

# Te Kaupapa Rangahau Hauora o Counties Manukau District Health Board

## Health Research Strategy for Counties Manukau District Health Board<sup>1</sup>

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<sup>1</sup> The base document for the CMDHB research strategy is the NHS document *Best Research for Best Health*

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# Foreword

Counties Manukau District Health Board (CMDHB) has a history of being innovative and forward looking, attracting high calibre people who want to be part of this organisation. Health research has always been a part of this organisation. The Centre for Clinical Research and Effective Practice (CCRRep) was established at CMDHB In 2001 and one of the outcomes has been increased visibility of health research within CMDHB.

Health research and development should be an integral part of the way in which we plan and deliver health services. We want to make CMDHB the best place in New Zealand for health research, development and innovation. Why do we want to do this? Because health research provides us with new ways of dealing with the health challenges that our community faces.

Our five year strategic plan<sup>2</sup> has identified the following six long term outcomes:

1. Improve community wellbeing;
2. Improve child and youth health;
3. Reduce the incidence and impact of priority conditions<sup>3</sup>;
4. Reduce health inequalities;
5. Improve health sector responsiveness to individual and family/whaanau need;
6. Improve the capacity of health sector to deliver quality services.

Our health research strategy needs to be framed around ensuring that we have the right people and the means to deliver these six long term outcomes.

Health research also plays a key role in the knowledge economy of our country through its contribution to international competitiveness and economic growth. A vibrant health research environment assists our ability to deliver world class health services and attract world class employees.

The vision that this strategy describes is underpinned by our determination to ensure that CMDHB's contribution to health research is properly recognised both internally and externally and informs health care delivery decisions for optimum outcomes.

CMDHB believes that the changes we are putting in place are essential to creating a health research environment in which CMDHB supports outstanding individuals, conducting leading edge health research focused on the needs of patients and the people of the Counties Manukau region. We also believe the changes will increase the visibility of the benefits of undertaking and participating in health research to those providing health services and to consumers.

*Health Research Strategy for CMDHB* can only be successful with the widespread support and commitment of our staff and our community, including both consumers and providers of

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<sup>2</sup> District Strategic Plan 2006.

[http://www.cmdhb.org.nz/About\\_CMDHB/Planning/District-Strategic-Plan/2006-2011/DSP2006-2011.pdf](http://www.cmdhb.org.nz/About_CMDHB/Planning/District-Strategic-Plan/2006-2011/DSP2006-2011.pdf)

<sup>3</sup> District Strategic Plan 2006. Page 12; diabetes, cancer, mental illness, chronic care management (diabetes, cardiovascular disease, congestive heart failure, chronic obstructive pulmonary disease, depression).

health services. The strategy will be managed in accordance with relationships that have been established with our key partners, the Clinical Centre for Research and Effective Practice (CCRep), and the University of Auckland.

We look forward to the journey together.

# Introduction

Ma te manaaki a te runga rawa, ka piki mai te ora.

Ma te kotahitanga a te iwi, ka mau i te kaha

Ma te aroha a te tangata, ka puawai nga hua a te kakano

With the blessings of our spiritual guides, we will aspire to wellness

With unity of the people we embrace strength

With the nurturing from all of us;  
the seed blossoms forth to fruitfulness

## *Why do we need a research strategy?*

CMDHB faces significant health issues particularly affecting Maaori and Pacific communities as has been identified in the *District Strategic Plan* and the *District Annual Plan*. For example, there is a disproportionately high prevalence of morbidly obese people (*National Health Survey data 2002/03*) and a high prevalence of obesity-related type 2 diabetes, hypertension, and cardiovascular disease. There is also a high prevalence of smoking-related chronic respiratory disease, early childhood illness, and chronic mental illness. In conjunction with local Primary Health Organisations, CMDHB administers a number of novel Chronic Disease Management programmes and other initiatives and some progress has been made. However, significant health inequalities remain, particularly amongst the Maaori and Pacific communities, and it is unlikely that current standard Guideline-based care will be sufficient to remedy the problem. New treatments and new approaches will be needed to affect significant change.

Health research is a broad term, which encompasses a range of activities, that contributes to the development of knowledge surrounding health care science service and delivery. Across the continuum of health care a multitude of research methods can contribute uniquely, to the advancement of this knowledge stemming from qualitative to quantitative research designs.

Qualitative evidence contributes to the development of new knowledge and generates understanding of the context and relevance of research, the meaning of the interventions in question in the people's lives, and hence also the transferability and applicability of the research in different settings.

Quantitative research is the investigation of a topic using precise measurements and controls this involves rigorous and controlled design there are multiple methods some of which include; cohort studies, case control studies, observational studies, and randomised controlled trial. Uncontrolled case series rarely provide useful evidence, though outcome studies are useful in

auditing quality and assessing clinical effectiveness against guidelines established from an evidence base.

