

# Creating Transformative Aboriginal Health Research: The BC ACADRE at Three Years

*Jo-ann Archibald*

*Eduardo Jovel*

*Rod McCormick*

*Richard Vedan*

*Darien Thira*

*University of British Columbia*

---

*This article traces three years of progress related to building Aboriginal health research capacity with Aboriginal people, communities, and postsecondary institutions through the efforts of the BC Aboriginal Capacity and Developmental Research Environment (ACADRE) network. Extensive Aboriginal community consultations throughout BC resulted in the identification of seven community-determined research theme priorities: traditional healing, knowledge, and practices; addictions and mental health—treatment and transitions; health care programs and policy; health promotion and best practices; Elders’ well-being; ethics—research and practice; and capacity-building in and access to research. Various research partnerships with Aboriginal community, health, and educational organizations resulted in the development of research awareness workshops, pilot studies, provincial forums to share research experiences, learning research modules, and the development of community-specific ethical protocols. A significant outcome of the BC ACADRE has been funding and mentoring support for numerous high school, undergraduate, master’s, and doctoral students engaged in Aboriginal health education and research.*

In 2002, with the intent of improving the health of Aboriginal peoples through research, the Canadian Institutes of Health Research-Institute of Aboriginal Peoples’ Health (CIHR—IAPH) fostered the creation of the Aboriginal Capacity and Developmental Research Environment (ACADRE) network. There are eight ACADRE centres across Canada located at British Columbia, Alberta, Saskatchewan, Manitoba, Ontario (Ottawa and Toronto), Quebec, and Nova Scotia. The ACADRE objectives are:

- To develop a network of supportive research environments across Canada that will facilitate the development of [A]boriginal capacity in health research;
- To provide the appropriate environment for scientists from across the four CIHR research pillars to pursue research opportunities in partnership with [A]boriginal communities;<sup>1</sup>
- To provide opportunities for [A]boriginal communities and organizations to identify important health research objectives in collaboration with [A]boriginal health researchers;

- To facilitate the rapid uptake of research results through appropriate communication and dissemination strategies; and
- To provide an appropriate environment and resources that will encourage [A]boriginal students to pursue careers in health research. (Canadian Institute of Health Research, 2005, p. 12)

A recent evaluation of the ACADRE centres found that each site was making significant gains toward achieving these goals. The British Columbia ACADRE works in collaboration with all interested parties in the Aboriginal community and with colleges and universities throughout BC. It is sponsored by the Institute for Aboriginal Health (IAH), which is a partnership between the First Nations House of Learning (FNHL) and the College of Health Disciplines at the University of British Columbia (UBC).<sup>2</sup> The four co-principal investigators include Rod McCormick (Faculty of Education), Eduardo Jovel (Faculty of Land and Food Systems and Director of IAH), Richard Vedan (Faculty of Arts/School of Social Work and Director of FNHL), and Jo-ann Archibald (Faculty of Education).

The Indigenous teachings and values that guide the BC ACADRE<sup>3</sup> are based on those embraced by the University of British Columbia's First Nations House of Learning. Kirkness and Barnhardt (1991) articulated these values in their milestone article *First Nations and Higher Education: The four R's—Respect, Relevance, Reciprocity, and Responsibility*. The BC ACADRE describes the four R's of Aboriginal health research as follows: (a) respect is demonstrated toward Aboriginal Peoples' cultures and communities by valuing their diverse knowledge of health matters and toward health science knowledge that contributes to Aboriginal community health and wellness; (b) relevance to culture and community is critical for the success of Aboriginal health training and research; (c) reciprocity is accomplished through a two-way process of learning and research exchange in which both the community and university benefit from effective training and research relationships; and (d) responsibility is empowerment and is fostered through active and rigorous engagement and participation. Each involved Aboriginal community determines the expressions of these values and build on Aboriginal knowledge. Viewed as principles to guide the establishment of Aboriginal health research priorities, the BC ACADRE's foundational research themes are: (a) *respecting Aboriginal community health strengths for developing health assessments and ethical research practices*; (b) *enacting responsibility toward Aboriginal traditional cultural knowledge*; (c) *promoting holistic wellness in mental health and addictions*; and (d) *supporting community-motivated emerging research themes*. Recognizing culture as a valued cornerstone of capacity-building, the BC ACADRE's processes have included education, research training, the provision of research opportunities, and research awareness workshops. One of the BC ACADRE's co-principal investigators leads one of the four themes. In addition, research ethics and protocol development are key components of the BC ACADRE's research activities.

