Matching Methods with Policy Purpose: Two Case Examples of Public Engagement

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Romanow Commission on the Future of Health Care in Canada
Public Education and Consultations

Advisory Panel on Fiscal Imbalance, Council of the Federation
Citizens’ Dialogue on Sharing Public Funds for a Better Canada

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Executive Summary

This Report

An earlier version of this report was prepared (November, 2006) for the Health Council of Canada.\(^1\) This report summarizes two public consultation examples: 1) that undertaken by the Romanow Commission on the Future of Health Care in Canada, and 2) the Citizens’ Dialogue on Sharing Public Funds commissioned by the Advisory Panel on Fiscal Imbalance (Council of the Federation).\(^2\) They were selected because they provide a variety of public consultation and participation mechanisms for consideration within very challenging and complex policy domains. Moreover, while the cases differ in scope, duration and policy fields, they both illustrate how public involvement methods were matched to policy purpose.

Romanow Commission

Consultation Objectives, Process Planning and Implementation

The Romanow consultation process was unique in its scope and depth, and its innovative approach to combining stakeholder, expert and public input. The goals of the consultation phase were twofold: opportunities for collective learning, and to have Canadians’ values and preferences reflected in the final report and recommendations. The Fact-finding, Research and Consultation Preparation phase (June to December, 2001) set the stage for the Public and Stakeholder Consultations (January to September, 2002). Public education and awareness activities were extensive and ongoing.

Public Consultation and Engagement Activities

The Consultation process featured face-to-face dialogues/workshops and seminars, on-line venues, and more traditional public hearings/town halls. The Citizens’ Dialogue on the Future of Health Care in Canada was the single largest and most expensive component of this phase ($1.3 million). It sought to achieve two purposes: collective learning for Canadians and for decision-makers and insight into citizens’ values regarding health care and acceptable trade-offs. The Dialogue steps included: framing the issues; developing the participant workbook; participant recruitment; dialogue process design and implementation; analysis, reporting and dissemination; validation and participant evaluation.

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\(^1\) CPRN wishes to acknowledge and thank the Health Council of Canada for funding the case examples report.

\(^2\) Sources used in the preparation of the case examples include: original documentation (participant workbooks, final reports, communiqués, etc.), unpublished sources (presentations at international conferences), peer-reviewed articles, selective key informant interviews and media articles.
Impact of Public Consultation on the Commission Report and Recommendations

- Dialogue results influenced the final Report of the Commission and the debate that followed. They were key in informing the Commission’s choice of the underlying principles.
- Dialogue results contradicted the National Forum on Health’s (1997) arguments of public’s unwillingness or inability to make trade-offs about health care.
- The importance of “new values” of accountability, transparency and efficiency for health policy development (accountability became the 6th principle).
- Recognition of the public’s level of sophistication in dealing with complex policy issues.
- New standard for facilitating informed and productive policy debate and for engaging Canadians in the policy-process.
- Research and consultation results included the collective wisdom of all Canadians.
- Invoked the fundamental values of citizens, and defined acceptable parameters and outcomes.
- A redefinition of the role of the citizen from a passive consumer to active participant.
- Heightened political interest in public engagement and recognition of the greater policy legitimacy that stems from better listening to and understanding of the different views.

Direct and Indirect Impacts on Health Policy Governance

- The Report was received by many as a blue print for the future of health care.
- Contributed (in part) to the impetus for the successful completion of the Health Accords of 2003 and 2004.
- The creation of the Health Council of Canada.
- Renewed focus on the importance of primary health-care reform.

Impact of the Commission’s Public Consultation Approach

- Increased discussion around the need for more public engagement in policy.
- Informed other public consultation initiatives (e.g., The Nuclear Waste Management Organization’s national citizens’ dialogue process, the British Columbia Citizens’ Assembly, the Ontario Citizens’ Assembly on Electoral Reform).
- Contributed to a broader recognition of the importance of values in any policy formation and the need to engage the public in difficult but necessary discussion.
Advisory Panel on Fiscal Imbalance

Description

Established in May 2005, the Advisory Panel on Fiscal Imbalance’s mandate was to review horizontal and vertical fiscal imbalances in Canada, and provide recommendations to the Council of the Federation on how to address them. It examined all federal transfer programs to the provinces and territories, including the Canada Health Transfer, the Canada Social Transfer, the Equalization Program, the Territorial Financing Formula and other major transfer programs.

Scope

The scope of the Panel’s work encompassed:

- Consultations with public servants and politicians from different jurisdictions;
- A meeting with federal Department of Finance officials;
- Commissioned research from the Conference Board of Canada;
- A roundtable with academics and policy experts, and;
- A citizens’ deliberative dialogue, to get meaningful input from the public (93 randomly recruited participants in five regional day-long sessions, 21 of whom participated in a national session in January).

Dialogue Purpose, Design and Outcomes

In late September 2005, CPRN was contracted to design the dialogue, prepare a participant workbook, recruit participants, conduct the dialogue sessions, and analyse and report on the results. The primary purpose of the dialogue was to better understand the values and principles citizens believe should guide the sharing of public funds, what choices and trade-offs they are prepared to make and why.

The regionalized nature of the issues at stake and the Panel’s interest in assessing differences within and across regions influenced the design of five regional sessions and one session at the national level, which brought together a cross-section of participants from each region. Participants were provided with objective, factual background information, and advantages and disadvantages of each of the major transfer programs.

Participants quickly saw the connections between how resources are shared and how we define ourselves as a country. They did not get bogged down in technicalities or complex fiscal formulas. Rather, through a process of collective learning, exploring diverse perspectives, they went to the heart of what they wanted to see guide transfer payments – values and principles shared by people whose lives are interconnected, regardless of where they live in the country. They also stressed that transfer programs need to support Canadian competitiveness in a global economy.
**Impacts**

- **Impact on Participants:** Over 95 percent of them were glad they had participated in the dialogue. They expressed their appreciation for the opportunity to connect with other Canadians and to discover so much commonality with their frustration with the lack of intergovernmental collaboration. To some degree, they became more empathetic with those in decision-making roles.

- **Impact on Panel Report and Recommendations:** The high consistency of views across the dialogue sessions made a particular impression on the Panel, and supported it in putting forth advice that was not bound by regional differences. The values and choices identified through the dialogue are referenced in several places in the Panel’s report, “*Reconciling the Irreconcilable*.” The Executive Summary of the Dialogue report is appended to the Panel’s report.

**Conclusion**

Despite the inherent differences, these consultation initiatives were similar in the following ways:

- They dealt with highly contested and complex intergovernmental policy matters, that were subject to conflicting jurisdictional and expert interpretation;
- The issues dealt with were the subject of intense media scrutiny;
- They involved values-laden choices that profoundly affect Canadians’ lives;
- Deliberation techniques were used to surface citizens’ values and policy preferences to bear on the complex public policy choices; and,
- In both cases, the public’s contributions clearly demonstrate that ordinary citizens have the capacity and sophistication to tackle complex policy issues in a meaningful way.

As for the dialogues more specifically, both cases also demonstrate participants’:

- Willingness to contribute to public policy when invited by public officials;
- Capacity to contribute substantively when provided with factual, objective information and neutral space;
- Desire to have their contributions influence policy and program outcomes;
- increased awareness and appreciation for the role and challenges facing decision-makers and other actors in society;
- Enthusiasm for a rewarding experience and desire for others to have similar opportunities to participate; and,
- Expressed willingness to become more involved in other public engagement initiatives.
Acknowledgements

The original document from which this report has been adapted was prepared for and funded by the Health Council of Canada. The purpose of the original paper was to assist the Council as it deliberated on and prepared for its own public consultation and engagement initiatives. CPRN wishes to acknowledge and thank the Health Council of Canada for the funding that made the paper possible and for its interest in meaningful public involvement.

CPRN would also like to thank those people who agreed to be interviewed about their experiences with the consultation processes discussed in this paper: Mr. Michel Amar, Dr. Pierre-Gerlier Forest, Dr. Tom McIntosh, Dr. Peter Meekison and the Hon. Roy Romanow.
Matching Methods with Policy Purpose: Two Case Examples of Public Engagement

Introduction

Over the past few decades, throughout most of the western world, demand for public consultation has grown significantly. There are many reasons for this. Policy-makers are seeking additional input (beyond expert and stakeholder views) in developing policies and programs, and we see a growing public appetite for engagement. Since the 1970s, public involvement methods have expanded to more than 100 (Rowe and Frewer, 2005: 256). More recently we have seen heightened interest in and greater use of deliberative methods in the public, private and non-profit sectors (e.g., citizen juries, citizen panels, citizen dialogues, consensus conferences, scenario workshops, deliberative polls) that require the public to engage with each other in deliberating on policy choices (Abelson and Gauvin, 2006). The Citizens’ Assembly used in British Columbia and now Ontario to examine electoral reform have garnered the world-wide attention of politicians, public servants and academics. Nonetheless, most public involvement initiatives in Canada continue to be of the more traditional type, involving public education/communication (advertisements, publication of reports, press releases, Web sites, etc.) or public consultations (e.g., public hearings, polls, focus groups, referenda, stakeholder meetings).

Compared to public education initiatives and traditional consultations, deliberative methods of engaging the public usually require more time, resources and commitment on the part of policy-makers, as well as openness to hearing different perspectives and working with more open-ended processes in a transparent environment. While their use is on the rise, deliberative processes are much less frequently used than other more traditional methods. Furthermore, even though public appetite (EKOS, 2006) for more meaningful ways of engaging on policy is steadily increasing, the jury is still out with respect to policy-makers’ and decision-makers’ appetite for engagement (Aucoin and Turnbull, 2006; Abelson and Gauvin, 2006).

Nevertheless, there is growing agreement among researchers and practitioners, as well as decision-makers (in Canada and elsewhere) that there are important benefits to meaningful public involvement initiatives. These are: policy legitimacy, more informed and active citizenry, and improved trust and accountability in public institutions. It is, therefore, important to make the case for, and increase awareness about, the different kinds of engagement methods (MacKinnon, Pitre and Watling, 2006). This is not to argue that deliberative methods are necessary or appropriate for all public policy issues, but they can provide valuable contributions on policy debates involving contested values, and where societal behavioural change is needed for policy and program implementation to be successful. Moreover, as policy-makers become more familiar with these methods and understand their benefits, and as the methods themselves continue to evolve (particularly improvements in on-line tools), it is likely they will become a more routine part of the policy process.

For this paper, we have focused our attention on two concrete examples of public involvement initiatives in Canada – the public consultation process undertaken by the Romanow Commission on the Future of Health Care in Canada, and the citizens’ dialogue commissioned by the Council of the Federation’s Advisory Panel on Fiscal Imbalance. They were chosen because they encompass a variety of public consultation and participation mechanisms for consideration.
The two cases are different but connected stories of public participation on what are arguably very challenging and complex public matters: how we share public resources and what kind of health care we are prepared to support. It must also be noted that while they differ in scope, duration and policy fields, they both illustrate examples of how public involvement methods were matched to policy purpose.

We hope that telling the story of why and how these two public consultations unfolded will illustrate some key considerations and questions to work through in preparation for public consultations.

**Case Example Reporting Structure and Sources**

The case examples are largely descriptive as evaluative analysis was beyond the scope of this undertaking. More rigorous evaluation would require additional documentation and remains, unfortunately, a largely uncharted territory. The two public involvement initiatives are organized roughly by the following categories:

- Description, Scope and Budget
- Context and Background
- Purpose and Objectives
- Method, Design and Implementation
- Reporting, Communication and Dissemination
- Impacts
- Appendices and References

The Romanow public consultation process was comprehensive, complex and intertwined, and each component part is briefly described. A more detailed assessment of the dialogue process is provided for the Citizens’ Dialogue on Sharing Public Funds for a Better Canada. The intention is to offer an overview of the different public consultation processes used by Romanow and provide a more detailed picture of the inner workings of the Fiscal Imbalance public engagement exercise, from start to finish.

Sources used in the preparation of the case examples include: original documentation (participant workbooks, final reports, communiqués, etc.), unpublished sources (presentations at international conferences), peer-reviewed articles, selective key informant interviews and media articles.

