"I Don't Think that Any Peer Review Committee … Would Ever 'Get' What I Currently Do": How Institutional Metrics for Success and Merit Risk Perpetuating the (Re)production of Colonial Relationships in Community-Based Participatory Research Involving Indigenous Peoples in Canada

Heather Castleden
Queen's University, heather.castleden@queensu.ca

Paul Sylvestre
Queen's University, paul.sylvestre@queensu.ca

Debbie Martin
Dalhousie University, debbie.martin@dal.ca

Mary McNally
Dalhousie University, mary.mcnally@dal.ca

Follow this and additional works at: http://ir.lib.uwo.ca/iipj

Part of the Community Health Commons, Higher Education Commons, and the Human Geography Commons

"I Don't Think that Any Peer Review Committee … Would Ever 'Get' What I Currently Do": How Institutional Metrics for Success and Merit Risk Perpetuating the (Re)production of Colonial Relationships in Community-Based Participatory Research Involving Indigenous Peoples in Canada

Abstract

This article reports on findings from a study that explored how a group of leading health researchers who do Indigenous community-engaged research ($n = 20$) in Canada envision enacting ethically sound research with Indigenous communities, as well as the concomitant tensions associated with doing so. In particular, we explore how institutional metrics for assessing merit and granting tenure are seen to privilege conventional discourses of productivity and validity in research and, as a result, are largely incongruent with the relational values associated with decolonizing research through community-based participatory health research. Our findings reveal that colonial incursion from the academy risk filtering into such research agendas and create a conflict between relational accountability to community partners and academic accountability to one's discipline and peers.

Keywords

Indigenous health, ethics, decolonizing methodologies, community-based participatory research, Canada, tenure and promotion

"I Don't Think that Any Peer-Review Committee . . . Would Ever 'Get' What I Currently Do": How Institutional Metrics for Success and Merit Risk Perpetuating the (Re)Production of Colonial Relationships in Community-Based Participatory Research Involving Indigenous Peoples in Canada

The distribution of benefits associated with academic research involving Indigenous peoples[1] in Canada has historically been asymmetrical, privileging the researcher over the researched (Battiste & Youngblood Henderson, 2000), and is persistent today. While Indigenous peoples continue to experience gross health inequities, academic careers have been built on extractive approaches to research (Castleden, Morgan, & Lamb, 2012). Under a benevolent aegis, researchers have "parachuted" into communities, carried out their conventional research protocols, and returned to the academy to publish their results in scholarly journals, inform policy, and procure additional grants. Doing so—by intention or by design—leaves, at best, a dearth of discernable community benefits; more notably, it leaves a legacy of stigmatizing and pathologizing discourses that have perpetuated violence against Indigenous communities (Humphery, 2001; Louis, 2007). More pointedly, Māori scholar, Linda Tuhiwai Smith (1999), unequivocal in her indictment of this history, which is evident in the like-settled colonial states of New Zealand, Australia, and the United States, declared: "The word itself, 'research,' is probably one of the dirtiest words in the Indigenous world's vocabulary" (p. 1). The colonizing effects of scholarly research have led to strident demands by Indigenous peoples (and their allies) for Indigenous control over research and a reformulation of research relationships that is based in respect and reciprocity (Humphery, 2001; Kovach, 2009; Tobias, Richmond, & Luginaah, 2014). This transformation is perhaps nowhere more important than in health research, where decades of study on Indigenous health has yet to address deep and persistent health disparities (Adelson, 2005; Maar, Manitowabi, & Corbiere, 2011), which are themselves a product of colonial processes (Czyzewski, 2011; Reading & Wien, 2009).

Community-based participatory research (CBPR)—which is less a methodology than a philosophical and ethical orientation towards research—seeks to equitably engage research "participants" (formerly known as "subjects") as collaborative partners in processes of inquiry about the realities that shape their lives (Minkler & Wallerstein, 2003). In practice, CBPR is relational research. CBPR is predicated on building meaningful relationships—before any data are collected—that seek to breakdown the historical power imbalances between researchers and participants and, in doing so, has been effective in helping to create community centred and community relevant interventions (Israel et al., 2010). Within the context of Indigenous health research, CBPR's focus on power sharing, co-ownership, co-learning, and co-creating knowledge throughout the research process makes it particularly well-suited as a means of decolonizing research, developing respectful and reciprocal research relationships, and working towards Indigenous self-determination (Castleden et al., 2012; Cochrane et al., 2008; Potvin, Cargo, McComber, Delormier, & Macaulay, 2003). This has led to a proliferation of CBPR projects in Indigenous health research (Cargo & Mercer, 2008)[2]. While the benefits of engaging in CBPR with

---

[1] In this article, we use the term "Indigenous" to refer to the original inhabitants of the land now known as Canada; the Canadian constitution collectively refers to this population as "Aboriginal" and recognizes three groups: Indian (First Nations), Inuit, and Métis (Constitution Act, 1982, see s. 35).

[2] For a discussion on the rhetoric and reality of doing CBPR in a "good (ethical) way," see Castleden et al. (2012).

Indigenous communities seem to be numerous,[3] for academic researchers attempting to navigate the institutional norms and values of the academy while engaging in this form of scholarship can present significant tensions. Researchers have been described as "straddling two worlds that are often in collision" (Ball & Janyst, 2008, p. 37), prompting some to ask how CBPR researchers contend with what seems to be conflicting and incommensurable demands (de Leeuw, Cameron, & Greenwood, 2012).

Success in an academic career is contingent upon the recognition of a researcher's merit by peers within one's discipline. Tenure and promotion are the dominant structures on which an academic's merit is assessed and on which their professional success hinges. Given that institutional metrics for merit and success—that is how many papers are published, how many presentations are delivered, how many grants are secured, as well as the quality of teaching and service commitments—at universities are the product of Eurocentric (i.e., Western) traditions and values begs the following question: Are these structures adequate for assessing merit in CBPR involving Indigenous peoples when more often than not "success" is based on non-numeric measures? Thus, it is worth considering whether the ways in which the requirements of tenure and promotion processes have the potential to create a conflict between researchers' relational accountability to Indigenous community partners, and their academic accountability to their disciplines and peers.

The purpose of this article is to report on findings from a study that explored how leading Canadian health researchers enact their programs of Indigenous health research "in a good way"[4] at Canadian universities. Specifically, we examine how a number of seemingly disparate tensions associated with undertaking ethical Indigenous CBPR all find common grounding in deeply embedded institutional values that manifest in sophisticated bibliometrics of merit and success in the academy, which privilege narrow conceptualizations of "impactful" research outputs. We contend that institutional structures rooted in Eurocentric or Western values—where everything counts, from number of publications to number of grants and from numbers associated with journal impact factors to numbers of citations—seriously disadvantages CBPR researchers and Indigenous communities by creating a conflict of interest, whereby the choice between internalizing institutional expectations and values or enacting deeply participative and decolonizing forms of research are incommensurable. As we shall illustrate, choosing the former potentially perpetuates highly problematic research relationships, while opting for the latter can make it so researchers are perceived as less competitive, less valued, and at risk of being denied advancement in their institutions. This has direct implications for Indigenous peoples in Canada who not only stand to benefit greatly from strong CBPR relationships vis-à-vis improved health outcomes, but also through its promotion of self-determination through the ownership, control, access, and possession (OCAP™) of their health data. While the focus of this study is in the Canadian context, its application is transferable to other contexts with similar colonial histories and ongoing colonial relationships (i.e., New Zealand, Australia, and the United States). We conclude by discussing novel approaches for policy concerning tenure and promotion in academic institutions, which, while

---

[3] For a discussion on critiques of CBPR, see for example Flicker (2008); Jacobs (2010); and Alcantara, Harper, and Keys (2012).

[4] This phrase is a nod in reference to the work of Jessica Ball and Pauline Janyst—specifically their 2008 paper, "Enacting research ethics in partnerships with indigenous communities in Canada: 'Do it in a good way,'" published in the *Journal of Empirical Research on Human Research Ethics.*

bolstering CBPR research, may also help in potentially making researchers more accountable to the communities they are working with across multiple jurisdictions.

