

THE LOTU FACTOR

Toolkit for Health Workers

Faith, COVID-19 and Tongan Wellbeing
in Aotearoa New Zealand

Culturally responsive approaches
to support Tongan health and wellbeing
in Aotearoa New Zealand



BUILD TRUST



**HAVE MEANINGFUL
CONVERSATIONS**



WORK TOGETHER



**SUPPORT
HOLISTIC WELLBEING**

HRC PACIFIC PROJECT 23/224
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PEOPLE
RESILIENCE
TOGETHER



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Trinity Theological College

Toolkit for Health Workers

Engaging Faith Communities During Public Health Emergencies

A Pacific Health Resource

Based on the *Lotu Factor Project*

Centre for Advocacy, Research and Empowerment

in partnership with

Health Research Council of New Zealand

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Fakataukei

Health emergencies reveal more than the strengths and weaknesses of health systems. They also reveal the importance of relationships between communities, institutions, and those entrusted with public leadership. During the COVID-19 pandemic, Pacific communities across Aotearoa New Zealand demonstrated remarkable resilience, compassion, and collective responsibility. Churches became centres of pastoral care, welfare support, emotional connection, prayer, and community mobilisation during a period of significant uncertainty.

The *Lotu Factor Project* was established to better understand the role of faith, church leadership, community relationships, and trust in shaping health experiences and decision-making within Tongan communities. The project explored how faith communities responded to the challenges of the pandemic and identified opportunities to strengthen relationships between health services and churches.

The findings highlighted the important role churches can play in supporting wellbeing, communicating health information, fostering social connection, and strengthening community resilience. The research also demonstrated that health information is often understood and discussed within existing networks of family, faith, culture, and trusted relationships.

This toolkit translates those findings into practical guidance for health workers. It is not intended to provide theological instruction, nor does it seek to evaluate religious beliefs. Rather, it offers practical approaches for engaging with faith communities respectfully, building trusted relationships, communicating effectively, and working collaboratively with churches as partners in community wellbeing.

The toolkit is designed for public health practitioners, clinicians, Pacific health providers, navigators, community health workers, emergency planners, and others seeking to strengthen engagement with Pacific faith communities. Although informed by research with Tongan communities, many of its principles may also be relevant in other settings where faith communities play important social and cultural roles.

About This Toolkit

Why This Toolkit?

Public health responses are often designed around the assumption that health decisions are primarily individual and guided by scientific evidence. The *Lotu Factor Project* highlights that, for some people within Tongan communities, health decisions may also be influenced by relationships, cultural values, faith, family, church leaders, and trusted community networks.

During the COVID-19 pandemic, churches played an important role in supporting Tongan communities. They provided pastoral care, welfare support, health information, emotional support, and practical assistance. The research also identified situations where misinformation, social media influences, and particular interpretations of faith contributed to uncertainty, mistrust, or resistance to public health measures.

This toolkit does not require health workers to become theologians. Rather, it provides practical guidance for understanding the cultural, relational, and faith contexts that may influence how some individuals and communities engage with health information.

The toolkit aims to support health workers to:

- build trusted relationships with faith communities
- communicate in culturally and faith-responsive ways
- understand the role of faith, culture, and community networks in health decision-making
- respond constructively to challenging conversations and misinformation
- strengthen partnerships that promote community wellbeing

Who Should Use This Toolkit?

This handbook has been developed for people working in:



Although developed from research with Tongan communities, many of the engagement and partnership principles may also be relevant to other Pacific communities where churches play significant social and cultural roles.

How to Use This Toolkit

This toolkit is designed as a practical resource rather than a document that must be read from beginning to end. Start with the issue you are facing, use the relevant chapter for context, and then move directly to the accompanying tool, checklist, case study, or planning template.

Use it for individual reflection, team development, community engagement planning, preparedness exercises, and joint workshops with faith-community partners.

Quick Start Guide

Need to understand how faith, family, culture, and relationships shape health decisions? Start with Part I.

Need to build or strengthen a relationship with a church? Go to Chapter 1 and Tools 1-3.

Need to work effectively with ministers or other trusted leaders? Go to Chapter 2 and Tool 8.

Need to communicate health information in a faith setting? Go to Chapter 3 and Tools 4-5.

Need to respond to misinformation or difficult conversations? Go to Chapter 4 and Tool 7.

Need to strengthen emergency preparedness and community resilience? Go to Chapter 5 and Tools 6, 9-11.

Need to reflect on your own practice? Use Tool 12.

Guiding Principles

The toolkit is informed by five principles emerging from the *Lotu Factor Project*.

1. Build Relationships and Trust Before a Crisis

Trusted relationships are the foundation of effective public health engagement. Trust cannot be established only during emergencies. Partnerships with churches and communities are strongest when relationships are developed before a crisis and maintained over time through ongoing engagement, transparency, and mutual respect.

2. Recognise the Role of Faith, Culture, and Community

For some individuals and communities, faith, family, cultural values, and trusted relationships influence how health information is understood and discussed. Understanding these influences can support more effective engagement and communication.

3. Work With Communities as Partners

Churches, families, community organisations, and health agencies each play a role in supporting wellbeing. Effective public health practice recognises the strengths, expertise, and responsibilities of different partners and works collaboratively toward shared goals.

4. Listen First and Engage Through Dialogue

Respectful conversation (*tālanga*) is often more effective than one-way communication. Listening to community concerns, questions, and experiences helps build understanding, strengthen relationships, and support meaningful engagement.

5. Build on Community Strengths

Pacific communities possess significant cultural, social, spiritual, and community resources that contribute to wellbeing and resilience. Public health initiatives are strengthened when they build on existing strengths and capabilities rather than focusing only on challenges or deficits.

PART I: Understanding the Lotu Factor - Faith, Health, and Tongan Relational Contexts

“Health decisions are never made in a social or spiritual vacuum. They are made within relationships—with God, family, church, culture, health professionals, and community. Understanding those relationships is fundamental to effective public-health practice.”

For Tongan peoples, faith is not separate from everyday life. Faith may influence how people understand illness, wellbeing, responsibility, hope, and care for others. It can also shape relationships within families, churches, and communities.

The *Lotu Factor Project* found that health decisions were not always based on clinical information alone. Participants described drawing on a range of influences, including family discussions, church leaders, prayer, personal experience, social media, and health advice when making decisions during the COVID-19 pandemic.

Understanding the role of faith can help health workers engage more effectively with individuals and communities, particularly during periods of uncertainty or public health emergencies.

