A Research Capacity Building Strategy for
SWSLHD Primary & Community Health
2015 - 2020

Primary and Community Health Research Unit
and
SWSLHD Community Health Research Advisory Group
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1 Executive Summary

This document outlines a research capacity building strategy for the Division of Community Health in SWSLHD. It sets out a series of options that the Division might use to set future directions for developing its research and evaluation activities and capacity.

This document is intended to be used in conjunction with the 2012 Research Strategy for South Western Sydney Local Health District (SWSLHD) 2012-2021 (South Western Sydney Local Health District, 2012). The SWSLHD Research Strategy is a blueprint for research development in SWSLHD as a whole. It sets out research support infrastructure needs for the District, and provides guidelines for measuring research success in the short and medium term (South Western Sydney Local Health District, 2012). The SWSLHD Research Strategy recognised that research capacity was not evenly distributed across the District and identified a need for different approaches for research emergent groups such as the Division of Community Health.

The Community Health research capacity building strategy work was undertaken by the Primary and Community Health Research Unit (PCHRU), a small research group initially funded by an infrastructure grant from the Ingham Institute and subsequently by the Division of Community Health. PCHRU drew on the expertise of working in this area from the Centre for Health Equity Training and Evaluation within the UNSW Centre for Primary Health Care and Equity, and experience with research capacity initiatives within PCHRU and other activities.

1.1 Research Culture and Capacity Review

In preparation for developing the research capacity building strategy a Research Culture and Capacity Review was conducted, involving a literature review, survey of all community health staff, and a series of interviews and focus groups with key staff. The aim of this work was to seek input from staff and the wider community on their views of research capacity and support within the Division of Community Health and their assessment of their own research experience and capacity.

The findings of the Research Culture and Capacity Review have been summarised under four main headings reflecting areas discussed in the SWSLHD document.

1. Characteristics of south western Sydney

South Western Sydney is an emerging culturally and linguistically diverse urban region with a rapidly growing population. This creates significant challenges for services in providing primary health care that meets the needs of this diverse community. This is exacerbated by the increasing burden of chronic and complex care needs, and a lack of understanding of the roles of community health. Research will need to take account of this context.

2. Capacity building

There are few community health practitioners with the skills and experience to develop and lead research-related activities and mentor novice researchers. Issues identified for Community Health staff included:

a. Low base of research activity within Community Health combined with a low level of research skills and confidence amongst Community Health Practitioners. This is the base on which future Community Health research will be built.
3. **Research**

   a. **Fragmentation amongst Community Health Services**, with multidisciplinary teams providing a wide variety of services to diverse populations. This creates a complex environment for researchers, especially when looking beyond a single team or service.

   b. **Few opportunities or supports for participating in research.** This includes a lack of dedicated time for research participation, difficulties in arranging secondments and backfilling of positions, the fact that participation in research-related activities are not reflected in reporting systems, inconsistencies between awards, role descriptions and LHD mandates to engage in research, limited opportunities for workforce development and participation in research skill building programs, and limited financial support for research and research dissemination. These organisational factors will need to be addressed within any capacity building plan.

   c. **Limited acknowledgement of participation in research that is generated elsewhere and 'hosted' within Community Health.**

3. **Organisational issues**

Primary and community health services are ‘research emergent’, without a strong culture of support for or participation in research-related activities, and lacking skilled researchers able to mentor and supervised projects. Specific issues identified included:

   a. **Leadership and direction.** Senior staff working within Community Health lack experience and confidence in supporting research. Leadership is made more difficult by the often unclear relationships between Division of Community Health and research groups within and external to SWSLHD. The clinical roles and responsibilities of Community Health Services are not well recognised outside the Division, nor is their role in developing a shared research and evaluation agenda. Over recent times, service re-structuring has distracted senior staff from focusing on building research culture and capacity.

   b. **Management of research within the Division of Community Health.** The Community Health Research Advisory Group was established in 2013 however its role in creating a research agenda for Community Health and promoting this within SWSLHD, and the provision of infrastructure to enable it to better support and resource research and evaluation activities is inadequate. There are currently not clear pathways for Community Health staff to report on research related activities and involvement.

4. **Research governance within SWSLHD.**

Research governance relationships and reporting lines between the Division of Community Health and SWSLHD require clarification and strengthening – in particular, the Division of Community Health is not currently represented on the Research and Teaching sub-committee of the SWSLHD Board. Processes for ethics and governance are remain a challenge for novice researchers, and the processes for Site Specific Applications need clarifying, particularly for projects that reach across the LHD

1.2 **Research directions for SWSLHD Division of Community Health**

The Research Culture and Capacity Review found that the research culture and capacity of the Division of Community Health was emergent at all levels of the organisation. While there was interest in enhancing research capacity, there was a lack of focus on what research and culture
meant, what the Division should aim to achieve, or how to best support and encourage research and evaluation activities within the sector. Investment in enhancing research culture and capacity at all levels of the organisation is required, building on the work already done through PCHRU and other research capacity building activities.

The Review identified a number of decisions that Community Health Executive Team will need to make in setting directions for the next stage of research culture and capacity building. These include:

1. Vision – what is the vision for research and evaluation within the Division of Community Health within this sector?

2. What is the purpose of conducting research? For example, is it to better understand of the scope of its practice and be able to present this to others? To inform service development and evaluate change, or encourage practitioners to reflect on their work?

3. At what level should the research be supported? This might be individual clinicians, teams or services, or the organisation as a whole. Each of these will require very different capacities and support.

4. What should the focus of research be? This might include: clinical practice and processes of care, service utilisation and access to care, service/system organisation, individual, team or service outputs, and/or outcomes of care for individuals of populations.

5. Given the purposes of research within the Division of Community Health and its research capacity, what balance of effort across the research continuum should be supported, from making use of the results of previous research through reflective practice, quality improvement, program or service evaluation to formal research?

Appendix 8.5 sets out some steps for the next stages in developing a research agenda for the Division of Community Health and implementing research support structures. Which of these steps is implemented will depend on the decisions made above.

1.3 Conclusion
The role of Community Health within the Local Health District - across the continuum from community to hospital care, and linking with other sectors to provide comprehensive primary health care for the community - can be strengthened and promoted through a strong research program. This can help mainstream the activities of Community Health, increase recognition of its role, provide evidence to support its work, strengthen links with other researchers and research groups including the Ingham Institute, and give Community Health researchers better access to other support for research capacity building activities within SWSLHD, including scholarships and fellowships.
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Definitions

**Evaluation:** A type of research designed to determine the effectiveness of a program, treatment, practice, or policy.

**Hosted research:** Unlike practitioner research, ‘hosted research’ is research that is primarily developed and led by an organisation, usually a university academic department that is external to the service or setting where the research is being undertaken. The research is undertaken fully or partly within the Division of Community Health and may draw on resources of the service. It may or may not address questions of direct relevance to the service.

**Practitioner research:** Research undertaken by practitioners in their clinical settings that explore the professional and/or clinical practice in a systematic, though not disassociated, way (Dahlberg and McCaig 2010). Practitioner research is led by practitioners and aims to answer questions arising from clinical practice. It is usually directly relevant to the service.

**Practitioner researcher:** Clinicians who engage in research-related activities specifically relevant to their clinical practice. This is usually small in scope, unfunded, and addresses questions of professional and/or clinical significance to the setting.

**Quality improvement:** Activities associated with monitoring and evaluating health care with the aim of improving its delivery. These can include incident monitoring, root cause analysis, sentinel event monitoring, peer review, morbidity and mortality review and other forms of audit (NSW Ministry of Health 2007).

**Reflective practice:** A way of taking stock of events, experiences, and outcomes. It can be a means of learning from past actions and current situations (Bolt and Powell 1993).

**Research:** Inquiries undertaken with the objective of obtaining or confirming knowledge. These can include systematic investigations to establish facts, principles or knowledge or a study of some matter with the objective of obtaining or confirming knowledge (National Health and Medical Research Council (NHMRC) 2007).

**Research capacity:** is an ability to use or generate research that will address the needs of the individual or organisation

**Research capacity building:** The development of sustainable skills, organisational structures, resources, and commitment within an individual, service, or organisation to enhance capacity to use or generate research-related activities related to the work of the organisation (Hawe et al. 2000). The distinctions between RCB, RESEARCH CAPACITY DEVELOPMENT, and Research Capacity Strengthening are outlined in Section 3.1.

**Research-related activities:** this term refers collectively to reflective practice, quality improvement, evaluation, applied research, and implementation and translational research.
## Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tr>
<td>CANR</td>
<td>Centre for Applied Nursing Research</td>
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<tr>
<td>CHETRE</td>
<td>Centre for Health Equity Training and Evaluation</td>
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<tr>
<td>CPHCE</td>
<td>Centre for Primary Health Care and Equity</td>
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<td>PCHRU</td>
<td>Primary and Community Health Research Unit</td>
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<td>RCCR</td>
<td>Research Culture and Capacity Review</td>
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<tr>
<td>SWSLHD</td>
<td>South West Sydney Local Health District</td>
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<td>UNSW</td>
<td>University of New South Wales</td>
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2 Introduction

In 2012, the Research Strategy for South Western Sydney Local Health District (SWSLHD) 2012-2021 was launched (South Western Sydney Local Health District 2012). The Research Strategy is a blueprint for research development in SWSLHD and provides guidelines for measuring research activities in the short and medium term (South Western Sydney Local Health District 2012).

The SWSLHD Research Strategy assumed a level of research capacity and participation current within hospital-based clinical services and research organisations. The Research Strategy also recognised that some services, such as community-based clinical services, required a different approach to research development.

Thus, the aims of this Research Strategy for SWSLHD Division of Community Health are to provide direction to the Division of Community Health in identifying its research priorities; identify the resources needed to support and enhance research-related activities within the Division; and to provide some directions to developing these. The Research Capacity Building Strategy sets out options for building research capacity within the Division in the future and aims to address the specific issues associated with current research-related activities in the Division. This Research Capacity Building Strategy for SWSLHD Division of Community Health Services was prepared by Ms Emma Friesen and Associate Professor Elizabeth Comino (PCHRU staff) with input from Associate Professor Gawaine Powell Davies and other researchers within the UNSW Centre for Primary Health Care and Equity. As a part of the preparation of this meeting a meeting of colleagues was held at UNSW on Tuesday 2nd September 2014 and a meeting with the Community Health Executive on 10th September 2014 to discuss aspects of this Strategy and seek input.

The draft Research Capacity Building Strategy for SWSLHD Division of Community Health builds on the work of the Primary and Community Health Research Unit (PCHRU) since 2010. PCHRU was established to encourage and support practitioner research within primary and community health services. Activities included the establishment of a practitioner researcher mentoring program, plans to undertake brokered research involving staff from Community Health and general practice, implementation of the Research Culture and Capacity Review (RCCR), and establishment of the Community Health Research Advisory Group (Appendix 8.2). Preliminary work to support the development of the SWSLHD Division of Community Health Research Capacity Building Strategy, conducted through the RCCR, included:

1. A survey of community health staff seeking their opinions about research capacity and culture within staff, community health staff and the community health organisation, and
2. A series of qualitative interviews and focus groups to seek further information on participants’ views of the research culture and capacity within the community health organisation.

