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Primer on Public Involvement

July 2006

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Conseil canadien de la santé

T A K I N G T H E P U L S E

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The participating jurisdictions have named Councillors representing each of their governments and also Councillors with expertise and broad experience in areas such as community care, Aboriginal health, nursing, health education and administration, finance, medicine and pharmacy. Participating jurisdictions include British Columbia, Saskatchewan, Manitoba, Ontario, Prince Edward Island, Nova Scotia, New Brunswick, Newfoundland and Labrador, Yukon, the Northwest Territories, Nunavut and the federal government. Funded by Health Canada, the Health Council operates as an independent non-profit agency, with members of the corporation being the ministers of health of the participating jurisdictions.

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KEY MESSAGES

- Policy-makers, decision-makers, and researchers in Canada and abroad are now exploring new approaches to involve the public in democratic decision-making processes.
- The purpose of this paper is to help inform the deliberations of the Health Council of Canada about the role and parameters of public involvement.
- There are three levels of public involvement depending on the flow of information and intensity of interactions between the public and their government: i) public communication; ii) public consultation; and iii) public participation.
- Public involvement can be undertaken for a variety of underlying goals. It can be considered as: i) an essential element of a successful democracy; ii) a means for achieving a specific decision outcome; iii) a means for achieving informed, accountable, and legitimate decision-making; iv) a means to contribute to a more educated and engaged citizenry; and v) a means to foster trust and reduce conflicts among stakeholders.
- In the governance of health systems, public involvement plays four major functions: i) to improve the quality of information concerning the population's values, needs, and preferences; ii) to encourage public debate over the fundamental direction of the health system; iii) to ensure public accountability for the processes within and outcomes of the system; and iv) to protect the public interest.
- Recent public opinion polls illustrate the desire of Canadian citizens to participate more actively in the governance of the health system. Over the past five years, many policy-makers, decision-makers, and elected officials have echoed the calls for greater public accountability and public participation.
- Policy-makers, decision-makers, scholars, taxpayers, patients, and the general public may not agree on what constitutes a successful public involvement process. Any organization developing a public involvement program should clearly state the underlying goals for that program and what is expected of the public and the sponsoring organization.
- There are seven conditions that are key to successful public consultation and participation processes: i) representativeness; ii) independence; iii) early involvement; iv) influencing the policy decisions; v) providing information; vi) resource accessibility; and vii) structured decision-making.
- A lot of time, money, and energy is invested in any public involvement program. Thus, an evaluation should be built into the public involvement process for at least two reasons: i) to ensure the proper use of institutional resources; and ii) to learn from past experiences.
- No public involvement method, whether conventional or more innovative, is perfect. Form must follow function. The choice of public involvement method must be done based on the issue, the objectives, the time and resources available, the type of participants, and the general context. The methods presented here are not static. They can be adjusted and combined to develop a custom-made method that is more appropriate to the sponsoring organization.

EXECUTIVE SUMMARY

Recently, several trends have brought democratic renewal and public involvement to the forefront of the public agenda. Policy-makers, decision-makers, and researchers are now exploring new approaches to involve the public in democratic decision-making processes in Canada. The purpose of this paper is to help inform the deliberations of the Health Council of Canada about the role and parameters of public involvement.

Public involvement and democratic governance

Traditionally, public involvement has been broadly defined to include all passive and active forms of involvement in decision-making processes. Most recent efforts tend to synthesize and clarify the concept of public involvement by identifying three main levels of involvement based on the flow of information and interactions between the public and their government: i) public communication; ii) public consultation; and iii) public participation.

Democratic theory tells us that public involvement can be undertaken for different underlying goals. Indeed, it can be considered as: i) an essential element of a successful democracy; ii) a means for achieving a specific decision outcome; iii) a means for achieving informed, accountable, and legitimate decision-making; iv) a means to contribute to a more educated and engaged citizenry; and v) a means to foster trust and reduce conflicts among stakeholders. However, not everybody is jumping on the public involvement bandwagon. Scholars, policy-makers, decision-makers, and citizens have been apprehensive about participatory models of governance. Despite this, many others are advocating for greater opportunity for public involvement in policy processes.

A typology of public involvement methods

The number of public involvement methods has increased exponentially in the literature and in practice. We can classify these methods according to the three levels of public involvement: public communication (e.g. advertisements, publication of reports, newspaper inserts, press releases, news conferences, or websites); public consultation (e.g. public meetings, public opinion polls, public hearings, focus groups, referenda, or meetings with stakeholders); and public participation (e.g. citizens juries, citizens' panels, consensus conferences, scenario workshops, deliberative polls, or citizens' dialogues).

Key conditions for successful public involvement

There is a consensus in the literature about the paucity of good quality evidence from research assessing public involvement process and outcome. Among the most often cited key conditions of successful public consultation and public participation are the following: representativeness; independence; early involvement; influencing policy decisions; providing information; resource accessibility; and structured decision-making.

Public involvement and the Canadian health system

In the governance of health systems, public involvement plays four major functions: i) to improve the quality of information concerning the population's values, needs, and preferences; ii) to encourage public debate over the fundamental direction of the health system; iii) to ensure public accountability for the processes within and outcomes of the system; and iv) to protect the public interest.

Public involvement has been at the heart of the debates over the past 30 years in the organization and governance of the health system in Canada. Many structures have been implemented at the local, regional, provincial, and national level to allow the different "publics" to be involved in decisions affecting their health and the future of the health system. Public involvement in the governance of the health system in Canada has traditionally oscillated between three groups of actors: i) patients; ii) citizens; and iii) health care providers.

The public involvement toolbox used in the Canadian health system is relatively limited if we compare it to all the methods proposed in the literature. Indeed, health policy and decision-makers have traditionally relied on conventional methods of public communication and public consultation to involve the public: information campaigns, public hearings, focus groups, public opinion polls, referenda, and elections to local or regional boards.

Health organizations implementing these methods have often encountered several problems: challenges in mobilizing the public; political interference in the process; difficulties in dealing with very short deadlines; complex and emotional policy issues; lack of resources; and creating expectations that cannot be fulfilled.

Recent public opinion polls illustrate the desire of Canadian citizens to participate more actively in the governance of the health system. Over the past five years, policy-makers, decision-makers, and elected officials have echoed the calls for greater public accountability and public participation.

1 INTRODUCTION

For the past 30 years, public involvement has been at the heart of the debates over the organization and governance of the health system in Canada (Forest et al., 2003; Abelson and Eyles, 2002). Many structures have been implemented at the local, regional, provincial, and national level to allow citizens to be involved in decisions affecting their health and the future of the health system.

Over the past two decades, key democratic indicators such as public confidence in elected representatives and voters' turnout at Canadian elections have declined steadily. In the health sector, controversial reforms (e.g. health care restructuring, hospital closures and mergers, shift to ambulatory care) have fueled the public's cynicism in traditional participatory structures and representative institutions. In addition, several high profile public and private sector mismanagement scandals and controversies have prompted public demands for greater citizen input and accountability (Abelson and Gauvin, 2004a). These demands were echoed by scholars and public officials in recent public inquiries (Clair, 2001; Fyke, 2001; Kirby, 2002; Mazankowski, 2001; Premier's Health Quality Council, 2002; Romanow, 2002). In sum, the convergence of these trends has brought democratic renewal and public involvement to the forefront of the public agenda. Consequently, policy-makers, decision-makers, and researchers are now exploring new approaches to involve the public in democratic decision-making processes in Canada.

The purpose of this paper is to help inform the deliberations of the Health Council of Canada about the role and parameters of public involvement. First, we will explore the role of public involvement within democratic governance. Then, we will briefly discuss key concepts that will be referred to throughout the paper to ensure a common understanding at the outset. We will review different methods of public involvement, presenting both their strengths and limitations. We will also identify key conditions for successful public involvement. Finally, we will briefly discuss public involvement in the governance of the Canadian health system.

2 PUBLIC INVOLVEMENT AND DEMOCRATIC GOVERNANCE

2.1 Public involvement and representative democracy

Democracy gives citizens the right to choose their representatives and also the right to be involved in decisions that can affect their lives (Pitkin, 1967). In this context, a democratic decision-making process should inform citizens but also heed their values, needs, and preferences (Gawthrop, 1983; McGregor, 1983; Redbum and Cho, 1983; Forest et al., 2003).

