



# Oneida Comprehensive Health Assessment

Data Summit  
February 28, 2018

Last updated 02/23/18 MLM

A good mind. A good heart. A strong fire.





# Welcome & Introductions

- Housekeeping
- Packet Materials
- Introductions/ participants

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[Speaker introduces self]

Hello and welcome! We are thankful you are able to join us today.

#### Housekeeping stuff:

- Cellphone reminder.
- Describe location of restrooms and drinking fountains.
- We will have a scheduled break about midway through, but feel free to move about as you need to.

#### Materials in your packets:

- Agenda
- Pre meeting info and definitions
- “What Makes a Community Healthy” model- data will be displayed to you using this framework
- Data summit worksheet- which we will collect at the end
- Dots to be used for interactive activity

Does anyone have any questions?

#### Introductions:

Before we get started, let’s go around the room to introduce yourself and area you work.



# Purpose

Improve the health and wellness  
of the Oneida Community.

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So why are we here today?

If you are here in this room today, you are some of the areas that impact the health and wellness of Oneida Community members.

Certainly not everyone works in health and wellness. But what you do in the community affects the health and wellness of community members.

We are going to talk more about this as we get into the data presentation.



## Today's Objectives

- Review terminology
- Review Assessment Data
- Gather partner feedback
- Next steps

***Please remain until the end to make your vote count!***

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[Presenter reads slide.]

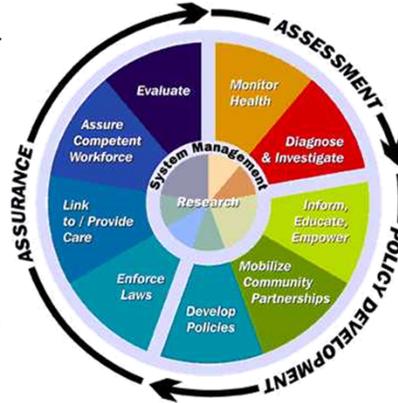
Simple explanation of today:

- We will show you some Oneida specific data. In some cases, we may compare Oneida data to other groups such as other residents of Brown & Outagamie counties or the State of Wisconsin.
- Toward the end of the session, we will ask you to provide your feedback on the selection of priority areas that we can work on together to improve the health of the Oneida Community over the next 5 years.

# Public Health

*“Public health is the science of **PROTECTING** and **IMPROVING** the health of people and their communities...Public health also works to limit health disparities. A large part of public health is promoting healthcare **equity, quality** and **accessibility.**”*

*Source: Centers for Disease Control*



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Before we move into the data, there is a bit of terminology that is relevant and very important to have everyone on same page.

Today we are reviewing data from the lens of public health- population health verses individuals health.

[Presenter read slide.]

The image you see on the slide depicts the 10 Essential Public Health Services. This guides public/ tribal health departments to ensure quality public health services are available in the community.

There are three core functions- one being assessment.



# Community Health Assessment

- Systematic examination of the health status indicators for a given population.
- Used to identify key problems and assets in a community.
- The ultimate goal is to develop strategies to address the community's health needs and identify issues.
- A variety of tools and processes may be used to conduct a community health assessment;
- The essential ingredients are community engagement and collaborative participation.

Public Health Accreditation Board (PHAB) version 1.5

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[Presenter reads slide]

The entire process is Data Informed;  
Community Driven!



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As we talk about improving the health of the Oneida Community, data is just one part.

It is critical to have community partners at the table in the development of community strategies and policy change.



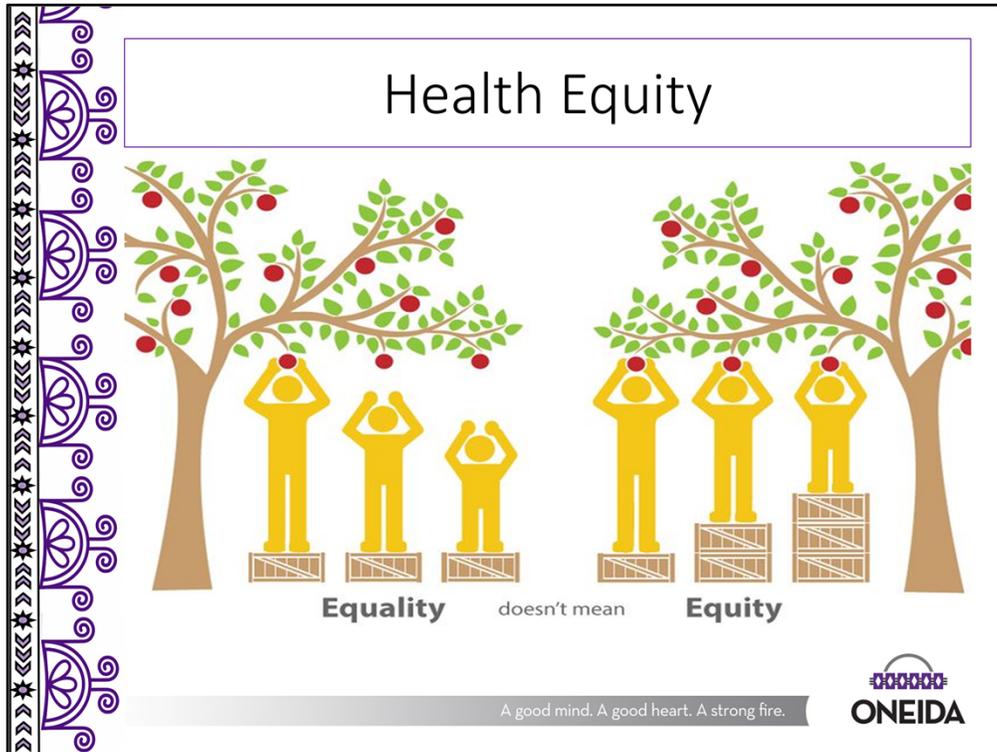
# Why do we Assess the health status of populations?

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[Presenter reads the slide.]

- Provide an overview of health of the community
- Working intentionally, strategically and collaboratively at the local level to improve the health of the community.
- Look for opportunities for improvement
- Tribes are not required to conduct a Community Health Assessments, but Oneida has chosen to do so since 2006 because it's the right thing to do.

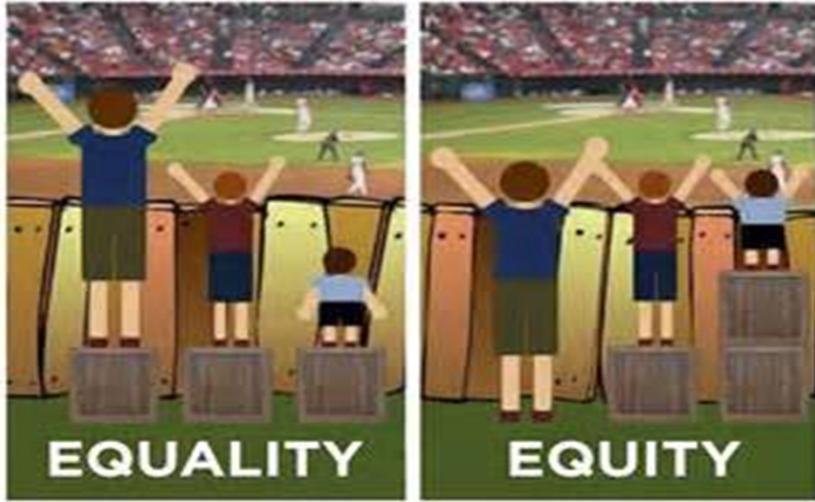


Let's pause a moment to talk a bit about health equity- mentioned in previous slide. It's an important concept to understand when looking at today's data.

The World Health Organization defines [Health equity](#) as the absence of avoidable or remediable (treatable) differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically.

This image depicts a simplified example of EQUALITY versus EQUITY. Giving everyone the same size box is NOT health equity. People need different size boxes of help to achieve optimal health.

# Health Equity



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 ONEIDA

This is another visual to explain EQUALITY versus EQUITY.



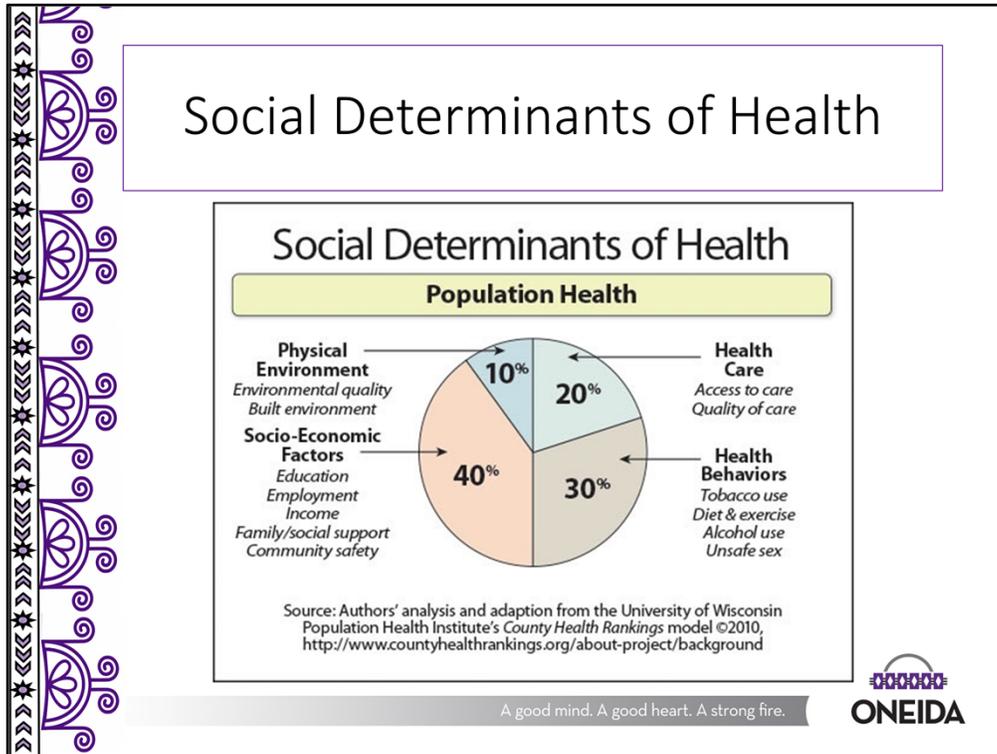
# So how do we achieve health equity?

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[Presenter reads slide]

By addressing the social determinants of health, we are making effort to ensure health equity in the community.



*“The social determinants of health are the conditions in which people are born, grow, live, work and age... (They) are mostly responsible for health inequities - the unfair and avoidable differences in health status.”*

Source: World Health Organization

The social determinants of health are the circumstances in which people are born, grow up, live, work and age and the system put in place to deal with illness.

When considering POPULATION HEALTH, this image groups the social determinants of health into four categories;

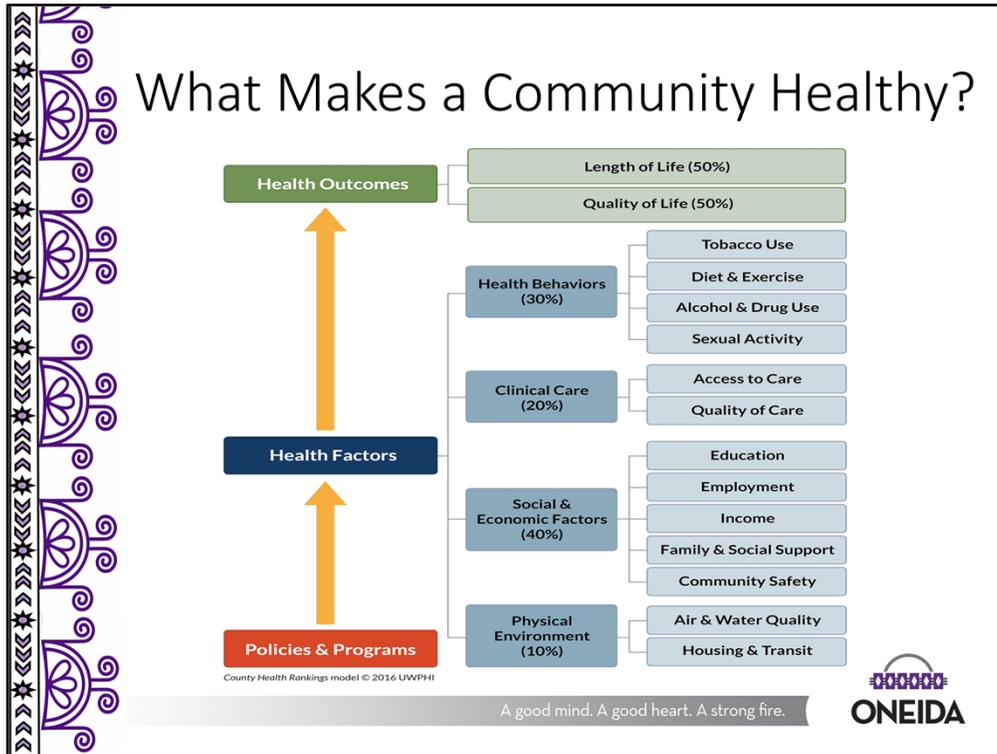
- Healthcare- impacts 20% of a populations' health
- Health Behaviors- impacts 30% of a populations' health
- Socio-Economic Factors- 40% of a populations' health
- Physical Environment- 10% of a populations' health

Looking just at the percentages of these categories, is there anything that stands out to you from this slide?

- Healthcare is only a 20% piece of the pie! A lot of times when we think of health we immediately go to disease and those the programs that take care of us when we get sick. But this model illustrates that we can make changes in three other categories that impacts the health of a community even more than healthcare itself.

To keep the social determinants of health at the forefront of our work today, we will be guided by a model.

Does anyone have any questions?



Data can be overwhelming. So it helps to organize the data around a framework.

For today's presentation, we are going to talk about data using the model developed by UW Population Health Institute. It is also used in the County Health Rankings and Roadmaps- a data resource used by local and state health departments. [Participants have a copy of this in your folders.]

[Presenter explains model starting at the bottom]

**Policy & Programs-** may target health outcomes directly, or tackle the variety of factors that help to determine those outcomes.

**Health Factors-** represent what influences the health of a community. Broken down further into Health Behaviors, Clinical Care, Social & Economic Factors, Physical Environment- should look familiar from previous slide- Social determinants of health.

**Health Outcomes-** represent how healthy a community is.

In this model it's important to note how all these factors impact the health of the community. It emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work and play.

We continue to reference this model as we look at the data today. Our hope is this helps you organize your thoughts when we get to prioritizing areas of improvement a bit later.



Question

When thinking about groups of people within the Oneida Community, who are the most vulnerable or at-risk groups?

What data do we have that tells us these groups are at risk?

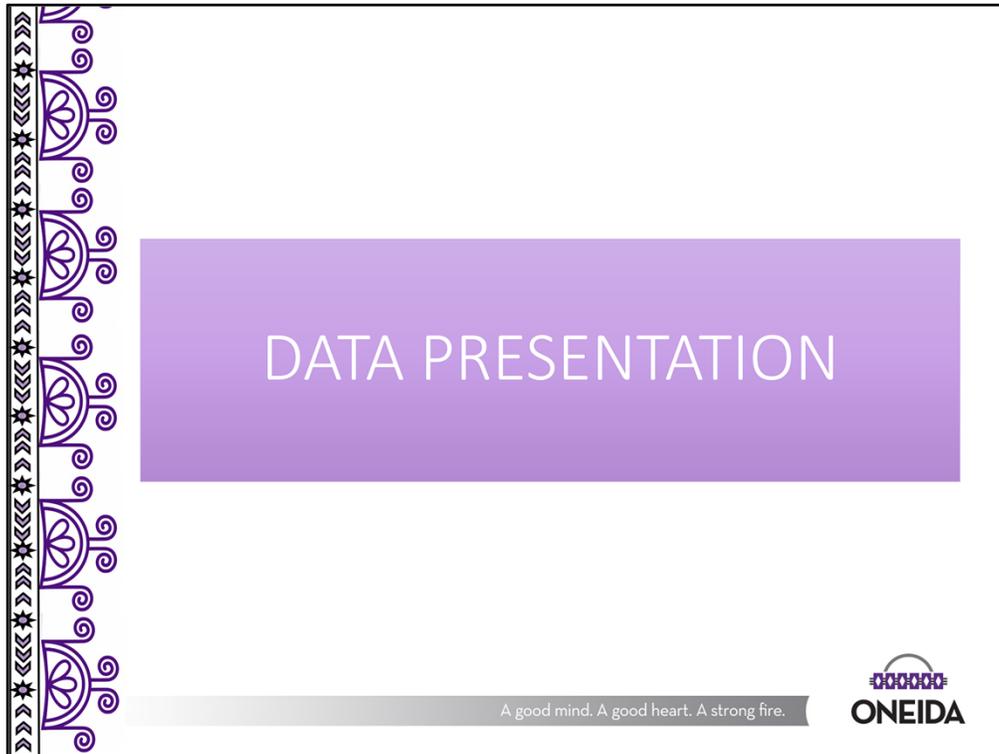
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[Present reads slide]

Participants are asked to answer.

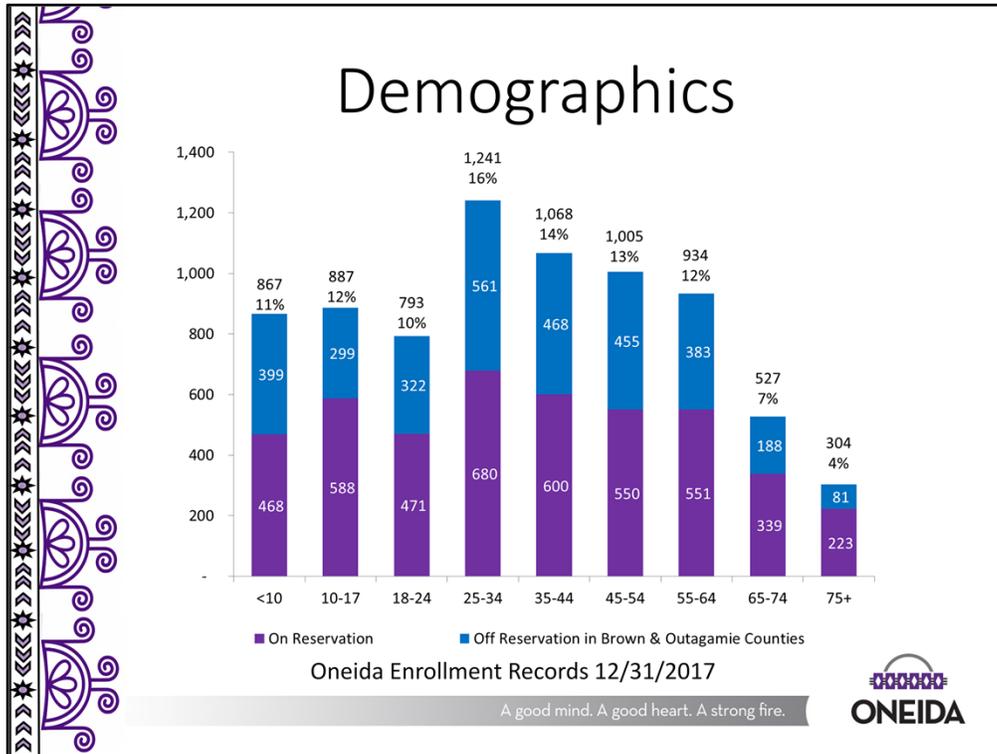
Writer will write responses on wall post its.



[Speaker introduces self]

Keep a few things in mind as we review available data:

- Population data for the Oneida Community.
- When available, we will compare the data to other groups or trend data from year to year.
- Please pull out the green data summit participant worksheet and feel free to jot down notes about data that stands out to you. As a reminder, we will collect these at the end of our session today.



Let's take a snap shot of what the Oneida Tribal membership looks like today.

There are 7,626 enrolled Oneidas living in Brown & Outagamie Counties. 4,470 of them live on the Oneida Reservation.

This chart shows the number of enrolled Oneidas broken down by age group and location.

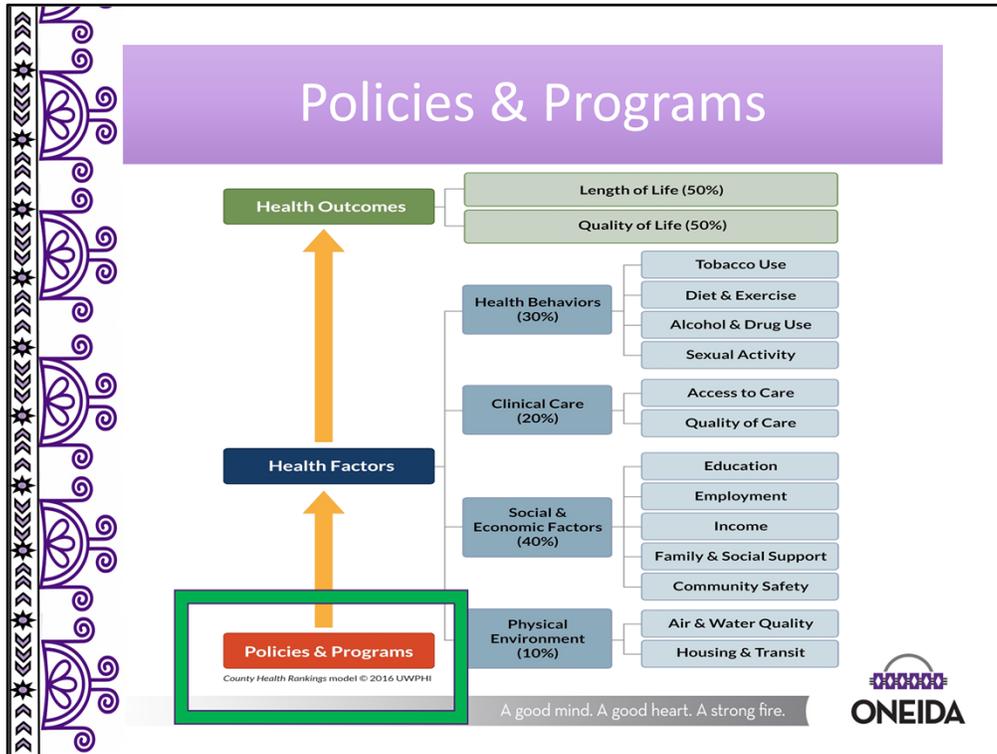
23% of enrolled Oneidas in Brown & Outagamie Counties are under 18 years old

27% are 18-34

27% are 35-54

23% are Elders age 55 & older

The median age of Oneidas living on the Oneida Reservation is 35.5. The median age of those off the Oneida Reservation in Brown & Outagamie Counties is 34.9. For comparison, the median age of all residents on the Oneida Reservation is 37.9. The median age of all residents in Brown & Outagamie Counties off the Oneida Reservation is 37.2



The model shows us that policies & programs and Health Factors impact Health Outcomes. So we will start from the bottom and move our way up.

Policies & Programs may target health outcomes directly, or tackle the variety of factors that help to determine those outcomes.

Policies and programs can focus on downstream factors, solving today's challenges, through changes to individuals' behaviors such as dietary choices, exercise levels, or alcohol consumption.

They can also focus on upstream factors that take more systematic approaches to prevention, such as enhancing opportunities for education, stimulating economic development, and increasing neighborhood safety.



Question

What are some examples of Policies & Programs that promote health and wellness in the Oneida Community?

