



Strategic Plan: 2019-2021

December 2018

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LSIC - Community Health Strategic Plan 2019-2021

Executive Summary

The Lower Sioux Indian Community Health Department, Health Care Center, and Community Health came together to develop a plan to support public health strategies for the health and wellness of the community. Combined, they convened a group of diverse leaders, employees, community members, and partners in a day-long planning retreat to identify the needed strategies to support community health. The planning goal was to identify a list of desired strategies within a community health framework, including Policies, Systems, Environments, Communications, and Education that would shape a three-year (2019-2021) Strategic Community Health Plan.

The planning retreat process drew from the community's values, vision, and community goals. Particularly, strategies identified aligned with Spirituality and Wellness; Recreational and Artistic Opportunity; and Infrastructure and Services Goals. The strategies also drew from existing community strengths, anchors, and initiatives to deepen the impact and support sustainable systemic changes.

Planning participants were guided through a broad understanding and definition of public (community) health. Further, participants were informed of the current state of Lower Sioux Health, including current programs, services, resources, and partnerships.

As part of a continuation of earlier planning work in 2016 within the health department, participants refreshed and adopted a new mission statement to guide their purpose and daily work – *'The Mission of the Cansayapi Wozani Ti is to provide dignified, personalized, sustainable, and accessible services that proactively incorporate Dakota knowledge and wisdom to promote whole health and wellness.'*

To ground their work in defining community health strategies, participants were led through an environmental scan of existing health related policies, systems, environments, communications, and education. Further, they identified resources and significant gaps. This grounding provided information for planning participants to brainstorm needed strategies using the community health framework. After they prioritized strategies that aligned with community goals and were accomplishable within three years, participants were able to shape the strategies into objectives.

The plan includes 18 objectives across policies, systems, environments, communications, and education with identifying projected impacts within community, proposed benchmarks, and relevant stakeholders. Subsequently with guidance from the community health and planning department leadership, the objectives were categorized into four focus areas: **Healthy Foods, Tobacco Wellness, Communications and Education, and Employee Wellness.** The four focus areas serve as directional focus for community work groups, comprised of key leaders, influencers, and members of the LS Health and Human Services Advisory Committee members to carry the work forward. Attached is a GANTT chart for each work group to track benchmarks and progress in alignment with the four focus areas community goals.

In conclusion, the plan and process reflect community values and traditions, including strategies that reflect culturally-relevant approaches for success, a commitment to inclusivity through community and honoring relationships, and the quest for life-long learning to make a better life for the generations to come.

Background

Need. In 2016, the Lower Sioux Health Department developed a Health and Human Services Strategic Plan (Attachment A) to build from the LSIC's comprehensive community planning process. The aim of the Health Department and the recently opened Health Care Center is to 1) Improve patient experience; 2) Improve population health; and 3) Reduce cost.

The traditional story of the three sisters was shared and served as a culturally-grounded touchstone, with the understanding that much of the community's focus and resources have been in treatment and intervention. The outcomes of this strategic plan focused on education and building resiliency, additionally it included limited preventive strategies. Furthermore, in early 2018, the Human Services Department was separated from the Health department to increase concentrated efforts within each department. Cumulatively, these factors contributed to the need to develop a plan that focused on community health and prevention.

Planning Goal. The Lower Sioux Health Department launched a focused Community Health Strategic Planning process to guide the department, community partners, and clinic in preventive approaches. Specifically, the desired strategies within Policies, Systems, Environments, Communications, and Education were the focus in developing a three-year (2019-2021) Plan.

Planning Objectives. The LS Health Department identified the following planning objectives for the December 2018 strategic planning retreat as 1) Understand the role of community health within the context of the tribal community; 2) Revise and approve a new working mission statement; 3) Develop community health goals over a three-year time period; 4) Determine how those goals will be achieved (i.e., develop objectives); and 5) Ensure the work is tied to community anchors, existing resources, and community initiatives underway, as well as the previous health planning work.

Strategic Plan Process

In alignment with Dakota traditions and values, a commitment of the following principles was applied in the planning process:

- strength-based approach;
- transparency;
- integration and use of Dakota language, values, and traditions,
- gathering from the collective wisdom of the people; and
- *ikce wicasta* (common people)

The community's planning framework was certainly integral to the planning process, *Canku waste wan witaya unkağapi unkoğihiği* – Together we are able to make a good path! The core planning team included Dr. Darin Prescott, CEO/Health Director; Stacy Hammer, Registered Dietitian/Diabetes Coordinator (often identified as the community health coordinator); Kara Siegfried, Assistant Tribal Planner, Lisa Troutman of DrawnWell, a Graphic Recorder Consultant; and Dr Teresa Peterson, Planning Consultant. Furthermore, a group of 40 were invited to a full-day planning retreat held on December 6, 2018, at the Grand View Winery in Belview, MN. Subsequently, 24 people gathered that represented members from the LSIC Health and Human Services Advisory Committee (a community-based steering committee), significant community partners, and health staff (all representative of the community).

