The Pacific Advisory Group: reflections on its utility in health research

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Abstract
There is a prevailing wisdom that in undertaking health research relevant to Pacific peoples, a Pacific or ethnic advisory group will make sensible and positive contributions. These contributions can include enhancing workforce capabilities, providing cultural knowledge and technical expertise, and supplying access to a range of both professional networks and community linkages. However, there are a number of issues that challenge the practical implementation of this wisdom. The aim of this paper is to reflect on, and share practical insights and experiences on the process of operating a Pacific advisory group as part of an injury prevention research project conducted in Wellington, New Zealand. We share five insights, on the practicalities of involving a Pacific advisory group in a research project, with the intent of assisting others who are considering initiating, planning and conducting research with Pacific communities. PHD, 2009; (15)(2); pp. 107 - 115.

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Introduction: Pacific in New Zealand
There has been a prevailing wisdom that in undertaking health research relevant to Pacific peoples that a Pacific or ethnic advisory group will make sensible and positive contributions. These contributions are seen to include enhancing workforce capabilities, providing cultural knowledge and technical expertise, and supplying access to a range of both professional networks and community linkages. A number of issues challenge the practical implementation of this wisdom however. Within the Pacific peoples that form 7% of the New Zealand population, there is a high degree of diversity. Auckland has 14% of the population who identified as Pacific in the 2001 census and which is 67% of the Pacific peoples in New Zealand. The Pacific community there comprises between 59 – 81% of each of New Zealand's Cook Islands Maori, Samoans, Tongans, Niueans, Fijians and Tuvaluans. Wellington, with 8% of its population Pacific, has 14% of the Pacific population comprising between 5 – 17% of the same ethnicities as Auckland, and 53% of the Tokelauan group(1, 2). A further challenge is the relatively small proportion of older community members available to undertake the role of advisors. Thirty nine percent of the Pacific population is aged under 15 years and the overall median age is 21 years(1).

Challenges do not mean that the wisdom is not of value or should be ignored and it is formally supported by the ethical principles of New Zealand-based Pacific health research. The Health Research Council (HRC) of New Zealand's policy states: "research that targets the Pacific population entails the participation of Pacific peoples at all levels of decision-making and implementation of the research project"(3). In practice, participation in research involves the participation of Pacific peoples on a number of levels, such as, investigators, advisors, students and interviewers(3)[1]. Establishing or consulting with an existent pan-Pacific or ethnic specific advisory group in health research or service delivery has become acceptable, and to some extent usual, practice in New Zealand(4-10).

The aim of this paper is to reflect on, and share practical insights and experiences on the process of operating a Pacific advisory group as part of an injury prevention research project examining child restraint use in private vehicles(11). During early advisory group meetings it was determined that a scientific paper be written on the process being used to share challenges and insights with others who are considering initiating, planning and conducting research with Pacific communities.

Background

The Child Restraint Device (CRD) Study was conducted in Wellington in 2001 following a pilot undertaken in Dunedin(12). The aim was to identify the prevalence and nature of incorrect use of child restraints (car seats) and obtain detailed information on barriers to using restraints(11). Data were gathered from a short interview with the driver and. a close inspection of the child in the restraint in the vehicle. Focus groups interviews were conducted with groups of parents and caregivers to obtain in depth information on barriers to restraint use. These methods have been described elsewhere(12). The Wellington study was also to ascertain how to obtain useable information on restraint use within Maori and Pacific communities.

The research proposal that was funded by the HRC included, as part of its method, that Pacific and Maori advisory groups would be established prior to undertaking the study. There are a number of reasons for this. The topic of interest was a national issue, but was of particular interest to those working in Maori and Pacific child safety. To obtain reliable qualitative information regarding the barriers to using restraints in these communities, their involvement was needed prior to any research being undertaken. Advice was needed for the organisation of the cross-sectional survey to ensure that the content was acceptable and sufficient responses could be obtained to draw conclusions for these populations. The reason, therefore, why these advisory groups should be set up was clear, but how to set them up was not so obvious. This paper provides the context for decisions made regarding the study being undertaken in Wellington andthe establishment of the Pacific Advisory Group. It also describes and critically examines the formation and ongoing life of the CRD Pacific Advisory Group.

