Information Technology, Political Participation, and Health System Reform in China

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Abstract

Although information technology is playing a fundamental role in China's development, relatively little is known about the contours of online participation in ordinary episodes of government policymaking. This paper presents the results of a survey of individuals who in 2008 used the Internet to submit comments on the central government's plan to reform the nation's health system. The responses demonstrate that participants were, in the aggregate, well educated professionals who live in urban areas and were especially likely to work in the medical and health industry. Substantial numbers of participants commented as a means of expressing concerns about the overall direction of reform as well as with specific elements of the proposal itself. Participants anticipated a degree of government responsiveness, an expectation that was held especially strongly for comments from government officials and individuals who work in the medical and health industry. Overall, these attributes and attitudes are illustrative of the evolution, as opposed to transformation, of the political system that is occurring in online contexts where neither democratization nor the legitimacy of the Chinese Communist Party is of immediate salience to government officials and societal stakeholders.

Information Technology, Political Participation, and Health System Reform in China

For many years, information technology has widely been viewed as a potential catalyst for new forms of political participation in the People's Republic of China. In most accounts, such prospective changes are seen through the lens of transformational effects (Ding 2009). On the one hand, the Internet is characterized as a force for democratization that threatens the Chinese Communist Party's monopoly on political power. One the other hand, the Internet is viewed as a means through which the government can consolidate its authority, making serious dissent more difficult and dangerous than ever.

Although such accounts have substantial merit, they draw attention away from connections between information technology and political participation that are not revolutionary in orientation and impact. In the complex modern world, governments of all types can derive benefits from public participation in what might best be described as ordinary episodes of policymaking. Today in China, for example, it is certainly the case that significant expertise on education policy exists outside the Ministry of Education and government in general. Indeed, the experiences of parents, teachers, and other stakeholders are increasingly relevant to policymakers seeking to anticipate and react to difficulties in implementing decisions in the area of education reform (Thompson 2009, Xinhua News Agency 2009).

Generally speaking, such exchanges of policy and political information between government officials and societal constituencies occur within a framework where the legitimacy of the Chinese Communist Party is taken as given. Unencumbered by an immediate need to defend the authority of the state, government decision makers are not primarily interested in using information technology to identify and silence dissenting points of view. For their part, stakeholders in such exchanges do not approach information technology as an instrument of democratization, but rather as a means of expressing opinions about issues that are central to their everyday lives.

Despite the ever increasing use of the Internet to facilitate exchanges between government and society, relatively little is known about the contours of public participation in episodes of ordinary policymaking. This paper takes a step toward filling this gap by examining the attributes and attitudes of individuals who offered feedback on a plan developed by the central government to reform the nation's health system. Both the government's announcement of the reform effort and the public's comments on the details of the plan occurred over the Internet (China Daily 2008b, Zhang 2008). Although the issue of health system reform is not politically sensitive in an immediate sense, it constitutes an area where the government is under pressure to improve its performance (Thompson 2009). Furthermore, stakeholders possess information that is potentially useful in assisting policymakers come to decisions that are technically sound and politically sustainable (Xinhua News Agency 2008b). As a result, health system reform is a case that promises to offer insight into the operation of online participation in

the making of substantively salient policy decisions where the legitimacy of the government is not fundamentally called into question.

The paper addresses two specific research questions. First, what are the demographic attributes of participants in the health system reform process? In addition to considering commenters in isolation, these individuals will be juxtaposed along a number of dimensions with users of different types of online participatory instruments. Such comparisons will illuminate the extent to which participants in this particular policymaking episode are similar to and different from individuals who use the Internet to get involved in public affairs through forums such as blogs that are not officially linked to specific government initiatives. Second, what are the attitudes of commenters toward public involvement in the policymaking process? A central consideration on this dimension is the expectations that participants hold about government responsiveness, both regarding public input in general and comments submitted by different types of stakeholders.

The primary instrument for addressing these questions is a survey that was conducted of a sample of participants in the health system reform process. Both this survey and the reform process will be laid out in greater detail in subsequent sections. In what immediately follows, the paper's empirical analysis is framed by a discussion of the current state of knowledge regarding the ever changing connection between information technology and public participation in Chinese politics and policymaking.

Democratization, Consolidation, and Ordinary Policymaking

The overarching focus of research on the association between information technology and political participation is the extent to which the Internet operates, on the one hand, as an instrument of democratization and, on the other hand, as a tool for reinforcing the fundamental authority of the Chinese Communist Party. At first glance, the case for democratization is compelling. Among policymakers, there has been for decades a belief that, by facilitating the globalization of communication, culture, and capital, the Internet poses an inherent threat to authoritarian power (Kalathil and Boas 2003, 1-2). As Ronald Reagan colorfully put it, "The Goliath of totalitarianism will be brought down by the David of the microchip" (Kalathil and Boas 2003, 1). According to this logic, the democratization of China will eventually be catalyzed by the diffusion over the Internet of revolutionary ideas and actions (Ding 2009, Kluver and Yang 2005).

Such accounts are immediately called into question by the fact that, according to some observers, China operates "one of the largest and most sophisticated filtering systems in the world" (OpenNet Initiative 2009, 1; see also Deibert et al. 2008). The Chinese Communist Party uses a number of specific approaches to exert top-down control over online communications (Shie 2004). For example, individuals must provide identification cards and photographs and meet in person with regulators before they are given permission to operate websites (Associated Press 2010). Government organizations and officials distribute approved information through domestic portals, with the aim of reducing the popularity of foreign, potentially subversive outlets.