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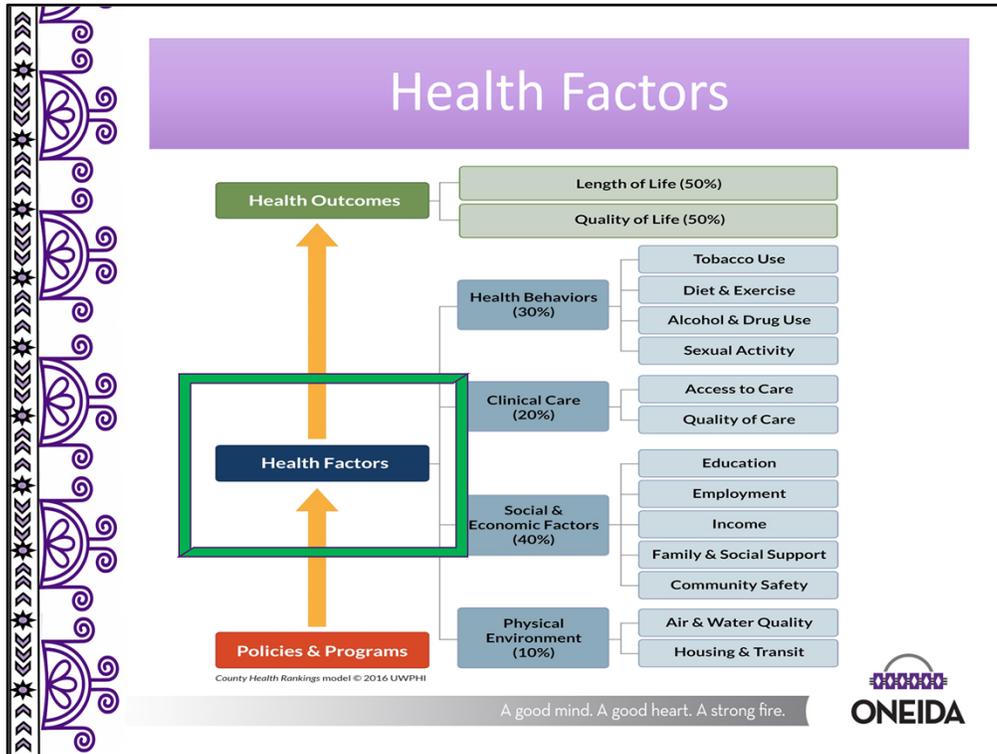


[Present reads slide.]

Think of these as assets and resources available in the Oneida Community.

Participants are asked to answer.

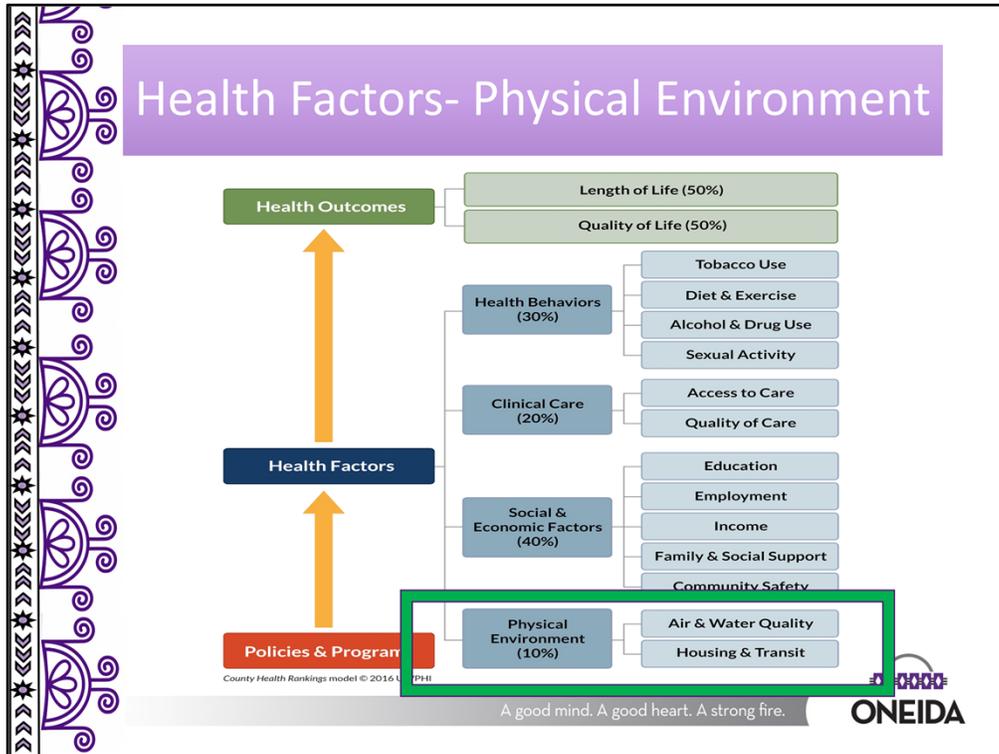
Writer will write responses on wall post its.



Remember Health Factors represents the INFLUENCES on the health of the community.

Four main categories:

- Health Behaviors
- Clinical Care
- Social and Economics
- Physical Environment



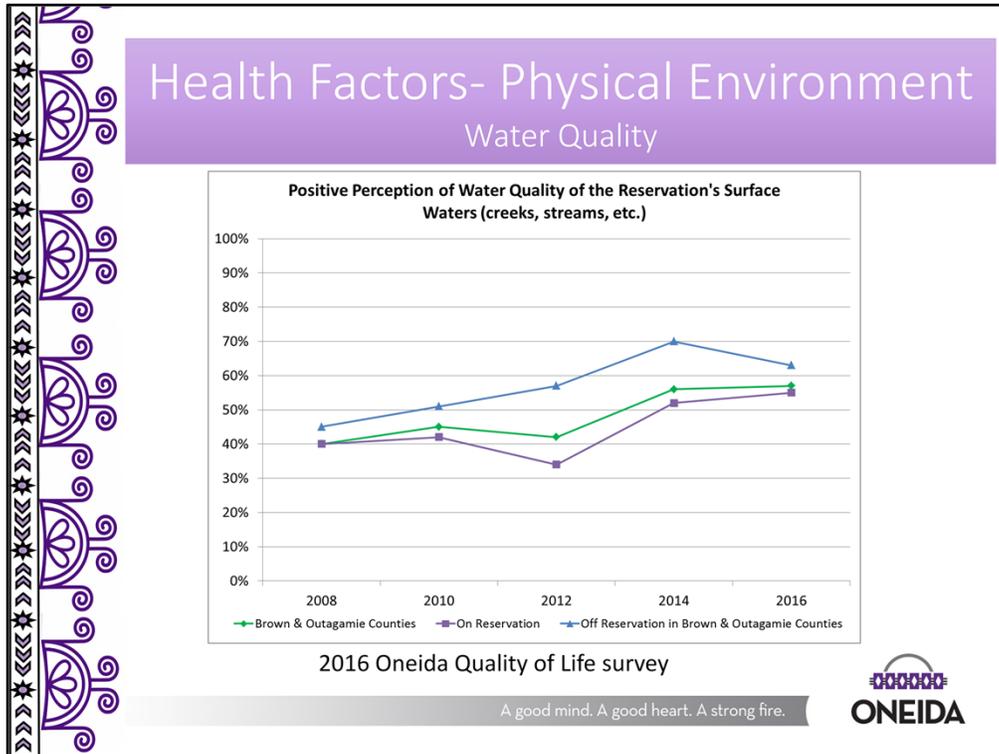
Let's look at the physical environment.

If we go back to the model developed by UW Population Health Institute, it is estimated that Physical Environment contributes to about 10 % of the health factors that impact health outcomes.

Of these categories, Physical Environment has the least impact on outcomes. But of those that it does impact can lead to major issues.

Think of when we have air quality advisory and those that can be impacted (Asthma, CHF, Elderly)

Or if there are issues with Transit? Housing issues? Lead, mold, etc.



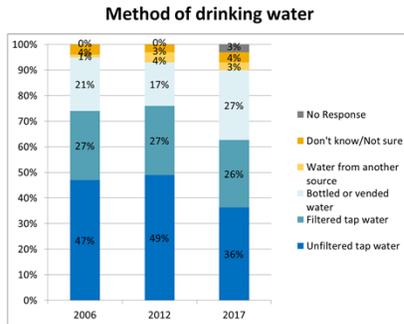
Respondents were asked about the water quality of the reservation surface waters.

57% rate the water quality of the Reservation's surface waters as good or excellent. Respondents' perceptions of water quality on the Reservation have improved significantly since 2012, up from 42%. Only 55% of respondents on the Reservation rate the water quality positively compared to 63% of those who live off the Reservation in Brown and Outagamie Counties.

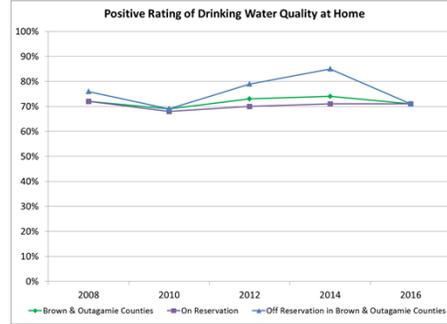
**Additional information to share:**

# Health Factors- Physical Environment

## Water Quality



2017 Community Health Assessment Survey



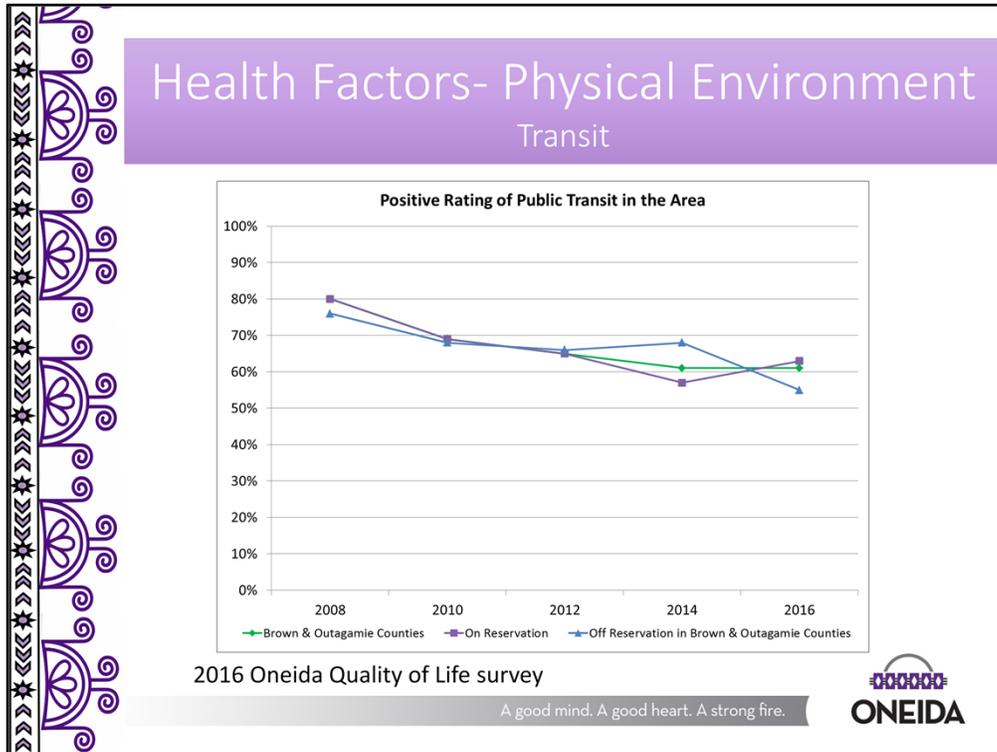
2016 Oneida Quality of Life survey

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Left question: Method of drinking water- A lower rate of respondents is drinking unfiltered tap water & a higher rate is drinking bottled or vended water.

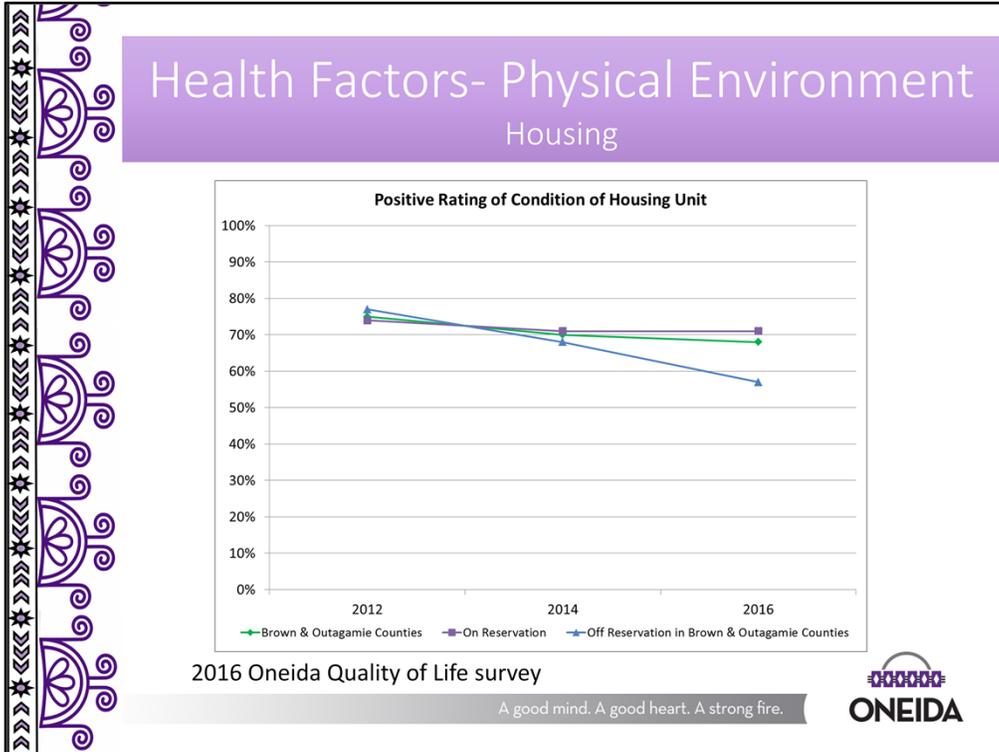
Right question: Drinking water quality at your home- 71% rate drinking water quality at their homes as good or excellent. This rating is consistent with previous years. The drinking water quality rating of respondents who live off the Reservation in Brown and Outagamie Counties dropped significantly from 85% in 2014 to 71% in 2016.



Respondents were also asked to rate public transit in their area. 27% did not rate it. Of those who did rate public transit, 61% rate it excellent or good. 63% of respondents on the Reservation rate it positively compared to 55% of those who live off the Reservation in Brown and Outagamie Counties (down significantly from 2014).

**Additional information to share:**

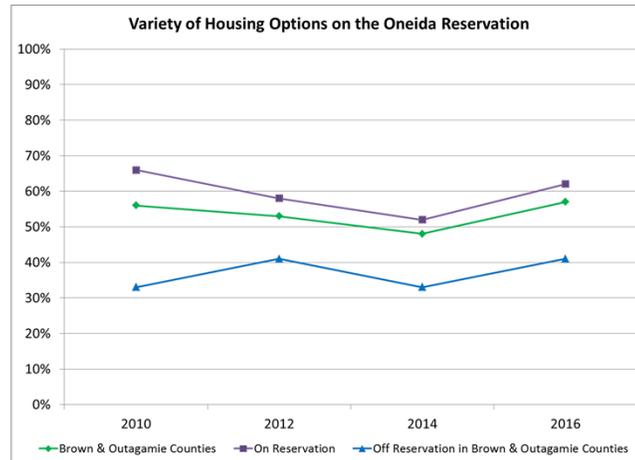
There is a higher rate of American Indian in Brown & Outagamie Counties who carpool, take public transportation, and walk to work than the general public. (AI: commute alone – 77%, carpool 13%, public transit 2%, walk 4%, taxi/bike 2%, work from home 3%; All residents: commute alone – 85%, carpool 7%, public transit 1%, walk 2%, taxi/bike 2%, work from home 4%)



When asked about the condition of their housing unit, 68% of those who answered the question rate it excellent or good.

The rating of housing units for Oneidas living off the Oneida Reservation in Brown and Outagamie Counties has declined significantly since 2012 from 57% to 77% in 2016.

## Health Factors- Physical Environment

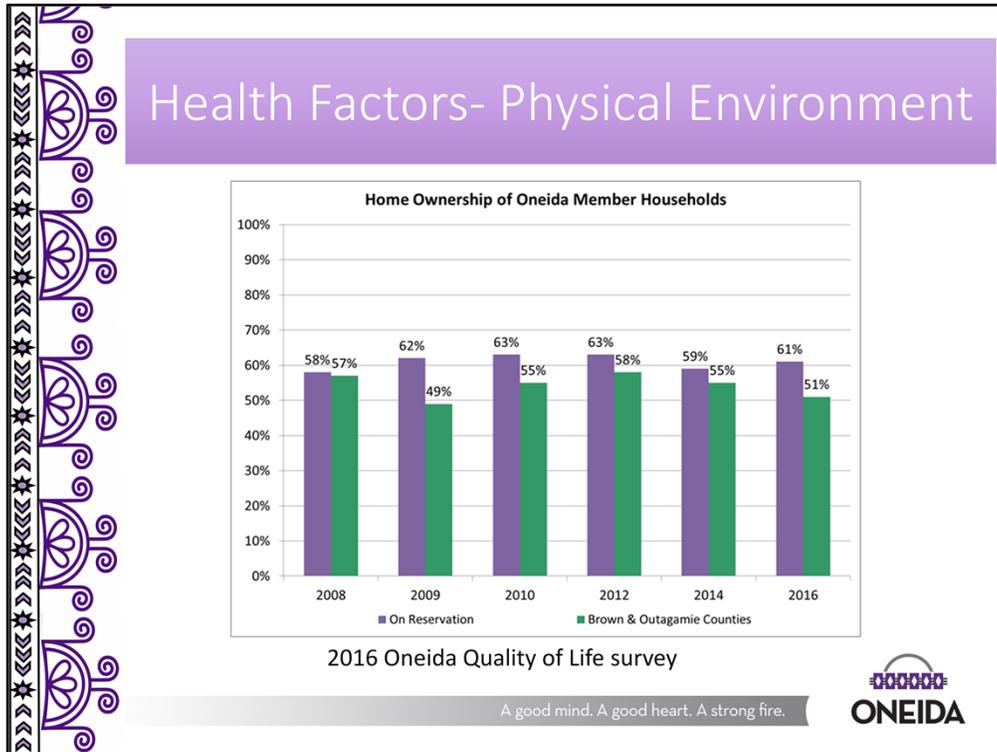


2016 Oneida Quality of Life survey

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When asked about satisfaction with variety of housing options on the Oneida Reservation, just over half of respondents who rated the variety of housing options on the Reservation, 57%, are satisfied. 62% of those who live on the Reservation are satisfied compared to only 41% of those who live off the Reservation in Brown and Outagamie Counties. The rating on the Reservation has dropped from 66% in 2010 down to 52% in 2014 but now **back up to 62%**.



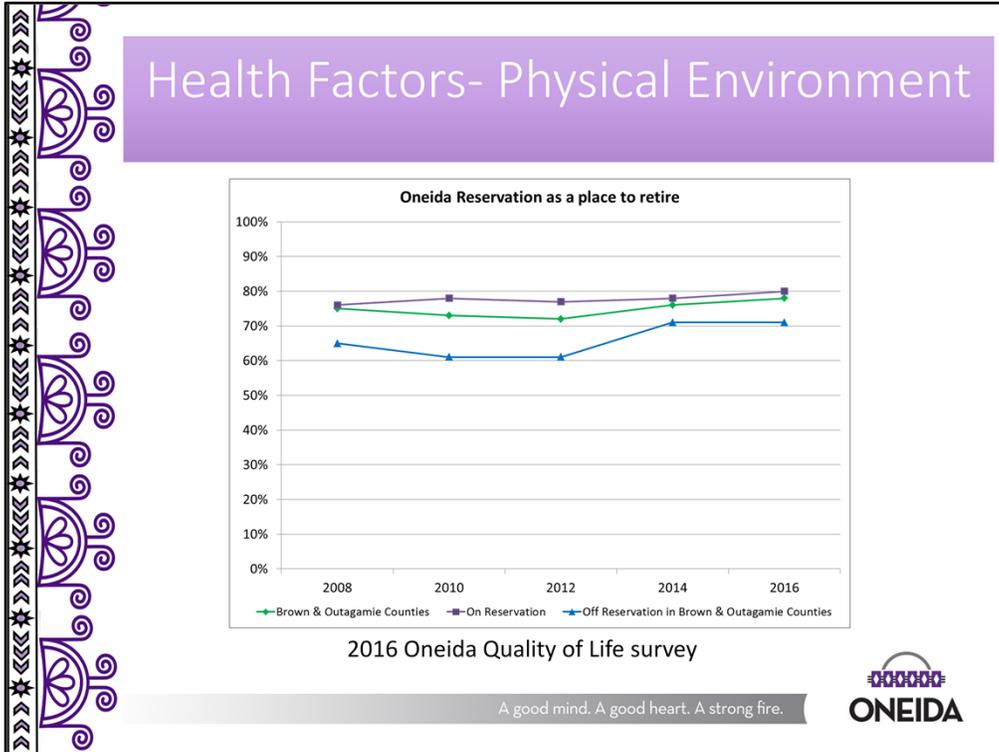
### Home ownership of Oneida Members households.

There are 9,142 total housing units on the Oneida Reservation. Oneida members live in 1,800 housing units on the Oneida Reservation (19.7%). 910 of those housing units are on land owned by Oneida. 61% of Oneida member households on the Oneida Reservation are owned. Only 51% of Oneida member households in Brown and Outagamie Counties are owned. For comparison, 78% of all households on the Oneida Reservation and 68% of those in Brown & Outagamie Counties were owned in 2014.

A higher rate of Oneidas on the Oneida Reservation own their homes than those who live off the Oneida Reservation in Brown & Outagamie Counties.

### **Additional information to share:**

The average household size of Oneida member households on the Oneida Reservation is 3.1. The average household size of Oneida members who live in Brown & Outagamie Counties is 3.3. The average Oneida household size has remained steady since 2008. The average household size of all households in 2014 was 2.7 on the Oneida Reservation and 2.5 in Brown and Outagamie Counties.

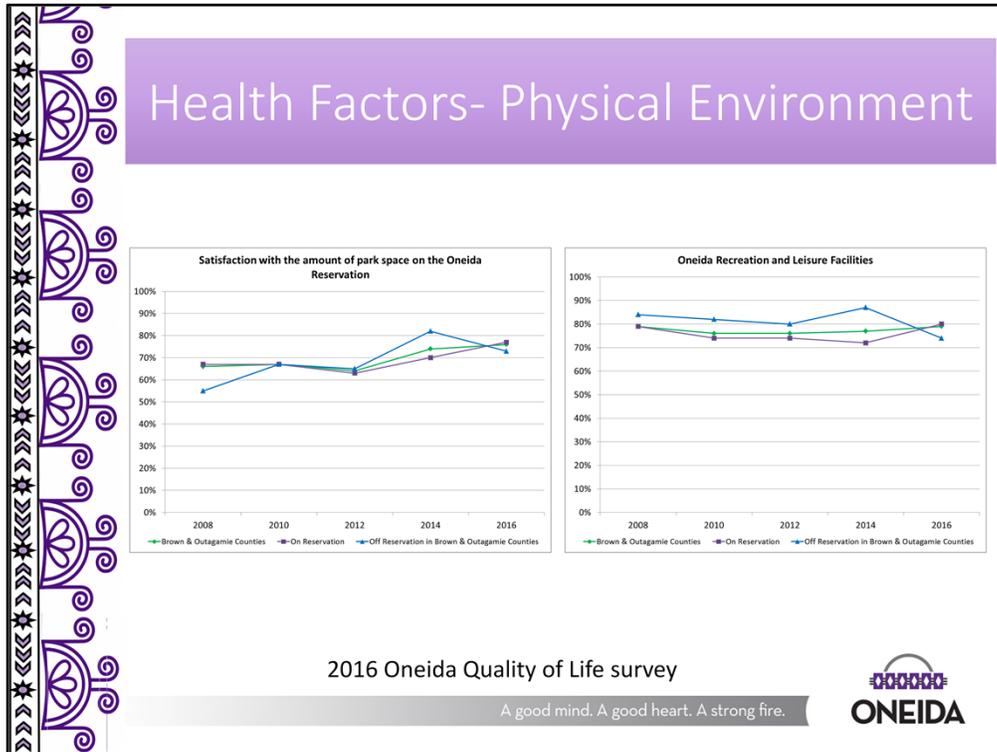


Rate Oneida Reservation as a place to retire.

