

## 2017 Community Health Needs Assessment

### Findings from a Focus Group with the Lower Sioux Community from Lower Sioux Reservation

In summer 2017, Southwest Health and Human Services (SWHHS) contracted with Wilder Research to conduct a community health needs assessment to identify the health needs and assets of prominent cultural groups in their 6-county region. Findings from this assessment will be used to inform the services provided by SWHHS and to help staff at SWHHS understand how to adjust or target their services to meet the health needs of these communities. For this study, Wilder Research conducted five focus groups with four cultural communities located in the Southwest region. Focus groups included individuals who are part of the American Indian (Lower Sioux), Hmong, Latino, and Somali communities in Southwest Minnesota.

The study was sponsored in part by the participating counties' grants from the Minnesota Department of Health's Statewide Health Improvement Partnership (SHIP), which aims to help Minnesotans live longer, healthier lives by reducing the burden of chronic disease. Additional funding from United Way of Southwest Minnesota made it possible to conduct a second focus group with Hmong residents. Community partners including the Lower Sioux Community Health staff, United Community Action Partnership, and individuals; Khou Lor, Tina Quinones, Samira Sheikh, and Kara Thul provided space and helped with recruitment for the focus groups.

Focus group participants were asked questions about their definition of health; what helps them to be healthy, and what makes it difficult to be healthy; as well as any suggestions they have for how SWHHS can support health in their community. They were also asked specific questions about physical activity, healthy eating, and tobacco use.

This report summarizes findings from a focus group conducted on the Lower Sioux Reservation with 13 individuals from the Lower Sioux community. Eight participants were female and five participants were male. The age of participants ranged from early 20s to mid-60s.

#### *Definition of health*

Southwest Health and Human Services defines health and wellness as a state of complete physical, mental, and social well-being rather than merely the absence of sickness. Focus group participants were invited to share what being healthy means to them.

Common responses included comments about being physically fit, exercising, and avoiding unhealthy foods. Some participants mentioned making regular visits to the doctor and taking preventive measures to avoid developing chronic diseases. Others suggested spending time with family, being able to take care of oneself, and having access to basic needs like clean water and nutritious food.

*Taking care of yourself in every aspect: sober, mental health, taking of yourself spiritually as well. Sundance is part of our way of taking care of ourselves with our prayer.*

Participants also discussed mental health, spiritual health, and sobriety as key components of health in the Lower Sioux community. Most viewed physical, mental, and spiritual health as interconnected.

## Primary health concerns

Common health concerns among participants include chronic diseases such as diabetes and high blood pressure, addiction (e.g., drugs, alcohol, tobacco, sex, gambling, abuse), and mental health problems. Several participants discussed the co-occurrence and interconnectedness of mental health and addiction.

In response to laughter from another participant:

*You have to learn how to educate more on mental health. It's serious. It's not something to laugh about or joke about. A lot of us have it really bad so it's not a funny thing.*

There are currently not enough resources on the reservation to keep up with the demand for mental health care and treatment, particularly among youth.

*[The clinic] needs [to add] a mental health provider [to their staff]. I went through a lot and for 5 years I probably can count 20 different therapists and providers. I usually have to wait 6 [weeks] just to get one appointment. It gets tiring and you just want to quit. You need something stable and [to] refer us somewhere that isn't already packed.*

Some participants felt that mental health problems stem from spiritual problems. Others talked about changes in culture and daily life that have led to changes in mental health and well-being in the community. Suggestions to improve mental health issues in the community included training for police officers to address mental health issues when making arrests, visiting a medicine man to treat mental illness, and having access to consistent and available mental health professionals who are from the native community and understand trauma that has been passed down through generations.

There are many families who foster children on the reservation. Some participants talked about the importance of good parenting on the health of children and the needs for education on how to be a good parent.

## Barriers to health

When asked what makes it difficult to be healthy, participants talked about individual-level challenges, such as the time and discipline needed to change habits or the effect an addiction has on a person's health. They also talked about challenges that they felt were outside of their control. One participant discussed the difficulties of taking multiple medications and the side effects they have experienced as a result. Another participant said they were unable to afford healthy food.

The health-related consequences of tobacco use are a significant health concern in the Lower Sioux community. Participants talked about the challenge of quitting smoking when many people in their household and living on the reservation use tobacco regularly.

*I think with environment, especially on the rez [makes] it difficult. My whole family smokes. So being a smoker myself and trying to quit smoking, I come home and everyone is smoking a cig, so it's hard to...I don't necessarily say hold yourself accountable, but you don't have role models to show you other ways.*

## Resources and supports

The main sources of health information and supports are the local clinic, newsletter, social media, and schools.

The group shared specific experiences about what supports their health. For example, one woman enjoys attending a group called 'Diabetes Bingo,' despite not having diabetes, because healthy food is served at each event and it is a social gathering. Another participant talked about the benefit of past events held at the recreation center such as health fairs and Cooking Matters<sup>®</sup> cooking classes provided by University of Minnesota Extension.

Despite some of these efforts, participants agreed that people in their community need more health-related information and education.

## Physical activity

Participants felt that a lack of time and money often prevented them from engaging in physical activity. They also mentioned barriers such as a lack of paved trails, transportation issues, and low motivation.

*Honestly, we do have a lot of programs like that here on our reservation, but we don't have a lot of time to participate, maybe due to illness, being too old, not motivated.*

Participants identified the recreation center as a place where people could exercise, but felt there was a need for childcare in order to make this option practical for parents. Participants also said they would be more motivated to exercise at the recreation center's facilities if a personal trainer were available and if they had other people to exercise with. One participant talked about how the discount they get on their health insurance motivates them to visit the local gym.

