

**Consumer partnerships in research (CPR) checklist: A method for conducting market research with vulnerable consumers**

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## **Consumer Partnerships in Research (CPR) Checklist: A method for conducting market research with vulnerable consumers**

**Keywords:** consumer vulnerability, public involvement, marketing research, consumer representation, consumer co-researcher, patient, and public involvement

### **Abstract**

There is a need for better evidence on how to effectively support consumer partnerships in research. This paper aims to provide a practical checklist for market researchers to plan, implement, and report research where vulnerable consumers are the target population. A vulnerable consumer is someone who, due to their circumstances, may be disadvantaged or at risk in some marketplace situations. Here, it is proposed that research conducted about vulnerable consumers must include consumer co-researchers as partners in the research process. The involvement of consumers as co-researchers addresses this methodological gap to some extent by democratizing research design and empowering vulnerable consumers. The Consumer Partnerships in Research (CPR) Checklist is based on an integrative realistic review method, content validation via an expert panel, and includes consumer co-researcher involvement in the research process. Considering the complexities of vulnerable consumers and market research, the CPR Checklist provides a suite of 'how and why' questions to guide rigorous and ethical project conduct.

### **1.0 Introduction and background**

*“I realized in the back of my mind that as a Caucasian woman, I would be working with a handicap; that a woman of the same ethnicity as the researched would be much better equipped. I wondered if women of color would trust me enough to want to talk about their personal workplace experiences. Could I adequately interpret their experiences? Would they find my questions naïve, uninformed, or offensive? How could I do this without in some sense “othering” and re-invoking a fixed hierarchical relationship between respondents and myself?” (Pompper, 2010: 4)*

Marketing researchers are interested in consumer motivations and drivers of behaviours. Traditionally, marketers' inquiries about consumers have been dominated by consumer satisfaction and loyalty outcomes (Anderson et al., 2013). Within the broader field of marketing, there has been a smaller, but no less sustained focus on the important social issues faced by vulnerable consumers. This paper follows the definition that vulnerable consumers

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are “those who are at a disadvantage in exchange relationships where that disadvantage is attributable to characteristics that are largely not controllable by them at the time of the transaction” (Andreasen and Manning, 1990: 13). Most consumers can expect to be vulnerable at some time in their lives which maybe be temporary (situational) or permanent (enduring) (Mansfield and Pinto, 2008).

Identifying potentially vulnerable consumers may include those who are ‘easily overlooked’ as they do not fit the dominant majority, are excluded for not conforming to societal norms, or interact with the environment to create a state of powerlessness in consumption situations. Vulnerable consumers may include immigrants or people living with disability, or they may be defined by gender, age, ethnicity, sexuality, physical or mental ability, health status, educational attainment, labour force status, income status, geographic location, or other constructed distinctions (Pratto, 1999; Johns and Davey, 2019; Villanueva et al., 2022). More recently Hill and Sharma (2020) “argue that one should refrain from using particular designations of consumers (e.g., children, elderly, obese, lower income, minorities) interchangeably with the vulnerable consumer label” (p. 554), as the categories are not sufficient to determine the circumstances of the consumer vulnerability. This illustrates how the concept of vulnerability is evolving with added layers and complexity as we develop a better understanding. Since the Baker et al. (2002) seminal work defining a model of consumer vulnerability, a range of studies have highlighted the complexity and multi-faceted nature of consumer vulnerability. Vulnerability has been a long-standing issue and is recognized that the concept is paradoxical, in that marketing strategies, tools and techniques used to support vulnerable consumers can also make people more vulnerable (Kubacki et al., 2020; Johns and Davey, 2019). While an increasing number of market researchers are focusing on vulnerable consumers, there are few guidelines on how to undertake their research, or how to discern outcomes that may present potential risks and/or benefits to the target population (Gurrieri et al., 2013).

The ethical argument over who is eligible to conduct research on whom continues to raise practical challenges. Researchers must protect participants from possible harm (World Medical Association, 2018) while also empowering vulnerable consumers by allowing them to be change agents in their own representations (Thompson et al., 2021; Reddel and Woolcock, 2004). In addition to this ethical issue, the complexity of intersectionalities of vulnerability is exacerbated when researchers are unfamiliar with the lives of these groups

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(Willmott et al., 2022b), and a majority of vulnerable consumer research is conducted by able-bodied, usually Caucasian researchers who have received similar research training (Goopy and Kassan, 2019). For instance, Cowan et al. (2022) examines the problematic nature of highly educated scientists who have a particular and partial view of the world and are charged with constructing dominant knowledge. The authors argue this process results in “knowledge that recreates, for example, gender-, race- and disability-related inequalities by defining which diagnoses and treatments are applicable to which constructed categories of people” (p. 2).

Much of the following marketing research reviewed here is aimed to impact the lives of vulnerable target populations. Thus, market researchers are a source of social impact (Latané, 1996), in the sense that their research work and findings are likely to have a net effect on an individual, or broader consumer group. Marketing often uses questions about the lives and needs of vulnerable consumers to better understand the cognitive, emotional, and behavioural insights of these groups. For some researchers, their endeavours are focused on interventions that improve provisions or wellbeing (For example, see Mehmet et al., 2020; Schmidtke et al., 2021; Fletcher-Brown et al., 2021). In other instances, research is conducted to inform practice, such as the Hepi et al. (2017) study that uses an integrative transformative service framework to improve engagement for a Māori social service provider, or, comprehend differences in service expectations and perceptions between immigrant and native consumers, as revealed in a recent study by Davis et al. (2017). With Thompson et al. (2021) proclaiming that research, using technologies such as algorithms and artificial intelligence tools may exploit vulnerable consumers, then market research has, and will continue to play a significant role in knowledge development and international debate on vulnerable consumers in society.

More generally, the “Nothing About Us Without Us” movement emphasizes that no policy should be decided by any representative without full and direct participation of members of affected groups (Charlton, 1998). In his statement, Ed Roberts, American disability rights activist said, “If we have learned one thing from the civil rights movement in the United States, it’s that when others speak for you, you lose” (Driedger, 1989: 28). In this sense, those vulnerable consumers that live with disability who are often marginalized and excluded need to be included. Although consumer involvement in research is increasing in popularity, consumers in potentially vulnerable circumstances are seldom included, limiting their

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influence on research and policy making that affects them (Goedhart et al., 2021).