78% think the Reservation is an excellent or good place to retire. Of those who gave a rating, 80% of respondents who live on the Reservation think the Reservation is an excellent place to retire compared to only 71% of those who live off the Reservation in Brown and Outagamie Counties.

**Additional information to share:**

74% of respondents think that the Reservation is an excellent or good place to raise a family. Of those who gave a rating, 78% of those who live on the Reservation gave a positive response compared to only 59% of those who live off the Reservation in Brown and Outagamie Counties.



Left question- 76% of respondents are satisfied with the amount of park space on the Oneida Reservation.

**Additional information to share:**

Respondents were asked to rate the condition of parks in their neighborhoods. 32% of respondents did not give a rating. Of those who did, 65% rate the condition of parks as excellent or good. The ratings by those who live on the Reservation increased significantly from 2014, and the ratings by those who live off the Reservation in Brown and Outagamie Counties decreased significantly from 2014.

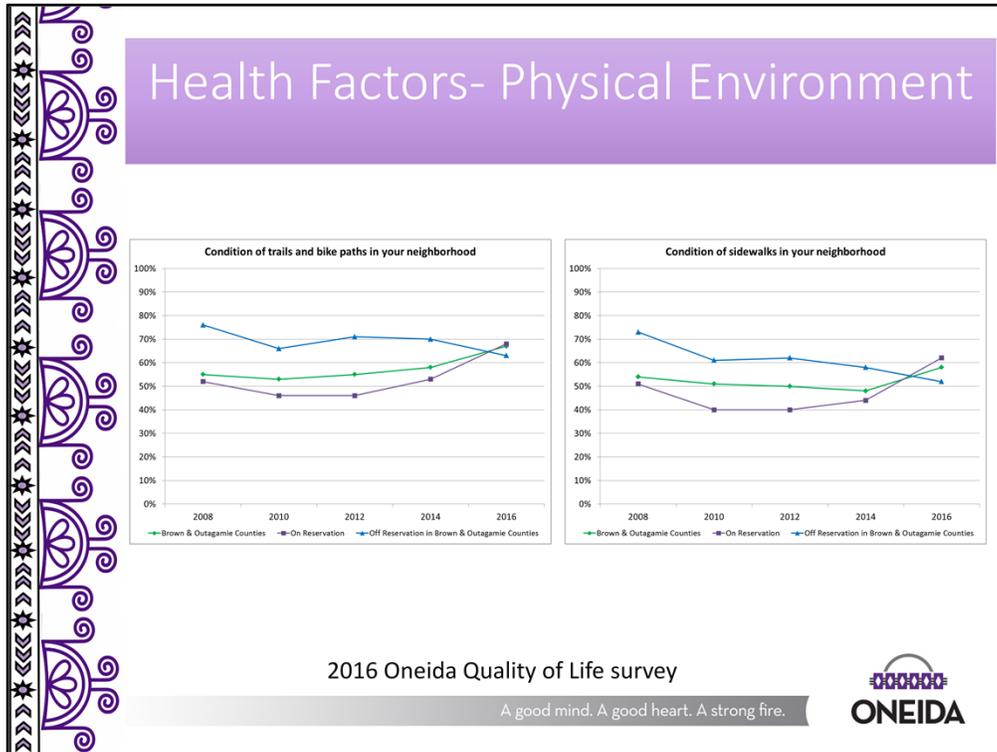
75% rate the amount of green or natural open spaces on the Reservation as good or excellent. This rating is consistent with previous years.

Right question- Respondents were asked specifically about Oneida recreation and leisure facilities. 79% are satisfied with those facilities. The ratings by respondents who live off the Reservation in Brown and Outagamie Counties decreased significantly, but increased by those who live on the Reservation.

**Additional information to share:**

66% of respondents rate the quality of recreational opportunities in their area positively. The ratings by respondents who live on the Reservation increased significantly, but the ratings of those who live off the Reservation in Brown and Outagamie Counties decreased

significantly.



Left question- 60% rate the availability of trails and bike paths in their neighborhoods as good or excellent. That rating is a significant improvement over previous years' results. The rating improved significantly by respondents on the Reservation from 42% in 2014 to 58% in 2016. Of those who rated the availability of trails and bike paths in their neighborhoods, only 58% of those on the Reservation gave a positive rating compared to 65% of those who live off the Reservation in Brown and Outagamie Counties.

For those who rated the condition of trails and bike paths in their neighborhoods, 67% rate their condition positively. The ratings of those who live off the Reservation in Brown and Outagamie Counties decreased, but the ratings of those who live on the Reservation increased significantly from 53% in 2014 to 68% in 2016.

Right question- Respondents were asked to rate the condition of sidewalks in their neighborhoods. 58% of respondents did not rate sidewalks in their neighborhoods. 62% of respondents on the Reservation and 48% of those off the Reservation in Brown and Outagamie Counties did not rate sidewalks. There is a 62% positive rating on the Reservation up from only 44% in 2014, and a 52% positive rating off the Reservation in Brown and Outagamie Counties down from 58% in 2014.

**Additional information to share:**

61% of respondents rate the condition of roads in their neighborhoods positively. The rating has improved significantly from 2014 mainly due to the improved rating on the

Reservation.



# Reflection

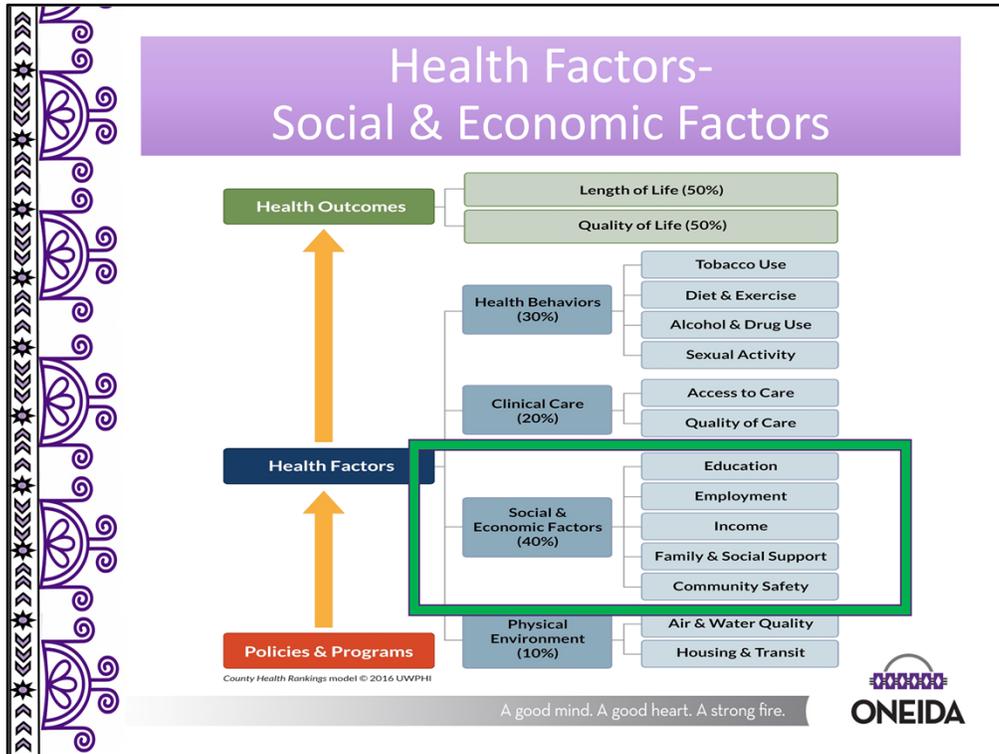
## Health Factors- Physical Environment

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Take this time to jot down what stood out to you in the data provided regarding the Physical Environment.

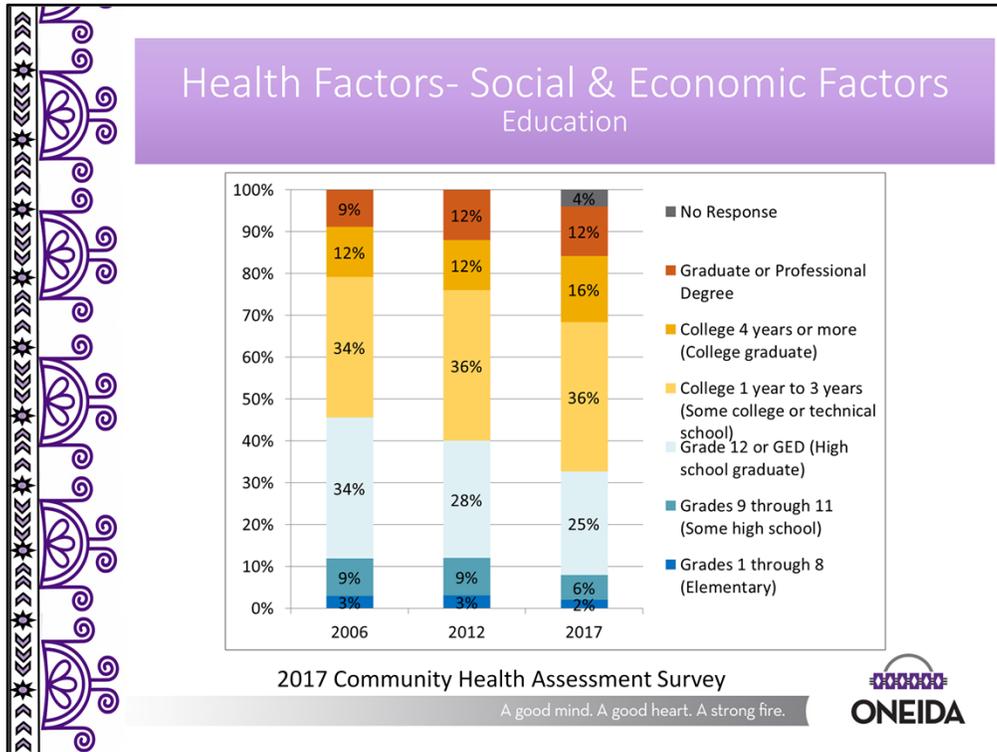
From your experience & perception, what can be improved in the physical environment to achieve healthy outcomes in the Oneida Community?



[Speaker introduces self]

From here we move to Social & Economic Factors.

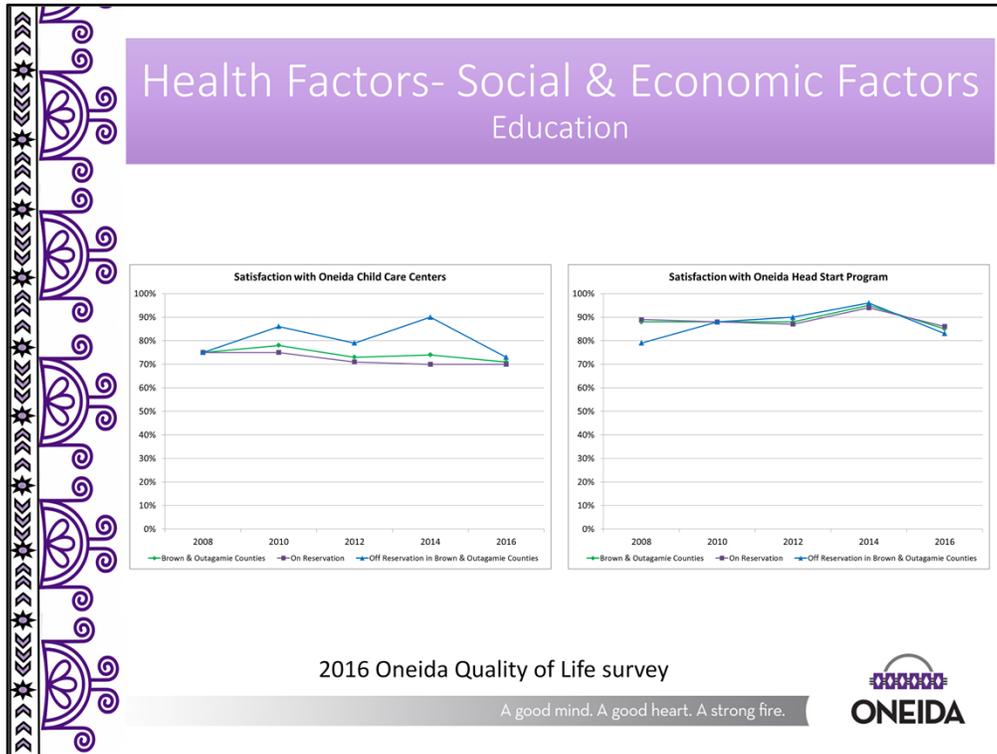
If we go back to the model developed by UW Population Health Institute, it is estimated that Social & Economic Factors contribute to about 40 % of the health factors that impact health outcomes.



The level of education of respondents increased significantly from 2006 to 2017 and from 2012 to 2017. When adjusted for age, only 6% of Oneidas in Brown & Outagamie Counties have less than a high school diploma, 23% have a high school diploma, 35% have some college education, 22% have a 4-year college degree, and 14% have a graduate or professional degree.

There is also a significant difference in the level of education of Oneidas who live on the Oneida Reservation compared to those who live off the Oneida Reservation in Brown & Outagamie Counties.

For comparison with all the residents in Brown and Outagamie Counties aged 25 and older in 2016, 7% had less than a high school diploma, and 32% had a high school diploma or equivalent. 21% had some college, 33% had a college degree, and 8% had a graduate or professional degree.



Respondents were asked to rate various aspects of education in the community.

Left question- Respondents were asked to rate Oneida Child Care Centers. The majority did not rate them. Of the respondents who did rate Oneida Child Care Centers, 71% are satisfied with them. The ratings by those who live off the Oneida Reservation in Brown and Outagamie Counties dropped from 90% in 2014 to 73% in 2016.

**Additional information to share:**

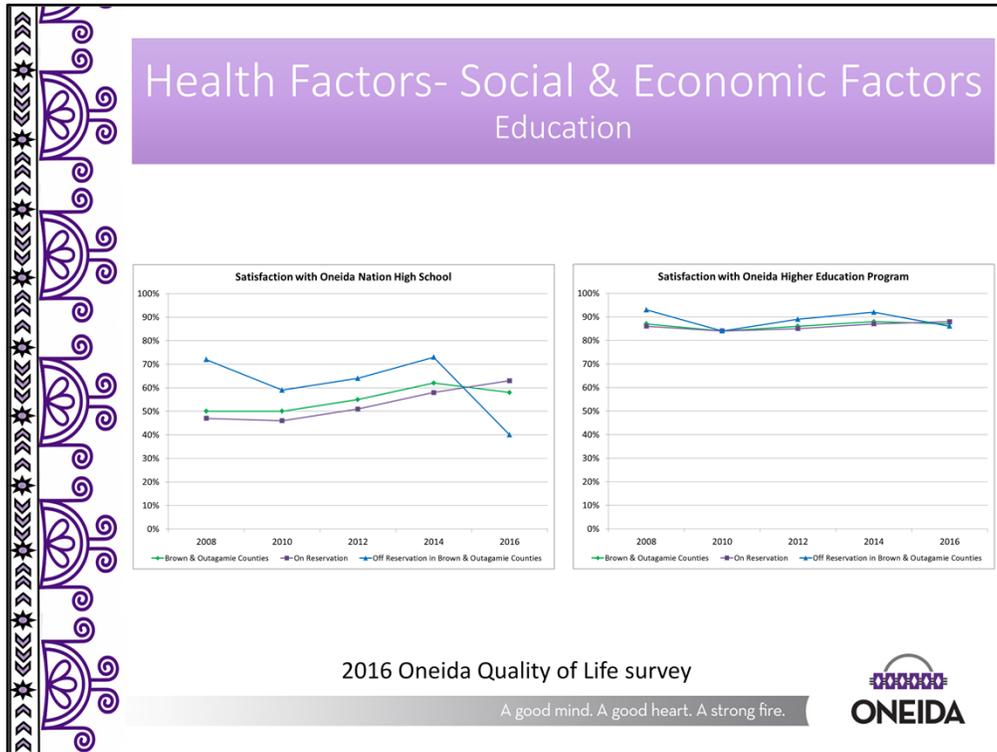
63% of respondents rate the quality of childcare services where their child/children attend as excellent or good. Ratings by those who live off the Reservation in Brown and Outagamie Counties dropped significantly from 82% in 2014 to 61% in 2016.

Right question- 70% of respondents did not rate the Oneida Head Start Program. Of those who did, the majority of respondents, 85%, are satisfied with the Oneida Head Start Program. This positive ratings by all respondents dropped significantly from 2014 to 2016.

**Additional information to share:**

Respondents were asked to rate the quality of education where their child/children attend schools. Only 50% of respondents rated the quality of education. Of those who rated the quality of education, 75% rated it excellent or good. Ratings by those who live off the Reservation in Brown and Outagamie Counties dropped significantly from 83% in 2014 to 69% in 2016. Only 59% of those who have children who attend Oneida Nation schools

rated the quality of education as excellent or good.



Left question- 70% of respondents did not rate the Oneida Nation High School. Of those who did, 58% are satisfied.

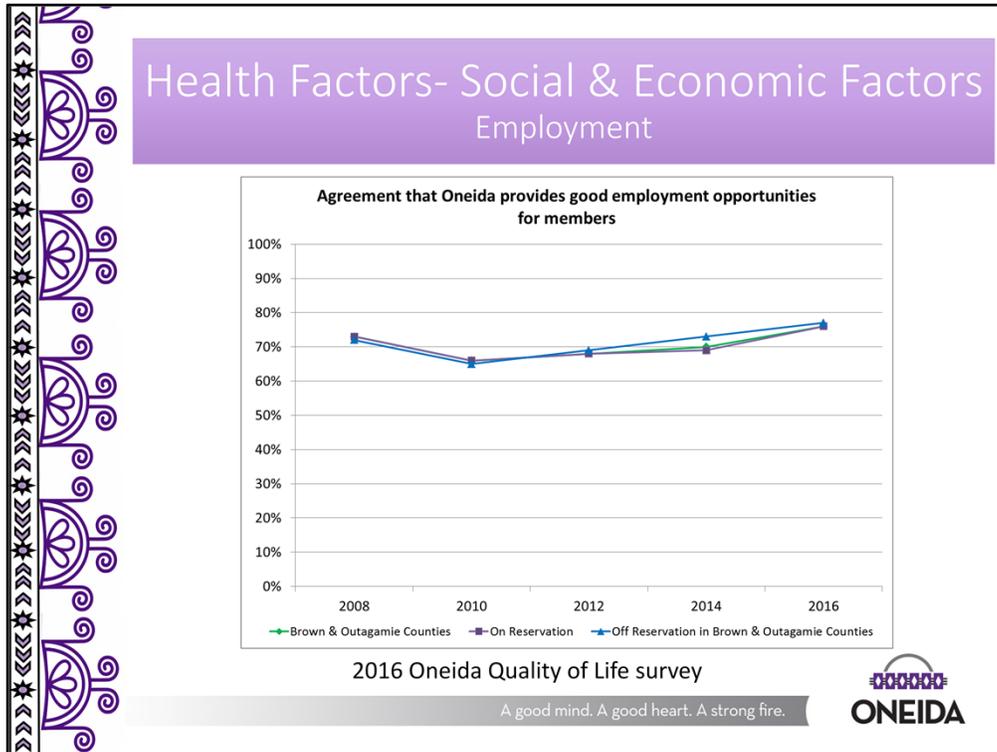
**Additional information to share:**

Again, a high rate of respondents, 69%, did not rate the Oneida Nation Elementary School. Of those who did, 74% are satisfied with it. Only 65% of those who live off the Reservation in Brown and Outagamie Counties are satisfied with the Oneida Nation Elementary School.

Right question- The majority of respondents, 87%, are satisfied with the Oneida Higher Education Program. This rating is consistent with previous years.

**Additional information to share:**

67% of respondents did not rate the Oneida Youth Enrichment Services (YES) program. Of those who did rate the YES program, 80% are satisfied. This level of satisfaction is up from 72% in 2012. Ratings by those who live off the Reservation in Brown and Outagamie Counties dropped from 83% in 2014 to 74% in 2016.



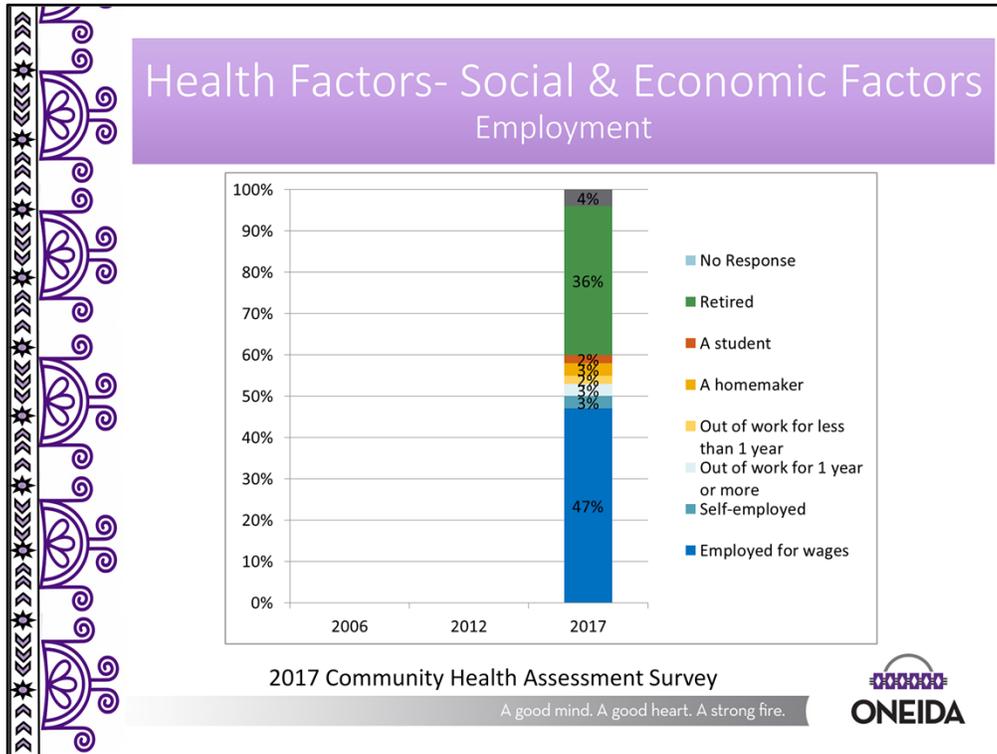
There were some questions on the survey relating to personal and local economics.

When asked if Oneida provides good employment opportunities for members, 76% agree. This level of agreement is consistent regardless of location.

**Additional information to share:**

61% of respondents rate the health of the economy in their area as excellent or good. This is up significantly from 41% in 2010. A higher rate of respondents on the Oneida Reservation rate the economy positively than those off the Oneida Reservation in Brown and Outagamie Counties, 64% compared to 53%.

