South Western Sydney Local Health District



Diverse Voices: Listening to community perspectives on the future of inclusive research and innovation practice in south west Sydney

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1. Background

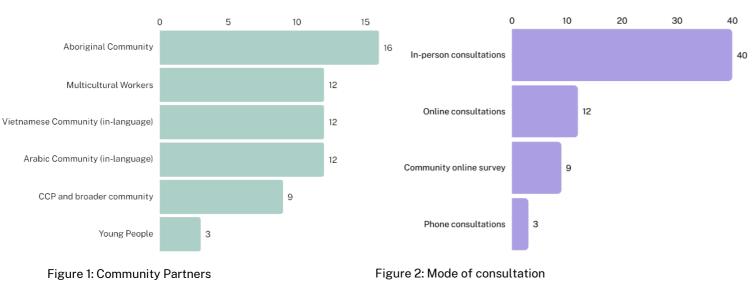
South Western Sydney Local Health District (SWSLHD) undertook extensive community consultation and engagement between March and June 2024, to develop the SWSLHD Research and Innovation Strategies. This approach represents a significant shift towards inclusive and participatory practices in health planning. Recognising that traditional methods of strategy consultation often rely on existing consumer networks which may not reflect the diversity of the community, SWSLHD expanded its scope to include various community and cultural groups.

2. Aim

The project aimed to explore community engagement and participation in research and innovation across SWSLHD. There was a specific focus on amplifying diverse community voices to understand lived experiences, perspectives, and innovative solutions to facilitate inclusion and partnership with the community and consumers.

3. Methodology

This qualitative project was led by SWSLHD Planning Unit, in collaboration with Strategic Projects and Planning, Research Directorate, Consumer and Community Participation (CCP), Aboriginal Health Unit, Multicultural Services, Youth Health and Population Health from March to June 2024. The project included 64 community partners recruited through established health networks and SWSLHD FaceBook page (Figure 1).



5. Discussion

The Partnering with Consumers Standard¹ and the Expectations and Value - Framework for Effective Consumer and Community Engagement in Research² provides benchmarking for partnerships with consumers and the community to ensure meaningful engagement and mutually beneficial outcomes, resulting in enhanced value of health initiatives and research. According to den Houting et al.'s³ model (Figure 3) this project of consulting and engaging falls within the 'doing for' category.

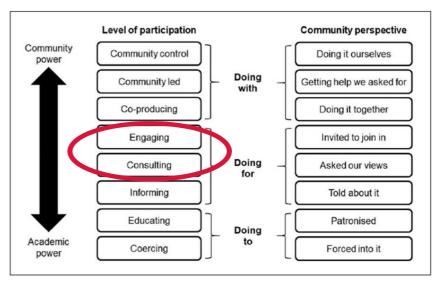


Figure 3: A depiction of the hierarchy of participatory research (based on Arnstein, 1969)

Several limitations to this project include a small sample size, limited availability of in-language groups, an English-only online survey, literacy and health literacy considerations, and reliance on established community networks for recruiting community partners.

6. Practice Translation: Starting Points

 This project provides a practice roadmap for community consultation and engagement in healthcare innovations, service delivery changes and research collaborations.

Consultation modes were tailored to community needs, including language, accessibility, literacy and health literacy, culturally safe and trauma-informed approaches to promote inclusivity and foster collaboration with community members (Figure 2). There was no remuneration for community partners in this project.

4. Results

Community partners emphasised a desire for greater levels of participation and identified several key areas for improving research and innovation practices shown below.



- Engaging and consulting with the community **amplifies diverse voices** and broadens our **reach**.
- Engage in reflective and reflexive practice approaches.
- Pursue opportunities to transition from 'doing for' to 'doing with'³, increasing **co-design** and **co-production** that actively involves community members and strengthens projects and outcomes.
- Inclusion of community involvement statements⁴ and CRediT (Contributor Role Taxonomy)⁵ statements enhances transparency of individual contributions, authorship and recognises diverse community collaborators.

7. Conclusion

Community partners highlighted the importance of being active participants across all stages of research and innovation. This ensures that it is culturally safe and inclusive, addresses intersecting vulnerabilities and is beneficial to the communities it serves.

This project emphasises the need to implement more inclusive practices and communitycentred approaches in health care and demonstrates the value of diverse community engagement in shaping healthcare strategies and projects.

This serves as a model for other health organisations seeking to enhance community involvement.

References

- 1. National Safety and Quality Health Service (NSQHS) Standards: (2021) Partnering with Consumers Standard <u>https://www.safetyandquality.gov.au/standards/nsqhs-standards/partnering-consumers-standard</u>, Australian Commissions on Safety and Quality in Health Care.
- 2. National Health and Medical Research Council (2016) Expectations and Value Framework for Effective Consumer and Community Engagement in Research: Statement on Consumer and Community Involvement in Health and Medical Research. https://www.nhmrc.gov.au/about-us/publications/statement-consumer-and-community-involvement-health-and-medicalresearch
- 3. den Houting, J. et al (2021) 'l'm not just a guinea pig: Academic and community perceptions of participatory autism research in *Autism*, 25(1).
- 4. Price, A. et al , (2018). Frequency of reporting on patient and public involvement (PPI) in research studies published in a general medical journal: A descriptive study. *BMJ Open*, 8(3)
- 5. Allen, et al (2019) How can we insure visibility and diversity in research contributions? How the Contributor Role Taxonomy (CRediT) is helping shift from authorship to contributorship in *Learned Publishing*, 32.

Statement on Positionality: As facilitators of this project, we recognise the significance of our positionality. We acknowledge the privilege we hold as health professionals and the personal experiences that some of us bring as members of the south west Sydney community. We recognise the diversity and intersectionality within our own lives and are committed to understanding and respecting these aspects in the communities we serve.

(September 2024)

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