Involvement of these consumers can potentially prevent growing inequalities.

For these reasons, market researchers ought to be concerned about the role they play in researching vulnerable consumer populations and undertake research that is methodologically sound, and ethically appropriate. Academics may struggle to develop strategies to include opinions and decision-making free of power differences or tokenistic behaviours. To ensure vulnerable consumer views and needs are reflected in research design and outcomes, integration of lived expertise should be maximised (Ocloo et al., 2021; Smith et al., 2002). This research adds to the recent discussion of vulnerable consumers by addressing the ‘how and why’ implications and complexities of involving consumer co-researchers in the research process.

The contribution of this paper is that it provides a methodology supported by evidence on how to effectively support vulnerable consumer involvement in market research. We propose that research conducted about vulnerable consumers must *include* consumers as co-researchers in partnership with the research team. This implies that consumers will be actively participating in the research process, from as early as identifying the research question itself. Although, researchers have important skills, involving consumers as co-researchers is not instinctive, and processes are needed to help integrate involvement. Given the sensitive nature of vulnerable consumers, principles, processes, and methods must be planned prior to involvement. The aim of this paper is to provide a practical evidence-based checklist to assist researchers in planning, implementing, and reporting research where vulnerable consumers are the target population. The specific questions guiding this research were to

1. Explore how and why consumer co-researchers are currently involved
2. Identify what are the characteristics or principles for involving vulnerable consumers in market research
3. Understand what considerations are necessary to undertake the process of involving vulnerable consumers in market research
4. Identify when and where consumer co-researchers are involved in research

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## 2. Methods

According to Torraco (2005), in an integrative literature review, the selected literature is analysed through a lens defined using the research objectives. Unlike other types of reviews that only include peer-reviewed journal articles, an integrative review synthesizes knowledge from peer-reviewed journals and grey literature including information produced by agencies and individuals into a contribution of knowledge on the topic. The integrative method was chosen because consumer partnerships in research has been a policy imperative since the 2000's in the UK, and in more recent times in countries such as Australia and Canada. As such, there are many guides and reports within the grey literature (for example, see Alberta SPOR SUPPORT Unit, 2018b; Involve, n.d.; NMHRC, 2018a; NMHRC, 2018b). Thus, this review method provides a more comprehensive and robust understanding of the topic.

This study used the realist review method for synthesizing research evidence regarding complex concepts as this method was developed to integrate literature on multifaceted health management issues and policy level interventions (Pawson et al., 2005). This method has been used to synthesize literature in instances such as access to healthcare by vulnerable groups (Dixon-Woods et al., 2006), understanding how sharing experiences on the internet affects people's health (Ziebland and Wyke, 2012), and supporting shared decision making for people with health and social care needs (Bunn et al., 2018). The method is also especially useful in emerging areas of research (Atherton et al., 2018) such as this, where the science of involving consumers in the research process is complex and is a relatively new field with limited agreement in the theoretical and methodological principles (Greenhalgh et al., 2019).

This study was justified, as there is no existing tool that would adequately serve the purpose of involving vulnerable consumers in marketing research (Boateng et al., 2018). The review steps are shown in Table 1 and summarised as: (1) The scope of the review was based on the research aim and questions. A well specified aim helps to focus all the stages of the review process. The initial aim of this study began during conversations between academic and consumer researchers working on a project concerning health service improvements for vulnerable consumers. As the conversation continued, this study was born. Next the research aim and questions were finalised and a matrix was developed with categories determined by the team to record the cumulative data from the literature. (2) For the purpose of this review, we used purposive sampling (for example, see Dixon-Woods et al., 2006; Carlini et al., 2019)

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initially to select papers that were concerned with the following aspects (i) vulnerable, vulnerability, patients, consumers, citizens, disability, (ii) involvement, advice, engagement, participation, coproduce, and, (iii) research, study, guide. We prioritise papers that appeared to be relevant to the study's aim. Next, we read the text and added references to the matrix. (3) Additional papers were sourced from the reference lists and added to the matrix if they contained ideas that supported the research questions.

(4) The matrix was used to systematically extract data. Following Noyes' et al. (2019) approach for extracting qualitative data that attempts to address a particular question, the texts were read and re-read, with only a limited core set of items pertaining to the study's research questions extracted. Similar data were clustered together in rows, as they would be in primary qualitative research. During the synthesis, we moved the data within the matrix to develop rows with a consistent theme. We gave each row a name that helped us understand the data contained in the theme. Iteratively, the **principle names emerged from names of the clustered data**. For example, "provide support and use of existing resources for consumer researcher" later progressed into Principle 3: "Strategies for partnering in research". In keeping with the research aim, to provide a practical evidence-based checklist to assist researchers in planning, implementing, and reporting research, the structure of the checklist was organised in an order of actions researchers would expect to occur in the research process. The data extraction process ceased when no new insights emerged. The research team found the matrix included extensive detail on the challenges and benefits of involving vulnerable consumers in research. Discussions within the research team led to the extrapolation of data regarding, rationale, examples, potential challenges and benefits of involving consumer co-researchers to a new matrix and categorised according to the research planning process (discussed in section 3.4).

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---- Table 1 about here ----

Table 1: Summary of the steps taken to complete the review for the CPR checklist (adapted from Pawson et al. 2005)