As with any community planning, the strategic planning process included working from the community's developed **Vision:** *The LSIC is a healthy, safe, and happy community – grounded and guided by Dakota culture, traditions, and language- where every person contributes to a diversified social and economic life. The people grow, adapt, and innovate together, through opportunities that span the generations and seek continuous success.*

As with the previous strategic health plan in 2016, the planning process was aligned with the three community-based goals that the health department most associates with. They are:

- 1) Spirituality & Wellness: To empower community membership with opportunities in spiritual, physical, and mental wellness through Dakota values, traditions, and language to honor and strengthen the tribes' sovereignty today and for future generations.
- 2) Recreational & Artistic Opportunity: To provide a safe, healthy, and structured environment for members of all ages to share and learn from each other's skills and talents.
- 3) Infrastructure & Services: To identify, prioritize, develop, and secure resources for the delivery of services to the community that is supported by sustainable infrastructure to enable our Dakota Oyate to live a balanced life.

To support respecting and honoring each other and the planning process, the group consented to the following commitments.

All voices are valued and should be heard. To promote respectful & productive meetings, we will:

- Create space for each other and avoid interrupting those who are speaking;
- Participate fully and give priority to those who haven't spoken;

- Listen actively, without distractions;
- Be conscious of body language and nonverbal responses;
- Be accepting of hands on, active facilitation;
- Assume good intentions from each other; and
- Understand the goal is not always to agree but to gain a deeper understanding that can improve our work.

Definition of Community Health

Due to the impact of historical trauma in tribal communities, a historical pattern of paternalistic government policies, and a complex and often under-funded health care system, efforts within tribal communities are often focused in treatment and intervention through a reactive lens. While we acknowledge health treatments and interventions will persist, deliberate attention to prevention will support improved patient experiences, the overall community health, and reduce health care and related costs. This preventive approach in the health industry is done primarily through public health, or *community health*.

To ensure a focused and deliberate approach and to offset the tendency to work from a reactionary approach (e.g., focusing on symptoms), some time was spent in defining public or community health. The following definitions were discussed.

Public health promotes and protects the health of people and the communities where they live, learn, work and play. While a doctor treats people who are sick, those of us working in public health try to prevent people from getting sick or injured in the first place.

Public health is the science and art of preventing disease, prolonging life and promoting human health through organized efforts and informed choices of society, organizations, public and private, communities and individuals. Analyzing the health of a population and the threats are the basis for public health.

Public health focuses on the entire population of a given area before illness onsets – while people are still healthy, rather than an individual after they become ill. It is a proactive, preventative approach is the single most important distinction between public health and clinical medicine.

Public Health includes community health. Public health is "the science and art of preventing disease, prolonging life and promoting health through the organized efforts and informed choices of society, organizations, public and private, communities and individuals".

Public health is concerned with threats to health based on population health analysis. Data driven decision-making and reporting has been a part of healthcare for some time. It's now part of the funding pieces whether we talk Medicare reimbursement or grant funding.

Public health strategies often include addressing policies, systems, environments, communications, and education. Traditionally, Dakota communities have always utilized these strategies. Some of the definitions below are borrowed from the American Indian Cancer Foundation.

Policies – are guiding principles for ways of living. They can be formal agreements.

Systems – are building blocks of a community that allow it to function as a whole. Systems are *how we do things*.

Environments – are the natural and built world around us. They are the places, spaces, and designated areas.

Communications – are the language and messaging used. They include non-verbal and metaphorical forms of communication.

Education – are how we transmit and pass on knowledge and skills. They can include stories and ceremonies.

State of Lower Sioux Community Health

Community Data. Growth from within the community has been substantial. The community population continues to grow steadily, with a 1.1% 5-year average growth rate. This rate is much higher than the surrounding area and for the State of Minnesota as a whole. As of 2018, 48.5% of the Community's population is under the age of 25, with 38.5% under age 18.

The Lower Sioux Indian Community faces similar community health challenges that other tribes across the U.S. face. Two specific health challenges are diabetes and smoking that the community is currently collecting data on to identify community health needs and solutions.

The current Type 2 Diabetes rate for the LSIC is 25% of the adult population and even higher rates of those with Metabolic Syndrome (i.e., a set of characteristics indicative of pre-diabetes). Of 48% of the current registered 82 type 2 diabetes patients under care through the LS Special Diabetes Program, 71% are at or over the age of 45; 46% are smokers; and 95% are overweight, obese, or severely obese.

Tobacco use is another key community health challenge across Native communities. During a 2016 community survey of young adults with a 22% response rate (i.e., 28 people), 86% identified as non-smokers (i.e., 14% identified as smokers); 39% exposed to indoor smoking; 85% notice information about the dangers of smoking; 67% notice information about the dangers of second-hand smoking; and 60% notice advertisements or signs promoting smoking.

Community Health Policies. The LSIC HHSAC, Health Department, with support from Tribal Council have adopted and implemented significant community-wide policies that begin to address community health concerns.

- Honoring Little Crow with Healthy Foods Policy; and
- Honoring Cansasa Policy

Community Health Systems. The LSIC has held a **Health Department** since 1974, beginning with one health staff. During the 1980s, additional staff and a dedicated building were added to the health department. Current community health services include nursing, education, healthy foods, transportation, home care, and a new program called family spirit that supports *tiwahe to nagi* - families and babies.

