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A Cultural Analysis of the NAMI-NH Connect Suicide Prevention Program by Rural Community Leaders in Hawai'i

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Although evidence-based programs (EBPs) are important in demonstrating scientific rigor, they have not been extensively evaluated in minority communities. Partnering with communities can help enhance the cultural relevance, acceptability, and effectiveness of evidence-based programs. Because suicide has been recognized as a public health concern, this study sought to identify the cultural needs of Hawai'i communities related to suicide prevention programming and evaluate how the National Alliance on Mental Illness-New Hampshire's (NAMI-NH) Connect Suicide Prevention Program addressed these needs. Researchers conducted focus groups with community leaders and trainers who had been involved with suicide prevention efforts in the State of Hawai'i. A total of 4 major themes of cultural needs were identified by community leaders, which emphasized the importance of honoring community knowledge and prioritizing relationships. These findings were used to inform a programmatic cultural framework that can guide those who wish to implement or culturally adapt evidence-based programs with minority communities.

Keywords: mental health, cultural tailoring, cultural adaptation, minority, Asian/Pacific Islander

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EBPs are receiving increasing attention from researchers, health practitioners, and funders at the national level (Substance Abuse and Mental Health Services Administration, 2014). Although EBPs are important in demonstrating scientific rigor, they have not been extensively evaluated in minority communities, making it difficult to ensure these programs are welcomed and effective in diverse settings (Barrera, Castro, Strycker, & Toobert, 2013; Resnicow, Baranowski, Ahluwalia, & Braithwaite, 1999). This has led to the recent growth of culturally adapted programs to address health disparities in minority populations (Lee, Vu, & Lau, 2013; Sue, Zane, Nagayama Hall, & Berger, 2009). Cultural adaptation refers to the further development of an existing intervention by utilizing information about a new community and culture to determine the content and contexts surrounding that information, by whom it will be presented, and the way it will be delivered. Culturally adapted interventions can enhance the relevance of the intervention and improve intervention outcomes in minority communities

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(Benish, Quintana, & Wampold, 2011; Botvin, Schinke, Epstein, Diaz, & Botvin, 1995; Smith, Rodríguez, & Bernal, 2011).

Ensuring cultural relevance is integral to program implementation in the State of Hawai‘i. Hawai‘i's culturally diverse setting includes a large population of Native Hawaiians and strong representation from several other distinct ethnic groups, with two thirds of the residents identifying as Asian and/or Pacific Islander (U.S. Department of Commerce, 2014). Although the State of Hawai‘i is known to be one of the healthiest states in the U.S., youth suicide is a public health concern with suicide being the leading cause of injury-related death for 15–24 year olds (Hawai‘i State Department of Health [DOH], 2015). In 2009, Hawai‘i middle and high school students ranked highest in the nation for the following self-reported rates of suicidal behaviors: making a suicide plan, suicide attempt, and needing medical attention for a suicide attempt (Centers for Disease Control and Prevention, 2010). Similar to other parts of the U.S., rural residents in Hawai‘i, including youth, are at a greater risk for suicide than urban residents (Hawai‘i State DOH, 2012; Matsu et al., 2013). In Hawai‘i, health disparities are further complicated by the geographical location of rural areas on separate islands. All five inhabited neighboring islands outside of O‘ahu, as well as other small neighborhoods on O‘ahu, are federally designated as Health Professional Shortage Areas and Medically Underserved Populations/Areas (Hawai‘i Primary Care Association, 2006). The majority of the state's health care resources, including mental health programming, is concentrated in the County of Honolulu, which is the only urban area in the state (Inada, Withy, Andaya, & Hixon, 2005). Individuals who live in rural areas can expect to wait from 1[1/2] to 3 months to see a physician (Withy & Sakamoto, 2008), and much longer for a psychiatrist. Many need to request time off from work in order to visit physicians and report transportation and insurance coverage barriers (Crisanti, Altschul, & Haina, 2003).

Rurality often interacts with other demographic factors, such as ethnicity (Hirsch & Cukrowicz, 2014). Ethnic disparities have been found in suicide-related behaviors, with Native Hawaiians and other Pacific Islanders being at one of the highest risks for suicide-related behaviors among major ethnic groups in the U.S. (Else, Andrade, & Nahulu, 2007; Suicide Prevention Resource Center [SPRC], 2013; Wong, Sugimoto-Matsuda, Chang, & Hishinuma, 2012; Yuen, Nahulu, Hishinuma, & Miyamoto, 2000). This disparity may be attributed to multiple risk factors including the intergenerational effects of historical trauma and cultural loss, which may be perpetuated by the use of EBPs uninformed by cultural values, beliefs, practices, and epistemology (Brave Heart, Chase, Elkins, & Altschul, 2011; Sotero, 2006).

