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
“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.

Enculturation

- Knowledge (e.g., Language Fluency)
- Identity
- Practices (Traditional) (Spiritual)

- Sense of Belonging & Purpose
- Multidimensional Mastery
- Values & Worldview
- Extended Kinship Networks
“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).
This higher-order “socio-cultural support and integration” measure was more strongly and consistently associated with positive health outcomes than the individual factors—The whole is greater than the sum of its parts.
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
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