Building respectful research relationship: Lessons from a community based participatory research project with Dakota Tipi First Nation

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Community based participatory research (CBPR) is widely recognized as means to correct some of the power imbalances that have historically characterized relationships between (typically non-Indigenous) academic researchers and Indigenous peoples. The popularity of CBPR with Indigenous communities in Canada represents a step forward, yet there remains a lack of documentation on the feedback of community members who have participated in CBPR projects, which is helpful in ensuring that research relationships are rooted in respect and are benefiting all parties involved. This study represents an effort to address this gap by drawing on the feedback of community partners to evaluate a community-based participatory health research project with Dakota Tipi First Nation, a non-treaty Indigenous (Sioux) community in Manitoba. The results of two semi-structured focus group interviews with key community partners (n=7) revealed some of the strengths and weaknesses of the project as well as valuable insights into the cultivation of relationships between academic researchers and community members. This paper highlights some important aspects of developing and maintaining respectful research relationships with Indigenous communities in Canada and worldwide.

Keywords: community-based participatory research, relational ethics, Indigenous peoples, First Nations, Manitoba

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Introduction

Community based participatory research (CBPR) has been recognized by Indigenous and non-Indigenous scholars alike as a research methodology that helps to address some of the power imbalances that have historically characterized academic research in Indigenous[1] communities (Koster *et al.* 2012; de Leeuw *et al.* 2012; Mundel & Chapman 2011; Castleden *et al.* 2008; Christopher *et al.* 2008). CBPR is considered by many to have as its goal an inclusive and empowering alternative to the exploitative and culturally inappropriate nature of some academic research that has generated distrust and contributed to research fatigue among Indigenous populations (Maar *et al.* 2011). CBPR is a collaborative process that requires a high degree of cooperation between all parties involved, particularly as participants are encouraged to shift from traditional roles from an inquirer/inquired binary to a more relational status as co-inquirers. As such, mutually respectful relationships are at the heart of CBPR involving Indigenous communities; the development of transparent and authentic relationships between researchers and community members is crucial to the success of the work (Allen *et al.* 2012; Bergum & Dossetor 2005).

Due to repeated calls from Indigenous communities and scholars around the world for research that is culturally appropriate and contributes to self-determination (Tuhiwai-Smith 1999; Shnarch 2004; Louis 2007), there has been a considerable increase in the number of studies utilizing a CBPR approach. Although these studies represent a step toward more responsible and appropriate research, doing so requires constant attention on the part of a researcher to engage in critical reflexivity throughout the duration of the project while also seeking feedback from community partners in their assessment of the process-related successes and challenges of such collaborative work. Interestingly, this is a perspective that has largely been absent from CBPR literature (a noted exception, for example, is that of work coming from Macaulay and colleagues (2007)). Eliciting feedback from community partners throughout the duration of a CBPR project can help to strengthen the project by clarifying interpretations of research data, providing an understanding of how community members have perceived the project, and informing the approaches of future interventions (Macaulay *et al.* 2007; see also Castleden *et al.* 2008). This paper represents an attempt to help address this gap by illuminating the perspectives of community partners as they have considered the various phases of our project; our effort in doing so is to critically reflect on the development of our relationships in a community based participatory health research project on social support for asthma among First Nations children, identify key strengths, acknowledge failures, and report on lessons learned.

Background

Childhood asthma in Indigenous communities

The First Nations Regional Health Survey (FNRHS) is the first Indigenous-controlled national longitudinal health survey, which began in 1996-1997 in reserve[2] communities across Canada and has provided rich data on a number of health problems across the life course. For example, the results of this survey indicated that asthma was one of the most frequently reported conditions among First Nations children, at 12% (MacMillan *et al.* 2009). The lack of more recent statistics points to the need for more research and intervention in this area; at the same time, the pattern of rising asthma rates in the rest of Canada is an indication that asthma rates among Indigenous children may also be on the rise. Moreover, there is the additional challenge in many reserve communities of inadequate access to health care, resulting in underreporting of health conditions (Crighton *et al.* 2009).

