



University of  
South Australia

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# Engaging baby boomers with policy makers

*Results of a systematic review  
and proposed consumer engagement framework*

**Prepared for:**

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## Introduction

### Background

Consumer engagement has been recognised as a fundamental component of health service delivery and policy development in the Australian health sector (Gregory 2007). Consumer engagement refers to the active participation of health consumers in their own healthcare and in health policy planning, service delivery and evaluation at service and agency levels (SA Health 2013). Involvement of consumers in planning of health care policies can lead to more accessible and acceptable health services, and improve health and quality of life (Nilsen et al 2013). It can also have a significant positive impact on the quality and safety of health care and can lead to improved health outcomes and more equitable service provision (BNPCA 2003).

The Department of Health in South Australia is committed to ensuring consumer and community engagement in healthcare decisions, and values the positive contributions consumers and the community make in improving health care service quality, equity and management. It is important that there are mechanisms in place to actively engage with consumers in order to identify their needs and also develop appropriate services.

Given the rapid ageing of Australia's population, engaging the baby boomers in health policy making is critical to implementing health policies related to ageing. A baby boomer is a person between 1946 and 1964. Baby boomers will be the greatest consumers of health care services in the coming decades. This generation, therefore, is expected to increasingly shape the wider health policies, making it important to understand their values, perspectives and attitudes which drive their decision making and health consumption patterns. For health systems to effectively manage increased demands for services, a much clearer understanding of the unique characteristics of these consumers is necessary. Creating strategies to engage boomers may require a whole different approach and strategy.

A key question confronting the Office for the Ageing is how to engage effectively with baby boomers on health issues related to ageing. The Office is committed to ensuring the methods and practice of consumer engagement, particularly baby boomers, is guided by current best practice.

### Review questions

This rapid review aimed to address the following questions:

1. What approaches or strategies have been used by policy makers to effectively engage baby boomers on issues related to ageing?
2. What outcomes have been reported for these strategies or approaches?
3. What are the barriers to effective engagement of baby boomers with policy makers?
4. What strategies or incentives can be used to ensure that boomers become engaged with policy makers?

## Methodology

<p><b>Approach</b></p>	<p>A rapid review of the published and grey literature was proposed to provide a synthesis of the available research evidence on effective approaches to engaging baby boomers with policy makers. Baby boomers are people who are born between 1946 and 1965.</p> <p>As with any rapid reviews, the evidence base for this review was initially limited to secondary research designs (e.g. systematic reviews) as they are considered ‘best evidence’ for providing evidence of effectiveness; however, in the absence of such, primary research will be considered.</p> <p>An initial scoping search was undertaken and revealed that there were not likely to be relevant systematic reviews or other secondary research studies available to address the review questions. Therefore, the search strategy was modified to include other sources of evidence.</p>
<p><b>Criteria for including articles in the review</b></p>	<p>The following inclusion criteria were applied:</p> <ul style="list-style-type: none"> <li>• Articles which described any form of engagement between baby boomers and health policy makers</li> <li>• Peer-reviewed journal articles including literature reviews, experimental studies, observational studies, case studies, commentaries, discussion papers, and concept papers; grey literature was also considered</li> <li>• English articles published in the past ten years</li> </ul> <p>Conference abstracts were not considered.</p>
<p><b>Databases</b></p>	<p>CINAHL, Embase, Medline, Informit health, PsychInfo, Scopus, Web of Science, Academic Search Premier, Business Source Complete, Ageline AMED, Google</p>
<p><b>Key words</b></p>	<p>A combination of search terms was used across all databases to identify relevant articles.</p> <p>Concept 1: baby boomer or boomer or consumer or golden boomers or generation Jones or alpha boomers or yuppies or zoomers or cuspers          Concept 2: policy mak* [truncated to capture policy maker/s and policy making]          Concept 3: consultation or engagement or partnership or participation or involvement</p>
<p><b>Selection of articles for the review</b></p>	<p>The titles generated by the above search strategy were scanned to identify potentially relevant articles and where titles did not allow determination of relevance to the topic, abstracts were reviewed. Full text copies of eligible articles (based on title and abstract scan) were retrieved for full examination, and examined against the inclusion criteria.</p>
<p><b>Critical appraisal</b></p>	<p>The AMSTAR (Assessment of Multiple Systematic Reviews) tool (Shea et al 2007) was proposed for the methodological quality assessment of secondary research studies and the McMaster Critical Appraisal Tools (Law et al 1998; Letts et al 2007) for primary studies (e.g. experimental</p>

