Talking, Sharing, Healing: A Scoping Review of Indigenous Talking Circles as a Group Level Assessment Method

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Abstract

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Research practices developed by and for Indigenous peoples, including frameworks, methods, and study design continue to grow in presence and utilization, but lack recognition in comparison to Western research methods. The purpose of this scoping review was to determine the characteristics of a talking circle as a group level assessment method utilized in public health research regarding Indigenous North American populations in Canada and the United States. A PRISMA checklist and PICO analysis was completed utilizing five databases, including PubMed, Web of Science, CINAHL, Embase, and the Bibliography of Indigenous Peoples of North America with no limitations on publication date. A total of 87 articles were included in this review. While several common characteristics emerged regarding common location, meal, and participant demographics, a lack of standardized protocol reporting limits the identification of best practices. Canada has produced nearly twice the number of publications using talking circles as a group level assessment method as the United States. While the majority of talking circles were used with a qualitative or community based participatory design, a wide variety of topics demonstrated the method's relevance across public health domains. Commonly described benefits included increased trust, healing potential, and rich data, while commonly described limitations included lack of anonymity and difficulty maintaining focus. Additional research into talking circles as an intervention method and Indigenous research methodologies will continue to build lasting collaborative partnerships between academic and Indigenous institutions, bettering relationships and improving research outcomes.

Introduction

Talking Circles, Indigenous Methodologies, and Academic Relations

The vast diversity of Indigenous populations and the methodologies relevant to each population add complexity while defining "Indigenous methodologies" as a singular entity (Drawson et al., 2017). Commonalities across Indigenous methods and populations certainly exist, often in response to Western domination of the academic world. One example of this particular definition states "Indigenous research methodologies reflect the Indigenous worldview and provide an important alternative to the dominant positivist/postpositivist paradigm of Western science to produce research that is by, with and for Indigenous peoples" (Williams & Shipley, 2023) The rising collaboration between Western and Indigenous worlds introduces new challenges to research, particularly in the process of examining, critiquing and honing Indigenous methods (Gone, 2018). Critical discussions examining when and how such divergent worldviews can blend or should blend in research endeavors further complicate efforts to define or use Indigenous methodologies (Windchief et al., 2018). A closer examination of Indigenous methods, specific or broad as such research may be, offers insightful information relevant to ongoing discourse.

A popular Indigenous methodology is the talking circle, also known as a sharing circle, healing circle, and peace circle. This pedagogical method of communication is believed to have originated in Midwestern tribal councils as a process to ensure each individual was allotted the necessary time and space for speaking while holding a power object, which may be a talking stick or other culturally relevant item (*Talking Circles Overview from the First Nations Pedagogy Online Project*, n.d.). Today, talking circles are used in a variety of contexts, including tribal discussions, health interventions, and as group level assessments in research (Running Wolf & Rickard, 2003). However, there has yet to be a formal review of talking circles as a group level assessment in public health literature, highlighting a gap in knowledge. Reviewing how and in what context talking circles have been utilized provide an opportunity to identify best practices, regional differences, and methodology breadth.

Potential collaborations between academic and tribal entities must overcome a sullied past, rich with destructive policies, blatant exploitation, and an overall negligence towards Indigenous North American communities (Pacheco et al., 2013). The burden to dismantle mistrust falls on academic institutions, who must address their turbulent history and enact sustainable, ethical policies to ensure protections for Indigenous communities. Though general protocols for engagement of Indigenous communities have been developed - one such example being the Consider Criteria, an internationally constructed protocol for researchers to ensure protections for Indigenous communities (Huria et al., 2019), the Indigenous North American community is hardly a monolith. In addition to the creation and recognition of Indigenous research methodologies, many tribal nations have begun to manage their own IRB and research review boards, further protecting their sovereignty in research from study design to data ownership. Additionally important to note, while the number of Indigenous students is growing in higher education and the field of research, the number remains dramatically below the national average, limiting experienced voices within the institutional realm (*Native American Students in Higher Education*, 2025). Alternatively, the two-eyed seeing framework, developed for use in Western research by Mi'kmaw elder Albert Marshall, suggests projects should be viewed through two lenses - one Indigenous and the other Western (Wieman & Malhotra, 2023). Exploring use of Indigenous-created methodologies such as talking circles may lead to increased collaboration between Indigenous and academic entities, furthering important public health research.

Objective: Conduct a scoping review to determine characteristics of talking circles as a group level assessment method utilized in public health research regarding Indigenous North American populations
The specific objectives are as follows:

1. Determine range of application of talking circles in public health research
2. Identify commonly utilized analysis methods for data collected during talking circles
3. Assess benefits and limitations of talking circles as used in public health research

Methods

This review followed the Preferred Reporting Items for Systematic Reviews and Meta Analyses Extension for Scoping Reviews (PRISMA-ScR) guidelines (Page et al., 2021).

Information Sources

The literature search was conducted in February 2025 using PubMed, Embase, Web of Science, CINAHL, and the Bibliography of Indigenous Peoples of North America, with terms adopted for each database.

Inclusion & Exclusion Criteria

Studies were included if they met the following criteria: they were published in English; focused on Indigenous North American populations, specifically First Nations populations in Canada and American Indian/Alaska Native populations in the United States; and utilized talking circles as a research method. For non-grey literature, studies were required to be published in peer-reviewed journals. Grey literature was considered if it incorporated talking circles as a method of data collection to address a public health concern. Studies were excluded if they focused on Native Hawaiian or Pacific Islander populations, non-Native North American populations, or lacked an English translation. Additional exclusion criteria included studies that did not use talking circles, employed talking circles solely as an intervention method rather than as a group-level assessment (GLA) method, or were systematic or scoping reviews. No restrictions were placed on the publication date, participants' age, gender or sex, or tribal enrollment status.

Search Strategies & PICO Criteria

Search terms are based on the PICO framework (Eldawlatly et al., 2018) and were centered on talking circles used as a group level assessment method in public health research featuring Native populations in the United States and Canada. For the review's population, we focused on Indigenous North American populations of the United States and Canada, excluding Native Hawaiians and

Indigenous Mexican populations. The second guiding framework of the PICO criteria is Intervention, which we modified to specify Method. Our method was talking circles used as a group level assessment method in public health research, and we excluded talking circles used as intervention strategies. We did not have a comparator for this review. Finally, our identified outcome was study characteristics, including protocol and formatting, as well as benefits and limitations of the talking circle as discussed by authors.

The search strategy was informed through preliminary reviews of the literature in addition to pre-selected inclusion and exclusion criteria. Two librarians employed by the University of Washington were consulted to ensure a thorough search strategy. *(Search phrasing may be found in the appendix)*

Data Extraction & Stratification

Relevant articles were uploaded to Covidence (*Covidence*, 2025), where any duplicated articles were automatically removed from the final list. Two researchers reviewed title and abstract to assess relevance prior to full text review. Full text review began with a calibration exercise where both reviewers assessed 10% of the selected text for inclusion or exclusion. Once concession was met, the primary researcher completed a full text review independently. The primary researcher completed data extraction utilizing Covidence software. Articles were first stratified by country, and then further identified according to study design, study focus, circle design, data collection method, and data analysis method. Results with numerical values, such as participants per circle and duration were collected and averaged, while categorical variables were summed and graphed to display percentage represented across included studies. Perceived benefits and limitations were extracted through quotes from the discussion sections for thematic analysis. Missing data points were placed into the unspecified category. Additional points of interest, such as circle host, number of participants per circle, and duration of the circle, were added during the extraction to the iterative nature of this review. *(See appendix for variable list and definitions)*

Thematic Content Analysis

Finally, to address objective three, *(3) assessing benefits and limitations of talking circles as used in public health research,* we conducted a thematic analysis of extracted data, synthesizing information to

highlight strategies for altering the application of talking circles to improve outcomes for community and researchers. Quotes featuring either a benefit or limitation were extracted and coded according to a combination of inductive and deductive codes.

