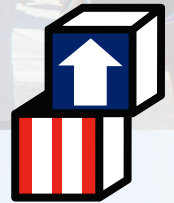


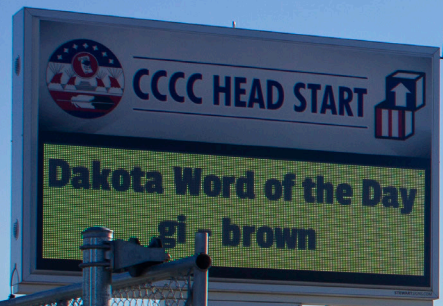


CCCC HEAD START

Spirit Lake Tribe



# 2021 Community Needs Assessment





## **Cankdeska Cikana Community College Head Start 2021 Community Needs Assessment**

November 10, 2021

Pat Conway, Danielle Myers-Wilson, Sarah Olimb, and Cynthia Lindquist

**Acknowledgements:** Cankdeska Cikana Community College Head Start family and staff shared their experiences and ideas to inform this assessment. The Cankdeska Cikana Community College Head Start 2021 Community Assessment was guided by Cynthia Lindquist, President, Cankdeska Cikana Community College and Larretta Hall, Interim CCCC Head Start Director. Pat Conway, Danielle Myers-Wilson, and Sarah Olimb completed the assessment. The Spirit Lake Community Workgroup (see Attachment C) advised the project and included the CCCC Board of Regents and Spirit Lake Tribal Council members. CCCC staff and Head Start staff supported technology and scheduling, which was more challenging because of COVID restrictions.





## I. Executive Summary

The purpose of the Cankdeska Cikana Community College (CCCC) Head Start 2021 Community Needs Assessment is to meet Head Start requirements for a community assessment;<sup>1</sup> update information in the Spirit Lake Nation Comprehensive Community Assessment 2015, including current changes resulting from COVID-19 and their impact on future plans;<sup>2</sup> and to support program development of Head Start<sup>3</sup> and other community organizations that serve children and their families.

A team comprised of Head Start staff, CCCC staff, community members, and the researchers planned the assessment and worked together to implement it. Two methods of data collection were employed: 1) obtaining already existing data from tribal, state, and national resources, and 2) interviewing Head Start staff and families to learn their views about assets and needs for young children and families in their community.

The CCCC Head Start program is located in a new building centrally located within the reservation, which facilitates teaching, socialization, and workforce management. The program has approximately 50 employees and is approved to serve 158 children who live on or near the Spirit Lake Dakota reservation in northeastern North Dakota.

COVID-19 required changes in Head Start services and continues to require flexibility in scheduling and programming. CCCC Head Start was mostly closed in 2020, but ten staff members prepared and delivered meals, supplies, and activity packets on a daily basis to 75 homes. Teaching staff and Family Service Advocates (FSAs) made phone calls and assessed the quality of packets delivered to families, but they had no way to determine whether the packets were being used or if learning occurred. During Summer 2021, Head Start conducted children's classes indoors and held three summer activities outdoors with children and families, where families could meet their teachers and other staff and enjoy activities, along with a healthy meal. For Fall 2021, CCCC Head Start will have virtual family nights, because COVID-19 cases continue to spike in the community.

The CCCC Head Start program serves the families and children who live on (or near) the reservation. The target population is young; children under five years of age comprise 13% of the reservation population. Fifty-two percent of Spirit Lake residents, age 25 and older, have graduated from high school, and obtaining a General Education Diploma (GED) is an acceptable way of earning a high school diploma. Teen birth rates in Benson County are high: 90.9 per 1000 females, compared with 16.4 in North Dakota and 17.4 nationally.

Incomes are lower in the community than the state and nation, with the median income \$35,054. In 2019, the reservation had 1,193 total households (comprised of family and non-family households); 75% were family households. Forty-one percent of family households had four or more persons. Forty-four percent lived below the poverty level; 57% of the Spirit Lake reservation children lived in poverty.

CCCC Head Start families participating in the interviews identified **community assets** including education, specifically, the opportunity to obtain a high school degree or GED tribal programs;

options for employment (the casino, college, Head Start, the tribal clinic, restaurants, and Walmart); access to food, especially for elders; buses and vans available for transportation; technology, such as computers and internet access (recently made available); and emergency medical services (ambulances).

The most **common concerns** voiced in this assessment were for child safety and lack of activities for children, the same as in 2015 and other previous assessments and plans. Concerns about drugs were linked to child safety, neighborhood safety, and highway safety. Community members were concerned about lack of access to police and lack of training for police and community security. Other concerns include mental health and substance use challenges, housing shortage and housing in poor repair, a low rate of individuals with degrees higher than a high school diploma, and the high poverty rate.

In reviewing and updating the data and in interviewing families, the Observations and Recommendations in the 2021 report are very similar as the findings and results in the 2015 Comprehensive Community Assessment but also from previous work going back to 2007.

There must be a more concerted community effort toward change and the improvement of the tribal community's infrastructure, which is lacking in needed services such as law enforcement and homes or home improvements, as well as the endorsement and support for education as the pathway to address the issues. Parents want community-based activity centers on the reservation for family outings. A Spirit Lake museum or heritage center to learn about identity, history, and ancestry has been noted as a critical need based on the significant losses during the pandemic. More cultural education activities, both credit and non-credit, are needed to promote better understanding and cultural knowledge.

The Dakota language does not have a word for child. Wakanheza means *sacred little ones* and is the traditional way to refer or speak about children. In understanding the language, sacred little ones – wakanheza – implies and means something unique and special. Life is a gift and parents have the responsibility to protect and provide for the children. The parents have articulated – again – that the safety, health, and well-being of their wakanheza is the most important need for the Spirit Lake tribal community.

# Cankdeska Cikana Community College Head Start 2021 Community Needs Assessment

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# **Cankdeska Cikana Community College Head Start 2021 Community Needs Assessment**

## **III. Overview of the State of the Grantee**

### **Purpose of the Assessment**

Cankdeska Cikana Community College (CCCC) conducted a comprehensive community assessment for the Head Start program in 2015-16, after becoming the grantee for the Spirit Lake Tribe's Head Start program in 2014. The purpose of the 2021 Community Assessment is to update the demographic data and findings from the 2015 report in support of children's services for the Spirit Lake Dakota reservation and to meet the Head Start requirements of conducting an assessment every five years. CCCC strives for continuous improvement for all programs based on data and research. This section describes the development and current status of the CCCC Head Start Program within the Spirit Lake reservation.

### **CCCC Head Start Program Context and Update**

In 2013, and after many years administering the Head Start program for the Spirit Lake Dakota reservation, the Spirit Lake Tribal Council asked the Tribe's college – Cankdeska Cikana (Little Hoop) Community College (CCCC) – to take over the management of the program. The official transition took place January 1, 2014, with the College becoming the grantee of the CCCC Head Start program that includes Head Start, Early Head Start, and home-based and prenatal services. The program is authorized and funded for approximately 50 employees to serve 158 children who live on or near the Spirit Lake Dakota reservation in northeastern North Dakota. It is a tribal Head Start program.

The Tribe developed a flood recovery plan in 2011 that included a priority for children's services to be centrally located in one facility. At that time the Head Start program was located at four different sites on the reservation, which are the four district communities for the Tribe. The buildings used at the four sites were old modular units, and each had serious environmental health concerns (air quality, mold). When the Tribe requested the College to take over the management of the Head Start program, they also encouraged the College build a new center.

In the fall of 2018, the CCCC Head Start program opened its doors to a new, brick facility that sits on 35 acres of buffalo pasture, just east of Fort Totten (where Tribal headquarters and CCCC are located). The 40,000 square foot building has three wings, 19 classrooms, a heated bus garage, commercial kitchen, multi-purpose room, a nurse's station, and ample office/storage space to adequately serve the children and families of the Spirit Lake reservation community. Based on the reservation demographics, it is believed that the new center could easily serve 210 children.

The new facility has increased collaboration for staff, centralized services for children and families, and increased program efficiency. As the campus was being completed, and when



children would drive by with parents or grandparents, they said, “Look gran’ma that’s my new school!” It is a beautiful center with Dakota murals in each classroom, painted by tribal artists.



Like everywhere, the pandemic has greatly impacted the Spirit Lake tribal community. There have been many losses, including the CCCC Head Start Director, Charles Morin, who passed away November 17, 2020. The CCCC Head Start program was mostly closed in 2020, but ten members of the staff prepared and delivered meals, supplies, and activity packets to 75 homes on a daily basis. Teaching staff and Family Service Advocates (FSAs) made phone calls and assessed the quality of the packets being delivered to the families, but had no way to determine whether the packets were being used or if learning occurred.

CCCC Head Start did reopen in February 2021, with children in the classroom, but it has been challenging, because families are large and inter-generational, living in homes that are inadequate. The program also struggles with staffing, especially teaching staff, and the Director position has not had any applications since the loss of Mr. Morin. During summer, 2021, Head Start had classes inside but also focused on summer activities outdoors. Families could meet their teacher and enjoy activities and treats, such as snow cones. For fall 2021, Head Start will have virtual family nights. For instance, children will have their vision checked in the classroom during the day, and at the virtual family night meeting, parents can learn about that process and get their questions answered. At this point (end of September 2021), CCCC Head Start is operating at about half capacity due to the ongoing pandemic as well as staffing issues.

Regarding the staffing issues, CCCC applied for and has been awarded a grant through the Head Start Partnerships with Tribally Controlled Land Grant Colleges, called the CCCC Partnership Project, that has a goal for 25 tribal community members to achieve a bachelor’s degree in Early Childhood Education (ECE). Participants are CCCC Head Start employees who receive support for tuition, books, childcare, transportation, tutors, and other financial incentives. It has been challenging to recruit participants for the Partnership Project due to the ongoing pandemic and there were 12 participants for the fall 2021.

## IV. Methodology

The aims of the CCCC Head Start Community Needs Assessment were to:

1. Meet Head Start requirements for a community assessment;<sup>4</sup>
2. Update information in the Spirit Lake Nation Comprehensive Community Assessment: 2015 (see Attachment A), including current changes resulting from COVID-19 and their impact on future plans;<sup>5</sup> and
3. Support program development of Head Start<sup>6</sup> and other community organizations that serve children and their families.

The assessment was guided by community-based participatory research principles,<sup>7, 8</sup> utilization evaluation principles,<sup>9</sup> and the Indigenous Evaluation Framework.<sup>10</sup> This section describes the planning process for the CCCC Head Start Community Assessment, how data were collected and managed, and its analysis.

### Planning Process

The Community Workgroup – including the Interim CCCC Head Start Director and Head Start staff, CCCC President, representatives of other community entities, and the researcher and two other research staff who contracted to complete the assessment – guided development of the assessment plan. The Workgroup met monthly and as needed to oversee the project and advise data collection; because of COVID, all meetings were virtual.

### Data Collection Methods

Data were collected from already existing sources and qualitative interviews were conducted with Head Start families and staff.

#### *Data Collected from Already Existing Sources*

To describe the Service Area, demographic profiles for the Spirit Lake reservation and the county in which it is primarily located, Benson County, were created; this process was also used in the 2015 community assessment.

Demographic profiles (Spirit Lake Nation and Benson County) were created from data from already existing sources: Tribal Enrollment data and county, state, and national reports. The Spirit Lake Nation demographic profile describes the population of the reservation: gender, age, and marital status; level of education; income and poverty; family and households; and race. The results were compared with data for North Dakota and the United States, where available. Information was obtained primarily from the Tribe's website and the Census. Data comes from several sections within the United States Census Bureau website:

QuickFacts: Benson County demographic information, based on multiple sources of data available between 2010 (the 2010 Census) and 2019 (Population Estimates, American Community Survey, Census of Population and Housing, Current Population Survey,

Small Area Health Insurance Estimates, Small Area Income and Poverty Estimates, State and County Housing Unit Estimates, County Business Patterns, Non-Employer Statistics, Economic Census, Survey of Business Owners, Building Permits). They are not releasing comparable data for 2020 because of COVID-19 pandemic. <sup>11</sup>

Only four data points have been released from the 2020 Decennial Census<sup>12</sup>: Total Population, Race, Hispanic Origin, and Household. The total number of individuals counted in the 2020 Census is 331,449,281<sup>13</sup>; the total number of individuals who are American Indian is 9,666,058 (2.9%). The total Spirit Lake reservation 2020 population is lower than in 2010; N=3,787.<sup>14</sup> Most residents of Spirit Lake reservation reported in the 2020 Census are American Indian and Alaska Native (N=3214, 85%). Only .01% are of Hispanic origin. Because of the limited 2020 data, the earlier Census data is reported in the profiles.

Data from the Annie E. Casey Foundation Kids Count Data Center was obtained from the respective website. A similar process was used for the Benson County demographic profile.

