Chapter VIII. Case Examples

The following chapter provides a brief overview of five case examples of citizen engagement used to shape programs or policy. Three examples fit under the Involve level on the IAP2 spectrum (see Table 3), one at the regional and two at the federal level. One case study falls under the Collaborate and another under the Empower levels (IAP2 spectrum); the first is a regional example and the other provincial. Two examples of institutionalized citizen engagement are provided (Vancouver Coastal Health and Toronto Community Housing Corporation). In each of the cases, context, process and some outcomes have been provided.

a) Involve

1. Vancouver Coastal Health’s Community Health Advisory Committees
   Bridging between citizens and the regional health authority

Vancouver Coastal Health (VCH) is the regional health authority serving the Vancouver, Burnaby, Richmond and Coastal areas (including the North Shore, Sunshine Coast, Sea to Sky and the Bella Coola, Bella Bella area). In 2002 it created a Community Engagement Team department, unique at the time in Canada, with a mission to implement community engagement (closely defined as citizen engagement, although more inclusive of recent immigrants without citizenship) as a health strategy within the activities of VCH. Its Community Engagement Framework, sets out these goals:

- To seek public involvement in policy matters, not only in program design and operations;
- To engage marginalized communities (e.g. ethno-cultural groups, people with disabilities, isolated elderly);
- To engage people in the range of participation levels (outlined in Chapter II).

Community Health Advisory Committees (CHACs) are one of the structures put in place to realize these goals and act as a bridge between local communities and VCH. There is one CHAC in each of the three Health Service Delivery Areas, as well as one that works closely with leaders in Aboriginal communities. The CHACs are populated with individuals who are active and informed members of their communities, and meet regularly to discuss and inform the VCH of developments, events, and concerns that are emerging in their communities. While the CHACs have no decision-making power, they provide an important feedback loop of input and information that would otherwise only be available to VCH through research and evaluations.

Information obtained through CHACs has led to participatory research projects, the development of new programs, and the shaping of acute care services to better meet the needs of citizens of the region.

For Further Reading:
You can read more about the Community Engagement Team and the CHACs, its guiding principles, functions and purpose on the website at www.vch.ca/ce. Specifically of interest are the CHACs Terms of Reference.
2. The Romanow Commission on the Future of Health Care in Canada
   The most comprehensive consultation with Canadians to date

In November 2002, the Romanow Commission released its final report based on what is arguably the most extensive consultation process to date in Canada. Entitled, *Building on Values: The Future of Health Care in Canada*, the report clearly embodies a balanced approach between evidence-based and value-driven information in decision-making when it comes to important and politically charged public policy such as health care. This is also clearly reflected in the research process which led to the report. It drew on a wide range of expert knowledge through round tables, commissioned research and site visits. It also incorporated the knowledge and concerns of patients and the general public through extensive consultations, including dialogue sessions with 489 randomly selected Canadians across the country.

The citizen dialogue process led by CPRN and Viewpoint Learning, adapted the latter’s Choicework Dialogue methodology. Day-long dialogue sessions moved citizens from their initial perceptions through a series of considerations that facilitated them to come to informed judgments, identifying trade-offs on various health policy options.

The process, in summary, unfolded in the following way:

- Based on initial research, four possible scenarios depicting future directions for the health care system were identified and elaborated in a workbook for participants.
- Randomly selected participants were provided with information and brought together in groups of 40 for a day-long dialogue session.
- During the session, participants:
  - were introduced to the process, issues and scenarios;
  - completed a pre-questionnaire to measure their initial views;
  - shared their views and opinions with both small groups and large plenary sessions;
  - assessed the various scenarios and their implications through dialogue;
  - decided on recommendations; and
  - completed a final questionnaire to measure if, how and why their opinions had changed through the day, and then shared these with the group.
- Researchers analyzed the audio and videotaped results; a report was written and shared with participants and decision-makers.

