

TRUTH AND RECONCILIATION THROUGH INDIGENOUS HEALTH RESEARCH:
AN INSTRUMENTAL CASE STUDY IN THE COLLEGE OF MEDICINE,
UNIVERSITY OF SASKATCHEWAN

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ABSTRACT

Concern for the health and wellbeing of Indigenous peoples in Canada is at the heart of the Truth and Reconciliation Commission's (TRC) *Calls to Action* and *Principles of Reconciliation*. Universities have developed responses to the TRC, but to date few have discussed truth and reconciliation in the context of academic research. Historically, Indigenous health research (IHR) has been used as a tool of colonization in Canada, and harm to Indigenous peoples and communities is still occurring through IHR. Thus, it is imperative to consider implications of the TRC's work in relation to university-based IHR.

An instrumental case study in the College of Medicine at the University of Saskatchewan was undertaken to explore understandings and applications of truth and reconciliation in university-based IHR. Guided conversations with five Indigenous and six non-Indigenous faculty involved in IHR were complemented by analysis of key institutional documents and information on the university context from nine key informants. An iterative approach to data collection and analysis was informed by advisors from within the university community and member checking by participants. Informed by a decolonizing framework, principles of respect, reciprocity, relevance and responsibility were central to the undertaking of the project.

Data revealed a multi-faceted understanding of truth and reconciliation in IHR. IHR has the potential to contribute to truth and reconciliation when conducted in a manner that attends to issues such as Indigenous self-determination, decolonization, ethical conduct, power and control. A model of 'reconciliatory research' is presented as a guide to considerations for substantive and procedural aspects of IHR. The model is centered in relationality, with actionable pathways supporting key characteristics of 'reconciliatory research'. However, tensions between features of reconciliatory research and university values, norms, processes and policies impede researchers' efforts towards truth and reconciliation through IHR. The resulting barriers are indicative of systemic and institutional racism around university-based Indigenous health research, with implications for Indigenous peoples' health and wellbeing.

Researchers and universities have particular responsibilities to ensure that university-based Indigenous health research is conducted in a manner that facilitates truth and reconciliation. Systemic changes are required to address institutional barriers to reconciliatory IHR and to ensure that such research is conducted in a manner that supports Indigenous sovereignty, health and wellbeing.

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DEDICATION

This thesis is dedicated to the memory of two incredible women and scholars
whose faith in me spurred me on to this achievement:

Dr. Lorrie Sippola (1959–2007) - I kept my promise to you.

Dr. Jo-Ann Episkenew (1952–2016) - Your encouragement was the spark that started this fire.

and

To my mentors and colleagues who encouraged me to pursue a MSc degree:

You helped me to believe in myself enough to take the leap and soar.

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To my children, Danica, Lucas and Kiera.

May you always have the courage and determination to pursue your goals and dreams.

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LIST OF ABBREVIATIONS

BCG – bacillus Calmette-Guerin

Calls – TRC 94 Calls to Action

Chapter 9 – Research Involving the First Nations, Inuit and Métis Peoples of Canada (in TCPS2)

CIHR – Canadian Institutes of Health Research

CoM – College of Medicine (University of Saskatchewan)

COMGRAD – College of Medicine Graduate Student Awards

COMRAD – College of Medicine Research Awards (for Faculty)

CONSIDER Statement – CONSoliDated critERia for strengthening the reporting of health research involving Indigenous peoples (Huria et al., 2019)

CSM – Case Study Methodology

DSA – Division of Social Accountability (College of Medicine, U of S)

Four R's (4R's) – Respect, Relevance, Reciprocity, Responsibility (Kirkness & Barnhardt, 1991)

IHR – Indigenous health research

IIPH – Institute of Indigenous Peoples' Health (CIHR)

IRS – Indian Residential School

KI – Key Informant

MPT – Merit, Promotion and Tenure

NEIHR – Network Environments for Indigenous Health Research (CIHR)

NPI(s) – Nominated Principal Investigator(s) (usually on Tri-Council funding applications)

NRC – National Research Council (Government of Canada)

OCAP[®] – Ownership, Control, Access, Possession (Schnarch, 2004)

OVDR – Office of the Vice-Dean Research (College of Medicine, U of S)

OVPIE – Office of the Vice-Provost, Indigenous Engagement (U of S)

OVPR – Office of the Vice-President Research (U of S)

RCAP – Royal Commission on Aboriginal Peoples (1991–1996)

RRMC – Rural and Remote Memory Clinic (College of Medicine/Saskatchewan Health Region)

SCPOR – Saskatchewan Centre for Patient-Oriented Care

SHRF – Saskatchewan Health Research Foundation

SK - Saskatchewan

T&R – Truth and Reconciliation

TCPS – Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (1998)

TCPS2 – Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans,
Second Edition (2010, 2014, 2018)

TRC – Truth and Reconciliation Commission of Canada (2008–2015)

U of S – University of Saskatchewan

UNDRIP – United Nations Declaration on the Rights of Indigenous Peoples (2007)

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CHAPTER 1.0: INTRODUCTION AND OVERVIEW

1.1 Introduction to the Topic

Truth and reconciliation is a topic frequently discussed issue in Canada as of late. But what is it? And more importantly, how can we achieve it? According to the Truth and Reconciliation Commission of Canada (TRC), reconciliation is about addressing the effects of colonization on the Indigenous people of Canada to “restore what must be restored, repair what must be repaired, and return what must be returned” (Truth and Reconciliation Commission of Canada, [TRC] 2015a, p. 1). It is important to recognize that reconciliation cannot occur without truth: “[w]ithout truth, justice is not served, healing cannot happen, and there can be no genuine reconciliation between Aboriginal and non-Aboriginal peoples in Canada” (TRC, 2015b, p. 12).¹ As such, truth and reconciliation must be considered together as two facets of the same process with the same goal: “establishing and maintaining a mutually respectful relationship between Aboriginal and non-Aboriginal peoples in this country” (TRC, 2015a, p. 113).²

1.1.1 Truth and Reconciliation Commission of Canada. The TRC was initiated by the government of Canada as part of the Indian Residential School settlement agreement in 2007. Its aim was to gather the stories of Indian Residential School (IRS) survivors to compile a public historical record of IRS stories and to share this truth broadly across Canada. The pathway towards truth and reconciliation has been set out through the TRC’s *Calls to Action* and the *Principles of Reconciliation* (TRC, 2015a, 2015c). These 94 *Calls to Action* (*Calls*) cover a wide range of areas such as child welfare, justice, education, language, and health and calls on churches, governments, organizations and individuals to take action to address the *Calls* in these areas (TRC, 2015c).

1.1.2 TRC and health. Within the TRC reports, the health and wellbeing of Indigenous people in Canada is at the heart of the rationale behind the need for truth and reconciliation. Highlighting this, seven of the 94 *Calls* and two of ten *Principles of Reconciliation* relate directly

¹ To acknowledge this important fact, efforts have been made to reference truth alongside reconciliation as much as possible in this thesis, except when focusing specifically on one or the other, or to be consistent with cited sources.

² Generally, the term ‘Indigenous’ is used in this document to reference First Nations, Métis and Inuit people in Canada, whereas ‘Aboriginal’ is used when citing government documents and literature that use this term.

to health (TRC, 2015a, 2015c). In addition, ‘health’ and ‘healing’ are referenced over 200 times each in the TRC summary report *Honouring the Truth, Reconciling for the Future* (TRC, 2015b). This is not surprising as many of the ongoing impacts of colonization and IRS attendance are manifested through the physical, mental, emotional and spiritual health of Indigenous people (Allan & Smylie, 2015; MacDonald & Steenbeek, 2015). This link between historic and ongoing colonial policies and impacts on health outcomes for Indigenous people in Canada is seen in the intergenerational trauma experienced by many residential school survivors and their families, which affects the mental, physical, spiritual and emotional health of IRS survivors and their descendants (Bombay, Matheson, & Anisman, 2014; TRC, 2015b). Overall, many health inequities experienced by Indigenous people in Canada are rooted in colonization, and the effects of colonialism can be considered as a ‘social’ determinant of health³ (Banerji, 2015; Czyzewski, 2011a; Greenwood & de Leeuw, 2012; Reading & Wien, 2009).

In exploring the link between the TRC *Calls to Action* and the social determinants of health, Andermann (2016) asserts that many of the *Calls* are directly concerned with the social determinants of health, including employment, education, language, culture, and self-determination. Research has demonstrated links between education and health (Ross & Wu, 1995), employment and health (Bartley, 1994), and socioeconomic status and health (Marmot, 2005). In addition, cultural continuity has been found to be protective against suicide among Indigenous youth (Chandler & Lalonde, 2008). As such, it is not a stretch to assert that the Canadian truth and reconciliation process, at its essence, has implications for, and actively seeks to support the health and well-being of Indigenous people. It follows that reconciliation, as an attempt to acknowledge and address the historic and ongoing effects of colonization is necessarily concerned with health equity, health outcomes and addressing the social and historical/political determinants of health for Indigenous people.

1.2 Project Rationale

1.2.1 TRC and health research. There is great potential for health research to contribute to truth and reconciliation. For example, health research has the capacity to support Indigenous healing practices (*Call 22*; Eid & Haddad, 2014; George et al., 2018; TRC, 2015c); inform

³ The appropriateness of the term ‘social’ determinant and inclusion of colonization alongside the traditional social determinants has been questioned; perhaps ‘historical/political’ determinant is a better descriptor (Richmond & Cook, 2016).

policy (Marchildon et al., 2015; TRC, 2015c); measure health outcomes and evaluate efforts towards health equity (*Call 19*; Browne et al., 2016; TRC, 2015c); and support capacity-building among Indigenous communities (Auger, Howell, & Gomes, 2016; TRC, 2015c). In addition, *Call 65* highlights the need for funding to support research aimed at advancing understanding of reconciliation efforts, and *Call 55* identifies the need for data to measure progress towards reconciliation in areas such as health disparities between Indigenous and non-Indigenous people in Canada (McGregor, 2018; TRC, 2015c). These *Calls* demonstrate that research is an important component of the truth and reconciliation process. However, to date there have been few studies on how research might contribute to truth and reconciliation. Thus, research is needed to understand the potential role for health research in truth and reconciliation, identify progress towards truth and reconciliation through health research, and inform future research efforts towards addressing the *Calls to Action*, particularly as related to health.

1.2.2 Health research and colonization. The history of Indigenous health research as a tool of colonization in Canada points to the need to examine how this research can be informed by the *Calls to Action* and *Principles of Reconciliation* as a means to address this history. Research has historically been used to justify and reinforce colonial beliefs, attitudes and actions (Koster, Bacchar, & Lemelin, 2012; McGregor, 2018; Smith, 1999; Wilson, 2008). Evidence of government sponsored and university-led health research on Indigenous peoples in Canada from the 1930s to 1970s has been uncovered by medical historians, much of which was conducted without the knowledge and consent of those used as subjects in the studies (Lux, 2016; MacDonald, Stanwick, & Lynk, 2014; Mosby, 2013). For example, research was conducted on Indigenous peoples in Canada to study the impacts of dietary interventions on malnutrition, to test potential vaccines for tuberculosis, and to study skin grafting (Lux, 2016; Mosby, 2013; Oudshoorn, 2019). Many of the emerging stories around medical experiments in sanitoriums and residential schools, and on reserves and in Indigenous communities are the basis for current certified class-action lawsuits (Dangerfield, 2018; Kassam, 2018). These examples point to the need to interrogate the aims, conduct and outcomes of Indigenous health research in Canada to acknowledge and address its colonial history to ensure that harmful aspects of Indigenous health research are not further perpetuated. Furthermore, the possibility of Indigenous health research moving beyond avoiding harm, to being utilized to advance truth and reconciliation warrants further exploration.

1.3 Project Purpose and Research Questions

The purpose of this project is to understand truth and reconciliation in the context of health research with Indigenous populations in Canada in a university setting. To accomplish this, I conducted an instrumental case study grounded in the overarching principles of decolonization to explore the experiences of Indigenous and non-Indigenous health researchers involved in Indigenous health research in the College of Medicine (CoM) at the University of Saskatchewan (U of S). The inquiry focused on three primary research questions:

1. How do researchers understand/conceptualize truth and reconciliation in the context of academic Indigenous health research? What does truth and reconciliation in Indigenous health research look like?
2. What are the characteristics and features of Indigenous health research that could lead to contributions to truth and reconciliation?
3. How does the university context impact efforts towards truth and reconciliation through Indigenous health research?

Through the instrumental case study, my aims were to provide insight into how the TRC reports apply to Indigenous health research, how health research can contribute to truth and reconciliation, and how universities can ensure such research is supported.

1.4 Investigator Position and Background

In solidarity with Mruck & Mey (2010) who assert that it is important for research with social justice aims to be informed by professional and personal experience, my research topic is informed by a long personal and professional journey. As a fourth-generation settler who came to recognize my ignorance about Indigenous people in Canada, I began to educate myself through seeking information and stories about our shared history. I came to understand colonization as a root cause of the health and social inequities experienced by Indigenous people and communities and a central factor in the ongoing structural and systemic oppression of Indigenous people in Canada. These realizations have led me to a deep conviction that decolonization and reconciliation are essential to the health and wellbeing of Indigenous people in Canada. As an ‘allied other’⁴ I seek to work towards decolonization in my positions within the systems and institutions of colonization. Through my experience in health research with Indigenous people, I have seen the potential for health research to contribute to truth and

⁴ Credit for the term ‘allied other’ rests with Denzin (2010).

reconciliation. However, I have also become aware of how western systems of health research in academic institutions are based in and perpetuate colonial practices. This has led to a conviction that academics must deliberately work to decolonize the principles and practices of health research and challenge the colonial systems in which it occurs. As I firmly believe that truth and reconciliation are the responsibility of all Canadians, I see this project as a personal effort to advance truth and reconciliation by contributing to the collective knowledge and understanding of truth and reconciliation, particularly in the context of academic health research.

1.5 Implications and Significance of the Project

This research has the potential to impact many audiences, and carries implications for future research, policy and practice. In the context of the University of Saskatchewan, this case study will contribute information to the evaluation of internal efforts towards truth and reconciliation in all areas of the university's activity. Specifically, the report will highlight progress being made through research focused on Indigenous health and will showcase ways in which this can be further supported within the College of Medicine and University of Saskatchewan. Among academic researchers, this project will advance understanding of how Indigenous health research might be a useful tool and strategy in reconciliatory efforts. Findings of this project may serve as a guide and inspiration for other researchers, colleges and universities to consider how research could be designed and executed to facilitate truth and reconciliation in Canada. Given the public commitment of many Canadian universities to truth and reconciliation, understanding the factors and features of health research that contributes to truth and reconciliation may provide an impetus for further decolonizing of research and academic institutions. Other research organizations such as the Centers for Patient Oriented Research and funding organizations such as the Canadian Institutes of Health Research and Saskatchewan Health Research Foundation, may find the results useful for shaping policies and future funding opportunities to stimulate further research with Indigenous people oriented towards truth and reconciliation. Finally, this project also contributes to broader societal conversations around efforts toward Truth and Reconciliation in Saskatoon, Saskatchewan and Canada. Through exploring the role of Indigenous health research in truth and reconciliation, this project represents a step forward on the journey towards truth and reconciliation, healing and equity for Indigenous people in Canada in university-based Indigenous health research.

1.6 Overview of the Thesis

The introduction and rationale of the project are presented in Chapter 1, and Chapter 2 provides the background and context for the research project in the form of a literature review on Indigenous health research and the university context. Chapter 3 describes the instrumental case study methodology, including theoretical background and decolonizing framework for the project, along with the study design, data sources, and data collection and analysis strategies. Chapter 3 also presents demographic information on the participants who formed the primary data source for the project. In Chapter 4, the first of three chapters presenting project results, I explore conceptualizations of truth and reconciliation in relation to Indigenous health research and examples of how this research has contributed to truth and reconciliation in the ‘case’. Chapter 5, the second results chapter, presents a model for ‘reconciliatory research’ that outlines the foundational core, aims/indicators and features or characteristics of Indigenous health research that has the potential to contribute to truth and reconciliation. This is placed in the context of the literature on Indigenous health research. Chapter 6, the final results chapter, discusses the university context of this case study, presenting aspects of the context that were identified as important facilitators or barriers to the conduct of reconciliatory Indigenous health research. Finally, Chapter 7 presents the discussion of findings in the context of literature, strengths and limitations of the project, recommendations for researchers and universities, and implications of the project.

CHAPTER 2.0: LITERATURE REVIEW

2.1 Colonization, Health and Research

It is well established that Indigenous people experience the worst health outcomes of all Canadians, including lower life expectancy, higher rates of diabetes, and a disproportionate number of people with AIDS (Czyzewski, 2011a; Reading & Wien, 2009). These health inequities are often explained by social determinants of health such as income, employment, and education, but also must be considered in the context of colonization (Czyzewski, 2011a; Reading & Wien, 2009). The World Health Organization recognizes that colonization is the most critical social determinant of health for Indigenous people and is understood to be at the root of numerous health inequities (World Health Organization, 2007). Colonization, as enacted through paternalistic governmental policies such as the Indian Act and Indian Residential School system, has sought to destroy Indigenous culture, people, and identity in Canada (Rice & Snyder, 2013). Colonial policies have and continue to negatively affect the wellbeing of Indigenous people. IRS survivors carry with them the marks of historical trauma, and their families and descendants are often impacted by intergenerational trauma (Bombay, Matheson, & Anisman, 2014). It is in this context that the TRC developed its *Calls to Action* to identify areas and ways in which the effects of colonization need to be addressed.

Colonization has also occurred through research, particularly through health and medical research that imposed western methods and interpretations onto Indigenous people (Coburn, 2013; Smith, 1999). Such research focused on measuring, assessing and passing judgment on the health and wellbeing of Indigenous peoples through western scientific methods of empiricism under a guise of expert objectivity (Smith, 1999). Coburn (2013) explains that in research, the “ ‘naming and claiming’ of Indigenous experiences –and even, literally, bodies and body parts— is a way for colonizers to possess Indigenous peoples and experiences” (p. 53). In addition, Canada has a history of tangible harms done to Indigenous people in the name of medical research, the extent of which is only recently coming to light (Lux, 2016; MacDonald et al., 2014; Mosby, 2013). Mosby (2013) describes a series of nutrition experiments conducted on Indigenous children in residential schools in the 1940s to 1950s, which saw these children denied

basic nutrition and other health interventions in the name of science, sometimes resulting in the deaths of the children (MacDonald et al., 2014; Mosby, 2013). Lux (2016) describes a program of research sponsored by the National Research Council (NRC) in the 1920s to 1940s involving trials of the tuberculosis vaccine bacillus Calmette-Guerin (BCG) on infants from the Qu'Appelle and File Hills reserves, despite a history of deaths associated with BCG vaccines in previous research. In both the nutrition and tuberculosis experiments, those in charge recognized that socio-economic conditions were a contributing factor in the ill health of research subjects, but nothing was done to address these contributing factors; in fact efforts were made to control these external variables to ensure confounding factors were not introduced into the experiments – for example, by withholding dental care and supplements from the children (Lux, 2016; MacDonald et al., 2014; Mosby, 2013; Wiebe, 2013). Other medical experiments on Indigenous people in Canada have recently come to light, including inter-individual skin grafting in Inuit communities (Bull, 2019; Oudshoorn, 2019) and experiments on Indigenous people in tuberculosis sanatoriums (Carreiro, 2017); and it would not be surprising if other examples of exploitive and harmful research on Indigenous peoples in Canada are identified in coming years through personal and communal stories, and the efforts of medical historians and researchers.

Although much of this research occurred in an era that predated modern research ethics, it can be argued that the research was still not ethical according to basic human rights (Brant Castellano, 2004; Bull, 2019). Indigenous people were often seen as an ideal participant pool due to the segregation and isolation of their communities from broader society, and their status as wards of the government (Lux, 2016; Mosby, 2013). Additional justification for such research stemmed from imperialist, paternalistic, colonial and hierarchical beliefs that governments, medical professionals and researchers had the right to decide what was in the best interests of society, with associated individual and communal costs and harms dismissed as irrelevant due to beliefs around the lower status, value and ‘human-ness’ of Indigenous peoples (Bull, 2019; TRC, 2015b). Research findings and knowledge generated from ‘colonial science’ were often used to inform and justify colonial policies and actions (O’Neil, Reading, & Leader, 1998; Smith, 1999). As a result of the historic and ongoing colonization and harm done through health research, research holds negative connotations for many Indigenous people (Gokiert, Willows, Georgis, Stringer, & Alexander Research Committee, 2017; Smith, 1999). Understanding the historical

context of Indigenous health research in Canada is a critical component that must undergird all efforts towards truth and reconciliation in health research.

2.2 Decolonizing Research

There is a strong consensus in the literature that research about Indigenous peoples must be critically examined and deliberately decolonized to rectify its harmful legacy and to remedy the resulting mistrust of research by Indigenous people (Antoine, 2017; Coburn, 2013; Simonds & Christopher, 2013; Walker, Fredericks, Mills, & Anderson, 2013). Decolonizing research can be understood as a process whereby the power structures and assumptions underlying research are made explicit so that inequities in the production and dissemination of knowledge can be addressed (Barinaga & Parker, 2013; Gokiart et al., 2017; Kovach, 2010a; Simonds & Christopher, 2013). Decolonizing research centers Indigenous worldviews, cultures, epistemologies and methodologies in the framing and conduct of the research (Simonds & Christopher, 2013; Smith, 1999; Walker et al., 2013). In decolonized research, these priorities and values inform the entire research process, from identification of the research topic to data collection, analysis and dissemination. The researcher must ensure the approach is not extractive or exploitative and must be accountable to the individuals and communities involved (Kovach, 2010a). Decolonizing efforts can result in projects that are respectful to Indigenous peoples and cultures, contextually valid, and beneficial to those involved (Simonds & Christopher, 2013). In this light, it is not surprising that some of the strongest calls for decolonizing research come from within the Indigenous community (Antoine, 2017; Maar, Sutherland, & McGregor, 2013; Schnarch, 2005, Smith, 1999).

2.2.1 Historical context of decolonizing research. The shift from research *on* Indigenous people to research *with* Indigenous people has been marked by a number of developments. In Canada, the issues in relationships between Indigenous people and settlers were first officially acknowledged by the government in the 1990s, with the initiation of the Royal Commission on Aboriginal Peoples (RCAP) from 1991 to 1996 (Government of Canada, 2008). This Commission developed 440 recommendations to address the effects of past and current assimilation policies held by government, and to bring justice to the relationships between Indigenous and non-Indigenous people in Canada (Government of Canada, 2008). For all intents and purposes, this report was largely ignored by government, and key recommendations were not implemented (Assembly of First Nations, 2006). However, despite this, Indigenous organizations and

individuals responded to the RCAP by actively working to address these issues by developing their own ethical guidelines and principles for research (Brant Castellano, 2004; Ermine, Sinclair, & Jeffery, 2004; Schnarch, 2005). Groups such as the National Aboriginal Health Organization, the Indigenous Peoples' Health Research Centre, and numerous local and regional Indigenous communities have developed research ethics frameworks to assert their rights of ownership and control over research involving their communities (Abonyi, 2012; Brant Castellano, 2004; Ermine, Sinclair, & Browne, 2005; Ermine, Sinclair, & Jeffery, 2004; First Nations Centre, 2006). These efforts represent Indigenous assertions of sovereignty over anything that involves and impacts them, including research conducted by external organizations or researchers.

Nearly a decade after RCAP, the Canadian Institutes of Health Research (CIHR) recognized the need to address issues of Indigenous rights as related to research with Indigenous peoples on an institutional level. To do so, they developed a set of *Guidelines for Health Research Involving Aboriginal People* with the aim of facilitating “ethical and culturally competent research involving Aboriginal people” (Government of Canada, 2005, in Executive Summary). The guidelines covered the inherent rights of Aboriginal people to have agency in all research involving them, and the responsibilities of researchers to respect these rights and work together in mutually beneficial partnerships (Government of Canada, 2005). Soon after, the Interagency Advisory Panel on Research Ethics, which represents Canada’s three national research agencies (CIHR, the Natural Sciences and Engineering Research Council, and the Social Sciences and Humanities Research Council), began consultations towards a revised version of their 1998 *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans* (TCPS; Government of Canada, 2016a). The TCPS2 (2010 edition) included for the first time *Chapter 9: Research Involving the First Nations, Inuit and Métis Peoples of Canada* – a set of guidelines developed in consultation with Indigenous organizations, scholars and leaders in Canada. Further revisions to the TCPS2 in 2014 left *Chapter 9* intact, with additional changes introduced in 2018 representing the current guidelines for all federally funded research with Indigenous people in Canada (Government of Canada, 2018). Overall these guidelines represent the efforts of Indigenous and non-Indigenous scholars, communities and leaders to address the hegemonic dominance of western approaches to research in light of the harm it has caused and to create an environment where Indigenous sovereignty over research is recognized.

2.2.2 Principles and characteristics of decolonizing research. A review of the literature reveals multiple perspectives on what decolonizing research entails. According to Simonds and Christopher (2013), decolonizing is a research orientation characterized by dialogical and egalitarian principles. Wilson (2008) asserts that decolonizing methodologies involve deconstructing colonial research practices and advancing Indigenous self-determination in and through research. Gokiert and colleagues (2017) describe decolonized research as a strengths-based approach that allows for multiple ways of knowing through a constructivist paradigm.⁵ Others emphasize that decolonization is best viewed as a process instead of an end product or output of research (Flicker et al., 2014; Higgins & Kim, 2018). Bartlett, Iwasaki, Gottlieb, Hall and Mannell (2007) have proposed a framework to guide a decolonizing research process conducted in partnership with First Nations and Métis people, while Darroch and Giles (2014) assert that participatory approaches to health research are important in decolonizing efforts. Despite these different perspectives, there is an underlying consensus that decolonizing research requires recognition of different philosophical orientations and values than those underlying western research traditions.

2.2.3 Indigenous perspectives in decolonizing research. Decolonizing research incorporates Indigenous knowledge and ways of knowing, and centers Indigenous values and protocols (Smith, 1999; Walker et al., 2013). This involves identifying the limits of western approaches and valuing the contributions and strengths of Indigenous approaches (Mundel & Chapman, 2010). This should not be viewed as merely adjusting the western knowledge system: it necessitates an alternate system in which Indigenous worldviews and ways of knowing are centered (Mundel & Chapman, 2010). Decolonizing research involves incorporating Indigenous worldviews and epistemologies through centering relationships in processes of knowledge production, sharing and dissemination (Buchanan, 2013). The challenge for researchers who have been educated in western paradigms is the tendency to “uncritically mobilize dominant discourses in their decision making and implementation activities” (Williams & Mumtaz, 2007, p. 25). As such, both Indigenous and non-Indigenous researchers must work to challenge and dismantle the ongoing imperialistic and colonial underpinnings and aims of research.

⁵ It is perhaps indicative of the need for further work in this area that western paradigms are still used to validate and justify Indigenous approaches to knowledge production and gathering.

Indigenous perspectives on research with mainstream institutions and non-Indigenous researchers are varied and complex. However, some themes are emerging in the works of Indigenous scholars that point to finding a good way forward together. For example, Cree ethicist Willie Ermine has developed the concept of *ethical space*, in which Indigenous and non-Indigenous people come together to create a space for engagement and dialogue (Ermine et al., 2004, 2005). In an ethical space, research paradigms can be critically examined, and Indigenous ways of knowing and being can be asserted in the context of relationships (Ermine et al., 2004, 2005). Creating an ethical space requires trust, humility and a commitment to moving forward together to develop research that is respectful and mutually beneficial (Ermine et al., 2005). Similarly, the concept of interstitial space as explained by Cram and Phillips (2012) suggests that by acknowledging the differences brought by various knowledge traditions and creating space for engagement regarding these differences, researchers of diverse backgrounds and disciplines can come together in ways that enhance the research process. Finally, Turnbull (1997) asserts that allowing space for local knowledge in addressing complex issues is central to finding workable solutions. The commonality of these perspectives is found in challenging the hegemony of western science by creating spaces in which Indigenous and non-Indigenous partners can navigate diverse worldviews, ontologies and epistemologies to produce research practices that are contextually relevant and mutually beneficial.

2.2.4 Collaborating: co-learning and co-creating. An important aspect of decolonized research is collaboration between Indigenous communities and individuals involved in the projects, and researchers (whether they themselves are Indigenous or non-Indigenous). Coburn (2013) asserts that decolonizing research must involve Indigenous terms of engagement including ongoing negotiation between the researcher and community. Research conducted in collaborative partnerships involves a process of learning from each other, and facilitates the co-creation of knowledge (Gokiart et al., 2017; Koster et al., 2012). Collaborative research involves working together to evaluate and select effective research strategies (Koster et al., 2012). Ideally, partners should be equal contributors to the research process, and efforts should be undertaken to ensure that all parties benefit from the research (Koster et al., 2012; Walker et al., 2013). Such partnerships offer opportunities to enact principles of ethical space between researchers and Indigenous participants and communities, and to establish good relationships in order to work together in a good way (Ball & Janyst, 2008; Ermine, 2007; Gokiart et al., 2017). Research

relationships built on trust, integrity, openness and humility create space for decolonization to occur in research (Dei, 2013).

2.2.5 The *Four R's*. The principles of respect, relevance, reciprocity, and responsibility (*The Four R's*; Kirkness & Barnhardt, 1991), and the centering of relationships in the research process can be used as a framework for enacting decolonization in research. As described by Kirkness and Barnhardt (1991), the *Four R's* provide a perspective and approach to addressing issues experienced by Indigenous students in academic institutions. Respect of all persons, ensuring that actions and directions have relevance to those affected, reciprocation through culturally appropriate customs and ensuring the research benefits all involved, and acknowledging one's responsibility to others involved can serve as guiding principles in the world of academic research involving Indigenous people (Government of Canada, 2010). In focusing on enacting these four principles in the context of genuine relationships, the researcher commits to conducting research in a manner that acknowledges the unique context and history of Indigenous people in Canada and works to ensure that Indigenous rights are protected and harms are avoided. These principles necessitate a commitment from the researcher to engage in a personal process of critically examining their beliefs and practices of research.

2.2.6 Decolonizing researchers. Higgins and Kim (2018) assert that a necessary aspect of decolonization in research is the decolonization of the self and the institution. To accomplish this, decolonizing research calls on those involved to reflect on the assumptions and practices of research (Barinaga & Parker, 2013; Kovach, 2010a). In particular, the non-Indigenous researcher must cultivate an awareness of their motives, assumptions and values, and identify their position in relation to personal and cultural biases, and power dynamics in the research setting (Barinaga & Parker, 2013; Smith, 1999; Walker et al., 2013). As Coram (2011) states, “[i]nherently different cultural values between western and non-western worldviews mark the need for practices that disrupt western research methodologies characterised by relations of dominance” (p. 40). These practices center on a commitment to reflexivity on the part of the researcher in personal, interpersonal and collaborative realms (Nicholls, 2009). Efforts also need to be made to decolonize the institutions involved in research through building relationships between such institutions and Indigenous communities to foster an understanding of what is needed to support decolonization efforts in research (Morton Ninomiya & Pollock, 2017).

2.2.7 Benefits of decolonized research. “The work of decolonization is done in reflection, in relationships, and even in research” (Buchanan, 2013, p. 77). Through decolonizing research, efforts are being made to address the health inequities brought about by colonization in Canada and to remedy the harm done through health research. Decolonizing research can be a pathway to healing, empowerment, sovereignty and self-determination, and can facilitate relationships between Indigenous and non-Indigenous people (Walker et al., 2013). Through involvement in all aspects of such research, Indigenous people can ‘research themselves back to life’ as an antidote to being ‘researched to death’ (Brant Castellano, 2004, p. 98).

2.2.8 Connecting decolonization and reconciliation. Efforts to decolonize the research processes by focusing on Indigenous research agendas and ensuring tangible benefits to participants are congruent with the aims of truth and reconciliation (Prior, 2007; Restall, Gerlach, Valavaara, & Phenix, 2016). Decolonizing research conducted in genuine partnerships in a respectful manner can be viewed as an act of reconciliation (Gokiart et al., 2017). In addition, decolonization supports Indigenous rights, self-determination and sovereignty over all matters, including the research done on and about them - a concept central to reconciliation (TRC, 2015a). According to Coburn (2013), research based on Indigenous ways of knowing, being and doing asserts the value and validity of Indigenous knowledge that was discredited and invalidated through colonialism. As such, Indigenous-centered research is a direct challenge against colonialism which involves redeeming research from its harmful and exploitative roots. Indigenous research can be a pathway to healing for Indigenous communities and contributes to renewed relationships between Indigenous people and settlers, both of which are congruent with the aims of truth and reconciliation (Dei, 2013; TRC, 2015a).

2.3 Universities, Research, Colonization and the TRC

Universities are key locales of research activities and play a key role in many nations’ research systems and efforts (Harman, 2007). In Canada, \$14.3 billion was spent on university-based research and development in 2017-18, representing around 40% of total national research and development dollars (Government of Canada, 2019a). The university can be broadly understood as an institution of higher learning with the purpose of cultivating intellectual pursuits and contributing to the development of social capital and civic culture (Alemu, 2018; Anisef, Axelrod, & Lennards, 2012; Schreuder, 2013). Universities have played central roles in western countries and cultures for centuries, and are associated with prestige, privilege and

power (Alemu, 2018; Schreuder, 2013). Alemu (2018) identifies the three primary roles of universities as “teaching new generations; preserving and discovering knowledge; and contributing talent, ideas, advice, and challenge to the wider society” (p. 213). These three central tasks of teaching, research and public service have also been expanded to include more utilitarian and economic pursuits including professional training and commercialization of research outputs (Alemu, 2018; Harman, 2007; Schreuder, 2013). Core values of universities center on institutional autonomy, academic freedom, collegiality, and what Watson calls ‘academic citizenship’ which entails collective commitments to academic honesty, independent learning, and assessment within one’s discipline (Alemu, 2018; Schreuder, 2013; Watson, 2007). Academic freedom, as a central value in universities, refers to “the freedom of academics to choose their topics, concepts, methods and sources – and the right to contribute to their academic communities according to the standards and rules of the academic world” in relation to their teaching and research activities and often extends to civil and political arenas (Enders, 2007, p. 11). Enders (2007) argues that academic freedom is not merely an end unto itself, but helps to ensure quality and rigor in the production of knowledge as part of the system of accountability within academia enacted through peer review processes. Accountabilities in academia rest primarily within the institution and one’s specific academic discipline, with some responsibility extending to the public at large, particularly in this time of increasing accountability for public funds (Enders, 2007; Schreuder, 2013). As universities are shaped by cultural, socioeconomic and political forces, the model of a university described above should not be taken as universal (Alemu, 2018; Schreuder, 2013). Instead, this description identifies core characteristics of the predominant version of modern universities found across the western world (Alemu, 2018).

2.3.1 Universities and research. The idea of universities pursuing research and scholarship as central mechanisms for the discovery of knowledge originated in Germany in the early 1800s (Perkin, 2007; Schreuder, 2013). Although early universities were primarily concerned with the transmission and preservation of knowledge through teaching and philosophical efforts, modern universities often view teaching and research as interconnected, with research often holding a position of primacy in this relationship (Alemu, 2018; Enders, 2007; Schreuder, 2013). As such, research can be considered the primary task and responsibility of academic work (Enders, 2007; Harman, 2007). Research activities carry a high value in academic settings, and research outputs represent a key benchmark for evaluation and the

conferring of rank and reward in university systems (Harman, 2007). Informed by rationalism and empiricism, systematic research methodologies are the de facto mechanism for the discovery, production, verification and dissemination of truth (Alemu, 2018; Watson, 2007). Much university-based research has traditionally been curiosity-driven or ‘blue sky’ research, which centers on the pursuit of knowledge for its own sake (Enders, 2007; Harman, 2007). However problem-driven research that expressly seeks to respond to needs in society is increasingly common, particularly as universities seek to fulfill public service mandates through research, and as research funding is increasingly tied to particular issues or interests of supporters and stakeholders (Alemu, 2018; Enders, 2007; Harman, 2007). Regardless of its impetus, high quality research is characterized by systematic and rigorous data collection, analysis and synthesis, peer review, and publication and dissemination of findings to researchers, stakeholders and the broader community (Harman, 2007). Research forms the backbone of university activities, facilitating the fulfillment of these institutions’ teaching and public service mandates through a formalized search for truth.

2.3.2 Universities and colonization. Canadian universities have largely been modeled on European institutions of higher learning, with influences traced to modern universities in Britain, Germany, Scotland and France (Perkin, 2007; Rüegg, 2004). The earliest Canadian universities originated in the early 1800s, and some received their charter from the British crown in an effort to replicate British social structure in the British colonies (Pietsch, 2015; Rüegg, 2004). Early Canadian universities were established primarily to train and educate clergy, leaders and merchants in the colonies, and to ensure the transmission of European knowledge and values to colonists (Perkin, 2007). Peace (2016) traces the origins of early Canadian universities directly to colonial activities, with provision of training to Indigenous peoples often cited as a rationale in requests for such institutions to be established. Indeed, the concept of universities as institutions references their role as a system which develops and perpetuates cultural values, norms and traditions in a society (El-Khawas, 2007; van Wyk, 2009). Thus, Canadian universities are implicated as a mechanism of settler colonialism (Peace, 2016). However, this should not be interpreted to mean that Indigenous people were welcomed at or encouraged to attend institutes of higher learning. The *Gradual Civilization Act* of 1857 laid the foundations for the voluntary enfranchisement of Indigenous males if they were deemed literate in English or French, and this enfranchisement became mandatory for any who attended university through revisions to the

Indian Act in 1880, a policy which was in effect until the 1960s (Joseph, 2016). Although the British expected that Indigenous people would be eager to accept enfranchisement and become British citizens, the policies effectively served to discourage Indigenous people from attending universities. In the context of mandatory attendance at residential schools and its overall neglect of educational outcomes, it is not surprising that until more recently, few Indigenous people in Canada have participated in universities. Canadian universities, then, can be described as hegemonic institutional systems built upon imperialist and colonial worldviews and values with the intent of perpetuating and imposing these worldviews and values on their members. In most instances, these universities are physically located on unceded or Treaty lands and territories, and although many universities have developed land acknowledgments to indicate their awareness of these relationships, such acknowledgments are often viewed as insufficient or insincere as they are not accompanied by restitution and action (Wilkes, Duong, Kesler, & Ramos, 2017).

2.3.3 Universities and the TRC. The TRC has called for changes across all of Canadian society, including its post-secondary institutions (TRC, 2015c). Since the TRC reports came out in 2015, universities across Canada have been developing action plans to guide their responses to the *Calls to Action* (Treleaven, 2018), with almost 70% of post-secondary institutions reporting the development of a plan for reconciliation (Universities Canada, 2018). Many universities have made public commitments to reconciliation, and their plans and subsequent reports on progress towards this aim are publicly available (Queen's University, 2018; University of Saskatchewan, n.d.; University of Toronto, 2017). Although it is beyond the scope of this review to examine the content of these plans and reports, suffice it to say that these university plans for reconciliation differ in their focus and scope, with the majority of efforts oriented towards teaching and public service activities, with fewer also including plans for efforts in the area of research. Many university efforts towards reconciliation center around addressing specific *Calls to Action* oriented towards post-secondary institutions, including closing the education gap between Indigenous and non-Indigenous people, increasing the presence and visibility of Indigenous people in university settings, and including Indigenous content in teaching and learning (Timmons & Stoicheff, 2016).

2.3.3.1 Indigenization and decolonization in universities. University efforts towards reconciliation are interconnected with efforts towards Indigenization and decolonization. Many of these efforts and the dialogue surrounding these concepts predate the TRC's work, but

discourse on these topics in universities has increased substantially since the TRC reports were released in 2015. One university has defined Indigenization as “[t]he transformation of the existing academy by including Indigenous knowledges, voices, critiques, scholars, students and materials as well as the establishment of physical and epistemic spaces that facilitate the ethical stewardship of a plurality of Indigenous knowledges and practices so thoroughly as to constitute an essential element of the university” (University of Regina, n.d.). Although no one definition can be both comprehensive and specific enough for application in all university settings, features of the above definition held in common with other university’s definitions of Indigenization include the concepts of institutional transformation, inclusion of Indigenous people, knowledge and culture in both physical and philosophical ways, and the valuing of these contributions equally alongside western traditions, values and practices. On the other hand, *decolonization* in universities has been defined as “confronting and challenging the colonizing practices that have influenced education in the past, and which are still present today” (Center for Youth and Society, n.d.), and as a “process of deconstructing colonial ideologies of the superiority and privilege of Western thought and approaches” (Antoine, Mason, Mason, Palahicky, & de France, 2018). Indigenization and decolonization are interrelated, and can be conceptualized as two sides of the same concept: on one hand, decolonization seeks to identify and dismantle colonial structures, practices and perspectives while on the other hand, Indigenization introduces Indigenous structures, practices and perspectives into the space. Regardless of the nuances in definitions, Indigenization and decolonization within universities involves addressing questions of power and control, resource allocation, and purpose at individual, interpersonal and institutional levels (Ottmann, 2013).

However, concepts and efforts towards Indigenization, decolonization and reconciliation in universities are not without their problems. As Gaudry and Lorenz (2018) identify, understandings and efforts towards these aims fall on a spectrum from *Indigenous inclusion*, through *Reconciliation indigenization* to *Decolonial indigenization*.⁶ *Indigenous inclusion* involves policies to add Indigenous faculty, students and staff into existing university systems and structures, often accompanied by efforts to integrate Indigenous worldviews and knowledge into curriculum (Gaudry & Lorenz, 2018). *Reconciliation indigenization* involves efforts to

⁶ The lack of capitalization on the word ‘indigenization’ here mirrors Gaudry and Lorenz’s use of the term in their article for labeling the three stages.

change the structure and nature of the university, and is often characterized by ‘aspirational rhetoric’ around reconciliation with little substantive change (Gaudry & Lorenz, 2018). *Decolonial indigenization*, on the other hand “envisions dismantling the university and building it back up again with a very different role and purpose” through shifting power relations between Indigenous and non-Indigenous peoples (Gaudry & Lorenz, 2018, p. 223). These distinctions clarify the relationships between Indigenization, decolonization, and reconciliation. They also provide a basis for critiquing individual university’s efforts in these areas to encourage movement beyond a concept of Indigenization as inclusion to a more transformational perspective. Indigenization and decolonization support reconciliation through addressing the structural and systemic factors that impact the interpersonal, inter-community, and inter-nation relationships that reconciliation seeks to restore. Within the university setting, these three processes must operate in tandem to move us forward towards a university which no longer operates as a tool of colonization but instead fosters and supports Indigenous strength, wellbeing and self-determination; and respectful and mutually beneficial relationships between Indigenous and non-Indigenous peoples.

2.4 Research and Reconciliation: The Gap

Despite a growing discourse on Indigenization, decolonization and reconciliation in universities, there is a gap in this discourse around exploring reconciliation in the university’s core activity of research. Although discussions around decolonizing and Indigenizing research are fairly common in the literature, very few connections have been made to reconciliation in research, even though it seems like a natural extension to consider how research might contribute to truth and reconciliation. In the literature on health, most articles referencing the TRC present suggestions for how health practitioners can take action on the *Calls* relevant to their particular health profession. For example, Restall and colleagues (2016) call on their fellow occupational therapists to respond to the *Calls* in both a personal and collective manner; while Gosselin-Papadopoulos and Pang discuss the decision of the residents of the Canadian Paediatric Society to focus on Aboriginal health issues based on the TRC “recommendation”⁷ (2016, p. 256) to increase education on this topic among health practitioners. Carr, Chartier, and Dadgostari

⁷ It is interesting to note the numerous references to the ‘recommendations’ of the TRC within the health literature, despite the deliberate selection of the term *Calls to Action* instead of recommendations. This terminology implies that the *Calls* are merely suggestions rather than imperatives. (R. Roberts, personal communication, March 2018).

