The Efficacy of American Indian and Alaskan Native Traditional Healing Methods

A Literature Review

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Key Words

American Indian and Alaska Native, AI/AN, urban Indian, health, disparities, traditional healing, traditional medicine, practice-based, evidence-based.

INTRODUCTION

There are significant disparities in the health status and access to health care for the American Indians and Alaska Native (AI/AN) population in the United States. According to the U.S. Census Bureau (2012), 5.9 million people, including those of one or more race, identified as AI/AN. Since the time of the Indian relocation policies the 1950s, increasing numbers of AI/AN people have been moving from reservations, tribal lands, and rural areas to resettle in urban areas. Urban AI/AN make up well over half of the total Native population in the United States. The U.S. Census Bureau (2012), indicates that 71% of AI/AN people live in urban areas, which represents over 3.7 million people. Many of these people maintain tribal ties with one of the 567 federally recognized tribes (Heim, 2015).

The AI/AN population shift to urban areas has put them at risk for a host of biopsychosocial problems, as many have experienced economic instability, homelessness, unemployment, poverty, and a lack of a cultural base or sense of community. The AI/AN relocation experience to urban areas appears to have "contributed to an inter-generational effect whereby successive generations of AI/AN have demonstrated ongoing health related disparities" (Dickerson & Johnson, 2012).

Those individuals living in urban centers have less access to Indian Health Service (IHS) programs and have a higher prevalence of numerous health problems (Horowitz, 2012). Many AI/ANs living in urban centers face the challenge of accessing high-quality and appropriate health care. The vast majority of these people are unable to access the health care offered through the IHS or tribes, and they are often left to overcome additional barriers such as cultural

misunderstanding and lack of respect and communication (Robert Wood Johnson Foundation, 2007).

For many AI/ANs, medicine is more than addressing a specific ailment. Instead, traditional healers treat the whole person and the whole body to restore wellbeing. Traditional medicine practices have been used for centuries by tribes across the United States to promote well-being among the AI/AN population. Traditional healing is particularly germane to the urban AI/AN population given the high rate of health disparities and need for greater connection with the past and cultural identity.

Objective

The purpose of this research is to explore and understand the efficacy of traditional AI/AN healing methods. In order to better understand the effectiveness of traditional healing methods, this paper will present a survey of existing literature. Second, some ideas will be presented on how to move from tradition to evidence. Lastly, this literature review will be summarized to explore the implications for additional work in this subject area.

LITERATURE REVIEW

Materials and Methods

To review current studies examining the effectiveness of traditional healing programs in the AI/AN population, a PubMed search was conducted. A search of articles was done using terms such as “American Indian,” “Alaska Native,” “Native American,” “Native,” and “Indigenous” in combination with “Traditional Medicine,” “Smudging,” “Talking Circles,” “Herbs,” “Sweat Lodge,” and “Medicine Wheel.” In addition, specific conditions were searched, including “Diabetes,” “Cancer,” “Obesity,” and “Substance Abuse.” Search results were not limited by year, however the overwhelming majority of results were published after 1990.

The abstracts of returned results were read to determine if the article evaluated or described a traditional medicine program. Only articles that filled these criteria were considered. Articles were then coded into three broad categories of health care. Categories are as follows:

- *Prevention*: programs that target the prevention of a disease or disorder
- *Treatment*: programs that treat a disease or disorder
- *Recovery*: programs that maintain health after the completion of a treatment program

In addition, a forth category, community survey, was included to highlight several communities that demonstrated the desire to have traditional healing practices integrated into their health care options.

Results

The process of searching and selecting articles that fit the search criteria resulted in twenty articles on traditional AI/AN medicine practices. Half (50%) of the programs were targeted at mental health and substance abuse disorders, while the other half focused on physical disorders such as diabetes and obesity. In addition, there were three descriptive studies.

Prevention

Talking Circles

The first prevention program took place in two AI/AN Northern Plains tribes and utilized talking circles to educate participants about type 2 diabetes. Types 2 diabetes is considered an epidemic among the AI/AN population, and it is noted that the prevalence of type 2 diabetes among AI/ANs in Arizona is the highest in the world (Struthers, Hodge, Geishirt-Cantrell, & De Cora, 2003). Traditional Western treatment options for type 2 diabetes focuses on adherence to a diet and weight loss regimen; however, these models have not been successful for indigenous patients, and, as such, culturally appropriate interventions are required (Struthers et al., 2003).