In recognizing these concerns, The Hawai‘i's Caring Communities Initiative (HCCI) on Youth Suicide Prevention was implemented by the University of Hawai‘i Department of Psychiatry with the mission of preventing youth suicide and increasing early intervention in rural communities with large populations of Native Hawaiians and Pacific Islanders. Two projects were implemented under HCCI, (a) Enhancing the Statewide Trauma Network, which focused on partnering and training trauma centers and emergency departments across the State of Hawai‘i (Sugimoto-Matsuda & Rehuher, 2014), and (b) Mobilizing Communities At-Risk, which focused on promoting youth leadership for suicide prevention (Chung-Do et al., 2014; Chung-Do et al., 2015). HCCI used an EBP for both projects called the Connect Suicide Prevention Program (Bean & Baber, 2011) developed by NAMI-NH. The Connect Suicide Prevention Program is recognized as a National Best Practice Program as listed in the Adherence to Standards section of the Best Practice Registry by the Suicide Prevention Resource Center (SPRC, 2008) and by the American Foundation of Suicide Prevention.

Using a combination of PowerPoint slides, interactive exercises, and case scenarios, the Connect Suicide Prevention Program uses a public health model to enhance participants' abilities to recognize warning signs of suicide risk, increase their comfort level in connecting with youth who may be at-risk, promote knowledge of risk and protective factors, and reduce stigma around mental health issues. It also seeks to increase coordination and communication across organizations in youth suicide prevention and response efforts by providing a common language of suicide prevention-related terms and concepts. The

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Connect Train-the-Trainer (T4T) training is 3 days long while the Connect community training can range from three to six hours.

Through HCCI, health professionals, community members, and youth throughout the State of Hawai‘i were trained and certified as community trainers using the Connect T4T Program delivered by two NAMI-NH trainers. To promote fidelity, NAMI-NH requires their staff to conduct the T4T training, during which community trainers learn how to deliver the prevention curriculum. Community trainers are then responsible to conduct the Connect Suicide Prevention Program in their respective communities.

Although the Connect Suicide Prevention Program is recognized as an EBP, the HCCI university-based staff members were aware of community members' preexisting concerns that prior suicide prevention training programs implemented in the State of Hawai‘i have not fully addressed the cultural needs of Hawai‘i's communities (Smith, 2011). Therefore, this paper focuses on the results from focus groups conducted with community leaders across the State of Hawai‘i who had been involved with local suicide prevention efforts and community members who were trained in the Connect T4T Program with HCCI. The purpose of this qualitative study was twofold, which aimed to identify the cultural needs of Hawai‘i's rural communities related to suicide prevention programming as well as evaluate the Connect T4T Program in terms of how these cultural needs were addressed in the training.

Method

Participants

Community leader focus groups. Prior to the first NAMI-NH's Connect T4T Program, one focus group was conducted with community leaders throughout the State of Hawai‘i to inform the cultural adaptation and implementation of the Connect Suicide Prevention Program in Hawai‘i. Recruitment was accomplished through recommendations from the Prevent Suicide Hawai‘i Task Force. This group is comprised of individuals, organizations, and community members working in the area of suicide prevention and interventions that serve an advisory role to the Hawai‘i State Department of Health. Each participant received a personalized invitation (phone call or email) to participate in the focus group. Consent forms were administered and collected from interested focus group participants. All participants were identified as community leaders who were actively involved in suicide prevention for many years and were instrumental in advocating for suicide prevention policies, community awareness, and training in Hawai‘i. Leaders had been trained in various suicide prevention programs and several were trainers for other EBPs in suicide prevention (e.g., ASIST, safeTALK; LivingWorks, 2014). There were seven participants, primarily from the health department and social services agencies (see Table 1).

Community trainer focus groups. Four community trainer focus groups were con-

Table 1
Focus Group Participant Demographic Information

Characteristics	Community leader focus group (n = 7), % (n)	Community trainer focus groups (n = 26), % (n)
Sex		
Male	14 (1)	19 (5)
Female	86 (6)	81 (21)
Organization affiliation		
Community health center	0 (0)	23 (6)
Department of Health	43 (3)	4 (1)
Social services	43 (3)	31 (8)
University	14 (1)	7 (2)
Trauma center/emergency department	0 (0)	35 (9)

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ducted during three Connect T4T Program Trainings to gather feedback from adult community trainers to evaluate how the training addressed the cultural needs of Hawai'i's communities. Community trainer recruitment was guided by the community leaders, the Prevent Suicide Hawai'i Taskforce, HCCI staff, and NAMI-NH trainers. Each group offered ideas on ideal stakeholders who would best represent the community and were most ready and equipped to be a trainer for their community. A total of 26 trainers participated in the focus groups, primarily representing social services, community health centers, and emergency departments (see Table 1).

Measures and Procedures

Two similar sets of measures and procedures were used with community leaders and trainers. Focus groups were facilitated by HCCI staff members.

Community leader focus group. The community leader focus group used a semi-structured focus group guide (see Appendix A) geared toward understanding the cultural needs and concerns of suicide prevention in Hawai'i and determining how suicide prevention programming could best address these concerns. Sample questions included: What suicide prevention program(s) do you have experience with? In what way(s) are the program's modules/components culturally appropriate or not? How can this be improved? This focus group lasted 90 min.

