

Engaging Citizens: One Route to Health Care Accountability

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***Engaging Citizens: One Route to
Health Care Accountability***

**A paper prepared for the
Canadian Policy Research Network**

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Foreword

Canadians have been clamouring for more attention to the accountability of the health care system in many different ways. It was identified as a priority issue in a national consultation on research priorities in 2001, it was highlighted in all the major health system reviews prepared for the provinces and the federal government from 2001 to 2003, and citizens themselves issued a strong challenge in the Citizens' Dialogue on the Future of Health Care prepared for the Romanow Commission in 2002. Yet accountability for health care is not an established focus in the Canadian research community, and there are relatively few source documents to start the process rolling.

CPRN decided to fill this gap with a series of seven papers designed to explore the concept of accountability and how it might apply to health care. Papers will explore the concept of accountability, map the statutory accountabilities written into provincial and federal legislation, and assess four principal approaches to accountability under discussion today: citizen engagement, legal approaches, performance reporting, and citizen governance. The series will close with a synthesis paper to summarize our learnings and suggest next steps.

This paper by Julia Abelson and François-Pierre Gauvin from the McMaster University Centre for Health Economics and Policy Analysis, is the second to be published, and others will follow in coming weeks and months. The paper explores citizen engagement as a route to health care accountability. The authors provide a clear explanation of how citizens can contribute to accountability. They acknowledge that information exchange, power sharing and partnership are threatening to a policy sector dominated by professional expertise in the clinical and managerial domain. They then describe the major challenges to be met in re-establishing trust with citizens.

On your behalf and on ours, I wish to thank Julia Abelson and François-Pierre Gauvin for deepening our understanding of both the barriers and the potential contribution of engaging citizens. The paper is set to become a must-read not only in health care but in other public policy domains. Our thanks also to the reviewers and funders for making this Accountability Series possible.

Judith Maxwell
April 2004

Executive Summary

Public outcry for governments to increase their accountability to citizens has reached a feverish pitch in Canada and shows no sign of abating. Canadians' revised expectations of government were also plainly evident in recent debates about the future of health care. Governments are responding to these calls with a range of tools for improving accountability relationships between themselves and their citizens. Greater public involvement in health care decision-making is one of the tools being called upon to address accountability concerns.

At the same time, there has been a shift away from traditional public participation practices to citizen engagement as a method for establishing and re-establishing trust between citizens and decision makers. Citizen engagement has become the “new public participation” with central tenets that include greater emphasis on information and power sharing, and mutual respect and reciprocity between citizens and their governors. The roots of citizen engagement and the democratic right for citizens to participate in public affairs, are inextricably linked to notions of accountability.

The accountability relationships typically discussed in the context of direct government-citizen interactions are primarily vertical and uni-directional (i.e., governments being made accountable to citizens). This view fails to capture and build on the two-way, reciprocal nature of citizen engagement. A more promising means for developing citizen engagement as a mechanism for fostering citizen accountability is to promote and reinforce bi-directional accountability mechanisms that are both vertical (i.e., government to citizens and citizens to government) and horizontal (i.e., between citizens).

There are three key accountability dimensions against which its performance is routinely measured: 1) sanction, 2) answerability and 3) relationship-building. When placed on a continuum, sanction is usually considered the strongest accountability tool, followed by answerability and, finally, relationship-building. For citizen engagement, we argue that the continuum should be reversed to assign relationship-building as the strong measure, sanction the weak measure, and answerability remaining in the middle. Citizen engagement processes, by definition, wield their accountability through the formation of strong relationships built upon trust, openness and responsiveness between citizens and government or public institutions. Answerability in the form of transparency, clear objectives and means for involving citizens and linking their input back into the decision process are also essential. Sanction is rarely available in citizen engagement processes and is less of a requirement if the first two criteria are adequately met.

Despite widespread calls for increased citizen engagement as a means for increasing citizen-governor accountabilities, there have been few, if any, rigorous assessments of the effects of this practice on accountability performance. Decision makers are only just beginning to pay attention to the design of accountable public participation processes so the attention paid to evaluating these nascent attempts has been minimal. More generally, building rigorous evaluation into public participation processes has been an underdeveloped area of activity in many policy sectors and particularly in the health

sector where public participation as a corporate and/or scholarly activity has had a short history.

The use of citizen engagement mechanisms in the Canadian health system is in its infancy. While recent high profile uses of mechanisms such as the citizens dialogues conducted for the Romanow Commission have generated enthusiasm in some quarters, it is a long way away from becoming an institutionalized mechanism for fostering democratic accountability and improved public policy making. A major barrier to its acceptance is that its practical and theoretical underpinnings represent major challenges to the long-standing power relations that characterize health system decision-making in Canada and between the governed and the governing in Canada more broadly. Information exchange, power sharing and partnership are not easily embraced in a policy sector dominated by professional expertise in the clinical and managerial domain.

Considerable resources are also required if citizen engagement is to be given serious consideration as an accountability mechanism. These include the need for nurturing political institutions and cultural receptivity to build the citizen engagement agenda. Access to information and a strong role for the media in promoting democratic dialogue are also essential tools as are the development and fostering of a strong civic infrastructure which lays the foundation for citizen engagement. Although tempting to create new institutions for citizen engagement, given the challenges described here, building on existing institutions and relationships may be more productive in the short-term as a means for re-establishing trust with citizens.

Expectations for improving the accountability of the Canadian health care system to its citizens are high. Governments are recognizing the need to develop mechanisms to achieve these accountabilities but they are being developed and implemented largely in the absence of guiding principles, a strong research base for informing these activities and criteria for assessing whether accountability has been achieved. Citizen engagement is an emerging mechanism for achieving citizen-government accountability. The principles upon which it is based -- the establishment of open and transparent relationships between citizens and governors -- overlap with key features of accountability and suggest that citizen engagement practices offer promise as mechanisms for fostering improved accountability. There are considerable challenges to advancing the citizen engagement agenda in the Canadian health care system. Information exchange, power sharing and partnership are threatening to a policy sector dominated by professional expertise in the clinical and managerial domain. In addition, considerable resources are needed to support citizen engagement practice in Canada, which will require the same political commitment that Canadians are seeking with regard to strengthened accountability.

Key words: citizen engagement, accountability, mechanism, health policy, evaluation

Acknowledgements

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Introduction

Public outcry for governments to increase their accountability to citizens has reached a feverish pitch in Canada and shows no sign of abating. Canadians' revised expectations of government were also plainly evident in recent debates about the future of health care. The principles of accountability, transparency and shared responsibility feature prominently in discussions with citizens about their desires for a new social contract (Mendelsohn, 2002; Fooks and Maslove, 2004). Governments are considering different responses to these calls including a range of tools for improving accountability relationships between themselves and their citizens. In this paper, we focus on the use of citizen engagement as a mechanism for improved citizen-government accountability. We examine its development within the public participation field; its accountability properties; how it has been used as a mechanism for achieving accountability and its future prospects with a discussion on the resources required to encourage more effective use of this accountability mechanism.

1. Calls for Citizen Engagement as a Mechanism for Improving Citizen Accountability

1.1 Calls from Public Institutions

Over the past 5 years, government commissions, public institutions and elected representatives in Canada and abroad have called for greater public involvement in health system decision-making as a means for achieving a variety of health system and democratic goals, including greater public accountability (Clair, 2000; Fyke, 2001; Kirby, 2002; Mazankowski, 2001; Premier's Health Quality Council, 2002; Romanow, 2002). Most reports have addressed the issue of public accountability, implicitly or explicitly, although different terms, and underlying values, are invoked to describe the type of accountability being sought. The Clair Commission's recommendations, for example, view citizen involvement in the governance of the health system as a means for encouraging accountability in broad terms, i.e., through "both *administrative* and *professional competence* as well as *community competence*" (Clair, 2000:195). The Fyke report makes a 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).

The Mazankowski report is, perhaps more explicit than any other, in recommending 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 string together many related concepts by calling for “an independent *oversight* body ... as one option ..., to enhance *public participation*, *transparency*, *public accountability*, and *public confidence*.” (Kirby citing Duane Adams, 2002, 6,I,1.2.4: 15) Following on Kirby, Romanow expands on this notion with a broad view of public participation's contributions “to ensuring a viable, responsive and effective health care system,” (Romanow, 2002: 50) that would be operationalized through a national health council (Romanow, 2002:56-58). These more recent calls for public participation as an instrument for achieving public accountability fall on the heels of earlier, unanswered calls, from the 1999 Social Union Framework Agreement (SUFA). Commitment to citizen engagement in three distinct policy-making stages was one of two animating principles of SUFA, along with intergovernmental collaboration; however, the citizen engagement principle was largely ignored (Wyman et al., 1999; Mendelsohn and McLean, 2000).

In the international arena, recent initiatives in the UK such as the Citizens Council established by the National Institute of Clinical Excellence (NICE) and the Commission for Patient and Public Involvement in Health signal a commitment to address concerns about lack of transparency and public accountability at all levels of government through the creation of new structures or through the improvement of

existing mechanisms to involve citizens in the governance of the health system.” (NICE, 2002; U.K. Department of Health, 2003).

1.2 Calls from Citizens

Canadians also see themselves contributing to political life and public policy making by exercising their democratic right to elect their representatives and to participate in the decisions that affect their lives. Moreover, this desire has become stronger over the past number of decades, and its association with waning public confidence in government, has produced what is variously labeled a “declining deference” or “democratic deficit”. Despite sliding electoral participation rates, Canadians still rank political rights near the top of their list of quality of life indicators. This suggests that Canadians may be looking for new and different ways to participate in the political life of their country including calls for a stronger voice in public policy debates. (Wyman et al., 1999; Nevitte 1996; Nevitte 2002; Forest *et al.*, 2002).

