**American Indian or Indigenous Homelessness** Annotated Bibliography[[1]](#footnote-1) 11/11/21

Westenberg, J. N., et al. (2021). "Non-beverage alcohol consumption among individuals experiencing chronic homelessness in Edmonton, Canada: a cross-sectional study." Harm Reduction Journal **18**(1): 108.

Background: Among individuals experiencing homelessness, the prevalence of alcohol use disorder is extremely high. Alcohol-related harms are compounded by the use of non-beverage alcohol (NBA; e.g. rubbing alcohol, cooking wine). The dangers of NBA consumption pose significant risks to the individual and to others when consumed in large quantities and when mixed with other substances. The objectives of this paper are to describe the alcohol consumption patterns of individuals experiencing homelessness, identify substance use patterns, psychological stressors, and related harms associated with NBA consumption, and compare NBA consumers to non-NBA consumers in relation to their use of services and perceived barriers to care.; Methods: Using a cross-sectional survey, 150 individuals experiencing homelessness were recruited from Edmonton's inner city and adjoining areas. Frequency, quantity, and volume of alcohol consumption were used to assess patterns of alcohol use in the last 6 months. Descriptive statistics and bivariate analyses were used to compare participants reporting NBA consumption and non-NBA consumption (p ≤ 0.05).; Results: The majority of participants were male (71.3%) and self-identified as Indigenous (74.0%). Overall, 24% (n = 36) reported NBA consumption within the last six months. NBA consumers were older than non-NBA consumers (p = 0.005), reported different perceived living stability (p = 0.022), and had higher psychological distress (p = 0.038). The majority of NBA consumers reported not receiving harm reduction services while also not needing such services (n = 18, 51.4%), which differed from non-NBA consumers (p = 0.003). Structural barriers (e.g. availability, location, cost) were most frequently reported as reasons for unmet harm reduction (60.9%) and hospital care (58.3%) needs, while barriers to skills training (58.5%) and counselling services (53.6%) were mostly motivational (e.g. personal beliefs).; Conclusions: Within such an already marginalized population experiencing homelessness, individuals who consume NBA represent a vulnerable subpopulation who require adapted and distinct health and social services to stabilize and recover. Current harm reduction services are not prepared to effectively assist this group of individuals, and specific treatment programs are rare. Managed alcohol programs are a feasible approach but must be tailored to the specific needs of those who consume NBA, which is especially important for Indigenous people. More comprehensive assessments of NBA consumption are needed for program development and policy recommendations. (© 2021. The Author(s).)

Vandenburg, T., et al. (2021). ""This isn't a fairy tale we're talking about; this is our real lives": Community-orientated responses to address trans and gender diverse homelessness." Journal of Community Psychology.

Globally, trans and gender diverse people contend with day-to-day exclusion, discrimination, and marginalisation, often culminating in experiences of poverty and homelessness. In this discussion article, we outline a bricolage research orientation rooted in liberation and Indigenous approaches brought into dialogue with the broader cannon of community psychology for meaningful research with homeless trans and gender diverse people. Such an approach transcends rigid disciplinary divides and shapes a framework for collaborative action, advocacy, and social change. We argue that scholar-activism, social justice, and relationality and collaboration should inform every stage of the research process and beyond when engaging with minoritized communities. (© 2021 Wiley Periodicals LLC.)

Toombs, E., et al. (2021). "Adaption and implementation of the Housing Outreach Program Collaborative (HOP-C) North for Indigenous youth." American Journal of Orthopsychiatry **91**(1): 96-108.

There is a high prevalence of Indigenous youth experiencing either precarious housing or homelessness in northwestern Ontario. Given that Indigenous pathways to homelessness can differ from non-Indigenous youth, interventions that address homelessness must also adapt to meet diverse needs. The Housing Outreach Program Collaborative (HOP-C) is a tertiary prevention intervention designed to provide congruent housing and peer and mental health supports for youth experiencing homelessness in Toronto, Ontario. Less is known regarding its adaptability to adequately serve Indigenous youth in northwestern Ontario. This study assessed the preliminary effectiveness and feasibility of an adaptation of the HOP-C North program for transitional aged Indigenous youth exiting homelessness in Thunder Bay, Ontario. Participants completed premeasures (n = 15) and postmeasures (n = 8) as well as qualitative interviews regarding their experiences in the program. Qualitative interviews were also conducted with staff (n = 14) engaged in implementing the program. After completing the HOP-C North program, participants reported improvements in a number of outcomes, including increased educational enrollment, attainment of employment, reduced hospitalizations, and increased engagement in clinical mental health services. Specific program aspects that participants found helpful included increased program flexibility, accessibility, emphasis on relationships, relevance of programming, fostering participant autonomy, and an adaptive approach to program implementation. These findings suggest that the HOP-C North model, when adapted, is a helpful program for Indigenous youth. (PsycInfo Database Record (c) 2021 APA, all rights reserved)

Public Policy Relevance Statement: Maintaining housing stability for previously homeless Indigenous youth can be challenging as this population tends to have complex needs related to health, finances, and overall well-being. To help reduce these barriers related to this transition to housing and promote health, the Housing Outreach Program Collaborative North (HOP-C North) provided youth with culturally relevant supports, including individual and group counseling services, peer mentorship, case management, and cultural mentorship. HOP-C North was a cost-effective way to promote integrated health care for a population that may not otherwise access these supports. Future primary care housing program models may benefit from the approach used in HOP-C North. (PsycInfo Database Record (c) 2021 APA, all rights reserved)

Springer, Y. P., et al. (2021). "Tuberculosis in Indigenous Persons - United States, 2009-2019." Journal of racial and ethnic health disparities.

Background: Populations of indigenous persons are frequently associated with pronounced disparities in rates of tuberculosis (TB) disease compared to co-occurring nonindigenous populations.; Methods: Using data from the National Tuberculosis Surveillance System on TB cases in U.S.-born patients reported in the United States during 2009-2019, we calculated incidence rate ratios and risk ratios for TB risk factors to compare cases in American Indian or Alaska Native (AIAN) and Native Hawaiian or other Pacific Islander (NHPI) TB patients to cases in White TB patients.; Results: Annual TB incidence rates among AIAN and NHPI TB patients were on average ≥10 times higher than among White TB patients. Compared to White TB patients, AIAN and NHPI TB patients were 1.91 (95% confidence interval (CI): 1.35-2.71) and 3.39 (CI: 1.44-5.74) times more likely to have renal disease or failure, 1.33 (CI: 1.16-1.53) and 1.63 (CI: 1.20-2.20) times more likely to have diabetes mellitus, and 0.66 (CI: 0.44-0.99) and 0.19 (CI: 0-0.59) times less likely to be HIV positive, respectively. AIAN TB patients were 1.84 (CI: 1.69-2.00) and 1.48 (CI: 1.27-1.71) times more likely to report using excess alcohol and experiencing homelessness, respectively.; Conclusion: TB among U.S. indigenous persons is associated with persistent and concerning health disparities. (© 2021. This is a U.S. government work and not under copyright protection in the U.S.; foreign copyright protection may apply.)

Smith, E., et al. (2021). "Adverse childhood experiences and health among indigenous persons experiencing homelessness." BMC Public Health **21**(1): 85.

Background: Current literature has established that adverse childhood experiences (ACEs) are associated with the onset of a variety of physical, mental, and behavioural illnesses. However, there are few studies that have thoroughly examined this association in low-income or marginalized groups.; Methods: To address this knowledge gap, this study used self-reported data on childhood experiences and adult health outcomes in a sample of 91 Indigenous persons experiencing homelessness. While the primary focus of the study was to assess the relationship between ACEs and health status, we also assessed reports on use and perceptions of health care services to test for potential illness-mitigating factors.; Results: Results indicated that reported number of ACEs was significantly associated with reported levels of mental illness (p < .001, d = 1.12). Significant associations were not observed for physical illness or patterns of substance use. We also found that the number of reported ACEs was significantly correlated with the number of formal health care services that an individual used (r = 0.32).; Conclusions: Our results reveal that the relationship between ACEs and adult illness is not as deterministic as the current literature suggests. Access to formal health care services may allow individuals to mitigate their adverse health, thereby eliminating some of the effects of ACEs. Conversely, current tools used to measure ACEs may not translate to an Indigenous population, which speaks to a need to revise ACE related surveys to include additional adversity categories.

Rosenberg, R. (2021). "Psychic geographies of queer multiculturalism: Reading Fanon, settler colonialism and race in queer space." Environment & Planning D: Society & Space: 1.

Utilizing Fanon’s theories of psychic, social and embodied processes of racialization and racism, this article examines Toronto’s gay village as a site of queer settler multiculturalism and its impacts on Black and Indigenous lesbian, gay, bisexual, transgender, queer, Two-Spirit and additional (LGBTQ2+) youth experiencing homelessness. I build on Fanon’s arguments of cultural alienation, the collective unconscious and white colonial anxiety and desire to analyze current iterations of queer settler colonialism and anti-Black racism within the village. Specifically, I argue that the village maintains a collective queer multicultural unconscious through social interactions and forms of representation that seek to tightly control Blackness and Indigeneity within queer space. By placing Fanon in dialogue with Black and Indigenous Studies scholarship, and interviews with Black and Indigenous LGBTQ2+ youth, I present how youth encounter and, to some extent, refuse the white and settler colonial queer multiculturalism in Toronto’s village. [ABSTRACT FROM AUTHOR]

Redvers, N., et al. (2021). "Urban Land-Based Healing: A Northern Intervention Strategy." International Journal of Indigenous Health **16**(2): 322-337.

Urban Indigenous populations face significant health and social disparities across Canada. With high rates of homelessness and substance use, there are often few options for urban Indigenous Peoples to access land-based healing programs despite the increasingly known and appreciated benefits. In May 2018, the first urban land-based healing camp opened in Yellowknife, Northwest Territories, Canada, one of the first to our knowledge in Canada or the United States. This camp may serve as a potential model for an Indigenous-led and Indigenous-based healing camp in an urban setting. We present preliminary outcome data from the healing camp in a setting with a high-risk population struggling with substance use and homelessness. Reflections are presented for challenging logistical and methodological considerations for applications elsewhere. This northern effort affords us ample opportunity for expanding the existing knowledge base for landbased healing applied to an urban Indigenous high-risk setting. [ABSTRACT FROM AUTHOR]

Ramos, G. G., et al. (2021). "Substance use disorder and homelessness among American Indians and Alaska Natives in California." Journal of ethnicity in substance abuse: 1-22.

American Indian and Alaska Native (AIAN) communities have higher rates of substance use than other racial and ethnic groups. Substance use disorder (SUD) is tied to the increased risk of experiencing homelessness. National policies have also led to the disproportionate rates of homelessness among AIAN communities. However, specific experiences related to the occurrence of SUD and homelessness among AIAN in California, as well as seeking and accessing SUD treatment, are not well understood. This study explored potential SUD risk and resilience factors for AIANs experiencing homelessness and their experiences when seeking services for SUD. Nineteen interviews were conducted in northern, central, and southern California. Thematic analysis was used for these data. The five primary codes were: (1) risk factors for SUD, (2) resilience related to SUD service seeking, (3) services available, (4) barriers accessing services, and (5) services needed. Based on the results, themes for risk were trauma, mental health, and community conditions. Themes for resilience were identified at individual and community levels and included personal motivation and community support and inclusiveness. Themes for services available were limited knowledge about service types and services' location. The themes for barriers accessing services were identified at internal and external levels, and included lack of readiness and transportation challenges, respectively. Themes for services needed included continuum of care, integrated care, and culturally sensitive services. Findings highlight the importance of addressing the potential risk factors and service needs of AIANs experiencing homelessness to provide comprehensive and culturally sensitive services to reduce substance use.

Orduña, A. D. (2021). Òṣun consciousness: Unearthing anti-black biases in the Los Angeles homeless system soul as reflected in the sacred histories of the African American experience, ProQuest Information & Learning. **82**.

This qualitative research ceremony inquired into the meaning of the phenomenon of Black people experiencing homelessness in Los Angeles. It was performed within an Afro-feminine indigenous approach integrating principles from the Yoruba-Ifá spiritual cosmology. Within this framework, the phenomenon of Black people experiencing homelessness was privileged as the subject of the research inquiry, pivoting the research gaze away from it as object and toward an assessment of the homeless service delivery system itself through engagement by Black and non-Black homeless service providers. Several methods were created and modified to support the data collection, analysis, and interpretation processes. These included a critical arts-based inquiry applying genres from the Black literary arts Tradition; a multi-method research divination process that utilized motif coding with participant observation techniques; and the creation of Òṣun Consciousness as an interpretive research tool. Through the application of these methods, a descriptive statement emerged providing an ontological narrative yielding new insight into the meaning of homelessness as experienced by Black people in Los Angeles. (PsycInfo Database Record (c) 2021 APA, all rights reserved)

O’Brien, A. (2021). "‘Archaic laws’ and the making of the homelessness sector." Housing Studies: 1-16.

The relationship between law and welfare in the governing of homelessness has been studied from a range of perspectives but their interconnections have had little scrutiny at that key moment in the later 20th century when vagrancy was repealed and homelessness became a ‘sector’ in most western countries. Focussing on Australia, this paper provides a critical historical analysis of how and why these interconnections limited reform. Despite the early 1970s being the highpoint of social democratic idealism, the new homelessness sector redeployed the methods of residual charity, largely because it was seen as a replacement for jail. The legal reforms were partial and, since their focus was limited to homeless white men, they had unintended consequences, tragically so for Indigenous peoples. While these shifts represented a turning point in the long governance of homelessness, they were ones in which old ways prevailed and, as neoliberalism gained ground, they became embedded in the policy landscape. [ABSTRACT FROM AUTHOR]

Ndumbe-Eyoh, S., et al. (2021). "'Back to better': amplifying health equity, and determinants of health perspectives during the COVID-19 pandemic." Global health promotion **28**(2): 7-16.

Introduction: Equity and social justice have long been key tenets of health promotion practice, policy and research. Health promotion foregrounds the pertinence of social, economic, cultural, political and spiritual life in creating and maintaining health. This necessitates a critical structural determinants of health perspective that actively engages with the experiences of health and wellbeing among diverse peoples. The inequitable impacts of pandemics are well documented, as are calls for improved pandemic responses. Yet, current pandemic and emergency preparedness plans do not adequately account for the social and structural determinants of health and health equity.; Methods: Through five one-hour online conversations held in April 2020, we engaged 13 practice, policy, research and community leaders on the intersections of COVID-19 and gender, racism, homelessness, Indigenous health and knowledge, household food insecurity, disability, ethics and equitable futures post-COVID-19. We conducted a thematic analysis of speaker and participant contributions to investigate the impacts and influence of COVID-19 related to the structural and social determinants of health. We analyzed which policies, practices and responses amplified or undermined equity and social justice and identified opportunities for improved action.; Findings: Analysis of the COVID-19 pandemic revealed four broad themes:• oppressive, unjust systems and existing health and social inequities;• health and social systems under duress and non-responsive to equity;• disproportionate impacts of COVID-19 driven by underlying structural and socioeconomic inequity; and• enhanced momentum for collective mobilization, policy innovations and social transformation.; Discussion: There was a strong desire for a more just and equitable society in a post-COVID-19 world, going 'back to better' rather than 'back to normal.' Our analysis demonstrates that equity has not been well integrated into pandemic planning and responses. Social movement and systems theories provide insight on ways to build on existing community mobilization and policy openings for sustained social transformation.

Mosby, I. and J. Swidrovich (2021). "Medical experimentation and the roots of COVID-19 vaccine hesitancy among indigenous peoples in Canada." Canadian Medical Association Journal **193**(11): E381-E383.

As the second wave of the pandemic sees case numbers rise to dangerous levels across the country, it has become clear that Indigenous people are particularly vulnerable to coronavirus disease 2019. Despite making up just over 10% of the total population of the province, First Nations people make up 71% of active cases with COVID-19 and 50% of patients in the intensive care unit; the median age of death from COVID-19 for First Nations people is 66 compared with the provincial median of 83 for Manitobans, overall. This vulnerability is very much the product of a Canadian colonial policy regime that has guaranteed that Indigenous Peoples have reduced access to adequate health care, healthy food and clean water, while also experiencing much greater levels of overcrowded housing, homelessness and incarceration. The fears and vaccine hesitancy are, of course, not universal, and many Indigenous leaders have come out strongly in support of vaccines. The reality is that well-documented examples of Indigenous Peoples being subjected to medical experimentation exist. The legacies of the racist paternalism that left Indigenous Peoples uniquely vulnerable to medical experimentation and abuse can be seen in the more recent story of Brian Sinclair, who died as a direct result of racist treatment at the hands of hospital staff and physicians. The influenza A virus pandemic is an instructive example of vaccine hesitancy among Indigenous Peoples. As studies have shown, Indigenous Peoples' experiences of Canadian colonialism already "deeply affected their perceptions of the [H1N1] vaccine and pandemic" and increased vaccine hesitancy. Limited and late information about both COVID-19 and the approved vaccines have each contributed to vaccine hesitancy among Indigenous Peoples. Similar to the H1N1 pandemic, then, the prioritization of Indigenous Peoples and communities to receive SARS-CoV-2 vaccines raises questions.

Lloyd, I., et al. (2021). "Naturopathic community clinics: an international cross-sectional survey." BMC health services research **21**(1): 815.

Background: Globally, naturopathic practitioners offer services in 98 countries, reaching every world region and providing care to diverse populations for a range of acute and chronic health conditions. Community clinics provide free or low-cost healthcare services and play a key role in providing necessary primary healthcare for underprivileged or marginalized populations. However, the reach and impact of naturopathic community clinics (NCCs) has not yet been examined. The aim of this study was to identify the characteristics of NCCs around the world, determine the types of services they offer and provide insight into the populations being served.; Methods: Two online cross-sectional surveys were administered using purposive and snowball sampling. A 6-item screening survey was administered first to identify clinics and institutions who fit the criteria for NCC services, followed by a 40-item follow-up survey. Descriptive analysis was conducted using frequencies and means.; Results: The screening survey returned a total of 37 responses from six world regions. Of those respondents who indicated involvement in NCCs, 74% went on to complete the follow-up survey. The majority of the responding NCCs were located in North America (50%), followed by Western Pacific (17%), Europe (10%), Asia (13%), Latin America (7%) and Africa (3%). The vast majority (71%) of the NCCs that have been in operation for more than 10 years are located in North America, while 43% of the NCCs that have been operational less than 5 years are in the Western Pacific Region. 80% of the responding NCCs were affiliated with a naturopathic school. The majority of respondents (76%) mentioned that they aim to serve underserved and/or marginalized populations, with 34% indicating that their target population is low-income families, 21% focusing on serving immigrants and refugees, 21% on serving people experiencing homelessness, 14% on serving Indigenous peoples, 14% on serving those with specific gender differences, 10% on serving seniors and 10% on serving drug users.; Conclusion: The naturopathic profession offers free or significantly low-cost naturopathic services through community clinics around the world. The findings of this survey provide insight into the important role of the naturopathic profession in primary health care and provide rationale for exploring this topic in greater detail. (© 2021. The Author(s).)

King, W. M., et al. (2021). "Exploring Multiple Forms of Intimate Partner Violence in a Gender and Racially/Ethnically Diverse Sample of Transgender Adults." Journal of interpersonal violence **36**(19-20): NP10477-NP10498.

Intimate partner violence (IPV) is highly prevalent in transgender (trans) populations in the United States; however, details about its manifestations and correlates have not been well captured. Using data from the 2015 U.S. Transgender Survey, we analyzed weighted data from 23,999 adult transgender participants to estimate the prevalence and explore correlates of five IPV subtypes: psychological IPV, physical IPV, trans-related IPV, stalking, and forced sex committed by an intimate partner. Regression models examined race/ethnicity, gender identity, past-year incarceration, past-year sex work, and lifetime homelessness, and adjusted for annual household income, highest level of education, age, birthplace, Census region, and relationship status. The sample was racially/ethnically diverse (62.6% White, 0.7% Alaskan Native/American Indian, 4.7% Asian/Native Hawaiian/Pacific Islander, 12.7% Black/African American, 16.5% Latinx/Hispanic, 0.4% Middle Eastern/North African, 2.5% Multiracial/Not Listed), and comprised of 31.2% transgender men, 34.2% transgender women, 27.5% assigned-female-at-birth nonbinary participants, and 7.1% assigned-male-at-birth nonbinary participants. Rates of IPV were high, with variability by IPV subtype: 42.0% endorsed psychological IPV, 39.9% endorsed physical IPV, 30.4% endorsed trans-related IPV, 18.0% endorsed stalking, and 21.5% endorsed forced sex by an intimate partner. We observed disparities in IPV subtypes by race/ethnicity, gender identity, and experiences of social marginalization. Results highlight the need for targeted, trans-inclusive IPV screening practices and interventions. Future studies should examine the syndemic effects of IPV, social marginalization, and health outcomes related to HIV, substance use, and mental health in trans populations.

Kidd, S. A., et al. (2021). "The Second National Canadian Homeless Youth Survey: Mental Health and Addiction Findings: La Deuxième Enquête Nationale Auprès des Jeunes Sans Abri : Résultats en Matière De Santé Mentale et de Toxicomanie." Canadian Journal of Psychiatry **66**(10): 897-905.

Objective: Youth experiencing homelessness represent a major social problem in Canada and, as demonstrated in the first national survey of this population conducted in 2015, are experiencing significant mental health challenges. The present study examines the findings of a second national survey completed in 2019. These findings afford the opportunity to examine the reliability of the findings of the first study with another large, representative sample and to attempt to articulate the unique characteristics of youth experiencing the greatest distress among this at-risk population. Methods: This study analyzed the mental-health-related data from the 2019 Without a Home–National Youth Homelessness Survey that was administered through convenience sampling at 98 agencies serving homeless youth in 49 communities across Canada. The survey was cross-sectional and self-administered, assessing a range of demographic information, pre- and post-homelessness variables, and mental health indicators. Multinomial logistic regression and linear regression were implemented to evaluate associations with distress level. Results: Survey data were obtained from 1,375 youth accessing Canadian homeless services in 9 provinces. Thirty-five percent reported at least 1 suicide attempt, and 33.1% reported a drug overdose requiring hospitalization. The findings of this survey replicated most of the key findings from the 2015 survey. The current findings emphasized, for this high-risk population, the heightened adversity faced by young women, Lesbian, Gay, Bisexual, Transgender, Queer, Two-Spirit (LGBTQ2S), and Indigenous subpopulations, as well as the centrality of violence exposure in determining risk and distress. Sexual violence, in particular, emerged as a key factor in the identification of youth experiencing the greatest distress with risk buffered by contact with family. Conclusions: These findings can inform prevention and intervention policies and services and reinforce the importance of attending to violence exposure and trauma as central to the mental health trajectories of youth who have experienced homelessness. (English) [ABSTRACT FROM AUTHOR]

Jayasinghe, M., et al. (2021). "Are Effects of Violence on Life Satisfaction Gendered? A Case Study of Indigenous Australians." Journal of Happiness Studies **22**(1): 71-94.

Violence related Australian statistics reveal a higher prevalence of violence among indigenous Australians than non-indigenous Australians. Using the latest National Aboriginal and Torres Strait Islander Social Survey (2014/2015) available from the Australian Bureau of Statistics, this study investigates the socio-economic and demographic factors that influence the likelihood of physical violence among indigenous Australians and the effects of physical violence on life satisfaction, with a special focus on gender differences in such effects. The results indicate that while gender is an important determinant of violence victimisation, homelessness, alcohol and substance consumption, a victim of the stolen generation and remote living increase the likelihood of physical violence victimisation. Our results also reveal that, while physical violence negatively affects the life satisfaction of both women and men, exposure to physical violence reduces the life satisfaction of indigenous women more than indigenous men. [ABSTRACT FROM AUTHOR]

Jadidzadeh, A. and R. Kneebone (2021). "How Do Youth Use Homeless Shelters?" Journal of Poverty: 1-15.

This paper uses a large administrative dataset providing 105,149 daily observations on 3,176 youth aged between 18 and 24 years using emergency homeless shelters from January 1, 2014, to December 31, 2019, in Calgary, Alberta, Canada. Using k-mean cluster analysis we classify youth who use emergency homeless shelters by their intensity of shelter use. In Calgary, most youth use homeless shelters as a temporary and infrequent refuge when housing is lost. For these youth, shelters are an effective and relatively inexpensive approach for helping them resolve their homelessness. A significant number, however, rely on shelters for much longer stays. For these youth, shelters are ineffective and expensive responses to their homelessness. To understand how youth are changing their use of shelters over time, we introduce time series measuring first admissions and readmissions to shelters. We show that how youth use shelters, and how that use has changed over time, differs for youth who self-identify as Indigenous, Caucasian and visible minority. [ABSTRACT FROM AUTHOR]

Hebert, L. E. and M. C. Sarche (2021). "Pre-pregnancy and Prenatal Alcohol use Among American Indian and Alaska Native and Non-Hispanic White Women: Findings from PRAMS in Five States." Maternal & Child Health Journal **25**(9): 1392-1401.

