to live well in the Oneida Community.

This plan identifies health priorities, goals, and strategies that build the capacity and foundation for a healthier community. The plan will have little impact without the support and involvement from our community members. By working together and taking action, we can achieve a healthier future for the Oneida Community.

Yawʌ'kó,

Signature	Date
Debra Danforth RN BSN	12-10-18
Debra Danforth, Oneida Comprehensive Health Division	
	12/11/2018
Dr. Ravi Vir, Oneida Comprehensive Health Division	
	12/14/2018
Troy Parr, Community Economics & Development	
	12/14/18
George Skenandore, Governmental Services Division	
Dana McLester	12/14/18
Dana McLester, Comprehensive Housing Division	
	12/19/18
Rich Vanboxtel, Oneida Police Department	
Joanne	12/14/18
Joannie Buckley, Internal Services Division	
Pat Pusey	12/14/18
Pat Pelkey, Environmental Health & Safety & Land	
	12/14/18
Melinda Danforth, Intergovernmental Affairs & Communication	

Plan Acknowledgments

Committee Acknowledgments

Thank you to the following individuals for taking the time out of their busy schedules to participate in the development of the Oneida Community Health Improvement Plan.

2016 Quality of Life Survey Assessment

Melissa Nuthals, Statistician
Input from Division Directors and staff
Input from the Business Committee

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Latsiklanunha Hill, Oneida Police Department
Lisa Aho & Vicky Deer, Early Head Start/Head Start
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Phillip Wisneski, Oneida Communications
Scott Denny, Oneida Rentals/Housing
Susan House, PhD, Oneida Parks and Recreation

Table of Contents

(Arce, Michael. *Duck Creek.* 2019 Oneida Environmental, Health and Safety Division)

What Are Community Health Assessments and Health Improvement Plans and Why Are They Important?

Community health assessments are conducted to learn about the health of community members, factors that lead to increased health risks and poorer health outcomes, the strengths and challenges that influence overall health and well-being, and existing resources to improve health (PHAB, 2018 p.14). The data collected, compiled, and analyzed during a community needs assessment, or community health assessment (CHA), comes directly from community members. As community members are the source of CHA data, the community health improvement plan (CHIP) that evolves from CHA data will be specific and relevant to the Oneida Community.

The development of a community health assessment fosters successful partnerships among departments in the Nation, outside health systems and entities, and Oneida Community members. These relationships enable the creation and maintenance of a collaborative and actively engaged population who has a common goal for improving the health and wellness of the Oneida community. The community health assessment is the basis for developing a community health improvement plan. CHIP is a collaborative, long-term plan that addresses public health issues identified in the community health assessment. CHIP defines a vision for the community's health and guides the tribal health department, community partners, and community members (all of whom are stakeholders) to actively engage in improving the health of the community (Minnesota Department of Health, n.d.). See the Plan Acknowledgments page to see the list of stakeholders involved in the CHIP project. Additionally, for health promotion programs to be more effective, and for health professionals to deliver messages about health-promoting concepts, the messages must be consistent with the levels of health literacy in the community (Stanton, Scott, & Happell, 2016, p. 228). Input and feedback from a variety of community partners has guided the creation of CHIP and enabled the creators to present information in a meaningful and relevant manner for the community.

Data compiled through community health assessment is significant at a tribal level as the data acquired and analyzed is comparable to past CHA data, as well as comparable to data from outside populations. Additionally, larger scale health assessments and data collection systems often do not differentiate tribal population data from the total amount of collected data. The lack of differentiation of data sources disproportionately misrepresents the health status of the tribal population and subsequently most public health improvement plans are not as relevant to tribal populations. Because the CHA data collected from the Oneida Community can be compared to numerous other data sources, including past Oneida Community Health Assessments (CHA), the community health improvement plan being developed will be representative of the specific needs of the Oneida population. The evolving CHIP initiative seeks to promote healthcare equity, quality, and accessibility through the efforts of the leadership team, other divisions of the Oneida Nation, and most importantly, the community members.

Oneida Community Overview

The Oneida Reservation is 65,400 acres. Brown County contains 26,625 acres and Outagamie County contains 38,775 acres. As of July 18th, 2018, Oneida Nation owns approximately 26,984.53 acres, which is 42% of the reservation. This includes part of the City of Green Bay, part of the Village of Ashwaubenon and part of Pittsfield. It includes most of the Village of Hobart and all the Town of Oneida. About half of the land is residential/urban and half rural/agriculture.
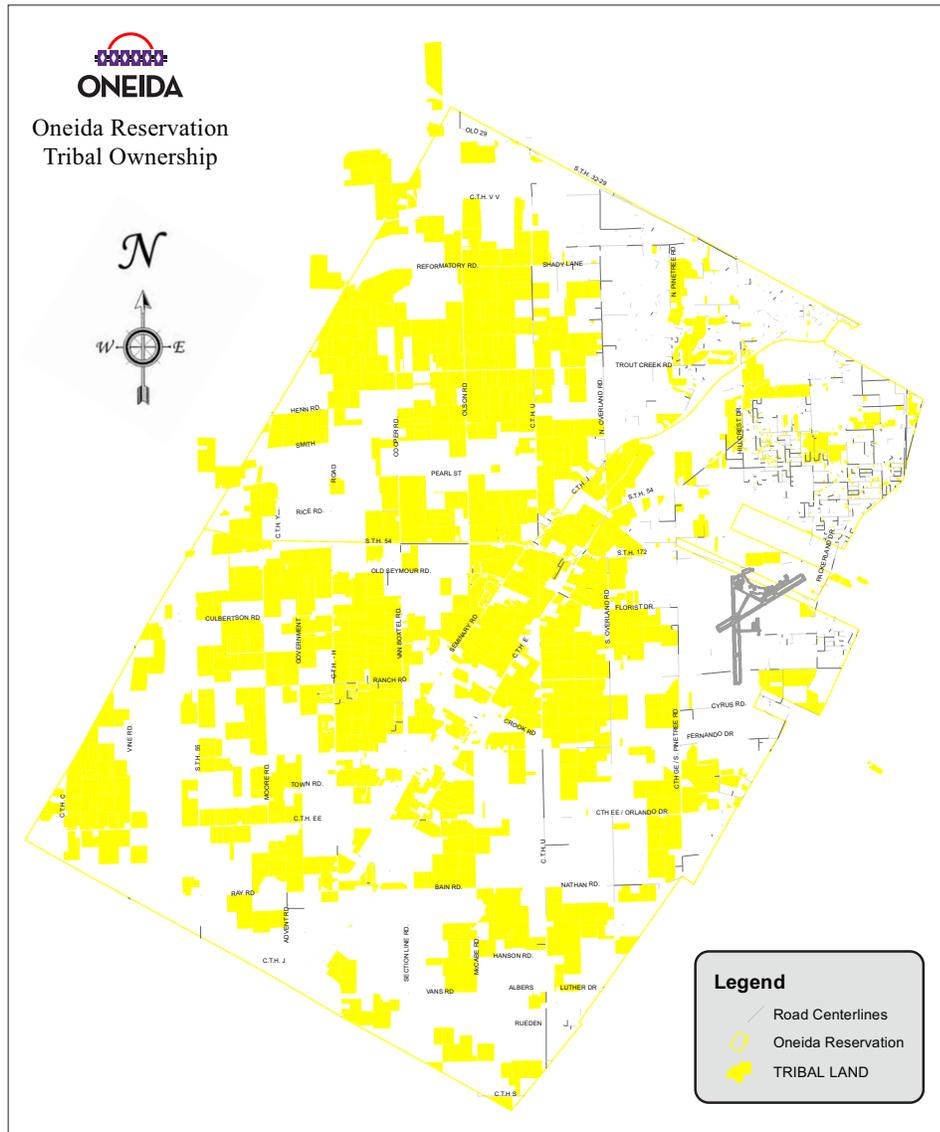
(Doxtator, 2018)

The Oneida Nation has over 17,240 members around the world. Approximately 24,213 Oneida and non-Oneida people live on the Oneida Reservation. Of this number, 4,473 people are Oneida tribal members. There are 3,050 tribal members off the reservation in Brown and Outagamie Counties (Metoxen, 2018, p.5). Tribal enrollment increased by 2,760 members between 2000 and 2018.

Enrollment is expected to peak in the next 2 years due to the enrollment criteria limitation of 1/4 Oneida blood. The number of enrolled Oneidas on the Reservation may increase with added housing availability, but the overall population is expected to peak, then steadily decrease.

Vulnerable and At-Risk Groups in the Oneida Community

During a data summit event February 28, 2018, community partners gathered to review data specific to the Oneida Community. Partners were asked to identify groups and populations within the Oneida community that were more vulnerable or at-risk compared to other groups.

- Chronic Illness
- Chronic Mental Health Illness
- Diabetic Patients
- Drug Users
- Children of Drug Users
- Elders

- Infants and Children
- Homeless
- People with Disabilities
- Smokers
- Women Infant and Children (WIC) Recipients

Resources and Assets

During the same data summit, partners were asked to identify community resources and assets which promote health in the Oneida Community.

Programs/Policies	Food Safety	Community Centered	Professional Services
Clean Air Policy	Farm to Table	Aquaponics	Behavioral Health
Early Childhood Project	Food Handler's Classes	Diabetes Prevention Annual Events	Chiropractic Care
Exercise at Work Policy	Food Code	Elder Services	Dental Clinic
Flu Prevention Clinics and Immunizations	Oneida Community Integrated Food System (OCIFS)	Fitness Center	Employee Health Nursing
Indoor Air Quality Program	Oneida Market	Oneida Lake	Nursing Home
Infrastructure Stability		Parks, Recreation, and Civic Center	Optical Clinic
School System Services		Pet Safety	Social Services
Tuberculosis (TB) Policy		Trails System	Wisconsin Well Women Program (WWWP)
Woman, Infants, and Children (WIC)		Transportation	

Our Process

The collaborative process used to assess the Oneida Community reflects a modified version of the model, Mobilizing for Action through Planning and Partnerships (MAPP) (National Association of County and City Health Officials, 2018). The MAPP model provides a framework for uniting a variety of organizations, groups, and individuals that comprise the local public health system as an active effort to create and implement a community health improvement plan. The MAPP model consists of six phases. Specific tasks occur in each of these phases to ensure engagement with community patrons.

