

# **DISTRICT HEALTH ADVISORY COUNCILS ENGAGING COMMUNITIES**

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**WORKSHOP – AUGUST 2019**

# Acknowledgement of Country



Source: Snapshots by Narelle Henry

We acknowledge that we are meeting on the traditional country of the Whadjuk people of the Noongar Nation and pay respect to Elders past, present and emerging. We acknowledge that they have occupied and cared for this country over countless generations and we celebrate their continuing contribution to the life of this region. We extend our respect to all other Aboriginal and Torres Strait Islander Cultures.

# Today's session

## Topics we'll cover

- § What is an engagement plan? (overview of template)
- § Stakeholder identification and mapping
- § Key messages/what feedback is being sought?
- § Methods and channels for communication
- § Communicating with key groups
  - § Aboriginal people
  - § Culturally and linguistically diverse
  - § People with disabilities
- § Staying informed in your role

# DHACs and community engagement

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From the DHAC Member Handbook 2016... DHAC aims:

“Providing an effective avenue for community and consumer participation... Establishing a two-way information exchange...”

Key areas:

1. Consumer Advocacy and Communications
2. Supporting Safety and Quality Improvement
3. Consumer Input into Health Service Planning
4. Supporting Consumer Health Literacy



## What kind of engagement do DHACs already do?

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- Talk with other community groups
- Consider needs of disadvantaged groups
- Invite representatives from various groups to your meetings
- Represent DHAC at external events
- ...

From the DHAC Member Handbook 2016

# Stakeholder engagement plan



- What is it?
- Why have one?
- What's included?

**STAKEHOLDER ENGAGEMENT PLAN TEMPLATE**

<b>WHO</b> Who do we want to communicate to and/or hear from?	<b>INTERESTS</b> What is important to the stakeholder?	<b>CONTRIBUTION</b> How could the stakeholder contribute to the DHAC's work?	<b>BARRIER</b> What could get in the way?	<b>KEY MESSAGES</b> (Tailored to this group)	<b>HOW WILL WE COMMUNICATE WITH THIS GROUP?</b> (What strategy, methods or channels are best for reaching this group? Any existing community groups?)	<b>RESOURCES</b> What resources might be required? What can be done right away?	<b>WHO WILL LEAD/ ACTION?</b> (Who on the committee will look after this group?)

# Stakeholder identification and mapping

## Link to purpose and objective

- Specific project
- Specific groups – based on local needs

## Consider

- Who?
- Interests?
- Contribution?
- Any potential barriers?

## Process

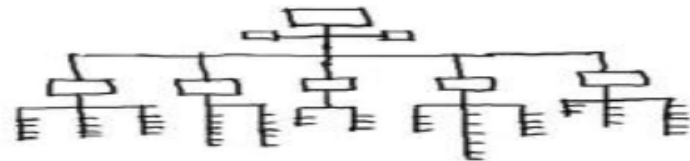
- Could involve everyone on committee
- Be creative



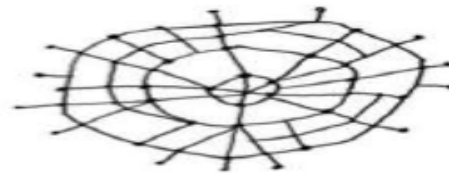
# The Network Secrets of Great Change Agents

Battilana & Casciaro

“Change agents who were central in the informal network had a clear advantage, regardless of their position in the formal hierarchy. People who bridged disconnected groups or individuals were more effective at implementing dramatic reforms. The resisters in their networks did not necessarily know one another and so were unlikely to form a coalition.



Designed for  
**DIVISIONS**



Designed for  
**CONNECTIONS**



@Sch4Change #S4CA





# 2x

“People who are highly connected have twice as much power to influence change as people with hierarchical power.

Leandro Herrero

<http://t.co/Du6zCbrDBC>



@Sch4Change #S4CA



## Exercise

Thinking about an activity from your work plan or a DHAC priority...

- Who are some key community stakeholders?
- What are their interests?
- How might they contribute?
- What might get in the way?

# Key messages

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DHAC roles:

1. Consumer Advocacy and Communications
2. Supporting Safety and Quality Improvement
3. Consumer Input into Health Service Planning
4. Supporting Consumer Health Literacy

# Consumer Advocacy and Communications

Overarching message examples:

- There are many ways for patients, carers, families and community members to be involved in health services – at an individual, service, site or community level

Other ideas

- Promotion about DHAC
  - Member profiles – who's involved?
  - General communiques from meetings
  - How to get involved?
  - How to provide feedback
  - Tell us what matters to you and your family and community?
  - What is Patient Opinion and what involvement do DHACs have?
- Healthcare Rights – what are they? What do they mean in practice? What happens if you've had a problem?