(2017) identify the need for research on the healing processes of former IRS students to strengthen the imperative for governments to address the *Calls*; while Boksa, Joobar and Kirmayer (2015) discuss how to incorporate a reconciliatory lens into approaches to mental health with Aboriginal communities. Other articles in the health literature cite the TRC to advocate for increased training and cultural safety in healthcare (Jacklin et al., 2017); to frame the implications of research findings in relation to ethnicity-based gaps based in health (Brussoni et al., 2018); or to incorporate Indigenous approaches in treatment in critical care settings (Sanzone et al., 2019). Despite the attention being paid to the TRC in a variety of health disciplines, it seems that the dialogue in the literature has stopped short of identifying how to incorporate truth and reconciliation into research.

In the Canadian literature on public health policy, the dialogue on reconciliation and the TRC moves closer to identifying research as a strategy for moving forward. Richmond and Cook (2016) discuss the role of research in creating evidence to support public policy related to health equity, and identify reconciliation as a precursor in efforts towards health equity.⁸ In addition, Smylie (2015) discusses practical suggestions for working towards reconciliation in the field of public health, and calls on practitioners to center Indigenous theories, knowledge and practices in their work. However, despite the references to the TRC within academic health literature, these discussions stop short of identifying the potential role for research in processes around truth and reconciliation. One of the earliest sources that first identified health research as a potential strategy for reconciliation in Canada is found in Smylie's research on addressing the TRC *Call to Action 23(iii)* on cultural competency training in healthcare, and exploring research as reconciliation in the healthcare setting (Smylie, n.d. a, n.d. b). Another recent commentary on the topic identifies the potential for Indigenous health research to support reconciliation through addressing the TRC *Calls to Action* (Anderson, 2019). Anderson (2019) asserts that Indigenous health researchers seeking to contribute to reconciliation must attend to issues of racism, colonization, power and privilege. However, aside from these initial discourses and commentaries, the literature has not yet explicitly identified truth and reconciliation through research as worthy of in-depth systematic investigation.

⁸ One could argue, however, that health equity is an indicator of reconciliation and as such cannot be preceded by reconciliation.

An examination of multidisciplinary literature resulted in a few articles that discuss research as a mechanism for reconciliation. In the area of policy, Gokiert and colleagues (2017) assert that “[t]he recognition that research can be a decolonizing and reconciliatory process is an important first step” (pp. 14–15). Smithers Graeme and Mandawe (2017) discuss the potential for geography research to be used as a tool for reconciliation, and call for researchers in other disciplines to consider how their research could contribute in a similar manner. Potvin (2015) identifies the collective responsibility of public health officials to facilitate the conditions necessary for reconciliation and asserts that research must be incorporated into reconciliation efforts. In Australia, education researchers aimed to demonstrate that the “notion of reconciliation provides a wholesome framework for research endeavour, and that, conversely, research conducted on the basis of mutual goodwill contributes to symbolic and practical reconciliation” (Patten & Ryan, 2001, p. 36). As such, there appears to be an emerging recognition across some disciplines that research has a role to play in reconciliation, an idea that warrants further consideration and investigation.

The TRC calls on all organizations and institutions to consider how they can contribute to addressing the *Calls to Action* (TRC, 2015b). Given the importance of the TRC’s mandate for reconciliation through rebuilding relationships and addressing health inequities in Canada, it is essential to examine how health research within universities might be used to address the *Calls* and *Priorities* of the TRC, and as such, contribute to truth and reconciliation. The research proposed herein seeks to contribute to our understanding of the role of academic health research in truth and reconciliation in Canada. This project answers Brant Castellano’s call to identify and showcase what is working when it comes to decolonizing research (Brant Castellano, 2004; Gentelet, Basile, & Asselin, 2017), and may contribute to answering *Call 55* regarding providing evidence of progress towards reconciliation in the area of health (TRC, 2015c).

CHAPTER 3.0: METHODOLOGY AND METHODS

The purpose of this project was to understand how health research about and with Indigenous populations in Canada has and might contribute to truth and reconciliation in a university context. To accomplish this aim, I conducted an instrumental case study to explore the experiences of Indigenous and non-Indigenous health researchers involved in Indigenous health research in the College of Medicine at the University of Saskatchewan.

3.1 Theoretical Background

3.1.1 Overarching framework: Decolonizing research. Before discussing the methodology and methods utilized in this project, it is essential to center this research within the overarching framework that informed all decisions about methodology and methods. Consistent with both the focus and nature of the research and my personal values, this research was conducted within a decolonizing framework. Decolonizing research involves shaping projects to meet the needs and interests of Indigenous people by using methodologies and methods that are respectful of and congruent with Indigenous worldviews, values and ways of knowing (Antoine, 2017; Bartlett et al., 2007; Smith, 1999). By adopting a framework centered on Kirkness and Barnhardt's (1991) 4R's (respect, relevance, reciprocity and responsibility) in the context of relationships, I endeavored to center decolonization in my conceptualization and enactment of this project in order to not only study truth and reconciliation, but to also enact truth and reconciliation by challenging colonial approaches to research.

3.1.2 Methodology: Instrumental case study. Within the contextual framework of decolonization, I utilized an instrumental case study methodology to address the research objective and questions. Case study methodology (CSM) is an approach to research that aims to provide an "in-depth multi-faceted understanding of a complex issue in its real-life context" (Crowe et al., 2011, p. 1). CSM is well suited to understanding complex phenomenon, particularly involving human behaviour (Harrison, Birks, Franklin, & Mills, 2017). One of the key features of CSM is its practical versatility and flexibility in accommodating diverse philosophical orientations and a range of methods (Baxter & Jack, 2008; Harrison et al., 2017). As Harrison and colleagues (2017) assert, an integrated robust case study design can

accommodate methodological flexibility. Central to CSM is the aim of developing an understanding of the case from multiple perspectives and data sources (Baxter & Jack, 2008; Crowe et al., 2011; Harrison et al., 2017). Another key feature is the use of multiple methods of data gathering through strategies such as interviews, observation, and artifact/document analysis to develop a complete picture of the case in its context (Baxter & Jack, 2008; Creswell & Poth, 2018; Crowe et al., 2011; Harrison et al., 2017; Merriam, 1985).

3.1.2.1 Instrumental case study. An instrumental case study is one that is conducted to provide insight into a particular issue that exists beyond the particular case at hand, as opposed to an intrinsic interest in the case itself (Baxter & Jack, 2008; Harrison et al., 2017; Stake, 1995). In instrumental case studies, identification of a central issue precedes the purposeful selection of a cases or cases through which the issue will be examined (Creswell & Poth, 2018). Instrumental cases are selected for what can be learned about the central question or issue, with consideration given to issues of access (Crowe et al., 2011; Harrison et al., 2017). In this project, the instrumental case study approach allows for applications of findings beyond the particular case and context in question.

3.1.2.2 Paradigmatic and philosophic underpinnings of CSM. At the heart of case study methodology is the epistemological understanding that knowledge is generated through the personal experiences of individuals (Stake, 2000). The constructivist underpinnings of case study assert an ontology based in the multiplicity of perspectives and realities, and the importance of context in the identification of the nature of these realities (Crowe et al., 2011; Harrison et al., 2017). The epistemological stance of co-construction of knowledge is found in case study approaches in which researchers and participants partner in the production of knowledge (Harrison et al., 2017; Stake, 2000). As the researcher's philosophic foundation and the orientation of the research aims will shape the decisions made within the case study methodology, it is essential to be explicit about these assumptions, and to ensure congruity between the researcher's orientation, the aims of the study, the design and methods used within the case study (Harrison et al., 2017). This is particularly important in decolonizing research involving non-Indigenous investigators due to the fundamental differences between Indigenous and western worldviews (Kovach, 2010a). In this project, the social construction of knowledge and acceptance of multiple perspectives and viewpoints are central to the philosophical stance of

the investigator. As such, the instrumental case study methodology using a critical constructivist approach is congruent with the proposed purpose and framework for this inquiry.

3.1.2.3 CSM and decolonization. Although there is little discussion in the literature regarding the fit between case study methodology and decolonization in research, there are numerous ways in which case study methodology can accommodate the aims and means of decolonizing research. CSM fits with constructivist orientations to ontology in which the multiplicity of knowledge is valued (Baxter & Jack, 2008). In addition, CSM is congruent with Indigenous ontologies and epistemologies that assert the contextual and relational nature of knowledge and the role of personal experience in developing knowledge (Asselin & Basile, 2018; Stake, 2000; Wright, Wahoush, Ballantyne, Gabel, & Jack, 2016). Finally, CSM allows for inclusion of holistic and contextual knowledge and compilation of multiple realities, which stands in opposition to reductionistic perspectives (Durie, 2004; Kovach, 2010a; Stake, 1995).

The flexibility and wide variation in methods associated with CSM allows for data collection and analysis strategies that are compatible with Indigenous worldviews, values, and ways of knowing and sharing knowledge (Denzin, 2010; Kovach, 2010a; Simonds & Christopher, 2013). Case studies can involve a wide variety of methods, including centering storytelling in data collection and reporting, which is central to Indigenous ways of knowing and learning (Caxaj, 2015; Crowe et al., 2011; Harrison et al., 2017; Kovach, 2010a). In both CSM and decolonizing research frameworks, the investigator is viewed as an active participant in the research process, with calls for reflexivity and self-location to enhance transparency and trustworthiness (Harrison et al., 2017; Pyett, 2003). CSM also allows for a variety of frameworks and contexts to be considered in the analysis and interpretation of data (Brown, 2008; Crowe et al., 2011; Harrison et al., 2017), thus enhancing the contextual credibility and cultural relevance of the interpretations and conclusions in the research (Durie, 2004; Kovach, 2010a; Wright et al., 2016).

CSM has been used in a range of research with Indigenous populations. Case studies have been used by Indigenous researchers to examine Indigenous health disparities in the context of particular historical and colonial settings in Australia, New Zealand, and the Pacific Islands (Anderson et al., 2006), and to build understanding of racism and reconciliation in a community context in Australia (Gunstone, 2014). Using a decolonizing framework, Smylie, Kaplan-Myrth and McShane (2009) used CSM to examine the features of successful health knowledge translation in three different types of Indigenous communities. They found that the case study

approach was adaptable and conducive to their decolonizing aims. Simonds and Christopher (2013) also identify congruency between case study methodology and decolonizing frameworks in an examination of their community-based health intervention project. Overall, CSM can accommodate decolonizing approaches to research via its acceptance of a variety of philosophical underpinnings, its methodological flexibility, its array of data collection methods and its range of aims and outputs.

3.1.2.4 Data gathering and analysis in CSM. Data gathering in case study methodology focuses on gathering information from multiple sources through multiple methods to compile a wholistic, multi-faceted understanding of the phenomenon or issue at hand (Baxter & Jack, 2008; Crowe et al., 2011; Stake, 1995). Data from sources such as key informants, documents, primary observations and artifacts are obtained through techniques such as interviews, focus groups, surveys, document and artifact analysis with the aim of providing insight into the case and its context (Baxter & Jack, 2008; Crowe et al., 2011; Stake, 1995; Yin, 2014). In CSM, data analysis and data gathering activities are intertwined and iterative, with one informing the other (Crowe et al., 2011; Merriam, 1985; Stake, 1995, 2008). Initial analysis of data often reveals key aspects of the case or context warranting further investigation (Merriam, 1985; Stake, 2000). Data should be triangulated or corroborated from other informants or data sources (Harrison et al., 2017; Stake, 1995; Yin, 2014). Data collection and analysis thus represent concurrent efforts to obtain and validate information relevant to the case (Baxter & Jack, 2008).

In case study methodology, the aim of analysis is to integrate the data to develop a comprehensive description and interpretation of the case that is based on the perspectives of participants and framed within its context (Crowe et al., 2011; Harrison et al., 2017; Stake, 2008). Instrumental case studies also aim to provide insight into the issue at hand, typically with data from the case selected to illustrate the assertions (Stake, 2008). A variety of analytic strategies can be utilized with case study data, including identifying patterns, coherence and divergence, sorting into categories and themes, identifying key issues, and narrative approaches, to name but a few (Baxter & Jack, 2008; Brown, 2008; Stake, 2008). Regardless of the particular strategies employed, it is widely recommended to select a framework to guide the analysis, such as using issues as a conceptual structure, organizing analysis around key research questions, or focusing on narratives (Harrison et al., 2017; Stake, 1995; Yin, 2014). In this project, following recommendations from Yin (2014), the analysis was shaped around the main research questions.

3.1.2.5 Rationale for CSM. I chose CSM for this project as it was congruent with my research objective, decolonizing orientation, and personal stance as a researcher. CSM was a good fit with my research objective of understanding how health research contributes to reconciliation in its institutional context from a variety of perspectives and data sources (Gunstone, 2014). As CSM is particularly well suited to situations when the boundary between the issue and its context is unclear (Baxter & Jack, 2008; Stake, 2008), it was particularly applicable to the topic and setting of this project. CSM also allowed for the recognition and inclusion of local, social and historical contexts (Stake, 2008) such as those relevant to decolonizing research and integrating the TRC in analysis and interpretation. In sum, CSM was congruent with my philosophical orientation, beliefs and values, and with the demands of this project in light of the research objective and centering of a decolonizing framework.

3.1.3 Background of Methods. This project employed a decolonizing and collaborative approach to data collection methods, which included guided conversations (Kovach, 2010b), brief interviews with key informants, and information from contextualizing documents.

3.1.3.1 Decolonizing methods. In a decolonizing framework, it is imperative to ensure that culturally appropriate methods are used in research (Wright et al., 2016). Decolonizing methods involves conducting research in ways appropriate and acceptable to the communities involved (Mundel & Chapman, 2010). This includes observing relevant protocols, ceremonies and customs, and demonstrating reciprocity by ensuring the project benefits the community (CIHR, 2014; Wright et al., 2016). It is recommended that researchers work with Elders and experienced mentors, and remain flexible to different approaches (Absolon & Willet, 2005; Simonds & Christopher, 2013; Wright et al., 2016). Given the emphasis on relational and collaborative approaches in decolonizing, the details of recruitment, data collection and analysis were formed with input from advisors. It is important to note that creating space for Indigenous ways of knowing and being, and integration of culturally sensitive approaches is not meant to diminish or negate western research traditions, nor to prioritize the needs of Indigenous participants over those of non-Indigenous participants. However, these approaches were essential to ensuring cultural safety for Indigenous peoples involved in the research, ensuring the research brought benefit to those involved and impacted, and challenging the historical and ongoing colonial activities of research.

3.1.3.2 Collaborative approach. According to standards for ethical conduct in research with Indigenous people, it is imperative that research about Indigenous peoples involves active participation on the part of the Indigenous groups, communities or individuals impacted by the research (CIHR, 2014; Schnarch, 2005). Collaborative approaches can facilitate pragmatic and transformative research objectives, extend critical and decolonizing agendas and ensure that research is culturally appropriate (Gokiert et al., 2017; Hense & McFerran, 2016; Stanton, 2014). As such, a collaborative approach involving stakeholder consultation and input was used to ensure this project was conducted in a culturally acceptable and decolonizing manner.

A number of strategies for collaboration were enacted. Preparation for the project involved meeting with Indigenous administrators and scholars, and other stakeholders at the U of S and in the broader community (see Table 3.1). The aim of these consultations was to share about the project, and gather input on methodological, conceptual and practical aspects of the research, and identify ways in which the findings and outputs might be relevant, useful and beneficial to them. Consultation meetings were held with individual advisors either in person or via telephone. Second, during the case study data collection, participants were given an opportunity to provide input into the emerging analysis and interpretation of the data. Draft results were shared with all participants for member checking near the end of the project. These strategies allowed for input into explanations and interpretations to enhance the cultural appropriateness and validity of the project.

Table 3.1 *Offices, Groups and Organizations from whom Input on the Project was Sought*

Dean’s Office, College of Medicine, U of S	Office of the Treaty Commissioner (SK)
Office of the Vice-Dean Research, College of Medicine, U of S	Indigenous Education staff, Gwenna Moss Centre for Teaching and Learning, U of S
Office of the Vice-Provost Indigenous Engagement, U of S	Indigenous researchers across U of S campus with expertise in topic area, methodologies
Indigenous Health Committee, College of Medicine, U of S	Office of the Indigenous Coordinator, College of Medicine, U of S
Elders and staff, Gordon Oakes Aboriginal Student’s Center, U of S	Division of Social Accountability, College of Medicine, U of S

3.2 Project Design

3.2.1 Guiding questions. At the outset of the project, the following research questions and sub-questions formed the guiding framework for project design and data collection. As discussed later in this chapter, these initial guiding questions changed in an iterative manner throughout the data collection and analyses phases of the project.

1. How are health researchers in the CoM, U of S working toward truth and Reconciliation in and through their programs of research? (a) Are these efforts deliberate or incidental? (b)

Do these efforts and aims differ between Indigenous and non-Indigenous researchers? (c) How are these efforts expressed in the relationships with Indigenous research partners/collaborators?

2. How do academic health researchers in the CoM, U of S think health research might be able to further contribute to truth and Reconciliation? (a) What could reconciliation look like in the context of academic health research? (b) How would we know that we are making progress towards these possibilities?

3. How does the institutional context in the CoM and U of S impact efforts towards reconciliation through health research? (a) What aspects of the institutional context (i.e., strategic planning, policies, collegial environment, promotion/tenure guidelines, administrative processes) impact researchers' efforts, and in what ways? (b) How do aspects of the broader research context (i.e., research funding bodies, para-institutional research organizations, national research ethics bodies) impact researchers' efforts?

3.2.2 Overview of methods. The 'case' in this case study was comprised of faculty in the College of Medicine at the University of Saskatchewan who were involved in research focused on Indigenous health. In keeping with case study methodology, data collection involved multiple methods and sources to facilitate triangulation and enhance credibility (Baxter & Jack, 2008; Crowe et al., 2011; Stake, 1995). I employed a version of semi-structured participant interviews known as guided conversations (Creswell & Poth, 2018; Kovach, 2010b; Yin, 2014) to explore the experiences of Indigenous and non-Indigenous health researchers at the University of Saskatchewan; employed analysis of documents to glean important information about the context and nature of the research setting; and used information from key informants to aid in understanding contextual factors important to the research questions. Data collection and analysis was iterative, with emerging information informing subsequent data gathering strategies (Merriam, 1985; Stake, 2008). Personal reflexive notes were kept to reflect on data and on the

investigator's position within the project (Baxter & Jack, 2008; Creswell & Poth, 2018; Harrison et al., 2017) Data management and analysis was facilitated with NVivo software (QSR International, 2018). Input from key stakeholders and participants was integrated into methods and analysis (Murdoch-Flowers et al., 2017; Simonds & Christopher, 2013). Study output included a rich description and interpretation of the case and its context in relation to the research questions, in formats including this thesis, reports, publications and presentations, with the aim of communicating the findings back to the communities that informed this work.

3.2.3 Identification, selection and bounding of the case and context. In case study research, it is critical to clearly delineate the identity and bounding of the case to ensure a clear understanding of what the case entails (Stake, 2000; Yin, 2014). A case can be bounded on the basis of time, place, activity, or context, to name but a few examples (Baxter & Jack, 2008). In this study, the case under investigation was researchers in the College of Medicine, University of Saskatchewan experienced in conducting health research focused on Indigenous populations in Canada. 'Researchers'⁹ were defined as faculty members in any units within the CoM, U of S who had been principal or co-investigators on research projects centered on Indigenous health topics. Both Indigenous and non-Indigenous researchers were included. Although this project was designed as a single case study, individual researchers represent 'embedded units' within the case (Baxter & Jack, 2008; Stake, 2008; Yin, 2014). Figure 3.1 depicts a graphic representation of the case and context for this project, with the dashed lines around the case and context representing the permeable and flexible nature of these boundaries.

3.2.3.1 Case study context. The context of this case was primarily centered on the College of Medicine and the University of Saskatchewan, situated on Treaty 6 territory and the traditional homeland of the Métis. As the academic home of the researchers comprising the case, the CoM and U of S represents the institutional context in which their research and scholarship occurs. In this, aspects of the CoM, U of S such as strategic plans, policies, practices and institutional culture have a direct bearing on how the researchers go about their work. Features and factors of the CoM and U of S that researchers identified as impacting their research were included in the case study to facilitate understanding of the impacts of this context on Indigenous health research. In addition, factors external to the CoM and U of S such as external funding

⁹ To avoid confusion, the terms 'researcher(s)' or 'participants' will refer to the faculty researchers who constitute the 'case' in this project. The term 'investigator' will be used to refer to the graduate student conducting this project.

sources and research guidelines such as the TCPS2 Chapter 9 were included in the examination of the context. As case studies are often characterized by a lack of clear boundaries between the case and the context (Baxter & Jack, 2008; Stake, 2008), flexibility was employed in the delineation of case-context-external boundaries throughout the data collection and analysis. This allowed for a thorough examination of the context for aspects relevant to the case, and flexibility in the identification of the case-context boundary to allow for expansion or restriction of the case as needed to meet the objectives of the inquiry (Stake, 1995).

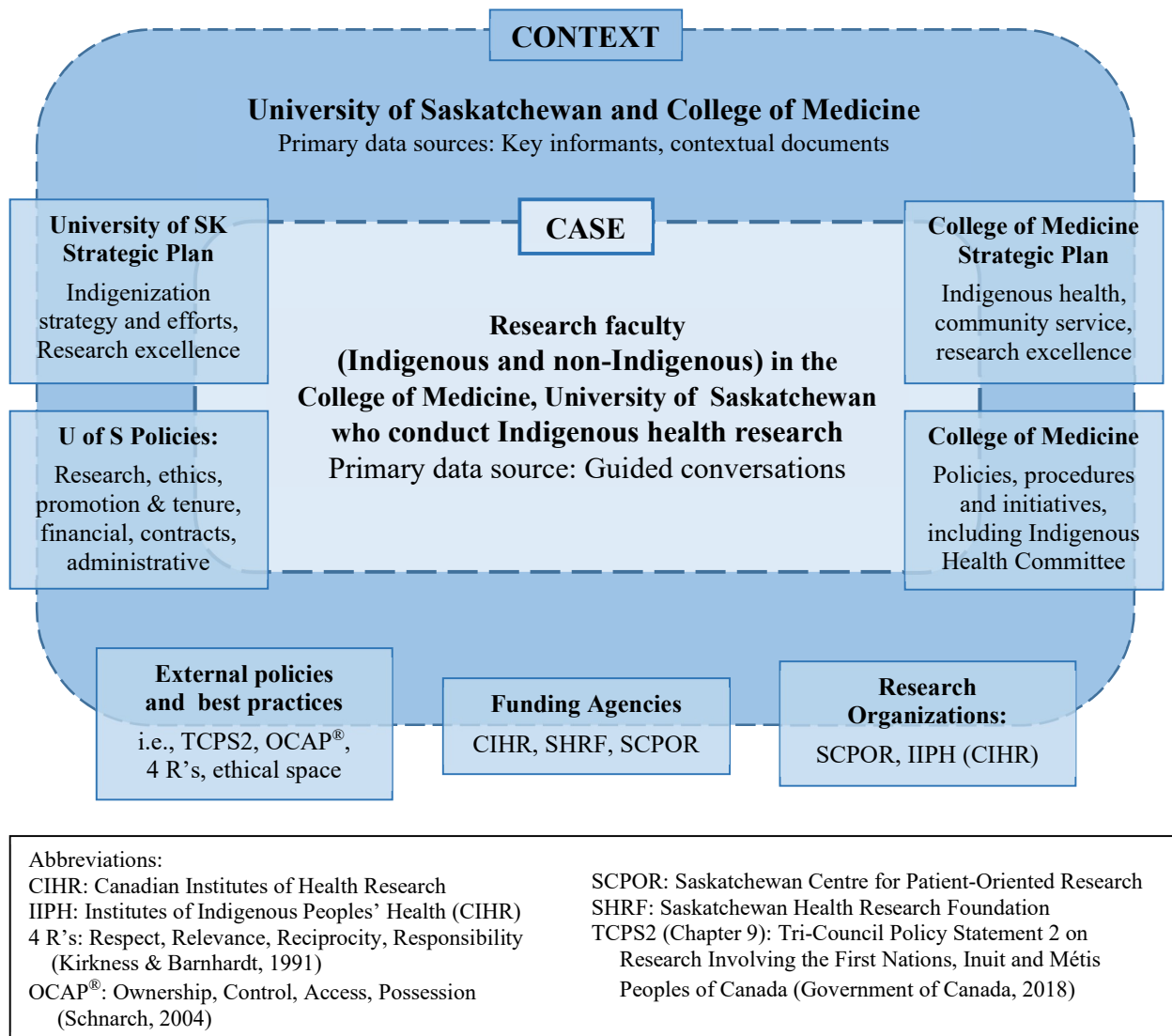


Figure 3.1 Visual representation of the bounding of the case and context.

3.2.3.2 Rationale for selection of case. The rationale for the selection of this case is based on a number of considerations. First, in the context of an instrumental case study, the case is selected for what it can reveal about the issue or phenomenon at hand (Baxter & Jack, 2008; Crowe et al., 2011; Stake, 1995). The CoM and U of S represent an incredibly rich context in which to study health researchers whose research focuses on Indigenous health. Indigenous peoples represent a signature research area of the University of Saskatchewan (“Signature Areas of Research”, n.d.), and Indigenous health is a key focus of the College of Medicine (“Aboriginal Health - College of Medicine”, n.d.). These priorities reflect the University of Saskatchewan mission to serve the people of this province (“Mission, Vision and Values”, n.d.), of whom approximately 16% identify as Aboriginal (Government of Canada, 2016b). The CoM has numerous researchers whose work focuses on Indigenous health issues and has attracted a significant amount of federal and other research funding for this work (“Three U of S Researchers Awarded Grants,” 2018; “U of S Awarded \$2.4M for Indigenous Health Care” 2018). In addition, the U of S has, in recent years, established a Cameco Research Chair in Indigenous Health, and has become the home of the Saskatchewan Centre for Patient-Oriented Research (SCPOR) and the Canadian Institutes of Health Research’s Institute for Indigenous Peoples’ Health (“New Cameco Chair to Improve Indigenous Health Outcomes,” 2017; “Saskatchewan Centre for Patient-Oriented Research Formally Launched,” 2017; “U of S to Host CIHR Institute of Indigenous Peoples’ Health,” 2018). As such, this location is an ideal choice for this case study due to its potential insight into the phenomenon of the contributions of health researchers to addressing the TRC *Calls to Action* through their research on Indigenous health.

A second rationale for the delineation of this case is practical, as it is readily accessible to the investigator. A key characteristic of a good case is that it affords the investigator an opportunity to learn about the topic at hand, and in order to do so, the case must be accessible to the researcher (Crowe et al., 2011; Stake, 2008). The investigator conducting this case study was a MSc student within the CoM, U of S, and had also worked in the CoM as a research assistant for over 10 years. This insider status afforded the investigator first-hand knowledge and experience of the case and context for the study, with established relationships and connections to facilitate access and credibility in conducting the project.

3.2.4 Research ethics and ethical considerations. Ethics approval for this project was obtained from the University of Saskatchewan's Behavioural Ethics Review Board (BEH #666). A copy of the research ethics approval certificate is included in Appendix A. It is essential to realize that the ethical conduct of research is not merely about fulfilling institutional research ethics requirements, but also involves a commitment to ethical conduct throughout and beyond the project. As such, care was taken to establish trust, ensure confidentiality, and openly communicate the purpose of the inquiry with potential participants and key informants. In addition, for any research involving Indigenous people, it is essential to follow guidelines of the TCPS2 Chapter 9 and ethical guidelines developed by Indigenous groups (CIHR, 2014; Ermine et al., 2005; First Nations Centre, 2006; Schnarch, 2005). Central to Indigenous research ethics guidelines is attention to matters of respect, reciprocity and relationships. As such, I approached this project with a commitment to enact high personal ethical standards in the context of the Four R's, reflexivity, relationships, and principles of decolonization (Berryman, Glynn, & Woller, 2017; Caxaj, 2015; Kirkness & Barnhardt, 1991; Kovach, 2010a).

3.3 Data Collection

To meet the research objective and answer the research questions, three sources of data were utilized: guided conversations with CoM faculty involved in Indigenous health research, document analysis, and key informant interviews. The guided conversations formed the primary source of data, with supplementation of details about the case and context from key informants and documents. Each source of data and its associated data collection procedures are described below, including a description of participant/informant/document identification and selection procedures. Data from participants and key informants were collected between April and November 2019 on the University of Saskatchewan campus in Saskatoon, SK.

3.3.1 Overarching sampling strategy. In case study research, sampling occurs at two levels – first, of the case itself (which is described above for this project), and second, of the units within the case from which information will be obtained (Brown, 2008). The aim of sampling the embedded units (participants), key informants and documents in this case study was consistent with the aim of sampling at the case level: each was selected for what it could reveal about the issues at hand (Harrison et al., 2017; Stake, 2008). This is akin to purposeful sampling, which involves identifying participants with specific experiences and other data sources that represent repositories of information on the topic on which the inquiry is focused (Creswell &

Poth, 2018; Palinkas et al., 2015). Data collection began with identification of participants for the guided conversations, as this represented the primary source of data to answer the research questions. As the data collection-analysis process progressed, further sampling focused on identifying key informants and document sources needed to fill in gaps in the emerging picture of the case and its relevant context (Lebel & Reed, 2010) until the investigator and thesis supervisor deemed sufficient information had been collected to develop a comprehensive, multi-dimensional understanding of the case and context in light of the study objectives (Stake, 2008).

3.3.2 Reflexivity and investigator's role. As with all qualitative research, but even more so in decolonizing research, investigator reflexivity is an important component of the project (Creswell & Poth, 2018; Harrison et al., 2017; Kovach, 2010a). Reflexivity is a process of self-identification of the investigator's position, values and biases in relation to their impact upon the inquiry at hand (Creswell & Poth, 2018; Pyett, 2003). In case study research, reflexivity through memoing and journaling are an important part of the meaning-making process of data collection and analysis (Harrison et al., 2017; Stake, 2008). Reflexivity can enhance catalytic validity and contribute to transparency and trust-building in collaborative projects (Caxaj, 2015; Nicholls, 2009), and is important in decolonizing the research space and process (Absolon & Willet, 2005; Kovach, 2010a). Throughout the project, I took time to critically reflect upon and note my observations, questions, assumptions, and insights. These notes were used to supplement the research data, and facilitated the iterative data collection, analysis and meaning-making.

3.3.3 Guided conversations. Guided conversations are similar to semi-structured interviews but focus on two-way conversation instead of one-way questioning (Kovach, 2010b). As such, guided conversations are interactive and democratic, and fit with decolonizing frameworks (Bagelman, Devereaux, & Hartley, 2016; Creswell & Poth, 2018; Kovach, 2010a, 2010b). In alignment with Indigenous methods and with case study approaches (Baxter & Jack, 2008; Caxaj, 2015; Harrison et al., 2017; Kovach, 2010a; Stake, 1995), the focus of the conversation was to elicit narratives of the researchers' experiences with the topic. The guided conversation approach allows participants to direct the conversation towards aspects of the topic that were of importance to them and allowed them to share what they felt was important and relevant (Crowe et al., 2011). Guided conversations are characterized by the centering of the participants' voice and expertise in a manner that respects their knowledge and contributions, and flexibility in the focus and flow of the session (Kovach, 2010b). The role of the researcher in

guided conversations is to listen and reflect with the aim of developing a deep understanding, and to participate in the dialogue through questions and observations to aid in co-creation of knowledge (Kovach, 2010b). As such, guided conversations differ from traditional interviews in which the researcher controls the focus, flow and length of the session with the intent of extracting what they deem as relevant information from the participant (DePoy & Gitlin, 2016).

3.3.3.1 Identification of participants for guided conversations. The primary source of data related to the research objective and questions were faculty in the College of Medicine involved in Indigenous health research. Eligibility criteria were identified based on principles of broad inclusion and purposeful sampling: any CoM faculty (assistant to full professors, of any tenure status from non-tenure track to tenured) with experience in Indigenous health research within the historical context of the Truth and Reconciliation Commission's work in Canada (2008-present) were eligible to participate. A list of faculty in the College of Medicine who met eligibility requirements was developed based on first-hand knowledge of the investigator and thesis committee, supplemented with a review of CoM departmental faculty lists with research interests (available online) to identify any potential participants that were not yet on the list. From the comprehensive list of approximately 20 eligible participants,¹⁰ the investigator and thesis supervisor utilized an iterative process to purposively select individuals to be approached for recruitment in the project for maximum variation. This was continued until a sufficient number and range of participants had been successfully recruited. Efforts were made to ensure representation from Indigenous and non-Indigenous faculty with a range of expertise in different types of health research (i.e., population health, biomedical, clinical, health systems research).

3.3.3.2 Participant recruitment. Potential participants were contacted individually via publicly available university email addresses to describe the project and invite them to participate (see Appendix B – Participant recruitment email). A follow-up phone call to their publicly available university office telephone number was made one week after the initial email if a response had not yet been received, followed by one more email in case the initial invitation had been missed. In total, 16 potential participants were approached via email between March and June of 2018: 12 agreed to participate, three declined, and one did not respond, for a recruitment rate of 75%. Of the 12 who agreed to participate, 11 participants completed the

¹⁰ Two faculty who met eligibility criteria but were current supervisors of the investigator's employment at the time of the project, and the investigator's thesis supervisor and committee members were excluded from the list.

guided conversation session, while one was not able to participate due to availability issues over a number of months of trying to schedule the session.

3.3.3.3 Guided conversation process. Guided conversations were conducted with eleven participants, balanced between Indigenous and non-Indigenous researchers. In an effort to decolonize the research experience and address power hierarchies (Kovach, 2010a), participants were provided with the aims of the project and conversation guide before the guided conversations so they were able to reflect on the topic and questions in advance should they so choose (Koster et al., 2012).¹¹ Guided conversations were held in-person at a private location on campus of the participant's choice, usually in a meeting room or the participant's work office. Written consent and demographic information were obtained from all participants at the beginning of the session (see Appendix C for consent form and Appendix D for demographic information form). Of particular note was participants' ability to waive confidentiality by choosing to be identified by name in the final report, a decision which was confirmed during the member checking process. Sessions were structured loosely via the *Conversation Guide* (see Appendix E) and lasted for an average of 80 minutes (range: 47 minutes to 2 hours 16 minutes; total of 14.75 hours). Care was taken to allow the participant to guide the direction and duration of the conversation, and a paper copy of the TRC's *Principles of Reconciliation* and selected *Calls to Action* related to health and research was available for reference (see Appendix F). Sessions were audio-recorded on a portable digital voice recorder with the consent of the participant, and participants were reminded of their option to have the recording device turned off at any time during the conversation should they wish any parts of the discussion to be 'off the record'. For Indigenous participants, cultural protocols were observed as appropriate (i.e., offering tobacco or tea¹²) at the beginning of the session to acknowledge the relationship and the knowledge being shared, and convey the investigator's commitment to honor what was shared. These offerings were accepted by the participants on all occasions. All participants were offered a \$10 gift card for Tim Hortons or Starbucks as a token of appreciation for their time and willingness to participate. The approaches described above were selected in an effort to enact

¹¹ Two participants did not receive the conversation guide in advance due to communication errors. In both cases, participants were given a few moments at the beginning of the session to review the conversation guide.

¹² The decision on which to offer was based on knowledge of the participant, or in the absence of such information, by asking the participant or their administrative/research assistant which would be appropriate to offer. The strategy of asking directly about what is appropriate to offer was taught to me by an Elder at the U of S.

principles of decolonization and allow for the centering of respectful relationships and the sharing of power and control in the research process.

3.3.3.4 *Transcription of guided conversations.* Guided conversations were transcribed by the investigator in the days following each conversation. The transcripts captured verbatim records of the conversations, with all verbal aspects such as pauses, hesitations and repetitions included (Engward & Davis, 2015) to facilitate the representation of participants' voices and meanings in the analysis (Kovach, 2010a).¹³ By completing the transcriptions personally, familiarity with the data was developed, and the analytic process was initiated. Memoing and reflexivity were employed during the transcription process to capture emerging understandings and to identify directions for subsequent conversations and data collection. All participants were sent a digital copy of their transcript via email for review and approval prior to inclusion in the full data set (in addition to the member checking process near the completion of the analysis and compilation of results). In total, over 200 pages of transcripts were included in the dataset.

3.3.3.5 *Participant characteristics.* A summary of the demographic information collected from participants at the beginning of the guided conversations can be found in Table 3.2. Of the eleven participants of the guided conversations, five self-identified as Indigenous and six self-identified as non-Indigenous; three self-identified as male and eight self-identified as female. Five participants were in the 40-49 age range, with three in the 50-59 age range and three in the 60-69 age range. Most participants self-identified as being mid- or late- career; with only three participants identifying as early in their careers. Participants had a mean of 13.3 years as a faculty member (range: <5 to >25)¹⁴, with a range of less than 5 to over 25 years of experience in Indigenous health research (mean: 13.6 years). Similarly, participants had been at the University of Saskatchewan for an average of 12.4 years (range: <5 to >25 years). Participants' areas of health research encompassed community and population health, biomedical, health promotion, wellness, clinical, and health systems research. Overall, participants had extensive experience in the university setting and in Indigenous health research and were thus well-suited to provide information and insight on the research questions.

¹³ It is of note that most transcripts revealed numerous pauses, reflecting the reflective tone of the conversations and participants' efforts to ensure their words and statements on the topics were carefully and thoughtfully chosen.

¹⁴ Reported values under 5 years and over 25 years were collapsed to protect the identities of participants.

Table 3.2 *Participant Characteristics*

Characteristic	n (N=11)	%
Sex		
Male	3	27
Female	8	73
Ethnicity		
Indigenous	5	46
Non-Indigenous	6	54
Age range (years)		
40 – 49	5	46
50 – 59	3	27
60 – 69	3	27
Career stage		
Early	3	27
Mid	4	36
Senior [†]	4	36*
Characteristic	Mean	Range
Years as faculty	13.3	<5 – >25 [‡]
Years in Indigenous health research	13.6	<5 – >25 [‡]
Years at U of S	12.4	<5 – >25 [‡]

* Percentages total less than 100% due to rounding

[†] Career stage categories utilize CIHR terminology

[‡] Values less than five years and over 25 years were collapsed to protect the identities of participants

3.3.4 Key informants. Information from Key Informants within the College of Medicine and University of Saskatchewan was utilized to obtain or confirm details on certain aspects of the case and context. Potential Key Informants were identified to satisfy specific needs for additional information on aspects of the case or context that arose from the guided conversations and documents throughout iterative data collection and early analyses phases. Key Informants were composed of staff, leadership, and administrators within the university, and there was no overlap with those identified for recruitment and participation. Key Informants were contacted by email with an explanation of the specific information requested and the reasons for the request in the context of the research project. The individuals approached were not identified based on who they were, but on their roles, responsibilities and knowledge of university systems, processes or procedures (Stake, 2008), and no personal information was collected. In total, nine

Key Informants were approached to provide information on seven queries related to research ethics processes, tracking of Indigenous health research projects, college- and university-level reconciliation efforts, and functional aspects of research administration such as research contracts at the U of S. Three Key Informants provided responses to the queries via email, two responded via telephone, and four met in person with the investigator to discuss the queries. Data from Key Informants were captured through note-taking during and after the telephone and in-person meetings, and these notes and email responses were included in the data set.

3.3.5 Document selection and data extraction. Documents were used to provide contextual information, supplementary data, and to verify or provide evidence for information from other sources (Bowen, 2009; Yin, 2014). Specific documents were identified and selected for inclusion in the data set based on the information they afforded towards the aims of the project. In total, four documents were identified and selected for inclusion in the project: the University of Saskatchewan's current strategic plan, entitled *University Plan 2025* (University of Saskatchewan, 2018), the College of Medicine's current Strategic Plan covering 2017-22 (College of Medicine, 2017); and University of Saskatchewan biomedical and behavioural research ethics application forms.¹⁵ All documents were gathered in electronic form (mainly PDFs) from primary source websites for inclusion in NVivo. The source, date and type of document was noted, and relevant data were extracted in light of data collection and analysis aims. Attention was paid to ensuring the documents were credible, accurate, and representative regarding the information sought, given their purpose, source and audience for the documents (Bowen, 2009).

3.3.6 Data management and storage. Due to the complexity introduced by multiple sources and types of data, case study methodology requires a systematic approach to data collection, management and storage (Baxter & Jack, 2008; Yin, 2014). Managing the 'chain of evidence' is a key aspect of ensuring the rigor of the approach and the trustworthiness of the findings (Yin, 2014). For this project, NVivo qualitative data analysis software, version 12 plus (QSR International, 2018) was used to store and organize all data including transcripts, documents, participant demographics, and memos/reflexive notes. As suggested by Bazeley and Jackson (2013), steps were taken to plan and design the structure of the database, and to ensure consistency in the labeling and processing of data. These decisions were documented for

¹⁵ Research ethics forms were retrieved from <https://vpresearch.usask.ca/researchers/forms.php> on January 15, 2020.

reference purposes and to enhance the transparency of the process. Attributes such as source, date, location, and data type were identified and recorded (Bazeley & Jackson, 2013). Data were stored on a secure password-protected university-based server with built in back-up capacity, and manually backed up on a hard drive with password protection.

3.4 Analysis and Interpretation

3.4.1 Data analysis strategy and process. Data analysis was organized around the key research questions and sub-questions used to frame the issue (Yin, 2014), with the aim of answering the research questions in a cohesive and integrated manner. Initial coding involved analysis of content from the transcribed guided conversations to tag content related to the research questions, and to identify concepts relevant to the research objective based on the literature. For example, initial coding included codes for ‘How research has contributed’ ‘Characteristics of T&R in research’ and ‘University context’ in relation to the research questions, and ‘TRC’ ‘Community engagement’ ‘Funding’ ‘Publishing’ ‘Outcomes’ to name but a few. Additional concepts emerging from subsequent guided conversations were identified in subsequent transcripts, with the inclusion of codes such as ‘Control’ ‘Community strengths’, ‘Time’ and ‘Harm’. Previously coded transcripts were reviewed in light of these additional codes. Throughout the process, reflexive memoing on the identification of new codes, observations and insights, and growing understanding guided the coding process, and represented early analysis for themes and concepts. At the end of this observational process, approximately 100 codes were identified, reflecting discrete concepts observed in the guided conversations. These codes were subsequently organized into categories where appropriate. For example, a category of ‘Four R’s’ included the codes of ‘Relationality’ ‘Reciprocity’ ‘Relevance’ and ‘Responsibility’. Themes for each research question were developed and reviewed in depth to identify concepts and characteristics for each. Select additional codes and categories that were observed prominently in relation to the research questions were reviewed to identify themes around participants’ perspectives of the codes and identify relationships to the primary research questions and to other codes and categories. At this stage, analysis took on the form of visual sketches of possible configurations of codes and categories in relation to each research question and in relation to each other, many of which were identified using NVivo’s *Coding Stripes Node Tool* (QSR International, 2018) to identify the code-code relationships that appeared most frequently in the content of a particular category. For example, content coded as

‘Characteristics of T&R in Research’ was also frequently coded as ‘Community service’ and ‘Community strengths and capacity’, thus demonstrating the interconnectedness of those concepts. The analysis process was iterative, occurring alongside ongoing data collection (guided conversations and key informant inquiries) and transcription. Analysis of content of key contextual documents and information from key informants was used to fill in missing pieces of information to provide a more comprehensive description of the context in which Indigenous health research was occurring in the CoM and U of S, and to further examine factors related to truth and reconciliation in research, such as the research ethics review processes.

As alluded to earlier in this chapter, the research questions themselves went through somewhat of a transformation throughout the conduct of the project, particularly through the data collection and analysis process. Although the core remained the same, the nuance of the questions changed slightly to focus on 1) understanding what truth and reconciliation means in relation to research, 2) understanding what truth and reconciliation in Indigenous health research ‘looks like’ (or could look like), including examples where participants felt truth and reconciliation was advanced through research and identifying key aims/indicators and characteristics/traits of research that contributed to reconciliation; and 3) understanding how the institutional context facilitated such research, and how/where barriers, tensions, and challenges to such research existed in the university setting. Although these questions may seem less clearly defined than the original guiding questions, they emerged as key guides to the analysis process, which continued past formal coding and analysis through the writing phases of the project. Finally, as this project was designed as an instrumental case study, findings were linked to overarching topics of decolonization in research and ethical approaches to Indigenous health research as integral parts of reconciliatory research. To accomplish this, data were further analyzed in light of these themes, highlighting findings which can be viewed as illustrative of these larger conversations.