<p>Step 1: Clarification of scope</p> <ul style="list-style-type: none"> <li>a. Finalised the review question (see aim and research questions).</li> <li>b. Developed an initial matrix to record the cumulative results from the literature</li> </ul>
<p>Step 2: Search for evidence</p> <ul style="list-style-type: none"> <li>a. Drew on considerable existing knowledge of literature based on own and colleagues bibliographic databases.</li> <li>b. Conducted a purposive search with the help of a librarian to identify papers that include consumer involvement in research.</li> <li>c. Sources were identified by “snowballing” from reference lists as ideas emerged.</li> </ul>
<p>Step 3: Appraise studies and extract data</p> <ul style="list-style-type: none"> <li>a. Paper were read and considered in relation to its relevance, and whether the research addressed the topic and enable the adding to, adaption or amendment of the initial matrix developed in step 1b</li> <li>b. Identified papers containing important ideas about involving vulnerable consumers in research. Such as, whether the information is important for market researchers; whether it would contribute to enhancing the evidence-base of involving vulnerable consumers in research; whether it helped to enable or enhance consumer participation; and whether the level of detail reported is suitable for different researcher/consumer abilities and methods.</li> <li>c. The matrix was the main data extraction framework</li> </ul>
<p>Step 4: Synthesise evidence</p> <ul style="list-style-type: none"> <li>a. The categories and items that were added to the matrix were revisited. Items were moved if they were more suited to a different category, and similar items were clustered together and rewritten to improve clarity.</li> <li>b. A constant comparison approach between reading the working table was applied. This identified the point at which no new ideas were emerging.</li> </ul>
<p>Step 5: Disseminate and evaluate</p> <ul style="list-style-type: none"> <li>a. Findings were discussed within the research team suggesting changes to the wording and additions to the literature.</li> <li>b. The checklist was sent to an expert panel. Each expert made changes directly to the checklist items to improve clarity or suggest new items.</li> <li>c. Experts were invited to discuss their feedback in an online interview. Some new literature was recommended and added to the matrix.</li> <li>d. The resultant checklist shown in Figure 1.</li> </ul>

Table 1: Summary of the steps taken to complete the review and resultant CPR checklist (adapted from Pawson et al. 2005)

In Step 5, the research findings were discussed with the research team, reorganizing, and rewording the categories/principles. Finally, the checklist was sent to an expert review panel to provide content validity via written and verbal feedback on the checklist (Hyrkäs et al., 2003). According to Campbell et al. (2020), the rigour and trustworthiness of a study is in the experience of the sample. Therefore, the expert panel was selected using purposive sampling, that is, each expert was selected for their experience in conducting research on potentially vulnerable consumers. To do this, the Griffith University Expert website was queried using the search terms, ‘vulnerable consumer’, ‘consumer involvement’ and ‘participatory methods’. Fifteen academics from within social sciences and health disciplines in Australia



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were contacted. To increase the depth of understanding, experts were selected to pursue diverse levels of experience, and personal characteristics of race, ethnicity, gender, age, and family life status (Palinkas et al., 2015). Following ethical clearance (Approval: 2022/138) and participant consent, the checklist was emailed to the experts, who were then invited to follow-up interviews in March 2022, with at least two weeks to review the checklist. A snowball approach was used in the recruitment strategy, with experts asked for further recommendations for participants. The health consumer advocate group Gold Coast Health Consumer Advisory Group were emailed inviting consumers with research involvement experience to act as experts to review the checklist.

The recruitment process concluded with a panel of seven including six academic specialists from marketing (n=3), business studies (n=1), humanities (n=1), and health (n=1), and one non-academic health consumer (n=1) with experience as a consumer co-researcher. All academic specialists had conducted research on potentially vulnerable consumers, with four having conducted research with consumers on projects including co-design, ethnography, and consumer co-researchers on the research team. To ensure the checklist was a valid and reliable instrument, experts were invited to assess the checklist, rating the clarity and relevance of each item using a 4-point rating scale (e.g. 1=not clear, 4=very clear), and recommend re-wording, identifying new items, and further commentary on ways to improve the checklist (Rutherford-Hemming, 2015). Each expert panel member was emailed the checklist in a Word document and invited to make changes using the Word Track Changes option and add notes in the column provided, 'Resources or comments that will improve the checklist'. In some instances, when some participants identified items that were unclear, using Track Changes they provided new wording. At the same time, qualitative content validity was established with each expert indicating the relevance of the checklist content (Zamanzadeh et al., 2015). The expert recommendations were discussed by the researchers resulting in changes to the proposed checklist and additional literature added to the matrix.

In the next section, we synthesize information from reviewed literature. In addition to the CPR Checklist (Figure 1) providing an objective list of considerations, Section 3 should be utilized by academics and consumer researchers to understand the importance and implication of each of the checklist items.

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Figure 1: Consumer Partnership in Research (CPR) Checklist

Consumer Partnerships in Research (CPR) Checklist		
Project Name:		Date: Revision/s:
Principles	Researcher considerations	<input checked="" type="checkbox"/>
1. The consumer involvement goal for the research	Considered the research goal and purpose	
	Recognise the research design and method may affect the consumer co-researcher involvement	
	Reflected on individual biases that may prejudice interpretation of findings and interactions with vulnerable consumers	
	Considered risk factors of the research project that may affect researcher (cognitive, emotional, and physical) wellbeing	
2. Representation and outreach	Identified potential a) risks, and b) benefits of this research for vulnerable consumer individuals, communities, or populations	
	Have an adequate understanding of the various realms of vulnerability, particularly the characteristics and/or contexts of consumers that are the focus of this research. For example, Individual characteristics -Biophysical (e.g., age, ethnicity, health, etc.), Psychosocial (e.g., socio economic status, cognitive development, etc.), Individual states (e.g., motivation, grief, stress, transition, addiction, etc.), and external and macro conditions (e.g., structural, systems, processes, stigmatisation, market environment, regulations, technology availability, etc.)	
	Considered the complexities associated with involving potentially vulnerable consumers and have developed an initial outreach strategy which will evolve in consultation with consumers	
	Sought broad and diverse representation by including organisations that work directly with vulnerable consumers and the community, trusted community gate keepers, and potentially vulnerable (i.e., diverse individual characteristics, individual states, and experiences of external conditions) consumers	
3. Strategies for partnering	All parties have agreed on the project's principles, values, aims, and intended outcomes	
	Discussed the consumers' personal goals for being involved in the research	
	Considered strategies for building relations between the research team (e.g., co-creation of vision, roles, duties, remuneration, procedures, and expectations)	
	Understand the ethical considerations for including vulnerable consumers in the research team	
	Have flexibility to negotiate consumer involvement in research tasks and activities based on their willingness and ability to engage which may change during the research process	
	Understand people learn in different ways, thus have a visualisation (e.g., images, charts, diagrams, animations) to communicate the sequence of research events and activities	
	Understand that each consumer has different skills and may need support with skills for individual research projects	
	Have provided resources to support and empower consumer involvement	
4. Researcher capability	Recognise that an environment of trust, respect and psychological safety are imperative	
	Understand that every consumer has their own unique lived experience, and the research can be enhanced by the richness of those experiences being shared broadly and deeply	
	Considered my (researcher) skills to determine if I require training to involve consumers in an equal partnership (e.g., cultural awareness, inclusivity, communication, active listening, data synthesis, providing constructive feedback, developing trusting relations etc.)	
	Ready to receive authentic communication and have taken time to listen, recognise emotions, accept interpretations, avoid judgement, and build empathy	
5. Transparency in reporting involvement, dissemination & evaluation	Self-empowered to involve consumers (e.g., identified resources required, money, time, training, fees, outreach, and other costs)	
	Understand that research design may impact on the level of consumer involvement, and seek to strengthen contributions	
	Provide transparency in consumer involvement with the research process by reporting in manuscripts on consumer involvement in research, aim, methods, results, discussion, and conclusions and, reflections, so others can learn from this experience.	
	In disseminating research, consider and seek consumer preferences for authorship in publications, using consumer networks to maximise reach, consumer voice to lead/co-partner in conference presentations, and use inclusive language	
	Gather and monitor consumer perceptions of their involvement experience (e.g., satisfaction with involvement, degree of inclusivity, collaboration, and influence)	
	Share expected impacts of this research with the vulnerable consumer individuals, communities, or populations	
	Use consumer networks to suggest other consumer researchers for future projects	

