

ROLE AND EXPERIENCE OF TRADITIONAL HEALER IN DEMENTIA CARE IN NORTH AMERICA, AUSTRALIA AND NEW ZEALAND

**Conference Track:
Respecting Tribal Sovereignty:
A Path to Accelerating Tribal Health Equity**

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Laurentian University
Université Laurentienne



NOSM
UNIVERSITY

McMaster
University



Indigenous
Research Institute

Gratitude & Acknowledgement

- Honored to acknowledge the land of Robinson-Huron Treaty (1850) territory and traditional territory of the Atikameksheng Anishinabek First Nation and Wahnapiatae First Nation in the Greater Sudbury Area.
- Dementia Community Advisory Council members on Manitoulin Island



Acknowledgement and Gratitude

Elders, Knowledge-Holders and Traditional Healers

Joe and Rosalinda Peltier

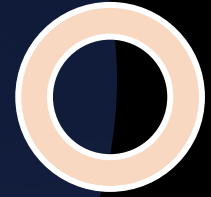
Art Petahtegoose

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Karen Pitawanakwat

This presentation's contents may be shared on other platforms.



OUTLINES

- ✓ Background
- ✓ Methods
- ✓ Results
- ✓ Discussion
- ✓ Conclusion
- ✓ Call to Action

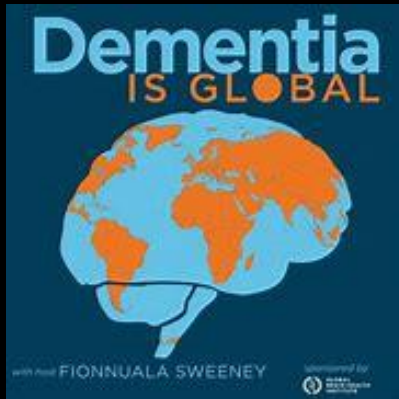
GOAL

- Disseminate and share the study findings
- Initiate future discussion to develop knowledge of dementia policy, practice and intervention



Learning Objective

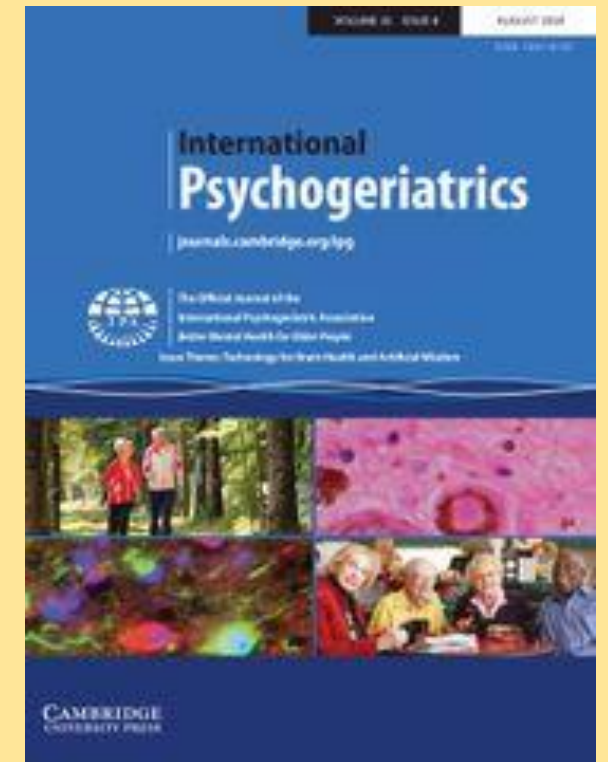
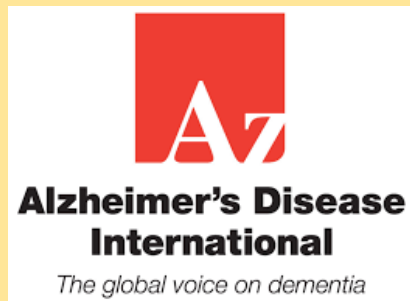
- Knowledge, training and experiences of traditional healers
- Policy barriers and research gaps
- Recognize and empower traditional healer as community stakeholder
- Culturally-safe dementia care: Ethical reciprocity and cultural norms and values.



INTRODUCTION

The 21st century's biggest global health crises with **a new case occurring every three seconds**

First global systematic review (2014) showed prevalence of dementia among Indigenous populations ranged from **0.5 to 20%** across five countries (Warren, 2015).



