EXPLORING INDIGENOUS TRADITIONAL HEALING SUPPORT POLICIES AND PROGRAMS IN CANADA, AUSTRALIA, AND NEW ZEALAND TO INFORM THE SUPPORT FOR INDIGENOUS TRADITIONAL HEALING POLICIES IN SASKATCHEWAN: A SCOPING REVIEW

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By

Gideon Darko Asamoah

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ABSTRACT

The lower health status of Indigenous people in Canada, Australia, and New Zealand are well documented and largely attributed to colonization and colonial policies. Colonization also led to the suppression of Indigenous Traditional Healing practices, which have been revitalized over the years by Indigenous societies with evidence of a profound effect on their health and wellbeing. Despite various policy recommendations concerning the rights and recognition of Indigenous Traditional Healing practices including TRC Call to Action 22, there is evidence of a literature gap regarding the extent to which Traditional Healing practices are supported in the mainstream healthcare system.

This study explored ways Indigenous Traditional Healing practices are supported by the healthcare system in Canada, Australia, and New Zealand through policies and programs. This study is a part of a larger project to determine what aspects of Indigenous Traditional Healing policies and programs identified from the healthcare systems can be adopted to inform the support for Indigenous Traditional Healing policies in Saskatchewan. A scoping review guided by the PRISMA extension for Scoping Reviews was conducted. Databases for sources of information included CINAHL, Medline, Embase, Web of Science, Public Health, Global Health, iPortal, and grey literature search.

Twenty-two articles (Canada=14 and Australia and New Zealand =8) met the inclusion criteria for data extraction for this scoping review. After the analysis of data extracted from each source of evidence, ten (10) Healthcare systems and services were identified with programs and policies supporting Indigenous Traditional Healing practices, which included midwifery, mental health, and palliative care. Within these services, programs identified utilized Indigenous Traditional Healing practices as the main or choice treatment, to support Western biomedical treatment options and or adopted Indigenous Traditional knowledge. The impact of the support and recognition of Indigenous Traditional Healing within the mainstream healthcare system includes increased access and attendance, improved healthcare experience and health outcomes, empowered individuals, and their communities, brought healthcare back to communities and improved the health and wellbeing of Indigenous people and their communities. Therefore, we call upon those who can effect change within the healthcare system to recognize the value of Indigenous healing practices and use them in the treatment of Indigenous patients.

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DEDICATION

This thesis is dedicated to the memory of my father who has been my inspiration throughout my academic journey.

Rev. David Kingsley Asamoah (1952 – 2013): I know you are proud of this moment looking down from the heavens. May the Lord continue to keep and protect you.

and

My mother – Gladys Asamoah and siblings – Solomon Agyapong, Samuel Asamoah, Enoch Yaw Asamoah, and Caleb Asamoah.

and

all my loved one

and

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LIST OF ABBREVIATIONS

ACCHS - Aboriginal Community-Controlled Health Services

ADI - Aboriginal Diabetes Initiative

ADWP - Aboriginal Diabetes Wellness Program

AFN - Assembly of First Nations

AHF- Aboriginal Healing Foundation

AHWS - Aboriginal Health and Wellness Strategy

BCAAFC - British Columbia Association of Aboriginal Friendship Centres

BPAC - Best Practice Advocacy Centre New Zealand

CCRA - Corrections and Conditional Release Act

CDC - Centre for Disease Control and Prevention

CINAHL - Cumulative Index to Nursing & Allied Health Literature

CSC - Correctional Services Canada

FNHA - First Nations Health Authority

FNIHB - First Nations Inuit Health Branch

FSIN - Federation of Sovereign Indigenous Nations

HCOs - Healthcare Organizations

IAHP - Indigenous Australians' Health Programme

IRSSA - Indian Residential School Settlement Agreement

JBI- Joanna Briggs Institute

MDSI - Mobile Diabetes Screening Initiatives

NCCIH - National Collaborating Centre for Indigenous Health

NHPD - Natural Health Products Directorate

NITHA - Northern Intertribal Health Authority

NNHPD - Natural and Non-prescription Health Products Directorate

NZ - New Zealand

OATSIH - Office of Aboriginal and Torres strait Islander Health

PCC - Population/Concept/Context

PRISMA - Preferred Reporting Items for Systematic reviews and Meta-Analysis

RCAP - Royal Commission on Aboriginal Peoples

SAHO - Saskatchewan Association of Health Organizations

SHA- Saskatchewan Health Authority

SLICK - Screening for Limb, I-Eye, Cardiovascular and Kidney

SLMHC - Sioux Lookout Meno Ya Win Health Centre

THMFS - Traditional Healing, Medicines, Foods and Supports

TKR - Te Kāhui Rongoā Trust

TRC - Truth and Reconciliation Commission Canada

UNDRIP - United Nations Declaration on the Rights of Indigenous Peoples

WHO - World Health Organization

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CHAPTER 1.0: INTRODUCTION AND OVERVIEW

1.1 My Role as a Researcher

I acknowledge I am not a North American Indigenous person but rather an Indigenous person with roots in the Ashanti tribe in Ghana. As an Indigenous person from a country with a history of colonization, I have developed an interest in Indigenous health relating to the history and effect of colonization more broadly. My country of origin, Ghana, gained independence from British rule on March 6, 1957, after several decades of colonization. Similar to the history of colonization of Indigenous people by the European settlers, the British took advantage of trade to conquer and colonize the people of Ghana, controlling everything from social structures and religion to healthcare.

In Ghana, there are many Indigenous tribes known to have originated from a different place from their present place of settlement. These Indigenous tribes were deeply rooted in their traditional beliefs before the arrival of the Europeans, including Traditional Healing. Although the support and recognition of traditional medicine in the mainstream healthcare system has been challenging after the adoption of the Western biomedical model of healthcare, Traditional Healing serves as an affordable, accessible, and culturally accepted option for treating diseases by Ghanaians. It is stated that about 70% of Ghanaians use traditional herbal medicine (66). In Ghana, there are only a few accredited herbal clinics and herbal medicine regulatory institutions, such as the Centre for Scientific Research into Plant Medicine, and Food and Drugs Authority.

Before moving to Canada for my graduate studies, I worked as a medical laboratory scientist at a hospital in a rural community for almost eight years. I witnessed patients' requests for traditional medicine as treatment options. In my workplace, patients who visited the hospital only received treatments offered by the Western biomedical treatment model. Therefore, patients who sought traditional medicine treatment services had to seek these services elsewhere. Not infrequently, these patients came back to the hospital with complications from seeking those services outside of the mainstream healthcare system, often from unscrupulous individuals posing as Traditional Healers. Supporting Traditional Healing practices within the mainstream

healthcare system in Ghana, would be effective in preventing the acts and provide safe access to traditional medicine for those who would prefer such treatment option.

My aim for this research goes beyond achieving academic credentials. This study supports embracing the Indigenous wholistic Traditional Healing within the mainstream healthcare system of Saskatchewan, to promote its impact on the health and wellbeing of Indigenous people in the province. Conducting this study on the support of Traditional Healing within the mainstream healthcare systems in the three countries will also help me to further my knowledge on, how Traditional medicine can be supported within the mainstream healthcare system in Ghana.

1.2 Introduction to the topic

The impact of Indigenous Traditional Healing practices on the health and wellbeing of Indigenous people has been widely reported and recognized. It is "widely believed [Indigenous Traditional Healing] [is] the most efficacious way to assist distressed Indigenous individuals due to the inherent potency of these traditions achieved through long pre-contact histories of therapeutic refinement" (1 p.98). However, support of Indigenous Traditional Healing practices within the Western healthcare systems has been lacking, due in part to the history of colonization and differences in worldview, despite various policy recommendations that have been made. Some of these policy recommendations include

1. Article 24 of the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) states, "Indigenous peoples have the right to their traditional medicines and to maintain their health practices, including the conservation of their vital medicinal plants, animals, and minerals" (2 p.2).
2. According to Principle 7 of the 2014 West Australian Mental Health Act,
   A mental health service must provide treatment and care to people of Aboriginal or Torres Strait Islander descent that is appropriate to, and consistent with, their cultural and spiritual beliefs and practices and having regard to the views of their families and, to the extent that it is practicable and appropriate to do so, the views of significant members of

their communities, including elders and traditional healers, and Aboriginal or Torres Strait Islander mental health workers (3 p.428).

3. Action 22 of the Truth and Reconciliation Commission Canada 2015 report (TRC) states, [W]e call upon those who can effect change within the Canadian health-care system to recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders, where requested by Aboriginal patients (4 p.3).

According to Statistics Canada, the Indigenous population of Saskatchewan was about 175,015 (16.3% of the people of Saskatchewan) in 2016 (5). Given the Indigenous population level and recognizing the need to improve the health of Indigenous people in Saskatchewan, the Saskatchewan Health Authority developed the 2010-2015 First Nations and Métis Health Strategy. The final report of the First Nations and Métis Health Strategy "*Strengthening Circle—Partnering to Improve Health for Aboriginal People*", proposed several recommendations to recognize Indigenous Traditional Healing as a vital resource in improving the health and wellbeing of Indigenous people in Saskatchewan (6). Despite the recognition of Traditional Healing practices as having value and the strong national and international recommendations that this is supported, policies supporting them within the mainstream healthcare system are still limited. There is even a gap in our understanding of how and to what extent Traditional Healing practices are supported in the mainstream healthcare system (7,8). Filling that evidence gap will provide a valuable resource to those who can effect change, as a majority of Indigenous people live in urban areas and are often served by the Western biomedical healthcare system.

1.2.1 Colonization and Indigenous Traditional Healing

In countries such as Canada, Australia, and New Zealand, the disparities in health among Indigenous and non-Indigenous people are well documented (9,10). Indigenous people have been reported to have a greater burden of disease, historic trauma, and lower life expectancy (11,12). This lower health status among Indigenous people can be attributed to several factors such as poverty, injustice, racism, discrimination, dispossession, and cultural genocide caused by colonization and colonial policies (10,11,13,14).

Before colonization, Indigenous societies relied on the knowledge of resources within their ecosystem for the provision of food and medicine, creating a deep spiritual, physical, and cognitive relationship with their land resources. Through this knowledge system, which was

transferred from generation to generation, they flourished politically, socially, economically, and spiritually (15). However, Indigenous societies experienced destabilization of their economy, community system, and culture as a result of colonization (13,14). During the period of colonization, there were bans, criminalization, and suppression of cultural practices, including the suppression of Indigenous Healing knowledge and practices by enacting laws such as the Tohunga suppression law in New Zealand (16,17) and the ban on Healing ceremonies in Canada (18,19).

Over the years, Indigenous Traditional Healing practices have been revitalized in Indigenous societies through cultural resurgence and resilience (20). Despite all the efforts for the revival of Traditional Healing and Indigenous people's emphasize on its benefits such as their mental wellbeing (21–23), challenges remain with supporting the use of Indigenous Traditional Healing in the mainstream healthcare system (24).

1.2.2 Worldview and Indigenous Traditional Healing

The Western biomedical model has been prioritized over an Indigenous Wholistic model of health and used as the main system of healthcare delivery to both non-Indigenous and Indigenous people in many countries including Canada, Australia, and New Zealand. Western biomedical and Indigenous worldviews embrace a "wholistic" model of health consistent with the World Health Organization (WHO)'s definition of health (7). However, The Western biomedical model focuses explicitly on disease and healing through scientific models, using a rational and highly mechanistic emphasis on the physical domain (25). Within the Western biomedical model, the rest of the *whole* such as the social determinants of health, are often dealt with outside of the mainstream healthcare system. However, the focus of the Wholistic model of Indigenous Peoples is on the concept of "wellbeing", arguing the social, emotional, cultural, and spiritual aspects of the individual health needs to be located within the healthcare delivery system (26,27)

The Indigenous Wholistic model of health often employs some Traditional Healing practices including rituals and traditions that seem nonscientific to the Western biomedical approach (28–30). This is because within the Western biomedical worldview, what constitutes "*scientific*" is a measurable therapeutic potency and outcome of therapy, in that "*if we cannot measure it, it is not real*". The epistemology, philosophy, and logic behind Indigenous Traditional Healing has been a system of knowledge and means of pedagogy traditionally known

by the Indigenous people themselves, and often Indigenous healers are reluctant to share this knowledge due to fear of contamination and exploitation (30). With little knowledge on how these Traditional Healing practices work within the evidence-based Western biomedical model, the full support of these practices becomes even more challenging in the mainstream healthcare system (31).

1.2.3 Support for Indigenous Traditional Healing

Indigenous Traditional Healing practices have been recognized by some Canadian policymakers, but only a few non-specific policies have been developed to support Indigenous Traditional Healing practices in the mainstream healthcare system in Canada (2,32). The constitution of Canada explicitly outlines the division of powers between the provincial and federal governments, putting the health of Canadians under provincial and territorial jurisdiction and the health support of Indigenous people under federal jurisdiction (the 1984 Canada Health Act) (33). Despite this explicit division of powers, not much has been done at the federal level in terms of policies supporting Indigenous Traditional Healing. The National Collaborating Centre for Indigenous Health (NCCIH) study, demonstrated that developing policies and legislations regarding Indigenous health and wellbeing requires more effort coming from the provincial jurisdictions than the federal level (34).

The Royal Commission on Aboriginal Peoples (RCAP) report in 1996 showed the importance of recognition and affirmation of Indigenous Traditional Healing practices for Indigenous people and helped in the reversal of the historic effort to eradicate Indigenous Traditional Healing in Canada (35). The third volume of the RCAP report "*Gathering Strength*" in 1998 proposed some solid Indigenous Traditional Healing policy recommendations, but it has been referred to as "*Gathering Dust*" due to the government of Canada's failure to implement good portions of the report (35).

Under provincial jurisdictions, landmarks developments were suggested in the support of Indigenous Traditional healing within the mainstream healthcare system, including the exemption of Indigenous midwives providing services to Indigenous people from being controlled specifically under the Code of Professions in Manitoba and Ontario (32). In Ontario, this included Indigenous Traditional Healers providing services to Indigenous people (32). In British Columbia, Alberta, Manitoba, Ontario, and Saskatchewan, Indigenous people have been granted the right to use Tobacco for ceremonial purposes under the terms of regulation of

Tobacco use (36). Yukon remains the only jurisdiction with legislation emphasizing Indigenous Traditional Healing practices (34,36).

1.2.4 Supporting Indigenous Traditional Healing within the mainstream healthcare system

This study was informed through contact and consultation with an advisory committee consisting of community Elders, Knowledge Keepers, and patient family advisors, and Indigenous researchers, on ways Indigenous Traditional Healing can be supported within the mainstream healthcare system in Saskatchewan. I have made a distinction between supporting Traditional Healing and what constitutes the best practice for supporting Indigenous Traditional Healing within the mainstream healthcare system and integration. It would be challenging to truly integrate Indigenous Traditional Healing into the Western healthcare system for a few reasons. First, I explore Indigenous world views and how they differ from the Western worldview. What constitutes Indigenous Traditional Healing includes a wide array of traditional and cultural practices beyond Traditional medicine and includes relational components such as family and land within its integrative practice. Within this integrative practice, land-based activities such as ceremonies, culturally-based counseling, harvesting, education, and recreation are considered (37), which cannot be easily integrated into the Western healthcare system. Also, Indigenous worldviews not homogeneous and are adopted differently by different Indigenous groups and societies. Different Indigenous groups will have different practices, which would require providing culturally appropriate healthcare within a particular community based on their beliefs and culture. Finally, integration would require regulation, which would be challenging to develop and enforce in colonized countries.

To effectively support Indigenous Traditional Healing within the mainstream healthcare system, I propose utilizing the Two-Eyed Seeing “Etuaptmumk in Mi’kmaw” framework developed by Mi’kmaw Elders Albert and Murdena Marshall from the teachings of Chief Charles Labrador of Acadia First Nation in Nova Scotia to blend traditional and Western therapeutic practices (1). With this framework, we “[learn] to see from one eye with the strengths of Indigenous knowledges and ways of knowing, and from the other eye with the strengths of mainstream knowledges and ways of knowing, and to use both these eyes together, for the benefit of all,” (38 p.243).

1.3 Purpose of the Study and Objectives

A scoping review is undertaken with the rationale to "examine the extent (that is, size), range (variety), and nature (characteristics) of the evidence on a topic or question" (39 p.467). This scoping review seeks to explore and catalog ways Indigenous Traditional Healing practices are supported by the mainstream healthcare system in Canada, Australia, and New Zealand through policies and programs.

1.3.1 Objectives

1. To explore ways Indigenous Traditional Healing practices are supported through policies and programs within the mainstream healthcare system in Canada, Australia, and New Zealand.
2. To catalog ways Indigenous Traditional Healing practices can be supported within the mainstream healthcare system through policies and programs, to inform the support for Indigenous Traditional Healing policies in Saskatchewan

1.3.2 Country Selection

The healthcare systems selected to be explored for support of Indigenous Traditional Healing practices are the Canadian, Australian, and New Zealand healthcare systems. These countries were selected for this study because of the similar history and impact of colonization on Indigenous people, which makes them amenable for a comparative analysis (40–42). The United States was excluded from this study due to its lack of a universal healthcare coverage system as exists in Canada, Australia, and New Zealand (43,44). The universal health coverage system makes Traditional Healing practices more readily accessible to all Indigenous people who seek such services if supported within the mainstream healthcare system.

1.4 Definition of Terms

This section provides a general definition of key terms used in this study: Indigenous people, Indigenous Traditional "Holistic" Healing, Healthcare System, Primary Healthcare, and Policy. Some terms are defined in the Canadian context, as findings of the study would be adopted in a jurisdiction in Canada.

1.4.1 Indigenous People:

In this study, the word Indigenous is used in place of the term "Aboriginal", except where the term Aboriginal is included in quotes. Indigenous people are known to be the original inhabitant of the land, adversely affected by the incursions from the displacement of their traditional territories by others and industrial economies (8,45,46). There exist many Indigenous

groups in the world with different languages and traditions who identify themselves by their link and kinship to land (47). This study takes into consideration Indigenous people in Canada, Australia, and New Zealand.

Indigenous people in Canada include the First Nations, Inuit, and Métis (8,48). Métis are defined as mixed indigenous and Euro-American ancestors, originating from the marriage between Indigenous women (Cree, and Anishinabe (Ojibway)) and the French and Scottish fur traders in the 1700s (49,50). As of 2016, there were 1,673,785 Indigenous people in Canada, making 4.9% of the total population (51).

Indigenous people in Australia are known as Aboriginals and Torres Strait Islanders (52,53). In Australia, the population of Aboriginal and Torres Strait Islander people was about 798,365 (3.3%) in 2016 (53).

Maori people are the Indigenous people in New Zealand(54–56), consisting of tribes (iwi) and several related clans (hapū) (47). Maori people have been known to have journeyed via the Pacific to New Zealand approximately 1000 years ago (54). Maori people are reported to be about 15% of the 4.5 million people in New Zealand (55). Stats New Zealand reported a population of 744,800 Maori people in New Zealand as of 30 June 2018 (57).

1.4.2 Indigenous Traditional Healing:

There exists no agreed-upon definition for Indigenous Traditional Healing. Traditional healing exists in different forms, and Indigenous communities and societies have different perspectives regarding Traditional Healing practices, localized within their geographical context and culture (58). Indigenous Traditional Healing has been defined as a deeply rooted, ancient, and complex wholistic approach to healthcare and treatment of illness that is unique to Indigenous people worldwide, transferred from generation to generation for millennia (25,30). Through this holistic approach, the healing process brings all aspects of the individual "*body-mind-spirit*" to a level that provides balance and harmony to the individual (31). Indigenous traditional medicine variably incorporates medicine, singing, chanting, ceremony, external remedies, and traditional healers (30,59). Spirituality is also an important aspect of Indigenous Traditional Healing and belief, with some illness and state of health believed to have a supernatural influence (59,60).

1.4.3 Healthcare system:

According to the WHO: "[t]he healthcare system refers to the institutions, people, and resources involved in delivering health care to individuals" (61 p.105). It involves how healthcare is organized, financed, and delivered to the population in the most effectively. Healthcare system "include[s] issues of access (for whom and to which services), expenditures, and resources (healthcare workers and facilities)" (62). An essential component of the healthcare system is primary healthcare, recognized as its "front door" and foundation (63).