3.4.2 Member checking. Efforts were made to involve participants in the verification of data analysis and interpretation (Saldaña, 2016; Simonds & Christopher, 2013; Wright et al., 2016). In case studies, member checking helps to validate the description and interpretation of the case (Harrison et al., 2017; Kovach, 2010a). It is also a central aspect in decolonizing research by ensuring the analysis is culturally credible and trustworthy (Bartlett et al., 2007; Kovach, 2010a; Wright et al., 2016). To accomplish this, emerging insights were shared in

subsequent guided conversations with participants. In addition, draft written results were shared with participants through email in advance of finalizing this document, with an invitation to check the use of their quotes and data for accuracy of representation and interpretation, and to provide feedback and comments on the analysis and interpretation of the data. Participants also had an opportunity at this time to revisit their decision on being identified by name in the final thesis document. Participants who chose to remain anonymous are identified only by a participant number alongside their direct quotes, while those who chose to be identified are also listed by name in the acknowledgments.

3.5 Ensuring Validity and Rigor

Consistent with decolonizing approaches to research, my central orientation to validity rests on the standards and judgments of the participating communities (Cochran et al., 2008; Darroch & Giles, 2014). As such, criteria drawn from academic and Indigenous sources were used to evaluate the validity and rigour of this project.

3.5.1 Academic validation. Academic approaches to validity and rigour in qualitative research have been established and applied to case study research (Baxter & Jack, 2008; Creswell & Poth, 2018; Harrison et al., 2017; Pyett, 2003). In case study methodology, the validity and quality of the research are typically evaluated through evaluating the rigour and transparency demonstrated throughout the planning, execution and reporting of the case study (Crowe et al., 2011; Yin, 2014). Specifically, the validity and trustworthiness of findings is demonstrated through use of strategies such as triangulation of data, member checking and peer checking. In triangulation, diverse data sources and methods are combined to create a comprehensive picture of the case (Crowe et al., 2011). Although triangulation often refers to corroboration of a data by another source, in case study it can also refer to the convergence of data through the analysis process which results in increased confidence in the descriptions and interpretations of the case through crystallization (Baxter & Jack, 2008; Stake, 2008; Yin, 2014). Thus, the inclusion of multiple sources and perspectives in a case study enhances credibility through the confirmation of meanings (Baxter & Jack, 2008; Creswell & Poth, 2018; Stake, 2008). In this project, data from three sources were combined to create a picture of the case and its context; and triangulation of participants' perspectives was sought through the iterative analysis and data collection process. Although participants' perspectives were not congruent on

every topic and theme, a cohesiveness was attained through the analysis to accommodate discrepancies and differing perspectives.

Efforts to ensure validity were also made through member checking, which in case study research involves gathering informants' reflections on the emerging description and interpretation of the case through the data gathering and analysis processes (Crowe et al., 2011; Stake, 2008). Peer checking, which involves reviewing key methodological, analytical, and interpretive decisions made during the case study with other researchers familiar with the topic and approach to the study (Baxter & Jack, 2008; Creswell & Poth, 2018) was also utilized through discussions of coding, analysis and emerging interpretations with the thesis supervisor, committee and advisors. A final consideration in establishing the quality and credibility of a case study is the congruency of the entire project, including the objectives and research questions to the selection of a case appropriate to these aims, the sources and methods for data gathering, analysis, and interpretation (Harrison et al., 2017). This congruence is demonstrated through the case study report, where a thorough and transparent description of these aspects of the project facilitate the development of trust in the conduct and findings of the project (Crowe et al., 2011).

3.5.2 Indigenous and community validation. In Indigenous communities, validity and quality are determined by evaluating how the research process is carried out in congruency with cultural values, and the relevance and utility of the research to the community (Ball & Janyst, 2008; Denzin, 2010). Decolonizing research considers whether the research is conducted with respect, reciprocity and attention to relationships, and emphasizes social, ethical, and cultural validity (Gokiart et al., 2017; Simonds & Christopher, 2013). How the research demonstrates culturally appropriate methodologies and methods, supports self-determination, and includes cultural understandings, are also important (Denzin, 2010; Wright et al., 2016). Catalytic validity is particularly relevant to decolonizing research, as it focuses on the actions and changes brought about through the research in the real world of the participants and stakeholders (Caxaj, 2015; Nicholls, 2009). To attend to these indicators, I tried to demonstrate relationality, respect, reciprocity, relevance and responsibility in my research activities. Input from advisors and stakeholders was sought to aid in ensuring the relevance and accuracy of findings. Efforts to continue dissemination and application of findings will continue, particularly as I am part of the university community and have a responsibility to continue this work. Therefore, this evaluation is ongoing, and ultimately rests in the application and impact of this project in the 'real world.'

CHAPTER 4.0 UNDERSTANDING TRUTH AND RECONCILIATION IN THE CONTEXT OF INDIGENOUS HEALTH RESEARCH IN A UNIVERSITY SETTING

This chapter explores truth and reconciliation in the context of Indigenous health research, specifically in the College of Medicine at the University of Saskatchewan. First, I identify how the College of Medicine and University of Saskatchewan frame their commitments to truth and reconciliation through their respective strategic plans and their efforts towards truth and reconciliation, as this shapes the context in which Indigenous health research occurs. Next I describe participants' understandings of truth and reconciliation in Indigenous health research and share some examples they cited which further our understandings of how Indigenous health research has contributed to truth and reconciliation, including some impacts of incorporating truth and reconciliation into such research. Finally, I identify some challenges and tensions participants revealed about truth and reconciliation in health research. Together, these discussions help to paint a picture of how we can conceptualize truth and reconciliation in the context of university-based Indigenous health research.

4.1 The Context of Truth and Reconciliation

Indigenous health research conducted in the College of Medicine, University of Saskatchewan is impacted by institutional priorities and goals at both the university and the college levels. In this project, the College of Medicine represents the 'case' for the case study, with the University of Saskatchewan as a primary context for the case. Both the University of Saskatchewan and the College of Medicine have public strategic plans outlining their mission, vision and principles, alongside specific priorities and objectives for the coming years. In both the *University Plan 2025 ('U of S Plan')* and the *College of Medicine 2017-22 Strategic Plan ('CoM Strategic Plan')*, reconciliation is identified as a central objective (College of Medicine, 2017; University of Saskatchewan, 2018). Here I describe the ideals and aims identified in each of these documents, supplemented by information from key informants in relation to the strategies and activities around truth and reconciliation in these settings.

4.1.1 Truth and reconciliation at the University of Saskatchewan. A primary source for understanding the University of Saskatchewan's intentions and efforts around truth and

reconciliation is the *University Plan, 2025* (University of Saskatchewan, 2018). Relevant excerpts of the *U of S Plan* discussed herein are included in Appendix G. In the *U of S Plan*, the University of Saskatchewan defines reconciliation in the words of Senator Murray Sinclair, who stated that “[r]econciliation . . . is about forging and maintaining respectful relationships” (U of S, 2018, p.13). Reconciliation at the University of Saskatchewan is further understood as a journey and long-term commitment that “will contribute to individual and collective healing” (U of S, 2018, p. 12). The *U of S Plan* identifies Indigenization as one of four core elements in a strategic framework oriented towards five aspirations and 12 specific goals to fulfill the intent of becoming “The University the World Needs” (U of S, 2018). The first aspiration in the *U of S Plan* is “Transformative Decolonization leading to Reconciliation” (U of S, 2018, p. 7), which is further explained as follows: “...Indigenous concepts, methodologies, pedagogies, languages and philosophies are respectfully woven into the tapestry of learning, research, scholarship, creativity and community engagement” (U of S, 2018, p. 16). A number of the 12 goals identify key actions towards decolonization and reconciliation within the university. One such goal is to “uplift Indigenization” through “decolonization practices [that] contest divisive and demeaning actions, policies, programming and frameworks” within university systems and structures (U of S, 2018, p. 10). Another goal is to “experience reconciliation” by “nurture[ing] the humility, ethical space and conviction central to embedding the spirit and practice of reconciliation in all our engagement efforts” (U of S, 2018, p. 12). Yet another goal is to “embrace manacihitowin¹⁶ (respect one another)” to strengthen “bonds of respect, trust and shared benefit with Indigenous communities in Saskatchewan, across Canada, and globally” U of S, 2018, p. 14). This involves ensuring that systems, structures, policies and practices “support collaborative and reciprocal relationships and partnerships with Indigenous peoples on- and off-campus” (U of S, 2018, p. 14). Through its aspirations and goals, the *U of S Plan* reveals a strong commitment by university leadership to support initiatives and ideas that further truth and reconciliation in all university activities, including research. This commitment is intended to occur through respectful and reciprocal relationships with Indigenous peoples and groups within and outside the university, and through systemic and structural changes within the university.

4.1.1.1 Actions towards truth and reconciliation at the U of S. The University of Saskatchewan has taken a number of steps to work towards reconciliation, including the creation

¹⁶ manacihitowin is a Cree word, pronounced mu-na-chi-he-to-win.

of the Office of the Vice-Provost, Indigenous Engagement (OVPIE) in 2017 which is tasked with engaging the university community to fulfill the goals of reconciliation and Indigenization as set out in the *U of S Plan* (KI6; “Our History—Office of the Vice-Provost Indigenous Engagement” University of Saskatchewan, n.d.). A conversation with a Key Informant familiar with the objectives and structure of the Indigenous Engagement office revealed that the OVPIE and its staff, including a newly created *Indigenization and Reconciliation Coordinator*, are working towards the development of a campus-wide Indigenous strategy with the goals of systemic and systems transformation and system-wide learning, among others (KI6). Efforts are being made to engage with support units, departments and colleges across campus to identify actions and activities to further reconciliation and Indigenization, and strengthen Indigenous leadership, culture and presence at the University of Saskatchewan. One example of the work being done is a new campus-wide smudging policy that included input from Facilities management, local fire and protective services, and Indigenous Elders and leaders on campus (KI6). Other key reconciliation initiatives at a university level include an internal Reconciliation Forum, held annually from 2016 through present, which brings together the University of Saskatchewan community to discuss efforts towards reconciliation in a range of areas and activities; and a National Building Reconciliation forum for Canadian university leaders, initiated by the University of Saskatchewan in 2015 and now organized each year by a different Canadian university. In many ways, the OVPIE is a central hub for initiating and supporting university-level reconciliatory efforts and actions towards the goals identified in the *Plan*. In addition to the efforts of the OVPIE, individual colleges, including the College of Medicine have their own strategic plans informing college-level efforts towards reconciliation.

4.1.2 Truth and reconciliation in the College of Medicine. The College of Medicine’s *2017-22 Strategic Plan* identifies its vision, values, and strategic directions, including efforts towards reconciliation and Indigenization. Relevant excerpts of the *CoM Strategic Plan* discussed herein are included in Appendix H. In the *CoM Strategic Plan*, reconciliation is listed as a central principle of the College of Medicine alongside other principles such as “academic freedom, collaboration, commitment to community, [and] different ways of knowing, learning and being” (College of Medicine, 2017, p. 3). The *CoM Strategic Plan* states that “Collaborative and mutually beneficial partnerships with Indigenous peoples and communities are central to our mission” (CoM, 2017, p. 2). The *CoM Strategic Plan* identifies nine *Strategic Directions* (CoM,

2017, p. 4), many of which contain specific objectives relevant to a discussion of Indigenous health research in the context of truth and reconciliation. For example, the mandate to strengthen research capacity across areas related to biomedical, clinical, health systems and populations includes specific goals to “increase our complement of Indigenous health researchers and the impact of Indigenous health”, and “encourage and expand collaborations” through stakeholder engagement and building “community relationships and partnerships to engage Indigenous health research” (CoM, 2017, p. 5). Similarly, the *Indigenous Health* directive aims to “[r]espond to the Calls to Action in the Truth and Reconciliation Report and work in a mutually beneficial and collaborative manner with the Indigenous peoples of Saskatchewan to define and address the present and emerging health needs in Indigenous communities” (CoM, 2017, p. 10). This directive will be met through a commitment to “Indigenous health and wellness as an ethical imperative with Indigenous health research supporting Indigenous communities in their movement towards health and wellness and in redressing health inequity, especially intergenerational health concerns” (CoM, 2017, p. 10). Finally, *Social Accountability* relates to “authentic engagement with the community to address health inequities across Saskatchewan and respond to emerging community health needs” (CoM, 2017, p. 8). Given that 16% of Saskatchewan residents identify as Indigenous (Government of Canada, 2016b), references to community health needs relate directly to Indigenous communities and people in Saskatchewan. The intent and commitments of the College of Medicine to respond to health inequities and needs of Indigenous communities in a collaborative manner through its research activities is clear, but is not explicitly linked to truth and reconciliation in the *CoM Strategic Plan*.

4.1.2.1 Actions towards truth and reconciliation in the CoM. Through conversations with participants and key informants, current efforts towards truth and reconciliation in the College of Medicine were identified. The Division of Social Accountability (DSA) was identified as a key structure through which reconciliatory efforts and initiatives towards social accountability in the CoM are accomplished (KI7, KI8). These key informants identified numerous ‘ad hoc’ efforts towards addressing the TRC and *Calls to Action* within the CoM, and spoke of ‘sincere attempts’ by a ‘small number’ of individuals within the CoM. Plans towards a Division of Indigenous Health were identified as the CoM primary strategy in responding to the TRC reports, but as of June 2020, these plans are not yet public. Key informants also shared that a new strategic plan for the College which is in the works will more directly address the TRC,

and will be guided by principles from the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP; United Nations, 2007).

Challenges to the CoM's efforts towards truth and reconciliation were also identified by participants and key informants. One challenge identified by participants and confirmed through inquiries at the CoM Office of the Vice-Dean Research (OVDR) is that information related to Indigenous health research occurring in the CoM is not regularly tracked by this office (KI3). This was also confirmed by key informants at the University level, where the Office of the Vice-President Research does not routinely track which researchers are involved in Indigenous health projects with which Indigenous communities and partners (KI4, KI5). This is surprising, given the apparent importance of Indigenous health, research and community engagement within the *CoM Strategic Plan*. Another area of concern was highlighted in a story shared about a meeting of researchers involved in Indigenous health a few years ago. One participant who attended the meeting recounted the following:

[I]t was almost like a very split group because there were those that, connect well with the communities, they are following the guidelines quite...well. They've got good relationship, all these things. And there were others who were quite indignant that they were experts in this, they do it all the time, they know what they're talking about, and yet they had zero relationship with community. (P8)

A lack of information on what research is being done in Indigenous health within the CoM, and challenges stemming from different perspectives on what relationality involves in Indigenous health research point to the work that still needs to be done within the CoM in order to move forward in these areas.

4.1.3 Summary and implications. The current state of affairs in relation to truth and reconciliation within the case (CoM) and its primary context (U of S) form an important backdrop for the ways in which truth and reconciliation is understood and enacted through Indigenous health research occurring in this setting. Both the *CoM Strategic Plan* and *U of S Plan* publicly demonstrate their commitments to truth and reconciliation and prioritization of these goals among other goals for research, teaching, and outreach activities. Most of the language surrounding reconciliation at the University of Saskatchewan and College of Medicine focuses on 'reconciliation' on its own, or in relation to 'Indigenization' and sometimes 'decolonization', but without explicit mention of 'truth', a finding that is discussed in further

detail later in this chapter. Efforts are being made towards truth and reconciliation at both the University and College of Medicine levels, with more work yet to be done. Indigenous health research has the potential to contribute to the U of S and CoM's strategic goals around community engagement, responses to community needs, decolonizing the institution and enacting the *Calls to Action* towards truth and reconciliation.

4.2 Understandings of Truth and Reconciliation in Indigenous Health Research

The TRC states that “reconciliation is about establishing and maintaining a mutually respectful relationship between Aboriginal and non-Aboriginal peoples in this country” (TRC, 2015d, p. 3). This understanding is further developed in their third *Principle of Reconciliation*: “*Reconciliation is a process of healing of relationships* that requires public truth sharing, apology, and commemoration that acknowledge and redress past harms.” (TRC, 2015a, p.3; emphasis added). Here, truth, apology, and actions to acknowledge and address historical wrongs are identified as key components of the healing of relationships towards reconciliation. However, some scholars, including a participant in the current study, consider ‘conciliation’ to be a more appropriate term as it acknowledges that reconciliation involves repairing and restoring respectful relationships which some argue did not exist prior to colonization (O’Neil et al., 1998). Overall, the majority of participants utilized the term ‘reconciliation’, and their discourse and stories revealed understandings of truth and reconciliation in the context of Indigenous health research that extended beyond the idea of respectful relationships. In their view, reconciliation in research also involves reducing gaps in information on Indigenous health and access to healthcare, addressing the TRC’s *Calls to Action*, integrating Indigenous ways of knowing, being and doing in research protocols, through supporting Indigenous self-determination, community empowerment and capacity development, and as addressing effects of colonization through health research.

4.2.1 Understandings of truth and reconciliation revealed through words.

Participants’ choices of words to describe truth and reconciliation reflect nuanced assumptions and perspectives on what reconciliation is and what it entails. Table 4.1 lists a selection of the words used by participants in conjunction with ‘truth’ and ‘reconciliation’, arranged into the categories of nouns and verbs. Each choice of words carries implications for how truth and reconciliation can be attained. Overall, it is apparent that for participants, truth and reconciliation involves action, effort, commitment, authenticity and personal involvement. Conversations with

participants were focused more heavily on reconciliation than truth, as evidenced by more frequent use of the word reconciliation without as many references to truth or explicit discussion of truth. This echoes findings from the university and college level discourse on truth and reconciliation, which is discussed in detail later in this chapter. In the descriptions of participants' understandings below, some relate specifically to reconciliation, while others relate to both truth and reconciliation; this is reflected in my use of language in discussing these understandings.

Table 4.1 *Selection of Participants' Words and Phrases Around Truth and Reconciliation*

Nouns	Verbs
A reminder of the truth	Acts of reconciliation
Authentic space of reconciliation	Being transparent, which is the truth side
Commitment to truth and reconciliation	Building reconciliation
Conciliation	Do true truth and reconciliation research
Discourse of reconciliation	Doing reconciliation / Do reconciliation
Practical, tangible reconciliation	Hear the truth
Reconciliation as an every day lived experience	Listening to the truth
Reconciliation journey	Re-emphasize the truths
Reconciliation lens / Lens of reconciliation	Practising reconciliation
Reconciliation practice	
The process of reconciliation/ Truth and reconciliation process	
True reconciliation	
Truth and understanding	

4.2.2 Truth and reconciliation is based in relationships. Participants consistently demonstrated understandings of truth and reconciliation centered on being in relationship and building trusting relationships between Indigenous and non-Indigenous peoples. As one participant explained:

[T]here's these trusting relationships and that's how we understand each other is we have multiple years that support building these relationships to find that

middle ground where we understand how we all function – and that’s the practice of reconciliation, coming together in that middle ground, in that safe space where trust is established and respect and reciprocity and those. And the relationships are nurtured. (P10)

Participants saw the centering of relationships as an important precursor for research that could be considered reconciliatory, and as a mechanism through which truth and reconciliation is advanced within (and beyond) Indigenous health research. Relationships were also viewed as a catalyst for personal changes and deepening knowledge (truth) that in turn facilitates further reconciliation efforts. The understanding of reconciliation as relational is inherent in the TRC definition, and is reiterated throughout scholarly and public discourse (Absolon & Absolon-Winchester, 2016; Czyzewski, 2011b; Joseph, 2018; Telford, 2018).

Participants shared stories of how Indigenous health research has contributed to truth and reconciliation through relationships that existed between university-based researchers and Indigenous individuals, communities¹⁷ and organizations. In their view, the relationships developed through the research process facilitated efforts to improve the health and wellbeing of partners and community members beyond the research itself. In one community, a newly created walking group faced challenges with the lack of appropriate outdoor facilities and lack of appropriate footwear for community members who wanted to be involved. In response, a student with the research team initiated a shoe drive to try to help support the walking group. In another example, a faculty member was able to help a community-led organization obtain funding for shoes and t-shirts for their running group, and also developed a research project centered on the organization’s efforts, which also brought resources to the group. Such efforts, stemming from relationships formed around the research, were viewed by participants in this study as important contributions to reconciliation that extended beyond the research itself.

4.2.3 Truth and reconciliation involves addressing gaps in health outcomes and access. Another aspect of truth and reconciliation in health research identified through the guided conversations related to addressing the health inequities experienced by Indigenous people in Canada. The idea that truth and reconciliation in research involves addressing health inequities

¹⁷ The idea of community-based research partnerships in which Indigenous communities had meaningful input and impact into the projects was common to most participants. Thus, references to ‘community’ or ‘communities’ should be taken to encompass different types of Indigenous communities (formal or informal, on-reserve, town-based and urban) with whom participants were in research relationships and partnerships.

experienced by Indigenous peoples in Canada is clearly reflected in *Call 19*, which states: “We call upon the federal government, in consultation with Aboriginal peoples, to establish measurable goals to identify and close the gaps in health outcomes between Aboriginal and non-Aboriginal communities, and to publish annual progress reports and assess longterm trends” (TRC, 2015c, pp. 2–3). Thus, it is not surprising that participants associated truth and reconciliation in research with explicitly working to close gaps in health outcomes and access. In fact, one participant felt that the TRC is “all about equity” (P1). Another participant noted that the TRC had originally considered adopting the title *The Truth, Health and Reconciliation Commission*, revealing the importance of health in reconciliation. This is reinforced through the TRC documents, which identify health as both a target for action (see *Calls 18 through 24*) and as an goal or indicator of reconciliation (see *Principles 4 and 5*; TRC, 2015a, 2015c). For another participant, closing gaps involved ensuring that Indigenous people’s health data were collected and available, as historically Indigenous people were not specifically and strategically included in large population health studies, or were used as subjects in a manner that excluded Indigenous access to and control over data and interpretations (O’Neil et al., 1998; Reading & Wien, 2009; Smylie & Firestone, 2015).¹⁸ As one participant explained, their research skills around observing and documenting can be used to the benefit of the community. Such documenting can provide accurate, contextually informed documentation of health status among Indigenous people that is needed to identify gaps in health outcomes and services.

Understanding truth and reconciliation in terms of accurately identifying and addressing health inequities is a natural fit with conventional aims of health research, particularly in epidemiological and interventional research that seek to identify the scope and causes of the health issue, compare among populations, design interventions to address deficits, and measure the degree of improvement attributable to interventions (Durie, 2004; Nass, Levit, & Gostin, 2009). Accurate, contextual information (truth) developed through research-based documentation is important to inform health systems that rely on empirical evidence as a primary source of trustworthy information to guide actions, such as in evidence-based decision-making frameworks (Browne et al., 2016; Government of Canada, 2012). An example of this shared by a participant

¹⁸ This has been redressed in part by the Indigenous led and controlled First Nations Regional Health Surveys, first conducted in 1997, which have provided Indigenous people access to accurate, contextually relevant and timely information on the health status of their peoples to inform policies, services and interventions (FNIGC, n.d.; O’Neil et al., 1998).

involved a project examining benefits and barriers to providing physiotherapy and rehabilitation services in a remote First Nations community by telehealth, which allows for remote healthcare service delivery via a secure videoconferencing system (“Telehealth,” n.d.). This community-driven project not only resulted in improved health and wellbeing for community members through increased access to rehabilitation services, but also identified ways to reduce barriers to healthcare access including time and cost. Another example involved a patient-oriented research project on shared decision making in the healthcare setting. The project demonstrated the importance of respecting Indigenous worldviews to increase trust between Indigenous patients and non-Indigenous healthcare providers, identified the potential value of peer navigators for Indigenous patients in a healthcare setting, and revealed positive impacts of removing known barriers to healthcare access for Indigenous patients. These examples demonstrate how truth and reconciliation in research can be conceptualized as addressing gaps in healthcare access and treatment.

4.2.4 Truth and reconciliation may involve applying the *Calls to Action* and reconciliatory frameworks in research. Some participants felt that truth and reconciliation in Indigenous health research involves actively working to address the *Calls to Action* through their research activities. This took a variety of forms. In the guided conversations, a number of participants explicitly linked their research to specific *Calls*. For example, one participant discussed a project exploring the impacts of colonization and trauma on substance use that centered Indigenous culture, spirituality and identity in the recovery process, referencing *Call 19*, *Call 22*, and *Call 55*.¹⁹ Supporting reconciliation by integrating the TRC’s work into Indigenous health research was described as both a component of the substantive goals and outputs of the research and also part of the research process itself:

Call 18: “...Acknowledge that the current state of Aboriginal health in Canada is a direct result of previous Canadian government policies...” We...are very aware going into the work that we do that there’s this history of colonization and the power differentials that can exist in relationships. And by working with community in ways that are meaningful, going up and spending time in the community. . . . we were able to have our students [who were involved in the research] not just acknowledge the current state of Aboriginal health, because

¹⁹ Please see Appendix F for the full text of these Calls to Action.

they would see it first-hand. They'd see people and what their needs were, they would start hearing...how Métis people address their own health through their own lens and knowledge and their own cultural lens.²⁰

For other participants, addressing the *Calls* through research involved framing their research funding proposals with specific references to one or more *Calls*, something that is increasingly prevalent in Indigenous health research funding applications (M. King, personal communication, October 2, 2019). Another participant discussed the importance of intentionally integrating a reconciliatory lens into research:

Whereas if at the outset of a project we would actually have an honest dialogue about what does reconciliation look like, what should it look like, how was I affected by TRC, and how do I think that is relevant to this project and what we're about to be doing together, I think that it might set up a very different relationship at the outset. (P9)

Although many participants felt that actively responding to the TRC in the research process can serve to further efforts towards truth and reconciliation in the university context, not all participants felt that this was an effective way of working towards reconciliation through research. Some participants viewed reconciliation not as an explicit goal, but as more of an associated result or outcome of health research. In this perspective, participants saw connections to the TRC emerging from reflection and retrospection towards the end of the research project as opposed to a strategic lens or approach in early stages of the research. Other participants noted that the *Calls to Action* have a specific, fairly narrow scope which may somewhat limit the focus of reconciliation efforts through research. Participants also suggested caution in the application of the *Calls* to Indigenous health research to guard against potentially tokenistic or superficial use. For one participant, this involved ensuring a reasonable plan and budget is in place to implement the *Call* within the research:

I think that you have to take under consideration what the purpose of your research is, and whatever you're going to select, make sure that you have manageable outcomes. What I would say is don't put anything from the TRC just to put it in there. Like, whatever you're putting in there, connect it with actionable outcomes. (P11)

²⁰ Certain quotes in this chapter are deliberately not sourced to a specific participant to protect confidentiality.

These varying perspectives on the utility and importance of deliberately incorporating the *Calls to Action* and/or a reconciliatory lens in Indigenous health research represent an important finding of this project and point to the complexity in discourse around truth and reconciliation through Indigenous health research.

4.3 What does Truth and Reconciliation in Indigenous Health Research look like?

Throughout the guided conversations, participants shared numerous stories and examples of Indigenous health research that they felt had contributed to truth and reconciliation. Through these stories, we can gain a deeper understanding of what truth and reconciliation through Indigenous health research might involve.

4.3.1 Including Indigenous ways of knowing, being and doing in research.

Participants shared examples that highlighted contributions to reconciliation in health research through incorporation of Indigenous values, practices and worldviews into the research process. For example, one participant shared how incorporating a story-based methodology for data collection led to increased wellbeing: “just by sharing stories...the healing journey is actually being supported. . . .we’re seeing change in the way people feel about who they are and what they can contribute as Elders in the community” (P10). Another participant recounted how an Elder reflected on his participation in a group consultation to inform the research process. He approached the research team after the consultation and expressed that he felt he had not had enough opportunity to share his views. He explained to the researchers how talking sticks are used in his culture as a way to ensure that everyone can have a voice and contribute. This practice was subsequently incorporated into the research protocol. Another participant described how they had spent time with Elders to explore how pain was conceptualized in their culture, and then worked with them to incorporate traditional knowledge surrounding pain management into the research intervention for Indigenous community members who were experiencing chronic pain. A final example of supporting Indigenous ways of knowing and being through research involved a pilot project which brought together Indigenous Elders and “thought leaders” with medical specialists to discuss cultural perspectives on a medical procedure to build understanding, particularly among the specialists, of how an Indigenous lens impacts perceptions of the procedure. As the participant explained:

[I]nstead of creating a flurry of activity around a crisis, what we’re doing is... bringing people together and giving them the luxury to establish a thought

community that knows nothing really much about the topic from a western medical point of view but. . . we believe that their collective interactions with one another, their intellectual actions with one another makes them much stronger than they are individually in terms of intellectually thinking through these things. (P4)

Also described by the participant as a “think tank model”, they saw this approach to research as a way to restore and reclaim Indigenous intellectualism by re-establishing a community of Indigenous thought leaders who would then inform future Indigenous health research efforts. Through these examples we see that participants believe truth and reconciliation in research can involve the creation of space for Indigenous approaches within the research process. Although participants recognized these efforts as “potentially tokenistic,” they guarded against this by ensuring their efforts towards including Indigenous approaches in their research were “grounded and vetted through community” (P10). Overall, participants felt that truth and reconciliation was being advanced through Indigenous health research by incorporating Indigenous ways of knowing, being and doing into the research process, including in the framing of the research, and through culturally appropriate data collection methods.

4.3.2 Community empowerment and capacity development. Another theme seen through participants’ examples of reconciliation in the context of health research centered around community empowerment and capacity development. Participants connected reconciliation to community-led research that strengthens community capacity to find and test their own solutions to health issues. Participants described how working as a team with community members, doing things in partnerships, and looking for ways to involve and engage community members in the research process led to enhanced research skills and capacity in communities. Community empowerment through research was linked to reconciliation efforts through projects that emphasized communities’ capacity to identify their own solutions to their challenges. As one participant explained:

This is completely at the community’s direction. And it’s a good reminder that it’s not up to me in any way shape or form to dictate the terms of our relationship. It’s up to them. That’s true community research, community-based research, and that’s also inherently what reconciliation looks like. (P11)

One example identified by a few participants that highlights capacity building through community directed research is the *Greenlight Program*, a community-based research initiative

to address the non-traditional use of tobacco through the use of a green light outside the home to indicate to others that the home is a smoke-free zone (Ramsden et al., 2013). By focusing on the positive decision of choosing to make one's home smoke-free, *Greenlight Program* participants are empowered to make other positive health-related choices for themselves. They and others in the home, including children and Elders, also experience the health benefits of living in a smoke-free environment. The *Greenlight Project* was felt to advance reconciliation through a strengths-based approach that builds on individual and community capacity to create positive changes. Through a commitment to capacity development in health research, participants felt that community partners' "quantitative and...qualitative [research skills] are strong enough to support strengths and opportunities for change" (P1). Participants felt that such capacity development could result in shifts in power in which the researcher took a supportive role for community efforts instead of being in control of the research process, thus further supporting reconciliation.

4.3.3 Supporting self-determination. Participants also identified contributions to truth and reconciliation through efforts to support self-determination in research. This involves Indigenous peoples and communities having the opportunity to decide what research should be done in their communities, and being able to decide what aspects of the research process they would like control over, and what aspects could be led by the researcher with input from communities. As one participant explained,

And this is reconciliation, right? So why this is reconciliation is because this is what the people want. It's what the Indigenous faculty want, the students want. It's what non-Indigenous people want who work in this area. Like everybody sees the value. It's what the First Nations people want, it's what the Métis want. (P4)

Participants explicitly linked self determination in research to development of research capacity through relationships. One participant explained their community partnerships as follows:

I made a promise to them as we went along, as our relationship developed. I said you know, the goal here is self-determination. The goal here is that you will hold the grants and be the NPIs.²¹ *You* will be the ones, right? That's the whole point, that I'm gonna work myself out of a job. (P11)

Here, reconciliation is supported through increased research capacity in the community so the community can take on more of the leadership in research, including holding and managing the

²¹ Nominated Principal Investigators

project funding. Another example shared by participants of self-determination through research relates to a research project on HIV and Hepatitis C testing in Saskatchewan through dry blood spot testing. Dry blood spot testing is a diagnostic test that allows people in remote communities to access HIV and hepatitis C testing using a spot of blood on a card that is then sent to an off-site lab, as opposed to traditional testing which involves a fresh blood draw in a lab setting. As a result of research demonstrating its efficacy, some First Nations have moved ahead with dry blood spot testing in their communities. The transition from demonstrating benefits through research to clinical applications is an example of research uplifting Indigenous self-determination in health care.

4.3.4 Addressing colonization. Participants also identified how reconciliation in research can occur through research that addresses the effects of colonization, particularly in relation to health and wellbeing. Participants identified a variety of losses experienced by Indigenous people as a result of colonization, including land, culture, families, political and social structures, and collective intellect; and discussed ways that research could aid in the restoration and rebuilding of these aspects of Indigenous culture and identity. Addressing the effects of colonization was also linked to closing gaps in health outcomes and “healing old wounds” (P1), particularly when one frames the root causes of these inequities and harms in colonization. An example shared by a participant of research that contributed to reconciliation involved a project aimed at tracing the root cause of a particular communicable disease that disproportionately affects Indigenous people to colonialism. As the participant explained “if colonialism is in fact the cause then it also needs to be the target of interventional research” (P9). Research that explicitly identifies colonialism as an upstream cause of health inequities can serve to further reconciliation and support steps towards health equity.

4.3.5 Summary. Participants’ examples of how Indigenous health research could contribute to truth and reconciliation covered a wide range of aspects of the research process, from the methods and methodologies used in the research to the framing of the research itself. These reconciliatory approaches to research impact the substantive outputs and outcomes of specific research projects, the research processes themselves, and those involved in the research.

4.4 Impacts and Outcomes of Truth and Reconciliation through Health Research

As we have seen in the above examples, participants identified myriad of ways in which Indigenous health research could advance truth and reconciliation. Both substantive and

procedural aspects of Indigenous health research were linked to reconciliation through research. In addition, as discussed below, participants also identified how the impacts and outcomes of these approaches can lead to further contributions to truth and reconciliation through health research. These effects were seen as a result of adopting ‘reconciliatory approaches’ to research informed by participants’ understandings of truth and reconciliation in research, and characterized by the features of research that they identified as having contributed to truth and reconciliation, and included increased reliability and validity, enhanced relevance and impact, and changes within researchers.

4.4.1 Increased reliability and validity of research. One specific way in which impacts of a reconciliatory approach to research can enhance contributions towards truth and reconciliation is through increased reliability and validity. Participants identified how these increases stem from reconciliatory approaches to research such as the inclusion of Indigenous approaches in the research and Indigenous self-determination over the research process. Participants shared how having the community drive the research resulted in better outcomes, and a “different level of understanding” from having “a more Indigenous...grounded and driven research project” (P2). Participants also spoke of using more culturally relevant and appropriate outcome measures, including quality of life, pain and functioning, as a result of having community input into the planning stages of the research. Through shifting the research process towards a community-driven approach informed by Indigenous ontologies, epistemologies and methodologies, researchers believed the research was more reliable and valid. As one researcher stated:

And I guess you could almost argue that...because of the engagement and because of the uptake in the community in a sense, that the information you’re getting is probably more reliable than for many surveys that maybe come off as a little tone-deaf on the part of the researcher, coming in asking the questions that they [the researchers] want answered without understanding that community and the context and the priorities and what’s going on at that level. (P1)

Increased validity and reliability may lead to increased relevance and legitimacy for community partners and other stakeholders, thus increasing the potential for the research to contribute in meaningful ways to comprehensive contextual understandings (truth) and impactful changes in

health outcomes (reconciliation) both within the community and within the scientific community, which benefit from high quality meaningful and rigorous research contributions.

4.4.2 Enhanced relevance and impact of research. Research conducted in a reconciliatory manner may also lead to enhanced relevance and impact. Participants linked community input to community members viewing research “as a tool to gain access to a higher level of mainstream legitimacy” (P2) that could lead to funding for research programs that are culturally relevant and contextually appropriate. When conducted in a manner that ensured relevance for both community members and potential funders, research was viewed “as a potential avenue and tool for advocacy, for increased funding and access” (P6). One participant described a project that explored the impact of cultural practices in wellness, and observed that being grounded in Indigenous understandings impacted the methodology and resulted in a deeper level of understanding of the topic. This enhanced the demonstrated value of the intervention, which facilitated their advocacy work with Health Canada to fund the initiative in the community. By demonstrating the efficacy of interventions to support health, Indigenous health research was not an end in itself, but was a means to attaining increased health services and access for Indigenous communities. Thus, this approach contributed to addressing gaps in healthcare and health disparities, a key understanding of reconciliation through research. Such demonstrations of efficacy also tie back to the promotion of truth through research as an aspect of solid evidence-based research.

An example shared by participants of contributions to reconciliation through increased relevance in research is the Rural and Remote Memory Clinic (RRMC). Initially developed as a health intervention research project, the RRMC is a ‘one-stop-shop’ for those accessing dementia and memory-related services, including multi-professional diagnostic services and subsequent treatment and follow-up in a collaborative and coordinated setting (Morgan et al. 2014). In the planning stages, researchers held extensive consultations in northern Saskatchewan to identify barriers to care experienced by Indigenous clients and to ensure assessment tools were culturally safe and relevant (Morgan et al., 2009). Although the RRMC does not focus exclusively on Indigenous clients, their efforts to include Indigenous perspectives on the issues and interventions have resulted in a more relevant research project for Indigenous participants. This in turn has resulted in lasting impacts of this research through providing better access to testing,

diagnosis and treatment for Indigenous people with memory problems in Saskatchewan, thus contributing to reconciliation.

4.4.3 Changes within researchers. Another important way in which Indigenous health research advances truth and reconciliation is through the transformational effect of such research on the faculty involved, particularly for western-trained non-Indigenous researchers. Participants described learning to “go with the flow a lot more”(P6) and coming to a place where they were willing and able to “really learn from one another” (P3) in a way that changed their worldview and perspective beyond the research itself. As one participant explained,

[M]y traditional researcher hat, especially from an epidemiology perspective is to study a population, and be the external researcher, and not necessarily [be] embedded so much. . . .trying to hold myself back from feeling the need to control things has probably been a bit of a journey. (P6)

This notion of personal transformation as a result of engaging in health research was a recurring theme in the guided conversations and highlights the impact of personal investment and involvement in the research as a key component of research that contributes to reconciliation. One participant summed it up thusly: “if, in undertaking research, we are not changed by it, have not grown as a consequence of whatever that was, I don’t know that we’ve done it right” (P9).

4.4.4 Summary of impacts. The potential impacts of working towards truth and reconciliation through research have far-reaching implications not only for the substantive and procedural aspects of the research, but also for the researcher and others involved in the research. Each of the impacts identified above represents additional ways in which truth and reconciliation can be advanced through Indigenous health research, both in present efforts and through future research. However, there are also challenges and tensions that must be considered in attempting to understand truth and reconciliation in the context of Indigenous health research.

4.5 Challenges and Tensions in Understanding Truth and Reconciliation in Research

Participants’ understandings of truth and reconciliation in health research were not always homogeneous or harmonious in nature. Instead, tensions and challenges around understandings of truth and reconciliation through Indigenous health research were revealed. For example, differing views were expressed on the roles and responsibilities of researchers, and on whether all Indigenous health research can potentially contribute to reconciliation. Analyses also revealed challenges in understanding the role of truth in relation to research and reconciliation,

and how to identify whether research is contributing to reconciliation. These issues seem disparate at first, but are unified by themes around the complexities of trying to understand and identify truth and reconciliation within academia and health research.

4.5.1 What about truth? Although the research project and guided conversations were intentionally framed in terms of both truth and reconciliation, most participants focused primarily on reconciliation, with fewer explicit mentions of truth. When truth was directly mentioned, it was primarily characterized as an important precondition for doing reconciliatory research, an understanding that is congruent with the TRC's framing of truth (TRC, 2015d). Participants implicitly defined truth as understanding the historical and ongoing colonization of Indigenous peoples, framed as an "openness to hearing" (P8) and acknowledging others' experiences and views – particularly those of Indigenous people, and specifically within the university setting. Participants felt the willingness to hear or acknowledge the truth was necessary in order for reconciliation to occur, and that this work should be built on an "honest understanding" (P1) of the truth as opposed to ignorance and misinformation. As one participant reflected:

I think that that's the other part of the TRC that's been really important to me, that I didn't acknowledge truly, is the critical importance of making sure that we know what the truths actually are. There's so many myths that are out there, and a lot of the myths inform our preconceived notions, and so we have our own internal work to do to sort of come together and say, oh, ok, I had this thought about this, why did I have that and is it actually still appropriate or was that a myth that I've just been holding?...And it's not easy work to do, and it messes with your head, but you come out thinking slightly differently. (P10)

Given that some existing narratives about Indigenous peoples in Canada perpetuate inaccuracies and negative biases towards Indigenous peoples (Anderson & Robertson, 2011), the role of self-reflection is an important aspect of truth telling within research, particularly for non-Indigenous people. However, a focus on truth as a pre-condition of reconciliation involving acknowledgment of historical facts leaves other ideas around truth unexplored, such as truth as an integrated aspect of reconciliatory efforts or as an explicit aim or outcome of reconciliatory research.

Participants also noted that the university also seems to frame its discourse primarily around reconciliation, with less of a focus on truth. They surmised that this might reveal

underlying assumptions within the university about the need for truth, particularly as more students enter university with a more informed understanding of colonization and Indigenous history. As one participant observed, “I think we need to re-emphasize the truths. Because I think the idea of the importance of truth is – it’s not lost, it’s just been not as out there [in the university] as reconciliation” (P10). Participants identified a need for the University to communicate the nature and role of truth in its discourse around reconciliation. This is particularly important given the role of universities as purveyors of knowledge and truth in western society, which is closely linked to the research enterprise as a source of truth-finding or truth-generation (Atkins, 1995). This perceived silence of the university on the truth part of truth and reconciliation may reflect the fact that the concept of truth has not yet been fully developed in public or academic discourse related to reconciliation, an idea which is reinforced by observed trends in broader societal discussions on the topic (King & Lee, 2015).

4.5.2 How do we know if research is contributing to truth and reconciliation? One central question in a discussion on the contributions of health research to truth and reconciliation is how to identify contributions to truth and reconciliation through these endeavours. The researchers involved in this study shared important perspectives to this end, but another essential voice in this question is that of Indigenous partners, communities and organizations involved in or impacted by the research. Community members, whether part of the research team, participants in the research process, or recipients/beneficiaries of the research outputs, are in a unique position to evaluate the impacts of the research in relation to truth and reconciliation. As one participant explained,

Well you, you won’t know [if the research is contributing to reconciliation] unless you ask communities. And I think that’s one of the frustrations for a lot of communities that are engaged in research – they don’t see the outcome on the ground. And, so they say, well what’s the point of doing this if we’re not seeing the outcome? And I think that that presents a risk to the research. (P2)

Ultimately, it is the community involved in and impacted by the research that will decide its worth and value, and its contributions towards truth and reconciliation. Communities’ perceptions of reconciliation through research likely encompass how the research is conducted and how researchers conduct themselves alongside the substantive outcomes and applications of the research.

4.5.3 Roles and responsibilities around truth and reconciliation. Tension also exists around roles and responsibilities in Indigenous health research, particularly for the non-Indigenous researcher. Some participants identified a central role for non-Indigenous researchers in reconciliation through health research, while others felt that certain aspects of reconciliation were being co-opted by non-Indigenous researchers. Among those that saw a role for non-Indigenous researchers, some saw reconciliation in research as a particular responsibility of non-Indigenous peoples. As one participant commented:

Reconciliation isn't our job. Really. It really isn't. But we need it in a bigger way, if we're gonna all come together, right? But it's really not our job to lead it. It really isn't. So, so we really need – so as much as I love serving community, and it is part of reconciliation, we really need non-Indigenous people to be part of this. To see how important it is, and that it is part of true reconciliation. Because our job is a different role, I guess, in that relationship. (P11)

Another participant noted that some may think that because they're not Indigenous that reconciliation is not their job, but it is precisely *because* they're non-Indigenous that it *is* their responsibility. However, participants also highlighted the potential for making reconciliation a self-centered endeavour, and identified how some non-Indigenous people use reconciliation as a “badge of honour” (P4) to demonstrate their own virtue. As one participant stated:

[S]o this person gave their talk, and then at the end of it said ‘this is my own personal reconciliation.’ And without any kind of reflection that that's probably the most inappropriate thing to say, because reconciliation as Eugene Arcand said, is not about that. It's not about you. Reconciliation is about this transformative – so how can you have your own personal reconciliation without the people who should have been there? Like if an Indigenous person and community isn't standing behind you and they're saying it, then you're really standing alone, and you really have essentialized the concept to be about helping downtrodden people, and that's your burden to bear, right? So it's that white privilege, and that positionality that people fail to reflect on, right? (P4)

The perspectives illustrated in the above quotes reveal a tension around the roles and responsibilities of non-Indigenous people towards truth and reconciliation both broadly and also specifically within Indigenous health research. In a similar vein, participants also identified that

reconciliation efforts need to be done in a manner that does not burden Indigenous community members or colleagues, and that Indigenous communities are the ones who will ultimately determine the usefulness and benefit of the researchers' efforts. Participants also identified the importance of being willing to acknowledge and accept mistakes and mis-steps as an important aspect of non-Indigenous researcher's efforts in the reconciliation process.