Prevalence rates of dementia in Indigenous Populations



34% higher than the non-Indigenous populations in Canada.

Predict to increase First Nations population over aged 60 is **4-fold compared to 2.3 folds** than non-First Nation in 2031 (Walker, 2019)



Prevalence of dementia is **3-5 times higher** compared to general Australia population. Dementia rate for **remote living Aboriginal and Torres Strait Islander peoples** is nearly five times higher at 12.4% than compared to 2.4% in the general Australian population (Radford, et al. 2015, 2019; Smith, et al., 2008; Li, et al. 2014)



Prevalence and incidence in the American Indian/Alaska Native populations is **14.6%** higher than in the White population (Mayeda, 2016).



62,000 people living with dementia in NZ, projected to reach 170,000 by 2050 (Yates, 2020)

Lowest prevalence rates of dementia in Indigenous Population in Bolivia

Two indigenous groups in the Bolivian Amazon have among the lowest rates (1%) of dementia in the world (Gatz, M. et al. 2022)



BACKGROUND

Access to culturally-safe dementia (CSDC): Paradigm Shift

- Cultural safety and gender equity in brain health
- Two-eyed seeing framework
- Trauma-informed care, anti-racism, cultural humility

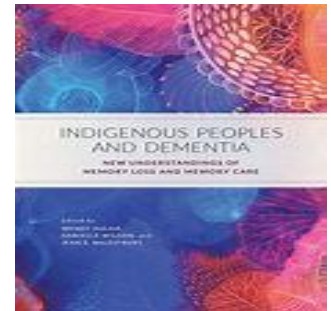
CSDC is an emerging challenges worldwide

Recognition: Traditional healers as stakeholder in dementia care
(WHO, 2018)

Marginalized catalytic role of TH on CSDC to generate knowledge for health policymakers and community partners



World Health
Organization



DEMENTIA – AN EYE OF INDIGENOUS ELDER

“It’s not looked at as a disease, you know. Some people go back that way, and this is how they are going back to the Creator” – Knowledge Keeper, Six Nations (Jacklin, 2019)

“Keewayabinoocheeaway. That’s returning back to childhood.” – Elder, Thunderbay (Jacklin, 2019)

TALK OF “MEMORY LOSS” IS LESS APPROPRIATE THAN SAYING “MEMORIES ARE BURIED.” (Jacklin, 2019)

Objective

- Understand the roles and experiences of traditional healers
- Explore and mapping the potential integration of traditional healing and medicine in dementia care into mainstream health care system
- Identify policy barriers and research gaps

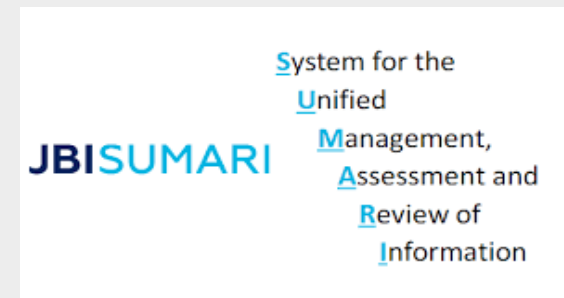
Research Questions

1. What is known about traditional healers' roles and experiences surrounding dementia care within Indigenous populations in North America, Australia, and New Zealand?
2. What strategies have been recommended and evaluated to integrate traditional healing and medicine into health care system (culturally-safe dementia care)?
3. What are the policy barriers and research gaps?

Objectives and research questions reflect to map the key concepts that underpinning a research area (Arksey & O'Malley, 2015).

METHODS

- Joanna Briggs Institute (JBI)
- Protocol Development
- PCC Framework
- Stakeholder Consultation
 - Elders
 - Knowledge-holders
 - Traditional healers