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Ultimately, Chinese netizens, as well as local and international businesses, engage in various forms of self-censorship, as a means of preserving access to the country's extensive online markets and resources.

The Chinese Communist Party, it is important to acknowledge, does not endeavor to restrict political participation in all of its forms and focal points. Observers have pointed out that the government has taken significant steps to encourage online participation, so long as this involvement does not directly threaten the legitimacy of the state or official positions on politically sensitive issues such as Tibet, Taiwan, and the Tiananmen Square incident (Jiang and Xu 2009, Kluver 2005). As a result, the boundaries of acceptable political discourse have widened considerably over the years (Kalathil and Boas 2003, MacKinnon 2008). In the end, information technology has occupied a nuanced position in the ongoing development of the Chinese polity, defying unconditional accounts of both democratization and consolidation.

With such conditionality in mind, an important avenue of research is the evaluation of actual experiences with particular forms of online political involvement (Kluver and Yang 2005, Yang 2003). Research of this nature can certainly inform larger debates about the place of the Internet in the evolution, and perhaps transformation, of the Chinese political system. But by focusing on the building of bottom up knowledge that is empirical and contextual, such research offers a way to steer away from the making of blanket claims about information technology and toward systematic characterizations of the contours of the Internet as an instrument of change and stability.

One common type of research on the use of the Internet assesses the features of government portals. The consensus of this research is that official websites are for the most part oriented toward conveying information, rather than providing services or encouraging civic participation (Guo 2006, Jiang and Xu 2009). Exceptions to this overall characterization include the provision on some websites of opportunities to directly contact public officials and to report corrupt government practices (Hartford 2005, Lollar 2006).

Researchers have also examined public participation in political discussions on blogs and bulletin boards, both those administered by state organizations and those operating outside direct government control. Such forums have developed into spaces where, within overarching limits, competing ideas are expressed during the course of vibrant discourses (Li, Xu, and Kluver 2003). In some instances, citizens have used these technologies to influence the outcomes of important government decisions. In 2007, for example, plans to construct a chemical plant in Xiamen were suspended in part because of awareness of the project that had been generated by the blog posts of a freelance journalist (Esarey and Qiang 2008). Overall, bloggers indicate that they have experienced vast improvements in their ability to circulate and exchange information, including opinions that run counter to establishment viewpoints (Esarey and Qiang 2008, MacKinnon 2008).

The capacity of individuals and nongovernmental organizations to take advantage of opportunities for online expression and exchange varies significantly across users. More than half of all Internet users indicate that they know little or nothing about electronic government (Guo 2006). Such knowledge is concentrated in users who are male, well educated, and relatively wealthy and who have been online for a number of years (Guo 2006). Similarly, nongovernmental organizations typically have minimal capacity when it comes to the Internet. Although business associations oftentimes have superior technological resources, it is social change groups, such as advocates for the environment, health, and community development, that make greater use of the Internet to support their activities (Yang 2007).

A common thread in these various areas of research is their focus on political participation outside of the processes through which policy is ordinarily crafted by government organizations. From the activation of protests to the reporting by citizens of corrupt public officials, the Internet has been demonstrated to be an instrument through which both the reform and continued legitimacy of the Chinese Communist Party can be pursued. But what about when government organizations officially incorporate online participation into their decision making processes? Who are the users that take advantage of opportunities to offer feedback on government proposals? What do participants aim to accomplish through their involvement in official proceedings?

In February 2008, the State Council, the preeminent executive organization in the Chinese state, established a management system to facilitate the exchange of information between government and citizens during the development of policy initiatives. In announcing the creation of this system, the Xinhua News Agency reported that the State Council "will make use of the Internet as a standard method of inviting public opinion on draft laws and regulations" (Xinhua News Agency 2008a). This action came on the heels of an experiment with the system in the second half of 2007, during which thousands of individuals submitted comments on seven sets of draft regulations (Ding 2009). One of the initial applications of the system came in October 2008, when the State Council circulated the draft of a plan to reform the nation's health system. It is this application that forms the basis for the empirical analysis presented in subsequent sections. To provide a context for this analysis, the discussion now turns to a consideration of the health system in China as well as the details of the government's plan for bringing significant changes to the system in the years ahead.

Reforming the Chinese Health System

In the early decades of the People's Republic of China, the health system was primarily managed and financed by the government. Through the Cooperative Medical Scheme, Government Insurance Scheme, and Labor Insurance Scheme, rural residents and employees of government agencies and state-owned enterprises were provided with access to basic health services at affordable costs (Tang et al. 2008). During this period, China's performance in the area of health was a positive anomaly, with life expectancies greatly exceeding outcomes in other countries at similar levels of economic development (Tang et al. 2008).

With the introduction of economic reforms in the late 1970s, government spending on health care decreased by a substantial amount (Liu 2004). As a result, insurance rates in urban areas dropped from nearly universal to about fifty percent (Yip and Hsiao 2008). The countryside fared even worse, with no more than ten percent of rural residents now covered by insurance schemes of any sort (Liu 2004, Yip and Hsiao 2008).