Recent polling data reports that close to 80% of Canadians believe it is very important for citizens to be involved in major decisions affecting the health care system in Canada and that a rising proportion of Canadians (from 80% in 1998 to 84% in 2000) would feel better about government decision-making if [they] knew that government regularly sought informed input from average citizens (EKOS, 2002). Participants in the 2002 Citizens’ Dialogue on the Future of Health Care in Canada confirmed these findings, articulating demands for “transparency and accountability, for a new, more open policy process based on regular and comprehensive reviews of achievements and results attained by public authorities (Maxwell, Rosell and Forest, 2003). In a similar Canadian Policy Research Networks (CPRN) forum, *Citizens’ Dialogue on Canada’s Future: A 21st Century Social Contract*, 400 randomly selected citizens were asked to develop their vision of Canada in ten years and to discuss the role that citizens, communities, governments and businesses should play to achieve this vision (MacKinnon et al., 2003). “Participants emphasized the need for a healthier democracy. They wanted a democracy where a) citizens’ input would be taken into account by decision-makers, and b) governments truly listen to what they have to say. Connected to this were comments about the need for political reform” (MacKinnon et al., 2003: 19).

Evidence is also emerging from studies of public participation in health system decision making that citizens have been disappointed by their previous experiences with traditional public consultations described as having ‘pre-determined outcomes’ and tightly controlled agendas and menu options that preclude meaningful public contributions (Abelson et al., 2004; O’Hara, 1998). The frustration and cynicism associated with these experiences have prompted calls for more “accountable consultation” (Litva et al. 2002) where decision makers are pushed to provide citizens with an accounting of how the public’s input was considered or helped shape the final decision or recommendations that were taken. Further to this, a high profile lawsuit in British Columbia launched by the Hospital Employees’ Union that challenged the legality of in-camera meetings held by regional health authorities, has firmly placed the issue of public accountability and its links to public participation mechanisms on the agenda of health policy decision makers (Supreme Court of British Columbia, 2003).

1.3 Are Policy Makers and Citizens on the Same Page?

Despite their apparent convergence, calls for increased public involvement from policy makers and citizens do not reflect the same sense of urgency for action. For example, the public feels far more strongly about their ability and desire to have a greater say in policy decisions than do decision makers and they are more likely to call for the federal government to place a high priority on engaging Canadians on health care and social program issues (EKOS, 1998). The public may consider its ability to contribute to major national problems more simplistically than decision makers as illustrated in their views that most big national problems could be solved at the grass roots level (EKOS, 1998). Calls for greater public involvement on both sides are likely subject to social desirability biases. Calling for and actually delivering greater public involvement requires tremendous commitment from both sides.

2. What do we mean by Citizen Engagement?

2.1 From Public Participation to Citizen Engagement

Defined broadly, public participation typically refers to a “broad set of practices that includes passive forms of citizen involvement, where the public’s views are sought as an input to a planning or decision-making process, and more active involvement through direct participation in decision-making processes and structures” (Abelson and Eyles, 2002:1). Through the 1990s, the terms “public participation” and “public consultation” became negatively associated with cynicism and mistrust in public officials arising from failed public participation experiments (Graham and Phillips, 1998: 237-238). Phrases such as “window dressing”, “pre-determined agendas and outcomes” and “corruptible” are some of the phrases that come to mind when experienced public participants describe their prior involvement in public consultations (Abelson et al., unpublished manuscript). A recent review of the published literature on public participation experiences in the Canadian health system summarized these experiences as follows:

1. citizen domination by powerful groups interested in involving the public when it suits their purpose;
2. policy makers touting citizen governance as a critical element to achieve more responsive decision making while using these structures as instruments of cost cutting and restructuring;
3. the ability for only the most educated and sophisticated and arguably the most unrepresentative and biased ‘publics’ to participate as citizen governors;
4. an increasingly cynical public weary of pre-determined illegitimate public consultation processes, reluctant to take responsibility for decision making, seeking more accountable consultation.

(Abelson and Eyles, 2002)

In response to past disappointments to address the democratic deficit described earlier, we are seeing a shift away from public participation to citizen engagement as a method for establishing and re-establishing trust between citizens and decision makers. Citizen engagement, in essence, has become the “new public participation” which gives greater emphasis to information and power sharing, mutual respect and reciprocity between citizens and their governors and, in doing so, attempts to replace static and ‘thin’ participation with more deliberative and ‘thick’ means of engagement” (Graham and Phillips, 1998:223). While some view and even operationalize this shift as the same concept with a new label attached, the underlying principles of citizen engagement signal something far different from what’s come before:

“The shift in language is not mere rhetoric. Rather, it reflects a desire to establish ongoing interaction between governments and citizens that not only informs policy but builds more capable citizens and stronger communities.”

(Phillips and Orsini, 2002: 8)

2.2 Defining Citizen Engagement

In the context of policy decision-making, 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, “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” (MacKinnon, 2003: 3). Citizen engagement typically refers to processes where governments have taken the initiative to involve citizens in policy development. A broader view of citizen engagement, however, could include citizen-initiated as well as decision-maker initiated processes and “mutual engagement” which would involve an on-going, cyclical exchange process (Wyman et al., 1999). At its core, citizen engagement refers to public involvement 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). Hence, by definition, citizen engagement has an accountability dimension built right into it.

Several concepts are closely associated with the citizen engagement discourse. *Deliberation* is the participatory forum through which citizen engagement is most frequently operationalized. 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 & Thompson, 1996; Bostwick, 1999; Schudson, 1997; McLeod et al., 1999). 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, 1998).

Citizen engagement processes also imply the development of *partnerships* or in some situations, *contracts*, between citizens and their governing authorities.

“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. It is another example of a “buzz word” that, if applied as a catchall for any form of public involvement, will soon lose its lustre and appeal to be cast aside with other hollow concepts. Its potential lies in its ability to guide and/or become entrenched within a variety of institutional settings and decision-making processes provided the necessary supports are put in place, including its strong links with accountability.

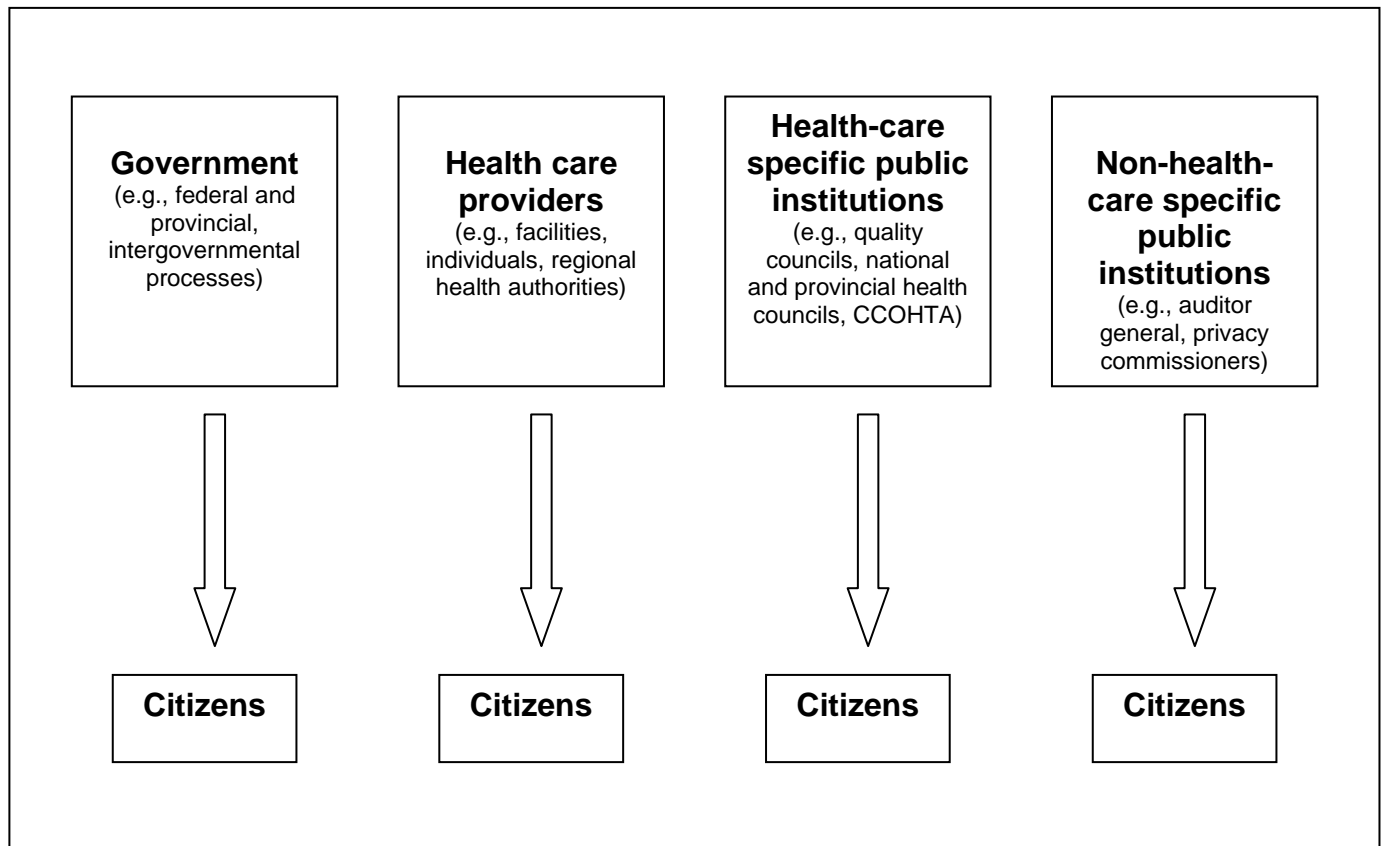
3. Accountability and Citizen Engagement

3.1 Traditional Accountability Relationships

The roots of citizen engagement and the democratic right for citizens to participate in public affairs, are inextricably linked to notions of accountability. The most basic form of ‘political participation’ – voting – is synonymous with ‘political accountability’, where elected representatives must demonstrate their responsiveness to citizen voters as they are held to account for their actions through the electoral process. The concept of ‘direct accountability’ and its emphasis on the provision of citizen rights to participate in and control decisions, also captures the essence of the accountability function served through citizen engagement processes. Recalling the history of public participation through the managerial era, “the main justification for public involvement was accountability: to ensure that government agencies were acting in the public interest.” (Beierle and Cayford, 2002: 4-5). More recently, the “accountability provision” of public participation has shifted from ensuring that governments act in the public interest to allowing for the direct establishment of public interest in the development of public policy (Beierle and Cayford, 2002).

