

Ho-Chunk Nation Community Health Improvement Plan 2014



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Ho-Chunk Nation Community Health Improvement Plan

Executive Summary

The Ho-Chunk Nation Health Department, in collaboration with partners and community members, have identified health priorities which will define the focus of the community health program for the next five years. The process for creating this document involved reviewing the Community Health Assessment 2012, Healthiest Wisconsin 2020, the Ho-Chunk Community Health Profile and the Annual Diabetes Audit to identify health issues that were the most critical in Ho-Chunk Communities and to seek input from partners and community members to identify strategies which would make improvements. Making improvements will be dependent on engaging the other programs, the Legislature and the community to make changes to behaviors.

The Ho-Chunk Communities engaged in the process of deciding the priorities through the survey conducted for the Community Health Assessment, through the Health Board which has representation from the communities and through the Community Health Improvement Plan Focus Meeting which was the final step in defining the health priorities. Participants identified the following four issues that should be emphasized over the next five years to improve the health of the Ho-Chunk Tribal population:

- Chronic disease
- Maternal Child Health
- Behavioral Health
- Injury Prevention

Goals and objectives relating to these issues are included in the Community Health Improvement Plan as well as strategies to encourage improvement. Community resources and barriers are also identified.

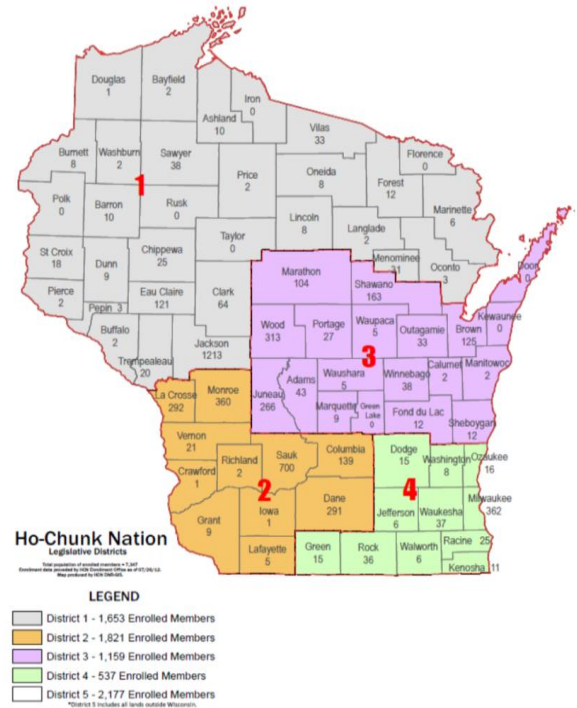
Working with other departments within the Ho-Chunk Nation, the Ho-Chunk Legislature, Community partners and the tribal community, the Ho-Chunk Nation Health Department will work to provide the opportunities to tribal members to make a positive impact on their personal health and the health of the community.

Ho-Chunk Nation Community Health Improvement Plan

Introduction

The Ho-Chunk Nation (HCN) is a Tribe located in central Wisconsin and is unique because its jurisdictional lands cover 15 counties which are divided into 4 districts (see map). The Ho-Chunk population within the 15 counties in Wisconsin totals 5,256. The largest number of Tribal members reside in Jackson County.

The HCN Department of Health was established in 1969 and currently operates two ambulatory health care centers. The Ho-Chunk Health Care Center (HHCC), an outpatient clinic founded in 1989 in Black River Falls, provides health care services to the northern region of the Ho-Chunk Nation. In 2002 a new facility opened which was six times larger to accommodate the increases in patients and new services, such as dental and optometry. The House of Wellness Clinic (HOW) opened in March 1999 in Baraboo and houses outpatient medical clinic, dental and optometry clinics, pharmacy, as well as a fitness and aquatic center. Both clinics also offer mental health and alcohol and other drugs of abuse (AODA) counseling services. In 2013 a new Behavioral Health Office was added to the Ho-Chunk Health Care Campus which houses AODA and Mental Health services. The Department of Health also has a full complement of Community Health staff, which includes Community Health Nursing, Community Health Representatives, Nutrition Program, Exercise Physiology, Diabetes Program, and Office of Environmental Health. The Nurses within the Community Health Nursing program supervise the Ho-Chunk Elder Caregiver Program. The Community Health Staff facilitate monthly WIC clinics in 3 areas. To better coordinate and provide health care services in the 15 counties, the Health Department established 4 area field health offices in La Crosse, Tomah, Nekoosa and Wittenberg which house Community Health and support staff.