Lacking insurance and confronting a system in which costs are escalating rapidly (Yip and Hsiao 2008), Chinese citizens have reacted in a number of ways that are capturing the attention of policymakers. Household savings rates in China are disproportionately high, in part because of the need for families to prepare for catastrophic medical expenses (Thompson 2009, Yip and Hsiao 2008). Such savings act as an impediment on government efforts to stimulate domestic consumption and reduce dependency on exports as drivers of economic growth. In addition, dissatisfaction with the health system has manifested itself in the form of protests at hospitals, clinics, and government offices. According to statistics issued by the Ministry of Health, there have been nearly ten thousand such protests (Reuters 2007). These incidents have resulted in injuries to thousands of medical workers and property damages adding up to more than 26 million dollars.

In 2006, the State Council formed a Health Care System Reform Coordinating Small Group and tasked it with developing an overarching framework for bringing comprehensive change to the troubled system (Thompson 2009). As part of this agenda setting process, the group solicited proposals from a number of outside organizations (Thompson 2009). Some of these organizations were leading Chinese institutions of higher education, such as Peking University, Tsinghua University, and Fudan University. Other proposals were submitted by international non-governmental organizations, including the World Bank and World Health Organization. Although none of these documents have been released to the public, evidence suggests that the proposals vary substantially in content, with some envisioning a state-led system and others calling for a mix of public and private provision (Liu 2009, Thompson 2009, Yip and Hsiao 2008).

In October 2008, the government announced the broad outlines of its health system reform plan. The plan was circulated over the Internet via the website of the National Development and Reform Commission, the agency charged with promoting economic and social development at the macro level.[1] The plan did not provide specific details about the construction and operation of the reformed system. Rather, the document laid out a wide array of objectives that the system would be expected to meet (China Daily 2008a). These objectives include providing urban and rural residents with access to basic health services, improving the sharing of information about matters of public health, promoting traditional Chinese medicine, and ensuring the safety and affordability of pharmaceutical products.

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[1] The plan and associated materials can be viewed at http://shs.ndrc.gov.cn/yg/. Accessed on February 22, 2010.

In addition to announcing the plan, the National Development and Reform Commission invited interested parties to offer suggestions about the reform effort. The suggestion period lasted for one month, during which nearly thirty thousand comments were posted on the health system reform portal. As part of the submission process, participants were given the option of providing an e-mail address along with their name, the subject of their comment, and the text of the comment itself. The submission of e-mail addresses opens up the unusual possibility of contacting participants and collecting information about their demographics attributes and attitudes toward public involvement in the policymaking process. Such information cannot, by definition, provide insight into the use of information technology as a means of facilitating political participation beyond the submitting of comments on health system reform. Nevertheless, health system reform represents a valuable opportunity to analyze the contours of online participation in an instance where public policy is being established without immediate reference to the fundamental legitimacy of the Chinese Communist Party. As such, the empirical analysis that follows offers a baseline against which other episodes of public commenting on government proposals can be evaluated and, more generally, a glimpse into the role of information technology in the ongoing development of the Chinese policymaking process.

The Health System Reform Survey

The opportunity to conduct a survey of participants in the health system reform process was made possible by the decision of the National Development and Reform Commission to offer commenters the option of submitting an e-mail address along with their opinions on the proposal. During the comment period, the government recorded 27,892 submissions to the health system reform portal. Of these submissions, 12,203 contained information in the e-mail address field.

The information in these fields was given to the Research Center for Contemporary China (RCCC) at the Peking University School of Government. The RCCC assisted in the development of the survey instrument, which consisted of twenty-three questions about various demographic attributes and attitudes of health system reform participants. The RCCC implemented the survey by sending the questionnaire as an attachment to all valid e-mail addresses. The number of valid addresses was 6,402, as 582 entries in the e-mail address field were not formatted properly and 5,219 messages bounced back or could otherwise not be successfully delivered.[2] Replies were received from 566 participants, for a response rate of 8.84 percent. Twenty-five of these responses were not usable, leaving a total of 541 completed questionnaires.

The low response rate to the survey is not at all surprising. Internet surveys of this type, in which respondents are contacted on the basis of their presumed interest in a specific topic, have reported response rates as low as five percent (Tourangeau, Couper, and Conrad 2004). The prevalence of non-respondents has been attributed to factors such as the ease with which online surveys can be ignored, concerns about the confidentiality of electronic responses, norms against the sending of unsolicited e-mails, and the

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[2] The number of valid e-mail addresses is calculated by subtracting the sum of 582 and 5,219 from the total of 12,203 entries.

difficulty of offering effective material incentives to participants (Couper 2000, Manfreda et al. 2008, Porter and Whitcomb 2007).

With these considerations in mind, the survey results are not readily generalizable to individuals beyond those commenters who completed questionnaires. These data, however, represent an opportunity to assess the attributes and attitudes of a set of participants in a process through which important policy decisions are being developed. Given the historical opacity of policymaking in China, the analysis offers a glimpse into what is forecast to become an increasingly common method of using information technology to facilitate participation in areas where democratization and government legitimacy are not immediate concerns of either public officials or societal stakeholders.

Demographic Attributes of Participants

Although there is substantial variation in demographic attributes across participants in the health system reform process, a basic profile of respondents emerges from the descriptive analysis. More than 80 percent of participants were males. Participants ranged in age from 16 to 77 years old. Overall, however, there were relatively few older participants. Table 1 indicates that about 10 percent of participants were 55 years old or greater. In contrast, more than half of participants were between 26 and 40 years old. With a median age of 36, the typical participant can be described as a young adult who is approaching middle age.

Participants were generally well educated and reside in urban areas. As Table 2 indicates, the most common level of educational attainment is college graduation. When college graduates are considered along with participants who have had education beyond undergraduate study, these individuals jointly constitute 88.1 percent of respondents.[3] Nearly three-fourths of participants characterized the place where they live as a city. Of the remaining respondents, approximately 20 percent live in small towns, while less than 10 percent are from rural areas.

