

# Indigenous Strategic Planning Process for Tribes & Urban Indian Organizations in Montana

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**COVER PHOTO**

2021 Lighting of the Teepees: Symbol of Hope, Billings, Montana by William Snell

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## I. Introduction

**A**cross generations, American Indians Alaska Natives (AIANs) have been disproportionately impacted by diseases resulting in significant health disparities when compared to non-Hispanic Whites. This finding was reconfirmed during the first year of the COVID-19 pandemic, when AIANs in the United States (US) accounted for a disproportionate number of cases and deaths. The US Department of Health and Human Services (HHS) Center for Disease Control and Prevention (CDC) reported through December 2, 2020, laboratory confirmed COVID-19 cases for AIANs were 3.5 times higher than for Whites. (Arrazola, 2020; Hatcher, 2020) In Montana, the disparity was larger. “Between March and October 2020, AIAN residents accounted for 19 percent of COVID-19 cases and 32 percent associated deaths,” (DPHHS Office of Epidemiology and Scientific Support, 2020) while being 6.5 percent of the state’s population.(Montana - Census Bureau Profile, 2020) The same report concluded AIAN residents were almost three times more likely to acquire COVID-19 and 12 times more likely to die compared to other Montanans.

The impact of past pandemics on AIANs, such as the 1918 Flu and the H1N1 pandemic, was similar. There will be pandemics in the future. Without deliberate action taken by all stakeholders, the unequal impact on AIANs will occur. The purpose of this report is to describe an Indigenous Strategic Plan Process to guide Tribes and Urban Indian Organizations (UIOs) as they look to the future. Tribes and UIOs are best situated to direct their response based on the following lessons learned during the COVID-19 pandemic.

- Tribes acted quickly and effectively, with actions tailored to fit their tribal communities and members, through the exercise of their tribal sovereignty.
- Tribes and UIOs had relationships with the individuals they serve, allowing for early identification of needs and concerns, utilization of creative ways to test, conduct contact tracing, and ways to deliver healthcare services and supplies.
- Tribes quickly instituted safety protocols and maintained them to fit the level of disease in their communities, even when other governmental authorities changed their safety protocols.
- Tribes and UIOs implemented communication strategies with trusted, tribal messengers, culturally appropriate messages, and often in their Native language using multiple media platforms and social media.
- Tribes repurposed their business operations to fit COVID-19 response needs.
- Tribes and UIOs set priorities to support their cultural values and beliefs.
- Tribes and UIOs built relationships with key stakeholders and maintain them.

Each Tribe and UIO have unique strengths and challenges, distinct resources, varying governmental authorities, funding opportunities, and established stakeholder relationships. This research began to create an emergency preparedness process. However, it concludes that each Tribe and UIO needs a single strategic plan to guide their operation, based on their values, culture, and lifeways, to be effective. Once their strategic plan is adopted, it becomes the foundation to guide all services provided, including preparation, response, and recovery from emergent and crisis conditions, which can occur across any area and requires coordination across the entire Tribal or UIO operation. This research demonstrates the Tribes or UIOs must focus on their own Indigenous foundations. Once these are clarified and adopted in a strategic plan, it serves as the cornerstone of its overall operation, including the response whether that may be a suicide epidemic, diabetes, global pandemic, climate change, education achievement, law enforcement, natural disaster, or natural resource management. The cultural foundations and principles, defined in the Tribe's or UIO's strategic plan, with appropriate adaption, apply.

For too long, Tribes/UIOs have developed, designed, implemented, and evaluated services and programs in isolation from each other. When this research to create an Indigenous emergency preparedness strategic plan process was proposed, it presumed the plan would have a singular function. The research gave a different conclusion. Instead, the emergency preparedness plan must be grounded in an overall Tribal/UIO strategic plan that is adapted to fit the particular goals and objectives for each program. Figure 1. Explains this approach.



FIGURE 1: Tribes/UIOs  
Indigenous Strategic Plan

## II. One Tribal/UIO Strategic Plan to Guide Delivery of Services

The Indigenous Strategic Plan was developed in a nine-step process. The nine-step process began to create a Tribal/UIO emergency preparedness plan to guide future emergencies, crises, or pandemics. However, in this process, it was determined an Indigenous Strategic Plan Process to guide all Tribes/UIOs programs, functions, services, and activities was needed, first. This is the result of the principle finding of this planning process:

*Indigenous people and Tribes, when guided by traditional knowledge, cultural lifeways, and beliefs, are fully capable to address any situation before them.*

## III. Methodology

The nine-steps to create the Indigenous Strategic Planning Process are illustrated in Figure 2.



FIGURE 2: Nine-Steps to a Tribe/UIO Indigenous Strategic Plan

The nine steps to create a Tribal/UIO Indigenous Strategic Plan are explained in Sections IV – XII of this document.

## **IV. Indigenous Strategic Planning Process**

### **STEP 1: Montana Healthcare Foundation Grant**

The first step in the process was to submit an invited grant proposal to the Montana Healthcare Foundation (MHCF). The awarded grant provided funding for personnel, travel, honorariums to participants from the two Tribes and one UIO who agreed to be interviewed, and supplies. The grant was awarded in October 2023.