An Elders' Council has established guidelines for the BC ACADRE's research ethics and use of Aboriginal traditional cultural knowledge. The members of the Elders' Council include Ken Harris, Gitxsan Nation; Chief Robert Joseph, Gwa wa enuk First Nation (Kwagiulth Nation); Rose Point, Musqueam First Nation; and Ellen White, Snuneymuxw First Nation. This Council has articulated four key guidelines for research projects: specifically, the researchers and research projects must: (a) benefit Aboriginal communities, health practitioners, and the wider Aboriginal community, as well as contributing to the greater health of all people; (b) indicate ways of protecting and respecting Aboriginal knowledge; (c) demonstrate respect and understanding of community needs, expectations, and cultural values; and (d) demonstrate support and approval from appropriate community entities (i.e., band councils, Aboriginal organizations).

The four R's mentioned above and the Elders' guidelines are used by the BC ACADRE to support the health research capacity-building process in both Aboriginal communities/organizations and postsecondary institutions. From 2002 to 2005, the BC ACADRE's efforts have focused on developing health research priorities through regional and province-wide discussions; disbursing student and community-oriented research training awards; and undertaking pilot research projects that are discussed below.

#### *Aboriginal Community Direction*

The BC ACADRE principal investigators spent almost a year planning and facilitating six regional workshops in Vancouver, Prince George, Chilliwack, Nanaimo, Prince Rupert, and Kamloops. In total, there were 172 participants—including Aboriginal postsecondary students, Elders, Aboriginal leadership, band managers, health administrators and health managers, college and university faculty, and professionals working in Aboriginal health organizations and/or Aboriginal health programs and services—representing 43 Aboriginal communities and 67 other organizations. Most of the regional sessions were offered in cooperation with Aboriginal communities and organizations. These partnerships took time to develop. Based on the information collected at these regional Aboriginal Health Research Workshops during 2003-2004, seven research themes were identified that form the priorities of the fourth foundational theme mentioned above: "supporting community-motivated emerging research themes": (a) traditional healing, knowledge, and practices; (b) addictions and mental health treatment and transitions; (c) health care programs and policy; (d) health promotion and best practices; (e) Elders' well-being; (f) research ethics; and (g) capacity-building in, and access to, research. These seven research themes identified by Aboriginal people involved in health and education formed the basis of pilot grants and research projects. An important discussion point was about research ethics.

### *Ethics*

Debates, recommendations, and practices about matters such as ownership of data; ownership of knowledge held and created; confidentiality of data, protocols, and individual and collective cultural rights; dissemination of research reports and publications resulting from research are occurring at local, regional, provincial, national, and international levels. The topic of research ethics was discussed during the regional community sessions at a provincial forum and through cooperation with the Western province ACADREs. In March 2005, the BC ACADRE, in partnership with the Community Health Associates of BC, facilitated an Advancing Indigenous Health Research Ethics Forum for over 50 participants from communities and organizations across the province. Presentations from community-university cooperative research projects, graduate students (fellowship recipients), and BC ACADRE lead researchers provided the basis for discussion. One First Nation community-specific research ethics' protocol has been developed, and another with an Aboriginal organization is being developed. The BC, Alberta, Saskatchewan, and Manitoba ACADREs began sharing their respective ethics projects, which ranged from extensive literature reviews, protocol agreements, and multimedia learning materials for undergraduate, graduate, and community research training classes.

### *Enhancing Aboriginal Community-Based Research Efforts*

Many Aboriginal communities continue to distrust research because of the legacy of research that has negatively affected them and their communities. In order to provide information about the rights and responsibilities of researchers and research participants, and basic research procedures, a partnership was established between the BC Women's Hospital and Health Centre (WHHC) and the BC ACADRE. The WHHC's Aboriginal Health Program Coordinator and Community Developer worked with the BC ACADRE to provide introductory research workshops for six rural First Nations communities.

Based on feedback from the regional workshops during 2003-2004, the BC ACADRE also identified new cooperative training and capacity-building opportunities. An example of a cooperative initiative was the "Together We Are Better Forum," which was co-hosted with Vancouver Coastal Health (a regional provincial government health authority) and the First Nations Chiefs' Health Committee (an extension of the provincial First Nations Summit organization), with support from the BC ACADRE. This forum was an innovative partnership initiative that targeted the semi-professional and professional trainees who are now working in or preparing to work in the Aboriginal health field. Statistics Canada facilitated a workshop on data collection, analysis, and use. As well, three new research-training workshops were developed by the BC ACADRE and piloted at this Forum: "Community Based Research with Aboriginal

People—How to Develop Successful Partnerships,” “How to Write an Aboriginal Health Research Project Proposal,” and “Understanding Research and Research Ethics.”