The researchers of this project conducted four focus groups and subsequently developed a diabetes wellness program entitled “Diabetes Wellness: American Indian Talking Circles” (Struthers et al., 2003). There were two aims to this project: (1) to impart knowledge related to diabetic risk factors and (2) to improve self-management of type 2 diabetes.

The Diabetes Wellness project was a 12-session educational curriculum that integrated oral tradition, storytelling, and Western medical information into a Talking Circle format. During the sessions participants would sit in a circle where each individual was given the opportunity to speak about experiences, stories, or information. In addition, the facilitator would present educational information regarding prevention and management of type 2 diabetes.

Several themes were discussed throughout the talking circles. The participants spoke about how they were surrounded by diabetes and felt that it affected everyone in their families and community. They also expressed sadness, feelings of loss, grief, stress, and feelings of being punished by the prevalence of type 2 diabetes. On a more positive note, many participants noted that they obtained guidance from the intervention facilitator and that they received the most up-to-date diabetes prevention information from the talking circles. In the end, they confirmed the effectiveness of the talking circle, as well as the effectiveness of prayer and traditional ceremonies. The themes collected from the talking circle interviews can be used to further inform diabetes interventions in Native communities.

Talking Circles can also be used to help disseminate other health information about preventative care. For example, AI/AN women diagnosed with cervical cancer have high mortality rates when compared to women of other ethnic groups. A Talking Circle intervention that uses culturally appropriate modes of communication coupled with traditional Indian stories can provide cancer education and enhance adherence to cervical cancer screening (Hodge,

Fredericks, & Rodriguez, 1996). The results show that the women responded favorably to a culturally framed education project.

Pow-wows

Pow-wows are important pan-Indian cultural community events where Native culture is practiced and celebrated (Wright, Nebelkopf, King, Maas, Patel, & Samuel, 2011). Pow-wows can include indigenous food, drumming, music, dancing, and community. According to Wright et al. (2011), pow-wows also serve to bring the community together to one gathering place, and can foster belonging, counseling, and celebrate cultural identity. Cultural practices, such as pow-wows and talking circles, can serve to strengthen the cultural identity of the community while also serving as a preventative service.

Gathering of Native Americans

The Gathering of Native Americans (GONA) is an evidence-based practice that has been utilized by numerous Native American communities, and its curriculum provides a setting for Native youth to address substance abuse issues in a historical, social, and cultural context (Wright et al., 2011). The GONA has been used around the country to provide mental health and substance abuse prevention. GONA is a multi-day, yearly event for Native Americans that want to become change agents, community developers, and leaders. GONA's approach to AI/AN healthcare promotion and prevention embraces examples of historical and traditional treatment approaches that have been used for generations. Health promotion and preventive care is cheaper and preferable compared to high cost interventions. Central to many AI/AN belief systems, and GONA's approach, is the belief that:

1. Community healing is necessary for the health of the overall population.
2. Healthy and historic traditions in the AI/AN community are key to effective disease prevention.
3. The holistic approach to wellness is essential.
4. Every community member is of value in empowering a healthy community.

Treatment

Sweat Lodge

There are recorded high levels of alcohol abuse within Native communities in both rural and urban settings. Standard alcohol dependence treatment programs do not appear to be very effective in Native communities; however, traditional therapies, such as the sweat lodge, appear to be effective. The sweat lodge is a widely accepted tradition that serves to purify those undergoing any sort of transformation or healing (Garrett et al., 2011). Sweat therapy is a combination of heat exposure with psychotherapy and group counseling where participants can seek both group and individual harmony (Garrett et al., 2011). Several studies looked at general use of the sweat lodge in addition to outcomes of sweat therapy.

According to Garret et al. (2011), the use of AI/AN sweat lodges in therapeutic settings has increased over the past few decades in an effort to offer culturally appropriate services to Native clients. Hall (1986) set out to research the use of the sweat lodge as a treatment for alcoholism at IHS treatment centers. Only about 50% of the surveyed treatment centers encouraged the use of a sweat lodge, while the other 50% either did not have access to a lodge or discouraged its use. A majority of the programs that offered a sweat lodge were considered pan tribal (45%). In addition, more programs that used a medicine man also encouraged the use of a sweat lodge (63%).

