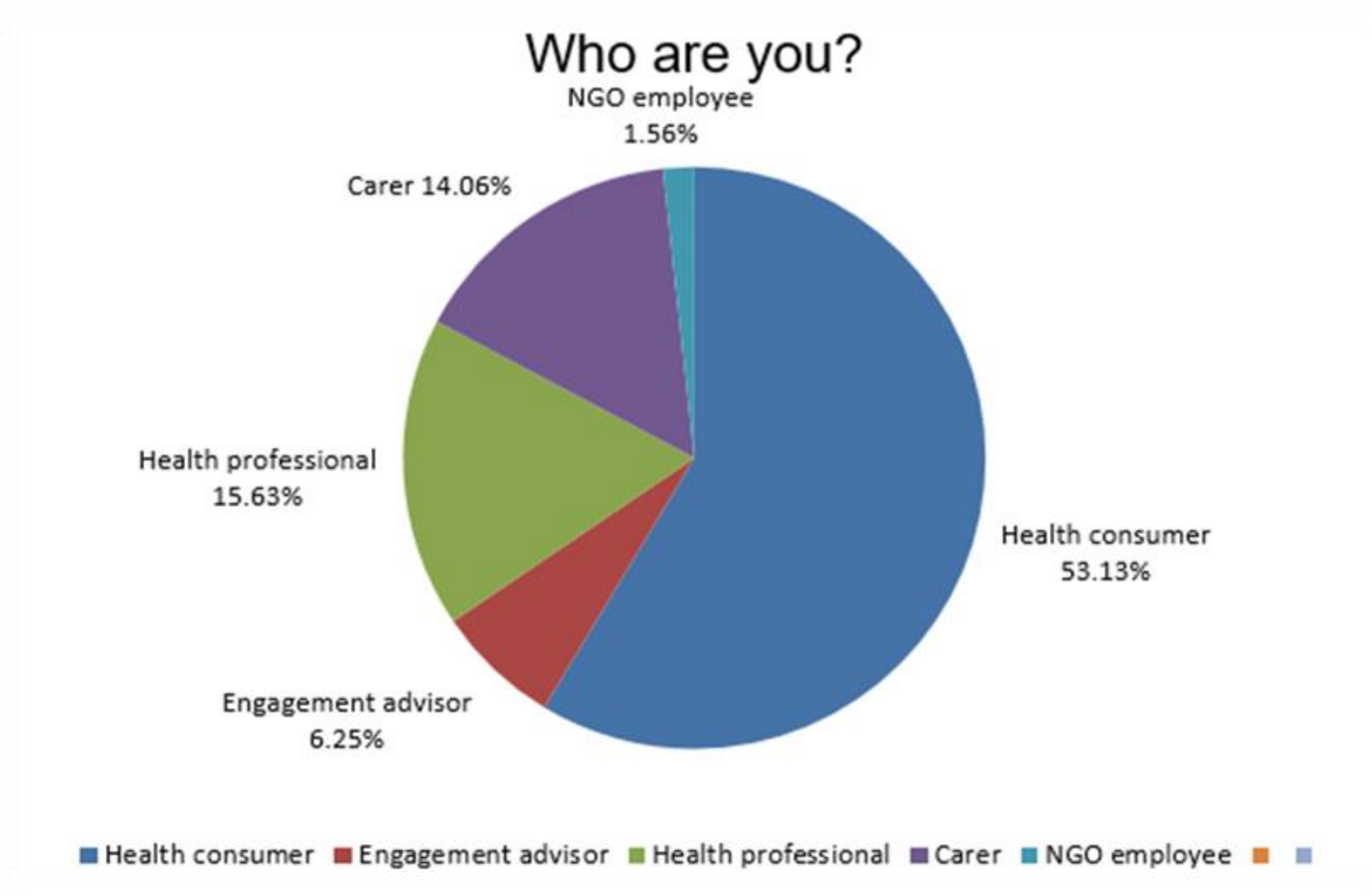


HEALTH CONSUMERS QUEENSLAND ANNUAL SURVEY 2020

December 2020



QUESTION 1: WHO RESPONDED?