Organisations such as the Cochrane Collaboration, the Joanna Briggs institute, and the Campbell collaboration all regard randomised controlled trials (RCT) as providing the best evidence for change in practice because confounding and bias are minimised by the randomisation process. The number of active, enrolling RCTs is regarded by many as a key performance indicator of research activity in healthcare institutions.

RCT may be initiated in healthcare institutions by local investigators with funding from public-good grants, by academic collaborations with Universities and other institutions, and in partnership with the pharmaceutical industry. Review of RCT registered with the Australian and New Zealand Clinical Trials Registry ([www.anzctr.org.au](http://www.anzctr.org.au)) shows some discrepancy in the sponsorship of recruiting studies in Australia and New Zealand between Public-Good funds, University collaboration, and Pharmaceutical Industry (see Table A).

**TABLE A: Source of sponsorship of active RCT at Australian & New Zealand sites**

	Australian studies*	NZ studies*	CCRep studies
Government and Charitable agencies	75 (32%)	20 (39%)	5 (11%)
University collaboration	42 (18%)	4 (8%)	2 (4%)
Pharmaceutical Industry	117 (50%)	27 (53%)	39 (85%)
Total RCT	234	51	46

\* From Australian and New Zealand Clinical Trials Registry ([www.anzctr.org.au](http://www.anzctr.org.au)) accessed January 4, 2008.

Current RCT research activity is skewed in distribution with an excess dependence on Pharmaceutical industry sponsored RCT. RCT are invariably carried out by enthusiasts who drive the process and there is a group or department focus. CCRep manages most of the clinical trials undertaken in partnership with the Pharmaceutical industry, but it has not been mandated by CMDHB that all research should go through CCRep. Nor is CCRep funded to undertake this role. The excess dependence on Pharmaceutical industry sponsored RCT gives cause for concern because such studies invariably don't provide the outcomes that we seek.

The New Zealand Public Health and Disability Act 2000 (NZPHD Act) established District Health Boards to take a 'population health' focus for their geographically defined populations. A population health approach requires and integrates both intersectoral action that addresses the social and economic determinants of health, and action within various health and disability services themselves (public health, personal health, and disability support). It uses a range of evidence, qualitative and quantitative, to identify needs and develop strategies for intervention, with an emphasis on meeting the needs of those who may otherwise be 'invisible' and marginalised. Thus, health research from a District Health Board perspective needs to encompass research that is much broader than that focussed on clinical trials, and it needs to be explicit about the intention to engage those least likely to participate, and to reduce inequalities.

A *Health Research Strategy for CMDHB* is needed to define the direction that CMDHB health research will take over the next five years to ensure a vibrant, world-class environment for conducting health research and translating research findings into practice, resulting in improved health outcomes for the people of the Counties Manukau region.

## *What's in it for Counties Manukau?*

The research process provides the opportunity for new and innovative ways of providing health services. The community of Counties Manukau are a vital consideration in the research at the conception stage. We know from experience that engaging patients and members of the public leads to research that is more relevant to people's needs and concerns, more reliable and more likely to be put into practice.

An active research programme will attract high-calibre, research-oriented health professionals. This will provide a benefit for our routine service activities. Highly skilled and motivated senior health professionals are at the heart of any successful clinical institution. We need to recruit and retain a staff that has skills in conducting health research as both leaders and collaborators.

An active research programme brings new money into the organisation – target \$7.6 million research revenue per year in 5 years time from pharmaceutical industry-sponsored studies. This strategy will be focussed on the need to seek external funding for health research for priority health areas identified within the District Strategic Plan and the District Annual Plans.

An active research programme raises the profile and enhances the prestige of Middlemore Hospital as an institution. Most of the famous medical academic centres in the world will have clinical research as a core activity. Prominent examples include the Mayo Clinic in Rochester, Minnesota, the Cleveland clinic in Cleveland, Ohio, and closer to home the Alfred Hospital and Baker Research Institute in Melbourne, Australia. There really is no reason why Middlemore could not take its place at the front of the world stage.

## *What needs to be done?*

There is a significant amount that CMDHB can do to encourage research activity. Large NZ public companies will devote up to 5% of their annual revenue to research and development. Invariably, they are seeking to improve profitability for their shareholders by enhancing operational efficiency and developing new products. The Health Industry really should be no exception. Changing the *status quo* is necessary and requires capital investment.

Overall, there is general disenchantment and research activity is limited by:

- Lack of incentives for existing and potential new researchers;
- Lack of infrastructure, capability and facilities;
- Perception that regulatory processes are highly bureaucratic (e.g. legal and governance hurdles);
- Lack of seed-funding to perform pilot studies and initiate research projects;

- Low proportion of the workforce who want to do research;
- Inadequate dedicated research time: currently performed on top of existing workload.

