

Institutionalizing Citizen Engagement: What We Hoped For and Where We Are Today

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Good morning. It is a pleasure to be able to participate in this important event. We probably wouldn't be here today if governments took the advice of playwright Bertolt Brecht who said that governing would be much more convenient if government would simply fire the people and hire one more suited to its needs. This morning I am going to advocate expanding the public's role in governing which may make government less convenient but should rebuild trust.

CPRN recently conducted a citizens' dialogue on the provincial budget strategy on behalf of the Ontario government. One citizen offered this advice to the government:

"If I had two words for government, those would be trust and balance.... Trust goes back to the idea of accountability... the second part is balance. You are not going to be able to fix these problems with one approach. ...You are going to have to find a balanced way, to find new ways of doing things, more efficient ways of doing things, innovative ways of doing things and then balancing them all out".

Citizen engagement is a key ingredient for trust and for a balanced approach to sustaining our health care system. It's the focus of my remarks this morning.

Let me say a bit about what motivates me to work in this area. Before joining Canadian Policy Research Networks two years ago, I worked with the co-operative movement to connect co-operative members with public policy issues and to advance the co-operative model of self help in social and economic spheres. Before that I was involved with child poverty advocacy, public education and policy development work. Like many of you, I've been on both sides of citizen engagement.

While these pursuits may appear to be unconnected, a unifying thread has been my conviction that Canada needs the active involvement of citizens to affect sustainable improvements to our collective quality of life. I have also been influenced by my roots – coming from Antigonish Nova Scotia, where the Eastern Canada co-operative and adult education movement took shape. That movement was heavily influenced by Moses Coady, who believed profoundly in the capacity and potential of the common person to contribute to society and whose work continues to inspire and motivate people at home and abroad.

I note from the conference brochure that the John K. Friesen Conference Series in Gerontology embraces two of his lifetime interests – the education of adults and the special needs of an aging population. I feel very connected to the first and increasingly connected to the second.

This morning I'll speak about citizen engagement in general and within the health sector in particular. I'll review key findings from the CPRN citizens' dialogue on health care, and then look at the 2003 Health Accord and the Health Council of Canada – all in relation to the Romanow Report recommendations. I'll look at some promising citizen engagement developments in Canada and elsewhere and conclude with some thoughts on where we should be heading. I will be drawing on recent work of CPRN's Health Network and other sources within the field of deliberative democracy.

However, before doing that let me say a few words about CPRN and the Public Involvement Network.

Canadian Policy Research Networks, as some of you may know, is a national not-for-profit think tank, created in 1995 by Judith Maxwell. Its mission is to create knowledge and lead public debate and dialogue on social and economic issues of importance to Canadians. CPRN helps policy makers and citizens dialogue on the beliefs, values, frameworks, policies, programs and 'ways of doing' that will help Canada cope with social and economic transformation.

CPRN has four networks: Family, Work, Health and the newest kid on the block, Public Involvement. Its creation two years ago reflects a conviction that effective public policy requires effective public engagement. The Public Involvement Network has three strategic priorities: 1) deepen methodology and learning related to public involvement; 2) research (with a focus on developing measures to assess the quality, impacts and effects of public involvement) and 3) engagement of the public, government, academia, and the media around the need for and merits of public involvement.

Building on our experience with the Citizens' Dialogue on the Future of Health Care in Canada, and the Citizens' report card on Quality of Life Indicators, in the past two years we have conducted two national and one provincial citizens' dialogue, producing public reports on all three.

Enough background – on to the issue at hand.

What is Citizen engagement and why is it important? What are citizens' dialogues?

The International Association of Public Participation (IAP2) describes a public participation spectrum that moves from inform to consult to involve to collaborate and ends with empower. What I am talking about this morning spans all of these ways of interacting with the public but tilts to the far right of the spectrum. Because CPRN is particularly interested in the impact of citizen

participation on policy, the OECD definition of citizen engagement works well for us:

“Active participation recognizes the capacity of citizens to discuss and generate policy options independently. It requires governments to share in agenda setting and to ensure that policy proposals generated jointly will be taken into account in reaching a final decision.”

I find that Phillips and Orsini’s definition of citizen engagement is also helpful:

“interactive and iterative processes of deliberation among citizens (and sometimes organizations) and between citizens and government officials with the purpose of contributing meaningfully to specific public policy decisions in a transparent and accountable way”

Citizen engagement involves information and power sharing, mutual respect and reciprocity between citizens and governors. This is a high standard. There is impetus to shift away from traditional public consultations and processes that all too often are characterized by one way information flows, tight control of the agenda, limited scope of discussions and little transparency.

