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“A Sacred Undertaking” towards Developing an *etuaptmumk* (Two-eyed Seeing)-framed Collaborative Research Project and Partnership: the Sanctum 1.5 *Hope Through Strength* Project.

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ABSTRACT

Collaborative research between universities and community partners has often prioritized Western academic approaches, however ethical engagement in Indigenous HIV research involves centring Indigenous principles, perspectives and processes. The Hope Through Strength (HTS) Project is a CIHR-funded collaborative research project involving Sanctum 1.5, a community-based organization in Saskatoon, Saskatchewan, and the University of Saskatchewan (USask). Sanctum 1.5 is a 10-bed home supporting pregnant and post-natal women who are living with or at risk of contracting HIV, and their infants. Approximately 80 to 90% of Sanctum 1.5’s clientele identifies as Indigenous, necessitating an Indigenous-centred approach to the partnership. HTS aims to centre Indigenous philosophies, including *etuaptmumk* (Two-eyed Seeing) and ethical space in the context of Indigenous methodologies to develop an evidence base to support current programming and future expansion. In this paper, we discuss a diverse range of perspectives on the collaborative processes such as *etuaptmumk* and ethical space which have supported capacity bridging and strengthening. Through guided conversations with the HTS team members, including Sanctum’s Executive Director and board members, and USask researchers, we gathered a diverse range of perspectives on the collaborative processes that informed the development of HTS. Results describe how the team was formed, and how *etuaptmumk* and ethical space frameworks were enacted through themes such as collaboration, values, and capacity strengthening. Such approaches were found to strengthen team relationships, research processes and potentiate impacts of the HTS project. Implications of these approaches for further community-engaged Indigenous HIV research include tangible benefits to individuals and communities through decolonizing of health research processes. This is accomplished by centring Indigenous ways of Knowing, Being and Doing and the strengthening of mutual research capacity, which potentially leads to increased relevance and impact of the research.

Keywords: Two-eyed Seeing, ethical space, collaborative research, HIV research, Indigenous populations, Indigenous research methods, community-based research, Indigenous knowledges, community-university partnerships

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INTRODUCTION

HIV in Saskatchewan has been identified as a crisis, with a rate of diagnosis 3.2 times higher than the national rate (Government of Saskatchewan, 2019; Public Health Agency of Canada, 2020; Vescera, 2021). Contrasting with national trends, the most frequent risk factor for new cases of HIV in Saskatchewan is injection drug use (Government of Saskatchewan, 2019; Public Health Agency of Canada, 2020). Saskatchewan also has a higher proportion of women among newly diagnosed cases than other provinces, with those age 20-39 representing the largest age group among new cases of HIV (Government of Saskatchewan, 2019). The average number of babies born annually to HIV-positive mothers in Saskatchewan more than doubled in 2015–18 ($n=42.5$) as compared to 2012–14 ($n=20.0$), even as national data for the same time period indicated a stable annual average ($n=250$ Canada-wide, range: 217–268) (Haddad et al., 2021; Ministry of Health, Population Health Branch, 2019).

SANCTUM 1.5 AND THE HOPE THROUGH STRENGTH PROJECT

In response to this reality, Sanctum 1.5, a 10-bed residence in Saskatoon, Saskatchewan was created to provide wrap-around care to pregnant and postnatal women living with or at risk of contracting HIV. Its parent organization, Sanctum Care Group (SCG), is a mainstream not-for-profit organization whose mission is “to provide care to people living with HIV/AIDS that is dignified, non-judgemental and unconditional” (Sanctum Care Group, 2015a). SCG's Model of Care emphasizes a wholistic and person-centered approach to supporting a predominantly Indigenous clientele (Sanctum Care Group, 2015b). Supports at Sanctum 1.5 include medical care for Moms and babies, social and emotional supports, HIV case management, medication management, parenting skills and mentorship, life skills, and access to housing and other

community supports. Sanctum 1.5 bridges gaps that exist in the health and social services for Moms living with or at risk of HIV and their babies and aims to prevent vertical transmission of HIV, and entry of the children into the foster care system. Since opening in 2018, Sanctum 1.5 has served over 65 women in Saskatchewan.

When engaging in HIV research with Indigenous populations and communities, it is important to center Indigenous principles, perspectives and processes (Flicker et al., 2015). Historically, academic research with community organizations has privileged Western approaches, often resulting in harm (Mataira, 2019). The Sanctum 1.5 Hope Through Strength (HTS) Project aims to prioritize Indigenous Ways of Knowing, Being and Doing through *etuaptmumk* (Two-eyed Seeing) and ethical space. The HTS team is multidisciplinary, with expertise that parallels the professions involved in caring for Moms and babies at Sanctum 1.5, including medicine, nursing, psychology, social work, law, public health and public policy. The team also includes Indigenous individuals as Principal Investigators (PIs), co-investigators, Knowledge Users and collaborators.

The HTS Project uses a phased, mixed methods study design, with objectives that parallel Sanctum 1.5's objectives (See Appendix A). Phase 1 (Quantitative) involves a retrospective chart review of health and social outcomes of Sanctum 1.5 Moms and babies as compared to a standard model of care. Phase 2 (Qualitative) utilizes Indigenous methodologies including sequential sharing circles and conversational interviews to capture outcomes and impacts from the perspectives of Moms, Sanctum 1.5 staff, service providers and community partners. In addition, collaboratively designed land-and-culture-based activities such as making moss bags, beading, medicine picking and sweat lodges will provide Sanctum 1.5 clients opportunities for cultural connection and teachings. Phase 3 (Mixed methods) aims to establish a model for Sanctum 1.5's scale and spread. Indigenous approaches are inherent throughout the project (see details in 'Methods'), and data from all three phases informs an analysis to demonstrate social return on investment (SROI). Project-level knowledge sharing and dissemination is designed to be iterative, responsive to emerging needs and opportunities, and prioritizes SCG's goals and needs and knowledge-to-action alongside academic dissemination.