Background

CBPR as a Means of Addressing Indigenous Health Disparities

In Canada, Indigenous peoples are disproportionately burdened with ill health (Adelson, 2005). Despite decades of biomedical research, there has been little in the way of improved health outcomes, largely because research has typically focused on pathology and dysfunction rather than on understanding Indigenous perspectives and the broader social determinants of Indigenous health (Czyzewski, 2011; Maar, McGregor Sutherland, & McGregor, 2005; Martin, 2010; Reading & Nowgesic, 2002; Reading & Wien, 2009). Colonial approaches to both research and policy have worked to perpetuate rather than alleviate current health inequalities (e.g., lower life expectancy, and higher rates of suicide, mental illness, chronic illness, violent injury, infant mortality, etc.) relative to Canada's national averages (Allan & Smylie, 2015; Czyzewski, 2011; Kinnon, 2002; Reading & Wien, 2009; Waldram, Herring, & Young, 2006). The result has been a legacy of misrepresentation in findings, misappropriation of knowledge, as well as harmful and stigmatizing research outcomes (Ball & Janyst, 2008; Battiste & Youngblood Henderson, 2000; Brant Castellano, 2004; Glass & Kaufert, 2007; Svalastog & Eriksson, 2010). Given these circumstances, Indigenous communities have levelled intense criticism at academic institutions regarding the colonial legacy of university research and, moreover, have demanded that research be rooted in collaborative and participatory processes (Jacklin & Kinoshameg, 2008).

Echoing demands issued by communities, Dr. Malcolm King, scientific director of the Canadian Institutes of Health Research (CIHR) Institute of Aboriginal Peoples' Health, issued a key challenge for Canadian researchers concerning current Indigenous health: to build and expand capacity in the design and delivery of Aboriginal health research by carrying out sound and ethical research together in ways that respect community values and allow communities to stand as true partners in the research process (King, 2008). Quoting Indigenous Elders with whom they had worked, Jessica Ball and Pauline Janyst (2008) sum this up as enacting ethical research with Indigenous communities, which means that researchers need to "do it in a good way" (Ball & Janyst, 2008, p. 48). Given the primacy placed on relational ethics, co-creation of knowledge, and the equitable distribution of power at every phase of the knowledge-to-action research cycle, CBPR has become a front and centre approach in health research with Indigenous people (Castleden et al., 2012; Tobias et al., 2014).

While relatively new to the academy, community-based and participatory forms of inquiry have been employed for decades outside of the ivory tower as a means of working collaboratively with a multitude of non-dominant communities to identify locally relevant issues and develop strategies for social change. The genealogy of the concept emerges from a number of domains. For instance, while Wallerstein and Duran (2006) connect its roots to Kurt Lewin's scholarship in the 1940s on experiential learning, Coombes (2012) situates it in Paulo Friere's critical pedagogy of the 1970s, and Flicker, Savan, McGrath, Kolenda, and Mildenberger (2007) highlight its connection to more recent feminist, anti-colonialist, and constructivist paradigms. Central to more recent CBPR scholarship and action is an attention to how power relations mediate collaborative processes, to the necessity of including local

knowledge brokers in the defining of local realties, and that change is emancipatory (Minkler & Wallerstein, 2003).

Regardless of CBPR's conceptual genealogy, the belief that communities have privileged knowledge pertaining to their realities and that collaborative research rooted in local experience should help communities to identify, critique, and ultimately dismantle the oppressive structures that shape their realities is a dominant trend in contemporary forms of CBPR (Flicker et al., 2007). To avoid research becoming a vehicle through which such oppression can be re-inscribed in community settings, we must move beyond a fixation with positivist and post-positivist epistemologies (Durose, Beebeejaun, Rees, Richardson, & Richardson, 2011) and engage with counter-hegemonic forms of knowledge (co)production (Freire, 2000). As an approach to academic research, CBPR does this by engaging with community representatives at all stages of a research project, from problem identification or development, to data collection and analysis, to the dissemination of results, and the implementation of recommendations (Wallerstein & Duran, 2003). While community development, capacity building, and knowledge mobilization are important community-centred goals, Israel, Schulz, Parker, and Becker (1998) noted that, additionally, researchers stand to gain significantly as well. Specifically, their research has enriched processes and outcomes, whereby local contexts and knowledge can ensure greater depth in the interpretation of findings as well as greater relevance in research outcomes (Israel et al., 2010). Thus at its broadest, CBPR may be defined as community-driven research that is rooted in the co-production of knowledge between academic and community partners for the purpose of social and institutional change.

While having communities develop research agendas and engage in full collaboration with academic researchers throughout the course of the research endeavor is the ideal end result, in practice this can be a challenge to operationalize (Castleden et al., 2012; Coombes, Johnson, & Howitt, 2014; Kendall, Sutherland, Barnett, Nalder, & Matthews, 2011). For many communities struggling to address the immediate needs of their peoples, academic research is often not a priority. Lacking the capacity to guide research needs, however, should not exclude people from the benefits of ethical research, leading some to argue that research "for" communities is as ethically sound as research "with" a community— especially when a community gives its overarching approval for the research in question (Koster, Baccar, & Lemelin, 2012). Because research is a time consuming process, many have noted that collaboration can place an undue burden on CBPR partners who are attempting to negotiate the needs of research and the demands of busy lives (Castleden et al., 2012; Flicker, 2008; Koster et al., 2012). As a result, CBPR is often viewed as operating along a continuum from consultative, problem-solving orientations (i.e., research for communities) to collaborative and emancipatory approaches (i.e., research with communities) (Castleden et al., 2012; Wallerstein & Duran, 2003) where positioning along the continuum is a function of capacities rooted in local histories and contexts (Flicker et al., 2007). The reality is that institutional constraints and norms tend to favour the former approach to research—often due to limited time and resources—and thus make the latter habitually untenable (Coombes et al., 2014; Kendall et al., 2011) when, we contend, it should be a product of self-determined decision-making on the part of the community partner with respect to their level of involvement. Thus, there is an ongoing tension to developing truly collaborative research endeavours.

Recognizing a gap between theory and practice (Flicker, 2008; Castleden et al., 2012), critics have also highlighted the persistence of inherently unequal power relationships between academic researchers and

community partners, (see, for example, Flicker, 2008; Kesby, 2007; Takeda & Røpke, 2010) noting that the act of claiming to have overcome power asymmetries may itself conceal the re-inscription of new relations of power, which are actually rooted in old positionalities (de Leeuw et al., 2012). In addition, Cornwall and Jewkes (1995) emphasized that communities have their own complex internal networks of power relations; the idea of "community as one voice" is fraught with tension and the adoption of such a perspective can add to the continued silencing of certain groups within a particular community (Cornwall, 2003).

Equally important to note is that insofar as CBPR with Indigenous peoples seeks to decolonize research relationships, we must recognize that CBPR is itself a Western approach to research, as it has been largely developed, at least historically, by Western researchers often for use with non-dominant communities (see Castleden & Garvin, 2008, p. 1395). Critically engaged methods sensitive to this issue have emerged in the context of Indigenous–settler research as responses that embrace researcher reflexivity and challenge the (colonial) subjectification of research participants (see, for instance, Grimwood, Doubleday, Ljubicic, Donaldson, & Blangy, 2012; Koster et al., 2012).

Be that as it may, as Māori scholar Brad Coombes (2012) noted in his critique of CBPR involving Indigenous peoples in the Canadian context, the focus on collaboration and co-construction of knowledge, while commendable, does not sufficiently de-center Western research paradigms, and rarely questions the necessity of exogenous research. By contrast, Māori scholars have been highly successful at moving beyond Western collaborative and participatory approaches by re-asserting the centrality and necessity of Māori epistemologies for conducting research with Māori people (Eketone, 2008; Mahuika, 2008), so much so that Kaupapa Māori research (a theory of Māori-led research rooted in Māori epistemologies) is a dominant theme in the Health Research Council of New Zealand's (2010) Guidelines for Researchers on Health Research Involving Māori. While few would likely discount the benefits of CBPR in terms of working towards decolonizing health research, it is essential that readers and practitioners alike situate it within a broader movement towards self-determination and a re-assertion of Indigenous epistemologies and methodologies in research involving Indigenous peoples.