The purpose of the *Health Research Strategy for CMDHB* is to address these limitations and build on the existing relationships with CCRep, and the University of Auckland, South Auckland Clinical School.

The remainder of this document sets out the goals we want to achieve and the steps that need to be taken to get there.



# The Starting Point

## COUNTIES MANUKAU DHB'S SHARED VISION IS:

To work in partnership with our communities to improve the health status of all, with particular emphasis on Maaori and Pacific peoples and other communities with health disparities.

- We will do this by leading the development of an improved system of healthcare that is more accessible and better integrated.
- We will dedicate ourselves to serving our patients and communities by ensuring the delivery of both quality focused and cost effective healthcare, at the right place, right time and right setting.
- Counties Manukau DHB will be a leader in the delivery of successful secondary and tertiary health care, and supporting primary and community care.

## *CMDHB's Vision for Research*

To improve the health and well being of the people of the Counties Manukau region by undertaking relevant health research and translating the findings of research into the delivery of health services to our communities and beyond.

## *Mission*

To create a visible health research environment within CMDHB and the region which supports outstanding individuals, conducting leading-edge research, focused on the needs of patients and the people of the Counties Manukau region.

# Strategic goals for the next five years

The priority of the goals has been established to ensure that CMDHB has the capability to accommodate the increase in research activity anticipated from the implementation of this strategy. The research activity must be relevant to the Counties Manukau community and hence the importance of consultation, engagement and participation.

**Goal 1:** Establish the CMDHB as a national centre of health research excellence focusing on building infrastructure, facilities and staff resources capability.

**Goal 2:** Deliver improved standards of care and additional health benefits to the people of the Counties Manukau region by increasing the number of CMDHB patients enrolled in investigator-initiated research studies or pharmaceutical industry randomised controlled trials.

**Goal 3:** Undertake the research process in partnership with Maaori within the CMDHB region, with an emphasis on equity of access and outcomes.

**Goal 4:** Perform Health Research in partnership with Pacific peoples and promote research which addresses health inequalities within the Pacific Communities.

## ...and in five years time

We will have:

1. Built a dedicated Institute for Health Research providing facilities for Clinical Research and facilities for Experimental and Translational medicine.
2. Established a single Research Office staffed with experienced research professionals to educate investigators on research process and assist with protocol development, the preparation of grant applications to external funding bodies, and the administration of research studies.
3. Key Performance Indicators related to research incorporated into annual plans to be implemented by clinical leaders and managers.
4. Introduced an internal web-based Approval Process with a total approval-time target of less than 30 days.
5. Built on the CMDHB/University partnerships so that 20% of all research projects in the Counties Manukau region are the result of a CMDHB /University collaboration.
6. Created a Clinical Research Participant Database of more than 10,000 registered subjects who are willing to participate in Clinical Research studies and doubled the number of subjects participating in sponsored clinical trials.
6. Established an Innovation Fund to stimulate Investigator-initiated studies with disbursements of at least \$90,000 per year.
7. Established a Clinical Advisory Board to develop, expand and strengthen our existing research programmes and allocate Innovation Fund grants in the 6 priority areas

designated in the CMDHB 5-year Strategic Plan in a transparent manner based on quality and relevance.

8. Develop robust processes to disseminate research findings to all stakeholder communities including Maaori and Pacific.
9. All research proposals presented to the Maaori Research Review Committee meet the standards expected with minimal need for revision.
10. Developed a Maaori Research Action Plan and a Pacific Research Action Plan that identify priority areas for research to guide the creation of local research projects.
11. Led an engagement process to create an empowering research environment for Maaori and Pacific communities to participate in the entire research process, from prioritising and planning to supporting whaanau/family participation.
12. Establish a 'shared learning culture' that supports Maaori and Pacific health research development by identifying links to Maaori and Pacific researchers in other institutions and overseas and by developing regional Maaori and Pacific research strategies in collaboration with Waitemata and Auckland DHBs.

# Goal 1

*Establish the CMDHB as a national centre of health research excellence focussing on building infrastructure, facilities and staff resource capability*

## Aims

1. Invest in improved facilities for Health Research.
2. Develop strong, streamlined processes for research management and governance and pursue initiatives to reduce bureaucracy.
3. Develop a skilled research workforce by recruiting research professionals to conduct health research and establishing research training programs for senior staff focussing on Good Clinical Practice (GCP), the Regulatory Environment, Protocol Development and accessing external funding mechanisms.
4. Develop strong research relationships with the University of Auckland and with other academic institutions to ensure on going staff development and suitable academic support.

