
A framework of consumer engagement in Australian health policy:

Developing a framework for the AIHPS study

Australian Institute of Health Policy Studies Research Project

Consumer engagement in Australian health policy: Investigating current approaches and developing new models for more effective consumer participation

Working Paper 2

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For the Australian Institute of Health Policy Studies

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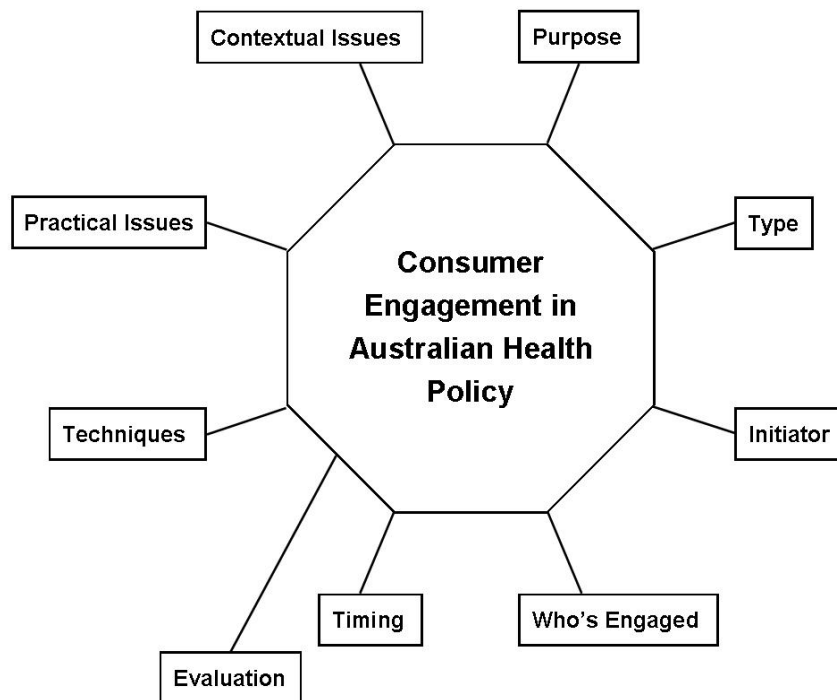
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Summary

This paper provides a framework for describing consumer engagement in Australian health policy. It has been developed as part of a research project titled *Consumer Engagement in Australian Health Policy: Investigating Current Approaches and Developing New Models for More Effective Consumer Participation*, being conducted by the Australian Institute of Health Policy Studies.

The framework presents eight interacting issues that influence the practice of consumer engagement in Australian health policy (with evaluation recognised as a separate but important factor). These issues can be used to review consumer engagement practice, to plan consumer engagement programs, and to identify the trade-offs that must be made when conducting consumer engagement. The framework will be used to structure the interview data and case studies explored during the research phase of the AIHPS project.



A framework for discussing consumer engagement in Australian health policy

Introduction

This paper provides a framework for describing consumer engagement in Australian health policy. It has been developed as part of a research project examining consumer engagement in Australian health policy being conducted by the Australian Institute of Health Policy Studies (AIHPS) with funding from Merck, Sharpe and Dohme's International Grants Committee.

This paper is the second in a series of Working Papers being developed as part of the AIHPS study. It follows on from a literature review on consumer engagement in Australian health policy published on the AIHPS website in August 2006 (*Conceptualising Consumer Engagement: A Review of the Literature*). Subsequent Working Papers will present findings from interviews and case studies. The project's final report will summarise the Working Papers, provide analysis of consumer engagement practice, and discuss ways forward for consumer engagement in the Australian health policy context.

The framework developed in this paper describes engagement practice in terms of the issues that need to be considered by policy makers involved in consumer engagement activities. The framework is not a 'how-to guide'; instead, it looks at important issues and trade-offs in consumer engagement practice that are evident from the literature review.

The framework developed in this paper will be used to structure the interview data and case studies explored during the research phase of the AIHPS project. The project is discussed in more detail in the Appendix.