### 3. Consumer Partnerships in Research (CPR) Checklist for market research – integrative literature review findings and checklist

The Consumer Partnerships in Research (CPR) Checklist (Figure 1) offers an integrative review of contributions to vulnerable consumers and consumer participation in research from related health and social science disciplines and content validation from an expert panel. The CPR is based on five principles: 1. The consumer involvement goal for the research; 2. Consumer representation and outreach; 3. Strategies for partnering; 4. Academic researcher capability; and 5. Transparency in reporting involvement, dissemination, and evaluation.

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Each principle is discussed below in the context of its respective theoretical foundations and related literature.

### ***3.1 Principle 1: The consumer involvement goal for the research***

The first principle rests on why the research should involve vulnerable consumers (see Figure 1: Principle 1). Much market research about vulnerable consumers does not or is not reported to involve consumers. It is fundamental the investigator considers the research purpose and reasons for involving consumers. If the research process or findings present any potential risk and or benefits to the target population, then involving a consumer co-researcher should be a priority (Johns and Davey, 2019; Baker et al., 2005; Mansfield and Pinto, 2008). By definition, vulnerable consumers are disadvantaged in an exchange relationship, as they may not have the resources, capabilities, or authority to exercise influence over research outcomes and impacts; thus, having representation in research can provide a common understanding that transcends individual experiences and act as a social reality to guide research actions (Latané, 1981).

Researching vulnerable consumers can produce important insights that may have potential benefits, such as interventions that enhance the quality of life (Fletcher-Brown et al., 2021; Smith et al., 2002). However, there are challenges associated with researching vulnerable consumers, starting with the need for a clear understanding of the nature and extent of consumer vulnerability. Baker et al. (2005) raise the concern that unless we walk in the shoes of the vulnerable consumer, the focus may be on the perceived vulnerability, as projected by the researcher instead of the actual experience. Developing awareness of the vulnerable consumer and potential conflicts caused by Western methodology is explained by Smith (2021) in an article critiquing Western paradigms of research from the position of an Indigenous and “colonised” Māori woman. Smith postulates non-indigenous researchers who may be involved in research initiatives with Indigenous communities to develop Indigenous research agendas, methodologies and protocols may be of limited use when a Western “ethnocentric” view is used. Where “work by indigenous peoples can only be identified as “legitimate” and “real” knowledge if it fits within a Western framework and has value for the dominant non-indigenous culture” (p. 214).

Furthermore, people experiencing vulnerability may not agree with what others may project onto them. In one example, Spotswood and Nairn (2016) conceptualised children as vulnerable consumers but argued that greater clarity is needed given that in some cases,

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children are not disadvantaged during a market exchange. Grant and Kara (2021) discussed the vulnerability characteristics of neurodiverse autistic individuals experiencing higher rates of unemployment. However, the authors also demonstrated these characteristics can also be a source of 'Autistic Advantage' where concentrating for lengthy periods, attention to detail, and creative thinking are strengths in the work environment. In a further example, a scoping review conducted by Carlini et al. (2021) on discordance and concordance on the perceptions of quality care at end of life between older patients, caregivers and clinicians found conflicts in the understanding between the parties. The authors note the conflict between consumers and healthcare professionals potentially hindered the value of care and may have an impact on trust in the health system to deliver care that meets patient expectations. A researcher's expectancies about a vulnerable group can affect every aspect of the research design from inception to interpretation of results (Helms et al., 2005).

The challenges associated with unconscious biases based on implicit attitudes or beliefs can lead to unequal and unfair treatment of social groups (Latané, 1981). Without being aware of it, prejudices can arise and manifest within the research process. For example, underlying unconscious bias occurs within the Australian health system which contributes to poor health outcomes for Aboriginal and Torres Strait Islander peoples (Milligan et al., 2021).

Unconscienced bias may result from our Western market-oriented value system, with Hövermann et al. (2015) study finding that in market-oriented societies individuals can have attitudes of stigma and prejudice towards groups in society such as immigrants, unemployed and homeless persons (Goopy and Kassan, 2019). This is not a new idea, as Hugman et al. (2011) identified earlier that refugee participants reported they provided their information in good faith and that it could help their condition, only to discover that their information was treated as a commodity. More generally, a recent systematic review of interventions to address workplace bias, Metinyurt et al. (2021) suggested individual introspection to assess ones awareness of personal subtle biases is possible. Payne et al. (2017) agrees that personal bias can be accessible through explicit questioning since they may be the result of social constructs. Yet, awareness alone does not ensure behavioural change given that biased beliefs and attitudes can be resistant to change (Metinyurt et al., 2021). However, Carter et al. (2020) offers that discrimination can be reduced by training and interventions. Other tools to transform bias can include mindfulness to aid individuals in changing habits of mind and behaviour (Owen, 2021), using the member checking approach, and facilitation (Brear, 2019). Limitations for reducing bias can include the (lack of) personal skills of facilitators

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and the time required to introspect and consider diverse perspectives (Brear, 2019; Payne et al., 2017). Researchers must make conscious efforts to recognise and overcome inherent prejudice.

