



Public Deliberation To Elicit Input on Health Topics: Findings From a Literature Review



**AHRQ Publication No. 13-EHC070-EF
February 2013**

Public deliberation—a method of public consultation in which members of the public come together to engage in informed dialogue about difficult or complex social issues—can be implemented via several different designs and methodologies. Although all deliberative methodologies share common characteristics and the defining features of public deliberation, there are many different formats and approaches in use among conveners of public deliberation. Likewise, evaluative measurements to determine the outcomes of public deliberation differ across formats as well.

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The Community Forum was funded under the American Recovery and Reinvestment Act (P.L. 111-5) to expand public and stakeholder engagement in AHRQ-supported comparative effectiveness research programs. This literature review was developed with ARRA funding, by the American Institutes of Research, under AHRQ contract number #290-2010-00005.

The AHRQ Task Order Officer for this project was Joanna Siegel, Sc.D. The findings and conclusions in this document are those of the authors, who are responsible for its contents; the findings and conclusions do not necessarily represent the views of AHRQ or the U.S. Department of Health and Human Services. Therefore, no statement in this report should be construed as an official position of AHRQ or the U.S. Department of Health and Human Services.

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None of the investigators has any affiliations or financial involvement that conflicts with the material presented in this report.
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Suggested citation: Carman KL, Heeringa JW, Heil SKR, Garfinkel S, Windham A, Gilmore D, Ginsburg M, Sofaer S, Gold M, Pathak-Sen E. The Use of Public Deliberation in Eliciting Public Input: Findings from a Literature Review. (Prepared by the American Institutes for Research Under Contract No. 290-02-0009.) AHRQ Publication No. 13-EHC070-EF. Rockville, MD: Agency for Healthcare Research and Quality; February 2013. www.effectivehealthcare.ahrq.gov.

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February 2013**

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Executive Summary

Overview

This summary presents findings from an extensive literature review on the use of public deliberation as a method for increasing public input for health research. We conducted this review to inform a deliberative methods demonstration conducted as part of the Community Forum project, which seeks to expand public input to the Agency for Healthcare Research and Quality's (AHRQ) Effective Health Care Program and its comparative effectiveness research enterprise, as well as to advance the field of public deliberation. The deliberative methods demonstration, fielded in fall 2012, entailed 72 sessions conducted using four distinct deliberative approaches. Participants were randomly selected members of the public residing in the Sacramento, North Carolina, Chicago, and Washington DC areas; groups were demographically diverse and composed of 12 to 24 members.

In conducting the literature review, we sought to understand the following:

- (1) What are the fundamental conceptual and philosophical underpinnings of public deliberation?
- (2) What are the defining characteristics of deliberative methods? What are the distinguishing features among methods?
- (3) How has public deliberation been used previously, across fields and to address health issues in particular? Has public deliberation been applied to health research?
- (4) What comparative studies about public deliberation have been conducted, and what has been found?
- (5) How are outcomes of public deliberation measured?
- (6) What are the necessary conditions for successful deliberation and what can inhibit it?
- (7) What are the key implementation considerations that foster successful and high quality deliberation?

Our review was driven by the practical need to design and implement an empirical study of public deliberation. Therefore, the analysis of the available literature focuses on information that inform strategies to obtain public input on questions related to comparative effectiveness research in health.

Methods

To determine the literature review scope and process, we developed a conceptual framework. We also conducted 17 key informant interviews with experts in public deliberation, technology-based deliberation, and CER to obtain information about public deliberation that might not be in

the literature and to gain insight into the utility of public input to health care decisionmaking, and more specifically to comparative effectiveness research. We then developed a search strategy and inclusion and exclusion criteria to guide decisionmaking about whether or not to include an article in the final set for abstraction (Exhibit ES.1). We narrowed all searches to English language resources dated 2002 to 2010 to focus on recent examples of public deliberation but included resources dated prior to 2002 if our team members identified them as seminal works.

Exhibit ES.1. Literature review inclusion and exclusion criteria

Inclusion criteria	Exclusion criteria
<ul style="list-style-type: none"> • Target audience has characteristics related to citizen engagement, community engagement, representation of underrepresented or marginalized groups. • Provides descriptive detail on specific types and approaches to deliberative methods. • Uses deliberative methods to resolve a societal problem (e.g., to prioritize health care options). • Addresses theory related to deliberative methods. • Discusses the history of deliberative methods. • Describes outcomes measurement for deliberative methods. • Describes challenges, facilitators, and factors influencing the impact of deliberative methods (including pre-deliberation, in-session, and post-deliberation). • Studies innovations in deliberative methods including implications of technology. • Is a key article (any date) identified by literature scans or consultants. 	<ul style="list-style-type: none"> • Measures public opinion obtained only through polling, surveying, and otherwise non-deliberative methods. • Provides justification for deliberative methods but does not describe deliberative methods or application of theory. • Involves cases of medical ethics or medical “case deliberation.” • Is an opinion or editorial piece. • Was published before 2002— unless identified as “key” by members of the team.

Based on the final search strategy, we searched literature in PubMed, ERIC, EBSCO, National Bureau of Economic Research, and Cochrane databases. Across all databases, the team reviewed 1,665 abstracts for relevance.

Although we focused primarily on peer-reviewed literature, we expected that many of the most recent applications of public deliberation would be found in grey literature, defined as literature that was not peer-reviewed but met the inclusion criteria. This literature included presentations, white papers, trade publications, issue briefs, and book anthologies. We identified relevant grey literature by seeking publications from organizations that are widely known to be practitioners of public deliberation, such as AmericaSpeaks, Viewpoint Learning, The Jefferson Center, and Public Agenda.

Results

Identified Resources

From the peer-reviewed and grey literature, we identified and reviewed 206 unique resources. The abstraction team determined thirteen of these to be irrelevant, yielding a final set of 193 abstracted peer-reviewed articles and grey literature. We collected and reviewed an additional 106 resources over the course of the project that were primarily conceptual in nature or which elaborated on abstracted articles; we did not abstract these additional resources but cited them when relevant to the discussion below.

Of the 193 abstracted articles, we classified the majority as single empirical studies (n=94). Of these, four included a control group and had a design aimed at a comparison of deliberative outcomes for a deliberating group and its control. A breakdown of the abstracted literature by topic is in Exhibit ES.2 and by strength of evidence in Exhibit ES.3.

Exhibit ES.2. Abstracted literature by topic of relevance

Topic	Count of resources
Theoretical underpinnings and reasons for public deliberation	41
Deliberative methods	51
Deliberative process characteristics	49
Deliberative mode (face-to-face, online)	5
Evaluation of public deliberation	33
General public/civic engagement mechanisms	14
TOTAL:	193

Exhibit ES.3. Strength of evidence of abstracted articles

Category	Number of articles
Meta analytic reviews	2
• Single empirical studies	94
– With control group	4
– No control group	90
▪ Mixed methods study (quantitative/qualitative)	(38)
▪ Quantitative study	(13)
▪ Qualitative study	(32)
▪ Case study/description of implementation	(11)
Other reviews or scholarly articles	62
Other (workshop overview, conference paper)	35
TOTAL:	193

Key Points From the Literature

Findings or key points from the literature were compiled by subject area and aggregated to produce a general picture of public deliberation in the following categories:

- Definitions of public deliberation

- Characteristics of the deliberative process
- Goals of public deliberation
- Uses of public deliberation
- Deliberative methods
- Deliberative tasks
- Participation in public deliberation
- Public deliberation in health
- Evaluation of public deliberation, including outcomes
- Critical components to consider in designing and implementing deliberative processes

The following sections present summaries of these findings.

Definitions of Public Deliberation

The literature presents public deliberation as grounded in the philosophy of deliberative democracy, a specific area of political science whose proponents argue that members of the public should be thoughtfully engaged in and informed about the issues that shape their public life. The process of public deliberation involves members of the public in the careful weighing of multiple, often competing arguments on moral or ethical social issues through facilitated discussion. Deliberation is governed by the principle of mutual sharing of perspectives and respect for differing points of view (Jacobs, Cook, and delli Carpini, 2009; Burkhalter, Gastil, and Kelshaw, 2002).

Despite the range of methods of public deliberation described in the literature, the literature is fairly consistent in suggesting that public deliberation is a distinct method of obtaining public input on decisions that are important to society. Public deliberation asks participants to develop solutions about societal problems or issues posed to the group (i.e., the “deliberative topic”) that inherently evoke competing morals, ethics, or values and for which a range of prospective viewpoints and solutions exist.

Characteristics of the Deliberative Process

Deliberative processes share three broad characteristics:

- **A sponsor seeks input from members of the public.** Sponsors of public deliberation include public agencies and private organizations. Participants are generally lay persons who are engaged in the process with the perspective of members of the public, as opposed to stakeholders who might have a vested interest in the deliberative topic, field, or area of study.
- **Participants consider an ethical- or values-based dilemma.** Questions appropriate for public deliberation do not have a simple technical answer or solution. Instead,

they involve a tension or dilemma, usually characterized by values and ethics inherent in the issue at hand. The dilemma presented tends to be controversial and relevant to current public policy. The process of deliberation is designed to allow the negotiation of competing viewpoints held by the public on societal problems, such as the equitable distribution of scarce resources, which need to be negotiated in order to establish laws and policies that govern people's public lives (Gutmann and Thompson, 2004; Fishkin, 2009; Daniels and Sabin, 1997; Chambers, 2003; Young, 2000).

- **The process includes educational and discussion-based components** (i.e., the “information phase” and the “deliberation phase,” Goodin, 2008). In the information phase, participants are given accurate, balanced information about relevant positions and issues through educational materials, experts, or other sources (Fishkin and Farrar, 2005; Abelson, Forest, Eyles et al., 2003; Luskin, 2007). In the deliberation phase, participants engage in dialogue and the active exchange of reasons and justifications for their preferences, opinions, values, and positions about the matter at hand. Participants are asked to conscientiously engage in an intellectual discussion and receive the perspectives of their fellow participants with openness (Fishkin and Farrar, 2005; Burkhalter et al., 2002; DeVries, Stanczyk, Wall et al., 2010; Chambers, 2003; Young, 2000; Luskin, 2007).

Goals of Public Deliberation

Based on the literature, we identified several goals of public deliberation, listed below.

- **To obtain informed public opinion.** Traditional forms of public consultation elicit “top of mind” responses – reactions that are not necessarily considered or informed. Because public deliberation is grounded in an educational process and the exchange of reasons underlying beliefs and opinions, it generates informed public opinion (Jacobs et al., 2009; Gutmann & Thompson, 2004; Fishkin, 2009; Mansbridge, 2010; Burkhalter et al., 2002).
- **To obtain input that includes underrepresented individuals and groups.** For a variety of reasons, traditional methods of obtaining public input may not effectively capture the views and values of minority groups. Public deliberation intentionally convenes diverse groups, so that all members have the opportunity to learn from one another in the process of refining their views (Smith & Wales, 2000; Button & Ryfe, 2005). The informed public opinion obtained through deliberation thus includes views informed by a full range of experiences, as well as the views of members of minority groups themselves.
- **To garner insights into social values and ethical principles.** Public deliberation is designed to allow discussion and negotiation concerning complex social issues. It generates insights into the public's values and ethical principles on social issues, which can then be used to shape social decisionmaking (Rawlins, 2005).
- **To establish the legitimacy and promote the acceptance of public decisions.** Because it brings the views of lay people to decision makers, deliberation can

promote legitimacy and acceptance of social decisions among members of the public (Gutmann & Thompson, 2004; Arvai, 2003; Button & Ryfe, 2005).

Although the focus of public deliberation is on obtaining input that will affect public policy and programmatic decisions, many authors also highlight the effects of deliberation on participants as important outcomes. These include:

- **Improved understanding of the complexity of decisions.** Participants in deliberative processes often gain an increased appreciation of the complex tradeoffs inherent in decisions affecting the public, a point underscored in reference to decisions regarding health programs (Abelson, Forest et al., 2003).
- **Enhanced civic-mindedness.** Deliberation can foster civic-mindedness in individuals involved in the process,—both increasing their concern for issues affecting the community at large and expanding their capacity for altruism and understanding of others’ experiences (Fishkin, 2009; Gutmann & Thompson, 2004; Gastil et al., 2008; Young, 1996).

Uses of Public Deliberation

As described earlier, the issues that are best suited for public deliberation involve fundamental ethical and social dilemmas. Issues appropriate for deliberation remain unresolved or warrant revisiting because of emerging developments or changing perspectives; for example, as medical evidence advances, the various values or ethics involved in decisionmaking may also evolve.

An important requirement for issues addressed through public deliberation is the potential for finding common ground. By asking participants to take a broad perspective, deliberation elicits social values and principles to inform decisionmaking and is therefore appropriate for issues that affect society. However, some issues are so morally fraught that deliberation may not be an option (Mansbridge, 2010; Mendelberg, 2002). For example, issues that are deeply engrained in religious or cultural views, such as physician-assisted suicide, may not be appropriate for deliberation. As described by one set of authors, deliberation cannot be used to make “incompatible values compatible” (Gutmann and Thompson, 2004, p. 11).

The literature includes applications of public deliberation covering a range of social issues in education, environmental policy, civics, biotechnology, bioethics, public health, and health care. Some fields, such as environmental policy and biotechnology, have a much longer history of deliberative methodology than health policy. Topics that have been addressed through public deliberation range from community to global concerns. Topics found in the literature include: whether and how society should address global climate change (The Jefferson Center, 2007), whether and how to obtain surrogate consent for research participation among patients with dementia (Kim, Wall, Stanczyk et al., 2009), and how to prioritize programs and services to address community health concerns (Abelson, Eyles, McLeod et al., 2003).

Deliberative Methods

We identified nine discrete deliberative methods within the literature: citizens' juries, citizens' panels, consensus conferences, planning cells, Deliberative Polling[®], deliberative focus groups, issues forums, study circles, and 21st Century Town Meetings[®]. The most important defining features include:

- Number of participants
- Length of individual sessions
- Duration/number of sessions
- Mode of deliberation (face-to-face or online)
- Use of experts and the opportunity to cross-examine experts

Additional variations include the following:

- Recruitment methodologies (e.g., random selection)
- Provision of educational materials
- Use of breakout groups
- Communication between sessions among participants
- Topic or agenda-setting responsibilities afforded to participants
- Consensus as goal
- Use of polling or measurement
- Cost

Deliberative Tasks

Deliberative tasks are the activities that sponsors or conveners of public deliberation ask participants to undertake. Among 105 applications of public deliberation observed in the literature review, we identified five deliberative tasks. Although these tasks are not mutually exclusive, they illustrate the nature of the tasks that have typically been brought to the public as the focus of deliberative activities:

- **Priority setting and resource allocation.** Participants are asked to choose among alternatives (e.g., designing health insurance benefits with limited resources).
- **Risk assessment.** Participants are asked to consider the risk-benefit tradeoffs of certain actions, interventions, or exposures (e.g., risk to personal privacy).

- **Guidance on ethical or values-based dilemmas.** Participants are asked to consider the ethics and values involved in an issue (e.g., ethical issues involved in technologies that extend the human lifespan).
- **Development of policy guidance, recommendations, or tools.** Participants propose or develop guidance that is intended to inform policy (e.g., solutions to community-based issues).
- **Determinations of decisionmaking authority.** Participants are asked to consider who or which entities have authority (e.g., considering who should determine health priorities).

Fundamentally, all these tasks are undertaken to learn new information from the public as inputs into decisionmaking. The majority of the applications of public deliberation observed in the literature entailed tasks that were classified as the development of policy guidance, recommendations, or tools.