Why Wellington?

Because grant applications require approval for the scientific merit and the budget, some decisions regarding the CRD study were made prior to the formation of the advisory group. One major one was that the study would be conducted in Wellington although two thirds of the Pacific population in New Zealand lived in Auckland.

1 This study is, in terms of the HRC Pacific health research framework, Pacific Relevance research appropriately responsive and relevant to the Pacific community.

One of the key reasons for the study being undertaken in Wellington was the Principal Investigator (PI) links with the area. The PI had previously lived in Wellington and worked in Porirua. She had family and community links through which to develop networks in relation to research. The importance of these links for developing lasting collaboration with local communities was affirmed when the PI contacted two Pacific women, Wellington locals, whom she had met previously through other research initiatives. These women affirmed the need to establish an advisory group to provide research assistance/input and cultural advice on working with Wellington Pacific communities. Both indicated their interest in being part of this group and proposed four as a realistic number of members on this advisory group. Two additional people were suggested whom the PI contacted. These were women with whom she either had informal links or prior knowledge of their area of expertise. Following discussion on the aims of the study and the role of the advisory group, these four women, formed the Pacific advisory group.

Pacific Advisory Group

The Pacific Health and Disability Action Plan 2002 is a strategic document aimed at improving health outcomes for Pacific peoples in New Zealand. This Plan was generated from extensive stakeholder and community consultations and builds on previous policy developments addressing the poor health of Pacific peoples. One of the six priorities: child and youth health, has as its goal "to improve and protect the health of Pacific children (0-14 years)"(13). Supporting intersectoral work on Pacific road safety programmes, such as, child car seats, for Pacific families(13) is one of the active ways identified towards improving and protecting the health of Pacific children 0-14 years. It is against this philosophical backdrop that the Pacific advisory group was formed. Approaching established groups, such as, church or community groups is another route to securing Pacific involvement and support. At the time, however, setting up a Pacific advisory group was viewed as a more efficacious means of providing research assistance/input and cultural advice for the study.

The members of the group knew each other from both past personal and professional dealings in the research arena, community initiatives, Pacific health projects and conferences. Each member knew, or knew of the PI and had knowledge of her experience in public health. The members of the advisory group were keenly supportive of the research and in particular, were willing to support the PI leading it. Although the primary investigator was Pakeha, it was her willingness to be a collaborator, and her experience as a community worker and researcher that fostered a strong trust element in the relationship dynamics with the advisory group. The composition of the Pacific advisory group were four Pacific women of Samoan, Tokelau and Cook Islands descent aged 32-52 years and employed in teaching, research, health promotion and managerial positions in Wellington. Each had roles of leadership within her own community. In some cases, this leadership included both ethnic and geographical communities. Each woman had established, over time, a strong pattern of forming community and interagency links, building relationships and strengthening collaborative relationships, and this experience and skill was evident in both their professional occupations, their voluntary community work and personal lives.

The advisory group was formally established over two years (2002-2004). From the early discussion held, four categories of input were sought from it: selection and recruitment of field workers and interviewers, data analysis, dissemination of findings, and cultural oversight to ensure safety for participants, field workers and interviewers. Following this discussion, a written agreement which included milestones of the work that needed to be done and by whom, schedule of meetings and budgetary items, was accepted

by all. The advisory group and PI communicated through written correspondence, face-to-face meetings, teleconferences, emails and telephone/mobile. The face-to-face meetings were held in Wellington at venues convenient to the advisory group, for example, in their workplace. The advisors were financially recompensed through agreed systems for the tasks undertaken. A Maori advisory group was also formed but each advisory group opted to work separately with the PI.

The Research Process

The CRD Wellington Study

Tasks undertaken by the advisory group came well before the survey of child restraint use or focus group interviews commenced. The draft interview schedules and checklists, piloted in a Dunedin community, were reviewed by the members for their critical appraisal. Modifications were made in response to identified problems. For example, a common question regarding the role of fate in determining safety behaviour was considered to contain nuances and uncertainties in how it might be understood that outweighed any value of including it. During the cross-sectional survey data were collected the same way from all participants, using the interview/inspection method at Wellington supermarkets carparks. Ethnic specific focus groups were run in the community, however, to obtain in-depth information on barriers to restraint use.