1.4.4 Primary healthcare system:

Primary healthcare is defined by the WHO as, "a whole-of-society approach to health and well-being centered on the needs and preferences of individuals, families, and communities" (63). The focus of primary health care is addressing the broader determinants of health, interrelating the physical, social, mental health, and wellbeing of the individual (63).

1.4.5 Policy:

The Centre for Disease Control and Prevention (CDC) defines policy as a "law, regulation, procedure, administrative action, incentive, or voluntary practice of governments and other institutions" (64). Policy plays an important role in improving the health of an individual or a group of people. Health policy supports achieving a specific healthcare goal within a community or society through decision making, planning, and taking actions (65).

1.5 Implications and Significance of the Project

Considering the lack of explicit policies regarding the support of Indigenous Traditional Healing practices in Canada, there is a need for literature that documents the ways Indigenous Traditional Healing practices can be supported within mainstream healthcare systems. The findings from this research will serve as a valuable resource for those who can effect change in practice, policy, and research. This study is a part of a larger project. The findings from this research will be presented to Indigenous Traditional Healing stakeholders to determine what aspects of Indigenous Traditional Healing support can be used to inform the support for Indigenous Traditional Healing within the mainstream healthcare system Saskatchewan.

1.6 Overview of the Thesis

The Introduction and overview of this study, including the purpose, objectives, definition of key terms, and significance of the study are presented in Chapter 1. Chapter 2 provides literature around the history of colonization in Canada, Australia, and New Zealand, the effect of colonization on the health of Indigenous people, Indigenous Traditional Healing, culturally

appropriate healthcare, and cultural safety, Indigenous and Western biomedical worldviews on health, and Indigenous health and Traditional Healing policies. Chapter 3 describes the method of the study, which includes data sources, data collection, and the strategy for data analysis. Chapter 4, the results chapter, provides an overview and summary of data from sources of evidence, data presentations, and an overview of concepts and themes derived from the analysis of data. A Detailed discussion of the derived concepts and themes is described in Chapter 5, the discussion chapter. Chapter 5 also provides the implication, limitations and, concluding remarks of the study.

CHAPTER 2.0: LITERATURE REVIEW

2.1 History of colonization of Indigenous people in Canada, Australia, and New Zealand.

The history of colonization of Indigenous people in Canada (*First Nations, Métis and, Inuit*), Australia (*Aboriginal and Torres Strait Islanders*), and New Zealand (*Maori*) by the invasion of European settlers dates back to the 1490s. Although the culture, economy, history, legal and political relations are different in these three countries, they share a similar colonial history (40). In Canada (67,68) and New Zealand (69), the initial contact between the Indigenous people and the Europeans started with a mutual trade arrangement between them ─that is the trading of blankets, clothing, fur, minerals, and other commodities for skills and knowledge from the Europeans. Unlike the Indigenous people, the Europeans used these trade opportunities to remove resources, enrich their countries and gain power (40). By planting flags and religious symbols on the lands they discovered the Europeans used the international law of "*Doctrine of Discovery*" to claim ownership and superiority of Indigenous nations (68).

The Royal Commission of Aboriginal people has outlined the history of colonization in Canada in four stages. The first stage (up to 1500 AD) was when Indigenous and non-Indigenous societies lived in "Separate worlds". Stage two (between 1500 to 1870) is defined as a stage of "contact and co-operation". During the third stage (between 1871 to 1969), the Indigenous population was forcibly displaced from their land and assimilation into "European culture". The fourth stage (from 1970 to the present), is defined as a stage of "Negotiation and Renewal" (67).

In New Zealand, the Maori had settled on the land hundreds of years before Captain Cook and his fleet arrived in Aotearoa in 1769 (68,70,71). As part of the relational agreement between the Maori people and the British settlers, the "Treaty of Waitangi" was signed in 1840. But the treaty was written in English and Maori but differently interpreted due to a variety of versions. This allowed the British to take ownership of the Maori lands (68,70), similar to what happened in Canada (67,70). The Europeans used their power to undermine the language, economic base (70), and culture of the Indigenous people (40,70).

In Australia, Captain Cook claimed Eastern Australia for the British in 1788, which was initially established as a penal colony for shipping prisoners from Britain as free laborers on sheep farms (68,70,71). There was no treaty signed between the Indigenous people and the British until the High court's 1992 Mabo decision that Indigenous people were recognized in Australia (70). The British asserted the land was unsettled before their settlement under British law (70,72) and gave limited right to the Indigenous people until "The Native Title Act" was developed in 1993 (70).

During the period of colonization, some Indigenous nations resisted colonial rule. In Canada and New Zealand, this resistance led to wars that reduced the Indigenous population and displaced them from their lands (70,73). Colonization and colonial policies also contributed to negative impacts on the health of Indigenous people in these countries (74).

2.2 Effect of colonization on the health Indigenous people in Canada, Australia, and New Zealand.

Although the Health of Indigenous people in Canada, Australia, and New Zealand vary in levels, patterns, and trends, they share similar health inequalities compared to the non-Indigenous population in these countries (12). The poor health status of Indigenous people in these countries can be attributed, to a large extent, to the impacts of colonization. Colonization had a negative impact on the health of Indigenous people in these countries (1,75) and is known as a determinant in the history of Indigenous people's health (29). During the period of colonization, Indigenous people experienced racism, marginalization, oppression, stress, grief, cultural genocide, socioeconomic losses, and psychological trauma (69,76). The health status of Indigenous people living in developed countries has been known as poor (77,78): Australian Bureau of Statistics reported the health status of Indigenous people as the worst for population groups living in a first-world country (79).

The impact of colonization of Indigenous people in Canada, Australia, and New Zealand started before, during, and after colonization. The negative impact of colonization on the health of Indigenous people started with their contact with the Europeans. The contact between the Europeans and Indigenous people led to the introduction of infectious diseases to Indigenous communities. The infectious diseases were not known to the Indigenous who lacked natural immunity against these imported diseases (17,40,72,73,76). In North America, the introduction of infectious diseases caused a massive depopulation of between 2 to 5 million people, down to

228,900 people in 1890 (40). In Canada, smallpox introduced into the Indigenous communities through contact with the European settlers led to the extinction of Beothuk (Indigenous population from Newfoundland, last member died in the 1820s), along with hunger and violent encounters with the Europeans (73). Infectious diseases introduction among the Maori population accounted for an estimated forty percent reduction of their population in New Zealand between 1769 and 1840 (40,80).

During the later stages of colonization, some government initiatives led to intergenerational trauma and mental-ill health among the indigenous people. In Canada, between 1871 and 1969, the government developed and enacted policies such as the Residential School, and "Sixties Scoops" to assimilate and take over the administration of the Indigenous population. The Indian act was passed in 1876, "[…] to govern matters pertaining to Indian status, bands and Indian reserves" (81 p.912). The residential school system forced indigenous families to send their children to residential schools run by churches to be "*Civilized and Christianized*". During this period, the children experienced hunger, diseases, and physical and sexual abuse, which predisposed them to violence, psychological trauma, low self-determination, and loss of identity and culture (18,67,70).

In Australia, children were similarly taken away from their families and placed in mission and boarding schools. Children known as "the stolen generations" were taken from their families and placed under foster care (70). Also, the government policies on reserves such as providing fewer funds to schools led to a low level of education on the reserves. The low educational status contributed to poverty and lack of basic infrastructure such as housing and overcrowding (67).

In New Zealand, Maori people experienced disruption of their economic base, culture, social networks, and food supplies by the confiscation of land through the 1840 Treaty of Waitangi. The health rights of the Maori people were not protected and improved under the treaty, contributing to the poor health status of Maori people (54). The life expectancy of Maori people at birth compared to non-Indigenous people in New Zealand is approximately 8.3 years less, with health indicators such as chronic and infectious diseases, less socioeconomic resources, and racial discrimination (82). Colonization also contributed to the loss of lands, language, identity, culture, and the use of traditional practices such as Indigenous ways of healing.

2.3 Indigenous Traditional Healing

Nearly 70% of the world's population still rely on Traditional Healing remedies despite the introduction of modern Western medicine worldwide (83). Before the use of scientific treatment, traditional and religious healing methods which included herbal medicines and rituals were used by humans in treatment, prevention, and promoting wellbeing (84). The WHO called for the recognition of Traditional Healing practices, given it is estimated that traditional medicine is used worldwide three to four times more frequently than biomedicine (68). Various Traditional Healing practices are adopted by different ethnic groups (Chinese, South Asia, Africa, Europe, North and South America, etc.) around the world. Indigenous Traditional Healing adopts a wholistic perspective to health and wellbeing, considering "a state of complete physical, mental and social wellbeing and not the mere absence of disease or infirmity" (7,85).

2.3.1 Suppression of Indigenous Traditional Healing practices

The impact of colonialism on Indigenous people included the suppression and subsequent loss of cultural and traditional practices such as Traditional Healing (7). The ban on Traditional Healing in Canada was an initiative of Duncan Campbell Scott, the Deputy Superintendent of the department of Indian affairs between 1913 to 1932. He wrote a letter to his Indian agents across the country stating that:

> "[I]t is observed with alarm that the holding of dances (healing ceremonies) by the Indians on their reserves is on the increase, and that these practices tend to disorganize the efforts with the Department is putting forth to make them self-supporting." (16 p.4)

Following that statement, traditional cultural events such as potlatch and sun dance were banned among First nation people and deemed a criminal offense (76). Similarly, in New Zealand, the Tohunga (Maori Traditional healers) suppression law was enacted to prevent their activities (16,17). In 1899, law enforcers were informed to bring Tohunga to justice as Maori traditional healers were increasing in numbers, becoming assertive, and disturbing the mind of the Indigenous people (17).

As discussed earlier, the spread of infectious diseases among Indigenous people from contact with the European settlers, also led to the suppression of Indigenous Traditional Healing. The European settlers were familiar with these diseases and knew how to treat and/or prevent them. Indigenous healers, lacking knowledge about these diseases, had challenges treating their infected people, which led to the Indigenous people seeking treatment from the European settlers. The European settlers took advantage of the Indigenous healer's inability to cure their

people during the infectious disease epidemics to undermine their beliefs, traditions, and medicine (70). More recently Indigenous people have successfully begun to reclaim their tradition and cultural practices, including Traditional Healing.

2.3.2 Resurgence and contribution of Indigenous Traditional Healing practices to Indigenous health and wellbeing

The reclaiming of Traditional Healing practices and Traditional Healing systems that predate contact with the Europeans has been facilitated by the various Indigenous societies; Indigenous people have resurrected and liberated their healing practices after years of colonialization (59,86).

Among the Maori people, there were established Traditional Healing institutions (*Whare Wananga*) and graduates (*Tohunga*). Tohunga were respected and given higher positions in their communities before they were challenged by the Western biomedical approach and Tohunga suppressing Act in 1907. Although the Act was abrogated in 1964, there has been less interest in the Maori Traditional Healing practices over the last two decades in New Zealand (16). Factors that played against the resurgence of the Maori Traditional Healing practices include the government's refusal to offer help to them, a lack of appropriate culture, and expensive medical care by hospitals. However, there has also been a significant increase in the number of Maori in the field of research on healing, an indication that Maori knowledge on health and healing is gaining recognition (70). The Maori Traditional healing model incorporated several aspects of health, such as mental, thoughts, and feelings "Taha Hinengaro", family and relationships "Taha Whanau", and the spiritual side "Taha Wairua" and the physical side "Taha Tinana" (69).

The Canadian study on understanding the level of involvement of First Nation students with Traditional Healing practices by Wyrostok & Paulson (87) reported that 80% had at least experiences with some specific healing practices, 45% and 46.5% participated in the sweat lodge and prayers ceremonies, respectively, and almost half used herbal medicine. Also, a study conducted by the Cariboo Tribal Council in British Columbia regarding residential school experience among First Nations showed that 45% and 41% of the participants contacted? consulting elders and accessed sweat lodge ceremonies for mental health services respectively, with about 75% endorsing traditional native healing as a mental health resource (87). In Australia, Indigenous traditional women healers have been recently leading the renaissance of

Traditional Healing, while Ngangkari healers gained official recognition and support in communities due to the emergence of Indigenous mental health movements (1).

Traditional Healing practices have been used in the correctional services in Canada to support the integration of offenders into the community (21–23). Correctional Services Canada (CSC) operate healing lodges (under section 81 of the Corrections and Conditional Release Act (CCRA) respond to CSC's legislative mandate) to address the spiritual wellbeing and criminogenic needs of Indigenous offenders, thereby contributing to public safety (23). For example, Traditional Healing practices were identified as beneficial by a therapist in a study with Indigenous sex offenders (21). Considering the resurgence, increased utilization, and the recognition of the positive impact of Indigenous Traditional Healing among Indigenous people, there is a need for support of Indigenous Traditional Healing practices within the mainstream healthcare system, through the provision of culturally appropriate healthcare.

2.4 Cultural appropriate healthcare, cultural safety, and cultural humility

Indigenous people and communities seek culturally appropriate healthcare. However, the difference between mainstream Western biomedical culture and Indigenous culture, especially in regards to health beliefs, often makes it difficult for non-Indigenous health professionals to provide healthcare to Indigenous patients (59,88). There are reports of nonadherence to Western treatment by Indigenous clients. The lack of recognition and knowledge on cultural beliefs, the interpretation of illness and wellness, and the use of Traditional Healing practices have also been argued as reasons for nonadherence to Western treatment by Indigenous people (88). Most often the nonadherence has been influenced by institutional racism (75), stigmatization, language difficulties, intimidation, harassment, and deep fear (75,89).

A study in New Zealand on Indigenous hospital experience found that the health environment tends not to be culturally safe for Indigenous people due to the approach used as opposed to the eco-spiritual wholistic worldview accepted by the Indigenous communities (75). Cultural safety was instigated in the 1990s in Aotearoa due to reports of health inequalities encountered by Maori people and racist care provided by some healthcare providers (74). The concept of cultural safety helps to ensure that the Indigenous patients are relieved from the burden of cultural adaptation (32).

Cultural safety can be promoted through cultural humility and competency training. Cultural humility is defined by the First Nations Health Authority (FNHA) as “a process of self-

reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust"(90). Cultural humility helps build a trustworthy and honest relationship between the caregiver and the patient, as the caregiver humbly acknowledges, understands and, is ready to learn the beliefs and experiences of the patient (90,91). The goal of cultural competence in teaching healthcare professionals especially non-Indigenous ones about the belief, history, and practices of Indigenous people. Therefore, healthcare professionals can provide care in a manner that makes Indigenous patients feel safe, respected, and understood (29,92). A culturally safe environment free of racism and stereotypes, with recognition of patients beliefs and socioeconomic conditions and respectful communication helps to build mutual trust between Indigenous patient's and healthcare professionals (92).

Almost half of the Indigenous people in Canada live in urban areas. It is shown that the efforts to increase cultural competency have built trust between the caregivers and Indigenous patients in urban health centers (92). To assist health professionals in cross-cultural interactions with Indigenous patients, it is required that health professionals appreciate the Indigenous model of the causation of illness, including the supernatural interventions, different treatment options, and the key role of traditional healers (59). To promote cultural safety some programs have been developed in Canada, such as an online Cultural Competency Training Program launched in British Colombia, "Patient Navigators" in both Manitoba and Newfoundland and Labrador. The goal of these programs is to act as a bridge and provide support for Indigenous people and caregivers and the establishment of an Aboriginal Home Care Project (92).

The belief system of patients plays a significant role in the acceptance of the kind of care provided by the care provider and the efficacy of the treatment provided to them (30). In the provision of efficient healthcare and treatment and identification of key cultural beliefs and practices, different worldviews on health and wellbeing must be considered. Failure to do so has been a significant barrier in the recognition, support, and provision of culturally appropriate healthcare to Indigenous people and risks compromising the goal of effective care provision (24,74).

2.5 Indigenous worldviews to health

If the circumstances in which [Indigenous] people express their Worldview are controlled by persons with a different view of reality, and those in control are unwilling to acknowledge or

accommodate [Indigenous] ways, the scene is set for conflict or suppression of difference (6 p.12)

As "[w]orldview affects the questions we ask, the manner by which we seek, process, and organize information, and how we interpret its meaning" (93 p.164). Indigenous worldviews have been known to be significantly different from the Western biomedical worldview to health, although both worldviews adopting a wholistic approach to the health and embracing other aspects that contribute to health and wellbeing of an individual. The differences in worldview have contributed to how health is perceived and delivered within the Western biomedical and Indigenous models, considering the differences in epistemologies and ontologies (1,26,28,29,59,86,94).

The main focus of the Western biomedical model of healthcare delivery has been the treatment of illness within the mainstream healthcare system. Within a healthcare delivery system that adopts the biomedical model to healthcare delivery, other aspects of the wholistic model of health such as spirituality and social determinants of health are often provided outside of the paid mainstream healthcare system. Also, the Western biomedical healthcare system most often adopts a reductionist approach (*separation of mind, body, and spirit*); analyses the body in terms of parts; and sees disease from the molecular and cellular view as the malfunctioning of biological mechanisms (94). In contrast to the Western biomedical worldview, Indigenous worldviews argue for all aspects of health to be dealt wholistically within the mainstream healthcare delivery system. Within the Indigenous model of health and healthcare delivery, there is no separation between the mind, body, and spirit in contrast to the biomedical reductionist approach. (94). Also included within the Indigenous wholistic model of care are the cultural and spiritual; traditional medicines; spiritual guidance and individual counseling, traditional healing circles as group therapy; ceremonial healing methods, and Indigenous cultural experts such as knowledge keepers, ceremonialists, herbalists, traditional healers and spiritualist (6).

Indigenous worldview considers the patient's wider environment during treatment and healing (95). The health beliefs of Indigenous people are interconnected with all aspects of their lives, including land, culture, extended family, and kinship obligations. Therefore, the healing process is built on an inherent rationale of disease causation, ways to avoid it, and the appropriate treatment required (94). The sociodynamics of Indigenous health belief's emphasizes harmony with balance, harmony, and social dysfunction leading to sickness; the wellbeing of an

individual is dependent on their effectiveness in discharging their obligations to the land and their society (59,70,87). Wellbeing is associated with adherence to culturally appropriate behavior, lifestyle, and preventive measures. These include:

> [A]voiding certain foods which are prohibited during ceremonies or life crises; obeying ritual prescriptions and taboos; taking care not to abuse one's land or trespass on the territories of others; avoiding prohibited sacred sites or approaching them with ritual protection; observing debts and obligations to others; containing anger, violence or jealousy; exercising caution in interactions with strangers (59 p.232).

Therefore, the notion that the etiology of the disease has an impact on the outcome of treatment, is considered in the healing process within the Indigenous worldview (60).

Also, Indigenous Healing models incorporate the healer's observations, patient informed diagnosis, spirituality, and rituals such as dream interpretation and casting of bones. (84). The main ideology of Indigenous culture is that humans are not the central part of creation but form part of it and that all entities including plants, animals, and inanimate objects possess their spirit. This ideology is demonstrated by ceremonies such as communicating with the spirit world through the burning of sweetgrass, spiritual cleansing through sweat lodges, and the renewal of life during rain (thirst) dance (48). Spirituality has been reported to play a vital role in Indigenous mental health (69). Within the Indigenous worldview, some illnesses are considered to be "*Folk illness*" with the belief that they are rooted in the population's culture and can only be cured by culturally appropriate interventions (96). Also, some illnesses are perceived as a result of "*loss of personal power*" by the intrusion of a spirit, which has weakened the body's resistance to illness (30). Therefore, the need for spiritual and ritual interventions in the identification and removal of the intrusion.

To Indigenous Traditional Healers and Indigenous people's spirituality means more than religious value, it speaks to the mystical. The impact of spirituality would be difficult to assess by western research methods of basing therapeutic effects on measurable outcomes. Perhaps qualitative methodologies could be better to assess the inherent effect of spiritual therapy. The interaction between spirituality and rituals, successful treatment forms, and cognitive processes have been observed. This interaction has been demonstrated by the observed biochemical and neuro-physiological changes to various Indigenous treatment plans, in people involved ritualized ceremonies (30). However, the Western biomedical healthcare delivery system often sees this

supernatural component of Indigenous Healing practices to be alien and hardly acceptable to the modern evidence-based practice (97). Hence strong cultural and spiritual aspects of Indigenous Healing practices have been disregarded and thought to be of little to no value within the Western biomedical healthcare delivery system (30).