Introduction: Estimates of prenatal alcohol use among American Indian and Alaska Native (AI/AN) women are limited. This study sought to characterize pre-pregnancy and prenatal alcohol use among AI/AN women in the Pregnancy Risk Assessment Monitoring System (PRAMS) dataset, evaluate variation in alcohol use by state and rural/urban residence, and evaluate associations between potential risk factors and prenatal alcohol use among AI/AN and non-Hispanic white (NHW) women. Methods: We pooled PRAMS data from five states (Alaska, New Mexico, Oklahoma, South Dakota and Washington) from 2015 to 2017. We estimated the prevalence of pre-pregnancy and pregnancy risk factors, and alcohol use by race and examined alcohol use by state and rural/urban residence among AI/AN women. We conducted bivariate and multivariable logistic regression modelling to estimate the association between each risk factor of interest and the odds of prenatal alcohol use for AI/AN and NHW women. Results: AI/AN women were less likely to report pre-pregnancy alcohol use compared to NHW women (56% vs. 76%, p < 0.0001). Among women who reported drinking pre-pregnancy, AI/AN women were more likely than NHW women to report drinking 1 or more drinks during pregnancy (4.3% vs. 2.4, p = 0.0049). For AI/AN women, older age and experiencing homelessness (aOR = 2.76; 95% CI 1.16–6.55) increased odds of prenatal alcohol use. For NHW women, having a college education (aOR = 4.06; 95% CI 1.19–13.88) and urban residence (aOR = 1.88; 95% CI 1.40–2.53) increased odds of prenatal alcohol use. Conclusions: Factors associated with prenatal alcohol use differ between AI/AN women and NHW women, suggesting the need for tailored interventions. [ABSTRACT FROM AUTHOR]

Hardwick, J. (2021). Emerging voices: Reading Canadian youth online, ProQuest Information & Learning. **82**.

'Emerging Voices: Reading Canadian Youth Online' examines digital youth-generated cultural content, including text, intertext, visual art, photography and tweets. I argue that youth are not simply passive recipients of culture; they are cultural producers who have recently gained access to new audiences through the use of digital technology. This dissertation examines three communities of content producers: young Indigenous writers mobilizing traditional knowledges to address contemporary issues like residential school legacies, racism, and substance abuse; street-entrenched youth from the Downtown Eastside of Vancouver, BC creating multimedia content that disrupts the silence and stigma surrounding youth homelessness; and young feminists utilizing performative autobiography and self-portraiture to render the impacts of gender-based violence visible as part of the #YesAllWomen and #AmINext? Twitter movements. My analysis reveals that youth knowledges are highly generative and that the form of youth cultural production often reflects its content; just as youth knowledges are determined by intersecting identities and experiences, youth cultural content is created through intersecting media and modes of expression. Ultimately, my dissertation advocates for a model of cultural criticism that recognizes young people as knowledge producers, engages ethically and closely with their creative interventions, and attunes itself to the contexts and technologies that are shaping their work. (PsycInfo Database Record (c) 2021 APA, all rights reserved)

Fraser, B., et al. (2021). "Service usage of a cohort of formerly homeless women in Aotearoa New Zealand." SSM - population health **15**: 100842.

Purpose: The aim of this paper is to explore government service usage across the domains of health, justice, and social development and tax for a cohort of formerly homeless people in Aotearoa New Zealand, focusing specifically on the experiences of women. The Integrated Data Infrastructure is used, which links our de-identified cohort data with administrative data from various Aotearoa New Zealand Government departments.; Results: Of the cohort of 390, the majority (53.8%) were women. These women were more likely to be younger (57.1% were aged 25-44), indigenous Māori (78.6%), and have children (81.4%). These women had lower incomes, and higher rates of welfare benefit receipt, when compared to men in the cohort and a control group of women from the wider population.; Conclusions: The cohort were primarily female, younger, Māori, and parents. They earned much less than their non-homeless counterparts, and relied heavily on government support. The neoliberalisation of the welfare state, high rates of women's poverty, and the gendered nature of parenthood means that women's homelessness is distinct from men's homelessness. (© 2021 The Authors.)

Firestone, M., et al. (2021). "Findings From a Process Evaluation of an Indigenous Holistic Housing Support and Mental Health Case Management Program in Downtown Toronto." International Journal of Indigenous Health **16**(2): 139-150.

While urban Indigenous populations in Canada are increasing and represent many diverse and culturally vibrant communities, disparities between Indigenous and non-Indigenous people's experiences of the social determinants of health are significant. The Mino Kaanjigoowin (MK) program at Na-Me-Res (Native Men's Residence) in Toronto, Ontario, Canada, supports Indigenous men who are experiencing homelessness or are precariously housed and who have complex health and social needs. Using a community-partnered approach that aligns with wise practices for conducting Indigenous health research, a mixed-methods process evaluation of the MK program was conducted in 2017-2018 by the Well Living House in partnership with Na-Me-Res. Thematic analysis of qualitative data gathered through two focus groups with community members who access the MK program (n = 9) and key informant interviews with staff (n = 11) was carried out using a decolonizing lens. Results indicate that the MK program provides a unique healing model that is grounded in trust, honour, and respect. Strengths of the program include a harm reduction framework, meeting basic needs, and person-centred care. The program could be enhanced through increased human resource capacity and improved infrastructure, including a separate space for MK staff and activities. The evaluation findings demonstrate how the MK program provides specialized and culturally safe services as a bestpractice model to meet the complex health and social needs of urban Indigenous people. [ABSTRACT FROM AUTHOR]

Doucet, M. M. (2021). Relationships matter: Examining the pathways to long-term supportive relationships for youth 'aging out' of care, ProQuest Information & Learning. **82**.

Background and purpose: In Canada, youth in government care who have not found a permanent placement are expected to transition to adulthood quite rapidly at the age of 18 or 19. This contrasts with the experience of their peers, who tend to stay at home up until age 29 and remain interdependent on their support networks throughout their adult lives. Due to the cut-off of services, youth exiting care tend to have limited support networks, and most of their connections are formal and short-term. These policies and practices hinder the ability of youth exiting care to build social and human capital to support them during transition to adulthood, despite research indicating that supportive long-term relationships can act as a bridge and buffer during this transition. Research also illustrates that the status quo is not working: most young people are at high risk of experiencing difficulties after 'aging out' such as homelessness, under-education, unemployment or underemployment, economic hardships, mental health issues, PTSD, substance abuse and early pregnancy or parenthood. There is a lack of understanding on the perspectives of youth who have 'aged out' of care on long-term supportive relationships during the transition to adulthood, in addition to how to establish and maintain those relationships. Methods: This collaborative Participatory Action Research (PAR) photovoice project focused on elevating the voices of eight former youth in care between the ages of 19 and 29 in Vancouver, British Columbia. The research aimed to take a closer look, through the power of images and accompanying captions, at the relationships that matter to youth from care, and how those relationships can be developed and nurtured over time. Photography training and facilitated weekly group discussions were held over the course of 12 weeks. Thematic analysis of the photographs was conducted as a group during the last 3 weeks of the project, and the lead researcher executed additional analysis following the data collection phase. The participants' photographs and accompanying captions were also showcased at a collaborative photo exhibit event open to the community at the end of the data collection phase in December 2017. Findings: Forty-one key sub-themes emerged from the photographs captured and selected by the youth co-researchers as part of the photo contextualization and analysis process. These sub-themes are divided across three thematic categories: (1) relationships that matter to youth exiting care; (2) barriers to establishing long-term supportive relationships; (3) strengthening factors in establishing long-term supportive relationships. In addition, 34 concrete recommendations for change to child welfare policy and practice were developed by the youth co-researchers, identified across 12 overarching themes. Key findings showcase the need for broadening the definition of family relationships to include parent-like mentors and animal companions. Connections to spirituality, culture and the land were also identified as important, especially for racialized and Indigenous youth. Most expressed a need for preserving and maintaining sibling relationships while in care, as siblings often get separated and the relationship becomes damaged over time. A lack of trauma-informed practices was identified as a main barrier in establishing supportive long-term relationships with caregivers and front line workers.A focus on these relationship related themes was found to be lacking for the youth co-researchers during their time in care.Conclusion and Implications: Findings highlight the importance of including the relationships that matter to youth in care within child welfare decision-making and planning processes, and a need for systemic investment in long-term nurturing of those relationships. (PsycInfo Database Record (c) 2021 APA, all rights reserved)

Cunningham, J. and C. Desbiens (2021). "Journeying as an everyday act of resurgence: Anishnabe women’s stories of living and transcending gendered and racialized violence." Gender, Place & Culture: A Journal of Feminist Geography: 1-29.

This article contextualizes and discusses the life stories shared by four Anishnabe women during a research project centered on Indigenous women’s perspectives on homelessness in the province of Québec, Canada. We start by describing how the territory in which these women have lived for most of their lives has enabled the normalization of gendered and racialized violence. Building upon interpretative phenomenological analysis and the theoretical work of prominent Indigenous scholars, the women’s stories are then presented and revisited through the concept of ‘journeying’ as an everyday act of resurgence. In this we pay particular attention to the teachings rooted in Indigenous knowledge about healing and well-being and the perspectives shared by the women as to why these teachings appeared relevant and helpful to them. In conclusion, we argue that connecting the dots between context, stories, Indigenous concepts and teachings is quite fruitful to shift the understanding and conversation about the roots of Indigenous homelessness and, more importantly, the resources allocated to support Indigenous women out of it. [ABSTRACT FROM AUTHOR]

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Carnemolla, P. and V. Skinner (2021). "Outcomes Associated with Providing Secure, Stable, and Permanent Housing for People Who Have Been Homeless: An International Scoping Review." Journal of Planning Literature **36**(4): 508-525.

As governments and service agencies across the world grapple with chronic rates of homelessness and housing instability, there is a growing need to understand the value that providing secure, stable housing brings to the lives of people who are homeless and the broader community. The complex nature of homelessness is revealed across a variety of academic fields including planning, pharmacology, urban affairs, housing policy, nutrition, psychiatry, sociology, public health, urban health, and criminology. We undertook a scoping review according to PRISMA-P (Preferred Reporting Items for Systematic Review and Meta-analysis) that mapped the breadth and scale of the evidence-base and identified themes and gaps. We identified 476 reports and after excluding duplicates and ones that did not relate to our criteria, were left with 100 studies from eight countries. Each of them identified benefits and/or changes that occurred when people experiencing homelessness or housing insecurity transitioned into a secure, stable home. Outcomes measured were distributed across a range of domains including physical and mental health, well-being, mortality rates, criminal justice interaction, service use, and cost-effectiveness. Findings varied by degree but overwhelmingly found improvements in all domains once people were permanently housed. Housing provided a foundation for people to envisage a better life and make plans for the future. As one woman who had fled a violent home was quoted as saying: "housing made everything else possible." The research identified savings for taxpayers and the wider community once people left homelessness for the stability of a permanent home, even after factoring in the cost of housing and rental help. We found numerous gaps. For example, there was a prevalence of studies that focused on those who are visibly homeless, in particular chronically homeless men with mental illness and/or substance use issues. Much less research looked at women whose patterns of homelessness are more varied and even less at homelessness involving children and families. Women who had left domestic and family violence were investigated in a very small number of studies and sample sizes were small. Few reports undertook the complex task of quantifying and comparing cost savings. Other notable gaps were older women, older people more generally, refugees, recent migrants, veterans, Indigenous people and those with a disability. [ABSTRACT FROM AUTHOR]

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Asabor, E. N. and S. H. Vermund (2021). "Confronting Structural Racism in the Prevention and Control of Tuberculosis in the United States." Clinical infectious diseases : an official publication of the Infectious Diseases Society of America **73**(9): e3531-e3535.

Tuberculosis incidence in the United States is declining, yet projections indicate that we will not eliminate tuberculosis in the 21st century. Incidence rates in regions serving the rural and urban poor, including recent immigrants, are well above the national average. People experiencing incarceration and homelessness represent additional key populations. Better engagement of marginalized populations will not succeed without first addressing the structural racism that fuels continued transmission. Examples include:(1)systematic underfunding of contact tracing in health departments serving regions where Black, Indigenous, and People of Color (BIPOC) live;(2) poor access to affordable care in state governments that refuse to expand insurance coverage to low-income workers through the Affordable Care Act;(3) disproportionate incarceration of BIPOC into crowded prisons with low tuberculosis screening rates; and(4) fear-mongering among immigrants that discourages them from accessing preventive health services. To eliminate tuberculosis, we must first eliminate racist policies that limit essential health services in vulnerable communities. (© The Author(s) 2020. Published by Oxford University Press for the Infectious Diseases Society of America. All rights reserved. For permissions, e-mail: journals.permissions@oup.com.)

Ansloos, J. P., et al. (2021). "Preventing indigenous youth homelessness in canada: A qualitative study on structural challenges and upstream prevention in education." Journal of Community Psychology.

Drawing on a partnership with a group of Indigenous youth experiencing homelessness in Vancouver, Canada, this study identifies four structural challenges that have impacted them and four actionable upstream strategies to further prevent youth housing precarity. As a secondary analysis of a community‐engaged study with youth experiencing homelessness, we conducted a thematic analysis with qualitative data, which included qualitative interviews with five young people and researcher observations. The results reflect the racial, colonial, and economic concerns that impact Indigenous youth experiencing homelessness. The four actionable upstream solutions highlight human rights‐based approaches to homelessness, ranging from advancing and strengthening public services, transitional justice processes, and cultural and socioeconomic safety. This study provides strategies to promote Indigenous youth wellbeing and decrease risk of housing precarity, while centering and drawing from youth knowledge production. Strengths and limitations of the study are also discussed. (PsycInfo Database Record (c) 2021 APA, all rights reserved)

Addorisio, S., et al. (2021). "Unmet service needs and barriers to care of individuals experiencing absolute homelessness in edmonton, canada: A cross-sectional survey." Social Psychiatry and Psychiatric Epidemiology: The International Journal for Research in Social and Genetic Epidemiology and Mental Health Services.

PurposeIndividuals experiencing absolute homelessness have complex needs but limited access to services, contributing to high rates of morbidity and mortality. The aim of this article is to describe the perceived unmet service needs of individuals experiencing absolute homelessness, identify their barriers to care, and examine factors associated with specific unmet service needs.MethodsUsing a cross-sectional survey, 150 individuals experiencing absolute homelessness were recruited from Edmonton’s inner city and adjoining areas. The majority of participants were male (71.3%) and self-identified as Indigenous (74.0%). An adapted version of the Perceived Need for Care Questionnaire was used to measure past-year unmet needs for 4 types of services: hospital care, counselling, skills training, and harm reduction. Descriptive statistics and bivariate analyses were used; odds ratio and confidence intervals were calculated for statistically significant outcomes.ResultsOverall, 89.3% of participants perceived a need for care for one or more general health and social services during the past year regarding their substance use and/or mental health problems; participants reported the highest levels of unmet need for counselling (42.9%) and skills training (39.2%). Though 73.3% of participants reported receiving any service, only 8.0% of participants reported having their perceived needs fully met.ConclusionIn this study, individuals reported a high percentage of unmet needs. By interacting and engaging with these hard-to-reach individuals, healthcare systems will be more equipped to service them and address their barriers to care. Better patient-centred care, housing and supports for this neglected and underserved population is needed. (PsycInfo Database Record (c) 2021 APA, all rights reserved)

Walters, A. S. (2020). "COVID‐19 and racism: A mental health crisis." Brown University Child & Adolescent Behavior Letter **36**(12): 8-8.

As the COVID‐19 pandemic drags on, we are beginning to see the mental health effects we have feared from the beginning of sheltering in place in March. In adults, recent estimates suggest that adverse mental health conditions in adults are elevated, with 31% of adults surveyed endorsing anxiety and depression, 26% with trauma‐/stressor‐related concerns, 13% acknowledging increased or started substance use, and 11% who considered suicide (Czeisler et al., 2020). At the same time, we also continue to learn of associated health inequities that impact families; some have described COVID‐19 as a "racialized disease." I recently attended a webinar (Powell et al., 2020) moderated by Wizdom Powell from the UConn Health Disparities Institute that highlighted racially based health disparities brought to light during the COVID‐19 pandemic. BIPOC (Black, Indigenous, and people of color) have been disproportionally impacted by COVID‐19; with higher rates of death (2.3 times as many dying as whites), higher rates of job loss, higher numbers of essential workers and thus elevated risk, greater likelihood of living in viral "hotspots," greater likelihood of living in crowded conditions due to cultural or socioeconomic factors, and greater risk of eviction or homelessness due to job loss (Powell, Cooper, Hollister et al, 2020). [ABSTRACT FROM AUTHOR]

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Shoemaker, E. S., et al. (2020). "Establishing need and population priorities to improve the health of homeless and vulnerably housed women, youth, and men: A Delphi consensus study." PLoS ONE **15**(4).

Background: Homelessness is one of the most disabling and precarious living conditions. The objective of this Delphi consensus study was to identify priority needs and at-risk population subgroups among homeless and vulnerably housed people to guide the development of a more responsive and person-centred clinical practice guideline. Methods: We used a literature review and expert working group to produce an initial list of needs and at-risk subgroups of homeless and vulnerably housed populations. We then followed a modified Delphi consensus method, asking expert health professionals, using electronic surveys, and persons with lived experience of homelessness, using oral surveys, to prioritize needs and at-risk sub-populations across Canada. Criteria for ranking included potential for impact, extent of inequities and burden of illness. We set ratings of >60% to determine consensus over three rounds of surveys. Findings Eighty four health professionals and 76 persons with lived experience of homelessness participated from across Canada, achieving an overall 73% response rate. The participants identified priority needs including mental health and addiction care, facilitating access to permanent housing, facilitating access to income support and case management/care coordination. Participants also ranked specific homeless sub-populations in need of additional research including: Indigenous Peoples (First Nations, Métis, and Inuit); youth, women and families; people with acquired brain injury, intellectual or physical disabilities; and refugees and other migrants. Interpretation: The inclusion of the perspectives of both expert health professionals and people with lived experience of homelessness provided validity in identifying real-world needs to guide systematic reviews in four key areas according to priority needs, as well as launch a number of working groups to explore how to adapt interventions for specific at-risk populations, to create evidence-based guidelines. (PsycInfo Database Record (c) 2021 APA, all rights reserved)

Schiff, R., et al. (2020). "COVID-19 and pandemic planning in the context of rural and remote homelessness." Canadian journal of public health = Revue canadienne de sante publique **111**(6): 967-970.

Addressing the vulnerability and unique needs of homeless populations during pandemics has been a major component of the Canadian federal response to the COVID-19 crisis. Rural and remote communities, however, have received little to no funding to aid in their care of homeless people during the pandemic. Similarly, there has been little to no research on rural communities' pandemic preparedness in the context of homelessness. There are large numbers of homeless individuals in rural and remote Canada, including Indigenous peoples who are over-represented in homeless populations. Rural communities, including rural and remote Indigenous communities, are often isolated and more limited than urban areas in their capacity to respond to pandemics. They are particularly vulnerable due to fewer healthcare and social service resources-the lack of which has been particularly evident during the COVID-19 pandemic. In this commentary, we suggest that policy-makers need to take seriously the situation of rural homelessness in Canada, its implications for individual and community health, and consequences in the context of pandemics. Policy- and decision-makers can address these concerns through increased homelessness funding and support for rural and remote communities, policy change to recognize the unique challenges associated with rural pandemic planning and homelessness, and more research that can be translated into policy, programs, and supports for rural homelessness and pandemic planning response.

Nathan, S., et al. (2020). "Koori voices: self-harm, suicide attempts, arrests and substance use among Aboriginal and Torres Strait Islander adolescents following residential treatment." Health & Justice **8**(1): 4.

Background: Complex interacting social, economic and historical factors influence the availability and uptake of alcohol and drugs, including among Indigenous communities. Self-harm and suicide as well as homelessness and incarceration, can both precede and result from drug and alcohol use. Rates of self-harm, suicide and incarceration among Aboriginal and Torres Strait Islander people in Australia are among the highest in the world and drug and alcohol treatment programs need to address these underlying complexities. This study examines whether an 'holistic' residential drug and alcohol treatment program for adolescents, with over 30% of clients identifying as Aboriginal and Torres Strait Islander, can improve outcomes post-discharge, including reducing self-harm, suicide attempts, arrests and alcohol and drug use. The program addresses substance use, mental health, employment, accommodation, social/community and family life. Program admission and 3 months' post-discharge data from 2007 to 2016 were analysed.; Results: From 2007 to 2016, 619 Aboriginal and Torres Strait Islander young people were admitted to the program; 247 stayed in the program for 30 days or more; 89 were successfully followed up three months post-discharge to determine whether there was a significant improvement from baseline using the McNemar's Test and the Wilcoxon Signed Ranks Test. On admission, 18 people (20%) of the study population reported attempting suicide in the last 3 months and 23 people (30%) reported self-harm. Most had been engaged in the criminal justice system, with 67 people (75%) having been to court and 62 people (70%) arrested one or more times in the past 3 months, with 35 people (41%) in unstable housing, reporting having lived in three or more places in the previous 6 months. At 3 months post-treatment, all (n = 18) who reported suicide attempts in the 3 months prior to admission reported no attempts in the prior 3 months at follow-up. There was also a significant reduction in self-harm with 23 young people out of the 27 who reported self-harm at baseline not reporting self-harm at follow up (85%) and in the proportion of adolescents who reported using cannabis, amphetamines and alcohol, as well as a reduction in the proportion who reported being arrested.; Conclusions: The findings provide support for an 'holistic' residential treatment program as an approach to improve health and related outcomes for Aboriginal and Torres Strait Islander young people. In addition to a focus on multiple aspects of a young person's life in treatment, culturally relevant modes of treatment and support should be a future focus to further strengthen programs when Aboriginal and Torres Strait Islander young people are over-represented in the client group.

Mannan, H. (2020). "Gains in life expectancy in the Australian population due to reductions in smoking: comparisons between interventions targeting the population versus interventions in a specific high risk group." BMC Public Health **20**(1): 1478.

Background: Four decades of population-based tobacco control strategies have contributed to substantial reduction in smoking prevalence in Australia. However, smoking prevalence is still double in socially disadvantaged groups compared to those that are not. But not all tobacco control strategies successfully used in the general population is effective in specific high-risk population groups. Hence, an effective way to reduce smoking in high risk population groups may include targeting them specifically to identify and support smokers to quit. In this backdrop, we examined whether tobacco control interventions at the population-level are more effective in increasing life expectancy among Australians compared to interventions targeting a high risk group or a combination of the two when smoking prevalence is reduced to 10 and 0% respectively.; Methods: Using the risk percentiles approach, analyses were performed separately for men and women using data from various sources such as the 2014-15 National Health Survey linked to death registry, simulated data for high risk groups, and the Australian population and deaths data from the census. Indigenous status was simulated by preferentially assigning those who are indigenous to lower SES quintiles. The age-sex distribution of mental disorder status was simulated using its distribution from 2016 National Drug Strategy Household Survey with 25.9% of mentally ill being assigned to current smoking category and the rest to non-smoking category. The age-sex distribution of prisoners was simulated based on 2014 ABS Prisoners Australia survey with 74% of prisoners being assigned to current smoker category and the rest to non-smoker category. Homelessness status was simulated according to age, sex and indigenous status for 2011 census with all homeless being allocated to the lowest SES category. The age-sex distribution of total cholesterol level was simulated based on 2011-13 Australian Health Survey.; Results: The results showed that the combined approach for reducing smoking is most effective for improving life expectancy of Australians particularly for the socially disadvantaged and mentally ill groups both of which have high fraction of smokers in the population. For those who were mentally ill the gain in ALE due to reduction of smoking to 10% was 0.53 years for males and 0.36 years for females which were around 51 and 42% respectively of the maximal gains in ALE that could be achieved through complete cessation.; Conclusions: Targeting high-risk population groups having substantial fraction of smokers in the population can strongly complement the existing population-based smoking reduction strategies. As population and high risk approaches are both important, the national prevention policies should make judicious use of both to maximize health gain.

Koch, J., et al. (2020). "Structural inequality, homelessness, and moral worth: Salvaging the self through sport?" Journal of Contemporary Ethnography **49**(6): 806-831.

This urban ethnography explores how a group of men experiencing homelessness collectively produced an economy of moral worth and socially beneficial labor within and through a weekly sport-for-development program in the distinct settler-colonial context of Edmonton, Alberta. For over two decades, weekly floor hockey games have been organized by local health workers as part of a broader sport-based intervention/corrective aimed, in part, at reforming Edmonton’s urban ‘underclass’, one that is decidedly Indigenous. Drawing upon three-years of ethnographic field notes and interviews with ten men aged 25–42 years, our analysis revealed how these weekly sporting interludes served as convivial, safe, and consistent events that nurtured the development of long-term meaningful relationships with other participants and social workers, as well as a genuine sense of community. The weekly floor hockey matches were, thus, powerful sites in the broader struggle for what David Snow and Leon Anderson (1993) have called 'salvaging the self' for men who embodied a repertoire of trauma and who are regularly positioned as morally devalued subjects who lacked personal responsibility and self-governance. (PsycInfo Database Record (c) 2021 APA, all rights reserved)

Kissoon, P. (2020). "No Home in a Homeland: Indigenous Peoples and Homelessness in the Canadian North." Canadian Geographer **64**(1): e3-e4.