A natural assumption is that the power resides with the researcher's domain with the focus on the respondents welfare, however, another purpose of including consumer co-researchers is to protect and inform the researcher from unexpected cognitive, emotional or physical harm.

Downey et al. (2007) posit that researchers interacting with vulnerable consumers are susceptible to unanticipated risks that are hidden and only emerge during the process that can affect the researchers' welfare. Downey's et al. (2007) review exploring researcher vulnerability exposes an example of a researcher affected by heightened stress levels and dreams about dying, followed by stomach cramps and nausea during the weeks of transcription. In minimising such risks, Machin et al. (2022) proposed using a collaborative approach that includes consumers as full partners in all aspects of the research, and to do so makes it easier to anticipate potential risks and benefits for those being studied, as well as the researcher.

### ***3.2 Principle 2: Representation and outreach***

Principle 2 refers to the harnessing of wider consumer expertise by developing partnerships and engaging with potentially vulnerable consumers (see Figure 1: Principle 2). This principle emphasizes the value of carefully considering the vulnerability characteristics, contexts, and experiences to ensure accuracy in reaching the target population (Boldt, 2019; Schmidtke et al., 2021; Pickering and Kara, 2017; Earl, 2004). According to the Baker et al. (2005) model, the individual characteristics, individual states, and external conditions that contribute to the consumer vulnerability context need to be adequately understood. However, this step may be complex as some scholars argue that consumer vulnerability is a dynamic construct and individuals may be vulnerable in one context, but not in another (Hill and Sharma, 2020). For instance, individuals may become vulnerable to the effects of certain stimuli such as advertising, or external factors such as social structures (Turner et al., 2003; Shi et al., 2017). As an example, Shi et al. (2017) reported that highly vulnerable consumers may act more impulsively in the face of temptation which can lead to excess products being bought, and use gambling addictions and susceptibility to fraud as illustrations. In this way, vulnerable consumers' own behaviour in certain situations can increase disadvantage

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(Kubacki et al., 2020). Therefore, vulnerability may not be a passive process, thus requiring detailed examination of consumer characteristics and context to determine representation.

In recognizing each consumer's unique experience, the researcher can begin to realise that vulnerable consumers are a heterogeneous group with varying characteristics who can enhance the richness of all stages of the research design (Hill and Sharma, 2020). Willmott et al. (2022a) for example, used participatory design methods with a systematic scoping review to develop an understanding of the issues that lead to excess weight gain and to co-design an intervention to ensure diverse voices were heard and reflected in the solutions. The authors noted that the benefit of the research method extended beyond the intervention effectiveness to include empowering people, democratizing intervention design, and promoting greater diversity in intervention design

Considering the situations where vulnerabilities can occur may contribute to a fuller understanding to address equality and diversity concerns that are rarely raised by marginalised and easy overlooked groups (Ocloo et al., 2021; Ong et al., 2020). Locating appropriate co-researchers can be difficult (Vat et al., 2017), thus, outreach strategies to connect to representative consumers on meaningful projects requires careful planning (Helms et al., 2005; Ayton et al., 2021). Depending on the consumer group of interest, a researcher may have anxiety about contacting consumers based on a lack of familiarity or understanding of their vulnerability, or accessibility to them such as approaching refugees from unfamiliar cultures, languages, or, psychological health (Egharevba, 2001). However, to enable and empower the ownership of outcomes it is important to avoid the temptation to select better educated and wealthier individuals who may have a greater ability to participate (Ocloo et al., 2021).

In reaching potentially vulnerable individuals, Hugman et al. (2011) and Ocloo et al. (2021) propose the researcher establish a reciprocal relationship with voluntary organisations, community outreach groups, associations, advocacy, online groups, and government organization as part of a non-exhaustive list of suggested options. For example, if a project aims to centre on the consumption choices of an immigrant group, consumer representation may be sought from local church or religious groups, cultural leaders, multicultural associations, online consumption groups, adult education organisations, festival organisers, local radio, and newspapers. A diverse range of strategies recommended by Vat et al. (2017) include, social marketing techniques (e.g., advertisements on radio, TV, newspapers, social

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media and public spaces such as churches, schools, libraries and waiting rooms), community outreach (e.g., town hall meetings, contact with community leaders, booths or presentations at community events, fairs and festivals), and partnering recruitment (e.g., recruitment in collaboration with an organization or advocacy groups or charitable organizations).

Importantly, recruitment strategies involving consumers target group can act to reduce biases and discrimination that can arise, such as communication difficulties.

### ***3.3 Principle 3: Strategies for partnering in research***

Strategies for partnering in research is a plan for action for collaborative research (see Figure 1: Principle 3). In the marketing discipline, there has been a shift toward consumer involvement where communities are increasingly seen as a source of collective wisdom (Rock et al., 2018). To generate new knowledge together, solve complex problems and take advantage of co-experiences, all parties in the research team should agree on the research principles, values, aims, and intended outcomes (Glenorchy City Council, 2017; Hoddinott et al., 2018; IAP2, 2022; Radtke, 1998; Clinical Excellence Division, 2017). In building long term, two-way, and trusting relationships with consumers, researchers need to understand consumers' personal goals for being involved in the research and ensure they have a clear understanding of responsibilities (Ocloo et al., 2021). One way to develop and maintain healthy relations is to co-create the vision, roles, duties, remuneration, procedures, and expectations. Since consumers may lack scientific knowledge (Ayton et al., 2021), researchers should negotiate with consumers about their involvement in research tasks and activities based on their willingness and ability to engage, which may alter during the process.

Developing visualisations with the sequencing of events, charts, diagrams, and activities can have a significant impact on consumers' ability to engage with the process (Pickering and Kara, 2017; Goopy and Kassan, 2019). Using creative illustrations and presentations can improve consumers' genuine understanding of the research process and allow authentic insights from the vulnerable consumer perspective. For example, providing a journey map with touchpoints to reflect the consumer co-researcher interactions with the research process may evolve toward a networked approach to engaging more broadly with the consumer community. In thinking laterally, Goopy and Kassan (2019) argues traditional research methods can limit involvement of vulnerable communities, thus suggesting an arts-based

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methodological approach of inquiry can be used to connect and engage in culturally sensitive research (discussed in more detail in Section 3.4).