Tenure and Promotion in Canadian Higher Education

The assemblage of policies and guidelines that dictate criteria for tenure and promotion are a reflection of a university's true values (Freeman, Gust, & Aloshen, 2009). While the institution of academic tenure is centuries old (Freeman et al., 2009), its contemporary structure, rooted in institutionalized forms of peer review, emerged in the middle of the 20th century as an explicit means of safeguarding academic freedom and to ensure that a scholar's merit was adjudicated by experts in his or her field rather than by university trustees (American Association of University Professors [AAUP], 2014). In Canada, although universities are under provincial and territorial jurisdiction, academic institutions are responsible for developing their own standards and procedures for quality assurance, with tenure and promotion guidelines typically negotiated between faculty associations and universities' Boards of Governors (Association of Universities and Colleges of Canada [AUCC], 2015; Gravestock & Greenleaf, 2008). As much as this results in degrees of difference among individual institutions, the general trend is a requirement to demonstrate excellence and productivity in the categories of research (e.g., peer-reviewed articles, competitive grants, invited speaking engagements), teaching (e.g., peer review of course content, students' course evaluations), and service (e.g., community outreach,

participation on academic committees, etc.) (Gravestock & Greenleaf, 2008) in a manner that aligns with the institution's mission.

Clearly, the freedom and security granted by tenure and promotion make it an important safeguard for ensuring that scholarship is (at least somewhat) freed from the influence of powerful interests (Ginsberg, 2012). It is, however, not without its challenges. Boyer's (1990) highly influential work *Scholarship Reconsidered: Priorities for the Professoriate* is often credited (for example by Brew, 2003; Calleson, Jordan, & Seifer, 2005) with shifting the mission of modern universities to focus on research, integration, application, and teaching in lieu of more ivory tower-esque conceptualizations by virtue of its call to scholars to "not only skillfully explore the frontiers of knowledge, but also integrate ideas, connect thought to action, and inspire students" (Boyer, 1990, p. 77). While Boyer was advocating a broad re-envisioning of the social contract of universities, what is particularly germane to this discussion was his explicit commitment to a "scholarship of engagement" wherein he advocated mobilizing the considerable resources of universities to respond to the pressing socio-ecological, civic, and social problems that directly affect people and their communities (Boyer, 1990). CBPR as both research and mode of action represents exactly the form of scholarship of engagement for which Boyer was advocating. Although a number of institutions sought to embed these principles into their guidelines for tenure and promotion, Calleson and colleagues (2005) noted, "untenured faculty are more likely to receive promotion for publishing articles in peer-reviewed journals than for demonstrating an active commitment to addressing community problems" (p. 317) and focus on such a narrow conception of productivity remains the norm (Freeman, Gust, & Aloshen, 2005). Thus, research output that is measured in peer-reviewed publications (particularly in high impact journals) and grants received largely remains the primary benchmark upon which a scholar's merit is adjudicated. Ironically, the "publish or perish" climate engendered by this obsession with narrow benchmarks creates a situation in which the metric rather than the outcomes of one's work becomes the focus (Fischer, Ritchie, & Hanspach, 2012; Jansen & Ruwaard, 2012).[5] This is particularly pertinent for CBPR scholars whose research projects are relational in nature and take more time, are often more concerned with community relevant benefits than "knowledge frontiers," and produce a whole host of products outside of traditional peer-reviewed articles. Such benefits include, as illustrative examples, knowledge and skills in collaboration, increased networking, the ability to learn from and positively influence multi-sectoral partners, and the production of new perspectives on theoretical, methodological, and substantive insights. For this reason, many have noted the inherent structural disadvantages faced by CBPR researchers who are assessed for tenure and promotion (Calleson et al., 2005; Castleden et al., 2012; Freeman et al., 2009; Nyden, 2003).

While there has been considerable attention to how this affects researchers' careers (e.g. Calleson et al., 2005; Jordan, Seifer, Sandmann, & Gelmon, 2009), with the exception of Freeman and colleagues

---

[5] While the focus here is on tenure and promotion, many academic institutions also rely on annual reviews to determine "merit" pay (raises based on how productive one is in comparison [read: competition] with ones' colleagues), which is equally problematic. As Robert Engvall (2010) aptly puts it: "Let me oversimplify this . . . 'If my raise is dependent upon what my president or dean or some other panel of similarly situated individuals finds valuable, isn't it likely that I will begin to shape my research, teaching, and service in ways that will please them, rather than in ways I believe will advance my profession?'" (p. 3). While Engvall's focus is on the profession and ours is on advancing community agendas, the basic argument is the same.

(2009), we could find little in the way of discussion of how tensions between CBPR and Institutional processes for tenure and promotion may negatively affect communities. Thus, we hope this article can be used to spur further discussion about how the embedded assumptions, which direct tenure and promotion guidelines, may produce real world consequences in the halls of the academy.

Methods

The purpose of this study was to explore the conceptualizations of leading Canadian health researchers engaged in Indigenous health research regarding the enactment of research with Indigenous peoples "in a good way." We recruited 20 principal investigators from the Network Environments for Aboriginal Health Research (NEAHR) who were engaging in health research with or in relation to Indigenous peoples, communities, or organizations. The NEAHR initiative was an evolution of an earlier network launched by the CIHR Institute of Aboriginal People's Health (IAPH) in 2001 and resulted in the establishment of nine centres whose purposes were to focus on critical Indigenous health issues, develop the capacity of Indigenous health researchers, and focus research efforts on the determinants of health in Indigenous communities (NEAHR, 2011). Respondents came from a variety of disciplinary backgrounds and demographic characteristics (see Table 1). Worth noting, CIHR recently wound down its support of the NEAHR Centres (and its support for Indigenous health research in general) despite a sense of urgency among the Indigenous health research community to continue to build capacity in this area to work towards parity and equity (Richmond, Martin, Dean, Castleden, & Marsden, 2013; see also the Indigenous health community's response to the "CIHR crisis" at kahwa:tsire.com).

Open ended, semi-structured qualitative interviews were used to maximize the depth and breadth of the data collected (Denzin & Lincoln, 2005). Respondents were interviewed via telephone, with interviews lasting between 60 to 90 minutes. Interviews were audio recorded and transcribed verbatim. Respondents were asked to discuss the following: their programs of research, what Indigenous engagement looks like in their research, what they envision it means to enact research "in a good way," what they viewed as the institutional and community-based tensions associated with enacting research "in a good way," and advice for novice researchers entering the field of Indigenous health research.

We employed an inductive thematic analysis using the constant comparative method (Charmaz, 2006) and NVivo 10™ (2012) to facilitate the process of analysis. Paul Sylvestre conducted an initial round of descriptive coding on all transcripts to produce a preliminary analytic scaffold from which a more in-depth analysis proceeded (Bernard & Ryan, 1998; Charmaz, 2006). At that point, the research team reviewed the preliminary analysis and discussed initial findings, determining a set of thematic codes that were dependable, credible, confirmable, and transferable (Baxter & Eyles, 1997). Importantly, we considered the dataset as a whole and did not subject it to analysis separated by ethnicity, gender, age, or research pillar (i.e. biomedical, clinical, health service, or socio-cultural); respondents who indicated a desire to see their quotes in context ($n = 5$) before publication were given the opportunity to do so.