Summaries of these reports are included in this document (Appendices 8.4.1 and 8.4.2). The full reports are available from the strategy authors on request.
This Research Capacity Building Strategy for SWSLHD Division of Community Health 2015 – 2020 document articulates options for the Division of Community Health in developing research capacity during the next 5-6 years. The document comprises six sections:

1. Planning for the research capacity building strategy – this section describes context of the Research capacity building Strategy within PCHRU’s activities and undertaking the Research Culture and Capacity Review;
2. Issues affecting participation in research and research-related activities – this section summarises the facilitators and barriers to research-related activities within Community Health Services;
3. Health research in SWSLHD – describes the current research supports and governance structure that exist within SWSLHD and that are of relevance to Community Health Services;
4. Research directions for SWSLHD Division of Community Health - this section offers some options for thinking about research capacity building in Community Health. The choices made in this section will determine the ongoing investment needed in staff, infrastructure, and research support required;
5. Next steps in developing research capacity for SWSLHD Community Health Services – this section is intended as an outline of the steps that are required to build research capacity in staff, infrastructure, and research support within Community Health Services; the section offers options for progress; and

This Research Capacity Building Strategy is specifically written for services operating under the umbrella of the SWSLHD Division of Community Health. The Strategy recognises that there is actually a continuum of care from the community to hospital and back to the community and it is within this space that Community Health Services within SWSLHD operate. The Strategy also acknowledges that there are other groups working within this space including

1. General practice and general practice organisations (Medicare Locals or their replacement)
2. Non-Government Organisations who provide a range of community based health and welfare services
3. Private practitioners working in general practice, nursing and allied health throughout the district.
4. Other organisations within SWSLHD who provide services in the community such as hospital in the home, chronic and complex care, and other nursing, medical and allied health services.

While the research capacity building strategy is written for the Division of Community Health, the importance of collaboration with other services and sectors that provide community based health care is acknowledged. The Strategy recognises that these organisations have a role and other have responsibilities for the provision of community based services and should be included in and have opportunities to participate in research capacity building activities outlined in this document. Community health research-related activities need to be seen within the broader context of SWSLHD recognising the role of community health in the continuum from community to hospital and back to the community. Strategically, this will help to
- mainstream community health and community health research,
- raise the research profile of the Division of Community Health,
- provide evidence underlying the roles, activities, and impacts of the community health sector,
- engage other researchers and research group that do not come directly under the Division of Community Health umbrella including hospitals, general practice and general practice organisations, and other health care providers, and
- be a part of the general funding available for research capacity building within SWLHD including scholarships and fellowships
3 Planning for the Research Capacity Building Strategy

Planning for the SWSLHD Division of Community Health Research Capacity Building Strategy occurred in the broader context of research capacity development in the Division. This section gives an overview of previous activities to build research capacity in the Division of Community Health.

3.1 Research and policy context

The need to develop research capacity in primary and community health is well recognised in the literature (Comino and Kemp, 2008, Pager et al., 2012, Pickstone et al., 2008, Yen et al., 2010), Australia’s Primary Health Care policy (Australian Government Department of Health and Ageing, 2009), and the SWSLHD’s current Research Strategy (SWSLHD, 2006).

“Research Capacity Development” is a broad term encompassing a range of interventions, processes and structures supporting both the consumption and production of research (Pighills et al., 2013). Conceptually, research capacity development includes both research capacity building activities (which generally focus on novice or immature stages of research development) and research capacity strengthening (which provides more targeted support to improve capability to conduct research at more mature stages of development) (Cooke et al., 2006). Research capacity development strategies for research capacity building generally target activities associated with utilising evidence in practice. They aim to increase research skills and output; they can be targeted at the individual, team and organisational levels (Cooke, 2005, Cooke et al., 2006, Pickstone et al., 2008); and can use supra-organisational structures such as networks and support units to provide support and infrastructure (Cooke, 2005, Farmer and Weston, 2002, Pickstone et al., 2008). Disciplines that make up primary and community health services, such as general practice, nursing, midwifery and allied health, are considered “research emergent” (Ilot, 2004) (p. 347) with a relatively low research skills base (Pickstone et al., 2008). Research in these disciplines is usually self-funded and not competitive, and is less likely to be published in peer reviewed journals (Cooke 2005). As a result, these disciplines lack a strong evidence base to underpin clinical practice and health service delivery (Friesen et al., 2014, White, 2003). Strategies to increase research output in primary care, such has the Australian Primary Health Care Research, Evaluation and Development Strategy, have resulted in some increased research output in some primary care environments (Askew et al., 2008, McIntyre et al., 2011). However, research output across primary and community health disciplines generally remains low (Cooke, 2005). This suggests that “research emergent” disciplines are at the novice or immature stages of research development (Cooke et al., 2006), and therefore require interventions associated with research capacity building activities. Indeed, evidence is clear that such disciplines require focused and structured processes to engage in, and conduct, research (Pager et al., 2012, Pickstone et al., 2008, White, 2003).

3.2 History of PCHRU in SWSLHD

In 2009, the Centre for Health Equity Training and Evaluation (CHETRE) at the University of New South Wales identified south west Sydney as a priority area for research capacity development in primary and community health. Researchers and clinicians from University of New South Wales Centre for Primary Health Care and Equity (UNSW CPHCE), University of Western Sydney
Department of General Practice (UWS DGP) and Centre for Applied Nursing Research (CANR), the General Practice Unit (GPU) at Fairfield, South West Sydney GP Link, and Community Health and Allied Health within the (then) Sydney South West Area Health Service (SSWAHS), collaborated to establish the Primary and Community Health Research Unit (PCHRU). An advisory group comprising representatives from collaborators was formed to provide strategic direction for PCHRU (Appendix 8.1). In 2011, SSWAHS ‘demerged’ to form Sydney Local Health District (SLHD) and South Western Sydney Local Health District (SWSLHD). PCHRU remained located within SWSLHD and retained its existing Advisory Group.

PCHRU was awarded initial research infrastructure funding through the Ingham Health Research Institute (now the Ingham Institute) to fund its activities from 2010 through to 2012. In late 2011, PCHRU received funding from the Division of Community Health for the period 2013 to mid-2014. Funding allowed PCHRU to appoint a Senior Research Fellow as Director (0.2 FTE), a Research Officer (0.5 FTE) and administrative support (0.2 FTE). An additional 0.6 FTE was approved but not filled for the duration of the funding period. PCHRU staff were located with CHETRE at the Ingham Institute for Applied Medical Research in Liverpool.

3.3 PCHRU’s Research Capacity Development Activities

PCHRU adopted a broad understanding of research and research-related activities, based on an earlier study in community health within south western Sydney (Comino and Kemp, 2008), and recent conceptualisations in the practitioner research literature (Dahlberg and McCaig, 2010, Fox et al., 2007, Kara, 2013). PCHRU aimed to support research-related activities that encouraged practitioners to evaluate and describe their clinical services, and to apply research evidence and guidelines to clinical practice. Consistent with the practitioner research literature, these activities generally involved reflective practice, quality improvement, evaluation and applied research.

PCHRU adopted a range of research capacity development strategies consistent with successful approaches reported in the Australian context (McIntyre et al., 2011, Pager et al., 2010, Pager et al., 2012, Soos et al., 2010). Key to this was development of a Researcher Mentoring Program (Friesen et al., 2014, Friesen et al., 2014b). The Research Mentoring Program targeted individual clinicians and small clinical teams that expressed an interest in research (Askew et al., 2008, McIntyre et al., 2011, Pager et al., 2012), supported clinicians to lead research in projects of interest in their clinical settings (Brauer et al., 2007, Naylor et al., 2007), offered targeted research skills training, and established links between clinical and academic researchers (Askew et al., 2008, Holden et al., 2012, McIntyre et al., 2011, Pager et al., 2012, Soos et al., 2010). Targeting clinicians who express “an intention to do research”, rather than the entire workforce, has emerged as an efficient and effective strategy for research capacity building (Pager et al. 2012) (p.58). Such approaches potentially address intrinsic and team-level factors shown to increase motivation to do research such as addressing problems that individual clinicians perceive to be problematic and deliver quality services with good clinical outcomes (McIntyre et al., 2011, Pager et al., 2012). These approaches are designed to address intrinsic (individual) and team-level factors shown to increase motivation for undertaking research (Holden et al., 2012, Pager et al., 2012), and reflect approaches to research capacity building in primary and community health settings elsewhere in Australia (McIntyre et al., 2011, Pager et al., 2010, Pager et al., 2012, Soos et al., 2010) and internationally (Cooke, 2005, Pickstone et al., 2008).
Project teams secured commitment from managers for time-release for research work, participation in research workshops, and presentation of an abstract or poster at either the annual Ingham Institute Research and Teaching Showcase or other relevant internal conference. These strategies were designed to address organisation level factors associated with increased research participation, facilitation and outcomes (Cooke et al., 2008). The research mentoring program achieved good outcomes in terms of developing research skills amongst participants and increasing dissemination of findings by clinicians across the health service.

Since 2011, the research mentoring program has generated eight articles in peer-reviewed journals, two peer-reviewed conference papers for international conferences, six conference abstracts for national conferences, 14 conference abstracts for conferences within SWSLHD, 2 newsletter articles, 1 invited presentation and 3 workshops at national and international conferences. An additional six research mentoring program projects are currently drafting manuscripts for submission to peer-reviewed journals.

### 3.4 Actions arising from the SWSLHD Research Strategy

The launch of the SWSLHD Research Strategy (SWSLHD, 2012) followed nine months of consultation with researchers, managers, clinicians, universities and consumers. Consultations with senior research staff within SWSLHD and affiliated organisations including universities identified a number of obstacles to building research capacity within SWSLHD. These included:

- Leadership and direction;
- Profile and research ethos;
- Priority setting and innovation; and
- Infrastructure support.

Although the research consultation undertaken by SWSLHD was extensive, the Division of Community Health had limited capacity to contribute to the consultative process. A range of contributing factors was identified, including:

- Community Health disciplines being in a formative stage of research development which limited capacity to effectively engage in and articulate a clear research agenda for this sector (Comino and Kemp, 2008, Magin et al., 2010, Pickstone et al., 2008),
- Low research skills base of Community Health professionals to contribute effectively to the consultation and to develop and lead research that is likely to attract competitive funding (Comino and Kemp, 2008, Friesen et al., 2014), and
- Focus of the previous research strategy on clinical disciplines, inpatient services, and on primary research, particularly clinical trials (Sydney South West Area Health Service, 2006).