### 1.1 Institute for Health Research

The **Institute for Health Research** will act as a focus for this effort initially set up as a “virtual” community of researchers and research administrators interested in health and spread across a number of departments. Ultimately, we should construct a custom-designed building with clinic, teaching, and laboratory space where we can co-locate our research activities, research staff and infrastructure in a single region-specific research facility. The institute should encompass facilities for clinical research and experimental and translational medicine. The aim is for CMDHB to become an organisation that supports outstanding individuals, working in world-class facilities, conducting leading-edge research focused on the needs of patients and the public.

### 1.2 Create an efficient research environment

We aim to promote a regulatory and governance environment that both facilitates high-quality research and protects the rights, dignity and safety of those who agree to take part. We will promote research governance processes that are proportionate to risk. To achieve these objectives, we will need to acquire a comprehensive software program for the integrated management of proposals, protocols, records, publications and reports, and regulatory submissions. Publications and reports will be made available to all staff. This program will unify and streamline administrative procedures associated with regulation, governance, reporting, research administration and approvals, and allow reporting on metrics to easily determine our progress in meeting

our research goals. We intend to increase the number of people who enter multi-centre trials and this activity will need to be underpinned by an increase in clinical trial management expertise. This will build, where appropriate, on existing infrastructure and complement existing provisions.

### **1.3 Attract, develop and retain the best research professionals to conduct health research**

A lack of investigator time and availability is one of the most important impediments to quality research worldwide. This is clearly recognised by pharmaceutical companies who place a very high priority on commitments from the clinical investigator in feasibility studies and in the Clinical Trial Agreement. CMDHB needs to build and support a skilled workforce capable of performing high-quality research studies if we are to meet our aim of maintaining and improving health within a knowledge-based, patient-centred health service. This means recruiting senior staff with previous research experience and building dedicated research time into contracts and schedules of activity. We must also boost our commitment to awards for individuals, and incorporate research training into the academic training paths of doctors, healthcare professionals and other key disciplines for research in health.

Another impediment to the execution of quality research is the lack of adequate support services such as radiology, laboratory and pharmacy. In the UK this was the crucial missing piece of the puzzle in actually achieving their target of 15% of patients being enrolled in clinical trials.

In New Zealand, the opportunities for research are limited in Medical and Nursing School undergraduate curricula. Neither does research feature much in post-graduate sub-specialty training programs. We should reverse this trend by establishing medical, nursing, and other health professional research fellowship posts and provide facilities and supervision for post-graduate qualifications. Staff are currently going overseas to obtain this training. We should also establish regular workshops to up-skill those staff involved all types of research studies.

### **1.4 Develop strong research relationships**

The key to an increased health research at Counties Manukau may be an increased academic presence. Some areas of research such as Population/Public Health Research may be best dealt by partnerships with academic institutions. Similarly, qualitative market research and evaluation are needed and most likely performed through collaboration with regional partners such as Manukau Institute of Technology (MIT), Auckland University of Technology (AUT), and the School of Population Health, University of Auckland.

### **1.5 Disseminate research findings**

In April 2005, the Research Councils in the UK including the Medical Research Council and consisting of representatives of the Consortium of University and Research Libraries, the British Library, the Wellcome Trust, and publishers (commercial, not for profit, subscription based, and open access), released a discussion document that proposed to require all researchers who receive public

research funding to consider the dissemination of, and access to, research outputs in the form of journal articles and conference proceedings and other forums of accessibility to the community. The central thesis to this discourse is that ideas and knowledge derived from research funded with public money must be made available and accessible for public use, interrogation, and scrutiny, as widely, rapidly, and effectively as practicable.

It is proposed that adequate dissemination of all research plans and research findings from studies conducted within CMDHB should be a requirement of approval. This should require dissemination to internal CMDHB staff and provider/practitioner groups, and to all stakeholder communities of CMDHB including Maaori and Pacific communities. Dissemination could include health researchers presenting their findings at local, national, and international scientific meetings. Research activity should be further promoted within CMDHB services at Departmental Grand Rounds, Sub-specialty Service Meetings, and other meetings such as the annual Clinical Board Science Festival and Division of Medicine Scientific Meeting. Regular workshops should be held to enhance the understanding of CMDHB staff and provider/practitioner groups of the research process and results, and a web-based dissemination of existing research projects be created.

## Goal 2

*Deliver improved standards of care and bring additional health benefits to the people of the Counties Manukau region by increasing the number of CMDHB patients enrolled in investigator-initiated research studies and in pharmaceutical industry-sponsored clinical trials*

### Aims

1. Become a leading District Health Board for conducting clinical research in partnership with industry.
2. Establish an Innovation Fund to provide seed funding for Investigator-initiated studies.
3. Develop research programs to address health priorities and health inequalities as defined in the CMDHB Strategic Plan and District Annual Plan.
4. Disseminate research plans and research results so that there is widespread knowledge of, and community engagement with, research activity occurring in the CMDHB.

