

“Your project was cute”

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I had always been a good student. I worked hard, I was prescriptive and I aggressively fixed problems when they appeared. This approach got me through years of undergrad, neonatal intensive care nursing and my Master in Public Health (MPH) program.

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

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 patients from northern areas and, far too often, they disappeared into the cracks of health care. I wanted to fix that.

My supervisors and I agreed to do a public health 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, namely to work with the schools and have children develop their own public health campaign; to give each child a helmet, distributing them through local stores; and to develop a mandatory helmet bylaw.

On paper, it looked perfect.

Lesson two: nothing actually goes as planned.

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 school principal on maternity leave forced the participating community to cancel at the last minute. I hadn't even travelled yet and already I was discouraged.

We regrouped and came up with another plan to 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 turbulence. It was all I could do not to vomit.

Upon landing, 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 had coated all town roofs in heavy snow; I couldn't see anything, and it was -35°C . I was lost. When someone noticed me stumbling through the snow and offered a ride, I almost cried with relief.

In the weeks after that, I followed instructions and met everyone I had planned to meet. In general, I sensed quiet support among community members, but little investment. The Elders were polite. 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. But I wasn't. For my precision-oriented and controlling personality, it felt like failure.

Lesson three: anticipate barriers and challenges by analyzing strengths, weaknesses, opportunities and threats

I prepared a strength, weakness, opportunity and threat (SWOT) analysis in advance and it paid off in important ways. I

knew, given the high turnover in the community, 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 obstacles I had not foreseen. Deep historical tensions between two Indigenous Peoples forced by colonization into the same town often interrupted my work. One group could afford to buy helmets outright; the other had to apply for grant funding. One could buy them with a tax exemption; the other could not. I walked back and forth between the offices of the two Peoples, managing palpable resentments, coaxing and begging to keep everyone on board. A key player in local government agreed to work with me and we planned several meetings — he showed up just once. 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. I struggled to find funding for the high cost of shipping to a remote address. Clinic and teaching staff turnover was high, which made for little continuity or project support. I met wonderful teachers — and also teachers who demeaned the Indigenous cultures. “Oh Irene,” one teacher said, in front of his high school class, “You have to speak *ver-y slow-ly* here. *These* people can't read or write.” I hadn't known that the community shut down entirely for each funeral, and hadn't calculated for around four work weeks over six accumulated months going to this important tradition. One of two community stores said they could not 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.

Lesson four: be motivated by successes, no matter how small

One day, in the gym, I met a local government director. He asked about my project. He made a call.

Suddenly, helmet funding came through! The internal local government agreed to support me and someone at the school figured a way to pay for shipping. The school children, once they knew I wasn't leaving and wouldn't demean them, gradually started to respect me.

If it hadn't been for these wee triumphs, I would have quit.

Lesson five: expectations are blinding, projects don't belong to researchers and academic benchmarks transform

Once my project was finished, the youth chief said that he, along with many locals, loved me and my project. But the energy and funds should have gone 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. 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. The adults shake my hand. The community has become a family to me.

My project, though. That was something they had to put up with while I learned to see them and 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 campaign went public and won a prestigious national award. But other matters had more value still.

One person said, kindly, "Irene, your project was cute."

I had gone in looking for a measurable benchmark of success. In nursing and in my MPH program, that benchmark was approval from supervisors or published qualitative research. In 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, 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 seven years ago. Now, I know that the challenges I faced are common in public health practice. No amount of remote planning can fully prepare someone for on-the-ground community work, and no outsider can anticipate real community needs. I now work

on the territory of that first Indigenous community. 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 requested, they call me "crazy boobies nurse."

I smile and dive right in.

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This article has been peer reviewed.

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