As a result, the SWSLHD Research Strategy incorporated a range of Actions to understand the opportunities and barriers to research-related activities for Community Health staff. These were captured as part of Strategic Area 5 within the District’s Research Strategy (shown in Figure 1).
### Strategic Area 5: Build Workforce Capacity to Undertake Health Research

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<th>Action</th>
<th>Timeframe</th>
<th>Responsibility</th>
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<tr>
<td>5.2.4 In Community and Primary Health implement a capacity building strategy which includes:</td>
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<tr>
<td>a) A Community Health Research Advisory Group;</td>
<td>Sept. 2012</td>
<td>Lead: PCHRU</td>
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<tr>
<td>b) A survey to identify opportunities for developing a research culture;</td>
<td>Dec. 2013</td>
<td>Partner: Community Health; Universities; Allied Health; CANR; CHETRE; General Practice Unit Fairfield; UWS; SWSML</td>
</tr>
<tr>
<td>c) Implementation of recommendations from the survey including mentoring; and</td>
<td>Dec. 2014</td>
<td></td>
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<tr>
<td>d) Joint projects with the SW Sydney Medicare Local focusing on Primary Health Nursing</td>
<td>Dec. 2013</td>
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All actions articulated above align with the *NSW Strategic Review Strategy, 1.1 Encourage research and innovation in health services*, and *2.7 Strengthen the research workforce*. Achievement is measured by the following performance indicators:

- Completion of each action;
- Number of staff attending courses;
- Number of staff having completed higher degrees by research;
- Number of projects initiated;
- Number of staff engaged in research;
- Number of presentations at conferences; and
- Number of articles in peer reviewed journals.

The Primary and Community Health Research Unit (PCHRU) was tasked with leading this work for Community Health. Work within SWSLHD Division of Community Health to complete these actions is described in the following sections.

#### 3.4.1 Formation of the Community Health Research Advisory Group

The Community Health Research Advisory Group was formed in September 2012. The Community Health Research Advisory Group has met monthly to provide oversight on research capacity building activities in the Division of Community Health, and to review progress on the Research Culture and Capacity Review. The Terms of Reference for the Community Health Research Advisory Group are shown in Appendix section 8.1. The Community Health Research Advisory Group comprises members of the senior executive team of the Division of Community Health as well as staff with an interested in research.

#### 3.4.2 Recruitment of the 2013-14 research mentoring program cohort

In 2013, PCHRU reviewed feedback from the 2011 and 2012 research mentoring program cohorts and identified a lack of skills as a barrier for novice practitioner researchers to engage in the projects (Friesen et al., 2014, Friesen et al., 2014b). PCHRU used strategies recommended for novice practitioner researchers to develop an introductory workshop entitled “From an idea to a researchable question” (Dahlberg and McCaig, 2010, Fox et al., 2007, Kara, 2013, Sanders and Wilkins, 2010), and began meeting project teams individually to provide advice on developing a research protocol prior to recruiting the 2013 research mentoring program cohort (Friesen et al., ...
2014b). A total of five projects were then recruited through a ‘Call for Projects’ held in July 2013. In contrast to previous years, PCHRU provided support to project teams primarily through individual project leader meetings. This was necessary as projects progressed at different rates, and did not have experienced research mentors to provide focused, domain-specific advice.

3.4.3 Research Culture and Capacity Review
A key to strategic success in research capacity building is in understanding the research culture and unique facilitators, motivators and barriers to undertaking research at various levels, i.e. individual, team, organisational and supra-organisational levels (Golenko et al., 2012, Holden et al., 2011, Pager et al., 2012, Pickstone et al., 2008). Previous Australian studies investigating research culture and capacity development have focused on allied health disciplines in one health service area (Holden et al., 2011, Pager et al., 2012), Dietetics (Howard et al., 2013), Occupational Therapy (Pighills et al., 2013), and Speech and Language Pathology (Finch et al., 2013). In south western Sydney, previous efforts to build research capacity in primary and community health services have focused on understanding the scope of research activity in community health nursing (Comino and Kemp, 2008), and focused interventions for Community Health staff (Friesen et al., 2014, Friesen et al., 2014b).

Prior to 2013, no studies had measured the research culture or capacity across the Division of Community Health in SWSLHD. The Research Culture and Capacity Review was therefore written into the District’s research strategy to address this knowledge gap. The Research Culture and Capacity Review used a mixed method approach to investigate current participation in research and research-related activities by SWSLHD Community Health staff, and to identify the facilitators, motivators and barriers to undertaking research at the individual, team and organisational levels.

The Research Culture and Capacity Review was conducted in two stages. Stage 1 involved a quantitative survey of research culture and capacity in community health using the Research Culture in Context tool (Holden et al., 2012, Holden et al., 2011, Pager et al., 2012). It was undertaken between November 2012 and March 2013. Findings from Stage 1 were presented to the Community Health Research Advisory Group in January 2014. The abstract from the final report appears in Appendix 8.4.1.

Stage 2 involved a qualitative study of facilitators, motivators and barriers to undertaking research within community health (Golenko et al., 2012, Pager et al., 2012). The abstract from the final report appears in Appendix 8.4.2.
4 Issues relating to research capacity building

As outlined in Sections 3.2 and 3.4, a range of activities have been undertaken to support and encourage research-related activities within primary and community health services. During the process of evaluating the outcomes of PCHRU’s research mentoring program (Friesen et al., 2014, Friesen et al., 2014b), and the findings from the Research Culture and Capacity Review, a number of issues affecting participation in research and research-related activities for the Division of CH were identified. These were largely consistent with the available key literature on research capacity development and research capacity building, outlined in Section 3.1.

There are many opportunities within the SWSLHD with the potential to support enhanced research participation within primary and community health services. These draw on those identified as a part of the SWSLHD Research Strategy (SWSLHD, 2012) and come from consultation processes. They include:

- Demonstration of organisational commitment to developing research capacity, engaging in the review and evaluation of service delivery activities and supporting new and innovative research with SWSLHD generally,
- The establishment of the research hub at the Ingham Institute that includes researchers and research groups with expertise to support research and research-related activities within primary and community health services,
- The presence of established researchers, researcher groups and research units within SWSLHD that have experience and expertise to work with community based primary and community health organisations (described in detail in Section 5.2).
- The establishment of PCHRU within the Division of Community Health to support novice and practitioner researchers (described in Sections 3.2 and 3.4),
- The progressive development of academic teaching facilities within SWSLHD and the opportunities to attract undergraduate and graduate students in medicine, nursing, and allied health care to undertake professional experience within primary and community health services,
- The unique profile of the south western Sydney community that offers opportunity for innovative approaches to delivery of primary and community health care and primary prevention to reduce the burden of chronic illness on the community,
- Recognition of the importance of practitioner research to raise the profile of primary and community health services within the wider health care sector.

The issues and concerns raised by the Research Culture and Capacity Review are described in terms of the four categories of issues and concerns that were previously identified in the SWSLHD Research Strategy:

- Characteristics of south western Sydney;
- Capacity building;
- Organisational issues; and
- Governance.

4.1 Characteristics of south western Sydney

South Western Sydney is an emerging, culturally and linguistically diverse, urban region encompassing the local government areas of Bankstown, Fairfield, Liverpool, Campbelltown,
Camden, Wollondilly and Wingecarribee. The population, currently estimated at around 875 000 people (SWSLHD, 2012), is forecast to grow rapidly with investment in new residential areas and infrastructure. Population groups within SWSLHD include:

- **Minority populations** with cultural and linguistic diversity who require better access to health care including prevention and health education;
- **Migrant populations** including new migrants, refugees and asylum seekers from conflict areas;
- **Aboriginal populations** (south western Sydney has one of the largest Aboriginal populations in Australia) that have many of the issues of newly arrived population groups, as well as the ongoing impact of colonisation, removal and marginalisation;
- **People with chronic and complex care needs**, including obesity and chronic disease, who have need for services that provide inter-sectoral care over the longer term; and
- **Ageing populations** that will drive a need for innovative approaches to long term care and support.

The diversity of the population, along with the socioeconomic disadvantage that is prevalent across the region, will continue to challenge health service delivery in SWSLHD. However, these characteristics will also offer important opportunities for new health facilities to better deliver primary and preventive care as well as expanding the capacity of existing services.

Primary and community health services are well placed to provide holistic, comprehensive, and equitable primary care that will reduce the burden of chronic conditions, improve access to health care for vulnerable, marginalised and minority populations, and improve the health and opportunities for people in SWSLHD. Research and evaluation are needed to:

- Describe the role of primary and community health services in addressing these population health care needs and highlight the role of primary and community health services in health care delivery,
- Evaluate existing and new clinical services and models of care provision,
- Explore the effectiveness of health care for specific population groups,
- Explore translation of new clinical approaches and models of care into primary and community health services,
- Evaluate the relationships within primary and community health services in particular the relationships between SWSLHD Community Health Services and community-based primary care providers such as general practitioners and organisations such as the Medicare Local and its sequel,
- Inform the strategic directions for SWSLHD Division of Community Health, and
- Enhance the profile of primary and community health services through research, dissemination and communication.

Underlying these activities is the imperative to build organisational capacity to enhance and encourage a culture of critical enquiry across the Division of Community Health and ensure that primary and community health services are in a position to respond to these emerging issues and provide services that are culturally appropriate and safe for the people of SW Sydney.
4.2 Capacity building

PCHRU has provided academic leadership to primary and community health practitioners who wished to undertake a small-scale research project. It was also intended that PCHRU would develop and lead a brokered project that was of more general relevance to primary and community health services. Other than the Research Culture and Capacity Review, PCHRU was not resourced to do this. Within SWSLHD Community Health services, PCHRU identified that there were few community health practitioners with the necessary research skills and experience to develop and lead research-related activities or mentor novice researchers. PCHRU also identified that community health staff perceived that they needed much more practical advice and technical support if they were to successfully develop and undertake research-related activities. Under the funding arrangements in place PCHRU was unable to provide this level of support. This will need to be addressed as a part of the next stages in PCHRU.

The Research Culture and Capacity Review identified issues for individual primary and community health staff and service/professional groups that are barriers to increasing research engagement within Community Health. While many of these issues were also identified by the SWSLHD Research Strategy consultations, there are a number of issues that are specifically relevant to primary and community health services. Key issues were:

- **The low research base for primary and community health services** that contributed to weak research profile and the low skill of Community Health practitioners in developing and implementing research. There is a need to develop a “critical mass” of Community Health staff with research experience not only to undertake research and research-related activities, but to support novice researchers on a formal or informal basis. A “critical mass” is also needed to attract and retain Community Health staff within SWSLHD.

- **SWSLHD Division of Community Health**, like primary and community health services more generally, comprises **streams covering a wide range of clinical disciplines** including Community Health Nursing, Allied Health, and groups working with specific populations (e.g. culturally and linguistically diverse and Aboriginal populations). Further, streams may have a range of approaches to service delivery, geographical locations and clinical teams. **Small and fragmented professional groups or teams** operating within the Division fragment and limit resources and opportunities for research participation. Specifically, time available for research is more heavily impacted by fluctuating case-loads in smaller clinical teams. Lack of research skills then reduces capacity for securing external grants and funding.

