

Podcast Interview Transcript

Rucha Kavathe, Mary E. Northridge, and Karen Yeary

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.

In this episode of *Beyond the Manuscript*, Associate Editor Karen Yeary interviews Rucha Kavathe and Mary Northridge, authors of "Building Capacity in the Sikh Asian Indian Community to Lead Participatory Oral Health Projects."

Karen Yeary: Rucha and Mary, thank you so much for joining us today for our podcast. I'm really excited to learn more about your study. Before we begin, I noticed that the community organization's name is United Sikhs, or Sikhs, and I would like just more clarification on how do we pronounce S-I-K-H-S.

Rucha Kavathe: Hi, Karen. Thank you so much for having us. The pronunciation for Sikhs is a shorter I pronunciation, but a lot of times, specifically because I work in public health, I've heard also pronounced as a long pronunciation with a double E, because a lot of times it's translated as "sick," as in unwell, but for the purpose of this conversation, definitely, let's use the shorter Sikhs pronunciation, like that, like a shorter *i* pronunciation.

Karen Yeary: Thank you so much, Rucha, and sorry for jumping the gun. I just kind of jumped into your study and your paper because I was so excited to talk about that. Let me backtrack and let you both introduce yourselves. Rucha, would you please begin?

Rucha Kavathe: Absolutely. So hello. My name is Rucha Kavathe. I am the associate director of United Sikhs, and we're headquartered here in New York City.

Mary Northridge: And I'm Mary Northridge. I'm an associate professor at the NYU College of Dentistry, also in New York.

Karen Yeary: Well, thank you so much for joining me, again. My first question is could you tell me more about United Sikhs and their role in the community?

Rucha Kavathe: Absolutely. We are a nonprofit organization. We were started in 1999, and we are headquartered, like I said, in New York City, with operations nationally and internationally. We are an organization that focuses on several different aspects of serving the Sikh American community, such as international civil and human rights advocacy, humanitarian aid, and community education and empowerment. Our public health focus is situated within the larger Community Education and Empowerment Directorate. Our public health work specifically focuses on increasing awareness of prevention and sort of promoting prevention proactively. We'd like to think of different ways that the community can get engaged in their own health and following that idea, we try to get our community resources that are in language that is culturally relevant, and sort of promotes the importance of prevention as a whole.

- Karen Yeary:* Well, that sounds wonderful. Can you tell me more about the significance of focusing on Asian-Indian health?
- Rucha Kavathe:* I think overall, there isn't a lot of information on the health needs of the Asian-American community generally. Asian Indians specifically form a large part of the South Asian communities that live here in the United States, and I think it's important to focus on the needs of not just the Asian-Indian community, but different communities individually, because they are so varied in what their health needs are, and what kind of outcomes they have overall. And so I think for us that's the community that we serve. That's the community that we know, and we can address their concerns, like I said, in a culturally competent way, in a language-appropriate way. And so for us, it's important to do that—to make information relevant for our community, and also to make the work sustainable in the community.
- Karen Yeary:* Well, that sounds great. I think the community is very fortunate to have your organization there, you know, serving them. Can you tell me more about the partnership between United Sikhs and the NYU Prevention Research Center, particularly how it began, and how you started working together?
- Rucha Kavathe:* When I joined the organization in 2009, there was already a partnership formed, but we were core partners on a community-based participatory research project, or a CBPR project, as it's known, called Project RICE, which is Reaching Immigrants through Community Empowerment. This was a community health worker intervention to promote diabetes prevention in our community. For us, this was the first time that we had the opportunity to really address community needs with individuals one on one. Up until that time, we had held a lot of health fairs. Then we had blood donation camps. And so we came across individuals who had varying needs. This was our first opportunity to do a structured intervention in the community to address diabetes, which is very prevalent among our population. That was the beginning, and since then, we've partnered on many, many, many different projects together. We have a wonderful relationship with the college of dentistry, and Dr. Northridge, or Mary, can speak more to that as well.
- Karen Yeary:* Mary, could you give your perspective on the partnership between the NYU Prevention Research Center and United Sikhs?
- Mary Northridge:* I'd be more than happy to, and let me just say that one of the important aspects of this particular project is that United Sikhs was the principal investigator and Rucha was the lead applicant, and I think that this is very special and very unusual. So the NYU Prevention Research Center is housed at the NYU School of Medicine and the CUNY School of Public Health and Health Policy. But because I've been around the block a few times, the people that are involved in the NYU Prevention Research Center are actually, I'm proud to say, my former students. So when they looked at their data and they saw in their data from the needs assessment that oral health was a priority, I was contacted, and I brought some other people on, but for whatever reason, they chose me.
- And so I had the honor of leveraging our faculty, both dentists and dental hygienists, who can I just say were passionate about this project, and remain committed to local community outreach. And our students are a very diverse group—they speak Punjabi and Hindi and so many other languages, so our students had actually been working with United Sikhs before the NYU Prevention Research Center, before the NYU College of Dentistry faculty overall began working, so we just were able to build on these

very strong relationships that our students, our faculty, our former students, and our colleagues had built up. So I was able to come in with an infrastructure that was already set up and begin to collaborate.

