

# Running Citizens' Juries VHA Conference Sept. 2011

For more information go to [www.gavinmooney.com](http://www.gavinmooney.com)

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# Power to the People!

**Through citizens' juries – empowering people as citizens, as representatives of their communities, giving them good information so that they are *critically informed* members of their community – we can transform health services into social institutions answerable to the community they are supposed to serve.**

# What are citizens' juries?

- A way to tap into critically informed community values
- Bring together *randomly selected citizens*, give them good information and time to deliberate as a *community* and ask them to make recommendations
- Set up: social evening; following day jury (of 15) sits 9-4.
- Resource constrained services – not wish listing
- Best at the level of broad principles and priorities

# Starting out

- Who has asked for this Citizens' Jury (CJ)?
- Why have they asked for a CJ?
- What are they going to do with the results?
- How committed are they to implementing?

# Choosing the jury I

- Randomly selected from electoral roll (plus???)
- 200-300 names
- Letter asking for expressions of interest, includes basic information re CJ and how results will be used.
- Responses to include basic demographic information

# Choosing the jury II

- Responders 'biased'
- Structure selection of jury members by e.g. age, sex, income (SES), location, etc.
- Select 15 plus 4 reserves
- Write inviting these 15 to attend and indicating reserve status to the 4 reserves

# Meeting process I

- Evening session largely social – get-to-know-each-other-and-facilitator dinner – but also brief chat about the process, emphasising they are there as citizens and what is meant by principles (e.g. from education sector).
- Following day jury sits.
- First session – reminder they are citizens; presentations by and quizzing of experts.
- Second session – deliberation of jury.
- Third session – recommendations of jury

# Meeting process II

- Experts only there for the experts' session – but available by phone thereafter
- Observers? Yes - but few and sworn to silence
- Deliberations and recommendations – jury and facilitator

# Post Meeting Process

- Evaluation by jury members by mail and or by phone
- Draft report
- Circulate to all members to get agreement
- Finalise report
- Media?

# Facilitating tips I

- It is THEIR show.
- They are CITIZENS.
- Keep on target.
- Do not lead.
- Questions like: so where does that leave you? Are we agreed that is what Jean (an expert) said? Is this the same point as Manuel just made? But is that point really a citizen's point? We seem to have Joe, Arun and Funke agreeing but what about the rest of you? We seem to be agreed on this as a definition of equity – everyone happy?

# Facilitating tips II

- Getting to a consensus
- So far I have never failed but the consensus tends to be at different levels.
- For example might just get agreement that equity is a key principle but might get much further with a consensus (see next slide)
- ALWAYS show a slide with any recommendation and ask 'are we all agreed?'

# WA Citizens' Definition of Equity

Equal access for equal need where equality of access means that two or more groups face barriers of the same height and where the judgment of the heights is made by each group for their own group; where need is defined as capacity to benefit; and where nominally equal benefits may be weighted according to social preferences such that the benefits to more disadvantaged groups may have a higher weight attached to them than those to the better off.

# Priority setting

- Emphasise that the process is **not** wish listing – if they want more of something they must give something up.
- Note juries much more ‘Oliver Twists’ and ask for more so need to push them to cut!



# General Practices in Perth

Underlying principles

Emphasis on equity (especially for Aboriginal people)

Information source for services (not just health services)

Community to be involved in priority setting

# SW AHS Principles 2005

- **Equity**
- **Efficiency**
- **Transparency**
- **Quality/safety/risk management**
- **Prevention**
- **Nature of benefit of health care**

# South West AHS 2005

Jury argued for

- More for disadvantaged groups especially Aboriginal (equity)
- More for prevention
- More for the mentally ill

How to pay for above?

- Close/ redesignate small hospitals and EDs

# ACT Health 2010

- Big on equity
- Aboriginal health
- Prevention and health promotion
- Mental illness

To pay for these –

- Close hospital beds

# VHA CITIZENS' JURY

CLAIMS

# Communitarian claims

- Such **claims** first recognise that a duty is owed by the community to the disadvantaged and vulnerable and second that the carrying out of this duty is not just instrumental but is good in itself.
- Thus the community recognises and values the empowerment involved in establishing **claims** and in determining the strengths of **claims**.

# Strengths of Claims

- The strength of a claim is not a function of an individual's ability to manage to feel harmed. Harms and the strengths of these harms are for the society or community to judge. They are a matter for 'community conscience'.

# CLAIMS

- In considering this you are again asked to act as representatives of the WA PHCO community – as good, honest, upright, responsible WA citizens\*!
- You should assume that your answers will influence how the WA PHCO might spend any additional money they get to improve primary health care.

\* Despite rumours to the contrary ‘over East’, some of us are...

# CLAIMS

- 1. Assume the WA PHCO has an extra \$10 million a year to spend. Please allocate the \$10 million across those groups/policies that YOU would want them to spend extra money on. (For example you might allocate \$6 million to elderly people; \$3 million to people with drug problems; and \$1 million to prevention and health promotion.)

# CLAIMS (listed alphabetically)

- o Aboriginal people
- o Children
- o Disabled people
- o Elderly people
- o People with drug problems
- o People with mental illness
- o Poor people
- o Prevention and health promotion
- o Providing better access to services
- o Other(s)

# Which factors influenced you?

- Low income
- Lack of existing services
- Perceived poor health
- Poor quality of existing services
- ‘There but for the grace of God’
- They have had a raw deal generally
- Too little spent on this/these currently
- Unfairness of existing services
- Other(s)

# CHOICE OF KEY INFLUENCING FACTORS

- Which **one** factor had the greatest influence on you?
- Which factor had the **next** greatest influence on you?

# Strengths of Claims

You have to allocate resources in the Legoland Health Service across a number of health promotion programs. You have an ***additional*** \$100,000 to spend.

***NOTE CAREFULLY! These programs are all equivalent in terms of improving health per dollar spent. Your concern is restricted to health.***

You have to decide how to allocate the extra \$100,000 across different groups, remembering that ***the total impact on health will be the same***. All you can affect is the distribution of health gains.

# CHOICE 1

Program A aimed at 1,000 children

Program B aimed at 1,000 working age adults

Program C, aimed at 1,000 elderly people

**Total \$100,000**

# CHOICE 2

A, aimed at 1,000 people with average household income of \$30,000 pa

B, aimed at 1,000 people with average household income of \$100,000 pa

**Total \$100,0000**

# CHOICE 3

A, aimed at 1,000 people with average life expectancy of 60

B, aimed at 1,000 people with average life expectancy of 80

**Total \$100,000**

# CHOICE 4

A, aimed at 1,000 Aboriginal people

B, aimed at 1,000 non Aboriginal people

**Total \$100,000**

# CHOICE 5

A, which provides 10 units of health gain to each of 10 people

B, which provides 1 unit of health gain to each of 100 people

**Total \$100,000**

# CHOICE 6

A, aimed at 1,000 women

B, aimed at 1,000 men

**Total \$100,000**

# Legoland Health Service

## EXTRA SPEND

- Looking at three areas of inequity:
  - Aboriginal health
  - Poor people's health
  - Rural and remote health
- If the Legoland Health Service were to get an extra \$10 million (on top of what is currently spent) to spend on these three groups how would you allocate it?

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