Conducting Health Research With Aboriginal Communities: Barriers and Strategies for Graduate Student Success

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> Many Aboriginal and non-Aboriginal students enter graduate studies dedicated to working with Aboriginal communities. Many of these students encounter what seem to be insurmountable financial, geographic, racist, and cultural barriers. Fortunately, these students are determined to work with Aboriginal communities and overcome most barriers. Students attending the National Gathering of Graduate Students have identified several strategies to prevail over barriers. We identify the barriers and strategies so that students, mentors, faculty, and staff can improve the experience of graduate education.

Background

During the 6th National Gathering of Graduate Students (funded by the Canadian Institutes of Health Research Institute for Aboriginal Health) hosted by the University of Toronto and McMaster University's Indigenous Health Research Development Program, graduate students interested in Aboriginal health met to exchange ideas, network, and learn from one another and guest speakers. The National Gathering has been successfully held at several universities across Canada and has informed and provided a valuable experience for a number of graduate students, Aboriginal and non-Aboriginal. This article results from this gathering, which originated as a discussion between the authors and their discussions with other students who attended the gathering.

Other researchers, educators, and students have contributed to similar discussion in other formats (Alcorn & Levin, 2000; Archibald, 1995; Institute of Aboriginal Health, 2001; Malatest, 2004; O'Donnell & Tait, 2003; Richardson & Blanchet-Cohen, 2000), but we are unfamiliar with any such discussions that are inclusive of non-Aboriginal and Aboriginal students while specifying the pursuit of a graduate degree investigating health with Aboriginal communities. In this article we discuss the barriers and strategies identified by graduate students to conducting research and receiving the content knowledge required for health research that is responsive to

the 4 R's¹ of Aboriginal health research (Kirkness & Barnhadrt, 1991; BC ACADRE, 2007).

One of the demands placed on educational institutions in Canada is to meet the educational demands of the fastest growing segment of the Canadian population, as well as to address the diversity of occupations required in Aboriginal communities. These fields span nearly the entire program curricula that most universities have to offer including economics, medicine, engineering, community planning, forestry, wildlife management, geology, and agriculture (McCormick & Amundsen, 1997). Confounding the problem of diversity in education is identifying the number of people to train in one field (Richardson & Blanchet-Cohen, 2000). These operational issues are important to inform funding levels and opportunities if they are set according to demonstrated need.

Considering the demand for trained professionals to work with Aboriginal communities, many non-Aboriginals have become allies and have sought training to support the efforts of Aboriginal communities. Regardless of their heritage or ethnicity, the objective of these students' research is to facilitate Aboriginal community goals. Aboriginal students and their allies face unique barriers, especially those concerning operational and systematic aspects of conducting research with Aboriginal communities.

Most of the literature on the educational experiences of Aboriginals and others working with Aboriginal communities focuses on the K-12 years and postsecondary education in general (Neil, 2000; Levin & Alcorn, 2000; Malatest, 2004). In this article we describe common concerns and strategies of those who are studying Aboriginal health at the graduate level, master's and doctorate, claiming either an Indigenous ethnicity or ally to Aboriginal populations. We examine personal and systematic barriers and suggest strategies to work through the barriers, as well as provide a model or path for future graduate students who wish to negotiate their way through Indigenous health studies at the graduate level. We use *Aboriginal* to include populations that are Indigenous to Canada, all First Nations, Métis, and Inuit. Aboriginal populations are diverse, and this term is not meant to imply a simplification of diverse and complex cultures. The use of *Indigenous* includes these Aboriginal populations while expanding the scope to include Indigenous populations elsewhere.

Method: Talking With Graduate Students

We asked students at the gathering to contribute to this article, which addresses the needs of graduate students studying health and working with Aboriginal communities. We were students at the time of this National Gathering, and each of us was investigating health issues with Aboriginal communities. We engaged the students in informal talking circles during the gathering and continued to engage them after the conference by circulating a questionnaire to those who had included their name and e-mail address with the organizers. Response was enthusiastic but limited; people provided feedback about their experience in graduate studies focusing on health with Aboriginal communities.

Following discussions between ourselves and students who responded to the call for participation, we collated their thoughts and our notes from earlier discussions and present them here. Many of the issues identified are commonly shared with Aboriginal students at any level of postgraduate education and across disciplines in a university. We briefly highlight these issues and identify strategies that worked for graduate students to navigate barriers and ways to enhance their research and training experiences.

Considering the number of graduate-level programs that could incorporate Aboriginal health, this article is not prescriptive. Instead, it is to inform students contemplating or conducting research with Aboriginal communities as well as the educators, community members, and administrators who play a role in mentoring or motivating students to pursue graduate-level education with Aboriginal communities focusing on Aboriginal health. We did not provide a formal survey, but asked students open-ended questions and provided them opportunities to contribute their stories, which highlighted barriers and strategies to successful graduate studies.

