Draft National Consumer Engagement Strategy for Health and Wellbeing: Submission by the Australian Health Promotion Association

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Australian Health Promotion Association
38 Surrey Road | Keswick SA 5035
Ph: 1300 857 796
national@healthpromotion.org.au
ABN: 443 730 807 90 | ACN: 116 231 595

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Surrey Road | Keswick SA 5035 | Ph: 1300 857 796
national@healthpromotion.org.au
ABN: 443 730 807 90 | ACN: 116 231 595

INTRODUCTION

The Australian Health Promotion Association Ltd (AHPA®) is the peak body for health promotion in Australia. AHPA advocates for the development of healthy living, working and recreational environments for all people. Through our work we support the participation of communities and groups in decisions that affect their health. Australia is one of the healthiest countries in the world. This is largely because of effective public health and its core services – protection, prevention **and health promotion** which includes action to create and support the social and environmental conditions that enable Australians to enjoy a healthy and happy life. We are now more aware than ever of just how complex the circumstances are by which human health is influenced – policies and actions shaped by the unfair distribution of wealth, power and resources, both locally and internationally. We are also more cognisant of the range of skills and practices required to enhance individual and community capacity and act to address those forces that lead to health inequities - the unfair and avoidable differences in health status seen within and between countries. **Health promotion's role has never been so significant.**

ABOUT US

Incorporated in 1990, AHPA is the only professional association specifically for people interested or involved in the practice, policy, research and study of health promotion. Our member-driven national Association represents over 1000 members and subscribers and is governed by a Board at the national level with operational branches representing all states and territories. Membership of AHPA is diverse, and includes designated health promotion practitioners, researchers and students, as well as others involved in promoting physical, mental, social, cultural and environmental health, whose primary profession or area of study may be something different, but whose responsibilities include promoting health. Members represent a broad range of sectors including health, education, welfare, environment, transport, law enforcement, town planning, housing, and politics. They are drawn from government departments and agencies, universities, non-government organisations, community-based organisations and groups, private companies, and students.

Our activities include: national registration of health promotion practitioners for the International Union for Health Promotion and Education (IUHPE) in Australia; national health promotion university learning and teaching network; early career support; national and local conferences and events; a tri-yearly Population Health Congress (with partners: Public Health Association of Australia, Australasian Epidemiological Association and Australasian Faculty of Public Health Medicine); a website providing professional and membership information; a national listserv providing members with sector news, employment, advocacy and events information; stakeholder and member communication across a range of platforms; advocacy action; strong partnership working with a range of organisations; awards; traineeships; mentoring; scholarships and bursaries; and the Health Promotion Journal of Australia.

Our Vision

A healthy, equitable Australia.

Our Purpose

Leadership, advocacy and workforce development for health promotion practice, research, evaluation and policy.

Our Principles

- Ethical practice - Supporting culturally informed, participatory, respectful, and safe practice.
- Health equity - Addressing the sociocultural, economic, political, commercial and ecological determinants of health in order to build health equity.
- Innovative and evidence informed approaches - Promoting and supporting evidence informed research, policy and practice.
- Collaboration - Working in partnership with other organisations to improve health and wellbeing.

This submission was prepared on behalf of AHPA by:

Belinda Lunnay, Melinda Edmunds, Gemma Crawford, David Towl, Kym Strachan, Emma Bruce, Hannah Wechkunanunkul, Gabi Martinez, Fiona Read.

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7 Purpose - Is it clear what this Strategy is for? - Is the purpose of the strategy and/or the target audience clear? If not, what would make it clearer?