## **V. Indigenous Strategic Planning Process**

### **STEP 2: Inform Tribes and UIOs in Montana**

Step 2 informed the eight Tribes and five UIOs of the MHCF grant award. Information was shared through the Rocky Mountain Tribal Leaders Health Committee, the MHCF's American Indian Health Leaders Committee, and the Montana Council for Urban Indian Health.

## **VI. Indigenous Strategic Planning Process**

### **STEP 3: Selection of Two Tribes and One UIO**

It was important the Tribes and UIO selected were representative of the eight Tribes and five UIOs in Montana. The following selection criteria was used:

- Location in Montana
- Primary funding mechanism
- Access to Federal Emergency Management Agency (FEMA) declarations of emergency
- IHS hospital
- Access to state public health emergency resources
- Access to COVID-19 vaccine
- Access to an institutional review board
- Provided letter of support

The two Tribes selected were the Confederated Salish and Kootenai Tribes of the Flathead Nation and the Crow Nation. The Helena Indian Alliance in Helena, MT was selected as the UIO. Selection was made by the researcher to ensure representation of the criteria stated above.

## **VII. Indigenous Strategic Planning Process**

### **STEP 4: Create Background Material**

Two background documents were written. The first was a comprehensive literature review titled, Response and Recovery by Tribes and Urban Indian Organizations in Montana : What's Next? Literature Review. The second background document was a publishable article titled, Perceptions and Impact of the COVID-19 Pandemic on the Social, Mental, Physical, and Spiritual Health of Rural Western Native American and Hispanic Communities. This study was part of a larger community-academic partnership study—Protecting Our Communities—that focused on promoting home-based COVID-19 testing in underserved populations. (Thompson et al., 2022; van Rensburg et al., 2023) These documents provide an in-depth review of the academic literature available on the



impact COVID-19 disease had on Indian Country, with a focus on Tribes and UIOs in Montana. The documents provide lessons learned to use going forward.

## **VIII. Indigenous Strategic Planning Process**

### **STEP 5: Institutional Review Board Approval**

The purpose of institutional review boards is to protect the rights, welfare, and well-being of human subjects who participate in research. Since the creation of the Indigenous Strategic Plan Process included interviews with staff members that were engaged in tribal or UIO COVID-19 responses, it was important the interviews were conducted in a manner that honored and respected these individuals. The Salish Kootenai College and Montana State University IRBs approved this research.

## **IX. Indigenous Strategic Planning Process**

### **STEP 6: Interview Participants**

In Step 6, 16 participant interviews were conducted. The participants included healthcare providers and healthcare administrators. There was a COVID-19 incident command leader, a specialist in health information technology, and a community member. Four men and 12 women were interviewed. The majority were enrolled tribal members and varied in age.

Interviews, except one conducted on the telephone, were conducted in person and at the Tribe or UIO. Each interview was scheduled for one hour and was guided by an IRB approved set of questions. Questions asked the participants to share their experience during the COVID-19 pandemic and reflect on their recovery efforts. Questions were open ended, allowing for participant reflection and interpretation. The interviews were recorded and transcribed. The transcriptions were reviewed by two Indigenous individuals to identify common themes and highlight significant comments.

## **X. Indigenous Strategic Planning Process**

### **STEP 7: Identify Participant Interview Themes**

Eight themes were identified from the participant interviews. They are as follows:

- Be prepared
- Support community and leadership
- Build partnerships
- Provide on-going communication
- Stay patient focused
- Know resources
- Honor our values
- Safeguard employee self-care and wellness

## XI. Indigenous Strategic Planning Process

### STEP 8: Identify Findings

Upon the completion of the participant interviews and the identification of themes, a synthesis of the two background documents and the participant interviews was done to identify key findings. In addition to the principle finding, “Indigenous people and Tribes, when guided by their traditional knowledge, cultural lifeways, and well-being, are fully capable to address any situation before them,” there were four other findings to guide the Indigenous Strategic Planning. The four other findings are:

- **Finding #1:** It is vital to be prepared with a Strategic Plan that is culturally grounded and reflective of the Tribe’s lifeways, beliefs, history, and resilience.
- **Finding #2:** The Tribal Health and UIO healthcare delivery system may need to change their focus at the start and throughout the duration of the emergency, crisis, or pandemic.
- **Finding #3:** The Tribes and UIOs recognized the need for effective coordination and on-going communication strategies across multiple media channels with trusted messengers, using culturally grounded messages and tribal languages, when possible.
- **Finding #4:** Self-care and employee wellness are critical throughout an emergency, crisis, or pandemic and the recovery from its consequences.

## XII. Indigenous Strategic Planning Process

### STEP 9: Select an Indigenous Framework

Step nine creates the Indigenous strategic plan. The framework selected is the Promoting Local and Economic Development through Strategic Planning Manual, developed by the United Nations Human Settlements Programme (UN-HABITAT) for global use with Indigenous people. It has 10 focus areas to answer four questions. It is a way to set priorities, make choices, allocate resources such as time, funding, and skills to achieve objectives, monitor progress, and adjust as needed based on evaluations. (Tibaijuka, 2005) This framework is illustrated in the UN-HABITAT Strategic Plan Wheel. It is Figure 3.