The first case to be presented is the Romanow Commission on the Future of Health Care in Canada, followed by the Citizens’ Dialogue for the Advisory Panel on Fiscal Imbalance.
Case Example 1. Romanow Commission on the Future of Health Care in Canada – Public Education and Consultations

1. Description, Scope and Budget

Announced April 3, 2001, the Commission on the Future of Health Care in Canada was led by the Honourable Roy J. Romanow, a former premier of Saskatchewan. The extent of public education and consultation processes undertaken by the Commission were unprecedented in Canada. The Commission had 18 months to fulfill its given mandate: to review Medicare, engage Canadians in a national dialogue on the issue, and make recommendations to enhance the quality and sustainability of the system. The overall budget for the Commission was $15 million (see Appendix I for budget details), with $6 million of that allocated to expert/stakeholder and public consultations ($1.3 million for the Citizen Dialogue). The Commission unfolded in two distinct stages. The first spanning 11 months focused on research and fact-finding on four themes: values, sustainability, development of culture of continuous change, and mechanisms for cooperative relations. It included expert roundtables, a conference on Aboriginal health, site visits, research reports and discussion papers and a public call for submissions. The second stage, launched by the release of an interim report, featured an extensive public and stakeholder consultation phase, including: a Citizens’ Dialogue (preparatory work commencing in fall 2001), Open Public Hearings, On-line engagement (including a workbook, Issue/Survey Papers, Submissions, as well as a 1-800 number), Televised On-Campus Policy Dialogue Sessions, Expert Workshops, Regional Forums, and other activities engaging experts, citizens and interested stakeholders. The Commission listened to tens of thousands of citizens and stakeholders on ways to preserve and enhance the system. In November 2002, the final report, Building on Canadian Values, with its 47 recommendations in ten critical areas, was submitted to Parliament.

2. Context and Background

In 2001, the federal government announced the creation of the Romanow Commission in what was a crowded and contentious health policy field. The Senate study on health care (Kirby, 2002) was underway and various provincial commissions on health care were either in progress or recently completed (Clair, 2000; Mazankowski, 2001; Fyke, 2001; Premier’s Health Quality Council, 2002). As noted by Steven Lewis (2003: 562):

[…] the world of 2002 was enormously different from 1997, when the National Forum on Health issued its report. Financial conditions were much improved. Ottawa was determined to play a more significant role and was moreover prepared to pay for it. […] And a widely admired, recently retired Premier, a long-time friend of the Prime Minister, from the province that created Medicare, was now available to serve in a high-profile capacity […] In a sense, all roads led to Romanow. At issue was whether there was anything fundamental to say about health-care principles, organizations, and delivery that had not already been said countless times. And if originality was unlikely, was there an opportunity for
more penetrating analyses and refined arguments, speaking directly to the unresolved anxieties of the twenty-first century? [...]

A key challenge for the commission was managing the tension between different jurisdictions in regards to federal and provincial health-care roles and funding allocations, not to mention policy prescriptions (CPRN and Ascentum, 2005; McIntosh and Forest 2004; Mikail and Tasca, 2004). Federal cuts to provincial transfers in the mid-nineties had left a bad residue despite recent federal cash injections. Moreover, the creation of a Commission in a policy field in which the provinces had delivery responsibility made the Commissioner’s task that much harder. Gaining credibility for a transparent and inclusive process was very important to ensure early and active participation of provincial governments in the fact-finding and consultation phases.

Managing diverse stakeholders’ needs and expectations presented another set of operational and design challenges (the Canadian Guide to Associations lists more than 4,000 active groups, organizations and associations in the health-care sector) (CPRN interview with Michel Amar, former Director of Communications and Consultations, Romanow Commission: 2006). Furthermore, while considerable research already existed, there was pressure to ensure that the Commission had access to and/or commissioned new research to gather information from various perspectives. In fact, some staff members were somewhat dubious about the value of a research program (assuming that little new would be brought to the table). In addition, some sceptics questioned the merits of a full-blown public consultation process, assuming that public input would not be aligned with expert knowledge. As will be discussed, Romanow instead saw a window of opportunity in which to create three streams (public, stakeholder and decision-makers) of input and then look for points of conversion (CPRN Interview with Dr. Forest, former Director of Research for the Romanow Commission: 2006).

Public expectations also weighed heavily on the Commissioner given the iconic status of health care in the Canadian psyche. “The focus and attention given the Commission is in no small part an indication of the degree to which Canadians support their health-care system and the urgency they feel regarding its current state” (Mikail and Tasca, 2004: 236). Added to the pressure of very high public, stakeholder and governmental expectations, the Commission also faced an immense workload within a tight 18 month timeframe. Therefore, the recommendations they put forth could not cover every aspect of long-term health issues (such as the role of psychological care in the health-care basket; see Mikail and Tasca, 2004).

Finally, the high profile of the Commissioner himself, coupled with what was seen as the number one public issue guaranteed that the Commission’s work would be subject to intense and widespread media attention and scrutiny at national, regional and local levels.

3. Consultation Objectives, Guiding Principles, and Assumptions

Overall, the public consultation processes spanned three phases (see Appendix II for Commission Consultations Timelines):

- Public Education
- Public Consultation and Engagement
- Synthesis and Analysis
It is important to note that these were not rigid or mutually exclusive phases, but rather interwoven and overlapping. For instance, some public consultation took place during the public education phase and in reality public education opportunities occurred throughout the entire process.

The Consultation process was unique not only because of the broad scope of its engagement opportunities, but also because of its innovative approach to combining stakeholder, expert and public input streams to test for convergence and divergence on policy directions, as well as broaden participants’ perspectives.

The overarching goals of public education/consultations/deliberations were twofold:

1) to provide opportunities for collective learning; and,
2) to ensure that Canadians’ values, perspectives and preferred choices were reflected in the final report and recommendations on the future of health care in Canada.

Considering the sensitivities and volatility surrounding the Commission’s work, there was a clear need to showcase credibility and integrity of process (Amar: interview, 2006). To do so, the Commissioner and his staff established six Guiding Principles at the outset that would frame all of the Commission’s work, and in particular the public consultation strategy:

- **Objective**: no pre-conceived ideas about the outcome
- **Open and transparent**: submissions, transcripts, research and others posted to the Web site
- **Comprehensive**: breadth of perspective in all phases
- **Evidence-based**: avoiding anecdotes and explaining recommendations based on evidence (“no fact, no recommendation”)
- **Inclusive**: engaging everyone (appropriate, relevant and balanced participation by experts, stakeholders, and citizens reflecting a range of perspectives)
- **Respectful**: acknowledge and treat inputs received seriously

These Principles helped to establish the Commission as a credible, objective and valuable interlocutor with individual Canadians, stakeholders and federal/provincial decision-makers. Furthermore, these principles also served to guide the consultation strategy design and implementation.

Amar outlines the seven critical assumptions that were the basis of each of the three phases of the consultation process (Amar, 2006: 7)

- **First**, before addressing specific issues or problems afflicting the health-care system, it was essential to first understand Canadians’ expectations as to the core values on which the system should operate. To put it more bluntly, the Commission sought to understand what it was Canadians wanted and expected from their health-care system, and what they were prepared to do or sacrifice to see that type of system established. Accordingly, as will be discussed shortly, the initial focus of the Commission’s consultations was on “values”.
Second, if the consultations focused simply on “values”, and not on tough-minded solutions to the difficult challenges confronting the health-care system, the Commission’s final report would be dismissed as irrelevant. Accordingly, an “issue-specific” focus for the consultations was also required.

Third, to make the process as relevant to ordinary citizens as it was to experts, a variety of consultation tools and approaches, both formal and informal, would need to be deployed.

Fourth, a highly visible, overarching public education program, as well as consultation-specific information sessions, would be required. In the Commission’s view, both elements were necessary to respond to the concerns Canadians had expressed that they lacked both the information and opportunity to contribute in an informed way to shaping the future of health care.

Fifth, the Commission needed to enlist the resources and capacities of Category I and II stakeholders, as well as other health system stakeholders, to leverage the reach and visibility of the consultations.

Sixth, to the extent possible, the Commission needed to directly involve the expert stakeholder community in synthesizing and interpreting consultation inputs and results. Indeed, the consultation process was specifically designed with this purpose in mind – it was essential that interpreting consultation inputs be a shared, rather than the exclusive, responsibility of the Commissioner.

Seventh, because of the short-time frame within which the Commission was required to submit its final report, consultation inputs would need to be synthesized on an ongoing basis with a view to identifying areas of consensus and disagreement. Accordingly, the design of the consultation program provided for ongoing synthesis and interpretation of consultation inputs by experts and stakeholders, as well as by Commission staff.

Therefore, it is not surprising that the final report noted that “objectivity, transparency, and breadth of perspectives were the hallmarks” of the Commission (Romanow, 2004: 1).

4. Consultation Process Planning and Implementation

A key objective for the consultative activities (both public and expert/stakeholder) was to collect new compelling and objective evidence that would help guide the Commission’s final recommendations. The Commissioner also was convinced that implementation would not happen without the full engagement and support of Canadians (CPRN interview with Roy J. Romanow, Commissioner: 2006).

The Commission organized its work in two distinct phases: Phase 1 (June to December, 2001) focussed on Research and Fact-Finding whereas Phase 2 featured extensive Public and Stakeholder Consultations (January to September, 2002). While the consultative phase was preceded by the research activities, extensive planning and preparatory work for the consultations occurred throughout the fall of 2001.
4.1 Fact-finding and Research: Setting the Stage for Consultations

The Commission’s research agenda was in large part shaped by its guiding principles (e.g., openness and inclusiveness) and the need for an objective, comprehensive and accessible research program to contribute to public education and stakeholder discourse. To this end, the Research Director and Communication/Consultation Director collaborated on and coordinated each other’s work plans (Amar, 2006: 5) to maximize the connection between policy research and stakeholder/public consultations. While logical and desirable, all too often public consultations are carried out in communication silos separate from policy planning and deliberations.

Overall, the Commission’s research program focused on four themes:

1. The values of Canadians as they relate to the kind of health-care system they want;
2. The sustainability of the health-care system;
3. The need to develop a culture of continuous change aimed at improving the quality of health-care services; and
4. Mechanisms to improve cooperative relations between the actors within the system (e.g., governments, health professionals, other stakeholders, patients, citizens).

The goals of this fact-finding and research phase were twofold: 1) to ensure high visibility for the results that in turn were designed to inform the public consultation stage; and, 2) to directly engage experts and key stakeholders in the process. Targeted expert consultations were also conducted. The Commission held bilateral meetings with provincial and territorial officials, and convened sessions with stakeholders, policy-makers and experts. While public submissions could be made during the research phase, this period mostly set the stage for the fulsome public consultation process that took place from January to September, 2002.

4.2 Public Education: An Ongoing Process

The public education and awareness activities were extensive and ongoing. To supplement and broaden its own public outreach work, the Commission partnered with stakeholders and media outlets. The Commission’s decision to make all of its research public as soon as available was a significant innovation – this was not common practice for Commissions. Key components of the public education campaign included:

1. The Publication of an Interim Report (February, 2002). It summarized the fact-finding and research efforts to date. It also provided a “framework for a national dialogue on health care” and included background information and key issues and concerns for the consultation phase. It was available on-line on the Commission and stakeholders’ Web sites and Canadians were encouraged to review the report.

More precisely, research initiatives included: six expert roundtables (three in Canada, three abroad); three research consortium reports; 42 discussion papers; 24 site visits; a National Conference on Aboriginal Health and; 640 formal submissions from individuals and groups (see Romanow, 2002).
2. **Web Postings/Toll-free Number.** A focal point of the public information and awareness efforts was the Commission’s Web site. It featured relevant governmental links, international Web sites, a detailed bibliography and other materials on different subjects. In addition, speeches, presentations, submissions received, research papers, consortium reports, etc., were posted. A monthly e-update was sent to people who had registered. The Commission’s toll-free number tracked 2,927 calls from individual Canadians, stakeholders or advocacy groups.

3. **Speeches, Presentations and Media Relations.** In 18 months, the Commissioner made 45 speeches/presentations in 24 cities to a variety of audiences across Canada. Media availability sessions followed each event. Two newspaper editorials were also signed by the Commissioner.