Results

Common Barriers

Reasons for leaving high school among the non-reserve Aboriginal population aged 15-19 included being bored (20%) and wanting to work (15%, O'Donnell & Tait, 2003). Among women of the same age group, reasons for prematurely leaving high school included pregnancy or needing to care for a child (25%) and boredom (O'Donnell & Tait). Family responsibilities and financial reasons were the two most cited motives for Aboriginals living in non-reserve areas to leave postsecondary education; men were most likely to cite the latter (24% aged 25-44) and women the former (34% in the same age range). Financial barriers are the most common reason for Aboriginal people not beginning or not completing a postsecondary degree (APS, 2006; Richardson & Blanchet-Cohen, 2000; Malatest, 2004; Alcorn & Levin, 2000).

Barriers identified by the students included financial barriers (personal finances, research funding, travel expenses, and research operation expenses); cultural barriers (intellectual barriers, institution preferred world views, accepted methods to inform knowledge creation, knowledge transfer between the student and faculty, the place of spirituality in education and research, and gender roles and assumptions); and geographic barriers (educational institutions are far from home and family). It is impossible not to mention the overt racism that occurs between Indigenous populations and the general population and between Indigenous populations.

Racism is not a one-way street: allies are also exposed to systemic racism in the university.

Financial Barriers

For students interested in pursuing graduate studies in Aboriginal health research, financial barriers emerge due to the unique circumstances of this type of research. To conduct meaningful community-based research informed by Indigenous knowledge, one must travel and engage with the community. This could be across a number of meetings with various community members to work toward understanding a pertinent community issue and examining ways to address it. Students often find themselves having to travel out of pocket. Not only can this be expensive, but the time it takes to develop meaningful relationships to help move forward in a mutually respectful way can impede a student's progress with respect to deadline-driven program requirements. As well, if students are fortunate enough to secure funding for their research, these similar deadline-driven issues arise with granting agencies. Often certain deliverables must be outlined. This can run counter to meaningful community-based research. In order to work properly with communities, flexibility is required in both timelines and research questions. These issues may stem from fundamental epistemological differences between traditional academic research and Indigenous knowledge.

In addition, the amount of research expertise required to be effective can include more methodological considerations than typical institutionbased research. For example, often community-based research includes mixed-method approaches that combine qualitative approaches with more common quantitative methods. Completing work with this depth can take considerably more time and again "impede" students "progress" in a program. Both *impede* and *progress* are included in quotation marks because one could argue that approaching community-based research in any other way would be improper and programs must adjust to these unique considerations.

This raises another important financial barrier. By employing mixed methods and conducting this research meaningfully, the process can take longer than a typical two-year master's degree, for example. As funding is typically guaranteed for two years, students doing this work often have to find a way to secure funding for the additional time needed to complete their research.

Geographic Barriers

Although many non-Aboriginal students can attend university reasonably close to their homes, in order for Aboriginal students to attend university, they often must travel much farther. Although it could be argued that this is a necessary experience to further one's education, many Aboriginal students sacrifice more than simply leaving their home territory. In order to attend university, Aboriginal students typically have to give up many of their status rights. As they are no longer in their home territory, their rights (e.g., taxation) are no longer accessible. Aboriginal people who try to use their status cards for purchases can often experience embarrassing consequences in these situations.

For example, one student while in a new environment for school, visited a store and was going to use his status card for a purchase. The floor staff began yelling across the aisles, shouting for someone familiar with the process. After having the attention of most of the other store patrons drawn to them (with stares and comments), the student was then led to the customer service counter where he was directed through a complicated process with a number of staff members, including management, all loudly discussing their policy in the presence of the other store customers. Eventually, this student was told that he could pay to have the item shipped to his home (which was halfway across Canada) or pay the tax. In this case, shipping the item home was far more expensive than simply paying the tax, but this was not the issue. The real issue was the ignorance and embarrassment to which this student was subjected by the staff of a well-known Canadian chain store in a geographic location that services few Aboriginal people and thus employs staff unfamiliar with Aboriginal peoples.

Racism

Racism, although not always overt, is often experienced by Aboriginal students in university. For example, one student, while attending a conference organized by the Harvard Medical School, was approached by another conference participant. This colleague stared at the student's name tag and said, "That looks like an Indian last name." The student replied that it was and identified the First Nations group that he belonged to. The colleague went on to say, "and you're doing a master's degree? Well good for you! Isn't that something! I am just so impressed!" Although this colleague felt that he was complimenting the student, the student on the other hand felt that the individual was exposing his stereotypical beliefs about Aboriginal people and their ability to succeed in an academic setting. In addition, for the remainder of the conference this delegate approached the student and sat with him for various talks, workshops, and breaks. This experience made the remainder of the conference proceedings uncomfortable for the student.

