

Walking With Our Relatives: Co-Designing an Anishinaabe-Led Evaluation Approach

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Abstract: *This article shares stories about the development of the Gaa-giigishkaa-kaawasowaad “A Place Where Pregnant Women Gather” Clinic at Mewinzha Ondaadiziike Wiigaming and the Anishinaabe-led evaluation approach developed to support learning about the clinic’s journey. The clinic, located in northern Minnesota, focuses on maternal–child health integrative care, prioritizing Anishinaabe cultural values and practices. The inception of the clinic has been informed by community priorities, vision, and includes important protocols, such as visiting with Elders at the outset and offering asemaa (traditional tobacco), to guide its development. Alongside the story of the clinic, the authors share the development of an Anishinaabe-led evaluation approach that supports ongoing learning and wellness within the clinic. By reflecting on the clinic’s first 2 years of operation, the authors assess where they have come from and draw forward learnings gathered so far. These stories highlight the critical role of culturally rooted evaluation in supporting the health and wellness of American Indian families and transforming community experiences.*

Keywords: *Anishinaabe, American Indian, co-design, community engagement, decolonizing, evaluation, holistic, Indigenous, integrative, maternal and child health, wellness, traditional practices*

Résumé : *Le présent article présente la création de la clinique Gaa-giigishkaakaawasowaad, « Un endroit où les femmes enceintes se rassemblent », à Mewinzha Ondaadiziike Wiigaming, et l’approche d’évaluation dirigée par les Anishinaabe qui a été mise au point pour soutenir l’apprentissage au sujet du parcours de la clinique. La clinique,*

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située dans le nord du Minnesota, est axée sur des soins intégrés en matière de santé maternelle et infantile, en accordant la priorité aux valeurs et pratiques culturelles des Anishinaabe. La fondation de la clinique a été guidée par les priorités et la vision de la communauté et comprend des protocoles importants, tels que des visites hâtives d'ainé.e.s et l'offre d'asemaa (tabac traditionnel), qui ont guidé son développement. Parallèlement à l'histoire de la clinique, nous traitons de l'élaboration d'une approche d'évaluation dirigée par les Anishinaabe qui soutient l'apprentissage continu et le bien-être au sein de la clinique. En réfléchissant aux deux premières années de fonctionnement de la clinique, nous évaluons le chemin parcouru et tirons des leçons de l'expérience acquise jusqu'à présent. Ces histoires soulignent le rôle essentiel de l'évaluation ancrée dans la culture pour soutenir la santé et le bien-être des familles autochtones et transformer les expériences de la communauté.

Mots clés : *Anishinaabe, autochtone, évaluation, coconception, décolonisation, santé maternelle et infantile, bien-être, holistique, intégratif, pratiques traditionnelles, engagement communautaire*

INTRODUCTION

This article shares the story of the co-development of the Gaa-giigishkaakaawasowaad “A Place Where Pregnant Women Gather” Clinic at Mewinzha Ondaadiziike Wiigaming (Mewinzha) in Bemidji, Minnesota. Rooted in the Anishinaabe concept of Mino-bimaadiziwin—to live well, have good health, and lead a good life—this clinic is an expression of ongoing Nationhood and care that has always existed within our communities. Anishinaabe knowledge systems guide every aspect of this work: how we care for ourselves and one another, how we hold relational responsibilities, and how we learn through experience, story, reflection, and ceremony. Rather than seeking recognition within dominant systems of evaluation, our approach is grounded in the politics of refusal—the choice to regenerate our own ways of knowing and relating, without asking permission or fitting within imposed structures. As Simpson (2017) describes, these refusals are not rejections for their own sake—they are generative acts that make space for our own practices to flourish.

This article is offered in the spirit of relational knowledge sharing. We speak directly to other Anishinaabe and Tribal Nations who may see their own stories reflected in these pages. We also offer our experiences to others engaged in liberatory practices, with care and caution. These stories should not be lifted out of context, replicated without understanding, or disconnected from the protocols that shape them. We understand that Tribal Nations are not monoliths; it is important to ask questions to understand appropriate protocols and practices when we are guests in other territories. For example, in this article, we speak of the process of offering aseema, which is not appropriate in all Nations and contexts. Knowledge belongs in relationships. As such, we are not positioning this work to defend the value of Indigenous evaluation—we are simply continuing it.

In the sections that follow, we introduce our team and the relationships we hold, outline the community-rooted process that led to the creation of the clinic, and share our experiences walking with an Anishinaabe evaluation approach. Our intention is to support wellness, sovereignty, and the regeneration of Anishinaabe ways of caring, learning, and leading.

In our communities, providing introductions to who we are, where we come from, and the relations we hold is expected. These introductions provide context to the responsibilities and accountabilities we hold within our families and Nations. Pearl Walker-Swaney, MPH, CD, CLC, is Lakota and Dakota enrolled from the Standing Rock Sioux Tribe and Anishinaabe from White Earth Nation. Pearl has been with Mewinzha since 2022 and is the wellness coordinator and doula. Natalie, DNP, APRN, CNP, ILC, is Arikara enrolled in the Three Affiliated Tribes of Fort Berthold, North Dakota; Ojibwe from Red Lake Band of Chippewa Indians; and Danish ancestry. Natalie Nicholson has been with Mewinzha since 2017 and is the clinical director and family nurse practitioner provider. Roxanne Johnson, RD, CDCES, LS, ILC, is an enrolled member of the Turtle Mountain Band of Chippewa from Belcourt, North Dakota. Roxanne has been with Mewinzha since 2023 and is a registered dietitian, a Certified Diabetes Educator, and an office coordinator. Ovie Lawrenchuk, BA, is Swampy Cree from Fox Lake Cree Nation and supports Gladys's evaluation firm Indigenous Insights Collective. Dr. Gladys Rowe, MSW, is Swampy Cree from Fox Lake Cree Nation in northern Manitoba and holds relations with ancestors from England, Ireland, Norway, and Ukraine. In January 2023, Gladys was invited to walk alongside the team at Mewinzha to support the evaluation.

Mewinzha wishes to clarify that we intentionally use the terms *American Indian* and *Anishinaabe* throughout this article instead of Indigenous when speaking about our region. We received instruction from our local Elders and knowledge keepers that it is critical to distinguish this terminology in relation to the treaty rights of American Indian people and the responsibility the U.S. federal government has to American Indians. The term *Anishinaabe* has been used to describe our regional relatives of the Ojibwe, Odawa, Potawatomi, Mississaugas, Nipissing, and Algonquin peoples of the Great Lakes region. The term *Indigenous*, when used here, is referencing published literature. We are not speaking on behalf of all Indigenous people globally; however, we hope this article and our work are useful to those communities.