Phases

PHASE 1

Organize for Success & Partnership Development: The Oneida Community Health Improvement Plan leadership team began meeting in January 2017. This leadership team included all the supervisors within Community Health Services Department, Tribal Statistician, representation from Oneida Environmental Health & Safety, and representation from Oneida Planning Department. This team took on developing the community health assessment (CHA) survey tool that was scheduled to be released to the community in early 2017. The survey was released March 2017 and the survey results came back to this group in May 2017.

PHASE 2

Visioning: To engage the community and to ensure a community health improvement plan (CHIP) that is representative of the community needs, the leadership team developed a brief survey asking the community to define health and wellness. The survey was released on the Oneida Comprehensive Health Division and the Oneida Nation Facebook pages in August 2017. In addition to the feedback collected, the survey asked for contact information for interested respondents to continue participating to improve the health of the Oneida community. Later in August 2017, an in-person, focused conversation was held to gather community perspective and to create a visioning statement, representative of the community, to guide the efforts of those creating the community health improvement plan. This community feedback directed the leadership team to translate the CHIP visioning statement into the Oneida language.

PHASE 3

The Four Assessments: The MAPP model guided the leadership team through four recommended assessments.
- Community Health Assessment — The Community Health Assessment (CHA) survey occurred in the community between March 2017 and April 2017.
- Community Themes & Strengths Assessment — The data from the 2016 Quality of Life (QOL) survey was reviewed by the leadership team to identify the Oneida Community's perceptions, attitudes, and beliefs related to quality of life
- Forces of Change Assessment — In this assessment, the leadership team participated in group activities to identify perceived forces of change that could potentially impact the health and wellness of the Oneida Community.
- Local Public Health System Assessment — The Ten Essential Public Health Services were investigated by the leadership team to determine the impact these services have on the Oneida Community

(Arce, Michael. *OCHC*. 2018. Oneida Environmental, Health and Safety Division)

PHASE 4

Identify Strategic Issues: To identify strategic issues, the leadership team gathered to review the community vision and the above four assessments, community member feedback, and responses from stakeholder engagement activities. The leadership team analyzed the available information and identified to focus on two specific areas that would generate the most improvement within the community. The two areas for improvement emphasized in the CHIP initiative are improving the physical wellness and the emotional wellbeing in the Oneida Community.

PHASE 5

Formulate Goals and Strategies: The leadership team scheduled routine meetings with the community partners to formulate objectives and strategies to address and promote physical wellness and emotional well-being in the Oneida Community. A wide variety of partners were invited to participate in the CHIP initiative, some of which have been actively engaged in the process. Over time, the meetings/discussions surrounding the development of the CHIP initiative piqued the interest of other community partners and these partners were welcomed to join the leadership team.

PHASE 6

Action Cycle: As the CHIP initiative unfolds and interventions are implemented into the community, the actions will be reported to the community in a variety of locations. Communication of outcomes and progress will be made available to the public through multimedia pages; division quarterly, semi-annual, and annual reports to General Tribal Council; as well as by request.

What Makes a Community Healthy?

In Native American culture, health is holistic. The term holistic means finding balance in multiple facets of life, represented as interwoven concepts (Figure 1). Colonization has led to the deterioration of Native Americans' health in a population of people who were once the healthiest in the world. Understanding why so many Native Americans are in poor health is an important part of restoring, sustaining, and evolving the Indigenous populations' culture and health. A community health needs assessment was conducted to identify areas of health strengths and challenges representative in the Oneida population.
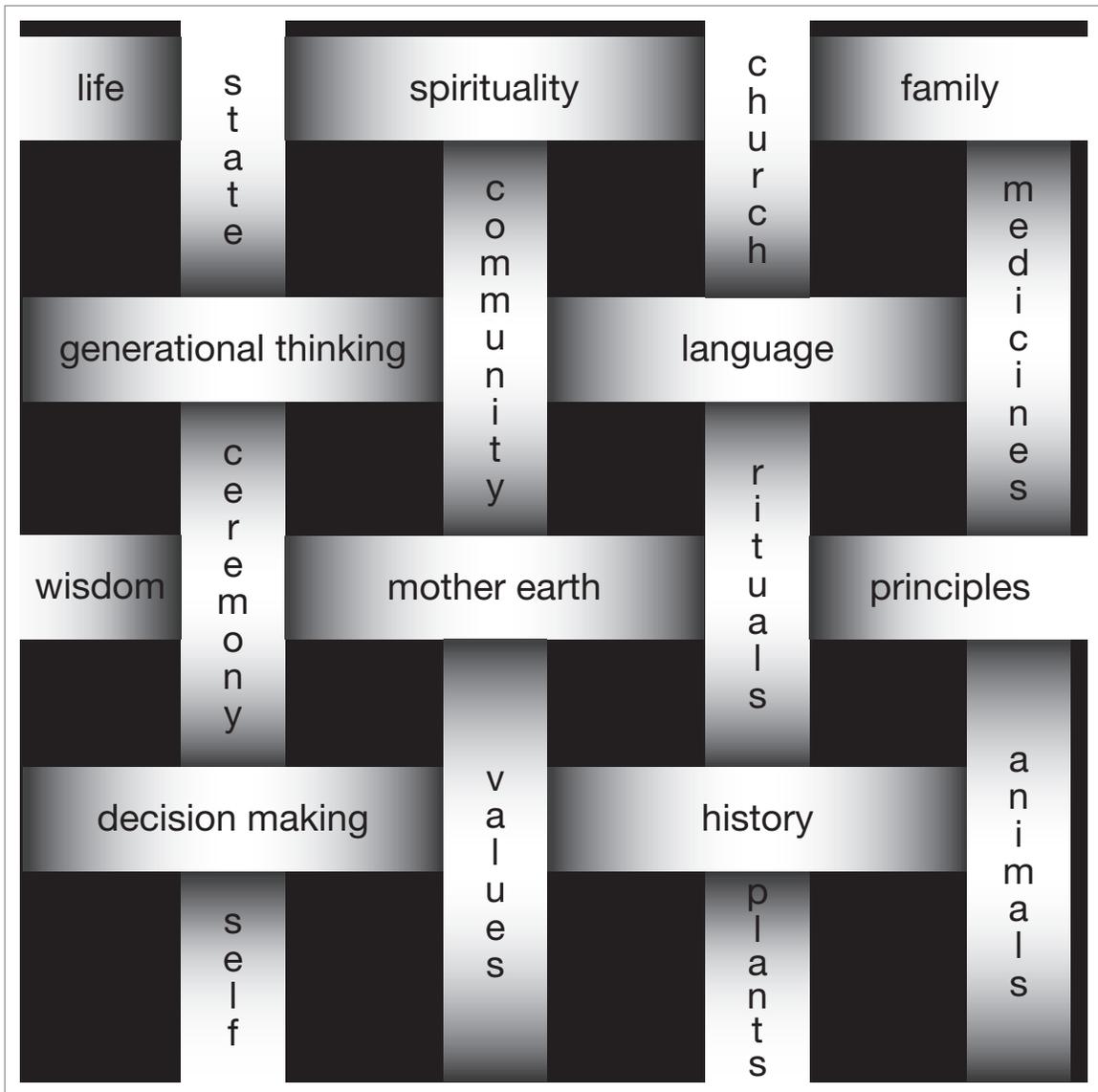

Figure 1: Conceptual model: Native American life view (House, 2018)

County Health Rankings Model

The Oneida Community Health Assessment, or CHA, is organized around the County Health Rankings model (Figure 2).

- **Health Outcomes:** Reflect the current state of health for a population represented by two categories, length of life (mortality) and quality of life (morbidity).

- **Health Factors:** Modifiable determinants of health. These are divided into four categories—health behaviors, clinical care, social and economic factors, and the physical environment. Each category is assigned a percentage representing the weight of importance in determining health outcomes. In addition, achieving health equity involves removing obstacles that are barriers to achieving of optimal health. Health equity means everyone has a fair and just opportunity to be healthier (Braveman, Arkin, Orleans, Proctor, & Plough, 2017). Genetics and biology are additional health factors that influence health outcomes, but because they are non-modifiable, they are not included in the model.