4. **CPAC Televised Discussion Forums** (January 24-February 28, 2002). As part of its public education activities and to encourage informed discussions in the public consultation phase, the Canadian Public Affairs Channel (CPAC) ran a six-part series with experts. The series tackled Canadians’ highest priority concerns as identified by public opinion research. Citizens were encouraged to, (and did) phone in, ask questions, and make comments.

4.3 **Public Consultation and Engagement Activities**

The Commission’s public consultation program focussed on the *issues* and the inherent *values* underpinning the health-care system. To quote Commissioner Romanow:

> What I want is a better sense of what you [citizens] collectively value as important and believe to be the right path to take and why. I want to understand what aspects of the solutions you prefer – and do not prefer – in order to better focus my Commission’s final recommendations (Romanow in CPRN, 2002: 5).

The Consultation strategy was composed of deliberative face-to-face dialogues/workshops and seminars, on-line venues, and more traditional public hearings/town halls.

4.3.1 **Citizens’ Dialogue on the Future of Health Care in Canada Rationale**

Driven by a desire to adequately capture public views and opinions, the Commission needed more than public opinion polling data, which offered contradictory information about the “definitive” opinions of citizens. The Commissioner also wanted reliable knowledge about citizens’ values and how they might reconcile the difficult trade-offs for a sustainable health-care system (*Romanow: interview 2006*). In the fall of 2001 the Commission brought together experts to discuss how best to shape its public consultation process. Following this event, CPRN and Viewpoint Learning4 met with the Commission to discuss their proposal for a citizens’ dialogue. Subsequently, contracts were signed with the partners and work commenced on a national citizens’ dialogue. Such an initiative implied large investment from citizens, the Commission, researchers and support staff.

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4 CPRN partnered with Viewpoint Learning, a United States based firm led by Chair, Daniel Yankelovich (author of *Coming to Public Judgement*, 1991) and President, Steven Rosell. Viewpoint Learning’s ChoiceWork methodology is designed to fill a gap in the opinion-formation process (see MacKinnon, Maxell, Rosell and Saxena 2003:4).
With a budget of $1.3 million, the Citizens’ Dialogue was the single largest and most expensive component of the public consultation phase. In contrast with public hearings and town hall meetings, *deliberative dialogues* create an ambience where unaffiliated citizens are supported to learn and then deliberate together on difficult policy choices (see Maxwell, Rosell and Forest, 2003; Abelson, Forest, Eyles, Smith, Martin and Gauvin, 2003; Maxwell *et al.*, 2002).

**Framing the Issues for the Dialogue and Developing the Participant Workbook**

A “ChoiceWork Dialogue” methodology was chosen because of its focus on collective learning and helping people to make value-based choices and trade-offs on difficult and important public policy issues. The Commissioner knew the work of Daniel Yankelovich, who developed and applied the ChoiceWork method successfully in the United States (*Romanow: interview 2006*). CPRN had experimented with a similar method in the *Citizens’ Report Card on the Quality of Life in Canada* (1999-2001), *The Society We Want* (1997-99), and *Understanding Canadian Values* (1995) projects.

The methodology offers the missing link in the opinion-formation process. The conventional public education model holds that public opinion is formed through a simple two-stage process: information leads to public judgement. However, on complex issues such as health care, public judgement evolves through three stages, not two. The middle stage of “working through” conflicting values and hard choices intervenes between opinion formation and resolution (Maxwell *et al.*, 2002: 3).

To help inform the issue framing, analysis of historical and current public opinion research on health care was done—identifying themes and trends. Intensive discussions with health-care experts, Commission staff and dialogue experts (CPRN and Viewpoint Learning) culminated in the creation of four scenarios reflecting the views most likely to be found in the broad Canadian public. The health-care scenarios chosen reflected the different types of reform proposals most often put forward for public debate and represented the broad range of reform views held by Canadians (see Table 1).
Table 1: The Four Scenarios for the Citizen’s Dialogue on the Future of Health Care in Canada

1. More public investment. Add more resources such as doctors, nurses, and medical equipment to deal with Medicare’s current problems either through a tax increase or by reallocating funds from other government programs.

2. Sharing the costs and responsibilities. Add more resources to deal with current problems not by increasing public spending but through a system of user co-payments for health-care services that would provide an incentive for people not to over-use the system as well as needed funds.

3. Increase private choice. Give Canadians increased choice in accessing private providers for health-care services. Side-by-side with the public system, Canadians could also access health-care services from a private sector provider (either for-profit or not-for-profit) and pay for it from their own resources or private insurance.

4. Re-organize service delivery. Re-organize service delivery in order to provide more integrated care, realize efficiencies and expand coverage. Each Canadian would sign up with a provider network who would work as a team to provide more coordinated, cost-effective services and improved access to care.


The scenarios became a focal point of the participant workbook. Each scenario included factual background information, its basic elements, and key arguments for and against (which reflected different values). Participants received their workbook at registration and reviewed it over breakfast. The workbook contents included: a letter from the Commissioner explaining the importance of public input in guiding his thinking on recommendations; an agenda; background information on health care in Canada; dialogue ground rules and a dialogue versus debate table; and the four scenarios. A pre- and post- questionnaire (using a 7-point scale) was developed and used to understand if/how participants’ views on the four scenarios evolved over the course of the day (www.cprn.org/en/doc.cfm?doc=1159). The pre-questionnaire was completed in the morning after a background briefing and the post-questionnaire at the end of the day. The questionnaire served to measure the evolution, transformation, or constancy of their perspectives during the day. The post-questionnaire provided an open-ended section for participants to add their own conditions to their scenario ratings.

Participant Recruitment

EKOS Research Associates, a professional polling firm hired by CPRN, used random digit dialling to recruit a representative cross section of the Canadian population. One quarter of those recruited participated in French, the remainder in English. Some criteria were applied: people working in the health-care system were excluded; people also had to be able to speak and read French or English, and be at least 18 years of age. In total, 489 citizens participated in 12 day-long dialogue sessions across the country. While the sessions were held in cities, people travelled from further a field (for instance, the Halifax session had participants from...
Newfoundland). Each dialogue session had about 40 participants. Very few of those recruited
did not attend and, in general, recruiters found people to be very enthusiastic and responsive.
Participants received an honorarium of $100 and, where necessary, their travel and
accommodation costs were covered.

**Dialogue Process Design and Implementation**

During the winter, 2002, CPRN hosted 12 regional day-long dialogue sessions across Canada
(three in each of the four regions). Three of the Dialogues were done in French and nine in
English. They were held on a Saturday or Sunday, and some participants travelled for long
distances. Each session was video- and audio-taped: the transcripts and videos were used for
analysis and creation of a video for dissemination with the final report.

Working with two teams of expert professional facilitators who followed a standardized process
that included a facilitator’s guide (with agreed-to prompts), the sessions combined plenary and
small group activities. Participants had two key tasks (Maxwell et al., 2003: 1031): first,
working in self facilitated groups of 10, participants created “their own vision of the health-care
system and what it should look like in 10 years,” and second, reconvening in plenary sessions
and with the help of the facilitation team, they worked through “the practical choices and trade-
offs required to realize that vision.” Each session started with participants sharing thoughts on
their reasons for participating and ending with a key insight or surprise and their message to
decision-makers.

**Analysis, Reporting and Dissemination**

CPRN and Viewpoint prepared the report using various data sets to analyze the findings: pre-
and post-questionnaire results and cross-tabulations, transcripts, video tapes, flip-chart notes,
opening and closing statements and note-takers’ reports. The Commission was given an internal
briefing on results in advance of the report release and staff reviewed various drafts. Analysis
and writing occurred through the spring months. Given the volume of data and the newness of
the dialogue experience in Canada, it took a few months to analyze and finalize the report.

The report was sent to all participants and released to the public in June 2002 – within 6 months
of the first dialogue session. It is available free of charge on CPRN’s and the Commission’s
CPRN and Viewpoint Learning was held on the release day. The report was broadly
disseminated to federal and provincial politicians, senior officials, researchers, stakeholder
groups, and the media. It received considerable media attention, was the subject of a number of
executive briefings within various federal government departments, and presented at conferences
and workshops in Canada and abroad.

**Validation and Participant Evaluation of Dialogue**

Although the citizens’ dialogue was not subject to a formal evaluation, closing comments of
participants revealed a high level of satisfaction with the process and results. Many spoke about
how much they had learned during the sessions, and talked about deepening their understanding
of the issues and discovering much more common ground on values that they had expected.
They also spoke of gaining a better understanding of the need to make difficult choices and trade-offs. Both participants and observers were impressed with the depth and breadth of conversation that resulted.

The dialogue results were compared with a national telephone public opinion survey of a representative sample of 1,600 Canadians (conducted by EKOS). The Commission wanted to know if the views expressed in the dialogues were consistent with those held by the general public. Results were congruent. Both opinion poll and dialogue results were posted on the Commission’s Web site. The Commission felt that this validation process enabled Romanow to speak with more authority and legitimacy about the Canadians’ values and expectations about health-care policy and services (Maxwell et al., 2003).

**Dialogue Results**

Over the course of the day, participants’ views evolved from a focus on “fixing” Medicare by eliminating waste and better efficiency to a sense of urgency about the need for fundamental reform including primary health care and better coordination through a central information system. More precisely, participants expressed a willingness to register with a team of medical professionals, see a nurse for routine care and have their medical record on an electronic “smart card.” While acknowledging that sustainability of such a system would require additional funding, they favoured more public funding rather than a parallel private system. To do so, they were willing to accept taxes specifically allocated to health care. They also called for an independent “auditor general” and better inter-provincial cooperation and clearer definition between federal and provincial responsibilities to ensure greater accountability.5

The Dialogue results had a notable influence not only on the Commission’s Report, but also on the debate that followed its publication. According to Maxwell et al. (2003), they contradicted arguments made by the National Forum on Health (1997) regarding the general public’s inability or unwilling to make trade-offs about health care. In the same vein, the results also challenged elite views about Canadians’ reluctance to embrace change in their health care, in particular with respect to the following elite views:

- The public is resistant to primary care networks, a centralized medical information system and “smart card”;
- The public is not interested in health promotion and prevention; and
- Citizen input on health governance is not useful (Maxwell et al., 2003: 1033).6

**4.3.2 On-line Consultations**

**On-line Workbook**

An adapted version of the dialogue workbook was created for on-line consultation (Jackson, Zagon, Jenkins and Peters, 2002). The workbook presented a simplified version of the four

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5 For more detail on Citizens’ Dialogue outcomes see Maxwell et al., 2003; Maxwell, Jackson, Legowski, Rosell and Yankelovich, 2002.
6 See Maxwell et al., 2003: 1033.
competing scenarios on health-care sustainability, along with the pros and cons for each. This served to facilitate the involvement of greater numbers of Canadians in the consultation process. In all, between March 7 and May 31, 2002, over 20,000 Canadians initiated the on-line workbook and 16,463 completed it with another 1,083 paper based workbooks completed. The required time for completion was about 20-25 minutes. The results of the on-line workbook broadly concur with those from the facilitated Citizens’ Dialogue (www.cprn.org/en/doc.cfm?doc=43). However, there are important differences between the on-line workbook and the Dialogue:

1) On-line respondents were self-selected. They were not a representative sample of the Canadian population (e.g., 23 percent self-identified as “health professionals’ whereas the actual distribution in the population is less than 5 percent);

2) The on-line workbook was designed as a short exercise, and did not offer collective learning, working through the issues or group discussion;

3) The scenarios used in the dialogue sessions were a starting point for discussion. Participants were free to accept, reject, combine elements or create their own scenario. This was not possible in the on-line exercise (Jackson et al, 2002: 7)

**On-line Issue/Survey Papers**

To provide additional opportunities for Canadians to learn and share their perspectives on key health-care issues, nine separate issue/survey papers were prepared by the Canadian Health Services Research Foundation (CHSRF). All papers had the same format, 10 pages long including: an overview, three policy alternatives, pros and cons for each, and a series of survey questions. Posted on the Commission Web site, hard copies were also available through a toll-free number. The public was encouraged to read the papers and then complete an on-line survey. These papers also served as a basis for the 12 on-campus university dialogue sessions (see section 4.4.3), using a similar format to that of the CPAC Televised Discussion Forums. An estimated 14,000 on-line surveys were completed between May 15 and July 10, 2002.