Faith and Health Decision-Making

The research suggests that health information is often considered alongside other sources of influence, including:

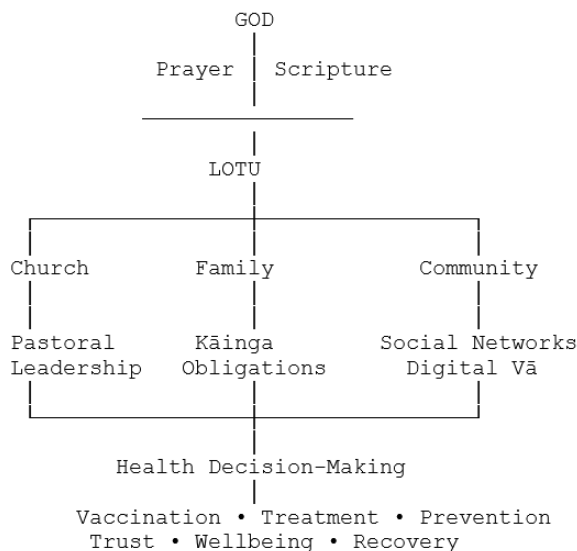
- prayer
- biblical interpretation
- advice from ministers
- family discussions
- medical evidence
- personal experience

- social media
- employment obligations
- concern for vulnerable relatives
- cultural understandings of responsibility and belonging

For health workers, this highlights the importance of understanding the wider context in which health decisions are made.

It is also important to note that information is often considered within an existing web of relationships involving faith, family, church, and community. Health decisions may therefore be shaped by multiple influences rather than by information alone (Figure 1).

Figure 1 Faith as a Determinant of Health



What Is *Lotu*?

Throughout this toolkit, the Tongan word *lotu* is used intentionally rather than simply replacing it with the English word "religion".

The report defines *lotu* as encompassing faith, prayer, worship, church participation, and relationship with God. Within Tongan communities,

lotu may also influence family life, leadership, identity, moral responsibility, community relationships, and understandings of wellbeing.

For many participants, *lotu* was not described as a separate aspect of life. Rather, it was closely connected to everyday relationships, responsibilities, and community life.

Dimensions of Lotu

Dimension	Health Implications
Spiritual	Prayer, hope, meaning, relationship with God
Personal	Moral reasoning, coping, resilience
Family	Collective decision-making, care for elders and children
Ecclesial	Pastoral guidance, worship, fellowship
Cultural	Identity, belonging, obligations
Social	Welfare, mutual aid, emotional support
Public	Community leadership, health communication, emergency response

This multidimensional understanding helps explain why faith may influence more than religious practice alone.

Church as Community Strengths

The research found that churches contributed to community wellbeing in a range of ways during the COVID-19 pandemic. Participants described churches as providing spiritual, social, emotional, cultural, and practical support to individuals and families.

Figure 2 Churches at the Heart of Community Life



Figure 2 summarises ways in which churches supported communities during the pandemic.

Churches were frequently described as places where people could access support, maintain relationships, and remain connected during periods of disruption and uncertainty. For health agencies, recognising these strengths can create opportunities for partnership and community-led approaches to wellbeing.

Practice Implications for Health Workers

When engaging with Tongan faith communities:

- recognise the role that faith may play in shaping health beliefs and decisions
- consider the influence of family, church, and community relationships
- identify existing community strengths and support networks
- engage churches as potential partners rather than simply communication channels

- build relationships before a crisis occurs

Practice Reflection

Before engaging a Tongan church or faith community, consider:

- How might faith influence discussions about health and wellbeing in this community?
- Who are the trusted leaders and influencers within the congregation?
- How do family and church relationships shape decision-making?
- What strengths and resources already exist within this community?
- How can my organisation work with the church rather than simply communicate to it?

Key Tongan Concepts for Health Practice

“Effective public-health engagement begins not with programmes or policies, but with understanding how communities understand themselves.”

This chapter introduces four concepts that are relevant to public health engagement:

- *vā* (relationships)
- *kāinga* (extended family networks)
- *lotu* (faith and church life)
- collective wellbeing

Health Is Relational

Many Western health systems are built around an individual-centred model in which the patient is regarded as the primary decision-maker. Within many Tongan communities, however, health is often understood in relation to family, church, and community.

Participants described health decisions as frequently involving discussion with:

- spouses
- parents
- grandparents
- adult children
- church ministers
- respected elders
- trusted health professionals

Decisions about vaccination, hospitalisation, isolation, or treatment may therefore be shaped by a range of relationships and sources of support.

Practice Implications: For health workers, engagement strategies that focus exclusively on individuals may overlook the wider relational processes through which trust is established and decisions are made.

Vā: Relationships Matter

At the heart of Pacific engagement is *vā*, the relationships that connect people.

Vā refers to the relational space that connects people. It is not simply physical space but the quality of relationships between individuals, families, communities, and God.

Relationships are strengthened through respect, honesty, reciprocity, humility, and care. They can also be weakened when trust is damaged or obligations are ignored.

For health workers, *vā* provides a useful framework for understanding engagement. Communities may remember not only what was communicated, but also how they were treated.

Practice Implications

- invest time in relationship building
- communicate openly and respectfully
- acknowledge community knowledge and experience
- maintain engagement beyond periods of crisis
- avoid dismissing faith or cultural concerns

Kāinga: Family Networks and Care

The *kāinga* is more than a household. It is an extended network of mutual responsibility encompassing multiple generations and, often, relatives living across Aotearoa, Tonga, Australia, and elsewhere in the Pacific diaspora.

Participants described *kāinga* as an important source of care, information, practical support, decision-making, and emotional wellbeing. During public health emergencies, families may assist with transport, food, childcare, financial support, and care for vulnerable relatives.

For the Health Workforce, recognising the *kāinga* as a partner, rather than simply a source of influence, can help health workers design interventions that build on existing community strengths.

Practice Implications

- recognise that health information may be shared widely through family networks
- consider the role of family support in health promotion and care
- allow time for discussion and collective reflection where appropriate
- view family networks as a strength rather than a barrier

Lotu: Faith in Everyday Life

As discussed in Chapter 1, *lotu* extends beyond religious belief. Participants described faith as being closely connected to family life, community relationships, values, leadership, and wellbeing.

Public health information may therefore be considered alongside questions about responsibility, care for others, trust, and faith. Understanding the significance of *lotu* can help health workers engage more effectively with church leaders, families, and community members.

When discussing health issues with faith communities:

- be respectful of faith perspectives and practices
- avoid making assumptions about an individual's beliefs or decisions
- recognise that questions may be framed in both health and faith terms

- focus on shared goals such as protecting health, supporting families, and promoting community wellbeing
- engage trusted church leaders where appropriate

Respect and Authority

Many participants described ministers, church elders, family leaders, health professionals, and respected community members as important sources of guidance and influence.

