# The Tłichq Community Action Research Team: Place-based Conversation Starters

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# Abstract

Four young people from the Tłįcho community of Behchokö, Northwest Territories, make up the Tłįcho Community Action Research Team (CART). CART has been defined as an "innovative knowledge translation model" whose work involves turning research into action. Deeper understandings of how the theoretical underpinnings of CART were embodied in the lived experiences of CART members and their mentors was an initial phase of a program evaluation. Cycles of training, research, action, evaluation, and more training revealed the academic side of the model; lived experiences of time listening at kitchen tables and learning on the land gave a glimpse into the cultural side. A dynamic interconnected CART model with Tłįcho community-driven priorities, a place-based knowledge exchange, and stories within stories emerged through the lived experiences of CART members, their advisors, partners, and leaders. Conceptualizing CART as the ever-turning wheel and the "conversation starters" within interconnected social systems revealed a dynamic model for place-based change.

**Key words**: Aboriginal, community-based participatory research (CBPR), knowledge translation (KT), program evaluation, sexual health, Tłįcho

This article describes how a plan to evaluate the Thicho Community Action Research Team (CART) began with the model documentation, informed by the lived experiences of CART members and mentors. As I began writing, I felt drawn to an introduction that revealed the evaluation of CART did not happen in a straight line or as planned. Doing so suggests that linearity and nonlinearity could actually be placed on some form of continuum. What this opening paragraph exposes to anyone interested in cross-cultural research is not that this study failed to follow a straight path but that as a researcher working in an Aboriginal context, my deeply ingrained worldview ignited a need to point out nonlinearity from the onset. It is important to recognize that interpreting the meaningfulness of the lived experiences of others has culture-bound limitations.

Slowly, definitions of what is scholarly, what constitutes good research, and the value of diverse ways of knowing are evolving in the academic world. Relational accountability is expressed through reciprocal relationships between researchers and other people, places, and ideas (Wilson, 2008). Attending to my own inner narrative added a layer of relationality to this research, most significantly in my relationship with CART members and their stories of lived experiences. This article and the research described within are grounded in an Aboriginal research paradigm; relationships are inseparable from the meaningfulness of the discussion (Wilson, 2008).

Gathering data about CART's lived experiences provided a window into the community-based research to action model. This research is really a story of relationships. The relational research lens naturally emerged through existing relationships with CART and a participatory approach to the design of

<sup>\*</sup> Thank you to the Community Action Research Team (CART) and their mentors and leaders and the HichQ Community Services Agency for supporting and contributing to this research. In particular, the lived experiences of CART members provided a unique and valuable glimpse of the model from the inside. The willingness of HichQ CART members to share stories of lived experiences and grant permission for their words to be shared in this article is gratefully acknowledged. Pseudonyms were used although CART members understood that their identities would with only four members, their identities would be recognizable in this article even with pseudonyms. Each member approved this content and wanted their stories told.

the study and data collection. The first person narrative embedded throughout this article honours a relational accountability-based paradigm that will be further explored as this research story evolves. A theoretical definition of the CART model is also presented.

# THE TŁĮCHQ COMMUNITIES

Social policies "play out in local spaces," (Bradford, 2009, p. 1). In the social spaces of Tłįcho people, relationships and connections to the land are inseparable from individual and collective identities (Martin and Wedzin, 2010). The Tłįcho Nation comprises four communities in the Northwest Territories of Canada with a combined population of just under 3000 people (Figure 1). The Tłįcho communities range in size from about 200 people in the remote community of Wekweètì to 1900 people in Behchokö. The Tłįcho Agreement (2003), a modern treaty initiated in 1921, was finally ratified in 2005. The collective signing of the Tłicho self-governance and land claim agreement by the Tłįcho Government (TG), the Government of the Northwest Territories (GNWT) and the federal Government of Canada is relevant to understandings of social contexts, policy, and programming.

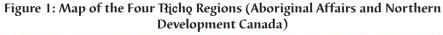
The Tłįchǫ Community Services Agency (TCSA), under the authority of the Tłįchǫ Intergovernmental

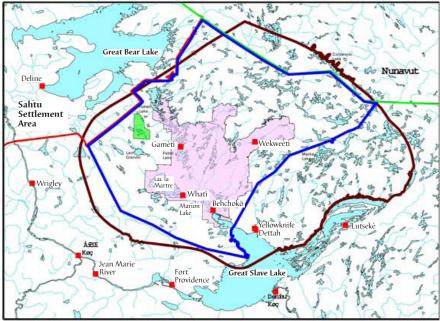
Services Act (Tłįchǫ Government, 2005), uses an integrated service delivery approach merging health, education, and social services. The TCSA's innovative organizational model was recognized by the United Nations with a Public Service Award in 2006 (United Nations, 2007a). This integrated wellness model emphasizes culturally relevant and strengths-based community development.

# PROGRAM BACKGROUND

Data released from the Government of the Northwest Territories (NT) in 2006 indicated that 3% of the territory's population had contracted a sexually transmitted infection (STI). This 3% was alarming when contrasted to the 0.2% rate of infection among the general Canadian population. STI rates in the Tłįchǫ region had serious implications from a population health perspective for the spread of other infectious diseases including HIV/AIDS. The TCSA used a community-based participatory research (CBPR) approach to address the issue.