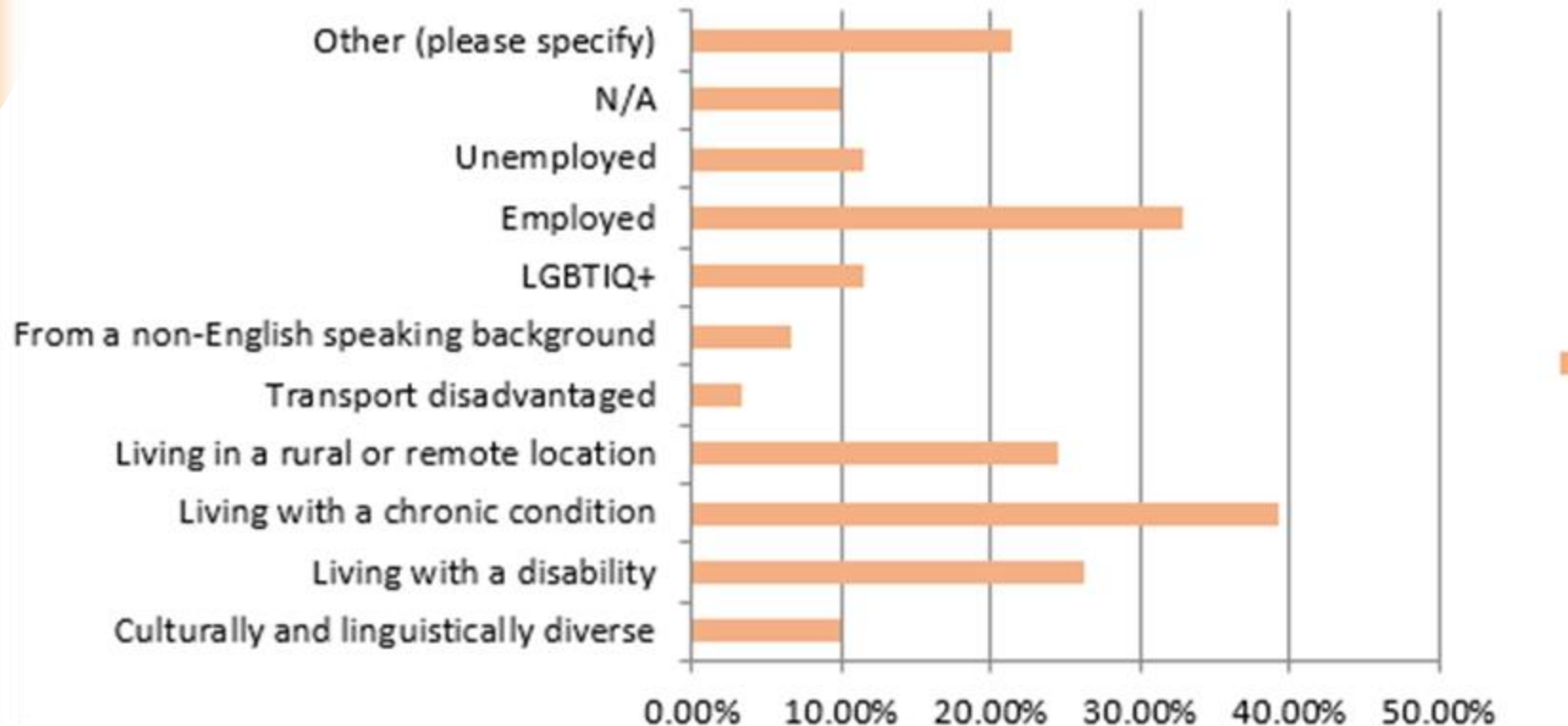




The majority of respondents were consumers and carers followed by health professionals and engagement advisors

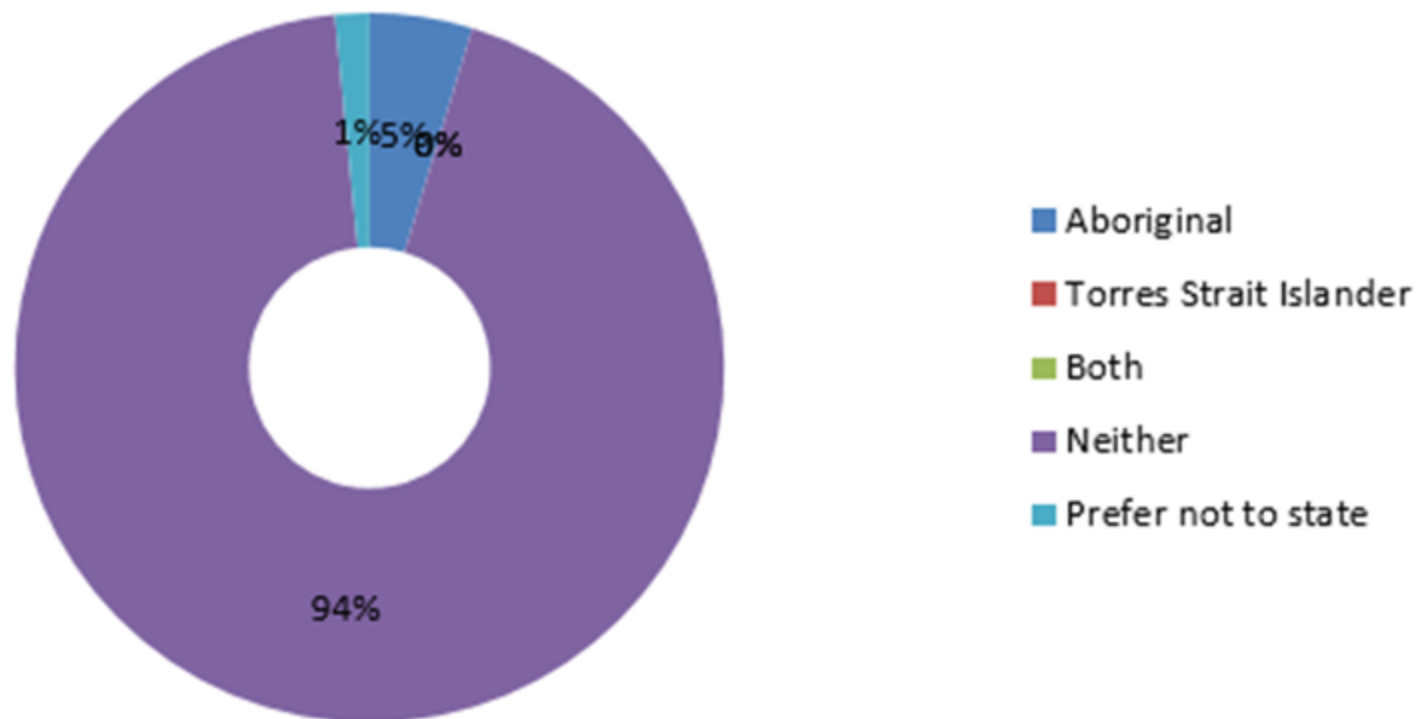
QUESTION 2: DEMOGRAPHICS

Please indicate any groups you identify as being a part of (tick all that apply)



QUESTION 3: HOW DO YOU IDENTIFY?

Do you identify as:





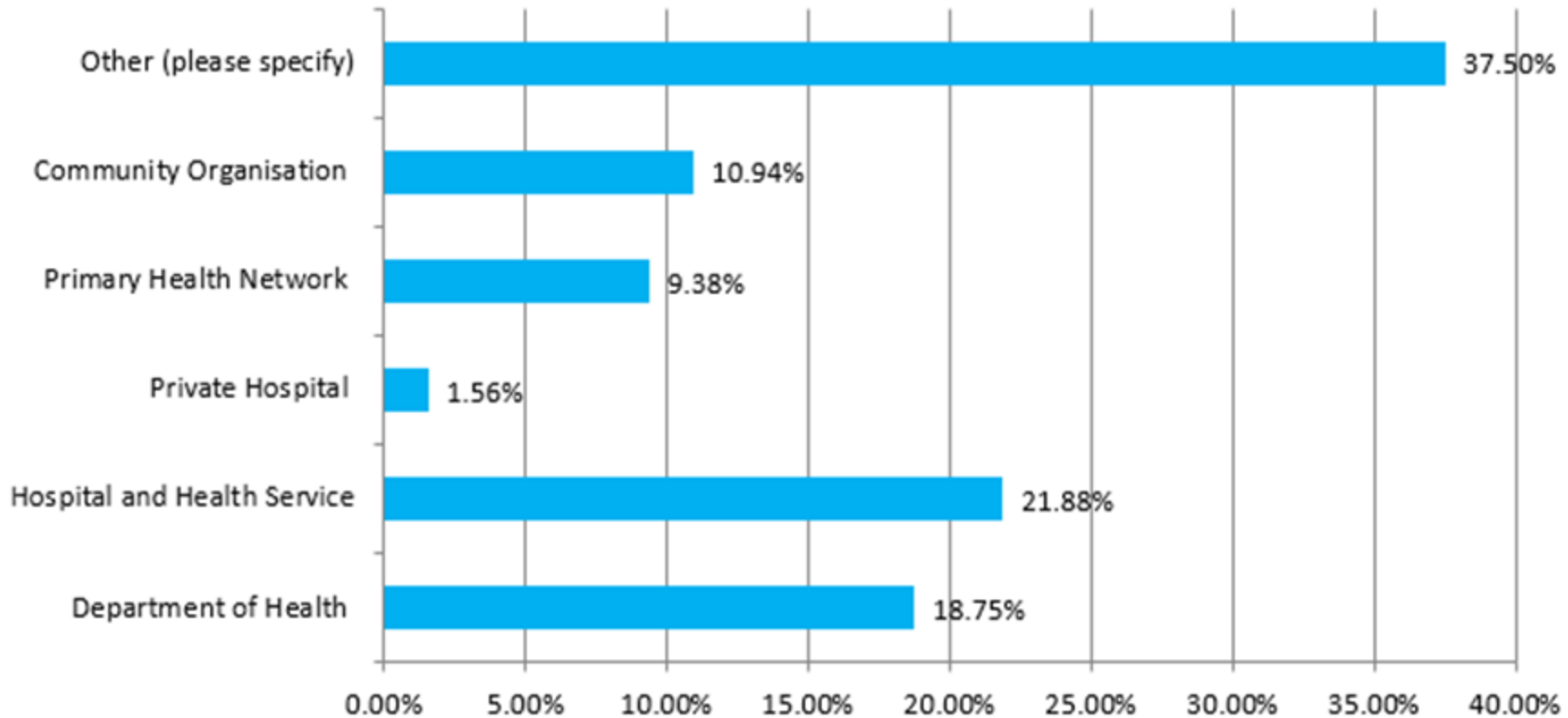
Respondents came from a variety of backgrounds. The most common categories were ‘living with a chronic condition’, ‘employed’ and ‘living with a disability’.

A high number of people selected ‘other’ (21%) – the most common response in this category was retired or pensioner/senior, followed by a range of other responses included student, volunteer, and carer.

There were 3 Aboriginal respondents and also one person who chose not to state their identity.

QUESTION 4: WHERE DO YOU ENGAGE THE MOST?

If you're a health employee, what type of health organisation do you work for or if you're a Consumer or Carer representative, who do you currently engage with the most?

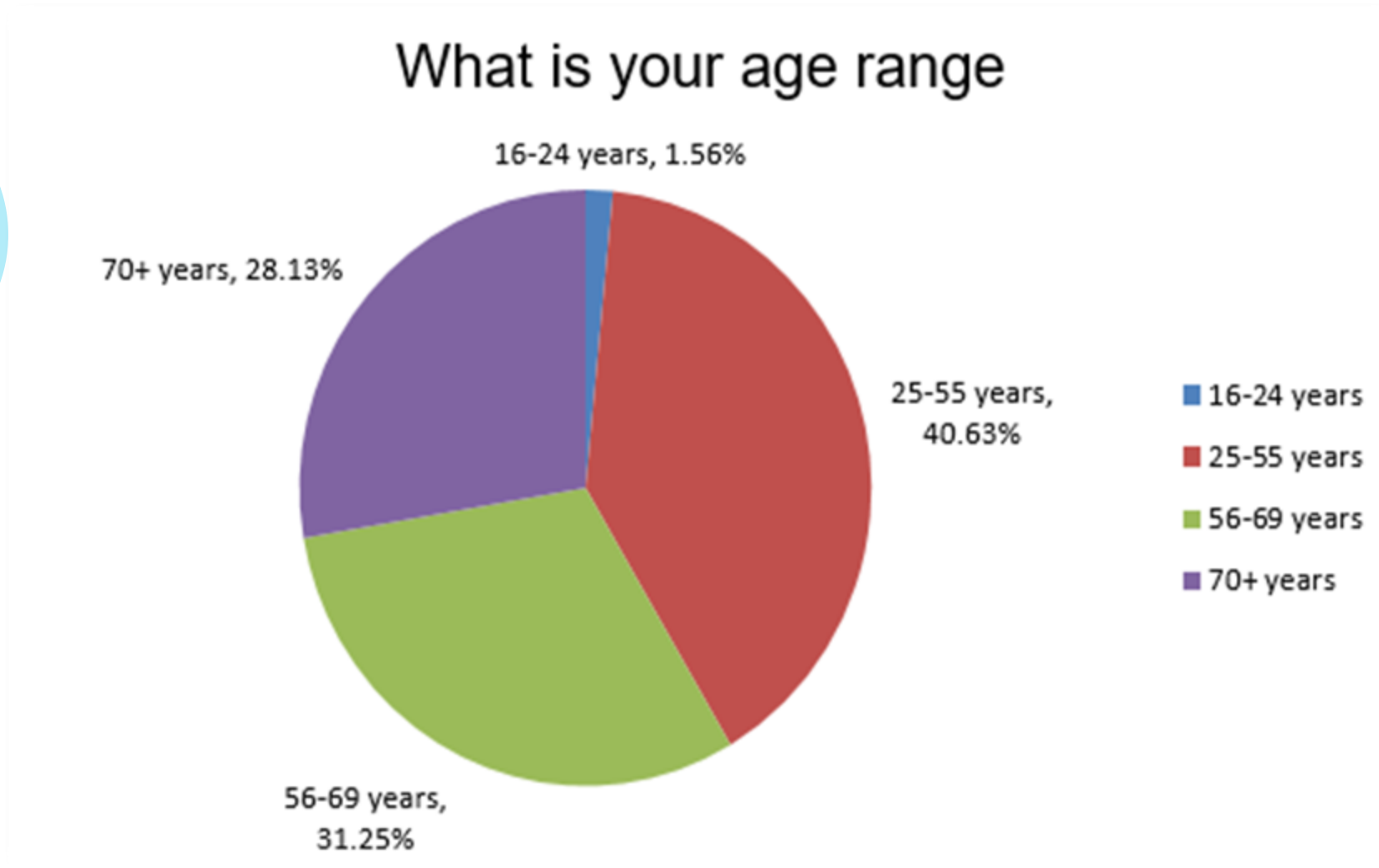




This question elicited a high number of 'Other' responses. The results indicate that this question should be reworded to better understand the roles that people undertake and where they do most of their engagement work.

