

Podcast Interview Transcript

Suzanne Dolwick Grieb, Rebecca (Becky) Delafield, Adrienne Dillard, Bridget (Puni) Kekauoha

Welcome to *Progress in Community Health Partnerships*' latest episode of our Beyond the Manuscript podcast. In each volume of the Journal, the editors select one article for our Beyond the Manuscript post-study interview with the authors. Beyond the Manuscript provides the authors the opportunity to tell listeners what they would want to know about the project beyond what went into the final manuscript. The Associate Editor who handles the featured article conducts our Beyond the Manuscript interview.

In this episode of Beyond the Manuscript, Associate Editor Suzanne Dolwick Grieb interviews Becky Delafield, Adrienne Dillard, and Puni Kekauoha, authors of "A Community-Based Participatory Research Guided Model for Dissemination of Evidence-Based Interventions."

Suzanne Dolwick Grieb:

Thank you for joining me today and providing the journal's readers with some additional information about the work presented in your article, "A Community-Based Participatory Research-Guided Model for Dissemination of Evidence-Based Interventions." So, first, if you could, please, let's start by just giving the listeners an overview of your model.

Becky Delafield:

Well, the model really started out with the idea that we wanted to be able to disseminate this intervention that was developed through our community-based participatory research project with two objectives: not just getting the model – I'm sorry, getting the intervention out to new communities, but also being able to build capacity in a way that empowers and directly benefits the people who are participating in the implementation and receive the intervention. So that was kind of the genesis of this idea.

And so the model that we created to do the dissemination, at the heart of it is a mentoring relationship. And those relationships are between the mentors, who are people with experience developing the intervention through this community-based participatory research approach, and then the mentees, who are the new community who are going to hopefully adopt and adapt and implement the intervention, and then the academic partners. So that, for our project, was the University of Hawaii. And they provide technical assistance in the model and kind of take a less prominent role than they did initially when the intervention was being developed, because now our mentors, who have been part of that, have built their capacity to do a lot of the training and provide the guidance and support to the mentees.

And then all of these relationships and all of these actors are within this framework of the CBPR principles, and so we really wanted that to come through in our dissemination of the intervention. And so the ideas of co-equal partnership and shared decision making and opportunities for empowerment and building community capacity are really a big part of why we ended up kind of developing this for our project.

Becky Delafield:

And then all of these interactions we wanted to recognize context as well, so there's a shared context where we tried to match the mentors with mentees that had similar maybe affiliations or served similar communities. But then also there's this wider environment that we saw where a lot of times there are differences between the mentors and the mentees that also influence the success of the dissemination or the kind of needs that the different participants have within this whole process.

Suzanne Dolwick Grieb:

Great. Thanks for that. So this model was created by the partners as you were working on the PILI 'Ohana Lifestyle Program, which you described briefly in the article as an intervention tailored for Native Hawaiians and Pacific Peoples to promote weight loss and management. So at what point in the process of working on this lifestyle program did the partners identify a need for a dissemination model, and then how did that model develop within your partnership?

Becky Delafield:

The mechanism that funded us, it was a mechanism through the National Institutes of Health and National Institute of Minority Health and Health Disparities. And we were very happy to have received funding from them from the planning phase. And then through the next phase was kind of the development of the intervention and the broader testing. And then we knew that this dissemination phase was coming up, and so that was the last three years of this large funding mechanism, specifically tailored for community-based participatory research projects.

So we had worked through all of these steps together. And I think, then, as we saw on the horizon an opportunity to apply for the dissemination, we also had been working in our community and identified another opportunity for funding through the Office of Hawaiian Affairs. And we really – we thought, okay, so there's this funding opportunity coming up and we could try to test this dissemination and try to figure that out. And I think that's when we started talking about what did that look like for this project.

And I was new. Like I have to clarify. I'm kind of – not in age but in experience – one of the juniors in this partnership because it's an 11-year partnership and I came in closer to the time that we started to disseminate. So one of the first meetings I think I was in was one of the ones where we got together with our intervention steering committee – which includes Puni and Adrienne, who are on this call, but then also our other partners in the project – where I heard people talking and I'm still trying to understand the breadth of this project and also the depth of the relationships. And I heard voices – and I'm not sure if it was Puni or if it's Adrienne, or it could have been Sheryl too – who were expressing that – and jump in if I'm wrong on this – but that they really didn't want to just give the curriculum. So we developed the curriculum for the healthy lifestyle intervention. That couldn't be the only thing that happened with this dissemination because there are so many other aspects that were important to share. And so I think the mentoring piece kind of came out of those discussions.