COLLABORATIVE PROCESSES

Collaborative processes are a key mechanism by which research partners from different contexts and perspectives come together to plan, design and implement research to ultimately benefit community and university partners (Misra et al., 2011). Collaborative processes are concerned with substantive aspects around research aims and methodology, alongside interpersonal aspects such as decision making, communication, trust-building, roles and responsibilities (LeGris et al., 2000; Smulyan, 1988). The particulars of a collaborative process depend greatly on the aims of the research project (Misra et al., 2011), and are enhanced by diverse strengths of those involved (Keri & Kate, 2017). It is important to study collaborative processes within transdisciplinary research groups as team members bring a diverse, yet sometimes contradictory, set of underlying assumptions and values around research aims, processes and methodologies (Misra et al., 2011). Such inquiries become even more crucial when those outside the academic sphere, including community organizations and individuals, are involved as research partners, introducing further range and diversity of perspectives and motivations.

CAPACITY BRIDGING AND STRENGTHENING

A key facilitator and outcome of collaborative processes is the notion of capacity. Capacity bridging involves reciprocal capacity development among researchers and community research partners in which knowledge is shared among all partners (AHA Centre, 2018). Capacity bridging recognizes the inherent value of diverse knowledge sources within the research process, outputs and impacts, and aims to uplift knowledge systems held by Indigenous communities and people with lived experience alongside academic knowledge (AHA Centre, 2018). Our team uses a similar term, capacity strengthening, which emphasizes further development of pre-existing capacities among partners' areas of expertise and building capacity where gaps exist (Vasquez et al., 2013). Further, it recognizes the inherent gifts in each member of the team, whose expertise supports others to strengthen their skills and capabilities. Capacity strengthening rejects the notion that relevant research expertise exists only within the academy and engages with community partners as already possessing inherent understandings of the processes of discovering, testing and applying knowledge (McPhail-Bell et al., 2018; Vasquez et al., 2013). Similarly to capacity bridging, capacity strengthening involves mutual learning and growth, both in relation to research capacity and skills, but also in relation to understanding the lived realities, contexts and experiences of those living with or at risk of HIV (AHA Centre, 2018; McPhail-Bell et al., 2018).

***ETUAPTMUMK* (TWO-EYED SEEING), ETHICAL SPACE AND THE FOUR R'S**

Collaborative processes in the HTS project are informed by *etuaptmumk*, a Mi'kmaw word meaning Two-eyed Seeing (Bartlett et al., 2012). *Etuptmumk* incorporates Indigenous and Western Ways of Knowing, and supports the development of a widened perspective that affords a more collaborative, wholistic and deeper understanding of a given issue (Bartlett et al., 2012; Hovey et al., 2017). *Etuptmumk* involves respect, communication and synergy, and has been applied to areas such as research, knowledge translation and curriculum development (Bartlett et al., 2012; Martin, 2012). *Etuptmumk* emphasizes the benefits of Indigenous and Western methods respectively, and supports the development of projects that incorporate aspects of each worldview in their design (Peltier, 2018).

Collaborative processes in HTS also centre ethical space, which has been described as a space of engagement between two unique groups, such as those with Indigenous and Western worldviews (Ermine, 2007). Ethical space acknowledges each group's perspectives, including thoughts, beliefs, expectations and assumptions that a group has about another's Ways of Knowing and Doing (Ermine, 2007). The inherent respect for one another facilitated through ethical space can aid in collaborative efforts in research environments through development of a space in which all gather as equals (Nelson & Wilson, 2018).

A review of the literature found few examples of incorporating *etuaptmumk* and ethical space within HIV research with Indigenous populations or within community research partnerships (Hovey et al., 2017; Martin, 2012; Whiting et al., 2018). One HIV-related study that applied *etuaptmumk* found it brought together Western academic and Indigenous Ways of Knowing, and supported mutual capacity strengthening (Rand, 2016). Another study on substance use

prevention identified *etuaptmumk* and ethical space as facilitators of knowledge translation among Indigenous communities (Baydala et al., 2014). Recently, Larcombe and colleagues explored in detail how integrating *etuaptmumk* and ethical space in HIV research with First Nations communities can foster relationships and allyship that supports cultural responsiveness and transformative changes within healthcare systems (Larcombe et al., 2021). On a conceptual level, *etuaptmumk* and ethical space have been identified as ways to incorporate the ‘4 R’s’ (Respect, Relevance, Reciprocity, Responsibility), along with Relationality in research (Kirkness & Barnhardt, 1991; Moreton-Robinson, 2017). Thus, it is our belief that employing *etuaptmumk* and ethical space together within HIV research with Indigenous populations can strengthen the research partnerships, processes and products.

OBJECTIVE

The objective of this paper is to document the collaborative processes undertaken to form the Sanctum 1.5 Hope Through Strength community-university research partnerships and project. As there are only a handful of projects that discuss *etuaptmumk* and ethical space within such research partnerships, we wanted to share our experiences for others to consider. In addition, as little detail is typically available on how to incorporate such processes within academic-community collaborative partnerships, we have undertaken to describe how we incorporated these important aspects of our collaborative partnership.

METHODS

To document the collaborative processes within the HTS Project, HTS team members participated in guided conversations to discuss key aspects of the processes, outcomes and lessons learned in the development of the project. Guiding questions focused on two primary aims: 1) to describe the collaborative processes in developing the community-university partnership and research proposal; and (2) to identify challenges, opportunities and lessons learned along the way. Guided conversations, an Indigenous research methodology, were used to gather a wide range of information to inform the primary aims while addressing issues of power and imbalance in the research encounter (Kovach, 2020).