Table 1. Participant Characteristics

Respondent	Male/Female	Indigenous/ non-Indigenous	Tenured
1	Female	Non-Indigenous	Professor Emeritus
2	Female	Non-Indigenous	Tenured – Associate Professor
3	Female	Non-Indigenous	Tenured – Professor
4	Female	Non-Indigenous	Tenured – Associate Professor
5	Male	Non-Indigenous	Tenured – Professor Emeritus
6	Male	Non-Indigenous	Tenured – Professor Emeritus
7	Female	Non-Indigenous	Tenured – Associate Professor
8	Female	Indigenous	Independent Scholar
9	Female	Indigenous (Métis)	Tenured – Associate Professor
10	Female	Non-Indigenous	Tenured – Associate Professor
11	Female	Non-Indigenous	Tenured – Associate Professor
12	Female	Indigenous (Métis)	Tenured – Associate Professor
13	Female	Non-Indigenous	Tenured – Professor
14	Female	Non-Indigenous	Tenured – Professor
15	Female	Non-Indigenous	Tenured – Professor
16	Female	Indigenous (Métis)	Tenured – Professor
17	Female	Non-Indigenous	Tenured – Associate Professor
18	Female	Indigenous (First Nations)	Tenured – Associate Professor
19	Male	Indigenous (First Nations)	Tenured – Associate Professor
20	Male	Indigenous (First Nations)	Tenured – Associate Professor

This article sets out to explore emergent themes associated with perceived institutional and community-based tensions of enacting research "in a good way" that emerged out of collaborative analysis. Specifically, we identified themes associated with conflicting conceptualizations of time and productivity, with what constitutes valid rigorous research manifests as tensions between institutional values and norms, and with the requirements of relational research. Institutional values, which narrowly frame "good" research and inform academic metrics for merit and success, were also perceived as inherently disadvantaging to CBPR research insofar as they produced asymmetrical power relations, which thus tacitly risk coercing researchers to adopt more colonizing approaches—to do otherwise would put them at risk of becoming marginalized within their departments and disciplines.

Findings

We explored respondents' conception of, and experiences with, processes of tenure and promotion in the academy and how this relates to their ability to enact research "in a good way." Tenure and promotion committees were perceived as operating within Eurocentric or Western notions of how best to use one's time to ensure maximum productivity, as well as ideals as to what constitutes valid and rigorous research. These were discussed by respondents as being largely incongruent with the realities and necessities of Indigenous health research that adopts the principles of CBPR.

The Time and Productivity Conundrum

CBPR is relational research. As would be expected, the majority of respondents unequivocally stressed the primacy of relationship building in enacting good ethical research and that this requires a significant investment of time, long before any data are collected, and one that requires attention throughout the life of a project and beyond; it is a lifetime commitment. One respondent encapsulated this particularly well:

> It's in constant negotiation, and it's a constant attending to and I don't know if that word means anything to you, but it's like you have to feed it, nurture it, love it, water it. And if you don't, you lose it. (R11)

While the nature of engagement and relationship building obviously varied among respondents with respect to their community partners, often as a function of different community histories and contexts, several respondents stated that for true collaboration—based on trust—to take place, being physically present and participating in community life was viewed as essential to building those relationships.

> You need to be visible and present in the communities. They need to get to know you as a person. They need to know you *are* a person, right? So I think that, to me, is really essential; it's very relational—very relational. (R13)

It was in speaking to the importance of building authentic relationships with communities when respondents began to note tensions concerning time and productivity, and how institutional norms framed productivity in a manner that tended to be largely at odds with the values of CBPR.

> I'd say from an academic perspective, the structures in the world of academia don't account for the amount of time that it takes for relationship building and relationship maintenance to carry out a collaborative research project. (R18)

Several respondents expressed frustration regarding a perceived lack of understanding of the importance of time spent building relationships as a necessary precursor to enacting ethical relational research and developed dichotomies between their work and what they viewed as more mainstream forms of health research as a means of further illustrating the issues this presents.

> You're not doing [CBPR] in a damn lab, you know, and whipping off the papers. Things take time and because of working the relationships, what you set out to do might not be what you end up doing because you have to change and roll with it. There are pressures of expectations from the community that may not net you a paper in a high impact peer-reviewed journal. (R16)

The juxtaposition of CBPR with mainstream forms of knowledge production was a common feature among respondents when they discussed time as a tension and illustrates the perception that their productivity is being judged using criteria that are incongruent with the realities in which they operate, wherein "doing it in a damn lab" and "whipping off papers" are clearly still seen as the norm in the academy. This lack of recognition of relationship building and maintenance as a productive use of time has impacts on a researcher's career.

> At an institutional level, I was sometimes getting a lot of pushback about my limited scholarly output. I'm in the College of Medicine, by the way. There's another layer of tension because people here publish a lot and in what are measured as very high-impact journals and next to them, my scholarly output doesn't look . . . in terms of quantitative measures, it doesn't match up. (R10)

This impact was perceived to be particularly precarious in reference to untenured researchers. For example, participant R19 noted the predicament of early career academics who are faced with a choice between meeting a deadline for a call for papers and going to a community meeting:

> People are on tenure track. They can't do both, and there is more to be gained by taking the time to be involved with a peer-reviewed journal. The reality is: in academia, if it's not published, it doesn't exist. (R19)

Discussion of the tenure and promotion process manifested as a perceived asymmetry of power whereby Eurocentric notions of academic productivity were placed in direct competition with the relational necessities of engaged and collaborative CBPR. The tenure and promotion committee was viewed as the arbiter of the researcher's worth. The phrase, "If it's not published, it doesn't exist," captures the ontological privileging of Western discourses regarding what constitutes knowledge and how this is (re)produced through the granting or denial of tenure and promotions in the academy. To navigate these challenges, several respondents highlighted the importance of diversifying one's programme of research so that it does not exclusively focus on Indigenous health research.

> This is why the earlier advice is "Don't do only Aboriginal stuff" because you do end up spending Saturday at a health fair and learning a great deal about the community by doing that, by being right there, but putting that in a tenure document is pretty lame. (R2)

While this was one strategy for coping with the tenure and promotion process, other researchers advanced contrary discourses of productivity; for example, one respondent in particular highlighted an alternative discourse of productive research:

> I know that one of our [colleagues in the NEAHR network] was overlooked in tenure for a long time because [he/she] spent so much time in the community. By [the person] doing that, [he/she] was able to develop a very effective research program and a very effective . . . Native student retention program. (R8)

In some instances (echoing the above quotation), though notably rare, a couple of respondents went so far as to discuss eschewing the pursuit of tenure and promotion as a career goal choosing to instead focus on the needs of communities:

> To be honest with you, given all the stresses and pressures and the ways we splinter ourselves, I kind of had to decide that it didn't matter to me if I got to be full professor or not . . . So I'm just going to do my work and do it at the pace it goes. (R12)

However, in sum, respondents predominantly perceived the importance of productivity for personal career gain vis-à-vis the tenure and promotion process as follows:

> The sad truth is that publications are the coin of the realm in academia, and researchers do have to think about their own careers. I mean, I've got a [spouse] and . . . kids, a smelly dog, and a mortgage. It's just a reality. (R20)

While begrudgingly subscribing to a Western discourse of productivity in the academy was rewarded, and it was recognized that a failure to do so might "stall" one's career and threaten one's livelihood, this was an unsettling tension that caused many respondents to experience personal internalized conflict. Ultimately, however, they also recognized that for many, this power asymmetry had the potential to mediate relationships between communities and researchers—especially for early career researchers.

What Constitutes Valid and Rigorous Research: Who Defines Knowledge?

Community-driven research is a key tenet of CBPR. In an institutional context, as with relationship building, a number of respondents discuss the fact that from the inception of a project, this presents several challenges. As one respondent noted:

> I think one of the most important factors that has to be asked up front in [Indigenous] community-based research is, "Whose interests are really at play here?" And if the researcher is honest and genuine and says, "It's the community," then that presents a number of difficult challenges for that person's promotion and tenure, acceptance by their peers at the university, etc., etc., because you cannot do it at the pace or necessarily the productivity that your peers think you should be. (R1)

Discipline-specific and investigator-driven research has been the tradition in academic research. Having communities set research priorities represents an inversion of this power structure and is perceived as a form of relational accountability.

