Development and validation of a Consumer Engagement Framework

Prepared for:
Office for the Ageing
Department for Health and Ageing,
SA Health

Prepared by:
The Research Team
International Centre for Allied Health Evidence
University of South Australia
Adelaide
SA 5000

RESEARCH CENTRE RESPONSIBLE FOR THE PROJECT

International Centre for Allied Health Evidence
School of Health Sciences
City East Campus
University of South Australia
Adelaide
South Australia 5000
Website: www.unisa.edu.au/cahe

Centre Director
Professor Karen Grimmer
Phone: (08) 8302 2769
Fax: (08) 8302 2766
Email: karen.grimmer@unisa.edu.au

Project officers
Ms Debra Kay
Dr Lucylynn Lizarondo

Rapid review team
Dr Lucylynn Lizarondo
Ms Kate Beaton and
Dr Gisela Van Kessel

Project administered by
Ms. Madeleine Mallee
Business Services Officer
Business Development Unit
Division of Health Sciences
University of South Australia
Phone: (08) 8302 2121
Fax: (08) 8302 1472
Email: madeleine.mallee@unisa.edu.au

Introduction

Background	The Office for the Ageing (OFTA) in South Australia, as part of SA Health, is committed to consumer and community engagement in policy decisions and values the positive contributions consumers and the community make in improving service quality, equity and management. A key question confronting OFTA is how to engage effectively with baby boomers on health and other issues related to ageing.
Why baby boomers?	A Baby Boomer is a person born between 1946 and 1964. This generation is expected to increasingly shape Australian policy and services, making it important to understand the values, perspectives and attitudes which drive Boomers' decision making and consumption patterns. For systems to effectively manage increased demands for services, a much clearer understanding of the unique characteristics of these consumers is necessary.
Evidence for how to best engage baby boomers	OFTA commissioned *i*CAHE to undertake a rapid review of the literature to determine effective strategies for engaging with Baby Boomers on health issues related to ageing. *i*CAHE performed a comprehensive review of the literature and found no evidence from research to address the review question. The lack of quality evidence to inform the engagement of baby boomers in consultations presents a challenge to policy makers, service providers, and consumer representatives. The concept of 'Baby Boomers' as a significant cohort for policy makers – and researchers – is relatively new; policy makers cannot wait for the literature to catch up to the current need to engage with this population.
Evidence-based consumer engagement	*i*CAHE, informed by a scan of the consumer literature, developed a Consumer Engagement Model to inform consumer engagement planning in general, and with Baby Boomers in particular.
A validated model for engagement of older consumers	The evidence-based Consumer Engagement Model was then validated with five organisations who work with older consumers, including Baby Boomers. The validation process confirmed that the model is applicable across the community and, with the inclusion of international determinants of active ageing, provides a useful framework to plan and evaluate engagement of Baby Boomers in shaping policy, planning and services. This model can be used to plan activities that engage Baby Boomers, and inform our understanding of this diverse cohort and their needs, values and preferences.

Consumer Engagement Model

The validated Consumer Engagement Model can inform consumer engagement planning in general, and with Baby Boomers in particular. The model has five components.

Components

Consumers

The people or population segment with whom we engage.

We can engage with people as individuals; in groups; via an organisation; or systemically.

For example, individual baby boomers via a community survey; a focus group; an advocacy organisation, such as COTA; or Baby Boomers who have a particular status within a system eg hold a government Seniors Card.

Community

The communities with whom we want to engage

The communities identified in the model are based on the determinants of active ageing (WHO 2002).

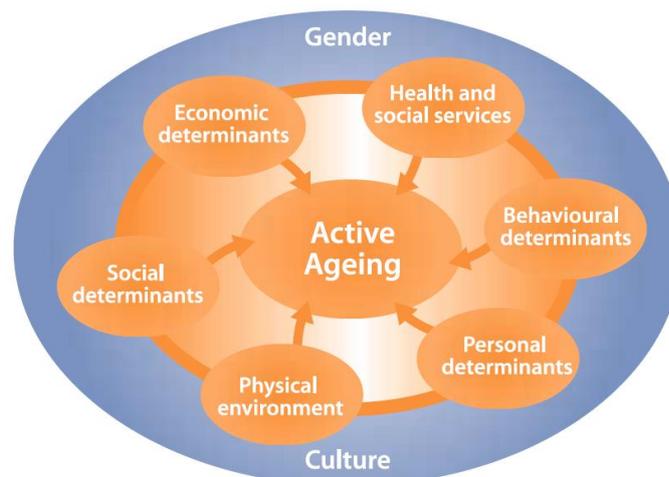*For example, unemployed women living in remote, low SES communities.*

