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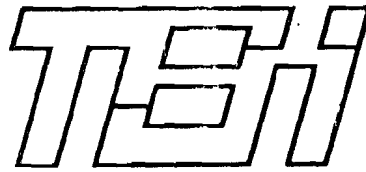
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FINAL REPORT

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MENOMINEE TRIBE HEALTH CARE PROGRAM PLANNING

Prepared For:

Menominee Restoration Committee
and
Indian Health Service

Contract No. HSA-105-74-9

April 25, 1975

ABSTRACT

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MENOMINEE TRIBE HEALTH CARE PROGRAM PLANNING

The purpose of this project was to design a health care program and implementation plan for use by the Menominee Indians in Wisconsin. This plan will assist the Menominee Tribal leaders in securing financial aid from the Indian Health Service, the Bureau of Indian Affairs, the State of Wisconsin, and others.

As a consequence of federal legislation restoring tribal status to the Menominee Indians, IHS is charged with responsibility for providing health care benefits and services to the tribal population. To obtain financial support for new or additional services and for improving existing services where inadequate, IHS must have timely, detailed documentation of the health care needs of the Menominee Tribe.

Central to the project was the assessment of tribal health care needs and the evaluation of available services and facilities. Alternatives were formulated for adding and modifying services and facilities; a plan was designed for putting these recommendations into effect. Actual implementation of the plan was beyond the scope of the project.

Data on health care needs and available services both from on-site investigation and interviews as well as secondary sources were compiled. Health service needs were compared with available effective services to determine the nature and magnitude of unmet needs and the corresponding requirement for services. Finally, a plan was developed for instituting needed services.

The project resulted in specific recommendations that indicated what health services are needed, how they could be financed and organized, when they could be instituted, and how responsibility for administering the services could be allocated.

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EXECUTIVE
SUMMARY

FINAL REPORT

MENOMINEE TRIBE HEALTH CARE PROGRAM PLANNING

1. EXECUTIVE SUMMARY

1-1: Conclusions and Recommendations

Investigation and comparison of Menominee Indian health problems with health services available to deal with these problems led to the following conclusions:

1-1-1: Primary care (outpatient care) is available to serve the Tribe in either Menominee, Shawano, Oconto, or Langlade Counties.

1-1-2: Utilization of available primary care services is not adequate to correct health problems.

1-1-3: Major barriers to obtaining services include:

- A lack of transportation to the services;
- A lack of educational programs to inform the Tribal members of how, when, and why they should seek health care or alter their normal activities; and
- A perceived prejudicial treatment at existing health service facilities.

1-1-4: Secondary care (inpatient care) is available in cities in adjacent counties that are within 30 minutes travel time from any point in Menominee County. Specialized inpatient services are offered in Green Bay, Wisconsin. Menominee utilization of these facilities approximates 3,360 visits yearly. Menominee utilization of hospital facilities in surrounding counties was considered when hospital development plans were designed.

1-1-5: Long-term care is available in adjacent counties.

1-1-6: Health care delivery to the population is fragmented in that the community lacks a program that unifies existing services to ensure that an individual is directed to all the services required to upgrade his health status. This fragmentation is particularly evident in matters of health services and health-related programs such as those designed to ameliorate socioeconomic problems.

- Services

The outpatient facility will provide four primary areas of health care services including dental care, field health programs, outpatient services, and a pharmacy for dispensing medications. Supporting these primary services are an administrative function for managing the facility operation, a health records section, a housekeeping/maintenance function, and a clinical laboratory and radiology section for diagnostic support.

The major activities of the dental care section include routine and emergency care and dental educational programs. Field health programs include the Community Health Representative (CHR) program, alcohol and drug abuse programs, mental health services, nutrition, and health education activities, sanitarian services, public health services, and patient transportation activities. Outpatient services offer medical exams, simple treatments and procedures, referrals, and follow-up activities. Finally, the pharmacy will provide prescribed medications and special equipment for outpatient facility users.

- Financial Considerations

Various alternatives were proposed for financing the outpatient facility, program staffing, and equipment and associated costs. The major recommendation is that an incorporated, nonprofit health care organization be created to operate the program. It is further recommended that the Menominees elect to own and operate the outpatient facility. Hill-Burton funding should be pursued for financing the facility with support for matching money to be requested from the Indian Health Service (IHS). To facilitate the budgetary process, financial requests for staffing and equipping the facility can be grouped and requested all at once. This would remove some of the burden of estimating equipment delivery dates, staff hiring dates, etc. Nonrecurring costs, i.e., those that require financing to build the structure and initiate operation, will be approximately \$1,400,000. Most of the financing for this will be provided through Hill-Burton and existing Public Law 151 funds. Recurring costs, i.e., those required to operate the facility and programs on a continuing basis, will reach nearly \$1,600,000 annually at the projected 1990 level of health

care delivery. Currently, about a third of this amount is provided to the Menominees by agencies such as the IHS to operate existing health service programs in Menominee County.

In addition to funding mentioned above, costs for the Menominee County Sanitation Program which were projected from a previous, separate survey are documented in Section 7-3-3.

- Implementation

The onetime funding process discussed above has implications in the sequence of implementation activities. Rather than gradual program build up consistent with the population size served, the entire plan is anticipated to be implemented as quickly as possible. As such, there are no provisions made in the implementation schedule for gradual acquisition of human and equipment resources. The general implementation schedule is as follows:

<u>Activity</u>	<u>Date</u>
Approve and Announce Plan	4th Quarter FY 75
Complete Corporation Charter	4th Quarter FY 75
Retain Architect	4th Quarter FY 75
Recruit Program Director	4th Quarter FY 75
Develop Staffing Plans	4th Quarter FY 75
Inform Funding Agencies	1st Quarter FY 76
Prepare Funding Applications	1st Quarter FY 76
Submit Applications	1st Quarter FY 76
Prepare Supplementary Reports	2nd Quarter FY 76
Prepare Organizational and Job Descriptions	3rd Quarter FY 76
Finalize Construction Plans	3rd Quarter FY 76
Break Ground	4th Quarter FY 76
Open Facility	3rd Quarter FY 77

1-2: Summary of Key Findings

1-2-1: Health Problems

It was determined that the health problems of the Menominees are, in large part, inextricably related to the socioeconomic status of the Tribe. (These socioeconomic factors are discussed in Section 1-2-3.) The major health problems identified are summarized (but not in order of severity) on the following page. These are problems that exist due to gaps in health services and/or low utilization of existing health services

2. INTRODUCTION

2-1: Purpose and Rationale

Recent federal legislation authorizing the restoration of the Menominee Indian Tribe of Wisconsin also avails to them benefits and services provided by the Indian Health Service (IHS) of the Health Services Administration (HSA). To discharge these responsibilities, IHS has developed a health care program for the tribe which is based upon a detailed analysis of their health care needs. The study was undertaken to research and evaluate tribal health problems and the availability of health services, followed by the design of the health care plan and an implementation schedule for an adequate health services delivery program.

The objectives of this study were to:

- 2-1-1: Assess the health problems of the Menominee Indian Tribe;
- 2-1-2: Assess the availability and accessibility of existing medical care services;
- 2-1-3: Review existing plans and proposals for new program development or expanding existing services;
- 2-1-4: Analyze the availability of health services vis-a-vis the existing state of tribal health;
- 2-1-5: Design a health care plan providing for establishment of needed services and programs as well as overall coordination of existing and proposed services; and
- 2-1-6: Provide a framework to facilitate the indoctrination and implementation of the proposed health care program that includes consideration of the timing of implementation, scheduling, and monetary allocations during implementation.

2-2: Scope

The study, 'Menominee Tribe Health Care Program Planning', encompasses:

- 2-2-1: The health care needs, attitudes, and priorities of members of the Menominee Tribe residing in Menominee County, Wisconsin,

and in the adjacent Counties of Shawano, Langlade, and Oconto;

- 2-2-2: The existing health care programs in and around Menominee County, Wisconsin, which serve tribal members;
- 2-2-3: The development of a health care delivery plan for enrolled Menominee Tribe members; and
- 2-2-4: The implementation plan and financial considerations associated with initiating a health care plan.

3. STUDY METHODOLOGY

3-1: Information Collection

3-1-1: Tribal Health Problems

The population approach was chosen for describing the state of health of the Menominee Indians residing in Menominee County, Wisconsin, and the adjacent counties of Shawano, Langlade, and Oconto. This approach analyzes, by sex and age groupings within each, the physical problems and related factors (e.g., attitudes, perceptions, etc.) affecting the utilization of health delivery systems.

