



**Australian  
General Practice  
Network**



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# Engaging Effectively with Communities PROJECT

January 2007

# How did the Project Come About ?

- Review of Divisions

*Encouraging greater community connectiveness within Divisions*

*Ensuring a greater 'consumer focus'*

- AGPN/SBO Coalition / DoHA - funding
- It's what we are already doing - skills enhancement
- Two parts :
  1. Training workshops across the country
  2. Sustainability - one off 'train the trainer' workshop.

# Session 1

## What is community engagement?

# Terminology

- Community Engagement
- Consumer Participation
- Consultation
- Public
- Community of Interest

# What is Consultation?

- A process of gaining feedback on proposals, policies and strategies
- In practice, often:
  - something we just have to do! (checking off the box)
  - telling people what is going to happen!
  - an attempt to placate the public
  - just giving the appearance of listening
  - simply about managing stakeholders (rather than extracting benefit)

# What is Community Engagement?

- Any process that involves the public (community) in identifying issues or decision-making and uses public input to make better decisions

(International Association for Public Participation)

# Who is the Public, or Community?

- The people as a whole
- A group of people sharing a common interest
- Individuals or groups with a perceived stake in the outcome of a decision
- External stakeholders....who are often tied to issues
- Internal stakeholders....who often have an impact on decisions
- = ‘The community of interest’ (IAP2)

# IAP2's Public Participation Spectrum



Increasing Level of Public Impact

	<b>Inform</b>	<b>Consult</b>	<b>Involve</b>	<b>Collaborate</b>	<b>Empower</b>
<b>Public participation goal</b>	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.
<b>Promise to the public</b>	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 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 look to you for advice and innovation in formulating solutions and incorporate your advice and recommendations into the decisions to the maximum extent possible.	We will implement what you decide.
<b>Example techniques</b>	<ul style="list-style-type: none"> <li>■ Fact sheets</li> <li>■ Web sites</li> <li>■ Open houses</li> </ul>	<ul style="list-style-type: none"> <li>■ Public comment</li> <li>■ Focus groups</li> <li>■ Surveys</li> <li>■ Public meetings</li> </ul>	<ul style="list-style-type: none"> <li>■ Workshops</li> <li>■ Deliberative polling</li> </ul>	<ul style="list-style-type: none"> <li>■ Citizen advisory Committees</li> <li>■ Consensus-building</li> <li>■ Participatory decision-making</li> </ul>	<ul style="list-style-type: none"> <li>■ Citizen juries</li> <li>■ Ballots</li> <li>■ Delegated decision</li> </ul>

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# Session 2

Who, and when, do we engage?

# Context

- Engaging patients/consumers
- Divisions engaging practices/GPs
- Divisions working with other Divisions
- Divisions engaging other service providers
- Divisions participating in other engagement processes
- Divisions being engaged by SBOs/AGPN

# World Café Exercise

- What factors do you believe make community engagement (or collaborating with others) most challenging?

# Session 3

## Assumptions, benefits and risks associated with Community Engagement

# Typical concerns/challenges facing organisations

- We only hear from the vocal minority
- It's all 'heat' and no 'light'
- There is no apparent value for effort
- We hear about things we cannot influence
- People are sick of being consulted (Consultation fatigue)
- People are simply not interested - they want us to get on with it!

## **'Expert' assumptions**

The Community:

- *cannot grasp complex issues*
- *is easily influenced by the media*
- *views are shaped by narrow concerns*
- *doesn't appreciate the constraints of the system*
- *or, is mostly apathetic*

and therefore ...

it is futile and hazardous to involve the community

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## **'Community' assumptions**

The Experts:

- *have better knowledge on which to base decisions*
- *don't believe we can add value*
- *have ignored us in the past*
- *have already made up their minds what they want to do*
- *or, are selectively deaf*

and therefore ...

our efforts are a waste of our valuable time

# Concepts

- Co-intelligence (the Wisdom of Crowds)  
all of us together are wiser than each of us  
as individuals
- Partnership of Equals  
each member of the community of interest  
has an equal right to participate in decision  
making processes

# Case Studies

## Engagement in practice

## What are Divisions doing?

Divisions undertake a community engagement process for a particular purpose:

- To improve health services
- Program input
- Topical issues effecting general practice



# Adelaide Hills DGP

## “Your Health - Your Hills Community”

- Community engagement as a planned / focussed activity
- Community engagement process centred on future health planning (did not want to assume)
- Pre - planning:
  - Where have we been?
  - Where do we want to go?
  - What we did to get there.