Community trainer focus groups. The community trainer focus group also used a semistructured focus group guide (see Appendix B) that was comprised of questions designed to understand the potential cultural fit of the Connect Suicide Prevention Program. Sample questions included: How do you think Connect will work in your community? Do you have any suggestions on how we can make it more relevant to your community? The focus groups ranged from 30–60 min.

Data Management and Analysis

All focus groups were audio recorded, transcribed, and verified by HCCI university staff members, who were involved in the project implementation, research design, data collection, and data management and analysis. A computer-assisted qualitative data analysis software called NVivo version 10 (QSR International, 2012) was used to facilitate systematic narrative data management and analysis (Leech & Onwuegbuzie, 2011). For the purpose of this paper, the main focus of the narrative analysis was on cultural relevance. Using a consensus coding approach (Patton, 2002; Strauss & Corbin, 1990), a priori categories were identified through the staff members' previous knowledge and experience related to HCCI, community-based research, and the program implementation and cultural competency literature. The a priori codes were based on the focus group questions, which centered on the cultural appropriateness of the Connect Program's content, structure, and delivery. Each of the five HCCI staff members individually read and coded each transcript using the a priori codes, as well as an open-coding approach to identify new themes in the community leader focus group transcript. Regarding the open codes, each staff member used grounded theory to create a list of emergent cultural themes that identified the cultural needs of Hawai'i's rural communities related to suicide prevention programming (Ponterotto, 2010; Strauss & Corbin, 1990). The staff members then collectively shared their lists of codes and themes. Consensus on the major themes was reached through series of discussions, which served as the foundation for the codebook.

Next, HCCI staff members worked in pairs using the codebook to selectively code the four community trainer focus group transcripts to identify how the Connect T4T Program addressed the cultural needs identified by the community leaders. If any disagreement emerged between the coders, the larger research team was consulted to discuss the discrepancy and come to consensus (Baker, Helm, Bifulco, & Chung-Do, 2015). Once consensus was reached on how the Connect T4T Program addressed the themes of cultural needs, the staff members selected excerpts from the two sets of focus groups that exemplified each of the themes. Four major culture themes were identified and described across the five focus groups and are described in detail below. This study was approved by the University of Hawai'i Human Studies Program.

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Results

A total of four major themes of cultural needs were identified by the community leader focus group and are presented below (Figure 1). Most of the themes highlighted the intersections of culture with rurality, generational values, and socioeconomic status. Under each theme, a summary of the cultural needs identified by community leaders is first given, followed by community trainer feedback on how the NAMI-NH's Connect T4T Program addressed these needs. The community trainers discussed the different dimensions of the training, including the Connect T4T Program experience, the Connect curriculum content and structure, and the role of HCCI staff in implementing the training.

Theme 1: Trainings Need to Provide Space to Build Connections Between the Trainer and the Participants

Community leaders. Much of the discussion among the community leaders centered on the need for a training curriculum to provide an intentional space for relationship-building opportunities. They spoke about this need from their experiences as trainers of other suicide prevention training programs. The community leaders agreed that training effectiveness is enhanced when participants feel personally connected to the trainer and to each other. According to the community leaders, knowledge is often enhanced and reinforced through relationships in Hawai‘i's communities. Jumping right into a training without proper introductions or giving everyone time to "talk story" with one another is culturally inappropriate. "Talking story" is an important social interaction that facilitates relationship-building through the co-narration of personal experiences, information, and interpretations of events that emphasizes mutual connections (Watson-Gegeo, 1988). Setting aside time to "talk story" extends personal introductions and fosters connections within the group (Affonso, Shibuya, & Frueh, 2007). This point was summarized by one community leader who shared her experience as a trainer of a specific suicide prevention training program introduced prior to the Connect Suicide Prevention Program:

> The first couple of trainings we did, we really did go by the script. And there [were] no introductions and . . . [gasps and shaking heads among participants] . . . [no] talk story. And we did get a lot of feedback on that. People in the community saying that's not culturally right. So that's a tweak that we did to be more culturally appropriate. We'll introduce ourselves, even talk a little story in the beginning and then sort of go into the meat of the curriculum. And that was something that, even if it's small, I think that made it for people to connect with us a lot better. (Female Department of Health Staff 1)

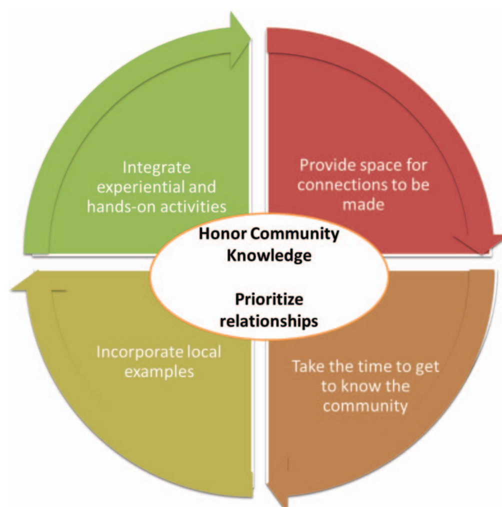

Figure 1. Programmatic cultural framework of Hawai‘i's communities. See the online article for the color version of this figure.