Results

A total of 578 articles were selected and uploaded to Covidence following the February 2025 search of the five selected databases, PubMed (N=114), Embase (N=99), CINAHL (N=69), Web of

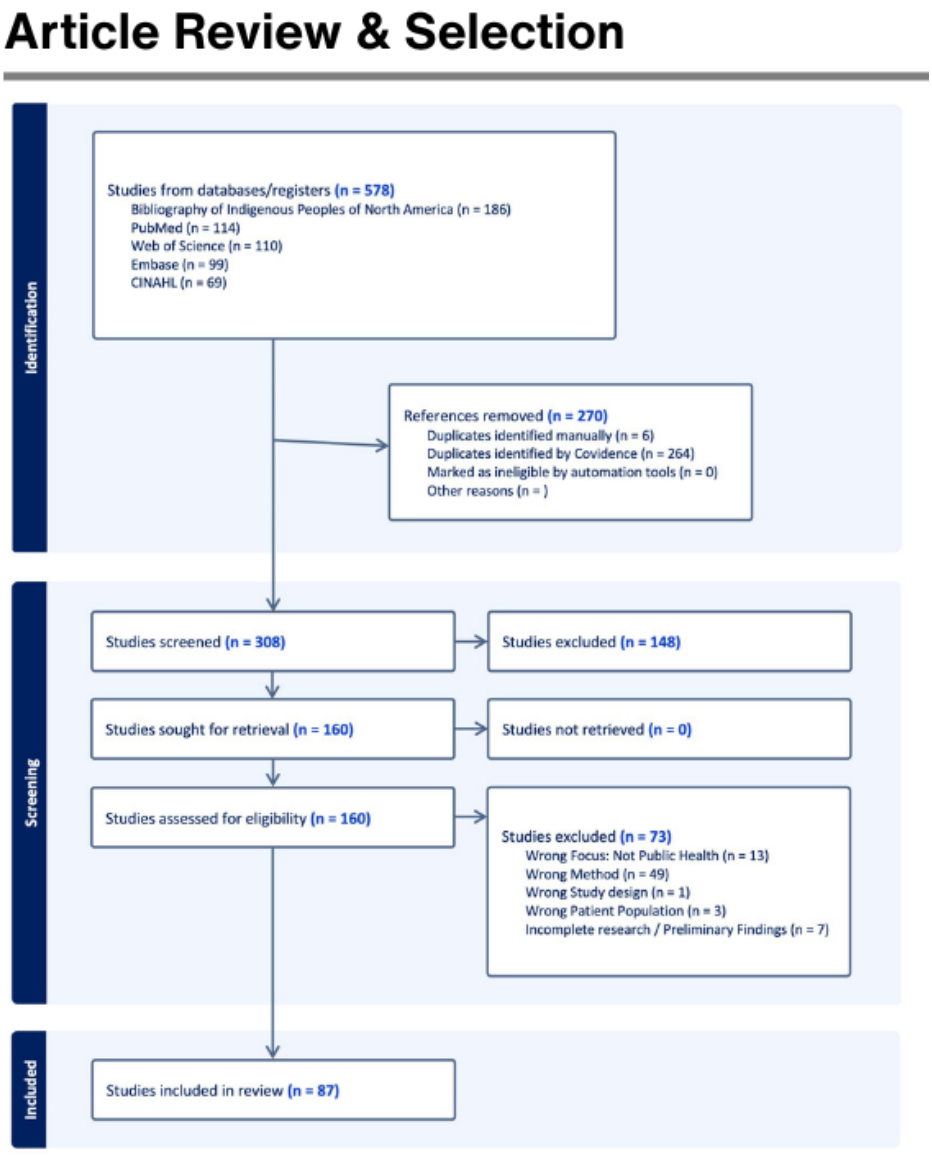

Fig. 1 Article Review & Selection

Science (N=110), and the Bibliography of Indigenous Peoples of North America (N=186). Upon upload, a total of 270 duplicates were removed. During title and abstract screening, 148 studies were identified as illegible. After full text review, in which 73 studies were excluded for reasons such as incorrect focus, method, or study population, a total of 87 articles were selected to be included in the scoping review *(See Figure 1).*

Objective One: Range of Application

In accordance with objective one, several key characteristics of the talking circle protocol and formatting were collected and stratified according to country *(See Table 1).*

Table 1: Characteristics of the Talking Circle

The Anatomy of the Talking Circle			
Variable	US	Canada	Total
Country *N*	26	61	87
Circle Name			
Talking Circle	23 (88.46%)	18 (29.51%)	41 (47.13%)
Sharing Circle	3 (11.53%)	42 (68.85%)	45 (51.72%)
Both	-	1 (1.64%)	1 (1.15%)
Circle Design			
Variable	US	Canada	Total
Study Design *N (%)*			
CBPR	8 (29.63%)	24 (38.71%)	49 (55.06%)
Qualitative	19 (70.37%)	30 (48.39%)	32 (35.96%)
Mixed Methods	-	6 (9.68%)	6 (6.74%)
Case Study	-	1 (1.61%)	1 (1.12%)
Multi-Method*	-	1 (1.61%)	1 (1.12%)
Duration in Minutes			
Average	109.8	111.6	122.4
Range	(60, 180)	(45, 480)	(45, 480)
Unspecified *(N)*	13	29	42

Meal *N (%)*			
Meal Included	17 (65.38%)	23 (37.7%)	40 (45.98%)
Unspecified	9 (34.62%)	38 (62.3%)	47 (58.75%)
Compensation N *(%)***	*$ (USD)*	*C$ (CAD)*	
$1.00 - $25.00	8 (30.77%)	4 (6.56%)	12 (13.79%)
$26.00 - $50.00	7 (26.92%)	4 (6.56%)	11 (12.64%)
$51.00 - $75.00	-	-	-
$76.00 - $100.00	-	1 (1.64%)	1 (1.15%)
Unspecified Honorarium	2 (7.69%)	16 (26.23%)	18 (20.69%)
—			
Total Compensated	17 (65.39%)	25 (40.98%)	42 (48.28%)
Unspecified	9 (34.62%)	36 (59.02%)	45 (51.72%)
Setting			
In-person	12 (46.15%)	29 (47.54%)	41(47.17%)
Virtual	2 (7.69%)	5 (8.2%)	7 (8.05%)
Unspecified	12 (46.15%)	27 (44.26%)	39 (44.83%)
Power Object* N (%)**			
Stone	1 (3.85%)	3 (4.84%)	4 (4.55%)
Shell	2 (7.69%)	-	2 (2.27%)
Feather	-	4 (6.45%)	4 (4.54%)
Turtle Icon	1 (3.85%)	1 (1.61%)	2 (2.27%)
Flute	1 (3.85%)	-	1 (1.14%)
Talking Stick	2 (7.69%)	3 (4.84%)	5 (5.68%)
Unspecified	19 (73.08%)	51 (82.26%)	70 (79.55%)

Participants			
Variable	US	Canada	Total
Age			
Youth	4 (15.38%)	5 (8.2%)	9 (10.34%)
Adult	15 (57.69%)	37 (60.66%)	52 (59.77%)
Elder	1 (3.85%)	8 (13.11%)	9 (10.34%)
All Ages	5 (3.85%)	5 (8.2%)	10 (11.49%)
Unspecified	1 (3.85%)	6 (9.84%)	7 (8.05%)
Participants per Circle			
1-5	5 (19.23%)	6 (9.84%)	11 (12.64%)
6-10	13 (50%)	17 (27.87%)	30 (34.48%)
11-15	1 (3.85%)	10 (16.39%)	11 (12.64%)
16+	1 (3.85%)	2 (3.28%)	3 (3.45%)
Unspecified	6 (23.08%)	26 (42.62%)	32 (36.78%)
Sex			
Male Only	-	2 (3.28%)	2 (2.3%)
Female Only	8 (30.77%)	10 (16.39%)	18 (20.69%)
All	18 (69.23%)	49 (80.33%)	67 (77.01%)

**Multi method is described as a mixture of quantitative and qualitative methods used without reliance or influence on each other*
*** Compensation rates remained in currency of country in individual counts and combined*
****One study used two power objects*

Canada produced nearly double the number of articles featuring talking circles as a group level assessment method than the United States. In the United States, the term 'talking circle' was used at a higher rate than the term 'sharing circle'. This trend was opposite in Canada, where more articles used 'sharing circle' in comparison to 'talking circle'. With more articles, Canada also had a higher diversity in study design, with five different designs used in comparison to the United States' articles only using two different study designs. On average Canadian talking circles lasted three minutes longer than US talking circles. Most United States articles (65%) described a meal and/or refreshments included for participants, while the majority Canadian articles (63%) did not describe a meal or refreshment included. Compensation rates remained in original currency in individual and combined counts. While Canada described higher compensation, Canada also had higher levels of unspecified or no mention of compensation (59%).

