

**Health Services Cost Review Commission**  
**New All-Payer Model: Consumer Engagement Taskforce**  
**Proposed Useful Definitions and Principles**

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The following are based upon the Consumer and Community Engagement Framework<sup>1</sup> developed by Health Consumers Queensland and are proposed here as a basis for consumer engagement.

**Proposed Useful Definitions**

**Consumers:** Consumers are defined as those who use, or are potential users, of health services. This may include family members as well as those who provide care in an unpaid capacity.

**Community:** Community refers to groups of people or organizations with a common local or regional interest in health. There are three primary ways in which a community may be formed: (1) geographic boundaries (neighborhood, region, etc.); (2) interests such as patients, industry sector, profession, etc.; and/or (3) specific issue such as improvements to public health or groups that share cultural backgrounds, religions or language(s).

**Consumer Engagement:** Consumer engagement informs broader community engagement. Health consumers actively participate in their own health care and, more broadly, in health policy, planning, service delivery and evaluation at service and agency levels.

**Community Engagement:** Community engagement refers to the connections between government, communities and citizens in the development of policies, programs, services and projects. It encompasses a wide variety of government-community interactions ranging from information sharing to community consultation and, in some instances, active participation in government decision-making. It incorporates public participation, with individuals being empowered to contribute in decisions affecting their lives, through acquisition of skills, knowledge and experience.

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<sup>1</sup> The full document can be found at <http://www.health.qld.gov.au/hcq/publications/consumer-engagement.pdf>

## **Proposed Principles - Consumer and Community Engagement**

**#1 - *Participation***: Consumers and communities participate and are involved in decision-making about the health care system.

**#2 - *Person-centered***: Engagement strategies and processes are consumer and community centered.

**#3 - *Accessible and Inclusive***: The needs of consumers and communities, particularly those who may experience barriers to effective engagement, are considered when determining steps to enhance accessibility and inclusion.

**#4 - *Partnership***: Consumers, community and health-related organizations work in partnership.

**#5 - *Diversity***: The engagement process values and supports the diversity of consumers and communities.

**#6 - *Mutual Respect and Value***: Engagement is undertaken with mutual respect and the valuing of other's experiences and contributions.

**#7 - *Support***: Consumers and communities are provided with the support and opportunities they need to engage in a meaningful way with the health care system.

**#8 - *Influence***: Consumer and community engagement influences health policy, planning and system reform, and feedback is provided about how the engagement has influenced outcomes.

**#9 - *Continuous Improvement***: Consumer and community engagement is reviewed on an on-going basis and evaluated to drive continuous improvement.