

Citizens Matter:

Public Involvement in Decision-Making in Federal Departments and Agencies

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Executive Summary

The purpose of this report is to explore the use of public involvement in federal departments and agencies, with a focus on how it can be used to inform decision-making processes around policies, programs, and priorities. To explore this issue, two research questions will be addressed:

- 1. How does a federal government department or agency *build the capacity to integrate public involvement into their work activities and processes?***
- 2. How does a federal government department or agency *conduct effective public involvement to improve their decision-making?***

Furthermore, this report seeks to articulate the value of public involvement for government in more practical terms, with a focus on how organizational capacity for it can be built and how it can be conducted effectively. As a result, the recommendations have been developed with a clear recognition of the issues and challenges faced by government organizations, which can be significant obstacles for the integration of public involvement. The client for this project is Ascentum, a consulting firm that specializes in public and stakeholder engagement.

The methodology of this report consists of three components: a literature review of public involvement literature, an environmental scan of public involvement resources and activities, and key informant interviews with federal employees who have experience in public involvement. The literature has a broad scope and looks at a range of sources (i.e. academic journal articles, grey literature) from Canada and other jurisdictions. The environmental scan and key informant interviews have a much narrower scope, as the focus is on three federal departments and agencies working in the area of health policy: Health Canada, the Public Health Agency of Canada (PHAC), and the Canadian Institutes of Health Research (CIHR).

The literature review explores both the theory and practice of public involvement. The first part begins by exploring various terms used in the literature, including involvement, participation, consultation and engagement. There are also a number of prevailing conceptual models that can inform our understanding of public involvement, which is seen to exist on a continuum. The literature suggests that there is no universal definition for public involvement, which reflects its inherently diverse nature. Public involvement is highly context-driven, as it can mean different things in different situations. This section then outlines how public involvement effectiveness can be assessed, which is challenging. However, the literature identifies a wide range of criteria that can be used to assess an initiative. This report presents a general assessment framework, which is based on five widely held criteria: representativeness, transparency, resource accessibility (or informed participation), interaction (or dialogue), and the incorporation of values/beliefs into the discussion.

The second part of the literature review looks at how public involvement is used by government. Increased calls public involvement reflect a broad shift in how governments operate, particularly in terms its relationship with the public. As a result, both governments and citizens are recognizing the value of public involvement for informing policy decisions. However, the most significant challenge is the persistence of negative attitudes in the public service – one of the major themes discussed throughout this report. As a result, there is the need for a fundamental culture change in government. These efforts should focus on dispelling some of the public involvement ‘myths’ and emphasizing its strategic value for informing policy decisions. Current federal government requirements for public involvement are also highlighted. However, existing

regulations and guidelines are limited to regulatory policy, and do not address the need for involving citizens in much broader policy discussions.

This section then outlines the use of public involvement in the health policy context, where efforts at the federal level have been lacking. In contrast, organizations existing at more local levels, such as Regional Health Authorities (RHAs), have been very proactive. The challenges associated with integrating public involvement in government are arguably more pronounced within the health context, as the literature suggests that there is much reluctance to involve citizens in a traditionally science-based, expert-driven field. However, citizens' perspectives can effectively complement health policy when combined with other types of input. In this view, fostering support for public involvement within federal health organizations requires reframing how public health problems can be addressed. The value in involving citizens is learning from their experiential knowledge of health issues, as well as getting a sense of their values relating to the health system overall.

The environmental scan provides an overview of key public involvement documents and activities from three organizations: Health Canada, PHAC, CIHR. In terms of the documents, all of the organizations' resources outline many of the public involvement best practices outlined in the literature. Additionally, all of these resources have been developed in a way that articulates the value of involving the public, which helps emphasize its relevance for employees. As a result, these resources are key components for capacity building within the three organizations.

In terms of public involvement activities, the environmental scan revealed a lack of robust information from all three organizations, though to varying degrees. This presented a significant challenge for analysis. However, there is evidence to suggest that these organizations pursue a fairly wide range of public involvement efforts, which have been shaped by their respective mandates. Health Canada frequently conducts consultations to inform their regulatory policy decisions, which usually involve a mix of stakeholders. In contrast, CIHR's activities focus more on eliciting citizens' values to inform health research priorities. As a result, their public involvement activities have a much broader focus and are relatively more varied in form. PHAC's efforts are also broadly focused, although information on the Agency's activities is less accessible compared to Health Canada and CIHR.

The key informant interviews engaged federal employees from the three health organizations. Each respondent has experience in public involvement within their respective organizations. The interviews were designed to gather their feedback on the development and application of public involvement resources, as well as the integration of public involvement within their organization's decision-making processes. The respondents highlight a number of common themes for integrating public involvement practices in federal government, many of which emerged in the literature review and environment scan. These include the importance of fostering a more supportive culture for public involvement, demonstrating its value for employees, providing relevant training opportunities, gaining support from senior leadership, and formalizing public involvement through improved mechanisms for assessment.

Following the analysis of key findings, nine recommendations have been developed to help federal departments and agencies understand how they can address the two research questions in a practical way.

How does a federal government department or agency build the capacity to integrate public involvement into their work activities and processes?

1. Demonstrate Real Value for Employees

2. Use an Incremental Approach for Integration
3. Provide Relevant Training Opportunities for Employees

How does a federal government department or agency *conduct effective public involvement to improve their decision-making?*

4. Customize Initiatives and Activities to Various Contexts
5. Build In Opportunities for Value-Based Discussions
6. Experiment with New Tools and Techniques
7. Commit to Conducting Assessment
8. Engage Senior Leadership in the Results of Public Involvement

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CHAPTER 1: INTRODUCTION

1.1 Purpose

Public involvement has become an increasingly relevant component of government operations for a number of reasons. Not only can the public's input help inform decision-making, but at the broadest level, increased public involvement can represent a major step towards promoting the principles of transparency and accountability in government. Additionally, it can help the government strengthen its relationships with citizens and stakeholders. As technological developments are increasingly focused on leveraging user-generated content and mass collaboration, there are new possibilities for reaching out to a wide range of citizens with minimal costs. However, many government departments and agencies continue to struggle with: a) integrating public involvement into their regular work activities; and b) using public involvement to effectively to improve their decision-making.

The purpose of this research paper is to explore public involvement practices in federal departments and agencies, with a focus on how these practices can be used to inform decisions around policies, programs, and priorities. To explore this issue, two research questions will be addressed:

- 1. How does a federal government department or agency *build the capacity to integrate public involvement into their work activities and processes?***
- 2. How does a federal government department or agency *conduct effective public involvement to improve their decision-making?***

The purpose of posing both research questions is to emphasize that effectively involving citizens in policy decisions is not a 'one-off' activity: its implementation not only requires an understanding of effective public involvement practices, but also the organizational capacity in terms of skills, resources, and supportive culture. As Turnbull and Aucoin suggest, "many departments have developed the expertise and infrastructure necessary to administer public consultation, although the skills, resources, and attitudes of public servants tend not to go much beyond support" (Turnbull and Aucoin, 2006, p. 5). In other words, some of the requirements for public involvement may exist within an organization, but there are additional conditions at the practice level that will impact the actual implementation, such as resources, attitudes, and political will to support such initiatives.

One of the major challenges is that public involvement is not widely understood within government, at both a theoretical and practical level. As a result, it is not a high priority for many federal departments and agencies. This leads to an interesting dilemma for government:

"On the one hand they [decision-makers] face regular pressures to increase meaningful public engagement from a myriad of stakeholders... On the other hand, in the absence of good guidance, their efforts can be poorly designed, costly, produce confused or unusable data, and be attacked from all sides as inadequate or tokenistic" (Mitton et al., 2009, p. 220).

To address this challenge, this report seeks to articulate the value of public involvement for government departments and agencies in more practical terms. This approach contrasts with much of the literature, which often focuses on the high level significance of public involvement, such as increasing levels of civic engagement. As a result, the recommendations presented in this report have been developed with the recognition that there are many real issues and

challenges experienced by government organizations, which can be significant obstacles for the integration of public involvement. The recommendations are also informed by a general assessment framework for public involvement (outlined in Chapter 3), which has been used to analyze the public involvement activities of three federal departments and agencies and identify where improvements could be made.

At a broader level, this report seeks to enlighten perception of public involvement within the government context, with the goal of providing further clarity on the issue. In recent years, the role of the public in informing policy has come to the forefront. Although there are a wide range of examples of public involvement, some of the most well known initiatives have suffered from poorly designed processes. As Don Lenihan suggests, “the now-infamous U.S. town halls on health care may be a watershed. They were a spectacular example of how wrong things can go” (Lenihan, 2012, 100). However, these types of processes, which are often impacted by a highly politicized and combative environment, are not representative of public involvement overall. Unfortunately, these examples minimize the potentially significant value that effective public involvement can have in informing policy decisions.

1.2 Scope

The recommendations provided in this report focus on public involvement within federal government departments and agencies in Canada. The methodology consists of three main components: a literature review, environmental scan, and key informant interviews.

The literature review has the broadest scope. While the initial focus was on public involvement in the Canadian context, it became clear that much of the literature includes comes from the U.S. and U.K. Efforts were made to include relevant Canadian sources, but it should be noted that the literature review includes other jurisdictions in order to provide a more representative and comprehensive analysis. In contrast, the scope of the environmental scan and key informant interviews is much narrower. Both components focus on three federal departments and agencies working in the area of health policy: Health Canada, the Public Health Agency of Canada (PHAC), and the Canadian Institutes of Health Research (CIHR).

There are a number of reasons for focusing on these three organizations. First and most importantly, the context of health policy is a very compelling and useful field of analysis for the application of public involvement within government. There are a wide range of rationales for citizen to be involved in the health system, as they “are not only interested representatives of the general public, but are also consumers of health services, patients, caregivers, advocates and representatives of various community and voluntary health organizations” (Canadian Institutes of Health Research, 2011). Compared to other policy areas, there is also a relatively long history of engaging the public in the health system, both in Canada and internationally. Second, federal departments and agencies working in health policy seem to be much more proactive in conducting public involvement than those in other policy areas. As a result, all three organizations provide valuable perspectives into the integration of public involvement in the federal government context. Third, focusing on these three organizations helps set parameters for this research report.

The client for this project is Ascentum, a consulting firm that specializes in public and stakeholder engagement. It works regularly with government departments and agencies to develop meaningful engagement processes, which are designed to specifically target the issue at hand and the different groups that need to be consulted. Additionally, the firm also helps build organizational capacity for public involvement by developing strategies, resources, tools, and

training opportunities. Through the methodology of this report, the client will be provided with an assessment of the relevant literature, an environmental scan of the key public involvement resources and activities from three organizations, and insights from federal government employees who have experience with public involvement in their organizations. Taken together, this will provide the client valuable perspectives that are highly relevant to their line of work.

1.3 Structure

This research report has been structured to provide a logical flow for addressing the issue of public involvement integration within federal departments and agencies. It begins with a focus on public involvement as a concept, which helps to provide a solid theoretical basis for exploring the issue further. It then shifts to a discussion of its practical application, starting with the broad public service context and then moving to the specific area of health policy. Finally, the report's focus shifts to the experience of three key organizations in order to explore the current capacities for public involvement, as well as the challenges of integration.

Chapter 1 is the introduction to this report, as outlines its purpose, scope, structure, and terminology used.

Chapter 2 explains the qualitative methodology for this report, which is comprised of three components: a literature review, an environmental scan and a series of key informant interviews. This second and third components are focused on three federal health organizations: Health Canada, PHAC, and CIHR.

Chapter 3 is a review of public involvement literature. The first section focuses on public involvement theory, particularly the challenges involved in defining public involvement and public involvement effectiveness. It also presents a general assessment framework. The second section explores public involvement as a field of practice by outlining current trends, challenges and potential solutions, and requirements and guidelines. The third section explores public involvement within the health system, and looks at its history in Canada, as well challenges and solutions that are specific to the field.

Chapter 4 is an environmental scan of public involvement resources and activities. The goal is demonstrate the current capacity for public involvement within the three organizations.

Chapter 5 is the summary of findings from a series of key informant interviews on the development and application of public involvement resources and practices. The goal is to learn from the experiences of individuals who have been key to building the capacity for public involvement in each of the three organizations.

Chapter 6 provides a comprehensive analysis of the key findings emerging from the literature review, environmental scan and key informant interviews. It explains how the results from these three components relate to one another, and how they ultimately inform the recommendations presented in the final chapter.

Chapter 7 provides a set recommendations for the client on how to effectively integrate public involvement practices into federal departments and agencies.

1.4 Terminology

There are many terms used to describe the process of involving citizens in policy decisions, namely *involvement*, *engagement*, *consultation*, and *participation*. In this report, involvement is

the most frequently used, functioning as an umbrella term to encapsulate a range of activities. This is not to suggest that these terms are interchangeable, as there are many important differences between them. Rather, the rationale is that involvement is often the most broadly defined term, while the others tend to refer to more specific 'levels' of public involvement. Section 2.1.1 provides a more in-depth discussion of defining public involvement, which further explains the rationale for the terminology used in this report.

Additionally, for the sake of simplicity the term 'organizations' is used frequently in place of 'departments and agencies.' However, when specific organizations are being referenced the appropriate term has been used.

CHAPTER 2: METHODOLOGY

2.1 Literature Review

The literature review covers a wide range of academic journal articles and grey literature (e.g. government documents, practitioner reports) on public involvement and related topics. The research approach was to develop an understanding of public involvement theory, then to explore its practical application for informing decision-making. In order to explore public involvement theory, three aspects were explored. The first is definitions for public involvement and how they have evolved over time. This helps provide a baseline for understanding how the various terms in the literature (e.g. involvement, participation, consultation, engagement) differ and how 'public involvement' is used within the context of this report. The second aspect is prevailing conceptual models for public involvement, which helps highlight the different ways in which citizens can be involved in decision-making processes. The third aspect examines how the literature defines effectiveness in the context of public involvement. The purpose is to outline the wide range of criteria that can be used to assess these initiatives. A general assessment framework is presented, which is based on a set of widely held criteria in the literature.

The literature review then shifts to a discussion of public involvement in practice, with an examination of two contexts. The first pertains to the use of public involvement within the broad government context. This section includes a discussion of current trends, major challenges and potential solutions to integrating public involvement, and current requirements and guidelines at the federal level. The second and more specific context is health policy in Canada. This examines the history of public involvement initiatives in this area, as well as the significant challenges involved. While health policy is the focus of much of the research methodology, both contexts are explored to in order provide a more comprehensive account of how public involvement is used by government.

2.2 Environmental Scan

The environmental scan focuses on exploring the current state of public and stakeholder involvement in three key organizations within the federal Health Portfolio: Health Canada, Public Health Agency of Canada (PHAC), and the Canadian Institutes of Health Research (CIHR). These organizations were chosen on the basis of their mandates, which are much more comprehensive in relation to the other organizations in the Health Portfolio (i.e. Assisted Human Reproduction Canada, Hazardous Materials Information Review Commission, and the Patented Medicine Prices Review Board). The client provided valuable input on the selection of these organizations, as they have had worked with each one in the past.

In order to assess the public and stakeholder involvement capacities and activities of each organization, two key aspects will be analyzed:

1. **Public involvement resources:** Typically, the development of resources is the first step to introducing, and later integrating, public involvement within an organization. For the most part, the overarching goal of these resources is to outline the organization's public involvement policy or approach, as well as the key theoretical and practical considerations and implications. Analyzing the content of these resources provides insight into the organization's foundation for conducting public involvement, as employees often use them as a reference. Additionally, the three organizations have been recently working to implement or restructure their centres of expertise for public

involvement, and these documents are a significant component of their efforts (Canadian Institutes of Health Research, 2008, p. 23).

While the resources of each organization have been assessed comparatively, it is important to note that there is some considerable overlap between them in terms of content. As a result, the main objective of this analysis is to highlight the more distinctive features of each resource.

2. **Public involvement activities:** Overall, the public involvement activities of the three organizations are fairly diverse in terms of purpose, scope, frequency, and formality. Although all of the organizations belong in the Health Portfolio, this diversity reflects the varied mandates and capacities between these organizations. Similar to the analysis of public involvement resources, all of the information on public involvement activities came from online sources through each organization's website. The research revealed varying levels of availability for such information, which presented a significant challenge for analysis.

The effectiveness of the public involvement resources and activities for each organization was assessed using the framework outlined in Chapter 3. The findings from this assessment are discussed in Chapter 6.

2.3 Key Informant Interviews

The key informant interviews were conducted with six federal employees – two from each of the three health organizations – who have extensive public involvement experience. The interview protocol (Appendix A) was designed to draw on each respondent's experience in two key aspects of public involvement within these organizations: developing resources to help build organizational capacity, and applying the content from these resources to conduct effective public involvement.

1. **The Development of Public Involvement Resources/ Practices:** Initial Drivers; First Steps; Difficulties, Challenges and Mitigation Strategies; and Practice, Research and Policy Gaps.
2. **The Application of Public Involvement Resources/ Practices:** Employees' Usage; Increasing Buy-In; Increasing Effectiveness; Obstacles for Integration; and Ideal Use.

The goal of the interview process was not to survey a wide range of public servants on their attitudes relating to public involvement. Rather, interviews were targeted at key individuals who have contributed significantly to integrating public involvement within their organization. The client helped identify eight potential respondents in total, most of whom were contacts from past public involvement initiatives and/or related training opportunities. Because public involvement is treated differently across these organizations, the positions held by respondents ranges from Project Officer to Director.

Interviews were conducted between April and October 2011. Based on the respondent's preferences, four in-person and two telephone interviews were held. The same interview protocol was used for all respondents, who were provided with the questions prior to the interview. With some valuable input from the client, the protocol was designed to flow logically and build upon each successive question in a meaningful way.

CHAPTER 3: LITERATURE REVIEW

3.1 Public Involvement Theory

3.1.1 Defining Public Involvement

The Challenge

The wide range of literature does not provide a consistent definition of public involvement, as there are a number of terms to describe the process of involving the public in policy decisions. But in addition to *involvement*, the terms *participation*, *consultation* and *engagement* are frequently used throughout the literature. It is important to highlight the differences between these terms, as overlooking these may lead to confusion around their application. This will also help clarify the rationale for using 'public involvement' in this report.

Throughout the literature, the terms involvement, participation, and consultation are often used interchangeably to describe a broad range of interactions, although there are important differences between them. Involvement and participation are more commonly used in a broad manner to describe a range of activities. For example, Rowe and Frewer's definition for public involvement (one of the most widely accepted in the field) describes it as "...the practice of involving members of the public in the agenda-setting, decision-making, and policy-forming activities of organizations/ institutions responsible for policy development" (Rowe & Frewer, 2005, p. 253). Although this definition is fairly broad, it reflects the notion that the public can be involved in the policy process in numerous ways.

In contrast, consultation and engagement tend to be more specific terms. Although definitions for consultation are very similar to involvement and participation, it is often thought of as a more descriptive, and less neutral, term. For example, consultation has been increasingly criticized as a form of involvement that lacks meaningful interaction because it does not go far enough in fostering collaboration with the public. Lenihan suggests that the 'traditional consultation,' "only reinforces the paternalism in the existing political culture, which tends to view government as the primary owner of the problem, and the primary problem solver (Lenihan, 2012, p. 73). Similarly, engagement is a more specific term that often refers to a 'higher order' of public involvement, which is "...far more active than traditionally passive public consultation in its recognition of the capacity of citizens to discuss and generate policy options independently" (Abelson et al., 2006, p.11). As a result, engagement is considered to be one of the most meaningful forms of public involvement because it focuses more open interaction and collaboration with citizens, rather than just asking for their input. O'Neill goes even further when describing engagement, suggesting that it is "...often distinguished from participation in that it does not restrict itself to physical activity; instead, civic engagement is normally defined to include psychological engagement in civil society..." (O'Neill, 2007, p. 231).

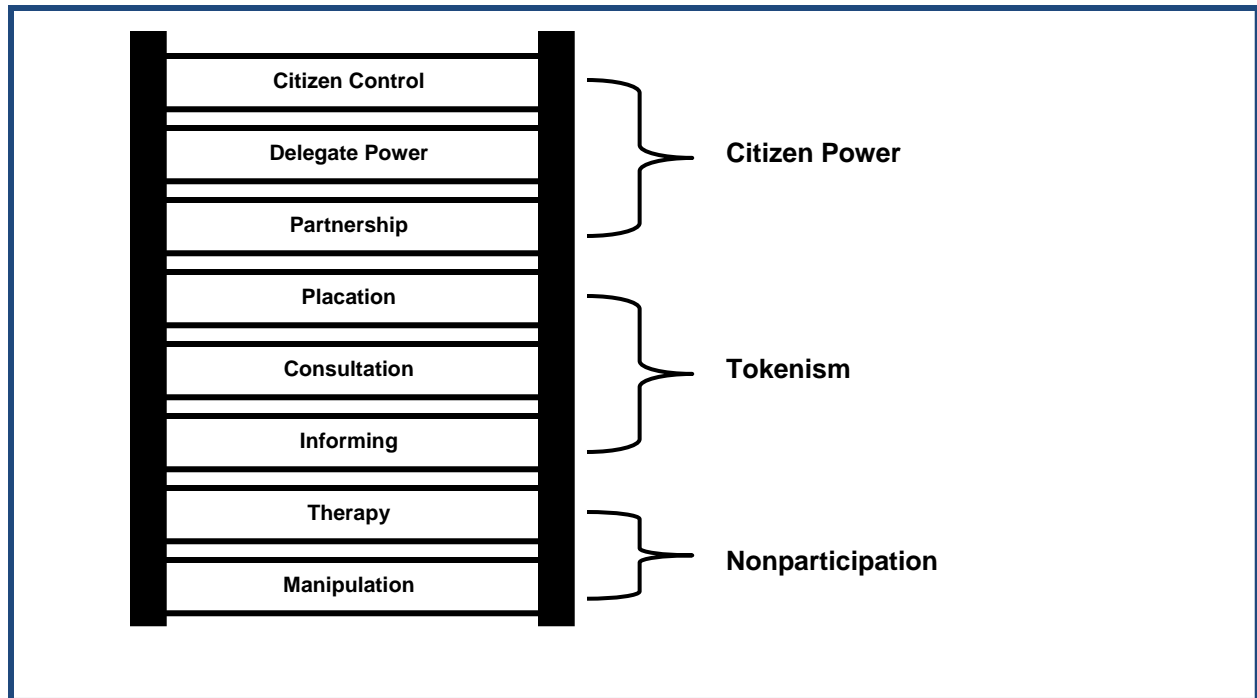
Although engagement has become an increasingly popular term for describing the process of involving citizens, Phillips and Orsini suggest that "it is a self-conscious term... [and] would thus exclude many instances of public consultation because the latter does not produce genuine dialogue, nor does it give citizens much real influence over policy outcomes" (Phillips and Orsini, 2002, p. 3-4). As a result, this report uses public involvement because it acts as a broad 'umbrella' term to capture the full range of public involvement activities that may be conducted by an organization. Conklin, Morris and Nolte express a similar sentiment in their research, suggesting that involvement "has the benefit of providing a fuller picture of potential

involvement, which is independent of normative assumptions” (Conklin, Morris & Nolte, 2010, ix) embedded in the other terms.