Information gathered on health and related socioeconomic problems, where possible, were categorized by sex and the following age groupings:

- 0 to 5 years of age
- 6 to 14 years of age
- 15 to 44 years of age
- 45 to 64 years of age
- 65 years and over

The collected information describing health and related problems was divided into the following general categories:

- Morbidity Statistics
- Mortality Statistics
- Birth Rates
- Accident Incidence Rates
- Length-of-Stay in Re-Admissions to Health Care Services
- Indian Versus Non-Indian Disease Incidence

Information was collected through: interviews with health services personnel and administrators; review of available local, state, and federal health statistical compendiums; and on-site data collection activity.

Several techniques were used to collect data regarding the Menominee population. Whenever possible, published data and statistics were used. This data included special Wisconsin Legislative studies, U. S. Census Reports, Indian Health Service data, and records that are maintained by the Counties and Tribal agencies. The office records of the National Health Service Corps physician were also sampled. This sampling on every fifth record involved a tally by age, sex, and chief complaint. A special computer sort and print-out was performed using Wisconsin Health Department data regarding inpatient experience. All Menominee County residents hospitalized during two sample months (March and September, 1973) were computer-sorted by the final diagnosis of an admission (ICDA-8 Diagnosis Groups) and by the facility where hospitalized.

A community survey was prepared for response by the Menominees to elicit information regarding health problems and needs. These data were to be used to compare perceptions of health problems and needs with the quantifiable findings. The return rate by the Menominees was so low (2%), however, that statistical comparison could not be attempted.

3-1-2: Existing Service Resources

Prior to on-site data collection, a listing of health care resources was compiled by the Menominee Restoration Committee for use by Transaction Systems Inc. (TSI). This preliminary list assisted in initial contact with many health service resources who, in turn, suggested other resources for investigation. Each type of resource was categorized into one or more of the following service delivery modes:

- Inpatient

Services provided in short-term acute care facilities (general hospitals).

- Outpatient

Ambulatory care typically delivered in a hospital clinic, private clinic, or physician's office.

- Emergency

Systems for providing rapid on-the-scene emergency medical services, transportation, facility, and follow-up care.

- Dental

Preventive, diagnostic, restorative, and educational services aimed at reducing oral disease.

- Maternal and Child

Services provided to expectant mothers prior, during, and after parturition, plus care of the new-born.

- Family Planning

Services that provide family planning, counseling, and birth control information and devices.

- Mental Health

Services provided for drug and alcohol abuse, mental retardation, general psychiatric problems, and special problems such as episodic crises.

- Long-Term

Home health, long-term institutional, and rehabilitative services.

- Public Health

Health care screening, maintenance, and educational services provided through local, state, and federal appropriations.

Questionnaires tailored to each of the above service modes were designed and used in the conduct of interviews. Data was gathered from various documents published by local, state, and federal organizations.

Where available, the following kinds of data were collected as descriptors of health service utilization by Menominees:

- Scope of Service
- Staffing Patterns of Service Organization
- Patient Load Statistics
- Referrals
- Policies and Procedures of Service Organization
- Financial Aspects of Obtaining Services

3-1-3: Other Supportive Data

Additional data relating to the provision of health and related services to Menominees were collected to augment the service resource and health problem data. Demographic data collection included: population statistics, migration trends, educational attainment, population projections, employment rates and fluctuations, housing, transportation, and disability information.

Relevant legislation describing the background and final provisions of the Menominee Restoration Act (PL 93-197) was compiled. State legislation describing emergency medical service provision and regulation, health care planning, and other specifics were also collected.

Reports of public and private agencies that analyzed various aspects of Menominee County were collected and used as data sources where applicable. Typical types of reports included: health facilities inventories, statistical abstracts, annual reports, expenditures, and development plans.

3-2: Analysis of Health Problems and Services

3-2-1: Health and Socioeconomic Problems

Data, as identified in Section 3-1-1, was collected from various sources to quantitatively describe those health and social problems affecting the Menominee population. Wherever possible, disease and social problem indices were expressed as a rate per 1,000 population. In many cases

3-3: Development of Alternatives

The unmet health needs were used to structure the development of a set of alternative approaches for amelioration of Menominee health problems. Rather than proposing entire health care plans, it was considered more effective to offer individual alternatives (i.e., projects, programs, etc.) for consideration of possible correction or problem areas. Selected alternatives were synthesized into the best and most applicable plan for the Menominee population.

Three groupings of alternatives were proposed to incorporate the major considerations of health care planning. These groups are Program-related, Facility-related, and Financial System-related alternatives. Program-related alternatives are those that involve services required to meet the health needs (unmet demand due to non-existent or non-utilized services) of the population. Facility-related alternatives are those that address a facility for providing needed health care services. Financial System alternatives are those that involve the financing of the establishment and/or maintenance of a health care system.

About ten specific alternatives which vary in sophistication and approach to health problems were considered in each group. These alternatives were then analyzed by the consultants as to the potential advantages and disadvantages of their implementation, and each alternative was subsequently rated by the project group.

3-4: Alternative Selection

The three groups of alternatives were documented and delivered to the Restoration Committee for review and consideration. As the result of several meetings between the Restoration Committee and TSI, a set of alternatives were selected by the Restoration Committee. These alternatives formed the basis for the health care program development process discussed in the following section.

3-5: Health Care Plan Development

The alternatives chosen by the Restoration Committee were integrated into a health care plan for the Menominee Indians. The plan was divided into five functional groups to facilitate its use by the Tribe. These groups and their content are discussed in subsequent paragraphs.

3-5-1: Services

The health needs and types of programs discussed in Section 3-2-3 were translated into feasible service delivery mechanisms. The scope of services provided by these health care delivery mechanisms was defined, as was the organizational structure of each service.

3-5-2: Facilities

The facility alternative chosen by the Restoration Committee was synthesized into a plan by a joint effort of IHS and TSI. A facility plan (not an architectural design) was developed that indicates space requirements and desirable equipment for those services identified previously.

3-5-3: Staffing Projections

While developing the health services required for the Tribe, the staffing patterns of each service were derived by standard population staffing assumptions (type and numbers of medical personnel required for standard population sizes). The numbers of each type person for the various health services, of course, were taken into account during the facility space requirement development.

3-5-4: Financial Considerations

Various strategies for implementing and maintaining the health care facility and its services were proposed so that the Restoration Committee can pursue an appropriate strategy if the local or national political environment changes with respect to health care financing.

3-5-5: Health Care Plan Implementation

A reasonable and achievable health care plan implementation strategy was developed to serve as a guide for the Tribal health administrator in realizing the planned components. A network model describing the interdependencies and sequence of events was also developed to serve as a visual aid for the implementation process.

HEALTH
CARE NEEDS

4. HEALTH CARE NEEDS OF THE MENOMINEE PEOPLE

4-1: Menominee Characteristics

Before specific health and social problems can be discussed, a history of the Tribe, a description of the land, and a discussion of the socioeconomic status would provide insight into understanding how the Menominees have gone from a largely self-sufficient Tribe to a poverty-stricken county.

The following sections are an excerpt from a report prepared by the Bureau of Indian Affairs (BIA) at the direction of the House Committee on Appropriations in May of 1970. This House Committee directed the BIA to submit a report to both this Committee and the House Interior and Insular Affairs Committee before March 31, 1972. The data is primarily based on the United States Census of 1970 and special Indian studies. Although this data is somewhat old, more recent data has not been compiled to the level of detail contained in this BIA report. Certain current data were available from interviews, program reports, and census information, but comparison among these data is not statistically valid because a variety of calendar periods are represented in these sources.

4-1-1: Tribal History

'Aboriginal Menominee land stretched across several million acres in the lower part of Northern Michigan and Northern Wisconsin, from Lake Michigan to the Mississippi River. They called the region Weese-coh-seh, "a good place to live in." Like many Indians, the Menominees were rooted in their land. Their main food staple was wild rice - a direct and immediate product of their lands and waters. Hunting and fishing were important aspects of the tribal economy. Their religious life revolved around spirits of the earth, the sun, thunder, and mythical underground and underwater creatures. Truly, the Menominees were a people of the land - physically, emotionally, and spiritually.'

'Over the years, from their first contacts with the Frenchman Nicolet in 1634, Menominee land has been under pressure from other peoples. First, from other Indians during the fur-trading period between 1668 and 1815, then from white settlers and lumbering interests, continuing to this day. As pressures mounted, a series of treaties beginning in 1820 reduced the aboriginal land holdings of the Menominees.'

Finally, the Treaty of 1854 gave the Menominees possession of twelve townships lying along the Wolf River - their present location. In 1856 two of these townships were ceded, with compensation, to the government for use by the Stockbridge and Munsee Tribes. For over one hundred years, from 1856 until termination in 1961, the Menominees steadfastly and successfully resisted all efforts to further reduce their land holdings. They were one of the few tribes who did not allot their land. The one thing they felt held the Tribe together was their land, and they meant to keep it.

