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## Podcast Interview Transcript

Erin Kobetz, Maghboeba Mosavel, Dwala Ferrell

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## Podcast Interview Transcript

Erin Kobetz, Maghboeba Mosavel, & Dwala Ferrell

Welcome to *Progress in Community Health Partnerships*'s 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. The Associate Editor who handles the featured article conducts our Beyond the Manuscript interview.

In this episode of Beyond the Manuscript, Associate Editor Erin Kobetz interviews Maghboeba Mosavel and Dwala Ferrell, authors of "House Chats as a Grassroots Engagement Methodology in Community-Based Participatory Research: The WE Project, Petersburg." *Erin Kobetz:* Hi everyone, my name is Erin Kobetz and I am an associate editor for Progress and Community Health Partnerships and it's my pleasure to speak to the authors of "House Chats: A Grassroots Methodology." I'm hoping the authors can introduce themselves and give an overview of the work before I launch into my questions.

*Maghboeba Mosavel:* Hi, I'm Maghboeba Mosavel and I'm an associate professor at Virginia Commonwealth University and I am one of the PIs on the Wellness Engagement Project in Petersburg.

*Dwala Ferrell:* And I am Dwala Ferrell and I was the CEO of Pathways, the community partner for this project and a co-PI on the WE project in Petersburg.

*Erin Kobetz:* Thank you for the introduction. Would you want to provide a brief overview of your paper for some of our readers who may only be tuning into the podcast?

*Maghboeba Mosavel:* Yeah, sure, I'd be happy to do that. So, the paper talks about sort of a new method that we have termed house chats and basically it is a way to engage, at the grassroots level, residents who may not ordinarily come to sort of a more traditional focus group discussion but yet it's very important to hear these voices. So the house chat methodology allows researchers to really hear those voices. And I think what's great about this as well is that it sort of engages lay persons in the community to facilitate these house chats with members of their social network. So it's a very engaged methodology and it's a focused conversation. It occurs in the home or in another place in the community that people are comfortable gathering and it very much simulates an informal kitchen table conversation. You know, food is normally served and it's in the community. Dwala, did you want to add to that?

*Dwala Ferrell:* The process is not a quick one and takes some time to build relationships and produces very good information that otherwise would be difficult to get, I think you said that earlier.

*Erin Kobetz:* So I think the reason that I loved this article so much and why I advocated for doing a podcast is I thought the concept of house chats was an incredibly unique methodology, one that I knew very little about as a long standing community based participatory research

and thought that many readers would like to know more. So you know one thing that I garnered from the reading is that together the researchers and community partners selected members of the target community to be house chat leaders. And the leaders then in turn recruited members of their own social network to participate in a house chat.

*Erin Kobetz:*

And you note that this approach allows for the recruitment of individuals who might otherwise not feel comfortable participating in traditional research. The researcher in me challenges the notion that if there is relationships between the house leader and the participant, whether or not this could potentially influence the content of the discussion itself. And I'm wondering how you feel about that.

*Maghboeba Mosavel:*

Yeah, I think that's an interesting question, right? Because I think the question assumes that even in more traditional research—when there's sort of a research assistant that the participants may not know—that that does not influence a relationship; there is a relationship. And it could very well be one of an outsider being the, you know, facilitator. So I think the first thing that for us that we understand is that there's always some kind of relationship that means something to everybody in the room.

I think what's unique about house chat—and actually it is a positive—is that yes, there is a relationship and that relationship is one of trust, is somebody who's perceived as an insider in the community. And I think the researcher in me sort of always understands that within any context, whether that be traditional research or the house chat, there's going to be sort of certain things that you have to be mindful of. And so I think that there is a relationship and that relationship is one of trust and that is one where the facilitator is perceived as credible.

So I think we saw that as an asset but at the same time in the training we really made sure that the house chat leaders sort of understood sort of that relationship and some of the ethical issues associated with that because this is somebody in the community and what happens if something is shared, for example, you know, in that setting. So I think those are the things that from a research perspective that we have to be aware of, that we have to take into account in our training. But to the point about a prior relationship I think in this case it's definitely an asset and we want that relationship. They are chosen, they are asked to invite their friends and members of their social network because they have that relationship that oftentimes as outsiders we do not have.

*Erin Kobetz:*

Spoken like a true constructivist; I love it, thank you. Okay so I was thinking about using house chats and adapting what you wrote about for the communities that I serve, which are vastly different in terms of their socio, cultural, and demographic makeup. So I'm wondering if you could speak somewhat broadly about the facilitators of and barriers to implementation of house chats so somebody like me can think about your lessons learned and the applicability of the methodology to the communities that I have the privilege of doing research with.

