

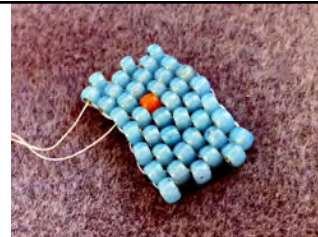
Objectives

- 1) Conceptualize dimensions of Indigenous culture salient to health promotion and treatment
- 2) Review empirical evidence of the role of culture as a health promoting factor in Indigenous communities

These are just symptoms of our main problems. We try to solve alcohol problems, and the fighting families, you know . . . Those are just symptoms to me . . . Like residential schools, that's where we lost pretty well everything.

-(First Nations service provider and elder)

Humility - *Ojibwemowin*



- Wide variety of treatments available across multiple sectors
- Tireless, Heart-Led Community Groups



Conceptualizing & Measuring Culture in Research

- “Culture” means something particular in Indigenous contexts
- No single, monolithic construct of “culture” to measure
 - We *can* potentially isolate specific dimensions of culture
- Humans are multicultural beings
 - Ecological conundrum intertwines AIAN culture with historical, political and environmental factors
 - Contemporary meaning of a measure also depends on these contexts
- Tensions and Opportunities: Generalizability and Specificity

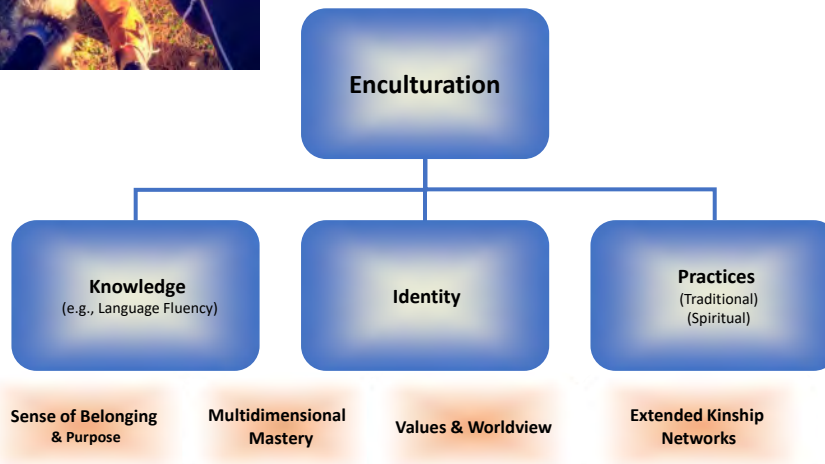
Credits: American Indian and Alaska Native Culture: Measurement Think Tank Meeting Outcomes
May 26, 2015, Washington, DC, Healing Pathways and Gathering for Health Teams



Culturally Rooted Protective Factors

Enculturation:

How engaged or embedded one is in their (Native) culture.



“Culture as Treatment” (and Prevention!)

- (INSERT PHOTO; Gone & Calf Looking, 2011)

Empirical Evidence (examples)

- SUD Treatment including culturally-based activities associated with improved outcomes (Greenfield & Venner, 2012)
- Traditional Spirituality associated with alcohol abstinence after accounting for other treatment (Stone, et al., 2006)
- (draft – to insert more)
- Tribal leaders and patients in recovery have argued that cultural identification and revitalization are key to OUD recovery (Mohatt et al., 2008; Radin et al., 2012).