The LSIC, in partnership with the American Indian Cancer Foundation (AICAF), put together a community **Health and Human Services Advisory Committee** (LSIC HHSAC) to serve the areas of Health and Social Services. The 8-member Advisory Committee were nominated by Lower Sioux Community member votes at the Community Sioux Chef dinner, held in January 2015 and approved by Tribal Council. The first meeting was held on March 26, 2015. The long-term goal of the committee is to increase community engagement to establish a sustainable community food system that improves access to healthy food, connects the community to indigenous foods, and creates healthier families. Its focus areas are healthy eating, commercial tobacco cessation, food sovereignty, and healthy living.

Community **health assessment and evaluation** includes:

- Community health assessment;
- Food sovereignty assessment;
- Health & disease monitoring in partnership with Great Lakes Intertribal Epidemiology Center;
- Redwood County Mobilizing for Action through Planning & Partnership (MAPP) Health assessment;
- Repeat tobacco assessment with AICF;
- Social media & diabetes study with North Dakota State University;
- Exploring attitudes toward return of genetic research results to family among diverse populations with Mayo Clinic;
- Cansayapi Cultural Interventions study with Clearway Minnesota; and
- Evaluation Training with Blue Cross Blue Shield.

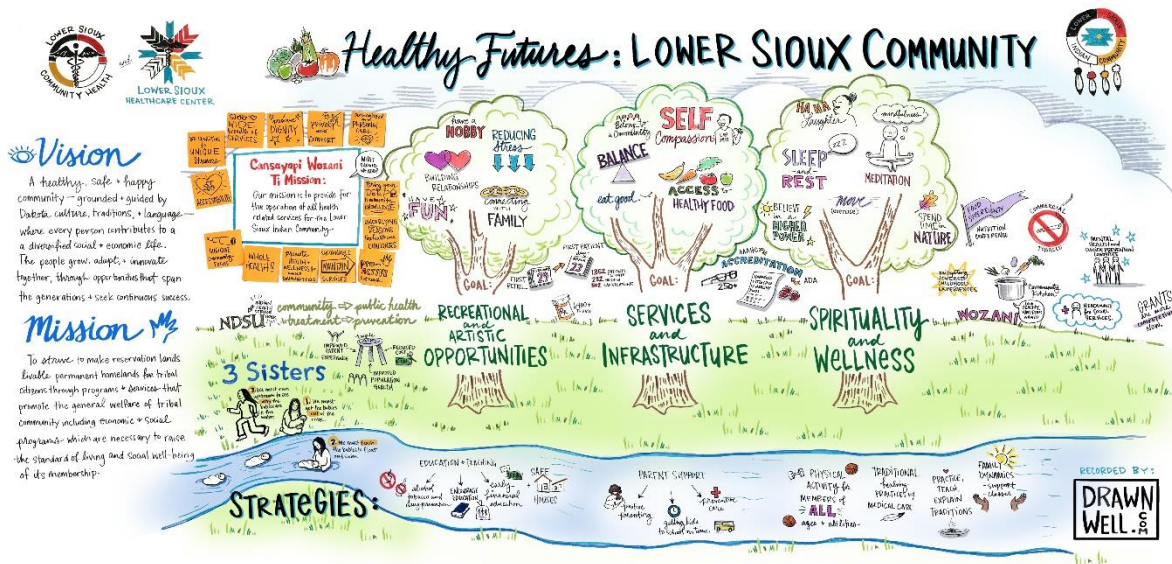
Collaborative community programs and services efforts include integrative health strategies, programming, and dedicated resources and support include:

- Wawokiya, an intergenerational mentoring project;
- Saving & Protecting our Youth (SPY) community work;
- Adverse Childhood Experiences & Resiliency Strategies Training & community work;
- Cansayapi Wakanyeza Owayawa Oti, Lower Sioux Early Head Start & Head Start

Community Health Environments. The LS **Health Care Center** officially opened March 24, 2016 with primary care from physicians and nurse practitioners, dietitian services, retail optical services, lab and x-ray services, and pharmacy services. In 2018, dentistry services were added and there are plans for adding podiatry. Today, the health department and clinic have 24 employees and provides comprehensive treatment, resiliency, and preventive services. Additionally, the LS Health Department assessed its readiness to pursue Public Health Accreditation. While gaining Public Health accreditation is a challenge, an assessment determined Community Engagement and Evidence Based as two areas of strength. Policies/Planning and Evaluation/Improve are two gap areas identified through the assessment. An increase of 300% in patients seen since its opening suggests considerable trust and optimism in culturally responsive health care services. However, some LSIC members require health care referrals or may pursue care at other health care providers. To ensure our members receive culturally competent delivery of care regardless of provider, the LS Health Care Center provides cultural education to those providers and their staff.

The LS **Recreation Center** is a primary public space that provides numerous opportunities for community health promotion. Across generations (i.e., youth, elders, adults) and across sectors (e.g., court, police, academic), in addition to serving as the primary community gathering space for meetings, events, and informal gatherings, the Rec Center is a space that serves as a space for promoting and educating health. For example, after school programming has adopted healthy snacks and installed infused and hydration stations to promote healthy, not sugary drinks. These changes in environment support systemic changes across community.

Community Health Communications. Specific communications include the adoption and use of the Healthy Generations campaign that has been utilized widely to promote the concept that health is a value to the Dakota community. Additionally, the previous Health Strategic Plan’s graphic recording served as a visual communication for community health targets, as shown here.