Without considering all aspects of Indigenous worldview to health in the provision of healthcare within the mainstream healthcare system, the Western biomedical worldview on health is seen to be poorly equipped to provide the necessary healing services to the Indigenous client, such as mental health (30,95). Most of the research done in Indigenous mental health has focused on the Western way of knowing, with limited contribution from an Indigenous approach (29). The concept of interdependence on family and environment in Indigenous worldview can be explained by the concept of historic trauma and soul-wound ("a rupture of relationships of inter-related beings (i.e. colonizer and colonized) which affects both sides and all other relations – including the land itself") (94 p.15). The theory of historical trauma argues that people can be traumatized by events that happened before their birth, considering the relationship that exists between the individual's experience with the history, social and economic environment (70). However, within the Western biomedical model, historic trauma is classified as Posttraumatic stress disorder (PTSD) and defined as an anxiety disorder conditioned by emotional responses to fear of an external event (94). Most often this western approach to treatment has failed (98) to achieve positive results. Also, regarding other conditions such as cancer, Maori women have been reported to be 1.3 times more likely to be diagnosed and twice likely to die from breast cancer than non-Maori women; and two times likely to be diagnosed and four times as likely to die from cervical cancer (74). McGrath et al's. insights on Indigenous people's views of cancer in Australia argued that within the Indigenous worldview there is no Indigenous word for cancer and the etiology of cancer is understood as a payback back for misdeeds. Therefore, the treatment of cancer has to be examined within a historical, socio-political, and cultural context of Indigenous worldview than biomedical, as it often makes them reluctant to seek treatment (60).

There is a need to understand and recognize the dynamic wholistic worldview in the provision of health to Indigenous patients within the mainstream healthcare system (26,59,92). This can be achieved by the implementation of policies and programs that support Indigenous worldviews and Traditional Healing practices within the mainstream healthcare system.

2.6 Indigenous Health and Traditional Healing policies

The World Health Organization recommended that government-sponsored health programs support Indigenous Traditional healing practices in the WHO Alma Ata declaration on primary healthcare in 1978 (7). The recommendation included the promotion and development of research and training related to traditional medicine (97). Over the years, there have been several approaches to improve and support Indigenous health in Canada, Australia, and New Zealand, influenced by the various healthcare system structures. This includes legislation, policies, and programs dating from the colonial era to date.

2.6.1 New Zealand

The 1956 Health Act in New Zealand gives the Ministry of Health the function to promote, improve and protect the health of the people of New Zealand, including Indigenous people (41,99). To achieve the best outcomes for Maori people The "*He Korowai Oranga framework*" (Figure 2.1) was developed by the New Zealand Ministry of Health (100). Significant components of the framework include healthy futures (*Pae Ora*), built on the initial foundation of healthy families (*Whānau Ora*) to include healthy individuals (*Mauri Ora*) and ahealthy environment (*Wai Ora*) (41,100). Key features of the framework include one overall aim of achieving the best health outcome for Maori people with three elements to act upon, two directions to harmonize, three key threads to prioritize, four pathways to implement, and six core principles to guide the strategy (41).

Figure 2. 1 The He Korowai Oranga Framework

With regards to Traditional Healing, the New Zealand department of health in 1987 issued guidelines for interactions by healthcare providers with Traditional healers, leading to the establishment of the National Board of Maori Traditional Healers in 1992 (16). New Zealand has also responded to the international policy discussion on the role of Traditional Healing in primary healthcare and community development through various initiatives including:

(i) Increasing the number of Maori people in the Western healthcare work force

(ii) culture and society courses in the curricula of health professionals

(iii) establishing marue-based programmes in primary healthcare

(iv) establishing community health workers

(v) formalizing some collaboration between Western health professionals and Traditional healers

(vi) recruiting and training traditional healers as community health workers

(vii) establishing special arrangements for Maori health research and

(viii) updating compilations of native flora and marine products (101 p.150).

2.6.2 Australia

Similar to New Zealand, the 1953 National Health Act in Australia functions in the provision of a hospital, pharmaceutical, and dental services to the people of Australia, including Indigenous people (41,102). However, an Aboriginal Community-Controlled Health Services (ACCHS) movement was later formed due to the state's failure to provide adequate services to Indigenous people. The movement led to the shift of Indigenous health from state to the Commonwealth government in the early 1970s and then to the Commonwealth Department of Health in 1995 (42). To improve the health and wellbeing of Indigenous people in Australia, the Australian Government in 2008, established a framework (Figure 2.2) with six ambitious targets to close the disadvantaged gap between the Indigenous and non-Indigenous people (103). The key features of the framework include an overall aim, four guiding principles, twelve priorities of action that have culture as a central point, and three steps for implementation (41). The overarching goal of the framework is contribute to achieving equality in health status and life expectancy of Indigenous people in Australia by 2031 (103).

In Australia, there exists no national governmental organization(s) for Indigenous Traditional Healing. The latest response includes the development of a National Aboriginal and Torres Strait Islander Health Plan to increase the inclusion and recognition of Indigenous Traditional medicine in the health plan (7). A study in Australia demonstrated that in 2010- 2011 participating Aboriginal and Torres Strait Islander biomedical facilities that were receiving funds from the Office of Aboriginal and Torres Strait Islander Health (OATSIH), had 17% providing Traditional healer services and 12% providing bush medicine services (7). The "an amalgam of the roles of doctor, spiritual advisor and psychiatrist in Western society" by the 1979 Australian Commonwealth government recommended the involvement of Traditional healers in healthcare delivery, expressed in Principle 7 of the 2014 West Australian Mental Health Act (1).

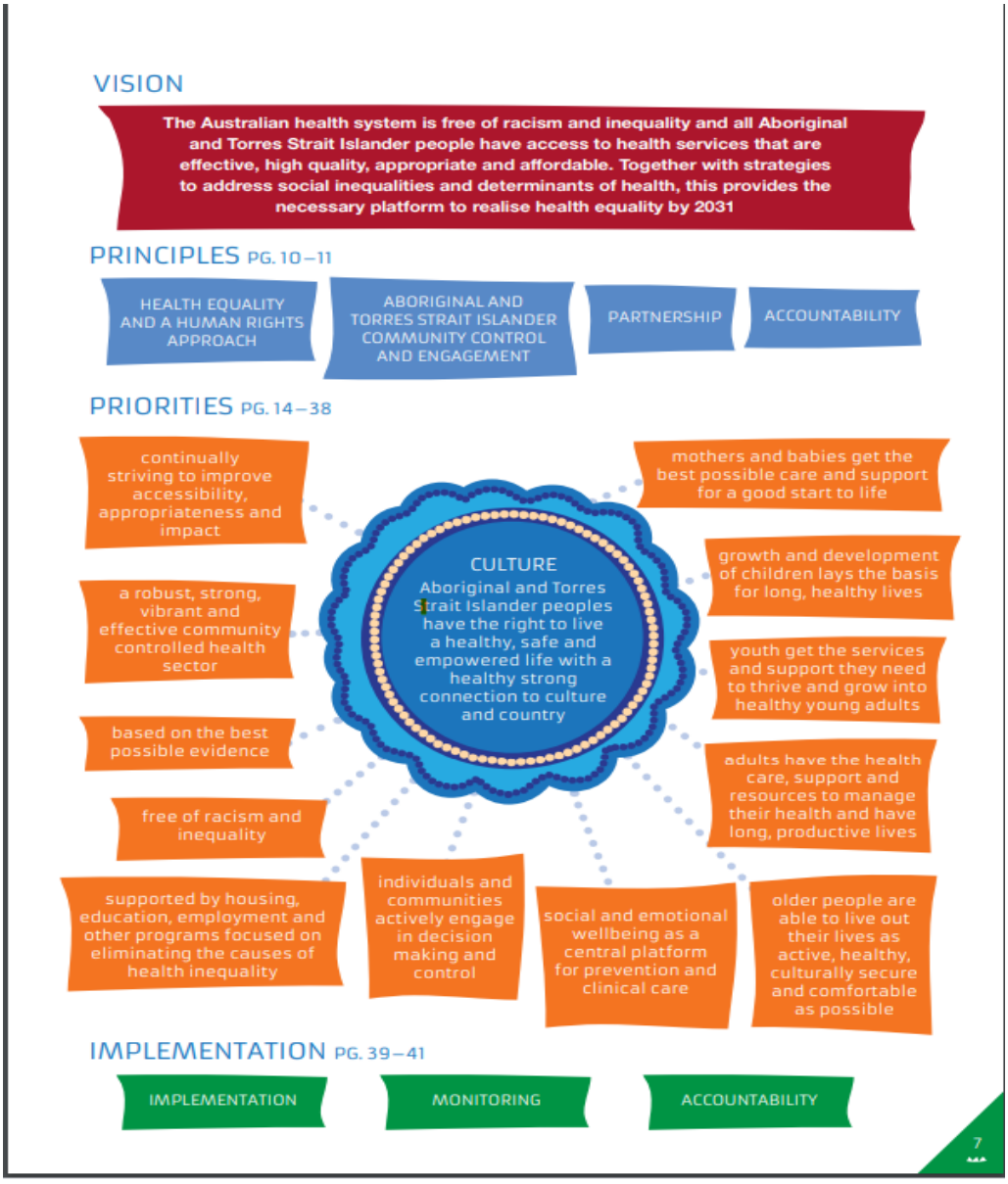

Figure 2. 2 Indigenous Health Framework

2.6.3 Canada

Unlike the Australian and New Zealand healthcare system, the Canadian health system is complicated by a multiplicity of authorities responsible for healthcare programs and services. It has a complex patchwork of policies, legislation, and relationships from the federal, provincial, territorial, private, and municipal government authorities that govern the health of Canadians (36). The 1984 Canada Health Act outlines the powers and division of responsibilities in healthcare delivery by the federal, provincial, and territorial governments (33). Healthcare services such as hospital, physician, and public health programs are provided to all Canadians by

the provinces, including that of First Nations and Inuit, except for Indigenous people on-reserves, who are under the federal government's jurisdiction (104).

The legislation and policy regarding Indigenous health dates from the 1867 British North America Act that created ambiguity over Indigenous health by putting Indian affairs under federal jurisdiction (36,105). Treaty 6 signed in the mid-prairies of Alberta and Saskatchewan remains the only treaty with a written medicine clause as part of the negotiation between the First Nations and the government of Canada. This treaty was signed in 1876 stating "[t]hat a medicine chest shall be kept at the house of each Indian Agent for the use and benefit of the Indians at the direction of such agent (106). The Indian Act in 1876, failed to provide clarity on the legislative authority of the federal government, although having included a health-related provision (36). Since then, there have several legislations, policies, and programs regarding Indigenous health in Canada. These include the 1979 Indian Health Policy, 1989 Health Transfer Policy, First Nations Inuit Health Branch (FNIHB) and Non- Insured Health Benefits, and cross-jurisdictional mechanisms (Intergovernmental Health Authority).

2.6.3.1 The 1979 Indian Health Policy

Through a two-page document, the 1979 Indian health policy describes the relationship between the Indigenous people and the federal government, while recognizing the lower health status of Indigenous people (33,107). Stating:

> The Federal Indian Health policy is based on the special relationship of the Indian people to the Federal Government, a relationship which both the Indian people and the Government are committed to preserving. It recognizes the circumstances under which many Indian communities exist, which have placed Indian people at a grave disadvantage compared to most other Canadians in terms of health, as in other ways (108 p.1).

The Indian health policy seeks to build the health of Indigenous communities on three pillars, that is community development, traditional relationship with the Federal government, Canadian Health system, and an objective to end the tragedy of Indigenous ill-health in Canada (107).

2.6.3.2 The 1989 Health Transfer Policy

The Health Transfer Policy, introduced in 1989 ushered in ways for individual Indigenous communities to take control of community-based services and negotiate with the federal government directly for community-based services and some regional programs (33,36). The health transfer policy has helped Indigenous communities to create and implement

appropriate community health programs while employing a majority of their staff for their healthcare provision. This policy has also helped to provide culturally appropriate healthcare, created a sense of self-determination and empowerment, employment opportunities, increased community awareness, and subsequently improved the community's health status (36). The health transfer policy is negotiated by federal and provincial governments based on the Canada Health Act for criteria and conditions for health insurance programs (33).

2.6.3.3 First Nations Inuit Health Branch (FNIHB) and Non- Insured Health Benefits

The federal government provides health services primarily to "status Indians" living on reserves and Inuit living on territories through the First Nations and Inuit Health Branch (FNIHB). The FNIHB provides non-insured health benefits for services such as dental, optometry, and prescription services (33,36,104,109). The program also provides other services such as mental health counseling, equipment and medical supplies, and medical transportation for health services that are not available on reserves (109). Community health clinics on-reserves are funded by The First Nations and Inuit Branch of Health Canada, including hospitals such as those at Fort Qu'Appelle and Battleford in Saskatchewan (48).

2.6.3.4 Cross-Jurisdictional Mechanisms

The Cross-Jurisdictional Mechanism is a policy framework that brings together stakeholders such as Indigenous organizations, federal and provincial government departments to help bridge jurisdictional gaps (36). Examples include the Aboriginal Health and Wellness Strategy (AHWS) which is the most comprehensive Indigenous health policy. Developed in 1994 by Ontario to assist the Ministry of Health in response to Indigenous priorities, AHWS provides support, reallocate resources, and improves interaction to support wholistic approaches to health (34,36). The Tripartite First Nations policy framework in British Columbia addresses the needs of only First Nations but not the other Indigenous groups, similar to the framework developed in Nova Scotia (36). Others include the Manitoba Inter-Government Committee on First Nations Health and the Saskatchewan Northern Health Strategy (36).

2.6.3.5 Intergovernmental Health Authority

Intergovernmental health authorities are created through self-government agreements or federal-provincial partnerships. Examples include the Athabasca Health Authority (34,36) and the James Bay and Northern Quebec agreement (36). The Northern Intertribal Health Authority

(NITHA), which is the first of its kind is funded from a contribution agreement with FNIHB. NITHA collectively represents almost half of First Nations in Saskatchewan through a partnership with Meadow Lake Tribal Council, the Peter Ballantyne Cree Nation, Prince Albert Grand Council, and the Lac La Ronge First Nations (34,36). In British Columbia, the creation of the First Nation Health Authority enabled First Nations to manage and provide healthcare based on their health perspectives through the Transformative Change Accord (15,33,110).

The ability of Indigenous people and communities to manage and provide healthcare based on their perspectives demonstrates the need for their involvement in health policies and a decision-making process. The Assembly of First Nations (AFN) tabled the First Nations Wholistic Policy and Planning Model, emphasizing the importance of self-government as the underpinning framework for the wellbeing of Indigenous people (111). The model proposed a collaborative work by all governments within Canada towards "Closing the Gap" over the next ten (10) years in health and wellbeing among First Nations and Canadians (111). The model is composed of five concentric circles, which include the medicine wheel; the lifespan circle; the self-government circle; the health determinant circle; and the social capita circle (41).

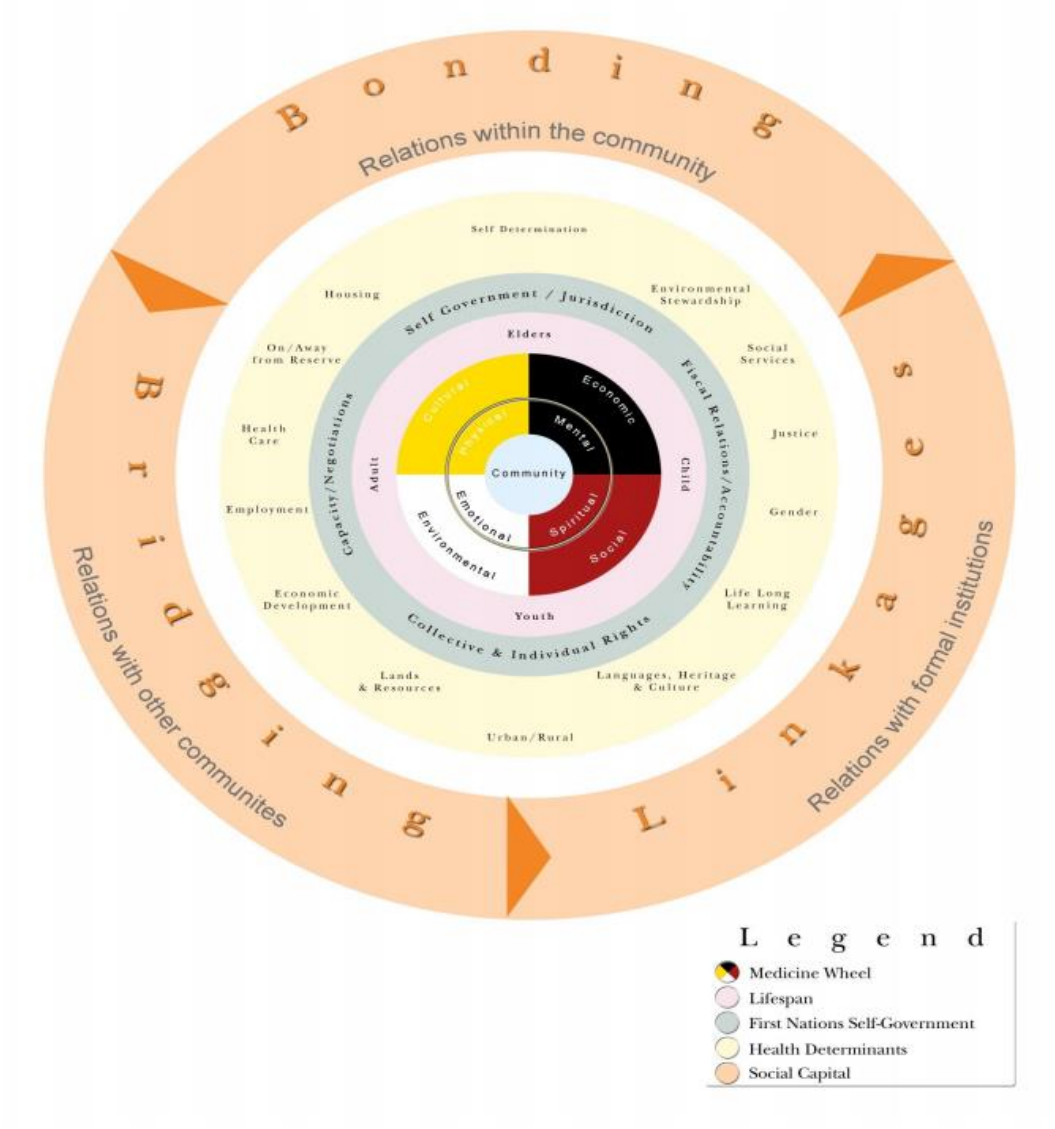

Figure 2. 3 First Nations Wholistic Policy and Planning Model

2.6.4 Saskatchewan

The Saskatchewan Health System governing bodies comprises of the Regional Health Authority, the Saskatchewan Cancer Agency, and the Athabasca Health Authority. These authorities are interdependent and interconnect with other key partners such as Minister and Ministry of Health; Provincial and Federal governments; Healthcare Organizations (HCOs); and other major partners such as Health Quality Council, Saskatchewan Association of Health Organizations (SAHO), and the people of Saskatchewan. All these key partners are interconnected through partnership and relationships with each other (112).

