

NOT FOR CITATION WITHOUT AUTHOR'S PERMISSION

**Bridging Academic Disciplines and Policy Sectors:
Understanding the Influences on Community Participation**

Julia Abelson, Ph.D.

Centre for Health Economics and Policy Analysis
Department of Clinical Epidemiology and Biostatistics
McMaster University

Address correspondence to:

Dr. Julia Abelson
Centre for Health Economics and Policy Analysis
Health Sciences Centre, Rm 3H28
McMaster University
1200 Main Street West
Hamilton, ON L8N 3Z5

Key words: community participation, health-care decision making

Cite as: Abelson J. Understanding the Influences on Community Participation: Bridging Academic Disciplines and Policy Sectors, McMaster University Centre for Health Economics and Policy Analysis Working Paper 9903, March 1999.

ABSTRACT

Few concepts in the social sciences literature have received as much attention from as many disciplines and policy sectors as the concept of “participation”. With public participation continuing to figure prominently in debates about improved government performance and increased accountability it seems reasonable to ask: What influences participation? This paper presents a critical review of the vast, multidisciplinary literature that has examined the influences on participation with an aim to promote learning across academic disciplines and policy sectors. The review is used as a starting point for developing a framework for analyzing community-level participation in health-care decision making. A typology is presented that incorporates both qualitative and quantitative dimensions of participation. Influences on participation are organized around three predominant themes emerging from the literature: i) relationships between individual and community characteristics and participation (i.e., *predisposing influences*); ii) relationships between institutional actions and participation (i.e., *enabling influences*); and iii) relationships between interests, interest groups and participation (i.e., *precipitating influences*). The framework’s applications are discussed in the paper and will be illustrated in an upcoming CHEPA working paper where case study results of community participation in health care decision making are presented.

1. INTRODUCTION

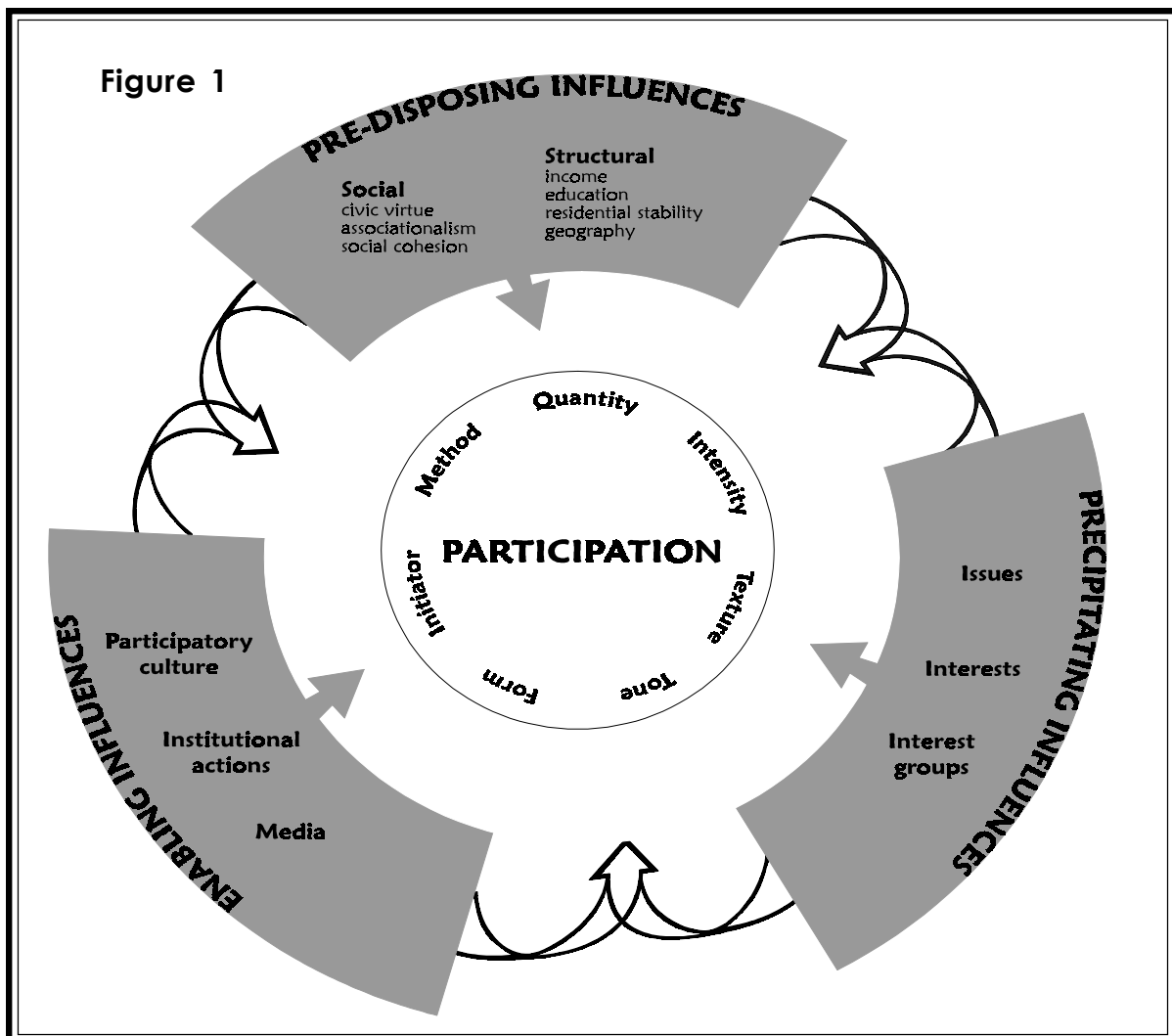
Few concepts in the social sciences literature have received as much attention from as many different disciplines and fields of study as the concept of “participation”. The role of a participatory citizenry in strong democracies has been a pervasive theme in Western political thought and the subject of long-standing debate among democratic theorists since the Athenians developed the classic model of direct democracy 2500 years ago.¹ For participation enthusiasts, however, participation has little to do with theoretical debates about its role in democratic societies; it represents an intrinsic value that holds the optimistic promise of change and improved decision-making and has led to an abundance of writing on the subject. For participation analysts (and this author in particular), the elusiveness of a concept like “participation” has sparked interest in clarifying its meaning and dimensions, and in pursuing greater understanding of how it is shaped and influenced.