**4.3.3 The Open Public Hearings (Day One)**

Twenty-one televised, open public hearings were held across the country from March 4 to May 31, 2002. They were designed to ensure balance, breadth of perspectives and to encourage participation by stakeholders, experts and ordinary citizens. The process was designed to have experts, stakeholders and citizens hear each others’ perceptions and solutions, as well as to further the Commission’s deliberations.

To strengthen credibility and objectivity, the Commission used a template to guide the selection of a good cross-section of interests and perspectives at each hearing across the country. Some groups volunteered to appear, others were invited directly by the Commissioner. Provincial

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7 The Televised Discussion Forums were part of the public education activities to encourage informed discussions in the public consultation phase. A six-part series (2 hour broadcasts) with experts was presented on the Canadian Public Affairs Channel (CPAC). They tackled Canadians highest priority concerns as identified by public opinion research. Citizens could assist, phone in, ask questions and make comments. These took place between late January and late February, 2002.
officials reviewed and commented on the potential participants lists. Newspaper notices invited interested parties to submit a one-page abstract outlining their key points. This provided the Commission with a wide range of issues to be discussed at each session and helped to avoid redundancy. Those not making the short list were invited to submit a written presentation using the Commission’s framework. Submissions were posted on the Web site. The hearings were all-day sessions, averaging about 30 presentations per day. In total some 627 organizations and individual citizens participated. Of these, 42.3 percent were individuals and 57.7 percent representatives from organizations or experts (Romanow, 2002).

Each session usually opened with a provincial health Minister (or Deputy Minister) presenting an overview of the province’s health-care situation, followed by a member of the Opposition party. For the rest of the day, the presentations alternated between experts or organizations and unaffiliated citizens. At the end of each session, a few individuals were invited to give their comments on the day’s presentations. CPAC broadcasted all sessions in both official languages. Within 48 hours, a summary of each presentation was available on-line for public comments and review. Nine of the 21 Day One sessions were followed by Day Two “Synthesis” sessions with experts and stakeholders (see section 4.4.1). In addition, before and after each day of hearings, the Commissioner was available for open-line radio call-in programs. This was meant to allow those unable to attend the hearings in person to share their views directly with the Commissioner.

4.3.4 Other Public Input

In addition to the public input described above, the Commission received 6,736 individual letters and 4,421 e-mails, all of which were reviewed, summarized, synthesized and fed to the research group preparing the Commission report.

4.4 Experts and Stakeholder Consultation

Considering the close integration of the three consultation streams within the Commission’s overall plan, the next section is intended to help understand the role and contribution of the public consultation component within the context of the full consultation process.

4.4.1 The “Synthesis” Sessions or Expert Workshops (Day Two)

As noted, nine of the 21 formal open public hearings (described in section 4.3.3) were followed by additional synthesis/expert workshops on the next day (March to May, 2002). These were closed sessions with about 15 to 20 health experts, stakeholders and decision-makers drawn from the province or region in which the workshop was held. Their purpose was to help the Commission synthesize and interpret the previous day’s presentations. The Commission sought to share responsibility for accurate analysis of the previous day’s presentations and to demonstrate its commitment to objectivity (Amar, 2006: 12). Non-attributed summary minutes were available on-line within 24 hours, and to all Day Two participants. This was yet another innovation.

The rationale for having closed, not-for-attribution meetings, reflected a concern that when cameras were let in, people spoke “at each other” (and to the cameras) as opposed to “to each
other.” However, successful closed meetings only work if certain conditions are met (Amar: interview 2006):

- If there is breadth of perspective and balance, and participants agree that there is both breadth of perspective and balance;
- If a degree of trust exists among the participants vis-à-vis the commitment to respect the confidentiality of the proceedings post-process (for example, some invitees declined to participate because they did not trust other invitees to honour this commitment);
- If there is a strong, effective and credible facilitator (and preferably a high profile one whose personal bona fides and credentials are impeccable).8

The media were advised in advance of the participant list and were permitted to film opening remarks and to interview participants as they entered the room, during breaks and following the event. The Commission made the media aware of the reasons for closed meetings (i.e., to get honest dialogue instead of rhetoric) and were informed that non-attributed summary minutes of the deliberations would be posted within 48 hours. The media accepted this relatively well because they were aware that many high-profile critics and advocates were given ample opportunities to participate, share their views or make presentations at one of many public and televised venues. The closed sessions were also possible because the Commission had already established a strong reputation for openness and credibility through several successful high-profile public events. The overall scope of the engagement activities was so broad that it was difficult for critics to argue that they did not have a chance to make their case to the Commission. However, if Romanow had opted for just closed sessions, the reaction from the media, advocates, critics and the public might have been quite different (Amar: interview 2006).

4.4.2 The Regional “Synthesis” Forums

To further distil and interpret results from the 12 Citizens’ Dialogue sessions, the 21 days of public hearings (Day One) and the nine Synthesis sessions (Day Two) sessions, three Regional Forums were held in June, 2002. These were designed to further engage the expert community in its deliberations and also to gauge the extent to which areas of consensus and disagreement were emerging within and across the different regions. The process was similar to the Day Two sessions. Each meeting was comprised of about 20 experts, advocates and decision-makers, of which 12 were drawn from the list of Day Two participants (for continuity).

4.4.3 Partnered Policy Dialogues Sessions: On-campus university televised dialogue sessions

To broaden public awareness on issues such as home care, pharmacare, consumer choice, health human resources, and to engage expert and academic groups in framing key health-care issues and exploring possible solutions, the Commission partnered with universities across Canada to organize a series of 12 on-campus televised policy dialogues sessions (May-September, 2002).

8 The Commission used two types of facilitators at the sessions: either senior Commission staff (that stakeholders knew and were told up-front that Romanow would denounce them publicly if they did not honour their commitment to confidentiality) or eminent Canadians (whose stature and credibility would bring a level of discipline to otherwise potentially fractious opponents).
They used the same nine issue papers developed by the CHSRF for the public on-line survey (see section 4.3.2). Each session was open to the public. All were moderated by an eminent Canadian and included expert and stakeholder panellists who brought diverse perspectives to the issue under study. The event moderator provided a summary report on the debate highlighting areas of consensus/cleavage, which was posted on the Commission Web site.

5. Impacts

The next section discusses how public consultations influenced the Romanow Commission report and recommendations and then concludes with a brief comment on the impact of the final report on the consultative processes in Canada and on health policy governance.

5.1 Public Consultation – Impact on the Commission Report and Recommendations

As noted by Mr. Romanow (2003: 1-2), the Commission “set a new standard for facilitating informed and productive policy debate, and at the same time, for engaging Canadians in the policy-process.” The Commission was “seen as the most comprehensive consultation initiative ever held in Canada. The results of the research and consultations allowed the Commissioner to present a report to Parliament that combined the collective wisdom of all Canadians” (CPRN and Ascentum, 2005: 16). Chodos and MacLeod (2004: 16) provide more qualified applause for the role of public input in the Romanow report. They argue that while the report invokes “fundamental Canadian values that are embodied in Medicare, it establishes parameters for what outcomes are acceptable but does not (and cannot) specify on its own the exact mechanisms that should be deployed to attain these objectives.” Others argue that it was never the citizens’ job to define mechanisms.

In an interview with CPRN for this paper, Dr. Forest, identified what he sees as the two most important findings flowing from the Commission’s public consultation work, and the Dialogue more particularly. The first has to do with the public’s level of sophistication in dealing with complex policy issues. Forest was struck by citizens’ knowledge of health and health-care issues, notably in regards to new modes of delivery, new roles for health providers and new evidence about behavioural and social determinants of health. Second is the importance of “new values” of accountability, transparency and efficiency for health policy development. For example, while accountability was implicit in some of the research papers and submissions, the citizens’ dialogue and other public consultation initiatives really brought this value to life. The centrality of the accountability theme in the final report in large part flowed from the public consultation work of the Commission. Through the many different consultation activities, especially the Citizens’ Dialogue, Canadians expressed a clear desire to have more accountability and efficiency in health-care services. Transparency, accountability and efficiency were perceived as underlying conditions for equity in health-care services (Forest: interview 2006).

The Commission’s recommendation to add a new sixth principle – accountability – to modernize and strengthen the Canada Health Act (Romanow, 2002: 248; Romanow: interview 2006) is further evidence of the influence of public consultations.
Romanow’s public statements since 2002 stress the importance of the citizens’ dialogue in informing the Commission’s “choice of the underlying principles for the final report and its title – Building on Canadian Values. It reinforced the notion that first values and then evidence were key to our blueprint for reforming and preserving … Medicare … I submit that it goes further – any major policy that is not first predicated on values will likely fail.” (Unpublished speaking remarks at CPRN Reception for Judith Maxwell, March 8, 2006)

In a similar vein, Maxwell et al (2003: 1033) argue that the Dialogue results impacted on the Commission’s final report in three ways:

- A redefinition of the role of the citizen “from a passive consumer of health-care services to active participant in the governance of health services […]”.
- A demand for transparency and accountability, “for a new, more open policy process based on regular and comprehensive reviews of achievements and results attained by public authorities.” This is a recommendation that has resonated with the public and stakeholders.
- A heightened political interest in public engagement. Decision-makers heard the different perspectives of Canadians and recognized that greater policy legitimacy would come from better listening and understanding of the different views.

The report recommendations for a Canadian Health Covenant and for the creation of a Health Council of Canada to “establish benchmarks, collect information and report publicly on efforts to improve quality, access and outcomes in the health-care system,” (Romanow, 2002) certainly resonate with the citizens’ call for improved accountability, transparency and better governance and their insistence that citizens’ relationship with health care must involve the exercising of both rights and responsibilities.

5.2 Impact of Romanow on Health Policy Governance

While Romanow and the Commission Executive Director, Greg Marchildon, considered the Commission’s report to be a starting point for reform, others maintain that the level of media and public attention surrounding the Commission’s activities bolstered the Report’s status to that of a blueprint for the future of health care in Canada.

It has been argued that the Romanow recommendations were, at a minimum, one of the contributing factors in the creation of the federal, provincial, territorial Health Accords of 2003 and 20049 and the creation of the Health Council of Canada (Mikail and Tasca, 2004: 237; Lewis, 2003: 550; Nagarajan, 2004).

The Health Council of Canada was established in late 2003 without the participation of Quebec or Alberta and with a slightly different composition than recommended. Nonetheless, Romanow characterized its creation as a welcome step in the right direction to guarantee public accountability (Romanow, 2004: 10-11) but has since expressed disappointment with its public accountability.

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9 Stephen Lewis (2003: 550) has argued that while the Accords could be considered as a realization of the Romanow commission, it may be premature to attribute a causal relationship between the two.
role, especially given the non-participation of Quebec and Alberta (Romanow: interview 2006). Marc Veilleux (2003: 5) argues that the Romanow Report got a qualified reception in Quebec because of its centralistic character. However, he notes that Romanow must nonetheless be recognized for his courage for inviting provinces to renew their engagement with public and universal health care, which goes against many provincial reports that promoted privatization (such as the Clair Report in Quebec).

Implementation of major policy reforms advocated by Romanow and promised in the Health Accords is happening more slowly than most would like. While the public call for primary health-care reform was unequivocal in the Romanow report, the challenges of changing policy, program and delivery systems brings us face-to-face with the need for sustained public pressure on political leaders.

It appears unlikely that any major policy shifts relating to important areas such as primary care, pharmaceuticals or the mix of private and public activity are pending. Dealing with human resources shortages, consolidating regional authorities, plugging gaps in community services, improving management, better information and reporting, and strengthening cooperation across provincial governments and between provincial and the federal governments will be the main story for the next several years, as it has been for the past forty (Davidson, 2004: 275).

5.3 Impact of the Commission’s Public Consultation Approach

The Commission’s comprehensive and integrated public consultation strategy and design has attracted considerable attention in Canada and abroad. It has spawned considerable discussion about the need for more deliberative ways to engage the public in policy, and the contribution of values discussion in policy formation, and moreover has led to more experimentation in the field.