> CBPR is a partnership approach to research that equitably involves community members, practitioners, and academic researchers in all aspects of the process, enabling all partners to contribute their expertise and share responsibility and ownership. Its purpose is to enhance understanding of a





given phenomenon and to integrate knowledge gained with actions to improve health in the communities involved. Among the core principles of CBPR are a commitment to build on community strengths and resources, to foster co-learning and capacity building, and to balance research and action for mutual benefit of all partners. (Israel et al., 2010)

The decision to create a Community Action Research Team (CART) in 2009 was part of the strategy to address high rates of sexually transmitted infections (STIs) in the region. A team of young Tłicho adults employed as community-based researchers for the TCSA was created following the recommendation of the Healing Wind Advisory. The newly created CART team was to contribute to the STI strategy in three ways:

- Researching, organizing, implementing, and evaluating research based activities that strengthen community well-being and unity.
- Conducting culturally appropriate research based activities within the Tłicho region.
- Using strengths of the TCSA and the assets of the community to deliver these activities in a positive, affirming manner (<u>http://www.tlicho.ca/</u><u>node/235</u>, para. 4).

The original CART members were all young Tłįchǫ parents who demonstrated the interest, motivation, and potential to work in collaboration while developing the communication, problem solving, role modeling, and leadership skills needed to increase the health and well-being of Tłįchǫ citizens. CART work was to extend the community-based participatory research (CBPR) initiated in the region in response to the release of the STI statistics.

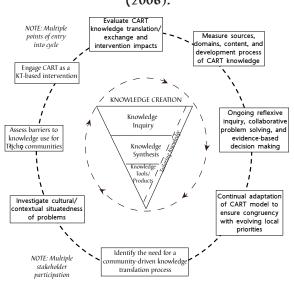
# Theoretical Framework

Evidence is accumulating that community-designed interventions offer effective alternatives to imported health programs and policies in Aboriginal communities. From an academic perspective, CART was an innovative community-based knowledge translation (KT) model. In KT work, communitydesigned interventions are part of the data-driven Knowledge to Action cycle (Graham et. al., 2006). A knowledge-to-action (KTA) framework is a theoretical model that presents knowledge creation as a nonlinear process of inquiry, synthesis, and action involving tailored product and resource development (Graham et al., 2006). An adapted version of the KTA model provided a foundation for the theoretical framework used to guide this evaluation research (see Figure 2).

# AN EVOLVING PROGRAM EVALUATION

Over two years of program development, CART documented and evaluated every initiative and intervention implemented. Significant quantities of

Figure 2: Knowledge to Action Model. Adapted by Edwards, Gibson, and Hopkins from Graham et al. (2006).



data were compiled with questions being asked of CART and TCSA such as:

Internally

Are we making a difference?

Are we reaching our target audiences?

How do we make CART self-sustainable?

How can we make CART even more effective?

How does the community perceive CART?

Externally

What has been the direct impact of CART?

What is the CART model?

Is the CART model an effective knowledge translation model?

Can the CART model be applied in other contexts?

So it is here that my story and the necessity to be relationally accountable reemerges. My role in the CART research was largely a result of time, place, and relationships. I lived in Behchokö, working for 7 years in the education system for the TCSA. In November 2010, I was completing the last course for my doctoral degree in education. The program evaluation course had a capstone project to design and evaluate an existing social program. Dr. Nancy Gibson, one of the academic mentors for CART, was asked by external parties for documentation of the CART model. Dr. Gibson was also my mentor and formal committee member for my doctoral research exploring resilience in Tłįcho high school graduates. In more traditional forms of evaluation my relationship to CART, which also extended to knowing the two newest team members quite well from past projects, would raise concerns about bias and validity. However, the relationships I had with the CART members strengthened the research and aligned with the foundations of the study's design: relationship-based research aligned with the developmental evaluation approach (Chen, 2005), phenomenological research methods (Giorgi, 1985; Van Manen, 1990), and relational accountability (Wilson, 2008). Relational accountability to all involved in the research process, according to Wilson, meant that it was not only acceptable to have relationships with the participants but enhancing (Wilson, 2008).

# The Program Stage

Identifying the stage of development of a program, the key stakeholders, and the purpose of the review was a starting place for the design of the research on CART. Chen (2005) categorized program stages as (1) planning; (2) initial implementation; (3) mature implementation; and (4) outcome. Although presented as a linear and developmental sequence, programs often move back and forth between various stages. The initial implementation stage involves the transition from planning into action. The stage can be unstable as is typical of any focused change process. The mature implementation stage is recognized in the well-developed stabilized routines of a program. The outcome stage follows a period of maturity sufficient for measurement of goal achievements resulting from the implemented intervention program (Chen, 2005).

Although some of the CART intervention projects were becoming more consistent, CART was still operating on an enormous growth and development curve, which more closely aligned with the principles of an initial implementation phase. The four Tłįchą CART members and the team's two research mentors reached consensus in November 2010 that the initial implementation stage most appropriately described the project. However, the team considered CART to be at a later point in the initial implementation stage with a general direction towards maturity, self-sustainability, and entrenched routines.

# STAKEHOLDERS

Internal and external audiences for the evaluation research were a consideration in the program evaluation plan for CART. Identifying the expectations and perceived relevance of a CART evaluation was an initial step in the development of this plan. Internally, the CART team asked for an evaluation that provided deeper understandings of the impacts and effectiveness of the interventions used to support increased health and wellness in the Tłįchǫ communities. One CART member asked:

> I'd like to know if we are hitting the target group. And to know what works, what doesn't, and what the community wants. Also I'd like to know how to turn the negatives into positives. I wonder if [the target population] are getting as much as possible and if it's not working what the alternatives might be to try. (personal communication, Nov. 1, 2010)

Deeper understandings of the CART model were also relevant to a variety of external stakeholders. There was growing academic interest in the effectiveness of community-based research to address social issues. CART was also continuously seeking funding to sustain and build on program offerings. Each grant application required documentation to support requests and so it was anticipated that an evaluation summary would be of interest to funding sources. A CART model was in use in three other communities in Canada, partially funded as well through Community Information, Empowerment and Transparency (CIET) Canada, making the evaluation outcomes of interest to these organizations as well.