- **Policies and Programs:** Implemented at the tribal, local, state, and federal level. Policies and programs have both a direct and indirect effect on health factors and health outcomes (Remington, Catlin, & Gennuso, 2015).
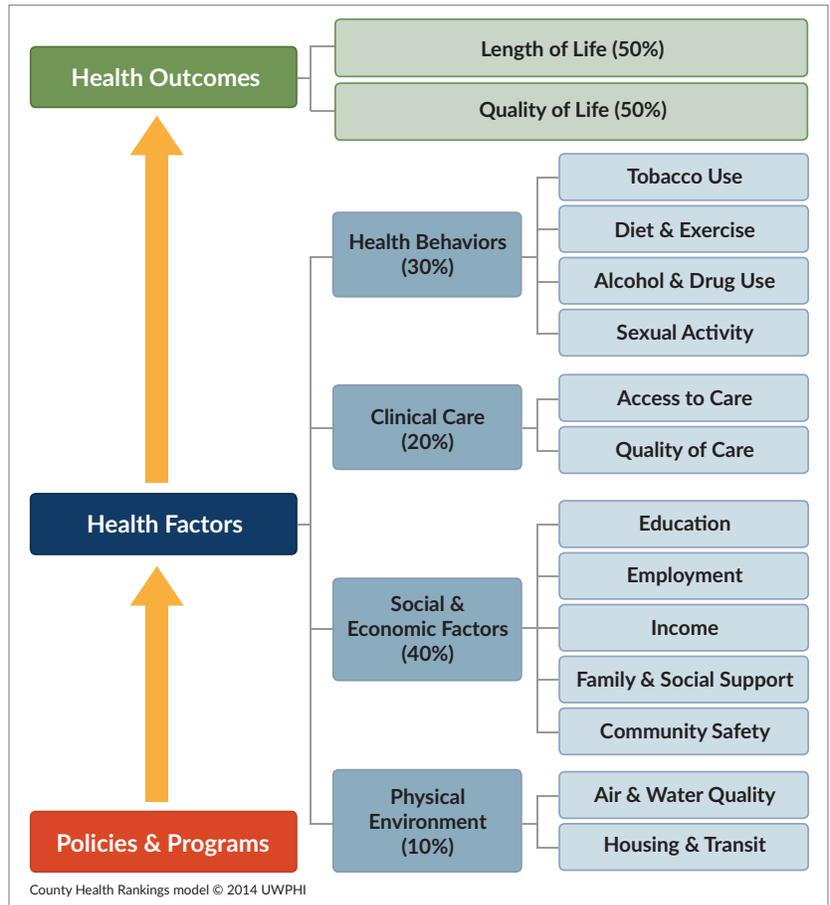

County Health Rankings model © 2014 UWPHI

Figure 2: The County Health Rankings is a conceptual model of population health that includes health outcomes and health factors. It was developed by the Population Health Institute at the University of Wisconsin (County Health Rankings and Roadmaps, 2016).

Through analyzing the compiled data of the CHA, the recurring themes of improving physical wellness and emotional wellbeing have been identified. The utilization of the Peoples Theory of Sickness and the County Health Ranking tools assist to identify the health and wellness needs of the Oneida Community, and therefore, utilized in the design of the community health improvement plan (CHIP) initiative.

Peoples Theory of Sickness

According to the downward process in the Peoples Theory of Sickness (Figure 3), individualism, loss of community and culture leads to ill health, disease, violence, and decay of community. Assimilation tactics have led to the loss of culture. As a result, many people in the community have also lost their health and are dying much earlier. The health of one's cultural identity is directly related to personal health, the health of the community, and the cultural group. The Peoples Theory of Sickness also has an upward process with a foundation being a philosophy of community. Health can be reclaimed as culture is reclaimed. The Oneida Community is rooted in Tsi niyukwaliho·tʌ, or Our Ways. This includes beliefs, customs, and how the Oneida people view the things of the past, present, and future. It also includes the history of the Oneida people and things in the environment that make Oneida people distinct from others (Oneida Nation, 2012).
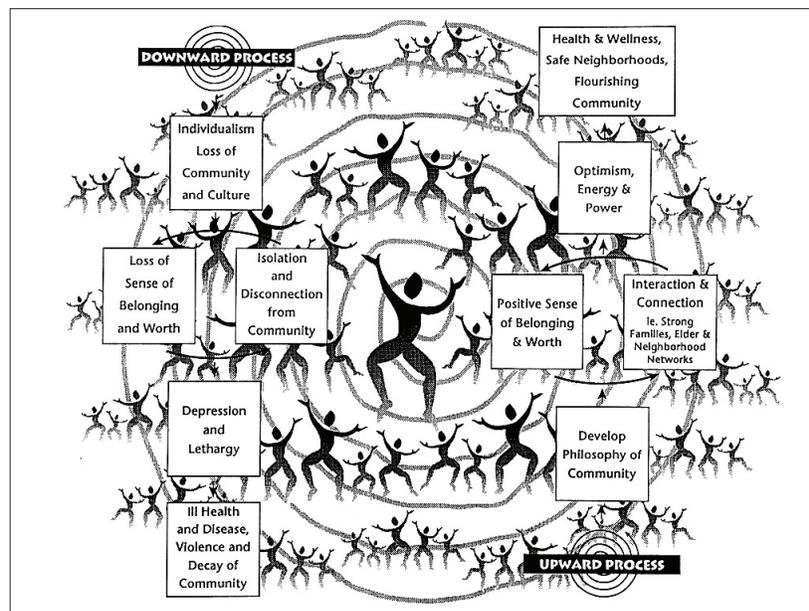
Figure 3: The Peoples Theory on Sickness was developed by The Cultural Wellness Centter, an organization located in the Twin Cities region whose work aims to empower citizens to heal themselves and build community (The Cultural Wellness Center, 2016)

As a Nation built on Tsi niyukwaliho·tʌ, we envision a future where the Oneida Nation and future generations are safe, happy, and healthy. With the help of community partners, the two focus areas identified in Phase Four of the MAPP model are physical wellness and emotional wellbeing. These two focus areas acknowledge the fact that health cannot be determined only by physical or emotional wellness alone. Additionally, the health of an individual is inseparable from harmony or disharmony within the family and community. Because of the diversity within the Oneida population, creating a "one-size fits all" approach for a community health improvement plan is not a realistic option. However, utilizing culturally significant and evidence-based strategies with the goal of engaging the Oneida population to achieve optimal physical wellness and emotional well-being remains at the forefront in the development of the 2018-2022 Oneida Nation Community Health Improvement Plan.

Vision

"Informed and engaged sovereign nation embracing a safe and healthy community."

kwáh akwekú ʌtwalihwakwenyʌ́stekeʔ tsiʔ náhteʔ káhsʊʔ tsiʔ tyohwʌtsyá·te

means "we all will respect everything that's been created on earth."

To improve health and wellness, it's important to understand how the community defines health and wellness. In July 2017, the CHIP leadership team engaged the community through a Facebook survey.

Respondents of that survey were additionally asked if they would be interested in participating in a group discussion that was to be held in August 2017. The outcome of the resulting community group discussion produced a visioning statement. This is the vision for the Oneida Community Health Improvement Plan.
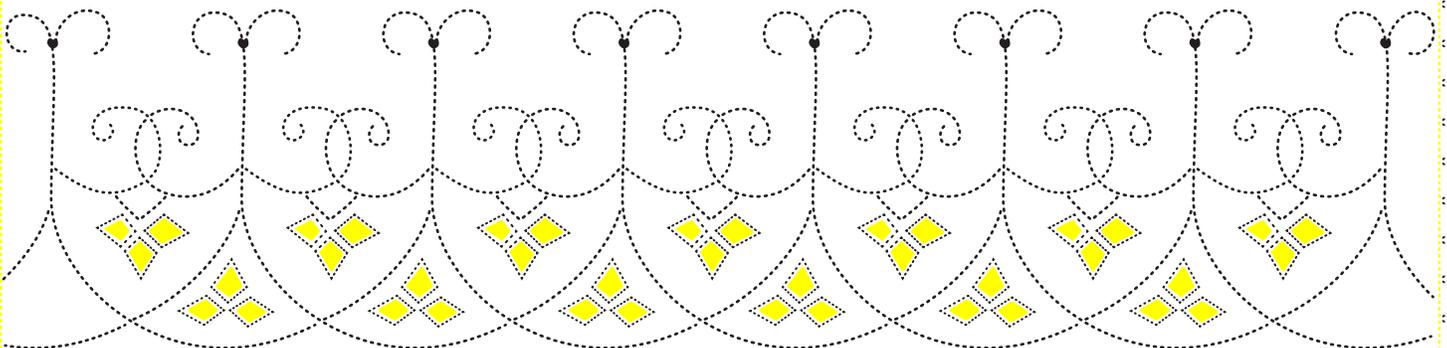
Oneida Community Focus Areas

Physical Wellness

Emotional Wellbeing

(King, Dennis. *Inside of Longhouse*. 2018. Big Bear Media)

Focus Area 1: Physical Wellness

As defined by World Health Organization (1946), health is a "state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity". There are many ways to achieve the highest standard of health and this begins with an individual's health behaviors. Based on the County Health Rankings model, the health behaviors that contribute to physical wellness includes use of commercial tobacco, diet and exercise, alcohol and drug 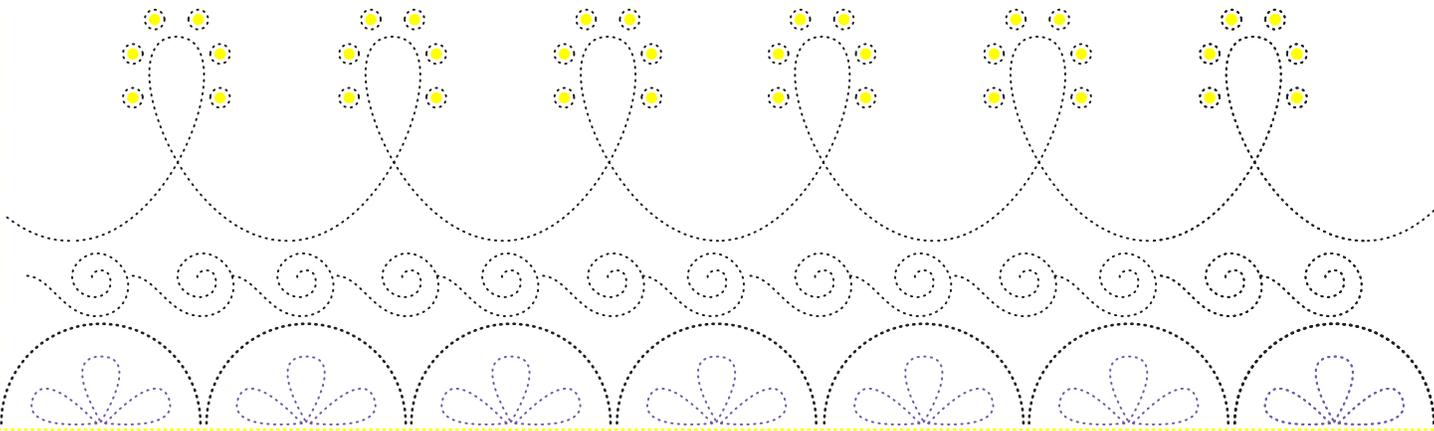use, and sexual activity. The model illustrates that health behaviors contribute 30% to health factors that influence length and quality of life.

