



Engaging citizens

Citizen engagement exercises ask

members of the community, who are not traditionally consulted, to provide feedback on the healthcare system. Similar processes have been undertaken in Canada and the UK with much success. VIOLA KORCZAK argues citizens should have a say as to how their tax dollars are spent.

Reform of the Australian healthcare sector is on the agenda. There is a chronic shortage of doctors, nurses and other health professionals, especially in rural and remote areas. There is insufficient focus on prevention and primary care; the State/Commonwealth funding structure results in inefficient allocation of government resources.

Informed and deliberative advice from consumers on healthcare reform will be of great value to health decision makers because the advice will come from a cross-section of the population; the voices of those who are not involved in the policy debate will be heard. They will add value to the debate. Finally, the community will learn more about the health system in the process and decision makers will gain the trust and support of the public.

What is citizen engagement?

Citizen engagement can take many forms but it is ultimately about including the wider population in prioritising public resources. The trend towards citizen participation in healthcare policy reform has its roots in the consumerism of the 1960s. Citizen engagement promotes the sharing of experience and draws on

Viola Korczak is the Consumers' Association's policy officer responsible for health.

the expertise of different stakeholder groups, thus generating more options than would otherwise be offered by more limited policy development processes. Participation became central to the concept of primary health care in the 1970s and by the 1990s became a key feature of policy development in health.

Citizen engagement can take many forms, for example workshops, surveys and televotes (see table on page 13). Regardless of the method employed, the underlying principle remains the same: to engage citizens who are normally left out of the debate, for example those with chronic illness and traditionally hard-to-reach groups such as people with disabilities. As high-end users they are acutely aware of the deficiencies in service delivery and have the potential to offer real insight. Citizen engagement ensures we are led by communities and not only by governments.

Engagement in Australia

A great example of citizen engagement in Australia was the Consensus Conference organised by the ACA in 1999. The Consensus Conference dealt with gene technology and was carried out over three days at Old Parliament House in Canberra. It sought to redress the power imbalance between lay people and the perceived experts.

The success of the Consensus

Conference was built on effective planning: it took two years from the genesis of the idea to the conference itself. Valuable lessons were learnt in the process, such as:

- There must be strict rules for speakers, enforced to ensure different points of view are heard.
- We don't have to reach agreement. The process involves accepting differences and forming joint recommendations.

Citizen engagement processes have also been used in other parts of Australia. The Royal Melbourne Women's Hospital consulted more than 100 women about the location of the hospital and type of services that should be offered. Similarly, Professor Gavin Mooney co-ordinated citizen engagement activities about health care issues in Western Australia. However, in Australia there has been no large scale government initiative of the type carried out overseas.

Overseas experience

The Romanow Commission on the future of healthcare in Canada adopted the 'ChoiceWork' model of consultation. Twelve sessions were organised across Canada with about 40 participants in each session randomly selected to provide a representative cross-section of the population; all had to be over 18 years of age and not employed in the healthcare sector. The participants were given two main tasks: first, to develop their own vision of the health system — what they would like to see in 10 years' time and second, to make choices and trade-offs to realise that vision. This dialogue cost C\$1.3 million and was financed by the Commission on the Future of Health in Canada.

The overwhelming consensus was that service delivery should be reorganised and should include increased public investment in doctors, nurses and equipment through tax increases. The engaged citizens agreed to increase taxes if they were earmarked and spent only on health. This is an idea worth exploring in Australia.

The success of citizen engagement at different levels of government in Canada resulted in numerous reports advocating

this model. The programs in Canada further illustrate that, given sufficient time, citizens are willing and able to acquire the skills needed to decide how resources should be allocated for social services.

In the UK the Government established a Citizens' Council in 2002. The purpose was to advise the National Institute of Clinical Excellence (NICE) decision makers with a 'backdrop of public opinion'. The UK National Health Service (NHS) also established the Commission for Patient and Public Involvement in Health in 2003.

Concerns

There are several problems with citizen engagement exercises:

- It is a resource-intensive activity.
- It requires commitment from varied stakeholders (especially governments). It would be a waste of resources if an exercise was undertaken without government involvement because it is less likely the government will adopt the recommendations.
- The process could create or increase conflict between groups.
- It requires a commitment of time from those who engage in the process. This is a resource which few citizens can afford to spend.
- Organisers of citizen engagement processes need to be aware that the public may disagree with or reject the policy they advocate.

- Organisers should be clear about the purpose of the exercise and what the initiative includes.

These problems can be overcome or managed.

Engagement for Australia

ACA wants the Federal Government to engage the public on healthcare reform. Government should be a primary stakeholder but the consultation process should be managed by an external group, for example an NGO with experience in such exercises. The results should be used to aid government decision-makers to reform the health system.

A consultation document prepared by the Health Issues Centre (HIC) for the Australian Health Care Reform Alliance (AHCRA) outlines the detail of what a citizen engagement process would mean in Australia. The methodology preferred by the HIC is based on a three-step approach involving citizens' juries, televoting and deliberative workshops. All three approaches would include citizens from each State and representation from rural and remote areas for national issues. The HIC estimates that a citizen engagement process such as this would take 12–18 months, led by a committee of key stakeholders.

The citizens' juries would include 16–20 people in each session. Balanced information would be provided to each jury. 'Witnesses' (professionals with expert knowledge in the areas explored)

would give 'evidence' on which the jury would deliberate. Each session would be recorded and the participants paid for their participation.

The deliberative workshops would have 8–12 individuals per group, selected from specific population groups. Two sessions would be organised a fortnight apart. The workshops would explore the underlying values and criteria on which participants made decisions. Participants would be paid for their time.

A random sample of 500 participants would be selected for the televote. Participants would be sent 'balanced' information and given a couple of weeks to interpret it and deliberate before being called to cast their vote. The televote would be managed by a market research company.

Citizen engagement has been tried in Australia on a relatively small scale but a nation-wide approach has never been adopted. Australia's healthcare system is in obvious need of reform and taxpayers should have a say in how their tax dollars are used.

What ACA wants:

- Australian consumers to be engaged in healthcare reform.
- The Commonwealth Government to finance the citizen engagement process in 2006.
- Government commitment to the process and the use of results and recommendations to guide policy development.



Forms of engagement

Public consultation can take varied forms including:

Type of consultation	Cost-effectiveness	Community focus	Required resource level	Citizen participation
Public hearings	low	low	low to moderate	low
Public opinion surveys	potentially high	variable	low	low
Consensus conferences	moderate to high	high	high	high
Citizens' jury/ panel	moderate to high	high	high	high
Focus groups	potentially high	low	low	low
Televote	potentially high	potentially high	moderate	moderate
Deliberative poll	moderate to high	focus on individual decision making	high	high
Computer-assisted participation	variable depending on technology used	potentially high due to interactive nature and access to computers	low to moderate	depends on access to technology

SOURCE: HEALTH ISSUES CENTRE