Exploring the Literature

In order to understand public involvement, it is important to explore the prevailing models in the literature. One of the most definitive models is Arnstein’s ‘Ladder of Citizen Participation,’ which was developed in 1969.

Figure 1: Arnstein’s Ladder of Citizen Participation (Arnstein, 1969, p. 217)



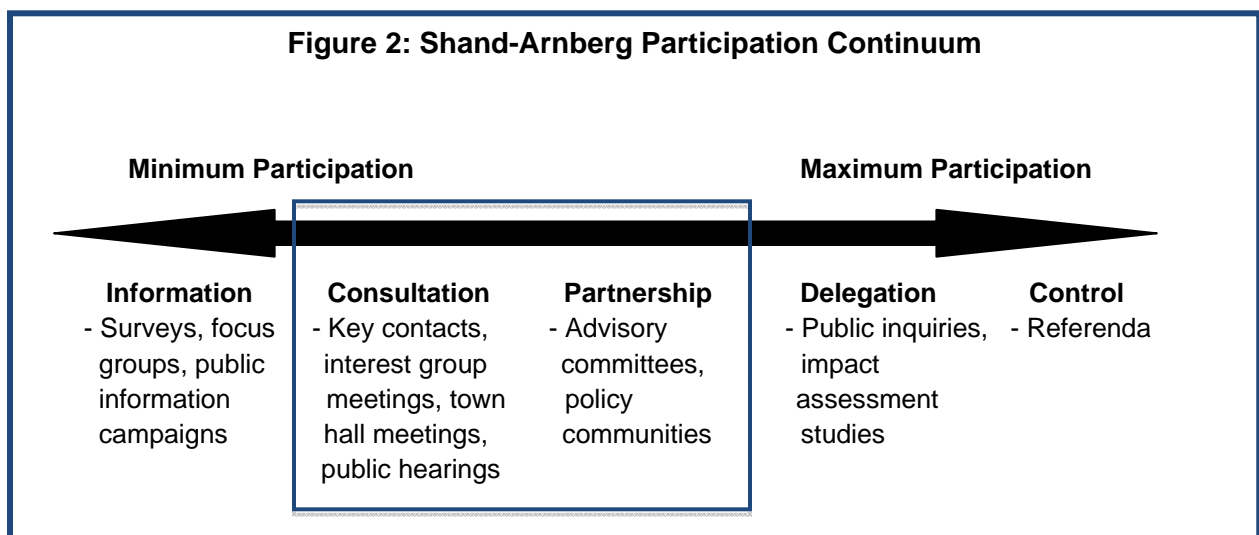
Arnstein’s model applies a continuum to public involvement, as it shows eight levels of participation, which vary depending on the level of decision-making power that citizens have attained. According to Arnstein, “citizen participation is a categorical term for citizen power. It is the redistribution of power that enables the have-not citizens, presently excluded from the political and economic processes, to be deliberately included in the future” (Arnstein, 1969, p. 216). Through this perspective, Arnstein is fairly skeptical of public involvement efforts, suggesting that most processes lack the power transfer needed to make the opportunity meaningful or empowering for citizens. Rather, she considers most processes to be ‘empty rituals’ with no real mechanism for integrating public input into policy decisions.

Although Arnstein suggests that the model’s purpose is “to illustrate the point that so many have missed – that there are significant gradations of citizen participation” (Bishop & Davis, 2002, p. 16-17), there are a number of criticisms of her model in the literature. Fung suggests that the model is a problematic analytical tool because it does not sufficiently account for the context in which public participation is being conducted (Fung, 2006, p. 67). For example, the upward flow of Arnstein’s model indicates that “higher” levels of participation should be considered the ultimate goals for all public involvement efforts. However, the ‘lower’ levels of participation in Arnstein’s model may be more strategically appropriate options for decision-makers in certain situations. For example, ceding control or delegating power to citizens is not a realistic option for most policy issues, such as those requiring extensive technical knowledge or involving

contentious issues. In these cases, effective public consultation or information campaigns can have a higher value proposition, as they can be designed to gather feedback on citizens' experiences and dispel misinformation. This point is supported by Tritter and McCallum, who suggest the need for a more nuanced view of public involvement because some situations may benefit from a process where citizens have a more limited issue framing, rather than problem solving, role (Tritter & McCallum, 2006, p.162). Given these criticisms, Arnstein's model is often considered to be too rigid for practical use.

In 1990, Thomas addressed such issues by expanding on the continuum-based model, with the purpose of making it more relevant for individuals hoping to leverage public involvement in their regular work activities. This perspective helped shift public involvement from being an abstract, and almost idealized concept into a practical consideration for policymakers, as they could strategically design such processes to help inform their decisions. Thomas' model outlines five approaches to decision-making: *autonomous managerial decision, modified managerial autonomous decision, segmented public consultation, unitary public consultation, and public decision*. Similar to Arnstein's model, these approaches cover a range of public involvement activities that could be applied to the decision-making process. However, Bishop and Davis suggest that the distinguishing factor of Thomas' model is its overall coherency. Rather than just outlining what policymakers should do in terms of public involvement, it helps explain how they can do it by connecting the specific policy problem with the overall participation strategy and techniques that could be used (Bishop & Davis, 2002, p. 19).

In 1996, Shand and Arnberg further extended the continuum-based public involvement model. In an OECD-commissioned background report entitled 'Responsive Government: Service Quality Initiatives,' the importance of public involvement emerged from their discussion of how the increased client focus in public services was forcing governments to become more proactive in their relationship with citizens. Similar to Thomas' model, Shand and Arnberg developed a continuum model with five categorizations: *information, consultation, partnership, delegation and control*. As shown in Figure 2, they suggest that most OECD countries operate at the second or third point of the continuum (Bishop & Davis, 2002, p. 21).

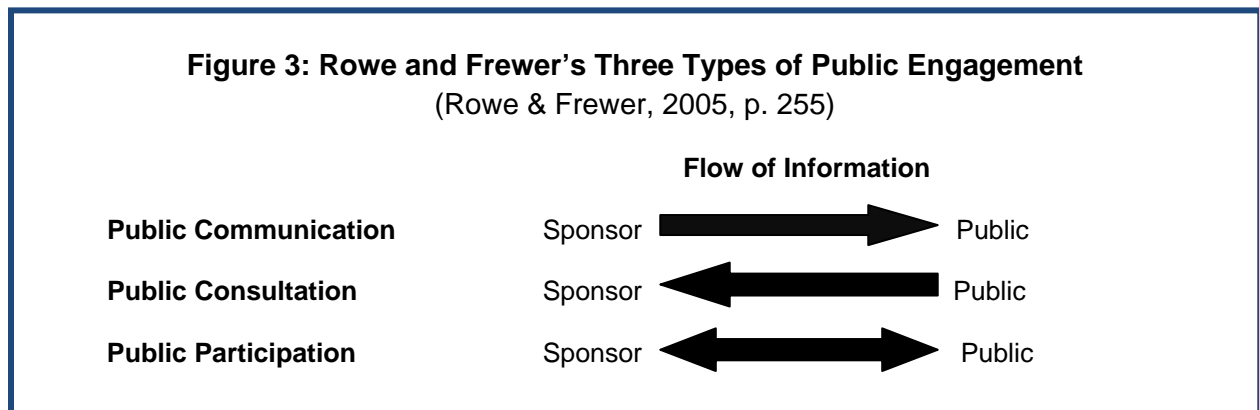


According to Shand and Arnberg, public involvement represents a set of choices for public officials, and not necessarily a movement towards the goal of ultimate citizen control (Bishop & Davis, 2002, p. 20). Each point on the continuum represents a distinct purpose, strategy and set

of techniques for involving the public. By providing a clear rationale for public involvement efforts requiring less participation, Shand and Arnberg contrast their view with Arnstein's, who dismisses the utility of such efforts. They suggest that while an information campaign may not be very interactive, such efforts can have an important role in the policy process, particularly where "decision makers wish to convey facts about a policy, and see consultation more as an educative process" (Bishop & Davis, 2002, p. 20).

Over time, many public participation experts and practitioners have used the Shand-Arnberg continuum as a basis for developing their own models. For example, the International Association of Public Participation (IAP2), an organization that promotes, teaches and works to improve public participation practices around the world, formulated the 'Spectrum of Public Participation,' which consists of five categories: *inform, consult, involve, collaborate* and *empower*. According to a 2006 IBM Center for The Business of Government report, the first two categories "are 'thin,' frequently pro forma techniques of participation that often fail to meet the public's expectation for involvement and typically yield little in the way of new knowledge. As we move to the right on the spectrum, the depth of involvement and value to the public is increased" (Lukensmeyer, Goldman & Stern, 2011, p. 14-15).

In 2005, Rowe and Frewer developed an even more simplified public involvement model, which is frequently cited in subsequent literature. In response to the broad definitions of public involvement, Rowe and Frewer suggest that, "there are important conceptual differences among the different situations that render it inappropriate to describe them all using a single term" (Rowe & Frewer, 2005, p. 254). As a result, they distinguish between three types of public involvement: *communication, consultation* and *participation*. It should be noted that Rowe and Frewer's terminology differs from much of the literature. As discussed earlier, participation is most often used as a broad term to group the wide range of interactions together, while engagement refers to a specific, heightened form of participation. As shown in Figure 3, these terms have been essentially switched in Rowe and Frewer's model.



Through their model, Rowe and Frewer add a critical dimension to public involvement theory, which is the flow of information between the sponsoring organization and the public. As shown in Figure 3, communication and consultation represent situations where information is conveyed in a unidirectional manner between the public and sponsoring organization. In much of the literature, these types of interaction are not considered to be truly effective forms of public involvement. As Harley D. Dickinson suggests, "the provision of information is limited as a means to involve the population... the approaches are not interactive. Information generally flows one way and it may be non-responsive to the particularities of peoples' interests and concerns" (Dickinson, 2004, p. 252-253). But for participation, information flows both ways, which suggests that there is some level of dialogue and/or deliberation between the two parties.

Additionally, there is an increased focus on informing and transforming views on the issue at hand, rather than just collecting opinion (Rowe & Frewer, 2005, p. 255-256).

Overall, the literature lacks consistency in defining public involvement. However, Conklin, Morris and Nolte suggest that this is to be expected given its inherently varied nature. They explain that, “despite a growing literature base, the concept of ‘public involvement’ remains poorly defined. However, as it is a complex and multidimensional phenomenon a call for simple clarification of the concept may not be desirable ” (Conklin, Morris & Nolte, 2010, ix). This is further reflected in the fact that government-wide public involvement policies are by definition generalized, and usually require the development of more specific policies that can be tailored to various policy areas. Bishop and Davis summarize this point effectively:

“There is no single methodology for policy participation, and no shared theoretical base. Participation is shaped by the policy problem at hand, the techniques and resources available and, ultimately, a political judgment about the importance of the issue and the need for public involvement. Participation arrangements tend to be local and ad hoc, and any realistic categorization will reflect diverse and unrelated practices” (Bishop & Davis, 2002, p. 21).

As a result, understanding what public involvement means also requires an exploration of the criteria for effectiveness, which could be applied to different contexts.

3.1.2 Understanding Effective Public Involvement

The Challenge

Determining what constitutes an effective process is critical, as much of the literature treats it as a defining characteristic of public involvement. However, understanding effectiveness in this field is also a challenge because public involvement can occur in a wide range of different contexts. According to Conklin, Morris and Nolte, “[the] effectiveness of public involvement is poorly defined, as are other potential outcomes. Evidence suggests that this is partly because of the variation in purpose of and approaches to involvement that are often not made explicit” (Conklin, Morris & Nolte, 2010, p. 16). In other words, there is often a lack of understanding around the ‘why’ and ‘how’ that drives public involvement activities. Not only can this lead to miscalculations around the design and implementation of an initiative, but also in terms of determining its overall effectiveness or success (both words will be treated similarly in this report, as there is little differentiation between them in the literature).

Rowe and Frewer state that “the difficulty lies in the fact that ‘effectiveness’ in this domain is not an obvious, uni-dimensional and objective quality that can be easily identified, described and then measured” (Rowe & Frewer, 2005, p. 95). This inherent subjectivity allows the term to be defined in many ways. For example, those concerned with democratic ideals may believe that an effective process is one where participants represent the wider population and have equal opportunities to be involved. In contrast, decision-makers may identify effectiveness by how the relevant participants’ ideas are in terms of informing their decision (Rowe & Frewer, 2004, p. 518). This is not to suggest that such perspectives are mutually exclusive or irreconcilable. However, it demonstrates how public involvement can be understood in many different ways, which results in various forms of assessment.

Overall, this difficulty is related to a number of factors, including the overall complexity and value-laden nature of public involvement, the absence of widely held criteria for judging successes and failures, and the lack of agreed-upon evaluation methods and tools (Abelson &

Gauvin, 2006, p. 5). However, one of the most frequently cited difficulties for defining public involvement effectiveness is the dichotomy between outcome and process. For policymakers, the value in assessing outcomes tends to be higher because it more closely reflects a results-oriented analysis, which looks at the overall impact of involvement efforts and whether or not they have achieved the intended results.

There are a number of challenges related to measuring the outcomes of a public involvement process. First, it often requires a higher level of flexibility than process assessment because sponsor organizations have far less control over outcomes, which "...may to some extent also be due to other variables, such as the occurrence of simultaneous events or externally mediated pressures influencing policy processes" (Rowe & Frewer, 2005, p. 520). Second, determining an appropriate timeframe for outcome assessment can be difficult because the full impact of public involvement efforts may not have come to fruition (or are at least apparent in the short term). Similarly, much of the criteria for outcome assessment that is outlined in the literature are, by their very nature, immeasurable (some of these criteria will be discussed later in the next section). Third, placing too much emphasis on outcome assessment "risks missing the normative argument that involving the public in the process may be seen to be of intrinsic value in itself (Conklin, Morris & Nolte, 2010, ix).

Given these criticisms, much of the literature recognizes the need to assess the process of a public involvement process, in addition to the outcomes. Rowe and Frewer suggest conducting both forms of assessment in a complementary manner, as process assessment "...must often serve as surrogate to the outcomes of the exercise. That is, if the exercise process is good... then it would seem more likely that the outcomes will be good than they would be if the process was bad" (Rowe and Frewer, 2004, p. 520). This reflects the notion that understanding public involvement effectiveness requires a highly flexible, yet comprehensive assessment framework.

The Difficulty in Assessing Public Involvement

Before exploring the types of criteria that may be used to assess public involvement, it is important to discuss some of the broader issues associated with assessing these types of activities. Not only are these issues deeply connected to the difficulties in defining effectiveness, but they also represent a major research gap in the field. As Abelson et al. suggest, "the vast and eclectic literature on participation displays a common feature: a singular lack of concern with outcomes, or the effectiveness of participation" (Abelson et al., 2010, p. 5). While this view seems to frame public involvement effectiveness more in terms of outcomes (which the previous section explains is problematic), it highlights the fact that the issue of assessment is not very well addressed in much the literature.

The major issue with assessment is that it is often not done. Abelson claims that "little evaluation is being done across the federal government. Evaluation is still marginalized in the policy process, viewed skeptically and considered a 'frill' compared to direct service delivery" (Abelson & Gauvin, 2006, p. 35). Similarly, a 2004 literature review conducted by Rowe and Frewer suggests that, "of those participation exercises that have been evaluated, many of been evaluated in an informal, subjective, and ad hoc manner without reference to any pre-defined criteria" (Rowe & Frewer, 2004, p. 94). In terms of the health policy focus of this paper, Conklin, Morris and Nolte state a similar view in their 2009 review of public involvement activities in Canada's healthcare system, which "showed that conclusions about the 'success' of a given public involvement initiative appear to be independent of any formal evaluation" (Conklin, Morris & Nolte, 2010, p. 18).

While strict evaluation is not always necessary to determine the effectiveness of an initiative, the literature indicates that the use of general assessment criteria is lacking as well, which raises a number of issues. Without a more structured assessment framework, many public involvement activities are designed and implemented in a very ad hoc manner, as:

“Individuals undertaking involvement work have to reply to previous examples, intuition and an array of approaches that have not been evaluated for a particular setting. While these approaches can often be successful in many ways...[public involvement is] not generally characterized as an area underpinned by evidence-based practice or even by the recognition that ideally it requires evidence to inform best practices” (Staniszewska, Herron-Marx & Mockford, 2008, p. 373).

In this view, the lack of structured assessment helps perpetuate an overly simplistic view of public involvement, in that it does not require a highly strategic approach based on practices that have been proven to work in the field (or at least based on information that has been tracked and recorded). This contributes to the undervaluation of public involvement overall, as “the relative lack of an evidence base can mean it is seen as relatively low status and labeled as an ‘add-on.’ The existence of a strong evidence base... could significantly contribute to the ‘business case’ for involvement” (Staniszewska, Herron-Marx & Mockford, 2008, p. 373).

The next section of this report explores the major themes for public involvement effectiveness outlined in the literature, with the goal of articulating the key considerations for defining effectiveness in a broad context. This information will be used to develop a basic framework for assessing the public involvement activities outlined in Chapter 4 (Environmental Scan).

Exploring the Literature

As discussed earlier, conducting public involvement is a highly context-driven endeavour. In much of the literature, there is the recognition that the successful implementation of a public involvement process depends on a range of contextual variables. According to Abelson et al., variables can be associated with a wide range of issues, including politics (i.e. relationships between the government and public), researcher/decision-maker relationships (e.g. the existence of partnerships), organizational capacity and culture (e.g. resource constraints, attitudes, level of commitment), and decision-making considerations (e.g. stage of decision-making process, timeframe) (Abelson et al., 2010, p. 6). As a result, one of the key high-level considerations for defining public involvement effectiveness is that it is dependent on the process (and subsequent activities) being well adapted to the various contexts involved.

Adopting a similar perspective, Conklin, Morris & Nolte propose a high-level assessment framework that is not based on specific criteria for defining effectiveness, but focuses more on understanding how the various contexts relating to a policy issue will affect the objectives, roles and parameters for a public involvement initiative. They suggest that the following five questions should be addressed at the outset of a process:

1. “What are the desired outcomes of the activity?”
2. How will you know whether the initiative was a ‘success’?”
3. What is the timeframe for assessment?”
4. Who is carrying out the assessment (external/internal, formal/informal)?”
5. What feedback mechanisms are in place to make use of data to guide policy?” (Conklin, Morris & Nolte, 2010, p. 23).

In terms of specific criteria that may be used to assess a public involvement initiative, a Canadian Policy Research Networks (CPRN) report outlines one of the most extensive reviews of public involvement literature, which focused specifically on assessing effectiveness. This review analyzed 30 public involvement evaluation studies published between 1981 and 2004, where "...all but two defined effectiveness according to some form of outcome criteria while about half defined effectiveness using a combination of process and outcome criteria" (Abelson & Gauvin, 2006, p. 8). Table 1 outlines the range of criteria that were identified.

Table 1: Rowe and Frewer's Review of Public Involvement Assessment Criteria
(Abelson & Gauvin, 2006, p. 8-9)

Process	Outcome
<ul style="list-style-type: none"> - Representativeness - Inclusivity - Participation rate - Early involvement/ obtaining input early in planning process/ continuous involvement - Process fairness - Process flexibility - Subjective assessment of previous evaluator - Perceived openness of the process - Transparency - Structured decision making - Resource accessibility - Task definition - Independence - Interaction - Continuity - Comfort - Convenience - Satisfaction - Deliberation - Fairness - Competence - Identification of common good - Incorporation of values/ beliefs into discussion - Effectiveness of method process 	<ul style="list-style-type: none"> - Policy/ decision influence - Time to develop regulations - Reduce/ eliminate judicial challenges - Agency responsiveness to participants' policy demand - Public views incorporated into decision-making - Influence of public - Social impact - Impact of general thinking - Effect on public and plan support - Participants' values/ opinions changed - Interaction with lay knowledge (impact on lay learning) - Effect on staff and planning process - Impact on training (impact of knowledge personnel) - Staff awareness - Conflict resolution - Restoring public trust in public agencies - Perception of consultation by MPs, public, media (i.e. perceived success/ failure) - Effectiveness and cost effectiveness - Procedural impact of the mechanism

As previously discussed, both process and outcome categories can contribute to a meaningful assessment of a public involvement initiative because they are closely interrelated. As Rowe and Frewer suggest, if an effective process is perceived by the public to be in any way unfair, then acceptability will be low and the process will likely have very little impact on alleviating their concerns. On the other hand, a process that is accepted by the public may still have been conducted ineffectively, which could be problematic for the sponsoring organization in terms of implementing the final decision (Rowe & Frewer, 2000, p. 11). For example, if participants did not have access to the resources needed to become reasonably informed on the issue, then the input gained from the public may not reflect their real concerns. While there is no single, authoritative set of criteria for assessing public involvement effectiveness, Abelson and Gauvin's review is a useful representation of the range of criteria that is outlined in the literature.

The following five criteria (as highlighted in Table 1) have been selected for the assessment framework used in this report: representativeness, transparency, resource accessibility (or informed participation), interaction (or dialogue), and incorporation of values/beliefs into the discussion. After using Abelson and Gauvin's review as a starting point, these items were selected because they were frequently cited in other sources. Taken together, these criteria represent a broad framework for assessing public involvement that is based on many best practices outlined in the literature.

It should be noted that these are all process criteria, which reflects the fact that the literature focuses on this much more than outcome criteria. For example, after conducting a series of key informant interviews on the issue of assessment, Abelson found that respondents emphasized their reliance on both context and process indicators in developing their approach (Abelson, 2006, 27). Similarly, the main conclusion of Beierle and Cayford's 2002 review of 239 public involvement cases in environmental decision-making in the United States is that "process matters... [and that] 'good processes appear to overcome some of the most challenging and conflicted contexts'" (Abelson et al., 2004, p. 211).

Representativeness

This is of the most frequently cited criterion for determining public involvement effectiveness. For example, it is considered one of the "broad criteria against which a successful public participation process should be judged" (Abelson & Gauvin, 2006, p. 9) and is a key factor for assessing a process' overall acceptance, which is defined as the "effective construction and implementation of a procedure" (Rowe and Frewer, 2000, p. 12). Representativeness means identifying an appropriate mix of people and involving them in a process to inform a policy issue.

In the field of public involvement, representativeness can have two aspects. The first is involving relevant individuals/groups, so that "the group that [comes] together is going to be a useful group for the decision that has to be made" (Abelson et al., 2004). For example, representativeness on the issue of access to health care could mean engaging demographic groups or communities that are disproportionately affected, or seeking input from individuals who work directly in the field (e.g. frontline health workers). These types of individuals can provide a highly valuable perspective because they experience the issue first-hand on a regular basis. Conklin, Morris and Nolte suggest that achieving representativeness can also help increase participation in an initiative overall, as there is the "the potential to address the 'inverse law of participation' by including those groups with most need... and a profound interest in the decisions being made, which are at the same time those least likely to get involved without support do so" (Conklin, Morris & Nolte, 2010, p. 10).