Quantitative data also informed some sections of section VI. Identified Needs: Education, Health, Nutrition, and Social Service Needs; Prevalent Social Or Economic Factors That Impact Well Being. Health status was described using County Health Rankings, created by the University of Wisconsin, which ranks counties and states by Health Outcomes and Health Factors (County Health Rankings, [www.countyhealthrankings.org](http://www.countyhealthrankings.org)).<sup>15</sup>

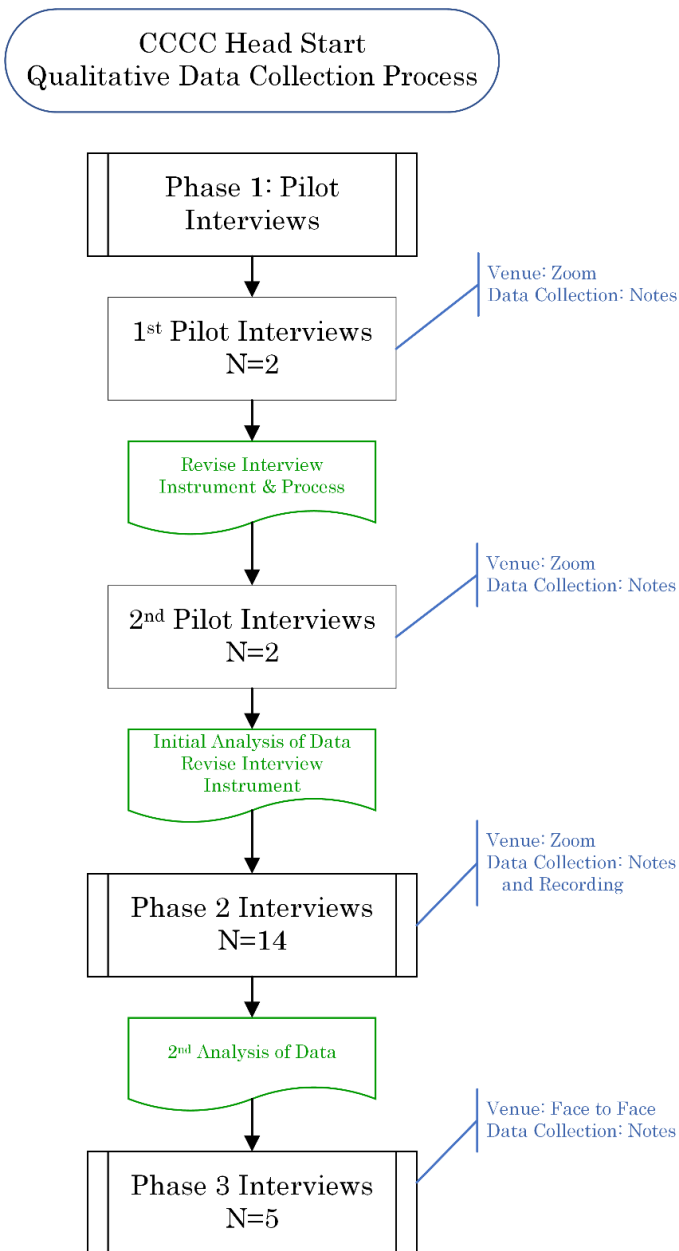
### ***Data Collected Through Qualitative Interviews***

To learn about community assets and needs, interviews were conducted with Head Start staff and families. A semi-structured interview schedule was created to guide the interviews (see Attachment B). Development was based on Head Start guidance, information from the 2015 Assessment, Workgroup advice and feedback, and feedback from the first four interviews.

Eighteen interviews occurred in the spring 2021 through Zoom and the final five interviews were in-person in September 2021 following pandemic protocols for safety (masks, social distance) (see Figure 1). Head Start staff recruited staff and family members to participate in the interviews and arranged for the interviews. Notes were recorded for each interview; fifteen interviews conducted through Zoom were recorded and the recordings transcribed.

The researcher conducted the first four interviews to pilot the process and instrument. The process and interview schedule were then reviewed, with minor revisions to the interview schedule and process. The rest of the interviews were then conducted by CCC Social Work students and the researcher.

Figure 1. *Qualitative Data Collection Process*



## Data Analysis

### Data Management

All interview notes, recorded interviews, and transcriptions were stored in a secure web-based site. The 14 recorded interviews were transcribed, using notes for clarification with any difficulties with the recordings. The transcriptions and interview notes for the nine interviews that were not recorded were saved into NVivo, a software package for qualitative analysis.

## Data Analysis

Modified Grounded Theory<sup>16</sup> informed the process of creating categories for coding; the researcher read each interview and created codes. Then, all coded comments were read within each category, the categories revised, and the comments recoded, where necessary, to increase consistency of coding. Finally, the major categories were organized by the major categories of need from Head Start guidance (see Table 1). No attempt was made to code into mutually exclusive categories; for this needs assessment, it was more useful to code in multiple codes if the comment fit in more than one category. The final coding scheme had four major categories: Education, Health, Social Services, and Environmental and Infrastructure Concerns.

Table 1. *Categories of Needs*

Major Category	Sub-Category	Third Level Category	Fourth Level Category
Education	Head Start	Head Start programming	
		Impact of COVID	
Health	Status of Health and Health Factors	Health Outcomes	
		Health Factors	
	Health Needs Identified in Interviews	Behavioral Health	Mental Health
			Substance Use Disorder
Social Services	Safety	Children safety and protection	
	Community Activities	Activities for Children	
		Cultural Activities	
	Housing, Transportation, Food, and Technology	Housing	
Transportation			
Food			
	Technology		
Environmental and Infrastructure Concerns	Police and Community Safety		
	Animal Control		
	Highway Infrastructure and Safety		
	Workforce		

Results were then presented in the section: “VI. Identified Needs: Education, Health, Nutrition, and Social Service Needs; Prevalent Social Or Economic Factors That Impact Well Being.”

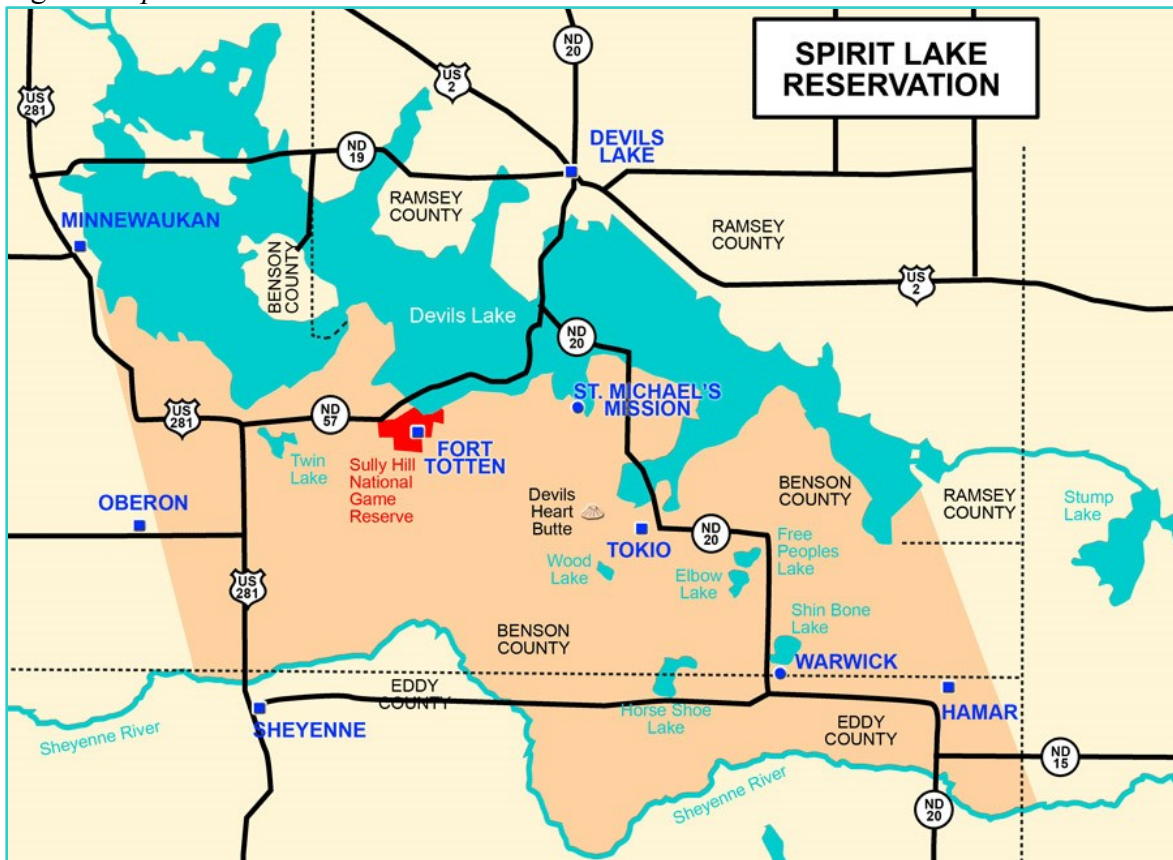
## V. Service Area Data

To describe the service area, already existing data about Spirit Lake Nation and the county in which it is primarily located, Benson County, were obtained and summarized. First, demographics regarding Spirit Lake Nation are described using tribal, county, state, and national data. Then, Benson County is described to include social and economic data that is only available for the county, not specifically for the tribal community.

### Spirit Lake Nation Demographic Profile

The Spirit Lake Nation demographic profile describes the population of the reservation: gender, age and marital status; level of education; income and poverty; family; race; and data for North Dakota and the United States (see Figure 2). Information was obtained from the Tribe's website and the Census. The information obtained from the United States Census Bureau was retrieved under the advanced search function within the American Community Survey using 5-year estimates 2015-2019 and the 2020 Decennial Census, just available. Data from the Annie E. Casey Foundation Kids Count Data Center was obtained from the respective website. Spirit Lake Nation has 7,558 enrolled members; 3,619 enrolled members live on the Spirit Lake reservation.<sup>17</sup> The total population living on the reservation was 4,465;<sup>18</sup> 2020 Decennial Census reports 3,787 residents living within the Spirit Lake reservation<sup>19</sup>.

Figure 2. *Spirit Lake Reservation*





### Gender, Age and Marital Status

Five percent of enrolled members are age 65 and older (N=372); 61% are age 18 to 64 (n=4,587); 34% are under age 18 (N=2,599).

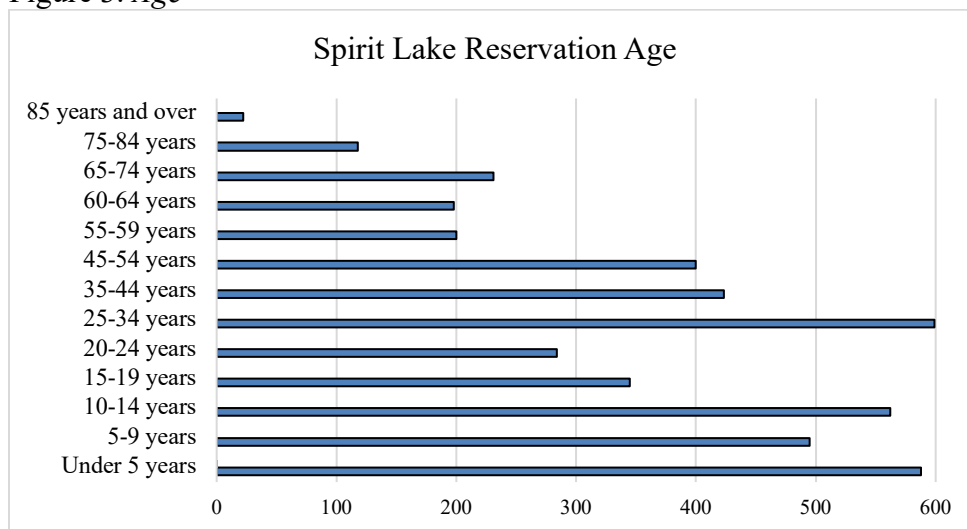
Slightly more males (50.5%) than females (49.5%) live on the reservation. The median age for all of Spirit Lake reservation is 24.3, younger than North Dakota state’s median age of 35.1 and the nation’s median age of 38.1 (see Table 2; Figure 3).<sup>20</sup> Women have a higher median age (24.9) than men (23.8).<sup>21</sup> The reservation's 65 or older population comprises 8.3% of the total population, lower than the state (14.9%) and national (15.6%) percentages.<sup>22</sup> Twenty-seven percent of Spirit Lake reservation residents are married, lower than the state (52.4%) and U.S. (48.1%) (see Table 3).<sup>23</sup>

Table 2. Spirit Lake Reservation Age Distribution

Age	Spirit Lake Reservation		North Dakota		United States	
	N	%	N	%	N	%
Total Population	4,465	100	756,717	100	324,697,795	100
Under 5 years	588	13.2	53,215	7.0	19,767,670	6.1
5-9 years	495	11.1	50,665	6.7	20,157,477	6.2
10-14 years	562	12.6	46,028	6.1	20,927,278	6.4
15-19 years	345	7.7	47,325	6.3	21,208,186	6.5
20-24 years	284	6.4	64,416	8.5	22,015,108	6.8
25-34 years	599	13.4	115,479	15.3	45,030,415	13.9
35-44 years	423	9.5	88,146	11.6	40,978,831	12.6
45-54 years	400	9.0	83,510	11.0	42,072,620	13.0
55-59 years	200	4.5	49,237	6.5	21,654,255	6.7
60-64 years	198	4.4	45,813	6.1	20,102,159	6.2
65-74 years	231	5.2	61,239	8.1	29,542,266	9.1
75-84 years	118	2.6	33,629	4.4	14,972,513	4.6
85 years and over	22	0.5	18,015	2.4	6,269,017	1.9

Note: Information was taken from the U.S. Census Bureau, American Community Survey 5-Year Estimates (2015-2019).<sup>24</sup>

Figure 3. Age



**Table 3. Spirit Lake Reservation Marital Status**

Marital Status	Spirit Lake Reservation %	North Dakota %	United States %
Now married (except separated)	27.4	52.4	48.1
Widowed	5.3	5.6	5.8
Divorced	9.3	9.5	10.9
Separated	1.9	0.8	1.9
Never Married	56.1	31.7	33.4

Note: Information was taken from the U.S. Census Bureau, American Community Survey 5-Year Estimates (2015-2019).<sup>25</sup>

### **Level of Education**

According to the U.S. Census Bureau, 52% of Spirit Lake residents age 25 and older graduated from high school and 11.3% earned a bachelor’s degree or higher. The rate of residents with a bachelor’s degree and higher was significantly lower in Spirit Lake Reservation (11%) than the state (30%) and nation (32%). (Note: Information was taken from the U.S. Census Bureau<sup>26</sup>.)