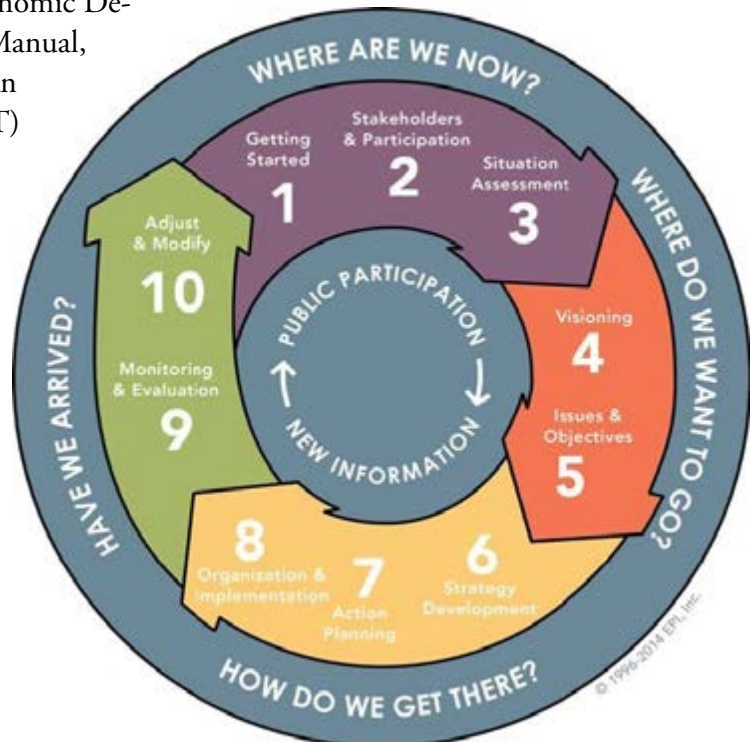


FIGURE 3: UN-HABITAT Strategic Planning Wheel

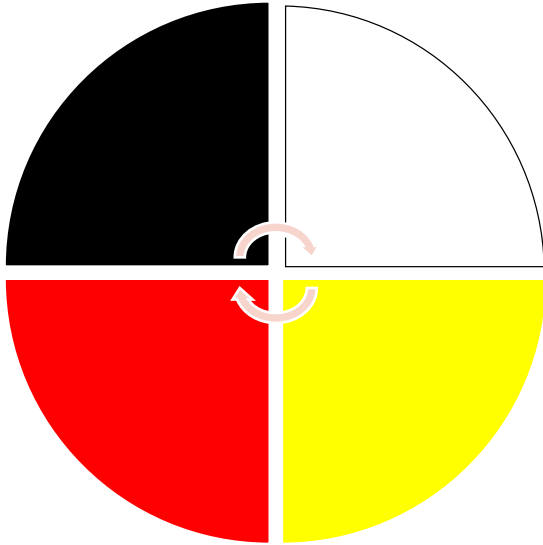


FIGURE 4: Indigenous Medicine Wheel

While the UN-HABITAT Strategic Plan Wheel serves as a framework, it requires modification to apply to Indigenous people in the United States. This was accomplished using the Indigenous icon, the medicine wheel. The origins of the medicine wheel have been orally handed down from one generation to another. It tells a unique story for each Tribe but with fundamental core principles. It is a method to explain complex situations with “the basic configuration, a circle divided into equal quadrants, can then be used to depict many other relationships, always in sets of four.” (Montour, 2000) It is shown in Figure 4.

The Indigenous Strategic Planning Process is guided by the UN-HABITAT Strategic Plan Wheel and the Indigenous Medicine Wheel. It is implemented in four phases, one for each of the medicine wheel’s quadrants. The combination of the Indigenous Medicine Wheel with the UN-HABITAT Strategic Planning Wheel is depicted in Figure 5.