With regards to Indigenous health, the First Nations and Métis Health Service, which function under the Saskatchewan Health Authority (SHA) aid First Nations and Métis patients to navigate the health system in Saskatchewan. These include advocacy for cultural competence, translation and interpretation of medical issues, facilitation of medical care, coordination and liaison, and Elders to provide Traditional Healing support and guidance (113). In 2010, a memorandum of understanding between Saskatoon Regional Health Authority and Aboriginal Health Council was signed, with the purpose of closing the disadvantaged gap and improving the health of Indigenous people in Saskatchewan (6). Through partnership Central Urban Métis Federation Inc and the Kinistin Saulteaux Nation, First Nations and Métis Health Strategy 2010-2015 was developed to improve indigenous health over the five years (113). The First Nations and Métis Health Strategy 2010-2015 report "Strengthening the Circles" made the following recommendations regarding Indigenous Traditional Healing to improve Indigenous health:

1. Create a greater understanding of traditional medicines and a process for integrating these into the current healthcare system.
2. Increase opportunities for Aboriginal Elders and healers working within the current medical and health system.
3. Create a workplace where physicians and medical teams respect and work with traditional healers (a shift in thinking which involves placing more credibility on traditional forms of treatment and creating an open and respectful dialogue about the traditional forms of medicines used by Aboriginal patients).
4. Provide opportunity for Aboriginal healers and medical practitioners to develop more collaborative relationships with each other.
5. Respect for the various Aboriginal groups approach to traditional medicine and the individual's choice to integrate traditional medicine into the care experience. Each Aboriginal group has their own set of teachings and ways that need to be acknowledged and respected.
6. Respect the various spiritual and traditional teachings and provide culturally appropriate space for Aboriginal people to practice ceremonial rituals on site.
7. Incorporate a holistic approach to medicine within the care experience.
8. Develop a palliative care model - incorporate traditional protocol within the afterlife experience (6 p.16)

2.7 State of literature on the support for Indigenous Traditional Healing within the mainstream healthcare system: The gap

As evident from the literature review, there have been several legislations, policies, and programs regarding the health of Indigenous people in Canada, Australia, and New Zealand. However, there exist limited evidence on explicit legislations, policies and programs that support Indigenous Traditional Healing within the mainstream healthcare system. Despite the development of some strategies (32,34) and scattered examples (114,115) of documents and services that aim to address the support of Indigenous Traditional Healing practices into mainstream healthcare system. There is no state of literature on the extent healthcare systems are supporting Indigenous Traditional Healing, or how these supports are translated to a health policy.

A preliminary literature assessment alluded to the lack of clarity on how Indigenous Traditional Healing is supported through policies and programs, within mainstream healthcare system in Canada, Australia, and New Zealand. The results from the search did not show any scoping reviews and systematic reviews that studied the extent to which Indigenous Traditional Healing is supported in the healthcare systems in Canada, Australia, and New Zealand. Searches were conducted from databases such as Cochrane (8th May 2020); Public Health database (9th May 2020); Ovid (Medline, Global Health, Embase) 9th May 2020; iPortal (9th May 2020); Web of Science (9th May 2020); and google scholar 8th and 9th May 2020).

Given the evidence of the positive impact of Indigenous Traditional Healing to the health and wellbeing of Indigenous people, the various calls and recommendations, and the call for cultural appropriate healthcare by Indigenous people and communities, there is a need for explicit legislations, policies and programs that support Indigenous Traditional Healing within the mainstream healthcare system. This study seeks to explore ways Indigenous Traditional Healing practices have been supported in the mainstream healthcare system, close the literature gap, and provide valuable resource for those who can effect change in policy, practice, and research

CHAPTER 3.0: METHODOLOGY AND METHODS

A scoping review was conducted using secondary data from the literature on how Indigenous Traditional Healing has been supported in Canadian, Australian, and New Zealand health care systems. The process for this scoping review was guided by the PRISMA (Preferred Reporting Items for Systematic reviews and Meta-Analysis) Extension for Scoping Reviews as described by Tricco et al (39). This study followed the systematic process of defining eligibility criteria for studies to be included, developing search strategies, identifying information sources, selecting sources of evidence, developing a data chatting form, extracting data items, and synthesizing results.

Despite adopting a Western methodological approach for this study (39), the following various steps were taken to adopt the Indigenous research methodology for this study (2,116).

1. Consultation with an advisory committee consisting of Indigenous researchers (within the thesis committee) and consultation with Community Elders, Knowledge Keepers, and patient family advisors (within the bigger project).
2. Consideration of the many communities and languages that are inclusive of the Indigenous communities of Canada (117), Australia, and New Zealand (47).
3. Not critically appraising articles included in the study as adopted in Indigenous methodology.
4. Finally, incorporating advisory committee suggestions for selecting appropriate knowledge dissemination methods for the findings of the study.

3.1 Method

3.1.1 Eligibility Criteria

The eligibility criteria below were set for articles to be included and excluded for this scoping review.

3.1.1.1 Inclusion criteria

1. Literature related Indigenous Traditional Healing policies, programs, and services within the mainstream healthcare system in Canada, Australia, and New Zealand.

2. Literature in the English language due to the language limitation
3. Literature available in full text and readily accessible

3.1.1.2 Exclusion criteria

1. Literature related to only the description of Indigenous Traditional practices.
2. Literature related Indigenous Traditional Healing policies, programs, and services within the mainstream healthcare system outside Canada, Australia, and New Zealand.
3. Clinical trials and quantitative studies with the Indigenous population as a portion of the study or the population of interest
4. Literature not written in the English language
5. Literature not available in full text and readily accessible

3.1.2 Search strategy

The search strategy for this study was guided by the Population/Concept/Context (PCC) framework recommended by Joanna Briggs Institute (JBI) reviewer's manual (118). Search terms were derived based on keywords informed by the defined PCC below for Canada, Australia, and New Zealand, and demonstrated in Table 3.1, Table 3.2, and Table 3.3 respectively. Search terms were derived in consultation with a librarian.

3.1.2.1 Population: Indigenous people of Canada, Australia, and New Zealand.

The population of interest in this review includes First Nations, Inuit, and Métis in Canada [to remain conclusive with these terms, the search terms was inclusive of the terms recognized and included in Indigenous search filters developed by the University of Alberta Library (117)], Maori people of New Zealand [inclusive of the various tribes (iwi) and several related clans (hapū)], and the Aboriginal and Torres Strait Islander of Australia.

3.1.2.2 Concept: Support for the Indigenous Traditional Healing practices

For this study, support for Traditional Healing pertained to any attempt to provide, promote, and/or the availability of Traditional Healing practices to Indigenous peoples, within the mainstream healthcare system. These include but are not limited to policies, programs, services, frameworks, and guidelines.

3.1.2.3 Context: Mainstream Healthcare System

The context for this study focused aspect of the mainstream healthcare systems within which Indigenous Traditional Healing practices are supported. These include but are not limited to acute care, primary healthcare, specialist services, funding, etc.

Table 3. 1 *Derived search terms for Canada*

CONCEPT	KEYWORDS
INDIGENOUS	north American Indian OR inuits OR indigenous OR ethnopharmacology OR athapaskan OR saulteaux OR wakashan OR cree OR dene OR inuit OR inuk OR inuvialuit* OR haida OR ktunaxa OR tsimshian OR gitsxan OR nisga'a OR haisla OR heiltsuk OR oweenkeno OR kwakwaka'wakw OR nuuchahnulth OR nuu PRE/1(chah) OR tsilhqot'in OR dakelh OR wet'suwet'en OR sekani OR dunne-za OR dene OR tahltan OR kaska OR tagish OR tutchone OR nuxalk OR salish OR stl'atlimc OR nlaka'pamux OR okanagan OR secwepmc OR tlingit OR anishinaabe OR blackfoot OR nakoda OR tasttine OR tsuut'inia OR gwich'in OR han OR tagish OR tutchone OR algonquin OR nipissing OR ojibwa OR potawatomi OR innu OR maliseet OR mi'kmaq OR micmac OR passamaquoddy OR haudenosaunee OR cayuga OR mohawk OR oneida OR onodaga OR seneca OR tuscarora OR wyandot OR aboriginal* OR indigenous* OR metis OR (red PRE/1 (road)) OR "on reserve" OR off-reserve OR (first PRE/1(nation OR nations)) OR amerindian OR (urban PRE/3 (indian* OR native* OR aboriginal*)) OR autochtone* OR (native* PRE/1 (man OR men OR women OR woman OR boy* OR girl* OR

	adolescent* OR youth OR youths OR person* OR adult OR people* OR indian* OR nation OR tribe* OR tribal OR band OR bands))
CANADA	(Canada or (Canad* or British Columbia or Columbie Britannique or Alberta or Saskatchewan or Manitoba or Ontario or Quebec or Nova Scotia or New Brunswick or Newfoundland or Labrador or Prince Edward Island or Yukon Territory or NWT or Northwest Territories or Nunavut or Nunavik or Nunatsiavut or NunatuKavut)))
TRADITIONAL HEALING	(((traditional AND (medicine*) AND NOT (chinese))) OR shamanism OR shaman* OR traditional AND heal* OR traditional AND food* OR medicine AND man OR medicine AND woman OR autochtone* OR ethnomedicine OR country AND food* OR herbal AND medicine OR healer)
SUPPORT	incorporat* or includ* or integrat* or inclus* or facilitat* or adopt* or implement* or acknowledg* or collab* or pathway* or support*)
POLICY	(Health* AND Policy) or (Health* AND delivery) or (delivery AND health care) or program* or (delivery and health care) or (health* AND manag*) or (Health* AND service*) or (care PRE/1(model*))

Table 3. 2 *Derived search terms for Australia*

CONCEPT	KEYWORDS
INDIGENOUS	aborigin* OR indigenous OR "Torres Strait Island*" OR "Torres Straight Island"
AUSTRALIA	Australia OR "New South Wales" OR Victoria OR Queensland OR "Western Australia" OR "South Australia" OR Tasmania
TRADITIONAL HEALING	(((traditional AND (medicine*) AND NOT (chinese))) OR shamanism OR shaman* OR traditional AND heal* OR traditional AND food* OR medicine AND man OR medicine AND woman OR autochtone* OR ethnomedicine OR country AND food* OR herbal AND medicine OR healer)
SUPPORT	incorporat* or includ* or integrat* or inclus* or facilitat* or adopt* or implement* or acknowledg* or collab* or pathway* or support*)
POLICY	(Health* AND Policy) or (Health* AND delivery) or (delivery AND health care) or program* or (delivery and health care) or (health* AND manag*) or (Health* AND service*) or (care PRE/1(model*))

Table 3. 3 *Derived search terms for New Zealand*

CONCEPT	KEYWORDS
INDIGENOUS	aborigin* OR indigenous OR Maori

NEW ZEALAND	"New Zealand" OR "Bay of Islands and Northland" OR "Raupehu" OR wellington OR Dunedin OR Queenstown OR Auckland OR "Bay of Plenty" OR "The Coromandel" OR "Hamilton-Waikato" OR taranaki OR whanganui OR Eastland OR "Hawke's Bay" OR Manawatu OR Wairarapa OR "Nelson-Tasman" OR Marlborough OR "West Coast" OR "Christchurch-Canterbury" OR "Central Otago" OR Waitaki OR Clutha OR Wanaka OR fiord land OR southland OR "Stewart Island-Rakiura" OR "Chatham Islands"
TRADITIONAL HEALING	(((traditional AND (medicine*) AND NOT (chinese))) OR shamanism OR shaman* OR traditional AND heal* OR traditional AND food* OR medicine AND man OR medicine AND woman OR autochtone* OR ethnomedicine OR country AND food* OR herbal AND medicine OR healer)
SUPPORT	incorporat* or includ* or integrat* or inclus* or facilitat* or adopt* or implement* or acknowledg* or collab* or pathway* or support*)
POLICY	(Health* AND Policy) or (Health* AND delivery) or (delivery AND health care) or program* or (delivery and health care) or (health* AND manag*) or (Health* AND service*) or (care PRE/1(model*))

3.1.3 Information sources

The following databases were searched from December 2019 to July 2020 to identify potentially relevant studies: The Cumulative Index to Nursing & Allied Health Literature (CINAHL), Medline, Embase, Web of Science, Public Health, Global Health, and iPortal for indigenous related research. For grey literature information sources, websites of the following key government, statutory and non-statutory agencies were searched: WHO, Government of Canada and Health Agencies, Federation of Sovereign Indigenous Nations (FSIN), Métis Nations, Ministry of Health (Canada, Australia, New Zealand); Australian and New Zealand Government and Health Agencies and google for other related websites. Cherry-picking from references of identified studies was conducted to identify potentially relevant studies missed during the search process.

3.1.4 Search

Considering the database platform in which the search was conducted, the search terms were amended, such as the use of MeSH terms and subject headings. The final search strategy for MEDLINE for Australia on 3rd July 2020 can be found in Appendix A. Grey literature search for Canada on 7th June 2020, can be found in Appendix B.

3.1.5 Selection of sources of evidence

Search results were imported into EndNote V. 9 (Clarivate Analytics, PA, USA), and duplicates were removed. Two reviewers (including myself) screened the titles and abstracts of the studies for inclusion against the selection criteria and categorize them into three groups in EndNote: “include”, “exclude”, “unsure” (119). Studies that meet the inclusion criteria from the title and abstracts screening were transferred to Covidence (a web-based systematic review tool) for further abstract and full-text review. Full text of studies without abstract w screened for eligibility. The full text of included articles was then reviewed for extraction. The screening processes were done independently by the two reviewers and conflicts were resolved by consensus.

3.1.6 Data charting process:

A data charting form was developed jointly by the two reviewers to determine which variables to extract. We initially piloted the form by extracting the first 5 articles independently. The form was then modified and incorporated into Covidence for independent data charting. Conflicts during the charting process were resolved by consensus.

3.1.7 Data items:

We extracted data based on the characteristics informed by the aim of this study. Data items (see Appendix C) extracted include the title of study, authors, year of publication, publication type, publication source, support policy or program, health system or service, Indigenous Traditional Healing practices, significant findings, etc.

3.1.8 Synthesis of results:

Variables from studies were summarized in a table (i.e., country, type of Indigenous Traditional Healing practices, type of program, and policy). The trend in the number of articles identified for inclusion over time, number of articles identified for inclusion per country, the trend of Articles identified in Canada before and after 2015 TRC report, and number of articles identified by Healthcare System/Services with Programs/Policies supporting Indigenous Traditional Healing practice were presented in graphs. Healthcare System/Services identified with Programs/Policies supporting Indigenous Traditional Healing practices were also summarized in a table.

CHAPTER 4.0: RESULTS

This chapter provides an overview of the characteristics and summary of data extracted from the individual's sources of evidence included in this study. These include the presentation of results in figures such as flow diagrams and graphs and a summary of findings in tables. It also provides an overview of the various concepts and themes that emerged from the analysis of the sources of evidence. Detailed discussion on the various concepts and themes developed from the analysis of data will be provided in the next chapter.

4.1 Selection of evidence

As presented in Tables 3.1, 3.2, and 3.3, search terms for each country were derived independently and subsequently searched and screened for sources of evidence independently. However, citations from Australia and New Zealand were imported into Covidence and screened together for sources of evidence. A total of 1460 citations from database and grey literature sources were imported for sources of evidence from Canada. 94 citations met the inclusion criteria for full-text review after "title and abstract" and duplicate removal. 14 out of the 94 met the criteria for data extraction, with 80 excluded for reasons such as not referral to any policy supporting Traditional Healing, full text not available, not related to seeking Indigenous Traditional Healing services, etc., (see Figure 4.1). 494 of 557 citations imported from databases and grey literature search from Australia and New Zealand were excluded after "title and abstract" screening and duplicate removal. Out of the 63 full-text articles to be retrieved and assessed for eligibility for data extraction, 55 were excluded and 8 met the inclusion criteria for data extraction (see Figure 4.2).

4.2 Characteristics and results of sources of evidence

The characteristics and results of each source of evidence are described in Table 4.1. These include a summary of characteristics of articles such as author(s), year, population/location, support policy/program, health system/service, type of Traditional Healing practice, and the key findings or impact of the policy or program described by each source of evidence.