Accountability scholars often categorize accountability mechanisms as either vertical or horizontal. Vertical accountability refers to relationships between citizens and governors or citizens and public institutions; horizontal accountability refers to relationships between governments and public institutions (Fooks and Maslove, 2004). While most citizen engagement practices are considered ‘vertical accountability’ instruments, horizontal mechanisms that link government to public institutions that, in turn, have vertical accountability relationships with citizens, are also relevant, but are typically given less attention in discussions about accountability to citizens. To place this discussion in a health system context, we present a typology of traditional vertical accountability relationships that bear on the consideration of citizen engagement as an accountability mechanism.

Figure 1
Vertical Accountability Typology



3.2 New Accountability Relationships

3.2.1 Citizen Engagement and Bi-directional Accountabilities

The accountability relationships typically discussed in the context of direct government-citizen interactions are primarily vertical and uni-directional (i.e., governments being made accountable to citizens). We believe that this view fails to capture and build on the two-way, reciprocal nature of citizen engagement and that a more promising means for developing citizen engagement as a mechanism for fostering citizen accountability is to promote and reinforce bi-directional accountability mechanisms that are both vertical (i.e., government to citizens and citizens to government) and horizontal (i.e., between citizens).

Expectations for and depictions of how citizens can or should be accountable to system actors are rarely espoused in citizen accountability discussions. Yet there are indications that citizens recognize that they have responsibilities as well as rights and need to be accountable for their actions to their communities and to government (Mackinnon et al., 2003).

“Citizens insist on greater accountability on the part of governments, business and other institutions and are willing to assume greater responsibility and accountability themselves. They want to see more responsive governments that foster ongoing dialogue with and between citizens.”

(MacKinnon et al., 2003: iv)

3.2.2 Social Accountability and Citizen Engagement

Despite their natural links, citizen engagement has rarely been viewed as an essential ingredient to achieving accountability. Even in the recent round of provincial and national health reform reports, citizen engagement was never presented as an explicit mechanism for improving accountability. The World Bank, however, recently introduced the concept of ‘social accountability’ as “an approach towards building accountability that relies on civic engagement” (World Bank, 2003:1). More precisely, it defines social accountability as a “broad range of actions and mechanisms (beyond voting) that citizens, communities, civil society organizations and independent media can use to hold government officials and bureaucrats accountable” (World Bank, 2003:2). It offers the opportunity to citizens to engage with “bureaucrats and politicians in a more informed, organized, constructive and systematic manner, thus increasing the chances of effecting positive change” (World Bank, 2003: 2).

3.3 Achieving Accountability Through Citizen Engagement

While the theoretical and conceptual links between accountability and citizen engagement may be clear, at a practical level, how might citizen engagement be used as a mechanism for achieving accountability? We identify and discuss three key dimensions of accountability that citizen engagement models might foster by drawing on recent work on accountability in health systems by Brinkerhoff (2003) and by Day and Klein (1987). The first two dimensions represent the essence of accountability as: *answerability* – the obligation to answer questions about decisions or actions that are taken through information provision or justification under either *ex ante* or *ex post* circumstances; and as *sanction* which is typically equated with requirements and penalties embodied in laws and regulations but could, in the health system context, include professional codes of conduct, incentives (such as the introduction of market mechanisms such as competition), public exposure or negative publicity. A third dimension often discussed with respect to the achievement of political/democratic accountability is the focus on *relationships* between the state and citizens that are defined through governance arrangements, increased citizen participation, transparency/openness and responsiveness and trust-building.

By converting these definitions to accountability measures, they can be observed and assessed in the context of citizen engagement as an accountability mechanism. The first of these measures, then, refers to the fulfillment of accountability through *relationships* where issues of trust, responsiveness and agreed upon expectations – many of the defining features of citizen engagement – would contribute to this measure. Meeting accountability through *answerability*, in turn, requires justification or a rationale for

decisions through information provision either in advance (i.e., *ex ante*) or following (i.e., *ex post*) a specified decision or set of actions. Common ‘answerability’ examples in the health sector would include explicit statements to account for proposed provincial or regional health care expenditures or rationales for decisions about which services or procedures are to be covered, or not, by a provincial or regional health authority. Citizen engagement is not typically associated with this accountability measure but, as we discuss in the next section, it could be used to bolster this dimension. The third and, by some accounts, the most stringent measure of accountability is the requirement for *sanction* to be exercised if agreed-upon expectations are not met or sub-optimal performance occurs (Fooks and Maslove, 2004). While traditional public consultations have never allowed for the exercising of sanction as an accountability mechanism, the public mistrust and dissatisfaction that has resulted from poorly designed public involvement exercises or from restrictions placed on public access to decision-making have fuelled public exposure and negative publicity as a more modest form of sanction.

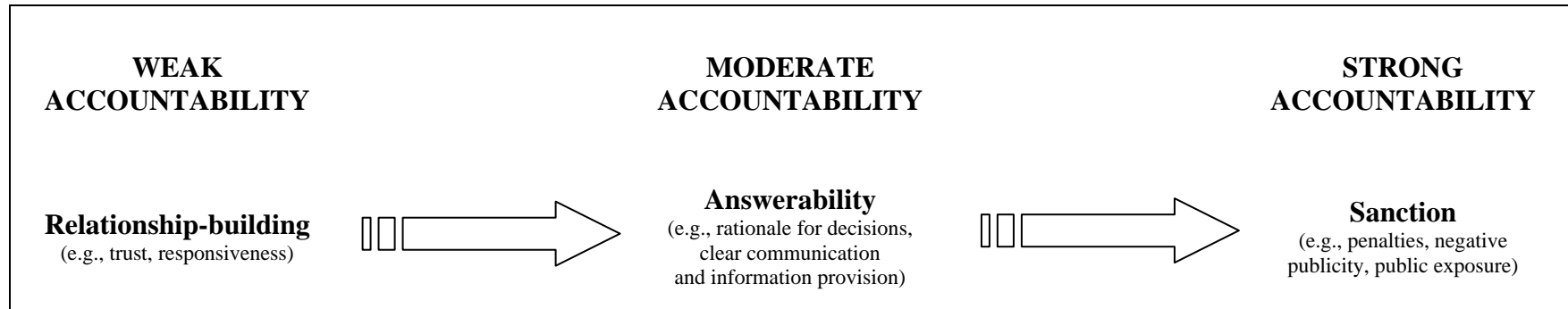
A recent court challenge by the Hospital Employees’ Union (HEU) of British Columbia illustrates both the use of sanction in the form of public exposure and negative publicity and the challenges of trying to find the optimal strategies for building constructive public accountability mechanisms into decision-making processes. The B.C. HEU used legal action to challenge the decision by some regional health boards to hold in-camera rather than public board meetings. The legal judgment in this court case supported the position of the HEU and called for the health boards to adhere more closely to their governing legislation, the *Health Authorities Act*, which allows the board to restrict public access to board meetings “in order to protect the interests of a person or the public interest [where] the desirability of avoiding disclosure of information to be presented outweighs the desirability of public disclosure of the information” (Supreme Court of British Columbia, 2003: 37;8(3)). In a court deposition, a regional director defended the board’s decision to hold in-camera meetings, arguing that “opening all Board meetings to the public is not an optimum way of achieving public consultation” (Supreme Court of British Columbia, 84) and that the “premature public disclosure of prospective plans and strategy, particularly on controversial issues, has the potential to discourage or stifle these processes” (Supreme Court of British Columbia, 2003: 85). The judge chastised this individual, claiming “that statement shows, in my view, a cynical favouring of the interest of the bureaucracy over that of the public, as well as a stunning disregard for ... legislative intent.” (Supreme Court of British Columbia, 2003: 86). This case demonstrates the complexity and volatility of public accountability in the health sector. While advocates of public accountability are demanding full transparency at all stages of the decision-making processes – a legitimate claim for democratic accountability – health system managers are struggling to balance both managerial and political accountabilities.

If we consider each of the accountability measures described above along a continuum, relationships (or relationship-building as we have labeled it) would traditionally be considered a ‘weak’ accountability measure falling at one end of the continuum, with answerability in the middle, and sanction – the ‘strong’ measure – at the other end. When considered in the context of citizen engagement, however, we argue for reversal of the continuum to assign relationship-building the strong measure and sanction, the weak

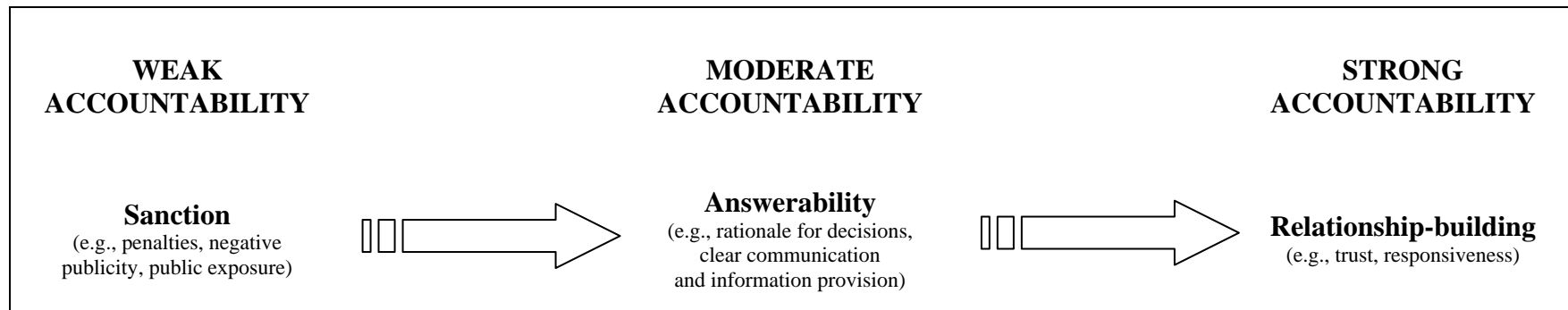
measure, with answerability remaining in the middle. Citizen engagement processes, by definition, wield their accountability through the formation of strong relationships that are built upon trust, openness and responsiveness between citizens and government or public institutions. In other words, through the design of citizen engagement processes that “encompass dialogue and issue recommendations based on a real array of choices ... [through] open-ended yet structured public dialogue” (Mendelsohn and McLean, 2000: 4), the public contributes to decisions in a transparent, publicly accountable manner. Instead of holding the threat of sanction, citizen engagement mitigates the need for sanction and its associated threats of public exposure and negative publicity. As such, a strong culture of citizen engagement renders the sanction tool less pivotal.