Not clear. The Australian Health Promotion Association (AHPA®) supports the development of a National Consumer Engagement Strategy and its purpose to strengthen partnerships between health policy makers and the community, as set out in the actionable areas of the National Preventive Health Strategy 2021-2030[1]. AHPA is the peak body for health promotion in Australia. We are cognisant of the range of skills and practices required to enhance individual and community capacity and act to address those forces that lead to health inequities. With this in mind, it is AHPA's view that the Strategy falls short of providing a practical framework for influencing the policy cycle that would enable true consumer engagement with the policy making process. While we think the Strategy provides good fundamentals and principles (i.e. the 'theory' on consumer engagement), the purpose lacks clarity and practicality (i.e. the 'application' of consumer engagement). If the Strategy is intended for policy makers who are skilled in consumer engagement, then the Strategy as it exists provides a framework. Noting that such policy makers will likely be using much of this good practice already. However, in AHPA's view there is strong potential to engage organisational/department leaders with responsibilities to change the culture and structures that enable consumer engagement to be part of the policy cycle. As such, AHPA sees important scope for the Strategy to operationalise a 'Toolkit' for policy makers who are not experts in consumer engagement and require practical details about 'how to do' community engagement (the Strategy currently assumes a theory to practice leap). Perhaps this is because the purpose of the Strategy is presented in various forms and wordings across the document, decreasing its clarity.

The purpose statement needs to define more clearly the 'how'. We suggest the 'how' is inserted into the currently stated purpose: "Mobilising consumer and community participation in preventive health policy and program design, evaluation and implementation, by {insert the 'how'} leading to a more engaged population and improved health and wellbeing outcomes for all Australians". There are various existing frameworks (e.g., IAP2[2]) and tools (e.g., NSW Health All of Us[3], the Australian Healthcare and Hospitals Association (AHHA) and Consumers Forum of Australia (CHF) Experience Based Co-design Toolkit[4], which could be utilised as templates for the inclusion in the Toolkit within the Strategy. We have provided URLs to these toolkits below. We note that AHPA's membership are currently utilising such tools for their professional practice, but they need to tailor such tools to the specific preventive and health promoting contexts in which they work (rather than to health care delivery, for example). We suggest there could be scope to explain why professionals and practitioners working in preventive health (i.e. AHPA members) would use this Strategy. If the Strategy is to niche into the policy cycle specifically, then it needs to outline more detail about this purpose, and provide guidance on 'how to' use the consumer engagement fundamentals and good practice outlined in the Strategy to influence the policy cycle. It also needs to address the structural barriers to consumer engagement when attempting to influence the policy cycle (and we have provided detail on how this might be achieved in later sections).

8 Objectives - Are the objectives for the Strategy clear and appropriate? If not, what is missing?

Clear. AHPA concurs with the focus on building trust, capability and empowerment – all of which are good objectives synergistic with our guiding principles. These tenants are critical to evidence-based engagement and high-quality health promotion practice. However, in our view, there is an objective missing – this is: to enable organisational leaders to create the internal culture, structures and resourcing to remove barriers and increase consumer engagement at all stages of the policy making cycle.

9 Fundamentals - Do the Fundamentals capture what you see as essential for consumer engagement? If not, what is missing?

Not clear. AHPA would like to suggest that the term consumer be revisited and potentially extended, to recognise the that health is more than an outcome of service delivery; and encompasses social determinants which limit individual

[1] Australian Government Department of Health. *National Preventative Health Strategy 2021-2030.* (2021). https://www.health.gov.au/resources/publications/national-preventive-health-strategy-2021-2030?language=en.

[2] "Iap2 Spectrum of Public Participation." n.d., https://iap2.org.au/resources/spectrum/.

[3] "All of Us: A Guide to Engaging Consumers, Carers and Communities across NSW Health.", 2023, https://www.health.nsw.gov.au/patients/experience/all-of-us/Pages/default.aspx.

[4] "Experience Based Co-Desgin Toolkit." 2017, https://chf.org.au/experience-based-co-design-toolkit.

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and community agency[5]. An equitable term might be Citizen[6]. The term consumer has a service use connotation. Preventive health involves social participation. Referring to 'consumers' rather than 'citizens' as part of the public engagement process implies individuals have choice and agency to manage the conditions that enable health[7] . This approach lacks recognition of the social and structural determinants of health that research shows impact individual capacities and must be accounted for in contemporary health promotion practice[8]. Our additional concern is that the term consumer normalises market terminology and reinforces neoliberal approaches to health promotion that responsibilise individuals[9]. Our concern is that such language limits participation and engagement in the policy development process; where the focus is on regulatory practices rather than individual behaviour. Even the use of person-centred or human-centred approaches has the potential to abrogate responsibility away from the structural mechanisms which drive health (if they do not recognise these), toward the individual. As such, AHPA hopes to use this Strategy submission process as a platform to prompt consideration of the notion of citizen engagement. We also recommend the term 'community connectors' be used to refer to the 'trusted intermediaries'[10] .