September 29th | GRANDVIEW WINERY | Belview, MN

Community Health Education. Much of the preventive health education is implemented through the Registered Dietitian’s role and guided through a collaborative effort within the LSIC HHSAC. Integrating health education opportunities throughout community-held gatherings (e.g., dinners, events) via guest speakers, reporting back to community survey and assessment results, and promotional materials.

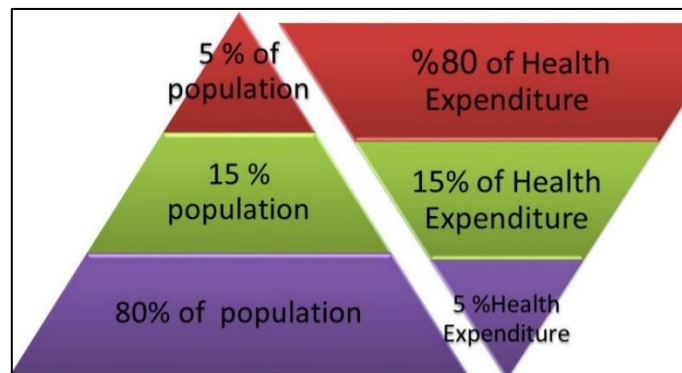
Community Partnerships. Through deliberate planning and community engagement, Lower Sioux has captured interest and authentic partnership with many organizations and supporters to contribute in meaningful ways to the community health work within LSIC. Some recent partners include: Change Lab Solutions are providing capacity building support and technical assistance specific to policies, systems, environments, and institutions supporting community health; the Great Lakes Area Tribal Health Board are engaged in lobbying efforts as well as increasing input into the Bemidji Area Indian Health Services and appropriations; and Minnesota Communities Caring for Children who have invested in education and training on Adverse Childhood Experiences and Resiliency strategies, including intergenerational mentoring. Further, partnership with the American Indian Cancer Foundation who have been instrumental in planning, policy design, and facilitation, as well as Blue Cross Blue Shield who have supported LS’s health policy work toward commercial tobacco diminution, continue to be engaged partners in this work.

Community Engagement. The momentum gained in health and wellness across the community, particularly in the past three years has been significantly broadened and diversified. There are at least

weekly community health activities across sectors – recreation, social services, culture, education, and health that focus on numerous health and wellness (e.g., fitness, nutrition, childhood obesity, type 2 diabetes prevention, water first (decreasing sugary drinks), breastfeeding awareness, healthy cooking). This cross-sector engagement would not have happened without the support of cross community engagement. The exponential and ripple effect of diversifying the voices and decision-making significantly support and influence community change. Specifically, the process and commitment of the Lower Sioux Health and Human Services Advisory Committee, who is comprised of intergenerational members within the community, leadership, and health staff ensure diverse voices and perspectives are considered in community health work.

The state of community health within the Lower Sioux Indian Community has made significant advances in policies, systems, environments, communications, and education.

Nonetheless, there remains the goal to improve overall health of the community and decrease health care costs. The state of community health is hopeful and poised for essential next steps in overall health and wellness. The public health field recognizes the need to address the inverse



relationship between public health and medical care. Dedicated resources for public health that reaches broadly across community saves lives and health care costs. With the support of new research, culturally competent counsel, evaluation and accreditation resources, the LS Health department is prepared to focus on community (public health).

Finally, across the community, the LSIC has realized significant social and economic growth in recent years. Lower Sioux is quick to recognize the success gained in community health policies, systems, environment, communications, and education are attributed to increased partnerships, resources, and community engagement. Further, approach to this work does matter. The momentum and results attained in community health provide evidence to continue the purposeful approach of 1) deliberate and strategic planning that examines needs, explores solutions, and builds on community strengths; 2) spirited leadership from within the Health Department and the LSIC Health and Human Services Advisory Council that engages the people and honors relationships; and 3) cultural alignment including integration of Dakota language, honoring Dakota values and traditions (e.g., intergenerational). These three approaches align with Native Nation Rebuilding that supports sustainable development of tribal nations¹.

¹ <https://nni.arizona.edu/programs-projects/what-native-nation-building>

Updated Mission Statement

In 2016, the health department's strategic planning participants identified specific areas to address the then adopted mission statement, '*Our mission is to provide for the operation of all health-related services for the Lower Sioux Indian Community*'. They identified:

- Be sensitive to unique stressors;
- Accessibility;
- Unique community focus;
- Whole health;
- Promote health and wellness for whole community;
- Sustainable, maintain services;
- Pro-active, outreach;
- Underlying reasons for health care challenges;
- Bring your deep community knowledge;
- Personalized and personal care;
- Privacy and comfort;
- Preserve dignity; and
- Wide breadth of services.