### **Employment**

According to the U.S. Census Bureau, 56% of the Spirit Lake Reservation population between 20 and 64 years of age are in the labor force (labor force includes unemployed who were actively searching for employment); 51% of the labor force population is employed. This is lower than the state and national levels (see Table 5).<sup>27</sup>

**Table 5. Spirit Lake Reservation Employment Status**

Percent employed by age group	Spirit Lake Reservation %	North Dakota %	United States %
16 to 19 years	20.5	45.9	31.4
20 to 24 years	51.1	76.3	66.4
25 to 29 years	52.9	82.9	76.9
30 to 34 years	56.1	85.6	78.1
35 to 44 years	47.8	85.5	78.9
45 to 54 years	48.8	84	77.5
55 to 59 years	48.5	79.3	69.8
60 to 64 years	53	65.2	55.2
65 to 74 years	36.8	31.8	25.1
75 years and over	8.6	8.1	6.6
Population 20 to 64 years of age	50.9	80.8	73.3
Percent in labor force by age group			
16 to 19 years	22.8	51.6	38.5
20 to 24 years	56.7	83.7	75
25 to 29 years	57.1	88.2	83
30 to 34 years	60.3	89.1	82.9
35 to 44 years	56.3	88.2	82.8
45 to 54 years	55.3	86.4	80.8
55 to 59 years	51	80.9	72.5
60 to 64 years	53	66.1	57
65 to 74 years	36.8	32.3	26
75 years and over	8.6	8.1	6.8
Population 20 to 64 years of age	56.0	84.3	77.6

Note: Spirit Lake reservation, North Dakota, and United States information taken from U.S. Census Data<sup>28</sup>

## ***Income and Poverty***

The median household income on Spirit Lake reservation in 2019 was \$35,054, lower than the state and national level (see Table 6);<sup>29</sup> 43.8% of the reservation’s residents lived below the poverty level, higher than the state (10.7%), and national levels (13.4%).<sup>30</sup> The U.S. Census Bureau reports that 57% of Spirit Lake reservation children live in poverty (see Table 7).<sup>31</sup> Ninety-three percent of the Spirit Lake reservation’s children are eligible for free or reduced price lunch in the public school system, provided by the National School Lunch Program.<sup>32</sup>

Table 6. *Spirit Lake Reservation Income*

	Spirit Lake	North Dakota	United States
Per capita money income in past 12 months (2019 dollars)	\$15,122	\$36,062	\$34,103
Median household income, 2019	\$35,054	\$64,894	\$62,843
Persons below poverty level, %, 2019	43.8	10.7	13.4

Note: Information was taken from the U.S. Census Bureau, 2015-2019 American Community Survey.<sup>33</sup>

Per capita income was taken from the U.S. Census Bureau, 2015-2019 American Community Survey.<sup>34</sup>

Per capita income is the mean income computed for every man, woman, and child in a particular group, including those living in group quarters. It is derived by dividing the aggregate income of a particular group by the total population in that group. This measure is rounded to the nearest whole dollar.

Table 7. *Children in Poverty and Single Parent Households*

	Spirit Lake	North Dakota	
Children in poverty	57.1%	11.4%	Poverty status last 12 months; percent below poverty level; Under 18 years
Children eligible for free lunch	92.7%	29.6%	
Children in single-parent households	83%	27.1%	

Note: Spirit Lake reservation and ND information was taken from the U.S. Census Bureau.<sup>35</sup>

Spirit Lake Reservation and ND children eligible for free lunch information was taken from the Annie E. Casey Foundation.<sup>36</sup> Spirit Lake reservation and ND single-parent household information was taken from the Annie E. Casey Foundation.<sup>37</sup>

## ***Family and Households***

The U.S. Census 2015-2019 estimates indicate that Spirit Lake reservation had 1,193 total households (family and nonfamily households) with 75% of those being family households<sup>1</sup> (see Table 8).<sup>38</sup> Spirit Lake reservation has more family households than the state and nation, and fewer nonfamily households. Spirit Lake reservation also had a much higher percentage of households with 4 or more persons (41%) compared to the state (18.6%) and the nation (22.6%).<sup>39</sup> The average household size on Spirit Lake was 3.73; the average family<sup>2</sup> size was 4.3; both higher than the state and nation (see Table 9).<sup>40</sup> The 2010 U.S. Census Bureau reports that 72% of Spirit Lake families have related children under 18 years (72%)<sup>41</sup>, higher than the state (45%)<sup>42</sup> and national (50%) rates.<sup>43</sup> Households with a female householder, no husband present, with related children under 18 years (86%)<sup>44</sup> is higher than the state (70%)<sup>45</sup> and national (65%)

<sup>1</sup> Family household: a household maintained by a householder who is in a family and includes any unrelated people (unrelated subfamily members and/or secondary individuals) who may be residing there.

<sup>2</sup> Family: A family is a group of two people or more (one of whom is the householder) related by birth, marriage, or adoption and residing together.

levels.<sup>46</sup> Husband and Wife families with related children under 18 years (54%)<sup>47</sup> is higher than the state (40%)<sup>48</sup> and national level (45%)<sup>49</sup> (see Table 10).

Table 8. *Spirit Lake Reservation Household Type*

	Spirit Lake	Spirit Lake %	North Dakota	North Dakota %	United States	United States %
Total Households	1,193		318,322		120,756,048	
Family Households	899	75.4	189,400	59.5	79,114,031	65.5
Male householder	180	15.1	13,343	4.2	5,898,296	4.9
Female householder	360	30.2	24,150	7.6	15,016,964	12.4
Nonfamily households	294	24.6	128,922	40.5	41,642,017	34.5

Note: Information taken from the U.S. Census Bureau.<sup>50</sup>

Table 9. *Spirit Lake Reservation Household Size*

	Spirit Lake	Spirit Lake %	North Dakota	North Dakota %	United States	United States %
1-person household	233	19.5	100,929	31.7	33,649,597	27.9
2-person household	306	25.6	116,934	36.7	40,984,459	33.9
3-person household	161	13.5	41,349	13	18,827,126	15.6
4-person household	493	41.3	59,110	18.6	27,294,866	22.6
Average household size	3.73		2.30		2.62	
Average family size	4.3		2.94		3.23	

Note: Information on Number in household taken from the U.S. Census Bureau.<sup>51</sup>

Information on average size taken from the U.S. Census Bureau.<sup>52</sup>

Table 10. *Spirit Lake Reservation Families, based on 2010 Census Data*

	Spirit Lake %	North Dakota %	United States %
Female householder, no husband present with related children under 18 years	85.7	70.2	65.0
Female householder, no husband present with own children under 18 years	57.9	64.1	54.9
Husband/Wife families with related children under 18 years	53.5	39.7	44.7
Husband/Wife families with own children under 18 years	38.7	38.4	41.7
Families with related children under 18 years	71.6	45.2	49.6
Families with own children under 18 years	50.1	43.0	44.8

Note: Spirit Lake Reservation, North Dakota, United States information taken from the U.S. Census.<sup>53</sup>

## Race

In the United States in 2010, the American Indian Alaska Native (AI/AN) alone or in combination with one or more other races was 5,220,579, a 26.7% increase since the 2000 Census.<sup>54</sup> Of this total, 2,932,248 were AI/AN alone, an 18.4% increase since the 2000 Census.<sup>55</sup> In 2019, an estimated 5.7 million people (1.7 percent of the U.S. population) were classified as AI/AN alone or in combination with one or more other races, an 8% increase since the 2010 Census.<sup>56</sup> In North Dakota in 2010, the total population of AI/AN population alone or in combination was 42,996, a 22.1% increase since the 2000 Census.<sup>57</sup> During the same period in ND, the total number of AI/AN alone showed a 16.8% increase since the 2000 Census.<sup>58</sup> In 2019, an estimated 50,119 people (6.6% of the ND population) were classified as AI/AN alone or in combination with one or more other races, a 16.6% increase since the 2010 Census.<sup>59</sup>

On the Spirit Lake reservation in 2010, the AI/AN alone or in combination with one or more other races was 3,642, a 7.5% increase since the 2000 Census.<sup>60</sup> Of this total, 3,587 were

AI/AN alone, also a 7.5% increase since the 2000 Census<sup>61</sup>. In 2019, an estimated 3,869 people (86.7 percent of the Spirit Lake population) were classified as AI/AN alone or in combination with one or more other races, a 6.2% increase since the 2010 Census.<sup>62</sup> Of this total, 3,686 were (82.6%) AI/AN alone, also a 2.8% increase since the 2010 Census (see Table 11).

Table 11. *Race Distribution on Spirit Lake Reservation*

Race	Spirit Lake Reservation	North Dakota	United States
White	13.1	86.6	72.5
White not Hispanic	13	84.4	60.7
Reporting two or more races	4.1	2.6	3.3
Hispanic or Latino origin	0.9	3.7	18
Black	0	2.9	12.7
American Indian and Alaska Native	82.6	5.3	0.8
Asian	0.1	1.5	5.5
Native Hawaiian and Other Pacific Islander	0.1	0.1	0.2

Note: Information taken from the U.S. Census Bureau.<sup>63</sup>

**Benson County Demographics**

In 2019, Benson County’s population was 6,873,<sup>64</sup> about a 2.6% increase since the 2010 Census (see Table 12).<sup>65</sup> Benson County is the 19<sup>th</sup> most populated county (of 53) in North Dakota;<sup>66</sup> North Dakota is ranked 47<sup>th</sup> nationally.<sup>67</sup> One hundred percent of the county’s population lives in a rural area.<sup>68</sup> In 2020, the population density of Benson County was 5 persons per square mile; the North Dakota population density is 11 people per square mile.<sup>69</sup> The cities within Benson County are: Brinsmade, Esmond, Knox, Leeds, Maddock, Minnewaukan (County Seat), Oberon, Warwick and York; Ft. Totten is a “census-designated place”.<sup>70</sup>

Table 12. *Population of Benson County*

County	Popula- tion	Density per square mile	Median Age	American Indian	Median Household Income	Health Outcomes Ranking	Health Factors		
							Health Behaviors	Mental Health Providers	Children in Poverty
Benson	6,873	4.8	30.5	55.3%	\$47,667	*45th	*46th	1,710 to 1	34%

Note: Population numbers may differ because different sources were used, including different years.

\*46 counties were ranked

**Gender, Age and Marital Status**

The county has more males (51.2%) than females; women have a higher median age (30.9) than men (29.9).<sup>71</sup> The median age for all of Benson County is 30.5, younger than the state’s median age of 35.1 and the nation’s median age of 38.1. The county’s 65 or older population is 13.3%, the state (14.9%) and national (15.6%) (see Table 13). Forty-one percent of Benson County residents are married, lower than the state (51.9%) and U.S. (48.1%)<sup>72</sup> (see Table 14). Teen birth rates in Benson County are high: 90.9 per 1000 females, compared with 16.4 in North Dakota and 17.4 nationally

**Table 13. Benson County Age Distribution**

Age	Benson County		North Dakota		United States	
	N	%	N	%	N	%
Total Population	6,873	100	756,717	100	324,697,795	100
Under 5 years	736	10.7	53,215	7.0	19,767,670	6.1
5-9 years	620	9.0	50,665	6.7	20,157,477	6.2
10-14 years	697	10.1	46,028	6.1	20,927,278	6.4
15-19 years	493	7.2	47,325	6.3	21,208,186	6.5
20-24 years	415	6.0	64,416	8.5	22,015,108	6.8
25-34 years	822	12.0	115,479	15.3	45,030,415	13.9
35-44 years	639	9.3	88,146	11.6	40,978,831	12.6
45-54 years	697	10.1	83,510	11.0	42,072,620	13.0
55-59 years	437	6.4	49,237	6.5	21,654,255	6.7
60-64 years	403	5.9	45,813	6.1	20,102,159	6.2
65-74 years	554	8.1	61,239	8.1	29,542,266	9.1
75-84 years	267	3.9	33,629	4.4	14,972,513	4.6
85 years and over	93	1.4	18,015	2.4	6,269,017	1.9

Note: Information was taken from the U.S. Census Bureau, American Community Survey 5-Year Estimates (2015-2019).<sup>73</sup>

**Table 14. Marital Status**

Marital Status	Benson County	North Dakota	United States
	%	%	%
Now married (except separated)	41.1	52.4	48.1
Widowed	5.5	5.6	5.8
Divorced	9.1	9.5	10.9
Separated	1.3	0.8	1.9
Never Married	42.9	31.7	33.4

Note: Information was taken from the U.S. Census Bureau, 2015-2019 American Community Survey.<sup>74</sup>

**Race**

In the United States in 2010, the number of AI/AN alone or in combination was 5,220,579, a 26.7% increase since the 2000 Census.<sup>75</sup> Out of this total, 2,932,248 were AI/AN alone, an 18.4% increase since the 2000 Census.<sup>76</sup> In 2019, an estimated 5.7 million people (1.7 percent of the U.S. population) were classified as AI/AN alone or in combination with one or more other races, an 8% increase since the 2010 Census.<sup>77</sup>

In North Dakota, in 2010 the total population of AI/AN Population alone or in combination was 42,996, a 22.1% increase since the 2000 Census.<sup>78</sup> In 2010, for the AI/AN alone, the population total in North Dakota was 36,591, a 16.8% increase since the 2000 Census.<sup>79</sup> In 2019, an estimated 50,119 people (6.6% of the ND population) were classified as AI/AN alone or in combination with one or more other races, a 16.6% increase since the 2010 Census.<sup>80</sup> In Benson County, the population had more AI/AN residents (55.3%), which is considerably higher than the state (5.3%) and nation (.8%).<sup>81</sup> Forty-one percent of Benson County residents are white, which is lower than the state (86.6%) and the national averages (72.5%) (see Table 15).



