

Consumer and Community Involvement

Training content to strengthen consumer and community engagement in health research and healthcare improvement

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Our Partners



Our Associate Partners



Introduction

About Monash Partners

Established in 2011, Monash Partners is an innovative partnership between leading health service, research and teaching organisations and was accredited by the National Health and Medical Research Council (NHMRC) in 2015 as a Research Translation Centre. Our partners include: Alfred Health, Monash Health, Monash University, Peninsula Health, Eastern Health, Cabrini Health, Epworth HealthCare, Burnet Institute, Hudson Institute and Baker Heart and Diabetes Institute. Our associate partners include: La Trobe University and Latrobe Regional Hospital. The purpose of Monash Partners is to connect researchers, clinicians and the community to innovate for better health and wellbeing for around three million Australians and beyond.

Monash Partners is a member of the [Australian Health Research Alliance \(AHRA\)](#) encompassing all accredited Research Translation Centres.

Consumer and Community Involvement Platform

Monash Partners has made Consumer and Community Involvement (CCI) a priority, establishing an enabling platform for information and training, undertaking research, identifying best practice, and developing strategies to prioritise and facilitate CCI to improve health care and outcomes for Australians. The aims of the Monash Partners CCI platform include:

- Integrate CCI into Monash Partners activities
- Strengthen workforce capacity for meaningful CCI
- Develop pathways for researchers and healthcare providers to engage with consumers and the community
- Collaborate with national and international leaders in CCI

Qualitative research has included interviews with researchers, health professionals, representatives from community organisations, health services and ethics committees to understand the barriers and enablers to meaningful CCI. A systematic scoping review has identified and evaluated training content for researchers and health personnel to facilitate CCI in research and health care improvement. Through the Australian Health Research Alliance, we have engaged nationally with leaders in CCI, and collaborated with CCI experts in the United Kingdom and Canada.

This report provides an executive summary of a qualitative research study to identify training content to strengthen consumer and community engagement in health research and healthcare improvement

Background and aim

Consumer and Community Involvement (CCI) is an important and evolving area in research and healthcare improvement. As steady progress is made with integrating CCI into research and healthcare improvement practices in Australia, training has an important role to ensure researchers and health professionals are appropriately prepared to engage with consumers. CCI training also has an important role in shaping the future conceptualisation, implementation, and impact of CCI in research and healthcare improvement. The aim of the study was to identify training content for Australian researchers and health professionals to enable them to actively and meaningfully engage consumers and the community in research and healthcare improvement projects.

Methods

For this descriptive qualitative study, 28 semi-structured interviews were undertaken with eight researchers (including five researcher-clinicians), four people from ethics offices of two health services and a university, and 16 representatives from 15 consumer organisations. A focus group was conducted with six participants from five health services. Using a framework approach, a thematic analysis was undertaken. This study was set in metropolitan Melbourne, Australia, where Monash Partner's member organisations are situated. Ethics approval for the study was provided by Monash University Ethics Committee (08/05/2019).

Results

Four main themes and multiple subthemes were identified from the analysis.

Theme 1: Understanding what consumer and community involvement research and health improvement projects can look like

Most participants reported that training programs should provide rationales for 'why' CCI is important, as well as highlight the benefits and opportunities it can bring from multiple perspectives. Orientation to the terms and language used in consumer and community engagement, and how terminology varies across settings and contexts, were noted as important content to include in training. Further, the diverse roles consumers can perform in research and healthcare improvement projects and how to partner with consumers and the community to plan research and projects from the outset, were also noted as key areas to incorporate in CCI training.

Theme 2: Connecting with consumers and the community

A number of participants suggested training content should include references and links to high quality resources about undertaking CCI, and that information about

community organisations and the benefit they can bring to partnerships should be highlighted. Many participants noted that CCI training content should also address procedures that would assist with finding the most suitable consumer/s for a project. This should include information about inclusively engaging with people who were underserved in health systems, such as culturally and linguistically diverse communities, Indigenous communities, gender diverse individuals, and people living in remote, rural, and regional areas.

Theme 3: Considerations for consumer and community involvement

Participants provided a number of recommended training topics to support researchers and health professionals to effectively, productively and ethically conduct CCI. Topics included the timing of consumer involvement in projects, relationship building, ethical and practical considerations, engagement strategies, and how to value the expertise of consumers.

Planning for the future of CCI

Most participants discussed their hopes for the future direction of CCI, and deemed CCI training for researcher and health professionals to be vital to its advancement. Some participants discussed their hopes to see CCI become part of routine research and healthcare improvement projects, and future collaborations resulting in sharing of scarce resources and reduced duplication. Additionally, most participants deliberated on the best way to measure and evaluate CCI impacts, recognising this was important for justifying the time and resources used for CCI within their organisations.

Conclusion

From the perspective of health professionals, researchers, and leaders of community organisations, this study identified CCI training content for Australian researchers and health professionals. The training content will enable them to enact CCI by actively and meaningfully engaging consumers and the community in research and healthcare improvement projects. The training content has relevance at local and system levels and will be used to inform a national CCI knowledge and practice hub.