The issue of substandard housing on Canadian reserves has been widely reported as a health determinant for Indigenous communities. The overcrowding, high humidity, and improper ventilation that characterize many reserve dwellings can trigger a wide range of health conditions, including asthma (Robson 2008). Almost one half of on-reserve housing contain mold at levels that are high enough to cause respiratory illnesses for residents (Optis *et al.* 2012). Not surprisingly, the Aboriginal People's Survey (APS) conducted in 2001 revealed that the rates of physician-diagnosed asthma (on- and off-reserve) were higher among children living in homes in need of major repairs (Crighton *et al.* 2009). The risk factors for childhood asthma that exist on reserves coupled with the lack of access to health care that many rural and remote communities face not only highlight asthma as a serious issue for on-reserve populations but point to the need for more research on the determinants and dispersion of asthma for on-reserve First Nations children, a point that has been raised by the few studies that have been done in this area (Crighton *et al.* 2009; MacMillan *et al.* 2009; Watson *et al.* 2012).

The relative lack of research in this area makes it difficult to make any informed statements about the experiences of First Nations youth living with asthma on-reserve. Furthermore, there are particular considerations that must be made when conducting health-based interventions in reserve communities. For example, Indigenous peoples have diverse cultures (e.g. worldviews, language, customs, values) – and this diversity exists across the 600+ First Nations in Canada) that need to be recognized in health research (Schnarch 2004). Any attempt to imple-

[1]In this paper, we use Indigenous, rather than Aboriginal (a constitutionally-recognized but also a colonial term), to refer to the three distinct Indigenous groups of peoples in Canada who have been here for millennia: First Nations, Inuit, and Metis. Doing so aligns with the UN Declaration on the Rights of Indigenous Peoples. Where appropriate, we refer to one or the other of the three distinct groups, and when referring to the CBPR project described in this paper, we refer to the specific First Nation that partnered with us in the research.

[2]In Canada, First Nations were (often forcibly) placed into small "reserves" of land, a fraction of their original traditional territories as the settler (mainly European) population expanded its population size and search for extractable resources.

ment a health intervention in an Indigenous community should, therefore, listen to community leaders and members about what works well in their communities (Castleden *et al.* 2012) and, where appropriate meaningfully incorporate local cultural traditions and teachings (Isaak & Marchessault 2008).

Academic research and Indigenous communities

Historically, Indigenous peoples worldwide have often resisted the presence of academic research in their communities. The widespread criticism that surrounds research in Indigenous communities relates to the ways that researchers, typically non-Indigenous peoples themselves, have conducted studies without the proper consultation, authorization or participation of the communities involved (Tuhiwai-Smith 1999; Schnarch 2004; Christopher *et al.* 2008). Communities have reported that data has been taken from them and never returned, or that the results of the research were never reported back to them, which has generated feelings of distrust, suspicion and resentment toward academic researchers, as well as a general sense of being over-researched and exploited (Castleden *et al.* 2008).

The need for CBPR in partnership with Indigenous communities in Canada has been increasingly recognized in light of the continued health inequities experienced by Indigenous peoples that stem from colonial policies and practices such as the residential school system, the Indian Act and forced assimilation into Euro-Canadian culture (Adelson 2005; Castleden *et al.* 2008). Over the last two decades, there have been calls for, and efforts toward, more inclusive and respectful research relationships between academic researchers and Indigenous communities from funding agencies (e.g. the 2007 CIHR Guidelines for Health Research Involving Aboriginal People), Indigenous organizations (e.g. the 2005 National Aboriginal Health Organization's Ownership, Control, Access and Possession Principles), and Indigenous communities themselves (e.g. the Mi'kmaq Ethics Watch, established in 1999).

CBPR is often understood as an academic approach to research that helps to correct the power imbalance in research relationships by establishing academic-community partnerships, utilizing local knowledge and expertise and building community capacity (Castleden *et al.* 2008). The research is ideally motivated by community-identified concerns and the goals of CBPR typically include building relationships with the participating community and advancing ideas that contribute to social justice and change. First and foremost, CBPR must have direct, tangible benefits for the participating community (Koster *et al.* 2012). The success of CBPR hinges on the development of relationships built on mutual trust and respect. This demands that researchers commit to investing considerable time in the community prior to the commencement of the research project (Bull 2010), something often difficult to do without adequate financial resources (Castleden *et al.* 2012).

de Leeuw *et al.* (2012) point out that despite the advancements that have been made toward more participation and inclusivity in research, there remains a need to be critical of projects utilizing a CBPR framework and not to assume their inherent 'goodness'. The authors contend that CBPR can, in fact, work against its own goals and retrench unequal research relationships. For example, the tendency to identify community members as 'partners' can have the effect of disguising the power imbalances that are often institutionally entrenched by virtue of university or funder norms and regulations. Similarly, the ethical and institutional demands on researchers for full consultation and participation, as well as the time investment that is requisite for developing meaningful relationships may also be at odds with the schedules and priorities of community members, becoming a burden for research partners/participants (de Leeuw *et al.* 2012). These are all factors that researchers must maintain an awareness of prior to, and during, their engagement in a CBPR project.