There is no agreement on a single model of democratic governance. Indeed, the spectrum of ideal-types of democracies goes from an elitist democracy (i.e. elites are selected to represent and make decisions on behalf of the citizenry) to a direct democracy (i.e. political power is exercised by citizens without representatives acting of their behalf) (Hansen, 2000). There has always been a relative tension between the role of elites or elected representatives versus the role of citizens in democratic governance. However, recent trends in modern democracies* have contributed to a renewed interest in a more participatory democracy, i.e. a democracy in which citizens are more actively involved in decision-making processes.

Since the 1980s, a new model of participatory democracy has attracted a lot of attention in the literature: deliberative democracy. Deliberative democracy refers to democratic governance based on active participation and dialogue, as well as critical analysis and reasoning on the part of the citizenry (Bohman and Rehg, 1999; Habermas, 1997). According to its proponents, this democratic approach has the advantages of incorporating public values in the decision-making process, reducing conflicts among stakeholders, increasing trust in public institutions, educating citizens, helping the development of a democratic community, and producing decisions that are more likely to be fair and rational (Bohman and Rehg, 1997; Cooke, 2000).

The emergence of deliberative democracy and the renewed interest in active public involvement have raised questions about whether it should be seen as an alternative or a supplement to representative democracy. Smith and Wales (1999: 62) argue that, at a minimum, deliberative methods of public involvement “should be seen as a potential supplement to representative institutions, a way of bringing informed citizens’ perspectives into the decision-making process.” Pratchett (1999: 616) suggests that deliberative democracy should be seen as a strategy for democratic renewal which could change radically the nature and impact of public participation: “These innovations do more than simply provide additional means of

Deliberative democracy

Deliberative democracy should be seen as a strategy for democratic renewal which could change radically the nature and impact of public participation.

* These recent trends in modern democracies include shifts in societal values; increased demands from the public and governments’ incapacity to respond to them; unequal distribution of powers in democratic institutions; loss of legitimacy of democratic institutions and traditional participatory structures (Nevitte, 1996 and 2002; Inglehart and Baker, 2000; Fuchs and Klingemann, 1995).

public participation: they also add new dimensions to the democratic process by involving different groups and by using different techniques to achieve different objectives.”

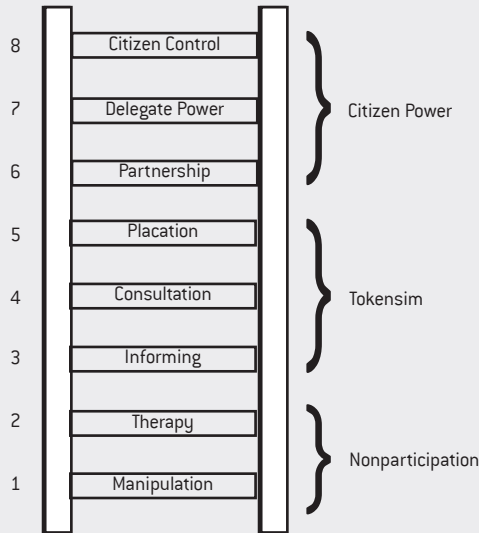
2.2 Public involvement: An evolving concept

Over the years, an increasing number of concepts have emerged in the public involvement literature. Researchers and public involvement practitioners used many different terminologies, referring alternatively to “public participation,” “public consultation,” “public involvement,” “public communication,” or “citizen engagement.” The use of these loosely defined concepts has created a lot of confusion and prohibited rigorous evaluation (Rowe and Frewer, 2005). In the following section, we bring conceptual clarity to the term “public involvement” and define other key concepts.

2.2.1 Different levels of public involvement

Traditionally, public involvement has been broadly defined to include all passive and active forms of involvement in decision-making processes (Abelson and Eyles, 2004; Abelson and Gauvin, 2004a; Beierle and Cayford, 2002). In this paper, we have also chosen to use the term “public involvement” generically, that is, to encompass the broad range of approaches for involving the public.

Figure 1.
Arnstein’s ladder of citizen participation



Source: Arnstein SR. “A ladder of citizen participation.” *Journal American Institute of Planners* 1969, 35:215-24.

In her seminal article, Sherri Arnstein (1969) developed a typology distinguishing eight levels of public involvement. Referred to as the “ladder of citizen participation,” this typology illustrates that public involvement can greatly vary depending on the role and power of citizens in the decision-making process (Figure 1).

Many researchers and organizations have followed in her footsteps and developed their own spectrum or ladder of public involvement to illustrate how the public can be involved in different ways and for different objectives. For example, Health Canada (2000) identified five levels of public involvement: i) inform and educate, ii) gather information, iii) discuss and involve, iv) engage, and v) partner. Many other organizations such as the International Association for Public Participation (2005a), the Vancouver Coastal Health Authority (Hariri, 2003), and the Calgary Health Region (2002) have adopted similar spectrums.*

* The International Association for Public Participation (2005a) and the Vancouver Coastal Health Authority (Hariri, 2003) adopted a similar spectrum of public involvement: i) inform; ii) consult; iii) involve; iv) collaborate; and v) empower. As for the Calgary Health Region (2002), they also identify five levels: i) information; ii) input; iii) consultation; iv) partnership; and v) delegation.

Most recent efforts tend to synthesize and clarify these different ladders or spectrums. Rowe and Frewer (2005) and the Organisation for Economic Co-operation and Development (2001) identified three main levels of involvement based on the flow of information and the intensity of interactions between the public and their government: i) public communication; ii) public consultation; and iii) public participation (Figure 2).

In **public communication**, information is disseminated from the government to the public. The flow of information is unidirectional and there is no authentic public involvement since the government does not seek to get feedback or public input in the decision-making process (Rowe and Frewer, 2005; OECD, 2001).

In **public consultation**, the government asks for public input on a specific policy issue. Prior to the public consultation, the government usually provides information to the public. However, the flow of information is mainly one-way during the consultation, from the public to the government. Although some may argue that it is a limited two-way relationship since the government provides information beforehand and then seeks feedback, there is no formal dialogue or interaction between the government and the public. Public consultation is mainly used to elicit the "raw" opinions of the public (Rowe and Frewer, 2005; OECD, 2001; Yankelovich, 1995).

In **public participation**, the flow of information and interactions is bi-directional, i.e. information is exchanged between members of the public and the government. There is some degree of dialogue and deliberation in the process that takes place (usually in a group setting), which may involve representatives of both parties in different proportions (depending on the public participation method). The act of dialogue and deliberation helps to transform the raw opinions of both parties into informed and enlightened judgments (Rowe and Frewer, 2005; OECD, 2001; Yankelovich, 1995).

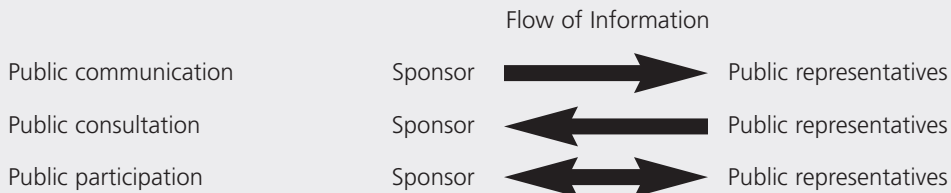
Three levels of involvement

There are three main levels of involvement based on the flow of information between the public and sponsors:

- i) public communication;*
- ii) public consultation; and*
- iii) public participation*

Figure 2.

Three levels of involvement



Source: Rowe G and Frewer LJ. "A Typology of Public Engagement Mechanisms". *Science, Technology, and Human Values* 2005, 30(2): 255.

2.2.2 Citizen engagement: The "new" public participation

In response to past disappointments and cynicism toward traditional public participation structures, there has been a terminological shift from "public participation" to "citizen engagement" in the literature. According to Phillips and Orsini (2002: 8), this shift "reflects a desire to establish ongoing interaction between governments and citizens that not only informs policy but builds more capable citizens and stronger communities."

Thus, citizen engagement has become the "new" public participation, which gives greater emphasis to information and power sharing, mutual respect, and reciprocity between citizens and their government. The objective is to replace static and "token" participation with more deliberative means of engagement (Graham and Phillips, 1998).

In the decision-making context, citizen engagement is far more active than traditionally passive public consultation in its recognition of the capacity of citizens to discuss and generate policy options independently. As defined by the OECD, citizen engagement "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" (MacKinnon, 2003: 3). At its core, citizen engagement refers to public participation that is characterized by "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 manner" (Phillips and Orsini, 2002: 3). Hence, by definition, citizen engagement has an accountability dimension built right into it.