Julia Christensen has produced a book that adds value to any housing scholar's bookshelf or any subject-area bibliography on homelessness. The book is important for housing scholars and social and cultural geographers because it unsettles the concept of homelessness and exposes it as a foreign construction uncomfortably imposed on Indigenous people. The reader is taken on a journey through the relations of dispossession by the settler colonial project, and the doubling effects of Indigenous people living without homes. [Extracted from the article]

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Johnson-Jennings, M., et al. (2020). "Ode'imin Giizis: Proposing and Piloting Gardening as an Indigenous Childhood Health Intervention." Journal of health care for the poor and underserved **31**(2): 871-888.

The Research for Indigenous Community Health Center and the American Indian Housing Organization sought to reduce obesity among Indigenous children and families in a Northern Midwestern urban community who are at risk for homelessness by piloting a gardening health intervention. This community-based participatory research, mixedmethods study examined the feasibility of gardening as an obesity intervention among a school-aged Indigenous population at risk for homelessness through using focus groups, key informant interviews, and valid health measures. The program was found highly feasible and fulfilled a critical need among Indigenous youth and their families, who reportedly suffered from food insecurity and access. This intervention increased healthy food awareness and perceptions, cultural resources, and ancestral food knowledge skills through activities, mentorship, and multigenerational engagement. This study augments the literature on the feasibility of using tribal ecological knowledge and the environment in designing culturally appropriate health interventions.

Jayasinghe, M., et al. (2020). "Are effects of violence on life satisfaction gendered? A case study of indigenous australians." Journal of Happiness Studies: An Interdisciplinary Forum on Subjective Well-Being.

AbstractViolence related Australian statistics reveal a higher prevalence of violence among indigenous Australians than non-indigenous Australians. Using the latest National Aboriginal and Torres Strait Islander Social Survey (2014/2015) available from the Australian Bureau of Statistics, this study investigates the socio-economic and demographic factors that influence the likelihood of physical violence among indigenous Australians and the effects of physical violence on life satisfaction, with a special focus on gender differences in such effects. The results indicate that while gender is an important determinant of violence victimisation, homelessness, alcohol and substance consumption, a victim of the stolen generation and remote living increase the likelihood of physical violence victimisation. Our results also reveal that, while physical violence negatively affects the life satisfaction of both women and men, exposure to physical violence reduces the life satisfaction of indigenous women more than indigenous men. (PsycINFO Database Record (c) 2020 APA, all rights reserved)

Flatau, P., et al. (2020). "The drivers of high health and justice costs among a cohort young homeless people in Australia." Housing Studies **35**(4): 648-678.

Our study utilizes Australian survey evidence to estimate the heath and justice costs of a cohort of young homeless people. Health and justice costs for young homeless people are highly skewed with median costs well below mean costs. This is particularly true of justice costs resulting from a relatively high proportion of young homeless people having no interaction with the justice system. Having a diagnosed mental health condition is a primary driver of both health and justice costs. Having been homeless or sleeping rough in the previous year is associated with approximately four times mean health and justice costs compared with not having experienced homelessness. High justice costs are associated not only with having a diagnosed mental health condition homelessness and rough sleeping, but also a high-risk of dependence on one or more drugs or alcohol, identifying as Indigenous and a history of out-of-home care before the age of 18. [ABSTRACT FROM AUTHOR]

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Du Mont, J., et al. (2020). "Applying an Ecological Framework to Factors Associated With Non-Spousal Sexual Assault Among Women in Canada." Journal of interpersonal violence: 886260520945679.

An ecological framework is useful for understanding how individual, relationship, community, and societal level factors can affect women's vulnerability to sexual assault. However, most studies have focused on examining individual and relationship factors only, due to measurement challenges and a lack of data at the societal level. The purpose of this study was to use data from a nationally representative victimization survey to identify salient predictors of sexual assaults not committed by common-law or marital partners among women across all levels of the ecological framework. Out of 16,738 female respondents, 1.9% ( n = 319) experienced one or more incidents of non-spousal sexual assault in the 12 months preceding the survey. Logistic regression modeling indicated that at the individual level, statistically significant factors associated with non-spousal sexual assault included age, Indigenous status, marital status, mental disability, education, main activity, and homelessness or precarious housing. Relationship level predictors of non-spousal sexual assault were a history of child sexual abuse and witnessing violence between parents. Community level predictors were a weak sense of belonging in the local community, low likelihood that neighbors would contact police if they witnessed family violence in the respondents' home, and high likelihood that neighbors would contact police if they witnessed other criminal behavior. Societal level factors were perceptions that local police do a poor job promptly responding to calls, perceptions that local police do a poor job treating people fairly, and having experienced discrimination in the previous 5 years. The results demonstrated that community and societal level factors are critical components of an ecological framework and are important to understanding and addressing the many factors which are independently associated with vulnerability to sexual assault.

Cole, A. B., et al. (2020). "Health Risk Factors in American Indian and Non-Hispanic White Homeless Adults." Am J Health Behav **44**(5): 631-641.

Objectives: American Indians (AIs) are over-represented among homeless populations, but are understudied regarding their unique risk and resilience factors relative to non-Hispanic white (NHW) adults experiencing homelessness. In the current study, we aimed to address this gap. Methods: We recruited participants (108 AIs and 307 NHWs) from 6 homeless serving agencies in Oklahoma City, OK. Participants completed standard assessments of health, health behaviors, including alcohol and drug use, readiness to change endorsed health behaviors (eg, unsafe sex, fruit and vegetable intake, happiness with weight, physical activity), sleep location and quality, personal victimization, and discrimination. Results: Compared to NHWs, AIs endorsed greater alcohol use problems and were more likely to report having been arrested/booked for disorderly conduct or public drunkenness; however, AIs were less likely to report smoking cigarettes and reported greater readiness to change unsafe/unprotected sexual behaviors. Furthermore, compared to NHWs, AIs reported experiencing greater discrimination and were more likely to report sleeping outside or on the streets, versus in shelters; however, AIs reported fewer days of inadequate sleep. Conclusions: Findings suggest AI-specific risk and resilience factors for homelessness. This information can aid in treatment, service, and housing planning for this under-studied group who experiences some of the greatest health disparities.

Caplan, R., et al. (2020). "Indigenous and non-indigenous parents separated from their children and experiencing homelessness and mental illness in Canada." Journal of Community Psychology **48**(8): 2753-2772.

The purpose of this study is to examine the parent-child experiences of Indigenous and non-Indigenous mothers and fathers experiencing homelessness, mental illness, and separation from their children. A qualitative thematic analysis of baseline and 18-month follow-up narrative interviews was used to compare 12 mothers (n = 8 Indigenous and n = 4 nonindigenous) with 24 fathers (n = 13 Indigenous and n = 11 non-Indigenous). First, it was found that children are more central in the lives of mothers than fathers. Second, Indigenous parents' narratives were characterized by interpersonal and systemic violence, racism and trauma, and cultural disconnection, but also more cultural healing resources. Third, an intersectional analysis showed that children were peripheral in the lives of non-Indigenous fathers, and most central to the identities of Indigenous mothers. Gender identity, Indigenous, and intersectional theories are used to interpret the findings. Implications for future theory, research, and culturally relevant intervention are discussed.

Brett, K. and M. Severn (2020). "Bacille Calmette-Guérin Vaccination: A Review of Clinical Effectiveness and Guidelines."

Tuberculosis (TB) is an infectious disease caused by the bacteria Mycobacterium tuberculosis , that is transmitted between humans mainly through the air. 1 TB usually affects a person’s lungs (i.e., pulmonary TB) but can also spread to other parts of the body (i.e., extrapulmonary TB). Initial infection with M. tuberculosis results in a period of latency in the majority (i.e., around 95%) of people, known as latent TB infection. 2 People with latent TB do not have any symptoms, and cannot spread the TB infection to others, however, they can develop active TB disease. 1,3 Active TB disease occurs when the TB bacteria overwhelm the immune system and begin to multiply, resulting in TB disease, 3 which can occur soon after infection (in approximately 5% of cases) or it can develop long after infection, following a weakening of the immune system. 1,3 Symptoms of active TB disease include a bad cough, chest pain, fever, and weight loss. 4 People with active TB disease can spread the TB bacteria to others. 3 TB is common in low and middle income countries, however, there are still cases of TB reported in high income countries. 5 Canada has one of the lowest rates of active TB in the world, 6 but new TB cases are still reported in Canada. Canada has had similar annual rates of active TB since the 1980s, and in 2017 the annual rate of active TB in Canada was 4.9 per 100,000 population. 6 Of the 1,796 cases of active TB reported in Canada in 2017, 72% of cases occurred in foreign-born individuals, and 17% of cases occurred in Indigenous peoples born in Canada. 6 These groups with high incidences of TB within an otherwise low TB burden country represent an opportunity for targeted approaches for preventing TB. The Bacillus Calmette-Guérin (BCG) vaccine, is the only vaccine against TB in general use, and it is one of the most widely administered vaccines. 7 Nevertheless, there are still some questions with regards to the effectiveness of the BCG vaccine, particularly, the duration of the effect, and the ability to protect against pulmonary TB in adults. 8 A global registry updated in 2017 indicates that numerous countries still have a universal BCG vaccine strategy (e.g., most of the countries within South America, Africa, and Asia). 9 In Canada, the universal BCG vaccination policy was discontinued in the 1960s and 1970s, with the exception of specific high-risk groups (i.e., selective vaccination). 9 The selective vaccination groups for the BCG vaccine in Canada currently include infants residing in Indigenous communities or other areas with a high annual risk of TB infection (i.e., greater than 0.1% risk); and those working in areas with higher risk of exposure to TB (e.g., health care workers, prison workers, those working with people experiencing homelessness. 9,10 Other countries that have a selective BCG vaccination strategy include the United States, Australia, Spain, and France. In Greenland, the universal BCG vaccine policy was discontinued in 1990 and reintroduced in 1996. 9 Selective BCG vaccination in high-risk groups in otherwise low TB burden countries may pose challenges such as incomplete coverage of at-risk individuals due to difficulties identifying or reaching these communities. 11 The purpose of this report is to review and critically appraise the evidence pertaining to the effectiveness of the BCG vaccine in populations at risk of exposure to TB, including evidence from high and low TB burden countries. Additionally, evidence-based guidelines with recommendations regarding the use of the BCG vaccine will be reviewed. This information may be used to inform decision making relating to health policy on the use of the BCG vaccine. This report is a component of a larger CADTH Condition Level Review on TB. A condition level review is an assessment that incorporates all aspects of a condition, from prevention, detection, treatment, and management. For more information on CADTH’s Condition Level Review of TB, please visit the project page (https://www.cadth.ca/tuberculosis). (Copyright © 2020 Canadian Agenc for Drugs and Technologies in Health.)

Ansloos, J. P. and A. C. Wager (2020). "Surviving in the cracks: a qualitative study with indigenous youth on homelessness and applied community theatre." International Journal of Qualitative Studies in Education (QSE) **33**(1): 50-65.

Indigenous youth are disproportionately impacted by homelessness in Canada. Little is known about Indigenous youths' lived experiences of homelessness and the dominant methodological orientation in related research uses quantitative research methods. There have been calls for increased engagement in qualitative and arts-based research methods. In this article, we answer this call through exploration of two key issues at the intersection of Indigenous youth, homelessness and arts-based research: (1) theory and (2) method. Using thematic analysis of interviews conducted with youth in an applied community theatre project, this study identifies seven conceptual themes related to youth experiences with homelessness, and nine methodological themes related to decolonizing arts-based research. We explore the entangled relationship of applied community theatre and decolonizing methodologies with youth, considering what is contentious, multifaceted and complex about this relationship. [ABSTRACT FROM AUTHOR]

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Alberton, A. M., et al. (2020). "Homelessness among indigenous peoples in Canada: The impacts of child welfare involvement and educational achievement." Children and Youth Services Review **111**.

Existing evidence suggests that child welfare involvement has a deleterious impact on Indigenous peoples in Canada in terms of increasing their risk of becoming a visible or hidden homeless individual. Visible homelessness is generally understood as those individuals found sleeping in parks, cars, shelters, or on the streets and other locales such as in abandoned buildings or under bridges. Whereas the hidden homeless are those who find interim accommodations with friends, family members, and acquaintances. Although in saying this, many of the visible homelessness scenarios can also be considered hidden. Regardless, all situations of homelessness reflect uncertainty, lack of safety, and an increased vulnerability to abuse and exploitation. The pathways to homelessness are rooted in structural deficits in the society, which are multiplicative and intersectional in nature. They include housing affordability, oppression, conditions of physical and mental well-being, employment and employability, as well as family support and community connection. On the other hand, the greater the educational achievement experienced by Indigenous peoples the less the risk of being subjected to homelessness. The premise of this paper is that Indigenous peoples are multiplicatively oppressed and that these intersecting sites of oppression increase the risk of Indigenous peoples in Canada becoming homelessness. Hypotheses were tested using the 2014 panel of Canada’s General Social Survey, including 1081 Indigenous peoples and 23,052 non-Indigenous white participants. Indigenous identity, involvement in the child welfare system, and level of educational achievement were all significantly associated with experiences of hidden and visible homelessness, p < .001. As hypothesized, the odds associated with being involved in the child welfare system (odds ratio [OR] = 4.15) were stronger than that associated with identifying as Indigenous (OR = 1.47). As predicted, achieving a university education served as a protection against becoming homelessness (OR = 0.27). The hypothesized relationship between ethnicity and child welfare system involvement interaction was not observed. However, Indigenous participants (7.1%) were nearly four times as likely to have been involved with the child welfare system than were non-Indigenous white people (1.9%). Thus, at the population level, Indigenous peoples are at far greater risk of having been involved in the child welfare system, and consequently experiencing homelessness than non-Indigenous peoples. Of note, the hypothesized ethnicity by educational attainment interaction was observed. Among white people in Canada, a university education likely prevents most (83%) of visible homelessness otherwise experienced by those who did not complete high school (OR = 0.17) and prevents a significant amount (18%) of hidden homelessness. Startlingly, no such prevention was associated with completion of university among Indigenous peoples in Canada. Implications and future research needs are discussed. (PsycInfo Database Record (c) 2021 APA, all rights reserved)

Zabelina, V. (2019). "Cultural identity in Siberia and in analytical practice." The Journal of Analytical Psychology **64**(4): 548-564.

This paper discusses the main features of Siberian identity formed throughout the historical development of Siberia under the influence of social, economic, geographical, climatic, and other factors. Siberian cultural identity is closely connected with the mythology and ancient religion of the indigenous peoples of Siberia—shamanism, whose rituals, images, symbols, and motifs are often manifested in the clients’ dreams. Following an in‐depth study of Siberian history and culture, I formulate a complex of homelessness rooted in a deep collective trauma that left its imprint on people’s psyche. Three clinical cases presented in the paper reveal a deep relationship between cultural complexes and collective traumas on the one hand, and individual complexes and traumas, on the other. My psychotherapeutic practice shows that a client’s awareness of their history and culture brings them closer to the meaning and source of their suffering, which, in turn, helps them find their own way of individuation, rather than relive the transgenerational trauma of their ancestors. (PsycInfo Database Record (c) 2020 APA, all rights reserved)

Wrighting, Q., et al. (2019). "Characterizing Discrimination Experiences by Race among Homeless Adults." Am J Health Behav **43**(3): 531-542.

Objectives: Among domiciled samples, racial discrimination is a known stressor linked with poorer quality of life. However, homeless adults may be particularly vulnerable to discrimination due to multiple factors beyond race. In this study, we characterized perceived discrimination and its reported impact on quality of life in a sample of adults who were homeless. Methods: Homeless adults recruited from Oklahoma City self-reported their socio-demographics, past discrimination experiences, and their impact on quality of life via the MacArthur Major Experiences of Discrimination Questionnaire. Descriptive statistics and frequencies were used to characterize perceived discrimination experiences and impact. Racial differences were examined using ANO- VAs/Kruskal-Wallis tests and chi-square tests. Results: Discrimination experiences attributed to homelessness were common and consistent between the races. Black adults perceived significantly more lifetime discrimination experiences than white adults, and attributed the majority to race. Relative to Whites and American Indians, black adults were more likely to endorse links between discrimination and having a harder life. Conclusions: Results suggest that black homeless adults may represent the most vulnerable racial subgroup for hardships in life as a conse- quence of perceived discrimination among homeless adults.

Watt, T. and S. Kim (2019). "Race/ethnicity and foster youth outcomes: An examination of disproportionality using the national youth in transition database." Children and Youth Services Review **102**: 251-258.

Children of color are over-represented in the child welfare system. Research suggests that disproportionality is predominately attributable to the resource poor environments in which these children are raised. However, it is important to understand whether the child welfare system is able to diminish these societal level inequities, and consequently disproportionality, by reducing racial/ethnic disparities in outcomes of youth exiting state care. Encouragingly, research in this area has found few racial/ethnic differences in the outcomes of former foster youth. However, these studies are regional and have not investigated outcomes for a broad array of racial/ethnic groups. To fill this gap, the present study uses the National Youth in Transition Database (NYTD) to examine educational attainment, employment, homelessness, and incarceration for white, African-American, Hispanic, and American Indian/Alaska Native emancipated youth. Results reveal that African-American youth are less likely to be employed and more likely to report incarceration than white youth. However, African-American youth were 36% more likely to enroll in higher education than white youth and there were no significant differences in outcomes between white and Hispanic youth. However, AI/AN youth exhibited no advantages and significant disadvantages relative to youth from other racial/ethnic groups. Results suggest that child welfare services and state supports for youth exiting care can contribute to improved outcomes and racial/ethnic parity. However, additional effort is needed to reduce poor outcomes, particularly for American Indian/Alaska Native youth. (PsycInfo Database Record (c) 2020 APA, all rights reserved)

Victor, J., et al. (2019). "I'taamohkanoohsin (everyone comes together): (re)connecting Indigenous people experiencing homelessness and addiction to their Blackfoot ways of knowing." International Journal of Indigenous Health **14**(1): 42-59.

Addiction and homelessness are closely related outcomes for many Indigenous Canadians who live with extensive intergenerational trauma caused by residential school and the 60s Scoop. In recent years, the rise of opioid addiction along with related overdoses and mortalities in many parts of Canada has led to what is being called an opioid crisis. (Re)connection to Indigenous ways of knowing and practices are frequently seen as a path to healing; therefore, an innovative grassroots program was developed recently in a southern Alberta city to address addictions and homelessness within a largely Blackfoot population. The program increased access to traditional cultural resources and activities in a visible, downtown location to a population who are among the most marginalized in society. A Two-Eyed Seeing framework was used perform a program evaluation and analyze participant and key informant interviews. The results indicated that attendance connected people with their spirits, inspiring strength and hope for the future, and ameliorated spiritual homelessness. The program formed a safe space where relationships were strengthened, people felt respected, and meaningful activity away from substances was available.

Shaikh, A. and H. Rawal (2019). "Interconnections among homelessness, family separation, and mental health: Implications for multi-sectoral social services." Journal of Social Service Research **45**(4): 543-557.

This qualitative study explored the interconnections among the phenomena of homelessness, family separation, and mental health and substance abuse issues within the social services, geographic, and infrastructure context of northern Ontario. In-depth semi-structured interviews were conducted with thirteen participants. Findings revealed the effects of colonization in the form of poor and overcrowded housing conditions in the northern First Nations, difficulties in obtaining affordable and suitable housing in northern towns and cities, reliance on the scarce social services for survival, and valiant attempts to cope with the cold climate of northern Ontario. All participants reported multiple and intergenerational experiences of separation from family due to involvement of child welfare system, placement in residential schools, death of family member(s), flooding, and epidemics. Participants described their lifelong struggles with mental health and substance abuse issues. All three phenomena were tied together in various configurations of causes and consequences. The implications include the need for critical examination of the historical policies and practices, early intervention for mental health and substance abuse issues, greater support for youth transitioning out of care, creation of a continuum of housing options, collaboration across multiple social services sectors, and incorporation of Indigenous worldview and practices in the mainstream services. (PsycInfo Database Record (c) 2021 APA, all rights reserved)

Serrato, J., et al. (2019). "Homeless Indigenous Veterans and the Current Gaps in Knowledge: The State of the Literature." Journal of Military & Veterans' Health **27**(1): 101-111.

Background & purpose: The unique experiences of homelessness for Indigenous Veterans are currently understudied. The purpose of this review was to assess the current literature on homelessness among Indigenous Veterans, to identify the gaps in the existing knowledge base and to provide an insight into future research. Materials & methods: Electronic databases including CINAHL, PsycINFO, ScienceDirect, Scopus, Homeless Hub and the Journal of Military, Veteran and Family Health were searched for relevant research studies. Search terms included 'Aboriginal', 'Indigenous', 'First Nations', 'Native', 'Métis', 'homeless', 'homelessness' and 'Veterans'. References within articles were also searched. To meet inclusion criteria, articles needed to focus specifically on homeless Indigenous Veterans, and be written in English. Results: The initial search resulted in 32 research articles. No previous systematic or literature reviews were identified, making this review the first of its kind. One study from the United States (US) met inclusion criteria. This identified study reported that homeless Indigenous Veterans were more likely to use alcohol and spent a greater number of days intoxicated but were less likely to use drugs and experience psychiatric problems compared to white homeless Veterans. Conclusion: There is currently an inadequate amount of research to draw concrete conclusions, thus further investigation is urgently needed. Only one paper was identified indicating that this is not solely a lack of North American literature, but also a lack of research conducted by the international community. This review encourages greater emphasis on future research for potential policy change and recommends an increase in cultural-specific services. [ABSTRACT FROM AUTHOR]

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Sanchez, D., et al. (2019). "1279. Barriers to Acquiring Pre-Exposure Prophylaxis (PrEP), Risk Factors for HIV and Health Determinants in Adult Transgender Individuals." Open Forum Infectious Diseases **6**: S461-S461.

Background Transgender women face many health disparities including higher rates of acquiring Human Immunodeficiency Virus (HIV). The prevalence of HIV in the transgender population is 14.1% with 31% of this population engaging in sex work. PrEP is an effective method to prevent HIV acquisition. With transgender women among the highest risk in acquiring HIV, this study aimed to describe the transgender population while identifying risk factors for acquiring HIV and barriers transgender females face in acquiring PrEP. Methods An IRB approved, cross-sectional study utilized an electronic questionnaire administered to 54 people at a community resource center who specializes in the care for transgender individuals between January and April 2019. Using a pre-questionnaire survey, participants were eligible for inclusion if they were deemed at high risk for acquiring HIV. A second survey was given to those who were deemed high risk and met the inclusion criteria (≥18 years old). Survey questions inquired about the individuals' high-risk behaviors, social determinants of health and knowledge about PrEP. Descriptive statistics were used for data analysis. Results Of the 54 participants, 51 individuals met inclusion for enrollment. Two of the enrolled people were excluded due to incomplete surveys. Of the 49 individuals who completed the study, 43 of the participants had a gender identity other than their assigned sex. Nearly half of the people in this study were American Indian. Over 60% of the cohort had sex for money or other goods. Depression was reported by 71% of participants while homelessness by 59%. Approximately 69% were aware of PrEP however 70.8% had never taken PrEP. When asked about HIV risk, 41.7% felt that they were not at risk for HIV and chose not to take PrEP. Lack of self-awareness of HIV risk factors was the predominant barrier to PrEP. Conclusion This is, to the best of our knowledge, the first study to describe a significant proportion of transgender individuals of American Indian heritage who are at high-risk for HIV. Participants were aware of PrEP however despite high-risk behaviors they underestimated their risks and few took PrEP. Negative health determinants were reported in the majority of participants. Disclosures All authors: No reported disclosures. [ABSTRACT FROM AUTHOR]

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Pauly, B., et al. (2019). "'There is a place': Impacts of managed alcohol programs for people experiencing severe alcohol dependence and homelessness." Harm Reduction Journal **16**.

Background: The twin problems of severe alcohol dependence and homelessness are associated with precarious living and multiple acute, social and chronic harms. While much attention has been focused on harm reduction services for illicit drug use, there has been less attention to harm reduction for this group. Managed alcohol programs (MAPs) are harm reduction interventions that aim to reduce the harms of severe alcohol use, poverty and homelessness. MAPs typically provide accommodation, health and social supports alongside regularly administered sources of beverage alcohol to stabilize drinking patterns and replace use of non-beverage alcohol (NBA). Methods: We examined impacts of MAPs in reducing harms and risks associated with substance use and homelessness. Using case study methodology, data were collected from five MAPs in five Canadian cities with each program constituting a case. In total, 53 program participants, 4 past participants and 50 program staff were interviewed. We used situational analysis to produce a series of 'messy', 'ordered' and 'social arenas' maps that provide insight into the social worlds of participants and the impact of MAPs. Results: Prior to entering a MAP, participants were often in a revolving world of cycling through multiple arenas (health, justice, housing and shelters) where abstinence from alcohol is often required in order to receive assistance. Residents described living in a street-based survival world characterized by criminalization, unmet health needs, stigma and unsafe spaces for drinking and a world punctuated by multiple losses and disconnections. MAPs disrupt these patterns by providing a harm reduction world in which obtaining accommodation and supports are not contingent on sobriety. MAPs represent a new arena that focuses on reducing harms through provision of safer spaces and supply of alcohol, with opportunities for reconnection with family and friends and for Indigenous participants, Indigenous traditions and cultures. Thus, MAPs are safer spaces but also potentially spaces for healing. Conclusions: In a landscape of limited alcohol harm reduction options, MAPs create a new arena for people experiencing severe alcohol dependence and homelessness. While MAPs reduce precarity for participants, programs themselves remain precarious due to ongoing challenges related to lack of understanding of alcohol harm reduction and insecure program funding. (PsycInfo Database Record (c) 2020 APA, all rights reserved)

Morton, M. H., et al. (2019). "Prevalence and Correlates of Homelessness Among American Indian and Alaska Native Youth." J Prim Prev **40**(6): 643-660.

