

Beyond Tokenism – Learning from the creation of the LiverWELL Lived Experience Advisory Committee.

Authors: *Palines A¹, Carey N¹, Dolby A¹, Fry D¹, Little J¹, Mak M¹, Taylor S¹, Hubble A¹.*

LiverWELL, Melbourne, Australia¹,

Lived experience provides critical insights for shaping evidence-based, person-centred public health strategies. Recognising a gap, LiverWELL established the Lived Experience Advisory Committee (LEAC) to embed lived experience perspectives in decision-making, advocacy, policy, and program development. The goal was to ensure lived experience representation in key strategic decisions within the first year.

Analysis/Argument: Guided by co-design principles and the International Association of Public Participation (IAPP) ladder of participation, LEAC ensures meaningful involvement rather than tokenism. Unlike traditional advisory groups, LEAC operates under a shared governance model, empowering members to co-lead initiatives alongside LiverWELL leadership.

Key implementation areas included:

- Targeted recruitment strategies prioritising diverse lived experiences.
- Implementing lived experience voice to reduce barriers of stigma and discrimination and to address systemic service gaps.
- Trust-building activities and trauma-informed discussion spaces.

This model addresses systemic gaps and drives community-led innovation in viral hepatitis elimination and liver health promotion.

Outcome/Results: The establishment of LEAC has led to measurable, high-impact outcomes, including:

- Program Development – Co-design of the LiverLine Lived Experience Volunteer Framework and LiverWELL Hep Services Directory.
- Advocacy & Public Engagement – Integration of lived experience perspectives in public health campaigns, including the LiverWELL stigma and discrimination video.
- Engagement & Sustainability – members reported feeling empowered with greater self-advocacy and belonging. An evaluation in March 2025 will assess outputs and outcomes.

Conclusions/Applications: LEAC serves as a replicable model for embedding lived experience in governance. Future steps include:

- Expanding lived experience representation across LiverWELL decision-making bodies.
- Developing a formal evaluation framework to measure policy and service impact.
- Scaling the LEAC model for broader application in viral hepatitis and liver health sectors.

This approach highlights co-design and shared governance as essential for equitable, sustainable public health solutions.

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