Figure 2
Citizen Engagement and Accountability

Traditional View of Accountability



Accountability through Citizen Engagement



Furthermore, the use of sanction as an *ex post* accountability tool is largely irrelevant in the context of citizen engagement, unless decision makers are bound to the outcome of the citizen engagement process which is extremely rare, if ever, the case. We favour, instead, consideration of the more relevant accountability tools of answerability and relationship-building in our discussion of citizen engagement as an accountability mechanism. In the sections below, we use these concepts to assess current citizen engagement practices with regard to their fulfillment of accountability objectives.

4. Citizen Engagement as an Accountability Mechanism: Getting From Here To There

As discussed earlier, deliberation has become closely linked to the recent orientation toward citizen engagement practices. Over the past several decades, deliberative features have been incorporated into a broad grouping of public participation methods used in many countries that include citizens' juries, planning cells, deliberative polling, consensus conferences and citizens' panels (Beierle, 1999; Webler, 1995; Pratchett, 1999; Leroux, Hirtle & Fortin, 1998; O'Hara, 1998). Individual methods differ with respect to specific features such as participant selection (i.e., statistically representative vs. purposeful sampling); the number of participants (i.e., a hundred vs. a dozen); the type of input obtained or the number of meetings. Common to all, however, is the focus on deliberation where participants are provided with information about the issue being considered, encouraged to discuss and challenge the information and consider each others' views before making a final decision or recommendation for action. Deliberation can be considered as a mechanism for improving accountability in its own right and, as such we have summarized in Table 1, the key characteristics of each of the most widely used deliberative methods, the policy sectors and issues for which they have been used and concluded with some discussion points regarding each method and its potential for strengthening accountability.

Experimentation with citizen engagement and the deliberative processes that are routinely associated with these practices has been a relatively recent phenomenon in the health sector compared to other policy sectors. Through the 1990s, the UK's National Health Service was an enthusiastic promoter of the use of deliberative methods, including citizens juries, citizens panels and deliberative focus groups to incorporate public views into health care priority setting decisions. The roots of these deliberative approaches trace back to state and national priority setting exercises in the late 1980s and early 1990s in Oregon, Sweden, the Netherlands and New Zealand (Abelson et al., 2003a). Although the NHS has been the principal laboratory for recent experiments with deliberative processes, deliberative polling, citizens panels and public dialogue methods have also been used in Canada, on a more limited basis, to involve citizens in a variety of national and local public involvement initiatives (Abelson et al., 1995; Abelson et al, 2003b; CPRN 2001; National Forum on Health, 1997).

4.1 Assessing the Experiences Through the Lens of Accountability

Despite improved public accountability as an oft-cited rationale for incorporating public input into health policy decision-making and the more recent shift to a citizen engagement agenda, there have been few, if any, rigorous assessments of the effects on actual or perceived accountability of making this shift. A recent contribution to the field examined the relationship between exposure to "quality participation" and participant beliefs about the trustworthiness and responsiveness of a public agency (Halvorsen, 2003). In this study of public expectations regarding Forest Service management in the U.S., exposure, through a single meeting, to "high quality participation" (defined as

satisfying, accessible and deliberative) was positively associated with beliefs in agency responsiveness to public concerns (Halvorsen, 2003).

Table 1
Deliberative Citizen Engagement Methods and their Accountability Relationships

METHODS	DESCRIPTION	POLICY SECTORS/ EXPERIENCES	ACCOUNTABILITY ISSUES
Citizens' panel	<ul style="list-style-type: none"> • Group of 12 to 20 citizens • Formed for a short or long period (few days to two year) • Meets on a regular basis to discuss a policy issue • Attitudes, values and preferences of the panel are measured on a regular basis (generally via a questionnaire) 	<ul style="list-style-type: none"> • Used for the last two decades in many countries: UK, Germany and Denmark • Different policy issues like transport planning, environment, health and telecommunications • Used to guide health resource allocation decision 	<ul style="list-style-type: none"> • Citizens' panels act as "sounding boards" for governing authority • Multiple panels can be held and run to increase participant numbers • Proportion of panel members can be replaced at each meeting (i.e. 4 members) to reduce exclusivity • People benefit from discussion within groups, but also from discussing issues with family and friends outside of the panel • Can favor the establishment of a relationship between the participants and the governing authority if used over a long period
Citizens' jury	<ul style="list-style-type: none"> • Developed in 1971 by Ned Crosby (Jefferson Center of Minneapolis, USA) • Composed of 12 to 20 randomly selected individuals representative of their community • Meet over several days to deliberate on a policy issue • Similar in structure to the traditional legal jury • Jury members are informed about the issue, hear evidence from witnesses and cross-examine them. Finally, they deliberate the matter amongst themselves and reach a decision. 	<ul style="list-style-type: none"> • Since 1974, several citizens juries have been held in the UK, Australia and India but mostly in the USA under the auspices of the <i>Jefferson Center</i>. • Used for issues related to environment, energy, health and education. • Examples: <ul style="list-style-type: none"> ➤ Clinical trials on Xenotransplantation, Canada (2001) ➤ <i>Physician Assisted Suicide, USA</i> (1998) ➤ <i>Comparing Environmental Risks, USA</i> (1996) ➤ <i>America's Tough Choices: Health Care Reform, USA</i> (1993) • For more examples of citizens juries, visit the <i>Jefferson Center</i> at: www.jefferson-center.org 	<ul style="list-style-type: none"> • Promotes consensus building • Promotes "common good" as a societal objective • Provides opportunities to introduce new perspectives and challenge existing ones • In-depth examination of the issue • Promotes communication between governing authority, experts and citizens • Brings legitimacy and democratic control to non-elected public bodies • Confer a certain level of authority to the jury members • Exclusive - only a few citizens participate

METHODS	DESCRIPTION	POLICY SECTORS/ EXPERIENCES	ACCOUNTABILITY ISSUES
Planning cells	<ul style="list-style-type: none"> • Developed in 1969 by Peter C. Dienel in 1969 (Universität Wuppertal, Germany) • Original name: <i>Planungszelle</i> • Composed of 25 randomly selected individuals • Deliberations take place in cells of about 5 participants in size • Interest groups and experts participate as witnesses only 	<ul style="list-style-type: none"> • Planning cells have been used in Germany, the USA, the UK, Spain, the Netherlands and Palestine. This approach was used with issues related to energy policies, urban planning and transportation. <ul style="list-style-type: none"> ➤ <i>Energy supply for Johchen Nord, Germany (1985)</i> ➤ <i>Road siting for the centre of Revelsberg, Germany (1991)</i> • <i>Review of public transport system in Hanover, Germany (1996)</i> 	<ul style="list-style-type: none"> • Small size of individual cells and its non-intimidating nature allows for innovative ideas and active participation • Participants represent all citizens and not special interest groups • Decision makers have to defend their position • Information provided by experts • Useful for setting goals and long-term planning • Exclusive - only a few citizens participate
Deliberative poll	<ul style="list-style-type: none"> • Developed by James Fishkin in 1988 (University of Texas at Austin, USA) • This method builds on traditional opinion polls by incorporating elements of deliberation • Composed of a randomly selected sample of citizens • Large or small sample (from 50 to 500+ citizens) • 3 main phases: <ul style="list-style-type: none"> ➤ 1) <i>Baseline survey,</i> ➤ 2) <i>Followed expert presentations and citizen deliberation, and</i> ➤ 3) <i>Post-deliberation survey.</i> 	<ul style="list-style-type: none"> • Deliberative polls were used: <ul style="list-style-type: none"> ➤ <i>In the UK for the future of the National Health Service and for policies to reduce criminality.</i> ➤ <i>In Australia for the reconciliation with native peoples and the abolition of monarchy.</i> ➤ <i>In Denmark for the adoption of the Euro as national currency.</i> ➤ <i>In the USA for energy and environmental policies.</i> • <i>In 2002, a similar method was used for the project Listening to the City : Remember and Rebuild to rebuild Lower Manhattan.</i> 	<ul style="list-style-type: none"> • A deliberative poll produces different results than conventional polls <ul style="list-style-type: none"> ➤ <i>It attempts to model what the public would think, if it had better opportunity to consider the issue.</i> • Large sample of participants (i.e. reduces exclusivity) • Incentives (e.g. honorarium, transportation) are important • Time and resource intensive • Complement to representative democracy • Not good for crisis decisions

METHODS	DESCRIPTION	POLICY SECTORS/ EXPERIENCES	ACCOUNTABILITY ISSUES
<p>Scenario workshop</p>	<ul style="list-style-type: none"> • Developed by the Danish Board of Technology • A scenario is a synopsis of a possible course of action or events. • Before the workshop, a few scenarios are presented to inform the participants on a policy issue. • Between 24 to 32 participants are gathered to discuss during a two day meeting • A scenario workshop involves Decision makers, experts et citizens. • Using the scenarios as starting point, the participants formulate new ideas, solutions and recommendations. 	<ul style="list-style-type: none"> • Danish Board of Technology <ul style="list-style-type: none"> ➤ <i>Urban ecology 1991–1993</i> ➤ <i>The future of public libraries 1995–1996</i> • European Awareness Scenario Workshop (EASW) Initiative launched by the European Commission 1993-1994 <ul style="list-style-type: none"> ➤ <i>To enhance public debates and create a balanced relation between society, technology and environment.</i> ➤ <i>Valkenburg (the Netherlands), Corfu (Greece), Ede (the Netherlands), Mulhouse (France) and Preston (UK).</i> • EUROPTA project 1998-1999 <ul style="list-style-type: none"> ➤ <i>To further the development in participatory technology assessment practice, and to provide guidance for the implementation of participatory methods to support public discourse and decision-making.</i> • <i>In Denmark, Germany, Great Britain, the Netherlands, Austria and Switzerland.</i> 	<ul style="list-style-type: none"> • Generate dialogue, collaboration and planning between citizens, experts and decision makers • Establishment of a relationship between citizens, experts and decision makers • Helps us make decision considering future outcomes. • Responsiveness to citizens values and goals • Agreed upon expectations • Since decision makers participate in a scenario workshop, it can increase the responsiveness of the governing authority

