

Podcast Interview Transcript

Mary Oneha, Joan Dodgson, and Haera Han

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 editors who handled the articles conduct our Beyond the Manuscript interviews. This edition of Beyond the Manuscript features Mary Oneha and Joan Dodgson authors of *Lessons Learned: Refining the Research Infrastructure at Community Health Centers*, and PCHP Associate Editor Haera Han.

Haera Han:

Dr. Oneha, thank you for your time to talk to us today and we have Dr. Dodgson who co-authored this paper also. I'm so glad that we have both authors which I think really shows the great community academic partnership that the team was able to build over the years. So Dr. Oneha, to give our audience an orientation to your paper, I was wondering if you could please provide a brief summary of the paper, perhaps highlighting its purpose and the main points you describe in the paper?

Mary Oneha:

The main point of the paper was to help describe some of the lessons that we learned after conducting our multiyear study at a community health center. We did this study in partnership with academic faculty from Arizona State University. The main point was to then share some of the lessons that we learned from this experience, which we categorized into three areas of: infrastructure, human resources and recruitment. The team at the community health center and the academic faculty have worked together for quite a while on other research studies.

Haera Han:

Although it is in brief manner, the background of your paper, but tell us about how the partnership was started. There seems to have been quite a number of projects even before this R21 project began that the team actually worked on over the years.

Mary Oneha:

Dr. Dodgson was faculty at the University of Hawaii several years ago and she had approached us with being interested in pregnant women and perinatal health. And so as a health center we were also interested in that population and in doing research with that population. Studies began from that point in looking at breastfeeding and understanding what influences women to breastfeed or not to breastfeed. We also did a study looking at PTSD in pregnant women what were some of the factors related to PTSD.

The studies that we did and the findings that we received from those studies then evolved to doing this R21 study. This study has evolved to another study that we are also both currently involved in at Waianae Coast Comprehensive Health Center which was the focus of this current paper and at Waimānalo Health Center which is the health center that I am currently at. Both health centers serve primarily a Native Hawaiian population.

Haera Han:

That's really exciting because apparently the partnership was there even before the project began and there has been a subsequent study that was resulting from the R21 project also. So I was wondering how the community initially received plans to conduct the research described in the article because I think the article highlights some of interesting implementation processes that were mainly led by the community partner rather than the economic partner. So if you could please describe it, that would be wonderful.

Mary Oneha:

That's a good question and I think I should've explained from your prior question. Dr. Dodgson came to us with an idea and I think for communities we prefer that researchers come to us with an idea and something that's also a priority and of interest to the community and to the health center. So she had come to us with an idea and she was very open to sitting down and just discussing what's going on in our community health center. These are some of the challenges, these are some of the things that she's interested in pursuing. So we were able to develop a rapport and similar interest regarding perinatal health and pregnant women. And it developed from there.

She's also had experience in working with indigenous populations and that also helped. So it was a very collegial relationship from the very beginning. There were things that we talked about that we each had opinions on, but we were always able to come to some compromise and work comfortably together. Joan, you can chime in any time if that's not so. I think we developed the relationship to a point where we can work very comfortably together.

So when this project evolved—she was already working with myself and with a number of our staff in the perinatal program at the time—she was familiar with the staff. The staff was familiar with her. So at the time that this idea came up I think we were ready to pursue the question and ready to engage in developing what that intervention would look like, how it would impact our operations, what did we really want to focus on. And I think that's how it evolved. So it was very much, she didn't come to us with a prepared proposal, it was very much something that evolved over time and the staff at the community health center and myself were comfortable in working with her in moving this project forward.

Haera Han:

This may be a question for Dr. Dodgson because I saw some of the challenges that were described in your paper also with Dr. Oneha coauthored together in terms of training community health center staff in the role of delivering this intervention in the context of a research study. The first question would be then what was your rationale behind the decision as to making the community center staff as your interventionist as opposed to training your own research staff and the research staff going into the community center and delivering the intervention. I mean of course there are both pros and cons on both sides of the partnership but I just am curious to know what was your rationale behind that decision?

Joan Dodgson:

Well after working in indigenous communities before you know it just doesn't work very well for outsiders to come in because we don't understand the culture or the language or the etiquette as well as people who live there and who've grown up there.

Joan Dodgson:

And you know we all worked on creating this together. It was co-created. It seemed only appropriate to have the people, the data collectors and the people doing the intervention be the same people who interfaced with these women all along. It did cause some issues and so you know we're wiser now than we were when we started but I don't really think that it would work very well any other way.

Mary Oneha:

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Haera Han:

So on the side of the community partner, I was wondering how the decision was made in terms of who to be trained for this role and whether perhaps for Dr. Oneha in thinking about any future research projects of similar kind whether you would've done things differently in looking back?