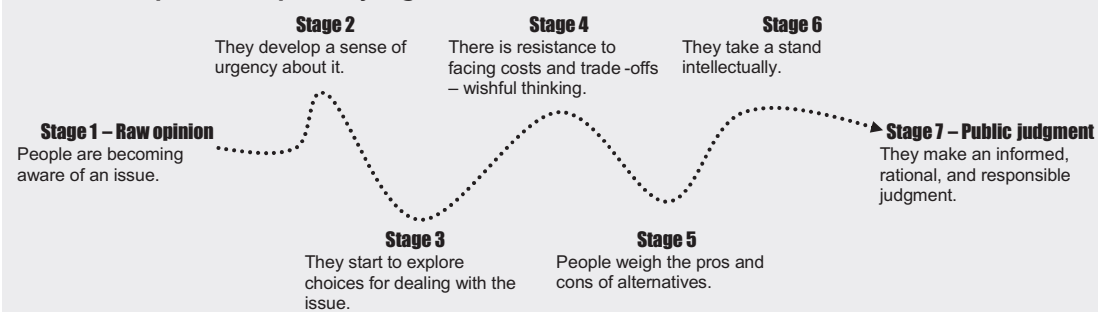
Several concepts are closely associated with citizen engagement such as deliberation and partnership. Indeed, renewed interest in deliberative democracy theory has gone hand in hand with the developing practice of citizen engagement. The term "deliberation" comes from political theory and refers to the act of considering different points of view and coming to a reasoned decision. Collective problem-solving discussion is viewed as the critical element of deliberation, to allow individuals with different backgrounds, interests, and values to listen, understand, potentially persuade and ultimately come to more reasoned, informed, and public-spirited decisions (Arendt, 1958; Habermas, 1984; Manin, 1987; Fearon, 1998; Fishkin, 1991; Gutmann and Thompson, 1996; Bostwick, 1999; Schudson, 1997; McLeod et al., 1999).

In addition, citizen engagement processes imply the development of partnerships between the public and their government. "As in a contract, all parties have obligations. It is important for local governments to think through what is expected of the public ... More positively, we think that the term 'citizen engagement' helps us to re-conceive the process as one that involves two-way obligations on the part of local governments and their citizens" (Graham and Phillips, 1998: 232, 238). Thus, citizen engagement is about improving relationships between citizens and their governors by emphasizing joint rights and responsibilities with clear links to the achievement of accountability (Abelson and Gauvin, 2004a).

Other terms such as “learning” and “judgment,” from Daniel Yankelovich’s work *Coming to Public Judgment*, are viewed as the products of the engagement process while “values” are emphasized as the principles around which common ground, learning, and judgment are sought (Yankelovich, 1991, 1992, and 1995). According to Yankelovich, traditional public consultation structures elicit “raw” opinions from the public, opinions that are often uninformed and irrational. He advocates for more citizen engagement to help the public and governments reach what he refers to as “public judgment,” i.e. an informed, rational, and responsible opinion. The long and iterative process of moving from raw public opinion to public judgment involves seven stages (Figure 3). Many complex policy issues, such as health reforms, can take several years before the public can move from raw opinion to public judgment. One way to encourage citizens to come to public judgment is to implement citizen engagement forums to help them learn, discuss, and deliberate about policy issues.

Figure 3.

From raw opinion to public judgment



Source: Yankelovich D. “How Public Opinion Really Works”. *Fortune* 1992. October: 102-105.

2.3 The functions of public involvement

Democratic theory tells us that public involvement can be undertaken for different underlying goals. Indeed, it can be considered as: i) an essential element of a successful democracy; ii) a means for achieving a specific decision outcome; iii) a means for achieving informed, accountable, and legitimate decision-making; iv) a means to contribute to a more educated and engaged citizenry; and v) a means to foster trust and reduce conflicts among stakeholders (Beierle and Cayford, 2002; Cooke, 2000; Bohman and Rehg, 1999; Pateman, 1970; Fishkin, 1995).

However, not everybody is jumping on the public consultation and participation bandwagon (Sanders, 1997; Cooke and Kothari, 2001; CPRN and Ascentum Inc., 2005). Scholars, policy-makers, decision-makers, and citizens have been apprehensive about participatory models of governance for the following reasons:

- ***Skepticism about the value of engaging citizens and about their capacity to participate meaningfully in complex policy matters.*** Many are skeptical about the value and benefits of public involvement. The use of a participatory model of governance still faces a lot of opposition from those who strongly defend expert control over policy

matters and those who are concerned that participatory democracy could lead to a “tyranny” of ignorant masses.

- ***Fear of citizens hijacking the policy process.*** Some decision-makers fear the outcomes of public involvement processes. They are concerned about losing control of their decision-making authority. In addition, involving the public in the policy process may raise and create expectations that decision-makers cannot meet or manage.
- ***Deadlines are too tight and resources are limited.*** Public involvement in the policy process may pose a challenge in terms of resources. Decision-makers who must manage already limited resources and who are working with tight deadlines may be unwilling to invest time, human resources, and financial resources to communicate information, consult, or involve the public in the decision-making process.
- ***Reluctance to challenge traditional practices and institutions.*** Many worry that participatory approaches encourage decision-makers and elected officials to sidestep and rely on public opinion rather than exercising leadership. Others consider that elected officials and democratic institutions already represent the public in decision-making processes.

3 A TYPOLOGY OF PUBLIC INVOLVEMENT METHODS

The number of public involvement methods has increased exponentially in the literature and in practice. Thirty years ago, Rosener (1975) identified 39 different methods. In 2005, a review of the literature conducted by Rowe and Frewer (2005) identified more than 100 methods. This development could simply illustrate the renewed interest in public involvement. However, it also illustrates that similar methods are often described using different terms (Rowe and Frewer, 2005). In the following section, we briefly describe the different methods and classify them using the three levels of public involvement: public communication; public consultation; and public participation.

3.1 Public communication methods

Public communication methods

e.g., advertisements, publication of reports, newspaper inserts, press releases, news conferences, or websites.

Sources:

- *IAP2 participation toolbox (2005b)*
- *Health Canada policy toolkit (2000)*
- *Creighton (2005)*

Public communication methods allow governments to get information to the public. Although these methods do not provide any authentic public involvement, their role is essential in public consultation or public participation process. As mentioned by Creighton (2005: 89), “inside every public participation program is a good information program.” If we want the public to be involved meaningfully in the decision-making process, they need clear, complete, and unbiased information about the policy issues.

No single method of public communication can reach all the different "publics" that may have a stake in a policy issue. Thus, it may be useful or necessary to use different methods to communicate with the public, different in terms of medium, format, and content.

Some of the most frequently used public communication methods are: advertisements, publication of reports, newspaper inserts, press releases, news conferences, or websites (Creighton, 2005; IAP2, 2005b; Health Canada, 2000).

3.2 Public consultation methods

Public consultation methods enable governments to ask for public input on policy issues, but the interactions are usually limited. The flow of information is mainly one-way, from the public to the governments.

Public consultation methods can allow the public to express their raw opinions. However, such methods cannot allow the emergence of a dialogue among participants and between participants and the government. Consequently, they are not useful to reduce conflicts between those who may have different interests (Yankelovich, 1995).

Among the most conventional methods of public consultation are: public meetings, public opinion polls, public hearings, focus groups, referenda, or meetings with stakeholders (Creighton, 2005; IAP2, 2005b, Health Canada, 2000).

3.3 Public participation methods

Public participation methods allow interactions among the public and between the public and the government, i.e. information is exchanged between both parties. There is some degree of deliberation in the process that takes place (usually in a group setting), which may involve representatives of both parties, in different proportions, depending on the method used. The act of deliberation helps to transform the raw opinions of both parties (government and the public) into informed and enlightened judgments (Rowe and Frewer, 2005; OECD, 2001; Yankelovich, 1995).

Public consultation methods

e.g., public meetings, public opinion polls, public hearings, focus groups, referenda, or meetings with stakeholders.

Sources:

- *IAP2 participation toolbox (2005b)*
- *Health Canada policy toolkit (2000)*
- *Creighton (2005)*

Public participation methods

e.g. citizens juries, citizens' panels, consensus conferences, scenario workshops, deliberative polls, or citizens' dialogues.