There were limited instances of virtual talking circles in both the US (8%) and Canada (8%). Power objects were rarely described in both the US and Canada. In 73% of US articles, the power object was not identified, while in Canada, 82% of power objects were not identified. Across both Canada and the US, most participants (60%) were classified as adults (above the age of 18), though youth, elders, and all ages categories each represented 10% of articles. For participants per circle, the highest represented category was 6-10 participants in both Canada (28%) and the US (50%). While few articles isolated participation by sex, there were more instances of female only (20%) than male only (2%) across the US and Canada combined. Finally, across all categories Canada had higher rates of unspecified categories, in which details were not described by authors. Canada's unspecified categories ranged from 9% - 82%, while the US unspecified categories ranged from 3% - 73%.

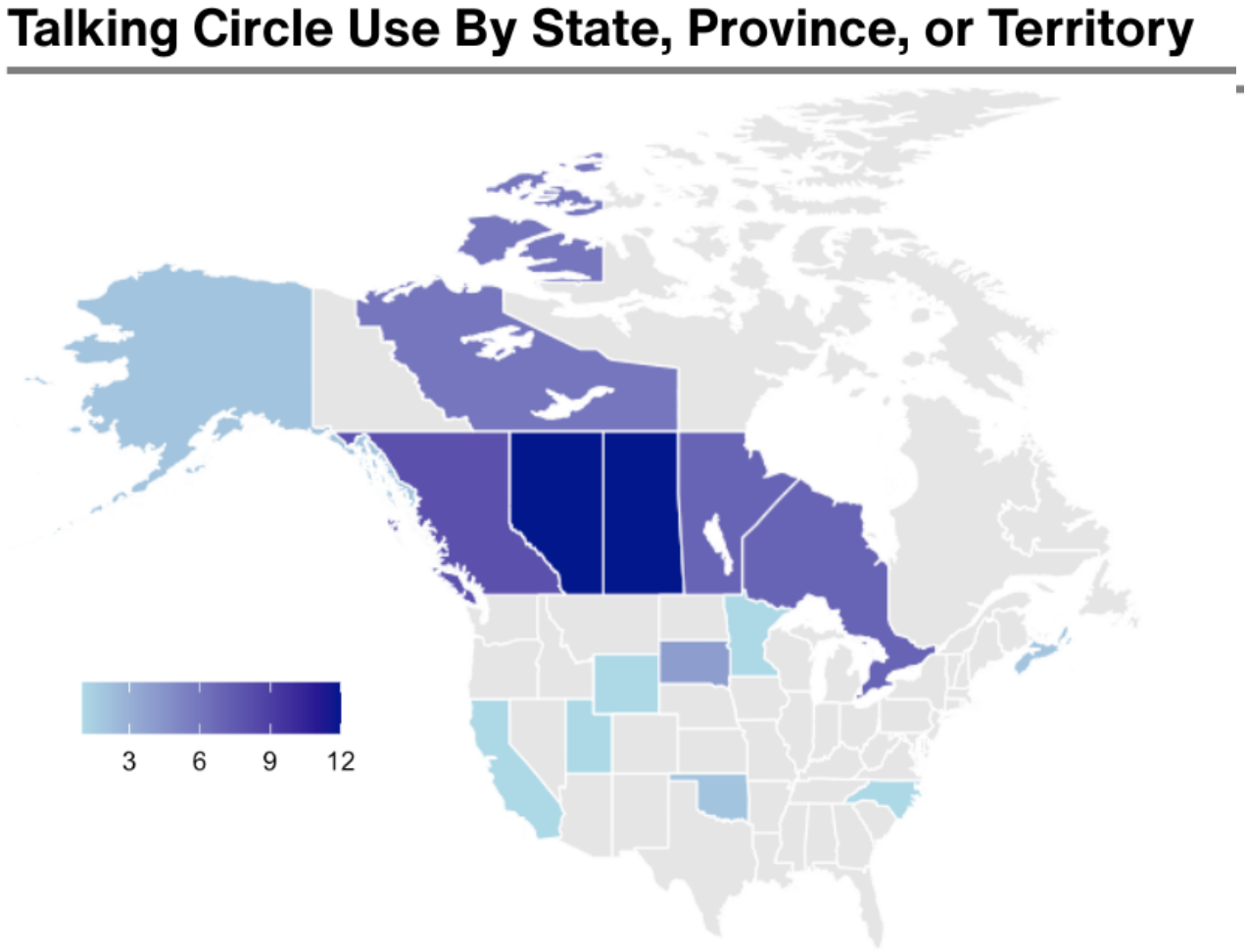

Fig. 3: Talking Circle Use By State/Province

For this analysis, we elected to count each publication as a single entry, even in cases where multiple publications used the same data/talking circle. This approach was selected to reflect the unique interpretations, analyses, or conclusions presented in each publication, in addition to identifying the prevalence of talking circles as a GLA method in academic literature. Out of the selected articles, 61 occurred in Canada while 26 occurred in the United States *(See Figure 2).* Canada has consistently produced more research articles featuring talking circles as a GLA method than the United States, peaking in the early 2020s.

Talking circles were reported in eight Canadian provinces and territories and eight US states *(See Figure 3)*. Notably, there were higher counts of usage in Canada than in the United States. This summary includes only instances in which the specific state, province or territory was identified. Reports that referred to broad or non-specified - such as "Midwest" or "Plains region" were excluded in the figure.

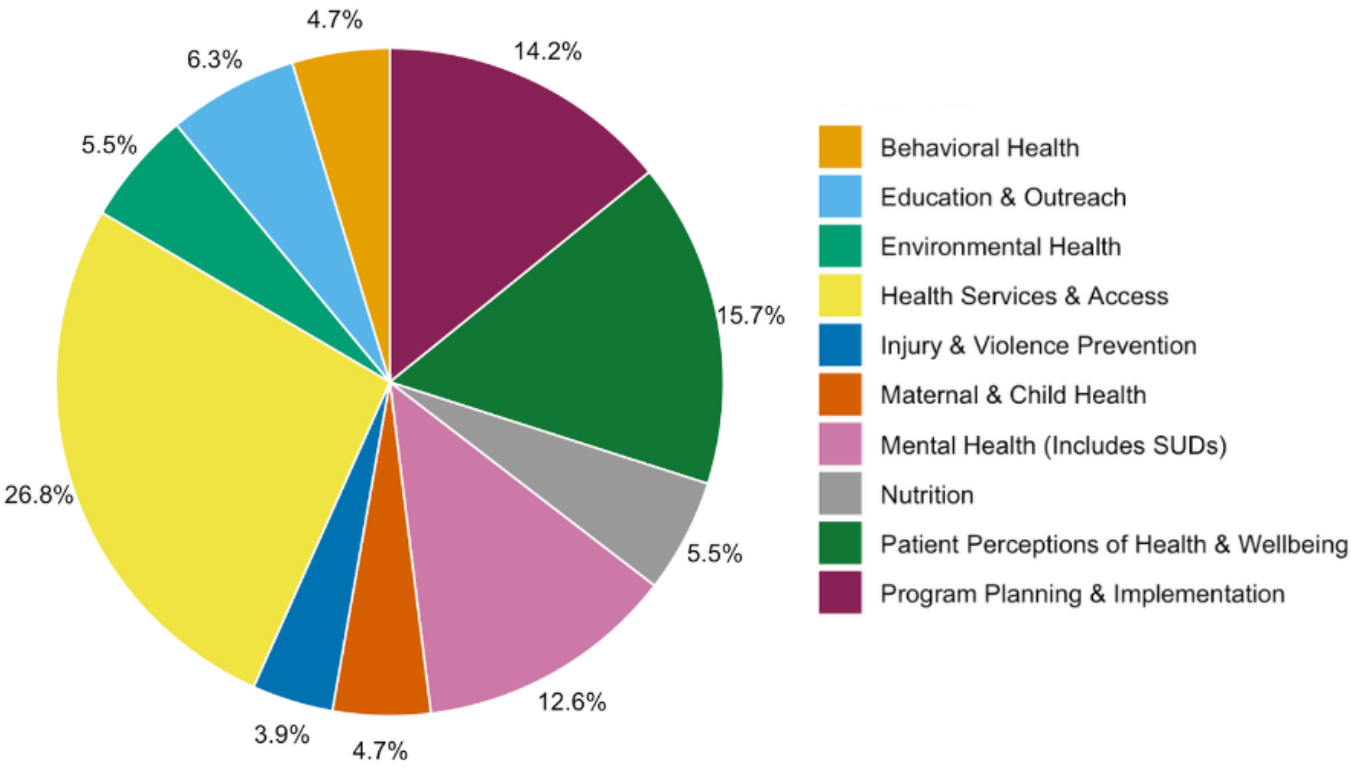

Fig. 4: Reported Topics in Selected Articles

Talking circles were deployed on a wide variety of topics, with articles often spanning two or three categories *(See Figure 4)*. The most frequently discussed topic was Health Services and Access, accounting for 27% of the total articles. This was followed by Patient Perceptions of Health and Wellbeing, representing 16% of the selected articles. Program Planning and Implementation accounted for 14%, while Mental Health including substance use disorders (SUDs) was noted in 13% of the studies.