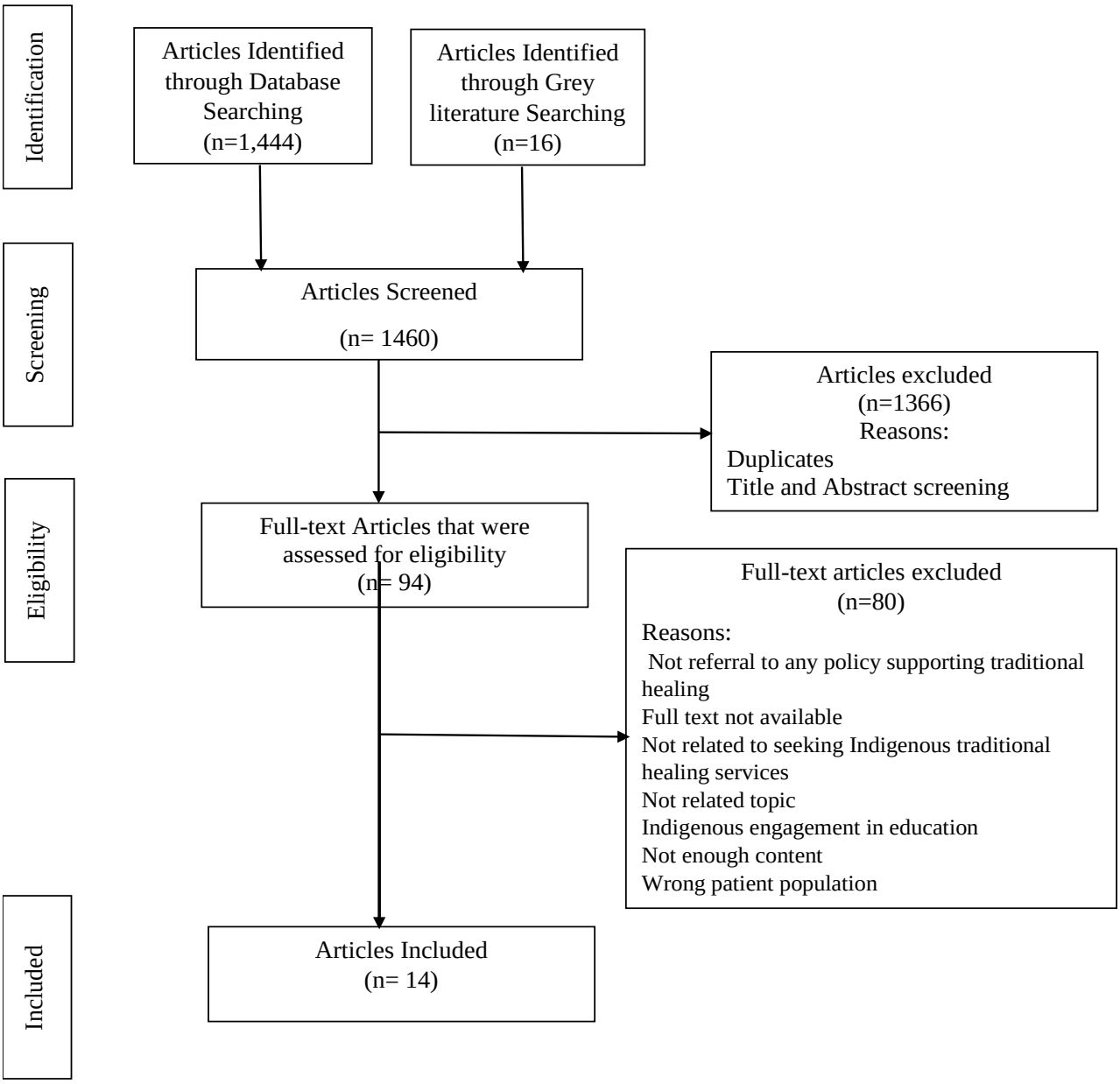

Figure 4. 1 Prisma of articles from Canada

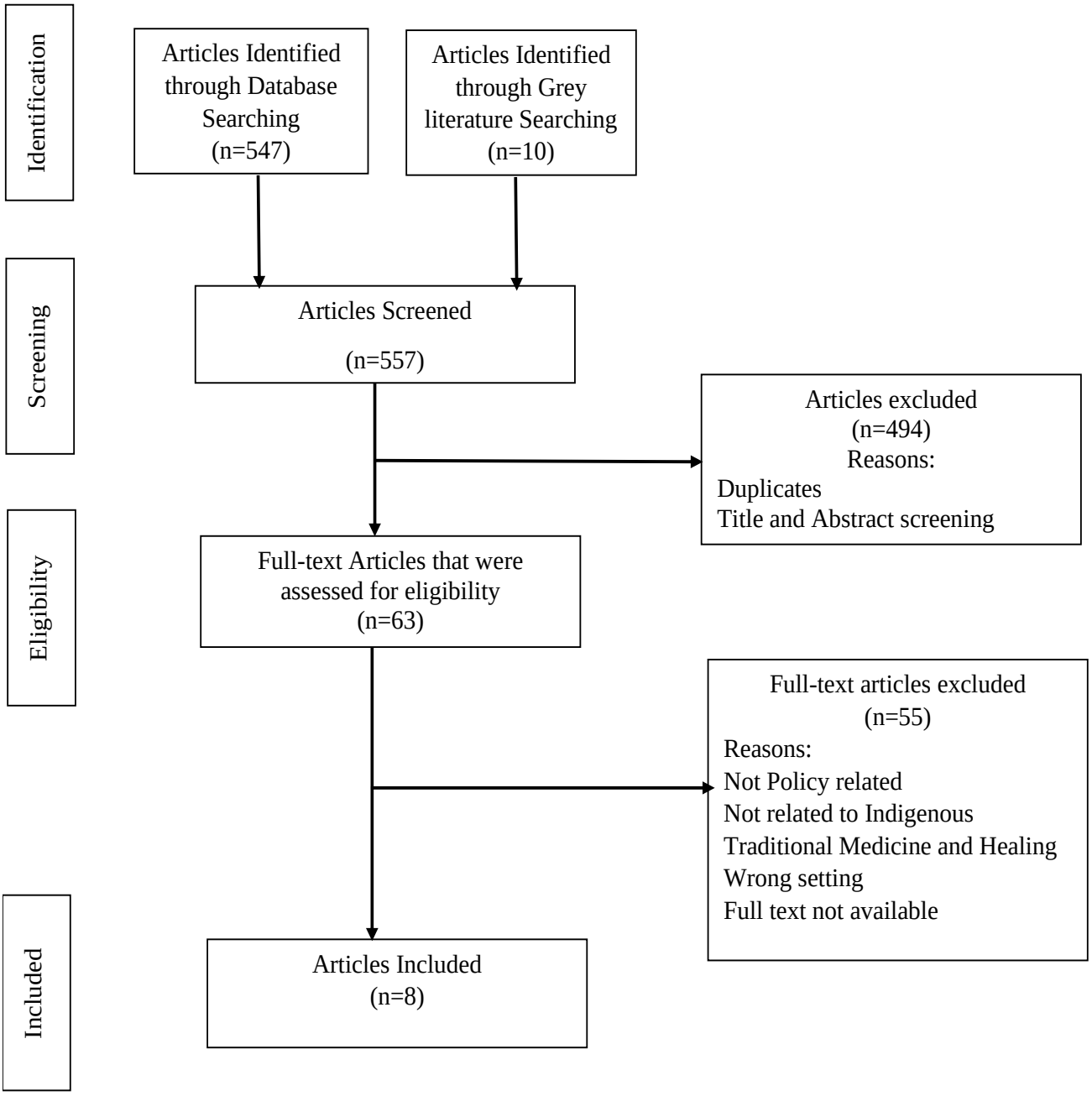

Figure 4. 2 Prisma of articles from Australia and New Zealand

Table 4. 1 *Characteristics and results of sources of evidence*

Author	**Year**	**Population /Location**	**Support Policy/Program**	**Healthcare System/ Service**	**Traditional Healing Practice**	**Key Finding/Impact**
Ireland et al. (120)	2019	Canada	Indigenous doulas program	Midwifery, natal and prenatal care [b]	Not specified *	Indigenous doulas promote intergenerational healing as Indigenous doulas share a lot of cultural appropriate practices with Indigenous Healing programs Improve women childbirth experiences and routine evacuation of women in remote communities
Skye (121)	2010	Canada	Indigenous birthing Centres	Midwifery, natal and prenatal care [b]	• Traditional Indigenous herbal medicines for pregnancy • Traditional ceremonies and rituals • Elders	The existence of Indigenous birthing centres such as • The Inuulitisivik Health Center in Puvirmituq, Quebec • Rankin Inlet Center, Nunavut • Six Nations Maternal and Child Centre in Ohsweken, Ontario

						These centres helped Indigenous women to plan their birth and have access to Traditional Healing practices
Arora et al. (24)	2013	Canada, Alberta Cree Community	Aboriginal Diabetes Wellness Program (ADWP)	Tele-Ophthalmology Services [b]	• Healing circles • Smudge • Teepee • Traditional healer • Bracelet-making	• Increase appointment for eye care from 25% to 85 % • Increased patient satisfaction • Increased adherence to advice about lifestyle modifications to control diabetes
Toth et al. (122)	2005	Canada, Alberta	• Aboriginal Diabetes Wellness Program (ADWP) • Screening for Limb, I-Eye, Cardiovascular and Kidney (SLICK)	Diabetes Services [b]	• Talking circles under ADWP	These innovative Alberta partnerships demonstrate • Community satisfaction and improved patient self-care, demonstrated through program evaluations, • how capacity building fosters individual and community

			• Mobile Diabetes Screening Initiatives (MDSI)			empowerment and can produce effective, culturally appropriate diabetes screening, education and management programs. • showed that integrated, holistic approaches were beneficial.
Dell et al. (123)	2011	Canada, Ontario	Youth Solvent Abuse Treatment Center (Nimkee NupiGawagan Healing Centre)	Mental Health and Addiction [b]	• Spiritual intervention • Traditional Healing songs • Traditional medicines	• Story of an Elder's simultaneous reliance both on Aboriginal (traditional medicine) and on Western (behavior modification) approaches to treatment and healing at the centre. • Helped a client who used his size to intimidate, control, and bully others, including Elders to return to a calmer state of being

						• A lot of youth like to participate in the assessment because it is a time when they can have their name, clan, and colors identified to them
Fruch et al. (124)	2016	Canada, Ontario, Six Nations of the Grand River	Six Nations of the Grand River Territory Community-Based Palliative Care	Palliative Care [b]	Traditional teachings	community members • had access to round-the-clock care • were assisted with pain management • had team manage complex care needs • could get physician make home visits and hospital visits reduced • risk of dying in hospital (rather than at home) lowered • able to die peacefully in their own home • provided client-centered care

						Incorporation of Traditional Teachings to support clients and staff dealing with death, dying, grief, and loss
Gone (125)	2011	Canada, northern Algonquian Native (or First Nations) reserve	Native First Nations Community Treatment Center (Healing Lodge's counseling program)	Mental health and addiction [b]	Healing Lodge	• Cultural practices incorporated into the therapeutic activities of a community-controlled substance abuse treatment center therapeutic activities was seen to illustrate four potential contributions to community psychology: • giving voice to marginalized communities, • explicating subtle yet influential cultural aspects of psychological phenomena, • reflecting community processes back to research partners,

						• and elucidating structural relations of power in service to novel expressions of community self determination
James et al. (126)	2010	Canada, Nunavut	Community-based midwifery education program	Midwifery, natal and prenatal care [b]	Indigenous traditional midwifery techniques	• Prepared Nunavut midwives to merge experience, traditional knowledge, and the best available evidence to inform birthing families • Supported the benefits of returning birthing to the homes of Nunavut families
Maar & Shawande (127)	2010	Canada, Ontario	(Aboriginal healing and Wellness strategy) Noojmowin Teg Health Access Centre	Healthcare Services*	Traditional Healing practices *	• Integrating traditional Anishinabe healing practices and mainstream clinical services in a health centre setting • The integrated care resulted in positive

						experiences for clients and providers
Manitowabi & Shawande (128)	2013	Canada, Ontario, Mountain Island	(Aboriginal healing and Wellness strategy) Noojmowin Teag Health Access Centre	Healthcare Services*	Traditional Medicine Traditional healing	• Clinical integration of traditional Aboriginal medicine at the community • Integration and referral as the way of collaboration and trust • Program enhances traditional medicine by the provision of subsidized, reliable and increase access.
Van Wagner et al. (129)	2007	Canada, Quebec, Nunavik	Inuulitsivik midwifery service and education program	Midwifery, natal and prenatal care [b]	Traditional childbirth knowledge.	• The program provided students with midwifery skills traditional knowledge about birth, integrated in modern practices. • Returned childbirth to the remote communities as opposed to the evacuating pregnant women to distant

						hospitals to give birth.
Walker et al. (32)	2010	Canada, Ontario	(SLMHC) Sioux Lookout Meno Ya Win Health Centre Traditional Healing, Medicines, Foods and Supports (THMFS) program	Healthcare Services*	Traditional Healing practices *	• A new model for integrated First Nations hospital-based services to address illness burden of people living northern First Nations communities • Provide patients access to choices of traditional medicines and services.
Ahuriri-Driscoll (130)	015	New Zealand	Te Kāhui Rongoā Trust (TKR)	Practitioners [a]	Traditional Healer	• a national rongoā governance body comprised of ten rongoā networks around the country • "*Rongoā Māori* is a holistic system of healing derived from Māori philosophy and customs, comprised of several distinct healing modalities"

Lyford and Cook (10)	2005	New Zealand	The Whanaungatanga Model of Care	Healthcare Services *	Traditional Healing practices *	• A simple concept but having profound meaning for Maori. • Foundation lies within ancestral, historical, traditional, and spiritual connections • Influence life and reactions to relationships, people, the world and the universe • offers a culturally safe alternative for Maori requiring secondary health care and makes a difference to the health experience of tangata whaiora
Tipene-Leach & Abel (131)	2019	New Zealand	Wahakura program	Midwifery, natal and prenatal care [b]	Traditional Maori woven bassinet-like structure	• An innovative Indigenous approach to safe infant sleeping • Found to be acceptable to Indigenous mothers and its promotion to

						be associated with a decline in infant mortality
Oliver (7)	2013	Australia	The Office of Aboriginal and Torres Strait Islander Health (OATSIH)	Healthcare funding [a]	Traditional healing Bush medicine	• OATSIH report health service provision on government funded established primary health care clinics in Aboriginal Australia • The Akeyulerre Healing Centre in Alice Springs offers stand-alone Traditional Healing practices in a culturally safe place where traditional knowledge and practice scan be shared and practiced • local elder women in the Western Australian Kutjungka community Balgo Hills (Wirrimanu) have formed the Palyalatju Maparna

						Health Committee which provides bush medicines to the local biomedical health clinic at Balgo
Health Canada (132)		Canada	The Natural Health Products Directorate (NHPD)	Licensing and regulation [a]	Traditional medicine	• Requirements and restrictions not applied to compounding products for their patients in the context of a practitioner-patient relationship.
Centre for Public Impact (133)	2019	Canada	Aboriginal Healing Foundation (AHF)	Healthcare funding [a]	Traditional Healing practices *	• Established in response to the Royal Commission on Aboriginal Peoples in 1988 to fund and support Indigenous healing initiatives to fully address the residential school legacy • the government of Canada committed CAD350 million to

						healing initiatives for Aboriginal communities • Closed in 2014
Ngā Ringa Whakahaere o te Iwi Māori ("NRW") (134)		New Zealand	National Organization of Māori Traditional Practitioners	Practitioners [a]	Traditional Healer	• An independent national network of Māori traditional practitioners or "Whare Oranga" established in 1993
Best Practice Advocacy Centre New Zealand (BPAC) (135)	2008	New Zealand		Indigenous Healing initiatives*	Traditional medicine	• Initiatives made in NZ response to WHO advocates the inclusion of Traditional Healers in national health systems • Plants used by Healers for treatment
Ministry of Health NZ (136)		New Zealand	Rongoa funded services	Healthcare funding [a]	Traditional Healing practices	• 20 Ministry of Health funded Traditional Maori Healing services

Ministry of Health NZ (137)		New Zealand	Tikanga ā-Rongoā	Quality control [a]	Traditional Healing practices	• Tool kits for providing safe and quality Traditional Healing services • Tool kits has been paramount to the wellbeing of Indigenous communities.

(*) type of Healing practices or healthcare service not specified. (a) Healthcare System Administration. (b) Healthcare Services

4.3 Synthesis of results

Twenty-two (22) articles met the inclusion criteria for data extraction for this scoping review. Figure 4.3 describes the number of articles included per country. The majority of the articles were from Canada (n=14; 64%), followed by New Zealand (n=7; 32%) and only one from Australia. Most of the articles identified described the various policies and programs, while others evaluated the impact of the program within the healthcare system or Indigenous community. The dates of publication of included articles spanned from 2005 to 2019 (see Figure 4.4). A majority of the articles were published in 2010 (n=4), and the least in 2015, 2016, and 2017 (n=5). However, 5 of the articles had no publication dates and were identified from grey literature sources such as government websites. Concerning articles related to Canada, Figure 4.5 describes the trend of articles identified in Canada before and after the 2015 TRC report. Nine (64%) were published before the TRC report, four (29%) after the TRC report, and one without a publication date.

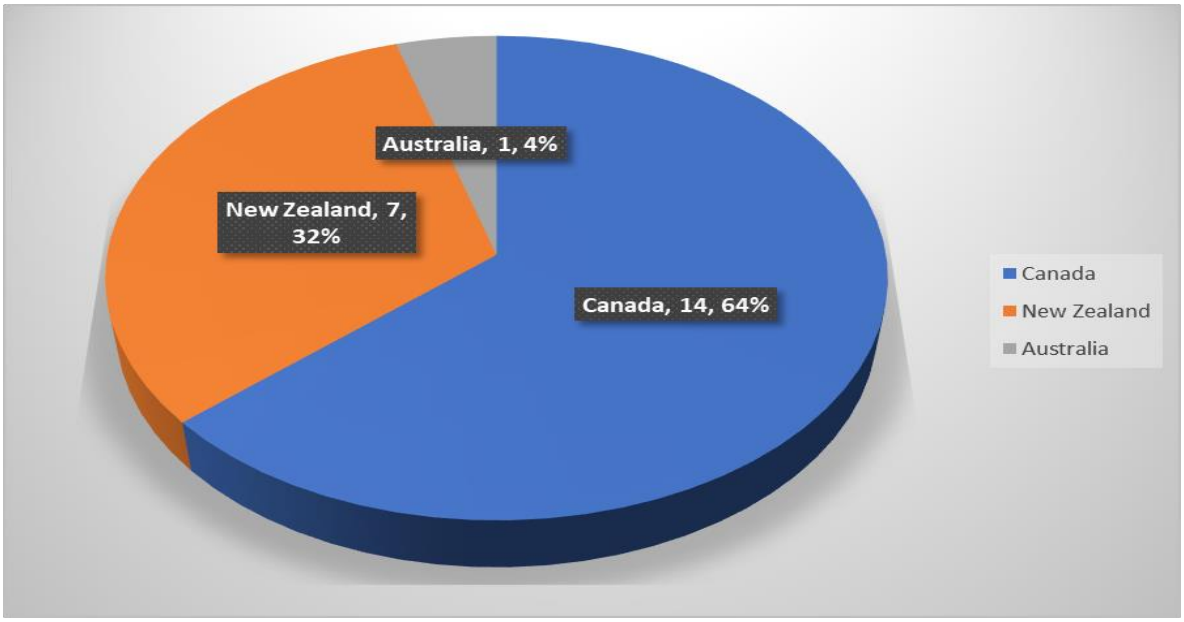

Figure 4. 3 Number of articles identified for inclusion per country

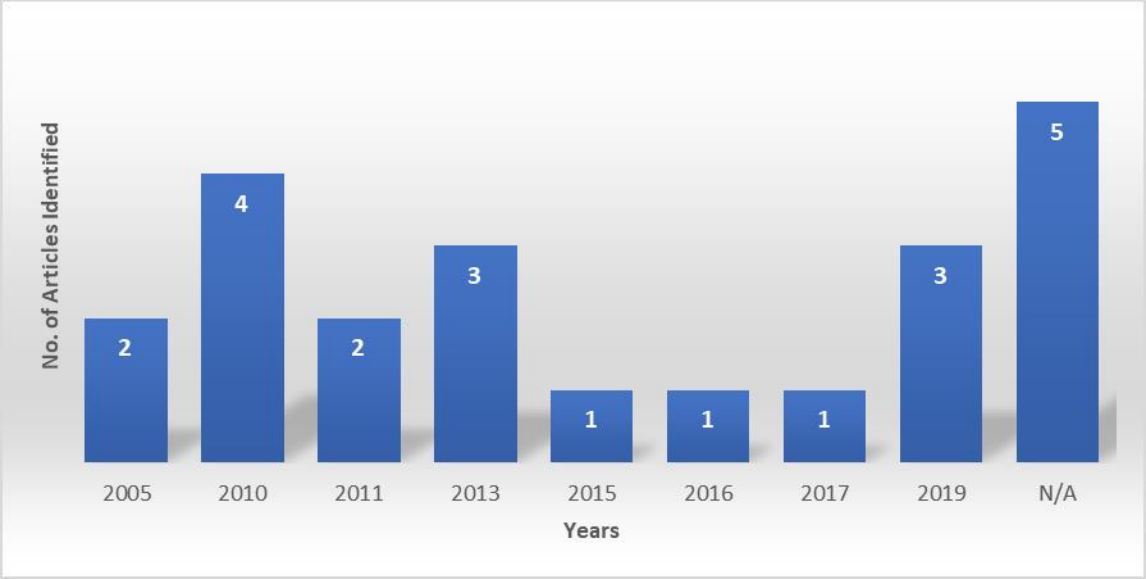

Figure 4. 4 Trend in the number of articles identified for inclusion over time (N/A: year of publication not available)

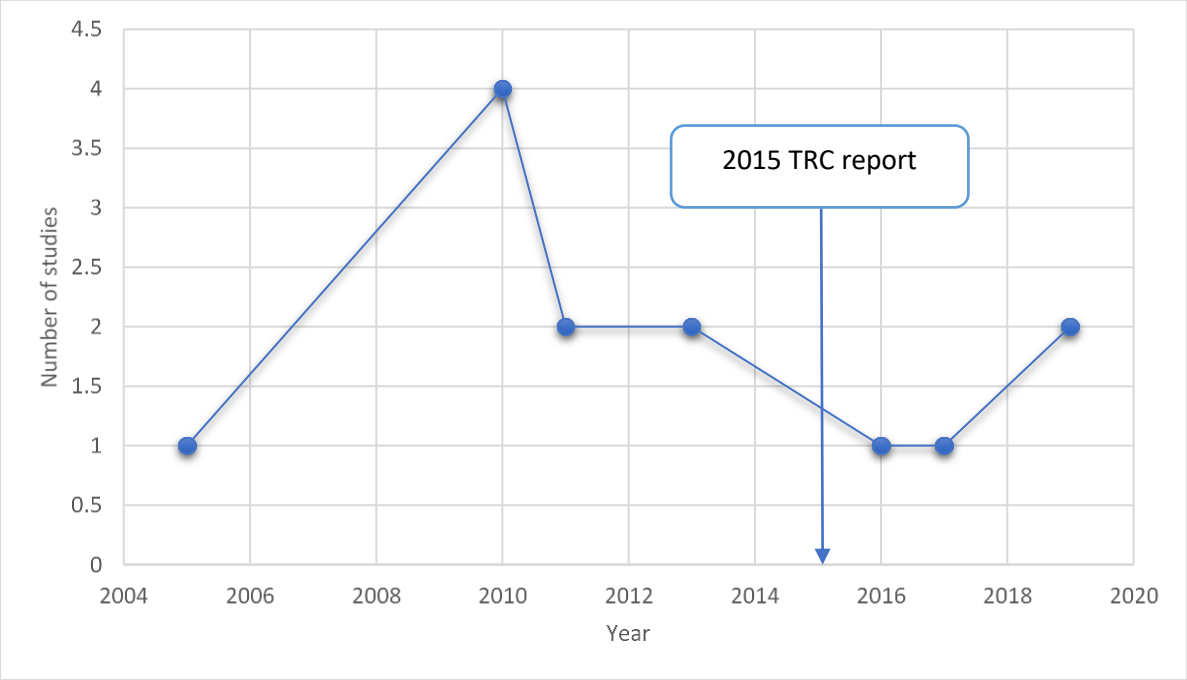

Figure 4. 5 Trend of articles identified in Canada before and after 2015 TRC report

Two broad concepts emerged in ways Indigenous Traditional Healing is supported within the mainstream healthcare system, after the analysis of data extracted from each source of evidence. That is:

(i) Healthcare system and services with programs and policies supporting Indigenous Traditional Healing practices and

(ii) ways Indigenous Traditional Healing was adopted and utilized within the identified support programs.