Youth homelessness is a serious national challenge affecting millions of young people every year. However, due to their relatively small population size, together with limitations related to data and research efforts on homelessness to date, prevalence estimates and evidence of homelessness experiences among American Indian and Alaska Native (AIAN) youth have been scarce. This is particularly the case at the national level. We report findings on the prevalence, characteristics, and correlates of AIAN youth experiencing homelessness that are based on a nationally representative survey on homelessness among adolescents and young adults, age 13 to 25. The overall national survey sample included 25,492 respondents. During a 12-month period, approximately 10.2% of AIAN households with 13-17 year olds reported youth homelessness or runaway experiences that lasted at least one night. For AIAN 18-25 year olds, the 12-month population prevalence of homelessness experiences was 12.2%. AIAN young adults had three times the prevalence rate of homelessness as their White non-Hispanic peers. Furthermore, most AIAN youth experiencing homelessness, like most AIAN people overall, reside in predominantly urban counties. Controlling for other variables, lower educational attainment, and parenting (especially if unmarried) were associated with higher likelihood of homelessness. There is a clear and urgent need for tailored, culturally-responsive homelessness prevention and intervention strategies, along with focused housing and support investments, for AIAN young people and the communities in which they live. The federal government and local jurisdictions need to take policy actions to address high rates of AIAN youth homelessness in urban and suburban communities, in addition to policies centered on AIAN reservations and rural communities.

Martin, R., et al. (2019). ""We Don't Want to Live Like This": The Lived Experience of Dislocation, Poor Health, and Homelessness for Western Australian Aboriginal People." Qualitative Health Research **29**(2): 159-172.

Many policy interventions have attempted to address the entrenched disadvantage of Aboriginal Australians1; however, sustained improvement in social, cultural, physical, and emotional well-being is not evident. This disadvantage is compounded by paternalistic practices which do not promote Aboriginal self-determination or empowerment. This article presents the lived experience and voice of Aboriginal Australians spending time in parks in Perth, Western Australia. A community-based participatory action research approach informed by critical Indigenous methodologies involving collaboration between Aboriginal and non-Aboriginal service providers was used. Participants experienced disconnection from kin and country, serious risk to personal safety, homelessness, and problematic health; all related to, and intersecting with, time spent in the parks. The participants' narratives highlight the enduring impacts of colonization, dispossession, and racism. These lived experiences are situated within contexts of rising moral panic from politicians, residents and mass media, and siloed policy and service delivery responses. [ABSTRACT FROM AUTHOR]

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Maheswaran, A., et al. (2019). "1298. Analysis of Factors Influencing Consent for Opt-out HIV Screening Among High-Risk Groups Vulnerable to HIV in an Urban Emergency Department." Open Forum Infectious Diseases **6**: S468-S468.

Background The University of Illinois Hospital Emergency Department (ED) implemented routine, electronic medical record (EMR)-driven opt-out HIV screening in November 2014. Programmatic data indicated an average consent rate of 79%, similar to other ED HIV screening programs in the country. However, there is limited evidence on the role risk factors play on consent rate. The objective of this study was to explore the relationship between patients' risk factors for HIV and the likelihood of declining screening. Methods The ED screening algorithm has a nontargeted and targeted component qualifying individuals based on age and presence of risk factors, respectively. We retrospectively evaluated risk factors and consent responses of high-risk individuals identified by the targeted component of the EMR algorithm between January 2017 and March 2019. We performed a multivariate logistic regression analysis in R to explore the association between risk factors and the likelihood of declining screening. Results Of 47,197 screening eligible individuals, 27,044 were high-risk among whom 12% never consented. The majority of those who never consented had no history of intravenous (IV) drug use, homelessness, unsafe sexual practices, recent sexually transmitted infection (STI) and did not identify as homosexual, bisexual or transgender. Individuals who identified as homosexual, bisexual, or transgender (OR = 0.53), from high-risk zip code (OR = 0.77), with history of IV drug use (OR = 0.43), and with recent STI (OR = 0.60) were found to be significantly less likely to never consent compared with their counterparts. Also, patients who were male (OR = 1.14), White (OR = 1.38), Asian (OR = 1.57), Native Hawaiian or Pacific Islander, American Indian or Alaska Native (OR = 1.44) were significantly more likely to never consent compared with their counterparts. Conclusion Our results show that patients at high risk for HIV consent at higher rates for HIV screening in an opt-out setting. These findings suggest that while educational efforts on the importance of testing may have been successful in patients at the highest risk, additional efforts are needed to improve awareness among those who may not self-identify or be identified by medical providers as being at risk for HIV and reinforce the importance of universal screening. Disclosures All authors: No reported disclosures. [ABSTRACT FROM AUTHOR]

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Lucas, J. and A. Smith (2019). "WHICH POLICY ISSUES MATTER IN CANADIAN MUNICIPALITIES? A SURVEY OF MUNICIPAL POLITICIANS." School of Public Policy Publications **12**(8): 1-23.

Whether it's a big city or a small town, all Canadian municipalities have core issues that their elected politicians are concerned about. Regardless of size, the daily business of a municipality must be managed and policies determined about such bread-and-butter issues as garbage collection, snow removal, wastewater and sewage, fire protection, economic development and fixing potholes. However, when size increases, so do the layers of issues that engage municipal politicians. This paper examines the results of a cross-Canada survey of more than 1,000 mayors and councillors from communities ranging in population size from 5,000 to more than two million. With an increase in population size, the numbers and complexity of issues creep up as well. Tiny municipalities typically aren't concerned with issues such as immigrant settlement, homelessness and public transit. Those issues are much more pressing for larger municipalities. A focus on some types of issues, such as public transit, grows right alongside population growth. The physical size of large municipalities means they contain a population whose needs are naturally more diverse than they are in smaller cities, towns and villages, thus shifting politicians' concerns to such things as homelessness and climate change. However, issues such as relations with Indigenous people and climate change also tend to hold regional, not just municipal, importance. They may be extremely important to a small municipality because of its geographic location and less important in a larger municipality located elsewhere. For example, municipal politicians in British Columbia reflect regional concerns with their emphasis in the survey on the importance of tackling homelessness, affordable housing, climate change and Indigenous relations. Yet, next door in Alberta, Indigenous relations and climate change ranked in the survey as being of low importance, along with climate change, despite the presence of two cities in the province with populations hovering around the million mark. The number one issue for municipalities regardless of size is economic development, since job creation and attracting investment are key for a healthy municipality regardless of its location or size. And nearly every politician surveyed listed planning, water supply and transportation infrastructure (roads, highways and bridges) as being of deep importance to their communities. Of almost equal importance in the survey were a second slate of issues including emergency planning, parks and recreation, public health, solid waste removal and policing. The results of this survey are intended to lay the groundwork for future researchers who want to focus on specific problems in the area of urban policy-making. Those who want to study the bread-and-butter issues can do so among a wide range and size of municipalities, knowing that these issues are vital to all. Those with an interest in homelessness and immigrant populations can focus on the big cities while being assured they are not missing out on key points among smaller communities. This survey will be highly beneficial for researchers in urban policy issues as it will help them to decide where to look and exactly what to look for. [ABSTRACT FROM AUTHOR]

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Lawson-Te Aho, K., et al. (2019). "A principles framework for taking action on Māori/Indigenous Homelessness in Aotearoa/New Zealand." SSM - population health **8**: 100450.

Objective: The objective of this research was to develop a principles framework to guide action on Māori/Indigenous homelessness in Aotearoa incorporating Rangatiratanga (Māori self-determination), Whānau Ora (Government policy that places Māori families at the center of funding, policy and services) and Housing First.; Method: Three pathways were identified as creating opportunities for action on Māori homelessness: Te Tiriti o Waitangi/Treaty of Waitangi is the Māori self-determination pathway; Whānau Ora, a government-sponsored policy supports whānau/family as the pathway for Māori wellbeing and disparities reduction; and Housing First, an international pathway with local application for homelessness that is being implemented in parts of Aotearoa. The potential opportunities of the three pathways shaped interviews with authoritative Māori about Māori principles (derived from the three pathways) for addressing Māori homelessness. Twenty interviews were conducted with Māori experts using Kaupapa Māori research processes, eliciting advice about addressing Māori homelessness. A principles framework called Whare Ōranga was developed to synthesise these views.; Results: Addressing Māori homelessness must be anchored in rights-based and culturally aligned practice empowered by Māori worldviews, principles and processes. Te Tiriti o Waitangi, which endorses Māori tribal self-determination and authority, and Whānau Ora as a government obligation to reduce inequities in Māori homelessness, are the foundations for such action. Colonisation and historical trauma are root causes of Māori homelessness. Strong rights-based frameworks are needed to enact decolonisation and guide policy. These frameworks exist in Tino Rangatiratanga/Māori self-determination and Whānau Ora.; Conclusion: Whare Ōranga: An Indigenous Housing Interventions Principles Framework was developed in Aotearoa/New Zealand to end Māori homelessness. Future research is needed on the practical application of this framework in ending Māori homelessness. Moreover, the use value of the Whare Ōranga Framework as a workable approach to ending homelessness in other indigenous populations is yet to be considered.

Johnson, G., et al. (2019). "How do housing and labour markets affect individual homelessness?" Housing Studies **34**(7): 1089-1116.

We examine the impact of housing and labour market conditions on individual risks of homelessness. Our innovation is a focus on homelessness entries, although findings from jointly estimated homelessness entry and exit probit equations are reported. Risky behaviours and life experiences such as regular use of drugs, the experience of violence and biographies of acute disadvantage lead to a higher risk of becoming homeless. Public housing is a strong protective factor. We find clear evidence that for certain subgroups it is being the 'wrong person in the wrong place' that matters most when considering risks of entering homelessness. Indigenous Australians, for example, are no more likely to become homeless than other vulnerable groups holding housing and labour market conditions constant. However, tighter housing markets and weaker labour markets expose Indigenous Australians to significantly higher risks of entering homelessness. [ABSTRACT FROM AUTHOR]

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Garcia, B. K., et al. (2019). "Empowering 'Ōpio (Next Generation): Student Centered, Community Engaged, School Based Health Education." Hawai'i journal of health & social welfare **78**(12 Suppl 3): 30-34.

Education and health are vital for children to thrive, especially for those from rural and disparate communities. For Native Hawaiians, the indigenous people of the State of Hawai'i, lokahi (balance) frames the concept of ola (health), consisting of physical, emotional, and spiritual health. The foundation of ola is embedded in the cultural values - kupuna (ancestors), 'āina (land), environment, and 'ohana (family). Unfortunately, since westernization, Native Hawaiians have significant health disparities that begin in early childhood and often continue throughout their lifetime. Native Hawaiians also have a history of educational disparities, such as lower high school an college graduation rates compared to other ethnic groups. Social and economic determinants, such as poverty, homelessness, and drug addiction, often contribute to these educational disparities. In rural O'ahu, the Waianae Coast Comprehensive Health Center recently established two school-based health centers at the community's high and intermediate schools to improve student access to comprehensive health services. Recognizing the need to improve student health literacy and address specific health issues impacting the community and students, two health educators were added to the school-based health team. This article describes: 1) the initial steps taken by the health educators to engage and empower students as a means to assess their needs, interests and facilitate student lokahi, ola, and wellness and; 2) the results of this initial needs assessment. (©Copyright 2019 by University Health Partners of Hawai‘i (UHP Hawai‘i).)

Fernandez, E., et al. (2019). "Children returning from care: The challenging circumstances of parents in poverty." Children and Youth Services Review **97**: 100-111.

Children who enter care are frequently from families who are disadvantaged economically, socially and emotionally. Such disadvantage often co-exists with other risk factors including a history of abuse as well as socio-cultural differences such as being from minority of an Indigenous background where there can be additional issues such as social marginalisation or prejudice. Care systems can often compound these problems by exposing children to further loss and disruption or unstable placements, and often struggle in returning children home to parents experiencing a high burden of disadvantage and significant poverty. In this paper, we report the findings of an Australian study that examined longitudinal data on reasons for entry to care, trajectories in care and patterns of reunification and associated factors. Case-file reviews and placement tracking analyses were conducted for 502 children to identify predictors of reunification. Analytical techniques included cluster analysis, survival and proportional hazards models to examine the reunification trajectories of different groups of children and families. Most reunifications were found to occur within 12 months. Poverty in the form of financial problems and homelessness emerged as predictors of a lower probability of reunification status along with Indigenous status and family structure. The implications of these findings are discussed in terms of policies and practices that could influence the child, family and environmental characteristics associated with entry to care and reunification. (PsycInfo Database Record (c) 2020 APA, all rights reserved)

Bingham, B., et al. (2019). "Gender differences among Indigenous Canadians experiencing homelessness and mental illness." BMC Psychology **7**.

Background: Indigenous people are over represented among homeless populations worldwide and the prevalence of Indigenous homelessness appears to be increasing in Canadian cities. Violence against Indigenous women in Canada has been widely publicized but has not informed the planning of housing interventions. Despite historical policies leading to disenfranchisement of Indigenous rights in gender-specific ways, little is known about contemporary differences in need between homeless Indigenous men and women. This study investigated mental health, substance use and service use among Indigenous people who met criteria for homelessness and mental illness, and hypothesized that, compared to men, women would have significantly higher rates of trauma, suicidality, substance dependence, and experiences of violence. Methods: This study was conducted using baseline (pre-randomization) data from a multi-site trial. Inclusion in the current analyses was restricted to participants who self-reported Indigenous ethnicity, and combined eligible participants from Vancouver, BC and Winnipeg, MB. Logistic regression analyses were used to model the independent associations between gender and outcome variables. Results: In multivariable regression models among Indigenous participants (n = 439), female gender was predictive of meeting criteria for PTSD, multiple mental disorders, current high suicidality and current substance dependence. Female gender was also significantly associated with reported physical (AOR: 1.52, 95% CI = 1.10–2.23) and sexual (AOR: 6.31, 95% CI = 2.78–14.31) violence. Conclusions: Our analyses of Indigenous men and women who are homeless illustrate the distinct legacy of colonization on the experiences of Indigenous women. Our findings are consistent with the widely documented violence against Indigenous women in Canada. Housing policies and services are urgently needed that take Indigenous historical contexts, trauma and gender into account. (PsycInfo Database Record (c) 2021 APA, all rights reserved)

Bingham, B., et al. (2019). "Indigenous and non-Indigenous people experiencing homelessness and mental illness in two Canadian cities: A retrospective analysis and implications for culturally informed action." BMJ Open **9**(4): e024748.

Objectives: Indigenous people in Canada are not only over-represented among the homeless population but their pathways to homelessness may differ from those of non-Indigenous people. This study investigated the history and current status of Indigenous and non-Indigenous people experiencing homelessness and mental illness. We hypothesised that compared with non-Indigenous people, those who are Indigenous would demonstrate histories of displacement earlier in life, higher rates of trauma and self-medication with alcohol and other substances.; Design and Setting: Retrospective data were collected from a sample recruited through referral from diverse social and health agencies in Winnipeg and Vancouver.; Participants: Eligibility included being 19 years or older, current mental disorder and homelessness.; Measures: Data were collected via interviews, using questionnaires, on sociodemographics (eg, age, ethnicity, education), mental illness, substance use, physical health, service use and quality of life. Univariate and multivariable models were used to model the association between Indigenous ethnicity and dependent variables.; Results: A total of 1010 people met the inclusion criteria, of whom 439 self-identified as Indigenous. In adjusted models, Indigenous ethnicity was independently associated with being homeless at a younger age, having a lifetime duration of homelessness longer than 3 years, post-traumatic stress disorder, less severe mental disorder, alcohol dependence, more severe substance use in the past month and infectious disease. Indigenous participants were also nearly twice as likely as others (47% vs 25%) to have children younger than 18 years.; Conclusions: Among Canadians who are homeless and mentally ill, those who are Indigenous have distinct histories and current needs that are consistent with the legacy of colonisation. Responses to Indigenous homelessness must be developed within the context of reconciliation between Indigenous and non-Indigenous Canadians, addressing trauma, substance use and family separations.; Trial Registration Number: ISRCTN42520374, ISRCTN57595077, ISRCTN66721740. (© Author(s) (or their employer(s)) 2019. Re-use permitted under CC BY-NC. No commercial re-use. See rights and permissions. Published by BMJ.)

Barker, B., et al. (2019). "Engagement in maximally-assisted therapy and adherence to antiretroviral therapy among a cohort of indigenous people who use illicit drugs." AIDS and Behavior **23**(5): 1258-1266.

Throughout the world, Indigenous populations experience a disproportionate burden of HIV infection. Maximally-assisted therapy (MAT) is an interdisciplinary care intervention that includes ART dispensation to support individuals with a history of addiction and homelessness. This study sought to longitudinally evaluate the relationship between engagement in MAT and achieving optimal adherence using data from an ongoing cohort of HIV-positive individuals who use drugs in Vancouver, Canada, where HIV/AIDS treatment is offered at no cost. Between December 2005 and November 2016, 354 HIV-positive Indigenous participants were enrolled and data were analyzed using generalized mixed-effects (GLMM) and marginal structural modeling. In both multivariable analyses, engagement in MAT was independently associated with optimal adherence to ART (GLMM: AOR = 4.92, 95% CI 3.18–7.62; marginal structural model: AOR = 5.76, 95% CI 3.34–9.96). MAT-based programmes could be a part of a renewed evidence-base to elevated levels of preventable HIV/AIDS-associated morbidity, mortality and viral transmission among Indigenous peoples in Canada. (PsycInfo Database Record (c) 2021 APA, all rights reserved)

Victor, J., et al. (2018). "I’taamohkanoohsin (everyone comes together): A Blackfoot cultural program supporting people with concurrent mental health challenges and other complex needs." Canadian Journal of Community Mental Health **37**(2): 62-65.

Trauma, addiction, and homelessness for Indigenous people are interwoven with colonialism and the loss of culture. I’taamohkanoohsin is a grassroots program that was developed to support healing and recovery for a highly marginalized Indigenous population with concurrent mental health challenges and other complex needs in a downtown core neighbourhood. (PsycINFO Database Record (c) 2020 APA, all rights reserved)

Chez les populations autochtones, les traumatismes, les situations de dépendance et l’itinérance sont des problèmes récurrents qui sont intimement liés au colonialisme et à la perte du patrimoine culturel. I’taamohkanoohsin est un programme communautaire qui a été développé pour favoriser la guérison et le rétablissement d’une population autochtone très marginalisée d’un quartier urbain, confrontée à des problèmes de santé mentale et ayant divers besoins complexes à satisfaire. (PsycINFO Database Record (c) 2020 APA, all rights reserved)

Pauly, B., et al. (2018). "Community Managed Alcohol Programs in Canada: overview of key dimensions and implementation." Drug and Alcohol Review **37**(s1): S132-S139.

Introduction and Aims. People with severe alcohol dependence and unstable housing are vulnerable to multiple harms related to drinking and homelessness. Managed Alcohol Programs (MAP) aim to reduce harms of severe alcohol use without expecting cessation of use. There is promising evidence that MAPs reduce acute and social harms associated with alcohol dependence. The aim of this paper is to describe MAPs in Canada including key dimensions and implementation issues. Design and Methods. Thirteen Canadian MAPs were identified through the Canadian Managed Alcohol Program Study. Nine key informant interviews were conducted and analysed alongside program documents and reports to create individual case reports. Inductive content analysis and cross case comparisons were employed to identify six key dimensions of MAPs. Results. Community based MAPs have a common goal of preserving dignity and reducing harms of drinking while increasing access to housing, health and social services. MAPs are offered as both residential and day programs with differences in six key dimensions including program goals and eligibility, food and accommodation, alcohol dispensing and administration, funding and money management, primary care services and clinical monitoring, and social and cultural connections. Discussion and Conclusions. MAPs consist of four pillars with the alcohol intervention provided alongside housing interventions, primary care services, social and cultural interventions. Availability of permanent housing and re-establishing social and cultural connections are central to recovery and healing goals of MAPs. Additional research regarding Indigenous and gendered approaches to program development as well as outcomes related to chronic harms and differences in alcohol management are needed.

Mago, A., et al. (2018). "Anxiety and anger of homeless people coping with dental care." Community Dentistry & Oral Epidemiology **46**(3): 225-230.

Abstract: Objectives: To reveal and describe from open‐ended interviews how homeless people in Vancouver interpret, appraise and cope with dental care. Methods: Audio‐recorded interviews with 25 homeless people (18 men and 7 women; age range: 25‐64 years), purposefully selected for a range of experiences, were transcribed and analysed inductively. The process of interpretive description drawing from the Behavioral Model for Vulnerable Populations and Lazarus's Theory of Emotions identified how participants appraised and coped with dental care. Results: Four dominant themes emerged: barriers to care; service use; opinions on dental health; and improving dental services. Participants were anxious about the cost of dentistry and fearful of dentists. They got emergency dental care with difficulty, usually in hospital emergency departments although mostly they preferred self‐treatment. They acknowledged the importance of dental health but felt stigmatized by their homelessness and visibly unhealthy mouths. They wanted accessible dental services with financial assistance from government, more widespread information about community dental clinics, and, notably among the Indigenous participants, less humiliating discrimination from dentists. Conclusions: Homeless people have difficulty coping with dental care. They believe that dentistry is frightening, humiliating and expensive, and governments are neither sympathetic to their disability nor willing to provide helpful information about community dental clinics or sufficient dental benefits for their needs. [ABSTRACT FROM AUTHOR]

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Kidd, S., et al. (2018). "Reflecting on Participatory, Action-Oriented Research Methods in Community Psychology: Progress, Problems, and Paths Forward." American Journal of Community Psychology **61**(1-2): 76-87.

This paper provides a critical reflection on participatory action research (PAR) methods as they pertain to community psychology. Following a brief review of the fundamental aspects of PAR, key developments in the field are examined. These developments include the redefinition of the research enterprise among groups such as Indigenous and consumer/survivor communities, challenges that attend the "project" framing of PAR, academic and practice context challenges, and important domains in which PAR methods need to become more engaged (e.g., social media and disenfranchised youth). Three illustrative case studies of programs of work in the areas of youth homelessness, consumer/survivor engagement, and Indigenous research are provided to illustrate these contemporary challenges and opportunities in the field. The authors make the argument that without an effort to reconsider and redefine PAR, moving away from the stereotypical PAR "project" frame, these methods will continue to be poorly represented and underutilized in community psychology. (© Society for Community Research and Action 2017.)

Jacups, S., et al. (2018). "An innovative approach to address homelessness in regional Australia: participant evaluation of a co-payment model." Public Health **156**: 26-33.

Objectives: Homelessness is not only about lack of secure housing, it is sometimes caused by simple reasons such as lack of money to travel home. The purpose of this study was to investigate whether the participant co-funded assistance program ('Return to Country' [R2C]), when offered to low socio-economic individuals experiencing homelessness, represented an effective use of scarce resources. Study design: In northern Australia, a remote and sparsely populated area, Indigenous persons who travel to regional centres cannot always afford airfares home; they therefore become stranded away from their 'country' leading to rapidly deteriorating health, isolation and separation from family and kin. The R2C program was designed to facilitate travel for persons who were temporarily stranded and were voluntarily seeking to return home. The program provided operational support and funding (participants co-funded AU$99) to participants to return home. Methods: Using a descriptive, case series research design, university researchers independently evaluated the R2C program using semi-structured interviews with 37 participants. Results: An investment of AU$970 per participant in the program with partial co-payment was associated with high participant acceptability and satisfaction in-line with harms reduction around substance and criminal abuse, which is suggestive of long-term success for the model. Conclusions: Findings from this study can contribute to the development of best practice guidelines and policies that specifically address the needs of this unique population of stranded persons, who are seeking to return home. The acceptance of the co-payment model can be adopted by policy makers involved in homelessness prevention in other locations in Australia or internationally as an add-on service provision to mainstream housing support.

Elliott, N. E. (2018). Stories of spirit and the streets: Indigenous mental health, trauma, traditional knowledge and experiences of homelessness, ProQuest Information & Learning. **79**.