Each health behavior contributes to health and longevity. For example, just one year after quitting smoking, a person's risk for heart disease and heart attack drops dramatically (American Cancer Society, 2018). In addition, physical activity has numerous benefits on health. Physical activity burns calories to lose or maintain weight, lowers a person's risk for heart disease and stroke, strengthens muscle and bones, and can help lower blood pressure and cholesterol (American Diabetes Association, 2016).

The 2017 Oneida Community Health Assessment demonstrated:

- Daily commercial tobacco use is reported to be 15% in the Oneida community.

- 16% of respondents binge drink (have five or more drinks on one occasion) in a month.

- 54% of respondents are considered obese with a Body Mass Index (BMI) of 30 or more based on their reported heights and weights.

- 39% of respondents eat at a fast food or chain restaurant more than the recommended one time per month.

- 61% of respondents participated in physical activity in the past month.

- 33% of respondents participate in moderate activities for at least 10 minutes at a time at least four days a week (Figure 4).

Moderate Activity Participation
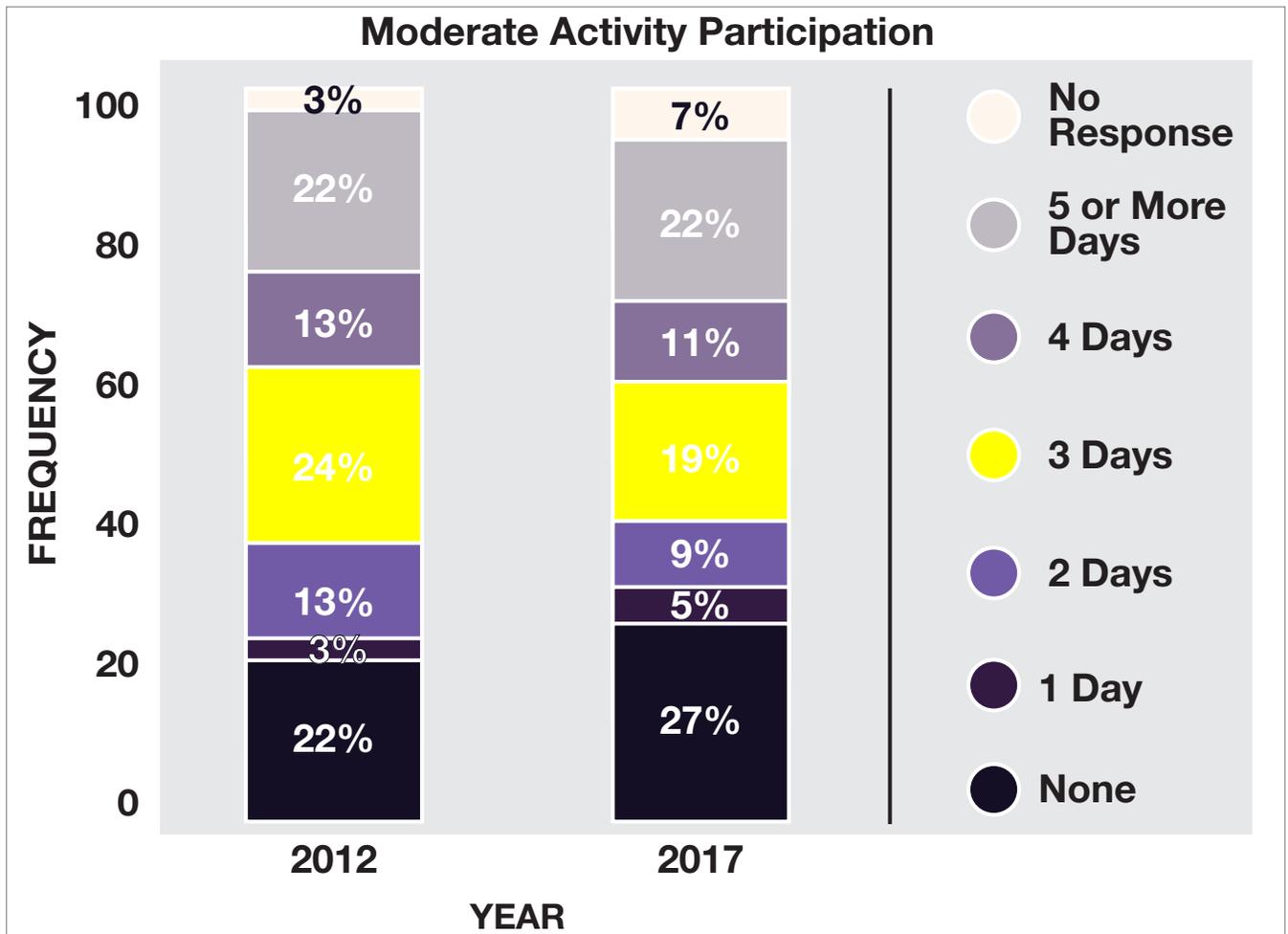
Figure 4: Moderate activity participation in respondents of the 2012 and 2017 CHA. In 2017, 33% of respondents participated in moderate physical activity for a minimum of 10 minutes at least 4 days a week.

In 2016, the overall physical activity rate in Wisconsin was 81% (Wisconsin Dept. of Health Services).

In 2016, both Brown and Outagamie Counties had physical activity rate for the general population of 79% (Wisconsin Dept. of Health Services).

Conclusion:

The Oneida Community has a lower rate of physical activity (68%) than all Wisconsin residents and just those in Brown & Outagamie Counties.

Goal: Improve Physical Wellness in the Oneida Community

Objectives	Activities
Objective 1: By the next Community Health Assessment (CHA), the percentage of Oneida community members who participate in moderate activity 4-5 days/week will increase from 33% to 38%.	• Oneida community members will use multimedia campaign to track their physical activity. • Oneida community members' use of multimedia platforms to track their physical activity will increase.
Based on the County Health Rankings model, 30% of health outcomes are affected by health behaviors *(Figure 2, p. 7)*.	

Evidence-based research that support *Physical Wellness* objective (see Appendix A & B):

- People who are physically active live longer and have a lower risk for heart disease, stroke, type 2 diabetes, depression, and some cancers (CDC, 2012).

- High levels of physical activity are associated with a better health related quality of life (HRQOL). The association between HRQOL and increased physical activity is consistent regardless of weight, age sex, race, cultural identity, or socioeconomic status.[1]*(p. 32)*

- Improvement of the health literacy in a population is associated with increased consumption of nutritionally dense foods, increased physical activity, and compliance with general healthy lifestyle behaviors.[2]*(p. 33)*

(King, Dennis. *Heirloom White Corn*. 2018. Big Bear Media)

THE TRUTH ABOUT ACEs

WHAT ARE THEY?

ACEs are ADVERSE CHILDHOOD EXPERIENCES

The three types of ACEs include

ABUSE
- Physical
- Emotional
- Sexual

NEGLECT
- Physical
- Emotional

HOUSEHOLD DYSFUNCTION
- Mental Illness
- Incarcerated Relative
- Mother treated violently
- Substance Abuse
- Divorce

WHAT IMPACT DO ACEs HAVE?

As the number of ACEs increases, so does the risk for negative health outcomes

RISK

0 ACEs   1 ACE   2 ACEs   3 ACEs   4+ ACEs
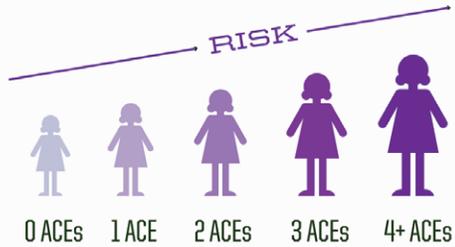
Possible Risk Outcomes:

BEHAVIOR
- Lack of physical activity
- Smoking
- Alcoholism
- Drug use
- Missed work

PHYSICAL & MENTAL HEALTH
- Severe obesity
- Diabetes
- Depression
- Suicide attempts
- STDs
- Heart disease
- Cancer
- Stroke
- COPD
- Broken bones

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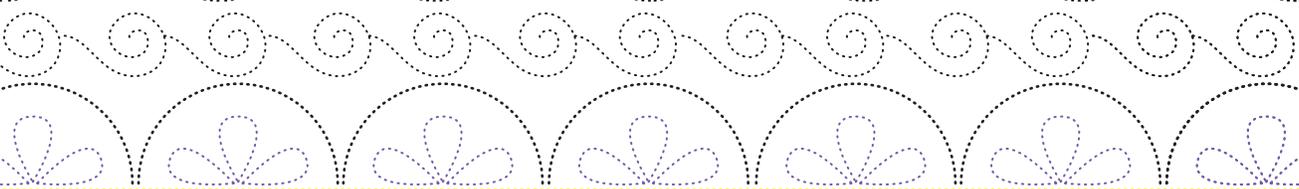
Focus Area 2: Emotional Wellbeing

Mental health encompasses social, psychological, and emotional wellbeing (MentalHealth.gov, 2017). Emotional wellbeing can be described has having a positive outlook on life, having positive emotions, fulfillment in life, and positive functioning (CDC, 2018). Good living conditions (social, economic, and environmental health factors) are fundamental to wellbeing. However, measuring the quality of living conditions fails to measure wellbeing in terms of how people perceive their lives such as; quality of relationships, overall life satisfaction, positive emotions, and resilience.