The community leaders noted that proper introductions go beyond sharing names and professional positions. It often includes who the person is, what community they identify with, their familial and ancestral ties, and the motivation that drives their work, especially when training on a topic as sensitive, and often as personal, as suicide. The community leaders also emphasized the importance of finding a common connection with others whom they are training, including their community. For example, one leader shared, "if I'm working with a group of kids, knowing that I grew up and went to [SCHOOL], and that I'm from there, is really, really important" (female Social Services Staff 1). Additionally, the community leaders noted the importance of refraining from portraying themselves as the expert in the room. Instead, leaders believed a more collaborative approach to learning would be more culturally appropriate when conducting training with Ha-

wai'i's communities. A community leader made the following suggestion for trainers:

> Walking into the room and saying, "you're all experts. I see some community experts in the room," and just kind of throwing it back on them immediately . . . "I know you have some great resources in your community that already exist," and allowing [the participants] to share their role or reminding the group what their role is, would be really helpful so [the trainers are] not lecturing [sounds of agreement from the focus group participants]. (Female Social Services Staff 2)

The community leaders recognized that although this collaborative learning approach may raise concerns about fidelity, it is much more culturally acceptable in Hawai'i's communities. They stated that many training programs were too scripted. Although the community leaders appreciated having a verbatim script, they wanted the flexibility to recognize and honor the knowledge that the community brings to the table, which allows for relationship-building.

Community trainers. When the community trainers were asked for their feedback on how the Connect T4T Program addressed the need for a training curriculum to provide relationship-building opportunities, the trainers noted there were ample opportunities for them to feel connected with one another throughout the training. They believed this was partly because of the HCCI staff bringing together the right champions of suicide prevention, who had diverse professional and personal backgrounds and shared the common passion of community mental health. As one trainer expressed, "because we were able to bounce off each other, give each other resources that we didn't know that we had access to. That, too, helped us to expand from where us as individuals can bring this [training] out" (female Social Services Staff 3). The community trainers expressed feeling comfortable to reach out to each other after the training because of the personal connections they had made throughout the multiday training. The trainers shared that these personal connections helped them to think carefully about the make-up of the participants for the training they would conduct in their communities and how they can integrate appropriate relationship-building opportunities.

The trainers also expressed appreciation that the curriculum was "not rigidly scripted" and provided the flexibility to be responsive to the community. They stated that this was a major strength of the Connect Training Program and appreciated that trainers were encouraged to include their own stories to highlight key points in the curriculum and present the program content in their own words:

> So when we find ourselves in a certain cultural [group], we as trainers, can salt, season, pepper the presentation for that cluster of folk. I think that is an asset. I really do. Other programs are far more scripted and do not have a lot of flexibility to them. I am looking forward to Connect finding a broad base because we're going to be able to individualize it, and I think that's very important. That is a real plus. (Male Social Services Staff 1)

When discussing the Connect T4T Program curriculum and structure, the community trainers expressed appreciation for the co-trainer model. The Connect Suicide Prevention Program requires at least two trainers to conduct each training. The co-trainer model not only allowed them to support each other when implementing the Connect Suicide Prevention Program in their communities, but in other suicide prevention efforts. As one community trainer expressed,

> . . . it's not just one of us here. . . . It's nice to have like, five, what we have five of us? . . . So when you go back home you don't feel alone. Or it's just upon you. And then it feels like too much. (Male Community Health Center 1)

Theme 2: Program Trainers From Outside of the Community Must Take the Time to Get to Know the Community and the Cultural Protocols, as well as the Community's Readiness to Learn About Suicide Prevention

Community leaders. Before outside trainers enter and engage a community, the community leaders spoke about the importance of getting to know the community and their cultural protocols. For example, an essential component would include knowing how to greet someone, especially an elder:

> Somebody starts to talk and you see that they're a bit older than you are, if you say "Thank you very much Aunty, Thank you very much Uncle," the rest of the community is going to pick up, boom, like that [snaps finger]. And they're going to go, "Okay, this is somebody who is akamai [smart, wise, clever]." Now they'll feel just a bit more comfortable about this kind of stuff. You would not call somebody [older] by their first

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name, for example, if you didn't know them. (Male Social Services Staff 2)

The leaders also spoke about the distrust of outsiders that can exist in Hawai'i, and the importance for trainers to share who they are beyond their professional titles, especially familial connections. This point was illustrated in one leader's experience trying to provide outreach services to someone who lost a family member to suicide, which highlights the importance of building relationships, especially when addressing sensitive and emotional events:

> They tell you do not self-disclose. This is for them, you provide support when you're there, they do not need to know who you are. And I remember she blocked the door like this, and said "Until you tell me your father's name is, I'm not letting you in this door." And that was a huge lesson. Because that is so important in our community: who you are, where you're from. (Female Social Service Staff 1)

Additionally, being aware of the community's experience with suicide and readiness to learn about suicide prevention is essential. Community leaders noted that the older generation seems more hesitant to talk about suicide prevention whereas the younger generation is much more open:

> So here we have our [public awareness event] table, here we have a banner that says, "Prevent Suicide," and you see the aunties and uncles [elders] far away staring at our table. We were probably there for four hours: literature, brochures, all this wonderful educational material. And [the elders were] really far away. And every half an hour, they get a couple inches closer. And by the fourth hour, they were sort of like, "Hey, whatchu doin' over there?" (Female Department of Health Staff)

Community trainers. Community trainers thought that the Connect T4T Program addressed the importance of getting to know the community and their cultural protocols because it uses a T4T training model where the trainers are not only from the communities that they will serve, but the knowledge they possess of their community was constantly recognized as being valuable throughout the training. The community trainers found this to be an empowering and refreshing approach:

> When you bring a lot of, especially with [my island], they're really resistant to change. Especially coming from an outside perspective. Like you have this person from the mainland coming over, saying, "Oh this is how you're going to do certain things." Or "This is how." A lot of people from [my island] do not like that . . . So it's nice for us to go outside, learn, and then come back in, and seeing that your own people is doing the education. (Male Community Health Center Staff)

The trainers also expressed that the Connect T4T Program training was implemented in a way that prioritized the importance of knowing the intended community. The community trainers commented on the personable and respectful nature of the NAMI-NH trainers, who took the time to learn about Hawai'i's communities and the community trainers. They also noted that having the university-based HCCI staff facilitate this relationship-building process was helpful. This encouraged the community trainers to think about what they needed to learn about the specific audience they would be training in advance and the unique dynamics that could emerge from various compositions of participants. The T4T Training also helped them think about: (a) the key people they need to connect with to help facilitate the relationship-building between the trainer and the community participants, and (b) who the best trainer would be for the particular audience being trained:

> Because if you do not have the right trainer understanding the community, like we had a good connect[ion]. Hawai'i's Caring Communities did a great job at just giving [the NAMI-NH trainers] everything that they could so that you would be culturally mindful when you came into our community. I think that's part of the piece that can work. If it didn't happen that way, who knows how this might have turned out? (Female Social Service Staff 4)

The community trainers also thought that the Connect Suicide Prevention Program curriculum structure and content provided the flexibility to tailor the training to the specific community given their needs, values, and resources. They appreciated that the Connect Suicide Prevention Program was a "living, breathing curriculum" (Male Social Service Staff 3). Regarding content, community trainers thought the curriculum effectively addressed the stigma of suicide and mental health by creating a safe setting to have open discussions about these topics:

> Suicide is such a heavy topic. [Connect makes it] actually feel comfortable talking about it, and the warning signs and recognizing the warning signs. I think [Connect] is the first step, almost, that we need to start talking about that, and with the trainings that we've been having I think this is the best one yet. (Female Social Service Staff 5)

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One of the identified gaps was the need for more time in the training to understand how local organizations within each community can work together. Participants noted how the gaps in suicide prevention and intervention services, resources, and policies significantly differ across the islands and constantly change depending on availability of mental health professionals. The trainers stated that these gaps need to be acknowledged and discussed in the training. As one trainer noted,

> that's a real big part [of the training] . . . knowing that there are local resources available on whichever island you are on and if you are not on the island, where the resource is, what will happen in reaction [to a suicide attempt or death]. (Male Trauma Center/Emergency Department 1)

Theme 3: Training Programs Should Make the Effort to Incorporate Local Examples

Community leaders. The community leaders expressed feeling frustrated with training programs that do not make the effort to incorporate local terms and examples at both the surface and deep levels. This made the training material unrelatable and distracting to the audience. One participant shared an example of how surface-level gaps can dramatically decrease the effectiveness of the training:

> I just saw a mainland trainer last week and all of her examples were like "School District Smith, High School in District Pennyblossom" I do not know. We were all like, "What the? Could you try? Could you at least put [a local school or town] up there or a name that we recognize or anything?" (Female Social Service Staff 2)

The community leaders also shared that many warning signs and suicidal behaviors may differ in Hawai'i's communities. They noted that many of the warning signs provided by suicide prevention training programs focus on verbal behaviors. For example, making statements such as, "the world would be better off without me," is considered one of the major warning signs. However, the community leaders pointed out that youth in Hawai'i tend to express their emotions less verbally and more psychosomatically. A community leader gave the following example of an interaction he had with a youth who was at risk for suicide:

> The thing is, the boy who died, his sister, I have on suicide watch and talk with her all the time because, and the thing is like you said, " You cannot talk?" "No, I don't feel good. I sad. My stomach hurts." "Okay, fine." And she doesn't have gas, she just hurts in her na'au (stomach). "Okay, but sit, let's talk." (Male Social Services Staff 2)

Thus, the community leaders stated that suicide prevention programs need to incorporate more specific examples of warnings signs that might be relevant to the culturally relevant behaviors of the youth who reside in the community.