While this article shares the development of the evaluation approach, we begin by detailing the development of the clinic and program development, which prioritizes and internally embeds evaluation from the outset. We begin with the story of the community engagement, the resulting clinic development, and the Anishinaabe evaluation approach as an interwoven process. We share these insights as we begin Year 2 of the clinic's operations—reflecting on where we have come from, assessing where we are, and drawing forward learnings as a result of this journey so far.

We shared in detail our dreams of opening our own community health clinic that prioritized Anishinaabe maternal child health and why our experiences

working in the Western health care system as nurses and clinicians were motivating a shift in care for our organization. Both Mamanaan and Natalie have experienced and observed the lack of cultural respect, awareness, sensitivity, and understanding for our community members. We wanted our care to be different: led and grounded in Anishinaabe knowledge, cultural strengths, and community, with an integration of Western medicine. We envisioned focusing on Anishinaabe wellness, healing, and cultural safety with an ultimate goal of having care centred on a land-based connection.

In January 2023, Mewinzha invited Gladys to walk alongside the team to support the evaluation of our work. Each of the authors brings education from formal institutions that have provided Euro-Western foundations of knowledge systems that we recognize in various ways are counter to community-determined approaches to how to do the work in a good way. So from a foundation of knowledge that is rooted in the worldviews of our Nations, in our work, we choose to centre this knowledge, practices, and protocols. One example of this assertion is the centring of Indigenous voices in the literature review about evaluation by, with, and for Indigenous peoples (Smith, 2012). The stories that we share here are examples of leading and centring the Anishinaabe world-view practices in the work of integrated health care and evaluation that meaningfully supports work with relatives at Mewinzha. The culturally relevant care and evaluation approach we describe throughout this article is founded on the mission and vision of the work of Mewinzha, which aims to provide Anishinaabe-led maternal child health and family wellness services to community members in northern Minnesota to support them to achieve and maintain Mino-bimaadiziwin.

As a result, we aim to contribute to the process of decolonizing this work and be a good relative in co-leading our health initiatives. Anishinaabe evaluation is a living approach, in alignment with the continuous motion of Anishinaabe life, governance, and knowledge that has always existed outside of colonial frames (Simpson, 2017).

Resurgence: Evaluation by, with, and for Anishinaabe peoples

Anishinaabe scholar Dr. Leanne Simpson (2011, 2017) shares the concept of Indigenous resurgence as a multifaceted process of Indigenous communities reclaiming, reconstructing, and reimagining their cultures, identities, and lifeways in the face of colonial disruption. The emphasis on restoration of Indigenous practices, languages, and governance structures as acts of resistance and reassertion of sovereignty (Simpson, 2011, 2017). Resurgence is not just a political or academic discourse but also a lived reality. It is a decolonizing process, which involves reconnecting with land, water, and non-human kin. It is the revitalization of ceremonies, legal systems through grassroots activism and community-led initiatives. This concept is a deliberate movement away from the narratives and constraints imposed by colonial systems, and toward a future defined by Indigenous peoples themselves. This conscious effort fosters the conditions necessary

for the flourishing of Indigenous life and knowledge, independent of colonial validation or interference (Simpson, 2011, 2017).

Similarly, Indigenous evaluation informed by the principles of Indigenous resurgence and Tribal sovereignty (Locklear et al., 2023; Tribal Evaluation Workgroup, 2013; Waapalaneexkweew, 2018) offers critical thinking questions: Whose priorities are informing the questions, methodologies, and sensemaking with what is being learned? Whose voice is driving the decision-making? Who will benefit from the results of what is being learned? What does success mean to this community? How will what is being learned through evaluation support the overall vision and priorities of the group/community/Nation? Is the evaluation for the community's well-being? Does it heal and work toward decolonization? Is it inspired by the love of Indigenous people and the land? and What new narratives and learning is possible when we examine things from a strength-based point of view? (LaFrance & Nichols, 2010; Locklear et al., 2023; Rowe & Kirkpatrick, 2018; Tribal Evaluation Workgroup, 2013). Bowman et al. (2015) highlight the practical considerations and benefits of culturally responsive evaluation, particularly in ensuring methodologies align with Indigenous epistemologies and community priorities.

In their pivotal work, LaFrance and Nichols (2010) identify four core tenets of Indigenous evaluation which are fundamentally driven by Indigenous knowledge: (a) being people of a place, (b) recognizing our gifts, (c) honouring family and community, and (d) respecting sovereignty. Evaluation by, with, and for American Indians and First Nation peoples is a necessary element of sovereignty in our Nations (LaFrance & Nichols, 2010; Locklear et al., 2023). Centring cultural values in evaluation not only strengthens community engagement but also ensures that the evaluation outcomes resonate deeply with Tribal priorities and identity (Alexander, 2023). The ability to be flexible, determine our own standards, identify what is important to measure, in which ways, and for which audiences are intertwined with the health and wellness of our families and Tribal Nations (Eakins et al., 2023; Francis et al., 2021; LaFrance & Nichols, 2010; Locklear et al., 2023). The principles and questions noted earlier have been a guide to the development of an Anishinaabe-led evaluation framework co-designed to support the learning and evaluation work of Mewinzha.

Introducing Mewinzha Ondaadiziike Wiigaming

Mewinzha is an American Indian non-profit organization that is in the heart of Bemidji, Minnesota. We are an all-female, Anishinaabe-led organization whose mission is to provide community-centred holistic care for all women, children, and families. Mewinzha is the region's only Anishinaabe provider that braids both Western and traditional Anishinaabe knowledge of health, wellness, and community into practice throughout the holistic health journey of our relatives. Our vision, Mino-bimaadiziwin, means "live well, have good health, and lead a good life." Our values include **Meaningful Care**, we provide health services that are representative and reflective of the journey and stories of our community

members and our strength as Anishinaabe. We **Honour Choice** by offering both culturally relevant and Western health services, we honour all practices and prioritize a person's right to choose their own health care. We are **Committed to Lifelong Learning** by creating a space where we learn from each other, as well as from our Elders and knowledge keepers. And we have **Fun** in the process.

