

**Sisseton/Wahpeton First 1,000 Days Initiative**  
**Community Resource Assessment Analysis**  
**August 19, 2014**

The South Dakota Head Start Community Resource Assessment of the Sisseton-Wahpeton area began with an introductory meeting on May 15, 2014 with representatives from Bright Start, Circle of Smiles, Indian Health Services, WIC, Early Childhood Intervention Program, Community Health Education, and SWO Health Administration. SD Head Start Assn and the Bright Start director joined via conference call. An April 29, 2014 meeting added input from the Great Plains Tribal Chairman’s Health Board, SD Department of Health, and Coteau des Prairies Hospital. The survey was reviewed and questions answered. The original survey was revised to accommodate concerns and to make the survey more specific to the area. The survey was released on May 22, 2014 at the Women’s Wellness Gathering. On May 22-23, 2014 the link to access the survey online was sent via email to all who attended the first two meetings as well as those who attended the First 1,000 Days Initiative collective Impact Gathering in March 2014. Hard copies of the survey were distributed at area offices and organizations by Bright Start nurses.

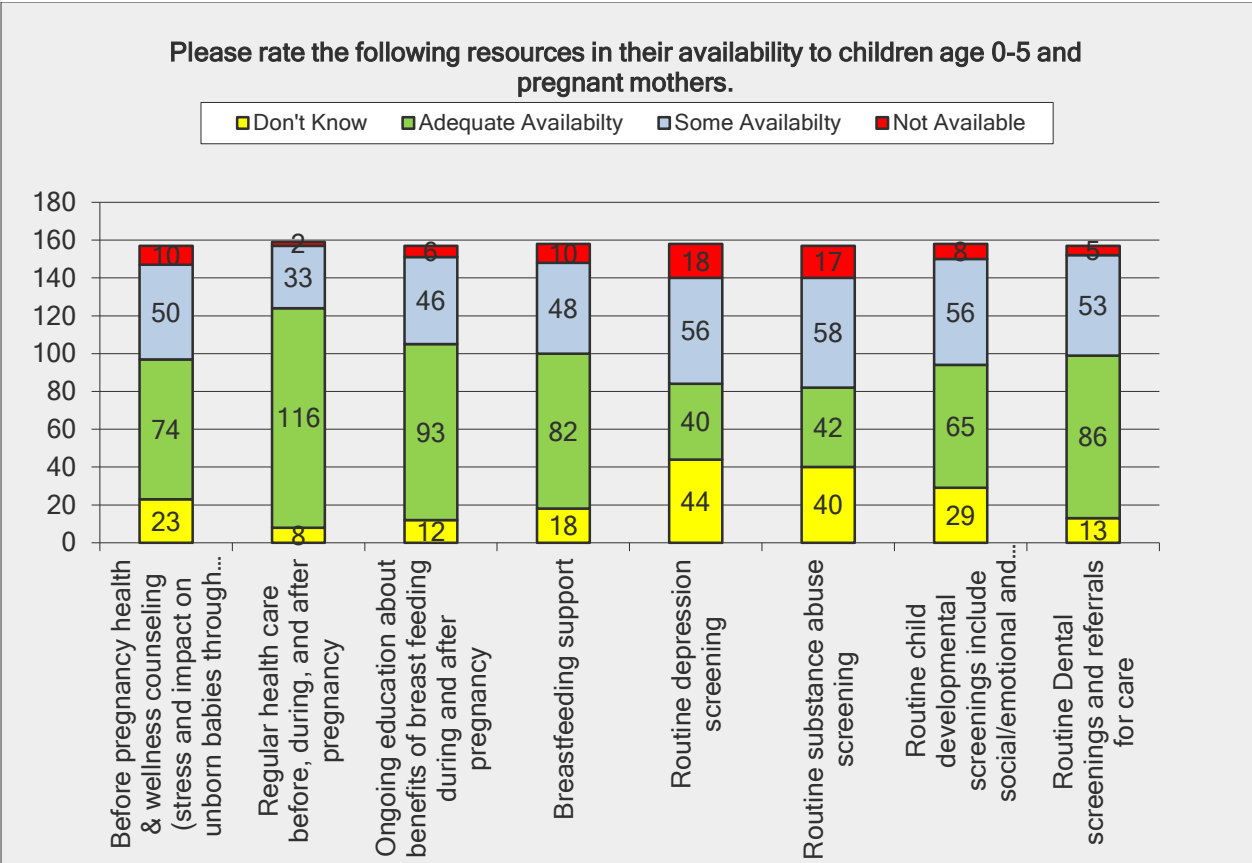
The survey included the Sisseton Wahpeton area, one of the areas served by the Bright Start Home Visiting Program. 165 responses were received by the SDHSA office, both paper (141) and through the online link (24). Most respondents answered all questions, some adding additional comments.

