Dear Principal Chief Hoskin,

As provided by Executive Order 2021-7-CTH, I am proud to submit the attached report, which contains the recommendations and findings of the Cherokee Nation Task Force on Physical Wellness. Over the course of the past year the appointed Task Force's participants have worked diligently to gather information and develop plans that ensures the Cherokee Nation Public Health and Wellness Fund not only meets the needs of our citizenry, but is also sustainable for generations to come.

Members of the Task Force include: Lisa Pivec, Senior Director of Public Health; Howard Paden, Cherokee Language Executive Director; Aaron Emberton Cherokee Nation Senior Advisor for Education; and Kevin Stretch, Cherokee Nation Community & Cultural Outreach Director. The Task Force also relied heavily on the expertise of Public Health Administrator Julie Deerinwater, whom we are grateful for her hard work and dedication. As Senior Advisor for Public Health at Cherokee Nation and leader of the Task Force on Physical Wellness, it has been an honor to work closely with knowledgeable and caring professionals who truly have the Cherokee people's best interest and bright future at heart.

Throughout this year-long process, we have researched data provided by Cherokee Nation's public health team as well as engaged Cherokee families, community leaders and elected officials concerning the wellness needs in their respective areas. We have also reviewed the availability and effectiveness of wellness programs currently provided by the Cherokee Nation, as well as identified areas within the tribe's 7,000 square-mile-reservation that have the greatest developmental need for wellness programming and education.

With your leadership and commitment to a holistic approach for wellness, we are certain the lives of Cherokee Nation citizens throughout the reservation will be improved and sustained. Collectively, we thank you for the opportunity to be a small part of such essential work that will serve our Cherokee people going forward. The Task Force on Physical Wellness will continue to focus on planning and enhancing programs as new health and wellness projects develop.

If you have any questions or concerns, please do not hesitate to contact me at 918-797-4747 or email canaan-duncan@cherokee.org.

Wado,

Canaan Duncan

Sr. Advisor, Public Health

FINAL REPORT TO PRINCIPAL CHIEF CHUCK HOSKIN, JR.

FROM THE TASK FORCE ON PHYSICAL WELLNESS

June 2, 2022

Introduction: Cherokee Wellness Indicators:

Strengthening a culture of health means working together to promote wellness as a shared value. Working together, or gadugi, is inherent to who we are as Cherokee. Cherokee Nation continues to foster collaboration across multiple sectors to improve the health and well-being among our Citizens and Communities. Our collaboration includes education, language and culture, human services, environmental health, school and community health programs, and local and state health departments. Our aim is to lead a community-driven process to create a vision for wellness, identify community assets and resources, and set wellness priorities. Our approach to addressing health inequities is to identify multiple determinants of health - education, economic stability, housing, access to quality healthcare, cultural connectedness, and exposure to trauma - all of which affect our ability to be well. Such a process helps ensure we are making measurable improvements and our services are aligned with tribal, state, and national priorities leading to better health outcomes.

Cherokee Nation is committed to providing an environment on the Cherokee Nation Reservation conducive to optimal well-being. To demonstrate that commitment, Cherokee Nation Principal Chief Chuck Hoskin Jr. initiated progressive legislation to support the infrastructure and service needs in Cherokee Communities. In March of 2021, Chief Hoskin signed the Cherokee Nation Public Health and Wellness Fund designating 7% of non-restricted third party revenues from Cherokee Nation Health Services specifically for building, maintaining, and operating new wellness and addiction treatment centers as well as expanded programs. This is the largest tribally funded program in Cherokee Nation history and will affect our wellness for current and upcoming generations. Cherokee Nation Public Health (CNPH) is a PHAB-accredited public health department working to ensure delivery of the ten essential services of Public Health to Cherokee citizens and communities. CNPH works to maintain and assess these services for quality and relevancy. CNPH analyzes data from primary and secondary sources to inform stakeholders on the health status of Cherokee communities. CNPH programs utilize evidence-based practices for community-based programs as recommended by the Community Preventive Services Task Forces (CPST). CNPH adapts evidence-based interventions to be Cherokee-specific and reflective of our strong self-determination. CNPH recognizes lack of physical activity as a major risk factor for multiple chronic diseases contributing to premature mortality and morbidity among our citizens. We consider increasing access to physical activity a priority for Cherokee communities and recognize access looks different in each community.

