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Common Insights, Differing Methodologies: Towards a Fusion of Indigenous Methodologies, Participatory Action Research, and White Studies in an Urban Aboriginal Research Agenda

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* The Okanagan Urban Aboriginal Health Research Collective is made up of researchers from the Ki-LOWNA Friendship Centre, the OOKNAKANE Friendship Centre, the VERNON First Nation Friendship Centre and UBC Okanagan. Members include: Wendy Antoine, Marcel Aubin, Lawrence Berg, Molly Brewer, Mike Evans, Stephen Foster, Krista Gallant, Rachelle Hole, Peter Hutchinson, Donna Kurtz, Sheila Lewis, Carmella Alexis, Cam Martin, Cynthia Mathieson, Buffy Mills, Mary Ann Murphy, Jessie Nyberg, Colin Reid, Dixon Sookraj, Natalie Sagal, and Edna Terbasket.

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Abstract

In this paper we discuss three broad research approaches: Indigenous Methodologies, Participatory Action Research, and White Studies. We suggest that a fusion of these three approaches can be useful, especially in terms of collaborative work with Indigenous communities. More specifically, we argue that using Indigenous Methodologies and Participatory Action Research, but refocusing the object of inquiry directly and specifically on the institutions and structures that Indigenous peoples face, can be a particularly effective way of transforming Indigenous peoples from the objects of inquiry to its authors. A case study focused on the development of appropriate research methods for a collaborative project with the Urban Aboriginal communities of the Okanagan Valley in BC, Canada, provides an illustration of the methodological fusion we propose.

Introduction: Common Insights and Differing Methodologies

Following the pioneering work of people like Vine Deloria Jr. (e.g. 1969), and especially since the watershed publication of Linda Smith's *Decolonizing Methodologies* (1999), the development and implementation of Indigenous methodologies (IM) have become a near necessity for the implementation of research in Indigenous communities¹. These innovations parallel and at times intersect other methodological developments in the area of participatory action research (PAR). Both approaches are overtly intended to provide alternatives to dominant positivistic paradigms, and both are intended to give voice and prominence to communities previously marginalized in research practices (Berg, et al, 2007). There are further resonances between the critiques of knowledge production based in IM and PAR practice, and critical theory generally; in particular the work of a number of feminist scholars (e.g. Butler, 1992, Haraway, 1988; Lather, 1991) and analysts of "whiteness" (e.g. Bonnett, 2000; Jackson, 1998) or white

studies (WS) (e.g., Dyer, 1997; Frankenberg, 1997) make explicit the ethnic and gendered biases of previously unproblematic scientific/positivist or naively empiricist representations.

In this paper we promote the idea of integrating these parallel methodological developments by engaging an Indigenous² community in a participatory frame in order to generate an analysis of “whiteness” in the structures and institutions that the community faces. While this approach is well within the potential scope of PAR, IM, and for that matter WS, there is a curious lacunae of studies that integrate the approaches in the manner we propose. Using a case study of work currently underway by the Okanagan Urban Aboriginal Health Research Collective³, we suggest that a slight re-orientation to the methodologies above can extend and augment impact of existing practices.

Indigenous Methodologies

Indigenous methodology can be summarized as research by and for Indigenous peoples, using techniques and methods drawn from the traditions of those peoples. This set of approaches simply rejects research on Indigenous communities which use exclusively positivistic, reductionist, and objectivist research rationales as irrelevant at best, colonialist most of the time, and demonstrably pernicious as a matter of course. Rather than non-indigenous peoples framing indigenous worldview from a distance, IM situates and is reflected upon by research/ers at the location most relevant to that being gazed upon, the indigenous experience. Paulo Friere (1970) situated pedagogy within this gaze, advancing a method of curriculum development informed by indigenous peoples and relative to their experience of daily life and colonial oppression. Friere’s significant role in the development of both IM and PAR is telling. Friere’s work coincided with many Indigenous movements, including those in Canada (National Indian Brotherhood, 1972; Assembly of First Nations 1988). Both PAR and IM have been subject to criticism for being overly relativistic (Frideres, 1992), nonetheless, practitioners of both have stood their ground, and most critically, IM has found a receptive audience amongst Indigenous people and their

supporters the world over. Mihesuah (1998), Smith (1999), Battiste (2000), and Battiste and Henderson (2000) have provided leading examples of IM which have influenced every discipline touching on Indigenous peoples.