The survey was divided into four sections: Health, Family Resources, Mental Health Services, and Pre-School. This analysis will look at each area of questions, using graphs and narrative, and end with a final summation. Findings will be discussed at a Post-Survey Meeting to allow comments and discussions for using the results to address needs identified by the survey

Groups represented by those who took the survey are:

- Parents/Guardians                      75.0%
- Others                                        15.2%
- Health Providers                         5.5%
- Preschool/Daycare workers        4.3%
- Service Providers                        3.7%

*“Others” category includes Grandparents, Aunts/Uncles, Law Enforcement, Tribal Headquarters staff, Education Director, Shelter Administrator, Community Health representative, and Community Members.*

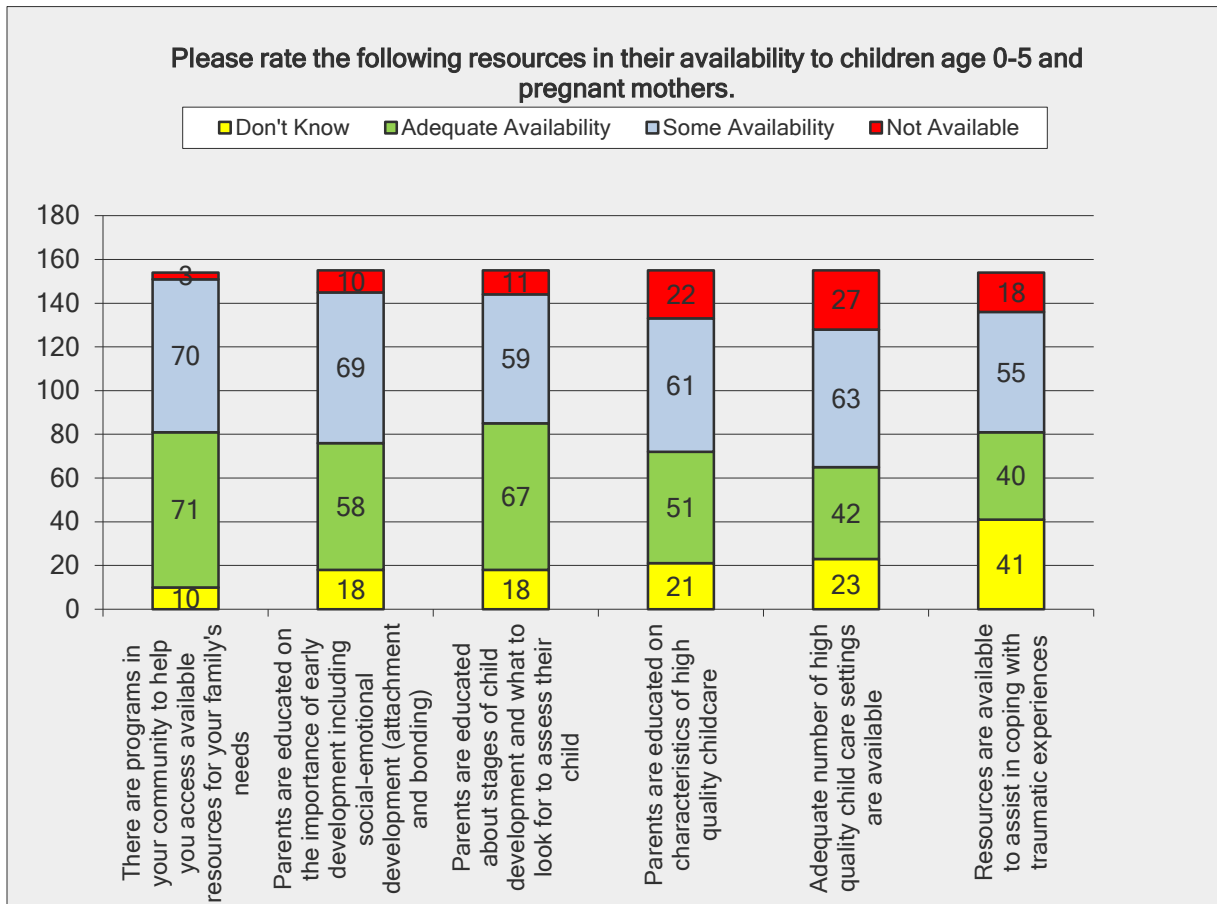


Adequate & Some Avail.	<b>124</b> <b>78%</b>	<b>149</b> <b>94%</b>	<b>139</b> <b>87%</b>	<b>130</b> <b>82%</b>	<b>96</b> <b>60%</b>	<b>100</b> <b>63%</b>	<b>121</b> <b>76%</b>	<b>139</b> <b>87%</b>
Not Avail. or Don't Know	<b>33</b> <b>21%</b>	<b>10</b> <b>7%</b>	<b>18</b> <b>12%</b>	<b>28</b> <b>18%</b>	<b>62</b> <b>39%</b>	<b>57</b> <b>36%</b>	<b>37</b> <b>24%</b>	<b>18</b> <b>12%</b>

**Comments:** Some comments indicate that programs are available but not being used. Others indicate a need for quick dental screenings by medical offices, prenatal services before the first trimester, and lack of services in outlying communities.