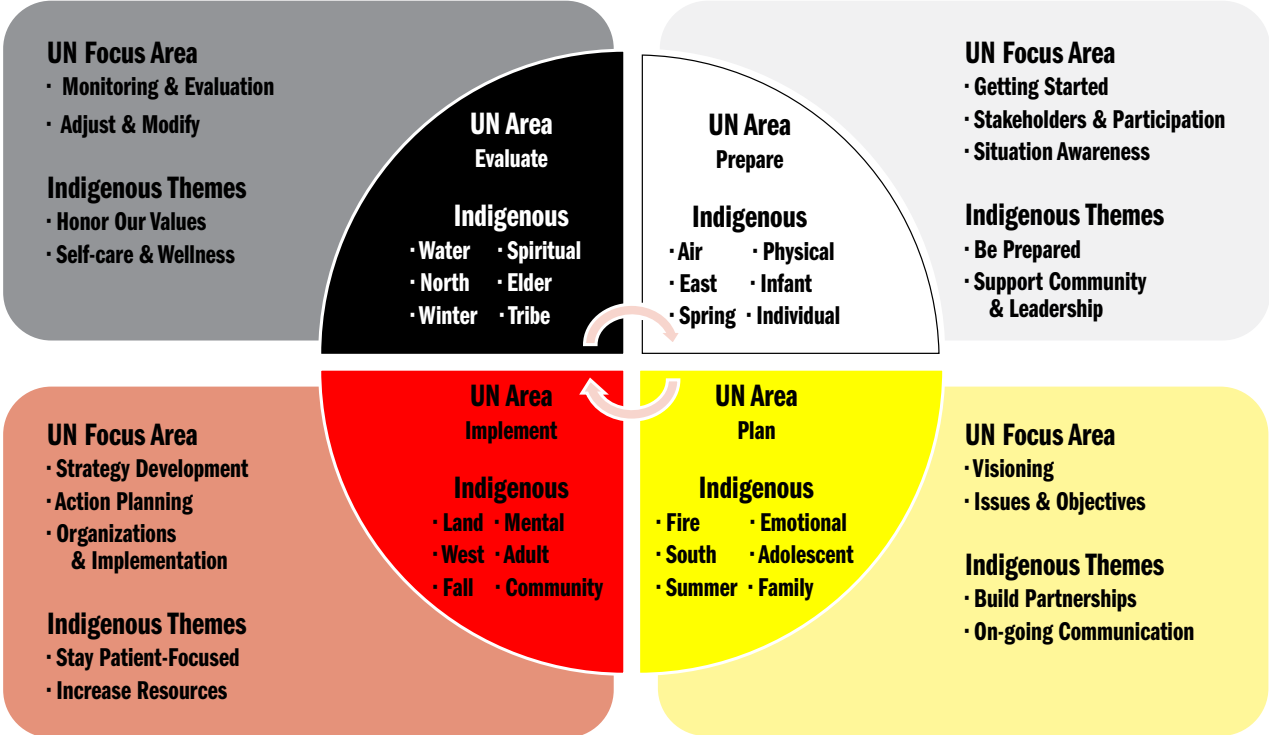


FIGURE 5: Medicine Wheel with UN-HABITAT Strategic Planning Wheel

Finally in Step 9, the combined UN-HABITAT Strategic Planning Wheel combined with the Indigenous Medicine Wheel guides the Indigenous Strategic Planning Process. Each of the four phases require specific activities. The activities, in each phase, are described on the Indigenous Strategic Planning Process in Figure 6 below.



FIGURE 6: Indigenous Strategic Planning Process Using the Medicine Wheel

## XII. Indigenous Strategic Planning Process

### STEP 9: Select an Indigenous Framework



#### PHASE 1 Medicine Wheel

##### QUADRANT 1: Prepare

Quadrant 1 of the medicine wheel represents the start of the process for Tribes or UIOs to create a strategic plan. The Indigenous features ascribed in the first quadrant reflect a beginning. Air is the universal element, like the first breath taken after our birth. The sun rises in the east. Spring is the time when the earth is restored; animals give birth; wildflowers bloom. The individual is emphasized as an infant, with a focus on their physical well-being.

There are three areas identified in the UN-Habitat Strategic Plan Wheel in Phase 1. Prepare. For the Indigenous Medicine Wheel it is also a time to prepare. Each of the focus areas are explained below, with the connection to the Indigenous themes identified from the participant interviews.

#### INDIGENOUS THEME:

**Be Prepared**

#### UN FOCUS AREA:

**Getting Started**

The Indigenous Strategic Planning Process begins when the Tribe or UIO decides to create a strategic plan. Tribal governments and UIO boards of directors have significant demands on their time and attention. The decision to create a strategic plan requires formal action, with a commitment of tribal or UIOs' time and resources. The decision to create a Plan must be based on accurate information and there are clear expectations of its purpose.

As the decision to create a Plan is made, someone must be assigned to be the primary point of contact or a plan champion. This person must have a background in strategic planning and the confidence of the governing body, organization staff, and stakeholders. This is key to the creation of the Plan and its long-term sustainability. In addition, the Plan champion needs to be granted time to focus on this effort.

Once the decision is made to create the Plan, communication across their Tribe or UIO must begin. Sharing information and data will be key to generating support and on-going involvement in the Plan's process and its outcomes. Communication channels include internal and external sources. At an appropriate time, community members need to be informed to gain support.

It is essential for the Tribe's or UIO's governing body to announce the intent to create the Plan and invite key stakeholders to participate. The invitation should state the Tribe's or UIO's commitment to the plan process and eventually the Plan. The statement should communicate appointment of appropriate staff, commit the required time and resources for their staff's meaningful participation, and ask the invited key stakeholders to do the same.

