

## Case Study: TALK ABOUT – gaining community insights to improve the primary care system.

Darling Downs and West Moreton Primary Health Network (PHN)'s TALK ABOUT campaign engages with community



### Highlights at a glance

#### State what is unique or innovative

- Darling Downs and West Moreton PHN's TALK ABOUT initiative is an ongoing engagement project that facilitates the valuable role of community input, advice and recommendation into the primary healthcare commissioning process.
- The innovative model was originally introduced in early 2020 to add value and complexity to the PHN's Health Needs Assessment publication. In the three years since, the PHN has engaged the community on 14 health topics and has heard from over 2,200 people.
- TALK ABOUT is entirely created, owned and led by Darling Downs and West Moreton PHN.

#### Identify organisation, sector and geographical location

- Darling Downs and West Moreton PHN (the PHN) is one of 31 Primary Health Networks in Australia commissioned by the federal government to improve primary care delivery.
- The PHN covers the Darling Downs and West Moreton region of Queensland, which is home to approximately 600,000 people living across urban, rural and remote localities.

#### State engagement objectives, purpose and scope

- TALK ABOUT is run region-wide and aims to reach a diverse range of community members to inform the PHN's local health intelligence and the shaping of effective, accessible and high-quality health services.
- Every three months, the topic is renewed to provide coverage across the health system. Each topic includes both an online survey and a series of Kitchen Table Discussions.
- This format has been developed to maximise reach within the community with the goal of engaging with people in priority health populations who may have reduced trust in the system or low levels of access due to factors such as travel cost, internet access or disability access requirements.

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- The online surveys are short, anonymous, and designed to gather insights around ‘what is working well’ and ‘what could be done better’. The Kitchen Table Discussions are facilitated by community hosts without the presence of a PHN staff member to ensure participants feel safe to share their experiences, ideas and advice.

### **State spectrum level**

TALK ABOUT engages the community on ‘involve’ and ‘collaborate’ levels. The concerns and aspirations of community members shared via TALK ABOUT are consistently included in the commissioning planning and decision-making process. Where possible, the PHN increases this level of engagement by seeking additional input on specific projects or decisions. This further level of engagement is facilitated through co-design groups, community engagement sessions and experience of service research surveys.

### **Three key outcomes showing impact of engagement:**

The key outcomes that demonstrate the impact of TALK ABOUT are:

1. Improved commissioning: the design of services and the commissioning of providers is always informed by the community input on relevant health topics.
2. Complexity and depth of PHN Health Needs Assessment: TALK ABOUT insights are included throughout the Health Needs Assessment. The Health Needs Assessment is also shared with health system partner organisations.
3. Shared insights with primary healthcare providers – e.g. sharing community concerns with local GPs to equip them to have the right conversations.

### **Three key engagement takeaways:**

The key engagement takeaways from TALK ABOUT differ between health topics; however, some key themes and learnings have been discovered.

1. People want to share their experiences but are rarely asked.
2. People want to have choices about their healthcare.
3. Culturally safe healthcare is valued across all areas of health.

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**Key search words:** Sector and industry, engagement objective, main engagement method, spectrum level

*Not-for-Profit, health services, primary healthcare commissioning, survey, kitchen table discussion, involve, collaborate*

## 1.0 Objectives

Darling Downs and West Moreton PHN (the PHN) is one of 31 Primary Health Networks in Australia commissioned by the federal government to improve primary care delivery. The PHN is a commissioner of health services and also provides support to primary care (i.e. general practice and allied health) to support the delivery of a strong and coordinated primary care system in the region.

The PHN covers the Darling Downs and West Moreton region of Queensland, which is home to approximately 600,000 people living across urban, rural and remote localities.

As a commissioner of health services, the PHN values public engagement, along with analysis of health and population data, to build strong local intelligence on the region. The PHN uses TALK ABOUT to inform many complex decisions, including the design of services, distribution of funding across locations, health conditions or groups, selection of service providers and education and awareness campaigns in partnership with local primary care professionals.

TALK ABOUT is run region-wide and aims to reach a diverse range of community members on a wide range of primary healthcare-related topics. The innovative model was originally introduced in early 2020 to add value and complexity to the PHN's Health Needs Assessment publication. In the three years since, the PHN has engaged the community on 14 health topics and has heard from over 2,200 people. The topics that have been covered have included Mums, Bubs and Kids, Aboriginal and Torres Strait Islander Health, Digital Health, Allied Healthcare, Alcohol and Other Drugs, Mental Health and Chronic Conditions.