Community trainers. The community trainers expressed appreciation for the local examples and statistics that were provided in the training. However, they wanted more examples to be incorporated into the curriculum. Participants echoed the community leaders' concerns that warning signs among youth and community members in Hawai'i tend to be less verbal. One participant stated:

> People will not be coming to, necessarily, coming to your site or talking to their friends and saying these things. You want to look at them more subtle, yeah, the behavior changes, the mood changes, the things that are not verbal. (Female Social Services Staff 6)

The community trainers also suggested incorporating more local activities, such as surfing or playing the ukulele, into case scenarios to make them more relatable to an audience in Hawai'i. Other suggestions focused on reflecting the cultural values and social structures of Hawai'i in the scenarios, including being more inclusive of the role of extended family members, such as grandparents. Trainers also advised that the audio example for one activity should be replaced with a local voice and requested more local visuals throughout the training presentation. Trainers noted that some of the American Indian/Alaskan Native examples and terms (e.g., tribe) that were inserted by the NAMI-NH trainers were not relevant to Hawai'i's communities:

> All of the pictures - I would be putting in photos and things that have to do with our youth here on this islands that have this background . . . It needs to all be like that so that the kids would relate. So the way that it is right now, I wouldn't do it. (Female University Staff 1)

The trainers also pointed out that some of the vocabulary used in the training may be too formal for community settings. The importance of using "everyday language" was emphasized because it would be distracting in the training and disrespectful to embarrass the community

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in this way, especially in a group with limited education. “I think it’s the verbiage, because for me, I can’t tell, teach, somebody something if I don’t understand. So I have to break it down, I have to break it down three times” (Male Community Health Center Staff 1).

Theme 4: Training Programs Need to Enhance Understanding Through Experiential and Hands-On Activities

Community leaders. The community leaders expressed that training programs must provide an interactive learning environment where trainees are encouraged to be active participants in the learning process. Trainings should include experiential and hands-on activities as much as possible. Role plays and discussions led by open-ended questions were preferred over lecture format, in part because it appealed to learning through the naʻau or gut level. Naʻau is a Hawaiian word that can be superficially translated as the gut, intestines, heart, emotions, or instincts (Meyer, 2001). However, many Hawaiian words carry multiple meanings, with the naʻau representing a concept that has implications for Native Hawaiian worldview on epistemology. According to this worldview, learning and knowledge generation need to address two levels, which are the intellect and the gut. This idea is elucidated by a community member who describes how knowledge can only be truly internalized when participants feel emotionally or viscerally connected to the concepts:

> One of the things we’re talking about is when you’re going to speak to a Hawaiian, you cannot use the tripartite model: mind, heart, physical. You have to use mind, heart, gut, physical. And so by the end of the training, everybody is talking about na’au because you have to get them at the gut level. For Polynesians, you better get them at the gut level or they’re not going to change behavior. You can be the smartest person there, you can be the most physical person, you can threaten them, this, that, and everything else. They’re not going to change their behavior. (Male Social Services Staff 2)

Community trainers. The community trainers agreed that the Connect Suicide Prevention Program could be strengthened by enhancing hands-on learning:

> A lot of the people within the community are hands-on, that’s why. A lot of things and events that happen, the people get in there and they DO. That’s why we have to come and learn and read, and then be able to go back in and translate for them, so that way they can just jump in and do. So, it’s easier, it’s easier, I believe for some of the community members when they hear examples or when they see us DOING. (Female Community Health Center Staff 1)

Because the average Connect Suicide Prevention Program is about 3–4 hr long and the major component of the curriculum uses Power Point slides, the community trainers thought the lengthy and didactic lecture may be overwhelming for some community members. They also thought the amount of statistics used throughout the training would not be relevant for some community groups, but having it readily available, along with the adaptability of the curriculum, was appreciated.

Discussion

This study aimed to better understand the cultural needs of Hawaiʻi’s rural communities to help inform the cultural adaptation of suicide prevention programs. Based on the findings, a programmatic cultural framework was constructed to help guide the process of cultural adaptation of health interventions for Hawaiʻi’s rural communities (see Figure 1). The arrows in the framework imply that cultural adaptation is an iterative process and at the core, community knowledge and relationships must be prioritized and honored. The value of community knowledge underscored the majority of the themes from the focus groups. It has been recognized that cultural adaptation is not possible without the knowledge and involvement from the community (Fong, Braun, & Tsark, 2003; Wallerstein & Duran, 2006), which is a concept that also applies to suicide prevention programming (Hirsch & Cukrowicz, 2014; Taylor, Anderson, & Bruguier Zimmerman, 2014). Community involvement is essential to properly structure introductions and relationship-building opportunities, be mindful of cultural protocols, and know which local examples should be incorporated into the training (LaFromboise & Lewis, 2008). Understanding the implicit and explicit rules of the community is critical in Hawaiʻi’s diverse communities, especially in close-knit rural areas. In addition, knowing who the gatekeepers are is important when engaging communities (Chung-Do et al., in press). Recognizing different levels of community readiness to engage in suicide prevention training and ways of initiating conversations on this topic is pos-

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sible only if the trainer knows the community's history with suicide, which often is not publicly available.

