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Evaluation of an Indigenous Traditional Healer and Medicine Program in a Canadian Correctional Facility

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Abstract

Indigenous Peoples, especially Indigenous women, are overrepresented in Canadian prisons. Given the underlined importance and benefits of culturally-based programs for justice-involved Indigenous people, Canada's federal correctional system is committed to providing culturally appropriate programs and practices to meet the needs of First Nations, Inuit, and Métis people in custody. Healthcare is one area the federal correctional system is committed to incorporating such programs and practices. This study evaluated the delivery and preliminary outcomes of a culturally-based health program implemented at a women's healing lodge in Saskatchewan, Canada, which is centred on the provision of traditional medicine and healing practices. A mixed-methods design was used to assess program participants' (n = 21) and collaborators' (n = 17) perceptions of the program and its influence on wellness and cultural connectedness. Findings highlight the perceived positive effects on wellness (physical, mental, spiritual health) and cultural connection for women who participated in the program. Discussion considers policy implications, the potential for implementing similar culturally-based health interventions at other (federal) correctional facilities, and the need for further work in this area.

Keywords

Traditional medicine, Traditional Healer, correctional healthcare, prison, Indigenous, incarcerated women

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Evaluation of an Indigenous Traditional Healer and Medicine Program in a Canadian Correctional Facility

Indigenous Peoples are overrepresented at all levels of the Canadian criminal justice system—a trend that has persisted for many years—owing to the effects of colonialism, socio-economic marginalization, and systemic discrimination (Department of Justice Canada, 2023; Prisoners’ Legal Services, 2023; Zinger, 2023). The latest data on Canada’s incarcerated population (Statistics Canada, 2022) suggests that in 2020/2021, while only representing 5% of the Canadian adult population, Indigenous adults accounted for approximately one-third of all adult admissions to provincial and territorial (31%) and federal (33%) custody. Overrepresentation is greater for Indigenous women (Tetrault, 2022, 2023), as Indigenous men represented 30% of male admissions to provincial and territorial custody and 32% to federal custody, whereas Indigenous women accounted for 42% of female admissions to provincial and territorial custody and 40% to federal custody. This overrepresentation of Indigenous people in prison is also seen in other colonized Western nations, including USA, Australia, and New Zealand (Perdacher et al., 2019; Tetrault, 2022, 2023). Equally important to the issue of overrepresentation, considerable attention has been directed toward the multitude of inequities experienced by Indigenous as compared with non-Indigenous people involved in the criminal justice system, not least of which include disparities in health and criminal justice outcomes, and the necessity to implement more and higher-quality culturally-informed programming to address the needs of Indigenous Peoples in Canada’s prisons (Zinger, 2023). This is combined with criticisms of correctional policy and practice that perpetuate the injustices experienced by Indigenous Peoples and calls for the reform of the Canadian correctional system (Prisoners’ Legal Services, 2023). There is therefore a national and international imperative to address the needs of Indigenous people involved in the criminal justice system (especially those in custody).

Given the overrepresentation of Indigenous Peoples in Canadian correctional facilities, Correctional Service Canada (CSC), the governing body of Canada’s federal correctional system, is committed to providing culturally appropriate programs and practices to meet the needs of First Nations, Inuit, and Métis people involved in the criminal justice system. Healthcare is one area CSC is committed to incorporating culturally appropriate programs and practices, such as traditional medicine and traditional healing. This aligns with the Truth and Reconciliation Commission of Canada’s (TRC) Call to Action number 22, which calls upon “those who can effect change within the Canadian 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” (TRC, 2015, p. 3). CSC has therefore aimed to enhance access to cultural activities and programs for the purpose of promoting health through the incorporation of traditional medicine and healing practices into correctional health services. Specifically, CSC’s Okimaw Ohci Healing Lodge (OOHL) introduced a Traditional Healer/Medicine Program in 2021, which is an optional person-centered health service (offered alongside Western medicine) provided by Traditional Healers to support and treat residents through cultural teachings, spiritual ceremonies, traditional healing, and traditional medicines.

Previous research has underlined the importance of culturally-based interventions in addressing the health-related needs of Indigenous people in custody, as these programs and practices have demonstrated positive effects on overall health and wellness of justice-involved Indigenous people (Perdacher et al., 2019). In one large study conducted in six prisons across Western Canada, Tetrault (2022, 2023) further demonstrated the influence of Indigenized prison programming on culture, identity, and well-being of Indigenous people in custody in spite of critical prison studies scholars' opposition of such programs. The recognized positive impacts of Indigenized prison programming, coupled with the intention to respond to policy directives (i.e., TRC's Call to Action number 22), was the impetus for the implementation of the Traditional Healer/Medicine Program at OOH. While the TRC's Call to Action number 22 was the basis for developing and implementing the Traditional Healer/Medicine Program at OOH, this initiative also peripherally supports other TRC Calls to Action (e.g., including, but not limited to, Call to Action number 18, 19, 23, 30, 35, 36) (TRC, 2015).

With respect to the current study, we conducted an evaluation of the pilot phase of the program over a 12-month period to (1) highlight the successes and challenges encountered throughout program delivery and (2) evaluate changes, if any, in residents' wellness (i.e., physical, mental, and spiritual) and cultural connectedness as a result of participating in the program. Accordingly, the main goal of this evaluation was to provide preliminary evidence on the efficacy of integrating traditional medicine and healing practices into correctional health services. Importantly, this study addresses calls by others to build the evidence base in terms of how prisons develop and implement cultural programming, with an emphasis on methods that elevate the perspectives of Indigenous people who experience these initiatives (Tetrault, 2022, 2023).

Defining Traditional Healing and Traditional Medicines

The terms "traditional medicine" and "traditional healing" have varying meanings depending on geographic context and community or culture (Hill, 2009). However, the World Health Organization (2013) proposed a working definition for traditional medicine, suggesting it is "the sum total of the knowledge, skill, and practices based on the theories, beliefs, and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness" (p. 15). The *Report of the Royal Commission on Aboriginal Peoples* characterized traditional healing as the "practices designed to promote mental, physical and spiritual well-being that are based on beliefs which go back to the time before the spread of western scientific bio-medicine" (Canada Royal Commission on Aboriginal Peoples, 1996, p. 325). Traditional healing practices are typically overseen by Traditional Healers, also known as Medicine Men or Medicine Women, who are trained and recognized specialists of traditional medicine (Obomsawin, 2007; Turner, 2019). Traditional Healers administer medicinal plants and therapeutic remedies and also incorporate cultural and spiritual ceremonies, cultural teachings, counselling, and other specialized techniques into their practice (Obomsawin, 2007).

Traditional Healing and Medicines, and Indigenous Health, within a Colonial Context

Since the arrival of European settlers in modern day Canada in the 1700s, Indigenous Peoples have been subjected to colonial laws, policies, and practices—stemming from the enactment of the *Indian Act* in

1876 by the Government of Canada—resulting in oppressive treatment and systemic discrimination. Some of the most damaging practices to which Indigenous Peoples have been subjected in Canada include being forced to give up their lands and the subsequent relocation to reserves, their forced attendance at residential schools, and the removal of children from their families and communities (e.g., the “sixties scoop”). Indigenous Peoples were also prohibited from practicing their cultures, such as speaking their Indigenous languages, engaging in cultural and spiritual ceremonies, and utilizing traditional healing practices and traditional medicines (Li, 2017; Manitowabi, 2023). Yet, this is only a brief description of the wide range of historical injustices experienced by Indigenous Peoples through colonization, and it is recognized that the elements and effects of colonial legacies exist in various nuanced forms in the contemporary era (Paradies, 2016; Tetrault, 2022). Despite the repeal of colonial policies and practices in 1951, Indigenous Peoples and culture have and continue to experience the damages caused by colonization and coloniality on health, social, political, economic, and other facets of life (Czyzewski, 2011; Hyatt, 2013; Manitowabi, 2023; Paradies, 2016; Tetrault, 2022). Indeed, Indigenous Peoples in colonized nations generally experience socioeconomic disadvantage, poorer physical and mental health, and shorter life expectancy than non-Indigenous persons (Czyzewski, 2011; Perdacher et al., 2019; Tetrault, 2022).

Paradies (2016, p. 84) notes that “despite its widespread recognition, it is only recently that investigation has begun into the specific pathways by which colonialism and colonisation impact on the health of Indigenous Peoples.” Though Indigenous health discourse reinforces scholarly and public perceptions that colonialism is a “root cause” of disproportionately ill health among Indigenous Peoples, the criticism remains that Indigenous scholarship must extend beyond broadly asserting that colonization explains health inequities toward investigating the specific mechanisms by which colonialism is linked to health outcomes (Czyzewski, 2011; Paradies, 2016). For instance, Paradies (2016) argues that colonialism contributes to Indigenous ill-health through measurable constructs, including historical trauma (i.e., intergenerational trauma) and racism, which operate in complex ways at the individual and community level to impact health. In a complementary fashion, Czyzewski (2011) suggests that colonialism acts as a distal social determinant of Indigenous health in that disparities in ill health between Indigenous and non-Indigenous populations are a product of multi-level structures and processes that produce and reproduce vulnerabilities. Specifically, colonialism operates as a distal determinant of health through its historical and contemporary manipulation of political, economic, and social contexts that foster unfair distribution of power, wealth, and resources that shape intermediate (e.g., health care funding and access) and proximal (e.g., health behaviours) determinants of health, creating unjust life situations for certain groups over others (Czyzewski, 2011).