Political scientists represent one of a large group of social scientists interested in participation. Sociologists have long been concerned with the erosion of participatory community structures in favour of increased centralization and bureaucratic institutions while public administration theorists have placed emphasis on devising optimal bureaucratic decision-making processes which incorporate both elite and lay opinions. Economists have explored the costs and benefits of participation stressing the logical inconsistencies of collective action while psychologists have developed long lists of conditions thought to foster or inhibit the likelihood of an individual taking part in the activities of his or her community. These disciplines have developed the solid foundation upon which much of the participation literature rests. Empirical contributions to the participation literature have come from case studies of participation initiatives in a variety of public policy sectors such as the environment, education and health care. Many of these public participation initiatives were introduced by governments in response to broader social movements dating back to the late 1960s and early 70s such as the women’s, consumer and environmental movements. The participation literature also includes contributions from scholars, bureaucrats and participants who typically fall into one of two camps: the analysts or the advocates of participation.

1 The debate has focussed largely on the merits of representative vs. participatory democracy. For a detailed account of this debate, see Pateman (1970).

2. WHAT INFLUENCES PARTICIPATION?

With public participation continuing to figure prominently in debates about improving government performance and accountability, and being seen as a popular tool for legitimizing government decision-making, it seems reasonable to ask the question: What influences participation? Attempts to answer this question comprise a large portion of the participation literature and have been undertaken from numerous professional and academic disciplines and fields of study. The objective of this paper is to critically review the vast, multidisciplinary literature that has examined the influences on participation with an aim to promote learning across academic disciplines and fields of study. This review will be used as the basis for developing a framework for analyzing community-level participation in health care decision-making. The complete framework is presented in Figure 1. Each component will be the subject of a separate discussion throughout the paper.



2.1. Conceptualizing Participation

It is widely acknowledged that citizens participate for different reasons and with different goals in mind. Commonly cited *motivations* for participating are:

- a) to achieve personal educational or developmental benefits;
- b) to achieve a desired policy decision or outcome (out of self-interest or altruism); and
- c) to improve the quality of public policy-making.

The importance of citizen participation as a means of self-fulfillment and of carrying out citizen duties was the subject of the writings of Aristotle, Rousseau and J.S. Mill.² More recently, these goals can be traced to the community development, health promotion and local government literatures where emphasis is given to participation for empowerment purposes (Robertson and Minkler, 1994; Bracht, 1990).

Political scientists and public administration scholars tend to emphasize citizen interests over personal fulfillment, and are more concerned with directly influencing policy decisions through promoting instrumental participation. A related objective emphasized in the public administration and planning literatures is the importance of involving the public in various stages of the decision-making process using a variety of mechanisms such as information provision, citizen surveys, consultation and public meetings. For the purposes of analyzing participation at the public policy level of analysis, participation will be defined here as “*an instrumental act with the purpose of influencing policy decisions and achieving specified objectives*”. Acquiring a thorough understanding of participation also requires the analyst to consider its multiple dimensions.

Many attempts have been made to clarify the meaning of participation through the development of typologies. Participatory activities, for example, have been described elsewhere as “levels”, “modes”, “types”, “forms” and “categories” (Charles & DeMaio, 1993; Verba & Nie, 1972; Arnstein, 1969) and quantitative analyses have categorized various participatory activities using measures such as contacts made with public officials, petition signatures and meeting attendance. Much less consideration, however, has been given to capturing the contextual aspects of participation that considers both quantitative and qualitative dimensions of participation. Table 1 presents a typology that captures many of the dimensions of participation that have been described elsewhere in the literature and, in addition, proposes several new ones. Its application will be discussed in a subsequent section of the paper.

2 See Pareman (1970) for a more detailed discussion.

2.2. Conceptualizing the Influences on Participation

An important discovery in the process of reviewing the participation literature is the tendency for theoretical and empirical research to fall into one of three broad thematic areas:

- I. Studies examining the relationships between individual and community characteristics and participation (from political science and sociology literatures)
- II. Studies examining the relationships between institutional actions and participation (from public administration, community development and health promotion literatures)
- III. Studies examining the relationships between interests, interest groups and participation (from political science and community mobilization literatures).

Each of these research themes describes a potential *source* of influence on participation. Theme I addresses the role played by community or population characteristics. Theme II deals with the characteristics of institutions operating within the community and theme III addresses the role of issues and interests in the community. Most participation studies emphasize the role played by only one of these sources of influence, neglecting the potential for a combination of influences to shape participation. A unique feature of the framework that is developed here is its potential to account for each of these potential sources of influence alone and in combination with each other.

Moving to the next stage of the framework development process, it is evident that the three research themes not only assist in the identification of different sources of influence (i.e., populations, institutions and interests); in addition, each “source” described above exerts a specific “type” of influence over participation and, as such, constitutes a separate element of the framework. The first source (i.e., community or population characteristics) will be described as exerting a *pre-disposing* influence on participation; the second (i.e., characteristics of and actions taken by institutions), an *enabling* influence; and the third (i.e., issues and interests) a *precipitating* influence. Figure 2 relates each of the newly constructed model elements to its corresponding research theme.

Figure 2	
Research Themes and Model Elements	
Studies examining the relationships between individual and community characteristics and participation	=> Predisposing influence
Studies examining the relationships between institutional actions and participation	=> Enabling influence
Studies examining the relationships between individual and group interests and participation	=> Precipitating influence

3. PRE-DISPOSING INFLUENCES

Predispose v.r. *To incline beforehand; to give a previous disposition or tendency to; to fit or adapt previously.*

Pre-disposing influences account for the first element of the framework and are defined as “those characteristics of a community or population that provide the basic building blocks for participation”. Underlying this term is the notion that populations and communities may have an inherent predisposition to participatory activity based on the fundamental characteristics of the community’s population and geography.

Characteristics that may pre-dispose a community toward participation may be *social* or *structural* but refer specifically to the attributes of the population residing in the community, in contrast to those of the institutions operating within it. Political science and sociology studies, for example, identify as *structural* characteristics socio-economic variables (typically income and education levels), the residential stability of the population, population size and homogeneity. Sociological and political theory suggest that the presence of certain *social* characteristics in a community can influence its propensity toward participation.

