## RESEARCH NOTE

# Development of a Consumer Engagement Framework

**L Lizarondo, K Kennedy and D Kay**

### Abstract

*Objective:* The purpose of this project was to develop a Consumer Engagement Model to plan for effective baby boomer engagement to inform policy makers in the healthcare system. This is the first stage of that process.

*Design:* Initial model development for healthcare systems based on literature review and author group experience in evidence-based practice and research, and consumer advocacy and engagement.

*Setting and population:* South Australian health and community service systems, and healthcare professionals that work with baby boomers.

*Findings:* To develop an evidence-based Consumer Engagement Plan, it is recommended that policy makers undertake the four steps outlined in this document to design a question, determine consumer and community segments and scope of engagement,

determine the breadth and depth of engagement and address the implications, assess risk and develop strategic partnerships to ensure the Plan is evidence-based, reasonable and achievable.

*Conclusions:* We believe this process provides a framework for planning consumer engagement and for implementation, monitoring, evaluation and review of consumer engagement for policy excellence. We propose to undertake a validation of the model thus populating the model with examples of practice-based strategies and revising the model accordingly.

*Abbreviations:* EBP – Evidence-Based Practice; IAP2 – International Association of Public Participation; PIO – Patient Intervention and Outcome.

*Key words:* employability skills; generic skills; health services management; graduates; higher education.

**Lucylynn Lizarondo**
International Centre for Allied Health Evidence
University of South Australia
Adelaide, South Australia, Australia.

**Kate Kennedy**
International Centre for Allied Health Evidence
University of South Australia
Adelaide, South Australia, Australia.

**Debra Kay**
International Centre for Allied Health Evidence
University of South Australia
Adelaide, South Australia, Australia.

Correspondence:
kate.kennedy@unisa.edu.au

## Introduction

Partnering with consumers is a policy and practice imperative for Australian health services. [1] The SA Health Office for the Ageing sought advice about the best practice for the engagement of baby boomers in policy development. Public participation in community policy and decision-making is well established through the International Association of Public Participation (IAP2) Spectrum. [2]

A rapid review of the published and grey literature was proposed to provide a synthesis of the available research evidence on effective approaches to engaging baby boomers with policy makers. Baby boomers are people who are born between 1946 and 1965. The rapid review aimed to address four questions; what approaches or strategies have been used by policy makers to effectively engage baby boomers on issues related to ageing? What outcomes have been reported for these strategies or approaches? What are the barriers to effective engagement of baby boomers with policy makers? What strategies or incentives can be used to ensure that boomers become engaged with policy makers? Inclusion and exclusion criteria were established and CINAHL, Embase, Medline, Informit health, PsychInfo, Scopus, Web of Science, Academic Search Premier, Business Source Complete, Ageline, AMED and Google scholar were searched. A total of 3506 results were found in the search. There were 3500 articles from the peer reviewed databases and a further six from the grey literature searching. Based on inclusion and exclusion criteria 85 potentially relevant articles were retrieved for full text perusal. No articles or reports were found that were relevant to the research questions.