Blurring the boundaries between the traditional understanding of the researcher and the researched can lead to more complex and less discrete ethical challenges (Quinton and Reynolds, 2017; Cowan et al., 2022). The ethical implications for researching vulnerable groups are multifaceted, with Schmidtke et al. (2021) arguing ethical conduct in social scientific research extends beyond the study design to data analysis, and writing and may not be in line with formal university ethical procedures which focus on data collection. Moving beyond the university ethical procedures, Pols (2015) demonstrates an approach of empirical ethics of care that integrates non-positivist ethnographic empirical research and philosophy. This issue of vulnerable consumers and university ethical procedures was identified earlier by Mustanski (2011), concluding, institutional review boards may not have expertise in assessing studies focused on value-laden areas of scholarship, thus researchers must take the role of building ethics practice evidence.

There is a responsibility to ensure the consumer co-researchers follow the ethical conduct of research (Nolen and Putten, 2007; Dixon-Woods et al., 2006). Ethical engagement and assumptions on ethical conduct (e.g., concerns regarding information, confidentiality, and conflicts of interest) should be understood by the research team, since involving consumers in the research process presents a form of interactionalism, where the data is generated and understood between the researchers and researched within particular contexts and settings (Carusi, 2008). As the consumer partnership in research method grows, so too will the need to consider and uphold the ethical principles in research for the consumer co-researcher including, minimizing the risk of harm, obtaining informed consent, protecting anonymity and confidentiality, avoiding deceptive practices, and providing the right to withdraw.

In cases where individuals (consumer co-researchers or participants) considered potentially vulnerable (such as mental illness) have limited capacity to consent, Machin et al. (2022) argues, “it is important not to exclude individuals with impaired capacity to consent, especially when the research may be beneficial or help answer important questions about the illness or the individuals that have the illness” (ahead of print). The authors suggest developing a criterion for the degree of risk and potential benefit, having conversations with the potential participant to assess their understanding, and alternatively getting consent from a legal guardian or representative. There are resources to help researchers understand the



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ethical considerations of involving consumers, for example, IAP2 International association for public participation resources (IAP2, 2022), or The Belmont Report (Department of Health Education and Welfare, 1979) as a guide for involving vulnerable consumers.

There is existing guidance for *supporting consumers* in the research process, that is, for consumers to use to enhance their own participation. Examples include, Alberta SPOR SUPPORT Unit (2018a) in Canada, NMHRC (2018b) and IAP2 (2022) in Australia, and Involve (n.d.) in the United Kingdom.

### **3.4 Principle 4: Researcher capability**

Generally, market researchers are not trained to involve consumers in the research process, and therefore need to consider their own skill development (see Figure 1: Principle 4).

Researchers may not have the necessary skills to interact with consumers as an equal partner in the research team. Engaging consumer co-researchers requires researchers to have skills to develop a safe, respectful, and inclusive environment that encourages the meaningful and sustainable participation of consumers (Hugman et al., 2011). Depending on prior experience, researchers may need training, for example, in community engagement, communications, and cultural awareness for greater efficacy in engaging with consumers. Involving consumers may have monetary, time and other resource costs such as training, fees, and outreach. There are existing guides for *supporting researchers* to involve consumer co-researchers available (for example, see Manafò et al., 2018; Alberta SPOR SUPPORT Unit, 2018b; Involve, n.d.; NMHRC, 2018b; NMHRC, 2018a; Ball et al., 2019). Studies by De Leiuen and Arthure (2016) and Gunatillake et al. (2020) practically demonstrate best practice techniques for involving consumers in research.

The issue of asymmetrical power emphasised by hierarchical and paternalistic culture can silence co-researchers and create an environment where academics do not relinquish power and consumer engagement is tokenistic (Ocloo et al., 2021; Dietrich et al., 2017).

Relinquishing power and developing trust can vary in difficulty, take for example the ethnographic study of men incarcerated in a maximum security prison. Hill et al. (2016) used the participatory action research methodology involving inmates as co-researchers after undertaking an online ethics training program. Given the nature of the men's subordinate status in the prison, a period of trust building occurred prior to the movement of the power relationship away from the researcher role to that of a facilitator and active contributor to the process. Likewise, to redistribute power to young people, Cowan et al. (2022) used a utopian

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methodology that challenges modes of knowledge production. To reorganize power within the research process, the team used creative participatory methods including drama, film, computer games and fiction writing.

As shown in the examples above, participatory research designs such as ethnographic, experience based co-design, design thinking, and action research encourage high level partnerships between the researcher and researched populations (Ellingson, 2017; Pompper, 2010). However, many market research studies use quantitative approaches, which are typically less conducive to consumer partnerships so to overcome such methodological challenges, the study design can adopt some collaborative initiatives, such as those illustrated in Table 2. Consumer partnerships in research can take place across the different stages of the research cycle, for example through: (i) applying as joint grant holders or co-applicants on research projects, (ii) identify research priorities, (iii) collaborate in decision-making about methods, (iv) assist with recruiting participants, or (v) co-present at conferences. A range of challenges to effective consumer partnerships outlined in Table 2 include for example, (i) consumers may lack knowledge of the research process, (ii) the academic researchers' lack of ability to integrate insights, or (iii) increased time, effort, funds, and other resources needed. Furthermore, the literature suggests involving consumers as co-researchers can result in benefits, for example: (i) vulnerable consumers influence the research and process, (ii) cultural similarities and differences are accounted for, (iii) appropriate use of methods, (iv) deeper insights of the data, or (v) wider impact and application of research findings.

Previous studies illustrate how consumer co-researchers can contribute to quantitative studies, by reducing the complexity of informed consent and information sheets to ensure the communicating material is understood and participants are clear about how their personal information will be used (Kunz et al., 2020; Machin et al., 2022). They may also guide survey question wording and development, recruit participants, and assist with data interpretation and sensemaking. Involvement in the research can act to reduce the researcher control and authority over academic discourse, as these views can conflate categories and themes (Pompper, 2010).