For example, 4-5 people indicated they did a lot of work in the not-for-profit space and the community, and 4 people indicated they engaged with specific Hospital and Health Services. Others indicated they worked with GPs. This highlights that terms such as Hospital and Health Service may not be in common usage.

QUESTION 5: WHAT AGE ARE YOU?



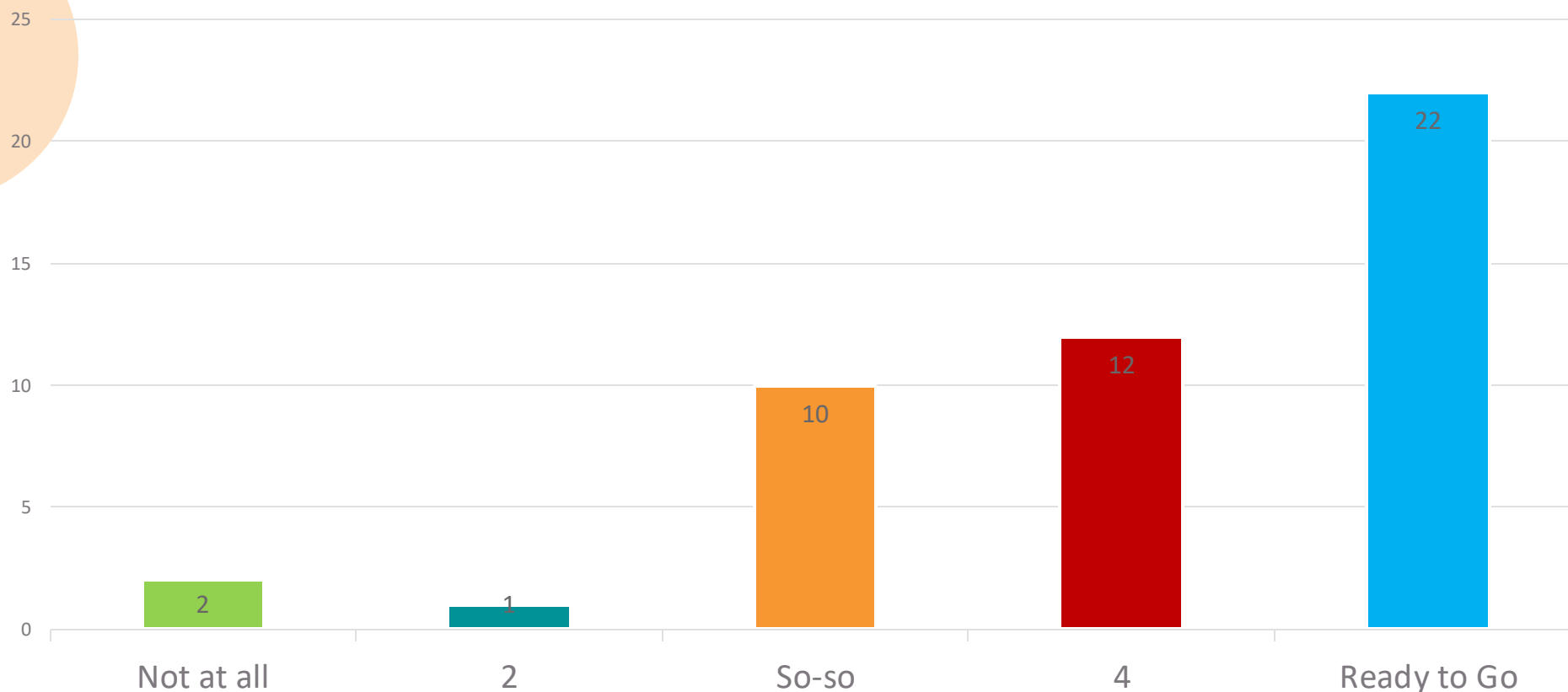


The majority of respondents were in the 25-55 year old category, followed by the 56-69 year old and 70+ year old category.

Only 1.56% of respondents were in the 16-24 year old category.

Q6: HOW COMFORTABLE ARE YOU ONLINE?

How comfortable do you feel using online methods of engagement?