Citizen engagement finds its home within the field of deliberative democracy which has been influenced by thinkers such as Habermas, Barber, C.B. Macpherson, Fishkin, Yankelovich and others. Deliberative democracy seeks to “strengthen citizens’ voices in governance by including people of all races, classes, ages and geographies in deliberations that affect public decisions. As a result citizens influence – and can see their influence on – the policy and resource decisions that impact their daily lives and their future” (Deliberative Democracy Consortium, 2003). Deliberation requires citizens to consider relevant facts and values from different points of view, work together to think critically about options and expand their perspectives, views and understandings.

CPRN Citizens’ Dialogues: One Tool

There are a variety of tools for citizen engagements, including citizen assemblies, citizen juries, citizen panels, deliberative polling, search conferences, scenario workshops, and 21st century town halls. CPRN’s citizen dialogue work combines elements of scenario workshops, deliberative polling and Viewpoint Learnings’ ChoiceWork methodology.

We bring together a representative group of citizens (randomly selected) to deliberate on a critical policy issue. A typical CPRN dialogue requires a full day with groups of 40 people, who are given preparatory materials and a carefully balanced workbook that presents 3 to 4 possible choices. Professional facilitators

guide the citizens through a series of plenary and small group deliberations to identify a vision and key steps needed to realize that vision. Citizens also rate the choices twice, once in the morning and again at the close of the day. They start their day sharing their initial views on the issue and then again before leaving they make a final recommendation to decision-makers.

The results of these citizens' dialogues are highly relevant to decision makers. As Judith Maxwell noted in her commentary published in the Globe:

“citizens provide a framework of values and principles to guide decision-making... they state the conditions under which they would approve a particular approach, which can help to shape a controversial policy decision. In a very real sense they define the boundaries of possibilities – the political space in which governments can make decisions. ... The final, and most precious outcome is civic literacy.”

So why are we hearing more about citizen engagement these days? Is it just the latest flavour of the month? Is it anything more than an empty buzzword?

I'd argue that there are several factors that have led to greater interest in this approach. One reason stems from growing concern with the so-called 'democratic deficit'. Voter turnout in Canada in the last federal election was only 61.2% (a record low) and the youth vote (defined as 18-24) was much lower at 25.4%. Political scientist Andre Blais cites the following reasons for the low turnout among youth: low levels of political interest and knowledge, a declining sense of voting as a civic duty and limited contact with political parties and candidates" (Ottawa Citizen May 16, 2004). Neil Nevitte's World Values Survey (WVS) and EKOS have documented the declining trust in public institutions.

Ironically citizens themselves are driving this interest in public engagement – they may be disaffected but they are not apathetic. There is intense pressure from citizens to make public institutions more accountable and transparent. And they are willing and able to engage in public discourse. We have seen this in all the citizens' dialogue work that we have done in the past few years.

A third reason for more focus on citizen engagement is the growing recognition that the effectiveness, sustainability and legitimacy of policies require citizens' active consent. It makes no sense to spend millions on policy and program design and implementation but fail to engage those for whom it is intended – this approach fails the democracy test and the common sense test.

Citizens' Dialogue on the Future of Health Care in Canada

CPRN in partnership with Viewpoint Learning Inc. undertook a national citizens' dialogue on behalf of the Commission on the Future of Health Care in Canada. Through the winter of 2002, CPRN brought together 500 randomly selected Canadians in 12 locations across Canada for an intensive day-long dialogue about their vision for our health care system and how to achieve it. A report on the citizens' deliberations and recommendations was disseminated to all participants at the same time that it was submitted to the Commission.

Time does not permit me to elaborate on all of their recommendations but I will focus on those that speak to their perspectives on citizens' role in governance. They called for:

- Greater transparency: they want to know where the money is going. They want regular reports for their region, jurisdiction and all of Canada that show how the system is being used and how the money is spent.
- An Auditor General for health: they want documentation of value for money and how their jurisdiction is doing in relation to its past performance and to other jurisdictions. They want this information to come from an independent agency, such as a auditor general for health with an overall purview for the state of Medicare
- Greater efficiency and co-operation within and among governments. They are fed up with internecine bickering, which they see as adding cost and delaying decisions without improving services.
- A National patient ombudsman acting as an advocate on their behalf.
- Values from the Health Dialogue: universality, equity, solidarity, fairness, efficiency, quality, wellness and accountability.

Citizens went beyond their roles as users or consumers to see themselves as owners, investors, and stakeholders. They expect to be engaged in deciding how health care choices are made.

