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CHEROKEE NATION®
P.O. Box 948 • Tahlequah, OK 74465-0948
918-453-5000 • www.cherokee.org

Chuck Hoskin Jr.
Principal Chief
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Bryan Warner
Deputy Principal Chief
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September 1, 2026

Principal Chief Hoskin,

In accordance with Executive Order 2026-04-CTH, and on behalf of the Task Force, I am pleased to submit the following Preliminary Report on Wellness Centers and Related Subjects. Within the preliminary report, the task force has focused on creating clear definitions for wellness facilities and spaces, mapping access gaps, developing minimum standards, defining prioritization criteria, evaluating opportunities for PT and aqua therapy co-usage, and developing a strategic plan for expansion. I would like to extend my deepest gratitude to the other members of the task force, Dr. Corey Bunch, Lisa Pivec, Dr. David Markes, Dr. Pamela Gutman, Jon Asbill, and Dawnena Squirrel. Each of them bring a wealth of knowledge and unique perspective that ensures the groups' work will be worthy of the Cherokee standard.

As the task force continues our work, we will focus on developing surveys for citizens, stakeholders, and elected officials. Upon collecting and analyzing the data, the task force will submit to you a final report and recommendations based upon the objectives of Executive Order 2026-04-CTH. Thank you and Deputy Chief Warner for the opportunity to perform such meaningful and lasting work. Work that will undoubtedly cement the Cherokee people's path to sustained wellness for the next 7 generations.

Wado,

Canaan Duncan
Deputy Secretary of State, Cherokee Nation

9/02/2026 Preliminary Report
Principal Chief's Task Force on Wellness Centers and Related Subjects

Section 1. Executive Summary:

The Principal Chief's Task Force on Wellness Centers and Related Subjects was established by Executive Order 2026-04-CTH to develop an evidence-based, reservation-wide strategy for expanding Cherokee Nation's wellness infrastructure. This mandate builds on the Cherokee Nation's long-standing commitment to strengthening community health, grounded in public health legislation, prior task force findings, and capital investments made under the Public Health and Wellness Fund Act. document reviews, geographic mapping, and emerging priorities.

The Task Force affirms the Nation's longstanding commitment to wellness, rooted in the Public Health and Wellness Fund Act and supported by prior assessments such as the Public Health and Wellness Fund LA12-21 Report Public Health and Wellness Fund LA12-21 Report.pdf and the June 2, 2022, Task Force Report Task Force Report. The Executive Order reinforces this direction and mandates a strategic plan ensuring wellness facilities are within approximately 30 minutes' drive of every Cherokee Nation citizen by 2036. The Task Force highlights Cherokee culture as central to healing, resilience, and holistic health. Integrating Cherokee cultural practices and values enhances the effectiveness of wellness infrastructure, strengthens community engagement, and ensures that every Cherokee Nation wellness center supports mind, body, and spirit in accordance with Cherokee community values.

In this preliminary report, the Task Force has completed the prioritization framework based on defined need for wellness center expansion. This Preliminary Report synthesizes relevant documents to produce recommendations for planning and identifies highest-priority expansion sites based on a 30-minute drive-time analysis and policy alignment.

Section 2. Background:

Cherokee Nation's wellness infrastructure has grown significantly over the last five years. Major public health legislation, the Public Health and Wellness Fund Act (PHWFA) directs 10% of Cherokee Nation third-party health revenue into a dedicated fund used to strengthen public health, expand wellness infrastructure, and support behavioral health, housing, and community-based wellness programs. The Act provides broad spending authority to the Executive Branch, allowing investments in wellness center operations, capital projects, Fitness Partners, wellness grants, and safe and sanitary housing. Altogether, PHWFA serves as Cherokee Nation's most significant long-term public health commitments, creating a sustainable financial pathway for healthier communities and next-generation wellness infrastructure. The PHWFA has funded the construction of major wellness centers (Stilwell, Salina, and Tahlequah. planned Claremore Wellness) and wellness spaces (Kenwood, Marble City, JW Sam Catoosa). Historic accomplishments in planning and public health strategy are reflected in prior reports: the Public Health and Wellness Fund LA12-21 Report, the June 2, 2022, Task Force Report, and Executive Order 2026-04-CTH.These documents collectively frame the current effort and reinforce the strategic purpose of

expanding wellness access, enhancing physical activity opportunities, and supporting long-term community health.