The Nuclear Waste Management Organization (NWMO) launched its own extensive national process to engage stakeholders, experts and the public in discussion about what management approach should guide the decision-making on the treatment of long-term nuclear waste. Elizabeth Dowdeswell, then Executive Director, examined the process followed by Romanow and crafted a similar approach, including the commissioning of a national citizens’ dialogue process led by CPRN. The NWMO final report states:

In a fundamental way our proposal advances a collaborative process in which citizens always play a legitimate role in making decisions, while at the same time creating conditions for productive movement forward. The nature of waste, the inevitable uncertainties about performance years into the future, and the care that will be required over many generations, strongly suggest an ethical approach that integrates a continuing understanding of values (NWMO, 2005: 4).

Since the release of Building on Values (Romanow, 2002) there have been a number of national and provincial deliberative processes that have been influenced or informed by the Commission’s public consultation results. These include: the CPRN-led citizens’ dialogues on Canada’s Future, the Long-term Management of Used Nuclear Fuel and Sharing Public Funds;
the Public Health Agency of Canada’s National Public Health Goals Citizen Dialogue; the House of Commons Sub-Committee on Persons with Disabilities public consultation process; and the Senate Committee Study on Persons with Mental Disabilities on-line consultative process. In addition there is no doubt that the Commission’s deliberative methods also had a bearing on the following public engagement initiatives: the British Columbia Citizens’ Assembly and the Ontario Citizens’ Assembly on Electoral Reform.

While many will debate the extent to which the Romanow Commission’s recommendations continue to provide a blueprint for future health-care policy, it is difficult to discount its longer term impact on the role for and importance of values as a key factor in any policy formation equation. And the only way to really determine which values should underpin public policy and which value choices will be supported is to actually engage people in that difficult but necessary discussion.

1. Description, Scope and Budget

In May 2005, the Council of the Federation announced the establishment of the Advisory Panel on Fiscal Imbalance to provide “Canadians with an independent, objective assessment of the fiscal imbalance problem, specifically, how it should be addressed.”\(^{10}\) The five-member panel was drawn from the academic, the public and private sectors and represented all regions of Canada. Co-chaired by Janice Gross Stein (University of Toronto) and Robert Gagné (HEC Montréal)\(^{11}\) it was mandated to review both horizontal and vertical fiscal imbalances in Canada and report back to the Premiers with recommendations on how to resolve those imbalances by March, 2006. It was instructed to examine all federal transfer programs to the provinces and territories, including the Canada Health Transfer, the Canada Social Transfer and other major programs, and review options for the Equalization and Territorial Financing Formula.

The scope of the Panel’s work encompassed (Advisory Panel, 2006):

- consultations with public servants and politicians from each provincial and territorial government;
- a meeting with federal Department of Finance officials;
- commissioned research from the Conference Board of Canada; and,
- a roundtable with academics and policy experts.

In addition, the Panel commissioned CPRN to undertake a deliberative dialogue with a small number of Canadians to better understand what values and principles the public wants to underpin transfer programs and what trade-offs they are prepared to make. Ninety three randomly recruited Canadians participated in five regional day-long sessions, 21 of whom participated in a national session in January.


Ninety-three randomly selected Canadians participated across five regional day-long sessions (Halifax, Montreal, Toronto, Edmonton, and Vancouver) in December, 2005. In mid-January, 21 of the regional session participants convened in Ottawa for a national session to further explore issues that emerged in their respective regional sessions, and provide an opportunity for participants from across Canada to deliberate together.

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\(^{10}\) Council of the Federation. May 27, 2005 Press Release announcing the establishment of the Panel.

\(^{11}\) The other members were Peter Meekison (former VP, University of Alberta and former Deputy Minister of the Alberta Ministry of Intergovernmental Affairs, the Honourable Lowell Murray, Senator, and John Todd, businessman and former Minister of Finance for the NWT).
The total cost for the Citizens’ Dialogue was just under $250,000. Approximately half of these costs related to logistics (travel and accommodation for the project team and some participants, rental of meeting rooms, food, honoraria, recruitment, simultaneous interpretation and audio recording).

2. Context

The Advisory Panel was created at a time when fiscal federalism issues were gaining public profile, driven mainly by an increasingly acrimonious relationship between the provincial/territorial and federal governments. The deteriorating cooperation between governments was reinforced by the federal cuts to the Canada Health and Social Transfer (CHST) in 1995, and continued to erode for a variety of reasons:

1. In 2004, Ottawa unilaterally changed the formula for determining the amounts allocated under the Equalization program. At the same time, a panel of experts was created to advise the federal government on an allocation formula. The federal panel released its report in June, 2006.

2. Until the January, 2006 General Election, the federal government had consistently indicated that it “did not believe in the existence of a fiscal imbalance between the federal and provincial governments in Canada” noting that “both orders of government have access to all the major sources of tax revenues and have complete autonomy in setting their tax policies to address spending pressures related to their respective responsibilities.”

3. Provincial governments did not agree that raising taxes in the absence of more federal resources, beyond the Canada Health Transfer (CHT) and the Canada Social Transfer (CST), was a politically acceptable option. Nor, in light of consistent federal surpluses and federal spending in areas of provincial responsibility, did they feel it was a necessary option.

4. Rising oil and gas revenues are making some provinces – most dramatically Alberta – much richer than others.

5. The 2005 agreements between the federal government and the governments of Newfoundland and Labrador and Nova Scotia to retain oil and gas revenues for a number of years without reducing their Equalization payments caused a number of other provinces to cry foul.

The Government of Ontario, in particular, became increasingly vocal and critical about the gap between the revenues Ontarians pay and those received from the federal government. There were also concerns that Alberta’s growing riches were obtained in large part at the expense of central Canadian industry and residents. The tone taken by several Premiers drew greater media attention and public awareness to the fundamental issues surrounding fiscal federalism – which had until then been seen by many members of the public and media alike, as a bit of a yawner, better left to a few experts who understood the complexities and technicalities of the issues.

This was the environment within which the citizens’ dialogue on sharing public funds took place. Dialogue preparation (issue framing, workbook, dialogue design and logistics) began in early

12 Letter to the Advisory Panel co-chairs from the federal Ministers of Finance and Intergovernmental Affairs September 28 (2005).
fall, 2005. Participants were recruited and sent advance information in October and November. In late November, the Martin minority government was defeated and the election called for January 23, 2006. As a result, the dialogue sessions took place in the midst of an election campaign in which transfer programs were debated by political parties and academics, and got significant media coverage.

The national dialogue session occurred just after Stephen Harper’s (then leader of the Opposition) January 12, 2006 public letter to Premier Ralph Klein (then Chair of the Council of the Federation), in which he declared his agreement that fiscal imbalances exist and that they “are not fair and not right, and are incompatible with the healthy evolution of our federation.” (Advisory Panel, 2006: 11). He also promised, if elected, to begin immediate consultations with the provinces and municipalities to address both vertical and horizontal fiscal imbalances, declaring this issue to be a major priority for his party.

3. Purpose and Objectives

In deciding how to approach their task, the Panel agreed it was important to determine what the public thought about the issues. Some Panel members were familiar with the deliberative dialogue work CPRN had done for the Romanow Commission. They felt such an approach would be the best way to get meaningful input from the public in a non-controversial way – it would be more credible than top-of-mind opinion polling and traditional public hearings dominated by those with vested interests. They believed that a dialogue with randomly recruited citizens would provide higher quality and more neutral input than other consultation methods. They also faced time and budget constraints. The Panel concluded that engaging a professional third party to undertake the dialogues was the most efficient use of their resources (CPRN interview with Dr. Peter Meekison, Panel member: 2006).

The primary purpose of the dialogue was to better understand the values and principles citizens believe should guide the sharing of public funds between governments to allow each to provide quality public services to citizens, invest in future growth and development, and enhance competitiveness.

The dialogue was designed to discover what participants collectively valued with respect to sharing public funds, what choices and trade-offs they were prepared to make and why, and what paths they were or were not prepared to support. It did not ask members of the public to make technical decisions about complex fiscal formulas. The desired outcome from the dialogue process was to achieve informed, reliable, verifiable public input to help the panel in its reflections and recommendations. The dialogue was a means to bring the public’s voice into the discussion about issues highly relevant to them and their well-being and to inform the Panel’s reflections. This was meant to supplement, and not to replace, the advice from experts and government officials.
4. Citizens’ Dialogue Design and Implementation

In late September 2005, CPRN was contracted to design the dialogue, prepare a participant workbook, recruit participants, conduct the dialogue sessions, analyse and report on results. Key findings were provided to the Advisory Panel by January 31, and a final report submitted at the end of March, 2006. Logistical arrangements for the dialogue sessions were the primary responsibility of the office of the Panel’s Executive Director. CPRN provided support, advice and back-up.

Attending each dialogue session were a facilitator experienced in deliberative dialogue methods, a note-taker, a subject matter expert and a logistics coordinator. The Executive Director of the Advisory Panel attended four sessions. Two Advisory Panel members each observed one regional session, while another member observed the national session. Observers followed guidelines that emphasized the importance of not influencing the participants in any way (see Appendix V for guidelines).

4.1 Method

CPRN’s deliberative dialogue methods used for other complex and potentially divisive public policy issues (e.g., Future of Health Care (2002), Canada’s Social Contract (2003), the Long-term Management of Used Nuclear Fuel (2004), and the Ontario budget (2004)) were seen to be appropriate for what the Panel wanted to achieve.

The Sharing Public Funds dialogue project required some methodological changes. First, CPRN needed to address the regionalized nature of the issues at stake and the Panel’s interest in assessing differences within and across regions. More precisely, the Panel wanted to assess whether or not there were differences between the outcomes of the regional sessions and the national session. Second, the Panel’s budget and time constraints dictated fewer participants and fewer sessions than most of CPRN’s other dialogues.

Five dialogue sessions were held in major regional centres – Halifax, Montreal (in French), Toronto, Edmonton and Vancouver. A national session was held in Ottawa with four to five representatives from each of the regional sessions.

4.2 Participant Recruitment

CPRN engaged EKOS Research Associates to recruit participants for each dialogue session using random digit dialling. Recruitment criteria were chosen to achieve as representative a group as possible (e.g., gender, age, education, and income). Efforts were also made to have representative numbers of the aboriginal population, visible minorities and people with disabilities. The demographic breakdown of participants compared to the Canadian population is provided in Appendix VI. Participants were recruited from in and around the cities where the dialogues were held, ensuring some representation from rural areas.

EKOS initially phoned 170 people who were asked five attitudinal questions about their interest in public policy generally and their views on transfer programs. The answers to these questions
were not used to screen people in or out, but simply to be able to compare the views of the eventual participants with all those responding to the survey.

Using the demographic criteria, EKOS confirmed 25-30 people for each session, in an effort to have 20 at each session, recognizing there would be last minute fall-off due to weather or scheduling issues on the part of the participants.

Confirmed participants received a letter jointly signed by the Co-chairs of the Advisory Panel thanking them for their participation, reiterating the Panel’s mandate, and the importance of the dialogue results to the Panel’s deliberations and recommendations to the Premiers. This letter helped to reassure participants that their efforts and contribution were important to the Panel and would be taken seriously. Participants received the background section of the workbook for review prior to the dialogue. Each participant received a $100 honorarium at the end of the dialogue session.

4.3 Framing the Issues and Developing the Workbook

Determining the framing of key questions for deliberation, designing the dialogue process and writing the participant workbook were done by the CPRN team in close collaboration with the Advisory Panel staff and members. These key dialogue tools were designed to achieve dialogue outcomes that would contribute as much as possible to the Advisory Panel’s mandated questions, while allowing enough flexibility for participants to raise their own issues of importance.

Issue framing is the most challenging part of the dialogue process – particularly when the issues are complex and technical in nature – and must reflect an approach that engages people on their own, not expert, terms. Dr. Meekison stressed the importance of allowing enough time at this critical stage of dialogue preparation to ensure the material is accurate and appropriate to meet the needs of the dialogue participants and support a robust dialogue that could deliver valid and relevant results (Meekison: interview, 2006).

Dialogue participants needed adequate information about the magnitude of transfer programs and how they work, without being overwhelmed with facts and figures. Participants needed to have confidence that their contributions would be based on facts and not misinformation. Informed input was also critical for the credibility of the overall dialogue results. To achieve this balance, the CPRN team needed a solid comprehension of the issues, the advantages and disadvantages of different policy options and how those options would be perceived from different perspectives.