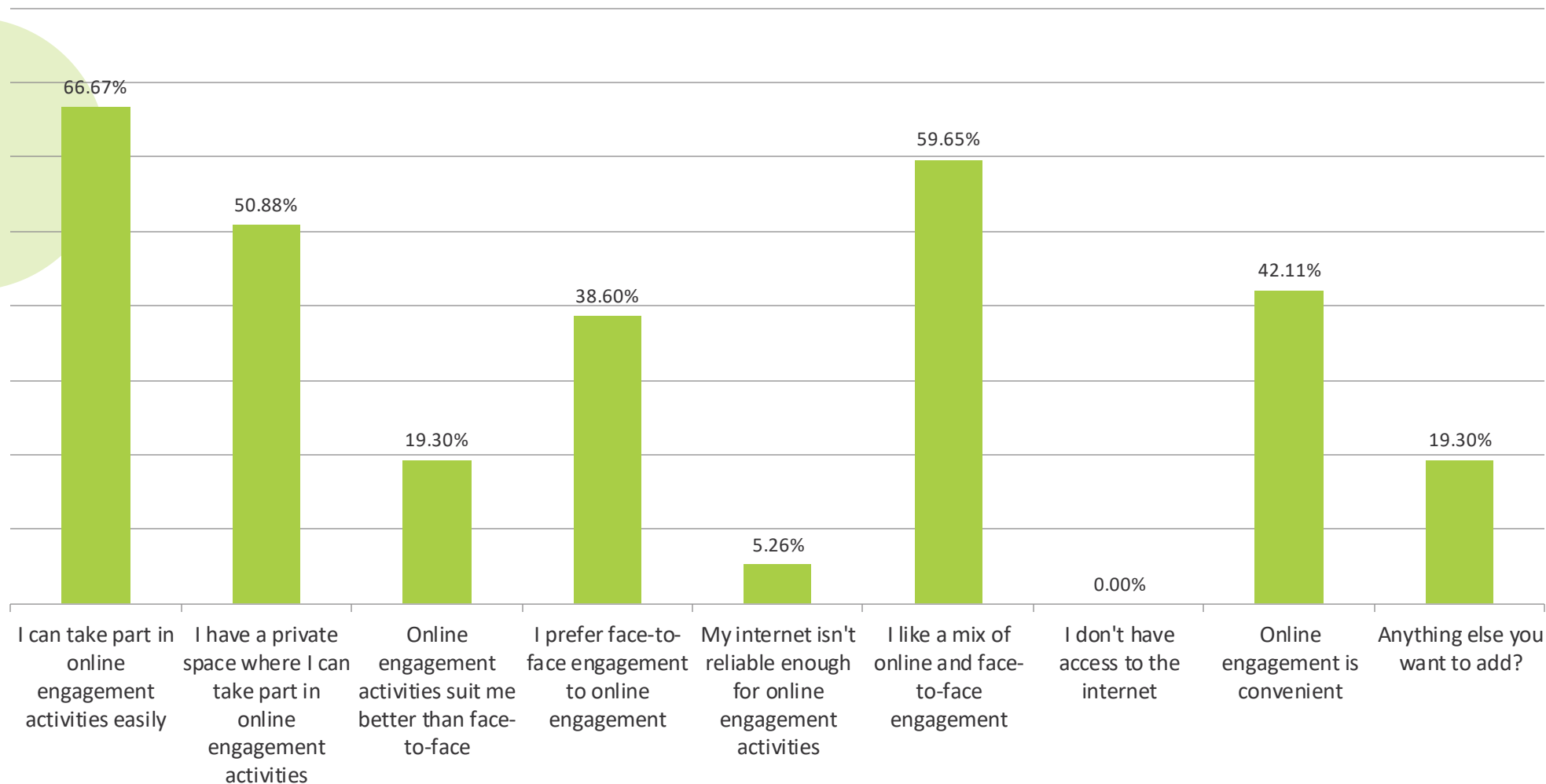




Most respondents indicated a high degree of comfort using online methods of engagement such as video calls, or online surveys. Very few people felt uncomfortable with online engagement techniques.

Q7: HOW DO YOU LIKE TO ENGAGE?

Which of the following statements do you agree with:





Though many respondents felt they could take part in online engagement easily (67%) and acknowledged its convenience (42%), 38% preferred face-to-face engagement and 60% like a mix of online and face-to-face.

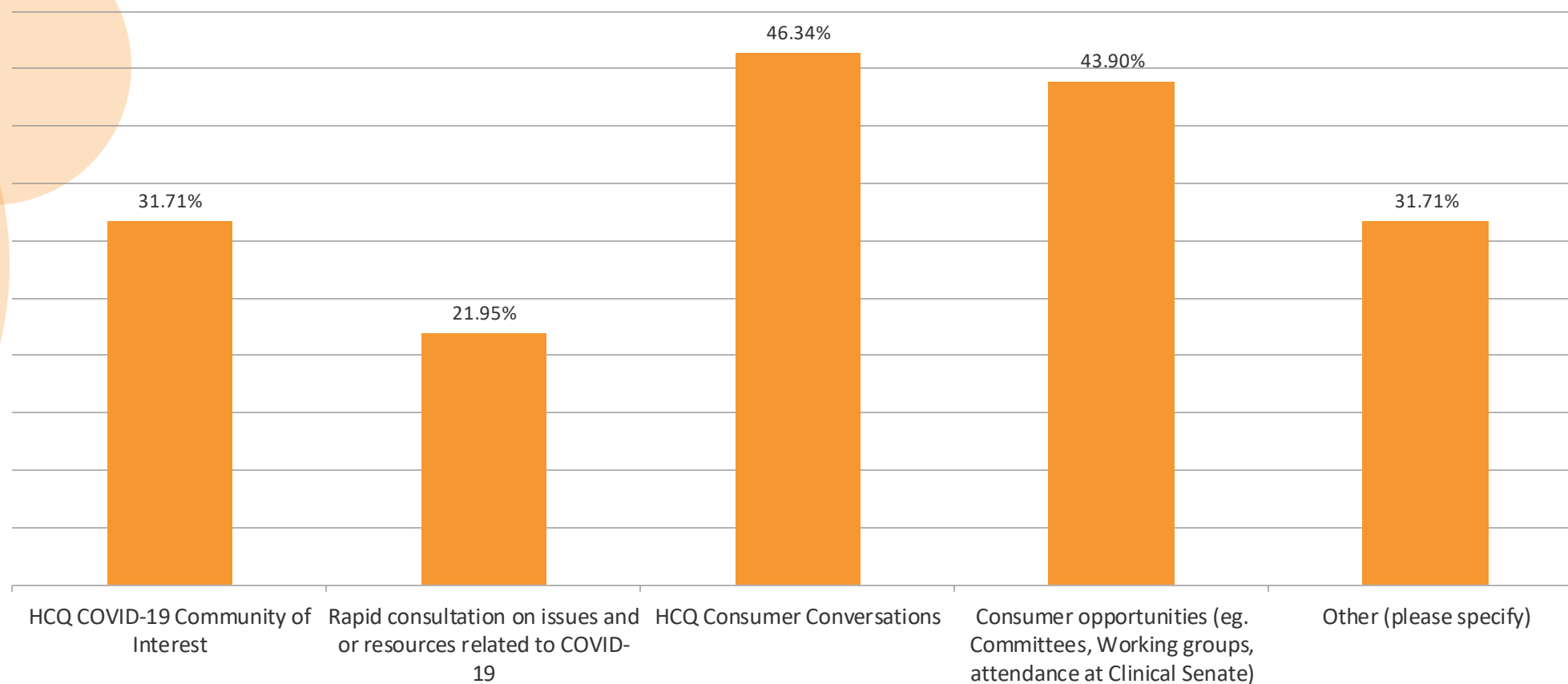
“Having both online and face to face options are best with people being able to choose which method they prefer and suits their circumstances. It also helps with travel time, childcare, or carer roles.”