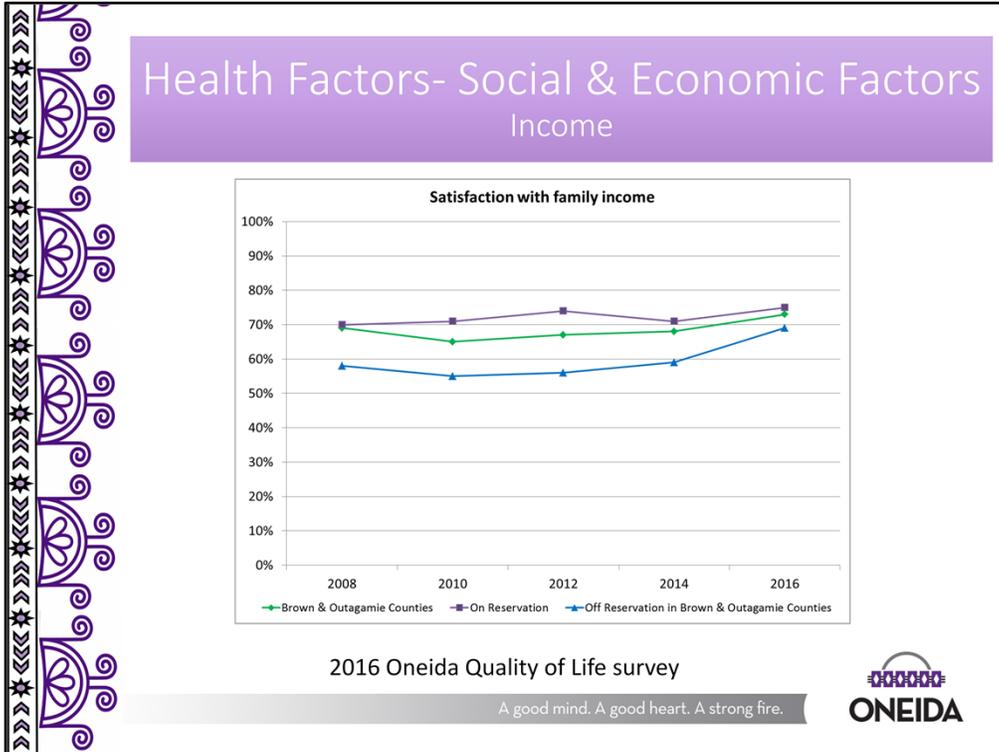
67% of respondents agree that this time next year they will be financially better off than now. This level of agreement is up from 2014 when 59% agreed.



### Employment for Oneida Membership

After adjusting for age, the results showed 68% of Oneidas aged 18+ in Brown & Outagamie Counties were employed, 26% were out of the workforce. 6% were unemployed. A higher rate of Oneidas off the Reservation in Brown & Outagamie Counties are unemployed than those on the Oneida Reservation.

In 2016, 67% of all residents aged 16+ in Brown and Outagamie Counties were employed, 30% were out of the workforce, and 3% were unemployed.

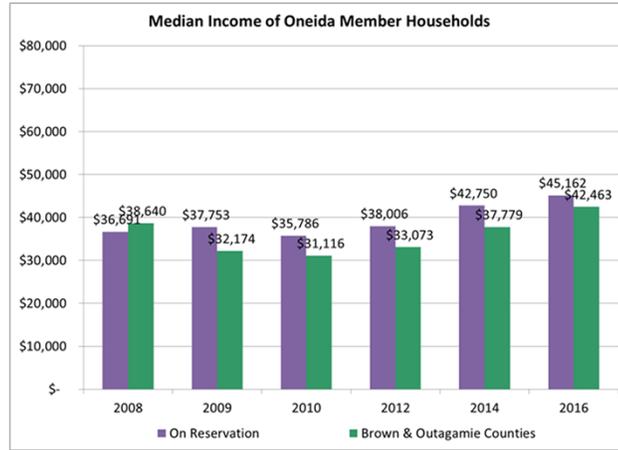


73% of respondents are satisfied with their family income. As expected as the income level went up, so did the level of satisfaction.

**Additional information to share:**

Of the respondents who rated their current job, 79% are satisfied. This level of satisfaction is consistent with past years.

## Health Factors- Social & Economic Factors Income



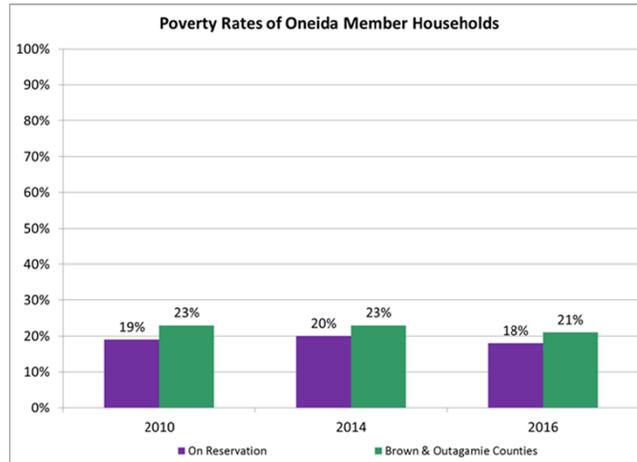
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The median income of Oneida member households is \$45,162 on the Oneida Reservation and \$42,463 in Brown and Outagamie Counties. For comparison in 2014, the median income of all households was \$66,843 on the Oneida Reservation and \$55,388 in Brown and Outagamie Counties.

## Health Factors- Social & Economic Factors Poverty Rates

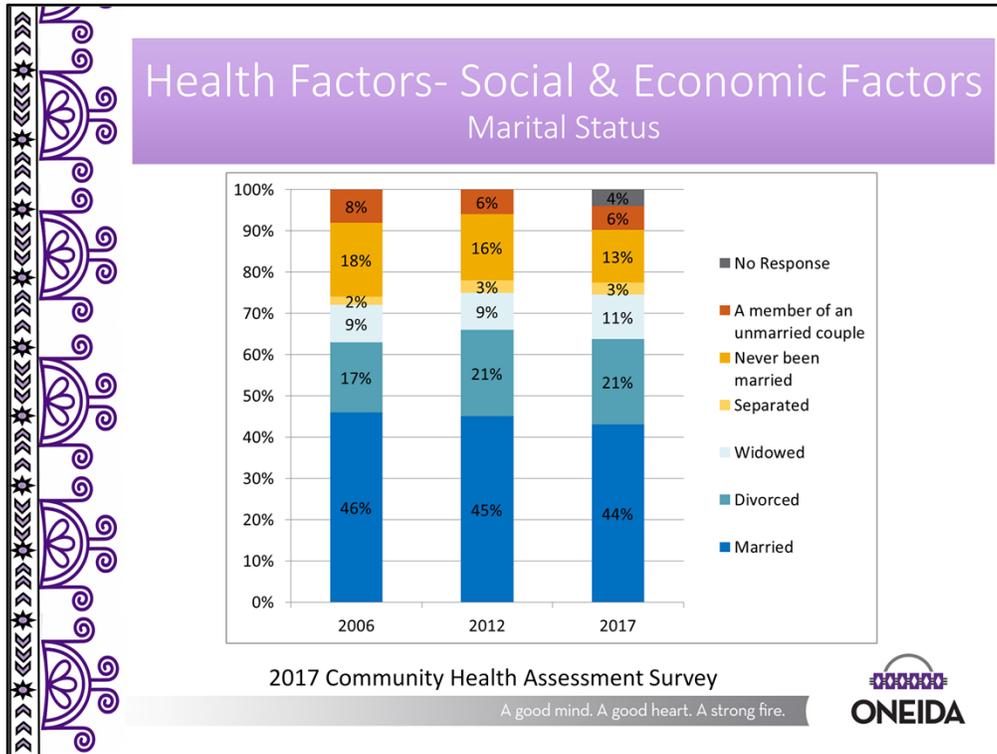


2016 Oneida Quality of Life survey

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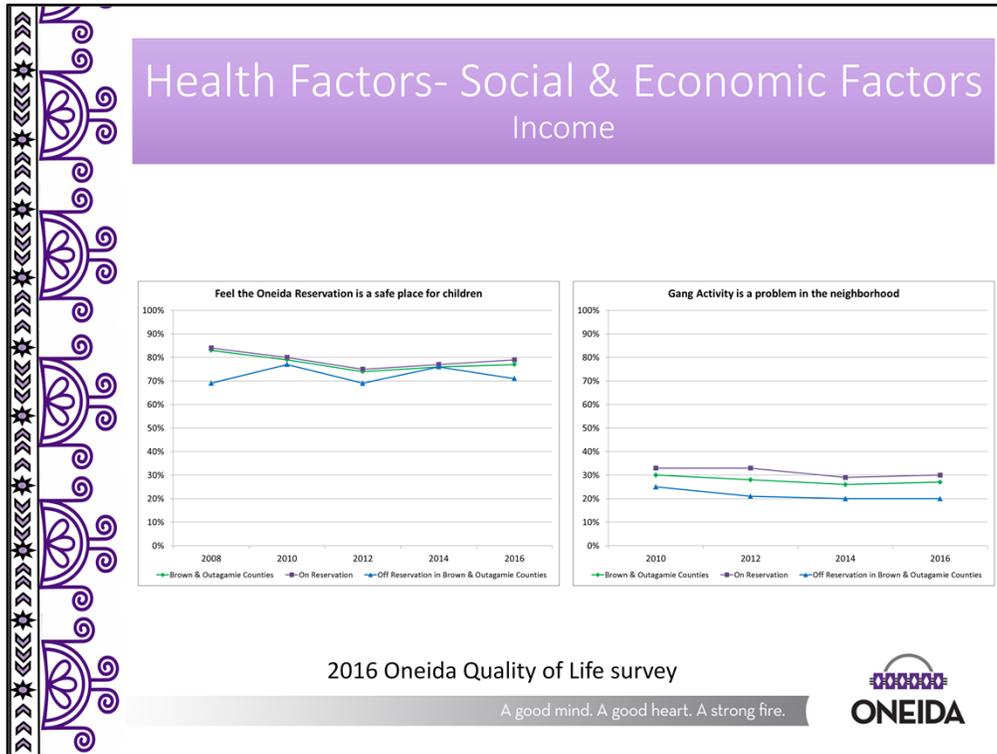
The poverty rate of Oneida member households on the Oneida Reservation is 20%. The rate is 23% for Oneida member households in Brown and Outagamie Counties. For comparison in 2014, the poverty rate for all families was 7.3% on the Oneida Reservation and 7.4% in Brown and Outagamie Counties.



There is no significant change in marital status over the years.

When adjusted for age, the marital rate for Oneidas in Brown and Outagamie Counties is 41% married, 16% divorced, 4% widowed, 2% separated, and 37% single.

For comparison, 53% of all residents in Brown & Outagamie Counties are married, 10% divorced, 5% widowed, 1% separated, and 31% single. [2016 U.S. Census Bureau American Community Survey 5-Year Estimates]



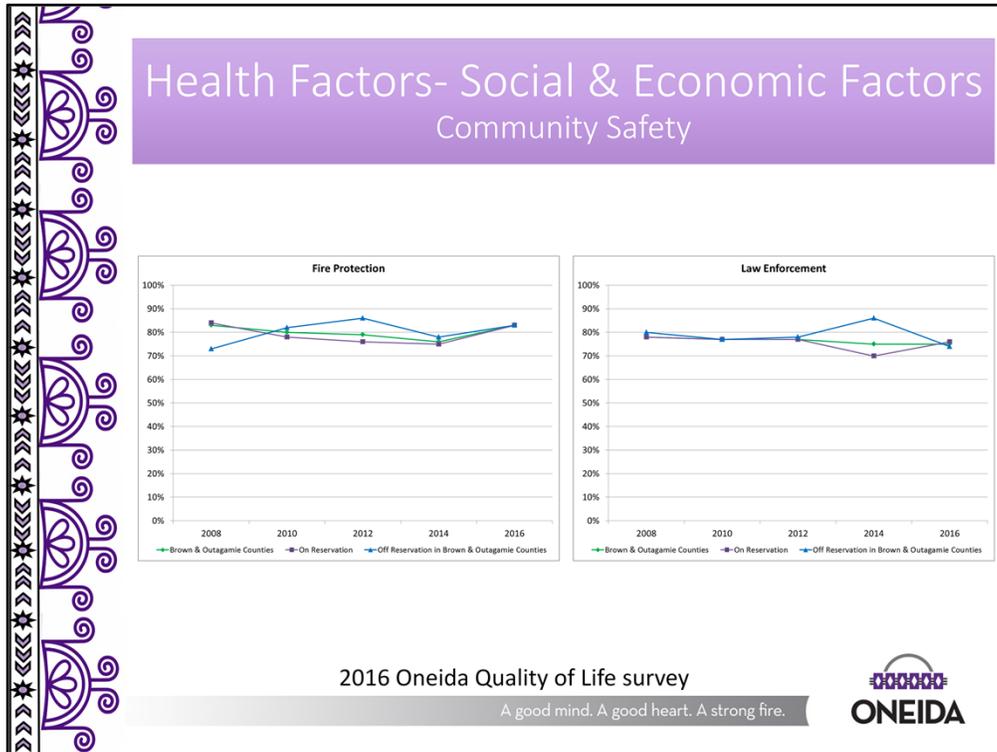
Left question- Just over three-quarters of respondents believe that the Oneida Reservation is a safe place for children.

**Additional information to share:**

The majority of respondents, 89%, feel safe being alone in their neighborhoods at night. That level of agreement is consistent with past years.

Right question- When asked if gang activity was a problem in their neighborhoods, 27% agree. 30% of those who live on the Reservation agree compared to 20% of those who live off the Reservation in Brown and Outagamie Counties.

	Overall Results	On Reservation	Off Reservation in Brown & Outagamie Counties
Gang activity is a problem in my neighborhood			
2016	27%	30%	20%
2014	27%	30%	20%
2012	27%	30%	20%
2010	27%	30%	20%



Respondents were asked to rate a number of public safety services in their areas.

Left question- Of those who rated fire protection, 83% rate it excellent or good. That rating is the same regardless of where respondents live.

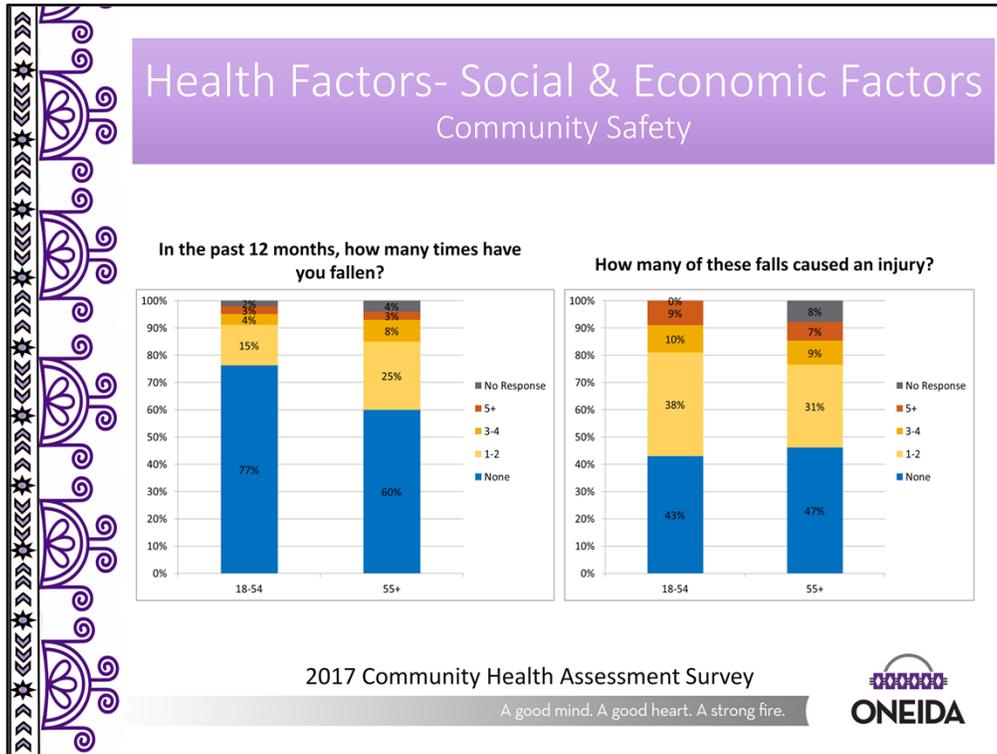
**Additional information to share:**

Of those who rated emergency medical response in their area, 80% rate it excellent or good. This rating increased significantly by those who live on the Reservation.

Right question- Respondents were also asked to rate law enforcement in their area. 75% rate it excellent or good. This rating is consistent with all prior years. The ratings of those who live off the Reservation in Brown and Outagamie Counties dropped significantly from 86% in 2014 to 74% in 2016.

**Additional information to share:**

Of the respondents who rated community patrolling in their areas, 56% rate it excellent or good. Ratings by respondents who live on the Reservation and those who live off the Reservation in Brown and Outagamie Counties were consistent. Ratings by those who live off the Reservation in Brown and Outagamie Counties did drop since 2014 from 67% to 57%.



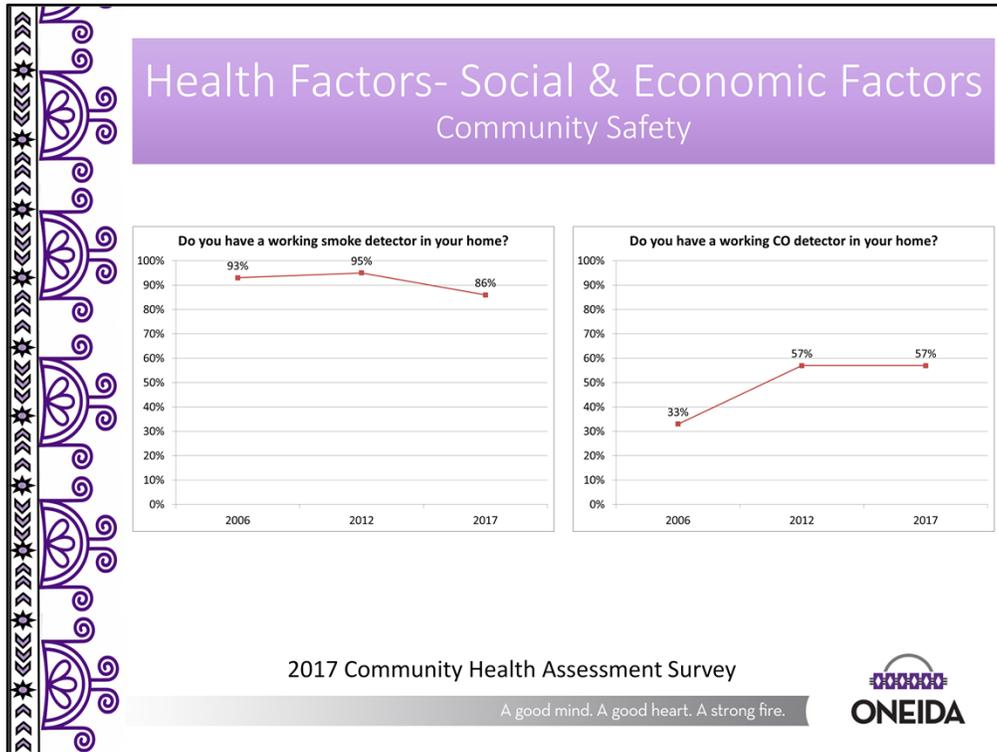
Questions added in 2017.

Left question: In the past 12 months, how many times have you fallen?- Overall 66% responded no falls. We further broke down the data by age groups 18-54 years and 55+ years.

Right question: How many of these falls caused an injury?- Overall 44% of those that had falls responded no injury from a it. Again we further broke down the data by age groups.

**Additional information to share:**

According to the electronic medical record used in our medical clinic- within the last 12 months, we had 123 patients 65 years and older had a history of falls. Report run 02/09/18

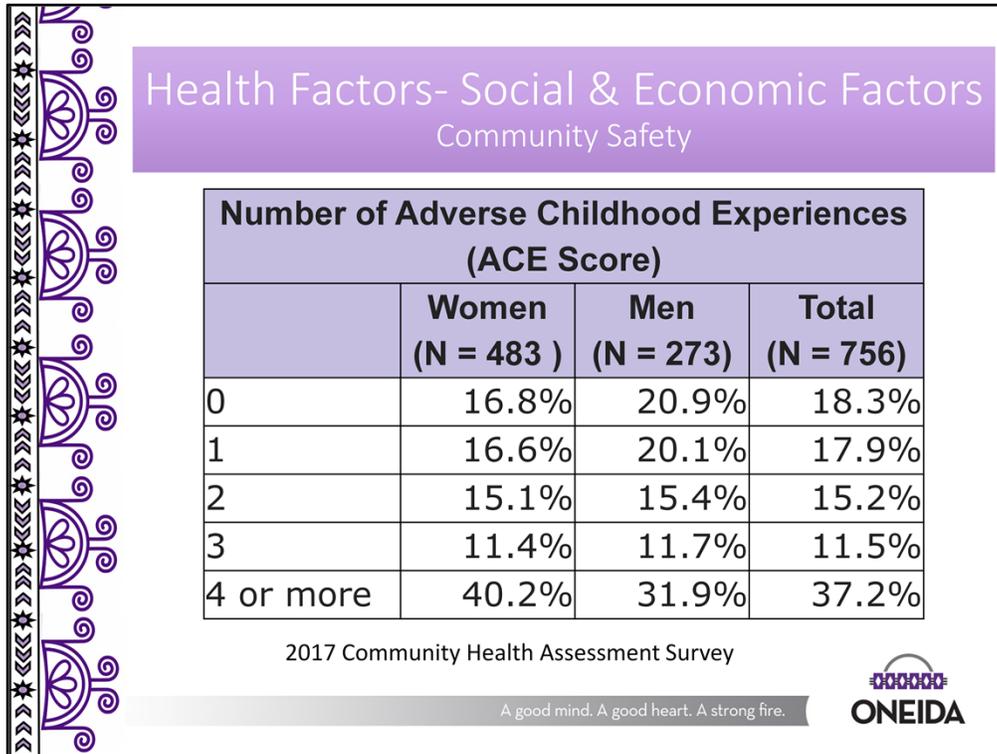


Left question: Do you have a working smoke detector in your home?- No significant difference over the years. 86% of respondents said yes.

Right question: Do you have a working carbon monoxide detector in your home?- Only 33% of respondents had working carbon monoxide detectors in their homes in 2006, but in 2012 & 2017 57% had working carbon monoxide detectors in their homes. A higher rate of those who live off the Oneida Reservation in Brown & Outagamie Counties have a working carbon monoxide detector in their home than those on the Oneida Reservation.

Full Question 1: "A smoke detector checks for the presence of smoke in your home."

Full Question 2: "A carbon monoxide or CO detector checks the level of carbon monoxide in your home. It is not a smoke detector."



Several questions were asked about experiences related to exposure to childhood violence and abuse. This chart represents those who answered YES to 0, 1, 2, 3, 4 or more questions.

The researchers found that Native peoples have high rates of ACEs and health problems such as post-traumatic stress, depression and substance abuse, diabetes all linked with methylation of genes regulating the body’s response to stress. “The persistence of stress associated with discrimination and historical trauma converges to add immeasurably to these challenges,” the researchers wrote. Native peoples’ ability to maintain culture and sense of who they are in the face of such a traumatic history suggests an inherited resilience that bears scientific examination as well, according to Gone. (Article: Suicide and Trauma May Be Woven in DNA for Native Americans By Mary Annette Pember)

According to CDC: “Childhood experiences, both positive and negative, have a tremendous impact on future violence victimization and perpetration, and lifelong health and opportunity. As such, early experiences are an important public health issue. Much of the foundational research in this area has been referred to as Adverse Childhood Experiences (ACEs).