Sources:

- *IAP2 participation toolbox (2005b)*
- *Health Canada policy toolkit (2000)*
- *Creighton (2005)*
- *Abelson et al. (2003)*

The public participation toolbox has greatly expanded since the 1980s, especially in the case of deliberative methods, i.e. methods that actively involve citizens and create authentic dialogues between the public and their government. Of the numerous innovative public participation methods, six are now commonly used: i) ***citizen juries*** (Crosby, 1995; Lenaghan, 1999; McIver, 1998; Coote and Lenaghan, 1997; Smith and Wales, 1999), ii) ***citizen panels*** (Kathlene and Martin, 1991; Bowie et al., 1995), iii) ***consensus conferences*** (Einseidel, 2002; Joss and Durant, 1995; Andersen and Jaeger, 1999), iv) ***scenario workshops*** (Andersen and Jaeger, 1999); v) ***deliberative polls*** (Fishkin, 1995); and vi) ***citizens' dialogues*** (CPRN, 2006; Maxwell et al., 2003).

These innovative public participation methods share a number of characteristics: i) they are usually composed of small groups of 12 to 20 citizens representative of their community (deliberative polls and citizens' dialogues can include many more participants, but the deliberations are usually conducted in small groups); ii) there is one face-to-face meeting or a series of face-to-face meetings to deliberate on the issue; iii) factual, objective, and accessible information is prepared and communicated to support the participants' deliberations; iv) experts or key witnesses may be involved to inform participants and answer their questions; and v) a set of recommendations are produced based on the participants' deliberations (Rowe and Frewer, 2000; Abelson et al., 2003 and 2004).

In Table 1, we summarize the main strengths and limitations of public communication, consultation, and participation methods. The specific characteristics of the more innovative participative methods are presented in the Appendix.

Table 1. Methods to involve the public

	Public communication	Public consultation	Public participation
Examples	Advertisements, publication of reports, newspaper inserts, press releases, news conferences, and websites.	Public meetings, public opinion polls, public hearings, focus groups, referenda, and meetings with stakeholders.	Citizens juries, citizens' panels, consensus conferences, scenario workshops, deliberative polls, and citizens' dialogues.
Strengths	<p>Can potentially reach the broad public.</p> <p>Allows for technical and legal reviews.</p> <p>Facilitates documentation of public involvement process.</p> <p>Can be relatively less time consuming than other public involvement methods (e.g. ads, inserts, websites).</p>	<p>Some public consultation methods such as public opinion polls provide input from individuals who would be unlikely to attend meetings and can provide input from cross-sections of the public.</p> <p>Provides opportunity to test key messages prior to implementing program.</p> <p>May work best for select target audience.</p> <p>Useful to get the public's "raw opinions."</p> <p>Helps to measure citizens' values, needs and preferences.</p>	<p>Promotes dialogue between government and the public.</p> <p>Contributes to an informed, active, and engaged citizenry.</p> <p>Promotes "common good" as a societal objective.</p> <p>Small size of individual groups and their non-intimidating nature allows for innovative ideas and active participation.</p> <p>Can renew public trust in democracy.</p> <p>Helps to measure and clarify the basis of citizens' values, needs and preferences.</p> <p>Helps decision-makers understand the social and ethical consequences of their decisions.</p>
Limitations	<p>Only as good as the medium or distribution network.</p> <p>Limited capability to communicate complicated concepts.</p> <p>No guarantee materials will be read.</p> <p>May not be written in clear and accessible language.</p> <p>May be expensive.</p> <p>May be difficult to generate neutral and complete briefing material.</p> <p>Does not allow meaningful interactions between the public and the government (one-way flow of information from the government to the public).</p>	<p>Can require significant resources for organizers (e.g. public hearings).</p> <p>Does not allow for in-depth interactions between the public and the government (one-way flow of information from the public to the government or limited two-way interactions).</p> <p>Not designed to facilitate group deliberation on challenging public issues.</p>	<p>Elaborate process requiring significant resources and intensive time commitment for both participants and organizers.</p> <p>Requires conditions that will effectively motivate citizens to invest time and effort in information-gathering and face-to-face discussion.</p> <p>Greater risk of increasing cynicism if public cannot connect their contributions with decision outcomes.</p>

4 KEY CONDITIONS FOR SUCCESSFUL PUBLIC INVOLVEMENT

Although democratic theory tells us that public involvement can be undertaken for different underlying goals, we still know little about the extent to which these goals have been met. Indeed, there is a consensus in the literature about the paucity of good quality evidence from research assessing public involvement processes and outcomes (Delli Carpini et al., 2004; Mendelberg, 2002). A recent OECD study (2005: 10) reported that “there is a striking imbalance between the amount of time, money and energy that governments in OECD countries invest in engaging citizens and civil society in public decision-making and the amount of attention they pay to evaluating the effectiveness and impact of such efforts.”

Recently, some researchers have sought to fill the “evaluation gap” by developing evaluation frameworks and conducting more rigorous research to assess the success of public involvement experiences (Abelson and Gauvin, 2006; Rowe and Frewer, 2004; Beierle and Cayford, 2002). This work can be useful for identifying the key conditions that need to be met to achieve successful public involvement. In the following section, we briefly discuss how to define successful public involvement and key conditions of success with a special emphasis on public consultation and public participation.

4.1 Defining successful public involvement

A key challenge in determining successful public involvement processes is being able to clearly define what we mean by success. “Unless there is a clear definition of what it means for a participation exercise to be effective, there will be no theoretical benchmark against which performance may be assessed” (Rowe and Frewer, 2004: 517).

But defining what is a success is not a straightforward task. Different perspectives exist. Policy-makers, decision-makers, scholars, taxpayers, patients, and the general public may not agree on what constitutes a successful public involvement process (Chess, 2000). These actors may have different ideas, goals, and expectations. However, recent developments in the evaluation literature offer some guidance with respect to the key conditions that need to be met to achieve successful public involvement.

4.2 Key conditions for success

Among the most often cited key conditions for successful public consultation and public participation are the following (Rowe and Frewer, 2000 and 2004; Forest et al., 2000):

- **Representativeness:** Participants must be as representative of the population as possible, reflecting geography, demography, political affiliation, and ideology. It is essential to avoid co-option and exclusion.
- **Independence:** The public involvement process must be perceived as fair and independent. The moderators must be impartial and everybody must have a chance to express himself or herself including those who hold diverging views.
- **Early involvement:** Participants should be involved as early as possible in the design of the public involvement process. The public should be able to contribute in developing the agenda, defining the rules of the process, choosing the experts, and defining their need for information.

- ***Influencing the policy decisions:*** A key condition of success is that participants must have a real impact on the policy and decision-making process.
- ***Providing information:*** Information must be provided to the public and the participants to allow them to learn, discuss, and deliberate about the policy issues. In order to do so, the information must be accessible and transparent but also easy to understand and interpret. Experts and other witnesses who are providing information must be selected for their ability to communicate with lay people.
- ***Resource accessibility:*** Resources must be made available to allow the meaningful participation of the public. This includes having enough time to inform oneself, understand, and discuss. It also means being able to access the material and economic resources necessary to participate. It is important to keep in mind that some participants cannot afford the costs associated with their involvement (e.g. missing a day of work, paying for child care, or commuting to the public involvement setting).
- ***Structured decision-making:*** The public involvement process must be legitimate, transparent, and official. The objectives must be realistic and clearly communicated to the public. From the beginning, the public should know how their input will be integrated in the decision-making process. A feedback mechanism should also be implemented to inform the general public and the participants about the final decision and how the public involvement process influenced it.

Key conditions of success

- *Representativeness*
- *Independence*
- *Early involvement*
- *Influencing the policy decisions*
- *Providing information*
- *Resource accessibility*
- *Structured decision-making*

Sources:

- *Rowe and Frewer, 2000 and 2004*
- *Forest et al., 2000*

5 PUBLIC INVOLVEMENT AND THE CANADIAN HEALTH SYSTEM

5.1 The functions of public involvement in the governance of the health system

In the governance of health systems, public involvement plays four major functions: i) to improve the quality of information concerning the population's values, needs, and preferences; ii) to encourage public dialogue and debate over the fundamental direction of the health system; iii) to ensure public accountability for the processes within and outcomes of the system; and iv) to protect the public interest (Abelson and Eyles, 2002).

5.2 Multiple “publics”

Multiple publics

Public participation in the governance of the health system in Canada has traditionally oscillated between the participation of three groups of actors:

- i) patients;*
- ii) citizens; and*
- iii) health care providers.*

Source:

- *Forest et al., 2003*

The term “public” is usually broadly defined to encompass all individuals who are interested in health-care services and whose life may be affected by health-care policy-making: clients, patients, residents, citizens, consumers, their families, advocates, experts, health care providers, policy-makers, etc. (Hariri, 2003).