Within the first concept, various healthcare systems and services were identified to support Indigenous Traditional Healing within the mainstream healthcare systems in Canada, Australia, and New Zealand. The support ranged from healthcare services (such as primary healthcare and specialty care) to health system administration (such as funding, licensing, and quality control). The identified healthcare systems and services were grouped into 10 categories. That is, the support of Indigenous Traditional Healing in Midwifery, natal and prenatal care (120,121,126,129,131); tele-ophthalmology services (24); diabetic services (122), mental health, and addiction (123,125), palliative care (124), practitioners such as Traditional Healers (130,134), healthcare funding (7,133,136), licensing and regulation (132), quality control (137) and other unspecified healthcare services (10,32,127,128,135). See figure 4.6 for the number of articles identified for each category. Table 4.2 provides a summary of healthcare system and services identified with programs and policies supporting Indigenous Traditional Healing practices.

Three themes emerged from the ways Indigenous Traditional Healing was adopted and utilized within the various identified support programs. The themes are:

(i) The use of Indigenous Traditional Healing practices as the main or choice treatment within the support program such as mental health services (10,32,121,123,127,128),

(ii) the use of Indigenous Traditional Healing practices to support Western biomedical treatment options within the support program (24,122,125) and

(iii) the adoption of Indigenous Traditional knowledge in the provision of services within the support program (10,120,121,124,126,129,131).

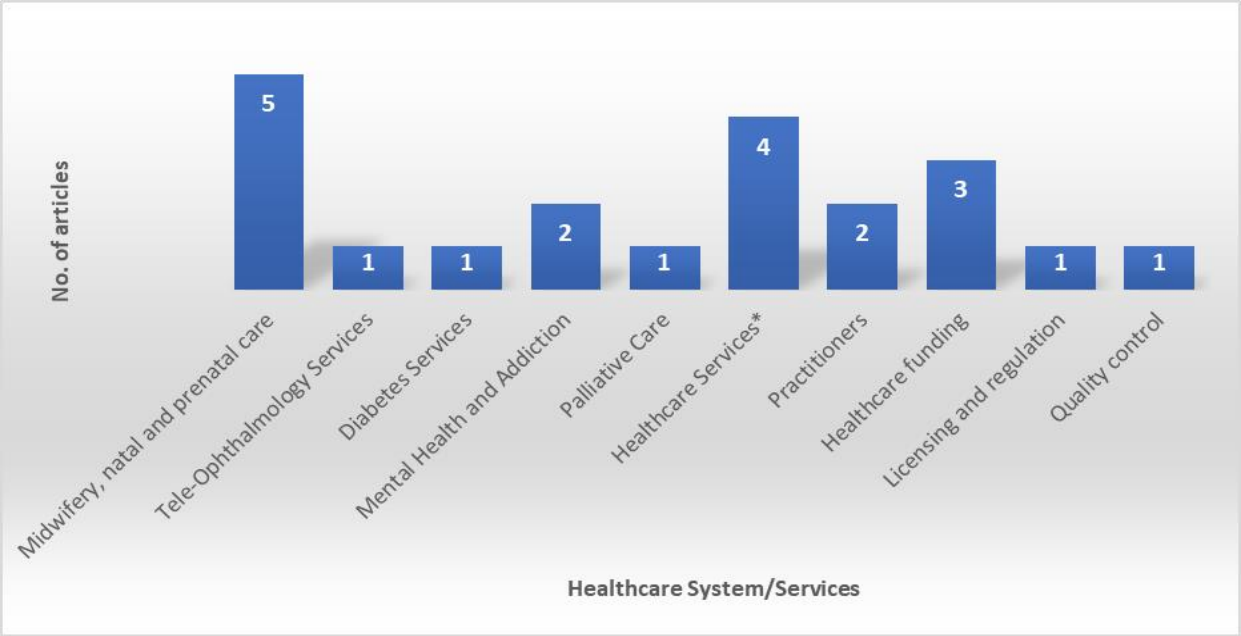

Figure 4. 6 Number of articles for Healthcare System/Services with Programs/Policies supporting Indigenous Traditional Healing practice

Table 4. 2 *Summary of Healthcare System/Services identified with Programs/Policies supporting Indigenous Traditional Healing practices*

Healthcare System/Services	**Support Programs/Policy identified [*location*]**
Midwifery, natal and prenatal care	• Indigenous doulas program, [*British Columbia, Canada*] • Indigenous birthing Centres, [*Quebec, Nunavut, Ontario Canada*] • Community-based midwifery education program [*Nunavut, Canada*] • Inuulitsivik midwifery service and education program [*Quebec, Canada*] • Wahakura program [*New Zealand*]
Tele-Ophthalmology Services	• Aboriginal Diabetes Wellness Program (ADWP) [*Alberta, Canada*]
Diabetes Services	• Aboriginal Diabetes Wellness Program (ADWP) [*Alberta, Canada*]
Mental Health and Addiction	• Youth Solvent Abuse Treatment Center (Nimkee NupiGawagan Healing Centre) [*Ontario, Canada*]

	• Healing Lodge's counseling program (Native First Nations Community Treatment Center) [*Northern Algonquian Native, Canada*]
Palliative Care	• Six Nations of the Grand River Territory Community-Based Palliative Care [*Ontario, Canada*]
Healthcare Services*	• Aboriginal healing and Wellness strategy - (Noojmowin Teg Health Access Centre) [*Ontario, Canada*] • Traditional Healing, Medicines, Foods and Supports (THMFS) program - (SLMHC) Sioux Lookout Meno Ya Win Health Centre [*Ontario, Canada*] • The Whanaungatanga Model of Care [*New Zealand*]
Practitioners	• Te Kāhui Rongoā Trust (TKR) [*New Zealand*] • National Organization of Māori Traditional Practitioners [*New Zealand*]
Healthcare funding	• The Office of Aboriginal and Torres Strait Islander Health (OATSIH) *[Australia]* • Aboriginal Healing Foundation (AHF) [*Canada*] • Rongoa funded services [*New Zealand*]
Licensing and regulation	• The Natural Health Products Directorate (NHPD) [*Canada*]
Quality control	• Tikanga ā-Rongoā [*New Zealand*]

CHAPTER 5.0: DISCUSSION, LIMITATION, CONCLUSION

As mentioned in the previous chapter, this chapter will provide a detailed discussion on the various concepts and themes developed from the analysis of data. The discussion will address the aim of this study, i.e., ways Indigenous Traditional Healing practices are supported by the mainstream healthcare system in Canada, Australia, and New Zealand through policies and programs. This chapter will also reflect on the strength and limitations of this study and finally the concluding remarks.

5.1 Discussion

As described in Chapter 4, the two broad concepts that were derived from the analysis of data from the various sources of evidence were: Healthcare system and services with programs and policies supporting Indigenous Traditional Healing practices, and ways Indigenous Traditional Healing was adopted and utilized within the identified support programs. Furthermore, ten (10) categories emerged from the first concept and 3 themes form the second concept. In this section, I discuss the various categories and themes that emerged from each concept.

5.1.1 Healthcare system and services with programs and policies supporting Indigenous Traditional Healing practices.

Within the mainstream healthcare delivery system, these services were identified to support Indigenous Traditional Healing practices through various policies and programs, and various programs and policies that will be discussed fell with the various group to provide Indigenous Traditional Healing services to clients.

5.1.1.1 Midwifery, natal and prenatal care

Birthing is a significant phase of Indigenous beliefs and culture, as through childbirth communities are strengthened and kinships promoted within Indigenous communities (138). Programs identified to support Indigenous Traditional Healing practices to promote culturally safe and acceptable childbirth experience for Indigenous mothers include the Indigenous doulas' program (British Columbia, Canada) (120); Indigenous birthing Centres, (Quebec, Nunavut,

Ontario Canada) (121); Community-based midwifery education program (Nunavut, Canada) (126); Inuulitsivik midwifery service and education program (Quebec, Canada) (129) and the Wahakura program (New Zealand) (131).

Ireland et al explored a body of literature on Indigenous doulas, discussing the historic relocation and evacuation of women from their communities during the term to give birth in tertiary hospitals (120). The doulas' program served as a response to the culturally safe birth experience that was taken away from Indigenous mothers and their communities. These included the cultural, spiritual, and rituals such as joyful ceremonies that were associated with childbirth within the Indigenous communities to create a sense of identity, resilience, community bond, and connection with the land of birth (120,138). First Nations Health Authority (FNHA) describes a doula as a person who "provides emotional, physical, and spiritual support for expectant mothers and their families during pregnancy, [labor], and the postpartum period", playing the role of an "Indigenous Aunty" (139). Also, Indigenous midwives had existed as gynecologists, obstetricians, herbalists, and nutritionists in the provision of childbirth services to Indigenous women (121).

In North America, Indigenous doulas are regulated and require certification to practice except the doulas' program in British Columbia, Canada (120). The Tripartite First Nation Aboriginal Doula Initiative was developed in 2011 from a partnership among the FNHA, federal government, and the provincial government. The initiative was a result of response to the "*Transformative Change Accord: First Nations Health Plan"* to bring birthing home to the Indigenous Communities (139). To support Indigenous women seeking doulas services, the FNHA and British Columbia Association of Aboriginal Friendship Centres (BCAAFC) have introduced the "Doulas for Aboriginal Families Grant Program" that funds the cost of a doula and post-partum services for pregnant Indigenous mothers and families. The program supports up to a maximum of $1000 for each woman (140). Indigenous doulas have been known to have an impact on the birthing and healing of Indigenous people and their communities. Indigenous doulas promote intergenerational healing to Indigenous families and communities as they share healing characteristics of Indigenous healing programs (120). In Saskatchewan, as part of the response to the TRC Call to Actions, the Saskatchewan Health Authority in partnership with the Saskatoon Tribal Council (STC) and the Dumont Technical institute developed a 12-week Indigenous doulas program (Indigenous Birth Support Worker Program). Through this program,

culturally appropriate birthing experience and services are provided to Indigenous pregnant women, families, and communities (141,142).

Secondly, birth centres have been reported to support Indigenous Traditional Healing practices. The existence of some Indigenous birthing centres in Canada has played important role in complimenting modern forms of midwifery services with Indigenous Traditional Healing (121). Skye reports the existence of three established Indigenous birthing centres in Canada. That is, the Inuulitisivik Health Center in Puvirmituq, Quebec; Rankin Inlet Center, Nunavut; and the *Tsi Non: we Ionnakeratsha Ona:grahsta* - Six Nations Maternal and Child Centre in Ohsweken, Ontario opened in 1986, 1995 and 1996 respectively. The significance of these centres includes bringing maternal care to the people in the community; providing maternal care in a culturally safe environment to meet the cultural and spiritual needs of Indigenous women; and providing access to Traditional medicine and ceremonies, and introducing educational programs (121). Some of the midwifery education programs were initiated by community health centres to train Indigenous midwives and bring midwifery into the communities. These include the Nunavut community-based midwifery education program, Inuulitsivik midwifery service, and education program, and the Six Nations maternal and child centre midwifery program (121,126,129).

Another program, the Wahakura program adopted Indigenous traditional knowledge to suddenly develop the Wahakura *("[a] 4 cm bassinet-like structure, with a flat bottom and a thin foam mattress"*) by experts weavers and Maori midwives in Gisborne, on the East Coast of New Zealand. Through this innovative approach, sudden infant deaths of Indigenous infants from bed-sharing were reduced, as this innovation was culturally accepted by Indigenous mothers and encouraged culturally resonant bedsharing without risking the infant (131). The existence of these centres and programs have helped to improve midwifery, natal and prenatal services, birthing experiences of Indigenous women and family and also the overall health of the communities.

5.1.1.2 Diabetic services

Indigenous people in Canada have been disproportionately affected by diabetes as compared to non-Indigenous people. Public Health Agency Canada reports a crude prevalence rate of up to 19% in the last two decades, three to five times high as compared to the non-Indigenous population (143,144). Federal and provincial interventions to manage diabetes in Indigenous people include the Aboriginal Diabetes Initiative (ADI) and the Alberta Aboriginal

Diabetes Wellness Program (ADWP) respectively (122,144). The ADWP created through consultation with Indigenous healers incorporates Indigenous Traditional Healing models into mainstream healthcare (122). The Alberta Health Services operates Aboriginal Wellness Clinics under the program, providing services such as holistic and culturally-based educational programs which include meals, accommodation, and follow-ups to newly diagnosed and pre-existing patients (145). The success of this program compared to other similar programs such as the Mobile Diabetes Screening Initiative (MDSI) and the Screening for Limbs, Eyes, Cardiovascular and Kidney Complications program (SLICK), has been the limited Indigenous Traditional Healing components within MDSI and SLICK (122). The initiation of this program has demonstrated improved patients care and community satisfaction, empowerment of individuals and community through capacity building, and the benefits of incorporating holistic approaches in the mainstream healthcare system.

5.1.1.3 Tele-ophthalmology services

Similar to the diabetes clinic, the tele-ophthalmology clinic is operated under the ADWP. Tele-ophthalmology helps to overcome geographical and financial barriers to patients by bringing eye care to the community, instead of patients traveling to urban areas to seek such services. The rationale for incorporating Indigenous Traditional Healing models into this service was a result of reported poor attendance by Indigenous clients, due to not feeling safe under the previous clinical settings. Hence, the incorporation to overcome cultural and social barriers, and create a traditional hospital-based setting (24). The service adopts Indigenous Traditional knowledge and healing practices such as bracelet making, healing circles, smudge, teepee, and traditional healers. The impact of the program includes increased patients satisfaction, thereby increasing appointments for eye care from 25% to 85 %, and adherence to lifestyle modification in controlling diabetes.

5.1.1.4 Mental health and addiction

As discussed in the literature review, colonization and colonial policies have contributed to the disproportionate mental ill-health of Indigenous as compared to the non-Indigenous population. Colonial policies such as the sixties scoop and residential school system have been historical determinants (intergenerational trauma and soul wounding) and shaped the mental health of Indigenous people (146). The psychological stress experienced from these policies relates to the increase substance abuse and addiction within the Indigenous population and is

considered among the top five challenges facing Indigenous communities (147). Two programs were identified from the sources of evidence to support Indigenous Traditional Healing practices, that is the Youth Solvent Abuse Treatment Center at the Nimkee NupiGawagan Healing Centre in Ontario, and the Healing Lodge counseling program at Native First Nations Community Treatment Center in Northern Algonquian Native reserve.

Within the Youth Solvent Abuse Treatment Center at the Nimkee NupiGawagan Healing Centre, Dell et al (123) tell a story of the use of Western biomedical approaches (behavior modification) and Traditional Healing practices (traditional medicine) to provide mental healthcare at the centre. The Elder had used this approach to help John (pseudonym) admitted at the centre who use bully, intimidate, and control people including Elders, to a calm state. The Elder assessed the patient by choosing the right treatment. He used spiritual interventions, Traditional Healing songs, and traditional medicines such as blueberries and unshelled peanuts. Due to the use of this holistic treatment approach, many youths participated in these assessments as they found their identity and self-determination during the process.

The Healing lodge counseling program at Native First Nations Community Treatment Center in Northern Algonquian Native reserve incorporates cultural practices into the therapeutic activities of a community-controlled substance abuse treatment center (125). The centre has been funded by Health Canada since 1989 and the program by AHF. The centre utilizes cultural activities within the program to provide mental health and addiction services. These include field trips; sponsored cultural events; ceremonies; and Traditional Healing practices such as pipe ceremonies, sweat lodge rituals, smudging, praying, talking circles, fasting camps, tobacco offerings, and various blessing rites (125).

The provision of mental and addiction treatment and services to Indigenous patients must be fundamentally restructured to include Indigenous values and realities (123). The incorporation of Indigenous Healing models in mainstream mental and addiction services for Indigenous patients has been demonstrated its effectiveness in John's journey, its impact on correctional services and other health centres (23,123,125). Also, the incorporation has been reported to provide a contribution to community psychiatry, as it influenced the cultural aspects of psychological phenomena, gave voice to Indigenous communities, and empowered community self-determination (125).

5.1.1.5 Palliative care

Death is as important as birth within the Indigenous culture. It marks a phase of the *living* entering the spiritual world and not the end of life, as the journey of the individual continues after death (*afterlife*) (148,149). Within the Indigenous communities, some ceremonies and cultural practices are performed for the dead. The deceased is ushered into the spiritual world and the grieving family is healed by the cultural practices and bereavement protocols. Culture is reported to protect the grieving individual, family, and communities during bereavement, and therefore the break in culture practices breaks social support received by the bereaved family (148). Cultural practices and ceremonies are also performed for the dying individual as the spirit of the dying person are guided back in the spiritual world by prayers, ceremonies, and medicine.

One program was identified to support Indigenous Traditional practices in palliative care. The Six Nations of the Grand River Territory Community-Based Palliative Care program was developed to provide culturally appropriate palliative care in four First Nation communities. The program development was led by a community-based advisory committee and implemented by a Leadership Team of local and regional palliative care partners. The impact of the program includes increased home deaths; access to education on palliative care; and also helped staff, patients, and family to deal with death and grief by the incorporation of traditional teachings. The program adapted some traditional teachings and rituals such as acknowledging the role of a Traditional Knowledge Carrier to provide language, spiritual and cultural support and leaving medical equipment until after the 10-day funeral feast (124). There is, therefore the need for culturally sensitive and appropriate palliative care, as challenges may arise in communication and decision making when caregivers do not understand the cultural background of the dying patient (149).

5.1.1.6 Practitioners

As discussed in the literature review, Indigenous cultural experts such as knowledge keepers, ceremonialists, herbalists, spiritualists, and traditional healers have been acknowledged to played vital roles within the Indigenous Traditional Healing model. They provide significant Indigenous Traditional Healing services such as spirituals guidance and individual counseling; lead ceremonial practices and cultural activities; and provide traditional medicine to Indigenous patients (6). It was also known from the Introduction that, jurisdictions such as Ontario and Manitoba have supported Indigenous Traditional Healing by exempting Traditional healers and

midwives providing services to Indigenous clients from being regulated under the code of profession (32).

In New Zealand, Indigenous Traditional healers are widely recognized and supported within the mainstream healthcare system to improve the health of Maori people. An independent national network of *Whare Oranga* (Maori Traditional healers) known as the *Ngā Ringa Whakahaere o te Iwi Māori* ("NRW") was established in 1993. The goal of the *Ngā Ringa Whakahaere o te Iwi Māori* is to achieve recognition for Traditional healing and Maori Traditional health within the mainstream healthcare system (134). The network is recognized by the New Zealand Ministry of Health and works together to support the health of Maori people within the health and disability sector (136). Also, the Te Kāhui Rongoā Trust (TKR) was established in 2011 as a national Rongoa governance body to nurture protect, and promote Rongoa, which is defined as a wholistic healing system with bases on Maori customs and philosophy, comprising of various healing modalities (130,136).

5.1.1.7 Quality control

Along with the recognition and support of Maori Traditional healers, the New Zealand Ministry of Health in a collaborative journey with the Rongoa sector has made it a need to provide standard Traditional Healing services to Maori people. Which has influenced the development of the *Tikanga ā-Rongoā*, a quality control tool kit that establishes a set of voluntary national standards for use by traditional practitioners (137). A significant aspect of this tool is the implementation in a manner that does not interfere or restrict the practice of the Maori Traditional healer. The tool kit (see Appendix D) serves as a tool to provide safe and consistent quality Traditional Healing service to Maori people while allowing each Maori Traditional healer to maintain authority over their practices (134,137). It also serves as a way of strengthening and monitoring services delivery and the capacity of the Maori Traditional healer to provide quality care to patients (134).

5.1.1.8 Healthcare funding

Funding Indigenous Traditional Healing programs are important in the support and recognition of Indigenous Traditional Healing within the mainstream healthcare system, as it helps to provide affordable and easily accessible services. Within this category, the Office of Aboriginal and Torres Strait Islander Health (OATSIH), Aboriginal Healing Foundation (AHF),

and New Zealand Ministry of Health's Rongoa funded providers were identified to provide funding for Indigenous Traditional Healing within the mainstream healthcare system.