Both present and past conditions have an impact on emotional wellbeing. Past trauma inflicted on native communities has resulted in cumulative emotional and psychological wounds. Generations later, the shared experiences and effects of historical trauma are still felt. Research in the field of epigenetics has suggested trauma is woven into DNA, carrying memories of trauma experienced by ancestors which can influence how individuals react to trauma and stress in present day by displaying similar physical and psychological symptoms of trauma. Over 50% of Native Americans indicate that they think about loss related to historical trauma, such as loss of language, loss of culture, and loss of land, at least occasionally, and which caused them psychological distress (Brockie, Heinzelmann, & Gill, 2013). Many behavior and health conditions can be related to inherited epigenetic changes (Pember, 2016). The psychological distress and epigenetic changes help explain high rates of chronic health conditions, mental illness, substance abuse, and disruption within native families and communities and the persistent cycle of trauma.

Native Americans also have disproportionately high rates of ACEs, or adverse childhood experiences. The 1998 Adverse Childhood Experiences (ACE) study asked adults ten questions related to abuse, neglect, and household dysfunction they experienced during childhood. The study concluded adverse childhood experiences can strongly contribute to negative physical and mental health outcomes in adulthood (Felitti et al., 1998). According to the CDC (2016), "adverse childhood experiences have been linked to risky health behaviors, chronic health conditions, low life potential, and early death. As the number of ACEs increases, so does the risk for these outcomes". It can then be assumed that poor health outcomes among Native Americans are linked with high ACEs.

Native Americans survive and thrive despite childhood and historical trauma. This is called resilience. Some individuals are more resilient than others. Community-based interventions are more successful than individualized interventions to address the issues associated with historical trauma in Native American communities. Thus, for behavioral health care to be successful, care must be "culturally relevant and take its cues from successful Tribally managed behavioral health efforts, including evidence-based, cultural, and traditional practices" (Indian Health Service, n.d.).

The 2017 Oneida Community Health Assessment survey demonstrated:

- 26% of respondents have been told by a medical professional that they have a depressive disorder (including depression, major depression, dysthymia, or minor depression).

- 18% of respondents feel they rarely or never get the social or emotional support needed (Figure 5).

The 2016 Oneida Quality of Life survey demonstrated:

- Just over three-quarters of respondents feel that the Oneida Reservation is a safe place for children.

- The poverty rate for Oneida member households is 20% on the reservation, and 23% for Oneida member households in Brown and Outagamie Counties.

- 73% of respondents are satisfied with their family income.

- 68% of respondents rate the condition of their housing unit excellent or good.

The data from Oneida Behavioral Health Services demonstrated:

- Majority of patients have experienced at least one adverse childhood experience (ACE), and 37% of patients have experienced four or more (Figure 6).

Frequency of Receiving Social and Emotional Support Needed

Year	Always	Usually	Sometimes	Rarely	Never	No Response
2006	30%	32%	19%	9%	8%	2%
2012	27%	38%	18%	9%	6%	2%
2017	29%	31%	18%	7%	11%	4%
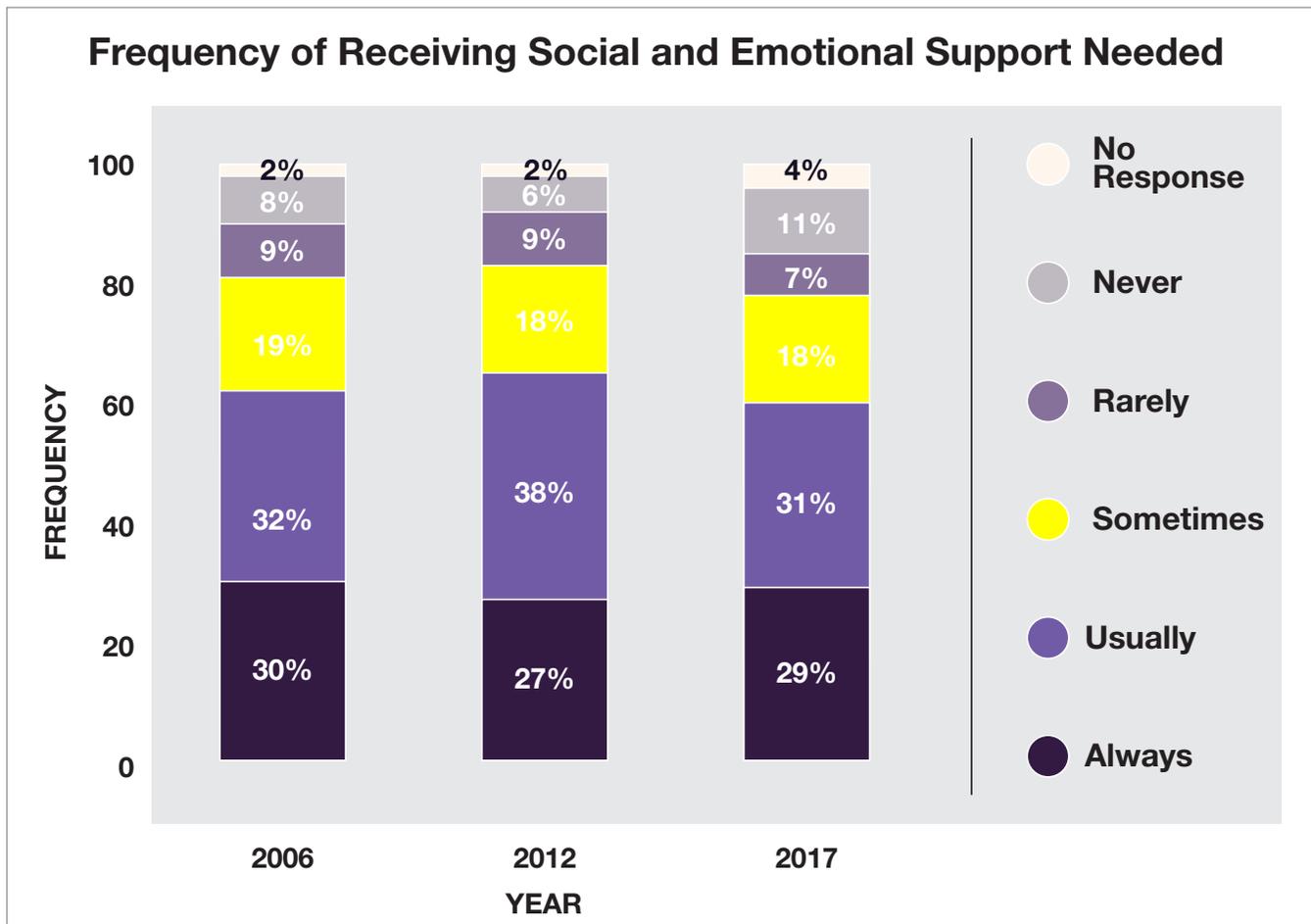
Figure 5: Frequency of receiving needed social and emotional support by respondents of the 2006, 2012, and the 2017 CHA. In 2017, 18% of respondents reported that they rarely or never get the social support needed.

Adverse Childhood Experiences (ACEs)
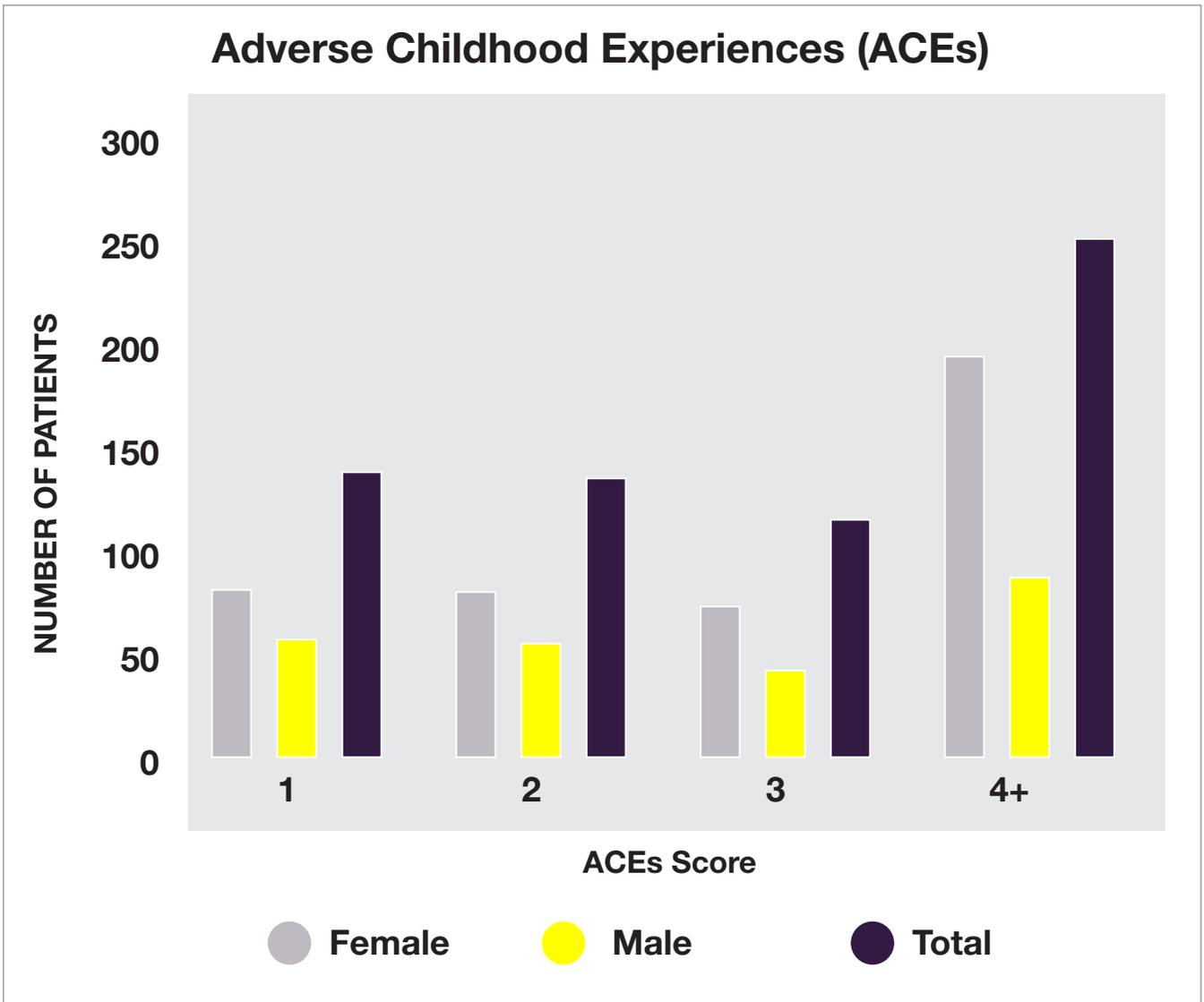
Figure 6: ACEs score of male and female patients seen at Oneida Behavioral Health Services. Of those who were screened for Adverse Childhood Experiences (ACEs) the average score was 3.9 (out of 10). Three or more adverse childhood experiences identifies that there have been some experiences that may cause symptoms of trauma.

