

# Holistic & culturally safe STBBI care for homeless Indigenous peoples in Montreal: a Two-Eyed Seeing research approach

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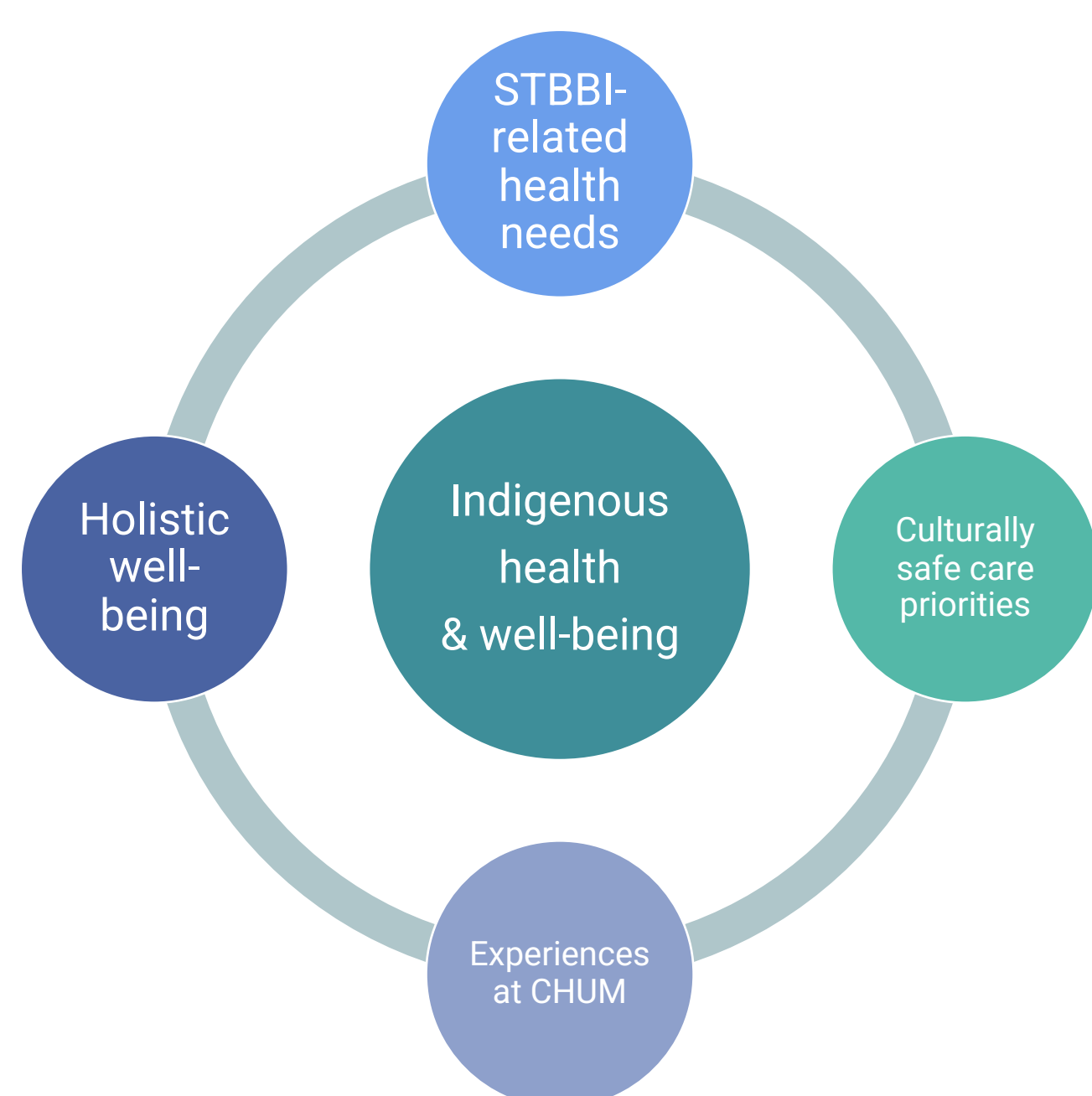
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## Background

- Indigenous disrupted housing situation is a historically constructed outcome of colonialism as the latter dispossesses Indigenous people from their lands, worldviews, histories and spirituality.
- Colonial multifocal rupture involves individuals, families and communities isolated from or unable to reconnect with their Indigeneity, their lost relationships and/or their lands.
- Usually concurrent with the lack of stable and appropriate housing or by a continuous circular moving between Indigenous communities and urban areas.
- Urgent need to improve the quality of services for Indigenous peoples in disrupted housing situation in Quebec, particularly those lacking interpreters and culturally relevant support services.

## Research Question & Objectives



What are the components and conditions for developing a culturally safe holistic model of care that improves the health and well-being of Indigenous peoples experiencing disrupted housing situations who access CHUM?

## Scope

The project design is organized into four components. The focus of this poster is to discuss the first component: **Health, well-being and utilization of CHUM by Indigenous peoples**

## Indigenous Principles & Governance

- Two-Eyed seeing project design and implementation through a partnership between CHUM and Projets Autochtones du Québec (PAQ), an Indigenous organization that supports Indigenous peoples facing homelessness in Montréal
- Indigenous Advisory Committee, composed of 7 members from the Inuit, Mohawk and Anishinaabe communities guides the design and implementation of the project to assure its cultural relevance
- Methodological approach inspired by the First Nations Research principles of respect, equity and reciprocity
- Research process compliance with principles of Ownership, Control, Access and Possession (OCAP)

## Two-Eyed Seeing Study Design

Research approach	Research dimensions	Methods	Sample 1	Sample 2
Western science (biomedicine, epidemiology)	Socio-demographics	Chart reviews	N = 1000 - 2000	N = 30 - 50
	Epidemiological profiles			
	Healthcare trajectories			
Indigenous knowledges & methods	Well-being, perceptions & experiences	Sharing circles & interviews	NA	N = 10 - 15

## Fieldwork Challenges & Adjustments

### CHALLENGES

- Conducting Indigenous research within a health institution (colonial symbolic legacy & burden of administrative requirements)
- Time constraints as an obstacle to building trusting relationships with research participants overtime (short-length isolated events)
- Difficulties in recruiting Indigenous research personnel
- Difficulties in calling upon Elders to celebrate research ceremonies
- Recruitment of Indigenous peoples experiencing homelessness:
  - ✓ Unstable lifestyle ("every day is a new life")
  - ✓ Urgent need to meet basic needs (food, clothing, housing)
  - ✓ High mobility within PAQ's shelters and across the city of Montréal on a daily basis
  - ✓ Emotional distress and mental health needs as priorities

### ADJUSTMENTS

- Close involvement of PAQ's community health & case workers in research activities (non-Indigenous yet well-known and trusted by community members)
- Grafting research activities onto PAQ's leisure and healing activities (Prosperity workshops) and hospital stays
- Modifying research approach: eliciting storytelling about healthcare experiences at CHUM through evocation of emblematic cases of Indigenous peoples mistreatment within the healthcare system (e.g., Joyce Echaquan)

## What's next?

- How could we motivate Indigenous community members participation in research activities?
- How could we ensure the involvement of Elders and Knowledge keepers in research activities?
- What is the better research approach to conducting decolonized research with homeless Indigenous peoples?

### Selected references

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