Relevant frameworks of consumer engagement

Three frameworks of consumer engagement identified through the literature review have been used to guide the framework for this study:

- Oliver et al (2004) – who provide a detailed framework of consumer engagement in research and development agenda setting based on an extensive review of literature
- Elrick, Boyes, and McCormick (2002) – who provide a framework based on a study of engaging consumers in managing radioactive waste in Scotland
- Lasker and Weiss (2003) – who provide a framework focused on community participation in health governance, developed through a joint-learning work group of nine partnerships involved in the Turning Point Initiative in the USA.

A framework for consumer engagement in research and development agenda setting – Oliver et al (2004)

Oliver et al (2004) provide one of the most comprehensive, recent frameworks of consumer engagement. Oliver et al use three dimensions to describe consumer engagement in research and development agenda setting:

1. The degree of consumer engagement (based on a continuum of engagement – using the categories of consultation, collaboration, and user control) (see page 14 and Appendix 1 of *Conceptualising Consumer Engagement*)
2. Whether consumers are involved as individuals or as members of organised groups
3. Whether involvement was initiated by the organisation or in response to consumer action.

From these dimensions, they identify eight different types of engagement (see Figure 1 on the following page).

From their extensive literature review, Oliver et al (2004) identify eight characteristics of consumer engagement in research agenda setting:

1. The consumers engaged – whether consumers are engaged as individuals or members of organised consumer groups; whether consumers have volunteered their time or been targeted for engagement
2. Proactive and reactive engagement – whether the engagement is initiated by the organisation or by consumers

3. Degree of engagement – the level at which consumers are engaged, based on the continuum models (see pages 12-15 of *Conceptualising Consumer Engagement*); Oliver et al adopt a three-step continuum (consultation, collaboration, and consumer-controlled research)
4. Forum for exchanging ideas – the techniques chosen for idea exchange, such as interviews, focus groups, Delphi technique or ranking methods
5. Methods of decision-making – the techniques chosen to support decision-making, such as voting or ranking
6. Implementation – the practicalities of implementation, including planning, resources, coordination, and training
7. Context for consumer engagement – contextual issues relevant to individual engagement programs, such as geography, historical issues, and the organisational setting
8. Theories underpinning consumer engagement – the motivations and methods of working (for example a consumerism approach compared to a collective social action approach).

		Consumers' degree of engagement			
		Consumer Control	Collaboration	Consultation	Minimal
Researchers' degree of engagement	Inviting consumer groups		Type A	Type B	
	Inviting individual consumers		Type C	Type D	
	Responding to consumer action		Type E	Type F	Type G
	Minor partner or absent	Type H			

Figure 1: Framework for describing consumer involvement in research agenda setting, developed by Oliver et al (2004)

A framework for consumer engagement in managing radioactive waste – Elrick, Boyes, and McCormick, 2002

In the UK, the Scottish Executive (Elrick, Boyes, & McCormick, 2002) has developed a framework for engagement based on participants' experiences of being engaged in discussions about managing radioactive waste. Their framework includes seven aspects which need to be considered when planning consumer engagement:

1. Reason for engagement (Do managers consider it valid? What is its purpose – to inform, consult, involve, etc?)
2. Rules of engagement (Is information accessible and understandable? What are the mechanisms for involvement and feedback?)
3. Techniques of engagement (Techniques to provide information, ask for views, involve people in discussions, create dialogue, and so on)
4. Dimensions of the processes (Is the process passive, active, interactive, participatory, or independent?)
5. Support mechanisms (What resources are available? Is access appropriate? Are materials clear? Are structures flexible?)
6. Resource implications (Staff issues, time and money, design and production of materials)
7. Quality assurance (Possible influence on policy, the numbers involved, provision of feedback to participants).

Community Health Governance Model – Lasker and Weiss (2003)

Lasker and Weiss, from the Center for the Advancement of Collaborative Strategies in Health, worked with nine Partnerships from the Turning Point Initiative to develop a participatory collaborative process called Community Health Governance (CHG). The CHG model hypothesises that communities need collaborative processes that achieve three proximal outcomes:

1. Individual empowerment (by getting individuals directly and actively involved in addressing problems that affect their lives)
2. Bridging social ties (by bringing people together across society's dividing lines, building trust, and developing a sense of community)
3. Synergy (achieving breakthroughs in thinking and action through a collaborative process with diverse participants).