LIVING A GOOD WAY OF LIFE – PERSPECTIVES OF AMERICAN INDIAN AND FIRST NATION (ANISHINAABE) YOUNG ADULTS USING GROUP CONCEPT MAPPING

CONCEPT MAP

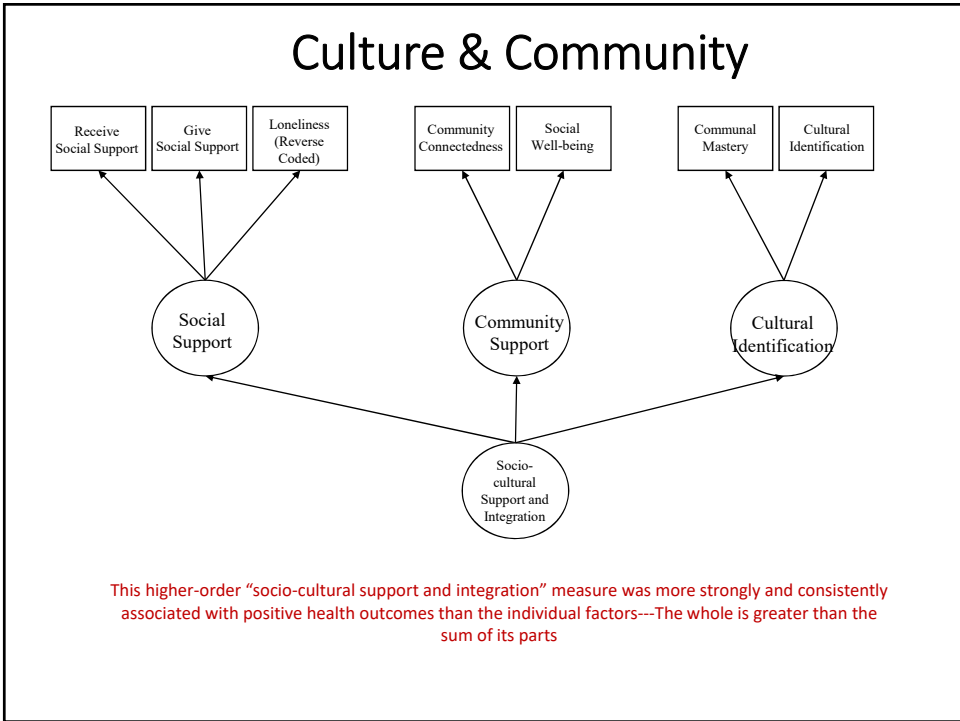
SEVEN GRANDFATHER TEACHINGS

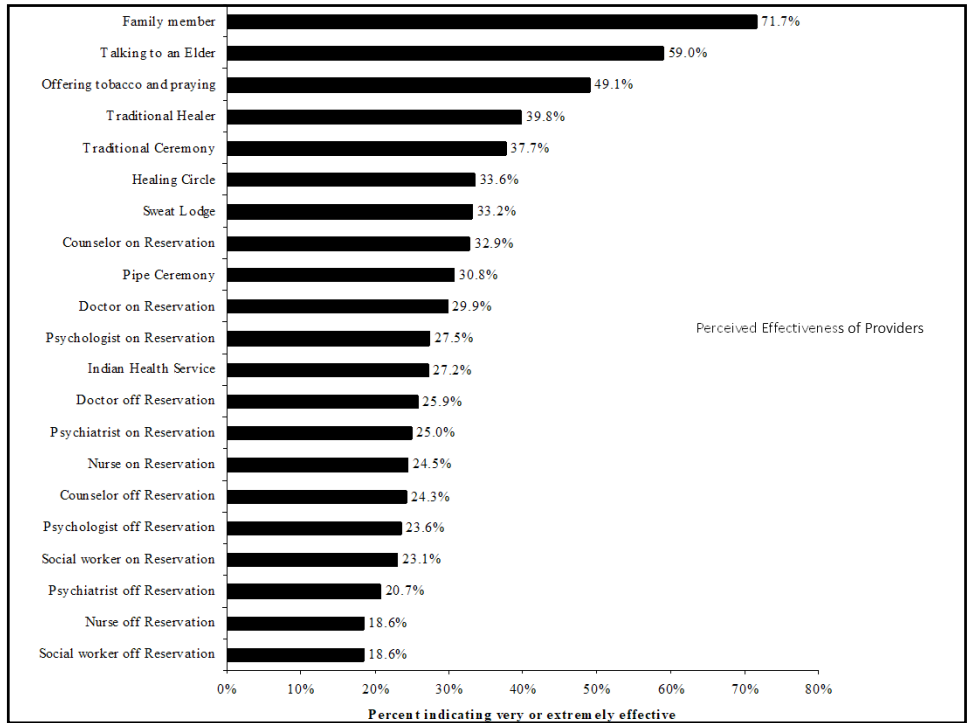
REFLECT THE BALANCE AND INTERCONNECTION BETWEEN ELEMENTS OF WELLNESS

1. SELF CARE
2. SELF DETERMINATION
3. ACTUALIZATION
4. COMMUNITY CONNECTEDNESS
5. TRADITIONAL KNOWLEDGE
6. RESPONSIBILITY TO FAMILY
7. COMPASSIONATE RESPECT TOWARDS OTHERS
8. ENCULTURATION
9. CONNECTEDNESS WITH EARTH/ANCESTORS

GROUP CONCEPT MAPPING = A research method that allows individuals to collaboratively share their perspective on a topic. It involves brainstorming, ranking ideas, sorting the ideas into groups, and interpreting the results.

Care of **SELF** is essential in order to care for **OTHERS.**



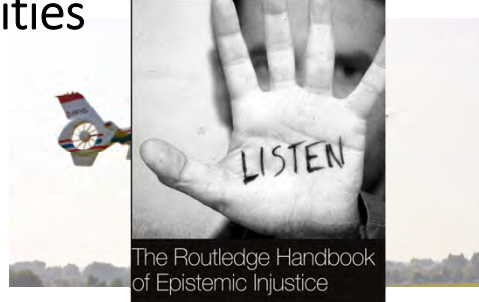


Mismatch between perceived effectiveness and actual service usage. . .

- An untapped/under-utilized resource?



Cultures Meet: Western Science, MAT, Indigenous Communities



- **Helicopter Research**
- **Exploitation & Stigmatization**
- **Purposeful Exclusion (By Researchers, By Communities)**
- **Culture of Science: “West is Best” Model**

One result: A lack of “Evidence” (in a Western sense) re: Indigenous culture as treatment/medicine, Indigenous health, Indigenous models of wellness, etc.

(Some) Barriers to MAT in Indian Country (Venner, et al., 2018)

1) Secular/unidimensional v. Spiritual/holistic approaches:

“we were taught not to take White man’s drugs. If we have problems, we find out how we are out of balance; how to take care of our mind, body, and soul.”