ACEs are strongly related to development of risk factors for disease, and well-being throughout the life course. 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.”

**Additional information to share:**

Behavioral Health Data

Of those who we screened for Adverse Childhood Experience (ACE) the average score 3.9. 3 or more adverse childhood experiences identifies that there has been some experiences that may cause symptoms of trauma. (When they have 3 or more we will do a more intense trauma assessment.)

Questions 6,8,4,1 were the highest

These are those questions on the ACE

**While you were growing up, during your first 18 years of life:**

6. Were your parents **ever** separated or divorced?

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?

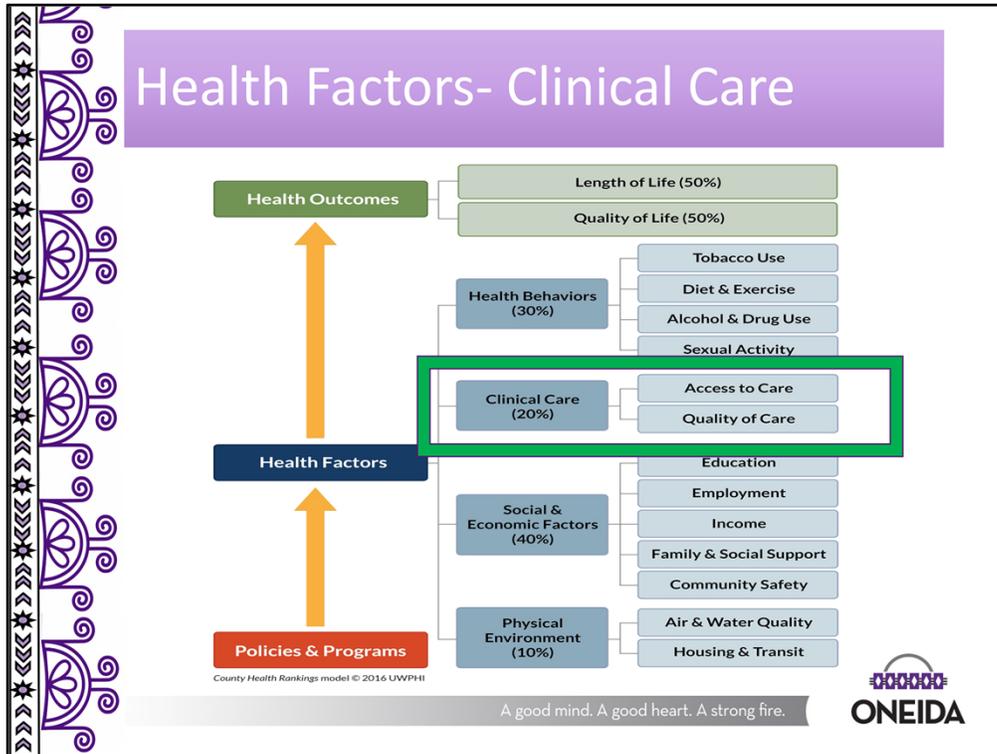
4. Did you **often or very often** feel that ...No one in your family loved you or thought you were important or special? **or** Your family didn't look out for each other, feel close to each other, or support each other?

1. Did a parent or other adult in the household **often or very often**...Swear at you, insult you, put you down, or humiliate you? **Or** Act in a way that made you afraid that you might be physically hurt?



Take this time to jot down what stood out to you in the data provided regarding Social & Economic Factors.

From your experience & perception, what can be improved in social & economic factors to achieve healthy outcomes in the Oneida Community?



Next lets look at Clinical care.

If we go back to the model developed by UW Population Health Institute, it is estimated that clinical care contributes to about 20 % of the health factors that impact health outcomes.

**Access to health** care looks at how easily it is to be seen, treated and ensure the health needs of the community are met.

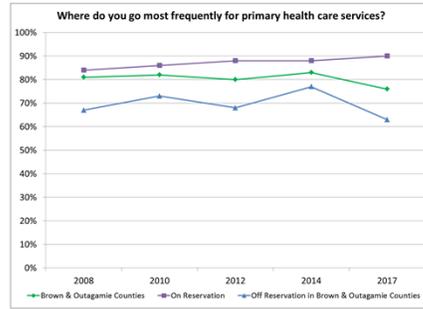
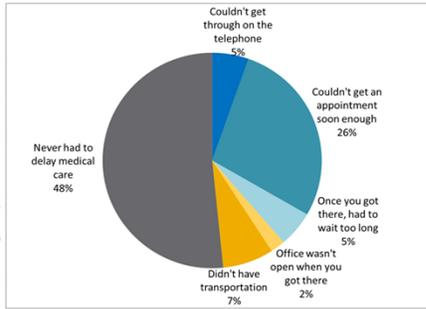
This often looks at are there enough providers, can the providers provide and/or refer clients to meet their needs.

**Quality of Care** looks at is care timely, safe, and effective. A few area that are key in this area are preventable hospital stays, diabetic Monitoring and screenings.

# Health Factors- Clinical Care

## Access to Care

Have you delayed getting needed medical care for any of the following reasons in the past 12 months?



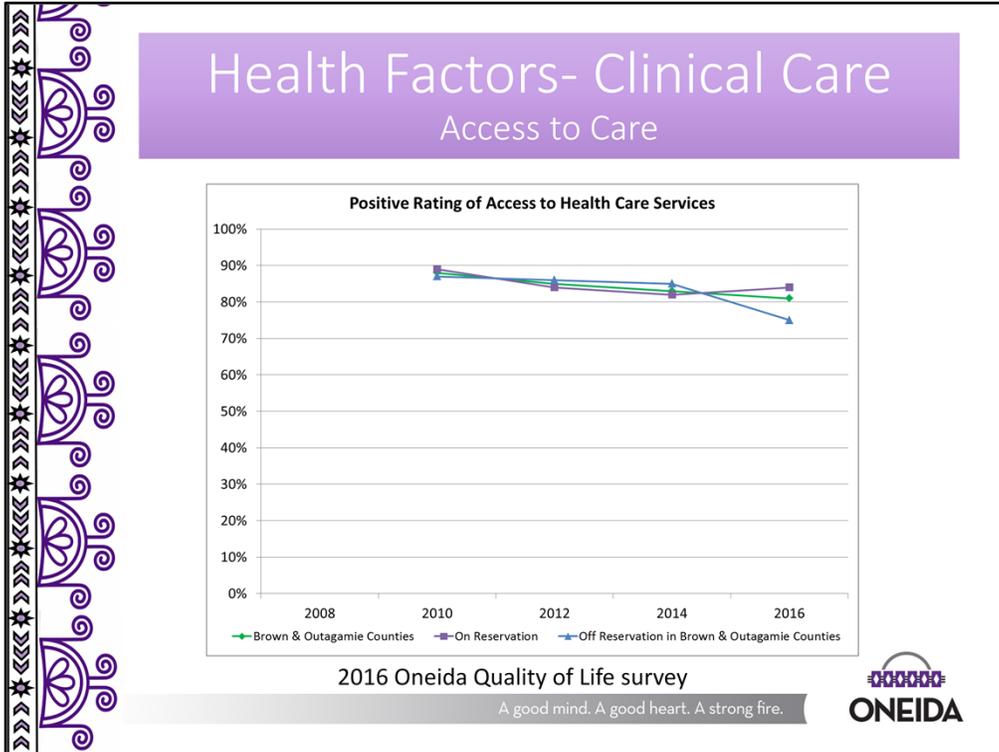
2017 Community Health Assessment Survey

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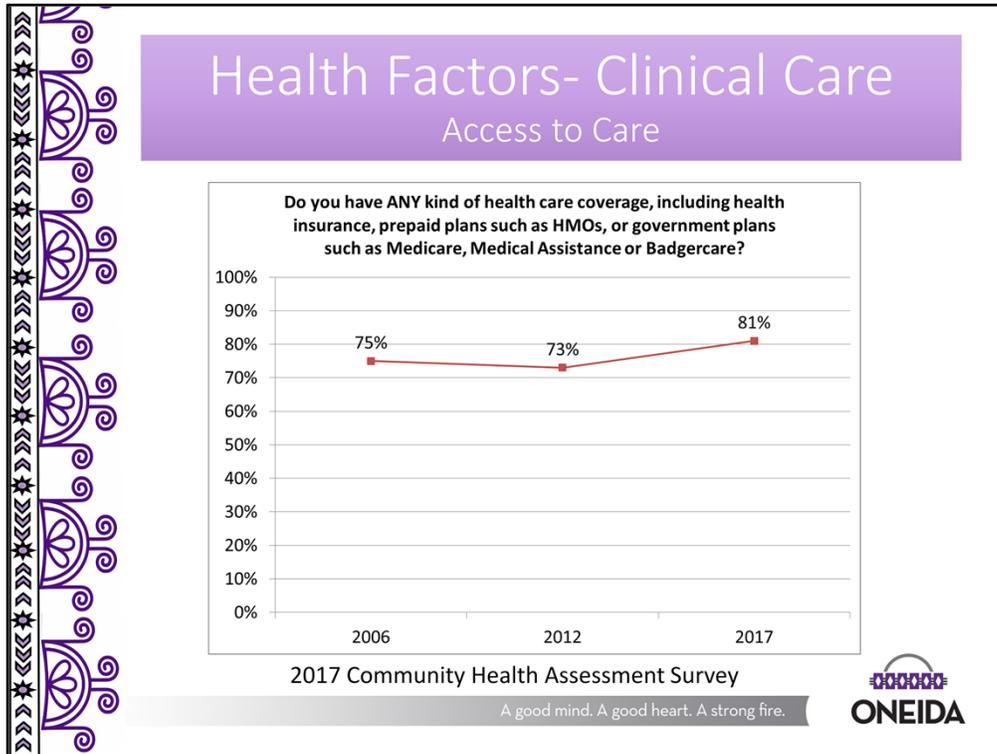


Left question: Have you delayed getting needed medical care for any of the following reasons in the past 12 months?- 48% of respondents stated they did not have a delay to medical care. 7 % didn't have transportation, 2% Office wasn't open when you got there, 5% Once you got there had to wait too long, 26% couldn't get an appointment soon enough, 5% couldn't get through on the telephone.

Right question: Where do you go most frequently for primary health care services- 76% consider OCHC primary care services. A significantly higher rate of Oneidas who live on the Oneida Reservation consider OCHC their primary health provider than those who live off the Oneida Reservation in Brown & Outagamie Counties.



When asked about their access to health care services, 81% rate it excellent or good. A higher rate of Oneidas on the Oneida Reservation rated their access positively than those who live off the Oneida Reservation in Brown & Outagamie Counties.

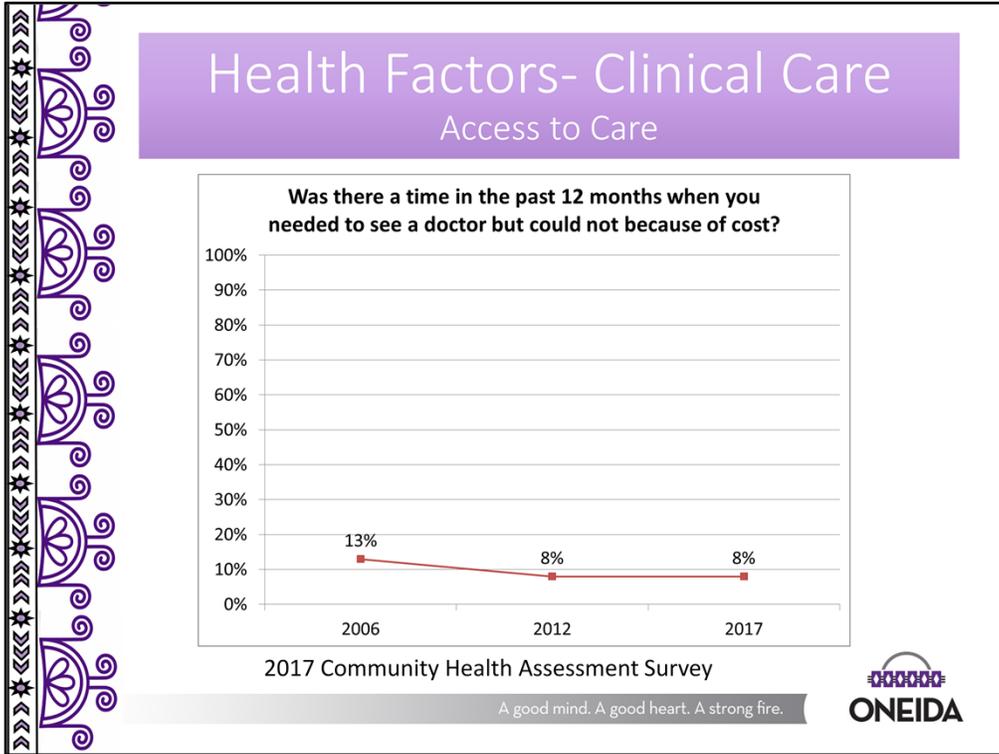


Do you have ANY kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare, Medical Assistance or Badgercare?

No significant difference in trend.

Oneida has significantly lower rate of those with health care coverage than all WI residents. 2015 WI Rate: 92.6% have health care coverage.

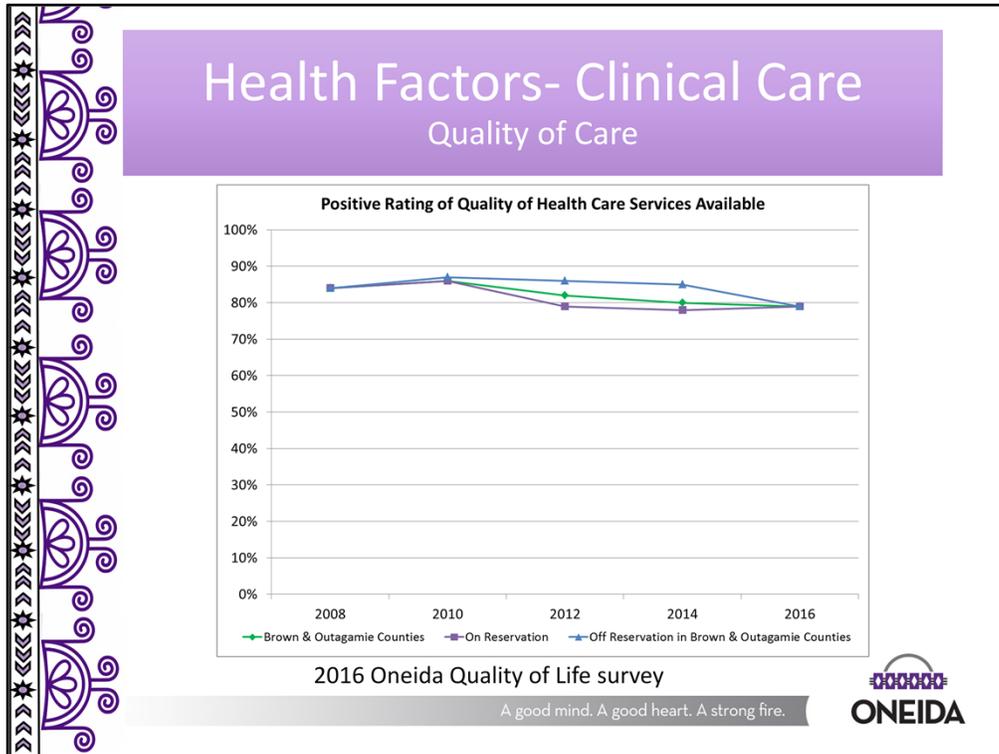
A higher rate of respondents on the Oneida Reservation (83%) have health insurance compared to 75% of those off the Oneida Reservation in Brown & Outagamie Counties.



Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?

No significant difference noted from previous years. 91% respondents said no.

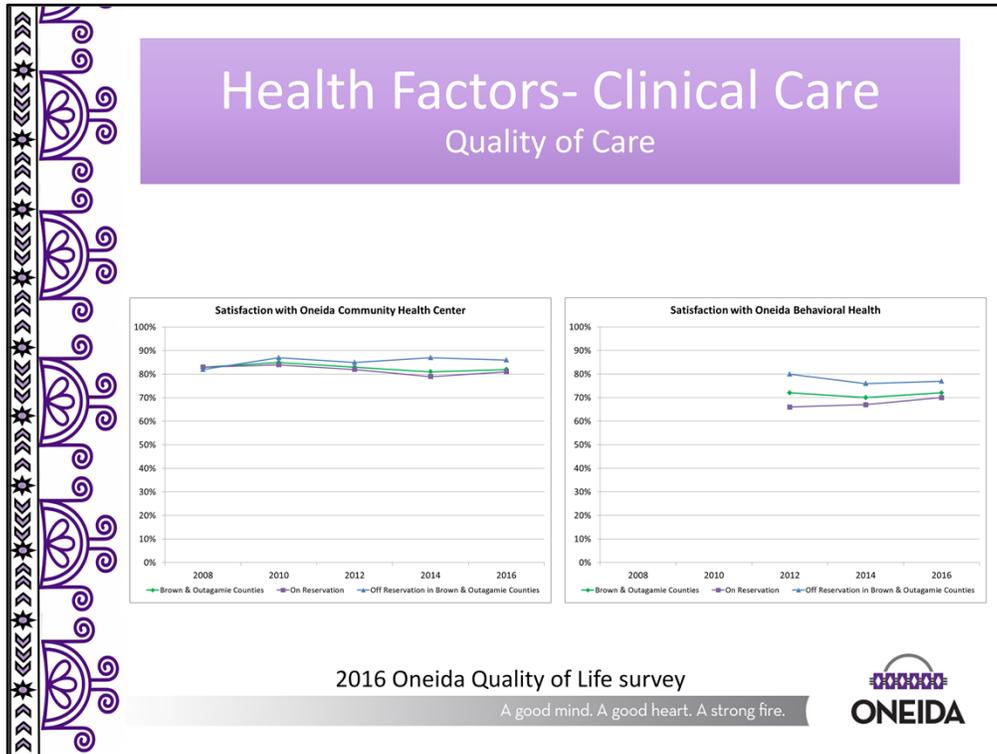
Also, no significant difference when compared to all WI residents. 2015 WI Rate: 9.3%.



Respondents were asked to rate the quality of health care services available to them. 79% rate the quality of health care available as excellent or good. The ratings were the same regardless of location.

**Additional information to share:**

When asked about their access to health care services, 81% rate it excellent or good. The ratings of those who live off the Reservation in Brown and Outagamie Counties dropped from 85% in 2014 to 75% in 2016.



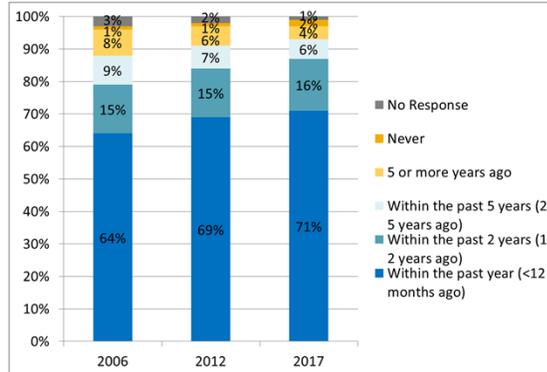
Left question- The majority of respondents, 82%, are satisfied with the Oneida Community Health Center (OCHC). The results are consistent with previous years.

Right question-A lower percentage of respondents, 72%, are satisfied with Oneida Behavioral Health (OBH). These results are also consistent with previous years. Almost half of respondents did not rate Oneida Behavioral Health due to lack of utilization.

## Health Factors- Clinical Care

### Quality of Care

About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.



2017 Community Health Assessment Survey

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### About how long has it been since you last visited a doctor for a routine check up?

No significant difference from previous years. 71% within the past year, 16% within the past two years, 6% within past five years, 4% five or more years ago, 2% never.

Also no significant difference with all WI residents. 2015 WI Rates: 68.8% within past year, 14.8% within past 2 years, 9.0% within past 5 years, 6.6% 5 or more years ago, 0.8% never.



Question added in 2017.

How difficult is it for you to understand information that doctors, nurses, and other health professionals tell you?

89% stated very easy and somewhat easy.

5.7% of those on the Oneida Reservation had difficulty compared to 6.9% of those off the Oneida Reservation. [There is a higher level of educational attainment on the Oneida Reservation than those off the Oneida Reservation in Brown & Outagamie Counties].



# Reflection

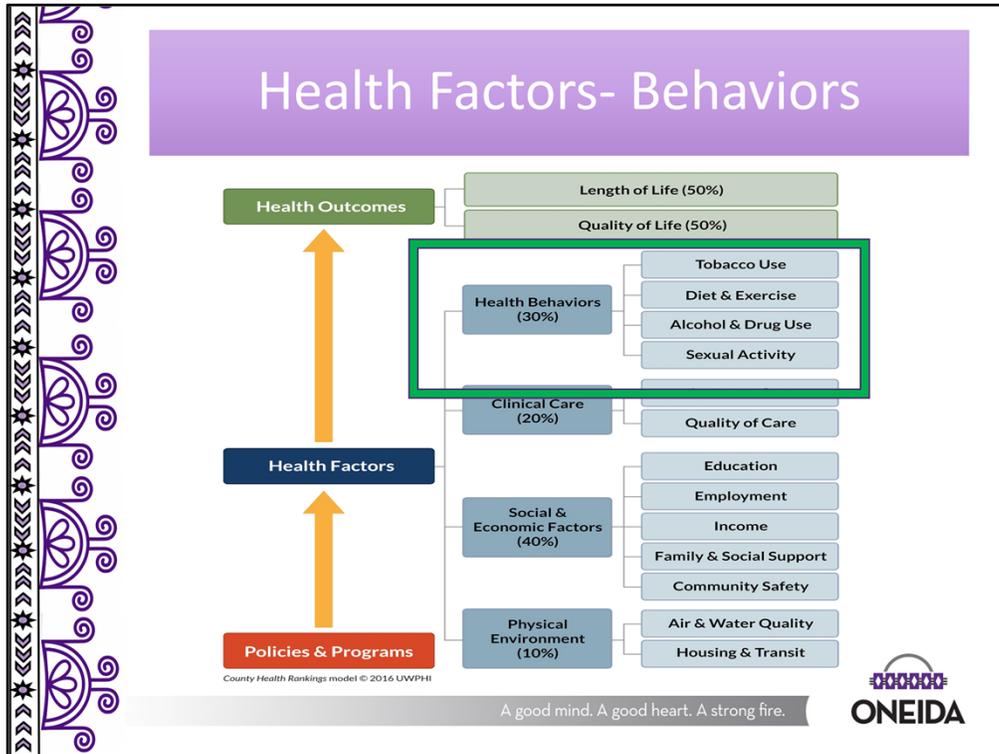
## Health Factors- Clinical Care

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Take this time to jot down what stood out to you in the data provided regarding Clinical Care.

From your experience & perception, what can be improved in access & quality of care to achieve healthy outcomes in the Oneida Community?

