

Overview

Menominee Indian Tribe of Wisconsin has over 8,500 members worldwide. The Menominee Reservation, located in Northeast Wisconsin, shares with Menominee County nearly congruent geopolitical boundaries that encompass our 235,523 acres.

Mission

Provide a platform for multi-generational community engagement geared towards holistic health and wellness.



Constituency

- Native Americans
- Ages 15-65+
- Homeless
- Formerly Incarcerated

Local Conditions & Critical Issues Impacting 0-5 Childhood Health in Tribal Communities of WI

Alcoholism & Drug Use/Abuse

Including synthetic marijuana. Tribal members voted to legalize marijuana on the reservation in 2015.¹

Diabetes

Poverty

The unemployment rate (10%) for Menominee County was over two times the state average (4.4%).² The poverty rate for American Indians in Wisconsin was 20%, compared to 12% for the whole state.³ *“It’s tough to have children when you’re struggling to survive every day.”*

“I think that most people understand a lot of our social ills. You know, a lot of them understand that [poor health status, addiction, etc.] come from a much bigger problem. A lot of those things come from lack of identity and knowing who we are, remembering who we are.” –Guy Reiter

Availability of Prenatal & Infant Care Programs/Support on Reservations

Daycare and Headstart Access

Programs are available, but it is difficult for outlying communities to access services on the reservation if they rely on busing, or grandparents to care for 0-5 children.

Key Indicators of Childhood Health for Tribal Communities of WI

35%

of AI/AN high school students started drinking **alcohol** before age 13.⁶

11.1

per 1,000 live births is the rate of infant mortality for AI/AN as compared to 4.7 for whites.⁵



21% of American Indian/Alaska Natives ages 0-5 are **obese** compared to 13.3% for all races.⁴

Menikanaehkem Accomplishments in Wellness & Safety

Retain traditional ways on the reservation—

religions/societies include Big Drum, Western Lakota, Medicine Lodge; language revitalization; collect the knowledge, teachings and wisdom of elders
“[We don’t have] access to get out and do these things culturally, to go pick berries, and culturally to go pick medicine, and to do a lot of the things that we did a long time ago. First of all you need gas to get out there and second of all you need the knowledge to know what to pick and where to pick. A lot of that has been lost and we’re slowly gaining it back, I’m not going to say it’s gone completely away because it still exists here.... I think our bread and butter for sure is our culture and language, so we’re trying to stay as close to that as we can.”

1. Spivak, C. (Aug. 2015). [Menominee tribal members approve on-reservation marijuana use](#). Milwaukee-Wisconsin Journal Sentinel.
2. 2008 Demographic Supplement to The Facts & Figures Handbook. Menominee Indian Tribe of Wisconsin Facts and Figures Reference Book. <https://www.menominee-nsn.gov/CulturePages/Documents/FactsFigureswithSupplement.pdf>
3. American Indian health in Wisconsin, 2015 Release from the Wisconsin Family health Survey. www.dhs.wisconsin.gov/publications/p01094.pdf

Current Wellness & Safety Efforts

- **Food Sovereignty & Obesity Prevention**—administering a food sovereignty assessment grant (the food sovereignty movement fights for the right to health, culturally appropriate, ecologically sound, and sustainably produced food).⁷

“We’re centered or kind of rallying around food sovereignty and obesity prevention...it’s one of those things that’s a symptom of another problem, a much bigger problem. We’ve been doing a lot of cultural revitalization, a lot of events that are food related, but also not just processed food...when we put on an event...we tell people that...‘we’re natural people and we want natural foods, and let’s eat natural foods.’ We’ve been doing that for about a year. But now it’s got to the point that people don’t even ask anymore, they just bring good, really nutritious food: natural food. One of the last feasts we had was a wild game feast, we had everything from beaver to rabbit to squirrel to turtle to deer, it was amazing!”

- **Culturally congruent civic engagement and voter education**—candidate forum in native language



Community Defined “Best Practices” to Improve Childhood Health

- **Intergenerational, collectivist, “whole family” approach to organizing**

“All of our events for the most part, are family friendly. It’s not one population we’re trying to talk to, we need all of them! We get a lot of guidance from a lot of our elders, and that was one of the things that we always kind of prided ourselves on was to have that representation of not only the elderly and middle aged people but also our youth. Some of our members have babies now and now they’re coming to our feasts and our events and it’s pretty exciting to see it. We’re trying to help the whole family, not just one age group out of that family, we want all of them. A lot of people and a lot of organizations here on the reservation focus on an age group. I think when you read a lot of studies and you understand the way that our culture operates, we do better in a collective... in collectivism than we do in individualism. We benefit a lot better that way, working together, working side by side. But I think when it comes down to helping our youth, you also need to help their moms and dads and grandmas and grandpas if it’s needed. Sometimes our kids are really just a really good mirror to what the community is; they’re acting out what they see every day.”

- **Using a non-Western approach that encourages deep understanding in order to uplift community**

“[Our resilience] may not show up on a report that’s done when you look at us from a Western filter to think about what is healthy and what is rich. We’re rich and healthy in so many other ways that other communities are poor in...I get to see my community almost in a sense like standing on my head, I see the grassroots, I see how powerful our community is and how beautiful it is, rather than looking at it from the directors’ or administrators’ or even legislators’ point of view looking down. I work with a lot of PhDs and a lot of academia in my job. Some of them are pretty close colleagues and friends of mine. I always try to tell them, and I’ve told them many a time ‘if you don’t know our history, if you don’t even know our creation story, I don’t know how you can help us. You don’t know anything about us, there’s no way you can help us.’ ... It’s hard to get the big funders to recognize and realize what really matters in some of our indigenous communities.”

Allies Working on Children’s Health

- Maehnowesekiyah Wellness Center—Gresham, WI <http://www.menominee-nsn.gov>
- Menominee Tribal Clinic—Keshena, WI <http://mtclinic.org/>
- Menominee Tribal School—Neopit, WI <http://mts.menominee-nsn.gov/>
- Head Start/Early Head Start & Daycare—Keshena & Gresham, WI <http://www.menominee-nsn.gov>



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Culture of Health: [RWJF Video](#)

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Psychology Applied
Research Center

Loyola Marymount University

 **the praxis project**

1. Community Health Data Profile: Michigan, Minnesota, and Wisconsin Tribal Communities, 2010. Great Lakes Inter-Tribal Epidemiology Center, Great Lakes Inter-Tribal Council, Inc. 2011.
2. Annual Wisconsin Birth and Infant Mortality Report, 2015. <https://www.dhs.wisconsin.gov/publications/p01161-16.pdf>
3. Wisconsin Epidemiological Profile on Alcohol and Other Drugs, 2016. Wisconsin Department of Health Services. <https://www.dhs.wisconsin.gov/publications/p4/p45718-16.pdf>
4. U.S. Food Sovereignty Alliance. Food Sovereignty. <http://usfoodsovereigntyalliance.org/what-is-food-sovereignty/>