

**Engaging Consumers in  
discussion about  
Australian health policy:  
Emerging key themes**



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# Engaging consumers in discussion about Australian health policy: Key themes emerging from the AIHPS study

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Discussion paper for the AIHPS National Citizen Engagement  
Forum

Brisbane, 16 September 2008

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

**Engaging consumers in discussion about Australian health policy: Key themes emerging from the AIHPS study**

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## Summary

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This report presents eight key themes emerging from a research project about consumer engagement in Australian health policy conducted by the Australian Institute of Health Policy Studies (AIHPS):

1. Consumer engagement in Australian health policy is poorly understood, inconsistently practiced, and under theorised
2. Consumer engagement is poorly defined
3. Consumer engagement is a mindset, not a technique
4. Consumer engagement requires organisational commitment and a high-level champion
5. Consumer engagement is an ongoing process, not a fixed time event
6. Consumers need to be confident that their input will be valued and considered
7. Consumers usually need background information to contribute at the policy level
8. Different approaches to consumer engagement offer different opportunities for policy development.

This report is the fifth publication produced as part of AIHPS's research project about consumer engagement, entitled *Consumer Engagement in Australian Health Policy: Investigating Current Approaches and Developing New Models for More Effective Consumer Participation*. In addition to summarising the key themes emerging from the research, this report summarises the four Working Papers produced throughout the project (the Working Papers are available at [www.aihps.org](http://www.aihps.org)). This report was distributed to participants attending the project's final event: a national forum entitled *Engaging Citizens in Australia's Future Health Policy: Building and Applying the Evidence*.

### About AIHPS

The Australian Institute of Health Policy Studies (AIHPS) is an independent national institute devoted to studying the ways that health policy can improve the health of all Australians. It aims to improve the national capacity for health policy-relevant research and facilitate the community's role in influencing national health priorities. For further information about AIHPS, visit [www.aihps.org](http://www.aihps.org).

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## Introduction to the project

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This report is the fifth publication produced by AIHPS as part of a research project examining consumer engagement in Australian health policy. The project – *Consumer Engagement in Australian Health Policy: Investigating Current Approaches and Developing New Models for More Effective Consumer Participation* – developed from a concern that, while there is increasing discussion about the need for consumer engagement in health policy, the success of current methods and approaches is questionable.

Through this project, AIHPS aims to contribute to the development of more effective strategies for engaging consumers in health policy development. The project aims to:

- Review the current practice of consumer engagement in Australian health policy
- Explore the reasons behind current practice
- Consider some alternative ways of working.

The project design developed by the Steering Committee involved six stages:

- A literature review exploring the practice of consumer engagement (*Conceptualising Consumer Engagement: A Review of the Literature*, published in August 2006 and updated in February 2007)
- A framework for describing consumer engagement practice (*A Framework of Consumer Engagement in Australian Health Policy: Developing a Framework for the AIHPS Study*, published in September 2006)
- Qualitative interviews with individuals working in consumer engagement (*Talking About Consumer Engagement: Themes Emerging From Interviews About Consumer Engagement in Australian Health Policy*, published in March 2007)
- Case studies of consumer engagement practice (*Case Studies of Consumer Engagement in Australian Health Policy and Related Fields*, published in March 2008)
- A national forum to discuss approaches to consumer engagement in health policy (*Engaging Citizens in Australia's Future Health Policy: Building and Applying the Evidence*, held in Brisbane on 16 September 2008)
- A final monograph (to be published in October 2008).

The project was funded through AIHPS's core funding from state health, non-government, and academic partners, and through a competitive research grant received from Merck, Sharpe and Dohme. The research was conducted by Professor

Brian Oldenburg, Dr Judy Gregory, and Rebecca Watson, and guided by a Steering Committee (see Appendix 5 for a list of Steering Committee members).

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## Defining consumer engagement for this project

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The term ‘consumer engagement’ was adopted at the beginning of the project, and is used throughout, for consistency. For this project:

- A ‘consumer’ is defined as someone who makes either direct or indirect use of health services – that is, a current or potential user of the health system. This definition makes no assumptions about the consumer’s knowledge of an issue or their involvement in a consumers’ organisation. The definition also makes no assumptions about whether consumers are engaged as individuals or as a collective group. The definition is broad, encompassing both consumers with specific health needs, and broader community members who have a general interest in the health system and health funding.
- ‘Engagement’ is defined in a broad way to cover the range of activities used by governments, organisations, and individuals to generate consumer input in or discussion about policy. In this project, the term ‘engagement’ is used to discuss the full range of engagement activities – including those that some authors may describe as ‘consultation’ or ‘information provision’.

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## Key themes emerging from the project

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### 1. **Consumer engagement in Australian health policy is poorly understood, inconsistently practiced, and under theorised**

Participants in this research noted that health policy decisions rarely involve significant levels of consumer engagement. Policy is frequently developed in response to emerging issues and external pressures, and may involve severe timing constraints. In addition, it is possible that policy makers lack the resources, commitment, and understanding needed to integrate consumer engagement into their work.

Participants suggested that the requirement for consumer engagement is generally interpreted as a short consultation process conducted through community submissions. This approach to engagement is familiar to staff and easy to implement. Staff may default to a minimal level of engagement because they are busy and under pressure.

There is not a culture of consumer engagement surrounding health policy development and, given the high-pressure environment of policy work, that culture is likely to be slow to change.

Within health, there are four different levels for engaging with consumers:

- The individual care level
- The service level
- The organisational level
- The broad policy level.

Significant research and practice have focused on engagement at the individual and service levels, and a smaller body of literature discusses engagement at the organisational level. But literature discussing consumer engagement at the broad policy level is scant, and there is little evidence of consumer engagement practice occurring at this level in health in Australia. Examples of consumer engagement practice in health in other countries (particularly the USA, UK, and Canada) and examples from other disciplines (such as the Department of Planning and Infrastructure in WA) demonstrate that consumer engagement at the broad policy level is both feasible and successful. But to date there appears to have been little consumer engagement work addressing systemic issues about health, including big-picture questions about the type of health service that we want to have in Australia.

## 2. Consumer engagement is poorly defined

The definition of consumer engagement was an ongoing issue for this project. Within health, there is no shared language about consumer engagement practice. This means that terms like ‘consumer’ and ‘engagement’ mean quite different things to different people.

The terms can bring with them unintended value judgements about the numbers of people being engaged, the types of people being engaged, and the promise being offered about the extent of engagement available. Terms such as ‘consumer’, ‘community’, ‘citizen’, ‘participation’, ‘involvement’, and ‘engagement’ are all in common use, but without clear definitions.

- Several participants made a distinction between ‘consumer’ and ‘community’. Some participants described ‘consumers’ as stakeholders who will be actively involved in an issue and are likely to be members of a health consumers’ organisation. Other participants described ‘consumers’ as individual users of the health system. Most participants used ‘community’ as a broader term used to describe the wider population. ‘Community’ is made up of a series of sub-groups that may include minority groups, special interest groups, or groups within a particular geographical area. A distinction between a ‘consumer’ as an individual and a ‘community’ as a group of people seemed to operate for many participants.

- Some participants were uncomfortable with the term 'engagement'. While some described it as obscure or focused more on decision making about individual health issues, others felt that it captured the concept of giving consumers a voice in the policy/project development process. Other common terms include 'participation' and 'involvement'.

