CAPHIA | COUNCIL OF ACADEMIC PUBLIC HEALTH INSTITUTIONS AUSTRALASIA
Advancing Public Health Education, Research & Workforce Development

CAPHIA Response to: Draft National Consumer Engagement Strategy for Health and Wellbeing

About CAPHIA

The Council of Academic Public Health Institutions Australasia (CAPHIA) is the peak organisation that works to advance public health education and research and leads and represents public health in universities throughout the Australasian region. Across our 39 member institutions, we represent thousands of public health educators, researchers, workforce developers and students.

The CAPHIA Competencies outline the knowledge, skills and capabilities specified for public health graduates at each level of tertiary education. These inspire both university public health curricula and Public Health Officer Training.

Our mission is to establish the highest academic standards in public health education and research, act as a respected voice for academic public health, and advocate for the development of the Public Health workforce who are being educated or practising within Australasia.

CAPHIA acknowledges the Traditional Custodians of the country throughout Australia and their connections to land, sea and community, and recognise their past and ongoing contributions to generation of knowledge systems. We work in partnership with First Nations people across Australasia to promote quality, culturally safe education in public health.

Summary of Recommendations

In response to the Draft National Consumer Engagement Strategy for Health and Wellbeing consultation which closed 04 September 2023, CAPHIA makes a number of recommendations to strengthen the Draft Strategy to meet it's intentions.

Recommendation 1: Reword purpose to emphasise focus is on the health policy makers to understand and incorporate needs, not mobilise participation.

From:

Mobilising consumer and community participation in preventive health policy and program design, evaluation and implementation, leading to a more engaged population and improved health and wellbeing outcomes for all Australians.

To:

Understand and incorporate the needs and perspectives of individuals and communities in preventive health policy and program design, evaluation, and implementation, leading to improved health and wellbeing outcomes for all Australians.

Recommendation 2: Reword Objective 3 to include engagement in both existing policies as well as future policies.

From:

Empower and facilitate consumers and community organisations to engage in and co-design preventive health policies and programs.

To:

Empower and facilitate consumers and community organisations to engage in the co-design of current and future preventive health policies and programs.

Recommendation 3: Provide educational tools to enable correct adoption of co-design methodologies.

Recommendation 4: Clarification of: Inclusive - Recognise the intersectionality and heterogeneity of consumer groups

Recommendation 5: Expand and support the public health workforce to conduct effective co-design

Recommendation 6: Edit language. Removal of language that blames communities.

Please see further detail in the survey response questions.

Health policies are an essential aspect of public health that has tremendous impacts on daily lives of the Australian population, and CAPHIA applauds the efforts of the consumer engagement approach to be inclusive and include a variety of communication styles to ensure the strategy captures diverse inputs and perspectives.

Survey Response Questions

7. Purpose
The purpose of the strategy and/or the target audience is clear?
Not at all clear *Not clear* *Unsure Clear Very clear*

If not, what would make it clearer?

Recommendation 1: Reword purpose to: Understand and incorporate the needs and perspectives of individuals and communities in preventive health policy and program design, evaluation, and implementation, leading to improved health and wellbeing outcomes for all Australians.

"Mobilising consumer and community participation in preventive health policy and program design, evaluation and implementation, leading to a more engaged population and improved health and wellbeing outcomes for all Australians" is not clear.

The use of the term 'mobilising' is an action word directed at consumers and communities. However, it is not the responsibility of consumers and communities to 'mobilise,' rather it is the responsibility of the policymakers to communicate and encourage consumers and communities to share their perspectives and inputs. Similarity the phrase 'leading to a more engaged population' suggests the population don't care, which often isn't the case.

The word 'consumers' is inappropriate when referring to health. Although 'consumers' is an umbrella term that encompasses people who use health services, such as patients, carers, family members or other support people, it implies that using health services is a choice as there are several factors that take away the choice of participation and engagement with health services. These factors include

locality, as Australians residing in remote and rural areas often experience difficulties accessing health services. Income levels are another factor as experiencing financial stress creates an unacceptable barrier that prevents access to health services. The term 'consumer' also has a negative association with ill-health, and inadvertently places blame of ill-health on the individuals and communities for not engaging and participating in health services.[1]

1. Connolly, C. (2017). Commentary on western healthism and Indigenous health views. *Journal of Australian Indigenous Issues, 20*(3), 87-93.

8. Objectives

Are the objectives for the Strategy clear and appropriate?

Not at all clear *Not clear* *Unsure Clear Very clear*

If not, what is missing?

Recommendation 2: Reword Objective 3 to: Empower and facilitate consumers and community organisations to engage in the co-design of current and future preventive health policies and programs.

To increase individual and community participation in health policy, it is important to first understand existing barriers to engagement. For example, lengthy timelines may deter individuals and communities from being involved in future co-design. Policies can require years to be developed, enacted, and take effect. This a large time gap for community members who were involved in the co-design process. While these processes are slow for a variety of reasons, participant expectations need to be managed as this may be a barrier to future participation in co-design.[2]

Recommendation 3: Provide educational tools to enable correct adoption of co-design methodologies.