**Figure 1 Consumer Engagement Process**
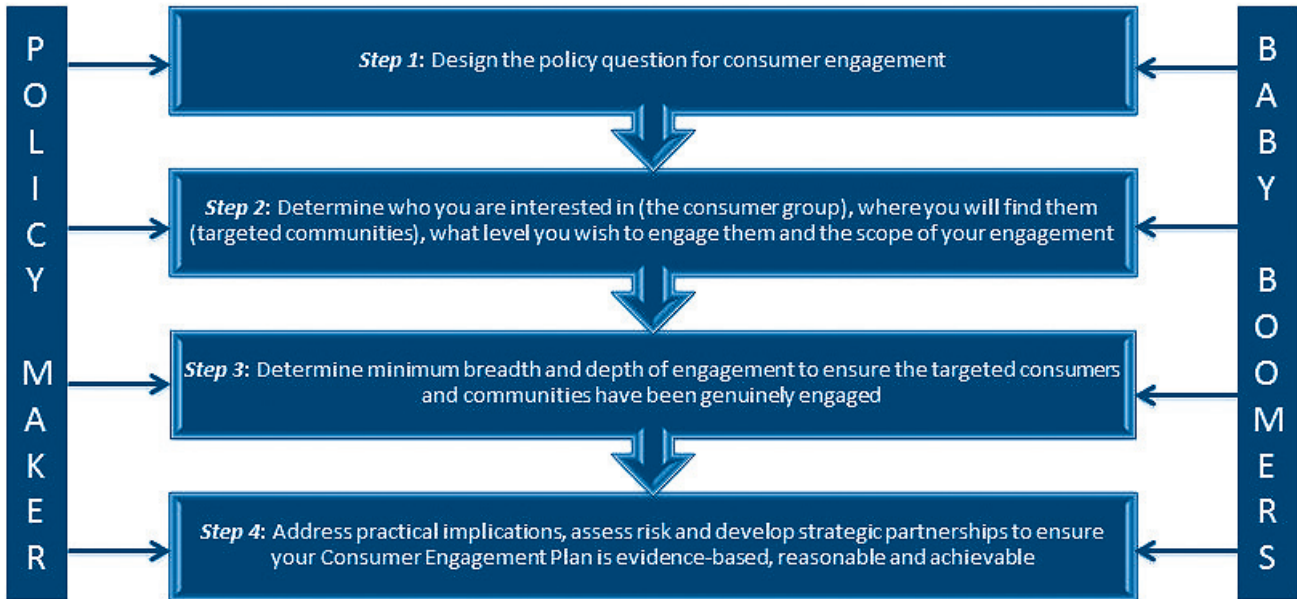


Policy makers cannot wait for the literature to emerge. In this paper, we have therefore proposed a four-step model to develop consumer engagement plans with baby boomers. Our intention is to validate this model with baby boomers and lead health and community policy and service agencies working with this population.

The four-step model was informed by the results of the above search of the consumer and evidence- based practice (EBP) literature for relevant tools or frameworks and by the authors' collective research, policy and practice experience in consumer representation and EBP. Figure 1 outlines the steps in the model and highlights the equal input from policy makers and baby boomers (i.e. consumers) in the process. Table 2 outlines what this may look like.

## Step 1: Design the policy question for consumer engagement

When engaging with consumers, policy makers need clear, concise questions for which they are seeking answers and comments. 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 and outcomes.

The PIO (patient, intervention and outcome) is an effective and commonly used question-forming framework in EBP (see table 1). [3,4]

**Table 1: PIO definition and example**

|  | WHAT IT MEANS | EXAMPLE |
|---|---|---|
| **P** | Population (i.e. consumers) <br> *Who are you engaging with?* <br> *What are their characteristics?* | *Unemployed female baby boomers living in remote, low socio-economic status (SES) communities* |
| **I** | Intervention (i.e. scope of interest) <br> *What potential policy/strategy do you want consumers to engagewith?* | *Government subsidisation of internet access* |
| **O** | Outcome <br> *What are the relevant outcomes?* | *Views and perspectives about subsidisation of this population* |