This should not be interpreted as passive obedience. Rather, respected leaders often act as trusted interpreters of information and can play an important role in supporting understanding, discussion, and decision-making within communities.

For health workers, understanding local leadership structures can help strengthen engagement and build trust. Before organising a community health event or programme:

- identify appropriate church and community leaders
- seek their guidance on local protocols and priorities
- involve them in planning and implementation where appropriate
- recognise the influence of both formal and informal leaders within the community

Partnership is often strengthened when existing leadership structures are understood and respected.

Collective Wellbeing

Participants described wellbeing as encompassing physical, spiritual, emotional, relational, cultural, and social dimensions.

Dimension	Guiding Question
Physical	Is the body healthy and protected?

Spiritual	Is there hope, faith, and meaning?
Emotional	Are fear, grief, and anxiety being addressed?
Relational	Are relationships within families and churches healthy?
Cultural	Are identity, language, and traditions respected?
Social	Does the community have access to practical support and resources?

This perspective highlights the importance of considering multiple dimensions of wellbeing when designing and delivering public health interventions.

Case Study

Scenario: A Pacific health team organises a vaccination clinic at a local church. Attendance is significantly lower than expected. Staff conclude that the congregation is "vaccine hesitant".

Subsequent conversations reveal a more complex picture.

Several older members were unable to travel.

Some families were caring for relatives in isolation.

Others were waiting to discuss the decision with extended family members.

Several wanted reassurance from their minister before attending.

The low turnout reflected logistical, relational, and pastoral considerations rather than simple opposition to vaccination.

Reflection

This scenario illustrates why observable behaviour should not be interpreted without understanding the broader context. Listening before drawing conclusions can lead to more accurate assessment and more effective responses.

Practice Guidelines

✓ Do	✗ Avoid
• build relationships before introducing programmes	• assuming silence indicates agreement
• recognise the importance of <i>kāinga</i>	• treating churches simply as venues for health messaging
• respect church and community protocols	• framing faith as inherently problematic
• allow time for discussion and reflection	• rushing consultation processes
• acknowledge community strengths and resilience	• focusing only on community deficits
• use language that promotes partnership	

Practice Reflection

1. How does my organisation currently engage Pacific churches outside periods of crisis?
2. In what ways might our communication strategies reflect individualistic assumptions?
3. How can we better involve *kāinga* in health promotion and emergency preparedness?
4. What practical steps can we take to strengthen *vā* with Pacific faith communities over the long term?
5. Which church leaders and community organisations should we begin building relationships with before the next public-health emergency?

PART II: Putting the Framework into Practice

CHAPTER 1: Churches as Public Health Partners

“Churches are not peripheral to public health in Pacific communities. They are among the most influential institutions through which trust, information, care, and collective action are organised.”

Churches play an important role in many Tongan communities. Participants described churches as places of worship, support, community connection, leadership, and care.

The *Lotu Factor Project* found that churches contributed to community responses during the COVID-19 pandemic through welfare support, communication, volunteer mobilisation, pastoral care, and ongoing support for individuals and families.

For health workers, this highlights the value of engaging churches as partners in supporting community wellbeing.

Why Churches Matter

Many participants described churches as trusted institutions with established relationships across generations.

Churches may:

- identify vulnerable individuals and families
- provide practical support
- maintain contact with community members
- communicate through established networks
- mobilise volunteers
- provide pastoral care and support

These existing strengths can support public health engagement and emergency preparedness.

Churches as Community Assets

Participants described churches as contributing to community wellbeing in a variety of ways. These contributions extend beyond worship and can support spiritual, social, cultural, and practical aspects of community life (Figure 4).

Figure 3 Church as Community Infrastructure



For public-health planners, these functions represent significant assets that can strengthen emergency preparedness and response.

Understanding these strengths can help health workers identify opportunities for partnership and community-led responses.

Working in Partnership

The *Lotu Factor Project* highlights the importance of working with churches as partners rather than simply as channels for delivering information.

Partnership involves:

- shared planning
- ongoing communication
- mutual respect
- recognition of complementary strengths
- collaboration before, during, and after emergencies

While Health professionals contribute clinical and public health expertise, Churches contribute through community relationships, cultural knowledge, pastoral support, and trusted networks. Both forms of expertise are important.

Effective partnerships recognise the complementary strengths of health agencies and churches (Table 1)

Table 1 Faith and Health Partnership Model

Health Sector	Churches
Clinical expertise	Spiritual leadership
Epidemiology	Community trust
Disease prevention	Pastoral care
Health systems	Volunteer mobilisation
Emergency planning	Cultural knowledge

Public health communication	Relational networks
Treatment pathways	Long-term accompaniment

Building Partnerships Before Emergencies

The research suggests that partnerships are strongest when relationships are established before a crisis hits.

Health agencies can:

- identify local Pacific churches and denominations
- build relationships with church leaders
- participate in community events where appropriate
- involve churches in preparedness planning
- maintain communication beyond emergency periods

A Practical Framework for Partnership

Effective partnerships are built through ongoing relationship-building, shared understanding, collaborative planning, joint action, and continuous learning. Partnership is an ongoing process rather than an activity undertaken only during public health emergencies (Figure 4).

Figure 4 Faith-Health Partnership Cycle



Case Study

A regional public-health unit has maintained regular relationships with Pacific churches over several years. Ministers participate in annual emergency-preparedness workshops, and health professionals occasionally speak at church community events.

When a new infectious disease emerges, the existing network enables rapid communication. Church leaders understand public-health advice, health officials understand local concerns, and welfare support is coordinated through trusted community structures.

Because relationships already exist, community members are more willing to ask questions, express concerns, and seek clarification before misinformation spreads.

Lesson: Preparedness begins long before an emergency. Trust accumulated over time becomes one of the most valuable resources during a crisis.

Practice Tips

✓ Do	✗ Avoid
treat churches as partners	contacting churches only during crises
invest in relationships before emergencies	assuming all churches are the same
communicate openly and respectfully	using churches solely to distribute messages
recognise diversity across churches and denominations	overlooking church and community expertise
acknowledge existing community strengths	contacting

Practice Reflection

1. Which churches within my region already have established relationships with health agencies?
2. Are these relationships ongoing or only activated during crises?
3. How might our organisation involve churches in preparedness planning rather than emergency response alone?
4. What resources could health agencies offer churches to strengthen mutual capacity?
5. How can we ensure that partnership remains reciprocal rather than transactional?

CHAPTER 2: Leadership, Authority, and Trust

“Leadership was one of the most significant factors shaping whether faith became a source of resilience or a source of risk during the COVID-19 pandemic. The issue was not simply what people believed, but how those beliefs were interpreted, embodied, and exercised through relationships of trust and authority.”