METHODS	DESCRIPTION	POLICY SECTORS/ EXPERIENCES	ACCOUNTABILITY ISSUES
Consensus conference	<ul style="list-style-type: none"> • Developed by the <i>Danish Board of Technology</i> • A dialogue between experts and citizens open to the public and the media. <ul style="list-style-type: none"> ➤ <i>Usually attended by some members of Parliament.</i> • The citizen panel plays the leading role (10 to 16 people who are introduced to the topic by a professional facilitator) <ul style="list-style-type: none"> ➤ <i>–The citizen panel formulates the questions to be taken up at the conference, and participates in the selection of experts to answer them.</i> • The expert panel is selected in a way that ensures that opposing views and professional conflicts can emerge and be discussed. • An advisory/planning committee has the overall responsibility of making sure that all rules of a democratic, fair and transparent process have been followed. 	<ul style="list-style-type: none"> • Since 1987, nearly 20 consensus conferences were held in Denmark: <ul style="list-style-type: none"> ➤ <i>Agriculture and genetic technologies (1987)</i> ➤ <i>Food irradiation (1989)</i> ➤ <i>Human genome (1989)</i> ➤ <i>Infertility (1993)</i> ➤ <i>GMO (1999)</i> • Other experiences around the world: • <i>Canada, France, the USA, Great Britain, Argentina, Australia, Austria, Germany, Israel, Japan, the Netherlands, New-Zealand, Norway, South Korea and Switzerland</i> 	<ul style="list-style-type: none"> • Strong educational component • Useful method for obtaining informed opinions from lay persons • Elaborate process requiring significant resources • Multiple conferences may be required to ensure that broad, representative opinions are sought • Attendance of members of the Parliament and the media can help the responsiveness of decision makers • Transparent process • Confer authority to the members of the citizen panel • Establishment of a relationship between citizens, experts and decision makers

Given the absence of a solid empirical base of experience, we have purposefully selected examples of different types of citizen engagement processes currently in use in the Canadian health system and in other selected jurisdictions (Table 2). For each accountability mechanism¹, we briefly discuss the policy context within which it was used, we identify the accountability relationship (mostly vertical), and comment on its performance with respect to strengthening citizen-government accountability.

4.1.1 Experiences with One-time Citizen Engagement Processes

Engagement mechanisms, especially those that have relied on deliberative methods, have typically been employed on an ad-hoc basis in the Canadian health system to bring a group of citizens together to deliberate and provide input on an issue of national importance (e.g., Citizens' Dialogue on the Future of Health Care). As 'one-time' events, they do not fare well against the 'relationship-building' accountability criterion that imply longer-term, sustained processes. However, as the Romanow-commissioned citizens dialogues revealed, through careful design of the deliberative process, profound and meaningful short-term relationships built upon trust and responsiveness, can be developed between citizen participants and dialogue sponsors and among citizens themselves (Maxwell et al., 2003). These short-term engagement mechanisms also hold considerable potential for satisfying the 'answerability' criterion, by building into the design adequate communication, information provision and the provision of explicit rationales for how the input was used in decision-making. In the case of the Romanow citizens dialogues, for example, dialogue participants were told very clearly what the purpose of the dialogue was, and how it would be considered in the Commission's deliberations. The dialogue results, in turn, shaped Romanow's final report *Building on Values* by redefining the role of the citizen "from passive consumer of healthcare services to active participant in the governance of the health system" (Maxwell et al., 2003: 1033). Although their impacts are limited as one-time events, the dialogue process has "tapped a powerful new political dynamic" that may turn these one-time events into sustained institutional mechanisms (Maxwell et al., 2003: 1033).

4.1.2 Experiences with Longer-term Citizen Engagement Processes

There are also examples of citizen engagement processes that play out over longer-term yet finite time frames. One of the most significant of these, straddling both the health and environment sectors, is the citizen-initiated engagement process associated with the Sydney Tar Ponds clean-up. Following two failed attempts at cleaning up the home to the largest toxic waste site in North America, a combination of media coverage, community action and commitment from local, provincial and federal governments led to the creation of the Joint Action Group (JAG) in 1996. The JAG is a multi-stakeholder group of community members, community organization representatives and government appointees, staffed by a small secretariat, whose mission is "to educate, involve, and empower the community through partnerships; to determine and implement acceptable

¹ There are a small number of cases for which we were unable to gather enough information to comment on the accountability mechanism's performance against one or more of our 3 criteria. Rather than delete these, we have elected to leave them in with the hope that this will generate interest in building on this work.

solutions for Canada's worst hazardous waste site; and to assess and address the impact on health" (Wyman et al., 1999: 34). The forum created through the JAG is an example of how the establishment of relationships among key stakeholders can foster the achievement of public accountability through citizen engagement. With government representation on the JAG, this citizen engagement model also fulfills the answerability criterion and, if necessary, could also meet the sanction requirement. The JAG, in turn, has initiated its own Public Participation Process in early 2001 to provide information about and gather public views on the evaluation criteria to be used to determine a short list of options; and acceptable cleanup options which will, in turn, be used to assist the JAG in developing a community recommendation for government (Wyman et al., 1999).

4.1.3 Institutionalized Citizen Engagement Mechanisms

Institutionalized citizen engagement mechanisms have begun to be established within some regional health authorities in Canada, to develop better links between citizens and health authority decision-makers for local health system decision-making. The Provinces of Nova Scotia, Quebec and Saskatchewan have each established community-level advisory boards, which have a legislated mandate to provide citizen input into regional health system decision making. Some of these structures (e.g., Nova Scotia) are required to provide community input into the development of the District Health Authority business plans and the DHAs are mandated to demonstrate how they have considered this input. The experience to date with these structures is that while they have great potential for 'relationship-building', however, very little is known about the extent to which meaningful engagement is being undertaken through these structures and there is likely to be a great deal of variability. Furthermore, the answerability criterion is most likely being met only modestly as RHA decision-making can find superficial, non-binding ways to demonstrate through their business plans that they have responded to community health committee advice. Without the key elements of relationship-building that include a trusting, open exchange between the RHA and community health advisory committee, the answerability criterion may be easily undermined.

Another example of a proposed institutionalized engagement mechanism is the role specified for seeking ongoing input and advice from the public and stakeholders on strategic policy issues as part of the Romanow Commission's proposed Canadian Health Council. Although the precise nature of the engagement mechanism was not laid out, a clear objective for the Council was to establish a mechanism for reporting to and obtaining input from Canadians about the health system (Romanow, 2002:56-58).

In the UK, Community Health Councils have had a similar function to the community health boards and advisory committees described above but have been considered weak structures that have been ineffective in establishing adequate accountability links between the National Health Service and the public. The Community Health Councils were recently abolished with the introduction of the NHS' new system of patient and public involvement for England, and replaced by Patient and Public Involvement Forums (PPIFs) overseen by the newly established Commission for Patient and Public Involvement in Health (CPPIH) (Department of Health, 2003).

“PPIFs will be a key resource for local people, helping and supporting community groups and promoting better public involvement. They will work in communities with local people and with other community and voluntary organisations on involvement issues. An important function for the PPIFs will be the reporting of trends and conclusions drawn from patients experience of local services and reporting this to local decision-makers.”

(Department of Health, 2003)

While it is too early to assess the effectiveness of these public involvement structures as accountability mechanisms, it appears that their role will be focused on collecting and disseminating ‘experiential’ information from patients and relevant community organizations rather than using the citizen engagement process as a direct accountability mechanism for citizen values to be reflected in substantive public policy decisions.

The Citizens Council established by the National Institute for Clinical Excellence (NICE) is another example of an institutionalized citizen engagement mechanism created for the purposes of increasing public involvement and public accountability in response to the recommendations of the high profile report of the Kennedy Inquiry in the Bristol baby deaths (Bristol Royal Infirmary Inquiry, 2001). Established in August 2002, the Citizens Council is an advisory body that meets twice per year (in meetings that are advertised and open to the public) to provide non-binding input to NICE on issues identified by NICE but informed and shaped by council members. With respect to our three accountability criteria for citizen engagement, the relationship-building process is still in the development stages but there appears to a dedicated effort to keep the council at arms length from NICE decision makers. The focus of the council is to develop a group of informed, educated citizens who interact using the technique of deliberative dialogue. Members are appointed for up to 3 years but there is a stiff requirement for 10 of the 30 members to be “replenished” after 3 meetings (or a year-and-a-half on council) to prevent “groupthink” (Pathak-Sen, 2004). Early experience with deliberative dialogue methods has concluded that there is a learning curve to the dialogue method and that the quality and depth of deliberation may be improved if it is undertaken over multiple sessions (Grogan, 2002). Indeed, the Citizens Council members have opposed the replenishment policy on the grounds that they are just beginning to function as a group but this has been resisted by NICE (Pathak-Sen, 2004). On the answerability criterion, NICE has only recently begun to focus on how the council’s input will be “implemented back” into NICE, based in part, on pressure exerted by council members asking what role they will play in informing NICE decisions (Pathak-Sen, 2004).

There are two principal mechanisms used to link Council input back to NICE:

1. through NICE documents that choose to reference citizens council reports
2. through the process of transferring knowledge between the citizens council sub-committee members and NICE decision makers (e.g., chairs of technology assessment appraisal committees, guidelines committee, etc.)