Mary Oneha:

For this particular research project we had met with the department director and the supervisor of the staff for the perinatal program to ask them. So they were very much involved in the project from the beginning to ask them what would work out and let them decide who was going to be the appropriate staff, meaning who had as Joan just mentioned, the relationship, the skills, the knowledge to proceed with doing the research. So that's how the individuals were identified to deliver the actual intervention that it came directly from staff to make that decision. I think moving forward, as Joan mentioned, it's a fine balance. Certainly it's easy to use existing staff and the people from the community because their relationships and skills are there. It makes it hard on the – because of the time involved and as Joan mentioned, the work just never goes away.

Mary Oneha:

In re-looking at that I think we probably want to find a better balance between the duties that are required for somebody delivering the intervention and their existing duties at the health center. Bringing in somebody outside of the program or a new person to help deliver the intervention is something that we seriously need to think about. I think that staffs that were on the project too were also beginning to understand that the time commitment involved in the project and trying to get their other duties done was becoming a challenge.

Joan Dodgson:

When you say outside the project or outside the health center, that doesn't mean outside the community.

Mary Oneha:

Right.

Joan Dodgson:

It would still be somebody from the community and not somebody from the academic institution who we would want to deliver the intervention.

Haera Han:

I thought that this training of community health center staff in the role of this research study as interventionist and you talked a bit about this mobile research orientation and training program, project training program. Although I didn't see much of it but I do know that perhaps you are in the process of developing one or even you know have a very tangible plan. So in terms of training the community health center staff, what were specific steps that you took to train them, orient them to this project and what were some of the lessons learned that you could share?

Joan Dodgson:

Well, we developed together, Mary and I developed a plan specific for this grant and the duties that we were wanting folks to do which included things like the skills that they would need to do their assessments. Everybody was trained and certified by NCAST to do the infant assessments and that's a national certification. We had them do IRB training and human subjects protection training . . . research fidelity and measurement fidelity and studied protocols so that they understood the importance of keeping procedures according to the protocols.

We did some breastfeeding training as well because part of the intervention was to provide some breastfeeding education. We taught everyone about baby cues and baby behavior so there was some content specific things to this research that we taught and then there was some aspects of research that we taught—human subjects and the importance of the design and the methodology and being faithful to that. And then we also had some sessions where we would have them bring up problems in recruiting to data collection or anything and then go over those and create new decision rules and new addendums to the protocols as they came up.

Mary Oneha:

Thankfully we had a group of staff that did the recruitment and we had another pair of staff that oversaw the intervention, did the intervention, and one that did the control group. Thankfully those that were directly involved in the control group and the intervention did not change over. The ones that were involved in the recruitment we experienced the most turnover in staff so I think as Joan is mentioning, if we had packaged the orientation particularly for the recruitment piece then I think we could've delivered the training in a more efficient manner anticipating that there might be some turnover.

Mary Oneha:

I think even as we move forward for this project that we're currently involved in, when we get to our intervention phase we might also consider doing something similar.

Haera Han:

One very interesting feature and absolutely needed for any other CBPR project also is the fact that you just didn't stop at delivering intervention, training the community staff and delivering the intervention on site, you also developed this plan for actual data measurement on site as well. So there was some discussion around the community health clinic purchasing this software program to upload the participant interviews whereas the academic institution purchased a particular software for the community health center to enter quantitative data also. So would you please speak more about that point?

Mary Oneha:

Sure, as we planned the project we had not anticipated that in our budget, but as time went on throughout the project we thought okay, that might be a need and just by chance or maybe not, the health center was also involved in a research infrastructure building grant that helped to provide some funding to purchase qualitative software. We had discussed amongst ourselves what type of software would be helpful and usable for us not only for this project that we were on, but could be available to other researchers at the health center who would do qualitative research and would need that type of software for their analysis. So that was helpful. Joan provided the SPSS software so we could enter the data from the NCAST tools that the staff administered. So that was also helpful. In the end, the health center also eventually purchased quantitative software to continue using for other researchers at the health center so that they wouldn't have to purchase their own software. So it's kind of a shared tool.

Haera Han:

It sounds like there have been quite a number of implications actually based on some of these initial steps that you've taken for the project. I'm curious to know what would be some of the next steps that you are thinking about as a result of this collaborative project. I believe as written in your paper this was one of the first behavior intervention studies that went on for over a two-year time period. So have there been any new projects evolved from this or some other similar behavior intervention projects that could perhaps tack on some of the lessons learned that you shared in the paper?