The CHG model includes three critical processes:

1. Who is involved (a broad array of people is needed)
2. How they are involved (they need to have a real influence in and control over the process)
3. The scope of the process (the collaboration should be broad in scope).

Leadership and management are included at the beginning of the model; they influence the collaboration by determining the three critical processes.

A framework for this study

The following draft framework for describing consumer engagement in Australian health policy was developed from the literature review, *Conceptualising Consumer Engagement*. This framework will be used to guide the project's research phase.

This framework draws extensively on the work of Oliver et al (2004), and also makes use of the two other frameworks outlined in the previous section. I have endeavoured to adapt Oliver et al's framework for the Australian health policy environment and incorporate relevant elements from *Conceptualising Consumer Engagement*.

- Oliver et al's 4th and 5th characteristics (*forum for exchanging ideas*, and *methods for decision-making*) have been collapsed into one characteristic labelled *techniques*. This seems appropriate for the health policy environment because the extent to which consumers are engaged in either exchanging ideas or decision making will vary from project to project, and separate groupings may not always be appropriate. This also fits with the single category for techniques used by both Elrick, Boyes, and McCormick (2002) and Lasker and Weiss (2003).
- The labels used to name the characteristics reflect the language used in *Conceptualising Consumer Engagement*.
- The characteristics are discussed in an order that reflects *Conceptualising Consumer Engagement* rather than the order used by Oliver et al.

This framework identifies eight interacting issues that influence the practice of consumer engagement in Australian health policy. These issues can be used to review consumer engagement practice, to plan consumer engagement programs, and to identify the trade-offs that must be made when conducting consumer engagement.

A framework for discussing consumer engagement in Australian health policy

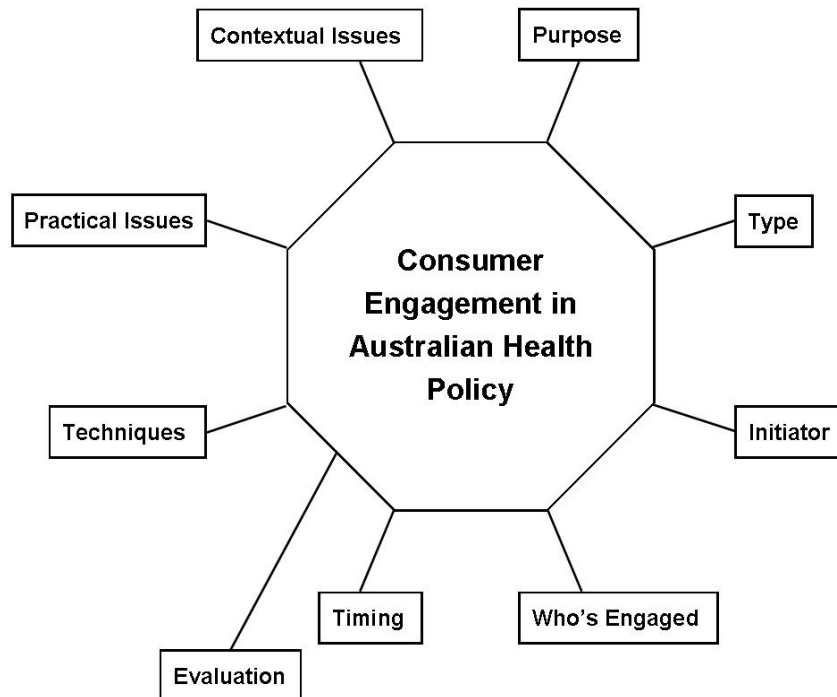


Figure 2: A framework for discussing consumer engagement in Australian health policy

1. The purpose of consumer engagement

Consumer engagement can be conducted for a variety of reasons and designed to fulfil a range of purposes. It will be influenced by the policy problem being addressed.

- Underlying reasons for conducting consumer engagement include ethics and democracy, improved policy outcomes, improved relationships with consumers, and serving political purposes (see pages 8-12 of *Conceptualising Consumer Engagement*).
- Consumer engagement can be underpinned by different theoretical approaches, including scientific approaches, market solutions, legal approaches, democratic participation, or a consumerist model, or through current government policy that

may view consumer engagement as a management technique (see pages 16-19 of *Conceptualising Consumer Engagement*).