Research Setting & Context

This research was conducted with Dakota peoples, members of Dakota Tipi, a First Nations reserve community located in southern Manitoba, approximately 4 km from the city of Portage la Prairie. Granted reserve status in 1972, the community is made up of 368 people, 183 of whom live on-reserve. Sioux is the native language but English is the language of preference for most members of the community. The reserve has a health centre, band office and school on site; however, the school is not presently operational. Dakota Tipi presently organizes a number of community programs and events, such as a cooking program for youth and an annual Health and Wellness Fair. The leadership (Band Council) is working toward developing a comprehensive community plan that will contribute to the development of community capacity, self-determination and a vision for the future (Dakota Tipi 2012).

Several council members and staff from Dakota Tipi were responsible for assisting in the coordination of the Healthy Lungs, Healthy Environments program (herein referred to as HLHE). HLHE was funded and implemented as a component of a multi-site research study led by a researcher at the University of Alberta titled 'Engaging Aboriginal families affected by allergies and asthma in support-education program development'. The broader research team was made up of academics and community health practitioners, with support from the participating First Nations and Métis communities and guidance from Community Advisory Committees in Alberta, Manitoba and Nova Scotia. The purpose of the multi-site study was to assess the support needs and preferences of Aboriginal youth with asthma and allergies and their parents. Through the development of accessible, community-led and culturally appropriate support education interventions, the research team's goal was to identify implications for improved practice, programs and policies for asthma and allergy health interventions in First Nations and Métis communities.

In Manitoba[3], the HLHE after-school program was designed in collaboration with members of the Dakota Tipi community

with the goal of creating an intervention that would address the three themes of health education, support and cultural reclamation. The five-week program, which included interactive lessons, arts-based learning, games and traditional teachings, wove respiratory health education into the curriculum, which was delivered by professionals with traditional Dakota approaches.

Methods

The fieldwork stage of the research began by creating a partnership between the community of Dakota Tipi and the University of Manitoba research lead (second author). Initially, the research lead met with representatives of the Assembly of Manitoba Chiefs to introduce the idea of developing a community-led asthma intervention for youth on reserve and gain approval in order to connect with a First Nations community in Manitoba. The research team then met with three Dakota Tipi reserve leaders in the fall of 2010 to discuss the study. It was determined that the study, as a CBPR project with the previously-secured backing of the Assembly of Manitoba Chiefs and its research ethics supervisors, was safe and in line with the community's health and youth development goals. The research team in Manitoba was made up of four researchers from the University of Manitoba, including the research lead, one postdoctoral fellow, and two undergraduate students, including the first author and a First Nations project advisor who, by virtue of a pre-existing relationship with key members of the community, played important roles in securing the partnership and in liaising between research staff and community partners. In cooperation with an on-reserve research liaison in Dakota Tipi who recruited youth participants for the program, the University research team assisted in the design and facilitation of the research intervention.

HLHE took place once a week over the course of six weeks at the band council office in Dakota Tipi. The intention was to create a culturally appropriate, peer-support based asthma intervention for young people in the community, with the additional goal of eliciting a better understanding of the specific challenges faced by asthmatic First Nations youth and their peers who live on reserve. The program was comprised of interactive educational sessions about asthma and health delivered by health professionals from Winnipeg integrated with cultural activities and teachings such as dance, prayer, and traditional medicine, which were facilitated by elders and other members of the Dakota Tipi community. The community partners who helped with recruitment, meals and facilitation were all given a stipend for their work and the youth participants were also given a $20.00 honorarium for each session that they attended. The youth recruited for the program (n=10) were all from the community of Dakota Tipi and between the ages of 10 and 18.