“Since using videoconferencing we have had more consumers regularly attend our hospital consumer advisory committee than ever before.”

“Covid has accelerated change in bureaucratic health services, e.g. use of Teams, Zoom and in doing so has considerably improved the turn round of change, e.g. document review can be completed in less than an hour and proceed to next stage, e.g. publication whereas this used to take months to-ing and fro-ing.”

Q8: HOW DID YOU PARTICIPATE DURING COVID-19?

Did you participate in any of the following HCQ activities during COVID-19?

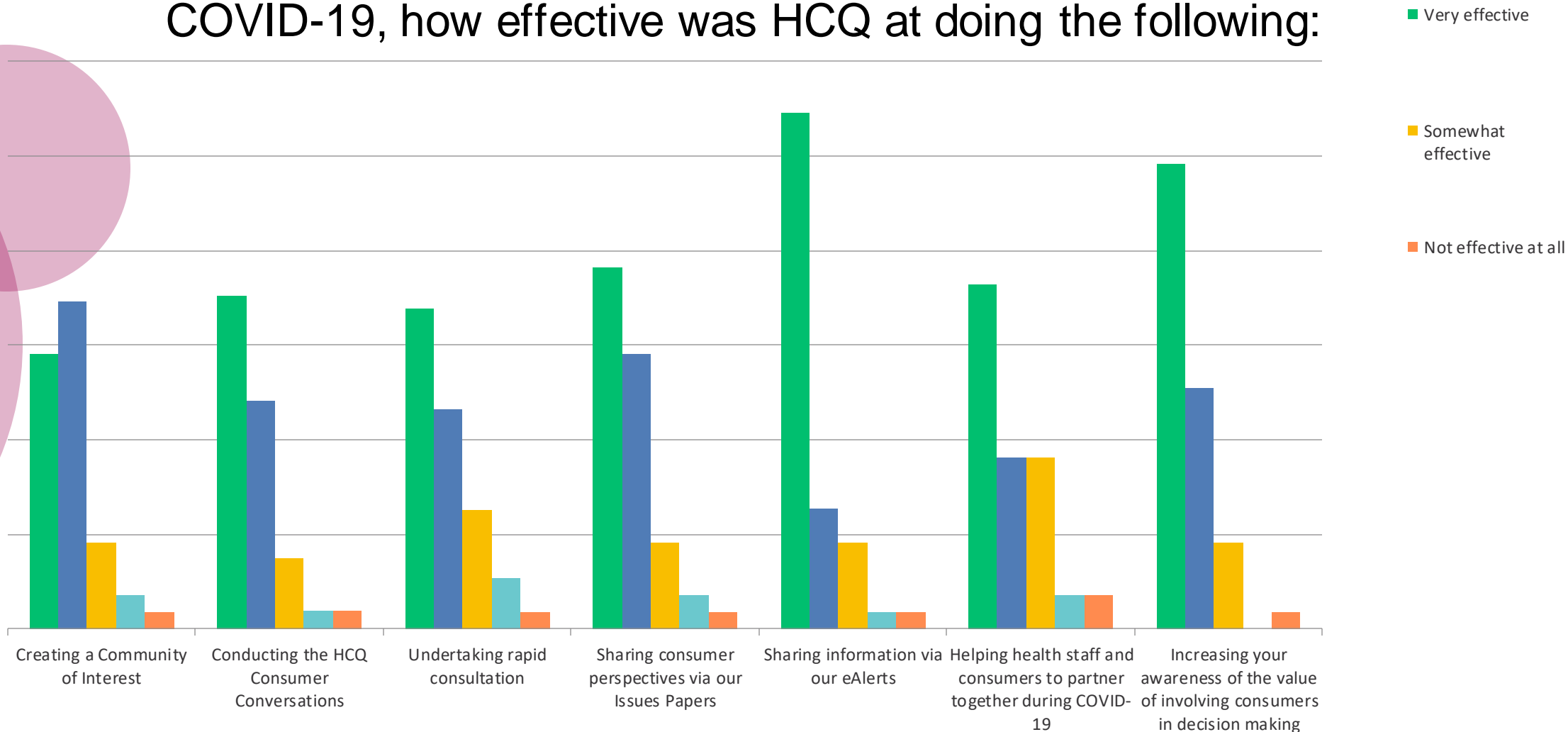


Most consumers who responded indicated they participated mainly in consumer conversations and consumer opportunities during COVID-19 and to a lesser extent, the HCQ COVID Community of Interest and Rapid Consultation.



Q9: EFFECTIVENESS OF PARTICIPATION

Thinking about the ways you participated with HCQ during COVID-19, how effective was HCQ at doing the following:





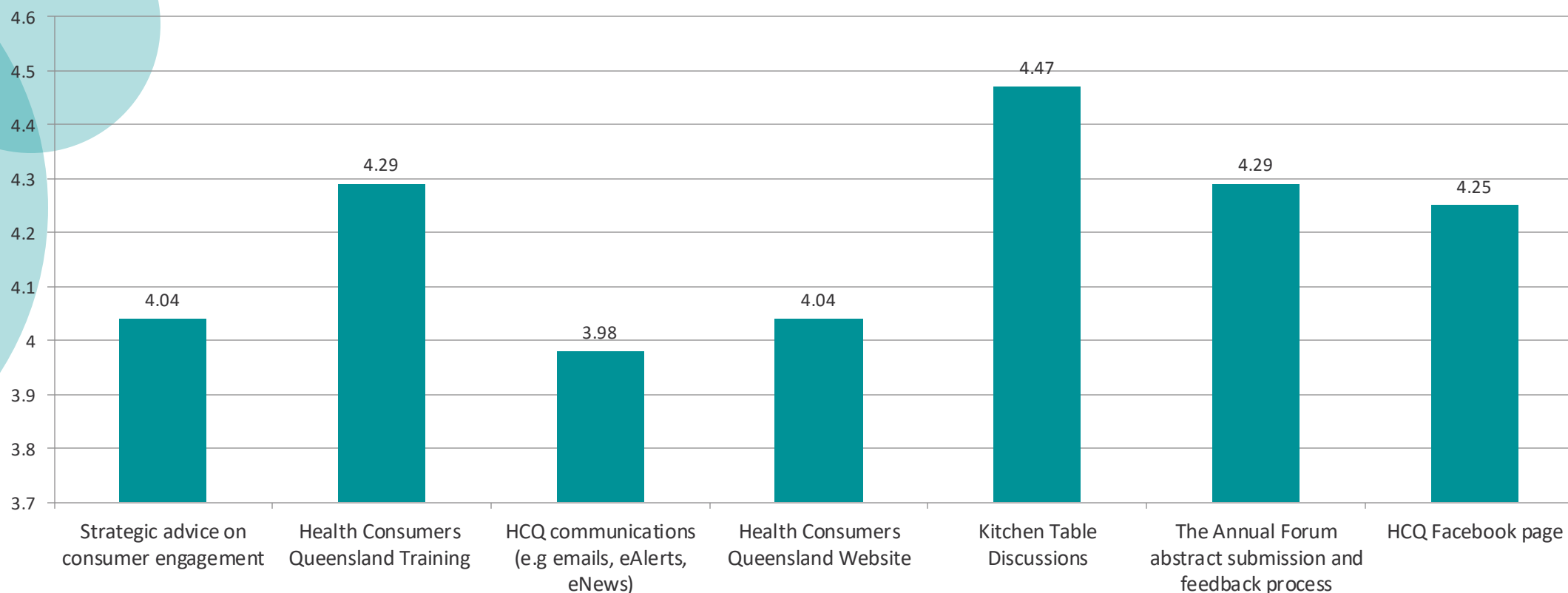
Overall, most respondents thought HCQ did very well at Conducting the HCQ Consumer Conversations, Undertaking Rapid Consultation, Sharing Consumer Perspectives and Helping Health Staff and Consumers to Partner.

We did slightly less well at creating a Community of Interest.

You thought we were **really great** at Sharing information via eAlerts and Increasing awareness of the value of involving consumers.

Q10: EFFECTIVENESS OF INTERACTIONS

For the 12 months from July 2019 to June 2020 and your interaction with HCQ, how useful/effective were the following (weighted averages out of 5):

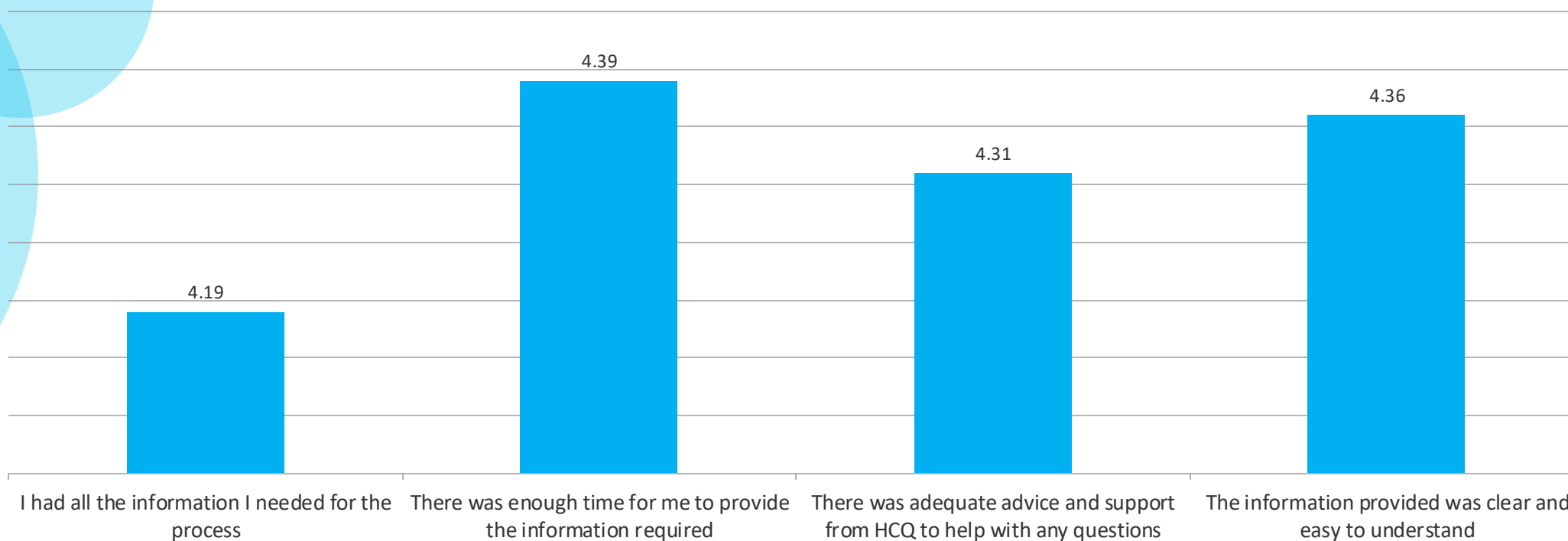




Respondents rated us highly (4 out of 5 or higher) on all our interactions but particularly Kitchen Table Discussions, HCQ Training and our Annual Forum abstract submission and feedback process and HCQ Facebook page.