- The purpose of consumer engagement programs can include to fulfil statutory requirements, inform consumers about decisions, encourage acceptance, ask for consumers' views, provide advice for decision-making, involve consumers in discussions, and involve consumers in decision-making and joint planning (see page 19 of *Conceptualising Consumer Engagement*).

2. The type of consumer engagement

The type of consumer engagement refers to the extent of engagement being offered to consumers (see pages 12-16 of *Conceptualising Consumer Engagement*). Engagement type is typically articulated as a continuum or ladder, though it can also be seen as a discontinuous set of techniques based on policy requirements.

The five-level description of engagement, developed by Health Canada (2000), has been adopted for this study. This description is clearly articulated for the health policy context, includes an overview of when the types of engagement are likely to be useful for organisations, and clearly shows the interactions between engagement type and purpose. In addition, Health Canada's description is developed from the perspective of policy makers, articulating engagement as an activity developed by government to involve consumers in the policy process; this is an approach that suits the primary focus of this project.

A summary of the types of engagement described by Health Canada is included on the following page.

Level	Purpose	When useful
1. Low level of public involvement and influence	Inform or educate	When factual information is needed to describe a policy/program/process When a decision has already been made When there's no opportunity to influence the outcome If the issue is simple In a crisis
2.	Gather information	When the purpose is to listen When policy is being shaped When there is no firm commitment to do anything
3. Mid level of public involvement and influence	Discuss	When a two-way information exchange is needed When people have an interest in an issue and are likely to be affected by the outcome When there's an opportunity to influence the outcome When input may shape the policy
4.	Engage	When the Department needs citizens to talk to each other about complex issues When there's a capacity to shape policies When there's an opportunity for shared agenda-setting and open timeframes When options generated together will be respected
5. High level of public involvement and influence	Partner	When the Department wants to empower citizens and groups to manage the process When groups and citizens have accepted the challenge of developing solutions themselves When the Department is ready to be an enabler When there is agreement to implement the generated solutions

Figure 3: Types of engagement developed by Health Canada (2000), and adopted for this study

3. Who initiates the engagement

Consumer engagement can be initiated by either organisations or consumers, though organisation-initiated engagement is most common in the policy context (see pages 20-21 of *Conceptualising Consumer Engagement*).

- When initiated by organisations, consumer engagement tends to use the language, organisational categories, and definitions relevant to the organisation. Consumers are expected to contribute in a way that fits within bureaucratic boundaries.
- When initiated by consumers, engagement can reflect consumers' ways of categorising the world and be based around issues that consumers consider to be important.

Tied up with the issue of whether engagement is initiated by organisations or consumers are questions about whether the engagement is:

- Project-based or ongoing
- Conducted by people working within the policy-making organisation or by consultants
- Conducted by senior policy makers or junior officers.

4. The consumers engaged

In engagement activities initiated by organisations, the organisation will make decisions about who to engage with. One key decision is whether to engage with consumers as individuals and/or with organised health consumers' groups (see pages 21-24 of *Conceptualising Consumer Engagement*).

- Individual consumers will vary in their knowledge of and interest in the issue. They can be categorised into three broad groups by their level of interest: highly interested (and therefore likely to want to be engaged), moderately interested, and uninterested (and therefore very difficult to engage).
- Health consumers' groups have expressed an active interest in the issue and are likely to be more knowledgeable than the general public. While they can often provide detailed input to projects, their views may not represent those of the less actively involved public. Members of health consumers' groups will usually be accountable to the wider group for the contributions that they make, and may be able to consult with the organisation's members as part of their involvement. However, engaging only with groups may limit the scope of engagement to those

who already have a voice, and may risk conflicts of interest created through a group's primary focus or funding sources.

Organisations may decide to specifically target certain consumers for engagement – such as marginalised populations or a particular social group. However, the decision about who to engage can be taken away from organisations if the engagement is initiated by consumers: with consumer-initiated engagement, organisations are often left with no choice about whether to engage.

A related issue to the question of who gets engaged is whether the consumers want to be engaged and whether they feel that the type of engagement being offered is appropriate for the issue under discussion.