Finding suitable Pacific field staff was a major pre-survey task undertaken. A number of Pacific women were needed to carry out the interviews/inspections, undertake focus group facilitation and transcribe the audio-tapes from the focus groups. The Pacific interviewers involved came from around the greater Wellington region and were recruited from a Whitireia Polytechnic research programme enabling interested students to gain actual research experience in the community. They joined field workers recruited through the Maori advisory group and from local contacts. Field staff worked in pairs (often, but not always, working as a Pacific/non Pacific interviewing team) approaching potential participants in the supermarket carparks after they had completed their shopping, and administering a short interview that included basic demographic information on the driver, children, and CRD use and its installation. It should be noted that while the selection of the local Pacific women as field workers was intended to encourage participation by Pacific drivers, they were expected to interview any potential participant regardless of ethnicity. The interview was accompanied by a close observation of the restraint fit in the vehicle and placement of the child in the restraint. Study information had to be given, consent obtained, and questionnaires and forms filled in. Focus group facilitators, interviewers and transcribers were primarily recruited through the advisory groups although some local contacts were used. Details of the training are given elsewhere(11).

The sampling frame was determined and included additional interviews from both Maori and Pacific peoples to allow for statistically significant results for each of these populations. To achieve this weighting, the advisory group identified supermarkets likely to have a high concentration of Pacific clientele. Data collection was undertaken over a four week period in spring 2002. Focus group interviews to collect detailed information on barriers to CRD usage were conducted in a number of first (Pacific) languages. The advisory group recruited participants for the focus groups, identified facilitators or undertook this role themselves, providing verbal translations of participant's information sheets for each Pacific language used. Transcription of the focus group interviews was undertaken in the language in which each was conducted being transcribed either by the facilitator or by another person for whom it was their first language. Deductive analysis used a coding framework to identify previously noted themes, and inductive analysis ensured that

new themes could be added. Coding was undertaken from the transcript (in the language of the interview) directly into English. This allowed analysis to be closely associated with the original (Pacific) language in preference to translating the transcript into English and then undertaking the coding and analysis in the second language. Advisory group members and selected people from the community proficient in the first (Pacific) and English languages undertook the coding.

Reflections

Our experiences of initiating an advisory group and working as an advisory group have been positive. A number of good achievements were made. A relationship of trust, open communication and mutual respect was established early. It became important to institute a common understanding of the study aims and its limitations, and to discuss a number of significant concerns relating to mainstream institutions and funding agencies paying lip service to working with Pacific communities, operating with hidden agendas, engaging in gatekeeping, exploiting Pacific for academic purposes, such as, career advancement and playing power politics. These concerns were discussed at length and addressed accordingly. *Our first insight: make every endeavour to include Pacific researchers and community leaders as early as possible.*

Recruiting and training of Pacific field staff, co-ordinating focus groups to suit availability of participants, coding, commenting on preliminary reports and transcribing of focus groups were completed. It did take longer than anticipated though. However, the Pacific staff (all women) recruited as interviewers, for the interview/inspection at the supermarkets, were very competent. A good support network was instigated. Finding facilitators for the focus groups proved to be a challenging task. Similarly, recruiting participants to take part in these focus groups was challenging. Focus group interviews were conducted, but there were some problems in achieving these in a timely fashion. Three main reasons were the limited number of skilled facilitators available, the competing demands on the field staff because they were also in full time employment, and the pressures of family and community commitments to attend important events such as deaths. There were also difficulties in getting people together when other events coincided with scheduled focus groups. Again communication and taking time was essential for working through these difficulties. Recognition and acceptance of the personal demands on individuals helped manage delays. *Our second insight: don't exclude Pacific people from research simply because it is too difficult, time-consuming or on the presumption that the issues is unimportant to them because they do not respond immediately. The workforce capacity is not large enough and may need time as well as an investment of resources to build and strengthen it.*