Another research training initiative supported by the BC ACADRE was the development of a research module for the IAH/UBC Continuing Studies program Aboriginal Health Care Administration Program Certificate (AHCAP), which was designed for Aboriginal people assuming health management positions for their communities. These individuals often are the frontline professionals from the community who interface with academic and government researchers. From the past two years, 38 AHCAP graduates are now bringing their newly learned knowledge of BC ACADRE and Aboriginal community-based research practices back to their communities. Students have an opportunity to express their distrust of the continuation of past research practices. They start gaining an interest in research from an Aboriginal perspective where their communities could own, control, access, and possess the health research that is conducted. To expand the health research capacity of Aboriginal people and their communities, an extensive research training awards program was carried out for high school students, postsecondary students, and community members.

#### *Student and Community Research Training Awards*

The BC ACADRE has provided 15 scholarships for Aboriginal students enrolled in grades 8 through 12 to attend a provincial Summer Science Program sponsored by the Institute for Aboriginal Health/First Nations House of Learning. The program, designed to stimulate interest in the field of health-related sciences and to encourage the pursuit of postsecondary training consisted of two one-week sessions.

In order to increase the numbers of Aboriginal people trained in the health professions who have Aboriginal health research skills and research experience, the BC ACADRE provided research training awards to undergraduate and graduate students enrolled in health science programs and/or undertaking Aboriginal health-related research in BC. Research fellowships were provided to master's, doctoral, and undergraduate students enrolled in BC university and college health science professional degree programs and/or who are conducting Aboriginal health-related research. The applicants were required to indicate how their research addressed the improvement of Aboriginal health and the BC ACADRE's four Rs. To date, 57 awards or fellowships have been allocated (with 9 reapplicants, see Table 1).

Examples of the students' research topics include: youth hepatitis prevention; Aboriginal rural maternity care; integrating Aboriginal culture in social work practice; Aboriginal adolescent girls: the relationship between aggression, mental health, and substance abuse; Aboriginal student voices on health; grief, healing, and the cultural survival among

*Table 1*  
*Student Recipients of BC ACADRE Training Awards and Fellowships*

	2003-2004	2004-2005	2005-2006
High school summer science	5	5	5
Undergraduate students	2	3	2
Master’s students	3	5	6
Doctoral students	3	8	9
Post-doctoral fellowship		0	1

Carrier-Sekani people when death of kin occurs in hospital; early childhood education and development; and environmental health: ecological effects on water quality and fish (food). A number of students developed Indigenous methodological approaches that used the Medicine Wheel, the oral tradition of storytelling, and Aboriginal-specific traditional philosophies such as the Two Row Wampum.

The graduate students also meet annually to share their educational research experiences. Some students were also sponsored to attend an annual national ACADRE Aboriginal graduate student gathering. All the students present their research, including one undergraduate student who was mentored by one of the ACADRE doctoral students. Feedback from the students confirmed that having the opportunity to network with other students and gain experience presenting their own work was invaluable. A sample of the pilot studies that addressed community-determined topics and supported by the BC ACADRE are highlighted below.

*Research Pilot Studies*

*Community Health Assessment*

Mental health theorists and practitioners must become familiar with mental health healing processes that are more appropriate for Aboriginal people. As there is little research on culturally appropriate mental health services, it is vital that Aboriginal people be provided with a mechanism to identify the practices that best facilitate healing for them. The assessment of the sources of wellness and mental health problems in Aboriginal communities needs to be undertaken in a culturally appropriate and community-based manner. To address cultural and community relevance and to build on a community’s strengths, workshops on the use and utility of the *Community Healing Resources Inventory*—a resource map—that as an intervention and community health service assessment tool were facilitated in eight communities. In order to develop competence guidelines to provide culturally appropriate, inviting, and useful counseling experiences for Aboriginal clients, another graduate student, in conjunction with a number of First Nations communities, Aboriginal organizations, and the



BC Fraser Health Authority, conducted a study of successful healing relationships between Aboriginal clients and non-Aboriginal counselors.