Table 15. *Race Distribution in Benson County*

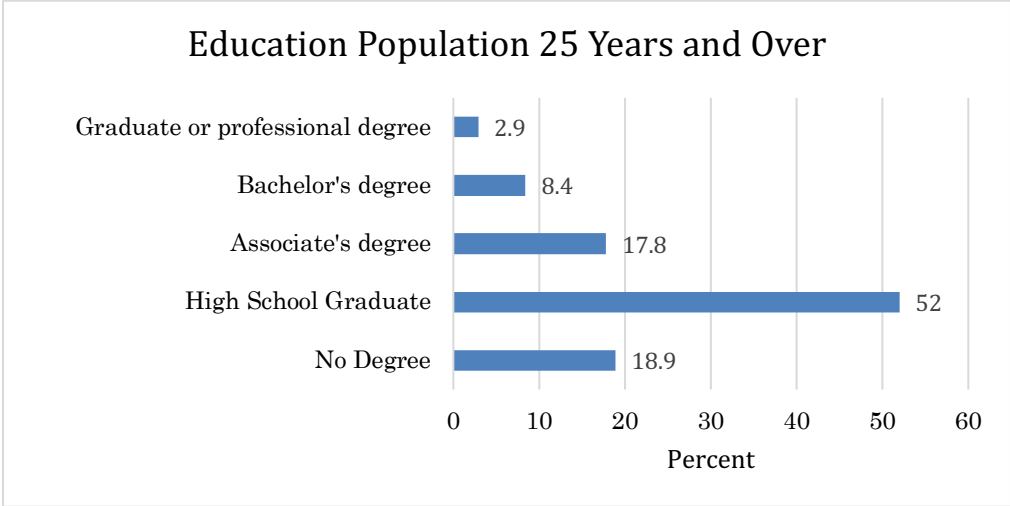
Race	Benson County	North Dakota	United States
	%	%	%
White	40.6	86.6	72.5
Black	0.0	2.9	12.7
American Indian and Alaska Native	55.3	5.3	.8
Asian	.1	1.5	5.5
Native Hawaiian and Other Pacific Islander	.1	.1	.2
Some other race	.2	1.1	4.9
Reporting two or more races	3.7	2.6	3.3
Hispanic or Latino origin	.9	3.7	18.0

Note: Information was taken from the U.S. Census Bureau, 2015-2019 American Community Survey. <sup>82</sup>

**Social and Economic Factors**

**Education.** The U.S. Census Bureau indicates that 52% of Benson County residents age 25 and older had a high school diploma; 18% an Associate’s Degree; and 11% a bachelor’s degree or higher (see Figure 4).<sup>83</sup> Residents with a bachelor’s degree and higher was significantly lower in Benson County than the state (30%) and nation (32%). Level of education is frequently correlated with income and poverty rates. The University of Wisconsin 2019 county health rankings report Benson County unemployment level at 4.2%,<sup>84</sup> which was higher than the state (2.4%) and lower than the national level (4.6%)<sup>85</sup>.

Figure 4. *Education Rates in Population Age 25 Years and Older*



**Income.** The median household income in 2019 was \$47,667, which is lower than the state and national level;<sup>86</sup> 31.9% of county residents were below the poverty level which is higher than the state and nation (see Table 16).<sup>87</sup> The University of Wisconsin County Health Rankings in 2019 report that 34% of Benson County children live in poverty (see Table 17).<sup>88</sup> Eighty-three percent of the county’s children are eligible for free or reduced price lunch in the public school system provided by the National School Lunch Program.<sup>89</sup> Fifty-two percent live in single-parent households.<sup>90</sup>

Table 16. *Income*

	Benson County	North Dakota	United States
Per capita money income in past 12 months (2019 dollars) <sup>91</sup>	\$21,707	\$36,062	\$34,103
Median household income, 2019	\$47,667	\$64,894	\$62,843
Persons below poverty level, %, 2019	31.9	10.7	13.4

Note: Information was taken from the U.S. Census Bureau, 2015-2019 American Community Survey.<sup>92</sup> Per capita income is the mean income computed for every man, woman, and child in a particular group including those living in group quarters. It is derived by dividing the aggregate income of a particular group by the total population in that group. This measure is rounded to the nearest whole dollar.

Table 17. *Economic Factors*

	Benson County	North Dakota
Children in poverty	34%	11%
Children eligible for free lunch	83%	31%
Children in single-parent households	52%	20%

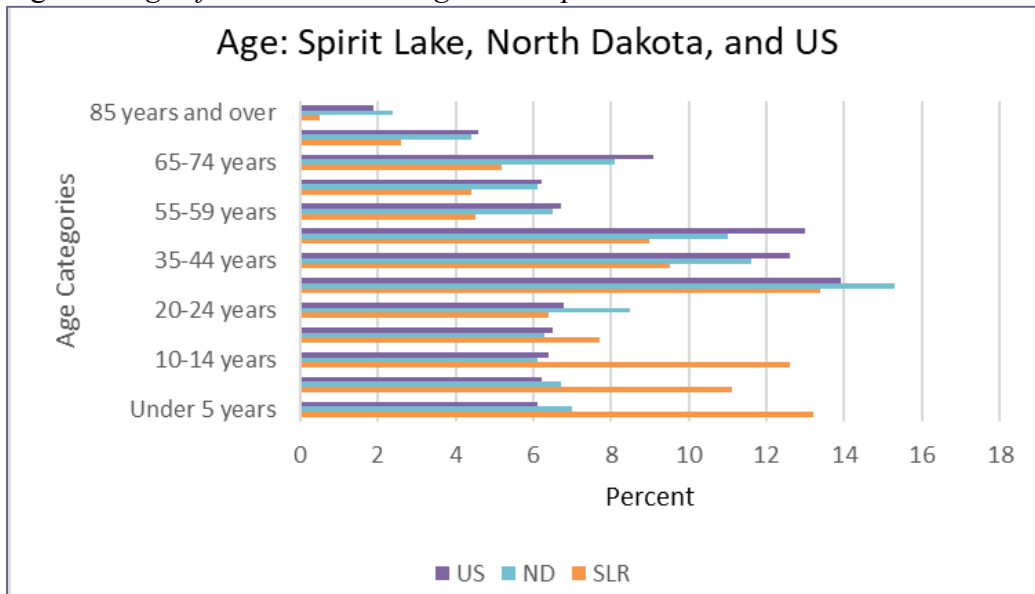
Note: Information was taken from the University of Wisconsin Population Health Institute.<sup>93</sup>

### Summary of Target Population

The CCCC Head Start target population, individuals living within Spirit Lake reservation, is young; children under five years of age comprised 13% of the reservation population (see Figure 5). Fifty-two percent of Spirit Lake residents age 25 and older graduated from high school; obtaining a GED is a common way of earning a high school diploma. Teen birth rates in Benson County are high: 90.9 per 1000 females, compared with 16.4 in North Dakota and 17.4 nationally. Incomes are lower in the community than the state and nation; median income was \$35,054. In 2019, the reservation had 1,193 total households; 75% of those were family households. Forty-one percent of family households had four or more persons. Forty-four percent lived below the poverty level; 57% of Spirit Lake reservation children lived in poverty.

CCCC Head Start children also come from areas outside the reservation, primarily Benson or Ramsey Counties (i.e. Devils Lake, ND), where housing options are more readily available. Benson County is a very rural county; the population density of Benson County was 5 persons per square mile. AI/ANs comprise 55.3% of the county’s population. Thirty-two percent of the county’s population live in poverty.

Figure 5. *Age of Individuals Living within Spirit Lake Reservation, State and Nation*



## VI. Identified Needs: Education, Health, Nutrition, and Social Service Needs; Prevalent Social or Economic Factors that Impact Well Being

Education, health, nutrition, and social service needs were identified through a review of existing data and interviews with community members. *This section is organized by the four major categories by which the interview data were organized: Education, Health, Social Services, and Environmental and Infrastructure Concerns. The italicized portions are the actual comments from community members who were interviewed.*



### Education

Young children (0-5 years of age) have access to child development educational services at CCCC Head Start during the week. Elementary schools include Oberon, Warwick, and Tate Topa (Four Winds) BIE (Bureau of Indian Education) Community Elementary School; Tate Topa, Warwick, Minnewaukan, and Devils Lake have middle schools; and high schools include Tate Topa, Minnewaukan, Devils Lake, and Warwick. Warwick, Oberon, and Minnewaukan are in Benson County and on the reservation; Devils Lake is approximately 13 miles north of Fort Totten.

The Spirit Lake Employment and Training Program operates child care services that is located on the CCCC campus (Little Dreamers). This is a fee-for-service program that operates Monday-Friday during the 'normal' work hours. Access to and paying for child care services has been noted as a community need for many years. Interviewees commented:

*I don't know if there's any if there's any daycare for overnight unless the casino provides something themselves. I don't know of any night shift daycare.*

*I think some parents need help with that. But I don't think they really ask for help. I think they just send like other relatives to come pick up their kids if they're too busy.*

All education programs experienced serious disruptions in the learning process do to the pandemic and there are concerns about additional educational gaps related to child development and progress. The pandemic is ongoing and educators are hopeful that children will 'catch up' but that remains to be documented.

This years' experience will depend on rates of COVID-19. One key factor is the rate of vaccinations; the rate of vaccination for COVID-19 in ND is:

- At least 56.5% have at least one dose; the Benson County rate is 62%.
- 52.8% are fully vaccinated.<sup>94</sup>

Whether masks are required in public K-12 school settings is left to public health authorities and school boards. The Governor, state school superintendent, other state elected officials and the state health officer may not impose a mask mandate, as stated in the ND Century Code. CCCC Head Start requires masking and other safety protocols such as temperature checks and has been very careful about child, family, and employee safety, including a late start to the school year and shorter schedules.

### ***Head Start***

Head Start is a child development educational program with services for children, pregnant women, home-based cares, and for families. It provides busing for children over 3 years old and a support system, as well as educational child development programming. Needs assessment participants also identified Head Start as a safe place for children.

*[Head Start] is a good support system; if someone could drive to school, they can drop off at the school at 7, go to the library, and stay after school til 5:30. They can do activities.*



### ***Impact of COVID-19***

CCCC Head Start was closed for most of 2020; since February 2021, it has been open steadily. When closed, CCCC Head Start staff distributed activity packets, pandemic and other supplies, and food to 75 families. It was suggested that children may have “slipped between the cracks” regarding lack of direct services, and participants worried about children’s education:

*I don't think the quality was very good in terms of what children learned.*

*I think what a lot of the one of the bigger issues was the stalling or even possibly the regression of education for [children]. Some, if they were unable to comprehend or able to use a computer to regularly meet with their teacher, I don't think they've made near as much progress as they would have if they were sitting in a classroom over that period.*

When children were able to return to Head Start, parents noticed a positive impact.

*When this school opened, it helped a lot. My two-year old learned her colors and can count to 3.*





**Health (including mental health and substance use)**

*Status of Health and Health Factors*

**Health Outcomes.** The County Health Rankings, created by the University of Wisconsin, ranks counties and states by Health Outcomes and Health Factors (County Health Rankings, [www.countyhealthrankings.org](http://www.countyhealthrankings.org)). Benson County ranks 45<sup>th</sup> of 46 counties in North Dakota on Health Outcomes (mortality and morbidity); seven ND Counties are not ranked.<sup>95</sup>

**Health Factors.** Health Factors are comprised of multiple measures in four areas, including health behaviors, clinical care, social and economic factors, and physical environment. Benson County ranked 44<sup>th</sup> of 46 in North Dakota on Health Factors.<sup>96</sup>

**Health Behaviors.** Benson County is ranked lowest of all counties on health behaviors, including adult smoking, adult obesity, excessive drinking, motor vehicle crash death rate, sexually transmitted infections, and teen birth rate (see Table 18).<sup>97</sup> Access to behavioral health care is limited, with the ratio of population to mental health providers at 1,710 to 1. Social and economic factors, level of education and income, were lower in Benson County than in the state or nation; unemployment rates and the poverty level were higher in 2019.