Furthermore, 'hard to reach' and 'hard to engage' populations terminology reflects the of point of view of hierarchical systems that have excluded people and resulted in health inequities. AHPA recommends changing the language to 'hardly engaged' and 'hardly reached', so that the onus is shifted from the individual[11] to the organisation/department to do the 'engaging' of 'priority populations' per the National Preventive Health Strategy 2021-2030[12] . AHPA sees scope within the National Consumer Engagment Strategy for organisations to recognise inherent power imbalances when engaging with populations affected by policy to drive policy change. There is potential for the Strategy, through said Toolkit, to prompt policy makers to consider the socio-cultural boundaries which lead to services being hardly reached by some citizens. We encourage the consideration of a more trauma-informed approach that is cognisant of the lived and living experiences of people participating in the engagement process.

Another aspect of suitable engagement concerns remuneration. Remuneration is mentioned in the 'Respectful' fundamental - to acknowledge and appreciate consumer participation is important. It is also important for inclusion and diversity. Some of the tools mentioned under Item 7 above offer useful guidance that could be appropriated for the Strategy. For example, the NSW Ministry of Health All of Us Guide notes that: "Only recognising people in ways that don't involve money can limit participation and work against diversity and inclusion". Health Consumers Queensland points out: "When consumers are not paid, you will only attract consumers who can afford the time and expense of taking part[13] . This risks excluding sub-populations such as people with caring responsibilities, casual workers who need to take time off work, people on a low income, and others. Failing to clearly and consistently remunerate those with lived experience positions risks positioning their knowledge as inferior to that of other "experts" (e.g. clinicians, policymakers, academics). This divide reinforces problematic power structures and silences 'intended audience' or 'end-user' forms of knowledge in the production of evidence-informed health and social policy beyond traditional "Western" and biomedical information. AHPA encourages national leadership on this topic and

[5] Baum, Fran, Angela Lawless, Toni Delany, Colin Macdougall, Carmel Williams, Danny Broderick, Deborah Wildgoose, *et al.* "Evaluation of Health in All Policies: Concept, Theory and Application." *Health promotion international* 29, no. suppl 1 (2014): i130-i42. https://doi.org/10.1093/heapro/dau032.

[6] Baum, Fran. "How Can Health Promotion Contribute to Pulling Humans Back from the Brink of Disaster?". *Global health promotion* 28, no. 4 (2021): 64-72. https://doi.org/10.1177/17579759211044074.

[7] Vigoda, Eran. "From Responsiveness to Collaboration: Governance, Citizens, and the Next Generation of Public Administration." *Public Administration Review* 62, no. 5 (2002/01/01 2002): 527-40. https://doi.org/10.1111/1540-6210.00235.

[8] Baum, Fran. *Governing for Health: Advancing Health and Equity through Policy and Advocacy.* New York: Oxford University Press, 2019. https://doi.org/10.1093/oso/9780190258948.001.0001.

[9] Ayo, Nike. "Understanding Health Promotion in a Neoliberal Climate and the Making of Health Conscious Citizens." *Critical public health* 22, no. 1 (2012): 99-105. https://doi.org/10.1080/09581596.2010.520692.

[10] Wallace, Carolyn, Jane Farmer, Carolynne White, and Anthony McCosker. "Collaboration with Community Connectors to Improve Primary Care Access for Hardly Reached People: A Case Comparison of Rural Ireland and Australia." *BMC health services research* 20, no. 1 (2020): 172-72. https://doi.org/10.1186/s12913-020-4984-2.

[11] Wallace, Carolyn, Jane Farmer, Carolynne White, and Anthony McCosker. "Collaboration with Community Connectors to Improve Primary Care Access for Hardly Reached People: A Case Comparison of Rural Ireland and Australia." *BMC health services research* 20, no. 1 (2020): 172-72. https://doi.org/10.1186/s12913-020-4984-2.

[12] Australian Government Department of Health. *National Preventative Health Strategy 2021-2030.* (2021). https://www.health.gov.au/resources/publications/national-preventive-health-strategy-2021-2030?language=en.