Adrienne Dillard:

This is Adrienne. I think also the mentoring came out of – as we sit at the table, we are different types of organizations. So we have a clinic. We have a Native Hawaiian health serving organization. Our organization is a community-based nonprofit, so we also felt that it was very important – looking at the different type of organizations that we’re serving – that really we work in disseminating to help different types of organizations understand how they could adopt it and implement the curriculum in their community.

So we looked at if we were to mentor a like organization. So, for us, it was to mentor a homestead organization, a community-based homestead organization that was serving a community of like size. It would be easier then and for the clinic to mentor a clinic. That would just be easier in the service delivery to be able to share information and, especially at the community-based level, for people to be wanting to adopt the curriculum.

Suzanne Dolwick Grieb:

Okay, great. And so can one of you just share a little bit about the process in terms of moving from this idea to the formulation of the model, which brings in several theories and concepts in community organizing and is very laid out? You know, it’s laid out very well in the article, but just for our listeners, just a brief kind of overview of how that process happened to get to the final model.

Puni Kekauoha:

This is Puni. So the way the model has come about really was within the course of the initial grant, within the first eight to ten years. As the initial community partners experienced what community-based participatory research was about, we realized quite early on that this process of CBPR was really something that, as for Native Hawaiian communities, it was a process in which Native Hawaiians can address our health disparities as well at the same time building our community and building our individual and organizational capacity.

And what we’ve learned through the CBPR process was transferable to not just the community projects but throughout community development. And so there was a wider breadth of what this project – you know, what we were aiming to do. So while we were looking at conducting or training people in other homestead communities to conduct PILI, it was really about the process, but it took a type of organizing and planning and other skill sets. We fed into or we taught community. And for us I think, as a homestead community-based organization, that was as important right now at this time of our community’s journey.

Adrienne Dillard:

So when we looked at it, it was basically for us. Our start was reaching out to people that we knew and having conversations. And for us it started at a family camp to say, “People from another organization, there’s this opportunity. Would you like to participate?” and then going to community meetings and presenting PILI, what it’s about, so that they could – we had dinner with a board and presented PILI.

They took the time to meet about it and whether or not they would want, because the community we were going to mentor was some distance from us, so it would need a commitment from us to drive out to do the training, as well as they needed people to be trained. Because, early on, the thing that we were very open and honest with was that it is not for us to go into their community and try to do the work the way we do it in our community. It was to train them to be able to do the work in their community the way they felt it needed to be done, but to provide the opportunity for them to do PILI in a way that was comfortable for them.

Adrienne Dillard:

It was a little bit different because we have a community center we work out of, and they didn't have a space, so they needed to find a space. So it was the logistical things they had to work through. It was learning the curriculum. It was the administrative things. It was the contracting things. So in each step in the mentoring process, it was just not walking into "you're gonna do these lessons." It was the whole gamut of skills that you needed to do in order to enter into a contract, in order to become fiscally responsible. There was incentives. There was monies involved.

So that work of actually mentoring, even as we went into it, it was a lot of work to try to bring an organization up to the same capacity. So, along the way, we just kept learning of all these different things and wanting to make sure, when we walked away, that they would be able to do as we had, look at this as something that's transferable, something that remains that you can then look at other projects and such – you know, equipment and all these different things that are coming into your community – to help you do other things.

Suzanne Dolwick Grieb:

Okay. So you guys really put a lot of emphasis on capacity building and very holistic kind of approach into this transference and this dissemination. And that's wonderful. And so I'm curious. When you think about this model, how did the partners define success? I mean sometimes we have our general kind of evaluation measures that we use to define success, but I found that within CBPR projects often there are other measures that are really important to us that might not be valued in traditional science. And so I'm wondering, for the partners, how did you all define success with this model?

Adrienne Dillard:

For me, honestly speaking, one of the key things is, when this is all said and done, were we gonna still have the relationship with our mentees, because this is now a business relationship in many ways and it's about the project. You wanted to meet the numbers set forth. You want to bring people in. You want to try to retain them in this work. So are you gonna be – have your partners or your mentees put in the same effort? And, you know, it's difficult. And then it's those things – the personalities – that come in.