Section 3. Task Force Composition:

Chair: Canaan Duncan, Deputy Secretary of State
Co-Chair: Lisa Pivec, Executive Director of Public Health
Chief of Staff: Dr. Corey Bunch
Executive Director of Health or Designee: Dr. David Markes, CNOHC Medical Director
Dawnena Squirrel: Cherokee Nation Cultural Advisor
Public Health Administrator: Pamela Gutman
Sr. Administrator, Construction: Jonathan Asbill

Section 4. Objectives & Scope:

Executive Order 2026-04-CTH requires the Task Force to meet the following objectives:

1. Prioritization framework based on formally defined need
2. Minimum facility standards
3. Expected programs and services
4. Projected operational costs
5. Potential third-party revenue opportunities
6. Evaluation of opportunities and barriers for co-usage by Cherokee Nation Health Services integration of physical therapy and aquatic therapy
7. Development of a strategic 10-year plan for wellness center expansion

This preliminary report includes the initial analytic groundwork to develop the prioritization framework based on formally defined need. Methodology for each variable included in the prioritization framework is described within this section. Variables included in the framework include:

- Wellness center/spaces access gaps: assessed by Cherokee Nation GIS mapping communities within 30-minute drive of each Cherokee Nation Wellness Center or Cherokee Nation Fitness Partner
- Cherokee population size by county
- Proximity to Cherokee Nation Health Centers
- Cherokee Nation Public Health -generated wellness score: Table 1.1 lists the indicators used in the Cherokee Nation Public Health-generated wellness score with source labels.

Indicator	Source
Socioeconomic Status Score (CDC)	Centers for Disease Control (CDC) Social Vulnerability Index (SVI) 2023
No Vehicle Access (CDC)	Centers for Disease Control (CDC) Social Vulnerability Index (SVI) 2023
No adequate access to locations for PA (CHRR)	County Health Rankings & Roadmaps 2025 (CHRR) – Access to Exercise Opportunities

Adults with Obesity (CHRR)	County Health Rankings & Roadmaps 2025 (CHRR) – Adult Obesity
Adults with no leisure-time physical activity (CHRR)	County Health Rankings & Roadmaps 2025 (CHRR) – Physical Inactivity
AI/AN median household income (CHRR)	County Health Rankings & Roadmaps 2025 (CHRR) – Median Household Income
AI/AN children living in poverty (CHRR)	County Health Rankings & Roadmaps 2025 (CHRR) – Children in Poverty
Frequent mental distress (CHRR)	County Health Rankings & Roadmaps 2025 (CHRR) – Frequent Mental Distress

Table 1. Indicators and Source Systems for CNPH-generated wellness score

Utilization of the framework has provided identification of priority locations for wellness center expansion on the reservation. These elements form the core scaffolding required before the Task Force advances into community and elected-official feedback, detailed budgeting, facility programming, and clinical co-usage recommendations, which
will be finalized in later stages of the work.

Section 5. Current State Wellness Facility Designations & Definitions:

Wellness Centers: Comprehensive facilities providing broad programming, robust equipment, and potential integration with CN Health physical therapy services. The wellness centers are dedicated facilities for planned wellness activities. The new 2-story facilities (40,000 square foot in Stilwell and 75,000 square foot in Tahlequah) include spaces such as a fitness center, basketball courts, fitness classrooms, batting cages, a golf simulator room, a running track, a congregation space, administrative offices, a daycare classroom, and an outdoor playground.

Wellness Spaces: Smaller-scale environments supporting physical activity in more rural or remote communities (e.g., JW Sam Catoosa, Kenwood, Marble City). The wellness spaces have approximately 1,300 square footages dedicated to workout equipment, but they are located within a multi-purpose facility that includes a gymnasium, which is not used exclusively for sports. This area is also used for community gatherings and local events. These spaces also lack dedicated rooms for wellness classes; the classrooms are shared with other types of events.

Other Facility Types: Trail systems, shared-use recreation spaces, and outdoor activity areas linked to community health goals.