The transcribing and analysis of focus group data using the first language was primarily motivated by the experiences of Pacific researchers who had conducted studies with their respective communities using two or more languages(4, 14). From a research perspective the process ensured that results could be verified, and that although none was conversant with all of these languages, the themes identified were able to be reflected in any report. The idea was for the facilitator to transcribe the focus group and this proved to be difficult with competing demands and pressures on the facilitator as outlined above. Even when others were found to do the task, that process was not easy to accomplish. It took time. The development of a coding framework was logical in theory. In practice it was a complex undertaking partly because the interviews were very long and detailed. To reflect an understanding of what had been discussed took considerable time. The second step of having those analyses checked by an independent person also required people confident in reading both their first language and English. *Our third insight: build in a realistic timeframe*

for the study. The timeframe in mainstream bears little resemblance to a realistic timeframe for Pacific communities.

Disseminating the results to participants, field staff and wider community was considered important. Organising a fono to disseminate the results was, however, problematic. People had difficulty, despite their best intentions of finding a time to meet or even being able to attend when that time had been agreed. One conclusion has to be that this was because it was women old enough to have a wealth of life experience who were involved. In turn these are the women who carry heavy responsibilities in their community and of whom there are high expectations imposed by family and community. In the case of the interviewers, it may also have been that a celebratory dinner, held shortly after the survey had been completed, had inadvertently provided a sense of closure. Even though the fono was selected as the best way of disseminating information, there may be alternative ways of scheduling the fono. *Our fourth insight: be prepared to be frustrated. While holding a fono is the best way to disseminate the information, with all the best intentions, it might not happen as you planned.*

The sample did not reach the target of 200 Pacific respondents. One of the key reasons was that although it was considered that most supermarkets in the Wellington area were used by Pacific peoples, a large proportion of the Pacific population in Wellington is concentrated in one region. The use of the original randomised sampling frame made it difficult to recruit the number of Pacific people sought. This process was subsequently amended in consultation with the statistician, resulting in an increasing number of Pacific respondents. The low rate of refusals would indicate that the choice of interviewers was likely to have facilitated participation. There was a low proportion of refusals. *Our fifth insight: it pays to constantly monitor progress and modify where you can to achieve the optimal outcome. Keep talking.*

Discussion

Participation

Participatory research has become a tradition in social science(15) and this model is essential in research undertaken with Pacific peoples(16). It involves negotiation of the research process, active engagement with participants and an emancipatory focus in its research goals(17). The collaborative mode of participation in this study can be defined as "researchers and local people work together on projects designed, initiated and managed by the researchers"(18). Forming a collaborative research partnership between IPRU and the Pacific community was identified and discussed early. The advisory group's inception was a visible indicator of Pacific community support for this study. Such a group can generate more community awareness of the public health issue, to invite participation in the study and to address any concerns the community might have towards research. The composition of this advisory group represents Pacific health research expertise, knowledge of and practitioners in public health initiatives and health promotion, proactive leadership in improving health outcomes for Pacific peoples, and strategic management of Pacific projects. There are possible configurations to the composition of an advisory group and this is contingent on the contribution prospective members can make to the study, and the PI's access to Pacific networks.

Relationships and Commitment

Larner & Mayow (2003) identified relationship building as being integral to the collaborative research process, and Oneha & Beckham (2004) asserted the importance of researchers investing time and energy in establishing and maintaining relationships with communities. Although the advisory group and PI knew each other, this was the beginning of something new and it required time and energy by all to build a workable and positive relationship with one another. Prior knowledge and respect for each other's community experience and research backgrounds largely helped to steer the formative relationship into smooth waters. A relevant question raised is would the study have been different if undertaken in Auckland? Probably not. The PI's personal links might have taken more time to cement, and the pressure of other responsibilities that experienced Pacific women in particular carry would be unlikely to be less.

Genuine commitment to the study coupled with securing the basic necessities of life can often create delays in research as Pacific communities prioritise and reprioritise their time(18). There are also many demands made for Pacific participation in complex and time consuming policy, research and community matters. These demands come from Pacific peoples themselves who wish to be involved in decisions on issues that will affect them. It also comes from outside, sometimes that may be driven purely by policy determined by, for example, HRC and government agencies. Larner & Mayow (2003) iterated that patience, goodwill and the allowance of time are needed to create and sustain the collaborative research framework. The lack of Pacific attendance (including field staff) at the dissemination of the findings, despite interest in coming along to it, is perhaps attributed to negotiating the prioritising of time.