The marginalization of Indigenous Peoples continues to exist today, which is particularly evident within the context of Canadian healthcare systems (Manitowabi, 2023). Canadian healthcare systems have generally failed to recognize and integrate traditional healing and medicines into health services to address Indigenous Peoples’ cultural and health-related needs, which is rooted in epistemic racism and the prioritization of Western biomedical knowledge and practices (Manitowabi, 2023). Historically, discriminatory attitudes surrounding traditional medicine and healing practices have resulted in the exclusion of these healthcare approaches from mainstream medical practice as they are oftentimes regarded as unscientific (Li, 2017). Challenges to accessing culturally safe health services may lead to

unmet health needs, poorer health outcomes, and major health disparities among Indigenous Peoples (Li, 2017; National Collaborating Centre for Indigenous Health, 2019).

The incorporation of Indigenous culture and traditional healing practices (including traditional medicines) into healthcare systems, as well as greater self-determination and control over healthcare services, is considered the best path forward for addressing the health inequities faced by Indigenous Peoples (Li, 2017). This aligns with decolonization discourses, which hold that “cultural factors” are beneficial to Indigenous health (Paradies, 2016). In fact, self-governance and cultural revitalization (i.e., “cultural factors”) within healthcare settings and practices have shown positive outcomes in various Indigenous communities (Li, 2017; Manitowabi, 2023). This understanding has fostered a movement toward the integration of traditional medicine with Western biomedicine in community healthcare settings as a step toward reconciling the harms of colonization and improving access to culturally safe health services for Indigenous Peoples. For example, the Naandwe Miikan clinic in the Wikwemikong Unceded Territory on Manitoulin Island in northeastern Ontario was developed to approach addiction healing through the integration of traditional medicine and Western biomedicine, which has shown some promising results (Manitowabi, 2023). This suggests a need to incorporate traditional medicine and healing practices within correctional settings to ensure culturally safe and equitable health services options, as well as to promote healing and rehabilitation. The Traditional Healer/Medicine Program is a step toward revitalizing traditional healing and medicine approaches, through the incorporation of “cultural factors” into correctional health services—responding to the impacts of colonialism and contributing to Indigenous wellness.

Indigenous Understandings of Health and Wellness

Although many Indigenous Peoples share similar perspectives on health and wellness, Indigenous populations are heterogeneous and, therefore, each community may have diverse understandings and practices with respect to health, wellness, traditional medicines, and healing. However, one key similarity is that Indigenous Peoples view health and wellness from a holistic lens (Peters et al., 2019). Specifically, health and wellness are believed to be based on the balance of physical, mental, emotional, spiritual, social, and ecological elements (Li, 2017; Obomsawin, 2007). Importantly, these (interrelated) elements are influenced by the individual, family, community, and environment (Obomsawin, 2007; Peters et al., 2019). Therefore, to achieve health and wellness, many Indigenous Peoples strive to maintain balance between these various elements by respecting the sacred natural laws, valuing the land, and connecting with Indigenous culture and traditional practices (Big-Canoe & Richmond, 2014; Obomsawin, 2007; Thiessen et al., 2020). Taken together, cultural and traditional practices are an important source of health and wellness (Peters et al., 2019; Thiessen et al., 2020). Correctional programming that aims to provide traditional medicine and healing to Indigenous people in custody must therefore be informed and led by the unique perspectives of distinct Indigenous groups and communities, as opposed to taking a pan-Indigenous approach through the application of broader Indigenous views and practices (McGuire & Murdoch, 2021). Indeed, the Traditional Healer/Medicine Program at OOH is informed and led by the knowledge, practices, and ways of life of the Cree Peoples of Nekaneet First Nation, and therefore Nekaneet Cree values and beliefs shape the spiritual and cultural integrity of the program (and healing lodge).

Materials and Methods

Setting

Opened in 1995 and located on Nekaneet First Nation in Treaty 4 Territory in the province of Saskatchewan, Okimaw Ohci Healing Lodge (OOHL) is one of four healing lodges in Canada implemented under Section 81 of the *Corrections and Conditional Release Act* (1992, c. 20) and is operated by Correctional Service Canada under agreement with Nekaneet First Nation. In general, healing lodges are correctional institutions designed for Indigenous people in custody (Government of Canada, 2021). The environment, programs, staff complement, and services are structured to prioritize Indigenous culture (i.e., values, traditions, beliefs, teachings, ceremonies). At a healing lodge, the main goal is to address the needs of justice-involved Indigenous people through a combination of culturally safe interventions and core correctional programming to prepare for successful community reintegration and living (Government of Canada, 2021). OOHL was the first healing lodge in Canada, created to support the healing of federally incarcerated Indigenous women in the prairie provinces (Alberta, Saskatchewan, and Manitoba). It is a multi-level minimum and medium security facility with a capacity of 60 residents and, while most residents identify as Indigenous, it is also open to non-Indigenous women dedicated to participating in cultural programming. Residents of OOHL typically serve a portion of their sentence at a mainstream federal correctional facility and, pending qualifications and approval, can be transferred to the healing lodge to benefit from cultural programming for the remainder, or a portion, of their custodial sentence. As it is a federal institution, residents of the healing lodge have been sentenced to a period of incarceration of two or more years. They must also have a minimum or medium security classification.

Program Description

The Traditional Healer/Medicine Program began as a two-year pilot program (spanning from April 2021 to March 2023) that incorporated traditional medicine and healing practices into the health service delivery model at OOHL. Importantly, the program was developed and implemented through a collaborative partnership between Nekaneet First Nation leadership, Traditional Healers, and CSC Health Services. Following the pilot phase, it is now considered a permanent health service program at the healing lodge. The program is delivered by a Traditional Healing Team (i.e., trained and recognized specialists of traditional medicine), which is comprised of a Medicine Man, Medicine Woman, and Traditional Healer Apprentice. Generally, the program provides residents with the opportunity to receive, and benefit from, traditional medicine and healing practices as a culturally safe healthcare option. Given that OOHL is a women's facility, the Traditional Healing Team delivers the program in a way that acknowledges Indigenous women's lived experiences, however, it was not designed to be a gender-specific health program. Importantly, through the integration of the program at OOHL, the intention was for the traditional and Western medicine approaches to "work together," leveraging the strengths of each approach. Aside from case management (described below), the traditional and Western medicine approaches operate as independent, yet complimentary, healthcare options. All residents of OOHL who are interested in receiving traditional health care can participate in the program. Through the program, the Traditional Healing Team engages in activities that fall under two broad domains:

1. *Cultural and ceremonial supports*: This comprises the primary activities of the program and includes providing residents with cultural teachings, traditional medicines and healing sessions, and spiritual ceremonies. The overarching purpose of these services is to enhance overall physical, mental, emotional, and spiritual wellness and may be offered in either individual or group settings. For instance, residents can sign-up for individual appointments with the Traditional Healing Team, which operate like a counselling session embedded within cultural traditions and practices. These sessions would include an initial assessment of residents' physical, mental, social, and spiritual needs and, subsequently, the provision of healing and guidance (e.g., through cultural teachings, traditional medicines, spiritual ceremony, counselling) tailored to the identified needs of the resident. This would also include follow-up appointments as desired and/or deemed necessary. In addition to individual appointments, cultural teachings, and spiritual ceremonies are offered in a group context (e.g., sweat lodges, medicine picking, smudges, giveaway dance, feasts, moon ceremony, pipe ceremony, winter ceremony, etc.). Group sessions aim to transfer cultural knowledge and traditions, enhance cultural connectedness, and bring one closer to their spirit and the Creator.
2. *Case management*: This consists of the general administrative activities related to the provision of traditional medicines and healing practices by the Traditional Healing Team. It also facilitates the integration between traditional and Western medical practices. Specifically, interdisciplinary team meetings are held monthly to discuss residents within the context of both traditional and Western medicine, with the aim to enhance residents' care plan(s) and well-being by sharing knowledge from both healthcare approaches. The Traditional Healing Team also provides written reports of residents' participation in program activities (e.g., healing sessions attended, traditional medicines provided, spiritual ceremonies provided, and progress in healing path) to Health Services to be included in their health file.

Several short-term and long-term outcomes were expected as a result of the Traditional Healer/Medicine Program. Specifically, it was anticipated that the program would increase residents' access to culture and traditional healing practices, as well as provide them with greater choice in the health services they receive. Through participation, it was expected that residents would experience increased overall health and wellness (i.e., physical, mental, emotional, and spiritual), as well as increased cultural connectedness. It was also expected that, through the provision of a culturally safe healthcare option, residents would be more willing to utilize health services altogether (i.e., both traditional and Western medicine).

Evaluation Design and Data Collection

The evaluation was based upon a utilization-focused evaluation design, whereby the central aim is to provide information to those able to guide decisions on program delivery (Patton, 2012, 2015). To ensure the most relevant information was collected to optimize the use of findings, the evaluation team engaged in regular and reflexive consultations with program collaborators to design the evaluation. These consultations included CSC staff, as well as members of the Traditional Healing Team.