Why It Matters

The *Lotu Factor Project* found that trusted leaders played an important role in shaping community responses during the COVID-19 pandemic.

Participants described ministers, church elders, family leaders, health professionals, and other respected community members as important sources of guidance during times of uncertainty.

For health workers, understanding how leadership, authority, and trust operate within communities can support more effective engagement and partnership.

Understanding Trust

Trust was a significant factor influencing how information was received and acted upon during the pandemic.

Participants described trust as being shaped through relationships with:

- God
- church leaders
- family members
- health professionals
- government institutions
- community networks

These forms of trust were not necessarily in competition with one another. Many participants described trusting both their minister and their doctor. Challenges were more likely to arise when information from trusted sources appeared to conflict.

Figure 5 Networks of Trust



Figure 5 highlights that trust is distributed across multiple relationships rather than invested in a single authority.

Leadership and Influence

Many participants described leadership as extending beyond formal positions. Ministers, church elders, family leaders, teachers, health professionals, and respected community members all influenced how information was understood and discussed.

The research found that leaders were most effective when they:

- communicated openly
- acknowledged uncertainty
- encouraged dialogue
- sought reliable information
- demonstrated care for community wellbeing
- worked collaboratively with others

These approaches helped build confidence and trust during periods of uncertainty.

Respect and Authority

Authority within communities should not be understood simply as the ability to direct others. Participants often described respected leaders as trusted interpreters of information, particularly during times of uncertainty.

For health workers, understanding local leadership structures can strengthen engagement and support more effective communication.

Before engaging a faith community:

- identify key leaders and influencers
- understand existing leadership structures
- seek guidance on community priorities and protocols
- involve leaders where appropriate in planning and communication

When Leadership Becomes Harmful

The research also identified situations in which leadership contributed to confusion, mistrust, or reduced confidence in public health measures.

Potential warning signs included:

- discouraging questions or discussion
- presenting personal views as unquestionable truth
- rejecting all alternative sources of information
- using fear or shame to gain compliance
- isolating members from other perspectives

These observations relate to patterns of leadership and communication rather than religious commitment itself.

Health workers should avoid publicly challenging or attempting to correct faith leaders during community meetings.

Where concerns arise:

- ask respectful questions
- seek clarification
- identify shared goals
- provide evidence transparently
- maintain the relationship

Working with Church Leaders

Effective engagement is built on partnership.

Begin with Respect

Recognise the responsibilities and influence church leaders hold within their communities.

Focus on Shared Goals

Identify common priorities such as:

- protecting health
- supporting families
- caring for vulnerable people
- strengthening community wellbeing

Share Expertise

Health workers contribute clinical and public health expertise.

Church leaders contribute community knowledge, cultural understanding, pastoral care, and trusted relationships.

Maintain Dialogue

Ongoing communication before, during, and after emergencies helps strengthen trust and collaboration.

Meeting Preparation Checklist

Before meeting with church leaders, consider:

- ☐ Have I learned about the church and its leadership?
- ☐ Do I understand the congregation's concerns?
- ☐ Have I identified shared goals?
- ☐ Am I prepared to listen as well as present information?
- ☐ Have I avoided assumptions about the church's beliefs or practices?
- ☐ Is there a plan for ongoing communication after this meeting?

Case Study

Scenario: A congregation expresses concern about a proposed vaccination programme. Rather than organising an immediate public information session, a Pacific health team requests a meeting with the minister and church leadership.

The discussion begins with listening. Church leaders explain the questions being raised within the congregation. Health professionals clarify the available evidence, acknowledge areas of uncertainty, and invite ongoing conversation.

Together they agree to host a community evening where members can ask questions openly without fear of judgement.

Attendance is high, and several misconceptions are addressed respectfully. While not every concern disappears, trust between the church and the health service is strengthened.

Lessons: The success of the engagement lay not only in the information provided but also in the process through which dialogue was established.

Professional Boundaries

Effective partnerships require clarity of roles.

Health Professionals	Church Leaders
clinical advice	pastoral care
public health guidance	spiritual guidance
disease prevention	worship
evidence-based practice	theological reflection
safeguarding patient wellbeing	congregational support

Strong partnerships recognise these different but complementary responsibilities.

Working Effectively with Church Leaders

✓ Do	✗ Avoid
Build relationships before a crisis	Contacting churches only during emergencies
Listen as well as provide information	Assuming all churches are the same
Identify shared goals	Treating churches only as communication channels
Respect existing leadership structures	Publicly challenging church leaders
Communicate openly about uncertainty	Assuming disagreement reflects ignorance
Maintain communication over time	Ending engagement after a single meeting

Practice Reflection

- What characteristics distinguish trustworthy leadership in my own professional context?
- How might health services unintentionally weaken trust within faith communities?
- Which church leaders could become long-term partners in emergency preparedness?
- How can health professionals communicate uncertainty while maintaining confidence?
- What practical steps can strengthen trust between health agencies and churches?

CHAPTER 3: Communicating Health Information in Faith Contexts

“The principal lesson of this study is that future engagement with Tongan communities must move beyond information transmission and behavioural compliance. Health decisions are formed within spiritual, relational and moral worlds.”

Why It Matters

The *Lotu Factor Project* found that effective communication depends on more than providing accurate information. Trust, relationships, dialogue, and opportunities for discussion all influence how health messages are received and understood.

For health workers, communication is most effective when people have opportunities to ask questions, share concerns, and participate in conversations about health issues.

Communication Begins with Listening

One of the strongest messages emerging from the research was the importance of listening.

Participants valued opportunities to:

- ask questions
- express uncertainty
- discuss concerns
- share experiences
- explore different perspectives without judgement

Listening helps health workers understand the context in which health information is being considered.

Before providing information, consider asking:

- How has your church been talking about this issue?
- What concerns have people shared?
- What questions remain unanswered?
- Who have people been discussing this with?
- How can we work through these questions together?

Communication as a Relational Process

Traditional health communication often assumes a linear process:

Expert → Information → Community → Behaviour Change

Figure 6 Communication as a Relational Process.



The *Lotu Factor Project* suggests that this model is too narrow for engaging Tongan faith communities because it assumes that information alone leads to behaviour change.

Participants described health information as being discussed and interpreted through relationships with family members, church leaders, health professionals, and wider community networks before decisions were made (Figure 6).

This framework recognises that evidence enters a web of relationships rather than a communication vacuum.

Effective communication therefore involves both sharing information and creating opportunities for dialogue, reflection, and discussion.

Tālānga: A Framework for Engagement

The *Lotu Factor Project* identified *tālānga* as an approach to communication based on respectful dialogue, shared reflection, attentive listening, and mutual learning.

For health workers, *tālānga* provides a practical framework for engaging faith communities.

