

Community consultation and engagement in health care reform

Tony McBride and Viola Korczak

Abstract

In advocating for significant reform of the health care system, the Australian Health Care Reform Alliance (AHCRA) supports a process of citizen engagement that will allow the wider community to have a say in the future direction of their health care system. Models that have engaged community opinions have been successful overseas, and this article calls for similar processes in Australia.

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COMMUNITY ENGAGEMENT TECHNIQUES have been carried out in Australia on a small scale. Government commitment is required to establish a rigorous and systematic national consultation process. This is especially important when crucial decisions about the future of our health care system need to be made. We believe this is the first step in the journey to health reform.

The need for reform

There is a chronic shortage of doctors, nurses and other health professionals, especially in rural and remote areas. Australia has the resources to train more health professionals, yet we are increasingly relying more on overseas-trained doctors and nurses. Twenty five per cent of all doctors working in Australia are trained overseas and, increasingly, nurses from overseas are relied on to address Australia's skills shortages.^{1,2} There is sound evidence that we have the resources to train more

AHCRA

The Australian Health Care Reform Alliance is a group of 46 consumer, clinical and academic organisations committed to health reform. This paper is based on "Paper IV: Community Consultation and Engagement", one of five papers forming a submission to the Council of Australian Governments, November 2005.

health professionals. According to the 2005 United Nations Human Development Report, Australia is ranked third of 177 countries in economic performance.³

The Australian health system has insufficient focus on prevention and primary care, but, most critically, we have an increasingly fragmented system with inefficient allocation of government resources due to the state–federal funding structure. The reform which the Australian Health Care Reform Alliance (AHCRA) advocates involves adopting a new approach which considers these failings and engages stakeholders which have previously not been consulted. It involves undertaking a holistic approach instead of small sectoral changes. The nature of the reform needs to consider the views of consumers and the community to ensure reform meets communities' needs.

Why consult the community?

AHCRA considers that reform of the health care system needs to consider the views of those who use health services and whose taxes are used to support the system. The community contributes to the government's purse and should have a say as to how that money is spent.

As articulated by the Health Canada Policy Toolkit, citizen engagement is described as the "public's involvement in determining how a society steers itself, makes decisions on major public

Tony McBride, CEO; and member of AHCRA Executive
Viola Korczak, Health Policy Officer, CHOICE; and member of AHCRA Executive
 Health Issues Centre, Melbourne, VIC.

Correspondence: Ms Viola Korczak, Health Issues Centre, Level 5, Health Sciences 2, Latrobe University, Victoria, Melbourne, VIC 3086. vkorczak@choice.com.au

policy issues and delivers programs for the benefit of the people".⁴ (p. 16) AHCRA believes informed debate from a broad spectrum of the community will ensure that underlying principles and priorities such as equity and access underpin the health care system of the future, and enhance the transparency and accountability of funding decisions.

Other benefits which flow from the community engagement process include the building of consensus and greater community trust. Community engagement can minimise the fear that can accompany change and increase understanding and trust in government processes.

Experience from Canada

The Commission on the Future of Health Care in Canada (Romanow Commission) used a method of citizen consultation to engage the public before decisions were made.⁵ Using the Choiceworks model of consultation (Public Agenda, New York, USA), twelve sessions were organised across Canada with 40 participants in each session who were over 18 years of age and not employed in the health care sector. The participants were given two main tasks: the first was to develop their own vision of the health system and the second was to make choices and trade-offs to realise that vision.⁵ This dialogue cost CA\$1.3 million and was financed by the Commission on the Future of Health in Canada.⁵

The overwhelming consensus was to reorganise service delivery and increase 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.⁵ This participation in the reform process can open up possibilities previously not considered, especially if consultation presumes what the wider public will tolerate or not tolerate.

The success of citizen engagement at different levels of government in Canada resulted in numerous reports advocating this measure.⁶ 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.⁷ While the

level of engagement and motivation in being involved will vary between individuals in the community,⁸ the involvement of all the stakeholder groups, including government, is vital to the success of such programs.

Community engagement in Australia

Citizen engagement has been undertaken on a much smaller scale in Australia. For example, the Royal Women's Hospital in Melbourne consulted hundreds of women about the location of the hospital and type of services that should be offered. Similarly, Professor Gavin Mooney and the health department regional office undertook citizen engagement activities about health care priorities in southern Western Australia last year. However, there has been no large scale government initiative.

How can consultation take place?

The public's view can be reasonably ascertained through random samples of citizens drawn from the general population. However, people with chronic conditions who have multiple experiences of using the health system should also be consulted. Difficult-to-reach groups such as people with disabilities and the homeless should also be targeted.

In order to gain reliable results, a combination of consultation methods needs to be employed, for example citizens' juries, deliberative councils, and televoting. Citizens' juries are one of the most popular methods. A citizens' jury brings together a random sample from the population. The group is presented with evidence from an "expert witness" (professionals with expert knowledge in the areas explored). The jurors also serve as lawyer and judge. The citizen jury is a favoured method of engagement because it yields input from a group that is both informed and representative of the public. Such a process allows for communities to become informed and engage in real debate about an issue relevant to them.

Other mechanisms include deliberative councils or Choiceworks dialogues (such as those used by the Romanow Commission in Canada) that engage

representative groups of ordinary “unorganised” people to work through a complex problem and make value-based choices. The challenge is to work through conflicting views to reach an agreed position on an important issue.

A less participative process, televoting involves selecting a random sample of participants and providing them with unbiased information, allowing them more time to consider information and make a decision. This method can engage many more people and be used to confirm issues raised by more intensive methods and to prioritise them.

Regardless of the methods employed, it is vital the process involves the provision of easy-to-read, unbiased, non-political background papers which outline the pros and cons of each position.

The consultation should be carried out by an independent consultant to ensure impartiality, legitimacy and transparency.

Limitations

There are several constraints to citizen engagement. First, it is resource intensive and can be expensive. Second, it needs the commitment of various groups, especially government. Third, there may not be consensus within the groups being consulted and this could create conflict without any positive outcomes. Fourth, it requires a commitment of time from those who engage in the process.⁹

To ensure the best outcomes from citizen participation, organisers should be clear about the purpose of the exercise and what the initiative includes. The intended outcomes should be clearly expressed. The mechanisms through which the participation is intended should be monitored. Finally, it should be clearly stated when the effects of the consultation are likely to be realised.¹⁰

Next steps

AHCRA believes effective health reform planning requires both federal and state governments to jointly fund a community consultation process and select an independent organisation to run the consultation. A range of citizens should be involved in

the process and a combination of consultative methods should be used, including citizens’ deliberative councils, citizens’ juries, round tables, Choiceworks dialogue, and televoting.

The process needs to start now. Australia’s health care system is in urgent need of reform. The first step of the reform process needs to start with the government engaging the community.

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Competing interests

The authors declare that they have no competing interests.

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