Section 6. Prioritization for Expansion of Wellness Centers:

This section summarizes the contents of the Cherokee Nation Geodata Map: Comparison of Cherokee Population and Wellness Space Need with 30-Minute Drive Time of Existing Spaces map (see Figure 1.1) and identifies Vinita, Sallisaw, and Jay as priority areas for wellness center expansion. The map displays existing Cherokee Nation wellness facilities, planned centers, wellness spaces, fitness partners, and 30-minute drive-time areas, along with population, Cherokee Nation Public Health generated wellness score and proximity to Cherokee Nation Health Centers. Cherokee Nation Geodata Map: Comparison of

Cherokee Population and Wellness Space Need with 30-Minute Drive Time of Existing Spaces map description:

Facilities Displayed

- Tahlequah Wellness Center
- Mary L. (Holland) Carson Wellness Center
- Salina Wellness Center
- Claremore Wellness Center (Planned)
- Kenwood Wellness Space
- JW Sam Wellness Space
- Marble City Wellness Space
- Cherokee Nation fitness partners within the reservation
- Cherokee Nation Health Centers

Drive-Time Service Areas

The map includes shaded 30-minute drive-time areas around each wellness facility, indicating where residents have access. Coverage is concentrated around Tahlequah, Salina, Claremore (planned), Kenwood, and Stilwell.

Population and Cherokee Nation Public Health-generated Wellness Score

The map displays gradient indicators reflecting Cherokee population distribution and need as determined by Cherokee Nation Public Health-generated Wellness Score. The Regions with higher need and significant populations lacking drive-time coverage represent key gaps in access.

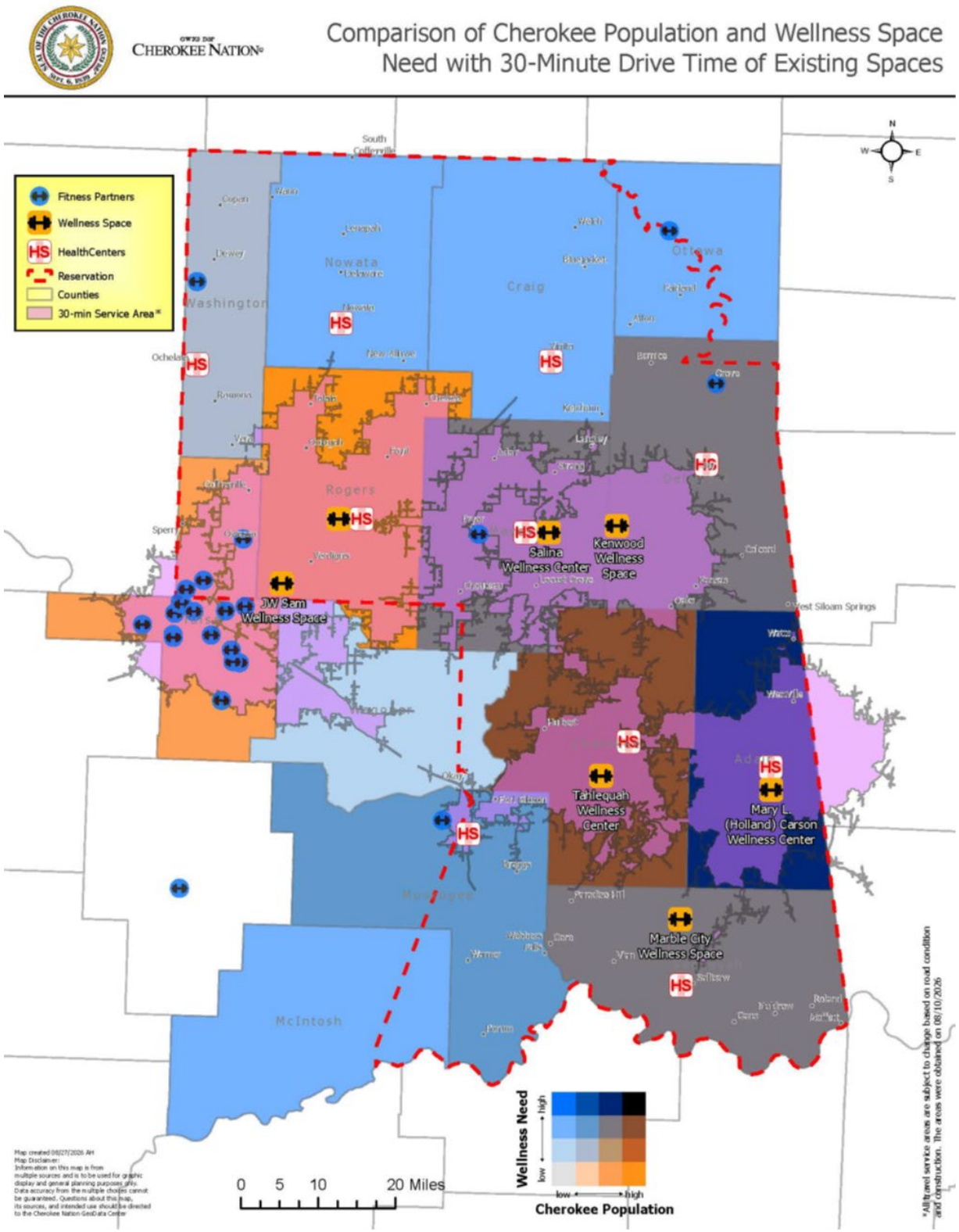
Comparison of Cherokee Population and Wellness Space Need with 30-Minute Drive Time of Existing Spaces
Cherokee Nation
Fitness Partners
Wellness Space
HealthCenters
Reservation
Counties
30-min Service Area*
Salina Wellness Center
Kenwood Wellness Space
JW Sam Wellness Space
Tahlequah Wellness Center
Mary L. (Holland) Carson Wellness Center
Marble City Wellness Space
Rogers
Nowata
Craig
Ottawa
Washington
McIntosh
Wellness Need
Cherokee Population
0 5 10 20 Miles