Goal: Improve Emotional Wellbeing in the Oneida Community

Objectives	Activities
Objective 1: By the next Community Health Assessment (CHA), the Oneida Community who rarely or never get social and emotional support needed will decrease from 18% to 13%.	• Develop and implement multimedia campaign. • Oneida community members will be more informed about emotional wellbeing. • Keep Oneida Community informed of changes and updates to community resources.
Based on the County Health Rankings model, 40% of health outcomes are affected by social and economic factors *(Figure 2, p. 7)*.	

Evidence-based practices that support *Emotional Wellness* objective (see Appendix A & B):

- Culturally based coping mechanisms have been shown to increase mental and emotional well-being in tribal populations. These coping mechanisms are specific for each tribal population but have been shown to provide protection and resilience against substance abuse, depression, suicide ideation and attempts, and chronic PTSD.[3] *(p. 27)*

- Increasing evidence indicates that prevention, intervention, and treatment programs that are culturally relevant to target communities are feasible and effective. Interventions require a continuous balancing act between evidence-based actions in the one hand and the use of local cultural knowledge in the other hand. This balancing act sets up dynamic communication that enhances the community's ability to more successfully reduce health disparities and promote mental health in a manner meaningful to the population.[4] *(p. 27)*

- Exposure to trauma is consistently associated with co-occurrence of behavioral health disorders and emotional well-being. Interventions that address the needs of tribal populations are effective in promoting emotional well-being and quality mental health services. Stakeholder engagement is important to the successful development and implementation of clinic and community-based mental health interventions. A depression management support tool implemented in a tribal primary care setting positively impacts mental health in tribal communities supports and treatment of mental health and emotional well-being. A support tool in conjunction with collaborative partnerships between clients, primary care and mental health care providers results in lower rates of depression and overall increases in feelings of emotional well-being for Native American populations.[5] *(p. 28)*

- Recommendations for community interventions (and clinical) interventions are aimed at identifying and reducing ACEs in Native American populations. The strength of the associations, particularly the increased likelihood of physical, mental, and behavioral conditions in those with multiple ACEs support early and culturally relevant interventions to provide the support and clinical practice availability to promote improved outcomes within the population.[6] *(p. 28)*

- Green space is commonly viewed as a health-promoting characteristic of the environment and has been linked to physical and emotional health benefits such as: community games and sporting events, recovery from mental fatigue, reducing stress, decreased violence, and improved social relationships.[7] *(p. 29)*

(King, Dennis. *Traditional Medicines*. 2018. Big Bear Media)

Additional Health Priorities

The following health priorities were not chosen as the focus areas for the Oneida Community Health Improvement Plan; however, these topics greatly influence the overall health of the community. By continuing to address these health issues through community programs and partnerships we will work toward minimizing disease and maximizing health in the Oneida community.

Because many of the leading causes of death in tribal communities are preventable, integrating interventions that focus on health prevention and health promotional strategies into tribal communities may offer the most benefit to American Indian populations (Indian Health Service, n.d.).

Alcohol

Healthiest Wisconsin 2020 Goal: Prevent and reduce underage and excessive alcohol consumption
Objectives:

- Reduce underage drinking

- Reduce heavy and binge drinking among adults aged 18 years or older

- Reduce alcohol-related deaths

Oneida Nation alignment with Healthiest Wisconsin 2020:

- Trauma informed care education

- Alcohol and Drug Abuse (AODA) support groups offered at Behavior Health

- Screening for individuals with previous DUIs

- Tribal Action Plan (TAP)

Opioids

Healthiest Wisconsin 2020 Goal: Prevent harmful opioid use and reduce opioid-related consequences
Objectives:

- Prevent initiation of opioid misuse

- Reduce death and harm due to non-medical or illicit opioid use

- Increase access to a full continuum of family-centered treatment services throughout Wisconsin, including in rural areas and within under-served populations

Oneida Nation alignment with Healthiest Wisconsin 2020:

- Tribal Action Plan (TAP)

- Open Access Opiate Care

- Tele-Mental Health Program

- Oneida Nation was awarded the Tribal Opioid Response Grant on 10/01/18

- Trauma informed care education

Suicide

Healthiest Wisconsin 2020 Goal: Prevent suicide
Objectives:

- Reduce suicide rate

- Reduce suicide attempts

- Increase and enhance protective factors

Oneida Nation alignment with Healthiest Wisconsin 2020:

- Zero Suicide campaign

- Question, Persuade, Refer (QPR) education

- Oneida Comprehensive Health Division includes mental health screenings in routine care

- Suicide screening has expanded to the Health Center from Behavioral Health

- Trauma informed care education

Tobacco

Healthiest Wisconsin 2020 Goal: Prevent and reduce smoking and use of other tobacco products
Objectives:

- Reduce adult smoking rate

- Reduce use of other tobacco products by adults

- Reduce use of other tobacco products by youth

Oneida Nation alignment with Healthiest Wisconsin 2020:

- Community education regarding the risks associated with tobacco use and exposure

- Tobacco Cessation Program

- Tobacco Quit Line (1-800-QUIT-NOW)

- Implementation of smoke free campus policy for Oneida Comprehensive Health Division facilities

- Trauma informed care education

Actions to Promote a Healthier Oneida Community

A healthy community requires active participation from community members. Sharing the Oneida Community Health Improvement Plan (CHIP) is a dynamic process and will continue to evolve. The creation of a multimedia campaign will enhance the sharing process. However, the community is the population for which the CHIP is centered and the messages within the plan are better communicated and received through individual community members.

Spread the Word

Educate your friends, family, coworkers and community about the identified health issues and the initiatives outlined in this plan. Lead by example, role model healthy behaviors to your family and loved ones.

Engage the Community

Talk to community members to identify ways to improve the health of the Oneida Nation. Even the smallest actions can make the difference.

Establish Partnerships

Agencies and organizations can review the Oneida Community Health Improvement Plan and identify opportunities for alignment between their work and the health priorities outlined in this plan. Successful change requires involvement from the entire community. Seek opportunities for collaboration and partnerships with internal and external agencies within the Oneida Community or throughout Brown and Outagamie Counties.
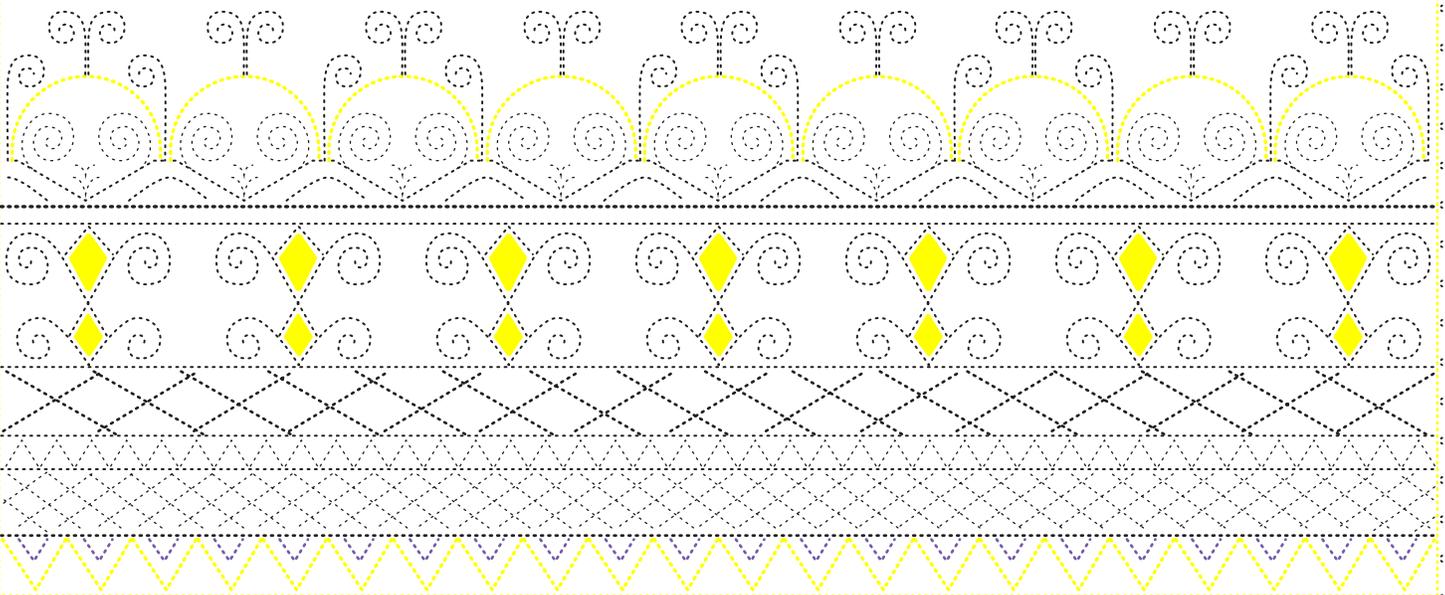
(Koch, Sue. *Heron*. 2018. Big Bear Media)