In addition, council reports from each meeting are posted on NICE's website. Sanction is not an exercisable accountability mechanism as the citizens council has no binding authority on NICE decisions.

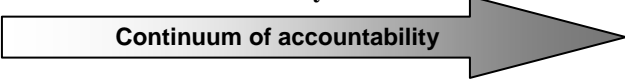
The Danish experience with citizen engagement in the health field represents a very different approach to constructing citizen-government relations that have built-in accountability mechanisms. The Danish Board of Technology (DBT) was established in 1995 by the Danish Parliament to "promote the technology debate and public enlightenment concerning the potential, and consequences of technology" (DBT, 2004). More specifically, the DBT's legislative mandate is to "organize independent technology assessments, carry out all-round assessments of the potentials and consequences of technology, initiate activities relating to public enlightenment education and communication, and advise the Danish Parliament and Government" (DBT, 2004). The Danish experience with deliberative methods of citizen engagement builds on the public understanding of science tradition in Denmark, which emphasizes the principles of informing and generating public debate (Joss and Durant, 1995). The DBT is a pioneer in the development of deliberative methods of citizen engagement such as the consensus conference and the scenario workshop, which have been used for the following health-related topics: Infertility (1993), Electronic Patient Journal (2002), Alternative Medicine (2002), Gene Therapy (1995). The DBT citizen engagement mechanisms meet the accountability criterion in two ways. The answerability criterion is met through a combination of routine attendance at deliberative meetings by selected members of Parliament and through the public reporting of deliberation outcomes to Parliament. Since its establishment, the DBT through its various citizen engagement processes has created an institutionalized dialogue between citizens, experts and public officials.

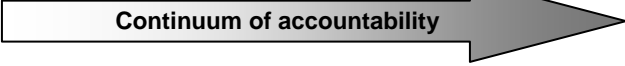
4.2 Challenges to Assessing Accountability

The ability to conduct a rigorous assessment of these mechanisms against our accountability criteria is limited in several ways. First, decision makers are only just beginning to pay attention to the design of accountable public participation processes so the attention paid to evaluating these nascent attempts has, not surprisingly, been minimal. Second, while accountability is often touted as a goal for improved relations between citizens and their governors, the act of explicitly measuring whether accountability has been achieved may not be in the interests of all parties, particularly those who have resisted moving in this direction in the first place. Third, and more generally, building rigorous evaluation into public participation processes has been an underdeveloped area of activity in many policy sectors, particularly in the health sector, where public participation as a corporate and/or scholarly activity has had a short history and efforts to try to rigorously evaluate public participation have been minimal. Consequently, the evaluation of accountability as part of broader public participation evaluations is also an underdeveloped area.

Table 2
Citizen Engagement Mechanisms and their Accountability Relationships

Citizen Engagement Mechanism	Policy Context	Accountability Relationship	Accountability Dimensions		
					
			Sanction	Answerability	Relationship-building
<i>Canadian health system examples</i>					
Citizens Dialogue on the Future of Health Care	<ul style="list-style-type: none"> One-time national (government commissioned) consultation with Canadians about views toward health care reform scenarios 	Vertical (gov-cit)		<ul style="list-style-type: none"> Dialogue results explicitly addressed in final Commission report 	<ul style="list-style-type: none"> Recommendations for continued use of dialogue process
Citizen Jury on Xenotransplantation	<ul style="list-style-type: none"> One-time federal government sponsored national deliberative consultation to probe Canadian values toward an emerging health technology 	<ul style="list-style-type: none"> Vertical (gov-cit) 		<ul style="list-style-type: none"> Transparency of procedures through website maintenance; provision of all information; on-going media consultations impact of consultation unclear due to personnel change at ministerial level 	<ul style="list-style-type: none"> Not an explicit objective of the process
<u>RHA mechanisms</u> (fixed) <ul style="list-style-type: none"> Forums de la population (QC) Community health boards (NS) Community advisory committees (SK) Vancouver Coastal Authority 	<ul style="list-style-type: none"> Regional structures established to link citizens to regional health authority decision-making locally appointed boards that advise health authorities on health planning and service delivery 	<ul style="list-style-type: none"> Vertical (gov-cit) Vertical (gov-cit/cit-gov) Vertical (gov-cit) Vertical (gov-cit) 		<ul style="list-style-type: none"> Accountable to the regional boards DHA business plans must demonstrate how CHB input has been considered Information sharing about decision making Transparency about how engagement will be used 	<ul style="list-style-type: none"> “Effective links will be maintained with community leaders, consumer groups,

Citizen Engagement Mechanism	Policy Context	Accountability Relationship	Accountability Dimensions		
			Continuum of accountability 		
			Sanction	Answerability	Relationship-building
<p>Community Health Advisory Committees</p> <p><u>District/regional health mechanisms</u> (ad-hoc)</p> <ul style="list-style-type: none"> ▪ Brant County (ON) <p>▪ Charlevoix (QC)</p> <p>▪ Comparative evaluation of public participation approaches in 5 regional/district health authorities</p>	<ul style="list-style-type: none"> ▪ Community health goals priority setting process that employed citizens panels as a deliberative mechanism ▪ Citizens panels to inform the regional health authority about resource allocation and health priorities ▪ 1-day deliberative consultation meetings held in 5 regional/district health authorities 	<ul style="list-style-type: none"> ▪ Vertical (gov-cit) ▪ Vertical (gov-cit) ▪ Vertical (gov-cit) 		<p>in decision-making</p> <ul style="list-style-type: none"> ▪ Widespread dissemination of all stages of the health goal setting process, all task force and public consultation reports ▪ Widespread dissemination of health and financial information to participants ▪ clear statement of consultation objectives and links between consultation and decisionmaking ▪ extent to which consultation input influenced board decision making varied by type of issue, decision time frames and organizational commitment 	<p>and education and social agencies so that citizens have many opportunities to be heard.”</p> <ul style="list-style-type: none"> ▪ Perceived by decision makers and citizen participants as collaborative decision making ▪ Participants felt that they were able to influence decision-makers ▪ Consultations initiated positive working relationships between citizens and regional/district health decision makers ▪ 2 RHAs are using citizen engagement methods in subsequent public consultations
<i>Examples from other jurisdictions</i>					

Citizen Engagement Mechanism	Policy Context	Accountability Relationship	Accountability Dimensions		
			Continuum of accountability 		
			Sanction	Answerability	Relationship-building
<p>NICE</p> <p>Citizens Council (UK)</p> <p>Patient and Public Involvement Forums (UK)</p>	<ul style="list-style-type: none"> ▪ National structure established to provide public input into technology assessment 	<ul style="list-style-type: none"> ▪ Vertical (public h.c institution –citizen; ▪ Horizontal (gov't to public institution) 		<ul style="list-style-type: none"> ▪ council meetings and reports are available on NICE website ▪ council reports are potential inputs to decision making but no explicit requirement to demonstrate how council input is used 	<ul style="list-style-type: none"> ▪ Not stated as an explicit objective but formation of council is an institutionalized mechanism for citizens to contribute to health technology assessment dialogue in the UK
<p>Danish Board of Technology (DK)</p> <p>Consensus conferences and scenario workshops</p>	<ul style="list-style-type: none"> ▪ National structure established to provide public input into technology assessment ▪ Ongoing citizen engagement processes organized on a variety of topic related to technology and society 	Vertical (gov-cit)		<ul style="list-style-type: none"> ▪ Citizen engagement processes attended by some members of the Parliament ▪ outcomes of deliberations are publicized in Parliament 	<ul style="list-style-type: none"> ▪ Established an institutionalized dialogue between citizens, experts and public officials

4.3 Prospects for Improving Accountability Using Citizen Engagement

4.3.1 The Challenges

“As long as public involvement is seen as an afterthought and lacks adequate time and resources, it will not become an integral part of policy processes. Nor will it improve either policy outcomes or citizenship. If new techniques, technologies or institutions are to facilitate more deliberative forms of citizen involvement, senior and front-line managers, as well as elected officials, must come to value citizen involvement as a central component of governance. This means that citizen involvement has to be viewed not only as a means of information gathering, but as a way to expand the boundaries of citizenship in a diverse society, enhance the skills of citizenship, and invest in community capacity building.”

(Phillips and Orsini, 2002: 29)

The use of citizen engagement mechanism in the Canadian health system is in its infancy. While recent high profile uses of mechanisms such as the citizens dialogues conducted for the Romanow Commission have generated enthusiasm in some quarters, it is a long way away from becoming an institutionalized mechanism for fostering democratic accountability and improved public policy making. A major barrier to its acceptance is that its practical and theoretical underpinnings represent major challenges to the long-standing power relations that characterize health system decision-making in Canada and between the governed and the governing in Canada more broadly. Information exchange, power sharing and partnership is not easily embraced by a policy sector dominated by professional expertise in the clinical and managerial domain.

Information exchange, power sharing and partnership are anathema to a policy sector that is dominated by professional expertise in the clinical and managerial domain. Even if this major barrier could be overcome, there are other associated obstacles that stand in the way that include:

- lack of political will to acquire the skills of dialogue and citizen engagement
- discomfort with skill requirements
- views that the “the public isn’t interested”
- views that a poorly-informed public cannot contribute to policy

(Yankelovich, 1998)

There are other contextual considerations to be taken into account such as the history of relationships among citizens and between citizens and government. As Beierle and Cayford (2002) aptly note:

“Not much imagination is required to understand that a process that brings together parties who have been fighting for a decade would be more challenging than one in which all parties get along. Evidence of a moderate relationship between good preexisting relationships and successful public participation did appear when we controlled for possible bias.”