Importantly, members of the Traditional Healing Team were involved in co-designing all aspects of the evaluation, as well as reviewed all data collection tools (i.e., interview guides, survey questions, etc.), to ensure Indigenous knowledge informed the study. As such, the evaluation aimed to utilize a two-eyed seeing approach which, according to Sasakamoose et al. (2017), “means to see from one eye with the strengths of Indigenous knowledges and ways of knowing and from the other eye with the strengths of Western knowledges and ways of knowing and to use both of these eyes together” (p. 8). Indeed, others have documented how Indigenous communities and researchers can benefit from bringing together Western and Indigenous ways of knowing and concepts of knowledge production and, therefore, a two-eyed seeing approach can be used as a guiding principle for Indigenous research (Hall et al., 2015). Furthermore, our evaluation aligns with the principles of decolonial prison research which, according to Tetrault (2022, 2023), possesses a qualitative and/or quantitative empirical component (as much decolonial scholarship is dominated by political theory and social commentary) and is situated in a way that (i) identifies and prioritizes the needs of Indigenous people affected by prisons, (ii) makes Indigenous Peoples, knowledge, and issues visible, and (iii) actively engages with Indigenous people and communities to advance their material well-being through advocating for policy changes, such as by engaging directly with the recommendations of the TRC (2015) and other inquiries.

Two distinct groups of participants comprised the sampling frame: (1) OOHl residents who participated in the program, and (2) individuals closely involved in program delivery and/or generally connected to the program (i.e., program collaborators¹). With respect to data collection, a mixed-methods approach was used. Specifically, a self-report questionnaire and semi-structured interviews were used to assess resident and program collaborator perceptions of the program, as well as whether and how it has influenced residents’ wellness and cultural connectedness.

The self-report questionnaire was a 52-item instrument designed to capture residents’ perceptions of cultural connectedness, overall wellness, general thoughts about the program, and sociodemographic characteristics. Items included in this questionnaire were created by the evaluation team, as well as adapted from existing surveys (Peters et al., 2019; Snowshoe et al., 2015). Specifically, items used to measure cultural connectedness were informed by Snowshoe et al.’s (2015) 29-item Cultural Connectedness Scale, which assesses the domains of Indigenous identity (11 items), traditions (11 items), and spirituality (7 items). For the current evaluation, a total of 34 items were used to assess cultural connectedness (i.e., identity, traditions, and spirituality) which were adapted from the original Cultural Connectedness Scale to be suitable for a custodial population. Items for this measure had a dichotomous response of *no* or *yes* (13 items), a 5-point Likert scale ranging from *strongly disagree* to *strongly agree* (15 items), and a 4-point Likert scale ranging from *never* to *often* (6 items). Items used to measure physical, mental, and spiritual wellness were informed by Peters et al.’s (2019) Wicozani Instrument, which is a 9-item Indigenous measure of overall health and well-being. For the current evaluation, the 6 quantitative items from the Wicozani Instrument were included, in addition to 1 item created by the evaluation team (i.e., a holistic measure of overall well-being according to mind, body, and spirit). Items for this measure included a 5-point Likert scale ranging from *very unimportant* to *very*

¹ Program collaborators included the Traditional Healing Team (Medicine Man, Medicine Woman, Traditional Healer Apprentice), OOHl staff (health services, programs, operations/security, assessment and interventions, and institutional head), CSC Prairie Region Headquarters staff (health services), and CSC National Headquarters staff.

important (3 items) and a 5-point Likert scale ranging from *extremely poor* to *excellent* (4 items). Items that assessed residents' general thoughts about the program were open-ended (with exception to one item structured as a 4-point Likert scale) and focused on what participants liked and/or disliked about the program. Finally, demographic items included age, ethnicity, community settlement (prior to recent offence), length of current incarceration, and length of time at the facility.

With respect to semi-structured interviews, residents were asked questions related to the perceived purpose of the program and what they saw the program helping them with; the types of activities they are involved in through the program; likes and dislikes about the program and recommendations for improvement; and, whether and how the program has influenced their wellness and cultural connectedness. Semi-structured interviews for program collaborators focused on the perceived purpose of the program; the types of activities residents are involved in through the program; successes and challenges encountered through program delivery and recommendations for improvement; and, whether and how the program has influenced residents' wellness and cultural connectedness.

A multi-stage approach was used for recruitment and to collect data from participants. In the first stage, the evaluation team visited the facility in April 2022 to administer the survey to residents. At the time of this visit, there were 24 active program participants (8 inactive due to transfer or release). For recruitment, program participants were provided with an invitation letter and consent form prior to the site visit and were asked to sign-up for the study if interested. A total of 10 residents (42% of active program participants) completed the survey. In the second stage, the evaluation team visited the facility again in November 2022 to administer the survey as well as complete interviews with residents. At the time of this visit, there were 24 active program participants (29 inactive due to transfer or release). The same method of recruitment was used. A total of 9 residents completed the survey and interview, whereas 2 completed only the survey (46% of active program participants). Residents met with evaluation team members in a private room where they were given instructions on how to complete the survey. The duration for surveys ranged between 5 and 15 minutes. Interviews were then conducted face-to-face following completion of the survey. All residents who participated in the interview ($n = 9$) consented to being audio-recorded and, therefore, the evaluation team was able to create verbatim transcriptions for these interviews. The duration for interviews ranged between 9 and 33 minutes. It is important to note that, due to frequent releases and transfers, the first and second stage of data collection did not include the same residents.

In the third stage, the evaluation team conducted interviews with program collaborators during the site visit in November 2022. For recruitment, facility staff distributed the invitation letter and consent form (via email) to prospective participants prior to the site visit and were asked to sign-up for the study if interested. A total of 8 program collaborators completed a face-to-face interview. Following this site visit, interviews with program collaborators were also conducted via telephone or web conferencing (e.g., Zoom). A total of 14 individuals were identified as prospective participants for these interviews. Invitations to participate in these interviews were sent via email (including consent forms). A total of 9 individuals (64% of those invited) participated in the virtual interview. For interviews that were audio-recorded ($n = 15$), the evaluation team was able to create verbatim transcriptions; for interviews that were not audio-recorded ($n = 2$), the evaluation team took as close to verbatim notes as possible. The

duration for interviews ranged between 14 and 116 minutes. Overall, 21 residents and 17 program collaborators participated in the evaluation.

Data Analysis

Quantitative data from the resident survey were transferred from the paper copies into IBM SPSS 28. All close-ended survey items were analyzed in SPSS to calculate relative frequencies and measures of central tendency (i.e., descriptive statistics) to identify the response items most frequently endorsed by participants. Unknown/missing data were accounted for in analyses and, therefore, relative frequencies are calculated according to the base of the total sample. Listwise deletion was used to handle unknown/missing data on measures of central tendency. In any case, all respondents ($n = 21$) completed the survey and missing data were minimal.

All qualitative data, including data derived from open-ended survey items on the resident survey and all interview data, were analyzed using thematic analysis (Boyatzis, 1998; Braun & Clarke, 2006; Castleberry & Nolen, 2018). Text-based responses to open-ended survey questions and notes from interviews were cleaned, organized, and uploaded to NVivo to uncover major themes according to participants' qualitative responses. Several steps were followed for thematic analysis. First, participants' responses were categorized according to the semi-structured interview questions and survey question. Next, data were reviewed to develop a coding scheme to identify and categorize major themes. Data were then systematically analyzed and coded based on thematic patterns. During this process, several passes were made through the data to confirm the coding scheme and categorize major themes. The lead author analyzed all qualitative data and findings were reviewed by the second author for accuracy.

Ethics

The evaluation of the Traditional Healer/Medicine Program received exemption from formal ethical review by the University of Saskatchewan's Behavioural Research Ethics Board (REB) as per *Article 2.5* of the *Tri-Council Policy Statement on Ethical Conduct for Research Involving Humans* (TCPS-2; Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, & Social Sciences and Humanities Research Council of Canada, 2018). Projects involving program evaluation and/or quality assurance are not under the purview of our REB and, therefore, they may be exempt from formal ethical review. For the current study, this involved submitting an application for exemption from the ethics review process, which includes a detailed overview of the study (i.e., background, evaluation questions, methodology, data collection instruments, and rationale for exemption), which is reviewed by the Chair to determine whether the project qualifies for exemption or requires formal ethical review. The REB Chair determined that this project met the requirements for exemption status as per Article 2.5 of the TCPS-2 and, therefore, we received letter of exemption November 9, 2021 (E231). Although the project was exempt from ethical review, all evaluation activities adhered to the ethical guidelines and standards as set out by the TCPS-2.

It is worth noting that conducting research in correctional institutions involves considerable ethical considerations, not least of which are issues of informed consent. CSC personnel were only involved in letting potential participants know the study was taking place and helping facilitate participant

recruitment and data collection activities. Following this, only University of Saskatchewan evaluators (BS and LJ) were involved in officially inviting prospective participants to the study, explaining the details of the study and consent form (i.e., purpose, rights of participants, confidentiality, privacy, etc.), obtaining informed consent, and collecting data. Participation was free and voluntary and informed oral or written consent was obtained from all participants prior to their involvement in the evaluation. In most cases, informed oral consent was obtained to help mitigate literacy issues. All data collection activities were conducted privately (e.g., in a private room at OOHL or a private phone/web conference call). Overall, there were no perceived or reported ethical issues.

Finally, while the evaluators (BS and LJ) identify as non-Indigenous, when engaging with Indigenous participants they followed cultural protocols (e.g., tobacco offerings to members of the Traditional Healing Team), approached matters from a culturally safe and respectful manner, and ensured interview/survey questions and discussions were culturally responsive (e.g., by being respectful of the sacred knowledge tradition). Broadly, we strived to embody the core principles of respect, relevance, reciprocity, responsibility, and reflexivity throughout all aspects of this evaluation (Kirkness & Barnhardt, 2001; Kovach, 2010; Sasakamoose, 2020).