Participation in Public Deliberation

Participants in deliberation can be recruited through a variety of methods, such as random or convenience sampling. As will be discussed later, recruiting a diverse sample is an important component of public deliberation. In some cases, ensuring that the small-scale deliberative process is representative of the broader public may also be a goal (Fishkin, 2009; Parkinson, 2004; Davies, Blackstock, and Rauschmayer, 2005). Recruitment approaches should align with the goals of the particular deliberative process.

Where conveners want a representative sample, random sampling may be used. However, the literature is incomplete with regard to drawing conclusions about how representative deliberative processes have been of the broader population. Few applications that used random sampling compared participants with non-participants. Even when the sample is demographically similar to the population of interest, the opinions and views of participants may not represent those from the population at large because of small sample sizes (Rowe and Frewer, 2000).

Because inclusion of traditionally underrepresented groups is a goal of many deliberative processes, conveners may employ quota or stratified sampling with targets for certain groups to ensure adequate representation (Parkinson, 2004). Many applications of deliberation in the literature relied on volunteer or convenience samples or hybrid approaches to recruitment, often as resources dictated or because inclusion of different populations was easier with certain approaches.

A promising finding in the literature is that, at least in the United States, most individuals say that they are willing to participate in deliberative processes.

Public Deliberation in Health

Deliberation is useful in health policy because dilemmas based in ethical, equity, economic, or other deep-seated concerns are common. The application of deliberative methods to health care began in the 1990s within the United Kingdom's National Health Service (Abelson, 2010) as an outgrowth of increasing needs on the part of health policymakers and public policy scholars for more informed, effective, and legitimate methods to involve the public and patients in decisions affecting them.

In the area of health and health policy, deliberation has been used to understand public views on how to:

- Allocate scarce resources and assign accountability. (Abelson, 2009; Baum, Jacobson, Goold, 2009; Chafe, Neville, Rathwell et al., 2008b)
- Set priorities for public action. (Rosenbach, Lee, Hwang et al., 1997)
- Assess the risk-benefit tradeoffs and the distribution of risks and benefits across society associated with decisions, policies, or actions. (Willis, MacDonald, Gibson et al., 2010; Nelson, Andow, and Banker, 2009; de Cock Buning, Broerse, and Bunders, 2008; DeVries et al., 2010)
- Increase political leverage. (Citizens' Health Care Working Group, 2006)
- Resolve public conflict over fundamental ethical and moral dilemmas, such as the conflict between individual liberty and societal well-being and over the definition of what constitutes societal well-being. (Gutmann and Thompson, 2004)
- Consider public ethics and values in the design and implementation of new health care policy or practice. (Abelson, 2010; Murphy, 2005)
- Increase individual and community interest and knowledge. (Fishkin, 2009)
- Determine the appropriate use of information and criteria setting. (e.g., for decision-making) (Lenaghan, 1999)

Among the 105 applications of public deliberation, we found 67 applications relevant to health. These studies addressed such topics as the use of telemedicine in the United Kingdom (Mort and Finch, 2005), the use of cost-effectiveness ratios as a criterion in Medicare coverage decisions in the United States (Gold, Franks, Siegelberg et al., 2007), and government provision of mammography for women ages 40–49 in New Zealand (Paul, Nicholls, Priest et al., 2008).

Evaluating Public Deliberation

We identified 28 articles that evaluated public deliberation, including descriptive case studies, evaluative case studies, nonrandomized comparisons of public deliberation, and randomized experiments. The outcome measures used in evaluations of deliberation can be divided into four broad categories, assessing: (1) processes for implementing deliberation, (2) quality of discourse, (3) impact on participants' knowledge and attitudes, and (4) impact on individual participants'

and societal decisions. Most of the outcomes found in the literature focus on the process of deliberation rather than on the ultimate impact of deliberation on decisions.

- (1) **Processes for implementing the deliberation.** These measures seek to answer this question: Was the deliberative process implemented in a manner that supported the quality of discourse and the stated goals of deliberation? Evaluations that focus on these measures describe what strategies work best, on the basis of observations about the process, without regard to systematic measurement of the outcome of the process.

Procedural elements tend to be assessed qualitatively. They include aspects of deliberation that can be manipulated by the conveners: educational materials, facilitation, representativeness, transparency, early involvement of participants in the process, and the use of the findings from deliberation consistent with the expectations set with participants (Rowe and Frewer, 2000; Rowe and Frewer, 2005; De Stefano, 2010; Carson and Hartz-Karp, 2005; Jacobs et al., 2009, p. 13). Cost-effectiveness has also been measured (Rowe and Frewer, 2005).

Findings from the literature review indicate that elements of the deliberative process that promote richer deliberation and increase participants' satisfaction with the process include clarity of task, equal opportunity to contribute, independence of the process from external influence or bias, and representation of individuals who are potentially affected by the deliberative topic (Rowe and Frewer, 2000, Fishkin, 2009).

- (2) **Quality of discourse.** This set of measures focuses on the extent to which deliberation results in high-quality discourse. Measures reflecting the quality of discourse include fairness, competence, equal participation, active participation, civil atmosphere, opportunity for adequate discussion, respect for the opinions of others, and awareness of different perspectives (De Vries et al., 2010; Kim et al., 2009); Rowe and Frewer, 2005; Melville, Willingham, and Dedrick, 2005; Abelson, Forest, Eyles et al., 2007; Timotijevic and Raats, 2007). These constructs are evaluated through participants' self-reports of their experience, researchers' observations, and/or review of session transcripts.

- (3) **Impact on participants' knowledge and attitudes.** These measures assess the effect of the deliberation on the participants' knowledge, attitudes, perspectives, values, beliefs, opinions, or policy preferences on the deliberative topics. These outcomes are typically measured through pre/post surveys. The knowledge and attitudes assessed are both specific to the topic (i.e., change in knowledge and attitudes about the topic) and generic (i.e., change in attitudinal patterns among the participants).

Studies of deliberative processes have consistently reported changes in knowledge as measured by objective pre- and post-knowledge assessments; changes in beliefs, opinions, or values; and change in participant perception of priorities or policy preference (Abelson, Eyles, et al., 2003; Abelson, Forest et al., 2007; Timotijevic and Raats, 2007; Deng and Wu, 2010; Abelson, Forest et al., 2003; De Vries et al., 2010; Fishkin, 2005; Viewpoint Learning, Inc., 2004).

- (4) **Impact on individual participants and societal decisions.** Ultimately, deliberation is conducted to obtain information that will influence decisions. As described earlier, a second impact can be the effect on participants' civic-mindedness. These impacts

are the most distal effects of deliberation and the most difficult to measure. Evaluations of these effects are complicated by a broad range of other environmental factors that may be affecting the policies or other decisions that are the subject of deliberative processes. A few evaluations have assessed the impact of deliberation at the individual behavior and societal levels, using measures outlined below:

- **Impact on individual participants.** Measurement constructs include civic-mindedness and capacity, engagement in the political process, sense of self-efficacy, sense of empowerment, political efficacy and solidarity, and anticipated post-meeting activity related to deliberation issues (Fishkin, 2005; Fishkin and Farrar, 2005; Deng and Wu, 2010). These constructs are assessed as change between pre- and post-deliberation attitudinal patterns measured with self-reported participant surveys. Further, deliberation has also been shown to encourage people to adopt a societal perspective and to be more civic-minded and engaged (Melville et al., 2005; Jacobs et al., 2009).
- **Impact on society.** Measurement constructs include the effect of public input on specific laws, policies, or practices and on decisionmakers' intentions to act on the results of deliberation. These constructs are usually assessed through case studies or surveys of decisionmakers who may use the findings from the deliberation (Abelson, Forest et al., 2007; Einsiedel, Jelsoe, and Breck, 2001; Ozanne, Corus, and Saatcioglu, 2009).

Few randomized experiments of deliberation or its alternatives and few well designed comparative studies have been conducted. Thus, the evidence base on the effectiveness of one form of deliberation compared to another, on how various aspects of the deliberative process contribute to outcomes, and on the impact of applying different modes of deliberation (i.e., online versus face-to-face) is limited. Discussion of approaches to record and summarize deliberative dialogue is very limited in the literature, as is the discussion of approaches to reporting the results of deliberative activities to the sponsor of the activity or other decisionmakers who would benefit from the information.

Critical Components to Consider in Designing and Implementing Deliberative Processes

Although there are a variety of deliberative methods and approaches, the literature reveals several fundamental conditions needed to foster successful public deliberation:

- Conveners must use balanced, accurate information to educate the participants and inform the deliberation.
- An atmosphere of conscientiousness and reason-giving must be established during the deliberative process, whereby participants engage in the thoughtful exchange of their positions and rely on reason-giving.
- Deliberative groups should have diverse perspectives. Through deliberation with people who have different experiences and worldviews, individuals are exposed to new ideas and become oriented to the collective or to society at large.

- The diversity of perspectives should be given voice and consideration through equal opportunities to participate.

These four conditions underlie decisions made in the design and implementation of deliberative sessions, such as the definition of the study population, recruitment strategies, use of educational materials and experts, and facilitation—the building blocks that together comprise the full design of a deliberation.

Exhibit ES.4 draws from the literature to describe the prerequisites for successful, high quality deliberation.

Exhibit ES.4. Summary of critical components of successful deliberation

Components of the deliberative process	Conditions Fostering Successful Deliberation
Deliberative topics	<ul style="list-style-type: none"> • Effect on policy and the common good: The topic for deliberation should be an issue about which participants can make a meaningful contribution and affect policymaking within an acceptable timeframe (Lukensmeyer and Brigham, 2002; Chafe, Neville, Rathwell et al., 2008a; Carson and Hartz-Karp, 2005; De Stefano, 2010).
Recruitment strategies	<ul style="list-style-type: none"> • Inclusion and “universalism”: The deliberation should be representative and inclusive of diverse viewpoints and allow for equal opportunity to participate (Jacobs et al., 2009, p. 10; Carson and Hartz-Karp, 2005). • Diversity: The deliberation should include multiple perspectives, including those of individuals who are traditionally underserved, unaffiliated, or disenfranchised (Barabas, 2004; Lukensmeyer and Brigham, 2002; Fishkin and Farrar, 2005; von Lieres and Kahane, 2006).
Recruitment screening for desired participant characteristics	<ul style="list-style-type: none"> • Conscientiousness: Participants should listen to others’ arguments and make an effort to use reason through the deliberation (Fishkin and Farrar, 2005). • Respect: Participants should respect the opinions of others (DeVries et al., 2010). • Belief in deliberation: Participants should believe that deliberation is an appropriate mode of conversation (Burkhalter et al., 2002). • Analytic and communication skills: Participants should possess the skills needed for the deliberation, such as, numeracy (Burkhalter et al., 2002; Gold et al., 2007). • Motivation: Participants should have sufficient motivation to learn about the topic and participate (Burkhalter et al., 2002).
Expectation setting and preparation	<ul style="list-style-type: none"> • Strategy: Conveners should decide who the key decisionmakers are and how the deliberative output can be used (Lukensmeyer and Brigham, 2002). • Assurances of influence: Conveners should provide participants with the assurance that their voice will be heard and that the deliberative process will influence policy and decisionmaking (De Stefano, 2010; Carson and Hartz-Karp, 2005; Jacobs et al., 2009, p. 13). • Clarity: Conveners need to define the participation tasks to manage participants’ expectations and prevent the occurrence of misunderstandings or disputes (De Stefano, 2010; Chafe et al., 2008a).

Exhibit ES.4. Summary of critical components of successful deliberation (continued)

Components of the deliberative process	Conditions Fostering Successful Deliberation
Information component	<ul style="list-style-type: none"> • Accuracy: Conveners must use accurate information in deliberation (Fishkin and Farrar 2005; De Stefano, 2010). • Competence or supporting informed dialogue: Educational material should include appropriate and sufficient context and history on the issues, be balanced and fair to all perspectives, leave room for citizens to create new options, and have credibility with all audiences (Lukensmeyer and Brigham, 2002; Abelson, Forest et al., 2003).
Process	<ul style="list-style-type: none"> • Transparency: The process should be transparent to multiple stakeholders external to the process and to the participants (De Stefano, 2010; Kohn, 2000). • Completeness: The process should include balance in arguments offered and answered on either side of the issue (Fishkin and Farrar, 2005). • Fairness: Fairness in the process requires equal distribution of opportunities to participate meaningfully (Abelson, Forest et al., 2003, DeVries et al., 2010; Kohn, 2000).
Public policy/decision makers	<ul style="list-style-type: none"> • Assurances of influence: Conveners should provide participants with the assurance that their voice will be heard and that the deliberative process will influence policy and decisionmaking (De Stefano, 2010; Carson and Hartz-Karp, 2005; Jacobs et al., 2009, p.1). • Creating process for systematizing citizen input: Members of the public should have an opportunity to continue to influence policy on the issue; further, topics brought to deliberation must be issues about which policymakers are amenable to public input (Lukensmeyer and Brigham, 2002). • Mutual trust and credibility: Participants and decisionmakers need to experience trust and credibility through transparency, active participation, and prioritization of the deliberation (Kohn, 2000; Lukensmeyer and Brigham, 2002).
Facilitation and environment	<ul style="list-style-type: none"> • Open-mindedness: Participants should be encouraged to remain open-minded, and should be assured that there is space to understand and reframe issues (Carson and Hartz-Karp, 2005; Barabas, 2004). • Safe public space: The environment should support a fair and productive dialogue with equal opportunities for participation and respect (Lukensmeyer and Brigham, 2002). • Standards of reasonableness: Facilitators should emphasize that the arguments posited should appear to be well reasoned; arguments should appeal to others' rationales, and participants should publicly declare the reasoning behind their positions (Kohn, 2000; Jacobs et al., 2009).

Implications for the AHRQ Community Forum Deliberative Demonstration

Findings from our literature review, combined with expert input from the Community Forum Technical Expert Panel (see Appendix), contain implications for AHRQ's Community Forum project—and for others intending to use public deliberation to elicit informed public input to address a policy decision—including the following considerations:

- (1) **Establish clear intent and goals for the use of public input.** Extensive literature demonstrates the importance of being clear to participants on how the results of the public deliberative process will be used to inform decisionmaking, public policy, and program directions. Early involvement of key decisionmakers will promote transparency and promote the uptake of the public input.

- (2) **Ensure that the goals for public deliberation inform the deliberative tasks and methods.** Consider tradeoffs among deliberative methods and their features, including group size, session duration, and group composition, and assess their implications for quality and feasibility of deliberation.
- (3) **Ensure transparency of the deliberative process to promote legitimacy and public acceptance.** An important indicator of transparency is independence of conveners and managers of the deliberation process from the sponsoring organization.
- (4) **Adapt recruitment methods to the goals of deliberation and the intended populations.** An approach that appeared repeatedly in the literature was multipronged recruitment, coupling random sampling with targeted recruitment efforts to ensure representation by groups disproportionately affected by the decision under consideration.
- (5) **Design, test, and ensure access to balanced, fair, and factually accurate educational materials.** Materials should be highly accessible, meaning that they should be written in plain language and understandable by all participants. Formative research may be useful.
- (6) **Recognize that expert facilitation is central to high quality discourse.** The facilitator is charged with establishing an open, safe atmosphere to foster deliberation and to ensure that participants are practicing reason-giving and have an equal opportunity to participate; training is critical.
- (7) **Ensure optimal use of technology within and outside the deliberation, with equal access and ease of use for all parties.** Participants must have access to the required resources (e.g. Internet connectivity) or the resulting inequities may detract from the deliberative process.

