

Insight and ACTION



PUBLIC ENGAGEMENT (PART III): HOW IS IT DONE? HOW CAN WE TELL IF IT'S EFFECTIVE?

KEY MESSAGES

- Choosing the most effective strategy for engaging the public should be based primarily on the intended goal of the dialogue. However, other contextual factors, such as types of issues, resources or community characteristics, also shape how the public should be engaged.
- A public engagement strategy should identify who will be engaged; the level of engagement; and the decision-making phase during which the public is involved.
- Frameworks and criteria for evaluating public engagement strategies can help in assessing effectiveness, but no evaluation tool trumps the importance of having a clearly defined goal and strategy.

Engaging the public has been an important part of the organization and governance of Canada's healthcare system for the past 40 years. In that time, the public engagement toolbox has greatly expanded, with more than a hundred methods currently described in the literature.ⁱ However, even with all these resources available to them, healthcare managers, decision makers and scholars still struggle to identify the most effective way to engage their public.

Form follows function

The public engagement literature increasingly recognizes that form should follow function: in other words, the most effective strategy for engaging the public should be chosen based largely on the underlying goal of the original project or endeavour.ⁱⁱ For example, if the goal is to put final decision-making authority into the hands of the public, the most appropriate strategy to use may be citizens' juries. If the goal is to establish a partnership with the public, then consensus-building exercises may be suitable. If the goal is to obtain public feedback, holding focus groups might be an appropriate activity.ⁱⁱⁱ

With this in mind, it is recommended that sponsors of public engagement strategies clarify their underlying goal early in the process. Launching a strategy with undefined goals can result in conflicting assumptions and expectations among healthcare managers, decision makers, the public, and other stakeholders.^{iv}

While matching well-defined goals to well-defined methods is a crucial part of deciding strategies for public engagement, other contextual factors can also influence the decision, including types of issues under discussion, institutional arrangements, resources, community characteristics, ideologies, interests, and politics.^v It is wise, then, to maintain a level of perspective and discretion when designing public engagement strategies to fit specific contexts.

Three dimensions of public engagement

A public engagement strategy needs to determine: (i) the type of public to be engaged; (ii) the level of engagement; and (iii) the decision-making phase of process during which the public is involved.^{vi} Decisions about these key factors will also influence how the overall engagement process is structured.

- i. In the healthcare sector, the various publics fall into two broad groups: the general public and its representatives, who can provide a societal perspective to decision-making; and patients, service users and their representatives ,who can provide the perspective of those affected by a given health condition or targeted by a given healthcare service.^{vii}
- ii. The level of engagement reflects the extent to which the public can influence the decision-making process.^{viii} Health Canada has developed a continuum that illustrates five potential levels of influence: 1) inform and educate the public (lowest level); 2) gather information and views from the public; 3) discuss among and with the public; 4) engage with the public; and 5) partner with the public (high level of influence).^{ix}
- iii. Public engagement can take place in various phases of a decision-making process. For example, the public can be engaged when it is time to identify problems, define priorities, identify solutions, make decisions, implement decisions, or evaluate decisions.^x

Depending on their needs and goals, healthcare managers and decision makers can design a public engagement strategy that combines methods and involves different publics to different levels and at various phases in the decision-making process.^{vi, xi}

Assessing effectiveness

Despite its demonstrated commitment to large public consultations and forums, Canada continues to lack good quality evidence about which engagement strategies are most effective in which situations. However, some evaluation frameworks and criteria have been developed, and these can be used to support evidence-informed decision-making for healthcare managers and decision makers.^{xii}

Beierle (1998) developed an evaluation framework based on five social goals of public engagement: 1) educating the public; 2) incorporating public values and knowledge into decision-making; 3) building trust; 4) reducing conflict; and 5) assuring cost-effective decision-making.^{xiii} Rowe and Frewer (2000) developed their own framework that is based on two sets of criteria: first, acceptance criteria, which relates to features of the public engagement method that make it acceptable to the public (for example, representativeness, independence, early involvement, influence, and transparency); and second, process criteria, which relates to features of the process that can ensure that it takes place in an effective way (for example, resource accessibility, task definition, structured decision-making, and cost-effectiveness).^{xiv}

A review of existing evaluation frameworks shows that evaluation tools, while helpful, should not be relied upon as a sole method of assessing the effectiveness of any public engagement strategy. Clearly defining the underlying goals of any public engagement strategy, and measuring results against those goals, is crucial to evaluating its effectiveness.xii

Lessons learned

Several lessons can be drawn from a pan-Canadian study that evaluated the feasibility, acceptability, and impacts of a public engagement method tested in five regional health authorities.xv The method was a one-day, face-to-face, deliberative meeting involving 20-25 participants in each community. The method was tested with a diverse set of issues. For example, the regional health authority in Chaudière-Appalaches (Quebec) wanted to determine a model for organizing community services for autism and pervasive developmental disorder. For the Hamilton District Health Council (Ontario), the goal was to obtain public input on local health planning priorities.