- **There are few professional opportunities for research participation** within clinical roles including:
  - **Lack of dedicated time for research** due to workload pressures, conflicting priorities, and limited capacity to reduce clinical workloads to allow for protected research time.
  - **New Human Resource systems** make it very difficult to move staff into temporary roles for research, or backfilling frontline clinical positions.
  - **Statistical reporting structures** that have no provision for reporting time spent on research. For example, Non-Admitted Patient Occasions of Services (NAPOOS) and activity based funding (ABF) - type data collection generally does not allow, and may even penalise, reporting research time if clinical activity decreases.
  - **Conflict between requirements** within Awards, roles, and position descriptions, and organisation-wide mandates to engage in research.
• Limited workforce development and research skills building programs within the LHD covering basic research and methodology. Those that are offered (such as by the Ingham Institute and PCHR) were considered “too high level” for many staff within Community Health services. Highly individualised support for specific projects is needed.

• Limited financial support, e.g. for undertaking formal post-graduate degrees by research and lack of recognition of staff who acquire additional professional qualifications.

• Acknowledgement of participation in 'hosted' research. There are limited opportunities for staff to contribute to larger 'hosted' research projects, notably those research activities that are not priority areas for Community Health Services. Where staff are involved in these projects (e.g. community nurses doing data collection), there is often little formal acknowledgement of this involvement and little or no inclusion of staff in later stages of the research such as analysis, interpretation or reporting of the research findings. Nurses have expressed frustration at getting no feedback or notification of results of studies that they have assisted. It is important that there is greater feedback build into hosted research agreements so that staff have an opportunity to contribute to the interpretation of the study findings and discuss the implications of research findings for their practice.

Development of formal research training structures to enhance research literacy, language and culture are required. These could include:

• Investment in building a research experienced and capable workforce with the capacity to support research activities by early and mid-career practitioners with Community Health,

• Research training opportunities for interested staff, such as those associated with hospital and outpatient settings, e.g. for Medical Registrars, or enablement for placement with affiliated research organisations,

• Access to research training, mentoring, supervision, and technical support to increase the skill and interest of interested staff to participate in research-related activities, and

• Strategies that address primary and community health services’ distance and structural separation from large teaching hospitals and facilities, aimed at improving access to Research Structures (described in Section 5.1); researchers, research groups and research units (detailed in Section 5.2), and library training and facilities.

4.3 Organisational Issues
Primary and community health services both in community and other primary health care services are considered to be research emergent and without a strong culture of research participation. As well as issues for the primary and community health workforce, low research literacy, culture and participation is reflected in primary and community health organisations. Consequently there are a number of fundamental issues in research leadership, direction, and management to be addressed.

4.3.1 Leadership and direction:
• The research skills of senior staff working into primary and community health services need to be developed in order to change the culture and capacity of services to better support, encourage and recognise research participation, and value of the role of research in setting the agenda for change in primary and community health services,

• The relationships between primary and community health services and research groups within SWSLHD such as CHETRE and Centre for Applied Nursing Research (CANR) that undertake research within primary and community health settings, as well as with the
Ingham Institute need to be better defined and strengthened. These organisations are potentially able to host and support research-related skills within primary and community health services.

- The relationship between Division of Community Health and external research institutes and university partners needs to be articulated. This may include formal agreements about research as well as enhanced opportunities for exchange of staff and student placement.
- Primary and community health staff work across the Division of Community Health, Medicare Locals and private primary health care facilities throughout the SW Sydney region. There is a need to recognise, formally recognise the clinical roles and responsibilities of these services and develop a shared research-related and evaluation agendas.
- There is ongoing uncertainty resulting from the review and restructure of Division of Community Health and changes to Medicare Locals that will continue to distract senior management from focusing on research participation in the near future.

The Division of Community Health with the help of other sectors within SWSLHD need to take up the challenges of determining the development of a research agenda for the sector through

- Developing priorities for a research agenda within the primary and community health sector,
- Developing and prioritising resources including staffing and funding of for research (including funding for backfilling of frontline clinical positions, protected time for research and research support),
- Enhanced recognition of role of research through improved reporting mechanisms of research activity for frontline clinicians and clarify the impact of statistical reporting structures (e.g. NAPOOS, ABF),
- Identify resources for research including funding availability, particularly for frontline clinical staff,
- Develop a model for research methodology in primary and community health services that recognised the role of practitioner research methods including reflective practice, quality improvement, and evaluation,
- Clarify requirements for quality improvement, quality assurance, evaluation and research for accreditation e.g. EQUIP

- Develop formal research support structures including mentoring, supervision, and technical support for staff with research mandated in their role descriptions, including the Clinical Nurse Consultants and (e.g. CNCs, CNEs);

4.3.2 Management of research:

- The Community Health Research Advisory Group was established within the Division of Community Health. The Terms of Reference for the CH RAG are shown in Section 8.1. The initial aim of the CH RAG was to provide guidance and direction on conducting the Research Culture and Capacity Review, while the longer term aim was to provide advice on research activities within SWSLHD Division of Community Health. The Community Health Research Advisory Group has a role in the development of research capacity building activities beyond the current funding deadline and will need to determine ongoing priorities and investment in research-related activities for the Division of Community Health. The role of the
Community Health Research Advisory Group will require review and redirection in order to implement the Research Capacity Building Strategy.

- Activity reporting within community health does not currently recognise research or value its role in service development. For example:
  - Statistical reporting structures (e.g. NAPOOS) do not allow for reporting of research activity as part of clinical work.
  - Relationships with Medicare Locals and other agencies are evolving. The discontinuation of Medicare Locals and development of new primary care organisations mean that it will sometime before there are opportunities to discuss and develop research opportunities.
  - The role of the Triple I (Hub) as a central referral location for community health services, and its capacity to create and support a research agenda, needs to be clarified.

4.4 Governance issues

- The Community Health Research Advisory Group has been established but further work is needed to build its capacity to create and support a clear research agenda within primary and community health.
- Research governance relationships and reporting lines between PCHRU, the SWSLHD Division of Community Health, and internal and external partners are evolving.
- Current reporting lines from research within community health to the Research and Teaching Subcommittee of the SWSLHD Board are not clear. A stronger relationship with this committee would provide a clearer path for reporting of activities within primary and community health to the wider SWSLHD community. Currently there is no representative from primary and community health sitting on this committee.
- The SWSLHD Human Research Ethics Committee within the Research and Ethics Office has been established as a lead ethics committee. However, the ethics and governance processes remain a challenge for novice researchers within P&CH services, particularly in relation to quality improvement activities. Enhanced technical assistance, training, and assistance is required to support primary and community health staff in preparing Human Research Ethics Committee applications.
- Further support and clarification is needed for Site Specific Applications to clarify the meaning of “site” with respect to primary and community health settings particularly in relation to services that go across the District and those that are based within professional groupings or geographical location.

In terms of organisational support of research capacity, the current climate of restructure, disbandment, and reinvention within primary and community health organisations including the SWSLHD Division of Community Health and Medicare Local presents both opportunities and risks for building research capacity within these organisations. In particular the current review of the SWSLHD Division of Community Health and the associated discussion document made very little reference to the need for research evidence to underpin proposed changes, evaluation of the processes, impacts and outcomes of changes in services delivery including the outsourcing of some services, and made no reference to investment in this area. These are important oversights.
5 Health Research initiatives in SWSLHD

With the establishment of the SWSLHD, the new Board identified key strategies directions to develop health research within the District. These research directions drew on existing research leadership based largely within the hospitals. Current research directions have gained momentum from existing collaborative partnerships with the Universities of NSW and Western Sydney based around clinical research and teaching, the commitment of clinicians, and the financial support of local companies and communities. This section aims to provide direction to primary and community health services in SWSLHD by profiling health research structures, collaborations and performance within SWSLHD that have the potential to provide leadership and capacity to enhance research-related activities within primary and community health services.

5.1 Research Governance

Formal governance structures for research in SWSLHD have been established and include:

5.1.1 The Research and Teaching Subcommittee of the Board

This was established in 2011 and operates under the broad purpose to establish SWSLHD as a leading organisation in research and teaching nationally and internationally. The Subcommittee’s main role is to provide advice to the Board about research with attention to:

- Infrastructure support (i.e. the SWSLHD Research and Ethics Office, information management and technology, finance and the Ingham Institute of Applied Medical Research)
- Strategic initiatives and funding opportunities
- Research achievements
- Embedding research into the culture of the District
- Barriers to research
- Research co-operation between partner
- Universities and the Ingham Institute.
- Development of a research incentive program.

5.1.2 SWSLHD Director of Research

The SWSLHD Director of Research is responsible for leading and coordinating the SWSLHD research effort in collaboration with the heads of individual research units including the General Manager of Community Health. In particular, the role involves implementation of the SWSLHD Research Strategy. It also includes developing research capacity, advocating for and raising the profile of local health research activities and improving efficiency and participation in research.

5.1.3 SWSLHD Research and Ethics Office

The SWSLHD Research and Ethics Office has responsibility for administration of research activities within the SWSLHD including:

- Administration of submissions to the SWSLHD Human Research Ethics Committee
- Reviewing and making recommendations to the Chief Executive about the satisfactory governance of research projects within the SWSLHD
- Answering questions and advising stakeholders on human research ethics and human research governance policies, guidelines and procedures within SWSLHD
- Provides the research community with updated information relating to internal and external human research policies and guidelines.
• Disseminating information about human research being undertaken in the District
• Facilitating communication with Research Offices in other jurisdictions
• Organising educational opportunities for stakeholders on matters relating to ethical research and authorisation (governance) of human research in SWSLHD.

5.1.4  SWSLHD Human Research Ethics Committee (HREC)
The SWSLHD Human Research Ethics Committee reviews human research applications where the research takes place in a SWSLHD facility for single centre studies and/or external institutions/organisations and investigators as approved by the Chief Executive. It provides independent oversight of human research projects; competent, timely review and monitoring of human research projects in respect of their ethical and scientific acceptability; determines the compliance of a human research project with the National Statement and NSW Health policies; withholds or withdraws ethical approval; and provides advice on strategies to promote awareness of the ethical conduct of human research. The HREC reviews all projects including Quality Improvement, evaluation, and research within SWSLHD and has determination of the perceived level of risk of proposed research activities.

Research that involves Aboriginal people requires approval by the Aboriginal Health and Medical Research Council Ethics Committee.