Conversations were held with seven research team members identified through purposive sampling, including academic and clinical partners and team members from Sanctum 1.5.¹ Indigenous values and approaches were incorporated in a variety of ways throughout the inquiry. Specifically, relationality forms the basis for all research-related planning, data gathering, analyses and dissemination activities, largely through taking time to engage as people first, and integrating collaboration in as many study tasks as possible. Within this inquiry, team members were given the guiding questions in advance and encouraged to share what they felt was relevant and important to the topic. This positions participants as experts who actively shaped the focus and direction of the inquiry instead of as passive ‘subjects’ being ‘studied’. This somewhat ‘levels’ the traditional Western hierarchy between ‘researcher’ and ‘participant’ within the

¹ Throughout the paper, we reference participants as ‘team members’ and ‘partners’ to emphasize the collaborative relationships within the HTS project, regardless of the team member’s position or role.

research encounter, which embodies the Indigenous value of equity among all. Finally, in alignment with local First Nations cultural practices, ceremonial tobacco ties were offered to each participant at the start of the conversation to convey good intentions, respect and gratitude.

Conversations were conducted virtually via Webex (Cisco, 2021) due to COVID-19 restrictions in June 2021 by student researcher Sarah Smith. (See Appendix B for a list of guiding questions.) Audio-recordings of the conversations were transcribed, and team members could review their transcripts if desired. Coding of transcripts was facilitated by NVivo software (QSR International Pty Ltd, 2018) and thematic analysis centred on the research questions framing the inquiry (Yin, 2014). Initial coding was completed by student researcher Sarah Smith (SS) in collaboration with Lynette Epp (LE) along key a priori thematic categories. Additional emerging themes were applied retrospectively to previously coded transcripts. Themes were then collaboratively reviewed and explored for substantive meanings by SS and LE. Finally, member checking with participants and peer checking with co-authors confirmed the themes and meanings as identified in the results section. Throughout the inquiry, we aimed to establish validity and rigor through collaboration and transparency in our processes and decisions. This project was approved by the USask behavioural research ethics board (REB).

RELATIONSHIPS

The HTS project team is comprised of academic faculty from numerous colleges at USask, alongside healthcare clinicians and Sanctum 1.5 leadership and staff. The team development was facilitated by SCG's connections with clinicians and researchers already involved with Sanctum 1.5, along with researchers holding expertise necessary for the project. The research coordinator position is structured as a "dual reporting role" to the nominated PI (academic lead) and SCG's Executive Director (community partner lead) to further strengthen the link between SCG and the university. Two graduates of Sanctum 1.5 were involved in the development of the research proposal, and other graduates are being recruited to work as Peer Research Associates (PRAs)² with the project. A Community Guiding Circle, comprised of Moms with lived experience, Indigenous Elders and Knowledge Holders, community partners and health and social services professionals has been established to provide further guidance to the project team.

The ethical conduct of the project was informed by Tri-Council Policy Statement 2, particularly Chapter 9 on Research Involving the First Nations, Inuit and Métis Peoples of Canada (Government of Canada, 2019), and the Canadian Institutes of Health Research's Guidelines for Health Research Involving Aboriginal People (Government of Canada, 2005). As the team recognizes these guidelines are not sufficient to ensure the ethical conduct of research-in-community, we explicitly strive to incorporate Indigenous conceptualizations of ethical conduct by prioritizing relationality through principles of ethical space, *etuaptmumk* and the four R's (Ball & Janyst, 2008; Brant Castellano, 2004; Bull, 2010; Kirkness & Barnhardt, 1991). The enactment of these principles in the research processes are described in the results and discussion sections of this paper. We are also guided by a formal, written Research Agreement developed

² In contrast with other HIV research, we use the term "Peer" to reference women with first-hand experience at Sanctum 1.5, regardless of HIV status.

by SCG, which delineates data ownership and sharing, processes for approval of dissemination of findings, and other aspects of the collaborative relationship.³

RESULTS

Important themes emerging from the analysis included ‘Collaboration’, ‘Values’, ‘*etuaptmumk*’, ‘Ethical Space’, ‘Truth and Reconciliation’, ‘Capacity Strengthening’, ‘Challenges’, and ‘Opportunities for Growth’. Findings from each theme are discussed below.

Collaboration

Collaboration is a foundational principle and practice within the HTS team and is enacted in a variety of ways. Within the HTS team, “[t]here has always been that spirit of an egalitarian approach, where it’s very democratic.” As one team member explained, “We made sure not to use titles or the title of your job when you are part of the research, which is not something that I’ve seen done before in other research groups that I’ve been a part of.” SCG’s Executive Director is a Principal Knowledge User on the CIHR grant and is “part of the core management team...they are making decisions and influencing what is happening.” From the outset, the team has adopted the view that the “perspective or engagement [of Moms] in the project is absolutely key to the success of the project,” which has allowed the project to be “cognizant of the women’s experiences.” Concerted efforts ensured Moms and Sanctum 1.5 staff were valued members of the team: “It didn’t feel like we [the university researchers] were better than them ... I think they felt like they were part of the team and were informing us and also learning from us.” Finally, team leaders viewed their role “as mainly pulling the threads together but allowing the thread that’s strongest to run either vertically or horizontally.” As such, the hierarchical structure that often characterizes academic health research has been deliberately flattened to accommodate a more equitable approach. The unifying thread among the diverse team is that “we share a common goal: we are all passionate about women’s health, about Indigenous health.”

Flexibility and accommodation of individual circumstances supports the “grassroots” nature of the project and allows the team to “follow the lead of the community in everything that it does.” The team prioritizes the organization’s client care and timelines over that of the research, even when these delay the research. Accommodation of the ebb and flow of community organization and team members’ availability allowed flexibility in levels of engagement over time, which enhanced continued involvement despite other responsibilities. Finally, the management team enacts its commitment to transparency and open communication by ensuring decisions are made collaboratively and are communicated in a timely and transparent manner to the rest of the group. Team members are also encouraged to ask questions at any time about any aspects of the project, including finances and management.