If consumer engagement is to become an entrenched part of health policy processes, a common language needs to emerge for discussing the work. The term 'consumer engagement' was used throughout this project for consistency. At the conclusion of the project, the researchers feel that the terms 'citizen engagement' or 'community engagement' may be a more successful way of capturing the intent of the work, because the word 'consumer' so often encourages focus at the level of the individual health user.

The term 'consumer' is not synonymous with 'community' in the way that may have been suggested throughout this project. Making a distinction between 'consumer engagement' and 'citizen/community engagement' allows for a distinction between engagement that focuses on individual service users and/or members of organised groups and engagement that focuses on the broader population. For this reason, we adopted the term 'citizen engagement' for the National Forum held at the conclusion of the project.

### **3. Consumer engagement is a mindset, not a technique**

Consumer engagement involves listening to and talking with consumers. It is about providing consumers with an opportunity to contribute to discussions and be involved in decision making. This means that successful approaches to consumer engagement involve at least some level of power transfer; instead of retaining the full responsibility for decision making within the organisation, consumers contribute in some way to the decision-making process.

Consumer engagement involves bringing a consumer perspective into various aspects of an organisation's work. The most successful approaches are likely to involve working with consumers from the very first steps of the decision-making process. There is an underlying assumption here that working in partnership with consumers will lead to better decisions than relying only on organisational staff and involved stakeholders who have the required technical and strategic knowledge.

There is no 'one size fits all' approach to consumer engagement. Techniques should be chosen in response to the issue being addressed, to provide a balance between level of involvement, timing, and use of resources in a way that suits the complexity of the issue from both the technical and the community perspective. It is possible that different techniques will be needed at different stages of the policy-development

process, and that multiple approaches to engagement will be necessary to address a single issue.

Recognising engagement as a mindset instead of a technique has implications for the value of the ladder models used to describe engagement type (see Appendix 2 for a brief discussion of ladder models). In a theoretical sense, it illustrates the way that most engagement techniques can fit at multiple points on the engagement ladder, depending on the way the technique is implemented and shaped by relevant practical and contextual issues. In a practical sense, it suggests that engagement practitioners need to start their work by understanding the issue and deciding what type of engagement is most suitable – probably by articulating their ‘promise’ to consumers in terms of the type and level of engagement being offered. Decisions about the approach to engagement and the techniques to be used will follow.

#### **4. Consumer engagement requires organisational commitment and a high-level champion**

Participants throughout this research stressed the value of organisational commitment combined with a high-level champion for engagement within the organisation. That person can become the driving force for engagement, influencing the culture of the organisation and the way in which engagement is undertaken.

High-level champions can:

- Promote the value of engagement within the organisation
- Create an environment where engagement is valued and the consumers’ voice is recognised
- Encourage staff to undertake training in consumer engagement practice
- Ensure that the resources necessary for successful engagement are available
- Promote an organisational mindset that recognises the practical importance of engagement and ensures that engagement practices are not tokenistic.

Several participants noted that, when a high-level champion leaves an organisation, the commitment to engagement can dissipate or completely disappear. This suggests that engagement practices built around the commitment of one individual are always likely to be tentative. Instead, consumer engagement needs to become an entrenched practice that is part of an organisational culture that recognises the value of working with consumers. This type of cultural change tends to be slow to develop, and is likely to require commitment from individuals working at multiple levels throughout the organisation.

In developing a culture that values consumer engagement, organisations may need to decide whether their engagement activities will be centrally managed by dedicated

consumer engagement practitioners, or whether staff throughout the organisation will build skills in engagement practice.

#### **5. Consumer engagement is an ongoing process, not a fixed time event**

Consumer engagement may best be seen as an ongoing process that involves attending to the consumer voice in all aspects of an organisation's work. This means that consumer engagement is not a fixed time event to be positioned between a draft policy and a final decision (as often happens with a consultation or submissions-based process).

Consumer engagement is most likely to be successful if consumers are involved right throughout the policy-development process, and across different aspects of the organisation's work. It may be appropriate to use different approaches to engagement at different stages of policy development.

#### **6. Consumers need to be confident that their input will be valued and considered**

When consumers are involved in an engagement process, it is critical that they are confident that their input will be taken seriously and considered as part of decision making. Participants in this project stressed that consumers need to feel that their input is valued, and understand how their contribution can influence the final decision. For example, consumers need to know whether they are contributing to the development of possible solutions, helping to choose between a set of options, providing their opinions for a research process, or simply making minor changes around the edges of a pre-defined approach. In addition to being confident about the value of their input, consumers need to understand both the constraints of the issue and the limits of their input.

#### **7. Consumers usually need background information to contribute at the policy level**

Policy-level discussions tend to be complex, detailed, and highly dependent on contextual factors. One of the difficulties with engaging consumers in discussions about health policy is that consumers typically lack the background understanding necessary to contribute to discussions at a meaningful level. While consumer representatives and advisory committee members may develop the necessary background knowledge, and health consumers' organisations are likely to have extensive knowledge about areas that are relevant to their work, the broader group of unaligned consumers may find it difficult to contribute. This may encourage organisations to fall back on information gathering approaches that consider the opinions of uninformed consumers, without providing opportunities for consumers to engage in meaningful discussions.

To engage meaningfully at the policy level, consumers will usually need well-written, clear, background information that provides them with a sufficient level of detail. When the discussion relates to a divisive or controversial issues, the background information should clearly articulate the different perspectives and demonstrate that the various stakeholders have participated in developing the material. One of the challenges for consumer engagement processes is to develop information in a way that balances all of the competing interests, and provides enough depth to facilitate a good level of understanding, while being easily understood by lay consumers. Ideally, background information should be distributed to consumers before they participate in any engagement process, so that they have an opportunity to read the material, discuss it with other people, and do any additional research that they need, before they participate in discussions with the organisation.

## **8. Different approaches to consumer engagement offer different opportunities for policy development**

The approach to consumer engagement chosen by an organisation influences the extent of engagement available to consumers, the outcomes generated, and the confidence with which organisations can make decisions that reflect consumers' views.

These approaches fall into two main groups: consultation/information gathering and discussion/deliberation.

- Consultation/information gathering involves talking to consumers during policy formulation or refinement, to gather ideas and allow those ideas to inform policy development; it is an approach characterised by *listening to consumers*.
- Discussion/deliberation involves working with consumers and engaging in two-way dialogue about policy issues; it is an approach characterised by *joint learning and discussion*.

### **Consultation/information gathering**

- Information-gathering approaches – where consumers' input is gathered as part of a research process that informs policy development – help to ensure that consumers' views are considered during policy formulation, and should help to develop policy that is responsive to consumers' needs. But they provide no opportunity for consumers to learn about the issues, discuss complexities, or participate in a two-way conversation with policy makers. This suggests that information-gathering approaches are useful, but do not fully engage with consumers.
- Traditional consultation approaches (which might include the distribution of information, invitations for submissions, public meetings, focus groups, and

interviews) are frequently relied upon in consumer engagement practice. These approaches provide some opportunities for consumer input, and allow consumers' views to be considered at defined points in the policy process. But it is likely that consultation approaches engage primarily with the already interested consumers who have formed opinions and demand that their voices will be heard. In addition, consultation approaches tend to provide little opportunity for consumers to learn about and discuss the key issues, and little opportunity for organisations to engage in a two-way conversation with consumers.

