

DISCUSSION SECTION

INDIGENIZING ACADEMIA: STUDENT RE- FLECTIONS ON ABORIGINAL HEALTH RE- SEARCH IN CANADA

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Abstract

In June 2000, the Canadian Institutes of Health Research (CIHR) introduced thirteen new areas for health research, including the Institute of Aboriginal Peoples' Health (IAPH). Fourteen years later, four students involved with Aboriginal health research reflect on their graduate experiences with this CIHR initiative.

Résumé

En juin de l'an 2000, les Instituts de Recherche en santé du Canada (IRSC) créèrent treize nouveaux domaines de recherche en santé, y compris l'Institut de la santé des Autochtones (ISA). Douze and plus tard, quatre étudiants mêlés à des recherches sur la santé des autochtones revoient leurs expériences d'étudiants aux cycles supérieurs touchés par cette initiative de l'IRSC.

Introduction

In June 2000, the Canadian Institutes of Health Research (CIHR) introduced thirteen new areas for health research, including the Institute of Aboriginal Peoples' Health (IAPH). The mandate of this institute included the advancement of a national Aboriginal health research agenda through innovative research projects focusing on community collaboration for change.

Out of this IAPH initiative, the Aboriginal Capacity and Developmental Research Environments (ACADRE) centers were created, later becoming the Network Environments for Aboriginal Health Research (NEAHR) centers in 2007. The nine NEAHR centers across the country served to build capacity in Aboriginal health research by developing human resources and supportive environments for community research projects, graduate researchers, and other academic initiatives (CIHR 2011).

"Indigenizing" Graduate Education

The Aboriginal health initiatives made available through the NEAHR program offered opportunities for funding, research involvement, mentorship, and community and student gatherings. These activities marked a significant departure from the environments we were accustomed to in Western academia. The environment modeled for most graduate students in Canada is one based on a few simple tenants, including the infamous law of "publish or perish," as well as academic competition among colleagues. The social order within these Western institutions is based on a hierarchy of authority and prestige, with grant money and publications as currency. Often relationships between students and their supervisors are impersonal and lack a degree of emotional safety required for authentic mentorship that encourages student development, both personally and professionally.

Still, this academic model of "career" does not resonate with all students and instructors across all disciplines, communities and cultures. For instance, students and instructors who conceptualize career from an Aboriginal paradigm have a competing set of core values based on

an acceptance of diversity in both thought and skill. These individuals value respect, humility, honesty and truth, as well as a sense of collectivity among peers. It is not difficult to see how many students, especially Aboriginal students, can feel out of place in traditional academic settings where a sense of community is lacking, as noted in recent research findings in the area of educational psychology (Stewart 2009).

Fortunately, the NEAHR coordinators across Canada worked diligently to ensure that events such as the annual graduate student gathering and other regional conferences followed a new model of academic sharing. Interactions among students and researchers were built upon respect, partnership, and mutual benefit, fostering a sense of belonging and support for both Aboriginal and non-Aboriginal students. These meetings also brought together students across various health disciplines. This type of interdisciplinary collaboration marked another innovative practice embedded in the IAPH-NEAHR vision.

These authors attended one such IAHP gathering: the 2008 Summer Research Institute in Halifax, Nova Scotia, held by the Atlantic Aboriginal Health Research Program (AAHRP), one of the NEAHR centers. This summer institute focused on creating and evaluating intervention projects in Aboriginal health research. Throughout the week students grouped together from across health disciplines to design intervention research projects with the help of experts in health promotion and evaluation. While students gained an invaluable skill set for research, the other significant benefits of the meeting came in the form of networking among students and cross-disciplinary learning.

At the close of this intensive week, the group of over thirty graduate students gathered on the campus lawn to close with a sharing circle. What surfaced were emotional accounts of experiences as outsiders in academic departments, and insiders in NEAHR gatherings like these. We discussed the relief of being around like-minded peers and of feeling accepted in our unique and different ways. There were cleansing tears and affirmations were made to each individual by the collective. This collective had developed into a core group of NEAHR students, both Aboriginal and non-Aboriginal, committed to working for Aboriginal peoples in Canada and dedicated to the improvement of health and well-being for Indigenous peoples globally.

