Partnerships to Overcome Obesity Disparities in Hawai`i

PILI Community PIs
4th Annual Diabetes Coalition
March 28, 2008
PILI ‘Ohana Project
Community & Academic PIs

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Family life requires an exchange of mutual help and recognition.

`Ike aku, `ike mai, kökua aku kökua mai; pela iho la ka nohona `ohana.

Family life requires an exchange of mutual help and recognition.

`Ölelo No`eau
How is the community able to participate in research?
How is the community able to be part of the research at all levels?
Definition of CBPR

- Community-based participatory research is an approach that allows for community-researchers partnerships to identify locally identified problems to develop locally relevant solutions
Further Definition

- “an approach to scientific inquiry that equitably involves all partners (community and academic) in the research process and recognizes the unique strengths that each brings”
- from Community Based Participatory Research for Health, Minkler and Wallerstein editors
Forming a Community-Academic Partnership

- **Challenges**
  - Different perspectives and priorities between researchers
  - Defining the community (ex./ common interests vs. demographics)

- **Catalyst**
  - RFA from the National Center for Minority Health and Health Dispariites (NCMHD)

- **Ulu Network**
  - Established by the Hawaii EXPORT Center for Diabetes
  - 10 of 19 CBOs serving NHs and PPs had expressed interest in research in an earlier survey and met to plan
  - 5 organizations with prior relationships and experience working together formed formal partnership
PILI ‘Ohana Project
Kokua Kalihi Valley – ‘100 Acres’
Organizational Structure

PILI ‘Ohana Program

Administrative Core
Co-Directors: C. Rose & M. Mau

Community Advisory Board
(All partners)

Intervention Steering Committee
(Community-Academic Investigators)

CBPR Development Aims
• Admin. Structure & Policies

Pilot Intervention Research Aims
• Community Assessments
  • Design Intervention Protocol
  • Implement Pilot Intervention
Principles and Guidelines for Overall Governance

- 6 page document developed by Intervention Steering Committee (ISC)
- Informed and guided partnership to maintain co-equal and mutually respectful research environment
- Contents:
  - Purpose of project
  - Guiding principles and values
  - Roles and responsibilities of each partner
  - Decision making process
  - Handling and sharing of data
  - Evaluation of process of partnership
  - Procedures to amend document
Design of a Research Study

- Initial weight loss intervention was a modification of the Diabetes Prevention Program based on input from community partners
- Collective decision that all interventions would be delivered by community peer educators with training and assistance from DNHH investigators
- All discussions facilitated by co-Directors of the PILI Ohana Project
## Study Design

<table>
<thead>
<tr>
<th>Type of Community Group</th>
<th>Community Organization Name</th>
<th>Individual-focused Lifestyle Intervention</th>
<th>Family (F) + Community (C) focused Intervention</th>
<th>Program goals</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Phase 1 (16 weeks)</td>
<td>Phase 2 (12 months)</td>
<td></td>
</tr>
<tr>
<td>CHC</td>
<td>Kokua Kalihi Valley</td>
<td>X</td>
<td>X</td>
<td>Goal at 16 mos.: Improve: o Performance (6 min walk) o Functional status, QOL (SF-36) (2ndary goal: 5-10% weight loss)</td>
</tr>
<tr>
<td></td>
<td>Kalihi Palama</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>NHHCS</td>
<td>Ke Ola Mamo</td>
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<td>X</td>
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<tr>
<td>“Grassroots”</td>
<td>Papakolea</td>
<td>X</td>
<td>X</td>
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<tr>
<td></td>
<td>AHCC</td>
<td>X</td>
<td>X</td>
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</tbody>
</table>
Community Needs Assessment – Year 1

- Informant Interviews
  - 15 total (5 from each of the three types of communities – CHC, NHHCS, grassroots)

- Focus Groups
  - 9 groups with 10-15 participants each (N=112)
    - 6 w/ community members
    - 3 w/ health professions serving communities
    - Conducted in language for Samoan, Chuukese, and some Filipino groups.

- Windshield Tours
  - 5 distinct areas surveyed
  - 1 mile radius

- Community Survey
  - 206 households responded
PILI ‘Ohana Project: Individual Lifestyle Intervention

**Focus of Intervention**

**Primary and Secondary Outcomes**

**BEHAVIORAL STRATEGIES:**
- Self-monitoring
- Slowing the rate of eating
- Reducing eating cues
- Responding to social pressure
- Pre-planning and relapse prevention
- Problem-solving
- Stress management

**DIET**
- Low fat
- Low calorie

**EXERCISE**
- Walking
- Jogging
- Cycling
- Swimming
- Goal = 60-80% of max. heart rate

- Quality of Life
- Weight Loss/Short-Term Maintenance
- Blood Pressure
- Physical Functioning

Based on PILI ‘Ohana Community Needs Assessment
Community-initiated healthy lifestyle programs

Family together on lifestyle changes

Family leadership / role models

Cultural/Social attitude toward obesity

Social/Family Issues

Parental/kūpuna influence

Diet

Weight Management

Outdoor exercise equipment at parks

Accessibility of existing community/public facilities

Physical Activity

Community-resource Strategies:
- Walking clubs/groups
- ↑ use of Churches
- ↑ walk ways, bike paths
- ↑ use of schools
- Farmer’s markets
- Community-tailored activities

Social/Family Strategies:
- Eating meal same time and together
- Focus on the cook in the home
- Focus on the senior women in the household as agents of change
- Family eat same kinds of foods
- ↑ role models’ (e.g., influential/respected person, church) influence on family/community
- Group activities
- Family eat same kinds of foods
- Assistance in house chores
- Childcare

Based on PILI ‘Ohana Community Needs Assessment
Academic Partners’ Perspective

- Different Communities have different strengths
- Recruitment – exceeded
- Retention – staff & ppts
- Building (trust) relationships – within & among partners

- Extra Time – Research training – technical
- Concept of Standardization – across community sites
- Added Administrative burden – need for more grant support
Community Partners’ Perspective

- Able to build capacity and resources for future HD research
- Treated as key stake holder in design and implementation
- Engagement not dependent on funding received
- Community sites participated in intervention design and methodology development as co-equals
- Participants involved in other programs had higher retention
Conclusions

- Communities were involved in all major aspects of this scientific research project including:
  - Research focus
  - Design and methods
  - Implementation of protocols

- CBPR approach allowed for equal division of power and unrestricted exchange of knowledge and expertise.