



UBC CENTRE FOR
HEALTH SERVICES AND
POLICY RESEARCH

Voices and Choices: Public Engagement in Health Care Policy

A summary of the 2007 health policy conference of the
UBC Centre for Health Services and Policy Research

May 2007

Voices and Choices: Public Engagement in Health Care Policy

A summary of the 2007 health policy conference of the UBC Centre for Health Services and Policy Research was produced by:

Centre for Health Services and Policy Research
The University of British Columbia
www.chspr.ubc.ca
enquire@chspr.ubc.ca

Editorial Chris Balma, UBC Centre for Health Services and Policy Research, Merrie-
Ellen Wilcox, Inkstone Writing and Editing.

Photography Lixiang Yan, UBC Centre for Health Services and Policy Research.

ISBN 1-897085-12-5

This document is protected by copyright. It may be distributed for educational and non-commercial use, provided the UBC Centre for Health Services and Policy Research is credited.

Library and Archives Canada Cataloguing in Publication

Voices and choices [electronic resource] : public engagement in health care policy.

Proceedings of the 19th annual health policy conference of the UBC Centre for Health Services and Policy Research held Feb. 22, 2007, Vancouver, B.C.
Also available in print format.

1. Medical policy--Canada--Citizen participation--Congresses. I. University of British Columbia. Centre for Health Services and Policy Research

Contents

4 About CHSPR

4 About the 2007 Conference

5 Conference Key Messages

6 Terms of Engagement: Evolving Definitions and Terminology

8 Why Engage on Health Care? The Promise

10 Does Engagement Work? Evidence Gaps and Pitfalls

12 Advice on Public Engagement in Health Care

Case Study: Engagement at the Local Level: Vancouver Coastal Health

Case Study: Engagement at the Provincial Level: BC's Conversation on Health

16 Speakers

19 Conference Organizing Committee

20 Summaries of Previous CHSPR Conferences

About CHSPR

The Centre for Health Services and Policy Research (CHSPR) is an independent research centre based at the University of British Columbia. CHSPR's mission is to advance scientific enquiry into issues of health in population groups, and ways in which health services can best be organized, funded and delivered. Our researchers carry out a diverse program of applied health services and population health research under this agenda. The Centre's work is:

- independent
- population based
- policy relevant
- interdisciplinary
- privacy sensitive.

CHSPR works to contribute to the improvement of population health by ensuring our research is relevant to contemporary health policy concerns and by working closely with decision-makers to actively translate research findings into policy options. Our researchers are active participants in many policy-making forums and provide advice and assistance to both government and non-government organizations in British Columbia (BC), Canada and abroad.

Funding and Support

CHSPR receives core funding from the BC Ministry of Health, and ongoing support from the University of British Columbia and the UBC College of Health Disciplines.

Our researchers are also funded by competitive external grants from provincial, national and international funding agencies. They include the Canadian Health Services Research Foundation, the Canadian Institutes of Health Research, the Commonwealth Fund, Health Canada, the Michael Smith Foundation for Health Research, and WorkSafeBC.

About the 2007 Conference

Public engagement processes are increasingly being used to gather input on different models of health service delivery, to improve accountability, and to more systematically incorporate patients' views into decision-making. Yet the effectiveness of public engagement as a catalyst for change—particularly in developing and maintaining an overall vision for our health care system—remains unclear.

CHSPR's 19th annual health policy conference—Voices and Choices: Public Engagement in Health Care Policy—looked at the challenges and potential benefits of engaging the public, patient groups, organizations, health authorities, government and the media in health reform.

The conference brought together an impressive range of speakers—researchers, consultants, senior public servants, high-level health care administrators, and members of the media—and attracted over 250 registrants from across Canada. We are pleased to provide this summary of the ideas and themes presented, and hope it prompts discussion and motivates expanded research into some of the questions raised.

CHSPR gratefully acknowledges the British Columbia Ministry of Health and the University of British Columbia for their support of the Centre's operations, including its annual health policy conference.

Conference Key Messages

Public *engagement* processes are characterized by bilateral and deliberative dialogue, mutual respect, power sharing, and in some instances, long-term partnership between citizens and government.

The term *engagement* is often used to refer to more vigorous forms of public involvement, as opposed to *communication* or *consultation*.