Adhering to a CBPR framework was key to gaining approval by the Assembly of Manitoba Chiefs and of practical importance to all parties involved in the HLHE project. The community leadership appreciated the open-ended nature of the project, which allowed for a great deal of adaptability in both the focus and methods of the study. The team encouraged Dakota Tipi to take an active role in the design, undertaking and evaluation of the project. For example, as a component of project dissemination and policy transfer, one of the youth participants in the HLHE program and his mother attended and presented at the province-wide Enigok Respectful Research Relationships Health Research Ethics Conference in Winnipeg (February 2012) organized by the Assembly of Manitoba Chiefs. In short, community and university researchers worked hard to develop a meaningful educational intervention that would benefit the community, acknowledging the CBPR principle of equally distributing the benefits of research.

The data reported on in this paper involved 1) on-site participant observation, 2) detailed field notes by the lead author from each week of the program, and 3) after the intervention, two one-hour focus groups conducted by the lead author with key adult stakeholders associated with the project in order to observe and evaluate the process of implementing the community health intervention as well as to document the perspectives and feedback of these community partners on the research process. It is important to point out that the small size of the community as well as the intimate nature of the research meant that community participants often played multiple roles that blurred the distinction between inquirer/inquired. As mentioned above, this blurring of roles is in fact a central tenet of CBPR, yet it also introduces challenges in reporting on methodological decisions and strategies, which tend to be more iterative and less linear than traditional research designs.

In the first focus group, Cameron[4], a community member and parent of a youth participant in the program and Betty, one of the program facilitators and also a parent of one of the youth participants were interviewed together during the last HLHE session to get their initial impressions of the project as two of the key stakeholders. Three weeks after the conclusion of HLHE there was another opportunity to conduct a second, larger focus group with community stakeholders which also included Cameron and Betty, as well as Doug, a Dakota Tipi council member who helped to plan and facilitate the cultural teachings component of the HLHE program; Grace and Sharon, community health nurses who attended two sessions; Ian, a staff at the band office who assisted with the design phase of HLHE; and Maria, a parent of two of the youth participants in the program who attended all of the sessions with her children. Focus group participants were asked open-ended questions pertaining to their perceptions of the project and their relationship with the university, the benefits and risks of university research partnerships and how they would like to see the research carried forward. All focus group

[3]The Alberta and Nova Scotia sites had research leads who worked with their First Nations partners and local Community Advisory Committees to design site-specific interventions based on cultural preferences, protocols, and priorities (see, for example, Watson and colleagues 2012).

[4]Pseudonyms have been assigned to all interview participants in accordance with the ethics protocol for the project.

data was digitally recorded, transcribed verbatim and analyzed through a process of open coding by the first author. All research outputs, including raw data, transcripts and final reports were reviewed by the team investigator and returned to the community at the conclusion of the project.

Findings

Analyses of field notes, participant observations and focus group data revealed that while community partners perceived HLHE to be successful overall, though there were concerns on behalf of the university research team about the uptake of the research findings as well as the sustainability of the partnership amidst a highly dynamic political climate in the community. Significant efforts were made both within and beyond the project to solidify the partnership, including frequent meetings, exchanges, and visits between both the university and the community. The following results highlight some of the key aspects of these experiences, which relate to both the content of HLHE as well as the process of establishing a partnership between a university researcher (and his trainees) and the community.

Interactive programming

The community members communicated that when they were first approached about bringing HLHE into their community, they had hesitations about what they assumed would be the content of the program. They described feeling as though it would primarily be made up of information sessions and interviews with the youth, with less emphasis on interactive activities. There appeared to be a general assumption that a university affiliated project would use more formal methods that youth were accustomed to seeing in school, which, the community partners explained, could be "boring". However, these hesitations dissolved once the program started and they saw that the research team was interested in incorporating community perspectives into the program. During the program, there was an observable change in the attitudes of the youth and adult participants as the weeks went on. At the first session, the lead author observed that many of the youth seemed shy and reluctant to participate, particularly during a small focus group activity where they were asked questions about asthma and allergies by the university researchers. In the following weeks, the youth began to warm up to each other and to the researchers, particularly when given the opportunity to participate in hands-on activities and games. As Betty, a parent of one of the youth involved in the program as well as one of our community partners expressed:

> When I first heard about [the program] I was expecting it to be more of a book thing. What I learnt about it is we're able to combine the culture, with the kids, and it was activities and it was a little bit of [the children's] own activities and culture involved... so in that way, [I was] a little bit hesitant when I first heard about it, to really overwhelmed with how well it went with both the culture and the university.

