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Final report of the Academic Citizens' Assembly
Swiss Forum for Healthcare Sustainability, 08.06.2023, Bern

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This report summarizes the process and results of the Academic Citizens' Assembly (ACA) organized by Prof. Sascha Nick on the occasion of the 2023 Swiss Academy of Medical Sciences (SAMS) Swiss Forum for the sustainability of the healthcare system[1], on Thursday 08.06.2023 in Bern. This document also gives insight on future opportunities for the Swiss Consortium for sustainable health and the ecological transition of healthcare services[2].

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1. Context and goals

The 2023 SAMS ACA[3] took place during the afternoon of the one-day Forum entitled "Swiss Forum for the sustainability of the healthcare system: how to make a successful transition?" The event aimed to bring together a broad community of healthcare professionals already committed to the transition or willing to become so, and to highlight existing and aspirational initiatives. Therein, it followed on the publication of the 2022 SAMS roadmap "For healthcare services within planetary boundaries"[4].

In preparation of the Forum, a call for projects was launched to identify initiatives aiming at transforming healthcare services in line with the roadmap proposals. A total of 45 projects focusing on topics such as institutional commitments, community involvement, research on reducing the environmental impact of clinical practices and education were selected and presented during the first half of the Forum.

[1] D: samw.ch/forum-nachhaltigkeit | F: assm.ch/forum-durabilite
[2] D: samw.ch/konsortium-nachhaltigkeit | F: assm.ch/consortium-durabilite
[3] D: academiccitizensassembly.ch/samw-2023 | F: academiccitizensassembly.ch/assm-2023
[4] D: samw.ch/umwelt-gesundheit | F: assm.ch/environnement-sante

The goal of the ACA was to produce collectively approved proposals to answer the question: “How can we, as actors of the healthcare system, contribute to its transformation towards sustainability?”.

In addition to creating a space for health care professionals to exchange on their experiences, and on their views and targets for tomorrow’s sustainable health care system, the Forum marked the launch of the Swiss Consortium for sustainable health and the ecological transition of the healthcare system.

The proposals resulting from the ACA process would therefore create a starting point for the Consortium’s future discussions and actions.

The ACA format was chosen because since the 1980s, citizens’ assemblies have been successfully conducted dozens of times in many countries, almost always leading to recommendations of high quality. Most assemblies had between 20 and 150 participants, and the main challenge was acting on the result by the government, parliament, or popular referendum. To overcome this issue, the ACA is specifically designed to scale to hundreds of thousands of participants, building on the Swiss tradition of participatory democracy.

ACA is entirely based on academic principles: evidence-based, lobby-free, no ideology. In contrast to many assemblies, interest groups do not get a special platform to defend their “interests” during the preparation phase, which is limited to science-based information.

Citizens’ assemblies ensure representativity by a process called “stratified sortition”, where participants are randomly selected to maintain a representative proportion of all subgroups considered significant, such as age, gender, education, and sometimes nationality, income, size of city, political views or other. In contrast, the ACA is designed to be representative by full inclusion. ACA SAMS 2023 was not representative of the broader society, as the event was communicated mainly through the SAMS network and relayed by medical organizations.

2. Structure, process, and tools

2023 SAMS ACA was a single-session, two-hour event. It comprised an introductory session (15 min), time for group formation (5 min), and role definition (5 min), deliberation (1h), writing of proposals (10 min) and a voting session (10 min). The summary session (15 min) consisting in a brief presentation of the top voted proposals by the organizers and concluded the Forum.

The assembly was bilingual French-German: the introductory and summary plenary sessions were simultaneously translated, group discussions were in separate French or German groups, proposal writing and the voting was designed to be in English only. However, some proposals were written in French or German. For this case, the voting tool allowed integrated machine translation.

There were **141 voting participants divided into 11 groups**, each with a facilitator, observer, and note taker. Some people joined the groups with a delay, after the observers noted total participation, and one group’s observer sheet (#9) could not be located; this group was estimated as being average size (13 people).

The facilitators were chosen by the organizers and responsible for moderating the exchanges and time keeping. Volunteering participants took the role of the observers (for reporting overall group dynamic) and note takers (for keeping track of the discussion topics and proposals).

Five main data collection methods were used:

1. Opening form - registration (117 replies)
2. Group notes, one online document for each group (10 analyzed, one missing)
3. Observer forms, one for each group (10 analyzed, one missing)
4. Online voting data (total 70 proposals, 6’952 votes cast)
5. Closing participant survey (100 replies)

Upstream to the event, reference documents, such as SAMS roadmap “Promotion of health services respecting planetary boundaries (2022)” were made available on the ACA’s webpage and communicated by email one week in advance. Most but not all participants were familiar with the documents.

3. Analysis of the participant survey

Exactly 100 participants filled out the closing survey, of which 63 female and 36 male participants, representing a participation rate of 71%.

The participants indicated the following professions:

– Medical doctors: 24
– Nurses: 4
– Students: 6
– Researchers and lecturers: 17
– Managers: 6 (including directors, CEOs, and heads of communication)
– Public officials: 4 (including civil servants, federal administration, and public health professionals)
– Others: 15 (including various therapists, pharmacists, statisticians, economists, etc.)

