



THEMATIC ANALYSIS OF TRADITIONAL HEALING (TH) PROGRAMS AT URBAN INDIAN ORGANIZATIONS AND META-ANALYSIS OF TH HEALTH OUTCOMES

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Interview Methodology

- NCUIH conducted semi-structured interviews with 8 UIOs about their TH programs and their ability to bill for TH services.
- UIOs were contacted based on services offered, e.g., smudging, sweat lodge ceremonies, and/or talking circles, or if their state submitted a Section 1115(a) waiver.

"Culture is Prevention" Model

- Developed by UIOs through SAMSHA-funded project
- UIOs utilized this model to provide pan-tribal traditional healing activities to sustain cultural connection and enhance community wellness in their multi-tribal urban AI/AN service population.

Key TH Interventions and Benefits

- UIO staff are educated on the benefits of TH and traditional healers are certified to provide TH.

Benefits of Traditional Healing

These five practices are common at Urban Indian Organizations (UIOs), with noted benefits of:



Traditional Foods

- Improves diet quality & cardiovascular health
- Alleviates nutrition-based diseases like diabetes

Sweat Lodges

- Improves mental health
- Strengthens immune function
- Improves spirituality
- Helps to manage stress & chronic pain
- Decreases substance use

Talking Circles

- Decreases levels of substance use severity
- Increases self-reliance
- Increases quality of life
- Fosters community and combats loneliness

Smudging

- Helps manage depression & anxiety
- Stated to be a mindfulness activity for Dialectical Behavioral Therapy (DBT)

Indigenized Substance Use Recovery Programs

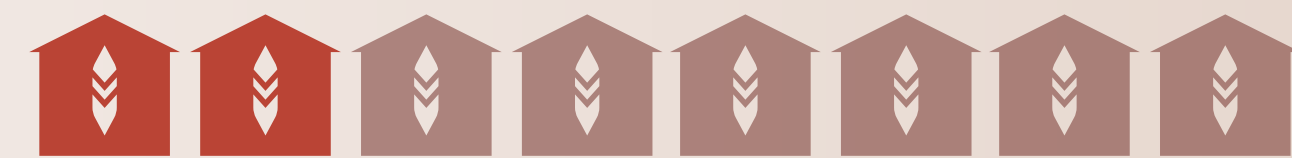
- Demonstrates better outcomes than patients who attended Western interventions
- Helps maintain balance and sobriety

Tracking TH Health Outcomes

- Most UIOs interviewed did not track TH health outcomes.
- There was a mixed consensus among community members on the best approach; however, UIO staff were supportive of demonstrating to outsiders (i.e., non-UIO users) that TH was effective.
- Community members emphasized the importance of maintaining the privacy and autonomy of every patient.

Challenges to Offering TH at UIOs

- Limited capacity to meet current demand
- Lack of access to materials
- Local ordinances
- Main challenge was funding
- 2 of 8 UIOs reported a limited ability to be reimbursed for TH services through Medicaid.



- UIOs noted that there were culturally insensitive third-party billing and coding procedures.

Medicaid and TH at UIOs

- There was universal support for Medicaid reimbursement for TH
- Noted concerns were:

Administrative burden

Requiring diagnosis codes for TH

Onerous credentialing process

Funding Sources Outside of Medicaid

- State and federal grants, i.e., Native Connections Grant (SAMHSA)
- Donations from Tribes, staff, and from the community

Third-Party Billing for TH

- TH is incorporated into care at I/T/U facilities.
- Most UIOs are unable to bill third-party payors directly for TH services.
- Four states currently have pending Section 1115(a) demonstration program waivers which seek to expand reimbursement for TH within Medicaid. *See map for list of UIOs in those four states.



- 1115(a) demonstrations offer a mechanism for states to explore innovative approaches to improve health outcomes and promote the well-being of Medicaid beneficiaries.