Figure 1.1

Section 7. Near-Term Expansion Opportunities

Priority 1. Vinita (Craig County) Northern Reservation Hub & Regional Health Anchor

Vinita stands out as a top expansion candidate due to several converging strategic factors. Drive-time analysis confirms that Vinita and nearby Craig County communities—including Welch and Bluejacket—fall outside the existing 30-minute service area for Cherokee Nation wellness centers. This gap aligns with moderate to high wellness-need indicators for the region, underscoring need for development of wellness infrastructure.

As a northern hub for Cherokee citizens, Vinita is uniquely positioned to close this service gap while leveraging proximity to Cherokee Nation Health Centers. Co-location or coordinated operations with existing health services would support physical therapy, chronic disease management, and medically-integrated fitness, enhancing continuity of care.

Foundational planning documents consistently highlight the need to expand access to physical activity and reduce preventable mortality, particularly related to cardiovascular disease. Establishing a Vinita wellness center directly addresses these priorities. It would provide accessible, prevention-focused offerings, mitigate regional disparities, and create a durable anchor for rehabilitation and long-term health improvement in the northern reservation area.

Priority 2. Sallisaw (Sequoyah County) Eastern Wellness Corridor & High-Need Service Zone
Sallisaw and the surrounding communities of Vian, Webbers Falls, and Gore lie just outside the 30-minute drive-time buffer of all existing Cherokee Nation wellness centers, placing the area within one of the most significant access gaps identified in the Task Force's geospatial analysis. Situated in a corridor of concentrated Cherokee population, Sallisaw serves as a natural regional anchor for expanded wellness services in the eastern portion of the reservation. The map shows that Sequoyah County experiences high levels of wellness need and lacks any direct wellness-center footprint, despite moderate-need indicators appearing in nearby towns such as Roland and Muldrow.

Sallisaw's proximity to the Cherokee Nation Redbird Smith Health Center allows for a strong co-usage model, enabling integrated physical therapy, chronic disease management, and preventive health partnerships that align directly with Task Force goals for shared clinical/community use. Foundational planning documents reinforce the urgency of expanding facilities in high-need areas to improve physical activity access and reduce preventable mortality risks such as cardiovascular disease. A wellness center in Sallisaw would establish a major eastern anchor for Cherokee Nation wellness infrastructure, balancing coverage across eastern, central, and northern regions of the reservation while improving equitable access for thousands of Cherokee citizens.