Building on Values – The Future of Health Care in Canada

We believe that the citizens who participated in the dialogue could see strong evidence of their work in the Commission's report, *Building on Values*. Again, time does not permit a full discussion of the fit between citizens' recommendations and the Report's direction. I'll focus on the governance aspects, drawing mostly from Chapter two, *Health Care, Citizenship and*

Federalism which speaks more specifically to governance issues. The Report called for the creation of a:

- Canada Health Covenant – this reflects citizens’ balanced approach whereby they embrace both rights and responsibilities within the health care system.
- Health Council of Canada – especially its key role in setting common indicators and benchmarks, in measuring and tracking performance, and reporting regularly to Canadians.
- Adding a new principle of accountability to the CHA to address Canadians’ concerns that they lack sufficient information to hold the appropriate people accountable for what happens in our health care system. This should include the creation of an effective dispute resolution process.

Other important recommendations that speak to citizens’ role:

- Take deliberate steps to measure the quality and performance of Canada’s health care system and report regularly to Canadians
- Ensure ongoing input from Aboriginal peoples into the direction and design of health care services in their communities

The whole tenor of the report endorses a larger role for the public.

“People are no longer prepared to simply sit on the sidelines and entrust that health system to governments and providers. They want to be involved, engaged, and acknowledged and well informed as owners, funders, and essential participants in the health care system.” (49)

So far so good – let’s turn our attention to the 2003 Health Accord and the Health Council of Canada

The 2003 First Ministers’ Accord on Health Care Renewal incorporated some key recommendations of the Romanow report. First Ministers positioned the Accord as a ‘covenant’ with Canadians but did not endorse the concept of a Covenant as laid out in the Commission report. The main elements of the Accord are:

- Primary health care: 24/7
- Home care for Canadians: short term acute home care, including acute community mental health and end of life care
- Catastrophic drug coverage and pharmaceuticals management

- Reporting; annual public report by First Ministers to their citizens on each of the above three areas (starting in 2004)
- A Diagnostic/Medical Equipment Fund
- Information Technology and Electronic Health Record

The Accord commits FPT jurisdictions to report to Canadians on the timeliness and quality of health care services through annual reports on their respective use of health care dollars, and through regular reporting on health care programs, services, health performance, outcomes and status. It states that the reports will include indicators set out in the September 2000 Accord and additional comparable indicators to be developed by Health Ministers on themes of quality, access, system efficiency and effectiveness.

The Accord also unveiled plans to create a Health Council “to monitor and make annual public reports on the implementation of the Accord, particularly its accountability and transparency provisions” (February 5, 2003).

The Accord **did not commit** to the inclusion of a reopening of the Canada Health Act to add a six ‘accountability’ principle as recommended in Building Values.

Eleven months later in January 2004, the Health Council of Canada held its first meeting with all provinces and territories except Quebec which has its own Council on Health and Welfare and Alberta which refused to participate. The Council’s members are the F/P/T Ministers of Health, who appoint 13 government representatives and 13 non-governmental representatives, including expert councillors and public councillors.

The 2003 Accord and the creation of the Health Council of Canada are positive steps on the path to a more sustainable and improved health care system. But we have a ways to go to create a more transparent and accountable governance system that takes citizen engagement seriously. Here’s why:

1. **Providing credible, meaningful, timely, and clear information to citizens** is an essential ingredient for citizen engagement. This is the one area where the Health Council has the potential to promote the health literacy of Canadians in its role as disseminators of information but as Julia Abelson says it will need to “move beyond its constraints as an intergovernmental body”. As currently structured, the Accord makes it the responsibility of the Ministers of Health to issue annual public reports, including reporting on performance indicators, starting in September 2004. The Council’s mandate is to monitor and make annual reports on the implementation of the Accord, in particular its accountability and transparency provisions.

2. **What gets reported is critical** or as better articulated by Mr. Romanow in his speech to the HCC “what gets counted matters”. We have to bring citizens into the equation – if reporting is to achieve its objectives, then it is important that they are engaged at the front end not just as passive receptors. Citizens should be involved in deciding which indicators are most important and meaningful for them. We should know that the ‘injection’ method of informing is not effective – injecting people with volumes of information is not an effective way to promote health literacy or citizen engagement.
3. **Institutional mechanisms for two way communication and interactions are missing.** What are citizens to do with all this information? Who do they contact to express their views? They continue to be unclear about who is responsible for what. As Cathy Fooks, CPRN’s Health Network Director notes, “ there is a need for implementation plans to deal with implications of information reported – what does the information say about system performance, who is responsible for changing it and at what level?” How do citizens play a role in using all this public information to help shape future policy.
4. **The public’s role in the Council is minimal.** The Health Council has 27 councillors of which 13 are non governmental public and expert representatives. The Web site lists all of the expert and public councillors without indicating who wears which hat. Upon a closer look, it is apparent that there are very few of ‘public’ representatives. This is not to in any way detract from the excellent quality of the appointees but rather to note that ordinary citizens are not adequately represented. There is no institutional ongoing mechanism to bring citizens voices into the Council. Building a relationship with citizens needs to be more than token. If trust and confidence are to improved, we need to be much more deliberate, diligent and creative in giving the public a meaningful role.