**My healthcare rights**

This is the second edition of the **Australian Charter of Healthcare Rights**.

These rights apply to all people in all places where health care is provided in Australia.

The Charter describes what you, or someone you care for, can expect when receiving health care.

**I have a right to:**

- Access**
  - Healthcare services and treatment that meets my needs
- Safety**
  - Receive safe and high quality health care that meets national standards
  - Be cared for in an environment that is safe and makes me feel safe
- Respect**
  - Be treated as an individual, and with dignity and respect
  - Have my culture, identity, beliefs and choices recognised and respected
- Partnership**
  - Ask questions and be involved in open and honest communication
  - Make decisions with my healthcare provider, to the extent that I choose and am able to
  - Include the people that I want in planning and decision-making
- Information**
  - Clear information about my condition, the possible benefits and risks of different tests and treatments, so I can give my informed consent
  - Receive information about services, waiting times and costs
  - Be given assistance, when I need it, to help me to understand and use health information
  - Access my health information
  - Be told if something has gone wrong during my health care, how it happened, how it may affect me and what is being done to make care safe
- Privacy**
  - Have my personal privacy respected
  - Have information about me and my health kept secure and confidential
- Give feedback**
  - Provide feedback or make a complaint without it affecting the way that I am treated
  - Have my concerns addressed in a transparent and timely way
  - Share my experience and participate to improve the quality of care and health services

AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

For more information ask a member of staff or visit [safetyandquality.gov.au/your-rights](http://safetyandquality.gov.au/your-rights)

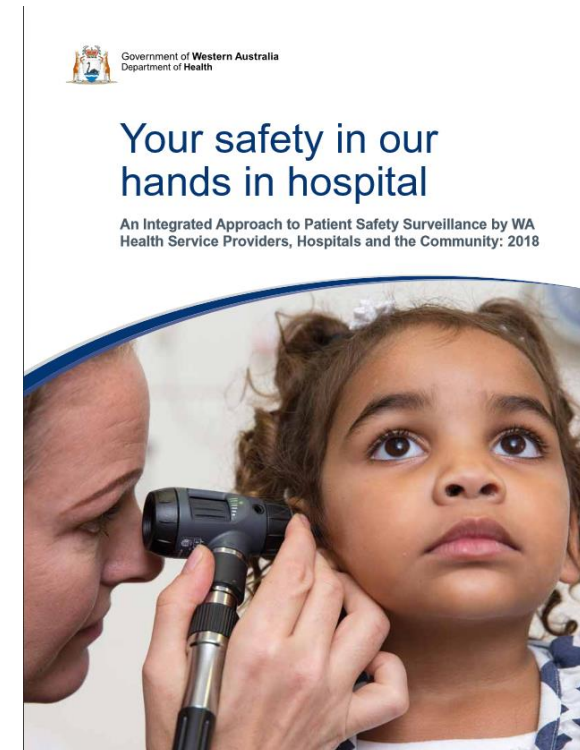
# Supporting Safety and Quality Improvement

Overarching message example:

- Patients and families play an important role in safety and quality improvement – in their own care, and in the health service

Other ideas:

- What is safety and quality improvement – from a layperson's perspective?
- How is our health service doing?
  - Hand hygiene rates
  - Use the publication of the annual report on patient safety as a reason to write an article in the local paper – tailored to your local service
- Talk about how DHAC is involved in reviewing or auditing the complaints in the service
- Talk about Patient Opinion – perhaps using an example if appropriate



# Consumer Input into Health Service Planning

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Overarching message example:

- The health service would like to know about your health needs and issues so that they can provide the best possible services

Other ideas:

- What matters to you, your family, your community?
  - When you have a long-term condition?
  - When you're in hospital?
  - When you're unwell?
- Hold community conversations or yarning circles with specific groups – go to them

# Supporting Consumer Health Literacy

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Overarching message example:

- There are things you can do to improve your health outcomes when using health services

Other ideas:

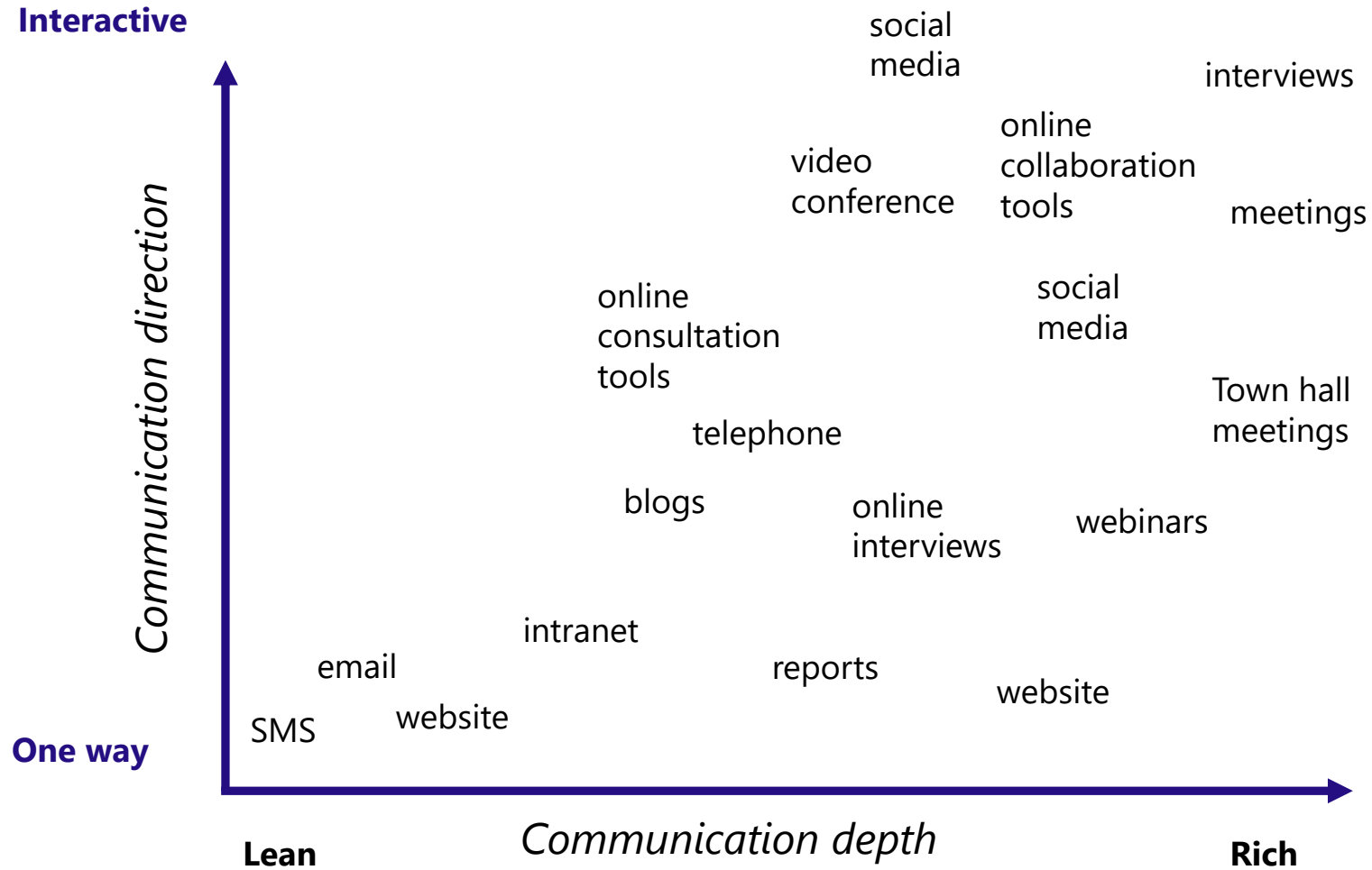
- Choosing Wisely (see their Conversation Starter kit for ideas about how to have this conversation <http://www.choosingwisely.org.au/resources/consumers/conversation-starter-kit>)
- Question Builder from <https://www.healthdirect.gov.au/question-builder>
- Sharing resources from HCC's page on self-advocacy resources <https://www.hconc.org.au/consumer/being-involved-in-your-own-health/self-advocacy-resources/>