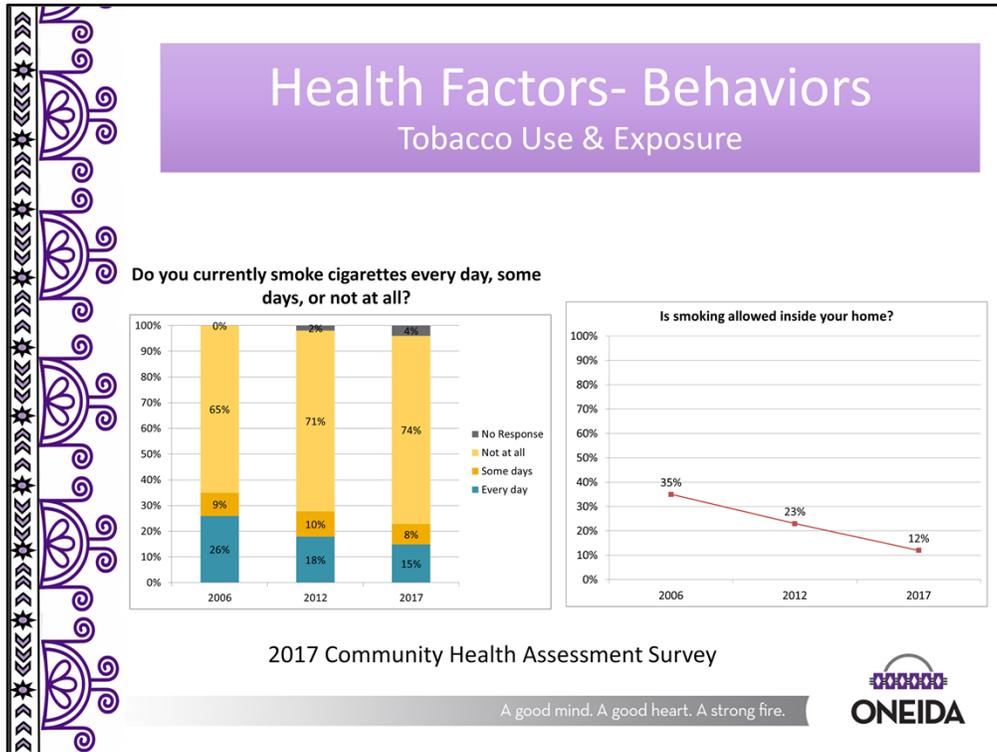


[Speaker introduces self]

Let's first take a look at Health Behaviors.

If we go back to the model developed by UW Population Health Institute, it is estimated that our health behaviors contribute 30% of the health factors that impact health outcomes.

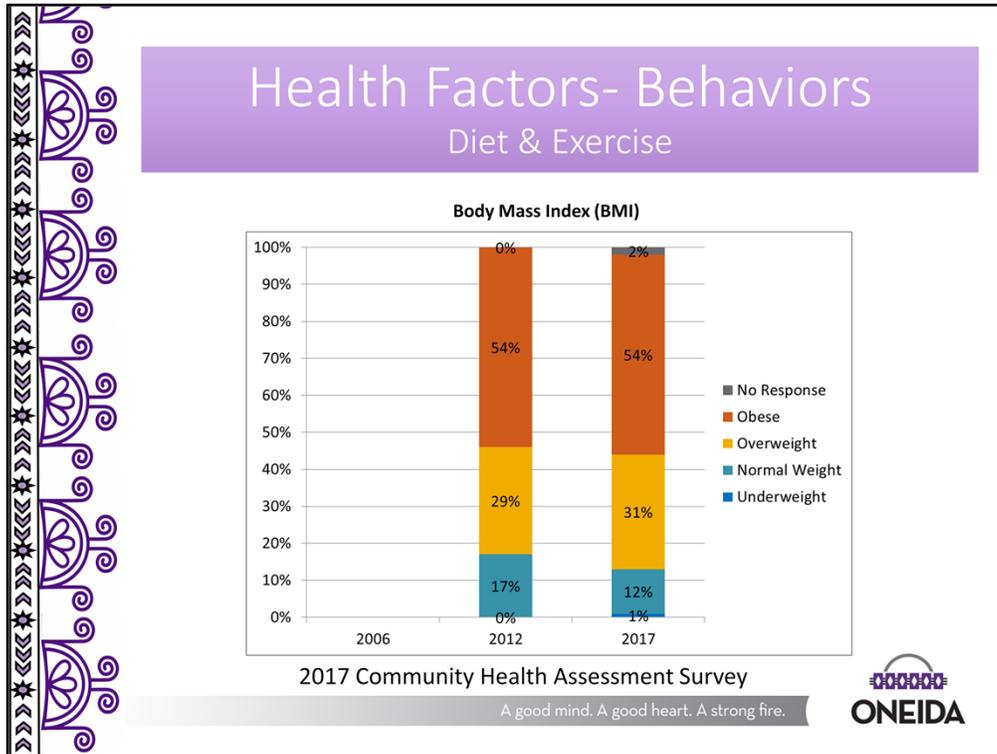
The health behaviors that are generally assessed include areas related to Alcohol and drug use, diet and exercise, sexual activity, misuse or abuse of tobacco products, the other includes sleep.



Left question: Do you currently smoke cigarettes everyday, some days, or not at all?- Cigarette smoking every day **has decreased** from 26% in 2006 to 15% in 2017.

Oneida significant difference than all WI residents and just those in Brown & Outagamie Counties. Oneida has a higher rate of those who are former smokers & a lower rate of those who have never smoked. 2015 WI Rates: 11.4% smoke every day, 6.0% smoke some days, 26.2% former smokers, 56.5% never smoked. 2014 Brown & Outagamie Counties general population Rates: 13% current smoker, 27% former smoker, 60% never smoked.

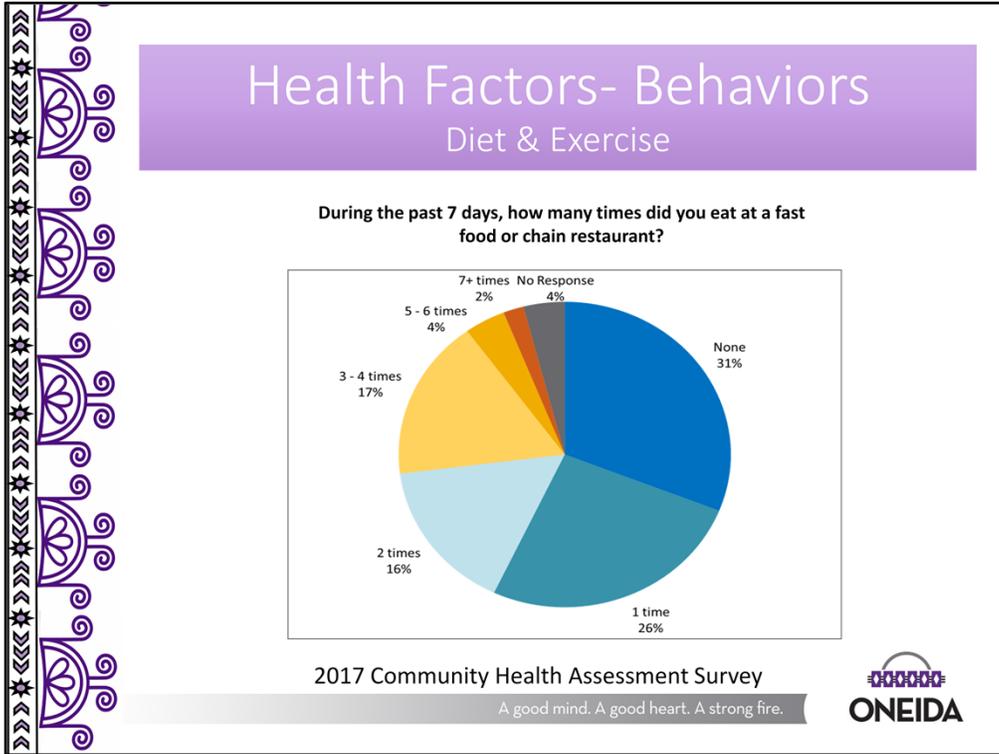
Right question: Is smoking allowed inside your home?- We also see a **steady decline** in those that allow smoking in the home. In 2006, 35% of respondents allowed smoking in their homes. 23% allowed smoking in their homes in 2012, but now only 12% allow it.



Body Mass Index is a measure looking at your height and weight.

No significant difference from 2012 to 2017. Oneida has a 54% obesity rate.

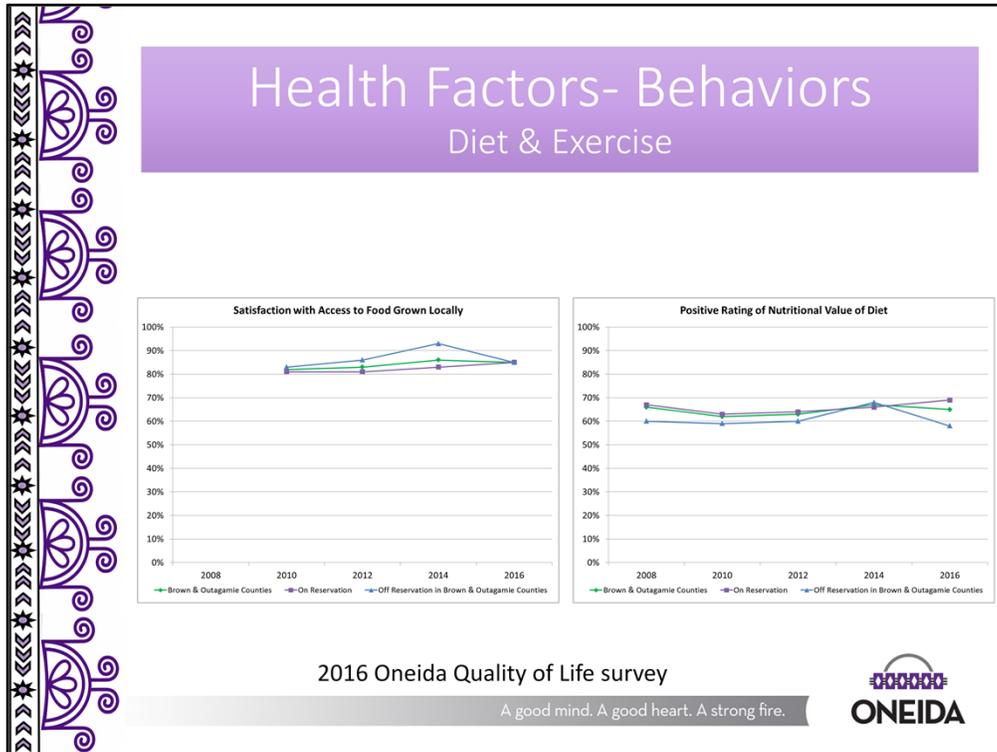
Oneida has significantly higher obesity rate than all WI residents. 2015 WI Rates: 30.7% obese, 35.3% overweight, 32.7% normal weight, 1.3% underweight. 2014 Brown & Outagamie Counties general population Rate: 24% obese, 39% overweight, 36% normal weight or underweight.



During the past 7 days, how many times did you eat at a fast food or chain restaurant?

39% of respondents eat out more than the recommended 1 x per month.

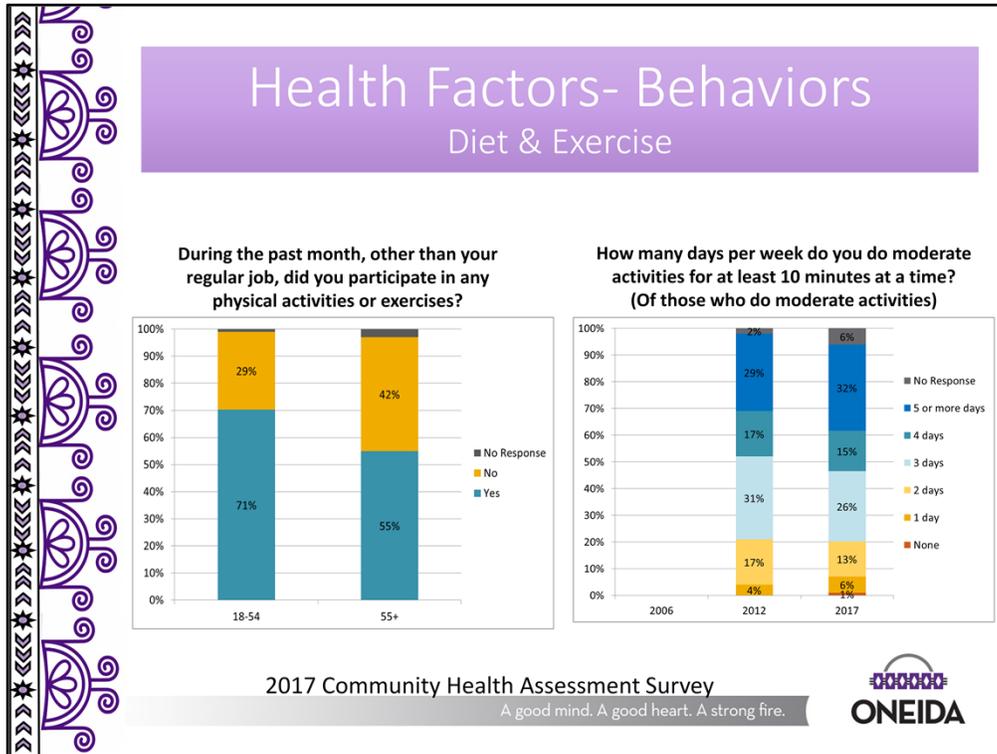
One of the areas of concern with these findings is portion sizes and high calories of meals eaten out of the home.



Left question- 85% of respondents who rated their access to food grown locally are satisfied. The rating is the same regardless of location.

Right question- Respondents were also asked to rate the nutritional value of their diets. 65% rate the nutritional value of their diets as excellent or good. This rating is consistent with previous years. The ratings of those who live off the Reservation in Brown and Outagamie Counties dropped from 68% in 2014 to 58% in 2016.

Respondents who live on the Oneida Reservation rate the nutritional value of their diets better than those who live off the Oneida Reservation in Brown & Outagamie Counties (69% compared to 58% positive).

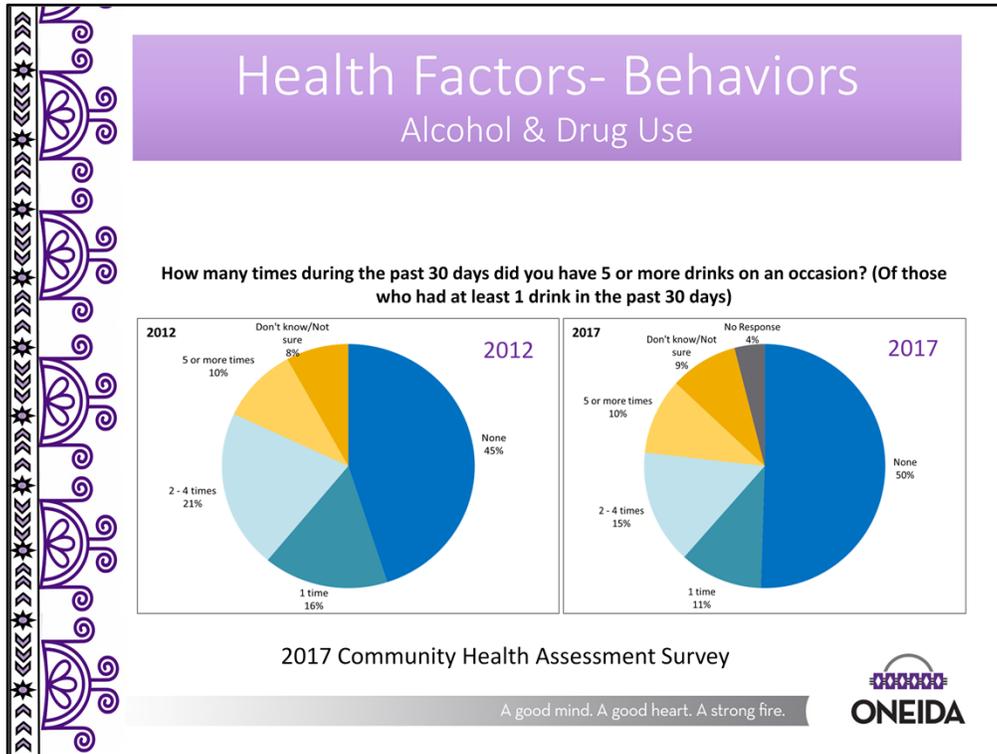


Left question: During the past month, other than your regular job, did you participate in any physical activities or exercise?- No significant change from previous years. Overall: 61% reported Yes and 36% reported No. We further broke down the data by age groups 15-54 years and 55years and older.

Oneida has a significantly lower rate of physical activity than all WI residents and just those in Brown & Outagamie Counties. 2015 WI Rate: 78.4% participated in any physical activities in the past month. 2014 Brown & Outagamie Counties general population rate: 80%.

Right question: How many days per week do you do moderate activities for at least 10 minutes at a time?- No significant change from 2012 to 2017.

Full Question 1: “such as running, calisthenics, golf, gardening or walking”



How many times during the past 30 days do you have 5 or more drinks on an occasion?

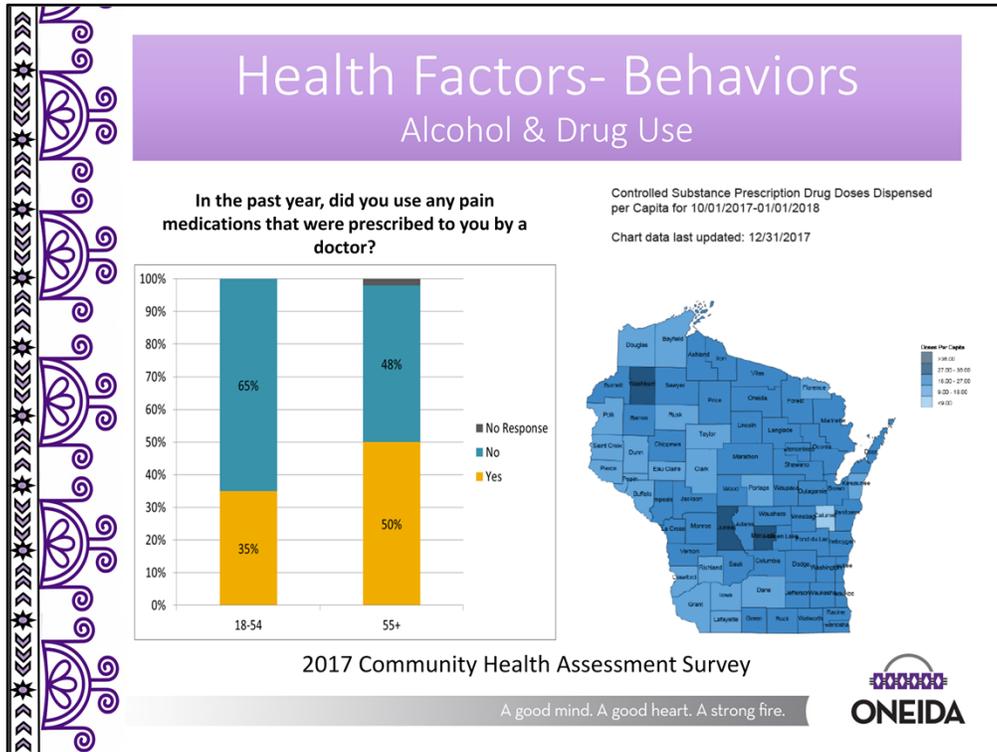
This question is referring to binge drinking.

Left graph is results from 2012, while the right graph is results from 2017.

No significant change from 2012 to 2017.

Note that 25% binge- drink more than once per month.

Of all respondents, Oneida rate of binge drinking is 17% - not a significant difference than all WI residents or Brown & Outagamie County residents. 2015 WI Rate: 22.9% binge drinkers. 2014 Brown & Outagamie Counties Rate: 26% binge drinkers.



In the past year, did you use any pain medications that were prescribed to you by a doctor?

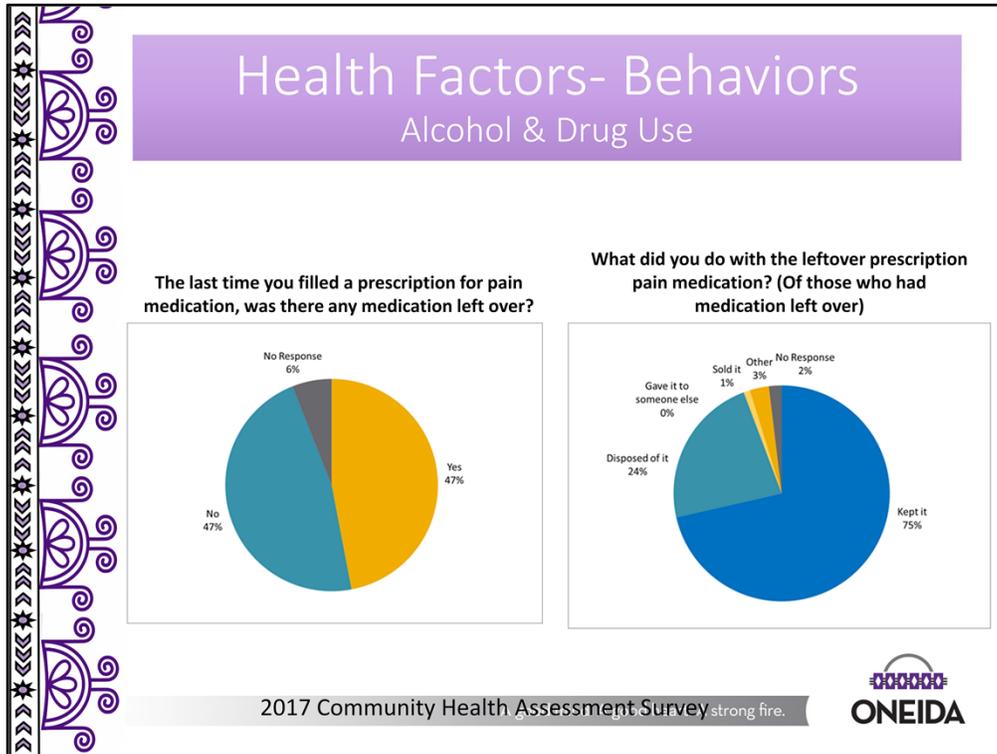
Overall 44% of respondents used pain medication.

This slide breaks down that number into age categories 18-54 years and 55+ years.

In 2014, more Wisconsin residents died from drug overdoses than from motor vehicle crashes, and the number of drug overdose deaths in the state doubled from 2004 to 2014. Prescription opioid pain relievers contributed to 47 percent of the 843 drug overdose deaths in 2014, while heroin contributed to 32 percent.

Opioid-related overdose deaths more than tripled in Wisconsin from 194 deaths in 2003 to 622 deaths in 2014. They are now a leading cause of injury deaths in Wisconsin. Prescription opioid pain relievers such as oxycodone, hydrocodone, and methadone contributed to about one-half of the total drug overdose deaths, and heroin contributes to about one-third.

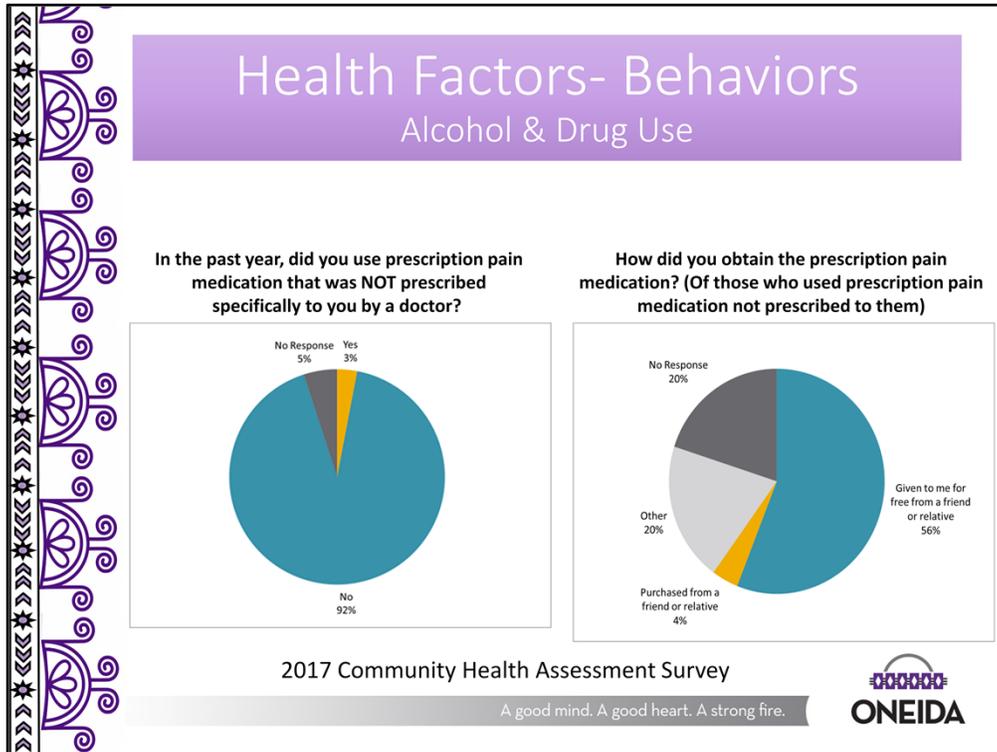
20.65 doses per capita in Outagamie County and 21.20 doses per capita in Brown County.