3.1. Structural characteristics

a) Individual level

If the participation literature provides us with any consensus at all, it is about who participates. Summarizing accumulated evidence from hundreds of studies of political participation, Milbrath and Goel (1977) state unequivocally that “persons of higher socioeconomic status, especially higher education, are more likely to become highly involved psychologically in politics than persons of lower status” (p. 47). Similar conclusions have been reached in a broader review conducted several years later prompting the authors to state that “there remains agreement that the most active participants are few in number and unrepresentative of the population overall” (Checkoway and Van Til, 1978, p. 28). Studies conducted since then have continued to report similar trends (Parry, Moyser and Day, 1992).

Aside from the purely socioeconomic variables, studies of political participation have also found organizational involvement (which commonly involves but is not restricted to political activity) to be a major independent predictor of participation. Dating back to Tocqueville’s early observations about Americans’ propensity to join clubs and associations, numerous studies since then have confirmed this phenomenon (Tocqueville, 1835; Almond and Verba, 1965; Verba and Nie, 1972). This combination of individual and group resources, when considered together, accounts for the majority of influence on participation (Parry et al, 1992). Labeled the ‘standard socioeconomic status model’, it is used in the majority of empirical studies of political participation and assumes that participation

is primarily driven by individuals’ resources (i.e. time, money, skills) and civic orientations ([i.e.] attitudes which individuals hold toward themselves or the political system which predispose them toward political action).

(Leighley, 1995, p.183)

While the findings described above provide only general trends about the nature of participation (confined largely to the general political arena) they have served as reference points for participation research in virtually every field of study. Studies in the health sector, for example, have identified the overrepresentation of well-resourced individuals and groups (Lomas, 1997; Abelson et al, 1995; Office of Technology Assessment, 1992) spurring participation scholars and advocates to devise innovative methods for involving “marginalized”, “hard-to-reach” and “underrepresented” populations.

The political participation literature has been successful in crossing disciplinary and field boundaries to demonstrate the influence of individual characteristics on participation. This strength may also be seen as a weakness, however, given the narrow definition of political participation employed in these studies and the focus on participation in ‘mass politics’ rather than sector-specific participation. Leighley (1995) writes on the subject:

Hence, in examining individuals’ participation as decisions to engage in one political activity rather than another, we might exploit various institutional contexts (e.g., interest group politics, local school politics, party politics) as alternatives to the study of “mass” participatory politics. (p.198)

b) Community Level

In considering the role of community influences on participation, the task of differentiating individual-level from aggregate- or community-level data arises. As described above, there is a large literature that has found a positive relationship between personal resources such as income and education and participation. But we are less clear about whether the same conclusions can be reached at the aggregate-level (i.e. are communities of higher average income and education levels more participatory than ones with lower average levels?)

Size has also been identified as an important community variable in shaping participation. Aristotle described his affection for smaller democracies that would enhance citizen participation in and control of government:

Most persons think that a state in order to be happy ought to be large; but even if they are right, they have no idea what is a large and what is a small state. For they judge the size of the city by the number of the inhabitants; whereas they ought to regard, not their numbers, but their power. ... experience shows that a very populous city can rarely, if ever, be well governed; since all cities which have a reputation for good government have a limit of population..

(p.162, 1326a5-15)

... A state, then, only begins to exist when it has attained a population sufficient for a good life in the political community: it may indeed, if it somewhat exceeds this number, be a greater state. But, as I was saying, there must be a limit. What the limit should be will be easily ascertained by experience. ... if the citizens of a state are to judge and to distribute offices according to merit, then they must know each other’s characters; where they do not possess this knowledge, both the election to offices and the decision of lawsuits will go wrong.

(p.163, 1326b5-25)

Dahl and Tufte (1973) identify the optimal size for an effective democracy as somewhere “between a population so small that the polis [can] not be self-sufficient and so large that citizens could no longer know one another’s character” (p. 5). While no conclusive evidence exists to support the “smaller is better” theory (Newton, 1982), there may be reason to believe in an indirect link between community size and its ability to foster participation. A survey of U.S. local government efforts to encourage citizen participation found a significant relationship between the city’s overall participation index and city size (i.e., larger cities tended to use more mechanisms to encourage participation than small cities). Government attempts to overcome the “alienation” effect of larger cities and economies of scale that may exist in establishing participation mechanisms in larger cities with larger resource bases to draw from were reasons cited for these findings (Scavo, 1993).

Other structural variables thought to influence participation include the mobility of the population, proportion of home ownership, stage of family lifecycle and the proportion of old housing stock in a community (Haeberle, 1987). These are often identified as structural characteristics that will contribute to the social solidarity or sense of community that exists and that will inevitably influence participation. The links between the structural and social characteristics discussed below are evident in much of the research conducted in this area.

3.2. Social characteristics

A variety of concepts have been used to describe the influence that the social characteristics of communities exert on various forms of participation. Each describes some aspect of the *social context* in which participation takes place although different terms may be used such as *solidarity*, *cohesion*, or *sense of community*. It should also be noted that these characteristics are applied to the community level only in contrast to the previous sections’ discussion of structural influences where both individual and community levels of analysis were considered.

Some of the earliest work on *social solidarity* and participation was conducted by members of the University of Chicago’s school of urban sociology tested theories about the relationship between the social solidarity of a community and the propensity for its residents to become members of neighbourhood associations. Social solidarity was believed to result in strong psychological attachments to an area and an awareness of common interests through the informal interactions between neighbours (also referred to as the natural community model). Residential stability and population homogeneity were thought to be necessary elements in the psychological attachment process (Park, 1952; Zorbaugh, 1929).

These theories have been supported, challenged and expanded through empirical investigation since the 1920s. Among successful challenges to social solidarity theory has been the empirically supported argument that participation may in fact be lower among those who identify most strongly with their community and assume that problems will be dealt with by others in the community (Oropesa, 1992). A related argument is that participation will be higher among those who do not identify with their community who are afraid that if they do not take action themselves, then no one else will (Oliver, 1984).

Others have been more concerned with expanding the theory to consider whether participation in local associations is driven by location-specific socioeconomic interests that have a direct benefit on the community's well-being such as threats to property values (Oropesa, 1992). The notion of self-interest³ playing a role in influencing participation has been acknowledged in earlier work (Zorbaugh, 1929). More recent work by Lee et al (1984), casts doubts on prior studies. Their longitudinal study of neighbourhood associations in Seattle, Washington presents a revised version of the "natural community" theory suggesting that "local social relations may have grown out of rather than fostered political actions" (Lee et al, p. 1185).