Public engagement processes can be viewed as an instrumental good. If properly designed they may expand the scope of available policy options, protect the broader public interest, improve health policy decisions, increase the perceived legitimacy of those decisions, and ultimately, improve outcomes.

However, despite their promise and increasing popularity, we don't know whether public engagement processes are effective in influencing health policy. We need reliable measurement tools and a more consistent vocabulary for describing and categorizing methods. We also need to know more about the impact that contextual influences—issues discussed, processes used, timeframes adopted, local political culture, history—have on the outcome of engagement processes.

The complexity and scope of the health care system increase the challenges involved in effectively designing and using public engagement processes. A particular issue is the difficulty participants may encounter when dealing with trade-offs and resource allocation in complex, large systems.

Engagement processes take both time and money. Sponsoring agencies should engage the public on meaningful issues in a meaningful way.

Transparency is crucial—negative public perceptions can undermine the success of any engagement process, regardless of how well designed that process is. Organizations designing an engagement process must clearly communicate its objectives, ensure those objectives are realistic, and articulate exactly how the public's input will be incorporated into health care policy-making.

All dimensions of the citizenry must be represented in an engagement process. At the national or provincial level, random selection can be used to ensure geographic and demographic diversity. At the local or regional level, special efforts should be made to gather a diversity of views, and to ensure that traditionally underrepresented populations are heard.

Objective, comprehensive and relevant background information is vital to the success of any engagement process, particularly when health care is the focus. That information should provide participants with a range of options, and make them aware of trade-offs involved in selecting each option.

The public should be informed of any final policy decisions related to the engagement process, as well as how, if at all, the process influenced those decisions.

1

Terms of Engagement: Evolving Definitions and Terminology

“ I think it is quite striking that we, prior to the late 1990s, would not have actually seen the term *public engagement* anywhere in our public discourse, or even in the academic literature. **JULIA ABELSON** ”

Engagement

Public involvement in decision-making is an evolving concept, and can take a variety of forms in the context of health care. Keynote speaker Steven Lewis opened the conference by differentiating the term public *engagement* from public *consultation*. He acknowledged that there are many ways to involve citizens in health care decision-making, and, looking at them along a continuum, defined engagement as a “more robust form of public consultation.” Engagement involves bilateral communication and deliberation, in contrast to polling and more transient and unilateral forms of “surface taking of the public temperature”.

Similarly, Judith Maxwell defined public consultation as a one-way conversation, in which the government or sponsoring institution says to the public: “Here is the problem. Here is the solution we’ve come up with. Do you have any comments?” In contrast, public engagement is a two-way conversation, in which government says: “Here is a whole group of problems that we as a society have to struggle with. Come and help us think through the problems and set some priorities.”

Public engagement is a new phrase—one that has emerged over the past decade. Julia Abelson argued that the adoption of engagement (as opposed to terms such as consultation) reflects a real change in the way society and state interact. The notion of engagement involves mutual respect, information exchange, power sharing, shared responsibility, and often, a commitment to ongoing or longer-term processes.

The new terminology also shifts us away from more traditional consultation processes, which haven't served us well in the past. "We can't use the word *consultation* anymore," Abelson argued. "It just conjures up so many negative experiences and images in people's minds."

Many Publics, Multiple Hats

There was also agreement that there are multiple publics—as opposed to a single, monolithic entity—and that publics will often overlap, depending on how they interact with the health care system. One individual, for example, might be engaged as a taxpayer, while another might pay taxes and use health care services. Multiple publics can wear multiple hats.

In the context of health care policy, Julia Abelson identified at least three publics:

- Citizens or lay consultants, who vote, lobby politicians, attend public meetings and voice opinions
- Service users or patients, who bring experiential knowledge to a public engagement process
- Self-identified, or externally identified advocates for consumers and citizens

All of these publics can contribute experiential knowledge, opinions and values to a range of decisions—service planning and design, resource allocation, and technology assessment, funding and adoption.

Ida Goodreau identified an even wider range of publics, or roles that individuals can play within engagement activities targeting health care: the patient or health care consumer, the patient's family members, friends, neighbours and employer, residents or members of local and cultural communities, and citizens. Patients, with direct experience of the system, can provide significant input into discussions with health authorities about patient needs and access to the system. Citizens and taxpayers are more suited to engaging at the broader policy level, focusing on questions regarding the type of society we want, the type of health care system we want, who receives care, who pays, and who makes decisions.

