

Section 2: Working in Pacific Communities



Lesson Learned:

Listen to the community – they know their problems and they know the solutions.

Significance

Listening to the community is an important first step when entering a community, whether to develop and institutionalize new programs or to explore health issues and develop interventions. It is important for consultants to set aside preconceived ideas, perceptions, or expectations about health issues and interventions. By listening, consultants demonstrate respect for host cultures, learn more about the community and gain acceptance and trust.

Culturally, “outsiders” are treated with high respect. To be polite and show respect, Pacific Islanders will often listen to opinions of “experts” without questioning them. An important role of the consultant is to facilitate the process rather than to manipulate the situation to conform to preconceived ideas. Opportunities to engage the community to formulate and express their own ideas about problems and interventions will lead to more effective solutions and programs.

PDTRC Example

- The emphasis of the PDTRC program has been on training and supporting community groups that would be self-sustaining beyond the five-year PDTRC funding (1999-2003). PDTRC emphasized local capacity building throughout the training program. Training was provided to local staff and community participants to develop skills that the community felt were important, such as: conducting discussion groups, and planning and implementing programs.
- Feedback was solicited yearly from community participants, local health professionals, and Advisory Council members through questionnaires and written/oral feedback to evaluate PDTRC’s responsiveness to community priorities and effectiveness in training.
- Local leaders were trained and financed to conduct discussion groups in ten communities to gain their perspective on the need for awareness, education, and services. The “What is Diabetes” section was created as a result of the lack of diabetes awareness of discussion group participants.



Lesson Learned:

The community should be involved from the early planning stages to ensure commitment and “buy-in.”

Significance

Community commitment and “buy-in” generate interest, motivation, and excitement. These elements are necessary to encourage the program’s acceptance and foster community activism needed for program success and longevity. Programs should be community driven and community owned. This is more likely to occur when the community is involved early and plays a lead role in identifying problems and solutions.

This commitment can generate successful outcomes as demonstrated by application of knowledge gained in the training, recognizing the relevance to other health problems, and sustained interest in the program.

PDTRC Example

- Palau saw the relevance of *Pacific Diabetes Today* curriculum and adapted it to address other non-communicable diseases such as cancer, stroke, and heart disease in their communities.
- The Diabetes Prevention and Control Program Coordinator in the RMI translated the *Pacific Diabetes Today* curriculum to Marshallese and conducted additional trainings in neighboring atolls using local resources.
- By the end of the fifth year, community interest was generated to the point where requests for training and re-training exceeded the capacity of the PDTRC program.



Pohnpei Lipaiere, a community group from the State of Pohnpei, Federated States of Micronesia (2002).



Lesson Learned:
Obtain permission from leaders at the various levels in the community and villages.

Significance

Success of a program begins with getting permission from all levels in the community and villages – including political leaders, traditional leaders, local health leaders, church leaders, and community leaders. It is important to gain the trust of community leaders by demonstrating respect for their cultural protocol, such as requesting entry into the community prior to the introduction of programs. Commitment from these leaders will give legitimacy to a program, thereby allowing the program to be conducted in their community.

PDTRC Example

- PDTRC gained entry into the communities through the support of representatives of the Advisory Council, who then used their networks to engage individuals and groups to participate in the program.
- Public health officials and government leaders introduced the PDTRC program to the community leaders.
- In FSM's Kosrae State, the PDTRC gained entry into the local villages through the mayors of the four local municipalities.



Kaua'i Diabetes Task Force Pacific Diabetes Today training (2003).



Lesson Learned:
Involvement and participation from different segments of the community fosters collaboration and support.

Significance

People from different segments of the community such as people with diabetes, family members, elders, youth, clergy, business owners, local government officials, women's groups, and health care professionals need to be involved. Involvement at multiple levels will reinforce collaboration, provide a broader perspective and knowledge base, create an open dialogue, and foster community support and acceptability. This process encourages the sharing of limited resources for services and programs in the Pacific communities.

PDTRC Example

- The Guam Diabetes Association training involved participants from multiple segments of the community including consumers, family members, elders, youth, clergy, business owners, local government representatives, health officials, and health care providers. Because of the wide participation during the PDT training, the Guam Diabetes Association held the largest annual diabetes conference later that year.
- With limited funding, community groups were able to provide health fairs, health screenings and other awareness activities through partnerships they had established with other community organizations and individuals.



Guam Diabetes Association, Pacific Diabetes Today Training, Guam, (2002).



Lesson Learned: Partner with pre-existing community groups and networks.

Significance

The Pacific region is made up of small groups of islands with small populations and limited resources and personnel. In many cases, professionals and community groups are committed to multiple social, political, religious and health activities. Creating a new group may further divide the scarce resources and create competition among the different community groups. Therefore, working with existing groups and tapping into their networks will enhance collaboration and coordination of efforts.

PDTRC Example

- The Chuuk Women's Council (CWC) is an umbrella organization made up of approximately 50 women's groups from Chuuk State, FSM. The CWC invited various organizations and individuals to participate in the PDT training and thereafter created the Chuuk Health Lifestyle Task Force to plan and implement diabetes activities in the state.
- Ke Ola Mamo, a Native Hawaiian Health Care System on O'ahu, Hawai'i, expanded their network in the Ko'olauloa community and coordinated the Pacific Diabetes Today program. They established a diabetes coalition with several social service and health care agencies from within their community.



Commonwealth of the Northern Mariana Islands (CNMI) Pacific Diabetes Today training, Saipan (2001).