CPRN undertook research that included a careful review of academic papers, information from federal and provincial government Web sites (e.g., speeches, position papers, financial data on different programs and fiscal situations of different governments) and recent public opinion polling. The Advisory Panel provided expert input and advice throughout the framing and drafting process.
4.4 The Participant Workbook

Once drafted, the workbook was reviewed by the Panel members/staff, as well as CPRN subject matter experts to ensure it was factually correct, neutral in tone (i.e., not leading toward any particular policy outcome) and offered different yet balanced perspectives on the issues. It was also reviewed to ensure it was written in plain, easily accessible language.

The workbook had two sections. Section 1 provided factual background information including: an overview of four approaches used by the federal government to transfer funds; the seven principles currently at play in transfer programs; the current positions of governments on vertical and horizontal imbalance, and two case studies used in the dialogue (access to post-secondary education as an example of vertical imbalance, and the Equalization program as an example of horizontal imbalance.)

Section 2 of the Participant Workbook described in detail the four different approaches to sharing public funds (Table 2). Each description included three values-based arguments in favour of and against each approach. For example, under tax points, an argument in favour is that the provincial/territorial governments would have greater flexibility to provide the services their citizens want and need. An argument against is that this would mean greater difference and disparities in social and economic programs across Canada as provinces/territories make different choices. (See the Participants’ Workbook at www.cprn.org/en/doc.cfm?doc=1426.)

Table 2: Four Approaches to Sharing Public Funds

<table>
<thead>
<tr>
<th>Approach</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Provinces/territories get tax points</td>
<td>The first approach is for the federal government to reduce the amount of tax it collects so provincial/territorial governments can collect more taxes to help pay for the services provided</td>
</tr>
<tr>
<td>2. Provinces/Territories get federal cash transfers without conditions</td>
<td>The second approach is for the federal government to transfer more cash to provincial/territorial governments to help them provide reasonably comparable (similar but not identical) services to all Canadians as they see fit.</td>
</tr>
<tr>
<td>3. Provinces/territories get federal cash transfers with conditions</td>
<td>The third approach is for the federal government to transfer funds to provinces/territories with specific target conditions to enable them to provide reasonably comparable (similar but not identical) services under certain results aimed at certain results.</td>
</tr>
<tr>
<td>4. Federal government provides more direct spending to citizens and</td>
<td>The fourth approach is for the federal government to increase its own direct spending to provide supports and services directly to individuals and institutions and not to transfer more funds through provinces/territories.</td>
</tr>
</tbody>
</table>
4.5 Design of the Regional Dialogue Sessions

This section briefly describes the process used at the regional dialogue sessions, focusing on the key design components that supported learning, deliberation and the identification of values and trade-offs. The process was captured in a detailed facilitator’s guide to ensure comparability of results across sessions. A step-by-step description of the regional process is found in Appendix VII.

In the opening session, participants completed a pre-questionnaire to rank their individual support for each of the four approaches. Working in plenary, with the aid of the facilitator and supported by CPRN policy experts and Advisory Panel staff acting as resource people, participants discussed the four approaches to sharing funds.

The facilitator captured their key points on a flip chart, so everyone could see their words. She/he probed for deeper understanding where necessary, testing for areas of agreement and differences, identifying tensions among competing values and the trade-offs they were prepared to make. Through this process participants identified the values and principles they wanted to see guide the sharing of funds in Canada. They also began to get a better appreciation of the challenges of the issues facing decision-makers.

In the second part of their dialogue, participants moved into four groups of 10, (pre-selected for diversity by CPRN), to test the values and principles they had identified by applying them to two case studies to ground their discussions in real situations. The first, an example of vertical fiscal imbalance, described how the four approaches could be applied to increasing access to post-secondary education. The second case study, an example of horizontal imbalance, dealt with three different ways to address challenges facing the Equalization program.

In both plenary and small group work, participants used the approaches as a starting point for their discussions, considering what they liked and didn’t like about each approach, listening to each other, learning different perspectives and determining what was most important to them.

The question addressed in the first part of the day was:

*What values and principles do Canadians believe should guide the sharing of public funds between governments to enable each to provide public services to citizens?*

Each small group explored this question in both case studies:

*Which approach or combination of approaches to transferring funds would your group use and why? Which, if any, values/principles are most important to your group when considering this case study? What are the trade-offs your group was willing to make and why?*
discussion. Participants then identified and discussed similarities and differences across groups and compared the results of the two case studies.

At the end of the day, participants completed the questionnaire again, rating their level of agreement or disagreement with the four approaches. This time, they added conditions and/or comments to further explain their rating. Participants then shared an insight from the day and gave a message to decision-makers.

Pilot Session

The first session, held in Halifax, served as a pilot to test the process design and the dialogue materials. Based on this session, minor adjustments were made to clarify some of the financial details provided to participants.

4.6 Design of the National Session

The design and materials for the national session were finalized only after the regional sessions were completed, enabling the CPRN team to analyze the regional results and identify the key issues for further exploration at the national dialogue session. This was done with in close cooperation with the Advisory Panel to ensure that areas of clarification required by the Panel were built into the process design.13 A step-by-step description of the process for this session can be found in Appendix VIII.

During each regional session, participants were informed of the planned national session and asked if they were interested in volunteering to participate, knowing only four or five from each session would eventually be invited. Over half of the regional participants volunteered for this session. CPRN invited 21 people from this group, chosen to ensure a good diversity based on region and other demographic criteria, to participate in the national session.

The session began the evening of Friday, January 13, 2006 and continued the following day. Simultaneous translation was provided and the session was co-facilitated in French and English. On Friday, participants became acquainted over dinner and then spent the evening learning more about how public funds are shared. CPRN briefed them on key findings from the regional sessions, followed by an expert briefing on the Equalization program. They shared their thoughts in pre-selected small groups, followed by a question and answer session. They spent Saturday in plenary and small group work, determining, as a group, the values and principles they believed should guide transfer programs. Again the two case studies were used with

13 For example, while there was a strong consensus in the regional sessions about the approach to funds for post-secondary education, there was little agreement on a preferred approach for Equalization. The Panel wanted to probe the issues around Equalization more deeply, so additional information was provided at the national session to ensure the lack of agreement did not stem from any misunderstanding or lack of information about the program. Had this been the case, the dialogue results may have been perceived to have been based on erroneous facts, and therefore, not valid with respect to this particular issue. However, it became very clear throughout the national session, that participants understood the issues around Equalization and were able to clearly and strongly articulate why they rejected the current formula used to determine equalization amounts. Spending additional time on this complex issue in the national session contributed to the robustness and validity of the dialogue outcomes.
targeted questions designed to deepen the results of the regional sessions. At the end of the day, they completed the same post-questionnaire they had completed in the regional sessions, adding conditions, offering any other comments they wished and provided an evaluation of the process. To conclude, they shared with the group an insight from the day and advice for decision-makers.

5. Dialogue Results

5.1 Analysis

The analysis of the dialogue results was extensive and used both qualitative and quantitative data sets. The following describes the different analytical components:\(^{14}\)

1. The pre- and post-dialogue questionnaire results were compared to assess the degree to which participants’ views changed over the course of the day as they learned more about the issues and thought about the implications of the various options. Cross-tabulations of the data with demographic indicators were reviewed to determine any significant differences across demographics.

2. The conditions participants placed on each approach as well as any other comments they had were captured and common themes identified.

3. The evaluation results were tabulated and assessed across sessions.

4. Transcripts were reviewed and coded by common theme.

5. Participants’ opening and closing statements were captured and common themes identified.

6. Flip chart notes from small group and plenary work were analyzed and compared across sessions.

7. Notes from each session (taken by CPRN note-takers) were analyzed and compared across sessions.

8. All data sources were reviewed to cross-check results.

9. CPRN compared all results across regional sessions to identify any regional variations, and then with the national session to determine what, if any, changes in thinking/choices had occurred.

This analysis identified the common themes (values, principles, choices) that emerged across all sessions and the logic framework citizens used to make their choices.

The report submitted to the Advisory Panel included sections on values and principles, trade-offs, key messages from citizens for decision-makers, key quantitative findings and CPRN observations. Wherever possible, it incorporated the language and terms used by participants in the dialogue. Non-attributed participants’ quotes were used to reinforce the report themes.

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\(^{14}\) All plenary sessions of the dialogue were audio-taped and transcribed to facilitate analysis.
5.2 Summary of Dialogue Outcomes

This section summarizes key findings from the dialogue (described in greater detail in Strengthening the Federation www.cprn.org/en/doc.cfm?doc=1422). In addition to presenting citizens’ advice to decision-makers, it identifies the trade-offs and choices participants made and why.

In all sessions, dialogue participants very quickly engaged in a discussion about the importance of values and principles – they demonstrated a clear understanding about the connections between how resources are shared, how we define ourselves as a country, and how we define equitable access to core programs like health and education that are fundamental to quality of life (many expressed these views in their opening comments). They also understood the contribution they could make in helping the Panel address these issues, and did not get bogged down in technicalities or complex fiscal formulas. They went to the heart of what they wanted to see guide transfer payments – values shared by people whose lives are interconnected, regardless of where they live in the country. They also stressed that transfer programs need to support Canadian competitiveness in a global economy.

Reflecting their shared values of fairness, access, transparency and accountability, sustainability and efficiency, citizens recommended a five point roadmap for decision-makers to follow:

1. **First, create a national vision and define the same acceptable standards for all Canadians.** Participants articulated a pan-Canadian perspective that reflects the reality of their lives and their mobility. Many of the participants have lived in more than one province and have family or friends living in other provinces. They drew on their own experiences of facing barriers in securing comparable health, education and work as they moved across the country and found this to be unacceptable. They called for common acceptable standards – not the lowest common denominator – for key services across the country. They support flexibility for provinces to move beyond the standard if they choose and to tailor programs to meet their specific needs.

   Dialogue participants connected transfer payments to issues of national unity. They want them to be designed to enhance rather than undermine unity, working to benefit all regions rather than encouraging competition among provinces.

2. **Define the vision and standards in a collaborative way.** Participants called on governments to lead an inclusive process that will articulate a long-term vision for Canada and provide direction for our public programs that are critical to a strong economy and society. They expressed a high level of frustration with intergovernmental bickering, but emphasized that their calls for a national approach in no way gives license to the federal government to act unilaterally. On the contrary, they expect the federal, provincial, territorial and municipal governments to work together, in a collaborative process that engages experts and citizens, with a common focus on the best interests of the public.

3. **Set standards first, and then determine the transfer formula.** They saw much of the current design of transfer programs, especially equalization, as the tail wagging the dog. They proposed an alternative approach that first identifies what we are trying to achieve with our programs and then determines how to pay for that. They did not think that the Equalization program is the best vehicle to address the growing horizontal imbalance, nor to
achieving common standards across the country. They called for the fiscally driven formula to be replaced by a vision and standards – focusing on outcomes (what the country wants to achieve with key programs) rather than inputs (fiscal capacity). They were not saying the sky is the limit when it comes to spending – simply that we need to have a clear sense of what we are trying to achieve and then allocate money accordingly, within an affordable plan.

4. **Strong preference for conditional transfers over unconditional transfers**

Participants at both regional and national sessions clearly expressed a strong preference for conditional transfers to provinces and direct transfers over unconditional transfers (more Equalization) or tax point transfers. Their views were driven by their desire for the same acceptable standards across the country and by their lack of trust of both federal and provincial governments.

They traded off provincial autonomy for greater fairness across the country, improved transparency and accountability and a more sustainable approach. They expect the federal government, as the body with the nation-wide perspective, to show leadership and create the supports necessary for successful collaboration. However, they voiced a lack of trust in both levels of government and hence called for improved monitoring and transparent reporting on how governments are doing in achieving national standards.

5. **Direct federal spending to individuals and institutions to help address inequities**

Participants saw direct transfers as an attractive supplement to provincial transfers and particularly well suited to help address special needs of individuals and institutions (such as post-secondary education) – a way to level the playing field by providing assistance to those who would otherwise be left behind. They also feel that direct transfers could facilitate mobility and portability for individual Canadians, regardless of where they live. In this sense, they are seen as fairer than transfers based on a per-capita allocation. However, participants thought that this approach could be more vulnerable to manipulation and/or abuse by individuals and so insisted on attaching transparency and accountability conditions.