5. Timing

In the health policy context, the timing of consumer engagement can influence both its outcomes and its potential to influence policy development (see pages 24-25 of *Conceptualising Consumer Engagement*). Engagement conducted in the early stages of project definition is more likely to influence policy development than engagement conducted when the available (and preferred) options have already been determined.

6. Techniques for engagement

Techniques for engagement are the concrete tools used to involve consumers in the issue (see pages 29-36 of *Conceptualising Consumer Engagement*). There is evidence from the literature that the techniques chosen can influence the outcomes achieved through engagement. There is also evidence that using a variety of techniques, sometimes in parallel, can mean that different consumers can be engaged in different ways, to suit their level of interest in the issue. Some techniques offer snapshot views of consumer opinion (such as opinion polls or questionnaires), some offer one-off opportunities for consumers to contribute (such as community meetings or focus groups), and some techniques offer opportunities for ongoing interaction (such as advisory committees, online discussion groups, or consumer representatives). In addition, some techniques offer opportunities for discussion and deliberation, allowing consumers to develop their ideas in discussion with other consumers and/or experts (such as citizens' juries or deliberative polling).

The techniques chosen can support different types of engagement; page 31 of *Conceptualising Consumer Engagement* includes a chart giving example techniques for the five different engagement types discussed by Health Canada (2000).

7. Practical issues

The practical issues of consumer engagement appear in the literature review, *Conceptualising Consumer Engagement*, in two sections: *Barriers to Engagement* (pages 37-40) and *Facilitators of Engagement* (page 41). The practical issues that will influence a consumer engagement program include:

- The resources available (funding, training, support, infrastructure, and time)
- The information available (quality and timing of information made available to consumers)
- Consumer-related issues (including relevant knowledge, skills and confidence to participate, expectations of the process, and personal circumstances)
- Organisational-related issues (including commitment to and experience with engagement).

8. Contextual issues

Consumer engagement occurs within the context of existing political pressures, organisational issues, and previous experiences with policy development and engagement. This means that no two consumer engagement programs will be the same, and makes it impossible to develop a concrete blueprint or prescription for consumer engagement practice. Oliver et al (2004) identify a range of contextual issues that influence consumer engagement in research and agenda setting, including the institutional setting (such as an academic or commercial research organisation or charity), geographical settings, historical settings, and the interests of consumers. The particular policy problem being addressed through consumer engagement is an important contextual issue, as recognised by Bishop and Davis (2002) in their model of engagement as discontinuous interaction (see pages 15-16 of *Conceptualising Consumer Engagement*).

Evaluation

Evaluation is described separately because it does not influence the planning and development issues outlined above. Instead, it has an important function in reviewing planning and implementation, providing a reporting and feedback mechanism, and

facilitating the development of consumer engagement practice (see pages 42-44 of *Conceptualising Consumer Engagement*). Evaluation should address each of the eight issues outlined above and may also address (Abelson et al, 2003):

- Representation
- The structure of the processes
- The information used in the process
- The outcomes and decisions.

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- Bishop, P., & Davis, G. (2002). Mapping public participation in policy choices. *Australian Journal of Public Administration*, 31(1), 14-29.
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The project's literature review:

- Gregory, J. (2006). *Conceptualising consumer engagement: A review of the literature*. Brisbane: Australian Institute of Health Policy Studies. Available: www.aihps.org.au

Appendix: About the project

Project title

Consumer engagement in Australian health policy: Investigating current approaches and developing new models for more effective consumer participation

Project objectives

Develop strategies for more effectively engaging consumers in health policy development by:

- Identifying and assessing current approaches and methods for engaging consumers used by Australian government, non-government and private health industry organisations, in terms of effective consumer participation
- Comparing these approaches with those used in other sectors in Australia such as urban development, environmental management, housing, and traffic planning
- Identifying, assessing, and defining the distinctive characteristics of approaches being used in similar overseas systems
- Developing and refining new models for consumer engagement in Australian health policy development.

Project design

- Identify current approaches and methods for consumer engagement in health policy and in other fields – through a literature review and interviews
- Compare the approaches for consumer engagement used in various sectors – through a literature review and interviews
- Identify, assess, and define the distinctive characteristics of consumer engagement approaches – through case studies
- Develop and refine new models for consumer engagement in Australian health policy development – through analysis and workshops

Project steering committee

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