Aside from this type of positive sentiment garnered at these meetings, the NEAHR gatherings and other initiatives like these were beneficial to students in additional ways. For instance, this style of instruction reflects an Indigenous epistemology, or way of knowing and learning, and it also promotes interdisciplinary learning—both of which are required to work successfully alongside Aboriginal communities as health researchers. Dr. Marie Battiste, a prominent Aboriginal scholar in the field of education, writes that Aboriginal knowledge systems and ways of knowing have existed since time immemorial and

that this type of learning is typically grounded in experience (2002). The student learns through observing, listening and participating in Indigenous culture, ceremonies and rituals, and knowledge is passed on through modeling (Battiste 2002; MacFarlane, Glynn, Grace, Penetito, & Bateman, 2008). This type of mentorship fosters strong relationships between learners and teachers, where students are safe to explore and enjoy what they are learning (Battiste 2002). These comments mirror the experiences graduate students share through the NEAHR program, where we have been encouraged to learn through Aboriginal epistemology (or ways of knowing) by participating in cultural events and ceremonies, teachings from Elders, and community based research.

Teaching Aboriginal and non-Aboriginal graduate students Aboriginal ways of knowing also brings about personal change. Students learn about the historical contexts of Aboriginal health and about colonization itself – an area of study that has been lacking in our public education upbringing. This knowledge helps students to begin to decolonize their own minds, to be respectful of diverse groups and of their complex histories, and to learn to take responsibility in their own lives moving forward (Battiste 2002), as allies and advocates for Aboriginal peoples. Learning through personal connections with Aboriginal community members and Elders, as well as with others in this academic field, can therefore have a strong impact on the personal development of students and their sense of self in the world (MacFarlane et al. 2008).

Secondly, the NEAHR gatherings also brought together students across health disciplines and allowed them to learn from one another, as described in our summary of the summer institute in intervention research. This kind of interdisciplinary networking across health sectors allowed students to create innovative ways of solving complex health-related issues (Lawrence 2004). NEAHR funding also promoted adherence to the OCAP (Ownership, Control, Access and Possession) Principles for ethical research with Aboriginal communities (National Aboriginal Health Organization 2007). This typically involves carrying out community-based research in partnership with Aboriginal communities, which is another form of interdisciplinary collaboration as it brings together academic and local community knowledge. Although most PhD graduates are highly specialized in their field, “life is interdisciplinary” (Helfand 2010, p.1) and real-world issues must be considered within their social contexts and through diverse epistemologies in order to be solved (Lawrence 2004). This is especially the case for understanding and improving Aboriginal health.

The following offers the accounts of four students who have been involved in the NEAHR initiatives for graduate students.

Four Graduate Experiences in Aboriginal Health Research

*Julie Bull, from Happy Valley-Goose Bay, Labrador
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Interdisciplinary PhD Student*

As a young Inuit-Métis woman from NunatuKavut, Labrador, my goal to attend university meant leaving my family and home community. In 2001, I went to Prince Edward Island where I studied Philosophy and Psychology. I had a wide range of interests and was specifically intrigued with ethical theory, social justice, and contemporary moral issues. At the time, I didn't really know what I could do with those interests, aside from reading about them and engaging in philosophical conversation.

I am deeply connected to my roots and as such, I would go back to Labrador for the summer months during my undergraduate years. In the summer of 2004, after several weeks of struggling to find meaningful employment, I was introduced to a potential research project about Fetal Alcohol Spectrum Disorder supports in Happy Valley-Goose Bay. As an undergraduate student, I wasn't aware that such opportunities even existed for me. I was tasked with writing a proposal for an undergraduate internship through the Atlantic Aboriginal Health Research Program (AAHRP). I was successful in receiving that internship and was motivated to work on four other projects over the next two years, each of which was completed with an undergraduate internship from the AAHRP. The sense of belonging that I felt as an undergraduate student among primarily graduate students and professors undoubtedly contributed to the successes that I have had, inside and outside of the classroom. I always felt like I was part of the group and that my contributions and ideas were taken seriously. This certainly hasn't been my experience in some other groups that I've been involved with outside of Aboriginal health research disciplines.