Step	Purpose	Example Question
Welcome	Build relationship	"Thank you for meeting with us."
Listen	Understand concerns	"How has your congregation experienced this issue?"
Explore	Clarify perspectives	"What has shaped these views?"
Share	Provide information	"May I explain what we currently know?"
Reflect	Encourage discussion	"How does this fit with your experiences?"
Agree	Identify next steps	"What should our next steps be?"
Follow Up	Maintain relationship	"When shall we meet again?"

Tālanga recognises that meaningful engagement is built through dialogue rather than one-way communication.

Communicating in Faith Contexts

Health issues may give rise to questions about faith, responsibility, hope, suffering, and care for others.

Health workers are not expected to answer theological questions.

However, recognising that these discussions may occur can support respectful engagement and referral to appropriate faith leaders when needed.

When communicating in faith contexts:

- acknowledge faith-related questions respectfully
- stay within your area of expertise
- focus on shared goals
- provide clear and accurate information
- engage faith leaders where appropriate

Co-Design Rather Than Broadcast

The research suggests that communication is often strengthened when communities are involved in shaping how information is shared.

Examples include:

- identifying appropriate language and terminology
- selecting trusted messengers
- reviewing materials for cultural relevance
- choosing appropriate formats and venues

- integrating information into existing community activities

Co-designed communication can improve relevance, understanding, and trust.

Responding to Difficult Questions

Not every question will have a simple answer. Participants often valued honesty and openness more than certainty.

Helpful Responses

- ✓ "I understand why that question matters."
- ✓ "The evidence we currently have suggests..."
- ✓ "We are continuing to learn."
- ✓ "I don't know the answer to every aspect of that question, but I can explain what we do know."
- ✓ "Would it be helpful if we explored this together?"

These responses support dialogue while maintaining professional credibility.

Communicating During Uncertainty

Participants often responded positively when uncertainty was acknowledged openly and honestly.

Health workers should:

- explain why advice may change over time
- distinguish established evidence from emerging evidence
- acknowledge uncertainty where it exists
- provide updates when new information becomes available
- avoid overstating certainty

Transparency can help strengthen trust.

Faith-Sensitive Communication Framework



Case Study

Scenario: A church invites a Pacific public-health nurse to discuss a new vaccination programme.

Rather than beginning with a presentation, the nurse invites members to share their experiences from the previous pandemic.

Several participants describe confusion arising from conflicting advice received from social media, overseas pastors, relatives, and government agencies.

Instead of immediately correcting each statement, the nurse summarises what has been heard, acknowledges the impact of uncertainty, and then explains the current evidence while clearly distinguishing between established knowledge and areas still under investigation.

The evening concludes with agreement to hold a follow-up session involving both church leaders and health professionals.

Reflection: The success of the engagement depended not only on the information provided, but also on the respectful dialogue that supported trust and understanding.

Communicating Effectively in Faith Contexts

✔ Do	✗ Avoid
Listen before presenting information	Assuming information alone changes behaviour
Encourage questions and discussion	Dismissing concerns without exploring them
Acknowledge uncertainty honestly	Overstating certainty
Use respectful language	Using judgemental or dismissive language
Focus on shared goals	Framing communication as persuasion

Follow up after meetings	Treating communication as a one-off event
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Practice Reflection

- Does my communication style prioritise explanation over listening?
- How often do I create opportunities for dialogue rather than presentations?
- In what ways could *tālānga* strengthen my organisation's engagement with Pacific communities?
- How comfortable am I acknowledging uncertainty while maintaining confidence?
- What practical steps can I take to move from communicating to communities toward communicating with communities?

CHAPTER 4: Responding to Misinformation and Lotu Noa

“The challenge for public health is not to oppose faith, but to distinguish between forms of religiosity that promote life and those that undermine individual and communal wellbeing.”

Why It Matters

During the COVID-19 pandemic, people received information from many different sources, including health professionals, government agencies, social media, family members, church networks, and community leaders.

The *Lotu Factor Project* found that misinformation often spread through trusted relationships and networks. For health workers, responding effectively requires more than correcting facts. It requires understanding concerns, maintaining trust, and supporting informed decision-making.

Understanding the Information Environment

Participants described receiving information from multiple sources including:

- government agencies
- health professionals
- news media
- Pacific media
- church networks
- family discussions
- social media platforms
- overseas religious broadcasts

The challenge was often not a lack of information but navigating competing sources of information.

Figure 7 Health Information Pathway

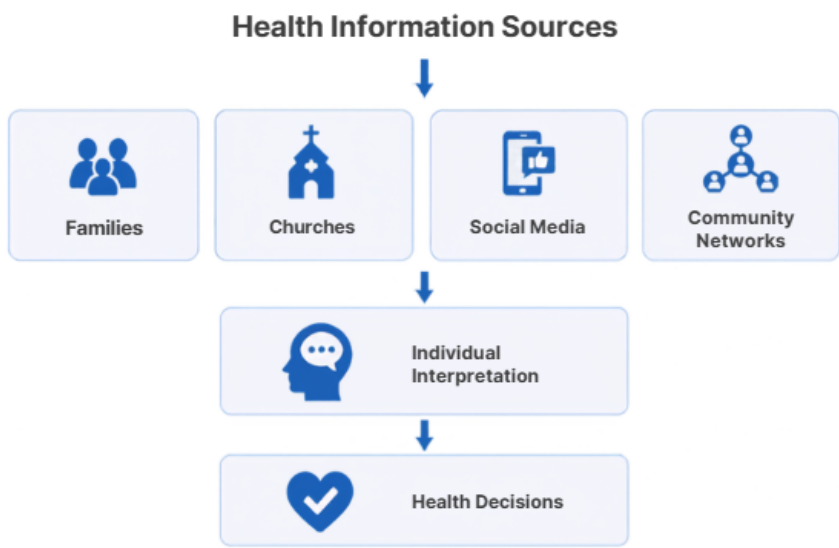


Figure 7 depicts the Health Information Pathways. Participants described receiving information from a range of sources, including family members, church networks, social media platforms, and wider community connections. Health information was often discussed, interpreted, and evaluated through these existing relationships before influencing decision-making. Understanding these pathways can help health workers identify trusted channels for communication and engagement.

Understanding Different Types of Information

Health workers may find it helpful to distinguish between different types of information.

Type	Description
Accurate Information	Information consistent with the best available evidence at the time

Misinformation	Incorrect or misleading information shared without intent to deceive
Disinformation	Incorrect information deliberately created or shared to mislead
Conspiracy Narratives	Explanations that attribute events to hidden plots while rejecting contradictory evidence

Recognising these differences can help inform appropriate responses.