**Data extraction and  
synthesis**

and observational studies). Non-empirical articles such as commentaries, discussion papers, technical reports and concept papers, did not have to be appraised.

iCAHE intended to extract the following data domains from included articles:

- Type of evidence (e.g. systematic review, discussion paper)
- Setting/geographical origin of the article
- Aim of the article/study
- Barriers
- Components of the engagement strategy (e.g. mode)
- Outcomes measured
- Results/findings

A narrative synthesis of findings from individual studies was proposed.

## Results

### Search results

A total of 3506 results were found in the search, 3500 from the peer reviewed databases and a further 6 from the grey literature searching. Of these 839 were removed as duplicate articles, leaving a total of 2667 unique articles. The title and abstract of all articles were scanned for relevance to the inclusion criteria, leading to the further exclusion of 2582 articles. The remaining 85 potentially relevant articles were retrieved for full text perusal. No articles or reports were found that were relevant to the research questions. Reasons for exclusion are shown in the figure below.

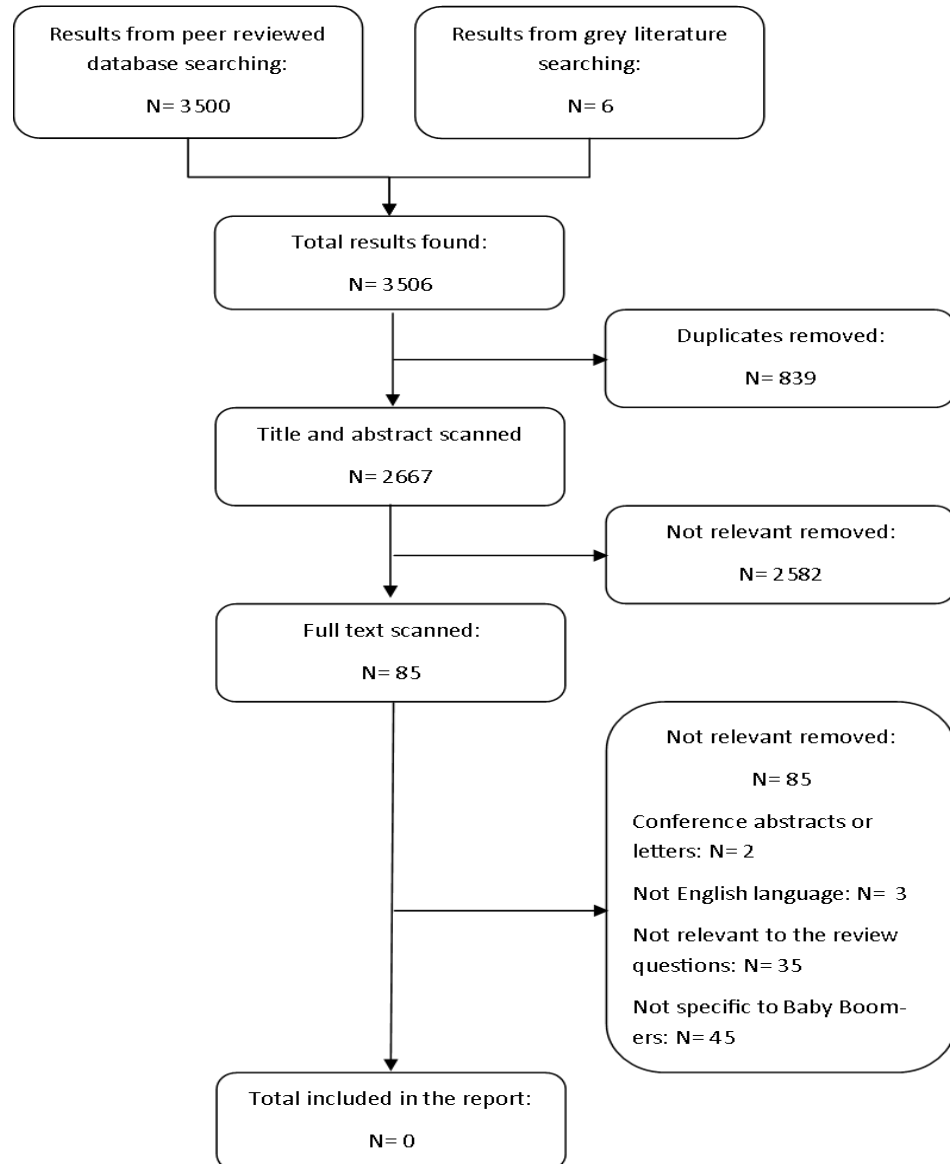


Figure 1 Flowchart of search results

### Key findings

No study was found that met the inclusion criteria and thus no good evidence available at the moment to allow reviewers to address the review questions.

## Comment: Baby boomer engagement challenge and opportunity

### Challenge and opportunity

The lack of quality evidence to inform the engagement of baby boomers in consultations related to ageing issues presents a challenge to policy makers, service providers and consumer representatives. The concept of ‘baby boomers’ as a significant cohort for policy makers – and researchers – is relatively new; policy makers cannot wait for the literature to catch up to the current need to engage with this population.