4.5.4 Not all Indigenous health research supports reconciliation. Some participants felt that some of the Indigenous health research currently conducted in Canadian academic institutions (including the University of Saskatchewan) is still being done in such a way that does not contribute to reconciliation, but instead reinforces colonial patterns, systems and structures. Participants identified how research in which the researcher initiates and controls all aspects of the project from objectives to methodologies and analysis often fails to contribute to reconciliation. Such research is contrary to understandings and features of health research that contributes to reconciliation and may result in harm to Indigenous peoples and communities.

4.5.4.1 Examples of harm. A number of faculty identified examples of how university-based research in Canada was still occurring in ways that resulted in harm to Indigenous peoples and communities. Sometimes, the potential for harm occurred through seemingly benign actions on the part of researchers. For example, one participant shared that colleagues have asked to come along with them to communities to get data for a publication without being willing to build their own relationships, which often serve as the foundation for community input and vetting of research processes and findings. Others shared that some faculty are well-intentioned but are not aware of gaps in their understanding of Indigenous peoples, customs, and histories, or lack knowledge and skills in best practices for Indigenous health research. Participants identified that some researchers do not have the knowledge or experience to conduct research safely and appropriately in Indigenous communities, but do so anyways.

One example shared by a few participants was a situation in which researchers from a university in a different province approached faculty at the University of Saskatchewan to conduct research on the HIV virus in Saskatchewan. Their proposal to partner here was declined, partly due to lack of appropriate engagement with local Indigenous communities. However, the external researchers were still able to access anonymized health data with no information on ethnicity on Saskatchewan patients with HIV through the provincial lab, and subsequently published a research paper linking the data to Indigenous people in Saskatchewan (Brumme et

al., 2018). This research resulted in tangible harmful effects for Indigenous people and people living with HIV in Saskatchewan, particularly as a result of numerous media reports that subsequently reported that the HIV virus is ‘nastier’ in Saskatchewan (The Canadian Press, 2018; The Globe and Mail, 2018). One participant shared that the Federation of Saskatchewan Indigenous Nations (FSIN) received reports from Indigenous people who had difficulties getting supplies delivered after the news reports went public, because the delivery service was afraid of ‘catching that nasty virus.’ This is only one recent example of how Indigenous health research has been conducted in Canadian universities in a way that propagates misinformation and perpetuates damaging stereotypes about Indigenous people. Participants recognized that research conducted in a manner that causes harm is still happening, but expressed that this was hopefully inadvertent and not on purpose. Regardless of whether purposeful or well-intentioned, the harmful impacts of such research are very real. This example highlights that the potential for harm to Indigenous peoples through research is not merely a historical artifact of outdated and unethical research practices but is an ongoing concern that may undermine reconciliatory efforts.

4.5.5 Contributing to reconciliation by NOT doing research. The discussion of the harms still occurring through Indigenous health research in Canada leads to an important but somewhat understated point arising from the guided conversations. One story shared in the guided conversations involved a situation where *not* conducting a research project directly supported reconciliation. A researcher had an idea for research that they felt was important in addressing aspects of health equity for Indigenous people in relation to a particular medical condition. However, through conversations and consultations with Indigenous community members and colleagues, it became clear that this area was not seen as a priority or need by those impacted. In the words of the participant, “they didn’t want to do the research that I can do. And so I listened. And I just backed off” (P7). As a result, the research did not go forward. From an academic perspective this may be viewed as disappointment and a setback, but by respecting the community’s perspectives as more important than their own academic freedom and ideas, the researcher tangibly supported the sovereignty of Indigenous people and communities. From this example we can learn that sometimes *not* conducting certain research projects which from the researcher’s perspective may be seen as important and substantively or academically compelling, but from the Indigenous community’s perspective may not be a current priority is another way in which truth and reconciliation can be enacted in health research.

4.5.6 Summary of tensions. Attempts to understand what reconciliation in research entails can be fraught with tensions and issues. However, instead of distracting or detracting us from pursuing an understanding of truth and reconciliation in research, these tensions and challenges should serve to remind us of the work yet to be done in moving from broad understandings of truth and reconciliation based in the work of the TRC towards specific applications of emerging understandings of truth and reconciliation in academic health research.

4.6 Conclusions

Understanding truth and reconciliation in the context of university-based Indigenous health research is a complex endeavor. Efforts are informed by conceptualizations and commitments towards truth and reconciliation at the university and college levels. Participants' perspectives on truth and reconciliation in the context of Indigenous health research were varied, and their stories and examples revealed how research has the potential to contribute to truth and reconciliation. The varied understandings of reconciliation through health research reflect the complex and complicated nature of these concepts and reveal a myriad of considerations needed to achieve truth and reconciliation in research. Some aspects of truth and reconciliation through research include restoring right relationships, addressing inequities and harms caused by colonization, creating space within academic research for Indigenous ways of knowing and being, and supporting sovereignty and self-determination for Indigenous peoples in health research. Research that meets these aims has the potential to contribute to truth through increased reliability and validity, and to reconciliation through enhanced relevance and impact of the research. However, tensions around roles and responsibilities and the relative lack of attention paid to truth in these efforts require additional consideration. In addition, the potential for perpetuating colonialism and causing harm through Indigenous health research is real and is still occurring through health research conducted in Canadian universities. Thus, a nuanced understanding of truth and reconciliation in health research must be accompanied by an understanding of the characteristics of reconciliatory health research.

CHAPTER 5.0: A MODEL OF RECONCILIATORY HEALTH RESEARCH

In the last chapter, we saw that participants believe in the potential for Indigenous health research to contribute to truth and reconciliation. However, we also saw that reconciliation through Indigenous health research is not something to be taken for granted. Instead there are conditions and circumstances that characterize health research with potential to contribute to truth and reconciliation. These conditions and circumstances together reveal a picture of what I refer to as reconciliatory health research. *Reconciliatory health research* (reconciliatory research) is research that embodies characteristics that can facilitate contributions to truth and reconciliation through and as a result of the research findings and process. In this chapter, I locate the conditions and circumstances of reconciliatory health research within a model of reconciliatory research produced from the findings of this project. In presenting my model, I draw on these findings, but also on published literature on best practices in Indigenous health research. I conclude with a brief discussion on implications and applications of the model.

5.1 What makes Research Reconciliatory?

In Chapter 4, we began to explore features of Indigenous health research that participants felt contributed to truth and reconciliation. Such features can be used to help to identify potentially reconciliatory research and can also function as guideposts or goals for reconciliatory research. Reconciliatory research is not defined solely through the outcomes of the research, but also through the aspects of the research process including methodologies, objectives and intent, the contextual lenses through which the research is framed, and even the research relationships and personal characteristics of the researcher themselves. Contributions to truth and reconciliation can occur through both substantive and procedural aspects of the research, and also in ways that extend beyond the research enterprise. As such, reconciliatory research involves all phases of the research process, from conceptualization through execution, interpretation and dissemination, in ways that fundamentally shift how the research is done.

5.2 A Model of Reconciliatory Research

Through analysis, reflexivity and guidance from advisors and mentors, findings were developed into a model of reconciliatory research in which I identify what I see as the

foundational aspects of reconciliatory research, the aims or indicators of reconciliatory research, and possible steps or pathways to guide researchers in the actualization of these aims. The model is tied closely to the TRC's *Calls to Action* and *Principles of Reconciliation*, and other literature on best practices for research with Indigenous peoples. This model is presented as a starting point for an integrative understanding of reconciliatory research, and invites dialogue and further development. In discussing the model, I begin by presenting an introduction to the foundational elements (core) and aims/indicators of reconciliatory research (ring; see Figure 5.1). These two components form the foundation for the full model which is presented later in the chapter.

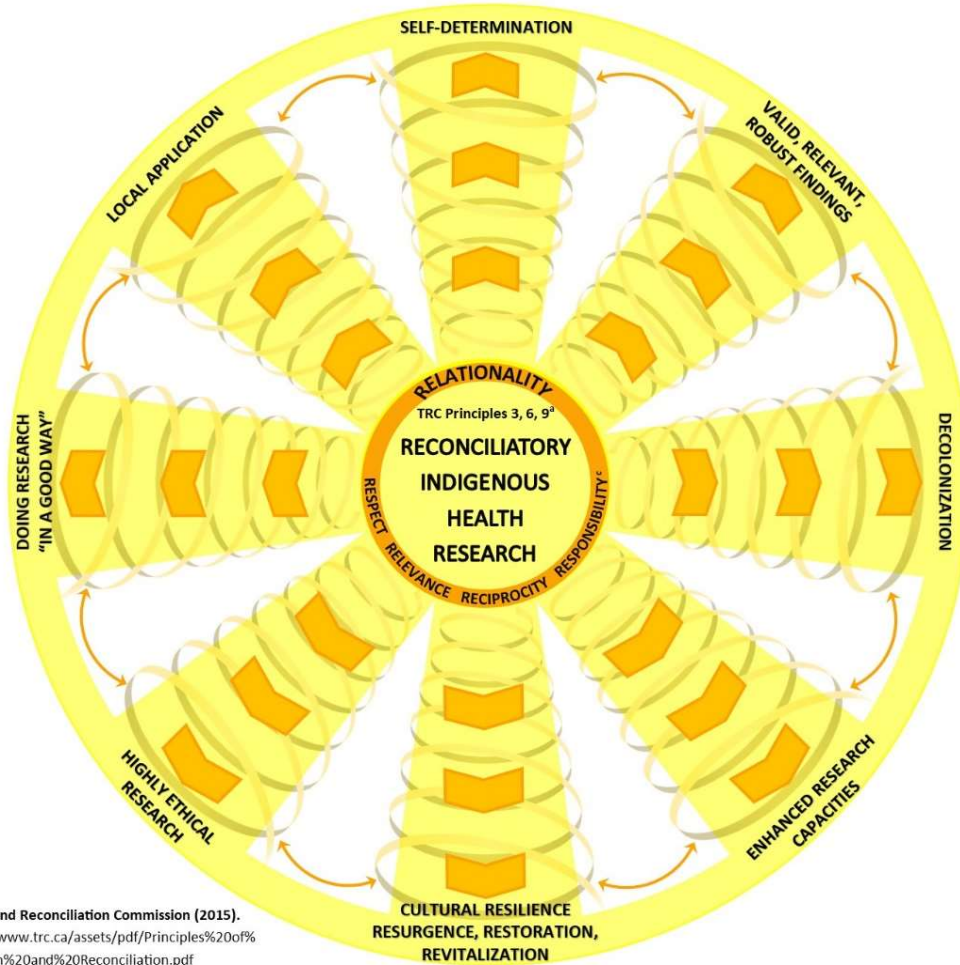


Figure 5.1 Foundation and aims of a model of reconciliatory research.

5.2.1 Orientation to the model. In the model, reconciliatory research is represented as a central core based in the principles of relationality embodied in the Four R's (Respect, relevance, reciprocity and responsibility; Kirkness & Barnhardt, 2001), and an outer ring that contains some

aims or indicators of reconciliatory research. The core and outer ring are connected via a series of pathways that lay out the conditions and circumstances to achieve the aims or indicators of reconciliatory research (presented and discussed later in this chapter).

5.2.2 The Core: “The reality is then you need to have a relationship in order to do the research.” Essential to all reconciliatory Indigenous health research is the centering of relationships within and throughout the research process. As such, relationality can be considered a hallmark feature of reconciliatory research. Participants viewed relationships as central to “the practice of reconciliation, coming together in that middle ground, in that safe space where trust is established and respect and reciprocity” (P10). One participant explained that “relationship is so critical to our communities. And in fact, with, you know, the Tri-Council Chapter 9 guidelines, and with OCAP[®], they all talk about [how] you have to have a [good] relationship” (P8). Without authentic relationships among researchers and the individuals, communities or Indigenous organizations involved in the research, it is nearly impossible for research to occur in such a way that encompasses principles of truth and reconciliation:

[I]f there isn't the relationship there, if there isn't some ability to engage in the conversation and talk about funding and power sharing and direction of the research and all of those things, we're not being transparent, which is the truth side of truth and reconciliation, nor are we as an academy extending ourselves to engage communities and partners in a way that gives them more power and control, which is more the reconciliation side. (P2)

According to participants, authentic relationships are characterized by mutual respect, trust, and honesty which relate closely to the four R's of respect, reciprocity, responsibility, and relevance (Kirkness & Barnhardt, 2001). As one participant explained, the key to successful Indigenous health research is “the relationship building. And then the reciprocity, the being respectful of the people that we're working with” (P3). Building relationships was not viewed as a check-box activity that occurs in advance of the research proposal or project, but was seen as a process that requires effort and attention throughout – and often beyond – the research project. In the words of one participant, “so for me it's become more than just...research. It's become a relationship that I have that's ongoing with...the community and is growing all the time. And I think that's the...reconciliation part for me” (P3).

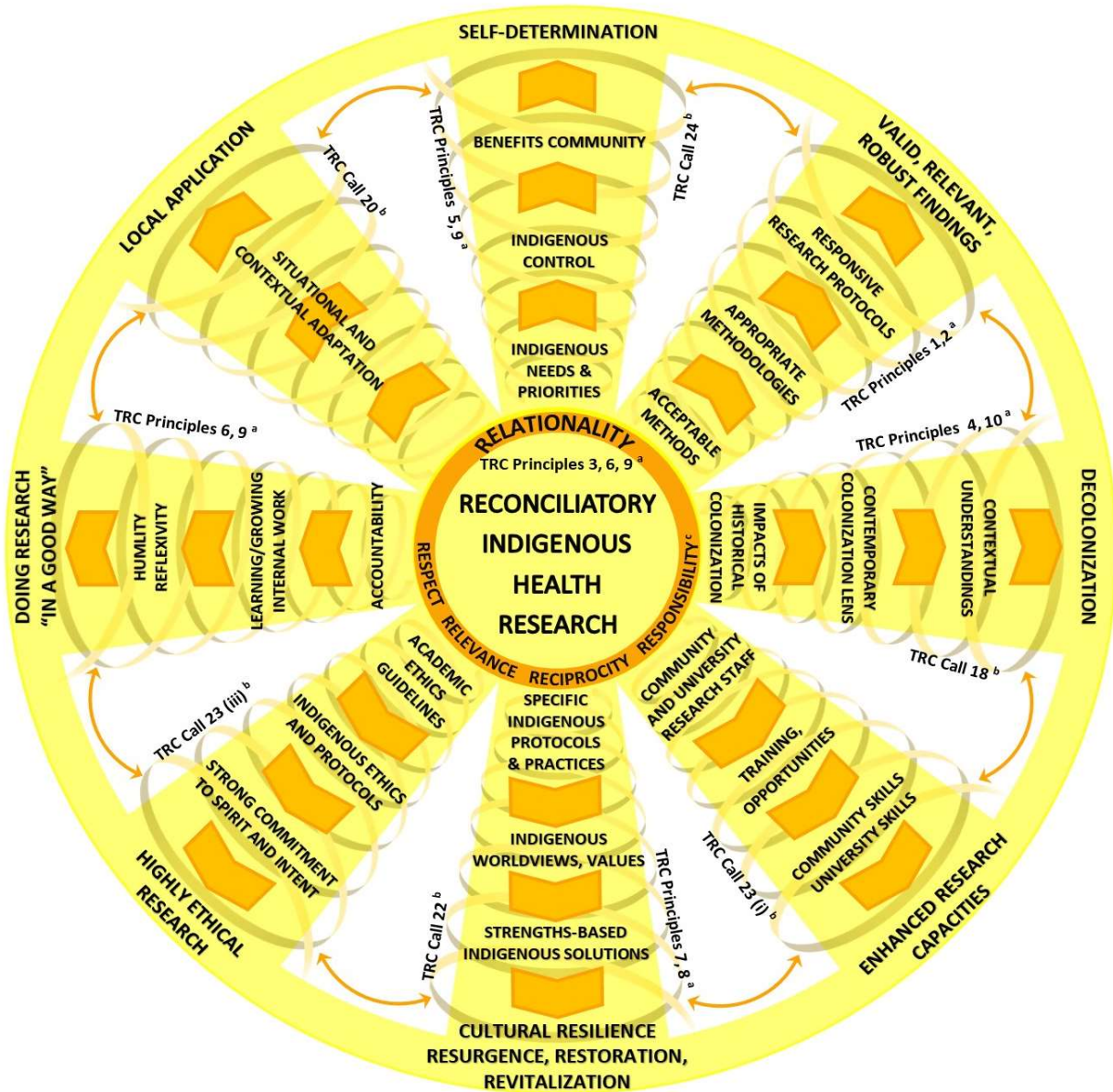
Although participants focused their discussion in terms of relationships, these interpersonal connections can be extended to a principal of relationality, which can be understood as “a state or condition of being relational” or in relationship (“Relationship vs Relationality” 2018). In the model, relationality is located as the core principle of reconciliatory research through which the aims/indicators and pathways are made possible. For example, a researcher’s ability to understand a community’s needs and priorities, protocols and cultural practices and research capacity is facilitated through being in trusting and open relationships with community members. The centrality of relationality in reconciliatory research is congruent with existing recommendations for best practices in Indigenous health research (Gokiert et al., 2017; Kirkness & Barnhardt, 1991; Moreton-Robinson, 2017).

5.2.3 The Ring: Aims/indicators of reconciliatory research. As seen in Chapter 4, a number of key features of reconciliatory research relate to participants’ understandings of truth and reconciliation in research. These characteristics can be framed as both aims to orient reconciliatory research, and indicators to identify if research is reaching its reconciliatory potential. As shown in Figure 5.1, the eight aims/indicators in the outer ring of the model include: (a) facilitation of Indigenous self-determination and sovereignty, (b) conduct of research that is valid, robust, relevant and applicable to Indigenous and scientific communities, (c) contributions to decolonization through addressing impacts and systems of colonization, (d) mutual enhancement of research capacity, (e) support for Indigenous cultural resurgence, resilience and rejuvenation, (f) fulfillment of spirit and intent of both university-based and community-based understandings of ethics, (g) researcher commitments to developing necessary personal and professional characteristics, and (h) local adaptation and application. Many of these aims were evident in the examples discussed in Chapter 4, aside from the aims of ethics and local adaptation which did not arise in Chapter 4 but represent important additions. The addition of ethics was based on extensive attention to this topic from participants in the guided conversations, which will be expanded upon later in this chapter. Inclusion of local application, on the other hand, is intended to acknowledge and create space for others in Indigenous and academic communities to contribute their ideas and expertise towards a more complete and contextually relevant model. This includes space for local and contextual factors not captured through this particular case study of one specific university and geo-social-political context. Inclusion of local adaptation as an aim also represents my personal acknowledgment that I am

not claiming this model as comprehensive and complete due to the limitations in my own understandings, experiences and settler worldview. Overall, this model aims to identify underlying principles for academic-based Indigenous health research to facilitate truth and reconciliation via adaptation within particular communities, Indigenous groups, and settings.

5.2.4 Pathways towards reconciliatory research. Figure 5.2 presents the full model of reconciliatory research, with the addition of the pathways or steps linking the aims and indicators to the relational core introduced previously in Figure 5.1. Each of the pathways originates from the core of relationality as the foundational concept upon which all aspects of reconciliatory research must be based, and lead to or support a particular aim or indicator that characterizes reconciliatory research. The pathways were developed from information shared by participants in the guided conversations on important considerations in the conduct of reconciliatory research. As such, they represent key aspects of the research enterprise that must be carefully and thoughtfully attended to in an effort to ensure that this research is being conducted in a manner which supports truth and reconciliation. Each pathway contains a widening spiral that represents the interactive and iterative nature of the steps on the pathways, which lead to the aims or potential outcomes of these steps. The pathways towards the aims of reconciliatory research move from more specific, concrete, tangible steps close to the inner core, to broader, more complex and conceptual features towards the outside ring. The pathways are not independent, but are intertwined and intersectional, as represented by the bi-directional curved arrows connecting the pathways and aims. Indeed, steps from one pathway often inform or support the aims of another pathway. Collectively, the aims and pathways form the basis for a model of reconciliatory Indigenous health research intended to stimulate dialogue, reflection and action. I explain each pathway in the context of its particular aim or indicator identified in the outer ring, beginning with the pathway located in the top location and moving clockwise. I will also situate aspects of the model within the literature on decolonizing and Indigenizing health research.

5.2.4.1 Supporting self-determination and Indigenous sovereignty. A central characteristic of reconciliatory research is that it endeavors to support Indigenous rights to self-determination and recognizes Indigenous sovereignty “in matters relating to their internal and local affairs” (United Nations, 2007, pp. 4–5). Numerous scholars have identified self-determination as a key feature in decolonizing the research endeavour (Antoine, 2017; Corntassel, 2012; Schnarch, 2005; Smith, 1999). This includes self-determination in relation to



- a Truth and Reconciliation Commission (2015). <http://www.trc.ca/assets/pdf/Principles%20of%20Truth%20and%20Reconciliation.pdf>
- b Truth and Reconciliation Commission (2015). http://trc.ca/assets/pdf/Calls_to_Action_English2.pdf
- c Kirkness V. J. & Barnhardt R. (2001). <http://www.ankn.uaf.edu/IEW/winhec/FourRs2ndEd.html>

Figure 5.2 A model of reconciliatory research.

the research conducted in their communities and involving their peoples. Self-determination in research can be supported by centering Indigenous input in all aspects of the research planning, facilitating Indigenous control and oversight over the research process, and ensuring the research addresses community-identified needs and priorities and is of direct and tangible benefit to those involved and impacted. If self-determination is not an explicit goal of reconciliatory research,

efforts in this area may become an unintended, insidious mechanism for further colonization through the perpetuation of patriarchal attitudes and notions of incapacity or inadequacy on the part of Indigenous peoples (O’Neil et al., 1998). These concepts are further linked to truth and reconciliation in the TRC’s second *Principle of Reconciliation*, which identifies Indigenous peoples in Canada as “self-determining peoples” (TRC, 2015a, p. 3). Identifying self-determination as a key aim of reconciliatory research is congruent with the ongoing discourse.

5.2.4.1.1 “*But you can’t control it. It’s for the community to control.*” One way to support self-determination in research is by attending to issues of power and control within the research. Participants felt that reconciliation in research involves “extending ourselves to engage communities and partners in a way that gives them more power and control” (P2). As one participant explained, “research with the community is very much about the community driving it and being involved in every aspect of the process from framing of the issue to identifying methodologies and methods” (P1). Participants saw a need for “a much more reciprocal relationship, and sharing of resources and power” (P2) in the research process, which included efforts to identify, name and address the implications of power differentials in the context of research relationships. Shifting to ‘community-driven’ research was seen as a way to guard against perpetuating colonial power structures:

I would also suggest that this isn’t something that’s done in a kind of a...patriarchal way – we know best, therefore, you know... everyone including the communities have to jump through our hoops. It’s more a case of let’s put this together in a way that has the community voice. What...do folks on the ground think is reasonable? What should it look like? (P2)

Participants also shared how community input sometimes led to unanticipated directions in the research: “on all of my projects...none of them have ended up going where I thought they should go. They’ve always been reshaped and redriven by the people that are on the team” (P3). This reshaping was seen to increase the relevance and acceptance of the research among community members, and enhanced self-determination.

5.2.4.1.2 “*Doing things that are useful for communities.*” At its heart, reconciliatory research is useful to the communities involved and impacted by the projects. When research is centered on community-identified priority areas and research questions, it is more likely to bring tangible benefits to the community. Participants described their efforts to ensure that their

research “would be more aligned with community needs, have community input, and it would be designed by the people that were going to be impacted” (P2); and “working with communities to best meet their needs...to at least – and especially Indigenous communities, because...their systems have been disrupted” (P5). Centering communities’ needs as primary goals and drivers of the research can lead to tangible contributions to reconciliation through enhanced self-determination in research. Research conducted with the primary aim of benefitting communities stands in contrast to conventional academic research focused primarily on the discovery of new knowledge or applications, and conducted primarily for the benefit of the scientific community at large and the researcher in particular. As one participant explained:

[W]e as researchers get excited and we’ll go down the rabbit hole and it’s fun, it’s exciting, it’s typically how a lot of us think...and act. That’s why we’re drawn to academia. But that sometimes becomes a very self-serving exercise. Which is not to say it’s bad, but it’s not necessarily what’s best for a community that you’re working with. (P5)

Benefit to community and benefit to the researcher and scientific community are not necessarily mutually exclusive or in opposition to each other. However, the balance of the benefits between the researcher and community needs to be critically interrogated to ensure the research prioritizes direct benefits to the community over benefits to the researcher and scientific community.

5.2.4.2 The research design: ensuring valid, robust, relevant research. Another aim/indicator of reconciliatory research is producing valid, robust and relevant findings and outcomes that can be used by a variety of stakeholders. To reach this aim, it is imperative for the research to be conducted in a scientifically sound and culturally appropriate manner that fits the research objectives and the context in which the research is being conducted (Martin & Mirraoopa, 2003; Simonds & Christopher, 2013; Smith, 1999; Wilson, 2008). The pathway towards robust research involves careful planning and executing of the research design, including the selection of acceptable methods and measures, appropriate methodologies, and responsive research protocols. Scientific validity and reliability have been identified as important considerations to establish the rigor and relevance of Indigenous health research. For example, O’Neill and colleagues (1998) identified scientific validity as a central concern in the development of the First Nations Regional Health Survey. Although the need for valid and robust research is common across all research, participants identified the particular importance of

this need in reconciliatory Indigenous health research. Shared academic and community beliefs that any research being conducted should have the likelihood of producing trustworthy and useful results is central to advancing truth through ensuring accurate and trustworthy research findings, and can advance reconciliation through application of findings.

5.2.4.2.1 *“Looking at the measures we’re using.”* At a basic level, participants understood reconciliatory research to involve careful selection of research methods and data collection tools to ensure they are appropriate and relevant for not only the research objectives, but also for the Indigenous participants and community research partners. This echoes numerous scholars, who have identified the need for appropriate research methods in Indigenous health research (Nicholls, 2009; Simonds & Christopher, 2013; Wilson, 2008). Participants shared how they adapted outcome measurement scales to be more culturally appropriate, and chose data collection methods that were more comfortable for their research partners and participants:

So it’s very much observation, engagement in community, field noting, hearing stories, and collecting them. And then talking about them with people. And then structured interviews. And the interviews were always done in places that people were comfortable in. And often we would find – and we still find, just sitting down at a kitchen table or at a campsite and not putting a recorder on and just having a conversation, some of them, rich information would come out. (P10)

Selecting acceptable methods often requires adapting western approaches and measures to be more culturally appropriate, a shift that is not always easy for the researcher:

[T]his is a real challenge for the non-Indigenous researchers and it’s interesting to watch the dynamic tension that was there, because they had to somehow...shift and use the tools that they were familiar with in terms of evaluation, both qualitative and quantitative, to fit into that cultural space. (P3)

Ultimately, ensuring that research methods and measures are designed to be acceptable and comfortable for their participants and community partners can lead to more rigorous and robust research. Selecting appropriate methods and measures can advance truth and reconciliation through meeting the needs and preferences of research participants and partners for understandable and relevant measures and comfortable, culturally safe data collection, and through increased rigor and reliability in the data and research outputs.

5.2.4.2.2 *“I think it’s the process that’s different.”* Reconciliatory research also involves using appropriate and adaptive methodologies to frame and orient the research to ensure research processes are responsive to the needs of both the project and the setting. Participants identified the importance of ensuring that the methodology was culturally appropriate and acceptable to the community:

And so the idea in terms of reconciliation is really about finding new ways to do research that are not typical methodologies but methodologies that aren’t superficial either. You know, methodologies that allow people to be in a context where there are cultural understandings. (P4)

One participant discussed efforts to ensure “the methodology wasn’t putting Indigenous culture under a lens” (P2) by integrating cultural practices such as sharing circles and sweat lodges in the research process as pathways to healing instead of attempting to scientifically demonstrate their efficacy. The responsibility of the researcher in reconciliatory research is in “ensuring that the research methodology that’s required in order to meet the needs of the communities is supported and understood...And that there aren’t...artificial barriers that are much more quantitative rather than qualitative, or don’t accommodate a cultural lens” (P2). Ensuring appropriate methodologies through community-informed research protocols is not only an intellectual exercise related to the theoretical framing of the research, but is also directly related to ensuring the research process is scientifically and culturally appropriate, thus increasing the validity, reliability and relevance of the research outputs.

5.2.4.3 Decolonization. Another important aim of reconciliatory research is to address the impacts of colonization on health and wellbeing through research that challenges the colonial systems and structures that contribute to inequitable health outcomes and access. This aim/indicator is supported through a pathway that includes awareness of the history of colonization and its impacts on health, and the application of a broad contextual understanding of health and wellbeing that considers contemporary forms and impacts of colonization.

5.2.4.3.1 *“Everything you learn about colonization, decolonization, history and health outcomes is still relevant.”* According to participants, reconciliatory research requires an understanding and acknowledgment of the historical and ongoing impacts of colonization on Indigenous health and wellbeing. In the voice of one participant, “What is reconciliatory research about? Recognizing root causes of inequity in terms of racism and residential schools, and all of

that – and then knowing that it’s not all about...changing people’s behaviours to impact health outcomes, but more some of the underlying...issues” (P6). Without these understandings, researchers run the risk of conducting research that does not appropriately consider relevant social, cultural, political, ecological and historical determinants of health, which may lead to incomplete understandings of illnesses that perpetuate stereotypes and overstate individual responsibilities for health problems. As one participant noted:

But what my problem is, is that when it’s presented like, you know, if you were to read all the stats that are out there, we’re fat, lazy, we’re unemployed, we don’t exercise, you know, we all have diabetes, all these different things. I think the context that’s presented is the problem, not so much the actual gap. (P8)

Developing an understanding of the impacts of colonization on health was identified as particularly important for non-Indigenous researchers:

I think that for a lot of western people it’s difficult to understand that...there needs to be recognition of the harms that have happened...as a consequence of colonization, colonialism. And that these are not...hundreds of years ago, but even yesterday and today. You know, the Indian Act still exists and it is affecting our lives, right? And now there are so many laws and policies and programs that flow from that mentality, that...they’re further colonizing us on a regular basis. They’re also further colonizing non-Indigenous people, right? Because they’re creating this framework in which we’re all operating. So I think...it is important for non-Indigenous people to recognize this and be explicit about recognizing it. It’s not that anybody’s trying to blame them individually, or you know anything else, but I think it’s sort of an elephant in the room, and if it isn’t named then it becomes much more challenging to be working around, right? (P9)

To act upon an understanding of the impacts of colonization in reconciliatory health research involves the researcher “[figuring] out...how you personally are going to...interact and decolonize it. And interrupt these things, and prevent – it’s prevention” (P5). For Indigenous health research to contribute to reconciliation, it is imperative for researchers, particularly those who are non-Indigenous, to understand historical and ongoing colonization as key determinants of Indigenous health (Czyzewski, 2011a).

5.2.4.4 Building reciprocal research capacity. Reconciliatory research also involves deliberate efforts to increase research capacity. Typically, this is understood to mean increasing knowledge and skills in research among Indigenous community partners (Chino & DeBruyn, 2006). However, this pathway also highlights the need to strengthen capacity for ethical and contextually informed Indigenous health research among university-based faculty and research staff. This bi-directional conceptualization of capacity development which others have referred to as “mutual research capacity strengthening” (Redman-MacLaren et al., 2012, p. 1) represents a critical realization for some university-based researchers who may presume that they hold the knowledge and skills necessary for successful Indigenous health research and should focus on helping community members develop or enhance their capacity for research.

5.2.4.4.1 Building Indigenous research capacity. Reconciliatory research involves building research capacity within Indigenous communities. Participants identified how including community members or leaders as full partners in the research enhanced Indigenous capacity for research. One participant discussed that “our partners will say, well we really need you to help us with this kind of training, or with this or with that” (P11). One way in which research capacity can be developed is by hiring community members as research assistants. As one participant explained, “we’re going to train them [the research assistant], so that they have some capacity building built into it” (P3). Building research capacity was identified as a mechanism through which research can be used as a “tool for economic development” (P4), bringing financial resources into a community, and can also lead to further employment or training opportunities. Community research capacity can also enhance the validity and reliability of a project, help identify and respond to community needs and priorities, and incorporate Indigenous practices, cultures and worldviews in the research. Enhanced Indigenous research capacity can also increase self-determination in research, as Indigenous people strengthen their ability to lead and conduct research to meet their own needs.

5.2.4.4.2 Capacity development in the university. Alongside the need for development of research capacity among Indigenous community members lies an equally important need for development of reconciliatory research capacity among university-based faculty and research staff. Participants saw a need to “train[] researchers, scholars that can work in that Indigenous research space” (P2). As one participant stated, “I think if you’re gonna work with Indigenous communities there should be at least some kind of basic training that you should take before you

go into communities” (P11). Such training may be a mechanism for ensuring that Indigenous health research is being done in an appropriate and ethical manner and that university faculty and staff engaged in such research are doing so with some understanding of Indigenous cultures, contexts and histories to ensure their work supports the aims of reconciliatory research. Strengthening mutual research capacity also involves working towards doing research with an openness towards personal learning and growing.

5.2.4.5 Supporting cultural resurgence and revitalization. Reconciliatory research can facilitate the restoration and revitalization of Indigenous cultures and support Indigenous resilience and resurgence. This aim recognizes the inherent strengths of Indigenous cultures and communities and their efforts to revitalize their cultural practices, languages and belief systems. Through Indigenous health research, this aim can be supported by incorporating local protocols and practices in the research process, employing Indigenous worldviews and values in the framing of the research questions and approaches, and utilizing a strengths-based approach that preferences Indigenous solutions to the health issues at hand. Many voices have advocated for the integration of Indigenous protocols, values and practices in the research process (Martin & Mirraabooa, 2003; Simonds & Christopher, 2013; Smith, 1999; Wilson, 2008). Higgins and Kim (2018) contend that decolonizing methodologies must necessarily center Indigenous knowledge and theories to fundamentally shift the ontologies and epistemologies underpinning research towards Indigenous ways of knowing and being. As such, this pathway is intimately connected to the pathway towards valid and robust research processes and findings through culturally appropriate and acceptable methods, methodologies and protocols. Integrating Indigenous ways of knowing, being and doing into research can also be another way to support the resilience and resurgence of Indigenous cultures and Indigenous self-determination.

5.2.4.5.1 “Inclusion and the honouring of Indigenous culture.” Participants identified the need for reconciliatory research to incorporate Indigenous worldviews, values, knowledge, languages and perspectives. As a participant explained, “they’re [community research partners] integrating culture into every aspect of research, and so, I look at that and go, that’s not in TRC particularly, but that’s a TRC-like approach” (P1). Inclusion of Indigenous culture in research serves to center and privilege Indigenous ways of knowing, being and doing, and creates space for Indigenous ontologies, axiologies, epistemologies and methodologies in the research endeavour. In the words of one participant:

I think recognizing that many of the terms that we use are...known by their western definitions. But that from an Indigenous perspective they often mean something different, something more complex and foundational. So we use words like respect and relationship or relationality, and I think many people understand it from a western perspective but not what it looks like from an Indigenous [perspective]. And if we were to start shifting our understanding so that people are...really working to explore and understand what that means, then I think that you would be seeing research that really would be conciliatory. (P9)

Similarly, another participant discussed the importance of recognizing and respecting different worldviews, values and beliefs. For them, this involved “ensuring that there was not only that lived voice and experience, but also the inclusion and the honouring of Indigenous culture and spirituality” (P2). Another aspect of incorporating Indigenous perspectives in research involves developing an awareness of cultural understandings relevant to the research. One participant explained how they “had to...realize that something that’s a blood sample to me isn’t just a blood sample to Indigenous people, like it holds a lot more weight...it’s something spiritual” (P7). However, participants also stressed the need to guard against tokenism:

And that’s why there needs to be true inclusion of the community voice, the Indigenous voice. And you know, that’s a little bit tricky because, you know, is this Indigenous voice token, or is this appropriate, and legitimate? And that’s where I think it’s a little more difficult to adjudicate without having people that have done Indigenous, community-based research involved, and being able to network and say...how’s this going? ...What is the community view of this? (P2)

The centering of Indigenous voices and the perspectives of the community helps ensure the inclusion of Indigenous culture in the research is appropriate and meaningful. Explicitly creating space for honoring and centering Indigenous practices, principles and philosophies in research can result in more culturally and contextually valid research protocols, more relevant, applicable and acceptable results, and more respectful and reciprocal research relationships, all of which strengthen the reconciliatory potential of research. Supporting Indigenous resurgence and resilience in research also naturally leads to strengths-based research based on community-identified solutions: “when we’re talking about reconciliation, it’s a really good example because...people say the solutions are in the community” (P4).

5.2.4.5.2 Strengths-based research. Participants also identified the need for Indigenous health research to be oriented around strengths instead of deficits. One participant asked, "...do we always have to look at the deficits? Well sometimes yeah you should look at the gaps, but are there some strengths here that we can actually build upon as well that we really haven't even paid much attention to?" (P9). Strengths-based approaches are increasingly utilized in Indigenous health research (e.g., Cooper & Driedger, 2018; Fogarty, Lovell, Langenberg, & Heron, 2018) and are often presented as antidotes to deficit-based approaches to health research (Askew et al., 2020). Numerous scholars have identified that the western medical framing of health primarily through a deficit lens fails to adequately capture the strengths, resiliencies and pathways to health and wellbeing within Indigenous communities (Fogarty et al., 2018; O'Neil et al., 1998). Over 50 years of Indigenous health research through this deficit lens has failed to improve the health of Indigenous people and close the gap in health outcomes (Hyett, Gabel, Marjerrison, & Schwartz, 2019). With deficit-based approaches, one risks reproducing and reinforcing colonial notions of Indigenous people as defined by their problems and incapable of helping themselves, which in many cases has reinforced stereotypes and further marginalized Indigenous peoples (Adelson, 2005; Hyett et al., 2019; O'Neil et al., 1998; Reading & Wien, 2009). As such, strengths-based research should be a central component of reconciliatory research. As one participant explained, it is important to figure out "how do we do this differently instead of based on deficits, we actually start building on strengths. Assets. Things that they can do" (P1). By focusing on strengths, Indigenous solutions and resilience are brought to the foreground in the research process.

5.2.4.6 Ethical conduct in reconciliatory research. Perhaps one of the most frequently discussed topics in relation to reconciliatory research in the guided conversations was related to the ethical conduct of Indigenous health research. Numerous Indigenous groups and organizations representing First Nations, Métis and Inuit peoples in Canada have asserted their own ethical standards and processes for research (Brant Castellano, 2004; Ermine et al., 2005; First Nations Centre, 2006), often in response to the inadequacies and gaps experienced in conventional academic research ethics processes and standards. Participants discussed perceived shortcomings of institutional research ethics principles and processes for ensuring ethical conduct of Indigenous health research in universities and identified the need for higher ethical principles in reconciliatory research. The pathway towards the ethical conduct of Indigenous

health research requires a strong personal commitment to the spirit and intent of both university-based and Indigenous research ethics principles.

5.2.4.6.1 *TCPS2 Chapter 9.* Participants identified the *Tri-Council Policy Statement on Ethical Conduct for Research Involving Humans (TCPS 2) Chapter 9: Research Involving the First Nations, Inuit and Métis Peoples of Canada* (Government of Canada, 2018) as a starting point for understanding ethical requirements for reconciliatory research, particularly given its role as the national standard for university-based research in Canada. Many of the principles of reconciliatory research identified by participants are included in the TCPS2 Chapter 9 guidelines, including issues of community control and benefit, respect for treaty and inherent rights, cultural practices and customs, and the importance of relationality. These principles inform requirements for “community engagement” (p.110), “critical inquiry” (p.118) and recognition of “complex authority structures” (Government of Canada, 2018; p.116). However, participants felt that the ethical conduct of Indigenous health research requires applying TCPS 2 Chapter 9 guidelines in a more nuanced ethical framework that centers principles of relationality and practicality:

So I think those, those principles [referencing respect, relationships, reciprocity; and a cultural lens] need to be there, in terms of our interpretation and application of Chapter 9, in ways that are practical. You know, I think that we can become quite ideological about this, and that’s not the point. It’s just to be more appropriate and ethical. Which means that it also needs to be practical. It has to work on the ground. What does this look like in this particular community, with these resources, at this point in time, as opposed to another one? (P2)

For Indigenous health research to be reconciliatory, current institutional ethics guidelines must be enacted in the context of principles of relationality, responsibility and respect.

5.2.4.6.2 *“A better ethical framework.”* Ensuring research meets an ethical standard acceptable to communities was identified as a central component of reconciliatory research. Research that takes a checklist approach to institutional research ethics may fail to meet the ethical expectations of Indigenous communities and research partners. Frameworks for research ethics have been identified by Indigenous groups in Canada and beyond, and further inform ethical standards for reconciliatory research.²² For example, OCAP® principles of Ownership,

²² A comprehensive list of Indigenous research ethics guidelines from across Canada can be found at <https://achh.ca/knowledge-research/ihrac/> under the “Guides for Researchers” heading.

Control, Access and Possession (Schnarch, 2005) outline considerations for community-led and controlled research that further delineate ethical principles found in TCPS2 Chapter 9. Such principles assert Indigenous sovereignty over all research activities involving them and are congruent with many of the aims of reconciliatory research identified in this project. Indigenous ethical frameworks represent important guidelines for academic researchers seeking to conduct their research in a manner which can contribute towards reconciliation. In this manner, the ethical conduct of research extends beyond REB approval to include other considerations, (Brant Castellano, 2004; McDonald, 2001). As one Indigenous author states, “research ethics are not separate from “how-you-live-your-life” ethics” (Bull, 2019, para 5).

5.2.4.6.3 “*What...is required...to be considered ethical?*” The centering of relationships, enacted through respect, reciprocity, relevance and responsibility (Four R’s; Kirkness & Barnhardt, 1991) was identified as a key mechanism towards ethical research. Participants discussed how “principles and ethics...need to be better developed in that relational framework, as well as the power and control framework as well” (P2). This was connected to the idea of collaborative or participatory research: “so it’s more a ‘partnership with’ that I saw as the most ethical ones – *working for* or *working with* and not *doing something on* individuals and communities” (P2). Participants felt that ethical engagement in Indigenous health research involves relationality and a contextual nuance to apply standards in the most ethical manner possible:

I go back to the principles of, you know, what’s ethical. And if it’s not ethical, then it shouldn’t be done. And if it is ethical, then what makes it ethical? Is it just the boxes, or is it something that’s more particular and specific than that? But I think it also varies according to the type of project obviously. You know, if it’s biomedical and you’re getting tissue samples, then you’re going to have a different series of checks and balances that are required. And I would also suggest that this isn’t something that’s done in a kind of a patriarchal way – we know best, therefore, you know, everyone including the communities have to jump through our hoops. (P2)

These views reflect Ball and Janyst’s (2008) identification of relationality as central to ethical research, and brings the proposed model full circle, with the aim and pathway towards ethical reconciliatory research connecting back to the foundational core of relationality.