More than half of participants described themselves as professional and technical workers (*zhuanye jishu renyuan*). This classification encompasses a wide range of specialized occupations, such as scientists, engineers, professors, teachers, accountants, journalists, and lawyers. When asked about the specific sector within which they work, participants most commonly cited the medical and health industry. Approximately 10 percent of participants identified themselves as civil servants working in government agencies. Eight participants indicated that they earn their living as farmers.

When juxtaposed with the Chinese population in general, participants in the health system reform survey stand out as overwhelmingly male, urban, and well educated. For example, even with the mass migration over the past several decades of citizens from inland, rural areas to coastal cities, China's urban dwellers constitute less than half of the

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[3] These characterizations are not meaningfully changed when participants who are 25 years old or younger are dropped from the analysis.

nation's population.[4] Participants are also distinct in that they are disproportionately likely to work in the medical and health industry. Overall, participants comprise a set of elite professionals who possess expertise and experience of potential relevance to decision makers in the health system reform process.

The number of Chinese citizens who use the Internet has increased dramatically in recent years. At the time of the health system reform comment period, this number had reached nearly 300 million.[5] What are the distinguishing characteristics of Internet users in China? What differences exist between Internet users in general and the respondents who submitted comments on the health system reform plan?

Internet users in urban areas are nearly equally divided between males and females. Any lingering imbalance in favor of male users is much less pronounced than the pattern that emerged in the health system reform comment survey, where females were outnumbered by a four-to-one margin. Figure 1 demonstrates that Internet users and health system reform respondents also differ significantly in age distribution. Two-thirds of Internet users, but only 25 percent of health system participants, are less than 30 years old. Internet users are much less likely than health system reform participants to classify themselves as professional and technical workers. Among Internet users not currently attending school, about 10 percent hold positions falling into this category of specialized occupations.

These differences suggest that, in the aggregate, health system reform participants occupy relatively well-established places in Chinese society. Given the benefits that derive from attachments to the existing economic and political order, it is not surprising that such individuals would use the Internet to express opinions about public affairs through a policymaking process initiated by the government. These types of participants, it might be expected, are relatively unlikely to turn to the Internet as a forum for advocating democratization and other positions that call into question the fundamental legitimacy of the Chinese Communist Party.

Although this possibility cannot be directly explored through the survey, aggregate comparisons can be made between health system reform respondents and individuals who express opinions via different types of online instruments. For example, evidence suggests that millions of Chinese citizens circulate information and viewpoints through blog posts (Guo 2007). Furthermore, blogs constitute a forum through which politically sensitive subjects, ranging from village protests to government malfeasance to public health emergencies such as the SARS outbreak, have at times been broached (Esarey and Qiang 2008, MacKinnon 2008). Although blogs, like the Internet in general, primarily serve as outlets for entertainment and the sharing of personal information, a significant subset of bloggers have turned to the medium as means of challenging

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[4] This information is available through the United States Central Intelligence Agency's *World Factbook* (https://www.cia.gov/library/publications/the-world-factbook/geos/ch.html). Accessed on March 1, 2010.
[5] Every six months, the China Internet Network Information Center releases a report on the state of the nation's Internet development. These reports, from which the discussion in this section draws, are available at http://www.cnnic.net.cn/en/index/0O/02/index.htm. Accessed on March 16, 2010.

government policies and official accounts of contentious events (Esarey and Qiang 2008, Guo 2007, MacKinnon 2008). What, then, are the overall characteristics of the blogging population from which such anti-establishment forms of political participation are drawn?

Bloggers differ from health system reform respondents along a number of dimensions.[6] For example, female bloggers outnumber their male counterparts by a 53 to 47 percent margin. In addition, more than one-third of bloggers are students of one type or another. Of those bloggers who are not currently in school, approximately 25 percent classify themselves as professional and technical workers. This specialized occupational subset is about half the size of the analogous group among health system reform respondents. In sum, bloggers, who in the aggregate constitute a source of political expression that occurs outside the ordinary government policymaking process, are a relatively well educated set of Internet users. It appears, however, that bloggers lag behind health system reform participants in specialized knowledge, work experience, and therefore attachment to the existing economic and political order.

Overall, the analysis suggests that the health system reform commenting process did not attract participation from a representative cross-section of either the Chinese population or the subset of the population that uses the Internet. Rather, health system reform has operated as an example of the "reach-out model" of Chinese policymaking (Wang 2008). In the reach-out model, policy elites publicize proposals as a means of resolving conflicts that are internal to government decision makers. It has been inferred that a primary reason why the Health Care System Reform Coordinating Small Group opened the plan to public comment was that a stalemate had been reached and new inputs were needed to help forge a compromise framework (Thompson 2009). When viewed in this way, the consultation was not a reaction to pressure exerted on public officials by forces from outside government (Wang 2008). Nor, in contrast, was the consultation part of a mobilization effort designed to build societal support for decisions that policymakers had already made behind closed doors (Wang 2008). Given the nature of the broader policymaking process within which the comment period occurred, the next questions addressed in the analysis concern participant attitudes toward public involvement when the immediate aim is neither the ratification of government power nor the expression of fundamentally contrarian views. What were the reasons why participants submitted comments on the health system reform plan? What expectations do participants hold regarding government responsiveness to suggestions provided by different types of stakeholders?