Indigenous people in Canada have endured many traumas as a result of the consequences of colonization observed through poor social determinants of health. Homelessness, particularly, has been noted as at a state of crisis for Indigenous people. This study seeks to understand the intersections of homelessness, traditional knowledge and mental health by interviewing sixteen Indigenous homeless people in a large Canadian city. Results revealed some psychological factors, cultural identity and external factors as being integral in the overall experiences of homelessness. The results of this study help identify a need for integrative mental health services that focus on the Indigenous culture as a strength in the promotion of healing and recovery. Specific implications are inclusive of policy and psychological approaches that are based on the needs of Indigenous homeless peoples themselves that can build and improve the current models of mental health care that embrace the Indigenous approaches to mental health and trauma. These results also provide some rich data regarding the actual lived experiences of marginalized people that have been silenced by recognizing the importance of cultural connection and the utilization of Indigenous approaches in the field of mental health and trauma service. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Carvajal Medina, N. E. (2018). Testimonios of the US rural 'homeless': A critical and decolonizing-decolonized ethnography, ProQuest Information & Learning. **79**.

Homelessness is a structural and political problem that is commonly pathologized in research and media, and criminalized through policies in the U.S. Rural homelessness has been rendered invisible, societally and discursively, compared to urban homelessness. This critical ethnographic study centers the testimonios of thirteen people who have experienced housing instability in Springfield, a U.S. rural town. Houseless people use their testimonios as a political tool to unframe and challenge the discursive construction of their identities. They also deconstruct the meaning of the American Dream and re-envision it by redefining success, parenthood, and the meaning of home. I use a decolonizing research methodology grounded in Chicana/Latina feminism and Indigenous epistemologies, to analyze the processes of identity construction of unhoused people. Critical researchers like O'Flaherty (Lee et al., 2010) and politicians like Ellison (NLIHC, 2017) argue that the U.S. government lacks the 'political will' to do what is right and re-evaluate housing policies, the job market, and medical services. I argue there is not one way of being homeless. Unfortunately, the label 'homeless' demarcates the houseless' body within a limited set of behaviors and characteristics, that negates the possibility of acknowledging that these individuals possess spiritual, cognitive, ontological, and emotional dimensions. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Browne, A. J., et al. (2018). "Disruption as opportunity: impacts of an organizational health equity intervention in primary care clinics." International Journal for Equity in Health **17**(154): (27 September 2018).

Background: The health care sector has a significant role to play in fostering equity in the context of widening global social and health inequities. The purpose of this paper is to illustrate the process and impacts of implementing an organizational-level health equity intervention aimed at enhancing capacity to provide equity-oriented health care. Methods: The theoretically-informed and evidence-based intervention known as 'EQUIP' included educational components for staff, and the integration of three key dimensions of equity-oriented care: cultural safety, trauma- and violence-informed care, and tailoring to context. The intervention was implemented at four Canadian primary health care clinics committed to serving marginalized populations including people living in poverty, those facing homelessness, and people living with high levels of trauma, including Indigenous peoples, recent immigrants and refugees. A mixed methods design was used to examine the impacts of the intervention on the clinics' organizational processes and priorities, and on staff. Results: Engagement with the EQUIP intervention prompted increased awareness and confidence related to equity-oriented health care among staff. Importantly, the EQUIP intervention surfaced tensions that mirrored those in the wider community, including those related to racism, the impacts of violence and trauma, and substance use issues. Surfacing these tensions was disruptive but led to focused organizational strategies, for example: working to address structural and interpersonal racism; improving waiting room environments; and changing organizational policies and practices to support harm reduction. The impact of the intervention was enhanced by involving staff from all job categories, developing narratives about the socio-historical context of the communities and populations served, and feeding data back to the clinics about key health issues in the patient population (e.g., levels of depression, trauma symptoms, and chronic pain). However, in line with critiques of complex interventions, EQUIP may not have been maximally disruptive. Organizational characteristics (e.g., funding and leadership) and characteristics of intervention delivery (e.g., timeframe and who delivered the intervention components) shaped the process and impact. Conclusions: This analysis suggests that organizations should anticipate and plan for various types of disruptions, while maximizing opportunities for ownership of the intervention by those within the organization. Our findings further suggest that equity-oriented interventions be paced for intense delivery over a relatively short time frame, be evaluated, particularly with data that can be made available on an ongoing basis, and explicitly include a harm reduction lens.

Browne, A. J., et al. (2018). "Disruption as opportunity: Impacts of an organizational health equity intervention in primary care clinics." International Journal for Equity in Health **17**(1): 154.

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Wille, S. M., et al. (2017). "Barriers to Healthcare for American Indians Experiencing Homelessness." Journal of social distress and the homeless **26**(1): 1-8.

Members of American Indian (AI) communities face many barriers to receiving both mental and physical healthcare. These barriers can have a negative effect on overall health. Barriers are compounded for AIs who are also experiencing homelessness, and AI make up a disproportionate percentage of the homeless population nationwide. In-depth semi-structured interviews were conducted with 12 service providers and 16 homeless participants in a mid-size Midwestern city to identify barriers to care for homeless participants. Key barriers identified in this study for homeless participants were: transportation, phone accessibility, discrimination, and cold and bureaucratic cultures of healthcare systems. Major barriers identified by service providers were: access to care, discrimination and mistrust, and restrictive policies. Given generally higher disease prevalence within the homeless population and health disparities within the AI community, steps should be taken to reduce barriers to healthcare.

Wendt, D. C., et al. (2017). "Religious and Spiritual Practices Among Home-less Urban American Indians and Alaska Natives with Severe Alcohol Problems." Am Indian Alsk Native Ment Health Res **24**(3): 39-62.

Engagement in religious and spiritual practices may be protective for homeless individuals with alcohol-related problems. However, little is known in this regard for urban-dwelling American Indians and Alaska Natives (AI/ANs) who have disproportionately high rates of homelessness and co-occurring alcohol use problems. Using secondary data from a nonrandomized controlled study testing a Housing First intervention, AI/AN participants (n = 52) and non-AI/AN participants (n = 82) were compared on demographic variables, alcohol use problems, religious affiliations, and religious/spiritual practices (importance, frequency, and type). AI/ANs who engaged in Native-specific independent spiritual practices had significantly lower alcohol use frequency in comparison to AI/ANs who did not.

Scheurich, J. J. (2017). "Trump is the mask torn off of who we white people are and have been." International Journal of Qualitative Studies in Education **30**(10): 1053-1059.

Currently, most white people seem to think that Trump and his values are some cruel, insane, accidental distortion of US society. In counterpoint to this view, I argue that he is not. Instead, Trump is mainly the ‘liberal’ or ‘conservative’ mask torn off of who we white people have been and what we have allowed in our name. This country was built on a foundation of the genocide of about 80% of the Indigenous People and the theft of their land. We followed this with Black slavery, which provided money and power in both the North and the South to make the US a powerful nation worldwide. Furthermore, though we fought a civil war over slavery, within 20 years, power in the South was returned to the slave masters, and Jim Crow was born, which continued the psycho-social-cultural and economic exploitation of blacks and which we followed with the New Jim Crow. We also stole the land of the Indigenous People of the Southwest by conducting an imperial war and breaking treaties. Today, before Trump, we have had state sanctioned (police) murder without consequences of people of color, persistent xenophobia toward varying groups across our history, the rape and murder of women though there is very little of the reverse, a capitalism that is dependent on poverty and wages people cannot survive on, widespread climate denial, extensive hunger and homelessness, among other deleterious conditions. However, that the white wealthy power elite led us down this path is not an excuse. We went along. For the crumbs they offered, we chose them over our true sisters and brothers. We whites are simply not who we say to ourselves we are. Our history and our sociology do not support our self-view. To have any chance, then, to move forward toward a more humane, equitable, inclusive, caring future, we must recognize and take responsibility for who we really are today and who we really have been. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Sayers, J. M., et al. (2017). "Service and infrastructure needs to support recovery programmes for indigenous community mental health consumers." International Journal of Mental Health Nursing **26**(2): 142-150.

Mental health is a major concern in Indigenous communities, as Indigenous people experience poorer health outcomes generally, and poorer social and emotional well-being throughout their lives, compared to non-Indigenous populations. Interviews were conducted with 20 mental health workers from a housing assistance programme for Indigenous clients with mental illness. Service and infrastructure needs identified to support clients were classified under the following overarching theme ‘supports along the road to recovery’. Subthemes were: (i) It is OK to seek help; (ii) linking in to the local community; (iii) trusting the workers; and (iv) help with goal setting and having activities that support their achievement. This paper highlights the importance of targeted housing and accommodation support programmes for Indigenous people to prevent homelessness, and the essential services and infrastructure required to support Indigenous clients’ mental health needs. These insights may inform service review, workforce development, and further research. (PsycInfo Database Record (c) 2020 APA, all rights reserved)

McCausland, R. and E. Baldry (2017). Understanding women offenders in prison. The Routledge international handbook of forensic psychology in secure settings. J. L. Ireland, C. A. Ireland, N. Gredecki and M. Fisher. New York, NY, Routledge/Taylor & Francis Group**:** 25-39.

Internationally, women represent a much smaller proportion of the offending population than men and have constituted a minority of the total prisoner population since the inception of the modern prison in the 19th century. Nevertheless, since the early 1990s women have formed a rapidly growing proportion of prisoners across Western democracies. Prisoner populations are generally more disadvantaged than the rest of the population, however research indicates that women in prison are markedly more disadvantaged than men. Women in prison are significantly more likely to have experienced sexual and physical abuse and violence, homelessness, poverty, drug and alcohol dependencies, mental health disorders and cognitive impairment. Although women’s prisons and specific psychological and other support services have grown since the early 1990s, the number of women in prison has continued to rise—in particular, women with multiple and complex support needs and from Indigenous and racialised backgrounds. Despite this, there remains scant evidence on vulnerable women’s distinct experiences of, and pathways into criminal justice systems. This chapter canvasses the available research on women in prison and the gendered penality that frames their experiences of the criminal justice system. It then reports on a cohort of Indigenous and non-Indigenous Australian women drawn from an administrative dataset of people who have been in prison and whose mental health and cognitive impairment diagnoses are known. (PsycInfo Database Record (c) 2020 APA, all rights reserved)

Cousins, S. (2017). "Suicide in Indigenous Australians: a "catastrophic crisis"." Lancet **389**(10066): 242-242.

The article focuses on the National Suicide Prevention Strategy, a government programme which aims to control the rising suicidal rates among Indigenous prisoners in Australia. It mentions the common risk factors of suicide and prison which includes unemployment, homelessness, and reoffending. Comments from Pat Dudgeon, a psychologist and co-chair of the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP), are also included.

Christensen, J., et al. (2017). "Homelessness across Alaska, the Canadian North and Greenland: A Review of the Literature on a Developing Social Phenomenon in the Circumpolar North." Arctic **70**(4): 349-364.

Over the past three decades, homelessness has become an area of significant social concern in Alaska, the Canadian North, and most recently, Greenland. These three geographical contexts show both similarities and contrasts, but no effort has yet been made to review the research literature on homelessness from these three regions or to highlight key themes or gaps in current knowledge. We reviewed the literature in order to 1) understand the current state of knowledge of the dynamics of homelessness in Alaska, the Canadian North (here including Yukon, Northwest Territories, and Nunavut), and Greenland and 2) conceptualize a northern geography of homelessness. The research literature identifies common themes across these contexts, which include chronic housing insecurity, overrepresentation of Indigenous peoples among those living homeless, and the significance of gendered experiences of homelessness. It identifies key interconnections between hidden homelessness and visible homelessness as the dynamics of urbanization in northern towns and cities reveal the social consequences of chronic housing insecurity in settlements. Across these northern regions, the high rates of chronic homelessness reflect the prevalence of northern housing insecurity and the lack of both adequate, appropriate support for people experiencing mental health or addiction problems and supportive or public housing options. Strategies that aim to diversify housing stock at various critical points along the housing spectrum are needed in northern regions, an idea that is promoted by Housing First and transitional housing programs in Alaska and the Canadian North. (English) [ABSTRACT FROM AUTHOR]

Au cours des trois dernières décennies, le sans-abrisme est devenu une grande préoccupation sociale en Alaska, dans le Nord canadien et, plus récemment, au Groenland. Ces trois contextes géographiques présentent des similitudes et des différences, mais aucun effort n’a encore été déployé pour examiner la documentation de recherche sur le sans-abrisme dans ces trois régions ou pour mettre en évidence les principaux thèmes ou les principales lacunes en ce qui a trait aux connaissances actuelles. Nous avons dépouillé la documentation dans le but de 1) comprendre l’état actuel des connaissances sur les dynamiques du sans-abrisme en Alaska, dans le Nord Canadien (dans ce cas-ci le Yukon, les Territoires du Nord-Ouest et le Nunavut) et au Groenland, et 2) de conceptualiser une géographie nordique du sans-abrisme. La documentation de recherche fait ressortir des thèmes communs parmi ces contextes, notamment l’insécurité chronique en matière de logement, la surreprésentation des peuples autochtones parmi les itinérants et la signification de l’expérience du sans-abrisme selon le sexe. La documentation cerne les principaux liens entre le sans-abrisme caché et le sans-abrisme visible alors que les dynamiques de l’urbanisation dans les villages et les villes du Nord exposent les conséquences sociales de l’insécurité chronique en matière de logement dans les agglomérations. Dans l’ensemble de ces régions nordiques, les taux élevés de sans-abrisme chronique reflètent la prévalence de l’insécurité en matière de logement dans le Nord, le manque de soutien adéquat et approprié pour les gens aux prises avec des troubles de santé mentale ou de toxicomanie et le manque d’options de logements sociaux ou supervisés. D es s tratégies v isant à d iversifier l e p arc d e l ogements à d ivers p oints c ritiques d e l a g amme d es l ogements s’avèrent essentielles dans les régions du Nord. D’ailleurs, l’approche Logement d’abord et les programmes de logement de transition font la promotion de cette idée en Alaska et dans le Nord canadien (French) [ABSTRACT FROM AUTHOR]

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Aho, J., et al. (2017). "Outbreak of tuberculosis among substance users and homeless people in Greater Montréal, Canada, 2003-2016." Canada Communicable Disease Report **43**(3/4): 72-76.

Background: In Canada, active tuberculosis (TB) is found mainly among migrants from endemic countries and Indigenous populations. However, cases of active tuberculosis in substance users and homeless persons have been reported in Greater Montréal since 2003. Objective: To describe the Montréal TB outbreak in terms of the sociodemographic characteristics, risk factors and clinical characteristics of cases, as well as the intensity of public health interventions, the follow-up and identification of locations of potential transmission. Methods: All cases of active tuberculosis with the same genotype of interest residing in Quebec and epidemiologically linked cases were included in the analysis. Data were retrospectively extracted from routine public health investigations. Characteristics of cases were summarized using Excel. Spatial analysis of locations frequented during cases' infectiousness periods was performed. Results: Between January 2003 and February 2016, a total of 35 cases were identified. Most (86%) were non-Indigenous people born in Canada. Of these, 28 had several risk factors, including substance use (93%), alcohol abuse (64%), homelessness (46%), comorbidities such as HIV coinfection (36%) and advanced stage of the disease. Seven cases without risk factors were all close contacts of cases. Intensity of case management by public health authorities was high. Locations frequented by cases with risk factors included crack houses, shelters and rehabilitation centres in Montréal's downtown core and a residential setting in a suburban area. Conclusion: TB outbreaks can occur in marginalized Canadian-born urban populations, especially those with substance use. Tailored interventions in this population may be needed for screening, and earlier identification of both latent and active TB and better linkage to care.

Yuen, C. M., et al. (2016). "Recent transmission of tuberculosis - United States, 2011-2014." PLoS ONE **11**(4): e0153728.

Tuberculosis is an infectious disease that may result from recent transmission or from an infection acquired many years in the past; there is no diagnostic test to distinguish the two causes. Cases resulting from recent transmission are particularly concerning from a public health standpoint. To describe recent tuberculosis transmission in the United States, we used a field-validated plausible source-case method to estimate cases likely resulting from recent transmission during January 2011-September 2014. We classified cases as resulting from either limited or extensive recent transmission based on transmission cluster size. We used logistic regression to analyze patient characteristics associated with recent transmission. Of 26,586 genotyped cases, 14% were attributable to recent transmission, 39% of which were attributable to extensive recent transmission. The burden of cases attributed to recent transmission was geographically heterogeneous and poorly predicted by tuberculosis incidence. Extensive recent transmission was positively associated with American Indian/Alaska Native (adjusted prevalence ratio [aPR]=3.6) (95% confidence interval [CI] 2.9-4.4), Native Hawaiian/Pacific Islander (aPR=3.2, 95% CI 2.3-4.5), and black (aPR=3.0, 95% CI 2.6-3.5) race, and homelessness (aPR=2.3, 95% CI 2.0-2.5). Extensive recent transmission was negatively associated with foreign birth (aPR=0.2, 95% CI 0.2-0.2). Tuberculosis control efforts should prioritize reducing transmission among higher-risk populations.

VanCleef, A. (2016). "Hydropower Development and Involuntary Displacement: Toward a Global Solution." Indiana Journal of Global Legal Studies **23**(1): 349-376.

This Note addresses the effects of hydropower development projects on displaced persons globally. This Note recognizes that the increasing global energy demand puts great strain on nations to provide their people with electricity, but it also suggests that sustainable energy development projects can be carried out in a way that is fair to the indigenous populations surrounding hydropower dams. The current global trend in involuntary displacement involves ignoring certain groups of affected persons while undercompensating directly displaced persons, leading to homelessness, social stigmatization, and extreme poverty for millions of people worldwide. Thus far, there has been no sufficient global solution to this displacement problem, as current solutions do not focus on rehabilitating the communities that lose everything for the construction of these projects. This Note suggests that individual nations must take responsibility for the displacement of indigenous populations in building hydropower development projects for the benefit of the nation, and an international actor, such as the World Bank, must use its resources and discretionary project funding to protect global human rights during the development of hydropower projects. [ABSTRACT FROM AUTHOR]

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Quilty, S., et al. (2016). "Factors contributing to frequent attendance to the emergency department of a remote Northern Territory hospital." The Medical journal of Australia **204**(3): 111.e111-117.

Objectives: To determine the clinical and environmental variables associated with frequent presentations by adult patients to a remote Australian hospital emergency department (ED) for reasons other than chronic health conditions.; Design: Unmatched case-control study of all adult patients attending Katherine Hospital ED between 1 January and 31 December 2012.; Participants: Cases were defined as frequent attenders (FAs) without a chronic health condition who presented to the ED six or more times during the 12-month period. A single presentation was randomly selected for data collection. Controls were patients who presented on only one occasion.; Outcome Measures: Basic demographic data were collected, including clinical outcomes, Indigenous status, living arrangements, and whether alcohol and violence contributed to the presentation. Environmental variables were extracted from the Bureau of Meteorology database and mapped to each presentation.; Results: FAs were much more likely to be homeless (odds ratio [OR], 16.4; P < 0.001) and to be Aboriginal (OR, 2.16; P < 0.001); alcohol as a contributing factor was also more likely (OR, 2.77; P = 0.001). FAs were more likely to present in hotter, wetter weather, although the association was statistically weak. Clinical presentations by cases and controls were similar; the annual death rates for both groups were high (3.6% and 1.5%, respectively).; Conclusions: There was a strong association between FA and Aboriginal status, homelessness and the involvement of alcohol, but alcohol was more likely to contribute to presentation by non-Aboriginal FAs who had stable living conditions. FAs and non-FAs had similar needs for emergency medical care, with strikingly higher death rates than the national average in both groups. As a result of this study, Katherine Hospital has initiated a Frequent Attender Pathway that automatically triggers a dedicated ED service for those at greatest clinical risk. Homelessness is a serious problem in the Northern Territory, and is associated with poor health outcomes.

Pauly, B., et al. (2016). "Finding safety: A pilot study of managed alcohol program participants’ perceptions of housing and quality of life." Harm Reduction Journal **13**.

Background: There is a higher prevalence of alcohol use and severe alcohol dependence among homeless populations. The combination of alcohol use and lack of housing contributes to increased vulnerability to the harms of substance use including stigma, injury, illness, and death. Managed alcohol programs (MAPs) administer prescribed doses of alcohol at regular intervals to people with severe and chronic alcohol dependence and homelessness. As a pilot for a larger national study of MAPs, we conducted an in-depth evaluation of one program in Ontario, Canada. In this paper, we report on housing and quality of life outcomes and experiences of the MAP participants and staff. Methods: We conducted a pilot study using mixed methods. The sample consisted of 38 people enrolled in or eligible for entry into a MAP who completed a structured quantitative survey that included measures related to their housing and quality of life. All of the participants self-identified as Indigenous. In addition, we conducted 11 in-depth qualitative interviews with seven MAP residents and four program staff and analyzed the interviews using constant comparative analysis. The qualitative analysis was informed by Rhodes’ risk environment framework. Results: When compared to controls, MAP participants were more likely to retain their housing and experienced increased safety and improved quality of life compared to life on the streets, in jails, shelters, or hospitals. They described the MAP as a safe place characterized by caring, respect, trust and a nonjudgmental approach with a sense of family and home as well as opportunities to reconnect with family members. Conclusions: The MAP was, as described by participants, a safer environment and a home with feelings of family and a sense of community that countered stigma, loss, and dislocation with potential for healing and recovery. The MAP environment characterized by caring, respect, trust, a sense of home, 'feeling like family', and the opportunities for family and cultural reconnections is consistent with First Nations principles for healing and recovery and principles of harm reduction. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

Pateman, K., et al. (2016). "Stuck in the catch 22: attitudes towards smoking cessation among populations vulnerable to social disadvantage." Addiction **111**(6): 1048-1056.

Aim: To explore how smoking and smoking cessation is perceived within the context of disadvantage, across a broad cross-section of defined populations vulnerable to social disadvantage. Design: Qualitative focus groups with participants recruited through community service organizations (CSO). Setting: Metropolitan and regional settings in Queensland, Australia. Focus groups were held at the respective CSO facilities. Participants: Fifty-six participants across nine focus groups, including people living with mental illness, people experiencing or at risk of homelessness (adult and youth populations), people living with HIV, people living in a low-income area and Indigenous Australians. Measurements: Thematic, in-depth analysis of focus group discussions. Participant demographic information and smoking history was recorded. Findings: Smoking behaviour, smoking identity and feelings about smoking were reflective of individual circumstances and social and environmental context. Participants felt 'trapped' in smoking because they felt unable to control the stressful life circumstances that triggered and sustained their smoking. Smoking cessation was viewed as an individual's responsibility, which was at odds with participants' statements about the broader factors outside of their own control that were responsible for their smoking. Conclusion: Highly disadvantaged smokers' views on smoking involve contradictions between feeling that smoking cessation involves personal responsibility, while at the same time feeling trapped by stressful life circumstances. Tobacco control programmes aiming to reduce smoking among disadvantaged groups are unlikely to be successful unless the complex interplay of social factors is carefully considered.

Narine, S. (2016). "Newest commitments to end homelessness met with approval." Windspeaker **34**(7): 15-22.

The article offers information on committees developed by the Canadian government to address affordable housing to deal with homelessness. It mentions the views of Susan McGee, executive director with Homeward Trust Edmonton, on homelessness. It also mentions factors involved in homelessness including Indigenous Canadians, violence against women and veterans.

Kinchin, I., et al. (2016). "Economic evaluation of 'Return to Country': a remote Australian initiative to address indigenous homelessness." Evaluation and Program Planning **56**: 69-75.

Background: An increase in the number of Indigenous homeless persons in Cairns, Northern Australia, prompted the Queensland Police Service (QPS) to commence a pilot 'Return to Country' (R2C) program. The program was designed to assist homeless people who were voluntarily seeking to return to their home communities. This study assesses the costs of running the program and evaluates its net economic impact. Methods: Retrospective uncontrolled cost, cost-effectiveness and cost-offset analyses were undertaken from a societal perspective. All costs were expressed in 2014 AU$. Results The R2C program successfully assisted 140 participants to return home, reducing the prevalence of homelessness in the regional center by 9.6%. The total program cost was estimated as AU$ 135,831 or AU$ 970 per participant. The economic analysis indicated that R2C was value for money, potentially saving AU$ 2,714,460. Limitations of the study included retrospective data collection and no established alternative comparison group. Conclusion: R2C is a relatively simple, minimal cost program, which can be utilized by policy makers to offer one solution to homelessness. This economic evaluation informs the QPS of the effects of the R2C program in order to guide further program initiatives. The R2C model may be applied to assist temporarily stranded Indigenous people in other locations within Australia or internationally to return home. No funding was obtained for conducting this study.

Hodgetts, D., et al. (2016). The ordinary in the extra ordinary: Everyday living textured by homelessness. Psychology and the conduct of everyday life. E. Schraube and C. Højholt. New York, NY, Routledge/Taylor & Francis Group**:** 124-144.

