Civil Society?
What Deliberative Democrats Can Tell Advocates about How to Build Public Commitment to the Health Promotion Agenda

Brian E. Evoy, MSW
Michael McDonald, PhD
C. James Frankish, PhD

ABSTRACT

Closing the health inequity gap can be seen as an issue of justice, however what concretely best serves the interest of justice is in dispute. It is argued that standard policy-making mechanisms are inadequate to address this issue, and therefore more and better public dialogue is required. Drawing on deliberative democratic theory and practice, three public organizing considerations are offered: organizing within the state sphere, organizing within the public sphere, and using cross strategies. It is recommended that public resources be provided to involve the public in deliberations about population health promotion issues related to the wicked problem of health inequities.

Key words: Deliberative democracy; population health; health promotion; health inequity; advocacy; civil society

RESUMÉ

On peut considérer la réduction des inégalités en santé comme une question de justice, mais on ne s’entend pas sur les mécanismes qui, concrètement, servent le mieux les intérêts de la justice. Nous faisons valoir que les mécanismes habituels de formulation des politiques sont insuffisants dans ce cas, et qu’il faut tenir des discussions publiques plus nombreuses et plus éclairées. Nous proposons trois mécanismes possibles d’organisation du public, fondés sur la théorie et la pratique de la démocratie délibérative : l’organisation dans la sphère étatique, l’organisation dans la sphère publique et l’utilisation de stratégies transversales. Il est recommandé que l’État fournisse des ressources pour faire participer le public aux délibérations sur les questions de promotion de la santé des populations liées au problème épineux des inégalités en santé.

Mots clés : démocratie délibérative; santé des populations; promotion de la santé; inégalités en santé; revendication; société civile

1. Centre for Population Health Promotion Research, Interdisciplinary Studies Graduate Program, University of British Columbia, Vancouver, BC
2. W. Maurice Young Centre for Applied Ethics, University of British Columbia
3. Centre for Population Health Promotion Research, College for Interdisciplinary Studies, and Department of Healthcare & Epidemiology (Medicine), University of British Columbia

Correspondence and reprint requests: B. Evoy, Centre for Population Health Promotion Research, University of British Columbia, 2206 East Mall, LPC Room# 433, Vancouver, BC V6T 1Z3, Tel: 604-708-4314, Fax: 604-822-9210, E-mail: briannevoy@telus.net

Acknowledgements: B. Evoy is a recipient of the Canadian Institutes of Health Research Doctoral Research Award, as well as the Institute of Population and Public Health, Canadian Public Health Association, Canadian Public Health Initiative and Public Health Agency of Canada Population and Public Health Doctoral Student Award 2007.

Rhetorically, there may be general agreement that building a just society requires addressing health inequities. However, moving from rhetoric to reality means facing “wicked problems” with very difficult policy trade-offs. Wicked problems are social issues that defy resolution by one state* department or civil society action. They require the coordination of multiple departments and agencies to resolve the concerns at hand. Wicked problems challenge the ability of agencies to identify and connect with apparently conflicting interests and agendas of diverse publics. Driven by short-term budget and electoral cycles, agencies may simply “muddle through” without seeking any longer-term and deeper consensus on sustained program initiatives. This is especially so with health promotion where time horizons are generally long term. It is crucial then to have good ways of determining if there is real public support for such initiatives.

Broadly speaking, engagement processes strengthen democratic participation in governance and public agency activities, and have the ability to increase opportunities for education and awareness of population health promotion. More specifically, public dialogue offers the prospect of sustained discussion with the public on the direction in which we want to go as a society, and exposes perspective tensions between bureaucrats, scientists, academics and multiple publics. It offers structured environments to explore common ground among these groups and potential mechanisms for informing government and civil society directions in an explicit decision-making environment. Sustained public engagement has also been associated with increased knowledge on the topic under discussion, support for a given direction, and shifting perspectives due to deliberation.