Positionality Statement

We wish to clarify and contextualize the positionality of the authors. Broadly, we are University of Saskatchewan researchers (BS, LJ, and MM) and CSC employees (MLT, CR, and NN). One author (MLT) is First Nations, whereas the remainder identify as non-Indigenous. While CSC employees were involved in the development and implementation of the Traditional Healer/Medicine Program, the evaluation was led by University of Saskatchewan researchers. Accordingly, CSC employees were not the evaluators of the program—rather, they helped guide the evaluation conducted by University of Saskatchewan researchers (e.g., design, facilitation of data collection, interpretation of findings). Members of the Traditional Healing Team are not included in the authorship; however, they helped guide and advised on all aspects of the evaluation.

Specifically, BS and LJ led and carried out the evaluation of the Traditional Healer/Medicine Program through their capacity as academic researchers who work at the Centre for Forensic Behavioural Science and Justice Studies at the University of Saskatchewan. While they are non-Indigenous, BS and LJ have over 15 years of combined experience working with Indigenous Peoples and communities, particularly, with respect to the evaluation of criminal justice programming. MM helped guide the evaluation through his capacity as Director of the Centre for Forensic Behavioural Science and Justice Studies. Though MM is non-Indigenous, as a forensic psychiatrist and researcher, he has several years of experience working with justice-involved Indigenous people through research and practice. Furthermore, at the time of conducting this study, MLT was the Director of Indigenous Health and Wellness on Executive Assignment with CSC (and has since retired). As a First Nations woman, and through her position with CSC, MLT advocated for the rights of Indigenous individuals in CSC's care and custody and aimed to improve access to holistic and culturally safe health services. With that said, MLT led the development and implementation of the Traditional Healer/Medicine Program at OOHL through her capacity as a CSC employee. Through their roles as Manager of Health Services for Prairie Region Healing Lodges (NN) and Senior Health Policy Analyst working on Indigenous health in the

Health Services Sector (CR) of CSC, NN and CR worked alongside MLT to develop, implement, and deliver the Traditional Healer/Medicine Program. Although they are non-Indigenous, CR is passionate about facilitating access to Indigenous-led health programs within correctional health services and NN seeks to address disparities in healthcare delivery, developing innovative programs and initiatives that bridge gaps in access and quality of care.

Results

Resident Survey

A total of 21 residents participating in the program completed the self-report questionnaire. Residents' age ranged from 22 to 61 years ($M = 33.9$, $SD = 9.80$). The majority identified as First Nations (62%; $n = 13$), followed by White (24%; $n = 5$), Métis (9%; $n = 2$), and Inuit (5%; $n = 1$). Prior to their most recent offence, a majority indicated they had lived in an urban city (52%; $n = 11$), followed by a First Nations community (29%; $n = 6$), a town (14%; $n = 3$), and an Inuit community (5%; $n = 1$). The length of time residents had been in custody since their most recent offence ranged from 2 to 84 months ($M = 14.44$, $SD = 18.92$), and the length of time residents had been at OOHHL ranged from 0 to 48 months ($M = 7.73$, $SD = 11.42$).

Table 1. Residents' Connectedness to Indigenous Culture ($N = 21$)

Domain/Item	% or $M(SD)$
<i>Identity (8 items)</i>	
1. I plan on trying to find out more about my First Nations, Métis, or Inuit culture, such as its history, traditions, and customs. ^a	100%
2. I have spent time trying to find out more about being First Nations, Métis, or Inuit, such as my culture's history, traditions, and customs. ^b	4.3 (0.48)
3. I have a strong sense of belonging to my First Nations, Métis, or Inuit community. ^b	4.0 (0.97)
4. I feel a strong attachment towards my First Nations, Métis, or Inuit community. ^b	3.9 (0.97)
5. If a traditional person, Elder, or Healer spoke to me about being First Nations, Métis, or Inuit, I would listen to them carefully. ^b	4.8 (0.35)
6. I feel a strong connection to my ancestors. ^b	4.1 (0.79)
7. Being First Nations, Métis, or Inuit means I sometimes have a different way of looking at the world. ^b	4.3 (0.73)
8. It is important to me that I know my First Nations, Métis, or Inuit language. ^b	4.1 (1.01)
<i>Traditions (17 items)</i>	
9. I can understand some of my First Nations, Métis, or Inuit language. ^a	76%
10. I use tobacco for guidance. ^a	81%
11. When I felt physically ill, I used traditional medicines given to me by a Healer in the community before coming to OOHL. ^a	71%
12. When I am physically ill, I use traditional medicines given to me by the Healer at OOHL. ^a	95%
13. I have participated in a cultural ceremony in the community before coming to OOHL (examples: Sweat Lodge, Night Lodge, Moon Ceremony, Sundance, Longhouse, Feast, Smudge, or Giveaway). ^a	67%
14. I have participated in a cultural ceremony at OOHL (examples: Sweat Lodge, Night Lodge, Moon Ceremony, Sundance, Longhouse, Feast, Smudge, or Giveaway). ^a	91%
15. Someone in my family or someone I am close with in the community attends cultural ceremonies (examples: Sweat Lodge, Night Lodge, Moon Ceremony, Sundance, Longhouse, Feast, Smudge, or Giveaway). ^a	52%
16. I plan on attending cultural ceremonies when I am back in the community (examples: Sweat Lodge, Night Lodge, Moon Ceremony, Sundance, Longhouse, Feast, Smudge, or Giveaway). ^a	95%
17. I would like to talk to a traditional person, Elder or Healer when I am back in the community. ^a	95%
18. When I am back in the community, I would like to use traditional medicines when I am physically ill. ^a	91%
19. Cultural ceremonies are an important way to stay connected to my First Nations, Métis, or Inuit culture. ^b	4.6 (0.59)
20. How often did you make tobacco offerings for cultural purposes before coming to OOHL? ^c	2.0 (0.97)
21. How often do you make tobacco offerings for cultural purposes while at OOHL? ^c	3.2 (0.92)
22. How often did you use sage, sweetgrass, or cedar in any way or form before coming to OOHL? ^c	2.9 (1.11)
23. How often do you use sage, sweetgrass, or cedar in any way or form while at OOHL? ^c	3.8 (0.47)
24. How often did you participate in cultural ceremonies before coming to OOHL? ^c	2.4 (1.16)
25. How often do you participate in cultural ceremonies while at OOHL? ^c	3.7 (0.57)
<i>Spirituality (9 items)</i>	
26. I know my cultural/spirit name. ^a	76%
27. I believe things like animals and rocks have a spirit like First Nations, Métis, or Inuit people. ^a	95%
28. The eagle feather has a lot of meaning to me. ^b	4.3 (0.79)
29. When I am physically ill, I look to my First Nations, Métis, or Inuit culture for help. ^b	4.0 (0.66)
30. When I am physically ill, I look to traditional medicines to help me feel better. ^b	4.1 (0.76)
31. When I have a lot of emotions, I look to my First Nations, Métis, or Inuit culture for help. ^b	4.3 (0.90)
32. When I need to make a decision about something, I look to my First Nations, Métis, or Inuit culture for help. ^b	4.0 (0.70)
33. When I feel like I've lost spiritual connection, I look to my First Nations, Métis, or Inuit culture for help. ^b	4.2 (0.75)
34. Cultural ceremonies help my mind, body, and spirit feel better. ^b	4.8 (0.51)

^a Yes (1) or No (0) response format, ^b Strongly Disagree (1), Disagree (2), Neither Agree nor Disagree (3), Agree (4), Strongly Agree (5) response format, ^c Never (1), Rarely (2), Sometimes (3), Often (4) response format.

With respect to assessing cultural connectedness, residents were asked to reflect on their perceptions of, and engagement in, Indigenous culture and cultural practices before and during their time at OOH. Table 1 presents findings related to cultural connectedness among residents participating in the program at the time of evaluation. In general, findings suggest that residents endorsed a strong connection to Indigenous identity, traditions, and spirituality.

Table 2. Residents' Perceptions of their Physical, Mental, and Spiritual Well-Being ($N = 21$)

Domain/Item	<i>M</i> (<i>SD</i>)
<i>Mental Health (2 items)</i>	
1. How do you rate your “ <i>mental health</i> ” (your thoughts and emotions)? ^a	3.7 (0.78)
2. How important is your “ <i>mental health</i> ” to your quality of life? ^b	4.6 (0.92)
<i>Physical Health (2 items)</i>	
3. How do you rate your “ <i>physical health</i> ” (your body)? ^a	3.1 (0.88)
4. How important is your “ <i>physical health</i> ” to your quality of life? ^b	4.4 (0.99)
<i>Spiritual Health (2 items)</i>	
5. How do you rate your “ <i>spiritual health</i> ” (your religious or spiritual beliefs)? ^a	3.7 (0.90)
6. How important is your “ <i>spiritual health</i> ” to your quality of life? ^b	4.7 (0.93)
<i>Overall Well-Being (1 item)</i>	
7. Taking into account your mind, body, and spirit, how would you rate your overall well-being? ^a	3.4 (0.88)

^a *Extremely Poor* (1), *Below Average* (2), *Average* (3), *Above Average* (4), *Excellent* (5) response format, ^b *Very Unimportant* (1), *Unimportant* (2), *Neither Important or Unimportant* (3), *Important* (4), *Very Important* (5) response format.

Residents were further asked to rate their physical, mental, and spiritual health (including overall well-being when reflecting on mind, body, and spirit altogether), as well as how important they believe these health factors are to their quality of life. Table 2 presents findings related to residents' perceptions at the time of evaluation. In general, findings suggest that residents rated their mental, physical, and spiritual health (and overall well-being) as slightly above “average.” Residents also indicated that their mental, physical, and spiritual health are important to their quality of life.