Participant Attitudes toward Public Involvement

According to the survey, the vast majority of health system reform participants submitted comments as individuals, rather than as members of governmental or societal organizations. Collectively, these individuals indicated that they are active in

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[6] Demographic information about bloggers is contained in the China Internet Network Information Center's "Survey Report on Blogs in China," which was issued in December 2007. The survey does not directly ask bloggers about their use of the medium to create and distribute content that is political in orientation. The report is available at http://www.cnnic.net.cn/html/Dir/2007/12/26/4948.htm. Accessed on March 3, 2010.

policymaking processes through a number of channels. For example, about one-fourth of respondents have participated in health system reform in ways other than expressing opinions on the government's plan. In addition, more than 60 percent of respondents have submitted comments on proposals in areas other than health system reform. Although the survey does not provide information about the precise nature of these other instances of participation, the responses portray commenters as active in policymaking on more than a one-shot basis.

What are the reasons why respondents participate in public affairs, both in the area of health system reform and more broadly? The survey provided respondents with an opportunity to indicate their motivations for getting involved in policymaking processes. Respondents were given arrays of options and asked to choose as many reasons as apply to their participation.

Figure 2 summarizes the frequency with which specific answers were given for submitting comments on government proposals in general. Respondents most commonly cited personal experiences as the impetus for getting involved in government policymaking processes. More than 200 respondents indicated that expressing concerns about government proposals is a primary motivation for their participation. By contrast, only about 100 respondents stated that they submit comment as a means of expressing support for government proposals. Overall, the pattern of responses suggests that comment periods do not in practice operate as instruments of ratification for governmental courses of action.

Figure 3 provides information about the extent to which specific reasons for participation were selected in the context of health system reform. The responses suggest that, in the aggregate, participants were both supportive of and concerned about the direction of health system reform. This pattern is indicated by the fact that the two categories pertaining to positive and negative attitudes toward the overall reform effort each received in excess of 300 responses. Within this overarching environment of mixed reactions, 273 participants stated that they commented as a means of expressing concerns about specific elements of the reform plan, while 165 participants commented in favor of the proposal itself as it had been developed to that point. Thus, the pattern of concerns outweighing support holds for commenting both in general and in the area of health system reform.

Respondents cited a number of different personal experiences as motivating factors for the submission of comments on the reform plan. Nearly 200 respondents indicated that their employment in the medical and health industry contributed to their decision to respond to the government's proposal. More than 300 respondents linked their participation to prior encounters with the system as consumers of health services. In addition, 136 respondents referenced the health system experiences of others as providing an impetus for getting involved in the comment process.

The opportunity to participate itself was, for 166 respondents, reason to submit comments on the reform plan. Participants also expressed an instrumental rationale for

getting involved, as influencing the direction of health system reform was a motivation cited by 181 respondents. In general, exercising influence over government proposals was the third most common response offered by participants. The prevalence of this motivation raises the issue of the extent to which participants expect government decision makers to respond to information that is generated during comment periods.

As a means of gauging such expectations, the survey asked participants a series of questions about responsiveness to comments submitted on the health system reform plan. These questions addressed overall expectations of responsiveness, as well as responsiveness to a number of different governmental and societal constituencies. As illustrated in Table 3, participants expressed modest expectations about responsiveness in general. Only 39 participants indicated an expectation that public officials would be very responsive to comments that were submitted. Nearly three-fourths of participants held the expectation that decision makers would be slightly responsive or not responsive at all.

Participant expectations about responsiveness varied substantially across types of commenters. The vast majority of participants stated that comments submitted by individuals working in government would receive responses falling into the very responsive or somewhat responsive categories. Participants also exhibited relatively high expectations for responsiveness to comments emanating from the medical and health industry. In contrast, participants held rather minimal expectations regarding responsiveness to comments submitted by individuals working in non-governmental organizations and sectors other than the medical and health industry. In both instances, fewer than 10 percent of participants articulated the expectation that public officials would be very responsive to such comments. In sum, participant expectations about responsiveness were strongly associated with the institutional proximity of commenters to government and the health system.

Do similar differences hold when participants are distinguished according to their personal connection with the health system and elite decision making processes? To address this question, participants were separated by sector and occupational category. For example, participants from government and the medical and health industry were classified as distinct from participants working in other sectors. These two sets of participants were then analyzed with regard to their general expectations about responsiveness to health system reform comments. As demonstrated in Table 4, government and medical and health industry workers did not differ significantly in their expectations from participants employed in other sectors. Similar null patterns, which are reported in Table 5, are observed when participants who are professional and technical workers are juxtaposed with participants in other occupational categories. Thus, although respondents widely presume that specific types of participants are advantaged in the commenting process, these participant traits themselves are not associated with the expectations individuals hold about government responsiveness.

As with participant demographics, this set of attitudinal patterns is broadly consistent with the reach-out model of Chinese policymaking (Wang 2008). In the reach-

out model, public feedback is not plebiscitary in orientation.[7] Rather, policy elites pursuing departures from the status quo turn to outside opinions as a means of breaking through substantive debates internal to government decision makers. As a result, participants should not hold expectations that comments from the general public exert significant influence over the content of policy decisions. Participants should, however, expect that specialized opinions, such as comments from the government and medical and health industry, have the potential to carry weight in the policymaking process. In possessing this combination of characteristics, health system reform offers an illustration of the utilization of the Internet as an instrument of political participation in the reach-out model of policymaking. In this illustration, information technology served neither as a tool for the mobilization of public opinion behind decisions that had already been finalized nor as a forum for constituencies from outside government to threaten the legitimacy of the Chinese Communist Party.