But at the end of it, you want to know that you have worked with people and that they're willing to work in a spirit of excellence and so that those who are participating in the program, are they meeting the goals that they've set forth. Those people who are being trained, are they trained to the best of your ability and do you have a relationship with them where they can be trained to do other things? So, for us, I think a little bit different at the community level that we're at, because it's harder to institutionalize a program because of resources.

We're not in a clinic per se. So, more importantly, is that our relationships are sustained because we do other types of work with the organizations that we work with and the people that we work with in their community. So you live with the people that you work with. They're not just coming for a monthly visit. You know, when we got engaged with community, these are your neighbors, so you want to know that you're doing things in a manner that you can maintain relationships.

Puni Kekauoha:

Right. So this is Puni. I think for me also, if we're looking at outcomes of the project or what we could see now, this particular community that we worked with, at the time they were meeting out in the open, under a roof, in a city and county facility that was really dilapidated. It was hard. But today this community center, this park, has been redone. It's totally been revamped. It's a beautiful piece of property. I myself know that the PILI 'Ohana project really did affect those that participated, their lifestyle choices. Because of a result of that PILI project and their ability to continue to work with their elected officials and the city and county level, they were able during this time to complete that park, which it was a over 25 years project.

And today they're actively walking. I've seen wonderful results with people who have lost a substantial amount of weight. And I think just their overall outlook of health has really been something for me to see, you know, about two years now down the road. It's normally after a certain amount of time that we start seeing the results of what PILI and community engagement and looking at how they took those things that we trained them and we placed in them, and how they utilized that for their communities. And it turned out really well, I think. It turned out well as far as when I look at that community and what it's done.

Suzanne Dolwick Grieb:

That's fantastic. Okay. So, currently, the dissemination model is being evaluated. Correct?

Becky Delafield:

Yeah. So we did a preliminary study – you know, the kind of initial attempt at evaluation – and some of those results are in the paper. But part of what's built in, kind of, to the model is this just the RE-AIM framework, so looking at the targets for the mentees in their role as new communities that might adopt, adapt, implement and sustain the plan. So that kind of aligns well with the RE-AIM framework of reach, looking at efficacy or effectiveness, adoption, implementation, and maintenance.

Suzanne Dolwick Grieb:

Okay.

Becky Delafield:

And I think –

Suzanne Dolwick Grieb:

I'm sorry. Go ahead.

Becky Delafield:

Oh, I think we are also looking now too at how would we understand and get more of a sense of what those community benefits are and considering things that Adrienne and Puni just addressed: like what is behind that and what are the elements that are key to the mentoring that help establish some of these gains in terms of community building and capacity building for these organizations. And even I think Adrienne is speaking to also like this establishment of these broader networks and relationships among different community-based organizations as well.

Suzanne Dolwick Grieb:

Great. Well, we're running towards the end of our time, so is there anything else that your partners would like to share about this model that we haven't discussed?

Adrienne Dillard:

For us, I just want to say, in looking at just the CBPR and what we've been able to accomplish, it was a springboard for a lot of work that's being done in looking at social capital and the networks that we've been able to build to do other types of work. We also used this type of model to begin addressing work in the area of aging and looking at service learning and other things in community.

Adrienne Dillard:

So I think the work we've done through the 11 years – 'cause we've been at the table with PILI 'Ohana since the beginning, the very beginning, so over 11 years. So it has brought a lot of growth – our capacity of my staff and of the organization. We know we would not be in the place where we are if we had not participated and really gleaned to learning and the co-learning from the department. So we really value that relationship that was built with them and the other partners, as well as the mentees around. So . . .

Suzanne Dolwick Grieb:

So it seems you've built up quite a network through this work, and that's fantastic.

Adrienne Dillard:

Yes.

Suzanne Dolwick Grieb:

All right. Well, I think we will leave it there. Thank you again for joining me today and sharing more about this really important dissemination model. Dissemination is so important in what we do, and so I greatly appreciate your group's efforts in this area, and I know our readers are going to enjoy learning about this model more through your manuscript. So, thank you.

Becky Delafield:

Thank you very much, Suzanne.

Adrienne Dillard:

Thank you.

Puni Kekauoha:

Aloha.