As I was entering my last year of my undergraduate degree in 2005, I attended a CIHR workshop on the ethical guidelines for conducting Aboriginal research. The opportunity to attend a national policy meeting around the governance of health research in Aboriginal communities alongside my undergraduate health research experiences ignited a spark in me. I saw a gap in the work being done and I was interested in becoming one of the people working to fill that gap in Aboriginal health research ethics.

In May 2006, I attended an AAHRP-funded conference in Labrador where I met my Master's supervisor and worked on a topic that was identified as a local research priority: Understanding the CIHR Guidelines for Research Involving Aboriginal People. This conference

itself was a successful example of how communities and universities can work together. I am proud to say that my Master's research was a continuation of this vision, which has allowed me to cross borders, break down barriers, and challenge the status quo around community-based Aboriginal health research. The results of this project went on to become the foundation of a CIHR funded project, and was regarded by reviewers as being the "poster child for how to conduct ethical community based research in Aboriginal communities."

Through the NEAHR program, I also attended National Graduate Student Gatherings, Summer Institutes, sat on the AAHRP Board, and received a CIHR-IAPH Scientific Director's Award of Excellence from Dr. Jeff Reading for my Master's research.

The research that students are doing in the area of Aboriginal health across Canada is diverse and can sometimes feel isolating since many institutions do not have internal supports for students in interdisciplinary studies like mine. The NEAHR program facilitates national networking with other students and professors, which enables peer support and professional mentorship. I have had the opportunity to meet some enthusiastic, energetic, and passionate people through this program and the learning experiences I have had are invaluable.

As a community-based researcher, I continuously find myself coming up against barriers and challenges in the academy which certainly can be overwhelming. The NEAHR program provides students with the knowledge, skills, and confidence to challenge the status quo and work toward real change—not only in the academy, but also in the way in which Aboriginal peoples are understood in this country.

I now hold a Vanier Graduate Scholarship at the University of New Brunswick and am working on an Interdisciplinary PhD, where I examine "Grassroots voices: authenticity in relationships with academic researchers in the context of Aboriginal health research". I also continue to work with NunatuKavut in various capacities, as a researcher, participant, mentor, teacher, and most importantly, as a learner.

I feel a sense of honour and pride to be among this growing group of Aboriginal health researchers. This network stems beyond a working relationship and has sparked friendships and connections across the country. There is a sense of community on a national level, which certainly could not exist without the tremendous work of Dr. Jeff Reading and his vision for the CIHR-IAPH. Directly and indirectly, Jeff has been a fabulous mentor and I am confident that the network of Aboriginal health researchers, through the NEAHR program, will continue to grow and flourish.

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It was in a United Nations (UN) Refugee Camp in northern Kenya that my interest in Global Indigenous health was first truly ignited. While being driven around the camp in a UN vehicle to visit HIV treatment and care sites, I was struck by the scene just outside the camp's borders: clusters of what appeared to me to be igloo-like structures made out of whatever materials could be found – from wire to newspaper – were scattered across the desolate desert terrain. My colleague, who had lived and worked in the camp for many years, explained that these structures provided shelter to the local Indigenous community, the Turkana, on whose land the refugee camp was placed. Upon further reflection, I realized the paradox: the Turkana had been displaced by displaced people themselves. This to me seemed like one of the most clear examples of the need for global Indigenous rights.

When I returned to Canada, my focus turned to Indigenous rights within Canada, and I became increasingly more interested in these global connections. It was at this time that I was offered a research assistant position with the Aboriginal Health Research Group at the University of Victoria, under the leadership of Dr. Jeff Reading. This opportunity opened many doors for me. Working at the ACADRE/NEAHR center in Victoria, I was offered immense mentorship and guidance. In trying to decide about where to attend graduate school to study Aboriginal health, I was advised by Dr. Reading based on his experiences and insights.

Ultimately, I decided to attend the University of Toronto, where I pursued and obtained a Masters of Public Health (with a specialization in Health Promotion). Within this degree, I studied under the Collaborative Program in Aboriginal health, run through the ACADRE/NEAHR program at the University of Toronto, the Indigenous Health Research Development Program (IHRDP), which is led by Dr. Kue Young.

