Kris Nelson Community-Based Research Program

...a program of the Center for Urban and Regional Affairs (CURA)

American Indian Family Center Needs Assessment Report

Prepared in partnership with
American Indian Family Center

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[AMERICAN INDIAN FAMILY CENTER NEEDS ASSESSMENT REPORT]

Maintaining and implementing the Indigenous Medicine Wheel
The Medicine Wheel is made up of quadrants that create systems of balance or cyclical (reoccurring) change through interdependence.
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Executive Summary

The American Indian Family Center (AIFC) is an ‘American Indian Urban Center’ providing employment, mental health and youth services for individuals and families residing in St. Paul, Minnesota. The American Indian Family Center in coordination with the University of Minnesota’s Center for Urban and Regional Affairs are responsible for initiating this assessment with the hope that it will begin to determine and outline the cultural context in which Indigenous values are explicitly represented through the concept of the Medicine Wheel, and how it is or is not implemented within the programming at the AIFC.

The Medicine Wheel has been used by Indigenous cultures throughout North and South America for centuries. It is a symbol of the circle of life, used in prayer and to bring balance to one’s life (J.Phillip). In the Anishinaabe culture the Medicine Wheel is continuous, with no beginning or end. Everything in life is sacred, and everything affects one another. The four components of the Medicine Wheel used to create balance in an individual’s life are physical, spiritual, mental and emotional. This is concept is fundamental to the programming at the American Indian Family Center.

During this assessment there were definitive elements specific to Indigenous culture and values. Many of the staff reports had clear indicators relating to traditional Indigenous beliefs and traditional Indigenous activities like wild rice harvesting and smudging – connecting to both the spiritual and physical quadrants of the Medicine Wheel. However, a survey administered to the staff specified a need for a larger connection to nature, inclusion of the whole family, specifically elders, and a continual base of traditional beliefs throughout the organization and its programming.

Based on the data collected and the prescribed context of physical, spiritual, mental and emotional components that presumably create balance for the AIFC’s participants it is recommended that the center continue its needs assessment by garnering additional information from program leads, participants, administrative leadership and the governing board. Creating a holistic balance within the center is dependent upon input from all aspects of the organization. Once each of these four components become educated on the concept and philosophy of the Medicine Wheel they can work together to develop a universal understanding of how the Medicine Wheel is best implemented throughout the organization, its programs and evaluation tactics. Once this is complete the American Indian Family Center can begin to define measures to meet the unique needs of the organization and its participants in a truly Indigenous and holistic manner.

The ultimate goal according to Executive Director, Kristin Kinney, is to be in a position to share the great work being done now and in the future within a framework that can be appreciated and understood by the American Indian community as well as policy makers, community and business leaders interested in supporting American Indian persons. The result will be more resources and services provided to those needing them in a culturally-appropriate manner.
Purpose and Goals

The American Indian Family Center (AIFC) is a non-profit organization established under the umbrella of the St. Paul Ramsey County Children’s Initiative in 1996. The AIFC has become an ‘American Indian Urban Center’ providing comprehensive and holistic services for individuals and families residing in Saint Paul, Minnesota. The vision for the AIFC is to help American Indian families thrive! And its mission is to provide American Indian families with programs and services enriched by traditional American Indian values and culture. This vision and mission are accomplished by promoting the perspective of Indigenous people including the philosophy that all things are interconnected. Through this philosophy of interconnected systems AIFC provides comprehensive services in multiple, integrated programs including employment services, mental health services and family and youth programs and services.