- **The purpose of their engagement:**

Listening to input from the public / their views

- **The engagement objective:**

- Input on clearly defined issues / topics using an appropriate tool / mechanism to collect data
- Analyse input - summarised into a useful format for decision makers
- Provide feedback to stakeholders
- Build relationship / trust

## ■ Considerations:

*What was the perception of our community in relation to health and wellness in the Adelaide Hills?*

*What key issues would emerge from the forum?*

*How would we respond to our community?*

# The questions ... 2 examples

- 1) Are there any burning or key issues that you've recently encountered trying to get hold of health or mental health services? Why was it so hard?
- 1) What health services, programs and amenities do you think will be a priority in the future?

# Planning Process:

Type of engagement	Role of Division	Key Stakeholders	Spectrum level	Impact of the process on the community	Controversy level	Techniques chosen
Division engaging patients (local community) to gain input into future health planning	Initially - process owners  Over-all Organisers  Then partners in process	Local Government  Area health  Community organisations	Involve	Medium	Low / medium	Community forum  Questionnaire survey  Focus group

## ***PRESS RELEASE – “Your Health – Your Hills Community”***

The face of the **hills is changing** due to a **rapidly increasing population**.

To address the **potential health impacts** into the future, the Adelaide Hills Division of General Practice, in partnership with the Adelaide Hills and Mt. Barker District Councils, Hills Area and Community Health Services invite interested residents to a Community Forum at the Wallis Mt Barker Cinema Complex.

**“We want to hear what people think about their community from a health and wellness perspective,”** said Cathy Zesers, spokesperson for the Forum.

*“ its nice to be listened to for a change”  
(female - retired, Mt Barker)*

*“ I’d like to know what is actually out there to  
help.....where to go if am in need”  
(male 72 - carer)*

*“ Youth friendly health services and  
community spaces are what’s needed”  
mother of two teenagers)*

# Evaluation

- Public forum - 44 attendees

## Common Themes:

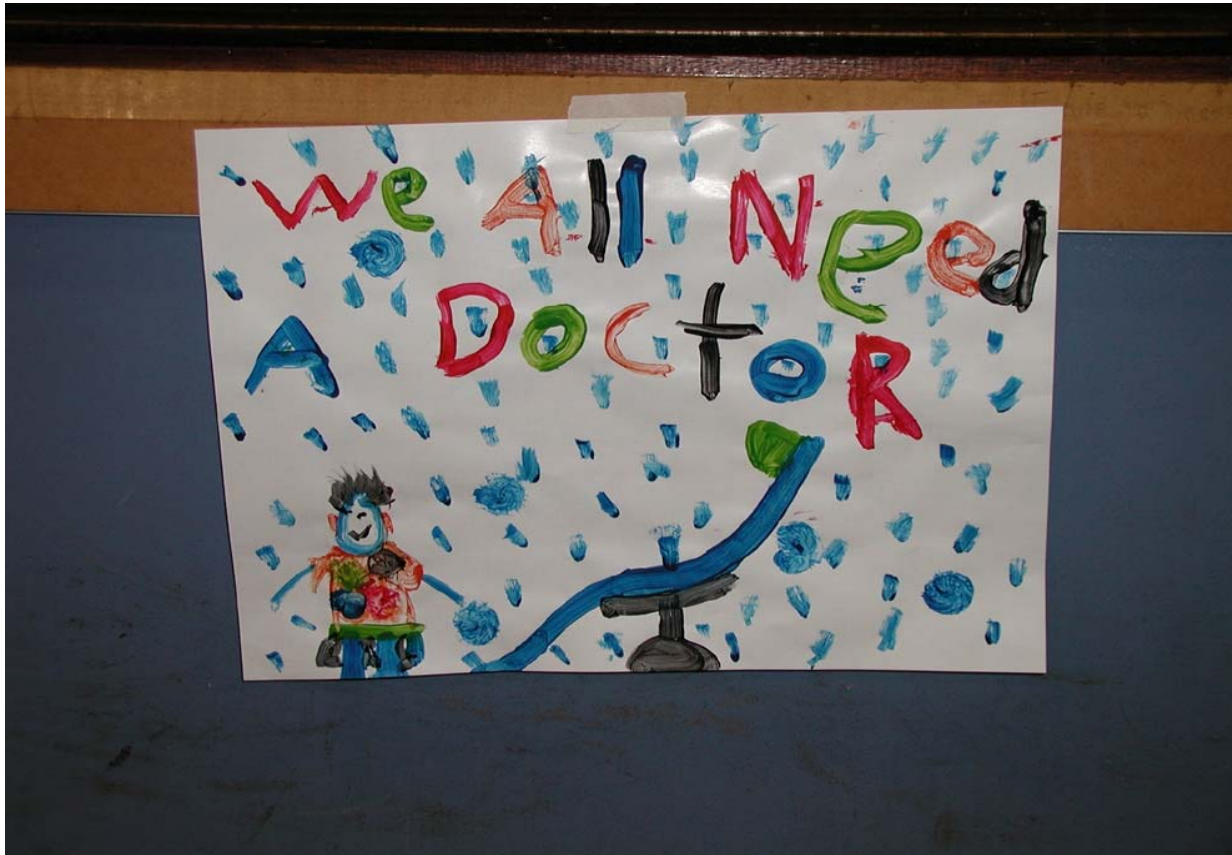
- Mental Health
- Men's Health
- Access - to services (i.e. specialists), transport, knowledge, dental health and aged care.
- Forum Evaluation - 18
- Survey Questionnaires - 180 / received from 30 postcodes
- Focus group - specific topic / 12 attendees