The participants were asked in the survey to rate the characteristics of the assembly on a **scale from 0 to 10.** The mean results and standard deviations (SD) are reported here after.

– Overall organization (mean: **8.46,** SD: **1.26**)
– “Was the goal of the ACA clear to you?” (**8.18, 1.49)**
– “Was the process of the ACA clear to you?” (**8.06, 1.50**)

Many positive comments were expressed in the survey’s section dedicated to qualitative comments on **overall organization** such as *great, excellent, perfect, many perspectives, etc.*

Comments expressing dissatisfaction concerned the **facilitation** (ineffective, unfair, loud participants spoke more than others, sometime off-topic), the **timing** (deliberation time too short, a whole day would be better, transition to writing proposal and voting chaotic, time ran out), and the **preparation** (ACA does not work well if participants are not prepared – then it tends towards anecdotes).

– "Did the **voting** work well?” (**7.90, 2.18)**

Qualitative answers on **voting** focused on difficulties of voting using mobile phones, losing connections, poor WiFi, some people expressed preference for a Likert-scale instead of binary voting, and some proposals were said to be poorly formulated and unclear.

All qualitative comments regarding **group size** were positive for sizes of 8, 9, or 10 participants, 11 was suggested as upper limit and 6-10 ideal. Groups with 15 or more participants were clearly perceived as too big, without exception.

Regarding the inclusivity and overall quality of the exchanges:

– “Could you express yourself, and were you heard?” (**8.12, 1.93**)
– “Were you treated with respect?” (**9.46, 1.02**)

A question on the overall feeling during the ACA allowed for qualitative replies, of which the vast majority (>90%) reported positive feelings (well, relaxed, heard, motivated, etc.), and a small minority (<10%) reported negative feelings (tense, frustrated, unheard).

– “Quality of discussion” (**7.69, 1.85)**
– “Quality of proposals”, (**6.97, 1.97)**

The qualitative appreciations of the above question (Quality of proposals) mainly focused on too general or not sufficiently specific proposals, but also on proposals being too timid, small steps, nothing world-changing.

In the last open question, “anything else you observed, felt, or would like to propose”, participants mostly reiterated previous statements, but also praised the high competence and engagement of the participants. This participant quote nicely summarizes the assembly: “*Despite the criticisms I mentioned above, I really think it was a great idea to integrate this assembly into the Forum. I believe we need more of these deliberative formats to collaborate and find solutions to the complex issues we're facing*.”

4. Analysis of observers’ reports

Ten observer reports were analyzed, as one group’s observer sheet (#9) could not be found. A total of 141 people participated at the beginning of the assembly, with several people joining late, after the count had been established.

Regarding **gender representation**: a total of 78 people (61%) identified as female, 50 (39%) male. Of these, 108 (84%) actively participated (62 female, 46 male). This means that 79% of female and 92% of male participants were active in the deliberation,

The observers were in charge of perceiving and coding the characteristics of the deliberation. Hereafter, the number of groups displaying the mentioned behavior is written between brackets, dominant answer is in **bold**

Regarding the facilitation framework:

– The facilitators provide rather **active (8)** facilitation. Passive (1)
– The facilitators **rarely (5)** shape the discussion according to own belief. Often (1), did not take sides (3)

Regarding the inclusivity and overall quality of the exchanges:

– The discussion is **very symmetric (5)**, participants treat each other as equal discussants. very asymmetric (1), symmetric (4).
– The participants refer to other’s positions to a **high (6)** extent. low (1), medium (3).
– Participants are **generally not (3) /generally open (3)** to deliberation. not (0), open (2).
– Participants **mostly (7)** provide justification when they intervene. rarely (2), about half the time (1)
– **Little disagreement (5)** occurred between participants. clash on goals (2), clash on strategy (2)
– **Soft power (7)** prevails. hard power (3) - *(hard power is based on position, soft power on knowledge and beliefs)*
– The general emotional atmosphere is **mixed (6).** relaxed (4)

Regarding the making of proposals:

– An average of 7.1 proposals per group resulted from the round of discussion (min 3, max 25). Without one outlier (25): max 8, average 4.9.
– **All or most (6)** participants converged on the proposal(s). did not converge (1), about half (3).
– Two groups were reported to be split in two or three sub-groups of opinion (polarization).

In conclusion, the dominant group behavior suggests excellent conditions for deliberation, and can give confidence in the voting results.

5. Voting results

A total of **70 proposals** were submitted. To ensure validity of analysis, undefined proposals, such as “oversupply”, “missing data”, networking”, “education”, and similar were excluded, as were proposals that were submitted too late, resulting in only a handful of votes.