While the concepts of *solidarity* or *cohesion* reflect specific attributes or measurable characteristics of a community, *sense of community* (rooted in the community psychology literature of the mid-1970s) identifies the perceptions that individuals hold about their communities (Sarason, 1974). A definition widely accepted and supported through recent empirical investigation, it includes four elements tied to perceptions of (i) membership or belonging; (ii) influence or mattering; (iii) reinforcement of shared needs; and (iv) shared emotional connection (McMillan and Chavis, 1986). Sense of community scales have been used to measure the relationship between sense of community and common forms of political participation (i.e., voting, campaigning, contacting political officials and communal activities). A self-reported sense of community was found to exert a positive influence on all forms of self-reported political participation among a group of randomly selected individuals who took part in a telephone survey in a large American city (Davidson and Cotter, 1989).

The notions of *civic virtue*, *community capacity* and *communitarian* ideals are embodied in a social theory that has received much attention in recent years. In critiquing the individualism of liberal doctrine, theorists have turned to a concept of community that is oriented toward shared

3 This concept will also be discussed further in a subsequent section.

public life and promoting the common good rather than the pursuit of private interests (Bellah, 1985; Putnam, 1993; Sandel, 1996; Etzioni, 1993)⁴. Morone (1997) writes on the subject:

In the past two decades, critics have attacked liberalism for sanctioning rampant individualism and neglecting the common good. Back to Tocqueville and early America went contemporary social theorists. What they were looking for was an alternative foundation for American public life. What they found was the celebration of community. ... The upshot was a communitarian rewriting of the political culture. In this view, Americans are not just individualists but also communitarians, not just celebrants of self, but participants in a shared public life. (p.996)

Putnam's evaluation of the institutional performance of Italian regional government (based on a 20-year longitudinal study) has been the focus of most of the attention in this area since the publication, in 1993, of *Making Democracy Work: Civic Traditions in Modern Italy*. The central thesis of the book is that government performance is tied to the "vibrancy of associational life" in each region. In areas where there are dense networks of associations, Putnam argues, governments operate more efficiently, creatively and effectively. The explanation for this relationship is based on the presence of "social capital" or "civicness" (as it is referred to in the book) in communities produced by the networks, norms of reciprocity and trust that are fostered between members of community associations through their social interaction and co-operation.

When one considers the relevance of social capital to the study of community participation in health care, it appears that there is some relationship between the two but just what kind of relationship and its direction is not at all clear. The notion of community members possessing a civic virtue exhibited through associational membership and civic participation, for example, overlaps with and is embedded in the concept of political participation. Organizational involvement is both a predictor of political participation and a measure of social capital. The term "civic participation" often refers to citizen participation in politics. In this way then, civic participation, as a measure of social capital is synonymous with political participation. Putnam makes the following distinction between civic participation and political participation:

4 Although the literature on this subject has been dominated by American social and political theorists drawing on American history, Canadian scholars have embraced the basic principles of civic engagement and collective decision-making while applying them in the context of Canadian communities.

Participation in a civic community is more public-spirited ..., more oriented to shared interests. (p. 88)

Barber (1984) describes the relationship differently in his discussion of civil society and political participation. He sees high levels of political participation providing the seeds for civic participation. As citizens engage in political acts, the narrow interests that may have initially motivated them to participate will gradually be overtaken by the pursuit of a common good provided there are genuine arenas for deliberation and the exchange of ideas.

Despite the compelling results and widespread enthusiasm for Putnam's findings, we are at an early stage in our understanding of the relationships between social networks, civic participation and institutional performance. The section above highlights the uncertainty surrounding conceptual definitions and directional relationships. Furthermore, the operationalization of concepts such as associationalism and civic participation is fraught with problems leading one to either marvel at (or be skeptical of) the availability and precision of Italian data for various civicness measures. Finally, the generalizability of Putnam's work beyond Italy to younger countries, like Canada, with less developed social networks deserves careful scrutiny.

The concept of *community capacity* is related to the above, although its currency appears to be restricted to the health promotion and public health arenas. Community capacity is about "building healthy, sustainable or caring communities" through the mobilization of resources to meet the needs of community members and by building networks and associations to bring people together. McNight's (1990) work in the United States has driven much of the current fascination with capacity building in Canadian communities. Activities typically associated with capacity building include encouraging philanthropy and voluntarism, fostering partnership across sectors and building networks for social and economic support. Associations are seen as a key element in building successful communities. In this way, community capacity draws heavily on Tocqueville's depictions of American life and the propensity for citizens to join as a model for democracy. Community capacity, like social capital, is seen as a panacea for many of society's ills. This has occurred, despite limited empirical evidence to support its theoretical assumptions.

The characteristics described above (i.e., structural and social) are considered to be the basic building blocks for participation. Their presence in a community, therefore, is hypothesized, to pre-dispose them to participatory activity although the precise nature of these relationships and the participation dimensions that are influenced require in-depth exploration. Figure 1

represents these characteristics under the broad category of predisposing influences.

Table 2 summarizes the relationships between each of the variables and participation as described in the literature. In general, the relationship between the structural variables and participation has been documented in the literature and, therefore, falls into the category of hypothesis-testing variables. In contrast, the relationship between social characteristics and participation is less well understood. These factors fall into the category of hypothesis-generating or “emerging” variables.

Table 2
Relationship Between Pre-Disposing Influences and Participation
at the Community Level of Analysis

4. ENABLING INFLUENCES

Enable, enabled, enabling v.t. *To make able; to supply with power, physical, moral or legal; to furnish with sufficient power, ability or authority; to render fit or competent; to authorize.*

The research that falls under the second theme area in Figure 2 emphasizes the role played by *enabling influences*, the second element of the framework. Enabling influences refer to those actions taken by institutions to enhance the ability of individuals and groups to participate in a decision-making process. As the dictionary definition suggests, the enabling process often deals with a power relationship with one group “empowering” another to participate. Institutions, in the context of this study, may be specific to a geographic community such as local government structures or the media, or to a policy arena such as the local district health council or school board.

Actions taken to facilitate participation are typically designed to:

- i) offer opportunities for face-to-face participation through the designation of citizen membership on decision-making bodies or the establishment of citizen-run decision-making bodies themselves;
- ii) encourage participation indirectly by reducing the costs involved in participating through information dissemination, offering flexible meeting times and locations with incentives such as covering transportation or parking costs, and comprehensive advertising of various participation methods.