Inclusion Criteria

- TH articles published between 1/1/2000 and 12/31/2022
- Articles with quantitative outcomes for TH of the Indigenous peoples of the 48 continuous United States, Alaska, and Canada

Studies screened (n = 14,791)

Studies excluded (n = 14,187)

Studies assessed for eligibility (n = 604)

Studies excluded (n = 585)

- Article unavailable (n = 16)
- Inadequate reporting of confidence intervals (n = 7)
- Not relevant (n = 389)
- Incompatible statistical methodology (n = 5)
- No outcomes (n = 89)
- No health outcomes (n = 51)
- Qualitative outcomes only (n = 37)

Studies included in analysis (n = 19)

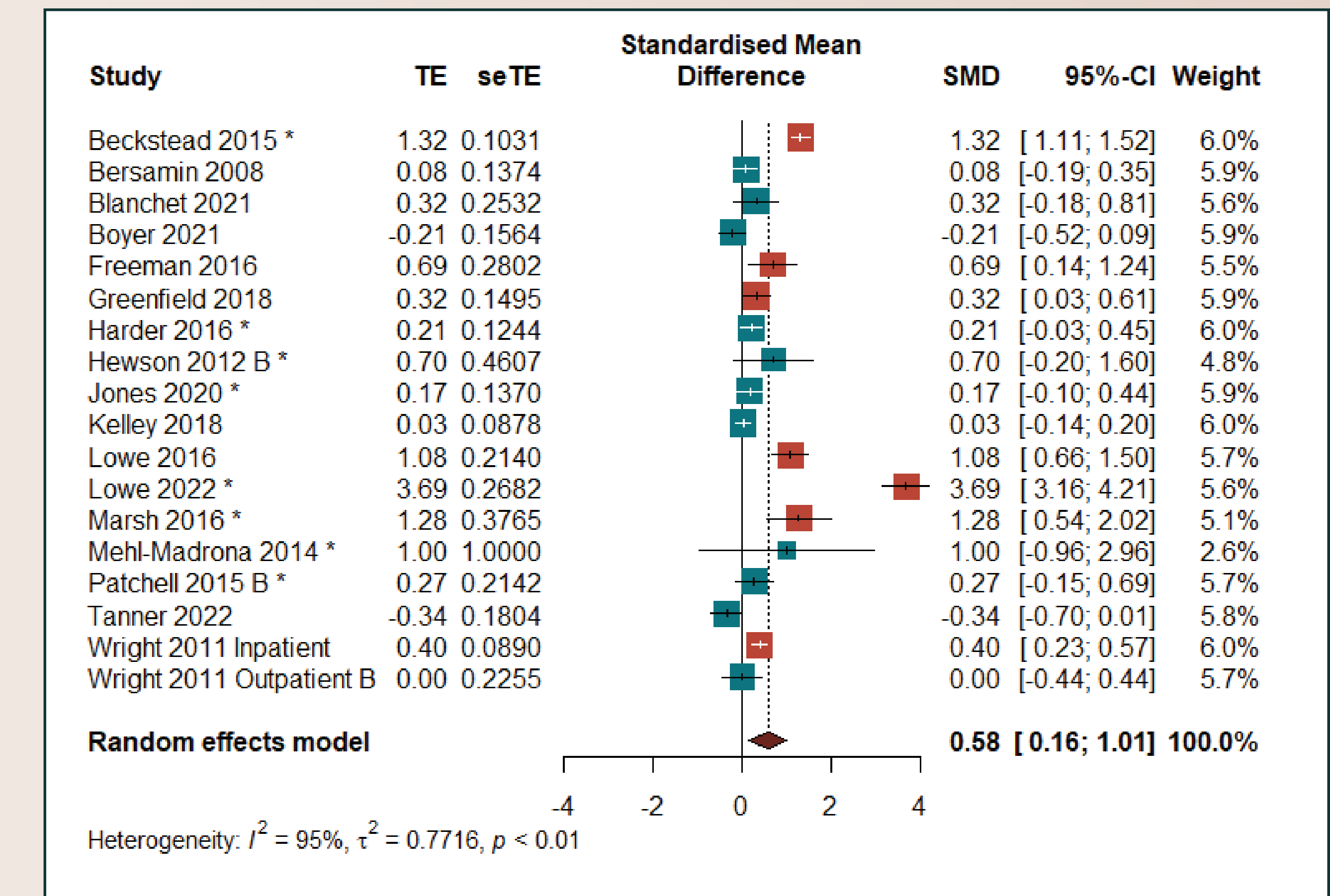
Effect Size Coding

- Studies selected based on measurable mental health (e.g., Historical Loss Scale), physical health, or substance use outcome (i.e., mean difference/odds ratio) and if they included a key TH intervention.
- Studies were grouped together to find an estimate of the general effect of any TH, and then the effect of TH on mental health, physical health, or substance use cessation.