This manuscript examines how deliberative democratic advances can inform population health promotion education and advocacy efforts. Knowing where to target coordinating and advocacy efforts is shaped by three strategic considerations: when to align with government initiatives (state sphere); when to target efforts outside government mechanisms (public sphere);
and key considerations during efforts to build combined inside/out engagement strategies (cross strategies).

Locating health
Health promotion is “the process of enabling [individuals and communities] to increase control over [the determinants of health] and [thereby] improve their health”.¹ This suggests that the desired outcome of health promotion is “improvement” of health rather than simply its maintenance, and that health is a “positive” goal involving individual and collective action.

The aim of population health is to improve the health of the entire population and reduce health inequities by acting upon the broad range of factors and conditions that influence health. Health is seen as a capacity or resource rather than a state of being. It involves the pursuit of personal and collective goals, the acquisition of skills and education, and ultimately growth. This broader notion of health recognizes the range of social, economic and physical environmental factors that contribute to health.⁶ Health promotion and population health fit together very well. A population health perspective helps identify the full range of factors that determine health, while a health promotion perspective guides action on these factors to improve the population’s health.⁷ Thus, we use the term population health promotion to reflect the marriage of these two closely related fields.

What is deliberative democracy?
Deliberative democrats are interested in the issue of political justification and legitimacy in the face of moral disagreement. They see deliberative approaches as a way of arriving at justified approaches to disagreements.⁸ Ideally such deliberations occur in a group setting open to all individuals who have a stake in the issue under consideration. They engage in a process of mutual reason giving⁹ that recognizes the importance of collective decisions being made by free and equal citizens.¹⁰ In addition, deliberative democrats design deliberative processes to address structural inequalities embedded within social institutions.⁸

Stéphane Courtois¹¹ says the value of deliberation is that the results produced through the deliberation contribute to the development of “shared cultural values and worthwhile attitudes, sensibilities and behaviours” and the ability to produce social stability (p. 863). Deliberation includes both substantive and procedural dimensions.⁸,¹² Substantively it tries to advance both the common good and respect for autonomy by creating a structured environment that embodies procedural criteria for strengthening the legitimacy of the group’s collective positions.¹³ Legitimacy depends on whether arguments for decisions are grounded in reasons that all participants can accept as valid, where reasons aim at what is common rather than particular to an individual or group, and where participants are open to being influenced by such reasons.⁸

Strengthening population health promotion education and advocacy efforts
Dispersed strategic local and national actions may increase the amount of public understanding and support for current governments to fund long-term health promotion and population health commitments. Local actions may include examining community-based solutions to removing barriers to refugees attempting to navigate the health and social services systems, and national actions may include national dialogues on homelessness and mental health. Deliberative democratic literature provides a framework for understanding the conditions necessary for strengthening general public and key stakeholder support in three key areas: formal state sphere (inside); informal public sphere (outside); and cross strategies. Each area will be examined and critical decision-points for selecting each strategy will be highlighted.

John Dryzek¹⁴ defines the state sphere as a set of core functions made necessary in pursuit of government imperatives. The core functions include “[a]ll significant matters relating to national security and foreign policy, fiscal, monetary and trade policy, the welfare state, civil and criminal justice, environmental and natural resources policy” (p. 84). Participants are encouraged to enter into the deliberation with their minds open to other perspectives; nonetheless individual perspectives are less likely to shift in “hot” deliberations characterized by partisan collective decision-making processes often tied to official government processes.¹⁴ There is, however, a greater likelihood of government action based on event outcomes associated with formally structured state sphere deliberations.

Examples of state sphere deliberative engagement mechanisms include Citizens’ Juries¹⁵ and Consensus Conferences.¹⁶ A Citizen’s Jury (of 12-24 demographically diverse individuals) is used to integrate technical information and values into planning and resource allocation decisions.¹⁷ Consensus Conferences can include larger numbers of participants and follow two stages: 1) experts provide technical information to the participants; 2) participants then deliberate on the topic and weigh individual perspectives in light of the presented facts and come to consensus through collective negotiations. During the closing congress, the media, experts and the public are invited to hear the proposed recommendations.¹⁵ While these engagement tools can be delinked from state sphere activities, they lend themselves well to government decision-making processes as one of many inputs.