The literature presents a comprehensive discussion of the principles of public deliberation, the goals and tasks of the deliberative process, and the range of methods that have been developed. The applications identified in the area of health point to interest in the values and ethics underlying public views on the distribution of health resources, priority setting, and other research and policy questions. Public deliberation has a role in providing insights for decisionmakers, in promoting public acceptance of decisions where community members have contributed, and in increasing the civic-mindedness of participants.

This literature review underscores the current lack of information regarding the impact of various design choices on the effectiveness of deliberation. In addition, it will be important to document, going forward, how public input obtained through deliberative process affects policies, programs, and other decisions. This information will both contribute to our ability to assess the value and impact of deliberative input and demonstrate to participants the value of their involvement.

Chapter 1.

Introduction

This report presents findings from an extensive literature review and key informant interviews on the use of public deliberation as a method for increasing public input for health research. We conducted this review to inform a deliberative methods demonstration conducted as part of the Community Forum project, which seeks to expand public input to the Agency for Healthcare Research and Quality's (AHRQ) Effective Health Care Program and its comparative effectiveness research enterprise, as well as to advance the field of public deliberation. The deliberative methods demonstration, fielded in fall 2012, entailed 72 sessions conducted using four distinct deliberative approaches. Participants were randomly selected members of the public residing in the Sacramento, North Carolina, Chicago, and Washington DC areas; groups were demographically diverse and composed of 12 to 24 members.

The report is organized into the following chapters:

- **Chapter 1.** Introduction
- **Chapter 2.** Methods for the Literature Review and Key Informant Interviews (KIIs)
- **Chapter 3.** Overview of Public Deliberation
- **Chapter 4.** Public Deliberation Methods
- **Chapter 5.** Public Deliberation Tasks
- **Chapter 6.** Participation in Public Deliberation
- **Chapter 7.** Public Deliberation in Health
- **Chapter 8.** Evaluation of Deliberative Methods
- **Chapter 9.** Critical Components To Consider in Designing and Implementing Deliberative Processes
- **Chapter 10.** Implications

The literature review and key informant interviews (KIIs) had four overarching goals:

- (1) **Review the relevant history of, and innovations in, deliberative methods** as applied to ethics and values-based decisions in health care (including related fields, as they provide lessons directly applicable to project goals).
- (2) **Explore methods for obtaining deliberative input into CER** and the appropriateness of applying different deliberative methods to garner informed public input on CER. Explore the suitability of deliberative methods for questions that require members of the public to deliberate, weighing competing values and priorities to address dilemmas related to CER.

- (3) **Review how public deliberation has been evaluated by researchers and others**, including how organizations have used and assessed the value of input obtained through deliberation (i.e., what constitutes valuable, high-quality, and relevant citizen input and how that input is most optimally and appropriately used).
- (4) **Inform and justify the approach to AHRQ's Community Forum deliberative demonstration**, including the design and evaluation of mechanisms for eliciting informed public input.

Chapter 2.

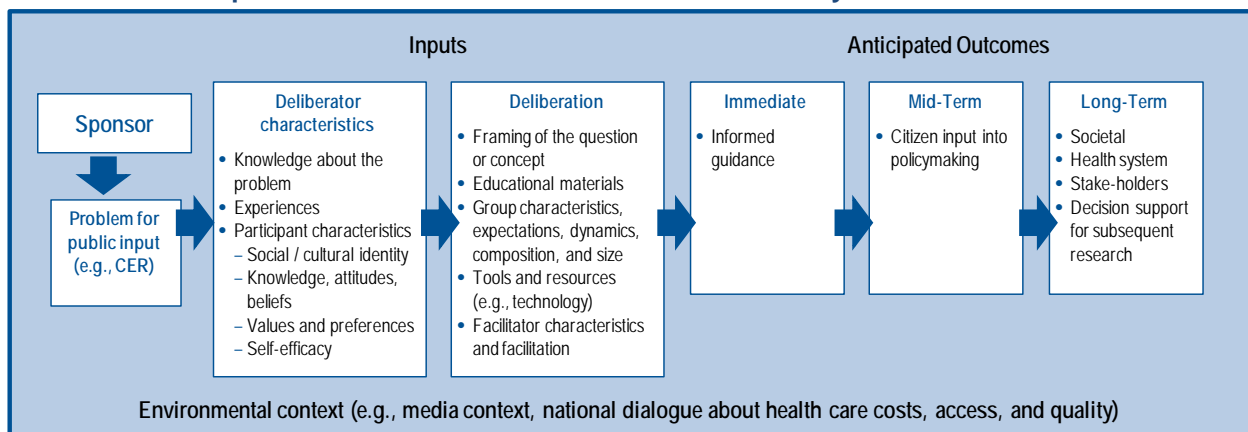
Methods for the Literature Review and Key Informant Interviews

In this section, we describe our methods for conducting the literature review and KI interviews.

Conceptual Framework

Prior to beginning the literature review and KI interviews, we developed a preliminary conceptual framework to guide the identification of topics to include in the literature review and to discuss with key informants (Exhibit 2.1). We developed and subsequently refined the conceptual framework on the basis of the input of internal team members and a review of several key articles on deliberative processes.

Exhibit 2.1. Conceptual framework for the literature review and key informant interviews



The conceptual framework highlights (1) the inputs for deliberative processes (sponsor, problem, individual characteristics, and factors associated with the deliberative process, including the deliberative method used); (2) the immediate, mid-, and long-term outcomes for deliberation; and (3) the environmental factors that affect the overarching context in which deliberation occurs.

Conceptual Framework: Inputs

The decision to engage a community in deliberation is first governed by the needs, desires, and motivations of a sponsor or an entity that seeks public input into a social, economic, health care, or other public issue (i.e., the problem). In addition, the participants in deliberation bring to bear on the problem their *knowledge* (e.g., from prevailing societal and norms, media discussion/saturation, empirical data), *experience*, and other *individual characteristics* (e.g., values, ethics, priorities, culture, self-efficacy). Other inputs associated with the deliberation

include the educational materials provided by the sponsor in advance of and during the deliberative sessions and the framing of the problem or question. The deliberative process also is influenced by the tools and resources available for deliberation (including mode of presentation and interaction, for example, online versus face-to-face deliberation), group characteristics and composition, and moderator/facilitation characteristics.

Conceptual Framework: Anticipated Outcomes

In our conceptual framework, anticipated outcomes include the most proximal effect of deliberating (i.e., the discussion and discussion outcomes). Outcomes are anticipated to be the immediate effect of deliberation at both the individual and group level and more mid-term outcomes of increased public input into policy-making and long-term outcomes for decision support (e.g., stronger evidence base, willingness to translate evidence into practice), the health system (e.g., approaches more aligned with the public’s needs and preferences), and society (e.g., improved population health).

Guiding Topics and Questions for the Literature Review and Key Informant Interviews

Working with the internal team, we reviewed the conceptual framework and developed guiding topics and questions for the literature review and KI interviews (see Exhibit 2.2).

Exhibit 2.2. Guiding topics and questions for the literature review and KI interviews

Topic	Guiding questions
Background on deliberation	<ul style="list-style-type: none"> • What are the philosophical/ideological motivations or rationales for deliberation? What does deliberation accomplish over other approaches to garnering public input? • What are the characteristics of topics and questions that are best addressed by deliberative methods? • Who are the sponsors of public deliberation? What are their goals and motivations for using deliberative methods? How do they use the results? • What kinds of public deliberation methods are being used in the field? • How have deliberative methods been applied to engage citizens/members of the public in health care and health care decisions nationally and internationally? How were these methods developed? Where have these methods been implemented nationally and internationally?

Exhibit 2.2. Guiding topics and questions for the literature review and KI interviews (continued)

Topic	Guiding questions
Deliberative methods and process considerations	<ul style="list-style-type: none"> • What factors are important in planning, selecting participants (type of participants, sampling techniques), determining the agenda and “rules of engagement,” and moderating for each method? • How do characteristics of the deliberative process affect participation? How does delivery ensure fairness, inclusivity, and representation among participants? How do processes ensure diversity, balance, and equal consideration? • Are particular subgroups of citizens more or less likely to fully “engage” and/or be receptive to the deliberative process? What can/should be done to maximize engagement and satisfaction of groups in general, but particularly those traditionally disenfranchised or underrepresented? • How is the legitimacy of public deliberation ensured? Does the public perceive legitimacy in the effort? • How are results of the methods used, and specifically used in decision-making? • What evidence exists for the impact of deliberative methodology?
Deliberative methods outcomes	<ul style="list-style-type: none"> • How is “success” measured? What types of outcomes are associated with public deliberation? What are the measures? • How effective are these methods in eliciting public input, building consensus, or determining priorities? • What are the strengths and challenges with deliberative methods? When is it appropriate to use one method versus another (i.e., are certain methods more appropriate for a specific task or topic or under specific circumstances)? • To what extent are the design and approach to deliberation the mechanisms that maximize—or undermine—the quality of input and participation and the outcome measures used in assessing deliberative approaches? How does the delivery of these methods affect the use of and inform the scalability of these methods? • How do the individual differences in the characteristics or attitudes of participants affect public deliberation?
Tools and materials	<ul style="list-style-type: none"> • What is known about educational materials and other preparation for participants? • How can a topic be selected and framed in a way that is best suited for deliberation? • How are participants prepared for and informed about each method? • What tools and materials have been used to prepare citizens for deliberative methods? • How has technology (e.g., Web 2.0 tools, social media) been used in deliberative method processes? • How have these tools affected the process and outcomes of deliberation (e.g., inform participants, build a sense of community)? • What are the implications of emerging technology tools for deliberative methods?
Application of deliberative methods	<ul style="list-style-type: none"> • For what kinds of topics/questions/issues are deliberative methods most appropriate? • How have deliberative methods been used in non-health-care settings (e.g., environmental sciences, urban planning, transportation planning, education, criminal justice)? What lessons learned from these applications are relevant to health care? • How have these methods represented underserved or disadvantaged populations both nationally and internationally? Internationally, to what extent are lessons learned applicable to U.S. health care settings? • What lessons learned from deliberative methods can be applied to multi-stakeholder engagement? How have deliberative methods been used to engage stakeholders in research processes or priority-setting?

Exhibit 2.2. Guiding topics and questions for the literature review and KI interviews (continued)

Topic	Guiding questions
Implications for deliberating about CER issues	<ul style="list-style-type: none">• What does the study of deliberative methods tell us about applying these methods to gaining informed public input on ethical and values-based health care decision topics, such as those central to CER research and policy decisions?• How is CER similar or dissimilar to other topics that are subject to public deliberation?• What are the implications for obtaining informed public input on CER from underserved or disadvantaged populations both nationally and internationally?

Key Informant Interviews

We conducted key informant interviews to inform the literature review; the key informants identified key pieces of literature, potential study questions, areas of investigation, and additional insights. Working in conjunction with AHRQ and members of our internal team, we identified 14 potential key informants in several areas of interest: public deliberation (theoretical underpinnings and practical purposes), comparative effectiveness research, and the use of technology tools in public deliberation. Two key informants were AHRQ staff members in the Center for Outcomes and Evidence and U.S. Preventive Health Services Task Force. We emailed prospective interviewees to explain the Community Forum project and request an interview. Of the original 14 prospective key informants, nine responded. Of the individuals who did not respond, three did not respond to the invitation, and two responded affirmatively; however, we were unable to connect with them in follow-up communications. In light of this, the team added several additional names to the list, and between September 19 and December 3, 2010, we conducted 17 interviews. Key informant interview participants are listed in Appendix A.

To guide the key informant interviews, the team developed a semi-structured interview protocol (Appendix B). We varied the questions depending on a key informant's area of expertise (e.g., public deliberation, technology tools, CER). The protocol included questions on the following topics:

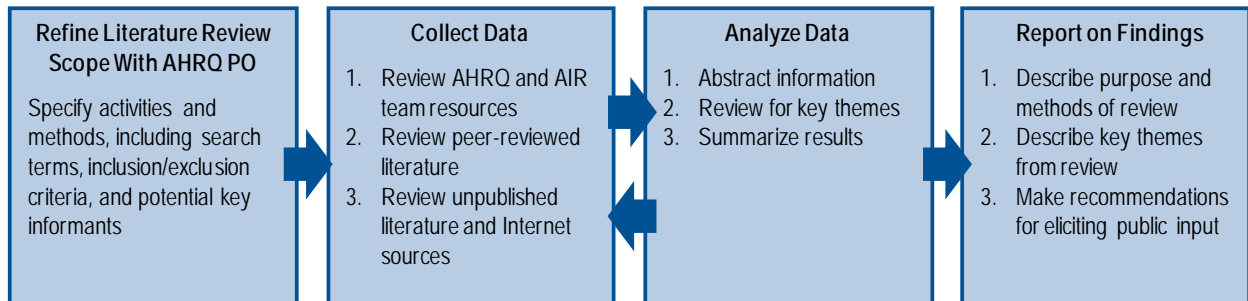
- Defining public deliberation (features/qualities; appropriate applications of public deliberation)
- Implementing public deliberation (achieving input from hard-to-reach groups; facilitating; having a decision goal such as consensus)
- Evaluating public deliberation (what constitutes “successful” deliberation and how to measure success)
- Using technology tools in deliberation
- Determining the applicability of public deliberation to questions related to CER

Interviews were conducted by trained interviewers and lasted approximately one hour. All interviews were simultaneously transcribed by a note-taker and were audio-taped for later reference. The lead interviewer analyzed all interview transcripts by searching for key themes and generating summaries and reviews for comment by the team. The full report on key informant interviews is presented in Appendix C.

Literature Review

Exhibit 2.3 describes our overarching approach to the literature review task.

Exhibit 2.3. The AIR team's systematic approach to the literature review



Search Methodology

In planning the literature review, we first sought input from several members of our project team who are thought leaders in the field of deliberative methods. These individuals provided input regarding literature and reference lists to ensure that our review included key studies of deliberative processes and the works of deliberative theorists.

Our strategy for identifying additional peer-reviewed and grey literature is described below. We narrowed all searches to English language resources dated 2002 to 2010. We included resources dated prior to 2002 if our internal team members identified them as seminal works.

First, we developed inclusion and exclusion criteria to inform our decision-making regarding the relevance of an abstract to the literature review (Exhibit 2.4). These criteria were used to define the search strategy and to help the reviewers determine whether an article should be included or excluded from the final set of articles for abstraction.

Exhibit 2.4. Literature review inclusion and exclusion criteria

Inclusion criteria	Exclusion criteria
<ul style="list-style-type: none"> • Has target audience characteristics related to citizen engagement, community engagement, representation of underrepresented or marginalized groups • Provides descriptive detail on specific types and approaches to deliberative methods • Uses deliberative methods to resolve a societal problem (e.g., prioritize health care options) • Addresses theory related to deliberative methods • Discusses history of deliberative methods • Describes outcomes measurement for deliberative methods • Describes challenges, facilitators, and factors influencing the impact of deliberative methods (including pre-deliberation, in-session, and post-deliberation) • Studies innovations in deliberative methods including implications of technology • Is a key article (any date) identified by literature scans or consultants 	<ul style="list-style-type: none"> • Measures public opinion obtained only through polling, surveying, and otherwise non-deliberative methods • Provides justification for deliberative methods but does not describe deliberative methods or application of theory • Involves cases of medical ethics or medical “case deliberation” • Is an opinion or editorial piece • Was published before 2002 unless identified as key by members of the team

Peer-Reviewed Literature Search Methods

We began our search of the peer-reviewed literature by developing an initial list of key search terms (e.g., “public deliberation”). We then conducted tests of these key search terms to determine the volume and relevance of literature that each search term would return.

