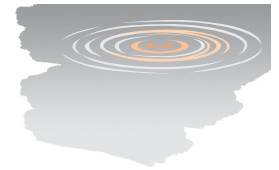


## Research with Pacific church communities: overdone or under-committed?

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**R**esearch indicates that faith-based organisations are ideal venues for innovative lifestyle initiatives because:

1. they work directly with hard-to-reach populations;
2. large numbers of children, youth and adults attend weekly worship services and other related activities;
3. they share a mutual concern with primary care and public health institutions about the issues that impact people's health and access to services; and
4. they have existing resources that can be used to support these lifestyle initiatives.<sup>1-9</sup>

African American churches in the United States have demonstrated how research and community partnerships are flourishing with effective culturally centred interventions.<sup>7-9</sup>

Christianity is the dominant religion of Pacific people in New Zealand (NZ).<sup>10</sup> Churches are a visible and well-attended institution for Pacific people, providing them with a sense of belonging and a social institution to foster and develop their spiritual as well as cultural beliefs, values, and practices. Faith tenets of most churches encourage the promotion of holistic health in body, mind, and spirit. In NZ, Pacific churches have been engaged in research studies on the health-related consequences of obesity.<sup>1-6</sup> In one of these studies,<sup>5</sup> Pacific churches were engaged to apply the ANGELO (ANalysis Grid for Environments Linked to Obesity) research framework<sup>2</sup> for developing community-based strategies and action plans for obesity prevention.

There is a myth, however, that Pacific people are 'tired' of research being done in the church.

This is perhaps a reaction to the phenomenon of researchers collecting data then leaving,<sup>11</sup> without lasting benefits to the community through increased reflexive validity (how reciprocal co-learning affects research), critical validity (changing research intentions and actions to address emerging community issues), and face validity (whether research findings fit community reality) of studies.<sup>11-13</sup> While there is pressure on researchers to complete projects under strict timelines and funding caps, this haste and lack of commitment to sustainability could be what is contributing to researchers 'taking off' from the community after the research is done.<sup>11</sup> However, if research is communicated, developed, and conducted in ways that enhance knowledge and understanding, including local capacity-building to improve Pacific people's health,<sup>5,6,11-16</sup> then churches are ready and willing to, and can, play an important role in shaping the health outcomes we seek, as well as providing significant benefit for both researchers and Pacific people.

Research with Pacific people should be conducted with the community in mind.<sup>5-8,11-16</sup> In fact, the community should be involved in the design and development phases of the research itself. Involving the church early on enables and empowers the community to build trust, a core value espoused by the church to open communication channels and build bridges as an approach to the research.<sup>5-8,11-16</sup> Early engagement also enables and empowers the church community to identify and own the issue, develop solutions that address their lived realities,<sup>5-8,11-16</sup> and to provide lasting, tangible benefits in terms of capacity development and knowledge application, even after the research itself has finished.

## VAIKOLOA

### Pacific Primary Health Care Treasures

*Vai (water) is a symbol of 'life-source' and koloa (treasures) to share*

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Successful processes adhere to the five key principles that are essential elements of community-based health promotion research:

1. careful attention to partnership development;
2. an 'everything-on-the-table' approach to involving churches in recruitment of participants;
3. efforts to understand the cultural/social context through extensive formative research and involvement of key informants/advisors;
4. an intervention strategy that incorporates the socioeconomic environment and can be delivered at least in part by the community; and
5. ongoing plans for ensuring programme sustainability and knowledge transfer.<sup>14</sup>

There should also be longer timelines on research projects to allow adequate time for building trust and working relationships, cultivating the research aims and outcomes, and evaluating progress. The biggest obstacle to longer-term programme impacts, however, may be the constrained research funding environment, as well as extensive time needed to develop and obtain competitive grant funding for future interventions.<sup>7,8,14</sup> If there is interest from the church community to implement and continue the intervention, researchers may consider assisting the church to identify and obtain support from other sources. The commitment on the part of researchers could also include assistance with grant writing, or partnering with other programmes and agencies that can provide ongoing support.<sup>7,8,12,14</sup>

Several Pacific church communities, including their leaders, are keen to engage in research, particularly if it will lead to sustainable solutions and improved health outcomes. If research projects are developed purposefully, embedded in church life, and conducted in culturally appropriate ways with ongoing commitment, these partnerships would be allowed to flourish, and the potential for faith-based connections to play a crucial role in improving the health and wellbeing of Pacific New Zealanders could be fully realised.

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