Participants suggested that SWHHS work with the Lower Sioux community to organize exercise groups and provide opportunities and events for people to engage in active living (e.g., walking groups, nature walks, and fishing activities by the river). SWHHS might also consider funding activities for children. Children in the Lower Sioux community often lack the necessary sports equipment because it is too expensive. It is particularly challenging for families to pay for fees or equipment when there are several children in a household.

## Healthy eating

The main barriers to healthy eating for participants include affordability and access. The only store on the reservation (C-Store) does not sell produce or other healthy grocery items. The closest grocery store is located in Redwood Falls, and for individuals with limited transportation and low incomes it can be difficult to get there frequently enough to have a consistently healthy diet. Children especially spend their money on the cheapest and most readily available items, which are often unhealthy, processed foods available in the C-Store.

Participants did say that they were sometimes able to access healthy foods though dinners provided by the local clinic, but noted that children are often not willing to eat healthy food.

*[The] best healthy dinners are the ones they put on at the clinic. Some of those healthy foods they provide a lot of kids don't like it, but I make my kids try it.*

Overall, participants expressed a desire to eat healthier foods and to learn about gardening, cooking, and other ways to increase their access to healthy foods.

*Personally, I want to learn how to start my own garden and how to can. It'd be better for us too. It's just that, where do you find that education piece besides Pinterest?*

Suggestions for increasing healthy eating included having an end-of-season farmers market where people who have gardens or hunt can sell their food, or working toward getting a Kwik Trip or similar store to open on the reservation. Participants noted that there is a free summer lunch program available to children in Redwood Falls and felt that children on the reservation would benefit from similar programming. Participants also felt their community would appreciate information, education, and programming from SWHHS about healthy eating and would like to learn more about potential services that they may not know about.

## Tobacco use

Despite the prevalence of tobacco use in their community, participants felt that people understand the health risks associated with tobacco use. An understanding of the negative health effects of tobacco use has increased in the community as a result of programs and commercials that educate people about the harms of secondhand smoke.

*My mom had lung cancer and my step-mom had COPD from smoking cigs. As far as second-hand smoke, I've seen commercials, but I don't know anybody who got sick from secondhand smoke. I believe it's real. I think in our community we have more knowledge nowadays since we started the tobacco programs.*

Participants believe that youth are less likely than past generations to start smoking cigarettes, but are more likely to use e-cigarettes or vaporizers.

Tobacco use is most commonly seen among people at casinos, elders, young people, and drinkers. Several participants talked about the use of tobacco to self-medicate and avoid difficult emotions or to cope with mental illnesses like anxiety and depression. One participant felt that quitting one addictive behavior had caused them to start another.

*One habit leads to another habit. I stopped drinking. It's been years now [since I drank], but [now] I smoke.*

Traditional and commercial tobacco are different in the way that they are planted, harvested, prepared, and used. Two participants felt that they became addicted to tobacco during ceremonies due to the use of commercial tobacco instead of traditional tobacco, known as “Cansasa” by the Lower Sioux community. Although commercial tobacco is easier to access than traditional tobacco, participants said that they have been to many ceremonies where only traditional tobacco is used.

The lack of support from family and friends and within the environment, where they are surrounded by others who smoke, are what make it most difficult for people in the Lower Sioux community to quit smoking.

*Environment and lack of support. They have AA (Alcoholics Anonymous) stuff for alcohol and NA (Narcotics Anonymous), but nothing for tobacco. We need a support group to get through this.*

Suggestions for helping people quit smoking include taxation, smoking cessation programs and products, and making Jackpot Casino a smoke-free building. Ideas to prevent youth from smoking include making tobacco products less visible in the C-Store and providing activities for youth.

## **E-cigarette use**

According to participants, youth use e-cigarettes more often than regular cigarettes. Because the health effects of e-cigarettes are not yet known they are not viewed as negatively as regular cigarettes, and ‘vaping’ (smoking e-cigarettes) is viewed as a cool activity among youth in the community. One participant thought that youth are enticed by the flavors and intrigued by e-cigarettes because they are electronic and battery-operated.

*Smoking [used to be] glamorous; I guess now it's vaping.*

## **Recommendations**

Based on findings from this focus group, Southwest Health and Human Services might consider:

- Partnering with the Lower Sioux Health Care Center to provide additional mental health supports for Lower Sioux residents.
- Working with the Redwood Area School District to provide mental health services, specifically for American Indian youth.
- Providing parenting classes to help parents to model healthy behaviors and make healthy decisions for their children.
- Offering group fitness activities and corresponding child care at the Lower Sioux recreation center.
- Providing funds for children’s athletic equipment.

## *Recommendations (continued)*

- Working with community partners to organize a weekly or monthly farmer's market during the summer months.
- Working with the C-Store to provide some healthier food options and to adjust their product placement so that flavored tobacco products are less visible.
- Continuing to support policy systems, and environmental (PSE) initiatives for long-term health outcomes.
- Collaborating with community to create and sustain community gardens and provide educational opportunities for community members to learn gardening and food preparation and preservation skills.
- Connecting existing resources/services to the community in a culturally appropriate manner.

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## **Wilder Research**

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451 Lexington Parkway North  
Saint Paul, Minnesota 55104  
651-280-2700

[www.wilderresearch.org](http://www.wilderresearch.org)



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For more information about this report, contact  
Anna Bartholomay at Wilder Research 651-280-2701.  
Author: Anna Bartholomay  
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