³ As Sanctum Care Group is a mainstream organization, principles such as OCAP® are not directly identified in the data sharing agreement. However, the research team strives to consider Indigenous ethical principles within the project to the best of our ability, in recognition of the predominantly Indigenous clientele at Sanctum 1.5.

Values

Although not explicitly stated by team members, certain values that informed the HTS project and team emerged in analysis. These included autonomy or, “respecting [the Moms’] dignity and their own agency” and mutual respect through ensuring “people on this team feel valued [with] care to make sure everyone is heard ... there is kindness and compassion on this team.” Care was taken not to rush the research process. The team holds “a commitment to not doing something until it is the right time to do it, or until we are satisfied that we are doing right by all the people involved.” The team purposely selected Indigenous PIs to bring Indigenous knowledges and perspectives to the project. The importance of interdisciplinary perspectives has created an environment in which “everybody has different areas of expertise.” These values supported the team’s commitment “to doing this work in a good way.”

***Etuaptmumk* (Two-eyed Seeing)**

Etuaptmumk is when “... you can see through one eye or another but to really get depth and understand things...is where you're able to bring two eyes together,” and has “been involved throughout the entire process of what we’ve been doing each step of the way.” *Etuaptmumk* is possible as a result of team composition: some members bring one perspective on research methods, such as Indigenous ways or Western methods, while others offer another perspective. For example, several of the clinicians bring a predominantly Western view, but are learning more about Indigenous perspectives from other team members, while Indigenous team members bring both lenses, with training in Western research and practice alongside their Indigenous worldviews and knowledge. This is highly valued by non-Indigenous members: “I’m so happy to be on a team where ... there’s Indigenous leadership and also a lot of scholars with Indigenous backgrounds or who identify as Indigenous, to bring their experience, knowledge [and] approach to this work.”

The HTS Project combines Indigenous and Western Ways of Knowing in a variety of ways. As one team member explained, “Two-eyed Seeing is really expressing the values of the team, that we are here to learn together and in partnership.” As one example of *etuaptmumk*, the HTS project has engaged in ceremony and Indigenous cultural practices together. As one attendee explained:

...we had our retreat and although we had to do it virtually [because of COVID precautions], it was very much rooted in pieces of ceremony and connecting, not on a work level. ... very much spiritually rooted, focused on building relationships, strengthening connections ...that is something different than most research projects I've been involved in.

Indigenous perspectives also guide the strategies selected to support the Moms’ health and wellness: “... the Indigenous Ways of Knowing really come in and can help with really holistic healing; holistic understanding and help the person ... achieve both health and wellness.” Privileging the Indigenous perspectives is viewed as important “given the...population we’re working with.” The prioritization of Indigenous Ways of Knowing with support from Western

approaches where appropriate has enhanced relevance and fostered a culturally safe approach to research.

Ethical Space

Ethical space has been a central practice within the team, particularly within team meetings and conversations throughout the proposal development and design. One team member noted that “I always feel as though it’s a very ethical space and that everybody is respected, and their perspectives honoured.” Central to the development of the HTS Project were conversations with Dr. Willie Ermine and individual team members: “We talked about the differences and the commonalities we have and how we, despite differences, share that understanding ... reaching that common horizon of understanding each other in an ethical and respectful way without undermining each other.” Ethical space supports team members to “be comfortable with knowing that [they] don’t know everything; there’s other people that have different knowledge and expertise.” As one team member explained, ethical space involved “recognizing the expertise I have gained because of my lived experience and uplifting my knowledge, so I realize that what I’m bringing is being heard, is being appreciated. In that way it is a sacred undertaking.” Ethical space also incorporated “the space that we are creating with our participants” through “a recognition of our responsibility for and accountability to each other.” The team continuously asks, “is our research safe and uplifting people?” Lastly, the motivation to engage respectfully resulted in “creating space...where we can have differing views and perspectives” This resulted in “in a safe environment, collectively” in which we can “create a deeper understanding of something.”

Truth and Reconciliation

Central to the HTS Project were explicit goals around Truth and Reconciliation. This was important because USask and SCG are “mainstream organizations that inherently have Western philosophies and approaches built into everything they do.” The team continuously reflects on the question: “what does it mean to work with Indigenous communities within the context of a colonial university that is perpetuating troublesome structures?” This has led to specific intentional decisions and strategies. For example, Sanctum 1.5’s Model of Care functions as “reverse effect of residential schools, of the 60’s scoop, through its broad goals to keep babes with Moms or at least within their family.” SCG believes their work is “a response to what has happened so far...” because “these women can be good Moms. They just need different kinds of support.” Within the HTS project, the decision to prioritize Indigenous scholars as PIs and project leads was a strategic enactment of a “decolonizing approach, a reconciliatory approach, [so] that Indigenous culture, Ways of Doing and Being and Knowing would be central.” This reflects how “Truth and Reconciliation ... [were] already embedded in the project from the planning phase. We realized that if we’re really living Truth...there is no way we can say we’re implementing a project without Indigenous leadership.” As another team member explained, “everything about Sanctum 1.5 and this project is an example of trying to address the Calls of Action in terms of...why women in Saskatchewan [have] such high rates of HIV and why Indigenous women [are] so overrepresented? Why are people struggling with poverty? Why are infants being apprehended?” The commitment to Truth and Reconciliation in the HTS project goes beyond identification of specific Truth and Reconciliation Commission (TRC) Calls to

Action in the project's funding proposal to actively inform the execution of the research (Truth and Reconciliation Commission of Canada, 2015) [See Appendix C]. The team expects HTS "will help bring forward the barriers and the history of what happened, and what it has caused. And that we can acknowledge that and then start to acknowledge how to improve or reconcile."