CNPH recommends community[1]based approaches that focus on multi-use facilities (either via new construction or via shared-use agreements), activity-friendly routes to destinations, and community-based participatory practices that improve the health of the entire community.

Background

On October 19, 2021, Cherokee Nation Principal Chief Chuck Hoskin, Jr. issued Executive Order 2021-7-CTH, which established the Task Force on Physical Wellness. This Task Force has formally met weekly since its establishment to discuss and evaluate the objectives addressed in the Executive Order

The Executive Order provided the following Objectives of the Task Forces:

- a) Review the Cherokee Nation Public Health and Wellness Fund Act and reports issued therefrom.
- b) Assess the availability and effectiveness of existing Cherokee Nation physical wellness programs.
- c) Assess the availability of physical wellness programs, whether provided by Cherokee Nation or other commercial, nonprofit or governmental entities, to Cherokee citizens across the 14 county reservation, identifying gaps in availability.
- d) Interview stakeholders or conduct surveys concerning availability and effectiveness of existing Cherokee Nation physical wellness programs. Such stakeholders may include program staff, program participants, members of the Council of the Cherokee Nation and other Cherokee citizens.
- e) Make recommendations to the Principal Chief as to enhancing or creating physical wellness programs and construction of physical wellness facilities across the Cherokee Nation reservation.
- f) Make recommendations to the Principal Chief with respect to any reorganization of governmental programs or departments in order to maximize the administration and delivery of programs and resources relating to physical wellness programs.
- g) Make recommendations to the Principal Chief as to the creation of grant programs for Cherokee Nation Community and Cultural Outreach participating nonprofit organizations and other nonprofit organizations that have a substantial impact on Cherokee Nation communities.
- h) Make recommendations to the Principal Chief as to appropriate engagement by Cherokee Nation with public schools to enhance physical wellness resources across the Cherokee Nation reservation

Findings and Recommendations:

a) Review the Cherokee Nation Public Health and Wellness Fund Act and reports issued therefrom:

The Task Force has reviewed the Cherokee Nation public health and wellness fund act and its intent and purposes. The Task Force reviewed the report and are in agreement with the findings including prioritization of locations (areas of greatest need), expansion of the built environment (walking, hiking, and bike trails), and development of master planned communities for wellness (combination of multiple strategies to increase physical activity and wellness in communities).

b) Assess the availability and effectiveness of existing Cherokee Nation physical wellness programs.

Evaluation of current programs supporting wellness should be a priority. The Task Force recognizes the difficulty of examining effectiveness of programing in the realm of public health and physical fitness without proper expertise and access. The Task Force recommends developing evaluation expertise to assess the effectiveness of public health and physical fitness programming. Evaluation is a component of all Centers for Disease Control and Prevention (CDC) projects requiring designated resources. CDC recommends public health and physical fitness programs set aside 10% of their annual budget for the evaluation of program effectiveness. Developing the internal capacity to conduct program evaluation and provide performance improvement is the most cost-effective option. The opportunity to retain those evaluation dollars internally will increase the utilization of the developed capacity and ensure program feedback allows for real time change to programming.

c) Assess the availability of physical wellness programs, whether provided by Cherokee Nation or other commercial, nonprofit or governmental entities, to Cherokee citizens across the 14 county reservation, identifying gaps in availability.