The entry of IM into modern academic discourse parallels some success at the level of research policy as well. For example, National research funding agencies in Canada are now recognizing how important and effective the appropriate inclusion of indigenous communities can be in describing, defining, and developing research questions, and most urgently, in moving research results into transformative practice. A recent example of this is the Aboriginal Capacity and Developmental Research Environments (ACADRE). These are nationally funded centres which are situated across the country and encompass all three coastlines of Canada. The ACADRE centres support Indigenous research by and for Indigenous populations and provide both indigenous and non-indigenous scholars with the opportunity to work in partnership with Indigenous populations. They achieve this diffusion of IM through the support of close ties with Indigenous communities and established Indigenous scholars; providing funding for research and capacity development that reflects Indigenous community needs and goals; and, supporting a network of scholars and communities that are actively engaged in IM in health related research..

The BC ACADRE, located at the Point Gray campus of UBC, has developed a framework for its research activity emphasizing the “4 Rs” of research with Aboriginal Communities: *respect, relevance, reciprocity, and responsibility*. This framework, drawn from Kirkness and Barnhardt (1991), guides the activities of the centre (First Nations House of Learning, found April 23 2007 at http://www.health-disciplines.ubc.ca/iah/acadre/site_files/research/4_r_s.htm) and is entirely consistent with developments in IM generally. It is worth noting that not only the research methods but also the research themes and priorities (see BC ACADRE, found July 13 at http://www.health-disciplines.ubc.ca/iah/acadre/site_files/research.htm) are community centred; that is, the gaze employed is an Aboriginal one and so is the object of the gaze. While this is appropriate, we

believe there may well be additional potential for IM fused with a couple of additional approaches – Participatory Action Research and White Studies.

Participatory Action Research

Participatory Action Research methods employ frameworks that have potential to complement Indigenous methodologies. Congruent with IM, researchers employing a PAR framework challenge the historical privileging of Western positivist science that emphasize(d) neutrality and objectivity (Hall, 1992; Kemmis & McTaggart, 2000). Instead, PAR researchers (e.g., Fine, 1994; Fine, Bloom, & Chajet, 2003; Hall, 1984; Maguire, 1987) highlight the centrality of power in the social construction of knowledge and assert an acceptance of alternative and multiple ways of knowing. Rather than the illusory ‘value-free’ knowledge of positivist scientific practices, PAR researchers seek emancipatory knowledge (Lather, 1991).

At its core PAR is premised on a set of principles and related practices that promote a commitment to action and social justice, specifically with the goal of exposing and changing relations of power (Fals Borda, 1987; Fischer, 1997; Maguire, 1987). PAR emphasizes a collective process where previously considered participants (or subjects) are (re)constructed as collaborators or co-researchers. People’s lived experience of marginalization is shifted to the center (Hall, 1992) and the tools of research are placed in the hands of disenfranchised and oppressed people so that they can transform their lives themselves (Varcoe, 2006). Thus, PAR frameworks involve three key features: first, a commitment to social transformation; second, a commitment to honoring the lived experience and knowledge of the participants and community involved; and, third, a commitment to collaboration and power-sharing in the research (Reason, 1994).

Feminist Participatory Action Research

Feminist researchers have influenced the development of participatory research, contributing both theoretically and in practice in three prominent ways (Maguire, 1987; Harding, 1987; Penzhorn, 2005; Tandon, 1998). Feminist critiques of previously take-for-granted assumptions about knowledge and science exposed the myth of scientific neutrality and objectivity (Lather, 1991). In fact, feminist theorists (e.g., Harding, 1987; Lather, 1991) asserted that all knowledge is situated and all knowers are socially located; in the words of Donna Haraway (1988), there is no such thing as a “god’s eye view,” “the view from nowhere [has become] a view from somewhere.” A crisis of confidence in Western conceptual systems was uncovered and the objective-subjective dichotomy problematized. This shift contributed to epistemological and methodological debates in the PAR literature and it prompted dialogue about a problem fundamental to feminist inquiry, namely that of who can be a “knower” (Olesen, 1998). This fundamental question arose in response to the growing realization that early PAR practices, while embracing subjective accounts about the social world and working to change structural inequalities, centered on an analysis of class but neglected gender (Maguire, 1987; Olesen, 1998, 2000).