In this preparation phase, the Tribe or UIO may consider hiring an outside consultant or entity to facilitate the creation of the strategic plan as an independent, neutral facilitator who brings a specific set of skills may assist. It will be key for all stakeholders to build trust with this person, and that they are held accountable to keep the process moving forward to the successful completion of the Plan. (Tibaijuka, 2005)



**PARTICIPANT QUOTE:**

*COVID brought to life our shortcomings and things we need to fix.*



**INDIGENOUS THEME:**

**Support Community & Leadership**

**UN FOCUS AREA:**

**Stakeholders & Participation Situation Awareness**

An important group of stakeholders are the Tribe’s or UIO’s staff, across their programs. These key stakeholders will adapt the Tribe’s or UIO’s developed strategic plan in a emergency preparedness plan. An adaption of the Tribes/UIOs strategic plan is the creation of Tribe/UIO emergency preparedness plan, the health department will most likely play the key role, other programs have knowledge and expertise in dealing with emergencies such as wildland fires, flooding, oil spills, or accidents on highways or reservation roads. When an emergency, crisis, or pandemic is declared by the governing body, the type of the event will determine the primary point of contact for the specific response.

There is a wide range of other diverse stakeholders required to be involved in the creation and ongoing involvement of the Plans for Tribes and UIOs. The first groups to be considered represent governmental jurisdictions including the federal, state, county, and if appropriate, cities. Their involvement and ongoing participation is key to the Plan’s success.

Tribes and UIOs will need to include two key partners. First Indian Health Service (IHS) as the federal entity that provides the federal authority to provide healthcare and allocates core funding for Tribes and UIOs. The extent of their involvement for Tribes will be determined by decisions the Tribe has made regarding the delivery of IHS programs, functions, services, and activities (PFSAs), as authorized by P.L. 93-638 ISDEAA. It provides Tribes the opportunity to assume the administration of IHS PFSAs as Tribes determine appropriate, under a Title III Self-Determination contract or a Title V Self-Governance compact. In addition to these mechanisms, Tribes may also decide to have the IHS directly provide the IHS PFSAs to their eligible beneficiaries. UIOs receive the status and funding provided in Title V of the Indian Healthcare Improvement Act. These substantial roles dictate an IHS role in all Tribal or UIO Plans.

The second partner all Tribes and UIOs will need involved is the State of Montana’s Department of Public Health and Human Services. Much of the federal authority to respond to emergencies is assigned to states, which have the opportunity to design the state’s emergency response and complement it with state authorities and resources. DPHHS has charged the Public Health and Safety Division with leading their response. It is important to note that the Governor’s office and many other Montana departments, programs, and agencies also have key responsibilities in emergency responses, which will need to be coordinated by the DPHHS.

County and cities, if located on tribal land, will be key partners. Often, there is concurrent or overlapping jurisdictions between Tribes and counties for almost all services where AIANs reside and so do non-Natives. For UIOs, counties and cities are key partners since they do not have governmental jurisdiction based on Tribal sovereignty, to assert. During the COVID-19 pandemic, coordination between Tribes, UIOs, and counties was crucial. This was especially true with county health departments.

There are statewide Indigenous organizations to engage for purposes of collaboration and coordination. This includes the Rocky Mountain Tribal Leaders Council, specifically their Health Subcommittee, the Montana Consortium of Urban Indian Health, and the Montana Healthcare Foundation,

specifically their American Indian Health Leaders Council. The Rocky Mountain Tribal Leaders Epidemiology Center will be important to engage for national, regional, and state data.

The COVID-19 pandemic demonstrated the importance of the Tribes and UIOs partnership with local, private healthcare providers and hospitals. Access to healthcare is a key element in any event. It must be available when needed.

Non-profit organizations such as the American Red Cross and others responded to emergencies, crises, and during the COVID-19 pandemic. The work they contribute is very important. It needs to be coordinated and delivered in a culturally humble manner. For this to occur during an event, coordination, and education must occur during the preparation phase.

PARTICIPANT QUOTE:

“ *Outsiders with different values created bad experiences. We need the right people to communicate with, that are trained.* ”

The last part of preparation is a situational assessment to examine the Tribal/UIO stakeholder relationships anticipated to be involved in an event response. It includes gathering relevant information about the interactions of the stakeholders and their available resources to respond. It includes determining applicable regulations, policies and procedures, and available funding, equipment, and personnel expertise.

It is in this phase of preparation that background information can be shared regarding the Tribe’s or UIO’s response and recovery during the COVID-19 pandemic, with specific attention to its relationship to the President’s public health emergency declaration and the opportunities and challenges it provided. This data provides a place to gather the actions taken and lessons learned, which can be used to set the foundation for future events. This effort will need to be conducted by an independent, neutral source to ensure the individuals are comfortable and do not fear retribution for exposing challenges they encountered.

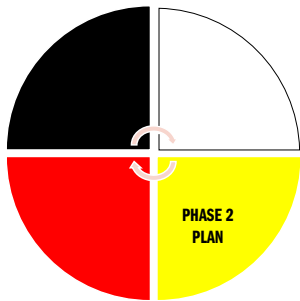
PARTICIPANT QUOTE:

“ *We need a safe space to share our true feelings without fear of retribution.* ”

It is in this phase that a hired facilitator or the person assigned as the Plan Champion gathers the assigned stakeholders and begins a collection and analysis of baseline information. It is at this first meeting a team will begin to be formed. One exercise that might be conducted is the Strengths, Weaknesses, Opportunities, and Threats (SWOT). It helps clarify issues from the past, an understanding of the present, and opportunities for the future.