This challenge provides an opportunity for OftA – and iCAHE, to build and lead evidence-based practice in this area.

iCAHE staff have undertaken an initial scan of the literature related to consumer engagement, with a focus on health consumer engagement literature. A broader look at engagement models in civil society, across the sectors, could be part of future work.

### WHO, WHAT, WHY Framing the question for consumer engagement

When engaging with consumers, policy makers need to frame the questions for which they are seeking answers and comments. Using a standard and proven framework for framing questions enables:

- clarity when inviting consumers to contribute
- consistency in recording and reporting on engagement outcomes
- alignment with any literature search results
- comparability with other consumer engagement activities and outcomes.

The PIO is an effective and commonly used question-forming framework.

Table 1 PIO framework

	What it means	Example
<b>P</b>	<b>Population</b> (i.e. consumers) <i>‘Who are you engaging with? What are their characteristics?’</i>	<i>Baby boomers</i>
<b>I</b>	<b>Intervention</b> (i.e. scope of interest) <i>‘What potential policy/strategy do you want consumers to engage with?’</i>	<i>Government subsidisation of internet access</i>
<b>O</b>	<b>Outcome</b> <i>‘What are the relevant outcomes?’</i>	<i>Views and perspectives of baby boomers; guiding principles</i>

*Sample question: What are the views and perspectives of baby boomers on the issue of internet access being subsidised by the government?*

**HOW TO DO IT**  
Draft Consumer Engagement Model

Having framed a quality question, policy makers can then consider how to go about engaging consumers.

The health consumer literature scan has informed a draft Consumer Engagement Model (shown in Figure 2) and summary research guidance to inform consumer engagement planning in general, and with baby boomers in particular.