Capacity Strengthening

An important process and ongoing outcome of the collaborative processes central to the HTS project is capacity strengthening. As described above, 'capacity strengthening' reflects the inherent capacities each team member brings to the project, and the focus on strengthening those capacities to the benefit of the project and those involved. As one team member explained, "if we begin with where [people] are ... you grow together. And if we use the idea that we're already building on what exists. We never overlook the talents, the experiences, the wisdom." Within the team, capacity strengthening is experienced in different ways. Specifically, the collaborative partnership with USask "enable[s] Sanctum to do its work ... in bigger and better ways", and to better serve its Indigenous clientele through implementation of Indigenous cultural practices through HTS Project. The academic team also contributes to "Sanctum 1.5's development, the development of research protocols and the establishment of a research environment or...research space at Sanctum 1.5." SCG "felt that we needed to have some policies and boundaries set in place...this project helped us define the roles and rules." The HTS team also supported SCG in considering the type of information that will be helpful for sustaining the program. "I hope it gives us some metrics and data ... that will help this population...we need more real-life research and real-time data, and not just ... the placebo vs. treatment arms that most research has done." SCG believes that "research can be beneficial to an organization and can be important in creating sustainable funding streams, creating sustainability for an organization in general, as well as creating a presence for the organization."

Within the Sanctum 1.5 community, a number of Moms have had the opportunity to be directly involved in the research process. One team member described the immense pride and confidence expressed by one Mom who stated, "I'm a researcher." HTS has created opportunities where "women can make recommendations on how they want to see their children and [be] part of the journey." Moms have an opportunity to be "heard and seen in a space that they never necessarily thought they would be" in academic health research and are compensated for their involvement in the project. The team has also hired graduates of Sanctum 1.5 as PRAs who will be trained in research methodologies and skills. Finally, the project will provide an opportunity for Moms to learn about and experience cultural practices.

In the spirit of multidirectional capacity strengthening, the academic team has also grown and benefitted from the partnership. Specifically, SCG's established network facilitated the development of the interdisciplinary research team, and Indigenous Elders and Knowledge Holders at Sanctum 1.5 have facilitated ceremonies for the research team. In addition, the practical wisdom that Moms and staff at Sanctum 1.5 provide supports the researchers to further understand the real-life experiences and circumstances of the Moms: "Working with these women allows [the academic members] to really learn together and understand the challenges from their perspective as well as grow as researchers." As one team member described, there is a "wealth of knowledge [from] engaging with Indigenous Elders and other people in the project

...we're tapping into that wisdom." In addition, academic team members are growing in their capacity to conduct research aimed at providing evidence and support for a community-based program and learning to navigate the unique demands of community-led research. The HTS collaboration emphasizes the importance of capacity strengthening through "evolving and growing as we learn from each other."

Challenges

Team members identified a variety of challenges encountered throughout the development of the project. One individual shared that "good community-based research does take a long time, takes a lot of meetings", which can be a challenge for team members who do not have dedicated research time within their clinical practices. Others described how "they've had to learn patience ... Sanctum...already said that research isn't their top priority, so we just have to wait." A key challenge for SCG is that "research isn't built into our budget ... it takes time away from staff who are actually doing the frontline work." "When you're already working at 110%...it's difficult to build it [research] in when you're running flat out all the time." Such challenges impact values and intentions around the research team's aims towards enacting collaborative partnerships: "[Sanctum 1.5] can't always be involved in every single piece of thinking through how the research will work, in a way that we might want, because their time and resources are limited..." In addition, it has been challenging to incorporate Indigenous Ways of Knowing in some aspects of the project: for example, "to do a social return on investment is to engage in an economics framework that speaks to policy-makers who are invested in an economics framework that does not feel like Two-eyed Seeing necessarily." These challenges stem from having to operate within colonial institutions and systems including Western academic, government and economic structures. Other challenges included the continuous negotiation and accommodation required to "[use] the resources that this project has appropriately" within timelines acceptable to the funder and the community partner. Institutional ethics approval process brought additional challenges due to the complexity of the project and the unique methodological approaches and centring of Indigenous ways. Several team members reflected on these challenges not as obstacles, but as opportunities for personal and team growth: "But is that a challenge, or is that me figuring out how to work better with community? I don't think of that as a challenge so much as a much-needed revision to my process of how research works, to better incorporate the needs of other people."

Opportunities for Growth

HTS team members also identified a number of opportunities for continued growth. First, more time, space and money are needed to support SCG and Sanctum 1.5 "so they can engage more fulsomely in this work" and allow "more involvement of past Sanctum participants throughout our team meetings and making sure that voice is represented." In addition, there is a continued need for researchers involved in such a project to recognize and challenge individual and societal stigma towards Moms in complex life circumstances. For example, "why can't a woman be a good Mom even if she is using drugs?" As one team member explained, "if, in fact, I'm doing research and I'm really engaging with the participants and trying to understand their challenges. You know, really trying to understand and advocate for solutions. If that doesn't change me and how I come to see the world or them...I probably need to be more reflexive in my research

practice.” Finally, efforts towards finding “another way of trying to involve the community and different perspectives” with the aim of further enhancing the relevance of the project’s focus, approaches, outputs and dissemination are ongoing.

LIMITATIONS

Limitations in this inquiry primarily relate to the range of views that we were able to collect. Efforts to include additional conversations with Sanctum 1.5 staff were not possible due to workloads and organizational transitions at the time of the inquiry. Challenges in incorporating *etuaptmumk* into Western academic research and advocacy were encountered in certain project phases, such as SROI, which traditionally employs a Western economic lens. Lastly, continuity in involvement of Moms has been a challenge, as efforts to connect with the Moms involved in the original proposal development were unsuccessful, and new PRAs are not yet fully trained.