5.2  Researchers, research groups and research units within SWSLHD
Research within SWSLHD is undertaken by researchers and clinicians working in many disciplines throughout SW Sydney. The district has a strong track record of undertaking research that is relevant to, is undertaken in community based setting, and has the potential to improve the health of the people of the region. In addition to individual researchers there are a number of formal and informal research groups that have the capacity to support research-related activities within primary and community health services. These are summarised in
Table 1.
Table 1 Formal Research groups operating in SWSLHD and working with primary and community health services

<table>
<thead>
<tr>
<th>Research group</th>
<th>Research capability/interest</th>
<th>Research support/mentoring</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Primary and Community Health Research Unit (PCHRU)</strong></td>
<td>Undertakes and supports practitioner research within primary and community health services and of relevance to the people of SW Sydney</td>
<td>Provides support to practitioner researchers through research mentoring program; expertise in primary and community health research</td>
</tr>
<tr>
<td><strong>Centre for Health Equity Training, Research and Evaluation (CHETRE)</strong></td>
<td>Primary care, equity, health impact assessment and health policy research to address social determinants of health; descriptive research, Aboriginal health research, early childhood intervention in the community, community development and population health; embedded translational research.</td>
<td>CHETRE provides leadership and focus in training, research and evaluation in the area of health equity, with a particular emphasis on the development and evaluation of interventions to reduce health inequities</td>
</tr>
<tr>
<td><strong>Centre for Applied Nursing Research (CANR)</strong></td>
<td>New knowledge and synthesis of existing knowledge to improve nursing and midwifery practice; systematic reviews and evidenced based practice; development of nursing and multidisciplinary policies and clinical guidelines; patient safety, women’s and children’s health, and cross-cultural health and health literacy; and capacity building in nurses.</td>
<td></td>
</tr>
<tr>
<td><strong>UWS Department of General Practice</strong></td>
<td>Clinical, community based, educational and health systems research, with particular experience in participatory action research approaches and research in Aboriginal and Torres Strait Islander communities.</td>
<td>Department provides training opportunities for GPs, registrars and medical students.</td>
</tr>
<tr>
<td><strong>General Practice Unit (GPU), Fairfield</strong></td>
<td>Translational clinical and population-based research in integrated care and prevention of high prevalence chronic illness, particularly quality of care and information e.g. electronic Practice Based Research Network (ePBRN); cross-cultural health; health information sharing and exchange within and across primary and secondary care; clinical decision support; patient/clinician relationships, healthy behaviour and decision aids; ethical and social issues of integrated care of patients.</td>
<td>GPU provides training opportunities for GPs, registrars and medical students.</td>
</tr>
<tr>
<td><strong>Centre for Research Evidence Management and Surveillance (REMS)</strong></td>
<td>REMS and its team of epidemiologists and biostatisticians conduct research, evaluation and surveillance in population health, promote an evidence-based approach to population health programs, and support graduate and postgraduate learning in population health and epidemiology. Environmental health particularly air pollution and health events; built environment; social epidemiology.</td>
<td>Ability to provide epidemiological and statistical support</td>
</tr>
<tr>
<td><strong>Ingham Institute for Applied Medical research</strong></td>
<td>Houses a number of clinical research groups within research facilities including PCHRU, CHETRE, and CANR</td>
<td>Has statistical expertise to assist researchers</td>
</tr>
</tbody>
</table>

5.2.1 Informal research groups  
In addition to formal units there are a number of informal research groups operating in SWSLHD and there are research activities within various clinical services. Further details of these groups are given in the SWSLHD research strategy.
5.2.2 Partnerships and collaborations

Collaboration is an essential part of building research teams and undertaking research. Collaboration can occur across disciplines, health facilities and departments, locally and nationally or internationally, with other institutions and organisations including universities, research institutes, non-government organisations and inter-sectorial with other government departments.

Underlying all research is collaboration between researchers and research participants. These relationships can be active or passive but must always consider the needs of the research participant. Research involving participants is underpinned by trust, informed consent, health literacy, and an understanding by the participant of the importance of the research in improving treatments and of the implications of the research for individuals. Research that is undertaken with people from culturally diverse backgrounds such as Aboriginal people will have particular research considerations and importance.

Within Community Health services there are growing opportunities for collaboration:

- The Ingham Institute includes a number of research groups especially those listed above with a specific interest in primary and community health services
- SWSLHD has agreed relationships with a number of universities including UNSW Australia, and the Universities of Sydney, Western Sydney, and Wollongong.
- The establishment of Medicare Locals provided an opportunity for growing collaboration with the wider primary and community health community including the development of research activities of mutual interest. Currently the more to Primary Health Organisations will delay development of research in the near future.

5.2.3 Research physical Infrastructure

P&CH does not currently have a clear research infrastructure. The development of PCHRU was a move in this direction. However current funding for PCHRU have expired and it remains to see how this will further develop in the future.

5.2.4 Research performance

Current research performance metrics such as publication in the peer reviewed scientific literature and success in attracting competitive research grants are generally considered unsatisfactory research metrics for emerging research areas such as primary and community health. As discussed earlier in this document, there have been a number of presentations and publications that have been mentored and supported by the PCHRU research mentoring program.
6 Research Directions for SWSLHD Division of Community Health

6.1 Introduction

This chapter sets out possible options for building research capacity in Community Health Services. The section recognises that there are a number of options that the Directors of Community Health need to consider in determining their approach to research capacity building within the organisation. Having a clear vision of the research direction and goals will enable effective decisions about the research support needs of the organisation, the structures that are required to support this, and the investment in resources that is required. This Section is structured as a series of steps with options for each. This may assist the Community Health executive to clarify and determine their direction. The section leads to the next section which sets out next steps.

Table 2 Summary of research directions and goals for Research within Community Health Services

<table>
<thead>
<tr>
<th>Research capacity building direction</th>
<th>Choices/options</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vision</td>
<td>Overall statement of aim of research capacity building activities and outcomes</td>
<td>Will determine overall direction of Research Capacity Building Strategy</td>
</tr>
<tr>
<td>Purpose</td>
<td>Depends on research vision that is agreed. The purpose could include research to guide the development of the services, promote the profile of P&amp;CH services, or to ensure currency of current practice.</td>
<td>Community Health will require processes to develop and prioritise identified purposes and the relative investment required. These will require workforce with the appropriate methodological skills.</td>
</tr>
<tr>
<td>Approaches</td>
<td>• Undertaking research • Using research • Promoting culture of critical enquiry</td>
<td>These are three different approaches of research that will require different levels of investment and training. It is likely that all three will be required.</td>
</tr>
<tr>
<td>Forms of research engagement</td>
<td>The research continuum: • Accessing and interpreting the literature • Reflective practice • Quality improvement • Program or service evaluation • Formal research</td>
<td>Recognises that there are many different research designs. Skill needed to determine the most appropriate.</td>
</tr>
<tr>
<td>Focus of research</td>
<td>Depends of the research aims The focus could be on a clinical practice, service or system, or outcomes of care.</td>
<td>Choosing the focus of research-related activity will identify the level of the system that needs to be involved.</td>
</tr>
<tr>
<td>Research and stages of development</td>
<td>A research program can be broken down into component bits: • What is the problem? • How might it be addresses? • What is the solution (process)? • Did the program work (impact)? • Can the program be replicated? • How to ensure maintenance of quality? • Can it be disseminated?</td>
<td>Identifying the research question is an important determinant to identifying relevant research approaches and methodology.</td>
</tr>
<tr>
<td>Level of research engagement</td>
<td>Research investment could target • Individual • Team or • Organisation</td>
<td>The investment in research will depend on the level of investment chosen. Investing in the organisation will build the capacity of the organisation whereas individual capacity can be lost.</td>
</tr>
</tbody>
</table>
6.2 Determining the direction of research for Community Health Services

6.2.1 Vision
The Research Strategy for South Western Sydney Local Health District (SWSLHD) 2012-2021 articulated a clear Vision for Health Research in South Western Sydney:

Researchers in South Western Sydney have reputation for high quality health research that improves the health and health outcomes of local communities and has broad applicability nationally and internationally. (SWSLHD, 2012) (p. 9)

It is recommended that the Division of Community Health in SWSLHD develop its own vision statement to articulate the overall intent of research-related activities within the Division. An example vision statement is:

To develop and implement a program of high quality research-related activities for the Division of Community Health that promotes a culture of critical enquiry among community health staff and facilitated research that will strengthen community health and improve the health of people in SWSLHD.

**Action:** Community Health Executive to develop a vision statement for research across the Division of Community Health.

6.2.2 Overall purposes of research and research-related activities
For Community Health services, research and research-related activities will have a broad focus and could include:

- Generating evidence that is relevant to community health
- Using research knowledge and evidence and applying it to the community health setting
- Evaluating service developments and change; and
- Encouraging community health practitioners to reflect on their work (Comino and Kemp, 2008, Friesen et al., 2014a, Friesen et al., 2014b).

Thus the potential approach of engaging with research for Community Health Services is improving primary health care within SW Sydney by:

- **Undertaking research or evaluation** to improve understanding of organising and/or providing primary health care, including its links with other aspects of health related care,
- **Using research or evaluation** to use knowledge gained from research to improve the organisation and/or provision of primary health care, and/or
- **Promoting a culture** of critical enquiry and innovation within Community Health.

It is likely that all three types of research-related activities will be required. Ensuring that there is a balance will enable development of a few key skilled staff who are able to undertake research and encourage others in developing skills and confidence to use the results of research to inform their work and to encourage a culture of critical enquiry throughout the organisation.

**Action:** Community Health Executive to determine:

1. What is the aim of research-related activities within community health in SW Sydney?
2. What should be the balance of investments in each of the above areas?
The purpose of the research effort adopted will depend on the aims of research to be undertaken. This could cover a wide number of activities and courses of enquiry. For example, the specific purposes of engaging with research within community health might include some of these areas:

- Guiding the development of health care services in SW Sydney or elsewhere, including needs assessment, service organisation and clinical care
- Improving reporting and accountability of primary health care services
- Promoting the profile of community health and its work
- Ensuring the currency of practice standards
- Creating a strong base for future research for individuals, teams and community health as a whole.

**Action:** Community Health Executive to determine

1. What are the purposes of undertaking research within community health services?
2. What is the relative investment in the selected purposes

### 6.3 Scope of research

The scope of research-related activities for community health will be driven by the type of research questions to be addressed and will depend on decisions that are made about the aims and purposes of research in this setting.

There are two areas to consider when thinking about the scope of research activities. Firstly, there is the form of research to be supported and secondly the focus of the research. Finally, we provide a comment of the stages in development of a research idea for consideration.

#### 6.3.1 Forms of research engagement

Forms of research engagement in community health service research may include:

- Accessing and interpreting the results of previous research
- Reflective practice
- Quality improvement activity
- Program or service evaluation
- Formal research
Table 3 Role of type of research engagement in research for community health.

<table>
<thead>
<tr>
<th>Engagement</th>
<th>Aim addressed</th>
<th>Research question to be asked (examples)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accessing and interpreting the literature</td>
<td>Culture of critical enquiry</td>
<td>What does the literature say about &lt;a&gt;?</td>
</tr>
<tr>
<td>Reflective practice</td>
<td>Culture of critical enquiry</td>
<td>What does the literature mean for community health practice? How does current practice compare with current best practices in the literature?</td>
</tr>
<tr>
<td>Quality improvement activity</td>
<td>Using research</td>
<td>How can community health use the literature to change/improve practice?</td>
</tr>
<tr>
<td>Program or service evaluation</td>
<td>Using research and/or generating evidence</td>
<td>What does the literature say about the components of the program? Did the program achieve the desired outcomes?</td>
</tr>
<tr>
<td>Formal research</td>
<td>Undertaking research</td>
<td>What were the outputs of the new program compared to usual practice? What is the evidence that a new program is more effective than standard practice?</td>
</tr>
</tbody>
</table>

All individuals, teams and the service as a whole can use the results of existing research to improve their services. Building research capacity could include ensuring that training in critique of the literature was provided to all staff and that they were encouraged to undertake critical enquiry as a part of their work.