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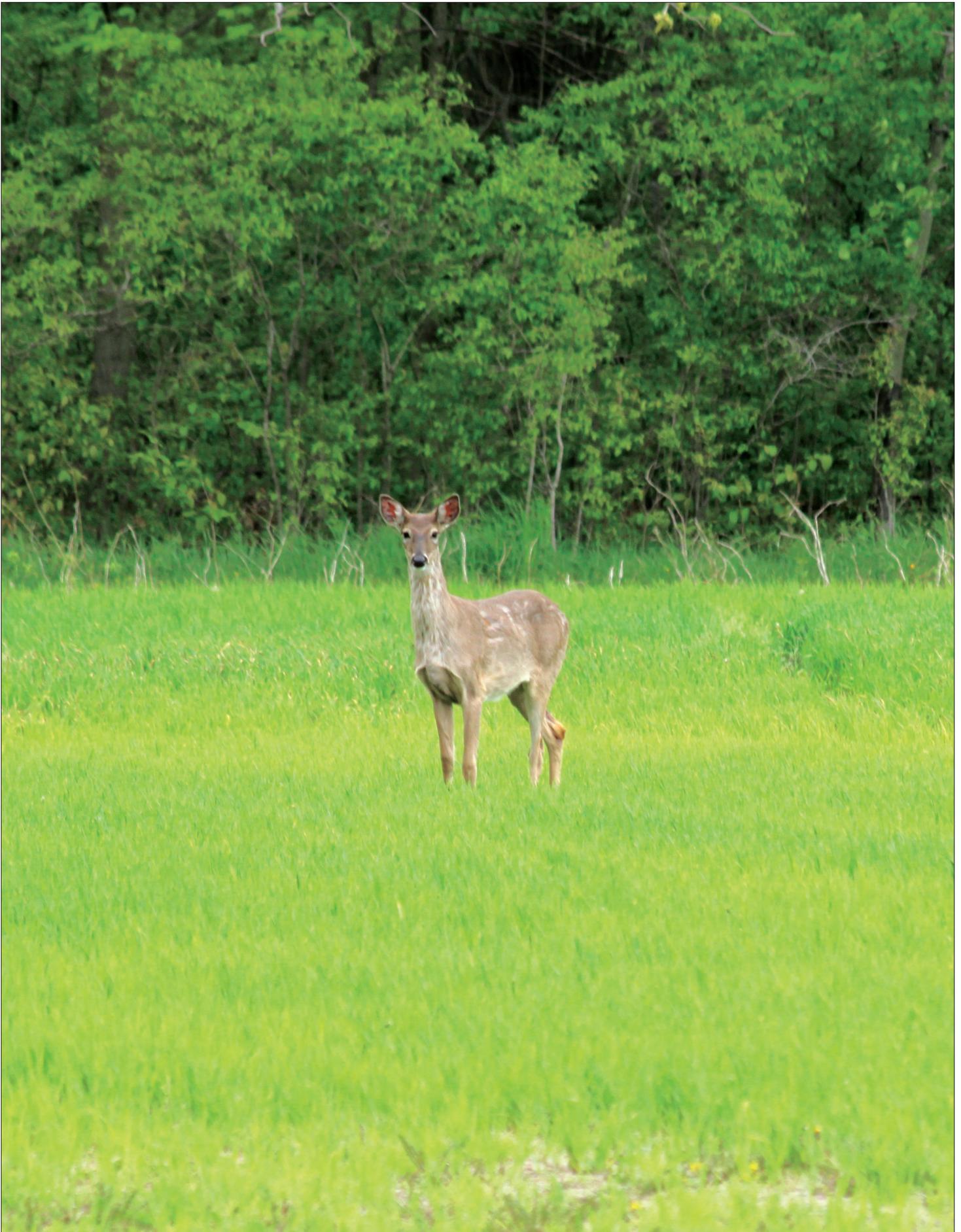
Appendix A: Literature Supporting the CHIP Initiative – Tribal Specific

[3] Mental health and Substance use in an urban First Nations population in Hamilton, Ontario

Summary

Of the 554 Tribal adults who participated in the research study, 42% had been told by a health care worker that they had a psychological and/ or mental health disorder. High rates of depression (39%) and Post Traumatic Stress Disorder (PTSD) (34%), as well as suicide ideation (41%) and attempts (51%) were reported. First Nations adults experience a disproportionate burden of mental health and addictions (Firestone et al., 2015, p. 378). By working in conjunction with community organizations, it is possible to design policy that is meaningful and relevant to specific populations to address the current deficiency in appropriate mental health services for Native people. Cycles of family disruption, abuse, colonization, dislocation from traditional land sand the loss of spiritual practices among First Nation populations has led to many health and social inequities. Mental and emotional well-being is linked to decreased substance abuse, decreased rates of depression, and suicidal ideation. Additionally, research indicates that reestablishment of traditional cultural practices across the lifespan increases a sense of self-worth and thereby increases personal investment in the mental health of an individual's community (Firestone et al., 2015, p. 378).

Application to the Oneida Nation

It is important to recognize that in the face of emotional suffering, tribal adults also reported good levels of self-rated health. Resilience and concepts such as acculturation have been explored as protective factors against substance use, suicide ideation and suicide attempts, depressive symptoms and chronic Post Traumatic Stress Disorder (PTSD) in indigenous settings. Research findings identify the importance of culture-based coping mechanisms and health services for tribal populations.

[4] The Community Pulling Together: A Tribal Community–University Partnership Project to Reduce Substance Abuse and Promote Good Health in a Reservation Tribal Community

Summary

American Indians and Alaska Natives comprise less than 2% of the U.S. population yet this population continues to experience high and persistent health disparities. These health disparities include lack of (or limited), access to quality and culturally appropriate care, and significantly higher rates of mental health and substance abuse problems than other populations (Thomas et al., 2009, p. 284).

Increasing evidence indicates that prevention, intervention, and treatment programs that are culturally relevant to target communities are feasible and effective. Interventions require a continuous balancing act between evidence-based actions in the one hand and the use of local cultural knowledge in the other hand. This balancing act sets up dynamic communication that enhances the community's ability to more successfully reduce health disparities and promote mental health in a manner meaningful to the population.

Application to the Oneida Nation

Substance abuse prevention projects with Native American communities that is culturally relevant and appropriate, sustainable are able to make a positive impact in reducing health disparities and promoting mental and emotional well-being health in tribal communities.

5 Engaging stakeholders to develop a depression management decision support tool in a tribal health system

Summary

Exposure to trauma is consistently associated with co-occurrence of behavioral health disorders and emotional well-being. Interventions that address the needs of tribal populations are effective in promoting emotional well-being and quality mental health services. Stakeholder engagement is important to the successful development and implementation of clinic- and community-based mental health interventions. The benefits of stakeholder engagement in developing healthcare interventions are premised on two notions: (1) involving stakeholders during intervention development and implementation maximizes efficient use of time and other resources; and (2) recognizing and incorporating patient preferences and needs enhances communication and decision-making, both of which help improve health outcomes (Starks et al., 2015). A depression management support tool implemented in a primary care setting positively impacts mental health in Tribal communities. Recognizing that a decision needs to be made regarding the support and treatment of mental health and emotional well-being, in conjunction with a collaborative partnership between clients, primary care and mental health care providers results in lower rates of depression and overall increases in feelings of emotional well-being.

Application to the Oneida Nation

Concerns about the stigma associated with depression and potential discrimination associated with the diagnosis are significant throughout Native populations. Primary care providers who promote a screening program as a way to normalize and destigmatize the condition by emphasizing the importance of depression management and the need for routine checks, similar to monitoring blood pressure and cholesterol levels.

6 The Comorbidity of Physical, Mental, and Developmental Conditions Associated with Childhood Adversity: A Population Based Study

Summary

Understanding the relationship between Adverse Childhood Experiences (ACEs) and mental, physical, and developmental disorders among children provides important information for public health services. Childhood adversity and associated psychological stress are newly identified public health issues and are currently listed as a top priority for pediatric research by the American Academy of Pediatrics (AAP) (Bright, Knapp, Hinojosa, Alford, & Bonner, 2016). Adverse childhood experiences (ACEs) are associated with a wide range of health conditions and risk behaviors in both adolescents and adults. This article examines the association between ACEs and specific physical, mental, and developmental conditions, as well as their comorbidities. Children with one ACE have an increased likelihood of having at least one health condition and comorbid mental health conditions. These results suggest that ACEs are associated with not just one or two conditions but the probability of multiple instances of poor outcomes across the health physical and mental health spectrums. A key component of understanding the impact of ACEs on health in children is the link between ACEs and a broad spectrum of conditions (e.g., injury, asthma, hearing and vision issues), just as it is demonstrated in review of ACEs and adult outcomes. Children who witness family violence, other major violence, family member incarceration, and family member substance abuse are associated with increased rates of depression and anger/aggression (Bright, Knapp, Hinojosa, Alford, & Bonner, 2016). Research also indicates links between individual adversities (e.g., household chaos, childhood poverty) to poor reading skills, lower intelligence, low academic achievement, fewer verbal/ nonverbal abilities, and behavioral concerns both inside and outside of the home.