Step 1: Protocol Development



Protocol is the plan or method of systematic scoping review



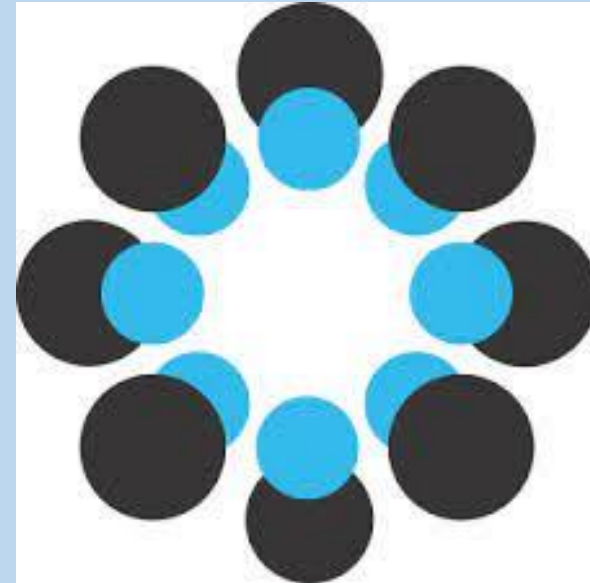
Developed to refined research questions and inclusion/exclusion criteria



Aligned with PCC (participant, concept, and context) Framework



Registered in the Open Science Framework in Montreal



JBI MANUAL FOR EVIDENCE SYNTHESIS

February 2021

JBI Global

scoping reviews
evidence maps
PRISMA-ScR
scoping study
protocol
PCC criteria
research mapping
knowledge gaps
data charting
research
evidence maps
key concepts
Joanna Briggs Institute
Munn Peters
Colquhoun
Tricco
Arksey
Levac
O'Malley

Step 2: Search Strategy

OVID MEDLINE, PSYCINFO, CINAHL & EMBASE English peer reviewed research article/literature published in 2000 to 2020

Initial Search Keywords in MeSH (dementia* or alzheimer* or alter* behav* or memory care or cognitive* impairment*).mp

Involved NOSM Academic Librarian

Used Zotero and Covidence

Geographic limitation

- Keywords and subject headings used to limit North America, Australia and New Zealand Indigenous populations

Language

- Database-specific filter for English only

Chronology

- Database-specific filter for 2000-2020



Search Strategy: JBI PCC Framework *(Inclusion/Exclusion Criteria)*

PCC Framework	Inclusion	Exclusion	Exclusion Justification
Participants	Traditional healers and Grandmothers Group in dementia care	Caregivers	
Content	Traditional healing and medicine in dementia, senile, and memory care, AD, head or brain injury. Role and experiences, Potential integration of dementia care into health care system policy barrier and research gaps	Mental and psychiatric disorders, Parkinson's disease, schizophrenia, and epilepsy	Focused on traditional healing and medicine in dementia-related diseases through traditional healers and Grandmother Groups.
Context	Indigenous communities of North America: First Nations, Metis, Inuit, Cree, American Indian/Native Indian, Alaska Native and Hawaii Native), Australia: Aboriginal and Torres Strait Islander, and New Zealand: Maori	Asia, Africa, Europe, and South America	Relevant studies were not found in databases search (CINAHL, EMBASE, MEDLINE and PSYCINFO)

Step 3: Select Relevant Studies

Inclusion Criteria

Studies with all design types:

experimental and quasi-experimental, quantitative, qualitative, mixed-methods designs, arts-based, phenomenology, grounded theory, etc.

Exclusion Criteria

- Expert opinions, editorials, commentary articles, research news,
- Gray literatures
- Publications in other languages than English

Involved Independent Reviewers for the relevant studies (titles, abstract and full text for extraction)

Step 4: Chart Relevant Data

1. Title
2. Authors and Year
3. Journal volume, issue, and pages
4. Type of article
5. Geographical Region
Indigeneity
Community
6. Participants (age/sex/number)
Sample size
7. Purpose
8. Method
9. Intervention
10. Key Findings

Step 5: Synthesize and Report Results

Based on Covidence data analysis

Apply 22 Items of JBI PRISMA Extension Check-list (JBI, 2020).

- Abstract
- Introduction
- Review Questions
- Inclusion Criteria (PCC Breakdown)
- Methods
- Results (PRISMA-ScR Flow Chart with 22 items)
- Discussion
- Conclusions and Recommendations
- References
- Conflict of Interest and Acknowledgement
- Appendices

Step 6: Local Community Stakeholder Consultation Zoom Circle Gathering/Meeting held on May 18, 2021

Purpose:

Gathering to interpret and meaning of the results:

- What important questions did this review set out to answer?
- What answers did we find and what questions remain?
- Why are the results important and how can they be used at a community level?

Four Elder knowledge holders and a Community Researcher shared their knowledge are meaningful.