In addition to Dr. Reading's encouragement to apply to the Masters of Public Health program at U of T, Dr. Reading also encouraged me to apply for funding through the IHRDP's Graduate Student Award. For my first year of my Masters, I was awarded this honour and continued to receive support from the IHRDP through a research allowance for my Master's research, assistance with travel to student gatherings, and academic and career guidance on my future involvement in Aboriginal health research.

In 2008-2009, I was awarded a CIHR Masters Award (Community Based HIV/AIDS Research with Aboriginal communities) for my work on an analysis of arts-based approaches to HIV prevention with Aboriginal youth in two Indigenous communities in Canada. My 2008-2009 IHRDP research allowance helped to establish a National Aborigi-

nal Advisory Committee for the project as well as assistance with my data collection and results dissemination through community forums and conference presentations.

In 2008 and 2009, I attended the annual NEAHR student gatherings. I was amazed by the student drive and energy to plan such an event, and the overall commitment of the students to Aboriginal health as a social justice issue. During the four days of each gathering, I felt I established new colleagues and new friends. When back in Toronto and attending a ceremony at a local Aboriginal health organization, I stumbled upon a fellow student that I had met at the conference. Seeing a familiar and friendly face was a very pleasant surprise! As Dr. Reading once told me, the students I meet at these events will become my colleagues in the field of Aboriginal health research in the years to come.

After graduating from the MPH program at U of T, I pursued my medical doctorate through the Michael G. DeGroot School of Medicine at McMaster University. In the setting of my medical education, I was able to continue to pursue my interest in Aboriginal health and social justice issues by participating in the student-run Aboriginal Health Interest Group and by volunteering as a student member of the medical program's Selection Committee for Indigenous students. Currently, I am pursuing my family medicine residency at St. Paul's Hospital in Vancouver. I continue, through this phase of my medical education, to broaden my knowledge of Aboriginal health within the context of inner-city medicine. I know that the experiences and relationships that I have had the opportunity to build upon since 2007 will provide a strong foundation for my continued engagement in social justice work as I follow the path that, in many ways, was built for me through support from organizations such as the ACADRE/NEAHRs.

Allison Reeves, from Toronto, Ontario

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As a graduate student working in Aboriginal health research, I initially came to know my regional NEAHR center as a potential funding body for my studies and research projects. Funding can be a lifeline to graduate students and my education has been supported through graduate student funding from both the Atlantic Aboriginal Health Research Program as well as the Indigenous Health Research Development Program, both of which are NEAHR centers. This support made my ongoing studies possible and supported the community-based research that I undertook. In addition to funding, however, I quickly discovered that becoming a part of this dynamic NEAHR system offered many more opportunities and experiences to students beyond financ-

ing.

I have now attended two regional gatherings, three national student conferences and two summer learning institutes, all made possible through the NEAHR program. These experiences have been the highlight of my graduate experience, allowing me to interact with community members and other students like who are like me, offering me a sense of place within Canada's Aboriginal health research network.

At these NEAHR gatherings, I have seen many familiar faces and have met many more new ones. Having the opportunity to spend a week-long conference or seminar with peers from across disciplines and across the country fosters a sense of unity among students and colleagues, rather than competition. Living and working together offers both Aboriginal and non-Aboriginal students alike the opportunity to know each other on a more personal level.

Other Aboriginal traditions are also valued and practiced at these gatherings, such as smudging, talking circles, sweats, and hearing lessons from Elders. Activities like these encourage personal growth in new ways, and these experiences reach far beyond the borders of academic conferences and the Western paradigm of learning. In this sense, being a part of the NEAHR program represents a holistic experience for students, which is itself related to Indigenous concepts of wellness. This model, which celebrates unity among Aboriginal and non-Aboriginal students, serves as a strong foundation for future collaboration among students, the future stewards of Aboriginal health research.

On a personal note, participating in these activities offered me incentive to learn more about local Aboriginal community contexts throughout the academic year, as well as to learn about Indigenous peoples globally. Throughout my many years of study, I have been welcomed into local Aboriginal communities in both Halifax and Toronto, as a participant in traditional ceremonies and gatherings, in Ojibwa language classes and other retreats, in activism on campus, and in joining student organizations committed to Aboriginal health. I have also worked for Indigenous health organizations in Canada and abroad in India and West Africa. These experiences have facilitated my mental and spiritual journey of understanding global Indigenous cultures, including world histories of colonization, and my place within these complex histories.