The Community Health Improvement Plan was developed with the involvement of many community members, stake holders, and partners within and outside the Ho-Chunk Nation Health Department (Please see acknowledgements page). Data gathered through Community Health Assessment Survey was utilized as a frame work for discussions during the Community Health Improvement Planning process. The Community Health Assessment Surveys revealed several potential health priority areas to be addressed. Four health priority areas were chosen by the Ho-Chunk Health Department Public Health Accreditation Committee to begin the Community Health Improvement Planning process. The health priority areas chosen include: childhood obesity, smoking among pregnant women, motor vehicle injuries, and access to care for addictions.

Methodology

In August of 2013, a small working group formed from members of the Public Health Accreditation Committee began to work to identify several focus areas that could be presented to our community partners. The sub-group reviewed the Federal Healthy People 2020 Health Focus Topics and the Healthiest Wisconsin 2020 Focus Areas. The group also reviewed the data collected in the community health survey in 2012. Six focus areas were identified by the group initially and broad goal statements for each identified issue were developed. In subsequent meetings, the focus areas were narrowed to the following four issues:

- Chronic disease
- Maternal Child Health
- Behavioral Health
- Injury Prevention

These issues are further defined in the Community Health Assessment which was completed in December of 2012.

In March of 2013, planning began to bring the community partners and key health staff together to identify community health improvements that could be made to addresses these issues. The key partners were identified and included tribal departments, such as Social Services, Education, Housing, Tribal Aging Unit, and key personnel from the Health Department. Outside agencies included staff from the Regional and State Wisconsin Department of Health, Black River Falls Memorial Hospital, Jackson county Health and Human Services, and the University Extension Office. Representatives for the community included Health Board members, as well a tribal members who are part of the health staff. Not all of the invited partners were able to attend the focus meeting, but we are hopeful that they will participate with us as we implement the Community Health Improvement Plan.

A pre-planning survey developed by the Institute for Wisconsin's Health was sent out to all the partners with the purpose of narrowing the focus areas. The meeting discussions were facilitated by Nancy Young and Dustin Young of the Institute for Wisconsin's Health, Inc. with the goal of gathering the best ideas for improving the health of the community. The large group was divided into two groups to discuss the themes identified in the pre-planning survey. Participants choose which priority areas that they wished to discuss. The results were reported out at the end of the meeting and comments from the entire group were gathered. All of recommendations were valuable and appreciated. The final choices were based on the resources that we felt could be allocated to each strategy. This information was used to develop the objectives and activities that will be emphasized by the Health Programs during the next five years.

Health priority area 1: Childhood Obesity

Goal: Reduce childhood obesity	
Objectives: <ul style="list-style-type: none"> a. Improve access to and encourage use of locally grown and native foods by September 2019 b. Increase fruit and vegetable options at all tribal convenience stores by September 2019 c. Increase well child visits in the 0-18 year old age group by September 2019. d. Increase educational opportunities to parents around healthy, budget friendly, meal planning by September 2019. 	Activities: <ul style="list-style-type: none"> a. Increase the number of elder garden projects, revive the community garden at the Tribal Office Building, and establish first farmers market in Black River Falls. b. Meeting with business to evaluate feasibility based on Legislative action plan. c. Develop promotional program to promote well child visits. d. Provide additional cooking classes via online demonstrations, provide grocery store tours, attend Youth Services parent meetings, develop relationship with Youth Services program, by providing nutrition resources, menus, and nutritional data in all areas.
Risk Factors: Low income Lack of education Unhealthy diet Sedentary life style Diabetes Cultural	Contributing Factors: Cultural factors Nutritional values passed down from generations Sedentary lifestyle Cost of fresh produce/healthy foods Lack of knowledge on cooking, food preparation and storage
Resources: WIC Diabetes Program Youth Services Nutrition Program Food Distribution Head Start HHCDA Legislature CCAT Health clinics	Barriers: Cost Lack of access Distance/geographically dispersed Cultural norms Lack of time to prepare healthy foods Staff time Transportation Coordination of multiple agencies

What is the community currently doing to address the issue of childhood obesity?

The Ho-Chunk Nation Community Health Department has several programs and policies in place to address childhood obesity. Currently, the Nutrition Program staff provides medical nutrition therapy, nutrition education, and community outreach in an effort to address childhood obesity. Health/risk assessments are done as part of WIC clinics, breastfeeding is promoted and supported and referrals are made, as appropriate, for well child checks. Additionally, nutrition education is provided at all Ho-Chunk Nation WIC clinics, Head Starts, Youth Drop-Ins, Food Distribution Program tailgates and Elder Meal Sites; with an emphasis on the benefits of being active daily, and making healthy



dietary and lifestyle choices across the lifespan.