Doug, another community member who acted as a facilitator of many of the cultural activities in the program, stated:

> [At first] I assumed it was going to be more of an information session, based on the lungs, you know how the lungs operate and, you know, the deterrents, the pros and the cons, you know, but ultimately it became a lot more than that... that was the good thing about it because like Betty said, we had the dance, we had the games, we had our culture, all those components, you know, condensed into one.

Grace and Sharon both stated that the best feature of the program was the fact that it incorporated hands-on, interactive activities into lessons about respiratory health because the youth were more likely to remember the lessons if they were having fun. Ian, who played a role in the development of HLHE indicated that the program went "above and beyond" his expectations for the project. These responses indicate that some of the community partners had concerns about program content that were alleviated once the program started, but Betty and Doug's comments also suggest that the researchers could have worked more closely with the community in the lead up to the project to ensure that everyone had a clear idea of what the HLHE program would entail or, at minimum, express the fact that in CBPR, flexibility in design is a key hallmark of its success.

Community participation

Prior to the implementation of the HLHE program, an agreement was made between the community partners and university researchers that members of the community would be responsible for recruiting youth for the program and ensuring that consent was received from parents. This approach was effective due to the familiarity of the community partners with the children in the community and their established relationships. Betty, Doug and Cameron all described their own involvement in the recruiting process, explaining that they made an effort to make the community aware of the program and actively encouraged youth to participate. While they agreed that everyone was probably not aware of the program, they stated that almost all of the family groups in the community were represented by the youth that attended the HLHE program. This is indicative of not only the considerable effort made by the community partners but also the widespread support of the project by Dakota Tipi as a whole.

Doug explained that having a university-based research team implementing the program might have generated resistance or disinterest among some community members due to their lack of experience or familiarity with academic institutions. He suggested that parents who had been to university themselves would be more interested in exposing their children to such a project as they see it as a way to provide their children with a "better future". Similarly, Cameron described how they are working as a community to move past the residential school experience and motivate parents to prioritize their children's education:

> If you ask [parents in our community] what their top ten priorities are, because of the [residential school] experience, that

> negative impact, they will rate [education] in either 8th or 9th... today we've tried to ask them to move that, education, into their top three because we feel that education and learning... we have to change, whether we like it or not... we've got [parents] to this stage now, where we have the parents participating in parent teacher interviews, we have them participating in the initiatives that happen at school.

These responses from the community suggest that while a great effort was made to engage the community as a whole, the involvement of an academic institution in the project may have dissuaded some community members from participating or sending their children to the program. Cameron's point about the legacy and continuing influence of colonialism and the residential school experience in the community speaks to the importance for university researchers to be sensitive to how their presence could be affecting community dynamics.

The university research team worked closely with a small group of community members, including members of the band council, in the lead up and implementation of HLHE. As all meetings and activities took place in the band council office, there were few opportunities to interact with members of the community who were not involved in the project. In her field journal, the lead author expressed some discomfort about the uncertainty of how the project was perceived by the wider community:

> This is probably the most difficult aspect of the research for me – having an awareness about how our actions may unintentionally offend or anger people in the community and constantly questioning what might be appropriate.

Although all of her interactions with people in the community were positive, the lead author did have a sense that some members of the community were not interested in being involved with the project, which was their right. Broadening the community presence of the team was further challenged by internal politics and divisions within the small community. The short length of the HLHE program as well as the distance to the community limited the ability of the research team to gain a full appreciation of these local dynamics and to respond to them. By the end of the project, the formal leadership had changed, after which attempts to communicate with the new council went unanswered. We can only assume that our status as research partners was somehow connected to local politics of the community.