Background

The American Indian Family Center considers the Indigenous Medicine Wheel as the foundation of their organization. Many of the organization’s programs utilize the Medicine Wheel in various capacities. The chemical dependency program uses the Medicine Wheel as an assessment of strength; breaking down a participant’s mental, physical, emotional and spiritual strengths into the four quadrants. It is again used as a logic model within therapy and counseling services. Past strategic goals have been outlined using the Medicine Wheel. The Medicine Wheel is primarily about balance, aligning notions of interconnection in four directions (North, West, South, East), four colors of the human race (white, red, black, yellow), four dietary components (four legged animal, water, trade crops, gather crops), four seasons (winter, fall, summer, spring), four life stages (elders, parents, youth, children), four elements (wind, water, earth, fire), life balance (physical, spiritual, mental, emotional) and so forth (Kattlemann, Conti, & Ren, 2009). If one is misaligned the remaining three are affected. This is the foundation of many Indigenous cultures, and although different tribes have slightly different interpretations of the wheel, all focus on the balance between each portion to make up the whole. Balance is seen as a process, and as something that is learned and maintained through time, rather than something that is achieved. This cultural context is both holistic in scope and assumes the needs of participants at the American Indian Family Center by providing services that support physical, spiritual, emotional and mental needs.

The Medicine Wheel can help to remove linear evaluations moving towards holistic ones. As a tool, it can deepen understandings of outcomes and change, as well as foster participation and storytelling as evaluation methods (DeMuth, 2013). The fostering of participation is integral to evaluative measures in relation to Indigenous populations. DeMuth continues with the push for participatory evaluation by stating “Western concerns of objectivity are in conflict with participatory evaluation, Indigenous evaluation assume that staff have a vested interest in the success of their programs, organizations and the clients they serve; participatory model of evaluations help to strengthen the accountability of staff to these programs, community and their goals.”

Native American communities have not benefited from scientific and scholarly research – it is important to create a process where stakeholders most affected by evaluation studies have the opportunity to determine what products and benefits should be produced by such work (Nielsen, Zimmerman 2009). In addition, explicit orientation to the underlying historical, political, social and cultural effects of colonization on present day social conditions (Nielsen, 2007) need consideration when conducting
evaluations. Respect, reciprocity and communal relationships (Nielsen and Zimmerman 2009) are many times found to be at the center of social interaction of Indigenous tribes and their families. “Native societies value community service over individual achievement. Most Native communities value elder knowledge over that of highly educated scholars” (Nielsen Zimmerman, 2009) Organizations serving Native populations must take multiple histories, cultural traditions, cultural values and practices into consideration when planning and implementing programs and within their evaluation processes.

Needs Assessment Objective

The objective for conducting a needs assessment at this time is to determine and outline the cultural context in which Indigenous values are explicitly represented through the concept of the Medicine Wheel, and how it is or is not being implemented within the programming at AIFC.

The research findings from this needs assessment will impact the American Indian families currently being served by the AIFC as well as the AIFC staff, elders and leaders of the American Indian community. In addition, stakeholders such as educational leaders, county and state staff and policy makers will learn from this research and will be able to use the information to inform policy decisions. Also, other American Indian organizations will have additional insight and guidance on how to incorporate similar principles and methods into their work.

Use of Results

The AIFC will use the results of this needs assessment to shape the services, organizational development and evaluation processes used in order to effectively reflect the Medicine Wheel. These adjustments will benefit the individuals and families served by the AIFC by providing a solid construct that can be used to educate the community, other American Indian organizations and leaders, and policy makers on the critical needs and services being provided by the AIFC as well as the methods to most effectively provide and evaluate them. The ultimate goal is to be in a position to share the great work being done now and in the future within a framework that can be appreciated and understood by the American Indian community as well as policy makers, community and business leaders interested in supporting American Indian persons. The result will be more resources and services provided to those needing them in a culturally-appropriate manner.
Approach and Process

The American Indian Family Center has begun to outline and establish criteria for its stakeholders. Initial research found indicators that align with the concept behind the Indigenous notion that spiritual, mental, physical and emotional components create life balance. Information outlining these indicators was collected by reviewing documents, in participant talking circles and one-on-one key informant interviews. Identification of indicators helped to reveal programmatic and organizational gaps. The data chart attached in appendix A outline how the AIFC implements or needs to implement holistic programming within a cultural context familiar to Indigenous populations through the lens of the Medicine Wheel.