Resident Interviews/Qualitative Survey Data

Five major themes were identified through thematic analysis of qualitative interview ($n = 9$) and survey ($n = 10$) data, which further substantiates and contextualizes trends emerging from quantitative survey data. Major themes and key findings are summarized in Table 3. Notably, findings highlight that residents joined the program to gain a deeper connection to Indigenous culture and improve overall health through the support of the Traditional Healing Team; liked that the program facilitated greater autonomy with their healthcare plan and filled gaps in Western medicine, but disliked that the Traditional Healing Team was not always available; and, suggested the program has led to noticeable improvements in physical, mental, and spiritual health and greater cultural connectedness.

Table 3. Residents' Perceptions of the Traditional Healer/Medicine Program ($N= 19$)

Major Theme	Summary of Participant Responses	Select Quotes
<i>Conceptualization of the program and rationale for joining</i>	<ul style="list-style-type: none"> The program was viewed as a way to improve physical, mental, and spiritual wellness, in addition to providing greater connection to culture. Residents joined the program to (1) connect (or reconnect) with their culture, spirit, and self through traditional teachings and healing practices and (2) benefit from the guidance, support, and tools provided by the Traditional Healing Team that can be directed toward improving overall health. 	<p>“I see that it will help me with my four physical aspects of the medicine wheel. It will also help me find more of a strong connection to my ancestors and my culture.”</p> <p>“To learn my ways...I’m from [a First Nation community] and I don’t really, like I’ve done a little bit of my traditional stuff, like going to giveaway dances and round dances and powwows and stuff. I kind of drifted away from that...so I wanted to get back into that and connect with that again... [Also] to work on myself, like my mental health and my spirit and stuff because, I feel like I’m not connected to myself.”</p>
<i>Program Activities and Processes</i>	<ul style="list-style-type: none"> Residents have had the opportunity to: (1) engage in a variety of ceremonies that provide spiritual healing and cultural teachings; (2) receive traditional medicines for physical illness; and, (3) receive guidance and support, as well as cultural and spiritual teachings, to help address various intrapersonal and interpersonal needs. The frequency of appointments with the Traditional Healing Team varied from several times a week to once a month (depending on residents’ needs, as well 	<p>“I’ve had a ceremony to find out my spirit name and colours of broad cloth...that was the first ceremony I ever attended...I have seen them for specific physical ailment issues. I have gone for more of a therapeutic energetic connecting session with the Healers...it’s hard to explain... you go in and sit down, and depending on what energy you’re feeling, sometimes there’s anxiety or uncertainty or pain or sadness or loneliness or confusion or something...you feel not right. And then [the Medicine Woman] picks up on that feeling...and there was an unspoken sensing of the energy in the room and through questions, through prayers, smudge, the different medicines they put on the smudge, you breathe in some of the medicines, sometimes there was a few questions or teachings that they would give that worked together and helped the energy in the room balance...I have had medicines prescribed for specific illness... [the Medicine Man] says use this medicine and then later that day, it will get prepared in the Elder’s unit, and I’ll go back later that day and I pick it up. Once I’ve finished it, and they’re maybe not on site for a week or two, so I’d like to get my next batch of</p>

Major Theme	Summary of Participant Responses	Select Quotes
	<p>as availability of the Traditional Healing Team).</p>	<p>medicine or my next step of the journey... I just had one opportunity myself to go off site, which was a giveaway dance, which happened just two weeks ago, the winter ceremony. It happened in Nekaneet First Nation.”</p> <p>“Lately, the Traditional Healer has been helping me with a lot of stuff, like reconnecting with my spirit which is really awesome. It makes me feel better and more connected with my culture, and I learned I got my spirit name and everything... and they took in some cloth for me to a sweat and everything and they told me my colour, which was cool. They gave me some [traditional medicine] and everything... There was a giveaway dance a little while ago, that was cool... They have sweat lodges here and stuff.”</p>
<p><i>Likes (Successes) and Dislikes (Challenges) about the Program</i></p>	<ul style="list-style-type: none"> • Residents liked that the program allows them to choose their healthcare plan and benefit from both traditional and Western medical practices; offers many tools to help with overall well-being; has led to noticeable improvements in physical, mental, and spiritual health; and, provides an additional avenue to learn about Indigenous culture and healing practices. • Residents disliked that the Traditional Healing Team was not always available (i.e., not on-site enough) and the challenge of keeping up with all requirements for the healing plan. 	<p>“The opportunity to ask for help with physical ailments that’s not just the nurses and the Western medicine. I like the diversity in choosing my healthcare plan. I like that I have access to the other method as I would out in the community... in other institutions you don’t have an option, you just have one medical option.”</p> <p>“I’m learning from both [traditional and Western medicine], you know... [The traditional and Western medicine] fits good. I’m so used to using psychiatrists [and] I’m slowly working my way into the Healers, which I really enjoy too. I’m just making the best of both worlds I guess while I’m incarcerated here... [also] the teachings that the Healers tell me... And the medicines... I’m First Nations, I knew about the medicines, but I was never really introduced to them. Or they weren’t a part of my life, and right now, on my reserve, we have no Elders so I’m taking it in, I’m really appreciating the Elders here on site.”</p> <p>“They make me feel better and help me look at things in a healthier way... because before I used to always just numb my feelings, but they’re just telling me... not to always numb my feelings, I guess... they’re just really good to have around.”</p>

Major Theme	Summary of Participant Responses	Select Quotes
		<p>“I like the fact that it supports traditional methods of healing. So, I get to learn more about how Healers work traditionally... I get to experience and be in the presence of Elders and Healers and the Medicine Man which are closer to Creator than I am... I like that...the medicine helped me [with physical issues]... I like that I feel a sense if there is something I can’t solve, I can ask [the Traditional Healing Team]. It’s almost like a comfort of support that’s not provided by other sources around.”</p> <p>“I guess the irregularity. I would like to have them on site every day... access to the medicines more when I need them...I know sometimes I’ve had soreness and I wish they were here...I would go more if they’re here more... every week, I would go as often as I can.”</p> <p>“Sometimes the high expectations of following your healing plan, but that’s just the way it is. You have to commit to it in order to heal yourself. And the high expectations is a lot. But if it means being a better person then I’m fully committed to it.”</p>
<p><i>Wellness and Correctional Outcomes</i></p>	<ul style="list-style-type: none"> • Traditional medicines provided by the Traditional Healing Team helped with managing physical illness and improving activity levels. • The program helped bring about healthier thoughts concerning residents’ life experiences and everyday circumstances, a better outlook on life and how they interact with others and the situations they experience (i.e., managing things in a better way), feelings 	<p>“Physically, I’m clear they have helped. My joints have been a problem and they’re helping me maintain functionality. I’m not in discomfort all the time... Overall, physically, I feel quite strong and clear.”</p> <p>“It’s really helped me mentally and emotionally to talk with the Healers one-on-one...I’ve come a long way, even though I’ve only been here for 4 months, with my emotional and mental health anyway. I’ve really struggled on my mental and emotional health... [they are helping with] my anxiety, to accept things I cannot change... [overall] it’s mentally making me at ease with the prayers and praying to Creator and the medicines they offer. And emotionally the same aspect. One day I’d just be sitting crying because I’m just so stressed out about life out there, and the moment I pray and smudge or take the new medicine they’d give me, it mentally and emotionally helps me, and it feels really good.”</p>

Major Theme	Summary of Participant Responses	Select Quotes
	<p>of peace and reduced anxiety, and better control of emotions.</p> <ul style="list-style-type: none"> • The program increased connection (or provided reconnection) to culture and spirituality, leading to stronger feelings of spirituality and greater connection to oneself and the Creator. • The program has helped guide residents on a better path in life that will support successful community reintegration. Many residents plan to seek out traditional medical care in the community. 	<p>“It has helped me to be more in touch spiritually, it’s kind of a hard aspect to explain. Just feeling the serenity and peacefulness comes in as well, just feeling more hopeful. Motivated, and that there’s a light at the end of the tunnel.”</p> <p>“Just helping me become a better person than I was before, and after being able to be a better person can make better choices and live a better life...I’m going to try [to get connected to Healers in the community]. I hope anyways. It’s going to be kind of difficult if I have to find my own. Where I’m from, we don’t have a strong connection to spirituality.”</p>
<i>Cultural Connectedness</i>	<ul style="list-style-type: none"> • The program has provided the opportunity to learn about culture, tradition, and spirituality, helping revitalize aspects of culture that residents had lost connection to in the community (e.g., language). • The program has helped incorporate spiritual, cultural, and traditional healing practices into everyday activities. 	<p>“It’s just helping me going back to the way I used to live again and just makes me feel so much better.”</p> <p>“It has influenced [me] greatly. I’m learning lots from it...It keeps me more mindful and to keep those practices in my daily activities. Like with smudging and the praying and to remember, keeping their teachings on my mind as we go through the day.”</p>

Program Collaborator Interviews

Four major themes were identified through thematic analysis of the program collaborator interviews ($n = 17$), which support and expand upon patterns that emerged from the resident survey and interview data. Major themes and key findings are summarized in Table 4. Notably, findings highlight that program collaborators perceived the program to bridge the gap between Western and traditional medicine, serving as a resource that provides a multitude of culturally-based healthcare supports for residents; and, believed that participation in the program has led to favourable outcomes for residents in terms of health and wellness, cultural connectedness, and preparation for community reintegration and living.