5.2.4.7 Researcher characteristics: “Doing it in a good way.” Another aim of reconciliatory research identified in the model is the importance of the researcher’s personal characteristics, traits and behaviours in conducting the research. Participants identified that being involved in reconciliatory research was “certainly not for everybody” (P1), and required “greater scrutiny of people that would go in and do something in a more traditional way that doesn’t really have those, those elements of respect and relationships, reciprocity” (P2). Doing research ‘in a good way’ requires the researcher to ensure they have the skills, attitudes and knowledge to do the work in a manner that facilitates other reconciliatory aims. The pathway towards this aim includes key researcher characteristics identified by participants including accountability, doing your own internal work to learn and change, humility, and reflexivity.

5.2.4.7.1 Accountability. A key requirement for researchers involved in reconciliatory research is accountability to those involved in and impacted by the research throughout the entire research process. Although accountability in research is not unique to Indigenous health research, participants perceived “a lot more accountability, really, to doing it properly and having integrity, and your reasons for doing it and all of that” (P3) as compared to more conventional academic research. For example, participants identified accountabilities of the researcher towards advocacy. As one participant stated, “I am really representing what people want in a way that they can’t do for themselves, because they’re not gonna write a letter to a journal, and no one’s gonna accept it if they’re just some random person from the community” (P7). Accountability was also seen as central to ensuring the community benefits from the research as a fulfillment of the researcher’s commitment to reciprocity.

5.2.4.7.2 “We have our own internal work to do.” Another essential personal characteristic for reconciliatory researchers is taking responsibility for one’s own learning and growth. To do research in a good way “inherently means we need to do work on ourselves too” (P8). Participants identified the importance of “taking time to actually understand the worldview of the people that [you’re] working with” (P3), and being willing to “shift your thinking” (P8) about the research process so you can “go back again and restart a different path” (P8). This posture of learning and growth was identified as particularly important for non-Indigenous researchers in developing understandings of Indigenous worldviews and colonization so they could apply these lenses in their research. As one participant explained, “you can’t get to reconciliation until [you] really are acknowledging the truths and learning about the truths. And I

continue to learn about the truths, even though I've been spending time doing this for a number of years" (P10). Central to growth is a willingness to listen to and learn from Indigenous colleagues, research partners and community members:

I need to figure out a way to have the intellectual humility to step away from my western thinking for a moment, and try to observe how the Indigenous colleagues and people that I'm building relationships with are trying to guide me, so that I can now transform a little bit elements of my western thinking process. (P10)

However, this must be balanced with a need to ensure their quest for understanding did not unnecessarily burden Indigenous partners:

But it is important, it's our own internal work, we have more of a responsibility I think than our Indigenous communities, and we need to figure out best ways to move forward that don't also burden community members. (P10)

The responsibility of becoming sufficiently informed about and transformed by historical, contextual, and cultural knowledge as key to a reconciliatory research process lies squarely on the shoulders of the researcher, and requires particular attention and effort for the non-Indigenous researcher.²³ The journey towards rich historical and contextual understanding to inform the research requires reflexivity and humility on the part of the researcher.

5.2.4.7.3 *"Self-reflexivity is really important."* The internal work required of researchers to do this research 'in a good way' necessarily involves the practice of reflexivity, or self-reflection. Participants identified self-reflection as a mechanism to help the understand the impacts of "racism, bias, implicit bias" (P8) on the research, due to a "need to understand where are we coming from. How has that impacted or shaped our thoughts and beliefs? What are my thoughts and beliefs?" (P8). Understanding one's place and role in the structures and systems of society is an important goal of reflexivity in research: "[s]o it's really, it's self-reflection. It's about how do I fit into this, how do I fit into colonizing and decolonizing?" (P5). However, as one participant noted, self-reflexivity is not only an individual endeavour:

[S]o I think that self-reflexivity is really important, and I think it's important throughout the project but also at the end. And I think it should be done on both an individual and as well as, let's say kind of a research team kind of perspective. (P9)

²³ I would argue that this responsibility also extends to ensuring all co-investigators, research staff, and students that are brought onto the research team are also adequately informed and demonstrate these same characteristics.

When reflexivity is routinely employed by those involved in Indigenous health research, it increases the likelihood that research will be conducted in a manner consistent with reconciliation. The literature echoes the findings around self-awareness and reflexivity as key tools for the academic researcher (particularly those who are non-Indigenous) engaged in Indigenous health research. Krusz, Davey, Wigginton and Hall (2020) identify the need for non-Indigenous researchers to center reflexive practices aimed at identifying the impacts of colonized viewpoints within individuals and institutions; while Jaworsky (2019) discusses the importance of critical reflection for non-Indigenous allies involved in epidemiology research.

5.2.4.7.4 *“That sense of humility...is so important.”* Time and again, participants identified humility as a non-negotiable requirement for the researcher involved in Indigenous health research. Particularly in the context of the academic value of expertise and the esteem, prestige and influence conferred to professors and academics, humility was seen as an essential prerequisite to acknowledging and addressing issues of power through reciprocal relationships:

But that’s the reality, is I’m here to learn. I’m not here to be an expert in anything. And so I absolutely agree with you, that sense of humility I think is so important. . .of course you’re gonna bring certain things. Like you’ve got experience as a researcher, you probably know...how to access certain grants or what to look for or how to put things in a way that will follow the format so that people understand and see...It’s not to say you don’t bring anything to the table. But I think...that idea of...just because I have this title or I have these things doesn’t make me any better or any smarter or any more of an expert than that person sitting across from me. In fact that person sitting across from me probably has a lot more experience. They are probably not aware of the depth of experience that they have, but man did they have a lot of knowledge. (P8)

Participants also described how humility can facilitate community involvement:

[W]e’ll often go into a community with this idea and sense of expertise because we’ve spent a number of years getting to the point that we’re at in our western system of hierarchy and reward. And so well, I’m here, like I have all this expertise, but I think we need to of course...have this idea not just of cultural humility, so having the humility to say I’m not from the community, I don’t know how this looks, please help me to understand it from your perspective and, and

how can we then bring that – but I think there needs to be an intellectual humility as well. (P10)

For participants, humility involves “recognizing what we *can* do and also what we *can't*” (P9). By demonstrating humility informed by critical self-reflection, researchers can facilitate accountability through “acknowledging mistakes” (P5), which can open the doors for personal growth and learning: “we all make mistakes, we’re human. But...I think that’s how we learn, obviously. But recognizing, what are our patterns and what are our areas of weaknesses?” (P8). Through humility, reflexivity, personal growth and learning, responsibility, accountability and the ability to let go of control, the researcher’s ability to conduct the research “in a good way” is supported alongside their own personal development. As one participant stated, “if, in undertaking research, we are not changed by it, have not grown as a consequence of whatever that was, I don’t know that we’ve done it right” (P9).

5.2.5 Summary: A picture of reconciliatory research. Through the results presented above, it is apparent aims and pathways towards reconciliatory research are not merely a checklist of attributes and features, but instead require thorough and comprehensive consideration and application specific to the research at hand. A web of interconnections and dependencies exists between the aims and pathways that inextricably integrates these into a cohesive whole. Through the adaption and application of these considerations as a whole, the necessary conditions through which research may be reconciliatory in nature and in impact are fostered. The model presented in Figure 5.2 may help guide researchers “trying very diligently to figure out the best way and the most meaningful way to move forward” (P10) in Indigenous health research conducted in the university setting. The model is not intended to be an exhaustive and complete model to be used in a prescriptive manner, but is instead presented as a starting point for collaborative dialogue and personal reflection on how to move towards truth and reconciliation through Indigenous health research.

5.2.6 The model and TRC. It is important to note that while specific *Calls to Action* and *Principles of Reconciliation* are identified in the model, a neat mapping of specific characteristics of reconciliatory research onto specific *Calls* does not exist. In fact, not every *Call* related to health (or research) is identified in the model. Instead, I would describe their place in the model as highlighting specific points of intersection with the aims and pathways towards reconciliatory research. For example, *Call 22*, which references recognition of the “value of

Aboriginal healing practices” can be understood as a specific example of identifying strengths-based community solutions, which may extend beyond traditional healing practices; nevertheless, these two concepts do intersect. Similarly, the inclusion of the *Principles of Reconciliation* in the model above represents intersections between the *Principle* and the characteristic, but this time it is often the characteristic that is the more specific example or interpretation of the *Principle*. To illustrate, *Principle 5* refers to the imperative to “create a more equitable and inclusive society”, which can be facilitated by addressing power and control issues within the research context. Regardless of the mapping of specific *Calls* and *Principles* onto the characteristics of reconciliatory research, there is congruence between the intent and aims of the TRC and the aims of reconciliatory research identified in the outermost ring.

5.3 Conclusions

The aims and characteristics of reconciliatory research identified in this model do not represent new or groundbreaking understandings in Indigenous health research; nor are they exclusive to Indigenous health research. Instead, the core, aims, and characteristics that create the conditions for reconciliation through Indigenous health research are congruent with best practices for Indigenous health research identified in the literature. In the model, reconciliatory research is fundamentally about the process by which the research is done in a good way by someone who has done their own personal work to ensure they are approaching the research in an authentic manner, centering and prioritizing the needs, preferences and wishes of Indigenous partners and communities in order to bring benefit to those involved and uplift Indigenous sovereignty. For the non-Indigenous researcher in particular, careful consideration of the aims and pathways in this model may help guard against tendencies towards white saviorism and “helping the downtrodden” (P4) that can creep into the motivations of even the most well-intentioned and well-informed settler. Reconciliatory Indigenous health research is about choosing a more ethical, contextually informed, and culturally appropriate pathway for conducting research. In this way, the aims and features of reconciliatory research in the model represent a fundamentally different approach to research than what is conventional in universities. However, this approach does not neatly align with the worldview, values, norms, protocols, processes, systems and structures that exist in the locations in which health research mostly occurs. This results in tensions around reconciliatory research in universities.

CHAPTER 6.0: RECONCILIATORY HEALTH RESEARCH IN THE UNIVERSITY CONTEXT

Most Indigenous health research in Canada is undertaken within universities by university-based researchers. University-based researchers operate within a university's system and structure, and their research is subject to the policies, procedures, and norms for research with their institution. These policies, procedures and norms are based in the values, principles and conventions of universities. The values and norms impact what research is undertaken, the process by which it is done, and the merit placed on the research outputs. The substantive and procedural aspects of university-based research are further shaped by university systems, structures, policies and procedures, including ethics review processes, financial and administrative policies, research funding, and standards for merit, promotion and tenure, producing and reinforcing a conventional form for university-based research that fits within these systems and structures. In this chapter, I describe tensions, challenges and barriers to reconciliatory Indigenous health research described by participants and explore the impacts and implications for reconciliatory research identified by participants, key informants and through document analysis. I then consider how universities could respond to these challenges through systemic and structural changes to better support reconciliatory Indigenous health research, both philosophically and pragmatically. Finally, I identify ongoing and potential changes participants feel could advance reconciliatory research specifically at the University of Saskatchewan and College of Medicine.

6.1 Barriers to Reconciliatory Research: “[T]he constraints that the research engine puts around the research”

6.1.1 “[T]his is a different ball game.” As seen in Chapter 5, reconciliatory Indigenous health research has its own set of foundational principles, aims and considerations. The values, priorities, accountabilities and approaches in Indigenous health research that facilitate truth and reconciliation represent a different orientation for research. This orientation is inherently incongruent with many of the values, priorities, accountabilities and approaches in university-based research. In conventional academic research, accountabilities around research rest in

satisfying the requirements of the funding body and upholding the principles and policies of the specific university setting in which the research is administered. In contrast, accountabilities in reconciliatory research rest primarily within the community and relationships involved in the research. As one participant explained with respect to reconciliatory research, “there’s a lot more accountability really, to doing it properly and having integrity, and your reasons for doing it and all of that” (P3). The incongruities in values and accountabilities often manifest in tensions around the conduct of reconciliatory research within the university setting at three distinct levels: (a) tensions between values inherent in universities and values important in reconciliatory research; (b) challenges arising from systems and structures in the university that impact research endeavors, including research funding, institutional research ethics and merit, promotion and tenure (MPT); and (c) bureaucratic barriers experienced in navigating policies and procedures of university financial and administrative systems.

6.1.2 Tensions arising from diverging values. Tensions experienced in conducting Indigenous health research in the university setting are often rooted in a lack of alignment between the university’s principles, norms and values, and the principles and values that underpin reconciliatory research. Values such as academic freedom, individualism, and expertise which are foundational to and rewarded within the university’s hierarchical and competitive system stand in contrast to the principles and values of reconciliatory research which include collaboration, humility, relationality, and equality. These diverging values can result in tensions for researchers seeking to conduct reconciliatory Indigenous health research within the university setting. Table 6.1 presents specific tensions identified by participants in relation to diverging values, exemplars from the data that illustrate each tension, and potential impacts of these tensions on reconciliatory research. Although many of these tensions are philosophical in nature, they result in real and tangible challenges to conducting reconciliatory research within the academic setting. It is important to note that tensions arising from divergent values are not unique or specific to the University of Saskatchewan or College of Medicine, but are likely experienced by researchers across Canada as the values, systems and structures around research are largely consistent across universities in this country.

Table 6.1 *Tensions Arising in the University Setting due to Diverging Values*

University values/principles	Reconciliatory values/principles	Exemplars	Impacts and Implications
“[I]t’s very individualistic”	Collaboration, relationality, communal wellbeing and benefit	“[I]n our academic world, when we tend to be very insular and in our heads, and standards are all about me, like when you write a case file it’s I did this, I did this – there’s a tension there when I spend a lot of my research world time not doing that.” (P10)	<ul style="list-style-type: none"> ▪ Individualism is valued and rewarded in the system, and thus reinforced ▪ Merit, credit oriented to the individual ▪ Contributions towards collaborative work not valued to the same extent
“[W]e’re still in the mentality of competing”	Collaboration, communal wellbeing and benefit	<p>“[I]n our world that competition works because that’s what gets you the treatment faster” (P7)</p> <p>“Well, you know what, I don’t care who’s the best, I just wanna make sure that the people are getting what they need. So if we’re busy competing with one another, we’re not working together. And if we could broker our resources together I really believe that we could catapult that much further ahead.” (P8)</p>	<ul style="list-style-type: none"> ▪ Competition is inherent in countless university and para-university systems, including research funding ▪ Systems and structures built upon competition may discourage collaborative approaches to research and may disadvantage researchers taking this approach
“[I]n our western hierarchy” Hierarchical structure with relative value and importance assigned to people, positions and contributions	Equality All have something valuable to contribute	<p>“[J]ust because I have this title or I have these things doesn’t make me any better or any smarter or any more of an expert than that person sitting across from me. In fact that person sitting across from me probably has a lot more experience...man did they have a lot of knowledge.” (P8)</p> <p>“if [w]e’re doing this equally, we’re all sharing in something, we all share the credit from that too... ‘Cause everybody wants to climb that ladder, right? And it’s the ladder climbing that’s created by the academy that I think creates that tension, and that challenge.” (P3)</p>	<ul style="list-style-type: none"> ▪ Contributions of those outside institutional hierarchy seen as less valuable or valid than that of university members ▪ Reconciliatory research requires a different understanding of research collaborations than what is typically seen, valued and rewarded in universities

Table 6.1 *Continued*

University values/principles	Reconciliatory values/principles	Exemplars	Impacts and Implications
<p>“[I]n the academy we’re trained to be the experts.” Expertise, ‘expert’ status conferred on faculty</p>	<p>Humility (cultural, intellectual)</p>	<p>“[W]e’ll often go into a community with this... sense of expertise because we’ve spent a number of years getting to the point that we’re at in our western system of hierarchy and reward...but I think we need to...have this idea not just of cultural humility, so having the humility to say I’m not from the community, I don’t know how this looks, please help me to understand it...but I think there needs to be an intellectual humility as well.” (P10)</p>	<ul style="list-style-type: none"> ▪ Expertise without humility can lead to perceived arrogance and hinder trust-building with communities ▪ Can also lead to under-valuing wisdom and knowledge held in community (i.e., Elders, knowledge keepers, leaders, lived experience)
<p>“[W]e’re just in a...system...that protects and promotes a very western way of thinking” Hegemony of western epistemologies and ontologies (empiricism, intellectualism, reductionism)</p>	<p>Wholistic, contextual understandings informed by Indigenous worldviews, ontologies, epistemologies</p>	<p>“[O]ne of the things that’s not really talked about is the ways in which colonization went after the intellectual people in a way that was very directed and targeted.” (P4) “[E]verything at the university – comes out of that same colonial...process, that same colonial thinking” (P4) “[C]reating...space for different approaches and different ways of thinking about things, and much more...wholistic approaches too.” (P5)</p>	<ul style="list-style-type: none"> ▪ Hegemony of western worldviews, beliefs in its supremacy over other worldviews which are considered inferior and less valid ▪ Represents a central belief underlying efforts to colonize Indigenous peoples (Little Bear, 2000) ▪ Results in disciplinary silos in universities ▪ Academic norms dismiss other approaches to research and knowledge production, which are labeled as not legitimate, valid or reliable ‘science’
<p>Academic freedom (latitude to decide what to pursue in their program of research, how to go about it, and what and how to publish or disseminate results)</p>	<p>Community input and control over the priorities, focus, conduct and dissemination of the research for the primary benefit of the community</p>	<p>“[T]o be able to be viable and get research grants in our world...we need to be able to think of our own ideas and just do them.” (P7) “[P]eople don’t wanna go through the process of...having an idea and then realizing they can’t use their idea, right?” (P7).</p>	<ul style="list-style-type: none"> ▪ Potential for researchers to pursue their own ideas of what the community needs, seek out someone who will give permission even though they do not speak for the community ▪ May result in research that perpetuates colonialism and distrust of academic research among Indigenous communities, or reinforces harmful stereotypes (S. L. Hyett et al., 2019).

6.1.3 Challenges due to university systems and structures. Another important set of challenges that arises when conducting reconciliatory research in a university setting centers around university systems and structures related to research activities. These systems and structures inform both the nature and the conduct of research, impacting all aspects of the research enterprise. Tables 6.2 through 6.6 present challenges identified by participants that stem from university systems and structures in relation to understandings of research, research ethics review processes, research funding systems, and merit, promotion and tenure (MPT) standards for faculty. These are accompanied by exemplars from the data to explicate the tensions, and potential impacts of these tensions. Specific sources of challenges related to university systems and structures identified in the tables are discussed in further detail below.

6.1.3.1 Tensions from norms and expectations for research. One structural source of challenges identified by participants relates to normative expectations for academic health research. In universities, norms exist around choosing research topics, theoretical frameworks, methodologies, and processes for dissemination and use of results. Challenges arise when the norms and expectations for ‘typical’ or conventional health research do not accommodate the necessary approaches to reconciliatory research as described in Chapter 5. Table 6.2 identifies a number of challenges around topics including what activities ‘count’ as research, the role of the researcher in the research enterprise, and standards for identifying quality and utility of research. These challenges have tangible impacts upon the researcher’s ability to conduct research in a manner congruent with the model of reconciliatory research presented in Chapter 5.

Table 6.2 *Tensions Arising in the University Setting due to Norms and Expectations for Research*

Characteristics of conventional research	Characteristics of reconciliatory research	Exemplars	Impacts and Implications
Narrow view of what ‘counts’ as a research activity based on conventional understandings of academic research	<p>“[I]t’s just not... research”</p> <p>Reconciliatory research requires relationship building, community engagement, service, volunteering, advocacy</p>	<p>“[C]ommunity engagement work is seen as research in some fields of study, but it is not seen as research by biomedical scientists.”</p> <p>“I see it more as...a personal thing than a work thing because it’s so different than...what would be considered valid by my peers and my department.” (P7)</p>	<ul style="list-style-type: none"> ▪ Activities important to reconciliatory research may not be viewed as rigorous or scientific ▪ These necessary research activities are not ‘counted’ and valued in the academic world: “definitely...won’t be recognized to the full entirety of I think the importance it would have to the community” (P7)
<p>“[W]estern health research ends up being focused on particular disease states”</p> <p>Medical model of ‘health’ as absence of disease; deficit model (Hyett et al., 2019)</p>	<p>Wholistic model of health and wellbeing in environmental and community contexts (Fogarty et al., 2018)</p> <p>Strengths-based focus</p> <p>“A body-mind-spirit approach to health, which is much more holistic” (P1)</p>	<p>“[W]e’re trained to ask questions that are deficit-based...we’re trained to ask questions about problems instead of asking questions about strengths and resilience and solutions in communities. So it’s really about flipping the script, and it’s a very...different model.” (P11)</p> <p>“It’s not just the physical, but what about the emotional impact? What about the, the mental aspect...? And then what about the spiritual, that connection with others. How is that impacting their life, their sense of hope?” (P8)</p>	<ul style="list-style-type: none"> ▪ Different conceptualizations lead to different focuses and framing in relation to health research, different considerations of contextual factors ▪ Implications for peer evaluations of the research funding or publications, particularly in settings that preference the medical disease-state/deficit model as appropriate or normative for research studies.
<p>“That impersonal gaze, that objectifying...”</p> <p>Researcher as detached, objective, impartial observer of phenomena; undertaking intellectual exercise</p>	<p>Researcher as subjective, embedded in research process, relationally connected</p> <p>Requires reflexivity and wholistic engagement (mental, physical, emotional, spiritual)</p>	<p>“...she [Kovach] talks about framing yourself...as a researcher in terms of who are you and why are you doing this...That’s not what happens in normal research.” (P3)</p> <p>“Well I still think you have to humanize things. I call BS on the idea of keeping emotional distance...If you don’t have that emotional tie to somebody... then you lose a lot of the richness.” (P8)</p>	<ul style="list-style-type: none"> ▪ Results in different expectations for researcher’s role and position in the research ▪ Impacts likely experienced differently depending upon the norms and customs of the disciplines and academic homes of one’s peer reviewers for MPT, publications, and funding applications ▪ Implications for a researcher’s approaches to and success in community-engaged research

Table 6.2 *Continued*

Characteristics of conventional research	Characteristics of reconciliatory research	Exemplars	Impacts and Implications
Narrow range of valid/ acceptable methods and methodologies; hierarchy of scientific evidence	<p>“So it’s a very different model of doing research than what we’re used to”</p> <p>Non-western research methods and methodologies may be more appropriate and beneficial</p> <p>Examples: Oral, visual and performative approaches</p> <p>“[L]ooking at those methodologies is part of deconstructing what the academy...has co-opted” (P5).</p>	<p>“So it’s trying to find that balance somehow of how do we have those scales [quantitative measures] but still be able to inject some of those pieces [contextual understandings]. So maybe you still do the study with the scale, for instance, but then maybe afterwards you have some of the comments that people said...and this is what I think some of the pieces that might be missing, or that might be important to consider in terms of context. . . .It is extremely complex and it is really murky, and it’s challenging...but I do think it’s some of those pieces that are the most rich pieces of all.” (P8)</p>	<ul style="list-style-type: none"> ▪ A tendency for statistically-based and experimental research to be more highly regarded and trusted as ‘evidence’ in health and medical health research may lead to less perceived legitimacy for other approaches based on community needs and preferences ▪ Reductionistic versus contextual approaches ▪ Historically, some methodologies used in Indigenous health research have not been accepted and valued within the academic setting in a manner equal to traditional or normative research approaches
<p>“[U]ltimately they want to look at scale and spread”</p> <p>Principles of reliability, reproducibility and generalizability are hallmarks of quality and utility in academic health research</p>	<p>Local, contextual understandings and applications bring tangible benefits</p> <p>Scale and spread involves adaptability and local applications</p>	<p>“...but then when we go to present it at a research conference or publish it in a journal you’ve gotta say well this is not a...tool that’s been validated in multiple populations, but this is what works in the community and this is what we’ve developed. . . .So to what extent do you take what’s been tailor made, both in the intervention and the evaluation...how well does it apply in other communities? It may not.” (P6)</p>	<ul style="list-style-type: none"> ▪ Differing priorities around broad generalizability versus local, contextual understandings may impact the focus and conduct of the research ▪ Value and impact of research at a local level may not be valued or rewarded by academy ▪ Does not negate transferability to different contexts, but may require adaptation for local application

Table 6.2 *Continued*

Characteristics of conventional research	Characteristics of reconciliatory research	Exemplars	Impacts and Implications
Researcher in control	“But you can’t control it. It’s for the community to control”	“We can’t control all of the levers and all of the funding and all of the power and think that... we’re doing reconciliation.” (P2)	<ul style="list-style-type: none"> ▪ Numerous impacts and implications on timelines, focus of research, research priorities and goals, conduct of the research
Benefit primarily to researcher, institution and scientific community; accountability to institution and discipline	Benefit primarily to community and Indigenous peoples; accountability to relationships and communities	“...but that sometimes becomes a very self-serving exercise...not to say it’s bad, but it’s not necessarily what’s...best for a community that you’re working with. . . .it can be driven by the community or driven by the researcher, but it has some benefit to a specific community [or] even a larger community.” (P5)	<ul style="list-style-type: none"> ▪ Pulled between two sets of ‘loyalties’ and responsibilities which may be at odds with each other ▪ Community priorities and accountabilities may require different courses of action than what is accepted, acknowledged and rewarded in the academic setting
96 Efficiency, deadlines, control over timelines	“[I]t sometimes takes a long time to do the research right” Centering community priorities, meaningful engagement and input takes additional time	<p>“I don’t know why a person might choose to work in this area when they can get maybe five times the volume of work completed within the same timeframe and not have some of these other challenges” (P10)</p> <p>“I think we have to recognize that it takes time to build those relationships, and so we have to build that into part of the process of tenureship, and not penalize people who are doing more of the qualitative research, because they have to do all that front-end work, and then it takes them so much longer to get through the system.” (P8)</p>	<ul style="list-style-type: none"> ▪ Reconciliatory research takes more time to plan, enact, publish and disseminate than typical academic research due to community engagement, relationship building, and community direction and control over the research ▪ Increased time impacts MPT timelines and timelines for funding ▪ Also carries implications for the ethical conduct of research when academic norms differ from community expectations and needs

6.1.3.2 Challenges around research ethics: “[W]hat makes it ethical?” As identified in Chapter 5, reconciliatory research is characterized by a commitment to enacting the spirit and intent of ethical standards, both institutional and Indigenous. However, university-based research involving human participants is subject to institutional research ethics review guidelines and processes. To understand challenges to reconciliatory research around research ethics, it is important to first examine the guidelines and process for institutional research ethics review.

6.1.3.2.1 Research ethics at the University of Saskatchewan. An examination of the documentation around ethical review processes, and conversations with key informants provided information on the standards and processes of research ethics review in relation to Indigenous health research at the University of Saskatchewan. At the University of Saskatchewan, all research involving humans is subject to review by either the biomedical or behavioural research ethics board (REB). In relation to research involving Indigenous peoples, all U of S ethics application forms²⁴ contain a section on *Community Engagement* with ‘Aboriginal’ peoples and communities that may be involved in or impacted by the proposed research. In addition, key informants indicated that both behavioural and biomedical ethics review boards seek representation from Indigenous researchers and/or faculty with experience in Indigenous research on their review panels.

However, despite these strategies, it is possible that current institutional standards and processes for safeguarding ethics in research at the University of Saskatchewan fall short of what is necessary to protect Indigenous communities and individuals from unnecessary and unanticipated harm. For example, the questions asked around *Community Engagement* vary according to which REB one must apply to. As seen in Appendix I, the behavioural REB asks a series of questions to ascertain the primary focus of the project, the anticipated community and participants, intentions to draw Aboriginal-specific conclusions, and community involvement and partnerships in the research, with detailed follow-up questions. In contrast, the *Community Engagement* section on the biomedical ethics form contains one question related to whether or not the research is “likely to affect the welfare of an Indigenous community or communities to which participants belong?” (see Appendix I) with follow-up questions if the researcher checks

²⁴ The U of S biomedical REB has different application forms for prospective studies, creation of biobanks and data registries, secondary use of health data, and secondary use of biological materials. The U of S behavioural REB has one application form for all research projects under its purview.

‘yes’. Given that biomedical research involving invasive procedures or tissue and blood samples has been implicated in some of the worst ethics violations and harm towards Indigenous peoples through research (Dalton, 2002; Mosby, 2013), it could be argued that biomedical research should be subjected to higher levels of scrutiny and regulation in relation to research involving or affecting Indigenous peoples. This level of scrutiny, however, does not seem to be the case at the U of S if the information and details requested through the REB forms is taken as an indicator.

6.1.3.2.2 Additional challenges around research ethics. Participants identified additional ways in which they felt that institutional ethics review processes do not necessarily guarantee the ethical conduct of research involving Indigenous peoples. Their experiences in attempting to enact standards for ethical reconciliatory research in the context of institutional research ethics board (REB) processes often resulted in tensions and challenges which arose from discrepancies between the interpretation and application of REB guidelines and community expectations for ethical conduct of research. Table 6.3 lists challenges experienced by participants in navigating university research ethics systems in relation to Indigenous health research projects, along with exemplars and potential impacts of the challenges. Some of the challenges relate specifically to particular aspects of REB guidelines and processes, such as the wording of consent forms, while others relate to ethical issues not explicitly addressed in REB processes, such as considerations around publications and student involvement in projects. Although some of the ethical challenges identified by participants relate specifically to the University of Saskatchewan, many of these tensions arise from systems and structures found throughout Canadian universities, which follow the same national ethics guidelines (TCPS2) if receiving national research funding. Gaps and shortcomings in ethical guidelines and processes in universities including the University of Saskatchewan still allow for Indigenous health research to be conducted in ways that do not fulfill the ethical standards required for research to be reconciliatory.

Table 6.3 *Challenges Arising in the University Setting Around the Ethical Conduct of Research*

Research ethics in universities	Ethical expectations in community	Exemplars	Impacts
Check-box approach to ethics applications, 'honour system' for ethics applications and follow-up	Community perspectives on ethical standards for research involve spirit and intent of guidelines	"I think having the community's support is important, but I think that we should also look at what...does that mean? Is it just some letter of support? Or is it that the community can actually write a letter and say, we know this person, they have been coming here, we've established this relationship... we've walked hand in hand in developing this." (P8)	<ul style="list-style-type: none"> ▪ Reliant on ethics review board members to vet appropriateness of community engagement and relationship building based on researcher's word ▪ Current system does not allow for community input into ethics review, or consider community guidelines for ethics review (despite provisions in TCPS2 Ch. 9)
<p>"[Y]ou just go ahead and publish that"</p> <p>Academic freedom in publishing, 'publish or perish'; credit/benefit to researcher; peer reviewed but no other checks and balances required</p>	Community control over what is shared and how; community input and approval required; must benefit community Connected to issues of ownership and control over research (Schnarch, 2005)	"[A] lot of company structures have internal review before you're allowed to publish and put the company name on it. . . . at VIDO...Vaccine [and] Infectious Disease Organization, they can't publish anything until everyone in the organization has reviewed it. . . and so I think that the ethics board needs to review and say well this is my ethics approval number that's getting published...is it still approved? Did they do it right?" (P7)	<ul style="list-style-type: none"> ▪ Different expectations for oversight of publication and related decisions and process ▪ May lead to publications that are not vetted by the community which may result in misrepresentation or misinterpretation of results, further perpetuation of stereotypes, resulting in the potential for harm
No requirement for students to build relationships and seek permission for use of existing data; pressures of student timelines	<p>"[S]tudents are caught in the middle"</p> <p>Community control over how data is used; principle of relationality in all aspects of research</p>	<p>"[S]tudents are caught in the middle, because often they're hired into the projects and they don't have voice, they're worried about their status within the college" (P4)</p> <p>"[I]n fact sometimes some of the mentors are probably saying, well you need to get this so let's just get the checkmarks and get it done so we can get moving on this. And...the other challenge is...if you've only got a summer project, how do you do all of that?" (P8)</p>	<ul style="list-style-type: none"> ▪ (Indigenous) student researchers caught between academic/work demands and community expectations/accountabilities ▪ Tangible cost to students to take the ethical approach, including impacts on control over project and timelines ▪ May impact length of time in program which has implications for research funding ▪ Implications for graduate student projects, medical student placements, training of future Indigenous health researchers

Table 6.3 *Continued*

Ethical standards in universities	Ethical expectations in community	Exemplars	Impacts
Standardized wording and templates for consent forms and other aspects of ethics review process	Does not accommodate community needs and perspectives on consent	“[W]e had initially done a draft of the consent [form] that had...input from community members in terms of does this make sense... how can we make this in a way that is most meaningful? And ethics, in order to get approval, they said no, you have to have this chunk of language, that chunk of language. . . .I feel like I’m constantly...apologizing for it and saying, I’m sorry this is something we have to put in, otherwise we wouldn’t get approval, yet it’s not appropriate.” (P6)	<ul style="list-style-type: none"> ▪ An example of how differing worldviews and values create tensions in the research process ▪ Standardized statements and templates may hinder researcher’s ability to ensure the intent of an ethical procedure (such as obtaining informed consent) is fulfilled ▪ Lack of flexibility to accommodate community input can put researchers in a challenging place and hinder appropriate methods and approaches to research
<p>“[T]he system is set up so that the person is <i>not</i> going to be necessarily doing it in a good way”</p> <p>University ethics review based in individual rights and welfare; institutional risk management; not set up to consider community perspectives and concerns</p>	Community-based ethics concerns go beyond what is typically addressed in university ethics review to include community-level impacts and consent processes	“[W]hat we’re hearing is that if a community is unhappy with whatever in the process, something unethical, the normal course of action is that they have to go back to their university to make the complaint. Then the university investigates it, but most of the time – not all, but most of the time...the university will investigate and then, then they’ll say, well, you know, we don’t – either there’s a sort of slap on the hand, or they’ll find...nothing happened, nothing wrong happened. . . .we don’t think anything happened or we don’t see it as unethical practice.” (P11)	<ul style="list-style-type: none"> ▪ Researchers caught between institutional ethics requirements and conventions, and community-identified ethical considerations and needs ▪ A project that receives university ethical approval may not meet community ethical expectations; yet from an academic perspective has been granted permission to proceed ▪ Community needs and concerns not sufficiently addressed by university research ethics structures ▪ Lack of meaningful recourse for communities who have ethical concerns

6.1.3.3 Challenges related to research funding: “[T]he normal funding system in the university doesn’t allow for it.” Researchers doing reconciliatory research experience significant challenges related to the structure of research funding in the university setting.²⁵ Table 6.4 lists challenges identified by participants around research funding, which relate to the types of funding available for Indigenous health research, funding timelines, and the competitive nature of research funding. Challenges around funding for Indigenous health research have significant ramifications for how the research is conducted, how it is valued, and how credit or merit for the research is distributed.

Recent changes in national funding for Indigenous health research could further exacerbate some of these impacts in the university setting. A significant amount of the funding for Indigenous health research in Canada comes from CIHR’s Institute of Indigenous Peoples Health (IIPH), with over \$34 million dollars of funding distributed annually (Government of Canada, 2019b). In 2019, IIPH announced changes that will allow Indigenous communities and community-based individuals not connected to universities to hold research funding directly (Government of Canada, 2019c). Given that the University of Saskatchewan held over 30% of the funding available from the CIHR IIPH in 2018-19 (P9), this change will have an important impact on the current system of research funding. As one participant observed,

[W]ell you’re gonna have a lot of Indigenous people holding grants, what does that mean for me when I can’t be NPI, I could, you know, affect my merit or my promotion or whatever. And, then that also could affect, you know, students, right? You know, how am I gonna hire students, how am I gonna pay students? You know, the reality is, is that there is going to be partnerships between Indigenous communities and the academy, it’s just that the Indigenous communities will have more self-determination and more say in how...these partnerships will unfold. (P11)

Implications of these changes for researchers will also play out in relation to merit, promotion and tenure (MPT) standards, which traditionally recognize funds held as a primary investigator; while implications for universities relate to total amount of funding held and associated overhead dollars that flow to the universities, among other

²⁵ Although the participants in this study were all faculty at the University of Saskatchewan, some also had experience with research funding at other Canadian universities (and other universities within North America).

challenges. These challenges are not unique to the University of Saskatchewan and will therefore need to be addressed across Canadian institutions in a manner that considers issues of credit and merit for the academic researchers involved, and the implications for the institutions themselves. However, community-held research funds carry a strong potential to support self determination in Indigenous health research through ownership and control of the research, and to bring direct economic benefit to the community, both of which can further advance truth and reconciliation. As such, opportunities exist for universities to respond to these external changes in ways that acknowledge the benefits to Indigenous communities and potential contributions to truth and reconciliation while shifting aspects of the academic system to ensure that faculty are supported in navigating the impacts of these changes and still receive credit and recognition for their contributions.

Table 6.4 *Challenges Arising in the University Setting due to the System and Structure of Research Funding*

Challenges Around Research Funding	Exemplars	Impacts and Implications
<p>“[T]he normal funding system in the university doesn’t allow for it”</p> <p>Challenges around the timing and timelines of conventional research funding</p>	<p>“A lot of times, you’re initiating relationship when there is a funding call or something... And sometimes it works. And sometimes, though, what the researcher learns is that there are some necessary steps to happen before we have that conversation. And so instead of this particular funding opportunity maybe we’ll be applying in six or twelve months to something else, right?... sometimes it isn’t the right time and to recognize that there is a need for time and space and, you know, for things to happen, trust to happen.” (P9)</p> <p>“The biggest thing is the whole cycle of grants...it sometimes takes a long time to do the research right. Because there’s hiccups and bumps...and you can get an extension as long as you’re moving forward but sometimes you need even more than that allows.” (P3)</p>	<ul style="list-style-type: none"> ▪ Ethical implications for relationship building and developing project ideas in partnerships with communities in relation to the timing and potential availability for research funding to actualize ideas ▪ Pragmatic concerns around lack of funding to support relationship building activities to ensure community input and control in planning stages ▪ Reconciliatory research takes longer than conventional research, and certain funding bodies may not accommodate delays after a certain extent, thus jeopardizing the funding
<p>“It’s a bunch of dogs, a bunch of scraps going everywhere, and everybody’s just picking up the scraps”</p> <p>Competitive structure of research funding and necessity of holding funding for merit and promotion towards tenure</p>	<p>“LE:* That’s how these careers are built...is to try to find a source of funding that fits with what you’re doing</p> <p>P10: Yeah</p> <p>LE: And if it means you have to shift a little to get in that space...but it doesn’t necessarily mean that those researchers coming in have the understanding and the knowledge, skills, the perspective, the lens to do that work well</p> <p>P10: Yeah”</p>	<ul style="list-style-type: none"> ▪ Significant increases in funding for Indigenous health research may attract researchers who might reframe their research focus to meet criteria for funding opportunities without necessarily having the relationships, skills or understanding required for ethical engagement in Indigenous health research ▪ Funding bodies have safeguards in place to ensure basic standards are met, but some applications may slip through the cracks

*LE is used to indicate the words of Lynette Epp, the student investigator for this project, who conducted the guided conversations.

Table 6.4 *Continued*

Challenges around Research Funding	Exemplars	Impacts and Implications
<p>“[Y]ou could argue the way the funding is structured...might even be unethical”</p> <p>Lack of funding sources available for relationship building in advance of projects and to support relationships with communities through gaps in project funding</p>	<p>“[I]f we are going to value a relational approach to Indigenous research, how is that going to be funded? If we’re going to say this relational approach is the ethical way of doing it, how do we establish and support that? And is that something that funding agencies need to support themselves? . . .So, if you have an idea and you wish to explore it, there’d be some money that’s available, and then you’ll be eligible to submit for the grant.” (P2)</p>	<p>▪ Participants felt strong opportunities for large national research grants have been lost due to lack of financial support for relationships (up front and bridge funding)</p>

6.1.3.4 Challenges related to merit, promotion, and tenure standards. A central area of concern for nearly every participant in relation to challenges around reconciliatory research in the university setting relates to merit promotion and tenure (MPT) standards. MPT standards represent the structure through which faculty meet the requirements of their positions and move up the ranks within the university setting. Typically, MPT standards for research center around individual accomplishments regarding the number of peer-reviewed publications (including number of first author publications), the number and value of research grants held (often as principal investigator), and other acceptable scholarly activities such as involvement on peer review committees. However, many of the activities essential to reconciliatory research identified in Chapter 5 such as community engagement, relationship building, community development and advocacy do not readily fit the normative research activities and outputs identified in MPT standards. This discrepancy results in tangible impacts for researchers conducting reconciliatory research around issues such as credit for collaborative or community-held research funding and community-focused dissemination activities, and recognition of the time and effort spent in community engagement and relationship building. One participant shared a clear and insightful synopsis of the issues:

The academic system of promotion and tenure distorts, and is not very Indigenous in its approach. So right now, what gets recognized is whether you're a first author on a publication, whether you're a[n] [N]PI on a grant. Anything other than that...doesn't count. . . . if I'm on a grant application with somebody, it doesn't matter where I stand. . . .we should all say ok, we're doing this equally, we're all sharing in something, we all share the credit from that too. And if we could change that, it would change the cooperation. 'Cause everybody wants to climb that ladder, right? And it's the ladder climbing that's created by the academy that I think creates that tension, and that challenge. And if there was a way to say everybody gets equal credit for this grant in terms of their promotion and tenure, it would change the dynamic completely – then you'd see people cooperating, as opposed to what happens right now. (P3)

A number of challenges identified by participants in relation to moving through the MPT system while conducting primarily community-based and collaborative Indigenous health research are

listed in Table 6.5, along with examples and impacts. As utilizing best practices in reconciliatory Indigenous health research impacts a researcher's control over the research agenda and focus, the time it takes to complete the research, and the dissemination activities for the project, those conducting such research experience numerous disadvantages in comparison to their peers when working to meet MPT standards. In addition, many of the challenges experienced in relation to other aspects of research also carry implications for MPT, including tensions around disparate values, the aims and accountabilities for research, challenges around funding to support activities necessary for reconciliatory research, and the additional time and energy that reconciliatory research requires, to name a few.

6.1.3.4.1 Differences between departments. It is important to note that the issues around MPT identified above were experienced differently by researchers in different departments and units within the College of Medicine. From stories and insights shared by participants, variations were evident in the degree and quality of support for reconciliatory research in the College of Medicine based on one's department/unit and area of research (clinical, biomedical, health systems or population health). Some participants reported a highly supportive atmosphere for their research with peers and leadership who they felt understood and valued this type of research while others reported this not to be the case. Differences in the degree to which participants felt that peers and leadership understood the requirements and additional challenges of reconciliatory research translated to different experiences with the MPT process across units/departments. Although some of these differences may point to positive changes and progress being made in some parts of the CoM the reality is that these changes are not yet seen in all units. This results in inequities in the levels of awareness, support and credit that faculty in the College experience related to reconciliatory research efforts across units and departments. In addition, discrepancies across departments suggest that these changes are not yet embedded into the CoM in systematic ways, thus are vulnerable to changes in leadership.