After preliminary testing of the key search terms, we developed and tested two approaches for identifying a core set of articles:

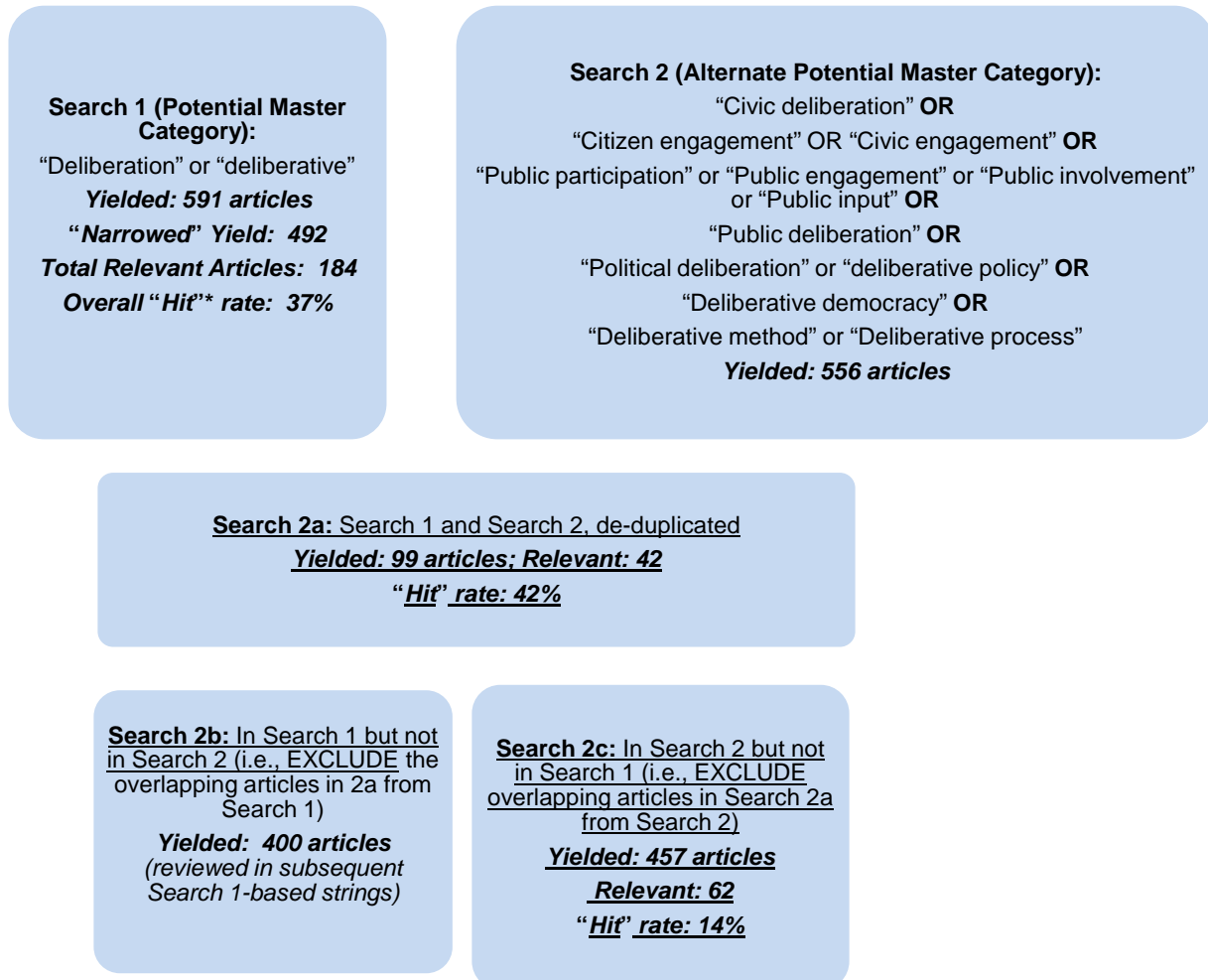
- **Search 1** contained only the key words “deliberation” or “deliberative.”
- **Search 2** contained broader public engagement terminology (see Exhibit 2.5).

Our team librarian implemented a “test” of these two search approaches within PubMed, yielding 591 and 556 articles (Search 1 and 2, respectively). To determine which approach was a better foundation for subsequent searches, we assessed the overlap in articles identified through Searches 1 and 2 and the relevance of the articles returned by each search. This approach enabled us to see whether the inclusion of more specific terminology for broader public engagement (i.e., Search 2) yielded a substantial number of additional resources that would have been missed had we searched only on “deliberative” or “deliberation” alone (i.e., Search 1).

Three team members shared the task of flagging relevant abstracts. One team member reviewed the abstracts and identified relevant articles, and a second team member verified the first

reviewer’s assessments. The numbers of articles identified in the initial Search 1 and Search 2 approach, as well as the number of articles identified as “relevant” for abstraction, are shown in Exhibit 2.5.

Exhibit 2.5. Comparison of initial search approaches (Searches 1 and 2) and corresponding search results



*Note: “Hit” rate designates the percentage of articles for each search deemed relevant to our literature review based on review of their abstracts.

In reviewing the overlap of Searches 1 and 2 (i.e., Search 2a in Exhibit 2.5), we retained 42 of 99 (42%) overlapping abstracts for abstraction. A reviewer examined abstracts for those articles in Search 2 that were not in Search 1 to see whether it was worthwhile to continue to look at Search 2 distinctly and whether Search 1 was missing any relevant articles. Of the 457 articles that were in Search 2 but not in Search 1 (Search 2c), 62 (14%) were selected for abstraction. Because of this low hit rate, we did not pursue Search 2 any further as a base set of search terms.

We conducted subsequent searches on the basis of the abstract set identified in Search 1. Upon examining the initial results of the Search 1, we found that many of the nonrelevant articles pertained to cognitive deliberation (i.e., thinking and philosophies surrounding cognition;

deliberate thought versus acting by instinct, habit, or impulse). Thus, we further restricted Search 1 by excluding the following search terms related to cognitive deliberation: “cognition,” “cognitive,” “instinct,” “impulse,” “habit,” “volition”/“volitional”/“prevolitional,” “conscious deliberation,” “unconscious thought,” “physics,” “metaphysics,” “intuition,” “impulsive,” and “prefrontal.” This narrowed search further reduced the base articles in Search 1 from 591 to 492 abstracts. Based on this narrowed base set of search key words, we implemented subsequent searches (Searches 3–15). The purpose of Searches 3–15 was to narrow the overall search by specific key words that corresponded to sections of the conceptual framework to facilitate the identification of subsets of articles that pertain to a particular topic area (e.g., deliberative methods types). The total universe of search terms includes the narrowed Search 1 and Searches 3–15. Information about the content of those searches (including key words), the number of abstracts they yielded, and the number of abstracts that were judged to be relevant for abstraction from the PubMed returns is provided in Exhibit 2.6.

Exhibit 2.6. Search themes and articles returned: PubMed searches

Search Theme	Total Returned	Identified as Relevant (Includes some Duplication*)
Search 3: Qualify Search 1 by ethics and values-based question applications [Search 1 AND [“Ethics based” or ethics-based or “values based” or “values-based”]]	86	16
Search 4: Restrict Search 1 to health care decision-making applications [Search 1 AND health AND [decision-making or decision-making or “decision making” or preference or choice or choose or “health care rationing” or “health planning” or “health priorities” or priority-setting or “resource allocation” or risk]	76	29
Search 5: Deliberative methods “types” “Citizen jury” or “citizens’ jury” or “citizen’s jury” OR Citizen panel or citizen’s panel or citizens’ panel OR Deliberative polling OR Deliberative poll OR Deliberative opinion poll OR [Search 1 AND [“Town meeting” or “planning cell” or “Consensus conference”]] OR [Search 1 AND [“Study circle” or “study circles” or “issues forum” or “issue forum”]] OR [Search 1 AND method AND traditional] OR [Search 1 AND focus groups]	229	35
Search 6: Targeting innovations in deliberative methods [Search 1 AND (innovation or innovative or cutting-edge or novel or technology or internet or online or alternative or unique or asynchronous)]	123	31
Search 7: Search 1 targeting empirical evidence/evaluation of deliberative methods [Search 1 AND meta-analysis] OR [Search 1 AND (empirical or evidence or findings or analysis or quantitative or qualitative or themes or synthesis or “study design” or evaluation or assessment)]	309	N/A (Narrowed in Search 8)

Exhibit 2.6. Search themes and articles returned: PubMed searches (continued)

Search Theme	Total Returned	Identified as Relevant (Includes some Duplication*)
Search 8: Targeting outcomes/measures and criteria for success for deliberative methods [Search 7 AND (outcome or measure or “outcome measure” or “proximal outcome” or “individual outcome” or “group outcome” or success or consensus or guidance or “deliberative judgments” or “opinion change” or polarization or unanimity or “majority rule” or “deliberative success” or “attitude change” or “opinion change” or “other awareness” or “social awareness” or “civic minded” or “perspective-taking” or “policy impact” or “policy change” or “decision support” or “decision-support” or “long term outcome” or “long-term outcome” or “distal outcome”)]	126	33
Search 9: Targeting educational materials/participant preparation [Search 1 AND (“educational materials” or prepare or preparation or “preparatory materials” or inform or information) or informational or orientation]	127	36
Search 10: Targeting individual and group characteristics [Search 1 AND (“individual differences” OR “group composition” or “group characteristics” or “group dynamics” or representativeness or representation or majority or minority or dominance or dominant or “group size” or “heterogeneous group” or “homogeneous group”)] OR [Search 1 AND (“individual differences” OR “group composition” or “group characteristics” or “group dynamics” or representativeness or representation or majority or minority or dominance or dominant or “group size” or “heterogeneous group” or “homogeneous group”)]	124	22
Search 11: Targeting process characteristics [Search 1 AND (“process characteristics” or “group process” or expert or moderator or “moderator characteristics” or “small group” or synchronous or asynchronous or expectations or “rules of order”)]	80	28
Search 12: Targeting deliberative methods with disadvantaged groups [Search 1 AND (under-served or underserved or disadvantaged or “hard to reach” or “under-privileged” or “underprivileged” or “under-resourced” or “at-risk or “at risk” or elderly or low-literacy)]	97	31
Search 13: Applications of deliberative methods that became institutionalized efforts [Search 1 AND (institutional or institutionalized or “ongoing public input”)]	36	4
Search 14: Finding any CER-specific applications of deliberative methods [Search 1 AND (“comparative effectiveness research” or “comparative effectiveness” or “CER” or “C.E.R.”)]	45	7
Search 15: Search 1 when any other hit from Searches 2a–14 was excluded	51	3

* Some relevant articles were identified in more than one search

We implemented our final search strategy in PubMed (i.e., use Search 1, as narrowed above, and in combination with Searches 3–15) and other databases, including ERIC, EBSCO, National Bureau of Economic Research, and Cochrane databases. Across all databases, 1,665 abstracts in total were reviewed for relevance.

Grey Literature Search Methods

Although we primarily sought to focus on the peer-reviewed literature, we expected that many of the most recent applications of public deliberation would be found in the grey literature, defined as literature that was not peer reviewed but that met the inclusion criteria listed in Exhibit 2.4.

This literature included presentations, white papers, trade publications, issue briefs, and book anthologies.

We identified relevant grey literature by seeking publications from organizations that are widely known in the field of public deliberation, such as *AmericaSpeaks*, Viewpoint Learning, The Jefferson Center, and Public Agenda. We also solicited recommendations from key informants and members of our internal project team. Our search of the grey literature was targeted and therefore not exhaustive. The grey literature we have included represents the work of active current practitioners of deliberative processes.

Of the identified peer-reviewed and grey literature, 206 unique resources were obtained and reviewed. Thirteen of these were ultimately deemed irrelevant by the abstraction team, yielding a final set of 193 abstracted peer-reviewed articles and grey literature. Additional articles were found through hand searching.

Data Abstraction

Across all sources (peer-reviewed and grey literature), we abstracted 193 articles through the process described below. As we reviewed the articles and abstractions, we continued to identify additional resources that addressed possible gaps. We reviewed but did not abstract these additional 106 resources. The team entered and managed all references in an Endnote database.

To abstract the literature, we developed an initial abstraction form in Excel that was piloted by abstracting two articles. We then modified the abstraction form and developed an Access database on the basis of the modified final abstraction form (see Appendix D). A team of 10 abstractors underwent two rounds of training and one feedback session on the topic of the literature review and abstraction form. The abstractors also received written guidance designed to aid their abstraction task (see Appendix E). Senior members of the project team reviewed completed abstractions and, as needed, provided targeted feedback to abstractors.

Exhibit 2.7 shows the counts of the abstracted literature by relevance to the literature review based on the abstractors' classification.

Exhibit 2.7. Abstracted literature by relevance

Relevance	Count of Resources
Theoretical underpinnings and reasons for public deliberation	41
Deliberative methods	51
Deliberative process characteristics	49
Deliberative mode (face-to-face, online)	5
Evaluation of public deliberation	33
General public/civic engagement mechanisms	14
TOTAL:	193

Data Analysis

To analyze the literature review data, two team members queried the Access database by using fields pertinent to each topic area in the literature review and shared these reports with the appropriate writers. One team member also identified, for each writer, which of the additional 106 “reviewed but not abstracted” resources were of most relevance to his or her sections. Although many of these additional resources were theoretical, writers noted which of these articles recounted studies of specific deliberative processes or other relevant information for inclusion and were appropriate in certain tabular counts.

Strength of Evidence

Exhibit 2.8 presents the strength of evidence for all abstracted articles.

Exhibit 2.8. Strength of evidence of abstracted articles

Category	Number of Articles
Meta analytic reviews	2
• Single empirical studies	94
– With control group	4
– No control group	90
▪ Mixed methods study (quantitative/qualitative)	(38)
▪ Quantitative study	(13)
▪ Qualitative study	(32)
▪ Case study/description of implementation	(11)
Other reviews or scholarly articles	62
Other (workshop overview, conference paper)	35
TOTAL:	193

The majority of articles were classified as single empirical studies (n=94). Of these, only four included a control group and had a design aimed at a comparison of deliberative outcomes for a deliberating group and its control. A further breakdown by analytic method is provided for the remaining single empirical studies.

A subset of abstracted single empirical studies (n=68) comprised specific examples of a deliberative methods application. For this subset, we further considered strength of evidence with regard to the internal and external validity of the studies. We classified the 68 single empirical studies that were examples of deliberative methods applications by three variables: presence of a control group, random assignment to groups, and whether the study population was drawn to be “representative” of a larger community or population. These judgments were made by the abstractors in the course of reviewing the articles. The presence of a control group and random assignment to conditions together speak to internal validity (i.e., our ability to draw causal inferences). Representativeness speaks to the external validity or generalizability of study findings beyond the immediate sample.

Exhibit 2.9 breaks down the 68 single empirical studies through a cross-tabulation of control group and random assignment, providing an overview of how many have “high,” “medium,” or “low” internal validity.

Exhibit 2.9. Indicators of internal validity in deliberative methods applications (single empirical studies only)

Random assignment?	Control Group?	
	Yes	No
Yes	5	16
No	1	46
TOTAL:	6	62

As shown, only five (7%) of the 68 single deliberative methods applications abstracted had the highest level of internal validity that could be evident from these indicators: use of a control group and random assignment to conditions. We classify these five studies as “high” on internal validity. The 46 studies (68%) with neither a control group nor random assignment to a comparison condition are generally descriptive studies and case examples that are made quasi-experimental by the inclusion of pre-/post-assessments related to the deliberation. We classify these as “low” on internal validity. The remaining 17 studies we classify as “medium” on internal validity.