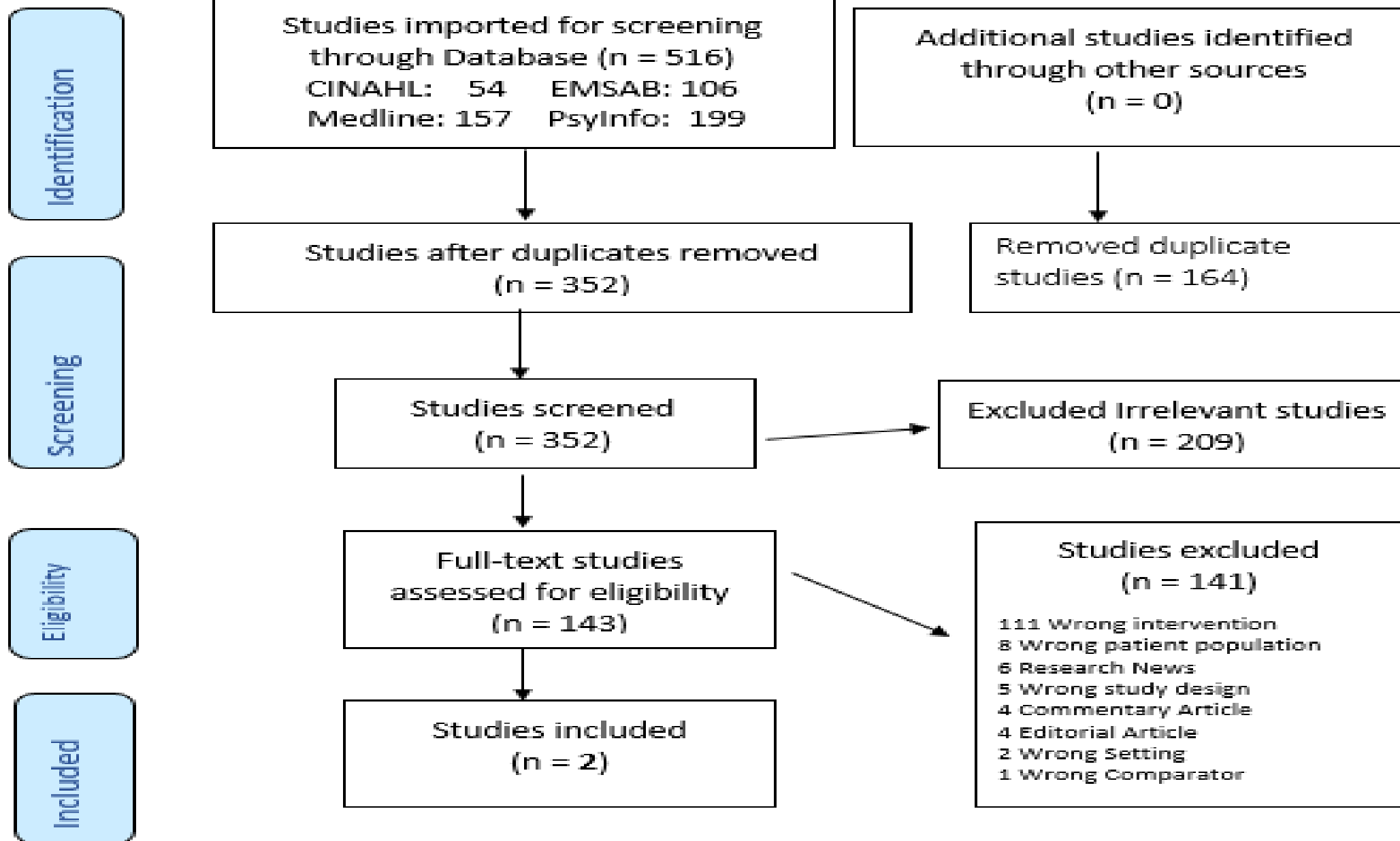
- To guide locally conceptualize the interpretation
- To validate and adopt the proposed model 1 and 2 culturally safe dementia care integration roadmap