Table 4. Program Collaborators' Perceptions of the Traditional Healer/Medicine Program ($N= 17$)

Major Theme	Summary of Participant Responses	Select Quotes
<i>Conceptualization of the Program</i>	<ul style="list-style-type: none"> The perceived purpose is to provide greater access to culture and traditional healing, offer greater healthcare options through the integration of traditional and Western medicine, contribute to better overall well-being (i.e., physical, mental, spiritual), and will be beneficial for residents' community reintegration and living. 	<p>"A lot of [the women] don't have the traditional teachings. So, I feel this program will benefit them because they don't have teachings like that, and [the Traditional Healing Team] can provide that for them... This program provides these ladies with stuff they may not know, or maybe they do know, and it's always good to have a refresher. These teachings go a long way, and you can use them whenever you feel in trouble, it's always good to go back to the teachings."</p> <p>"[It's] about amalgamating Western medicine and the traditional, cultural side of things. It's a really good blend. For the women, it enhances what they have for Western medicine... So really it just gives more options for treatment and knowledge."</p> <p>"We're healing, wellness, health, happiness through the medicine and the ceremony."</p>
<i>Program Processes, Activities, and Participation</i>	<ul style="list-style-type: none"> Residents are briefed about the program upon intake; are referred by facility staff (and other residents) during day-to-day interactions; meet with the Administrative Assistant to learn about the program and complete the consent form; and, use a weekly sign-up sheet to schedule appointments with the Traditional Healing Team. The Traditional Healing Team provide one-on-one counselling and healing sessions, cultural/spiritual teachings, 	<p>"Formal process is if they want to take part in the program they need to sign a consent form, which is done through the Health Services team, specifically the [Administrative Assistant]. Once that signed consent form is done, they are welcome to meet and do all of the activities with the Traditional Healers as needed... At the intake process, our nurses provide a little bit of a summary of what the program is, and then our Traditional Healers usually meet with them too within a couple weeks of getting to the site, and then word of mouth, there's posters around, I mean the site is very small... there is a variety of ways for them to find out about the program."</p> <p>"We put up sign-up sheets out every week. If they have anything they need to talk [about] to get off their chest or they need spiritual medical attention, then they can sign up and meet with the Healers... [In terms of learning about the Traditional Healer/Medicine Program, I think residents are] briefed about it in the intake process."</p> <p>"With the Traditional Healers, it's given on a one-on-one basis... With the Traditional Healers, they're able to focus on one resident on a one-on-one basis so they are able to learn more."</p>

Major Theme	Summary of Participant Responses	Select Quotes
	<p>spiritual ceremonies, and traditional medicines to assist residents with physical, mental, spiritual (and social) needs. The Traditional Healing Team and Health Services personnel hold monthly meetings to discuss health-related information from both the traditional and Western medical perspective.</p> <ul style="list-style-type: none"> • The type and intensity of services provided depends on the needs of residents (including appointments to receive traditional medicines, check-ups, and/or more in-depth healing sessions). • There was a high level of uptake, with 62 residents who had been on the program since inception (24 active and 38 released/transferred) and 87 occurrences of traditional medicine administration, at the time of evaluation. 	<p>“They use traditional medicines, looking at physical and mental health needs and using traditional medicines to help them in coordination with health services. To be able to provide those medicines to help on that aspect. But they also do ceremonies, counselling sessions. Which is part of that mental health and personal, emotional, holistic being.”</p> <p>“[The Traditional Healers] pass down their knowledge. Whatever is bothering the [residents], they’ll give them teachings on how to overcome, or just to help them. Help accept what is going on with them, or show them different ways to cope with everything that’s happening to them.”</p> <p>“It’s all a variety of different things for them. So, in a way you’re being a psychologist, a physical doctor, in a way a spiritual doctor, and a mental doctor.”</p> <p>“When [the Traditional Healing Team] is here, I’d say probably about 5 or 6 go see them per day. There’s some that will go there on like every other day. Again, it helps them and maybe they see them less and less as they’re feeling better, I guess. Something like that, there’s no moment of saying “you’re cured now” you know? Again, that’s guidance, they’re also getting guidance from [the Traditional Healers]...it’s not a fill out this checklist and let’s do some little testing or anything like that. It’s an ongoing thing and something doesn’t get fixed overnight, it’s a process... so there is no stamp saying you’re cleared, you’re cured, you’re whatever.”</p>
<p><i>Successes, Challenges, and Recommendations</i></p>	<ul style="list-style-type: none"> • In terms of successes, the program has been established as an additional healthcare option for 	<p>“I think we have women that are much more satisfied with their health needs because of their ability to choose, I think we have seen an ability to integrate, and so we’re able to help women from all three realms, mental, physical, and traditional.”</p>

Major Theme	Summary of Participant Responses	Select Quotes
	<p>residents; bridges the gap between Western and traditional medicine; and, serves as a resource that provides a multitude of supports for residents (e.g., social support, healing, cultural support).</p> <ul style="list-style-type: none"> In terms of challenges, it was suggested there is a need to recognize that traditional medicine is not always compatible with the ideals of Western medicine; at times, the Traditional Healing Team was not always available for residents (due to involvement in other obligations, such as administrative tasks, and high workload in the program); there is a need to focus on staff resourcing to build the Traditional Healing Team and program (i.e., additional personnel to assist the Healers); and, there is a need to prioritize the continuity of care (i.e., connecting residents with traditional medicine upon release/transfer). 	<p>“We [now] have two streams [of healthcare], Western and traditional so whatever you’re comfortable with because we work together, you don’t have to make a choice between Western medicine and traditional medicine. I think that’s built in as part of the understanding there that the women have a choice so that’s really good, so putting them in charge of their own healthcare needs...to me a success is having the opportunity to have a choice between two streams of health services both together or individually so to me that’s a success. We’ve been successful in integrating traditional medicine in a healing lodge.”</p> <p>“Just again how the traditional way of life, a lot of residents come here and don’t know anything about it... To have Traditional Healers for that specific reason, for them to get healed and for stuff they don’t even know about, it’s good for them...A lot of these residents don’t even have traditional teachings. A lot of them are raised in troubled homes or drugs and alcohol... A healing lodge that has Traditional Healers is a long time coming... I’m glad it’s here and I see nothing but positive stuff from it.”</p> <p>“[In terms of how traditional medicine differs from Western medicine] when I write a report, I don’t write word for word of what happened in there. I keep it [spiritually] safe, because the majority of that work, like I’ll just do a gist of who came in, what we did, this person needs to come three more times and that’s all I’ll put. I won’t write why they came in, maybe I’ll write a little bit like somebody is having anxiety problems or having nightmares or can’t sleep, that kind of stuff but that’s it.”</p> <p>“The other thing the program needs to ask is connection to release. Sometimes [residents] get to another facility or some kind of a halfway house. If those places don’t have access to medicine [it’s not good]... they need to be able to continue access it.”</p> <p>“Like even as busy as we are, we’re going to make it busier. The thing that we need to maybe think about, and the team, is capacity. What is our capability for output in terms of capacity. How many should we be comfortable with that we’re working [with]. Where do we say, ok we’re busy now, we’re over busy. And consideration of another shift maybe?”</p>

Major Theme	Summary of Participant Responses	Select Quotes
		<p>“The only issue that I'm running into is I don't think [the Healers] are here enough. A lot of the women, they ask “can I see [the Traditional Healer Apprentice], can I meet with [the Medicine Woman], can I see so and so” and there's not a whole lot of availability... Most of the ladies will come and ask us “hey are [the Healers] in?” so that's the only issue there really... sometimes I feel like it'd be better if they were here more often.”</p> <p>“Like a doctor, it isn't just a doctor, it isn't just the medicine. This Medicine Man has helpers, the same as a doctor. [A doctor] has the nurses, if you're doing surgery there's people there, the admin, the finance, it's all a part of the team. It's the same with the [traditional] medicine... This is what we've learnt from our experiences, because the Medicine Man needs support, he needs supplies, he needs protection. [The Medicine Woman] is protection for [the Medicine Man]. You never put a man with a female alone... So, in order to be there, that one should be a full-time employee, we're doing the same things that the Indian Affairs does. We put all of these different jobs together, and skills under one, ok you do all this. It can work, but once you reach that capacity, we can't attend all those things, yeah. It's a team.”</p>
<i>Impact on Residents</i>	<ul style="list-style-type: none"> • The program has helped connect (or reconnect) residents with culture, traditional ways, and spirituality. • Through cultural teachings, traditional healing sessions, and traditional medicines, residents have shown favourable wellness outcomes (e.g., improved behaviour and mood, better coping strategies, better management of health needs, 	<p>“It's increased a lot of their spirituality, that's one thing I'm hearing more from residents is that they're actually connecting with their spirituality and that's something they haven't done either in their whole life or not since they were a child or something. It's really cool to hear that kind of stuff, especially when they get here and they're in such poor state to watch that progression is really nice.”</p> <p>“I think it's a different feeling here. When the Traditional Healers are here the site feels calm, women are engaged. I've had situations when women are in a mental health crisis, and they get into contact with the Traditional Healing Team, and they calm down. The women feel heard, validated, and better... I don't want to downplay other interventions we do, but they get to do so much through the program those other interventions don't provide and there is a calm about the women when they're in the program.”</p>