*Maghboeba Mosavel:*

Dwala, did you want to take that?

*Dwala Ferrell:*

Yes, well I was going to say it's very important to build a good relationship with the community to start with and one of the things that was really important to us was the partnership between the university and the community based organization and that we shared equally in that process and the community based organization provided a place for weekly meetings and for trainings for the facilitators. It also provided access to the development of, or the selection of community based facilitators. And it's very important that the organization have a good reputation in the community in order to provide that basis where people feel comfortable to come, but also have a trust factor there for the community based organization for the recruitment of facilitators.

And so in terms of the actual facilitation of a house chat, it's very, very important that folks receive proper training, that they be good leaders, and that they be representative of the community and be trusted within that community. You talk about barriers, you know I think that they may not have a large enough network; sometimes that's an issue that they may need to expand their network. Or other folks – so one of the ways that we got around that was that they would have the house chats, they would get someone to help them recruit folks, sometimes they would not want to have it in their own home. There were a lot of issues around that at first and so they might have it at a friend's house but invite their own friends to come to that friend's house. So those were some of the issues that related to their hesitancy, I guess, about it. We found that sometimes they were hesitant at first but after the first one everybody was very excited and they wanted to talk about what went well, you know, what they learned, what they were amazed at in terms of the conversations or what did not surprise them.

*Maghboeba Mosavel:*

I think one of the other things too and you know I would say to researchers or groups who wanted to start something like this, I think obviously you have to start with your laypersons, right?

*Dwala Ferrell:*

Yes.

*Maghboeba Mosavel:*

You have to get them excited about it. But I think one of the things we did with the wellness ambassadors is that we engaged them in the process from the very beginning so they were very involved in the protocol as well. 'Cause it's just an idea, you know, that I had based on sort of my own background, the whole idea of like Tupperware conversations, you know people gathering. So I had this idea about talking with a wellness ambassador, there were lots of things I didn't think about initially. And for example, to what Dwala said, you know the house chat is supposed to be in the home but not everybody's comfortable having a house chat in their home. Because, think about it, we don't always feel comfortable to have somebody over because it means we have to clean or, it just could be personal in different ways. People just don't like others in their space. And it's not something we initially thought about but presenting this to the wellness ambassadors, sort of developing the protocol with them allowed us to think of this because they brought these issues up and so what happened then was they suggested "Well I have Friend A and that friend loves having people over and she or he would like to have it at their house. I still facilitate."

*Maghboeba Mosavel:*

So I think you have to be flexible. It's a house chat but the idea is to have an informal discussion where people are comfortable and certainly the facilitator has to be comfortable so I think you have to be mindful of that. One of the things that we talked about in the paper in terms of barriers would be, you know, logistics, it takes time, you know, to do this. You know we have the food, they had food, so they had to prepare for it. I think that the debriefing, the training, all of that is important 'cause at the end of the day the house chat approach is still a method and you know we were very mindful of still being systematic, making sure that we had rigor but allowing the flexibility of this grassroots engaged process to really, you know, to really, for that to matter. And so how do you then balance the two I think is a question that a lot of us doing this type of work are always, we're always thinking about how do we do that and how do we do this well and still being innovative and being true to sort of the community engaged approach.

*Dwala Ferrell:*

And I think developing the questions was also a process. We start with a set of questions and the facilitators, you know, it was a process of going back and forth about the questions and the way they are worded so that they got across the proper message and that was really actually a fun process. But it did take some time of making sure that we asked the questions in the most appropriate manner and the way in which they would be heard in the way we intended. And so –

*Maghboeba Mosavel:*

And I think that's so important, right? Because what we don't want to have in house chat is where you have the researcher give the facilitator a set of questions and say "Now you go into your home and ask them this question." That's not what, that's not house chat, right? So I think that's very important. These questions were developed with the wellness ambassadors, they had to ask these questions so they had to feel comfortable with the question, it had to make sense to them.

You know the big thing they said was it has to sound like it was their question but at the same time it had to get at what we were looking at. So I think when people feel invested in the process, you know I think you, I think that's good. But the other thing I want to say, lest people feel like "Oh my gosh, how can I have every facilitator be involved in the process?" At least half of our people, the wellness ambassadors as the article sort of talks about, were engaged in the process sort of in everything. They helped with the questions, the protocol. And then we hired other laypersons who were only engaged in the house chats and they were trained in the questions and so forth. So I mean there were varying levels of involvement. I don't want people to think that, you know, that you must have everybody involved with developing the questions. But I think you must have a core group of house chat leaders involved so that you can make sure that these questions are actually sort of authentic and feels like, feels real to them.