Communication methods

# Choose your technique to match your purpose



**Table 2. Spectrum of stakeholder engagement**

	Increasing levels of stakeholder impact →				
	Inform	Consult	Involve	Collaborate	Empower
	Information giving	Information seeking	Information sharing and joint planning	Participatory decision making	Stakeholder leadership
<b>Purpose of engaging stakeholders</b>	To provide information to stakeholders to assist them in understanding issues, alternatives and / or solutions.	To gather stakeholders, especially to capture lived experiences.	To involve stakeholders in the planning, policy development, delivery and evaluation of services.	To work in partnership with stakeholders.	To place final decision-making in hands of stakeholders.
<b>When to use</b>	One-way exchange of information, e.g. to assist in access to and management of health issues.	Two-way exchange of information, share views, needs and interests.	To ensure stakeholder views are considered and reflect in decisions and outcomes.	To jointly develop solutions and initiatives.	To enable stakeholders to decide and implement solutions/ outcomes (often within specified guidelines).
<b>Commitment to stakeholders</b>	We will keep you informed.	We will keep you informed, listen to you, acknowledge your views and provide feedback.	We will work with you, consider your views and provide feedback on how your input influenced the outcomes.	We will look to you for advice and innovation in the formulation of solutions and incorporate your advice to maximum extent.	We will implement what you decide.
<b>Methods of engagement</b>	<ul style="list-style-type: none"> <li>• public meetings</li> <li>• public notices</li> <li>• announcements</li> <li>• website</li> <li>• fact sheets</li> <li>• newsletters</li> <li>• education programs</li> <li>• social media.</li> </ul>	<ul style="list-style-type: none"> <li>• public meetings</li> <li>• public hearings</li> <li>• focus groups</li> <li>• surveys</li> <li>• e-Consult.</li> </ul>	<ul style="list-style-type: none"> <li>• workshops</li> <li>• forums</li> <li>• deliberative polling</li> <li>• panels</li> <li>• taskforces</li> <li>• working parties</li> <li>• e-Consult.</li> </ul>	<ul style="list-style-type: none"> <li>• reference groups</li> <li>• working Groups</li> <li>• consumer and Community Advisory Councils and Groups</li> <li>• district Health Advisory Councils</li> <li>• policy roundtables</li> <li>• clinical networks</li> <li>• clinical redesign.</li> </ul>	<ul style="list-style-type: none"> <li>• steering committees</li> <li>• quality committees</li> <li>• boards</li> <li>• participatory governance</li> <li>• standing strategic committees</li> </ul>
<b>Level of stakeholder influence</b>	Minimal influence.	Low influence.	Moderate influence.	High involvement and influence.	Stakeholder control.

From “You Matter: A guideline to support engagement with consumers, carers, communities and clinicians in health”  
<https://ww2.health.wa.gov.au/~media/Files/Corporate/general%20documents/health%20improvement/PDF/You-Matter-Guideline.pdf>

# Communication methods

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## Face to face

- Meetings – formal/informal
- Team meetings
- Presentations

## Online - collaboration

- [Trello](#)
- [Asana](#)
- [Basecamp](#)

## Online - consultation

- [GroupMap](#)
- [Bang the Table](#)
- [Loomio](#)

## 'Phone

- 1:1
- Teleconference
- SMS (for deaf or hard of hearing people)

## Social media

- Facebook
- LinkedIn
- Instagram
- [Mighty Networks](#)

## Video conference and webinars

- [Zoom](#)
- [Whatsapp](#)
- [Gotomeeting...](#)

## Websites, intranet, blog

## Written

- Email – formal/informal
- [SurveyMonkey](#)
- [CognitoForms](#)
- Letters
- Reports – formal/informal

# Exercise

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Thinking about people or groups that you need to engage with...

- What are the key messages for this group?
- What are some ways you can communicate with them?
- Are there any new ways you could try?



# Communicating with key groups

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- Aboriginal people – Tania Harris
- Culturally and linguistically diverse communities – Karen Lipio
- People with disability – Clare Mullen

# Gaining consumer input and staying up to date





# 10 Ways to Build Change Agency.

The **POWER** to make a **POSITIVE DIFFERENCE.**

1. Create **small** Changes  
One step at a time.



2. Emphasise progress

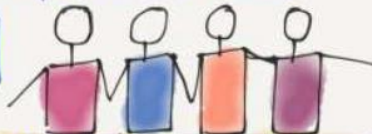
3. Reframe your **Thinking**

- failed attempts are Learning opportunities. - Uncertainty becomes Curiosity.



4. Find your **Crew** (a group unified by a provocative idea)

5. Get social support



You can't be a great change agent on your own!

6. Make Change **ROUTINE**  
(rather than an exceptional activity)



7. Learn from the Best!

8. Think **STORY**



What are we/I doing? Why?  
How do we/I tell our story?

9. Build a **Spectrum of allies.**  
(not just people who support what you do!)

10. **PERSIST!**

"First they ignore you,  
then they laugh at you,  
then they fight you,  
then - You WIN." Gandhi.



List created  
by members of  
@HorizonsNHS

## How to get involved/keep interested

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- Join the Health Consumers' Council – it's free! Regular e-news – [www.hconc.org.au](http://www.hconc.org.au)
- Join the Health Engagement Network – Community of Practice – [www.healthengagement.org.au](http://www.healthengagement.org.au)
- Sign up to The Beryl Institute, founder of the Patient Experience Week movement [www.theberylinstitute.org](http://www.theberylinstitute.org)
- Check out Patient Opinion [www.patientopinion.org.au](http://www.patientopinion.org.au)

**PATIENT  
OPINION** AUSTRALIA  
**BE HEARD.**

# Today's session

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- § Staying informed in your role



Thank you – we look forward to your feedback!