Mewinzha Ondaadiziike Wiigaming's team brings diverse lived experience, clinical knowledge/training, Anishinaabe medicines, and traditional healing. We established a clinical and programming space in which generations of relatives and community members gather to share stories, experiences, and teachings to impact the current and future generations of Anishinaabe families. Our current programming consists of the following focus areas: pre/postnatal group care, doula support, Anishinaabe health and wellness services, lactation support, and nutrition education.

The next section shares stories of how Gaa-giigishkaakaawasowaad Clinic came alive and Mewinzha's co-development of the Anishinaabe-led evaluation approach.

PREPARING TO WALK WITH RELATIVES AND COMMUNITY

The Anishinaabe world view, values, and protocols are embedded in the very way that Mewinzha has been built and provide the foundation to their way of working with relatives and community. These include starting in ceremony, being in good relationship with all relatives, including plant relatives, attending to holistic protocols and accountability, and being led by priorities and teachings of knowledge keepers and community members.

We understand that as Anishinaabe people, we walk in two societies. We acknowledge our Anishinaabe values, beliefs, and practices differ from Western society. In Western society, research impacts evidence-based practice in Western medicine. It affects how we teach students, engage with the community, policy, funding, laws, and relationships. However, research knowledge can take up to 17 years before it is applied in practice (Morris et al., 2011). When we look at project outcomes and evaluation, this process helps us understand and prioritize our purpose, goals, and how we engage with others. Community and cultural understanding are critical to inform how the evaluation will be conducted and the questions it is trying to answer (Brockie et al., 2021; [NCAI Policy Research Centre, 2012](#)). In our collective experience, we have observed that our Anishinaabe relatives have not been consulted at the start of projects that are respectful of cultural traditions and protocols. And we aim to help change that process. We value the importance of doing our work in a good way that is responsible, respectful, and with thoughtful intention.

Starting in a good way: Visiting with Elders

Mewinzha has been supporting wellness and establishing relationships in the Bemidji area well before the plans for the clinic's expansion began in earnest in

2022. In alignment with cultural protocol, Mamanaan, Founder and Elder Midwife at Mewinzha Ondaadiziike Wiigaming, called two female lodge Elders, who are fluent Ojibwe language speakers, asking if they would travel to visit Mewinzha to discuss the expansion of this work. Normally this request would be made in person with an offering of asemaa first; however, both Elders lived out of town at the time. They agreed to make the road trip, and we met 5–6 November 2021. When they arrived, Mamanaan and Natalie both offered asemaa to the Elders to ask for their guidance specifically about adding clinic services to our organization services, asking them, “What does an Anishinaabe-led clinic look like to you?” and “What do you wish and want to see?”

Based on this visit, the Elders provided guidance about what an Anishinaabe-led clinic looked like and what they wanted to see. They wanted to see and hear things representative of our community and people: the Ojibwe language written and spoken, our signage needed to be in Ojibwe, and how we greet people on the phone or in person “biindigen, boozhoo,” or “giga-waabamin.” We were advised to acknowledge the four directions posted in Ojibwe, including in our mission statement. They suggested music that is calming, such as flute or drumming. They wanted us to identify our clinic colours, and we worked through the medicine wheel to ensure our group pre–postnatal sessions were balanced with mental, social, emotional, and spiritual elements.

It was important to sit and visit with these Elders to really connect, listen, and learn. They were so encouraging, and this support was felt. The conversations provided important guidance about services offered, and they in turn shared work resources they created that are grounded in culture and Anishinaabe knowledge. We had another visit from an Elder who is fluent in Ojibwe and offered her asemaa, requested a clinic name for this clinic space, and was gifted the name “Gaa-giigishkaakaawasowaad” (A Place Where Pregnant Women Gather).

Our Anishinaabe teachings guide us to our grandmothers for advice; had our Elders not been supportive of our clinic expansion, we would not take action. By receiving the Elders’ teachings and blessing to “go for it,” the next step was to review the literature to understand what else in the world is being done for our community members or communities in similar situations. One of the challenges for Anishinaabe-led practices and approaches to care is that while we know our Anishinaabe people are doing this work and always have done this work, it is not often shared in formats Western society prioritizes, such as written publications.

In March 2022, Natalie, who at the time was working on her doctorate in nursing practice, conducted a literature search with the school’s information specialist at the Johns Hopkins University School of Nursing. This search focused on “culturally safe and relevant prenatal care” for American Indians. Noted themes include the importance of community-led programs and engagement (Campbell et al., 2018), cultural safety (Churchill et al., 2020), inclusion of Elders (Davis & Prater, 2002), informed choices and consent (Hayward & Cidro, 2021), the value of empowerment (Jones et al., 2017), clinic accessibility (Murphy & Best, 2012),

the benefits of team building (Davis & Prater, 2002), and trust and adaptability of team members (Jones et al., 2017). The literature offered specific insights regarding community engagement sessions that were helpful. For example, separating Elders from younger community members when looking for program feedback. There was a lack of conversation and knowledge sharing, as the younger participants did not want to disrespect the Elders by speaking before them (Tribal Evaluation Workgroup, 2013).

Next, Natalie sought guidance from three American Indian research scientists who conduct community-based participatory research (CBPR), leading research teams in their own communities. Acknowledging the contributions of these Anishinaabe mentors, teachers, and allies who provided guidance by sharing their experiences as leaders in culturally grounded and relevant care is important. They graciously shared successful strategies and stories of how to do CBPR, managing expectations, red flags when conducting research with partners, and offering critical thinking questions to screen who to work with. Before conducting our own community engagement sessions, our team had to be honest with how we were preparing and feeling. We were excited as well as nervous about making mistakes. In being vulnerable in this process, we were given teachings and encouraged to not be afraid. We were told nothing is perfect, and it will work out the way it is supposed to. We were not alone; our ancestors were helping us along the way.