[13] "Recruiting: Paying Consumers." n.d., https://www.hcq.org.au/home-2/paying-consumers/#:~:text=When%20consumers%20are%20not%20paid%2C%20you%20will%20only,need%20to%20take%20time%20off%20work%20to%20participate.

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sees the Strategy as a vehicle. In the Strategy, there is no detail about the practicalities and barriers to paying remuneration or honorariums to volunteers as part of the consumer or 'citizen' engagement process. This is a vital component to good and ethical community engagement, with many of the fiscal barriers currently existing at a national level (employment law[14], Services Australia[15], Australian Taxation Office[16]). There is potential in this Strategy to address practical and fiscal barriers to community engagement, if indeed recommending remuneration truly is good practice. This is also relevant to the collaboration suggested with local community-controlled organisations, and the remunerative value to support their participation.

In our view, the barriers that need clarification include:

- A consumer being engaged being classified as an employee if their involvement is regular and receives an honorarium payment related to their participation.
- A consumer needing to report an honorarium (a token gift of appreciation') to Centrelink and the risk that this can have for their social and economic security.
- A consumer needing to seek individual tax advice if an honorarium will or will not be assessed as taxable income.

10 Good Practice Guidelines - Do you think the Guidelines describe what is needed to help policy-makers work effectively with consumers? Are the Guidelines explained in a way that makes them useful? Do you have anything to add about the Guidelines?
Very little. The Guidelines are useful, however, in AHPA's view, and building on our feedback above, the Guidelines would be improved by specific detail on concepts including Health in All Policies[17], principles from the Ottawa Charter for Health Promotion[18] and the Social and Structural Determinants of Health[19], especially economic wellbeing (per our response to Q9).

Specific feedback on the Guidelines sections:

'Build and sustain relational not transactional partnerships'- This takes time and resourcing and the guidelines need to outline an approach to supporting staff with adequate resourcing to do this. In particular, if there is a reliance on community-organisations or individual community connectors to achieve engagement, there needs to be adequate remuneration to support their participation. '*Develop a detailed understanding of the context'* - The Guidelines must include building an understanding of systems as a part of the context. *'Seek & support diverse engagement participation'* - For diverse engagement, changing the language to 'hardly reached' is a first important step per our response to Q9. *'Meeting people in their place'* - AHPA wholly concurs with the importance of this principle however we are not sure what tactics would implement inclusive and respectful engagement as the Strategy currently stands. More detail on this point is needed, and AHPA is open to dialogue.

12 HELP Toolkit - Do you think the Toolkit will be easy to use? Do you think the Toolkit will help policy-makers better engage consumers in policy-making? Do you have anything else to add?
Not at all. We think the Toolkit will help policy makers better engage consumers in policy making very little. The Toolkit needs to provide support for engagement at all levels of organisations/departments – across all levels of

[14] Justice Connect. *Guide to Consumer Representative Payments: A Guide for Community Organisations.* (2022). https://content.nfplaw.org.au/wp-content/uploads/2023/05/Payments-to-consumer-representatives.pdf.
[15] "Lump Sums While on Income Support." 2021, https://www.servicesaustralia.gov.au/lump-sums-while-income-support?context=51411.
[16] "Honorariums." 2017, https://www.ato.gov.au/Non-profit/Types-of-Not-for-profit-workers/Not-for-profit-volunteers/Paying-volunteers/Honorariums/.
[17] Baum, Fran, Toni Delany-Crowe, Colin MacDougall, Angela Lawless, Helen Van Eyk, and Carmel Williams. "Ideas, Actors and Institutions: Lessons from South Australian Health in All Policies on What Encourages Other Sectors' Involvement." *BMC public health* 17, no. 1 (2017): 811-11. https://doi.org/10.1186/s12889-017-4821-7.
[18] World Health Organization. *Ottawa Charter for Health Promotion, 1986* (World Health Organization. Regional Office for Europe., 1986).
[19] World Health Organization, and Commission on Social Determinants of Health. *Closing the Gap in a Generation: Health Equity through Action on the Social Determinants of Health: Commission on Social Determinants of Health Final Report.* (World Health Organization, 2008). https://www.who.int/publications/i/item/WHO-IER-CSDH-08.1.