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Table 2: Involving consumer co-researchers in the research process – rationale, examples, potential challenges and benefits

Research stage	Rationale	Examples	Potential challenges	Potential outcome / benefits
<b>Planning and preparation</b>	<ul style="list-style-type: none"> <li>Gather ideas for new research areas based on vulnerable group needs</li> <li>Ensure research is focused on the vulnerable group interest and concerns</li> <li>Meet funder requirements</li> <li>Generate projects</li> <li>Credibility of research</li> </ul>	<ul style="list-style-type: none"> <li>Applying as joint grant holders or co-applicants on research project</li> <li>Identifying research priorities</li> <li>To identify needs and priorities about research for the vulnerable group</li> <li>Develop a safe and respectful environment</li> <li>Asking the right research question</li> <li>Using appropriate language</li> <li>Identifying cultural similarities and differences</li> </ul>	<ul style="list-style-type: none"> <li>Vulnerable consumer may lack of knowledge about research process</li> <li>Researchers lack knowledge about involving vulnerable consumers as research partners</li> <li>Researchers' inability to synthesise vulnerable consumer insights</li> </ul>	<ul style="list-style-type: none"> <li>Vulnerable group community benefit from being engaged in research by influencing the questions explored and research process</li> <li>Any cultural similarities and differences are accounted for</li> </ul>
<b>Study design</b>	<ul style="list-style-type: none"> <li>Ensure methods are acceptable and sensitive to the situations of potential research participants</li> <li>Accessibility to vulnerable group</li> <li>Improve consent process</li> </ul>	<ul style="list-style-type: none"> <li>Collaborate in decision-making</li> <li>Stimulate informed public debate</li> <li>Tactics include - inputting into surveys, patient information sheets, community planning sessions, community profiling, design fests, or other research materials to ensure appropriateness and avoid potential harm</li> </ul>	<ul style="list-style-type: none"> <li>Potentially increased investment of time, effort, funds, and other resources</li> </ul>	<ul style="list-style-type: none"> <li>Improved quality of research design</li> <li>Appropriate use of wording</li> <li>Methodology appropriateness</li> <li>Improve the ethical acceptability of research</li> </ul>
<b>Study implementation</b>	<ul style="list-style-type: none"> <li>Increase participation / recruitment in the research project</li> <li>Provide feedback on strategies</li> </ul>	<ul style="list-style-type: none"> <li>Assisting and advising with recruitment</li> <li>Undertaking/supporting interviews with research participants</li> </ul>	<ul style="list-style-type: none"> <li>Difficulty to systematically coordinate implementation</li> <li>Compromise protocol</li> <li>Representativeness</li> </ul>	<ul style="list-style-type: none"> <li>Increased participant enrolment and decreased attrition</li> <li>Deeper insights</li> </ul>
<b>Data analysis</b>	<ul style="list-style-type: none"> <li>Take diverse perspectives into account when analysing data and when making decisions</li> </ul>	<ul style="list-style-type: none"> <li>Providing lived experience and meaning to analysis</li> <li>Identifying alternative, corrected and new conclusions</li> <li>Identifying knowledge gap</li> </ul>	<ul style="list-style-type: none"> <li>Potential bias due to influence in analysis distorting results</li> </ul>	<ul style="list-style-type: none"> <li>Values of the vulnerable group is used as a lens during analysis</li> <li>Allowing a wider perspective on conclusions</li> </ul>
<b>Dissemination and impact</b>	<ul style="list-style-type: none"> <li>Make language and content of information more appropriate and accessible before disseminating it</li> <li>Increase dissemination and uptake of evidence into practice or policy</li> <li>Reach a wider audience</li> </ul>	<ul style="list-style-type: none"> <li>Assisting with closing the loop, that is, the groups of research interest have access to the research output, and the output is accessible (easy words, clear sentences, audio, and visual content)</li> <li>Identifying novel opportunities to share research findings</li> <li>Co-presenting research at conferences</li> <li>Named author on research papers</li> <li>New ways of sharing results</li> </ul>	<ul style="list-style-type: none"> <li>Potentially increased investment of time, effort, funds, and other resources</li> <li>Time and cost of building relations</li> <li>Training and education for consumer and academic researchers</li> <li>Conflicting time frames</li> </ul>	<ul style="list-style-type: none"> <li>Wider impact and application of research findings</li> <li>Stronger rapport with vulnerable group community</li> <li>Better understanding of and insight into gaps and priorities in the research area</li> <li>Vulnerable group community can develop a voice by knowing they are valued and have power to influence</li> </ul>

### 3.5 Principle 5: Transparency in reporting involvement, dissemination & evaluation

This principle refers to the accurate and full reporting of consumer involvement in research (see Figure 1: Principle 5). As the practice of vulnerable consumer involvement in research grows, so too does the need for reporting (Russell et al., 2020). To help advance knowledge, Mustanski (2011) recommends publishing the benefits and challenges of involving vulnerable consumers, explaining, “as scientists, we are in a unique position to bring to bear our expertise in understanding how people respond in various situations and we should harness this expertise...” (p. 682). Several reporting tools are available such as the financial planning Client Wellbeing Checklist (JUST, 2021), and GRIPP2 checklist (Staniszewska et al., 2017; Staniszewska et al., 2011) and Public Involvement Impact Assessment Framework (PiiAF) (Popay and Collins, 2014) used in healthcare research. For this study, the Consumer Partnership in Research (CPR) Checklist was used to report consumer involvement in the research process (see Appendix 1).

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While consumers, consumer groups and academics alike are keen to critique the benefits, challenges, how the involvement has impacted the research process and outcomes, and broader societal effects (Esmail et al., 2015; Muir et al., 2020; Madden and Speed, 2017). Edelman and Barron (2016) stress the importance of including consumers in the research process is to give rightful voice and power to those at the heart of the investigation, implying researchers should not be looking to evaluate the impact of consumer involvement per se, but instead the individual processes of contribution. Similarly, Russell et al. (2020) concludes consumer involvement in research “as a social practice of dialogue and learning between researchers and the public: an end in itself, not merely a means to an end (at worst, measured superficially as ‘bums on seats’)” (p. 6).

Consumer preferences for authorship in publications and participating in dissemination activities should be explored with the impact of representation an important ethical consideration in designing, collecting data, and disseminating findings. In writing conference and academic papers, it is usually the academic author choosing the representing narrative, involving the cleaning up of the oral language (Pickering and Kara, 2017). However, Mortensen (2005) deliberates on the ethical dilemma that arises when accurately and authentically representing a participant with all her “umms” and “ahhs”. In wanting to please her scholarly audience, Mortensen edited the transcript to avoid her collaborator sounding “hesitant or foolish.” Participants rejected the edited version ‘prettied-up’ by Mortensen, exemplifying the (not) involving consumers in the representation of their own voices.