Less frequently reported topics included Education & Outreach (6%), Nutrition (6%), Environmental Health (6%), Maternal & Child Health (5%), Behavioral Health (5%,) and Injury & Violence Prevention (4%).

Objective Two: Methodologies

Guiding Methodologies & Frameworks

A wide variety of guiding principles and methodologies were described throughout articles, with a notable top five repeated frameworks (See Table 1). Two-eyed seeing was identified in 16% of articles and was the most cited guiding framework. Following two-eyed seeing, a community based participatory research (CBPR) approach was described in 14% of articles. Grounded theory was described in 12% of articles. Two additional Indigenous Frameworks, the Four R's (Respect, Relevance, Reciprocity, and Responsibility) and OCAP (Ownership, Control, Access, and Possession), were both described in 6% of articles. Several additional examples of Indigenous frameworks were used singularly, such as the Medicine Wheel, Seven Lakota Values, and Qaujimajatuqangit (ways of Inuit).

Data Collection

Live recording and transcription were the most frequently reported data collection method (N=76), followed by observational note taking (N=23), and finally flip charts (N=4). The use of flip charts occurred to ensure notes were visible to all participants throughout the talking circle, promoting collaborative engagement during the data collection process. In many instances (See Table 1), a combination of these methods was employed. Notably, some studies chose not to record the talking circle out of respect for community comfort and preference.

Methodologies

Most studies utilized thematic analysis (61.7%) to examine their data, followed by content analysis (12.9%) and narrative analysis (8.6%). A small portion of studies did not specify the analytical method (5.38%). Several methodologies were used less frequently (See Table 1), including member checking (2.15%) and grounded theory (3.23%). Several approaches had only one appearance, including

the NAPKA Cree method, constant comparative, framework analysis, phenomenology, structural analysis, and summary analysis, each accounting for 1.08% of total methods identified.

Objective Three: Benefits and Limitations

Rationale

Rationale behind the selection of talking circles for research purposes was collected to assess researchers' justifications for using the method. Out of 16 noted topics, there were three commonly cited and repeated topics. The most frequently cited rationale was cultural relevance, accounting for approximately 28% of all responses, followed by tradition (19%), and equality of participants (13%). All remaining categories were cited less than 6%.

There was limited discussion of strengths and limitations related to use of the talking circle in research articles. While benefits were discussed 28 times (32.18%), limitations were only mentioned 16 times (18.39%). Out of eight categories describing benefits, the top three themes were Increased Trust (43.75%), Healing & Potential Intervention (14.58%), and data quality (14.58%). Out of six categories, the most prominent limitations included difficulty maintaining focus (22.22%) and lack of anonymity (33.33%).

Strengths

Increased Trust

The most prominent advantageous theme observed in the literature was that of trust. Through the selection of talking circles as the data collection method, participants often felt more comfortable sharing their experiences. As noted in one study "we believe traditional TCs build trust among the participants and provide the time and space for women to share with each other and with their health care providers the psychosocial stressors they may be experiencing"(Abbott et al., 2022). Talking circles were also recognized as an important step in fostering trust and commitment between researchers and community members:

"Overall, Talking Circle participants felt that their Talking Circle symbolized the start of a hopefully continual cycle between the tribe and researchers on developing successful strategies to improve access to healthy, affordable foods within their tribal communities" (Fleischhacker et al., 2011)

The use of a culturally familiar method may have increased feelings of security, eliciting richer data:

"This Indigenous method of data collection is also a major strength of the study because it is a method that is familiar to the youth and is grounded in communication traditions that are important to their culture." (Struik et al., 2022)

Healing & Potential Intervention

Another strength identified during analysis was the potential healing aspects of talking circles. In addition to serving as a data collection method, talking circles were also cited as potentially therapeutic in several articles. One researcher noted "[participants] reflected on the importance of the sharing circle itself as a part of the healing journey and of trying to find themselves," (Waddell et al., 2021, p. 5)

While there are examples of talking circles in public health research used as an intervention strategy (Lowe et al., 2016), it is important to consider that even when utilized solely as a GLA method, the healing and therapeutic value of the circles remained present:

"An unexpected outcome of this research was the therapeutic value of the sharing circles for participants to share their experience. Sharing circles can be a powerful means of bringing some degree of healing to the mind, the heart, the body and the spirit. For many residents their participation in sharing circles was the first time they had openly spoke about their experiences with the wildfire with other Indigenous residents," (Montesanti et al., 2021, p. 1481)

Data Quality

Multiple articles discussed refined data quality as a strength of talking circles as a GLA method. This can be seen in articles which noted that talking circles yielded rich data and added cultural insights: "This research extends previous work on the topic by producing contextual data and insights that would not be accessible without the enriched interactions of Talking Circles" (Becker et al., 2006). In addition to producing rich data, hosting multiple circles allowed for the triangulation of data, as evidenced by the following quote:

> "Talking circles provided a respectful and ordered structure through which to collect in-depth data, triangulate information, and build a common representation of events and times" (Tremblay et al., 2018)

Finally, the format of talking circles granted researchers increased ease in data collection, as interruptions within talking circles are frowned upon. This phenomenon can be seen in the following quote:

> "The researcher must track speakers since it is unfair to ask the same speaker to begin with each new question. This can allow easier handling of data and tracking individual respondent statements that may be handled in a manner more similar to in-depth interviews" (Bartlett, 2005)

Limitations

Difficulty Maintaining Focus

While talking circles were largely viewed as advantageous in article discussions, several limitations emerged. While talking circles elicited large amounts of participant-driven data, this format limited researchers' ability to collect targeted information related to the focus of the research. Examples of conversations drifting from the primary focus was notably commonplace in extracted texts:

> "Although sharing circles offer a culturally relevant and potentially more appropriate method for Indigenous participants to share experiences, the protocol means limited influence over specific topics that participants discuss. Specifically, once the circle started, the researchers were unable to focus participants' stories on the concepts of interest" (Carr et al., 2020)

"Alternatively, the lack of discussion on this topic during sharing circles could be because participants may have mainly elaborated and built on topics discussed by other participants, and the issue of health services was not raised" (Benoit et al., 2019)

Lack of Anonymity

While the communal aspects of talking circles acted as trust builders, several studies cited the lack of anonymity as a barrier for participants particularly for sensitive or stigmatized topics, such as substance use or sexual health.

"One of the limitations of the methods was that anonymity was not guaranteed as youth were together when they shared their perspectives and may have withheld some details or not fully disclosed their experiences. Although this shared experience may have been also a strength, having peers know your experiences with pain may have meant that youth had more to tell" (Latimer et al., 2018)

As common in group level assessments such as focus groups, power dynamics between participants may work against optimal discussion opportunities. For example, an article which utilized intergenerational talking circle cited the presence of elders may have limited youth participation:

"Second, while the inclusion of both Knowledge Keepers and youth was meant to facilitate intergenerational knowledge transmission, the presence of Elders and Knowledge Keepers may have influenced youth participants"(Stelkia et al., 2021)

Discussion

Talking circles are an intriguing Indigenous methodology that are seeing a rise in use across a variety of public health contexts for Indigenous populations across North America, prompting closer inspection of the application and protocols which indicate success or failure as a research methodology. However, sparsely reported protocol limit ability to identify best practices and draw broad generalizations about the method's applicability for different contexts. Future research may aim to further identify best

practices and relevant regional adaptations to solidify talking circles as a qualitative research method for Indigenous populations.

In this review, talking circles were found to be increasing in publication instances, but also in breadth, as the method spanned over eight US states and eight Canadian provinces and territories. This rise in use prompts identification of key factors that may influence an uptick in public health research. Through the thematic analysis, we identified several factors that not only inspired initial use, such as cultural relevance and equality of participants, but resulting benefits derived from the circle itself, such as participant trust, rich data production, and healing properties. The uptick in utilization of this Indigenous method may stem from calls by Indigenous scholars to disrupt the current power structure of Western research, eliminating the notion Indigenous peoples are objects of study and instead opting for collaboration in knowledge production (Hayward et al., 2021). Literature suggests methodology effectiveness may decrease in the absence culturally relevant methodologies (Dixon et al., 2007), further demonstrating the importance of highlighting and utilizing methodologies relevant to populations of interest in research projects.

