

Janis Geary

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April 5, 2017

Dr. Kim Raine
Associate Dean of Research, School of Public Health

Dr. Kue Young
Dean, School of Public Health

Dear Dr. Raine and Dr. Young,

RE: Concerns about Competition: (A109132223) Canadian Research Chair (CRC) Tier II in Northern Aboriginal Health Systems

As a PhD student in the School of Public Health with experience and interest in science policy and community-driven Northern health research, I am emailing you to present my concerns with the recently posted CRC in Northern Aboriginal Health Systems. I've cc'd [student] as the student representative on the Advisory Steering Committee (ASC). I have outlined my concerns with potential mitigations below.

1. Northern research requires transparent engagement, which has been lacking from this competition.

- a. I first became aware of the position when it was announced on Feb 17th at the Town Hall Meeting (Minutes appended). As per the meeting minutes, it was communicated as an opportunity to “demonstrate the School’s commitment to Northern and Indigenous health”. There was no invitation for feedback about the position at that time, or description of how the focus would be determined. The position description is substantially narrower in focus than originally communicated to the faculty, and it is not clear how this focus was determined.
- b. Based on my own experience in working in the North, the best way to develop a position intended to benefit Northerners would have been a transparent process to engage at least some Northern community leaders. Such a process would have enhanced the reputation of the School, and helped to ensure the School was focusing on topics that would benefit the region. While I understand that this type of consultation might be too difficult with the timelines imposed, the School could have left the disciplinary focus broad, to allow for emerging scholars to demonstrate their plan for Northern Health research.
- c. The ASC is not aware that the position focus was determined by the School’s leadership without consultation with Northern stakeholders. Committee members may be unfamiliar with the CRC process and not aware that CRC titles are discretionary and up to individual faculties to define.
- d. The School should be transparent about who is on the ASC, and who will make the hiring decisions. For example, external parties may not realize that

the ASC does not decide who will be hired, and that hiring is at the discretion of the Dean (School's policy appended).

2. Narrowly defined positions for academic recruitment, such as this one, are not the best recruitment tools

- a. Sir Paul Nurse, Nobel Laureate and Director of the prestigious Francis Crick Institute in London, was hosted by the Faculty of Medicine and Dentistry at the UofA in May 2016 for the Friezen Prize lecture. He explained that institutional leaders should cast wide nets to facilitate identifying the best talent overall, rather than trying to fill narrow niches in their faculty with the few individuals that might happen to fit in them.

The risk in recruiting for a Northern Aboriginal Health Systems researcher is that the School may be missing out on outstanding early career researchers who would conduct exceptional research in different areas of Northern health research. There may be very few eligible applicants for the position as currently defined.

3. The use of "Aboriginal" in the title is a problem; the CRC is not a legitimate authority on who should be nominated for titles of Indigenous expertise, and we are not seeking or encouraging Indigenous applicants

- a. The CRC process does not have any review policies to ensure that individuals are viewed as legitimate experts by Indigenous communities. If the School wants to be a leader, it could set a standard of transparent processes to demonstrate how we are evaluating this expertise, for others to follow. Although, a simple fix would be to remove "Aboriginal" from the job title.

There are currently 23 CRC titles with "Indigenous" or "Aboriginal" in the title, of which only 9 are held by Indigenous people. That's not to say a non-Indigenous person cannot be a respected Indigenous expert, but the optics of the CRC providing these titles to non-Indigenous people without a transparent process is something we could challenge to differentiate ourselves as leaders in the field.

- b. Another issue with having the word "Aboriginal" in the job title is the subsequent lack of acknowledgement of Indigenous scholarship, or Indigenous Scholars in the posting. As CRC Dr. Kim Tallbear has emphasized, institutions have moved from "research on" to "research with", but are still struggling to move to "research by". When I suggested that the recruitment for this position should try and target Indigenous Scholars at the Town Hall Meeting in Feb, Dr. Young suggested that this was not possible because there are not enough Indigenous scholars to make it worthwhile to focus our hiring efforts on (which appears to me to be contrary to the narrow position definition). I agree that we do not necessary want to limit the hiring to only Indigenous applicants, and I believe that there are excellent non-Indigenous

researchers doing work in Northern and Indigenous health. However, any institution that wishes to emerge as a leader in this field should at minimum acknowledge the value of Indigenous scholarship, and try to encourage Indigenous applicants.

4. Requiring the successful applicant to spend 30% of their time in a Northern Regional Centre might cause more harm than benefit.

- a. It is not clear why the individual must spend their time in a regional centre, rather than a smaller community.
- b. Rather than imposing an amount of time required for residency, it would be more in line with current standards to allow applicants to justify how they plan to engage Northern and Indigenous stakeholders.
- c. This requirement puts significant burden on young researchers, which could be a barrier to recruitment when you consider the CRC Tier II is intended to support early-career researchers. These potentially young researchers might have family or financial barriers that would make establishing two places of residence and work difficult. Is the School prepared to financially support this requirement? The travel, or the high cost of living, or the research space? If successful, the School will receive \$500,000 from the Canadian Institutes of Health Research to support this position, while possibly leaving the researcher responsible for personally covering the costs of living in both the north and in Edmonton. It would likely be difficult to include the cost of living in the north for 30% of the year in a grant application.

5. The requirements imposed by this process may perpetuate marginalization of Indigenous researchers

- a. When the position was introduced at the Feb. 17th Town Hall meeting, Dr. Young also mentioned the expectation that successful applicants will already have research funding. This expectation, along with the residency requirement, may disadvantage applicants from marginalized backgrounds. As mentioned, they may not have the financial or social means to support working in two locations. Additionally, marginalized peoples may have come from smaller institutions, with fewer opportunities for grants or publications often derived from working in large research groups. I realize that the CRC process favours applicants that already have a record of receiving grants, but it's not meant to. It's meant to support emerging researchers.

The corollary of this is that researchers from privileged backgrounds may have had opportunities for publications, grants, and experiences that do not reflect their talent as academics, but rather their social networks and status.

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- b.** Other things beyond grants should be used to evaluate a researcher's potential, and this is especially important when working in a space like Indigenous health research that should engage potentially marginalized applicants. Rather than accept a flawed process, the School could take the opportunity to call out the flaws in the CRC Tier II process and work to remove systematic barriers that exist for marginalized applicants. Instead of conforming to pre-determined expectations, the School should be creative and find ways to demonstrate excellence that does not rely on traditional academic evaluations like previous grants awarded.

Based on my experience working in science policy and Northern health research, I am concerned that the current posting could be interpreted as the School being opportunistic. I worry that others, like myself, will view this posting not as evidence of leadership, but rather the School trying to capitalize on the attention to the North and Indigenous communities as a mechanism to further itself, and not benefitting Northern and Indigenous communities. By making some small changes to this process, the School can exert itself as a leader in Northern and Indigenous health research.

As I transition out of my current position as a student, I also want to extend my best wishes to the School in attracting exceptional Northern health researchers, and in the subsequent CRC competition.

Yours sincerely,

Janis Geary
PhD Candidate, School of Public Health

Cc: [student]
School of Public Health
Member, Advisory Steering Committee