#### 2.1 Become a leading DHB for conducting clinical research in partnership with industry

The **Institute for Health Research** would expand the reputation of CMDHB as a world-class environment for collaborative research in the public interest and preferred host for multi-centre clinical research in partnership with industry. This partnership may take the form of guaranteed first preference for involvement in new clinical trials establishing “preferred provider” agreements with pharmaceutical companies for conducting sponsored clinical trials. This is consistent with current Government planning, as outlined in a recent paper by the Minister of Research, Science and Technology, *Role of Science and Innovation in New Zealand's Transformation*.<sup>4</sup>

In the 2006/07 financial year, 1,262 patients are participating in CCRep administered pharmaceutical industry-sponsored studies bringing more than \$2.5 million revenue into CMDHB. More than \$1.5 million of that revenue will be spent on direct patient care. A further 180 patients are participating in Public-Good (HRC) sponsored studies.

<sup>4</sup>

<http://www.morst.govt.nz/Documents/publications/budget/2006-Budget-cabinet-paper.pdf>

The total of 1442 patients currently in clinical research studies represents 5.3% of the 27,232 outpatients attending Division of Medicine clinics in 2007 (Table 2.1).

**TABLE 2.1: Projected number of participants in pharmaceutical industry sponsored studies from 2008 to 2012**

	2008	2009	2010	2011	2012
Participants*	1,577	1,971	2,464	3,081	3,851
Revenue	\$3.12 mi	\$3.90 mi	\$4.88 mi	\$6.10 mi	\$7.63 mi
Proportion of revenue spent on patient care	\$1.87 mi	\$2.34 mi	\$2.93 mi	\$3.66 mi	\$4.58 mi
Participants as a proportion of outpatient attendances#	5.5%	6.6%	7.8%	9.3%	11.1%

\* Assumes 25% increase in clinical trial participants per year.

# Assumes 5% increase in Division of Medicine outpatient numbers per year.

It is expected that numbers of patients participating in pharmaceutical industry-sponsored studies will increase by 25% per year and outpatients will increase by 5% per year based on historical trends. Extrapolating from 2007 figures, the projected numbers participating in pharmaceutical industry-sponsored clinical trials will be 3,851 patients by 2012 (11.1% of the 34,755 projected outpatient numbers) and the corresponding revenue will be \$7.63 million. This increase in research activity will alleviate pressure on outpatient facilities and benefit patients, society, CMDHB and all our stakeholders.

We also need to create a **Clinical Research Participant Database** of patients willing to participate in clinical trials. This will allow investigators to make informed decisions about the feasibility and suitability of CMDHB as a site for each particular study, increase the attractiveness of CMDHB as a site for industry research, and raise the profile of clinical research with the population of the Counties Manukau region. Participants will be mainly recruited from patients attending outpatient clinics.



**TABLE 2.2: Numbers of discrete outpatient attendances across the Division of Medicine sub-specialties currently engaged in research.**

	2003	2004	2005	2006	2007
Cardiology	6156	6042	6742	7344	7562
Diabetes	2290	2201	2208	2233	2273
Gastroenterology	1881	2026	2217	2671	2774
Haematology	1112	1101	1181	1539	1557
Renal	1513	1664	1901	2066	2281
Respiratory	1842	2165	2225	2940	3638
Rheumatology	1989	1983	1999	2123	2236
Other	2937	3036	3113	4109	4911
<b>TOTAL</b>	<b>19,720</b>	<b>20,218</b>	<b>21,586</b>	<b>25,025</b>	<b>27,232</b>

Our target is to establish a **Clinical Research Participant Database** of 10,000 registered patients by 2012, which would represent approximately 30% of the projected 34,755 outpatients attending Division of Medicine clinics (Table 2.2). The Clinical Research Participant Database will act as a matching service between willing volunteers and proposed new clinical trials.

## 2.2 Establish an Innovation Fund to provide seed funding for Investigator-initiated studies

An **Innovation Fund** will provide the means to award small-project Grants for Applied Health Research in the 6 areas of high priority to CMDHB. This will develop, expand and strengthen our existing R&D programmes and allocate research funding in a transparent manner based on quality & relevance. Individual grants should be small, ranging from \$10,000 to \$20,000, and targeting the six high priority areas identified in the 5-year strategic plan. In the first instance, we should aim for an annual disbursement of \$90,000. The funding round should be competitive and accessible to all CMDHB employees.

## 2.3 Develop relevant and flexible programs of research addressing health priorities and specifically health inequalities

It is essential to ensure that any proposed research undertaken in CMDHB is aligned with the district strategic and annual plans and has relevance for the Counties Manukau community. To encourage this any research approval and/or funding support from CMDHB should be prioritised in accordance with these plans and ensure community engagement throughout the research planning process.