Each topic includes both an online survey and a series of Kitchen Table Discussions. This format has been developed to maximise reach within the community with the goal of engaging with people in priority health populations who may have reduced trust in the system or low levels of access due to factors such as travel cost, internet access or disability access requirements.

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- **TALK ABOUT is run by Darling Downs and West Moreton PHN.**
- **It covers the whole Darling Downs and West Moreton PHN region in Queensland.**
- **The purpose is to engage community within the commission process by providing their experiences and advice on what is working well and what could be done better.**
- **TALK ABOUT runs four topics per year, with a six-week online survey and series of Kitchen Table Discussions per topic.**
- **TALK ABOUT insights inform almost all strategies and campaigns developed by the PHN.**
- **TALK ABOUT is not legislatively required.**

The online surveys are short, anonymous, and designed to gather insights around 'what is working well' and 'what could be done better'. The Kitchen Table Discussions are facilitated by community hosts without the presence of a PHN staff member to ensure participants feel safe to share their experiences, ideas and advice. The PHN takes on feedback via social media, survey responses and Kitchen Table Discussions to continuously refine and improve the ongoing campaign.

These topics have all individually received a range of sentiment from engaged to outraged. The PHN also collects information on postcode and general demographics (e.g. Aboriginal and Torres Strait islander, CALD, LGBTIQA+ etc.) to provide insight into the views of specific groups. The PHN takes on the advice and recommendations from both the surveys and Kitchen Table Discussions to inform decision-making at all levels. In some cases, the design of services is prescribed by the federal government or other bodies, which limits the application of TALK ABOUT feedback; however, the PHN always applies TALK ABOUT information to the maximum extent possible.

An example of this was the 2022 launch Feel Well, Live Well – a joint health strategy the PHN developed with the local Health and Hospital Service to strengthen the delivery of coordinated healthcare for older persons. The actions of this strategy were created in consideration of the feedback from the 'Care for Older Australians' TALK ABOUT topic.

More recently, the Digital Health TALK ABOUT campaign is being used to develop an upcoming resource-driven campaign to help bridge the knowledge gap between GPs and their patients to increase adoption of electronic prescriptions that make medicines safer and easier to manage.

To support awareness and engagement levels within the community, the PHN creates a comprehensive suite of communications resources. Each topic is established with a Primer, which lays out 'what we know' and the overview of the new topic. The topic is then distributed to over 2,000 contacts via EDM, Facebook, LinkedIn, the PHN website and through our Community Advisory Councils and Clinical Council. Marketing materials are also provided, including social media and newsletter tiles, key messaging, sharing guidance and flyers. The feedback loop is completed for each topic with a 'What we heard' document published via the website, social media and newsletters, and updates to the Health Needs Assessment.

TALK ABOUT is entirely created, owned and run by the PHN and is not a legislatively required engagement activity.

## 2.0 Methodology

- **Outline project governance model and engagement program (including input from participants as applicable)**

TALK ABOUT is led by the PHN's Communications and Stakeholder Engagement Team with overview of the Clinical Council, Executive Leadership Team, Board of Directors, and subject matter experts within the organisation who differ for each topic. The Community Advisory Councils (one in Darling Downs and West Moreton) are also engaged with the process to distribute it within their communities and provide additional suggestions and recommendations about topics and distribution.

The PHN uses general community recommendation to adjust the ongoing distribution of topics to continuously improve the reach and effectiveness of the initiative. This has resulted in the standard production of marketing materials and increased digital promotion on social media.

- **Describe engagement methods and delivery, sequencing, and anticipated participation levels/targets (and display as applicable)**

Each TALK ABOUT topic is run with a consistent schedule and process. The questions for the survey and Kitchen Table Discussion are first discussed and selected within an internal working group with consideration of previous engagement on the topic, related projects/strategies and contextual factors, such as service or funding changes or prominent community issues.

The PHN then reviews existing data on the topic to produce a Primer flyer for distribution, which launches the online survey. The online survey is promoted and open for a period of six weeks.

The survey is promoted via:

- EDM
- Facebook, LinkedIn and Twitter
- PHN website
- PHN newsletters
- Media release
- Letters to PHN Community Advisory Committees, Clinical Council and local politicians
- Internal staff awareness.

The PHN also distributes the following material materials to support third party marketing:

- Key messaging
- Sharing guidance
- Social media and newsletter tiles.

The performance of the campaign is tracked by UTM URLS, which support the ongoing improvement of marketing approaches.