House of Wellness Nutrition Garden with Youth Services

The Diabetes program, through its Youth Wellness Team, has supported youth gardens with financial and staff resources. These gardens allow children to plant, weed, and harvest vegetables and take them home to their families. The Youth Wellness Team has also collaborated with HCN Health clinic staff to standardize the data collected at well-child and physical exams and to promote regular well-child exams to families in the Native community.

The Ho-Chunk Health Care Center and House of Wellness clinics provide a variety of outpatient services. Each well child check includes weight, height, body mass index (BMI) calculation, and blood pressure. If a child or adolescent is found to be overweight or obese, the parent's level of concern and readiness to change is assessed. If appropriate, screening labs are done and referrals to nutrition, exercise physiology, behavioral health and/or close follow-up with the medical provider is completed.

Health priority area 2: Smoking among pregnant women

Goal: Reduce smoking among pregnant women

Objectives:

- a. Increase referrals of pregnant women for smoking cessation from WIC by September 2019
- b. Develop educational campaign to focus on the wellness benefits of quitting smoking by September 2019.
- c. Advocate for Tribal wide bans of smoking in public places by September 2019

Activities:

- a. Establish base line data for referral to First Breath.
- b. Develop a public relations program to develop and promote the wellness benefits of quitting smoking.
- c. Support Legislative action to develop a strong no smoking policy in Tribal facilities and campuses.
- d. Educational program offerings at WIC to discuss risks of maternal smoking and risks of second hand smoke.

Risk Factors:

Chronic disease
Low birth weight
Pre-mature births
Pre-mature death

Contributing Factors:

Stress
Environmental
Age
Socio-economic
Family history of smoking
Smoking prior to becoming pregnant
Poor choices
Peer pressure

Resources:

American Cancer Society
WIC
Youth Services
School Health Programs
Parenting classes
Clan mothers and Traditional court
First Breath
American Lung Association

Barriers:

Reaching age group
Time limitations at WIC appointments
Limitations of rights
Addiction
Lack of education
Lack of community/family/partner support

What is the community currently doing to address the issue of smoking among pregnant women?

The Ho-Chunk Health Care Center and House of Wellness clinics offer the First Breath program to women who are pregnant or have recently had a baby. First Breath provides education, incentives and support to women to help them quit smoking and “stay quit”.



All prenatal visits include screening for tobacco use and education regarding effects of smoking on their unborn child. If applicable, referral to cessation counseling is done. Tobacco Treatment Specialists at both clinics and one in Wittenberg provide one on one education and support as well. The Ho-Chunk Nation clinics also offer a group smoking cessation program for adults if the mothers prefer education in a classroom setting.



The Ho-Chunk Community Health Nurses (CHN) currently offers the First Breath program to all smoking pregnant women. All the Community Health Nurses have been trained in the First Breath program and it is offered at all six health locations. The CHNs also do referrals to the nurse educators for smoking cessation classes at HHCC and HOW. Lastly, there are presentations on smoking during

pregnancy or smoking cessation at the CHN's Partners in Parenting monthly education sessions at HOW.

Health priority area 3: Motor vehicle injuries and deaths

Goal: Decrease motor vehicle related injuries and deaths

Objectives:

- a. Advocate for a primary child safety seat law with the HCN Police by December 2016
- b. Partner with Youth Services to enroll 15 students in the Teen Control Clinic, students 16-18 years old by December 2015.
- c. Advocate for a Ho-Chunk Nation Tribal Traffic court that would enforce Tribal traffic ordinances by September 2019.

Activities:

- a. Develop a public relations program to promote child safety seat use and enforcement.
- b. Collaborate with law enforcement and legal/Justice department to write the tribal statute mandating child safety seat and primary seat belt laws.
- c. Locate funding to sponsor 15 youth to attend the Teen Control Clinic in Lacrosse collaborate with Youth Services to provide transportation.
- d. Collaborate with Tribal Courts, Tribal Law Enforcement, Department of Justice, and the Law Enforcement Commission to develop a traffic court system.

Risk Factors:

Peer Influences

Youth

Parental influences/generational

Contributing Factors:

Geographical location of communities

Traditionally very mobile population

Low income

Vehicle with appropriate number of seating

Cost of transportation

Access to phones

Distracted driving

Access to alcohol

Resources:

Tribal Law Enforcement

Department of Justice

Youth Services

County Law Enforcement

Gunderson Lutheran

Motor Vehicle Injury Prevention

Program/Environmental Health

Tribal Court

Law Enforcement Commission

Behavioral Health

Barriers:

Tribal Law Enforcement program under development limited to Jackson County.

Distance to training

Lack of funding for primary enforcement through the county

Gaining by in from Judges with increasing case loads and amount of time needed to hear cases.

Lack of staff at Tribal Courts to administer court proceedings.

Limited holding facilities for offenders.

What is the community currently doing to address the issue of motor vehicle injuries and deaths?