The planning participants amended the previous mission statement and approved the updated mission as: ***The Mission of the Cansayapi Wozani Ti is to provide dignified, personalized, sustainable, and accessible services that proactively incorporate Dakota knowledge and wisdom to promote whole health and wellness.***

Environmental Scan of Community Anchors

The LSIC has had significant social and economic development growth, including new programs, initiatives, resources, and partnerships. Leadership understands the value of capitalizing on existing strengths and assets and collaborating across systems and environments. Participants were asked to hold existing and recently launched programs, initiatives, resources, and partnerships. Time was spent in assessing, identifying, and naming current community anchors. Participants were asked to think of an anchor as a device to prevent drift and that all community anchors are working together to support the realization of the community's goals and ultimately, the community vision. Participants reviewed the vision statement, three health-related community goals, community values and strengths

Through an **environmental scan**, participants identified the following community anchors, again in alignment of policies, systems, environments, communications, and environments in order to gauge areas of strength and areas of need. They also identified the current supports and resources that are supporting the PSECE anchors.

POLICIES			
Description	Impact	Support & Resources	Gaps in Support, Resources
LS Vision Statement, Health Mission & Goals			Need to communicate more
Take care of each other – led to Healthy Food Policy	Action plan; strategic plan; staff & leadership support; acquired grants		
Don't take more than you need			
Respect your elders	Youth & Elders support; financial, funding; outside entities to support		
Graduation requirement policy	Led to accountability & responsibility; decreased drop-out rates (data)	Indian education; Staff; community buy-in; School; educational plan resources	
Traditional tobacco for pow wows	Increased sharing traditional knowledge		
Help each other if you are able to take care of people – led to Wawokiya	Increased mentoring & foster care	Foster families; court; police & county; social services	
Environmental & safety policies that honor & take care of	Cleaned up old dump site & abandoned sites	Leadership support	

the earth (e.g., burn policy, hunting policy)			
Teaching & transmitting cultural knowledge - led to intergenerational cultural incubator		Staff	
FUTURE policy ideas: employee self care, cultural leave (need tribal planning & legal)			

SYSTEMS			
Description	Impact	Support & Resources	Gaps in Support, Resources
Housing	Safety; actual houses	Funding; staff;	Oversee remodeling that is needed; contractors; offices & building
Indian Education		Education & Parent Committees; schedule; soon a future plan & coordinator	
Elder Advisory		Community members; staff member that coordinates	Meeting space; funding
Foster care		Legal resources; support group for foster parents; social services	
Health & Human Services	Provides direction	Advisory committee; meeting places; staff; funding	Need additional staff & support for food shelf
Social Services		SPY group; mental health; foster care; food shelf; referrals; new grants	
Tribal Council	Are able to pull together the abilities of other groups, mobilize, & delgate	Members; office space; leadership & knowledge	

ENVIRONMENTS			
Description	Impact	Support & Resources	Gaps in Support, Resources
Head start Immersion school		Department of education; staff; building	Schools need the most help
Soon to be Multi-generational cultural kitchen	Adding on to rec center Healthy Foods Store	Shakopee partnership; US Dept Community Economic Development; staff	
Casino		tribe	Needs the most help
Recreation Center		MDH/SHIP Tobacco staff & funds; NB3 & staff	
Health Care Center/clinic		Tribe; Indian Health Services; staff	
Community gardens		MDH, SHIP, NB3 funding & staff; land & seeds	Gardens need help; needs a gardener
Lacrosse field		Field; equipment; Legacy grant; MDH & SHIP staff	New initiative, may need help (e.g., maintenance for fields, fencing, lights)
Culture Canoe camp (new)		MDH; Tobacco staff; land & canoes	
Pottery shop	Art therapy	DHS? Potters; market	
Schools – Cedar Mountain & RWAS		Dept of Ed; Indian Education; Darin on RWAS board	
Natural environment – river valley		Free from mother earth; office of environment	
Interpretive Center & paths		DNR	
Oyate C-Store		tribe	

COMMUNICATIONS

Description	Impact	Support & Resources	Gaps in Support, Resources
LS Monthly Newsletter	Consistent messenger in print & online	Staff; paper/postage; website	
Logos & campaigns for healthy generations, community health, & clinic	Reflection of what happens at Cansayapi; culturally-relevant image	Funding; design expertise;	
Two websites		Graphic designers; staff; technology	Websites are a challenge because there isn't a dedicated person.
Director's meetings		Staff; directors; time; space; scheduling	
Meetings with council		Staff; scheduling; space; time	
Two community facebook pages		Technology; community members	FB pages are community driven; employees don't have control over that

EDUCATION			
Description	Impact	Support & Resources	Gaps in Support, Resources
Tobacco cessation		Funding; training; staff; clinic infrastructure; cultural wisdom	Not really looking at this as a tobacco cessation program but there are people who could help
Cooking with Kungsi (or Kortni)		Kungsi; kitchen; food; program funding; Elder Coordinator; kids/participants	
Grocery store tours		Staff; grocery stores; client/learners	
SNAP/WIC Education		Staff; Redwood County/SWHHS; technology	SNAP/WIC is new, more support is needed

Quarterly Family Cooking Classes	Traditional healthy cooking	Kitchen; staff; food; participants/families	
Cansayapi Wakanyeza Owayawa Oti - Pre school/Head Start		Kids; teachers; language; culture; Staff/director; space	
Diabetes Bingo with elders		Prizes; space; funding; food; elders	
Tiospaye monthly dinners	Topics to share with community	Funding; staff; food; space; our community knowledge & experts	
Cansasa Harvesting & pouch making workshops		Staff experts; red willow; tools; space	

Community Health Strategy Priorities

The planning participants scanned the environment in identifying the areas with significant gaps and needed attention. In groups, they brainstormed policies, systems, environments, communications, and education needed as next steps. As a group, they identified their top ten ideas by asking and discussing the following questions: Is it either a policy, system, environment, communication, or education; Does it align with meeting one of the three community goals; Is it focused on prevention; Does it build off the existing anchors identified in the scan; and Can it be accomplished in three years? Each group described their top ten strategies, seeking clarification if needed. Collectively as a group, they identified the top priorities through a voting process, noting that none of the strategies identified would be lost the top choices within each category.