### Discussion/deliberation

- Consumer representatives approaches – where one or two individual consumers participate in committee work – may be particularly suited to policy development. Consumer representatives have the capacity to offer high-level, long-term input. They can provide a consumer perspective, while being fully informed about the issues being considered. But consumer representatives approaches provide very low reach in terms of the numbers of consumers engaged. The consumers are involved in the work of the organisation, and their input can not substitute for the input of unaligned consumers. In a policy environment, consumer representatives may be a necessary but not sufficient approach to consumer engagement.
- Advisory committee approaches – where a formal group of consumers provides a sounding board of public opinion, gives advice about policy and projects, and may oversee quality issues – can provide a valuable link between consumers and organisations. Advisory committees may offer high-level input, but in most cases their input is advisory only, and they have no decision-making capacity. Advisory committees can provide a structure for consumers to contribute to policy decisions, if they are given an opportunity to do so and if they are confident that their input will be seriously considered. Like consumer representatives, advisory committees are involved in the work of the organisation, and can not substitute for the input of unaligned consumers.
- Relationship-building approaches – where engagement focuses on opening the lines of communication – may provide an effective way for organisations to engage with consumers' groups in the longer term. Strong working relationships encourage organisations to discuss relevant issues with consumers' groups, and may offer a valuable approach for informal consumer engagement about policy-related issues. However, relationship-building approaches place a responsibility on organisations to identify relevant organisations to engage with and to maintain the relationship in the long term. If used in isolation, relationship-building approaches could limit consumer engagement to a small number of groups that are either the most articulate or

the easiest to work with. Relationship building may be most appropriate when combined with other approaches that involve a wide range of consumers and provide opportunities for discussion between different consumers' groups.

- Deliberative approaches to engagement – which are characterised by a process of questioning, reflection, and informed deliberation – offer great potential for engaging representative groups of consumers in discussions about health policy. Deliberative approaches can improve the quality of decision making and give organisations a high level of confidence that the views of consumers are being incorporated into their decision-making process. While deliberative approaches tend to be more resource intensive and time consuming than other approaches to engagement, they appear to offer the greatest potential for engaging large groups of consumers in a meaningful way. Deliberative approaches may be most suitable for big picture policy decisions and resolving divisive issues.

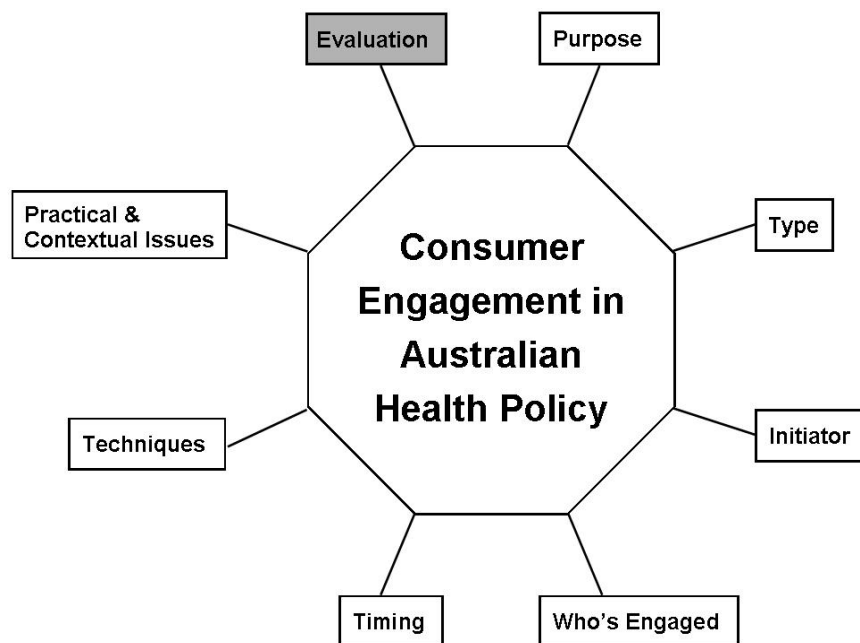
## Appendix 1: Consumer engagement framework

Summary of Working Paper 2. Full report available at: [www.aihps.org](http://www.aihps.org).

This framework is designed to identify issues that can be used to review consumer engagement practice, plan consumer engagement programs, and identify the trade-offs that must be made when conducting consumer engagement. The framework below is a slightly adapted version of the framework originally developed from this project's literature review. It has been adapted to accommodate themes raised by participants in the research phase of this project.

The framework identifies seven interacting issues that influence the practice of consumer engagement in Australian health policy, with evaluation recognised as a separate but important element. It draws extensively on the work of Oliver et al (2004), and also makes use of the frameworks developed by Elrick, Boyes, and McCormick (2002) and Lasker and Weiss (2003).

In this project, the framework was used to structure the research data and review consumer engagement practice.



- ▶ **Purpose** – why consumer engagement is conducted, and what purpose it is designed to fulfil. Underlying reasons can include ethics and democracy, improved policy outcomes, improved relationships with consumers, and

serving political purposes. The purpose can be underpinned by different theoretical approaches to consumer engagement, and may also be guided by pragmatic issues such as a statutory requirement for engagement, or the desire to encourage acceptance for decisions.

- **Type** – the extent of engagement being offered to consumers, varying from minimal engagement and information gathering through to partnership and joint decision making. Engagement type is typically articulated as a continuum or ladder. The five-level description developed by Health Canada (2000) was adopted for this study (1. Inform/Educate, 2. Gather Information, 3. Discuss, 4. Engage, and 5. Partner).
- **Initiator** – who initiates the engagement. Consumer engagement can be initiated by either organisations or consumers. Tied up with this issue are questions about whether the engagement is project-based or ongoing, conducted by policy makers or consultants, and conducted by senior policy makers, junior officers, or multi-disciplinary teams.
- **Who's engaged** – the consumers involved in the engagement. One key decision is whether to engage with consumers as individuals and/or with organised health consumers' groups. Related issues include whether specific sub-groups of consumers are targeted for engagement, whether the consumers want to be engaged, and whether consumers require background knowledge to be involved.
- **Timing** – the stage of a project or policy development at which engagement is conducted, and any timing constraints placed on the engagement process.
- **Techniques** – the tools used to engage consumers in the issue. One aspect of developing the techniques may be to write background information designed to brief consumers about the issue and encourage informed deliberation.
- **Practical and contextual issues** – a combination of issues unique to the situation that influence the practice of engagement. This may include the resources available; the way that information is made available to consumers; consumer-related issues such as knowledge, skills, and confidence; organisation-related issues such as commitment to and experience with engagement; and existing political pressures.
- **Evaluation** – in addition to the seven interacting issues, the framework recognises evaluation as a separate but important element of consumer engagement. Evaluation is described separately because it does not influence the planning and development of consumer engagement. It has an important function in reviewing planning and implementation, providing a reporting and feedback mechanism, and facilitating the development of consumer engagement practice.

## Value of the framework

The results of this research suggest that the framework provides a valuable system for describing the practice of consumer engagement and identifying the key issues that influence engagement work. In this project, the framework provided a structure for presenting the research data and identifying the trade-offs inherent in different approaches to engagement. Issues raised by participants in the research stages of this project could be easily placed within the framework's categories. This suggests that the framework is both flexible enough to describe different approaches to engagement practice and broad enough to capture various engagement experiences.