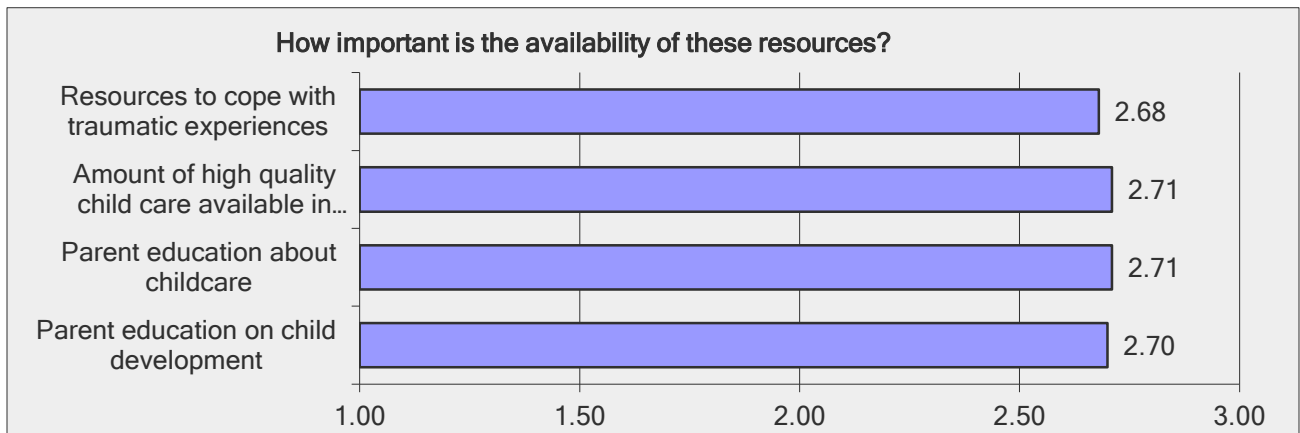


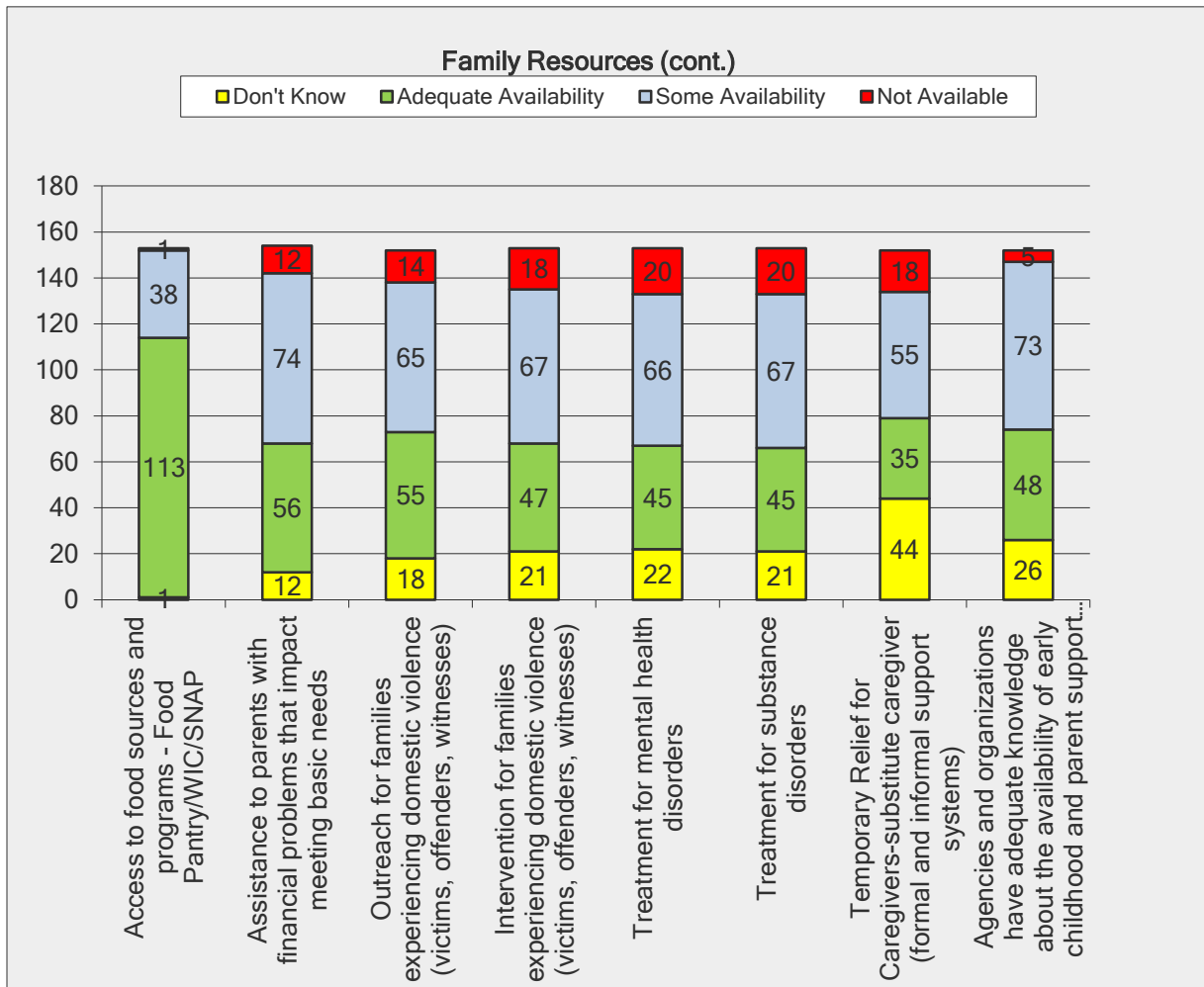
## Family Resources



Adequate & Some Availability	<b>141</b> <b>91%</b>	<b>127</b> <b>82%</b>	<b>126</b> <b>82%</b>	<b>112</b> <b>73%</b>	<b>105</b> <b>68%</b>	<b>95</b> <b>62%</b>
Not Avail. or Don't Know	<b>13</b> <b>9%</b>	<b>28</b> <b>18%</b>	<b>29</b> <b>19%</b>	<b>43</b> <b>28%</b>	<b>50</b> <b>33%</b>	<b>59</b> <b>38%</b>

The results for this area are very good as far as availability. The main concern lies with resources to address traumatic experiences with 38% not available/don't know. One third of respondents also show a need for more high-quality childcare.

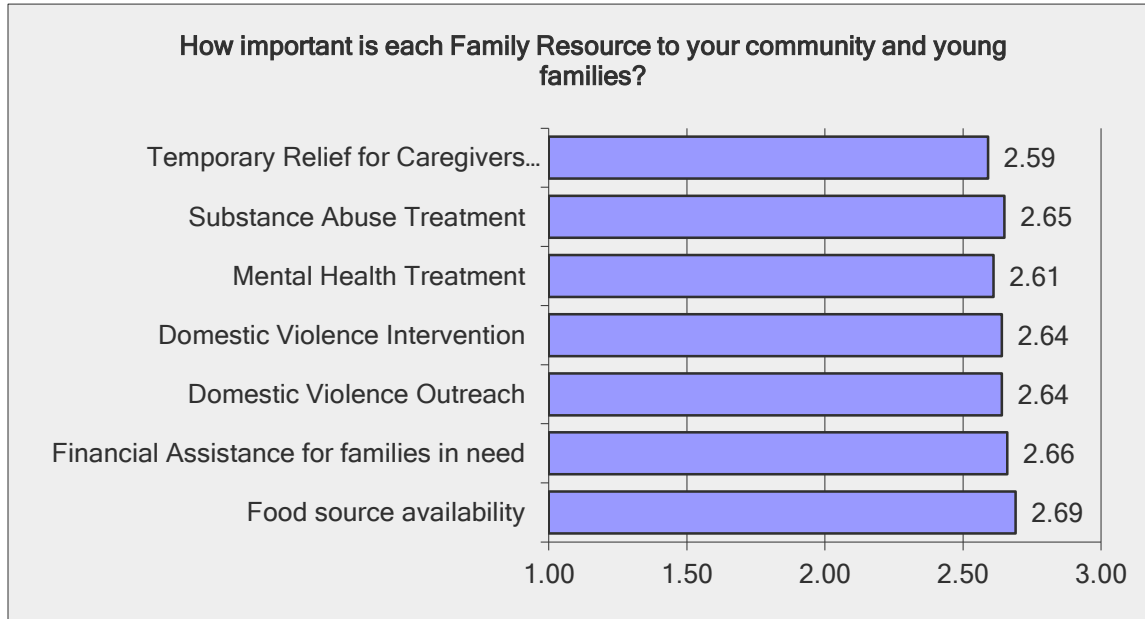




Adequate & Some Avail.	<b>151</b> <b>98%</b>	<b>130</b> <b>85%</b>	<b>120</b> <b>78%</b>	<b>114</b> <b>74%</b>	<b>111</b> <b>72%</b>	<b>112</b> <b>73%</b>	<b>90</b> <b>59%</b>	<b>121</b> <b>79%</b>
Not Avail. or Don't Know	<b>2</b> <b>2%</b>	<b>24</b> <b>16%</b>	<b>32</b> <b>21%</b>	<b>39</b> <b>26%</b>	<b>42</b> <b>28%</b>	<b>41</b> <b>27%</b>	<b>62</b> <b>41%</b>	<b>31</b> <b>21%</b>

These areas of Family Resources show good to exceptional availability. The one area of concern is the provision of support for Temporary Relief for Caregivers. Programs of this type provide for relief of the stress of constantly being responsible for the total care of a family member who might otherwise require permanent placement in a facility outside the home