A second contribution to PAR has been feminist theorizing about power, relations of power, and the multitude of ways power enters into any research effort (e.g., Fine, 1994; Ristock & Pennell, 1996). In an effort to minimize the negative effects of power in research practices, Harding (2001) recommended “studying up” or at least studying participants who are reasonably similar to oneself with respect to status and power. Michelle Fine (1994) proposed that researchers: (1) pay attention and listen to the plural voices of research participants rather than assuming that those who are oppressed and subjugated constitute a homogeneous group speaking in one voice; (2) probe the consciousness of dominant others; and, (3) engage in social research to inform social activism.

Finally, in the early 1990s critiques of essentialism emerged in feminist theorizing. For example, the influential writings of Patricia Hill Collins (1990) and bell hooks (1984; 1992)

exposed problems embedded in theorizing about the experiences of women where 'woman' is considered an essential category. Anti-essentialist critiques had a profound impact on feminist research. Feminist research is no longer about placing women's experience at the center of investigation, but feminist social scientists concerned with social justice are now being called upon to engage in anti-sexist (e.g., Harding, 2001), anti-racist (e.g., Collins, 1990), anti-heterosexist (e.g., Butler, 1990), anticolonialist (e.g., Trinh, Minh-ha, 1989), and antiableist (e.g., Oliver, 1990) projects in an effort to transform social relations. Advocates of PAR and Feminist PAR promote participatory frameworks aimed to redistribute power more equitably throughout the research process by placing the individuals and/or communities who experience the effects of marginalization and oppression at the centre. Furthermore, participatory action researchers are asked to exercise reflexivity to interrogate power, privilege, and multiple and interlocking hierarchies (McIntyre & Lykes, 1998). Thus,

“cultivated on the spikes of social injustice, participatory action research projects are designed to amplify and critique from the 'margins' (hooks, 1984) and the 'bottom' (Matsuda, 1995), and to elaborate alternate possibilities for justice (Anzaldúa, 1987; Bhavnani, 1994; Cahill, 2004; Lykes, 2001; Tolman & Brydon-Miller, 2001; Torre & Fine, 2004). Legitimizing democratic inquiry, PAR signifies a fundamental right to ask, investigate, dissent and demand what could be (Torre, 2005)” (Fine & Torre, 2006, p. 255).

Although feminists are increasingly recognizing the intersectionality of race, class, gender, sexualities, and abilities in social science research, attention has only recently been focused on problematizing whiteness. This is a noteworthy absence when considering PAR methodologies with and for Aboriginal communities. For Indigenous peoples (among others) of any gender, whiteness is a key category whether that category be hidden or overt, for it is frequently the other through which they are constructed.

White Studies

It is only relatively recently that the social constructions of dominant 'racial' groups — what Rinaldo Walcott (1997, quoted in Peake & Ray, 2001, 180) refers to as an 'absented presence' — especially white people, have come to be seen as important objects of study within the social sciences (Kobayashi & Peake, 1994, 2000). There is now a growing programmatic literature outlining the need for substantive studies of the variable social relations of whiteness (e.g., Bonnett, 1996, 1997; Delaney, 2002; Jackson, 1998; Kobayashi & Peake, 2000; McGuinness, 2000; Peake & Kobayashi, 2002; Peake & Ray, 2001; Peake & Schein, 2001). In general, the authors of these works suggest that we are only just beginning to comprehend the implications of what it means to live and work in a *wholly racialized world* (Morrison, 1993). These authors have also suggested that in order to better comprehend such a racialized world, we need contextual analyses of the social construction of whiteness in specific settings. Thus, there is now a growing substantive literature on the social construction of whiteness (e.g., Bonnett, 2000; Dyer, 1997; Frankenburg, 1993, 1997; Hoelscher, 2003; McClintock, 1995; Nast, 2000).

Whiteness can be understood to have three interrelated components (after Frankenburg, 1993). First, whiteness can be seen as a location of structural advantage that white people occupy in society. Second, whiteness is a standpoint from which white people understand the world and their position in it. Third, whiteness is a set of cultural practices that — in white settler societies such as the USA and Canada — are usually dominant, but also unmarked and unnamed. In places like the USA and Canada, then, whiteness is hidden as the normative 'way of life' by which all other cultural ways of being are measured; it forms the taken for granted and hidden framework that gives meaning to events, social actions and phenomena; and, it privileges white people over all others in such spaces.