# The Evaluation Purpose and Design

An evaluation model choice depends on the purpose of the evaluation and stage of the program. A developmental partnership approach, involving shared planning and collaborations between the evaluator and those working within the program (Posavac and Carey, 2007) was most appropriate for the CART context. Four evaluation purposes were identified through the developmental partnership:

- 1. define and describe the CART model;
- 2. evaluate the impacts of CART;
- 3. identify a path to self-sustainability of CART;
- 4. explore the transferability of the CART model to other contexts.

The expressed purposes for this program evaluation were improvement-oriented but recognized a need for deeper understandings of the model and community impact of CART as a starting place. So the first purpose, defining and describing the CART model, was the central focus of the study. The study used a qualitative, phenomenological method to build deeper understandings of the Tłįchǫ CART model.

# **Research Questions**

Two questions guided the CART research:

- 1a. What were the lived experiences of the CART team members living and working in the Tłįchǫ communities? Documenting and describing the experiences of CART members provided a glimpse into the model from the inside.
- 1b. What were the lived experiences of CART academic mentors, advisors, and organizational leaders? Documenting and describing the experiences of the mentors, advisors, and leaders working directly with CART would add layers of understanding about the model to the meanings captured through the lived experiences of CART members.

# DATA COLLECTION

All internal stakeholders identified through developmental partnership meetings with CART and their academic mentors were invited to participate in this research. The final population sampled for the data collection in the first quarter of 2011 was the four CART team personnel, the two academic/ research mentors, the public health nurse, director of education, and the CEO for TCSA. Data were collected three ways: In-depth conversational interviews with two full-time CART team members, and semistructured interviews with the two newly contracted CART team members,<sup>1</sup> and the other internal stakeholders who consented to participate in the research. My observational notes were also used.

# FINDINGS

# Themes from Stakeholder Interviews

Data findings are presented in two parts, beginning with inductive theming of the data as a whole. The data revealed two underlying structures related to the study's purpose of describing the CART model. Lived experiences of CART from multiple perspectives emphasized that relationships were at the core of all CART work, with a sense of place as the underlying relational anchor. Findings also revealed that perspectives on CART's story of origin, purposes, and stories of success varied considerably depending on the vantage point of the lived experiences shared. The Relational Flow Frames (RFF, Hopkins, 2012, pp. 177-190), both provided a structure for capturing the diversity of themes emerging from the lived experiences of CART and represented the convergence of the data in meaningful ways.

The RFF has four interrelated frames: emergence, flow, convergence, and continuity (Figure 3). Relational emergence comprises multiple points of entry into CART related processes including research, interventions, program development, and even CART's own story of origin. The inseparability of CART members as Tłįcho people and all researchdriven CART work is captured as flow. The research and program developments are part of an everyday flow of living that is naturally embedded in relationships. Relational convergence provides a frame for recognizing the dynamic nature of systems that "live" interdependently and the synergistic growth paths that affect social worlds. Finally, relational continuity re-emphasizes the nonlinear nature of CART; relationships and realities existed before, during, and will continue on after CART.

The two newly contracted CART members at the time of data collection in February 2011 have become key members of the team. Further research is needed to understand their unique perspectives in general, as male CART members, and as the media specialists on the team.

### Figure 3: Lived Experiences of Tlicho CART through Relational Flow Frames (Hopkins, 2012).

#### **Relational Systems Engaged through CART**

Relational Emergence

- CARTs story of origin matters
  Healing Wind advisory created CART as part of a plan to address high STI rates in the region
- CART provided a "place" to organize over 60 contribution agreements in the areas of First Nations social programs the TCSA was trying to manage
- Research: CART learned the value of kitchen table talks through lived experiences as CBRs
- CART as the "conversation starter"
- Interventions: Flexibility, responsiveness, and adaptation to contextual realities

#### Relational Flow

- Purposeful work mattered to CART members
- CART was building relationships and trust in the community, one relationship at a time
- CART members viewed themselves as a medium for knowledge translation
- Issues to address emerge through relationships, research and reflection
- CART perceived roles as learning, listening, making decisions together with community
- Experiences of CART informed understandings of why attempts by "outsiders" at knowledge translation haven't worked
- Inseparability of CART work and lived experiences in community

#### Relational Convergence

- · CART confidence building as researchers
- Research-based decision-making
- Quantitative and qualitative research
- Spiraling training-process
- Working with an integrated services model, interdepartmentally and with other organizations
- Anticipation of enduring ripple effects beyond focused areas of work
- Challenges with project based funding consume time for meaningful work
- Relational systems are the source of knowledge construction, meaningfulness, and change

#### Relational Continuity

- Being a CART members is identity strengthening and resilience enhancing for CART members
- Different perspectives on goals of autonomy and responsibility, accountability and sustainability of CART
- Belief in the need to build programs based on data and evaluate those programs
- CART beginning to independently initiate research by collecting data from activities
- Place-based "Tłįchǫ-ness" increasingly interwoven in work.
- Training needs to continue: Both research-focused and Tłįchǫ-culture focused.