Information Technology and the Evolution of Chinese Political Participation

The role of information technology in China's development is an important topic with implications for commerce and governance both domestically and internationally.[8] With this importance in mind, this paper constitutes an effort to contribute to knowledge regarding the operation of the Internet as an instrument of political participation. Specifically, the paper presents the results of an empirical analysis of the attributes and attitudes of individuals who in 2008 used the Internet to submit comments on the central government's plan to fundamentally reshape the nation's health system.

By focusing on a particular episode of government policymaking, the analysis takes a step toward filling in a significant gap in understanding the connection between online participation and stability and change in the Chinese political system. Research has demonstrated that information technology is at times used to challenge the authority of the Chinese Communist Party (MacKinnon 2008). It has also been established that public officials utilize the Internet as a means of consolidating the legitimacy of the government, especially when it comes to contentious issues such as Tibet, Taiwan, and the Tiananmen Square incident (Shie 2004).

Beyond these types of high-stakes confrontations, both government officials and societal stakeholders have begun to turn to the Internet to facilitate policymaking as it operates when neither democratization nor legitimacy is an immediately salient concern. Such episodes constitute policymaking as it is ordinarily carried out when it comes to reforming the pension system, enhancing the safety of food products, and scores of other issues (Thompson 2009, Wang and Shan 2010). Collectively, these issues have a fundamental impact on the daily lives of Chinese citizens, especially individuals who have benefitted relatively little from the reforms of the past several decades. In spite of

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[7] Public opinion does serve as somewhat of an exercise in vote counting in the popular-pressure model, an approach to policymaking that has grown in prominence in recent years (Wang 2009).
[8] The dispute between Google and the Chinese government regarding online censorship illustrates the far ranging nature of these economic and political consequences (Dombey 2010, Peaple 2010).

these pervasive effects, systematic knowledge has not yet been generated about the nature of online participation in episodes of ordinary policymaking.

By implementing a survey of health system reform participants, this research offers an assessment of the demographics, motivations, and expectations of a set of individuals who are among the earliest stakeholders to have taken advantage of the government's recently institutionalized emphasis on seeking public feedback on draft laws and regulations (Ding 2009). As such, the results of the analysis are not readily generalizable to political participation more broadly. The findings, however, are salient on their own merits, as a means of complementing what little else is known about the health system reform policymaking process (Thompson 2009). In addition, the findings establish a baseline against which future research on public feedback can be compared and contrasted.

Overall, the results demonstrate the operation of information technology as an instrument not of fundamental transformation, but of incremental evolution. The reach-out model of policymaking, of which the health system reform process is emblematic, does not differ radically from the mobilization and inside access models that have characterized much policymaking since the founding of the People's Republic of China (Wang 2008). Although public feedback is sought on issues where official decisions have not yet been reached, such feedback does not constitute plebiscitary politics. Rather, government decision makers and societal stakeholders come into contact with one another in a context where the boundaries of consultation and opportunities for influence are narrowly proscribed.

Consistent with the reach-out model, the results demonstrate that participants in the health system reform commenting process were, in the aggregate, well educated professionals who live in urban areas. Individuals who work in the medical and health industry were particularly active in responding to the reform proposal. According to the survey, participants were not primarily motivated by a desire to ratify government decisions about the future of the health system. In fact, a substantial number of participants commented as a means of expressing concerns about the overall direction of the reform effort as well as with specific elements of the proposal itself. Participants expected a degree of government responsiveness in the comment process. This expectation was held especially strongly for comments from government officials and individuals who work in the medical and health industry. Overall, these attributes and attitudes are indicators of an online notification and response process that represents an evolution rather than transformation of the Chinese policymaking process.

Given the limitations of the survey of health system reform participants, a task for future research is the development and implementation of a nationally representative survey of the uses of information technology in the area of political participation. Although there are a number of surveys of Internet use in China, including a prominent report issued periodically by the China Internet Network Information Center,[9] no existing

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[9] More than two dozen such reports have been published at
http://www.cnnic.net.cn/en/index/0O/02/index.htm. Accessed on March 16, 2010.

project combines a nationally representative sampling frame with an emphasis on participation in politics and public policy. One salient focal point for such a survey is the overlap and distinction between online participation occurring within government policymaking processes and participation taking place outside official channels. What are the boundaries between the Internet as an instrument of political transformation, on the one hand, and the evolution of governmental and stakeholder practices, on the other hand? To what extent, if any, does separation exist between the types of individuals who turn to the Internet in pursuit of these vastly different ends? In identifying the contours of China's two Internets, empirical research can bring much needed systematic evidence to bear on democratization, government legitimacy, and other broad issues that frame the debate about information technology and its relation to stability and change in the Chinese political system.

Table 1: Age Distribution of Participants

	Number of Respondents	Percent of Respondents
25 Years Old or Younger	67	12.9
Between 26-40 Years Old	272	52.2
Between 41-55 Years Old	132	25.3
Older Than 55	50	9.6
Total	521	

Note: Twenty participants did not provide valid information about their age.

Table 2: Education Attainment of Participants

	Number of Respondents	Percent of Respondents
Less Than High School	7	1.3
High School Graduate	29	5.4
Some College	28	5.2
College Graduate	330	61.7
Education Beyond College	141	26.4
Total	535	

Note: Six participants did not provide valid information about their highest level of education.