Figure 1 Determinants of active ageing and their interactions
Adapted from: World Health Organisation (2002) Active Ageing: a policy framework

The World Health organisation (WHO)'s Active Ageing Policy Framework (2002) articulates how the broad social determinants of health and wellbeing affect the process of ageing. Gender and culture are identified as two 'cross-cutting' determinants which shape the way we age, and which influence all the other determinants of active ageing ie:

- Health and social service system determinants, for example access to health services and providers,

- Behavioural determinants, for example physical activity and nutrition,
- Physical environment determinants, for example housing and food security,
- Social environment determinants, for example education and social support,
- Personal determinants, for example biology and disability,
- Economic determinants, for example income and employment.

Neither the WHO, nor the literature on ageing more broadly, has yet analysed the differential impact of these determinants on the Baby Boomer cohort or the subgroups within this cohort.

Level

This uses the International Association of Public Participation (IAP2) Public Participation Spectrum.

For example, involvement by working directly with our target consumers and communities to ensure their concerns and aspirations are consistently understood, considered and reported back to show options identified, action taken and the impact of the consumers/communities' engagement.

INCREASING IMPACT ON THE DECISION

	INFORM	CONSULT	INVOLVE	COLLABORATE	EMPOWER
PUBLIC PARTICIPATION GOAL	To provide the public with balanced and objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions.	To obtain public feedback on analysis, alternatives and/or decisions.	To work directly with the public throughout the process to ensure that public concerns and aspirations are consistently understood and considered.	To partner with the public in each aspect of the decision including the development of alternatives and the identification of the preferred solution.	To place final decision making in the hands of the public.
PROMISE TO THE PUBLIC	We will keep you informed.	We will keep you informed, listen to and acknowledge concerns and aspirations, and provide feedback on how public input influenced the decision. We will seek your feedback on drafts and proposals.	We will work with you to ensure that your concerns and aspirations are directly reflected in the alternatives developed and provide feedback on how public input influenced the decision.	We will work together with you to formulate solutions and incorporate your advice and recommendations into the decisions to the maximum extent possible.	We will implement what you decide.

Figure 2 IAP2 Spectrum of Participation
Adapted from International Association for Public Participation (2004) IAP2 Public Participation Spectrum

Scope

The sector or setting to which the question is relevant .

For example, financially subsidising internet access is of relevance to a number of sectors including community and social services.

Principles

Four practice-based key principles were identified in the validation process to guide genuine and meaningful consumer engagement. They are:

1. Purposeful and accountable,
2. Representative and inclusive

University of
South Australia

3. Well planned and resourced,
4. Partner strategically.

The five components are summarised visually in the following graphic representation of the Consumer Engagement Model.

Depicting the model graphically

Figure 3 Consumer Engagement Model

Policy makers can use the Consumer Engagement Model to help them develop a Consumer Engagement Plan in relation to a particular policy issue. The following pages describe four steps to achieve this:

1. Frame your question,
2. Decide how many consumers to engage – the *breadth* of your engagement,
3. Decide how much detail you want – the *depth* of your engagement,
4. Address practical issues, assess risk and develop strategic partnerships to ensure the Plan is reasonable, affordable and achievable.

Using the model to develop a Consumer Engagement Plan

This model and 4-step process provides a systematic approach to planning implementation, monitoring and evaluation of consumer management. Taking this approach can ensure that engagement of consumers is purposeful and that participating consumers can see how they have had a meaningful impact on a specific project or planning activity.

International Centre for Allied Health Evidence

The first step in using the model is to frame the question.

Step 1
Frame your question

Using a standard and proven framework for framing questions enables:
- clarity when inviting consumers to contribute,
- consistency in recording and reporting on engagement outcomes,
- alignment with any literature search results, and
- comparability with other consumer engagement activities.

The PIO is an effective and commonly used question-forming framework, as shown in Table 1:

Table 1: PIO definition and example

	What it means	Example
P	**P**opulation (i.e. consumers) *'Who are you engaging with? What are their characteristics?*	*Unemployed female baby boomers living in remote, low SES communities*
I	**I**ntervention (i.e. scope of interest) *What potential policy/strategy do you want consumers to engage with?*	*Government subsidisation of internet access*
O	**O**utcome *'What are the relevant outcomes?'*	*Views and perspectives about subsidisation of this population*

Step 2
Decide how many consumers to engage - breadth

One of the important aspects of planning consumer engagement is determining the number of consumers to engage (ie breadth of engagement) while keeping the process practical, manageable and meaningful.
Research models can help us work out adequate breadth – or sample size – by considering two concepts: precision and stratification.

Precision

Statistical precision is defined as the closeness with which the sample can be expected to approximate the relevant population. In using questionnaires, the level of precision is often expressed as a percentage.

The level of precision must be assumed and justified. Increasing the level of precision will result to an increase in the sample size. For example, assuming that the number of baby boomers is greater than 100,000, having a level of precision of 3%, 5%, 7% and 10% means you would need sample sizes of 1, 111, 400, 204 and 1000 respectively.

So, for example, if 50% of all Baby Boomers (i.e. 100 000) agreed that internet access should be subsidised by the government with a precision rate of 5% (i.e. we got responses from 400 Baby Boomers), then we can conclude that

University of South Australia

between 45% and 55% of the baby boomers in the population would agree with this view.

When administering a survey for example, the response rate of giving questionnaires must also be incorporated in the calculation. If we have a computed sample size of 400 and the anticipated response rate for the questionnaire is 60%, the sample size needs to be inflated to accommodate the non-response. Therefore, to be able to ensure that a sample size of 400 is obtained, the questionnaire should be given to at least 670 respondents. The sample is usually inflated by 10% more to account for missing or incomplete data. Thus, the questionnaire should be given to at least 747 respondents.

Stratification

When we work out the sample size we can also consider consumers' characteristics. This technique is useful when there are key subgroups within your sample. For example, if you want to know the views of older women who live in different geographical areas from various socio-economic status, you will need respondents or participants from rural, remote and metropolitan regions who belong to the low, middle and high socio-economic communities.

In a research involving Baby Boomers, the different factors to be considered for sample size may include social determinants of health, location, quality of life and even demographic characteristics. However, the more we add (i.e. subgroups), the more people we have to ask to make sure we have enough people to ensure the information we gather is representative.

Step 3
Decide how much detail to gather – depth

Obtaining an adequate number of consumers to engage with may provide the breadth of information required by policy makers, however, in itself may not be sufficient to provide a comprehensive understanding of the issue of interest. A formal or informal interview approach (e.g. focus group, informal chats, sharing of stories) will be useful in exploring the views, perspectives and experiences of consumers and also in obtaining in-depth information about a range of issues. This approach provides the opportunity to derive a collective perspective, and facilitates emergence of patterns or themes across individuals.

Saturation

Sufficient engagement has been conducted when data saturation has been achieved, i.e. when additional information no longer generates new understanding.

Step 4 ***Practical*** ***considerations***	Policy makers can seek advice from researchers about how to get sufficient breadth and depth in their consumer engagement however practical consideration will determine the degree to which this is possible.
Resources	Human and other resources are frequently limited and time constraints may be imposed. Policy makers may undertake a risk assessment when deciding which aspects of the plan to prioritise and the potential consequences of not achieving genuine consumer engagement.
Documenting a Plan	A Consumer Engagement Plan provides an important tool to enable policy makers to inform management about why the recommended consumer engagement strategies should, must or need not, occur and the scope and limits of what can be claimed based on the consumer engagement that is actually undertaken. The table (Table 2) on the following page provides examples of activities that sit with different levels of engagement and therefore what policy makers can claim to be achieving in their engagement.
Forming strategic partnerships	Once a decision is made to operationalise a Consumer Engagement Plan, policy makers may face the challenge of contacting and contracting with consumers to make it happen. Different outcomes are likely dependent on who communicates the consumer engagement invitation, the author, authority, form and format of the communication and the accessibility and relevance of the engagement options offered.
	Unless consumer engagement is part of the routine work of the organisation, it is likely communications with consumers will need to occur with and through community, cultural and consumer organisations whose everyday business involves established trusted relationships with consumers.

Sample strategies

Table 2 Sample strategies for the different components of the Consumer Engagement Model

Common strategies	Information Hard copy, online, emailed	Information sessions	Survey (online, hard copy, face to face (e.g. in shopping Centre)	Focus group	Forums (with planned process e.g. consensus building to gather collective views)	Social media	Informal face to face chats	Strategic partnership
Model components								
CONSUMERS								
Individuals	✓	✓	✓	✓		✓	✓	✓
Groups		✓		✓				✓
Organisations/systems		✓		✓				✓
COMMUNITY								
Gender, culture, determinants	Can be targeted							
SPECTRUM OF PARTICIPATION								
Information	✓	✓	✓	✓	✓	✓	✓	✓
Consultation				✓	✓	✓	✓	✓
Involvement			✓		✓	✓		✓
Collaboration					✓	✓		✓
Empowerment						✓		✓
SCOPE sector or setting	Can be targeted							
PRINCIPLES								
Purposeful and accountable			✓	✓	✓	✓		✓
Representative and inclusive		✓	✓	✓	✓	✓		✓
Well planned and resourced	✓	✓	✓	✓	✓	✓		✓
Utilise strategic partnerships	✓	✓	✓	✓	✓	✓	✓	✓

Validation methodology and findings

Objectives

The purpose of this project was to validate the Consumer Engagement Model and determine practice-based strategies for effective consumer engagement.