#### **4.0 Conclusions, limitations, and future research**

In conclusion, this paper aimed to develop the Consumer Partnerships in Research (CPR) Checklist (Figure 1) through an integrative realistic review method. Since marketers play a key role in knowledge development and debate on vulnerable consumers in society, and their work is a likely source of social impact, they should be concerned that their research is both methodologically sound and conducted in ethically appropriate ways. Therefore, to protect and empower vulnerable consumers, we argued that research conducted about vulnerable consumers must include consumers in partnership, as co-researchers. In this way, the vulnerable are not only the subjects of investigation and instead, have the power to influence those investigations. At the same time, this method represents an ethical approach to the conduct and representation of issues of research. The CPR checklist fills an important gap,

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that is the need for better evidence on how to effectively support consumer partnerships in market research. The checklist can be used by academic and consumer researchers to promote a common understanding and rigor in the planning, implementation, and dissemination for research about vulnerable consumers.

The scope of the CPR checklist is first limited by the method. While consensus was achieved in the development of the checklist, further refinements are expected over time as the evidence base underpinning consumer involvement in market research evolves. The next stage of this work can include international collaborations to develop the concept. The CPR checklist has not yet had any usability testing to understand how it works in practice with different types of study designs. The final consensus did not include international experts due to the restricted budget and timing, which could have restricted international contexts. The checklist is designed for the general use of researchers and consumers of all abilities and is not specific in its use for individuals who are developmentally unable to make decisions or consent, such as minors. More recently social media has become a key medium for digital ethnographers researching vulnerable consumers (Thompson et al., 2021). While the checklist is not specifically designed for navigating online research, future studies could report on its usefulness in digital research pertaining to vulnerability, empowerment, and surveillance.

Ideally, authors and researchers should be encouraged to publish a separate consumer partnership in a research paper using the CPR Checklist, as this would provide a significant contribution to the broader evidence base. While this may not be possible, publishing the checklist (for example as supplementary material) with studies including vulnerable consumers in market research will help form the next phase of the development. In this study the consumer partnership in research was documented in Appendix 1: CPR checklist for this study. Using the checklist items may vary from study to study as resource constraints, including time, money, and capabilities are acknowledged limitations to including consumer co-researchers. Another barrier to the adoption of this approach is the generally limited awareness of lay involvement in research (Earl, 2004; Ocloo et al., 2021), the process can take longer to achieve objectives (Turner et al., 2003) and the approach is not yet common in market research.

For policymakers, the development of the CPR checklist is a more approachable and transparent method of reporting, enabling policymakers to form a clearer understanding of

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the impact or difference that CPR makes to facilitate the advancement of research about vulnerable consumers. However, the potential risk is that tokenistic involvement may be a subsequent result which only strengthens the importance of transparency in reporting and consumer involvement in the research dissemination and evaluation. In turn, the eminence of this topic may spur training specifically aimed at researcher and consumer co-researchers to facilitate transparent and effective research, which minimizes further vulnerability among vulnerable consumers.

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Appendix 1: CPR reporting for this study

<b>Consumer Partnerships in Research (CPR) Checklist</b>	
<b>Project Name:</b> Developing a CPR checklist for involving vulnerable consumers in research	<b>Date:</b> Nov 2021 -Sept 2022 <b>Revision/s:</b>
<b>Principles</b>	<b>Researcher considerations</b>
<b>1. The consumer involvement goal for the research</b>	The research aim was to provide a practical checklist to assist market researchers with planning, implementing, and evaluating research where vulnerable consumers are the target population. The CPR goal was to ensure that potentially vulnerable groups have a role in research that may affect them. The level of risk for the researcher was low due to the nature of research (review and expert panel).
<b>2. Representation and outreach</b>	The consumer involved with this project self-identifies as vulnerable as she lives with permanent disability which affects her emotional, physical, and cognitive abilities. The research team had worked together in the past and have a high degree of trust and collaborative experience. A narrow outreach strategy was used due to the academic researcher's severe onset of health issues resulting in substantial time off work.
<b>3. Strategies for partnering</b>	The research team discussed the aims of this project and the consumer's role in the research process. An ongoing relationship between the team meant that there was an implicit understanding of tasks, procedures, and expectations. The method of involvement included verbal discussions, emails, and feedback on drafts until consensus was reached. The ethical principles upheld in this project included: 1) Minimising the risk of harm – the academic researcher took care to ensure the wellbeing of the consumer and checked in on their welfare before, during and after meetings. At one point the consumer had a health event and took time off the project. Also, the academic researcher sought to ensure that no harm (e.g., financial, emotional) come to the consumer involved and that the project would not inflict harm onto other potentially vulnerable individuals or groups; 2) Obtaining informed consent – in lay English, we deliberated the research and requirements, which the consumer agreed to take part; 3) Protecting anonymity and confidentiality – both the anonymity and confidentiality of the consumer researcher and participants required upholding. The consumer has previously received formal research ethics training; 4) Avoiding deceptive practices – no deceptive practices took place; 5) Providing the right to withdraw – the consumer participated with free will to participate at the level that suited to them.
<b>4. Academic researcher capability</b>	The academic researcher has undertaken training both as a researcher and consumer (e.g., diversity and inclusion training, Indigenous cultural competence training, health consumer training, ethics training). The academic researcher is trained in qualitative and participatory research and has skills to integrate consumer views in all aspects of the research.
<b>5. Transparency in reporting involvement, dissemination &amp; evaluation</b>	The final draft of this research paper, and associated tables and figures were examined by the consumer completeness, accuracy, and relevance. The consumer reported a positive experience and commented that the level of engagement was suitable due to her health trajectory. The consumer recommended that the checklist was an ideal tool for best practice in researching about vulnerable consumers and hoped that the checklist could guide novice and experienced researchers to involve consumers.  The consumer researcher proposed continued collaboration to develop a workshop for student and new researchers. The CPR checklist will be shared online via social media, academic research groups, consumer advisory groups and more broadly to organisations that represent vulnerable populations.