The hegemonic character of whiteness has implications for both the way white people exist in the world and the way white academics come to understand the world as an object of analysis. Indeed, before whiteness itself became a focus of study for scholars, white people and

their hegemonic ways of operating in the world escaped analysis altogether. Of course, this wasn't the case with indigenous scholars such as Vine Deloria Jr. (1973) and Linda Tuhiwai Smith (1999), or other people of colour like Toni Morrison (1993), who often commented on the 'problem of whiteness'. However, the structural advantage of whiteness ensured that white academics rarely had to acknowledge other ways of knowing (Aguiar, 2001; Kobayashi & Peake, 2000), or their own structural advantage. The development of White Studies has thus provided an impetus for white academics to study the problem of whiteness, but more importantly for our purposes in this paper, it has provided a theoretical lens for understanding some of the ways that whiteness affects academic analyses itself (e.g., Marchak, 1996; Pulido, 2002) and how research practices can reproduce racialized positionalities and identities.

Fusions

Conventional approaches to PAR promote returning the power of knowledge production and use to 'ordinary people' and 'oppressed people', contributing to the democratization of the research process, and promoting social transformation (Hall, 1975; Maguire, 1987; Ristock & Pennell, 1996). The gaze of the research emanates from the standpoint of 'the people' and the object of the gaze informing the research and action are the experiences of oppression and marginalization. Indigenous methodologies, feminist critiques of knowledge production and relations of power, and white studies, however, suggest a problem within PAR. That is, and following Fischer (1997), how do researchers engaged in PAR with Aboriginal people, in a society imbued with, and often structured by, racism, not reproduce racialized identities and colonial representations of the 'Other'? In fact, how might the constructs inherent in PAR such as 'the oppressed,' 'the people,' and 'the researcher' secure racial othering? Might research agendas founded upon these produced identities actually reinforce the dominant social structures the research proposes to dismantle? We agree with Fischer (1997, p. 4) and ask, "why would research *with* 'Others' mean they are no longer produced as 'Others'?" (also see Berg et al, 2007).

Though Indigenous methodologies, feminist critiques of knowledge production and relations of power, and white studies expose where PAR runs the risk of re-inscribing difference, we propose that drawing on a fusion of these theoretical positions can help mitigate the problem. At the centre of this proposition is a re-framing of the research gaze. Proponents of PAR have repeatedly emphasized the importance of attending to race (e.g., Hall, 1992; Ristock & Pennell, 1996), however, conventional approaches to studying race and racism within a PAR frame has employed a gaze that is directed internally. We are proposing that the object of the gaze be re-directed; thus, in line with Indigenous methodologies, the gaze should emanate from the site of Aboriginal people themselves but the direction of this gaze be concentrated externally through an explicit interrogation of whiteness.

The consequences of the direction of the gaze can be exemplified via some recent policy developments around research ethics in Canada. The “Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans”⁴ has a significant section on research with Aboriginal communities. While the section lays out suggestions rather than regulations, it nonetheless details a number of elements that resonate with both participatory and Indigenous methodologies. While this section does not negate very problematic (see Evans 2004), and arguably “white” elements developed in other parts of the policy (see Berg et al, 2007.), there is certainly an attempt to highlight the necessity of the full and active participation of Aboriginal peoples in research. At the level of policy and practice, funding agencies like the Social Sciences and Humanities Research Council (SSHRC) have indeed sought out Aboriginal interlocutors and developed new ways of structuring policy and measuring results (summarized in McNaughton & Rock, 2003). Two broad approaches are evident:

The first approach envisions a set of measures focused on SSHRC’s primary mandate — promotion of the knowledge opportunities available through collaborative initiatives ...

The second approach envisions a set of measures designed to correct situations in which positive and full development of the research potential represented by Aboriginal

researchers and their respective knowledge traditions is impeded ...((McNaughton & Rock, 2003: 3-4).

Both approaches embrace values entirely consistent with IM principles. Nonetheless, one of the interesting elements in this discussion is the lack of an overt turn to the white, towards the development and application of new aboriginal research capacities that can be used to elucidate the operation of colonizing structures themselves. While this may seem a subtle shift from seeking to understanding the impacts of colonizing structures on aboriginal peoples, it is a shift nonetheless, and one that turns whiteness into the object of an aboriginal gaze. Further, if this reversal of the object of study is part of an overt and positioned agenda, and not a detached clinical one, this is not a simple inversion of standard research relationships – it is rather more of what Haraway imagines in her call for situated, responsive, and responsible knowledges (1988). It is just such a shift in orientation that characterises a recent research program undertaken by a coalition of community and university researchers in the Okanagan Valley of British Columbia, Canada.