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government and other health and non-government organisations. This includes supporting leaders as well as officers to embed the time, trust and resources required for engagement into the policy cycle. As mentioned above, AHPA's viewpoint (and the experience of our membership who work in health promoting settings) is that a Toolkit needs to contain practical tools such as examples of how to write EOIs, Invitations, consumer orientation packs, TORs, how to run a forum, etc. There are examples that are being appropriated by our membership for their professional practice that could be tailored to preventive health and health promotion policy settings e.g., The Voice of Consumers in Home Care: A Practical Guide[20] .

The Toolkit currently reads as a repetition of the Strategy, which we realise is because the Strategy and the Toolkit are under development. AHPA is grateful for the opportunity to have input on the shape of the Toolkit. Other more specific points are as follows: The Factsheet, *'build and sustain relational not transactional partnerships'* describes allocating a budget for remuneration and that this is recommended to demonstrate the value of participation. We note that the word value has connotations of a commercialised asset and suggest this be reconsidered (other terms might be 'recognition of contribution'). Furthermore, as mentioned in response to Q9, there is no detail about the practicalities and barriers to paying remuneration or honorariums to volunteers. National leadership on this topic is required, and AHPA hopes this will be considered as part of the Strategy development process. The Strategy states it is consistent with IAP2 within the Strategy. It would also be good to name the IAP2 Spectrum of Public Participation[21] language and the promises of participation within the Toolkit . For example, we suggest the Toolkit link the 'engagement approaches' with the IAP2 Spectrum of Public Participation and policy cycle, e.g. for collaboratively co-designing policy, consulting for policy testing, or sharing decision-making power during problem definition. As well as the IAP2 Core Values[22] as a promise to the public for their participation (e.g., 'that those who are affected by a decision have a right to be involved in the decision-making process' and 'the promise that the public's contribution will influence the decision'). As previously stated, AHPA is aware of excellent examples of Toolkits in jurisdictions across Australia. We have provided examples in our response to Q15 and call on the government to include elements of these existing toolkits into this Strategy and Toolkit.

13 Are you supportive of the overall purpose and objectives of the Strategy? Please specify proposed changes.
Yes, with proposed changes. Overall, AHPA supports the need for consumer (and 'citizen') engagement to improve preventive health policy and program design, implementation and evaluation. This is especially so when focusing on improving health outcomes with Aboriginal and Torres Strait Islander peoples and those hardly reached by current services. Preventive health policy and programs will not be successful or maximise use of resources without understanding the cultural and social nuances, intergenerational impacts and broader determinants impacting these individuals, families and communities.

The current wording focuses on mobilising communitities to participate. However, often the barriers are experienced at the level of *how* organisations engage (approaches to engagement, processes and logistics of engagement, etc). AHPA's view and the experiences of our membership are that preventive health needs to ensure the social determinants of participation are considered and accounted for. The same applied to the systems within which we ask people to work with us; recognising that health systems are social determinants[23] . The Strategy, as it stands, assumes that there is internal buy-in, trust and commitment to providing time and resources for consumer engagement within organisations. Our suggestion is that the purpose be changed to reflect the onus on the policy maker to develop systems and approaches that support engagement and then the fundamentals and good practice guidelines can be used by organisations to undertake consumer (citizen) engagement.

[20] COTA Australia. *The Voice of Consumers in Home Care: A Practical Guide.* (2016). https://cota.org.au/publication/the-voice-consumers-in-home-care-guide/.
[21] "IAP2 Spectrum of Public Participation." n.d., https://iap2.org.au/resources/spectrum/.
[22] "IAP2 Core Values." n.d., https://www.iap2.org.au/about-us/about-iap2-australasia/core-values/.

[23] World Health Organization, and Commission on Social Determinants of Health. *Closing the Gap in a Generation: Health Equity through Action on the Social Determinants of Health: Commission on Social Determinants of Health Final Report.* (World Health Organization, 2008). https://www.who.int/publications/i/item/WHO-IER-CSDH-08.1.