According to Forest et al. (2003), public involvement in the governance of the health system in Canada has traditionally oscillated between three groups of actors: i) patients; ii) citizens; and iii) health care providers. These oscillations illustrate the

hesitations of policy-makers and decision-makers concerning the role of public involvement in the governance of the health system, but also the role of each “public” in health care reforms.

5.3 Past experiences

The public involvement toolbox used in the Canadian health system is relatively limited if we compare it to all the methods proposed in the literature. Indeed, health policy and decision-makers have traditionally relied on conventional methods of public communication and public consultation to involve the public: information campaigns, public hearings, focus groups, public opinion polls, referenda, and elections to local or regional boards (Abelson et al., 2002; Forest et al., 2000).

Health organizations implementing these methods (whether at the local, regional, provincial, or national level) have often encountered several problems: challenges in mobilizing the public; political interference in the process; difficulties in dealing with very short deadlines; complex and emotional policy issues (e.g. hospital closures); lack of resources; and creating expectations that cannot be fulfilled (Abelson et al., 2002; Forest et al., 2000).

According to Forest et al. (2003), these problems have fueled a sense of lassitude and disenchantment within health organizations with regard to public involvement. “Why involve the public since there is a risk of confrontation and we may not be able to meet their expectations?” In addition, many citizens are frustrated and cynical about their own involvement in past public consultations. Many consider that traditional structures to involve the public do not allow them to contribute meaningfully to the decision-making process and, in some instances, the outcome is pre-determined (Abelson and Gauvin, 2004a; O’Hara, 1998). “Why participate if we don’t have any influence on the decisions?”

The lassitude, disenchantment, and frustration of citizens toward traditional public involvement structures may be explained by an unequal distribution of power between the actors of the health system as well as the weak legitimacy of representative institutions. In fact, Canadians still want to be involved in the major public policy debates and they also want to have a say in the future of the health system, but they request greater transparency and more meaningful public involvement (Wyman et al., 1999; Nevitte, 1996 and 2002).

5.4 Calls for greater accountability and active public involvement

A public opinion poll conducted by EKOS (2002) showed that a vast majority of Canadians (78%) believe that it is very important for citizens to be involved in major decisions affecting the health care system in Canada. A more recent poll showed that 85% of Canadians would feel better about government decision-making if they knew that government regularly sought informed input from average citizens (EKOS, 2005). In addition, 68% of Canadians feel that there are too few citizen engagement exercises on public policy in Canada (EKOS, 2005). The citizens’ dialogues conducted during the Commission on the Future of the Health Care System in Canada (Romanow Commission) confirm the results of these polls and clearly illustrate the desire of citizens to participate more actively in the governance of the health system (Maxwell et al., 2003).

Over the past five years, policy-makers, decision-makers, and elected officials have echoed the calls for greater public accountability and public participation.

The reports of most government commissions have addressed, to varying degrees, the issue of public accountability and participation (Clair, 2000; Fyke, 2001; Kirby, 2002; Mazankowski, 2001; Premier’s Health Quality Council, 2002; Romanow, 2002). For example, the Clair

Commission’s recommendations view citizen involvement in the governance of the health system as a means for encouraging accountability (Clair, 2000). The Fyke report recognizes the more fundamental claim for democratic rights to participation in decision-making about health services delivery: “... [t]he people of Saskatchewan have a right and a responsibility to engage in decision-making about the delivery of health services...” (Fyke, 2001:59).

Calls for greater accountability and public participation

Over the past five years, policy-makers, decision-makers, and elected officials have echoed the calls for greater public accountability and public participation.

The Mazankowski report recommends a market-oriented type of accountability that calls for “users of the health system [to] have more control, more choice and more accountability” (Mazankowski, 2001:25). In contrast, Senator Kirby’s final recommendations call for “an independent oversight body ... as one option ... to enhance public participation, transparency, public accountability, and public confidence” (Kirby citing Duane Adams, 2002: 15). Following on Kirby, the Romanow Commission expands on this notion with a broad view of public participation as a mean “to ensuring a viable, responsive and effective health care system,” (Romanow, 2002: 50) that would be operationalized through a national health council.

This call for innovative public participation structures also illustrates growing interest in more active and deliberative public participation. Many examples are worth mentioning, including the citizens’ dialogues for the Romanow Commission (CPRN, 2006; Maxwell et al., 2003), the consensus conference on xenotransplantation (Einseidel, 2002), different pilot projects of citizen panels implemented in regional health authorities across the country (Abelson et al., 2004c), the Citizens’ Dialogue on Privacy and the Use of Personal Information for Health Research in Canada conducted by CPRN and McMaster University (report forthcoming), and the Citizens’ Dialogue on National Public Health Goals conducted by EKOS and One World Inc. in collaboration with CPRN (report forthcoming).

6 CONCLUSION

Policy-makers, decision-makers, and researchers in Canada and abroad are now exploring new approaches to involve the public in democratic decision-making processes. Based on the content of this primer, we can identify the following six key messages to help inform the deliberations of the Health Council of Canada about the role and parameters of public involvement:

- ***There are different levels of public involvement:*** There are three levels of involvement depending on the flow of information and intensity of interactions between the public and their government: i) public communication; ii) public consultation; and iii) public participation.
- ***Public participation should be seen as a strategy for democratic renewal:*** Active and deliberative methods of public participation should be seen as strengthening rather than weakening representative democracy.
- ***In the governance of health systems, public involvement plays four major functions:*** i) to improve the quality of information concerning the population's values, needs, and preferences; ii) to encourage public debate over the fundamental direction of the health system; iii) to ensure public accountability for the processes within and outcomes of the system; and iv) to protect the public interest.
- ***Recent public opinion polls illustrate the desire of Canadian citizens to participate more actively in the governance of the health system.*** Over the past five years, policy-makers, decision-makers, and elected officials have echoed the calls for greater public accountability and public participation.
- ***Different perspectives exist about what constitutes successful public involvement:*** Policy-makers, decision-makers, scholars, taxpayers, patients, and the general public may not agree on what constitutes a successful public involvement process. Any organization developing a public involvement program should clearly state the underlying goals for that program and what is expected of the public and the sponsoring organization.
- ***Evaluation should be built into the public involvement program:*** Considerable time, money, and energy is invested in any public involvement program. Thus, an evaluation component should be included for at least two reasons: i) to ensure the proper use of institutional resources; and ii) to learn from past experiences
- ***The challenges to public involvement should not be underestimated:*** Scholars, policy-makers, decision-makers, and citizens have been apprehensive about participatory models of governance. Thus, when implementing a public involvement program, any organization should consider these challenges and explain the goals and benefits of the program.
- ***Form must follow function:*** No public involvement method, whether conventional or more innovative, is perfect. Form must follow function. Choosing a public involvement method must take into account: the issue, the objectives, the time and resources available, the participants, and the general context of the process. The methods presented here are not static. They can be adjusted and combined to develop custom-made methods that are appropriate to an organization's unique needs.

