

## Research partnerships for primary health?

Until recently, basic and clinical discovery-oriented health research funded through schemes like the National Health and Medical Research Council (NHMRC) were unchallenged. Narrowly focused, traditional scientific perspectives and judgments about researcher track records ensured newly emerging research issues and methodologies in public health, primary care and health services research struggled to get funding.

Primary health and community care research does not easily fit the traditional scientific research paradigm. It is often focused on broad, upstream determinants of health and the extent to which knowledge and techniques can be adapted and applied in particular circumstances and settings to improve health and wellbeing. Research designs are rarely based on controlled experimental methodologies, nor are research questions often generated in the laboratory. Collaboration between researchers, provider and consumer stakeholders are important. Even a cursory review of the research published in the *Australian Journal of Primary Health* demonstrates the heavy reliance on qualitative, correlational and multi-method designs, and the emergence of collaborative research projects. So, primary health research has been the poor cousin of health and medical research.

Interestingly, though, health research funding schemes are being held more accountable for their strategic impact on health and wellbeing. The Wills Report on health and medical research heralded significant change (NHMRC, 2000). A more balanced and comprehensive view of health research is emerging—one which recognises that research, policy and practice have to be linked. In addition to basic discovery-oriented research, improvements in health and wellbeing require research to integrate and apply existing knowledge to policy and practice, if prevention and service delivery is to be improved for particular communities, settings and contexts. An emphasis on partnerships between

researchers, policy-makers, practitioners and consumers is now emerging.

Institutional partnerships between universities and teaching hospitals have long been a feature of basic and applied clinical research. Partnerships between primary health and community care providers are far less developed; not that innovative small-scale research projects and practice demonstrations should be underestimated. This Journal has strongly supported this type of research to provide a voice for practitioners, but is this enough?

With the changing climate, new funding schemes and priorities for primary health, health services research and public health have emerged recently. These are welcome, but significant additional capacity will be needed to capitalise on additional resources. We will need to consider new institutional arrangements for primary health research and development partnerships.

Community and catchment focused partnerships are the logical organising principle for primary health research and development. Internationally, there are a number of interesting population catchment models to facilitate research in primary health. They range from population health observatories that track health outcomes for populations, to collaborative, action research partnerships that bring together providers, consumers, community representatives and researchers to address agreed problems and priorities. In Australia, there is a range of potential catchment focused health service research and development partners, including divisions of general practice, community health services, Aboriginal health services, and local government.

It is worth considering strategies to promote catchment-based research and development relationships and collaborations to promote primary health research and development. Move over teaching hospitals, say hello to catchment partnerships!

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### References

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