Local health reports including physical activity assets were produced for each Cherokee Nation Council Member. Much of the information was obtained via a community survey and a community inventory of places for recreation/physical activity in November 2019. The Task Force recommends an update of the community inventories and utilization of CN staff to conduct "windshield surveys" to verify assets and ensure all community assets are captured. This updated assessment can assist in additional prioritization of community wellness grants, school wellness grants, and resources allotted for renovation/facility improvements.

d) Interview stakeholders or conduct surveys concerning availability and effectiveness of existing Cherokee Nation physical wellness programs. Such stakeholders may include program staff, program participants, members of the Council of the Cherokee Nation and other Cherokee citizens.

The Task Force administered a community survey to gather input around physical activity, built environment, access to places for recreation, and challenges/supports for utilizing new or existing infrastructure development. The survey captured over 1000 responses from communities across the Cherokee Reservation. To date, the findings from this survey are being analyzed with findings available within the next 60 days and will be included as an addendum to this report.

Key informant interviews with the Tribal Council of the Cherokee Nation are still in progress. Upon completion of the interviews a final report will be issued and included as an addendum to this report.

Cherokee Nation Public Health (CNPH) held Community Stakeholder and Partner Engagement Meetings with more than 50 representatives across multiple sectors to create a vision for health, set health priorities, identify community assets and resources, and identify potential data sources. Representatives included but not limited to education, language and culture, human services, environmental health, school and community health programs, and local and state health departments. CNPH also conducted a community survey to better understand the assets, resources, and priorities for supporting community wellness. Final reports of both key informant and survey data may be found in the Cherokee Nation Tribal Health Assessment Report 2021 and accessed at www.cherokeepublichealth.org.

e) Make recommendations to the Principal Chief as to enhancing or creating physical wellness programs and construction of physical wellness facilities across the Cherokee Nation reservation.

Cherokee language and culture are the foundation of our well-being. All recommendations are consistent with Cherokee values and integration of Cherokee language and lifeways in every aspect of design. This work is a demonstration of our self-determination, leadership, and resiliency. All concepts will be developed in partnership with Cherokee communities and reflect who we are as Cherokee People.

Wellness Facility Model and Site Locations:

 Creation of an inviting gathering place of wellness and hub for community physical activity of all ages. Multi-Use Wellness Facility located near health centers or community hubs with outdoor development to allow for Cherokee traditional games and other outdoor recreational activities; room for Cherokee heirloom seed community garden and gardening classes

- Multi-use facilities or adoption of existing structures subject to renovation and community partnerships for sustainability. Multi-use facilities could include emergency needs such as storm shelters, warming/cooling centers, alternate healthcare sites, as well as sites for community-wide vaccinations (COVID-19, Annual Influenza, etc.) or other public community care needs.
- Development of activities offered in other community locations (classes with portable equipment or use of existing facilities) as part of the wellness center programming. Mobile wellness programs available to local community sites.
- Facility created for multi-use via recreation, fitness and utilizing indoor/outdoor space and open air spaces for community. Facility will maximize indoor as well as outdoor space for social distancing when appropriate.
- Multi-use classrooms for community-targeted interactive wellness classes designed to allow direct access to outside airflow and outdoor exercise space.
- Demonstration kitchens for nutrition classes.
- Area designed for youth activities and childcare including outdoor space for play and splash pad. Development of youth fitness programming and motor skill development.
- Providing office space/classrooms for existing and future employees will allow increased access to community members.
- Development of a multi-use trail system (pedestrian and bicycle) originating at a facility and connecting adjacent facilities (i.e. health center, food distribution, housing authority, other CN services, and community hubs.) Incorporate Bike rental/loan service located at the Wellness Development of additional mountain bike beginner (green) and intermediate (blue) trails branching off main trail into surrounding terrain
- Cross-collaborative initiatives (i.e. Career Services or Commerce classes) centered at wellness facilities to reinforce the concept of health as overall well-being. Initiate programs with career and educational institutions to recruit Cherokee staff preferably from the facility's location/community.
- Inclusion of At-Large citizens in the Wings program (participation in both virtual and in-person races) and development of a mobile application to support wellness incorporating Cherokee Language, Lifeways, and History.