Exhibit 2.10 shows the internal validity of the deliberative methods applications in relation to our indicator of external validity (i.e., having a representative sample or establishing representativeness through recruitment to meet a target demographic composition reflective of the population). Forty-one percent of the 68 single empirical studies established a representative participant sample. However, only two of the 68 demonstrated both high internal validity and high external validity based on our classification scheme.

Exhibit 2.10. Internal and external validity of single empirical studies that are applications of deliberative methods

Representative Sample? (external validity indicator)	Low Internal Validity	Medium Internal Validity	High Internal Validity
Y	17	9	2
N	29	8	3
TOTAL:	46	17	5

Chapter 3.

Overview of Public Deliberation

In this section, we review the broad characteristics of deliberative processes, discuss their historical foundation, describe the broad uses of deliberative processes, and review the potential benefits.

Characteristics of Deliberative Processes

Public deliberation is a process in which members of the public engage in the careful weighing of multiple, often competing, arguments on moral or ethical social issues through discourse, governed by the principle of mutual sharing of perspectives and respect (Jacobs, Cook, & delli Carpini, 2009; Burkhalter, Gastil, & Kelshaw, 2002). Public deliberation is a unique methodology for obtaining public input on societal decisions and engendering civic responsibility and social decision-making. It requires participants to develop solutions about societal problems or issues posed to the group (i.e., the “deliberative topic”) that inherently evoke competing morals, ethics, or values and for which a range of prospective viewpoints and solutions exist. As such, many consider it a necessary condition for a robust democracy.

Deliberative processes share three broad characteristics:¹

- **Input is sought from the members of the public.** Participants in public deliberation are generally lay persons who are engaged in the process with the perspective of members of the public, as opposed to stakeholders who might have a vested interest in the deliberative topic, field, or area of study.
- **Participants are faced with an ethical- or values-based dilemma to resolve through deliberation.** Questions appropriate for public deliberation do not have a simple technical answer or solution. Instead, they involve a tension or dilemma, usually characterized by values and ethics inherent in the issue at hand. Further, the issues tend to be controversial, timely, and relevant to current public policy. In this way, deliberation is an exercise designed to allow the negotiation of competing viewpoints held by the public on societal problems that cannot be resolved by technical information alone, such as the equitable distribution of scarce resources (Gutmann & Thompson, 2004, p. 10; Daniels & Sabin, 1997). In a democratic society, these dilemmas need to be negotiated in order to establish laws and policies that govern people’s public lives (Gutmann & Thompson, 2004; Fishkin, 2009; Daniels & Sabin, 1997; Chambers, 2003; Young, 2000).
- **The process includes educational and discussion-based, or deliberative, components** (i.e., the “information phase” and the “deliberation phase”; Goodin, 2008). In the information phase, participants are given accurate, balanced information

¹ In Section 9, we review the specific components of the deliberative process in detail.

about the positions and issues of relevance through educational materials, experts, or other sources (Fishkin & Farrar, 2005; Abelson, Forest et al., 2003; Luskin, 2007). In the deliberation phase, participants engage in dialogue and the active exchange of reasons and justifications for their preferences, opinions, values, and positions about the matter at hand. Participants are asked to conscientiously engage in deliberation of the issue at hand and be open toward the perspectives of their fellow participants (Fishkin & Farrar, 2005; Burkhalter et al., 2002; DeVries et al., 2010; Chambers, 2003; Young, 2000; Luskin, 2007).

Foundations of Public Deliberation

With conceptual underpinnings in political philosophy, the ideal of public deliberation is grounded in philosophies of the social contract and bonds among individuals and institutions that shape political and social life. Such deliberation is a means to bolster democratic life, include underrepresented groups, and propel moral reasoning and mutual understanding.

Public deliberation as a practice has been in use since ancient Greece. The philosophies of Aristotle, Plato, Immanuel Kant, Alexis de Tocqueville, John Stuart Mill, John Rawls, John Dewey, Robert Dahl, Lawrence Kohlberg, Jurgen Habermas, and many others have shaped contemporary normative constructions of deliberation, its form, and its purposes. Habermas is credited with the reemergence and application of deliberation to democracy (i.e., deliberative democracy) through his concerns for legitimacy, the balance between the collective or public will and individuals' rights, and the development of moral reasoning (Gutmann & Thompson, 2004; Doheny & O'Neill, 2010). With a concern for the development of moral and ethical understanding, Habermas explored the social psychological and psychological aspects of moral development and discourse ethics (Habermas, 1990; Doheny & O'Neill, 2010). His theory of staged moral development undergirds the ideal effect of the deliberative process on the individual: through four phases of development, individuals move from hesitancy to engagement to possessing a concern for the collective that rivals their personal self-interest (Doheny & O'Neill, 2010; Habermas, 1990).

Public Deliberation and Deliberative Democracy

The fundamental attributes that distinguish public deliberation from other methods of public consultation stem from its foundational roots in theories of deliberative democracy. Deliberative democracy is conceived as an "ideal" to be achieved. Gutmann and Thompson (2004) define deliberative democracy as

a form of government in which free and equal citizens (and their representatives), justify decisions in a process in which they give one another reasons that are mutually acceptable and generally accessible, with the aim of reaching conclusions that are binding in the present on all citizens but open to challenge in the future. (p. 7)

Deliberative democracy is distinct from a “minimalist democracy” that relies merely upon traditional voting and tallying of votes in service of electing a leader for a finite set of time, with the procedure repeated again at the end of that duration. As described by Goodin (2008),

All [a minimalist democracy] asks of citizens is to cast a ballot from time to time: in most places, if and only if they feel like it... [it] does not ask them to pay attention to public debates on the issues of the day. It does not ask them to get together with others to discuss the issues. It does not ask them to justify their voting decision to anyone else. Still less does it ask people to take a position publicly to get actively involved in campaigning to persuade others that they should vote the same way. (p. 1)

Deliberative democrats argue that democracy should be designed to encourage individuals to come together, discuss issues and problems that affect them in common, and formulate mutually acceptable solutions to those problems. As a form of both political participation and public consultation, deliberative democracy provides the unique opportunity for citizens to engage in a process designed to promote fairness in the expression of ideas and for policymakers to hear voices of traditionally disengaged or disenfranchised citizens and the multitude of perspectives that exist about a topic.

For Goodin (2008), a distinguishing characteristic of the deliberative democracy movement is its translation of political theory into deliberative practice. Goodin cites the host of “micro-deliberative” innovations (e.g., citizens’ juries, consensus conferences, deliberative polls)² that “show us what deliberative democracy might look like in miniature” (p. 2). In short, public deliberation is fundamentally a group process that includes the convening of “mini-publics” for a purposeful discussion (e.g., to inform decision-making) about public or societal issues that will have an impact on members of the society (Fishkin, 2009). Small-scale deliberative processes, which include representative samples, may serve as a means to address broad societal issues.

Appropriate Uses of Public Deliberation

According to one set of authors, “the general aim of deliberative democracy is to provide the most justifiable conception for dealing with moral disagreement in politics” (Gutmann & Thompson, 2004, p. 10). From this perspective, deliberation is called for when competing courses of action exist and the choice between them requires a weighing of alternatives (Walton, 2006; Fishkin & Farrar, 2005). Therefore, the issues that are most well suited for public deliberation involve fundamental moral and social dilemmas or issues of trust and legitimacy that affect the larger society. Issues appropriate for deliberation remain unresolved or warrant revisiting because of new developments or changing perspectives and then often demonstrate potential for finding common ground.

² These specific approaches are discussed in more detail in Section 4, which describes deliberative methods in detail.

Deliberative processes present an opportunity to weigh the “principles and values involved as well as the circumstances and consequences” of the topic of debate (Gracia, 2003, p. 230). Deliberation can also be a means for reconciling divergent points of view. The role the public plays in negotiating these topics resides in the core values that are evoked by the topics for deliberation. An important part of the deliberative process, then, is to shed light onto the nature, origin, and malleability of these values.

Some issues are so morally fraught and some groups are in such deep conflict that consensual deliberation may not be an option (Mansbridge, 2010; Mendelberg, 2002). For example, issues that are deeply engrained in religious or cultural views, such as abortion or physician-assisted suicide, may not be appropriate for deliberation, particularly among individuals who hold completely counter beliefs and values. In other words, deliberation cannot be used to make “incompatible values compatible” (Gutmann & Thompson, 2004, p. 11). Deliberation, nonetheless, can be used as a vehicle to learn more about the nature of a moral disagreement and potentially reframe the disagreement. Where the potential for common ground exists, deliberation is an appropriate tool. However, because deliberation is inherently focused on openness and a willingness to explore the potential validity of other perceptions and truth claims, issues of deep-seated conflict may be better *resolved* (if they *can* be resolved) through other channels.

Potential Benefits of Public Deliberation

Deliberation can foster the exploration of varying viewpoints and, through mutual justification of held positions, expose individuals to new ideas and arguments, identify and develop informed reasoning, give voice to underrepresented groups, promote acceptance of public decisions, foster civic-mindedness, make values inherent in technical issues more visible, and provide more information or evidence on topics.

Expose Individuals to New Ideas and Arguments

Public deliberation builds on traditional forms of civic engagement by asking individuals to engage in a deeper level of thought and communication around an ethical or a values-laden topic (Chambers, 2003; Burkhalter et al., 2002; Gastil, Black, Deess, & Leichter, 2008). In this way, one potential benefit of deliberation is that it encourages individuals to listen thoughtfully and carefully to new ideas and counterarguments (Jacobs et al., 2009; Gutmann & Thompson, 2004; Fishkin, 2009; Mansbridge, 2010; Burkhalter et al., 2002). Compared with other forms of public consultation, the process of deliberation reveals how the public would feel about an issue if it were educated on the nuances of the issue, were asked to think openly and critically, and were to discuss the issue with peers (Fishkin, 2009; Friedman, 2007).

Identify and Develop Informed Opinion and Reasoning

Deliberation also addresses a concern about the quality and level of reasoning that informs traditional public conversations (Fishkin, 2009; Gutmann & Thompson, 2004; Chambers, 2003). Many see value in deliberation because it requires individuals to declare publicly the reasoning for their opinions and preferences (Gutmann & Thompson, 2004). Through the declaration of reasoning, individuals are more accountable to draw upon arguments that are meaningful and valid for the larger group or society (Jacobs et al., 2009). Further, deliberation, as an exercise, reveals how information and values interact to form beliefs, perspectives, and preferences. It is where information and values intersect that public deliberation has the opportunity to effect change.

When the intent is to equip policymakers and decision-makers with the information needed to make decisions and move forward in certain policy or research directions, deliberative public input may render more valuable information than other forms of public consultation.

Deliberation also has more benefits than mechanisms for eliciting public opinion that generate initial reactions from individuals (e.g., polls, focus groups) (Fishkin, 2009). Traditional opinion polling may not provide adequate insight into how the public feels about and understands these issues because it highlights the central tendency in a distribution of possible responses, is time-limited, and is often not well reasoned (Fishkin, 2009; Barabas, 2004; Rawlins, 2005).

Without a careful process, the extent to which well-reasoned, careful decisions are being made by citizens and on behalf of citizens is doubtful. Fishkin (2009) argues that opinion polling that elicits mere “top of mind” responses—often those not based on a careful consideration of multiple forms of evidence—does not support discourse and intellectual inquiry but rather undermines its purpose, which is to learn about the public’s preferences and values. Aggregated responses overwhelm or mute minority responses that may carry important value, particularly for policymakers. Rawlins (2005) argues that opinion polling and surveys designed to obtain immediate and often misinformed reactions to certain topics by members of the public do not sufficiently support the level of discussion and deliberation necessary for decision-making.

Give Voice to Underrepresented Individuals and Groups

Deliberation can also fill voids where representative democracy may not include all perspectives, particularly for disadvantaged groups (Smith & Wales, 2000). Some argue that without acknowledging the inherent inequalities that exist in a liberal democratic society, the “social choice mechanisms,” such as voting, that enable people to participate politically are also shaped by political, social, and economic inequality (Smith & Wales, 2000). Traditional notions of social choice mechanisms presuppose that individuals’ opinions and preferences are fixed and that collective opinion is based on an aggregation of multiple perspectives and important differences (Smith & Wales, 2000). These social choice mechanisms assume that individuals hold immutable, distinct, and well-reasoned preferences (Button & Ryfe, 2005). Deliberative democracy, however, acknowledges that traditional democratic institutions do not necessarily

guarantee the inclusion and expression of the range of perspectives and suggests that deliberative dialogue could be used to promote openness to new preferences (Button & Ryfe, 2005). As such, some argue that the deliberative process can *transform* traditional social choice mechanisms by allowing equality in expression (Smith & Wales, 2000). Convening a representative sample, particularly for the traditionally underrepresented, is an implementation challenge and will be discussed in Chapters 4 and 9.

Promote Legitimacy and Acceptance of Public Decisions

Deliberative processes can also promote legitimacy and acceptance (Gutmann & Thompson, 2004; Arvai, 2003; Button & Ryfe, 2005). This outcome of deliberation is closely related to the “openness” to alternate viewpoints that is encouraged by deliberation. Where decisions affect the collective, a deliberative process that incorporates multiple perspectives and values aids policymakers and promotes legitimacy of the policymaking process (Gutmann & Thompson, 2004). Members of the public, when informed that policies emerge from a participatory process with the public, are more accepting of the results. They have greater confidence in policies that reflect the decisions of people like themselves than the decisions of the scientific community alone (Arvai, 2003).

Foster Civic-Mindedness

The concern for creating a more civic-minded group of individuals can be a key motivation for using a deliberative methodology. Deliberation is a tool that can foster civic-mindedness in individuals—in both how individuals perceive matters affecting their communities (or the country) and their capacity for social interaction and altruism (Fishkin, 2009; Gutmann & Thompson, 2004; Gastil et al., 2008).

Many theorists and practitioners argue that deliberation requires participants to be expansive and empathic in their preferences and expression of opinion. Through deliberation, participants develop “social objectivity,” an increase in their social capacity and competency (Young, 1996). Thus, participants develop more social knowledge, gaining greater insight into what is considered just and right through the exercise of deliberation (Young, 1996).

If successful, the empathy and civic-mindedness resulting from deliberation resolve an “economy of moral disagreement” through the reason-giving required by deliberative processes. Deliberation does not require that participants compromise their moral understandings in the interest of agreement; rather, it attempts to find points of convergence based on reasoning and by encouraging individuals to be expansive and open in their views, particularly for matters concerning the collective or greater good (Gutmann & Thompson, 2004). Similarly, Fishkin (2009) describes how Tocqueville (and later Mill) understood that citizens who discuss public problems together value the collective interests higher than their own personal interests. This “public spiritedness” may be fostered as participants begin to increasingly value the wider community’s interests more (Fishkin, 2009).

Make Values Inherent in Technical Issues More Visible

In addressing social and moral dilemmas, deliberation can elicit the ethics and values inherent in a novel issue (e.g., policy-making about new technologies; Iredale, Longley, Thomas, & Shaw, 2006; de Cock Buning, Broerse, & Bunders, 2008). This information about the values and ethics involved in an issue can help public officials see where the challenges are and develop tailored strategies (Rawlins, 2005). Deliberation helps individuals see where there are overlapping values and distinguish where there are values that cannot be reconciled (Gutmann & Thompson, 2004).