DISCUSSION

The collaborative processes undertaken in the development of the Hope Through Strength (HTS) project, through centring relationships and incorporating *etuaptmumk* and ethical space were instrumental in supporting capacity strengthening, operationalizing the Calls to Action and decolonizing our research processes and products. The practice of incorporating Indigenous Ways of Knowing, Being and Doing, and collaborative values such as equality, flexibility and transparency into the research processes facilitated a unique team environment and informed the research proposal and planning. Strategies designed to minimize hierarchies lessened perceived gaps between team members in clinical and academic positions and members from the community organization. Transparent communication helped team members to better understand aspects of a complex research proposal. Prioritization of Indigenous perspectives and methodologies in the planning of the research, and involvement of community partners in decisions helps to ensure the research is relevant and beneficial to the community and its clients. By incorporating Indigenous Ways of Knowing, Being and Doing throughout the development of research proposals and projects, academic members and community partners are learning to support Indigenous resurgence, self-determination and wholistic wellness.

Consistent with Smulyan (1988), this study found that the collaborative processes are dynamic and require growth and adaptation on the part of the research team members, which further enhances the conduct of the research. Aspects of the HTS project reveal how the 4 R’s can be enacted within academic research (Kirkness & Barnhardt, 1991). The non-hierarchical environment nurtured by the team through the development of ethical spaces of engagement facilitated mutual respect, and valuing of each member’s expertise and input regardless of their positions or titles (Browne et al., 2016). Respect and reciprocity were also evident within the mutual learning and growth experienced through the exchange of knowledge, perspectives and expertise which, in turn, strengthened capacity among community and academic partners. Relevance was enhanced through the central role held by the community organization in planning the focus and execution of the project. Relevance was also strengthened through the incorporation of Indigenous perspectives and approaches from Indigenous team members and the

inclusion of people with lived experience in the formation of the project. The team balanced multiple responsibilities and competing priorities to ensure that Sanctum 1.5 is supported throughout the research processes, that academic team members are recognized for their contributions and receive due and meaningful credit, and that the research is done in a good way and to the benefit of Indigenous peoples. By valuing respect, reciprocity, responsibility, and relevance, the HTS team embodied Indigenous principles in the research in the context of relationships between university and community.

Etuaptmumk and ethical space were central to the research relationships and partnerships. Using the metaphor of the human visual system, we enact *etuaptmumk* by bringing two different perspectives which merge to produce a view with greater depth than each eye affords alone. In our experience, *etuaptmumk* occurs best when people who hold Indigenous worldviews, values, beliefs, and practices come together with people who use and understand Western approaches to research; together, we integrate these perspectives into one rich landscape. *Etuaptmumk* is only possible through the nurturance of an ethical space in which it is safe to share our respective perspectives as we work together to integrate them into a meaningful and useful whole. At an individual level, ethical space guides individuals to engage with others in a respectful, reciprocal, relevant and responsible manner, even when worldviews differ immensely (Ermine, 2007). At a systemic level, ethical space can help move research and community partnerships forward in a way that is respectful and mutually beneficial (Ermine, 2007). The use of *etuaptmumk* and ethical space frameworks in research support aims of decolonization and reconciliation through transformation of traditional Western research methods and centring of Indigenous ways in the research, largely through impacts on ‘how’ the research is done (Sinclair et al., 2021). These frameworks help research teams to effectively collaborate in a respectful manner and honor the autonomy of communities involved. Through *etuaptmumk* enacted within ethical space, we honor our responsibilities by uplifting the relevance and reciprocal nature of the research to ensure mutual capacity strengthening and mutual benefit of the research products and the research process.

Although SCG is a non-Indigenous, mainstream organization, incorporating principles such as *etuaptmumk* and ethical space are necessary given the predominantly Indigenous clientele they serve. These principles have been central to the reciprocal capacity strengthening within the academic research team as we learn and grow through the knowledge and experiences shared by Moms, Sanctum 1.5 staff, and Indigenous team members. This increased understanding and capacity, particularly among non-Indigenous academic team members, further strengthens the team’s capacity to develop culturally appropriate research plans for the benefit of Sanctum 1.5 Moms and the organization, potentially increasing the relevance and impact of the research. This is the essence of multidirectional capacity strengthening: research is developed which is more holistic and better serves communities by respecting each other’s knowledge, skills, experiences and expertise (AHA Centre, 2018).

Challenges encountered during the project development were mitigated through effective team communications and the team’s commitment to prioritize Sanctum 1.5’s needs and wishes. Frequent communication between Sanctum 1.5 and academic team members enabled them to adapt to the local circumstances to ensure project activities and requests fit into the organizations’ capacities and timelines, instead of the other way around. Challenges around

availability of staff at Sanctum 1.5 to contribute time to the project were addressed through a team commitment to always prioritize Sanctum 1.5 operations and care over research, and acceptance of the fact that staff availability often changes on short notice. To recognize the time and contributions of Sanctum 1.5 to the project, financial support from the CIHR grant was transferred to SCG to compensate for staff time, organizational resources, and other less tangible costs of engaging in the research. These arrangements are ongoing and revisited regularly to ensure appropriate and tangible reciprocity on behalf of the research team. Efforts to incorporate *etuaptmumk* into all aspects of the project are ongoing, while working towards project outcomes in ways that resonate with mainstream government and policymakers. Drawing on the wide range and depth of experience and expertise among team members has been crucial to support our collaborative processes to facilitate problem-solving and move forward in a good way (Nancarrow et al., 2013).