REFERENCES

- Abelson J and Gauvin F-P. *Assessing the Impacts of Public Participation: Concepts, Evidence, and Policy Implications*. Ottawa: Canadian Policy Research Networks, 2006 (forthcoming).
- Abelson J and Gauvin F-P. *Engaging Citizens: One Route to Health Care Accountability*. Ottawa: Canadian Policy Research Networks, 2004a.
- Abelson J and Gauvin F-P. *Transparency, Trust and Citizen Engagement - What Canadians Are Saying About Accountability*. Ottawa: Canadian Policy Research Networks, 2004b.
- Abelson J, Forest P-G, and the Effective Public Consultation Team. *Towards More Meaningful, Informed and Effective Public Consultation*. Final Report to the Canadian Health Services Research Foundation, 2004c.
- Abelson J and Eyles J. "Public Participation and Citizen Governance in the Canadian Health System." In: Forest P-G, McIntosh T and Marchildon G (eds). *Changing Health Care in Canada: The Romanow Papers, Volume 2*. University of Toronto Press, 2004: 279-311.
- Abelson J, Forest P-G, Eyles J, Casebeer A, Mackean G. and the Effective Public Consultation Project Team. "'Will it make a difference if I show up and share?' A citizens' perspective on improving public involvement processes for health system decision-making". *Journal of Health Services Research and Policy* 2004, 9(4): 205-212.
- Abelson J, Forest P-G, Eyles J, Smith P, Martin E, and Gauvin F-P. "Deliberations About Deliberative Methods: Issues in the Design and Evaluation of Public Participation Processes". *Social Science and Medicine* 2003, 57: 239-251.
- Abelson J, Forest P-G, Eyles J, Smith P, Martin E, and Gauvin F-P. "Obtaining public input for health-systems decision making: Past Experiences and Future Prospects". *Canadian Public Administration* 2002, 45(1) Spring: 70-97.
- Andersen IE and Jaeger B. "Scenario Workshops and Consensus Conferences: Towards more Democratic Decision-Making". *Science and Public Policy* 1999, 26(5): 331-340.
- Arendt H. *The Human Condition*. Chicago: University of Chicago Press, 1958.
- Arnstein SR. "A ladder of citizen participation". *Journal American Institute of Planners* 1969, 35: 215-24.
- Beierle TC and Cayford J. *Democracy in Practice: Public Participation in Environmental Decisions*. Washington, D.C: Resources for the Future, 2002.
- Bohman J and Rehg W. *Deliberative Democracy: Essays on Reason and Politics*. Cambridge: The MIT Press, 1999.
- Bostwick M. "Twelve Angry Citizens: Can citizens' juries improve local democracy in New Zealand?". *Political Science* 1999, 50(2): 236-246.
- Bowie C, Richardson A and Sykes W. "Consulting the Public about Health Service Priorities". *British Medical Journal* 1995, 311: 1155-1158.
- Calgary Health Region. *Public Participation Framework*. Online, Calgary Health Region, 2002 [<http://www.calgaryhealthregion.ca/hecomm/comdev/pdf/PPFrameworkReport.pdf>] (Accessed on December 16, 2005).
- Canadian Policy Research Networks. *Citizens' Dialogues*. Online, Ottawa: CPRN [<http://www.cprn.org/en/theme.cfm?theme=4>] (Accessed on January 13, 2006).

- Canadian Policy Research Networks and Ascentum Inc. *Trends in Public Consultation in Canada*. Online, prepared for the Parliamentary Centre's Canada-China Legislative Cooperative Project, Ottawa: CPRN, 2005 [<http://www.cprn.org/en/doc.cfm?doc=1322#>] (Accessed on January 10, 2006).
- Chess C. "Evaluating environmental public participation: Methodological Questions". *Journal of Environmental Planning and Management* 2000, 43(6): 769-784.
- Clair M. *Rapport et recommandations : Les solutions émergentes*. Commission d'étude sur les services de santé et les services sociaux, Québec: Gouvernement du Québec, 2001.
- Cooke M. "Five Arguments for Deliberative Democracy". *Political Studies* 2000, 48: 947-969.
- Cooke B and Kothari U (eds). *Participation: The New Tyranny?*. London: Zed Books, 2001.
- Coote A and Lenaghan J. *Citizens' Juries: Theory into Practice*. London: Institute for Public Policy Research, 1997.
- Creighton JL. *The Public Participation Handbook: Making Better Decisions Through Citizen Involvement*. San Francisco: Jossey-Bass, 2005.
- Crosby N. "Citizens' Juries: One Solution for Difficult Environmental Questions". In: Renn O, Webler T and Wiedelmann P. *Fairness and Competence in Citizen Participation: Evaluating Models for Environmental Discourse*, Boston, Kluwer Academic Press, 1995: 157-174.
- Delli Carpini MX, Cook FL, and Jacobs L. "Public Deliberation, Discursive Participation and Citizen Engagement: A Review of the Empirical Literature". *Annual Review of Political Science* 2004, 7: 315-344.
- EKOS Research Associates. *Citizen Engagement 2005: Government Performance and Public Preferences*. Part of the Rethinking Citizen Engagement Study, Ottawa: EKOS, 2005.
- EKOS Research Associates. *Private Voices, Private Choices*. Poll sponsored by the Charles E. Frosst Foundation, Ottawa: EKOS, 2002.
- Einsiedel E. "Assessing a controversial medical technology: Canadian public consultations on xenotransplantation". *Public Understanding of Science* 2002, 11: 315-331.
- Fearon JD. "Deliberation as discussion". In: J. Elster (ed.), *Deliberative Democracy*. Cambridge: Cambridge University Press, 1998: 44-68.
- Fishkin JS. *The Voice of the People: Public Opinion and Democracy*. New Haven: Yale University Press, 1995.
- Fishkin JS. *Democracy and Deliberation*. New Haven: Yale University Press, 1991.
- Forest PG, Abelson J, Gauvin FP, Martin E and Eyles J. "Participation et publics dans le système de santé du Québec". In: Lemieux V (ed.). *Le système de santé du Québec : organisations, acteurs et enjeux*. 2nd edition, Les Presses de l'Université Laval, 2003.
- Forest PG, Abelson J, Gauvin FP, Smith P, Martin E and Eyles J. (2000). *Participation de la population et décision dans le système de santé et de services sociaux du Québec*. GRIG et Conseil de la santé et du bien-être, 2000.
- Fuchs D and Klingemann H-D. "Citizens and the State: A Changing Relationship?". In: Klingemann H-D and Fuchs D (eds). *Beliefs in Government, Volume 1 - Citizens and the State*. Oxford University Press, 1995: 1-23.
- Fyke KJ. *Caring for Medicare: Sustaining a Quality System*. Regina: Government of Saskatchewan, 2001.

- Gawthrop LC. "Civis, Civitas, and Civilitas: A New Focus for the Year 2000". *Public Administration Review* 1983, 44: 103-106.
- Graham K and Phillips S (eds.). *Citizen Engagement: Lessons in Participation from Local Government*. Toronto: Institute of Public Administration of Canada, 1998.
- Gutmann A and Thompson D. *Democracy and Disagreement*. Cambridge: Harvard University Press, 1996.
- Habermas J. *Droit et démocratie : entre faits et normes*. Paris: Gallimard, 1997.
- Habermas J. *The Theory of Communicative Action I: Reason and the rationalization of society*. Boston: Beacon Press, 1984.
- Hansen KM. "Deliberative democracy: Experiments with involvement in decision-making". Paper prepared for the European Summer School in Local Government Studies ("New Challenges to Local Democracy"). Bordeaux, France, 2000.
- Hariri N. *Framework for Community Engagement*. Online, Vancouver Coastal Health, 2003 [http://www.vch.ca/ce/docs/03_11_ce_framework.pdf] (Accessed on December 16, 2005).
- Health Canada. *Health Canada Policy Toolkit for Public Involvement in Decision Making*. Online, Ottawa: Corporate Consultation Secretariat, Health Policy and Communication Branch, 2000. [http://www.hc-sc.gc.ca/ahc-asc/pubs/public-consult/2000decision/index_e.html] (Accessed on December 19, 2005).
- Inglehart R and Baker WE. "Modernization, cultural change and the persistence of traditional values". *American Sociological Review* 2000, 65: 19-51.
- International Association for Public Participation (IAP2). *The IAP2 Public Participation Spectrum*. Online, 2005a [http://www.iap2.org/associations/4748/files/spectrum.pdf] (Accessed on November 25, 2005).
- International Association for Public Participation (IAP2). *The IAP2 Public Participation Toolbox*. Online, 2005b [http://www.iap2.org/associations/4748/files/toolbox.pdf] (Accessed on November 25, 2005).
- Joss S and Durant J. *Public Participation in Science: The Role of Consensus Conferences in Europe*, Science Museum, London, 1995.
- Kathlene L and Martin JA. "Enhancing Citizen Participation: Panel Designs, Perspectives, and Policy Formation". *Journal of Policy Analysis and Management* 1991, 10(1): 46-63.
- Kirby ML. *The Health of Canadians - The Federal Role. Volume Six. Recommendations for Reform*. Standing Committee on Social Affairs, Science and Technology. Government of Canada, 2002.
- Lenaghan J. "Involving the Public in Rationing Decisions: The Experience of Citizens Juries". *Health Policy* 1999, 49(1-2): 45-61.
- MacKinnon MP. *Citizens' Dialogue on Canada's Future: A 21st Century Social Contract*. presentation to the Canadian Centre for Management Development, Ottawa: Canadian Policy Research Networks, September 26, 2003.
- Manin B. "On Legitimacy and Political Deliberation". *Political Theory* 1987, 15(3): 338-368.
- Maxwell J, Rosell S and Forest PG. "Giving Citizens a Voice in Healthcare Policy in Canada", *British Medical Journal* 2003, 326: 1031-1033.
- Mazankowski D. *A Framework for Reform: Report of the Premier's Advisory Council on Health*. Edmonton: The Council, 2001.