*Erin Kobetz:*

So first of all, I love your passion. I mean when you talk about it I can feel your commitment to the methodology and it excites me to try, like to want to try it. And something you said triggered another question for me, which is that in listening to and reading about the house chats it seems like there is very expensive coordination of the community members, the leaders, and the procedures. And all of this I think is done to ensure the integrity of the research. I'm wondering if you think that there's a way to streamline it, like are there certain

lessons learned, now that you've done these house chats, that you would say are critical steps for implementation and other things that you think another researcher might be able to do without or do with potentially less rigor and still potentially accomplish the same end?

*Maghboeba Mosavel:*

Yeah, I think that's, that's a very important question that we've been thinking about because we're doing it again with another type of study. So there's a couple of things that I think we want to say about that. I think first, doing sort of community engaged grassroots work is going to take more time and it's not going to be as streamlined as your more traditional research. I think that that's sort of the first given.

And then so the second, the follow-up to that would be then "Okay, well it's going to be a lot of work, we understand that, but how can we streamline that because that's sort of the goal." And you learn these lessons. So I think one of the first lessons we learned in moving forward, so as Dwala mentioned in this sort of partnership that we had we did everything 50/50. So we had a community PI, an academic PI, we had a research coordinator at the university and one in the community. So for these house chats the research coordinator sort of managed everything because we had monies involved and lots of protocol. So we felt that we needed the research assistant to manage everything. I think it would be more streamlined if the community coordinator who's in the community could manage that. Because having somebody from the university, you know, we're 30 miles away from Petersburg, getting a phone call from a wellness ambassador "Oh I just spoke with my six people and they can all come on Saturday." And today is Friday. Well we want to make that happen on Saturday because there may not be another Saturday and so can you imagine the scramble to get everything together? But this time around, you know in our other work, we have everything sort of located in the community so it's much more local. So that'll be one of the ways to streamline logistics of the food and the, the monies involved, the recorder, you know that has to be given and all of that. I think if the person is in the community and very accessible, I think it could eliminate some of the logistical issues.

Unfortunately I don't think some of the training, it has to happen. So I think if you want to train people in groups and not like as they come along, you could streamline that. But you have to do the training, you have to do the role play of the questions and all of that. So I don't know. Dwala, do you have anything else to add? I wish I could, I wish I could say "Oh there's some magic way you could really make this so easy," you know? But I think when you involve so many people you really want to build community capacity, you want to be very responsive to your residents. It means that you have to do more. It means that it's going to be more intensive. And because it is a community and because you want to be mindful of rigor, you really want to get those tape recorders back within 48 hours, you know, if it's on a Friday. But you want to get those things back. So there, there's just a lot of work involved but I think that the reward at the end of the day is really well worth it.

*Dwala Ferrell:*

I think it's well worth it. I also think that it takes, as we've mentioned before, it takes time to build the relationships with those folks and that's not something that can be streamlined. It takes a lot of time to build relationships and to build a reputation in the community for the project itself in order to be well received and people to participate and get the kind of feedback that you really want to get.