Sense of and connection to "place" as the relational anchor

# LIVED EXPERIENCES OF CART

CART is an on-going community-based research training program with members acting as communicators about research findings on community well-being. Turnover in CART personnel has occurred over the years. At the time of this publication, the Community Action Research Team (CART) included four young Tłįchǫ people, full-time employees of TCSA. However, when the data was collected in the spring of 2011, only two of the current four member team were permanent full time members. The two newest team members at the time are still with CART and were included in the semistructured interviews along with other key stakeholders. Themes are organized in four overlapping categories: (1) Identity, belonging, and purpose; (2) Knowledge translation gap; (3) Personal well-being; and (4) perceptions of the CART model from the inside.

### 1. Identity, Belonging, and Purpose

#### Contributing to Tłįchǫ wellbeing

CART members described feeling their work as contributing to the increased well-being of Tłįchǫ people. CART member Janet's dream of a healthier community connected to her hopes for her son's future:

> I want this community to be healthy but we have to take small steps in doing it and it's hard, it's really hard because there are some people who feel that if you talk about something then it only gets worse. Some people feel that way, but then I don't know. I've always wanted to see this community clean up because I have kids now.

Similarly, CART member Sarah envisioned healthier Tłįchǫ communities for families and children and described increased well-being for Tłįchǫ people as connected to more opportunities for family activities and time on the land. She also connected the improved well-being of Tłįchǫ communities to program development through a knowledge translation process:

> ... a lot of it is engaging more of the high risk individuals because those are the ones that we see in the community and that we hear about who are going through tough times. Their only way out is drinking and drugs and they want a better life for themselves and their children and they don't know how to attain that. It is just helping them to find healthier solutions and getting them to understand how drinking and drugs affects their lives because they don't or they refuse to see it.

Both Sarah and Janet shared perceptions of their roles as CART members as conduits for knowledge

contributing to increased well-being in the community:

> I guess her siblings drank and her parents drank and her friends drank and she saw what it's done to them, she doesn't want that for herself. She said it had a lot to do with what [CART] did and she looked up to us and the work that we were doing in the community.

> You know STIs were just spreading so quickly in the community and if we ever had that happen ... well I felt it was kind of important.

> ... and I was thinking I don't need to be scared to talk to them about this, this is a real concern and I want to be able to help people make better choices in their lives. So we would just go out there and we would talk to the youth and if they had any questions we would answer their questions.

#### Individual and collective identity

A theme of identity emerged. This identity took different forms for CART members yet many common lived experiences were described. A sense of collective individualism was embedded throughout the narratives. "Individualism" reflects the very different senses of personal identity held by CART and "collective" highlights the shared social identity connected to their common roles as CART members.

> There were some jokes at the beginning because when we started the condom distribution program they were like "the condom ladies" [laughs]. Well before we started it we were scared and we were like ... how are we going to do this? But then once we started doing it and keeping track of the numbers, the numbers of condoms going out and the numbers when we would go back to refill and how many were left and which areas were running out the quickest and just supplying all that. It is a big demand and it's a lot of work. But working with the health centre on that, the rates are coming down and it's just through partnering with different organizations in the community that makes a difference I think. (Sarah)

Janet explained that her whole life she had been a helper and informal counselor for friends and family. Helping others was an entrenched part of her identity and the CART position seemed like a natural fit. I started as an education liaison for high school dropouts. Then during the health and wellbeing survey I noticed that some kids had literacy problems. CART offered a vehicle to make a difference.

Sarah explained that her identity in the community was now connected to her role as a CART member. She described her experiences with the community as a CART member and how her relationships changed with her family and friends.

1 get a lot of people stopping me and asking me questions asking me if there is any projects coming up asking me if there would be any work available asking what our next project will be if they can be involved. A lot of people come up to us and say that a lot of the work we are doing is really good for the community, it's good for the region, the youth, the elders. A lot of people told us that they know that what we do is hard and they are really happy that we are out in the community trying to make positive changes. And how can people make positive changes in their lives and all the information that we give is really useful and that we are in a high demand ... a lot of my family and friends come to me and ask me for advice and ask me if there were any workshops or resources they could have....

Sarah began speaking about Tłįchǫ people approaching her personally and then quickly reverted into "we" statements. This was an interesting finding that characterized Sarah's entire interview. Despite an underlying impression that Sarah was leading much of the work in the CART office, she spoke throughout her entire interview in the first person plural, the "we."

Sarah repeatedly referred to her learning path and the development of her skills as a researcher and project leader. Yet a strong sense of identity as a community-based researcher was infused throughout her interview. She used the language of research, referring to "data" and "evidence-based decisions," described a community member as a "young male" and spoke enthusiastically about quantitative and qualitative research processes in the day-to-day CART work.

Janet's trajectory appeared more linear and developmental. Janet was searching for her identity as a CART member. Although her lived experiences described a blossoming that she was enjoying. Janet described all of her experiences as relational. Relational accountability builds on a sense of feeling connected by adding responsibility and respect for research and project participants as partners. The researcher is inseparable from the research. Through stories of the puberty camp experience in the summer of 2010, Janet revealed her connection to a CART project she was co-managing and her own developing sense of identity with the centrality of her personal relationships and her culture.

> When we were out there on an island while the girls were in session they brought out dry meat, caribou meat and fish. So I made caribou meat and I made dry meat. It's always the first time where you make mistakes. The first dry meat I made still had all these bones sticking out of them [laughs] and all these other dried meats were just hanging up and perfect and mine you could just see the bones sticking out. That was like really funny. The girls watched. One of our facilitators Joe that took the boys out to go moose hunting, his wife was teaching the girls how to prepare caribou meat and he also told stories so that was really neat.