Ethics

This research was approved by the University of South Australia Human Research Ethics Committee.

Validation process

OFTA nominated five key partner organisations to participate in the validation process, namely:
1. COTA
2. Active Ageing Australia
3. Aged Rights Advocacy Service
4. City of Unley Council
5. City of Salisbury Council

These five agencies were chosen by OFTA because they are:
- All actively working with older people,
- All committed to creating best outcomes for older people,
- All experience and can show the benefits of integrating customer engagement into their core work,
- Each of these groups is at the coal front of working with the Baby Boomer cohort. As the Baby Boomers are a different cohort to those usually engaged with, there is still a lot that these agencies can to learn from the study and model specifically when applied to interaction with Baby Boomers

Participant information sheets describing the research process were provided to potential participants and interested individuals were encouraged to contact *i*CAHE. Two researchers conducted semi-structured focus group interviews with consenting individuals over a two-week period. The interview questions explored the consumer engagement experiences of participants and asked them to comment on the comprehensiveness, relevance and usefulness of the proposed model. All focus groups were audio-taped, and field notes were also taken. The researchers debriefed immediately after each focus group.

Using content analysis, the researchers coded the interviews and distilled the codes into content-related categories and themes. Comments that illustrated the emerging themes were selected.

University of
South Australia

Perspectives about the Consumer Engagement Model

Summary of participants' perception of the proposed model

A total of 19 individuals participated in the focus group interviews. Overall, the participants were positive about the proposed consumer engagement model and felt that the framework is practical and useful in providing guidance, particularly for those who are relatively inexperienced in consumer engagement. They recognised the importance of including in the model a format (i.e. PIO) for framing the question, which they found useful for defining the specific objectives and outcomes of consumer engagement. There was general agreement on the value of integrating the International Association for Public Participation (IAP2) spectrum into the model.

The participants commented that the model depicts well the scope and limits of the engagement. Although some participants felt that there were a few missing variables in the model, there was agreement that it encompasses the essential elements that should be taken into consideration when undertaking consumer engagement. Some participants suggested that such a model should include 'guiding principles and values.'

'This model makes sense and is a workable model. It is pretty easy to follow.' (Participant from City of Unley Council)

'For those people who are not familiar with the process, looking for a kind of framework to use, this model would point people to the right direction.' (Participant from Participant from Aged Rights Advocacy Service)

KEY PRINCIPLES UNDERPINNING CONSUMER ENGAGEMENT	
Principle 1	Purposeful and accountable
Principle 2	Representative and inclusive
Principle 3	Well planned and resourced
Principle 4	Partner strategically

Principle 1 Purposeful and accountable

Consumer engagement should be purposeful and accountable. The purpose, parameters and scope of the engagement, and the level of engagement required should be clearly articulated. Consumers should understand the key drivers for, opportunities associated with, and the constraints of the engagement.

❖ The purpose should give a clear indication of what the consumer engagement is trying to achieve and how the information will be used.

'Consumer engagement has to be purposeful. It should be made clear that the consultation has a purpose and that the results are important for them. It's not just a tick in the box.' (Participant from Aged Rights Advocacy Service)

❖ In order to build trust, it is important that consumers understand how their contribution can and will influence or shape decisions (i.e. it is not about consulting after a decision has already been made). There has to be a genuine commitment to use the information obtained from the consultation to inform outcomes.

'This is why we're consulting and be honest whether it is a real consultation, at what stage the decisions have already been made and how much influence the consumers actually can have.' (Participant from Active Ageing Australia)

'Clear principles of engagement…what are the boundaries and what are the limitations of the engagement---getting those really clear upfront. What we are talking about and what we are not talking about and then outlining what we'll do with the information and how we'll report back to you.' (Participant from City of Salisbury Council)

'People involved in the consultation should be informed of the outcome…there should be a way of communicating to them, something like, 'As a result of this consultation, this is what's happened…' (Participant from Aged Rights Advocacy Service)

❖ Providing feedback to consumers following consultation is imperative; follow-up action should be in place.

'Following this focus group we will get back to you to let you know of the next steps. Or maybe sometimes… 'After this you won't see us again'…sometimes that's the only level of engagement that is needed, not a long term relationship.' (Participant from Active Ageing Australia)

'Consultation is a tool, not an end in itself. It's a dynamic process. It's not just we consulted with you, then goodbye… It's about going back to the community and talking to them, and building trust and relationships. It is an on-going relationship and mutual respect.' (Participant from Aged Rights Advocacy Service)

Principle 2
Representative and inclusive

Genuine consumer engagement should be broadly representative and inclusive. It should ensure appropriate representation of relevant groups.

'I've heard of consultations where organisations have spoken to five people in Whyalla, or half a dozen of people from Port Lincoln and say that's our regional consultation. For me that's not broadly representing regional people for instance…patchy sample of people and something needs to be done to make it more credible.' (Participant from Aged Rights Advocacy Service)

❖ There are certain groups of consumers who are often underrepresented in consultations. Efforts should be made to ensure these groups are involved in the engagement process.

> *'People who contribute are usually the more confident, happy with their life, often you don't get to people who you really want to get to----I think that's perhaps the hardest thing to do. If you target a narrow segment, it might be more of the perception of the one who engages with the people rather than the people who are being consulted.' (Participant from COTA)*

To ensure broad representation, consumer engagement planning should include determining the adequate number of consumers to engage with. Technical skills or research guidance is required to perform sample size (i.e. number of consumers) calculation. This is described in more detail in page 11.

Principle 3
Well planned and resourced

Careful planning is a key to an effective consumer engagement.

❖ Two core aspects of the engagement plan: identification of barriers to consultation and consideration of available resources/funding (as lack of funding may limit the quality and scope of information)

> *'There are variables that you have to factor in---say the safety of the environment for consultation, residential setting for example, there has to be some explicit acknowledgement of the power imbalance…quite often it doesn't occur. If you don't address those issues, it might not be quite as effective.' (Participant from Aged Rights Advocacy Service)*
>
> *'If there are no adequate resources, the whole thing changes…if resources to support the scope of the consultation aren't there, you have to go back and redesign the question, the amount of resources really drive the consultation and should be stated upfront.' (Participant from City of Salisbury Council)*

Principle 4
Partner strategically

Strategic partnership with other organisations, agencies, groups or services is an integral component of consumer engagement.

The purposes of establishing partnerships are:

❖ To avoid duplication in undertaking consumer engagement

> *'We should be sharing information initially – what do we already know? That can avoid duplication of engagement.' (Participant from Active Ageing Australia)*

❖ To facilitate access to relevant consumers/consumer groups (other organisations or agencies with direct experience in working with the target consumer group/s may facilitate access or provide advice about the best ways to engage)

> *'You just come in, people don't feel comfortable and it's usually not effective. You should be able to find partners out there that have some sort of mutual connection of what you're trying to achieve.' (Participant from Active Ageing Australia)*

SUMMARY

This model and 4-step process outlines an approach to plan, implement, monitor, evaluate and review consumer engagement as an integral component of quality policy. It uses the determinants of active ageing to provide a focus on working with older Australians, or on policy issues related to ageing; in time, research and practice will scope the varying nature and impact of determinants of baby boomer health and wellbeing. This will enable policy makers to more specific in the engagement questions they frame for consumer engagement.

University of
South Australia

References

Banyule Nillumbik Primary Care Alliance (BNPCA) 2003, 'The BNCPA consumer participation resource and training kit for service providers', Available at: http://www.health.vic.gov.au/pcps/downloads/publications/training_kit.pdf

Gregory, J 2007, 'Conceptualising consumer engagement: a review of the literature', Available at: http://www.healthissuescentre.org.au/documents/items/2009/06/280548-upload-00003.pdf

Nilsen, ES, Myrhaug, HT, Johansen, M, Oliver, S, Oxman, AD 2006, 'Methods of consumer involvement in developing healthcare policy and research, clinical practice guidelines and patient information material', *Cochrane Database of Systematic Reviews,* Issue 3. Art. No.: CD004563. DOI: 10.1002/14651858.CD004563.pub2.

South Australian Health, Government of South Australia 2013, 'Guide for Engaging with Consumers and the Community Policy Guideline', Available at: http://www.sahealth.sa.gov.au/wps/wcm/connect/f8d1d0004e454788aa0caf8ba24f3db9/Guideline _Engaging+with+Consumers+and+Community_Aug2013.pdf?MOD=AJPERES&CACHEID=f8d1d0004e 454788aa0caf8ba24f3db9

World Health Organisation 2002, 'Active Ageing: a policy framework', Available at: http://www.who.int/ageing/publications/active_ageing/en/

University of
South Australia