Incorporation of culture

Community partners also identified the active incorporation of their culture into program activities as an important aspect of its success. The university researchers made an explicit effort to help create a culturally relevant program for the community by suggesting that community members deliver cultural teachings related to health and traditional practices, such as dance, medicine and traditional ceremonies. This was done not only for the benefit of the youth but also the researchers, so that they could begin to gain an understanding of what kind of programming was relevant to the community. As Betty mentioned above, this showed the community that the research team had a genuine interest in learning about their culture, which helped to foster a relationship of trust, respect, and reciprocity. Additionally, she explained how the incorporation of cultural programming into the health oriented project provided an identity affirming experience for youth, as they were able to see the value of their cultural practices in relation to health and well being. During the traditional dancing demonstration in the fourth week of HLHE, the first author noted in her field notes that this activity was not only effective at connecting the themes of the program (healthy living and cultural integration) but noticeably contributed to the process of building relationships. She noted that some of the youth helped to lead the workshop, which gave them an opportunity to share something of importance to them while demonstrating their increasing level of comfort amongst their peers and the university researchers.

Doug, who led some of the cultural teachings, described how framing the program from a more traditional perspective allowed him to educate the youth about the cultural significance of items such as tobacco (a sacred traditional medicine in many First Nations cultures in Canada), which might be excluded from health and asthma education delivered from a western, or mainstream, perspective:

> In a sense you look at the tobacco and say, well, it's bad for all you kids, you know, this is detrimental to your lungs, the asthma, it can trigger all that. But in the same instance you want to say to them, it's not, because you're Dakota, it's traditional. You pray with it, it's an offering, you know, so teaching them that, the difference about it. And part of [HLHE] was that. And it did that, you know, to differentiate... the good and bad of smoke and the tobacco.

In this way, youth were allowed to see the important and positive role of tobacco in their culture, rather than only receiving information about how it was harmful to their health. This was an aspect of the program that was understood to be important by all of the community partners and the research team.

The theme of cultural exchange and maintaining a reciprocal research relationship throughout the process appeared to be important to the community. Community stakeholders in the program seemed to appreciate the fact that the research team had a genuine interest in learning about their culture and actively incorporating it into the HLHE program:

> The way we do things may be a little different than the way the university does things; we start off with a prayer, a smudge, and the children understood that. And it showed them that the [research team] was just as interested in learning and taking part in that... it wasn't something like ""Oh no we just want to do the interviews and that's it"... it was important for them to bring in the cultural side of it so that the kids can experience both (Betty).

The community stakeholders considered the university researchers as mentors and role models for the youth involved in the program regarding respiratory health. By the same token, the research team was able to demonstrate to the youth a willingness to learn from the youth about their culture by integrating activities such as traditional dancing and medicines in which the youth and other community members took a lead role. Thus, community stakeholders suggested that the research team was able to make the youth comfortable with the intervention and instil in them the confidence to one day pursue academic studies if they wanted to go down that path.

Building trust

The community of Dakota Tipi was accustomed to partnering and working with non-Indigenous groups and individuals from outside the community in the past and this relatively positive history (unlike other stories that form part of the collective Indigenous memory of wrong-doings on the part of non-Indigenous researchers, government agencies, and others in Indigenous contexts) was somewhat responsible for the willingness of community partners to trust the university researchers without being concerned about the risks that might result from such a partnership. However, the community stakeholders emphasized that it was important for the researchers to clearly communicate their intentions and not take advantage of the community's trust. Parents were able to decide for themselves whether their children could participate, giving them the autonomy to say yes or no to being involved. Betty also suggested that the process of gaining the trust of the youth participants was facilitated by delivering the program within the community in a space that they considered to be "their safe place".

Toward the end of HLHE, the lead author reflected in her field journal on the time required to build relationships based on trust. She noted in particular that sharing meals and joining youth in activities and games were "a really critical component of relationship building" noting that these things were essential to the project despite not necessarily being explicitly linked to the formal objectives of the project as a health intervention. Ultimately she felt that as a research team they had honoured their commitment to "delivering a culturally appropriate and community driven program" but at the same time it did not feel as though sufficient time was spent in the community to build the kind of relationships required for a CBPR project. This left the university research team with the feeling that more time and community consultation would have strengthened the project and resulted in a more successful outcome. However, with the change in leadership and the loss of key community contacts who had moved from the community, our own ability to sustain the partnership and continue the research gradually subsided.