The Task Force recommends the following locations for Wellness Center sites:

- Wilma P. Health Center, Stilwell, OK.
- Amo Health Center, Salina, OK
- Complete remodel and restructure of Male Seminary Recreation Center
- Cherokee Nation Woody Hair Community Center, Kenwood, OK
- Marble City Wellness Facility

The Task Force recognizes that the above list is presently in the planning stage within Administration. The Task Force further recognizes that additional dedicated Cherokee

Nation operated space will be needed in other parts of the Reservation. However, the Task Force concluded that further recommendations for future sites would be depending on a number of variables not presently known to the Task Force, including capital budgets and the impact of wellness programs other than programs directly operated by Cherokee Nation. The Task Force recommends a follow up report on wellness center infrastructure within the next three years.

f) Make recommendations to the Principal Chief with respect to any reorganization of governmental programs or departments in order to maximize the administration and delivery of programs and resources relating to physical wellness programs.

It is the recommendation of the Task Force that Cherokee Nation Public Health operates as a stand alone division, with an Executive Director reporting directly to Cherokee Nation Executive Administration.

Currently, Cherokee Nation Public Health operates under Cherokee Nation Health Services. Public Health focuses on upstream factors often referred to as the Social Determinants of Health (SDOH) that influence wellness in our communities. Its scope includes many sectors such as housing, education, human services, and public infrastructure development to name a few. Public Health serves as a chief health strategist and convener to bring together stakeholders to work collaboratively to protect communities.

There is a role for each Cherokee Nation division to support community wellness. It is recommended that cross-collaborative projects be in place for all Cherokee Nation divisions to work together to achieve collective wellness goals for communities. The Task Force realizes a citizen cannot be fully well while focusing on financial, social, and career obstacles. Likewise, a person who is physically, mentally and spiritually well will be more successful in other aspects of their life. Each wellness facility will be more comprehensive when incorporating programming and resources from each Cherokee Nation division.

The Cherokee Nation has the opportunity to maintain and develop the most comprehensive public health system in the United States. Tribal governments, while varied, have all the services needed to build this system under one umbrella unlike other public health systems. Leading with Cherokee values of inclusion, cooperation, compassion, and a focus on the collective good we are positioned to increase our impact on not only Cherokee people but all those living within the Cherokee Reservation.

The design reflects the uniqueness of CN as a tribal government and supports partnership development and shared services across all CN programs. The design leverages existing

resources while increasing trust, enhancing mutual respect, and creating a collective sense of responsibility for the wellbeing of our Cherokee communities. A system that aligns CNPH to work with all CN programs as well as external stakeholders requires intentional design that operationalizes these concepts.

The Task Force recommends each Cherokee Nation division is given the opportunity to develop wellness related programming within their respective areas. Cherokee Nation Public Health should support each division in developing and attaining resources to pursue wellness objectives and programming.

g) Make recommendations to the Principal Chief as to the creation of grant programs for Cherokee Nation Community and Cultural Outreach participating nonprofit organizations and other nonprofit organizations that have a substantial impact on Cherokee Nation communities.

The Task Force recommends the following for the creation of grant programs for Cherokee Nation Community and Cultural Outreach (CCO) participating nonprofit organizations and other nonprofit organizations that have a substantial impact on Cherokee Nation communities. Cherokee Nation CCO should develop a Notice of Available Funding detailing wellness goals/objectives and appropriate use of funding. Priority should be given to predetermined Language Hubs, developed by the CN Language department. Grant programs shall be administered by CCO with support from the Language Program, Public Health, and other CN divisions.

h) Make recommendations to the Principal Chief as to appropriate engagement by Cherokee Nation with public schools to enhance physical wellness resources across the Cherokee Nation reservation

The Task Force has assessed potential opportunities to engage with public schools to enhance physical wellness. It is recommended that a percentage of Cherokee Nation Motor Vehicle Tax (MVT) funds to schools serve as matching dollars for those schools seeking investments in wellness facilities and/or programming. Cherokee Nation Education Services should develop a Notice of Available Funding detailing wellness goals/objectives and appropriate use of funding. Wellness grants currently administered to schools by CN Public Health could be combined with this program to offer a streamlined process for schools. Grant programs shall be administered by Education with support from the Language Program, Public Health, and other CN divisions. Additional recommendations include prioritizing shared-use agreements, quality daily physical education, food sovereignty projects, mobile wellness programs as after school activities, and support of school wellness programs and policies. Support for these efforts should include seeking external federal and private funding for school systems, supporting school system direct funding applications to funding sources, and providing support for strategic wellness plans for schools with emphasis on the communities of greatest need.