Priority 3. Jay (Delaware County) Northeastern Rural Gap & Multi-Community Access
Jay and the surrounding communities of Kansas, Colcord, and West Siloam Springs fall outside all current 30-minute wellness-center drive-time buffers, and the map shows that rural terrain and

dispersed households further increase travel barriers while wellness-need indicators remain elevated. Jay has multi-community catchment potential and the strategic advantage of placing a wellness center adjacent to the Sam Hider Health Center to support physical therapy integration and preventive-health services. A phased development approach is recommended, beginning with core wellness-center

operations and progressing toward additional services such as aquatic therapy as feasibility and community uptake allow.

The surrounding region displays pockets of high wellness need and widespread rural dispersal of Cherokee citizens. Despite active community presence in nearby towns, the area lacks practical access to wellness facilities. The terrain of northeastern Oklahoma further contributes to travel-time challenges—hilly, winding routes create longer, more difficult drives, heightening the importance of proximity to essential services.

A wellness center in Jay would directly reduce geographic inequity, serving both Jay residents and the broader rural communities that currently lack reasonable access to preventive health, physical activity, and rehabilitation opportunities. Maps show elevated wellness need shading across Delaware County, and Jay itself functions as a central community hub for the northeastern reservation.

Taken together, these factors position Jay as a critical priority location—one whose development would expand equitable access, improve health outcomes, and strengthen service reach across one of the most underserved areas of the Cherokee Nation reservation.

These near term opportunities do not, of course, preclude consideration of additional opportunities across the reservation. The task force recommends a periodic revaluation of the subject for possible reprioritization as data or circumstances, such as the efficiency of coupling wellness infrastructure with other capital projects, changes.

Summary:

Vinita, Sallisaw, and Jay clearly emerge as priority locations as Cherokee Nation continues wellness center expansion because each community demonstrates the same critical pattern: high wellness need, significant Cherokee population presence, and no existing 30-minute drivetime coverage from current wellness facilities. Addressing these gaps would materially improve geographic equity across the reservation, ensuring that thousands of Cherokee citizens gain consistent access to wellness programming, preventive health resources, and physical activity opportunities

Section 8. Wellness Center Facility Co-Usage with Cherokee Nation Health: Current State of Cherokee Nation Health Services and Cherokee Nation Public Health Bridge Programs & Aquatic Therapy Partnership

Cherokee Nation Health System and Cherokee Nation Public Health Bridge Program:

The Bridge Program provides a seamless transition for patients completing physical or occupational therapy into the wellness center. It helps patients build the knowledge, skills, safety awareness, and confidence needed to continue exercising independently. Rehab Services reinforces proper exercise techniques, familiarizes patients with the gym and equipment, and encourages continued participation in wellness to help maintain the progress achieved through therapy. These services are currently being billed for reimbursement by Cherokee Nation Health Services. Rehab Bridge programs are currently operating in the Tahlequah Wellness Center, AMO Wellness Center, and Mary Holland Carson Wellness Center in Stilwell. The Tahlequah and Mary Holland Carson Wellness Centers operate the program 1-2 days per week while the AMO Wellness Center is located within the same building as the health center, allowing the bridge program to operate on an as-needed basis. The physical therapist can easily walk to the wellness center to meet with the patient and conduct their session.

Cherokee Nation Health Services Aquatic Therapy Partnership with Northeastern State University:
Cherokee Nation Outpatient Health Center Rehab Services currently offers a **"Fit Nation"** program through a partnership with NSU, providing a group aquatic therapy session on:

- Tuesdays: 3:30–4:30 p.m.
- Thursdays: 3:30–4:30 p.m.
- Up to 6 patients per session
- Aquatic therapy provides an excellent option for patients who experience pain with weight-bearing exercise. Exercising in the water reduces the load placed on the joints, allowing patients to participate in exercise with less discomfort while still receiving the physical benefits of movement and conditioning.

There may be an opportunity to explore additional partnerships with organizations that have appropriate pool facilities and could support aquatic exercise/therapy programming in other communities.