Shortly after termination in 1961, land sales were initiated by Menominee Enterprises, Incorporated. [MEI], as a means of acquiring investment capital and of increasing the tax base. Once again after more than one hundred years, Menominee land was being sold to non-Menominees. This dissipation of the land base necessitated by the property tax is one of the major causes of frustration faced by the Tribe.'

'The Treaty of 1854, establishing the Menominees on their present lands, provided for the building of a sawmill to supply lumber and logs for local housing. It was a very small operation. In 1872, a tribal lumber camp was organized. Operations involved cutting "dead-and-down" timber and river-driving the logs to mills outside the reservation. During the first season about 12 million feet of pine were cut and driven to mills down the Wolf. Operations were suspended and started several times, suspension coming supposedly as a result of efforts of the "pine ring" -- white lumbermen. In 1890 Congress authorized the cutting of standing timber. Between 15 and 20 million feet of timber was cut annually under this arrangement. In 1905 a serious timber blowdown in the western part of the reservation led to the installation in 1909 of a large tribal sawmill and lumber manufacturing plant at Neopit. Sustained-yield forestry, as a method, was begun in 1908 under the provisions of the LaFollette Act, the act directing the Secretary of the Interior to build and operate sawmills on the reservation. Dead-and-down timber and fully matured and green ripened timber was to be cut, not to exceed 20 million board feet annually. The first comprehensive timber cruise of the reservation in 1914 indicated a timber stand of about 1.3 billion board feet. The cutting program was increased to 22 million board feet, 2 million of which were to be forest by-products, leaving unaffected the 20 million feet of sawlog volume.

From 1908 until 1918 the cutting plans were administered by the U. S. Forest Service. Thereafter, until termination, the cutting plans were managed by BIA foresters. Since termination, cutting has been directed by Menominee Enterprises foresters, in consultation with the U. S. Forest Service and the Wisconsin Department of Natural Resources. The forest management plan at termination recommended an annual cut of 30.3 million board feet for the first 15-year cutting cycle based on a stand of 1.3 billion feet and an annual growth of 28.7 million feet. This figure has been revised up and down by later cutting plans since termination.'

'Agricultural uses of tribal land were once fairly widespread throughout the Menominee Reservation, mostly on a family subsistence basis. The Menominees, even under considerable pressure, never took enthusiastically to farming, and many of the formerly cultivated areas were abandoned prior to termination as the people gradually moved to the wage economy provided by the forest industry. At termination, there were six families actively farming. Five remain, using about 1,275 acres. Additional acres are used by about 120 other rural families for homesites and subsistence gardening.'

4-1-2: Menominee Land and Physical Characteristics

'Today, Menominee County consists of 233,902 acres designated in five general use types as shown in Table 1.

Table 1. Menominee County - Land Use, 1971

Land Use	Acres
Agricultural (including rural homesites)	2,450
Forestry	220,050
Residential and industrial	1,800
Recreational (including lake lots)	6,500
Other (major roads, etc.)	<u>3,102</u>
Total	233,902

The county is blessed with good supplies of high-quality surface and subsurface waters. More than 80 natural lakes contain over 4,000 surface acres. There are 300 miles of clear, flowing streams, most of which contain trout.'

'While the towns of Keshena and Neopit have modern municipal water systems, severe maintenance problems have been reported for the systems. Deep wells provide ample, dependable supplies of water throughout the county.'

- Transportation

'There are only forty-one miles of hard-surfaced all-weather State highways which intersect and run through the county in a general north-south and northwest-southeast direction. There are 54 miles of all-weather county trunk roads, and 80+ miles of town roads. Menominee Enterprises maintains a private system of 120 miles of mainstem logging roads, and an additional 1,500 miles of lesser logging roads and fire trails. These are available for use by the public.

Overnight trucking service is available to Milwaukee and Chicago, and one-day service to Minneapolis-Saint Paul. REA [E]xpress and United Parcel Service are available in the county. Bus service is available at Shawano on a twice-daily basis.

Railway freight service is provided by the Soo Line Railroad through Neopit on a twice-daily basis. The Northwestern Railroad is less than 30 minutes away at Antigo and Shawano.

Air passenger and freight services are available at Green Bay and at Wausau-Stevens Point with many flights daily via North Central Airlines. Airports at Antigo and Shawano provide charter and private plane services. Many Menominees do however, have difficulty in reaching these locations.

- Communications

In 1974-48, the Menominee Mills established a dial system telephone service for the Menominee Reservation area, with toll interconnections with state and interstate services.

The system was sold in 1964 to the Urban Telephone Company of Clintonville, Wisconsin. A no-toll interconnection has been established with Shawano. Today, only 36% of Menominee homes are currently subscribers within Menominee County.

Mail service from Neopit and Keshena is on a once-a-day pickup and delivery basis, with rural deliveries to outlying areas. One-day service is common to Milwaukee, Madison, and Chicago.

Most locations receive television from stations in Green Bay and Wausau. Several local radio stations are operated in surrounding counties. There are none, however, in Menominee County.

Police, fire control, and logging operations are served by short-wave radio, on wave lengths connecting where necessary with surrounding authorities.

- Electric Power

Prior to termination, electric service was provided to Keshena and a small surrounding area by a small hydro plant supplemented by auxiliary service from Wisconsin Power and Light. At Neopit, service was provided by a small hydro plant, again supplemented by Wisconsin Enterprises [and] was sold to Wisconsin Power and Light in 1962, who now supplied electric power to the county from a modern multiple service transmission system. Thus, prior to termination, the Tribe could supply most of their power needs. [Today, Wisconsin State Power serves part of the county, and REA serves South Branch.] However,...[i]t is reported that many Menominee families cannot afford electricity at the higher Wisconsin State Power Company rates[, and s]ome have had to return to kerosene lamps.

- Schools

Prior to termination, one public elementary school supported with Johnson-O'Malley funds was maintained at Neopit. Two parochial elementary schools were operated at Neopit and Keshena by the Franciscan Mission. High school students were bussed to Antigo, Shawano, and Suring on a tuition basis.

After termination, Menominee County became a part of Joint School District No. 8 (Shawano County) for public school purposes. A public elementary school was built under a Federal grant at Keshena in April 1961. Today, two public and parochial elementary schools operate at Keshena and Neopit. High school students are bussed to Shawano or Gresham. A breakdown of Menominee County school enrollment is presented in Table 2 for comparative purposes.

Table 2. Menominee County School Enrollment - 1961-62 and 1969-70

	1961-62	1969-70
Senior and Junior High Schools (grades 7-12)	267	
Senior High School (grades 9-12)		226
Elementary Schools		
Public	228	619 ^{1/}
Parochial (Grades 1-8)	<u>410</u>	<u>282</u>
Total	905	1,127
<u>1/</u> Includes Pre-School		

The shift of elementary students from parochial to public schools is probably caused by:

- (1) Cessation of tribal financial support for parochial schools, and
- (2) More non-charge services for students in the public schools.

Training in vocational schools is provided outside the County at Antigo, Wausau, and Green Bay. It is expected in the future that Menominee residents will be using almost exclusively the facilities at Antigo.'

- Financial Institutions

'The Menominee Loan Fund, formerly the BIA credit program, was organized in 1957 to provide consumer credit to Menominees on the official tribal roll. As of August 30, 1971, the fund had loans outstanding of \$222,000 with about \$60,000 available for additional loans. All loans are approved by a five-member board of trustees appointed by the trustees of MEI. Loans are secured by real estate, MEI bonds, and wage assignments.

A [Keshena] branch office of a Shawano-based bank...[has closed].... Other banking and lending organizations are located in the nearby towns of Antigo, Gresham, and Shawano. The U. S. Department of Agriculture's Farmers Home Administration, with local offices at Shawano, provides housing and business loans to Menominee County clients who otherwise cannot obtain credit on reasonable terms. The FHA has 90 loans outstanding to Menominee County clients mostly for home construction and home improvements. The Small Business Administration has averaged only one loan per year to businesses operating in Menominee County since 1961.'

- Water and Sewer

'Improvements in the sewer and water systems serving Neopit and Keshena were completed by the U. S. Public Health Service in 1969 at a cost in excess of \$1 million. Extensions and laterals have been installed to provide service to nearly every residence and commercial facility in these two towns. It is important to note that the disposal systems do not have the capacity to serve large-scale industrial or commercial developments. This presents a major obstacle to possible economic development in Menominee County. In fact, the District is now operating under a State anti-pollution order calling for substantial improvements in waste disposal facilities. Funding the needed improvements is a matter of grave concern to county and town officials.

Ownership of the systems has been transferred from MEI to the Town of Menominee. The systems have since been organized as a Sanitary District under Wisconsin law.

The sanitary district is having problems in collecting sewer and water bills and the Town of Menominee has been subsidizing the District to enable it to meet operating costs. Here again the lack of a strong economic base due principally to the property tax makes a self-sustaining water and sewer district, only a future possibility.