PARTICIPANT QUOTE:

“ *Tribes stayed the course when the county shifted away from CDC protocols.* ”



## PHASE 2 Medicine Wheel

### QUADRANT 2: Plan

Quadrant 2 of the medicine wheel represents the creation of the Indigenous strategic plan. The Indigenous features emphasized in the medicine wheel reflect a time of growing. Fire is the universal element, as the heat and light from it are needed for growth. The sun is high in the sky which is prominent in the south and in summertime. It pertains to the age of adolescence, as they learn their place, emotionally and in their family.

There are two focus areas identified in the UN Human Settlement Programme Strategic Planning Wheel in the category Plan. For the Indigenous Medicine Wheel, it is a time to plan. Each focus area is explained below, with the connection to the Indigenous Themes identified through the participant interviews.

#### INDIGENOUS THEME:

**Build Partnerships**

#### UN FOCUS AREA:

**Visioning**

A vision is the act of imagining. (*Merriam Webster Dictionary*, 1982) A vision clarifies the final outcome for the Plan. It is a snapshot of what is wanted for the future. It must be based on core values that are held across the stakeholders. This may be a challenge due to the diversity and number of stakeholders identified. Yet, it is paramount to come to agreement after everyone has a chance to express their ideas and hopes. The vision will guide the remaining portion of the process. When conflicts arise, the vision will be reflected upon to remind the members of the important work they are doing.

In this part of the medicine wheel, the focus is on finding support for the plan. It forces a reflection on one's needs and values to discover partners and necessary relationships. It is important all aspects of the community are assessed and not just those that are most similar or likely to be good contributors. In an emergency, partners may come from unanticipated areas.

#### PARTICIPANT QUOTE:

“

*The most important thing is relationship in Indian Country.*

”

#### PARTICIPANT QUOTE:

“

*We felt like we were left on an island, without support from those we thought were our partners.*

”

#### INDIGENOUS THEME:

**On-going Communication**

#### UN FOCUS AREA:

**UN Focus Area: Issues & Objectives**

The identification of issues and objectives is the result of the SWOT exercise completed in the preparation phase of the process, as well as others process members may contribute. Issues can be those of one stakeholder group, those of a segment of the stakeholder group, or those for all stakeholders. It is important to provide ample opportunity for process group members to share their issues, as it will allow them to express their concerns and add to their belief and build ownership in the final Plan.



A brainstorming exercise might be useful to generate issues. For this exercise to be effective, all ideas must be collected without judgement or fear of ridicule. (Tibajuka, 2005) Once all issues are identified, the exercise concludes with process members combining issues into like or similar groupings and then the identification of objectives can proceed.

Issues are translated into objectives. Clearly written objectives become the roadmap for the emergency preparedness plans. Because of the significant role the objectives have in the Plans, adequate time must be allocated for their development.

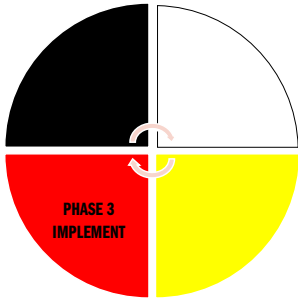
One way to ensure meaningful objectives are crafted is to utilize the SMART objective approach. SMART is an acronym where the S stands for smart, M stands for measurable, A stands for appropriate, R stands for realistic, and T stands for time dated. Adhering to the SMART objective approach ensures a clear direction for the Plan. The figure 6 was taken from the Promoting Local Economic Development through Strategic Planning Volume 2: Where do we want to go? to serve as a checklist for each of the objectives within the Tribe’s or UIO’s strategic plan. (Promoting Local Economic Development through Strategic Planning: Where Do We Want to Go? 2005) Figure 6 describes the SMART exercise.

	NAME	EXPLANATION
<b>S</b>	Specific	Does the objective state precisely in simple terms, what is to be achieved?
<b>M</b>	Measurable	Does the objective have clear indicators to give it meaning and clarity?
<b>A</b>	Appropriate	Does the objective fall within the overall vision? Is it an emergency preparedness objective or does it belong in a linked planning process?
<b>R</b>	Realistic	Given resources and constraints, is the objective achievable?
<b>T</b>	Time dated	Can a time limit be set for the achievement of the objective by date and duration?

FIGURE 7: SMART Objective Exercise

SMART objectives serve as the foundation for the implementation of the Plan. They assist in the development of the Plan approach and actions. They will also be key in the evaluation phase.

**PARTICIPANT QUOTE:**  
*Everyone in the community must be on the same page.*



## PHASE 3 Medicine Wheel

### QUADRANT 3: Implement

Quadrant 3 of the medicine wheel focuses on the implementation of the Indigenous emergency preparedness plan. The Indigenous features emphasized in the medicine wheel is at a time when a person has grown to an adult. They have found their connection to the land. Their role in their families is as parents, with a responsibility to care for adolescents and infants. They are mentors and role models and are mentally focused to be the foundation of their communities. The sun is moving to the west, as daylight fades. Fall is the time to put into action the preparation and planning that has taken place.