Table 3: Participant Expectations about Government Responsiveness

	Responsiveness in General	Responsiveness to Comments from Government	Responsiveness to Comments from Medical and Health Industry	Responsiveness to Comments from Other Industries	Responsiveness to Comments from Non-Governmental Organizations
Very Responsive	39 (8.0%)	247 (50.4)	131 (26.8)	23 (5.0)	34 (7.6)
Somewhat Responsive	92 (18.9)	1658 (34.3)	181 (37.1)	97 (21.1)	78 (17.4)
Slightly Responsive	197 (40.5)	54 (11.0)	137 (28.1)	2341 (52.5)	191 (42.7)
Not Responsive	159 (32.6)	121 (4.3)	39 (8.0)	948 (21.4)	144 (32.2)
Total	487	490	488	459	447

Note: The numbers in parentheses are column percentages. The total number of responses varies across questions due to differences in the prevalence of "don't know" answers and non-responses.

Table 4: Responsiveness Expectations by Sector of Employment

|	Participants from Government and Medical and Health Industry	Participants from Other Sectors
Very Responsive	24 (8.4%)	14 (7.4)
Somewhat Responsive	58 (20.2)	32 (16.9)
Slightly Responsive	113 (39.4)	79 (41.8)
Not Responsive	92 (31.1)	64 (33.9)
Total	287	189

Note: The numbers in parentheses are column percentages. The chi square statistic for this crosstabulation is 1.06. With three degrees of freedom, the null hypothesis of no difference in expectations across types of participants cannot be rejected.

Table 4: Responsiveness Expectations by Occupation

	Professional and Technical Workers	Other Occupational Categories
Very Responsive	18 (7.3%)	21 (9.1)
Somewhat Responsive	47 (19.1)	43 (18.7)
Slightly Responsive	101 (41.1)	92 (40.0)
Not Responsive	80 (32.5)	74 (32.2)
Total	246	230

Note: The numbers in parentheses are column percentages. The chi square statistic for this crosstabulation is .53. With three degrees of freedom, the null hypothesis of no difference in expectations across types of participants cannot be rejected.

Figure 1: Age Distribution of Internet Users and Health System Reform Participants
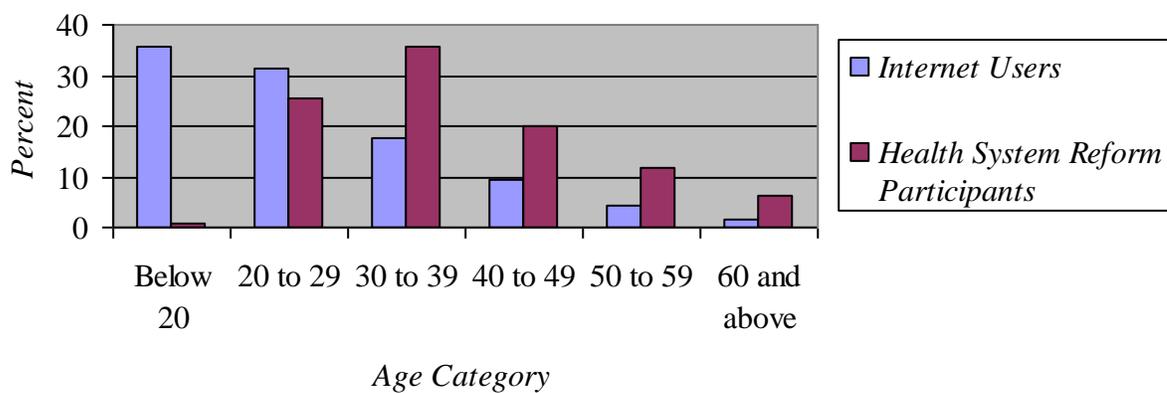
Note: The source of information for Internet users is the China Internet Network Information Center's "24th Statistical Report on Internet Development in China." Available at http://www.cnnic.net.cn/en/index/0O/02/index.htm. Accessed on March 1, 2010.