The interactions between each category of the framework were clear during the project's analysis stages. Decisions made within each category clearly influence the choices that are available within other categories. For example, if organisations aim to offer a high level of engagement to consumers (Type), and want to use engagement to finalise a contentious community issue (Purpose), then techniques that emphasise deliberation will need to be used (Techniques) and specific population sub-groups will need to be involved (Who's Engaged). This demonstrates that the framework is not a linear planning tool, but an interactive group of issues relevant to engagement practice.

It is likely that the framework will provide a useful planning tool for organisations seeking to develop a consumer engagement program, but this would need to be tested through applied research.

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## Appendix 2: Literature review – summary

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### Conceptualising consumer engagement: A review of the literature

Summary of Working Paper 1. Full report available at: [www.aihps.org](http://www.aihps.org).

#### Introduction

The literature on consumer engagement is extensive. However, in health it tends to focus at the individual care or service delivery levels, and little of it directly relates to health policy, particularly within an Australian context. While there is extensive literature exploring consumer engagement in other disciplines, there has been a tendency for each discipline to evolve its literature in isolation, with little cross-referencing (Woolcock & Brown, n.d.).

#### The status of consumer engagement in Australia

Consumer engagement seems to be an established practice in the Australian policy-making environment. Within the health sector, engagement is stated as a fundamental part of government policy development, and a statutory obligation for organisations such as the National Health and Medical Research Council (NHMRC) and the Australian Health Ethics Committee (AHEC) (Horey & Hill, 2005).

But while consumer engagement is a recognised element of government practice, the extent of engagement actually being offered to consumers is questionable. Reporting on the outcomes of consumer engagement is difficult to access, and there is little evidence that consumer engagement activities are evaluated. There are some examples of descriptive evaluations and case studies of best practice (for example, the governments in Queensland and Western Australia include case studies on their websites), but there is little evidence of the impact of consumer engagement on the policy-development process.

Other countries may be ahead of Australia in their practice of consumer engagement in health policy. For example, governments in the UK, Canada, and USA have made significant commitments to consumer engagement in health policy (Ham, 2001; Health Canada, 2000; INVOLVE, 2006; Leichter, 1999; NICE, 2006).

#### Arguments in favour of consumer engagement

Consumer engagement involves the wider population in making decisions. Instead of bureaucrats and elected representatives taking sole responsibility for decision making,

through consumer engagement they work to actively involve consumers in decisions about issues that will affect them. Bishop and Davis (2002) argue that consumer engagement in policy making is increasing because citizens are demanding a direct say in policy, not one that is filtered through elected representatives or peak lobby groups. Consumer engagement has been described as:

- An ethical and democratic right (AHCRA, 2005; CFC, 2000, 2001; NHMRC, 2006; Qld Health, 2002; Scutchfield, Hall, & Ireson, 2006)
- A way of adding legitimacy to decision making (Bowling, 1996; Health Canada, 2000; Horey & Hill, 2005; Nilsen et al, 2004)
- A way of improving both health outcomes and policy outcomes (CHF/NHMRC, 2001; CFC, 2000, 2001; Health Canada, 2000; Horey & Hill, 2005; Nilsen et al, 2005; Qld Health, 2002; Review Team, 2005)
- A way of improving relationships with consumers (CFC, 2000; DHS, 2005; Qld Health, 2002)
- A way of serving political purposes (Horey & Hill, 2005; OECD in Cabinet Office, 1999; Rowe & Shepherd, 2002).

### **Questions about the effectiveness of consumer engagement**

Although the ideal of consumer engagement is widely supported, there are significant challenges in transforming the concepts into practice. Policy makers struggle to develop successful approaches (Abelson, Forest, et al, 2003; Anderson, Shepherd, & Salisbury, 2006; Rowe & Shepherd, 2002). Following a review of engagement practices in Western Australia, Gillgren (2005) concluded that the quality of much consumer engagement is dubious, with problems relating to the capacity of departments to undertake engagement, the stage in the policy-development process at which engagement is initiated, and the consistency of consumer engagement activities. Nathan (2004) expresses concern that the mandated requirement for consumer engagement may result in tokenistic processes that increase health inequities as policy makers race to tick the engagement box. There appears to be little evidence that consumer engagement is successful (Lasker & Weiss, 2003; Nathan, 2004; Nilsen et al, 2006; O'Keefe & Hogg, 1999).

### **Types of consumer engagement**

Consumer engagement is often represented as a ladder or hierarchy, ranging from low levels of engagement that offer little opportunity for consumer input, through to high levels that offer elements of consumer control or partnership. These models mostly stem from the work of Arnstein (1969/2003) who identified an eight-rung ladder of citizen involvement.

Ladder models are an imperfect way of describing engagement, particularly because they suggest an aspirational level of joint decision making and seem to make value judgements about lower levels of engagement (Anderson, Shepherd, & Salisbury, 2006; Bishop & Davis, 2002). However, they do clearly articulate the way that consumers can be offered different levels of engagement, with different abilities to influence the final decision.

The five-level continuum of consumer engagement developed by Health Canada (2000) is a clear model that includes a discussion of when each level is most useful (1. Inform/Educate, 2. Gather information, 3. Discuss, 4. Engage, 5. Partner). It illustrates the way that engagement types can offer different choices to policy makers. Health Canada's model was adopted throughout the AIHPS project.

### **The purpose of consumer engagement**

Boyes et al (2001, in Elrick, Boyes, & McCormick, 2002) identify five possible purposes of consumer engagement:

- To inform the public of decisions that have been made
- To ask for views on decisions that are to be made
- To involve the public in discussions about issues that need to be considered in the decision-making process
- To involve the public directly in making decisions
- To influence decision making from outside the policy process.

In practice, consumer engagement is often interpreted through current government policy in a way that seeks to use engagement to ensure that services are more responsive to consumers' needs and preferences and that public resources are used more efficiently and effectively (Rowe & Shepherd, 2002). This means that decision-making power is retained by service providers and policy makers, and consumer engagement becomes a management technique – a way of increasing organisational learning and contributing to strategic and operational concerns.

### **Who initiates the engagement?**

Consumer engagement can be initiated by organisations or consumers, and that distinction may have an important influence on how the engagement is conducted (Draper, 1997; Gillgren, 2005; Kashfi & Mort, 2004; Lasker and Weiss, 2003):

- Organisation-initiated engagement will generally use the language of the organisation, with organisational categories and definitions. It is usually carried

out in the interests of the organisation, and consumers are expected to contribute in a way that fits with bureaucratic and jurisdictional boundaries.

- Consumer-initiated engagement can reflect consumers' ways of categorising the world, drawing on both the language and definitions of consumers, but it can be difficult to slot into bureaucratic responsibilities.

### **Who gets engaged?**

Organisations conducting consumer engagement programs need to make decisions about which consumers they engage with (NRCCPH, 2002). The decision about whether to engage with consumers at an individual level or through organised consumers' groups is an important one. As Oliver et al (2004) note, members of organised groups are not typical of the general public: they have expressed an active interest in an issue, and are likely to have access to a broad range of views from within their organisation. Hicks and Harford (n.d.) suggest that consulting only with established groups risks limiting the scope of engagement to groups and interests that already have a voice, and risks not conveying the true spread of opinion.

### **At what stage does engagement occur?**

Although many authors note that engagement should be considered from the initial planning stages and implemented early in the policy-development process (e.g., Oliver et al, 2004; Qld Health, 2002), the reality is often quite different. It is still possible for initiatives to reach an advanced stage of development without consumer input (NRCCPH, 2002). In Western Australia, Gillgren (2005) found that engagement was often pushed to the end of the policy development cycle. As Gillgren notes, when this happens it is difficult for engagement to focus on strategic outcomes and inform higher decision-making levels.