Application to the Oneida Nation

Recommendations for community interventions (and clinical) interventions are aimed at identifying and reducing Adverse Childhood Experiences (ACEs) in Native American tpopulations. The strength of the associations, particularly the increased likelihood of physical, mental, and behavioral conditions in those with multiple ACEs support early and culturally relevant interventions to provide the support and clinical practice availability to promote improved outcomes within the population.

7 Exposure to Neighborhood Green Space and Mental Health: Evidence from the Survey of the Health of Wisconsin

Summary

Green space is commonly viewed as a health-promoting characteristic of the environment and has been linked to physical and emotional health benefits such as: community games and sporting events, recovery from mental fatigue, reducing stress, decreased violence, and improved social relationships. This study compares the relationship between environmental green space and mental health outcomes in throughout Wisconsin that includes a range of environments from urban to rural. Because this study addressed various geographical locations, environmental surroundings, pollution, ease of accessibility, and safety were considered when analyzing the compiled data. Green space has direct protective effects against health hazards such as air pollution, extreme temperatures, and excessive noise. Safe green spaces also are linked to increasing health promotional behaviors such as physical activity, social support, and relaxation, and a sense of community belonging.

Application to the Oneida Nation

Increasing the quality of easily accessible green spaces in Oneida can be accomplished by reducing environmental litter, providing an increased number of trash and recycling receptacles in public green spaces, organizing community watch groups, and installing additional rest/play areas (such as park benches, water stations, playground equipment, and rest rooms) will offer the benefits associated with green spaces and community health, as well as offer the community an engagement opportunity to promote personal and community physical and emotional health and well-being.

(Koch, Sue. *Oneida Lake*. 2018. Big Bear Media)

Appendix B: Literature Supporting CHIP Initiative – Not Tribal Specific

8 Linking Family Economic Hardship (FEH) to Early Childhood Health: An Investigation of Mediating Pathways

Summary

There is a link between family economic hardship and child health. Multiple pathways of behavior result from FEH. Children in disadvantaged families are at risk for poor health. Research results demonstrate that maternal mental health, parental investment in children, child insurance status, the quality of well-child preventive care, and sick-child health care are factors linking childhood physical health to FEH. Income alone does not suggest economic hardship. However, temporary and part time employment, completed educational level, frequent relocation, parental/ guardian mental health status, transportation challenges, and healthy food insecurity contribute to FEH and can limit the quality of healthcare for prenatal and well-child visits leading to children facing additional challenges to develop in an optimal physical, mental, and emotional manner.

Application to the Oneida Nation

In the Oneida Community transportation barriers, related to FEH, contributes to inconsistent prenatal care for women and contributes to families' ability bring their children to scheduled well-child visits. When women are unable to receive consistent prenatal care, pregnancy complications and managing chronic conditions impacts the health of the mother and unborn child. When scheduled well-child appointments are not completed, families may not be aware of the normal development milestones for their children and families are unaware of the services available to promote optimal health for the families.

10 The importance of economic, social, and cultural capital in understanding health inequalities: using a Bourdieu-based approach in research on physical and mental health perceptions

Summary

Social position, cultural participation, and financial situation are important determinants of health. Results indicate that each of the determinants may have either positive, or negative effects on physical and mental health. A low level of economic capital has a negative effect on perceptions of physical health, and that people with more economic capital perceive their mental health as being better than those with less economic capital. These results suggest there is a positive association between economic capital and measures of health. This positive association is probably related to the increased availability of both better material and psychosocial resources to people with more economic capital. However, a causal link indicates that those with a strong sense of social and cultural participation have a positive sense of mental health regardless of economic capital. This is especially evident with individuals who report a neighborhood that provides regular and organized socialization and physical activity resources. Cultural participation can make people more at ease with their life, it can influence cognitive functioning or the brain structure or it can increase the capacity to express and interpret emotions.

Application to the Oneida Nation

Historical trauma has influenced the Oneida Community and how individuals within the community make decisions regarding lifestyle, medical care, and seeking emotional support. The Oneida Community has shown resilience regarding historical trauma and an abundance of culturally applicable services and activities are available to the community. Having these events in place promotes a social system that promotes healthy lifestyle choices and facilitates a sense of value associated with social capital. When individuals and communities have a sense of social capital; people's perception of physical health and emotional wellbeing improves and transitions to a healthier community.

[9] Interrelation of Sport Participation, Physical Activity, Social Capital, and Mental Health in Disadvantaged Communities: A SEM-Analysis

Summary

Sport participation, physical activity, social capital, and mental health are interrelated. The CHA indicated that mental health/depression have been identified as an area for community health interventions. This article identifies that increasing rates of depression and poor recognition and treatment of mental health is one of the most pressing problems in society. Physical activity protects against and reduces symptoms of depression and anxiety, delays cognitive decline, increases self-esteem and feelings of energy, and contributes to the overall quality of life. Most importantly, personal choice of a physical activity (such as joining a sports team) seems to have the most beneficial physical and mental health outcomes. In addition to increasing an individuals' physical activity, participating in choice activities refers both to organized as well as non-organized and individual team sport activities. The reason sport participation is more closely related to higher levels of mental health is because motivation to participate in sports as enjoyment, a challenge, comradery, and a sense of belonging in a meaningful manner are keys to psychological well-being. Interventions focusing on individual factors (knowledge, attitudes, skills) to improve health through behavioral changes have resulted in limited effects, especially in disadvantaged populations. However, interventions focusing on social determinants of health, in the same disadvantaged population, have led to much better overall population health outcomes. Social capital (a sense of belonging in a meaningful manner) has been acknowledged to reduce vulnerability to mental distress and thereby decrease physical illness. Because participation in sport activities is not possible for an entire community, the research also indicated that volunteering and attending sporting events contributed to increased sense of mental health and is considered a platform for people to meet, to enjoy being together, and thus to create social networks, and a natural system of mental health support is developed. Programs that use sport to exert a positive influence on public health, the socialization of children, youths and adults, the social inclusion of the disadvantaged, the economic development of regions and states, and on fostering intercultural exchange and conflict resolution provide community wide benefits as well as the benefits gained by those actively participating in the physical sporting activity.

Application to the Oneida Nation

Finally, findings also indicated that higher levels of community social capital lead to better mental health for native populations.

[1] The influence of physical activity, sedentary behavior on health-related quality of life among the general population of children and adolescents: A systematic review

Summary

The purpose of this study was to review systematically the existing literature that evaluated the relations between physical activity, sedentary behavior, and health-related quality of life in the general population of children and adolescents. Research found that higher levels of physical activity were associated with better health-related quality of life (HRQOL) and increased time of sedentary behavior was linked to lower health-related quality of life among children and adolescents. Physical activity and sedentary behavior have significant effects on multiple physical, mental, and psychosocial domains of HRQOL.

Watching TV, use of computers, phones, electronic devices, and playing video games for more than two hours a day are significantly associated with lower HRQOL. The findings from the longitudinal studies showed that children and adolescents who spent greater time on sedentary activities during follow-up experienced worse HRQOL as adults. The evidence of the adverse impact of sedentary behavior on mental/psychosocial health is consistent with several previous studies that focused on the outcomes of mental health in school-aged children and adolescents in various populations.

Application to the Oneida Nation

The association between physical activity and HRQOL is consistent regardless of weight, age, sex, race, cultural identity, and socio-economic characteristics. Increasing physical activity promotes improved physical, emotional, and social well-being; as well as, improves cognitive development and decision-making skills.

[11] A scoping review to understand the effectiveness of linking schemes from healthcare providers to community resources to improve the health and well-being of people with long-term conditions

Summary

Long-term conditions are associated with increased social isolation and poor physical and mental health. But there remains a gap in health provision between providing medical treatment and effectively addressing psychosocial well-being. One potential way of addressing this gap is by utilizing social interventions which link patients from health services to community-based sources of support. The interventions target a variety of different populations and conditions including mental health, social isolation, and frequent health service users in general practice. Social interventions which propose to link participants from healthcare settings to community-based resources are also known as social prescribing. A key theme was found that health professionals play an important role in referring patients to the notion of utilizing community groups as a strategy to improve personal health management and improve health outcomes.

Application to the Oneida Nation

Because social prescribing adopts a holistic approach to health and well-being, healthcare providers should work in tandem with public/community health organizations and community wellness programs to determine a patient specific plan of care.

[2] Low knowledge of physical health behaviors is associated with poor diet and chronic illness in adults

Summary

Governments invest heavily in health promotion strategies to improve physical health behaviors. However, the dietary and physical activity practices of many individuals fail to meet minimum levels for health, leading to the unacceptably high prevalence of chronic and complex disease processes in adult populations. Health literacy is known to impact on health behavior, and to be related to health knowledge. Health literacy strategies designed to improve the knowledge and practice of physical health behaviors (such as physical activity, healthy eating, smoking cessation, alcohol reduction, sexual health, and mental health wellness) are often the responsibility of public/community health organizations. Research shows low daily intake of vegetables to have the strongest association with low knowledge of physical health behaviors.

Application to the Oneida Nation

Given the association between health knowledge and health literacy, assessment of the knowledge of physical health behaviors may provide considerable insight into the effectiveness of future health promotion interventions.