**Reflective practice** requires skill in accessing the scientific literature as well as critical reflection of current practice and procedures and may need to be built into practice routines to make it occur regular as an integral part of practice.

**Quality improvement** activities are an advancement of reflective practice and can engage services and staff in a discussion about implementation of best practice. It can also be done on a small or a wide scale, and can be built into clinical and administrative routines.

**Evaluation** of services and programs are more likely to influence particular decisions about services and their development. Both evaluation and quality improvement may involve do/act/review cycles.

**Formal research** may influence models of care and service models. In the community health setting in the short term, formal research may be limited to applied research and address questions such as ‘how does an intervention or treatment work in the community health setting’ or ‘how can it be implemented in a particular setting’? This applied research will address questions of direct relevance to community health and generate new knowledge of relevance to the sector. Formal research in the form of randomised or clinical trials is resource intensive and may be hard to achieve without involvement of highly skilled clinical researchers.

Quality improvement activities may take some effort to set up, and, if a part of the usual practice reflection cycle, may then continue to shape service provision with little ongoing effort. Evaluations and formal research are more demanding in terms of time and skill.

There may be a progression between these different activities: for example:
• A review of the professional literature may identify new information about an activity that can be examined within the services;
• This information may highlight areas for local investigation;
• Reflective practice may identify areas where there are opportunities to apply the new knowledge and barriers to implementation, and may offer opportunities for adaption;
• Quality improvement activities may highlight areas needing more formal investigation and research; and
• Evaluation or research may provide the basis for ongoing development, implementation or quality improvement.

Reflective practice and research may be done at the individual as well as the team or service level. Quality improvement and evaluations are more likely to be at an organisational level.

6.3.2 Focus of research
The focus of research undertaken can address a wide range of questions that are relevant to community health and are not limited to investigation of a single intervention. Thus the focus might include:
• Clinical practice and processes of care,
• Service utilisation and access to care,
• Service/system organisation,
• Individual, team or service outputs, or
• Outcomes of care, for individuals and populations.

Individuals may be in a position to do clinical practice research, where organisations may be better placed for output or outcome research and system change. Outcome and population focused research may be particularly demanding.

6.3.3 Research and the stages of development
The following diagram identifies different stages in the development of an idea or intervention and the types of research that are most applicable at each stage (Rychetnik et al. 2012).

Breaking the research issue down into its component stages as suggested in Table 4 may assist in identifying the stages in the development of a research idea. This example can be applied to an evidence base idea: what is the problem to be addressed? What does the literature say about ways to address this? What is the appropriate solution and what are some of the barriers and facilitators to implementing this in practice or the service? Did to achieve the results that were desired and can it be sustained/replicated in other settings?
Research will require a variety of research designs, methods, etc. The methods chosen may vary depending on the research questions and focus of the research, whether the impetus for the research is from an individual practitioner, professional or service team, or at a service level. These issues are beyond the scope of this document and have not been addressed here. Supporting expertise in the various research design, implementation, analysis and dissemination areas will require consideration. Many community health staff have indicated that they require access to significant technical expertise to design and implement research within their clinical settings.

**Action:** Community Health Executive to determine

1. What are the priorities for research development?
2. What is the level of investment required in each of these forms of research?
3. Who needs to be able to undertake these forms of research?
4. What are the training needs of staff to undertake these forms of research?
5. What are the resources needed to support these activities?
6. How should Community Health invest in research support for the service?

### 6.4 Levels of research engagement

Building research capacity for community health services could occur at the individual, team, or organisational level. There are benefits and risks to each approach that need to be considered.

- **Individual practitioners or groups of practitioners:** this usually relates to their particular areas of work, and may contribute to developing individual research profiles or career.

  Individual research harnesses the enthusiasm of individuals and may be linked to formal coursework or other research career development. It is, however, vulnerable if the individual does not have the time for the work, and the benefit may be lost if he/she leaves the organisation. It may also lack the organisational support for having results put into practice.

- **Teams:** this usually relates to some aspect of the work of the team. The results of the research may be used to improve the team and its services, and this may become part of its modus operandi.

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**Table 4 Stages in development of a research idea**

<table>
<thead>
<tr>
<th>Evidence building and review</th>
<th>Research question</th>
</tr>
</thead>
<tbody>
<tr>
<td>Problem definition</td>
<td>• What is the problem?</td>
</tr>
<tr>
<td>Solution definition</td>
<td>• How might the problem be solved?</td>
</tr>
<tr>
<td>Intervention (solution) testing</td>
<td>• What is the solution? (process evaluation)</td>
</tr>
<tr>
<td></td>
<td>• How is the service implemented? What are the outputs of the intervention? (e.g. cost, time, NAPOOS, etc).</td>
</tr>
<tr>
<td></td>
<td>• What was the outcome? (e.g. indicators for clinical changes, effectiveness, quality of life, satisfaction)</td>
</tr>
<tr>
<td></td>
<td>• Did the implementation work? If so, how and if not why not.</td>
</tr>
<tr>
<td>Intervention replication</td>
<td>• Can the program be replicated in another setting?</td>
</tr>
<tr>
<td>Maintaining program fidelity</td>
<td>• Can the program (quality) be sustained over time?</td>
</tr>
<tr>
<td>Intervention dissemination</td>
<td>• Can the program be disseminated at a population level?</td>
</tr>
</tbody>
</table>
Team level research can address issues of concern to the team as a whole, and will have a broader base of support for putting results into practice. It can apply to the whole population that the team serves, and so address issues of equity and reach. This is the level at which quality improvement activities may be established. The research may continue if individuals leave, although a champion can be hard to replace. Systems can be set up for making use of the results of research – for example through changing models of care.

- **Community health as a whole**: this may relate to the strategic aims of the organisation or a specific issue that affects community health services as a whole. This may link into strategic planning and review.

Research at the level of community health can address issues which apply across the service, and inform the place of community health within the larger health system.

**Action:** Community Health Executive to determine

1. What are the aims of research capacity building activity? Are they to build the research capacity of the organisation as a whole or focus on individual research activity?
2. What is the balance of investment needed in building organisational, team or individual research capacity?
3. What are the risks and benefits of each approach?

**Table 5 Engagement in research by type and levels (for discussion)**

<table>
<thead>
<tr>
<th>Use of existing knowledge</th>
<th>Individual</th>
<th>Team</th>
<th>Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>High use, part of professional development</td>
<td>High use, part of keeping up with own area</td>
<td>High use, in particular for issues that are strategic or central to primary health care (reach, effectiveness, equity, integration)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reflective practice</th>
<th>Individual</th>
<th>Team</th>
<th>Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>High use, focus on individual care</td>
<td>High use, focus on team and clients as a whole</td>
<td>High use, focus on strategic aims</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Quality improvement</th>
<th>Individual</th>
<th>Team</th>
<th>Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low use, more of a team function</td>
<td>High use, focus on quality, reach, equity and outcomes of care</td>
<td>Medium use, where possible relate to standard reporting from teams; focus on system issues such as population reach and equity</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Evaluation</th>
<th>Individual</th>
<th>Team</th>
<th>Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low use, better done at team or service level</td>
<td>Strategic use, focus on issues of practical importance to team</td>
<td>Strategic use, focus on effectiveness, reach and equity of services</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Research</th>
<th>Individual</th>
<th>Team</th>
<th>Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low use: a few individuals with skills, support and interest in research</td>
<td>Strategic use: focused on issues relating to elements of service models and models of care</td>
<td>As above</td>
<td></td>
</tr>
</tbody>
</table>

**6.5 Putting research into practice**

If the purpose of research is ultimately to improve the delivery of community health services and inform changes in services and practice, then the results of research activities need to be applied. This needs to be encouraged and supported as much as the research itself, and might take the form of:

- Plan Do Study Act cycles
• Quality improvement cycles that ‘close the loop’
• Incorporation into service and strategic planning

These methods are ways of identifying evidence, applying it to a practice setting, evaluating change and success, identifying facilitators and barriers to change and then making adjustments. These circular processes have a significant and ongoing role in services development over time.

6.6 Research methods and governance
Very little has been said about research methods to date as the focus has been on the purpose of research within community health services.

There are a wide range of research methods that are appropriate. Identifying these and selecting the most appropriate to answer the question will require skills development and support.

Associated with the choice of research methods are research governance requirements including applying for Human Research Ethics Clearances, and setting up arrangements for maintaining the security of research data and protecting the privacy of clients.

Action: Community Health Executive to determine
1. Community health need to identify research methods and governance that are appropriate to their services
2. They need to identify the research infrastructure support that is needed to support this?
3. This may require a discussion about the level of skill that is to be investigated in individuals, teams and the organisation.

6.7 Options for thinking about research capacity building for community health services in SWSLHD

6.7.1 A Capacity Building Framework
“A framework for building capacity to improve health” was developed by NSW Health in 2001 and may have some currency for thinking about an approach to capacity building for community health services in SW Sydney (NSW Health Department, 2001). It acknowledges that the organisational and service context is very important in determining the direction of research capacity building activities. This could include recognition of the need to build a culture within the organisation where research is considered an integral part of the organisation and is valued.

The NSW capacity building framework suggests that research capacity building requires activity at a number of levels including organisational and workforce development, resource allocation, formation of partnerships with other organisations including research groups and universities, and leadership.

The Framework also suggests that before identifying particular strategies the leadership team needs to identify the research capacity building goals. These goals might include:

• Clarification of the purpose and goals of research-related activities,
• Developing research infrastructure to support these activities,
• Ensuring that research is sustainable within the allotted research resources,
- Develop clear processes to identify issues that require research and to prioritise these within the organisational goals and resources.

These goals and activities might indicate different approaches to research capacity building.

*Figure 2 A Capacity Building Framework for NSW Health (NSW Health Department 2001)*

6.7.2 Approaches to research capacity building

There are a number of ways of organising leadership of research capacity building activities within an organisation or network. One way of differentiating these is as ‘top down’, ‘bottom up’ and ‘whole system’ methods (Thomas et al., 2006). ‘Top down’ leadership indicates that the organisation sets the research policy and agenda and ‘research’ experts provide the leadership centrally. ‘Bottom up’ research leadership indicates that practitioners develop their ideas locally. ‘Whole system’ leadership indicates a blend of the two where different teams are able to contribute to the research policy and agenda through a collaborative process and to negotiate to develop and implement their work.
Another way to think about organising leadership for research capacity building is an ‘enclave’, ‘hierarchical’, or ‘individualistic’ structure. An ‘enclave’ approach is one with a flat internal structure with no central authority, based on a shared commitment; ‘hierarchical’ is very much about the development of an organisational regulatory core and authority to regulate the work of the members; and an ‘individualistic’ approach is a loose association of affiliates developed by an individual or organisation (Goodwin et al., 2004).