Over the years, the participation levels have increased significantly. The first ever topic – Mums, Bubs and Kids – received 53 community member responses and 14 health professional responses. The most recent topic – Digital Health Awareness – received responses from 123 community members and 34 health professionals.

During the same six-week period, a series of between four and ten Kitchen Table Discussions and Yarning Circles are held across the region. Each Kitchen Table Discussion/Yarning Circle is attended by four to ten participants. The PHN engages the services of Health Consumers Queensland to coordinate and book the hosts for these discussions, and provide a comprehensive report of discussions, outcomes and recommendations.

The discussions are held within the homes or community spaces of the host who takes responsibility for finding the participants and organising the session. Hosts and participants are both paid for their time by the PHN, via Health Consumers Queensland. The Kitchen Table Discussions and Yarning Circles are specifically designed to be psychologically and culturally safe, with additional measures, such as support contacts and modified questions, where needed. Each series of discussions includes a diversity of groups, including Aboriginal and Torres Strait Islander people, older and younger persons and CALD community members.

- **Outline the enabling factors/conditions and how participation was supported to ensure inclusion**

The dual approach of TALK ABOUT – with an online survey and in-person discussions – increases the inclusion and diversity of the engagement received. The PHN listens to the advice of community and tracks performance of the marketing approach to ensure each topic maximises reach into relevant communities. The online survey relies on internet access, which is a barrier, but encouragement and support are provided via community services providers and the Community Advisory Councils to complete the survey. The survey also encourages carers to complete the survey where they may not have been the end user of the service but can still provide useful insight and recommendation to the PHN.

The Kitchen Table Discussions and Yarning Circles are specifically designed to be psychologically and culturally safe, with additional measures, such as support contacts and modified questions, where needed. Each series of discussions includes a diversity of groups, including Aboriginal and Torres Strait Islander people, older and younger persons and CALD community members.

- **Describe data collection tools**

Data is collected via the survey, which is hosted on Jotform, and the report provided by Health Consumers Queensland. The data collected through TALK ABOUT is processed by health data analysts employed at the PHN and is then prepared for the What We Heard document (featured in image below) and the PHN Health Needs Assessment.

Links to outcome documents:

- [What We Heard Flyers](#)
- [PHN Health Needs Assessment.](#)

### **Outline resources, such as budget, timeframe, internal delivery and contracted support.**

TALK ABOUT is developed and run in-house by the PHN, with the exception of Health Consumers Queensland for the Kitchen Table Discussions as contracted support. There is a small budget of a few hundred dollars for the geo-targeted Facebook Ads to promote the online survey.

All marketing and communications resources are developed by the Communications team. The timeframe for each TALK ABOUT topic is approximately two weeks preparation, a six-week engagement period and then three to four weeks to review the outcomes and publish the final What We Heard document and update the Health Needs Assessment.

### **Image of key methods and outcomes:**



## Alignment with IAP2 Core Values for the practice of public participation

IAP2 Core Values	Example of how this was considered in the design of your project methodology
1. Public participation is based on the belief that those who are affected by a decision have a right to be involved in the decision-making process	Each person should be empowered and informed to guide their own healthcare. TALK ABOUT specifically targets those who have experienced services relevant to each topic, i.e. Chronic Conditions or Mental Health services, to ask 'What is working well' and 'What could be done better'.
2. Public participation includes the promise that the public's contribution will influence the decision	TALK ABOUT is fundamental to the PHN's Commissioning Framework, which ensures the public contribution is considered in all commissioning decisions at the PHN.
3. Public participation promotes sustainable decisions by recognising and communicating the needs and interests of all participants, including decision-makers	The PHN publishes the <i>What We Heard</i> flyer for every single topic to demonstrate we have listened to the feedback. The PHN does not make decisions solely based on the TALK ABOUT feedback, but always considers it in conjunction with health data and other local intelligence to ensure decisions are sustainable and evidence based.
4. Public participation seeks out and facilitates the involvement of those potentially affected by or interested in a decision	The topic rotation of TALK ABOUT seeks out a broad variety of healthcare experiences. By only focusing on one topic at a time, the PHN



	receives more specific contributions to areas of healthcare.
5. Public participation seeks input from participants in designing how they participate	The PHN listens to feedback about what questions the public liked or disliked, or what they think of distribution methods and adjusts future campaigns as required.
6. Public participation provides participants with the information they need to participate in a meaningful way	The PHN publishes a Primer and includes a brief outline of the topic to ensure participants understand the scope and level of involvement.
7. Public participation communicates to participants how their input affected the decision	The <i>What We Heard</i> document demonstrates the PHN has listened. Where TALK ABOUT information is included in the thinking behind a campaign, strategy or decision, it is explained within the rationale to the appropriate audience.