Knowledge to Action Framework using an Indigenous approach

As demonstrated through the intentional preparations and protocols, we understand the critical importance of being community-driven and ensuring that the work we lead in program development is meaningful and responsive to community priorities. Mewinzha prioritizes reflection, learning, and responsiveness as an organization to ensure care for relatives is the best possible and adapted the Knowledge to Action Framework (KTA) to be culturally relevant to an Anishinaabe context for these purposes. KTA is an integrative model that describes knowledge creation and implementation methods using an action versus practice paradigm. The KTA is designed to be used by a wide variety of people, not just health program providers. The model demonstrates new knowledge going through various stages until it is accepted and implemented in program development. Each step creates its own process, customizing the activity to meet the user's needs or answer the research question while employing feedback throughout the process. There are seven phases of the KTA cycle: (a) identify problem/identify, review, select knowledge; (b) adopt knowledge to local context; (c) assess barriers to knowledge use; (d) select and tailor implement interventions; (e) monitor knowledge use; (f) evaluate outcomes; and (g) sustain knowledge use (White et al., 2019). Knowledge translation is an important consideration in healthcare and evaluation by, with, and for Anishinaabe peoples and Nations to enact sovereignty and resurgence. Smylie et al. (2014) advocate for knowledge translation (KT) using an Indigenous approach that brings significant

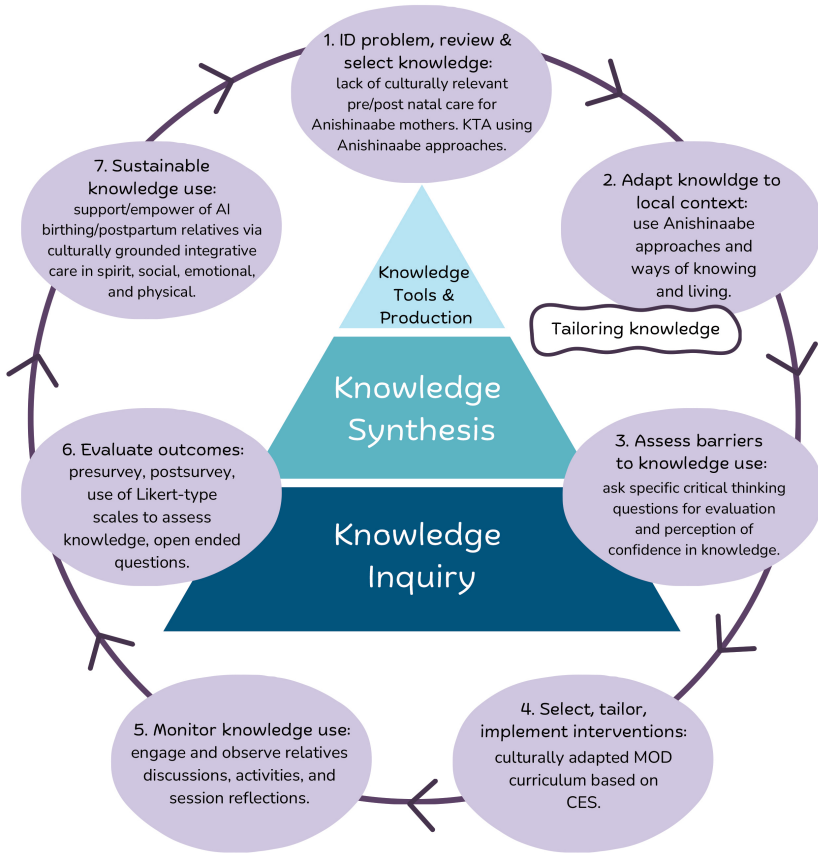


Figure 1. Knowledge-to-action cycle using Indigenous approaches

Source: Adapted from Graham et al. (2006) and Smylie et al. (2014).

cultural relevance, guidance, and value. The emergence of KT using an Indigenous approach welcomes different points of view, acknowledges, respects, and builds on existing Indigenous knowledge systems. For example, in our work, Anishinaabe knowledge already has established local languages, concepts, sharing systems and protocols that are driven by Anishinaabe ways of knowing and living. These established processes guide both the work of the clinic in program development and the co-creation of the evaluation approach. Smylie et al., (2014) poses critical thinking questions and topics specific to the person doing or implementing research to consider when working with Indigenous populations including cultural safety; underlying unmet material, social, and health needs; health literacy; protection and custodianship of Indigenous knowledge; publication bias; reciprocity in relationships; and location. Based on this guidance, Mewinzhah adapted the KTA cycle using an Indigenous knowledge translation

approach that is most appropriate as it is culturally relevant in developing their programs to work with Anishinaabe relatives.

PREPARING FOR THE CLINIC: COMMUNITY ENGAGEMENT SESSIONS

Critical to the KTA and an Indigenous KT approach is understanding the existing knowledge, priorities, and hopes of the community. As a result, community consultation and engagement sessions were planned. Elders, maternal–infant families, and our plant medicines were involved in the development of our Anishinaabe-led clinic.

A critical relative to note in Anishinaabe community engagement is the use of *asemaa* (tobacco plant) that we work with when asking for help, counsel, or advice as we are spiritual beings. Our time, thoughts, and lived experiences are valuable resources to appreciate and acknowledge. Offering *asemaa* to someone for their knowledge and experience is respectful and creates reciprocal relationships that honours both time and knowledge. We understand that our thoughts are powerful, and when we put our thoughts together, we can create intentional ways of caring for our pregnant and postpartum families. Throughout the engagement process from planning to launching the opening of the clinic, our team has turned to our plant relative, *asemaa*, to guide us in forming a new path of prenatal care in the community.

Creating a clinic model for the Anishinaabe community of the Bemidji area has never been done in a modern context before. After reviewing the literature on culturally relevant prenatal care models for American Indians, we engaged community members and key stakeholders to help identify essential components in clinic planning. Our team made time to visit with each community member and Elder to offer our *asemaa*. We shared the purpose of the gathering and what we were asking of them. We held two separate engagement sessions in June and July 2022 at our designated clinic site. These engagement sessions were designed with the focus group framework to guide the conversations and is referred to as focus group sessions or simply sessions. One session was with Elders and another with maternal–infant families regarding their experience and knowledge about pregnancy through postpartum and breastfeeding (LaFrance & Nichols, 2010). An Elder from the community facilitated the Elders' focus group, and Mewinzha team members, Mamanaan, Pearl, and Natalie, co-facilitated the community members' focus group. The families we engaged with also included fathers as they have an important role starting from preconception to postpartum, including lactation. Pearl led our team to create focused questions that would help us understand what gaps in care our families observed, what characteristics would make them feel safe and cared for, and what services would be helpful for pregnant and postpartum families.