Major Theme	Summary of Participant Responses	Select Quotes
	<p>and generally doing/feeling better overall).</p> <ul style="list-style-type: none"> • Through experiences and tools gathered from the program, residents will be better prepared for community reintegration and living (and will be inspired to seek out traditional medicine in the community). 	<p>“I don’t touch base with [the residents] but I do see them changing and so I do think that it is making an impact...I think this will truly be the piece that makes the biggest difference...I do notice that the residents are changing for the better and seem to be, like emotion management, their ability to problem solve, whether that’s linked with better emotions management... I have no doubt [the Healers] are making a difference... I can certainly see the residents changing and I believe the program has had a lot to do with that.”</p> <p>“That additional knowledge they’ll hopefully retain and use for when they go home. Some people when they come here... they lost their way and what they’re supposed to be is a good provider in their family, maybe a partner, mother, daughter, aunt, grandmother, granddaughter, sister. So when they go back they’re better able to fulfill that role in their community or family by coming here...hopefully what those thoughts and prayers that [the Traditional Healing Team] share with you, you’ve gotta remember them they’ll help you... Hopefully they’ll get the skills and the patience to deal with the things they have to deal with when they leave here.”</p>

Discussion

To our knowledge, this study is the first to evaluate an Indigenous-focused health services option for people in custody (see Perdacher et al., 2019), drawing from the perspectives of both program participants and collaborators. Overall, the perceived purpose of the program was consistent across respondents, in that it provides access to culture and traditional healing and medicine, serves as an additional healthcare option that addresses cultural needs, focuses on improving residents' well-being, and intends to have an impact on community reintegration and living. Evaluation participants agreed the Traditional Healer/Medicine Program has filled a significant gap in the provision of healthcare services at OOHL, providing a supplementary option to Western medicine that allows residents to choose their healthcare plan and benefit from accessing culture, traditional healing, and traditional medicines to address their health-related needs. Since its implementation, most residents have participated in the program, indicating a high level of interest and uptake. Most importantly, both residents and program collaborators highlighted the perceived positive impacts of the program, holding the perception that it has contributed to better overall mental, spiritual, social, and physical wellness, as well as a stronger connection to culture, for those who regularly see the Traditional Healing Team. The fact that it evolved from a pilot project to a permanent health services resource, in addition to its perceived positive impact on wellness and cultural connectedness, speaks to the success of the Traditional Healer/Medicine Program.

Decolonization: Why Indigenized Prison Programming Matters

“Academic discussions about decolonization and prisons, especially in Canada, are increasingly dominated by critics who dismiss the value and potential of Indigenized [prison] programming” (Tetrault, 2022, p. 222-223). While Canada has been Indigenizing prisons since the 1970s, recent debate has surfaced as to whether the Indigenization of prisons—through increased Indigenous cultural influence and initiatives including the incorporation and facilitation of cultural programming and teachings, promotion of spirituality and spiritual practices, involvement of Elders and Indigenous communities in support and rehabilitation, and utilization of specialized prisons (i.e., “healing lodges”)—qualifies as decolonization (i.e., self-determination, sovereignty, and improved material well-being). The prevailing critique is that “Indigenizing prisons” merely advances colonialism or cultural genocide, as decolonization cannot exist within colonial institutions and, therefore, cultural prison programs are not decolonial and prison abolition is viewed as the only legitimate way to decolonize prisons (Tetrault, 2022, 2023). However, most arguments against Indigenized prison programming are based on decolonial and abolitionist theory, as opposed to empirical investigations that centre on decolonial methods involving the perspectives of incarcerated Indigenous peoples (Tetrault, 2022, 2023). Tetrault’s (2022, 2023) recent studies directly challenge this position, raising awareness of the disservice of such critiques to the needs of incarcerated Indigenous people and presenting empirical evidence to suggest that, while still possessing flaws and limitations, Indigenized prison programming can be decolonial. Despite positions against such initiatives (McGuire & Murdoch, 2021), evidence from Tetrault (2022, 2023) provides a strong defence for why Indigenized prison programming matters and why efforts to enhance cultural programming are crucial (Zinger, 2023). Indeed, in Tetrault’s large empirical study, incarcerated Indigenous people celebrated Indigenized prison programming and its

many benefits (e.g., facilitating access to culture, empowerment, healing, coping, community, and spiritual accommodation), as well as advocated for expansion of such initiatives, whereas concerns had less to do with the content and structure of this programming but instead the ways that the prison regime restricts access to Indigenized services (Tetrault, 2022, 2023). Above all, Tetrault (2022) reminds us that while Canadian prisons are indeed colonial institutions, decolonial action will always occur within the limits of colonial structures and, thus, Indigenized prison programming is a legitimate form of decolonial action that can help meet the needs of incarcerated Indigenous people. Accordingly, the Traditional Healer/Medicine Program at OOHL is an Indigenized approach to health care that can be considered a decolonial action through its aim to revitalize traditional healing and medicine within correctional health services.

Under the argument of decolonization through Indigenized prison programming, Tetrault (2022) stresses the importance of giving power to Indigenous community leaders and Elders in all decision-making related to such programming and, thus, cultural programming must be Indigenous-led (i.e., controlled) throughout design and implementation to assure the dynamic interests of Indigenous Peoples and communities are realized. This also extends to recognizing and reducing barriers of the colonial prison regime, with its focus on securitization, that would hinder the authentic delivery of such initiatives and limit access to Indigenized resources for incarcerated Indigenous people. Furthermore, it is paramount to have community involvement in Indigenized prison programming, as it allows many aspects of the program to exist. It is also through community Elders and leadership that ensure the stability and progression of these initiatives. Indigenized programs are unable to operate without Indigenous community involvement, especially in healing lodges that rely heavily on Indigenous communities and leadership for cultural guidance. Again, the Traditional Healer/Medicine Program at OOHL embodies this decolonial action, as it is led by Nekanet First Nation community leaders and Elders.

Ultimately, findings from this evaluation provide support for growing efforts to integrate traditional medicine and healing practices into mainstream health services in Canada (Manitowabi, 2023), as well as demonstrate that Indigenous-led approaches to healthcare show considerable promise in terms of improving the health and wellness of Indigenous women in custody. Our findings also contribute to the limited body of international research into the effectiveness of culturally-based health interventions and programming for Indigenous people in custody (Perdacher et al., 2019). For instance, in a systematic review, Perdacher et al. (2019) identified only five published articles that had evaluated culturally-based health interventions within correctional settings (Crundall & Deacon, 1997; Gossage et al., 2003; Rossiter et al., 2017; Stewart et al., 2015; Yuen, 2011; Yuen & Pedlar, 2009). Despite the scarcity of research in this area, cultural interventions and programs have demonstrated positive outcomes with respect to improving the overall health and wellness of justice-involved Indigenous people, as well as addressing substance use, addiction, and mental health difficulties (Hyatt, 2013; Perdacher et al., 2019).

Though, direct comparisons between our findings and those from previous studies are limited, as the existing research in this area (Perdacher et al., 2019) focused primarily on evaluating interventions related to the treatment of substance misuse, Indigenous men in custody, sexual offender programming, parental skills programming, and reoffending outcomes. The diversity of the study populations may

further preclude any direct comparisons as Indigenous populations are heterogenous and therefore cultural interventions, especially if they are based within certain cultural traditions and practices, may not be transferrable to all Indigenous groups and communities. Nevertheless, previous studies did demonstrate the feasibility of integrating health-based interventions specifically designed for (and led by) Indigenous people within a prison environment, as well as demonstrated changes in well-being and reoffending (Crundall & Deacon, 1997; Gossage et al., 2003; Rossiter et al., 2017; Stewart et al., 2015; Yuen, 2011; Yuen & Pedlar, 2009). This aligns with our evaluation of a culturally-based health program for federally incarcerated Indigenous women in Canada, which demonstrated that the utilization of traditional medicine and healing practices in correctional settings could help promote better overall physical, mental, and spiritual wellness of Indigenous persons involved in the criminal justice system.

Notably, one qualitative study examined the effects of traditional ceremonies (e.g., sweat lodges) on cultural and emotional healing of First Nation, Inuit, and Métis women in custody in Canada (Yuen, 2011; Yuen & Pedlar, 2009). With respect to cultural healing, themes centered on the perception that ceremony provided an opportunity for the women to learn about their culture and Indigenous heritage, as well as led to a recognized need for cultural support upon release from custody. With respect to emotional healing, themes centered on the perception that ceremony helped the women heal from trauma (partly due to the ‘psychological escape’ from the prison environment afforded through ceremony). This mirrors findings from our evaluation of the Traditional Healer/Medicine Program at OOHL, as both residents and program collaborators indicated that, through traditional teachings and healing practices, the program (1) provides the opportunity to learn about Indigenous culture and healing and to connect (or reconnect) with culture, spirit, and self; and (2) offers cultural guidance, support, and tools to help with overall well-being, which has contributed to noticeable improvements in physical, mental, and spiritual health. Participants of the abovementioned study (Yuen, 2011; Yuen & Pedlar, 2009) also highlighted the preference for addressing issues pertaining to health and wellness through a more holistic and traditional manner, ideally offered by Indigenous health professionals and Elders. Coincidentally, this was one of several reasons for the development and implementation of the Traditional Healer/Medicine Program at OOHL, as a major purpose of this program was to offer greater healthcare options to Indigenous women in custody, delivered by a Traditional Healing Team (i.e., trained and recognized specialists of traditional medicine), which allows residents to choose their healthcare plan and benefit from the integration of traditional and Western medicine.