The approach taken by the NAMI-NH's Connect Suicide Prevention Program recognizes the importance of community knowledge through an adaptive T4T model. This T4T model allows for programs to use a strength-based and community-driven approach that is grounded in relationships, which is preferred by nondominant cultural groups in rural settings (Aitaoto, Braun, Estrella, Epeluk, & Tsark, 2012; Gray & McCullagh, 2014). Paying attention to the importance of relationships can enhance intervention receptiveness (Chung-Do et al., 2014; Wexler, 2011). The role of relationships needs to be considered, particularly in suicide prevention training programming because of the sensitive and emotional nature of the topic. Given that participants often have personal connections to suicide, providing the time to "talk story" is important. The importance of finding and building connections is grounded in the Native Hawaiian epistemology that knowledge is gained through relationships with others (Meyer, 2001). In response to this feedback, HCCI staff and NAMI-NH trainers made a concerted effort to build in time for meaningful introductions and to "talk story" at the beginning of each Connect T4T Program, which set the stage for the participants to relate with one another during the training and continue to build their relationships after the training.

Similar to other indigenous communities, the effects of colonization has led to many social, economic, and health disparities in Hawai'i (Brave Heart et al., 2011; Kaholokula, Nacapoy, & Dang, 2009). Hawai'i's long history of colonization and immigration has contributed to the distrust of outsiders, which is sometimes conflated with similar attitudes toward EBPs that are developed outside of the community. Consequently, bringing in a program that was developed in New Hampshire was first viewed with skepticism. However, many of the community leaders and trainers later commented that one of the main factors that allowed them to accept the program was the NAMI-NH trainers who understood the value of cultural adaptation and community involvement, and possessed cultural humility that was immediately noticed by the community trainers. The NAMI-NH trainers constantly reinforced the perspective that the training was a co-learning process and never put themselves as experts above the community. This contributed to the collaborative approach taken by all stakeholders of the training, including the participants, who repeatedly shared that the Connect Suicide Prevention Program is a useful training that builds on the foundation created by previous suicide prevention training programs. This co-learning process was continuously facilitated by the HCCI university staff members who were ethnically diverse and reflected the ethnicities of the community trainers. The staff also had a strong background in community engagement with the majority having deep roots in Hawai'i's communities.

Implications for Practice

Although it is important to integrate local examples as much as possible in most programs, safe messaging principles must be considered for suicide prevention programs. Because making examples that are too relatable can increase suicide risk (Gould, Jamieson, & Romer, 2003), safe messaging is a core value and a best practice taught through the NAMI-NH's Connect Suicide Prevention Program. For example, the image of the Golden Gate Bridge is presented in the Connect Suicide Prevention Program to tell a story about a suicide attempt. It was initially suggested by the community trainers that this image could be replaced with a photo of a local cliff. However, this suggestion was quickly retracted when concerns arose from the group that this image could inadvertently give people who are at suicide risk ideas of methods for suicide, which was a safe messaging concept the group learned from the Connect T4T Program. Therefore, community partners who are helping to inform the cultural adaptation of a suicide prevention program should be aware of safe messaging guidelines to ensure local relevancy and safe messaging guidelines are both addressed.

Because culture is a dynamic and evolving phenomenon, training programs also must be flexible and adaptable. However, this can conflict with the goals of fidelity (Lee et al., 2013). Although training programs that are fully scripted can take the burden off of the trainer, it may reduce the ability of the program or the trainer to be relevant or responsive to the co-

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mmunity's needs, particularly if the program developers are outsiders of the targeted community. The fact that the Connect Suicide Prevention Program does not rely on a rigid script as a measure of fidelity was considered a strength by the community trainers. Instead, core concepts and values of the training are prioritized in the Connect Suicide Prevention Program including emotional and cultural safety; safe messaging; ways of reducing stigma around mental health and suicide risk; education concerning lethal means restriction; and the importance of relationships, communication, and collaboration.

Working with community partners and trainers to identify the core goals and content of training can help programs address the need for fidelity while promoting cultural relevance and responsiveness, which is known as the hybrid model (Martinez & Urbana, 2001). Although this approach takes much more time and investment, it can result in more effective and sustainable outcomes. Collaboration among the community partners, NAMI-NH trainers, and HCCI staff created an iterative process that strengthened each consecutive training by continuously incorporating feedback and reflections of all stakeholders before, during, and after each training. Creating partnerships that explicitly build in and allow for this type of dynamic process could help other training programs and trainers enhance program effectiveness and cultural relevance by working closely with the host organization and community partners (Gray & McCullagh, 2014).

Limitations and Future Directions

The findings of this study may be limited by social desirability bias. The community trainers may have felt pressured to provide only positive feedback about the Connect Suicide Prevention Program. However, suggestions were readily provided and areas of improvement were identified throughout all of the focus groups. This openness may have been partly because of the existing relationships and a sense of trust that the HCCI staff built with the community partners prior to the study.