Despite these positive shifts, the lack of standardized reporting of talking circle protocol limits opportunity to identify best practices and regional specific protocols. A significant portion of articles utilized a CBPR method, suggesting that community input may have resulted in reporting and formatting variation. Even still, such varied reporting styles, particularly in circle formatting, community-specific adaptions, rationale, and the benefits and limitations of the method fail to provide concrete guidelines for future research. Standardized reporting holds many benefits for research, including ensuring transparency, supporting further meta-analyses, and decreasing opportunity for researcher bias (Rulli, 2025). While flexibility is necessary during adaptation to new contexts, reporting standards for qualitative research is critical in quality assessment and future use (Cena et al., 2024). The country-specific stratification of talking circle demographics and characteristics as viewed in Table One suggest more standardized reporting in United States' articles, where unspecified protocols ranged 3% - 73%, than Canada, where unspecified protocols ranged 9% - 82%. In every documented category, Canada demonstrated higher

unspecified percentage of unspecified information. Overall, inconsistent reporting was significant in both nations, highlighting the lack of documented protocol standards for the method itself.

While talking circles are an Indigenous methodology, there is value in recognition from Western spaces. Calls for a two-eyed seeing approach in the health sciences demonstrate interest in Western and Indigenous collaboration in the research field (Wieman & Malhotra, 2023). Two eyed seeing is an Indigenous guiding principle that highlights the value of both Western and Indigenous knowledge with an emphasis on co-learning, decolonization and self-determination, and responsibility for the greater food and future generations (Roher et al., 2021). Two-eyed seeing emulates the importance of critical review of Indigenous methodologies like talking circles to improve the method's applicability and utilization for Indigenous populations participating in health research.

Limitations

While a secondary reviewer was included in the title and abstract review process and 10% of full text review, a single researcher conducted the data extraction and analysis, suggesting the potential for bias. The review team and coauthors reviewed the extraction and analysis and provided feedback to limit bias in the final analysis. Furthermore, the findings communicated in this study are not intended to represent Indigenous communities as a monolithic group, as within and outside of the US and Canadian contexts Indigenous populations remain highly diverse. Findings may not be generalizable to all Indigenous populations.

Conclusion

In summary, this scoping review identifies the breadth and scope of talking circle use as a group level assessment method. The method's cultural relevance, ability to produce rich data, and alignment with decolonizing research practices make it an attractive tool for Indigenous academia. Lack of standardized reporting remains a barrier to identifying best practices and further legitimizing the method in Western spaces but should not detract from the many benefits the use of a talking circle provides both

to communities and researchers. Moving forward, further research should explore other Indigenous methodologies in addition to talking circles as an intervention method to increase the collaboration between Western and Indigenous research practices, highlighting the relevance of Two-Eyed Seeing as vital to the research world.

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Competing Interests

There are no competing interests to declare.

Protocol & Documents

Protocol and supporting documents including R code and data extraction sheet may be accessed through the Open Science Framework

Support

This project did not receive funding.

Registration

This report is not currently registered.

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Appendix

Category	Variable	Description	Example
Country	Country	Country where study occurs	US, Canada

	State or Province	State or Province where study occurs	Alberta, Texas
Study Population	Region/Tribal Affiliation	Tribal population or community participating in study. If multi-tribal, region will be used	*Population:* Eastern Band of Cherokee *Region:* Pacific Region
	Sex/Gender	Does the study population focus on one sex and/or gender expression?	Female, Male, Two Spirit
	Age	Does the study population focus on a specific age or age group?	All ages, high schoolers, elders
	Other	Are there any unique unifying characteristics of participants?	Mothers, Farmworkers
Study Design	Study Design	How was the study organized?	Case control, Mixed Methods
Study Focus	Study Focus	What public health challenge was centered on?	Nutrition, Health Education
Circle Design	Circle Name	How was the circle named?	Talking circle, peace circle
	Setting	Where was the location of the circle?	Community center, school
	Compensation	Did participants get monetary or other types of compensation?	Money, transportation, childcare
	Power Object	What was the power object used?	Feather, pipe, stick
	Host	Who was the host of the circle?	Researcher, Elder, Community Leader
	Meal	Was a meal included and/or described?	Yes, No
Data Collection	Data Collection	How was the data collected and recorded?	Audio Transcription, Observational Notes
Data Analysis	Data Analysis	What was the method of analysis?	Thematic review, photovoice
Perceived Benefits	Benefits	What, if any, were the perceived benefits of using a talking circle?	Open communication

Perceived Limitations	Limitations	What, if any, were the perceived limitations of using a talking circle?	Long discussion
Rationale	Rationale	What, if any, was the rationale behind using a talking circle as a GLA method?	Equality of participants, cultural relevance
General	Publication Date	Date of publication	1996
	Author(s)	All credited authors	Jane Doe

2 Search Phrasing & Returns

Database	**Phrasing**	**Returns**
PubMed	("native american*" OR aian OR ai/an OR "american indian or alaska native"[MeSH Terms] OR (native) OR "american Indian*" OR “first nation*”) AND ("talking circle*" OR "sharing circle*" OR "healing circle*" OR "peace circle"[tiab:~0] OR "peace circles"[tiab:~0] OR "connection circle"[tiab:~0] OR "connection circles"[tiab:~0] OR "native led"[tiab:~0] OR "hocokah") NOT ("Aboriginal"[tiab] OR "Maori"[tw] OR "New Zealand"[tw] OR "Sami"[tw] OR "Inca"[tw])	**114**
Web of Science	("native american*" OR (ai/an) OR (native) OR "american Indian*" OR “first nation*”) AND ("talking circle*" OR "sharing circle*" OR "healing circle*" OR "peace circle" OR "peace circles" OR "connection circle" OR "connection circles" OR "native led" OR "hocokah") NOT ("Aboriginal" OR "Maori" OR "New Zealand" OR "Sami" OR "Inca")	**110**
Embase	('Alaska Native'/exp OR 'American Indian'/exp OR 'Canadian Aboriginal'/exp OR 'First Nation'/exp OR “native american*" OR ai-an OR native OR "american Indian*" OR “first nation*”) AND ("talking circle*" OR "sharing circle*" OR "healing circle*" OR "peace circle" OR "peace circles" OR "connection circle" OR "connection circles" OR "native led" OR "hocokah") NOT ("Aboriginal" OR "Maori" OR "New Zealand" OR "Sami" OR "Inca"):ti,ab,kw	**99**
CINAHL	((MH "Aboriginal Canadians+") OR (MH "Native Americans+") OR (MH "Native Hawaiians") OR “native	**69**

	american*" OR ai-an OR native OR "american Indian*" OR "first nation*") AND ("talking circle*" OR "sharing circle*" OR "healing circle*" OR "peace circle" OR "peace circles" OR "connection circle" OR "connection circles" OR "native led" OR "hocokah") NOT (ti("Aboriginal" OR "Maori" OR "New Zealand" OR "Sami" OR "Inca") OR ab("Aboriginal" OR "Maori" OR "New Zealand" OR "Sami" OR "Inca"))	
Bibliography of Indigenous Peoples of North America	("talking circle*" OR "sharing circle*" OR "healing circle*" OR "peace circle" OR "peace circles" OR "connection circle" OR "connection circles" OR "native led" OR "hocokah")	**186**

Table Four: Articles included in scoping review

Title	Location	Name	Study Design	Topic	ID
Intergenerational Talking Circles Exploring Psychosocial Stressors for Preterm Birth and Strategies for Resilience among American Indian Women	South Dakota, United States	Talking Circle	Qualitative	Maternal & Child Health	(Abbott et al., 2022)
Restoring Northern Arapaho Food Sovereignty	Wyoming, United States	Talking Circle	Qualitative	Nutrition	(Arthur & Porter, 2019)
Health and Well-Being for Metis Women in Manitoba	Manitoba, Canada	Talking Circle	CBPR	Mental Health (Includes SUDs) ; Other: Perception of Health and Wellbeing	(Bartlett, 2005)
Talking Circles: Northern Plains Tribes American Indian Women's Views of Cancer as a Health Issue	South Dakota, United States	Talking Circle	Qualitative	Education & Outreach	(Becker et al., 2006)
Racism Experiences of Urban Indigenous Women in Ontario, Canada: "We All Have That Story That Will Break Your Heart"	Ontario, Canada	Sharing Circle	Mixed Methods	Other: Racism	(Benoit et al., 2019)