RESULTS

PRISMA 2020 Flow Diagram



Studies in North America, Australia and New Zealand

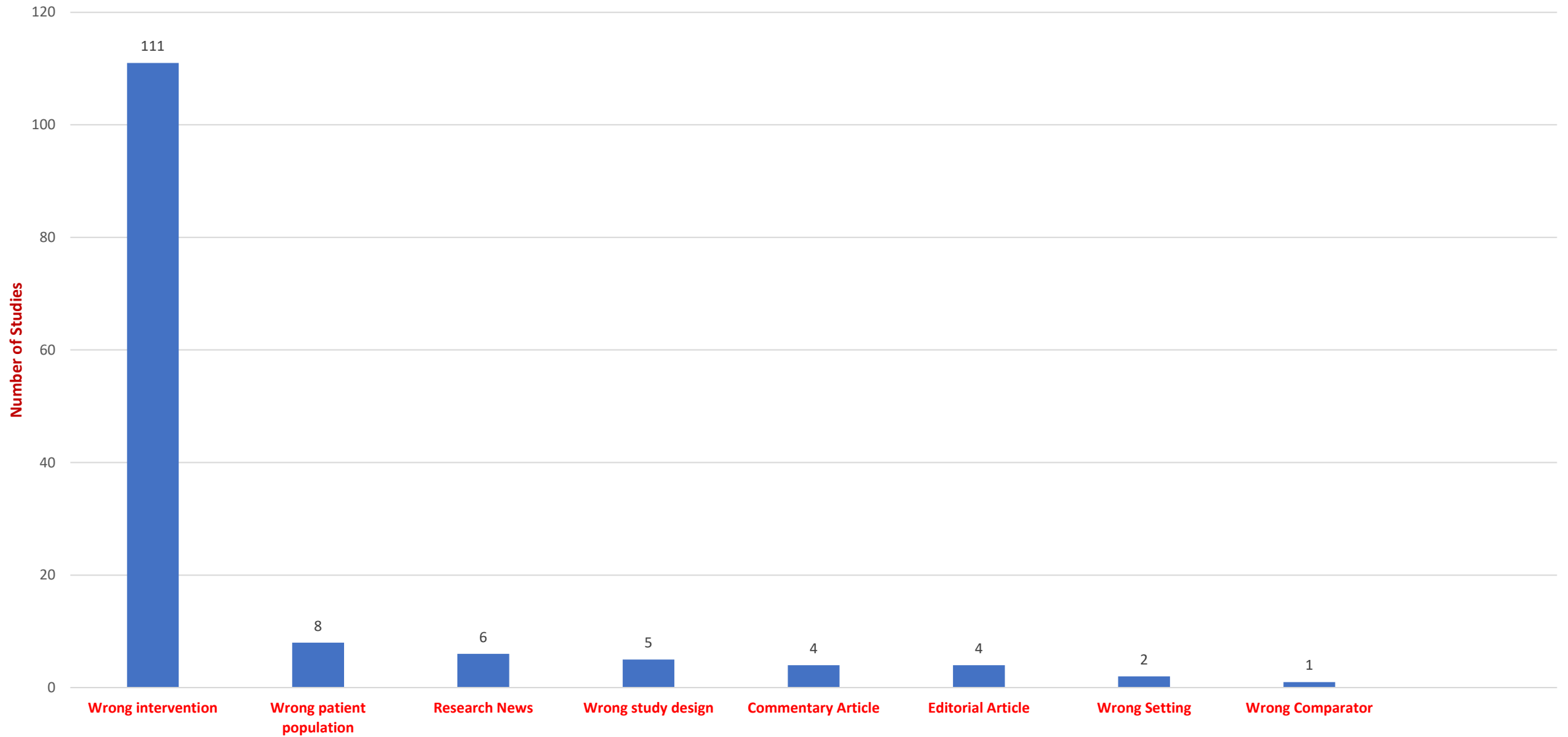
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Reasons for Ineligible Studies in Canada, United States, Australia and New Zealand (2000-2020)



KEY RESULTS

- Of 143, two studies (2000-2020) met all inclusion criterion but minimal.
- No CSDC policy and practice in place on health care system
- Potential to develop knowledge of CSDC for policymakers and community partners for health policy, practice and research



Can J Aging. 2012 Sep;31(3):257-70. doi: 10.1017/S0714980812000207. Epub 2012 Jul 25.

Formal dementia care among first nations in southwestern Ontario

Sara A Finkelstein ¹, Dorothy A Forbes, Chantelle A M Richmond

Traditional healer illustrates how physician rejecting the validity of traditional healing and alternative medicines, making it challenging to have collaborative care for people with dementia due to mistrust.