The second aspect to representativeness is providing the opportunity for all individuals to participate, or the "need for participants to be representative of the broader public (or affected subgroups within the population), rather than simply representing some self-selected subset" (Rowe & Frewer, 2000, p. 12). In this view, effective public involvement involves participants that reflect the diversity of the population involved (Turnbull and Aucoin, 2006, p. 7). While involving the general public may not be the most appropriate strategy for addressing all policy issues, processes can gain legitimacy when there is the opportunity for any interested citizens to participate in the process, as this represents a higher level of openness on the part of the decision-maker. Turnbull and Aucoin suggest that this is an important point, as their research shows that "in many of the countries that do consult citizens, invitations to these exercises are exclusively to the well organized, including interest groups and stakeholders, and do not include 'ordinary' citizens (Turnbull and Aucoin, 2006, p. 6).

Transparency

A widely held criterion for determining public involvement effectiveness is transparency on the part of the decision maker or sponsoring organization. For instance, it is described as a key criteria for the overall acceptance of a process (Rowe & Frewer, 2000, p. 12), an important factor in the design of an effective process (Abelson et al., 2004, p. 208), and a principle for improving public involvement efforts in the public service (Lenihan, 2012, p. 24). The level of transparency that is exercised often has a direct impact on the expectations associated with, and the perceived legitimacy of, a public involvement process. In the literature, the concept of openness is very similar to transparency. It is considered to be a critical condition for effective public engagement (Lenihan, 2012, p. 98), with legitimacy depending on a process that is “totally open” to participants (Webler, Tuler & Krueger, 2001, p. 441).

Transparency can be demonstrated in a number of ways. However, much of the literature focuses on an organization’s communications activities as an indicator of transparency. At the outset of an initiative, it is important to set some limitations, as “the issue of the role and power of citizens be made explicit from the outset” (Day, 1997, p. 432). Similarly, Abelson et al. suggest that a key activity is “articulating the clarity of purpose for the consultation and how it fits into the larger decision-making process” (Abelson et al., 2004, p. 208). These types of activities not only help focus the discussion amongst participants (e.g. limiting the number of sub-issues to be discussed), but also frames the ultimate impact of their contributions within certain parameters. Without this, there may be a mismatch between participants’ and decision-makers’ expectations in terms of the outcomes. As a result, communicating the key findings, immediate results and long-term outcomes to participants (and where appropriate, the wider public) is considered to be essential for meaningful public involvement (Turnbull & Aucoin, 2006, iii) because it provides evidence of participants’ feedback being heard. Additionally, this can provide necessary closure for an initiative, as it allows participants to see a product of their efforts and how their own perspectives and ideas fit into the larger group that was involved.

Resource Accessibility (or Informed Participation)

In much of the literature, resource accessibility is closely related to the provision of information to participants. As a result, the term ‘informed participation’ will be used in this report to capture both concepts, as it is one of the most widely held criterion for public involvement effectiveness in the literature. Informed participation means that “the process must provide an opportunity for the participants to receive credible, balanced, and honest information about the issues in question,” (Turnbull & Aucoin, 2006, p. 7) typically in the form of relevant background material that outlines the basic facts and current policy environment relating to an issue. The importance of informed participation is recognized in many different ways: as an important criterion for assessing a public involvement process (Rowe & Frewer, 2000, p. 12), a key condition for success (Abelson et al., 2006, p. 17), a decisive factor in meaningful public involvement (Turnbull & Aucoin, 2006, iii), and a principle for improving how public involvement is integrated into policymaking environments (Day, 1997, p. 432).

Ultimately, the value of informed participation is that it can help participants develop their knowledge and understanding of an issue. This can improve their ability to articulate a perspective that is well versed (and likely more productive), rather than being based on any ‘knee-jerk’ reactions or false assumptions they may have. The importance of informed participation is highlighted by the fact that it is often associated with claims that the public lacks the capacity to provide useful feedback on policy issues. The literature highlights several important steps for achieving informed participation from the outset of a public involvement initiative. In addition to providing participants with information that is highly accessible and easy

to understand (e.g. written in plain language), it must be done in a timely manner (often in advance of an initiative) to allow them the opportunity reflect on the material and develop an informed perspective on the issue (Abelson & Gauvin, 2006, p. 18). The process itself can promote informed participation by integrating ample learning opportunities for participants, such as presentations delivered by experts in the given policy field.

Building on the notion of informed participation, the opportunity for learning is itself a key consideration for determining effectiveness. Much of the literature sees the knowledge gained from public involvement as a long-term outcome, whereby citizens shift from their initial raw opinion on an issue to what Yankelovich calls “‘public judgment,’ or an informed, rational, and responsible opinion” (Abelson et al., 2006, p.12). According to Yankelovich, this shift is what helps distinguish meaningful public involvement processes. He uses the example of a public opinion poll on global warming, which he claims does not represent public judgment because “it is merely a snapshot of public opinion at a moment in time caught in the turmoil of grappling with an abstract threat that is not yet real and that Americans have not genuinely engaged” (Yankelovich, 1991, p. 5). However, he suggests that the public’s view on issues tend to change over time as the urgency of the issue becomes more prominent and people start considering the hard choices involved.

Interaction (or Dialogue)

In the literature, this criterion refers to a certain type of interaction between participants in a public involvement initiative: dialogue. When effectively integrated into a process, dialogue provides an opportunity for meaningful, productive discussions on a policy issue between participants. Dialogue between participants, as well as between participants and decision-makers, is considered a key element for Abelson’s notion of ‘interactive public engagement’ and contributes to high levels of satisfaction amongst participants (Abelson et al., 2010, p. 2). As the National Coalition for Dialogue and Deliberation (NCDD) explains:

“Dialogue is not about winning an argument or coming to an agreement, but about understanding and learning. Dialogue dispels stereotypes, builds trust and enables people to be open to perspectives that are very different from their own. Dialogue can, and often does, lead to personal and collaborative action” (National Coalition for Dialogue and Deliberation, n.d.).

In this view, dialogue is about listening, which “increases the chance that people will truly understand – and even empathize with each other” (McCoy & Scully, 2002, p. 121). Furthermore, Don Lenihan suggests that dialogue also involves having participants reflect on their own relationship with the issue, as it is “a discussion of how the issue is connected to them... and of the extent of their personal or corporate responsibility for helping to solve it” (Lenihan, 2012, p. 72).

In many ways the need for dialogue is a response to perceptions that ‘traditional consultations’ often lack the opportunity for meaningful interaction for participants. This occurs when participants are consulted in isolation of each other, or when there is little or no structure provided for their discussions. The value of dialogue is that it provides the opportunity for various perspectives to be brought the forefront, with the purpose of building common ground, or at least encouraging participants to consider the perspectives of others. As Gunnlaugson explains, “[from] sensing the source of the stream of shared meaning... through the greater dialogue group... there is a shift from reflective inquiry into our tacit assumptions to learning to engage with future not-yet-embodied possibilities” (Gunnlaugson, 2007, p. 47). In this view,

dialogue is similar to the previous criteria (Informed Participation) because it encourages participants to develop greater knowledge and understanding of an issue.

Given the characteristics of dialogue, it is also about providing a structure for productive discussions. Ineffective public involvement is often be characterized by some participants seizing the opportunity to provide feedback from others because they voice their position in an overly antagonistic, uncompromising and/or aggressive manner. This is a common occurrence when contentious policy issues are being discussed. The 2009 U.S. town halls on health care is a recent example, as they have been characterized as the “perfect cover for a full-scale ambush [on the organizers]. Tea Partiers simply marched into the meetings, took control of the floor, and shouted down their befuddled hosts” (Lenihan, 2012, p. 101). While the outcome of the town halls were affected more by political factors than the absence of an open dialogue process, the literature highlights the importance of managing interactions between participants. As Lenihan suggests:

“Many of the most acrimonious public debates are not so much the result of a real class of ideas as an attempt to manipulate the process. An increasing amount of tension and disagreement stems from intransigence, grandstanding, and willful misrepresentation of facts, positions and views (spin)... a well-designed and facilitated dialogue is a powerful countervailing force. It helps prevent the use of tactics” (Lenihan, 2012, p. 26).

Incorporation of Values/Beliefs into the Discussion

The final criterion outlined in this report is the integration of values-based discussion into a public involvement process. In the literature, the articulation of values is considered essential for building common ground between participants, particularly when highly technical or contentious policy issues are being discussed. Webler et al. considers the search for common values as a critical discourse for ‘good public participation,’ as many policy issues could benefit from an approach that emphasizes the “process as a deliberation about values, not information” (Webler, Tuler & Krueger, 2001, p. 442). As Giacomini explains, values “give us the questions to ask... [they] are more like art media than mechanical components – we may shape them to our pleasure, but their substance determines what we are able to make of them” (Giacomini et al., 2001, p. 22). In this view, values-based discussion can function as a tool for framing the lines of inquiry for an initiative. The incorporation of values and beliefs will be discussed at greater length in the next section of this report, as it is considered to be a particularly valuable criterion for public involvement in the health field.

Developing a General Assessment Framework

Defining effectiveness within the field of public involvement is an essential, yet highly challenging task due to the different contexts and actors that can be involved. This is the major reason for the lack of a universal definition in the literature. While some of the literature argues that there are broad principles that demonstrate effectiveness in any context, the prevailing opinion is that these tend to function more as high-level ideals, as they do not capture the full extent of what effectiveness means. At the practice level, the key for government organizations is to think about public involvement as a highly flexible and customizable strategic approach for informing policy decisions.

As a result, paying close attention to the various contexts involved in a policy issue is the most important prerequisite for developing a framework to assess public involvement effectiveness. In other words, an organization’s ability to adapt to context is a high-level, overarching criteria for assessment, as the literature consistently frames effectiveness as a highly variable concept in

this field. However, there are some widely held criteria outlined in the literature that can function as indicators when assessing an initiative. The five criteria that have been discussed in this section will be used as a guide to assess the public involvement activities of the federal health organizations outlined in Chapter 4 of this report.

Section Summary

The preceding section shows that although there is no consistent definition of public involvement in the literature, there are a number of prevailing terms, including *involvement*, *participation*, *consultation* and *engagement*. It's important to highlight the differences among these terms, as they are not interchangeable and refer to varying levels of the public's involvement in policy decision. A useful starting point is Arnstein's 'Ladder of Citizen Participation,' a model that shows different levels of public involvement. Over time, similar continuum-based models have been further developed to account for a more nuanced approach to public involvement. For example, some policy contexts may be better suited to the 'lower levels' of public engagement, such as information campaigns. In this view, more recent models have also helped emphasize the practical application for engaging citizens. Overall, the absence of a universal definition for public involvement reflects its inherently diverse nature – public involvement can mean different things in different contexts.

Similarly, understanding what effectiveness means in the context of public involvement is challenging because it is a highly subjective and value-laden task. Additionally, there are no formal evaluation frameworks that are widely held in the literature. However, there is still a wide range of criteria that practitioners can choose from when evaluating their initiative, depending on the policy context at hand. Five of the more widely held criteria were used to develop a general assessment framework for public involvement effectiveness: representativeness, transparency, resource accessibility (or informed participation), interaction (or dialogue), and the incorporation of values/beliefs into the discussion. This framework is used to assess the public involvement activities of the three federal health organizations discussed in Chapter 4.

3.2 Public Involvement in Practice

3.2.1 Current Trends

Engaging citizens, interest groups and other stakeholders in the policy development process is a common practice in many OECD countries. In Canada, most federal government departments have used public involvement in one way or another to inform their decision-making (Turnbull & Aucoin, 2006, p. 1). However, the manner in which public involvement is conducted at the federal level is questionable. In reference to the public service, Susan D. Phillips and Michael Orsini suggest:

“The consistency and manner in which this is done varies enormously across departments... On major policy issues, the standard template of public consultation is deployed, complete with all the problems that have come to be associated with it – government controls the agenda and who is invited; information flows in one direction and the process is episodic and ad hoc” (Phillips and Orsini, 2002, iii).

In this view, the way in which public involvement is being conducted at the federal level is not just problematic in terms of when and why citizens are being engaged in policy issues, but also how they are being involved. As a result, Phillips and Orsini's suggest that significant reform is needed in this area.

In understanding the rationale for improving public involvement in Canada, much of the literature indicates that a “democratic deficit” exists in Canada. While this term most commonly refers to the public’s dissatisfaction with the political process, Dickinson explains that it can exist in two contexts. The first is around the institutions and processes of representative democracy, while the second is around specific policy domains, such as health care (Dickinson, 2004, p. 245). The latter context is what will be discussed in this report.

Recent studies suggest that there is a considerable gap between the federal government’s policy activities, and public perceptions around its real impact. A 2010 Institute of Wellbeing Report indicated that “...the percentage of Canadians who feel that the policies of the federal government have made their lives better (as opposed to making not that much difference) has ranged from a low of 6% to a high of 20.2% between 1997 and 2006” (Institute of Wellbeing, 2010: v). These types of attitudes can be applied to the impact of public involvement initiatives as well. A range of experts participating in the 2005 Institute on Government Roundtable on the Democratic Deficit in Canada “agreed that perhaps the most important requirement facing government was the need to make engagement initiatives consequential” (Institute on Governance, 2005, p. ii). This lack of confidence around the impact of public involvement is the result of many factors that, when taken together, represent what many see as a fundamentally transformed dynamic between the government and citizens, which reflects different needs and expectations than ones that were previously held.

In 2010, Matt Leighninger conducted a survey with a number of public administration professors and subject matter experts in the U.S. Overall, the respondents described how public involvement has come to represent a new priority for public administration, both in terms of theoretical and practical application. Furthermore, respondents emphasized public involvement’s instrumental value, in addition to ‘idealistic’ significance. As Leighninger reports, “some of the interviewees, including all of the non-academics, stressed the idea that many administrators have already changed the way they interact with the public, and that public administration as a field is struggling to catch up” (Leighninger, 2010, p. 2). As the Director of Emerging Issues for the National League of Cities (NLC) suggests, “What it takes to run a government has changed” (Leighninger, 2010, p. 2). Based on his survey findings, Leighninger identified seven reasons for this shift:

1. Erosion/ lack of trust in government
2. Increasingly diverse populations
3. Increased recognition that governments cannot solve public problems alone
4. Increased decentralization of many public policy decisions
5. Less hierarchy within and among organizations
6. Greater capacity for citizens to disrupt the policymaking process
7. Greater sense that citizens enjoy, and often expect, to be involved in the policymaking process (Leighninger, 2010, p. 3).

The last two reasons are worth unpacking for the context of public involvement. The claim that citizens have a greater capacity to disrupt the policymaking process is largely a result of how technology continues developed over time. One respondent suggested that the Internet is increasingly “empowering small factions of people with greater levels of information and easier methods of connectivity to others” (Leighninger, 2010, p. 3). These types of concerns have become more amplified in recent years, especially with the advent of social media and Web 2.0 technology, which hinges on user-generated content and collaboration. Additionally, Leighninger suggests that an even broader social phenomenon has affected citizen-government interactions, and public involvement has gained prominence over time as a result. A professor from the University of Kansas sees “engagement as a logical response to modernization and

homogeneity, a way for citizens to safeguard their identity, 'a way of claiming what is mine, yours and ours, a way of saying 'we are unique'" (Leighninger, 2010, p. 3). While it is beyond the purview of this report to assess public involvement from a sociological lens, it is important to note that there is ample evidence to suggest that expectations for more participatory forms of government have grown. In this view, public involvement can be seen as existing at the intersection of public administration and democratic governance.

These findings suggest that governments are increasingly recognizing that there is a strong rationale for changing, or at least altering, their relationship with the public. As a result, perceptions around the importance of public involvement have changed over time. For example, a professor from the University of Minnesota, explained how "one of the things that has changed over my career is that people have changed their definition of what counts as 'real work.' It used to be that 'talk' didn't count – but our students now understand this kind of dialogue, deliberation and stakeholder analysis is actually real work" (Leighninger, 2010, p. 5). Similarly, feedback from Leighninger's survey suggests that public sector employers increasingly value both the skills and attitudes needed to conduct effective engagement. For example, a respondent from the Environmental Protection Agency (EPA) stated that, "I just want employees who can approach the public without assuming, right off the bat, that they [citizens] are wrong. I want them to be able to look at a conflict or tension with the public and say, 'It might be our fault, not theirs'" (Leighninger, 2010, p. 6). In this sense, public involvement has become relatively more legitimized as a field, both in academically and practically.

According to Lenihan, the need for public involvement has grown due to an increasingly complex policy environment, "making governments, businesses and civil society far more complex and interdependent than they were only a generation or two ago" (Lenihan, 2009, p. 11). Phillips and Orsini express a similar assessment, suggesting that "the renewed interest... is not a passing fad, but stems from shifts toward more horizontal models of governance and toward a more organized, diverse and empowered civil society" (Phillips and Orsini, 2002, iii). In this perspective, governments are increasingly thinking about policy in a more holistic manner, as there is a recognition that citizens have a direct role in addressing some of the most complex problems facing society today. As Lenihan suggests:

"If green house gases are to be brought under control, citizens must drive smaller cars; if heart disease is to be reduced, they must exercise more; if there is to be a skilled labour force, universities, community colleges, labour unions, and businesses will have to work with governments to develop the right programs" (Lenihan, 2009, p. 7).

As a result, the policymaking process not only requires a greater level of collaboration between the government and public, but also building long-term relationships with citizens and stakeholders because their involvement is often key to the effective implementation of a policy over the long run. Lenihan suggests that "complexity [in the policy environment] is a game-changer" (Lenihan, 2012, p. 39) that necessitates the redesigning of the policy process overall.

One of the most significant trends affecting the integration of public involvement is related to the fact that many governments around the world are operating in increasingly resource-limited environments. As a result, demonstrating value-for-money has become a crucial task for any public sector organization looking to leverage any engagement process. However, some suggest that, even in the context of significant public sector funding cuts, the value of public involvement cannot be understated because it can help governments determine where their priorities should be. Andersson, Fennell and Sharokh claim that "it's much better to get people involved in difficult decisions, including the impact of cuts and changes to the services that they use, and that focusing on service users ensures greater public value in a time of constrained

resources” (Andersson, Fennell & Shahrokh, 2011, p. 4). This has created an interesting dilemma for the adoption of public involvement: though it is challenged by resource constraints in government, it can also help address such issues.

However, in light of these trends much of the literature suggests that public involvement is highly valued, and will continue to be, by both citizens and government. Over time, citizens have become increasingly more forward-looking in terms of involving themselves with policy decisions. According to Julia Abelson and Francois-Pierre Gauvin, “citizens are looking for new ways to define democracy – ways that recognize their desire to play a more active role in decisions... Reforming traditional political institutions will not, on its own, solve the problems of voter turnout unless that reform includes a space for citizens” (Abelson & Gauvin, 2005, p. 1). As a result, public involvement has gained more relevance in recent years as a strategy to provide such a forum for citizens, in an effort to target concerns around the democratic deficit.

At the political level, the federal government has explicitly identified the need for public involvement within its agenda. The February 2004 Speech from the Throne stated that “we must re-engage with citizens in Canada’s political life... That means reconnecting citizens with their Members of Parliament. That means a new partnership with provinces and territories, focused on the interest of Canadians” (Martin, 2004). In more recent Speeches from the Throne, the need for public involvement has been explicitly identified on a number of policy issues, including Senate reform, economic stimulus and clean energy. Given these statements, it is important to understand the overarching challenges for the integration of public involvement in government, as well as some potential solutions.

3.2.2 Challenges and Potential Solutions

To understand the major challenges for integrating public involvement, consider a 2009 OECD study on government efforts to promote open and inclusive policymaking, which is defined as “transparent, accessible and responsive to as wide a range of citizens as possible” (OECD, 2009, p. 24). The findings of this study help outline the range of challenges experienced by 25 member countries of the OECD, which are outlined in Charts 1 and 2.

Chart 1: Risks in Implementing More Open Decision-Making Processes

(OECD, 2009, p. 43)

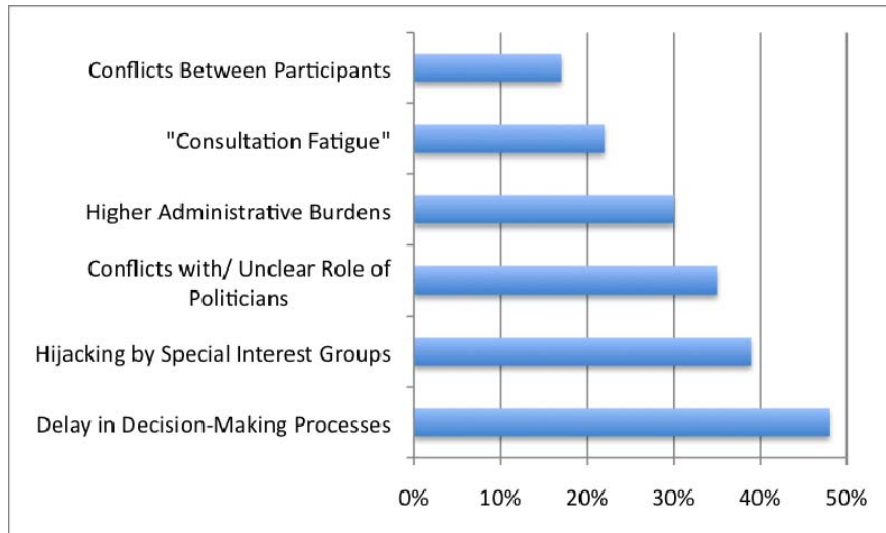


Chart 2: Factors for Lack of Motivation for Participation

(OECD, 2009, p. 49-50)

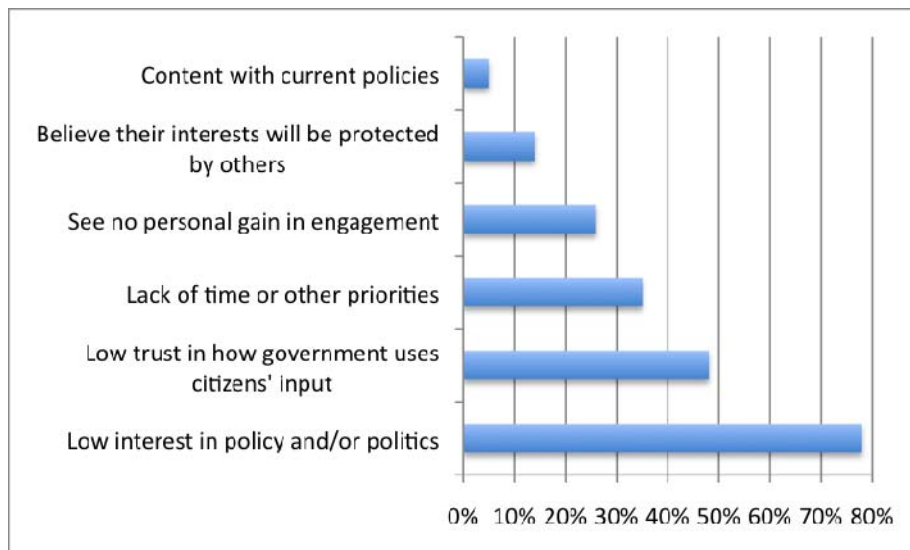


Chart 1 shows the inherent risks in implementing more open-decision making processes, as identified by the 25 OECD member countries. The percentages represent how many of the respondents identified with each risk. Chart 2 outlines the reasons for the perceived lack of motivation among citizens, which the OECD found to be a fundamental challenge for public participation. The chart segments the different rationales for citizen apathy. One point worth noting is that only 5% of respondents felt that citizens weren't motivated as a result of being content with current policies. This means that, in a broad sense, the major reason for a lack of motivation is not because citizens feel that public involvement is not needed. However, the

overall findings suggest that citizens are wary of public involvement for a number of reasons, which will be further explored in this section.