Consumer engagement is best seen as an iterative process that continues right throughout policy development, with engagement from one phase informing what comes next (Draper, 1997). This ongoing engagement may be resource-intensive, but it delivers information that can not be obtained through a snapshot approach of one-off consultation (O'Keefe & Hogg, 1999).

### **Engagement techniques**

Engagement techniques vary widely and deliver different results. For example, some techniques facilitate the gathering of information (e.g., focus groups and surveys), some facilitate discussion and collaboration (e.g., consumer representatives working on committees), and some facilitate informed deliberation (e.g., citizens' juries and

deliberative forums). There is no best technique for engaging consumers, and no single set of ideal methods that policy makers can draw upon. Instead, techniques need to be chosen for each project – to suit the issue being considered, the goals of the program, the policy or service being developed, the engagement promise being offered to consumers, and the consumers being engaged (Draper, 1997; Ryan et al, 2001).

The literature includes extensive discussion about techniques, offering advice about when to choose a particular technique, how it should be implemented, and its advantages and difficulties (see, for example, the online toolbox developed by the International Association of Public Participation ([www.iap2.org.au](http://www.iap2.org.au)) and the online tool for stakeholder involvement maintained by the Urban Research Program at Griffith University (<https://www3.secure.griffith.edu.au/03/toolbox/>)).

There is some evidence in the literature that policy makers tend to rely on traditional methods of consultation that gather information from consumers but do not facilitate joint decision-making. More innovative techniques, such as deliberative approaches, are not widely used (Abelson, Forest et al, 2003; Carson & Hart, 2007; Carson & Hartz-Karp, 2005; Hartz-Karp, 2004; Institute of Development Studies, n.d.).

## **Barriers to engagement**

Some of the typical barriers to engagement include:

- Time and cost issues (Bullock, Mountford, & Stanley, 2001; Horey & Hill, 2005; Oliver et al, 2004; Qld Health, 2002; Rowe & Shepherd, 2002)
- Consumer issues, including their lay knowledge and lack of organisational resources, unfamiliarity with the policy process, and expectations about what engagement can achieve (Anderson, Shepherd, & Salisbury, 2006; Church et al, 2002; Gillgren, 2006; Horey & Hill, 2005)
- Organisational issues, including lack of familiarity with engagement practices, negative attitudes towards consumers' input, and poor support for consumer engagement (Bramson, in Henton et al, 2001; DHS, 2005; Draper, 1997, Hicks & Harford, n.d.; Oliver et al, 2004; Rowe & Shepherd, 2002).

## **Facilitators of engagement**

Key facilitators of engagement include:

- An organisational champion (DHS, 2005; Draper, 1997; Moore, 2003; NHMRC, 2004)

- Adequate time and resources (DHS, 2005; Draper, 1997; NHMRC, 2006; Qld Health, 2002)
- Good communication practice (Church et al, 2002; DHS, 2005; EPA, 2001; Oliver et al, 2004; Qld Health, 2002)
- Training and support for both consumers and staff (DHS, 2005; EPA, 2001; Moore, 2003; NHMRC, 2006; Oliver et al, 2004; Qld Health, 2002)
- Accountability and trust (EPA, 2001; Health Canada, 2000; Hicks & Harford, n.d.).

## Evaluating engagement

Evaluation can provide an opportunity for organisations to reflect on the engagement processes used, the lessons learned, and how engagement contributed to the final decision. But the literature suggests that little evaluation is conducted, and many organisations do not understand how to evaluate the effectiveness of consumer engagement (Baker & Collier, 2003; Caddy, 2001; Lasker & Weiss, 2003).

When evaluations are completed, they tend to be descriptive, explaining what was done and some lessons learned. Very few evaluations focus at the outcome level and consider how consumer engagement influenced decisions (Abelson, Forest et al, 2003; DHS, 2005; Rowe & Frewer, 2000). There are no standard benchmarks for evaluation, and it is difficult to evaluate the impact of engagement in achieving final goals (Lasker & Weiss, 2003).

## Conclusion

Consumer engagement is an established practice in the Australian policy-making environment. All Australian governments include commitments to consumer engagement as part of their corporate plans. While there is extensive literature discussing the importance of consumer engagement within health policy, there are limited examples of engagement practice. The examples that are available tend to be descriptive, and there is very limited evidence of evaluation of consumer engagement in health policy – either in terms of evaluation of the engagement process or of its influence on policy making. The ideals of consumer engagement are not easy to translate into practice, and the literature shows evidence that policy makers struggle to develop successful approaches.

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## Appendix 3: Interviews about consumer engagement – summary

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### Talking about consumer engagement: Themes emerging from interviews about consumer engagement in Australian health policy

Summary of Working Paper 3. Full report available at: [www.aihps.org](http://www.aihps.org).

#### Introduction

Interviews were conducted with 19 individuals with experience in consumer engagement, including the CEOs of government departments, government policy workers, CEOs and policy workers from consumers' organisations, industry representatives, and private consultants. Interview participants were selected because of their insight they could provide on the topic.

#### The purpose of consumer engagement

Participants said that consumer engagement:

- Improves outcomes, improves decision making, and increases community satisfaction with the process
- Is part of balanced decision making that adds transparency to government processes; it should be included alongside an analysis of economic, environmental, health, and related issues, and the engagement of other stakeholders
- Is a democratic right
- Is politically vital – politicians need to be seen to be consulting with the community and listening to consumers' views
- Uncovers issues that are relevant to consumers, and might not otherwise be heard
- Provides a voice for consumers, and allows for more inclusive, informed decision making.

Several participants argued that consumer engagement influences policy development by encouraging better and more informed decision making. However, they agreed that its contribution is difficult to articulate. While engagement may have an influence on policy making, some participants noted that it is only one element of the policy process and that governments are unlikely to grant decision-making power to the consumer voice. Governments ultimately make decisions, after being informed by a range of perspectives, including consumers'.

Participants described varying levels of commitment to consumer engagement. Some noted that a lot of engagement is conducted only because it is imposed through mandated government processes. But several participants described an increasing commitment to engagement, suggesting that it has changed the way that governments go about doing business. Although the general picture emerging from participants' discussions is one of increasing commitment to consumer engagement, some noted that the commitment will vary within organisations, and they often find themselves having to sell its benefits.

### **The type of consumer engagement**

Participants identified two broad types of consumer engagement:

- An information-gathering/consultation approach where consumers' views are canvassed and used to inform policy
- A discussion-based/deliberative approach where consumers get involved in either developing policy or looking at policy options.

The information-gathering approach is more likely to be a one-off exercise with no promise to return to consumers to explain how their input contributed to the final decision. Participants noted that organisations need to be clear with consumers about what type of engagement is being offered.

Some participants described engagement as a process of relationship building, where the focus is on long-term, open communication.

### **The consumers engaged**

Several participants made a distinction between engaging with 'consumers' and engaging with 'the community'. They described 'consumers' as stakeholders, who are typically members of organised groups, and described 'the community' as the wider population of individuals.

Most participants engage with consumers through consumers' organisations. They noted that engaging with consumers' organisations can bring advantages because organisational representatives tend to be knowledgeable about issues and can represent the broad consumers' view. But some participants noted that this form of engagement should be used in conjunction with techniques that engage with the broader community. Otherwise, engagement practice can be limited to consumers' organisations that already have a voice and are experienced in making their views heard.