The aim is to make research accessible to all healthcare professionals, to increase the numbers of Junior Medical, Nursing and Allied Health staff with research experience, and ultimately to enable more senior investigators to apply for Public Good Research funds. Priority for funding support from the proposed Innovation Fund will be given to research specifically designed to achieve a particular purpose with the following characteristics:

- research questions that can be answered relatively quickly
- research that can be relatively tightly specified
- questions that can be addressed by relatively small research teams

- research that addresses disparities and the health needs of our community

## 2.4 Disseminate research findings

In April 2005 the Research Councils in the UK including the Medical Research Council and consisting of representatives from the Consortium of University and Research Libraries, the British Library, the Wellcome Trust, and publishers, commercial, not for profit, subscription based, and open access, released a discussion document that proposed to require all researchers who receive public research funding to consider the dissemination of, and access to, research outputs in the form of journal articles and conference proceedings and other forums of accessibility to the community. The central thesis to this discourse is that ideas and knowledge derived from research funded with public money must be made available and accessible for public use, interrogation, and scrutiny, as widely, rapidly, and effectively as practicable.

It is proposed that dissemination of all research plans and research findings from studies conducted within CMDHB should be a requirement of approval. This could require dissemination to internal CMDHB staff and provider/practitioner groups, and to all stakeholder communities of CMDHB including Maaori and Pacific. Dissemination could include regular workshops to enhance the understanding of CMDHB staff and provider/practitioner groups of the research process and results and a web-based dissemination of existing research projects.

# Goal 3

*Undertake the research process in partnership with Maaori within the CMDHB region, with an emphasis on equity of access and outcomes*

## Aims

1. Conduct Health Research that is responsive to the needs of Maaori and ensure that Maaori are engaged and consulted in the research process.
2. Undertake research in priority areas of Maaori health with input from POU, Tainui MAPO, Mana Whenua and Te Kaahui Ora, ensuring Maaori development outcomes.
3. Engage with Maaori communities about the value of research resulting in:
  - a. Maaori driven research projects which address specific Maaori priorities, and;
  - b. Maaori participation in generic research.
4. Support the development of Kaupapa Maaori research.

Counties Manukau District Health Board clearly acknowledges its responsibilities under Te Tiriti o Waitangi to work in partnership with Maaori to improve Maaori health outcomes and promote the well-being of Maaori living in its rohe. The Counties Manukau Whaanau Ora Plan (2006 – 2011) was developed in consultation with the Maaori community of Counties Manukau, and has identified the need to 'harness the collective wisdom and strength of Maaori and non-Maaori to make a difference'. Research undertaken and developed in Counties Manukau needs to reflect this partnership of tangata whenua and tangata tiriti.

The focus of a population health approach on reducing health disparities seeks to address 'need' for Maaori, as for Pacific peoples and other communities with health disparities. However for Maaori, responsiveness to Te Tiriti o Waitangi also requires a commitment to Maaori health development and Maaori participation in governance, planning and delivery of services which is separate from and additional to the more general commitment to reducing health disparities related to need. This Maaori specific goal attempts to apply this Te Tiriti commitment to research development and processes in Counties Manukau.

### 3.1 Ensure all health research is responsive to the needs of Maaori

It is vital that the CMDHB research fraternity are culturally responsive and understand that Maaori health statistics and the issues of access and utilisation of services cannot be divorced from the historical context of colonisation and alienation from language, culture, and self-determination opportunities.

The research process provides the opportunity for new and innovative ways of providing health services. If Maaori are a vital consideration in the research at the conception stage,

there is more of an opportunity that the research process and findings will address this context and contribute to the CMDHB vision by translation into best practice actions that are responsive to Maaori and actually reduce inequalities. We also know from experience that engaging patients and members of the public leads to research that is more relevant to people's needs and concerns, more reliable and more likely to be put into practice.

Therefore in ensuring that all health research that is conducted within CMDHB is responsive to the needs of Maaori there must be evidence that researchers have thought about, and ideally involved, Maaori in the following processes:

- Priority setting
- Defining research outcomes
- Selecting research methodology
- Patient recruitment
- Interpretation of findings
- Dissemination of results

This should lead to all proposals which are presented to the Maaori Research Review Committee meeting the standard expectations, with minimal need for revision. These expectations are:

- a. use of relevant information to identify the relative importance of the health research issue for Maaori
- b. where relevance to Maaori communities is high, appropriate consultation has been undertaken with Maaori communities/providers/advocates who have a vested interest in the research and its findings
- c. consideration has been given to the need for cultural responsiveness of those interacting with patients/whaanau in the research process
- d. routine use of the Health Sector protocol for ethnicity data collection and storage
- e. a commitment to ensure that where possible the ethnic demographics of sampling frames are replicated in the research recruitment process
- f. Ensuring that participants are fully informed of the consequences of consenting to genetic analysis (given collective implications) and the appropriate processes are used to deal with the storage and destruction of genetic samples.