Moving to the Canadian context, the literature suggests that there are two fundamental challenges that can impact the effectiveness of public involvement efforts in this country. The first challenge is related to geography, as the majority of the country's population is heavily concentrated in urban centres along the Canada-USA border, while there are thousands of dispersed rural communities and towns throughout the country (Wyman, Shulman & Ham, 1999, p. 26). As a result, public involvement can involve considerably high costs in terms of money, time and resources. With such a wide range of demographic variations existing between the different regions and communities throughout Canada, this concern is even more problematic when national outreach is required. In many cases, the high costs associated with scaling up public involvement efforts have spurred reluctance, and even apprehension, amongst politicians and public servants. On the other hand, it has also led to some innovation on their part, particularly in using social media and Web 2.0 technology to address the logistical challenges presented by Canada's geography.

The second fundamental challenge is related to the Canadian political system. Although it is beyond the scope of this paper to assess the public involvement through a political lens, this is an important challenge to consider because political leadership is often a key factor in the adoption of public involvement by the federal government. In Canada, most of the progress made towards increased public involvement is occurring at the lower levels of government – provincial, regional and municipal. In fact, cities like Vancouver, Toronto and Edmonton have become prime examples of local governments proactively seeking input from citizens and involving them in their decision-making processes.

In contrast, much of the literature suggests that these types of activities are lacking at the federal level. David Eaves, an open government advisor to several governments suggests that public debate is “virtually not non-existent at the federal level... There is no effort to rethink policy around open data or open government... Broadly speaking, open government in Canada has not penetrated governments – and in particular the political class” (Eaves, 2010). Eaves considers political leadership, at both the provincial and federal levels, to be most significant challenge for open government in Canada, as he states that “I know of IT vendors who have talked to key federal officials about this idea – citing developments in both the U.K. and the United States – and they have been rebuffed (Eaves, 2010).

Some may argue against the claims that there is a lack of political support for public involvement in Canada. For example, recent Speeches from the Thrones have contained references to the need to engage citizens in policy decisions. However, the 2009 OECD report on open and inclusive policymaking indicated that one key challenge to public involvement is:

“Gaining political support beyond ‘cosmetic commitment’... [politicians] regularly express legitimate concerns regarding their potential loss of influence, vulnerability to opposition party politicians, and raising public expectations that cannot be met. What seems clear is that leadership style, capacities and qualities of elected representatives will need to change in order to adapt to a more collaborative approach to decision making” (OECD, 2009, p. 34).

As a result, the major challenge is not that there is a lack of voices in support of public involvement. Rather, it is that these voices are not taking the necessary next steps to initiate the actual processes needed to conduct effective public involvement. Additionally, these types of attitudes are not limited to politicians – they are seen to exist within the public service as well, which is an even more significant issue given the context of this report.

A wide range of literature suggests that the persistence of negative attitudes in the public service may be the greatest obstacle for engaging citizens in policy decisions. There are a number of rationales for this, including the fear of outcomes or loss of control, skepticism about the value of engaging citizens in policy discussions, and the need to manage public and stakeholder expectations (Abelson & Gauvin, 2005, p. 11). In exploring potential sources for these types of attitudes, it is worth considering the concept of “public value,” which was developed by Mark H. Moore. This public sector management theory is framed as an organizing principle, whereby public sector managers seek to identify what the public values in the services they provide, and how these services can be improved. As a result, public involvement can play an important role in this process, as “...public value is grounded in the idea that service effectiveness is best defined by responsiveness to refined public preferences” (Coats & Passmore, 2008, p. 8).

However, the perceived lack of “refined public preferences” is one of the factors that lead to apprehension around public involvement. There seems to be a perception that the public cannot articulate what it wants and needs, at least in an informed manner. Therefore, there is a belief that citizens don’t need to be consulted. Similarly, public involvement may ‘crowd’ an issue by bringing too many parties into the policymaking process. Lenihan suggests that “[government] officials fear that, if they can’t even reach agreement on these issues inside government, they certainly won’t be able to reach agreement on them if they bring the public into the discussion. Before government should try to collaborate... it must get its own house in order” (Lenihan, 2012, p. 78). This type of view reflects the notion that consensus among citizens is essential when engaging them with the task of developing solutions to address public policy issues. As discussed throughout this chapter, this is one of many problematic views that can impact support for utilizing public involvement within government overall.

Traditionally, it has been argued that bureaucratic decision-making processes are inherently opposed to public involvement, as they imply “...a cultural milieu disposed to elitist, expert-oriented norms, which are in direct contradiction to the democratic norms that broad-based citizen participation is supposed to foster” (Kweit & Kweit, 1980, p. 647-666). This perspective involves two main assumptions on the impact of public involvement on the bureaucracy. First, it suggests that the research and advisory role of the public servant is undermined when citizen input is sought, as it may be relatively uninformed. Second, this perspective suggests that public involvement efforts, which often demand a change or improvement from the status quo, work against the structure of “regularity and routinization” that the bureaucracy is built on (Kweit & Kweit, 1980, p. 653-654). However, there is ample evidence in the literature to suggest that these types of assumptions around public involvement are problematic, as they do not represent real problems for the public service as a whole.

One of the most useful justifications for public involvement in the public sector context comes from Hon. Jocelyne Bourgon. Ms. Bourgon currently serves as the President Emeritus of the Canada School of Public Service, but has held a number of senior positions in the federal government, including Clerk of the Privy Council, President of the Canadian International Development Agency (CIDA), Deputy Minister of Consumer and Corporate Affairs (now part of Industry Canada), and Deputy Minister of Transport Canada (OECD, 2009, p. 201). As a result, Ms. Bourgon’s perspective reflects a wealth of experience in the federal public service. In the 2009 OECD report on open and inclusive policymaking, she explains why the claims regarding public involvement’s negative impacts are based on flawed assumptions.

First, some argue that public involvement is not needed because the public’s interest in policymaking is already represented by their elected officials, namely Ministers. However, Bourgon explains that “there is more to the role of Ministers than the affirmation of political will.

Ministers set the agenda for change; forge broad consensus in support of the Government agenda; bring key players and stakeholders to the tables; and forge strong partnerships to ensure the harmonious functioning of the private sector, the public sector and civil society” (OECD, 2009, p. 202). Although some of these responsibilities are essential for effective public involvement, the Minister, as well as other politicians, cannot be expected to account for all of public’s interest by themselves.

Second, some suggest that the public’s interest is already secured at a much broader level through the system of democratic governance, particularly the act of voting in elections. But similar to the role of politicians, Bourgon suggests that this type of assumption is based largely on idealistic notions of democracy, as “having a vote is different than having a say... this right does not imply that people are given a voice in matters that interest them most or that they have a role in the decisions that affect them most directly (OECD, 2009, p. 201-202).

Third, and perhaps most significant for this discussion, is that negative attitudes around public involvement are overly reductive of the role that citizens have in the implementation of public policy. According to Bourgon, “an increasing number of public policies require the active role of citizen as ‘agent’... in particular when issues require a change of societal behaviour... It is the case for issues such as global warming, environmental protection, disease prevention (obesity, diabetes) and so on” (OECD, 2009, p. 202). In this view, solutions to some of the biggest policy challenges cannot be realized unless the central role of citizens is recognized. This is a point that is emphasized throughout the literature, and will be discussed in the next section that focuses on the health context.

Regardless of how valid arguments against public involvement are, the literature suggests that much of the public service culture is not fully supportive of it. As a result, the literature identifies the need for a fundamental culture change in government departments and agencies. In fact, Phillips and Orsini see this is a necessary reform, claiming that it is essential “to ensure that citizen involvement comes to be seen as an integral part of the policy process” (Phillips and Orsini, 2002, iv). The key step to initiating this change is correcting some of the public involvement “myths,” such as the claim that public involvement is about government doing less. According to Parker, “this misses the point entirely... it needs to be understood as a critique of how services are currently configured, rather than an objection to their existence in the first place” (Parker, 2007, p. 106).

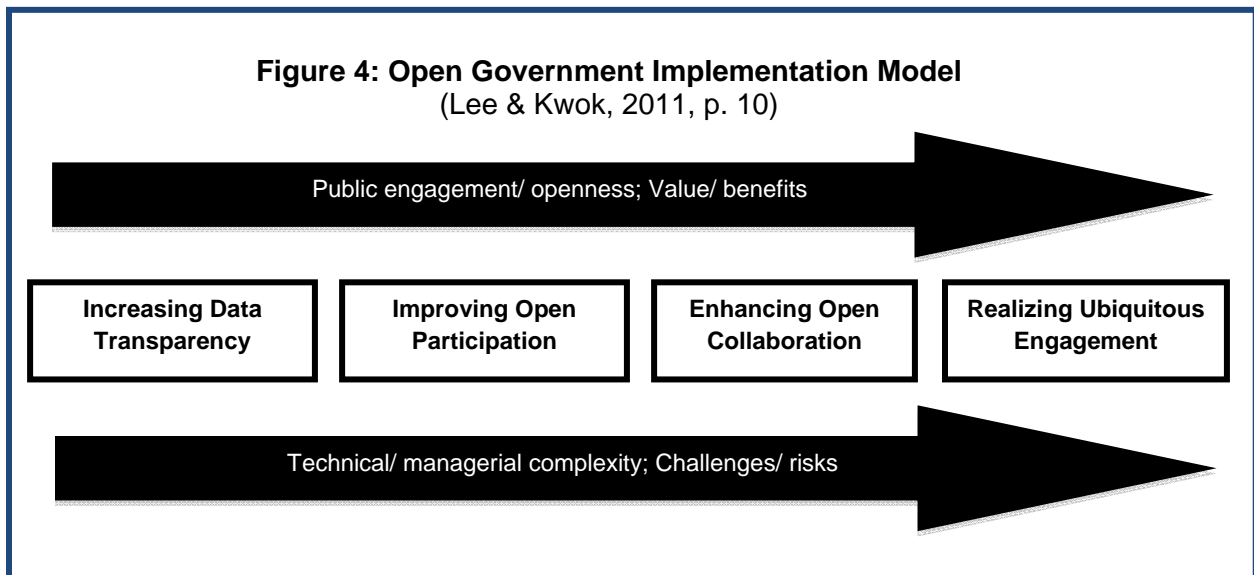
Similarly, many see public involvement as threatening the public service’s power over policy decisions. However, the scope of public involvement needs to be framed more realistically. As stated in the Public Health Agency of Canada’s (PHAC) *Public Involvement Framework*, it “is not about ceding decision-making power, but rather about strengthening the decision-making process. It helps target the best possible solutions where they’re needed in different segments of the public, and complements existing science while directing new research” (Public Health Agency of Canada, 2009, iii). In this view, it is important to frame public involvement for what it is: a tool to support, rather than substitute, robust policymaking processes. One of the more obvious points to emphasize is that even if public input is sought, it is “seldom, if ever, the only information that is considered when making decisions. Other forms of evidence, such as research-based information, professional experience, political judgment, or habits and tradition, are also available to decision-makers” (Mitton et al., 2009, p. 226).

Another key step to implementing cultural change in the public service is strengthening the linkages between the public service and citizens, which much of the literature sees as lacking trust. Kaifeng Yang suggests that the “missing link” in public involvement efforts is the public administration’s trust in citizens. Additionally, Frank Fischer suggests that the relationship

between the two parties needs to be reframed because is often structured around a “practitioner-client hierarchy,” whereby “the citizen becomes the ‘client of the professional administrator, ill-equipped to question the professional’s authority and technical knowledge... [and] the administrator is separated from the ‘demands, needs and values’ of the people whom he or she is presumed to be serving (King, Feltey & Susel, 1998, p. 320). If this type of imbalance exists, then the public service is not well positioned to deal with the public’s interest, which means that there will likely be a significant communication gap between the two parties. This lack of constructive engagement ultimately limits the impact that citizen input can have on the policy or decision-making process.

Given these fundamental challenges, the integration of public involvement practices in the federal public service is clearly a daunting task. However, many governments have made significant progress on this front. One of the best examples is U.S. President Barack Obama’s Open Government Initiative, which was launched in the beginning of his first term in January 2009. This initiative was aimed at creating high levels of openness in the government, whereby all federal agencies developed a plan for its operation around three principles: transparency, public participation, and collaboration (Lee & Kwak, 2001, p. 9).

To help federal agencies move toward these goals, the IBM Center for the Business of Government developed a road map called the Open Government Implementation Model (OGIM). Developed by Gwanhoo Lee and Young Hoon Kwak, this model outlines the following four stages: *increasing data transparency*, *improving open participation*, *enhancing open collaboration*, and *realizing ubiquitous engagement* (Lee & Kwak, 2011, p. 7-8), while emphasizing the use of social media and Web 2.0 technology. As shown in Figure 4, each stage progresses towards greater public engagement, but also involves greater challenges and risks.



The value in OGIM is that its main objective is to foster and institutionalize a culture in the public service that is supportive of public involvement. Given this context, the model is highly sensitive to the challenges and dynamics inherent to public service organizations, as it emphasizes the need for incremental progress towards public engagement. Lee and Kwak suggest that “government agencies should advance their open government initiatives in a progressive and orderly manner by focusing on one implementation stage at a time” (Lee & Kwak, 2011, p. 10).

This incremental approach is key to changing the culture of the public service, as each earlier stage helps build the organizational capacity needed for success at later stages. In this view, the model frames “increasing data transparency” as the fundamental first step, which is necessary for the implementation of all later stages. Similarly, “improving open participation” has an impact on the effectiveness of both “enhancing open collaboration” and “realizing ubiquitous engagement” (Lee & Kwak, 2011, p. 11). As a result, this model reflects the view that public involvement exists on a continuum, as discussed in Chapter 1.

OGIM also helps address the resource concerns related to integrating public involvement in government. Lee and Kwok explain that “by focusing on one implementation stage at a time, agencies can effectively build infrastructure and capabilities for open government without overburdening government employees or overwhelming the public” (Lee & Kwak, 2011, p. 11). Additionally, they recommend that federal agencies focus their public involvement efforts in a strategic manner, suggesting that they “should only select high-value, high-impact initiatives and focus on strengthening what is working rather than worrying too much about what is not working” (Lee & Kwak, 2011, p. 14). In this view, OGIM helps frame public involvement less as a broad, abstract goal that should be pursued, and more as a tangible objective where progress can be achieved and measured (at least informally) through targeted efforts.

In addition to resource concerns, OGIM’s incremental approach helps address the need for public policy that is developed in a more responsive and flexible manner. As Eaves explains, “government’s obsession with a ‘final’ product is in many ways a relic of the industrial era. The idea that only a finished product can be released to the public... means that huge cycles are wasted, the launch times delayed, in perfecting programs and products that often don’t hit the mark. Everything is a beta today because almost everything can be improved on the fly” (Eaves, 2010). In contrast, OGIM is about fostering openness in government. The initial goal is to make it easier for government to leverage information, including public input, that is up-to-date and collected on an ongoing basis. In the latter stages, the focus shifts to building an organization’s capacity to respond to the public’s needs in a timely manner.

3.2.3 Requirements and Guidelines

The Government of Canada’s Regulatory Policy states the following as its first policy requirement: “Canadians are consulted, and that they have an opportunity to participate in developing or modifying regulations and regulatory programs” (Privy Council Office, 1999, p. 3) before they are approved by Cabinet. Whether they are proposing new regulatory requirements or changes to existing ones, all federal regulatory authorities must review and report on their performance as it relates to the Regulatory Process Management Standards, which outlines specific conditions for consultations, as well as policy development and analysis, communications, training, and documentation. Each authority outlines its planned regulatory activities in the annual Report on Plans and Priorities, and describes the results of these in the annual Departmental Performance Reports (Privy Council Office, 1999, p. 12).

The consultation requirements outlined in the Regulatory Process Management Standards reflect some of the criteria for public involvement effectiveness outlined in the previous section, such as:

- **Representativeness:** “...must be able to identify and contact interested stakeholders, including, where appropriate, representatives from public interest, labour and consumer groups” (Privy Council Office, 1999, p. 11).
- **Transparency:** “... must clearly set out to processes they use to allow interested parties to express their opinions and provide input” (Privy Council Office, 1999, p. 11).

Federal departments and agencies are also required to publish their proposed regulations in Part I (Notices and Proposed Regulations) of the Canada Gazette, which is a federal government publication currently managed by the Consulting, Information and Shared Services Branch of Public Works and Government Services Canada. The purpose is to give interested individuals and groups the opportunity to review and comment on draft regulations before they are approved and published in Part II (Official Regulations) of the Canada Gazette (Treasury Board of Canada Secretariat, 2010). Within each proposed regulation is the Regulatory Impact Analysis Statement (RIAS), which is prepared by the sponsoring department or agency and submitted for review by the Regulatory Affairs Division of the Treasury Board Secretariat. In addition to explaining things like the issue, objectives, and costs and benefits involved, each RIAS must outline plans for consultations.

However, it is important to emphasize that the requirements for regulatory impact assessment, (and more specifically public involvement) have not been adopted formally as legislation in Canada. Rather, they are implemented through the Cabinet Directive on Regulatory Policy. Additionally, these types of requirements only apply to public involvement efforts related to proposed regulatory changes, and not to more broadly focused consultations being conducted by federal departments and agencies.

Section Summary

The preceding section describes how calls for public involvement are in part a reaction to Canadians' negative perceptions around the impact of the federal government's policy activities. As a result, there has been a broad shift in how governments operate overall, particularly terms its relationship with the public. Lenihan's notion of an increasingly complex policy environment describes the major rationale for this, as many public policy issues cannot be addressed by government alone – rather, they require considerable sustained action on the part of citizens. As a result, both governments and citizens are recognizing the value in providing the public with meaningful opportunities to be involved in policy decisions.

However, public involvement is considered to be a risky endeavour for a range of reasons. The most significant challenge is the persistence of negative attitudes existing in the public service – one of the major themes discussed throughout this report. Much of the literature describes a pervasive mindset within the public service that sees policy decision-making processes as being fundamentally opposed to public involvement, as citizens lack technical expertise. However, the literature also shows that many of these perceptions are often based on flawed assumptions.

As a result, the literature suggests the need for a fundamental culture change in the public service. At the highest level, negative perceptions may be addressed by framing the scope of public involvement initiatives within more realistic parameters. For example, public involvement should not be seen as a threat to the public servant's role in policy decisions. Effective initiatives seek a different type of knowledge (i.e. not technical) from citizens, and their feedback is rarely the only information source that decision makers consider. In terms of integrating public involvement practices, the Open Government Implementation Model (OGIM) is a useful example for federal agencies to adopt more participative processes through an incremental approach. It also emphasizes the need to be highly strategic in conducting public involvement, as organizations should not try to do it for every policy issue.

The preceding section concludes by highlighting current federal government requirements for public involvement in regulatory policy development. While many of these guidelines reflect best practices outlined in the literature, it is important to note that they are not required by formal

legislation. Additionally, existing regulations and guidelines are limited to regulatory policy, and do not address the need for involving citizens in much broader policy discussions.

3.3 Public Involvement in the Health System

3.3.1 History in Canada

The literature covers a vast range of public involvement efforts in health systems around the world. According to Abelson, the rationale for public involvement in this area “is a compelling one – it is central to promoting an accountable and responsive health system” (Abelson et al., 2010, p. 4). Additionally, processes to involve the public are considered to be central pillars of the health policy process in Canada, as well as the U.K. and Australia (Wait & Nolte, 2006, p. 149). In fact, public involvement in Canada’s health system is not a new phenomenon, as it “has taken many forms since the establishment of a universal, publicly administered health system” (Abelson & Eyles, 2004, p. 279).

Abelson et al. suggest that “the first calls for public participation in Canada’s health system date back to the 1970s, when citizen representation on regional health-services delivery or administrative boards was recommended by early reports on health system reform” (Abelson et al., 2002, p. 73). Since then, calls for enhanced public participation in the health care system became increasingly aligned with a broader reform agenda, which sought to transfer more decision-making power to local, community-based health authorities, largely as a strategy to increase technical efficiency, resource allocation and cost-effectiveness (Abelson & Eyles, 2004, p. 287) in the health system overall. This was most prominent in the early 1990s with the devolution of certain decision-making responsibilities from provincial governments to regional health authorities (RHAs), which have been touted as a “promising institutional site for linking deliberative public-consultation procedures to policy and operational levels of decision making” (Dickinson, 2004, p. 245).

Although the focus of this report is on the federal level, organizations working in the regional health context are responsible for much of the public involvement work relating to Canada’s health care system (Canadian Institutes of Health Research, 2008, p. 21). While Chapter 4 provides a more exhaustive account of the public involvement activities of federal health organizations, this chapter focuses on the two most significant areas for public involvement in the Canadian health context: the regional level, where public involvement efforts are focused more on direct service provision; and at the national level, where a few large-scale initiatives with a broad policy focus have been conducted.

Public Involvement in Regional Health Authorities (RHAs)

Over time, public involvement has become a priority for RHAs in many provinces. A 2002 national survey by the Canadian Center for Analysis of Regionalization and Health (CCARH) on the public involvement practices of RHAs found that the vast majority (90%) of respondents use a range of methods to foster citizen input in their decisions. The types of methods they use “identify a trend away from large, formal, and often confrontational, public hearings as a method of choice... towards smaller, less formal and more consultative processes” (Dickinson, 2004, p. 259). In terms of what public involvement is being used for, the CCRAH survey found that 70-80% of the respondents have involved the public primarily for goal/priority setting and service design purposes, while approximately 25% used it for resource allocation decisions. The survey also shed light on who is being targeted by RHAs: approximately 75% of respondents targeted patients and health service users and other stakeholder groups, while 64% involved broad-

based community organizations. Over 40% attempted to involve all of these groups (Dickinson, 2004, p. 259-260).