Policies:

- ✚ Employee wellness policy to work out during the week. (11)
- ✚ Commercial tobacco policy enforcement (what if someone gets caught smoking?). (9)
- ✚ Policy & system change to ensure community members are offered culturally relevant cessation services. (6)
- ✚ Healthier food shelf policy. (5)

but that the process was merely prioritizing the work. The following priorities were Increase connection across the multiple tobacco cessation & policy activities underway at LS. (3)

- Support research projects that benefit the community with data owned by tribe. (1)
- Establish policies & procedures for incubator kitchens, elders, youth, families, outsiders. (1)
- Define ownership & policies & procedures regarding lacrosse field. (0)
- Community garden policy, staff hiring processes. Is pay competitive? Are staff positions sustainable? (0)

Systems:

- ✚ Develop an ACEs support network and kinship & mentoring system. (11)
- ✚ Create a recreation system by brining in a personal trainer in to help with work outs. (9)
- ✚ Develop a cessation program, identify resources and intersections to make it a program (include a vaping education system). (7)
- SNAP/WIC services, take family to sign up or hold an open enrollment at the community center. (3)
- Develop system to ensure healthy & Indigenous foods policy is followed & enforced. (3)
- Community kitchens, create a system to support use of kitchens to use & make traditional foods & recipes (staff support, equipment). (3)
- Develop & implement policies for hiring, training, retraining, & wellness for staff. (2)
- ACEs & historical trauma in schools. (2)
- Commercial tobacco policy, identify cessation gaps (what happens when someone says they want to quit? Does clinic have CTTS?). (1)

- Purposeful wishlist for healthy foods, diapers, necessary items (Amazon), food shelf involvement. (0)
- The goal of increased staffing for housing. (0)
- Secure funding for incubator programming. (0)

Environments:

- ✚ Develop education on identifying the resources for WIC/SNAP. (13)
- ✚ Starting farmers market. (11)
- ✚ Develop feasibility plans for local grocery store. (10)
- Make sure lacrosse field has all needed for access, safety, & maintenance. (0)

Communications:

- ✚ Create a dedicated social media plan with local & famous Natives. (9)
- ✚ Communicate commercial tobacco policy (do people know how to access cessation services? How is the policy going to be enforced?). (9)
- ✚ Develop a communications action plan for events & develop communications channel. (5)
- ✚ Develop a strategic plan to implement tobacco policy. (5)
- Create a list of resources & people that can help with tobacco cessation. (3)
- Provide a dedicated web manager. (3)
- Create images from our community for tobacco education. (2)
- Education & communication to let people know these are available to apply for benefits. (0)

Education:

- ✚ Healthy foods policy needs education & support to help people know what traditional foods are & how to get them. Fit with spirituality & wellness goal. Training current culinary staff. (13)
- ✚ Create a SNAP Educator position through involvement in the Farm Bill Coalition (permanent place in Farm Bill). 10
- ✚ Establish food sovereignty supports for SNAP, elders, gardening, diabetes prevention, healthy foods (for employees). (8)
- ✚ Community & early education involvement in garden to teach healthy foods at younger ages to involve families. (6)
- More education about health & traditional foods. (2)
- Develop long range plan for education & housing. (1)

Community Health Objectives, Descriptions, Impacts, & Benchmarks

Planning participants were asked to work in groups that identified the projected outcomes by describing projected success. They were asked, *How will we know when we've reached these goals? What will it look like? What are the indicators of success?* Planning participants then drafted SMART objectives (specific, measurable, achievable, relevant, and timebound), projected benchmarks, and stakeholders. The following objectives are in alignment with the community health strategy framework of policies, systems, environments, communications, and education that support the health department's three community goals. Projected impacts are described as objectives are implemented within community. Benchmarks are identified within a three-year timeframe. Projected stakeholder involvement is listed as well.

Strategy	Objective	Impact	Benchmarks	Stakeholders
Policy	P1. Develop an employee wellness policy to promote physical activity during work.	Increased modeling of physical activity for community.	1.20-New policy approved. 1.21-20% employees participate minimum 1x/week	Human resources, payroll, tribal council, recreation staff, staff representatives
	P2. Develop a commercial tobacco enforcement policy to address what happens when someone violates the tobacco policy.	Decreased commercial tobacco policy violations. Increased healthy commercial tobacco free environments.	12.19-100% employees are able to identify commercial tobacco smoking areas and designated smoke free environments. 12.19-100% employees received 'talking points' training to support policy compliance.	LSHHSAC, tribal council
	P3. Develop a policy to ensure community members are offered culturally-relevant cessation services.	Increased retention and success of tobacco cessation rates.	6.19-Complete review of current cessation services system & identification of areas to adapt. 12-19-100% employees know and can identify tobacco cessation experts.	Community Health, Clinic Staff, LSHHSAC