Finally, on a cautionary note, Wendy Armstrong argued that the very definition of *public* is changing, particularly as it relates to advocacy groups. Following a "major assault on public infrastructure, advocacy groups and policy think-tanks in Canada" the term has increasingly begun to refer to groups representing industry interests, rather than consumer or public values.



Julia Abelson
 Director, Centre for Health Economics and
 Policy Analysis

2

Why Engage on Health Care? The Promise

“ Policy-makers need to understand how the best, most well-intentioned and well-conceived ideas in the world may not actually work down there on the ground, for reasons that they could not have anticipated. **WENDY ARMSTRONG** ”

An Intrinsic Good: Democratic Renewal

Democracy is widely viewed as being in crisis. The symptoms of this crisis include declining voter turnout, a perceived lack of accountability in government and public institutions, a general dislike of politics and politicians, a perceived remoteness of government, and the “democratic deficit”—a lack of civic engagement with the world of politics.

Steven Lewis noted that mass democracy is a recent invention. Before the 20th century, it was the norm to enfranchise only parts of the population—there was a distinction between those who were full-fledged members of a democracy and everyone else (who were ruled by the citizens). Lewis noted that Plato’s ideal deliberative democracy consisted of 5,040 people, and Jean-Jacques Rousseau’s city-state consisted of a few

hundred thousand people. Whatever the virtues of today’s mass democracy, it does constitute an alienating experience, argued Lewis. “When you’re one of 32 million Canadians, it’s easy to say: My vote doesn’t count and my voice doesn’t count.”

In this context, public engagement is one way to give the public a voice—in addition to a vote—and to engage them more thoroughly in the realities of politics, policy and decision-making. It can bring citizens closer to the deliberative processes of governance, and prevent decision-makers from becoming too remote from their constituents. At the very least, Lewis commented, “There is something missing from a polity that doesn’t have an outlet for public consultation of a relatively rich sort.”

A Legitimizing Activity

Public engagement—when conducted thoroughly and transparently—confers a stamp of approval on decisions. “Clearly the decisions that governments make become more legitimate if they [the public] know citizens were involved, but they obviously genuinely believe that they can also have an impact on shaping those decisions,” noted Judith Maxwell.

Public involvement, added Maxwell, may also make those responsible for implementing any changes, such as frontline health care workers, more willing to do so.

An Instrumental Good: Better Decisions, Better Policy

The life experiences of public and consumer representatives can help clarify issues, provide new insights, and alert both industry and regulators to potential dangers and problems. Providing the public with opportunities to bring their knowledge to the table also has a reciprocal effect—it helps to build a knowledgeable, skilled citizenry.

Judith Maxwell noted that the experience and knowledge that citizens bring to policy decision-making processes is very different from the technical expertise brought to the table by experts. Health care is complicated, and the average citizen is best positioned to contribute to targeted portions of the decision-making process. Citizens are not experts—they base their choices on personal experiential knowledge

and deeply held values. However, they are the best arbiters of the public interest because they experience health care across multiple dimensions: as patients, caregivers, taxpayers and voters. In contrast, experts, including health care workers and other stakeholder groups, provide essential technical input.

At its best, argued Lewis, public engagement can expand the range of options for policy, bringing about a synergistic, creative learning that wouldn’t emerge from the deliberation of experts and policy-makers alone.

Protecting the Public Interest

Speakers also noted that during the course of designing public policy, predictable and significant biases might arise—whether through the involvement of interest groups, or through the self-interest of the institutions involved. If well designed and well incorporated, argued Paul Quirk, public engagement can be seen as having an important role in identifying, challenging and countering these biases.

Public representation on boards and committees has traditionally served to reduce the risk of what Wendy Armstrong referred to as “regulatory capture by business interests.” This type of representation is designed to eliminate (or at the very least, reduce) the risk of inappropriate political interference, and ensure a fair process.



Wendy Armstrong
Board Member, Consumers’
Association of Canada, Alberta



Steven Lewis
President, Access Consulting,
Saskatoon, Saskatchewan



Judith Maxwell
Past President, Research Fellow,
Canadian Policy Research Networks

3

Does Engagement Work? Evidence Gaps and Pitfalls

“Clearly we all agree on trying to ensure high-quality, accessible health services for Canadians. We are not at all in agreement about whether we should also be investing in and designing public engagement processes to contribute to the achievement of our health system goals. **JULIA ABELSON**

The Evidence Gap

The lack of empirical evidence on the effectiveness of public engagement in influencing policy was a chief concern raised by most speakers. Both Julia Abelson and Steven Lewis noted that there are no real established criteria for judging the success or failure of an engagement process.