The following chart compares results of the pre- and post-questionnaires from regional and national sessions, showing the extent to which participants’ views changed during the course of the dialogue.

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15 While they liked the autonomy of tax points to provinces, they expressed concern about the permanency of this type of transfer, given that the economic situation could worsen in a province or at the federal level. They were also concerned about the unfairness of tax points as taxes would be worth more in richer provinces than poorer ones.
6. Communications and Dissemination of Dialogue Results

CPRN met with the Advisory Panel in late January 2006 to present key findings and discuss results. A draft report was submitted to the Panel in March with the final report released on April 28, 2006. Each participant received a copy of the report with a letter of thanks. This timing enabled the Panel to discuss the reports with the Premiers before public release. The Council of the Federation received the Panel report on March 31, 2006, and released it in early April.

CPRN posted the report, press release and participant workbook on its Web site. Despite extensive outreach, there was no media coverage of the Dialogue report, although the Panel’s report, released two weeks earlier, received wide attention.

Copies of the Executive Summary were sent by e-mail with a letter from CPRN’s President to federal and provincial politicians, senior public servants and academics. The report was featured in CPRN’s weekly e-Network at the time of release, reaching over 5,000 subscribers. As of January 2007, the report has been downloaded from the internet 5,742 times in English and 730 times in French. It has also been the subject of a CPRN Policy Brief (October, 2006).

References to the report have since appeared in various articles, including a brief by KAIROS (Polanyi, 2006) to the Parliamentary Standing Committee on Finance, recommending that it use deliberative dialogue methods such as the Sharing Public Funds dialogue to engage Canadians in pre-budget consultations. Crossing Boundaries National Council CEO, Don Lenihan, in CBNC’s recently released book Managing the Federation: A Citizen-Centred Approach (2006), cites the Sharing Public Funds dialogue as a good example of a new generation of engagement tools and calls for more deliberative approaches to be incorporated in on-line engagement methods.
7. **Impacts**

7.1 **Process Evaluation**

All participants completed an evaluation at the end of their dialogue session. Questions dealt with the impact on the participants and their assessment of the process. To our knowledge no further evaluation work has been done on the citizens’ dialogue, beyond the research done for the present case example. Unfortunately, no funds were available to undertake a fulsome evaluation.

The high ratings participants gave to key process elements reinforce the validity of the consultation exercise and the confidence in the results.

- 93 percent of regional and 95 percent of national session participants agreed there was sufficient opportunity for them to contribute and participate.
- 88 percent of regional and 90 percent of national session participants agreed the workbook was clear and contained relevant and useful information.
- 87 percent of regional and 91 percent of national session participants agreed the small group discussions were useful to them.
- 94 percent of regional and 95 percent of national session participants agreed that the facilitators provided clear explanations, guidance and support throughout the day.
- 91 percent of the national participants agreed that the background briefing they received on the Friday evening helped them prepare for the Saturday dialogue.

7.2 **Impact on Participants**

Participants contrasted their appreciation for the dialogue experience and the opportunity to connect with other Canadians and to discover so much commonality with their frustration with the lack of intergovernmental collaboration. The increasing disconnect they see between what citizens value and what governments do led them to recommend different kinds of decision-making processes in which citizens are much more involved in informing decisions on major public policies, programs and their funding. Several commented that what they had learned through the dialogue process helped them better appreciate and understand the complexity and difficulty involved in decision-making on public issues where trade-offs between values are required. To some degree, they became more empathetic with those in decision-making roles.

Results of the dialogue evaluation completed at the end of each session reinforce this:

- Over 95 percent of both regional and national session participants were glad they participated in the dialogue session.
- 87 percent of regional and 100 percent of national session participants said that based on their experience, they would be more likely to become involved in public issues.
7.3 Impact on Panel Report and Recommendations

The Panel’s report, *Reconciling the Irreconcilable* (2006), emphasizes that the thoughts of Canadians who participated in the dialogues are incorporated throughout the document. Panel members told CPRN they continued to refer to the participants’ discussions as they deliberated among themselves.

In Chapter 3, *Values and Views: Hearing from Canadians and their Governments*, the Panel report notes that the dialogue was, “…an important additional source of information for us to consider as we developed our recommendations” (Advisory Panel on Fiscal Imbalance, 2006: 30). This chapter summarizes the input the Panel received from all sources including the citizens’ dialogue. The Executive Summary from CPRN’s dialogue report is appended to the Panel Report.

The values emphasized by dialogue participants are referenced throughout the Panel report. Participants’ advice filtered through many of the Panel’s discussions and is reflected in their recommendations, especially in giving them an opportunity to move in directions that they might otherwise not have taken. The high consistency of views across the dialogue sessions made a particular impression on the Panel, and supported it in putting forth advice that was not bound by regional differences. The strong emphasis dialogue participants placed on treating people fairly regardless of their geographic location was one factor influencing the Panel’s decision to recommend a 10 province standard for equalization, including 100 percent of natural resource revenues. The recommendation for the creation of a Canadian Institute of Fiscal Information was influenced by participants’ call for greater transparency and accountability and was loosely modeled on the Canadian Institute for Health Information (*Meekison: interview, 2006*).

Dr. Meekison noted that the Panel’s recommendation to strengthen the institutions and processes used to manage fiscal arrangements in the Canadian federation, to improve intergovernmental trust and clarify the accountability relationship between citizens and their governments, were supported by the findings of the dialogue. As stated in its report:

> The Canadian Policy Research Networks-led Citizens’ Dialogue on Sharing Public Funds identified a strong commitment to shared or common standards. Those who participated in the dialogue believed that these national approaches should be developed collaboratively with the involvement not only of governments but also of citizens. There was real frustration with the perpetual bickering among governments, as well as a belief that it likely leads to inefficiency and waste. The participants placed heavy emphasis on trust, both among governments and between governments and citizens. Mutual respect, fair dealing, and reciprocity were seen as essential values in Canadian intergovernmental fiscal management. (Advisory Panel, 2006: 91)

Since the Advisory Panel tabled its report, there have been several high level meetings at which issues relating to fiscal federalism have been discussed. Most notable was the Council of the Federation’s annual meeting in July, 2006. The press release leading up to this meeting highlighted Premiers’ efforts to “work collaboratively to strengthen the Canadian federation by fostering a constructive relationship among the provinces and territories and with the federal
government.” While the language is very consistent with the advice from the dialogue participants, it remains to be seen if decisions taken by either the Council of the Federation, individual provinces or the federal government with respect to transfer programs reflect the input received from the Citizens’ Dialogue or the Advisory Panel.

Conclusion

The purpose of this paper was to focus on two concrete examples of public involvement initiatives in Canada. The cases chosen were the Romanow Commission on the Future of Health Care in Canada, and the Council of the Federation’s Advisory Panel on Fiscal Imbalance. Both cases encompass a variety of public consultation and participation mechanisms.

The Romanow Commission case example describes a multi-million dollar, multi-pronged, 18 month public consultative undertaking with traditional and deliberative methods to engage thousands of Canadians. In contrast, the Advisory Panel used one method: a Citizens’ Dialogue which engaged relatively few randomly recruited Canadians (93) and was planned, implemented and reported on within a six month timeframe. Despite these differences, the initiatives share similar context: both dealt with highly contested and complex intergovernmental policy matters which were subject to conflicting jurisdictional and expert interpretation. Both topics were subject to intense media scrutiny and both involve values-laden choices that profoundly affect Canadians’ quality of life. The Romanow Commission and the Advisory Panel on Fiscal Imbalance decided to use citizen engagement techniques because they felt a need to bring citizens’ values and policy preferences to bear on the complex public policy choices they were mandated to recommend to federal and provincial politicians. And in both cases, the public’s contributions challenge the hypothesis that ordinary citizens lack the capacity or sophistication to tackle complex policy issues in a meaningful way.

Both cases demonstrate participants’:

- Willingness to contribute to public policy when invited by public officials;
- Capacity to contribute substantively when provided with factual, objective information and neutral space;
- Desire to have their contributions influence policy and program outcomes;
- Increased awareness and appreciation for the challenges facing decision-makers and greater understanding of the different roles played by various actors in society;
- Enthusiasm for a rewarding experience and desire for others to have similar opportunities to participate; and
- Expressed willingness to become more involved in other public engagement initiatives.

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Appendices

Appendix I. Core Elements of the Commission's Research Program

The Research Program was composed of six elements:

I. Discussion Papers (Budget: $480,000)
   1. Papers on Canadian Values
   2. Papers on Sustainability
   3. Papers on Continuous Change
   4. Papers on Cooperative Relations

II. Research Projects (Budget: $285,000)

The Commission identified three areas of research needing more extensive research projects:
   - Health Human Resources;
   - The Impact of Globalization on Health Care in Canada; and,
   - Federal-Provincial Fiscal Relations.

III. Expert and Research Roundtables (Budget: $165,000)

IV. Interviews (Budget: $20,000)

V. Policy Forums (Budget: $156,000)

VI. The "Dialogue with Citizens" research project ($1.3 million)
   - Approximately $620,000 was for logistics (travel and accommodation for project team and small number of participants, rental of meeting rooms, food, honoraria, recruitment, simultaneous interpretation and audio recording) and the Commission related expenses.
## Appendix II. Romanow Commission – Consultation Timelines*

<table>
<thead>
<tr>
<th>Romanow Commission Consultation Timelines</th>
<th>2001-2002</th>
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<tbody>
<tr>
<td>Phase I</td>
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<tr>
<td>Public Education</td>
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<tr>
<td>Phase II</td>
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</tr>
<tr>
<td>Research and Fact-finding</td>
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<tr>
<td>Phase III</td>
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<tr>
<td>Public Consultation and Engagement</td>
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</tr>
<tr>
<td>Phase III</td>
<td></td>
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<tr>
<td>Synthesis/Analysis</td>
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<tr>
<td><strong>Public Education</strong></td>
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<tr>
<td>Publication of interim report</td>
<td></td>
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<tr>
<td>Web Postings/Toll free number</td>
<td></td>
</tr>
<tr>
<td>Speeches, Presentations and Media Relations</td>
<td></td>
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<tr>
<td>CPAC Televised Discussion Forums</td>
<td></td>
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<tr>
<td><strong>Public Consultation and Engagement Activities</strong></td>
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</tr>
<tr>
<td>Citizen's Dialogue</td>
<td>Preparation</td>
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<tr>
<td>On-line workbook</td>
<td></td>
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<tr>
<td>On-line issue/Survey Paper</td>
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<tr>
<td>Open Public Hearings (Day 1)</td>
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<tr>
<td>Other Public Input (e-mails and mail correspondence)</td>
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</tr>
<tr>
<td><strong>Expert and Stakeholder Consultation</strong></td>
<td></td>
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<tr>
<td>Synthesis Sessions or Expert Workshops (Day 2)</td>
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<tr>
<td>Regional &quot;Synthesis&quot; Forums</td>
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<tr>
<td><strong>Partnered Policy Debates</strong></td>
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<tr>
<td>On-Campus televised Policy Dialogues</td>
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</table>

*The information does not account for the months of preparation required to hold the different consultation activities (except the Citizens’ Dialogue)
Appendix III. ChoiceWork Dialogue Basic Steps

Basic Steps in a ChoiceWork Dialogue Project

- Research (using polls and other sources) to provide a baseline reading on what stage of development public opinion has reached
- Identification of critical choices and scenarios and preparation of the workbook
- A series of one day dialogue sessions with representative cross sections of the public. A typical one day session includes the following:
  - Pre-dialogue reading of the workbook as participants arrive
  - Initial orientation by the professional facilitators (including the purpose of the dialogue and the use to be made of the results, ground-rules for the session, introduction of some basic facts- in this case, about health care in Canada)
  - Introduction of the chosen scenarios on the focal issue
  - Completion of pre-dialogue questionnaire to measure participants’ initial views
  - Opening comments from each participant to identify key concerns about the future of health care
  - Dialogue among participants (in smaller self facilitated groups and then in a professionally facilitated plenary session) to assess the results likely to follow from each choice, and then to define their recommendations
  - Completion of a post-dialogue questionnaire designed to measure how and why views have changed in the course of the day
  - Concluding comments from each participant on how their views changed and their final message to decision-makers
- Quantitative and qualitative analysis of how and why people’s positions evolved during the dialogues
- A report to participants and to decision-makers

Source: Maxwell et al. (2003: 1032).
Appendix IV: Dialogue PRE- and POST- Results

Note: Citizens used a 7-point scale to respond to the scenarios. Scores of 5-7 were favourable; 1-3 were unfavourable. An answer of 4 was undecided.