Community Investment in Research

In this research project, a number of the parameters were set prior to the establishment of the advisory group, based on a previous pilot study. Although there was room for negotiation and the setting of agreed milestones was a valuable starting point, it was clear that over time, these needed to be renegotiated. It was important that they did not become set in stone when wisdom suggested that change was needed. When applying for a research grant, however, the application has to describe methods in detail and explain how expected outcomes will be measured and indicate the time frame. Protocols and procedures requiring ethical approval will need to be arranged months prior to the data gathering. Ideally, the advisory group process occurs prior to both the grant and ethics applications. In reality, prior funding is not available to support the consultation process. If the research is not funded, there may be no money to recompense the advisory group. While researchers run that risk knowingly, many of those involved in the Pacific advisory process are not researchers and are in no position to commit considerable time and effort when there is no guarantee that a project, if developed, will go ahead. This is a problem for a participatory process where the investment made by the Pacific community can be high risk for the busy people involved. Similarly, fostering a collaborative research framework raises the question about the suitability of current funding regimes to support the consultation process i.e. advisory group input into research protocols and procedures.

Fostering a Pacific Workforce

The study provided opportunities to build Pacific workforce capacity. Having an advisory group that was well positioned and sufficiently informed to propose effective avenues towards developing and strengthening the Pacific workforce capability and capacity was critical. Some of the advisory group members had access to the Pacific community health workforce and Pacific tertiary students interested in gaining actual

research experience and extending their professional skills. Opportunities to train new Pacific interviewers and transcribers were made available from this CRD study. The eagerness with which the Pacific women sought a reference following their employment indicated the importance of this formal research experience. Two members of the advisory group signalled interest in acquiring research skills and they participated in the training. They subsequently facilitated focus groups and coded transcripts. This study contributed towards achieving the Pacific Health and Disability Workforce Plan objective (1.6) develop Pacific health and disability policy and research expertise(19) and the Pacific health research workforce capacity and capability through the delivery of training and employment opportunities(3).

Youthful Population

A recurring issue was not a lack of skilled people but lack of those people with time to commit to a research project. The introduction identified the demographics of the Pacific population which is predominantly young (as noted earlier, median age 21 years). While working with young people is essential on many issues, the value of advice from those with life experience and relevant learnt skills cannot be underestimated when advice is sought on research projects. The pool of adults available to give the time required for research projects is not large, and there are competing demands for their time with not just research but many other projects operating in the community all seeking advice from Pacific leaders.

Conclusions

The five insights on the practicalities of involving a Pacific advisory group in a research project is shared with the intent of assisting others who are considering initiating, planning and conducting research with Pacific communities. There are challenges, such as, competing demands, constructing realistic timeframes, workforce development, building flexibility and pragmatism into the research project and funding regime, and understanding the youthful proportion dynamic. For a future project would we do it differently? In short, not very differently but celebrating the relationships built, allowing more time and flexibility, and assessing systems to increase this flexibility would certainly be implemented. It is important to remember that despite these challenges, the Pasifika spirit is very generous and willing.

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Mahatma Gandhi

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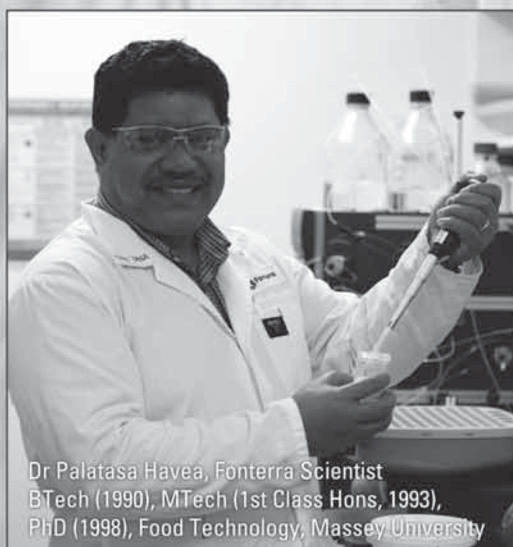

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