There are three focus areas identified in the UN Human Settlement Programme Strategic Plan Wheel in the category Implementation. For the Indigenous Medicine Wheel it is a time to implement. The focus areas are explained below, with the connection to the Indigenous Themes identified through the participant interviews and participant interview quotes.

#### INDIGENOUS THEME:

**Stay Patient Focused**

#### UN FOCUS AREA:

**Strategy Development**

The strategic development phase focuses on transitioning the SMART objectives into action. In this phase, process members generate many ideas. All ideas are considered. Once all ideas are collected, the process members describe the ideas and combine them where appropriate. Next, the group can discuss, negotiate, combine, and agree on action to be taken. While small groups may be used to assess each SMART objective, a consensus of all process members is needed to define the action to be taken. An important consideration for the inclusion of activities is: Does it bring the Plan closer to fulfilling the vision?

Once the actions have been agreed upon by the process members, the action planning phase begins, with agreement on a description of the action. Next, the person or agency with the primary responsibility is assigned. This is followed by setting timelines and identification of resources including staff, support of process stakeholders, and funding. If all these elements cannot be reached by the process members, the action must be revisited and a determination of how to adapt the action to meet each of the action criteria. Finally, a discussion on the launch details for each of the actions is agreed upon by the process members, and with the way it will be communicated to the process stakeholders, leadership, and community.

#### PARTICIPANT QUOTE:

“

*Patients were overlooked, like they weren't there.*

*They had no explanation of their diagnoses.*

*No education about co-morbidities.*

*Doctors and nurses would ask questions and patients couldn't answer: They didn't understand:*

*They could not ask questions, let alone express themselves to others.*

”

PARTICIPANT QUOTE:

“ *We adapted to the best of our ability to deliver services to our people.* ”

**INDIGENOUS THEME:**

**Increase Resources**

**UN FOCUS AREA:**

**Action Planning and Organization  
& Implementation**

Phase three includes organizing to put the Plan into action. Unlike other strategic plans, this plan does not have an official start and end date, when this Plan is to be used if an event happens. While one can fully expect the next emergency, crisis, or pandemic, will occur there is not a foreseeable time, which makes maintaining motivation to be ready harder. It may be easier to retain commitment from tribal and UIO staff that worked through the COVID-19 pandemic, as they refer to themselves as veterans. However, as new staff join the workforce keeping them committed may be more difficult. Finding ways to connect the “veterans” with the new recruits will need to be a focus for leaders guiding this planning process.

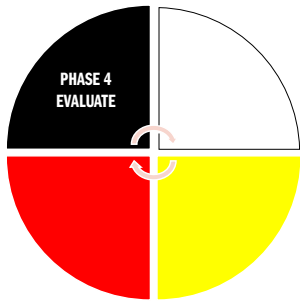
There are specific actions for process members to take. This includes specifically designed training for leadership, communication experts, and emergency responders. It is important to conduct table-top exercises to practice the activities contained in the Plan.

The Plans need to include regularly scheduled check-in meetings with set dates, time, and location set in advance. A set agenda including the introduction of new staff that have joined the response efforts. The meeting agenda should specify the length of the meeting, to be respectful of the commitment the agencies and individuals are making. Ensuring meetings are productive and within a time constraint is important to maintain on-going attendance from individuals and support from the agencies they work for. In addition, orientation of recently hired staff on their responsibilities with the Plan at time of hire will be vital, as will exit interviews of staff when they leave jobs associated with the Plan.

The participants interviewed all stressed the importance of communication. They expressed the need for communication across multiple communication channels. In addition, they expressed the importance of messages being created for presentation by trusted messengers, such as elected leadership, elders, healthcare providers, and spiritual leaders.

PARTICIPANT QUOTE:

“ *March 17, 2020, Saint Patrick’s Day was our “D Day,” we needed to act immediately.* ”



## PHASE 4 Medicine Wheel

### QUADRANT 4: Evaluate

Quadrant 4 of the medicine wheel represents the time to assess the overall Plan and its impact. The Indigenous features emphasized in the medicine wheel is a time of reflection. Water is life and prominent in this quadrant. The sun has set, and darkness allows for quiet time within our spiritual prayers. It is a time for the elders to consider what is best for the whole Tribe and teach and share through storytelling. In these stories are the lessons from other quadrants to use, when the use of the wheel repeats, returning to the first quadrant.

There are two focus areas identified in the UN Human Settlement Programme Strategic Plan Wheel in the category evaluate, as it is for the Indigenous Medicine Wheel. Each of the focus areas are explained below, with the connection to the Indigenous Themes identified through the participant interviews.

#### INDIGENOUS THEME:

**Honor Our Values**

#### UN FOCUS AREA:

**Monitoring & Evaluation**

Phase four is the monitoring and evaluation focus areas of the Strategic Plan wheel. Monitoring and evaluation are different. Both are needed for different purposes. Compliance monitoring is the review to determine if agreed upon activities are complete. The second type of monitoring regards the impact of the activities undertaken. Evaluation uses the information generated by the monitoring. Monitoring is conducted internally and is ongoing. Evaluation is, most often, conducted by an independent, outside entity and occurs at a specific timeline of a project. Both are important to the sustainability of the Plan.