			12.21 -100% employees who work with patients are trained in tobacco treatment assessment & referrals.	
	P4. Develop a Healthier Food Shelf Policy	Increased healthy food access.	6.19-Food shelf time & location communicated in newsletter. 1.20-New food shelf policy developed (inclusive of food shelf management, infrastructure, & acceptable food shelf checklist). 1.21-Updated food shelf policy is operational.	LSHHSAC, Social Services, Community Health
Systems	S1. Organize an ACEs and Trauma support network and identify a dedicated healing center space that fosters kinship and mentoring.	ACEs educators & their work are supported. Increased knowledge, access, and support for members to address ACEs and trauma. Increased culturally-relevant resiliency strategies utilized across community.	12.19-ACEs Network & Plan of Action is established. 12.20-Dedicated space is identified that supports healing, kinship, mentoring. 12.21-Increased access & support for community members in addressing trauma.	ACEs trainees, Social Services
	S2. Establish a system (program) for community members to work with a personal trainer.	Increased feelings of support for members. Increased physical activity among community members.	6.19-Identification of an existing personal trainer or position description drafted. 6.19-Identification of resources & schedule to	Recreation Center, Human Resources

			support community personal trainer. 12.19-Ensure culturally sensitivity of trainer or provide cultural training of personal trainer.	
	S3. Develop a comprehensive cessation program (include vaping education) accessible to all community members	Increased understanding of effects of vaping among community members. Increased access to cessation services for community members. Decreased commercial tobacco use among community members.	12.20-25 members are educated on effects of vaping. 12.20-Resources, staffing, & intersections are identified to promote cessation program.	Community Health, LSHHSAC
Environments	E1. Provide WIC/SNAP Program and Services Education to community members (including eligibility and access).	Increased participation of eligible WIC/SNAP recipients. Increased nutrition education of families. Increased health measures of infants and children.	12.19-WIC/SNAP Educator is hired. 1.20-Baseline enrollment data collected. 12.20-Data collection of participation rates. 12.21-Data collection of participation rates.	Community Health, Social Services.
	E2. Create a Farmers Market to increase access to health, local & Indigenous foods for all community members.	Increased access & consumption of healthy foods among families. Increased food producers within community.	1.20-Secure food vendors. 1.20-Designate an easy accessible location within community. 12.20-Data collection of food	LSHHSAC

			access & consumption. 12.21-Data collection of food access & consumption.	
	E3. Develop a feasibility assessment to open a community grocery store.	Increased access & consumption of healthy foods among families. Increased revenue within community.	1.20-Hire expert consultant to conduct feasibility study.	LSHHSAC, Planning Department, Tribal Council
Communications	C1. Develop a dedicated social media plan featuring local and famous Natives.	Increased relevancy & visibility of healthy Native individuals, families, and community.	12.19-Identify key lead in this initiative. 12.20-Identify intersections (others to include) across community sectors. 12.21-Track social media interactions	
	C2. Develop a communications plan for members to know how to access cessation services.	Increased access to commercial tobacco cessation services.	12.21-Track commercial tobacco cessation.	LSHHSAC, Community Health
	C3. Develop a communications action plan for events and develop a communications channel	Increased awareness and attendance of community events & gatherings.	12.21-Daktronics sign purchased & installed by the time Incubator building is completed.	Planning Department
	C4. Develop a strategic communications plan to implement tobacco policy	Completion of a strategic communication plan for tobacco policies.	12.19- Comprehensive plan is established (inclusive of timeline, resources) 12.20-Tribal Council officially adopts policy.	LSHHSAC, Planning Department

Education	ED1. Develop a Healthy Foods Policy Education plan	Completion of strategic education plan to support healthy foods policy implementation across community sectors.	12.19-Identify ideas for educational strategies (e.g., seminars, workshops) to support traditional foods, foraging, preparing through community engagement process. 6.20-Quarterly topic trainings are selected, inclusive of AICF checklist. 6.20-Identification of educators/trainers. 6.20-Identification of resources & support for education programming. 12.20-Finalize schedule. 12.20-Publicize, recruit participants Start trainings.	LSHHSAC,
	ED2. Develop a SNAP Educator position through the Farm Bill Coalition.	Increased support for WIC/SNAP access.	6.19-Develop position description. 6.19-Identify resources. 6.19-Coordinate with SHIP or other programs. 12.19-Recruit, hire & train new position.	Community Health, Human Resources
	ED3. Establish food sovereignty supports for SNAP, elders, gardens, diabetes prevention, healthy foods for employees.	Identified plan to increase support for and momentum of community food sovereignty initiative.	12.19-Identify existing supports & needs of each area to further food sovereignty (use assessment).	AmeriCorps Vista, LSHHSAC

		Increased healthy food access & consumption.	12.20-Draft plan to address food sovereignty assessment gaps and needs.	
	ED4. Provide community and early education involvement in gardens to teach healthy foods at younger ages and involve families.	Increased healthy food choices among children and families. Increased garden growers within community.	6.19-Identify pilot opportunities for youth and family engagement in community gardens. 12.19-Assess perspectives, participation rates. 3.20-Draft plan based on findings for upcoming growing season.	LSHHSAC, Recreation Department, Social Services,



Implementation

Through the Lower Sioux Health and Human Services Advisory Council (LSHHSAC), the community health work prioritized through this plan can be successfully implemented. The strategic planning team identified four primary focus areas of the 18 prioritized objectives. They include: **Healthy Foods, Tobacco Wellness, Communications and Education, and Employee Wellness**. The four focus areas serve as a directional focus for community work groups, comprised of key leaders, influencers, and members of the LSHHSAC members to carry the work forward.