To summarize, the feedback from the community partners indicated that they were impressed with the project overall and had a favourable opinion of working with members of the university. They each described an appreciation for the university researchers as partners and believed that the project, and the continuation of the partnership, could provide some tangible benefits to the community. The words of the community partners indicated a sense of ownership over the project, particularly in the way that the activities were delivered and in their ability to transmit cultural teachings to the youth through the project. But one important lesson learned as a consequence of the subsequent waning of the partnership was the importance of transcending the research moment to ensure that the lessons learned would be sustained in the longer term. The limited uptake of the project learnings in longer term community programming were at least in part a function of the lack of longer term research funds to support continued knowledge mobilization as an integral part of the project.

Discussion

There is an abundance of literature focused on the topic of building research relationships between Indigenous communities and (largely non-Indigenous) academic researchers, which commonly describes these relationships as being characterized by mutual trust, respect, communication and a balance of power (Louis 2007; Christopher *et al.* 2008; Bull 2010; Maar *et al.* 2011; Grimwood *et al.* 2012). These principles are of particular importance to CBPR projects, which depend on a high level of collaboration and cooperation to be successful. The centrality of relationships in research points to the need for researches to be attentive to how partnerships are established and maintained as their relationships with communities develop and evolve.

This paper is an analysis of the feedback provided by First Nations community partners about the process of building a relationship between the community and a research team (which represented one of many teams that do/do not take a CBPR approach from within an academic institution). A key outcome of this research was the ability to provide community partners with a forum in which they could evaluate and provide meaningful feedback about a project that took place in their community. Analysis of the data has also revealed that community partners considered the project a success and had some important insights into the process of building a respectful research relationship with university-based research teams that related to the need for trust, open communication, transparency, reciprocity, cultural relevance and tangible benefits for the community within the research project. While these findings are important, it is necessary to acknowledge that a university researcher facilitated the focus groups and as a result, community partners may have felt compelled to talk about only the positive aspects of the HLHE project and their partnership with the university. Further, the fact that this project had an economic benefit within the community is another dimension to consider with respect to the responses provided by community partners. There is certainly value in reflecting on this aspect of the research methodology and exploring alternative ways to collect feedback in the future that might be more comfortable for community partners to share critical perspectives.

This research provides useful insights for health practitioners and academics who are implementing health promotion interventions for youth living in Indigenous communities in Can-

ada as well as Indigenous communities elsewhere in the world. In addition to the well-understood necessity of developing relationships grounded in trust and reciprocity, this study has revealed some important factors that can act as both encouraging and inhibiting agents in the process of building a relationship. In terms of encouragement, the way that the HLHE program incorporated the First Nation's culture and traditional knowledge showed the community partners that the research team not only recognized the value of programming that is culturally relevant but also that the researchers wanted to learn from the community. The symbolic as well as the tangible significance of this aspect of the project cannot be overstated. Indigenous methodologies in research seek to preserve, maintain and restore traditions and cultural practices (Louis 2007). The HLHE project became oriented toward this goal as it helped to facilitate an environment in which the community of Dakota Tipi could transmit traditional teachings about health to their youth.

With respect to inhibiting aspects of the study, the involvement of a university-based research team in this (or any) project was identified as a factor that may have generated resistance among some members of the community. The legacy of colonization continues to pervade the lives of indigenous peoples and the historical and intergenerational trauma of the residential school system has entrenched feelings of distrust or anger toward education systems and other institutions of power among many members of Indigenous communities in Canada (Silver *et al.* 2002). As described by some of the community partners, this distrust can act as a barrier to participation in university-led research for some people in the community. Grimwood and colleagues (2012), among others, suggest that academics need to adopt a reflexive perspective and recognize their role as affiliates of an institution that has historically abused its power and caused harm within indigenous communities. Considering this will not only prompt reflection about how and why a research relationship is established, but it will also aid researchers in understanding why they might encounter resistance from individuals or struggle to establish relationships within Indigenous communities. Even when there is broad support for a research project, as was the case in Dakota Tipi, academic researchers must be sensitive to how their presence in communities might have an impact on underlying community dynamics, which may not be immediately apparent to them as outsiders in the community.