> If what I do is not seen as an important question to communities or as solving an important problem for communities, then I'm doing something deeply wrong. (R20)

A number of respondents noted that they have struggled with having their colleagues and senior administration understand and/or value the work they did. Struggling with peers viewing work as valid was a persistent issue throughout the research process for many. For instance:

> I mean, you know, obviously, in the academy your best proof is a randomized clinical trial, and many communities will say, "I don't care about your damn randomized clinical trial." (R2)

What constitutes "the best research" is a value judgment, which is rooted in a Western scientific discourse of validity. It implies universalized judgment criteria that are external to the reality in which the research is being conducted. Ultimately, a universalized best research practice suggests the ontological privileging of one form of knowledge (academic expert) over another (community expert). This is problematic in terms of a decolonizing agenda for research, as one of the Indigenous respondents poignantly illustrated:

> So much of the research about our lives is based on the standards and the criteria from a world outside of our own and until that starts to change so that we're using our world to research our world, we're not going to gain an understanding. (R18)

Calling for engagement with Indigenous ontologies in health research, while not necessarily the focus of our inquiry and thus not a dominant perspective across the health researchers we interviewed for this study, was raised as a way in which to help interrogate who has the power to define what constitutes valid research. In the academy, it is the discipline, constructed on the opinions of one's peers that inscribes validity onto research. This is viewed as problematic in Indigenous community-based participatory health research since "those peers are not necessarily going to have any sympathies towards the problems that have been encountered because their world does not encompass those understandings" (R1), and, as one respondent explained regarding tenure and promotion processes, "it's our own peers that are telling us that they don't value the work that we're doing." (R15). These concerns tended to be advanced more by respondents doing participatory community engagement than those who were conducting Indigenous health research in communities but not necessarily CBPR.

As with discourses of productivity, respondents perceived the ontological privileging of Western science's criteria of validity in research as disadvantageous to CBPR involving Indigenous peoples. The mechanisms for the enactment of colonial power structures are also found in the embedded assumptions that direct tenure and promotions processes in the academy. One respondent, a basic scientist whose program of research could be described as fundamentally rooted in ontological pluralism, concisely captures this issue: "Honestly, I don't think that any peer-review committee that I've ever experienced would ever get what I currently do. They would simply say I'm not doing anything and I'm certainly not doing research" (R1). By unilaterally enacting the power to define what constitutes research, tenure, and

promotion, committees are arguably perpetuating Western values and quantitative bibliometrics of traditional measures of productivity regardless of the approach to research undertaken.

Discussion

Health researchers seeking to decolonize research relationships and address Indigenous health disparities through CBPR must negotiate multiple and competing demands from disparate realities; our focus here has been on the tension of doing such research "in a good way" as it is pushed up against the metrics of academic success. Our findings suggest that deepening engagement with a decolonizing, community-driven research agenda (reflecting multiple ontologies and committed to relationship-building and relational accountability, community deliverables, and deep collaboration) poses significant challenges in terms of researchers' livelihood and career advancement. At the same time, as much as researchers are community-based, they are also university-based. Structures for tenure and promotion remain largely steeped in a Western ontology that privileges particular discourses of productivity and validity in research that do not necessarily align with the relational ontology that is found in many Indigenous worldviews (see, for example, Louis, 2007; Smith, 1999). As a result, a conflict of interest arises between researchers' relational accountability to their community partners and their academic accountability to their disciplines and peers. One's career is a serious motivator when one has "a [spouse] and . . . kids, a smelly dog and a mortgage," (R20), but tenure and promotion structures incentivize in the wrong direction for those who undertake research "in a good way" (as described earlier by Janyst & Ball, 2008). Our findings align with those of Kraemer Diaz and colleagues (2015) who discuss how institutional tensions across 25 CBPR studies in the United States were similar to those we explored, and are perceived as impacting scientific integrity in CBPR. While we agree—to an extent—with their conclusions, we attempt to move beyond their analysis by illustrating *how these tensions manifest* in the context of community-based participatory Indigenous health research; rather than just *navigating* academic structures that disadvantage CBPR, the *assumed legitimacy* of these structures ought to be seriously questioned.

Time and productivity, and questions of validity associated with CBPR, are common transactional burdens of this approach (Brewer, 2013; Flicker et al., 2007); however, we attempt to depart from simply listing these burdens as inevitable costs of doing CBPR "business," and root them in unquestioned and problematic assumptions that academic authority over research done in partnership with Indigenous communities is, in some way, legitimate. This critique could also be levelled at other structures within the institution, including, for example, the role of an institutional research ethics board, which has the power to compromise negotiated research agreements between Indigenous communities and their academic partners (see Stiegman & Castleden, 2015). To respondents, time spent building relationships and earning as well as maintaining trust is framed as the most productive use of their time because it allows research to move forward, often unencumbered with problems that tend to emerge when relational accountability has not been established. Congruently, even the Canadian Tri-Council Policy Statement on institutionally-based research ethics recognizes that research with Indigenous people needs to be premised on respectful and reciprocal relationships and "that this process takes time" (CIHR, Natural Sciences and Engineering Research Council of Canada [NSERC], & Social Sciences and Humanities Research Council of Canada [SSHRC], 2010). Yet, as respondents noted, the tremendous effort required to develop such relationships is made invisible through academic measures of merit. Failing to recognize the time spent co-constructing relationships and co-producing knowledge

as a legitimate aspect of the research enterprise is a failure to recognize Indigenous ways of being in the world; it is nothing short of a colonial act. Metrics for success embedded in Western discourses of academic productivity, whereby effort is meted out in the number of peer-reviewed articles, monographs, and conference papers produced to the vast exclusion of anything that is community-relevant—even end-of-grant reports delivered to communities have been considered "outreach" products because they have not necessarily been subjected to the scrutiny of academic peer review; they have, however, been subjected to a more important measure from a CBPR point of view: community approval—privileges the former to the detriment of the latter.

Similarly, as much as empowering Indigenous peoples through shared ownership of research is an ideal discussed by numerous respondents, our findings illustrate how the institutional criteria for judging the validity of CBPR processes and outcomes remain largely exogenous, whereby tenure and promotion processes are perceived as rooted in Eurocentric ontologies defining valid knowledge creation in self-referential terms, and excluding alternative ontological frames. Subsequently, through the granting or denial of tenure, the academy exercises its power to define what constitutes knowledge and valid research in Indigenous communities. This too is a colonial act. But when a community "invites you back," a researcher who truly embraces a CBPR approach has essentially earned tenure in the community. It is this process and outcome, standing up to the scrutiny of community that compels a CBPR researcher to continue along this trajectory despite the colonial mentality they encounter in the academy.

As has been made evident elsewhere (e.g., Battiste & Youngblood Henderson, 2000; Kovach, 2009; Smith, 1999) and here, university research is often the product of colonial processes. Tenure and promotion processes assume the universal legitimacy of the dominant Western discourse on productivity and validity in research as well as their own legitimacy as the appropriate arbiters of merit and knowledge (Shih, 2010). This manifests as a closed, self-referencing system whose own internal logic is mistaken for an objective, singular, and universal reality. Paralleling Howitt and Suchet-Pearson's (2006) critique of assumed legitimacy of environmental management as an unequivocal good, we draw on their invocation of Rose's (1999) metaphor of the Eurocentric self, positioned in a hall of mirrors, to further illustrate our point:

> [The Eurocentric self] . . . mistakes its reflection for the world, sees its own reflections endlessly, talks endlessly to itself, and, not surprisingly, finds continual verification of itself and its worldview. This is monologue masquerading as conversation, masturbation posing as productive interaction; it is a narcissism so profound that it purports to provide a universal knowledge when in fact its practices of erasure are universalising its own singular and powerful isolation. (p. 177)

There are examples of concerted efforts to break away from this hall of mirrors. For instance, in the United States, a working group of the Community-Engaged Scholarship for Health Collaborative developed a resource guide in 2007 (Jordan et al., 2009) for use among community-engaged scholars and their respective review, promotion, and tenure committees. In 2008, a group of Canadian universities, research networks, and community organizations launched the Pan-Canadian Coalition on Community Based Research; one of its member institutions also developed a resource for recognizing excellence in community-engaged research (University of Victoria, n.d.). However, many still call into

question the effectiveness of peer review within the processes, noting, first of all, that there is little evidence to support the effectiveness of peer review in general (Street, Baum, & Anderson, 2009), that in many institutions persistent and entrenched standards for accountability continue to narrowly frame acceptable scholarship, and that the process remains (falsely) framed as neutral and objective when in reality it is rooted in context dependent value judgments, which are themselves rooted in deeply held assumptions about the nature of scholarship (Gelmon, Jordan, & Seifer, 2013).