A total of 15 proposals reached both 80% agreement and at least 79 votes:

1. Give all health professionals a planetary health training (at all levels, pregraduate, postgraduate)
2. Integrating sustainable health and co-benefits training into the training of social and healthcare professionals
3. Implementation of sustainability and planetary health in curriculum and further education
4. Implementation of sustainability and planetary health in curriculum and further education of health care professionals
5. Public campaign: Environmental protection is health protection (message from the Health Care Professionals)
6. Submit a national initiative for health education and prevention in schools
7. Submit an initiative for laws to support sustainable health systems.
8. Promouvoir la santé dans l'éducation à tous les niveaux
9. Promouvoir la santé dans l'éducation à tous les niveaux école enfantine jusqu'à université et écoles professionnelles
10. Allocate resources for deployment of sustainability in health institutions
11. Require a health and environmental impact assessments before every public project and policy (national, cantonal, communal)
12. Changer paradigme du financement du système de santé
13. Plateforme pour centraliser toutes les initiatives santé climat
14. Federal law on health: popular initiative focus on health promotion, one health and public health
15. Ecoscore sur les médicaments, dispositifs, et matériel

A further seven proposals obtained 76-79% agreement and >125 votes. Remaining proposals were excluded from analysis as not significant.

16. Au-delà du champ de la santé, faire de la prévention à l'école
17. Create community health centers and neighborhood health centers in conjunction with the cantons
18. Create community health promotion and prevention group consultations and workshops on a local/regional scale
19. Formation obligatoire aux professionnels de la santé sur les 10 actions qui ont les plus forts impacts sur les émissions carbone
20. Obtain recognition of training points on health-environment subjects (ISFM)
21. Changing the health finance model: stopping fee for service
22. Feuille de route des bonnes pratiques environnementales en matière de soins

6. Composite proposals

As there is significant overlap and repetition, the proposals can be grouped according to their thematic. This results in seven clusters, which can be slightly reformulated into composite proposals (CP). The indexes of the original proposals are mentioned between brackets.

Sustainability and Planetary Health in Education and Training for Healthcare Professionals

1. CP: Integrate sustainability and planetary health into the curriculum and continued education of health professionals, focusing on co-benefits and holistic approaches. (1,2,3,4,19,20)

Public Awareness and Campaigns for Health-Environment Connection

2. CP: Launch a national public awareness campaign, guided by health care professionals, emphasizing the link between environmental protection and health. (5)

Integration of Health in Education at all Levels

3. CP: Integrate health education and prevention across all levels of education, from early childhood to university and professional schools. (6,8,9,16)

Legal and Policy Support for Sustainable Health Systems

4. CP: Review laws and policies to support sustainable health systems, including mandatory health and environmental impact assessments for all public projects and policies. (7, 11, 14)

Resource Allocation and Best Practices for Sustainability in Health Institutions

5. CP: Allocate resources and prepare a roadmap to implement sustainability in health institutions; introduce an ecoscore for medications, devices, and equipment; catalogue initiatives for health and environment on a centralized platform. (10, 13, 15, 22)

Restructure Healthcare Funding

6. CP: Transform the financing model of the healthcare system, towards health outcomes, promotion, and prevention, and away from fee for service. (12, 21)

Community-based Health Promotion and Prevention

7. CP: Establish community / neighborhood health centers and organize group consultations and workshops to promote health and prevention in the community. (17,18)

7. Discussion and conclusion

Overall, the holistic and broad output is a significant achievement for a single-session, two-hour assembly with approximately 140 people and little preparation by participants.

As documented by observers, the deliberation quality was high, as was the general satisfaction of participants. Still, many specific recommendations on how to better organize future assemblies have been identified based on the detailed survey.

Because of the single-session format of the assembly the proposals did not get a chance to be translated, rephrased, or further specified. This might have resulted in disparities in the votes due to language misunderstandings (the few proposals written in German received less votes than their French or English equivalents). Rephrasing and slight further specification of the proposals is suggested in the above clustering. These composite proposals could potentially be used as inputs in a follow-up (multiple-stage) assembly and undergo a full validation process.

In the meantime, this exercise allowed to identify viewpoints shared by the majority of the 2023 SAMS-Forum participants regarding the components of a sustainable health care system. It must be noted that these proposals are all in line with the proposals of the SAMS 2022 reference document “Promotion of health services respecting planetary boundaries”. Composite proposals 1, 3, 4 and 6 refer to a broad strategic vision of the health system - namely education, prevention, policies and finances - while the proposals 2, 5, and 7 are at a level slightly more operational. However, in both cases the critical questions “Who implements?” and “How?” remain open.

These proposals, together with the proposals of the SAMS 2022 reference document, will then serve as a basis to define the concrete actions of the newly founded Consortium. Both the fragmentation of the health care system and the complexity and interconnections of the current crisis call for joint actions. The Consortium aims to address these issues, by encouraging synergies between stakeholders of the Swiss healthcare system and fostering initiatives in line with the roadmap through joint undertakings. The proposals above set a consensual basis, on which actions plans can be built. And most of all, the ACA’s and more generally the Forum’s discussions must be continued to explore and define the shape of the sustainable health care system that needs to be aimed for, and to find the decisive elements or levers that will get all actors of the health system and related field onboard the transition.

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