As the community trainers began conducting trainings in their community, the HCCI staff closely worked with them to continue adapting the training material for different audiences. Terms, wording, and images needed to be modified and various sections were shortened and lengthened. The HCCI staff simultaneously worked with the NAMHI-NH trainers to ensure that the core messages and the fidelity of the training were maintained. HCCI staff also co-trained with the community trainers in the beginning, which created a reciprocally valuable feedback process that strengthened the trainers' skills and the training program. To date, 91 Connect Suicide Prevention Program trainings have been conducted by the 56 community trainers across the State of Hawai‘i. These trainings have reached over 1,600 community members. Data are currently being analyzed to evaluate the cultural relevance of the training as perceived by the community participants. Preliminary findings show that the mean score for cultural relevance for the Connect T4T Suicide Prevention Program training conducted by the NAMI-NH trainers was 4.0 and the Connect Trainings conducted by the community trainers was 4.6 (on a scale from 1 being low and 5 being high). This is promising, given that previous suicide prevention training programs conducted in Hawai‘i had a score of 3.2 for cultural relevance (Smith, 2011). The outcomes of a culturally adapted version of NAMI-NH's Connect Suicide Prevention Program should be compared to the standard version in the future.

The programmatic cultural framework created from the findings of this study can guide those who wish to implement or culturally adapt EBPs to minority communities. Based on this framework, the following recommendations can be used by trainers and program staff who are interested in adapting standardized programs with specific communities.

For trainers:

- Take the time that is needed to get to know the community and the audience before conducting a training. This includes being aware of cultural protocols, who the gatekeepers are, and what the community's history with suicide has been.
- Provide sufficient time for participants to informally and formally introduce and interact with one another. The relationships and familiarity among the participants should be taken into account to determine the length of time and the type of introduction that may be beneficial. For example, if

the majority of the participants know each other well, less time may be needed.

- Avoid positioning yourself as an expert. Instead, focus on, elicit, and integrate the knowledge the participants possess about their community throughout the training.

For program staff:

- Take the time to build relationships with the community and create partnerships to build an iterative process for cultural adaptation.
- Use a community trainer model, if possible, to train community members to deliver the materials rather than bringing in outside trainers. Training should encourage trainers to use their own stories and words to make key points while adhering to the core concepts and training fidelity.
- Build a community of trainers to create a supportive network and mechanisms that allow trainers to determine who would be the best trainer for specific audiences.

Regardless of the approach, the knowledge that resides within the community should be honored and authentic relationships need to be prioritized to enhance the cultural relevance and the effectiveness of prevention programming. Given the persistent disparities in mental health in the U.S., it is vital to ensure that interventions are culturally relevant for communities that are facing health challenges.

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(*Appendices follow*)

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Appendix A

Community Leader Focus Group Guide

1. Introductions

a. Please introduce yourself, and briefly explain your current/former role(s) for:

i. The Hawai‘i Gatekeeper Training Initiative (HGTI);
ii. The Prevent Suicide Hawai‘i Taskforce (PSHTF)
iii. Other suicide prevention efforts in Hawai‘i

b. What suicide prevention program(s) do you have experience with, and in what capacity (participant, trainer, etc.)?

i. Applied Suicide Intervention Skills Training (ASIST)
ii. safeTALK
iii. Signs of Suicide (SOS)
iv. Other (please specify/describe)

2. Program Approaches and Modules

a. Suicide prevention programs take a variety of approaches/philosophies, and prescribe different modules/components. Think about the suicide prevention program(s) you have experience with.

i. In what way(s) is the program’s overall approach/philosophy culturally appropriate?

1. Please explain.
2. If possible, please provide specific examples.

ii. In what way(s) are the program’s modules/components culturally appropriate?

1. Please explain.
2. If possible, please provide specific examples.

iii. In what way(s) has the program’s overall approach/philosophy failed to be culturally appropriate?

1. Please explain.
2. If possible, please provide specific examples.
3. How can this be improved?

iv. In what way(s) have the program’s modules/components failed to be culturally appropriate?

1. Please explain.
2. If possible, please provide specific examples.
3. How can this be improved?

3. Program Materials and Media

a. Suicide prevention programs often incorporate several types of materials/media to convey lessons and skills, such as:
(1) handouts/booklets for individual participants; (2) presentation materials (e.g., powerpoint slides); and (3) audiovisual material (e.g., videos, PSAs).

b. Think about the suicide prevention program(s) you have experience with.

i. In what way(s) are the program’s materials/media culturally appropriate?

1. Please explain.
2. If possible, please provide specific examples.

ii. In what way(s) have the program’s materials/media failed to be culturally appropriate?

1. Please explain.
2. If possible, please provide specific examples.
3. How can this be improved?

(*Appendices continue*)

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Appendix B

Community Trainer Focus Group Guide

1. Now that you have completed the Connect T4T Training Program, what did you like about it? What do you think could be strengthened?
2. Do you feel you prepared to conduct Connect trainings in your community?
3. How do you think the community members from your island will respond to the Connect training? What parts do you think will work well? What parts do you think might not work as well?
4. Are there any specific groups in your community that you think the Connect program would work well or not work well? Why or why not?
5. What parts of the training could be changed to make it more culturally relevant or appropriate to your community?

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