The study revealed that a public engagement strategy must satisfy certain criteria to achieve productive, long-term, and trusting relationships. These criteria include:

- clear communication about the goal and how the consultation fits in the larger decision-making process;
- clear links between the consultation and the decision outcome;
- clear and objective information to support participants;
- procedural rules that promote power and information-sharing among and between participants and decision makers; and
- processes that are viewed as legitimate by decision makers and the wider public.xv

Conclusion

Identifying the most effective way to engage the public for a given context remains a complex endeavour. However, healthcare managers and decision makers can certainly better fashion their public engagement strategy if they clearly identify their underlying goals.

References

This issue of *Insight and Action* was written by François-Pierre Gauvin, Research Officer, National Collaborating Centre for Healthy Public Policy and Institut national de santé publique du Québec.

- i. Rowe G and Frewer LJ. (2005). "A Typology of Public Engagement Mechanisms." *Science, Technology & Human Values*; 30(2): 251-290.
- ii. Bishop P and Davis G. (2002). "Mapping Public Participation in Policy Choices." *Australian Journal of Public Administration*; 61(1): 14-29.
- iii. International Association for Public Participation. (2009). [IAP2 Spectrum of Public Participation](#).

- iv. Rowe G and Frewer LJ. (2004). "Evaluating Public Participation Exercises: A Research Agenda." *Science, Technology & Human Values*; 29(4): 512-556.
- v. Abelson J, Forest PG, Eyles J, Casebeer A, Martin E, Mackean G and the Effective Public Consultation Project Team. (2007). "Exploring the Role of Context in the Implementation of a Deliberative Public Participation Experiment: Results from a Canadian Comparative Study." *Social Science and Medicine*; 64: 2115-2128.
- vi. Charles C and DeMaio S. (1993). "Lay Participation in Health Care Decision Making: A Conceptual Framework." *Journal of Health Politics, Policy and Law*; 18(4): 881-901.
- vii. Wait S and Nolte E. (2006). "Public Involvement in Policies in Health: Exploring their Conceptual Basis." *Health Economics, Policy and Law*; 1: 149-162.
- viii. Arnstein SR. (1969). "A Ladder of Citizen Participation." *Journal of the American Institute of Planning*; 35: 216-224.
- ix. Health Canada. (2000). [The Health Canada Policy Toolkit for Public Involvement in Decision Making](#). Ottawa: Corporate Consultation Secretariat, Health Canada.
- x. Moro G. (2005). "Citizens' Evaluation of Public Participation." In Organisation for Economic Co-Operation and Development. *Evaluating Public Participation in Policy Making*. Paris: OECD.
- xi. Tritter JQ and McCallum A. (2006). "The Snakes and Ladders of User Involvement: Moving Beyond Arnstein." *Health Policy*; 76: 156-168.
- xii. Abelson J and Gauvin FP. (2006). [Assessing the Impacts of Public Participation: Concepts, Evidence, and Policy Implications](#). Ottawa: Canadian Policy Research Networks.
- xiii. Beierle TC. (1998). [Public Participation in Environmental Decisions: An Evaluation Framework Using Social Goals](#). Washington, DC: Resources for the Future.
- xiv. Rowe G and Frewer LJ. (2000). "Public Participation Methods: A Framework for Evaluation." *Science, Technology & Human Values*; 25(1): 3-29.
- xv. Abelson J, Forest PG and the Effective Public Consultation Research Team. (2004). [Towards More Meaningful, Informed, and Effective Public Consultation](#). Ottawa: Canadian Health Services Research Foundation.

Further Reading

Barnes M, Newman J, Knops A, and Sullivan H. (2003). "Constituting 'the Public' in Public Participation." *Public Administration*; 81(2): 379-399.

Chafe R, Neville D, Rathwell T and Deber R. (2008). "A framework for involving the public in health care coverage and resource allocation decisions." *Healthcare Management Forum*; Winter: 6-21.

Florin D and Dixon J. (2004). "Public Involvement in Health Care." *British Medical Journal*; 328: 159-161.

Litva A, Coast J, Donovan J, Eyles J, Shepherd M, Tacchi J, et al. (2002). "The Public is 'Too Subjective': Public Involvement at Different Levels of Health-Care Decision Making". *Social Science and Medicine*; 54: 1825-1837.

Organisation for Economic Co-Operation and Development. (2005). *Evaluating Public Participation in Policy Making*. Paris: OECD.

Wait S and Nolte E. (2006). "Public Involvement in Policies in Health: Exploring their Conceptual Basis". *Health Economics, Policy and Law*; 1: 149-162.