## Timing

The timing of engagement processes is influenced by the type of policy or project being considered, and the range of consumers being engaged. Engagement is typically project-based, and some participants argued that policy makers need to have concrete proposals in place before generating any form of public discussion.

Some participants noted that engagement typically happens too late in a project, and this can create problems for both consumers and for the policy outcome. It can mean that engagement seems tokenistic, happens only in a very limited way, and leaves little opportunity for consumers to influence the decision or provide input. Several participants argued that the timing of engagement should allow for a process of returning to consumers with feedback about their input.

## Techniques

Participants recognised that a wide variety of techniques are available for consumer engagement. But it is possible that policy makers typically choose from a limited group of techniques, falling back on traditional approaches because they are familiar and easy to implement.

The most common technique discussed by participants is involving a consumer representative on a committee. The representative is expected to provide a broad consumers' voice to the committee's work. While participants recognised the benefits of a consumer representative approach, there was a sense of frustration that this technique is relied on too heavily and that it is used alone when additional techniques might be needed. There was also some suggestion that it can be a tokenistic form of engagement – a way of fulfilling an obligation to engage in the easiest way possible.

Other techniques described by participants include:

- Research approaches such as focus groups and surveys, which are used to listen to consumers' voices and uncover the issues that consumers feel are important
- Reference groups and advisory groups that involve a group of consumers meeting formally to advise or monitor the organisation
- Briefings and information sessions that inform consumers about key issues
- Public meetings that allow individual community members to contribute their opinions about issues
- Written submissions, which are a common way of inviting consumer feedback about issues (according to some participants, this is an over-used and ineffective approach to engagement)

- Deliberative approaches such as citizens' juries, which provide opportunities to evaluate issues, consider a variety of perspectives, and engage in informed deliberation.

Participants noted that the most appropriate techniques may vary throughout the policy cycle. In the early stages of policy development, engagement may consist of one or two consumer representatives participating in a committee. As the policy develops, a wider engagement process may be needed to gather information or test ideas. Towards the end of the policy cycle, when a draft proposal is available, the process will be opened up for wider engagement with either consumers' organisations or individuals.

### **Practical and contextual issues**

Key practical and contextual issues discussed by participants include:

- Training in consumer engagement – required for consumers and committee members who work with them
- Understanding any constraints on the engagement process – such as a specific budget, timeline, or an initial government decision
- Providing informative materials – consumers need good background material and follow-up information
- Consumer issues such as consultation fatigue, the possibility that consumers may not advocate as coherently as other stakeholder groups, and the possibility that long-term consumer representatives may become removed from the typical consumer experience
- Organisational issues such as the need for an organisational champion and inconsistent or patchy approaches to engagement within large organisations.

The issue or policy problem being addressed is a key contextual issue that should influence all aspects of the engagement process. Decisions about the type of engagement, the techniques used, and the consumers to be engaged with are contingent on the issue being addressed.

### **Evaluation**

Participants agreed that evaluation of consumer engagement is important, but it seems to be an area that needs ongoing development. Two participants described well-established processes for evaluating consumer engagement, while others suggested that consumer engagement is included as part of regular overall project evaluation.

It is possible that the ability to evaluate consumer engagement requires some maturing in engagement practice. For example, one participant suggested that evaluation will become important once his organisation has more direct experience in engagement.

Evaluating the impact of consumer engagement can be difficult. It is an intangible area, and finding methods to articulate the impact of consumer engagement on an outcome can be difficult.

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## Appendix 4: Case studies – summary

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### Case studies of consumer engagement in Australian health policy and related fields

Summary of Working Paper 4. Full report available at: [www.aihps.org](http://www.aihps.org).

Five case studies were chosen to illustrate a diversity of perspectives on consumer engagement, pick up on key themes emerging from the project's interview phase, and demonstrate the practical application of different engagement types.

### Engaging with consumer representatives

This case study explores the consumer representatives programs managed by the Health Issues Centre (HIC) in Victoria and Choice in New South Wales. Both organisations regularly nominate consumer representatives for committees and advisory boards.

The consumers that HIC nominates to committees work as individual consumer representatives. They do not represent HIC or any other organisation, and do not report back to HIC about the work that they do. However, HIC provides them with ongoing support, including networking and training opportunities.

Choice tends to nominate its staff members to work as consumer representatives on committees that are relevant to its campaign priority areas. Choice staff were comfortable about their dual role as staff member and consumer representative. They pointed out that Choice exists to represent consumers' voices, so their dual role seems logical.

Case study participants argued that consumer representatives play an important role in committee processes. They work with committee members, contribute to decision-making processes, and ensure that the consumers' perspective is considered as part of the committee's work. Participants felt that there is an evolving interest from organisations in hearing from consumers and accepting that consumers have an important role on committees.

Consumer representatives programs usually involve just one or two individual consumers participating on a committee. This means that the reach of this form of consumer engagement is always small. The consumers who participate in committees can become highly involved in the work that they do. They may contribute to high-level policy decisions and develop detailed expertise about their topic.

It is likely that the level of engagement available to consumer representatives is highly influenced by contextual factors, such as the nature of the committee, the committee's mandate to make decisions, the expertise of the Chairperson, and the qualities that the individual consumer representative brings to the committee.

While case study participants strongly supported the consumer representatives approach, they noted that it is not a sufficient model for good engagement practice. They suggested that other approaches are often needed to engage with the broader group of consumers. But the representatives interviewed for this case study said that they rarely advocate for additional engagement techniques, and that committees typically rely just on their input.

Evaluation of consumer representatives programs tends to be informal and flexible. Both HIC and Choice have been working to formalise their consumer representatives programs, and suggest that evaluation processes are likely to be developed in the near future.

### **Comments on the case**

Consumer representatives fulfil an important role on committees by bringing a consumer perspective into committees' work. They can provide an opportunity for consumers to contribute alongside policy-makers, senior decision-makers, and other stakeholders. The consumer representatives model appears to be appropriate for all types of committee work. It is possible that the approach is particularly suited to policy development because consumers are able to become highly involved in the committee's work and contribute in an ongoing way. The approach can offer a decision-making role for consumers, but that role is dependent on the scope and brief of the committee and the way in which it is run. One problem with the consumer representatives approach is that one consumer may be asked to provide the 'complete' consumer perspective, without that perspective being reinforced or expanded by further consumer engagement or by existing research. Another problem with the approach is that only very limited numbers of consumers – usually one or two – can be involved in any committee. It is possible that consumer representatives programs could be best described as a necessary but not sufficient approach to consumer engagement.

### **Engaging with consumers through the gathering of information**

This case study explores a process of engaging consumers through the gathering of information, conducted by the Department of Human Services in Victoria (DHS).

DHS used a series of focus groups and interviews as part of a project to improve the experiences of consumers in hospital emergency departments. The information

gathered from consumers informed a communication program that included new signage for emergency departments, communication skills workshops for frontline staff, a brochure for consumers about emergency department processes, and a short DVD for emergency department waiting rooms.

The information gathering work was designed to uncover consumers' views about their experiences in emergency departments, explore what information consumers would like to receive about emergency department processes, and test the communication resources being developed as part of the project. Consumer engagement was used as a tool of implementation, where consumers' views contributed to the project's work and informed the materials that were developed. It was designed to understand the needs and mindset of the audience, so that the materials produced met both the audience's needs and the Department's requirements.