Graduate students have also noted racism between Aboriginal groups and Aboriginal racist views of non-Aboriginal people. One graduate student noted that the first time he ever experienced racism was when he entered a university in another province than his own. His Métis heritage was not only questioned, an act of racism that discounts his lived experience, but the Métis Nation was also slandered with derogatory terms not worth repeating here by other Aboriginal students and staff. NonAboriginal students also noted the difficulty created by unethical researchers for their respectful work with Aboriginal communities occasionally resulting in racist comments and attitudes directed toward non-Aboriginal student researchers who were trying to ally themselves respectfully with a community.

Cultural Barriers

Cultural barriers to completing a graduate degree in health with an Aboriginal community span institutionally rooted world views and personal interaction between students and faculty. Institutionally rooted world views are described by several scholars (Freire, 1998, 2000; Battiste, 2000; Mihesuah & Wilson, 2004; Battiste & Henderson, 2000; Smith, 1999). How these are realized in the personal experiences of graduate students is reflected in all the identified barriers to conducting health research with Aboriginal communities.

Institutional and systematic strategies to remove barriers or to reduce their effect have been developed in several of Canada's top universities and several community-based educational institutions.² Common strategies include access programs, community-based programs, Aboriginal-run institutions, Aboriginal community/university partnerships, curriculum development, and support programs that integrate Aboriginal culture into the mainstream institutions and guaranteed seat programs that ensure places for Aboriginal students (Richardson & Blanchet-Cohen, 2000). Little discussion is to be found in the literature about personal strategies to overcome barriers.

Richard Vedan, a mentor, supervisor, instructor, and sailor, told me (Hutchinson) that to know where you are going you must know where you have started from. So we asked students to tell us what had motivated them to start graduate studies in Aboriginal health. Often the answer was not specific to graduate studies or health, but about postgraduate education in general. We did not ask respondents to identify if they were Aboriginal, so the responses are not culturally specific, yet they provide a base for programs that may motivate others to pursue graduate education with Aboriginal communities.

Aboriginal and non-Aboriginal students attending postsecondary institutions have been prompted to do so for several reasons. Common themes in these reasons include guidance from their direct family and/or Elders and community, and many Aboriginals have sought a postsecondary education to escape poverty. Many non-Aboriginal people who are involved in Aboriginal research are exposed to or have contact with Aboriginal people outside a research context.

Family members are important in supporting students in pursuing an education, "because my sister attended university, I realized that a university education was also an option for myself" (research participant). Family members not only provide motivation for entering university, but invaluable support while the student attends university. Students noted that although their family members might not be familiar with the university and what students were studying, they stood by them and supported their goals. "Not only did she unknowingly motivate me to enter a university, she provided much needed emotional support when times got tough." "Lack of support from family because the academy is a world that is not understood but more importantly it is a world that doesn't understand us." "My dad cautioned that I watch myself and not 'go crazy'" (research participants).

Family plays a vital role in pursuing an education, and as these students note, it is not only students who need orientation to the university environment, but family members as well. This is not to put all the emphasis on Aboriginals or students to adapt to the university environment, but more appropriately the university respecting family in its structure.

Other motivating factors to attend university and pursue a graduate education with Aboriginal communities focusing on health included interaction or previous relationships with Aboriginal communities.

After meeting with community Elders ... I began to understand the historical and political situation of Aboriginal peoples. I felt that the Aboriginal population had faced, and are facing, many injustices in this country. I was moved to pursue graduate studies on the topic, in order to learn more about Aboriginal cultures, and to see if it would be possible for me to help ease the burden of some of the negative health outcomes in a small way.

It was important for me as a Canadian to attempt a direct connection and relationship with this country's first peoples. I have always pursued a career in population health (even before I was aware of the terminology). Graduate studies in Indigenous health allow me to consider all aspects of health and well being while conducting research. (research participants)

Many non-Aboriginal students and some Aboriginal students are not familiar with Aboriginal social issues leaving high school or postsecondary degrees. Having a relationship with Aboriginal populations has motivated many people to take part in social justice issues by focusing on health. Regardless of their Aboriginal status, many people have genuine respect for Indigenous cultures and are willing to learn from Indigenous people and apply these teachings in Aboriginal and non-Aboriginal communities when conducting research. Teachings on respect of diverse ways of knowing and coming to know are vital to realizing respect for Indigenous people and should be incorporated in all academic disciplines. Other students felt a responsibility to pursue their education as an act of reciprocity to those who had provided for them.

As a First Nations person furthering my education in health, I witnessed and experienced the need for more of "us" in this field. The method I chose in my graduate studies would enable me to go back to my community after many years of formal education to learn there. Each step I have taken in education and career has brought me to this field. (research participant)

For some it one act of generosity had prompted them to pursue a career in Aboriginal health.