We used the focus group method (Krueger & Casey, 2015a; 2015b) as a way to frame the conversation. In the focus group method, five to eight people are invited and are given the opportunity to share their personal experiences and

knowledge openly, in a focused, safe, judgment-free environment (Krueger & Casey, 2015a; 2015b). Both groups were asked to respond to the question, “What does an Anishinaabe-led clinic look like to you?” to identify the characteristics that would inform the environment and qualities of the clinic. Community members also responded to the following prompts: “I wish I would’ve known_____ during_____” and “Experience or stories I have about_____” that were for each priority perinatal service area: pregnancy, birth, and postpartum. For example, “I wish I would’ve known about breastfeeding during pregnancy.” Pearl analyzed the data into emerging themes with validation from the team, helping shape the curriculum topics of a group prenatal model of care and how our interdisciplinary team approaches the care provided at the clinic.

The Group Care sessions for relatives were designed directly from the feedback received in these community engagements. For example, each group prenatal care session begins with smudging, a spirit plate, connection to food and each other, nutrition education, Anishinaabe birth knowledge and practices, and educational topics that are important to know during pregnancy and to prepare for birth. The resulting themes offered by relatives also serve as a reference to educational topics to ensure the clinic and services provided are meeting the needs of the community. The framework of our group care is from the March of Dimes Group prenatal care curriculum. We use this framework to provide culturally relevant prenatal and postpartum education topics identified by our community.

In May 2023, after the focus groups concluded and the clinic space transformed according to community feedback, Mewinzhah invited the same Elders and community members back for a pipe ceremony to bless the clinic before opening services to the community. This private gathering included a tour of the space along with a meal from a local Anishinaabe chef. We received positive feedback, and our team felt ready to welcome our first group of prenatal birthing families.

Mewinzhah Ondaadiziike Wiigaming’s Model of Care (Figure 2) is directly informed by each of the engagement processes described. After completing our first pilot group in prenatal care, we have plans to invite relatives and community members back into the space to offer a report back on our learnings in August 2024. This is how we remain accountable and in good relations with our relatives who have helped us develop our Anishinaabe-led prenatal clinic and model of care. The visual representation of Mewinzhah’s Model of Care reflects the principles described by O’Connor et al. (2023), who underscore the role of Indigenous data visualization in making complex relational systems more accessible and meaningful to communities.

The story of the relationships and partnerships (Figure 3) informs and supports the work of the clinic and how the insights we carry are shared to demonstrate what is possible in an Anishinaabe-led model of care.

CO-DESIGNING AN ANISHINAABE-LED EVALUATION APPROACH

The stories shared so far demonstrate a commitment to a community-driven approach to program development that begins with and is rooted within a

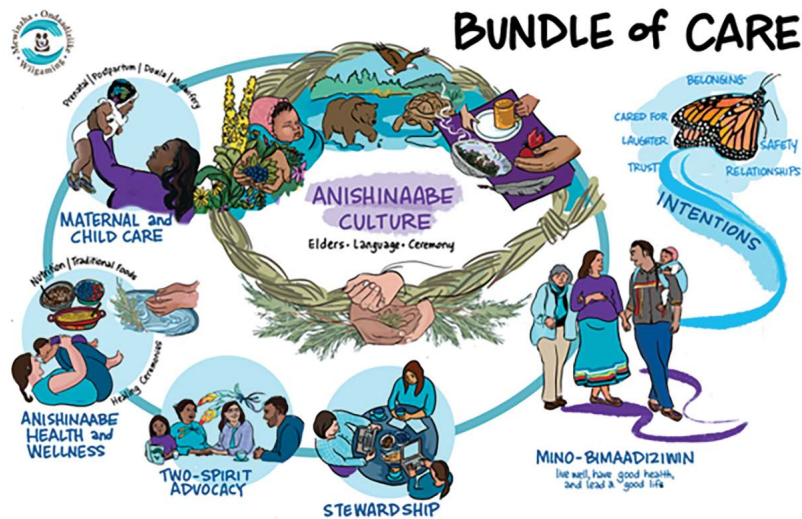


Figure 2. Mewinza’s Model of Care

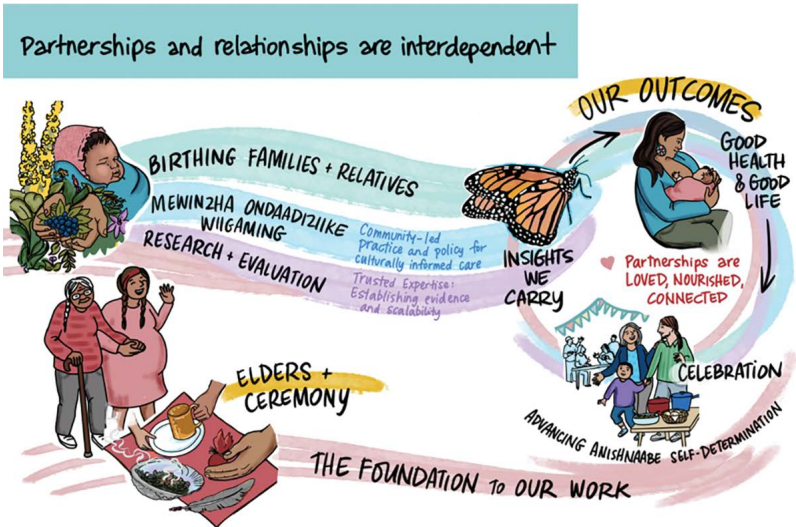


Figure 3. Relationships and partnerships that support Mewinza

foundation of the Anishinaabe world view, protocols, and practices. Congruently, the stories of the co-development of the Anishinaabe evaluation approach are similar. This co-development began after the engagement process had been completed and began with the search for an Indigenous evaluator. As the evaluation relationship began, it is important to acknowledge that looking for an Indigenous evaluator who held similar values and approaches envisioned by the Mewinza team

was a challenge. There is a significant underrepresentation of Indigenous evaluators in proportion to community demand. Building culturally responsive evaluation systems requires addressing the historical dominance of Euro-Western paradigms while co-creating methods rooted in Indigenous ways of knowing (Bowman et al., 2015). There are historical and ongoing power imbalances upheld by Euro-Western paradigmatic and methodological dominance when it comes to Indigenous communities, research and evaluation (Locklear et al., 2023; Simonds & Christopher, 2013; Waapalaneexkweew, 2018). There is often an unlearning and trust building that needs to take place to imagine what is possible in the realm of Indigenous evaluation (Simonds & Christopher, 2013). For some staff members, it was not a journey that could be imagined immediately, having been educated and ingrained within traditional Western-colonial ways of evaluation. Roxanne shares, for example, that due to her educational experiences, often when evaluation is thought of, what comes to mind is research. Historically, research has been harmful to American Indian people (Brockie et al., 2021) and is something that has been done on our communities to the benefit of outsiders (Simonds & Christopher, 2013). Evaluation has been a way of holding accountability to funders rather than community members (Haden et al., 2020; Rowe & Kirkpatrick, 2018). For example, because of this lack of meaning for relatives and communities, Roxanne, who has over 20 years of experience working in health and wellness in Indian Country, has witnessed relatives rush through evaluation feedback without much thought and reflection. In her previous roles, Roxanne often wondered how she might get better feedback.