The survey found that the most common way for RHAs to gain public input was through their existing committees. For example, many RHAs in Nova Scotia, Quebec, and Saskatchewan have increased citizen representation on their committees or have established community-level advisory boards to legislate citizen input in regional health decisions, such as RHA business plans (Abelson & Gauvin, 2004, p. 26). Martin, Abelson & Singer support these methods, as they suggest that unless the public's contributions are actually embedded in the decision-making process over the long term, there is no way to guarantee that it is influencing it (Martin, Abelson & Singer, 2002, p. 224-225).

While this demonstrates the importance of "the regular structures and functioning of the RHAs themselves" (Dickinson, 2004, p. 260) in institutionalizing public involvement at the regional level, these types of efforts contrast with more proactive forms of public involvement. There are a number of issues, such as the hierarchical composition between professionals and citizens and the absence of public records, to suggest that the overreliance on RHA committees as a primary form of public involvement is insufficient. Additionally, citizen inclusion is often treated as a 'one-off' method, as few RHAs go beyond having citizens on their boards of trustees (Canadian Institutes of Health Research 2008, p. 21). As a result, Abelson and Eyles suggest that RHAs "have provided little scope for collaborative problem solving and caused the public to withdraw from their participatory activities, suggesting that 'if there is any crisis in health care, it is the governance of the health care system'" (Abelson & Eyles, 2004, p. 293).

Public Involvement at the National Level: Two Cases

Looking beyond RHAs, there are two prominent examples of large-scale, national public involvement initiatives from the health context that should be discussed.

National Forum on Health

Launched in October 1994, this initiative was aimed at providing advice to the Prime Minister on ways to improve Canada's health system, as well as the overall health outcomes for Canadians. This was largely in response to concerns emerging in the early 1990s around massive increases in public health spending, which occurred at the same time as significant reductions in federal health transfer payments to the provinces. As a result, many "Canadians were uncomfortable with the speed at which changes were taking place and believed that there was indeed a health care crisis in the country" (Wyman, Shulman & Ham, 1999, p. 18). As a result, The federal government established the Forum.

Public involvement was built into the Forum's mandate to complement its work in reviewing health policy in Canada and other jurisdictions. The public consultations were carried out in two phases. The first phase aimed at identifying key issues with Canadians. The study circle approach was used, which contrasts with 'traditional' focus groups because it is based on the "premise that citizens have a responsibility to become informed on an issue, as well as a right to comment on it" (Wyman, Shulman & Ham, 1999, p. 20). By the end, approximately 1300 Canadians participated in 71 study circle sessions. Additionally, a key stakeholder conference was held to discuss the Forum's key themes with over 200 participants.

The second phase of the Forum was designed to build upon the first phase by gathering feedback on the proposed directions and options. The consultation involved two regional conferences, which brought together over 200 citizens and stakeholders, and a telephone

survey that engaged individuals from the study circles who were not participating in the regional conferences, as well as 500 randomly selected citizens. This phase helped validate that “the Forum had done a good job of capturing and responding to the concerns, opinions and suggestions of Canadians... [there was also] a strong degree of consensus between the views of the public and stakeholders in both phases” (Wyman, Shulman & Ham, 1999, p. 22). While a number of important factors influenced the outcome, the 1999 federal budget was considered to be fairly responsive to the Forum’s key recommendations, especially in terms of ending the reduction of transfer payments to provinces for health care. However, some considered this to be a “mixed bag” outcome, as the structural problems within the health care system were seen to be more of an issue than funding (Wyman, Shulman & Ham, 1999, p. 22).

Royal Commission on the Future of Health Care in Canada

Also known as the Romanow Commission, this large-scale public involvement initiative represents one of the most comprehensive efforts to consult citizens about health care reform in any jurisdiction. Established in 2001, the Commission was tasked to “inquire into and undertake dialogue with Canadians’ and to recommend policies and measures to ensure over the longer term the sustainability of a universally, accessible and publicly funded health system” (Seidle, 2007, p. 87). The consultation process used a number of methods to engage the public and stakeholders, including open public hearings, nine expert workshops, three regional forums and twelve policy dialogue sessions with universities.

However, the most distinctive component of the process was the series of twelve ‘deliberative dialogues,’ which involved over 500 randomly selected citizens from different regions across the country. Based on the belief that the Commission’s work would benefit from using “a different way to tap into the voice of ordinary Canadians,” these deliberative dialogues utilized an innovative ‘Choicework’ methodology. Based on Yankelovich’s research around the impact of informed public judgment, participants were provided with a workbook, which presented four scenarios for a “revitalized health system” in Canada: more public investment, share the costs and responsibilities, increase private choice, and reorganize service delivery. The purpose of this design was to gather citizens’ perspectives after they had explored the tradeoffs and hard choices associated with these competing scenarios. According to the pre- and post-surveys of participants, the general consensus around the scenarios stayed the same (although the support for all scenarios increased to varying degrees): “reorganize service delivery” was still the highest-rated scenario, while “increased private choice” was the lowest. Seidle suggests that “the result [was] not a wish-list, but a pragmatic roadmap consistent with their [the participants’] values” (Seidle, 2007, p. 88).

3.3.2 Exploring the Challenges

In relation to other policy domains, the challenges for integrating public involvement are arguably more pronounced within the health context. As suggested by Wait and Nolte, the nature of health care itself provides a challenging context for public involvement, as “the public has less incentive to participate in key decisions than managers and providers, given the imbalance of interests as well as information... the fact that individuals contact with the health care system is usually involuntary, sporadic, and unplanned supports this view” (Wait & Nolte, 2006, p.155). Furthermore, Wait and Nolte claim that Canada’s tax-funded health care system provides an even more demanding environment for the expectations around public involvement. They suggest that “the experience of public involvement may be different in insurance-based health care systems, let alone in private health care markets, or indeed in any country where the policy environment is not dominated by themes of accountability, devolution, patients’ rights or rising consumerism” (Wait & Nolte, 2006, p. 158).

However, much of the literature indicates an even more fundamental challenge for public involvement in health policy decisions: the reluctance to engage citizens in what is traditionally a science-based field, whereby policy development relies heavily on medical expertise. This challenge reflects the public service's reluctance (discussed in the previous section). Louis Albrechts calls this type of issue the "challenge of difference" for public involvement, where "in many places there is a pervasive struggle in the realm of governance between pluralistic democratic tendencies, which seek to acknowledge a wide range of stakeholders, and technocorporate tendencies" (Albrechts, 2003, p. 18). In these types of environments, the use of participatory forms of decision-making often conflicts with the notion that decisions must be informed by technical knowledge, which most citizens do not have.

However, a wide range of literature suggests that public involvement is not opposed to the health context. In fact, leveraging the views of citizens is often seen as complementary to policy decisions, especially when considering what the 'citizen' represents within the health context. CIHR suggests that citizens "are not only interested representatives of the general public, but are also consumers of health services, patients, caregivers, advocates and representatives of various community and voluntary health organizations" (Canadian Institutes of Health Research, 2011). These various contexts provide a very comprehensive rationale for having citizens inform health policy decisions.

As discussed in the previous chapter, Lenihan's emphasis on more holistic policy approaches applies to the health context as well. In his view, public health is an increasingly crosscutting issue, requiring a broad-based approach that looks at more than just health indicators exclusively. As Lenihan describes:

"[It] takes more than good hospitals, well-trained doctors, pharmaceuticals or universal access to the health care system. Building a healthy community requires an informed and engaged public who are ready, willing and able to take some real responsibility for promoting their own health through, for example, proper nutrition, exercise and work-life balance" (Lenihan, 2012, p. 40).

The literature suggests that the key to moving beyond the reluctance for public involvement is reframing how organizations think about their approach to addressing public health problems. As Kreuter et al. suggests, this requires broadening their perspective: "to solve complex public health problems while sustaining their traditional commitment to sound scientific analysis and assessment, researchers and practitioners must realize that problem solving is as much a social and political process as it is a scientific endeavour" (Kreuter et al., 2004, p. 441). In this view, value exploration by citizens can be a critical complement for decision-making processes.

The contributions of citizens and experts do not have to be mutually exclusive. One of the emerging best practices for integrating public involvement into the policymaking environment is to engage both parties, as they provide unique contributions to the overall engagement process. In most cases, citizens can provide valuable experiential insight into an issue. For example, they can be engaged early in the engagement process to describe their recent experience with an outdated medical device. In contrast, experts can be consulted later in the process to provide the specialized technical perspective needed to improve the current medical device or to develop a new model (Day, 1997, p. 432). This example helps illustrate one of the most compelling arguments in support of public involvement, which is "that value judgments are made at all stages of the risk management process... the implication is that the public is theoretically able to play a role in risk management at most, if not all stages" (Rowe & Frewer, 2000, p. 5). In this view, the reluctance to engage citizens in health policy decisions can be tempered when public involvement activities are built on value-based deliberations.

Learning about citizens' values, which are usually more experiential than scientific, is often framed as the key contribution to the development of effective health policy. The CIHR *Framework for Citizen Engagement* explains that citizens should "not [be] expected to be objective scientific experts... [rather they] are experts in the lived experience of using the health care system and offer insight into the values and beliefs of the public at large" (Canadian Institutes of Health Research, 2008, p. 24). Lenihan supports this view, suggesting that "in the end, lived experience is the touchstone of successful dialogue. It is the authoritative guide for deciding which connections matter most" (Lenihan, 2009, p. 37). In this view, citizens can provide a valuable perspective that may otherwise be overlooked when consultations are focused only on engaging those with specialized knowledge in a field.

A recent example of an engagement process built largely around value-based discussions was conducted by the Mental Health Commission of Canada (MHCC) in 2009. The MHCC sought public and stakeholder input on its draft Framework for a national mental health strategy, with one of the key target groups being individuals with the lived experience of mental health issues. After engaging approximately 450 individuals through a series of in-person regional dialogues, as well as over 1700 individuals and 300 stakeholder groups through an online consultation process, the MHCC revised the Framework to respond to the feedback they received (Ascentum, 2009, p. iii-iv). As a result, the document was changed in various ways to reflect the values and perspectives of those with lived experience, as well as their families and friends. For example, in addition to revising the Framework's goals, some key concepts like "family" and "recovery" were reframed to better reflect the reality of those living with mental health issues. This is because many participants felt that they needed to be much more nuanced than they appeared in the Framework (Ascentum, 2009, p. 85-86).

However, it is important to recognize that eliciting the public's values can be difficult. Not only is there a range of values to consider, but values exist in varying contexts (e.g. individual vs. group). Additionally, Abelson and Eyles suggest that there is a "complicated relationship between public values, social institutions and changing political discourse" (Abelson & Eyles, 2004, p. 284), which can impact one another in complex ways. They suggest that studies on "Canadians' eroding confidence in the health care system, the 'future sustainability' of the health care system and attitudes toward the expansion of insured health services or toward increased privatization" (Abelson & Eyles, 2004, p. 284) greatly influences public opinion on these issues.

Section Summary

This section focuses on public involvement in the health context. Much of the history of involving citizens in Canada's health system dates back to the reform agenda that emerged in the 1970s, which focused largely on the devolution of decision-making power to local level authorities for the purpose of achieving greater service efficiency. Through this localization, RHAs in Canada have been particularly active in public involvement, while efforts at the federal level have been clearly lacking. However, there are some notable examples of large-scale, national initiatives, including the *National Forum on Health* and the *Royal Commission on the Future of Health Care in Canada*.

This section also discusses how the challenges associated with integrating public involvement in federal government organizations are arguably more pronounced within the health context. For example, the literature suggests that there is much reluctance to involve citizens in a field that is traditionally thought of as science-based and expert-driven. However, the literature also explains how citizen input can effectively complement health policy when combined with other types of input. In many ways, fostering support for public involvement within federal health organizations requires reframing how public health problems can be addressed, particularly in

terms of highlighting the importance of social changes in addition to developments in scientific knowledge and technology. The value in involving citizens is gaining important experiential knowledge of health issues, as well as getting a sense of the public's values as it relates to the health system overall.

CHAPTER 4: ENVIRONMENTAL SCAN

4.1 Health Canada

Key Public Involvement Documents

Health Canada's public involvement policy is outlined in the *Policy Toolkit for Public Involvement in Decision Making* (the Policy Toolkit), which was developed in 2000. This document articulates a vision statement and set of principles for using public involvement to support the department's mandate. As shown below, the wording reflects all five of the public involvement effectiveness criteria outlined in Chapter 3 (representativeness, transparency, informed participation, dialogue, and incorporation of values/beliefs into the discussion).

- **Vision Statement:** "Canadians are informed on health issues and engaged on key federal decisions that affect health" (Health Canada, 2000, p. 11).
- **Principles:**
 - "Health Canada is committed to public involvement which is integral to decision making and providing quality service.
 - Health Canada's public involvement activities improve knowledge and understanding of health issues through dialogue.
 - Health Canada is open to hearing the views of Canadians and providing timely feedback on the outcomes of dialogue.
 - Health Canada's public involvement activities reflect the diversity of Canadians' values and needs and are transparent, accessible and coordinated.
 - Health Canada provides guidance and ensures access to learning opportunities in support of employees' responsibility and accountability for planning, designing, implementing and evaluating public involvement initiatives" (Health Canada, 2000, p. 11).

The Policy Toolkit is a document targeted at employees conducting public involvement on behalf of the department, as it speaks to both theoretical and practical applications. First, the document outlines a set of public involvement guidelines, which outline a number of important considerations that should be addressed in the initial planning stages of any public involvement initiative. The guidelines have been divided into the following categories, all of which contain relevant, practical information:

- *Operating rules:* a set of best practices for public involvement, including a well-defined purpose and objectives, clear context within which decisions will be made, no predetermination for outcomes, and appropriate resource commitments.
- *Planning process overview:* a six-point public involvement planning process, outlined in the form of a planning checklist and list of key success factors.
- *Who should be involved?:* a set of guidelines for identifying which "publics" and stakeholders the department should involve in the policy and program planning processes for a given issue (or set of issues). The focus is on achieving appropriate representation while maximizing the efficiency and coordination of departmental resources.
- *Matching actions to needs:* a chart that lists a number of public involvement techniques and categorizes them along the five levels of public involvement identified by the

department. This is intended to help employees determine most appropriate technique(s) for their project.

- *Lessons learned*: a list of lessons, based on past experience, that employees should consider when conducting public involvement. These are similar to *operating rules*, but more high-level.

The Policy Toolkit also provides an in-depth analysis of Health Canada's Public Involvement Continuum. This model is similar to the Shand-Arnberg Continuum (Figure 2), as they both frame public involvement along a five-point scale. However, the scope of Health Canada's model has been more narrowly defined. For example, the Health Canada identifies the highest level of public involvement as partnership, while the Shand-Arnberg Continuum frames partnership as the mid-point in its continuum. Additionally, the Policy Toolkit outlines the following components (pertaining to each of the different levels): the types of situations where Health Canada should be seeking to involve the public, a detailed case study based on past departmental experience, and a set of involvement techniques that could be used. The type of information is valuable for the Department's employees because it provides a practical application for public involvement that could be highly relevant to their work.

It should also be noted that Health Canada's Health Products and Food Branch (HPFB) has played a significant role in integrating public involvement into the Department. As the federal regulatory authority for health products and food, the HPFB recognized that it could benefit from improved interaction with the public. As a result, it created the Office of Consumer and Public Involvement (OCAPI), which acts as a centre of expertise for public involvement, with the aim of engaging Canadians on any issues around the safety and quality of health products before they reach the market. Since its creation, OCAPI has worked closely with HPFB and other Branches in developing and implementing public and stakeholder involvement initiatives on a wide range of issues. OCAPI supports approximately 100 public involvement activities every year across the Department (Health Canada, 2005).

Another key resource is the *Public Involvement Framework* (the Framework), which was developed by HPFB. Its goal is to help employees design and implement public involvement activities that cover the full range of HPFB's responsibilities. But more specifically, the rationale for the Framework is based on the need to respond to increasingly advanced science and technology. It is suggested that "the Branch needs to be able to address these new technologies in terms of both regulatory approaches and ensuring access to knowledge and expertise. This can be done only with a greater emphasis on engaging and working with the diverse interests of many stakeholders" (Health Products and Food Branch, 2005, p. 5).

Though closely aligned with the Policy Toolkit, the Framework is designed specifically for HPFB employees. In addition to outlining HPFB's vision statement, guiding principles and rationale for public involvement, the Framework outlines the Branch-specific context for these types of activities. This includes an overview of current public involvement activities, ongoing mechanisms (largely consisting of advisory committees and regulatory bilateral/ association meetings), and stakeholder relations. Additionally, the Framework outlines the HPFB's roles and responsibilities, particularly in terms of the accountability of different parties as it relates to public involvement (Health Products and Food Branch, 2005, p. 1).

Overview of Public Involvement Activities

The majority of Health Canada's public involvement activities are regulatory consultations. The Department has a dedicated webpage that acts as an information hub for the public to learn more about its regular public involvement activities. The webpage contains a Consultation

Services Calendar, which outlines past and current consultations in a highly accessible format. The Calendar categorizes consultations into 11 different categories to cover the range of Departmental responsibilities. To illustrate the nature of Health Canada's public involvement activities, the following table shows all of the consultations that were initiated within a 6-month period, from January to June 2011.

Table 2: Health Canada's Overview of Public Involvement Activities

Subject	Branch Lead	Type of Consultation	Target Audience	Timeframe (approx. duration)
Category: Drugs and Health Products				
Quality Management System Audit Reports	Health Products and Food Branch	Online for feedback	Multiple stakeholders	January 7 – March 8 2011
Hepatotoxicity of Health Products	Health Products and Food Branch	Online for feedback	Multiple stakeholders	February 16 – May 17 2011
Medical Device Program	Health Products and Food Branch	In-person and online technical consultation	Multiple stakeholders	March 11 – March 25 2011
Notifiable Change for Pharmaceuticals	Health Products and Food Branch	Online for feedback	Multiple stakeholders	March 21 – April 22
Adding Medicinal Ingredients to Food and Drug Regulations	Health Products and Food Branch	Online and mailout for feedback	Multiple stakeholders	March 27 – June 13 2011, June 22 – Oct 13 2011
License Applications for Medical Devices	Health Products and Food Branch	Online for feedback	Multiple stakeholders	June 13 – August 12 2011
Improving Medical Marijuana Access Program	Healthy Environments and Consumer Safety Branch	Online for feedback	General public	June 17 – July 31 2011
Category: Environmental and Workplace Health				
Revising Drinking Water Guidelines (Heterotrophic Plate Counts)	Healthy Environments and Consumer Safety Branch	Online technical consultation	Multiple stakeholders	March 22 – May 22 2011
Category: Healthy Living				
Cigarettes and Little Cigars Labeling	Health Products and Food Branch	Online for feedback	Health professionals	January 6 – April 15 2011
Amending Tobacco Products Information Regulations (Toxic Emissions)	Healthy Environments and Consumer Safety Branch	Online public forum	General public	February 19 – May 5 2011
Promotion of Tobacco Products Regulations (Prohibited Terms)	Healthy Environments and Consumer Safety Branch	Online public forum	General public	February 19 – May 5 2011
Category: Food and Nutrition				
Nutrition Recommendations for Healthy Term Infants	Health Products and Food Branch	Online for feedback	Health professionals	January 6 – April 15 2011

This sample provides some key insights into Health Canada's public involvement activities. First, most consultations were targeted at a mix of stakeholders, which includes federal and provincial government, non-governmental organizations, health professionals and institutions, industry, patient and consumer groups, and academia. However, only a few of the consultations

were directed exclusively at the general public during this period. Second, almost all of the consultations in this sample were conducted online, where the involvement process usually consists of encouraging participants to read a background document (available on the website) before submitting their comments to the department via e-mail, fax or mail. Third, the focus on comments submission limited most of these consultations to one-way interactions with the public, rather than facilitating dialogue between the Department and participants, or between participants themselves. Fourth, while there was very little evidence of reporting the results of these consultations to participants or the wider public. However, it should be noted that these conclusions have been taken from a limited sample of consultations, and may not be broadly representative of all of Health Canada's public involvement activities.

4.2 Public Health Agency of Canada

Key Public Involvement Documents

The Public Health Agency of Canada (PHAC) outlines its public involvement policy in the *Public Involvement Framework: Involving the Public in Public Health Decision Making* (the Framework), which was developed in 2009 (but has undergone further revision). This document outlines the theoretical basis for public involvement within PHAC, and explains how it fits into the Agency's work. The Framework is designed to help PHAC employees determine whether public involvement is appropriate for the given situation, and then to help them identify what the most appropriate approach is (PHAC, 2009, p. 2). PHAC is also in the final stages of finalizing the *Public Involvement Handbook* (the Handbook), which will act as a companion document to the Framework. In contrast to the conceptual focus of the Framework, the Handbook will outline the practical application of public involvement for the Agency. For example, it provides greater detail on the actual planning process for a public involvement initiative.

The Framework articulates the following value statement and principles for public involvement. In relation to the five public involvement criteria outlined in Chapter 3, these items focus most on informed participation and representativeness (through inclusivity).

- **Value Statement:** “Public involvement contributes to PHAC’s ability to make decisions and policies that are robust, trusted and acceptable to the public. Ultimately, public involvement strengthens the effectiveness of the Agency’s policies, programs and actions to promote and protect public health” (PHAC, 2009, p. 3).
- **Principles:**
 - **Proactive:** The proactive principle means involving the right publics at the right time to ensure their participation will have the appropriate impact on decisions. Making sure decision makers and policy/ program staff within the organization are actively involved in the process.
 - **Informative:** The informative principle requires the provision of sufficient and accessible background information to allow the publics to participate fully and in an informed way in the public involvement activities.
 - **Genuine:** The genuine principle requires communicating a clear commitment on the proposed purpose and the use of the public’s input and providing feedback to participants on the findings and outcomes of public involvement activities and the resulting decisions.
 - **Inclusive:** The inclusive principle requires making proactive efforts to reach a diversity of participants and perspectives. This requires building in accessibility through clear, user-friendly content and attention to potential barriers to participation” (PHAC, 2009, p. 5).

One distinguishing component of the Framework is The Overview Model, which is a decision-making tool built around the key questions that employees should consider when undertaking public involvement on behalf of the Agency. The model itself consists of nine smaller sub-models to help employees identify the “why, when and how” of a potential public involvement initiative. The following table summarizes the content of the Overview Model.