For many people, everyday life is characterized by freedom, creativity, inclusion and flow. For others, it is characterized by disruption, prejudice, exploitation and repression. Our research shows that it is fruitful to think in pluralistic terms in order to avoid glossing diversity and inequalities in the everyday. Structural disruption to Maori society are played out in these men's contemporary lives. For these men, homelessness is an ordinary extension of growing up indigenous and poor in a colonial society. As indigenous people, Maori are much more likely to be homeless than members of the settler society due to such colonial practices of dislocation, land confiscation and structural violence. Our participants face challenges in retaining a strong sense of self and place whilst being at threat of losing themselves to the streets. We document how affirmation of their cultural identities as Maori, claims to belonging and engagements in ordinary cultural practices, comprise common responses to histories of oppression that allow these men to hold on to their humanity and survive street life. Scholarship on extraordinary circumstances in the everyday provides one starting point for our exploration of how Maori homeless men, leading extraordinary lives, periodically engage in culturally patterned normality. Following Kelly we propose that to understand how people survive adversity we need to study the ordinary as well as the extraordinary in their lives. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

Farley, M., et al. (2016). "THE PROSTITUTION AND TRAFFICKING OF AMERICAN INDIAN/ALASKA NATIVEWOMEN IN MINNESOTA." American Indian & Alaska Native Mental Health Research: The Journal of the National Center **23**(1): 65-104.

We examined social and physical violence experienced by American Indian/Alaska Native (AI/AN) women in prostitution and their impacts on the mental and physical health of 105 women (81% Anishinaabe, mean age = 35 years) recruited through service agencies in three Minnesota cities. In childhood, abuse, foster care, arrests, and prostitution were typical. Homelessness, rape, assault, racism, and pimping were common. The women's most prevalent physical symptoms included muscle pain, impaired memory or concentration, and headaches. Symptoms of post-traumatic stress disorder and dissociation were common, with more severe psychological symptoms associated with worse health. Most of the women wanted to leave prostitution and they most often identified counseling and peer support as necessary to accomplish this. Most saw colonization and prostitution of AI/AN women as connected. [ABSTRACT FROM AUTHOR]

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Christensen, J. (2016). "Indigenous housing and health in the Canadian North: Revisiting cultural safety." Health & place **40**: 83-90.

In this article, I explore the relationship between housing, home and health amongst Indigenous homeless people living in the Canadian North. In particular, I examine the ways in which Indigenous homemaking practices conflict with housing policy, and exacerbate individual pathways to homelessness. I argue that integral components in northern Indigenous conceptualizations of home and, in turn, health are not only unrecognized in housing policy, but actively discouraged. The potential for homemaking to inform health and housing policy speaks to the relevance of cultural safety not only to Indigenous health services, but also to a comprehensive framing of Indigenous health. (Copyright © 2016 Elsevier Ltd. All rights reserved.)

Browne-Yung, K., et al. (2016). "'When you sleep on a park bench, you sleep with your ears open and one eye open': Australian Aboriginal peoples' experiences of homelessness in an urban setting." Australian Aboriginal Studies **2016**(2): 3-17.

Aboriginal and Torres Strait Islander people are ten times more likely than non-Indigenous people to be homeless, which is an indicator of the level of health and social disparity that exists between the two groups. This paper presents the experiences of homelessness for a group of ten Aboriginal people located in Adelaide. Using Bourdieu's theoretical approach, we explore how these individuals interact with their environment, notably in the context of historical institutional disadvantage, and explore how this affects health and wellbeing. We highlight the subjective nature of homelessness, which is influenced by factors such as culture, age, and poor mental and physical health. We demonstrate the complex, diverse needs and heterogeneous nature of homelessness for Aboriginal people, which occur in the context of an enduring, specific historical experience of disadvantage, where the pathways into homelessness may vary and where homelessness may not always be perceived as negative. All participants experienced racism and reported resultant ill effects. Our study indicates the need for effective responses to homelessness to take account of the historical context of dispossession in developing culturally sensitive responses that reflect the nuances and diversity among homeless Aboriginal and Torres Strait Islander people. [ABSTRACT FROM AUTHOR]

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Andersen, M. J., et al. (2016). ""There's a housing crisis going on in Sydney for Aboriginal people": focus group accounts of housing and perceived associations with health." BMC Public Health **16**: 429.

Background: Poor housing is widely cited as an important determinant of the poor health status of Aboriginal Australians, as for indigenous peoples in other wealthy nations with histories of colonisation such as Canada, the United States of America and New Zealand. While the majority of Aboriginal Australians live in urban areas, most research into housing and its relationship with health has been conducted with those living in remote communities. This study explores the views of Aboriginal people living in Western Sydney about their housing circumstances and what relationships, if any, they perceive between housing and health.; Methods: Four focus groups were conducted with clients and staff of an Aboriginal community-controlled health service in Western Sydney (n = 38). Inductive, thematic analysis was conducted using framework data management methods in NVivo10.; Results: Five high-level themes were derived: the battle to access housing; secondary homelessness; overcrowding; poor dwelling conditions; and housing as a key determinant of health. Participants associated their challenging housing experiences with poor physical health and poor social and emotional wellbeing. Housing issues were said to affect people differently across the life course; participants expressed particular concern that poor housing was harming the health and developmental trajectories of many urban Aboriginal children.; Conclusions: Housing was perceived as a pivotal determinant of health and wellbeing that either facilitates or hinders prospects for full and healthy lives. Many of the specific health concerns participants attributed to poor housing echo existing epidemiological research findings. These findings suggest that housing may be a key intervention point for improving the health of urban Aboriginal Australians.

(2016). "News Briefs." Windspeaker **34**(7): 5-5.

The article offers news briefs related to Indigenous people of Canada as of July 1, 2016 including increase in funds by the government over health and suicide crisis in First Nations, pipeline leak operated by ConocoPhillips with estimated loss of petroleum, and homelessness count in the country.

Whittaker, E., et al. (2015). "Multiply disadvantaged: Health and service utilisation factors faced by homeless injecting drug consumers in Australia." Drug and Alcohol Review **34**(4): 379-387.

Introduction and Aims: Homelessness status is strongly correlated with higher rates of substance use. Few studies, however, examine the complex relationship between housing status and substance use in people who inject drugs (PWID). This study extends previous research by comparing the physical and mental health status and service utilisation rates between stably housed and homeless PWID. Design and Methods: A cross‐sectional sample of 923 PWID were recruited for the 2012 Illicit Drug Reporting System. Multivariate models were generated addressing associations between homelessness and the domains of demographics; substance use; and health status, service utilisation and criminal justice system contact, with significant correlates entered into a final multivariate model. Results: Two‐thirds of the PWID sample were male. The median age was 39 years and 16% identified as Indigenous. Almost one‐quarter (23%) reported that they were homeless. Homeless PWID were significantly more likely to be unemployed [adjusted odds ratio (AOR) 2.83, 95% confidence interval (CI) 1.26, 6.34], inject in public (AOR 2.01, 95% CI 1.38, 3.18), have poorer mental health (AOR 0.98, 95% CI 0.97, 1.00), report schizophrenia (AOR 2.31, 95% CI 1.16, 4.60) and have a prison history (AOR 1.53, 95% CI 1.05, 2.21) than stably housed PWID. Discussion and Conclusions: Findings highlight the challenge of mental health problems for homeless PWID. Our results demonstrate that further research that evaluates outcomes of housing programs accommodating PWID, particularly those with comorbid mental health disorders, is warranted. Results also emphasise the need to better utilise integrated models of outreach care that co‐manage housing and mental health needs. (PsycInfo Database Record (c) 2020 APA, all rights reserved)

McDonell, M. (2015). Houseless versus homeless: An exploratory study of native hawaiian beach dwellers on oahu's west coast, ProQuest Information & Learning. **76**.

This research focuses on the self-perceptions of Hawaii's homeless population, specifically, the homeless beach dwellers on Oahu's west coast, as well as the perceptions of the homeless service providers whose job it is to meet their needs. A review of the literature indicates that homelessness in the United States continues to increase, with the largest group within this population being single parents with children. The current research elaborates on the numerous social policies that have been enacted including judicial polices outlawing such behavior. The literature further clarifies the noted stereotypes associated with the homeless population. What is missing in the research is the perspective or voice of a subgroup of the homeless population on Oahu's west coast. Here, numerous individuals including intact families live in makeshift shelters on the beach that they call home. Part one of this study examined the homelessness epidemic in the United States and reviewed the theories associated with these marginalized populations. Part two of this study explored the experiences and perceptions of this indigenous group of Native Hawaiian homeless living on Oahu to determine who composes this unique subgroup of the larger homeless population. The selected participants participated in in-depth interviews and were asked to share their experiences. Their stories and, more importantly to this study, their voices were heard. Their lives living as houseless families were explored and explained. Their needs were expressed by them and seen through their lenses. Finally, part three of this study explored the perceptions and experiences of the service providers who work with the Native Hawaiian beach dwellers. An in-depth look at the services provided was also conducted. The findings and implications from these various voices are discussed and a direction for future research and social policy creation are presented. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

King, P., et al. (2015). "OLDER MEN GARDENING ON THE MARAE." AlterNative: An International Journal of Indigenous Peoples **11**(1): 14-28.

Like indigenous peoples globally, Mäori are over-represented among the homeless population due to processes of colonialism, disruptions and continued socio-economic marginalization. This article explores how, through gardening and other everyday practices, a group of older Mäori men who are homeless find respite, reconnection, a sense of belonging, and remember Mäori ways of being. We consider how the regular participation of these men also contributes to the reconciliation of the marae (communal complex used for everyday Mäori life) space that has been reclaimed by Ngäti Whätua (local Auckland tribe) after a lengthy hiatus. Our analysis foregrounds the importance of core values of manaakitanga (care for others), whanaungatanga (relationships based on shared experience or kinship) and wairuatanga (spirituality) for responses to Mäori homelessness. [ABSTRACT FROM AUTHOR]

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Kauppi, C., et al. (2015). "Migration, Homelessness, and Health Among Psychiatric Survivors in Northern and Southern Ontario." International Journal of Interdisciplinary Social Sciences: Annual Review **9**: 1-14.

This study explored migration, homelessness, and health among psychiatric survivors in northern and southern Ontario, Canada to identify differences between these two groups and to explore whether cultural background may contribute to such differences. Aspects similar for northern and southern Ontario samples included socio-economic indicators, absolute homelessness, and health. However, cultural background, language, migration, and homelessness risk differed between groups. Cultural background explained some differences observed between groups, such as migration and homelessness risk. Psychiatric survivors in northern Ontario experienced increased migration compared to their southern counterparts. Yet, northern and southern Ontario samples were similar with regard to absolute and atrisk homelessness. More Indigenous people in both samples reported experiencing absolute homelessness within their lifetimes. This finding is consistent with other research suggesting that Indigenous individuals are over-represented in Canadian homeless populations. This study indicates that place plays a vital role in migration and homelessness for psychiatric survivors. The results suggest that context matters for migration, homelessness, and health, and one cannot assume similarities or differences based on place or cultural background alone. Services aimed at reducing migration or homelessness may need to be tailored with cultural considerations in mind. [ABSTRACT FROM AUTHOR]

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Dorgan, B. L. and J. Shenandoah (2015). "ENDING VIOLENCE SO AM CAN INDIAN ALASKA NATIVE CHILDREN CAN THRIVE." Human Rights **40**(4): 10-13.

The article focuses on the efforts of the Attorney General's Task Force on American Indian and Alaska Native Children Exposed to Violence, established in 2013, to uplift the condition of American Indian and Alaska Native (AI/ AN) children. AI/AN children are often exposed to violence that stems from poverty, homelessness, sexual assault, and child abuse, and suffers exposure to violence at rates higher than any other race in the U.S.

Barker, B., et al. (2015). "Aboriginal street-involved youth experience elevated risk of incarceration." Public Health **129**(12): 1662-1668.

OBJECTIVES: Past research has identified risk factors associated with incarceration among adult Aboriginal populations; however, less is known about incarceration among street-involved Aboriginal youth. Therefore, we undertook this study to longitudinally investigate recent reports of incarceration among a prospective cohort of street-involved youth in Vancouver, Canada. STUDY DESIGN: Prospective cohort study. METHODS: Data were collected from a cohort of street-involved, drug-using youth from September 2005 to May 2013. Multivariate generalized estimating equation analyses were employed to examine the potential relationship between Aboriginal ancestry and recent incarceration. RESULTS: Among our sample of 1050 youth, 248 (24%) reported being of aboriginal ancestry, and 378 (36%) reported being incarcerated in the previous six months at some point during the study period. In multivariate analysis controlling for a range of potential confounders including drug use patterns and other risk factors, Aboriginal ancestry remained significantly associated with recent incarceration (adjusted odds ratio [AOR] = 1.44; 95% confidence interval [CI]: 1.12-1.86). CONCLUSIONS: Even after adjusting for drug use patterns and other risk factors associated with incarceration, this study found that Aboriginal street-involved youth were still significantly more likely to be incarcerated than their non-Aboriginal peers. Given the established harms associated with incarceration these findings underscore the pressing need for systematic reform including culturally appropriate interventions to prevent Aboriginal youth from becoming involved with the criminal justice system.

Alaazi, D. A., et al. (2015). "Therapeutic landscapes of home: Exploring Indigenous peoples' experiences of a Housing First intervention in Winnipeg." Soc Sci Med **147**: 30-37.

In this paper, we explore Indigenous perspectives of culture, place, and health among participants in a landmark Canadian Housing First initiative: At Home/Chez Soi (AHCS) project. Implemented from 2009 to 2013 in Winnipeg and four other Canadian cities, AHCS was a multi-city randomized control trial that sought to test the effectiveness of Housing First as a model for addressing chronic homelessness among people living with mental illnesses. As Winnipeg's homeless population is over 70% Indigenous, significant efforts were made to accommodate the culturally specific health, spiritual, and lifestyle preferences of the project's Indigenous participants. While a daunting challenge from an intervention perspective, Winnipeg's experience also provides a unique opportunity to examine how Indigenous participants' experiences can inform improved housing and mental health policy in Canada. In our study, conducted independently from, but with endorsement of the AHCS project, we utilized a case study approach to explore the experiences of the project's Indigenous participants. Data were collected by means of in-depth qualitative interviews with Indigenous participants (N = 14) and key informant project staff and investigators (N = 6). Our exploratory work demonstrates that despite relative satisfaction with the AHCS intervention, Indigenous peoples' sense of place in the city remains largely disconnected from their housing experiences. We found that structural factors, particularly the shortage of affordable housing and systemic erasure of Indigeneity from the urban sociocultural and political landscape, have adversely impacted Indigenous peoples' sense of place and home.

Aho, K. (2015). Guignon on self-surrender and homelessness in Dostoevsky and Heidegger. Horizons of authenticity in phenomenology, existentialism, and moral psychology: Essays in honor of Charles Guignon. H. Pedersen and M. Altman. New York, NY, Springer Science + Business Media. **74:** 63-74.

Charles Guignon's reputation was officially established in 1983 with the publication of his landmark book Heidegger and the Problem of Knowledge. Here, for arguably the first time, Heidegger's obscure, jargon-infused meditations on the Seinsfrage were brought into conversation with core themes in mainstream epistemology and philosophy of mind. Combining rich historiography with the conceptual clarity and concrete examples that have become signatures of his work, Guignon helped to legitimize Heidegger scholarship in North America by providing a critical rapprochement between Anglophone and continental traditions. It is well known, for instance, that Heidegger kept a portrait of Dostoevsky prominently displayed on his office wall. And Dostoevsky is one of the only non-German figures that he consistently cites as an influence on Being and Time. Guignon's work on Dostoevsky and much of his writing on Heidegger addresses the experience of homelessness and how it emerges from the modern configuration of the self. Using Guignon's work as a point of reference, this paper draws connections between Dostoevsky and Heidegger regarding how the view of the modern self as an atomistic, rational, and self-determined subject manifests feelings of moral confusion and alienation. The aim is to show how both thinkers point to the importance of recovering the indigenous values of a homeland for a sense of moral guidance. (PsycINFO Database Record (c) 2019 APA, all rights reserved)

Kirby, M. (2014). "Koowarta: a vital turning point for Aboriginal rights and Australia Summing up the symposium." Griffith Law Review **23**(1): 127-144.

The article focuses on amendments in the Australian Constitution to promote the rights of Aboriginal Australians. Topics discussed include the economic interests of indigenous Australians in Koowarta v Bjelke-Petersen, the Australian Racial Discrimination Act being held invalid in Koowarta, the native title of Aboriginals in Mabo v Queensland, federal legislation given to the native title in Wik Peoples v Queensland and problems faced by Aboriginals including homelessness and malnutrition.

Ford, P. J., et al. (2014). "Oral health impacts and quality of life in an urban homeless population." Australian Dental Journal **59**(2): 234-239.

Background: Homeless people experience a much higher burden of general health conditions and have much poorer oral health than the rest of the population. The aim of this study was to determine the oral health impacts and general quality of life of an urban homeless population.; Methods: A convenience sample of 58 adults (dentate n = 56) experiencing homelessness were assessed using a survey which included the 14-item Oral Health Impact Profile and the 26-item World Health Organization's Quality of Life - short version. A subset (n = 34) also underwent a dental examination.; Results: The study participants were younger, more likely to be Indigenous, smoked daily and avoided dental care because of cost than the rest of the population. Dentate homeless adults reported significantly greater oral health impacts when compared with the Australian dentate population. General quality of life was significantly poorer than for the rest of the population. Treatment need was associated with greater oral health impacts.; Conclusions: Poor oral health is prevalent and adversely impacts quality of life for homeless people, but it is only one of a range of complex social and health challenges being faced by these individuals. Dental care should be better integrated within homeless support services. (© 2014 Australian Dental Association.)

Anderson, J. T. and D. Collins (2014). "Prevalence and Causes of Urban Homelessness Among Indigenous Peoples: A Three-Country Scoping Review." Housing Studies **29**(7): 959-976.

A scoping review was carried out to investigate the prevalence and causes of urban homelessness among Indigenous peoples in Canada, Australia and New Zealand. Relevant information was sought from both academic and grey literatures. Data on prevalence were sourced from homeless count reports. Analysis reveals Indigenous peoples are consistently over-represented within urban homeless populations, often by a factor of 5 or more. Literature addressing causation is limited, with just 35 relevant studies identified. These were reviewed to build a thematic and contextual account of urban Indigenous homelessness. Eight key themes were evident, which encompass different cultural understandings of housing and mobility, as well as complex and often traumatic relationships between settler states and Indigenous peoples. Individually and collectively, these factors greatly complicate Indigenous peoples' access to safe, affordable and adequate urban housing. Broad similarities between the three case study countries suggest opportunities for further comparative research as well as policy transfer. [ABSTRACT FROM AUTHOR]

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(2014). Indigenous Rough Sleeping in Darwin, Australia: ‘Out of Place’ in an Urban Setting. **51:** 185-202.

Much of what is known of street homelessness is informed by accounts from urban centres throughout North America and the UK. The nature of the problem and the ways in which it is addressed are implicitly assumed to be similar across diverse major cities. The street homeless are thought to be highly marginalised and vulnerable. In turn, contemporary policy aims to provide housing/accommodation and welfare to address this form of homelessness as deep exclusion. Based on empirical research in Australia’s northernmost capital city, Darwin, this article demonstrates the role of culture in how homelessness is experienced and addressed. It argues that cultural mobility and modes of behaviour that normalise rough sleeping are embedded within condoned poverty and discriminatory legislation directed towards Indigenous people. Indigenous people are constructed as out of place in urban environments and rather than housing and welfare, the focus is directed towards moving the problem. [ABSTRACT FROM PUBLISHER]

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Tuite, A. R., et al. (2013). "Epidemiological evaluation of spatiotemporal and genotypic clustering of Mycobacterium tuberculosis in Ontario, Canada." Int J Tuberc Lung Dis **17**(10): 1322-1327.

BACKGROUND: In Canada, tuberculosis (TB) rates are at a historic low, with the remaining risk concentrated in a few vulnerable population subgroups. OBJECTIVES: To describe the epidemiology of TB in the Canadian province of Ontario and to characterise risk factors associated with transmission events, identified using genetic typing techniques. DESIGN: Retrospective analysis of 2186 culture-positive TB cases between August 2007 and December 2011. Temporal trends and risk of spatiotemporal and genotypic clustering were evaluated using Poisson and logistic regression models. RESULTS: Being in a spatiotemporal cluster was associated with Aboriginal status (odds ratio [OR] 3.63, 95% confidence interval [CI] 1.23-10.71). Cases in genotypic clusters were more likely to report homelessness as a risk factor (adjusted OR [aOR] 2.92, 95%CI 1.74-4.90) or be male (aOR 1.35, 95%CI 1.09-1.68), and were less likely to be aged ≥ 65 years (aOR 0.63, 95%CI 0.49-0.82), foreign-born (aOR 0.32, 95%CI 0.24-0.43) or Aboriginal (aOR 0.40, 95%CI 0.16-0.99). The Beijing lineage had an annual rate of increase of almost 10% (P = 0.047), and was associated with genotypic clustering (aOR 2.84, 95%CI 2.19-3.67). CONCLUSION: Genotypic data suggest that disease clusters are smaller, but far more common, than would be estimated using spatiotemporal clustering.

Topp, L., et al. (2013). "Housing instability among people who inject drugs: results from the Australian needle and syringe program survey." Journal of urban health : bulletin of the New York Academy of Medicine **90**(4): 699-716.

High rates of substance dependence are consistently documented among homeless people, and are associated with a broad range of negative outcomes among this population. Investigations of homelessness among drug users are less readily available. This study examined the prevalence and correlates of housing instability among clients of needle syringe programs (NSPs) via the Australian NSP Survey, annual cross-sectional seroprevalence studies among NSP attendees. Following self-completion of a brief, anonymous survey and provision of a capillary blood sample by 2,396 NSP clients, multivariate logistic regressions identified the variables independently associated with housing instability. Nineteen percent of ANSPS participants reported current unstable housing, with primary ('sleeping rough'; 5 %), secondary (staying with friends/relatives or in specialist homelessness services; 8 %), and tertiary (residential arrangements involving neither secure lease nor private facilities; 6 %) homelessness all evident. Extensive histories of housing instability were apparent among the sample: 66 % reported at least one period of sleeping rough, while 77 % had shifted between friends/relatives (73 %) and/or resided in crisis accommodation (52 %). Participants with a history of homelessness had cycled in and out of homelessness over an average of 10 years; and one third reported first being homeless before age 15. Compared to their stably housed counterparts, unstably housed participants were younger, more likely to be male, of Indigenous Australian descent, and to report previous incarceration; they also reported higher rates of key risk behaviors including public injecting and receptive sharing of injecting equipment. The high prevalence of both historical and current housing instability among this group, particularly when considered in the light of other research documenting the many adverse outcomes associated with this particular form of disadvantage, highlights the need for increased supply of secure, affordable public housing in locations removed from established drug markets and serviced by health, social, and welfare support agencies.

Christensen, J. (2013). "‘Our home, our way of life’: spiritual homelessness and the sociocultural dimensions of Indigenous homelessness in the Northwest Territories (NWT), Canada." Social & Cultural Geography **14**(7): 804-828.