Table 6.5 *Challenges Arising in the University Setting due to the System and Structure of Merit, Promotion and Tenure (MPT)*

Challenges around MPT	Exemplars	Impacts and Implications
<p>“What counts?”</p> <p>Certain aspects of reconciliatory research are not captured by conventional MPT standards</p>	<p>“[U]nless there is a way of acknowledging the work that’s required up front...you know, usually it’s the papers that come out, usually it’s the research funding that’s obtained...those are really easy metrics. I mean it’s money, or it’s papers, or impact journals, and that sort of thing. But, the question is whether or not on the grid for promotion and tenure, there’s a way of acknowledging this – is this something that’s community outreach, is this something that actually is seen as a part of ethical research and it’s ethical foundations to research.” (P2)</p> <p>“The university needs to ensure that that their work counts. That they don’t necessarily need to be always holding the grants in order to achieve tenure. That the work that they do in serving Indigenous communities counts.” (P11)</p>	<ul style="list-style-type: none"> ▪ Researchers spend significant amounts of time and effort on activities that do not count towards MPT but are essential to the ethical conduct of their research ▪ They also then have less time, energy and resources to spend on activities that do count ▪ Researchers conducting Indigenous health research in ethical ways that feature the aims and characteristics of reconciliatory research are disadvantaged in relation to MPT standards ▪ Implications for academic institutions seeking to support and encourage reconciliatory research and service to Indigenous communities
<p>“I was told...I hadn’t published enough”</p> <p>Dissemination of results via peer-reviewed scholarly publications a primary aim of conventional research, while in reconciliatory research publications are a means to the goals of bringing benefits to communities and enacting changes in inequitable systems</p>	<p>“[P]eople have to worry about the publications. That’s what drives their being able to stay in the system” (P3)</p> <p>“I had to write different kinds of publications because I, because I was publishing with community on different things often un-related to the research, because they didn’t want certain data to get out because it would be stigmatizing to them.” (P11)</p>	<ul style="list-style-type: none"> ▪ Researchers need to prioritize dissemination activities that meet needs of Indigenous partners ▪ Certain data may be more important for use within the community than for publication ▪ Researchers conducting collaborative or community-based work may be disadvantaged in relation to MPT standards based on publication record ▪ Implications for academic institutions concerned about support and equity for researchers doing reconciliatory research

Table 6.5 *Continued*

Challenges around MPT	Exemplars	Impacts and Implications
<p>“[T]he academic system of promotion and tenure...distorts, and is not very Indigenous in its approach”</p> <p>Credit for collaborative work: MPT standards are based on western values of independent scholarship and academic freedom</p>	<p>“[W]hat gets recognized is whether you’re a first author on a publication, whether you’re a PI on a grant. Anything other than that is kind of low hanging fruit, it doesn’t count. . . .And if there was a way to say everybody gets equal credit for this grant in terms of their promotion and tenure, it would change the dynamic completely. Then you’d see people cooperating, as opposed to what happens right now.” (P3)</p>	<ul style="list-style-type: none"> ▪ Current MPT standards do not reward collaborative research to the same extent as independent research contributions ▪ Researchers conducting community-based work are disadvantaged re: MPT standards, particularly if they do not personally hold the funding for the collaborative project ▪ Implications for academic institutions seeking to support and encourage the collaboration necessary for reconciliatory research
<p>“I always have...two different tracks.”</p> <p>Researchers doing additional research or alternate work to their reconciliatory research to meet MPT requirements and timelines</p>	<p>“I published a number of other papers using data from other sources.” (P1)</p> <p>“[It] takes time away from other things on your list of standards.” (P10)</p>	<ul style="list-style-type: none"> ▪ Stems from issues identified above around constraints on publications and time ▪ Researchers in this area have to do more work than peers to reach MPT standards
<p>“I don’t think they really get it.”</p> <p>Peer reviewers for MPT may not understand the unique requirements and challenges of reconciliatory research</p>	<p>“But everyone in the department didn’t understand it...they thought well, these people aren’t publishing and if they can get merit for not publishing...they thought they’re getting it [sic] out easy, right? Like they’re getting something for free, and I’m like, I’m not even going to go there, telling him about the last three years of my life and all the days that I’ve spent talking to people, that amounted to nothing...academically” (P7)</p> <p>“I can imagine if I just had trained medical professionals looking at my tenure packet, you know, that have no reference to anything Indigenous. It would totally change how I’d write it and approach it” (P5).</p>	<ul style="list-style-type: none"> ▪ Peer reviewers tasked with evaluating the work of researchers involved in reconciliatory research may not appreciate the challenges and their impacts on productivity and output ▪ Carries direct implications for awarding of MPT for these researchers ▪ Also comes into play for peer review of research funding applications and manuscripts submitted for publication ▪ Creates further indirect impacts on attaining MPT milestones and standards for these researchers ▪ Implications for academic institutions concerned about support and equity for researchers doing reconciliatory research

6.1.3.5 Bureaucratic barriers: “I’m surprised at the amount of bureaucracy.”

Participants identified specific university policies and procedures related to research in the university setting as barriers to reconciliatory research. The bureaucratic barriers experienced while conducting reconciliatory Indigenous health research at the University of Saskatchewan and College of Medicine were often insidious and hard to pinpoint: “sometimes I think the layers of bureaucracy that exist within an institution are just really, sometimes hard to even realize, oh wait a second it’s *that* that’s been causing the barrier, to even know what the barriers even are” (P10). Table 6.6 lists types of bureaucratic barriers identified by participants along with examples and their impacts on reconciliatory research. These bureaucratic barriers relate primarily to financial and administrative systems, with challenges experienced in relation to payments and honoraria, travel reimbursements, and a perceived lack of accommodation and flexibility in policies and procedures.

6.1.3.5.1 Researcher strategies in navigating bureaucratic barriers. Although participants recognized policies and procedures as “very important checks and balances” (P9), navigating these barriers consumes large amounts of the researcher’s time and energy, and affects the trust and relationships between researchers and community partners. Some participants spoke of “trying to navigate it best we can, but making change where we can, too” (P6). Others described trying to find workarounds to the barriers, or trying to convince administrative staff to grant an exemption to the policies in question. As one participant reflected,

I don’t know what the answer is there, other than from those of us doing it to bend where we can bend, but still fall within the rules. I’m more inclined to say well let’s do something first, and then...ask for forgiveness, not permission. (P6)

The fact that researchers are having to find workarounds, educate support staff, seek forgiveness for bending rules, and expend time and energy trying to make changes to university policies to accommodate reconciliatory research is highly problematic, particularly when this research meets institutional and college priorities around Indigenous engagement, ethical and socially responsible research, and truth and reconciliation. Although some bureaucratic barriers to reconciliatory research may be reasonably expected in an academic institution, they can also be viewed as indicators of the true priorities and values of an institution.

Table 6.6 *Bureaucratic Barriers to Reconciliatory Research Arising from University Policies and Procedures*

Policy/Procedure and Barriers	Exemplars	Impacts and Implications
<p>“[P]ayment and honoraria is absolutely a huge challenge”</p> <p>Many participants identified challenges related to honoraria rates for Indigenous Elders. Participants felt that university rates were not appropriate or sufficient to compensate Elders adequately for their time and expertise.</p>	<p>“[W]e still don’t make room to pay, and compensate, and accommodate in the right way, the people who really are truly...those thought leaders” (P4)</p> <p>“[T]hat would be really good if we had some rules and regs around honoraria as well, reasonable rates, not just ‘we can’t do this’. When considering day rates for Elders, it is important that they be fairly compensated as they contribute an enormous amount to the community discussion. Thus, I think we need to support them, and not just bring in people from the outside to do the work. So that would be my biggest thing, is that we actually support the community.” (P1)</p>	<ul style="list-style-type: none"> ▪ According to TCPS2 “Researchers should seek advice from the community and the Elders regarding the appropriate recognition of the contribution of Elders and knowledge holders, which may include providing honoraria” (Article 9.15; CIHR, 2014) ▪ Carries implications for the participation and compensation of Elders, Knowledge Keepers and community members for their contributions to the research ▪ May impact research relationships and the researcher’s ability to respect community customs, protocols and worldviews ▪ Carries implications for the university’s reputation among community members
<p>“[I]t’s absolutely mis-guided”</p> <p>Financial tracking, coding of team meetings as ‘hospitality’</p>	<p>“But when we look at healing practices, well if I want to bring a group of Elders together, there is an expectation and there’s a respectful practice that you would never meet without offering food, drinks and a gathering in that way. And when we have our community colleagues come to town and we meet over food and drinks, and we submit our receipt for a team meeting with this, we’re actually asked to tag it not as a meeting, but as – what’s the word that they told us? Hospitality. Or something that actually makes it look like you’re not actually doing work and that you’re just paying for someone’s food out of kindness.” (P10)</p>	<ul style="list-style-type: none"> ▪ Implies they are not full team members engaged in academic research-related activities, but merely guests or observers invited into the university setting ▪ Fails to recognize the importance of observing community protocols in research and perpetuates mis-conceptions around the validity and purpose of these scholarly activities

Table 6.6 *Continued*

Policy/Procedure and Barriers	Exemplars	Impacts and Implications
<p>“[T]he challenges we had with even getting an email address and then asking them to yet fill out yet another online form, and deal with yet another outside agency”</p> <p>Although internet-based processes are normative and prevalent (and sometimes mandatory) in the academic world, community partners may not have access to internet, technology and skills necessary to use these</p>	<p>“[T]he other barrier was, to have our patient family advisors officially on our team for a grant call...they were supposed to navigate an online web portal, have an email address, and navigate this. . . .it’s not appropriate for a lot of community members who – the one didn’t even have an email address. But it’s an expectation that might be seen as fairly benign and easy, but is not necessarily...doable in all cases.” (P6)</p>	<ul style="list-style-type: none"> ▪ May present financial barriers around compensation for community partners ▪ May impact ability of community members to engage with research processes (such as funding applications) ▪ May impact researcher relationships, particularly around trust and reciprocity ▪ Likely result in more time, effort and energy required from researchers to address these barriers and ensure meaningful participation
<p>“[T]his kind of fog that you somehow have to make your way through”</p> <p>Lack of understanding and flexibility among administrative workers who are ‘following the rules’ of policies and procedures</p>	<p>“It would be fantastic to have a person who understands all this working in every area that I can go to and say, hey, I need to submit this, and they can say yep, no problem, it’s done, and still be rigorous in how we have a paper trail...being fiscally responsible. But make it happen in ways where we don’t have to...repeatedly have the same conversations and back and forth that takes days sometimes weeks to be reimbursed.” (P10)</p>	<ul style="list-style-type: none"> ▪ Requires large amounts of time and effort from researchers to try to educate workers or try to come up with acceptable solutions or work-arounds, only to have to repeat this with another worker the next time the issue arises
<p>“[To] have to take it out of pocket and then get it reimbursed...that’s really...a hassle”</p> <p>Participants reported difficulties in obtaining timely reimbursements for community members’ out of pocket expenses. Participants reported challenges in trying to have research funds on hand for expenses such as gas money for partners to get home.</p>	<p>“We need to have a system in place that allows our community members to be respected and protected in a safe way, in a better way” (P10)</p> <p>Some participants reported using their own personal money for these expenses so community members were not burdened; policies also prevent personal reimbursement for some out of pocket expenses.</p>	<ul style="list-style-type: none"> ▪ Carries implications for community members’ involvement in the research process ▪ May economically disadvantage community members partnering in research ▪ May impact the researcher’s relationships with community members ▪ Carries implications for the university’s reputation among community members

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Table 6.6 *Continued*

Policy/Procedure and Barriers	Exemplars	Impacts and Implications
<p>“But the nuance of what might be required in different contexts and in Indigenous health research in particular may not be there or reflected there”</p> <p>Participants reported additional barriers related to the systems through which research is administered at the University of Saskatchewan, and the policies and procedures around research and financial administration.</p> <ul style="list-style-type: none"> - Participants reported challenges using CONCUR that often resulted in delays and additional time and effort to obtain reimbursements, due to the unique nature of some expenses or situations - Participants reported challenges with the Connection Point system, which was seen to operate on “the absolute rules and procedures” with a lack of understanding of the unique needs related to reconciliatory research - University research administration systems and processes were viewed as not responsive enough to facilitate research activities that needed to happen on short notice 	<p>“[B]ecause sometimes what communities want and need is something that’s going to be fast-tracked and more immediate because they have a pressing problem. And then, you know, we don’t want to have them have to jump through some really arcane processes just because we have to check off boxes.” (P2)</p> <p>“[I]f we would have waited to try and get all of the forms in, everything we needed ahead of time, the event would have been two weeks past, so it wouldn’t have happened and we wouldn’t have had the community members here” (P6).</p> <p>“I can’t use an institutional P-card to book a hotel, so I had to personally use my credit card, otherwise it would have been them [community partners]...Right there, that shouldn’t have to happen. If I have community members who are going to be staying, I should be able to say to the institution, where are you at here so that we can make sure these individuals are not incurring expenses, and I shouldn’t personally have to take any hit.” (P10)</p>	<ul style="list-style-type: none"> ▪ Participants reported “getting in trouble from Connection Point” for not following proper financial administrative procedures ▪ Time and energy spent addressing administrative challenges takes away from other research and scholarly activities ▪ Personal financial impacts for researchers conducting community-based work, particularly when having community members travel for meetings or dissemination activities ▪ May impact researcher relationships, particularly around trust and reciprocity ▪ Represents a lack of accommodation by the university for cultural norms and protocols around community engagement and relationality, as well as a lack of recognition of contributions and roles of community members in the research endeavor ▪ Issues may be interpreted as an indicator of the value and importance placed on reconciliatory research by the university ▪ Represents yet another way in which the systems and structures of the university fail to accommodate and value reconciliatory research practices

6.1.4 Impacts and implications of barriers to reconciliatory research in universities.

From the data presented above, it is clear that researchers experience a plethora of challenges when conducting reconciliatory Indigenous health research within the university setting. These barriers to reconciliatory Indigenous health research in the university setting are not just a collection of disconnected challenges encountered by researchers. Instead, they point to deeper systemic issues grounded in the university's core purpose, goals, values and norms. These philosophical underpinnings promote and reinforce a certain model of research and scholarly activity that does not readily accommodate reconciliatory research. These inherent incompatibilities manifest in barriers to reconciliatory research in all aspects of the research enterprise, as reconciliatory research clashes with the normative systems and structures of conventional research activities including MPT, funding and research ethics, and the policies and procedures for research administration. Ultimately, barriers to reconciliatory research are rooted in intellectual imperialism, which fails to create space for other epistemologies, ontologies and axiologies amidst the hegemonic western worldview that is inherently embedded with imperialism and colonialism (Alatas, 2000). This worldview asserts an epistemology based in empiricism, reductionism and reason, which leaves little space in the academy for approaches to research that are based in different understandings of the nature and source of knowledge and the purposes/aims of research. Differences between conventional research and reconciliatory research can be understood as matter of who is producing what information to what end, through what means and for what use and purpose. As such, it is not surprising that reconciliatory research does not 'fit' within the university system. As one participant remarked, "[i]n a way you think well is it even possible in such a colonized version? Because really that's what we're trying to do, is inject something completely different into an existing colonized system" (P8). The lack of fit results in tangible barriers to the ability of researchers to conduct Indigenous health research in a manner that supports truth and reconciliation, and carries implications for both the researcher and those whom the research is intended to benefit.

6.1.4.1 Implications for researchers. The barriers to reconciliatory research in universities have significant impacts and implications for researchers trying to meet the research needs of communities while still meeting academic expectations in a manner that allows them to "stay in the system"(P3) and continue to conduct reconciliatory research. The activities and outputs of reconciliatory research often do not match what counts towards merit, promotion and

tenure, and as such, are not valued in the same way as conventional research activities and outputs. Such institutional barriers to reconciliatory research carry implications for faculty's ability to receive fair recognition and value for their work. These implications likely result in some faculty choosing to not pursue reconciliatory research due to the associated personal and professional costs.²⁶ It is also possible that some faculty conduct Indigenous health research in a manner that does not meet ethical standards for reconciliatory research but allows them to more easily navigate academic systems and mitigate or avoid barriers.

6.1.4.2 Implications for Indigenous peoples: Barriers to reconciliatory research as systemic racism. Barriers to reconciliatory research in the university setting carry significant implications for the Indigenous people and communities whom the research is intended to tangibly benefit. Given that the challenges described above are experienced primarily in the conduct of Indigenous health research in university settings, it can be argued that barriers to reconciliatory research hinder equitable access to the benefits of research for Indigenous people. This reveals the existence of systemic racism within the university in relation to Indigenous health research, via “policies and practices entrenched in established institutions which result in the exclusion or promotion of designated groups” (Alberta Civil Liberties Research Centre, n.d.). Systemic or structural racism exists when “public policies, institutional practices, cultural representations, and other norms work in various, often reinforcing ways to perpetuate racial group inequity” (The Aspen Institute, 2016). As reconciliatory research is undertaken in the pursuit of equity in health outcomes and improved access to health systems and treatment for Indigenous people, university practices, policies and norms that result in barriers to reconciliatory research in the institutional setting may hinder solutions to these health inequities.²⁷ Such barriers represent a disproportionate burden on those doing reconciliatory research as opposed to other types of research in the academy, with implications for the intended beneficiaries of the research, namely Indigenous people. This fits the definition of institutional racism in particular, which can be understood as “policies and practices within and across

²⁶ Participants did not express reluctance to engage in Indigenous health research due to institutional barriers, and in fact, many felt particularly compelled to undertake this work *despite* the barriers and extra ‘costs’ of doing such research. However, the experiences of faculty who may choose not to pursue such research due to institutional barriers in conducting this type of research are absent in this study.

²⁷ This should not be taken to imply that academic-based research is the solution for Indigenous health inequities – indeed this has been proven not to be the case throughout the history of most academic research ‘on’ or ‘for’ Indigenous peoples.

institutions that, intentionally or not, produce outcomes that chronically favor, or put a racial[ized]²⁸ group at a disadvantage.” (The Aspen Institute, 2017, pp. 1–2). In western society, the scientific evidence produced through academic research is used to garner support for initiatives and lobby for policy changes in education, justice, healthcare, and child welfare systems to further support Indigenous health, healing and wellbeing. As such, barriers to reconciliatory Indigenous health research within universities represent systemic inequities which may further disadvantage Indigenous peoples. As one participant stated, “in us not being bold and moving forward where we need to be, Indigenous people in this province are suffering” (P4).

6.2 Ways Forward for Universities

The challenges in accommodating and valuing reconciliatory research within universities stem from incompatibilities between the values, norms, and procedures in universities and those around reconciliatory research. The fact that reconciliatory research is inherently harder to do *because* of the university setting highlights complexities around enacting commitments to truth and reconciliation in universities’ core activities, including research. Thus far, the burden of creating space for reconciliatory research in the university has fallen on the shoulders of researchers, and they have made incredible efforts in trying to do reconciliatory research within the confines of institutional structures and systems. This approach, however, is unsustainable:

[W]hen we want to do the Truth and Reconciliation Calls to Action it can’t just be the researcher enacting it. There needs to be a whole system. So we’ve got our leadership and our strategic plan that’s paved the way, but we need the structures that can have all this happen be much quicker at getting on board, or it’s going to continue to...be frustrating and people will choose not to do it. (P10)

For reconciliatory Indigenous health research to be supported and valued within universities, systemic, structural, procedural and pragmatic barriers to reconciliatory research must be acknowledged and addressed by universities in meaningful ways:

[I]f Indigenization²⁹ is going to happen in research and you want more researchers to take this on, you need to remove barriers, you don’t need to add the extra administrative stuff and challenges that can go along with it. (P6)

²⁸ This definition is taken from an American source, where the use of the term ‘racial group’ is still common.

²⁹ Participants sometimes interchanged the terms ‘reconciliation’ ‘Indigenization’ and ‘decolonization’ despite an explicit focus on ‘reconciliation’ in the guided conversations.

Participants felt that barriers to reconciliatory research reveal opportunities for universities to actualize their commitments and priorities around truth and reconciliation in health research:

So I think there's a fairly high level of commitment, I think the challenge now is working it through to a more granular level. It's a 'what does this actually mean?' What's the reality on the ground for everyone involved? Not only staff and faculty, but also the community. What can they expect? What should they expect? What do we need to change in terms of the way we've traditionally done business, and valued things in terms of promotion and tenure? But how do we shift our collegial processes around? And some of this is worthy of a study itself. Because it really is community development of the academy. So, if we were to turn the lens on ourselves and say you know what, where are we at, where are we going, how are we going to get there? What does it look like, and what's legitimate? And what's our journey and can it inform the work that needs to be done elsewhere? I think that that's very important that we capture this. (P2)

Community development of the academy through system-wide transformation aimed at addressing barriers to reconciliatory research can help to ensure that reconciliatory Indigenous health research is fully supported, celebrated and rewarded within the university system.

6.2.1 Systemic and structural changes are needed to support reconciliatory research.

Given that the barriers to reconciliatory research are systemic and structural in nature, the changes needed to address these must also be integrated throughout all university systems in a manner that shifts the structures and processes around research. Participants identified the need for "shift[s] in thinking and philosophy and in structure" (P2) that are "infiltrated throughout all layers of how we function as an institution" (P10). Participants saw the potential for these shifts to occur either "incrementally. . . or more dramatically in a more visionary way" (P2), with the end result of creating a 'pathway' for reconciliation efforts within the university as opposed to current efforts which some perceived as 'piecemeal' in nature. Participants stressed the importance of centering these shifts in the principles of reconciliation, with the ultimate aim of addressing issues of power and control. As one participant stated:

You know, so when we look at this, when we look at research and reconciliation, to me, it's not about putting up – it's not about changing the street names on the

university, it's not about putting symbols up all over the university. . . .but it's about these pragmatic things that create equity between Indigenous people. (P4)

To address the barriers to reconciliatory research that exist, universities must pursue tangible and substantial changes in university values, systems, structures, policies and procedures.

6.2.1.1 Philosophical shifts. Although values are foundational to an organization's culture, explicit efforts to adopt new values to inform institutional activities can occur. In the context of reconciliatory research, this is connected to efforts which seek to integrate Indigenous worldviews and values in the university setting. In the words of one participant,

Why can't, you know – if the university really wants to adopt that in some way – and if I'm right in my assumption that truth and reconciliation is not a check box, but it's actually being in relationship enough to see somebody else's worldview and learn from it – that's one area where I think we can learn something. . . . And we can actually do it, and we should do it. (P3)

Addressing the barriers to reconciliatory research that stem from divergent values in university setting must be centered in principles of relationality and respect. However, sometimes values and philosophies underpinning academic institutions may not be directly amenable to change. In these situations, efforts might be redirected towards addressing the barriers to reconciliatory research experienced as a result of these values through the priorities, policies and practices at specific colleges or universities. However, it is still important to ensure that efforts to address these challenges begin with a recognition that the source and nature of these tensions is rooted in the underlying values of the academic setting.

6.2.1.2 Changes in university systems and structures. Barriers to reconciliatory research arising from systemic and structural aspects of universities may be amenable to change through targeted changes to university systems and structures. Such systemic and structural shifts in universities can be key mechanisms towards addressing many of the *Calls to Action* and *Principles of Reconciliation* (Gaudry & Lorenz, 2018). Specific recommendations around systemic and structural shifts in relation to research ethics, research funding, and MPT standards at the University of Saskatchewan are discussed in further detail below. Many of these recommendations may also be applicable to other university settings.

6.2.1.3 Addressing bureaucratic barriers. Addressing bureaucratic barriers to reconciliatory research associated with university policies and procedures requires system-wide

changes in which both the policies and the people enacting those policies are reoriented towards the goal of supporting reconciliatory research. Participants envisioned a system in which all financial and administrative staff understand reconciliatory research and are engaged and empowered to facilitate it. Participants believed such changes are possible within the existing system if they are based on input from stakeholders and are implemented throughout university systems:

So it's awareness and training at that level, but probably input from researchers in terms of procedures and processes that are challenging, along with higher level administrators to say, what can we do, how can we have a happy medium, and then to make sure that the people that are actually helping to facilitate the process are aware of how to navigate both. (P6)

Participants recognized the need for these changes to meet both community needs and university needs, and pointed to a need to disrupt the status quo:

I think it needs to have an overhaul. And people need to get over the fact, well this is how we do it in accounting. No, just pause for a moment, it's not about you, it's not about this. How can we re-vision, envision what it looks like based on what these look like [tapping *Calls to Action*]. (P10)

Addressing bureaucratic barriers is a concrete and tangible way through which truth and reconciliation can be advanced by ensuring university policies and procedures operate in such a way that facilitates instead of hindering reconciliatory research.

6.2.1.4 Summary of ways forward. Strategic shifts to support reconciliatory Indigenous health research within universities can contribute towards reconciliation both by advancing decolonization and Indigenization efforts in these institutions and through the impacts and contributions of the research itself. Although many of these shifts are relevant to universities across Canada, participants also identified a number of recommendations and strategies specific to the University of Saskatchewan and more particularly the College of Medicine.

6.2.2 Supporting reconciliatory research in the U of S and CoM. As seen in Chapter 4, both the University of Saskatchewan and College of Medicine have made verbal commitments to truth and reconciliation, and to research that meets the needs of communities. A number of examples shared by participants illustrate ways in which University of Saskatchewan and College of Medicine are making progress towards truth and reconciliation by addressing some of

the barriers to reconciliatory Indigenous health research through systemic and structural changes are described below. However, participants' experiences also revealed that these commitments have not yet filtered down to meaningful changes in *all* university systems and structures that impact the conduct of this research. As such, participants also shared many specific suggestions for changes that they felt would better support reconciliatory research within the University and the College. Participants felt that such changes would further support reconciliatory research in these settings and contribute towards University- and College-level commitments to truth and reconciliation in meaningful and impactful ways. Selected examples of ways and areas in which participants feel progress is being made, and specific recommendations for changes they felt are still needed are discussed in the sections that follow.

6.2.2.1 Examples of positive changes in the U of S and CoM. Participants identified a number of ways in which recent changes at the University of Saskatchewan and College of Medicine have removed barriers to reconciliatory research. Policies and mandates for research contracts, bridge funding from the U of S, and changes to MPT standards were all identified as generally positive steps towards facilitating reconciliatory research.

6.2.2.1.1 Reconciliation through research contracts. Through conversations with faculty involved in community-engaged Indigenous health research at the University of Saskatchewan, the policies and procedures for research contracts and agreements were identified as supportive of reconciliatory research. A subsequent in-depth conversation with a key informant familiar with the mandate, training and procedures for research contract specialists within the Research Services and Ethics Office at the University of Saskatchewan helped identify how reconciliatory principles have been applied to institutional policies and processes in this area. The key informant explained that research contract specialists have received training on OCAP[®] principles, and have been given a mandate to facilitate and accommodate the needs of researchers and their partners in all research contracts and agreements. This mandate, combined with training and empowerment for staff and ongoing commitment from supervisors and administrators, has created the conditions necessary to support reconciliatory research via research agreements between communities and researchers. This approach could be used as a model for transformational change throughout the university's administrative and financial systems and processes to address identified barriers to further support reconciliatory research.

6.2.2.1.2 *Supporting reconciliatory research through bridge funding.* Another way in which participants felt the U of S has supported reconciliatory research is through the provision of bridge funding. Such funding, although not explicitly oriented towards Indigenous health research, has facilitated ethical engagement in Indigenous health research in advance of funding applications and between project grants, thus supporting long-term engagement and relationships with communities:

[S]o we submitted our first grant, didn't get it, and what was really helpful at that time was we were offered bridge funding through the Office of the Vice President Research (OVPR), and that allowed us to actually maintain our relationships and our commitment to the community that was actionable then by us being able to still go up and have funding to support travel into the community. And so the second time around, we revised, worked pretty hard, did a lot of trips up north, and were successful on our second time through. And I think that was due to perseverance and the continual engagement in community. (P10)

Here, bridge funding not only facilitated the ongoing ethical engagement of the researchers in the community by supporting existing research relationships, but also led to further research dollars for reconciliatory research that benefitted not only the community but the university as well. Ensuring that funding is specifically earmarked for supporting up-front relationship building and sustaining relationships between project funds is a key way that participants felt the College of Medicine and the University of Saskatchewan can further support reconciliatory Indigenous health research, particularly in the absence of targeted funding from external funding bodies. As one participant explained, “the academy needs to develop it [support for relationship building] up front, if it's not going to be the research funding bodies” (P2).

6.2.2.1.3 *“[W]e're re-doing our standards across the university and it was mandated.”* In the *University Plan, 2025*, one of the guideposts under the goal to *Uplift Indigenization* is to ensure “systems and structures—including tenure, promotion, and merit practices—that support and recognize Indigenization” (p.10) are in place. Merit, promotion and tenure standards across all colleges and departments at the University of Saskatchewan have been undergoing recent updates, partly to reflect such priorities. A number of participants identified these changes as a

positive step forward towards further supporting reconciliatory research³⁰ across campus. The MPT review process was viewed as a pathway to “creating that space for different approaches and different ways of thinking about things, and much more, I think, wholistic approaches” (P5).

As one participant explained:

[T]he tenure and promotion process which is starting to recognize more of the time commitment and the different way and needs of researchers who do community-based research or Indigenous researchers versus more traditional research, and recognizing that’s not all about getting a certain number of publications, it’s about what’s most meaningful outcomes for the community. So that’s starting to change, but...that will take years to actually filter through. (P6)

Despite the potential for positive changes as a result of the University’s mandate to revise MPT standards to include merit for Indigenous knowledge and reconciliatory approaches to research, most participants still expressed concerns around MPT standards, and associated processes of peer review:

[T]hese are things that we have to address within the institutes, within the institutions, within the academy, right? Is that when you’re going up for tenure, if you’re doing predominantly Indigenous health work, or Indigenous research in general, you know, we have to start creating better resources to break down those barriers so that...if that’s the work you’re doing that peer reviewers and your Dean and you know how it goes through the process, that you have your own set of criteria. (P11)

Concerns were also expressed that changes in MPT standards do not yet value activities such as community engagement in a matter comparable to other scholarly activities such as publications, but instead include these activities as an additional requirement for those involved in engaged scholarship. In addition, some participants expressed concerns around what they viewed as the institutionalization of Indigenous ontologies and epistemologies, particularly in relation to issues of Indigenous identity within universities.³¹ One participant discussed potential downsides to

³⁰ Although the University of Saskatchewan does not use this language, the nature of many of these changes may result in increased valuing of the types of activities identified as central to reconciliatory research.

³¹ The discussion here, as referenced by some participants, relates to longstanding issues around who gets to determine if an individual is Indigenous – in this case, is it the university or should it be the community? This impacts hiring practices, equity admissions for students, access to funding, and the like.

what they viewed as the “entrenchment of something called Indigenous knowledge” (P4) in the university’s MPT standards: “there’s very few people that I believe are fluent enough in their language and culture to be able – but like when you talk to those people all of them will say that they don’t have the authority” (P4). As with other aspects of Indigenization, decolonization and reconciliation within the institutional setting, caution must be employed to ensure that these changes will be beneficial to Indigenous people both within the university community and in the broader society, and will not further perpetuate paternalism, colonialism and imperialism. Although the revision of MPT standards represents a significant step towards embodying University- and College-level commitments and priorities surrounding truth and reconciliation and Indigenous health, further work is necessary to ensure that all faculty across all colleges, departments and units understand the rationale and impetus for these changes, and that standards are applied in a consistent, fair and equitable manner by peer reviewers.

6.2.2.2 Recommendations for additional changes in the U of S and CoM. Along with changes identified above, participants identified a number of additional recommendations for the University of Saskatchewan and College of Medicine to further address existing barriers to reconciliatory research. University-level suggestions focused on research ethics processes and university-wide training and mandates for staff and administrators, while College-level suggestions centered on training for faculty and students, the use of research facilitators trained in Indigenous health research, and the development of an Indigenous Health Division. Participants’ recommendations are listed in Table 6.7 (*Participants’ Recommendations for University-level Actions to Support Reconciliatory Research*) and Table 6.8 (*Participants’ Recommendations for College-level Actions to Support Reconciliatory Research*), with selected suggestions discussed further below.

Table 6.7 *Participants' Recommendations for University-level Actions to Support Reconciliatory Research*

Recommendations for actions to demonstrate values and commitments
<ul style="list-style-type: none"> ▪ Specifically consider how to enact commitments to reconciliation through the research endeavour at the University of Saskatchewan ▪ Mandate Colleges to ensure all faculty undertaking research with humans are aware of ethical approaches and principles for research with Indigenous peoples, even if this is not their specific area of research ▪ Proactively support and collaborate with the new U of S based Network Environments for Indigenous Health Research in Saskatchewan and National Coordinating Center for NEIHR Centers ▪ Support Indigenous-led research initiatives, such as the Whitecap project, towards Indigenous self-determination in research; explore ideas for bold, innovative new partnerships and models ▪ Be aware of potential for institutionalization of reconciliation and issues of reconciliation fatigue, and ensure leadership, support, and resources are in place to support long-term, transformative solutions that address power issues
Recommendations for changes in university systems and structures
<ul style="list-style-type: none"> ▪ Anticipate and plan for needed changes in financial services to facilitate new external policies around community-held research funding and ensure researchers still receive MPT credit ▪ Ensure structures and processes are in place to facilitate and ensure the ethical conduct of Indigenous research, incorporating Indigenous perspectives on ethics (See Appendix J) ▪ Continue to improve behavioural and biomedical ethics review processes to ensure high ethical standard for research impacting/involving Indigenous people, including collaborative mechanism for reviewing community concerns around ethical issues in research in communities ▪ Provide funding specifically for relationship building to facilitate partnerships and grant proposals
Recommendations for changes in policies and procedures
<ul style="list-style-type: none"> ▪ Ensure all staff in administrative and financial systems (including Connection Point) understand the university's mandate towards truth and reconciliation, and are empowered to implement policies and procedures that reflect this commitment ▪ Adopt policies and procedures for open, accessible, transparent financial management of community-based projects; provide access to university administrative and financial services for community-held research funds (if needed and requested by community) ▪ Address financial and administrative policies and processes identified as barriers (e.g., honoraria value for Elders; timelines for reimbursements, policy to accommodate short-notice needs, etc)

Table 6.8 *Participants' Recommendations for College-level Actions to Support Reconciliatory Research*

Recommendations for actions to demonstrate values and commitments
<ul style="list-style-type: none"> ▪ Explore the intersection of College of Medicine commitments to Indigenous health, research and community service; and identify tangible actions to advance these in tandem ▪ Implement plans for Division of Indigenous Health and resource appropriately to support ongoing efforts of Indigenous Health Committee ; ensure it has a mandate for supporting ethical Indigenous health research through training and advising for faculty and staff, facilitating ethical engagement, training in protocols and research processes ▪ Ensure leadership, particularly in research-related areas, have training and understanding of principles for ethical Indigenous health research as well as training in cultural humility, anti-racism and anti-oppression theory and practice; and are committed to model them in their work ▪ Listen to Elders, community partners, Indigenous faculty, staff and students in relation to setting priorities and moving forward towards reconciliation and Indigenization within the CoM ▪ Proactively support and collaborate with new Network Environments for Indigenous Health Research (NEIHR) in Saskatchewan and National Coordinating Center for NEIHR Centers ▪ Continue to proactively work towards ensuring the College of Medicine is a safe space to identify issues and instances of racism; believe and address instances of racism within the CoM ▪ Create space, both conceptually and tangibly, to support relational approaches to research
Recommendations for changes in College systems and structures
<ul style="list-style-type: none"> ▪ Develop a process for tracking research collaborations between Indigenous communities and CoM faculty; continue to build relationships with all Indigenous communities and governments in Saskatchewan to facilitate future partnerships and ensure equitable access and opportunities for Indigenous communities across the province ▪ Ensure all CoM faculty understand ethical standards and for Indigenous health research, possibly via mandatory training in TCPS2 Chapter 9 and Indigenous ethical principles ▪ Ensure all CoM research facilitators are trained in best practices for ethical Indigenous health research in all types of health research (i.e., biomedical, clinical, population health, health systems/services) ▪ Ensure staff throughout the college are trained to understand and be responsive to the unique needs of Indigenous health research ▪ Ensure faculty in all units/departments understand impetus and rationale behind new MPT standards, and that application of standards is consistent across units/departments ▪ Utilize the skills and expertise of researchers doing Indigenous Health Research in a good way to teach and mentor others; acknowledge, accommodate and reward these efforts and time investments

Table 6.8 *Continued*

Recommendations for changes in policies and procedures

- Provide seed and bridge funding specifically for relationship building to facilitate partnerships and grant proposals; ensure COMRAD policies accommodate longer timelines for Indigenous health projects
 - Evaluate the need for additional parameters around student projects to ensure community approval for projects, especially for secondary use of data; and remove year-in-program restrictions on COMGRAD support for students conducting (Indigenous health) projects with participatory or collaborative approaches to accommodate the longer time these projects take
 - Provide learning opportunities for all faculty, staff, students on ethical approaches in Indigenous health research, TRC *Principles* and *Calls to Action* in medicine and research; processes and protocols for engagement with Indigenous peoples; and anti-racism training
 - Provide skills-based training to increase faculty and research staff capacity in principles supporting reconciliatory research such as OCAP[®], TCPS2 Chapter 9, and other available courses/resources, including anti-oppression and anti-racism training (See Appendix J)
-

6.2.2.2.1 “[W]hat boxes do I have to check?” As discussed above, the ethical conduct of Indigenous health research was a central concern for participants, who felt that the current research ethics system at the University of Saskatchewan does not fully ensure this. Participants suggested changes to the research ethics system in an effort to ensure that all Indigenous health research conducted at the U of S meets appropriate ethical standards. One suggestion involved additional requirements around demonstrating competency and awareness of appropriate processes and protocols for Indigenous health research:

[T]here’s lots of people that do mouse studies, that can’t do their mice studies until they have their protocol received and they wait for it. Because it has to do with ethics. . . .the biosafety office will block shipments of things if it’s not on my biosafety permit and I’m not approved yet. . . .So if it’s put in like that, and it’s not so wishy-washy, then we’ll follow it. And that’s what we’re used to. And we’re used to saying what boxes do I have to check? . . .And then I think that people will take it more seriously, and either choose to get out, you know, or choose to do it right. (P7)

As identified above, regulatory processes already exist around some aspects of health research to ensure appropriate processes are followed and ethical standards are met. Participants felt there was a potential to use this approach in research ethics for Indigenous health projects as well, possibly in tandem with training and support:

And people will do the work of doing it [relationship building], because it's a requirement. If it's something nice on the side, they're not likely to invest so much in it. If it's something that's foundational, and something that's a requirement, then you have to go out and be in community, and understand what it takes to develop that relationship and rapport, and be able to negotiate space. A lot of researchers would find that very, very difficult and frustrating I'm sure. So they would need to be assisted in that process of walking through. But they're learning skills. They're developing as human beings, on one level, but also as researchers and academics. (P2)

By making certain aspects of reconciliatory research a mandatory part of ethics review and by providing training in key areas, it may be possible to further ensure the ethical conduct of Indigenous health research within the university, and enhance university research capacity in this area. Although resisted by some within academia, mandatory requirements have been employed in other aspects of health research, including mandatory training in sex and gender considerations for faculty involved in CIHR peer review panels, and training in bias in relation to work on selection committees and peer review panels.³² It is not hard to anticipate that challenges would arise around efforts to implement additional requirements for research ethics review, particularly if these policies apply only to certain types or categories of research. However, given the formal regulatory role of university-based REBs in the ethical conduct of research in universities, more work needs to be done to ensure that the ethical standards by which they are guided are appropriate, and that their policies and procedures encourage, expect and enforce the ethical standards and approaches needed for reconciliatory research. Such changes would likely require widespread transformation in institutional research ethics across Canada to become accepted as normative and necessary.

6.2.2.2.2 Training and learning opportunities. A key recommendation for advancing reconciliatory research the College of Medicine and University of Saskatchewan is the provision of training and learning opportunities for administrators, faculty, staff and students. Participants felt that training for researchers and students in the CoM around best practices in Indigenous

³² Existing strategies around sex and gender considerations for all CIHR-funded research could form a model for including Indigenous principles and considerations in health research. Current resources for sex and gender training provided by CIHR are even customized to the type of health research: biomedical, population-based, health systems focused or clinical – see <https://cihr-irsc.gc.ca/e/50836.html>.

health research could further develop capacity for the ethical conduct of Indigenous health research. Given that the 16% of the population of Saskatchewan is Indigenous, the need for researchers in the CoM to develop the awareness and skills necessary to appropriately include and consider issues related to Indigenous people in health research exists across all divisions, departments and disciplines. Participants also felt that the College of Medicine has a responsibility to ensure that its researchers are conducting their work in the most ethical manner possible, and felt that some form of mandatory training or demonstration of understanding and competency may be a path towards that end.

Training and learning opportunities for administrators, leaders and staff can result in university-wide understandings around Indigenous health research that can mitigate barriers to reconciliatory research across university systems and structures. As discussed in relation to research contracts, such training, combined with a mandate towards facilitating such research is a powerful way of embodying institutional commitments and priorities so that staff are empowered to carry out their duties in a manner that removes or minimizes bureaucratic barriers to reconciliatory research. This model could be applied throughout administrative units such as financial services and human resources, and point-of-contact service delivery units such as *Connection Point*. If combined with input from faculty and research staff who have experienced the barriers identified above, university systems could be transformed, with processes and policies that allow for responsive approaches aimed at facilitating Indigenous health research and supporting community research partnerships.

6.2.2.2.3 Division of Indigenous Health. Another key strategy towards supporting truth and reconciliation through research that was identified by key informants and participants is the enactment of existing plans to establish a Division of Indigenous Health within the College of Medicine. Participants and key informants identified this proposed new Division as a key mechanism through which reconciliatory efforts in the CoM could be accomplished. However, one key informant also observed that expectations for the yet-to-be established Division to lead the conversation and action on reconciliation within the College of Medicine has led to delays in the official CoM response to the TRC. As such, the timely establishment of such a Division within the College of Medicine has been identified as an important next step further supporting reconciliatory Indigenous health research here.

6.2.2.2.4 *Research facilitators.* Another way that participants felt the College of Medicine could mobilize support for reconciliatory research is through existing research facilitator roles. Participants suggested that training research facilitators and administrators in the principles and practices for ethical Indigenous health research would help researchers navigate university systems and find workable solutions that support community, researcher and university objectives. This could be attained by either ensuring that all existing research facilitators are trained and competent in these areas, or by ensuring that specific research facilitators have the necessary expertise and understandings for Indigenous health research.

6.2.2.2.5 *Policy and procedural changes.* It is important to note that for reconciliatory research to be fully supported within the College of Medicine and University of Saskatchewan, all policies and procedures that impact research must be evaluated in light of the requirements for reconciliatory research. For example, existing policies related to student funding that restricts funds to Masters students in their first two years of studies means that students whose programs take longer due to the additional time required for community-engaged research may not be eligible for CoM funding to support the full duration of their studies. As most policies and procedures are set by administrators and leaders at the University- and College- levels, such an evaluation is feasible, and can help to ensure that systemic changes occur alongside those that rely more directly on personal efforts by researchers, staff and students.

6.2.3 Reconciliation is “hard to do...expensive...[and] uncomfortable.” Alongside the positive changes and recommendations for moving forward, participants also identified the need for caution in efforts towards truth and reconciliation in the university. Participants felt that the University is “partly...doing it [reconciliation, Indigenization] in a good way, and partly...still being paternalistic, helping the downtrodden” (P4). Participants identified the potential dangers of institutionalizing reconciliation – that is, reducing it to merely an intellectual or academic concept. One participant quoted Eugene Arcand, a residential school survivor and Cree Elder who spoke at the University of Saskatchewan’s Building Reconciliation Internal Forum in 2017:

“Do not take this word of reconciliation, do not take this concept, do not take this and intellectualize it. Do not take it and, and make it, an academic term” [Eugene Arcand, 2017]. And I can’t remember his words exactly, but that was the sentiment. That for him as a residential school survivor and somebody who really is a survivor, for him it was almost like he was telling us it’s sacred. Like you

can't take this from us also. You cannot take this and make it your own and then claim that you have done reconciliation. (P4)

The intellectualization of reconciliation can occur when an institution centers themselves in the reconciliation discourse primarily to reap the benefits of being seen as a progressive, socially responsive institution in the absence of enacting any real change as evidence of this commitment. Participants also identified frustration with U of S efforts towards reconciliation, expressing fatigue on the part of students, faculty and staff, and perceptions that “the really real stuff, the everyday stuff hasn't changed” (P4). Some identified perceived shortfalls in the university's responses to pivotal events in society such as the murder of Colten Boushie, a young Indigenous man in rural Saskatchewan (Hubbard, 2019).³³ These shortfalls were viewed as indicators of how far the University of Saskatchewan still needs to go in understanding the daily realities of Indigenous people who are part of the university community, and may negatively impact perceptions of the university's commitments and actions towards truth and reconciliation. As such, efforts towards supporting reconciliatory research at the U of S must also take these contextual factors into account.

6.3 Conclusions

The immense cost and unequal burden experienced by researchers pursuing reconciliatory research as a result of the tensions, challenges and barriers in the university setting must be acknowledged by academic institutions, and steps must be taken to address the values, systems, policies and procedures that create and perpetuate these barriers. Public commitments to truth and reconciliation and institutional values of collaboration and respect at the University of Saskatchewan, combined with priorities related to Indigenous health, research and community service within the College of Medicine create a strong moral imperative and practical urgency for ensuring an equitable and supportive context for reconciliatory Indigenous health research. The changes required to support such research are beginning to happen in these settings, but additional system-wide transformation is needed.

To truly support reconciliatory research, the University of Saskatchewan and the College of Medicine need to commit to practical, tangible changes to ensure that university systems and structures do not continue to additionally burden faculty doing this work. Reducing barriers to

³³ A documentary by Indigenous filmmaker Tasha Hubbard about the murder of Colten Boushie is available through the National Film Board of Canada at <https://www.nfb.ca/film/nipawistamasowin-we-will-stand-up/>.