Table 18. *Health Behaviors in Benson County*

	Benson County	North Dakota	United States
Adult smoking	33%* <sup>h</sup>	20%* <sup>h</sup>	
Adult obesity	42%* <sup>g</sup>	34.8% <sup>a,c</sup>	32.1% <sup>b,c</sup>
Adult overweight		35.5% <sup>a,d</sup>	34.6% <sup>b,d</sup>
Excessive drinking	21%* <sup>i</sup>	24%* <sup>i</sup>	
Heavy drinking		7.4% <sup>a,e</sup>	6.5% <sup>b,e</sup>
Binge drinking		22.2% <sup>a,f</sup>	16.8% <sup>b,f</sup>
Physical inactivity	34%* <sup>j</sup>	23%* <sup>j</sup>	
Teen birth rate (2018)	90.9 per 1000 females <sup>k</sup>	2018 16.4 per 1000 females	2018 17.4 per 1000 females

Note:

Information was taken from the Centers for Disease Control and Prevention.<sup>98</sup>

Information was taken from the University of Wisconsin Population Health Institute.<sup>\*99</sup>

<sup>a</sup>%=Percent, CI= 95% Confidence Interval, n=Sample Size

<sup>b</sup>Median % used

<sup>c</sup>Defined by BRFSS=Obese (bmi 30.0-99.8)

<sup>d</sup>Defined by BRFSS=Overweight (bmi 25.0-29.9)

<sup>e</sup>Heavy drinking defined by BRFSS=adult men having more than 14 drinks per week and adult women having more than 7 drinks per week 2019

<sup>f</sup>Binge drinking defined by BRFSS= males having five or more drinks on one occasion, females having four or more drinks on one occasion 2019

<sup>g</sup>Obesity defined by Wisconsin=the percent of the adult population (age 20 and older) that has a body mass index (BMI) greater than or equal to 30 kg/m<sup>2</sup> 2017

<sup>h</sup>Adult Smoking defined by Wisconsin= Percentage of the adult population in a county who both report that they currently smoke every day or some days and have smoked at least 100 cigarettes in their lifetime. 2018

<sup>i</sup>Excessive Drinking defined by Wisconsin= Percentage of a county’s adult population that reports binge or heavy drinking in the past 30 days. 2018

<sup>j</sup>Physical inactivity defined by Wisconsin= Percentage of adults ages 20 and over reporting no leisure-time physical activity in the past month. 2017

<sup>k</sup>NCHS Data Visualization Gallery - U.S. and State Trends on Teen Births (cdc.gov)

**Health Needs Identified in Interviews**

**Behavioral Health.** Head Start staff and families identified a high level of need in terms of behavioral health issues.

**Mental Health.** Individuals interviewed identified mental health needs among community members included: depression, anxiety, isolation, and self-harm. Barriers to addressing the mental health needs included stigma and lack of community engagement. Parents and staff comments (in italics) highlight mental health issues:

*I definitely feel that [suicide prevention] was a huge need, especially with COVID. And not being able, I mean, it's hit a lot of families out here hard. So, I feel like that would be a huge need.*

*But it's hard to just get the community engaged in certain things sometimes [suicide prevention]. When it's just you, or it feels like it's just you.*

*Depression hits a lot of people.*

*I think one of the biggest concerns right now that I would have, like with the kids, and like just our general community, because, like our mental health, the stigma of, of just being scared of how people are going to look at you with, you know, whatever. I'm seeing, like with my nephews, I know that they struggled this last year, and up until they were able to go back to school with just wanting to interact or hang out with their*

*friends, or like one of the adjustments that I had seen for one of them was you know, they have the laptops and stuff at home, and then they would go to school on it, but then they would also like schedule, like their own zoom. So, they could still talk to their friends and play whatever, like video games or whatever on them. But it wasn't like the same as being face to face. Their social interaction was not where it was before.*

*You sort of mentioned that earlier and other mental health issues like depression and anxiety. I think that all goes along with your drug use.*

*It's tough. It's very tough.*

*Unless there is a whole lot of support, and a lot more promotion of, hey, it's okay to go and ask for help. If you feel like you need help, and that's okay. It's okay to feel the way that you do and it's okay to if you needed help with that, it's okay to ask for assistance with that. I think there needs to be more positive support and positive, maybe messaging or like PSA's, or just education in general on a lot of that. Just to because, yeah, like, you know, a lot of people are scared. And maybe they're like, Oh, yeah, I do feel that way. But I don't know if I'm worthy, or if I can do or do whatever. I think it's just a lot more education on it.*

**Substance Use Disorder.** Many individuals identified substance use disorders as primary issues, affecting individuals, families, and the community. It was frequently listed as a precursor to difficulties ranging from child to highway safety. Participants highlighted the drug and alcohol “pandemic” and recommended that the community obtain services for families to relieve the pandemic.

*I would say there's much more of a pandemic as far as the drug and alcohol thing. It's gotten so bad. And I feel like that's a huge safety thing for the kids. And there's, I just feel like there needs to be something with the community something needs to be done.*

*It is when you have these task forces out there that aren't really doing their job. I don't think there are any way because we wouldn't have this, this epidemic of drugs on the reservation.*

*Maybe for services for addiction needs to be here, instead of taking them off the reservation to places and Devils Lake, yes, that's fine. But they don't know, I think sometimes people don't realize what it's like to live out here. And I'm not saying that in a bad way. Because it's a good way also, but they don't know, like the culture. So, they can be with their families, but also have some kind of support for the families, when they go home. Not just put them back in the home after they're gone for three, four weeks, and then they have the families come in and stuff, but then be able to support them, when they go back home. Maybe we need to help the families with that with, with the support to keep that person clean; kind of prep the families; this is what's gonna help them.*

*May be something to do with drug and alcohol. Get services on the reservation. Be good be with families, have support for families when go home. Support family when individual goes back to keep that person clean. This is what is going to happen/what could happen. If see this, call us. Back to our own ways.*

## **Social Services**

### ***Safety***

Some individuals said that safety was “going fine” in the community. Others identified child safety related to drug use by care givers and other drug-related dangers, such as used syringes and reckless driving. Access to police coverage was a concern. Community safety was also identified as a concern. One person suggested: *When we did a lock down, they should come*

*show us like how, how to do that in the classrooms and stuff. Like whenever there's like a shooter on campus or something.*

**Children safety and protection. Child safety continued to be the most important concern in the community with CCCC Head Start families and staff eloquently describing the concern and potential solutions:**

*I wish we could get the families help.*

*We can try has hard as we want. But what it comes down to it, you know, like in the actual household, we have no control over that.*

*That six to eight hours however long they are here [Head Start], that takes them away from that negative, negativity. And that's, I really like that.*

*Where my oldest plays in the yard is right there [by the road]. And we always have to have him and all the kids play in the backyard.*

*I know, just from personal experiences, and hearing other people's experiences with the timely matters of contacting the police; if something was to happen, and they don't get back to them, you know, in a timely matter. Or there's so many unsupervised children in the area, and I feel like, just even driving down the road, you can see a number of kids walking on the side of the road. I don't know where they're walking to. But on the bike paths, I mean, I feel like safety is a big issue on the rez, especially for the young children.*

*I think social services really, I think they're struggling, maybe. Finding people that live in the community to become social workers is hard because you're related to a lot of the people.*

*Parents need to take care of their kids, they are the # 1 teacher of their kids from birth-3. Children go into foster care because of meth; mothers need to take care of their own children. We need a facility for babies born to meth, to work with mothers, teach them. Put the mother and baby in the facility so mothers can take care of their babies. Now, when she gets her stuff situated, the child don't know who she [mother] is. Supervised visits are not enough.*

*Need to realize that family takes in family, there needs to be some help. I had to wait til I was licensed for the tribe to help me. I used every resource: SNAP, day care, the FACE program had incentives, cleaning supplies, once everything fell into place we were OK. It took at least 8 months; [we] should have help immediately if caring for family members like grandkids. Even if it is a small amount of money.*

*It's kind of sad when kids come in, and they tell me stuff like, Oh, my dad went to jail or something? I don't know. It kind of makes me worry for them to even go home.*

*It kind of worries me when I have a student that comes in and he says, my dad went to jail, he was drunk, he went to jail and stuff like that. So, it kind of worries me. And I know I brought it up a couple of times to some of the people up front, and then they would call and check.*

**Community Activities. Activities for Children.** One of the most common concerns was the lack of activities for children within the reservation and surrounding communities. This has been compounded by COVID-19 restrictions.

*I feel that they should focus more on the children more than the adults. They should have fun get together things where it revolves around the kids. Like as far as gaming, or you know, at the parks or things like that, more involvement with the kids.*

*I think we need to encourage sports, team activities, group things, just because you know, it provides leadership, provides brotherhood, sisterhood type, you know, togetherness. And then maybe they can reach out farther after high school or just to get away from here or bring positivity back here or things like that.*

*I would like to see a lot like more things for the kids. If there was more things for them to do around here, it might decrease a lot of the risky behaviors that they participate in.*

*As I was growing up there, every other weekend, there was dances or something to go to, a camp, you know, where your kids could go, we don't see that no more. So that's why a lot of our kids are turning to drugs, because there's nothing else for them to do. Even our rec centers are shut down.*

*They need to make more activities out there for the children and get them to know what it's like to go to a dance, do activities outside with them, more community-based things for children. Whatever age group, the young ones to say, the teenagers. Family based stuff. And not just once a month, you know, every now and then. And have trainings for parents.*

*Used to plan kick ball, softball, playgrounds, have a good time, usually pow wows, other community gatherings, [since COVID] everyone had to stay home.*

*It's hard to say what they have now, compared to what they had access to before [COVID] and that was not a whole lot either. So now it seems like they have little to nothing right now. I know with even my nephew is we had them all of last year, not joining any sports, because I wasn't sure of the school's protocol on all of that the COVID related stuff. And this year, we allowed them to go on and join just so they have something to do. But I don't know. If, if there's really anything right now for them.*

*Prior to the pandemic, we had recreation buildings in each of the four districts, Since the pandemic we have nothing for youth. They are getting into trouble.*

**Some parents reported that they have remained active within their own home and yard:**

*[We] play outside. Ride bikes and four wheelers. Play games.*

*Would like to have water parks for kids. [They] shut down movie theatre and took bowling alley out; turned it into a liquor store.*

*Would like to have more for children under age 8 and down: bring to play group, indoors, indoor playground, activities for children, door prizes, something simple. When get older, children want to be part of the community. Head Start does a great job; they are always welcoming.*

*But I think our area does need a new, one place where they [children] can all go and actually have fun. You know, because the closest places to us is Devils Lake. But there's not much going on in Devils Lake, either. Then people are traveling, taking their kids out of town just to do fun activities with them. Whereas if we had that place here on the reservation, we could just keep that money here.*

**Some expressed hope:**

*I know with COVID, it definitely had an impact on a lot of the younger kids or getting outside. I think myself, I just seen them put the basketball hoops back on the public basketball courts outside, those had been off for months.*

*We have a big tree that everyone plays with. They don't get too bored outside.*

**Cultural Activities.** When asked about cultural activities, individuals commented on the need for cultural activities and the challenges that exist, especially during COVID restrictions. Loss of access to cultural experts through retirement and death of elders is a key dilemma.

*I, myself haven't really seen any. I'm sure there probably are postings about, you know, like sweats or, just certain cultural activities. But I haven't seen it and I think, if there are, they need to advertise it differently to where it reaches a bigger audience.*

*We need more things for kids. We are losing culture. If we had our culture, we wouldn't have such big issues because we all take care of others' kids. It leads to drugs and alcohol. We need to start young teaching the effects of alcohol drugs. How to recognize when people not safe. So, if someone sees something like a syringe, to get away from it. Tell children to come home if they see something bad. If you are at the playground and you see someone you don't recognize, come home. We try to keep them home, we have a big tree everyone plays with, climbs. They don't get too bored outside.*

*[In the past] there have been ceremonies where there was smudging. I know there was an effort in the schools to teach kids language.*

*Big problem...worried about elders if they go, who do that type of thing?*

*I know one of our members who, she worked at the college, Lorraine Greybear. She is retired now. And then Vern Lambert just recently passed away. And those two were very important to our community.*

*They should do more of the cultural things at the Head Start.*

Some individuals reported participating in cultural activities.

*Right now, I'm taking a Dakota language class. So, I'm learning. So, then I'm trying to like put up posters and stuff like that and speak to my children in Dakota to teach them that way. Because then we're both learning.*

### **Housing, Transportation, Food, and Technology.**

Housing was the most common concern mentioned among housing, transportation, food, technology, and other basic needs.

**Housing.** Participants identified the need for additional housing (more housing available, process for quicker access to existing housing), better quality housing, and access to home repair services. One person noted that they would live on the reservation if housing were available. Lack of adequate housing contributes to safety issues. Some solutions are occurring; new apartment complex being built.

Some commented that individuals living within the tribal community could receive assistance for utilities; *I think the tribe has like, they help people out with stuff when they need like for heat and whatnot.* Some noted that new housing is being developed. A related problem is the inefficiency of heating equipment and homes not being well insulated. Participants were also concerned about crowded living conditions and contamination by methamphetamine:

*As far as I know, because I do talk to the guys that deliver propane, I know they're pretty busy as usual over the winter months. I know the last price increase was pretty tough on a lot of people that are*



*paying...aren't covered by like a heat program; a lot of the heating programs will pick up a pretty large percentage of it depending on your income, I think up to 80 or 90%. Some of them will even pay up to 100% of heating depending on how many children or what their income level is. Another issue there is the efficiency of the of the heating equipment they have and the house that they're in and how much heat loss is at home have*

*There's 15 to 25 people that live in a house here.*

*I know they're having difficulties keeping up with repairing a lot of the housing around the reservation. You do see a fair bit of them with boards on windows still.*

*Houses get banged up by parties. The housing issue is being low on workers [for repairs].*

*Houses full of meth need to be cleaned and renovated.*

*That's a huge another issue and I feel like that kind of goes hand in hand with safety because you have so many families in the same household and so many kids. I mean, they're just on top of each other. And some aren't getting the proper personal care, or there's just so many coming and going that. I feel like it's, it kind of it kind of goes hand in hand with the lack of housing and the lack of security, I guess.*

*There's housing but the list is long list for everybody to be on.*

*I just got on the housing list here too for here and I there's like a big long waiting list. So, I'm worried that I might not even be able to get housing for like a year or two, which is a really long time.*

**Transportation.** The community has several options for shared transportation: Transit for those who work, for instance, at the Blue Building (Tribal administrative building) and the Casino. Vans associated with the primary care clinic are available to transport patients. Head Start has a bus for children. Frequently, individuals “catch rides with people.” One person noted that they used funding available during COVID to finance a pickup. Shared rides are more complicated when COVID is an issue, especially for individuals who have other conditions that make them more vulnerable.