It is also difficult, pointed out several speakers, to distinguish between a process motivated by a genuine interest in facilitating and incorporating public input, and those motivated by political reasons.

In short, argued Abelson, governments invest a great deal of time and resources in designing and implementing engagement processes, and rarely

know what they are getting in return. “We don’t know whether it makes any difference at all in terms of policy decisions.”

Paul Quirk and Abelson also noted that we don’t know whether full-fledged public engagement produces better outcomes than “shallow” consultations such as opinion polls—and using polling results to formulate policy has well-recognized drawbacks. Citizens have little incentive to learn about complex issues before being polled, and typically don’t have to “face up” to difficult choices or unpleasant realities—they can insist on “having it all.” Sources of information are also an issue. Most people get their information about policy from the media and from politicians, which means the

information is often less than objective and comprehensive. And finally, argued Quirk, “The worst effects of public opinion on policy are a result of the fact that policy-makers anticipate issues being used against them in political campaigns, often in very misleading ways.”

In order to determine whether public engagement works, reliable measurement tools are required, as well as a more consistent vocabulary for describing and categorizing methods. The research community also has to develop a better understanding of the role contextual influences—issues discussed, processes used, timeframes adopted, local political culture, history—play on the outcome of engagement processes.

However, acknowledged Abelson, there is considerable debate within the academic community between those trying to apply these more technical, structured approaches and those who believe that engagement processes should remain flexible and be tailored to different issues and contexts.

Engage for Engagement’s Sake?

It is often argued that the actions of government or institutions will be viewed as more legitimate if populations believe that fellow citizens had a role in formulating policy or making decisions. This, in turn, might help counter the malaise or lack of trust in government and low levels of democratic participation.

However, argued Paul Quirk, this notion hasn’t really been proved. “In fact, research on changes over time in how citizens view the government generally suggests that government is well thought of when it is successful in solving problems itself.” Quirk added: “I would not want to see any presumption in favour of acting on citizens’ opinions—no matter how they were arrived at. What I think is really useful is for policy-makers to have to explain if what they’re doing is different from what citizens have advised.”

It was also noted by several speakers that the involvement of public representatives on boards has not always been shown to have an impact on the decisions those boards make.

The Complexity of Health Care

Finally, is health care the best place to start? Polls have consistently shown that the Canadian public is deeply interested in health care and wants an increased role in shaping its future. But public engagement is particularly challenging when viewed in this context. The sheer complexity of the health care system, the vast numbers of decisions made every day within the system, the ever-changing technology involved, and the value-laden attitudes brought to the table all complicate engagement efforts.

A particular challenge, noted Paul Quirk, is the difficulty that individuals have when dealing with trade-offs and resource allocation in complex, large systems.

Steven Lewis added: “It is unclear to some, whether in the face of such complex issues, there is a public that has a relatively stable and even apprehendable point of view. And this leads to the question: Is health care policy an appropriate field in which to be investing in public engagement?”



Paul Quirk
*Professor, Department of Political Science,
 University of British Columbia*

4

Advice on Public Engagement in Health Care



If you have a really honest process, which has the balance of all the voices and the objectivity and the respect, the conclusions will go well beyond the conventional wisdom. And often there are some real surprises—that citizens are actually prepared to deal with issues when governments are not ready to explore them yet... So the wisdom and the pragmatism and the passion of Canadians should never be underestimated. **JUDITH MAXWELL**

When to Engage

Meaningful public engagement is resource intensive—it takes time, money and expertise. A sponsoring agency should begin by determining whether public engagement—or a new round of public engagement—is required at all. Several speakers made the point that governments and institutions don't have to reinvent the wheel. In some instances, a pool of knowledge drawn from previous public engagement efforts—such as the Commission on the Future of Health Care in Canada—can be tapped in order to help guide policy. “Why not consolidate and act on all of the input from previous public engagement processes?” noted Julia Abelson.

If engagement is called for, it should be well timed and focused. With a host of decisions being made (at a variety of levels) within the health care system at any given time, it's not feasible or desirable to engage the public on every decision. “The time to really step up to the plate and engage citizens comes when you believe that policy—whether this is at the local level or at the provincial or national level—is at some kind of turning point,” advised Judith Maxwell. This might come at a point when policy options are being assessed, or priorities are being set.