Janet mostly looked to others to lead, feeling somewhat disconnected to project decision-making from her two maternity leaves. Her growing confidence and sense of identity as a CART member was reflected in the initiative she took to collect and later analyze data from a gathering the CART team attended in Gamètì during the spring of 2010.

> Karen came up and did a one week training with us on data analysis and then after we did that we finally figured out what to do with all the results from Gamètì. So I put them together and threw them in my report. I put the results on an excel spreadsheet and then after I entered them all on the spreadsheet I started highlighting them into separate themes. And then once I did that I put it all together. There was question 1–5 and then 6 was comments and then for all of the questions there were different themes. I think for each question I had four or five themes.

### Connections and belonging

Relationships were central to every theme that emerged. Building relationships with the land, with family, with community, with outside organizations, and with the inner self were infused into the narratives of Janet and Sarah. These relationships bridged personal and professional categories. For Sarah and Janet the two were inseparable — providing more evidence of the practiced relational accountability in the CART model.

Janet used the words "connect," "connection," "disconnect," and "disconnection" throughout the transcribed interview. She viewed the work she was doing through CART as dependent on the level of connectedness in the relationships. This connection included relationships with community members, CART colleagues, young people, her family, and herself and also extended to connectedness with Tłįchǫ culture and the land. Janet talked about the relationships with the fellow community-based researchers (CBRs) who were conducting a second round of sexual health surveys throughout the Tłįchǫ region in May 2010.

> Getting to know the other CBRs was great because there is this disconnect between people from the various Tłįchǫ communities. Like sure we'll see them at the store and say "Hi" and that'll be it ... but while we were out there we got to sit down and talk and debrief and tell each other how we feel doing the survey and hear how everyone felt. Everyone felt the same at first ... we all felt just uncomfortable asking questions to certain people. There are people out there who don't talk because of personal reasons and if you're not comfortable with that person and that person doesn't like you for their reasons then you wouldn't go up to them and ask them those kind of questions. We were debriefing every night throughout. It really helped because we talked about how we felt about asking those questions and you know if anybody just came out and lashed out you could debrief on that and it would help too.

Connections and belongings were described from the perspective of relationships that had these characteristics and those that did not. Janet's independence and identity as she described her first year with CART, was marked by a sense of "outsiderness" and disconnection to most of the CART research and projects in part due to her noncontinuous participation (two maternity leaves).

I was on maternity when CART first started and I didn't start until the end of August. When I first

jumped on board the first thing we were supposed to do was go to the communities and present to them the results from the last survey that was done. And I was kind of nervous because I've never done that kind of presentation to any of the communities before and it was kind of nerve racking just jumping right on board and coming right to work and already being sent into the communities. 1 was kind of nervous. 1 didn't know how to start it off because when CART first started off they were all taking training courses and stuff like that. They were going to workshops and conferences but 1 wasn't in the office with the other CART members so I didn't know what to do. When I came back I kind of felt like I was just learning and I still feel like I'm learning now.

Janet's sense of feeling disconnection continued throughout much of her narrative but she described her experiences from the perspective of having wished she had been present with the other CART members so that she could contribute more. This sense of disconnect added to her feelings of insecurity in her role.

> Every time that we did a presentation and Sarah spoke about the van project and she would look at me and ask questions like, "How many numbers did we get?" I didn't know so it was kind of like a disconnect there.

Sarah described experiences of trust between individuals she was surveying and herself as the researcher. This sense of trust between the researcher and study participants is another key component of relational accountability that is reflected in the CART model.

> There was one specific individual he was a young male and he had a partner and he said that he could do most of the survey himself but if he needed help he would ask. So he went through everything and all the ones he could answer he answered. He wasn't too sure on a bunch of things so that's when he asked me to help. So I started asking him the questions then explaining to him what they meant and he was really blunt and he was really honest with his answers. And I felt that he really trusted me with that information and he just told me exact numbers, certain times that he experienced certain things and how often. He was okay with disclosing all that information to me and it made me feel ... it actually made me feel

really good that he was able to trust me with that information.

Adaptability and mastery-oriented learning

Both CART members framed their experiences over time and described themselves on learning paths that were envisioned well into the future. The related themes of adapting to new learning and mastering new skills were present in the lived experiences described by Janet and Sarah. Both CART members revealed feelings of fear, insecurity, and shyness as part of the process of learning to be a CBR researching the sensitive topic of sexual health.

> When we first started we thought it was going to be really hard talking about STIs and anything related to sexual health

> We took training with Karen and all the CBRs in the community and I felt like, "How do I ask personal questions like this?" And she showed us how to go about it and if people felt uncomfortable answering those questions ask them if they would feel comfortable answering them with someone else.

Sarah talked about her experiences learning how to conduct quantitative and qualitative research then applying it to knowledge translation work in the community.

> What stands out for me is the qualitative research skills that we were building on when we started doing surveys. We started entering in all the info on excel and from that we pull out numbers like with the condom distribution program we keep track of all our numbers on a weekly basis. So every time someone goes out they drop off a number of condoms at this place, this place, and this place and then at the end of the month we have all the numbers tallied up so that's our quantitative research. And our qualitative was when we had information tents up at the annual assembly and so all the data that we get from there we go through it to make sure that it fits the categories that we see that come up the most ... and so it's just putting all that information together .... The first time that we did that it was like how are we going to do this and Karen came and showed us how to pull out the key themes from the questions that we asked to the people. Well we'd go through all the questions and the first surveys that we did we had about 64 so out of all the participants sur

veyed for the one question, we went through each of the answers from those 64 and we pulled out the themes from there.