Currently the MVIPP program offers; child passenger safety education to parents by certified passenger safety technicians, education on the importance of seat belt usage through presentations and booths at events held throughout the Ho-Chunk Nation. We also have a distracted driving campaign and a drinking and driving campaign; we have done observational seat belt surveys, child passenger safety seat surveys, and distracted driving surveys to see what the Ho-Chunk Nation

rates are for these motor vehicle related injuries.

The program has also trained local law enforcement officers on Safer Native American Passengers (SNAP). The MVIPP has also done an employee incentive program to help encourage Tribal employees to wear seat belts, winners received their picture in the newspaper along with a twenty dollar give certificate to local business. We've also done a number of billboards throughout the years on the seat belt usage, child passenger safety seats, drinking and driving and distracted driving.



Health priority area 4: Access to care for addictions

Goal: Increase access to care for addictions

Objectives:

- a. Expand the development of after care groups in all the areas by January 2016.
- b. Promote the 7 challenges adolescence and motherhood/fatherhood programming by January 2016
- c. Expand the integrated team approach to care to the Ho-Chunk Health Care Behavioral Health Department by July 2015

Activities:

- a. Collect data on the number of participants in the after care programs over a 3 year period.
- b. Increase outreach by having a public relations program to promote the 7 challenges and motherhood/fatherhood family programming by utilizing social media.
- c. Train Behavioral Health staff in each area for the 7 challenges program.
- d. Develop and widely distribute promotional materials for the 7 challenges program in all areas.
- e. Increase referrals to alcohol/drug support groups.
- f. Provide education to integrated team members at the Ho-Chunk Health Care Center and Social Services to coordinate care for patients with addictions.

Risk factors:

Peer pressure
 Parental involvement/influence
 Age vulnerability
 Isolation
 Lack of connection to culture

Contributing Factors:

Money-18 year old distribution money
 Per capita payments
 Lack of self-worth
 Lack of access to care
 Increase access to heroine

Resources:

Tribal Courts
 County Courts in the CHSDA
 Probation and parole
 Menominee Nation
 Black River Memorial Hospital
 Drug Courts
 Ho-Chunk Social Services
 County Social Services in the CHSDA
 Ho-Chunk Nation clinics
 Youth Services
 Treatment centers outside the Nation

Barriers:

Attitudes and culture surrounding alcohol, tobacco, and other drugs
 Easy access to drugs (highway,interstate)
 Lack of trust to the system

What is the community currently doing to address the issue of increasing access to care for addictions?

Currently the Behavioral Health division of the Ho-Chunk Health Department has several programs providing Tribal members with access to care for the treatment of addictions. The assessment and referral programs currently provided include: counseling services, psychiatric services, and psychological services. Support groups are also made available to those individuals who complete an assessment. These support groups include: Cognitive Intervention, Fatherhood/Motherhood is Sacred, Women's Group, Impaired Driver's Group, Healing to Wellness, and Treatment Court. The Behavioral Health program is also able to make referrals to appropriate agencies/facilities that care for clients with special needs. Additional services to the community include prevention education at youth events, health fairs, and health conferences. The House of Wellness clinic also provides special services for Pain Management and is currently working on a needle exchange program.



Next Steps

The Ho-Chunk Community Health Improvement Plan (CHIP) is a guide for staff, community partners, stakeholders, and community members to become engaged in projects that will result in positive changes on the health of Ho-Chunk Communities. The Health Department Staff will facilitate meetings to address on the Action Steps in the CHIP and invite partners to participate in implementing changes to current practices. The groups will evaluate their progress annually until 2019, when we will again assess the health of the community and develop a new Community Health Improvement Plan.

In summary, a successful outcome from the CHIP would result in tribal and community groups working together to implement the strategies identified and then reconnecting to evaluate the results. The Ho-Chunk Health Department looks forward to engaging community partners and groups to the end result of a “healthier population”.

Acknowledgements

The health priority areas and community health improvement plan were determined through information gathered from the community health assessment, tribal clinical data, HCN Health Department staff input, and community and partner discussions. The community health improvement plan would not be possible without the insight from all of the stake holders within our community. The Ho-Chunk Nation Department of Health would like to thank all those involved with the community health improvement process:

- Ho-Chunk Nation Public Health Accreditation Committee members
- Paul Krause, Ho-Chunk Nation Health Board
- Cecelia Kraus, Ho-Chunk Nation Health Board
- Cynthia Decorah, Ho-Chunk Nation Tribal Aging Unit
- Karen Morris, Wisconsin Department of Health/WRO
- Heidi Massey Wisconsin Department of Health/WRO
- Christine Hovell, Jackson County Public Health
- Elizabeth Eades, Ho-Chunk Nation Behavioral Health
- Laurel Meek, Ho-Chunk Nation Head Start
- Monica Lobenstein, UW Extension Office Black River Falls
- Holly Winn, Black River Memorial Hospital
- Carolyn Blackdeer, Ho-Chunk Nation CFS/Social Services
- Hank Weiss, Wisconsin Department of Health/CH
- Terri Bluebird, Ho-Chunk Nation Community Health Representative Program
- Nicole Schweitzer, Black River Memorial Hospital
- Georgianna Funmaker, Ho-Chunk Nation Community Health Representative Program
- Paula Ward, Ho-Chunk Nation Head Start
- Betty Blackdeer, Ho-Chunk Nation Community Health Representative Program

Appendix Section

Each appendix provides a summary of information gathered through follow-up meetings involving Tribal Health programs, partners, community members, and stake holders. Information gathered at the meeting will relay the current status of the objective work and will help determine if modifications to the objectives are needed. Each health priority area will be evaluated. Programs will continue work on the 2014 objectives and activities and will incorporate the modifications indicated in the following appendices. Also provided in the appendices is a status update on the activities completed or in progress in the CHIP.

7-28-15 Follow-up CHIP Meeting

7-28-16 Follow-up CHIP Meeting

Appendix A
Health Priority Area One: Childhood Obesity

Existing Priority Areas

Goal: Reduce childhood obesity

Objectives:

- a. **Improve access to and encourage use of locally grown and native foods by September 2019**
- b. **Increase fruit and vegetable options at all tribal convenience stores by September 2019**
- c. **Increase well child visits in the 0-18 year old age group by September 2019.**
- d. **Increase educational opportunities to parents around healthy, budget friendly, meal planning by September 2019.**

Activities:

- a. Increase the number of elder garden projects, revive the community garden at the Tribal Office Building, and establish first farmers market in Black River Falls.
- b. Meeting with business to evaluate feasibility based on Legislative action plan.
- c. Develop promotional program to promote well child visits.
- d. Provide additional cooking classes via online demonstrations, provide grocery store tours, attend Youth Services parent meetings, develop relationship with Youth Services program, by providing nutrition resources, menus, and nutritional data in all areas.

Status Check on 7-28-15

Objective: Improve access to and encourage use of locally grown and native food by September 2019.

Ongoing activities include the growth and expansion of the HOW Youth Garden project, expansion of community gardens in Nekoosa and Tomah areas. The first fall Harvest Fest was completed in October of 2014 in which education regarding food preservation was provided. The Nutrition program has also promoted local Community Supported Agriculture (CSAs). The Diabetes Program has assisted with this support by receiving funding to allow Tribal members to have the option of having the annual membership paid through the Diabetes Program. The pallet garden program also expanded to include the distribution of 135 pallets in 2015. Of those pallets distributed 35 were for elders. The Nutrition program and Diabetes Program provide support to the Healthy is a Ho-Chunk Tradition (HIHT) committee which works to establish policies to support access to locally grown foods.

Objective: Increase fruit and vegetable options at all tribal convenience stores by September 2019.

A grant was awarded to purchase a vending machine that can be stocked with fresh food items. The first unit was installed at the House of Wellness. Items within the vending machine are at a much reduced cost to encourage healthy food choices. This pilot project will begin the process to bring more fresh fruit and vegetable choices to the convenience stores.

Objective: Increase well child visits in the 0-18 year old age group by September 2019.

The Nutrition program currently and will continue to provide referrals via WIC. Changes have been made to the well child visits to capture important data regarding childhood nutrition. Base line data will be collected from these visits to measure risk factors. Families are provided with information about resources through the Nutrition and Diabetes program staff.

Objective: Increase educational opportunities to parent around healthy, budget friendly, meal planning by September 2019.

Nutrition provided educational services at WIC, Headstart, Youth Services events, Food Distribution, TAU, Community Health Fairs, Tribal Office Building, and Gaming sites. Monthly educational sessions are provided in La Crosse, Wittenberg, Nekoosa, Tomah, Wisconsin Dells, and Black River Falls. Nutrition staff is currently working on creating online training tutorials that can be accessed by the community.

Status Check 7-28-16

Objective: Improve access to and encourage use of locally grown and native food by September 2019.

Objective: Increase fruit and vegetable options at all tribal convenience stores by September 2019.

Objective: Increase well child visits in the 0-18 year old age group by September 2019.

Objective: Increase educational opportunities to parent around healthy, budget friendly, meal planning by September 2019.

Identified on 7-28-15

Additional Childhood Obesity Objectives and Activities

Goal: Reduce childhood obesity

Objectives:

- A. Increase breastfeeding promotion, educational outreach, and support by 2017.
- B. Increase physical activity promotion for children by 2017.
- C. Collect baseline data regarding childhood obesity by 2017.