Rucha Kavathe:

One of the things—to just add a little bit onto what Mary was saying—one of the things that I’m very proud to report, not just as the primary investigator, but also as a member of this amazing group of people, is that this really was a true collaborate effort in every sense. So if you think about the CBPR process as a whole, from the beginning, right to now, and the dissemination process, and for all of that, it was a true collaboration between the community partners, the academic partners, and the providers, and I cannot thank enough the people who chose to be part of this, whether they were volunteers or folks in the community coalitions. It was really the perfect mix of people who were invested in the work, who believed in community outreach, and the importance of oral health as part of overall health. And I think that’s what made our work really productive and really successful work, because of the people that were involved, both on the research side and on the implementation side.

Karen Yeary:

I think this just sounds wonderful. I think this is just the hopeful picture and message we need, given that this is being recorded in the holiday season, so thank you so much for just sharing a genuine and very special collaborative partnership. It makes me want to go drink some hot chocolate and hug a teddy bear! So I’m glad that these partnerships exist, yes, and I know others do as well, but it’s always good just to hear it over and over again.

You talked about collaboration. Let me shake myself away from my holiday moment. You talked about how collaborative your partnership is. In your paper in *Progress in Community Health Partnerships* you talked briefly about creating a needs assessment and oral health surveys. Would you please tell us more about that collaborative process, just that in action?

Rucha Kavathe:

Absolutely. I just kind of wanted to talk a little bit about how we got here. We got here because as part of my involvement with Project RICE, and the Prevention Research Center structure, I was part of a national community committee, which is a committee of community organizations and folks that have worked at [community-based organizations] to come together and talk about the CBPR process and community engagement and how our different communities are working to improve overall health. And through that, through the NCC, the National Community Committee, we had the opportunity to apply for funding through the DentaQuest Foundation. And that led to us being able to implement the needs assessment and then subsequently the current one in the community.

So when you’re talking about the process of creating the needs assessment, I feel like we started right as we’re applying for a grant. This model was successful for us. It was out of our Project RICE needs assessment that we saw that there was a significant need for oral health prevention in the community. Those early numbers were very, very alarming, and so since that needs assessment had led us to here, the partners, all the partners collectively, decided that it would be really useful to do a needs assessment specifically focusing on oral health and overall health, so that that can inform our work in a more structured way. And then Mary, would you like to add more to that?

Mary Northridge:

I’d be happy to. So I’m the researcher, but I also know that we have to be pragmatic. So when we were thinking about the needs and resource assessment, we worked with amazing staff as part of this project who looked at national and local surveys, but we didn’t want the research to overwhelm the project. So we had to make some decisions, and one of the decisions that we made was to just use the oral health survey that was in use at that time at the NYU College of Dentistry. It wasn’t the same rigorous research

instrument that we have used in other studies, but we wanted to be pragmatic, and we wanted the data to be there, and be able to be compared with other communities, but we didn't want to impose what our research needs were on these very dedicated practitioners. So I would say, Rucha, it was iterative.

We also involved members of the *gurdwaras*, which are places of worship in the Sikh community. We involved members of the community advisory board, and we worked back and forth, over and again, to make sure that we were able to administer our assessments, and that we were able to interpret the data. So one of the really wonderful outcomes is that United Sikhs and its partners felt ownership of the data, so that when they saw the rates of dental decay, they knew they could rely on those statistics, because they had been involved in creating the assessments and administering the assessments and analyzing the data. And I think that this is critical.

So, instead of a group coming in and saying these are the health concerns that you have, they realized on their own what their health concerns were. So I would just say that in my view that partnerships would do well to begin with this assets and needs assessment of communities and to involve everybody from the get-go. Rucha and I were talking before this call, and we think it was 5 years ago that we set about doing this. And now we have the honor of being published in *Progress in Community Health Partnerships*.

So we don't believe we would have been able to be published in this journal if we didn't have data that were credible. But it did take us a lot longer than if we had just put together something, tried our best to implement it and evaluate it, so this was a very long process. It was not linear. It was iterative, but we think in the end that it was embraced because of the attention to partnership, community, whole people, whole communities, and not just looking at oral health as some segregated component of the body or the body politic.