Janet and Sarah told stories of struggles faced trying to manage the many contribution agreements, describing this as the most challenging part of their roles as CART members. Completing contribution agreements was described as overwhelming, frustrating, confusing, and time-consuming.

> Well the one that was the most overwhelming for me was the one with Health Canada because their forms are structured in a such a confusing way. It looks simple when you look at it but once you start entering the numbers on the spread sheet and stuff and if you don't balance it correctly they'll keep sending it back and then you have to redo it. It was just that one form that I had trouble with it just kept going back and forth, back and forth, and I was getting frustrated too. I'm really good at excel. I've worked on excel for a number of years and I used to make forms for TCSA. It was just the way that they had it set up was just balancing it out — like I had all the right numbers it was just balancing and I had to find out about other forms too.

> For every proposal that I write I go back to everything I wrote before. There would be some days where I just can't do it, my mind goes totally blank, how do I start, what do I write in the middle, how do I end and then there are some days when I have all these ideas and no pen [laughs]. It was especially hard with the reports, there was a delay on it because some of the reports that were supposed to be handed in weren't and then I worked on it for two weeks trying to figure out how to do it. But then when it was done I opened up my computer and looked at it and made some changes and then wondered how come I didn't just do this the first time.

# 2. KNOWLEDGE TRANSLATION GAP

CART members shared stories of community members who had told them stories of researchers who came to town over the years, asking survey questions but never reporting back the results. These stories exemplify the importance of connections and relational accountability to Tłįchǫ people as an inseparable part of the knowledge translation process. Janet and Sarah both recognized the responsibility of CART to report back research findings to Tłįchǫ people as an inseparable step in any research study. They told stories of feeling a sense of surprise or shock each time they would hear comments like these from community members.

> ... with the first survey and how we were giving the results back when we went out in the communities in September people were always saying you know people are always coming out here and doing surveys and you know ... like where are those results from all the other surveys, they'd ask.

> And the other concern that they brought up was the fact that whenever any other researchers came into the community they never ever got the results back. It was like they were being asked a bunch of questions and they didn't even know the purpose of it even though they kind of explained it before hand and they never ever got the results back from those surveys. And at the time too there was another research group from the federal government that was going in doing a survey that was similar to ours but we explained to the people that we would bring the results back once we analyzed the data and we could tell that's what people wanted and that's what we did later on.

Sarah and Janet also talked about the need for accurate information to get out to Tłįchǫ people. Despite the sense that there is lots of knowledge shared in Tłįchǫ communities from outsiders, the CART members experienced many situations of misunderstandings and mistaken beliefs on health issues.

> I've seen a lot of things in the communities and you hear a lot of things too, it's like with some of the comments we got back from the surveys and stuff ... half of them 1 didn't realize those things were going on and the knowledge people had like half of it was incorrect knowledge it's like the only way to correct that is to get that right info out to them. (Sarah?)

And in particular the younger population of Behchokö communities were described as lacking in accurate information about sexual health and wellness in general. Some of the descriptions could characterize a youth and adolescent knowledge gap in general, but Sarah also discussed her perceptions of the culturally specific factors that contributed to the misinformation and misunderstandings of health information in Tłįchǫ communities.

When we did surveys in the school I had a couple of youth pull me aside and ask questions that they were afraid to ask during it. So I explained what the question meant because they thought it meant something else totally different. They were shocked with that question because they didn't realize that actually happened and I told her sometimes things like that, we're unaware of it but it does actually happen and these are things we just wanted to find out about our region. A lot of them are visual learners and if they see it even if they have posters or videos then they'll understand it better.

#### Knowledge translation

Both CART members saw their model of knowledge translation (KT) as effectively addressing KT in Tłįchǫ communities. Subthemes of working with outside partners, being a voice for Tłįchǫ people as a collective, research-based decision-making, and reciprocal participation in the research process emerged in the interviews.

### Sharing the perspectives of Tłįcho people

Another theme integrated holistically throughout the interviews with Janet and Sarah was the belief that as community-based researchers they were sharing the voices of Tłįchǫ people. A suggestion that CART, as a knowledge translation model, used a two-way communication structure based on mutual respect, shared purpose, using information collected from Tłįchǫ people to inform decision making.

> And there was also an older man that I remember. He was really open and honest with me as well. He didn't hold back. I told him that he didn't have to answer all the questions but he said, "No 1 want to." We always explained to them that it's really important if they tell us how they are feeling and what they think and we would want to see in their communities, if there are any problems they would like to see or that they think would work for them. It was like we were giving them a voice. Sometimes a lot of people are really shy to say what they want to say. So I try to explain that we are giving them a voice with everything that we do, how we can build better programs in their communities. That is what got them to open up and tell us exactly what they feel, what they think.

Janet brought up a potential source of community resistance. She believed that CART needs "to take small steps towards a healthy community because some people believe if you talk about things it only gets worse, but I don't know if I agree."

#### Partnerships

Working with others was part of the CART KT model.

We got a lot of info from the nurses. We got a lot of info from Wanda and her program, from Amy Lee, from Nancy, from Karen and all this info it was like people really need to know this information and to understand how it can affect their lives. And if no one else is going to do it it's like that's what we are here for — to bring this information to Tłįcho people.

### Research-based decision making

CART projects and initiatives were framed as responses to research findings. The STI findings regarding young Tłįchǫ girls emerged through the 2010 surveys.