### *Knowledge Transfer*

Aboriginal peoples are asserting their need to have their traditional and cultural knowledge and experience shape learning and research in all disciplines. Much of this knowledge is sustained and perpetuated by oral traditions. Led by the BC ACADRE Elders' Council, the BC ACADRE has implemented a knowledge transfer project called "New Ways of Passing on Old Ways of Knowing," which supports the collection of traditional and life experience stories around the developmental stages of life (birth, puberty, adulthood, parenthood, Elder, death). The Elders involved in the project were co-researchers with two of the co-principal investigators. The Elders were involved in all stages of the research process. They were concerned that their Aboriginal teachings and stories were not being recorded for the young Aboriginal adults. They also embraced the new technology of DVD digital recordings. Meetings with the Elders were held on the UBC campus and in one of the Elders' home. The raw footage has been transferred to DVD-ROM for the purposes of archiving and providing copies to the Elders for their own use. The raw footage is being used to create a DVD of each Elder with his or her biography and stories and a DVD with all Elders. A companion guide is being prepared for those who may wish to conduct similar projects in their own communities.

In 2005, research seed or bridge funding was provided to Aboriginal communities across the province. Six proposal development grants (to a maximum of \$15,000 each) for the development of a proposal to be submitted for a national competition (i.e., CIHR, SSHRC) were awarded for research that explores increasing cultural competence in children, long-term effects of Indian residential schools, the knowledge transfer of traditional knowledge and healing, and culturally safe strategies in the delivery of primary health care. Three grants were awarded (to a maximum of \$10,000 each) to fund active research projects, including analysis and interpretation of the longitudinal Aboriginal Health Survey, exploration of a community's construction of its community strength, and the effectiveness of an Aboriginal diabetes awareness education program.

### *Enhancing Partnerships and Research Networks*

BC ACADRE and the IAH participated in an ad hoc task force with the Michael Smith Foundation and various other partners to facilitate the development of a provincial Aboriginal research network. Based on feedback provided at three community hall meetings in Prince George, Victoria, and Vancouver, a proposal for the structure and activity of the network was funded by the Michael Smith Foundation. As well, lead researchers with BC ACADRE have been actively involved with several national and international partnerships. These include the International

Collaborative Indigenous Health Research Partnership Grants—a funded CIHR initiative involving Australia and New Zealand focusing on resilience in Aboriginal health networking and the International Network of Indigenous Health Knowledge Development (INIHKD)—in which the BC ACADRE co-hosted an international conference, along with IAH, the First Nations House of Learning, and Health Canada.

### Conclusion

The first three years of the BC ACADRE focused on developing cooperative partnerships, consulting with many Aboriginal communities and organizations in order to identify community-determined research priorities, and contributing to the research capacity of Aboriginal health researchers and postsecondary institutions. The BC ACADRE has recently received a three-year renewal for 2005-2008 in recognition of its achievements and attainment of its initial objectives. The BC ACADRE will continue to strengthen its community-focused and partnership-research orientation. Partnerships with Aboriginal community members and Elders, health and social agencies, and college/university researchers has resulted in improved knowledge about research ethics, engaging in research that matters to Aboriginal communities, and developing an effective cadre of Aboriginal health researchers who are committed to respectful, responsible, relevant, and reciprocal health research. The efforts of the BC ACADRE to ensure that educational research opportunities exist at local, regional, and provincial community levels as well as in postsecondary institutions will help to improve the quality of Aboriginal health research. The increasing numbers of students who have benefited and who will continue to benefit from research training awards and fellowships raise the hope of transforming Aboriginal health research from a legacy of mistrust and little benefit to something that is valued because it significantly improves the health and well-being of Aboriginal peoples.

### Notes

<sup>1</sup>The four CIHR pillars include biomedical, clinical science, health systems and services, and the social, cultural, and other aspects that affect the health of populations.

<sup>2</sup>See Web site information for FNHL at [www.longhouse.ubc.ca](http://www.longhouse.ubc.ca) and College of Health Disciplines at <http://www.health-disciplines.ubc.ca/>

<sup>3</sup>For more details of the BC ACADRE information discussed in this article, see Web site: <http://www.health-disciplines.ubc.ca/iah/acadre/>

### References

- BC ACADRE. (2005). *Community reports*, 1(1). Retrieved June 12, 2006, from: <http://www.health-disciplines.ubc.ca/iah/acadre/index.php>
- Canadian Institutes of Health Research. (2005). *CIHR Institute of Aboriginal Peoples' Health, annual report of activities, 2004-2005*. Ottawa: Author.
- Kirkness, V.J., & Barnhardt, R. (1991). First Nations and higher education: The four R's—Respect, relevance, reciprocity, and responsibility. *Journal of American Indian Education*, 30(3), 1-15.