Participants generally moved from a position of just wanting the system fixed to a more complex understanding of the systemic changes that would be required and the subsequent change in their use and expectations of the system (i.e. seeing a nurse instead of a doctor for routine health care needs through a primary care network). Participants came to realize that increased public funds were necessary to ensure equal access to care. They were even willing to accept increases in taxes so long as these were earmarked for the health care, and contingent on a number of other conditions, including the institutionalization of an independent auditor general for the health care system. The choices that emerged from this process reinforced the values of access based on need, fairness and efficiency.
The success of these dialogues is clearly reflected by the recommendation in the final report to develop a Canadian Health Covenant as a reflection of collective values and a consensual vision of the health care system. The report underscored that citizens must continue to be consulted in order to inform future policy decisions in health care. Commissioner Romanow also redefined the role of Canadians to one of active contributor rather than passive consumer of services and policy.

For further reading:


3. The Subcommittee on the Status of Persons with Disabilities of the Standing Committee on Human Resources Development and the Status of Persons with Disabilities

A parliamentary committee using e-democracy to involve citizens in policy and program development

By 2002, constituents had made it clear to their parliamentarians that there were pressing problems with the Canada Pension Plan–Disability (CPP-D) program. In order to tackle this complex problem, the Subcommittee on the Status of Persons with Disabilities driven by MP Carolyn Bennett, a strong advocate for systematic engagement with the public, launched Canada’s first-ever online consultation to be undertaken by a parliamentary committee. “The conclusions and recommendations in this report… are based on what are probably the most widely held views ever solicited by a parliamentary committee,”37 having solicited the feedback of 1,700 Canadians. This case example demonstrates the emerging role of parliament as a mediator between the public and government.

The committee designed a process that drew on the strengths of more traditional consultation processes and combined it with innovative e-democracy methods to include the perspectives of citizens and those affected by the CPP-D. The process unfolded as follows:

- In May 2002, a roundtable of experts was gathered to identify key issues.
- In June 2002, an extensive website was launched by the subcommittee to provide information to all those interested, including research and policy papers, background documents, Frequently Asked Questions (FAQ), etc.
- In December 2002 (on the International Day of Persons with Disabilities), the online consultation was launched and lasted for 13 weeks. Citizens participated in several ways: completed an issue poll; shared stories; and/or offered potential solutions. Submissions had the option of being anonymous or not, and citizens were explicitly informed that they were assisting in the formulation of recommendations.
- Simultaneous to the above e-consultation, “regular” subcommittee hearings were held with a wide array of witnesses, including: policy experts, advocates, government representatives, medical practitioners, the insurance industry, non-governmental organizations, and many more. Findings from the e-consultations were “tested” with these experts as they emerged.
The Sub-Committee held a final meeting with experts and a small number of participants to further deliberate on final recommendations.

According to the issue poll, respondents enjoyed participating in the e-consultation process, and "92% either agreed or strongly agreed that based on this experience they would participate in an issue poll again." 38

For further reading:

As an example of a federal politician who actively engages constituents in policy matters, see the website of MP Carolyn Bennett www.carolynbennett.ca.

b) Collaborate

4. Toronto Community Housing Corporation’s Tenant Participation System
Giving marginalized people a say in housing decisions and budgets

Since 2001, Toronto Community Housing Corporation (TCHC) has been involving its social housing tenants in decision-making including in the allocation of $9 million/year, or 13% of its capital budget. 39 TCHC provides 164,000 tenants with social housing, making it the largest social housing provider in Canada. Tenants are generally from marginalized groups including people living with disabilities, recent immigrants and the elderly, all of whom live on a limited budget (average income of $15,400). Facing pressure from tenants and budget cuts, TCHC decided to engage tenants in making difficult decisions regarding their capital budget.