TH Meta-Analysis

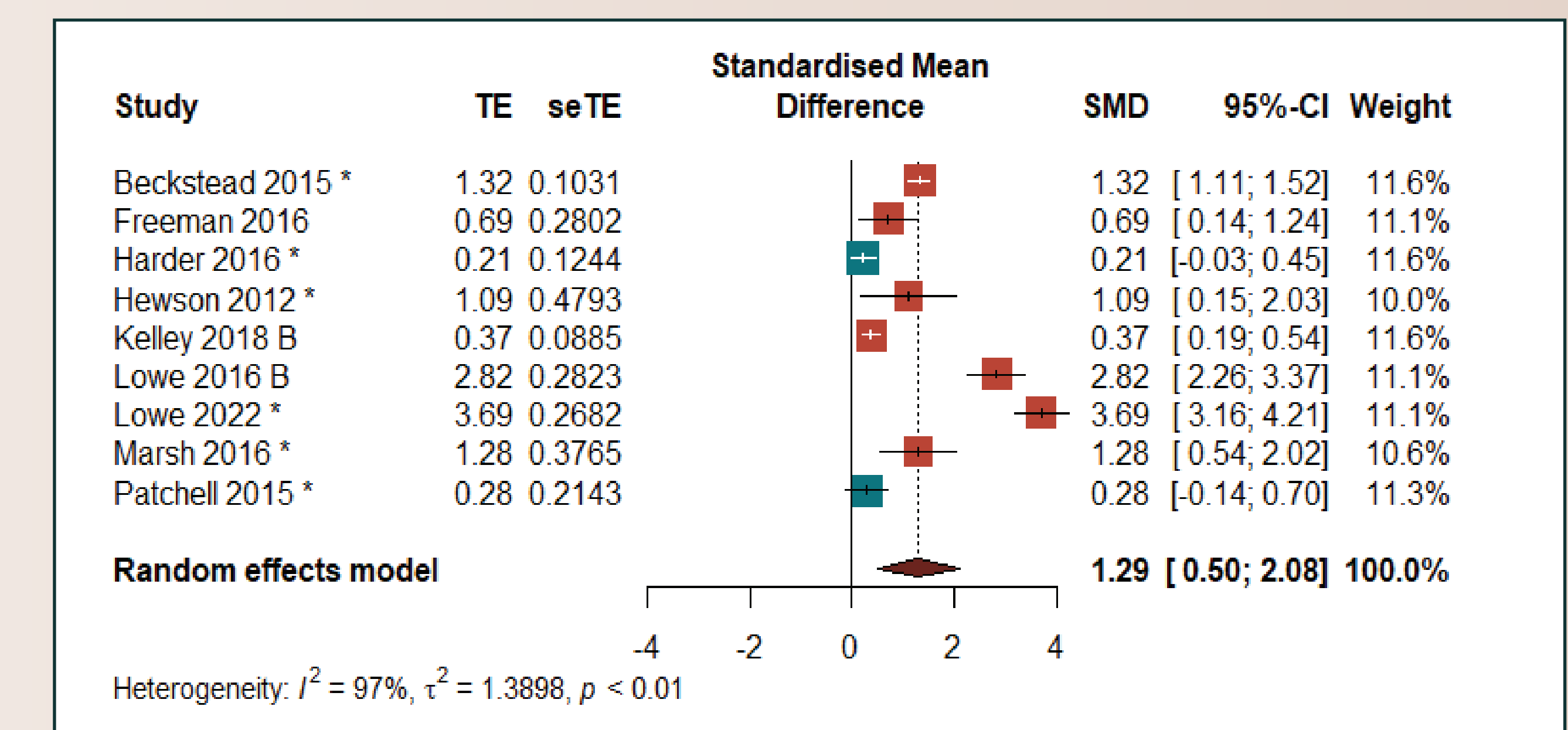
General Effect of TH

The effect of TH on all outcomes analyzed together is between (g = 0.58) and (g = .82). Indicating a "medium" to "large" effect size for TH in general.



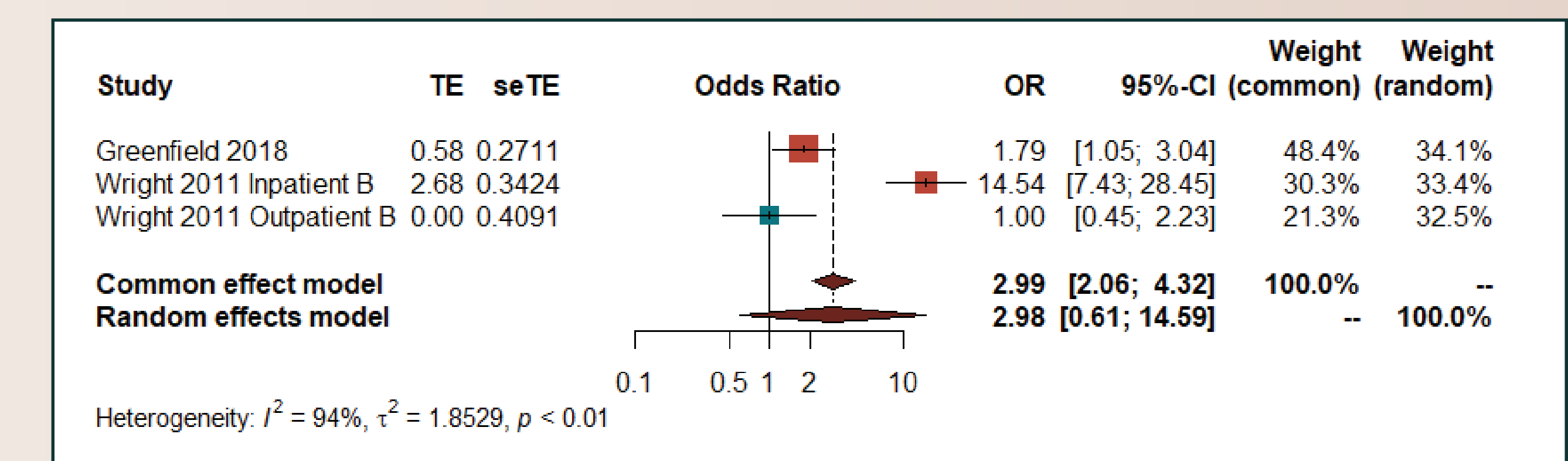
Mental Health

Meta-analysis on the continuous mental health measures estimated a pooled Hedge's g effect size of 1.29, indicating a "large" positive effect.



Substance Use

Meta-analysis on binary substance use outcomes suggests that traditional healing interventions are 3x as effective at substance use cessation as standard interventions.



Physical Health

Binary/continuous physical health outcomes for TH did not demonstrate any statistically significant effect.