Table 3: Health Canada’s Overview Model

<p>Why?</p>	<p>The value of public involvement: A flow chart demonstrating how public involvement initiatives can lead to more effective policies, programs and actions for PHAC.</p>	<p>What is the trigger for public involvement? A figure with eight different rationales, including new policy/ strategy/ program, public demand, and risk management.</p>	<p>How will decision makers use the input? A list of seven ways that public input can be used, such as providing a relative ordering of public values/ priorities on an issue, complementing/ directing scientific research, and developing clear and effective messaging.</p>
<p>When?</p>	<p>Is there an opportunity for the public to inform a decision? Are other forms of public interaction needed? A figure that maps out different forms of public interaction, including public education and social marketing and public opinion research.</p>	<p>At which stage of the decision making lifecycle will public involvement be appropriate? A circular model that illustrates a nine-step decision-making lifecycle, starting with monitoring and ending with evaluating the decision.</p>	<p>Which ‘publics’ should be involved when? A matrix model that distinguishes between four ‘publics’: primary groups, secondary groups, affected population, and general population.</p>
<p>How?</p>	<p>Which type of public contribution will be useful? A triangle model that outlines four types of contributions: suggesting, validating, reconciling, and exploring ideas.</p>	<p>What design considerations will facilitate appropriate public involvement? A figure that outlines the three different basic designs in terms of conversation: listening (one-way), discussion (two-way), and dialogue (multi-way).</p>	<p>The PI initiative may be a project within a project: A model demonstrating how a public involvement initiative for a specific policy/ programming decision can be part of a larger PHAC initiative.</p>

The Overview Model demonstrates PHAC’s focus on developing public involvement initiatives that are tailored to a particular context, rather than a ‘one-size-fits all’ approach. Each question represents a decision point that will ultimately impact the design and implementation of the public involvement approach. As stated in the Framework, the value in the Model is that “this visual depiction can serve as a reminder of the importance of reviewing the key considerations to ensure that each public involvement initiative is conceived and developed to suit the particular context” (PHAC, 2009, p. 6).

Overview of Public Involvement Activities

PHAC has, “since its inception, involved its publics in many decisions, relating to its policies and programs, as well as to its central functions and goals... involving the public often comes so naturally in the work of the Agency; it may not even be recognized by its formal name” (PHAC, 2009, p. 1). However, the information available on past and current consultations seems to be lacking, or at least difficult to access when compared to Health Canada’s website. Additionally, PHAC’s public involvement activities are different by nature, largely due to the Agency’s mandate, which is typically less focused on regulations. As a result, their public involvement activities seem to be less frequent, but much broader in scope.

Only a few consultations were held in the past year, the most notable of which was *Our Health Our Future: A National Dialogue on Healthy Weights* (which the client for this report was involved with). Conducted between March and September 2011, this was a large-scale national consultation on determining future actions for addressing increasing childhood obesity rates in Canada. Additionally, the Agency recognized that a significant component of this would be simply initiating a national dialogue on this issue. Because the focus of this consultation was much broader than just regulatory change, the public and stakeholder involvement approach was much more comprehensive than most federal government consultations.

The approach consisted of both in-person and online engagement methods, both of which were fairly robust. Taken together, this included 20 in-person dialogue events (which used a combination of interactive polling, small discussion groups, and plenary dialogues), a highly interactive website that included an Idea Forum and Submissions Area, and a social media presence of Facebook and Twitter. As a result, there were multiple opportunities for participants to have a dialogue with the Agency, as well as with each other. Outreach was very representative for two reasons. First, participation was geographically representative, as the in-person events were held in 13 different cities across Canada (ranging from St. John’s to Whitehorse) and the online engagement methods garnered participation from individuals living in each province and territory. Second, a wide range of highly stakeholders to the issue of childhood obesity were engaged. The in-person engagement process targeted each of the following groups: P/T stakeholders, health care practitioners, non-profit health organizations, caregivers, industry, academics and researchers, Aboriginal peoples, industry, media, and youth (Public Health Agency of Canada, 2012a). After the process was completed, the consultation report was made available online, which outlined the specifics of the engagement process, participation profile, summary of results, and key findings.

While more comprehensive information on PHAC’s public involvement efforts as an organization is lacking, further research shows that the Agency is in the process of conducting a regulatory-based consultation on the development of a framework for implementing the Human Pathogens and Toxins Act (HPTA). With a projected timeframe of September 2010 to November 2014, this initiative follows a multi-phased process that includes targeted stakeholder workshops, online engagement (e.g. workbooks), and feedback on the draft regulations and policy instruments proposed (Public Health Agency of Canada, 2012b). The web-based components of the involvement process were recently completed, which provided participants with the opportunity to learn about the issue (via six video-based modules) and complete a web-based questionnaire (Public Health Agency of Canada, 2012c).

4.3 Canadian Institutes of Health Research

Key Public Involvement Documents

Similar to PHAC, the Canadian Institutes of Health Research (CIHR) uses two key documents to outline its public involvement policy. The first is the *Framework for Citizen Engagement* (the Framework), which was developed in 2008 by the Partnerships and Citizen Engagement (PCE) Branch. The goal was to guide the development of “a cohesive and consistent approach to engaging citizens in its research process... [and] to ensure that funded research reflects the needs and values of Canadians” (CIHR, 2008, p. 5). Similar to the key public involvement documents for Health Canada and PHAC, CIHR’s Framework outlines a value statement and set of principles to guide the organization’s public involvement efforts. As shown below, these statements reflect two of the public involvement effectiveness criteria (transparency, informed participation) outlined in Chapter 3.

- **Value Statement:** “CIHR values the engagement of citizens in governance, research priority setting, developing its strategic plans and strategic directions and as an effective means of improving the relevance and translation of research into practice and policy. Ultimately, this will contribute to improving citizens’ quality of life, more effective health services and products and a strengthened Canadian health-care system” (CIHR, 2008, p. 6)
- **Principles:**
 - “Working with citizens will add value to the program or project.
 - Mutual learning/understanding will build trust and credibility.
 - Openness will enhance transparency and accountability.
 - CIHR will be inclusive in its approach to citizen engagement.
 - Citizens will be supported to ensure their full participation” (CIHR, 2008, p. 6)

The CIHR uses Health Canada’s Public Involvement Continuum as the model for its own public involvement policy. However, the CIHR places a more explicit emphasis on the higher levels of the continuum. This is largely in response to an internal survey conducted with the CIHR’s Institutes and Branches. The findings suggested that the organization may be active in engaging citizens in a variety of ways, but 80% of these activities are clustered around the three lowest levels of the continuum. These levels include informing or educating, gathering information, and discussion; rather than promoting longer-term engagement with the public. Additionally, the Framework outlines the following four areas of focus for seeking input from citizens: membership roles on boards and committees; informing strategic plans, priorities, policies and guidelines; knowledge dissemination/public outreach; and research priority setting/integrated knowledge translation (CIHR, 2008, p. 12).

Similar to Health Canada and PHAC, the CIHR Framework also outlines the context for its public involvement efforts, but with a focus on its role as a health research organization. For example, the CIHR’s research approach focuses on “integrated knowledge translation” (iKT), or collaborative research, which “brings together researchers and research users to shape the research process... [to] produce research findings that are more likely to be relevant to and used by the end users” (CIHR, 2008, p. 1). As a result, CIHR is focused on not just gaining specific input, but maintaining relationships with its stakeholders over the long-term in a way that is mutually beneficial for both its own work and the public’s interest.

The CIHR’s second key public involvement document is the *Citizen Engagement Handbook* (the Handbook), which acts as a companion resource to the Framework (similar to PHAC’s key

public involvement documents). With the goal of introducing “CIHR staff to the breadth of considerations to take into account as they plan their own CE activities,” the Handbook has a more practical focus than the Framework. CIHR are instructed to read both the Framework and chapters 1-3 of the Handbook, which provides useful planning information, before planning for public involvement in one of the CIHR’s four focus areas. The Handbook also outlines the Citizen Engagement Decision Tree Model, which serves as a decision-making tool similar to PHAC’s Overview Model. The goal is to help CIHR employees clarify their public involvement objectives and tailor an effective strategy based on the identification of the most appropriate public involvement approach given specific circumstances. Since planning for a public involvement initiative can be a daunting task for those new to the field, CIHR’s Handbook “has broken down the CE planning process into manageable pieces that enable will you to construct your plan with confidence” (CIHR, 2008, p. 13). The Handbook then outlines a number of important planning considerations, which is intended to help CIHR employees move forward after working through the Decision Tree Model. This section is not designed to be a thoroughly detailed planning and implementation guide; rather, it “has been developed to help you plan ahead and anticipate challenges as you move forward with your CE [citizen engagement] design” (CIHR, 2009, p. 39).

However, the most distinctive components of the Handbook are chapters 4-7, which provide an in-depth overview of each of the four CIHR focus areas for citizen engagement. Each chapter outlines the context and rationale for each focus area as it relates to CIHR, as well as the types of activities that can fall under each one. Case studies drawn from past experience are provided to help demonstrate the implementation process, lessons learned, and ultimate value of such efforts for CIHR. For example, one of the chapters discusses the implementation a new strategic funding program for research on environmental impacts on health, to demonstrate how CIHR employees can apply the Decision Tree Model to their work within the organization.

Overview of Public Involvement Activities

CIHR’s role, which differs from Health Canada and PHAC, gives the organization a distinct rationale for engaging citizens. As stated in the Handbook, “out of CIHR, most examples of citizen engagement (especially in government settings) involve policy development... since CIHR is a health research funder, it may be difficult to imagine how the policies, guidelines, and strategic priorities that we develop match up” to other federal health organizations (CIHR, 2009, p. 57). In contrast to Health Canada, CIHR does not conduct regular consultations around the regulatory aspects of health policy. Rather, its efforts are more focused on building long-term arrangements aimed at formulating “a better understanding of the values and needs of Canadians in order to adapt health research methods and priorities accordingly” (CIHR, 2010). Overall, CIHR’s public involvement efforts fall under four focus areas. In relation to the public involvement criteria, these areas focus on increasing the organization’s transparency by involving citizens more directly in their governance and operations, while also promoting informed participation through outreach activities designed for knowledge dissemination.

The first focus area is representation on CIHR’s Boards and Committees, with the aim of involving citizens in the organization’s governance. As a result, CIHR has established an average of two membership roles for citizens in each of its Institute Advisory Boards (IABs). The IABs advise the Scientific Directors of each of CIHR’s 13 Institutes, which consist of networks of researchers focused on specific research areas, such as cancer, circulatory and respiratory health, and neurosciences, mental health and addiction.

CIHR’s second focus area for citizen engagement is in developing corporate strategic plans, priorities, policies, and guidelines. This is the area where CIHR’s engagement efforts most

closely reflect the traditional forms of public involvement, as the organization “has used a variety of techniques for receiving input, such as broad-based surveys; face-to-face meetings with targeted audiences; stakeholder forums; workshops; telephone surveys; focus groups; online consultations using web surveys; and small group dialogue sessions” (CIHR, 2010). Information on current consultations of this nature is not readily available, as they are conducted largely on an ad-hoc basis. However, one notable example is the consultations that were conducted in September 2007 for the CIHR’s Institute of Aging forum on the issue of mobility in aging. The consultation process consisted of a dialogue event with small break-out groups, where a diverse range of participants shared best practices and experiences, with the purpose of building opportunities for collaboration to address the issue through research across multiple sectors (CIHR, 2009, p. 58). There is also some evidence of assessment, as the summary report provides recommendations for improving future consultations.

The third focus area for citizen engagement is research priority setting and integrated knowledge translation (iKT). The goal is to create more participatory research opportunities, which leverage collaboration between researchers and citizens. The rationale is that strengthened relationships between the two will be mutually beneficial, as researchers can leverage citizen input on proposed research, while the direct involvement of citizens in the research process will help empower communities (CIHR, 2009, p. 67). CIHR has developed a number of funding streams to bring researchers and citizens together. One of the most successful examples is CIHR’s HIV/AIDS Community-Based Research (CBR) Program, which focuses on building the capacity “for research within community service organizations by linking them with new research students, funding capacity-building workshops, funding community-based research facilitators who work with organizations in their region” (CIHR, 2009, p. 73).

The fourth and final focus area for citizen engagement is knowledge dissemination and public outreach. While these types of activities are not typically considered to be citizen engagement, they represent two important functions for the CIHR’s external communications. In terms of knowledge dissemination, the CIHR’s Knowledge Translation Branch has developed a number of educational resources, including knowledge translation learning modules and casebooks, to help encourage collaboration between researchers and citizens to collaborate. Similarly, the CIHR’s Communications & Public Outreach Branch has developed a range of opportunities to improve the organization’s citizen engagement capacity.

For example, the Café Scientifique program gives interested citizens access to researchers and specialists in an open, informal setting to discuss the latest scientific research on a given health-related issue. Cafés are conducted regularly in different cities across the country on a wide range of issues, such as genetic disease within First Nations communities, schizophrenia and social stigma, challenges for family caregivers, improving communications in the health care system, and exploring approaches to tobacco control. Additionally, CIHR frequently conducts cafés with organizations they have partnered with, such as the universities (e.g. University of Victoria, Queen’s University, Dalhousie University) and health/research organizations (e.g. Hospital for Sick Children, Ontario Institute for Cancer Research).

Chapter Summary

The chapter provides an overview of key public involvement documents and activities from three organizations: Health Canada, the Public Health Agency of Canada (PHAC), and the Canadian Institutes of Health Research (CIHR). In terms of the documents, all of the organizations are similar in that they outline many of the public involvement best practices outlined in the literature. Additionally, all of the resources have been developed in a way to help employees develop both a theoretical and practical understanding of public involvement. These resources

help articulate the value of involving the public which helps emphasize its overall relevance for employees. As a result, these resources are key components for capacity building within the three organizations. Comparatively, two of the organizations provide specific detail on adapting public involvement within the organizational context: Health Canada's Framework has been designed specifically for employees in the Health Products and Food Branch (HPFB), while both of the CIHR's resources promote various public involvement activities that relate to its unique role as a health research organization.

The environmental scan of public involvement activities revealed a lack of robust information from all three organizations (though to varying degrees), particularly in terms of detailed reporting on the processes and results of their activities. This presented a significant challenge for the analysis provided in this report. However, some conclusions can be drawn from the available information. Overall, the three organizations demonstrate a fairly wide range of efforts, which have been shaped by their respective mandates.

For example, Health Canada frequently conducts consultations to inform their regulatory policy decisions. These usually involve a mix of stakeholders, not just the general public. In contrast, CIHR's activities focus more on eliciting citizens' values, with the aim of identifying Canadians' needs around health research priorities. As a result, their public involvement activities have a much broader focus than regulations and are relatively more varied (e.g. committee memberships, community-based research, informal learning opportunities). PHAC's efforts are also more broadly focused, although the environmental scan showed that information on the Agency's activities is less readily available compared to Health Canada and CIHR. However, the *Our Health Our Future: A National Dialogue on Healthy Weights* project demonstrated an understanding of some public involvement best practices.

CHAPTER 5: KEY INFORMANT INTERVIEWS

5.1 Profile of Respondents

In total, six federal government employees participated in the key informant interviews. All respondents participated in the interviews under the condition that their feedback would be attributed only to their position and organization, not to them specifically. To provide context for the findings, a brief description of the respondents and their experience with public involvement is provided below. Pseudonyms have been assigned to each individual to protect their anonymity.

Health Canada: Two telephone interviews were conducted in May 2011. The first was with **Sabrina**, a **Regional Director** responsible for the outreach and stakeholder engagement relating to a number of programs in her region. Prior to this, she worked with the department's Office of Consumer and Public Involvement (OCAPI) between 2001 and 2007. In this position, she focused on developing the organizational capacity for public involvement in the Health Products and Food Branch (HPFB), as well as helping develop some of the department's key public involvement documents (outlined in Chapter 3). Sabrina noted that much of her feedback is based on her past experience with OCAPI, rather than her current position. The second interview was with **Lisa**, a **Director** of OCAPI who provides advice and support in planning, conducting and occasionally evaluating public involvement activities to inform the program delivery in many different areas, including food safety, nutrition, and pharmaceuticals. Although Lisa was not working with OCAPI when Health Canada's key public involvements were developed, she leads a team that was heavily involved in these efforts.

Public Health Agency of Canada: Two in-person interviews were conducted in October 2011. The first was with **Cheryl**, a **Senior Communications Advisor** with the Communications Directorate. Her recent experience included the *Our Health Our Future: A National Dialogue on Healthy Weights* project, where she helped identify and recruit participants for the stakeholder dialogues, provided strategic advice on issue framing and messaging, and coordinated logistics. Cheryl was not involved with the development of the PHAC's *Public Involvement Framework*, but has past experience working on a similar document that framed organizational decision-making processes around public involvement. The second interview was with **Morgan**, a **Communications Advisor** that works with PHAC's public involvement team. In this position, she advises her colleagues on the best practices relating to public involvement, and also helps lead priority consultations for the Agency. Prior to holding this position, Morgan worked as a consultant in the field of public involvement. While she was not with PHAC during the initial development of its *Framework*, she has worked on refining it, as well as coordinating the production of the *Public Involvement Handbook* as a companion piece.

Canadian Institutes of Health Research (CIHR): One in-person interview was conducted in April 2011 with both respondents. **Sophia** is a **Senior Advisor** and **Chloe** is a **Project Officer**, both working in the Partnerships and Citizen Engagement Branch of CIHR. Sophia coordinated two major projects (i.e. internal scan of activities within CIHR, external scan of activities of other health research organizations) to help integrate public involvement within CIHR, with Chloe providing research and analysis support. The information gained from these projects, along with feedback from CIHR staff, was used to develop the *Framework for Citizen Engagement*. As a part of CIHR's Three-Year Implementation Plan for 2010-2013 (which includes a focus on public involvement), Sophia and Chloe continue to be heavily involved in internal capacity building

efforts within the organization, which includes coordinating training sessions for employees and developing/refining resources.

5.2 Development of Public Involvement Resources

Initial Drivers

Initial discussions around the integration of public involvement practices in Health Canada were driven largely by a crisis that emerged in the late 1970s – the tainted blood scandal. As thousands of Canadians began contracting HIV and Hepatitis C as a result of contaminated blood, Sabrina suggested that “it became clear that the decision-making processes for the regulation of products were like a big black box for everyone.” Momentum built even further in 1993 with the establishment of the Royal Commission of Inquiry on the Blood System in Canada, or the Krever Inquiry. This public inquiry concluded, among many things, that the public needed to be more involved in the decision-making processes of Canada’s blood system.

Additionally, both respondents spoke to a wider context that drove public involvement activities within the organization. Not only were there increased public expectations for involvement, but the environment in which Health Canada, and more specifically the HPFB operates. Lisa stated that, “compared to other branches... we are much more under the microscope because of the power of the pharmaceutical industry and the perception that they’re going to influence the outcome of our evaluations.” In her view, this high level of public scrutiny is the reason why HPFB has advanced much faster in terms of public involvement practices than other branches in Health Canada.

In the case of the Public Health Agency of Canada (PHAC), public involvement was valued at the organization’s inception. For example, one of the Agency’s first public and stakeholder involvement initiatives was a national consultation on public health goals, which had a significant impact on its activities moving forward. Cheryl felt that the main rationale for public involvement was to improve the Agency’s stakeholder relations. She explained that, “what I’m experiencing within the communications environment is in some ways a complete lack of stakeholder relationships for certain sectors.” She provided the example of a recent dialogue with industry groups, who began by going directly to PHAC’s senior management, rather than working with the communications team. According to the Cheryl, this reflects the need to improve internal linkages within PHAC, particularly between policy, programs and communications. As she suggested, “it’s a matter of a consistent message back to stakeholders across the board in terms of how you interact with them... when we hear that a stakeholder doesn’t feel engaged and feel that they’re not being heard by us, we have an issue.”

For the Canadian Institutes of Health Research (CIHR), the initial drivers were related to the desire for a certain type of approach to research, which required an open governance structure. When it was established in 2000, there was a concerted effort to conduct health research in a more comprehensive way. As a result, the focus was on multi-disciplinary research, which meant bringing together a number of different research themes. While biomedical research was previously dominant, the creation of the CIHR signaled a much broader approach that would incorporate themes such as health services and population public health. As Sophia explained, “right from the beginning of CIHR... we could see that there was already that kind of intent to bring in not just the research community, but the policymakers, the regional health decision makers and community representatives. So that was already mandated in their terms of references.”

CIHR conducts research through a system that consists of 13 “virtual institutes.” This structure helped build the foundation for public involvement within the organization, as many of the institutes have long-term collaboration for co-funding research with various voluntary sector organizations and patient groups. Additionally, CIHR’s senior management have been supportive of efforts to formalize public involvement practices. For example, in 2007 a CIHR Vice-President expressed interest in making a more systematic effort to integrate citizens in the organization’s work across different objectives. According to the Sophia, this was a significant factor in driving the development of CIHR’s *Framework for Citizen Engagement*.

In terms of external drivers, the work of other health research funding agencies internationally helped push development of public involvement resources in CIHR. For example, the U.K.’s Medical Research Council has had a long-established citizens’ advisory panel, and includes public involvement caveats in their research applications. As Chloe explained, “we saw all of these examples, and I think that was a good push to say ‘play, as an organization we are lagging behind here in Canada.’”

First Steps

In developing public involvement resources, Health Canada began by conducting extensive research into international best practices. Both respondents spoke to the value of using resources from experts in the field, including the International Association for Public Participation (IAP2) and the National Coalition on Dialogue and Deliberation (NCDD), as references. Additionally, Health Canada used training to complement the ongoing development of resources. Sabrina felt that that this was a key to success, suggesting that “you have to not only give training on public involvement, but I think you have to link to the policy development and regulatory process.” For example, past departmental training sessions on policy development included a component for teaching public involvement at a very general level. More extensive public involvement training opportunities, some of which leveraged experts in the field, were also made available.

PHAC began developing their resources by working with a consulting firm that specialized in public and stakeholder engagement. As Morgan explained, “when we started to do this, we had no public involvement capacity whatsoever.” In addition to conducting a literature review, consultations were held with experts in the field and senior-level PHAC employees. Cheryl felt that engaging the latter group was a key strategy for building internal capacity through two objectives by “promoting the public involvement resources and the value of public involvement, but also getting people’s views on how it should work within the Agency.”

Similar to Health Canada and PHAC, CIHR completed a considerable amount of research in two main areas prior to the development of public involvement resources. The first area was CIHR’s current and past public involvement activities, as carried out by its various institutes and branches. The second area was around the public involvement activities conducted by similar organizations around the world. One of the respondents highlighted the value of the Canadian Policy Research Networks (CPRN) throughout this process, which provided CIHR with useful resources and strategic advice on public involvement. Sophia claimed that “every time we were grappling with how we were going to do this process, I would have them offline to help guide me.” CIHR also worked closely with a public and stakeholder engagement consulting firm, during both research and development stages.

Difficulties, Challenges and Mitigation Strategies

Health Canada experienced a number of challenges in developing its public involvement resources and practices. Lisa spoke to the difficulties of building the internal capacity of the Office of Consumer and Public Involvement (OCAPI), which consisted of a small group of people. She stated that, “OCAPI has around 20 people, but we’re in a branch of 200 people and we’re surrounded by scientific experts, so internally there was very limited capacity for public involvement.” A related challenge was keeping OCAPI’s staff well informed and up-to-date on the public involvement field. To help address this issue, the respondent described how OCAPI employees became increasingly engaged with organizations working in the field, and even helped establish a community of practice, called the “Public Involvement Network,” to connect with their colleagues across the department.