Understanding *Lotu Noa*

One of the contributions of the *Lotu Factor Project* is the concept of *lotu noa*.

The report uses *lotu noa* as a theological and sociological lens for reflecting on forms of religiosity that become detached from accountability, critical reflection, and communal wellbeing.

The concept is not intended as a diagnostic label, nor should it be used to characterise individuals or entire faith communities.

Rather, it provides a framework for reflecting on situations where religious interpretations may contribute to harm or undermine wellbeing.

Healthy Faith and *Lotu Noa*

Healthy Faith	<i>Lotu Noa</i>
Encourages discernment	Discourages questioning
Open to learning	Rejects correction
Promotes compassion	Promotes fear and exclusion
Values accountability	Rejects accountability
Engages evidence critically	Dismisses evidence without engagement
Builds community	Fractures relationships

Supports wellbeing	May contribute to avoidable harm
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This table should be used as a reflective guide rather than a diagnostic tool.

A Relational Response Framework

The research suggests that relationship-based approaches are often more effective than confrontation. Figure 8 highlights a six step process to responding to health misinformation.

Figure 8 Steps to responding to Misinformation



Meaningful change often takes time. Maintaining respectful relationships can support ongoing dialogue and learning.

Professional Boundaries

Health professionals should:

- remain focused on clinical and public health advice
- avoid acting as theological authorities
- respect sincerely held religious beliefs
- recognise when faith leaders may be appropriate sources of support

- recognise when referral to mental health services may be appropriate

Case Study

Scenario: A church member tells a public-health nurse that vaccination is “the mark of the beast” because of a sermon viewed online.

Rather than dismissing the claim, the nurse asks where the interpretation originated and what concerns it raises. The individual explains fears about coercion, loss of freedom, and conflicting biblical messages.

The nurse acknowledges these concerns, clarifies the medical purpose of vaccination, explains the current scientific evidence, and asks whether the individual would be willing to discuss the biblical questions further with their minister or another trusted theological leader.

The conversation ends without agreement on every issue, but the relationship remains intact, allowing further dialogue.

Reflection: The immediate goal was not winning an argument but preserving trust while reducing the influence of harmful misinformation.

Responding to Misinformation: Practical Tips

✓ Do	✗ Avoid
Listen first	Ridiculing or dismissing concerns
Explore underlying questions	Labeling individuals or communities
Provide clear evidence	Engaging in public arguments
Focus on shared goals	Assuming misinformation reflects ignorance
Work with trusted leaders	Challenging beliefs aggressively
Maintain relationships	Expecting change from a single conversation

Practice Reflection

- How do my own assumptions influence my response to faith-based claims?
- Have I distinguished misinformation from disagreement?
- How can my organisation strengthen relationships before misinformation becomes established?
- When might involvement of a trusted faith leader be helpful?
- How can we support respectful dialogue while addressing potential risks?

CHAPTER 5: Building Community Resilience Through Faith Partnerships

“Resilience is not simply the capacity to survive a crisis. It is the collective ability of communities to prepare, adapt, respond, recover, and learn together. Within Tongan communities, resilience is sustained through relationships—with God, with one another, and with institutions that are trusted to act for the common good.”

Why It Matters

The COVID-19 pandemic highlighted the importance of preparedness, adaptability, and community support during times of crisis.

The *Lotu Factor Project* found that many churches were able to respond effectively because they already had established relationships, trusted leadership, volunteer networks, and systems of care in place.

For health workers, building resilience means strengthening these relationships and community capabilities before future emergencies occur.

What Is Community Resilience?

Community resilience is the ability of individuals, families, organisations, and communities to prepare for, respond to, adapt to, and recover from challenges. Participants described resilience as being supported by:

- faith
- family networks (*kāinga*)
- trusted relationships (*vā*)
- church leadership
- cultural identity
- collective responsibility

- mutual care
- hope

These existing strengths provide foundations for preparedness and recovery.

Figure 9 (The Community Resilience Framework) illustrates resilience as a dynamic system of interconnected relationships rather than a collection of isolated interventions.

Figure 9 The Community Resilience Framework



Churches as Resilience Hubs

Participants described churches as trusted community spaces that supported individuals and families during the pandemic. Churches may contribute to resilience through:

- communication and information-sharing
- volunteer mobilisation
- welfare support
- pastoral care
- community connection

- support for vulnerable households
- hosting community activities and services

Understanding these strengths can help health agencies develop more effective preparedness plans and partnerships.

Building Resilience Before Emergencies

The research suggests that resilience is strongest when preparation occurs before a crisis.

Health agencies and churches can work together to:

- build and maintain relationships
- identify vulnerable populations
- establish communication pathways
- develop referral systems
- strengthen volunteer capacity
- share information and resources
- test emergency plans

Preparedness is most effective when it becomes part of routine community engagement rather than a response to a crisis.

Strengthening Community Capacity

Participants consistently emphasised the importance of building on existing community strengths. Examples include:

- trusted leaders
- community volunteers
- youth groups
- women's fellowships

- welfare ministries
- church facilities
- bilingual communicators
- pastoral networks

Health workers can support resilience by recognising and working alongside these existing resources.

Co-Designing Resilience

Resilience planning is most effective when developed collaboratively.

Health Agencies Contribute	Churches Contribute
Public health expertise	Community trust
Clinical knowledge	Pastoral support
Emergency planning	Volunteer networks
Health promotion	Local knowledge
Training resources	Cultural leadership
System coordination	Community relationships

This approach recognises the complementary strengths of health services and churches.

Resilience Planning Checklist

Before the next public health emergency, consider:

Relationships

- ☐ Do we know local church leaders?
- ☐ Are relationships active and ongoing?

- ☐ Is regular communication established?

Planning

- ☐ Are churches represented in emergency planning?
- ☐ Are communication pathways clear?
- ☐ Are referral systems understood?

Capacity

- ☐ Have volunteers received relevant training?
- ☐ Are communication systems tested?
- ☐ Are available community resources understood?

Learning

- ☐ Have previous emergencies been reviewed?
- ☐ Have lessons been incorporated into future planning?

Case Study

Scenario

Following the COVID-19 pandemic, a Pacific health provider establishes a Faith and Health Preparedness Network involving local churches.

Regular meetings are held to discuss emerging health issues, preparedness planning, and community concerns. Church volunteers receive training in community communication and welfare coordination, while health professionals participate in church community events throughout the year.

When a future infectious disease emerges, existing relationships enable rapid communication, coordinated support, and timely assistance for vulnerable households.

Reflection

The success of the response was built on relationships, planning, and collaboration established before the emergency occurred.