Indigenous health research in universities can facilitate the health and wellness of Indigenous peoples, and advance truth and reconciliation through research. These changes must be truly transformational, and care must be taken to avoid superficial or tokenistic changes that fail to recognize underlying systemic issues. The challenges around enacting institutional commitments and priorities towards reconciliation throughout all systems and processes require a courageous willingness to ‘try on’ solutions identified through collaborative processes, a willingness to make mistakes, and the humility to acknowledge errors and try again. These principles of commitment, collaboration, courage and humility are key for moving forward in a good way towards institutional changes in support of reconciliatory research.

CHAPTER 7.0 DISCUSSION, IMPLICATIONS, LIMITATIONS, CONCLUSIONS

The conduct of Indigenous health research within Canadian universities has the potential to make significant contributions towards addressing the TRC's *Calls to Action* and improving the health and wellbeing of Indigenous peoples. However, given the historical and ongoing harms to Indigenous people and communities perpetuated through health research and the persistent gaps in health equity between Indigenous and non-Indigenous people, this potential is not a guaranteed outcome. Instead, researchers and university leadership must carefully consider the characteristics of research and the contextual factors necessary to facilitate truth and reconciliation through research in a university setting. The aim of this project was to inform efforts towards truth and reconciliation through Indigenous health research by identifying characteristics of reconciliatory research and the institutional and scholarly setting that facilitate or hinder such research. An instrumental case study of researchers involved in Indigenous health research in the College of Medicine, University of Saskatchewan was conducted to further our understanding of truth and reconciliation through university-based Indigenous health research. The findings, taken in the context of the existing academic and public discourse, provide researchers, as well as university administrators and leaders, an opportunity to reflect, dialogue and move forward towards truth and reconciliation in Indigenous health research within the university setting. I will begin this chapter by discussing strengths and limitations of the study important to contextualizing the findings. I will then examine key findings of this project in the context of academic and public discourse on truth and reconciliation in the university setting, identify implications and applications of the findings, and discuss potential future directions and considerations stemming from this project.

7.1 Strengths and Limitations

As with any research, reflections on this thesis project reveal certain strengths and limitations of the research, which provide an important context for understanding the results and potential implications of the project.

7.1.1 Strengths. A number of strengths of this project are worth noting. First, this research is among the first to specifically study truth and reconciliation in the context of

university-based Indigenous health research. Although an increasing number of new papers are being published that discuss truth and reconciliation in universities and in relation to research, there are still few that report on research conducted to specifically examine understandings and efforts towards truth and reconciliation in specific contexts such as university-based research. This study is therefore an important step forward in furthering the discourse on truth and reconciliation and ensuring that this discourse moves from conceptual and theoretical realms to inform practice and impact our activities and actions. In addition, previous research on the conduct of Indigenous health research has focused on identifying characteristics and practices of ethical Indigenous health research that asserts Indigenous sovereignty, but this project is among the first to identify characteristics of Indigenous health research that might facilitate contributions to truth and reconciliation through the conduct and outcomes of such research.

Second, the instrumental case study approach used in this project allowed for development of an in-depth understanding of not only the experiences and efforts of individual researchers regarding truth and reconciliation in their research, but of the impacts of the university setting upon their efforts. In many ways, the contextual lens afforded by the case study approach led to some of the most significant findings of this project in relation to the efforts needed to address systemic and structural barriers that result in this research being more difficult to conduct appropriately in the university setting. In addition, the instrumental aspect of this case study allows us to explore potential applications and transferability of findings to settings beyond the University of Saskatchewan.

Finally, this project adds to the literature on facilitators and barriers to Indigenous health research in the university context, and specifically links them to truth and reconciliation efforts in academia. In the context of many universities' public commitments to truth and reconciliation, examinations of the tangible steps that can be taken to facilitate truth and reconciliation through a university's core activities including research can guide institutional efforts towards truth and reconciliation. Given that an important next challenge in Canada's journey towards truth and reconciliation involves applying the *Calls to Action* and *Principles of Reconciliation* in specific contexts and arenas to identify how to move forward, this project has contributed to enhanced understanding and explorations around applications to move us forward in the journey towards truth and reconciliation through Indigenous health research.

7.1.2 Limitations. As with any project, it is important to identify limitations of this project in relation to its execution and application. First, a significant challenge in the execution of this project relates to the selected boundaries of the case study, namely the College of Medicine. Through the guided conversations it became apparent that much of the Indigenous health research conducted by participants is more directly affected by the university-wide context as opposed to the college-level boundary defined for this study. As such, it became challenging to reflect on the CoM as the case and sole focus of the project without including the broader university environment in a more significant way than initially envisioned. In addition, considerations around the scope and practicalities of the project necessitated constraints on the exploration of other important contextual features and factors outside the university setting, such as the impact of health region policies and partnerships and other local contextual pieces including the Saskatchewan Health Research Foundation (SHRF) and Saskatchewan Centre for Patient Oriented Research (SCPOR). These boundaries, which were established to balance feasibility and appropriateness, may have impacted the depth and breadth of contextual understanding presented in this report and may have resulted in the omission of important factors not identified within the delimitations of the case study.

Another limitation of this project is the constraints in perspectives obtained resulting from the selection criteria for participants. This may affect potential application of the findings. By including only researchers who have been involved in Indigenous health research in the university setting and also by only including faculty in the CoM, a particular reference point is represented by the data gathered through the guided conversations. In addition, the limits of including only the perspectives of researchers at one university and one college make it difficult to know which aspects of the findings, particularly contextual aspects, are unique to the CoM and University of Saskatchewan, and which may be more broadly applicable. Other perspectives such as those of community research partners and knowledge users, research staff and university administrators are not reflected in this discourse aside from what was learned about specific points through interactions with key informants.

Another challenge encountered in this research was the focus and emphasis of the research questions and guided conversations on reconciliation, with less attention paid to truth. Although this mirrors the dialogue in the published and grey literature on truth and reconciliation in Canada, it is imperative that we continue to further our understanding of the role and need for

truth in our reconciliatory efforts, particularly in the university context where the search for, verification of and sharing of truth informs and is indeed foundational to many core activities in universities, including research and teaching.

A final limitation of this project involves challenges around enacting the principles and ideals of reconciliatory research within a university-based graduate thesis project. Although my intentions from the initial stages of this project were to conduct this research in a manner consistent with decolonizing and strength-based approaches, and best practices for participatory research that uplifts Indigenous self-determination, these aspirations were not fully realized in a number of ways. First, academic expectations around independent scholarship and timelines for a graduate thesis impacted my ability to fully enact principles of self-determination in regard to the identification of research questions and approaches in a truly community-led and participatory manner. Efforts were made to elicit input and feedback from the research and Indigenous communities on campus regarding the framing and methodologies of this project, but the initial idea for the project was developed by the student in collaboration with her supervisor. Second, practical constraints around availability and competing demands of not only participants but also other Indigenous scholars, leaders and Elders resulted in less engagement, input and collaboration than was initially hoped, particularly in the areas of analysis, interpretation and application of results. This is a common challenge in participatory research, particularly when the project is not fully community-initiated and directed, and relates to priorities around other important work being done by these individuals, and the timelines associated with the project to fulfill individual requirements for a degree. Nevertheless, the support and interest expressed for this project from many Indigenous and non-Indigenous leaders, scholars and other stakeholders across campus was encouraging to me personally in my pursuit of this project. Third, approaching this project from the perspectives of a student and a long-time research assistant within the setting of the case afforded me certain insights, but also placed limitations on my understanding, interpretations and conclusions regarding this topic. Efforts were made to mitigate these limitations through self-reflexive practices, discussions with my supervisor, committee and advisors, and input from participants on drafts of the results chapters, but it is more than likely that omissions or errors from this limitation still exist within this thesis, and I take full responsibility for them. Finally, my identity as a non-Indigenous settler resulted in a good dose of self-doubt that shadowed much of my early work on this project in relation to

whether or not I could adequately undertake such a project, and whether anything useful would come of it. However, my participants and advisors helped me to understand more fully that there is an important role and space for non-Indigenous people in working towards truth and reconciliation when undertaken in a spirit of humility and recognition of the ultimate need to uplift Indigenous self-determination and sovereignty, not only in the particular professional realm of one's work but in all aspects of life and society. I truly hope that I have been able to do this to at least some extent through this project, and I am committed to continue to seek out how I can continue to work towards truth and reconciliation personally and professionally.

7.2 Conceptualizations and Examples of Truth and Reconciliation Through Research

A central outcome of this project was the identification of ways that researchers understand truth and reconciliation in the context of academic health research along with examples of how Indigenous health research has contributed to truth and reconciliation. Reconciliation in research was seen to include rebuilding relationships, closing gaps in health equity, responding to the *Calls to Action*, addressing the effects of colonization, bringing Indigenous culture into the research process, and supporting Indigenous self-determination. Examples of reconciliation through Indigenous health research included strengths-based strategies to decrease mis-use of tobacco, increased access to local and culturally appropriate healthcare and interventions, and supporting Indigenous approaches to health and wellbeing through stories, relationships and rediscovery of culture. Reconciliation was also advanced through efforts to meet community needs beyond the research itself, and through shifts within the research enterprise to facilitate Indigenous self-determination and bring benefit in and through the research projects. However, not all Indigenous health research being conducted within Canadian universities was seen as reconciliatory in nature, and sometimes not conducting a research project was seen as the best way to work towards reconciliation.

7.2.1 Congruencies with and extensions of existing literature. Existing and emerging literature and public discourse on truth and reconciliation in general, and specifically in relation to academic research was generally consistent with the conceptualizations of reconciliation identified in this project. Consistencies emerged with conceptualizations of reconciliation from the TRC, Indigenous organizations, and academic understandings. In some cases, this project also extended or expanded existing understandings.

7.2.1.1 Congruencies with the TRC. The Truth and Reconciliation Commission asserts that “[r]econciliation is a process of healing of relationships that requires public truth sharing, apology, and commemoration that acknowledge and redress past harms” (TRC, 2015a, p. 3). This project’s findings mirror the TRC’s conceptualization of reconciliation as the restoring of relationships and addressing effects of colonization such as health disparities. Many aspects of reconciliatory research identified in this project align closely with the *Calls to Action*, particularly in the area of health (*Calls 18–24*). In addition, the aims and characteristics of reconciliatory research identified in this study (see Figure 5.2 on page 72) are highly congruent with the TRC’s *Principles of Reconciliation*. Specifically, reconciliatory research aims around self-determination and cultural revitalization, the importance of relationships, the centering of Indigenous worldviews and values, and the need for contextual understandings of colonization and ethical engagement are echoed in the TRC *Principles*. Indeed, the *Principles of Reconciliation* can also serve as helpful guidelines for approaches to reconciliatory Indigenous health research when reframed to apply directly to research, as demonstrated in Table 7.1 with changes and additions to the original *Principles* indicated with bold print.

7.2.1.2 Contributions to Truth and Reconciliation through research. Although there is an ever-expanding dialogue in the academic literature around the relationship between research and reconciliation, the conversation at this point seems to center on imperatives to respond to the TRC *Calls to Action* (Anderson, 2019; Jaworsky, 2018; Restall et al., 2016), efforts to frame research projects in the context of the TRC and reconciliation (e.g., Kilian et al., 2019), and discussion on how researchers *should* proceed with such aims (e.g., Jaworsky, 2019; McGregor, 2018). However, it is important for the conversation to move beyond imperatives and begin to identify and exemplify how this is being accomplished. In this light, this project represents a unique contribution to the dialogue on reconciliation in research by sharing *how* university-based Indigenous health research *has* contributed to reconciliation from the perspective of researchers. The contributions to reconciliation identified in this study represent one of the first collections of examples illustrating *how* academic research in general, and Indigenous health research in particular has contributed to truth and reconciliation.³⁴ The characteristics of reconciliation and

³⁴ Another example of a recent collection that includes stories and examples of *how* research can contribute to reconciliation is the book *Research and Reconciliation: Unsettling Ways of Knowing through Indigenous Relationships*, edited by Shawn Wilson, Andrea V. Breen and Lindsay Dupré (2019; Toronto, ON: Canadian Scholars).

examples of contributions through research can inspire and inform researchers on effective ways to move towards truth and reconciliation in their research.

Table 7.1 *Principles of Reconciliation* Applied to University-based Indigenous Health Research*

Principle 1: The United Nations Declaration on the Rights of Indigenous Peoples is the framework for reconciliation at all levels and across all sectors of Canadian society, **including university-based health research involving Indigenous peoples.**

Principle 2: First Nations, Inuit, and Métis peoples, as the original peoples of this country and as self-determining peoples, have Treaty, constitutional, and human rights that must be recognized and respected **in all university-based health research involving Indigenous peoples.**

Principle 3: Reconciliation **through university-based health research involving Indigenous peoples** is a process of healing of relationships that requires public truth sharing, apology, and commemoration that acknowledge and redress past harms, **particularly those resulting from health research.**

Principle 4: Reconciliation **through university-based health research involving Indigenous peoples** requires constructive action on addressing the ongoing legacies of colonialism that have had destructive impacts on Aboriginal peoples' education, cultures and languages, health, child welfare, the administration of justice, and economic opportunities and prosperity, **particularly in relation to ongoing legacies of colonialism in health research and university institutions.**

Principle 5: Reconciliation **through university-based health research involving Indigenous peoples** must create a more equitable and inclusive society by closing the gaps in social, health, and economic outcomes that exist between Aboriginal and non-Aboriginal Canadians. **When conducted appropriately, Indigenous health research has a unique opportunity to contribute to closing gaps in health and associated social and structural determinants of health.**

Principle 6: All Canadians **including university-based researchers**, as Treaty peoples, share responsibility for establishing and maintaining mutually respectful relationships, **particularly in the context of university-based health research involving Indigenous peoples**

Principle 7: The perspectives and understandings of Aboriginal Elders and Traditional Knowledge Keepers of the ethics, concepts, and practices of reconciliation **in university-based health research involving Indigenous peoples** are vital to long-term reconciliation **in university settings.**

Principle 8: Supporting Aboriginal peoples' cultural revitalization and integrating Indigenous knowledge systems, oral histories, laws, protocols, and connections to the land into the reconciliation process are essential **to the ethical conduct of university-based health research involving Indigenous peoples.**

Principle 9: Reconciliation **through university-based health research involving Indigenous peoples** requires political will, joint leadership, trust building, accountability, and transparency, as well as a substantial investment of resources **on the part of academic institutions, their leaders and researchers.**

Principle 10: Reconciliation **through university-based health research involving Indigenous peoples** requires sustained public education and dialogue, including youth engagement **and engagement with all university faculty, staff and students** about the history and legacy of residential schools, Treaties, and Aboriginal rights, as well as the historical and contemporary contributions of Aboriginal peoples to Canadian society.

* TRC, 2015a; changes/additions indicated in **bold**.

7.2.1.3 Truth through research. Another important finding of this project was the need to further develop understandings surrounding the truth aspect of truth and reconciliation, particularly in the context of research. Research represents the main western ontological approach towards the discovery and ascertaining of knowledge and truth (“Discovering Truth in Research,” n.d.), and as such research and truth are inextricably linked in western society. However, the implications of this connection for truth and reconciliation have yet to be fully explored. This likely reflects the general lack of attention paid to truth in both scholarly and public discourses on truth and reconciliation, an area that may further emerge as ongoing efforts towards reconciliation reveal the need for further examination of the concept of truth.

7.2.2 Reconciliatory research and other frameworks for Indigenous research. The current project on the intersections of research with truth and reconciliation is located in a larger movement in research that predates the work and findings of the TRC. Indigenous and non-Indigenous scholars, organizations and activists have long asserted that academic research in its conventional form based in western axiologies, ontologies, epistemologies and methodologies is insufficient to respond to the needs of Indigenous peoples, and often results in tangible harms and further marginalization of Indigenous peoples through the many failings of this hegemonic approach to research (Simonds & Christopher, 2013; Smith, 1999). Indeed, the ongoing conversations around decolonizing and Indigenizing research form an important reference point for research and dialogue on research and reconciliation.

7.3 A Model of Reconciliatory Indigenous Health Research

A key contribution of this project was the development of a model of reconciliatory Indigenous health research (Figure 5.2, p. 72) for researchers seeking to conduct Indigenous health research in a manner that confronts the historic and contemporary use of research as a tool of colonization and transforms it into a tool of truth and reconciliation. The model represents an attempt to organize essential components of Indigenous health research identified by participants in this study and other scholars in a wholistic framework that connects a core value of relationality with key aims or indicators through a series of practical pathways highlighting characteristics of reconciliation through research. The proposed model may be utilized as a guide to identify important considerations for researchers and their teams to discuss when seeking to work towards reconciliation in Indigenous health research. For example, a research team may choose to use this model as a starting point for discussions during the planning stages of a

research project to identify how to best plan and structure the project in a manner that supports these aims. The aims or principles may also be used as indicators or points of consideration when seeking to identify how a research project has supported reconciliation through retrospective reflection and evaluation at the completion of a project. Local adaptation and application of the aims and principles in the context of relationships with Elders, community members, and leaders can help ensure the use of this model is relevant and appropriate for specific contexts.

7.3.1 Comparison with other frameworks for Indigenous health research. Existing models for Indigenous health research specifically and Indigenous/Indigenist research more broadly both overlap considerably with the proposed model for reconciliatory research derived in this project. As has been done here, many other models and frameworks have been developed in a response to the historical and ongoing inadequacies and damaging implications and impacts of conventional western approaches to research, particularly health research, for Indigenous peoples in Canada and across the globe. Although numerous frameworks exist, many focus specifically on one aspect of research, such as ethical matters (First Nations Centre, 2006; Maar et al., 2013), ontological and epistemological approaches (Bartlett, Marshall, & Marshall, 2012; Lavallée, 2009; Martin, 2012), or specific methods and methodological considerations (Lavallée, 2009; Simonds & Christopher, 2013; Smithers Graeme, 2013). These frameworks make important contributions to aspects of Indigenous health research; however the focus of this discussion is to compare the model in this study to existing models and frameworks that also offer a comprehensive range of research-related considerations from conceptual underpinnings to pragmatic applications. Thus, only comprehensive research frameworks will be further examined in relation to the model developed from this study.

7.3.1.1 A theoretical framework and methods for Indigenous and Indigenist re-search. Martin and Miraboopa (2003) assert that Indigenous/Indigenist research should reflect an ontology based in relationality within a context of reflexivity and accompanied by principles of emancipatory resistance, political integrity and centering Indigenous perspectives that filters down to impact the methodologies, methods and research design. The framework presented in their paper is congruent with the model proposed within this work, with emancipatory resistance mirroring aims of self determination and decolonization, the principle of political integrity encompassing responsibility to the community and the ethical conduct of research, and centering Indigenous voices reflecting aims of self-determination and control over the research. Martin and

Mirraboopa assert that methodologies must center Indigenous “Ways of Knowing, Ways of Being, and Ways of Doing” (2003, p. 211), which should impact the research structure and procedures for conducting the research. This is consistent with the new model’s pathway towards valid and robust research findings involving methods acceptable to communities and methodologies appropriate for the context, including consideration of Indigenous customs, worldviews and protocols. In addition, a focus on personal characteristics, responsibilities and accountabilities on the part of the researcher in the context of reflexivity are evident in both models. Where these two models diverge is in the identification of practical steps on the pathways proposed in the new model to reach the common aims, as opposed to the more theoretical approach taken by Martin and Mirraboopa which leaves specific steps or pathways unspecified. Nevertheless, the model proposed in this study complements and reflects many of the important theoretical considerations included in Martin and Mirraboopa’s framework.

7.3.1.2 Improving health research among Indigenous peoples in Canada. Although not explicitly set forth as a model or framework for Indigenous research, Hyett, Marjerrison and Gabel’s recent publication (2018) presents a comprehensive discourse on important considerations for Indigenous health research in the context of historical research practices and presents key questions to guide researchers to a deeper understanding of ethical approaches to Indigenous health research. Of central relevance to the current discussion is their list in Table 2 of “Considerations for successful engagement in Indigenous health research” (Hyett et al., 2018, p. E620). Numerous similarities are seen between their list of considerations and aims for reconciliatory research and the newly proposed model, such as inclusion of historical and present-day context, attention to ethical guidelines and protocols, consideration of issues of power and control, and inclusion of Indigenous voice through community-based research. However, Hyett and colleagues’ model diverges from the model in this study in a number of important ways. First, Hyett and colleagues do not directly assert the importance of relationality, which forms a critical core and foundation for the proposed model. Second, their view that “research that is obviously unethical is no longer conducted” (p.E616) is contradicted by the findings of this project. Perhaps this is merely a matter of which (or whose) ethical standards one is using to judge the research, but nevertheless, it carries critical implications: if one believes that unethical research is not a current or potential reality, the attention and care paid to ethical matters may not be as conscientious. Finally, Hyett and colleagues’ framework does not

emphasize Indigenous sovereignty or the reassertion of Indigenous culture, whereas a central finding of this project is the importance of supporting Indigenous sovereignty over health research involving them and cultural resurgence through research. For research to be considered reconciliatory, researchers must aim to stimulate Indigenous research capacity and expertise to allow for full sovereignty and self-determination of Indigenous peoples in this area. Indigenous self-determination in research involves researchers not only ceding control of individual research projects to Indigenous partners, but also relinquishing the entire health research enterprise to Indigenous communities and governing bodies so that Indigenous health research is ultimately in the control of Indigenous peoples (McGregor, 2018). If self-determination is not unambiguously identified as an aim of Indigenous health research, researchers risk perpetuating colonial power dynamics and structures, thus further colonizing Indigenous people through the research. Although Hyett, Marjerrison and Gabel's discussion of the context and considerations for Indigenous health research are a solid starting point, the model proposed in this thesis extends these considerations to identify important aims related to the decolonization of research processes through Indigenous self-determination and cultural restoration and resurgence through research as foundational to reconciliatory Indigenous health research.

7.3.1.3 Allied research paradigm for epidemiology research with Indigenous peoples. A recent research paradigm developed by Denise Jaworsky (2019) specifically addresses epidemiological research for Indigenous peoples. This paradigm is aimed at allies of Indigenous peoples, centered in relationships and informed by reflexive practices and critical lenses regarding traditional epidemiological approaches (Jaworsky, 2019). Jaworsky outlines the ontological, epistemological and axiological stances of the paradigm and identifies six key principles including reconciliation, relationships, perspective, positionality, self-determination and accountability, arranged in an interconnected ring of circles. These principles echo a number of key aims in the model proposed here, although Jaworsky's definitions and examples of each principle are slightly different in their scope and meaning from the aims presented in this thesis. Nevertheless, there is a significant amount of synergy between Jaworsky's model and this study's model, including the importance of the researcher's positionality and accountability in the research process, and the need to ensure Indigenous worldviews, perspectives, practices and ways are prioritized in the framing and conduct of the research. However, the model proposed in this thesis differs from Jaworsky's paradigm in a number of important ways. First, the model

proposed here does not articulate a specific ontological and epistemological stance like Jaworsky's model does, but instead holds space for alternative ontological and epistemological approaches including Indigenous ways of knowing and being. This is possibly due to the focus of the research questions and the content of the data in the current study, which did not directly address ontological and epistemological matters. Second, the proposed model, although centered in an academic setting, is not solely aimed at non-Indigenous researchers; whereas Jaworsky has specifically framed her paradigm in relation to allyship, thus orienting it towards non-Indigenous researchers. Third, Jaworsky has applied her paradigm specifically to the field of epidemiology, whereas the proposed model has been informed by and is potentially applicable to a broader range of health research including clinical, biomedical, community-based, population health and health systems research. Finally, it is important to note that Jaworsky's paradigm was developed through her own personal experiences with epidemiological research for Indigenous peoples from a settler ally lens, whereas the current model was informed by the experiences and expertise of a group of Indigenous and non-Indigenous health researchers. This may account for some of the differences in definitions and perspectives on certain principles. However, it is interesting to see the commonalities in the two models despite originating from these different perspectives and despite the differences in scope and focus, essentially cross-validating both models. Finally, it is important to note that both Jaworsky's paradigm and the current model explicitly include reconciliation as an important context of Indigenous health research in Canada, thus contributing to the ongoing discourse by raising important considerations for health research involving Indigenous peoples.

7.3.1.4 The CONSIDER Statement. The CONSIDER statement (Huria et al., 2019) is a newly published guideline for the reporting of Indigenous health research which has been compiled in the tradition of other health research guidelines such as CONSORT, STROBE, CONSIDER and EQUATOR (Simera, 2018) by researchers in New Zealand including Maori scholar Linda Tuhiwai Smith. The CONSIDER statement (“CONSolIDated critERia for strengthening the reporting of health research involving Indigenous peoples”; Huria et al, 2019, p.1) was formed through a collaborative process aimed at providing a comprehensive and cohesive consolidation of Indigenous health research guidelines from around the world. Although framed as a pre-publication checklist, it serves to identify standards by which Indigenous health research should be conducted, and as such provides a useful frame of

reference to evaluate the findings of this project. CONSIDER checklist items address topics related to research governance, setting research priorities, ensuring Indigenous ethics and protocols are respected and self-determination is supported, and ensuring research brings benefits (including enhanced research capacity and improved health outcomes) to communities involved (Huria et al., 2019). The model in this thesis is highly consistent with the CONSIDER statement items, particularly through a shared focus on the ‘bigger picture’ aspects of Indigenous research such as relationality and self-determination, alongside more pragmatic concerns such as attention to methods in the context of Indigenous protocols and practices. Given the assertion that the CONSIDER statement is a “collaborative synthesis and prioritization of national and international research statements and guidelines” (Huria et al., 2019, p. 1), it is safe to say that this study’s model demonstrates an overall consistency with the models and frameworks that informed CONSIDER, which represents a triangulation of results and increases our confidence that the current findings are credible and robust (Golafshani, 2003). Where the current model extends beyond the CONSIDER statement is in linking the considerations for Indigenous health research to concepts and applications of truth and reconciliation in the Canadian context, which CONSIDER does not endeavor to do.

7.3.1.5 Setting New Directions. A final framework relevant to the discussion at hand is the Government of Canada’s strategic plan *Setting New Directions to support Indigenous research and research training in Canada (2019 – 2022; Government of Canada, 2019d)*. Framed in the context of the TRC *Calls to Action* and developed through a process of “respectful and reciprocal engagement activities” (p. 3), this plan outlines four strategic directions to frame “new ways of doing research by and with Indigenous communities” (p. 2). This plan highlights key concerns identified through engagement with Indigenous peoples in Canada, including the need to decolonize research and address power issues, to ensure research is tied directly to Indigenous research priorities and needs, to better regulate ethics for research involving Indigenous peoples, and to strengthen research capacity among Indigenous communities, among others (Government of Canada, 2019d). These concerns reflect a number of the aims of reconciliatory research identified in this thesis, further confirming both the findings of this project and these components of the model proposed. Importantly, this strategic plan represents one of few examples of principles of Indigenous research being tied explicitly to truth and reconciliation. This explicit connection further reinforces the findings of this project that

characteristics of reconciliatory research are intimately tied to calls for self-determination, decolonization in research, and the responsibilities and accountabilities of the researchers involved in such work. However, *Setting New Directions* was developed through input from researchers and stakeholders across a range of disciplines and research areas, whereas the current project was based on input from health researchers in a single college at one university.

7.3.1.6 Congruencies and contributions. In the context of calls for more Indigenous health research, and in particular more clinical and interventional research (Lafontaine, 2018) and in the context of increased levels of research funding for Indigenous health issues (Government of Canada, 2019b), it is imperative that researchers and universities are aware of what is needed to conduct Indigenous health research that is both ethical and reconciliatory, and take steps to ensure this happens across the board. As demonstrated above, the proposed model developed from findings of this thesis project are congruent with other existing models and frameworks for Indigenous health research, and often extends existing models by expressly connecting characteristics and considerations of ethical Indigenous health research to the potential for such research to contribute to truth and reconciliation. In fact, this project can itself be framed as a partial response to *Call 65* as a research project that seeks to “advance understanding of reconciliation” (TRC, 2015c, p. 8). However, one of the key differences between the proposed model and existing discourse on Indigenous health research is related to the focus and scope of the proposed model. Many Indigenous scholars have asserted the need for Indigenous/Indigenist/Indigenized/decolonized research based on an entirely different set of principles, values and worldviews centered on Indigenous knowledge and understandings (Lavallée, 2009; Martin & Mirraboopa, 2003; Smith, 1999; Wilson, 2008); whereas the proposed model is based in the perspective and worldview of a non-Indigenous student researcher within a western institutional setting. As such, the proposed model may perhaps be more oriented towards shaping perspectives and approaches to Indigenous health research among academic researchers seeking to conduct Indigenous health research within the western university setting.

7.4 Reconciliatory Indigenous Health Research in the University Context

One of the central objectives of this project was to identify ways in which the university setting impacts researchers’ efforts to conduct Indigenous health research in a manner that supports reconciliatory aims. As described in Chapter 6, the results indicate that although some features of the university setting serve to facilitate such efforts, significant barriers exist in the

institutional setting that amount to systemic racism and inequitable disadvantage for this type of research. The case was made that many of these barriers stem from incompatibilities between the values and principles that should guide reconciliatory Indigenous health research and the normative values and principles that are rewarded and reinforced within the academic setting. The implications of these findings call for significant changes to the systems, policies and processes within universities in relation to Indigenous health research, particularly in an environment of universities' public commitments to truth and reconciliation within their organizations. Although there is a plethora of articles around the role of researchers in ensuring Indigenous health research is done in an ethical manner, only a few publications were found that explore tensions arising from disparities between university values and those necessary for ethical or reconciliatory Indigenous research.

One article that does discuss these tensions is by Castleden, Sylvestre, Martin and McNally (2015). They identify a number of challenges that arise when attempting to conduct community-based participatory research (CBPR) with Indigenous peoples in the university setting, particularly in relation to university standards for merit and promotion. They go on to detail specific areas of conflict that result in "inherent structural disadvantages" (p.6) for researchers involved in this work. Castleden and colleagues' work reinforces the findings of this project that existing merit, promotion and tenure (MPT) standards are a primary barrier to the ethical conduct of Indigenous health research in universities. In addition, Castleden and colleagues' discussion of the implications of these challenges for the health outcomes and self-determination of Indigenous peoples in relation to their health data is congruent with the assertion in this project that these barriers amount to systemic racism. They also similarly reach the conclusion that unless changes in the status quo of the university system occur, "we will continue to see career-minded researchers who recognize that they stand to gain more...by engaging less" (Castleden et al., 2015, p.15). This conclusion reinforces my assertion that without changes to the university system, unethical research will continue to be acceptable and even rewarded, increasing the likelihood that values, aims and pathways of reconciliatory research will be the exception rather than the norm. Indeed, Castleden and colleagues assert that in its current form, Indigenous health research within the university context serves to perpetuate colonialism. Thus reconciliatory research will not be accomplished through increasing researchers' efforts or capabilities to better navigate the demands of such research, but instead

requires substantial changes to the systems and structures that create these inequitable demands in the first place. Finally, although Castleden and colleagues' study focused specifically on CBPR, many of the challenges they identify are applicable to both CBPR and reconciliatory research, particularly in relation to challenges around the amount of time these approaches take and the issues around MPT standards.

7.4.1 Intellectual imperialism as a barrier to reconciliatory research. Many of the barriers experienced by researchers conducting Indigenous health research within the university setting stem from not only differences between values, priorities and ways of knowing and being that exist between western and Indigenous worldviews, but from longstanding and widespread beliefs about the relative utility, 'rightness' and civility of these worldviews – or in other words, the imperialistic belief in the superiority of Eurocentric society. The implications of such beliefs in relation to colonization are well documented, but of particular relevance to the discussion at hand is the notion of intellectual imperialism as discussed by Alatas (2000). He describes intellectual imperialism as a pervasive force impacting colonial efforts in research by Europeans, seen in the unexamined beliefs that western ways of knowing such as the scientific method and rationalization are superior to the ways of other people groups, including Indigenous peoples (Alatas, 2000). As Alatas explains, intellectual imperialism involves utilizing intellectual endeavors such as research to exert control over, demand conformity from, and otherwise control the intellectual activities of other peoples, all while dismissing, discrediting and disparaging intellectual processes and products that do not fit into western frameworks and norms. The idea of intellectual imperialism can be used to understand the foundational issues around many of the barriers experienced by researchers seeking to conduct their research in a manner consistent with reconciliatory aims. In other words, barriers to reconciliatory research in universities arise from the same colonial and imperialist roots of other expressions and experiences of colonization, including residential schools, displacement from the land, and suppression of cultural practices and languages. Therefore, solutions to these barriers may rest in efforts to challenge intellectual imperialism and its effects through decolonization and Indigenization efforts in universities.

7.4.2 Reconciliation, decolonization and Indigenization of the academy. Efforts towards reconciliation in research must be understood as but one aspect of broader efforts towards decolonization and Indigenization within university settings. The history and ongoing theories and expressions of decolonization and Indigenization in post-secondary institutions are

beyond the scope of this discussion, but suffice it to say that the efforts identified in relation to universities in general form and inform the context of such efforts oriented specifically towards research activities within university settings. As such, a discussion of selected scholarly works related to decolonization and Indigenization of the academy can help to contextualize the findings and implications of this project.

7.4.2.1 Inclusion, reconciliation and Indigenization. As identified in Chapter 2, reconciliation is intertwined with processes of decolonization and Indigenization. Gaudry and Lorenz (2018) describe a “three-part spectrum” (p.218) of Indigenization within academic institutions. The spectrum begins with *Indigenous inclusion*, whereby institutions increase Indigenous representation in the existing academic system; followed by *reconciliation indigenization*, in which institutions focus on relationships with Indigenous people and communities in order to create a common ground where both can co-exist; and finally *decolonial indigenization*, which “envisions the wholesale overhaul of the academy to fundamentally reorient knowledge production based on balancing power relations between Indigenous peoples and Canadians, transforming the academy into something dynamic and new” (Gaudry & Lorenz, 2018; p. 219). The application of this spectrum to university research activities provides insights into the connections between decolonizing, Indigenizing and reconciliation, and helps to identify how decolonization and Indigenization of Indigenous health research might lead towards or away from reconciliation. Appropriate *Indigenous inclusion* in health research may involve community-led efforts to include Indigenous methodologies and/or data collection methods in the research process. However, *Indigenous inclusion* in health research may also result in tokenistic efforts towards participatory or collaborative research, without true power sharing or acceptance of the need for meaningful input from Indigenous partners. *Reconciliation indigenization* in health research may entail efforts towards establishing relationships and partnerships to inform and shape the research aims and objectives, and adoption of culturally informed community-based solutions. This may involve creating space within western research traditions for Indigenous epistemologies, ontologies and axiologies. However, without recognition of ways in which the western research endeavor perpetuates colonial systems, structures and relationships, *Reconciliation indigenization* in research may fail to critically interrogate its underlying structure and impacts. However, through *Decolonial indigenization* in health research, issues of power and control within the research enterprise are addressed and a

new system and structure for research is created within the institutional context which allows for Indigenous sovereignty and self-determination in all aspects of the research. It is towards this end that the model of reconciliatory research proposed in this thesis is oriented, while still recognizing that in the process of transformation, other parts of the spectrum may be necessary transition points but not end points. Overall, Gaudry and Lorenz's spectrum is an important and useful tool for conceptualizing not only broad Indigenization efforts within academic institutions, but specific activities of these institutions, including the research endeavor, and provides an important context for understanding the results and application of this project's findings.

7.4.2.2 From decolonization to reconciliation. Another article that further illuminates the efforts needed on the part of universities to address colonial systems and practices is Deborah McGregor's (2018) discourse on shifting "from 'decolonized' to reconciliation research in Canada", in which she discusses the need for "structural, systemic, and institutional change" (McGregor, 2018, p.824) within universities to ensure that university-based research can be reconciliatory in nature. McGregor argues that universities must undertake reflexive practices to critically examine the status quo to inform decolonization efforts aimed at research and teaching activities that are enacted throughout governance and administration systems. Although not oriented specifically to health research, McGregor's assertions reinforce conclusions reached in this project, and point to a pathway forward for universities intent on enacting reconciliation within their institutions. Further, McGregor also asserts that the findings of the TRC, including the *Calls to Action* and *Principles of Reconciliation* carry significant implications for universities, particularly in relation to their scholarly activities. In fact, McGregor's work was the inspiration behind my reframing of the *Principles of Reconciliation* in relation to Indigenous health research shared earlier in this chapter.

7.4.3 Challenges to Reconciliation. Alongside the growing literature on truth and reconciliation in academia is a growing literature on the challenges and lessons learned on pathways towards truth and reconciliation. Jung (2018) discusses six areas of concern regarding reconciliation identified by Indigenous peoples in Canada, some of which are directly applicable to the current discussion. One concern is that reconciliation may be interpreted as an imperative to integrate Indigenous people into current societal systems and structures based on western values and worldviews instead of reimagining and reinventing these systems transformatively to accommodate Indigenous worldviews and ways (Jung, 2018). In research, this can be seen in

efforts to train and assimilate Indigenous people into western research paradigms and traditions instead of encouraging and facilitating Indigenous approaches to research within the academic setting. Another concern is the use of reconciliation to legitimize government authority and national identity (Jung, 2018). In universities this may involve prioritizing the appearance of a progressive university that is pursuing reconciliation while still defending the status quo around academic freedom and researcher-initiated projects when meaningful systemic and structural changes that support Indigenous sovereignty and self-determination in research are needed. A final challenge to reconciliation is the tendency for the narrative around reconciliation to imply or presume that the impetus for reconciliation rests in past actions for which some form of absolution or forgiveness is pursued (Jung, 2018). In research, this could entail efforts to frame reconciliatory models of research as antidotes to past harms done through research, while minimizing or denying ongoing harms being perpetuated through research. When applied to reconciliatory research efforts, Jung's concerns about reconciliation provide an opportunity for critical reflexivity around the motivations, assumptions and implications of these efforts.

Other challenges to truth and reconciliation in research relate to the foundational values and normative practices in the institutional setting. As asserted by Bopp, Brown and Robb (2017), university cultures are rooted in "long-standing traditions anchored within the dominant culture's perceptions of how the world is and must be" (p.5), with norms that reinforce the hierarchical power structure of the institution. Thus, any changes to the traditional ways of operating within a university, including in processes surrounding research activities, threaten to upset the balance and conferring of power, prestige and reward. Efforts towards Indigenizing the academy must necessarily involve "a radical, fundamental, paradigm shift in the organizational landscape" (Ottmann, 2013, p.10) which inevitably challenges the organization's power dynamic. As such, individual and institutional changes towards supporting reconciliatory research are likely to be met with fear, resistance and reluctance from players in the university system that implicitly or explicitly identify the changes as irrelevant, unfair or potentially threatening to the status quo. It is prudent for leaders and administrators committed to enacting such changes to appreciate the magnitude and scope of the changes being sought, many of which are rooted in the core values and mandates of the institution. Because of this, proposed changes will likely evoke strong reactions and even opposition due to perception of threats to these foundations. Strategies to address the challenges associated with reconciliation and

Indigenization in universities include “committed and engaged leadership”, “becoming a learning organization”, “stakeholder engagement in a community of practice”, and “learning in action” (Bopp et al., 2017, p. 7). Of particular importance is the role of leadership: as Dr. Jacqueline Ottmann explains, such challenges require “leadership that is strong, courageous, rebellious, visionary” and “can communicate hope and the individual and collective strength that lies beyond the battle” (Ottmann, 2013, p. 12). From my perspective, the University of Saskatchewan and College of Medicine have demonstrated certain aspects of these strategies, including committed and courageous leadership, which leave one with hope that additional aspects can be further developed to advance truth and reconciliation through all areas of the university enterprise, including research. However, there is much work yet to be done. As identified in the internal report from the University of Saskatchewan’s 2018 *Building Reconciliation Internal Forum*, to move forward in its reconciliation efforts, issues of power dynamics and systemic oppression must be addressed within the university setting alongside barriers to reconciliation that exist within policies and practices of the university (University of Saskatchewan, n.d.). If recognition of the issues is a first step, I believe there is hope that the University of Saskatchewan will continue to enact its commitments towards truth and reconciliation in all its activities and mandates, including particular attention towards the ways in which truth and reconciliation through research can be advanced. Although significant concerns surrounding reconciliatory efforts within institutions exist, an honest acknowledgement of these concerns accompanied by an accurate and clear appraisal of the challenges and barriers that a particular institution faces provide the groundwork for meaningful progress.

7.5 Implications and Applications

The findings of this project, taken in the context of the broader discourse on reconciliation, decolonization and Indigenizing carry important implications for Indigenous health research within universities. University-based researchers, leaders and administrators all have an important role to play in ensuring the Indigenous health research being conducted within the institution meets high ethical standards and is conducted in a manner that advances truth and reconciliation. For researchers, employing reflexivity both individually and in the context of research relationships is one way to ensure that the aims and necessary processes for reconciliatory research are being enacted. Many academic researchers at the University of Saskatchewan, including those who contributed to this project as participants, advisors and

mentors, are already practicing reflexivity and orienting their research towards aims beyond their academic careers to advance Indigenous sovereignty, address the impacts of colonialism and improve the health and wellbeing of Indigenous peoples in meaningful ways. However, more work remains to be done to ensure that this is not true only of a certain group of researchers choosing to go above and beyond the expected standards of their institutions, but that it becomes the normative and expected standard of conduct for each and every academic based researcher involved in health research that impacts Indigenous peoples in Canada. Table 7.2 provides a list of recommendations for academic health researchers to consider in relation to their work.

Table 7.2 Recommendations for Academic Researchers towards Truth and Reconciliation in Research Activities

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1. Commit to ongoing personal reflection, growth and adaptation in the conduct of Indigenous health research
 2. With the help of a framework such as the model proposed herein, and in collaboration with community partners, evaluate all aspects of your program of research and research projects to consider where you can continue to improve in your efforts and commitment towards truth and reconciliation through research
 3. Consider how you can incorporate a truth and reconciliation lens, and aims of self-determination, decolonization and Indigenizing in all aspects of the conduct of your research, including the involvement of university-based students and research staff. Ensure those involved in the project have appropriate understandings and training to accomplish the aims of reconciliatory research. (see Appendix J for resources)
 4. Alongside fellow researchers, look for ways to push for university-wide systemic changes to ensure appropriate standards, processes, and procedures are instituted to facilitate reconciliatory research and ensure that all researchers are adhering to best practices.
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However, it must be emphasized that efforts towards reconciliatory research are not just the responsibility of the researchers involved in reconciliatory research. Changes are also necessary at the institutional level to ensure that the efforts of researchers are unequivocally supported at a systems level. Universities, particularly ones with public commitments to truth and reconciliation, have a responsibility to ensure that the Indigenous-involved research activities occurring within their settings are being conducted so that the potential of truth and reconciliation through research is realized. Table 7.3 provides a list of recommendations for university administrators and leadership to consider in taking steps to ensure truth and reconciliation is advanced through university-based Indigenous health research.

Table 7.3 *Recommendations for University Leadership and Administration towards Truth and Reconciliation in Research Activities*

1. Explicitly recognize the need to work towards truth and reconciliation in the key institutional activity of research as part of broader efforts towards reconciliation, decolonization and Indigenization of the academy.
 2. Publicly commit to ensuring that reconciliatory research is fully understood, supported and facilitated within your university and communicate a mandate of facilitation to all units and staff involved in research administration.
 3. In collaboration with experienced researchers and Indigenous community partners, identify the concrete and tangible barriers to reconciliatory research encountered in your particular university setting.
 4. In collaboration with researchers, Indigenous community partners, leaders and staff in key areas of research administration, ensure that the identified systemic barriers such as research policies and processes involved are reworked in such a way to be innovative, responsive and facilitative. This will necessarily be an ongoing, iterative process that requires a serious consideration of barriers identified by those undertaking such research, including faculty, community partners and research staff. This may involve reworking significant aspects of the research system including standards and processes for ethical review of Indigenous research projects.
 5. Ensure that policies and procedures clearly communicate essential considerations for researchers seeking to do Indigenous (health) research, and develop mechanisms to ensure that researchers, research staff, and administrative staff throughout departments, colleges and units have the necessary training, tools and information to meet these expectations. Ensure that appropriate channels for oversight of these standards exist, and co-develop mechanisms to ensure that community concerns with university-based research are responded to (see Appendix J for resources).
 6. Ensure a posture of collaboration and support is adopted with organizations outside the university, including funding bodies and community-based research organizations to adapt to the changing landscape around research and to support Indigenous self-determination in research, even if this means significant shifts in academic settings in relation to awarding of grants and credit. Find creative and innovative ways to adapt positively to these changes and work collaboratively.
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Although the focus of this instrumental case study was on Indigenous health research at one university, the recommendations of this project may be transferrable to other settings and circumstances. Given that many western universities have similar foundational values and comparable systems and structures for research administration and oversight, it is likely that many of the same barriers identified by researchers at the University of Saskatchewan are experienced by researchers at other Canadian universities. In addition, to the extent that similarities exist in research with Indigenous people in other academic disciplines, the findings

of this project may be a useful starting point in developing models or frameworks for research with Indigenous peoples in other disciplines.