The physical benefits of sweating have been well documented. Sweating increases skin temperature, skin blood flow, heart rate, cardiac output, cardiac stroke volume, systolic bold pressure, vital capacity, tidal volume, minute ventilation, and forced expiratory volume of the lungs while at the same time decreasing diastolic blood pressure and pulmonary congestion (Eason, Colman, & Winterowd, 2009). Eason et al. (2009) note that sweating can also promote healthier skin, aid in eliminating toxins, enhance immunity, promote deeper sleep, pain relief,

and muscle relaxation. In order to better study the effects of sweat therapy on group counseling, Colmant (2005) randomized eighty-five college students to one of two conditions: (a) group counseling in a sauna, or (b) group counseling in an office setting. The results showed that the sweat group appeared to have greater therapeutic quality compared with the non-sweat group. Further, participants in the sweat group reported sessions to be more helpful, had less absenteeism, and greater follow through than the non-sweat group (Colmant, 2005).

Schiff and Moore (2006) also looked at the impact of the sweat lodge, specifically focusing on the physical, mental, and emotional and spiritual domains of group sweat therapy. The results showed a significant increase in spiritual and emotional well-being attributed to participation in the ceremony. Overall, sweat therapy increases the impact of therapeutic tactics and has physical, mental, and spiritual benefits.

Plants, Herbs, and Food

American Indians and Alaska Natives have experienced significant diet and lifestyle changes over the past fifty years that have resulted in increased risk of chronic disease such as type two diabetes and obesity (Kattelmann, Conti, & Ren, 2009). Kattlemann et al. (2009) note that AI/ANs experience a diabetes prevalence rate that is three times higher than the overall U.S. population, and it has recently been suggested that more culturally specific interventions might lead to greater behavioral change. To test this theory, Kattelmann et al. (2009) designed and implemented a nutrition program based on the Medicine Wheel Nutrition Model; participants with type two diabetes were randomized to either receive six nutrition lessons using the Medicine Wheel, or usual care.

The Medicine Wheel Nutrition Model uses the Medicine Wheel to promote dietary habits according to the traditional consumption of macronutrients (Kattelmann et al., 2009). The

intervention also incorporated the Talking Circle as a form of intragroup communication. At the end of the intervention, the study group had a significant decrease in mean weight loss and a decrease in BMI.

Krohn (2013) states traditional food is important for combating chronic diseases, but it can also help treat addiction. There is a program at the Northwest Indian Treatment Center in Washington that utilizes traditional foods and medicines to treat drug and alcohol addiction. The program was created to address the unmet need for culturally-based treatment centers. The program was created to increase patient access to, and knowledge of, medicinal plants and native foods, including berries, wild greens, seafood, and game. Furthermore, the program has been a great success, as 77% of patients remained clean and sober after treatment (Krohn, 2013). In addition, there are several activities designed to help patients overcome past trauma and addiction. Overall, the program is successful because it gives patients pride in cultural traditions.

Smudging

A “smudge” is smoke that is used for ritual cleansing. Wright et al. (2011) note that smudging consists of burning herbs as a cleansing process, and that it is common among many Native American cultures to remove negativity and regain spiritual balance. Different medicinal plants/herbs can be used in a smudging ritual, including cedar, sage, and sweetgrass. A person places his/her hands in the smoke and brings it toward their body—often to areas that may require spiritual healing. It is thought that the smoke of the burning medicinal plants perhaps stimulates the brain to produce beta-endorphins, which help promote healing (Society, the Individual, and Medicine, n.d.). The Gitksan people of British Columbia use a number of medicinal plants in smudging and other traditional healing methods. Main Johnson (2012) notes:

> The use of plants for healing by any cultural group is integrally related to local concepts of the nature of disease, the nature of plants, and the world view of the culture. The physical and chemical properties of the plants themselves also bear on their selection by people for medicines, as does the array of plants available for people to choose from (p. 1).

Main Johnson's work (2012) indicates that "healing" must be viewed through the lens of the specific culture utilizing the medicinal plants, thus incorporating their worldview and understanding of health and wellness in the paradigm of understanding. However, cultural variations between providers and patients can be barriers to effective health care. Historically, Euro-centric health interventions and outcomes have been approached in manners that are the least consistent with AI/AN worldviews and Indigenous knowledge (Lovern, 2008). Main Johnson (2012) also notes that academic and intercultural understanding as well as biological evidence all provide consensus that the medicinal plants used by the Gitksan are effective.

Talking Circles

Talking circles are used for both treatment and prevention, although prevention is typically more common. Talking circles are support groups that are held in a ceremonial setting and have become widely accepted for self-expression, conflict resolution, and development of community cohesion (Wright et al., 2011). A successful talking circle can give people skills to cope more effectively as well as provide social support for people facing life transitions. Talking circles can be useful during treatment processes as a form of group therapy with culturally appropriate messages.