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15 Are there any other engagement approaches that you have found helpful and effective?
AHPA members have found the following approaches useful in previous work:

- IAP2 Engagement Spectrum[24]
- IAP2 Core Values[25]
- Capire Consulting Engagement Triangle[26] (Victoria) (focuses on the purpose of engagement being to inform decisions as well as share learnings/build capacity and build relationships)
- Health Consumers SA
- Consumer Health Forum's 'Good Practice Guidelines'
- NSW Health's 'All of Us'[27]
- COTA - The Voice of Consumers in Home Care: A Practical Guide[28]
- Local government across Australia (good examples of engagement influencing policy)
- Health Consumers Council of Western Australia[29]
- National Mental Health Commission - Lived Experience (Peer) Workforce Guidelines[30]
- Government of Western Australia, Mental Health Commission – Working Together: Mental Health and Alcohol and Other Drug Engagement Framework 2018-2025[31]

16 Do you have any other comments or suggestions?
The Australian Health Promotion Association (AHPA®) is encouraged by this Government investment in bringing consumer's voices into policy and practice. It is important to support consumers to exercise their right to participation and the commitment to a Strategy and Toolkit is a step towards enabling this. We are pleased to see health literacy is referred to in the Strategy and Toolkit. The Health Promotion Journal of Australia has a Special Issue on Equity and Health Literacy which provides key findings and practical examples of local, relevant health equity and health promotion ideas which could be embedded in the Strategy and Toolkit. This free and open access Special Edition can be accessed here:
https://onlinelibrary.wiley.com/page/journal/22011617/special_issue_equity_and_health_literacy[32]

We acknowledge the purpose of the Strategy is not to provide an overview of the philosophy of consumer engagement but rather, the Strategy proposes to achieve a Toolkit for policy makers in 'how to' undertake consumer engagement – noting our points at the beginning of the submission that this is not currently clear in the Strategy. AHPA is eager to contribute ideas to what we feel the Strategy needs to include in order to provide such a Toolkit. Currently the Strategy is weighted to the principles of consumer engagement, rather than to the practicalities. To recap our submission, in our view, currently missing is how the user can operationalise the consumer engagement approach and guidance on the practicalities of implementing this into health systems where policy is developed. AHPA's viewpoint from experience is that for the Strategy to be successful, it will be necessary to make the document practical for the user by including options / tools / how to / templates etc. to provide practical guidance to implementation.

[24] "IAP2 Spectrum of Public Participation." n.d., https://iap2.org.au/resources/spectrum/.
[25] "IAP2 Core Values." n.d., https://www.iap2.org.au/about-us/about-iap2-australasia/core-values/.
[26] "Capire Engagement Triangle 2022." 2022, https://capire.com.au/publications/capire-engagement-triangle-2022/.
[27] "All of Us: A Guide to Engaging Consumers, Carers and Communities across Nsw Health.", 2023, https://www.health.nsw.gov.au/patients/experience/all-of-us/Pages/default.aspx.
[28] COTA Australia. *The Voice of Consumers in Home Care: A Practical Guide.* (2016). https://cota.org.au/publication/the-voice-consumers-in-home-care-guide/.
[29] Health Consumers' Council. *Engagement Policy & Procedure.* (2021). https://www.hconc.org.au/wp-content/uploads/2021/08/SAA_05_CCE_Engagement-Policy-July-2021-v2.1.pdf.
[30] "Lived Experience Workforce Guidelines." n.d., https://www.mentalhealthcommission.gov.au/lived-experience/lived-experience-workforces/peer-experience-workforce-guidelines.
[31] Western Australia Mental Health Commission. *Working Together: Mental Health and Alcohol and Other Drug Engagement Framework 2018 - 2025.* https://www.mhc.wa.gov.au/media/2532/170876-menheac-engagement-framework-web.pdf.
[32] "Special Issue on Equity and Health Literacy." https://onlinelibrary.wiley.com/page/journal/22011617/special_issue_equity_and_health_literacy.

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Some questions for consideration:
- How will the Strategy be evaluated?
- How can we test that co-design principles are working?
- Is the experience satisfactory to the consumer?
- How do we know engagement is increasing?
- What can be done with the consumer feedback (and how), specifically, what role will it play in future policy engagement?

These questions and a 'roadmap' for answering them, is currently not addressed by the Strategy, but AHPA welcomes such a roadmap.