Anishinaabe-led evaluation vision and values

Mewinzha views evaluation as a continuous way to grow as a team, improve services offered to relatives and the community, and uphold an organizational commitment to lifelong learning. We believe it is important to ensure Anishinaabe evaluation is completed and produced in a way that is truthful and respectful, supports the well-being of our team and communities, and is filled with humour. This evaluation approach has been co-developed intentionally and began with the offering of asemaa to ensure we come to this work with a clear mind and purpose. Embedding cultural values into evaluation frameworks is essential for fostering trust and relational accountability, particularly in Tribal contexts (Alexander, 2023). This evaluation is a living and being entity, just as we are. We incorporate time and space for ceremony, cultural protocols, and medicines. The intent is for this evaluation to reflect who we are as Anishinaabe people, involving Elders and the Ojibwe language to guide each stage.

Emerging from the Anishinaabe-led approach, Mewinzha Ondaadiziike Wiigaming's evaluation plan outlines generative processes and methods that are collective, participatory, meaningful, grounded in local context, priorities, and purpose to ensure the learning and results are able to be put into action (Haden et al., 2020; Rowe & Kirkpatrick, 2018). We value and prioritize the experiences of the community relatives who access the services provided through Mewinzha Ondaadiziike Wiigaming. For Mewinzha's team, the methods empower us to learn

and reflect together, nurturing vulnerability and honesty without judgment. We wanted our evaluation to be accessible, inclusive, and something families will be proud of, knowing their input brings positive change for others. This evaluation process will ensure that the results can be used with a variety of audiences to have the biggest impact in sharing and celebrating the story and successes of Mewinzha.

Walking with our relatives within the evaluation approach is a critical part of the learning, and it starts with offering our asemaa and asking for their feedback but ensuring participation is not mandatory. This approach resonates with the principles outlined by Bowman et al. (2015), emphasizing relational accountability and cultural alignment in Indigenous evaluation practices. Relatives not only understand the purpose of the evaluation work but feel comfortable knowing why the information is being collected and how it will be used and understanding the outcomes and the impact of their stories and the impact the model of care has on our community and potentially other Tribal Nations. To support this, relatives receive an evaluation introduction letter, the evaluation purpose and activities are discussed with relatives by the team members leading the groups. The evaluator takes the time to visit and share with the relatives at different online and in-person visits to establish relationships, as this is a critical component of *how* we do our work together.

As noted earlier, the clinic prioritized learning and evaluation right from the outset of the planning phase, before opening the clinic. The Anishinaabe-led evaluation approach is iterative and rooted in community-driven processes—in which staff, relatives, knowledge keepers, and community members are a part of the design, implementation, reflection, learning, sensemaking, and storytelling throughout. This has allowed the evaluation to be embedded in the organizational culture and for a new relationship to be built with evaluation. Given the newness of the clinic offerings, the first 2 years of the evaluation prioritizes articulating and learning about the design and approach of the model of care. Years 2 and 3 will prioritize learning about the progress toward outcomes and potential impact. Figure 4 outlines the evaluation priorities and questions developed at the beginning of the evaluation journey.

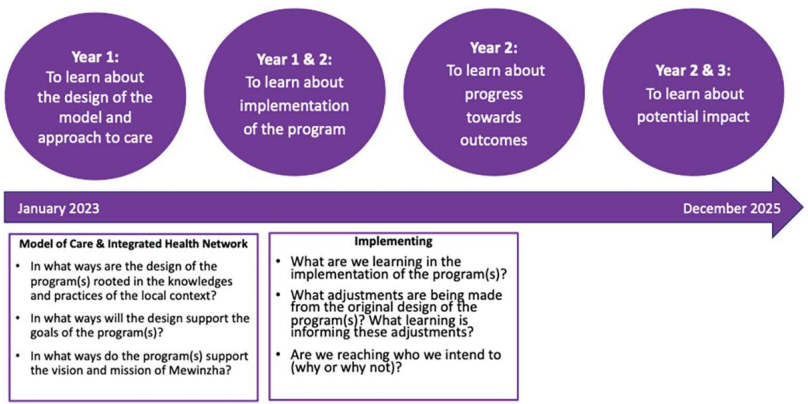


Figure 4. Evaluation priorities and questions

WAYS WE LEARN ABOUT OUR WORK

Guided by the vision and approach outlined earlier, the evaluation methods and tools have been co-designed to best meet the overall priorities of the team and funding reporting requirements. They include staff reflections, relative reflections, pre- and post-surveys, arts-based methods, including poetry creation, conversation circles, offering and event tracking, regular group and one-on-one visits with the evaluator, and seasonal sensemaking gatherings. The tools that are used have been intentionally developed to ensure that they are gathering what is meaningful and will be useful and ensure minimal burden on relatives (LaFrance & Nichols, 2010; Rowe & Kirkpatrick, 2018). The questions used within the tools have been co-developed, and through the iterative reflection cycle have been revisited and adjusted based on feedback from staff and relatives (Eakins et al., 2023; Haden et al., 2020).

This is an internal learning and program evaluation that has been designed to support iterative quality improvement, and given this, we have not undertaken an institutional ethics review process. However, protocol, consent, and participation are all valued in our Anishinaabe evaluation approach, and we have developed several priorities in how we work with relatives to receive feedback to adapt and strengthen our offerings. This includes an evaluation introduction letter provided to every relative outlining the intentions of the evaluation within Mewinzha. Early in the Group Care process, Gladys visits with relatives to share the purpose of this learning work, including what is evaluation, why it is helpful for Mewinzha, and how their information will be gathered and used. At each collection point, we make time for questions, and verbal consent is sought. Relatives can opt out of contributing, and this will not impact the care provided. Each tool has an introduction that outlines why and for what purpose we are gathering information. We also identify times when we will share back the learnings and adjustments. The Elders serve as guides, leading us to ensure we are doing this work in adherence to cultural protocols and taking care of the stories that are shared. This reflects Alexander's (2023) findings that culturally aligned evaluations enhance the relevance and authenticity of data collection processes in Native communities. Our intention for an Anishinaabe-led evaluation approach with our community is to gather input from our community to inform and guide our work. We respect the sovereignty of each Tribal member and Nation we engage, using our asemaa as an agreed-on spiritual and cultural contract of confidentiality.