A key objective of this collaborative processes inquiry was to utilize the information gathered to further inform ongoing collaborations among academic and community-based team members as together we continue to design, implement, reflect on and revise our research plans and processes. As such, the findings of this inquiry will be shared and discussed at an upcoming team retreat to facilitate collaborative reflexive processes and inform how we work together. Further knowledge sharing will be co-planned with the HTS team and may include further sharing within the Indigenous health research community so others can learn from our team's experiences. Through reflexive knowledge sharing and application, we expect this inquiry to strengthen our team's capacity for and enactment of ethical approaches within the HTS project, further enhancing our community-academic relationships and continuing to demonstrate our intent to prioritize individuals and community partners over academic research products and processes.

Through the collaborative processes inquiry, the HTS team has reaffirmed the importance of centring relationality as the primary guiding value informing the research, and has strengthened our realization that success in this project is predicated on responsiveness and respect for the community partner's needs and timelines. Such research cannot proceed at the typical pace of academic research. However, the lessons learned by HTS team members through this collaborative research journey have increased the capacity of our academic partners to appreciate the real-life contexts of the community organization and its clients. It has also increased the capacity of the community organization to partner in rigorous research that is meaningful and beneficial to them without putting undue pressures on the organization to accommodate the typical academic pace and priorities. Collaborating in this way also demonstrates our mutual commitment to work within the organization's pace and priorities. Incorporating Indigenous values and approaches in our work has allowed us to slow down and see the richness and value in the process of research, not just the products the research generates.

It is important to prioritize the perspectives of the community when considering the outcomes, impacts and implications of the research. Because of the way that the research has been conducted, through prioritizing the 4 Rs, the research has been more relevant and acceptable to the community partner and its clients. The collaborative processes which informed the development of the HTS Project have also tangibly addressed numerous TRC Calls to Action and sought to address historical and ongoing colonization in and through health research. The HTS project and processes are supporting Sanctum 1.5's efforts to keep Moms with babies and

prevent vertical transmission of HIV. By documenting the collaborative processes used in the HTS Project, we have demonstrated our understandings of how health research on HIV among Indigenous peoples can be conducted in a manner that supports mutual capacity strengthening through centring Indigenous Ways of Knowing, Being and Doing. Such approaches can tangibly benefit individuals and communities and serve to push boundaries within academic health research towards incorporation of effective approaches to increase the relevance and impact of the research.

Appendix A

- Hope Through Strength Project Overview

Appendix B

- List of guiding questions used in conversations.

Appendix C

- List of TRC Calls to Action referenced in the HTS funding application.

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Appendix A

Hope Through Strength Project Overview



FRAMEWORKS: Developmental Origins of Health and Disease (DOHaD), Indigenous Healthy Life Trajectories Initiatives IHeLTI

<p>PHASE 1: Chart Review (Quant)</p> <p>Overall aim: Compare S1.5* to SHA and WSC charts on key outcomes (mom/baby)</p> <p>Specific objectives:</p> <ul style="list-style-type: none"> • Compare child apprehension rates between S1.5 and MSS • Compare baby's need for pharmacotherapy between care models • Compare healthcare costs between S1.5/SHA/WSC <p>Data sources: S1.5 and Ministry of Social Services (MSS) records; S1.5, SHA (via HQC?), WSC charts; Financial data – sources? [N=25 per site]</p> <p>Methods: Chart extraction/review</p> <p>Analyses: Quantitative (CRSU)</p> <p>Outputs: TBD</p>	<p>PHASE 2: Outcomes & Impacts (Qual)</p> <p>Overall aim: Capture outcomes among women, care providers, stakeholders on S1.5</p> <p>Specific objectives:</p> <ul style="list-style-type: none"> • Identify Mom-baby experiences • Identify facilitators/barriers to cultural care • Identify opportunities/barriers to expanding S1.5 care model <p>Data sources: Current/former S1.5 moms; S1.5 staff, care providers; Community partners; Stakeholders, Research Team</p> <p>Methods: Individual interviews, sequential sharing circles, focus groups, arts-based (photovoice) cultural/land-based activities, witness and team reflections</p> <p>Analyses: Qualitative/Two-eyed Seeing</p> <p>Outputs: TBD</p>	<p>PHASE 3: Scale Up (Mixed)</p> <p>Overall aim: Identify opportunities and challenges related to 'Scale-up & Spread'</p> <p>Specific objectives:</p> <ul style="list-style-type: none"> • Create evidence-base to support scale up/replication of S1.5's model of care • Develop metrics for future evaluation of S1.5/model of care <p>Data sources: Stakeholders, research team, community partners, Phases 1&2, SROI</p> <p>Methods: Individual interviews, focus groups, data collating</p> <p>Analyses: Mixed methods, Two-eyed Seeing</p> <p>Outputs: TBD</p>
<p>Social Return On Investment (SROI)</p> <p>Overall aim: Apply a SROI framework to capture a holistic view of the value achieved by investment in the Sanctum 1.5 model of care</p> <p>Specific Questions/objectives: TBD</p> <p>Data sources: All 3 phases above are anticipated to contribute data to the SROI analysis; additional data needs will be identified through the SROI process (e.g., specific cost estimates)</p> <p>Methods: SROI – qualitative and quantitative Analyses: SROI analyses; Two-eyed seeing lens</p> <p>Outputs: Report on the social return on investment value for S1.5 program; other outputs TBD</p>		

PROJECT TEAMS

Principle Investigators

S. Maposa, A. King, K. Roberts, A. Froehlich-Chow

Project Management Team

S. Maposa, A. King, J. Patrick, A. Froehlich-Chow, L. Epp, Peer Research Associates

Quantitative Team

A. King, M. Anderson, E. Penz, M. Brindamour, K. Gartner

Qualitative and Mixed Methods Team

S. Maposa, A. Froehlich-Chow, A. Cattapan (others TBD)

Cultural & Arts Team

A. King, A. Froehlich-Chow, P. Mirasty (Cultural Support Worker)

SROI Team

E. Penz, M. Anderson, A. King, A. Cattapan, S. Maposa, A. Froehlich-Chow, PDF (TBD)

Community Advisory Team

Elder, People with lived experience (PRAs), SCG Board, Social worker, Nurse practitioner, Addictions counselor, Community partners