Activities:

- a. Community Health staff will increase the number of educational opportunities provided to the community.
 - b. Community Health staff will develop promotional materials to be utilized through community events, clinical care, and through partner organizations.
 - c. Community Health staff will provide physical activity opportunities focused on children and families through partnerships with stakeholders and community organizations.
 - d. Data will be collected through clinical well child visits and WIC to determine a baseline. More specific data will be collected during well child visits to create a baseline and track changes.
-

Identified on 7-28-16

What is the most impressive work done for this priority? What good initiatives would we like to continue?

- a. Breastfeeding Focus
- b. Youth Gardens
- c. Community Gardens

What can we do to improve this initiative?

- a. Youth Fitness Program
- b. Exercise Physiologist for each Ho-Chunk community
- c. Healthy Initiatives/CStores
- d. Increase nutrition staff

What are some new ideas for this initiative?

- a. Family involvement/exercise groups/scavenger hunts, family Zumba
- b. Healthy role models/Bronson
- c. W.A.C.A.

Modified: 7-28-15

Modified: 7-28-16

Appendix B

Health Priority Area Two: Smoking Among Pregnant Women

Existing Goals

Goal: Reduce smoking among pregnant women

Objectives:

- a. Increase referrals of pregnant women for smoking cessation from WIC by September 2019
- b. Develop educational campaign to focus on the wellness benefits of quitting smoking by September 2019.
- c. Advocate for Tribal wide bans of smoking in public places by September 2019

Activities:

- a. Establish base line data for referral to First Breath.
 - b. Develop a public relations program to develop and promote the wellness benefits of quitting smoking.
 - c. Support Legislative action to develop a strong no smoking policy in Tribal facilities and campuses.
 - d. Educational program offerings at WIC to discuss risks of maternal smoking and risks of second hand smoke.
-

Status Check on 7-28-15

Objective: Increase referrals of pregnant women for smoking cessation by September 2019.

First Breath is an educational program that is offered by Community Health Nurses at all Health Department sites. They have opportunity to discuss this program with pregnant women at WIC clinics.

The base line data has been gathered for the First Breath program. First Breath programming is available in each of the communities. Data is submitted on an annual basis and helps to set the enrollment goals for the next year. The current lack of a provider able to offer prenatal care at the Ho-Chunk Health Care Center has been identified as barrier to increasing the number of pregnant women in the First Breath program. Some women enrolled into the program are not seen by Community Health Nursing until after the birth of a child in which case they are eligible to enroll women up to one year after the birth of a child.

Objective: Develop education campaign to focus on the wellness benefits of quitting smoking by September 2019.

Educational opportunities for smoking cessation and the wellness benefits associated with quitting continue throughout the year in both Community Health and the clinical setting. Some avenues which have been pursued include: educational boards within the Community Health Offices and clinics, educational booths at health fairs, articles in the Hock Worak, and through the Health Department website. Other programs also help support the smoking cessation education by including information in their curriculum, for example, the Diabetes program includes smoking cessation as one of the topics covered during diabetic education classes.

Educational programming specific to pre-natal smoking cessation is provided through home visits, office visits, parenting classes, health fairs, and on a provider level. Additionally, First Breath trained nurses receive refresher classes on an annual basis. There are also First Breath posters displayed across all clinics.

Both Community Health education staff and Clinical Health education staff have identified the importance of distinguishing the difference between potential periodic traditional/sacred uses of tobacco plants versus the regular misuse of tobacco via a wide variety of modern commercial tobacco products, which include commercial cigarettes. The Community Health Department has identified this as an area to improve and needs guidance from other departments to create a custom educational campaign that will be culturally appropriate.

Objective: Advocate for Tribal wide bans of smoking in public places by September 2019

The Health Department campuses and Head Start school grounds are already smoke-free, and have approved policies to enforce. The Health Department is working to maintain current smoke free areas and expand these areas.

An initiative was started last year to either completely ban or set certain standards (for example: no smoking within 25 feet of a doorway) to regulate cigarette smoke in public places or on the grounds of certain sites owned by the Nation. A committee was formed and a significant amount of work has been done to promote these initiatives, turnover in administration and staffing has slowed the progression of these efforts.

While tribal-wide bans have been unsuccessful, it has been announced that starting August 1st 2015, Ho-Chunk Gaming- Madison will be going smoke free. The results of this initiative will likely set a precedent that will either help or hinder efforts to support further smoke free gaming facilities.

Status Check 7-28-16

Objective: Increase referrals of pregnant women for smoking cessation by September 2019.

Objective: Develop education campaign to focus on the wellness benefits of quitting smoking by September 2019.