I am now working as a psychologist at an Aboriginal health centre and conducting community-based research looking at recovery from trauma through Indigenous Healing.

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While working on my final year of my Bachelor of Social Work with an Indigenous specialization at the University of Victoria, I became disillusioned about my ability to affect change on a larger level. I had experienced working with individuals in many social service agencies and I had come to a place in my career where I began to wonder how I would be able to improve the health of Indigenous peoples in Canada as a whole. I feel strongly about increasing the holistic health of Indigenous peoples, in a large part due to my roots with Swampy Cree in northern Manitoba. I have seen the struggles that my family and community have endured and the devastating effects that inequities have had on our holistic health. I now believe that by supporting researchers who work in a collaborative (rather than paternalistic) manner and by prioritizing the goals of the community over those of the academy, we can begin to move forward.

In the summer of 2007 I had the amazing experience of literally stumbling upon the Centre for Aboriginal Health Research (CAHR) at the University of Manitoba. I was offered the opportunity to work as a summer research assistant on a program evaluation project. This was my first experience in the field of research and I was hooked instantly. I had finally found work that I was passionate and excited about. I was able to see how the work I was completing would affect First Nations maternal and child health in Manitoba. Driving across Manitoba throughout the summer of 2007 to interview primary caregivers in thirteen Manitoba First Nations was an experience I will not forget. For my first research project I was given this amazing opportunity, which delighted and astounded me daily. Each of the participants and First Nations communities drove me to become increasingly passionate and dedicated to this work.

This ACADRE/NEAHR system has provided me many opportunities that I have often described as "too good to be true." In addition to the summer research assistant position in 2007 I was able to work with the Primary Investigator, Dr. Rachel Eni, on two Knowledge Translation Grants from the NEAHR center, completing work on a Strengthening Families Evaluation Project as well as one with my own First Nation community.

I have now completed my Masters in Social Work in Social Service Administration at the University of Manitoba, where I have been fortunate to receive a NEAHR Fellowship. Other opportunities have also arisen as a result of my connection with the NEAHR at CAHR. I have attended two Graduate Student National Gatherings, as well as a Summer Research Institute at Dalhousie University hosted by AAHRP on Aboriginal Intervention Research. In addition, I am always welcome and invited to present different work that the NEAHR has funded at the colloquiums hosted by CAHR at the University of Manitoba. Each of these opportunities has allowed me to gain experience in present-

ing research at public-speaking engagements, experiences that have increased my confidence in these essential skill sets. I have gained a network of likeminded individuals who together support working in a "good way" on our research projects and build strength for an alternative voice within our universities.

I believe that it is important for educational institutions such as universities to be inclusive and supportive of other perspectives for education that can be the foundation of all else. Programs offered through the ACADRE/NEAHR centers have provided me and other researchers opportunities to build capacity and strength in the field of Indigenous health research.

Final Reflections

Ultimately, the challenge in addressing complex health issues within Aboriginal communities is to train graduate students in both Aboriginal ways of knowing and Eurocentric/academic research methods in a manner that is both collaborative with Aboriginal communities and solution focused. The NEAHR structure offered students the funding support, ethical guidance, interdisciplinary learning and personal experience within Aboriginal contexts to address this challenge in an innovative way. A bi-product of this system has been the personal gains for students like us who have been privileged to have been exposed to this new way of being within academia. This opportunity has allowed us to build meaningful relationships with colleagues in this field and with Aboriginal community members, and to develop alternative ways of thinking and being within the institution.

While still maintaining scientific excellence, these NEAHR networks have not encouraged the kind of competitiveness usually seen in academia, which can isolate researchers and keep students emotionally disconnected from their work and from each other. Instead, these networks have invested in people, through capacity building and skills training. The centers have created strong foundations of support and encouragement by adopting a sense of community and leaving behind the model in which academics work in isolation. The result is a team of committed people, working together toward the same shared vision: to serve the health-related needs of Aboriginal peoples in Canada, as defined by Aboriginal peoples themselves.

It is our hope that this cohort of students who benefitted from the NEAHR program will become a network of caring and gifted colleagues who strive to develop new and creative solutions to address issues facing Aboriginal groups in Canada and Indigenous groups globally.

All Our Relations!

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