Left question: - 47% of respondents stated they had left over pain medication.

Right question: When asked what they did with left over prescription pain medication, only 24% of respondents disposed of it. 79% of respondents kept it, sold it or gave it to someone else.

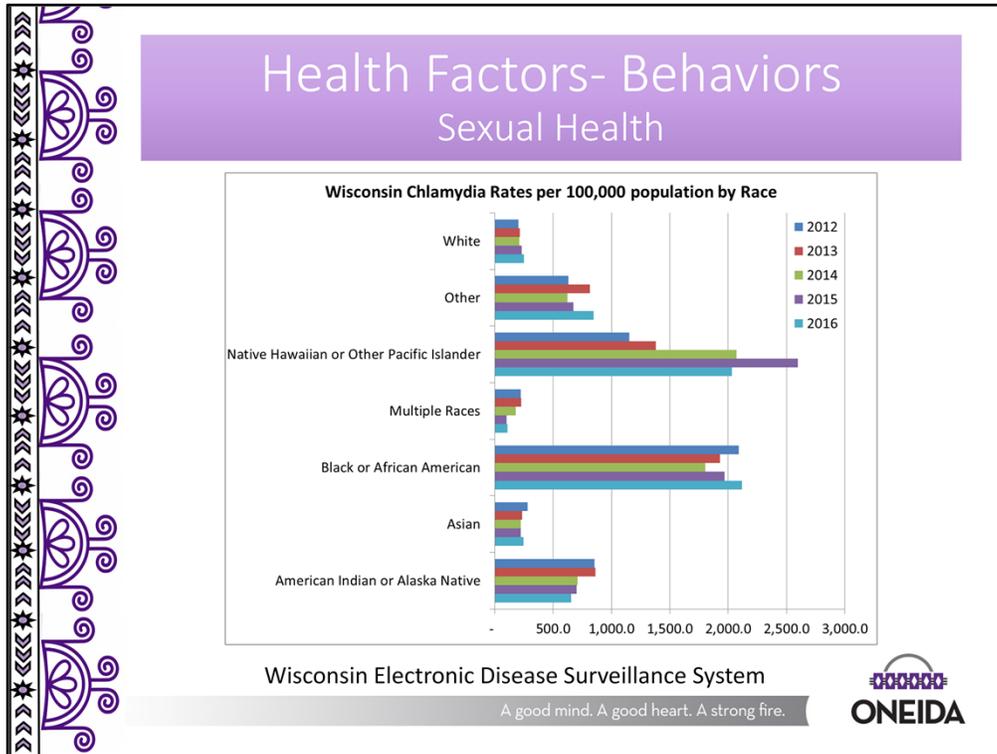
Full question 1: Of those who used prescription pain medication in the past year



Left question- Only 3% of respondents used pain medication not prescribed by a doctor.

Right question- of that 3%, 56% stated it was given to them from a friend or relative, 4% purchased from a friend or relative, 20% selected other, 20% did not respond.

Full Question 1: “We only want to know about prescription medication, NOT medication that is available over the counter.”



This slide shows the rates of Chlamydia in Wisconsin based on population by race from 2012-2016.

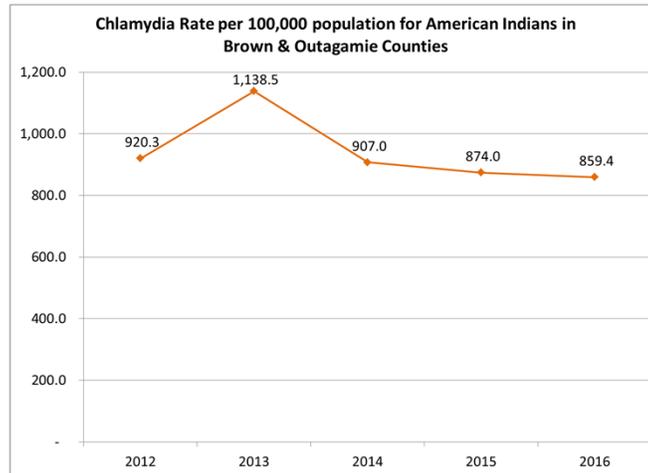
Residents of Asian or White races have the lowest rates of chlamydia with about 245 cases per 100,000 population. The rates for Whites in Wisconsin has increased slightly from 2012 to 2016.

The rates for American Indians has steadily decreased since 2012. Their rate for American Indians was 652.9 per 100,000 population in 2016.

Native Hawaiians had the highest rate in 2015 at 2595.3 but their rate dropped to 2031.9 in 2016.

Black residents had the highest rate with 2119.8 in 2016.

## Health Factors- Behaviors Sexual Health



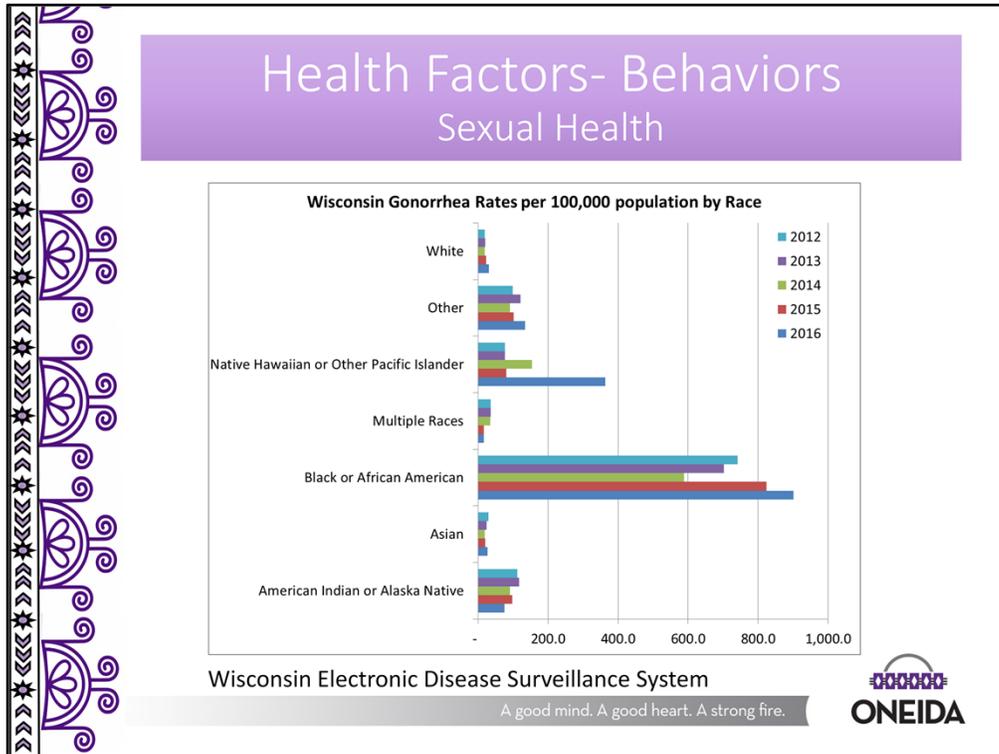
Wisconsin Electronic Disease Surveillance System

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This slide shows the chlamydia rate for American Indians in Brown & Outagamie Counties. The rate steadily declined since 2012 (except for a spike in 2013).

The overall chlamydia rate in WI has stayed around 400 per 100,000 population. The chlamydia rate for American Indians in Wisconsin has remained lower than the rate for American Indians in Brown & Outagamie Counties from 2012-2016. [856, 863, 708, 699, 652]



This slide shows the rates of Gonorrhea in Wisconsin based on population by race from 2012-2016.

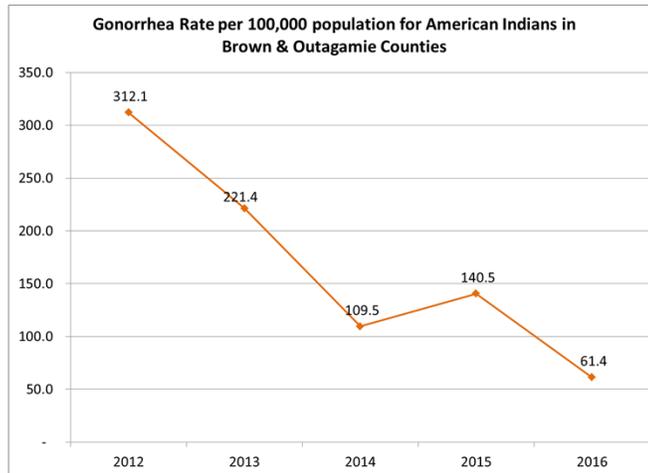
Residents of Asian or White races have the lowest rates of gonorrhea with about 30 cases per 100,000 population. The rates for Whites in Wisconsin has decreased slightly from 2012 to 2016.

The rates for American Indians has steadily decreased since 2012. Their rate for American Indians was 75.8 per 100,000 population in 2012.

Native Hawaiians had a large spike in 2016 with a rate of 362.8.

Black residents had the highest rate with 900.4 in 2016.

## Health Factors- Behaviors Sexual Health



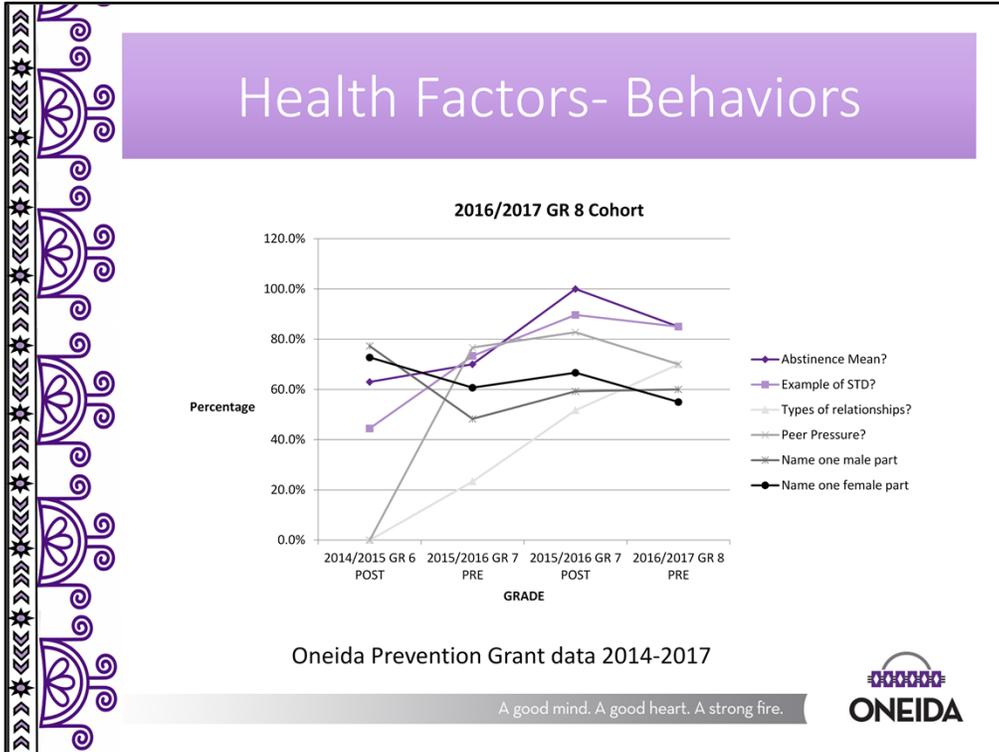
Wisconsin Electronic Disease Surveillance System

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This slide shows the gonorrhea rate for American Indians in Brown & Outagamie Counties. The rate declined significantly since 2012 (except for a spike in 2015).

The overall gonorrhea rate in WI has increased from 83.5 in 2012 to 114.0 in 2016. The gonorrhea rate for American Indians in Wisconsin has remained lower than the rate for American Indians in Brown & Outagamie Counties except in 2016. [111, 117, 90, 97, 75]

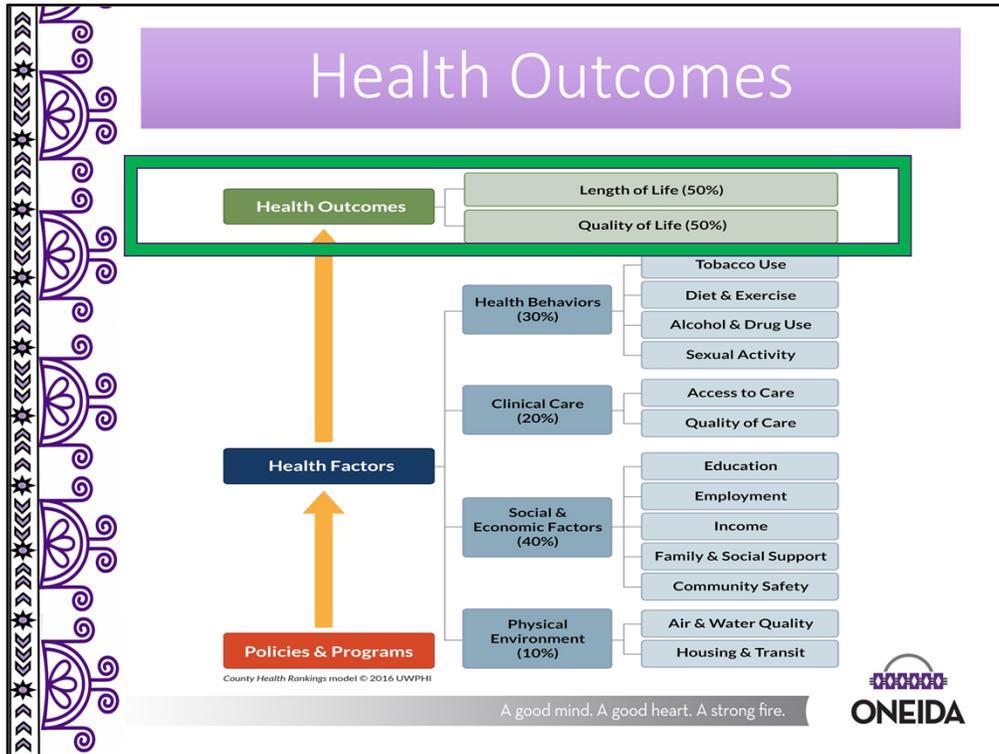


Snap shot of learning over time for students at the Oneida Nation Elementary School that participate in the Choosing the Best curriculum. They answer questions before the curriculum and after.



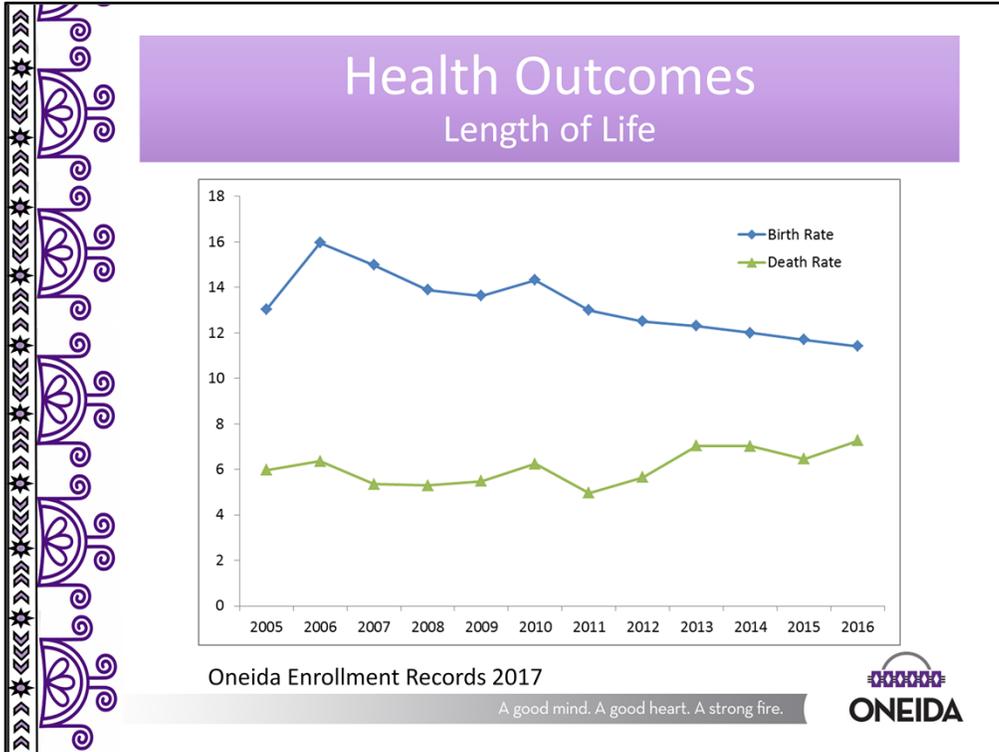
Take this time to jot down what stood out to you in the data provided regarding Clinical Care.

From your experience & perception, what can be improved in access & quality of care to achieve healthy outcomes in the Oneida Community?



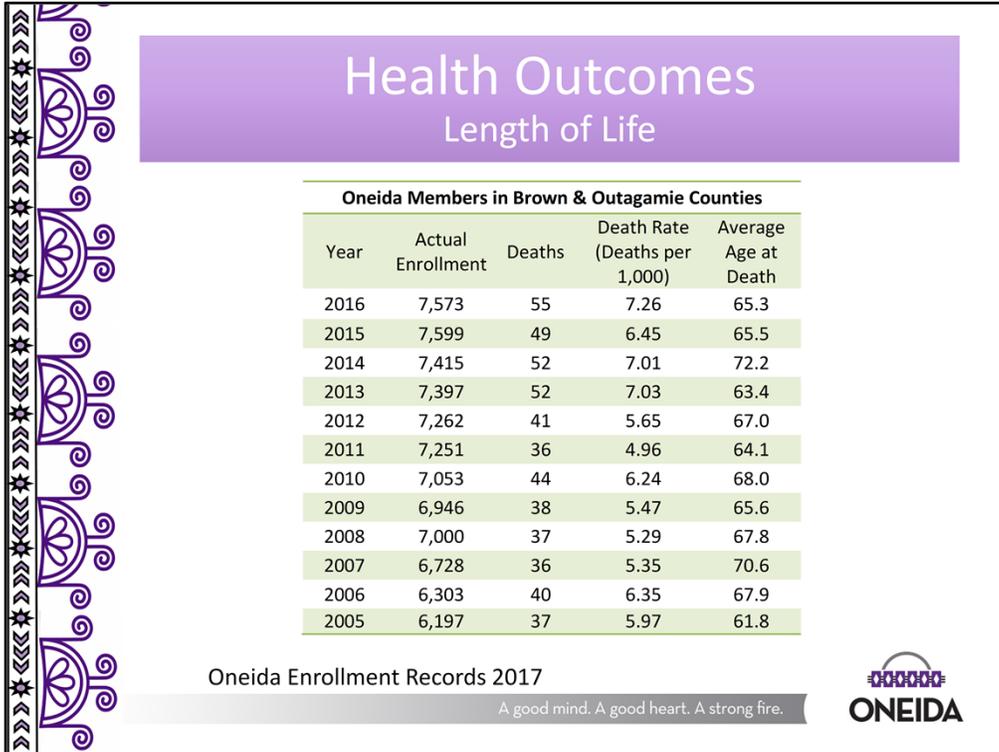
Remember Health Outcomes represent how healthy a community is.

This is primarily measured in Length of Life and Quality of Life.



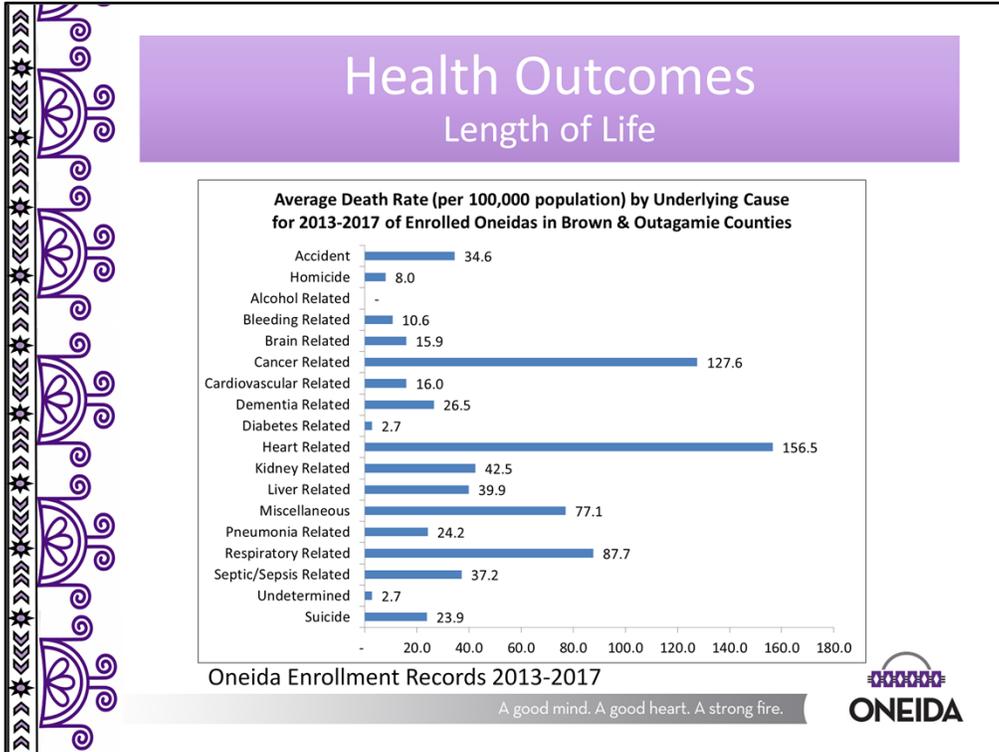
The rate of Oneida Births has steadily declined since 2006. The death rate has steadily increased over that same time.

The Oneida birth and death rates are not consistent with the general public due to the blood quantum limitations for Oneida enrollment (1/4 requirement).



The average age at death of enrolled Oneida members living in Brown & Outagamie Counties in 2016 was 65.3 years old. The average age at death has fluctuated from 63.4 to 72.2 from 2005 to 2016. There were 55 deaths in 2016 (7.26 deaths per 1,000 members).

The Crude Death Rate in 2014 of all residents in Brown & Outagamie Counties was 7.38 deaths per 1,000 population.