Results from the monitoring and evaluation are key to reporting to the governing body of the Tribes and UIOs and key stakeholders' leadership. The outcomes can be considered to be reported to the communities. Success or ways to improve are validated through the evaluation.

#### PARTICIPANT QUOTE:

*“It was a privilege to work with our patients and community members.”*

#### INDIGENOUS THEME:

**Self-Care & Wellness**

#### UN FOCUS AREA:

**Adjust & Modify**

The most important function of the evaluation is its utilization to adjust and modify the Plan. As the key stakeholders review the evaluation, it provides an opportunity to improve the Plan. It can guide the revision of actions or suggest new partners or different ways to communicate. While at times evaluation may be seen as negative, it should be framed as a time to get better. It is at this focus area a determination to recommit is foremost.

Included in the Plan is the need for responders to debrief following the events. This includes debriefing regarding the professional response, with a focus on what worked, what did not work, and what can be done better in the next event. Debriefing must also occur on a personal level and assistance should be provided for responders to practice self-care.

Finally, a time to celebrate must be worked into the Plan. It can celebrate small successes, such as hitting certain milestones in the launch strategy or an anniversary of a key date. When significant Plan actions are achieved, a time to celebrate and congratulate the Plan members and responders is key to its sustainability.

PARTICIPANT QUOTE:

“ *We need to find out where do we go and how do we truly recover, especially for frontline workers.* ”

The Indigenous Strategic Planning Process occurs in a four-phase Indigenous Strategic Planning Process using the medicine wheel framework. The four phases are: Phase 1 – Plan, Phase 2 – Prepare, Phase 3 – Implement, and Phase 4 – Evaluate. The steps in each phase are listed in Figure 6 and described above. Once the four phases are completed, an Indigenous Strategic Plan will be created, implemented, evaluated, and ready for revision as the process begins anew.

### **XIII. Strengths and Challenges for Tribes and UIOs in the Indigenous Strategic Planning Process**

While the overall Strategic Planning Process transitions to an overarching plan for the Tribes or UIOs, the strengths and challenges were derived from the participants interviews and are specific to the COVID-19 response and recovery. As COVID-19 continues to exist in the US and Indian Country, it is a reminder to Tribes and UIOs to plan for what disaster may happen next. There is a tremendous amount of pride, buried in the heartache from the loss of life, when responders reflect on their response during the initial phase of the COVID-19 pandemic before the vaccine became available. The participants interviewed speak clearly about the importance of the work they did during a time of uncertainty. They reflect on being scared and having tremendous fear. Yet, they went to work, often putting in 12- and 16-hour days. One participant described her work demands as “flying a plane without knowing the destination.” Many spoke about being creative, trying new solutions, and thinking outside the box. As they reflected on their work, often through tears, they wished they could have done more for more community members, and that it was a “privilege” to have served during this difficult time.

While most of them see the value and appreciation of the work they did, there is also the need to move ahead. There are many different priorities surfacing that takes their time and attention. It is hard to find balance. After nearly four years, COVID fatigue has set in and there is no more energy to put towards it. There is an agreement emergency preparedness planning is needed but is there time and energy to do it?

AIANs have been researched for generations. Emergency preparedness planning might be seen as another academic exercise. Just like grants and grant funding comes and goes, so does strategic planning, where the completed plans sit on a shelf, gather dust, and remain unused until the next consultant or governmental programs offers the next version of planning. The challenge as the effort begins to conduct emergency preparedness will be to remind those Tribes, UIOs, and key stakeholders of how being prepared may have changed their initial COVID-19 pandemic responses. Additionally, it is important to remind them of the importance of improved health outcomes. This is also where the

importance of an overarching tribal or UIO strategic plan is affirmed, as the plans written, can set the foundation for other uses when they are based on tribal culture, beliefs, and lifeways.

#### **XIV. Conclusion**

The COVID-19 pandemic changed the Tribes and UIOs in Montana. While the devastation from losses of lives and impact on the other fundamental Indigenous lifeways and culture of Indigenous people in Montana, the most important action to be taken is to prepare for the future. It is a way to honor those lost and those that will come after. It is essential deliberate actions be taken to heal from COVID-19. Otherwise, the negative effects will be brought forward. Together, across Tribes, UIOs, stakeholders and partners, Indigenous and non-Indigenous communities healing is needed and possible.

Most importantly, the seven generations are counting on us.



## XV. References

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A photograph of two bald eagles in flight against a clear blue sky. The eagles are shown from a low angle, with their wings fully extended, creating a sense of power and freedom. The feathers are detailed, showing the texture of the primary and secondary feathers. The eagles' heads are turned slightly, and their talons are visible. The overall composition is dynamic and emphasizes the majesty of the birds.

**PRINCIPAL FINDING**

*Indigenous people and Tribes,  
when guided by traditional  
knowledge, cultural lifeways,  
and beliefs, are fully capable  
to address any situation  
before them.*

**Anna Whiting Sorrell, PhD  
Indigenous and Rural Health**