Current Evaluation Process

Current evaluation processes are dependent upon each specific program and the type of funding they receive. Many programs garner qualitative data from participants in the form of Talking Circles and brief questionnaires. The Medicine Wheel is used as a tool to assess strengths in the chemical dependency program. It is also used in the form of a logic model in areas of individual therapy.

Document Review

Data was collected on most of the AIFC programs through reviewed documents. The results of this review can be found in appendix A. This spreadsheet outlines current staff and participant indicators related to the spiritual, mental, physical and emotional aspects of life-balance through the Medicine Wheel. The appendix also highlight organizational and program needs in relation to the spiritual, mental, physical and emotional aspect of the Medicine Wheel.

Talking Circles

Talking circles were conducted with both the men’s Ombi’Ayaa Anishinabe Ininiwug (Rise Up Original Men) group and the women’s Wakanyeja Kin Wakan Pi (Our Children are Sacred) group. Each of these groups were asked how the Medicine Wheel and its components fit into their programming. The women’s group felt that the AIFC had services that fit spiritual, mental and emotional needs. However, they expressed there was not enough physical activities included within their programming. Transportation and outreach activities on a regular basis were an expressed need, plus childcare so more mothers can attend traditional activities.

The men’s group incorporates many traditional activities into programming like drumming and maple syrup harvesting. The men had a lot to say about their understanding of the medicine wheel, and felt that the AIFC was meeting a portion of their physical, emotional, mental and spiritual needs. Similar to staff feedback, the men expressed a desire to learn traditional ways of cooking and prep, wanted to see more Elder participation and to learn more through traditional Native ways instead of European ways. One participant said: “European teachings are very much from the book, and all learning comes from a book. Where our ways are past on through spirit and through children; that’s how we learn; more hands on.”

When discussing their understanding of the Medicine Wheel another participant stated: “It’s kind of like the way it was explained to us is that the Medicine Wheel there is infancy, adolescence, adult and elder... its always in cycles and circles like that. In the way it was explained to us there are seven-year
cycles. So now, most of us are in that infancy stage again, even though most of us weren’t born into this way of life. We are learning again, starting again as infants. It’s a slow process, but we are all moving forward in a good way. Following that Medicine Wheel starting with the individual first – help your self and then you can help your family and so on, community and neighbors someday. But just being around that drum gives you that feeling. When you are doing something for yourself and your family. And we are just progressing. Slow is slow, but we are always making progress. “

Another participant followed with this comment: “A lot of time you see the Medicine Wheel as circular, but it is more like a sphere. It’s on all sides and goes in all directions...you are trying to make yourself circular and whole. It all has to balance itself out, try to walk in a good way. Gotta work on that your whole life. You don’t learn in it four or five years, its endless cycle.”

These two Talking Circles provided useful feedback. They helped give participant perspectives on how they value the Medicine Wheel and how it applies to their physical, mental, emotional and spiritual health.

**Staff Survey**

In addition to the documents reviewed, a staff survey was conducted to determine cultural understanding among staff regarding the Medicine Wheel. This survey also considered how best to define indicators of spiritual, mental, physical and emotional components of the Medicine Wheel. The results of this survey determined that much of the staff have an understanding of the how the Medicine Wheel works through the lens of cultural values and beliefs with many continuing to learn more every day. A sampling of survey questions and results can be found below.

**Q12: Do you feel the holistic scope of programming at AIFC includes spiritual, mental, educational and social components?**

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<th>Answered: 11 Skipped: 1</th>
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<tbody>
<tr>
<td>True</td>
<td>91%</td>
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<tr>
<td>False</td>
<td>9%</td>
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<tr>
<th>Answered: 12</th>
<th>Response %</th>
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<tbody>
<tr>
<td>I have an understanding and continue to learn more everyday</td>
<td>50%</td>
</tr>
<tr>
<td>I am well educated on Indigenous culture and traditions</td>
<td>25%</td>
</tr>
<tr>
<td>I have an excellent understanding of cultural values and beliefs</td>
<td>25%</td>
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</table>

Indicators in relation to the Physical aspects of the Medicine Wheel validated by staff include: healthy lifestyle, healthy cooking, healthy food, fitness, access to healthcare and stable finances and housing. Added comments included: resources and use of land need to be considered, connection to Mother Earth, and cultural/traditional food education, growing and prep. The graph below outlines responses to the physical components of the Medicine Wheel.
Spiritual indicators supported by staff included: spiritual understanding and practice, connected to Native ancestry, knowledgeable in cultural practice and history, ability to express Native identity and balance. Staff also commented that the spiritual components should include: smudging, prayer practice, understanding the interconnection between everyone and everything.