As part of the New Zealand Ministry of Health support for Indigenous Traditional Healing within the mainstream health care system such as the recognition of Traditional healers and development of the quality control tool to provide safe and quality Traditional Healing services to the Maori people. The ministry also funds 20 healthcare providers to deliver Traditional Healing services across the country. These healthcare providers provide Maori cultural values such as *Whānau Ora* (family health) (150,151). The goal of *Whānau Ora is* to support families within the community and not just the individual by empowering extended families and communities, which is the core value of the Indigenous model of care (94,95). Also, providers such as Raukura Hauora O Tainui Trust provide culturally appropriate addiction and mental health, dental, and other medical services to Maori people (152). Other provides include the Te Korowai Hauora o Hauraki Incorporated, Whaioranga Trust, Ngā Kete Mātauranga Pounamu Charitable Trust, Te Roopu Tautoko Ki Te Tonga Incorporated, etc. (136).

In Australia, the Office of Aboriginal and Torres Strait Islander Health (OATSIH) provides healthcare funding to Aboriginal and Torres Strait Islander people (7,153). Through the Indigenous Australians' Health Programme (IAHP), OATSIH delivers culturally responsive, high-quality, comprehensive primary healthcare and funding to approximately 210 service sites across the country (153).

In Canada, some funds have been provided by the federal government to support Indigenous Traditional Healing initiatives. The Aboriginal Healing Foundation (AHF) was established in 1998 in Canada with a mandate to support and fund Indigenous Traditional Healing Initiatives (133). The foundation was initially provided with a $350 million grant as part of Gathering Strength—Canada's Aboriginal Action Plan by the federal government (133,154). The mandate of the foundation also included an eleven-year plan to support survivors of the Canadian Indian Residential School Settlement system, who suffered various forms of sexual and physical abuse. The AHF received $125 million under the Indian Residential School Settlement Agreement (IRSSA) in 2007 to extend support for survivors of the Residential School System to 2014 (154). The foundation closed its doors in 2014 with the federal government committing no additional funding to the foundation.

Access to healthcare and the successful running of healthcare programs can be hindered by financial difficulties. Therefore, meeting the financial needs of people to access a particular health service and funding healthcare programs helps in achieving the intended goal of the service and program.

5.1.1.9 Licensing and regulation

As earlier mentioned in the introduction, the Western biomedical model of health has been based on evidence-based medicine, which requires medicinal products to be investigated, licensed, and regulated for therapeutic use. However, this has been opposed by Indigenous healers and Elders, as the logic and epistemology behind Indigenous Traditional healing practices have been a knowledge system only known to the Indigenous healers, transferred from generation to generation. Also, Traditional healers have been reluctant to share their traditional medicine, because of the fear of contamination of exploitation and contamination. Therefore, the possibility of a conflicting situation from the need to regulate and license medicinal products under the Western biomedical model.

Notwithstanding this, Indigenous Traditional medicine is not regulated under the Natural Health Product (NHP) compounding policy (132). Also, the Canadian Natural and Non-prescription Health Products Directorate (NNHPD) under the requirements and restrictions of Traditional medicines, exclude practitioners compounding medicinal products to their patients in the context of practitioner-patient relationship (155). However, in 2008 a bill (*C-51*) was introduced to the House of Commons to comprehensively amend the Food and Drugs Act. Bill C-51 became a course for concern within Indigenous organizations as it was going to affect the use of traditional medicine by Traditional healers. Adverse effects of the bill included regulating the collection, preparation, and administration of traditional medicine; establishing a legislative scheme that would require traditional medicine to obtain market value; establishing a legislative scheme that would require Traditional healers to obtain a license to collect, prepared, package and test traditional medicine; and establishing a legislative scheme that would require the clinical investigation on the therapeutic benefits of traditional medicine (156). However, Bill C-51 died on the order of paper and was never enacted.

5.1.1.10 Other unspecified healthcare services

Finally, other programs were identified to support Indigenous Traditional in some unspecified and non-specific healthcare services. Within this category include the Traditional

Healing program at the Noojmowin Teg Health Access Centre, under the Aboriginal Healing and Wellness Strategy in Ontario; the Traditional Healing, Medicines, Foods, and Supports (THMFS) program at the Sioux Lookout Meno Ya Win Health Centre (SLMHC); and the adoption of the Whanaungatanga model of care by a health center in New Zealand.

As earlier mentioned, the Ontario Aboriginal Healing and Wellness Strategy is one of the most comprehensive Indigenous health support initiate in Canada (34,36). Under this initiative, the health and wellness of Indigenous people and communities are improved through Indigenous-led programs and services. This includes the combination of traditional and mainstream approaches within healthcare delivery services and programs (157). Services provided under the initiative include Indigenous individual and family programs; healing, health, and wellness services such as healing lodges, patient navigators, Indigenous language translation services, health outreach, and inpatient hostels; mental health addiction programs and services; and midwifery, prenatal and natal services to Indigenous families and communities (157).

The Noojmowin Teg Health Access Centre is one of the many Aboriginal Health Access Centres under the Aboriginal Healing and Wellness Strategy. These centres aim is to provide culturally sensitive primary healthcare services to those who need them, at no fee and without any referral (158). The Traditional Healing program at the Noojmowin Teg Health Access Centre provides culturally safe and relevant services such as Healers and Firekeeper services. Healers and Firekeepers provide traditional teachings, supportive counseling, consultation, and protocol teachings; and lead ceremonies and healing/talking circles (159). The impact of the program includes a positive healthcare experience for clients, increase trust and collaboration, and increased access to Indigenous Traditional Healing services (127,128).

Also, the Sioux Lookout Meno Ya Win Health Centre (SLMHC) is a 60-bed hospital and a 20-bed extended care facility in Ontario, that provides healthcare services to residents of Sioux Lookout and surrounding communities. The health centre embraces a holistic healthcare approach and incorporates Indigenous Traditional Healing practices into modern medicine and practices (160). The centre provides Traditional Healing support through the Traditional Healing, Medicines, Foods and Supports (THMFS) program. The program serves as an integrated model and builds on strong culturally responsive values and foundations to address the health needs of people living in the Northern First Nations communities (32,161). The program operates under 5 core components, that is governance and leadership (*Odabiidamagewin*); patient and client

supports (*Wiichi'iwewin*); Traditional Healing (*Andaaw'iwewin egkwa Mashkiki*), such as Traditional healers, smudging, healing circles, and other ceremonies in the ceremony room, traditional foods (*Miichim*), such as traditional foods and wild game that is offered to patients twice a week; and cultural competency support (*Bimaadiziwin*) (161). The program has impacted the Indigenous community by providing access to Indigenous Traditional Healing services and access to culturally appropriate healthcare (32).

The last program in this category, the Whanaungatanga model of care is a simple concept but with profound Traditional meaning and value. The model is based on ancestral, historic, spiritual, traditional connections and relationships with people, the world, and the universe to provide culturally safe and sensitive healthcare alternatives to Maori people (10). The Tauranga Hospital, which is located in the Western Bay of Plenty, adopts the Whanaungatanga model to Indigenous patients as an alternate treatment option within the mainstream healthcare system. Services provided by the health centre include pediatric, medical, gynecology, diabetes clinics, social services, and community mental health services.

Similar to all the programs identified within the various healthcare services to support Indigenous Traditional Healing, the model had a positive impact on the health of Indigenous people and their communities. The model serves as a Kuapapa service (making difference in the life of an individual) that helps restore pride and prestige (mana) to family (whanau), tribes (iwi), and sub tribal groups (hapū). The model has also been helpful and made a difference in the mental health (*tangata whaiora*) experience of the Maori people (10).

In conclusion, these programs and policies identified within these healthcare services and systems to support various Indigenous Traditional Healing practices have contributed to the health and wellbeing of Indigenous people and their societies. The emergence of the five healthcare services, that is midwifery, natal and prenatal services; diabetes services; tele-ophthalmology services, mental health and addiction, and palliative as to support Indigenous Traditional Healing practices can be linked to the disruption of Indigenous culture and tradition by colonial policies. Traditional healing practices within the midwifery, natal and prenatal, and palliative helped to bring back traditional practices that were lost during childbirth and departure of the living to the spirit world, as a result of the ban on traditional practices. Diabetes and tele-ophthalmology services provided culturally safe diabetes prevention and control, as a result of loss of traditional foods from culture disruption and land disposition. Also, the mental health and

addiction services helped to provide mental health services to Indigenous peoples, due to the effect of colonization and colonial policies on the mental ill-health of Indigenous people.

Finally, the regulation and paying for Indigenous Traditional Healing services have been an aspect of healthcare not supported by the Indigenous healthcare delivery system. Within the Indigenous communities, Healers were recognized, respected, given higher positions in their communities and they provided various healing services to the community members for free. It was therefore pleasing to identify the support of Indigenous Traditional Healing practices through healthcare funding and exemption of Healers and medicine from regulation.

5.1.2 Ways Indigenous Traditional Healing practices was adopted and utilized within the identified support programs

Within each of the programs identified to support Indigenous Traditional Healing within the mainstream healthcare system, three themes were derived on how Indigenous Traditional practices were adopted and utilized to provide services to clients. Some of these programs utilized Indigenous Traditional Healing practices as the main treatment of option. Others used Indigenous Traditional Healing practices to support the Western biomedical treatment provided with the program, and lastly, some programs adopted Indigenous Traditional knowledge in the provision of services to clients.

5.1.2.1 The use of Indigenous Traditional Healing practices as the main or choice treatment within the support program.

Within these programs, the Healers or care providers have utilized Indigenous Traditional Healing practices as the main treatment or offered to patients as the choice of Traditional Healing. Mainstream healthcare services within which Indigenous Traditional Healing practices were utilized as the main or choice of treatment included midwifery, prenatal and natal services (121); mental health and addiction (10,123); and other healthcare services (32,127,128). Traditional Healing practices used by healers to provide treatment included spiritual interventions, ceremonies, traditional medicines, and foods. The utilization and adoption of Traditional Healing practices as the main or choice of treatment within some of the identified programs achieved the desired treatment effect.

5.1.2.2 The use of Indigenous Traditional Healing practices to support Western biomedical treatment options.

Although, Traditional Healing practices have been utilized as the main treatment choice for patients within some programs supporting Indigenous Traditional Healing. Indigenous Traditional Healing is not solely based on the treatment of disease, but also the utilization of some beliefs, cultural practices, and traditions. To provide culturally safe and appropriate healthcare to Indigenous, the healthcare environment must be accommodating and tolerant to these beliefs, cultural practices, and traditions. This means the support of Indigenous beliefs and culture within the mainstream healthcare system not as the main treatment of option, is also a way of supporting and recognizing Indigenous Traditional Healing.

Mainstream healthcare services that were identified to use Indigenous cultural practices and beliefs to support Western treatment options included teleophthalmology services, diabetic services, and mental health services. At the teleophthalmology clinic, smudging was performed before the service began, along with other cultural activities such as talking circles and bracelets making during the clinic period (24). The diabetic clinic also utilized talking circles and the mental health service incorporated cultural practices (Healing lodge) in Western therapeutic activities offered to clients (122,125). The use of Indigenous Traditional Healing practices to support Western biomedical treatment options for these services increase patients satisfaction and visits, improved patients' health and, contributed to community psychology (24,122,125).

5.1.2.3 The adoption of Indigenous Traditional knowledge in the provision of services within the support program.

As indicated within the two previous themes, Indigenous Traditional Healing has been utilized in various programs to provide health services as the treatment option or used to support Western biomedical treatment. However, the utilization of these healing practices including various cultural and traditional teachings has been based on knowledge transferred from generation to generation. Within some programs, Traditional knowledge in the form of cultural and traditional teachings was utilized to provide culturally safe and sensitive healthcare to Indigenous patients.

The Indigenous doulas' program, birthing centres, and midwifery educational programs provided by birthing and health centres had utilized Indigenous traditional birthing knowledge to provide midwifery services. The use of this knowledge to provide midwifery, prenatal and natal

services returned birthing to Indigenous communities; enabled Indigenous to plan their births; improved birthing experience; and access to culturally safe and Traditional Healing services (120,121,126,129). The Wahakura program had also used Indigenous Traditional knowledge to make Maori woven bassinet-like structure, that was culturally accepted and helped reduce infant mortality through safe infant sleeping (131).

The palliative program had utilized Indigenous Traditional knowledge to provide culturally sensitive and appropriate palliative care services to the people of Six Nations of the Grand River Territory. The program employed the services of a Traditional Knowledge carrier to provide cultural and traditional teaching and support to staff and clients (124). Lastly, the Whanaungatanga model of care utilized Indigenous knowledge on family, kinship, and relationships to provide culturally safe alternative healthcare and mental health service experience for Maori people (10). In summary, the utilization of Indigenous Traditional knowledge by programs that support Indigenous Traditional Healing within the mainstream healthcare system exemplifies how Indigenous Traditional Healing and mainstream healthcare can be bridged to provide medical, spiritual, and cultural needs of Indigenous people.

In conclusion, there was a lot of overlap on the adoption and utilization of Traditional Healing practices to provide healthcare services in these programs. Within healthcare services where Traditional Healing practices could be given as the main or choice of treatment such as mental health and midwifery services, clients were provided with such treatment options. Within healthcare services where the treatment option was mainly Western such as the tele-ophthalmology services, midwifery, mental healing services, and in some cases surgery, Traditional Healing practices have been used to support such treatment options. While within all the healthcare services identified adopted Traditional knowledge has been in the provision of services. To best support Indigenous Traditional Healing practices within the mainstream healthcare system, policymakers must consider all the ways Traditional Healing practices were supported in these healthcare services.

5.2 Strength and Limitation of study

As with every research, this study has its strength and limitations. The utilization of a scoping review for this study was appropriate to explore ways Indigenous Traditional Healing practices are supported within the mainstream healthcare systems. The systematic process was appropriate in mapping a body of literature relevant for this study, as it provided the opportunity

to explore wide information sources on the extent to which Indigenous Traditional healing practices in the mainstream healthcare system.

As earlier indicated, preliminary literature assessment and search within various systematic review databases, demonstrated the literature gap on how Indigenous Traditional Healing is supported through policies and programs within the mainstream to healthcare system in Canada, Australia, and New Zealand. This study provides a state of the literature on the extent to which healthcare systems are supporting Indigenous Traditional Healing and how these supports are translated to a health policy. The findings would also serve as a significant source of information and tool on how healthcare systems can develop various policies and programs to support Indigenous Traditional Healing and improve Indigenous health, wellness, and wellbeing.

However, adopting this research approach also contributed to the limitations of this study. Some programs and policies supporting Indigenous Traditional Healing practices might have been missed during the systematic search process and the primary use of online information sources for study. This meant some programs and policies not available online or in the sources of evidence identified (including the All Nations' Healing hospital in Saskatchewan and other hospitals providing Indigenous Traditional Healing programs), literature sources not in English, and those not easily accessible would have been missed. Also considering most Indigenous Traditional knowledge are transferred orally from generation to generation, it is likely to miss such information in the literature. Future studies on this topic could consider including these mentioned exclusion criteria, quantitative surveys, and qualitative interviews with Indigenous Traditional healers, patients, and stakeholders on the support of Indigenous Traditional Healing within the mainstream healthcare system.

5.3 Conclusion

This study supports the concept of culture as a social determinant of Indigenous health. That is the disruption of Indigenous culture by colonization and colonial policies contributing to the poor health status of Indigenous people. The high mortality rate, chronic diseases, and mental health and addiction among Indigenous people and committees can be attributed to the historic legacy of the residential school system. The attempt to "*Christianize and Civilize*" Indigenous children by the government and churches had left most survivors with no identity, language, and culture and was labeled as "cultural genocide" by the TRC. TRC defines cultural genocide as "the destruction of those structures and practices that allow the group….

families are disrupted to prevent the transmission of cultural values and identity from one generation to the next" (162 p.1). Most of the survivors have had to deal with the psychological stress of not fitting into their communities, amidst the physical and emotional abuses they experienced in the residential schools. Also, the ban on cultural practices such as Traditional Healing practices has contributed to a loss of part of their way of healing and the current challenges faced by the support and recognition of Indigenous Traditional Healing within the mainstream healthcare system. Hence, the provision of healthcare to Indigenous people is based on the Western biomedical model.

The adoption and provision of healthcare based on the Western biomedical model, rather than a holistic Indigenous worldview to Indigenous people within mainstream healthcare, has contributed to inequitable access to culturally safe and appropriate healthcare. To provide culturally safe and appropriate healthcare to Indigenous people, decision-makers have to recognize the worldview and healing practices of the Indigenous people. This study has highlighted the various ways Indigenous Traditional Healing practices have and can be supported in the mainstream healthcare system. It has demonstrated the complex and broad concept of the Indigenous worldview on the health and healthcare model. In that, Traditional Healing is not limited to Traditional medicine, but include culture and cultural practices such as ceremonies, rituals, traditions, relationships, language, spiritual interventions, and a concept of knowledge system.

In my reflection during the writing of this study, I came to realize how people within my society and tribe had defined health and healthcare delivery. Considering similarities on the worldview of health as defined within the Indigenous worldview, such as emphasis on the relationship with families and communities, cultural values, spiritual interventions, rituals, ceremonies, and traditional medicine. Most of these have been abandoned within our mainstream healthcare system due to the adoption of the Western biomedical model of health, partly influenced by the history of colonization in my country of origin. As mentioned in the introduction, my aim for this research goes beyond achieving academic credentials and the support of Indigenous Traditional Healing within the mainstream healthcare system in Saskatchewan, but also how Traditional medicine can be supported within the mainstream healthcare system in Ghana.

In conclusion, this study has also demonstrated the impact of the support and recognition of Indigenous Traditional Healing within the mainstream healthcare system such as increased access and attendance; improved healthcare experience and health outcomes; empowered individuals and their communities; brought healthcare back to communities; and improved the health and wellbeing of Indigenous people and their communities. Therefore, I side with the TRC:

> [to] call upon those who can effect change within the [Saskatchewan] health-care system to recognize the value of [Indigenous] healing practices and use them in the treatment of [Indigenous] patients in collaboration with [Indigenous] healers and Elders, where requested by [Indigenous] patients (4 p.3).