The sawmill operation of MEI is the one main industry now operating in Menominee County. While attempts have been made to induce other industry into the county, none of considerable size has been established before or since termination in 1961. The total number of Menominees employed in the mill is approximately 186. Prior to termination the mill was a stable economic success. However, since termination, growth has been unsteady and high property taxes make its future uncertain.

Several reasons have been cited why more industry hasn't moved into the county. The one most commonly expressed has been the high taxes that a new industry would have to pay; secondly, until 1969 the official status of the local government in the area was undecided. It was not until December 1969, that the state legislature gave final approval for Menominee County to officially become the 72nd county of Wisconsin. Other reasons given why industries haven't looked too favorably toward Menominee County are: 1) the county has had a high rate of tuberculosis; 2) sewer and water facilities are limited; 3) lack of housing and company personnel; 4) lack of support services[;] and 5) lack of immediate availability of skilled laborers.

Although there have been some new businesses established in Menominee County over the past few years, none have been large enough to provide full employment for the number of unemployed or underemployed people in Menominee County. The Menominee unemployment rate in 1971 averaged approximately 26%. Some of the industries started in Menominee County include Intrinsic Corporation, a home construction company; Forestedge, an MEI enterprise to capitalize on the building supply industry created by home construction on Legend Lake; a cooperative store; grocery store; filling stations; and other small businesses. Recent contracts have been negotiated through HUD which...permit[ted] the construction of 66 housing units by Forestedge....'

- Entrepreneurship and Managerial Development

'One of the measures of community development is the degree to which the local people move into positions of management in operating their own affairs. Since termination, only a few Menominees have assumed more of the responsible management positions in county government, in MEI management, and in the operation of their own small businesses within the county.

The number of Menominees in MEI management has increased slightly from 22 in 1961 to 28 in 1971, and the number of non-Menominees declined from 11 to 6 during the same period.

In 1971, there were 30 privately owned businesses in the county compared to 8 in 1961. Of the 8 businesses in 1961, 6 were Menominee-owned and 2 were owned by non-Menominees; while 19 of the 30 in 1971 were Menominee-owned (2 of the 19 were owned by non-Menominees married to Menominees) and 11 were non-Menominee owned. While the actual number of Menominee-owned businesses has increased the percentage has not.

During the 10 year period from 1961 to 1971, the number of Menominees holding county and town office positions increased from 7 to 10. The entire increase has been the increased number of Menominee women being elected to public offices. The number of non-Menominees holding county offices decreased by 1 during the 1961-1971 period.'

4-1-3: Socioeconomic Status

'...[T]his section provides information on income, education, housing, ..., and other social and economic indicators of the Menominees....

'The data for Menominee County residents were taken from the 1970 census reports and from published and unpublished material from county, state and federal agencies. No special surveys were made of Menominee County residents.

- General Population Characteristics

During the decade between 1960 and 1970 the Menominee County population held constant with counts of 2,606 and 2,607 respectively. This followed the decline of 342

during the previous decade from the 1950 census count of 2,948. Since Menominee County did not exist as a separate county prior to 1961, the population counts for 1950 and 1960 were derived from appropriate census division data for Oconto and Shawano Counties.

There were 2,306 Indians recorded in Menominee County by the U. S. Census in 1970 along with 292 whites, one Negro, and eight of other races. The Indians in Menominee County comprise 88.6 percent of the total Menominee County population thereby making it the county with by far the highest Indian concentration in Wisconsin.

Even though the population held constant, Menominee County experienced a relatively high rate of outmigration during the decade between 1960 and 1970. The average migration rate was a minus 29.2 per thousand per year, or minus 29.2 percent for the 10-year period. This was made possible by a high birthrate which was considerably in excess of the death rate.

Menominee County had the highest birth rate of any Wisconsin county for the period 1960 to 1970, though the rate declined substantially over the period. Births per thousand population were 43 in 1960 and 28 in 1970. This compares to 25 in 1960 and 17 in 1970 for the State of Wisconsin.

The annual death rate for Menominee County has averaged just over 10 per thousand population, while the State rate has been just under 10 during the last 10 years.

The phenomenon of high outmigration is extremely important to the social and economic conditions of an area. Menominees left the county generally because of poor employment potential, poor living conditions and high property taxes. Usually, the people who leave are those most able to succeed in a new environment. They include the young working age group and those with higher educational and skill levels. The usual result of severe outmigration is a draining away of the most mobile and productive segments of the population. The outmigration does reduce unemployment pressures if job opportunities are lacking.

Table 3 shows the Menominee County population by age and sex. Note the very sharp decline in numbers for the 15-19 year and 20-24 year age groups. These data clearly show that it is the young adults who are leaving the county.

Table 3. Menominee County Population
by Age and Sex, 1970

Age	Total	
	Male	Female
	<u>Number</u>	<u>Number</u>
Under 5	103	191
5 - 9	231	193
10 - 14	197	222
15 - 19	131	121
20 - 24	55	70
25 - 29	49	60
30 - 34	64	63
35 - 39	60	63
40 - 44	44	50
45 - 49	68	46
50 - 54	48	58
55 - 59	66	54
60 - 64	48	40
65 - 69	39	30
70 - 74	16	15
75 - 79	15	11
80 - 84	6	4
85 and over	<u>8</u>	<u>2</u>
Total	1,314	1,293
Median Age	17.3	16.7
Source: U. S. Census, [1970]		

- Employment

Table 4 provides 1970 census data on the labor force in Menominee County.

Table 4. Population 16 Years of Age and Over by Labor Force Status for Wisconsin and for Menominee County Indians

	State of Wisconsin			Menominee County Indians		
	Male	Female	Total	Male	Female	Total
Number 16 and over	1,444,401	1,559,024	3,003,425	583	545	1,128
Number in Labor Force	1,108,584	665,424	1,774,008	340	185	525
Percent in Labor Force	76.7	42.7	59.1	58.3	33.9	46.5
Source: U. S. Census unpublished data, 1970						

...

Of those in the labor force for 1971, the average unemployment for the Menominees was 25.7 versus a Wisconsin average of 5.2%. ^{1/} ...[E]ven higher is the unemployment among young people in Menominee County. Table [5] provides the data.

^{1/} Wisconsin Bureau of Manpower Information

Table [5]. Menominee County Population 16-21 Years of Age Not Enrolled in School by Years of School Completed - Employment Status, Sex

	<u>Menominee County Indians</u>	
	Male	Female
	<u>Number</u>	<u>Number</u>
<u>Employed or in Armed Forces</u>		
Not enrolled in school and not high school graduate	11	0
Not enrolled in school and high school graduate	6	0
<u>Unemployed or Not in Labor Force</u>		
Not enrolled in school and not high school graduate	55	36
Not enrolled in school and high school graduate	16	4
Source: U. S. Census		

Of those not currently enrolled in schools only 17 out of 128 were employed at census time. There is no indication from the census data as to why the youth were not enrolled in school. The table also indicates that a much higher percentage of youth with a high school education were employed.

The census shows that over 22 percent of Menominee County Indians 16 to 64 years of age, not inmates and not attending school, were disabled or handicapped. This compares to 12 percent for the state. Only 14 percent of the disabled or handicapped Menominees were employed compared to 54 percent for the state.

Examination of the occupation of the employed Indians, 16 years of age and over in Menominee County revealed that only 22 percent were employed in white collar positions compared to 43 percent for the state.

Table [6] gives the percentage of the employed population in Menominee County and the state within the two occupation classifications. It clearly indicates a shortage of management skills and experience on the part of the Menominees.

Table [6]. Occupation of Employed Population - 16 Years of Age and Over - 1970

	State of Wisconsin	Menominee County
	<u>Percent</u>	<u>Percent</u>
White Collar	43	22
Blue Collar [<u>1/</u>]		
[<u>1/</u>] Blue collar includes the census classifications of blue collar, farm, and service.		
Source: U. S. Census of Population, 1970		

- Income

The 1970 census provides income data by racial group....

Table [7]. Percent of Households by Income Classes

Income Class	State of Wisconsin	Menominee County of Indians
	Percent	Percent
Under \$1,000	1.6	1.2
\$ 1,000 - 1,999	2.6	7.1
2,000 - 2,999	4.0	9.4
3,000 - 3,999	4.3	13.6
4,000 - 4,999	4.4	7.7
5,000 - 5,999	4.8	17.3
6,000 - 6,999	5.4	16.1
7,000 - 7,999	6.6	5.7
8,000 - 8,999	7.9	7.7
9,000 - 9,999	7.9	5.2
10,000 - 11,999	15.1	5.9
12,000 - 14,999	15.6	3.0
15,000 - 24,999	15.8	-
25,000 - 49,999	3.4	-
50,000 +	0.6	-
Median	\$10,068	\$5,629
Mean	\$11,591	\$5,797
Per Capita Income	\$ 3,158	\$1,028

Source: U. S. Census, [1970]

Data in the foregoing table [7] indicate that about 18 percent of the Menominee Indian families had incomes below \$3,000. The comparable state figure was eight percent. Another 38 percent had incomes between \$3,000 and \$5,999, compared to 13 percent for all state families. No Menominee Indian families had incomes of \$15,000 or more, while 20 percent of all state families did. Nearly 52 percent of all state families and less than 9 percent of Menominee Indian families, had incomes over \$10,000.'