Case Study – Urban Aboriginal Health and Social Service Delivery Systems in the Okanagan Valley

There has been a tendency among Euro-Canadians to think about Aboriginal communities as primarily rural ones. Peters and Starchenko (2005) report that in “1901, only 5.1 percent of Aboriginal people lived in urban areas, and that percentage had only increased to 6.7 percent by 1951. But by 2001, almost half of Canada’s Aboriginal people lived in urban areas” (see also Hanselmann 2001 and Statistics Canada 2003). With migration and urbanization have come even more complex relationships within indigenous communities, between different indigenous communities, and between indigenous communities and settler societies. Service and entitlement issues for many

urban Aboriginal people are extremely complicated; access to mainstream Euro-Canadian institutions are impaired by subtle (and not so subtle) racial and ethnic barriers, and the provision of services through other mechanisms is impeded by the continuing rural/reservation orientation of many Euro-Canadian and Aboriginal policy makers. This, combined with the fact that some of the most highly urbanized groups of indigenous people (Métis and non-status Indian people) have few entitlements as Aboriginal people anywhere (rural or urban), has left a massive hole in the effective provision of social and health services.

Into this policy-generated vacuum have come institutions based on one of two models: either First Nations, Inuit, or Métis organizations have developed infrastructure for their own people (which is pragmatically possible only in some contexts); or pan-Aboriginal organizations have been formed to serve the diverse community of Aboriginal people found in many metropolitan centres. Some of these latter organizations focus on particular needs, or particular clientele; some, like the Friendship Centres that can be found in most Canadian Cities, seek to provide a range of social, health, advocacy, and educational services. Our research program is centred on understanding the challenges facing urban Aboriginal people trying to use mainstream institutions and how and why the Friendship Centres in the Okanagan Valley have come to mediate service delivery.

The following case study is offered as a means to demonstrate the sorts of fusions we are advocating. We will not be presenting “research results” as such, but rather methodological detail. The *Barriers and Opportunities for Health and Social Service Delivery to the Urban Aboriginal Communities of the Okanagan Valley* project is a community centered participatory project involving an inter-disciplinary team of researchers from the Penticton, Kelowna, and Vernon Friendship Centres and UBC Okanagan⁵. Though not explicitly framed within an IM paradigm as

such, a number of the scholars and activists involved come from Aboriginal communities that intersect with the Urban Aboriginal communities of the Okanagan Valley, and the tenets of a basic IM approach are adhered to within the project. Our research is focused explicitly on understanding the current conditions of social and health service delivery for the urban Aboriginal communities of the Okanagan Valley in British Columbia. The overt intention of the project is to provide community derived policy analysis which can inform service delivery policy transformation.

It is far too easy to suggest that cultural differences create difficulties for Aboriginal people seeking ways of improving their health and living conditions – often such an approach locates the source of problems within Aboriginal cultures themselves. In this project we are looking at cultural and structural factors impeding access to social and health services from the other direction: i.e. what are the elements in mainstream social and health service delivery that drive Aboriginal people to the margins? Why, in spite of the rhetoric, are social, health, and well-being indicators for the urban Aboriginal community so dire, yet mainstream programs so ineffective?

It is important to emphasize here that we are not studying the Urban Aboriginal community per se – no – we are partnering with the Urban Aboriginal community to study the social and health service delivery systems they face. This is not only a form of PAR, it is also a form of WS. We know from preliminary results that in the Okanagan barriers are significant and usually involve institutionalized forms of racism, and that much of the work done at the Friendship Centres is to mitigate problems arising from inequities in service access and service utilization. A related and more positive element of the research is an elucidation of how and why the Friendship Centres have come to play the roles that they have. Therefore, in understanding the workings of the Friendship Centres, especially the challenges that they face in mediating service provided by mainstream organizations and their characteristics that facilitate service, we can identify changes that may be needed in the mainstream service delivery systems to facilitate access (e.g., cultural

competence to be adopted in policies and practices). Of course one such change would be policy to move Aboriginal services into institutions based within the Aboriginal community itself.⁶ Already, a quick list of the programs that operate out of Friendship Centres runs the gamut from employment counselling, to pre-school, to health and education, to legal advocacy. The why of this is simple – the historic colonization, dispossession, and racialized marginalization of Aboriginal peoples in combination with ongoing racialization-related barriers to opportunities and social services have severely compromised both communities and individuals.