> Hearing that 9 year old Tłįchǫ girls had STIs was really surprising to us ... it is crazy. And so that was one of the reasons why Sarah and I, and Erin too when she was with us, thought that a puberty camp would be good because that way girls would understand their body changes, what is appropriate, what's not appropriate. And we also talked through the cultural aspects. We didn't do binding hands but they were taught how to scrape hides and taught how to make babiche with caribou. (Janet)

> We also wanted to hold focus groups with youth to find out why they think we have the highest STI rates ... and a lot of the information we got back from the youth was that there wasn't a great accessibility to condoms. And so we asked them if they weren't able to get them where would they like to see them because they said at that time the only place they could get them was in the health centres. So we got them to fill out our surveys that we put together and we asked them I believe it was about 10 questions. And what we found after that was that they would like to see it in public washrooms throughout the community. They also brought up the fact that sometimes drinking went on in the community and that sometimes they overdo it and they don't realize what they are do

ing and they make decisions that they regret after that and they just thought that if condoms were more accessible in the communities that they would be more inclined to use it. (Janet)

# *Reciprocal participation in the research process* CART members listened to the comments, suggestions, and requests of Tłįchǫ community members and used these recommendations in designing the research studies.

So then at the time we did community presentations we didn't get a great turn out and we got a lot of advice from people in the communities. They told us in order for us to get the answers that we are looking for then we need to go house to house. So that was one thing that we learned. Now we go house to house. And it's easier for them to ask questions too because when you have community presentations and there is a lot of people from the community that are there they will be listening to the questions that they ask and they'll get embarrassed. And so they didn't really ask a lot of questions when we brought the results back that way but if they saw us later on they would kind of pull us aside and ask questions. So after that we kind of when we did other community visits we went house to house and when we did the survey last year we went house to house and we found it a lot easier. (Sarah)

We always explain to them that if they don't tell us what their concerns are then they are not going to be able to identify what programs would work in the community. That's why we always try to ask them at the end of every program like we did a youth conference last year we had an evaluation form so we evaluate everything that we do so then once we're done we bring the results back to the community. (Sarah)

# Affecting change

Measuring the effectiveness of social programs involves a lot more than tracking condom refills or participants in a program. The purpose of this research was not to measure effectiveness of interventions, yet the narratives of the CART members provided some qualitative evidence of impacts. Sarah described one Tłįchǫ teenager's life who she felt she had personally affected through her CART work.

> There was this one girl ... she attended one of our conferences and she was at the school when we did presentations. When we went to Dream

Catchers, she was in my group and she really surprised me because she mentioned all the stuff that we did and talked about stuff that we touched on and she said she made a pact with herself that she would practice abstinence because of all the information that we gave out. She said that she didn't want to engage in those kind of experiences and she wants to go to college and she wants to be a counsellor but she said that she wanted to be abstinent and didn't want to drink or do drugs because she's seen how it affected her friends and family. (Sarah)

# 3. PERSONAL WELL-BEING *Healing*

Janet talked about her own personal wellness and healing processes as a CART member. She wanted to be a good role model for others but she also was learning personally from the knowledge she was sharing with her community about wellness.

> So that all made me think ... I need to change my life style before trying to help the community change because I remember before the alcohol prohibition people used to drink in town and I used to be one of them on the weekends and I didn't want to do that anymore — after having my daughter especially. My partner is really supportive ... at times he would argue with me and say you know you are traveling too much but I kept stressing to him that the community needs to hear and see this. In order for us to do our job and help the community absorb this I need to be out there.... (Janet)

# Empathy

Nonjudgmentally trying to understand the experiences and realities of others is threaded throughout the narratives. Sarah described openness and seeing things through other eyes as the two most important traits to be successful in their roles.

> I think the most important thing is to be open because a lot of the information that we learned like we knew a lot but there was also a lot more that we were aware of. And some of the information was a bit shocking. But if you just try to step back and try and see it through other people's eyes, then you become more understanding to their needs and to what they want to learn more about. And you become more open ... so not judging people because of what they experiment in in their lives. (Sarah)

### Resilience

Sarah and Janet's resilience grew through their experiences as CART members. Janet's stories of feeling disconnected during the initial CART research and projects in 2009, was shared alongside stories of overcoming fears and adversity. Janet shared this story about the 2010 youth conference in Whatì which was one of the CART projects that Janet felt disconnected from as she had just returned from maternity leave.

> I had to leave on Saturday because I couldn't stay the whole weekend, I was breastfeeding my baby at that time. But on Saturday we left and we had a few of the students that were misbehaving so I had to take them home and I was driving at night on the ice road and that was scary [hearty laugh]. And then it was good, my experience with CART was really good because I was still learning. (Janet)

### *Resilience strategies*

Janet's laughter describing the moments of adversity she faced through her CART work, suggested that laughing was an effective coping strategy for her. Janet's laughter was also a tool for connecting with others to build relationships. Janet also used laughter and her sense that her work was important for Tłįchǫ people as resilience strategies to help her overcome her feelings of shyness and a sense of insecurity.

> When they were talking to me about the open positions for CART and they said this was what the job position was about I thought, "Yeah sure I could do that and maybe this could make a difference in my life." And then when I found out that I had to talk about — sex [laughs]. I was still like shy, I was like oh my god I'm going to have to start in September and I'm going to have to talk about sex [laugh] but then the real issues about the STI rates so high really make me think. (Janet)

### *Personal growth paths*

Sarah talked about how she had changed as a person through her experiences as a CART member. This story is particularly significant because before Sarah had been a CART member, she too was a nursing student at Aurora. So she was presenting in a formal education setting in Yellowknife to a group of her peers, very few of whom (if any) would have been Tłįcho.