Participants should be involved as early as possible in the process—in setting the agenda, designing the tools to be used in the process, and sourcing background information and expert witnesses. This might be particularly important if the process is going to be long-term or ongoing.

What Issues to Engage On

Both Steven Lewis and Judith Maxwell commented that public engagement processes might be best suited to deliberating on contentious or controversial issues. Health Canada's *The Health Canada Policy Toolkit for Public Involvement in Decision-Making* (2000) suggests that the greater the potential impact on either citizens' health or the health system resulting from conflicts in values or identity, or from difficult choices or trade-offs, the more likely the issue should be considered for citizen engagement.

Ida Goodreau pointed to the vital role that experiential knowledge can play in public deliberation, arguing that it is most valuable to involve the public in efforts designed to improve day-to-day service and satisfaction levels. That might involve issues around navigating the health care system, cultural sensitivity, self-care and self-responsibility, and safety.

This experiential knowledge, added Maxwell, makes the public best at defining the broader boundaries for policy action—not technical specifics. "They have to base their choices primarily on their experiential knowledge and on their deeply held values, because they are not experts."

And perhaps most importantly, engagement efforts shouldn't waste the public's time. "Don't just engage the public meaningfully. Engage the public about meaningful things," advised Julia Abelson. These meaningful topics might include, Abelson added, debates regarding public and private mixes in health care funding.

Case Studies

Engagement at the Local Level: Vancouver Coastal Health

Vancouver Coastal Health—the regional health authority serving Vancouver, North Vancouver, West Vancouver, Richmond and the coastal mountain communities—is the only health authority in Canada with a dedicated community engagement team. In 2006, the International Association for Public Participation selected Vancouver Coastal Health (VCH) as Organization of the Year in recognition of its accomplishments in the areas of community engagement.

Created when the health authority was established, the VCH community engagement team consists of a director and six staff. The team's entire focus is engaging the public, in order to assess the needs of the community, improve services based on community feedback, target the most effective resources for the community, foster healthy communities through self-help and peer-support approaches, and be publicly accountable.

VCH has a number of community liaison structures. Community health advisory committees (one in each of three health service areas as well as one for the Aboriginal community) are made up of volunteers. The committees meet regularly—every four to six weeks—and twice a year with the health authority's senior executive team. They focus on specific issues—patient safety, navigating the health care system, and using emergency rooms and primary care more effectively. They identify the needs and concerns of people in their community and then provide the health authority with advice on how to work with the community on these issues. Government liaison committees bring together community agency representatives, local elected officials, and health authority representatives three to four times a year to identify both the needs of the community and ways that the health authority can interact with local plans and investments in housing, education and other services.

The team also runs specific engagement initiatives designed to involve patients and families in developing strategies for addressing a wide range of specific issues—dementia care, hip and knee replacement, palliative and end-of-life care, and chronic disease management. The VCH team also conducts open board meetings, public education forums and community conferences, and report on the health status of the population and access to health care. Complete information is available at www.vch.ca/ce.

Who to Engage

Determining what publics to involve in an engagement effort will often depend on the scope of the exercise. If the scope is provincial or national, the best way to ensure a representative pool of participants is random selection—select a group of people who will reflect all dimensions of the population being affected (geography, demography, political affiliation, and ideology).

At the local or regional level, however, random selection might not be the most appropriate, or only, method to consider. Judith Maxwell argued that one of the most important factors at this level is to include a diversity of views in the conversation, and to ensure that populations that aren't normally heard are represented. It is essential that the citizens involved represent the entire community being served.

How to Engage

When planning a public engagement process, sponsoring institutions must design it carefully, cautioned a number of speakers. “Process matters,” argued Julia Abelson. How the public is engaged will determine the quality of the outcome. Given the current lack of hard and fast rules in the field, single out the best evidence-informed public engagement techniques possible. This can include matching ideas from a variety of methods or jurisdictions to the particular context at hand.

Just as process matters, so do communication and information. Begin by clearly communicating the objectives of the process, and ensure those objectives are realistic. Outline what the process is designed to achieve and how the results will be used—for example, how will they be analyzed, and how will they inform policy-making.