The consumers involved in the research were recruited using a cold calling technique. They had all visited an emergency department in Victoria's hospitals in the three months prior to the research.

Eight focus groups were conducted in the main phase of research. In the groups, researchers sought to understand:

- Consumers' views on how an emergency department works
- Emotions associated with the emergency department experience
- Perceptions of waiting times
- The importance of language and tone in relationships with hospital staff
- The need for information in emergency department waiting rooms.

The research also involved individual interviews with emergency department staff, and follow-up interviews and focus groups with consumers to test the draft communication materials developed during the project.

Evaluation of the project was positioned at a broad level, to consider the project's success against its initial objectives. The information gathering and communication components of the projects were not specifically evaluated. This approach makes sense: the project's success is ultimately measured by the achievement of its objectives, not by the success of its information gathering. Information gathering is only likely to be evaluated if some problem is identified.

### **Comments on the case**

This case study highlights the way that an information-gathering approach to consumer engagement extends into the area of market research and the development

of marketing materials – a link that was identified by participants in the interview phase of this research.

Many commentators would argue that this is not a ‘true’ form of consumer engagement, because consumers are not involved in a two-way conversation or in making decisions. The organisation makes a commitment to listen to consumers, but is under no obligation to take consumers’ suggestions on board or to return to consumers and explain their decisions. Indeed, the practitioner responsible for this work does not describe it as a form of active engagement – she sees it as pure research that does not intend to actively engage with consumers. But policy makers involved in the interview stage of this research clearly identified information gathering as a form of consumer engagement that is used to contribute to policy development. In addition, information gathering is included as Level 2 of Health Canada’s engagement continuum. This raises some interesting questions about whether policy makers believe that information gathering offers adequate input by consumers and whether they believe that engagement needs to offer any two-way discussion or decision-making role for consumers. While the information gathering approach may not offer a decision-making role to consumers, it does offer an opportunity for consumers’ views to be considered as the project develops.

### **Jurisdictions engaging with consumers at the local level**

This case study explores the advisory committee approach to consumer engagement by looking at the Health Community Councils (HCCs) established by Queensland Health in July 2007. There are 36 HCCs in Queensland.

HCCs are community-based advisory bodies that focus on safety and quality of public health services, community engagement, and consumer education in relation to the public health system.

HCCs are intended to be an avenue for the community to participate in decision making about health services at the district level. They are one of the main conduits through which Queensland Health and local communities interact. HCCs’ engagement work operates at two different levels:

- They are an advisory committee through which the District Health Service engages with its community. In this sense, HCC members are community representatives and they contribute their perspectives about consumers’ issues to the health service.
- HCCs are required to undertake engagement activities within their communities. In this sense, HCC members have an outreach role. They are expected to gather information from consumers, identify important issues for

their communities, advocate for the community's health issues, and provide health information to the local community.

HCCs offer a middle level of engagement to consumers. They have a mandate to review the activities of the District Health Service and undertake consumer engagement projects. But their role is an advisory one, and they must rely on their District Manager to approve their work plan and allocate their budgets.

Research for this case study was conducted when HCCs were in the early stages of their development. Most were in the early stages of planning their engagement activities and defining their communities. One important question for case study participants was whether they should organise their own engagement events or piggy-back on events organised by others. One Chairperson said that his HCC was keen to organise specific events as a way of collecting information and addressing the community's concerns. Others felt that piggy-backing onto the events of other organisations would provide straightforward and low-cost ways of engaging with specific groups in the community.

The relationship between HCCs and their District Manager will be critical to HCCs' success. District Managers attend each Council meeting, allocate the HCC's budget, provide access to information, approve the Council's plans, and approve any materials that the Council distributes. While the Chairpeople interviewed for this case study were all positive about their relationships with their District Manager, they noted that their Council would be unlikely to achieve much if the relationship deteriorated.

Case study participants agreed that training is needed to help Council members develop consumer engagement skills. There was some evidence in the case study that HCCs are currently struggling with their engagement role, unsure about what techniques to use, what budget is available to them, and how they can achieve something that is concrete and effective. Queensland Health plans to offer additional training and support for HCC members, including some system of networking amongst HCC members throughout the State.

The HCC Chairpeople interviewed for this case study were positive about the scope of the HCCs' work and their beliefs that the Councils would be effective. But they were concerned about whether their work would be valued by Queensland Health and would result in some action. They were also concerned about the budget available for their engagement work. Each HCC is expected to agree its budget with the District Manager, but some Chairpeople said that they were operating in the dark about budgets and were concerned that the Council would find it difficult to work effectively with few resources.

### Comments on the case

HCCs have the potential to become vibrant, active organisations that contribute in a positive way to the management and delivery of public health services at the local level. It is possible that the dual role of HCCs as consumer representatives and consumer engagement practitioners may create some problems. HCC members may experience a conflict between the two roles, perhaps struggling to represent and reflect a consumer perspective while simultaneously acting on behalf of the health system to conduct consumer engagement activities. In addition, it is possible that, as HCC members become increasingly familiar with the issues facing the health system, they could become part of the system's management structure and increasingly removed from their consumer focus.

It is unclear from the case study whether HCCs will have any input at the policy level – either within their Health Districts or on a state-wide basis. It is likely that the success of HCCs in contributing to policy will depend on the individual skills of members, the skills and interests of their Support Officer, their relationship with their District Manager, and the specific issues confronting their Health District. The HCC structure could provide an important avenue for consumers to contribute to policy discussions – if they are given an opportunity to do so and if they are confident that their input will be seriously considered.

### Engaging with consumers to build relationships

This case study explores the relationship-building approach to consumer engagement, with a specific focus on the work of Medicines Australia (MA) and *The Working Together Guide* produced jointly by MA and Consumers' Health Forum (CHF). MA is the peak industry body for Australia's research-based pharmaceutical industry. CHF is an independent, member-based, non-government organisation for health consumers.

MA focuses its consumer engagement on building long-term, mutually beneficial relationships with health consumer organisations (HCOs). MA seeks to build active relationships that increase the understanding and communication between organisations, and allow common projects to develop.

*The Working Together Guide* is an example of a joint collaborative project between MA and CHF. It sets out best practice guidelines for relationships between pharmaceutical companies and HCOs, and was developed through a series of workshops with both HCOs and pharmaceutical companies. CHF and MA contributed equally to the work. Case study participants reported that working together on the project improved the relationship between the two organisations,

increasing understanding and trust, uncovering areas of common interest, and encouraging the organisations to work together in an ongoing and less formal way.

Relationship-building approaches to engagement can be articulated through a collaborative project (such as research or information-based projects), the sharing of information, MA providing funding for an HCO activity, or MA providing information about developments in the pharmaceutical industry. The relationships may develop a complex structure and offer varying levels of engagement to consumers.

In most cases, relationships between MA and HCOs are initiated by an HCO interested in some collaborative work. MA has formal relationships with HCOs of varying sizes, including national consumers' organisations with branch structures and paid employees, and smaller organisations staffed primarily by volunteers. Engaging with individual consumers is not part of its focus. MA manages its relationships with HCOs through its Health Consumer Organisation Working Group, which is made up of MA staff and representatives from member companies.