I'm more open minded and sometimes I'm still shy but there is a lot of times when I'm really confident in what I'm doing and can really explain what I'm trying to say ... even when I do presentations. We recently did a presentation for nursing students at Aurora College and I know all the other times I've done presentations my voice would shake and I'd get all nervous and I'd start sweating. But then this time I was just at ease. I was calm throughout the whole presentation and it made me feel really good because it was building my confidence. (Sarah)

# 4. Perceptions of the CART Model from the Inside

Much discussion of the CART model is infused throughout the themes presented.

### The model

During Sarah's interview she described how the CART team works through each new project. She did not specifically describe the prioritization criteria the team uses to choose which projects to work on. She talked throughout the interview about the research findings that drive decision making for many CART programs. Yet, with each discussion of contribution agreements presented by Sarah and Janet there seemed to be competing project development models. Research and community-based themes were throughout but decisions were constrained within confines of contribution agreements and project-based funding criteria.

> The way that we work through our projects is by priority. The one with the highest priority is dealt with first — we decide what's our timeline, what's our deadline, and who will be the lead on that. And then with that we also have to consider all of the contribution agreements that are the funding sources for those programs and what the criteria and objectives will be for each of those contribution agreements. And then we submit our reports and budgets at the end of everything and then on top of that we have evaluations. Everything that we do is evaluated. Once we're done we give ourselves at least a month to get all our reports done for each project and we bring it back to [our

supervisor]. We have quarterly reports that are due and semi annual reports and then we have our final report at year-end. (Sarah)

### The target populations

Tłicho youth are generally considered the target population for CART programs. Many projects and programs target this age group, yet both Sarah and Janet seemed to look at the target population less age-bound, and more holistically. Perhaps this was only because of the experiences shared and the way Janet and Sarah told their stories. Or perhaps CART serves a broader population with social program decisions coming from whatever the research suggests needs to be prioritized for the well-being of Tłicho communities.

> Whenever we look at new projects we try to understand that if people are doing this or experimenting with that we need to get more information into that project so that we are working with

all the needs of the individuals that we deal with — not just high risk but everyone ... just trying to get as much information out there as we can but not having it so overwhelming for people. And so it's building bridges so that they are able to make connections. (Janet?)

### Future oriented

Sarah's description of the current focus on maintaining the existing CART programs, suggests a future orientation which could be relevant to a development and sustainability plan.

> Before we didn't have consistent programs where as CART is trying to keep the momentum going, just keep it going ... keep it going. Because I think the more that you can get that information out there the better but it needs to be consistent so like what we are trying to do right now is to be consistent in everything that we are doing. All the programs we are running we try and run on an annual basis or a more frequent basis and just getting that information out there consistently.

# A MODEL OF CART

The purpose of this research was to describe the CART model. The data collected and analyzed from this study provided deeper understandings of the lived experiences of CART members, the academic mentors, and organizational leaders. Deeper understandings informed the construction of a model of CART (Figure 4). The existing relational systems in the Tłicho communities situated CART within a dynamic social world. Decentring CART in relation to social impacts in the Tłįcho communities was a significant theme in the data that contributed to deeper understandings of the CART model as embedded in a complex social ecology. Different perspectives on the origin and purpose of CART further informed the development of a dynamic, multidimensional model.

Thinking of CART as "conversation-starters" whose story of origin matters is a useful starting

#### Figure 4: A Dynamic Model of the Tłįchǫ Community Action Team



place for exploring CART as a model with many stories. The Tłįchǫ CART team had a beginning; they were brought into existence through the thinking of the Healing Wind advisory as part of a plan to address a complex social problem. CART's purpose was community driven. Creating CART also filled an organizational need for the TCSA by consolidating responsibility for managing over 60 distinct First Nation social program contribution agreements. The capacity-building momentum, organizational structures, and overall supports needed to get CART operational aligned perfectly.

CART as "conversation starters" emphasizes that the team is one component of a dynamic system. The cycle of training, research, action, evaluation, training is one of spiraling capacity building and mutual support. However, direct impacts are difficult or impossible to measure because CART's work is one piece of a complex system of interactions between people, priorities, and place.

CART, as a model, is situated firmly on Tłįchǫ land and in everyday lived experiences in the community. Exploring the process of an emerging CART model revealed many lessons that could provide a conceptual framework for the initiation of new CART models elsewhere. More research is needed to evaluate the impacts of CART, to better understand issues of program sustainability, and to explore the transferability of the CART model to other contexts

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**Susan Hopkins'** (Ed.D) educational career path, like her research interests, span a diverse range of contexts and experiences. After four years teaching in Milan, Italy, she spent the next 8 years teaching in northern Aboriginal communities. She has been a school administrator, a curriculum developer, and an educational researcher. While living in the Tłįcho community of Behchokö, her studies at the masters level and doctoral levels in education sparked a passion for moving beyond exploring the research of others, to conducting her own studies. She is interested in relationship-based participatory research methods and the stories of others, most especially Aboriginal children, youth, and young adults from the Northwest Territories. She received a Circumpolar Health Research Student Award in 2009 and a Research Presentation Award from the University of Phoenix's School of Advanced Studies in 2011. She has presented research at the America Educational Research Association and the 17th and 18th annual Qualitative Health Research (QHR) conferences.

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