Finally, another way of thinking about research capacity building is within the organisational context, facilitators and barriers change, and primary aim adopted to inform the research directions that are ultimately adopted (Harvey et al., 2010). This group described four main aims for research capacity building: ‘mobilisation’ which aims to mobilise local practitioners to undertake research-related activities, ‘facilitation’ which aims to facilitate local practitioners to become involved in hosted research activities that are led externally; ‘consolidation’ which aims to consolidate the competencies of practitioners to focus research; and ‘transformational’ which aims to change the research relationships within the organisation.

6.8 Developing the strategy

This document sets out the types of choices that Community Health needs to engage in to finalise this draft research capacity building strategy and provides some indicators of possible ways forward. Each section has been provided with a set of action items that set out possible questions for discussion.

The suggested process for developing this draft research capacity building strategy is:

(a) Determine the purposes for which Community Health wishes to engage with research, and the priority of each.
(b) Determine the appropriate level/s for engaging with research, given the agreed purposes.
(c) Develop a plan that reflects:
   a. The strategic directions for community health
   b. The agreed purposes and levels of activity
   c. Current activity and capacity for research in community health
   d. Resources available for supporting engagement with research
(d) Determine the resources, organisational arrangements and other resources that will be needed to developing and sustaining the research program.

6.9 Reflections on current approach (PCHRU)

- The existing focus on doing research is good for investigating local circumstances in SW Sydney, and for promoting the work of community health. However encouraging individual and teams to access and apply existing knowledge to their services may make a broader contribution to improving primary health care services in SW Sydney.
- The existing focus on individuals doing research is good for building individual skills and research careers, but must recognise that only a few staff will have the skills, inclination and time to take this path. If the research is not completed, the quality is not good enough or results are not disseminated, there will be little return on investment. A stronger focus on building research capacity at the team or service level might lead to more sustained research
that can be applied more broadly and systematically to inform development of services, direct change appropriately, and enhance the profile of community health in general.

- Evaluation and research are costly, and so should be strategic and have a plan for using the results. Reflective practice is much less costly, and can be implemented on a much wider scale.
- One of the risks of research investment is that the results are never put into practice. Community health needs to consider the implications of this and consider ways in which implementing research findings is encouraged and supported. This also implies that decisions about service developments are informed by research evidence and where there is no evidence services changes can be adequately evaluated.

6.10 Next steps

Appendix 8.5 sets out the next steps for building research capacity within the Division of Community Health. The appendix is intended as a shopping list of activities that one could undertake within a number of areas as listed in table 6. These are intended to inform further discussion.

Table 6 Ten areas for action to develop a research capacity building plan for SWSLHD Division of Community

<table>
<thead>
<tr>
<th>Area for action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  Build community health capacity to undertake research and build organisation research capacity</td>
</tr>
<tr>
<td>2  Improve communication about research-related activities, their findings, and implications for development of community health services</td>
</tr>
<tr>
<td>3  Creating and enhancing a culture of critical enquiry with community health services</td>
</tr>
<tr>
<td>4  Identify research priorities in clinical practice and organisational development in community health services</td>
</tr>
<tr>
<td>5  Build individual, team and professional capacity to undertake research-related activities</td>
</tr>
<tr>
<td>6  Identify and support junior staff with an interest in developing their professional careers and expertise as practitioner researchers</td>
</tr>
<tr>
<td>7  Identify and support junior staff with an interest in developing their professional careers and expertise as practitioner researchers</td>
</tr>
<tr>
<td>8  Develop methodological and multi-disciplinary research expertise</td>
</tr>
<tr>
<td>9  Strengthen the links between research, teaching, policy, and practice</td>
</tr>
<tr>
<td>10 Strengthen the infrastructure support for research-related activities within community health</td>
</tr>
</tbody>
</table>
7 Implementation – Measuring success

Implementation of this research capacity building strategy will require action across the Division of Community Health to implement a program of research development and capacity building. Leadership of the change will rest with the Community Health Executive Group, led by the general manager of Community Health.

If the Division of Community Health is to succeed in developing and implementing ‘a program of high quality research-related activity’, and promote a ‘culture of critical enquiry among community health staff’, it is essential that:

1. The Community Health Executive sign off on and commit appropriate resources to developing these activities,
2. Current research organisations and units, particularly those listed in Section 5.2, are engaged in the development of activity,
3. Existing structures for support and facilitation of research and research governance including those listed in Section 5.1, are engaged in the process,
4. A research capacity building action and implementation plan is implemented, and that
5. Appropriate measures of success are developed and implemented.

Finally it is imperative that the Division of Community Health use this document to develop an interim implementation plan and identify resources to support it.
8 Appendices

8.1 PCHRU Advisory group membership

Members of the PCHRU Advisory Group are

1. Anne Mckenzie
2. Carolyn Naylor
3. Deepa Kumar
4. Della Maneze
5. Donna Beveridge
6. Garry Clarke
7. Justin Duggan
8. Lauren Hickson
9. Penny Waldon
10. Wendy Geddes

8.2 Community Health Research Advisory group membership

Members of the Community Health Research Advisory Group are

1. A/Prof Bronwyn Everett (Maree Johnson)
2. A/Prof Elizabeth Comino
3. Ms Emma Friesen
4. Gawaine Powell Davies
5. Prof Jenny Reath
6. Justin Duggan
7. Dr Lynn Kemp
8. Mathew Jennings
9. Penny Waldon
10. Rene Pennock
11. Prof Siaw-Teng Liaw
8.3 Terms of Reference for SWS LHD Community Health Research Advisory Group (Stage 1)

Current at January 1, 2014

Aim

The initial aim of the SWS LHD Community Health Research Advisory Group (Stage 1) is to provide guidance and direction on conducting the Research Culture and Capacity Review (RCCR) across SWSLHD Community Health to the Primary and Community Health Research Unit (PCHRU). The RCCR will be completed by December 2013.

In the longer term, the Community Health Research Advisory Group (Stage 2) will provide guidance and direction to PCHRU on activities to build research capacity within Community Health in SWSLHD. The Community Health Advisory Group will also provide advice to the SWSLHD Community Health Executive Committee and the Centre for Health Evaluation Training Research and Education (CHETRE), on research activities within SWSLHD CH.

Membership: The proposed membership of the Community Health Advisory Group is as follows:
- SWSLHD General Manager of Community Health – Justin Duggan
- Minimum of the Director and one representative from SWSLHD Community Health Directorates:
  - Child and Family Clinical Services
  - Community Health Nursing
  - Corporate and Support Services
  - Specialist Services
- Representative from Medicare Local
- PCHRU Director - Elizabeth Comino
- PCHRU Research Officers - Emma Friesen + additional project officer
- Other interested Executive and non-Executive participants, including Representatives from Departments, Streams and Services.

Chair: The meetings will be co-chaired by the PCHRU Director and the General Manager of Community Health. Duties of the Chair include:
- Ensure agenda is circulated prior to meetings
- Chair meetings and ensure all agenda items are discuss, decisions are made and the meeting identifies action to be taken as appropriate.

Quorum for meetings: There will be a minimum quorum for the meeting to occur. This will be half the membership +1.

Frequency of meetings: Suggest monthly initially.

Reports to: The Community Health Research Advisory Group (Stage 1) will report to:
- Primary and Community Health Research Group, through PCHRU Director
• SWSLHD Community Health Executive Committee

**Terms of Reference:** The Community Health Research Advisory Group (Stage 1) will:
  • Provide advice to PCHRU on research programs and activities of interest in SWSLHD Community Health.
  • Review and monitor implementation of research, including the Research Culture and Capacity Review.

**Responsibilities of Advisory Group Members:** Attend meetings and be punctual.
  • If unable to attend a meeting, organise to send a suitable proxy.
  • Raise issues and concerns, and report on initiatives.
  • Participate in discussions and decision making.
  • Provide advice on sources of research data as required to support PCHRU activities.
  • Undertake follow-up actions as identified by the Advisory Group.
8.4 Abstracts from the Research Culture and Capacity Review (RCCR)

8.4.1 RCCR Quantitative Study (Survey of staff)

**Background:** Building research capacity is strategic aim for South Western Sydney Local Health District (SWSLHD). However little is known about the current research activities in SWLSHD Division of Community Health, nor the facilitators, motivators and barriers to undertaking research that exist for these staff.

**Methods:** The Research Culture and Capacity (RCC) survey tool was used for data collection. The survey was pilot tested with Community Health managers. The survey was deployed through an online portal and in paper format from November 2012 to March 2013. The online version allowed multiple attempts from the same computer but not partial completion and later retrieval. Quantitative data were analysed using descriptive statistics. Qualitative data were analysed thematically.

**Results:** A total of 109 usable responses (58 online, 45 paper copies, 6 scanned PDFs) were received, giving a response rate of approximately 26%. Participants were predominately female, employed in Child and Family Services and employed under the Nursing Award. The majority of the sample was employed full time and in permanent positions. Almost half of the participants reported some form of post-graduate qualification, with vocation-based graduate certificate in nursing being the most common. Across all domains, there was a high level of awareness of the need for ethical review of research. Participants were largely unsure of organisational and team level skills and success in undertaking research. The highest levels of skills and success across all domains were for activities associated with using evidence to plan, promote and guide clinical practice. Few participants reported skills or success in research generation activities, and most participants had no recent experience in research activities. Major barriers to undertaking research were lack of time, lack of access to external support and funding, and lack of skill. Low levels of motivation to undertake research were reported.

**Discussion:** Our results confirm that disciplines within CH in SWLSHD have a low research skills base and therefore limited capacity to generate research. The majority of participants in this study reported one or more post-graduate degrees, confirming correlation between adoption of EBP in clinical practice and higher qualifications. The lowest levels of skill and success were for activities associated with generating research, and accessing external resources and supports for conducting research. This suggests clinicians in Community Health do not currently have sufficient skills to generate research, and are unable to access external funding and resources to protect research time or to ‘buy-in’ technical expertise. This is exacerbated by a lack of time to develop research skills within current workloads.

**Conclusions:** Significant barriers to research generation exist across the Division of Community Health. Staff appear to lack the skills and intrinsic motivation to undertake substantial research generation activities within current clinical caseloads. Organisational- and team- level skills to access external funding and resources, ‘buy-in’ technical research expertise and enable protected time for research skills development and use are needed. Targeted strategies incorporating skill development programs, informed by knowledge of clinicians’ research experience and interests, should be explored.
8.4.2 RCCR Qualitative study (interviews and focus groups)

The Primary Community Health Research Unit (PCHRU) was tasked with undertaking a Research Capacity and Culture review of the Division of Community Health in 2012. The aim was to describe the research culture in Community Health, and examine the motivators, facilitators and barriers to undertaking research. This report presents the findings of the qualitative component of the Research Culture and Capacity Review. The qualitative study specifically investigated the perceptions of both managers and clinical practitioners of the motivators, facilitators and barriers to research participation and engagement.

A stratified purposeful sampling approach, using snowballing, key informant identification and convenience sampling methods, was adopted for recruiting participants. Managers and practitioners generally identified similar research motivators, facilitators and barriers, although there were a few viewpoint differences.

