

Co-production: aspirations, challenges, and the way ahead for public health and health services research

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Background

This issue of *Public Health Research & Practice* focuses on improving the co-production of research. It draws on experiences across Australia and internationally to examine what is occurring, who is leading the way, and what still needs to be done.

Co-production of research is generally defined as collaboration at all stages of the research process between diverse stakeholders to undertake research.¹ There are many forms of collaborative research practices, and definitions abound, as discussed by Vargas and colleagues in this issue.² While these definitional issues are important, it is equally important to engage with the practice of co-production as it is not an abstract activity. It is deeply connected with trying to ensure that the views of individuals, communities, service providers and other interested stakeholders are visible in the content and process of research. As long as this is the intent, the term used to describe the process is not the most significant issue, provided the process is clearly described so that the reader can judge the authenticity of stakeholder engagement.

Importantly, this issue offers an opportunity to reflect on the practice of co-producing research as it becomes more mature and widespread. For example, there is a risk, as with the acceptance, adoption and spread of any new principle in practice, that it becomes simplified into rigid protocols. This may add some rigour and consistency, but it may also increase the resources required and decrease its responsiveness to the particular circumstances of individual studies. Perhaps most importantly, it risks 'hitting the target' while 'missing the point'.

As the articles in this issue show, the greatest value of co-production lies in recognising and adapting to the research topic, the context, and the needs and priorities of service users, communities and services. This can enable research to answer questions that would otherwise not be identified or possible.

Co-production: aspirations, definitions and practice

This issue of the journal examines the aspirations, definitions and practice of co-producing research. Bauman³ describes the challenges in realising the aspirations and principles of what he terms “co-creation”, and describes some of the barriers and vested interests that make it difficult. Vargas et al.² make a case for distinguishing between ‘co-production’, ‘co-design’ and ‘co-creation’ of research, and why these matter.² They define ‘co-creation’ as the most participative of the three in which all relevant stakeholders are involved in the end-to-end research process. While one does not necessarily have to endorse the distinctions they draw between the three terms, the differences should encourage greater ex ante reflection on the type of stakeholder engagement to be pursued in a particular research project.

Nic Giolla Easpaig and colleagues⁴ present an evaluation of co-produced activities to enhance the safety of cancer care for culturally and linguistically diverse groups, which emphasises the importance of supporting and training lay people to participate fully in the co-production of research. Page⁵ argues that co-produced research needs to be guided by a clear and identified ethical framework, to guide its design and conduct.

Gwynne et al.⁶ describe the use of ‘collective impact’, a research co-design tool, to share power and resources within three research projects with Aboriginal communities in New South Wales (NSW) and Western Australia, and present a refined version of the collective impact approach. Bailey and colleagues⁷ describe work by a coalition of the Aboriginal Health & Medical Research Council, six Aboriginal Community Controlled Health Organisations and the Sax Institute to use co-produced evidence on service use and effectiveness to answer questions that matter for Aboriginal communities, addressing needs, and developing innovative ways of enhancing services.

Gaffy and colleagues⁸ discuss the challenges of co-design with older people and service providers and describe the real-world constraints that impair researchers’ ability to reformulate research objectives and power relationships within already defined, funded research projects. Martin⁹ describes how co-produced research led to the development of a transdisciplinary assessment within an acute stroke unit.

Looking to the future of co-produced research

The articles in this issue reflect the growing maturity of co-production within health research in Australia and internationally. Researchers across population health, health services and clinical research are actively using different forms of co-production to seek to identify and

address the questions that matter to communities and the public.

There are now considerable expectations that a wide range of health research should be meaningfully co-produced, and these are likely to increase. Research funders are already requiring greater attention be given to co-production within grant applications, and research funding schemes that enable innovative approaches. Examples of such innovation include the Australian Government Medical Research Future Fund 2021 Consumer-Led Research Grants¹⁰, the National Center for Advancing Translational Sciences in the US¹¹ and the National Institute for Health and Care Research in the UK¹², which funds translational research as an integral part of most of its programs. These are signs that these trends will lead to genuinely new and different forms of research. However, we also need to recognise that there are costs and potential risks associated with co-production. The costs may be linked to co-production being seen as labour intensive and relationship-dependent.¹³ The costs to lay and non-profit stakeholders also cannot be discounted and may include political risks, “consultation fatigue”, and being drawn into activities that may be unfunded or distal to their priorities.

The papers in this issue show that while co-production of research is valuable, it is not a resource-neutral activity. It has a practical cost and requires time. It also needs an investment in relationships with individuals and groups, investment that often requires ongoing work, reciprocity, and commitment beyond funded project life cycles.

Co-production cannot simply be a slogan. It demands resources and capacity development. Fundamentally, it requires research organisations and research funding systems to value relationships and partnerships at all levels, involving service users, informal carers, communities, researchers, service providers, funders, and onlookers.

We hope readers enjoy the themed papers within this issue and that they make an important contribution as we consider the next steps and priorities for the co-production of research.

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Competing interests

None declared.

Author contributions

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