2) Long-term MAT vs. Community Goal to be Drug-Free

3) Structural/Systemic Barriers

We can be “Explorers Together” (cite EchoHawk)

- Culturally-centered MAT successfully implemented with Indigenous people in Australia and Canada (19–21).
- In Australia, success attributed to the culturally-specific design, integrated care, and focus on family and community wellness (21).

Culture & Treatment: Providers Notes? (EDIT)

- CBPR and a parallel in patient-centered, culturally safe care (Cultural Humility)*
 - Respecting patient viewpoints and values
 - Providing space for individual expressions of culture and health beliefs
 - % of our research participants who NEVER think about cultural losses, do not engage in cultural activities, for example. . .
 - Engaging *with* communities to address the determinants of health

*Example: [Kleinman & Benson, 2006](#)

These stories are not finished.

The U.S. Senate ratified more than 370 *Indian treaties*. About 250 more executive orders and acts of Congress took the form of treaties. Nearly every part of the country outside the original thirteen colonies is affected by a treaty made by the United States.

Every American today has inherited the *rights and obligations* made in their government's treaties.

Funding acknowledgements

- The Maawaji' idi-oog Mino-ayaawin study is funded by the NIDDK (R01 DK091250; Walls, PI).
- The Healing Pathways study is funded by the NIDA (R01 DA039912; Walls, PI)
- The Mino Giizhigad Study was funded by the NIMH (R21 MH085852; Walls, PI)

The contents of this presentation do not necessarily represent the official views of the NIH.