J Cross Cult Gerontol (2011) 26:103–117
DOI 10.1007/s10823-010-9136-4

ORIGINAL ARTICLE

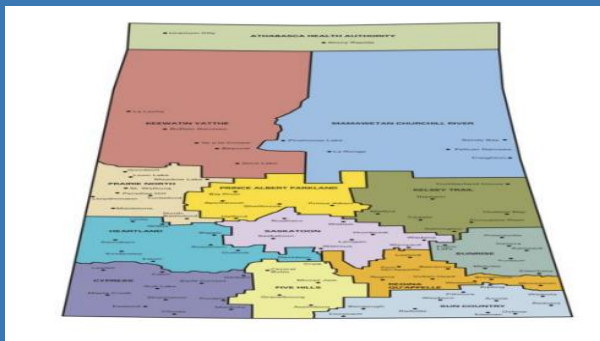
Aboriginal Experiences of Aging and Dementia in a Context of Sociocultural Change: Qualitative Analysis of Key Informant Group Interviews with Aboriginal Seniors

Shawnda Lanting • Margaret Crossley • Debra Morgan • Allison Cammer

The notion of culturally-competent care, Grandmothers Group (*considered as traditional healer*) urged essential of visual language and translation services in remote memory clinic.



**Addressed
Research
Question 1:
Role and
Experience of
Traditional
Healer**

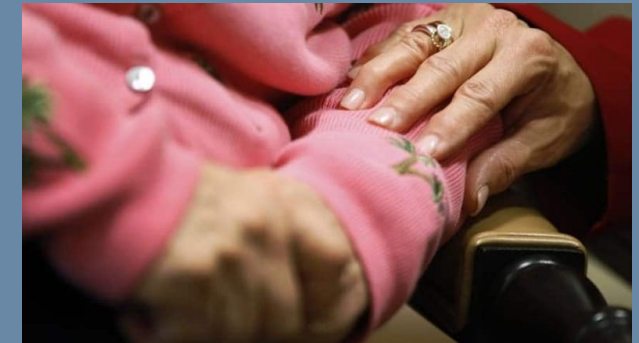


Ontario

- Traditional healer's role additionally recognizes investigating and determining the cause of dementia and treating symptoms.
- Worked with client, family member or caregiver closely and spend much more time to build mutual trust for collaboration and partnership

Saskatchewan

- Role and experience as community health care worker
- Engaged educational session and social gatherings on ageing, dementia, cognitive decline and caregiving in remote Saskatoon Community Memory Clinic.





Addressed Research Question 2: Strategies for integration of culturally safe dementia care



Ontario

- **Created Culturally Appropriate Dementia Resources and Care**
- **Traditional healer encouraged his clients to seek out Western medicine and strove to work in partnership with Western health care practitioners.**
- **Personal support worker, collaborated with traditional healers for her client with dementia and whatever traditional healer say, she must do. For example, if the client wants their house cleaned out with a seed of the sage, she goes in and cleans their houses out.**

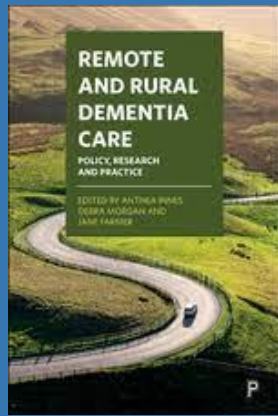
Saskatchewan

- **No strategy developed for the integration of culturally safe dementia care.**
- **Focused on traditional and culturally grounding health care for the ageing illness and dementia.**
- **Emphasized color visual image and culturally appropriate translation for evoking Elder's interest and engaging them in assessment process.**





Addressed Research Question 3: Policy barriers and research gaps



Ontario

- **Failing to collaborate and mistrust.**
- **The traditional healer described how physicians might not accept the validity of traditional healing and alternative medicines, making it difficult to have collaborative client care with dementia.**

Saskatchewan

The notion of culturally competent healthcare, the Grandmothers strongly urged the importance of visual language and translation services in the healthcare environment.

“I think it is very important to have a translator. This Elderly man went to the doctor and when he went home, he said to his son that a horse was on his liver. Son phoned the nurse and asked what his diagnosis was, and she said it was cirrhosis of the liver. Close but you need a translator.”