Our second objective is to identify the ways in which the Friendship Centres' approach to servicing the urban Aboriginal community varies from other, 'white', institutions and how people using the centres understand these differences. Again, we are working with members of the urban Aboriginal communities who are consuming Aboriginal and 'white' social and health services to build a picture of the institutional cultures with which they interact in order to provide direction on how urban Aboriginal social and health service delivery systems can be enhanced and improved. An understanding of the interface between the Aboriginal and non- Aboriginal service delivery systems is critical. This is not a simple question of resources, though of course resources matter. Ultimately resource issues are intertwined with how these resources are brought to bear.

Research Methods

The overall research methodology is a combination of elements of PAR, WS, and IM. It is axiomatic that PAR done well should lead to the empowerment of individuals and communities. We certainly intend that this be the case in this research program. At the same time, we recognize that community empowerment often involves complex and contradictory processes. The resulting outcomes may empower certain individuals and dis-empower others. Community empowerment may also come at the expense of some individual empowerment.

Notwithstanding the problematic character of 'empowerment', we have actively engaged individuals and institutions in the community from the inception of the project through the

proposal writing, and the agreement on shared responsibility for the implementation of the research. This process consisted of a series of informal conversations between researchers at the Friendship Centres and those at the University beginning with one researcher from the Ki-low-na Friendship Centre and one from UBC Okanagan searching for common ground, shared priorities, and mutual interests, and then building out in an iterative process gradually to include researchers from all three Friendship Centers and University based researchers from several different disciplines. Throughout these processes, and subsequent ones between the researchers, the basic structures of interaction have been based, at least in part, on those of talking circles (in which the opportunity to speak is distributed sequentially around the circle/table and confrontational style argumentation is discouraged).

The resources for carrying out the research are also being shared. The basic outline of the research involves a series of interviews with community members about their experiences and perceptions of social and health service delivery, a series of interviews with social and health service providers about the same topics; a preliminary analysis of these materials; then, a series of discussions about the preliminary analysis via community meetings and focus groups. Though the project is funded via a University administered federal research grant, resources for interviewing community members and for undertaking the community based analysis are transferred directly to the Friendship Centres, and these activities occur at the Friendship Centres and are done by Friendship Centre based researchers.

There are also detailed plans for reporting research results and responding to feedback in the crafting of research reports. There is a methodological commitment to honor and highlight people's narratives and insights into the research focus, and to make at least a subset of research products explicitly accessible (in terms of communication style) to all research participants. Research results are not being crafted exclusively in this manner because as part of the research philosophy there is recognition of the mutual benefits gained via the research, and the

institutional requirements for university-based participants to produce scholarly papers like this one as well.

Interviews with service providers were conducted by university based researchers, and then a collective one-day workshop was held to summarize the views of service providers. This workshop was undertaken using a modified form of the traditional Okanagan community research process called En'owkinwixw (see Armstrong 2005). This is an IM specific to the traditional territory holders of this region. It also uses the basic form and practices of a talking circle, but in En'owkinwixw individuals work at various points in four separate groups containing likeminded individuals which then come back together as a whole to create an action oriented consensus⁷.

All of these activities have been structured to accomplish two things. To facilitate people in their attempt to express and analyse their experiences of the institutional structures they face, and to work collectively towards transformative action by presenting the insights and critiques people have developed to policy makers and mainstream service providers. And more – we will engage policy makers and key service delivery decision-makers at a later stage.

Research Communication – Impacts on Policy and Practice

The research is intended to have an impact on actors beyond the community itself; that is, that what we do together is meant to have a direct result in terms of policy and the allocation of resources. Indeed, throughout the genesis of this project Interior Health⁸ (IH) has been a sort of shadow partner. After some considerable discussion, we originally excluded direct participation of IH in the project, fearing that we might be overwhelmed by their influence. Since those original talks though, several members of the research group have become involved in a large community-university committee called the Okanagan Aboriginal Collaborative Health Research Action Group, which includes membership from IH. These IH representatives at least, have repeatedly expressed their desire to work with community groups and university researchers to develop effective policy to address Aboriginal concerns. The concern remains, however, that

unless there is effective communication to stakeholders like IH , the project runs the risk of empowering project partners to speak to each other, but not, or even possibly at the expense of, the capacity to speak effectively to those like IH with power to transform policy and practice in mainstream service-provision.