Techniques for relationship building are generally informal and small-scale, involving activities like networking and meetings. The techniques used during a collaborative project vary widely. Most projects involve some type of joint steering group to coordinate the work, but the project itself may involve techniques to gather information, conduct research, or develop communication resources. For example, *The Working Together Guide* was developed by a steering committee that met regularly throughout the development process, but the research, writing, and testing were conducted by independent consultants.

Each relationship between MA and an HCO is shaped by relevant practical and contextual issues. There is no standard relationship and no pre-existing design. For MA, the key issues that underpin each relationship relate to respect, transparency, openness, and trust. MA believes that HCOs and pharmaceutical companies need to clearly discuss these issues and develop an agreement for working together.

### **Comments on the case**

Relationship building brings advantages to organisations, but that those relationships need to be developed with care. Collaborating organisations need to be clear about what they want to achieve from the relationship and how they plan to work together.

This case offers some insight into the way that relationship building could be a valuable element of consumer engagement for policy development. Relationship building offers opportunities for a partnered approach to developing policy, where

policy makers and consumers' organisations work together to develop policy solutions to specific issues.

Relationship building allows for high-level, active engagement from a small number of consumers who are aligned with a specific consumers' organisation. Of course, for most issues policy makers would require relationships with multiple organisations. It is at this level that the approach may present difficulties if multiple, separate relationships are developed: if policy makers become a central point for multiple relationships, without encouraging communication between the various organisations involved, there is a risk of miscommunication, growing tensions, and difficult choices for the policy maker. Relationship building may be most appropriate when combined with other engagement approaches that involve a wide range of consumers and other stakeholders.

Of course, relationship building occurs to some extent in many current policy development processes, as noted in earlier phases of this project. But the engagement literature rarely discusses relationship building as a recognised approach to consumer engagement. Further research is needed to examine the relationships that currently exist at the health policy level, and to consider whether relationship building could have potential as a recognised strategy for consumer engagement.

### **Engaging with consumers using deliberative techniques**

This case study explores the work in deliberative approaches to consumer engagement used in Western Australia by the Department of Planning and Infrastructure (DPI) between 2001 and 2005. The complete case study was jointly authored with Janette Hartz-Karp, who was employed by the Minister for Planning and Infrastructure as a community engagement consultant during this time. Two aspects of this case make it particularly relevant for the AIHPS project: it examines deliberative approaches within a government setting, and it examines deliberative approaches being used at the policy level.

Experiences in Australia with deliberative approaches are limited. Carson and Hart (2007) argue that Australia has historically lagged behind countries such as Denmark, Germany, the UK, and the USA in using deliberative engagement techniques. Their inventory of deliberative processes convened in Australia between 1974 and 2006 documented only 78 examples, with the work conducted at DPI accounting for almost half. Between 2001 and 2005, Hartz-Karp facilitated 36 separate deliberative processes at DPI.

Within DPI, deliberative processes were used to address specific problems identified by the Minister and the Department. The primary purpose was to engage

representative and inclusive community participants in discussion about issues and facilitate joint decision making. There was also an underlying desire to encourage participatory democracy. Issues most suited to a deliberative approach include those where the outcome will have a far-ranging or long-term effect, and issues where there is considerable community concern or division about the alternatives.

While a high level of engagement was offered to the community by DPI, the community was not offered a decision-making opportunity nor involved in a partnership type of engagement. At each engagement event, the Minister publicly committed to take the community's views seriously and, in some cases, to implement the recommendation that the community gave. But decision-making power ultimately rested with the Minister.

The examples from DPI are unusual because they were developed and implemented within a government department. There are very few examples of government developing inclusive, deliberative, influential techniques. Instead, the techniques tend to be developed either by non-government organisations or academics who may work with government on a consultancy basis. In WA, department staff were involved right throughout the process and implementation, and part of the purpose was to develop the department's ability to undertake this form of engagement.

Deliberative processes aim to involve a representative group of the community in whatever techniques are used. In WA, this was articulated either through the full random selection of participants, or through a recruitment formula designed to maximise diversity where 1/3 of participants were randomly selected, 1/3 were relevant stakeholders, and 1/3 were community members who responded to advertisements for participants.

A variety of deliberative techniques were used in WA, including citizens' juries, consensus conferences, deliberative surveys, televotes, consensus forums, multi-criteria analysis conferences, and 21<sup>st</sup> century town meetings. The techniques were combined and adapted to suit the local context and the specific requirements of each project. There is recognition within DPI that deliberative techniques should be chosen to suit the issue being addressed. Issue definition happens first, before the engagement techniques are chosen.

In many cases, DPI's deliberative processes centred around a one day event, often involving large groups of people. But these large-group meetings consistently used a small-group approach, with participants sitting at round tables and taking part in a facilitated discussion. Often, the small-group discussions were shared with the larger group in real time, via networked computers and the projection of summary data.

This small-group approach is essential for providing an opportunity for dialogue and deliberation.

A key principle underlying deliberative processes is that participants are involved in informed discussion. Participants spend time learning about the issue so that they are able to discuss, question, and draw conclusions. In many cases, this means that extensive learning is required at the beginning of the deliberative process. Each deliberative process conducted by DPI involved the development of background material for participants, with contribution from relevant stakeholders.

Deliberative engagement processes are expensive to implement, and cost constraints influenced what could be achieved at DPI. For example, most of the deliberative events were limited to one day, and the Department did not pay participants for their time.

Each deliberative process was evaluated through written responses from participants to check whether participants' expectations had been met, provide feedback about whether the process was worthwhile, and provide opportunities for DPI to learn for the future.

### **Comments on the case**

This case demonstrates that deliberative processes can be successfully implemented by government and used to guide policy. They can improve the quality of decision making, be used to resolve divisive issues, and generate discussion about big picture policy issues.

Building a commitment to deliberative processes throughout a large organisation takes time and effort. Most important is a high level champion, in this case the Minister, who believes that deliberative processes will facilitate better decision making and are worth effort. Clearly, not every issue is suited to deliberative processes. They may be best suited to issues that have either far-ranging or long-term effects (such as visioning for the future) or issues where there is considerable community concern or division. In addition, deliberative processes require a considerable commitment of time and resources if they are to be undertaken credibly and successfully.

For DPI, an ongoing question is how deliberative processes can be institutionalised so that they become a standard element of the engagement toolbox used by the Department. In health, the questions are centred around whether and how deliberative processes can be used to guide health policy. This requires commitment from government and strategic thinking about how deliberative processes can best be applied.

To date, there has been very limited experience in health with deliberative processes. The DPI experiences suggest that they could be successfully used to engage the community in debate about the principles and priorities for health reform.

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## Appendix 5: Project steering committee

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Dr Judy Gregory (Information Design Centre) (Principal Researcher for the project)

Ms Kerry Haynes (Victorian Health Promotion Foundation) (VicHealth was initially represented by Mr John Biviano and then by Ms Sian Lloyd)

Dr Sophie Hill (La Trobe University)

Ms Helen Hopkins (Consumers Health Forum) (CHF was initially represented by Ms Melanie Cantwell and then by Ms Amanda Bresnan)

Professor Vivian Lin (La Trobe University)

Professor Brian Oldenburg (Australian Institute of Health Policy Studies/Monash University)

Ms Sara Pantzer (Merck, Sharp & Dohme (Australia)) (MSD was initially represented by Ms Judith Griffin)

Ms Rebecca Watson (Australian Institute of Health Policy Studies)

Professor Andrew Wilson (Queensland Health)

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