Here are some ideas for building citizen engagement more explicitly into the Health Council and the Accord:

- Federal, provincial and territorial governments could jointly create **citizens’ panels to jointly develop which indicators** (and how they are reported) are most meaningful for the public and to monitor and assess how well they work. Currently citizens are not part of the discussion – it is left to experts.

- The Health Council could establish a citizen advisory body to provide a public/patient perspective. This could be a permanent part of the Council, not an ad hoc committee.
- The Health Council could use, as recommended by Mr. Romanow, **deliberative dialogue approaches** bringing together representative group of Canadians on a periodic basis to explore policy options and to assess how well the Council is doing in engaging publics in health care reform.
- Richard Simeon has suggested a model whereby the public are brought directly into a **new third party dispute resolution body** for the Canadian health care system. This idea has much merit and should be explored further.
- There are a variety of public institutions in the health field that operate at arm's length from government and whose decisions have a significant impact on health services (Abelson 2004, Fooks 2004). Examples include the Canadian Coordinating Office for Health Technology Assessment, the interprovincial/territorial Medical Directors meeting. In a recent review of these type of bodies, most were found " to be lacking any direct public accountability mechanisms and lacked even the most basic transparency mechanisms for communicating decisions and rationales to interested publics" (2004). This is an area where new thinking is needed to bring citizens into the picture.

There are some important and promising developments in Canada and elsewhere, including:

- Saskatchewan's Quality Health Council and the recently announced Ontario Quality Health Council. These councils have the potential to create new approaches to addressing democratic accountabilities.
- Community health boards in Nova Scotia and Quebec and citizen advisory committees in Saskatchewan.
- Innovative CE approaches within Regional Health Authorities (Coastal Health Authority right here in British Columbia is one excellent example)
- UK Commission for Patient and Public Involvement in Health – Patient and Public Involvement Forums: they have a legislative mandate and include members drawn from the general public. Their roles include providing recommendations on day to day health care services, influence on the

design of/access to NHS services. Just created and bear watching and learning from.

- Danish Board of Technology, created in 1995, is a pioneer in the development of deliberative methods of citizen engagement (consensus conferences, scenario workshops), which have been used for health-related topics (infertility, electronic patient journals, gene therapy). The DBT has a legislative requirement to report annually to the Danish Parliament.

And outside the health policy field, five provincial governments (BC, Ontario, Quebec, New Brunswick and Nova Scotia) are undertaking democratic renewal-citizen engagement work. At the federal level, the 2004 SFT highlighted the challenge of the democratic deficit and pledged to rebuild citizen trust. Martin appointed a minister with responsibility for democratic reform and laid out an 8 point plan. However, as observed by many, the plan is light on how citizens will be engaged and heavy on parliamentary reforms. It remains to be seen if the democratic renewal agenda will be reborn in the next Parliament of Canada. Successful reform will need to incorporate mechanisms to support a larger role for citizens. (Parliamentary Centre proposals for citizen engagement 2003, Peter Aucoin 2004).

Conclusion

- We must keep up the pressure for more meaningful instruments, mechanisms, institutions to bring citizens' voices into health policy. It's about culture change and building new relationships and we know that persistence and openness are needed.
- Democracy must not be taken for granted. It is not only Canada's physical infrastructure that needs updating, **our civic infrastructure also needs redesign and investments, if civic literacy and citizen engagement are to be more than a nice idea.** Recently a CPRN board member after hearing us talk about political and media reaction to the Ontario citizens dialogue on the budget strategy said: "policy is too important to be left to politics" – likewise our most important social policy - **health care-- is too important to be left to politics.**

To wrap up and refocus on health care, I'll end with a quote from Richard Simeon,

"a better and more sweeping commitment to genuine public participation in the making of health care choices could assist in greatly altering the way in which

Canada's single most important social program is shaped. Governments are currently mutually explicit in keeping the public at arm's length, and in limiting the role of the country's legislators.... Giving back a measure of political power to citizens – allowing them to be actors, rather than simply reactors – could be a potent means of suppressing the dysfunctional elements of intergovernmental relations in Canada today and of increasing the likelihood that health care decisions taken on behalf of Canadians will actually serve them well.”(129)

Thank you for your attention.

I look forward to the response panel's comments and to your questions and comments this afternoon.