Mental indicators supported by staff include: employment, education, cultural education and knowledge, teaching and education with multiple generations, enhancing personal qualities and capacities. Staff added comments included: enhanced skills to cope with stress and pain.
Staff validated indicators in response to the Social aspect of the Medicine Wheel include: Healthy relationships, positive community relations, respect of elders, ability to connect with resources in the community, safety, pride of Native community/personal accomplishments. Additional comments from staff included: socializations, support networks, therapy, stress management, level of involvement in community and family, “collaboration with other racial/equity organizations...being Indigenous is not just about being American Indian, it’s about recognizing the humanity and rights of everyone, how everything is connected.”

In order to remain true to the holistic concept of the Medicine Wheel the survey also looked into the staff’s perceived understanding of cultural and traditional beliefs of program participants and the AIFC board.

Within your specific program do you feel your program participants identify with Native cultural values and traditions?

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<th>Answered: 12</th>
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<tr>
<td>Somewhat</td>
<td>16.67%</td>
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<tr>
<td>Very Much</td>
<td>58.33%</td>
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<tr>
<td>All the Time</td>
<td>25%</td>
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Overall, on a scale of 1-5 where would you place the AIFC board’s cultural understanding of traditional Indigenous beliefs?

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<th>Answered: 11 Skipped: 1</th>
<th>Response %</th>
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<tr>
<td>Somewhat interested in cultural values and traditions</td>
<td>27.27%</td>
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<tr>
<td>Respectful and educated of cultural values and open to learning more</td>
<td>45.45%</td>
</tr>
<tr>
<td>Educated well on cultural values and traditions</td>
<td>27.27%</td>
</tr>
<tr>
<td>Excellent understanding of cultural values and traditions</td>
<td>0.00%</td>
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In addition, staff was asked about both the executive leadership and program leaders understanding of cultural and traditional belief with most responding that leadership were respectful of beliefs and open to learning more about cultural values.

On a scale of 1-5 where would you place AIFC’s executive leadership’s cultural understanding of traditional Indigenous beliefs?

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<th>Answered: 9 Skipped: 3</th>
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<tbody>
<tr>
<td>Somewhat educated on cultural values and beliefs</td>
<td>11.11%</td>
</tr>
<tr>
<td>Respectful and educated in cultural values and open to learning more</td>
<td>77.78%</td>
</tr>
<tr>
<td>They are well on cultural values and traditions</td>
<td>11.11%</td>
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<tr>
<td>Excellent understanding of cultural values and traditions</td>
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On a scale of 1-5 where would you place formal (programmatic) leadership’s cultural understanding of traditional Indigenous beliefs?

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<tr>
<td>Not educated in Indigenous cultural values and traditions</td>
<td>10%</td>
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<tr>
<td>Somewhat educated on cultural values and beliefs</td>
<td>0%</td>
</tr>
<tr>
<td>Respectful and educated in cultural values and open to learning more</td>
<td>30%</td>
</tr>
<tr>
<td>They are well on cultural values and traditions</td>
<td>40%</td>
</tr>
<tr>
<td>Excellent understanding of cultural values and traditions</td>
<td>20%</td>
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Maintaining the holistic scope of the Medicine Wheel the needs assessment took into consideration the importance of the whole family, especially Elders, as they maintain a status of importance both within their respective families and the communities in which they live. As with many Indigenous cultures Elders are the keepers of tradition and knowledge deserving of the utmost respect.