GUIDANCE FROM LOCAL STAKEHOLDER CONSULTATION (ELDER, KNOWLEDGE-HOLDER, TRADITIONAL HEALER)

- Dementia:
 - Social and humanitarian issues
- Traditional teachings/ways of life
 - Food, diet
 - Technology distractions
- Social interaction between traditional healer and physician/geriatrician/neurologist



- Communicating local languages loves-one with dementia through language translator/interpreter
- Validated community dementia care model 1 and 2 as an integrated roadmap to access CSDC in locally.

- Canadian Government co-created distinction-based Indigenous health
- The Open Dialogue on Indigenous Health Legislation, held on February 23, 2022. This legislation has yet to be approved.
- 5 dialogue sessions held:
- Our Shared Past and the Legacies of Colonialism
- Honoring Relational Health
- Starting a Fire Together
- Youth Reflections
- Carrying the Fire on Together
- Elder Leroy Little Bear also offered a keynote address called "Interrupting Toxic Stress"
- impact of colonialism on the physical and mental health of Indigenous peoples.

<https://www.sac-isc.gc.ca/eng/1656016750223/1656016765403>





DISCUSSION



Combination of biomedical and traditional healing: unique example of medical pluralism in dementia and memory care

Both studies reflect Indigenous ways of knowing were marginalized in the health care system, e.g., cognitive assessment training for traditional healers and Grandmother group.

Canada: Many studies focus on caregiving for people with dementia in diverse Indigenous communities

USA: Traditional healers are not omitted from research and reflect underdeveloped relationships with Indigenous populations and people with dementia.

Australia: Involved Aboriginal researcher and community leaders in Modified Kimberly Indigenous Cognitive Assessment

New Zealand: Nurtured relationships with Elders in Maori community, e.g., bio-cultural model of dementia care

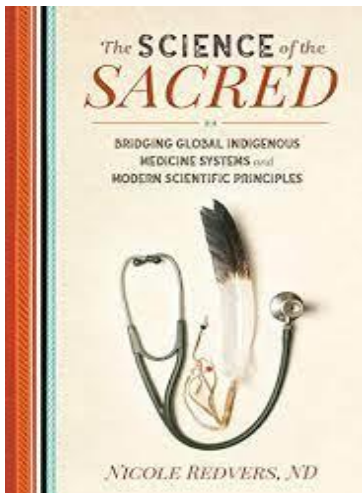
A blue-tinted background image of a document. In the center, the word "CONCLUSION" is written in white, bold, uppercase letters. The background shows a line graph with a jagged line, a pen resting on the right side, and some faint numbers like "2,5" and "2,47" scattered across the page.