7.6 Future Directions

The research project described and discussed in this thesis should not be viewed as an exhaustive or definitive work on the topic of truth and reconciliation in Indigenous health research. Instead, it should be viewed as a launching point for additional research into conceptualizations of truth and reconciliation in university-based research, characteristics of reconciliatory research in health and in other disciplines, and for efforts to ensure such research is supported and valued within universities. A number of specific suggestions and directions for future research in these areas stemming from this project are worth noting. First, efforts should be made to understand the extent to which the findings of this particular case study are generalizable and transferrable to other Canadian universities with similar values, structures and research activities. This information could be used to further develop the proposed model of truth and reconciliation in Indigenous-focused research and build on the recommendations for universities identified in this thesis. Second, research should also be undertaken to validate and extend the findings of this project in other academic disciplines and colleges. Efforts to identify sentinel characteristics for reconciliatory research in these areas could allow for comparisons with the current findings and model for reconciliatory health research, and the application of these findings into different academic disciplines. Third, research to explore local adaptations and applications of these findings in relation to specific Indigenous groups and communities involved in such research can help to inform efforts in this area. Specifically, input from First Nations and Métis communities (on-reserve and urban) in Saskatchewan should be sought to inform and validate the findings and model of reconciliatory research. In these efforts, it will be important to ensure that future research into truth and reconciliation in research identifies and includes the voices and perspectives of community research partners and knowledge users. This would enhance the findings and conclusions of this project in relation to practical efforts to advance reconciliatory Indigenous health research. Fourth, further efforts (including research) towards truth and reconciliation should also continue to explore the meaning of ‘truth’ in relation to Indigenous health research, the relationship between truth and reconciliation in Indigenous health research, and how truth can be included and inform efforts in this area. Finally, the inclusion of a broader set of contextual factors external to the university could provide a more

complete picture of the landscape of influences on efforts towards reconciliatory research, including the impacts of initiatives such as CIHR's new guidelines for community-held research funding on the conduct and administration of university-based Indigenous health research.

7.7 Concluding Remarks

With a history of Indigenous health research as a mechanism of colonization, exploring how we can work towards truth and reconciliation through health research is an important aspect of university responses to the work of the Truth and Reconciliation Commission of Canada. There are important steps that individual researchers must take to ensure the Indigenous health research they are undertaking has the potential to contribute to truth and reconciliation. This does not necessarily involve framing one's research in relation to the TRC's *Calls to Action* or *Principles of Reconciliation*, but instead requires thoughtful consideration and commitments to centering the research in relationality, and ensuring all research is conducted in response to the identified needs of Indigenous peoples and communities, and is of primary benefit to them. These ethical responsibilities are ultimately placed on the shoulders of individual researchers, but additional responsibilities to facilitate and indeed encourage and expect adherence to such ethical standards rests with university leadership and administrators. Enacting public commitments to truth and reconciliation in the area of research and scholarship will necessitate significant shifts in values, principles, processes and policies that directly impact researcher efforts in this area. Courageous, humble and sustained efforts towards innovative solutions developed collaboratively with those already walking these paths are required to facilitate such changes and to overcome the resistance, fatigue and apathy that will inevitably arise. There will be costs, but a university system that truly supports and values reconciliatory approaches to research will benefit researchers and the communities involved, and can lead to tangible increases in research funding, productivity, and impact that will benefit the university, and contribute to a more equitable and healthy future for Indigenous peoples. Such efforts are based in the hope and belief that meaningful changes can be made in all aspects of our institutions and indeed our society that will result in a more equitable and just society for Indigenous people in Canada where health inequities are no more, Indigenous cultures and peoples are valued, and they can reclaim their rightful place and space within this land. It is only then that reconciliation will be fully realized.

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APPENDIX A

University of Saskatchewan Certificate of Research Ethics Approval



UNIVERSITY OF
SASKATCHEWAN

Behavioural Research Ethics Board (Beh-REB)

Certificate of Approval

Application ID: 666

Principal Investigator: Sylvia Abonyi

Department: Department of Community Health and
Epidemiology

Locations Where University of Saskatchewan, Saskatoon campus, Canada
Research Activities are
Conducted:

Student(s): Lynette Epp

Funder(s):

Sponsor: Canadian Institutes of Health Research

Title: Truth and Reconciliation Through Indigenous Health Research: An Instrumental Case Study
in the College of Medicine, University of Saskatchewan

Approved On: 22/01/2019

Expiry Date: 21/01/2020

Approval Of: Appendix A Conversation Guide (interview questions) Appendix B Demographics and
project information form Appendix C Recruitment email Appendix D Consent Form; Transcript
release procedure; Key informant script; Behavioural Ethics Application

Acknowledgment Of:

Review Type: Delegated Review

CERTIFICATION

The University of Saskatchewan Behavioural Research Ethics Board (Beh-REB) is constituted and operates in accordance with the current version of the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS 2 2014). The University of Saskatchewan Behavioural Research Ethics Board has reviewed the above-named project. The proposal was found to be acceptable on ethical grounds. The principal investigator has the responsibility for any other administrative or regulatory approvals that may pertain to this project, and for ensuring that the authorized project is carried out according to the conditions outlined in the original protocol submitted for ethics review. This Certificate of Approval is valid for the above time period provided there is no change in experimental protocol or consent process or documents.

Any significant changes to your proposed method, or your consent and recruitment procedures should be reported to the Chair for Research Ethics Board consideration in advance of its implementation.

ONGOING REVIEW REQUIREMENTS

In order to receive annual renewal, a status report must be submitted to the REB Chair for Board consideration within one month prior to the current expiry date each year the project remains open, and upon project completion. Please refer to the following website for further instructions: <https://vpresearch.usask.ca/researchers/forms.php>.

Digitally approved by Patricia Simonson, Vice-Chair
Behavioural Research Ethics Board
University of Saskatchewan

APPENDIX B

Participant Recruitment Email

Dear Dr. _____,

My name is Lynette Epp, and I am a second year MSc student in the department of Community Health and Epidemiology in the College of Medicine. I have worked in health research for over 10 years in the CoM, which has fueled my interest in Indigenous health research and topics related to reconciliation and decolonization in health research.

For my thesis project, I am conducting a case study of health researchers in the College of Medicine whose research focuses on Indigenous health, and your name came to my attention as a potential participant. The purpose of the project is to explore how Indigenous health research has and could contribute to truth and reconciliation, and how the institutional context affects such research.

Given your expertise with Indigenous health research, I was wondering if you might be willing to participate in this research project? Your involvement would include participation in a one-on-one guided conversation ([Kovach, 2010](#)) with me to share your stories and experiences with Indigenous health research in the university context and your thoughts about reconciliation and research. The session would take about 60 to 90 minutes, and would be held on campus. Key questions to guide our discussion are attached to this email should you wish to review them prior to making your decision. In addition, you will have an opportunity to review your transcript and the draft report and provide input prior to dissemination of any results to ensure you are comfortable with how the stories and information you shared has been interpreted and represented.

If you have any questions about the project or are interested in being involved, please email me back or call me at 306-966-7884. My availability is quite open in the coming weeks, and I am happy to arrange a time that is convenient for you. If I have not heard back from you in the next week, I will also follow up this email with a phone call to answer any questions you may have and see if you have decided whether or not you'd like to be involved.

Thank you kindly, and I hope to hear from you soon.

Lynette Epp

Lynette.epp@usask.ca

306-966-7884

(Note: Link for Kovach, 2010 reference:

<http://journals.sfu.ca/fpcfr/index.php/FPCFR/article/view/172>)

APPENDIX C

Participant Consent Form



UNIVERSITY OF SASKATCHEWAN
College of Medicine
DEPARTMENT OF COMMUNITY
HEALTH AND EPIDEMIOLOGY
MEDICINE.USASK.CA

Participant Consent Form

You are invited to participate in a research study entitled *Truth and Reconciliation Through Indigenous Health Research: An Instrumental Case Study in the College of Medicine, University of Saskatchewan*

Researcher: Lynette Epp, Graduate student, Community Health and Epidemiology, College of Medicine, University of Saskatchewan. Ph: 306-966-7884 Email: lynette.epp@usask.ca

Supervisor: Dr. Sylvia Abonyi, Community Health and Epidemiology, College of Medicine, University of Saskatchewan. Ph: 306-966-2194 Email: sylvia.abonyi@usask.ca

Purpose(s) and Objective(s) of the Research:

The purpose of this project is to explore ways in which health research with Indigenous people has contributed and can further contribute to Truth and Reconciliation, and to examine how the academic institutional context helps or hinders such efforts.

Procedures:

- Participants will be invited to engage in a type of semi-structured interview known as a guided conversation to discuss their research project(s) related to Indigenous health and explore truth and reconciliation in the context of academic health research and the institutional setting.
- The conversation is expected to take 1 to 1.5 hours and will be conducted at a location of the participants' choice at the University of Saskatchewan campus.
- The conversation will be audio-recorded using a small digital audio recorder to ensure accuracy in recalling details of the conversation. At any time a participant may request that the audio recorder be turned off without giving a reason. The transcribing of interview recordings will be done by the student researcher.
- Demographic information will be collected from participants at the outset of the session.
- Participants will be provided with the conversation guide before the session to allow them time to think about the topics and questions in advance. Participants can introduce additional topics they feel are relevant to the conversation.
- Participants may be asked if they are willing to provide research documents such as funding proposals, ethics applications, research reports or the like as they relate to the conversation and the objectives of the study to the researcher for inclusion in the document analysis component of the project.
- If a participant is willing, the researcher may contact them by email for clarification of information provided to ensure accurate representation and interpretation.
- Data will be reported through de-identified stories, thematic analysis and illustrative vignettes (unless you choose to be identified).
- Participants will be given an opportunity to review the transcript of their interview, and if desired, the interpretations and conclusions reached through the investigation prior to any dissemination. Input and feedback can be provided by phone, in person, or by email.
- Please feel free to ask any questions regarding the procedures and goals of the study or your role.

Potential Risks:

- As this research is being conducted with faculty in the College of Medicine, University of Saskatchewan who are involved in research focused on Indigenous health, there is a possibility that you may be identifiable to others on the basis of what you have said.
- Specifically, colleagues, students, administrators or others may be able to identify aspects of your research projects, or details about your research activities. In addition, we may discuss aspects of the institutional environment that facilitate or hinder your research efforts. As university and college administrators will have access to the full thesis report for this project there may be potential implications for your feelings of safety and security in your professional role(s) within the College of Medicine and University of Saskatchewan.
- Efforts will be made to mitigate these potential risks:
 - All possible steps will be taken to protect your privacy and the confidentiality of your data in the final thesis and any related reports or publications. Unless you specifically ask to be identified, your name, position, project titles, community partners, or other identifying information will not be included in the output. Only aggregate demographics will be reported.
 - You do not have to provide any information that you do not want to. At any time you may move the conversation to another topic. Please only share what you are comfortable sharing, especially as it relates to the institutional context.
 - You will have the opportunity to review the final thesis and reports to ensure you are comfortable with how the information you have provided is represented.
 - If you have concerns at any time that your participation may impact your position or role within the university, you may choose to speak with your Faculty Association representative, college administration or research ethics office.

Potential Benefits:

- This project has the potential to contribute to the conversation around truth and reconciliation within the university context. It may identify and highlight best practices in Indigenous health research as related to reconciliatory research, which may inform further research in this area. Institutional factors that impact such research may be identified, which could allow administrators to consider ways in which the institution can better support such research efforts.

Compensation:

- All participants will be offered a \$10 gift card to Starbucks or Tim Hortons in reciprocation for their time and involvement in the research. For Indigenous participants, a small gift of tobacco or tea will be offered in recognition and respect for Indigenous protocols. Participants will receive the compensation even if they choose to withdraw.

Confidentiality:

- All possible efforts will be made to ensure the confidentiality of your responses. Due to the interpersonal nature of the guided conversations, it will not be possible for you to be completely anonymous in this project.
- Only the student researcher will have access to the raw data and the participant list which links the data to specific individuals. The supervisor, Dr. Sylvia Abonyi, will only

- have access to raw data that has been de-identified. Information will be stored in a locked filing cabinet within the College of Medicine, and on a password-protected server.
- Your demographic data will be linked to your interview data for the purposes of analysis, but demographic information will only be presented in aggregate form, and efforts will be made to ensure potentially identifying details of the research projects and activities are not shared in the research reports.
 - Participants will have the opportunity to review draft reports to ensure they are comfortable with how their data has been shared, interpreted and represented.
 - If a participant would like to be identified, they may make this request to the researcher.
 - Storage of Data:
 - Demographic data, transcripts, research documents and associated materials will be safeguarded and securely stored in password-protected files (for electronic data) and locked cabinets (for paper data) by Lynette Epp until the end of the thesis project. De-identified data will then be stored securely by Sylvia Abonyi at the University for a minimum of five years post publication.
 - Identifying information will be stored separately from the data. All identifying information will be sealed prior to transfer to Dr. Abonyi.
 - After 5 years, identifying information and data will be destroyed. Electronic data will be permanently and irreversibly erased from the server and back-ups, and paper data will be sent to confidential shredding.

Right to Withdraw:

- Your participation is voluntary and you can choose to answer only those questions that you are comfortable with. Whether or not you choose to participate will not affect your position within the university or access to any rights, services or privileges.
- You may withdraw from the research project for any reason, at any time without explanation or penalty of any sort.
- Should you wish to withdraw, any data that you have provided (including demographic data) that is able to be extracted from the data set and analyses will be removed and destroyed.
- Your right to withdraw data from the study will apply until August 31, 2019. After this date, it may not be possible to withdraw your data.

Follow up:

- A summary of project findings will be provided by email to all research participants. Interested participants will also be able to access the full thesis report via the Ecommons dissertation and thesis repository managed by the University of Saskatchewan library, or by emailing the researcher to request a copy.

Questions or Concerns:

- For any questions or concerns, please contact Lynette Epp or Dr. Abonyi directly at the phone numbers or email addresses listed on page 1.
- This research project has been approved on ethical grounds by the University of Saskatchewan Research Ethics Board. Any questions regarding your rights as a participant may be addressed to that committee through the Research Ethics Office at ethics.office@usask.ca or (306) 966-2975. Out of town participants may call toll free (888) 966-2975.

Consent – Researcher copy

- Your consent to participate in this research study covers the primary guided conversation session including demographic data, and subsequent email contact for review of your interview transcript (if desired) and input on the draft report.
- You may indicate below if you agree to be contacted in follow-up to your guided conversation if further questions or need for clarification arises. You may also indicate if you are willing to provide research documents for inclusion in the document analysis component of the project, and if you wish to be identified by name in the final reports.

Your signature below indicates that you have read and understand the description provided; have had an opportunity to ask questions and your questions have been answered.

I consent to participate in the research project. A copy of this Consent Form has been given to me for my records.

_____ _____ _____
Name of Participant *Signature* *Date*

There are several additional options for you to consider for this research project. You can choose all, some or none of them. Please put a check mark on the corresponding line(s) that grants me your permission for the following aspects of the research. You may change your mind at any time regarding these additional aspects of the project, and may indicate this to the researcher either verbally or in writing/by email.

I am willing to be contacted after the session for clarification or further details ___ Yes ___ No

If yes, preferred method of contact: Phone @ _____ Email @ _____

(Note: even if you select 'no' for this option, you will still be given an opportunity to review your interview transcript if desired, and the draft report prior to dissemination)

I am willing to provide research documents relevant to the project objectives ___ Yes ___ No

I would like to review my interview transcript for accuracy prior to its use ___ Yes ___ No

I wish to be identified by name in the written report of this project ___ Yes ___ No

_____ _____
Researcher's Signature *Date*

A copy of this consent will be left with you, and a copy will be taken by the researcher.

APPENDIX D

Demographic Information Form

Researcher Demographics – to complete at beginning of guided conversation

Age group (circle one)	20-29 30-39 40-49 50-59 60-69 70+
Sex	M F Other:
Ethnicity (include nation/band if self-identified as Indigenous)	
Affiliation & Position	
Years in a faculty position Career stage (circle one)	_____ yrs in faculty position Early career Mid-career Senior investigator
How many yrs in Indig h.r.? How many yrs at U of S?	_____ yrs in Indigenous health research _____ yrs at U of S
Area/Focus of Indigenous Health Research (clinical/biomed/population?)	
Additional details/notes	

APPENDIX E

Conversation Guide

Truth and Reconciliation through Indigenous Health Research Conversation Guide

I am interested in having a conversation with you about how Truth and Reconciliation is happening and could continue to happen through health research in the College of Medicine.

To begin, could you please tell me a bit about your program of research and your research projects that focus on Indigenous health and wellbeing?

What might Truth and Reconciliation look like in the context of health research?

I would like to hear your stories about how you think your research has contributed to Truth and Reconciliation in Canada.

I am also interested in exploring how research focused on Indigenous health might be used in the future to contribute to Truth and Reconciliation in Canada.

Finally, I am interested in how the institutional context of the College of Medicine and University of Saskatchewan facilitates and hinders your efforts towards these ends.

I appreciate your willingness to meet with me to discuss these topics, and look forward to learning from your experiences, opinions and perspectives. You are also welcome to bring up any other topics or areas that you feel are relevant to the conversation.

If you have any questions prior to our meeting, please do not hesitate to contact me at lynette.epp@usask.ca or 306-966-7884 (office hours vary).

APPENDIX F

Principles of Reconciliation and Select *Calls to Action* for Reference

Principles of Reconciliation

1. The United Nations Declaration on the Rights of Indigenous Peoples is the framework for reconciliation at all levels and across all sectors of Canadian society.
2. First Nations, Inuit, and Métis peoples, as the original peoples of this country and as self-determining peoples, have Treaty, constitutional, and human rights that must be recognized and respected.
3. Reconciliation is a process of healing of relationships that requires public truth sharing, apology, and commemoration that acknowledge and redress past harms.
4. Reconciliation requires constructive action on addressing the ongoing legacies of colonialism that have had destructive impacts on Aboriginal peoples' education, cultures and languages, health, child welfare, the administration of justice, and economic opportunities and prosperity.
5. Reconciliation must create a more equitable and inclusive society by closing the gaps in social, health, and economic outcomes that exist between Aboriginal and non-Aboriginal Canadians.
6. All Canadians, as Treaty peoples, share responsibility for establishing and maintaining mutually respectful relationships.
7. The perspectives and understandings of Aboriginal Elders and Traditional Knowledge Keepers of the ethics, concepts, and practices of reconciliation are vital to long-term reconciliation.
8. Supporting Aboriginal peoples' cultural revitalization and integrating Indigenous knowledge systems, oral histories, laws, protocols, and connections to the land into the reconciliation process are essential.
9. Reconciliation requires political will, joint leadership, trust building, accountability, and transparency, as well as a substantial investment of resources.
10. Reconciliation requires sustained public education and dialogue, including youth engagement, about the history and legacy of residential schools, Treaties, and Aboriginal rights, as well as the historical and contemporary contributions of Aboriginal peoples to Canadian society.

Source:

Truth and Reconciliation Commission of Canada. (2015). What we have learned: principles of truth and reconciliation. pp.3-4. Available at: <http://www.trc.ca/assets/pdf/res-Principles%20of%20Truth%20and%20Reconciliation.pdf>

Table 1

TRC Calls to Action related to Health and Research

<i>Section and Call</i>	<i>Text of Call</i>
Health – Call 18	We call upon the federal, provincial, territorial, and Aboriginal governments to acknowledge that the current state of Aboriginal health in Canada is a direct result of previous Canadian government policies , including residential schools, and to recognize and implement the health-care rights of Aboriginal people as identified in international law, constitutional law, and under the Treaties.
Health – Call 19	We call upon the federal government, in consultation with Aboriginal peoples, to establish measurable goals to identify and close the gaps in health outcomes between Aboriginal and non-Aboriginal communities, and to publish annual progress reports and assess long-term trends . Such efforts would focus on indicators such as: infant mortality, maternal health, suicide, mental health, addictions, life expectancy, birth rates, infant and child health issues, chronic diseases, illness and injury incidence, and the availability of appropriate health services.
Health – Call 20	In order to address the jurisdictional disputes concerning Aboriginal people who do not reside on reserves, we call upon the federal government to recognize, respect, and address the distinct health needs of the Métis, Inuit, and off-reserve Aboriginal peoples .
Health – Call 21	We call upon the federal government to provide sustainable funding for existing and new Aboriginal healing centres to address the physical, mental, emotional, and spiritual harms caused by residential schools , and to ensure that the funding of healing centres in Nunavut and the Northwest Territories is a priority.
Health – Call 22	We call upon those who can effect change within the Canadian health-care system to recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients.
Health – Call 23	We call upon all levels of government to: i. Increase the number of Aboriginal professionals working in the health-care field. ii. Ensure the retention of Aboriginal health-care providers in Aboriginal communities. iii. Provide cultural competency training for all healthcare professionals.
Health – Call 24	We call upon medical and nursing schools in Canada to require all students to take a course dealing with Aboriginal health issues , including the history and legacy of residential schools, the United Nations Declaration on the Rights of Indigenous Peoples, Treaties and Aboriginal rights, and Indigenous teachings and practices. This will require skills-based training in intercultural competency, conflict resolution, human rights, and anti-racism.
National Council for Reconciliation – Call 55	We call upon all levels of government to provide annual reports or any current data requested by the National Council for Reconciliation so that it can report on the progress towards reconciliation . The reports or data would include, but not be limited to: iv. Progress on closing the gaps between Aboriginal and non-Aboriginal communities in a number of health indicators such as: infant mortality, maternal health, suicide, mental health, addictions, life expectancy, birth rates, infant and child health issues, chronic diseases, illness and injury incidence, and the availability of appropriate health services.
Education for reconciliation – Call 65	We call upon the federal government, through the Social Sciences and Humanities Research Council, and in collaboration with Aboriginal peoples, post-secondary institutions and educators, and the National Centre for Truth and Reconciliation and its partner institutions, to establish a national research program with multi-year funding to advance understanding of reconciliation .

*Note. Calls to Action from Truth and Reconciliation Commission of Canada (2015c). **Bold** added.*

APPENDIX G

Relevant Excerpts from *University Plan 2025*

2025 ASPIRATIONS

The impacts to which we aspire as a university testify to our ambition to be the university the world needs.

- **Transformative Decolonization Leading to Reconciliation.** The world needs a university in which Indigenous concepts, methodologies, pedagogies, languages, and philosophies are respectfully woven into the tapestry of learning, research, scholarship, creativity, and community engagement.
- **Productive Collaboration.** The world needs a university in which research and innovation are inspired by and accountable to community partners.
- **Meaningful Impact.** The world needs a university resolutely committed to measuring its own success in terms of the aspirations of the communities it serves.
- **Distinguished Learners.** The world needs a university whose graduates have the drive, the curiosity, and the humility to work with others in addressing the greatest challenges and opportunities the world faces.
- **Global Recognition.** The world needs a university that sets the standard in learning, research, scholarship, creativity, and community engagement.

To be the university the world needs is a bold ambition. It will require us to remain firmly focused on our three commitments: Courageous Curiosity, Boundless Collaboration, Inspired Communities. It will require us to converge around the twelve goals, steered by the guideposts we have established to mark our path. And it will require us to be very disciplined about tracking our progress against the five areas of impact to which we aspire: Transformative Decolonization Leading to Reconciliation, Productive Collaboration, Meaningful Impact, Distinguished Learners, Global Recognition.

We believe that the University of Saskatchewan has much to offer its communities, and through this plan, we are committed to delivering on our promise. We are committed to communicate and celebrate our successes, and to gather around our challenges as a diverse community that seeks solutions with the kind of bold creativity that has characterized this university since its inception.

In doing so, we'll inspire others to reach their full potential, even as we find our place among the world's top universities. We will be the university that we must be for the future—the university the world needs.

UPLIFT INDIGENIZATION

Together, we are uplifting Indigenization to a place of prominence at the University of Saskatchewan. Words and phrases that capture the importance of Indigenous peoples and their ways of being, knowing, and doing—philosophies, languages, methodologies, pedagogies—are evident throughout the University Plan and are a source of inspiration for our students, faculty, staff, and community partners.

Indigenization challenges us to amplify the forces of decolonization. Decolonization practices contest divisive and demeaning actions, policies, programming, and frameworks. Indigenization is the healing, balancing force; it calls us to action, invites a rebalancing of relationships, inspires opportunities for mutual cultural understanding, and helps us to find comfort in the discomfort decolonization can entail. From an Indigenous perspective, the gesture of uplifting (open hands, palms up, raised arms) conveys value, openness, honour, trust, and relationship. By uplifting Indigenization and Indigenous self-determination, we are welcoming ideas, knowledges, and perspectives that enrich us all.

Indigenization strengthens the fabric of the university. It involves the respectful, meaningful, ethical weaving of First Nations, Métis, and Inuit knowledges, lived experiences, worldviews, and stories into teaching, learning, and research. Indigenization is a gift that benefits every member of our community.

GUIDEPOSTS

- Growth in the number of Indigenous policies, programmes, curricula, and initiatives across colleges and schools developed with and validated by Indigenous peoples
- Recognized Indigenous leadership at all levels of the academy, administration, and governance
- Amplified Indigenous student, faculty and staff recruitment and retention efforts
- Systems and structures—including tenure, promotion, and merit practices—that support and recognize Indigenization
- A university community—Indigenous and non-Indigenous—increasingly empowered by active and ongoing system-wide learning that supports the growth and sustainability of Indigenization
- Local, provincial, national, and international recognition as leaders of Indigenization and decolonization

COMMITMENT #1: COURAGEOUS CURIOSITY | 10

EXPERIENCE RECONCILIATION

"Reconciliation," said Senator Murray Sinclair, Chair of the Truth and Reconciliation Commission, "is about forging and maintaining respectful relationships. There are no shortcuts."

As a community, we have a shared responsibility to honour and join in the journey of reconciliation. Relationships have been fractured; they require repair, redress, and healing. The tragedy of residential schooling exploited education as a tool to destroy identity. As a learning institution, the university has an obligation to use its influence to celebrate diversity and bring to the forefront the strength and beauty evident in Indigenous thought: to move forward "in a good way".

The Truth and Reconciliation Commission has also taught us that reconciliation is a goal that may take generations to realize. The University of Saskatchewan understands that reconciliation is an enduring journey, and we are steadfastly committed to actions that contribute to respectfully enabling the balance of relationships between Indigenous and non-Indigenous peoples. Enabling this balance requires us to nurture an ethical space in which we can explore how we relate to each other through the lenses of history, culture, and lived experience. By providing opportunities to bring people together to share their experiences of truth, we will contribute to individual and collective healing and nourish deeper expressions of reconciliation.

GUIDEPOSTS

- Growth in the number, diversity, and strength of reconciliation programming across colleges and schools
- Recognized leadership in reconciliation models, initiatives, and methodologies
- Systems and structures that support reconciliation
- Local, provincial, national, and international recognition for the strong stance on reconciliation and for meaningful reconciliation initiatives
- Strong evidence of initiatives that are responsive to the TRC Calls to Action

COMMITMENT #2: BOUNDLESS COLLABORATION | 13

EMBRACE MANACIHITOWIN (RESPECT ONE ANOTHER)

Strong relationships are built upon respect, reciprocity, and continuous renewal of values and actions that support healthy connections. The English interpretation of this Cree/Michif phrase is "let us respect each other". This phrase embodies humility and speaks to the spirit of the treaties. It is an invitation to walk alongside, to travel down a path, working together to realize goals and a vision that strengthen all cultures.

The University of Saskatchewan embraces the teachings of manacihitowin, which are drawn from the stories and songs of Elders and Traditional Knowledge Keepers.

Deep understanding of concepts like manacihitowin demands experiential cultural and language learning, and an inquisitive learning spirit. We cannot achieve respectful relations passively; as a university, we have both an ethical obligation and a vital opportunity to nurture the sharing of stories that will awaken understanding and inspire our community toward relationships uplifted by our histories, cultures, and lived experiences: *manacihitowin*.

GUIDEPOSTS

- Increased number of experiential cultural and language opportunities for all students, staff, faculty, and leadership
- Policies and protocol that are respectful of the diverse Indigenous cultural groups in colleges and schools
- Systems and structures that support collaborative and reciprocal relationships and partnerships with Indigenous peoples on- and off-campus
- Policies and practices that honour Elders, Traditional Knowledge Keepers, and Language Teachers
- The articulation and teachings of Manacihitowin will be fluid and deeply known and evident throughout the whole campus community

COMMITMENT #3: INSPIRED COMMUNITIES | 14

Source: University of Saskatchewan. (2018). *University Plan 2025*. Retrieved from <https://plan.usask.ca/>

APPENDIX H

Relevant Excerpts from College of Medicine Strategic Plan, 2017–22

Strategic Directions

1. Strengthen Research Capacity

Leverage expertise and opportunities while performing research across the breadth of biomedical sciences, clinical medicine, health systems, and health of populations to create an environment where research can excel.

Research plays a critical role in the success of the college, fostering academic growth and discovery among our faculty and students to create a foundation for new knowledge.

1.1 Recruit, support and retain excellent researchers and encourage and expand CoM interdisciplinary collaborations.

- Increase our complement of Indigenous health researchers and the impact of Indigenous health
- Recruit top tier new and mid-career researchers
- Recruit Canada Research Chairs
- Successfully recruit high-quality graduate students to the biomedical and health sciences programs
- Foster a strong culture where research is recognized and valued

1.2 Increase Tri-Agency and other prestigious national grant submissions, awards, and funding dollars.

- Establish and refine internal matching funds program to demonstrate CoM commitment and encourage more applications
- Continue to improve/support faculty and students, through various Office of the Vice-Dean Research initiatives, to help researchers become more successful and competitive
- Increase number of faculty awarded grants and total funding dollars
- Increase graduate student fellowship success in national and international competitions
- Develop and establish a research fundraising campaign and incorporate donor funds and endowments into funding programs

1.3 Implement a strong biomedical science program that stimulates graduate student and faculty research programs.

- Launch the BMSc program to increase the number and quality of students applying to the program; and to increase the quality of graduates that go in to health professional colleges and graduate studies; and to support the culture and identity of the faculty

1.4 Encourage and expand collaborations—both interdisciplinary and college basic science/clinical.

- Engage with critical stakeholders (e.g., research funding organizations, donors, government, alumni, Saskatchewan Health Authority, etc.)
- Work with Cameco Chair in Indigenous Health to build community relationships and partnerships to engage Indigenous health research
- Build collaborations with other colleges (e.g., Arts and Science, Engineering) to broaden interest/expertise in machine learning, sensor development, big data analysis and wireless devices
- Establish formalized partnerships with other western Canadian medical schools to facilitate external collaborations

Strategic Directions

3. Social Accountability

Address the priority health concerns of the communities the college is mandated to serve, incorporating authentic community engagement and mutually beneficial partnerships. Focus on equity and community engagement by interweaving social accountability throughout the college's operations.

3.1 Integrate social accountability into learning across the College of Medicine.

- Admit learners who reflect the socio-demographic characteristics of our communities and who will serve underserved populations and communities
- Embed social accountability in medical education curriculum, not as a single topic but as a foundation that underlies medical education
- Have all UGME classes reviewed by the Curriculum Quality Review Sub-Committee (CQRSO) for social accountability content, through a social accountability lens

3.2 Integrate social accountability into research and scholarship across the College of Medicine.

- Balance the drivers for research and scholarship between discovery-driven research and research directed towards identifying and meeting the needs of the local and global community
- In partnership with key stakeholders, conduct research that is interdisciplinary and contributes to evidence-based practice, quality care and greater health equity
- Increase the percentage of biomedical research with a plan in place to seek relevant community engagement
- Increase the percentage of dean's research projects addressing health equity, diversity or the social determinants of health

3.3 The College of Medicine will engage authentically with the community to address health inequities across Saskatchewan and identify and respond to emerging community health needs.

- Partner with patients, families, communities and the health sector to design activities that address the priority health needs of the communities we serve, reflecting a genuine commitment to collaboration for the mutually beneficial exchange of knowledge and resources, and incorporating community inclusion

3.4 Demonstrate a commitment to social accountability within our institutional structures and operations and in our local and global partnerships.

- As recognized agents of positive change, speak out on behalf of underserved populations and regarding conditions of neglect, and work with partners and policy makers to translate a patient-centered healthcare system from vision to reality

Strategic Directions

4. Indigenous Health

Respond to the Calls to Action in Canada's Truth and Reconciliation report, and work in a mutually beneficial and collaborative manner with the Indigenous peoples of Saskatchewan to define and address the present and emerging health needs in their communities.

Promote wellness, balance and teachings that will lead to positive and improved outcomes in communities.

4.1 Establish an administrative home within the College of Medicine.

- Implement and support a structure that ensures Indigenous voices are included and heard at all levels, with emphasis on sharing of power, capacity building, and succession planning
- Increase the number of Indigenous people in senior leadership positions across the College of Medicine. Invest in the development of Indigenous faculty, students, residents and staff

4.2 Contribute to a welcoming space.

- Invest in "Indigenous spaces" as a shared commitment to safe, welcoming physical space on campus for the Indigenous community as a whole
- Advocate for space allocation and consult with Indigenous stakeholders, Elders, students, and knowledge keepers in the process
- Continue to incorporate art, symbols, communication and learning resources at the Health Sciences Building on the U of S Saskatoon campus

4.3 Foster transformative learning experiences to ensure curriculum and practices are delivered in a culturally safe way.

- Support and engage learners throughout their relationship with the college
- Support faculty, staff, and learners in their awareness and understanding of their role in honouring and responding to the Calls to Action in the Truth and Reconciliation report
- Advance curriculum by weaving western and traditional knowledge together, increasing Indigenous health electives, and implementing a vertical lecture theme with Indigenous ownership and content
- Ensure PGME residents will successfully complete the Role of Practitioners in Indigenous Health course

4.4 Commit to Indigenous health and wellness as an ethical imperative with Indigenous health research supporting Indigenous communities in their movement towards health and wellness and in redressing health inequity, especially intergenerational health concerns.

- Foster collaborative and mutually beneficial community engagement and research
- Increase research with Indigenous communities, peoples, languages, culture and history
- Increase research involving Indigenous communities that integrates a community-based participatory approach

APPENDIX I

Excerpts from University of Saskatchewan Ethics Review Application Forms

Part 3: Community Engagement

Aboriginal Peoples and Community Engagement

Aboriginal communities, peoples, language, culture or history is the primary focus of this project: *	<input type="checkbox"/> Yes <input type="checkbox"/> No
Aboriginal people will comprise a sizable proportion of the larger community that is the subject of research even if no Aboriginal-specific conclusions will be made: *	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable

There is an intention to draw Aboriginal-specific conclusions from this project: *	<input type="checkbox"/> Yes <input type="checkbox"/> No
This project will involve community-based participatory research: *	<input type="checkbox"/> Yes <input type="checkbox"/> No
There will be a research agreement between the researcher and community:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Aboriginal Engagement and Community-Based Participatory Research

If 'yes' was answered to any of the above questions, complete the following:

Outline the process to be followed for consulting with the appropriate community:

Describe the organizational structure and community processes required to obtain approval within the specific community(ies):

Describe any customs and codes of research practice that apply to the particular community(ies) affected by the project:

Describe how the research plan will consider mutual benefit to the participating community(ies), support capacity building through enhancement of the skills of community personnel and the recognition of the role of elders and other knowledge holders:

Describe how the community representatives will have the opportunity to participate in the interpretation of the data and the review of research findings before the completion of any reports or publications:

Describe how the final project results will be shared with the participating community(ies):

Excerpt of 'Aboriginal Peoples and Community Engagement' section from Behavioural IRB application form, University of Saskatchewan. Retrieved from: <https://vpresearch.usask.ca/researchers/forms.php>

PART 3: COMMUNITY ENGAGEMENT

Community Engagement

Is this research likely to affect the welfare of an Indigenous community, or communities, to which participants belong? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, researchers shall seek engagement with the relevant community as follows: <input type="text"/>
Outline the process to be followed for consulting with the appropriate community: <input type="text"/>
Describe how the community representatives will have the opportunity to participate in the interpretation of the data and the review of research findings before the completion of any reports or publications: <input type="text"/>
Describe how the final project results will be shared with the participating community(ies): <input type="text"/>

Excerpt from 'Community Engagement' section found on all Biomedical IRB application forms, University of Saskatchewan. Retrieved from: <https://vpresearch.usask.ca/researchers/forms.php>

APPENDIX J

Information Sources, Resources and Training for University Researchers and

Administrators

Resource URL (Author/Source)	Summary
ONLINE RESOURCE LISTS/COMPENDIA	
Guides for Researchers (tab in top menu) https://achh.ca/knowledge-research/ihrac/ (Indigenous Health Research Advisory Committee of the CIHR-funded Chronic Pain Network)	Internet links to First Nations, Inuit, and Métis Research Ethics guides from regions across Canada, and Community Engagement guidelines
National Collaborating Centre for Indigenous Health Knowledge Resources and Publications https://www.nccih.ca/en/publications.aspx?sortcode=2.8.10	Resources, publications, webinars and podcasts around Indigenous health and public health in Canada; mailing list
Office of the Vice-Provost Indigenous Engagement, U of S https://indigenous.usask.ca/research--discovery/resources.php	Resources for faculty, staff and students around Truth and Reconciliation at the U of S
DOCUMENTS	
100 ways to Indigenize and Decolonize Academic Programs and Courses https://www.uregina.ca/president/assets/docs/president-docs/indigenization/indigenize-decolonize-university-courses.pdf (Dr. Shauneen Pete, Executive Lead: Indigenization, University of Regina)	Document listing strategies for decolonization and Indigenization in universities targeted to levels of university leadership and faculty. Oriented towards teaching and learning, principles can apply to research as well
Indigenizing Postsecondary Institutions https://teaching.usask.ca/tlt2018/documents/TLT2018%20-%20Calvez.pdf (Dr. Stryker Calvez, Manager, Indigenous Education Initiatives The Gwenna Moss Centre for Teaching and Learning, U of S)	Presentation identifying strategies towards Indigenization at the U of S in the context of the <i>University Plan 2025</i>
Setting New Directions to Support Indigenous Research and Research Training In Canada, 2019-2022 https://www.canada.ca/content/dam/crcc-ccrc/documents/strategic-plan-2019-2022/sirc_strategic_plan-eng.pdf (Government of Canada)	Government of Canada Strategic Plan for Indigenous research and research training
Toolbox of Research Principles in an Aboriginal Context (2015) https://www.cssspnq1.com/docs/default-source/centre-de-documentation/toolbox_research_principles_aboriginal_context_eng16C3D3AF4B658E221564CE39.pdf (First Nations of Quebec and Labrador Health and Social Services Commission)	Electronic document with articles and contributions related to issues in Indigenous Research Ethics in Canada; examples and strategies for enacting research ethics and approaches

Resource URL (Author/Source)	Summary
COURSES, TRAINING AND WEBINARS	
Building Research Relationships with Indigenous Communities https://www.scpor.ca/communities-as-patient-partners (Saskatchewan Centre for Patient-Oriented Research)	Training modules for researchers seeking to engage with Indigenous communities
Cultural Safety in Healthcare Modules https://web2.uvcs.uvic.ca/courses/csafety/mod1/ (University of Victoria, BC)	Three free online modules aimed at developing cultural safety among nurses; applicable to other health professions/researchers
Fundamentals of OCAP® Training https://fnigc.ca/training/fundamentals-ocap.html (First Nations Information Governance Centre, training delivered by Algonquin College)	Online certificate training course in OCAP® principles; cost of \$250+gst. Seven online modules, with quizzes and final test; offered monthly
Indigenization and Indigenous Education Professional Development https://teaching.usask.ca/events/courses-and-workshops.php#IndigenizationandIndigenousEducationProfessionalDevelopment (Gwenna Moss Centre for Teaching and Learning, U of S)	Various in-person and online modules aimed at faculty seeking to increase knowledge and move forward towards Indigenization, decolonization and reconciliation at the U of S
Indigenous Canada https://www.coursera.org/learn/indigenous-canada (University of Alberta)	12 lesson free Massive Open Online Course (MOOC) on Indigenous history in Canada and Indigenous-settler relations
Indigenous Cultural Safety Collaborative Learning Series http://www.icscollaborative.com/ (BC Provincial Health Services Authority and Southwest Ontario Aboriginal Health Access Centre)	Free national webinar series supporting Indigenous cultural safety across sectors, with roots in healthcare training
Reconciliation through Indigenous Education https://pdce.educ.ubc.ca/reconciliation/ (University of British Columbia)	6-week free Massive Open Online Course (MOOC) on practices to advance reconciliation in spheres of daily life, including education
TCPS 2 Course on Research Ethics (CORE) https://tcps2core.ca/welcome (Government of Canada Panel on Research Ethics)	Free online certificate course on TCPS2 research ethics, including a section on Chapter 9 - Research Involving the First Nations, Inuit and Métis Peoples of Canada
U of S Indigenous Voices Online Modules https://teaching.usask.ca/curriculum/indigenization.php#IndigenousVoicesProgram (Office of the Vice-Provost Indigenous Engagement, U of S and Indigenous Voices Program, U of S)	Free online modules developed at the U of S. Topics cover power and privilege, land agreements, place and culture, Indigenous education, land acknowledgments

Resource	Summary
URL (Author/Source)	
ORGANIZATIONS	
Office of the Treaty Commissioner (OTC - SK) http://www.otc.ca/	Organization to promote Treaty knowledge, reconciliation at a local level; events and resources (speakers, print resources)
INDIGENOUS RESEARCH SUPPORT AND RESOURCES AT CANADIAN UNIVERSITIES*	
Guidelines for Research Involving Aboriginal/Indigenous Peoples https://research.info.yorku.ca/guidelines-for-research-involving-aboriginalindigenous-peoples/ (York University Office of Research Ethics)	Principles for Indigenous research drawn from TCPS2 Chapter 9 for the York University context
Indigenous Research at Memorial https://www.mun.ca/research/Indigenous/ (Memorial University)	Example of university webpage identifying policies, principles and values around Indigenous research; resources for faculty, students, Indigenous groups, and grant facilitators
Indigenous Research Ethics Institute – Resources https://carleton.ca/indigenouresearchethics/resources/ (Carleton University Indigenous Research Ethics Institute)	Example of university-based Indigenous Research Ethics Institute for faculty and students with training and resources
Indigenous Research Methodologies (including Research Ethics) https://guides.library.ubc.ca/indigresearch (University of British Columbia Library)	Example of university-based library guide on Indigenous research methodologies and research ethics
Research Involving First Nations, Inuit and Métis Peoples of Canada https://www.ualberta.ca/research/support/ethics-office/human-research-ethics/research-with-aboriginal-populations (University of Alberta Research Ethics Office)	Example of university-based research ethics guide for Indigenous research

* It is of note that the University of Saskatchewan does not have a webpage with information related to Indigenous research principles, strategies, ethics or resources available for researchers.

NOTE: This list was developed in July 2020. All resources and URLs were accessible at that time. If any resources are subsequently not available via the links provided, an internet search should allow the user to find the updated link or resource, or comparable resources. This list is not meant to be exhaustive, but to offer a starting place for researchers and university administrators/leaders who would like to develop their skills, knowledge and competencies around Indigenous research, particularly in the context of truth and reconciliation.