On a scale of 1-5 where would you place informal leader’s (Elders and consultants) cultural understanding of traditional Indigenous beliefs?
Does your program serve multiple generations of the Native population?

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<td>83.33%</td>
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<td>16.67%</td>
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Do you believe it is important that your program have multiple generations of the Native population included in programming activities?

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<td>True</td>
<td>100%</td>
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Does the AIFC, as an organization, support multiple generations of the Native population?

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<td>True</td>
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Do you believe it is important that AIFC as an organization have multiple generations of the Native population included in its activities?

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<td>True</td>
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Finally, the assessment considered the need of reporting to funders in a holistic and Native sense.

In your opinion are the required program reports, assessments and documents for your program culturally responsive to Indigenous populations?

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Description of American Indian Family Center’s Programs

**Employment**

**Job Club**

The purpose of the Job Club is to provide resources for individuals within the metro area American Indian community regarding their employment search. Service and activities include: assist in the development of resumes and cover letters, assist in the job search process, provide career exploration, allow participants access to their email.

**YouthLead**

YouthLead’s mission is to provide youth access to the tools and support needed for success in employment and education by building caring and committed relationships with youth and strengthening business and community partnerships. Service and activities include: explore careers that fit skills, interests and lifestyle, develop a resume, find available job leads and strengthen job interview skills.

**Minnesota Family Investment Program (MFIP)**

MFIP is Minnesota’s response to the Federal Welfare to Work Program. Under Federal Law, cash assistance is available for up to 60 months in a person’s lifetime. The creation of Employment Services began as a joint effort between the Ramsey County Financial Division and the American Indian community to address the high rate of American Indian families receiving MFIP benefits. The purpose of MFIP is to assist participants to become self-sufficient by becoming employed. Participants engage in activities that include: looking for employment, resume development, job skill training and attending meetings with a job counselor. The Employment Services Program at AIFC is designed to help families develop their job readiness and life skills to move toward economic self sufficiency.

**Therapy**

*AIFC provides a variety of therapy for their clients including: individual, child, couples and family counseling. In addition to counseling AIFC also uses the following therapeutic techniques: Art therapy, Hypnosis and Reiki. The following are a list of specific therapy related programming:*

**Healing Generations Program**

The Healing Generations Program was created in response to the growing needs of American Indian parents, children and adults requesting culturally specific mental health services and support from the American Indian Family Center. The goals of this program are to provide culturally meaningful programming to meet the Mental Health needs of the families, individuals, youth and children. This
program provides the community with education and information on mental health through talking circles and workshops. This program also provides families, individuals and children with case management around their mental health needs and serves as a linkage to other social service agencies.

**Soogizin Dodem (Strengthening Families)**

Strengthening Families is a trauma-informed family psycho educational group that provides education on historical trauma and how to heal through the use of cultural teachings and activities. American Indian persons recognize that art isn’t merely for art’s sake, rather it is a vehicle for healing and identity. By engaging in traditional art forms such as dress making and drum making participants are intertwining spirituality and tradition. To many indigenous populations these endeavors are symbolic for embarking upon a new way of life, healing self and community, healthy lifestyles, spiritual nourishment and celebration of identity.

**Health**

**Wakanyeja Kin Wakan Pi (Our Children are Sacred)**

The Wakanyeja Kin Wakan Pi Women’s Program provides direct services to Native American women during the prenatal and post-natal period. We develop and deliver culturally specific case management services to women to ensure healthy birth outcomes. We plan educational and culturally supportive workshops relevant to expectant mothers, partners and community members. Service and activities include: prenatal education, parenting classes, nutrition and health education, home visits, support group, case management and car seat education.

**Chemical Dependency Services**

**Wounspe Wawokiya Youth Program**

The Teen Outreach Prevention (TOP) program is designed to encourage healthy lifestyles and strengthen self-confidence of American Indian youth. The youth engage in service-based programming that utilizes their natural learning styles and inherent cultural knowledge to deliver service learning projects. And discuss healthy life choices. Services and activities include: leadership training, pregnancy prevention, relationships and learning within the community.