CAPHIA strongly encourages co-design to develop programs, policy and education which impacts the public's health. However, co-design can often be conflated with consultative and engagement processes with a traditional program governance overlay which results in power and control are held separately from intended beneficiaries and other stakeholders[2]. Co-design requires that power is shared with all stakeholders including decision making, prioritisation, resources, and knowledge. Co-design projects cannot proceed without consensus. A vital first step is collectively asking "is this (project/program/policy/strategy) needed?". Co-design fundamentals[2] include, but are not limited to:

- A humble, active mindset
- Understanding the issue through the lens of the people or community experiencing it
- Privileging/amplifying the voices and perspectives of those most impacted by the issue
  - Shared power, ownership and decision making
- Iterative:
  - information gathering, for example synthesizing feedback to gain perceptions and perspectives
  - checking/validation cycles with explicit consensus
  - implementation and evaluation
- Action based; and
- Focused on sustainable solutions.

We commend the Government's encouragement of co-design to create health and wellbeing programs, policies and strategies with communities and community groups. To enable authentic use of co-design, we strongly recommend including detailed resources on co-design methodologies to guide teams interested in adopting these practices to engage communities

2. Australian Institute of Health and Welfare 2014 *Australia's health 2014. Australia's health series* no. 14. Cat. no. AUS 178. Canberra: AIHW.

3. Council of Academic Public Health Institutions Australasia (CAPHIA) 2023 Co-design for Health Systems Reform Masterclass, last accessed 1 September 2023, < https://vimeo.com/814843717>

9. Fundamentals

Do the Fundamentals capture what you see as essential for consumer engagement?

Not at all clear Not clear Unsure Clear Very clear

If not, what is missing?

Recommendation 4: Clarification of: Inclusive - Recognise the intersectionality and heterogeneity of consumer groups

CAPHIA applauds the recognition of individuals and communities that are affected by the wider determinants of health, as the intersectionality and heterogeneity of consumer groups are a major contributing factor to non-engagement of health services.[4]

Where communities are involved in co-design, it is important to tailor policies and strategies to the needs of these communities rather than a one-size fits all model. Tailoring programs and policy is one the primary objectives of true co-design. This draft requires more clarification on whether the individuals and communities are providing input for polices for their specific needs, or if their input will affect the wider population.

Assumed needs of wider communities are subject to influences such media, stereotypes, and racism[5] and it is important to hear the voices of community members on issues that affect their health and wellbeing.

4. Bauer, G. R. (2014). Incorporating intersectionality theory into population health research methodology: Challenges and the potential to advance health equity. *Social Science & Medicine,* 110, 10-17. doi:10.1016/j.socscimed.2014.03.022

5. Stoneham, M. J., Goodman, J., & Daube, M. (2014). The Portrayal of Indigenous Health in Selected Australian Media. *The International Indigenous Policy Journal,* 5(1).

10. Good Practice Guidelines

Do you think the Guidelines describe what is needed to help policymakers work effectively with consumers?

Not at all clear Not clear Unsure Clear Very clear

Are the Guidelines explained in a way that makes them useful?

Not at all clear Not clear Unsure Clear Very clear

Do you have anything to add about the Guidelines?

Recommendation 5: Expand and support the public health workforce to conduct effective co-design

Co-design requires more time and thus can have resource implications. If co-design is the preferred methodology, there is a need to acknowledge the chronic under-investment in health promotion, community health and the public health workforce (other than as a response to COVID-19). Investment in the public health workforce is required so they have adequate resources, time, and support to co-design programs with communities. Policymakers and funding mechanisms also need to consider the amount of time trust-building with communities requires for true and effective co-design.

11. If you have been involved in policy-making before as a consumer, what made your engagement in that process:

A positive and welcome experience:

A dissatisfying experience:

12. HELP Toolkit
Do you think the Toolkit will be easy to use?
Not at all Very little Unsure Easy Very easy

Do you think the Toolkit will help policymakers better engage consumers in policymaking?
Not at all Very little Unsure Helpful Very helpful

Do you have anything else to add?

no

13. Are you supportive of the overall purpose, vision and aim of the Strategy?
Yes, Yes, with proposed changes No, with proposed changes

Please specify proposed changes:

Recommendation 6: Edit language. Removal of language that blames communities.

For example, stating that 'Preventive health requires active participation from consumers' is a healthism approach and places the blame of ill-health on the consumers, instead of the conditions that contribute to ill-health.[6,7]

Recommendation 7: Identify current barriers to co-design of programs and policy.

Given the aim of implementing this strategy is better alignment of health policy and programs with community need, there is little evidence of community engagement to inform our understanding of why community participation in co-design is sub-optimal. An overview of existing data would be

helpful, and in the absence of data – a research plan to collect data and understand barriers and enablers of effective co-design.

6. Friel, S. (2009). *Health equity in Australia: A policy framework based on action on the social determinants of obesity, alcohol and tobacco*. National Centre for Epidemiology and Population Health.

7. Powroznik, K. M. (2016). Healthism and Weight-Based Discrimination: The Unintended Consequences of Health Promotion in the Workplace. *Work and Occupations,* 44(2).

14. If you are a consumer and haven't been involved in policy making, would you like to be? Why/Why not?
Yes No Unsure
CAPHIA welcomes to the opportunity to be invited to workshops prior to the written submission stages of related consultation

If you have wanted to be involved, what has stopped you from doing so?
Not answered.

15. Are there any other engagement approaches that you have found helpful and effective?

Not answered.

16. Do you have any other comments or suggestions?

Health policies are an essential aspect of public health that has tremendous impacts on daily lives of the Australian population, and CAPHIA applauds the efforts of the consumer engagement approach to be inclusive and include a variety of communication styles to ensure the strategy captures diverse inputs and perspectives.

Prepared by Sharna Motlap, Holly Donaldson and Associate Professor Jane Frawley