

My name is Stacy Hammer, and I am an enrolled member of the Lower Sioux Indian Community (LSIC), as well as the Director of Community Health for LSIC. On behalf of the Lower Sioux Indian Community, I would like to provide my written testimony in my support for the Live Well at Home (LWAH) bill HF 1851. I feel very strongly and agree with the proposals set forth in the bill, based on my lived experiences in administering this program to our Lower Sioux (Cansayapi) Elders for the past couple of years.

Our LWAH program is named the Cansayapi Kan Program. Cansayapi is the traditional name for our community and Kan is the Dakota word for elders. The goal of our program has been to seek to reinstate the role of elders within the tribe as a strategy to transfer knowledge and promote healing and well-being for our elders and for the community. The continued goal of our Live Well at Home project is to nurture the well-being of Lower Sioux elders through expanded social, physical, and intergenerational cultural strategies that lead to improved health, increased capacity to live at home, and a strong age-friendly community. We have been able to build up a program for our elders to help meet their needs through a variety of strategies that are tied to Dakota culture, while consistently receiving input from our elders on ways to improve the program.

The main challenge we are faced with under the current statute is the length of the short grant cycle. I can speak from my own experiences, in working as the Director of our community health department and describe why this is such a huge barrier for our community's programming capacity. As the Director, I administer several grant funded programs with non-profit, state, and federal grant funding partners. The LWAH grant is the only grant program that we are required to apply for on an annual basis. We are also not guaranteed to be funded, or in other words, the annual application is not a continuation grant, but rather writing a completely new, lengthy proposal every year. Further, our community does not have a large grant writing team that we can lean on to assist with grant writing. Therefore, I am the sole participant in the grant writing of the LWAH application, along with all other community health grants. The amount of time it takes every March to write this proposal and gather all the required documents is daunting to say the least. We are also required, as grantees, to provide quarterly reports to MN DHS, as well as video check-ins with DHS staff. While I completely understand and support the reasoning behind these written reports and the check in meetings with DHS personnel, the added time to write a new proposal every year makes this incredibly challenging, and a huge barrier for our work.

As it is in most Tribal communities, health staff and health leadership wear many hats. While trying to write this testimony today, I have been pulled away from my desk several times to assist staff in unloading pallets of food from our food bank delivery for our food pantry program. I have also assisted in our elder dining room with questions and concerns from our cooking staff, and starting an educational presentation for our elders after lunch from our partners at the Minnesota River Agency on Aging. Therefore, I spend a lot of time in my role, assisting staff and elders one on one, boots on the ground. I love my work and having the privilege to work for my community and elders. I truly appreciate the opportunity to partner with MN DHS and the LWAH program. I have seen firsthand how important and vital this program has been for our elders. However, I would like to reiterate how strongly I support the LWAH bill HF 1851. This will help to sustain this program with longer term funding and provide a more equitable framework for our community, as well as other communities seeking this funding opportunity.

Pidamayaye, Thank you,

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