Table Four: Articles included in scoping review

Program Report: Nesohkamtowak - Helping Patients and Families Living With Kidney Disease in Northern Saskatchewan	Saskatchewan, Canada	Sharing Circle	Qualitative	Health Services & Access	(Blair et al., 2022)
Perspectives of water and health using photo voice with youths living on reserve	Saskatchewan, Canada	Sharing Circle	CBPR	Environmental Health	(Bradford et al., 2017)
Utilizing Talking Circles as a Means of Gathering American Indian Stories for Developing a Nutrition and Physical Activity Curriculum	South Dakota, United States	Talking Circle	Qualitative	Nutrition	(Brandenburger et al., 2017)
The Experiences of Indigenous People with cancer in Saskatchewan: a patient-oriented qualitative study using a sharing circle	Saskatchewan, Canada	Sharing Circle	Qualitative	Health Services & Access; Other: Patient Experiences	(Carr et al., 2020)
Learning Together: Sharing Circles in Rural Alaska on Cancer Education Priorities for Youth	Alaska, United States	Sharing Circle	Qualitative	Education & Outreach	(Cueva et al., 2021)
Cancer Education for High School Students in the Northwest Arctic Increases Knowledge and Inspires Intent to Share Information and Reduce Cancer Risk	Alaska, United States	Sharing Circle	CBPR	Program Planning & Implementation	(Cueva & Schmidt, 2023)
Is Active Voice Enough? Community Discussions on Passive Voice, MMIWG2s, and Violence against Urban Indigenous Women in San Jose, California	California, United States	Talking Circle	Qualitative	Injury & Violence Prevention ; Education & Outreach	(De Bourbon et al., 2022)
"It's Bad Around Here Now"': Tobacco, Alcohol, and Other Drug Use Among American Indians Living on a Rural Reservation	United States	Talking Circle	Qualitative	Mental Health (Includes SUDs) ; Patient Perceptions of Health & Wellbeing	(Dennis & Momper, 2012)
Exploring the Experiences of Urban First Nations People Living with of Caring for Someone with Type 2 Diabetes	Ontario, Canada	Sharing Circle	Qualitative	Health Services & Access; Patient Perceptions of Health & Wellbeing	(Diana Sherifali et al., 2012)

Table Four: Articles included in scoping review

Building Bridges for Indigenous Children's Health: Community Needs Assessment Through Talking Circle Methodology	Alberta, Canada	Talking Circle	Qualitative	Health Services & Access	(Di Lallo et al., 2021)
Togetherness: the role of intergenerational and cultural engagement in urban American Indian and Alaskan Native youth suicide prevention	United States	Talking Circle	Qualitative	Injury & Violence Prevention	(C. Doria et al., 2021)
"I Can Feel It in My Spine": Indigenous Womens' Embodied Experiences of Violence and Healing	United States	Talking Circle	Qualitative	Injury & Violence Prevention	(C. M. Doria, 2025)
“It's more than just performing well in your sport. It's also about being healthy physically, mentally, emotionally, and spiritually”: Indigenous women athletes, meanings and experiences of flourishing in sport	Canada	Sharing Circle	Qualitative	Patient Perceptions of Health & Wellbeing	(Ferguson et al., 2019)
"That's What the Program Is All about . . . Building Relationships,: Exploring Experiences in an Urban Offering of the Indigenous Youth Mentorship Program in Canada	Canada	Sharing Circle	Qualitative	Program Planning & Implementation	(Ferguson LJ et al., 2021)
Perceptions of disabilities among Native Americans within the state of Utah	Utah, United States	Sharing Circle	Qualitative	Health Services & Access; Patient Perceptions of Health & Wellbeing	(Ficklin et al., 2024)
Understanding Indigenous peoples experiences to inform recommendations for improving cultural safety and care in radiation therapy centres in Alberta, Canada	Alberta, Canada	Sharing Circle	Qualitative	Health Services & Access	(Fitzpatrick et al., 2024)
Engaging Tribal Leaders in an American Indian Healthy Eating Project Through Modified Talking Circles	North Carolina, United States	Talking Circle	CBPR	Program Planning & Implementation; Nutrition	(Fleischhacker et al., 2011)
Perspectives on restoring health shared by Cree women, Alberta, Canada	Alberta, Canada	Talking Circle	Qualitative	Patient Perceptions of	(Gesink et al., 2019)

Table Four: Articles included in scoping review

				Health & Wellbeing	
Informing the Co-Development of Culture-Centered Dietary Messaging in the Inuvialuit Settlement Region,Northwest Territories	Northwest Territories, Canada	Talking Circle	CBPR	Nutrition	(Gyapay et al., 2022)
Use of the Talking Circle for Comanche Womens' Breast Health Education	Oklahoma, United States	Talking Circle	CBPR; Qualitative	Health Services & Access; Education & Outreach	(Haozous et al., 2010)
The multigenerational impact of long QT syndrome: A Gitxsan perspective	British Columbia, Canada	Talking Circle	Qualitative	Patient Perceptions of Health & Wellbeing	(Huisman et al., 2025)
Views of First Nation Elders on Memory Loss and Memory Care in Later Life	British Columbia, Canada	Sharing Circle	Qualitative	Patient Perceptions of Health & Wellbeing	(Hulko W et al., 2010)
Culturally safe dementia care: Building nursing capacity to care for First Nation Elders with memory loss	British Columbia, Canada	Talking Circle	Multi Method	Health Services & Access	(Hulko et al., 2021)
Recommendations for Modernizing a Culturally Grounded Substance Use Prevention Program for American Indian and Alaska Native Youth	United States	Talking Circle	Qualitative	Mental Health (Includes SUDs) ; Program Planning & Implementation	(Hunter et al., 2024)
Addressing palliative and end-of-life care needs with Native American elders	South Dakota, United States	Talking Circle	CBPR	Health Services & Access	(Isaacson, 2018)
Native Elder and Youth Perspectives on Mental Well-Being, the Value of the Horse, and Navigating Two Worlds	United States	Talking Circle	Qualitative	Mental Health (Includes SUDs) ; Patient Perceptions of Health & Wellbeing	(Isaacson et al., 2018)
"Calling the Spirit Back": Spiritual Needs Among Great Plains American Indians	NA, United States	Talking Circle	CBPR	Health Services & Access; Patient Perceptions of Health & Wellbeing	(Isaacson et al., 2022)

Table Four: Articles included in scoping review

Great Plains American Indians' Perspectives on Patient and Family Needs Throughout the Cancer Journey	United States	Talking Circle	CBPR	Health Services & Access	(Isaacson et al., 2023)
Identifying Perspectives About Health to Orient Obesity Intervention Among Urban, Transitionally Housed Indigenous Children	NA, United States	Talking Circle	CBPR	Program Planning & Implementation; Nutrition	(Jennings et al., 2020)
Journey to Promoting Structural Change for Chronic Disease Prevention: Examining the Processes for Developing Policy, Systems, and Environmental Supports in Native American Nations	NA, United States	Talking Circle	Qualitative	Environmental Health ; Program Planning & Implementation; Other: Policy, systems, and environmental change (PSE)	(Jock et al., 2022)
"There was no services that I could access so I just stayed on the street using until I went into labour": A qualitative study of accessibility and cultural safety of services for perinatal substance use in British Columbia, Canada	British Columbia, Canada	Sharing Circle	Qualitative	Maternal & Child Health; Mental Health (Includes SUDs)	(Joyce et al., 2025)
A Qualitative Investigation of Physical Activity Challenges and Opportunities in a Northern-rural, Aboriginal Community: Voices from Within	Ontario, Canada	Sharing Circle	Qualitative	Behavioral Health	(Kirby et al., 2007)
Healthy Smile, Happy Child: partnering with Manitoba First Nations and Metis communities for better early childhood oral health	Manitoba, Canada	Sharing Circle	CBPR	Health Services & Access; Patient Perceptions of Health & Wellbeing	(Kyoon-Achan, Schroth, DeMaré, Sturym, Sanguins, et al., 2021)
Early childhood oral health promotion for First Nations and Metis communities and caregivers in Manitoba	Manitoba, Canada	Sharing Circle	Qualitative	Health Services & Access; Education & Outreach	(Kyoon-Achan et al., 2021)
First Nations and Metis peoples' access and equity challenges with early childhood oral health: a qualitative study	Manitoba, Canada	Sharing Circle	CBPR	Health Services & Access	(Kyoon-Achan, et al., 2021)