If the ideal of CBPR is to be truly emancipatory and decolonizing for Indigenous communities (Castleden et al., 2012; Kraemer Diaz, Johnson, & Arcury, 2015; Wallerstein & Duran, 2003), then should the power to judge the legitimacy of this form of research reside solely in the hands of individuals whose "worlds do not encompass those understandings" (R1)? Moreover, can the "productivity" of such research be justly measured by academic standards for dissemination? This has been soundly rejected elsewhere (see, for example, Battiste & Youngblood Henderson, 2000; Coombes et al., 2014; Louis, 2007; Royal Commission on Aboriginal Peoples [RCAP], 1996; Smith, 1999). Yet, as noted above, this is clearly the case when health researchers who engage in CBPR are confronted with tenure and promotion structures. As a result, the risk becomes, especially for health researchers new to CBPR and/or Indigenous health research to shy away from relational authenticity and community-engaged scholarship (de Leeuw et al., 2012). Unless we continue to identify cracks in the status quo—and propose alternatives, we contend that we will continue to see career-minded researchers who recognize that they stand to gain more (academic success, that is) by engaging less (and failing to build meaningful research relationships with those whose inequitable health status demands our attention).

When authentic partnerships do arise despite disincentives, as can be seen in the comments from our study's respondents, incongruent metrics affect researchers' careers. While an awareness of these issues has been noted (see Ahmed, Beck, Maurana, & Newton, 2004; Calleson et al., 2005; Flicker et al., 2007; Israel et al., 2010; Nyden, 2003), the typical response—of making process measures for engagement more central to assessment (Calleson et al., 2005), placing CBPR researchers and community partners on tenure and promotion committees (Ahmed et al., 2004; Nyden, 2003), and having these committees recognize lower impact CBPR journals—though moderately beneficial in the short term, does little to address the central problem of ontological monism. This is not to argue for the dissolution of tenure and promotion processes or the disposing of Western approaches to knowledge creation and assessment. Rather, we are suggesting that such positionality must be made explicit and that there needs to be recognition of the irrelevance of many traditional metrics of academic merit to, for example, community-based participatory Indigenous health research, as our study highlights.

Coombes and colleagues (2014) argue that collaborative research with Indigenous peoples should not be judged on traditional metrics of productivity but rather on "its ability to transition theory and methods to host communities so that, over time, they generate a base for independent research" (p. 848). Institutional structures have allowed the academy's conventional role as societal knowledge brokers to go unfettered for far too long; these structures have been critiqued for their tendency to produce one-sided university–community partnerships (Allahwala, Bunce, & Beagrie, 2013). As much as reforming systems of merit and reward may reduce power asymmetries that disadvantage Indigenous CBPR, privileged and powerful Western ideals on which they are predicated remain a persistent issue (Hewitt & Suchet-Pearson, 2006).

Although this was not reflected in our interviews, it nonetheless behooves health researchers who are considering employing a CBPR approach to reflect on how academic power structures and careerism guide their decisions, making them inadvertently complicit in the colonial enterprise. Working with Indigenous organizations outside the academy to meet the requirements of institutional eligibility to administer grant funds may be a step in the right direction; the Canadian Aboriginal AIDS Network, the first to achieve such eligibility, is leading the way here in Canada. Beyond this, and in line with Coombes and colleagues (2014), it is important to consider the legitimacy of exogenous, university-based research over the long term and begin to imagine more radical incentives that "reward" CBPR researchers who are "successful" at researching themselves out of a job.

Conclusion

Relationships between academic researchers and community partners do not occur in a vacuum, they are embedded in larger structures of power that mediate the nature and depth of engagement in collaborative research processes—even when OCAP™ principles are in place. The purpose of this article has been to highlight and critique one such mechanism. By identifying how tenure and promotion processes disadvantage community-based participatory Indigenous health research by privileging a Eurocentric ontology, we contextualized these processes and demonstrated how they work to reproduce colonial forms of dominance. We argue that beyond being inappropriate, in their current form, they are unethical in that they place the well-being of communities in direct conflict with a health researcher's academic career. Simply reforming tenure and promotion processes to encompass a broader array of metrics to assess merit fails to address the reality that some things (such as the authenticity of relationships) defy conventional forms of measurement, and attempting to do so is merely a return to the sort of post-positive Eurocentrism we have been critiquing. Assessing merit is tricky business. If the aim of CBPR in research involving Indigenous peoples is to assist in the ongoing project of decolonization, then unsettling the manner in which we understand "productive" research is necessary.

References

Adelson, N. (2005). The embodiment of inequity: Health disparities in Aboriginal Canada. *Canadian Journal of Public Health, 96*(2), 45–61.

Ahmed, S. M., Beck, B., Maurana, C., & Newton, G. (2004). Overcoming barriers to effective community-based participatory research in US medical schools. *Education for Health, 17*(2), 141–151. doi:10.1080/13576280410001710969

Alcantara, L., Harper, G. W., & Keys, C. B. (2012). "There's gotta be some give and take": Community partner perspectives on benefits and contributions associated with community partnerships for youth. *Youth and Society, 47*(4), 462-485. doi:10.1177/0044118X12468141

Allahwala, A., Bunce, S., & Beagrie, L. (2013). Building and sustaining community–university partnerships in marginalized urban areas. *Journal of Geography 112,* 43–57. doi:10.1080/00221341.2012.692702

Allan, B. & Smylie, J. (2015). First Peoples, second-class treatment: The role of racism in the health and well-being of Indigenous peoples in Canada. Toronto, ON: The Wellesley Institute. Retrieved from http://www.wellesleyinstitute.com/wp-content/uploads/2015/02/Report-First-Peoples-Second-Class-Treatment-Feb-2015.pdf

American Association of University Professors (AAUP). (2014). *Recommended institutional regulations on academic freedom and tenure.* Retrieved from website: http://www.aaup.org/report/recommended-institutional-regulations-academic-freedom-and-tenure

Association of Universities and Colleges of Canada (AUCC). (2015). *Quality assurance at Canadian universities.* Retrieved from the Universities Canada website: http://www.aucc.ca/canadian-universities/quality-assurance/

Ball, J., & Janyst, P. (2008). Enacting research ethics in partnerships with Indigenous communities in Canada: "Do it in a good way." *Journal of Empirical Research on Human Research Ethics, 3*(2), 33–51. doi:10.1525/jer.2008.3.2.33

Battiste, M., & Youngblood Henderson, J. S. (2000). *Protecting Indigenous knowledge and heritage: A global challenge.* Saskatoon, SK: Purich Publishing Ltd.

Baxter, J., & Eyles, J. (1997). Evaluating qualitative research in social geography: Establishing 'rigour' in interview analysis. *Transactions: Institute of British Geographers, 22*(4), 505-525. doi:10.1111/j.0020-2754.1997.00505.x

Bernard, H. R., & Ryan, G. (1998). Text analysis: Qualitative and quantitative methods. In H. R. Bernard (Ed.), *Handbook of methods in cultural anthropology* (pp. 595–645). Walnut Creek, CA: Altamira Press.

Boyer, E. L. (1990). *Scholarship reconsidered: Priorities of the professoriate.* New York: The Carnegie Foundation for the Advancement of Teaching.

Brant Castellano, M. (2004). Ethics of Aboriginal research. *Journal of Aboriginal Health, 1*(1), 98-114.