Building Community Resilience

✓ Do	✗ Avoid
Build partnerships before emergencies occur	Waiting until a crisis to engage
Work with existing community strengths	Creating parallel systems unnecessarily
Include churches in preparedness planning	Assuming communities are unprepared
Invest in ongoing relationships	Treating engagement as a one-off activity
Support community capacity-building	Focusing only on deficits and needs

Practice Reflection

- How resilient are the relationships between my organisation and local faith communities?
- What community strengths already exist that could support preparedness?
- How can preparedness become part of routine engagement?
- What opportunities exist for joint training and planning?
- What would a strong faith-health partnership look like in my community?

PART III: Practical Tools and Templates

“Research only improves public health when it changes practice. The purpose of this toolkit is therefore not simply to inform health professionals but to equip them with practical resources that strengthen partnerships between health services, churches, and Pacific communities.”

Tool 1: Faith Community Partnership Readiness Check

Before engaging with a church or faith community, it is helpful to understand the current state of the relationship. This tool helps health workers assess existing connections, identify areas for development, and determine whether additional relationship-building may be needed before collaborative activities begin.

Question	Yes	Partly	No
1. Do we know the church leadership?	☐	☐	☐
2. Have we previously worked together?	☐	☐	☐
3. Is there an identified contact person?	☐	☐	☐
4. Do we understand the church structure?	☐	☐	☐
5. Have we attended community events?	☐	☐	☐
6. Is communication already established?	☐	☐	☐
7. Have expectations been discussed?	☐	☐	☐

Partnership Status

-  6-7 Yes = Partnership Ready
-  3-5 Yes = Relationship Developing
-  0-2 Yes = Relationship Building Required

Tool 2: Community Engagement Planner

Effective engagement begins with preparation. This planning tool supports health workers to learn about the church community, understand its strengths and priorities, and prepare appropriately for meaningful engagement.



Learn

- ☐ Denomination
- ☐ Congregation size
- ☐ Languages used
- ☐ Leadership structure
- ☐ Existing ministries



Understand

- ☐ Community strengths
- ☐ Current concerns
- ☐ Trusted leaders
- ☐ Decision-making processes



Prepare

- ☐ Resources
- ☐ Referrals
- ☐ Contacts
- ☐ Follow-up information

Tool 3: First Meeting Guide

First meetings help establish the foundation for future partnership. This guide provides practical prompts and questions to support respectful introductions, relationship-building, and shared understanding.

Before the Meeting

- ☐ Learn about the church
- ☐ Understand leadership structures
- ☐ Clarify your purpose

During the Meeting

Ask:

- ☐ How has your church experienced previous public-health emergencies?
- ☐ What worked well?
- ☐ What challenges emerged?
- ☐ How would you like health services to work with your congregation?

After the Meeting

- ☐ Summarise key points
- ☐ Agree next steps
- ☐ Send follow-up information
- ☐ Schedule contact

Tool 4: Tālānga Framework

Tālānga is a Tongan approach to dialogue that emphasises listening, mutual respect, reflection, and shared understanding. This framework provides a practical guide for facilitating conversations with faith communities in ways that encourage participation and trust.



Tool 5: Faith-Sensitive Communication Checklist

Thoughtful communication requires more than delivering information. This checklist provides a quick reference for communicating clearly, respectfully, and effectively in faith-based settings.

Before You Meet

- ☐ Am I prepared to listen before speaking?
- ☐ Have I identified community strengths?
- ☐ Am I using respectful language?
- ☐ Have I planned for questions?

During the Conversation

- ☐ Am I acknowledging uncertainty honestly?
- ☐ Am I avoiding unnecessary jargon?
- ☐ Am I distinguishing evidence from opinion?

Afterwards

- ☐ Have I provided follow-up information?
- ☐ Have I left a pathway for future contact?

Tool 6: Community Strengths Mapping Tool

Faith communities possess existing strengths, resources, and networks that can support health and wellbeing. This tool helps identify and build upon those strengths when planning programmes, initiatives, and partnerships. It also moves away from the deficit framing that are commonly used.

Existing Strength	How Health Services Can Support
Strong minister	Regular communication
Women's fellowship	Health education partnerships
Youth ministry	Youth health promotion
Choir	Community wellbeing initiatives
Volunteers	Emergency response training
Church building	Community clinics
Online ministry	Digital health messaging
Welfare ministry	Joint support for vulnerable families

Tool 7: Difficult Conversations Guide

Health workers may encounter uncertainty, misinformation, strong emotions, or differing perspectives during community engagement. This guide provides a structured approach for responding respectfully while maintaining trust and professional boundaries.



Tool 8: Working with Ministers

Ministers and church leaders play important roles within their communities. This tool provides practical guidance for preparing for meetings, strengthening relationships, and developing collaborative approaches to community wellbeing.

Before the Meeting

- ☐ Understand denomination
- ☐ Understand leadership structure
- ☐ Understand current ministries
- ☐ Understand recent challenges

During the Meeting

Discuss:

- ☐ Community concerns
- ☐ Pastoral pressures
- ☐ Health priorities
- ☐ Opportunities for collaboration

After the Meeting

- ☐ Send summary
- ☐ Confirm agreed actions
- ☐ Share resources
- ☐ Maintain communication

Tool 9: Community Workshop Template

Community workshops can support dialogue, learning, and relationship-building. This planning template provides a simple structure that can be adapted for a range of health topics and community settings.

Session	Focus
1	Welcome and Purpose
2	Community Experiences
3	Current Health Issue
4	Tālanga and Discussion
5	Action Planning
6	Evaluate and Close

Tool 10: Emergency Partnership Checklist

Preparedness is most effective when partnerships are established before a crisis occurs. This checklist helps health agencies and churches review key elements of emergency readiness and partnership planning.

- ☐ Churches identified
- ☐ Key contacts known
- ☐ Communication systems tested
- ☐ Referral pathways agreed
- ☐ Welfare responsibilities clarified
- ☐ Translation resources available
- ☐ Media strategy prepared
- ☐ Volunteer training completed
- ☐ Annual review undertaken

TOOL 11: Indicators of Strong Faith–Health Partnerships

Health workers should periodically evaluate partnerships using measurable indicators.

Relationship Indicators

- Regular meetings between health services and church leaders.
- Mutual participation in planning activities.
- High levels of trust reported by community members.
- Open communication during periods of uncertainty.

Capacity Indicators

- Churches included in emergency preparedness plans.
- Health workers trained in culturally responsive engagement.
- Church volunteers trained in health promotion and emergency response.
- Established referral pathways between churches and health providers.

Communication Indicators

- Jointly developed health resources.
- Availability of Tongan-language materials.
- Evidence of ongoing dialogue rather than one-off campaigns.
- Community confidence in both church and health leadership.

Community Outcomes

- Increased participation in preventive health initiatives.
- Improved access to health services.