The fields of health care and education policy as well as local government studies have provided many illustrative accounts of experiences with government-mandated citizen participation programs. A wave of participation initiatives was introduced in the United States beginning in the 1960s with the Community Action Program (CAP) in 1964 and the Model Cities Program in 1966. Each of these programs was designed to involve citizen participation in local initiatives to meet local needs and each has been heavily criticized for failure to adequately involve citizens from the outset. Community action programs have been described as merely “restrained exercises in representative democracy” (Berry et al, 1993, p. 34) and case studies of the Model Cities program have concluded that “as organized systems of citizen participation become institutionalized, they tend to become less democratic” (McNamee and Swisher, 1985, p.311).

In 1974, on the heels of the CAP and Model Cities programs, the U.S. government unleashed yet another program to involve citizens, this time in health care decision-making. Aimed at improving the health of local residents, a network of health planning agencies was established throughout the country with responsibility for local health planning and development. These agencies were to be governed by majority consumer boards (Checkoway, 1981). Accounts of the Health Systems Agencies' experiences with involving consumers in the planning process consistently reported HSA failure to achieve meaningful citizen participation (Marmor and Morone, 1980; Checkoway, 1981). Citing lack of guidance from the federal government in both defining the term "consumer" and identifying requirements for board composition, policy analysts relate the ease with which the medical profession and hospital officials were able to dominate planning agency activities.

Strikingly similar experiences are described in a comprehensive account of a Canadian province's (Quebec) efforts, between the 1970s and 1990s, to institutionalize community participation within its health and social services system. Reforms implemented in the 1970s included granting or mandating minimum number of citizen seats on various decision-making boards. Drawing on conclusions from empirical work conducted by others in the area, O'Neill (1992) comments that "consciously or not, citizen participation usually ends up consolidating the power of professionals or bureaucrats and not as a way to empower the community" (p. 297). This was the major impetus behind a Quebec Commission of Inquiry's recommendation to "pull the power out of the hands of professionals, bureaucrats, and administrators ... in order to make them accountable to the general public through electoral mechanisms" (p. 296). It remains to be seen what the impact of these institutional actions will be on actual and perceived participation.

Institutional actions designed to promote participation in the field of education have also met with poor results. A study of community organizations' influence on educational policy in three American cities found that citizens have little influence on the educational decision-making process (Gittell, 1980). Reasons cited include the systematic failure by governments at all levels to provide resources to encourage citizen participation in major school policy issues. While government policies did mandate the creation of community-based service delivery and advisory organizations, these "effectively diffused the energies of independently based and self-initiated citizen organizations" and gave these "new-style organizations ... the most direct access to the system but the least influence on school policy" (p. 242).

The overall picture that has emerged from these experiences is a litany of failed attempts to adequately involve the public in decision-making or to shift power out of the hands of the

committed few who hold strong vested interests in maintaining the status quo⁵. Reasons cited for these failures include government manipulation of citizen participation and the failure of institutional actions to overcome the costs of participation, identified earlier as a major disincentive to participation. Robertson and Minkler (1994) summarize the phenomenon of citizen manipulation by governments in their critical analysis of the health promotion movement:

It could be argued that much of current health promotion practice, although using the rhetoric of community participation, in fact operates at these levels when professionals attempt to get people in the community to take ownership of a professionally defined health agenda. ... Community participation in these instances often consists of the professionals convincing the community to take responsibility for and to carry out activities to address these issues, without ever having decided whether these issues are of interest to them.

(p. 305)

The local government studies literature illustrates the case of institutional inability or lack of commitment to reduce the costs of participation. A survey of strategies to encourage citizen participation conducted in over 150 U.S. cities' (all with populations over 100,000) found few exemplary cases of government efforts to reduce obstacles to participation (Scavo, 1993). While all cities reported the use of public hearings to gather input on policies, only 21% of cities reported experimenting with meeting locations outside city hall and less than 10% reported any experience with mechanisms to encourage the public to attend or participate in public meetings. Neighbourhood councils were the most common method reported (60% had them) for involving residents in decision-making although the resources devoted to supporting these councils varied considerably.

Similar results have been found in the health care field with most health planning agencies opting for traditional methods of participation such as community meetings held in public buildings (with little effort to reduce the costs of participation). Survey results have demonstrated little variation among planning agencies in their efforts to induce public participation, with most opting for "safe" methods mandated by government (Checkoway, 1982; ADHCO, 1994).

5 This subject will be addressed in detail in the next section.

Institutional actions that are considered most frequently in the participation literature are those initiated by government or quasi-government institutions. While their existence as an institution may be worthy of debate, the media constitute a set of actors who have been largely ignored in discussions about the influences on participation. The media play a major role in disseminating information to the public on a variety of local and national issues. Inadequate information provision is invariably identified as a major deterrent to participation. This identifies the potential for the media to be used as an enabling force in this area. There are few studies of the relationship between media actions and participation efforts despite consistent themes reported of the media's important role in the journalism literature. A study of nine news organizations' coverage of national issues in the United States found coverage to be inadequate in providing citizens with information about policy issues and how they might get involved (Keefer, 1993). The importance of the media has also been recognized in the health promotion literature where "supportive media" and "media problems" were identified as facilitators and inhibitors respectively for community change to occur (Thompson et al, 1991).

Of course the potential negative impact of the media cannot be overlooked. The media often go beyond the mere provision of information to influence and shape the attitudes of the public. This can have an equal, if not greater, impact on the extent and nature of participation that occurs than the mere provision of information about how to participate.

The widely reported failures of institutional actions to encourage participation have prompted analysts and advocates alike to try to identify the conditions required for successful participation. Berry et al (1993) has undertaken one of the most comprehensive attempts. Using in-depth surveys and interviews to identify five U.S. cities with the most exemplary participation records, they proceeded to explore the reasons for their success. A common factor identified in all but one city was the establishment of an effective, well-resourced city-wide network of neighbourhood associations that brought issues and concerns raised by neighbourhood residents to the attention of local government. The study explored the socioeconomic characteristics of the cities as a potential influence on participation and found a high degree of variability across cities. Less attention was given to exploring the potential role of each city's social characteristics (e.g., social solidarity and sense of community) in fostering the social networks that mobilized around neighbourhood concerns.