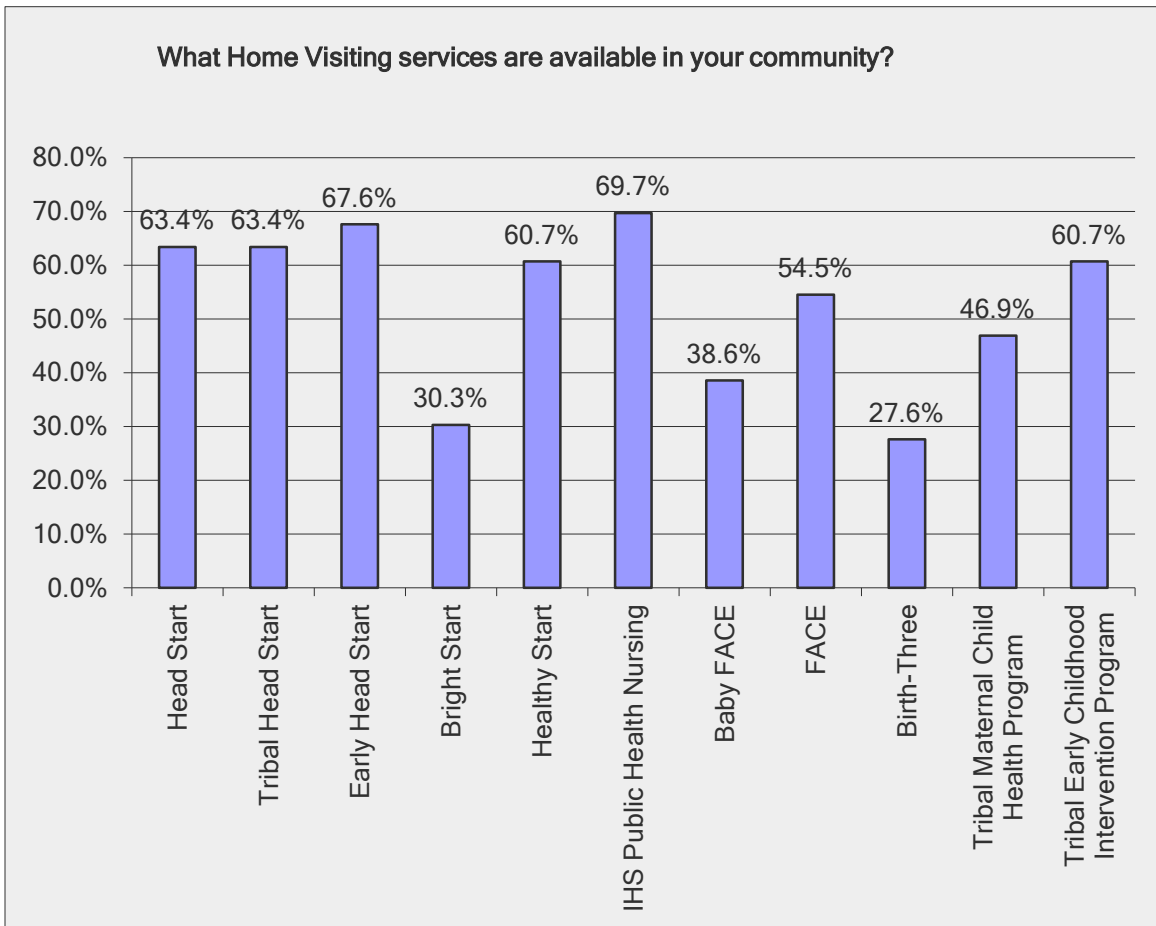
**Family Resource Comments:** Those who added comments voiced an extreme need for outreach, intervention, and facilities for families dealing with domestic violence and traumatic experiences. Respondents also ask that services collaborate and coordinate their efforts. There was concern that the programs are there, but are not being utilized due to lack of knowledge or stigma attached to asking for help.



**Are there barriers to accessing to the services above ? What are those barriers?**

This question was presented as an open text box. Respondents entered non-restricted and non-cued comments. Recurring barriers listed by those taking the survey include, in order of the most frequently cited barrier:

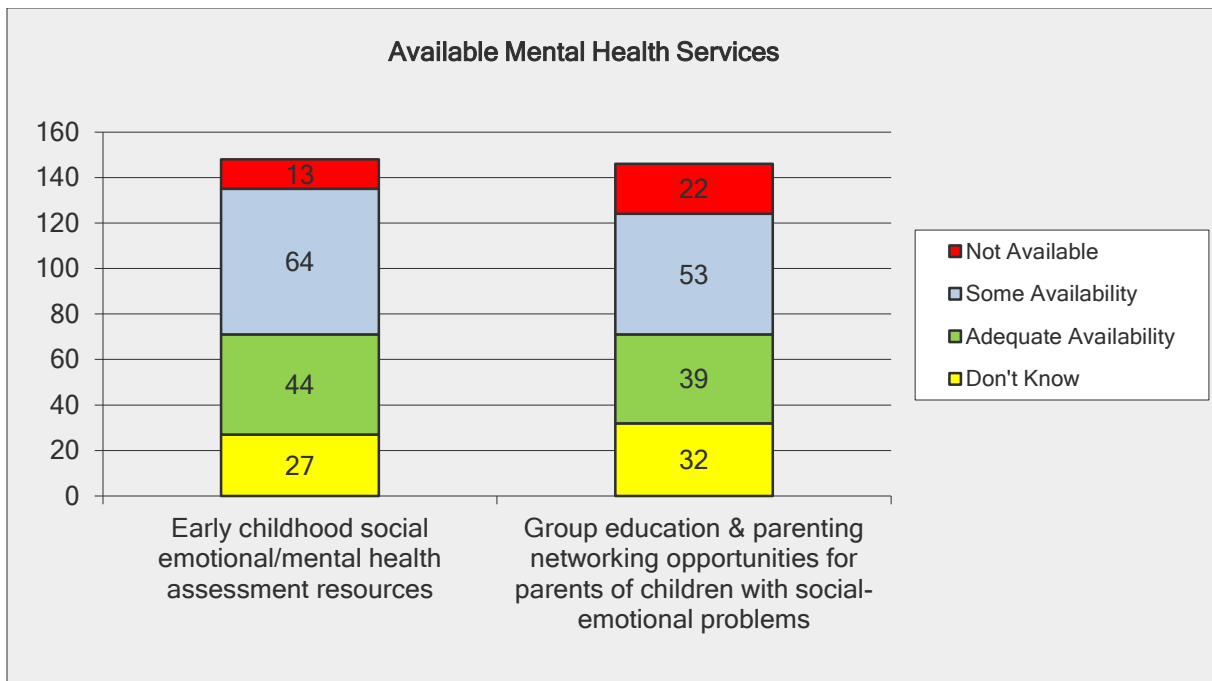
- Transportation – lack of vehicle or money to travel to services
- Quality of Services – questionable staff qualifications, facilities, scheduling, trust
- Lack of Knowledge of Existing Services
- Eligibility for Services Provided



In the Sisseton-Wahpeton area, many Home Visiting resources are available. This graph represents knowledge of existing programs by those who answered the question. Respondents could check as many programs as they were aware. As the graph above shows, IHS Public Health Nursing (70%) is the most known program, followed by Early Head Start (68%), Head Start and Tribal Head Start (both 63%).

**What informal Neighborhood resources exist? (church/organization sponsored) Please list**

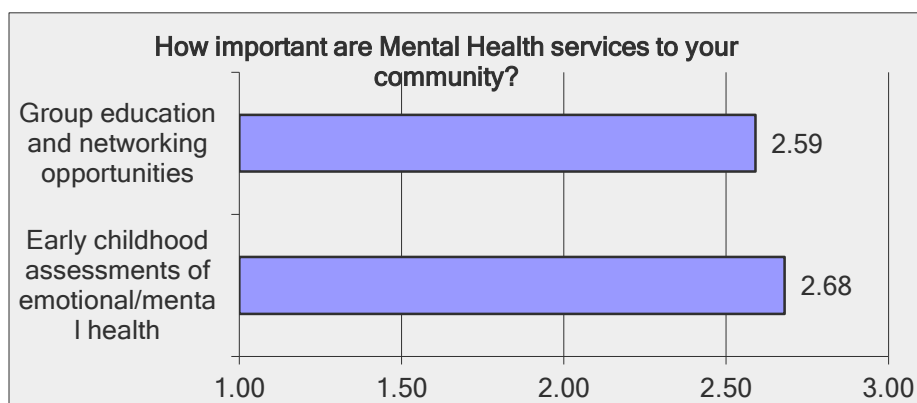
This question was an open-ended comment section, with respondents citing other resources and programs in their communities. The Eagle Baptist Church was singled out in one comment. Others listed church as a resource, as well as one mention of family-based outreach and support.