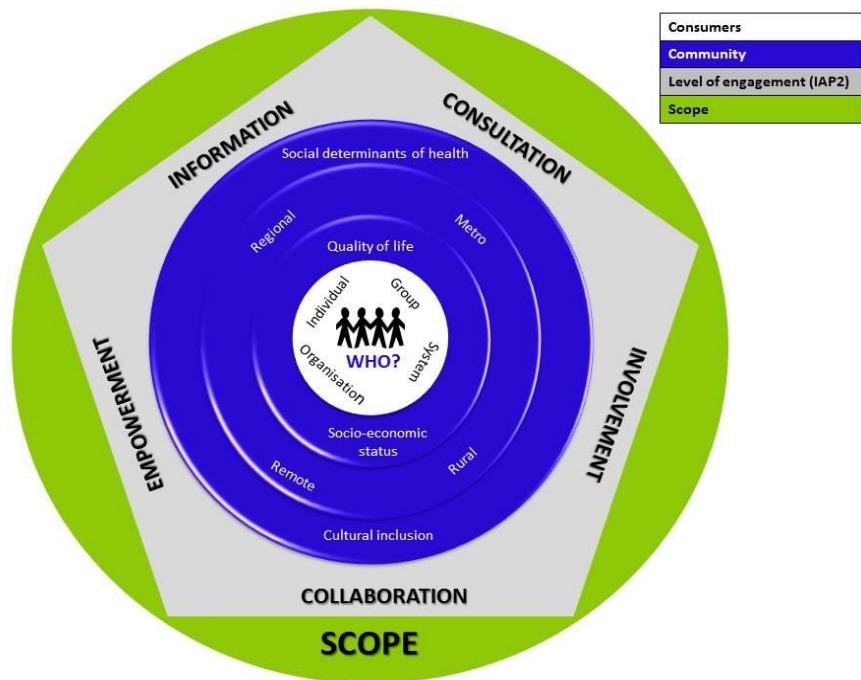


Figure 2 Consumer Engagement Model (draft August 2014)

**Components of the Consumer Engagement Model**

**Consumers:** The people (population segment) with whom we engage: as individuals, groups, via an organisation or systemically  
*For example, baby boomers*

**Community:** The communities with whom we want to engage  
*For example, remote, low SES communities*

**Level:** The level of consultation, as described in the International Association of Public Participation (IAP2) Public Participation Spectrum  
*For example, 'involvement' i.e. 'working directly with our target consumers and communities to ensure their concerns and aspirations are consistently understood, considered and reported back to show options identified, action taken and the impact of the consumers/communities' engagement'*

**Scope:** The sector or setting to which the question is relevant  
*For example, financially subsidising internet access is of relevance to a number of sectors including community and social services*



**HOW MUCH TO DO***Breadth and depth*  
(Research guidance)

Once we have framed our question, and decided on the consumers and communities we plan to target, at what level, and with what scope, we can draw on statistical 'rules' to determine:

- How many consumers to engage (breadth) – quantitative approaches
- More extensive engagement (depth) – qualitative approaches.

It is not practical, feasible nor necessary to engage the whole consumer population to inform policy: the challenge is to have a statistically sound reason for the number of consumers we engage (breadth). In addition, generally policy makers want to ensure that, in targeting consumers and communities, they engage with priority groups, for example vulnerable communities and/or those for whom a policy might unintentionally create additional disadvantage (depth).

***Statistical rules guiding decisions about breadth and depth: precision and stratification***

**Precision:** Statistical precision is defined as the closeness with which the sample can be expected to approximate the relevant population value. In using questionnaires, the level of precision is often expressed in percentage points. For example, if 50% of the baby boomers agreed that internet access should be subsidised by the government with a precision rate of 5%, then we can conclude that between 45% and 55% of the baby boomers in the population will have agreed to the process.

The level of precision must be assumed and justified. Increasing the level of precision will result in an increase in the sample size. For example, assuming that the number of baby boomers is greater than 100,000, having a level of precision of 3%, 5%, 7% and 10% will require sample sizes of 1111, 400, 204 and 100.

When administering a survey, for example, the response rate of giving questionnaires must also be incorporated in the calculation. If we have a calculated sample size of 400 and the anticipated response rate for the questionnaire is 60%, the sample size needs to be inflated to accommodate the non-response: to be able to ensure 400 responses are obtained, the questionnaire should be given to at least 670 respondents. The sample is usually inflated by 10% more to account for missing or incomplete data. Thus, the questionnaire should be given to at least 747 respondents.

**Stratification:** In calculating for sample size, the consideration (stratification) of respondents' characteristics may also be included. The more characteristics a policy maker includes in their description of consumers and communities (the 'P' in PIO), the bigger the sample size needs to be to capture a meaningful picture of people with each of those characteristics. Limiting the number of consumer and community characteristics lessens the sample size required.

**HOW MUCH TO DO**  
*Practical  
considerations*

Obtaining an adequate number of consumers may provide the breadth of information required by policy makers, however, in itself may not be sufficient to provide a comprehensive understanding of the issue of interest. A focus group approach can be used to engage in depth.

Focus groups are particularly useful when the aim is to explore consumers' perspectives, capitalising on the interaction between and among participants to stimulate and refine thoughts and perspectives. It provides the opportunity to derive a collective perspective and validate ideas amongst participants. Three to four focus groups are usually sufficient to facilitate emergence of patterns and themes between and across groups. Sufficient focus groups have been conducted when data saturation has been achieved, i.e. when additional information no longer generates new understanding.

Often a semi-structured focus group interview is undertaken, with each group consisting of eight to ten participants. A set of broad questions is developed and used to prompt participants as they explore the issues.

Policy makers may decide they want to explicitly engage with particular individuals, groups or organisations. In planning the consumer engagement process, policy makers will need to negotiate whether they engage via 'like' or mixed focus groups.

Operationalising the Consumer Engagement Plan then requires consideration by policy makers of practical issues. Human and other resources are frequently limited and time constraints may be imposed. Policy makers may undertake a risk assessment when deciding which aspects of the plan to prioritise and the potential consequences of not achieving genuine consumer engagement. The Consumer Engagement Plan provides an important tool to enable policy makers to inform management about why the recommended consumer engagement strategies should, must or need not occur and the scope and limits of what can be claimed based on the consumer engagement that is actually undertaken.

Once a decision is made to operationalise the Consumer Engagement Plan, policy makers may face the challenge of contacting and contracting with consumers to make it happen. Different outcomes are likely dependent on who communicates the consumer engagement invitation, the author, authority, form and format of the communication and the accessibility and relevance of the engagement options offered.

Unless consumer engagement is part of the routine work of the organisation, it is likely communications with consumers will need to occur with and through community, cultural and consumer organisations whose everyday business involves established trusted relationships with consumers.

## Summary

To develop an evidence-based Consumer Engagement Plan, it is recommended that policy makers:

1. **Design** the policy question for consumer engagement, and any associated literature review, using a framework such as the PIO
2. **Use** the Consumer Engagement Model to determine:
  - Consumer segment
  - Targeted communities
  - Level of engagement
  - Scope of engagement
3. **Determine** minimum breadth and depth of engagement to ensure the targeted consumers and communities have been genuinely engaged
4. **Address** practical implications, assess risk and develop strategic partnerships to ensure the Plan is evidence-based, reasonable and achievable.

This model and process provides a framework for planning consumer engagement and for implementation, monitoring, evaluation and review of consumer engagement for policy excellence.

## Where to next...

### WHERE TO NEXT

#### *Proposed steps*

iCAHE is proposing to undertake the following, within existing resources:

1. Validate the model with:
  - Up to five key organisational OftA partners
  - Additional key informants from Consumers Health Forum Australia and Health Consumers Alliance South Australia
2. Populate the model with examples of practice-based strategies
3. Revise the model accordingly and present this, with sample strategies relevant to baby boomers.

With additional resources, iCAHE would be keen to investigate the potential to operationalise and test the model with a view to developing principles and practical examples to inform and support state-wide implementation.

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