Provide More Information or Evidence on Topics and Improve the Quality of Political Decisionmaking

Deliberation may also be effective in providing more information or evidence on a topic and thus may involve the creation of new solutions that have not been previously considered because members of the public—particularly those individuals most affected by an issue—serve as a source of information. Through the educational component, the preparation necessary for deliberation, participants' capacity to contribute meaningfully to the process is enhanced (Gregory, Hartz-Karp, & Watson, 2008). Not only are participants in deliberation bringing to bear a new form of evidence on a topic related to social values, but the scientific understanding of the issue and the values also are intertwined and defined by one another (Lehoux, Daudelin, Demers-Payette, & Boivin, 2009). This development can, in turn, engender trust in policies, institutions, science, and other members of the public. Given the growing complexity of health care decisions—both personal and societal—the ability to incorporate more information may produce more detailed, nuanced, and thoughtful deliberations and decisions.

Public Deliberation Today

In its varied forms, public deliberation is occurring in many countries, amid many different cultures and value systems. Some countries use public deliberation methods more extensively than others. For example, in our literature review, we identified multiple examples of public deliberation in the United Kingdom (U.K.), Canada, Australia, Denmark, and New Zealand. Other countries with examples of deliberative processes were South Korea, Taiwan, Tanzania, United Arab Emirates, Spain, and Italy.

In the United States, public deliberation is a relatively recent phenomenon that has largely been brought about by grassroots efforts regarding social issues (Jacobs et al., 2009). A 1998 survey of 396 U.S. organizations involved in citizen deliberation found that interest in public deliberation since 1990 had increased significantly (e.g., two-thirds of the organizations were founded after 1990). The same survey indicated that the momentum for public deliberation in the United States is primarily driven by local efforts, which have connections to state or federal entities (Jacobs et al., 2009).

Within the United States today, a few organizations are convening a substantial number of deliberative processes on a variety of public policy or social issue topics. Exhibit 3.1 shows a sampling of these conveners in the United States and describes their activities.

Exhibit 3.1. Conveners of deliberation in the United States

Organization	Description and activities
AmericaSpeaks	<ul style="list-style-type: none"> • A non-profit organization established in 1995 • Designs and conducts public deliberation forums • Funded through grants and contracts • Uses 21st Century Town Meeting® method, an elaborately produced, high-tech interactive gathering that allows hundreds or thousands of participants in multiple cities to “meet” at the same time and interact in person and electronically
Center for Deliberative Democracy, Department of Communication, Stanford University	<ul style="list-style-type: none"> • Uses Deliberative Polling®, a technique that engages a representative sample to deliberate on an issue, a method developed by James Fishkin, PhD, in 1988 • Formerly the Center for Deliberative Polling at the University of Texas at Austin; moved to Stanford University in 2003 • Conducts deliberative polling on public policy issues around the world
The Jefferson Center	<ul style="list-style-type: none"> • A non-profit organization established in 1974 • Uses the citizens’ jury method primarily • Partners with states and other non-profit or advocacy organizations to address social issues through citizens’ juries
National Issues Forum	<ul style="list-style-type: none"> • A non-profit organization established in 1989 • Supported by a variety of foundations • Develops relevant and timely discussion guides and trains community facilitators on a broad range of public policy issues
Public Agenda	<ul style="list-style-type: none"> • A non-profit organization established in 1975 • Supported by a variety of foundations • Develops relevant and timely discussion guides and trains community facilitators on a broad range of public policy issues
Viewpoint Learning	<ul style="list-style-type: none"> • Focuses on “ChoiceWork,” a method for public engagement developed by Daniel Yankelovich • Develops custom programs to learn more about how the public responds to difficult policy issues • Funded through contracts with organizations (often foundations)
Everyday Democracy	<ul style="list-style-type: none"> • Created by the Paul J. Aicher Foundation, a non-profit organization, in 1989 as the Study Circles Resource Center • Works with communities to address complex public issues, with a specific emphasis on issues related to racism • Links public dialogue and deliberation to policy change

Chapter 4.

Public Deliberation Methods

In this section, we provide an overview of the specific deliberative methods identified in our literature review. The **deliberative method** refers to the basic architecture of the process, including the number of participants, the length of the sessions, and the number of sessions. Other structural features, such as the use of witnesses or experts, methods for recruiting participants, expertise of facilitators, provision of educational materials, and use of incentives, may characterize particular methods. Specific deliberative methods may have names that model other extant forms of public consultation (e.g., citizens’ jury) or designate a consistent set of features that are used together (e.g., deliberative focus groups).

Primary Methods of Public Deliberation

In Exhibit 4.1, we show the primary methods of public deliberation identified in the literature review, along with the number of applications of each method noted in the literature. This exhibit includes a category of “other” to reflect methods that do not fall neatly into one of the nine categories listed. The methods listed in Exhibit 4.1 are not always mutually exclusive; in creating innovative and unique deliberative processes, practitioners have tended to select and adapt features from traditional methods of deliberation.

Exhibit 4.1 displays the occurrence of various methods among the 96 articles included in our literature review that abstractors identified as addressing deliberative methods explicitly. Nineteen of these articles were reviews, and one was a meta-analysis. Some of the reviews and the meta-analysis described multiple unique applications of deliberative methods and thus were counted as separate applications of deliberative methods. Sixty-eight articles were single empirical studies, and seven articles were classified as “Other.” In total, there were 105 applications of deliberative methods that came from 96 articles.

Exhibit 4.1. Number of applications of each deliberative method as noted in the literature review

Deliberative method	Frequency observed
Citizens’ jury	16
Citizens’ panel/citizens’ council	8
Consensus conference	4
Deliberative focus group	17
Deliberative Poll® and deliberative polling	9
Issues forum (includes “Community Forums,” National Issues Forums, “Deliberative Forums”)	11
Study circle	3
Town hall (includes 21st Century Town Hall Meetings)	3
Other*	34
TOTAL	105

*Other includes Choosing Healthplans All Together (CHAT), ChoiceWork Dialogue™, and myriad hybrid methods that incorporate elements of the traditional methods.

Although we did not conduct an exhaustive search of the use of public deliberation in all places and settings, the observations in our review indicate how deliberative methods are being employed. The most frequent types of deliberative methods, as observed in our review, are hybrid deliberative processes that draw on elements of traditional methods and are adapted to specific contexts. Based on this finding, some of the applications of deliberative methods may be opportunistic and determined by resource availability.

An obvious question, when we look at the list of deliberative methods in Exhibit 4.1, is how the methods differ and whether specific methods have clear or unequivocal uses. The simple answer is that the methods differ on key characteristics of the process, potential complexity to mount, and cost. As such, they have different potential applications based on the purposes of deliberation. In Exhibit 4.2, we show the primary methods of deliberation and briefly describe the key differences in the components and procedures to implement them. In addition, we explore how the method has been generally used or what is viewed as its most appropriate application, along with key considerations specific to each method.³ Considerations that are more general are discussed below. Whereas Exhibit 4.2 draws on many resources, a core source was Abelson et al.'s extensive review of public participation and consultative methods (Abelson, Forest, Eyles, Smith, Martin, & Gauvin, 2001).

³ In Section 9, we provide more detail on the critical components to consider in designing and implementing deliberative processes.

Exhibit 4.2. Deliberative methods, key process elements, and considerations for use by order of duration from longest to shortest

	Online, in Person, or Both?	Number of Participants*	Number of Sessions**	Length of Sessions	Witnesses/Experts	Cross Examination or Questioning of Witnesses Allowed?	Expert Facilitators Needed?	Educational Materials Used?	Recruitment	Topic or Agenda Setting	Consensus as a Goal	Polling or Measurement	Cost	Previous/Most Appropriate Uses	Other Key Considerations
Citizens' Juries	In Person	12–24	1	4–7 days	Yes	Yes	Yes	No	Randomly selected	Top-down	Yes	No	High	Value issues (rather than technical issues), wider public involvement, policy creation	Should be designed for the public and not for special interest groups
Planning Cells	In Person	25	1	4–7 days	Yes	Yes	Yes	Yes	Purposively selected	Top-down	Yes	No	High	Situations that require a quick response, issues with more than a “yes” or “no” answer, policy creation	Witnesses are not always representative of all stakeholders. Not useful for resolving issues between different regions or social groups
Issues Forums	Both	2–100	1	1–14 days	No	N/A	Yes	Yes	Purposively selected	Top-down	No	After	Moderate	Not for complex issues, highly technical issues, or topics that require extensive trade-offs in values	Policymakers may frame issues too narrowly
Consensus Conferences	Both	10–20	1	2–3 days	Yes	Yes	Yes	Yes	Randomly selected lay persons	Bottom-up	Yes	No	High	Somewhat polarized, highly complex, or technical issues, controversial topics	Format and deliberation rules often hinder process

Exhibit 4.2. Deliberative methods, key process elements, and considerations for use by order of duration from longest to shortest (continued)

	Online, in Person, or Both?	Number of Participants*	Number of Sessions**	Length of Sessions	Witnesses/Experts	Cross Examination or Questioning of Witnesses Allowed?	Expert Facilitators Needed?	Educational Materials Used?	Recruitment	Topic or Agenda Setting	Consensus as a Goal	Polling or Measurement	Cost	Previous/Most Appropriate Uses	Other Key Considerations
Deliberative Polling	Both	130–450	1	1–2 days	Yes	Yes	Yes	Yes	Randomly selected	Often top-down	No	Before, during, after	High (in-person)	Issues with opinions and about which the public is not knowledgeable, somewhat polarized, highly complex, interdependent issues, non-crisis decisions	
Citizens' Panel	In Person	12	A few per year	90 minutes or more; participants are allowed to discuss outside of sessions.	Varies	Varies	Yes	No	Purposively selected Can be replaced throughout process	Top-down	No	During	Low	Resource allocation, sounding board for public authority	Hawthorne effect may occur as sessions are repeated over time
Deliberative Focus Groups	In Person	6–12	1	2–3 hours	No	N/A	Yes	Yes	Purposively selected	Top-down	No	During	Low	Less complex issues, needs assessment	Not representative and prone to dominance by strong personalities
Study Circles	In Person	3–300	3–5	2 hours	No	N/A	Yes	No	Purposively selected	Bottom-up	No		Low-High	Specific issues, public problems	

	Online, in Person, or Both?	Number of Participants*	Number of Sessions**	Length of Sessions	Witnesses/Experts	Cross Examination or Questioning of Witnesses Allowed?	Expert Facilitators Needed?	Educational Materials Used?	Recruitment	Topic or Agenda Setting	Consensus as a Goal	Polling or Measurement	Cost	Previous/Most Appropriate Uses	Other Key Considerations
21st Century Town Meeting®	Both	500–5000	1	1+	No	N/A	Yes	Yes	Purposively selected	Top-down				Appropriate for issues needing input from a wide range of individuals, usually about a local issue	Provide insights from many perspectives but do not provide insight into public decision processes

*Methods with larger groups may include small-group work as a component of the agenda.

**There is some variation in implementation of single-session methods, where some amount of time might separate two (or more) rounds of deliberation on the same topic.

Core Considerations in Public Deliberation

As Exhibit 4.2 shows, many aspects of the deliberative methods vary, including the number of participants, number and length of sessions (duration), use of experts and witnesses, ability to ask questions of witnesses, use of educational materials, measurement of opinion change, and cost. These methods have been created in many cases to address different purposes or goals, as highlighted in the column labeled “Previous/most appropriate uses” of these methods. In addition to the specific considerations discussed above, engaging the public through deliberation involves several considerations on the part of the sponsor. Below we highlight key considerations in choosing among the deliberative methods.

Recruitment

The method for recruiting participations for a deliberative process is fundamentally related to the purposes of deliberation and the role of the participants (Parkinson, 2004). Further, to promote public acceptance of public consultation processes (including public deliberation), Rowe and Frewer (2000) indicate that certain conditions, described in Chapter 8, need to be met:

(1) representativeness, described below; (2) independence, whereby the process is unbiased and participants are not affiliated with the sponsoring organization; (3) early involvement of the public in the policy issue that is being brought to the public; and (4) influence, meaning that assurances are made to participants that their contributions can influence public policy.

It is in understanding the relationship between the participants in deliberation and the broader public in general that the value of public deliberation is salient to decision-makers and policymakers. To help ensure that the deliberative outcome resulting from small-scale deliberation reflects the opinions of the broader society, the deliberative process should include a body of individuals who are empowered by the public to represent their interests and/or involve a descriptively representative sample (Fishkin, 2009; Parkinson, 2004; Davies, Blackstock, & Rauschmayer, 2005). Rowe and Frewer (2000) caution, “For true representativeness to be achieved, members of all affected communities...should be canvassed” (p. 12). Further, they recommend that deliberative processes include the range of views on the issue for deliberation as well (p. 13).

If the goal of deliberation is to obtain information about broader public opinion, random sampling may be employed to obtain a representative sample. However, achieving representativeness with small sample sizes is nonetheless challenging and unlikely (Rowe & Frewer, 2000). If the deliberative process should include traditionally underrepresented groups, quota or threshold sampling can be used to ensure that a certain proportion of the participants come from the underrepresented groups (Parkinson, 2004). Alternatively, if the goal of the deliberative process is to hear from members of affected groups, participants may be purposively selected.

Thus, the manner in which recruitment is conducted, the composition of the group, and the way participants' roles are defined also affect the process and its claim to representativeness (Davies et al., 2005; Fishkin, 2009; Parkinson, 2004; Rowe & Frewer, 2000).

Session Length

The empirical studies identified in the literature review profiled deliberative sessions that ranged from one 90-minute discussion group to multiyear commitments that entailed several meetings a year, each lasting several days. Determining session length involves considering how much time is sufficient for deliberation to take place, the relationship between session length and the depth of the questions for deliberation, and how essential session length is vis-à-vis the goal to promote an engaged and informed public rather than to help inform policy decisions.

Session length is one of the critical dimensions of designing a deliberative process because of its extensive requirement of time and financial resources. Longer processes require greater effort to recruit participants, especially hard-to-reach populations, who may not be able or willing to dedicate as much time. Further, longer sessions may require substantial participant incentives and increase the obligations of facilitators and experts. Whereas hundreds of people can attend a half-day deliberative session, multiday sessions are geared to 30 participants or fewer. Thus, the length of the session requires a tradeoff between an extended deliberation with a few people and a less comprehensive session attended by many. The time commitment must be closely aligned with the purposes of the deliberation and the goals of the sponsor or funder. If the goal of the sponsor is to better inform or better represent the public at large, a large group that deals more superficially with an issue may be more important than a small group that goes into greater depth.

Professional organizations in public deliberation tend to use short session lengths. National Issues Forum structures its public deliberation processes around a one-time, 2-hour meeting format. Public Agenda has also taken this approach but now customizes its discussion process to the needs of its clients. One of the rationales for keeping a deliberation to 2 hours is to ensure that the process is easily accessible to communities seeking public engagement on civic issues. Organizations familiar with constructing a 2-hour format would likely argue that if the topic is well framed and the options presented for discussion are credible and clear, all the elements of good deliberation can be achieved. Session length is an important feature of deliberation that warrants further investigation regarding its effects on the quality of deliberation and outcomes.

Use of Experts

The use of experts is also a key consideration. There is some concern that the educational component may rely more heavily on experts than on unbiased educational materials (MacLean & Burgess, 2010). Further, the use of experts introduces an "expert effect," where participants are particularly deferential to experts' perspectives. In one study that sought to examine the role of experts in deliberation, the extent to which participants relied on and were critical of the

experts' contributions was examined, showing that participants could be critical of the experts, while the inclusion of the experts (and stakeholders) enhanced participants' understanding of the issue (MacLean & Burgess, 2010).

Setting of the Issues and Agenda

A common issue, regardless of method, is who will set the agenda and how will issues be framed. The various methods employ quite different approaches and sponsor roles; for example, the sponsor could decide on the issues, agenda, and framing. Alternatively, participants themselves can set the agenda and select the particular aspects of the deliberative topic that they most want to address. Each option has benefits and drawbacks. More “top down” approaches (i.e., set by the sponsor) can ensure that participants address key topics of concern, whereas more “bottom up” approaches are likely to engender more creative and purposeful thinking among participants.