### **3.2 Undertake research in priority areas of Maaori health**

It is vital that a Maaori Research Action Plan be developed that identifies priority areas to undertake research where Maaori needs are significant.

In the Mana Whenua role of kaitiaki for the well-being of all those living in Counties Manukau, and in recognition of our shared Pacific heritage, there should also be a Pacific Research Action plan identifying priority areas and actions for research in relation to the significant health disparities for Pacific peoples in Counties Manukau.

It is anticipated that every clinical department would have the data to enable the identification of Maaori specific research needs and undertake to work with Te Kaahui Ora (the Maaori Health team) and the community to develop an annual plan in the creation of research projects.

### 3.3 Engagement with Maaori communities

A Maaori research engagement plan must also be developed to ensure that Maaori communities within CMDHB have the knowledge and understanding of the research process to enable active participation in the research process.

Such engagement would facilitate the opportunity for Maaori collective community consent for example into research where new therapies or new technologies are possible (e.g. Xenotransplantation), ensuring Maaori communities as well as individual Maaori who meet the entry criteria, are able to give informed consent.

### 3.4 Maaori specific research by Maaori for Maaori

Maaori capacity and capability development, within a 'by Maaori for Maaori' context ensures that the developmental opportunities are many and varied. Within this Kaupapa the potential beneficiaries are:

- Maaori researchers
- Maaori Providers
- Maaori communities
- Maaori whaanau who are the focus of the research
- CMDHB, in the development of effective services
- Other ethnic groups with the learning's from the research outcomes translatable, particularly to Pacific Peoples

There is validity in this process, as Maaori will have an opportunity to take responsibility for Maaori health and wellbeing outcomes via the generation of demand from Maaori communities for health sector resources that is the key to prevention and sustainable interventions.

This Kaupapa Maaori research needs to be supported alongside generic research, in the setting of a 'shared learning culture'. This culture should include opportunities to share learning across departments, institutions and nations, with a particular emphasis on strengthening indigenous research.

# Goal 4

*Perform health research in partnership with Pacific peoples and promote research which addresses health inequalities within the Pacific communities*

## Aims

1. Undertake Pacific relevance research which improves Pacific health outcomes and adds to the general body of Pacific health research knowledge.
2. Engage with Pacific communities and perform health research activities in partnership with Pacific peoples
3. Develop Pacific research capability and Pacific governance research.

### **4.1 Undertake Pacific relevance research which improves Pacific health outcomes and adds to the general body of Pacific health research knowledge.**

The poor health status of Pacific people in Counties Manukau and New Zealand continues to be a challenge to Counties Manukau District Health Board as well as to the New Zealand health and research Sectors as rates of mortality and morbidity are disproportionately high in Pacific communities<sup>5</sup>. The Pacific perspectives of health and priority areas for management in Counties Manukau are summarised in Tupu Ola Moui<sup>6</sup>. A Pacific Research Action Plan should be prepared defining priority areas for research in relation to the needs of Pacific peoples in Counties Manukau. The Pacific Research Action Plan could then be used to guide the allocation of grants for Pacific Relevance Research from the CMDHB Innovation Fund.

Research classified as Pacific Relevance may be led by non-Pacific researchers, although ideally there should at least be junior Pacific health researchers on the team. Pacific Relevance Research must demonstrate effective consultation with appropriate Pacific representatives and include the advisory appointment of a senior Pacific consultant.

### **4.2 Engage with Pacific communities and perform health research activities in partnership with Pacific peoples**

Responsiveness to Pacific communities requires respect for Pacific peoples and Pacific issues and a commitment to addressing inequalities faced by Pacific communities. Increasing this responsiveness to Pacific peoples requires building the health research capacity of Pacific communities, so that people are equipped to participate fully. It also requires supporting and encouraging those Pacific people with research experience and skills to take part and in many cases, take leadership roles.

<sup>5</sup> Pacific Health and Disability Action Plan (2002) <http://www.moh.govt.nz/publications/pacificactionplan>

<sup>6</sup> Tupu Ola Moui - Counties Manukau District Health Board Pacific Health and Disability Action Plan 2006-2010 [http://www.cmdhb.org.nz/About\\_CMDHB/Planning/Pacific/Pacific-healthplan2006-2010.pdf](http://www.cmdhb.org.nz/About_CMDHB/Planning/Pacific/Pacific-healthplan2006-2010.pdf).