**Food.** Overall, people who were interviewed said that access to food was available on the reservation, with three grocery stores, although they might be “spendy,” (costly). Support for food included: WIC, commodities, Supplemental Nutrition Assistance Program (SNAP), and “COVID packages;” lunches provided by CCCC Head Start. Two grocery stores are available in Devils Lake. One person suggested that people be taught how to grow gardens. [This service is currently provided by the CCCC Land Grant program: a community garden on the CCCC Head Start campus; children and families may participate.]

*If you wanted a food box dropped off at your house, you just had to sign a paper and then they would or your phone number, your address and stuff like that and then they would drop them off.*

The Spirit Lake reservation is considered a ‘food desert’ based on low income and limited access levels as defined by the US Department of Agriculture. Increased access to food identified by respondents may reflect the increased resources available during COVID and by programs designed to increase food security.<sup>100, 101, 102</sup>

**Technology.** Although access to reliable internet and lack of equipment has been a problem for personal, educational, and work use in the community, access improved with

COVID-19 relief funding. Laptops were made available through academic settings, and in many cases, internet access was accommodated but there remains connectivity and speed gaps throughout the rural reservation setting. Cell phones are the key method for communication, but purchasing and maintaining them can be challenging.

*They gave them laptops to do their work, the school did, and then they hooked them up to their internet.*

*If they were living in a home that was a distance away from making contact with any other kids or with, I know that there was a lot of issues with network problems or homes, if they were able to get network to them, they were able to do online classes or things like that. But that was a pretty slow pace, as far as I know, with network providers being able to try and get to a lot of these remote homes or remote areas. As far as I know, they're still putting in fiber optic lines are still trying to get a lot of those fiber optic lines in place.*

*Not everybody can afford a nice computer or a laptop. But at least if they have a phone, they can actually speak to the individual [substance use treatment staff] and, you know, have that conversation with them on what's really going on with them. And at least they get some type of treatment versus, you know, having no treatment at all.*

*If you have some type of assistance, you can receive a free cell phone. I know I have in the past. But it was just so hard. I mean, I really loved it. It was just so hard. One day, it would just stop working. I tried to get it to work again. Turn it off, turn it back on, turn it off, turn it back on. Okay, well wait until Monday. I waited till Monday; it was fine for two days. I just gave up on it.*

*Phones take a lot of beating. Sometimes not there for kids because someone sells it. You never know.*

## **Environmental and Infrastructure Concerns**

### ***Police and Community Safety***

Many individuals worried about safety, especially the lack of sufficient numbers of police and their level of training, particularly regarding the community.

*[Community members] provide housing security for communities. Housing security gets them [individuals breaking into buildings] and takes them to the cops. The big problem is that everyone know each other.*

*I think they [community security guards] would need a lot more training.*

*That is community safety. I would think more police officers would be [helpful].*

*On call police officers where I live on, like an ambulance and the police. We get new ones here every I would say every month or three months. When you call an ambulance, and it's a real emergency, they are searching for the address; all those precious moments are being lost. When you know these ambulances are looking for a certain house and they're stopping here, you know, next door to that house where they need. One time for instance, I needed somebody up to my house, it was late at night; there was a commotion going on. I needed a police officer; they didn't come for half hour.*

*I had a police officer come to my house, then come to my neighbor's house, then go across the street. He didn't even know where he was or where he was trying to go. And the other week, I had an ambulance stop me on the road asking for an address. And they were asking for a physical address. I said, Well, I don't I don't know where that number is out here. Who are you trying to get to? Well, we can't tell you, so well, you know, I'm sorry, I can't help you. Because they didn't know where they were going. And it's just, you know, if it was if it was a big emergency, you know, that's a lot of time that they had lost getting to those*



*places. I mean, somebody could have been hurt. Somebody could have died during that time I couldn't believe it that they did not know that area. They didn't know the addresses. I think before they transfer them [police] here, they should at least get a tour where they should know where every everything is located.*

*I know, the police force out here is greatly understaffed. Just with talking with the local police officers, I know that a lot of times there's only one or two; there's anywhere from two, to a tops of three, officers on duty at any time, which is pretty small for an area this big and a population of what the reservation is.*

*They need to do more drug busts and stuff like that. Really crack down on that because it's going too far. Our young generation is into it even before they graduate high school; they're addicted to meth. And these babies that are being born are addicted to meth. It's, it's sad.*

*Need more police, more focused on children. Need a different division just for kids.*

Positive statements regarding ambulances included the new facility and quick response:

*They do have a new ambulance building that just went up.*

### ***Animal Control***

Several mentioned resources and the need for care for animals.

*They do supply dog food and cat food at different times. I do know that there's been some giveaways and that there is certain times of the year where they offer free neutering or spaying of household pets.*

*In this area, they should have a shelter for the animals.*

*I don't really think there is any animal control out here.*

### ***Highway Infrastructure and Safety***

Participants expressed concern about the highway infrastructure and safety related to unsafe driving.

*I think one thing that should be placed in all districts of our community is speed bumps, and enforce the speed limit. I've seen it even in my own area where people are just driving around like it's a racetrack. And kids, I mean, it's a residential area; there are posted signs of speed limits, but they just drive right by them like it's not there. And with drug activity, it's constant. The traffic is high. And not a lot of people are paying attention to kids on the side of the road, or if somebody is riding their bike, or you know, they don't see this car. I think they need to enforce that speed limit.*

*Road improvements would be good be huge. A lot of their road, a lot of their paved roads out here are deteriorating. I don't know when the last time any of them has been resurfaced, a lot of them need to be widened.*

*Roadways and intersections and signage and lighting would be a lot. There's a lot of improvement that can go on there.*

### ***Workforce***

Lack of sufficient staff was noted across organizations, especially social and child services and the police department:

*Lack of staff. I think social services really, I think they're struggling, maybe. Finding people that live in the community to become social workers is hard because you're related to a lot of the people.*

*The couple people that I know through the Child Services or social services out here they're usually pretty busy, but I they're usually pretty good at staying in contact with the schools as far as I know. With any issues. I'm sure they have staffing issues like any other department like that. Or they could use more people.*

*I know, the police force out here is greatly understaffed.*

*Training. I think before they transfer them [police] here, they should at least get a tour where they should know where every everything is located.*

## **Summary Of Needs**

This section is a summary of needs identified through the reservation and county profiles and the interviews.

### ***Reservation and County Profiles Summarized***

To achieve the purposes of this assessment to learn more about needs of young children, Head Start families and staff were asked to identify community needs (see Table 19). The most common concerns voiced were for child safety and lack of activities for children. Concerns about drugs were linked to child safety, neighborhood safety, and highway safety. Other concerns were the lack of access to police and police training to do their job in this community, mental health and substance use challenges, housing shortage and housing in poor repair.

The CCCC Head Start target population, individuals living within Spirit Lake reservation, is young; the number of individuals with education above a high school degree is low. Incomes are lower in the community than the state and nation. A high percent of residents (44%) are below the poverty level; 57% of children live in poverty.

Table 19. *Community Needs, Based on County and Reservation Profiles and Interviews*

Need	Description
Low rate of college completion	17.8% completed Associate’s Degree; 11.3% Four Year Degree or Higher.
High poverty rate	44% below the poverty level; 57% children in poverty; 93% of children eligible for free, or reduced, price lunch in the public-school system provided by the National School Lunch Program.
Health, including mental health and substance use disorders	Benson County ranks 45 <sup>th</sup> of 46 counties in North Dakota on Health Outcomes (mortality and morbidity).
	Benson County ranked 44 <sup>th</sup> of 46 counties in North Dakota on Health Factors: health behaviors, clinical care, social and economic factors, and physical environment.
	Ranked lowest of all counties on health behaviors, including adult smoking, adult obesity, excessive drinking, motor vehicle crash death rate, sexually transmitted infections, and teen birth rate.
	Access to behavioral health care limited.
	Interviews identified mental health needs: depression, anxiety, isolation, and self-harm. Barriers to addressing mental health needs: stigma and lack of community engagement. Affects child safety, motivation for work and education, community safety
Safety	Child Safety
	Community Safety
Activities	For children
	Cultural strengthening
Housing	Need for additional housing
	Process for quicker access to existing housing
	Better quality housing
	Access to repair services
Transportation	
Technology	
Police and Community Safety	Lack of trained police, security guards, and Emergency Medical Services
	Highway infrastructure and unsafe driving

### Needs Identified in 2015 and 2021

In 2021, the most commonly identified community needs were child safety; activities for children; and substance use, especially drug use (see Table 20). They coincide with the most commonly identified needs in 2015.

In 2021, mental health issues and isolation were also frequently noted needs.

In both 2015 and 2021, community safety was a concern, with highway infrastructure and safety being highlighted in 2021. Housing was a mid-level concern in both years.

Table 20. *Comparison of Needs Identified in 2015 and 2021 Needs Assessments*

<b>2015</b>	<b>2021</b>
Child safety	Child safety
Excessive drinking	Alcohol use
	Drug use, especially meth
	Child education during COVID-19
	Mental health/isolation
Activities for children	Activities for children
Emergency responders	Emergency responders
Workforce	Workforce
Community safety	Highway infrastructure and safety
Housing	Housing
	Food
Technology	Technology
	Employment
Poverty	
Smoking	
Adult obesity	
Access to health care	Cultural activities
Education	

## **VII. Community Resources and Strengths**

This section describes the assets available through CCCC Head Start; information about other child development services; other education, health, community resources; and employment, housing, social services, and child protection services. The section concludes with a summary of assets identified through interviews with CCCC families and staff.

### **CCCC Head Start Assets (Resources and Strengths)**

CCCC Head Start is in a new building centrally located within the reservation. The central location and its amenities facilitate teaching, socialization, and workforce management. Staff include the director, education managers, family services coordinator and staff, prenatal coordinator and staff, teaching staff (lead teachers and teacher assistants), cooks, transportation staff/monitors and bus drivers, and office staff.

Currently, Head Start is approved to serve 158 children. The COVID-19 pandemic required changes in Head Start plans and continues to require flexibility in scheduling and programming. Building closures, changing schedules, and the need for social distancing have made it impossible to meet the expectation to serve 158 children at this time. Head Start closed March 2020, along with the rest of the country. They attempted a second reopening in April 2020, but COVID-19 cases increased; the program moved to distance learning for April through May 2020, and throughout the summer with Early Head Start. Head Start attempted to open Fall, 2020, but was again closed because of COVID-19 illnesses. Teachers and other staff continued teaching by sending packets, including materials – such as crayons needed to complete activities – to children’s homes, either emailed or by personal delivery. Teachers made phone calls to encourage activities that engaged both parents and children. This period has been a “tough time.” Teachers and other staff could assess the quality of materials being delivered, but they had no way to determine whether learning occurred.

New opportunities were developed for professional development for Head Start staff. Head Start received a grant through the Head Start Partnerships with Tribally Controlled Land Grant Colleges. The program supports teachers who wish to complete their Associate’s degree, paying for tuition, books, and incentives. Teachers who complete their AA degree may then complete their 4-year degree through a partnership with Mayville State University.

During summer 2021, Head Start focused on helping the children ‘catch up’ to be ready for kindergarten with classroom and some summer outdoor activities. Families could meet their teachers and enjoy activities and treats, such as snow cones. This fall Head Start will have virtual family nights. For instance, children will have their vision checked in the classroom during the day; at the virtual family night meeting, parents can learn about that process and obtain answers to any questions they may have. At this point, Head Start is operating at about half capacity; changes in protocol and number of individuals in the building will depend on what happens with the pandemic. Currently the forecast for this area is that infections related to the Delta variant will peak in three to four weeks. Flexibility is key to ongoing success during these turbulent times.

## **Information about Other Child Development Services**

### ***Spirit Lake Early Childhood Tracking***

The Spirit Lake Early Childhood Tracking Program identifies children whose healthy development is at risk and provide for appropriate interventions to promote excellence in the health and education of children and their families.

### ***Spirit Lake Tribe Vocational Rehabilitation***

The Spirit Lake Vocational Rehabilitation Project, available to tribal members who have physical or mental disabilities that impede their ability to work through a federal grant and provides help for Native American people. After an assessment for eligibility, individualized services are offered, from help filling out job applications to paying for new glasses to new car tires to support working.

## **Other Resources**

### ***Education***

**Primary and Secondary Education.** Tate Topa Elementary School and Tate Topa Middle School are tribal schools located in Fort Totten, ND. Four Winds High School is a public high school with grades 9<sup>th</sup> – 12<sup>th</sup> and serves Ft. Totten, ND. Minnewauken Public School serves students kindergarten through 12<sup>th</sup> grade, and is located in the northwestern sections of the reservation. Warwick Public School serves students kindergarten through 12<sup>th</sup> grade, and is located in the southeastern section of the reservation.

