GOAR: My name is Julia Goar. I am a master's of public health student here at the University of Montana.

COOMBS: My name is Nicholas Coombs and I am a Ph.D. student in public health. My focus of my research is in mental health, particularly mental health disparities in Montana.

GOAR: And we went to Borneo to work in a rural health clinic there.

COOMBS: So, we were the two students from the School of Public and Community Health Sciences from U of M represented on the trip.

GOAR: And I personally jumped on it because my interest is in global health and I had done some global public health projects before.

COOMBS: My background originally is not in public health at all. I have a master's degree in statistics. For me, traveling meant traveling across the country to move here from where I grew up on the East Coast. I had never left the United States in my life. I never even the Canada.

GOAR: I feel like we made a really interesting team, um, because I felt like, you know, like Nick, had never been abroad before. He was like new to public health. And those were things I was better versed in, but then things that my knowledge was totally lacking in. He brought to the table too. Prepping for a trip like this is always tough, because you want to feel prepared and you want to know as much as possible. But, it's impossible to know really anything or any specifics that you're there. Indonesia is a country of a bunch of islands, and so each island is not only geographically very separate, but culturally very separate, too.

COOMBS: We actually had to take four flights and a speedboat to get to the clinic. And when we finally got to the island of Borneo and the town of Sukadana, it was incredible. It was for me a very inclusive, very nonhierarchical health system that operated like none I've ever seen before. There were daily morning meetings with the entire staff. Everyone just sat on the ground, in a, in a big circle and just discussed the plans of the day. You know, the executive director, along with a janitorial staff member, would be sitting next to each other on the ground together and it was it was kind of cool to see that humility practiced in their culture as well. When you take a plunge into a new culture, you want to be very cautious and you want to not impose your own assumptions into what ought to be.

GOAR: Yeah, because our original task was to create a handout or a presentation educating people about nutrition and how it relates to childhood stunting. Pretty specific, but also pretty broad. And the more we dug into what the staff knew, what the staff wanted from that, what they saw in the clinic, the more we realized that we kind of needed to take a step back and instead of just creating some handout that may or may not be useful, give them all the tools that they would need to do that on their own.

COOMBS: And in order to achieve the goal of, hey, we want to reduce childhood stunting. I mean, that's, that's set as a global initiative by the World Health Organization and UNICEF. This is something that is meant to be a longterm goal for main global organizations. But in order to do that on a smaller scale, especially for two students from the University of Montana, it requires a respect and a full acknowledgement of the gaps that you cannot ignore that.

GOAR: That and there were like a ton of cultural barriers, which is another reason we took another step back on the project because, you know, mothers were really heavily influenced by other community members or their mother in laws. We spent a lot of time in the surrounding villages and we saw how compact those communities were. Um, we were also in a relatively high population of Muslim community. And so, they had a lot of like diet restrictions around pregnancy. And so, there were those sort of implications too that we it would be a little difficult for us to navigate as cultural outsiders while trying to be respectful and work with that. It's not working around it. It's never like, "Oh, OK, well, you can't eat fish or whatever. We'll just we'll just go around that." It's like, okay, let's work with that. If you can't eat fish, like, what else can you get? What other protein foods are prevalent here that you can eat? And these are things that are taught in public health, you're taught those things of like respect and humility and getting your community involved in the project and having cultural brokers. And these are all like best practices. But it's so much harder. And it's really interesting to see those things when you're on the ground and you're there for three weeks and you're just trying to, you know, turn in some sort of product or be helpful in some way.

COOMBS: There is a new approach that's been that's been gaining a lot of ground in the last few decades. It's called community based participatory research. It's, uh, it's a concept that essentially brings to light everything that Julia just mentioned. Community based participatory research employs a very inclusive engagement with the community. And this is an approach that isn't just used internationally. It's used, it's use amongst, uh, indigenous persons in the United States. So, if researchers from the University of Montana want to go up to the Blackfeet reservation and maybe employ some health intervention, uh, to do that, they're not just coming in and saying, "OK, this is what we're going to do. This is how we're going to do it. This is one we're going to do it. This is the data we're going to collect. This is how we're going to look at it." That has been done way too much in research and it has not been effective or sustainable. So community based participatory research includes community members into that process. It brings in individuals from the education system or from their own health care system or from maybe a faith based community, very influential players in the decisions and the attitudes and behaviors that would be connected to that community. And so, we tried kind of our own little community based participatory research, our own CBPR approach, in that the birth and upbringing of a baby is heavily influenced in the community. And who are we to come in and tell them how to do something differently? But, so the information that we provided gave the actual community members that worked at ASRI, individuals who are Indonesian, individuals who have worked in that community, who know their community leagues better than we ever could, better insight as to how they may address a complex issue in their realm rather than us imposing our own approach.

GOAR: Yeah. Absolutely. And I think that's a huge struggle with international help, especially for a very limited time. And, no matter how long you're there, if you're there for a few years, whatever you're doing, there is but a blip in time for the people that live there their whole lives or for generations or for millennia. You know, these are these people's homes and roots where they where they live. So, from a health care and a public health standpoint, I think it's important to consider when you come in as a cultural outsider, just like Nick was saying, like partner with people who, um, are trusted by the community, which is definitely what ASRI is in Sukadana. They're a very well trusted, well thought of organization. And just, I mean, come with open arms and say, "What can I do? Here's, here are my skills. What can I do to help you?"

COOMBS: The best objective that you can make is one that you can't achieve in your own lifetime, which is really depressing. But it's also nice and motivating when you kind of just realize that you are but a speck in that there's really nothing to do other than just moving forward as, as much as you can with what you feel is right, uh, in this world.

GOAR: And I feel very blessed in my very short career in public health to see people feeling empowered to make change in their life that directly impacts their health, can change the way they live their life for the better. That's huge. I don't care how much money I get paid. If I can see that firsthand. That's what it's about. That's like that moment of glory.