## Outcomes:

- Relationship building
  - with community / other services
  - future engagement processes
- Education
  - Men's Health Education sessions
- Future health outcomes
  - Local council included the community's input into transport priorities

# Improved Health Services

Case Study: Nimbin Needs Doctors (Situational example)



- Rural North NSW town
- One Doctor town - crisis due to GP burnout / hospital services threatened
- Local community very vocal
- Community forum held to address issue
- Action group formed '*Nimbin Needs Doctors*'



## Outcomes:

- Development of North Rivers Rural General Practice Entity
- Community lobbying - change of boundary recognition - funding granted through GP Employment Entity Grant
- Establishment of General Practice Medical Centre in Nimbin
- Ongoing active consumer representative group - 'Nimbin Still Needs Doctors Rural Action Group'
- 4 GP's currently working at the clinic



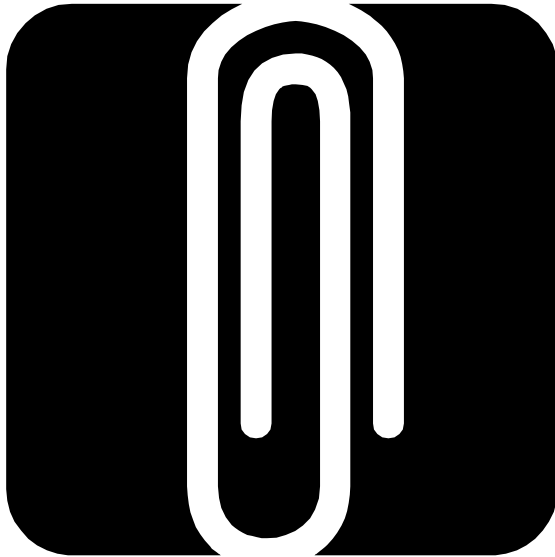
# Topical Issues

- NT Top End DGP's - Interpreter Services for GPs - lobbied for the establishment of an Aboriginal interpreter service in the NT.
- Overcoming GP workforce shortages - Tamworth NSW Peel Healthcare example (profiled in Dynamic Divisions)
- Goulburn Valley DGP's - After Hrs Medical centre, input provided via the Divisions Consumer Advisory Group.

# Session 4

## Values, Principles and Beliefs

So how many uses of the humble paper clip can you identify?



You have  
one minute!

# IAP2 Core Values

1. The public should have a say in decisions about actions that could affect their lives.
2. Public participation includes the promise that the public's contribution will influence the decision.
3. Public participation promotes sustainable decisions by recognizing and communicating the needs and interests of all participants, including decision makers.
4. Public participation seeks out and facilitates the involvement of those potentially affected by or interested in a decision.
5. Public participation seeks input from participants in designing how they participate.
6. Public participation provides participants with the information they need to participate in a meaningful way.