(Beierle and Cayford, 2002: 38)

The public participation literature routinely identifies a range of resources that are routinely considered pre-requisites for supporting accountability. These are categorized as:

- socio-political requirements (e.g., a political context and culture that promotes democracy and transparency);
- government requirements (e.g., responsive government; the presence of institutionalized rather than ad-hoc accountability mechanisms)
- information and media requirements (e.g., accessible information and the use of media to raise awareness of public issues);
- community requirements (e.g., high level of social capital and community involvement)

(World Bank, 2003)

On the citizen side, increasing demands for citizen engagement are coming at a time when citizens face increasing time pressures and are withdrawing from civic participation. However, recent polling data along with the high degree of participant satisfaction in citizen engagement, to date, suggest that these constraints may not be insurmountable. With proper motivation such as decision-maker commitment to carefully consider the results and public release of the results of the public input process to the participants, appropriate policy decision makers and the media, citizens appear willing to take up the charge (EKOS, 1998).

A further challenge will come from those who dispute the design principles upon which the deliberative aspect of citizen engagement rests. Charges are frequently made that the small numbers of citizens who are typically involved in deliberative processes are unrepresentative of the population and, consequently, new methods of citizen engagement cannot improve citizen accountability since they are not 'representative' of the entire population. While even the most carefully constructed, statistically representative sample of participants is unlikely to be representative at the time of the deliberation, it is the strength of the democratic argument and the way in which problems are represented, rather than numbers of people, that bears directly on the pursuit of democratic accountability (Fourniau, 2001). A more fundamental challenge to the citizen engagement and deliberative democracy paradigm, however, comes from pluralism supporters who view citizen engagement mechanisms as an artificial attempt to eliminate structural interests from the democratic process. In the sections below, we consider these challenges and offer suggestions for overcoming those that are most easily addressed.

4.3.2. Overcoming the Challenges

Political and Cultural Requirements

Support for strengthening accountability to citizens through citizen engagement must come from a variety of sources including nurturing political institutions and culture. In jurisdictions such as Denmark, a strong culture of civic participation in governmental processes has been cultivated which has fostered the establishment of institutionalized public participation mechanisms and deliberative methods, in particular, in the area of technology assessment and the public understanding of science (Danish Board of Technology). High civic literacy countries like Denmark and other Scandinavian countries which also tend toward higher electoral participation rates and have a greater tendency to adopt policies that take into account the full range of interests in society through the encouragement of broad-based political participation (Milner, 2001). Canada does not appear to have the same cultural or political context within which to nurture a strong citizen engagement agenda and there is concern, based on current civic literacy levels (associated with declining electoral participation rates) that it will follow the American rather than the Scandinavian path over time (Milner, 2001).

Concern over this growing Canadian trend has been identified. In response, small-scale initiatives, aimed primarily at Canadian youth, have been introduced to increase civic literacy and electoral participation. Examples include mock political campaigns and elections across school boards in parallel with provincial elections. What is evident from these initiatives is that the relationship between the resources required to support and nurture citizen engagement are tightly interwoven. The inputs to strengthening the resources for citizen engagement are the desired outputs.

Government Requirements

Linked closely to these broader political and cultural requirements are the requirements of government to help build the citizen engagement agenda. Successful examples of citizen engagement processes such as the Romanow Commission's citizen dialogues appear to have fuelled broader government interest in experimenting with other citizen engagement activities. At the government department level, the Corporate Consultation Secretariat (CCS) within Health Canada has signaled its commitment in its mandate "to build capacity, within Health Canada, for public involvement, with an emphasis on furthering citizen engagement practices" (Health Canada, undated: 1) and through explicit recognition of engagement on its public involvement continuum. However, its meager resources and organizational positioning within Health Canada's communications branch challenge its capacity-building function.

Governments can indirectly contribute to the nurturing of citizen engagement through public funding of community organizations that have a specific mandate to promote civic literacy and civic participation. At minimum, government could protect these organizations' budgets from major cuts. As Putnam's famous study of social capital and government performance in Italy demonstrated, the density of community associations is a strong indicator of social capital which, combined with other factors, predicts strong government performance (Putnam, 1993).

Governments can also support and further promote the general health literacy of the population in their role as disseminators of information. While the internet has greatly expanded public and patient access to health information, it has also exposed mass publics to a dizzying array of information sources in the absence of adequate resources for assessing their quality (Gagliardi and Jadad, 2002). In addition, concerns about the print news media's tendency to represent the views and interests of elites rather than to act as sources of credible public information have left the public searching for sources of credible information. Government departments such as Statistics Canada and quasi-governmental organizations such as the Canadian Institute of Health Information (CIHI) have the potential to fill this void and are already assuming this role to some degree. The newly formed Health Council of Canada may also perform this type of function provided it is able to overcome its constraints as an intergovernmental body.

Finally, governments have signaled the need for and commitment to democratic renewal through several recent initiatives that, again, have the potential to nurture improved government-citizen relations and to foster a more engaged and civic-minded citizenry. The Provincial Government of Ontario, for example, has established a Democratic Renewal Secretariat. The organization of citizens' dialogues to provide input into the provincial budget process is one its first assignments (Ibbitson, 2004:A13; Mickleburgh, 2004:A4; Galloway, 2004). In British Columbia, a citizens' assembly has been meeting to decide how future government should be elected (Mickleburgh, 2004:A4; Galloway, 2004). At the federal level, parliamentary reform through the improvement of relationships between citizens and elected officials is the order of the day (Governor General, 2004) although this initiative appears aimed more at strengthening representative democracy rather than fostering the conditions required to enhance a citizen engagement agenda.

While governments can play a more direct role in encouraging citizen engagement processes, they may do so at their peril. Governments who demonstrate an interest in consulting with the public are routinely criticized by cynical citizens, through cynical media, for involving the public in their difficult decisions or for not being able to make the tough decisions that they have been elected to make. It is only rarely the case that governments are applauded or even given lukewarm support for their efforts to promote direct citizen participation in the policy process despite seemingly well-intentioned efforts to involve the public (Campbell, 2004:A7).

Information and Media Requirements

Access to information and a strong role for the media in promoting democratic dialogue are also essential tools for promoting social accountability (i.e., accountability through citizen engagement). Strategies for democratic reform include efforts that call on the media to allow for meaningful public input rather than to rely on public opinion influenced by elites, conventional media and inattention by mass publics (Fishkin, 1995:76). Related to this is the civic journalism movement that builds on the use of the mass media for public deliberation and aims to create a more active and engaged public by giving voice to the people's agenda (Fishkin, 1995:158).

Instead of standing back from the community, the media situate themselves within the community, attempting to facilitate a serious discussion of shared public problems. Over time, this movement can change campaigns and change as well the dialogue after campaigns. It can change a community's conception of itself and its conception of its process of self-government." (Fishkin, 1995: 160)

The civic journalism movement has been active in the United States since the early 1990s. Early experiments began with attempts to develop and improve civic election coverage by covering community issues in more depth and by incorporating a greater variety of community perspectives. The practice has expanded far beyond this original activity to include a much broader range of activities where local newspapers and journalists act as facilitators of public discussion, community problem-solving and improved citizen-government relations (Friedland and Nichols, 2002).

We see a rather clear trajectory throughout a decade of practice. Beginning with the problems of democracy and the press, expressed initially in the elections of 1988, 1990, and 1992, organizations move to broader coverage of the issues that trouble citizens in their own communities, looking for ways to extend a citizens' agenda to community and public problemsolving. As these new tools are forged, news organizations begin to apply them to community problems that are specific and difficult: race and diversity, youth, and so on. (Friedland and Nichols, 2002: 9)

In a recent review of the history of the civic journalism movement in the U.S. and evaluation of its impacts, authors found a range of positive effects associated with civic journalism including improvements in communities' public deliberation processes (through the convening or initiating of events, providing the tools for citizens to organize public deliberation themselves) and improvements to citizenship skills (e.g., more informed to vote and to participate in candidates debates and to engage in public deliberations) (Friedland and Nichols, 2002). Civic journalism needs to be subjected to more rigorous evaluation to more definitively determine its impacts. Its prevalence and experience in Canadian communities also needs to be examined. But there are early signs that it may be an important resource for bolstering the citizen engagement agenda at the local level.

Community Requirements: Civic Networks and Social Capital

In an increasing number of public sector areas, existing social and civic networks are being relied upon to build the needed capacity for participation and shared decision making. Civic organizations are considered important and attractive channels of public participation, examples of "better government by offering deliberative consultation involving extensive interests" (Lindsay, 2000: 409). Civic participation and strong associational networks can also increase the effectiveness of democratic citizenship and governance (Putnam, 1993).

How might this work in the health system? “Building social capital and civic infrastructure is largely a matter of removing the constraints that often truncate that self-organizing process, and of improving the space it needs to flourish” (Rosell, 1999: 50). One approach to removing these constraints might be to use regional health authorities to foster and build this civic infrastructure through user and citizen networks (Veenstra and Lomas, 1999). Community health boards in Nova Scotia and citizen advisory committees in Saskatchewan are examples of these institutions which appear to be the right size to foster interaction around local health issues and have not, as some might have expected, functioned as veto points for decisions that are unpalatable to communities. These structures have flourished with a committed group of local leaders who have had public participation experiences in multiple sectors and who, on an ad-hoc basis, come together to address local problems². In the case of the NS community health boards, these groups have grown from existing community networks and are now in a better position to understand and weigh the needs, preferences and values of their constituents than could a non-local public body (Mays, 2000).

This approach is not without challenges including its reliance on communities with shared collective interests and associational networks that cross social classes. Communities with social capital (i.e., able to engage in collaborative decision making) are typically found in more homogeneous communities where there are fewer competing political goals that divide a community. Some communities, however, may overcome their divisions more easily than others pointing, once again, to the presence of community values as distinct from individual values. Its strength may also be a weakness in its reliance on the same group of civic leaders to move from issue to issue and the potential this creates for volunteer fatigue, stifling innovation or consolidating power within a community elite. Efforts would be needed to mitigate this risk (Abelson and Eyles, 2004).