Relevant Health/Medical areas:

HIV/AIDS, ART
Substance Use Disorder, OAT
Neonatal Abstinence Syndrome/NOWS
Eat Sleep Console

INFORMED BY
UNDRIP, TRC, MMIWG

WOMEN-CENTERED PROJECT

LENSES

Intersectionality
Trauma-informed
Culturally Responsive Framework

APPROACHES

Two-eyed Seeing; Cultural Humility; Ethical Space
Indigenous ways of knowing/being/doing

*S1.5 = Sanctum 1.5 SCG = Sanctum Care Group WSC = Westside Clinic SHA = Saskatchewan Health Authority HQC = Health Quality Council CRSU = Clinical Research Support Unit (CoM) ART = Antiretroviral Therapy OAT = Opioid Agonist Therapy NOWS = Neonatal Opioid Withdrawal Syndrome CanLII = Canadian Legal Information Institute

Appendix B

List of guiding questions used in conversations.

Objectives:

- 1) Capture the processes undertaken by the team to develop the research project proposal and the community-university partnership
 - “How did you become involved in the Hope Through Strength Project?”
 - “How do you feel this project approached, and is currently approaching collaboration between the university and community partners, in this case, Sanctum 1.5?”
 - “Can you share any stories or examples that illustrate this?”
 - “What opportunities do you feel that this project and its collaborative nature offered to university team members as it was being developed? To Sanctum 1.5/SCG members?”
 - “What important values, approaches or perspectives helped to guide or inform the team as the project was being developed?”

 - 2) Identify facilitators and challenges; opportunities and lessons learned that can be applied to future community-university partnerships aimed at supporting the health of people in complex life situations.
 - “What challenges did you experience along the way? How did the team navigate these challenges?”
 - “How did, or how does the team embody the concept of Two-eyed Seeing while developing this project?”
 - “Can you share any stories or examples that illustrate this?”
 - “How then, was the concept of Ethical Space embodied in the development of the Hope Through Strength Project?”
 - “Can you share any stories or examples that illustrate this?”
 - “How were the concepts of Truth and Reconciliation integrated into the project development?”
 - “Can you share any stories or examples that illustrate this?”
 - “Thinking about the project development in the context of all of these frameworks and aims ...”
 - “What was done well?” (Prompt for stories or examples)
 - “What was unique or new to you in how things were done?” (Prompt for stories or examples)
 - “What could have been done differently?” (Prompt for stories or examples)
- “What is the main ‘take-away’ from your involvement in the HTS development that you believe would be important for other researchers to understand?”

Appendix C

TRC Calls to Action (Truth and Reconciliation Commission of Canada, 2015) explicitly identified in the HTS Project Proposal

1 (ii-v), 5, 18, 19, 20, 21, 22, 23 iii), 33, 34 (iii)

1. We call upon the federal, provincial, territorial, and Aboriginal governments to commit to reducing the number of Aboriginal children in care by:
 - ii) Providing adequate resources to enable Aboriginal communities and child-welfare organizations to keep Aboriginal families together where it is safe to do so, and to keep children in culturally appropriate environments, regardless of where they reside.
 - iii) Ensuring that social workers and others who conduct child-welfare investigations are properly educated and trained about the history and impacts of residential schools.
 - iv) Ensuring that social workers and others who conduct child-welfare investigations are properly educated and trained about the potential for Aboriginal communities and families to provide more appropriate solutions to family healing.
 - v) Requiring that all child-welfare decision makers consider the impact of the residential school experience on children and their caregivers.
5. We call upon the federal, provincial, territorial, and Aboriginal governments to develop culturally appropriate parenting programs for Aboriginal families.
18. We call upon the federal, provincial, territorial, and Aboriginal governments to acknowledge that the current state of Aboriginal health in Canada is a direct result of previous Canadian government policies, including residential schools, and to recognize and implement the health-care rights of Aboriginal people as identified in international law, constitutional law, and under the Treaties.
19. We call upon the federal government, in consultation with Aboriginal peoples, to establish measurable goals to identify and close the gaps in health outcomes Calls to Action| 3 between Aboriginal and non-Aboriginal communities, and to publish annual progress reports and assess longterm trends. Such efforts would focus on indicators such as: infant mortality, maternal health, suicide, mental health, addictions, life expectancy, birth rates, infant and child health issues, chronic diseases, illness and injury incidence, and the availability of appropriate health services
20. In order to address the jurisdictional disputes concerning Aboriginal people who do not reside on reserves, we call upon the federal government to recognize, respect, and address the distinct health needs of the Métis, Inuit, and off-reserve Aboriginal peoples.

21. We call upon the federal government to provide sustainable funding for existing and new Aboriginal healing centres to address the physical, mental, emotional, and spiritual harms caused by residential schools, and to ensure that the funding of healing centres in Nunavut and the Northwest Territories is a priority.
22. We call upon those who can effect change within the Canadian health-care system to recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients.
23. We call upon all levels of government to:
 - iii) Provide cultural competency training for all healthcare professionals.
33. We call upon the federal, provincial, and territorial governments to recognize as a high priority the need to address and prevent Fetal Alcohol Spectrum Disorder (FASD), and to develop, in collaboration with Aboriginal people, FASD preventive programs that can be delivered in a culturally appropriate manner.
34. We call upon the governments of Canada, the provinces, and territories to undertake reforms to the criminal justice system to better address the needs of offenders with Fetal Alcohol Spectrum Disorder (FASD), including:
 - iii) Providing community, correctional, and parole resources to maximize the ability of people with FASD to live in the community.