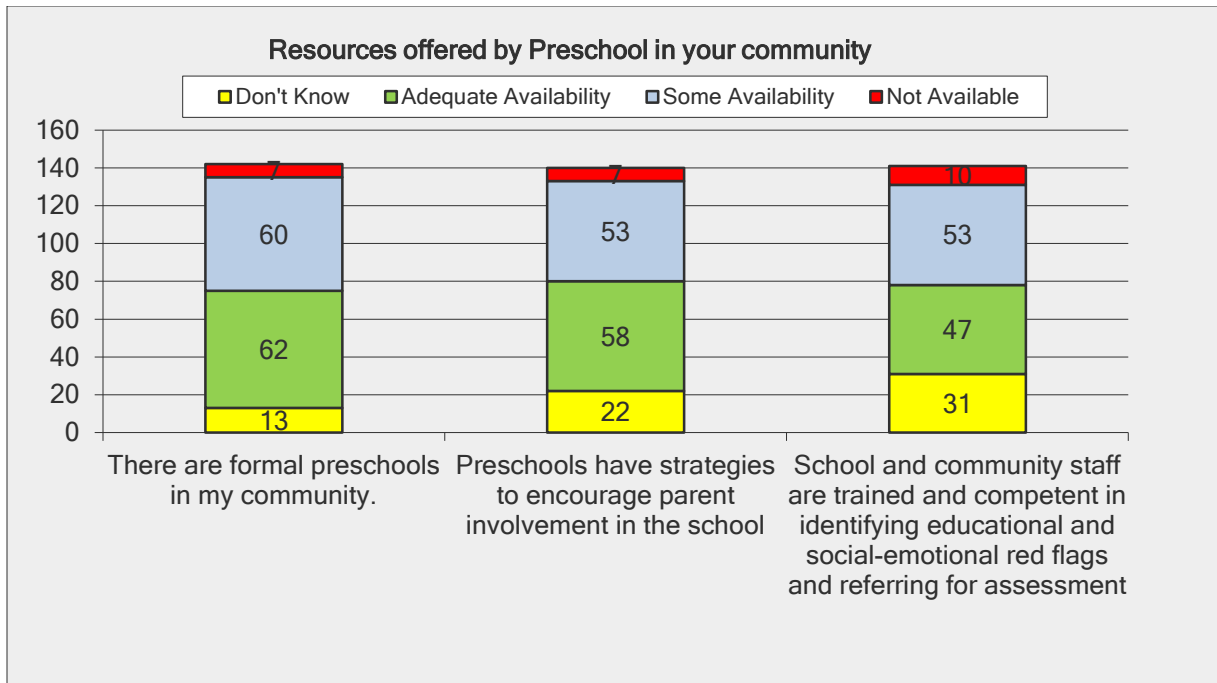
Of the 148 people who answered this question on the survey, **108 (73%)** indicated that there was adequate or some availability to Early Childhood Social-emotional /Mental health assessments, while **40 (27%)** cited that the resource was unavailable or they were unaware of its existence.

**92 (63%)** were aware of networking or group opportunities for parent of children with social-emotional problems. **54 (37%)** responded there was no availability or they were unaware of the program.

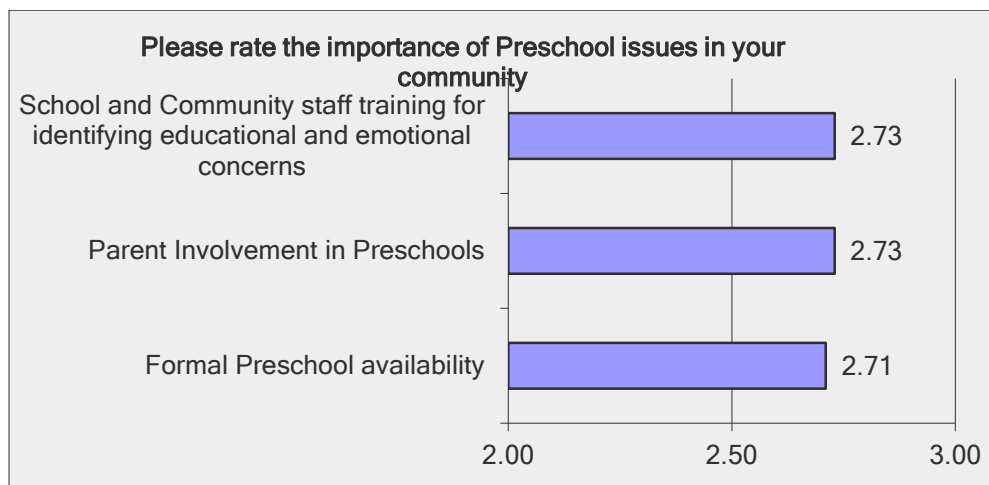
This area could be an area of concern with the higher numbers citing no availability or don't know about services.



**Comments:** Comments on this area of the survey cite the Early Childhood Intervention Program as a resource in the area. Others describe Mental Health services as a “dire need” and specify the need for group and individual counseling and education/support for families with special needs children.



Adequate & Some Availability	<b>122</b> <b>86%</b>	<b>111</b> <b>79%</b>	<b>100</b> <b>71%</b>
Not Avail. or Don't Know	<b>20</b> <b>14%</b>	<b>29</b> <b>21%</b>	<b>41</b> <b>29%</b>



**Are there informal preschool resources in your community? Please list.**

Those who responded to this open-ended question did not list any additional informal preschool resources. The one listed (Early Head Start) is a formal preschool. Those who commented did express a need for preschools in the area.