Attendance at healing lodges more generally may also lead to positive outcomes for justice-involved Indigenous people. For instance, Nielson (2003) found lower rates of recidivism among those who attended healing lodges compared with those who served their sentence in conventional correctional facilities, with some healing lodge residents expressing the feeling of being “re-born” or gaining a new identity (Hyatt, 2013). This coincides with findings from the current study, as evaluation participants consistently noted that a long-term benefit of the program related to better preparing the women for community reintegration and living. Thus, increasing opportunities for participation in spiritual and cultural activities and programs may generally contribute to successful community reintegration (Heckbert & Turkington, 2001). However, the current study was unable to assess program-related outcomes pertaining to community reintegration and living, suggesting a potential focus of future work in this area. Hyatt (2013) also noted that having access to sacred medicines (e.g., tobacco, sweetgrass,

sage) within healing lodges is considered a crucial part of healing, and the presence of Elders in correctional facilities has been found to help justice-involved Indigenous people connect with their cultural identities. This was also evident in many participants' responses, as it was consistently stated that access to traditional healing and medicines, Elders, and cultural teachings helped to connect (or reconnect) women to their cultural identities and language (i.e., Cree).

Implementation and Expansion of Indigenized Health Interventions

Overall, findings from our evaluation have demonstrated the successes (along with some challenges) associated with integrating traditional medicine and healing practices into the health services options within a custodial setting. This highlights the importance of integrating similar culturally-based health interventions into other (Canadian) correctional facilities to increase access to culture and improve health and wellness outcomes of Indigenous individuals in custody. With that said, research has pointed to several best practices for the implementation of effective cultural interventions and programs within a correctional context. First, it is crucial that Indigenous community leaders (e.g., Elders) be involved in all aspects of the intervention/program to ensure that culturally safe approaches are adopted (Hyatt, 2013; Perdacher et al., 2019; Tetrault, 2022, 2023). Further, because of the knowledge and lived experiences brought by Indigenous community leaders, participants are more likely to be receptive of the intervention/program and, ultimately, achieve greater positive health and wellness (Perdacher et al., 2019). Second, cultural interventions/programs must include teachings and practices that are relevant and aligned with the cultural beliefs of the Indigenous participants (Hyatt, 2013; Perdacher et al., 2019). In this case, the heterogeneity of Indigenous groups and communities should be acknowledged, and cultural interventions/programs should recognize the need for incorporating diverse cultural traditions and practices. Third, cultural interventions/programs must consider the reality faced by justice-involved Indigenous people (i.e., life experiences and current circumstances) and emphasize the value of traditional practices as a tool for healing (Perdacher et al., 2019). Fourth, cultural interventions/programs should aim to incorporate discussions about the impact of colonialization on Indigenous culture, as well as health and wellness, considering that “without the knowledge of why culture was taken away and an understanding of its impact today, healing... cannot occur” (Hyatt, 2013, p. 50).

The Traditional Healer/Medicine Program at OOHLC embodied many of the abovementioned principles in its implementation and delivery, which is likely part of the reason for its success. For instance, the program was led by members of the Traditional Healing Team, who are recognized and respected cultural leaders in the community. These Indigenous community leaders also had experience working with justice-involved Indigenous people and, therefore, were better able to address the specific needs of residents. Further, the Traditional Healing Team consistently shared their knowledge about the impact of colonialization and the importance of traditional practices for healing with both staff and residents. It is also worth noting that the partnership between Nekaneet First Nation and CSC for the program was largely based on the emphasis the community places on creating a healing and treatment environment for federally incarcerated Indigenous women through Indigenous culture and ceremonies. Furthermore, the success of the program is also attributable to the fact that it was implemented at a healing lodge, which are correctional institutions specifically designed for Indigenous people in custody

where the environment, programs, staff complement, and services are structured to prioritize Indigenous culture; thus, this allowed for seamless integration of this health-based cultural intervention.

Expansion of similar traditional medicine programs to other (federal) correctional institutions provides an opportunity for correctional systems to deliver effective, culturally appropriate interventions and reintegration support for Indigenous people in custody. This is of tremendous importance given the growing overrepresentation of Indigenous people in prison in colonized Western nations, such as Canada, as well as evidence that Indigenous Peoples benefit from greater access to culturally-based health interventions and programming in prison (Perdacher et al., 2019). Nevertheless, it is important to acknowledge the challenge(s) that can arise with respect to expanding programs to other sites. For instance, the successes of the Traditional Healer/Medicine Program at OOHHL could be related to the strong community support of Nekaneet First Nation, as well as the vested interest and unwavering dedication of those who make up the Traditional Healing Team to ensure the program succeeds. Related to the latter point, it can oftentimes be challenging to find such strong spiritual and cultural leaders; thus, it may be difficult to replicate the traditional medicine knowledge and skills, as well as cultural and spiritual leadership, as evidenced by this group in other locations. In addition, a considerable amount of effort, coordination, and communication was required from those who make up the Traditional Healing Team and CSC to support the development and implementation of the program (i.e., submission of proposals and contracts, establishing funding, planning for activities to be delivered through the program, etc.) and ultimately deliver program activities. Therefore, other sites intending to adopt a traditional medicine program should ensure an Indigenous community (or communities) is willing and able to support the initiative, and that identified program collaborators (especially the Traditional Healing Team) have a similar level of knowledge, skill, vested interest, and dedication in developing and operating such a program. Communication will also be of utmost importance, especially in early stages of planning and preparation to ensure any major challenges are identified and addressed prior to initiating program activities. Additionally, it is important to recognize that other Indigenous communities may not have a similar connection and approach to traditional medicines and traditional healing as members of the OOHHL Traditional Healing Team and, therefore, traditional medicine programs at other sites may need to adapt according to the practices of cultural and spiritual leaders in the area.

Considering Reconciliation

While evidence-based approaches to health are essential to consider in the development and delivery of health policy and practices, the utilization of a rights-based approach to health should also be applied. Thus, in the context of Indigenous Peoples health, the integration of traditional medicine and healing practices should be considered, not only because it is a best practice, but also because it is a right. This right was enshrined in the *United Nations Declaration on the Rights of Indigenous Peoples* under Article 24 (United Nations, 2007, p. 18), which states,

- (1) 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. Indigenous individuals also have the right to access, without any discrimination, all social and health services.

(2) Indigenous individuals have an equal right to the enjoyment of the highest attainable standard of physical and mental health. States shall take the necessary steps with a view to achieving progressively the full realization of this right.

Additionally, the TRC (2015) calls upon federal, provincial, and territorial governments to recognize and implement the health care rights of Indigenous people as identified in international law, constitutional law, and under the Treaties. The Government of Canada has also committed to ending anti-Indigenous racism in health systems in a way that is informed by the lived experiences of Indigenous Peoples and based on the recognition of the rights of Indigenous Peoples. Improving access to traditional medicine and healing practices, as well as further integrating these practices into the health service options within correctional facilities, provides an opportunity for federal, provincial and territorial governments to follow through on this commitment, while simultaneously honouring several other recommendations and commitments stemming from the TRC Calls to Action.

Limitations

Several methodological limitations should be considered when interpreting the findings of this evaluation. First, not everyone who was invited to participate ultimately agreed to complete the self-report questionnaire and/or interview. Those who did not participate might have somewhat differing perceptions of the program. However, based on information gathered throughout data collection, the sample did include many of those with direct experience with the program. Second, social desirability may have been an issue, in that participants may have placed greater emphasis on articulating the successes of the program as opposed to its challenges. For the most part, however, participants were relatively open about both the successes and challenges of the program, suggesting social desirability was not a significant problem. Third, when responding to survey and/or interview questions, participants tended to draw upon a holistic perspective. In this case, they sometimes reflected on the healing lodge broadly as opposed to only the program. This is unsurprising given that a holistic lens is prioritized at OOHL. Taken together, this presents challenges surrounding the interpretation of findings, in that it may be unclear whether the program itself, or the philosophies and practices of the healing lodge broadly, explain the outcomes of interest.

Fourth, a goal of the evaluation was to assess whether and how residents' cultural connectedness and overall well-being improved between pre- and post-program participation using a repeated-measures analysis. However, due to the inability to collect baseline data, as well as a high level of study attrition (resulting from releases and transfers), we were unable to quantitatively assess these changes. Therefore, quantitative findings should be interpreted with caution as they provide a point-in-time estimate during residents' involvement in the program. Nevertheless, qualitative findings did highlight the impact of the program on residents. Fifth, we did not collect data on the extent of pre-existing physical, mental, and spiritual wellness or problems, which also contributes to the limitations of interpreting the outcomes of the program based on quantitative findings. Finally, it is important to acknowledge that, where applicable, the evaluation team engaged in consultations with members of the Traditional Healing Team (alongside representatives from CSC) to co-develop the evaluation and its respective activities. However, the evaluation did not adopt a participatory method and, therefore, Indigenous program collaborators were not directly involved as co-leaders of the evaluation. While this limits the cultural

sensitivity of the evaluation, it is important to note that cultural protocols were used in all interactions with Indigenous knowledge keepers and Indigenous program collaborators (i.e., the Traditional Healing Team) were still consulted on all aspects of the evaluation.

Conclusion

In closing, our evaluation contributes to the limited body of research into culturally-based health interventions and programming for Indigenous people in custody, providing further evidence in support of such initiatives (Perdacher et al., 2019). Though results are preliminary, the Traditional Healer/Medicine Program at OOHLC has the potential to serve as a model of best practice for other custodial settings as this program and the evaluation findings have demonstrated the benefits and effectiveness of integrating traditional medicine and healing practices into health services for Indigenous women in custody. Given Canada's history of colonization, and the ongoing impact of this history which has manifested in health inequities and overincarceration of Indigenous Peoples, this program (or its elements) should be considered for adaptation to other correctional settings. This would provide a pathway to reconciliation through the actualization of a rights-based approach to health, as well as an opportunity to address health inequities and improve community reintegration efforts for First Nations, Inuit, and Métis people in custody.

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