Table Four: Articles included in scoping review

Indigenous community members' views on silver diamine fluoride to manage early childhood caries	Manitoba, Canada	Sharing Circle	CBPR	Health Services & Access	(Kyoon-Achan et al., 2020)
Creating a safe space for First Nations youth to share their pain	Nova Scotia, Canada	Talking Circle	CBPR	Mental Health (Includes SUDs) ; Patient Perceptions of Health & Wellbeing	(Latimer et al., 2018)
"You just have to have other models, our DNA is different": the experiences of indigenous people who use illicit drugs and/or alcohol accessing substance use treatment	British Columbia, Canada	Talking Circle	Qualitative	Health Services & Access; Mental Health (Includes SUDs)	(Lavalley et al., 2020)
"I Used to be Scared to Even Like Stand Beside Somebody Who Had It": HIV Risk Behaviours and Perceptions Among Indigenous People Who Use Drugs	Canada	Talking Circle	CBPR	Health Services & Access; Patient Perceptions of Health & Wellbeing	(Lavalley et al., 2021)
Connection to the land as a youth-identified social determinant of Indigenous Peoples' health	Northwest Territories, Canada	Sharing Circle	CBPR	Program Planning & Implementation; Patient Perceptions of Health & Wellbeing	(Lines & Jardine, 2019)
Barriers and supports for Indigenous youth and young adults with childhood-onset chronic health conditions transitioning from pediatric to adult healthcare: a qualitative study	Alberta, Canada	Talking Circle	CBPR	Health Services & Access	(Mackie et al., 2024)
The Sweat Lodge Ceremony: A Healing Intervention for Intergenerational Trauma and Substance Use	Ontario, Canada	Sharing Circle	Qualitative	Mental Health (Includes SUDs) ; Behavioral Health; Other: Culture	(Marsh et al., 2018)
First Nations members' emergency department experiences in Alberta: a qualitative study	Alberta, Canada	Sharing Circle	CBPR, Qualitative	Health Services & Access	(McLane et al., 2021)

Table Four: Articles included in scoping review

Leaving emergency departments without completing treatment among First Nations and non-First Nations patients in Alberta: a mixed-methods study	Alberta, Canada	Sharing Circle	Mixed methods	Health Services & Access	(McLane et al., 2024)
The Family Education Diabetes Series: Improving Health in an Urban-Dwelling American Indian Community	Minnesota, United States	Talking Circle	CBPR	Health Services & Access; Program Planning & Implementation	(Mendenhall et al., 2012)
OxyContin Misuse on a Reservation: Qualitative Reports by American Indians in Talking Circles	United States	Talking Circle	Qualitative	Mental Health (Includes SUDs)	(Momper et al., 2011)
American Indian elders share personal stories of alcohol use with younger tribal members	United States	Talking Circle	Qualitative	Mental Health (Includes SUDs)	(Momper et al., 2017)
Exploring Indigenous Ways of Coping After a Wildfire Disaster in Northern Alberta, Canada	Alberta, Canada	Sharing Circle	CBPR	Environmental Health ; Mental Health (Includes SUDs)	(Montesanti S et al., 2021)
Revitalizing strong cultural connections and resilience: Co-designing a pilot Elder-led mentorship program for Indigenous mothers in a remote northern community in Alberta, Canada	Alberta, Canada	Sharing Circle	CBPR	Maternal & Child Health; Program Planning & Implementation	(Montesanti et al., 2025)
The Indigenous Red Ribbon Storytelling Study: What does it mean for Indigenous peoples living with HIV and a substance use disorder to access antiretroviral therapy in Saskatchewan	Saskatchewan, Canada	Sharing Circle	CBPR; Qualitative	Health Services & Access	(Nowgesic E et al., 2015)
Required Elements for Success and Benefits of Participation in Camps of an On-The-Land Program in the Inuvialuit Settlement Region	Northwest Territories, Canada	Sharing Circle	CBPR	Program Planning & Implementation	(Ollier et al., 2022)
The Community Food Environment and Food Insecurity in Sioux Lookout, Ontario: Understanding the Relationships between Food, Health, and Place	Ontario, Canada	Talking Circle	Mixed methods	Nutrition	(Parker et al., 2019)

Table Four: Articles included in scoping review

Nitsiyhkâson: The Brain Science Behind Cree Teachings of Early Childhood Attachment	Alberta, Canada	Sharing Circle	CBPR	Maternal & Child Health; Program Planning & Implementation	(Pazderka et al., 2014)
A qualitative exploration of Indigenous patients, experiences of racism and perspectives on improving cultural safety within health care	British Columbia, Canada	Sharing Circle	Qualitative	Health Services & Access	(Pilarinos A et al., 2023)
Indigenous Perspectives on Chronic Wasting Disease Research and Management in North America	Alberta, Canada	Talking Circle	Other	Program Planning & Implementation	(Redsky et al., 2021)
Nature Prescriptions and Indigenous Peoples: A Qualitative Inquiry in the Northwest Territories, Canada	Northwest Territories, Canada	Sharing Circle	Qualitative	Environmental Health ; Program Planning & Implementation	(Redvers N et al., 2024)
Indigenous Elders' voices on health-systems change informed by planetary health: a qualitative and relational systems mapping inquiry	Northwest Territories, Canada	Sharing Circle	Qualitative	Environmental Health	(Redvers et al., 2024)
Indigenous Community-Directed Needs Assessment for Rehabilitation Therapy Services	Saskatchewan, Canada	Sharing Circle	Mixed methods	Health Services & Access; Program Planning & Implementation	(Reichert et al., 2023)
Community-Based Dialysis in Saskatchewan First Nations: A Grassroots Approach to Gaining Insight and Perspective From First Nations Patients With Chronic Kidney Disease	Saskatchewan, Canada	Sharing Circle	Qualitative	Health Services & Access	(Richels et al., 2020)
Envisioning Indigenous and biomedical healthcare collaboration at Stanton Territorial Hospital, Northwest Territories	Northwest Territories, Canada	Sharing Circle	Qualitative	Health Services & Access	(S. I. G. Roher et al., 2023)
The role played by a former federal government residential school in a first nation community, alcohol abuse and impaired driving: results of a talking circle	Alberta, Canada	Talking Circle	Qualitative	Injury & Violence Prevention ; Mental Health (Includes SUDs)	(Struik et al., 2022)

Table Four: Articles included in scoping review

Urban Dwelling American Indian Adolescent Girls' Beliefs Regarding Health Care Access and Trust	United States	Talking Circle	Qualitative	Behavioral Health	(Saftner et al., 2014)
Urban American Indian Adolescent Girls: Framing Sexual Risk Behavior	United States	Talking Circle	Qualitative	Behavioral Health	(Saftner et al., 2015)
Family and Friend Influence on Urban-Dwelling American Indian Adolescent Girls' Sexual Risk Behavior	United States	Talking Circle	Qualitative	Behavioral Health	(Saftner, 2016)
Food Security in a Northern First Nations Community: An Exploratory Study on Food Availability and Accessibility	Ontario, Canada	Talking Circle	Qualitative	Nutrition	(Socha et al., 2012)
Letsemot, Togetherness,: Exploring How Connection to Land, Water, and Territory Influences Health and Wellness with First Nations Knowledge Keepers and Youth in the Fraser Salish Region of British Columbia	British Columbia, Canada	Sharing Circle	Qualitative	Program Planning & Implementation; Patient Perceptions of Health & Wellbeing	(Stelkia et al., 2021)
Understanding Positive Youth Development in Sport Through the Voices of Indigenous Youth	Canada	Talking Circle	CBPR	Program Planning & Implementation; Education & Outreach	(Strachan et al., 2018)
Factors that influence the decision to vape among Indigenous youth	British Columbia, Canada	Sharing Circle	Qualitative	Injury & Violence Prevention ; Mental Health (Includes SUDs)	(Struik et al., 2022)
Where past meets present: Indigenous vaccine hesitancy in Saskatchewan	Saskatchewan, Canada	Sharing Circle	Mixed Methods; CBPR	Health Services & Access	(Sullivan et al., 2023)
Exploring paramedic care for First Nations in Alberta: a qualitative study	Alberta, Canada	Sharing Circle	CBPR; Qualitative	Health Services & Access	(Taplin JG et al., 2023)
Understanding community-based participatory research through a social movement framework: a case study of the Kahnawake Schools Diabetes Prevention Project	Quebec, Canada	Talking Circle	Case study	Program Planning & Implementation	(Tremblay et al., 2018)

