“Your project was cute”: A Public Health Graduate Student Project in a Remote Indigenous Community

In Quebec, the majority of remote and northern Indigenous clients who need specialized medical treatment are flown to Montreal. The healthcare professionals at the receiving end in Montreal usually have one thought while treating the new client in front of them: “could have this been prevented?” The assumptions and countless discussions of what ‘needs’ to be done or what ‘should have been done’ to prevent the medical emergency has led to the development and implementation of multiple projects in the Indigenous communities. Often these projects fall through, or the lessons and experiences are not shared with the communities.

The objective of this article in narrative format is to share the experiences and lessons learned of a skilled and specialized nurse with the best of intentions working on a Master of Public Health Practicum in a secluded northern Indigenous community, determined to make a positive difference.

Setting: The project took place in a small, remote northern Indigenous community.

Intervention: An injury prevention program that encouraged children to wear helmets on off-highway vehicles to prevent severe head traumas.

Outcomes: The real successes of this project from an academic standpoint had everything to do with coming to understand health priorities in, and building trusted relationships with, the Indigenous community, and in learning what value academic benchmarks do and do not have. A secondary success was for the community, as some children took ownership of the helmet project and won a national award in the process.

Implications: Despite my good intentions going in, the project idea was not a good fit for the community, it ignored community priorities and used an approach that was culturally unsafe. These are frequent complaints of Northern communities about the projects that well-intentioned researchers bring. The paper discusses where a conventional Public Health approach succeeded, where it went wrong, and why a focus on relationship-building rather than problem-fixing is more appropriate.

Highlight: Indigenous community; cultural safety and competence;

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Submission to ‘Innovations in Policy and Practice’ “Your project was cute:” A Public Heath Grad Student Project in a Remote and Indigenous Community

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I had always been a good student – and a good nurse too. I learned what I was supposed to learn, I worked hard, I was prescriptive, and I aggressively fixed problems when they appeared. I did things by the book. This approach got me through undergrad, through years of high-intensity neonatal intensive care nursing in a big Montreal hospital, and through all the theoretical, nerdy classes of a Master's in Public Health (MPH).

And then, for my MPH practicum, I went North. The lessons I had meticulously learned, ready for practice, were not wrong. But they were not nearly enough – and they sometimes they missed the point.

MPH Lesson One: plan as much as you can.

I wanted to do my practicum in a remote, isolated, Indigenous setting. As a nurse, I had had Northern patients and, far too often, they disappeared into the cracks of healthcare. It drove me crazy. I wanted to fix it and I thought I could.

My supervisors and I agreed to do a PH campaign in an Indigenous community to encourage children to wear helmets on off-highway vehicles. It made sense: a recent epidemiological study had been done on head trauma in the region, a not-for-profit organization already existed to support me, and regional health boards supported the project. The project had three goals: 1) to have children develop their own public heath campaign, 2) to give each child a helmet, distributing them through local stores, and 3) to develop a mandatory helmet bylaw.

On paper, it looked perfect.

MPH Lesson Two: nothing actually goes as planned.

Surely this was the truest lesson I learned. Massive funding cuts forced the not-for-profit organization to close. A spate of violent student outbursts, consequent sudden staff departures, and a principal on maternity leave forced the participating community to cancel last minute. I hadn't even travelled yet and already I was discouraged.

We regrouped and came up with another plan: do the same project in a different community where a severe head trauma sustained by a youth on an all-terrain vehicle had been highly publicized.

In February 2015, I boarded the smallest plane I had ever been on. We flew through a snowstorm with extreme, terrifying turbulence. It was all I could do not to vomit.

Upon landing (whew!), I tried to call my contact – and discovered that the community had no cell reception. My supervisor had told me to go to the school, and that I would recognize it by the red roof. But the blizzard coated all town roofs in heavy snow, I couldn't see more than six inches in front of me, and it was -35C. I was lost and colder than I had ever been. Still discouraged. When someone noticed me stumbling through the snow and offered a ride, I almost cried with relief.

In the following weeks, I followed instructions, and met everyone I was supposed to meet. In general, I sensed quiet support among community members, but little investment. The Elders were polite. They listened but didn't want to talk about head injury. There was an emotional resistance that I did not understand.

"Give it six months," an Elder said. "People leave so often. We don't want to form ties only to have that person leave forever."

She saw my dismay.

"Go exploring!", she smiled. "Don't leave the community though. We've seen wolves. And welcome to the North!"

I had expected my research and planning (Lesson One!) to mean I was prepared, that I had prevented surprises. But I wasn't – and I hadn't. For my precision-oriented and controlling personality, it felt like failure.