Efforts to involve the public in decision-making, whether legitimate or not, have been the subject of intense scrutiny in many policy areas usually with the goal of offering insights into what works and what does not. The main conclusion from this literature it is that institutional

actions have had consistently poor results in each of the policy areas covered in this review. Also striking is the absence, with few exceptions, of analysis that considers the possibility that reasons for successive failures may involve more than the costs of participation or the inadequacies of current mechanisms to promote participation. It may turn out that only under ideal conditions and exceptional circumstances will citizens choose to get involved in public affairs. These circumstances are the subject of the next section.

5. PRECIPITATING INFLUENCES

Precipitate, precipitated, precipitating v.t. *To throw headlong; to cast down from a precipice or height; to urge or press with eagerness or violence; to hasten; to hurry blindly or rashly.*

The third component of the framework identifies **precipitating** influences that may act as a catalyst to participation. “Precipitants” are comprised of two separate elements—issues and interests—and their relationship to each other. The community mobilization literature clearly demonstrates that issues play an integral role in providing the impetus to participate. More specifically, an issue may act as a precipitant to participation by mobilizing the interests of individuals or community groups. In this way, the issue and the interests of those affected by the issue are inextricably linked.

Literature from several disciplines helps to illustrate this relationship. The “community of limited liability” theory introduces the notion of issues providing the impetus for participation. Although rooted in urban sociological theory, this theory resonates with political science theories of interest groups and collective action. First described by Janowitz (1952) and elaborated upon by Hunter and Suttles (1972), the theory is based on the notion of communities operating as political rather than social units. Lee et al (1984) describe the theory’s basic suppositions:

Proponents of the limited-community model contend that when a household’s own interests or stakes are secure, little motivation exists for devoting time to neighbourhood affairs. Only when one or more of these interests are threatened will residents become involved actively, and even then the unaffected segments of the local population are likely to remain aloof.

(p.1163)

Embedded in any discussion of what precipitates participation is the link that exists between the issue and the interests held by an individual or group. Carrying the argument further, an issue will only spur groups into action when the interests of a group are served by doing so. One is able to predict, therefore, based on the characteristics of an issue which interest groups are likely to respond through mobilization.

The importance of “threatened interests” in the limited-community model has been applied to the issue of property values by Lee et al (1984) and Zorbaugh (1929). Studies of community mobilization in response to environmental concerns (i.e., the NIMBY phenomenon) and the threats they pose to the interests of property values and public safety provide additional examples (Wandersman and Hallman, 1993; Henig, 1982; Kraft and Clary, 1990). Emotional reactions to threats imposed on a community are empirically supported (Bachrach and Zautra, 1985). Within the health care domain, the specific role of interests and interest groups in the health care decision-making process have been observed in several empirical studies (Alford, 1975; Marmor and Morone, 1980; Checkoway and Doyle, 1980; Short, 1989; Eakin, 1984; Godbout, 1981). The emphasis of this research has been on the dominant role played by health care providers (with concentrated interests) relative to the public (with diffuse interests) in influencing the decision-making process in communities in the United States, Canada and Australia. Marmor and Morone (1980) provide a thorough analysis of concentrated and diffuse interests in their study of consumer representation on American health planning boards in the 1970s.⁶ Summarizing earlier critiques of pluralism they refer to the propensity for groups engaging in political action to form a highly biased sample of affected interests as “imbalanced political markets” (p.127). Imbalanced political markets, they argue, result from the significant costs incurred in organizing for political action so that only those groups with “concentrated interests”⁷ (i.e., those groups with the most to gain by organizing or the most to lose by not organizing) are likely to bear the costs of participation. Associated with concentrated interests is the availability of resources and expertise that act to reduce the marginal cost of participation. “Diffuse interests” -- the category that consumer groups often fall into -- can also come together for political action but they tend to be “loosely organized” and “characterized by a grass-roots style of politics” (p.129). Political markets become imbalanced, then, when interests are unequal and resources are disproportionate.

6 The reader may recall that this study was referred to in the previous section on “Enabling Influences”.

7 Although Marmor and Morone (1980) provide one of the more in-depth analyses of this subject, these ideas have been discussed elsewhere and are referred to in their article. For other references on this subject, see Wilson (1973); Schattschneider (1960); and Marmor and Wittman (1976).

Tuohy and Evans (1984) consider the notion of imbalanced political markets in the Canadian context in their analysis of decentralized health planning in the Province of Ontario. The organizational structure of consumer interest groups, they argue, poses significant obstacles to their ability to exert any influence at the local level:

In Canada, to the extent that groups promoting the consumer interests are organized at all, it is ... at the provincial and federal levels, not the local level. As Marmor has pointed out, the marginal cost of political action is greatly reduced where ongoing organizations promote groups interests; hence the marginal cost of mobilizing the consumer interest in Ontario is likely to be greater to the extent that the decision-making process is decentralized. ... Notably, the same cannot be said of provider groups, which, by and large, are organized both provincially and locally -- a difference that contributes to the political imbalance ... noted earlier. (p. 92)

Tuohy and Evans identify additional problems in organizing consumer interests. In addition to being diffuse, health care consumer interests are also described as “fragmented” into “benefit-receiving” and “cost-bearing” components. This fragmentation highlights a tension between the interests of consumers as residents of local communities and actual or potential service recipients (i.e., benefit receiving) and the interests of consumers as provincial taxpayers (i.e., cost bearing):

As benefit receivers, people may press for more health care resources available to them locally. It is as provincial taxpayers that they have an interest in getting ‘more bang for the buck’. (p. 103)

Another precipitant to participation in the health care domain is the perceived need for additional resources in the form of programs, services, equipment, facilities or human resources. Participation for the purposes of resource procurement can be a strong community mobilizer in the health care domain. In a case study of an Australian community’s campaign to raise funds to purchase radiotherapy equipment, Short (1989) uses Alford’s (1975) structural interests framework to analyze the role played by different interest groups in a community mobilization process. The medical profession is represented by Alford’s “dominant” structural interests who are easily able to convince the “repressed” structural interests in the community of its need for additional resources. The intersection of issues and interests provides the basis for examining the type, nature and extent of influence that precipitants exert on participation.