Report Summary:

Immediate Recommendations:

- Establish a full-time team of staff to lead project management and planning that represents both design experts and Cherokee community outreach and engagement staff
- Develop plans to refurbish and expand existing trails in areas with highest vulnerability scores.
- Develop plans to construct Wellness Centers in the areas with highest vulnerability scores with priority areas in Adair, Northern Sequoyah, Southern Delaware, Eastern Mayes, Cherokee, and Eastern Muskogee.
- Determine potential partnerships for shared-use agreements for existing facilities in communities (i.e. schools, community buildings, etc.) as part of a new Cherokee wellness branding strategy (ex: Vision: Together...Community, Family, Culture) such as Active People, Healthy Nation SM. Active People, Healthy NationSM is an initiative led by the CDC to improve the health of 27 million Americans by 2027 by increasing their level of physical activity. Shared-use agreements used while long-term plans are developed or construction underway.
- Multi-media campaign for physical activity and wellness with the objective of informing communities about evidence-based strategies in common language. This can help manage expectations and provide explanation for decision making on use of funding.
- Ensure implementation of lower impact strategies or low resource-intensive programming to support above immediate actions.
- Initiate planning for activity-friendly designed communities (master-planned communities) in the areas with highest vulnerability scores.
- Develop an evaluation plan consistent with short, intermediate, and long-term outcomes. Cherokee Nation will be a model for other tribal governments and communities across the country. Evaluation will be essential to improving our strategies and quantifying success.
- Work with the Cherokee Nation Roads Department to examine improvement and implementation of safe sidewalks, cross walks, and bike lanes/bike trails throughout the Cherokee Nation Reservation.

Long-term Recommendations:

The Cherokee Nation holds many invaluable resources that are beneficial in terms of overall wellness. Of these resources, land is a significant tool that can be used to develop simple and relatively inexpensive outlets for wellness. It is recommended that Cherokee Nation Natural Resources work with Wellness leadership to develop wellness related activities within tribally owned properties. Examples include:

- Hiking trails
- Biking trails
- Rest/Meditation areas

- Food Sovereignty (i.e. shared crop/gardening on tribal land/support of Cherokee agricultural producers)
- Learning opportunities with Cherokee Nation Medicine Keepers.

The long-term recommendations focus on the development of comprehensive wellness programing and facility development. These should focus on activities for addressing wellness across the life span. It should work closely with health care delivery, education, and all programs available to communities. Reframing the idea of well-being for a comprehensive wellness facility scalable to meet specific community needs.

The above recommendations contribute to meeting the objectives of the Executive Order and interest of Cherokee Nation to maximize the physical wellbeing of Cherokee citizens as part of a comprehensive holistic approach to wellness. For further study, the Task Force recommends the references below, particularly the Cherokee Nation Public Health and Wellness Fund Act LA-12-21 Report.

References

- 1. Cherokee Nation Legislative Act 12-21, Cherokee Nation Public Health and Wellness Fund
- 2. Cherokee Nation Executive Order 2021-7-CTH, Cherokee Nation Task Force on Physical Wellness
- 3. Cherokee Nation Public Health and Wellness Fund Act LA-12-21 Report
- 4. Cherokee Nation Public Health Strategic Plan 2021-2025
- 5. Cherokee Nation Health Services Physical Activity Assessment Report 2019
- 6. Cherokee Nation Tribal Health Assessment Report 2021