Recovery

Perhaps the most well-known recovery program is the *Wellbriety Program* for alcohol and substance abuse (Coyhis & Simonelli, 2008). The movement was born in the early 1990s by merging the 12 step Alcoholics Anonymous program with the teachings of the Medicine Wheel.

This movement is effective because it uses local tribal traditions in meetings and talking circles. In addition, the *Wellbriety* program utilizes many aspects of American Indian traditional medicine, and can be adapted to specific tribes. The program is also effective because it addresses the underlying root causes of substance abuse—historical trauma. Reviving culture is one way that AI/ANs have tried to heal historical trauma. Several communities have instituted parts of the *Wellbriety* program with success.

Prevention and Treatment

A 2012 review article looked at treatment programs that targeted pregnant women and women of reproductive age in an effort to reduce the incidence of fetal alcohol spectrum disorders. There have been a few approaches to reduce prenatal drinking and FASD among AI/ANs, but none have been evaluated (Montag, Clapp, Calac, Gorman, & Chambers, 2012). Montag et al. (2012) looked at several treatment programs ranging from standard hospitalization interventions to community based programs to programs that incorporated traditional medicine.

The standard interventions involving hospitalization, inpatient, or outpatient care were not effective in AI/AN populations. Almost all programs found that alcohol use did not decrease and many participants remained dependent. The community-based programs were found to be slightly more effective as they addressed specific barriers the population faced. Many of the programs provided prevention work as a strategy to reduce FASD. Interventions included family counseling, job placement, and engagement in alternative activities to drinking. Community-based programs are successful in decreasing alcohol dependence by changing community culture to be less tolerant of drinking and reviving traditional culture. In addition to engaging the community in prevention tactics, talking circles, sweat lodges, and medicine wheels were incorporated into treatment and proven to be effective. Further, individuals that participate in

traditional activities and spirituality were more likely to decrease drinking whether they had attended a treatment program or not (Torres-Stone, Whitbeck, Chen, Johnson, & Olson, 2006).

Prevention, Treatment, and Recovery

Many clinics and programs across the country are now focusing on prevention, treatment, and recovery by utilizing traditional practices to benefit their patients. Hartmann and Gone (2012) note that participation in cultural practices and traditional healings among AI/AN have been noted as a powerful resource to relieve distress. The Native American Health Center in Oakland and San Francisco, California, provides outpatient substance abuse and mental health services for urban AI/AN utilizing a culturally based system of care including prevention, treatment, and recovery (Wright et al., 2011). Wright et al. (2011) indicate that cultural elements of this program include talking circles, sweat lodges, traditional healers, seasonal ceremonies, prayer, smudging, drumming, herbs, and pow-wows; furthermore, the holistic system of care, as this program is called, can promote health and prevent disease in the context of building a healthy community. Prevention services include wellness education, positive parenting intervention, mental health promotion, substance use prevention, hepatitis prevention, and HIV/AIDS prevention. The center also provides recovery services including, employment, housing, life skills, and community service. Treatment services provided consists of mental health, substance use, medical, and family services.

An evaluation of the Native American Health Center outpatient and residential substance abuse services yielded positive results. At the center outpatient services include individual and group counseling sessions as well as cultural activities. There was a decline in substance use from baseline to the six-month follow up, as well as a decrease in experiences of stress and activities resulting from substance use. There was an 82.1% increase in people reporting part or

full time employment, and a 150.7% increase in people enrolling in some sort of school or technical training program. There was an 82.8% decrease in the number of people reporting being arrested or committing a crime (drop from 151 to 26). Finally, there were significant decreases in serious depression, serious anxiety or tension, hallucinations, trouble understanding or concentration, trouble controlling violent behavior, and suicide attempts. The results from this isolate study show that traditional approaches to health are a viable treatment and recovery option for individuals dealing with substance abuse disorders.

Focus Groups

Many AI/AN communities advocate for the provision of cultural appropriate treatment programs and services. A community needs assessment conducted in Los Angeles County set out to assess gaps in services for mental health for youth ages 14-17. Eight community needs emerged from the focus groups and interviews: accessing services, outreach and awareness of services, youth services, recreational services, child and family behavioral health, cultural activities, and culturally appropriate training (Dickerson & Johnson, 2012). The lack of cultural activities was viewed as having a negative impact on cultural identity, which could then contribute to a higher risk of mental health and substance abuse problems (Dickerson & Johnson, 2012). Across all focus groups, drug and alcohol abuse was cited as the most pressing problem for AI/AN youth.