Measurement and Polling

Methods employing measurement and polling as an explicit component of the approach can offer rich insights into the decision-making processes of the participants, particularly in real time. These results and insights can be used as a tool for further discussion and exploration within the deliberative session.

Innovations in Public Deliberation

As previously mentioned, public deliberation is an old concept and practice with many new applications and adherents throughout the world and in the United States. Rapid changes in technology and communication have generated new, innovative methods for engaging people in deliberation. The most far-reaching innovation is the use of online techniques, which can promote representativeness and minimize expenditure; however, the extent to which online forms of deliberation provide outcomes comparable to those of in-person forms of deliberation is not yet well understood.

Online Modes for Deliberation

Deliberative methods are becoming even more dynamic as the Internet has become a venue for social interaction. Online modes of deliberation can be incorporated into many deliberative methods, although not all. As shown in Exhibit 4.2, some methods of deliberation rely more strongly on face-to-face interaction. However, the use of online techniques is not an either/or proposition, and aspects of deliberative methods may be ripe for the application of online techniques. Here, we describe and explore the potential benefits and drawbacks of online deliberation.

Aside from taking place online rather than in person, “distance” deliberation has the same features as traditional in-person methods, including an information component (i.e., the use of

educational materials and expert testimony), a deliberation component (i.e., the opportunity for discussion), and facilitation (Luskin, 2007). Unlike the face-to-face mode, however, the deliberation component in an online deliberative process does not have to take place in real time; it can happen synchronously (i.e., in real time) or asynchronously (e.g., through message boards or listservs). In synchronous online deliberation, participants engage in dialogue at a set, agreed-upon time. In this form, facilitators tend to have control over who can speak and the nature and flow of the conversation (Siu, 2008). In asynchronous online deliberation, participants do not need to participate in real time with one another but instead have an online forum or some other information-sharing platform readily available. When the exchange is asynchronous, contributions are separated by minutes, days, or even longer periods (Dahlberg, 2006).

Benefits of Online Deliberation Modes

One benefit of online deliberations is the ability to more easily recruit a larger sample than in traditional in-person modes of deliberation, which helps address critiques that the generally small sample sizes associated with public deliberation cannot be adequately representative of the target population. Further, participants in online deliberation can be geographically dispersed. The use of technological advancements to facilitate communication across large geographic areas enables practitioners of deliberation to convene a more representative sample without the huge expense that would be incurred through in-person deliberation. For example, technology has enabled the deliberative process to span large geographic areas and enable a two-way conversation among participants (Fung, Lee, & Harbage, 2008; Lukensmeyer & Brigham, 2002). Widespread diffusion of communication technology and the use of technology tools have brought the deliberative process to typically difficult-to-reach populations, such as an initiative that established public-opinion Internet kiosks in community settings in and around Seattle, Washington.

Another benefit of online forms of deliberation is that they are seen by many as being more egalitarian than face-to-face processes. Online deliberations are not as permeated by social cues that divulge power dynamics. Therefore, online deliberations may help individuals communicate with less attention to their differences (Min, 2009; King, Hartzel, Schilhavy, Melone, & McGuire, 2010; Kohn, 2000). In addition, online deliberations can create an atmosphere where participants are more comfortable sharing their opinions and voicing dissent. For example, a study by Boyles (2009) found that participants in an online deliberation were more comfortable sharing their true feelings than participants in the in-person group. Further, there may be benefits from resisting the social pressures that emerge in face-to-face communications. In an experimental design, King and colleagues randomized participants to a computer-mediated communication (CMC) group or an in-person group to measure the effects of being face-to-face or online on polarization or consensus (King et al., 2010). Findings indicated that greater polarization existed in the CMC group, suggesting that online individuals were more resistant to social pressures to conform to the norm opinion. This polarization, however, can be a drawback, particularly when the task involves cultivating a group identity or coming to consensus.

Drawbacks of Online Deliberation

Although online deliberation has many advantages, the use of online modes should be considered in relation to their potential drawbacks. For example, online communications can be tossed off as terse retorts without much thought or consideration. The nature of the discourse can be less rich and more prone to repetitive, terse responses, which are not conducive to deliberation, than in-person forms of deliberation (Boyles, 2009). On the receiving end, absorbing anything longer than a few sentences on a computer screen can be taxing, and it is easy for participants to skim rather than read carefully.

In addition, online conversations may digress, particularly in the absence of a moderator. Without the physical presence of other people, participants can be easily distracted by other demands on their attention. There may also be accountability issues because participants feel less beholden to one another, which may manifest itself in coming late to online deliberations and posting text that one would not display if named (Boyles, 2009). Finally, in online deliberations it may be difficult to facilitate the interpersonal connections that can facilitate collaboration and negotiation.

A more extensive discussion of the considerations in applying online components and techniques to deliberation is in Appendix F.

Other Innovations To Engage People in Deliberative Methods

While online deliberation is at the forefront of innovations to engage people in deliberative methods, three other recent innovations to support deliberation are especially noteworthy.

Game Approach

In this approach, games are used to help illustrate the decisions and potential consequences of decisions. For example, citizens in Perth, Australia, used game pieces, or chips, to help illustrate desirable optimal levels of housing, commerce, and industry under four different scenarios (Ozanne, Corus, & Saatcioglu, 2009). The purpose of the planning game was to help participants visualize the real-world consequences of their theoretical preferences for the future of the city. Choosing Healthplans All Together (CHAT), a specific type of deliberative method that also employs a game approach, asks participants to select health insurance benefits for their families and their communities within the context of constrained resources (Goold, Green, Biddle, Benavides, & Danis, 2004; Danis, Ginsburg, & Goold, 2010).

Media Partnerships

Public deliberations may incorporate collaborations with local media outlets. For a deliberation on the use of riverfront property in Philadelphia, for example, the *Inquirer* newspaper created a dedicated website (Sokoloff, Steinberg, & Pyser, 2005). Over the course of 3 weeks, an online poll on various design options posted to the site elicited more than 5,000 responses. In the print edition of the paper, a series of editorials and articles, as well as hundreds of letters, elevated the profile of the project in the community. In another example, a public deliberation in Perth,

Australia, was heavily advertised through television, radio, and online channels. About 100 people attended and contributed to the deliberation's televised broadcast (Ozanne et al., 2009). Thus, the use of media partnerships may garner more participation, and perhaps more support for the results of the deliberative processes, because members of the public may be more accepting of policies that are derived from public input (Arvai, 2003).

Photovoice

In an intriguing integration of visual arts into the deliberative process, researchers trained students in a rural Appalachian town to use photography to define their environment and describe how it could become a healthier place (Downey, Ireson, & Scutchfield, 2009). The resulting images were used to facilitate a community discussion on health concerns. In a formal comparison of two modalities, discussions based on text materials devoted relatively more time parsing action steps, while the photo-centered forum allotted more time to defining the community's problems. The researchers characterized as positive the tendency of the photo-centered discussions to establish a consensus on the nature and scope of the problems instead of jumping to possible responses.

Chapter 5.

Public Deliberation Tasks

In this section, we provide an overview of the specific deliberative tasks identified in our literature review. The **deliberative task** refers to what participants are asked to accomplish in the deliberative process, irrespective of the specific topic being addressed.

Exhibit 5.1 shows the primary methods of public deliberation identified in the literature review, along with the number of applications of each task noted in the literature. The frequency with which different deliberative tasks are noted is specific to the literature we reviewed. As such, it provides an overview of the types of tasks that participants are asked to undertake, but does not necessarily indicate the relative prevalence of these deliberative tasks outside of the context of this literature review. It also is important to note that the tasks listed in Exhibit 5.1 are not always mutually exclusive; any given deliberative processes may incorporate multiple tasks. Exhibit 5.2 presents examples of the deliberative tasks we identified. An aspect of all tasks is viewing the public as a source of information that can inform decision-making, strategies (e.g., community-based programs), tools, and other societal resources.

Exhibit 5.1. Number of applications of each deliberative task as noted in the literature review

Deliberative task	Frequency noted
Development of policy guidance, policy recommendations, or tools	54
Priority setting/resource allocation	23
Guidance on ethical or values-based dilemmas	18
Risk assessment	9
Determinations of decision-making authority	1
Total	105

Development of Policy Guidance, Policy Recommendations, or Tools

The deliberative task most commonly noted in our review was the development of public policy guidance and recommendations. In this type of task, participants are asked to answer questions pertaining to appropriate policy decisions, which typically entail judgments regarding what is reasonable and necessary, whether the level of resources needed is sustainable and acceptable, whether the policy will be equitable in its distribution of burden or benefits, and whether the means for achieving the policy change are tolerable. An example of this task found in the literature occurred in a citizens' jury in New Zealand, in which individuals were asked to consider whether the government should offer free mammography screening to women ages 40–49 (Paul, Nicholls, Priest, & McGee, 2008).

Priority Setting/Resource Allocation

In priority setting and resource allocation tasks, participants are asked to select the most important options among alternative policy directions, program components, or treatment options. These tasks often reflect multiple values and ethical constructs that participants draw on to rank order and identify preferred solutions among many options. As one example, in a deliberative focus group in Tanzania, participants were asked to prioritize, from among nine options, the interventions that should be included in a government-sponsored essential health care package (Makundi, Kafiriri, & Norheim, 2007). Further, when participants are asked to allocate funding or prioritize options (such as research proposals) for funding, they must tackle a values-based dilemma in which certain values are pitted against one another, such as efficiency (i.e., sound stewardship of shared resources), freedom of choice, and equity. Given finite resources, participants must decide on allocation of those resources to competing services, research priorities, or programs. For example, in a deliberative process in Canada, participants were asked to determine which chemotherapy drugs should be publicly funded (Martin, Abelson, & Singer, 2002).

Guidance on Ethical or Values-Based Dilemmas

In this type of task, participants are primarily concerned with resolving or elucidating a tension or dilemma involving competing ethics or values. In some cases, the deliberative topic may explicitly name the values in conflict, such as “freedom of choice” (Nelson, Andow, & Banker, 2009). However, individuals may bring to bear on the topic other values and ethics that are not explicitly named or clear. For example, cost-effectiveness analysis, which requires values-based assumptions, entails multiple, perhaps opposing, values such as efficiency, personal health, freedom of choice, and innovation. The extent to which members of the public prioritize certain values over others often warrants consideration in the process of public deliberation.

In ethics-based exercises, the public is informing decision-making around an ethical or moral dilemma, usually involving the most fundamental ethics, such as equity and justice. Where ethical dilemmas exist, often concern for/protection of vulnerable groups, human rights, public health, autonomy, and collective well-being are involved. In the United Kingdom, the Citizens’ Council considered whether the National Institute for Health and Clinical Excellence (NICE) should issue guidance that concentrates resources on improving the health of the entire population or on improving the health of the most disadvantaged members of society (NICE, 2006).

Risk Assessment

In tasks related to risks, participants are asked to weigh risks and benefits or to determine the level of risk exposure that is tolerable, acceptable, or ideal. In these assessments, risk can take

many forms; there are risks to personal health, safety, privacy, integrity, human rights, and environmental soundness and sustainability, among others. Some risk assessment tasks relate to uncharted areas of research, technology, or biomedicine. Others pertain to the protection of rights of vulnerable groups, such as cognitively impaired individuals, particularly in research and health care decision-making. Although guidelines—for example, the U.S. Belmont Report for the protection of human subjects in research—address many of these issues, this deliberative task is often about topics that are novel and poorly understood. In these cases, the public can provide an additional source of evidence regarding how those approaches and concomitant risks should be distributed or mitigated. As an example, in one deliberation in the United States, participants were asked to inform policies for surrogate consent for patients with dementia, considering four scenarios that varied the risk-benefit trade-offs (Kim, Wall, Stanczyk, & De Vries, 2009).

Determination of Decisionmaking Authority

In this type of deliberative task, members of the public are asked to deliberate on the appropriate role of various entities. These deliberations elicit views on appropriate balance of power between sources of external authority (i.e., the government) and autonomy, a fundamental dilemma at play in a democracy. In the literature, we found an example of a citizen’s jury in the United Kingdom tasked with determining who should set health care priorities and what criteria should be used in health care decision-making (Lenaghan, 1999).

Exhibit 5.2 shows examples of the types of deliberative tasks described above.

Exhibit 5.2. Examples of deliberative tasks

Deliberative task	Examples
Development of policy guidance, policy recommendations, or tools	<ul style="list-style-type: none"> • Decide which services should be provided to severely mentally ill people and their neighbors to improve their quality of life and determine, of the services currently provided, which services are good, bad, or missing. (Pickard, 1998) • Deliberate about the implementation of energy technologies and the future of the country's energy supply. (Niemeyer, 2007) • Consider whether students can carry concealed weapons on campus. (Min, 2007)
Priority setting/resource allocation	<ul style="list-style-type: none"> • Have participants review a community health status report that identified key health concerns in the community to prioritize which health concerns warranted action. (Abelson, Eyles, et al., 2003) • Have participants prioritize public health interventions to be included in an essential health care package. (Makundi et al., 2007) • Decide which of four research proposals on nutrition to fund. (Rowe, Rawsthorne, Scarpello, & Dainty, 2010) • Determine how public funds should be allocated for three hypothetical Super Fund sites in the Pacific Northwest. (Arvai & Gregory, 2003)
Guidance on ethical or values-based dilemmas	<ul style="list-style-type: none"> • Identify and describe ethical issues in the use of technologies to extend the human life span. (Partridge, Underwood, Lucke, Bartlett, & Hall, 2009) • Evaluate options for addressing the shortfall of organs for transplantation. (Davies & Burgess, 2004) • Reflect on whether and under which conditions pregnant women have freedom of choice to undergo prenatal genetic testing. (de Cock Buning et al., 2008) • Reflect on the value of quarantining individuals infected with a virus during a pandemic (infringement on civil liberties) to protect others (public health and well-being). (Baum, Jacobson, & Goold, 2009)
Risk assessment	<ul style="list-style-type: none"> • Consider the relative risk of surrogate consent for research participation. (DeVries et al., 2010) • Determine the relative risk of researchers contracted by a public body using medical information about identifiable people, without their consent, for drug surveillance. (Parkin & Paul, 2011) • Help rank the relative severity of 88 diverse environmental risks faced by the state. (Andrews, Hassenzahl, & Johnson, 2004) • Deliberate on what benefits and harms are involved in cloning. (Kim, 2002)
Determinations of decision-making authority	<ul style="list-style-type: none"> • Determine who should set health care priorities and what criteria should be used for setting spending priorities. (Lenaghan, 1999)

The Relationship Between Public Deliberation Methods and Tasks

Our review of the literature indicates that overall, the deliberative tasks described above have been undertaken using various methods of deliberation (as described in Chapter 4 on deliberation methods). However, there are a few notable exceptions. Some deliberative methods were developed specifically to deal with a particular deliberative task or tasks. For example, Choosing Healthplans All Together (CHAT) was developed primarily for resource allocation and priority setting to design health benefits packages. In other instances, a deliberative method is most appropriate for specific tasks given its unique features. For example, in study circles and issues forums, members of the community are often asked to define or propose social or community issues for public deliberation. Alternatively, consensus conferences employ experts, involve

breaks between deliberative sessions and decisionmaking, require participants to come to consensus, and result in a final report from participants with formal recommendations, thus making this method more appropriate for scientific, technical, or complex issues (see Exhibit 5.3).