Our findings are not intended to account for the effectiveness of our asthma intervention, nor to provide a list of best practices or guidelines in building research relationships with all Aboriginal communities. Rather we have demonstrated the value of receiving feedback from community partners during and at the conclusion of a project as well as to highlight some of the factors that contributed to a relatively successful partnership with Dakota Tipi. Our results are context specific, and the researchers recognize that much of the success of the project can be attributed to the initial openness and comfort level of Dakota Tipi leadership with the presence of a university-based research team in their community. There are several possible explanations for the receptiveness of the community to the project. As mentioned earlier, conversations with community members revealed that at least some of them were accustomed to cooperating and working with outsiders to the reserve, likely due to the proximity of the reserve to the city of Portage la Prairie as well as its relative closeness to Winnipeg. The community partners had a positive perspective of working with the research team from the outset and perceived the research as a tool for improving the well-being and increasing the capacity of the community. This may not be the case for other communities; therefore, the results of this research are only meant to advance some new perspectives for consideration prior to establishing research partnerships and developing health interventions in Indigenous communities as well as monitoring the process during the research and evaluating the process and outcomes after the project has concluded.

Limitations

There are several key limitations within this study that must be acknowledged, which relate to funding, time, and physical location. First, funding for the HLHE program came from a Network Centre of Excellence (AllerGen), an outside source, which imposed certain financial limitations and time restrictions on the research activities. Second, the considerable amount of time that it took to establish a partnership with the community vis-à-vis the Assembly of Manitoba Chiefs and subsequent ethics approval (at least one year in total from the initation of the project) meant that there was less time to establish meaningful relationships and work on the development of the program alongside Dakota Tipi community members. Third, the distance of the reserve from the university also imposed limitations on the frequency and number of visits that researchers could make to the community. This point is not meant to lay blame, but simply to state the widely recognized reality, and challenge, of conducting community based participatory research according to the frameworks and timelines set out by institutions and funders. As the third author recently reported with respect to CBPR in general, many such researchers "spen[d] the first year drinking tea" (Castleden *et al.* 2012).

A fourth limitation of this study relates to the small-scale, exploratory and participatory nature of the HLHE project. The small size of the focus groups as well as the overrepresentation of the voices of Cameron, Betty and Doug is in part due to the small size of the Dakota Tipi community as well as the fact that these three participants were the most directly involved in all aspects of the development of the research partnership and delivery of the HLHE project. Two one-hour focus groups allowed for community stakeholders to provide feedback on all aspects of the research process; however, more follow-up visits to the community would have certainly added depth and detail to the results, and perhaps could have allowed community partners to assist in the analysis of the data and further cemented growing trust relationships (see limitations 1-3). Cameron, Betty and Doug's perspectives were nonetheless incredibly valuable given their multiple roles within the project, as community leaders, research liaisons, project facilitators and parents of youth participants. For this reason, the fact that they provided the most

feedback within the community can be seen as an advantage more so than a limitation.

Finally, the larger project's research team, representing multiple institutions, conceived of the project and sought funding for it in advance of approaching communities for partnership to participate in the project. The implications of this scenario are clear: a power imbalance was immediately imposed with the research team being in control of conceptual design and the project funding; thus, the conceptual and methodological approach were not initially designed with the needs or concerns of the community in mind. That said, efforts were made following the establishment of the partnership with Dakota Tipi to include community members in designing and implementing the activities of the program (as well as with the other sites in Nova Scotia and Alberta); however, it might still be argued that such an approach is not completely aligned with the methods of CBPR as they are commonly understood. This limitation exposes a widely debated "Catch 22" in CBPR – whether to seek community support first and burden them with the many hurdles of grant applications when the probability of securing funding is tenuous at best, or to take on this initial burden and approach potential partners when the project is certain (Castleden *et al.* 2012).

Conclusion

According to Shnarch (2004), "the problems with research stem from who is in control" (83). Health researchers working within Indigenous communities must be cognizant of the dangers of reproducing colonial relations or deepening power imbalances between researchers and communities through their work (de Leeuw *et al.* 2012). The motivations for this study emerged from the first author's interest in achieving a deeper understanding of the many ways that academic research can unintentionally cause harm to Indigenous communities and, alternately, the ways by which it can become a useful and meaningful tool. Through critical observations of the project and an analysis of the feedback provided by community members, we were encouraged by hearing that a relationship cultivated between the research team and Dakota Tipi was grounded in mutual respect, trust and reciprocity. It became clear that, while it was not without faults and limitations, the HLHE program had succeeded in producing a meaningful health intervention for community partners, it laid the foundation for potential mutually-beneficial research partnerships in the future, and perhaps most important (at least to the research team), a set of new relationships from which to grow in mutual understanding and respect.

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