Also provide participants with objective, comprehensive background information that is based on good research and is relevant to the topic at hand. “And provide meaningful and relevant information about



Allison Bond

Assistant Deputy Minister, Conversation on Health, British Columbia Ministry of Health



Ida J Goodreau

President, Chief Executive Officer, Vancouver Coastal Health



Vaughn Palmer

Provincial Political Columnist, Vancouver Sun; Legislative Correspondent, Global Television

the whole system,” urged Wendy Armstrong, pointing out that making sound decisions about health care might require information on the insurance industry, the social determinates of health, or other contextual factors outside the immediate purview of the sponsoring institution. An independent third party might be brought in to produce or vet the information.

Judith Maxwell and Paul Quirk highlighted that it can be useful to include a range of options—reflecting all the possibilities available to the community—in background information. Make participants aware of trade-offs, spelling out the pros and cons of each option. In health care, several speakers pointed out, there is rarely a single, perfect solution.

After providing relevant, comprehensive information, give participants enough time to work through it. Deliberation is vital in order to reach a decision that truly reflects the public interest. If required, use credible and trustworthy facilitators.

Finally, transparency is crucial to any effort involving the public. Negative public perceptions of an engagement process can undermine its success, regardless of how well designed that process is.

Governments and sponsoring institutions should not only report on what happens during an engagement process, but also describe and explain the degree to which public input has been taken into account once a final decision has been made and a policy implemented—or not implemented. In fact, argued Paul Quirk, perhaps the most valuable outcome an engagement process can have is to compel governments to explain why and how their actions diverge from any input collected.

Case Studies (cont.)

Engagement at the Provincial Level: BC’s Conversation on Health

The provincial government’s yearlong Conversation on Health—launched in the fall of 2006—is asking British Columbians for opinions and ideas on a variety of health priorities, including issues regarding sustainability.

The Conversation operates three consultation streams: a public stream, a separate stream for health professionals and interested parties, and an international health care innovation symposium, planned for later in 2007.

A wide variety of tools are being used to reach British Columbians in the public stream—a toll-free phone line, traditional mail submissions, e-mail, and anonymous online forums targeting specific issues.

The Conversation is also running 16 regional public forums that involve patient and health professional focus groups, health professional meetings, and community-sponsored meetings designed to generate submissions. Participation is through open registration—the aim is not to draw a statistically significant pool of participants, but to give British Columbians, on a fairly large scale, the ability to voice their ideas and concerns.

Participants are given information packages prior to public forums, and due to the controversial nature of many health care issues, the quality of some has sparked debate. The results of open format discussions are quickly transcribed and posted on a dedicated website. The site—which has proven to be one of the most popular aspects of the process—also provides information about health and the health care system, newsletters, interactive maps, quizzes and polls, and information about the Conversation and how people can get involved.

A variety of key topics have emerged from the public stream of the Conversation—how to make the best use of health human resources, improving primary health care, 24-hour clinics attached to hospitals, and end-of-life care. The government of British Columbia will receive a summary report of the Conversation on Health by the end of 2007.

Speakers

Julia Abelson

Director, Centre for Health Economics and Policy Analysis

An associate professor with the Department of Clinical Epidemiology and Biostatistics at McMaster University, Julia Abelson holds a Canadian Institutes of Health Research New Investigator Award and is a past recipient of an Ontario Ministry of Health and Long-Term Care Career Scientist Award.

Her research interests include democratic participation in health policy decision-making, the evaluation of innovations in the organization, funding and delivery of health services, and health policy analysis. Through her research and education activities, she works closely with decision makers at the provincial, regional and local levels.

Abelson earned her master's degree in health policy and management from the Harvard School of Public Health, and her doctorate in social and policy sciences at the University of Bath.

Wendy Armstrong

Board Member, Consumers' Association of Canada, Alberta

Wendy Armstrong has over 20 years' experience representing the public and championing greater public participation in health care policy. She is a former president of the Alberta affiliate of the Consumers' Association of Canada (CAC), a member of the Association's national health committee, a researcher into quality of life issues, and a recognized consumer advocate.

Armstrong served as a key member of the steering committee for the first Citizens' Lay Consensus Panel Conference held in Canada, and in 2003 co-authored

a report on the experiences and expectations of public representatives in government consultations and committees. She has also authored and co-authored a number of reports for the CAC, including reports on the changing health care landscape in Canada and on food safety and security.