Table Four: Articles included in scoping review

Providing culturally safe care to Indigenous people living with diabetes: Identifying barriers and enablers from different perspectives	Quebec, Canada	Talking Circle	Qualitative	Health Services & Access	(Tremblay MC et al., 2021)
Impact of mobile health in diabetic retinopathy awareness and eye care behavior among Indigenous women	Saskatchewan, Canada	Sharing Circle	Mixed Methods	Maternal & Child Health; Education & Outreach	(Umaefulam V & Premkumar K, 2020)
Perceptions on mobile health use for health education in an Indigenous population	Saskatchewan, Canada	Sharing Circle	Qualitative	Health Services & Access	(Umaefulam V et al., 2022)
Enablers and barriers to diabetic retinopathy eye care among first nations and Metis women	Saskatchewan, Canada	Sharing Circle	Qualitative	Health Services & Access; Behavioral Health	(Umaefulam & Premkumar, 2023)
Trauma and survivance: The impacts of the COVID-19 pandemic on Indigenous nursing students	Canada	Sharing Circle	Qualitative	Mental Health (Includes SUDs) ; Education & Outreach	(Van Bewer V, 2023)
Grounded in Culture: Reflections on Sitting Outside the Circle in Community-Based Research With Indigenous Men	Manitoba, Canada	Sharing Circle		Mental Health (Includes SUDs)	(Waddell CM et al., 2020)
Healing journeys: Indigenous Men's reflections on resources and barriers to mental wellness	Manitoba, Canada	Sharing Circle	CBPR	Mental Health (Includes SUDs)	(Waddell CM et al., 2021)
Heart Health Begins With Community: Community-Based Research Exploring Innovative Strategies to Support First Nations Heart Health	Ontario, Canada	Sharing Circle	CBPR	Health Services & Access; Patient Perceptions of Health & Wellbeing	(Wali et al., 2023)
Aboriginal Women's Experiences With Gestational Diabetes Mellitus: A Participatory Study With Mi'kmaq Women in Canada	Nova Scotia, Canada	Talking Circle	CBPR	Maternal & Child Health; Health Services & Access	(Whitty-Rogers, 2013)
Sâkipakâwin: Assessing Indigenous Cancer Supports in Saskatchewan Using a Strength-Based Approach	Saskatchewan, Canada	Sharing Circle	CBPR	Health Services & Access; Patient Perceptions of Health & Wellbeing	(Witham S et al., 2021)

Table Four: Articles included in scoping review

Perspectives on Past and Present Waste Disposal Practices: A Community-Based Participatory Research Project in Three Saskatchewan First Nations Communities	Saskatchewan, Canada	Sharing Circle	CBPR	Environmental Health	(Zagozewski R et al., 2011)

PRISMA 2020 Checklist

Section and Topic	Item #	Checklist item	Location where item is reported
TITLE			
Title	1	Identify the report as a systematic review.	Title Page
ABSTRACT			
Abstract	2	See the PRISMA 2020 for Abstracts checklist.	Abstract Page
INTRODUCTION			
Rationale	3	Describe the rationale for the review in the context of existing knowledge.	Page 1
Objectives	4	Provide an explicit statement of the objective(s) or question(s) the review addresses.	Page 2
METHODS			
Eligibility criteria	5	Specify the inclusion and exclusion criteria for the review and how studies were grouped for the syntheses.	Page 3
Information sources	6	Specify all databases, registers, websites, organisations, reference lists and other sources searched or consulted to identify studies. Specify the date when each source was last searched or consulted.	Page 3
Search strategy	7	Present the full search strategies for all databases, registers and websites, including any filters and limits used.	Page 3-4
Selection process	8	Specify the methods used to decide whether a study met the inclusion criteria of the review, including how many reviewers screened each record and each report retrieved, whether they worked independently, and if applicable, details of automation tools used in the process.	Page 4
Data collection process	9	Specify the methods used to collect data from reports, including how many reviewers collected data from each report, whether they worked independently, any processes for obtaining or confirming data from study investigators, and if applicable, details of automation tools used in the process.	Page 4
Data items	10a	List and define all outcomes for which data were sought. Specify whether all results that were compatible with each outcome domain in each study were sought (e.g. for all measures, time points, analyses), and if not, the methods used to decide which results to collect.	Page 4, Page 28-29
	10b	List and define all other variables for which data were sought (e.g. participant and intervention characteristics, funding sources). Describe any assumptions made about any missing or unclear information.	Page 28-29
Study risk of bias assessment	11	Specify the methods used to assess risk of bias in the included studies, including details of the tool(s) used, how many reviewers assessed each study and whether they worked independently, and if applicable, details of automation tools used in the process.	Page 4
Effect measures	12	Specify for each outcome the effect measure(s) (e.g. risk ratio, mean difference) used in the synthesis or presentation of results.	Page 4
Synthesis methods	13a	Describe the processes used to decide which studies were eligible for each synthesis (e.g. tabulating the study intervention characteristics and comparing against the planned groups for each synthesis (item #5)).	Page 4
	13b	Describe any methods required to prepare the data for presentation or synthesis, such as handling of missing summary statistics, or data conversions.	Page 4
	13c	Describe any methods used to tabulate or visually display results of individual studies and syntheses.	Page 4
	13d	Describe any methods used to synthesize results and provide a rationale for the choice(s). If meta-analysis was performed, describe the model(s), method(s) to identify the presence and extent of statistical heterogeneity, and software package(s) used.	Page 4,5
	13e	Describe any methods used to explore possible causes of heterogeneity among study results (e.g. subgroup analysis, meta-regression).	NA
	13f	Describe any sensitivity analyses conducted to assess robustness of the synthesized results.	NA
Reporting bias assessment	14	Describe any methods used to assess risk of bias due to missing results in a synthesis (arising from reporting biases).	NA
Certainty	15	Describe any methods used to assess certainty (or confidence) in the body of evidence for an outcome.	NA

Section and Topic	Item #	Checklist item	Location where item is reported
assessment			
RESULTS			
Study selection	16a	Describe the results of the search and selection process, from the number of records identified in the search to the number of studies included in the review, ideally using a flow diagram.	Page 5
	16b	Cite studies that might appear to meet the inclusion criteria, but which were excluded, and explain why they were excluded.	Page 5-6
Study characteristics	17	Cite each included study and present its characteristics.	Page 31-40
Risk of bias in studies	18	Present assessments of risk of bias for each included study.	NA
Results of individual studies	19	For all outcomes, present, for each study: (a) summary statistics for each group (where appropriate) and (b) an effect estimate and its precision (e.g. confidence/credible interval), ideally using structured tables or plots.	Page 6-7
Results of syntheses	20a	For each synthesis, briefly summarise the characteristics and risk of bias among contributing studies.	NA
	20b	Present results of all statistical syntheses conducted. If meta-analysis was done, present for each the summary estimate and its precision (e.g. confidence/credible interval) and measures of statistical heterogeneity. If comparing groups, describe the direction of the effect.	Page 6-11
	20c	Present results of all investigations of possible causes of heterogeneity among study results.	NA
	20d	Present results of all sensitivity analyses conducted to assess the robustness of the synthesized results.	NA
Reporting biases	21	Present assessments of risk of bias due to missing results (arising from reporting biases) for each synthesis assessed.	NA
Certainty of evidence	22	Present assessments of certainty (or confidence) in the body of evidence for each outcome assessed.	NA
DISCUSSION			
Discussion	23a	Provide a general interpretation of the results in the context of other evidence.	Page 15-17
	23b	Discuss any limitations of the evidence included in the review.	Page 17
	23c	Discuss any limitations of the review processes used.	Page 17
	23d	Discuss implications of the results for practice, policy, and future research.	Page 16-18
OTHER INFORMATION			
Registration and protocol	24a	Provide registration information for the review, including register name and registration number, or state that the review was not registered.	Page 18
	24b	Indicate where the review protocol can be accessed, or state that a protocol was not prepared.	Page 18
	24c	Describe and explain any amendments to information provided at registration or in the protocol.	Page 18
Support	25	Describe sources of financial or non-financial support for the review, and the role of the funders or sponsors in the review.	Page 18
Competing interests	26	Declare any competing interests of review authors.	Page 18
Availability of data, code and other materials	27	Report which of the following are publicly available and where they can be found: template data collection forms; data extracted from included studies; data used for all analyses; analytic code; any other materials used in the review.	Page 18

From: Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. BMJ 2021;372:n71. doi: 10.1136/bmj.n71.

PRISMA 2020 Checklist