Brew, A. (2003). Teaching and research: New relationships and their implications for inquiry-based teaching and learning in higher education. *Higher Education Research and Development, 22*(1), 3–18. doi:10.1080/0729436032000056571

Brewer, J. F. (2013). Toward a publicly engaged geography: Polycentric and iterated research. *Southeastern Geographer, 53*, 328–347. doi:10.1353/sgo.2013.0020

Calleson, D. C., Jordan, C., & Seifer, S. D. (2005). Community-engaged scholarship: Is faculty work in communities a true academic enterprise? *Academic Medicine, 80*(4), 317–321. doi:10.1097/00001888-200504000-00002

Canadian Institutes of Health Research (CIHR). (2007). *CIHR guidelines for health research involving Aboriginal people*. Retrieved from http://www.cihr-irsc.gc.ca/e/29134.html

Canadian Institutes of Health Research (CIHR), Natural Sciences and Engineering Research Council of Canada (NSERC), and Social Sciences and Humanities Research Council of Canada (SSHRC). (2010, December). *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans* (2nd ed.). Retrieved from http://www.pre.ethics.gc.ca/pdf/eng/tcps2/TCPS_2_FINAL_Web.pdf

Cargo, M., & Mercer, S. L. (2008). The value and challenges of participatory research: Strengthening its practice. *Annual Review of Public Health, 29*, 325–350. doi:10.1146/annurev.publhealth.29.091307.083824

Castleden, H., & Garvin, T. (2008). Modifying photovoice for community-based participatory Indigenous research. *Social Science & Medicine, 66*(6), 1393-1405. doi:10.1016/j.socscimed.2007.11.030

Castleden, H., Morgan, V. S., & Lamb, C. (2012). "I spent the first year drinking tea": Exploring Canadian university researchers' perspectives on community-based participatory research involving Indigenous peoples. *The Canadian Geographer/ Le Géographe Canadien, 56*(2), 160–179. doi:10.1111/j.1541-0064.2012.00432.x

Charmaz, K. (2006). *Constructing grounded theory: A practical guide through qualitative analysis.* London: Sage Publications Ltd.

Cochran, P. L., Marshall, C., Garcia-Downing, C., Kendall, E., Cook, D., McCubbin, L., & Gover, R. M. S. (2008). Indigenous ways of knowing: Implications for participatory research and community. *American Journal of Public Health, 98*(1), 22–27. doi:10.2105/AJPH.2006.093641

The Constitution Act, 1982, Schedule B to the Canada Act 1982 (UK), 1982, c 11.

Coombes, B. (2012). Collaboration: Inter-subjectivity or radical pedagogy? *The Canadian Geographer / Le Géographe Canadien, 56*(2), 290–291. doi:[10.1111/j.1541-0064.2012.00429.x](#)

Coombes, B., Johnson, J. T., & Howitt, R. (2014). Indigenous geographies III: Methodological innovation and the unsettling of participatory research. *Progress in Human Geography, 38*(6), 845–854. doi:[10.1177/0309132513514723](#)

Cornwall, A. (2003). Whose voices? Whose choices? Reflections on gender and participatory development. *World Development, 31*(8), 1325–1342. doi:[10.1016/S0305-750X(03)00086-X](#)

Cornwall, A., & Jewkes, R. (1995). What is participatory research? *Social Science & Medicine, 41*(12), 1667–1676. doi:[10.1016/0277-9536(95)00127-S](#)

Czyzewski, K. (2011). Colonialism as a broader social determinant of health. *The International Indigenous Policy Journal, 2*(1), 5. doi:[10.18584/iipj.2011.2.1.5](#)

de Leeuw, S., Cameron, E. S., & Greenwood, M. L. (2012). Participatory and community-based research, Indigenous geographies, and the spaces of friendship: A critical engagement. *The Canadian Geographer / Le Géographe Canadien, 56*(2), 180–194. doi:[10.1111/j.1541-0064.2012.00434.x](#)

Denzin, N., & Lincoln, Y. (2005). *The SAGE handbook of qualitative research* (3rd ed.). Thousand Oaks, CA: Sage Publications Ltd.

Durose, C., Beebeejaun, Y., Rees, J., Richardson, J., & Richardson, L. (2011). Towards co-production in research with communities. Retrieved from https://www.dur.ac.uk/resources/geography/reframing_state/CCDiscussionPaperDurose2etal.pdf

Eketone, A. (2008). Theoretical underpinnings of Kaupapa Māori directed practice. *MAI Review, 1*(1), 1–11.

Engvall, R. P. (2010). The corporatization of American higher education: Merit pay trumps academic freedom or, more discretionary power for administrators over faculty: You're kidding me, right? *Journal of Academic Freedom, 1,* 1-15. Retrieved from: http://www.aaup.org/sites/default/files/files/JAF/2010%20JAF/Engvall.pdf

Fischer, J., Ritchie, E. G., & Hanspach, J. (2012). Academia's obsession with quantity. *Trends in Ecology and Evolution, 27*(9), 473–474. doi:[10.1016/j.tree.2012.05.010](#)

Flicker, S. (2008). Who benefits from community-based participatory research? A case study of the Positive Youth Project. *Health Education and Behavior: The Official Publication of the Society for Public Health Education, 35*(1), 70–86. doi:[10.1177/1090198105285927](#)

Flicker, S., Savan, B., McGrath, M., Kolenda, B., & Mildenberger, M. (2007). "If you could change one thing . . ." What community-based researchers wish they could have done differently. *Community Development Journal, 43*(2), 239–253. doi:[10.1093/cdj/bsm009](#)

Freeman, E., Gust, S., & Aloshen, D. (2009). Why faculty promotion and tenure matters to community partners. *Metropolitan Universities, 20*, 87–103.

Freire, P. (2000). *Pedagogy of the oppressed.* London: Bloomsbury Publishing.

Gelmon, S. B., Jordan, C. M., & Seifer, S. D. (2013). Rethinking peer review : Expanding the boundaries for community-engaged scholarship. What do we know about peer review? *International Journal of Research on Service-Learning and Community Engagement, 1*(1), 1–10.

Ginsberg, B. (2012). Tenure and academic freedom: The beginning of the end. *Academic Matters: OCUFA's Journal of Higher Education.* Retrieved from: http://www.academicmatters.ca/2012/05/tenure-and-academic-freedom-the-beginning-of-the-end/

Glass, K., & Kaufert, J. (2007). Research ethics review and Aboriginal community values: Can the two be reconciled? *Journal of Empirical Research on Human Research Ethics, 2*(2), 25-40. doi:10.1525/jer.2007.2.2.25

Gravestock, P., & Greenleaf, E. G. (2008). Overview of tenure and promotion policies across Canada. Retrieved from https://www.viu.ca/integratedplanning/documents/OverviewofTPPoliciesinCanada.pdf

Grimwood, B. S. R., Doubleday, N. C., Ljubicic, G. J., Donaldson, S. G., & Blangy, S. (2012). Engaged acclimatization: Towards responsible community-based participatory research in Nunavut. *The Canadian Geographer/ Le Géographe Canadien, 56*(2), 211-230. doi:10.1111/j.1541-0064.2012.00416.x

Health Research Council of New Zealand. (2010). Guidelines for researchers on health research involving Māori. Retrieved from http://www.hrc.govt.nz/sites/default/files/Guidelines%20for%20HR%20on%20Maori-%20Jul10%20revised%20for%20Te%20Ara%20Tika%20v2%20FINAL[1].pdf

Howitt, R., & Suchet-Pearson, S. (2006). Rethinking the building blocks: Ontological pluralism and the idea of "management." *Geografiska Annaler, Series B: Human Geography, 88*, 323–335. doi:10.1111/j.1468-0459.2006.00225.x

Humphrey, K. (2001). Dirty questions: Indigenous health and "Western research." *Australian and New Zealand Journal of Public Health, 25*(3), 197–202. doi:10.1111/j.1467-842X.2001.tb00563.x

Israel, B., Coombe, C. M., Cheezum, R. R., Schulz, A. J., McGranaghan, R. J., Lichtenstein, R., … Burris, A. (2010). Community-based participatory research: A capacity-building approach for policy advocacy aimed at eliminating health disparities. *American Journal of Public Health, 100*(11), 2094–2102. doi:10.2105/AJPH.2009.170506

Israel, B., Schulz, A., Parker, E., & Becker, A. (1998). Review of community-based research: Assessing partnership approaches to improve public health. *Health Behavior and Health Education, 19*, 173-202. doi:10.1146/annurev.publhealth.19.1.173

Jacklin, K., & Kinoshameg, P. (2008). Developing a participatory Aboriginal health research project: "Only if it's going to mean something." *Journal of Empirical Research on Human Research Ethics, 3*(2), 53–67. doi:10.1525/jer.2008.3.2.53

Jacobs, G. (2010). Conflicting demands and the power of defensive routines in participatory action research. *Action Research, 8*(4), 367-386. doi:10.1177/1476750310366041

Jansen, M. W., & Ruwaard, D. (2012). Making an impact instead of 'publish or perish.' *The European Journal of Public Health, 22*(5), 613-614. doi:10.1093/eurpub/cks023

Jordan, C. M., Seifer, S. D., Sandmann, L. R., & Gelmon, S. B. (2009). CES4Health.info: Development of a mechanism for the peer review and dissemination of innovative products of community-engaged scholarship. *International Journal of Prevention Practice and Research, 1*(1), 21–28.