**Figure 2: Variables involved in Consumer Engagement**



Components of the consumer engagement variables
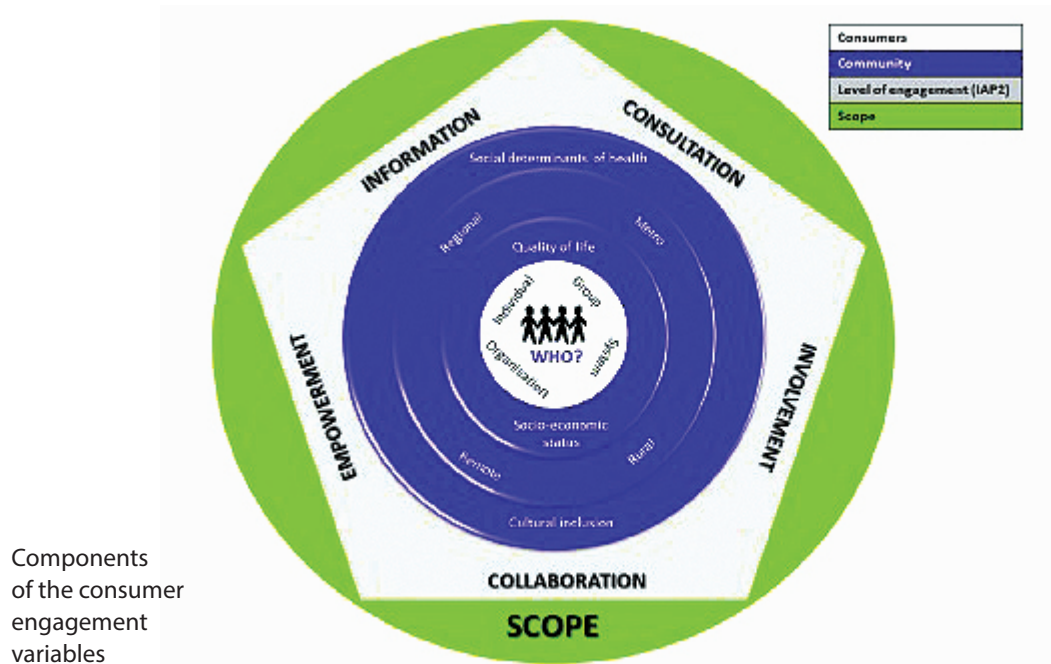
Having framed a quality question, policy makers can then consider how to engage consumers.

**Step 2: Determine who you are interested in (the consumer group), where you will find them (targeted communities), and at what level you wish to engage with them and the scope of your engagement**

The results of the rapid review of the literature and experiences of the authors lead to the development of a draft Consumer Engagement Variables as shown in Figure 2.

**Components of the consumer engagement variables**

*Consumers* – The people or population segment with whom we engage (e.g. baby boomers): this can be as individuals; in groups; via an organisation; or systemically. This is the standard way consumer advocacy organisations (i.e. the Health Consumers Alliance) align people.

*Community* – The communities with whom we want to engage; the communities identified in our model are based on the determinants of active ageing (see figure 3). [5]

**Figure 3: Determinants of active ageing and their interactions. Adapted from: World Health Organisation (WHO) (2002) Active Ageing: a policy framework. [5]**
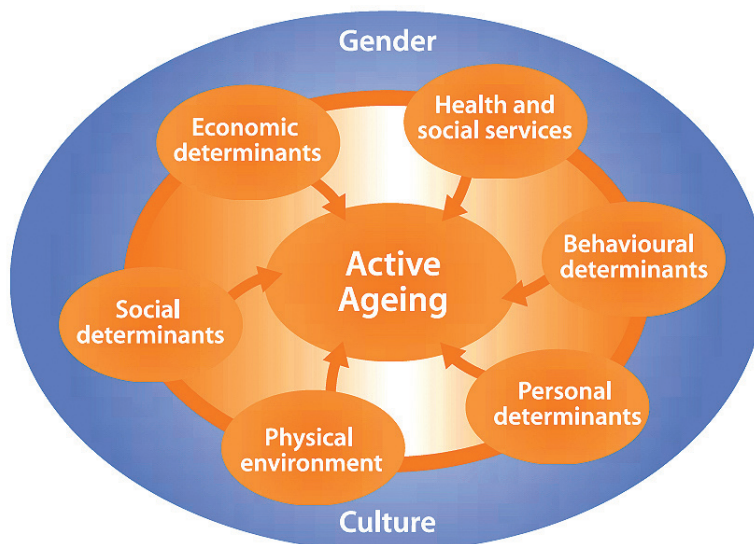
**Figure 4: IAP2 Spectrum of Participation. From the International Association for Public Participation (2004) IAP2 Public Participation Spectrum. [2]**



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. |

WHO's Active Ageing Policy Framework [5] 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 influence all the others that include health and social services access, behavioural factors such as physical activity and nutrition, physical environment such as housing and food security, social factors such as education and social support, personal factors such as biology and disability, and economic factors such as income and employment.

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

We suggest the use of the levels of engagement as described in the IAP2 Public Participation Spectrum [2] to determine the engagement required to answer the question (see figure 4). Finally, the sector or setting to which the question is relevant should also be determined (i.e. Scope).