6. APPLYING THE FRAMEWORK

The framework depicted in Figure 1 serves several purposes. First and foremost, it provides a template for examining the role played by each set of “influences” in shaping participation. It can be used as a tool for collecting, organizing, analyzing and interpreting data. More specifically, the model can be used to answer the following questions:

1. How does the presence (or absence) of each set of “influential factors” shape the quality and quantity of participation in a community?
i.e. what is different about participation in communities that have:
 - pre-disposing vs. no pre-disposing factors
 - enabling vs. no enabling factors
 - precipitating vs. no precipitating factors
2. What is the relationship between each set of factors and their combined influence on participation?
i.e. how is participation shaped by a combination of pre-disposing and enabling factors vs. a combination of pre-disposing and precipitating vs. a combination of enabling and precipitating factors vs. a combination of all three factors?

This framework has been applied using a case study design in four Ontario communities where community involvement in health care decision-making pertaining to local health services restructuring was observed. The results of this empirical study and a discussion of the framework’s explanatory and predictive utility have been described elsewhere⁸ and will be the subject of future CHEPA working papers and publications. Only a brief discussion of its application is presented here.

The first step in applying the framework is the compilation of community profiles of participation using the typology of participation described in Table 1. A second step involves explaining the participation observed in each community by developing profiles for each set of influence (i.e., pre-disposing, enabling and precipitating). Using the results of this two-step approach the analytic process involves the establishment of a chain of evidence linking those characteristics observed to influence participation (i.e., profiles of pre-disposing, enabling and precipitating influences) to participation itself (i.e., profiles of participation). As the process unfolds different sets of influences may be found to be more closely associated with different dimensions of participation. For example, if education level is associated with a more or less emotional *tone* of participation, the model will account for this within each respective element.

As described earlier, Figure 1 is a schematic representation of the framework. Participation is represented in the centre of the diagram with each of its dimensions depicted. The three shaded areas represent the three sets of influences on participation and their composition as described in the literature reviewed earlier. The diagram uses different arrows to demonstrate: the independent influences exerted on participation (i.e., arrows originating from the shaded areas); and the combined influences (arrows coming together from each of the shaded areas). This second set of arrows is intended to illustrate the less clearly understood relationships between the model elements and their combined influence on participation.

7. SUMMARY

A vast multi-disciplinary literature on participation has accumulated drawing on different fields of study and academic disciplines. In synthesizing this literature, a framework has been developed for analyzing participation and its influences. The framework presented here brings coherence to the literature that has explored the influences on participation and offers an analytic tool for systematically observing the multiple influences on participation (as well as the multiple dimensions of participation itself). It combines both quantitative and qualitative approaches to examining participation and is particularly well suited for documenting and interpreting the role played by contextual influences in the participation process. The framework may be of use to both advocates and analysts of participation.

8 See Abelson, J. 1998. Theories of Participation in Health Care Decision Making. Doctoral thesis. University of Bath.

REFERENCES

- Abelson, J., Lomas, J., Eyles, J., Birch, S. and Veenstra, G. (1995). Does the Community Want Devolved Authority? Results of Deliberative Polling in Ontario. *Canadian Medical Association Journal*, 153(4), 403-12.
- Alford, R. (1975). *Health Care Politics: Ideological and Interest Group Barriers to Reform*. Chicago: University of Chicago Press.
- Almond, G.A. and Verba, S. (1965). *The Civic Culture: Political attitudes and democracy in 5 nations*. Boston: Little Brown & Co. 379 pp.
- Aristotle. (1988). *The Politics*. Edited by S. Everson. Cambridge: Cambridge University Press.
- Arnstein, S. (1969). A Ladder of Citizen Participation. *Journal of the American Institute of Planners*. 35, 216-24.
- Association of District Health Councils of Ontario. (1994). *Citizen Participation in the Local Planning Process: Broadening the Spectrum*. Toronto: ADHCO.
- Bachrach, K. and Zautra, A. (1985). Coping with a Community Stressor: The Threat of a Hazardous Waste Facility. *Journal of Health and Social Behaviour*, 26, 127-41.
- Barber, B. (1984). *Strong Democracy*. Berkeley: University of California Press.
- Bellah, R., Masden, R., Sullivan, W., Swidler, A. and Tipton, S. (1985). *Habits of the Heart*. Berkeley: University of California Press.
- Berry, J., Portney, K. and Thomson, K. (1993). *The Rebirth of Urban Democracy*. Washington: Brookings Institution.
- Bracht, N.(ed.) (1990). Community organizing principles in health promotion. *Health Promotion at the Community Level*. Newbury Park, CA: Sage.
- Bridgeland, W. and Sofranko, A. (1975). Community Structure and Issue-Specific Influences: Community Mobilization over Environmental Quality. *Urban Affairs Quarterly*, 11, 186-214.
- Charles, C. and DeMaio, S. (1993). Lay Participation in Health Care Decision Making: A Conceptual Framework. *Journal of Health Politics, Policy and Law*, 18 (4), 881-904.
- Checkoway, B. and Van Til, J. (1978). What do we know about Citizen Participation? In: *Citizen Participation in America* (S. Langton, ed.), pp. 25-42. Lexington: Lexington Books.

Checkoway, B. (1981). Innovative Citizen Participation in Health Planning Agencies. In: *Citizens and Health Care*. Elmsford, New York: Pergamon Press, pp. 118-138.

Checkoway, B. and Doyle, M. (1980). Community Organizing Lessons for Health Care Consumers, *Journal of Health Politics, Policy and Law*, 5 (2), 13-26.

Checkoway, B. (1982). Public Participation in Health Planning Agencies: Promise and Practice, *Journal of Health Politics, Policy and Law*, 7 (3), 723-33.

Dahl, R. (1956). *A Preface to Democratic Theory*. Chicago, Ill.: University of Chicago Press.

Dahl, R. (1961). *Who Governs? Democracy and Power in an American City*. New Haven and London: Yale University Press.

Dahl, R. and Tufte, E. (1973). *Size and Democracy*. Stanford, California: Stanford University Press.

Davidson, W. and Cotter, P. (1989). Sense of Community and Political Participation. *Journal of Community Psychology*, 17, 119-25.

DeSario, J. and Langton, S. eds. (1987). *Citizen Participation in Public Decision-Making*. New York: Greenwood Press.

de Tocqueville, A. (1839). *Democracy in America*

Eakin, J. 1984. Survival of the Fittest? The Democratization of Hospital Administration in Quebec. *International Journal of Health Services*, 14(3):397-412.