CONCLUSION

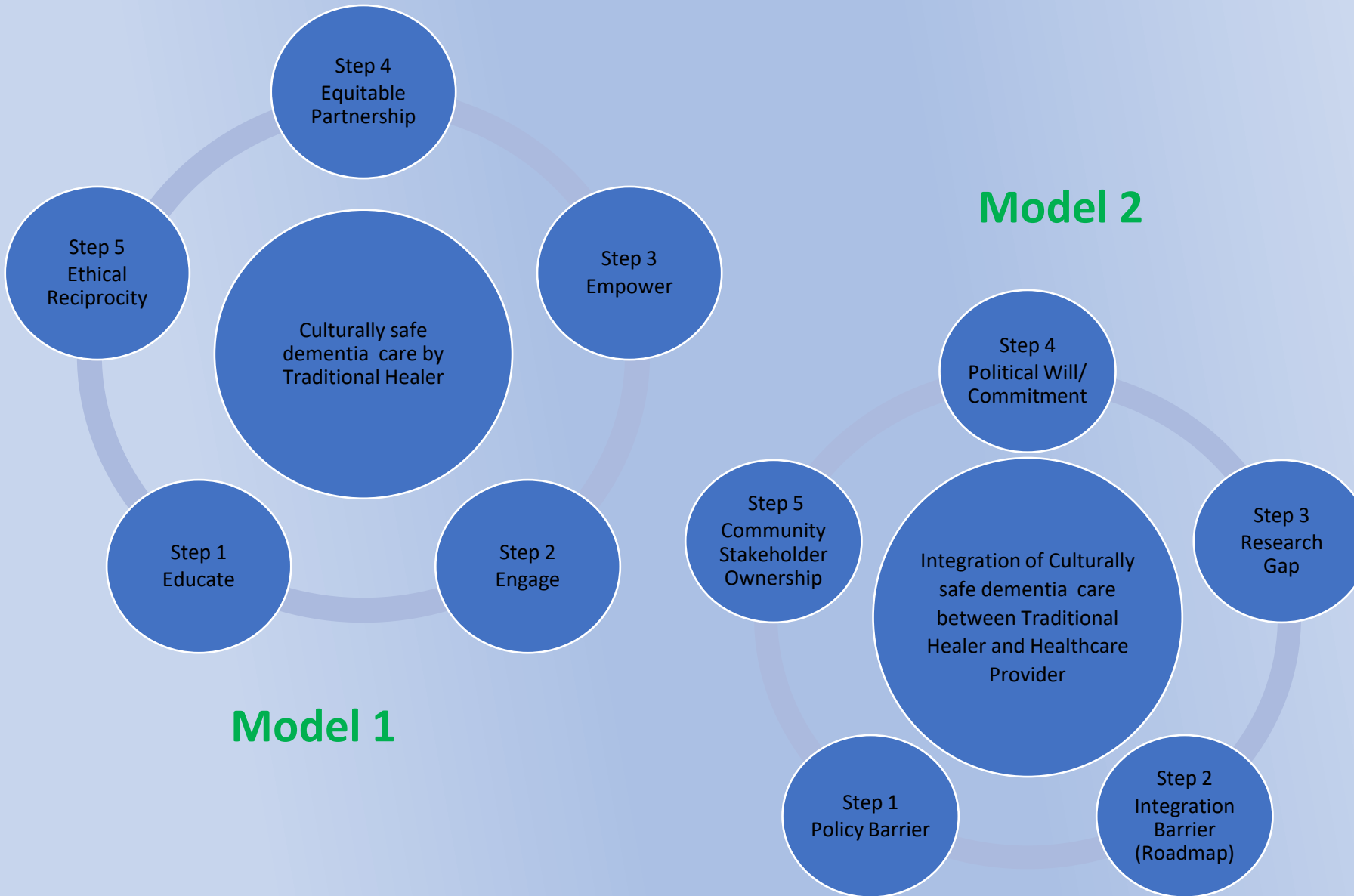
CONCLUSION

Inclusiveness is Key to Health Equity and Diversity

- Building evidence-based dementia care
- Integration of Indigenous traditional healing and Western medicine in dementia
- Pathways to culturally-safe dementia care
- Implications for policy, practice and research
 - Marginalized engagement and empowerment
 - Policy advocacy for community partners and policymakers
- Federal Indigenous health care policy (legislation) must be recognized and empowered traditional healer as community stakeholder and “gate-keeper” for the dementia navigation, assessment, research intervention and prevention.
- **Traditional medicine and science can coexist with mutual respect and understanding for the benefit of Indigenous and non-Indigenous patients worldwide** (Redvers, 2020)



Call to Action: Culturally-safe Dementia Care Roadmap



Endorsed, validated and adopted model 1 and 2 of five steps

Develop an integration roadmap of culturally-safe dementia care for traditional healers, local health care providers and community advisory groups or councils to establish a culturally-safe dementia care model.

TAKEAWAY MESSAGES

- Recognize, honor, educate, engage and empower Traditional healer as community stakeholders and valued partners in dementia care, assessment and prevention.
- Knowledge of culturally-safe dementia for health policy and practice



Culturally Safe Dementia Care: Working with Secwepemc Elders and Nurses to Improve Care in First Nation community in British Columbia (Hulk, et al. 2021). <https://learningcircle.ubc.ca/2014/09/19/september-18-research-circle-culturally-safe-dementia-care-project/>

The planet does not need more 'successful' people; the planet desperately needs more peacemakers, healers, restorers, storytellers and lovers of all kinds



Questions/Comments



MASTER'S DEGREES / MAÎTRISES

Administration (B.S. with Master)	17
Accounting (M.A.S.)	17
Biology (M.S.)	17
Business Administration (MBA)	17
Business Administration (Online MBA)	17
Chemistry (M.S.)	17
Computer Science (M.S.)	17
Engineering (M.S.)	17
Environmental Science (M.S.)	17
Health Services (M.S.)	17
History (M.A.)	17
International Business (M.A.)	17
Law (M.A.)	17
Liberal Studies (M.A.)	17
Mathematics (M.S.)	17
Physics (M.S.)	17
Psychology (M.A.)	17
Social Work (M.S.)	17
Statistics (M.S.)	17



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