In this article, I examine the sociocultural dimensions of Indigenous home and homelessness through a case study of increasing visible homelessness in two northern Canadian communities. Drawing on five years of ethnographic research on Indigenous homelessness in Yellowknife and Inuvik, two regional centres in the Northwest Territories (NWT), Canada, I suggest that Indigenous experiences of homelessness are at once collective and immediate. In particular, I draw on the concept of ‘spiritual homelessness’ (Keys Young 1998) to examine the multiple scales of homelessness experienced among northern Indigenous people. Research participants highlight several key elements of rapid sociocultural change that have an enduring impact on a collective sense of home and belonging, and play integral roles in shaping the experiences of homeless Indigenous people. Social and material exclusion, breakdowns in family and community, detachment from cultural identity, intergenerational trauma and institutionalisation are all woven throughout the personal narratives of homelessness articulated by research participants. I argue that the alleviation of Indigenous homelessness in the NWT depends on a decolonising agenda that specifically addresses contemporary colonial geographies and their expressions in the key institutions in Indigenous peoples' lives. (English) [ABSTRACT FROM AUTHOR]

En este artículo examino las dimensiones socioculturales del hogar y la carencia de hogar entre los indígenas mediante el estudio de la creciente visibilidad de la falta de techo en dos comunidades del norte de Canadá. El presente trabajo se basa en cinco años de trabajo etnográfico entre los indígenas sin vivienda de Yellowknife e Inuvik, dos centros regionales en los Territorios del Noroeste (TNO) en Canadá. Se sugiere que las experiencias indígenas de falta de hogar son simultáneamente colectivas e inmediatas. Con la finalidad de explorar las múltiples escalas en las que los indígenas del norte experimentan la falta de vivienda, utilizo el concepto de ‘falta de vivienda espiritual’ (Keys Young 1998). Participantes en esta investigación destacan varios elementos clave asociados al rápido cambio sociocultural que tienen un efecto importante en el sentido colectivo de hogar y pertenencia y que juegan un rol fundamental en la configuración de las experiencias de los indígenas sin techo. Las narrativas personales de la gente sin vivienda articuladas por los participantes de la investigación están entretejidas por la exclusión social y material, la ruptura de lazos familiares y comunales, el desapego en términos de identidad cultural, el trauma intergeneracional y la institucionalización. Sostengo que la mitigación de la condición de indígenas sin vivienda en el TNO depende de una agenda decolonizadora que se ocupe específicamente de las geografías coloniales contemporáneas y de sus manifestaciones en instituciones clave en la vida de los indígenas. (Spanish) [ABSTRACT FROM AUTHOR]

En este artículo examino las dimensiones socioculturales del hogar y la carencia de hogar entre los indígenas mediante el estudio de la creciente visibilidad de la falta de techo en dos comunidades del norte de Canadá. El presente trabajo se basa en cinco años de trabajo etnográfico entre los indígenas sin vivienda de Yellowknife e Inuvik, dos centros regionales en los Territorios del Noroeste (TNO) en Canadá. Se sugiere que las experiencias indígenas de falta de hogar son simultáneamente colectivas e inmediatas. Con la finalidad de explorar las múltiples escalas en las que los indígenas del norte experimentan la falta de vivienda, utilizo el concepto de ‘falta de vivienda espiritual’ (Keys Young 1998). Participantes en esta investigación destacan varios elementos clave asociados al rápido cambio sociocultural que tienen un efecto importante en el sentido colectivo de hogar y pertenencia y que juegan un rol fundamental en la configuración de las experiencias de los indígenas sin techo. Las narrativas personales de la gente sin vivienda articuladas por los participantes de la investigación están entretejidas por la exclusión social y material, la ruptura de lazos familiares y comunales, el desapego en términos de identidad cultural, el trauma intergeneracional y la institucionalización. Sostengo que la mitigación de la condición de indígenas sin vivienda en el TNO depende de una agenda decolonizadora que se ocupe específicamente de las geografías coloniales contemporáneas y de sus manifestaciones en instituciones clave en la vida de los indígenas. (Spanish) [ABSTRACT FROM PUBLISHER]

Dans cet article, j'examine les dimensions socio-culturelles de la patrie et de l'itinérance indigène à partir d'un étude de cas de la visibilité croissante des sans-abris dans deux communautés du Canada du nord. A la base de cinq ans de recherche ethnographique sur les sans-abris indigènes de Yellowknife et Inuvik, deux centres régionaux dans les Territoires du nord-ouest (TNO), Canada, je propose que les expériences indigènes de l'itinérance soient à la fois collectives et immédiates. En particulière, je fais usage du concept de « l'itinérance spirituelle » (Keys Young 1998) pour examiner les multiples échelles de l'expérience d'être sans domicile fixe parmi les gens indigènes du nord. Les sujets de la recherche soulignent de multiples éléments-clés du changement socio-culturel rapide qui ont un effet durable sur un sentiment collectif d'être chez soi et sur l'appartenance, et qui jouent aussi des rôles intégrants dans la formation des expériences des personnes indigènes sans domicile fixe. L'exclusion sociale et matérielle, des effondrements de la famille et de la communauté, la séparation de l'identité culturelle, le traumatisme intergénérationnel, et le placement en institution se faufilent d'un bout à l'autre des récits personnels des expériences d'itinérance articulées par les participants. J'affirme que le soulagement du problème des personnes indigènes sans-abris dans les TNO dépend d'un programme « décolonialisant » qui s'adresse en particulière aux géographies coloniales contemporaines et leurs expressions dans les institutions-clés des vies des personnes indigènes. (French) [ABSTRACT FROM AUTHOR]

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Barnes, S. M. (2013). Exploring the individual and organizational effects of formerly homeless employee inclusion within North Carolina shelters, ProQuest Information & Learning. **74**.

This exploratory study examined the individual and organizational effects of formerly homeless employee inclusion on members of the homeless shelter community, including shelter directors, formerly homeless employees, professional employees, and shelter residents. The effects of formerly homeless employee inclusion on shelter residents’ vicarious self-efficacy were specifically examined. A qualitative case study design was used to gather interview data from six homeless shelters in North Carolina. The interviewees included five shelter directors, three formerly homeless employees, and seven shelter residents. Professional boundary development was correlated with the impact of formerly homeless employee inclusion within the shelter community. There are more benefits than challenges to formerly homeless employee inclusion in homeless shelters. The challenges generally affected the formerly homeless employees themselves, sometimes to the point of addiction relapse. Formerly homeless employee inclusion provides the benefits of self-efficacy, tough love, and understanding and helping for shelter residents. Additional benefits were found for the formerly homeless employees. Benefits and challenges for professional employees were anecdotal and therefore not trustworthy. There are several major implications for professional practice resulting from this study. Shelter residents in the present study consistently viewed formerly homeless employee inclusion as positive. This positive experience may contribute to improved client engagement, retention, and outcomes. The challenges presented were infrequent, and considered manageable by the shelter directors. These findings may encourage other shelter directors to employ formerly homeless individuals, thereby benefitting others who are either experiencing or working to alleviate homelessness. Formerly homeless employee inclusion is also consistent with strengths-based practice and the social justice principle of the National Association of Social Workers Code of Ethics, as it provides meaningful opportunities for indigenous participation. Future research should focus on further understanding the correlation between formerly homeless employee inclusion and shelter resident outcomes and the effects of formerly homeless employee inclusion on professional shelter employees. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

(2013). Australian Housing Policy, Misrecognition and Indigenous Population Mobility, Routledge. **28:** 764-781.

Policy initiatives in remote Indigenous Australia aim to improve Indigenous health and well-being, and reduce homelessness. But they have raised controversy because they impinge on Indigenous aspirations to remain on homeland communities, require mainstreaming of Indigenous housing and transfer Indigenous land to the state. This paper uses recognition theory to argue that if policies of normalization are imposed on remote living Indigenous people in ways that take insufficient account of their cultural realities they may be experienced as a form of misrecognition and have detrimental policy effects. The paper examines the responses of remote living Indigenous people to the National Partnerships at the time of their introduction in 2009–2010. Drawing on interview and administrative data from a national study on Indigenous population mobility, the paper argues although the policies have been welcomed, they have also been a source of anxiety and anger. These feelings are associated with a sense of violated justice arising from experiences of misrecognition. The paper argues this can lead tenants to depart their homes as a culturally sanctioned form of resistance to state control. This population mobility is associated with homelessness because it takes place in the context of housing exclusion. Policy implications include developing new models of intercultural professional practice and employing a capacity-building approach to local Indigenous organisations. [ABSTRACT FROM AUTHOR]

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Whitbeck, L. B., et al. (2012). "Correlates of homeless episodes among indigenous people." American Journal of Community Psychology **49**(1-2): 156-167.

This study reports the correlates of homeless episodes among 873 Indigenous adults who are part of an ongoing longitudinal study on four reservations in the Northern Midwest and four Canadian First Nation reserves. Descriptive analyses depict differences between those who have and have not experienced an episode of homelessness in their lifetimes. Multivariate analyses assess factors associated with a history of homeless episodes at the time of their first interview and differentiate correlates of 'near homelessness' (i.e., doubling up) and 'homeless episodes' (periods of actual homelessness). Results show that individuals with a history of homeless episodes had significantly more individual and family health, mental health, and substance abuse problems. Periods of homelessness also were associated with financial problems. Among the female caretakers who experienced episodes of homelessness over the course of the study, the majority had been homeless at least once prior to the start of the study and approximately one-fifth met criteria for lifetime alcohol dependence, drug abuse, or major depression. Family adversity during childhood was also common for women experiencing homelessness during the study. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

Scott, D. and A. Langhorne (2012). "BeLieving in Native Girls: characteristics from a baseline assessment." Am Indian Alsk Native Ment Health Res **19**(1): 15-36.

BeLieving In Native Girls (BLING) is a juvenile delinquency and HIV intervention at a residential boarding school for American Indian/Alaska Native adolescent girls ages 12-20 years. In 2010, 115 participants completed baseline surveys to identify risk and protective factors. Initial findings are discussed regarding a variety of topics, including demographics and general characteristics, academic engagement, home neighborhood characteristics and safety, experience with and perceptions of gang involvement, problem-solving skills, self-esteem, depression, sexual experiences and risk-taking behaviors, substance abuse, and dating violence.

Fisher, D. (2012). "Running amok or just sleeping rough? Long-grass camping and the politics of care in northern Australia." American Ethnologist **39**(1): 171-186.

ABSTRACT In this article, I analyze efforts to remove Aboriginal people from town camps and public parks in Darwin, capital of Australia's Northern Territory. In early 2003, the territory government enjoined the corporate representative of Darwin's traditional owners to assert their prior title, thereby policing and reimagining public space by reference to this Aboriginal corporate custody. Public discourse, as reflected in news accounts, framed this move as engendering conflict, pitting one Aboriginal 'mob' (owners) against another (campers), dividing those amenable to corporate recognition from those who more starkly confronted settler Australian sensibilities and suburban development. Here I explore forms of intra-Aboriginal relationship that these tabloid accounts ignored and describe how such relationships have mediated, if not mitigated, paradoxical features of Australian neoliberal governmentality. [ Indigenous Australia, Aboriginal homelessness, anthropology of the state, neoliberal governmentality, citizenship and sovereignty] [ABSTRACT FROM AUTHOR]

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Downman, S. (2012). "The Forgotten Family: Labour Migration and the Collapse of Traditional Values in Thailand's Tribal Communities." Journal of Intercultural Studies **33**(1): 53-68.

Rural communities in northern Thailand have been decimated in recent years as a direct consequence of labour migration. This migration has placed unprecedented pressure on the traditional social and cultural values within tribal communities in Thailand's north. These changes have meant the most vulnerable members of these communities – children and the elderly – are facing dilemmas and challenges unimaginable a decade ago. Among the issues to emerge as a result of labour migration are: homelessness among the elderly, changes to traditional forms of aged care, and grandparent and extended family guardianship of children. There are increasing numbers of child-headed households in villages as parents have moved in search of work. These factors have resulted in an escalation of youth-based violence and have local authorities seeking urgent solutions to address the social and cultural vacuum. This research focuses on the impacts work migration has on ‘sending communities’ by providing case studies from three villages in Thailand's Nan Province. The paper will argue that temporary work migration either within nations or internationally, has destructive repercussions for sending communities. It will be argued that this type of migration in Thailand is instrumental in eroding ethnic pride and a loss of indigenous culture. The research was collected during fieldwork in Thailand during the past three years, two of which were spent as a full-time community development worker in an AusAID-funded project aimed at building the capacity of tribal youth leaders. [ABSTRACT FROM AUTHOR]

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Christensen, J. (2012). "Telling stories: Exploring research storytelling as a meaningful approach to knowledge mobilization with Indigenous research collaborators and diverse audiences in community-based participatory research." Canadian Geographer **56**(2): 231-242.

A growing number of geographers seek to communicate their research to audiences beyond the academy. Community-based and participatory action research models have been developed, in part, with this goal in mind. Yet despite many promising developments in the way research is conducted and disseminated, researchers continue to seek methods to better reflect the 'culture and context' of the communities with whom they work. During my doctoral research on homelessness in the Northwest Territories, I encountered a significant disconnect between the emotive, personal narratives of homelessness that I was collecting and more conventional approaches to research dissemination. In search of a method of dissemination to engage more meaningfully with research collaborators as well as the broader public, I turned to my creative writing work. In this article, I draw from 'The komatik lesson' to discuss my first effort at research storytelling. I suggest that research storytelling is particularly well suited to community-based participatory research, as we explore methods to present findings in ways that are more culturally appropriate to the communities in which the research takes place. This is especially so in collaborative research with Indigenous communities, where storytelling and knowledge sharing are often one and the same. However, I also discuss the ways in which combining my creative writing interests with my doctoral research has been an uneasy fit, forcing me to question how to tell a good story while giving due diligence to the role that academic research has played in its development. Drawing on the outcomes and challenges I encountered, I offer an understanding of what research storytelling is, and how it might be used to advance community-based participatory research with Indigenous communities. (English) [ABSTRACT FROM AUTHOR]

Raconter des histoires : La narration pour mobiliser des connaissances acquises auprès de collaborateurs autochtones dans la recherche participative axée sur la communauté Un nombre croissant de géographes désirent rendre accessible les résultats de leurs recherches à un vaste public au-delà du monde universitaire. C'est dans ce but que l'on conçoit des modèles de recherche-action participative axée sur la communauté. Pourtant, malgré le potentiel de ces perspectives pour la réalisation et la diffusion des travaux de recherche, les chercheurs ne cessent d'élaborer de nouvelles méthodes permettant de mieux rendre compte des éléments de culture et de contexte qui caractérisent les collectivités qui collaborent aux recherches. Au cours de ma thèse de doctorat sur l'itinérance dans les Territoires du Nord-Ouest, j'ai constaté un décalage important entre les récits personnels et émotifs portant sur l'itinérance que j'ai pu recueillir et les moyens plus conventionnels d'envisager la diffusion de la recherche. En quête d'une méthode de diffusion qui puisse nouer un dialogue plus étroit avec des collaborateurs de recherche ainsi que le grand public, j'ai eu recours à mes travaux réalisés dans le cadre d'activités de création littéraire. Je reprends ici l'article «The komatik lesson» afin de décrire le déroulement de ma première expérience de narration en recherche. Je défends l'idée selon laquelle la narration en recherche est particulièrement bien adaptée aux méthodes de recherche participative axée sur la communauté qui nous permettent de formuler des conclusions plus appropriées sur le plan culturel pour les collectivités au sein desquelles se déroulent les travaux de recherche. Une telle situation se présente notamment lors de travaux menés en collaboration avec les collectivités autochtones où l'on partage autant les récits et les connaissances qui souvent même se confondent. Toutefois, en abordant également la difficulté de concilier mes propres intérêts en création littéraire et ma recherche de doctorat, je poursuis mes réflexions sur les façons de raconter une bonne histoire tout en considérant l'importance du rôle de la recherche universitaire dans son développement. S'appuyant sur les résultats et sur les défis auxquels j'ai été confrontée, je propose un éclairage sur la narration en recherche et sur les manières par lesquelles elle pourrait servir à l'avancement de la recherche participative axée sur la communauté au sein des collectivités autochtones. (Spanish) [ABSTRACT FROM AUTHOR]

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Parkinson, A. J. (2011). "The international polar year: continuing the arctic human health legacy." Int J Circumpolar Health **70**(5): 447-449.

Nyamathi, A., et al. (2011). "Correlates of Depressive Symptoms among Homeless Men on Parole." Issues in Mental Health Nursing **32**(8): 501-511.

This study describes correlates of high levels of depressive symptoms among recently paroled men in Los Angeles who reside in a community substance abuse treatment program and report homelessness. Cross-sectional data were obtained from male residents who were released on parole within the last 30 days ( N ==157) to assess parental relationship, self-esteem, social support, coping behaviors, drug and alcohol use behaviors, depressive symptoms, and sociodemographic information. Results indicated that 40%% of the participants were classified as experiencing high levels of depressive symptoms (CES-D ≥≥ 10). Results of a logistic regression analysis showed that the following were predictors of depressive symptoms ( p <.05): physical abuse in childhood, non-residential alcohol treatment, violent behaviors, low self-esteem, and disengagement coping. Being Mexican-American, Mexican, American Indian, or Asian, and not displaying cognitive problems was inversely related to depressive symptoms in the final model (B ==--2.39, p <.05). Findings support proper use of both prison and community assessment services to at-risk individuals eligible for parole to increase self-esteem and coping. [ABSTRACT FROM AUTHOR]

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Minich, K., et al. (2011). "Inuit housing and homelessness: results from the International Polar Year Inuit Health Survey 2007-2008." Int J Circumpolar Health **70**(5): 520-531.

OBJECTIVES: Evaluate housing characteristics across Inuit regions in Canada that participated in the 2007-2008 International Polar Year (IPY) Inuit Health Survey. STUDY DESIGN: A cross-sectional Inuit Health Survey. METHODS: Housing characteristics were ascertained as part of the IPY Inuit Health Survey through interviews conducted in 33 coastal and 3 inland communities, representing all communities in the Inuvialuit Settlement Region (ISR) of NWT, Nunavut and Nunatsiavut of northern Labrador. Variable descriptive statistics were weighted and presented by region and by whether children were present or not in each household. RESULTS: A total of 2,796 Inuit households were approached, of which 68% participated (n=1,901 households). In ISR and Nunavut, approximately 20% of homes provided shelter to the homeless compared to 12% in Nunatsiavut (p≤0.05). The prevalence of public housing and household crowding also varied by region, with Nunavut having a statistically significantly higher prevalence of crowding (30%) than Nunatsiavut (12%) and ISR (12%). Household crowding was more prevalent among homes with children. Overall, 40% of homes were in need of major repairs and problems with mould were reported in 20% of households. CONCLUSIONS: Adequate shelter is a basic human need and an essential foundation for thriving population health. The results indicate that improvements in housing indicators are needed. Of utmost concern is the high prevalence of overcrowding in Inuit homes with children, which poses potential consequences for children's health and well-being. Further, the high percentage of homes providing shelter to the homeless suggests that hidden homelessness needs to be addressed by further research and program implementation.

Habibis, D. (2011). "A Framework for Reimagining Indigenous Mobility and Homelessness." Urban Policy & Research **29**(4): 401-414.

This article reports on the findings of a national study on housing responses to Indigenous temporary mobility. Drawing on policy analysis and interviews with Indigenous users and service providers, it argues Indigenous temporary mobility is a largely overlooked area of housing need. Its invisibility is partly explained by its status as a form of Indigenous endosociality whose motives and forms are largely opaque to mainstream services. However, it also arises because of the difficulty of unravelling the relationship between culturally sanctioned temporary mobility, resistance to engagement with mainstream services and involuntary responses to housing exclusion. Lack of attention to the nexus between temporary mobility and homelessness represents a missed opportunity to improve the housing outcomes of this hard to serve population. The article proposes a framework for distinguishing different mobility groups as a first step towards improving early intervention and prevention of Indigenous homelessness. [ABSTRACT FROM PUBLISHER]

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Egeland, G. M. (2011). "IPY Inuit Health Survey speaks to need to address inadequate housing, food insecurity and nutrition transition." Int J Circumpolar Health **70**(5): 444-446.

Milligan, V. and S. Pinnegar (2010). "The Comeback of National Housing Policy in Australia: First Reflections." International Journal of Housing Policy **10**(3): 325-344.

Following election of a new national government in November 2007, Australian housing policy is undergoing major reform under the leadership of the first dedicated national Housing Minister since 1996. A new intergovernmental agreement to frame future housing policy and drive major reform of social housing commenced in 2009. The Australian Government has also embarked on a variety of major housing initiatives that include: offering subsidies to private investors in new affordable rental housing; subsidising costs of residential development where savings are passed to homebuyers; and national partnership agreements, which incorporate targets to improve housing in remote Indigenous communities and to significantly reduce homelessness. As well, investments in additional social housing and cash assistance to first homebuyers have featured strongly in economic stimulus packages that are designed to offset domestic impacts of the global financial crisis. An increase of over 220 per cent in national government expenditure on housing over the period 2008/09 to 2011/12 indicates the magnitude of change. This paper documents Australia's new policy settings and examines the reform directions critically in the context of the ongoing debate in the housing literature about the role of national housing policy in increasing the supply of affordable and appropriate housing, economic development, wealth creation and social welfare. [ABSTRACT FROM AUTHOR]

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Dammann, K. W. and C. Smith (2010). "Race, homelessness, and other environmental factors associated with the food-purchasing behavior of low-income women." Journal of the American Dietetic Association **110**(9): 1351-1356.

Observance of the hunger-obesity paradox in urban Minnesota has ignited interest in the quality of low-income households' food purchases. This cross-sectional study investigated low-income, urban Minnesotan women's past-month food purchases and their associations with race, homelessness, and aspects of the food system, including food shelf (ie, food pantry) and food store usage, factors believed to influence food choice and grocery shopping behavior. The survey included demographics, the US Department of Agriculture's 18-item Household Food Security Survey Module, and grocery shopping questions related to food purchases and food stores visited in the past month. Participants were a convenience sample of 448 low-income, urban Minnesotan women, and data were collected from February through May 2008. The sample was 44% African American, 35% American Indian, 10% white, and 11% other/mixed race; 37% were homeless. Rates of "less healthy" food group purchases were higher compared to "healthy" food group purchases. Significant racial differences were found with respect to purchasing healthy protein food groups (P<0.05 to P<0.01) but not fruits, vegetables, or whole grains. Homelessness reduced the odds of purchasing most food groups, regardless of nutrient density (P<0.05 to P<0.001). Food shelf and food store usage mainly increased the odds of purchasing "less healthy" food groups (P<0.05 to P<0.01). These findings may help registered dietitians strategize with low-income, urban women how to make best use of food resources within their local food system. (Copyright 2010 American Dietetic Association. Published by Elsevier Inc. All rights reserved.)

Yaekel-Black Elk, J. K. (2009). American Indian Vietnam combat veterans: How out-of-home placement and having a veteran primary care giver are associated with features and symptoms of trauma, ProQuest Information & Learning. **69:** 7832-7832.

It was the purpose of this study to examine the relationships among American Indian Vietnam combat veterans’ childhood experiences: extra-cultural placement and having a veteran primary care giver, and features and symptoms of Post Traumatic Stress Disorder. Participants were 150 American Indian Vietnam combat veterans from the Midwest. This study examined scores from two dependent measures: Traumatic Attachment Belief Scale (TABS) and the Mississippi Combat PTSD Scale-Short Form (M-PTSD Short Form). The two independent measures were: veterans who experienced extra-cultural placement or those who did not experience extra-cultural placement, and veterans who had a veteran primary care giver as a child or who did not have a veteran primary care giver as a child. Research findings indicated that veterans who experienced extra-cultural placement were significantly more likely to have experienced incarceration and homelessness. There were no significant differences in alcohol and drug treatment between those who had experienced extra-cultural placement and those who had not. There were no significant differences found if participants had a veteran primary care giver or not in homelessness or treatment for alcohol or drug abuse. Those who had a veteran primary care giver were found to be significantly more likely to experience incarceration than those who did not. Research findings also showed that participants who experienced actual or threatened homelessness were also more likely to experience incarceration and alcohol or drug treatment. The impact of trauma on beliefs about others’ safety was significantly greater than the impact of trauma on beliefs about self-safety, trust of others or of self-esteem toward others or toward self, and of intimacy with self or others. Other differences in these constructs were found. Significant differences were not found in the impact of trauma on features and symptoms of PTSD as a function of the absence of extra-cultural placement or extra-cultural placement or having a non-veteran or veteran primary care giver. Finally, there were significant associations between the impact of trauma on beliefs about self and others, features and symptoms of PTSD, no extra-cultural placement/extra-cultural placement, and having a non veteran or veteran primary care giver. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

Berman, H., et al. (2009). "Uprooted and displaced: a critical narrative study of homeless, Aboriginal, and newcomer girls in Canada." Issues Ment Health Nurs **30**(7): 418-430.

Uprooting and displacement are a common part of everyday life for millions of girls and young women throughout the world. While much of the discourse has centered on movement from one country to another, uprooting and displacement are also a reality for many within Canada. Notably, a growing population of homeless girls and Aboriginal girls also have experienced uprooting and dislocation from home, community, and in some cases, family. For many of these girls, multiple forms of individual and systemic violence are central features of their lives. The primary purpose of this critical narrative study is to examine how uprooting and displacement have shaped mental health among three groups: (1) newcomers to Canada (immigrant and refugee girls); (2) homeless girls; and (3) Aboriginal girls. In-depth narrative interviews were conducted with 19 girls in Southwestern Ontario. Narrative themes revealed that although there is much diversity within and between these groups, uprooting and displacement create social boundaries and profound experiences of disconnections in relationships. Barriers to re/establishing connections generate dangerous spaces within interlocking systems of oppression. However, in negotiating new spaces, there is the potential for the forming and re-forming of alliances where sources of support hold the promise of hope. It is within these spaces of hope and pathways of engagement where connections offer a renewed sense of belonging and well-being. The findings highlight the relevance of the construct of uprootedness in girls' lives, provide beginning directions for the design of gender-specific and culturally meaningful interventions, and comprise a substantial contribution to the growing body of research related to girls and young women.

(2009). "Indigenous homelessness." Australian Nursing Journal **17**(5): 12-12.

This article focuses on the report "Indigenous Housing Needs 2009: A Multi-Measure Needs Model," released by the Australian Institute of Health and Welfare in October 2009. According to the report, indigenous housing has deteriorated, while homelessness and affordability levels are still unchanged. It notes that there are 20,739 overcrowded households, 9,248 homeless indigenous people and 8,331 people in financial housing distress. The report claims there would be continued increase in the need for homes as a result of growth and demographic changes.

Nathan Wright, A. (2008). Civil rights 'unfinished business': Poverty, race, and the 1968 poor people's campaign, ProQuest Information & Learning. **68:** 3918-3918.