'On a family per capita basis the income differences between Menominee Indians and the state as a whole were wider still. The average per capita income for Menominee Indians was \$1,028 [or] about one-third of the \$3,158 average for the state.

Statistics in Table [8] provide some interesting insights on the situation regarding sources of income in Menominee County.

Table [8]. Percent of Families Receiving Different Types of Income

Source of Income	State of Wisconsin	Menominee County Indians
	<u>Percent 1/</u>	<u>Percent 1/</u>
Wage and salary	86.0	89.1
Non-farm - self-employed	11.1	2.7
Farm - Self-employed	9.1	[less than 1%]
Social Security and Retirement	21.1	7.2
Public Assistance - Welfare	3.2	24.7
All other income	43.5	46.5
<u>1/</u> Percentages will total to more than 100 because many families have more than one source of income.		

Note that less than 3 percent of Menominee County Indian families received income from self-employment, compared to 20 percent for the state. About 7 percent of the Indian families received income from Social Security and Retirement plans, while 21 percent of all state families had income from such sources. Nearly 25 percent of the Indian families received Public Assistance - Welfare income, compared to 3 percent for all state families.

The Social Security Administration has developed a poverty index system based on income, size of family, and cost of living. A ratio of family income to poverty level is calculated; any value below 1.0 representing a poverty condition. Table [9] provides data on poverty levels.

Almost forty percent of the Menominee County Indian families had incomes below the poverty level. This is over five times the state average of seven percent. Looking at the data from a different view, 34 percent of Menominee County Indian families had incomes 1.5 times the poverty level or higher, compared to 85 percent for all state families.

Table [9]. Percent of Families Living Below Poverty Level

Income - Poverty Ratio		State of Wisconsin	Menominee County Indians
		<u>Percent</u>	<u>Percent</u>
Under	.50	2	9
.50 -	.74	2	11
.75 -	.99	3	19
1.00 -	1.24	4	16
1.25 -	1.49	4	11
1.50 -	1.99	11	15
2.00 -	2.99	26	13
3.00 or more		48	6

Source: U. S. Census, [1970]

On the number of people, rather than family basis, 42 percent of the Menominee County Indians had incomes below the poverty level compared to seven percent for the state as a whole.

Looking at the data from a different view, 34 percent of Menominee County Indian families had incomes 1.5 times the poverty level or higher, compared to 85 percent for all state families.

Table [10] provides data on source of income for families with incomes below the poverty level.

Table [10]. Percent of Income by Source, Families in Poverty

Source of Income	State of Wisconsin	Menominee County Indians
	<u>Percent</u>	<u>Percent</u>
Earnings	53	70
Social Security and Retirement	34	3
Public Assistance - Welfare	13	27

Source: U. S. Census, 1970

Of particular interest is the small percentage of Menominee County Indian families receiving income from Social Security and retirement plans.

Relating the poverty index to age shows that 58% of Menominee County Indians over 65 years of age had incomes below the poverty level, compared to 24% for the State.

Income data from the 1960 Census was analyzed to determine changes in income since termination. The Census for 1960 indicates the Menominee County Indian population had a median family income in 1957 of approximately \$3,000 (the analyses ranged from \$2,784 to \$3,330). The median family income for Menominee County Indians rose 88 percent over the decade 1959-1969 to \$5,629, while the median family

income of all the people in Wisconsin rose 36 percent to \$10,068 in 1969. It should be noted however, that even though the percentage increase was greater for the Menominee County Indians than for the State, the actual dollar increase for both the state and for Menominee County Indians was approximately the same. Per capita income rose proportionately, but of course the per capita income of Menominee County Indians still lags far behind that for the state because of their larger families.

- Education

The median grade completed for Menominee County Indians aged 25 years or older was 9.2 compared to 11.9 for the state. This is a very considerable difference as it represents almost a complete high school education. Table [11] provides data on [the] highest grade completed.

Table [11]. Percent of Population (25 years of age and over)
by Highest Grade Completed

Highest Grade Completed	State of Wisconsin	Menominee County Indians
	<u>Percent</u>	<u>Percent</u>
<u>Elementary</u>		
1 - 4	3.2 ^{1/}	3.3
5 - 6	4.0	8.8
7	3.7	2.1
8	<u>18.9</u>	<u>18.1</u>
Total Elementary, only	29.8	32.3
<u>High School</u>		
1 - 3	15.7	43.3
4	<u>34.8</u>	<u>20.8</u>
Total with some High School	50.5	64.1
<u>College</u>		
1 - 3	9.9	3.6
4	5.8	0
5 or more	<u>4.0</u>	<u>0</u>
Total with some College	19.7	3.6
Median grade completed	11.9	9.2
^{1/} Includes 0.9 percent who reported no years completed for the state.		
Source: Bureau of Census, 1970		

Of significance is the statistic that over 75% of the Menominee County Indians remaining in Menominee County in 1970 had completed their education without graduating from high school. This compares with 45% for all people in the state. Also significant is the fact that less than 4% of the Menominee County Indians had any college level work at all.

Census data for 1970 indicates that all or nearly all of the youngsters aged 5-17 were enrolled in school at the time of the census. However, ...over one half of Menominee school children are flunking in one or more subjects. Joint School District No. 8, using data gathered from achievement measures, determined that the children from Menominee County, as they progressed through the primary grades, fell increasingly behind district and national norms....

- Vocational Training

Only 10% of the Menominee County Indians aged 16-64, with less than three years of college, had received some type of vocational training, compared to 25 percent for the State. Of course, this lack of both widespread educational achievement and vocational training combine to greatly impede economic and social progress.

- Housing

The average number of persons per housing unit for Menominee County, at 5.1, is substantially above the 3.2 figure for the state. Contributing heavily to this is the 17 percent having nine or more persons per unit, compared to the 1% for the state in this category. This reflects both a general housing shortage and extreme over-crowded housing conditions for Menominee County residents. [Tables [12] and [13] present the percent of housing units by numbers of occupants and the occupants per room, respectively.]

Table [12]. Percent of Housing Units by
Number of Persons per Unit

Percent of Units						
Persons per Unit	State of Wisconsin			Menominee County		
	Total Occu- pied	Owner Occu- pied	Renter Occu- pied	Total Occu- pied	Owner Occu- pied	Renter Occu- pied
1	17	12	28	11	13	3
2	30	30	28	18	24	2
3	16	15	17	11	6	25
4	15	16	12	10	10	11
5	10	12	7	12	8	25
6	6	7	4	8	7	10
7	4	4	2	8	8	7
8	1	2	1	5	7	0
9 or more	1	2	1	17	17	17
Average Persons per Unit	3.2	3.4	2.7	5.1	5.0	5.3

Source: U. S. Census of Population (1970)

In determining the average number of persons per room, any additional value over 1.0 is considered to represent an overcrowded condition. Table [13] provides data on persons per room.

Table [13]. Persons per Room by Categories for the State of Wisconsin and Menominee County

Persons per Room	State of Wisconsin			Menominee County		
	Total Occupancy	Owned	Rented	Total Occupancy	Owned	Rented
	Percent	Percent	Percent	Percent	Percent	Percent
Under 0.50	51	52	50	24	34	-
0.50 - 0.75	22	21	23	19	16	21
0.76 - 1.00	20	20	21	19	14	34
1.01 - 1.50	6	6	5	18	15	28
1.51 - 2.00	1	1	1	13	15	6
2.00 and over	0	0	0	7	6	11

Source: U. S. Census, 1970

For all units, 38 percent in Menominee County were overcrowded, compared to 7 percent for the State. Forty-five percent of the Menominee rented units were overcrowded, compared to 36 percent of the Menominee owned units.

The median value of homes in Menominee County was reported at \$5,714, [or] about one-third of the \$17,302 reported for the State. The median monthly rent for Menominee County was \$55 compared to \$81 for the State.

Only 57 percent of the total occupied housing units in Menominee County had both complete plumbing facilities and central heating, as compared with 93.5 percent and 87.0 percent respectively for the State. Only 36 percent

Table 14.