**Ombi’Ayaa Anishinabe Ininiiwug (Rise Up Original Men)**

Rise Up Original Men provides services to men their family educating them on diabetes and ways to prevent the disease. Through spiritual, cultural and community connections Rise Up Original Men promotes traditional healthy cultural lifestyles.
Recommendations

Based on data collected and the prescribed context of physical, emotional, social and mental components that presumably create balance for the AIFC’s participants it is recommended that the center continue its needs assessment by garnering additional information from program leads, participants, administrative leadership and the governing board. Creating a holistic balance within the center is dependent upon input from all aspects of the organization.

The Medicine Wheel looks at four distinct, but related items used to create balance, harmony and interconnectedness. In the instance of the American Indian Family Center leadership, governance, programs and participants balance one another. This organizational balance is used to develop programming to serve the surrounding Indigenous population. Keeping a holistic perspective is true to the nature of the Medicine Wheel. Each one of these four components carries importance throughout the organization and balances additional components within it. Defining and implementing this pattern throughout the organization and its programs is dependent upon input from program staff, participants, leadership and the board of directors.

Board and staff training on the concept and philosophy behind the Medicine Wheel is a necessity if this holistic goal is to be achieved. Once this concept is thoroughly understood a data tool can be developed for the organization. The development of this data tool will be reliant upon program specific indicators; meaning each program must define activities and how they fit into the Medicine Wheel. This tool constructed in the form of a Medicine Wheel will fit the unique the needs of the organization and its participants.

In addition, the development of intake/out-take forms for program participants inquiring about individual improvements in PHYSICAL, EMOTIONAL, SPIRITUAL and MENTAL aspects of their well being will assist in creating baseline data for each program and its participants. This baseline data can be applied as an index used to measure improvements within each program or with an individual participant.
During the document review of the Soogizin Dodem Program (Strengthening Families) the need of a cultural consultant presented itself. The program activities surrounding Soogizin Dodem include education on historical trauma and how program participants can heal through the use of cultural teachings and activities. In order to achieve this goal a relationship with an Indigenous spiritual leader or cultural consultant familiar with Native spiritual practices should be developed.

During the talking circle conducted with the Wakanyeja Kin Wakan PI (Our Children are Sacred) women’s group they outlined the need for more physical components of the Medicine Wheel within their programming. Transportation and outreach activities on a regular basis were an expressed need, plus childcare so more mothers can attend traditional activities.

Other gaps according to the staff survey include physical elements. Staff outlined a need for integration of traditional food education, growing, cooking and prep. They also expressed a desire to increase their connection to nature. Emphasis was put on the importance of participants having basic (shelter, financial,) needs cared for prior to comprehensive emotional care or therapy. Additional physical components revealed during document review specified the need for a new building.

The integration of the whole family especially Elders, was a concept repeated throughout the evaluation. There is some ambiguity regarding Elder participation. There are Elders on staff, Elders as consultants and to incorporate more Elders in within it’s programming the men’s group conducts a monthly feast at the Elder Lodge. Further research to understand gaps in Elder participation from the perspective of the staff will need to be considered because during the survey many suggested more Elder participation.

Additional comments from the staff survey in regards the Medicine Wheel include: “board needs training on cultural concepts and overall understanding of how the Medicine Wheel is incorporated at AIFC.”; “MW needs to be implement by all staff in all programming areas”; “Include everyone working within AIFC to provide a cultural understanding of the MW “; “More collaboration between programs for the purposes of community relations and valuing intergenerational communication”; “work with Ramsey County to think outside their box and truly include the whole family.”

These comments reinforce the recommendation that both board and staff could benefit from training on cultural and traditional elements such as the Medicine Wheel. The Medicine Wheel is a fluid and sometimes a varied concept, it is important that the AIFC board and staff have a shared and common understanding of its theory. Once this theory is outlined it can be used to create logic models, assist in program development and create new tools for evaluation.


