The PILI ‘Ohana Project:
A Model for Community-
Based Research with Native
and Pacific Communities

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The Burden of Obesity and Diabetes in Hawai‘i

![Bar chart showing obesity and diabetes prevalence among Native Hawaiians, Filipinos, and Caucasians.]

- **Obesity (WHO Criteria)**
  - Native Hawaiians (n=526): 55.9%
  - Filipinos (n=186): 47.7%
  - Caucasians (n=295): 14.6%

- **Diabetes**
  - Native Hawaiians (n=526): 19%
  - Filipinos (n=186): 19.3%
  - Caucasians (n=295): 4.4%

*Data from the Native Hawaiian Health Project funded by the National Center for Research Resources, National Institutes of Health (RR 03061)

WHO criteria for Asians = recommended cut-offs for overweight is BMI > 23 and for obesity is BMI > 25

Partnership for Improving Lifestyle Intervention (PILI) ‘Ohana Project

• A community-based participatory research (CBPR) project aimed at eliminating obesity disparities in Hawai‘i
  • National Center on Minority Health and Health Disparities funded (R24 MD001660)
Community-Based Participatory Research (CBPR)

A collaborative approach to research:
• Research topic of importance to the community
• Best of community and academic wisdom and knowledge
• Goal of promoting social change to improve community health and reduce disparities
• An orientation to research
• Balance between research and community empowerment
• Equal partnership between academics and community members at all stages of the research process
• Community members and researchers as co-equal partners
• Heightens the effectiveness of practices, program, and policies derived from research results
Our Communities in Hawai`i

Ke Ola Mamo Native Hawaiian Healthcare System

Kalihi Pālama Health Center

Hawai`i Maoli – Association of Hawaiian Civic Clubs

Kokua Kalihi Valley Family Comprehensive Services

Kula no Nā Po`e Hawai`i

Department of Native Hawaiian Health
Conceptual Model of Weight Loss Maintenance for Pacific Peoples

- **Social/Community Influences**
  - Healthy food and physical activity options/resources
  - Cultural eating/weight expectations
  - Cost of healthy food options
  - Availability of cultural activities
  - Community leaders/advocates

- **Family Influences**
  - Family dynamics/stress
  - Family eating habits
  - Availability of certain foods in home
  - Family activities
  - Household income
  - Childcare

- **Individual Influences**
  - Self-efficacy/locus of control
  - Past weight management attempts
  - Weight loss expectations
  - Assertiveness
  - Stress/time management

- **Data from 333 NHs and PPs**
  - 112 focus group participants
  - 15 community informants
  - 206 survey respondents.
  - “Windshield tours”

PILI ‘Ohana Lifestyle Intervention

- Pilot intervention study
- 2-Arm randomized controlled trial (RCT)

468 Respondents screened

372 Eligible to participate

277 Consented and underwent baseline assessment

197 Received 3-month weight loss intervention

144 Completed 3-month follow-up and underwent randomization

72 Assigned to family/community-focused weight loss maintenance intervention group

72 Assigned to standard phone call follow-up group

49 Completed 9-month follow-up

51 Completed 9-month follow-up
Lessons from the PILI ‘Ohana Project

• Native Hawaiians and other Pacific Peoples live in *obesogenic* environments
  • Linked to socio-economic disparities
• Family and community strategies can help to improve weight loss maintenance
• Communities can deliver an effective obesity intervention that is not only community-based but community-led
• CBPR can bridge science and practice
Rethinking Science

- **Efficacy vs. effectiveness intervention studies**
  - What should be the “gold standard” in CBPR involving intervention testing?

- **Scientist as consultant vs. primary investigator**

- **Expanding scientific paradigms to fit the socio-economic and socio-cultural realities of health disparate populations**
  - Social disparities → health disparities
Redefining Community

• Communities are dynamic, heterogeneous entities
  • Challenges the one-size fits all public health paradigm

• Community leaders as investigators vs. informants

• Building community infrastructure from the inside out
  • Prevention is community-based and -led

• Community partnerships make science practical and real
  • Voice of science for policy change
What is the role of community-campus partnerships in eliminating health disparities?

• The role is to (re)think and (re)define traditional roles & paradigms.
  • Science is not merely about experimentations but also real-world applications
  • Community partners are not passive beneficiaries of science but active contributors
  • Science doesn’t inform policy, people do
How do we bridge the advances in science with community practice and promotion of health disparities policy?

**CBPR**

- Focus on prevention
- Translational research
- Best Practice models
- Building sustainable infrastructure
- Developing community capacity
- Funding that matches the reality of CBPR

**Science**

**Community Practices**

**Health Disparities Policy**
Mahalo nui (Thank you)

• National Center on Minority Health and Health Disparities
• Community partners
  • Hawai‘i Maoli – Association of Hawaiian Civic Clubs (PIs: Henry Gomes, Charlie Rose)
  • Kalihi-Palama Health Center (PI: Anne Leake)
  • Ke Ola Mamo, Native Hawaiian Health Care System (PI: Donna Palakiko)
  • Kokua Kalihi Valley Comprehensive Family Services (PI: Sheryl Yoshimura)
  • Kula O Nā Po‘e Hawai‘i (PI: Puni Kekauoha)