The resources required to develop and enhance civic infrastructures already exist in many communities through professional development, adult and continuing education programs offered through colleges, universities and labour councils. Community organizations who would benefit greatly from these programs (i.e., those in the human services sector) are often unable to take advantage of these opportunities due to financial and staffing constraints (Wyman et al., 1999). Under increasingly tight budgets, many of these organizations rely on small numbers of dedicated and largely underpaid staff in addition to volunteers. Programs and activities that do not directly meet the organizational mandate, while attractive, are often considered luxuries. Furthermore, community organizations often lack the financial capacity to participate in longer term processes of engagement or monitor policy processes over time. The ability for communities to develop civic infrastructures that will foster citizen engagement activity requires an investment of scarce resources – that will be taken away from day-to-day operations – in activities with a difficult to measure ‘value-added’.

The consequences of ignoring the “community capacity building dimension that figured quite prominently in the early days of citizen involvement” (Phillips and Orsini,

² These views reflect preliminary findings from a cross-jurisdictional public participation study led by J. Abelson and P-G. Forest and funded by the Canadian Health Services Research Foundation.

2002: 23) are concerning for sustaining healthy democracies. Democratic theorists have presented compelling arguments for supporting the local level as a training ground for participation at the national level:

“It is no use having universal suffrage and participation in national government if the individual has not been prepared for this participation at local level; it is at this level that he learns how to govern himself. [...]the necessary qualities underlying this participation have to be fostered and developed at the local level. ” (Pateman, 1970: 30-31)

4.3.3. Creating New Mechanisms or Tinkering with Old Ones: New but not Necessarily Improved

The establishment of new public participation mechanisms for the purposes of strengthening public accountability, or at least creating the illusion of improved accountability, is a tempting prospect. Some hold the view that “tinkering with existing institutions is unlikely to be radical enough to bring about sustained interaction between governments and citizens, and to encourage participation in ways that truly enhance citizenship” (Phillips and Orsini, 2002: 26). Instead, the creation of new mechanisms offers the potential for “break[ing] the stranglehold of the public consultation model that has dominated the public service's efforts to involve citizens in policy design and to prompt other forms of innovation” (Phillips and Orsini, 2002:26). While the establishment of new institutional mechanisms for citizen engagement offers the potential for erasing past failures and beginning with a clean slate, new mechanisms are not always improvements on the old ones. In the UK, for example, the Department of Health responded to a perceived accountability crisis by passing legislation that will place new statutory duties on NHS organizations to ensure that patients and the public are consulted about the planning and organization of services (Department of Health, 2001). These sweeping changes, in their rush to establishment, have been criticized as “piecemeal and disparate” with the potential for resulting in “confusion and different perceptions of the legitimacy of decisions” (Florin and Dixon, 2004:159). Through poor design and competing objectives, these mechanisms risk failing to fulfill the objectives they were set out to achieve for both increased public and patient involvement and for increased accountability (Florin and Dixon, 2004).

The newly established Health Council of Canada is another example of a new mechanism with the potential for improving public accountability through strengthened citizen-government relations. Through the protracted and politicized process of its establishment, however, the original vision for the council has been diluted and it is now little more than a public reporting mechanism (Health Canada, 2003). Its requirements for accountability and transparency to the public have been seriously weakened to the status of a non-binding recommendation for the weakest form of accountability:

To enhance its legitimacy, the Council itself should operate in an accountable and transparent manner (e.g., issue progress reports, publicly report its financial records).

(Health Canada, 2003:1)

While its role may expand and evolve over time, in its current form, it does not reach a very high bar in satisfying our accountability criteria for citizen engagement mechanisms. As high profile events, new institutional mechanisms for citizen engagement (typically introduced in conjunction with new legislation) tend to be subjected to close scrutiny and may be intensely criticized for failing to meet the high and perhaps unrealistic expectations that are set for them.

Given the challenges described above, building on existing institutions and relationships may be more productive in the short-term as a means for re-establishing trust with citizens. A number of regional health authorities across the country, for example, are developing new frameworks for public involvement and citizen engagement (Vancouver Coastal Health, 2003). Within these frameworks, new relationships are being called for between citizens and governors but they are developing from the ground up with input from interested parties rather than being imposed through legislation. These types of mechanisms, typically championed by key organizational decision makers, are more likely to succeed and be used as models for other organizations.

4.3.4. Health-care Institutions and Citizen-Public Institution Accountability

Throughout this paper, we have emphasized accountability mechanisms that pertain to direct accountability between government and citizens. An increasing number of public institutions, however, are playing expanding roles within the health system including high profile institutions such as recently established or proposed health quality councils in Saskatchewan and Ontario. For the most part, these new governance mechanisms pay careful attention to issues of democratic accountability and some of them have been established or proposed with an explicit mandate to improve accountability such as the proposed Ontario Health Quality Council which has a mandate to “make the Ontario health system more transparent and accountable” (Government of Ontario, 2003: 4). There are a variety of other public institutions governing the health field, however, that operate at arms length to government or well under the radar of government, which also deserve scrutiny and are potential targets for enhancing accountability to citizens through citizen engagement.

The inter-provincial/territorial Medical Directors meeting, for example, meets twice annually to exchange ideas and inform the management and implementation of provincial fee-for-service agreements and medical services coverage decisions. Another example is the Canadian Coordinating Office for Health Technology Assessment and provincial Health Technology Assessment agencies, which wield considerable power in informing major health care resource allocation decisions but have no direct accountability relationships with the public. The Policy Advisory Committee of Cancer Care Ontario (CCO), which recommends which new anticancer or supportive care agents should be funded through CCO’s New Drug Funding Program is another example of this type of body. In a recent review of these and other health-care decision making/governing bodies across Canada (excluding organizations that function as direct health services providers), most of these organizations were found to be lacking any direct public accountability

mechanisms and lacked even the most basic transparency mechanisms for communicating decisions and their rationales to interested publics (Abelson, 2004). As these agencies continue to wield greater budgetary power and become key drivers of policy change (as with NICE in the U.K.), calls for strengthened accountability between these agencies and the public are likely to follow. The requirement for developing long-standing relationships between these bodies and the public may not be needed but they will surely need to be answerable to citizens for their decisions.

Conclusions

Expectations for improving the accountability of the Canadian health care system to its citizens are high. Governments are recognizing the need to develop mechanisms to achieve these accountabilities but they are being developed and implemented largely in the absence of guiding principles, a strong research base for informing these activities and criteria for assessing whether accountability has been achieved. Citizen engagement is an emerging mechanism for achieving citizen-government accountability. The principles upon which it is based – the establishment of open and transparent relationships between citizens and governors – overlap with key features of accountability and suggest that citizen engagement practices offer promise as mechanisms for fostering improved accountability. There are considerable challenges to advancing the citizen engagement agenda in the Canadian health care system. Information exchange, power sharing and partnership are threatening to a policy sector dominated by professional expertise in the clinical and managerial domain. In addition, considerable resources are needed to support citizen engagement practice in Canada, which will require the same political commitment that Canadians are seeking with regard to strengthened accountability.

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Appendix A – Papers in the CPRN Health Care Accountability Series

***Rhetoric, Fallacy or Dream? Examining the Accountability of Canadian Health Care to Citizens*, by Cathy Fooks and Lisa Maslove**

A recent scan of research literature indicates that general definitions of public accountability do exist – that is, being accountable publicly for actions. However, notions of accountability to citizens within health care are not well developed. Furthermore, the Canadian focus to date has been largely on the public release of comparative health indicators and the establishment of citizen governance structures at the regional level. Little attention has been given to other potential accountability mechanisms such as legal avenues or citizen engagement approaches for policy development. This first project will review concepts summarizing research on current definitions of accountability to citizens.

***Mapping Legal Accountabilities*, by Susan Zimmerman**

Responsibility for designing, delivering, funding and evaluating health care in Canada is confusing. Before assessing potential improvements, mapping out current responsibilities and accountabilities is required and will be the focus of this second project. We will pose a series of who does what questions for various aspects of Canadian health care examining where decisions are made within the current legislative, regulatory and health policy environments. It will include an examination of the responsibility of governments, regional health authorities, the regulatory bodies, non-profit and for-profit health care providers (individuals and organizations), professional associations, educational institutions, patient organizations, and corporations. An accountability matrix will be created for the federal and provincial/territorial level health care responsibilities.

***Engaging Citizens: One Route to Health Care Accountability*, by Julia Abelson and François-Pierre Gauvin**

An engagement approach focuses on new ways to engage citizens in decision making about policy and system issues, going beyond traditional public consultation and focus group methodologies. This paper will assess the possibilities for increasing the use of engagement approaches in Canadian health care.

***The Effectiveness of Performance Reporting as a Citizen Accountability Mechanism*, by Kathleen Morris and Jennifer Zelmer**

Canada has begun work in this area with a common federal/provincial/territorial reporting framework being established in 2001 and further refined in 2003. Accreditation of

institutions and individual providers is another approach that is closely tied to performance measurement. This paper will review the evidence on the effectiveness of these reporting processes for citizen accountability and will describe the scope and nature of current performance reporting exercises.

Accountability in Health Care and Legal Approaches, by Nola Ries and Tim Caulfield

Proposals such as a service guarantee outlining items such as minimum wait times for procedures, or a Patient Charter of Rights, are being proposed in the Canadian health policy community. They are in the development stage at present with one province proposing specific language (New Brunswick), one province committed to a service guarantee 90 days after diagnosis (Alberta), and one province committed to a process to establish clinically appropriate wait times (Ontario). As well, Canadians are heading to court to assert specific entitlements to specific health care services. This paper will review the effectiveness of these proposals as citizen accountability mechanisms.

The Effectiveness of Governance Approaches as a Citizen Accountability Mechanism, by Steven Lewis

Regional health authorities with citizen governors are in operation in all provinces except Ontario and a number of provinces are establishing provincial-level organizations such as quality councils. A national level health council has also been established as a citizen accountability mechanism. This paper will review the evidence on the roles of citizens as governors in health care.

Policy Synthesis and Action Plan

Once the six papers are completed, CPRN will host a national solutions symposium to bring together researchers, policy makers, stakeholders and citizen representatives to review and comment on early findings. As well, the round table will test specific proposals to strengthen accountability mechanisms. From there, CPRN will develop a final report summarizing the information gathered throughout the project and make specific recommendations about next steps for Canada's health care system.

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