**Higher Education.** Cankdeska Cikana (Little Hoop) Community College (CCCC) was chartered in 1974 by the Spirit Lake Dakota Tribe.<sup>103</sup> The mission of the college is to provide opportunities to students which foster independence and self-sufficiency.<sup>104</sup> Students learn these skills through academic achievement and improved understanding of the Spirit Lake Dakota language and culture.<sup>105</sup> The college offers undergraduate academic degrees and certificates.

### ***Health***

**The Spirit Lake Health Center.** The Spirit Lake Health Center is staffed by three full-time Physicians (MD), a podiatrist (MD) and 3 Nurse Practitioners.<sup>106</sup> These providers are assisted by 8 nurses, 2 case managers, and 2 clinical appointment medical support assistants. With certified diabetic educators and a certified nutritionist, the clinic also runs a comprehensive diabetes prevention program with comprehensive screening, education, and treatment. The Pharmacy is staffed by 5 Doctors of Pharmacy and a pharmacy technician. The Dental clinic is staffed with a chief of dentistry (DDS), three rotational dentists (DDS), a full-time dental hygienist, three dental assistants, and a dental appointment medical assistant. The Behavioral Health Clinic is staffed with a full-time Licensed Independent Clinical Social Worker (LISCW), a part time LISCW, two psychiatric nurse practitioners, and a medical support assistant.

Complex outpatient services or inpatient care are referred to a contract facility.<sup>107</sup> Devils Lake, which is located in adjacent Ramsey County, is the closest city that has a full-service hospital.

**Tribal Health.** Tribal Health programs include community health representatives, the Diabetes Project, health education; Women, Infants, and Children (WIC); and emergency medical services. Behavioral health programs include Native Connections Suicide Prevention Project, Spirit Lake Prevention Program (substance abuse prevention and tobacco use), and the Spirit Lake Recovery and Wellness Center, a community-based program serving the Native American/Non-Native population in the surrounding counties.<sup>108</sup> It has licensed addiction counselors, family therapist, prevention outreach staff, driver, office manager, office receptionist, and prevention resource staff. The Center is licensed by the State of North Dakota, Department of Human Services-Division of Mental Health and Substance Abuse, and funded by the Indian Health Service Agency and North Dakota Mental Health and Substance Abuse agency to provide alcohol and drug services such as evaluations, intensive outpatient services, and after care services. CCCC assisted the program in obtaining a private grant to rehab the facility into a 15-bed residential treatment center that is scheduled to open in the fall of 2021 (opening delayed due to pandemic).

**Spirit Lake Meth and Suicide Prevention.** The tribal MSPI program promotes the use and development of evidence-based and practice-based models that represent culturally appropriate prevention and treatment approaches to methamphetamine abuse and suicide prevention from a community-driven context<sup>109</sup>.

### ***Employment, Housing, and Social Services and Child Protection Services***

**Employment.** Spirit Lake Employment and Training integrates supports for obtaining and maintaining employment: job search and skills training, childcare assistance, transportation, clothing and tools, relocation, higher education, youth training, and general assistance.

**Housing.** The Spirit Lake Housing Corporation is a tribally designated housing entity authorized by the Spirit Lake Tribe to administer the Indian Housing Block Grant under NAHASDA (Native American Housing And Self Determination Act). Its mission is to provide low income, quality housing in a safe and healthy environment to the people of the Mni Wakan Oyate (Spirit Lake People). It will strive to maintain drug and alcohol-free housing communities that reflect the traditions of the Mni Wakan Oyate (Spirit Lake People).

**Tribal Social Services and Child Protection Services.** Tribal Social Services and Child Protection Services oversees foster care, adoptions, coordination of community services, and child protection. More than half of the employees for Tribal Social Services are CCCC graduates who were part of the 2+2 program CCCC has with the University of North Dakota Social Work Program.

### **Assets**

Individuals interviewed identified community assets, noting the importance of being able to obtain a high school degree through the GED process; options for employment; tribal programs;

educational programs; access to food, especially for elders; buses and vans available for transportation; technology recently made available; and emergency medical services. Some of the noted programs or services from the interviews were:

- GED. Many of the individuals interviewed as part of this needs assessment reported that they and other adults in their home obtained their high school diploma through CCCC's Adult Learning Center (GED program).
- Options for employment, such as tribal administrative positions, the casino, college, Head Start, and primary care clinic within the reservation. Potential sources of employment in the Devils Lake area include restaurants and Walmart.
- Tribal programs. Various grant-funded community services, such as community/public health nursing, tribal court system, tribal social services.
- Educational services.
  - CCCC
  - CCCC Head Start
  - K-12
    - Elementary (Oberon, Warwick, and Tate Topa/BIE Community Elementary Schools)
    - Middle school (Tate Topa)
    - High school (Tate Topa/BIE Community, Minnewaukan, Devils Lake, and Warwick High Schools)
- Food. The Spirit Lake Food Distribution Program and the Bdecan Food Pantry that is located in Tokio, ND (Crowhill District community on the reservation).
- Transportation. Spirit Lake Transit services operated by the Tribe's Employment & Training Program.
- Technology. Many comments about being grateful for access to computers and equipment, mostly provided by CCCC. The Tribe and CCCC collaborated to provide 'hot spots' for internet access for community members.
- Emergency Medical Services (EMS). Operated by the Tribe; located next to the CCCC Head Start campus. EMS is appreciated by community members.



## VIII. Observations and Recommendations

### Observations

Change is slow to come to an economically challenged, rural, isolated, tribal community. It is frustrating and disheartening to document the same issues, concerns, and needs, but it is also reaffirming to note the optimism and resilience of Native people.

In completing the 2021 Community Needs Assessment, key staff did a review of the Spirit Lake Tribe's Strategic Plan (2008-2013), the Spirit Lake Nation (Flood) Recovery Plan (Dec 2010), and the Comprehensive Community Assessment (2015), which includes a table of recommendations that covers 2009-2015.

*The results and findings are very similar and continue to hold true in the 2021 report: the safety and protection of children as the number one priority; the need for family-based activity centers; the improvement of community safety with additional (trained) security and police officers; the need for housing and rehabilitation of existing housing; the expansion of behavior health services with a focus on substance abuse; and the promotion of education as the pathway out of poverty.*

Culturally relevant services and programs that are staffed by credentialed tribal members is the ultimate goal. Resources – funding and human – are key to addressing the identified needs, but it also takes good communication, leadership follow-through, and community/family engagement.

### Recommendations

Recommendations are based on the 2021 Community Needs Assessment report that conducted an analysis of data and previous reports, plus the current interviews with families served by CCCC Head Start (some of whom were also employees).

- **For Head Start:**
  - Increase child safety and child development by continuing existing programming, such as supporting women who are pregnant, providing a safe environment for children birth through five, and engaging families of young children.
  - Increase activities for young children and families. Families are very grateful for Head Start family events, both in person and virtual; they would appreciate additional family activities, including cultural education.
  - Continue partnering with CCCC to improve the professional development of Head Start staff through the Partnership Project.
  - Set the goal to achieve optimal capacity for the facility – all 19 classrooms are staffed by credentialed teaching staff and are operational by 2026.

- At the national level, adequate funding to provide and sustain the existing services – increase in program funding – and less bureaucracy.
- **For CCCC:**
  - Continue the Early Childhood Education (ECE) program to improve workforce credentials for Head Start and other child service programs. Consider offering Elementary Education as an offering.
  - Continue to sponsor the Adult Learning Center (GED), a key factor in ensuring that community members complete a high school diploma, as well as the tuition waiver for GED completers.
  - To continue to promote higher education as the pathway to addressing issues on the reservation.
  - As COVID restrictions diminish, reinstitute events/activities that support students, staff, and families, especially culturally based education programs.
- **For the Spirit Lake Tribal Council:**
  - Enforce and support the Tribal laws, policies, and programs that serve the children and families. Secure adequate funding for the programs to ensure child safety, health, well-being, and happiness.
  - Establish community-based Family Fun Centers with indoor/outdoor, supervised activities for the physical, emotional, social development of children. This should include cultural education and learning.
  - Hire, train, and support tribal members to become protectors/security officers or law enforcement officers for each district community and each housing compound. Re-establish the Dakota Society who were the traditional protectors of the camp and the people. Enlist elders to assist with the education and training as well as college education or certifications.
  - Improve and increase housing in each district.
  - Enforce road safety on the reservation by increased patrols and improved communications of the rules/laws as well as improving road conditions, in collaboration with the Bureau of Indian Affairs or State roads department.
- **For Head Start Families and Community Members:**
  - Get involved, engaged – What can I do to make it better? How do I help?
  - Be healthy, be positive.

- Volunteer for a committee or to do a classroom project.
- Host or sponsor an activity – take the lead.
- Are you a high school graduate? If not, sign up for the GED program and services.
- Are you a college graduate? If not, enroll at CCCC and start thinking about a career/profession for which you have passion.
- What help do you need to be a better parent?

### **Summary of observations & recommendations...**

All Spirit Lake tribal members, reservation residents, and the various State and federal partners must work together, better, toward accomplishing the recommendations noted in this report as well as the previous reports and plans. It is time to get something done – in a good way – for the benefit of all but for the safety and well-being of the wakanheza – the sacred little ones (children) – who are the future.

SPIRIT LAKE NATION COMPREHENSIVE COMMUNITY ASSESSMENT: 2015

Comprehensive Community Assessment

Summary, Discussion, and Recommendations

Executive Summary

The Spirit Lake Tribal Council requested that Cankdeska Cikana Community College (CCCC) conduct a Comprehensive Community Assessment (CCA). The project, guided by community based participatory research (CBPR) principles, was advised by a community workgroup. The purpose of the CCA, conducted Spring and Summer 2015, was to identify community health and wellness needs (social, health, mental health, substance use, employment, housing, education) and to provide support for health, educational, employment, and other program development and implementation. The project had two aims:

Aim 1. To describe Spirit Lake community characteristics using already collected data:

Aim 2. To describe the current health, education, economic, and housing status and needs of community members and Head Start families, through interviews.

Research questions guiding the Comprehensive Community Assessment were:

1. What is the status of health (including behavioral health), wellness, and life satisfaction of Spirit Lake Nation tribal members?
2. What factors (education and child care; economic issues; housing; childhood safety; individual behaviors; access to health care, transportation, and communications) influence health (including behavioral health), wellness, and life satisfaction of Spirit Lake Nation tribal members?
3. What are the most important issues at Spirit Lake Nation?

The sample for the Comprehensive Community Survey included 285 people representing their household. Their average age was 40, ranging from 16 to 89; 70% were female. Ninety-two percent were enrolled members of Spirit Lake Tribe; 80% had lived in the community for 18 or more years. Forty-six percent were never-married, 34% married or an unmarried couple living together.

Fifty-one percent had a high school degree; 28% had less than a high school degree; and 22% had an Associate's Degree, Bachelor's Degree, or Graduate or Professional degree. Thirty-eight percent of the participants reported an individual income of under \$5,000.00; 73% under \$20,000.00. The most common number of adults in a household was 2 (range 1 to 10 adults per household; the average number of people per family was 4.86 (range 0-19 people in a family).

## **1. What is the status of health (including behavioral health), wellness, and life satisfaction of Spirit Lake Nation tribal members?**

The status of health covers quality of life (general health, days that physical and mental health are not good and their impact of level of functioning, feeling full of energy, pain, and life satisfaction); chronic diseases; and mental health. The average level of general health of tribal members was average; 2.99, based on a range from 1=Poor to 5=Excellent. The number of days in the past 30 days that one's physical health and mental health were not good averaged 4.97 and 4.44 days respectively. The average number of days that poor physical and mental health kept people from their usual activities, 3.40 days, was slightly lower than the number of poor physical and mental health days. The average number of days in the past 30 days impacted by pain was 4.48. The number of days where usual activities were impacted by pain also varied by age ( $R=.178$ ,  $p=.003$ ). As age increased, people were more likely to report more days impacted by pain. When asked, "During the past 30 days, for about how many days have you felt very healthy and full of energy," 87 people said they had 30 days where they felt very healthy and full of energy. Men reported more days that they were full of energy in the past 30 days than women ( $t=3.61$ ,  $df=172.69$ ,  $p=.000$ ).

People completing the survey were asked whether they had any of 11 chronic diseases. The two most common were arthritis and diabetes; 82 people said they had some form of arthritis. Sixty-four percent reported at least some joint pain. Sixty people had diabetes or were prediabetic. People with mental health issues included:

- 7% who were currently taking medicine or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem.
- 16% said that a doctor had told them they had an anxiety disorder.
- 12% had been diagnosed with depression in the past.
- 49% screened positive for further testing for depression on the PHQ2.
- 3% scored above 55 on the PHQ8, an indication that they had a major depressive disorder.
- During the past 12 months, 11 people said they had considered suicide and 7 had a plan about how they would attempt suicide.

People completing the survey rated their life satisfaction highly ( $M=1.71$ , scale range from 1=Very Satisfied to 4=Very Dissatisfied); 94% said they were satisfied or very satisfied. Number of poor mental health days and general health predicted level of life satisfaction.