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APPENDIX A

MEDLINE Search strategy for Australia 3/July/ 2020 7:59pm

1. Australia/ or Oceanic Ancestry Group/ or Humans/ or aborigin*.mp. or Population Groups/ **18582094**

2. limit 1 to abstracts **76451**

3. Indigenous Peoples/ or Health Services, Indigenous/ or indigenous.mp. **28244**

4. ("Torres Strait Island*" or "Torres Straight Island").mp. [mp=title, abstract, original title, name of substance word, subject heading word, floating sub-heading word, keyword heading word, organism supplementary concept word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms] **1360**

5. 1 or 3 or 4 **18582094**

6. (traditional and medicine*).mp. [mp=title, abstract, original title, name of substance word, subject heading word, floating sub-heading word, keyword heading word, organism supplementary concept word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms] **64864**

7. (traditional and medicine*).mp. [mp=title, abstract, original title, name of substance word, subject heading word, floating sub-heading word, keyword heading word, organism supplementary concept word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms] **64864**

8. ((((((((((((shamanism or shaman* or traditional) and heal*) or traditional) and food*) or medicine) and man) or medicine) and woman) or autochtone* or ethnomedicine or country) and food*) or herbal) and medicine) or healer).mp. [mp=title, abstract, original title, name of substance word, subject heading word, floating sub-heading word, keyword heading word, organism supplementary concept word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms] **28118**

9. 7 or 8 **76264**

10. (incorporat* or includ* or integrat* or inclus* or facilitat* or adopt* or implement* or acknowledg* or collab* or pathway* or support*).mp. [mp=title, abstract, original title, name of

substance word, subject heading word, floating sub-heading word, keyword heading word, organism supplementary concept word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms] **11992815**

11. ((health* and policy) or (health* and delivery) or (delivery and health and care) or (dlivery and healthcare) or (health* and manag*) or (health* and service*)).mp. [mp=title, abstract, original title, name of substance word, subject heading word, floating sub-heading word, keyword heading word, organism supplementary concept word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms] **1079370**

12. South Australia/ or Australia.mp. or Australia/ or Western Australia/ **147761**

13. ("New South Wales OR Victoria OR Queensland OR Western Australia OR South Australia" or tasmania).mp. [mp=title, abstract, original title, name of substance word, subject heading word, floating sub-heading word, keyword heading word, organism supplementary concept word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms] **2276**

14. 12 or 13 **148851**

15. 5 and 9 and 10 and 11 and 14 **149**

APPENDIX B

Grey literature search for Canada on 7th June 2020

Search term: Indigenous, Aboriginal, Inuit, First Nation, Metis, Traditional Healing programs, polices, services

Search were conducted within

- Federal government websites, Health Canada, Public Health Agency Canada,
- Provincial Health authority's websites,

Using the above search terms and navigating through services provided

Date	**Organization name**	**URL**	**Number of items identified**
17th June 2020	Government (Health Canada)	Indigenous Services Canada (ISC) (https://www.canada.ca/en/indigenous-services-canada.html) Crown-Indigenous Relations and Northern Affairs Canada (CIRNAC) (https://www.canada.ca/en/crown-indigenous-relations-northern-affairs.html)	2
	National Collaborating Center for Indigenous Health	(https://www.nccih.ca/en/)	0
	Ministry of Health, Ontario	Aboriginal health Access Centres (https://www.ontario.ca/page/aboriginal-health-access-centres#section-6) (https://www.allianceon.org/aboriginal-health-access-centres)	10
	Saskatchewan Health Authority	https://www.saskhealthauthority.ca/	9
	Ministry of Health, BC	(https://www2.gov.bc.ca/gov/content/governments/organizational-structure/ministries-organizations/ministries/health)	11
	Vancouver Coastal Health	http://www.vch.ca/your-care/aboriginal-health	4
	Fraser Health	(https://www.fraserhealth.ca/)	8

	Ministry of Health, Alberts	https://www.alberta.ca/health.aspx	33
	Southern Health	(https://www.southernhealth.ca/en/finding-care/care-by-topic/indigenous-health/cultural-resources/	1
	Winnipeg regional health Authority	https://wrha.mb.ca/	9
	Ministry of Health, Quebec	https://www.quebec.ca/en/health	7
	Department of Health and Welbeing, Nova Scotia	https://novascotia.ca/dhw/	9
	Ministry of Health, New Brunswick	https://www2.gnb.ca/content/gnb/en/departments/health.html	17
	Health and Community Services, Newfound land	https://www.gov.nl.ca/hcs/	2
	Department of Health, Nunavut	https://www.gov.nu.ca/health	9
	Health and Social Services North West Territories	https://www.hss.gov.nt.ca/en	2

APPENDIX C

Data charting form

Characteristic	**Articles**
Title	
Authors	
Year	
Publication source	
Country/Province	
Population	
Aim of study	
Study design	
Healthcare system/service	
Support Policy/Program	
Funding source	
Type of intervention	
Traditional Healing practice	
Health issue targeted	
Impact of program or service	
Significant findings	
Recommendations	

APPENDIX D

Tikanga ā-Rongoā

1 Tūroro Tino Rangatiratanga
Outcome – The rights and mana of the tūroro are respected and upheld

Criteria ⇩	Standard 1.1 Te Mana Tangata *The rongoā service is delivered by a rongoā service provider according to the rights and mana of the tūroro.*						
	Outcome criteria	**How is achievement of this outcome demonstrated?**	**Attainment level**	✓	**Guidance example**	**How is this assessed?**	✓
1.1.1	The rongoā practitioner demonstrates knowledge and understanding of the mana of the tūroro under existing legislation and incorporates them as part of their everyday practice.		Continuous improvement		This may be achieved by, but is not limited to: a. learning, including induction and ongoing development of best practice models being made available to rongoā practitioners relevant to their role and level of contact with tūroro b. tūroro information is documented and maintained in a confidential manner c. assessments are regularly conducted to ensure practitioner understanding of rongoā practice and principles.	Service provider interview	
			Fully attained			Staff interview	
			Partial attainment			Manager interview	
			Unattained			Tūroro interview	
			Comments:			Tikanga focused interview	
						Visual inspection	
						Tūroro questionnaire	
						Service provider questionnaire	
						Staff questionnaire	
						Tikanga focused assessment	
						Linked services, family and referral services interview	
RISK – ☐ Critical ☐ High ☐ Moderate ☐ Low ☐ Negligible							
1.1.2	The privacy and personal space of tūroro are respected at all times by rongoā practitioners.		Continuous improvement			Service provider interview	
			Fully attained			Staff interview	
			Partial attainment			Manager interview	
			Unattained			Tūroro interview	
						Tikanga focused interview	
						Visual inspection	
						Tūroro questionnaire	

Criteria ⇩	**Standard 1.1 Te Mana Tangata** *The rongoā service is delivered by a rongoā service provider according to the rights and mana of the tūroro.*						
	Outcome criteria	**How is achievement of this outcome demonstrated?**	**Attainment level**	✓	**Guidance example**	**How is this assessed?**	✓
					This may be achieved by, but is not limited to: a. private consultation rooms are located away from the general public and staffing areas to ensure privacy. If this is not possible then every effort should be made to maintain privacy in accordance with the type of healing required by the tūroro b. a rongoā service is provided in the least intrusive manner at all times c. the tūroro are treated with compassion and respect.	Service provider questionnaire	
			Comments:			Staff questionnaire	
						Tikanga focused assessment	
						Linked services, family and referral services interview	
RISK – ☐ Critical ☐ High ☐ Moderate ☐ Low ☐ Negligible							
1.1.3	The tūroro are informed of their rights.		Continuous improvement		This may be achieved by, but is not limited to: a. displaying information pamphlets in public areas b. tūroro are informed of their rights under the Code of Health and Disability Services Consumers' Rights 1996, including the right to have a support person present.	Service provider interview	
			Fully attained			Staff interview	
			Partial attainment			Manager interview	
			Unattained			Tūroro interview	
			Comments:			Tikanga focused interview	
						Visual inspection	
						Tūroro questionnaire	
						Service provider questionnaire	
						Staff questionnaire	
						Tikanga focused assessment	
						Linked services, family and referral services interview	
RISK – ☐ Critical ☐ High ☐ Moderate ☐ Low ☐ Negligible							

1 Tūroro Tino Rangatiratanga

Criteria ⇩	Standard 1.2 Te Mana Whakaae *The rongoā service provides the tūroro with a process of informed consent.*						
	Outcome criteria	**How is achievement of this outcome demonstrated?**	**Attainment level**	✓	**Guidance example**	**How is this assessed?**	✓
1.2.1	The tūroro have a right to make an informed choice and give informed consent.		Continuous improvement		The tūroro are provided with: a. written and verbal information in a format, language, and manner they understand b. adequate time to consider their options.	Service provider interview	
			Fully attained			Staff interview	
			Partial attainment			Manager interview	
			Unattained			Tūroro interview	
			Comments:			Tikanga focused interview	
						Visual inspection	
						Tūroro questionnaire	
						Service provider questionnaire	
						Staff questionnaire	
						Tikanga focused assessment	
						Linked services, family and referral services interview	
RISK – ☐ Critical ☐ High ☐ Moderate ☐ Low ☐ Negligible							
1.2.2	The rongoā service provider is able to demonstrate that consent is obtained.		Continuous improvement			Service provider interview	
			Fully attained			Staff interview	
			Partial attainment			Manager interview	
			Unattained			Tūroro interview	
			Comments:			Tikanga focused interview	
						Visual inspection	
						Tūroro questionnaire	
						Service provider questionnaire	
						Staff questionnaire	

Criteria ⇩	Standard 1.2 Te Mana Whakaae *The rongoā service provides the tūroro with a process of informed consent.*						
	Outcome criteria	**How is achievement of this outcome demonstrated?**	**Attainment level**	✓	**Guidance example**	**How is this assessed?**	✓
					This may be achieved by, but is not limited to: a. developing and maintaining reporting and recording of consent processes such as for: routine consent situations; emergency situations; and tūroro non-consent b. ensuring that rongoā practitioners are informed of the practice of informed consent c. a rongoā practitioner that recognises the right of the tūroro to refuse treatment and to follow advice.	Tikanga focused assessment Linked services, family and referral services interview	
RISK – ☐ Critical ☐ High ☐ Moderate ☐ Low ☐ Negligible							

1 Tūroro Tino Rangatiratanga

Criteria ⇩	Standard 1.3 Te Mana Reo *Information with the tūroro is communicated in a manner that is easily understood.*						
	Outcome criteria	**How is achievement of this outcome demonstrated?**	**Attainment level**	✓	**Guidance example**	**How is this assessed?**	✓
1.3.1	The tūroro have a right to full and frank information and open kōrero.		Continuous improvement			Service provider interview Staff interview	
			Fully attained			Manager interview Tūroro interview	
			Partial attainment			Tikanga focused interview	

Criteria ⇩	**Standard 1.3 Te Mana Reo** *Information with the tūroro is communicated in a manner that is easily understood.*						
	Outcome criteria	**How is achievement of this outcome demonstrated?**	**Attainment level**	✓	**Guidance example**	**How is this assessed?**	✓
					This may be achieved by, the rongoā service provider developing and maintaining processes to ensure tūroro are informed of their rights to information and open disclosure.	Visual inspection	
			Unattained			Tūroro questionnaire	
						Service provider questionnaire	
			Comments:			Staff questionnaire	
						Tikanga focused assessment	
						Linked services, family and referral services interview	
RISK – ☐ Critical ☐ High ☐ Moderate ☐ Low ☐ Negligible							
1.3.2	The rongoā service provider allows sufficient time for kōrero to take place.		Continuous improvement		This may be achieved by, but is not limited to: a. having a process to allow for sufficient time for kōrero to occur b. encouraging tūroro to understand their responsibility to communicate openly; participate in decisions about treatment; and comply with mutually-agreed treatment recommendations.	Service provider interview	
			Fully attained			Staff interview	
			Partial attainment			Manager interview	
			Unattained			Tūroro interview	
						Tikanga focused interview	
			Comments:			Visual inspection	
						Tūroro questionnaire	
						Service provider questionnaire	
						Staff questionnaire	
						Tikanga focused assessment	
						Linked services, family and referral services interview	
RISK – ☐ Critical ☐ High ☐ Moderate ☐ Low ☐ Negligible							
1.3.3			Continuous improvement			Service provider interview	
						Staff interview	
			Fully attained			Manager interview	

Criteria ⇩	**Standard 1.3 Te Mana Reo** *Information with the tūroro is communicated in a manner that is easily understood.*						
	Outcome criteria	**How is achievement of this outcome demonstrated?**	**Attainment level**	✓	**Guidance example**	**How is this assessed?**	✓
	Rongoā practitioners provide relevant and appropriate patient and practice information to tūroro in a form, language and manner that enables each tūroro to understand the information.				This may be achieved by, but is not limited to: a. tūroro having received the information in an appropriate format and language b. facilitated access to an interpreter (including a New Zealand Sign Language interpreter) c. rongoā service providers being aware of and having access to relevant legislation and other material, including: i. Code of Health and Disability Services Consumers' Rights (the Code) 1996 ii. Privacy Act 1993 iii. Human Rights Act 1993 iv. United Nations Convention on the Rights of Persons with Disabilities 2006 v. Health Information Privacy Code 1994 vi. United Nations Principles for Older Persons 1991.	Tūroro interview	
			Partial attainment			Tikanga focused interview	
			Unattained			Visual inspection	
			Comments:			Tūroro questionnaire	
						Service provider questionnaire	
						Staff questionnaire	
						Tikanga focused assessment	
						Linked services, family and referral services interview	
RISK – ☐ Critical ☐ High ☐ Moderate ☐ Low ☐ Negligible							

1 Tūroro Tino Rangatiratanga

Criteria ⇩	Standard 1.4 Te Mana Wairua *Tūroro are free from any discrimination, coercion, harassment, sexual, financial or other exploitation, abuse (physical, psychological, sexual, or financial) or neglect.*						
	Outcome criteria	**How is achievement of this outcome demonstrated?**	**Attainment level**	✓	**Guidance example**	**How is this assessed?**	✓
1.4.1	There are policies and procedures in place to ensure tūroro are not subjected to discrimination, coercion, harassment, exploitation (sexual, financial or other), abuse (physical, psychological, sexual or financial) or neglect.		Continuous improvement		This may be achieved by, but is not limited to: a. policies and procedures describe the safeguards that exist to protect tūroro from discrimination, abuse or neglect of any kind and to describe the actions to be taken if there is any inappropriate or unlawful conduct where the safety of the tūroro is compromised, or put at risk b. policies and procedures should include acceptable responses to complaints/allegations of any form of impropriety.	Service provider interview	
			Fully attained			Staff interview	
			Partial attainment			Manager interview	
			Unattained			Tūroro interview	
			Comments:			Tikanga focused interview	
						Visual inspection	
						Tūroro questionnaire	
						Service provider questionnaire	
						Staff questionnaire	
						Tikanga focused assessment	
						Linked services, family and referral services interview	
RISK – ☐ Critical ☐ High ☐ Moderate ☐ Low ☐ Negligible							
1.4.2	A process is established to record and report incidents of discrimination, abuse or neglect.		Continuous improvement			Service provider interview	
			Fully attained			Staff interview	
			Partial attainment			Manager interview	
			Unattained			Tūroro interview	
			Comments:			Tikanga focused interview	
						Visual inspection	
						Tūroro questionnaire	
						Service provider questionnaire	
						Staff questionnaire	
						Tikanga focused assessment	

Criteria ⇩	**Standard 1.4 Te Mana Wairua** *Tūroro are free from any discrimination, coercion, harassment, sexual, financial or other exploitation, abuse (physical, psychological, sexual, or financial) or neglect.*						
	Outcome criteria	**How is achievement of this outcome demonstrated?**	**Attainment level**	✓	**Guidance example**	**How is this assessed?**	✓
					This may include, but is not limited to: a. identification of potential risk for discrimination, abuse or neglect in assessments b. evidence that the quality and risk management and incident reporting system includes discrimination, abuse and neglect reporting c. evidence in planning and reporting systems that such events are reported and when this occurs have resulted in documented outcomes d. evidence that reporting of discrimination, abuse and neglect of any kind is promptly submitted to the appropriate level within the rongoā service provider and reported to the appropriate authorities.	Linked services, family and referral services interview	
RISK – ☐ Critical ☐ High ☐ Moderate ☐ Low ☐ Negligible							
1.4.3			Continuous improvement		This may include, but is not limited to, information being maintained, and recorded and linked to the quality and risk management system.	Service provider interview	
						Staff interview	
			Fully attained			Manager interview	
						Tūroro interview	
			Partial attainment			Tikanga focused interview	
						Visual inspection	
			Unattained			Tūroro questionnaire	
						Service provider questionnaire	
			Comments:			Staff questionnaire	

Criteria ⇩	**Standard 1.4 Te Mana Wairua** *Tūroro are free from any discrimination, coercion, harassment, sexual, financial or other exploitation, abuse (physical, psychological, sexual, or financial) or neglect.*						
	Outcome criteria	**How is achievement of this outcome demonstrated?**	**Attainment level**	✓	**Guidance example**	**How is this assessed?**	✓
	All allegations of discrimination, abuse or neglect of any kind are managed and recorded according to the rongoā service provider's policies, procedures and quality and risk management system.					Tikanga focused assessment	
						Linked services, family and referral services interview	
RISK – ☐ Critical ☐ High ☐ Moderate ☐ Low ☐ Negligible							
1.4.4	Discrimination, abuse and neglect prevention awareness is included in the induction programme for the rongoā practitioner and is updated regularly to maintain knowledge and skills.		Continuous improvement		This may include, but is not limited to, training provisions for staff so that they fully understand the range of behaviour that constitutes discrimination, coercion, harassment, exploitation, abuse, and neglect.	Service provider interview	
			Fully attained			Staff interview	
			Partial attainment			Manager interview	
			Unattained			Tūroro interview	
			Comments:			Tikanga focused interview	
						Visual inspection	
						Tūroro questionnaire	
						Service provider questionnaire	
						Staff questionnaire	
						Tikanga focused assessment	
						Linked services, family and referral services interview	
RISK – ☐ Critical ☐ High ☐ Moderate ☐ Low ☐ Negligible							

1 Tūroro Tino Rangatiratanga

Criteria ⇩	**Standard 1.5 Te Mana Awhiowhio** *The tūroro right to make a complaint is understood, respected and upheld.*						
	Outcome criteria	**How is achievement of this outcome demonstrated?**	**Attainment level**	✓	**Guidance example**	**How is this assessed?**	✓
1.5.1	An easily accessed, responsive and fair complaints process, which complies with Right 10 of the Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights 1996 is documented and implemented		Continuous improvement		This may include, but is not limited to: a. the rongoā service provider demonstrating compliance with the Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights 1996 b. the rongoā service provider operates the complaints process in a fair and appropriate manner, including the involvement of advocacy services, where appropriate c. the rongoā service provider encourages tūroro to use the complaints process when they have a complaint about the service or the rongoā practitioners d. all rongoā service providers attend training on how to receive and manage complaints.	Service provider interview	
			Fully attained			Staff interview	
			Partial attainment			Manager interview	
			Unattained			Tūroro interview	
			Comments:			Tikanga focused interview	
						Visual inspection	
						Tūroro questionnaire	
						Service provider questionnaire	
						Staff questionnaire	
						Tikanga focused assessment	
						Linked services, family and referral services interview	
RISK – ☐ Critical ☐ High ☐ Moderate ☐ Low ☐ Negligible							
1.5.2			Continuous improvement		The rongoā service provider has a process to effectively communicate its complaints process to tūroro and their whānau.	Service provider interview	
			Fully attained			Staff interview	
			Partial attainment			Manager interview	
			Unattained			Tūroro interview	
						Tikanga focused interview	
						Visual inspection	
						Tūroro questionnaire	

Criteria ⇩	**Standard 1.5 Te Mana Awhiowhio** *The tūroro right to make a complaint is understood, respected and upheld.*						
	Outcome criteria	**How is achievement of this outcome demonstrated?**	**Attainment level**	✓	**Guidance example**	**How is this assessed?**	✓
	Information about a tūroro right to complain and the complaints process is available to tūroro and they are supported in their right to use the complaints process					Service provider questionnaire	
			Comments:			Staff questionnaire	
						Tikanga focused assessment	
						Linked services, family and referral services interview	
RISK – ☐ Critical ☐ High ☐ Moderate ☐ Low ☐ Negligible							
1.5.3			Continuous improvement		The rongoā service provider is able to produce evidence that complaints are taken seriously and appropriate action is taken.	Service provider interview	
			Fully attained			Staff interview	
						Manager interview	
			Partial attainment			Tūroro interview	
						Tikanga focused interview	
			Unattained			Visual inspection	
						Tūroro questionnaire	
						Service provider questionnaire	
			Comments:			Staff questionnaire	
						Tikanga focused assessment	

Criteria ⇩	**Standard 1.5 Te Mana Awhiowhio** *The tūroro right to make a complaint is understood, respected and upheld.*						
	Outcome criteria	**How is achievement of this outcome demonstrated?**	**Attainment level**	✓	**Guidance example**	**How is this assessed?**	✓
	An up-to-date complaints register is maintained which documents and includes all complaints, dates and actions taken. This shall include but is not limited to: a. there are clearly written guidelines for the rongoā service on what constitutes feedback or complaint b. there is a link between the complaints system and the quality and risk management system.					Linked services, family and referral services interview	
RISK – ☐ Critical ☐ High ☐ Moderate ☐ Low ☐ Negligible							

1 Tūroro Tino Rangatiratanga

Criteria ⇩	**Standard 1.6 Te Mana Tapu** *The protection of confidentiality is a legitimate expectation of the tūroro.*						
	Outcome criterion	**How is achievement of this outcome demonstrated?**	**Attainment level**	✓	**Guidance example**	**How is this assessed?**	✓
1.6.1	The rongoā service provider protects and maintains tūroro confidentiality and meets the requirements of appropriate legislation and relevant rongoā professional standards where these exist.		Continuous improvement		This may include, but is not limited to rongoā service providers being aware of and having access to relevant legislation and other material, including: a. Privacy Act 1993 b. Health Information Privacy Code 1994 c. Health (Retention of Health Information) Regulations 1996 d. Health Act 1956 e. Human Rights Act 1993 f. AS 2828:1999 g. NZS 8153:2002.	Service provider interview	
			Fully attained			Staff interview	
			Partial attainment			Manager interview	
			Unattained			Tūroro interview	
			Comments:			Tikanga focused interview	
						Visual inspection	
						Tūroro questionnaire	
						Service provider questionnaire	
						Staff questionnaire	
						Tikanga focused assessment	
						Linked services, family and referral services interview	

RISK – ☐ Critical ☐ High ☐ Moderate ☐ Low ☐ Negligible