Mewinzha's evaluation implementation process, visualized in Figure 5, outlines the iterative approach to learning that mobilizes learning into meaningful adjustments, action, and sharing back with the community (Eakins et al., 2023; Haden et al., 2020; Locklear et al., 2023; Polanski & Echo-Hawk, 2021). Indigenous data visualization can serve as a powerful medium to convey iterative and relational evaluation processes, reinforcing cultural coherence and storytelling within program models (O'Connor et al., 2023).

At the top of the circle, Mewinzha's Model of Care and evaluation tools are designed and ready to be delivered. The service offerings are ready to be

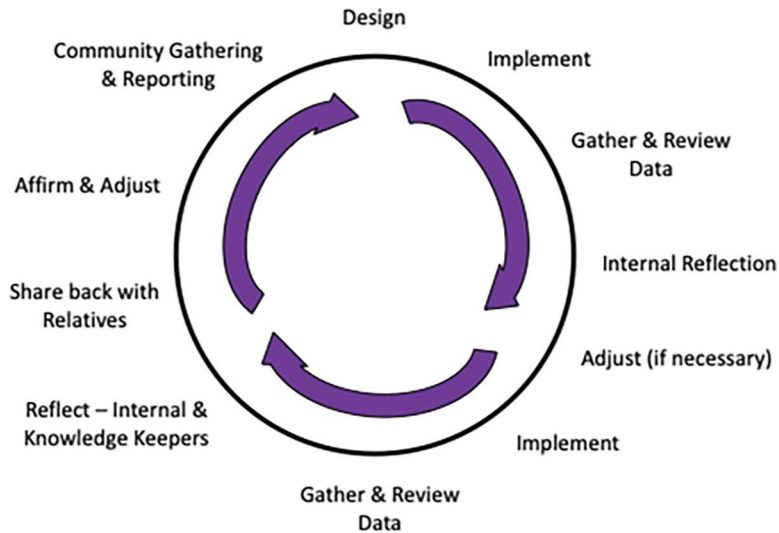


Figure 5. Mewinzha evaluation implementation process

provided, active recruitment and community participation are invited, and the offering is delivered as designed. Once the first implementation is completed, the stories and data gathered are prepared for internal review and sensemaking with the Mewinzha team. Based on this review, any adjustments made to the design are documented, and the offering continues to be implemented. In the seasonal review cycle, a sensemaking session takes place three times a year, resulting in a share back with relatives to present what has been learned and receive feedback. Priorities identified in the share back with relatives and included in adjustments. In the final stage of the cycle, a community gathering is organized to share the yearly Evaluation Report, and we come together to celebrate the offerings, accomplishments, and what we learned with broader audiences.

Mewinzha engages in a sensemaking process that happens at different seasonal timepoints with varied priorities. Mewinzha's Evaluation Story (Figure 6) identifies the priorities in sensemaking; in the spring, we reflect on Building Our Bundles, and in the summer, we reflect on Walking With Our Relatives, Community, and Partners. In the winter, to mark the close of the year, we reflect on Celebrations and Insights We Carry Forward. Sensemaking, emerging the paradigmatic roots of meaning-making within Indigenous research methodologies, is a process of holistic engagement with the stories (data) that are shared to understand the relationships, patterns, cycles, interconnections, and meaning (Absolon, 2021; Kovach, 2009; Rowe, 2020). Sensemaking is a collective, intentional, and iterative process we use to make sense of the data that have been gathered during the seasonal periods to answer the evaluation questions and understand the progress that is being made to reach our overall goals. This provides Mewinzha the flexibility to be responsive and to make decisions about priorities, strategies, and partners



Figure 6. Mewinzha's evaluation story

based on this learning. These sensemaking gatherings are facilitated by the evaluator using specific questions and creative arts-based methods to serve several evaluative purposes: reflect on the implementation of the projects and organizational growth and identify emergent opportunities, adjustments, and story-sharing opportunities (Polanski & Echo-Hawk, 2021; Rowe & Kirkpatrick, 2018).

Recently, the team has co-developed an evaluation journey graphic (Figure 6) that illustrates the way that we are sharing stories about what is being learned. We begin with Celebrations, which highlights important milestones from our work together during the year. The Building Our Bundles section acknowledges and makes visible the bundles each staff person carries into this work. This section explains how team members have worked individually and collectively to strengthen their bundles throughout the year through ceremonies and connections to ancestral and Anishinaabe teachings, training, professional development, and prioritizing evaluation and learning. The next section, Walking With Our Relatives, outlines Mewinzha's model of care and its application. This section shares the offerings provided and the intentional ways in which care has been delivered. Walking With Our Communities identifies how Mewinzha has offered opportunities for community members to connect, build relationships, and access Anishinaabe-led practices, ceremonies, and celebrations. Walking With Our Funders/Partners highlights how Mewinzha has been supported to provide services through its model of care and engage in reciprocal relationships with other community organizations. The final section, Insights We Carry, acknowledges the teachings we have gathered from the past year's journey and what we will carry forward as a result. This graphic embodies the concepts discussed by O'Connor

et al. (2023), demonstrating how data visualization rooted in Indigenous world-views can honour relationality, cycles, and the interconnectedness of evaluation and storytelling.

LEARNINGS TO DRAW FORWARD

Mewinzha is currently midway through the second year of the evaluation journey and has completed reflections in three seasonal cycles. There has been significant learning about developing an Anishinnaabe-led approach and implementing this evaluation plan.

Engaging with Gladys from the start of this work has been pivotal, because she understands cultural protocols and shares her experiences with us as well. The time we spent reviewing the work we did on our bundles and how we walk with relatives was deeply reflective. At the end of 2023, during our winter seasonal reflection, we spent time reviewing the internal evaluation tools that were developed to assess whether they were providing the data needed to learn about Mewinzha's work with relatives. During this reflection, we determined that adjustments to the model of care, approach, and the learning intent for the coming year, adjusting evaluation tools was also important to better gather meaningful data to support ongoing improvements in the coming year. As a result, staff and relative session reflections and pre- and post-surveys for the offerings were adjusted.