She has sat on numerous advisory committees including the Public Advisory Committee to the Law Reform Commission of Canada, the National Privacy Working Group on Health Information, the National Round Table on Disabilities, and the Alberta Clinical Practice Guidelines Program Advisory Committee. Armstrong is also an active member of PharmaWatch and the Women and Health Protection Network.

Allison Bond

Assistant Deputy Minister, Conversation on Health, British Columbia Ministry of Health

Recently appointed to lead the British Columbia government's Conversation on Health, Allison Bond began her career with the provincial government in 1990. She has held a number of positions, from policy to strategic planning to treaty negotiations, and was appointed to her first assistant deputy minister position with Aboriginal Affairs in 1999.

In 2001, Bond was appointed to lead Land Information BC within the newly formed Ministry of Sustainable Resource Management. In 2005, she was asked to head up the Regional Services Division of the Ministry of Employment and Income Assistance, where she focused on shifting the culture of the organization and moving towards improved client services and service integration.

Bond received the Premier's Finalist Award for Leadership in 2005. She earned an undergraduate degree from Mount Allison University, a law degree from the University of Victoria, and a master's in law from McGill.

Ida J Goodreau

President, Chief Executive Officer, Vancouver Coastal Health

Since 2002, Ida Goodreau has led Vancouver Coastal Health (VCH) through a series of changes designed to build an integrated continuum of health care services. Under her leadership, VCH is shifting from a facility and treatment-centred approach to one that is more patient-centred and focused on supporting healthy lives in healthy communities.

Goodreau has extensive experience in leading organizational change, having served as Senior Vice President, Global Optimization and Human Resources of Norske Skog Industrier in Oslo, Norway. Prior to that, she was President of Fletcher Canada's pulp operations in Vancouver. Her extensive career has also included the positions of Managing Director of Tasman Pulp and Paper in Auckland New Zealand and Vice President, Human Resources of Union Gas Limited in Ontario. Goodreau is a member of the Board of Directors for Shell Canada, and has served on a number of other boards, including the United Way, YMCA and the Edgewood Chemical Dependency Treatment Centre.

Steven Lewis

President, Access Consulting, Saskatoon, Saskatchewan

A nationally recognized health policy consultant, Steven Lewis is a visiting professor with the Faculty of Health Sciences at Simon Fraser University. His research and analytic interests have included performance measurement in health care, evidence-based decision-making, health reform, the relationship between law and policy, wait times, and regionalization.

Prior to resuming a full-time consulting practice in Saskatoon, Lewis headed a health-research granting agency and spent seven years as chief executive officer of the Health Services Utilization and Research Commission in Saskatchewan. He has served on a number of prestigious boards and committees, including the Canadian Institutes of Health Research's Governing Council, the Saskatchewan Health Quality Council, and the Health Council of Canada.

Lewis co-edited the first five annual Canadian Institute for Health Information Health Care in Canada reports, and has written extensively on how to strengthen medicare. He is an associate editor of the *Journal of Health Services Research and Policy*.

Judith Maxwell

Past President, Research Fellow, Canadian Policy Research Networks

Judith Maxwell is a research fellow and the founding president of the Canadian Policy Research Networks. She has extensive experience in both public and private sector think tanks, and has established a national reputation as a leading thinker on Canada's social and economic policy choices. She is also one of the pioneers in deliberative dialogues that give unaffiliated citizens a voice in public policy discussion.

Maxwell is a member of the Order of Canada, a member of the board of directors of Bell Canada Enterprises, and has been awarded honorary degrees by seven Canadian universities. She has also received a number of awards, including the Trudeau Mentor award and the Saskatchewan Distinguished Service Award. She was Chair of the Economic Council of Canada from 1985 to 1992. Earlier in her career, she worked as a consultant, as director of policy studies at the CD Howe Institute and as a journalist.

Vaughn Palmer

*Provincial Political Columnist, Vancouver Sun
Legislative Correspondent, Global Television*

An award winning journalist, Vaughn Palmer has been the Vancouver Sun's provincial affairs political columnist since 1984. He is also a legislative correspondent for Global Television and host of the weekly *Voice of BC* on Shaw TV.

Palmer has earned a reputation as a non-partisan watchdog of British Columbia politics, and his hard-hitting columns have seen him examine an extensive range of issues, including public involvement in electoral reform and the politics of health care. He is a recipient of the Hyman Solomon Award for excellence in public policy journalism, and a co-recipient of the Jack Webster award for reporting.

Starting out as a beat reporter with the Sun, Palmer has also worked as an editorial writer and rock critic. Palmer was born in Gaspé, Quebec and moved to British Columbia in 1967 where he attended the University of British Columbia and worked on the university's student newspaper. From 1982 to 1983 he attended Stanford University on a journalism fellowship.

Paul Quirk

*Professor, Department of Political Science,
University of British Columbia*

Paul Quirk holds the Phil Lind Chair in US Politics and Representation at the University of British Columbia. He has written on a wide range of topics in American politics, including public opinion, regulatory politics and public policy-making.

His books include *Deliberative Choices: Debating Public Policy in Congress*, and his work has been published in the *American Political Science Review*, the *American Journal of Political Science* and the *Journal of Politics*.

Quirk has received the Louis Brownlow Book Award of the National Academy of Public Administration and the Aaron Wildavsky Enduring Achievement Award of the Public Policy Section of the American Political Science Association. He earned his PhD at Harvard University and has taught at several US universities, most recently the University of Illinois.

Conference Organizing Committee

Chris Balma

Communications Manager, UBC Centre for Health Services and Policy Research

Charlyn Black

Director, UBC Centre for Health Services and Policy Research
Professor, Department of Health Care and Epidemiology, UBC

Nancy Hogan

Operations Manager, UBC Centre for Health Services and Policy Research

Annie Ly

Receptionist, UBC Centre for Health Services and Policy Research

Steve Morgan

Faculty, UBC Centre for Health Services and Policy Research
Assistant Professor, Department of Health Care and Epidemiology, UBC

Julie Parsad

Financial and Administration Assistant, UBC Centre for Health Services and Policy Research

Sabrina Wong

Faculty, UBC Centre for Health Services and Policy Research
Assistant Professor, School of Nursing, UBC

Summaries of Previous CHSPR Conferences

Toward a National Pharmaceuticals Strategy.

Morgan SG, Balma C, Wilcox, M-E (editors). A summary of the 2006 health policy conference of the UBC Centre for Health Services and Policy Research; 2006 February 9-10; Vancouver, BC. Vancouver (BC): Centre for Health Services and Policy Research; May 2006.

As Good as it Gets? Strategies for Improving Chronic Care Management.

A summary of the 2005 health policy conference of the UBC Centre for Health Services and Policy Research; 2005 February 25; Vancouver, BC. Vancouver (BC): Centre for Health Services and Policy Research; August 2005.

What a Tangled Web We Weave: Improving Performance Reporting and Accountability in BC.

Centre for Health Services and Policy Research. Proceedings of the 16th Annual Health Policy Conference of the Centre for Health Services and Policy Research; 2003 November 7; Vancouver, BC. Vancouver (BC): Centre for Health Services and Policy Research; October 2004.

Genetic Testing: Help, Hope or Hype.

Baird P, Williams-Jones B (editors). Proceedings of the 15th Annual Health Policy Conference of the Centre for Health Services and Policy Research; 2002 November 8; Vancouver, BC. Vancouver (BC): Centre for Health Services and Policy Research; July 2004.

Trading Away Health? Globalization and Health Policy.

Ostry A, Cardiff K (editors). Report from the 14th Annual Health Policy Conference of the Centre for Health Services and Policy Research; 2001 November 9; Vancouver, BC. Vancouver (BC): Centre for Health Services and Policy Research; October 2002.

Threats to Quality: Illusion or Reality?

McGrail KM, Cardiff K, Helmer D (editors). Conference summary for the 13th Annual CHSPR Health Policy Conference; 2000 November 10; Vancouver, BC. Vancouver (BC): Centre for Health Services and Policy Research; December 2001.

Tales from the Other Drug Wars.

Barer ML, McGrail K, Cardiff K, Wood L, Green CJ (editors). Papers from the 12th Annual CHSPR Health Policy Conference; 1999 November 26; Vancouver, BC. Vancouver (BC): Centre for Health Services and Policy Research; November 2000.

Determinants of Health: Impact on Health and Social Policy.

Cardiff K, Green C, McGrail K, Wood L. Summary of the 11th Annual CHSPR Health Policy Conference; 1998 November 6; Vancouver, BC. Vancouver (BC): Centre for Health Services and Policy Research; February 1999.

Download summaries at: www.chspr.ubc.ca/hpc/archive