**‘TALK ABOUT is key to planning health education and awareness campaigns.’**

**‘Our PHN’s Health Needs Assessment is more insightful and informative with the addition of TALK ABOUT contributions.’**



## Key TALK ABOUT performance metrics

TALK ABOUT has covered **14** health topics:



TALK ABOUT has had over  
**2,000 participants**  
over three years.

Participation has increased by

**134%**

between the first and most  
recent topic  
(67 responses to 157 responses)



**Participants at a Mums, Bubs and Kids Kitchen Table Discussion in 2022.**

**Complete our anonymous survey**  
This survey is completely anonymous and will take less than five minutes to complete. You do not need to have lived experience of alcohol or drug use to complete this survey.

Your residential postcode \*

I am completing this survey as a \*

My age:

Do you identify as any of the following?

**Preview of the current open online survey.**



**Insert photo or image of cover of findings report**

## 3.0 Manage engagement

- Outline the specific challenges (risks and constraints, engagement history if relevant) and describe how you responded to the challenges. Describe if modifications were required to overcome unintended outcomes

TALK ABOUT was developed out of a need to listen directly to community to increase our understanding of health and population data. The PHN was receiving anecdotal feedback from GPs and one-off community contact regarding good and bad healthcare experiences. The TALK ABOUT campaign was developed to create an ongoing and effective feedback mechanism to ensure these valuable insights are captured and implemented within the commissioning and decision-making process.

One of the key constraints of the initiative was low community recognition of the PHN within the community as the PHN mainly functions on a business-to-business level within the primary care system. This issue has been gradually overcome through strong TALK ABOUT campaign branding and support of community and health providers to raise awareness and trust in the initiative.

- **Describe the approach to data collection, management, analysis and generating the findings**

Data is collected via the survey, which is hosted on Jotform, and the report provided by Health Consumers Queensland. All data collected through TALK ABOUT is anonymous (survey) and/or deidentified (Kitchen Table Discussions) for the privacy of participants.

The data collected through TALK ABOUT is processed by health data analysts employed at the PHN and is then prepared for the *What We Heard* document (featured in the link below) and the PHN Health Needs Assessment.

Links to outcome documents:

- [What We Heard Flyers](#)
- [PHN Health Needs Assessment](#)

When data is used to inform a particular strategy, service design or campaign, the public TALK ABOUT contributions are presented with an appropriate level of analysis.

## 4.0 Outcomes, impact and insights

Maximum 700 words for this section

### Reflection and evaluation of engagement

- **Comment on appropriateness and effectiveness of the engagement program, including reach, outputs, outcomes, impact and actual spectrum level or influence**

TALK ABOUT is a highly effective engagement program in terms of informing the PHN's local health intelligence of the region. The model of four topics per year allows the PHN to select areas of healthcare that will be relevant to upcoming business activities, such as strategies and tenders.

TALK ABOUT engages the public on an involve and collaborate level, depending on the nature of the topics and how much ability the PHN has to influence the final design or decision. The following is an example outcome of contributions from a TALK ABOUT topic:

*In 2022, the topic 'Care closer to home' engaged the community on experiences around access to healthcare, a particularly important topic for those living in rural areas. Participants shared their concerns around wait times, the financial cost of travel and the need for increased after-hours access. In the year since, this feedback has helped inform many projects, including the After-Hours Support Program, which has been implemented within many general practices across the region to extend opening hours and reduce waiting times for their patients.*

The reach continues to grow (on average) with each topic. The PHN is developing new methods to harness valuable contributions of TALK ABOUT, such as building a GP campaign to support their patients in areas identified within the TALK ABOUT findings.

- **Outline the evaluation of the engagement undertaken, insights or lessons learned**

The PHN continuously evaluates the outcomes of TALK ABOUT, both in the context of the response and the methodology.

