EDITORIAL

Benefits of a Christian Global Health Research Collaborative

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This editorial presents the idea that a Christian Global Health Research Collaborative is needed to support small- to medium-sized faith-based organizations (FBOs) as they conduct original research and disseminate their findings. This innovative group would function as a Christian public health resource and partnership service for mission organizations and leaders to expand best practices that integrate the benefits of public health practice with Christ-centered compassion.

The Christian Global Health Research Collaborative would be available to work in partnership to improve health outcomes, meet the UN’s Sustainable Development Goals\textsuperscript{1}, engage communities, and provide discipleship through Christian focused, holistic, and sustainable methods. Based on recent research conducted on this topic,\textsuperscript{2} the three current priorities for the Christian Global Health Research Collaborative would be to: 1) support global partners in the implementation of different research designs, 2) assist them with using appropriate evaluation and measurement tools, and 3) provide ways for them to disseminate findings so others can benefit from the information.

There tends to be a lack of knowledge and understanding about research design and methodology in some FBOs, both local and international, as well as a lack of personnel and funding.\textsuperscript{3} The need for national faith-based research networks has been identified and initiated in the past but these have been focused on a specific church network or region rather than a global exchange of research and ideas.\textsuperscript{4} Offering collaborative services, such as health promotion programming, academic partnerships, and willing content experts, to these FBOs will help them determine the type of research to conduct, such as qualitative, quantitative, or mixed methods. DeHaven, et al, in their systematic review, concluded that faith-based programs improve health outcomes, but that “means are needed for increasing the frequency with which such programs are evaluated and the results of these evaluations are disseminated.”\textsuperscript{5} Ferguson, et al, in their systematic review of faith-based social services, had similar conclusions – expressing the need to broaden existing effectiveness indicators, include the role of faith as a dimension, develop valid instruments to assess FBOs, and employ more rigorous research methods.\textsuperscript{6}

Depending on the design chosen, the collection of data, measurement, and analysis can take a long time, and for the novice researcher, having a collaborative, interprofessional team available to guide and mentor would be invaluable. Building research capacity in resource-poor settings is a vital need for promoting global health but is not without its challenges.\textsuperscript{7} It is also biblical, when thinking about the ways Paul poured into Timothy in order to be enabled to teach others, for example (2 Tim 2:2). The Christian Global Health Research Collaborative team could train “Timothies” who can then mentor and guide new researchers on their journey, working together as the body of Christ to build capacity, discern truth, and strengthen the Kingdom (1Cor 12:12–27).

As any researcher knows, there are many research and measurement tools available, such as forms, surveys, and interview guides, with most of them written in English. It can be a challenge to screen them all, especially for those whose first language is not English. Then, there is the translation and validation of study instruments needed for cross-cultural research, which is
time consuming. The benefit of having a Christian Global Health Research Collaborative team available to help non-native English speakers select, and even screen, the best tool for their context would facilitate more research and robust exchange of ideas between settings.

Dissemination of valid research is important so best practices can be shared around the world. According to a study conducted in 2004, little information exists about outcome measures, and this has not changed in more than 15 years. However, FBOs can produce positive effects in community and global health, and that information needs to be shared. The Christian Global Health Research Collaborative is needed to help global partners collect, organize, analyze, write, and publish project findings in national and international journals, present at national and international conferences, verify outcome measures for donors, and help organizational leaders share their findings with local public health and policy stakeholders.

Currently, the Public Health as Mission network (PHaM) housed within the Global Community Health Evangelism (CHE) Network (www.chenetwork.org) is a place for representatives from universities, sending agencies, and other national and international partners to actively share ideas regarding integral mission and plan research projects and other high-quality research initiatives. There are plans already in place for the network to transition into the Christian Global Health Research Collaborative. The PHaM network identified, through informal and formal surveys in the past few years, the ongoing need to translate models and tools for integrating faith and public health to help obtain valid data, and to disseminate findings leading to best practices within this area of ministry. Challenges have been identified by studies in the past related to conducting international fieldwork; however, having inter-professional participation on both sides can help overcome perceived barriers.

Graduate and undergraduate students at Christian universities are being mentored and trained by members of the PHaM network to analyze and integrate social and spiritual determinants of health so they can also participate with the Christian Global Health Research Collaborative in the future, with the hope they will also have a passion for lifelong Kingdom work. Allowing graduate students to participate allows them to go beyond the theoretical content in the classroom, to applying the skills and knowledge to potential challenges in the field. Other areas of research to consider in partnership with Christian health organizations and sending agencies is burnout among medical missionaries, palliative care, worker burnout, depression, implementation studies, and of course, COVID-19 adaptation, education, and training.

The Joint Learning Initiative (JLI) recently released a Compendium of Good Practices on Conducting MEAL in Partnerships with International Actors and Local Faith Actors. MEAL refers to Monitoring, Evaluation, Accountability, and Learning. They had previously produced a Guide to Excellence in Evidence for Faith Groups. The compendium identified some of the challenges in both local and international faith-partnerships, as well as the many ways data are collected and measured, not all of which are the same as traditional methods. Data collection methods, whether qualitative or quantitative, may be a concept that is new to some faith communities.

Faith communities may also measure their success differently and may not factor in the concept of health promotion of a community, focusing instead on numbers of individual people that attend an event, numbers of faith commitments at the end of a service or month, and money donated to various causes. While this is valuable information, there are other factors to consider. Those working in public health are focused on improving the overall health and well-being of communities, so a faith-based approach that integrates data collection and science with biblical values could be very important. Such biblical values contain the sacred and social aspects of human nature that include social justice, mercy, inclusion, and connection. Using different outcome measures and reliable tools may strengthen future research about not only individuals, but communities and public health outcomes.

The advantages of having a formal collaborative are to assist local and international partners in overcoming perceived barriers to conducting research, lead to human flourishing, provide ways to meet the UNs
Sustainable Development Goals, enhance donor engagement, and improve overall community well-being. The reality of globalization and international alliances is important in today’s healthcare models; so, having a faith-based partnership is a valuable addition in the realm of Kingdom-focused research and global health.

For those who would like more information about the ideas presented in this editorial, please feel free to contact the authors. The team would also appreciate any feedback and look forward to engaging with those who are interested.

References


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