Using the information from the focus groups a system of care for AI/AN youths with behavior problems was developed and implemented. Cultural activities were integral to the program, including, beading, basket making, drumming, dancing, and regalia making. Other activities included attending pow-wows, participating in sweat lodge ceremonies, and having access to a traditional healer if necessary.

Another technique, targeted at adults, is the use of drums as a behavioral therapy for AI/ANs with substance abuse disorders. Drumming is a tradition-based activity that has been utilized to help promote healing and self-expression. It is very similar to cognitive behavioral therapy by helping patients increase their awareness of feelings, emotions, thoughts, and coping mechanisms. A focus group was conducted in order to assist in the development of the Drum-Assisted Recovery Therapy for Native Americans (Dickerson, Robichaud, Teruya, Nagaran, & Hser, 2012).

The DARTNA therapy protocol incorporates aspects from both the 12 step program and the Medicine Wheel by having drumming activities that correspond to each quadrant of the Medicine Wheel (Dickerson et al., 2012). Dickerson et al. (2012) confirm that the focus groups responded well to the proposed treatment protocol, with participants describing drumming as a "sacred medicine" that has healing aspects that facilitate the development of cultural identities.

It is also important to note that while cultural services typically exist in reservation settings, as many of the programs above illustrated, they are not seen frequently in urban areas. Additionally, since over 70% of today's AI/AN population currently resides in urban centers, as opposed to reservations, leading to complexities in identity stemming from minimal contact with traditional sources of cultural knowledge (Castor et al., 2006). It is important to develop urban specific traditional healing available for urban AI/AN populations.

DISCUSSION

Indigenous worldviews and knowledge have been disregarded and invalidated by the dominant culture in the Americas since the time of European colonization, and the trend still continues in the present-day United States. The perspectives of Indigenous worldviews and knowledge have been eclipsed by the Eurocentric worldview, becoming an archetype of how the dominant culture interacts with native peoples and communities, including within the U.S.

healthcare system. Consequently, AI/AN individuals are often faced with the challenge of navigating healthcare systems within the realm of cultural integration based on the dominant views and culture (Hart, 2010). Traditional medicine, healing, and knowledge can encourage a positive self-image and a healthy identity among AI/AN people. However, the mainstream health care system focuses on disease and treatment, and it lacks an appreciation for holistic approaches—including traditional healing methods. Both the individual and the community possess the ability for transformation and change; however, the challenge becomes the willingness for Federal health care programs to embrace and fund traditional healing methods.

Holistic, traditional, and indigenous methods and values have been incorporated into mainstream health systems in other countries. The Maori people of New Zeeland and the AI/AN of what is now the United States share many things in common, including the colonization by the British, historic struggles to have their basic rights recognized, and "their cosmology incorporated into their social system created by the western dominant culture that took over their lands" (Bermudez Del Villar & Steiner, 2010, p. 2). New Zealand has incorporated the traditional healing methods into its national health system, which is much more inclusive than the collaboration between federal agencies in the United States and the AI/AN population.

Congress recognizes the United States' trust responsibilities and legal obligations to provide AI/ANs health care in the US Code. The Declaration of national Indian health policy notes that:

> to ensure maximum Indian participation in the direction of health care services so as to render the persons administering such services and the services themselves more responsive to the needs and desires of Indian communities (25 U.S. Code § 1602, n.d.).

Since the IHS is the primary vehicle that is responsible for the administration of health care services to the AI/AN population to meet the United States' trust responsibility to its Native

population, its goal is "to raise their [AI/ANs] health status to the highest possible level" (About IHS, n.d.). However, the IHS is vastly and chronically underfunded (Kauffman and Associates, Inc., 2012) and only receives and appropriated budget that is a mere fraction of the unmet, and overall, need. If the IHS were to pay for traditional healing methods, funds would likely be diverted from other programs. In addition, payment and reimbursements from the Centers for Medicare & Medicaid Services (CMS) for traditional healing methods in Urban Indian Health Programs (UHIPs) is currently not covered.

People that are beneficiaries within the mainstream health care system have advocated for CMS to pay for holistic or traditional healing methods, such as acupuncture, in the past. In 2013, a White House petition was created to recognize acupuncturists as a healthcare providers and for acupuncture treatments to be eligible for reimbursement under Medicare. The signature threshold was met and an official White House response was provided to address the concerns of the petition:

> …acupuncture is not a covered benefit within the Medicare program. To cover acupuncture would require a change in statute or a change in the CMS National Coverage Determination (NCD)… The overall scope of covered and non-covered benefits under the Medicare program is prescribed by law… After careful study of the available evidence, it was concluded that acupuncture is not reasonable and necessary under section 1862(a)(1) of the Social Security Act. Therefore national non-coverage for acupuncture continues (Blum, 2013).