Research motivators that related to health policies, staff interest in research, purpose of the research, links to research organisations, time availability and perceived support for the research engagement concept were identified. Research facilitators related to research advocacy activity, research resource provision, research dissemination processes and particular Government initiatives.

Barriers to research included the impact of multiple Health Service organisation re-structuring attempts; health policy; research funding arrangements; lack of time for research activity; low research competence (in terms of knowledge and experience); limited access to research expertise; lack of financial support; competing clinical and research priorities; research methodology issues and communication mechanisms.

Participants discussed a range of ideas that could be used to guide the development of strategies for further facilitating research engagement in the SWLHD. Broadly, these related to the provision of: a more encompassing form of organisational support for research; effective research education processes for staff and effective research consultation and related support services for staff. Ideas were also raised that suggested a positive research mindset should be fostered within the SWLHD Division of Community Health and that effective communication and collaboration mechanisms between community health staff and researchers should be developed and/or promoted.
8.5 Next steps in developing research capacity for SWSLHD community health services

This Section of the draft Research Capacity Building Strategy for Community Health Services in SWSLHD indicates the next steps in building research capacity for the service. Section 6 provided an outline of the choices that are required to develop research and research capacity for P&CH services in SWSLHD. At the end of that section the Community Health Executive should have the tools necessary to make informed decisions about

(a) The purpose of research it wishes to engage in,
(b) The scope of research questions that it wants to support,
(c) The appropriate level of the service for engaging with research, and
(d) A way of prioritising each choice.

These should enable Community Health to begin to finalise a research strategy plan that reflects strategic directions for community health, the purposes and levels of research activity, current activity and capacity for research within and about Community Health Services, and the resources needed to provide individual practitioners, team and organisational support for engagement in research.

This section (Section 8.5) aims to contribute to the next stage of development through identifying areas for action and the tasks that may be required to support research activity in Community Health Services in SWSLHD. This section is intended as a guide as the activities undertaken will depend on and be directed by the decisions and choices selected from Section 6. It draws on the experience of PCHRU during 2010-2014, and members of the PCHRU Advisory Committee who have worked in this area for much longer. It takes up the issues identified and proposes nine areas for action. This document is intended as a guide for P&CH services to determine ongoing research priorities for community health, guide leadership decisions about the amount and type of investment in research that is required to achieve these priorities, and the collaboration with other organisations that is needed. The areas of action are not exclusive and there is significant overlap between them. The document sets out ten areas for action (Table 6).

Addressing each of these is necessary to build research capacity within Community Health services to address the research needs and decision supports that are identified in the previous section.

8.5.1 Areas for action

8.5.1.1 Build community health capacity to undertake research and build organisation research capacity

1. Create leadership capacity to support and encourage research activities within community health
   a. That research activities be specified in the work plan of the General Manager and Directors of Community Health in SWSLHD,
   b. That research be included as an agenda item in the Community Health Executive Team meetings,
   c. That research-related activities be included in the reports to the CE, SWSLHD,
2. That Community Health Services adopt SWSLHD district policy emphasising the value of research to SWSLHD in general,
3. That Community Health Services develop formal relationships with relevant research units within SWSLHD including CHETRE, CANR, and Ingham
4. Research-related activities imbedded into the performance agreements of community health services and facilities
5. Community health to enhance investment in research infrastructure and support services

8.5.1.2 Improve communication about research-related activities, their findings, and implications for development of community health services
1. Develop and implement a communication strategy for research-related activities within community health services;
2. Improve the registration and identification of research-related activities in community health through
   a. Closer relationships within the Research Officer to better identify research-related activities that have clearance through the SWSLHD HREC, and
   b. Stronger reporting structures and responsibilities within Community Health;
3. Include reporting about research-related activities within reporting structures of Community Health;
4. Increase awareness of research within Community Health through improved communication of research activities through
   a. local and regional newsletters,
   b. Inclusion of information in the Community Health newsletter,
   c. Contribution to district wide research communiqués,
   d. Presenting work at internal and district wide research forums, and
   e. Undertake a community health research showcase;
6. Encourage staff to present their work at regional, state and national conferences;
7. Use the results of research activities to inform decisions about practice

8.5.1.3 Creating and enhancing a culture of critical enquiry with community health services
1. Encourage opportunities for reflection about organisational and practice standards:
   a. Provide opportunities for staff to be exposed to new ideas and practices through opportunity to attend seminars, presentations, and conferences.
   b. Encourage staff to access and read their professional literature.
   c. Include discussion of professional literature within agendas of all team meetings.
2. Provide support for staff to develop practitioner networks with other groups providing similar services:
   a. Provide opportunities for visiting and exchange programs to enable staff to experience other services.
   b. Encourage staff to be active participants in their professional organisations.
   c. Provide financial support to staff to attend conferences and other scientific meetings in their areas of interest.
   d. Identify barriers to research participation for staff and develop relevant responses to addressing these.
3. Explore the experiences of other institutions, community health services and groups in developing cultures of critical enquiry.
   a. Identify individuals with expertise in developing cultures of critical enquiry and engage them in discussions and other activities.
   b. Increase links with other groups who are involved with research development processes.
4. Recognise that there is a diversity in research methods and approaches
   a. Promote practitioners research methods including:
      i. Accessing and interpreting the results of previous research,
      ii. Reflective practice,
      iii. Quality improvement activity,
      iv. Program or service evaluation, and
      v. Formal research.
   b. Increase methodological expertise in qualitative, quantitative, and mixed methods research tools.
   c. Encourage the exchange of information about research methodologies through opportunities to discuss these.

8.5.1.4 Identify research priorities in clinical practice and organisational development in community health services
1. Identify a set of key research themes and priorities for community health:
   a. Develop processes for the development of a core set of research themes for community health,
   b. Agree on key theme and sub-theme research areas for community health services,
   c. Map these theme areas against the proposed structure of community health service, and
   d. Review these at least annually.
2. Develop a set of indicators for judging research success that can be monitored over time.
   a. Identify a set of ‘traditional’ research success indicators.
   b. Identify a set of indicators for community health services including
      i. Register of research-related activities including QI,
      ii. Identify all publications and presentations that result from research-related activities within Community Health,
      iii. Agree on these indicators across all services, and
      iv. Establish monthly and annual reporting schedule.

8.5.1.5 Build individual, team and professional capacity to undertake research-related activities
1. Provide opportunities for research participation through ‘top down’ and ‘bottom up’ opportunities for research participation.

‘Top down’ support could include:
   a. Identification of organisational priorities for research and creation of a core research agenda and
      i. Develop a research plan and structure to implement this research,
ii. Invest in research support for the project,
iii. Invite interested staff to participated in the project, and
iv. Provide training and research skills development

b. Access to technical support to staff interested in developing and undertaking research-related activities. This might include:
   i. Selection process to ensure that projects are relevant and able to be supported, and
   ii. Assistance with technical aspects of the research such as literature reviews, formulating research protocols and applying for ethics clearance.

c. Development of research dissemination strategies so that the findings of research are disseminated locally and more widely and are able to inform policy and practice.

d. Ensure that research leaders are adequately recognised within the system.

‘Bottom up’ support to include

e. Opportunities for community health staff to develop their research ideas through provision of technical support for project development.

f. Continuation of research mentoring program.

g. Access to training about research-related activities for community health staff.

h. Support staff who are interested in undertaking formal research training such as post-graduate training.

2. Ensure that research-related activities are included within team and professional activities.

8.5.1.6 Identify and support junior staff with an interest in developing their professional careers and expertise as practitioner researchers

1. Implement traineeships/new graduate programs for early career staff.

2. Ensure that there is adequate mentorship from suitably qualified staff for research-related activities.

3. Seek opportunities for student placements within services.

8.5.1.7 Develop methodological and multi-disciplinary research expertise

Research within community based services has a broader definition that it does within clinical settings.

1. Identify and prioritise the research support needs for community health.

2. Provide academic leadership for research in community health through employment of someone to develop and lead a research agenda for Community Health Services

3. Strengthen partnership with research organisations and units currently working in this area.

4. Provide access to technical support and training that is appropriate for primary and community health.

5. Provide appropriate funding to support the next stage of PCHRU.

8.5.1.8 Strengthen the links between research, teaching, policy, and practice

1. Build relationships with major internal and external stakeholders in research in community health
a. Strengthen relationships with external stakeholders in research within community health services.
b. Strengthen links with external training organisations including Universities of NSW, Western Sydney, and Sydney, ACU, and Notre Dame through:
   i. Development of collaborative research ideas,
   ii. Agreement for support and mentoring of community health who are undertaking research-related activities, and
   iii. Engagement in education and training through contribution to teaching and provision of student practice opportunities and placements.
c. Strengthen links with other organisations such as NSW Health.
d. Strengthen relationships with major internal stakeholders including
   i. Research groups such as the Ingham Institute, CHETRE, and CANR, and
   ii. SWSLHD Research and Ethics Office

2. Develop options for a research dissemination program.
   a. Include a dissemination plan for all current research-related activities and ensure that the results of completed programs are written up and reports circulated.
   b. Seek out ways to ensure that the results of research-related activities inform the development of services within SWSLHD.
   c. Ensure that where appropriate efforts are made to incorporate the results of research-related activities into government policy (both national and state).
   d. Encourage all research active staff to present or publish their research activities within the professional and peer reviewed literature.

3. Encourage the transfer of research-related activities into training opportunities.
   a. Engaging undergraduate and honours students in research projects as additional resources.
   b. Identify learning opportunities for students and staff.

8.5.1.9 Strengthen the infrastructure support for research-related activities within community health

1. Strengthen the role of the Community Health Research Advisory Committee through
   a. Revisiting the Terms of Reference,
   b. Ensuring that there are opportunities for presentation of research work at the committee members and discussion about the development of the work and the implications of the findings for community health services,
   c. Ensure that the Advisory committee has resources to monitor research activities within community health and support reporting activities.

2. Develop Primary and Community Health Research Unit (PCHRUS) to provide research support and infrastructure for community health services.
   a. Establish senior role at senior research fellow level or above to lead research activities and develop a research agenda for community health.
   b. Employ at least one full time project officer to provide technical support to community health staff in developing and implementing research activities.
   c. Employ a project officer to support the director in developing and implementing community health research agenda.
d. Ensure that PCHRU is recognised within community health through opportunities for director to interact with community health executive.

3. Strengthen relationships between community health and research infrastructure within wider SWSLHD including:
   a. Director of community health to sit on the Research Teaching Committee,
   b. Engagement with Ingham Institute for Applied Medical Research through the co-location of research support unit within this hub,
   c. Ensure that PCHRU has access to research expertise and support of research groups currently working with community health services including the Centre for Health Equity, Training, Research and Evaluation (CHETRE) and Centre for Applied Nursing Research (CANR),
   d. PCHRU to report through community health executive and GM community health to research and teaching committee,
   e. Enhance engagement with the SWSLHD HREC, and
   f. Enhance engagement with medical libraries and ensure that there is discussion about opportunities to strengthen library support for community health
9 References


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