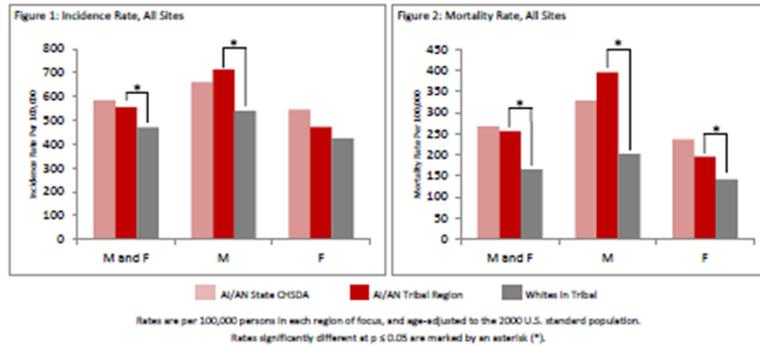
2014 (most recent available) Brown & Outagamie All Residents Death Rate per 100,000 population:

- Accident 33.5
- Alcohol Related 19.7
- Cancer 166.4
- Diabetes 16.7
- Heart Disease 176.1
- Pneumonia/Influenza 13.1
- Lower Respiratory 42.6
- Suicide 14.9

# Health Outcomes

## Quality of Life

### Cancer rates among Oneida Tribal Members Brown & Outagamie Counties 2003-2012



Carbone Cancer Center- University of Wisconsin School of Medicine  
and Public Health

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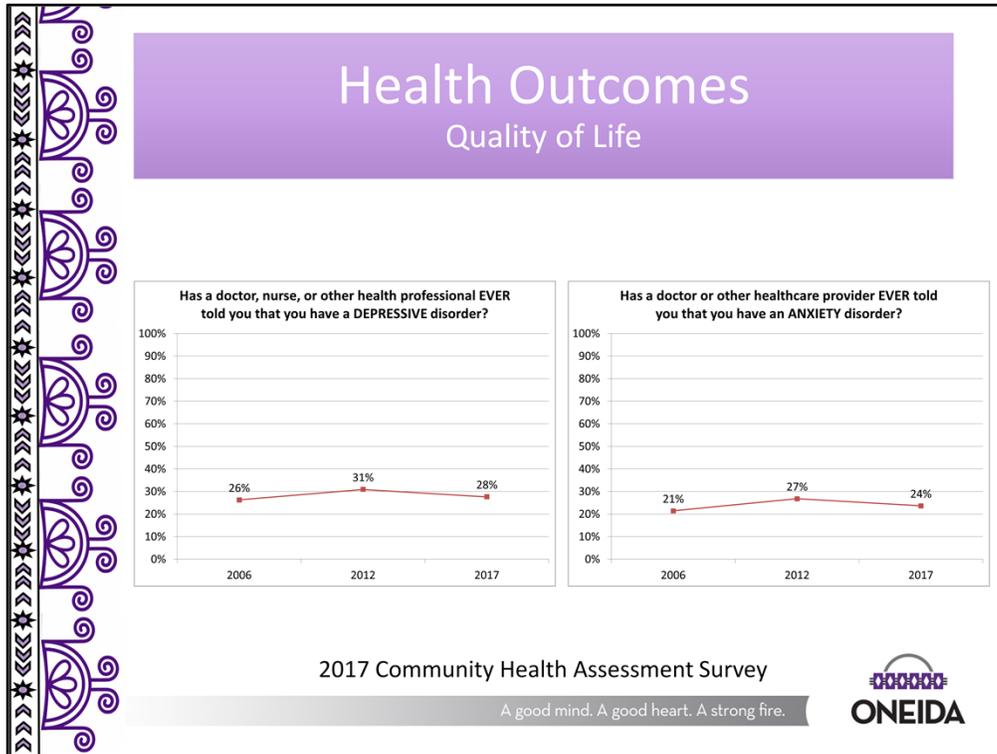


The pink bar identifies rates in the Oneida Contract Health Service Delivery Area (CHSDA) counties (referred to as “Oneida region” in this report). The Red bar indicates the Tribal region. The gray bar represents whites living in Tribal region.

First column on each slide is male and female. Second column is males. The third column is females.

Left graph- New cancer cases (*incidence*).

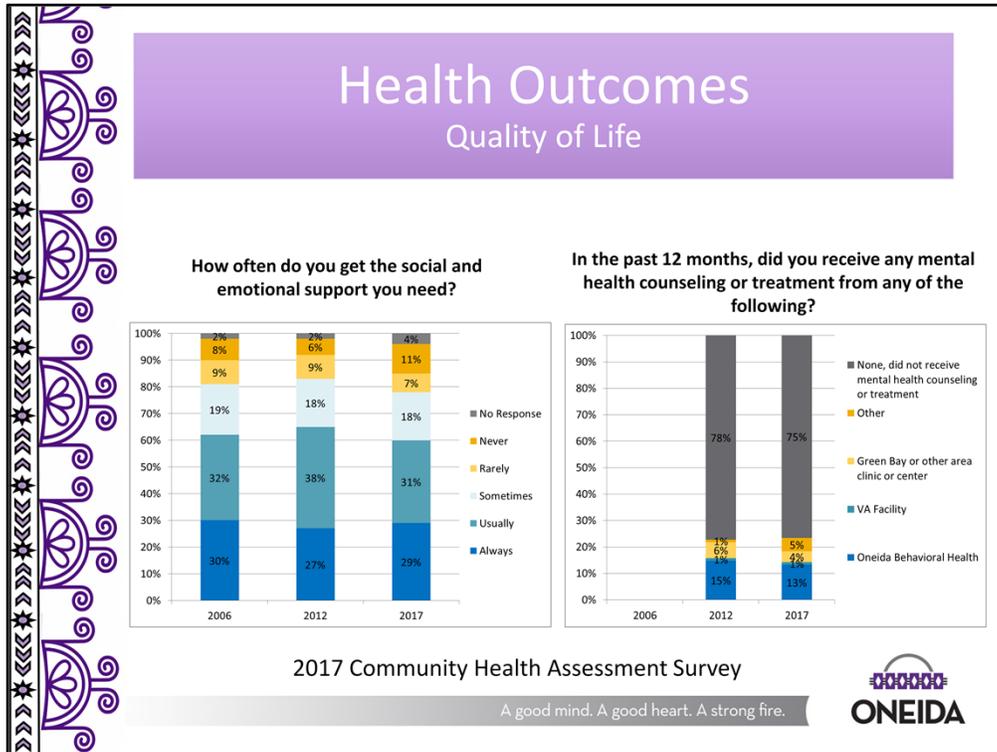
Right graph- Deaths due to cancer (*mortality*).



Left question: Has a doctor, nurse or other health professional EVER told you that you had a depressive disorder?- No significant change over the years. A higher rate of Oneidas have been told they have depression than all WI residents. 2015 WI Rate: 17.5% ever told they have a form of depression.

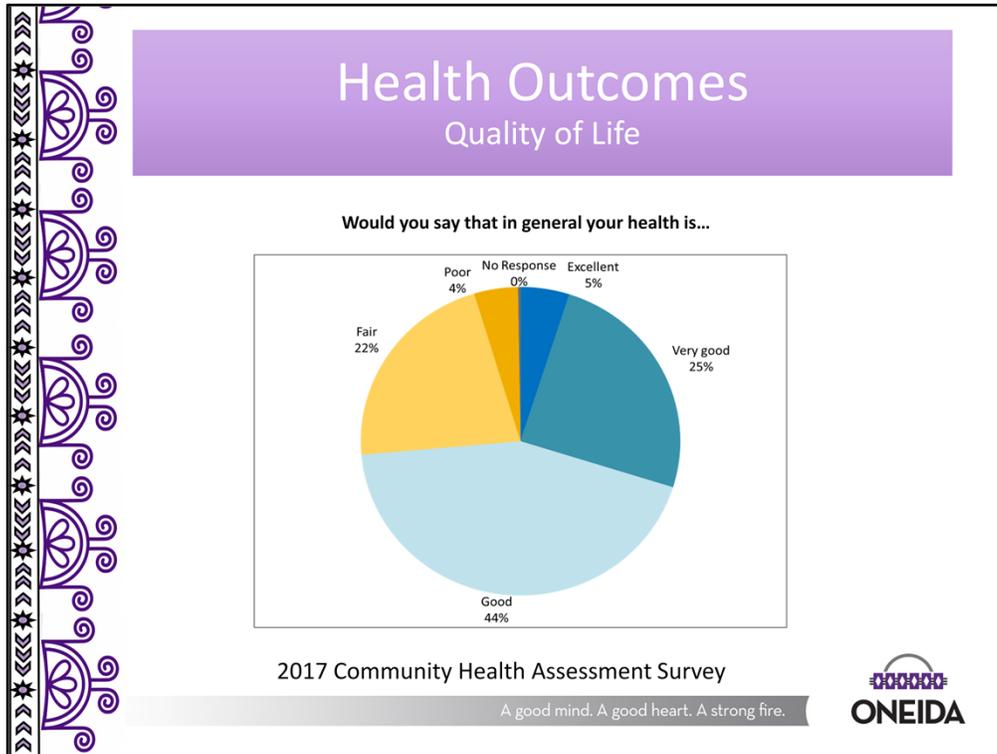
Right question: Has a doctor or other healthcare provider EVER told you that you have an ANXIETY disorder?- No significant change over the years. There is no other comparative data available.

Full Question 1: “including depression, major depression, dysthymia, or minor depression”



Left question: How often do you get the social and emotional support you need?- There is no significant change over the years. It is notable that 18% feel they rarely or never get the social or emotional support needed.

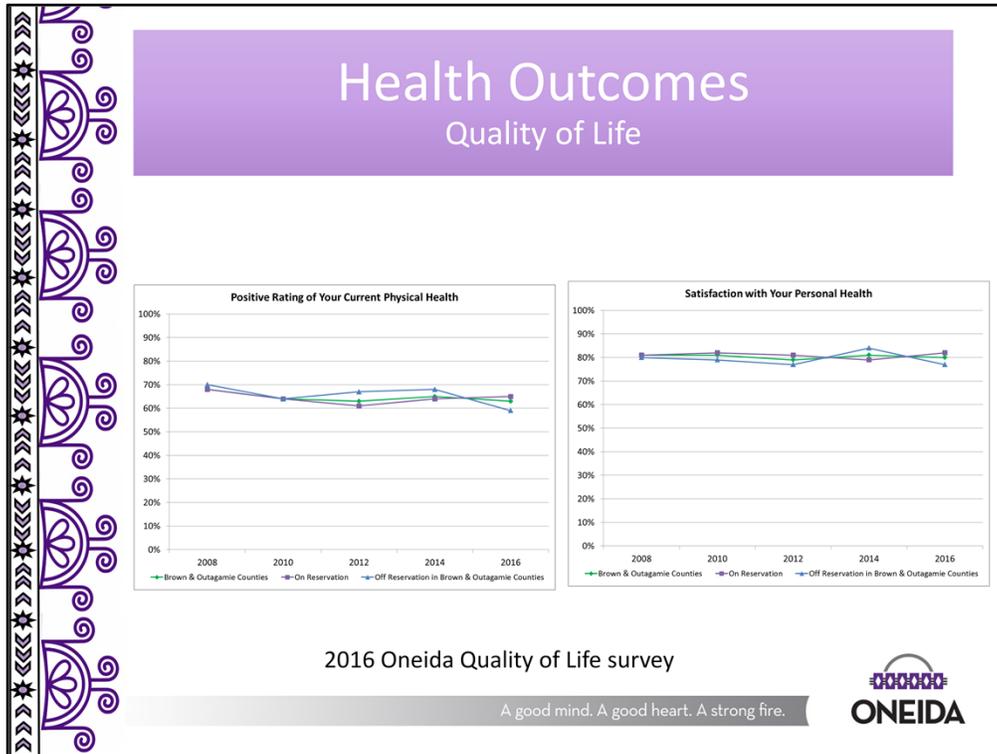
Right question: In the past 12 months, did you receive any mental health counseling or treatment from any of the following?- There is no significant change over the years. We see a large percentage did not receive mental health counseling the past 12 months. Of those that did, the largest percent saw Oneida Behavioral Health Services at 13%.



Would you say that in general your health is...

No significant difference over the years. 5% excellent, 25% very good, 44% Good, 22% Fair, 4% Poor.

Oneida general health significantly worse than all WI residents & those in Brown & Outagamie Counties. 2015 WI Rate: 18% excellent, 35.9% very good, 31.5% good, 11.4% fair, 3.2% poor. 2014 Brown & Outagamie Counties general population Rate: 57% excellent or very good, 30% good, 13% fair or poor.

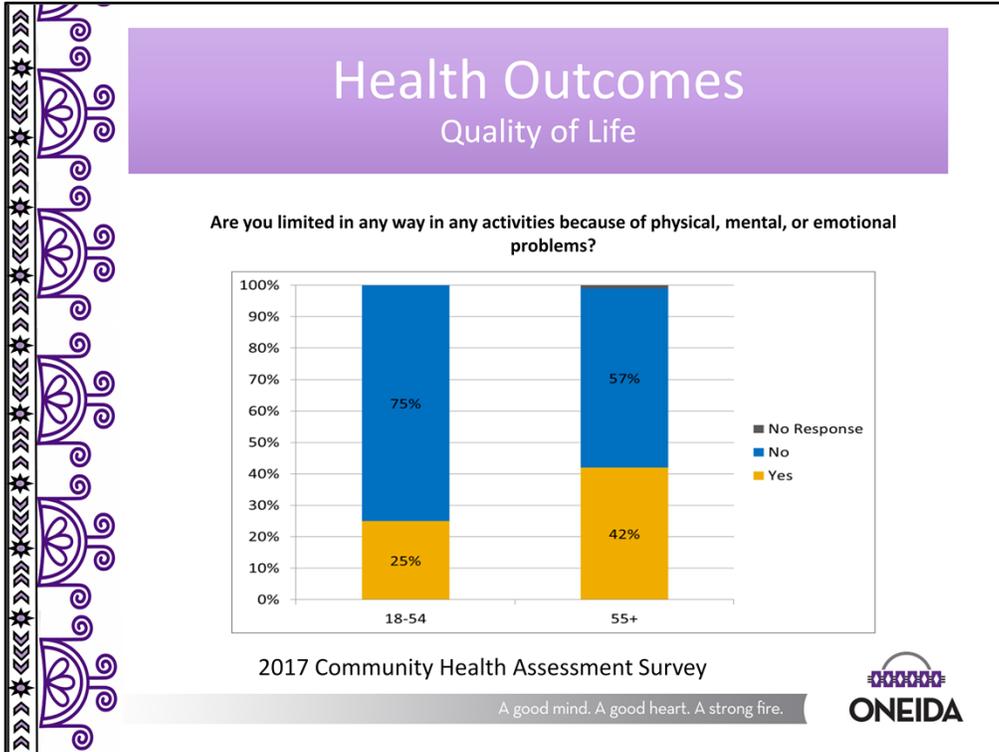


Left question: Physical health- Just under two-thirds of respondents consider their physical health excellent or good. This rating is consistent with previous years.

Right question: Personal Health- The response options are different for the counties and the state. In 2014, 57% of adults in Brown & Outagamie Counties considered their health as very good or excellent, 30% good, and 13% fair or poor. In 2016, 51% of adults in Wisconsin considered their health as very good or excellent, 33% good, and 16% fair or poor.

**Additional information to share:**

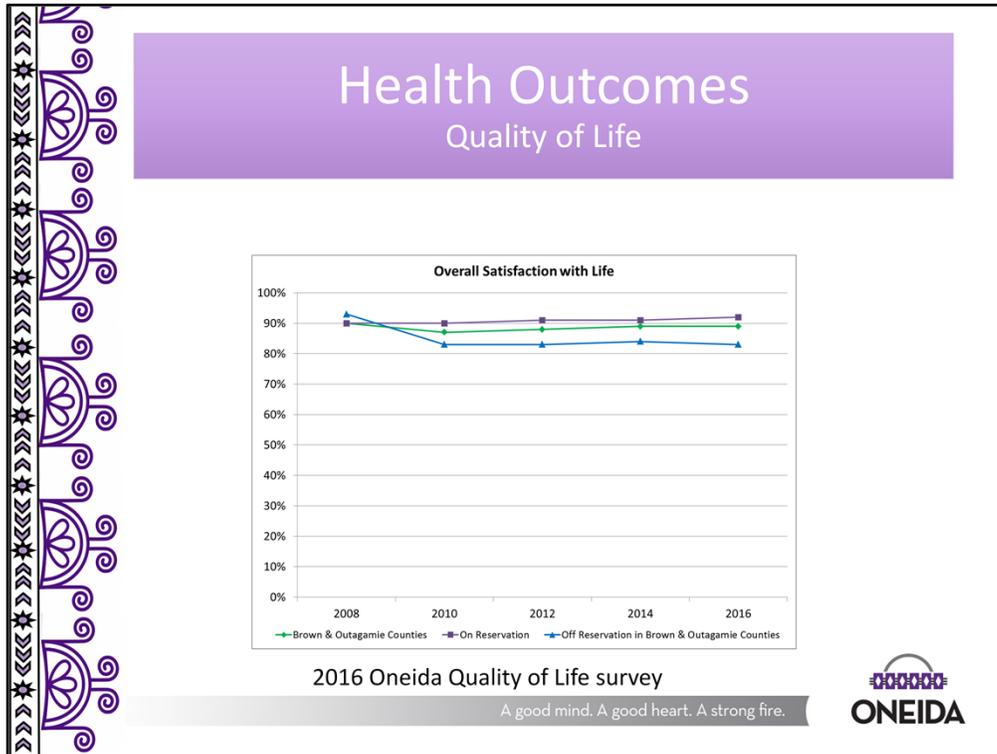
A much higher rate of respondents, 84%, consider their mental health excellent or good. This rating is also consistent with previous years.



Question added in 2017. Wanted to start collecting some baseline data.

Are you limited in any way in any activities because of physical, mental, or emotional problems?

Overall: 35% stated Yes, 62% stated No. We further broke down the data into age groups 15-54 years and 55 years and older.

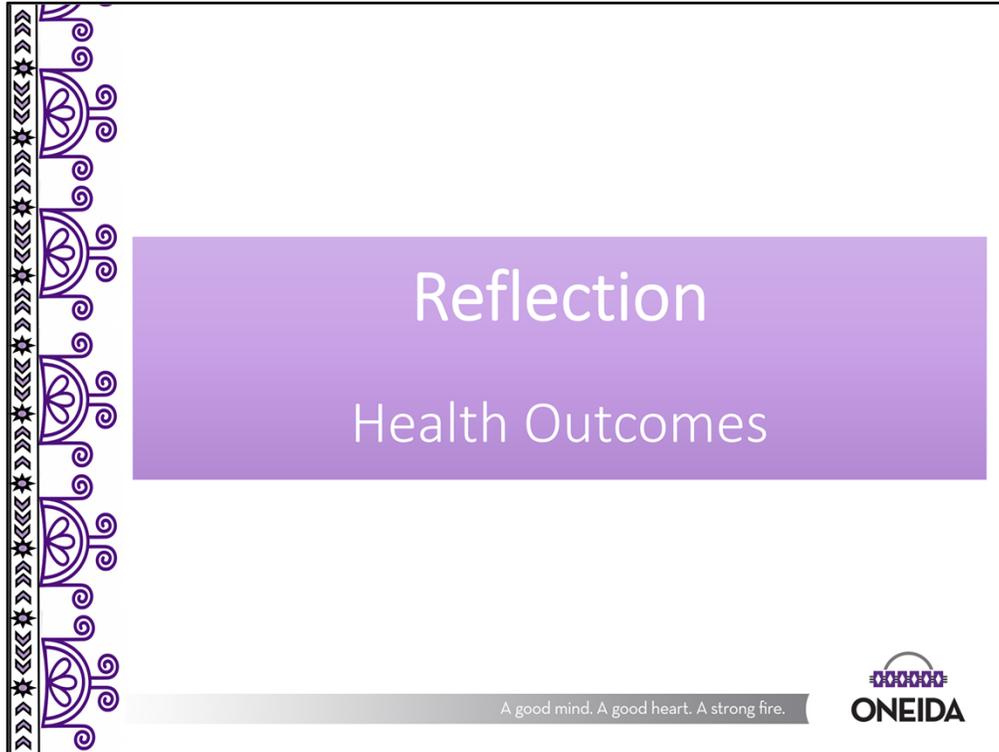


Overall satisfaction with life?

The vast majority of respondents, 89%, are satisfied with their lives. This is consistent with previous levels of life satisfaction. Oneida members who live on the Oneida Reservation are more satisfied than those who live off the Oneida Reservation in Brown and Outagamie Counties.

Overall satisfaction with your life

	Overall Results	On Reservation	Off Reservation in Brown & Outagamie Counties
2016	89%	92%	83%
2014	89%	91%	84%
2012	88%	91%	83%
2010	87%	90%	83%
2008	90%	90%	93%



Take this time to jot down what stood out to you in the data provided regarding Length of Life and Quality of Life.

From your experience & perception, what else can be improved to achieve healthy outcomes in length of life and quality of life in the Oneida Community?



# Interactive Activity

- Partner feedback
- Priority selection

A good mind. A good heart. A strong fire.



[Speaker introduces self]

We will begin a two step process.

- First we will talk about the areas where participants feel improvement is needed.
- Second we will have an interactive activity using the dot method to select the top areas for improvement.

# Question

Using data we have reviewed and taking a public health or population health perspective.

**What are the top three areas for improvement you would like to see for the Oneida Community in the next 5 years?**

A good mind. A good heart. A strong fire.



Ask the large group to share priorities out loud and have writer place on wall poster. If similar to one already on board, ask group if captures their selected priority.

Facilitator reminds group- Participants are encouraged to focus on areas that require community driven work such as developing population strategies and policy.



# Priority Selection

- Dot activity

A good mind. A good heart. A strong fire.



Each participant gets dots to place next to the focus area feel important to improve.



[Speaker introduces self]

The Community Health Assessment is part of a larger process known as Community Health Improvement Planning.

A leadership team has already been meeting in the development of the next Oneida Community Health Improvement Plan. Using the MAPP planning model, the team will review all available assessment data and the feedback collected from the community with the various data presentation and engagement activities for the final selection of the focus areas.

What are some of the engagement activities that have already occurred?



In order 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 via Facebook survey. This word cloud analysis of the survey results demonstrates the common words shared in that engagement activity.

Respondents of that survey were asked if they would be interested in participating in a group discussion that was held in August 2017.



# Visioning Statement

Informed and engaged sovereign nation  
embracing a safe and healthy community

kwáh akwekú atwalihwakwenyásteke? tsi? náhte? káhsu? tsi? tyohwatsyá?te?



Means “we all will respect everything that’s been created on earth.”

A good mind. A good heart. A strong fire.



The result from that group discussion produced this visioning statement. This will be the vision for the next Oneida Community Health Improvement Plan.

Feedback from the community partners today will guide the CHIP leadership team as the next set of priorities are selected.



# Resources

- Public Health Accreditation Board- Community Health Assessment
- UW Population Health Institutes- What Makes a Community Healthy Model
- County Rankings and Roadmaps data & website
- CDC 10 Essential Public Health Services
- World Health Organization- Health Equity and Social Determinants of Health
- Oneida Community Health Improvement Planning team 2017

A good mind. A good heart. A strong fire.



# Data Resources

- 2016 Quality of Life survey (18 years & older)
- 2017 Community Health Assessment survey (18 years and older)
- Enrollments Department (Oneida Membership)
- Carbone Cancer Center- University of Wisconsin School of Medicine and Public Health (Oneida Contract Health Service Delivery Area (CHSDA))
- Program specific data

A good mind. A good heart. A strong fire.



Finding data specific to the Oneida Community can be challenging.

Many data measures only dive down as small as Native American- not Oneida Tribal Members.



## Contact

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A good mind. A good heart. A strong fire.





# ΥαωΛκό

(Thank you)

A good mind. A good heart. A strong fire.