## **2. What factors (education and child care; economic issues; housing; childhood safety; individual behaviors; access to health care, transportation, and communications) influence health (including behavioral health), wellness, and life satisfaction of Spirit Lake Nation tribal members?**

Factors influencing wellness and life satisfaction include education and child care; economic issues; housing; childhood safety; individual behaviors; access to health care, transportation, and communications. Lack of childcare prevented or interfered with the ability to

work outside the home; 25% said they needed child care and 32% said that relatives provided child care. Child care at times other than 8 to 5, when child care is closed for holidays, and weekends was most needed. Individual and family incomes were low. The most common sources of income were Food Stamps and Employment. Only 20% of respondents owned their own home; a small number said they changed their living situation often. Four were currently homeless and 41% had been homeless at some time.

### ***Childhood Adverse Events***

To identify early childhood events that might influence health outcomes in adulthood, participants were asked whether they had experienced any of 10 adverse events prior to the age of 18. The most common childhood adverse event was having parents who were never married, separated, or divorced. The next most common childhood adverse event was living with someone who was a problem drinker or alcoholic. Almost everyone had experienced at least 1 adverse event; 82% had five or more adverse events.

### ***Individual Behaviors***

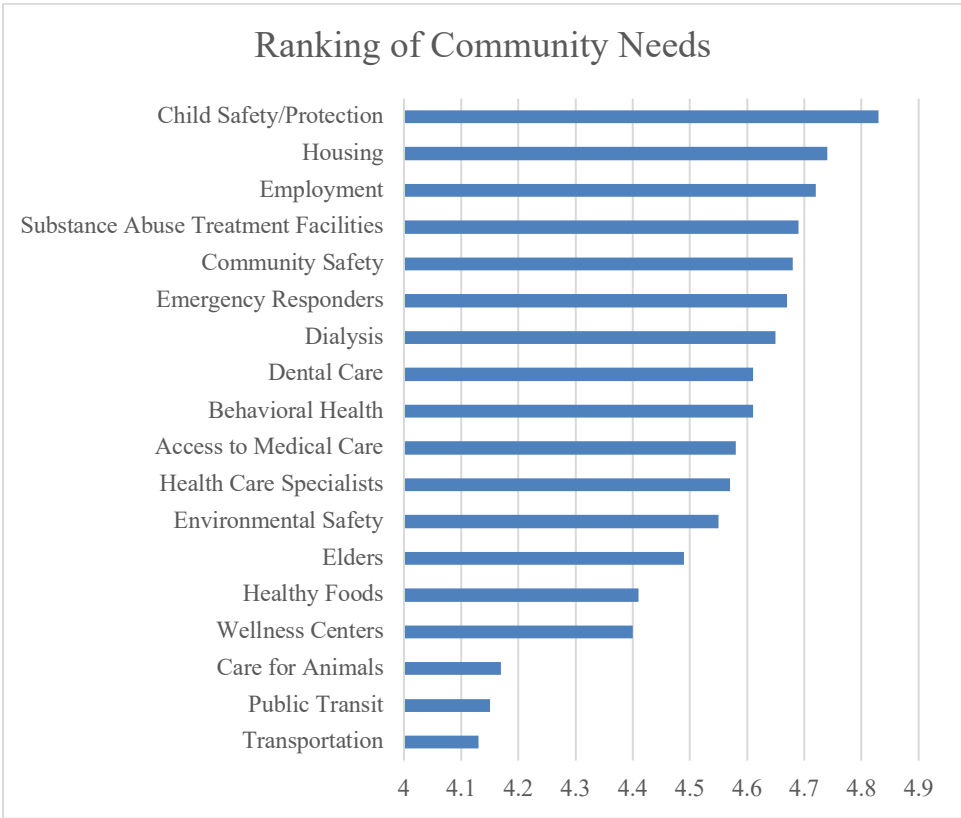
Individual behaviors that may influence health outcomes include obesity, smoking, substance use. The average BMI was 29.87 (Minimum=2.65, Maximum=70.41). Forty-one percent of the respondents were obese. Eighty percent of the respondents had smoked more than 100 cigarettes at some point in their life; 55% were currently smoking. When asked “how many days in the past 30 days did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor,” 162 (57%) said they had had **no** drinks in the past 30 days. When asked “how many times during the past 30 days did you have 5 or more drinks if you are male, 4 or more drinks if you are female on an occasion,” 188 participants said they had **not** engaged in binge drinking in the past 30 days; 97 (34%) had engaged in binge drinking at least one time. Thirty-one of the 36 people who made a comment about drinking said they were sober: Eighty-one percent nearly always or always wear a seat belt.

### ***Access to Health Care, Transportation, and Communications***

All but six participants reported having some sort of health care coverage; the most common types of health care were Medicaid (58%) and Indian Health Service (56%). Fifty-six percent of the participants had a personal doctor or health care provider. The most common mode of transportation was one’s own car (54%). The next most common mode of transportation was riding with relatives (37%). Seventy-four percent (211 people) had access to a working phone. People completing the survey were more likely to access the internet at home or through their phone (36% and 34% respectively).

### **3. What are the most important issues at Spirit Lake Nation?**

When people completing the survey were asked to rate needs in the community using 18 items, on a scale of “1= Not at All Important” to “5=Very Important”, all of the items were rated above 4. The highest rated item was Child Safety and Protection, closely followed by two items, Housing and Employment. The next five most highly-rated items were health needs.



When asked what they thought the most important health needs at Spirit Lake Nation were, people completing the survey said that behavioral health issues were most critical; 166 comments were about substance use and 15 mental health issues. Chronic diseases (N=119), especially diabetes (N=73) and cancer (21), were also identified as critical health issues. Participants identified health care access and quality as the most important factors influencing health outcomes. Fifteen people thought that more community activities, especially for children, were needed to reduce risk factors such as drug and alcohol use. When asked the final question, what the most important community needs were, people reiterated the need for community activities (N=32), especially for children (N=24). Behavioral health issues were the second most frequently mentioned needs

**Qualitative Data Collection Tool: Semi-structured Interview Schedule**

**Participant #** (Make sure the # and name for gift card.)

Interviewer(s)

**Interviewing Process:**

**Introductions**

1. Names
2. Read explanation of study
3. Make sure Head Start staff member has copy of interview schedule.
4. Ask them if they wish to continue. If yes, **turn on Zoom recording**.
5. Ask questions.
6. Record answers word for word. You can type anywhere in the document except the check boxes, where you just click the mouse on the box to select an answer. Invite people to explain their choices that they select.

**Introduction of study**

Thank you for talking with us. The Cankdeska Cikana Community College Head Start Program is required to complete a community assessment every 5 years. The last community assessment was completed in 2015. We are collecting information for the new 5-year community assessment from you and other community members to identify Spirit Lake Nation 1) resources, 2) needs, and 3) potential solutions to meet the needs.

The opinion and experiences of caregivers of children in the community are critical to understanding the current status of children and their families.

This interview will take about 20 minutes. The questions will be displayed on the computer screen. [does the person have the interview form on their computer screen? Share if need to.] I [The interviewer] will read each question. I will type notes and record the interview.

The interview is anonymous. Your name will NOT be included with the notes and on the tape. Your name will be recorded in a separate document so you can receive your “thank you” for your help. [send names of people who complete survey to Larretta Hall and she will send to Chelly.]

You may stop the interview at any time; you may decline to answer any question. What questions do you have at this time?

Are you OK with continuing with the interview? If yes, I will **turn on the recording**. [if someone other than the interviewer set up the meeting, the person who set up the meeting will have to turn the recording on and off. When the interview completes, it takes a few minutes for the recording to do something...anyway there is a message.]



## **Semi-structured Interview Schedule**

May have this interview schedule on screen. Interviewer and person being interviewed can read.

### **1. Please describe the different types of relationships with you have with young children**

- Parent (birth or adopted) Step-Parent
- Foster parent
- Grand parent or Step grand parent
- Aunt or uncle, Step aunt or uncle
- Younger brother or sister
- Teacher
- Coach
- Social worker, case manager, counselor
- Physician, NP, PA, nurse, lab, pharmacist, PT, OT, speech
- Another relationship. Please specify.

### **2. Demographics**

#### **What is your tribal affiliation?**

- Enrolled member of Spirit Lake Nation
- Enrolled member of another tribal nation
- Other such as descendent/None explain

#### **Sex**

- Male
- Female
- other

#### **Age**

- <18
- 18 to 24 years
- 25 to 34 years
- 35 to 44 years
- 45 to 54 years
- 55 to 59 years
- 60 to 64 years
- 65 years and over [check these]
- 65 to 74 years
- 75 years and over

## Education

What is your highest level of education?

- Less than high school
- GED or High School Diploma
- AA, 2-year degree, technical degree
- BA, BS, BSW, other 4-year degree
- Post graduate degree, i.e. MSW, MD, NP, MS
- Other

What is the highest level of education of other adults in your home? [add role, i.e. mom. Husband, wife]

- Less than high school
- GED or High School Diploma
- AA, 2-year degree
- BA, BS, BSW, other 4-year degree
- Post graduate degree, i.e. MSW, MD, NP, MS
- Other

## Living situation

Where do you live?

- Within Spirit Lake reservation.
- Outside Spirit Lake reservation.

How many people do you live with?

Do you have children in your home ages 0-5?

Are you a single parent?

## Transportation

We want to learn about transportation issues in the community. Could you describe what kind of transportation you use? For instance, if you needed to go to the grocery store, how would you get there?

**3. Need The Head Start community assessment in 2015 identified the following concerns. What do you think about them now/how have they changed since 2015? Especially this past year during COVID.**

Select needs identified by the person being interviewed. Invite them to say more about needs as they select them. Type the response under the need or wherever is convenient.

### **Safety**

- Child Safety/Protection
- Community Safety
- Emergency Responders (Police, fire, ambulance)

### **Community**

- Cultural strengthening
- Community activities, especially for children
- Housing
- Employment
- Child care
- Education/School/Head Start
- Healthy Foods
- Care for Animals
- Transportation
- Technology
- Environmental/Public Safety i.e. finding used syringes,

### **Health**

- Chronic Diseases like Kidney Disease (goes with diabetes) and Diabetes
- Substance Use Disorder (alcohol, opioids, methamphetamine, other drugs)
- Isolation during COVID 19.

Prompts:

- ✓ Friends, family members,
- ✓ Talking with someone and get reassurance, virtually and in person
- ✓ Self-care, not get overwhelmed because isolated

Mental Health

Medical Care Where do you typically get care?

Prompts:

- ✓ Regular check ups
- ✓ Vision
- ✓ Dental Care

Elders

**5. What recommendations do you have about young children living in the Spirit Lake community?**

**6. Thank you so much for your time and information. What else would you like to say?**

Explain gift card process

**Attachment C.**  
**Spirit Lake Community Workgroup**

<b>Name</b>	<b>Organization</b>
Alex, Marty	Veterans Services
Baerwald, Gladys	Director, Little Dreamers
Bartlett, Allyson	Director, Tribal Social Services
Bohanon, Charmayne	Secretary/Treasurer, Spirit Lake Tribe
Brown, Collette	CCCC Board of Regents; Executive Director, Spirit Lake Gaming Commission
Cavanaugh, Art	CCCC Board of Regents; Brownfields/Tribal EPA
Chaske, Waynita	Spirit Lake Tribal Council, Crow Hill District Representative
Crosswhite, Jolene	Director, Employment & Training
Dauphinais, J. Sarah	CCCC social work student
Georgeson, Lisa	Spirit Lake Tribal Council, Woodlake District Representative
Gourd, Samantha	CCCC Head Start
Greene-Trottier, Mary	CCCC Board of Regents; Director, Food Distribution Program
Greywater, Bev	Director, Early Childhood Tracking
Hall, Larretta	Interim Director, CCCC Head Start
Hayden, Dave G.	CCCC social work student
Hunt, Jaclyn	Spirit Lake Senior Services
Jackson-Street, Lonna	Former Secretary/Treasurer, Spirit Lake Tribe
Krulich, Arlene	CEO, Spirit Lake Health Center
Lawrence, Deshawn	Director, Community Health Representatives (CHRs)
Lawrence, Heather	CCCC Board of Regents; UND Tribal Liaison
Lindemann, Galynn	CCCC Social Work program
Lindquist, Cynthia	CCCC President
Longie, Marshall	Spirit Lake IT
McKay, Ila	Tribal Planning
Omen, Dixie	COO, Spirit Lake Health Center
Parisien, Hunter	Tribal Health Director
Smith, Robin	Director, Tribal Enrollment Office
Tawacinhehomni, Wicahpi	Director, Recovery & Wellness
Three Irons, Kim	Spirit Lake Tribal Council, Fort Totten District
Vetsch, Joe	Chief Judge, Tribal Court
Young, Stuart	CCCC Dean of Administration
Ziegenmeyer, Heidi	CCCC Land Grant Director

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Śicesi  
Male Cousin

Dekśi  
Father's Brother

Omahituñ  
Your-in-law

Ina  
Mother's Sister

Cuñś  
Sister's Daughter

Cuñś'  
Daughter

Ate  
Father

Isina  
Mother's Brother

Tibdo  
Older Brother

Takoś  
Daughters-in-law

Tuñkañ  
Father-in-law

Mitañ  
Younger Sister

Tos'ka  
Brother's Son

Śepan  
Sister-in-law

Uñkana  
Mother's Father

Ciñś  
Sister's Son

Ciñś'  
Son

Śice  
Brother-in-law

Cepañś'I  
Female Cousin

Ina  
Mother

Misuñ  
Older Brother

Uñciśi  
Mother-in-law

Kuñsi  
Father's Mother

Tozañ  
Brother's Daughter

Takoza  
Grandchild

Tuñkaśina  
Father's Father

Cuwe  
Older Sister

Tuñwiñ  
Father's Sister

Uñci  
Mother's Mother