Through the support of the planning department and the technical assistance of the American Indian Cancer Foundation, the strategic planning team developed a comprehensive and pragmatic chart to identify and document the success of the work over the next three years under each focus area. The attached GANTT chart will allow the work groups to track benchmarks and progress in alignment with the four focus areas community goals. Kick off for this work begins January 31, 2019 and monthly meetings to support accountability and access support for troubleshooting challenges that may arise during the implementation phase.

Conclusion

The goal of wicozani (overall health and well-being) is clearly forefront within the Cansayapi community. Individuals, families, employees, leaders, and coalitions across community sectors are involved in this important work to restore health and vitality through the reclamation and integration of cultural values and traditions. Further, vested partners and significant resources are contributing to the work in meaningful and authentic ways.

Individuals and families, youth, adults, and elders face significant systemic and generational challenges indirectly contributing to health inequities and directly impacting indicators of health. Yet despite the challenges, the community is not deterred from making the plans of tomorrow. The spirit of hope is rooted in the fabric of the culture with ancestral resiliency as the guiding star. These community strengths were evident and could be heard throughout the retreat – in laughter, camaraderie, and synergy. The strategies prioritized from a group of people representing diverse voice, experience, and perspective hold common threads. They include:

- ❖ Culturally-relevant approaches for success. There is a desire to see oneself authentically. So often, Native communities have had to adapt, assimilate in order to achieve success. Yet this often did not work and thus contributed towards a self-defeating cycle. This insight is apparent through the identified priority strategies included in this plan and important as the community understands and defines how success is achieved. Further, culturally-relevant approaches challenge old stereotypes and affirms that one can be Native and be healthy.
- ❖ Commitment of inclusivity. There is a message that we are all in this together in order for this to work. The spirit of community and relationality is evident in a shared commitment to health and the boundaries identified to achieve health individually and collectively. This cultural strength is not often found in mainstream society where individuality is paramount, and success and failure are not a shared experience. This commitment to inclusivity taps core cultural values of compassion and caring for each other, as well as roles and responsibilities towards the whole.
- ❖ Life-long learning for the next generation's quality of life. There is a relentless spirit of improvement and identifying the next cycle of work for the betterment of the community. Priority strategies demonstrate building upon the incremental successes and collective resourcefulness within and across individuals, groups, relatives, and partners. This cultural value of learning and making decisions based on seven generations forward is grounded in the fortitude and resiliency of the people.

The gathering and bringing the people together to dream of a better future and resourcing the skills, knowledge, and wisdom of the collective is what has carried the Cansayapi Oyate through time immemorial.

'Let us put our minds together and see what life we can make for our children' – Sitting Bull

Community Health Three Year GANTT Chart

Health & Human Services 2016 Strategic Planning Results

Shared statistics as of September 2016. The LS Health Care Center CEO shared since the opening of the clinic on February 29, 2016, 1,352 patients were seen, 232 no shows, and 502 cancellations, and 6,400 prescriptions were filled.

Three healthy community 10-year goals were selected to work from in developing strategies for the health and human services department. Strategies identified are included below each goal statement:

- I. **Recreation & Artistic Opportunities:** To provide a safe, healthy, and structured environment for members of all ages to share and learn from each other's skills and talents.

Strategies

- Build relationships across community;
- Reduce stress among individuals;
- Provide opportunities to connect with family;
- Have fun;
- Increase opportunities to have a hobby

- II. **Services & Infrastructure:** To identify, prioritize, develop, and secure resources for the delivery of services to the community that is supported by sustainable infrastructure to enable our Dakota Oyate to live a balanced life.

Strategies

- Increase belongingness to community;
- Promote increased self-compassion;
- Increase access to healthy food;
- Promote healthy balance.

- III. **Spirituality & Wellness:** To empower community membership with opportunities in spiritual, physical, and mental wellness through Dakota values, traditions, and language to honor and strengthen the tribe's sovereignty today and for future generations.

Strategies

- Promote mindfulness practices;
- Increase understanding of importance of sleep and rest;
- Believe in a higher power;
- Spend time in nature;
- Increase opportunities to move (exercise);
- Mitigate adverse childhood experiences;
- Decrease commercial tobacco use;

- Promote food sovereignty.

Objectives identified include:

- Provide Education and Teaching to address:
 - Alcohol, tobacco, & drug prevention;
 - Encourage education/ life-long learning;
 - Early financial education.
- Provide Safe Houses
- Provide Parent Support in the following areas:
 - Positive parenting;
 - Getting kids to school on time;
 - Preventive care.
- Promote and Create Opportunities for Physical activity of members of all ages & abilities
- Explore Traditional Healing Practices for Medical Care
- Create Opportunities to Practice, Teach, and Explain Traditions
- Address Family Dynamics through
 - Support;
 - Classes.