- Erin Kobetz:* Yeah, so there are no short cuts in CBPR.
- Maghboeba Mosavel:* I think that's what we're sort of saying. I wish –
- Dwala Ferrell:* I wish there were.
- Maghboeba Mosavel:* I wish there were.
- Erin Kobetz:* And maybe like if there were, then none of us would do what we do. I mean I think that when we work with communities, particularly those that have been disenfranchised from research and healthcare opportunity, there is a need to be labor intensive –
- Maghboeba Mosavel:* Yes.
- Erin Kobetz:* to commit to beyond sort of just the scope of the research question itself to build capacity within communities because when we do CBPR, we're doing more than just answering a question for knowledge's sake. So –
- Maghboeba Mosavel:* Exactly –
- Erin Kobetz:* you know –
- Maghboeba Mosavel:* right.
- Erin Kobetz:* I'm pushing you a little bit because I agree like philosophically and methodology, epistemologically. But there's always a part of me that thinks that CBPR would be a better adopted methodology if we could boil different parts of it down to something that was digestible to people who don't readily understand why we work with diverse communities to achieve mutually beneficial health outcomes. So that's part of why I'm pushing you, it's not that I don't agree, I agree.
- Maghboeba Mosavel:* No, I think it's good, we should be thinking about those things, you know? I think that we should be thinking about those things.
- Erin Kobetz:* So then you it brings us to this next part about CBPR and house chats in particular which is the application of findings, right? I mean we're not simply collecting data for the generation of new knowledge; we're collecting data because we hope to use it to inform social change and health action. And so it sounds like in reading the paper that multi-level targets for intervention emerge from many of these house chats discussions.
- So for example, poor neighborhood resources were oft cited as a deterrent to exercise. And people talked about intergenerational influences on nutrition. So I'm wondering where you go with that. Because while many interventions focus only on one of these levels, can you be multi-level in a CBPR approach and if not, how do you reconcile the dissonance between the information the community's given you and then the next steps for action?
- Maghboeba Mosavel:* Yeah, you know, I want to be as bold and say that, in fact, a CBPR approach allows you sort of more flexibility and it allows you to build that foundation to actually intervene on multiple levels. And I think one of the ways that we've done this is A) from the very beginning, prior to sort of developing those interventions, we have partnered with diverse groups that could intervene on these levels. I think that, you know, and that's one of the strengths of CBPR and working in the community is that you're not supposed to be – for example the WE project, our project. On its own it's not supposed to intervene on all these

levels but what we're supposed to do is engage with the community and with community partners who can allow us to intervene on these different levels.

So I think in terms of the intergenerational influences, one of the things we decided to do was to have this pilot intervention open to the family and to the entire community so it was community based. In other words, anybody in the community could attend the event and then we just focused on certain families and sort of followed them over 12 weeks. We also partnered with Virginia Cooperative Extension Services who really provided hands-on food demonstrations. We partnered with the city of Petersburg. So I think what I'm saying is that yes, you can address these multiple level of, you know, intervention. But I think you also have to be really clear with the community and with yourself that to intervene and to be successful on these multiple levels is going to take more than just one intervention. That's sort of the beginning of a process of building an overall culture of health.

So I think sort of, you know, I think you have to be really realistic about what can one intervention really do and what do you need to do that's sustainable to really make a difference in health outcomes. I think I said a lot there so maybe I'll let Dwala –

*Erin Kobetz:*

It was all very good though.

*Maghboeba Mosavel:*

I want to say a lot more but I guess I'll stop. Dwala?

*Dwala Ferrell:*

Well we addressed many of these things from the very beginning knowing that we were in a place that in some ways had some resources but also was very needy. And we knew that it was going to be a process that wasn't like we could come in and have a quick fix for just one thing, but to create a culture where folks wanted to be healthy, where they were working on health, and in a community like this that was a huge challenge. And so pulling folks to the table at the beginning from all aspects of the community and really to begin building that in ways that supplemented the entire project and weren't just about the research. So that, even before –

*Maghboeba Mosavel:*

Yeah.

*Dwala Ferrell:*

we started, the very first thing we pulled folks together and got their input and we formed a Petersburg wellness consortium of just pulling folks together. And then we talked to the city about employees, we talked to other places about their employees, and programs that could be implemented, about community based programs. And so trying to get folks to take on those pieces takes time, but folks also have some resources that they can bring together to the table and so when the leadership council represents different organizations and they can say "Oh we can do this" or "We can go after this grant that would allow us to do it" so we weren't having to bring all the resources into the community either. I mean we could bring in some resources, some financial resources, but our partners could also bring in financial resources. And people were constantly, they got on the look-out of "What can we do, what we can do that doesn't cost money?" Or "What can we do where there is funding out there to bring that to the table?" And it was very, very important from day one to bring that process and then as the research came in and we learned from the community what it was that they wanted our thought would be effective for them, we had already begun the process of looking at what we had and what the possibilities were.

*Maghboeba Mosavel:*

And you know the other thing, Dwala, as you were talking about I just remembered because remember we've been in Petersburg now for a long time and we've been doing many different things. But one of the things when we started, Erin, which is probably not an answer to your question but I do think it is. In terms of multiple interventions so you know with engagement, so we sort of had this engagement strategy for the first year and a half and then the plan was to have this pilot intervention. But I'm sure as you know in your own work, when we started with you know this sort of shall I call this needs assessment but sort of in quotes because I think there are many issues with needs assessments, the community said to us "Well, we need something now, we need to do something now. You know, are you telling us you're going to be doing a needs assessment for a year and a half and then do something? But we need something now."