As to the larger issue of incorporating aquatic therapy infrastructure directly into our healthcare of wellness infrastructure, the Task Force recommends the subject for further study through the extension of the Task Force. Initially, the Task Force has concerns about the cost of aquatics construction and maintenance and whether such costs are superior to partnering with third party providers. Clearly, medically prescribed aquatic therapy, organized classes or self directed aquatic exercise has health benefits for the board population as well as for those who benefit from low impact activities. The topic is sufficiently complex and important as to warranted further study.

Potential Expansion to Other Wellness Centers
If additional wellness centers are opened in communities where we already have health centers, starting a Bridge Program should be relatively straightforward, assuming adequate Rehab Services staffing is

available to support the program while continuing to care for our existing patients and maintain appropriate waitlists.

The primary steps to establish a new program would include:

- Making minor adjustments to documentation/notes and billing processes.
- Preparing and training the therapist(s) involved in the program.
- Orienting wellness center trainers to the Bridge Program and their role in supporting patients.
- Establishing a consistent schedule and workflow between Rehab Services and the wellness center.

Section 9. Cherokee Culture as a Protective and Healing Factor for Mind, Body, and Spirit

Cherokee culture serves as a foundational element in the holistic approach to wellness and is an essential protective factor supporting mental, physical, and spiritual health across the reservation. While the Principal Chief's Task Force on Wellness Centers and Related Subjects centers on expanding infrastructure and improving access to physical activity and preventive services, the integration of Cherokee community values and practices further strengthens the efficacy and long-term impact of these initiatives.

Cherokee wellness is rooted in a worldview that understands health as a balance of mind, body, and spirit. This holistic perspective aligns closely with the Task Force's goals of expanding equitable access to wellness resources and addressing the social, environmental, and behavioral determinants of health identified throughout the report.

- Community and Kinship: Emphasizes strong social bonds, interdependence, and collective responsibility—natural buffers to stress, isolation, and mental distress.
- Respect for Nature: Reinforces harmony with the natural world; trails and outdoor spaces encourage physical activity that is spiritually grounding.
- Intergenerational Knowledge: Cherokee Language, storytelling, and traditional practices maintain identity and belonging, mitigating trauma and strengthening resilience.

Cherokee Culture as Protective Factors

- Identity and Belonging: Cherokee cultural activities reinforce personal and communal identity, decreasing risk factors associated with frequent mental distress and poverty-related stress.
- Community Cohesion: Cherokee community gatherings and shared spaces enhance social connectedness, increasing motivation for healthy behaviors and reducing barriers to participation.

Cherokee Cultural Healing Factors

- Spiritual: Beliefs encourage balance and provide comfort in times of adversity, supporting recovery and improved mental well-being.
- Holistic Healing Environments: Integrating Cherokee expressions—language, signage, imagery, and Cherokee-informed programming—creates safe, welcoming spaces.

- Empowerment through Culture: Engagement fosters confidence and agency, enhancing participation in wellness, chronic disease prevention, and physical therapy programs.

Implications for Wellness Center Expansion

As the Task Force evaluates priority expansion sites—including Vinita, Sallisaw, and Jay—embedding Cherokee cultural principles into facility design, programming, and staffing strengthens outcomes and supports long-term sustainability of wellness initiatives. It is essential to incorporate Cherokee cultural advisors into planning and program development. This ensures that spaces reflect Cherokee aesthetics, values, and symbolism. Cherokee cultural programs—including language instruction, traditional games, practices, and community gatherings—should be priority for wellness centers.

Section 10. Additional Work Needed for Final Report:

To complete the Principal Chief's Task Force on Wellness Centers from its preliminary findings to a fully developed final report, the team must complete several remaining tasks that deepen community input, refine technical standards, and finalize operational planning. This includes gathering structured feedback from citizens and elected officials in each priority expansion area, conducting site-readiness assessments and feasibility studies, and developing detailed construction and operating budgets aligned with Cherokee Nation specifications. The Task Force must also finalize minimum facility standards, clearly distinguish wellness centers from wellness spaces, and evaluate hybrid facility models to match community needs. As noted above, additional analytical work is required to complete annual operating cost projections and assess opportunities for integrated physical and aquatic therapy services.