Seasonal reflection gatherings allow us to pause, recognize, and appreciate the progress we have made. This fosters a positive and motivated team environment, encouraging us to continue striving for excellence in our work. These gatherings have facilitated deeper connections and built trust and a deeper understanding among team members about the opportunity that an Anishinaabe-led evaluation approach can provide. Sharing stories, laughing, and creating arts-based reflections like poems offer our own experiences of learning together about how to provide relatives with meaningful care through our offerings within our Anishinaabe-grounded model of care.

We have learned to anticipate and accept the need for several adjustments during the piloting of the programs, and our embedded evaluation process has supported tracking adjustments to our model and approach. We recognize that there will be bumps in the road, that they are a part of the process, and this helps us remain resilient, flexible, and adaptable. We learned to accept that we may not get everything right on the first try. For example, the Group Prenatal Care program was developed to be a 90-minute group that began with a talking circle, sharing of food, and covering the scheduled prenatal and cultural education topics planned in the sessions. Initially, the vision was that relatives enrolling in this group care would all be at similar times of their pregnancy. The initial offering of the Group Prenatal Care (GPC) program began in the summer of 2023, and it became apparent during the advertisement and enrollment that relatives who expressed interest were at different stages of pregnancy. The team reflected on adapting the model to be responsive to this interest and opened up the GPC to

all these relatives. Another intention during the GPC was to begin with a talking circle using Anishinaabe protocols, such as the use of the eagle feather. Feedback from relatives included that this made this portion of the GPC visit feel too formal and uncomfortable, and one person suggested that it felt like substance recovery meetings. The opening visiting time for the GPC program was modified to be less formal for the following week to ensure relatives felt like this was a space to settle and feel supported. Finally, another adjustment made that was supported through the evaluation reflections is the length of time for the GPC sessions. The original 90 minutes felt rushed, and feedback from the relatives verbally and in the written reflections identified the wish to stay and visit longer. As a result, GPC is now scheduled for 2–2.5 hours to allow relatives to settle in, eat, receive nutrition education, and learn about cultural and prenatal priorities. Feedback on this adjustment has been positive, where relatives feel that they can meaningfully engage in what they are learning. The expectation of imperfection allows us to approach our work with a growth mindset, prepared to make necessary adjustments and improvements, just as our ancestors did. Working as a small team has required us to manage expectations realistically.

We value being part of an organization grounded in Anishinaabe practices and protocols, as this is who we are as team members doing the work. Along the way, we found that it was important to revisit and remind ourselves of the purpose and our responsibilities to our communities. Participating in ceremonies and working with our asemaa have helped guide our spirit. This intentionality ensured that our actions remain aligned with our cultural values and natural laws.

We believe that the challenges we have worked through together build deeper team relationships through respect, honesty, and love. We are proud of what we have built together as a team and being with our community. We believe that the care being provided is growing the foundation of culture, relationships, and reciprocity. By embracing these learnings, we continue to refine our Anishinaabe-led evaluation approach, ensuring that it remains rooted in cultural relevance, community engagement, and continuous improvement. This journey has strengthened our commitment to our purpose.

CONCLUSION

The journey of developing and implementing an Anishinaabe-led evaluation approach at Mewinzha has been one of deep learning, reflection, and transformation. Rooted in the Anishinaabe world view, values, and protocols, this evaluation approach exemplifies a holistic, community-driven process that honours the cultural strengths and knowledge systems of the Anishinaabe people. The inclusion of visual elements in this evaluation journey aligns with O'Connor et al.'s (2023) vision of decolonizing data visualization, supporting the integration of storytelling and cultural protocols in Indigenous evaluation practices. Throughout this process, we have reaffirmed the importance of grounding our work in cultural protocols and engaging with our community to ensure their

voices are driving the approach to care and learning. By starting in ceremony and maintaining a commitment to ongoing reflection and adaptation, we have created an evaluation approach that is meaningful, respectful, and responsive to the needs and priorities of our relatives and our team. Our journey reinforces that evaluations grounded in cultural values are not just methods of measurement but pathways to fostering sovereignty, relational accountability, and community-driven change (Alexander, 2023). We will continue to refine and adapt our evaluation approach, ensuring it remains a living and evolving process that supports the well-being and sovereignty of our community. This work builds on the foundation laid by Bowman et al. (2015), which advocates for the integration of cultural context and community-defined measures of success in evaluation frameworks.

As we noted at the beginning of this article, we share these stories for many purposes. First, in sharing our story, we hope to inspire other Anishinaabe and Tribal Nations to see their own stories reflected and to identify processes and practices that might be relevant to their own contexts. We offer our learnings as beacons on a pathway that might illuminate ways to do this work grounded in the protocols of local Nations, congruent with their languages, teachings, ceremonies, and knowledge systems. For funders, this means a paradigm shift, considering how evaluation criteria and reporting requirements can be adapted to honour Indigenous methodologies, such as focusing on story-based, qualitative, relational, and cyclical processes rather than rigid, outcome-driven metrics. Non-Indigenous evaluators can also learn from this journey by considering what their roles might be and how relational accountability can guide their participation, if invited to engage with Indigenous-led organizations on their evaluation journeys. This could include adopting relational approaches that prioritize cultural protocols, build genuine trust, and ensure that evaluation work aligns with community-driven priorities.

For the people who have the opportunity and privilege to make decisions or funding determinations, we share these stories with you—to learn about the time, practices, and resources required to support programs, services, and evaluation that centres sovereignty. Practically, this means evaluation by, with, and for Indigenous peoples, organizations, leaders, communities, and evaluators (Smith, 2012). It also means considering where power is held and what shifts are necessary to honour “by, with, and for.” It is time to work toward a societal goal of decolonization, and we challenge you to think about the people who are your decision-makers and where do they come from. Are they qualified from the community you aim to support? If not, why not—we are here to inform you, the people of the communities being targeted for change, that must lead the change from within, and it starts with culture. By embracing these lessons, evaluators and funders can contribute to a broader transformation in evaluation practices—one that respects Indigenous sovereignty, uplifts cultural strengths, and ensures that evaluation serves as a tool for healing and resurgence rather than harm.

Our journey highlights the power of cultural relevance, community engagement, and continuous reflection in creating meaningful and respectful evaluation approaches. By walking with our relatives in this way, we honour the past, strengthen the present, and create a future defined by Anishinaabe values, knowledge, and sovereignty.

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