Sabrina spoke to her experience with a broader challenge, suggesting that “what you require to have really institutionalized is a culture change, and that takes time and effort on an ongoing basis. You cannot expect short-term results... gradually people will start to do things differently.” Additionally, the respondent explained how Health Canada, as a very science-based organization, represented a culture that was not particularly open to public involvement. For example, past efforts largely revolved around seeking public comments on discussion papers, which were very technical in terms of language. As a result, there was a focus on making these documents more easily understood, as well as introducing more active forms of public involvement, such as meetings and workshops.

To further develop an organizational culture to support public involvement, Sabrina emphasized the need to not just teach others about it, but to help them actually do it. She explained that, as the public involvement experts within their department, “we have to be open to others’ challenge... we don’t just provide advice and then make them face their situation alone... what the PI have to do is be there with the policy developers, the scientific experts, and the people that developed the regulations.” For example, while scientists have the technical expertise to speak to a given issue during a public meeting, staff with experience in public involvement can help them deal with issues that may arise when stakeholders express extreme positions.

Respondents from PHAC noted a similar challenge in overcoming an organizational culture that was not highly supportive of public involvement, at least initially. Cheryl described her experience with a recent project, which she felt emphasized “engagement for the sake of engagement. In other words, it’s about getting people to talk about it [the policy issue], and that in itself is incredibly valuable.” However, she explained how this type of perspective, which recognizes inherent value, is not very well entrenched within PHAC, largely because of the nature of PHAC’s mandate. According to Cheryl, “this is not an objective you’d ever come across in more regulatory driven environments, which is more structured in their public involvement. PHAC is much more fluid... it’s very different, and it can be a harder concept to capture for people who are very methodological.” The way public involvement is handled internally within PHAC may also be a significant challenge. Morgan claims that it is managed by communications, while stakeholder relations (a highly interrelated area) is managed by policy. This often leads to confusion around areas of responsibility, both internally and externally.

Demonstrating the value of public involvement was the most significant challenge for CIHR as well, largely as a result of the wide range of research work. As Sophia explained, “because this is a nascent field, we were kind of saying ‘ok, this is written to the best of our knowledge of what we know today... but how do we promote citizen engagement in research across all themes, because not all of the themes lend themselves to it.” However, she also articulated how public involvement was eventually framed in a manner that made it relevant to certain areas of CIHR’s

research mandate. Sophia claimed that, “we have to be able to say it’s more apt to be used in solution-based research, where you’re grappling with vital health issues, rather than biomedical research, where you’re more curiosity driven.”

Practice, Research and Policy Gaps

The most significant gaps identified by Health Canada respondents reflect the difficulties and challenges outlined in the previous section. However, Lisa suggested that the main gap was performance measurement, which they felt was severely lacking. Additionally, the utilization of social media represented an increasingly important gap. She claimed that “we’re behind in the GoC on this... although it’s quite recent, we’ll need to address it.”

Respondents from PHAC noted similar practice gaps for public involvement. In the context of planning and reporting, Cheryl described how “there was always a challenge here in terms of getting it recognized as part of the agency-wide reporting lifecycle.” She further suggested that unless this occurs, then public involvement will not be a main component for budgetary considerations, which is needed to help formalize the performance measurement processes for it. Additionally, Morgan emphasized the importance of distinguishing between public involvement and public opinion research (POR) within PHAC. She suggested that “it’s a constant challenge of making sure we’re defining them appropriately, and making sure people have the information to know what the differences are and the rules associated with them.”

In the experience of CIHR, the major challenge in terms of practice was getting people to move beyond reading the resources and actually using them to conduct public involvement activities. As Chloe explained, “we can promote all these tools and resources, but if we’re not mandating our institutes to, in their thinking and planning steps, involve citizens in their activities then that’s an issue.” However, she added that it’s important to frame public involvement in a way that is relevant to the organization, as “it’s more the promotion of a collaboration and partnership where you’re actually tapping into things that are not scientific, like values, perspectives and experiences.”

5.3 Application of Public Involvement Resources

Employees’ Usage

In Health Canada, there is no formal monitoring or reporting systems in place for public involvement resources, which makes the evaluation of their usage very difficult. However, both respondents suggested that there are more informal ways to assess employees’ attitudes on the resources. For example, Sabrina spoke to her experience with internal training sessions on public involvement. Even with no established evaluation mechanism, the respondent felt that the increasingly positive attitudes of many employees marked a organizational culture shift towards recognizing the value of public involvement.

Lisa suggested additional ways to track the uptake of resources. For example, compliance with the guidance documents for specific public involvement initiatives suggest that these types of resources are more useful for employees than the high-level HPFB Public Involvement Framework, which the respondent felt was more valuable for management decisions. In addition to these documents, the respondent noted that the Public Involvement Network, as well as OCAPI itself, are useful resources for Health Canada employees. Although uptake is also not formally measured here, she stated that “we [OCAPI] see the growing demand, with people calling very early to get us involved in the processes... we’re seeing more and more of that.”

In PHAC, respondents suggest that there is even less in terms of monitoring and tracking the usage of public involvement resources. However, this is largely the result of how new the resources are. As Morgan explains, “the problem now is that the Framework is only technically a draft at this point... we haven’t done a big awareness campaign or any framing around it... we’ve heard it’s useful for those we provide it to but because we haven’t shared it widely I can’t say.” Cheryl gave a more explicit assessment, suggesting that they haven’t seen many employees use the resources. In her opinion, the resources need to be further developed to include real-life examples of the application of public involvement, largely as a result of the public health context within which PHAC operates.

Assessing the overall utility of public involvement resources for employees is also difficult for CIHR, as there has been no formal assessment of usage. According to both respondents, there have only been informal surveys done during training sessions, where most employees were introduced to the public involvement resources for the first time. As a result, most employees reported being quite unfamiliar with the resources. As Sophia suggests, “we still don’t have a sense of whether or not there is that interest to say, ‘okay, when we’re planning our next activity, we should be looking at this Handbook to help us figure out what the key questions we need to ask are.’”

Increasing Buy-In

The respondents from Health Canada shared many suggestions for increasing buy-in for public involvement within the department. Lisa suggested integrating public involvement training into the more general training opportunities available, suggesting that “where I think we should be going is including that training as part of policy development, not a one-off.” Additionally, there is a need for sustained engagement with relevant communities of practice, specifically the Public Involvement Network. Collaboration within these informal settings can be very valuable, especially when one shares their experiences with public involvement. As Lisa explained, “I’ve seen people get emotional when they talk about a time where they heard patients share their experiences around certain drugs, for example. You get the real side of the story from your colleagues.” These types of activities help demonstrate the personal impact of public involvement, which can help increase recognition of its value. Sabrina identified the need for a cautious approach to the integration of public involvement within the organization. She suggested a gradual, incremental process, where you work with others and relate public involvement to their specific needs. Demonstrating value is also key, as others will want to know what kind of results they can expect from engaging the public and stakeholders in their work.

Although the respondents from PHAC suggested that there is already a considerable level of buy-in for public involvement within the Agency, both agreed that sustaining the support of senior management must always remain priority. Additionally, both respondents emphasized the need to demonstrate value by using real-life examples. For example, Cheryl described how they were tasked with pulling together all the positive feedback from a recent dialogue for senior management. Providing examples can also help increase buy-in at the program level. She suggested the use of case studies and training opportunities, but warned that they must “be interesting, based on real-life experience, in an environment where people feel like they own the issues and can apply it on a very practical level in their work.” Morgan agreed, and emphasized the need to demonstrate value first-hand, “by having people at events to see the dialogues and results. I think that’s the absolute best way.”

The respondents from CIHR did not speak at length on ways to increase buy-in for public involvement within their organization. However, they identified two needs: more champions and more money.

Increasing Effectiveness

In terms of the resources, Sabrina identified accessibility as an issue. She has noticed that there are lots of resources out there, which makes it very hard for non-experts “who want to have a glimpse.” As a result, “some of the resources need to be pretty simple, and then you have to work with people who are experts in the field... you don’t need to know everything.” In this view, greater simplification can help introduce people to public involvement without it being overwhelming.

In terms of practices, Lisa felt that some public involvement planning activities needed to be made mandatory within the department. Drawing similarities to communications requirements, she explained that “part of how we do our business is having a comms plan, and nobody questions that. It’s embedded... in principle we’re supposed to be preparing PI plans as part of the process, but this is not enforced.” She also felt that public involvement could be linked more broadly to Health Canada’s key priorities, particularly openness and transparency. In their view, public involvement is very similar to these priorities because they are “not something you pull out here and again. We’re really trying to make sure that this is part of anything we do... it should be part of how we do our business.”

Similarly, respondents from PHAC identified the need to formalize public involvement, particularly within the earlier stages of the Agency’s reporting and planning lifecycle. As Cheryl suggested, “when strategic planning takes place, that’s when PI needs to be considered in terms of resources, capacity and budget being built into the process. It always comes in the end, and then everyone goes, ‘we don’t have the money for that.’” Another way to increase the effectiveness of the resources is providing the necessary support mechanisms to make the implementation of public involvement activities more effective. For example, Morgan suggested that the resources can’t be presented as stand-alone pieces, and that “they absolutely need to be accompanied by an information session or training session of some kind... these aren’t just tools you hand over and say, ‘go for it and good luck’... we want to make sure we’re educating people and walking them through things because it is a lot of information.” Additionally, she emphasized the fact that public involvement are activities being conducted by employees all across the Agency, not just by the public involvement “team.” As a result, “awareness is important for all groups so they can determine what the value of public involvement is for their initiative. They need to be a bit self-sufficient.”

As with Health Canada and PHAC, respondents from CIHR felt that the resources could be more effectively linked to organizational priorities. For example, they considered the impact of integrating citizen engagement into the core competencies that are used to evaluate CIHR employees, such as building partnerships and being proactive. But more broadly, they noted a gradual shift in organizational culture over time, which has helped increase the relevance of the public involvement resources. As Sophia explained, “for us, citizen engagement is probably where partnerships was maybe 7 or 8 years ago... now I think there’s more baby steps around how you’re integrating partner organizations so that you’re not just involving them for the money – you’re also involving them to help you design.” However, both respondents felt that that it will be a long time before a proper understanding of public involvement is established at the organizational level.

Obstacles for Integration

The respondents from Health Canada suggested that the lack of leadership and champions to support public involvement across government is the most significant obstacle for its integration. Sabrina felt that, “we have to reconcile what is happening at the political level, in terms of

influencing decisions, and what is taking place in the different departments. Right now, there is often a disconnect between the two.” However, Lisa suggested that there is an even more fundamental obstacle underlying the leadership issue, which is the lack of genuine belief that public involvement will ultimately lead to more positive outcomes for the Department. As she explained, “even though we’ve made huge progress in this branch, sometimes public involvement a ‘check the box kind of thing.” One interesting point of contrast, at least in relation to the feedback from other organizations, is that the respondents from Health Canada weren’t as concerned with resource and time constraints. Although they recognized that such issues exist, they claimed that they weren’t as significant and could be overcome. This attitude is likely a result of the more extensive experience that Health Canada has in the field of public involvement when compared to the other organizations.

In contrast, respondents from PHAC emphasized the challenges related to resources and time. As Morgan explained, “right now, we really just don’t have the people to be doing the training and awareness building, especially when we have major consultations going on... it’s unfortunate because the demand is definitely there.” She also emphasized the need to distinguish public involvement from POR. Cheryl agreed that this was an important issue, and explained that if both fields are governed similarly in the future, there will be a fundamental obstacle for the integration of public involvement because “POR is very tightly controlled at the political level... there’s only so much room in the budget every year for all of government and everything needs to be approved all the way up in an organization.” Although this is a potential challenge that has yet to be fully realized, both respondents felt that this type of perspective could impact the integration of public involvement in the future, as a lot of people trying to do POR can’t because they lack the necessary resources. Morgan held similar attitudes, but also emphasized the need to promote the inherent value of public involvement, which could help employees build upon their existing efforts. She explained how, “in a lot of ways people do their public involvement as a daily occurrence without realizing the value in what they’re doing. If they’re speaking to stakeholders all the time, that in itself is public involvement, but that has to be captured and understood so that it can be transferred, translated and carried on by others.”

Demonstrating value has also proven to be difficult for integrating public involvement resources and practices within CIHR. The lack of evaluation for public involvement initiatives is a significant factor in this. Additionally, Chloe emphasized the need to demonstrate value to senior leadership across the organization, which is key to securing the resources needed to conduct public involvement for strategic planning and research priority setting.

Ideal Use

The respondents from Health Canada envisioned a very comprehensive application of public involvement within their Department. Sabrina suggested using it for all stages of the project lifecycle, from the identification of an issue to the implementation of a decision. In her view, “public involvement is not an event. It’s a process... it’s about building the relationships that allow us to go through the decision-making process in as smooth a manner as possible.” Similarly, Lisa felt that public involvement could be used to help inform most of the Department’s decisions that impact Canadians, even if it’s just a small group that is affected. She explained that public involvement should be a given for departments, as the major consideration for them “is not when we do it, but how big and to what extent we do it. That’s the big question.”

The respondents from PHAC expressed a similar notion, in that public involvement could be used to inform the Agency’s policies and programs. However, they spoke to the specific context of their organization, and suggested using it to complement PHAC’s science-based work. Morgan claimed that “a lot of scientists say ‘why do we need to ask anybody else, I’m the expert

in this field.’... But it’s not just about science.” The respondent described the case of the consultation on vaccine prioritization for H1N1, where there was confusion among many Canadians on which groups would receive the vaccine first. Public involvement was used to gather citizens’ views on the most vulnerable groups and compare the findings with the recommendations made by scientists. This process helped add a valuable public lens to the difficult allocation decisions that needed to be made. Additionally, public involvement could be used more broadly to help secure valuable partnerships for the Agency. Cheryl spoke to PHAC’s reliance on a range of key partners, especially for gathering information. In their view, public involvement is an effective way for engaging them, rather than “us just telling them what to do.”

Chapter Summary

The respondents from the key informant interviews are employees from three organizations: Health Canada, the Public Health Agency of Canada (PHAC), and the Canadian Institutes of Health Research (CIHR). Each respondent has experience in public involvement within their respective organizations. The interviews were designed to gather their feedback on the development and application of public involvement resources, as well as the overall integration of public involvement within their organization’s decision-making processes. The respondents highlight a number of common themes for integrating public involvement practices in federal organizations, many of which emerged in the literature review and environment scan. These include the importance of fostering a more supportive culture for public involvement, demonstrating its value for employees, providing relevant training opportunities, gaining support from senior leadership, and formalizing public involvement through improved mechanisms for assessment.

CHAPTER 6: ANALYSIS OF FINDINGS

Through the research methodology, several key findings around the use of public involvement by federal government organizations have emerged. The literature review, environmental scan, and key informant interviews have helped inform the recommendations presented in this report, which are aimed at addressing the two research questions posed at the outset. This chapter provides an analysis of how the key findings informed the development of the recommendations outlined in the next chapter.

How does a federal government department or agency build the capacity to integrate public involvement into their work activities and processes?

In addressing this question, recommendations have been developed with the goal of helping federal departments and agencies establish the foundations for integrating public involvement practices into their decision-making processes. This means determining the types of actions that can help prepare an organization for public involvement work prior to undertaking any specific activities or efforts. As a result, these recommendations are aimed at building organizational capacity and are much broader than those proposed for actually conducting effective public involvement, which is addressed in the second research question of this report.

One of the overarching themes emerging from the research is the need to foster a more supportive culture for public involvement within federal government organizations. The literature review emphasizes the reluctance among many public servants to embrace public involvement practices within their regular work activities, which presents the most significant challenge for integration. While there seems to be many reasons for these negative attitudes within the public service, including the perceived loss of control, concerns about the outcomes, difficulties in managing expectations, and questions around the ultimate value of involving citizens, there was a clear emphasis on the need to demonstrate the value of public involvement. This is particularly relevant for informing policy in what are traditionally perceived of as science-based, expert-driven fields, such as health policy.

Findings from the key informant interviews support this premise, as respondents identified organizational culture as a major challenge in the development of public involvement resources. This indicates the need to better articulate public involvement's value, not just to demonstrate the potential for complementing technical knowledge with valuable information that is based on personal experiences and values, but also in terms of articulating its inherent value in providing government with an avenue to build meaningful relationships with citizens over the long term. On a related note, some of the literature indicates a greater recognition of an increasingly complex policy environment, which could benefit from leveraging the public's input as an additional source of information to be considered within decision-making processes. Efforts to foster a more supportive culture for public involvement within government could benefit from a greater emphasis on collaboration with citizens to address highly complex policy issues.

The literature also suggests that framing public involvement within more realistic parameters, particularly as it relates to the public service, is essential for gaining support within government. It is important for public servants to understand the ultimate limitations that public involvement has in terms of its impact on policy decisions overall. Lenihan summarizes this effectively by suggesting that:

“This is not about absolving government of its responsibilities or off-loading them on the public. It is about finding a better balance between the respective roles of government

and the public in solving issues, one that gives citizens a real sense of control over the programs and services they receive in exchange for a willingness on their part to take on more responsibility for solving issues” (Lenihan, 2012, p. 73).

Framing public involvement in this manner may help dispel some of the public involvement ‘myths,’ such as citizens lacking the knowledge and skills to properly inform policy issues, or that the roles and responsibilities of the public servant are threatened when the public involved in decision-making processes. There needs to be greater awareness around the fact that feedback from public involvement initiatives is just one of many sources that are considered when policy decisions are made.

The research also suggests that developing a supportive culture for public involvement requires sustained efforts within an organization over the long term. The use of a phased, incremental approach seems to be an effective method for integrating public involvement practices. The literature review provides the example of the Open Government Implementation Model (OGIM) for U.S. federal agencies, which promotes a four-staged process that reflects a recognition of the real challenges faced by government organizations, such as resource constraints. Not only does this approach highlight the fact that public involvement exists along a continuum, which is central tenet of public involvement theory, but it also emphasizes an important practical consideration: organizations should not attempt to conduct public involvement initiatives for every issue. As Susan Phillips explains, within the shift towards more public involvement in government, “it might be assumed that every public policy issue should be subject to citizen involvement. This is neither practical nor useful” (Phillips & Orsini, 2002, p. 32). Since governments deal with a range of factors that can ultimately limit their flexibility towards a policy issue, they should adopt a strategic approach towards public involvement that is based on priorities. Similarly, one of the respondents in the key informant interviews claimed that adopting a cautious approach to integration was key to increasing buy-in within their organization.

Another key finding from the research is the importance of public involvement training within organizations. This was one of the most prominent themes emerging from the key informant interviews. According to the respondents, relevant training is considered vital in the early stages of developing public involvement resources because it can help employees develop an understanding of the theory and best practices. Training is also seen as essential in the application of public involvement resources, with respondents emphasizing its value in terms of increasing buy-in and overall effectiveness around the resources. The literature review also recognizes the importance of training. For example, Lenihan responds to the claim that citizens lack the skills needed to work through complex policy issues by emphasizing the need to train those conducting the initiatives, suggesting that “participants in a dialogue process need leadership and direction... both the designers and facilitators [of the public involvement process] need special skills and training” (Lenihan, 2009, 25).

On a related note, the environmental scan provides evidence of organizations recognizing the value of training employees in public involvement, as some of the key documents have been developed to highlight practical planning and design considerations. PHAC’s *Public Involvement Framework* and CIHR’s *Citizen Engagement Handbook* are both most robust examples, as these documents are largely based on decision-making tools to help guide employees during the early planning stages of an initiative. This type of approach helps equip employees with the skills and tools needed to think about public involvement as more of a practical strategy for improving decision-making within an organization, and less as an abstract ideal. Additionally, determining the ‘why, when and how’ for public involvement reflects the need to ensure that an organization’s activities are tailored to the various contexts at hand. As outlined in Chapter 3, paying attention to context is essential for determining effectiveness. Findings from the key

informant interviews suggest that these documents are often used as a complement, or in some cases even a substitute, for more formal training opportunities within the organization.

Support from senior leadership is another important consideration for integrating public involvement practices. Respondents from the key informant interviews attached much significance to this, not just because high-level support is necessary for securing the resources needed to conduct public involvement, but also because such individuals can act as champions and encourage broader support throughout organization. Senior leadership was also identified in the literature as a key factor for developing a more supportive culture within government. As Phillips and Orsini suggest, culture change “needs to be led from the top by Ministers and their deputies, and by the political centre, as the federal government’s own policy statement on citizen engagement acknowledges” (Phillips and Orsini, 2002, p. 29).

How does a federal government department or agency conduct effective public involvement to inform their decision-making processes?

To address this question, recommendations have been developed with the general assessment framework (presented in Chapter 3) in mind, as this provides a baseline for understanding what effective public involvement might look like. While the first research question was aimed at building the capacity needed to support public involvement efforts within an organization, this question is aimed at helping employees actually design and implement an effective initiative or set of activities. While there is a wide range of criteria identified in the literature for determining effectiveness, five widely held process criteria were selected for the analysis in this report: representativeness, transparency, resource accessibility (or informed participation), interaction (or dialogue), and incorporation of values/beliefs into the discussion. Additionally, the research suggests that paying close attention to various contexts and maintaining a high degree of flexibility should be thought of as a broad, high-level criteria for effectiveness.

One of the key themes emerging from the public involvement literature is that different contexts (e.g. political, geographical, organizational) can necessitate different types of approaches. Public involvement is a highly variable endeavour for organizations, as planning considerations depend on a wide range of factors, such as the rationale(s) for involving the public, the stages of the decision-making process in which the public could be involved, what types of contributions will be gathered from the public, and how the feedback will be used to inform policy decisions. This is demonstrated in the activities of the three organizations outlined in the environmental scan, as they seem to have adopted different approaches that reflect their mandate.

Health Canada’s activities are regulatory driven, often targeting a mix of stakeholders (e.g. government officials, health professionals) in consultations that are fairly technical in nature. In contrast, PHAC’s public health promotion mandate has shaped its public involvement approach to be much broader, as many of its activities are focused more on informing the Agency’s direction and priorities, rather than specific regulations. CIHR is different from both Health Canada and PHAC, as its health research mandate allows for a much wider range of public involvement activities, with a greater emphasis on informing citizens. The activities of each organization will be assessed at greater length below.

As suggested in the literature, this high level of variability presents a challenge for not only defining public involvement, but also in determining its overall effectiveness. While this presents a challenge for developing recommendations for government organizations looking to conduct effective public involvement, the literature suggests that the most effective initiatives are tailored to specific contexts, rather than being developed from a ‘one-size-fits-all’ approach. As a result,

process design should be customized to the policy context, as well as the organization's priorities and strategic goals.