MPH Lesson Three: prepare the strength, weakness, opportunity, and threat (SWOT) analysis and anticipate barriers and challenges.

In important ways, my advance SWOT analysis was correct and paid off. I knew, from high turnover, to expect inconsistent support, I had information for getting funding, and I had a list of key parties and stakeholders.

In many more ways, I stumbled over unforeseen and unforeseeable obstacles. A key player in local government agreed to work with me. He met me once, but for our remaining scheduled meetings he didn't show – and went to the restaurant instead. A police officer said that the helmets I planned to distribute would surely be sold for drugs and alcohol. They weren't – but I knew then what he was up against, that preventing infrequent head injuries was his least concern. I struggled to find funding for the high cost of helmets and shipping of the helmets to a remote address. The community was made up of two different Indigenous peoples who had been forced by colonization into the same town

but whose cultures were remarkably different and whose deep historical tensions often interrupted my project. Clinic and teacher staff turnover were high – other outsiders also struggled with the conditions – and made for little continuity or project support. The teachers with whom I worked to teach kids about helmets behaved inappropriately, demeaned the Indigenous culture and the kids consequently disrespected them. There were many funerals and, in an isolated community, the loss of any person is keenly felt; for each one, the community (and school) closed for the day, leaving my plans, admittedly much less important, again disrupted. One of two community stores refused to stock the helmets because they couldn't spare the storage space.

No matter how I described my project, I couldn't make it seem as important as it felt to me. I craved the safety of supervision, of having someone tell me what to do, of being able to blame someone for all the things I hadn't anticipated. I cried often and really wanted to give up. (Still discouraged.)

MPH Lesson Four: be motivated by successes, no matter how small.

One day, in the gym, I met a local government Director. Between exercises, he asked about my project. He made a call.

Suddenly, helmet funding came through! Then the internal local government agreed to support me! Then someone at the school figured a way to pay for shipping. A PH administrator pointed out that there would be too many helmets for anyone to be able to sell them for drugs (and also counselled me to not be so hard on myself). And the schoolkids, once they knew I wasn't leaving and wouldn't demean them, gradually relaxed. They started respecting me.

If it hadn't been for these wee triumphs (to which I clung with all my psychic strength), I would have quit.

I didn't quit. It all worked out.

Lesson Five, never covered in MPH: expectations are blinding, projects don't belong to researchers, and academic benchmarks have a different meaning.

Once my project was finished, the youth chief said that he, along with many locals, loved me and my project. But energy and funds really had to go to much more pressing matters – matters I would have seen if only I had taken a moment to step outside of my expectations and really look at the community itself. The girls needed a self-defense

program to develop skills against becoming Missing and Murdered Indigenous Women. The school needed a healthy eating program to teach kids that iced cappuccinos, newly available at a fast food outlet, were not in fact a good lunch on their own. And on it went.

The community *had* appreciated me and my human connection. “You gave of your time […] We were so proud of you,” they said. “Thank you for your dedication.” And now, when my plane lands at that airport, kids come running to hug me. “You came back!!” they yell. The adults smile widely and shake my hand. The community has become a family to me.

My project, though. That was something they had had to put up with while I learned to see them, and while I learned to see that a real community project would never be my project. Oh, it had value – kids, some of whom had rough lives, had stars in their eyes when their helmet campaign went public and won a prestigious national award. They clung to their new helmets as if they were the most precious things. But other matters had more value still.

One person said it kindly: “Irene, your project was cute.”

I had gone in looking for a measurable benchmark of success. In nursing and in MPH, that benchmark was approval from supervisors or published qualitative research demonstrating, for instance, the perspectives of patients who were living with cancer. In northern Indigenous communities, though, success is something different, something that research and targets and timelines and publications can’t measure. There, our benchmarks hardly matter at all.

What matters is boarding a tiny plane in a snowstorm, trying not to barf, deplaning in the middle of nowhere, having nothing go as planned, spending many hours crying, and trying trying trying. And, eventually, learning to see and maybe finding a way through. What matters is understanding, finally, that your well-intentioned idea isn’t quite right for that community. What matters is people – getting to know a community, building real relationships. What matters is knowing that all the classroom lessons and plans in the world will never be preparation enough.

I finished my MPH six years ago and now work in Public Health on the larger territory of that first Indigenous community and I fly through there regularly. I’m used to the turbulence now.

Once, they called me “crazy helmet lady.” Now, as I do the breast cancer screening that the communities themselves have requested, they call me “crazy boobies nurse.”

I smile and dive right in.