Kendall, E., Sunderland, N., Barnett, L., Nalder, G., & Matthews, C. (2011). Beyond the rhetoric of participatory research in Indigenous communities: Advances in Australia over the last decade. *Qualitative Health Research, 21*(12), 1719–28. doi:10.1177/1049732311418124

Kesby, M. (2007). Spatialising participatory approaches: The contribution of geography to a mature debate. *Environment and Planning A, 39*(12), 2813–2831. doi:10.1068/a38326

King, M. (2008). IAPH Scientific Director: Dr. Malcolm King. *Canadian Institutes of Health Research.* Retrieved from http://www.cihr- irsc.gc.ca/e/9130.html

Kinnon, D. (2002). *Improving population health, health promotion, disease prevention, and health protection services and programs for Aboriginal people: Recommendations for NAHO activities.* Ottawa, ON: National Aboriginal Health Organization.

Koster, R., Baccar, K., & Lemelin, R. H. (2012). Moving from research ON, to research WITH and FOR Indigenous communities: A critical reflection on community-based participatory research. *The Canadian Geographer / Le Géographe Canadien, 56*(2), 195–210. doi:10.1111/j.1541-0064.2012.00428.x

Kovach, M. (2009). *Indigenous methodologies: Characteristics, conversations and contexts.* Toronto, ON: University of Toronto Press.

Kraemer Diaz, A. E. K., Johnson, C. R. S., & Arcury, T. A. (2015). Perceptions that influence the maintenance of scientific integrity in community-based participatory research. *Health Education and Behavior, 42*(3), 393-401. doi:10.1177/1090198114560016

Louis, R. P. (2007). Can you hear us now? Voices from the margin: Using Indigenous methodologies in geographic research. *Geographical Research, 45*(2), 130–139. doi:10.1111/j.1745-5871.2007.00443.x

Maar, M. A, Manitowabi, D., & Corbiere, C. (2011). Serious complications for patients, care providers and policy makers: Tackling the structural violence of First Nations people living with diabetes in Canada. *The International Indigenous Policy Journal, 2*(1), 6. doi:10.18584/iipj.2011.2.1.6

Maar, M., McGregor Sutherland, M., & McGregor, L. (2005). *First Nations taking charge of health research: The development of a community-based ethics review process on Manitoulin Island, Ontario, Canada.* Ottawa: National Council on Ethics in Human Research (NCEHR).

Mahuika, R. (2008). Kaupapa Māori theory is critical and anti-colonial. *MAI Review, 3*(4), 1–16.

Martin, D. (2010). *Viewing food through the lens of culture: Using VoiceThread as a dissemination tool.* Millbrook First Nation, NS: Atlantic Aboriginal Health Research Program.

Minkler, M., & Wallerstein, N. (2003). *Community-based participatory research in health.* San Francisco: Jossey-Bass.

Network Environments for Aboriginal Health Research (NEAHR). (2011). Retrieved from Canadian Institutes of Health Research website: http://www.cihr-irsc.gc.ca/e/27071.html

Nyden, P. (2003). Academic incentives for faculty participation in CBPR. *Journal of General Internal Medicine, 18,* 576–585. doi:10.1046/j.1525-1497.2003.20350.x

Potvin, L., Cargo, M., McComber, A. M., Delormier, T., & Macaulay, A. C. (2003). Implementing participatory intervention and research in communities: Lessons from the Kahnawake Schools Diabetes Prevention Project in Canada. *Social Science and Medicine, 56,* 1295–1305. doi:10.1016/S0277-9536(02)00129-6

NVivo 10 [Computer software]. (2012). Melbourne, Au: QSR International.

Reading, J., & Nowgesic, E. (2002). Improving the health of future generations: The Canadian Institutes of Health Research Institute of Aboriginal Peoples' Health. *American Journal of Public Health, 92*(9), 1396–1400. doi:10.2105/AJPH.92.9.1396

Reading, C. L. & Wien, F. (2009). *Health inequalities and social determinants of Aboriginal peoples' health.* Prince George, BC: National Collaborating Centre for Aboriginal Health.

Richmond, C., Martin, D., Dean, L., Castleden, H., & Marsden, N. (2013). *Transforming networks: How ACADRE/NEAHR support for graduate students has impacted Aboriginal health research in Canada.* Retrieved from http://ahrnets.ca/files/2013/05/NEAHRreport_FINAL_4Web2.pdf

Rose, D. (1999). Indigenous ecologies and an ethic of connection. In N. Low (Ed.), *Global ethics and environment* (pp. 175-187). London: Routledge.

Royal Commission on Aboriginal Peoples (RCAP). (1996). *Report of the Royal Commission on Aboriginal Peoples.* Ottawa, ON: Indian and Northern Affairs Canada.

Shih, C. (2010). Academic colonialism and the struggle for Indigenous knowledge systems in Taiwan. *Social Alternatives, 29*(1), 44–48.

Smith, L. T. (1999). *Decolonizing methodologies: Research and Indigenous peoples.* London: Zed Books.

Stiegman, M., & Castleden, H. (2015). Leashes and lies: Navigating the colonial tensions of institutional ethics of research involving Indigenous peoples in Canada. *International Indigenous Policy Journal 6*(3), 2. doi:10.18584/iipj.2015.6.3.2

Street, J., Baum, F., & Anderson, I. P. S. (2009). Is peer review useful in assessing research proposals in Indigenous health? A case study. *Health Research Policy and Systems / BioMed Central, 7*(2), 1-6. doi:10.1186/1478-4505-7-2

Svalastog, A. & Eriksson, S. (2010). You can use my name; You don't have to steal my story: A critique of anonymity in Indigenous studies. *Developing World Bioethics, 10*, 104–110. doi:10.1111/j.1471-8847.2010.00276.x

Takeda, L., & Røpke, I. (2010). Power and contestation in collaborative ecosystem-based management: The case of Haida Gwaii. *Ecological Economics, 70*(2), 178–188. doi: 10.1016/j.ecolecon.2010.02.007

Tobias, J., Richmond, C., & Luginaah, I. (2014). Community-based participatory research (CBPR) with Indigenous communities: Producing respectful and reciprocal research. *Journal of Empirical Research on Human Research Ethics, 8*(2), 129–140. doi:10.1525/jer.2013.8.2.129

University of Victoria (n.d.). *Office of Community Based Research: A pan Canadian coalition on community-based research.* Retrieved from http://web.uvic.ca:8080/~ocbrdev/node/723

Waldram, J., Herring, D., & Young, T. (2006). Aboriginal health in Canada: Historical, cultural, and epidemiological perspectives (2nd ed.). Toronto, ON: University of Toronto Press.

Wallerstein, N., & Duran, B. (2003). The conceptual, historical and practice roots of community based participatory research and related participatory traditions. In M. Minkler & N. Wallerstein (Eds.), *Community-based participatory research in health* (pp. 27-52). San Francisco: Jossey-Bass.

Wallerstein, N. B., & Duran, B. (2006). Using community-based participatory research to address health disparities. *Health Promotion Practice, 7*(3), 312–323. doi:10.1177/1524839906289376