Appendix V. Guidelines for Observers

Citizens’ Dialogue Sharing Public Funds for a Better Canada
National Session

Guidelines for Observers

You are invited to observe the Citizens’ dialogue that will be held in Ottawa on January 13 (evening) and 14 at the Delta Hotel.

Citizens’ dialogues are designed to provide citizens with balanced information and space to exchange views and deliberate on values-based choices that would give them trust and confidence that public funds are being shared for a better Canada. The added value of these dialogues for the Advisory Panel on Fiscal Imbalance will be to hear perspectives of ordinary Canadians from all walks of life, and to observe any shifts in opinion based on information and exchange of views among citizens.

When you arrive
The dialogue is being run by the Canadian Policy Research Networks (CPRN) and the Advisory Panel on Fiscal Imbalance with two facilitators, note-takers and logistics/administrative support personnel.

On Friday, the session begins at 6:00 pm with an informal dinner giving the 20 participants a chance to get to know each other. This will be followed by a short briefing on findings from the regional sessions and background on Equalization with time for discussion. The evening will end at 9:00 pm. On Saturday, the dialogue will begin at 8:30 PM and will end at 4:30 PM. Citizens will begin to arrive any time after 7:30 PM.

Your role
- Listen carefully to what citizens are saying, to the values that underpin the views they express and the trade-offs they are prepared to make (or not).
- Observe plenary and small group dialogue sessions. We hope you will be able to stay for the whole day and not have to go in and out frequently.
- Provide constructive feedback to CPRN at lunch, breaks and at the end of the day.
- Support the facilitator in doing their work. You can do this by exchanging technical or other information when asked by the facilitator – usually during breaks.

What to expect
Observing citizens explore, exchange and at times struggle with value-based choices can be both fascinating and insightful. At times, the process may feel chaotic. You may find yourself burning to contribute technical information or to challenge citizens’ views.
We ask that you not engage with citizens during their plenary and group work unless you are specifically invited to do so by the facilitator. If you have information you think should be shared with everyone, please bring it to the attention of CPRN. The facilitator will also be delighted to hear your views when they are available. In respect of the citizens’ space for dialogue, please refrain from whispering and talking with other observers during the plenary and small group work.

You are welcome to chat informally with citizens at breakfast in the morning, during their break in the afternoon and at the end of the day. However, please do not engage in conversations that may influence their views or participation.

I hope that this will be a very interesting experience for you.

Mary Pat MacKinnon
Director, Public Involvement Network
Canadian Policy Research Networks.
## Appendix VI. Demographic Comparison of Dialogue Participants with the Canadian Population

### By Gender:

<table>
<thead>
<tr>
<th></th>
<th>Regional Session Participants % (N =93)</th>
<th>National Dialogue Session % (N = 21)</th>
<th>Total Population %</th>
</tr>
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<tbody>
<tr>
<td>Men</td>
<td>54</td>
<td>52</td>
<td>49</td>
</tr>
<tr>
<td>Women</td>
<td>46</td>
<td>48</td>
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### By Age:

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<tr>
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<th>Regional Session Participants % (N =93)</th>
<th>National Dialogue Session % (N = 21)</th>
<th>Total Population %</th>
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<tbody>
<tr>
<td>Under 25</td>
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<td>25-44</td>
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<td>45-64</td>
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<td>65 and over</td>
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### By Education:

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<tr>
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<th>Regional Session Participants % (N =93)</th>
<th>National Dialogue Session % (N = 21)</th>
<th>Total Population %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Some High School</td>
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<tr>
<td>High school graduate</td>
<td>17</td>
<td>5</td>
<td>24</td>
</tr>
<tr>
<td>Some College</td>
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<td>N/A</td>
<td></td>
</tr>
<tr>
<td>College/CEGEP Graduate</td>
<td>22</td>
<td>19</td>
<td>26</td>
</tr>
<tr>
<td>Some University</td>
<td>3</td>
<td>18</td>
<td>18</td>
</tr>
<tr>
<td>Bachelors’ degree</td>
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<td>43</td>
<td>12</td>
</tr>
<tr>
<td>Graduate Degree</td>
<td>20</td>
<td>33</td>
<td>3</td>
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### By Income:

<table>
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<tr>
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<th>Regional Session Participants % (N =93)</th>
<th>National Dialogue Session % (N = 21)</th>
<th>Total Population %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than $20,000</td>
<td>10</td>
<td>15</td>
<td>19</td>
</tr>
<tr>
<td>$20,000 – 39,999</td>
<td>21</td>
<td>5</td>
<td>24</td>
</tr>
<tr>
<td>$40,000 – 59,999</td>
<td>24</td>
<td>10</td>
<td>20</td>
</tr>
<tr>
<td>$60,000 – 79,999</td>
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<td>10</td>
<td>15</td>
</tr>
<tr>
<td>$80,000 – 99,999</td>
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<td>33</td>
<td>9</td>
</tr>
<tr>
<td>$100,000 or more</td>
<td>13</td>
<td>28</td>
<td>13</td>
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By Employment:

<table>
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<th>Regional Session Participants % (N =93)</th>
<th>National Dialogue Session % (N = 21)</th>
<th>Total Population %</th>
</tr>
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<tbody>
<tr>
<td>Self-employed</td>
<td>18</td>
<td>24</td>
<td>8</td>
</tr>
<tr>
<td>Full time work</td>
<td>47</td>
<td>48</td>
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</tr>
<tr>
<td>Part time work</td>
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<tr>
<td>Seasonal</td>
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<tr>
<td>Unemployed</td>
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</tr>
<tr>
<td>Full time student</td>
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<tr>
<td>Retired</td>
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<td></td>
<td>N/A</td>
</tr>
<tr>
<td>Not in workforce/</td>
<td>4</td>
<td>14</td>
<td>34</td>
</tr>
<tr>
<td>full-time home maker</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disabled/sick leave</td>
<td>2</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>10</td>
<td>N/A</td>
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By Specific Indicator:

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<tr>
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<th>Regional Session Participants % (N =93)</th>
<th>National Dialogue Session % (N = 21)</th>
<th>Total Population %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aboriginal</td>
<td>0*</td>
<td>0</td>
<td>4.5</td>
</tr>
<tr>
<td>Visible Minority</td>
<td>10</td>
<td>14</td>
<td>13</td>
</tr>
<tr>
<td>Disabled</td>
<td>9</td>
<td>10</td>
<td>5</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Six (3.5 percent) of the 170 participants who originally agreed to participate self-identified as Aboriginals. Unfortunately, none of these individuals participated on the day of the dialogue.

By children under 18:

<table>
<thead>
<tr>
<th></th>
<th>Regional Session Participants % (N =93)</th>
<th>National Dialogue Session % (N = 21)</th>
<th>Total Population %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>36</td>
<td>29</td>
<td>43</td>
</tr>
<tr>
<td>No</td>
<td>64</td>
<td>71</td>
<td>57</td>
</tr>
</tbody>
</table>

Appendix VII. Sharing Public Funds Process Description – Regional Dialogue Sessions

1. Participants introduced themselves and offered one thing that interested or concerned them about the topic.

2. The facilitator reviewed the background information and answered several questions. CPRN or Advisory Panel resource people were available at each session to provide factual information in response to participant questions. These experts were coached in advance on how to engage with the participants so as not to lead them in any way or take over the dialogue.

3. Participants read through each of the four approaches in the workbook and completed a questionnaire asking their extent of disagreement/agreement using a scale of 1-7.

4. The rest of the morning was spent in plenary discussion of the following question: “What values and principles do Canadians believe should guide the sharing of public funds between governments to enable each to provide public services to citizens?” Using the four approaches as a starting point, participants identified what they liked and didn’t like about each approach. The facilitator probed for clarification/depth to ensure a common understanding (e.g., what did they mean by “accountability”).

5. People were told of the planned national session and asked to let CPRN know if they were interested in volunteering.

6. During a short lunch break, the CPRN team synthesized the values and principles as common ground.

7. The facilitator tested the common ground with the group, encouraging them to modify or add anything they felt missing and then explored trade-offs where values are in tension (e.g., is it more important to allow provinces/territories autonomy or to ensure similar services at similar costs across the country?).

8. Case study 1: Participants moved into small groups, (pre-assigned to ensure diversity) and tested how well their values and principles were met by the different approaches to transferring funds to improve access to post-secondary education. They identified which transfer approach or combination of approaches they would use, which values/principles are most important and why, and what trade-offs they were willing to make and why.

9. Back in plenary, each group reported on their conclusions, using notes they had captured on flip charts. They then identified similarities and differences across groups.

10. Case study 2: Back in small groups, participants undertook a similar exercise using the Equalization case study. In the plenary discussion that followed, they compared the results of their discussions of the two case studies, identifying any differences in how they applied the principles.

11. Participants completed the same questionnaire they had in the morning, and were also asked to identify any conditions they would impose on each approach. They were also given room to provide any additional comments and asked to complete an evaluation of the process.

12. In closing, each participant was invited to offer a key insight from the day and a key message to decision-makers.
Appendix VIII. Sharing Public Funds Process Description – National Dialogue Session

1. Following a buffet dinner, participants introduced themselves, saying where they were from, why they wanted to come to the national session and one reflection or concern that had stayed with them since the regional dialogue.

2. CPRN presented results from the regional sessions and more in-depth background on fiscal federalism and the equalization program, followed by a question and answer session.

3. Saturday, in pre-assigned, self-facilitated small groups, (one bilingual with simultaneous translation and two in English, each with at least one bilingual francophone) participants reviewed the two most preferred approaches from the regional sessions for increasing access to post-secondary education. They explored in greater depth the conditions they would like to see on provinces and on individuals/institutions and the trade-offs they were prepared to accept (e.g., provincial flexibility for greater conditionality)

4. Small groups reported their outcomes in plenary, followed by a facilitated discussion to explore similarities and differences across groups and determine common ground. They also discussed if and how the values they applied to PSE would apply to other areas of vertical imbalance such as health care.

5. In the next small group discussion, people were asked to determine what is most important for the Equalization program to do, what reasonably comparable services mean to them and what principles should guide Equalization. They were asked to identify the values they applied and trade-offs they made.

6. In plenary, following reports from the small groups, participants again explored similarities and differences, identified common ground and trade-offs, with the facilitators probing to deepen the discussion.

7. The final plenary was a discussion led by the facilitator to come up with priority values for federal transfers and the implications for roles and responsibilities of the different levels of government.

8. Participants completed the final questionnaire (same as in the regional session) and evaluation.

9. Each participant offered an insight from their experience and a message to decision-makers.
References


Key Informant Interviews

Case Example 1

Michel Amar, Amar and Associates, former Director of Communications and Consultations, Commission on the Future of Health Care in Canada, telephone interview on November 17, 2006 and subsequent e-mail correspondence January 2007.

Pierre-Gerlier Forest, Ph.D., President, Trudeau Foundation, former Director of Research of the Commission on the Future of Health Care in Canada, former G.D.W. Cameron Chair, Health Canada, interviewed on November 7, 2006 at Health Canada.

Tom McIntosh, Ph.D., Director, Health Network, CPRN, former Research Coordinator of the Commission on the Future of Health Care in Canada, telephone interview on November 13, 2006.

Roy Romanow, Senior Fellow in Public Policy, Department of Political Studies, University of Saskatchewan, Commissioner, Commission on the Future of Healthcare in Canada, telephone interview November 15, 2006.

Case Example 2

Peter Meekison, Ph.D., Professor Emeritus of Political Science at the University of Alberta, former Member, Council of the Federation’s Advisory Panel on Fiscal Imbalance, telephone interview November 16, 2006 and subsequent e-mail correspondence January 2007.