

# Menominee Nation Community Collaboration

## *Interconnected Causes, Resources, Responses*

### Introduction

The Menominee Nation convened the Community Collaboration Workgroup in 2010 to improve the health and academic achievement of the children of the Menominee Nation. The impetus for the Workgroup was a 2000 report by the Department of Public Instruction (DPI) that identified the Menominee Indian School District as a School Identified For Improvement (SIFI). Additionally, the Menominee Nation also faces significant health challenges, including high rates of premature death and obesity.

Using a DPI school improvement grant, the school district implemented a school reform model based on a local adaptation of the *Bridges Out of Poverty* framework. *Bridges Out of Poverty* is a model for economic and social change, sustainability, and stability. It is designed to inspire innovative solutions to counter poverty and its effects at all levels in a community. This framework allowed the Menominee Nation to address school performance by considering the assets and needs of the community at large. Since schools are the “eyes into the community,” any model for school reform must, in the view of Menominee leaders and community members, address issues in schools as well as community settings. The Menominee Nation further adapted the *Bridges Out of Poverty* model to create the “Menominee Model,” a college and career readiness program that encourages students to build a plan to reach their education and career goals. The school district has made great strides and has since been taken off the *SIFI* list.

Building on this holistic approach to improving school performance, the Community Collaboration Workgroup decided to focus on increasing rates of high school graduation and literacy, along with reducing childhood obesity. The creation of the Workgroup, and its choice of childhood obesity as an initial focus area, reflects the view of key community leaders that the root causes of poor school performance, poor health, and

### Fast Facts

**Community/Organization:** Menominee Nation Community Collaboration Workgroup

**Problem/Issue:** High rates of obesity, high rates of high school non-completion, low literacy rates.

**Impact:** Since the formation of the Community Collaboration Workgroup there is a newfound sense of community, leadership and control.

**Differentiating Feature:** Menominee Nation utilizes a 90-day implementation plan, which holds people accountable, creates short-term successes and momentum.

**Leaders/Lead Organization:** The lead organizations are the Menominee Indian School District and the Tribal Health Clinic.

other social problems facing the community are all connected, and so too must the solutions be connected. Childhood obesity was chosen as an initial priority because there was local data that could be used to support initiatives; it was a broad focus area that would touch a wide array of local agency programs; and it was considered by community leaders to be “safe” to discuss. Focusing on childhood obesity also proved to be a useful framework for health improvement efforts, as a wide array of health issues are caused or exacerbated by obesity.

To create a “new form of accountability,” and to bring a broad and diverse group of community representatives to the table, community leaders developed a comprehensive grid that maps existing Menominee Nation and community resources and initiatives against the indicators of health evaluated in the *County Health Rankings*. The *County Health Rankings* framework assesses Health Factors (health care, health behaviors, social and economic factors, and physical environment) and Health Outcomes (morbidity and mortality).

Menominee Indian School District was the first agency to put its programs, initiatives, and activities on the grid. The Tribal Clinic soon followed. This started a chain reaction, and the rest of the agencies in the Menominee tribe and local community followed their example. Today, the grid includes more than 19 pages of current and potential initiatives that are linked to The grid also includes current stakeholders and potential stakeholders responsible for implementing the initiatives.

Perhaps most importantly, the *Bridges Out of Poverty* model permitted the community to view its challenges with school performance and health holistically by seeing them through the lens of the historic trauma which continues to affect the entire Nation. This perspective also supports community-wide approaches to improvement.

## **Results**

Since the inception of the Community Collaboration Workgroup, there has been a renewed sense of community, leadership, and local control in the Menominee Nation. The Workgroup used grant money to engage a facilitator, conduct a strategic planning process, and develop a framework for 90-Day Implementation Plans. These short-term action plans provide a high degree of internal monitoring and tracking of activities. The Workgroup has realized immediate short-term successes, including planting apple orchards and providing healthy snacks to go home with students each weekend. The plan holds the Workgroup and its partners accountable and creates tremendous momentum.

## **Identified Themes Supporting the Community Collaboration’s Success**

*Partnerships/Connections* –Members of the Community Collaboration Workgroup observed that the community is taking ownership for addressing its health and educational challenges by improving them through shared efforts, rather than expecting any one organization to do it all. School achievement and child health can be improved simultaneously by coordinating the efforts of community leaders and organizational

resources across focus areas. By focusing on the health and well-being of children, the Community Collaboration Workgroup has leveraged the community's belief that all children on the reservation are the community's children. This shared vision has allowed the Workgroup to break through many of the turf issues that existed historically. Members of the Workgroup also commented on the importance of building on existing relationships and social capital to drive a common agenda of health and well-being for the community's children.

*Action Plan* – The 90-Day Implementation Plans support accountability for progress and create tremendous momentum.

*Framework/Model* – The Menominee Nation has adapted the *Bridges Out of Poverty* model to its own circumstances and needs. The model supports the Menominee Nation's efforts to address socioeconomic challenges by drawing on the cultural and environmental richness of the Menominee community. The model also allowed for a new perspective on children's school performance and health. Rather than blame or punish, the Workgroup has concluded that if the problem is truancy, the root cause is not truant children, but truant families who need to be reengaged in how they can support their children's success in school. In the case of children and families not keeping up with well-child care at the health clinic, the model helped the Workgroup to observe that trust has to be built with the patient by communicating the goals of the clinic in supporting healthy children and healthy families.

## **Challenges**

*History* – The history of the Menominee Nation plays a pivotal role in the health and well-being of the community. The tribe's official designation as a sovereign nation was terminated by the federal government in the 1950's. While the Menominee Nation's sovereignty has since been restored, Workgroup members observed that the Menominee people are still healing from this significant, traumatic event. Today's challenges of poverty, obesity, and school performance need to be understood within their proper historical context.

*Evaluation* – While a lot of data has been collected, there are not currently sufficient resources to analyze this data. The Workgroup knows they will need to demonstrate their success to funders in order to secure additional resources to continue their efforts. They are hoping to develop a collaboration with faculty at UW-Madison to design an evaluation plan and measure the success of their new childhood obesity initiative.

*Funding* – The limited amount of funding to support the efforts of the Workgroup is a significant challenge. According to members of the Workgroup, it is the largest gap in being able to sustain and create new health improvement initiatives. Workgroup members also observed that as helpful as grants are, money alone cannot address the unique situation of the Menominee Nation.

## **Next Steps**

The Community Collaboration Workgroup is currently working to sustain their implementation of the adapted *Bridges Out of Poverty* model. The College of Menominee Nation is also looking to replicate the Menominee Model at the college level. This would include the opening of a career lab where parents and students could go to work on college and financial aid applications.

There is also hope that the successes and trust developed through the obesity efforts might enable the community to take on more sensitive population health issues such as alcohol use.

## **For More Information**

To learn more about Bridges Out of Poverty, visit <http://www.bridgesoutofpoverty.com>.

To learn more about the Menominee Nation Community Collaboration, contact Jerry Waukau, Menominee Indian Tribe of Wisconsin, Health Administrator, [jerryw@mtclinic.net](mailto:jerryw@mtclinic.net) or Wendell Waukau, Superintendent, Menominee Indian School District, [wwaukau@misd.k12.wi.us](mailto:wwaukau@misd.k12.wi.us).