Etzioni, A. (1993). *The Spirit of Community: Rights, Responsibilities, and the Communitarian Agenda*. Crown Publishers, Inc.

Gittell, M. (1980). Limits to Citizen Participation: The Decline of Community Organization. Beverly Hills, California: Sage.

Godbout, J.T. 1981. Is Consumer Control Possible in Health Care Services? *International Journal of Health Services*, 11(1):151-67.

Guest, A. (1984). Robert Park and the Natural Area: A Sentimental Review. *Sociology and Social Research*, 69, 1-21.

Haeberle, S. (1987). Neighborhood Identity and Citizen Participation. *Administration and Society*, Vol. 19, No. 2, 178-96.

Henig, J.R. (1982). *Neighborhood Mobilization*. New Brunswick, New Jersey: Rutgers University Press.

Hunter, A. and Suttles, G. (1972). The Expanding Community of Limited Liability, pp.44-81. In: *The Social Construction of Communities*. Chicago: University of Chicago Press.

Janowitz, M. (1967). *The Community Press in an Urban Setting: The Social Elements of Urbanism*. Chicago: University of Chicago Press.

Keefer, J. (1993). The News Media's Failure to Facilitate Citizen Participation in the Congressional Policy-Making Process, *Journalism Quarterly*, 70 (2), 412-24.

Kraft, M. and Clary, B. (1990). Citizen Participation and the NIMBY Syndrome: Public Response to Radioactive Waste Disposal. *The Western Political Quarterly*, 299-328.

Lee, B., Oropesa, R., Metch, B., Guest, A. (1984). Testing the Decline-of-Community Thesis: Neighborhood Organizations in Seattle, 1929 and 1979. *American Journal of Sociology*, 90 (5), 1161-88.

Leighley, J. (1995). Attitudes, Opportunities and Incentives: A Field Essay on Political Participation. *Political Research Quarterly*, 48, 181-209.

Lomas, J. (1997). Devolving authority for health care in Canada's provinces: 4. Emerging issues and prospects. *Canadian Medical Association Journal*, 156 (6), 817-23.

Marmor, T. and Morone, J. (1980). Representing Consumer Interests: Imbalanced Markets, Health Planning and the HSAs, *Milbank Memorial Fund Quarterly/Health and Society*, 58(1), 125-165.

Marmor, T. and Wittman, D. (1976). Politics of Medical Inflation. *Journal of Health Politics, Policy and Law*, 1 (Spring), 69-83.

McKnight, J. (1990). Mapping community capacity. Evanston, Illinois: Center for Urban Affairs and Policy Research Report, Northwestern University.

McMillan, D. and Chavis, D. (1986). Sense of Community: A Definition and Theory. *Journal of Community Psychology*, 14, 6-23.

McNamee, S. and Swisher, K. (1985). Neighborhood Decentralization and Organized Citizen Participation, *Sociological Focus* 18, 4, 301-12.

Milbrath, L. and Goel, M. (1977). *Political Participation*. Chicago: Rand McNally Publishing Company.

Morone, J. (1997). Enemies of the People: The Moral Dimension to Public Health. *Journal of Health Politics, Policy and Law*, 22 (4), 993-1020.

Newton, K. (1982). Is Small Really so Beautiful? Is Big Really so Ugly? Size, Effectiveness, and Democracy in Local Government. *Political Studies*, 30 (2), 190-206.

Office of Technology Assessment. (1992). Evaluation of the Oregon Medicaid Proposal. Washington: United State Congress.

Oliver, P. (1984). If you don't do it, nobody else will: Active and Token Contributors to Local Collective Action. *American Sociological Review*, 49, 601-10.

O'Neill, M. (1992). Community Participation in Quebec's Health System: A Strategy to Curtail Community Empowerment? *International Journal of Health Services*, 22 (2), 287-301.

Oropesa, R. (1992). Social Structure, Social Solidarity and Involvement in Neighborhood Improvement Associations. *Sociological Inquiry*, 62, 107-18.

Park, R. (1952). *Human Communities: The City and Human Ecology*. Glencoe, Ill.: Free Press.

Parry, G., Moyser, G. and Day, N. (1992). *Political Participation and Democracy in Britain*. Cambridge: Cambridge University Press.

Putnam, R. (1993). *Making Democracy Work: Civic Traditions in Modern Italy*. Princeton: Princeton University Press.

Richardson, A. (1983). *Participation*. London: Routledge & Kegan Paul.

Robertson, A. and Minkler, M. (1994). New Health Promotion Movement: A Critical Examination. *Health Education Quarterly*, Vol. 21 (3), 295-312.

Sandel, M. (1996). *Democracy's Discontent: America in Search of a Public Philosophy*. Cambridge, Mass.: Harvard University Press.

Sarason, S.B. (1974). *The Psychological Sense of Community: Perspectives for Community Psychology*. San Francisco: Jossey-Bass.

Scavo, C. (1993). The Use of Participative Mechanisms by Large U.S. Cities. *Journal of Urban Affairs*, 15 (1), 93-109.

Schattschneider, E.E. (1960). *The Semisovereign People*. Hinsdale, Ill.: Dryden Press

Short, S. (1989). Community Participation or Community Manipulation? A Case Study of the Illawarra Cancer Appeal-A-Thon. *Community Health Studies*, Vol XIII (1), 34-38.

Tuohy, C. and Evans, R.G. (1984). Pushing on a String: The Decentralization of Health Planning in Ontario. In: *The Costs of Federalism*. Golembiewski, R. and Widawsky, A. eds. New Brunswick, N.J.:Transaction Books, 89-116.

Verba, S. and Nie, N. (1972). *Participation in America: Political Democracy and Social Equality*. New York: Harper and Row Publishers.

Wandersman, A. and Hallman, W. (1993). Are People Acting Irrationally? Understanding Public Concerns about Environmental Threats. *American Psychologist*, 48(6), 681-6.

Wilson, J.Q. (1973). *Political Organizations*. New York: Basic Books.

Zorbaugh, H. (1929). *The Gold Coast and the Slum*. Chicago: University of Chicago Press.
Table 1

NOT FOR CITATION WITHOUT PERMISSION

Paper 99-03

**Bridging Academic Disciplines
and Policy Sectors:
Understanding the Influences on
Community Participation**

J. Abelson