Rucha Kavathe:

I absolutely second that whole body, whole people, whole communities concept. I'm a trained community health worker. That was my role on previous projects, and one of the most significant professional development aspects that I've ever done was going to a community health worker training and working as a community health worker. And that idea of people being part of—you know, it's not just—we hear very often, like, put the mouth back in the body, but it's not just about the mouth and the body. It's about the community.

It's about people. It's about everyone, and I think why—that's also kinda why we went towards a community health worker model for the project, was because it's important that the folks that are involved are—understand where the work is going on, but they also understand what it takes to get the work done. They can meet people where they are and sort of take it from there. So I look at the needs assessment as meeting people where they are, and sort of going from there.

Karen Yeary:

So given your experiences in this process, what are your suggestions for future partnerships who would wish to do assets and needs assessments in their communities?

Mary Northridge:

So this is Mary. I would just say that resources are important, but you have to make some tradeoffs. I know you've probably heard the term "good enough data." You have to start somewhere. So I would start with the people who have the skills that you need and could get you going without trying to do the best and the brightest type, but to start at the beginning with, you know, the resources that you have in hand. There are so many ways to access what other people have done and if it were me starting out, I would look for people who had already done it. People talk about networks, but Rucha and I

have profited from networks and getting other people's ideas and assessments and then we've paid it forward. We were contacted by some Sikh dentists in Oregon and we happily gave them not just our needs assessments and our questionnaires and our instruments, but we were on the phone with them, Rucha, for an extended period of time, weren't we?

Rucha Kavathe:

Yes, we were [laughs]. And so an additional suggestion that I have is to really look at what data a partnership would like to collect, and what purpose that serves. I think a lot of times folks discount data collected for communities because they think that the communities are not interested in data. And my experience has taught me that at least in my community and the community that I serve and function in, they've always been very gracious about letting us come in and collect data, and they've always been very curious about us going back and reporting back on it. So I think that's important, as you're assessing the needs of communities and the access of communities. I highly recommend doing those community report backs, because it gets buy-in from communities and that's what's fair. If we collected data from the community, it's important to go back and share that with the community.

Karen Yeary:

Well, I have several other questions, but we're short on time, unfortunately, so I'll go down to my last question, which is, what are your takeaway tips for those who want to improve the health of Asian Indian communities?

Rucha Kavathe:

So in our conversation—Mary and I were talking earlier, and she shared this article that she co-authored that really, really put it all in perspective for me. So if it's okay with Mary, I'd like to share that. I feel like it's not just improving health of Asian-Indian communities in general. For all of us, we need to improve public health outcomes for everyone, and I think that is a collective responsibility that we all share, regardless of where we work or what we do, we can all contribute in some way to improve public health outcomes. And I think we—all of us need to kind of think about what partnerships we can form. They may not be traditionally the ones that we think of, but to try and find common ground, to find ways to make information relevant and sustainable, I think that's really important and I think we all have a shared responsibility, and I'll let Mary talk more.

Mary Northridge:

Now, you said we were wrapping up, Karen, and I just want to say thank you, Rucha, for the honor of partnering with you, because I always feel that we need to be on the ground, in communities, working with people who are affected by what we sometimes call the social determinants of health, but whether it's immigration policy, or lack of safe and affordable housing, we can get disconnected from the people who are actually struggling. So the social determinants of health is a mouthful, but really what it means is making sure that people have the conditions under which they can lead healthy lives. So no matter if you're a lawyer, or a shopkeeper, or whatever you do, by reaching out to communities that are marginalized or under threat, you can really make a difference.

And so you were saying about the holiday season, and I know a lot of people feel overwhelmed at this time of year, but by being part of something that is really meaningful, that is really working together, that is outside of our own immediate needs and really looking to help whole populations, whole communities, we're really building one another up. So you know, Karen and Rucha, it's been such a joy to be on the phone with you today. I am so grateful to have had this experience. I am your co-author, Rucha, and your first, first author paper by the community partner, which only because of journals like *Progress in Community Health Partnerships*, where they recognize how important this community work is, do others get to learn from it. So Karen, I can't thank you enough for taking the time to speak with us this afternoon.

- Rucha Kavathe:* Absolutely. Thank you so much.
- Karen Yeary:* I mean we're just all thanking each other *[laughter]*, right? Phone group hug. I feel like I've just been honored by just meeting you over the phone, and you're two very special and valuable women, and you keep on doing what you do. You go. Thank you for inspiring me.
- Rucha Kavathe:* Thank you, Karen.
- Karen Yeary:* Yeah, this morning, and I just look forward to seeing more of what you will do, so I think that concludes our time. So thank you so much, again, and have a good holiday.
- Rucha Kavathe:* You too. Happy holidays.
- Mary Northridge:* You too. Healthy holidays.
- Karen Yeary:* Yes. *[laughter]*