Always the danger of relinquishing an oppositional frame is that of cooptation, and we are mindful of this. But given that the key funding partners of social and health services are, and will very likely remain, organizations like IH, it is imperative that we learn to work effectively with them. So far, there hasn't been a great deal of PAR-related literature that addresses these specific issues, but the general challenges that are associated with translating research results into institutional and organizational policies and practices are well documented in the literature (Davis, 2003; Henning & Stephenson, 2004; Posavac & Carey, 1992).

Summary and Conclusion

The scholars and activists involved in the Barriers project are remarkably diverse. Not only is there a community – university collaboration at the heart of the project, there are scholars from a range of health and social sciences and even the fine arts involved. With this wide disciplinary representation has come a wide range of methodologies, and the project bears the stamp of the fusion of these approaches. Indigenous Methodology, Participatory Action Research, Feminist Studies, and White Studies have all played a part in the way the project has been framed and operationalized. Perhaps more importantly, urban Aboriginal organizations, and researchers based in those organizations, are key members of the research team. Together, we intend that our research practices will move policy to transform practice, and we recognize that the routes to transformation require that we speak truth with, as well as to, power. Though not without tension, this reframing has a great deal of potential - time will tell how much will be realized in healthcare policy and practice.

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¹ Though this paper and the research upon which it is based do not deal specifically with the traditional territory holding Okanagan Nation, we acknowledge the Okanagan Nation as just that – the traditional territory holders of the region in which the authors of this paper live and work, and in which our research has been conducted.

² Over the last number of years in Canada there has been a shifting terminological terrain regarding Indigenous communities. Current practices vary somewhat, but generally follow a slight modification of the constituents of “Aboriginal Peoples” enacted in the Canadian Constitution Act of 1982; specifically that act recognizes Indians, Métis, and Inuit peoples as Aboriginal peoples. In current (though not universal) practice the term Indian has been replaced by “First Nations”. Note that the term First Nations is not equivalent to “Aboriginal” – rather it is a term that excludes Métis and Inuit. The term Indigenous is generally used to signal an international commonality between Aboriginal peoples in Canada and Aboriginal peoples elsewhere, and can be used interchangeably with the term Aboriginal. In this paper our usage follows these practices (Note also, the common practice of using the term “Aboriginal” as a noun rather than adjective is a recent and unevenly accepted one in Canada, and one we avoid).

³ The Okanagan Urban Aboriginal Health Research Collective is made up of researchers from the Ki-Low-na Friendship Centre, the Oonkane Friendship Centre, the Vernon First Nation Friendship Centre and UBC Okanagan. Members include: Wendy Antoine, Marcel Aubin, Lawrence Berg, Molly Brewer, Mike Evans, Stephen Foster, Krista Gallant, Rachelle Hole, Peter Hutchinson, Donna Kurtz, Sheila Lewis, Carmella Alexis, Cam Martin, Cynthia Mathieson, Buffy Mills, Mary Ann Murphy, Jessie Nyberg, Colin Reid, Dixon Sookraj, Natalie Sagal, and Edna Terbasket.

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⁶ The Friendship Centres are not the only service providers within the Aboriginal communities; Bands and Tribal Councils provide significant services on reserve and some services off-reserve; Métis organizations likewise serve Métis specific needs in areas with Métis populations. In the Urban Aboriginal context of the Okanagan Valley there is both significant flow of people from nearby reserves to use urban based institutions, and a significant Métis population. Our research partnerships have grown to include Métis organizations (specifically Okanagan Métis Child and Family Services), and initiatives are underway to collaborate with appropriate Okanagan Nation institutions.

⁷ This methodology was shared with us by our Okanagan colleagues, and we both appreciate the honour and recognize our debt to these colleagues and the traditions from which they work. We will not elaborate further on the method here, as a complete and appropriately authored description of the techniques used are available in Armstrong 2000, 2005.

⁸ Interior Health is the body that oversees the provision of public health care in the central and southern interior of British Columbia. This is a provincially mandated body working through resources provided by the Province of BC, and more generally within the Canadian system of socialized healthcare.