## Step 3: Determine minimum breadth and depth of engagement to ensure the targeted consumers and communities have been genuinely engaged

**Breadth of information (how many consumers to engage)**
It is not practical, feasible nor necessary to engage the whole consumer population to inform policy: the challenge is to have a statistically sound reason for the number of consumers (i.e. sample) we do engage (breadth). In order to obtain a sample that is representative of the population, we considered two concepts: precision and stratification. Statistical precision is defined as the closeness with which the sample can be expected to approximate the relevant population value. [6] The level of precision must be assumed and justified.

In computing for sample size, the consideration of respondents' characteristics may also be included. Stratification of the respondents' characteristics may increase the efficiency of estimating the overall population parameter and will make the survey easier to run administratively. Proportional allocation is usually employed wherein the size of the sample in each stratum is proportional to the size of the stratum. However, in using too many levels, the sample size within the strata may be too low. [7]

In 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.

**Depth of information (more extensive engagement)**
Obtaining an adequate number of consumers 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 (depth). A focus group approach can be used to engage in depth, and is particularly useful when the aim is to explore consumers' perspectives, capitalising on the interaction between and among participants to stimulate and refine thoughts and perspectives. It provides the opportunity to derive a collective perspective and validate ideas amongst participants. Sufficient engagement has been conducted when data saturation has been achieved, i.e. when additional information no longer generates new understanding. [8]

**Step 4: Address practical implications, assess risk and develop strategic partnerships to ensure your Consumer Engagement Plan is evidence-based, reasonable and achievable.**
In this step, practical limitations such as human and other resources are considered. Policy makers may undertake a risk assessment to determine the extent and limits of engagement. The consequent Consumer Engagement Plan enables 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.

Once a decision is made to operationalise the 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

**Table 2. Example of how the Consumer Engagement Model might look**

| Step Description Example Step 1: Design the policy question for consumer engagement. | When engaging with consumers, policy makers need clear, concise questions for which they are seeking answers and comments. | What are the views and perspectives bout government subsidisation of internet access of female baby boomers? |
|---|---|---|
| Step 2: Determine who you are interested in (the consumer group), where you will find them (targeted communities), what level you wish to engage them and the scope of your engagement. | The draft consumer engagement model encompasses the consumers, community, level and scope of engagement. | *Consumers:* Baby boomers (citizens born between 1946 and 1964). *Community:* unemployed female baby boomers, of low socio-economic status, in remote communities, *Level:* Consultation level only. *Scope:* Remote communities, government policy (subsidisation of utility pricing, tax policy, social services). |
| Step 3: Determine minimum breadth and depth of engagement to ensure the targeted consumers and communities have been genuinely engaged. | How many consumers to engage (breadth). More extensive engagement (depth). | Example: Breadth of information – based on a statistical test, a total of 153 (hypothetical value only*) baby boomers will participate: Depth of information – of the 153, 60 (hypothetical only) will participate in focus group interview. *Formal guidance from experts is required to determine the specific number of participants. |
| Step 4: Address practical implications, assess risk and develop strategic partnerships to ensure your Consumer Engagement Plan is evidencebased, reasonable and achievable. | In this step, practical limitations such as human and other resources are considered. | |

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 cultural and community organisations whose everyday business involves established trusted relationships with consumers.

Table 2 outlines the steps in the Consumer Engagement Model and provides some practical examples.

## Summary

To develop an evidence-based, practice informed Consumer Engagement Plan, it is recommended that policy makers develop a policy question using a framework such as the PIO; use the consumer engagement model to determine consumer segment, targeted communities, level of engagement and scope of engagement; determine minimum breadth and depth of engagement to ensure the targeted consumers and communities have been genuinely engaged; and address practical implications, assess risk and develop strategic partnerships to ensure the Plan is evidence-based, reasonable and achievable.

The authors propose to validate the model with up to five lead health and community policy and service agencies working with baby boomer populations, populate the model with guiding principles and values, and examples of practice-based strategies including avenues for engagement, and revise the model accordingly and present this, with sample strategies relevant to baby boomers.

## Competing Interests

The authors declares that they have no competing interests.

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