As seeking advice about how to work safely and knowledgeably with Pacific communities is critical, a Pacific Advisory Committee should be appointed. The Pacific Advisory Committee should be made up of Pacific people with appropriate expertise who are able to advise, give guidance, and support to research projects in an ongoing manner. The Pacific Advisory Committee should be funded adequately to compensate people for their time and travel costs. The Committee should be provided with terms of reference so that their role and function is clear.

The Pacific Advisory Committee also has a monitoring function to ensure that research projects are responsive to Pacific peoples. The Pacific Advisory Committee should have a deep understanding of the research; be familiar with the subject matter; have credibility within the community; and have a consumer understanding. The membership of the Pacific Advisory Committee should reflect the need for ethnic-specific balance, awareness of cultural and political factors, and regional representation.

#### **4.3 Develop Pacific research capability and Pacific governance research.**

Pacific governance research is best described as quality research that is Pacific-led. Pacific governance research requires the active participation of Pacific peoples as agents of research where their role is not limited to the role of research participants and/or end-users. Pacific governance research will tackle many different Pacific health challenges at different levels. It will aim to improve health outcomes but it will also aim to build and strengthen the capability of the Pacific health research workforce. Pacific governance research is specifically funded by the Health Research Council from the "Health and Independence of Population Groups" portfolio<sup>7</sup>.

Developing a trained Pacific health research workforce is critical for the delivery of Pacific health and disability outcomes. This is based on the premise that Pacific researchers are more likely to have a deep cultural understanding and broad knowledge of the Pacific communities they will work with and may therefore be more effective as researchers. The development of Pacific paradigms and methodologies is also essential, if a body of credible Pacific data on Pacific Health is to be developed. As Pacific governance research builds the research capacity of the Pacific community, ideally Pacific people will gain formal research qualifications through the funding of the research project.

The following additional actions are proposed at a local CMDHB level:

- Running research training workshops for Pacific health researchers
- Encouraging Pacific peoples to participate in the Pacific Research Review Committee as assessors and peer-reviewers
- Mentor and support emerging Pacific researchers to facilitate skill – transfer.
- Demonstrating how research is 'Responsive to Pacific Peoples' if it is a Pacific focussed project,
- Promoting Pacific participation on the regional ethics committees

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<sup>7</sup> Pacific Research Frameworks at the HRC.  
[http://www.hrc.govt.nz/root/Pacific%20Health%20Research/About%20Pacific%20Health%20Research%20at%20the%20HRC/Pacific\\_research\\_frameworks\\_at\\_the\\_HRC.html](http://www.hrc.govt.nz/root/Pacific%20Health%20Research/About%20Pacific%20Health%20Research%20at%20the%20HRC/Pacific_research_frameworks_at_the_HRC.html)

# Annex: The context

Many bodies, including central government, the Health Research Council (HRC) and other Research Foundations, industry, and charities support research in health.

<b>Annual Indicative funding for health research in NZ</b>		
Figures are for 2008 unless otherwise indicated		
		<b>% of Total</b>
Health Research Council (mainly for Universities)	\$ 65,000,000	53.0%
District Health Board Research Fund (DHBRF) - administered by HRC (\$6.2M over 4 years)	\$ 900,000	0.7%
International Investment Opportunities Fund (IIOF)	\$ 5,500,000	4.5%
MoH		
- R&D	\$ 8,700,000	7.1%
- RHRC Administered Partnership Programme	\$ 1,600,000	1.3%
- Policy-related studies	\$ 6,600,000	5.4%
ACC	\$ 3,700,000	3.0%
Lotteries Health Research	\$ 2,900,000	2.4%
Accident Compensation Commission	\$ 300,000	0.2%
<b>National Charitable Organisations</b>		
Alzheimers NZ (2004)	\$ 9,000	0.0%
Asthma and Respiratory Foundation Cancer Society	\$ 90,000	0.1%
Child Health Research Foundation	\$ 350,000	0.3%
Leukaemia & Blood Foundation	\$ 50,000	0.0%
Mental Health Foundation	variable	
Multiple Sclerosis Society	variable	
National Heart Foundation	\$ 2,000,000	1.6%
Neurological Foundation	\$ 1,000,000	0.8%
Nursing Education & Research Foundation	variable	
NZ Kidney Foundation	\$ 100,000	0.1%
NZ Orthopaedics Association Wishbone Trust	variable	
Intensive Care Foundation	\$ 340,000	0.3%
Cancer Society of New Zealand	\$ 2,000,000	1.6%
<b>Local Foundations</b>		
Auckland Medical Research Foundation	\$ 1,600,000	1.3%
Maurice & Phyllis Paykel Trust	not stated	
South Auckland Health Foundation	variable	
<b>Industry</b>		
Pharmaceutical companies (2003)	\$ 20,000,000	16.3%
	<b>\$ 122,739,000</b>	<b>100%</b>

**Note:** Figures are estimates derived from a variety of sources and are intended only to give an indication of spend.