Population Characteristics - Total U. S. Population, U. S. Indian Population, IHS Service Population, & Menominee Tribe

	TOTAL U. S. POPULATION	U. S. INDIAN POPULATION 1/	IHS SERVICE POPULATION 2/	MENOMINEE RESERVATION
Median Age of Population.	28.1	20.4	18.6	15.2
Average Number of Persons Per Family.	3.57	4.46	4.83	na
Percent Enrolled in School (8 - 34 Years Old)	54.3	52.9	56.4	66.9
Median School Years Completion.	12.1	9.8	8.2	10.2
Percent High School Graduates	52.3	33.3	29.2	26.0
Percent College Graduates (25+)	10.7	3.8	2.5	-
Median Family Income.	\$ 9,590	\$5,832	\$4,885	\$5,729
Percent of All Persons Under Poverty Level.	13.7	38.3	55.3	38.8
Percent of All Families Under Poverty Level	10.7	33.3	42.7	38.0
Percent in Labor Force, 16 Years and Over:				
Male - 16 Years and Over	76.6	63.4	55.8	55.9
Female - 16 Years and Over	41.4	35.3	31.1	35.1
Percent of Civilian Labor Force Unemployed - 15 Years and Over:				
Male - 16 Years and Over	3.9	11.6	14.6	14.1
Female - 16 Years and Over	5.2	10.2	10.9	4.4
Median Personal Income:				
Male - 16 Years and Over	\$ 7,609	\$3,509	\$2,834	\$3,979
Female - 16 Years and Over	\$ 3,649	\$1,697	\$1,494	\$1,767
Percent Household Occupied by Owner	62.9	49.8	62.9	72.7
Median Number of Rooms.	5.0	4.2	4.4	4.7
Median Percent Per Unit (Owner Occupied Units).	3.0	3.6	4.2	4.7
Percent Structures Built 30 Years Ago	40.6	40.6	39.6	60.2
Percent Complete Bathroom	92.5	72.0	61.1	58.4
Percent No Automobile Available	17.5	29.5	33.8	26.2
Median Value Household Unit	\$17,100	\$9,000	\$5,953	\$5,200
Median Contract Rent.	\$ 89	\$ 73	\$ 74	-

1/ Does not include Aleuts and Eskimos.

2/ IHS Service Population estimated using available data for 11 states.

Sources: 1970 U. S. Census

PC (1)-P-1 U. S. Summary General Population Characteristics

PC (1)-C-1 U. S. Summary General Social and Economic Characteristics

PC (2)-1-F American Indian

MC (1)-B-1 Detailed Housing Characteristics

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4-2: Health Problems of the Menominee Population

This section will discuss both the health-related and the socioeconomic problems of the Menominees. Health-related problems primarily deal with sickness, injury, and congenital problems. Socioeconomic problems are usually the results of poverty, low educational attainment, and unemployment.

Both of these problem types impact on the health status of a population and require that the health system be prepared to work toward solutions. However, it is not really possible to determine whether the social problems create some of the health problems or whether the opposite is true.

4-2-1: Health-Related Problems

Several specific diseases and conditions were found to occur with high incidence among the Menominees. The sources of these disease incidence data are varied. Some data were collected from the existing health service providers (i.e., doctors, clinic records, the public health nurse, school nurses, etc.), some were obtained from records maintained by the State, while others were the results of special Menominee County studies and projects (e.g., Dental Problems). As can be seen from the following discussion, several of the major problems were found to affect the young. Many of these problems can be reduced, alleviated, or controlled through a health program offering a wide range of services.

- Perinatal Mortality

This problem involves the death of an infant from the fifth month of pregnancy (20 weeks gestation) to the 28th day after birth. Between the years 1962 and 1965, the Menominees experienced a deathrate per thousand deliveries of 48.2. Although data showing comparable rates in Wisconsin and in the United States were not accessible, the Menominee rate is felt to be high. In addition, this mortality rate could be decreased through implementation of several health programs involving prenatal care. Actual numbers of perinatal mortality occurrences are available, and the following table shows this data. It is important to remember two points while reading the table: the first is the small population size of the Menominees; the second is the

decrease in population among the Menominees and the increase in population among the other population groups.

Table 15. Perinatal Mortality

	Five-year Averages (actual figures)	
	<u>1963 - 1967</u>	<u>1968 - 1972</u>
Menominee County	4.0	5.0
All Indians	18.8	18.0
Wisconsin	2,384.8	1,717.4

- Infant Mortality

This designation includes the period from 28 days after birth to one year of age. These deaths may be impacted on through both prenatal health programs and the State's Women, Infant, and Children (WIC) nutrition program. Both programs should be encouraged among the Menominee population. Also, the standards for child health care recommended by the American Academy of Pediatrics should be adopted. This group suggests monthly visits for newborns for the first six months and bi-monthly visits thereafter until the infant is one year of age. These visits are used for a health appraisal that includes medical and developmental progress; a physical examination to evaluate physical, mental, and emotional development; detection of deviations; and suitable immunizations and laboratory tests. During these routine check-ups, parents can also be given advice about feeding and nutrition, immunizations, accident prevention, and general counseling regarding child care and specific problems.

The following table shows the actual occurrence of infant mortality for three population groups. As with the previous table, it is important to be aware of the small number problem. That is, although the Menominees show

a small number of infant mortalities, but this number is a significant percentage of the total Menominee births.

Table 16. Infant Mortality

	<u>1963 - 1967</u>	<u>1968 - 1972</u>
Menominee County	4.8	3.4
All Indians	14.6	12.2
Wisconsin	1,774.0	1,239.0

- Otitis Media

This problem, more simply referred to as middle ear infection, was found to be quite prevalent among the Menominee population. As in the general population, the disease was found to exist mainly among children between 0 and 5 years of age. Many reasons have been conjectured for both the Menominee incidence and the rate within the general Indian population. These reasons include personal hygiene factors, exposure to weather, better diagnosis of the problem, increased contact by infants and young children with non-family members, and a change in feeding methods and appliances. There is a hypothesis that the change from breast feeding to the use of bottles has created part of the problem. Apparently, the sucking and change in atmospheric pressure within the mouth when using a bottle may have an impact on the eustacian tube and middle ears of infants. Whatever the cause, the problem of chronic infection with potential hearing loss creates long-range problems for the child. The ability to hear is an important part of normal development. Speech patterns can be delayed or improperly formed if a child cannot hear and repeat what he hears. A child's school life and performance can also be affected by his inability to hear, follow instructions, and participate in the classroom.

Unfortunately, there is no absolute cure for the problem; however, a system of routine exams, a local source for care, and parental instruction regarding the signs and symptoms can help to prevent the long-term damage from untreated ear infections. The following table shows two incidence rates, although the data is not from comparable calendar years, it does give a feel for the problem among the Menominees. The data for Menominee County is a roughly calculated rate using several data sources. These sources included NHSC physician records, public health and school health nurses records, and statistics. This data should be used with some degree of caution as double counting of cases could have occurred.

Table 17. Incidence Rate: Otitis Media

	<u>Year</u>	<u>Rate per 1,000</u>
IHS Indians	1971	110.7
Menominee County	1972 - 1973	275.2

- Respiratory Infection

Although there are many types of respiratory infections, all types have been included in this general grouping. The rate among the Menominees is quite high. The cause of this incidence is unknown. Like ear infections, it could be due to environmental conditions, exposure to weather, or inadequate housing. Or the high rate reported may have resulted from better and more specific diagnostic procedures (e.g., x-rays). The Menominee County data was again assembled from a variety of sources and double counting may have occurred. From a health program standpoint, prevention is probably not feasible. However, treatment on a home basis, medication availability within the county, and education regarding signs and symptoms can be addressed through certain health programs. Among these would be expansion of the role of CHR's, pharmacy service, and education. The following table shows some

comparable rates for Menominee County and the State of Wisconsin. The numbers are rates per 1,000.

Table 18. Comparable Rates: Respiratory Infections

	<u>Rate</u>
Menominee County	173.5
State of Wisconsin	22.3

- Diabetes

This disease can be of juvenile or maturity-onset types but the data does not differentiate between them. However, based on the data that shows the prevalence primarily among the population over 45 years of age, it seems to be a safe assumption that the majority of the cases are of the maturity-onset type. The major hazard of the problem is not the disease itself, but the complications that can result. A lack of understanding regarding the disease and the demands it makes for good hygiene, proper nutrition, self-testing of urine samples, and medication-taking on a prescribed and routine basis, can result in loss of eyesight, limbs, and even death. Some authorities feel that although the disease may occur to some degree in most older people, it is one disease that can be controlled as far as complications are concerned.

Data on disease incidence among Menominees was obtained by sampling the NHSC physician's records. However, in a preliminary review of this data with Tribal members, they felt that the actual incidence was much higher than the statistical evidence showed. In fact, some Tribal members could name numerous family members and friends who have diabetes. Again, this problem is amenable to several health programs. Education of both persons with the disease and family members would help prevent the 'out-of-control' phenomenon. General education and routine testing with specific age groups should help find

the new diabetics before they reach the hospitalization-required stage. The CHRs could also be used to routinely check on known diabetics for urine testing results, diet adherence, and personal hygiene. Because diabetics who are 'out-of-control' can be mistaken for inebriates, it would be wise to provide the known diabetics with the MEDICAL ALERT bracelets.