Q11. RECRUITMENT PROCESSES

Thinking about any recruitment processes you've been a part of (either applying for or requesting a consumer representative role), how true are these statements for you? (weighted averages out of 5):

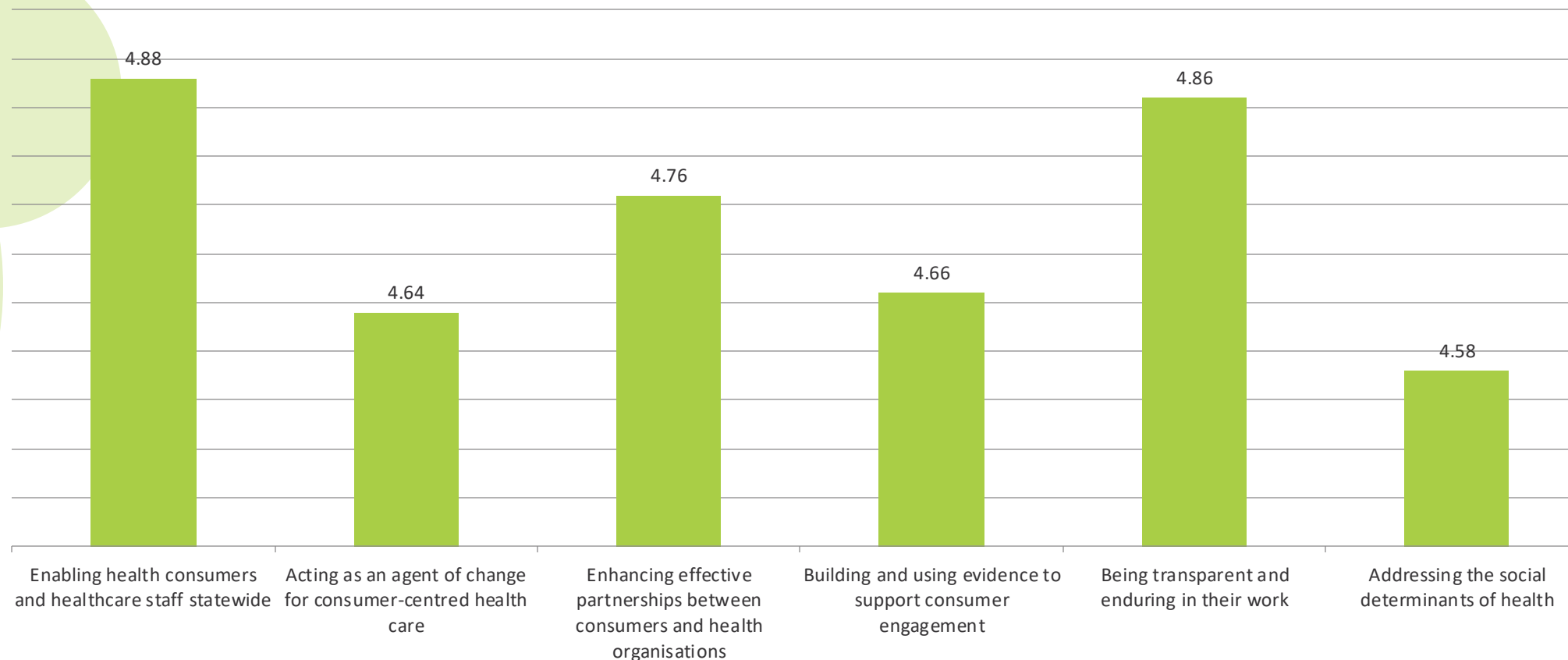




Respondents rated the Consumer Recruitment processes highly (over 4 out of 5) but in particular felt there was enough time and enough clear and easy-to-understand information to complete the process .

Q12. HOW WELL DO WE DO?

Please rate how well you think Health Consumers Queensland do the following (not well to exceptionally well):



Respondents rated HCQ highly (over 4 out of 5) on our strategic objectives and in particular, Enabling health consumers and health staff statewide (4.88), Being transparent and enduring (4.86) and Enhancing effective partnerships between health consumers and health organisations (4.76).



Q13.HOW USEFUL ARE OUR RESOURCES?

On a scale of 1-5 (1 not useful and 5 very useful) how useful have you found the following Health Consumers Queensland resources in the last 12 months?

	Not Useful	2	3	4	Very Useful	Unsure
Consumer and Community Engagement Framework	3.92%	5.88%	17.65%	17.65%	35.29%	19.61%
A Guide for Health Staff Partnering with Consumers	1.96%	7.84%	11.76%	17.65%	29.41%	31.37%
A Guide for Consumers Partnering with Health Organisations	1.96%	9.80%	13.73%	17.65%	31.37%	25.49%
Consumer Remuneration and Reimbursement Policy	8.51%	6.38%	14.89%	14.89%	29.79%	25.53%



Although a high percentage of respondents generally thought our resources were very useful, there were also a high number of respondents who were unsure. This could indicate either a lack of familiarity with the resources and their content, or a lack of opportunity to apply the resources in practice.

Q14. WOULD YOU RECOMMEND HCQ?

- Approximately **13 percent** of people were **not likely or only somewhat likely** to recommend HCQ to others.
- About **14 percent** of people were **fairly likely** to recommend HCQ and
- Approximately **73 percent** of people were either **very likely or extremely likely** to recommend HCQ to others.

Q15. WHAT DO YOU WANT HCQ TO DO OVER THE NEXT 3 YEARS?!

Many of you want us to continue to do what we've been doing!

Areas where you want a **continued focus** are:

- training for the HHS staff to continue to build their capacity to engage
- continue to advocate for better remuneration practices and information
- advocacy for consumer involvement in all parts of the health system and
- networking with other consumers and health professionals
- the annual forum (either a hybrid online version or held in a rural/regional area)

Q15. WHAT DO YOU WANT HCQ TO DO OVER THE NEXT 3 YEARS?!

Other things you want us to focus on over the next 3 years:

- more focus on rural and regional areas and community health
- increased focus on aged care
- more support for engagement of CALD consumers
- increased promotion of HCQ and
- increased range of opportunities for consumers of all experience levels

WHAT YOU SAID!

Continue to build a strong and enduring network of empowered consumers

Allow people with less experience the opportunity at consumer opportunities and training opportunities

Continue to focus on building bridges and enabling consumer voices to be heard, listened to and valued

Advocate to the Department to employ their own Consumer and Community Engagement professionals, so HCQ can support the HHS's to build capacity of existing consumers, new consumers and staff in best practice consumer engagement

WHAT YOU SAID!

I think what HCQ does is amazing in the breadth and extent of its work

Improvement in the recruiting system and more support for consumer in regards to remuneration.

Train QH staff on how to better engage with Consumers as important and valued partners on committees etc.

More opportunities for consumers to help. More smaller roles and one off rather than lengthy timescales.



ANNUAL SURVEY, DECEMBER 2020