In May 1968, a racially, geographically, and politically diverse coalition of poor people joined forces to make themselves visible to the nation and protest the unseen poverty they suffered from on a daily basis. Under the leadership of the Southern Christian Leadership Conference (SCLC) between 3,000 and 5,000 African American, Mexican American, American Indian, Puerto Rican, and white Appalachian poor people caravanned to Washington, D.C., and built a temporary city-Resurrection City-on the symbolic space of the National Mall, where they remained for over six weeks as part of the 1968 Poor People's Campaign. The caravans and temporary shantytown brought poverty into the national spotlight, exposing the bleak conditions impoverished people experienced on a daily basis. In Resurrection City volunteers provided participants with social services and basic necessities they lacked at home, while participants conducted daily protests at nearby government agencies, demanding assistance for the basic needs of housing, food, and jobs. The ultimate goal of the 1968 Poor People's Campaign was to produce a radical redistribution of wealth in the U.S., but most involved in the movement hoped, if nothing more, to expose the pervasiveness of poverty and persuade Congress to fund new programs and improve the administration and benefits of existing ones. This radical social experiment was the first national, multiracial anti-poverty movement of the era, yet it has received scant scholarly attention. 'Civil Rights' 'Unfinished Business'' provides a comprehensive narrative of this significant yet neglected movement that reveals the complexity of national, grassroots, multiracial, class-based activism that challenged the nation to face the problem of poverty during the most tumultuous years of the era. Civil rights scholars tend to dismissively characterize the Poor People's Campaign (PPC) as the last gasp of the civil rights movement-a failed campaign with no substantial lasting consequences. However, this dissertation argues that rather than simply being Martin Luther King Jr.'s 'last crusade,' the PPC represents civil rights' 'unfinished business.' The problems this campaign tried to address-hunger, joblessness, homelessness, inadequate health care, a failed welfare system-still persist, and people of color, particularly women and children, continue to experience poverty and its effects disproportionately. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

MacKenzie, D. and C. Chamberlain (2008). "Youth homelessness 2006." Youth Studies Australia **27**(1): 17-25.

The third national census of homeless school students, conducted in 2006, found that the number of homeless students had decreased since 2001. There were 9,389 homeless students in 2006 compared with 12,227 in 2001. Three groups were over-represented in the homeless population: Indigenous students, young people from single parent and blended families, and teenagers who had been in state care and protection. The number of homeless young people aged 12 to 18 decreased from 26,060 in 2001 to 21,940 in 2006. An increase in early intervention services appears to account for most of the decrease in youth homelessness. [ABSTRACT FROM AUTHOR]

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Moorcroft, L. (2006). "Raising our Voices Against Violence." Canadian Dimension **40**(2): 23-24.

The article presents information on violence against women. According to a report, indigenous women are the target of hatred and violence because of their gender and race. Indigenous women often live in dangerous situations of poverty and homelessness. Canadian police fails to provide protection for indigenous women. Violence is accepted as normal. Less than 48 per cent of reported sexual offences result in criminal charges. Many women do not report sexual offences because they don't want to get involved with the police. Due to this violent offenders do not face justice, even when crimes are reported and charges are laid. Women need to break their silence and actively raise their voice to stop the violence against them.

Kiser, K. (2006). "Minimalist." Minn Med **89**(1): 24-27, 45.

Abelson, J., et al. (2006). "Some characteristics of early-onset injection drug users prior to and at the time of their first injection." Addiction **101**(4): 548-555.

Aims: This paper examines differences between early- and late-onset injection drug users (12-16 years versus 17-24 years) in terms of the antecedents and circumstances of first injection. Design: Cross-sectional retrospective design, using logistic regression. Setting: Australia: Sydney, Brisbane, rural New South Wales. Participants: A total of 336 injection drug users aged 16-25 years at the time of interview. Measurements: Independent variables included family injection drug use, homelessness and other demographic variables, drugs used prior to the first injection, length of pre-injection drug career, behaviours at time of first injection (e.g. drug injected, reasons/motives for the first injection, risk behaviours). Findings: Early-onset injection was associated independently with: having a family who injected drugs, having left school early, an unreliable source of income, a short pre-injection drug career, planning of the first injection, reliance on others for administration of the first injection and denial that experimentation was the motive for the first injection. In bivariate analysis, early-onset injection was associated further with: homelessness, being an Indigenous Australian, omission of use of certain pre-injection drugs, group presence at first injection, reliance on others for acquisition of the first needle and syringe and having injected the first time because an injection was offered. Conclusions: The research shows that early-onset, compared with late-onset injectors, are more likely to have an immediate family who inject drugs and other problematic beginnings in early life. They have an accelerated transition to injection, and differences in autonomy and motivation at first injection. These characteristics may make them more vulnerable to risk taking. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

(2006). "ABSTRACTS (English, French, Spanish, Chinese, Arabic)." International Social Work **49**(1): 119-124.

This article presents several abstracts related to social work. They include "Mental-health services for refugee women and children in Africa: A call for activism and advocacy," "Sexual trafficking of women: Tragic proportions and attempted solutions in Albania, A study of domestic violence against academic working wives in Medan," "Family violence: An Australian Indigenous community tells its story," "The Chinese concept of face and violence against women," and "A study of the structural risk factors of homelessness in 52 metropolitan areas in the United States."

Breen, C., et al. (2005). "Gender differences among regular injecting drug users in Sydney, Australia, 1996-2003." Drug and Alcohol Review **24**(4): 353-358.

Previous research has found that female injecting drug users (IDU) are younger and more likely to be involved in risky behaviours such as needle sharing and sex work than male IDU. Aboriginal female drug users, in particular, are over-represented in IDU and prison populations. These factors place female IDU at increased risk of health problems and complicate issues such as homelessness, unemployment and poverty. Although a substantial body of research exists, little trend analysis has been done in Australia and much of the previous literature has focused on treatment populations. Cross-sectional data from 1996 to 2003 from regular IDU in Sydney interviewed as part of Australia's drug monitoring system, the Illicit Drug Reporting System (IDRS) were examined for trends over time. The demographic characteristics, drug use patterns and self-reported risk behaviours of the most recent sample (2003) were analysed for gender differences. Female IDU were younger in all sample years. Female IDU were more likely to identify as Aboriginal or Torres Strait Islander (ATSI) and engage in sex work. There has been a steady increase in these proportions over time. Female IDU were less likely to have a prison history, although there has been an increase among both male and female IDU over time. There were no gender differences in drug use patterns or frequency of drug use. Larger proportions of females report lending needles. Reports of lending and borrowing needles have decreased over time among both male and female IDU. Female IDU may place themselves at greater risk than male IDU by being more likely to share injecting equipment and engage in sex work. Treatment and other measures to reduce harm may need to be targeted specifically at women and, in particular, indigenous women. (PsycInfo Database Record (c) 2020 APA, all rights reserved)

(2005). "Substantial numbers 'lost' despite mental health advances - Governor." Australasian Psychiatry **13**(3): 322-323.

Presents views of The New South Wales Governor, Professor Marie Bashir, who officially opens the Royal Australian and New Zealand College of Psychiatry's (RANZCP) Sydney congress. Substantial numbers of people continued to be lost to substance abuse, unfulfilled potential, homelessness and suicide despite earlier identification and more effective management of mental health problems, according to the New South Wales Governor, Professor Marie Bashir. Officially opening the RANZCP congress in Sydney, Professor Bashir said the frequently cited World Health Organisation, World Bank, Harvard study of several years ago had forecast a global crisis in mental health. Professor Bashir said warnings of a crisis in mental health occurred regularly and were sometimes followed by a national enquiry, as was underway in Australia now, which sometimes led to new funding for service enhancement. Professor Bashir said psychiatrists were being increasingly drawn into areas of social justice and human rights advocacy on behalf of not only the mentally ill, but of other deeply traumatised individuals and disadvantaged groups. The Governor acknowledged the college's longstanding commitment to improving the emotional health and wellbeing of the indigenous people of Australasia. (PsycInfo Database Record (c) 2020 APA, all rights reserved)

Lobo, S. and M. M. Vaughan (2004). Substance Dependency among Homeless American Indians in Oakland and Tucson. Healing and mental health for Native Americans: Speaking in red. E. Nebelkopf and M. Phillips. Walnut Creek, CA, AltaMira Press**:** 179-190.

This chapter is an abridged version of 'Substance Dependency among Homeless American Indians,' by Susan Lobo, Ph.D., and Margaret Mortensen Vaughan, M.A., which appeared in (Journal of Psychoactive Drugs, 2003, Vol 35[1], 63-70). (The following abstract of the original article appeared in record [rid]2003-03799-011[/rid].) Extensive qualitative research in the San Francisco Bay Area in California and in Tucson, Arizona, indicates strong associations between substance abuse and homelessness among American Indians. This article takes a comparative approach to describe and analyze precipitating factors and survival patterns of those who are both homeless and who suffer from substance dependency. Possible precipitating factors presented through case studies consider the complex interaction of childhood fostering or adoption into non-Native families, different types of involuntary institutionalization during youth, and the personal impact of accident, trauma and loss. Coping strategies and keys to survival are examined, including the role of the extended family and close friendships, American Indian and mainstream organizations that offer formal and informal services, the existence of anchor or key households, the helping relationships and sobriety groups among homeless individuals, spirituality, and cultural resiliency. (PsycInfo Database Record (c) 2020 APA, all rights reserved)

Farrin, J., et al. (2004). "Reaching out to Homeless Rural Youth: The Whyalla and Upper Eyre Peninsula Reconnect Project." Rural Social Work **9**(2): 89-96.

The Whyalla and Upper Eyre Peninsula Reconnect Service provides early intervention and prevention services for youth homelessness in rural and remote South Australia by re-engaging homeless youth and those at risk of homelessness with mainstream institutions in society. The project services both Indigenous and non-Indigenous communities. It is a joint project of the University of South Australia, Whyalla Youth Services and Plaza Youth Centre. By integrating participatory action research methods with service provision, intervention strategies are being devised that are tailored to each young person, their family, and their community. In this paper we present the literature relating to rural youth homelessness, trace the development of the service, discuss the research and evaluation strategies employed, present the results of this research, and identify how these have shaped the service. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

Ashman, J. J., et al. (2004). "Health and Support Service Utilization Patterns of American Indians and Alaska Natives Diagnosed with HIV/AIDS." AIDS Education and Prevention **16**(3): 238-249.

The purpose of this analysis is twofold: to examine the types of health and support services provided by CARE Act funded providers to American Indians/ Alaska Natives and to compare the characteristics and service utilization patterns for this group with those of individuals from other racial/ethnic groups. We present an analysis of the demographic characteristics, service utilization, and health outcomes of all HIV-infected clients who received services in five geographic areas at agencies that were funded through the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act. Standard chi-square tests were used to test for statistically significant differences (p < .05) between the demographic characteristics and service utilization patterns of matched pairs of HIV-positive American Indian/Native Alaskans with HIV-positive individuals of other racial and ethnic backgrounds. Individuals were matched on gender, age, insurance, AIDS diagnosis, and site. Other data examined include client characteristics (income, homelessness, HIV exposure category, and source of health care), health indicators (CDC-defined disease stage, CD4+ counts, substance abuse and psychiatric illness) and service utilization (medical care; mental health treatment/counseling; substance abuse treatment/counseling; case management; dental care; housing, food, emergency financial, and transportation assistance, and buddy/companion and client advocacy services). There were no statistically significant differences between the two groups for HIV exposure category, CD4 count, substance abuse problem, and being homeless and in their likelihood to receive medical care, mental health or substance abuse treatment/counseling, dental care, food, emergency financial, and transportation assistance, as well as buddy/companion and client advocacy services. They were more likely (55% vs. 46%) to receive case management services than the matched individuals from other racial/ethnic groups. They were also more likely to receive housing assistance (35% vs. 25%). The analysis provides evidence that when individuals are matched on key demographic and health characteristics, few differences remain between HIV-positive American Indians/Native Alaskans and other racial/ethnic groups. The two exceptions are case management and housing assistance. The significantly higher use of case management is not surprising, given the emphasis by American Indians/ Alaska Natives on traditional Native American case management. In contrast, the significantly higher use of housing assistance by American Indians/Alaska Natives was unexpected. Exploring the potential need for housing assistance among all American Indians/Alaska Natives served by the Ryan White CARE Act needs to be considered. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

Lobo, S. and M. M. Vaughan (2003). "Substance dependency among homeless American Indians." Journal of Psychoactive Drugs **35**(1): 63-70.

Extensive qualitative research in the San Francisco Bay Area in California and in Tucson, Arizona, indicates strong associations between substance abuse and homelessness among American Indians. This article takes a comparative approach to describe and analyze precipitating factors and survival patterns of those who are both homeless and who suffer from substance dependency. Possible precipitating factors presented through case studies consider the complex interaction of childhood fostering or adoption into non-Native families, different types of involuntary institutionalization during youth, and the personal impact of accident, trauma and loss. Coping strategies and keys to survival are examined, including the role of the extended family and close friendships, American Indian and mainstream organizations that offer formal and informal services, the existence of anchor or key households, the helping relationships and sobriety groups among homeless individuals, spirituality, and cultural resiliency. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

Farrin, J., et al. (2003). "Rural youth homelessness: Has the bough broken?" Australian Journal of Psychology **55**: 178-178.

This paper will discuss the initial findings of doctoral research investigating homelessness in rural youth. The research involved in-depth interviews with experts in the area of homelessness, focus groups completed in regional centres and rural communities and in-depth interviews and surveys with young people on 3 occasions over 9 months to monitor their progression (or not) within a homelessness career path. This paper will discuss the current literature surrounding rural youth homelessness and will then progress to explore the initial outcomes of the above research. The findings will cover: the characteristics, needs and resources of youth who are homeless in rural areas; their patterns of movement; and what services are available to, and used by, homeless youth in rural SA. The paper will also review whether providing skill training and support networks reduces the incidence of homelessness and prevents the transition through stages within the homeless career. The views and concerns of leading experts in the field of homelessness research will be presented together with the findings of focus groups conducted with parents and young people (both Indigenous and non-Indigenous), agency representatives, and homelessness young people within rural and remote communities. [ABSTRACT FROM AUTHOR]

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Westerfelt, A. and M. Yellow Bird (1999). "Homeless and indigenous in Minneapolis." Journal of Human Behavior in the Social Environment **2**(1-2): 145-162.

Examined the extent to which homelessness and its possible antecedents and consequences differ for indigenous peoples and Whites in Minneapolis, Minnesota. 76 indigenous and 143 White, predominantly male, homeless individuals (mean ages 32.1 and 31.6 yrs) completed interviews. Results show that 55% of indigenous Ss and 40% of White Ss had experienced childhood out-of-home placement. Indigenous Ss displayed higher levels of disability concerning alcohol use and its consequences. There were no significant differences concerning self-reported health, depression, or self-esteem. An overwhelming majority of both groups believed that their family cared about them, but relatively few reported being willing to ask their family for help. Indigenous Ss reported significantly more contacts with their families in the preceding 30 days. Indigenous Ss also reported receiving significantly more shelter and meals from friends. A third of White Ss and two-fifths of indigenous Ss had not received public assistance in the preceding month. Both groups reported limited use of psychiatric hospitals. Findings suggest that being homeless in Minneapolis is a significantly different experience for indigenous peoples than it is for Whites. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

Stewart, K. S. (1999). A study of a homeless population through the use of the MCMI-III, ProQuest Information & Learning. **59:** 3716-3716.

This study examined the personality characteristics and the mental health problems of a sample of 97 homeless men and women entering a treatment program through the administration of the Millon Clinical Multiaxial Inventory-III. The purpose of this study was to identify clusters and provide information regarding the personality characteristics of this sample. This study examined past literature on homelessness including the most common mental health problems associated with this population. Critiques of previous studies that employed standardized measures with homeless individuals were provided. Seventy-two men and 25 women participated in this study. The mean age was 35.71 years and the mean educational level was 11.80 years. Sixty-two percent were white, 32% were black, 1% Hispanic, and 1% American Indian. Forty-five percent had never been married, 35% were divorced, and 10% were separated. Sixty-seven percent of the men and 32% of the women completed the 60-90 day treatment program. All of the base rate scale scores on the MCMI-III were utilized for this study. Three distinct clusters were identified through the Ward's and the K-Means clustering methods. They were termed the 'Multi-Problem' cluster, the 'Substance Abuse' cluster, and the 'Deniers.' Linear forward regression analysis was conducted on the MCMI-III scales and the demographic information. A One-Sample T test was computed. Four of the scales--Antisocial, Alcohol Dependence, Drug Dependence, and Disclosure Index--were found to be significantly above Millon's base rate critical level of 60. Analysis of Variance determined significance differences between 14 of the means for subject gender and 12 of the means for program success. Factor analysis was employed on all the MCMI-III scales with four significant components identified that accounted for 75.29% of the variance. The MCMI-III proved to be a beneficial assessment tool for this population. This study provided evidence into how the MCMI-III can be utilized within homeless treatment programs as an aid in understanding the population. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

Lanzi, R. G., et al. (1999). "Correlates of maternal depressive symptoms in a national Head Start program sample." Archives of pediatrics & adolescent medicine **153**(8): 801-807.

Objective: To examine correlates of maternal depressive symptoms in a diverse, national sample of mothers whose kindergarten-aged children attended a Head Start program.; Design and Participants: A cross-sectional study of 5820 mothers was conducted during their child's kindergarten year.; Main Outcome Measure: Rates of maternal depressive symptoms were assessed by a validated 3-item depression screen.; Results: The ethnic makeup of the group of mothers was non-Hispanic white, 46%; African American, 30%; Hispanic, 13%; American Indian, 6%; Asian American, 1%; and other, 4%. The mean (SD) age of the mothers was 30.1 (5.55) years, 57% were unemployed, and 68% had at least a high school diploma or had earned a high school equivalency diploma. More than 40% of the mothers screened positive for depressive symptoms. The strongest associations after controlling for several biological and demographic variables were maternal chronic health problem (adjusted odds ratio, 2.77; 95% confidence interval, 1.98-3.87), homelessness (adjusted odds ratio, 2.00; 95% confidence interval, 1.45-2.77), and lowest income level (adjusted odds ratio, 1.56; 95% confidence interval, 1.30-1.88).; Conclusions: Depressive symptoms were common among mothers of young children in this national sample. Interventions must be targeted at alleviating maternal depressive symptoms by decreasing poverty, providing support programs for single parents, and establishing accessible and affordable medical care for all parents and their children. Primary care physicians can play a key role in early identification and intervention.

Kasprow, W. J. and R. Rosenheck (1998). "Substance use and psychiatric problems of homeless Native American veterans." Psychiatr Serv **49**(3): 345-350.

OBJECTIVE: This study estimated the proportion and representation of Native Americans among homeless veterans and compared their psychiatric and substance abuse problems with those of other ethnic groups of homeless veterans. METHODS: The study was based on data from the Department of Veterans Affairs' Health Care for Homeless Veterans program, a national outreach program operating at 71 sites across the country. Alcohol, drug, and psychiatric problems of Native American veterans (N=950) reported during intake assessment were compared with problems reported by white, black, and Hispanic veterans (N=36,938). RESULTS: Native Americans constituted 1.6 percent of veterans in the program. Age-adjusted analyses suggested that relative to the general veteran population (of which 1.3 percent are Native Americans), Native Americans are overrepresented in the homeless population by approximately 19 percent. Regression analyses controlling for demographic characteristics found that Native American veterans reported more current alcohol abuse, more previous hospitalizations for alcohol dependence, and more days of recent alcohol intoxication than members of other ethnic groups. In contrast, Native American veterans reported fewer drug dependence problems than other minority groups and fewer current psychiatric problems and previous psychiatric hospitalizations than the reference group of white homeless veterans. CONCLUSIONS: Native Americans are overrepresented in the homeless veteran population. They have more severe alcohol problems than other minority groups but somewhat fewer psychiatric problems.

Cummins, L. K., et al. (1998). "Comparisons of Rural and Urban Homeless Women." Affilia: Journal of Women & Social Work **13**(4): 435-453.

The article focuses on a study which explores the characteristics, coping patterns, and personal problems of 473 homeless women in 21 randomly selected rural counties in Ohio, and discusses concerns about the impact of welfare reform on rural women. Most of the women were homeless without partners and often attributed their homelessness to family conflict and economic hardships. The women ranged in age from 18 to 78 years, with a median of 27 years; most were under age 40. Indigenous county research teams were constructed by recruiting and training county residents as interviewers and key advisers. The main reasons responsible for the homelessness of women include family conflict and economic hardship. Unlike homeless women in urban studies, the rural women had low incidence of mental illness and substance abuse and high levels of resourcefulness. Conditions in rural areas magnify the oppressive conditions of women in American society Traditional gender roles, high rates of poverty exaggerated inequities in the employment and wage structures, and limited family and public resources are some factors that make homelessness for women in rural areas distinct from that in urban areas.

Gullickson, T. and P. Ramser (1996). "Review of Handbook on Risk of AIDS: Injection Drug Users and Sexual Partners." Contemporary Psychology **41**(1): 84-84.

The findings reported in this volume (see record [rid]1995-97330-000[/rid]) are based on studies of 26,356 injection drug users located primarily on the streets and 5,435 sexual partners of injection drug users located in a variety of community settings. The data are obtained from the National AIDS Demonstration Research Program. In 28 chapters, the authors of this volume discuss 41 projects aimed at containing the spread of AIDS in injection drug users and the community at large. Organized in seven sections, this handbook examines the following broad topics: the spread of AIDS through the United States, with special emphasis on the impact of AIDS outside disease epicenters and in Puerto Rico; the role of needle use patterns and behaviors in the spread of AIDS; gender issues related to the spread of HIV and injection drug use (including the behavior of female sexual partners and the exchange of sex for drugs); ethnic and age differences in the functioning and behavior of injection drug users (including a look at the role of homelessness and criminal activity); different issues in the use of drug abuse treatment by the injection drug-using population; various outreach and intervention strategies, including the use of indigenous workers, 12-step programs, and outreach to sexual partners; and the impact of behavior change strategies on drug use, needle using, and sexual behaviors. (PsycINFO Database Record (c) 2019 APA, all rights reserved)

Burklo, J. (1995). "Houselessness and homelessness." Whole Earth Review(86): 66.

Discusses homelessness. Indigenous quality of homeless people; Indigenous people's characteristic relationships to specific geographic places; Dangers of being indigenous in present world economy.

Mkhize, H. (1994). "Violent oppression: Implications for mental health priorities in South Africa." Medicine & Law **13**(1-2): 193-203.

Investigated mental health problems resulting from violent oppression among 45 employees on a White-owned farm near Mtubatuba, South Africa. Ss were 15 youths, 15 parents, and 15 grandparents. Interviews were conducted at a time when the Ss' anger and frustration were at a peak. 75% of the Ss mentioned various mental health problems: childhood and adolescence problems, alcohol and drug abuse, depression, lack of health care for the aged and disabled, and homelessness. Almost all the Ss felt that mental health services were inaccessible, and that indigenous healers were more practical and useful. It is concluded that mental health programs must be centered around strengthening of family life, empowering of communities to promote healing on a wide scale, and developing training schools that incorporate indigenous and Western knowledge. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

Perrow, C. and M. F. Guillén (1990). The AIDS disaster: The failure of organizations in New York and the nation. New Haven, CT, Yale University Press.

The seriousness, potential dimensions, and likely victims of the AIDS [acquired immune deficiency syndrome] epidemic were known as early as 1981, yet the reaction of both public and private organizations was shockingly slow and feeble and is even now woefully inadequate. Basing their analysis largely on the hardest hit city, New York, Charles Perrow and Mauro Guillén deliver a passionate, yet well-documented indictment of governmental and private groups for failing to provide the necessary education and care in response to this disaster. In this controversial book the authors describe the patterns of denial, avoidance, and segregation that various organizations exhibited toward the AIDS crisis and its victims. In so doing they extend our theories of organizational dynamics. It is well known that society has an aversion to the major groups threatened or afflicted with AIDS—male homosexuals and, more recently, intravenous drug users and their sexual partners—and that the poor and members of the minorities contribute most heavily to the ranks of the drug users. This situation, Perrow and Guillén argue, results in a stigma that makes AIDS unique among epidemics and contaminates the response of most organizations involved. Society's hostility toward the urban poor bears even more responsibility for the organizational mishandling of the crisis than the economic and ideological preoccupations of the Reagan era and the homophobia of lawmakers and establishment organizations. The second wave of the epidemic, affecting intravenous drug users and, through them, crack users, interacts fatally with growing problems of poverty in the inner cities, where homelessness, joblessness, rising tuberculosis and syphilis rates, crime, and the paucity of strong indigenous community agencies all foster the rapid spread of the disease. What is needed, the authors contend, is an all-out war on AIDS that attacks both sexual discrimination and poverty. The AIDS epidemic, they claim, presents an occasion for redressing long-standing social injustices. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

Filice, G. A., et al. (1984). "Group A meningococcal disease in skid rows: epidemiology and implications for control." Am J Public Health **74**(3): 253-254.

Interviews conducted during outbreaks of group A meningococcal disease in skid row communities suggested that heavy alcohol use was associated with increased risk of disease. Frequent moving within skid row and from one skid row to another was characteristic of a subpopulation with increased risk of disease and may have facilitated spread within and between skid rows. The observations discussed herein have important implications for control of communicable diseases in and near skid rows.

1. Pubmed Academic Search Complete, Health Source: Nursing/Academic Edition, MEDLINE, APA PsycArticles, Social Work Abstracts, Global Health [↑](#footnote-ref-1)