### Data Findings/Summary

<b>Highest “Adequate” Rankings</b>	
Regular Health Care	<b>116</b>
Food Sources – Pantry, WIC, SNAP	<b>113</b>
Breastfeeding Education	<b>93</b>
Routine Dental Screenings	<b>86</b>
Breastfeeding Support	<b>82</b>
Before Pregnancy Health & Wellness Counseling	<b>74</b>
Programs for Accessing Resources for Family Needs	<b>71</b>
<b>Highest “Some Availability” Rankings</b>	
Financial Assistance for Basic Family Needs	<b>74</b>
Agencies Know About Early Childhood/Parent Resources	<b>73</b>
Programs for Accessing Resources for Family Needs	<b>70</b>
Parent Education on Early Social-Emotional Development	<b>69</b>
Intervention for Families Experiencing Domestic Violence	<b>67</b>
Treatment for Substance Disorders	<b>67</b>
Treatment for Mental Disorders	<b>66</b>
<b>Highest “Not Available” Rankings</b>	
Adequate Numbers of High Quality Child Care Settings	<b>27</b>
Group Networking for Parents with Social/Emotional Child	<b>22</b>
Parent Education – High Quality Child Care Qualities	<b>22</b>
Treatment for Substance Disorders	<b>20</b>
Treatment of Mental Disorders	<b>20</b>
Resources for Coping with Traumatic Experiences	<b>18</b>
Intervention for Families Experiencing Domestic Violence	<b>18</b>
<b>Highest “Don’t Know” Rankings</b>	
Routine Depression Screenings	<b>44</b>
Temporary Relief for Caregivers (Substitute Caregiver)	<b>44</b>
Resources for Coping with Traumatic Experiences	<b>41</b>
Routine Substance Abuse Screening	<b>40</b>
Group Networking for Parents with Social/Emotional Child	<b>32</b>
School/Community Training for Educational/Social-emotional Red Flags and Referrals from assessments	<b>31</b>
Routine Child Development Screenings	<b>29</b>

## Data Summary of Available Community Resources

### Identified Strengths:

- Access to Food Sources and Programs
- Regular Health Screenings
- Early Childhood Social-emotional/Mental Health Assessment Resources
- Programs to Access Family Resources through Referrals
- Routine Dental Screenings
- Ongoing Education about the Benefits of Breast Feeding

### Identified Weaknesses/Needs:

- Routine Depression Screenings
- Respite Care/Temporary Relief for Primary Caregivers
- Resources to Assist in Coping with Traumatic Experiences
- Routine Substance Abuse Screenings
- Education and Support Networking/Groups for Parents of Children with Social-Emotional Problems

### Most Important Community Needs Ranking:

- |  |      |
|--|------|
| ➤ School & Community Staff Training for ID of Educational/Emotional Concerns | 2.73 |
| ➤ Parent Involvement Encouraged in Preschools                                | 2.73 |
| ➤ Formal Preschool Availability  | 2.71 |
| ➤ Amount of High Quality Childcare Available                                 | 2.71 |
| ➤ Parent Education about Childcare   | 2.71 |
| ➤ Parent Education on Child Development                                      | 2.70 |
| ➤ Dental Care/Hygiene Resources  | 2.70 |

### Considerations:

Comment sections of the survey have been recorded in this analysis, but it should be noted that the number of additional comments were very limited and comment sections were not filled out by a large portion of respondents.

The First 1000 Days committees put forth a great deal of effort in getting this survey into the hands of stakeholders, and should be commended for their results. While not all surveys were entirely completed, the number of respondents held consistent throughout the results of each question, ranging from 143-160 with an average of 154. This range and average does not include open-ended text response questions.

## **Community Comments/Discussions:**

The results of this survey were presented and discussed at the First 1,000 Days Initiative Interagency Meeting on Thursday, August 28, 2014. The meeting was held at the Woodrow Wilson Keeble Memorial Healthcare Center in Sisseton and had 16 people in attendance.

The Interagency group has done a great deal of work toward providing comprehensive and quality services for their area, and has focused on the needs of the area. When addressing the weaknesses recorded from the results of this survey the group acknowledged a need for improved cooperation and collaboration between various organizations for depression screening and substance abuse screening. The group agreed that there is routine questioning at clinics/hospitals for depression screening, but it would be more appropriate in a more individual setting. Substance abuse screening is done, but may be perceived as not done if it doesn't involve testing for substances. There was concern that substance abuse screenings and testing may be avoided by contacting different health facilities.

The community has started an Adult Day Care on a trial basis at the Tribal Elderly Nutrition Center. This addresses the concern with the lack of Respite Care/Temporary Caregiver relief.

The group identified a definite need for staff training for schools in working with children with social-emotional needs such as ADHD/ADD.

Concerns were raised about collaboration/cooperation between the two health care facilities in the area. Continuity of care between the two facilities is a concern. Patients receiving duplicate treatment/prescriptions are a major concern. The need to employ and retain Native American doctors is important. Finding and keeping qualified staff is a challenge. The group hopes that new programs through USD for Rural doctors will help with the problem.

The committee also discussed ways to improve knowledge of services available to the parents and the public. They would like to have more parent involvement in Interagency meetings. They have created a directory of services and it has been distributed. Including program reports at meetings will increase communication and collaboration.

Other important items noted were Transportation and Childcare issues. Members of the group shared ways to get free rides on the transit system and that vouchers are available for gas to take children ages 0-5 to medical appointments through Early Childhood Intervention agency. There is a definite need for childcare services for mothers in High School. No services are currently available in town.