Joan Dodgson:

There are a few things and Mary can add some more I'm sure. One thing is that the health center has a real commitment to building research infrastructure so as we came up against infrastructure problems in this grant Mary and others at the center worked on them so that the next time it came up it wouldn't be the same issue. Building the infrastructure was one goal of the paper and then making tools more widely available to others at the health center was part of that project. Then growing out of this project of which was focused predominately on early parenting and infant feeding, we took our results back to various people in the community so that we could disseminate our results but also ask people where did they think we should go from here. What is the next step and out of that grew the project that we currently have funding for which is taking a step back even further in the process of trying to make life changes for Native Hawaiian families around the chronic illnesses that are so prevalent in this population with so many health disparities.

Joan Dodgson:

We realize that focusing on just one piece, infant feeding and parenting maybe wasn't taking a broad enough view. And even though we both come out of the field of maternal child health and public health, maybe we needed to frame this a little more broadly in that many of the chronic illnesses that the community is so afflicted with begin with early nutrition. So this project that we're working on now is about early nutrition and breast feeding but also family nutrition and thinking that when a woman is pregnant she is in a place in her life to make change and able to maybe change behaviors when other times it's not so easy to change. So we're starting during pregnancy with an intervention and we'll be going through a child's second year of life. And that project grew out of this project that we're talking about here and the community thoughts about going deeper and broader at the same time.

Mary Oneha:

Both Joan and I serve on the Waianae Coast Comprehensive Health Center's research committee and IRB and we both are available for consultation or mentoring for new researchers or for students who propose a research project and maybe want some insight about the process, you know what would be doable, what would be manageable, what were some of the things that we did that maybe they could learn from. And similarly, at Waimānalo Health Center, where I'm at now, I'm happy to share some of the lessons that I've learned in doing research to make it easier for the next researcher coming up.

Haera Han:

That is great to know. Before I let you go I am curious to learn about your staff who are involved in this research project and if you have had any chance to talk to them about their own sort of lessons learned from their perspective. Apparently I guess it might have been a challenge for them to add this research role on top of their usual role at the clinic. So perhaps Dr. Oneha might be able to talk about that.

Mary Oneha:

As Joan mentioned, we had several conference calls or face to face meetings throughout the project with staff to get to some of the concerns that they had, what were some of the changes that they wanted to make. They were really helpful in providing insights to our project and allowing us to make those changes to make it a little bit easier for them or to impact on recruitment. I think that was very helpful. I think they realized that it is a challenge to be part of a research project meaning implementing it and actually doing their own work. But I think at the same time it provided training, that Joan provided to them. This is something that I don't know they would have gotten otherwise particularly in such detail regarding breastfeeding not only the educational aspects about breastfeeding, but providing that education within the context of a research study.

So I think staff appreciated the amount of information that they were able to receive regarding breastfeeding and the challenges that come up with breastfeeding. I mean coincidentally or not I think two of the staff members I'm trying to remember correctly Joan, were out on maternity leave at some point within the project period so you know that was also helpful to us as we went through this. I think they learned about the challenges in balancing their roles. They were able to get additional information just from the education that's provided in doing research and because of the topic that we addressed. I think another area was just in the ability to have a different set of organizational skills that come with data collection and the amount of data that we needed and how we needed to collect that data.

- Mary Oneha:* The staffs were prepared to do that and hopefully gain some skills in achieving the accuracy on being able to collect data in the fashion that we wanted. I think those may have been some things that were helpful to them.
- Joan Dodgson:* I was really proud of the group. There were the three women in the perinatal services, who, after our grand finish put in a grant of their own to a local agency, actually a state agency focused on breastfeeding promotion which came out of some ideas that they developed over the course of this project and they were funded. They've been doing that and collecting data and so I thought that was pretty wonderful.
- Haera Han:* It is exciting and not only wonderful it is just awesome. I think the project actually sounds like was a great opportunity for everyone who was involved in this and apparently there have been additional steps that have been taken to sustain your effort and even more wider impact at the clinic even involving staff who are part of this project. This is all very exciting sort of develops that you've shared with us today I really appreciate that. I was wondering if there are any other additional thoughts that you want share with us about your project?
- Mary Oneha:* I want thank you for the opportunity. We are also grateful for being with a health center that was very open and receptive to our project. We also received support from the Waianae Coast Comprehensive Health Center's community advisory group. They're very vocal, very helpful, very instrumental in the design of research studies. And I think all of that put together helped us move forward with our project and helped us to identify the lessons learned and apply it to other research studies. Thank you for the opportunity.
- Joan Dodgson:* I don't think we could've done this without the philosophical understanding, resources and good will of the people who do the five-year planning, the strategic planning, the mission for the health center because not every health center is capable of this level of support.
- Haera Han:* I absolutely agree. That was very exciting point that just stood out as I was reading your paper. So absolutely the community support was there and this is not the case for everyone apparently so I really appreciate you sharing all the information and kudos to you for your wonderful collaboration and I hope we see more of your wonderful projects in writing in the future.