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IMPLEMENTING CONSUMER HEALTH RESEARCH: EMPIRICAL RESULTS LEADING TO SOCIAL INNOVATION IN NEW ZEALAND

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Principal Topic

Health research is sometimes regarded as fragmented, competitive and highly specialized activity in which groups of researchers within scientific disciplines often work in isolation from other disciplines. Methodological approaches and the value placed on them differ across academic disciplines and their associated professions (Riehl & Roy, 1974; Zemke & Clark, 1996) and across cultures (de Rivero, 2003). Such factors adversely impact teamwork competency within health service organisations, and contribute to the fragmentation of health service experience for consumers. Importantly, there is often little effective communication and consultation between the producers of health research and the end users (Pang et al., 2003 p815).

Greater involvement of laypeople in database management teams was recommended following a review of 105 clinical databases in UK (Black, Barker, & Payne, 2004), and an Australian review came to a similar conclusion (Daly, McDonald, & Willis, 1992).

Involving consumers in the whole process of research from selection of topics through to report writing is a largely unexplored area. There is considerable scope for collaborative approaches with well-networked consumers, promoting skill and resource development, and creating contexts within which to develop and follow appropriate research practices (Oliver et al., 2004; Waterman, Tillen, Dickson, & Koning, 2001). The contention is that *real world science* can help inform decisions by stakeholders (Amador & Fitzpatrick, 2003). Consumer perspectives are basic to the design and local development of primary health care and innovative service integration, yet consumer research is underdeveloped in New Zealand.

Methodology

The development of primary health care services in Waitemata district, the largest District Health Board (DHB) in New Zealand was investigated during 2004 and early 2005 to gauge the success and impact of the strategy implementation on Primary Health Organisations (PHO) in the District. Preparation for an electronic survey highlighted the lack of a consumer database for feedback and learning loops, and few organisational frameworks and supports for consumer research.

An electronic questionnaire was compiled and 280 questionnaires were sent. Usable responses from 204 respondents were received. The electronic questionnaire (N = 204) and interviews (N = 25) were sources of data with a small consumer input.

Results

Consumer responses indicated that consumer perspectives might differ from the perspectives of service providers on a range of questions. Although several consumer advisers or liaison people are employed, Waitemata DHB appeared to be at the low end of consumer research capability

There was a good fit between the qualitative and quantitative results, highlighting a significant gap in consumer research, and opportunities to improve provider and funder knowledge about the market (enrollees and those not enrolled) from the perspective of community members.

A key recommendation was to pilot trial a consumer mentored research group to assist those in primary care and others to extend knowledge about health related needs, and perceptions of health outcomes at community level.

A mentored consumer research group was established as a result. Objectives included interactive learning in a consumer-friendly venue, published papers and presentations. An innovative programme was established to co-create mentoring, skill development, research project support and networking opportunities for consumers. This paper shares results of the underlying research and the first year's journey.

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