So through the Petersburg wellness consortium, which is an independent group that we started, that this partnership started, we started walking clubs across the entire city. We launched the million mile challenge where we challenged residents to walk a million miles. And we developed a walking club tool kit, a wellness ambassadors were walking club leaders, and we had, we just started this movement in this city to start focusing on sort of their neighborhood, being together. It wasn't so much about the walking, of course it was, but it was like building community, groups coming out on a Saturday or a Thursday night or whatever worked for them. So I think that is one example of when you talk about sort of multiple interventions, not strictly in the research sense but building that capacity along the way so that when we got to our intervention we had these people activated already who were part of something that we were trying to build. And I think, you know, that the whole culture of having a visible culture of health in underserved, underrepresented communities are so essential because in our work people told us all the time "I don't see anybody else being healthy, I don't have role models; it's always those other rich people out there." I think the challenge for us was how do you cultivate that in a community so that you do have it, that's something you can be proud of? And I think the city council applauded us, I think we got some kind of a, what was –

*Dwala Ferrell:*

Recognition.

*Maghboeba Mosavel:*

some kind of thing.

*Dwala Ferrell:*

Yeah.

*Maghboeba Mosavel:*

I don't know what it's called. But you know, acknowledging what we were trying to do in the city. Anyway.

*Erin Kobetz:*

I love it. So my very last question for the purpose of this podcast even though I'm pretty sure we could continue to talk indefinitely. I love listening to you and I love the passion you bring to the work, and the way that you have thought about it in such, I don't know, like a critical way but a way that is really important for advancing community based participatory research broadly. So you know you mentioned in the paper that the house chat discussions often continue after the leaders have stopped the recording, which makes sense because these are really like, supposed to be informal dialogues. So I'm not surprised that these conversations would continue even after the formal data collection had stopped.

*Erin Kobetz:*

And interestingly, the house chat leaders mentioned that mental health was often brought up as part of these off-recording discussions. So I take that to mean that mental health is a sensitive subject for participants even though participants highlighted the importance of the role of mental health in the development of obesity. How can we address more sensitive factors in the house chats?

*Maghboeba Mosavel:*

Yeah, so you know I'd like to go back to the very first question you asked and this is my preview to answering this question. So you talked about the prior relationships, right, that house chat leaders have with participants, right? And I talked about how I think that is actually a positive thing. And then we also talked in this podcast, well I don't know if we did but maybe we did, about some of the unintended consequences or sort of the ethical issues associated with this. And then the thing that I wondered about when we started this is, would people actually talk about these things and would they be so comfortable actually because it's somebody that they trust that they would be talking about things that they should rather not talk about because it is recorded and so forth. So that was a worry, would there be talking, sort of sharing more than what sort of is comfortable, right?

So I think this question about mental health, not only mental health but some of the other things they talked about after the recorder was on was you know some of the churches having unhealthy foods, some of the political situations in the city. So this to me, as a researcher tells me one thing, and I'm going to answer your question, it tells me that even though it is a friend, a trusted person in the community, somebody that they know, an insider that's facilitating these conversations, the participants are still aware of the fact that this is research which I think is very positive because we always want them to understand that this is research. And they still understand that as an insider group, there may be some things that they don't really want to talk about yet, maybe another conversation.

So I think the things that they talked about off line, so to speak, tells me that these are important issues to them. But they still wanted to find a way to talk about it, you know, to find a way to talk about it online, if you will, you know on the recorder. So I think to answer your question and I know Dwala has some thoughts about this as well, is these are issues that you continually engage the community with. I mean clearly it's important, they brought this up. So I think how do you talk about it, and the way that I always ask myself when I stumble onto things like this is "Well I gotta go back to the community; I have to talk to my wellness ambassadors who I meet with every week." I have to ask them as a stakeholder group because they are a stakeholder group but there are other stakeholder groups as well. How can we begin to talk about this in a way that is sensitive, that's gentle?

I think in the paper you also read that one of the recommendations from the house chats was that we need to start talking about obesity in less academic terms and less judgmental terms. And so I think this is another example, how do we talk about these things in a way that resonates with people, that don't alienate them, that's inclusive, and that really recognizes that it's so much more than just mental health? It's about sort of how people are perceived, whether they are discriminated against or not, whether they feel safe or not. So I think the way we talk about this, whether it's in the context of obesity interventions or anything else that we do is that we make sure that we engage the very people who are affected by this.