Figure 2: Participant Reasons for Submitting Comments on Government Proposals
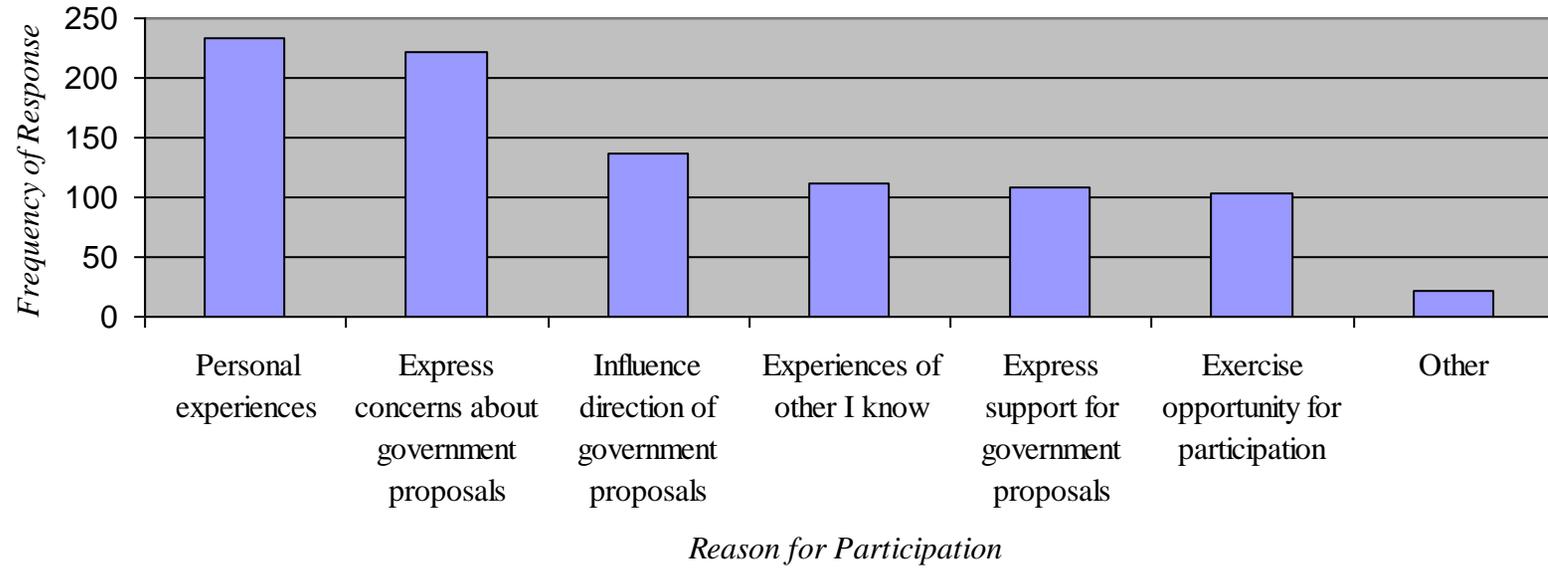
Figure 3: Participant Reasons for Submitting Comments on Health System Reform Plan
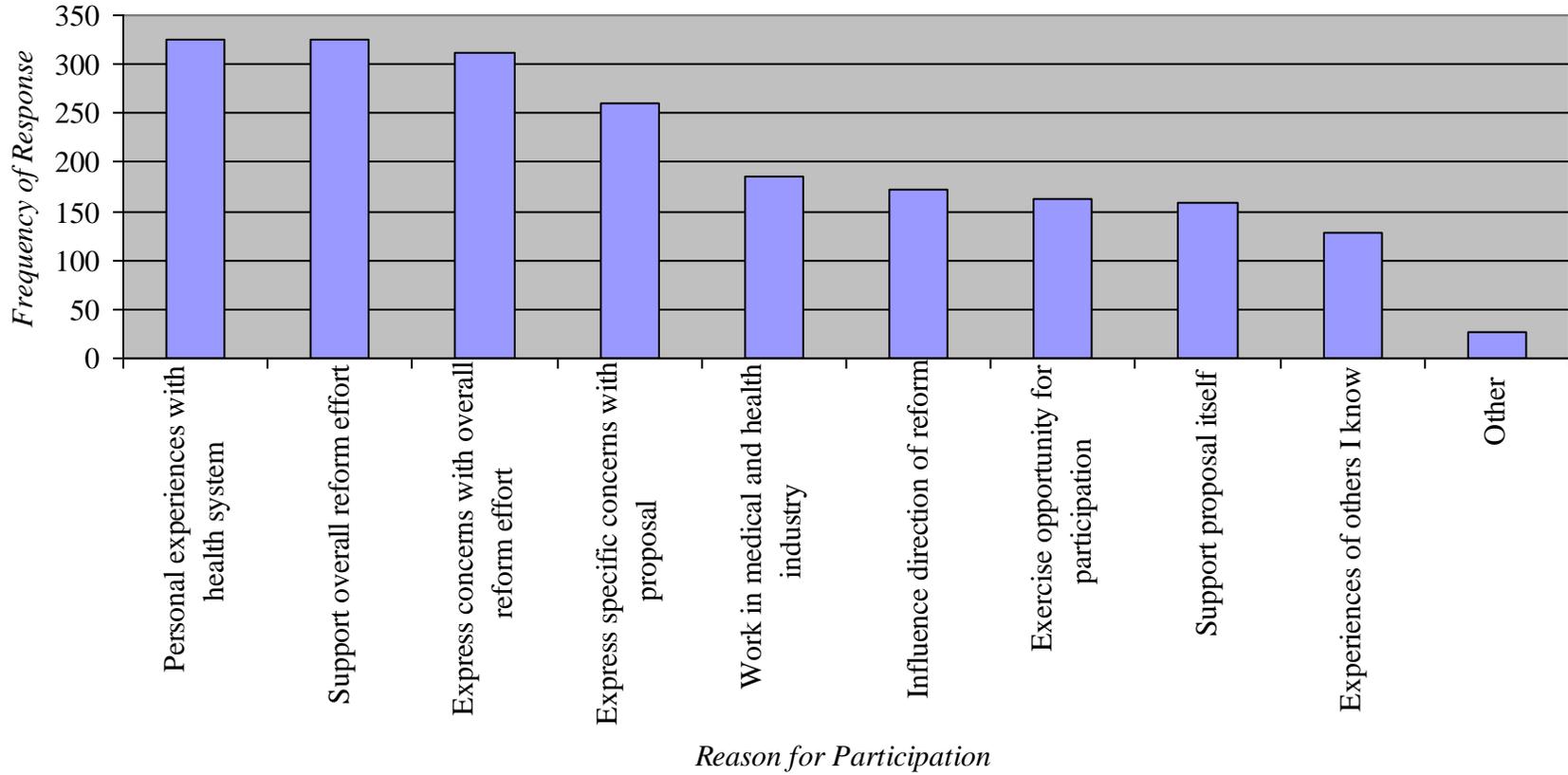
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