- Alcoholism

This problem is prevalent among the Menominee County population. The reasons are far too complex to even try to address in this study. Whatever the causes, the problems of the alcoholic should be considered within a comprehensive health program. The counseling service offered by the Wolf River Council on Alcoholism should be merged into the health program. Programs for both alcoholics and the people they affect (families, friends, employers) can be partially addressed through counseling and educational programs.

The following table shows the incidence rate per 1,000 for Menominee County and for the United States as a whole:

Table 19. Incidence Rate: Alcoholism

	<u>Rate</u>
Menominee County	60.0
United States	40.0

- Dental

According to estimates from special dental studies based on evaluation of school-aged children, 82% of the children between 5 and 15 years of age were in need of dental care. At the current time, dental service is being provided by a NHSC dentist in Keshena. However, a review of his records indicated a high 'no-show' rate. Educational programs directed toward the importance of dental

health on general health could be helpful in reducing this 'no-show' rate. Dental care may be considered by most Menominees as either unimportant or as a luxury within the County. Certain reasons can be hypothesized for the high incidence of care needs among the young including: a high carbohydrate (starches and sweets) diet for reasons of economy; lack of toothbrushes and toothpaste for each child; a lack of emphasis by parents for daily brushings; or lack of fluoride within the water system.

- Other Health Problems

The health problems discussed above are the most severe problems affecting the health of the Menominee Tribe. There are several other health problems that are not as significant in severity or incidence but are still problems that should be emphasized in the development of a health care program. These health problems include:

- Congenital Abnormalities
- Infectious and Communicable Diseases
- Accidents
- Vision Problems
- Obesity
- Drug Abuse

4-2-2: Socioeconomic Problems That Relate to Health

Several problems that relate to the health problems are technically social or economic problems. However, due to the cause/effect relationship between health and socioeconomic problems, both types must be considered within the context of design of a health problem. It should be remembered, however, that the purpose and emphasis of this study is health, thus the potential solutions to socioeconomic problems are limited.

The major problem within the County is poverty. According to 1970 data, the per person income a year was \$916.00. The health problems on which housing, sanitation, and

nutrition have an impact are complicated by this income level. The acceptance of the recommendation for an out-patient facility may provide poverty relief for some Menominees. The chances are that the people who would have the skills required for employment within a health facility may already be employed. Nevertheless, some of the younger Tribal members (high school age) may be able to fill some of the clerical positions. As far as possible, the unemployed person having the skills (or the ability to achieve them through training) should be hired before trained persons already employed outside the County. Within the health education activities, programs should be planned that will enable the people to maximize their income through volume buying, food preparation ideas, and other such economics.

Unemployment is another problem. In 1972, the rate in Menominee County was 26% while the Wisconsin rate for the same year was 2.1%. The high rate of joblessness naturally contributes to the poverty problem. This unemployment rate may relate to the low educational attainment level. The median school years completed within the County is 10.5 years; 75% quit prior to high school graduation. These three problems become a triad, one leading to the other. If one does not have a basic education, then one cannot get a job and, therefore, is poor. Somewhere the pattern must be broken, and education seems to be the logical starting point. But if we remember the health problems of ear infections and vision problems, how many of the younger members of the population drop out of school because they have not been able to hear since first grade and they are hopelessly behind, discouraged, or made to feel inferior? Or how many correctable vision problems are not found, and again the child cannot keep up with the class or has constant headaches? Poverty and the lack of adequate nutrition may also contribute to the high drop-out rate. Without sufficient food intake or intake of an inappropriate diet, a child may not have energy resources sufficient to allow concentration on the learning process.

Two specific problems that may be decreased within the context of health programming are the ones of illegitimacy and multiparity. Between 1968 and 1972, 33% of the births were out-of-wedlock, while 50% of these births were to females less than 20 years of age. A young

pregnant girl may not have prenatal care for a variety of reasons, and this lack of care can contribute to both the perinatal and infant mortality rates. Also, statistics have shown that the young pregnant girl is a high risk patient, both in regard to her health and to the health of the fetus. Infant mortality is high among infants born to mothers under age 15 and over age 44 and among infants who are sixth or higher in order of birth. Thus, multiparity (numerous pregnancies) also has an impact on the neonatal/infant mortality problems. In Menominee County, 25% of the average births between 1968 and 1972 were to mothers with six or more previous live births. Prior studies also have shown that women in rural and lower socioeconomic groups tend to have more children, start childbearing earlier, and continue childbearing later than women in higher socioeconomic groups. Thus, high neonatal and infant mortality rates may reflect both biologic and socioeconomic conditions. These problems can be addressed in two ways. The first, is by providing adequate prenatal care and risk screening programs for all pregnant women. This would include not only medical care but also educational and social services available throughout the pregnancy. The second is the availability of birth control techniques, devices, and medications to those who choose to employ them. Also, discussions, counseling, referral, or performance of both female and male sterilization procedures and abortion referral should be within the health planning activities.

Another socioeconomic problem that impacts on health is overcrowded housing. In 1970, there were 519 occupied units and 2,607 people or 5.02 persons (median) per occupied unit. Health data for 1972 showed a rate of communicable diseases (excluding tuberculosis) among children 0 to 5 years of age of 102.8 per thousand. This high rate may well be related to overcrowding and exposure of the young to numerous persons. Also, in crowded housing, it is impossible to isolate the person suffering from a communicable disease. Some of these cases of communicable disease may be diseases for which vaccines are available (measles, mumps, etc.), but because routine checkups and immunization clinics are not easily available, the children are exposed to and contract preventable diseases.

HEALTH SERVICE
RESOURCES

5. HEALTH SERVICE RESOURCES

5-1: Introduction

This section will present an inventory of the health care service resources in and around Menominee County, Wisconsin. These resources (programs, facilities, etc.) are categorized in various modes of health and related social service delivery. Existing service resources will be described to include their range of services, staffing patterns, operating policies and procedures, utilization by Indians, and financial aspects. As stated in Section 3-1-2, services were categorized as Inpatient, Outpatient, Emergency, Dental, Maternal and Child, Family Planning, Mental Health, Long-Term, and Public Health.

The inventory of health service resources utilized by the Menominee Tribe are presented in the following section according to service category.

5-2: Health Service Resource Inventory

5-2-1: Inpatient Services

There are five major inpatient facilities within a 50-mile radius of Menominee County that are utilized by Tribal members. Examination of 1973 hospital discharge records indicated that an average of 50 Menominees a month used inpatient services with an average length of stay of 5.6 days. Payment for services rendered was predominantly by third-party groups with health insurance, Medicare, and Medicaid leading all other forms of reimbursement. The hospitals discussed below are presented in descending order of relative utilization by Menominees.

- Shawano Community Hospital

This facility is a general acute care hospital with an 80-patient bed capacity. It is located about 15 miles from the two major population centers in Menominee County. There are 16 active physicians and 24 RNs associated with the hospital. Of the total staff of 135, three are Menominee Indians. Most general acute care services are offered, but complicated orthopedics and obstetrics, neurological and psychiatric care, and chest surgery cases are usually referred to St. Vincent's Hospital in Green Bay, Wisconsin. The hospital operates

around-the-clock and has an emergency department but lacks an intensive care unit. In 1973 Menominee utilization of the hospital averaged 36 patients per month.

- St. Vincent's Hospital

This hospital is located in Green Bay and is the major referral center for the Northeast Wisconsin area. Many specialty medical services are offered by this facility and its staff. It has a 517 bed capacity with a 1973 average daily census of 377 patients. Menominee utilization of this facility in 1973 averaged six patients per month.

- Bellin Memorial Hospital

This inpatient facility is also located in Green Bay. It offers all the general acute care services, but Menominee utilization is primarily for alcohol detoxification and public education programs for children. Bellin Memorial Hospital has a bed capacity of 244, with a 1973 average daily census of about 190 patients. Average monthly use of the facility by Menominees was about five per month in 1973.

- Langlade Memorial Hospital

This hospital is located in Antigo, Wisconsin, about 25 miles from Menominee County. The bed capacity is 112, with an average 1974 daily census of 78 patients. About 15 physicians are on the hospital staff, including two specialists. The average utilization by Menominees is four patients per month. This utilization has increased since 1974 and may continue to increase due to increasing numbers of referrals by the Menominee County National Health Service Corps (NHSC) physician. Some of the increase will reflect a shift away from Shawano Community Hospital. Most admissions to the hospital are because of obstetrical-related complications.

- St. Mary's Medical Center

This Catholic-owned hospital is a general acute care facility located in Green Bay. Menominee utilization is

is slight, with only one or two Indian patients in an average month. St. Mary's Medical Center has 138 beds with an average 1974 daily census of 100 patients. No Menominees are employed by the hospital.