The environmental scan provides some insight into the effectiveness of the public involvement activities of three federal health organizations, especially when assessed against the five criteria outlined in Chapter 3. While all the organizations demonstrate an understanding of some of the best practices, there is clearly room for improvement. Out of all the organizations, assessing the effectiveness of PHAC's public involvement activities is the most difficult because of the lack of information available. However, the *Our Health Our Future: A National Dialogue on Healthy Weights* project reflects many of the effectiveness criteria.

Representativeness was achieved as the recruitment was targeted a wide range of citizens and key stakeholders for the issue of childhood obesity, including caregivers, industry and youth. The process itself was highly conducive to informed participation, dialogue, and the incorporation of values/beliefs into the discussion. The agenda for each in-person event included informative presentations (with a focus on highlighting the relevance pertaining to each stakeholder group), interactive polling, small group discussions, and plenary dialogue. Overall, the process was centred on collaboration as the key findings from each event represented the most common themes identified by participants (this method was essentially replicated for determining and reporting on the key findings of the entire process). However, these conclusions can only be applied to one project, and not to PHAC's public involvement activities overall. As a result, the Agency needs to improve its transparency to better demonstrate that it conducts public involvement effectively.

Of all the organizations, Health Canada provides citizens with the most accessible information regarding around its public involvement activities. This establishes a minimum level of transparency for the department, even though it could go further by making the results of the consultations more readily available to the public. Additionally, the department is fairly proactive in fostering informed participation by providing background information to participants prior to consultations, although some of the material could benefit from a plain language review to clarify some of the technical language that is frequently used. To a certain extent, representativeness is also demonstrated in Health Canada's efforts, as a mix of stakeholders is often targeted. While there is not much focus on the general public exclusively, it is difficult to determine whether this impacts overall effectiveness because most of the consultations are regulatory in nature (in contrast to PHAC and CIHR's more broadly focused activities).

However, the areas where Health Canada could improve most is in fostering dialogue and incorporating values/beliefs into discussions. As shown in the environmental scan, the most common involvement process is the online submission of comments, which is very limited in terms of interaction because it is essentially an isolated, one-way exchange from the participant to the department. As a result, participants generally do not have the opportunity to learn from one another or to work together to address the issue at hand. This reflects Lenihan's notion of 'traditional consultations,' which are typically "not designed to encourage participants to look at one another's interests holistically or to build trust and mutual respect between them" (Lenihan, 2009, p. 29). As suggested in much of the literature, this is why many 'traditional consultations' fail at resolving some of society's more complex problems, which require a much higher degree of collaboration.

As a health research organization, CIHR's public involvement approach is slightly different from the other organizations as it focuses more on informing research rather than policy. Additionally, there is an explicit emphasis on building a long-term relationship with Canadians and drawing on their values to improve health research. As a result, CIHR seems to have the most diverse

set of public involvement activities. In addition to conducting various forms of involvement (e.g. focus groups, small dialogue groups, survey) to inform research priorities and corporate operations, CIHR also formalizes citizen representation on its Boards and Committees and conducts public outreach on a regular basis.

In relation to the public involvement effectiveness criteria, representativeness is CIHR's major strength, as it is built into the fundamental structure of the organization (although observing how the Boards and Committees actually function would provide a much more accurate assessment). Representativeness is also demonstrated by involving citizens in the organization's strategic plans, priorities, policies and guidelines. However, it should be noted that these efforts are often targeted at engaging experts and stakeholders, and not just citizens exclusively. CIHR also demonstrates a commitment to informed participation in various ways. The information that is available on selected consultations state that key background documents were made easily accessible in advance of the consultations (or was at least noted as a way to improve future consultations). CIHR also promotes informed participation indirectly through the Café Scientifiques. Although public outreach differs from public involvement in that there are typically no decision points or calls for action, it does foster a greater understanding for CIHR's research. In contrast, the organization could improve its overall transparency. Although some information on its activities are available, there is little indication of whether these examples represent the wide range of CIHR's public involvement activities.

In addition to being one of the more widely held effectiveness criteria, the incorporation of values/beliefs into the discussion also represented a major theme from the literature on public involvement in the health policy context. The literature review suggests that the major value proposition for involving the public in this area is the collection of value-based input, draws upon their personal experiences with the health system. These contributions are useful because citizens with lived experience can articulate key insights into how the health system operates at the patient/consumer level, which may be overlooked by decision-makers when there is no opportunity for public involvement. Gathering this type of experiential knowledge in an effective manner can inform the work of federal health organizations by providing a more comprehensive perspective on policy issues. According to the literature and some of the key informant interviews, emphasizing the value of experiential knowledge from citizens is also a key factor in overcoming negative attitudes around public involvement within organizations. As a result, federal health organizations looking to conduct effective public involvement will likely benefit from initiatives designed to leverage value-based input from citizens.

Another key theme emerging from the research is that public involvement is not as effective as it could be because governments typically adhere to more traditional approaches. As discussed in Chapter 2, there is a need for significant reform, as the typical public consultation is often characterized by excessive government control over key components, such as the selection of participants, the agenda, and the flow of information. Although these limitations are to be expected (and are often necessary in order to set parameters around initiative), it is important for government organizations to recognize the need for openness and flexibility when designing and implementing public involvement. Without this, they are ultimately limiting their capacity to address the public's concerns around a specific policy issue because some of the most important aspects (e.g. who they are involving, what issues will be discussed) have been restricted at the outset. The notion of 'traditional consultations' is also related to the lack of supportive culture within the public service, as individuals may object to public involvement because they envision these processes as "big, rambling public dialogues" and "talk-fests that go nowhere" (Lenihan, 2009, p. 25-26).

The research suggests that public involvement initiatives can be designed to be more effective for both government organizations and the public. For example, the literature review suggests that there is significant value in moving beyond the traditional approaches to public involvement. As Phillips and Orsini suggest, “experiments in technique or process can also help break out of the existing ‘consultation’ formula and begin a process of rethinking citizen involvement in a manner that would be more interactive” (Phillips and Orsini, 2002, p. 27). Additionally, the use of technology can help meet government organizations meet several objectives. Developments in social media and Web 2.0 have created vast potential for highly innovative public involvement initiatives, while at the same time maintaining a high level of accessibility and inclusivity to help overcome some of the logistical challenges for citizen participation. Findings from all aspects of the research methodology support the need for greater integration of technology in public involvement initiatives. Although the environmental scan of public involvement activities indicates that many consultations are conducted online, most of these initiatives are very limited in their interactivity. For example, Health Canada’s efforts often characterized by one-way flows of information, where the department posts a technical document and asks for comments to be submitted online, which leaves little opportunity for dialogue or further participation.

The lack of assessment is another key theme emerging from the research. The literature review highlights the importance of assessing public involvement initiatives, as it is essential for demonstrating value within government organizations. However, there is also the recognition that this is an inherently difficult task, largely because effectiveness can be defined in many different ways. Given this challenge, the literature offers a wide range of criteria that can be used to assess public involvement initiatives. This report outlines five widely held criteria, but this is not to suggest that these are definitive or exclusive – the key is determining which ones are most appropriate for the given context. Feedback from the key informant interviews supported the need for assessment as well, as respondents indicated a lack of monitoring/reporting mechanisms within their organizations. Some respondents considered assessment to be part of a much broader process for formalizing public involvement, effectively making it a requirement for organizations.

CHAPTER 7: RECOMMENDATIONS

This chapter outlines nine recommendations to help improve the use of public involvement within decision-making in federal departments and agencies. These recommendations are aimed at addressing the following research questions:

1. **How does a federal government department or agency *build the capacity to integrate public involvement into their work activities and processes?***
2. **How does a federal government department or agency *conduct effective public involvement to improve their decision-making processes?***

It is important to note that these recommendations focus on actions that organizations can do themselves, within their own respective spheres. For example, recommendations requiring action across all of government, such as making public involvement a formal/ legislated requirement (Turnbull & Aucoin, 2006, p. 3) are not included. Similarly, recommendations that are greatly impacted by factors beyond the scope of the organization's mandate, such as Lenihan's proposed appointment of a Minister responsible for public engagement and the establishment of a secretariat to support them (Lenihan, 2012, p. 145), have been excluded. While these types of recommendations for this topic, they are ultimately beyond the scope of this report.

Recommendations: How does a federal government department or agency *build the capacity to integrate public involvement into their work activities and processes?*

1. Demonstrate Real Value for Employees

This is critical for achieving buy-in within a federal department or agency, and overcoming potentially negative attitudes that may hinder the integration of public involvement. There are two main contexts for articulating the value of public involvement: the public service and the specific policy area. First, employees should be made aware of the parameters around using public involvement in the public service context. It should be framed as a tool to support existing decision-making processes, and not to replace them. This means developing clear messaging around public involvement's limitations: it is not about undermining or conceding the roles and responsibilities of public servants to citizens, as public input is rarely the only source of information that is considered when making policy decisions.

More specifically, it is important to highlight the value of public involvement as it relates to a specific organization policy area. This means moving beyond the more generalized claims of public involvement's inherent value, such as increasing fairness, and articulating how it can complement the work of employees. For the health policy context, there should be an emphasis on the benefits of having value-based discussions with the public, which could help complement the science-based work conducted within organizations. While these types of input are fundamentally different, they are both important for informing health policy decisions - scientists/experts can provide technical knowledge while citizens can speak to their lived experience.

Demonstrating context-specific value is also a key factor in building organizational capacity for public involvement, especially at the practice level. One strategy could be to involve employees in the development of resources. For example, employees could be engaged early on in the process by identifying priority areas for public involvement, or later on by providing feedback on a draft Framework. Involving employees in the development of resources can help integrate

their perspectives on how public involvement can be used to complement their work. This ensures that the resources, which often function as a starting point for public involvement within an organization, are developed in a way that is relevant to the specific goals and challenges of the organization, both at the corporate and personnel level.

2. Use an Incremental Approach for Integration

This is key to fostering a supportive organizational culture for public involvement within a federal department or agency. As stated in much of the literature, public involvement is not necessary nor appropriate for addressing every policy issue. However, some organizations may try to do too much at once. As Lee and Kwok suggest, “trying to simultaneously implement multiple stages will likely result in a slower pace, lack of resources, and waning public interest” (Lee & Kwak, 2011, p. 27). In contrast, an implementation approach that is phased and incremental can help build the internal capacity for conducting public involvement in a sustainable manner, while also recognizing many of the challenges faced by public sector organizations. This is particularly relevant for responding to resource constraints, as this type of approach can help focus an organization’s efforts in a more strategic and efficient manner without overburdening the organization and its employees with too many commitments to involve the public. The Open Government Implementation Model (OGIM) for U.S. federal agencies (outlined in Chapter 3) is a very useful example because it recognizes that organizations pursuing greater public involvement and openness will likely be confronted by increased risk and technical complexity (Lee & Kwak, 2011, p. 10).

At the outset, developing an incremental approach for public involvement requires assessing the organization’s current activities, determining how well these efforts complement their mandate, and identifying where improvements could be made. The next step is determining priority areas for action and designing a staged process for achieving progress in these areas. In terms of practice, Lee and Kwok suggest, “[choosing] only select high-value, high-impact initiatives and focus on strengthening what is working” (Lee & Kwak, 2011, p. 11). Besides a reference from one Health Canada respondent, there is little evidence of this type of approach being implemented by the three federal health organizations assessed in this report.

3. Provide Relevant Training Opportunities for Employees

This is essential for building the capacity for public involvement within organizations. All of the federal health organizations assessed in this report have developed public involvement resources for their employees. However, while these resources provide a good foundation for learning about public involvement, the information may be overwhelming for some employees, as many of them have little to no experience in this field. This is similar to the issue raised in some of the key informant interviews, which is the sheer volume of public involvement literature available, which can make it difficult for employees to know where to start and how to operationalize it. Additionally, some of the respondents noted that employees may take the time to read the resources, but few actually operationalize them in their work.

Training in public involvement is the critical next step for linking theory and practice, as it provides employees the opportunity to see how it is done first-hand. This was a major theme emerging from all of the key informant interviews. Relevant training could be provided in a number of ways, both formally (e.g. designing training sessions focused on public involvement) and informally (e.g. allowing employees to attend dialogues, either as a participant or observer). It may be useful to engage experts or consultants in the field on identifying or developing relevant training opportunities for a given organization. For example, some organizations have

incorporated public involvement components into the more general policy development training opportunities that are already available internally.

How does a federal government department or agency *conduct effective public involvement to improve their decision-making?*

4. Customize Initiatives and Activities to Various Contexts

Rather than approaching a policy issue in a broad manner, organizations should exercise flexibility and customize processes in various ways to gather the information that it needs to inform its policy decisions, while also respecting the important nuances that may be involved. This was a major theme emerging from the literature review, as effective public involvement is considered to be highly context-driven. Overall, the environmental scan showed little descriptive evidence to suggest that the three federal health organizations use this type of approach in a systematic manner.

However, PHAC's *Our Health Our Future: A National Dialogue on Healthy Weights* project demonstrated some customization to context, particularly in terms of the complex stakeholder environment involved in the issue of childhood obesity. For example, rather than just having a wide-open process where any interested citizens could provide feedback (i.e. online consultations), PHAC recognized that a wide range of key stakeholders would be critical to addressing the issue of childhood obesity and designed a process to gather feedback from all of these groups. Additionally, the in-person dialogue experience was customized for certain groups. For example, the youth dialogues were far more interactive (e.g. use of a team-based trivia competition), were held in relevant locations (e.g. YMCA), and included incentives for participation (e.g. prizes). Additionally, the language used in the background information and discussion topics was changed to be more age appropriate.

Additionally, tailoring an initiative to the specific context places organizations in a better position to respond to any external factors that may undermine the effectiveness of the process. For example, if an organization overlooks a highly sensitive topic related to the issue or ignores important socio-political factors affecting citizen's feedback, then the process may not be viewed as legitimate. At the outset of an initiative, customization to context requires developing sufficient background knowledge on the policy issue and identifying the most important target audiences. For example, more contentious issues often require a greater focus on involving groups of highly affected citizens, rather than the public at large. Through these types of actions, representativeness can be achieved. It may also be useful to design activities around the 'hard choices' involved (e.g. priority setting exercises), rather than seeking general comments on the issue overall. This not only helps set parameters around potential feedback (e.g. minimizing opportunities for participants to simply complain), but can also frame it to be more productive (e.g. outlining what exactly is 'on the table' for discussion).

5. Build In Opportunities for Value-Based Discussions

In some cases, public involvement initiatives should include opportunities for the public to express their personal values and beliefs related to the issue. As discussed in the literature, health policy is a very useful field for value exploration because citizens interact with the health system in numerous ways. In fact, "the twenty-first century health service user is at once 'a decision-maker, a care manager, a co-producer of health, an evaluator, a potential change agent, a taxpayer and an active citizen whose voice must be heard'" (Conklin, Morris & Nolte, 2010, p. 1). Even if they lack the scientific knowledge that many believe is necessary to properly inform policy decisions, their personal experiences can provide key insight assessing how well

the system is functioning and where improvements can be made, while also highlighting important complexities and nuances that may be overlooked by policymakers. As discussed in Chapter 3, the *National Forum on Health* and *Royal Commission on the Future of Health Care in Canada* were both large-scale, national initiatives that recognized the importance of gathering feedback from Canadians that was based on their values and beliefs around the health system. While the environmental scan showed some evidence of a recognition of values from the three federal health organizations (e.g. CIHR's emphasis on values to inform health priorities), there is not much evidence describing how this is actually done. As a result, values-based discussion seems to be more of a stated commitment by these organizations than an actual practice.

The incorporation of values and beliefs into discussions with citizens can be done in a number of ways. For example, a public involvement initiative could target personal experiences and be built around a 'share your stories' exercise. The feedback gathered from this type of process could highlight the key collective values shared by participants, thereby helping to establish common ground for addressing the issue at hand. As emphasized throughout this report, the public's values can act as an effective complement, rather than a substitute, to the technical knowledge generated by federal health organizations. However, it should be noted that the major challenge with utilizing value-based discussions is that they are inherently laden with personal beliefs and emotions, which presents the opportunity for conflicting values to emerge. As a result, organizations should ensure that such processes include mechanisms to alleviate any negative impacts caused by conflict. For example, skilled facilitation can help maintain a respectful and constructive tone to the discussion, manage aggressive or combative participants, and highlights areas of common ground between participants.

6. Experiment with New Tools and Techniques

There are a wide range of public involvement techniques and tools available, with new ones being developed, tested in the field and reported on quite regularly. These "might include citizen summits, roundtables, or citizen panels and juries, all of which offer flexible, short-term venues for deliberative participation" (Phillips & Orsini, 2002, p. 27). While these are not necessarily "new" in terms of when they were developed, many organizations have little to no experience beyond the more traditional forms of public involvement. For example, the environmental scan shows that Health Canada's activities are almost exclusively restricted to asking stakeholders to provide feedback and comments online. In contrast, CIHR reports using a much wider variety of techniques, such as focus groups, forums, workshops, and dialogue sessions.

To conduct more effective public involvement, organizations should experiment with public involvement approaches that they may not have used yet. Not only will this help keep their activities relevant, but it can help them develop a baseline for determining what works best within their organizational and policy context. For example, organizations should make an effort to learn more about what is out there by engaging communities of practices or experts in the field and providing training opportunities related to any new tools or techniques they discover along the way.

One aspect worth exploring is the use of online technology, which can be an effective complement to in-person processes. For example, leveraging the functionality of social networking tools (e.g. creating a Facebook group to act as a 'hub' for involvement and information) can provide access to a popular forum for reaching out to the public, as well as having the potential to engage established communities and networks. Additionally, online technology can be used to create a more permanent online presence for an organization, which can be used to engage citizens and stakeholders much more broadly over the long term (e.g. creating a Twitter account that provides regular updates).

7. Commit to Conducting Assessment

This is a necessity, yet also a significant challenge, for conducting effective public involvement. One of the major themes emerging from the literature is that assessment is severely lacking in this field. Both the environmental scan and key informant interviews support this claim, as there is little evidence of federal health organizations conducting assessment on a regular basis or in a systematic way. For example, while some of CIHR's reports provide recommendations for improving future consultations, there is no mention of criteria that has been used. An important part of understanding this challenge is recognizing that assessing the impact of public involvement is an inherently difficult task, a theme also highlighted in the literature. Public sector organizations are especially sensitive to the need for assessment, as metrics are central to demonstrating value and securing the resources needed to continue involving the public. For example, one of Lenihan's recommendations for operationalizing public involvement in government is developing and testing public engagement evaluation (Lenihan, 2012, p. 73).

Effectively assessing public involvement means identifying a set of key criteria that is appropriate for the organization (and at a more precise level, for a specific public involvement initiative). This report outlines five criteria that could be used: representativeness, transparency, informed participation, dialogue, and incorporation of values/beliefs into the discussion. While these are widely held criteria in the literature, it is ultimately up to the organization to decide what is most relevant for its context. Not only will this help them track how well they are doing, but it will contribute to the development of a more robust evidence base for assessment, which is a major issue emerging from the research overall. At a broader level, this also means adjusting expectations around assessment. For example, focusing only on the tangible outcomes achieved in the short-term will rarely capture the true impact of public involvement. As one of the Health Canada respondents explained, "that paradigm of needing to have huge, immediate results is wrong, at least for PI." This is related to the need to demonstrate the inherent value of public involvement for government, which is discussed in the first recommendation.

A related issue is the lack of information available on public involvement activities conducted by government organizations. This was a major theme that emerged from the environmental scan and key informant interviews. But even more surprising is the lack of detail on the necessary components to even approach evaluation, such as process design (e.g. rationale) and results. In other words, while the available information says, "this is what we did," it often fails to explain, "this is how we did it" and "this is what we learned as a result." This is a major gap that needs to be addressed. Not only does this impact the potential for assessing public involvement, but it effectively limits its further development as a field/discipline. Without this type of information, organizations are not making the effort to share their experiences, help others learn from them, and in turn, develop best practices that could help everyone conduct public involvement more effectively.

8. Engage Senior Leadership in the Results of Public Involvement

Similar to the previous recommendation, this is crucial for demonstrating the value of public involvement and securing the resources needed to conduct it effectively. Senior leadership can be a key driving force for these types of initiatives, as seen in numerous examples discussed in the literature review. The *National Forum of Health* and *Royal Commission on the Future of Health Care in Canada* were both initiated by high-level political leaders (Prime Minister Chrétien and former Saskatchewan Premier Romanow, respectively). Similarly, the move towards open government in the U.S., which provided a basis for the adoption of the OGIM, was one of President Obama's first initiatives.

However, senior leadership can also be a significant obstacle for conducting public involvement. As one key informant explained, “unless there’s leadership and championship then it’ll stay as it is. You’ll get pockets of creativity, and people advancing it, but you won’t get a major movement.” According to the literature, reluctant support from leadership may be related to a lack of confidence that public involvement will lead to greater outcomes, which is an attitude that permeates much of the public service overall. This challenge can be addressed by highlighting the results and outcomes of public involvement for senior leaders in government. This means demonstrating value, not just in terms of the input that was received, but also in describing how these types of interactions can help strengthen relationships with citizens and key stakeholders over the long term.

One strategy for engaging senior leadership is to increase the amount of exposure that Ministers and senior public servants have to public involvement. While it may not be appropriate for them to be direct participants in consultations, Phillips and Orsini suggest that they should observe them so they can see how public involvement works first-hand (and are not entirely dependent on second hand accounts of what occurred) (Phillips and Orsini, 2002, p. 23). Summary reports may outline key findings of citizens’ feedback on a policy issue, but they rarely capture the important nuances emerging from the dialogue, such as relative levels of support for different topics that have been discussed.

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APPENDIX A: Key Informant Interview Protocol

About You

1. Who do you work for/with? What is your position? How would you describe what you do?
2. How are/were you or your team involved with the development of public involvement (PI) framework and /or practices within the organization? Over what time period did this occur?
3. In your experience, how has the use of PI affected the policy process? Can you provide an example of the outcomes?

Development of PI Resources

4. What were the initial drivers (both internally and externally) for establishing PI practices within the organization? Can you speak to the organization's past experience in this field?
5. How did you start developing the PI resources? Did you use any research/materials from think tanks, practitioners and/or experts to help you develop them?
6. Did you experience any difficulties/challenges in developing the PI resources? If so, what were your mitigation strategies?
7. Did the development of the resources reveal any significant practice, research and/or policy gaps or challenges regarding PI (e.g. existing PI requirements/restrictions)?

Application of PI Resources

8. How would you assess the overall utility of the PI resources for employees? Have the resources helped them understand how PI can be used within the organization? How would you know if the PI resources are being used (i.e. monitoring, reporting, tracking)?
9. What can be done to increase the buy-in for PI within the organization?
10. In retrospect, are there any changes you would make to the PI resources in order to make them more effective? How can these resources be more effectively linked to organizational priorities and your individual/team work activities?
11. What were/continue to be the greatest obstacles for integrating PI, both within the organization and at the political level?
12. Ideally, how do you think PI should be used within your organization (i.e. for what types of decisions, by whom, at what time)? Can you provide an example?