Objective: Advocate for Tribal wide bans of smoking in public places by September 2019

Identified on 7-28-15

Additional Smoking Among Pregnant Women Objectives and Activities

Goal: Reduce smoking among pregnant women

Objectives:

- d. Increase referrals of pregnant women for smoking cessation by September 2019 (these referrals can be from many different program areas not just specific to WIC)
- e. Increase the educational information provided for family supported smoking cessation by 2017.
- f. Increase the number of referrals from outside Tribal clinics by 2019.
- g. Increase the number of public service announcements regarding smoking cessation by 2017.

Activities:

- e. Educational program offerings in a variety of settings to discuss risks of maternal smoking and risks of second hand smoke.
 - f. Develop programs that allow for family members of the pregnant women to participate and receive smoking cessation information and support.
 - g. Develop culturally appropriate educational curricula supporting sacred tobacco use versus abuse of commercial tobacco.
-

Identified on 7-28-16

What is the most impressive work done for this priority? What good initiatives would we like to continue?

- a. Consistent messaging/training/branding around program recognition
- b. First Breath Program
- c. Support “No Smoking” Policy

What can we do to improve this initiative?

- a. Visual showing effects of smoking on baby; “show, not just tell”
- b. Continual screenings

What are some new ideas for this initiative?

- a. Public service announcements, social media, Twitter, Facebook, and waiting room boards
- b. Smoking Cessation Program
- c. Recruit a provider for OB/GYN

Modified: 7-28-15

Modified: 7-28-16

Appendix C

Health Priority Area Three: Motor Vehicle Injury Prevention

Existing Goals

Goal: Decrease motor vehicle related injuries and deaths

Objectives:

- a. Advocate for a primary child safety seat law with the HCN Police by December 2016
- b. Partner with Youth Services to enroll 15 students in the Teen Control Clinic, students 16-18 years old by December 2015.
- c. Advocate for a Ho-Chunk Nation Tribal Traffic court that would enforce Tribal traffic ordinances by September 2019.

Activities:

- a. Develop a public relations program to promote child safety seat use and enforcement.
- b. Collaborate with law enforcement and legal/Justice department to write the tribal statute mandating child safety seat and primary seat belt laws.
- c. Locate funding to sponsor 15 youth to attend the Teen Control Clinic in Lacrosse collaborate with Youth Services to provide transportation.
- d. Collaborate with Tribal Courts, Tribal Law Enforcement, Department of Justice, and the Law Enforcement Commission to develop a traffic court system.

Status Check on 7-28-15

Objective: Advocate for a primary child safety seat law with the HCN Police by December 2016.

Currently the Ho-Chunk Nation Police are able to enforce the State of Wisconsin primary child safety seat law. The Police Department may in the future create Tribal specific laws until that time they will continue to enforce the current State of Wisconsin law. The MVIPP Coordinator will continue to support and inform the Tribal Law Enforcement Commission regarding future child safety seat laws.

Objective: Partner with Youth Services to enroll 15 students in the Teen Control clinic, students 16-18 years old by December 2015.

Due to the small number of students that would be enrolled in this curriculum the MVIPP Coordinator is completing a training course specifically for educating Teens about safe driving.

Training a staff person will allow a greater number of Youth Tribal Members to get the prevention education which would be provided through the Teen Control clinic.

Objective: Advocate for a Ho-Chunk Nation Tribal Traffic Court that would enforce Tribal traffic ordinances by September 2019.

Currently any fines acquired through speeding tickets return to the counties that the citations were made. The feasibility of this happening in the near future is very low. The MVIPP Coordinator attends the Law Enforcement Commission meetings to provide support regarding the Traffic Court development. The decision for creating Traffic Court is not held within the Health Department.

Status Check on 7-28-16

Objective: Advocate for a primary child safety seat law with the HCN Police by December 2016.

Objective: Partner with Youth Services to enroll 15 students in the Teen Control clinic, students 16-18 years old by December 2015.

Objective: Advocate for a Ho-Chunk Nation Tribal Traffic Court that would enforce Tribal traffic ordinances by September 2019.

Identified on 7-28-15

Additional Motor Vehicle Injury Prevention Goals and Activities

Goal: Decrease motor vehicle related injuries and deaths

Objectives:

- A. Decrease distracted driving rates by 3% in Ho-Chunk Tribal communities by 2016.**
- B. Increase or maintain safety belt use rates at 87.9% and increase or maintain child safety seat use rates at 78.4% in Ho-Chunk Tribal communities by 2016.**
- C. Collaborate with Tribal and non-Tribal entities to promote motor-vehicle safety by participation in meetings, events, and through agreements.(25 collaborations by 2017)**

Activities:

- a. Contract with county law enforcement to complete distracted driving enforcement.
 - b. Develop and implement a mass media campaign addressing distracted driving.
 - c. Complete comprehensive educational intervention activities to decrease distracted driving, increase child safety seat use, and seat belt use.
 - d. Continue gathering data via observational surveys on distracted driving, seat belt use, and car seat use.
 - e. Provide child safety seats to Tribal families through Head Start and Health department referrals.
 - f. Advocate for Tribal traffic safety laws for seat belt use, distracted driving, and car seat use.
-

Identified on 7-28-16

What is the most impressive work done for this priority? What good initiatives would we like to continue?