*Maghboeba Mosavel:*

And I know I'm going to talk, I just had another thought, because I want to tell you this. Before we even started this obesity study, we talked to people who think of themselves as overweight or obese. To hear from them and even on our wellness ambassadors, we have all, we have a diversity of people in every way in the group to make sure that we are always sort of mindful and respectful and inclusive of different views and that we learn from the very people that we want to include and that we don't exclude them, you know? So Dwala? I'm going to stop.

*Dwala Ferrell:*

Yeah, I can't say enough the importance of engagement.

*Maghboeba Mosavel:*

Yeah.

*Dwala Ferrell:*

And often I find that researchers, community based participatory researchers are not really engaging the community in a meaningful way. It's like a cursory engagement and I think it's really, really important to engage the community every step of the way and make sure that that engagement is one that they can trust so that they truly are engaged and heard and they feel heard and *[inaudible due to audio static]*. Share that feedback to be really *[blip in audio]* so that you're totally off base. And I think it begins with that partnership with a really engaged organization in the community, a community partner, and then really building that trust and relationship, and then really thinking about those aspects of people's lives that impact what you're doing. And there's no way that you can in a short amount of time and sometimes in many, many years address everything in a meaningful way but to be able to pick out the things that you can address and that you can engage your community in addressing and begin to address those issues. Because in our community mental health is a huge issue and so being able to discuss that and finding avenues for addressing that directly and indirectly become exceedingly important.

And I just can't say enough how important it is to form those relationships and have those folks that get really excited. Our wellness ambassadors, our house chat leaders became extremely excited about the work that they were doing. It led to their lifestyle changes and they in turn were excited about what they heard from their friends and neighbors, they were excited about leading their walking clubs that they all lead. It was a very exciting time and it took time to build those relationships and it took time to build relationships with community resources that could address the issues in a more holistic fashion.

*Maghboeba Mosavel:*

And you know in conclusion, I just want to say, you know because Dwala and I are both so excited about the work that we're doing, I think I would be remiss if I didn't say that it's, anybody who does this work knows it's not a straight line. You know it's not a straight line. You know, you just know that it's not, it's often not easy actually. It's often not easy, it's highly challenging, things come up all the time that you didn't anticipate and then how do you deal with it. But I always tell people that you just stay authentic, you just stay real and you just stay in the moment and vulnerable, and you admit your shortcomings, and you admit that you didn't think about, and you say, and you really trust your stakeholders whether they are your leadership team or your ambassadors as experts.

*Maghboeba Mosavel:*

You know just this morning my research assistance came to me and said “Well the wellness ambassadors said this, that, and the other.” I said “Well that’s not a train smash; that’s great” because that’s why they’re part of our team and if they say something we listen, and then we talk about this together as a team. And you know you bring in the research aspect and you tell them all “this is the protocol” but you bring in everything. And so I guess you know as people listen to the house chat and this podcast I think that’s just what I just want to say that I think this methodology really is successful at getting at people who would not come to our groups. They just wouldn’t come to something even held at a community organization, they just, people were found at the gas station. Somebody was at the gas station, “Do you want to come to my group tonight at 7–11?” You know we would not have access to those people. Somebody at the bus station that you always say hello to. And this meant that our wellness ambassadors took a risk, they stepped out, they invited people to their homes and I think that’s very exciting. Now not everybody’s going to do that. And some invited people at the church.

But I think, you know, I think we really have to recognize that this method is only possible when you have engaged laypersons who believe in what they’re doing and they want to listen to others like them. But it’s not, it’s not a straight line; I mean there’s going to be challenges, logistical, which I hope we’ve addressed in the paper. But you know I’m excited to hear from other people who will use this method and sort of what they come up with and how, you know, how we can streamline the process even more.

*Erin Kobetz:*

Sounds great. Anything else you want to add?

*Dwala Ferrell:*

It was great.

*Maghboeba Mosavel:*

I just want to say –

*Dwala Ferrell:*

Oh.

*Maghboeba Mosavel:*

I love the partnership.

*Dwala Ferrell:*

Yes.

*Maghboeba Mosavel:*

Yep. Great group. We couldn’t have done it without the leadership council and the wellness ambassadors and yeah, well thank you for this opportunity to talk about this work.

*Erin Kobetz:*

Thank you. Thank you. That’s really, really exciting. We’re honored to be able to publish this in our journal. We believe that the work that you’ve done will definitely resonate with our readership and hopefully will inspire other people to be so detailed in their data collection efforts. So thank you so much for your time.