Public participation within the less structured public sphere (civil society) by contrast can be less formal and more flexible. For example, establishing a network of advocates would be considered less formal when compared to organized engagement strategies of specific topics using Citizens’ Juries. Regardless of the level of formality, each public sphere-located activity is supposed to be cumulative and to strengthen capacity within participants and add to the overall civic participation.¹⁶ Perspectives are more likely to shift in “cold” deliberative settings – usually forums or advisories where the participants are non-partisan and the results are not legally binding.¹⁶ Such public sphere initiatives lower the stakes and thus increase the chance of meaningful and inclusive participation.¹⁷

Sustained public engagement activities over a period of days or months has been shown to produce a higher likelihood that participants shift their perspectives.¹⁵,¹⁶ Participants are provided the time to reflect in a way that does not force them to hold to their original position. When participants come back to the table on a similar topic or with different participants, they can advocate their new position.

Dryzek¹⁸ promotes the idea of loosely connected or semi-detached state and public spheres. The discourse of these cross strategies should continue because they have the ability to influence government decisions over time. A case in point would be how 40 years of gay and lesbian movement(s) made up of
activism, research and deliberations produced new language and people educated within these public movements who now hold socially and politically influential positions. While engagement in the movement was not connected to a specific policy outcome, it shifted societal views, causing governments to change positions to better reflect these value changes.

To decide whether to pursue their substantive goals within public or state spheres, attention should be paid to context. A group would benefit from pursuing their goals within the state sphere if their goals can strongly align with an established or emerging state imperative, provided that this does not deplete civil society’s capacity to continue community-focused dialogues on topics important to the group’s membership. It is also important to consider which voices will be silenced through the process of fitting within the more narrow deliberative processes allowed in the state sphere. While it may still be a legitimate strategy for groups to remain within the state sphere in these instances, it is imperative to create space for marginalized voices. If these conditions cannot be met, it may be better to pursue goals in the public sphere.

Clearly, opportunities exist within Canada to align with initiatives emerging from the newly established Public Health Agency of Canada (PHAC), Health Canada, and the Canadian Institutes of Health Research (CIHR). The responsibility lies with these organizations to bring the outside in through the use of engagement mechanisms that promote sustained two-way dialogue that includes measured process and impact outcomes. Canadians have been exposed to short planning options, and larger, more remote sustained two-way dialogue that involves measured process and impact outcomes. Canadians have been exposed to short deliberative processes allowed in the state sphere. While engagement in the movement promotes democratic renewal and produces new language and people educated in activism, research and deliberations produced new language and people educated within these public movements who now hold socially and politically influential positions.

Forums are then used to inform politicians and government officials as a way of providing non-partisan perspectives on issues related to what type of society we want to become. The strongest benefit of this method is that it allows members of the public to shape the topic under discussion and the framing of the issues laid out in the ‘issues booklet’ designed for the events. While this method is still in its infancy within Canada, results from USA-based National Issues Forums are promising. Funding and training in National Issues Forum facilitation are the most likely predictors of this tool’s fate. Given the tool’s ability to increase civic engagement and to draw out informed public opinions on current national concerns, public dollars ought to be awarded if proper evaluations are guaranteed.

CONCLUSION

Deliberative democratic approaches hold promise in terms of accessing a public that is genuinely well informed and well reasoned. Locating deliberations in the public sphere promotes democratic renewal and builds local solutions, whereas state sphere activities have a higher likelihood of producing legislated changes to public policy. Both strategies ought to be pursued in efforts to increase the number of sites available to the public for education and deliberation on population health promotion issues. Coordinating these efforts locally and nationally is a daunting task. Yet, this is the task that must be examined further in order to understand how best to inform public and government understandings of health inequities. Public funds ought to be provided for coordination and engagement efforts on topics central to creating the conditions for all Canadians to thrive. Using existing mechanisms such as Health Canada, PHAC and CIHR may be the best route for the distribution of targeted public and state sphere resources.

REFERENCES


Received: November 3, 2007
Accepted: April 21, 2008