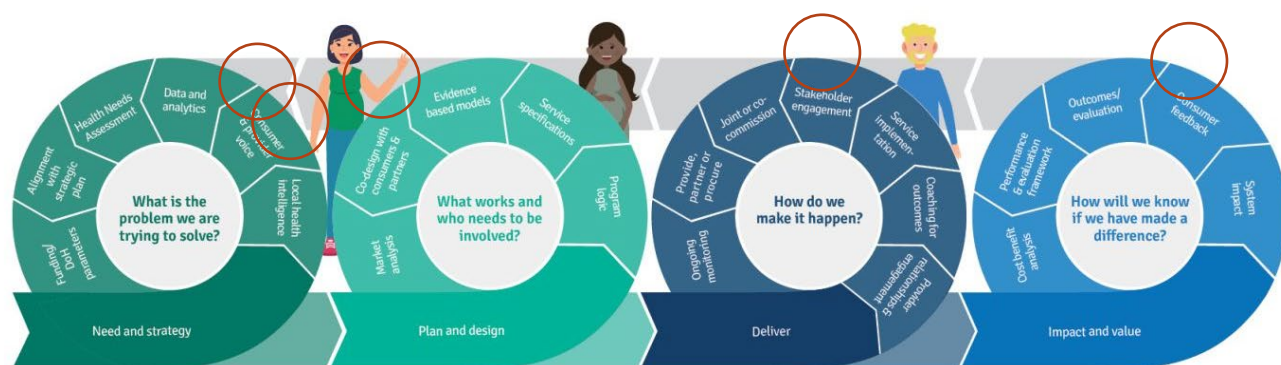
Key insights gained from the engagement have included:

1. People want to share their experiences but are rarely asked.
2. People want to have choices about their healthcare.
3. Culturally safe healthcare is valued across all areas of health.
4. People appreciate warmth and friendliness from their health providers.
5. The brief format of the survey encourages higher participation rates.

- **Outline the reporting processes to decision-makers, key stakeholders and participants, identify how feedback shaped decisions made**

The TALK ABOUT responses are shared with key PHN decision-makers following the end of each topic. These decision-makers include the Board of Directors, Clinical Council, senior management and staff working within the relevant area of health at the PHN.

The TALK ABOUT data is also embedded within the PHN's Commissioning Framework within each 'cycle'. This process is well-known and established with all staff at the PHN.



- **Provide evidence about levels of participant, stakeholder and organisation satisfaction**

TALK ABOUT has received significant growth in participation and recognition over its three-year lifespan. Evidence of participant satisfaction include increased responses and increasing levels of positive social media engagement (comments and sharing) on both organic and paid posts.

Stakeholders have also responded positively to the TALK ABOUT campaign, with health system partners and community and health service providers resharing the campaign via newsletters and social media on the PHN's behalf. The relationship with Health Consumers Queensland has gone from strength to strength with strong linkages being made between projects and knowledge at both organisations. The leadership at Health Consumers Queensland recently provided positive feedback to the PHN Executive Leadership Team about strength of the TALK ABOUT program.

Internal organisation satisfaction in TALK ABOUT has also grown with staff finding new innovative ways to apply the learnings of TALK ABOUT.

For example, the 2022 topic 'Care closer to home' engaged the community on experiences around access to healthcare, a particularly important topic for those living in rural areas. Participants shared their concerns around wait times, the financial cost of travel and the need for increased after-hours access. In the year since, this feedback has helped inform many projects, including the After-Hours Support Program, which has been implemented within many general practices across the region to extend opening hours and reduce waiting times for their patients.

The Digital Health GP campaign is another example of the program's internal application. The Digital Health TALK ABOUT campaign highlighted that patients wanted and expected more information on certain Digital Health tools. This insight is now being used to design a campaign and suite of resources to equip GPs to meet the needs of their patients.

The PHN continues to improve and adjust TALK ABOUT to increase satisfaction of all parties.

### **Innovation and uniqueness**

TALK ABOUT is entirely unique to the Darling Downs and West Moreton PHN. It extends beyond the baseline requirements of a PHN to build local health intelligence and ensures that those at the centre of healthcare – the patients – have their voices listened to.

The PHN continues to innovate the program, and this year has implemented some key improvements:

1. Performance tracking using UTM URLs
2. Development of a more in-depth reporting framework in partnership with Health Consumers Queensland
3. Increased diversity through the Kitchen Table Discussions/Yarning Circles to include more voices of priority health population groups.

TALK ABOUT demonstrates the PHN's community-informed and evidence-based approach to strengthening our local health system in a way that is sustainable, accessible and effective.

## Acknowledgements and to find out more:



DARLING DOWNS  
AND WEST MORETON

An Australian Government Initiative

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For more information about this project see:

- [www.ddwmpnh.com.au/talk-about](http://www.ddwmpnh.com.au/talk-about) (website or webpage)
- <https://www.ddwmhna.com.au/> (other as applicable)
- <https://www.facebook.com/DDWMPHN>

To connect with the authors:

[Darling Downs and West Moreton PHN – Linked In](#)

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