- Reduced spread of harmful misinformation.
- Stronger community cohesion during crises.
- Positive evaluations from churches and health agencies.

TOOL 12: Personal Reflection Tool for Health Workers

Effective engagement requires ongoing learning and self-reflection. This tool encourages health workers to reflect on their communication, relationships, partnership practices, and professional development following community engagements.

After every engagement ask:

Relationship

Did I strengthen trust today?

Respect

Did I genuinely listen?

Partnership

Did I work with the community?

Humility

What did I learn?

Improvement

What could I do differently next time?

PART IV: Implementation, Policy, and Continuing Action

The *Lotu Factor Project* highlights the important role faith communities can play in supporting health promotion, emergency preparedness, community resilience, and wellbeing. The COVID-19 pandemic demonstrated that churches often provided trusted leadership, welfare support, communication networks, pastoral care, and community connection during times of uncertainty.

This brief translates key findings from the project into practical recommendations for health agencies, churches, educators, policymakers, and researchers. Its purpose is to support sustainable faith-health partnerships that strengthen community wellbeing before, during, and after public health emergencies.

A Vision for Faith-Health Partnerships

Future faith-health partnerships should be:

- Relational rather than transactional
- Collaborative rather than consultative
- Strengths-based rather than deficit-focused
- Ongoing rather than crisis-driven
- Grounded in trust, dialogue, and shared responsibility

Strong partnerships recognise the complementary strengths of health services, churches, families, and communities in promoting health and wellbeing.

System-Level Recommendations

Health Sector (Health New Zealand, Te Whatu Ora)

Health agencies play a critical role in creating and sustaining partnerships with faith communities. The *Lotu Factor Project* suggests that effective engagement is most successful when relationships are developed before emergencies occur and when faith communities are recognised as partners in community wellbeing rather than solely as channels for communication.

Key Recommendations:

- Establish regional faith-health partnership networks.
- Include churches in emergency preparedness and response planning.
- Strengthen workforce capability in faith-community engagement.
- Develop and maintain relationships with Pacific churches outside emergency periods.
- Support ongoing partnership activities and evaluation.

Pacific Health Providers

Pacific health providers are uniquely positioned to strengthen connections between health services and faith communities. Their knowledge of Pacific cultures, languages, and community contexts places them in an important role as facilitators, advocates, and relationship-builders.

Key Recommendations:

- Facilitate partnerships between churches and health services.
- Support culturally responsive and faith-sensitive communication.
- Develop and share effective engagement resources.
- Promote examples of successful faith-health collaboration.

Churches

Churches and church leaders play an important role in supporting community wellbeing. Participants described churches as trusted spaces where people seek information, support, guidance, and connection. Continued collaboration with health services can strengthen community preparedness, resilience, and wellbeing.

Key Recommendations:

- Participate in preparedness and resilience planning at all stages.
- Maintain relationships with local health agencies.
- Support informed discussion of health issues.
- Identify church-based health champions and volunteers where appropriate.
- Encourage open and respectful dialogue on health matters.

Ministers and Church Leaders

- Create opportunities for respectful discussion and questions.
- Work collaboratively with health professionals.
- Encourage informed decision-making.
- Support community preparedness and wellbeing.
- Promote trust, accountability, and care within congregations.

Educators and Training Institutions

Future health professionals, community workers, and church leaders will benefit from greater understanding of the relationship between faith, culture, and health. Education and training institutions can help develop the knowledge and skills needed to support effective faith-health partnerships.

Key Recommendations:

- Strengthen training in culturally responsive community engagement.
- Incorporate learning on faith, culture, and health into relevant programmes.
- Support interdisciplinary learning between health professionals and faith leaders.
- Develop practical workforce development opportunities.

Researchers

The *Lotu Factor Project* has highlighted several areas where further investigation may support improved health outcomes and stronger community partnerships. Ongoing research can help build the evidence base for faith-informed and culturally responsive approaches to public health.

Future Research Priorities should include:

- Faith and wellbeing
- Faith and emergency preparedness
- Digital communication and misinformation
- Pacific youth perspectives
- Community resilience

- Long-term partnership outcomes
- Evaluation of faith-health engagement models

Implementation Framework

The *Lotu Factor Project* found that strong faith-health partnerships develop over time rather than through one-off initiatives. The following implementation framework provides a staged approach that organisations can adapt to their local context. While the timing and activities may vary, the framework emphasises relationship-building as the foundation for sustainable partnership, followed by capacity-building and long-term integration into routine practice.

Phase 1: Relationship Building	Phase 2: Capacity Building	Phase 3: Integration
Activities		
• Identify faith-community partners. • Establish communication pathways. • Develop mutual understanding. • Build trust and relationships.	• Joint training initiatives. • Shared preparedness planning. • Development of resources and tools. • Community engagement activities.	• Embed partnerships into routine practice. • Include churches in planning and decision-making structures. • Monitor progress and continue improvement.
Outcome		
Strong and active faith-health partnerships.	Prepared, informed, and connected communities.	Sustainable faith-health partnerships integrated into public health systems.

Monitoring and Evaluation Framework

Partnerships require ongoing review to ensure they remain active, effective, and responsive to community needs. The following framework provides a set of indicators that organisations may use to assess progress, identify areas for improvement, and support continuous learning. These indicators should be adapted to local circumstances and used alongside community feedback and lived experience.

Area	Example Indicators
Relationships	Regular meetings, active partnerships, ongoing engagement
Capacity	Training completed, preparedness activities undertaken
Communication	Joint resources developed, ongoing dialogue maintained
Community Outcomes	Participation, trust, preparedness, wellbeing
Sustainability	Continuity of partnerships over time

Partnerships should be reviewed regularly to identify strengths, challenges, and opportunities for improvement.

Faith-Health Partnership Model

The *Lotu Factor Project* highlights the importance of bringing together scientific expertise, trusted relationships, faith-community strengths, and collaborative partnerships. The model below summarises the central proposition of this work: that effective public health outcomes are strengthened when health services and faith communities work together toward shared goals. Effective Public Health Outcomes Are Strengthened through the following:



This model recognises that effective public health is strengthened when scientific knowledge, community relationships, faith perspectives, and local expertise work together.

Concluding Remarks

The *Lotu Factor Project* found that faith, culture, relationships, and community contexts can influence how some people understand and respond to health information. Strong partnerships between health services, churches, and communities can support trust, strengthen preparedness, and promote wellbeing.

The challenge for health systems is not to engage with faith communities only during emergencies, but to develop ongoing relationships that support effective collaboration over time. By investing in trust, dialogue, and partnership, health agencies and faith communities can work together to strengthen the wellbeing and resilience of Pacific communities throughout Aotearoa New Zealand.