- McGregor EB Jr. "The Great Paradox of Democratic Citizenship and Public Personnel Administration". *Public Administration Review* 1983, 44: 126-132.
- McIver S. *Healthy Debate? An Independent Evaluation of Citizens' Juries in Health Settings*, King's Fund Publishing, 1998.
- McLeod JM, Scheufele DA, Moy P, Horowitz EM, Holbert RL, Zhang W, Zubric S, and Zubric J. "Understanding Deliberation: The effects of discussion networks on participation in a public forum". *Communication Research* 1999, 26(6): 743-774.
- Mendelberg T. "The Deliberative Citizen: Theory and Evidence". In: Delli Carpini MX, Huddy L, Shapiro R (eds). *Research in Micropolitics: Political Decisionmaking, Deliberation and Participation.*, Greenwich, CT: JAI Press, 2002, 6: 151-193.
- Nevitte N. "Value Change and Reorientation in Citizen-State Relations", In: Neil Nevitte (ed.). *Value Change and Governance in Canada*. Toronto: University of Toronto Press, 2002: 3-36.
- Nevitte N. *The Decline of Deference: Canadian Value Change in Cross-National Perspective*. Peterborough: Broadview Press, 1996.
- O'Hara K. *Securing the Social Union*. Ottawa: Canadian Policy Research Network, 1998.
- Organisation for Economic Co-operation and Development (OECD). *Evaluating Public Participation in Policy Making*. Paris: OECD Publications, 2005.
- Organisation for Economic Co-operation and Development (OECD). *Citizens as Partners: OECD Handbook on Information, Consultation, and Participation in Policy-Making*. Paris: OECD Publications, 2001.
- Pateman C. *Participation and Democratic Theory*. Cambridge: Cambridge University Press, 1970.
- Phillips SD and Orsini M. *Mapping the Links: Citizen Involvement in Policy Processes*. Ottawa: Canadian Policy Research Network, 2002.
- Pitkin HF. *The Concept of Representation*. Berkeley, University of California Press, 1967.
- Pratchett L. "New Fashions in Public Participation: Towards Greater Democracy?". *Parliamentary Affairs* 1999, 52(4): 617-633.
- Premier's Health Quality Council. *Health Renewal*. Saint John: The Council, 2002.
- Redbum FS and Cho YH. "Government's Responsibility for Citizenship and the Quality of Community Life". *Public Administration Review* 1983, 44: 158-161.
- Romanow RJ. *Building on Values: The Future of Health Care in Canada*. Saskatoon: The Commission on the Future of Health Care in Canada, 2002.
- Rosener J. "User-oriented evaluation: A new way to view citizen participation". *Journal of Applied Behavioural Science* 1981, 17(4): 583-596.
- Rosener J. "A Cafeteria of Techniques and Critiques". *Public Management* 1975, December: 16-19.
- Rowe G and Frewer LJ. "A typology of public engagement mechanisms". *Science, Technology, and Human Values* 2005, 30(2): 251-290.
- Rowe G and Frewer LJ. "Evaluating public participation exercises: A research agenda". *Science, Technology, and Human Values* 2004, 29(4): 512-556.
- Rowe G and Frewer LJ. "Public Participation Methods: A framework for evaluation". *Science, Technology and Human Values* 2000, 25(1): 3-29.

- Rowe G, Marsh R, and Frewer L. "Evaluation of a deliberative conference". *Science, Technology, and Human Values* 2004, 29(1): 88-121.
- Sanders LM. "Against Deliberation". *Political Theory* 1997, 25(3) : 330-347.
- Schudson M. "Why Conversation is Not the Soul of Democracy". *Critical Studies in Mass Communication* 1997, 14: 297-309.
- Smith G and Wales C. "The Theory and Practice of Citizens' Juries". *Policy and Politics* 1999, 27(3): 295-308.
- Wyman M, Shulman D and Ham L. *Learning to Engage: Experiences with Civic Engagement in Canada*. Ottawa: Canadian Policy Research Network, 1999.
- Yankelovich D. "Critique de la notion de société de l'information". In Rosell S. *Refaire le monde : Gouverner dans un monde en transformation rapide*, Ottawa: Les Presse de l'Université d'Ottawa, 1995: 225-246.
- Yankelovich D. "How Public Opinion Really Works". *Fortune* 1992. October: 102-105.
- Yankelovich D. *Coming to Public Judgment: Making Democracy Work in a Complex World*. Syracuse University Press, 1991.

APPENDIX

An Overview of Public Participation Methods

Method	Description	Strengths	Limitations	Examples
Citizen juries	<ul style="list-style-type: none"> A method invented in 1971 by Ned Crosby from the Jefferson Centre of Minneapolis. Composed of 12-20 randomly selected individuals representative of their community who meet over several days to deliberate on a policy issue. They are informed about the issue, hear evidence from witnesses and cross-examine them. Then, they discuss the matter amongst themselves and reach a decision. Another method is relatively similar in respect to its form and function: the planning cells. The planning cells were invented in Germany by Peter Dienel in 1969. 	<ul style="list-style-type: none"> Provides opportunities to introduce new perspectives and challenge existing ones. More careful examination of the issue. Promotes consensus building. Brings legitimacy and democratic control to non-elected public bodies. Small size of individual groups and their non-intimidating nature allows for innovative ideas and active participation. 	<ul style="list-style-type: none"> Exclusive - only a few individuals participate. Potential problems lie in initial stages of preparation (e.g. jury selection, agenda setting, witness selection). Process requires significant resources and intensive time commitment for participants and organizers. Influence on final policy is not guaranteed if the government is not formally committed to take the results into consideration. Can be difficult to generate neutral and complete briefing material. 	<ul style="list-style-type: none"> Since 1974, several citizen juries have been held in Great Britain, Australia and India but mostly in the USA under the auspices of the Jefferson Center. Citizen juries have been used with issues related to environment, energy, health and education. A few examples: <ul style="list-style-type: none"> Physician Assisted Suicide (1998). Comparing Environmental Risks (1996). America's Tough Choices: Health Care Reform (1993).
<p>Key references on citizen juries: Coote A and Lenaghan J. <i>Citizens Juries: Theory into Practice</i>, London: Institute for Public Policy Research, 1997. Jefferson Center. [www.jefferson-center.org]. Lenaghan J, New B and Mitchell E. "Setting Priorities: Is there a Role for Citizens' Juries?". <i>British Medical Journal</i> 1996, 312: 1591-1593. Lenaghan J. "Involving the Public in Rationing Decisions : The Experience of Citizens Juries". <i>Health Policy</i> 1999. 49(1-2): 45-61.</p>				

APPENDIX

An Overview of Public Participation Methods (cont.)

Method	Description	Strengths	Limitations	Examples
Citizen panels	<ul style="list-style-type: none"> A randomly selected group of 12 citizens meet routinely (e.g. four times per year) to consider and discuss issues and make decisions. Used to guide health resource allocation decision. Panels act as “sounding boards” for governing authority. Attitudes, values and preferences of the panel are measured on a regular basis (generally via a survey). Can take different forms: some are non-deliberative (mail or phone panels). 	<ul style="list-style-type: none"> Proportion of panel members can be replaced at each meeting (i.e. 4 members) to increase the overall number of participants. Multiple panels can be held and run to increase participant numbers (i.e. reduce exclusivity). People benefit from discussion within groups, but also from discussing issues with family and friends outside of the panel. Small size of individual groups and their non-intimidating nature allows for innovative ideas and active participation. 	<ul style="list-style-type: none"> Less exclusive than citizen juries, but still only a few individuals participate. Potential problems lie in initial stages of preparation (e.g. selection of panel members, agenda setting). Process requires significant resources and intensive time commitment for participants and organizers. Can be difficult to generate neutral and complete briefing material. 	<ul style="list-style-type: none"> Used for the last two decades in many countries: Great Britain, Germany, Denmark, and Canada. Different policy issues like transport planning, environment, health and telecommunications. In Canada, a few pilot projects of citizens panels organized with regional health authorities. Brant County – Ontario (Health priorities). Charlevoix – Québec (Health priorities and resources allocation).
<p>Key references on citizen panels:</p> <p>Abelson J, Forest P-G, and the Effective Public Consultation Team. <i>Towards More Meaningful, Informed and Effective Public Consultation</i>. Final Report to the Canadian Health Services Research Foundation, 2004c.</p> <p>Bowie C, Richardson A, and Sykes W. “Consulting the Public about Health Service Priorities”. <i>British Medical Journal</i> 1995, 311: 1155-1158.</p> <p>Kathlene L and Martin JA. “Enhancing Citizen Participation: Panel Designs, Perspectives, and Policy Formation”. <i>Journal of Policy Analysis and Management</i> 1991, 10(1): 46-63.</p>				

APPENDIX

An Overview of Public Participation Methods (cont.)