- a. Data collection & media campaign
- b. Mock Crashes
- c. Observational survey of drivers

What can we do to improve this initiative?

- a. Law Enforcement involvement; the enforcement
- b. Increase messaging about seatbelt use and distracted driving; #Just Drive
- c. Work with schools

What are some new ideas for this initiative?

- a. Funding lacking, data collections, YRBS data
- b. Peer Presentations, goggles, tricycles
- c. Simulations

Appendix D

Health Priority Area Four: Access to Care for Addictions

Existing Goals

Goal: Increase access to care for addictions**Objectives:**

- a. Expand the development of after care groups in all the areas by January 2016.
- b. Promote the 7 challenges adolescence and motherhood/fatherhood programming by January 2016
- c. Expand the integrated team approach to care to the Ho-Chunk Health Care Behavioral Health Department by July 2015

Activities:

- a. Collect data on the number of participants in the after care programs over a 3 year period.
- b. Increase outreach by having a public relations program to promote the 7 challenges and motherhood/fatherhood family programming by utilizing social media.
- c. Train Behavioral Health staff in each area for the 7 challenges program.
- d. Develop and widely distribute promotional materials for the 7 challenges program in all areas.
- e. Increase referrals to alcohol/drug support groups.
- f. Provide education to integrated team members at the Ho-Chunk Health Care Center and Social Services to coordinate care for patients with additions.

Status Check on 7-28-15

Objective: Expand the development of after care groups in all areas by January 2016.

New Mental Health clinicians have been hired in the Nekoosa, Wittenberg, and Wisconsin Dells areas to focus on Youth. Data will be collected from participants in the existing after care programs and new programs focused on Youth.

Objective: Promote the 7 challenges adolescence and motherhood/fatherhood programming by January 2016.

Training has begun in the Black River Falls, Nekoosa, and Wittenberg areas for the 7 challenges program. The House of Wellness staff has completed the 7 challenges training and is ready to begin implementation of the program. Promotion of the 7 challenges program has been

developed for brochures and print media which are handed out at community events including Family Wellness Retreat. No social medial promotion has been developed.

The motherhood/fatherhood curriculum is being implemented at the House of Wellness. The program hopes to expand to the Black River Falls area with the addition of clinicians to facilitate the groups. The motherhood/fatherhood program at the House of Wellness is beginning a new phase of the program with the participants creating self-led sessions of support.

Referrals to the alcohol/drug support groups have increase in 2015 due in part to the ability of referrals to come directly to the department from Jackson County. Referral increase has also occurred through Family Wellness Court and the motherhood/fatherhood programs. To help increase referrals into the department collaborations with Ho-Chunk Nation child protection services and Ho-Chunk Nation social services have increase dramatically. Routine meetings between the departments have been helping to foster the relationship between the departments.

Objective: Expand the integrated approach to care to the Black River Falls Behavioral Health and Ho-Chunk Health Care Center location by July 2015.

Trainings on integrated health approach to care were completed for staff at the Ho-Chunk Health Care Center and Black River Falls Behavioral Health in May, June, and July. Routine team meetings will be planned for the remainder of 2015.

Status Check 7-28-16

Objective: Expand the development of after care groups in all areas by January 2016.

Objective: Promote the 7 challenges adolescence and motherhood/fatherhood programming by January 2016.

Objective: Expand the integrated approach to care to the Black River Falls Behavioral Health and Ho-Chunk Health Care Center location by July 2015.

Identified on 7-28-15

No new objectives or activities were identified during the CHIP partner meeting.

Identified on 7-28-16

What is the most impressive work done for this priority? What good initiatives would we like to continue?

- a. Cross training for providers, Integrative Team
- b. Mindfulness Program, Medicine Wheel

What can we do to improve this initiative?

- a. Stop the cycle (parents)
- b. Per Cap & 18 monies education management
- c. Working on the negative stigma's (it's okay to ask for help)

What are some new ideas for this initiative?

- a. We want 7 Challenges back
- b. Increase awareness, helping people find support, increase the cultural piece (cultural reconnection)

START SOMEWHERE!!! Ho-Chunk Nation still has no treatment center!!