The process of participatory budgeting spans three years and six phases of planning, summarized as follows:

- Tenants meet by housing unit building to decide on priorities and elect a delegate.
- Delegates from each building meet with other delegates from their region at Community Housing Unit (CHU) Forums where they deliberate and decide on spending priorities for the region and elect 40 to 65 delegates of their CHU.
- Staff draft budgets based on these priorities and CHU delegates are trained.
- Staff present these budgets at the Tenant Budget Council and CHU delegates deliberate the priorities. The Tenant Budget Council decides on top priorities.
- The Tenant Budget Council presents these priorities (over 200 per year) to the CEO, who makes a final decision about priorities which are submitted to the Board of Directors of the TCHC for approval.
- Staff and tenant delegates disseminate information about the decision and process to tenants and oversee the implementation of projects.
The Tenant Participation System has been evaluated and revised after the initial round (2001-2003), resulting in greater decentralization and increased decision-making power for tenants. According to Learner and Wagner, “[t]enants and management developed greater mutual understanding, trust and reciprocity.” Tenants are now better able to accept prioritization of others’ needs when weighed against their own. The Tenant Participation System has seemingly transformed a bleak and confrontational situation into one of building community and democratic culture amongst some of Toronto’s most marginalized peoples.

For further reading:

For further information on this and other cases of participatory budgeting in Canada, see Josh Lerner and Estair Van Wagner. Participatory Budgeting in Canada: Democratic Innovations in Strategic Spaces. Transnational Institute, 2006. www.tni.org/newpol-docs/pbcanada.htm.

Toronto Community Housing’s website is also useful: www.torontohousing.ca/tenant_life.

c) Empower

5. Ontario Citizens’ Assembly on Electoral Reform

Giving citizens the power to reshape electoral politics

The Ontario Citizen’s Assembly on Electoral Reform was mandated by the provincial government to review the current electoral system, consider alternatives and make recommendations for the betterment of Ontario’s electoral system. A citizen from each of the 103 provincial ridings was randomly selected to participate in the eight-month process (September 2006 to April 2007). The Assembly recommended a Mixed Member Proportional (MMP) electoral system to replace the current Single Member Plurality system. This recommendation was put to Ontario voters in the October 10, 2007 election, when it was voted against in favour of the status quo.

The process had four broad phases:

Learning Phase: Between September and November 2006, members of the Assembly attended six intensive educational weekend sessions that informed them of Ontario’s current electoral system, as well as other systems.

Consultation Phase: Between October 2006 and January 2007, members of the Assembly undertook consultations with approximately 3,000 Ontarians through public meetings, written submissions and outreach sessions in their own communities.

Deliberation Phase: Between February and June 2007, Assembly members met over six weekends in order to discuss, deliberate and decide on their final recommendation. They collectively selected three main objectives against which they measured various systems. Three votes were held to narrow down the choices and decide on the final recommendation to be put to Ontario voters.

Public Education Phase: Between July and October 2007, a public education campaign was conducted to inform citizens of their right to choose between the status quo and mixed member proportional systems. According to many, the short time allowed for this complex education campaign is at least partially responsible for the referendum results.
Despite this demanding and time consuming process, Assembly members remained deeply committed, as noted by the Chair of the Citizens’ Assembly, George Thomson:

The assembly members constantly amazed me with their enthusiasm and deep commitment to the task they were given. Throughout the eight-month process, not one member withdrew from the Assembly. Members applied themselves to learning about electoral systems. They talked to people in their communities about the work of the Assembly and chaired public consultation meetings. Some members read hundreds of written submissions. Others participated on working groups to advise the Assembly process or to do more research in specific areas. Many used an online forum to share information and discuss issues between meetings.

This case stands as an example of a citizen engagement process that was not allowed sufficient time for public deliberation and education. The time commitment required in the deliberation phase (six weekends within three months), as well as subsequent phases, may have self-selected for participants who do not have children or elders to care for, do not work weekends or have other constraints on their time. The last phase, and arguably the most important phase, was not given sufficient time (and half of the four months were during the summer). Public education on complex issues such as electoral reform requires years, not months, and requires more than a simple passive approach to public education.

For further reading:


British Columbia also embarked on a similar journey of engaging citizens in electoral reform decisions. For information regarding this process go to [www.citizensassembly.bc.ca/public](http://www.citizensassembly.bc.ca/public).


Other case examples:

