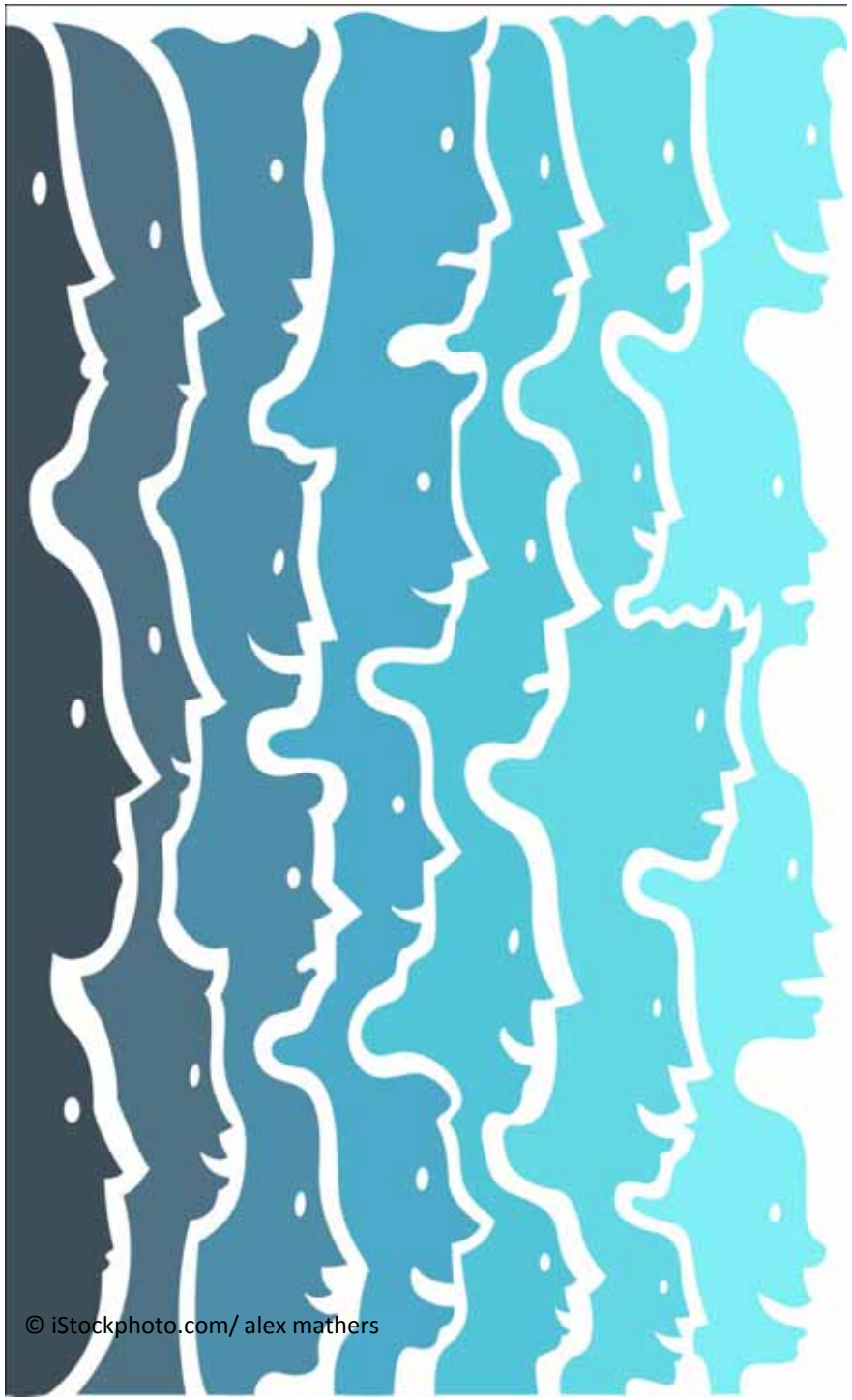

From deliberation to action

Using deliberative processes to address wicked problems

François-Pierre Gauvin

Val Morrison

Niagara-on-the-Lake

May 6th, 2011

Centre de collaboration nationale sur les politiques publiques et la santé

National Collaborating Centre for Healthy Public Policy

Institut national de santé publique Québec

Welcome!

Governments must tackle wicked problems.

e.g. health inequalities, obesity, climate change, bed bugs….

How can we tackle such ‘wicked problems’?

We need mechanisms…

1. To develop a shared understanding of wicked problems
2. To better understand what works and in what context
3. To reach agreement and trigger action

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Today's presentation

Part 1. What is a 'wicked problem'? [15 minutes]

Part 2. What is a 'deliberative process'? [40 minutes]

- ✓ Two deliberative trends
- ✓ Deconstructing 'deliberative processes'
- ✓ Two examples

Part 3. Debate – Deliberative processes lead to better policy-making [25 minutes]

Short break [20 minutes]

Part 4. Activity – Mapping an issue[40 minutes]

Part 5. Wrap-up & needs assessment [10 minutes]

Part 1

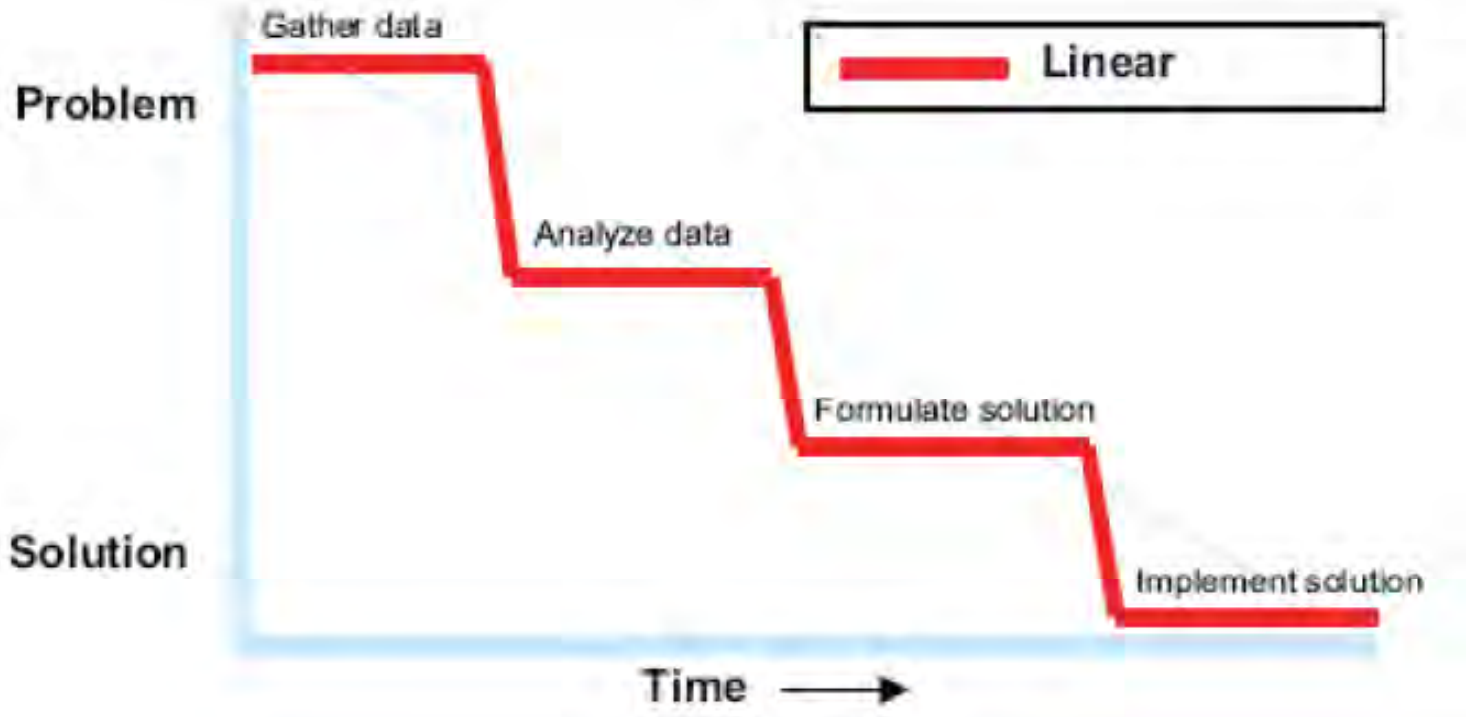
What is a ‘wicked problem’?

Fragmenting Forces

- Wicked problems
- Social complexity
- Technical complexity

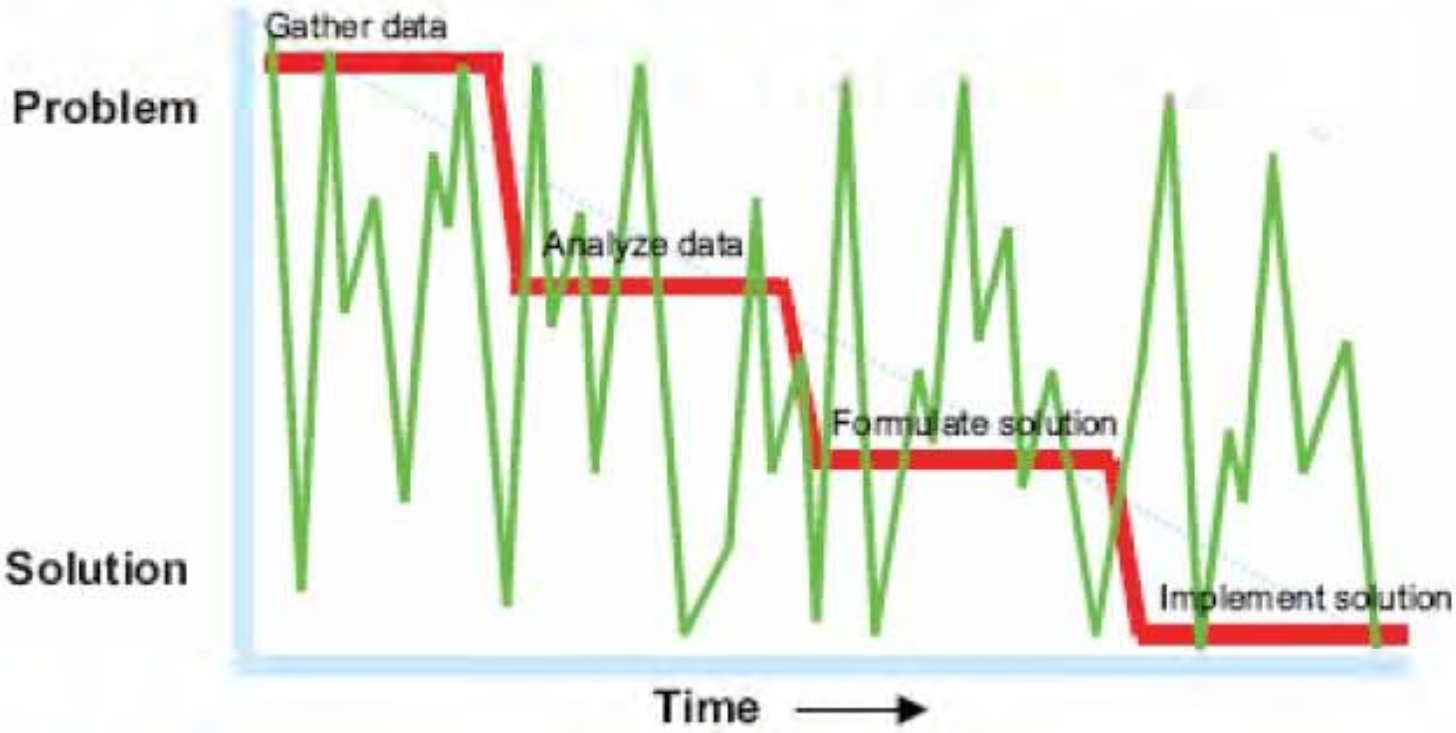
(Conklin, J., 2006. Dialogue Mapping: Building Shared Understanding of Wicked Problems. USA: Wiley.)

Traditional /Linear problem solution



(Conklin, 2006 p.9)

Opportunity-based problem solution



(Conklin, 2006 p.10)

Wicked Problems

- You don’t understand the problem until you have developed a solution.
- Wicked problems have no stopping rule.
- Solutions to wicked problems are not right or wrong.
- Every wicked problem is essentially unique and novel.
- Every solution to a wicked problem is a “one-shot operation.”
- Wicked problems have no given alternative solutions.

(Conklin, 2006 p.14-15)

Tame Problems

- Have a well-defined and stable problem statement.
- Have a definite stopping point, i.e. when the solution is reached.
- Have a solution which can be objectively evaluated as right or wrong.
- Belong to a class of similar problems which are all solved in the same similar way.
- Have solutions which can be easily tried and abandoned.
- Come with a limited set of alternative solutions.

(Conklin, 2006, p.9)

- Tame Problems
  - New employee
  - Municipal sewage system
  - Space travel

- Wicked problems
  - Obesity
  - Health inequalities
  - Social planning problems
  - … most policy issues

Taming wicked problems

- « attempting to tame a wicked problem, while appealing in the short run, fails in the long run. » (Conklin, 2006, p.22)

Tools for resolving wicked problems

- Cognexus Institute
  - Issue/Dialogue Mapping
    - IBIS (Issue-Based Information System)
      - A structure for rational dialogue among several stakeholders (Conklin, 2006, p.15)
    - Compendium

- Issue mapping and deliberative dialogue

Part 2

What is a ‘deliberative process’?

Have you ever participated in a deliberative process?

How do you recognize a deliberative process when you see one?

Conversation café

Charette

Dialogue mapping

Consensus conference

Citizens reference panels

Citizen jury

21st Century Town Hall Meeting

Scenario workshop

National issues forums

Deliberative polling

Policy dialogue

E-Deliberation

Planning cell

Open space technology

Deliberation

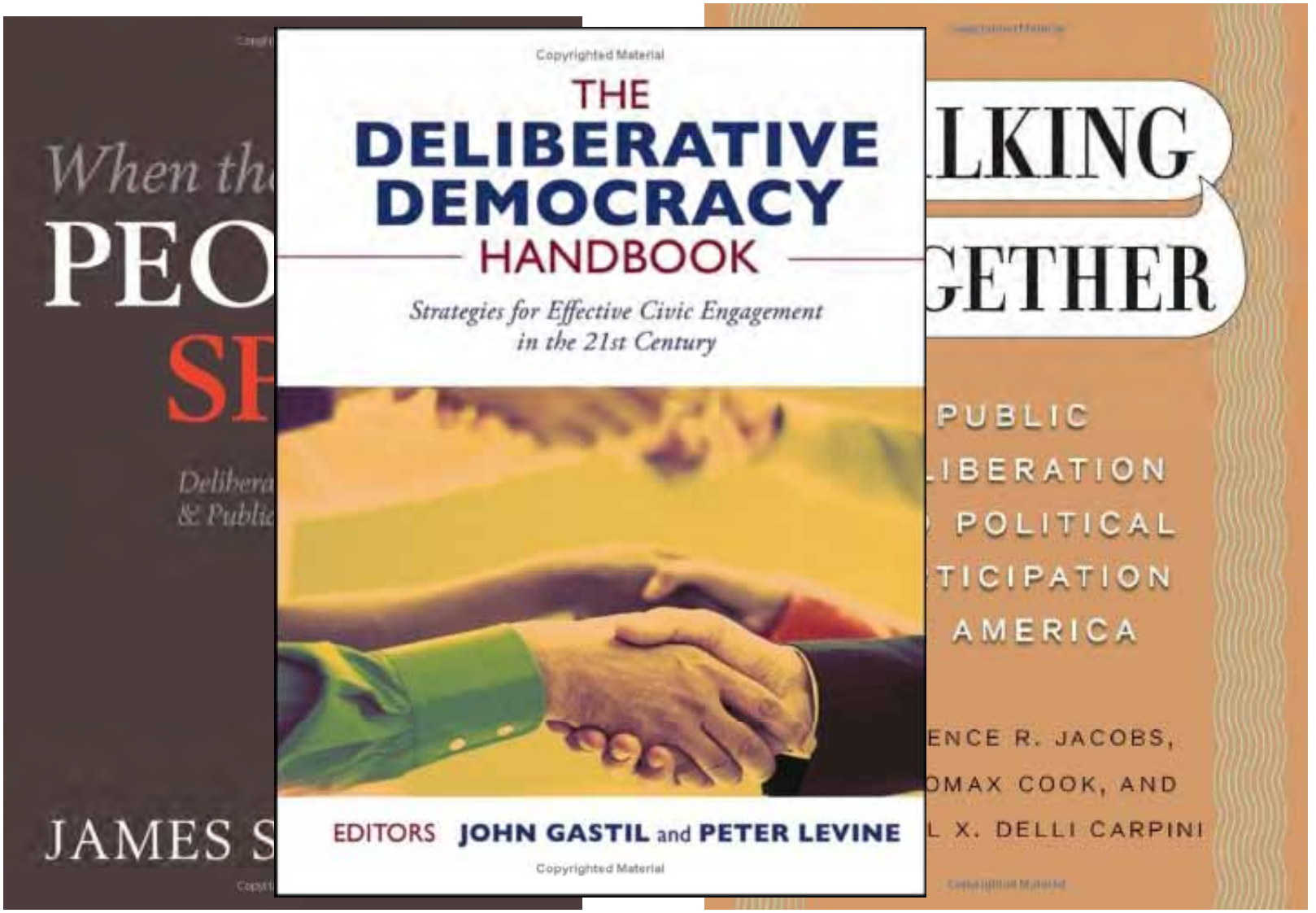
1. thoughtful, careful, or lengthy consideration
2. formal discussion and debate, as of a committee, jury, etc
3. care, thoughtfulness, or absence of hurry, esp. in movement or speech

*Collins English Dictionary - Complete & Unabridged 10th Edition, 2009 © William Collins Sons & Co. Ltd. 1979, 1986 © HarperCollins Publishers 1998, 2000, 2003, 2005, 2006, 2007, 2009

Two deliberative trends

Deliberative democracy & KTE

Deliberative democracy



Abelson (2010) on ‘deliberative processes’

“Individuals with different backgrounds, interests, and values listen, learn, and potentially persuade and ultimately come to more reasoned, informed, and public spirited judgments”

*Abelson, J. (2010) *Délibération publique et gouvernance démocratique: Théories, pratiques, et données probantes*, Journées annuelles de santé publique, Montréal, March 12 (Online): http://www.ncchpp.ca/docs/DeliberationJASP2010_AbelsonEN.pdf

Move away from traditional public consultation to…

-Improve the accountability and legitimacy of political systems

-Increase public understanding of policy issues, citizens' competency and capacity

- Improve the quality of policy-making by tapping in citizens' knowledge

Knowledge translation and exchange

Contents lists available at ScienceDirect

Social Science & Medicine

journal homepage: www.elsevier.com/locate/socscimed

Getting evidence into policy: The need for deliberative strategies?

Kathy Flitcroft [a,*], James Gillespie [b,c], Glenn Salkeld [a], Stacy Carter [b,d], Lyndal Trevena [b]

ARTICLE INFO

ABSTRACT

Getting evidence into policy is notoriously difficult. In this empirical case study we used document analysis and key informant interviews to explore the Australian federal government's policy to implement a national bowel cancer screening programme, and the role of evidence in this policy. Our analysis revealed a range of institutional limitations at three levels of national government: within the health department, between government departments, and across the whole of government. These limitations were amplified by the pressures of the 2004 Australian federal election campaign. Traditional knowledge utilisation approaches, which rely principally on voluntarist strategies and focus on the individual, rather than the institutional level, are often insufficient to ensure evidence-based implementation. We propose three alternative models, based on deliberative strategies which have been shown to work in other settings: review of the evidence by a select group of experts whose independence is enshrined in legislation and whose imprimatur is required before policy can proceed; use of an advisory group of experts who consult widely with stakeholders and publish their review findings; or public discussion of the evidence by the media and community groups who act as more direct conduits to the decision-makers than researchers. Such deliberative models could help overcome the limitations on the use of evidence by embedding public review of evidence as the first step in the institutional decision-making processes.

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Introduction

Getting evidence into policy and practice is harder than the rhetoric suggests. For example Pawson (2006) states that in Britain "much of the recent governmental head-nodding to evidence-based policy is mere lip service" (p. 175), while in Australia, Banks (2010) notes "The truth is, that while there has been much talk about evidence-based policy, far less attention has been paid to how we actually go about it and how we might do it better" (p. 3).

The role of evidence in policy-making is complex, and even the definition of evidence is contestable (Dobrow, Goel, & Upshur, 2004; Head, 2008). Majone (1989) argues that "evidence is not synonymous with data or information. It is information selected from the available stock and introduced at a specific point in the argument in order to persuade a particular audience of the truth or falsity of a statement" (p. 10). This definition raises questions about who determines what information is considered as evidence, on what basis these decisions are made, and how evidence is actually used in the decision-making process.

Policy emerges from the interaction of different forms of evidence, filtered and shaped by the institutional processes of decision-making. Head (2008) argues that evidence is perceived through three distinct lenses: systematic or scientific research, drawing on knowledge from different disciplines; programme management experience or practice, based on organisational knowledge; and political judgement, involving persuasion, strategising and building coalitions of support. In contrast, for Lin (2003) policy is formed out of the competition between three rival rationalities: the technical, based on the formal scientific assessment of evidence; the cultural, focusing on the values and ethics of participants in the policy process; and the political, concerned with power sharing and the creation of legitimacy. Both views break with any linear notion of knowledge utilisation and emphasise how policy-making is the management of rival value sets and notions of evidence. This conflict is channelled and managed through institutions, such as the legislative, judicial and executive arms of

FINAL REPORT

MAY 2005

CHSRF FCRSS

Services Research Foundation

CHSRF(2006) on ‘deliberative processes’

“A deliberative process is a tool for producing guidance based on heterogeneous evidence. It is a participatory process that includes representation from experts and stakeholders, face-to-face interaction, criteria for the sources of scientific evidence and their weight, and a mechanism for eliciting colloquial evidence while making it subsidiary to the science.”

*Canadian Health Services Research Foundation (2006) *Weighing up the evidence: Making evidence-informed guidance accurate, achievable, and acceptable*, Ottawa: http://www.chsrf.ca/migrated/pdf/weighing_up_the_evidence_e.pdf

Move away from traditional KT strategies to…

- Increase interactions between knowledge producers and users

- Contextualize scientific evidence

- Improve the quality of policy-making by tapping in experts', decision-makers', and civil society's knowledge

In sum, a deliberative process…

1. A group of person who meet face-to-face and/or virtually
2. Receive and exchange information about an issue
3. Critically examine the issue, and
4. Achieve a rationally motivated agreement

Part 2b

Two examples

Example 1

The Strategic Meeting on Health

INSTITUT DU NOUVEAU MONDE

The Strategic Meeting on Health

- Initiated in 2005 by the Institut du Nouveau Monde
- 8 regional public dialogues across the province of Quebec
- 1 national public dialogue in Montreal
- 175 citizens and 20 expert-witnesses

Overarching objective

- Achieve a vision of the Quebec that citizens aspired to live in 20 years from now

Five dilemmas

1. Is health an individual or a collective responsibility?
2. Is the role of the State to prevent or cure?
3. What should be the public and private sector roles in healthcare?
4. Should we pay more or should we reduce the Medicare basket?
5. Who should decide: bureaucrats, physicians, politicians or citizens?

Expert presentations

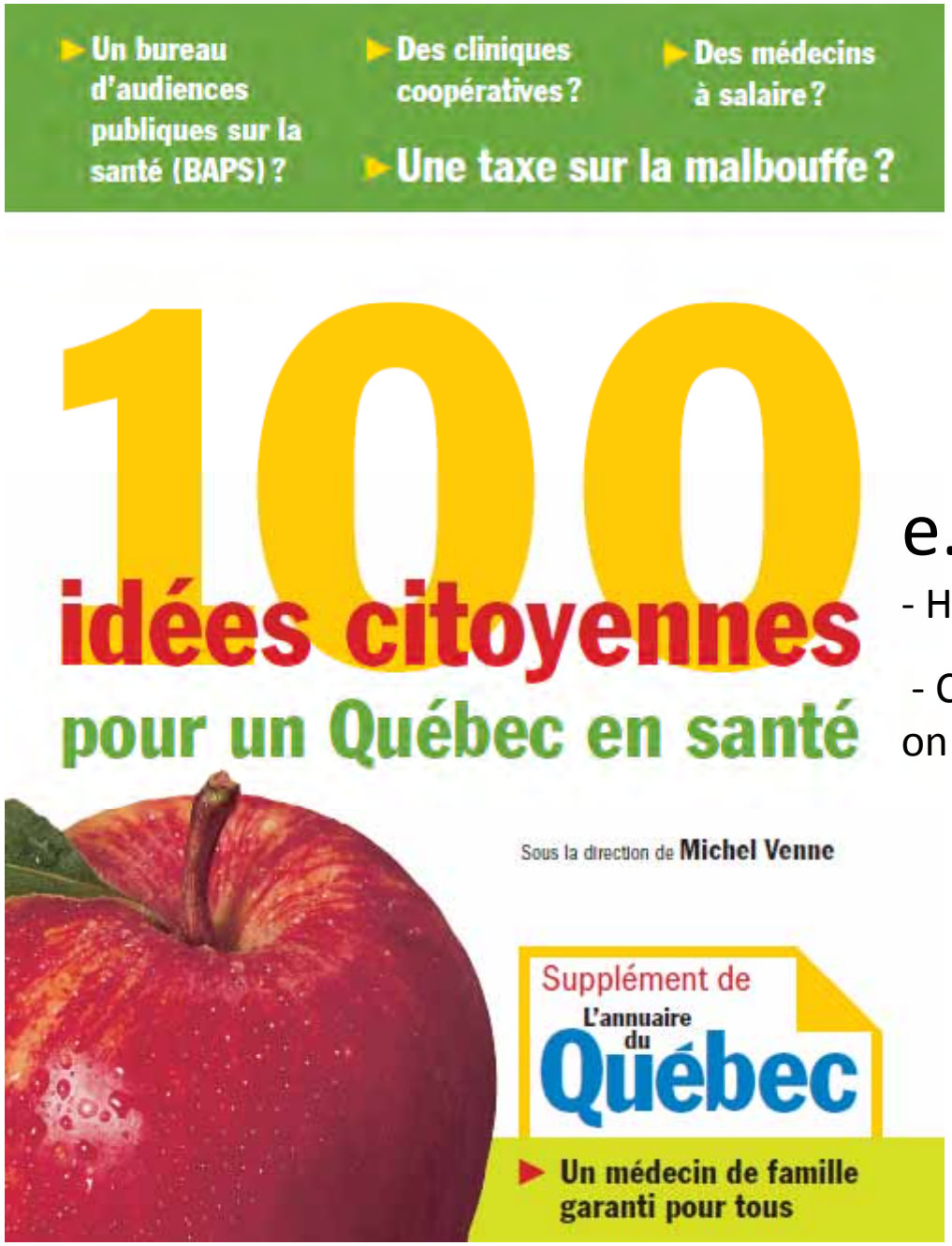
Le docteur Alain Poirier répond aux questions de citoyens en région. Vidéoconférence, le 12 mars 2005.

Small group deliberation around specific dilemmas

Discussion en atelier, 12 mars 2005, à Montréal.

Dialogue between citizen and expert panels

Un panel d'experts et un panel de citoyens en dialogue, le 6 mai 2005, à l'UQAM.



e.g.

- Health impact Assessment

- Creating the "Office for Public Audiences on Health"

Example 2

The Stakeholder Dialogue on Housing for people with HIV/AIDS

McMaster
HEALTH FORUM

The Stakeholder Dialogue

• Organized in 2010 by the McMaster Health Forum, with support from the Ontario HIV Treatment Network, CIHR, and MOHLTC

Overarching objective

•Examine issues that make it difficult to provide services that meet the housing and health needs of people with HIV/AIDS, 3 options for addressing these issues, and key implementation considerations

4-step process

1. Preparatory consultations to frame and characterize the problem and three possible policy options to address it
2. Before the event, prepare and circulate an evidence brief that mobilizes relevant research evidence
3. 15 to 18 officials, leaders, citizens and researchers are convened for an off-the-record dialogue (Chatam House Rule)
4. After the event, prepare and circulate a dialogue summary

Let’s watch a testimonial...

© iStockphoto.com/ Marie Cloke

McMaster University

McMaster HEALTH FORUM

Addressing Housing Challenges Faced by People with HIV in Ontario

Stakeholder Dialogue
1 June 2010

The McMaster Health Forum convened a stakeholder dialogue on the subject of addressing housing challenges faced by people with HIV. With the support of the Ontario HIV Treatment Network, the dialogue brought together participants – two policymakers, one manager from a health region, five housing providers, two representatives from AIDS service organizations, one representative from a healthcare organization, four researchers/research funders, and two other stakeholders – from across Ontario to examine the problem, options for addressing it, and key implementation considerations.

The stakeholder dialogue and the issue brief that informed it were funded by the Canadian Institutes of Health Research (CIHR), through a Meetings, Planning and Dissemination grant to the Ontario HIV Treatment Network (OHTN). OHTN receives core operating funding from the Ontario Ministry of Health and Long-Term Care through the AIDS Bureau. The views expressed in the dialogue summary are the views of the author and should not be taken to represent the views of CIHR, OHTN or the Ministry.

CIHR IRSC

OHTN

Deliberation about the problem

Dialogue participants were generally persuaded, either by their own experiences or by the available research evidence, that many Ontarians with HIV struggle to find and maintain appropriate, stable housing. They also agreed that housing challenges affect the health and well-being of people with HIV, as well as their access to healthcare services. Differences of opinion tended to be about the uniqueness of the housing challenges faced by people with HIV compared to, for example, people with hepatitis C, addictions and select other conditions. Some of the potentially unique housing issues confronting people with HIV are: 1) the stigma associated with HIV and its implications for disclosure of HIV status to those who can provide healthcare, housing and other forms of care and support; 2) the access to healthcare and adherence to treatment that can be enabled by stable housing and their implications for living well with HIV; and 3) the realities and uncertainties associated with living with HIV and being treated with powerful medications that cause or could cause significant side-effects, and their implications for fluctuations in the factors that influence housing stability.

Ontario

Want to hear participants' insights and reflections?

Visit our YouTube channel at:

www.youtube.com/mcmasterhealthforum

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Guide

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SUPPORT Tools for evidence-informed health Policymaking (STP) 14: Organising and using policy dialogues to support evidence-informed policymaking

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Abstract

This article is part of a series written for people responsible for making decisions about health policies and programmes and for those who support these decision makers.

Policy dialogues allow research evidence to be considered together with the views, experiences and tacit knowledge of those who will be involved in, or affected by, future decisions about a high-priority issue. Increasing interest in the use of policy dialogues has been fuelled by a number of factors: 1. The recognition of the need for locally contextualised 'decision support' for policymakers and other stakeholders 2. The recognition that research evidence is only one input into the decision-making processes of policymakers and other stakeholders 3. The recognition that many stakeholders can add significant value to these processes, and 4. The recognition that many stakeholders can take action to address high-priority issues, and not just policymakers. In this article, we suggest questions to guide those organising and using policy dialogues to support evidence-informed policymaking. These are: 1. Does the dialogue address a high-priority issue? 2. Does the dialogue provide opportunities to discuss the problem, options to address the problem, and key implementation considerations? 3. Is the dialogue informed by a pre-circulated policy brief and by a discussion about the full range of factors that can influence the policymaking process? 4. Does the dialogue ensure fair representation among those who will be involved in, or affected by, future decisions related to the issue? 5. Does the dialogue engage a facilitator, follow a rule about not attributing comments to individuals, and not aim for consensus? 6. Are outputs produced and follow-up activities undertaken to support action?

Part 2c

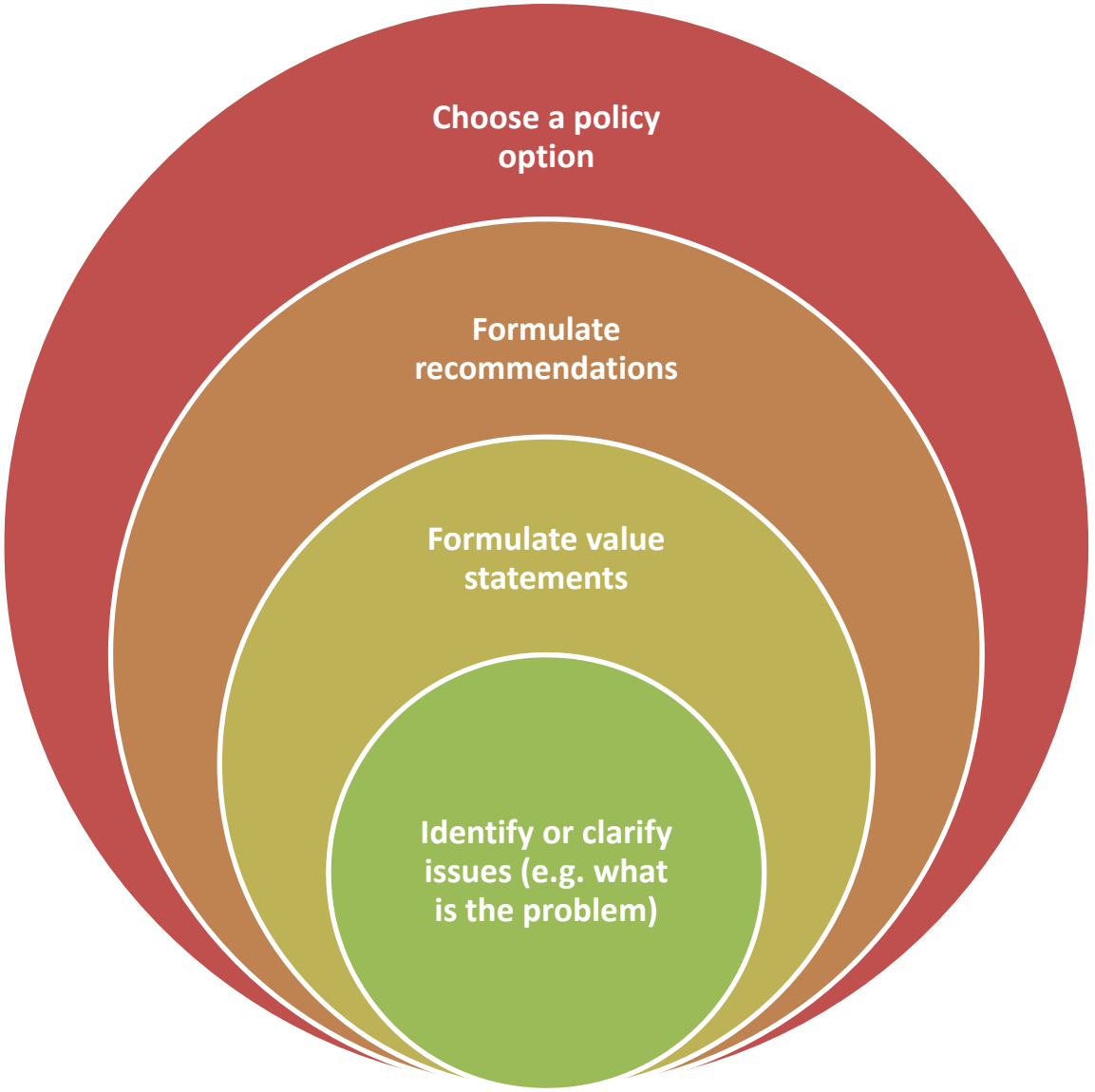
Deconstructing deliberative processes

© iStockphoto.com/ Susan Stewart

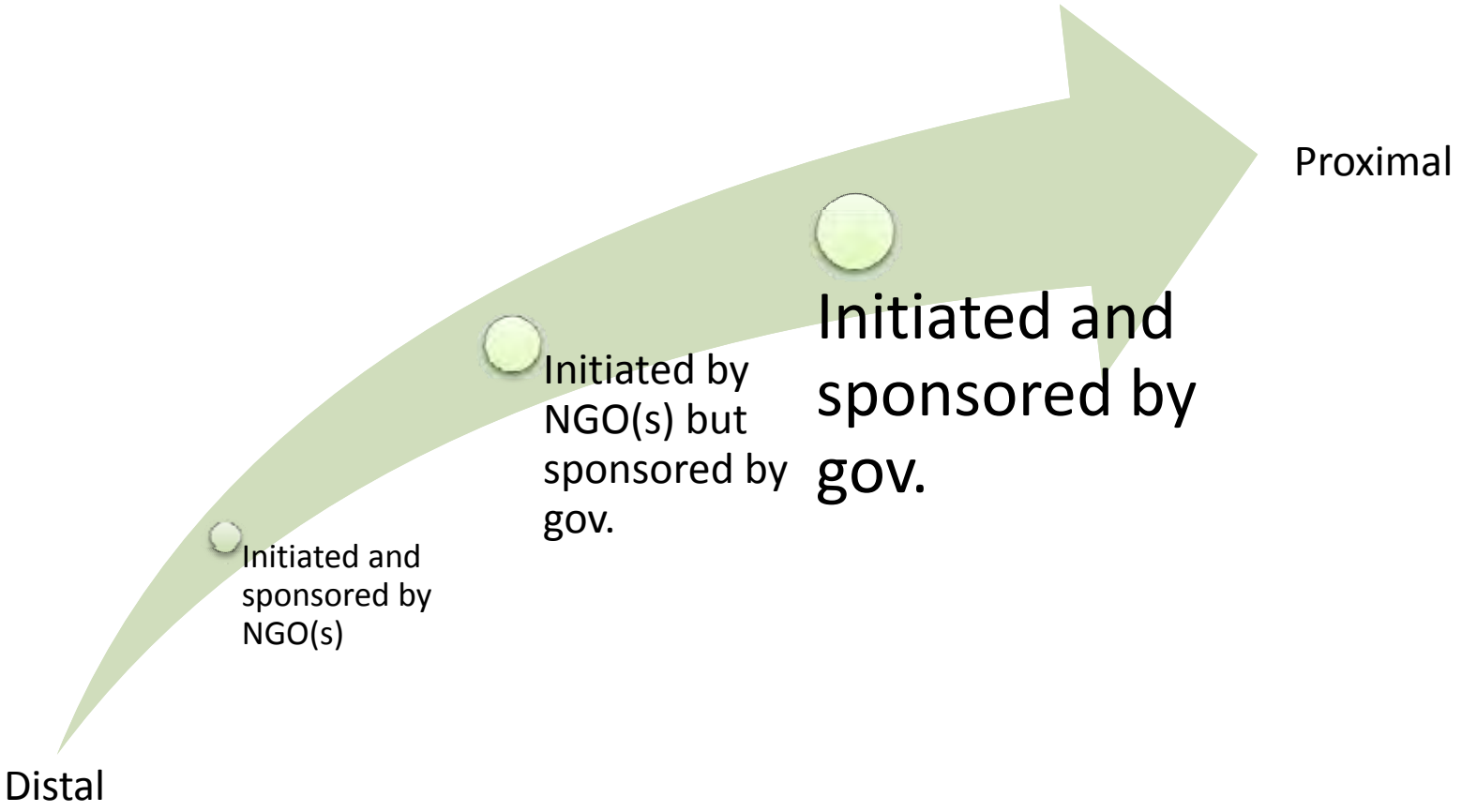
Five attributes of deliberative processes

1. What is the expected outcome?
2. What is the policy-making proximity?
3. When is it used in the policy-making process?
4. What is the degree of inclusiveness?
5. Who deliberates?

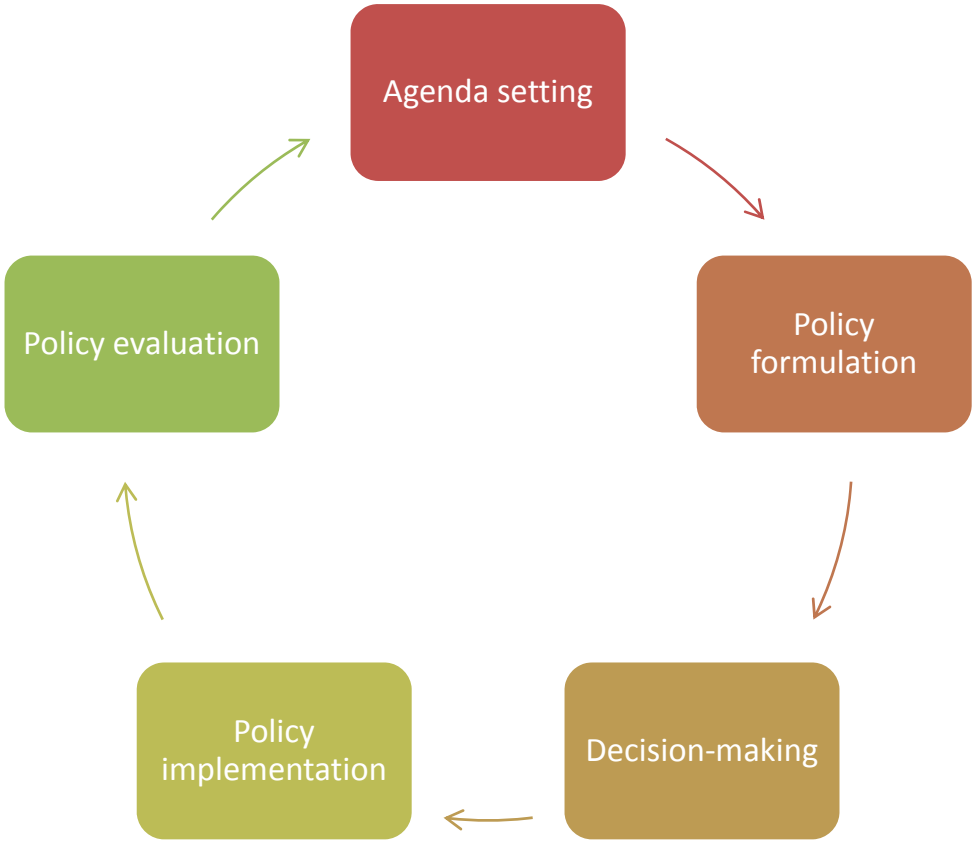
What is the expected outcome?



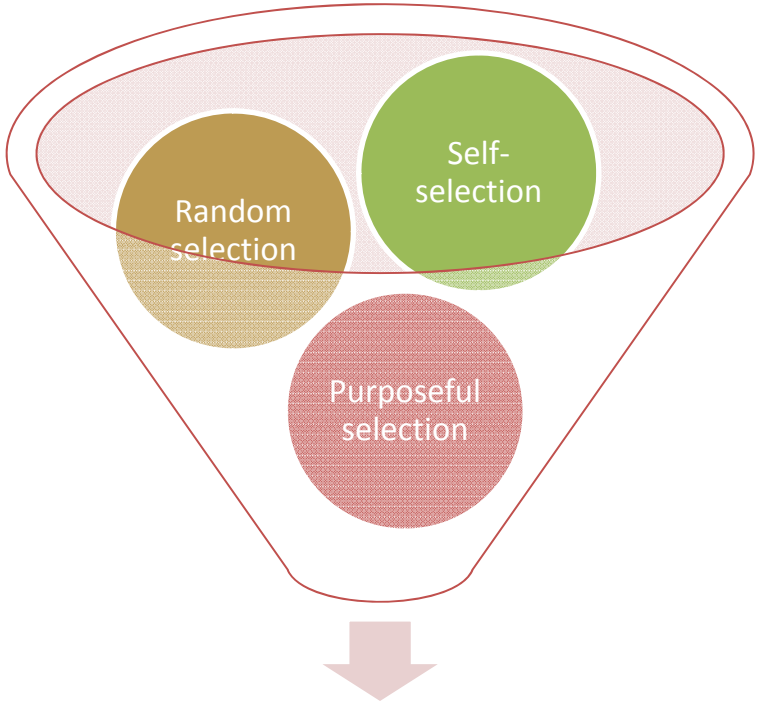
What is the policy-making proximity?



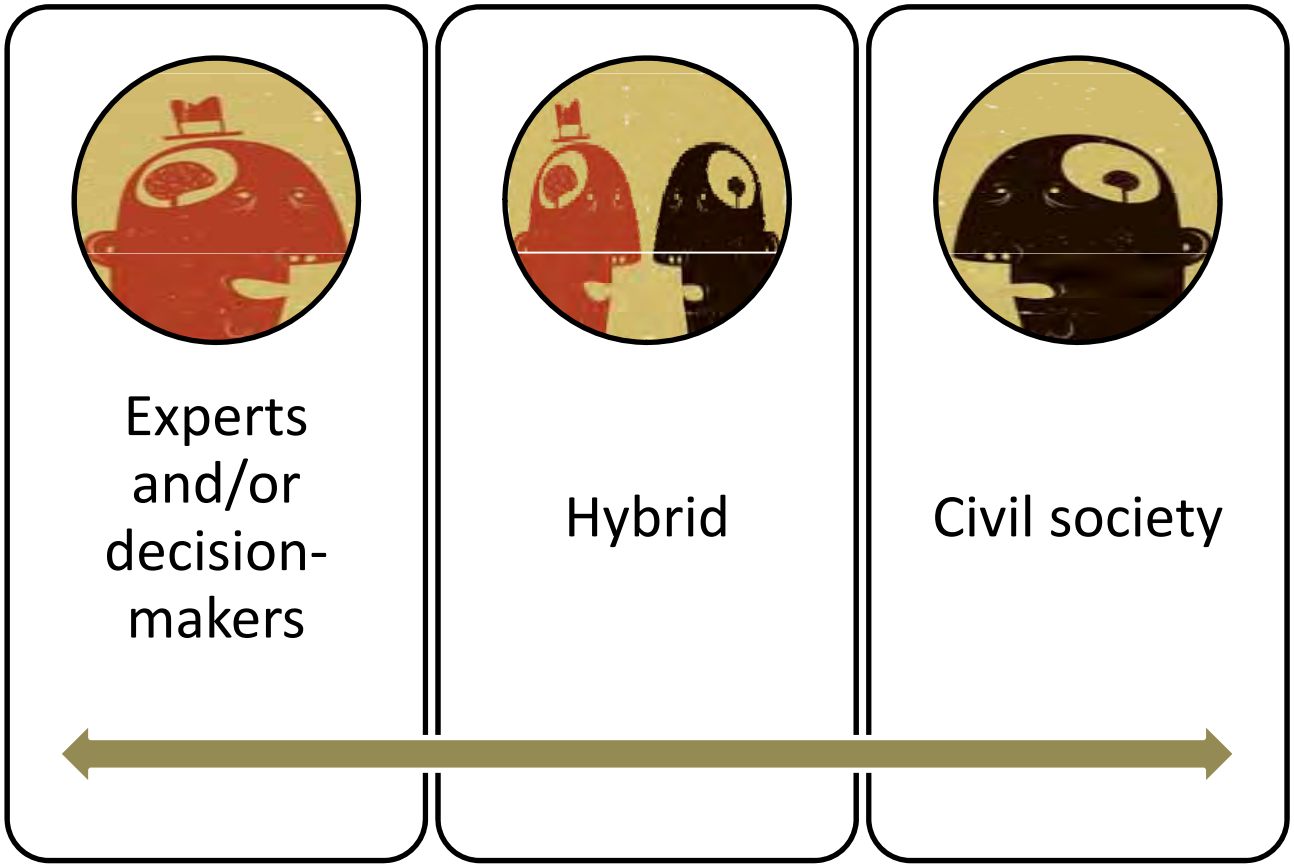
When is it used in the policy-making process?



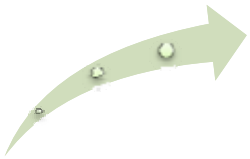
What is the degree of inclusiveness?

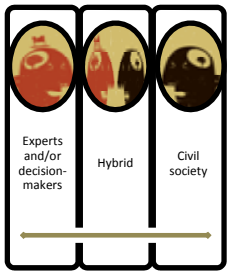


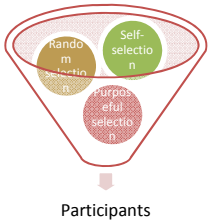
Who deliberates?



© iStockphoto.com/ Matthew Hertel







INM's Strategic Meeting on Health	Formulate recommendations	Initiated by NGO	Agenda-setting	Civil society	Self-selection
McMaster Health Forum's Stakeholder Dialogue on Housing and HIV/AIDS	Identify and clarify issues	Initiated by NGO, but sponsored by gov.	Policy Formulation	Hybrid	Purposeful selection

Part 3

A deliberative process leads to better policy-making…
or does it?!

“A deliberative process leads to better policy-making.”

10 minutes to identify up to 3 arguments **FOR** or **AGAINST**

“A deliberative process leads to better policy-making.”

FOR	AGAINST
-Buy-in from public -Diversity of opinion -It’s better..... -Engages the community -Inclusive -Right to expression -Contributes to policy (e-i) -Good will of gov’t -Transparancy -Equity -Education /understanding -Talk about values (forum)	-Stalling tactic -Danger of ‘group-think’/hijacking by dominant opinion -Management of dissent -Veneer of engagement (downward cycle of perception of pol) -Self selection (who participates – special interests) -Long complex process - diffusion -Potential to conflict with evidence

"Is there any scientific evidence that deliberative processes actually work? The short answer is **'not much'**. A lot of the literature on deliberative processes in healthcare has been and continues to be advocacy rather than reports of the effectiveness of well-defined processes."

- Culyer and Lomas, 2006

Deliberation is promising, but there is **no guarantee** that it will lead to better decisions…

© iStockphoto.com/ Pamela Moore

Deliberative processes are promising, but…

1. Deliberation can be messy
2. Deliberation is driven by complex group dynamics (e.g. power, interests, facilitation, etc)
3. Certain conditions must be met to ensure effective deliberation…

Break

Part 4

Activity – Mapping an Issue

Dialogue mapping™

A facilitation process that creates a 'map‘ that captures and connects participants' comments as a dialogue unfolds

[www.cognexus.org]

Benefits of Dialogue Mapping™

- Each participant's contribution is heard and acknowledged in the map.
- Each participant can see how their comments relate to others.
- The shared display map shifts the dynamic of the group into a collaborative mode ... "What can we think and learn together."
- The map increases the group's *shared understanding* about the problem at hand, possible solutions, meaning issues, roles and responsibilities ... all of the key elements of a successful project.
- Since the map captures the thinking process of the group, anyone who was not at the meeting can be quickly brought up to speed by reviewing the map with them.

(Cognexus Institute, « Some Benefits of Dialogue Mapping » Retrieved from http://www.cognexus.org/id41.htm. May, 2011)

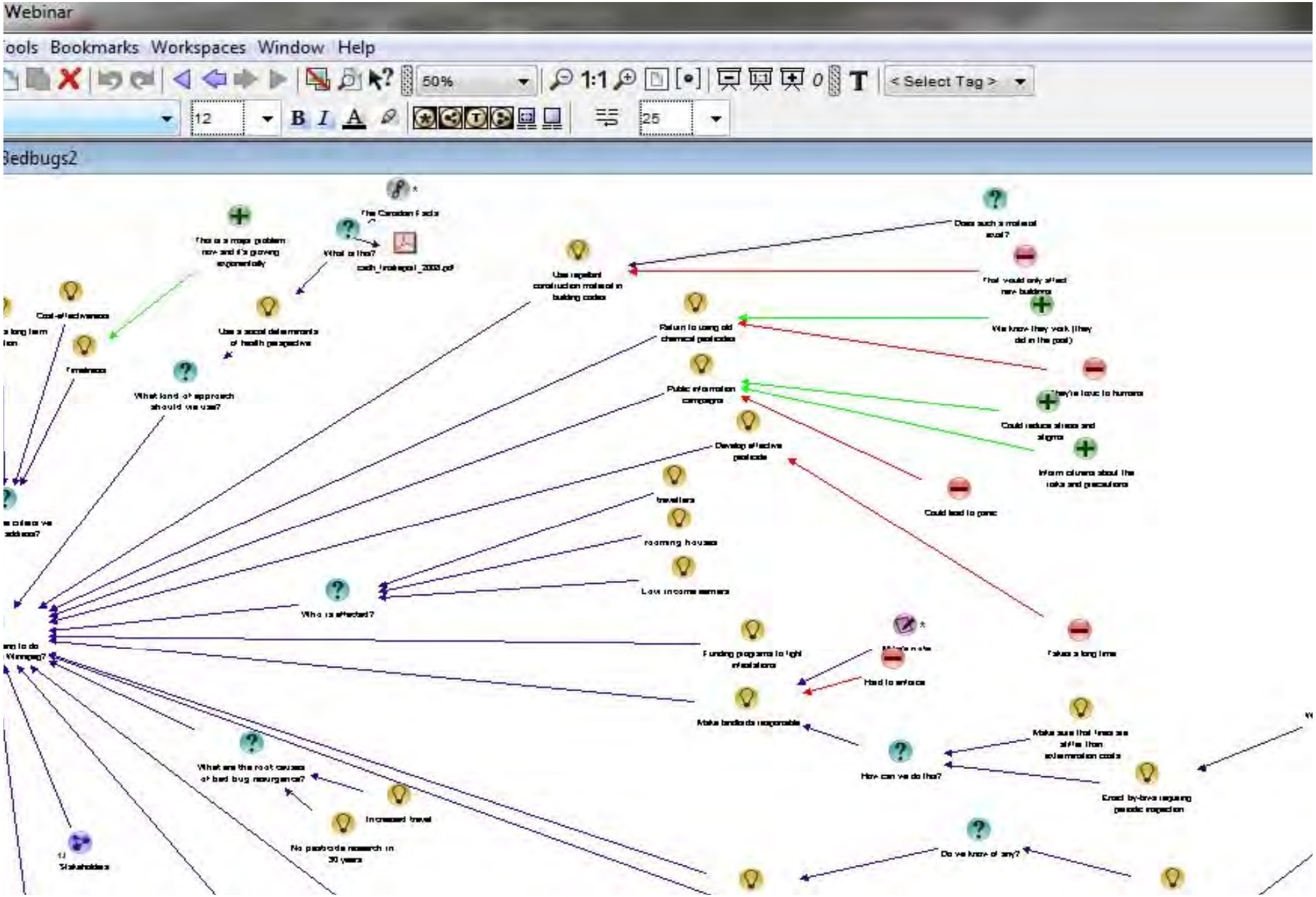
Issue Mapping

- Often the first step in understanding the wickedness of a problem
- Dialogue mapping without facilitation

- Benefits
  - Allows us to see the various issues/stakeholders/solutions that are possible

Today's exercise

Rough example of an issue map we will do together


Webinar
Tools Bookmarks Workspaces Window Help
50%
1:1
< Select Tag >
12
25
Bedbugs2
The Canadian Facts
What is this?
Use a social determinants of health perspective
What kind of approach should we use?
Use repellent construction material in building codes
Does such a material exist?
That would only affect new buildings
We know they work (they did in the past)
Return to using old chemical pesticides
Public information campaigns
They're toxic to humans
Could reduce stress and stigma
Develop effective pesticide
Inform citizens about the risks and precautions
Could lead to panic
travellers
rooming houses
Low income earners
Who is affected?
Funding programs to fight infestations
Takes a long time
Hard to enforce
Make landlords responsible
How can we do this?
Make sure that fines are stiffer than extermination costs
Enact by-laws requiring periodic inspection
What are the root causes of bed bug resurgence?
Increased travel
No pesticide research in 30 years
Stakeholders
Do we know of any?

The scenario

A recent report by the public health unit reveals high numbers of citizens suffering from acute respiratory problems during the City's International Fireworks Festival.

© iStockphoto.com/ Ian Jeffery

The problem seems particularly alarming in the East Side, the poorest neighborhood of the City.

© iStockphoto.com/ gmalandra

The Festival has been a tradition for the past 25 years.

It is a very lucrative event that employs hundreds of residents.

Many say that this event has put the City on the map and boosted the tourism industry.

© iStockphoto.com/ Sven Kl

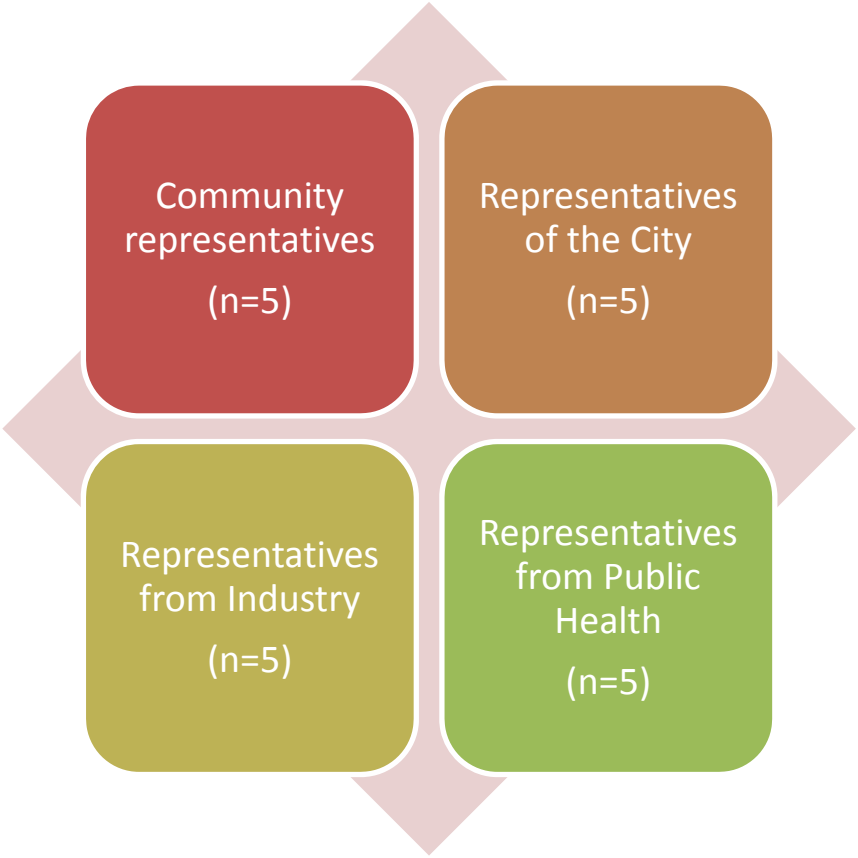
The City Council expressed concerns with the report, but grappling with the problem and how to make a robust decision that will last.

© iStockphoto.com/ Andresr

The City Council has asked you, a group of stakeholders, to deliberate about the problem and explore potential solutions and their implications.

You are invited to… an issue mapping session!

We have assigned each of you a role…



What is our collective response to the report?

Part 5

Conclusion and needs assessment

Deliberative processes are promising in terms of…

1. Developing a common understanding of a problem
2. Improving understanding of what works and in what context
3. Coming to agreement and stimulating action

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sur les politiques publiques et la santé

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