Method	Description	Strengths	Limitations	Examples
Consensus conferences	<ul style="list-style-type: none"> Developed by the Danish Board of Technology. A dialogue between experts and citizens open to the public and the media. The citizen panel plays the leading role (10 to 16 people who are introduced to the topic by a professional facilitator). The citizen panel formulates the questions to be taken up at the conference, and participates in the selection of experts to answer them. During the first day, experts present their answers to the questions from the citizen panel. During the second and third days, questions are clarified and discussions are held between the expert panel, the citizen panel and the audience. The citizen panel produces a final document, presenting their conclusions and recommendations. 	<ul style="list-style-type: none"> Process of communicating information about the conference topic provides a strong educational component. Useful method for obtaining informed opinions from lay persons on complex issues. Small size of individual groups and their non-intimidating nature allows for innovative ideas and active participation. 	<ul style="list-style-type: none"> Recruitment method may not ensure representative participation. Exclusive process. Elaborate process requiring significant resources. Multiple conferences may be required to ensure that broad, representative opinions are sought. 	<ul style="list-style-type: none"> Since 1987, several consensus conferences were held in Denmark, Canada, France, the USA, Great Britain, Argentina, Australia, Austria, Germany, Israel, Japan, the Netherlands, New Zealand, Norway, South Korea and Switzerland. A few examples: <ul style="list-style-type: none"> Xenotransplantation in Canada (2001) Agriculture and genetic technologies (1987) Food irradiation (1989) Human genome (1989) Infertility (1993) GMO (1999)
	<p>Key references on consensus conferences:</p> <p>Andersen IE and Jaeger B. "Scenario Workshops and Consensus Conferences : Towards more Democratic Decision-Making". <i>Science and Public Policy</i> 1999, 26(5): 331-340.</p> <p><i>Danish Board of Technology.</i> [www.tekno.dk].</p> <p>Einsiedel E. "Assessing a controversial medical technology: Canadian public consultations on xenotransplantation". <i>Public Understanding of Science</i> 2002, 11: 315-331.</p> <p>Joss S. and Durant J. <i>Public Participation in Science: The Role of Consensus Conferences in Europe.</i> London: Science Museum, 1995.</p> <p><i>LOKA Institute.</i> [www.loka.org/pages/worldpanels.html].</p>			

APPENDIX

An Overview of Public Participation Methods (cont.)

Method	Description	Strengths	Limitations	Examples
Scenario workshops	<ul style="list-style-type: none"> Developed by the Danish Board of Technology. A scenario is an account or a synopsis of a possible course of action or events. Before the workshop, a few scenarios are presented to inform the participants. 24 to 32 participants come together for a two day meeting (decision-makers, experts and citizens). Using the scenarios as starting point, the participants formulate new ideas, solutions and recommendations. 	<ul style="list-style-type: none"> Generate dialogue, collaboration and planning between every actor. Small size of individual groups and their non-intimidating nature allows for innovative ideas and active participation. 	<ul style="list-style-type: none"> Less exclusive than citizen juries, but still only a few individuals participate. Potential problems lie in initial stages of preparation (e.g. selection of panel members, agenda setting). Process requires significant resources and intensive time commitment for participants and organizers. Can be difficult to generate neutral and complete briefing material. 	<ul style="list-style-type: none"> Used in Denmark, Germany, Great Britain, the Netherlands, Austria and Switzerland. Urban ecology 1991–1993. The future of public libraries 1995–1996. European Awareness Scenario Workshop (EASW) Initiative launched by the European Commission 1993-1994. EUROPTA project 1998-1999.
<p>Key references on scenario workshops: Andersen IE and Jaeger B. "Scenario Workshops and Consensus Conferences: Towards more Democratic Decision-Making". <i>Science and Public Policy</i> 1999, 26(5): 331-340. <i>Danish Board of Technology</i>. [www.tekno.dk].</p>				

APPENDIX

An Overview of Public Participation Methods (cont.)

Method	Description	Strengths	Limitations	Examples
<p>Deliberative polls</p>	<ul style="list-style-type: none"> James Fishkin developed the method in 1988. Builds on the opinion poll by incorporating element of deliberation. Measures what public would think if it was informed and engaged around an issue. Composed of a randomly selected sample of citizens. Large or small groups (50 to 500+ persons). Involves polling the participants, followed by discussion, and finally, polling them again. 	<ul style="list-style-type: none"> Provides insights into public opinions and how people come to decisions. Seeks informed opinions, does not force people to reach consensus. Large, random sample. Changes in responses can be observed after the deliberative intervention takes place. Help to measure citizen's values and preferences. Small size of individual groups and their non-intimidating nature allows for innovative ideas and active participation. 	<ul style="list-style-type: none"> Incentives (e.g. honorarium, transportation) are important but do involve significant costs depending on the number of participants. Although sample size is large and random, ensuring representativeness is difficult. Process requires significant resources and intensive time commitment for participants and organizers. Can be difficult to generate neutral and complete briefing material. 	<p>Deliberative polls were used:</p> <ul style="list-style-type: none"> In Great Britain for the future of the National Health Service and for policies to reduce criminality. In Australia for the reconciliation with native peoples and the abolition of monarchy. In Denmark for the adoption of the Euro as national currency. In the USA for energy and environmental policies. In 2002, a similar method was used for the project Listening to the City: Remember and Rebuild to rebuild Lower Manhattan.
<p>Key references on deliberative polls: Center for Deliberative Democracy. [http://cdd.stanford.edu/polls/index.html]. Fishkin JS. <i>The Voice of the People: Public Opinion and Democracy</i>. New Haven: Yale University Press, 1995. Fishkin JS, Luskin RC and Jowell R. "Deliberative Polling and Public Consultation". <i>Parliamentary Affairs</i> 2000, 53(4): 657-666.</p>				

APPENDIX

An Overview of Public Participation Methods (cont.)

Method	Description	Strengths	Limitations	Examples
Citizens' dialogues	<ul style="list-style-type: none"> The Canadian Policy Research Network has been using the citizens' dialogue methodology since the mid-1990s. A citizens' dialogue brings together a group of citizens to work through a workbook or guide that includes basic information on the issue (small group deliberation). The group moderator encourages participants to consider and reflect on each of the viewpoints provided. A dialogue session can last up to three hours. The participants move from defining values and identifying common ground to putting forward concrete steps that can constructively inform policy development. 	<ul style="list-style-type: none"> Strives to inform policy and program development with an expression of citizens' underlying values. Gives participants an opportunity to listen to other views, enlarge and possibly change their own point of view. Provides information in the form of a workbook or guide carefully crafted to represent several perspectives on an issue, lending a layer of complexity and struggle to the discussion. Small size of individual groups and their non-intimidating nature allows for innovative ideas and active participation. 	<ul style="list-style-type: none"> Although sample size is large and random, ensuring representativeness is difficult. Process requires significant resources and intensive time commitment for participants and organizers. Can be difficult to generate neutral and complete briefing material. 	<p>Many citizens dialogues have been organized in Canada on very different issues:</p> <ul style="list-style-type: none"> National Dialogue and Summit for Young Canadians. Citizens' Dialogue on the Long-term Management of Used Nuclear Fuel. Citizens' Dialogue on the Ontario Budget Strategy 2004-2008. Citizens' Dialogue on the Kind of Canada We Want. Citizens' Dialogue on the Future of Health Care in Canada. Asking Canadian NGOs What Matters For Aging. Quality of Life in Canada. The Society We Want.
<p>Key references on deliberative polls: <i>Canadian Policy Research Networks.</i> [www.cprm.org/en/theme.cfm?theme=4]. Maxwell J, Rosell S and Forest PG. "Giving Citizens a Voice in Healthcare Policy in Canada". <i>British Medical Journal</i> 2003, 326: 1031-1033.</p>				

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