The Aboriginal student counselor helped me so much, she showed a genuine interest in me and believed that I could succeed, a belief I still struggle with but try to live up to every day. From that day I felt connected and a responsibility to the people who had provided for me and allowed me to stand on my own two feet. (research participant)

Even in the face of adversity students pursued their goals.

The first place I experienced direct racism was at the university, from Indigenous people and non-Indigenous people alike. I heard comments like "(last name) that doesn't sound Aboriginal" or the more obvious name calling like "half-breed" and "wannabe Indian."

My advice to other Indigenous students is to come into the academy understanding that there exists a dominant knowledge that discredits an Indigenous way of understanding the world. Being aware of this is half the battle but recognizing that others have gone before us and they can be helpful support is paramount. (research participants)

Racism, either overt or systematic, challenges students regardless of their Aboriginality.

I have been told on several occasions that I have no place carrying out this type of work, and that I can't possibly know what it means to be Aboriginal (it has actually come to tears in one of my classes). I understand that many researchers have abused communities in the past ... I'm not trying to "be Aboriginal"! (research participant)

Universities need to inform students about helping alternatives that engage all students and their own communities, including applying the 4 R's of research, in non-Aboriginal contexts. And more inquiry, research, and curriculum development need to focus on cultural safety (Ramsden, 2002), which includes providing education and research on non-Aboriginal culture and how those cultures inform contemporary and historical social institutions.

Paths to Graduate Education with a Specialty in Aboriginal Health In conclusion, we offer some strategies for students, administrators, and faculty. These could be further investigated to provide more detail to graduate students and staff supporting their goals.

1. Know where you have come from. This grounding provides a location to work from and could inform the path students will take in order to achieve their goals and work effectively to meet the goals of Indigenous communities. Be confident in being Aboriginal across academic contexts. For example, while introducing yourself at a professional talk, it is still appropriate to identify and acknowledge your Aboriginal community before identifying yourself as a student in a particular program at a particular university. This allows you to remain Aboriginal first, and all else (though important) next. It is important not to lose this part of who you are while sharing the work you have done with communities. As well, continue exploring the historical and contemporary contexts in which Indigenous peoples' live

and their effect on the present and future. This can be done by being active in discussion with Elders and Indigenous scholars who have come before you. As well, many Indigenous writers (King, Highway, Johnston, Cardinal) have written on historical and sociopolitical issues in Aboriginal society. As our conceptualization of health includes all these aspects, it is important to continue learning about these issues and thinking about how they relate to collaborative projects with communities.

- 2. *Know your community*. Taking opportunities to participate with communities is a great experience that provides emotional, spiritual, and intellectual support.
- 3. *Contact student services people*. Student services provide valuable information about available resources including funding, social, emotional support and may identify faculty members with whom it would be great to work. Along with student services, find students who have taken the program you are interested in and talk with them about the program. Try talking with a number of students at various stages of the program.
- 4. *Know faculty at the university.* Become familiar with faculty curriculum vitae and interview faculty members about how they like to work with graduate students. Talk to one of the students they have supervised or are supervising.
- 5. *Take your family to university orientations*. Having family familiar with the university environment and what you are studying will help when you need to talk with family members of the struggles of going to university.
- 6. *Bring you faculty supervisors to your community.* If the opportunity presents itself, having a faculty member familiar with your community will allow a greater shared understanding of your background.
- 7. *Practice how you would address racist attitudes, overt and systematic.* Knowing how racism is expressed prepares you to address it personally and socially. Strategies could include having someone to talk to after your experience or learning how to educate those who perpetuate racism.

Aboriginal and non-Aboriginal students encounter barriers when completing a graduate degree involving health research with Aboriginal communities. With the increased recognition of the role of Aboriginal communities in health research, academic and research institutes must recognize the barriers created by the transition of Western-focused research methods to research-based Indigenous knowledge creation. These barriers are felt by graduate students who pursue community-based research with Aboriginal communities. Students themselves, their families and communities, faculty, and staff in academic settings, and those agencies that fund graduate research must respond to strategies to reduce these barriers effectively.

Notes

¹The 4 R's of Aboriginal health research are derived from Kirkness and Barnhardt (1991) and adapted to health research by the BC ACADRE (2007) as follows.

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.

Relevance to culture and community is critical for the success of Aboriginal health training and research.

Reciprocity is accomplished through a two-way process of learning and research exchange. Both community and university benefit from effective training and research relationships. *Responsibility* is empowerment and is fostered through active and rigorous engagement and participation. ²Community-based educationAL institutes are those governed and administered by a

²Community-based educationAL institutes are those governed and administered by a group representing or working for an Aboriginal population, for example, the Vancouver Native Education Centre or the En'owkin Centre.

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