5-2-2: Outpatient Services

Of eight outpatient facilities in and around Menominee County, four are associated with the hospitals summarized above. Three outpatient clinics are proprietary facilities that offer a variety of ambulatory care services, and one clinic is operated by the Menominee County National Health Service Corps physician. Payment for outpatient services rendered is either by health insurance, Medicare, or self-payment.

- Hospital Associated Outpatient Clinics

Shawano Community Hospital, St. Vincent's Hospital, Bellin Memorial Hospital, and St. Mary's Medical Center all have outpatient clinics that offer a wide range of outpatient services but experience low utilization by Menominees. Menominees that do use these clinics are generally referred for specialized ambulatory care services not available in the other outpatient facilities.

- Marsh Clinic

The Marsh Clinic is a privately-owned general practice facility located in Shawano. Five physicians, with a complement of support personnel, staff the clinic in the clinic's five and one-half day work week. No Menominees are on the clinic staff, but utilization of the facility by persons who identify themselves as Menominees approximates 60 to 80 visits* per month. Total monthly office visits for all patients is around 400.

- Cantwell - Peterson Clinic

This clinic is another proprietary general family practice facility located in Shawano. Eight physicians plus support personnel comprise the clinic staff. Most of the

* Numbers of 'visits' is separate and distinct from number of 'patients', e.g., ten regular patients of a clinic may make fourteen visits to that clinic.

Tribal members who use this facility come to this clinic for specific complaints and not for routine care. Menominee Indian utilization is around 100 office visits per month out of a total of about 500 monthly visits to the clinic.

- Antigo Medical Clinic

The Antigo Medical Clinic is a private, general practice outpatient facility located in Antigo, Wisconsin, about 25 miles from Menominee County. There are six physicians at the clinic, and it operates on a five and one-half day weekly schedule. Very few Menominees use this facility, which has a total monthly case load of around 400 patients.

- NHSC Physician

The NHSC physician assigned to Menominee County maintains a general practice clinic in Neopit. This facility is staffed by the physician and an LPN and is open on afternoons each weekday. About 200 Menominees go to the clinic monthly, making this facility the Tribe's most heavily utilized ambulatory care clinic.

5-2-3: Emergency Services

The Shawano Ambulance Service provides emergency care treatment and transportation for Menominee County. The Shawano Community Hospital maintains a basic emergency department for diagnosis and treatment of emergent medical conditions. The resources of the Shawano Ambulance Service include 13 vehicles and drivers trained according to Department of Transportation 81-hour standards. This ambulance service makes about 75 calls a month of which nearly one-third are in answer to Menominee requests for service.

Currently, there are two Menominees in training for their Emergency Medical Technician certificate. Menominee Enterprises Inc. maintains one ambulance for work-related emergencies. There are plans underway that will establish an areawide Emergency Medical Services system in the Northeastern Wisconsin Health Planning District, of which Menominee County is a part. Funding for the project includes a Robert Wood Johnson Foundation grant. It is

not anticipated that the system will be implemented until July, 1975. At present, no equipment has been obtained for use in this program.

5-2-4: Dental Services

The primary dental care resource utilized by Menominees is the National Health Service Corps dentist, whose practice is located in the Keshena courthouse. The dentist and receptionist staff the clinic at present. All typical dental procedures are provided except orthodontic treatment and oral surgery. The clinic operates on a 40-hour work week and sees about 200 Menominees monthly. Payment for services is primarily third-party reimbursement with some self-payment.

A school dental health screening program was proposed in 1974 when it was found that the children of Menominee County were not obtaining adequate dental care. A program to begin in January, 1975, was funded under the aegis of the Wisconsin Division of Health to provide essential dental services for the children of low-income Menominee families. However, barriers to execution of the program were caused by local school officials. It is anticipated that the screening program may begin again in the Fall of 1975 and will probably include all of the Northeastern Wisconsin Health Planning District.

5-2-5: Maternal and Child Services

The Public Health Nurse in Menominee County administers the Women-Infants-Children (WIC) Program funded through the State Health Department. This program provides nutritious food to pregnant or nursing women, to babies, and to children under the age of four. The intent is to improve the health of babies and their mothers before and after birth. The program budget for 1974 was approximately \$65,000.

5-2-6: Family Planning

The Menominee County Public Health Nurse also provides limited family planning services for Tribal members. About \$1,500 a year is provided to fund this service. In 1974, 168 persons received family planning counseling from the Public Health Nurse. Each person requesting such services pays about \$20 for an initial medical examination

and an additional \$20 to \$30 a year for contraceptive materials. About two follow-up visits per year are made by each person receiving family planning services.

5-2-7: Mental Health Services

Menominee County has two mental health service resources at present: The Menominee County Health Care Center and The Wolf River Council on Alcoholism. These programs provide assistance to Tribal members having drug, alcohol, or mental health problems. Currently, there is a proposal underway to combine all alcoholism, drug abuse, and mental health services into one function. This proposal is requesting about \$250,000 for providing inpatient care, day services for developmental disabilities, program staffing, counseling services, and other related costs. The two existing mental health services are described below in their present configurations:

- Menominee County Health Care Center

This program is a branch of the Marathon County Health Care Center, a comprehensive community mental health treatment facility. The Menominee County Health Care Center is a recently implemented mental health counseling service providing assistance to Tribal members who are drug or alcohol abusers or have mental health problems. The newness of this program makes it impossible to describe the services provided to Tribal members. It is envisioned, however, that counseling, therapy, and hospitalization services will be provided under the direction of this program. The full services of the Marathon Center are available for Menominees who require long-term or intensive therapies in mental health-related problems.

- Wolf River Council on Alcoholism

This program is a referral, information, and counseling service. It is under contract with the 51.42 Board of Menominee County to furnish comprehensive services to alcohol and drug abusers and their families who seek or need help. It also coordinates and facilitates hospital admissions for inpatient treatment when appropriate. The program is funded by Public Law 61-616 and

administered by the State Council on Alcohol and Drug Abuse. The 1974 funding level for the program was \$32,500. Currently, there is a program director, a drug and alcohol counselor, and several volunteer counselors staffing this program. The active case load is around 85 patients, each of whom are seen by the counselors once a week for follow-up care.

5-2-8: Long-Term Care Services

There are three long-term care facilities around Menominee County that are used by Tribal members. Menominee utilization of these facilities is low. The three facilities, all in Shawano County, are the Evergreen Nursing Home, Shawano Convalescent Center, and the Maple Lane Health Care Facility, with bed capacities of 90, 118, and 120, respectively. Menominee utilization averages about six to nine patients at any given time in each facility. It is noted that patient load increases seasonally with a greater number of Menominee patients staying during the winter months. These facilities provide both skilled and limited care services and are staffed by RNs and appropriate support personnel.

5-2-9: Public Health Services

There are three programs/services that fit the traditional concept of public health services - the Public Health Nurse, the Community Health Representatives, and the Public School Nurse. Two other programs, the Community Action Program and the Division of Social Services, provide monies and non-medical (transportation, health information, etc.) services related to the delivery of medical care to qualified Tribal members.

- Public Health Nurse

This program, sponsored by the Wisconsin Department of Health, is staffed by an RN, a secretary, and a part-time maternal and child care nurse (discussed earlier in Section 5-2-5). The major effort of the Public Health Nurse is home visitation for a plethora of causes. In 1973, 1,339 family home visits were made to Menominee families. In addition to the maternal and child program and the family planning services discussed

earlier, the Public Health Nurse administers a Venereal Disease Control Grant (\$268 for FY 1974), a regular immunization program, a loan service for orthopedic equipment, and screens patients for TB, hearing, and vision problems.

- Community Health Representatives (CHRs)

There currently are three CHRs in Menominee County providing general medical counseling pertaining to accessing appropriate services. The concept is based on personalized medical service system education and access. Typical services provided under the aegis of this program include nutrition counseling related to diabetes and obesity, arranging health care appointments for Menominees, and providing means for transporting Menominees to health care resources.

- Public School Nurse

This program is aimed at screening and referring Menominee County school-aged children to appropriate follow-up care. This program is a joint effort of the Public School Nurse and the Public Health Nurse. Services provided by the program include school lunch program review and planning, immunization clinics, TB skin testing, and vision and hearing testing.

- Community Action Program

This program, formally under OEO administration, is currently under the direction of the Restoration Committee. The services of this program include 'elderly' outreach services, transportation services for needy Tribal members (presently a monthly volume of about 125 trips) provided by volunteers, and compilation and dissemination of county social and economic statistics. This program is staffed by a director who is assisted by two support personnel.

- Division of Social Services

This state program employs ten persons: a director, six social workers, two homemakers, and a social service aide. About 90 percent of the case load (approximately 160 per social worker) are members of the Menominee Tribe. This translates to about