Thus, using acupuncture as an example, it seems very likely that any AI/AN traditional healing methods would be funded via the Centers for Medicare & Medicaid Services (CMS), as it would require a change in statute or the CMS National Coverage Determination (NCD). Yet, health care stakeholders from AI/AN communities are "unanimous in their belief that culturally appropriate care is necessary to establish trusting and long-lasting relationships with AI/AN patients and their families" (Kauffman and Associates, Inc., 2012). In fact, Urban Indian Health

Organizations “offer culturally appropriate care not likely to be found in other local resources or provider systems” (Kauffman and Associates, Inc., 2012). Therefore, it seems that overall IHS funding needs to be adequately addressed in the congressional appropriation process to fully meet the Federal Government’s trust responsibilities to AI/ANs.

CONCLUDING THOUGHTS

Moving from Tradition to Evidence

The practice of traditional AI/AN medicine and healing is one influenced by customs and generations of practice. The research by Rowen et al. (2014) suggests that culturally-based interventions are effective at improving wellness and the health outcomes of Native people. There is a disconnect between research and practice. There are not enough published studies including meta-analyses, literature summaries, scoping, or systematic reviews that explore the impact of traditional healing methods. While AI/AN traditional practice-based interventions are effective, there has been little funding available to monitor and evaluate the efficacy of these practiced-based interventions so that they can become part of the body of knowledge of evidenced-based health interventions.

The funding of research, monitoring, and evaluation of AI/AN practiced-based programs would close the gap between knowledge and practice, thus ensuring the best possible care for AI/AN patients and their communities. Unfortunately, the funding pendulum has swung toward the sole use of evidenced-based practice with a formalized research base, thus presenting challenges and limitations for I/T/U programs. Historical practiced-based interventions yield scientific evidence that has been developed, refined, and implemented in real-world settings for generations. However, there is a need to create valid and reliable culturally-based instruments and/or methods to substantiate Indigenous wellness (Rowan et al., 2014).

The original model of evidence-based practice, which was presented in 1992 in the *Journal of the American Medical Association,* stipulated that a physician should conduct a literature search of multiple articles; furthermore, s/he would then select the best articles, evaluate them, determine their validity, and then decide how to proceed with the patient (White, 2004). Since this approach is not practical in the field, White (2004) notes that evidence-based practice no longer means evaluating original research. Rather, it means locating good secondary sources which summarize the available literature, while providing a "useful, actionable bottom line based on the evidence" (White, 2004, pp. 52). Research should be examined in the context of the client/patient, and interventions should make a difference in the health of the patient (i.e. "evidence that matters").

Much of the available research have limitations which include small sample sizes, low follow-up rates, nonrandom sampling, no control groups, no specific analysis of outcomes, and include self-reported data (Montag et al., 2012). Rowen et al. (2014) and White (2014) offer recommendations for future research and inquiry in this area as well as moving from tradition to evidence:

1. Future research should clearly describe the cultural components of programs under study, including the details of the frequency that treatment clients participated traditional medicine programs.
2. Future investigators should avoid using a wide range of outcome measures. Outcomes should reflect specific AI/AN indicators of wellness.
3. Adequate descriptions and analyses of how gender, age, and social determinants affect wellness outcomes should be explored.
4. Ensure that outcomes are assessed under controlled conditions with a comparison group.
5. Classify traditional methods based on function rather than form.
6. Information should be presented and filtered to focus on only the most relevant data that addresses patient outcomes.
7. Findings are best presented in the number needed to treat (NNT) as opposed to relative risk reduction (RRR).
8. Research should offer a final recommendation and apply evidence rankings for any recommendations made.

It is important to understand the practices of AI/AN communities and the local contexts that inform healthcare work, including the partnership with other tribes, communities, and the Federal Government. AI/AN communities should first be surveyed about their use of traditional healing methods and the outcomes that they have seen. Ultimately, for a shift from tradition to evidence to work, tribal leaders need to be made aware of the importance of moving traditional healing practices into the evidence-based realm. AI/AN health care providers can make this a priority when interacting with Tribal leaders, as it is important to incorporate and collaborate with leaders, elders, and the community members in all aspects of project design and implementation (Montag et al., 2012).

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