Exhibit 5.3. Potential uses of deliberative methods

Deliberative Methods	Scientific/ Technical/ Complex Issues	Issues Defined by Public	Contentious Issues	Values Exploration/ Definition	Policy Creation
Citizens' jury				✓	✓
Planning Cell		✓			✓
Issues Forum		✓			
Consensus Conference	✓		✓		
Deliberative Polling [®]	✓		✓		
Citizens' Panel				✓	✓
Deliberative Focus Groups				✓	✓
Study Circle		✓		✓	
21st Century Town Meeting [®]		✓			

Chapter 6.

Participation in Public Deliberation

Who Participates in Public Deliberation?

Although there is a dearth of national studies on the prevalence of participating in deliberative processes, Jacobs and colleagues (2009) reported that 25 percent of survey respondents (a weighted U.S. general population sample) indicated that they had participated in a “face-to-face deliberation” through an informal or formal event about a public issue (p. 37). Four percent of the sample reported taking part in an online deliberation. The authors acknowledged that 25 percent exceeded their expectations.

It is common to attempt to recruit representative samples of the general population by using random selection procedures. However, even when random selection is used, participation may vary; those who show up to deliberate may be different from the population they are intended to represent. Jacobs and colleagues (2009) shed some light on how participants in a deliberative procedure (attendees) differ from (1) individuals who were invited to the event but did not attend (invitees) and (2) a random sample of citizens responding to a phone survey (random sample). The same pre- and post- forum surveys were administered to all three groups. Attendees had higher values on a scale of salience or recognition of the topic (social security; score of 9.5; scale: 3–24) than either the invitees (score of 8.7) or the random sample (score of 7.8). Similarly, attendees scored higher (3.4; scale: 1–6) on an index of social security knowledge than invitees (3.0) or the random sample (2.6). Finally, attendees had higher pretest scores on a “future participation index” (10.2; scale: 3–12) than the invitees (9.6) or the random sample (8.3), indicating a higher likelihood to participate in the future. The authors did not test for statistically significant differences between the groups on the pretest. However, a clear pattern suggests that individuals who participated in deliberation were more knowledgeable and more civic driven to begin with than citizens who did not attend and the general public.

As a procedural element, in Deliberative Polling[®] processes, a randomly selected, representative sample of individuals complete a pre-intervention questionnaire; from this sample, a further subsample of individuals actually participates in the deliberative event. At the end of the event, participants are compared with nonparticipants on the basis of the pre-intervention questionnaires in terms of attitudes and demographics. However, this aspect of the process informs the conclusions drawn from the deliberative event rather than elucidates who participates in deliberation.

Other studies have attempted to judge representativeness by comparing the study population with the general population (Deng & Wu, 2010; Warburton, 2006) or by asking the participants to self-report whether or not they thought that the participants were representative or “typical” of

people who would be affected by the deliberative topic (Rowe, Horlick-Jones, Walls, Poortinga, & Pidgeon, 2008; Warburton, 2006). Warburton (2006) concluded that they did achieve representativeness based on a demographic comparison and self-reports from participants. Rowe and colleagues (2008) found the opposite; participants disagreed that participants in the session were a fair cross section of the population. Those who participated often did not match up as completely with the population as was intended, with disproportionately higher numbers of well-educated, higher-income Caucasian women (Viewpoint Learning, 2009).

When recruitment for Deliberative Polling[®] is conducted through telephone polls, participation in the Deliberative Polling[®] event is subject to the challenges brought forth by that recruitment method:

However, the deliberative poll recruitment process, like most telephone polls, does tend to skew toward older populations, who have land lines and are more likely to be home, and toward the better-educated, who are more likely to be willing to talk with the pollster. Those who decide to attend are usually somewhat more politically active and better educated than the initial sample. To this point, participation has for the most part been limited to English-speaking individuals, for logistical reasons. (Fishkin & Farrar, 2005, p. 74)

In summary, the literature is incomplete with regard to drawing general conclusions about the representativeness of deliberative methods. Many applications rely on volunteer or convenience samples. Even when random samples are attempted, no information is provided to indicate whether participants and nonparticipants differ. One attempt to obtain participation among a target group is to stratify the sample and over recruit among the target population to ensure adequate inclusion. However, even if the sample is demographically similar to the population of interest, it does not ensure that the opinions and views represent those from the population at large. Further complicating the issue, depending on the topic, is the difficulty in defining who constitutes the population “potentially affected by the results of the discourse” (Webler, 1995).

Willingness To Participate in Public Deliberation

Irrespective of participation rates, most individuals in the United States say that they are willing to participate in deliberative processes. One nationally representative survey about political participation in the United States found that only 5 percent of respondents indicated that they were “not at all interested” in participating in deliberative processes (Neblo, Esterling, Kennedy, Lazer, & Sokhey, 2009, p. 16). Interestingly, in this study, age, being white, and income were negatively associated with willingness to participate, a reversal of traditional patterns of participation.

Willingness to participate in deliberative processes may be closely related to the political and cultural characteristics of the countries within which deliberation occurs. There is considerable evidence in the United Kingdom and Canada that citizens are willing to assume and expect a

larger role among the public in decision-making about health care (McKie, Shrimpton, Hurworth, Bell, & Richardson, 2008).

In the United States, Neblo and colleagues (2009), in the aforementioned study, asked why participants would participate in political processes, finding that 30 percent of respondents would do so out of a sense of obligation or duty. These researchers also explored the influence of perceiving politicians as corrupt on the willingness to participate, finding that 62 percent of respondents would be more likely to participate if they perceived political institutions as being less corrupt, indicating that trust influences willingness to participate. The researchers also explored how receiving an invitation from a congressperson would influence participants' willingness to participate in deliberation. Participants, even those who originally answered that they would not participate because they perceive political institutions as corrupt, were willing to participate in this scenario, suggesting that participants may value the opportunity to deliberate differently once it becomes an actual possibility. It also suggests that the individual or organization who requests the participation of individuals in the process may affect their willingness to participate because this may signal the importance of the public deliberation event.

In a more direct study on deliberation, Jacobs and colleagues (2009) conducted a survey of 756 respondents who had participated in face-to-face deliberative processes and asked why they participated. Most respondents said that they participated out of concern for others. For example, respondents indicated that they were most motivated to participate when the topic for deliberation “affected other people who live in my community” (p. 72); if issues affected the participant or their families; and out of a sense of duty. There was also some evidence that the willingness to participate was closely tied to the topic for deliberation and that some topics, such as social welfare and economic policy, attracted more diverse audiences than others.

Finally, some research suggests that willingness to participate in deliberative processes, political interest, and intellectual inquiry are related (Neblo et al., 2009). However, Jacobs and colleagues (2009) found that intellectual inquiry (e.g., cognitive need) is not a strong motivator for participation. In addition, individuals who are conflict-avoidant may be less willing to participate in the deliberative process (Neblo et al., 2009).

Individual Values Brought Out in Public Deliberation

Once individuals do participate in a deliberative process on any given topic, they bring to bear their own background, ethics, values, preferences, and other components of their “world view.” As important, some topics or issues are more likely to elicit different aspects of individuals' perspectives and worldviews.

Deliberative processes present an opportunity to weigh the “principles and values involved as well as the circumstances and consequences” of the topic of debate (Gracia, 2003, p. 230). In deliberative processes, members of the public must draw on their values, ethics, senses of norms,

and preferences to reach a meaningful outcome. In Exhibit 6.1, we provide a list of common “subjective predispositions” (Niemeyer, 2007, p. 1) that participants bring to deliberative processes that inform and shape how participants deliberate. It is these a priori feelings, beliefs, values, and conceptions that participants must draw on to negotiate the dilemma. We have categorized them by core, individualistic, and public values.

Individuals engaged in deliberation may have alternative perspectives regarding the outcomes and purposes of deliberation (e.g., appropriate courses of action, decision guidance). Where these perspectives are opposing or conflicting, fundamental areas of disagreement (e.g., ethics, values) may arise. Further, evidence is extensive that the values held by individuals will influence the way they interpret and accept new information; however, how the issue is framed and presented to participants also influences the values they bring to bear on the issue (Niemeyer, 2007; Culyer, 2006; Abelson, 2007).

Exhibit 6.1. Values, ethics, and principles associated with the deliberative process

“Subjective Predispositions” (Niemeyer, 2007): The Values, Ethics, Cultural Norms, and Other Qualities With Which Participants in Deliberation Negotiate the Dilemma or Issue of Topic
<p>Core values</p> <ul style="list-style-type: none"> • Equity • Equality • Justice • Individualism • Concern for the collective/civic-mindedness <p>Individualistic values</p> <ul style="list-style-type: none"> • Personal health • Quality of life • Safety • Privacy • Integrity • Autonomy • Freedom of choice <p>Public values</p> <ul style="list-style-type: none"> • Beneficence • Public health and well-being • Human/civil rights • Concern for vulnerable groups/consideration for special populations • Inclusiveness and representation • Efficiency (stewardship of shared resources) • Innovation/progress

Chapter 7.

Public Deliberation in Health

Overview

The application of deliberative methods to healthcare began in the 1990s within the United Kingdom's National Health Service (Abelson, 2010) as an outgrowth of increasing needs on the part of health policymakers and public policy scholars for more informed, effective, and legitimate methods to involve the public and patients in decisions that affect them. Other fields, such as environmental policy and biotechnology, have a much longer history of deliberative methodology. As in other fields, deliberation is a useful strategy to resolve conflict and make policy in health care because ethical, economic, and political dilemmas are common.

Deliberation has been used in health care to do the following:

- Allocate scarce resources and assign accountability (Abelson, 2009; Baum et al., 2009; Chafe, Neville, Rathwell, & Deber, 2008b)
- Set priorities for public action (Rosenbach, Lee, Hwang, Garfinkel, & Swigonski, 1997)
- Assess the risk-benefit trade-offs and the distribution of risks and benefits across society associated with decisions, policies, or actions (Willis et al., 2010; Nelson et al., 2009; de Cock Buning et al., 2008; DeVries et al., 2010)
- Increase political leverage (Citizens' Health Care Working Group, 2006)
- Resolve public conflict over fundamental ethical and moral dilemmas, such as the conflict between individual liberty and the collective well-being and over the definition of what constitutes collective well-being (Gutmann & Thompson, 2004).
- Consider public ethics and values in the design and implementation of new health care policy or practice (Abelson, 2010; Murphy, 2005)
- Increase individual and community interest and knowledge (Fishkin, 2009)
- Determine the appropriate use of information and criteria setting (e.g., for decision-making) (Lenaghan, 1999)

The conflict between individual and collective rights and responsibilities is particularly salient in U.S. health care because medical care and public health have evolved as two distinct branches of health care, whereas in most other countries, they are more closely integrated. For example, many public health decisions that are in the interest of the greater good (e.g., quarantine for communicable disease) are well understood, fairly universal, and more acceptable, despite infringing on individual rights and freedoms. For health care service delivery and coverage, however, the impact of decisions, such as paying for an unproven therapy, may be clearer in

systems where everyone contributes to the same insurance risk pool through taxes (i.e., publicly funded health care) than in those where each person is responsible for obtaining his or her own health insurance amid myriad risk pools.

Practically, there are several reasons to engage the public in health care decision-making in the United States. First, there are controversies in health care related to advancements in technology that encroach upon ethical and moral beliefs. Where ethical and moral beliefs are tapped, challenged, or set in conflict, and where technical information alone is insufficient to inform decisions, we are in the realm of public deliberation. Here, the competing values, ethics, beliefs, and opinions about an issue, such as the use of novel technologies, may be voiced and explored, after educating the public about what is known so that decisions can be made in an informed way. For example, with new technological opportunities comes greater uncertainty about whether to use them, when to use them, how to use them, and for whom to use them (Culyer, 2006). To address this issue, the U.K.'s National Institute for Health and Clinical Excellence (NICE) seeks public input about innovations in “pharmaceuticals, medical devices, diagnostic techniques, surgical procedures, other therapeutic technologies, health promotion, and workplace interventions for health and safety” to make policy about whether, when, and how to use and pay for them (Culyer, 2006, p. 303). Thus, public deliberation can be used to address the evolving nature of medical technology, health care, and bioethics.

Second, health care decisions may necessitate multiple forms of evidence—beyond scientific or technical information alone—making them ripe for public deliberation. When scientific evidence is inconclusive or controversial, multiple—often opposing—stakeholder perspectives exist and need to be reconciled (Culyer, 2006). Although the issue of scientific evidence might be viewed by some as a purely scientific conflict, the contextual setting within which clinical evidence is gathered and interpreted often influences how decisions are made about the evidence. Thus, learning more about the values that are part of this context can inform decision-making (Culyer, 2006). Further, public opinion about the values and contextual factors involved can be a source of interim or additional evidence in cases where (1) the scientific evidence is insufficient to reach a policy decision, (2) the scientific evidence is balanced but conflicting, or (3) the scientific evidence might create unjustifiable inequities (Culyer, 2006). Public deliberation, then, supplies additional pieces of information that policymakers can use to guide decision-making; it is a new input. Deliberative processes augment clinical evidence, producing evidence about the public's values and ultimately allow the culmination of multiple forms of evidence to better inform decision-making (Culyer, 2006).

Third, because health policy carries significant consequences, public deliberation might increase transparency, promote understanding of the issues or reasons behind policy arguments, or increase trust in public institutions involved in making policy and administering health services, especially during times when trust is low (Abelson, Forest, et al., 2003; Baum et al., 2009). Trust was a key issue during the controversy surrounding the Clinton health care initiative in the

United States in 1992–1994. Though ultimately defeated in Congress, this initiative spurred tremendous public interest in the questions of whether and how the country could achieve universal health insurance coverage. Public Agenda and the National Issues Forum (NIF) developed a national campaign called *Condition Critical*, recruiting communities across the country to convene public discussion groups to promote an informed and engaged public that would approach the national debate with a better understanding of their own—and their neighbors’—priorities and trade-offs.

Fourth, health care necessitates decision-making that fundamentally stems from concern for the equitable distribution of health resources, judicious use of scarce resources on evidence-based care, coordinated care and payment, and population health (Chafe et al., 2008b). Thus, health care calls for the integration of the consumer and citizen perspectives (Chafe et al., 2008b). There is evidence that members of the public, as consumers of health care, do not understand clinical effectiveness or value evidence in the same manner as health care professionals do (Carman et al., 2010; Murphy, 2005). Often, individuals are reluctant to give up access to high-cost, discretionary care when they are considering their own values and interests without regard to the impact on society. Thus, because deliberative processes tend to evoke empathy and civic-mindedness by asking people to assume a societal rather than an individual perspective, integrating public deliberative processes in health policy issues in particular may help address issues related to resource allocation, priority setting, coverage, and access. In Canada, for instance, processes are in place to systematically obtain public input in priority setting for the provision of health services (Murphy, 2005). As another example, in the United States in 1989, the Oregon legislature established a reimbursement priority list as a key cost-containment feature of the Oregon Health Plan. Coverage for previously uninsured Oregonians would be paid for in part by eliminating reimbursement for some low-priority services. The legislature required the Oregon Health Services Commission to “actively solicit public input through community meetings to build a consensus on the values that should guide health resource allocation decisions” (Oregon Health Decisions, 1990, p. 7). The creators of the Oregon Health Plan used a variety of other tools to gain public input, but the discussion groups were particularly relevant to the services prioritization process. Many studying the Oregon effort commended the state for its formal support of, and commitment to, identifying public values as an essential ingredient in how new health care policy should be implemented (Sabik & Lie, 2008). Unfortunately, the priority list proved to be a weak cost-containment method because postimplementation public and professional opinion tended to keep the cut point very low on the list and because some health plans and providers absorbed the cost of providing excluded services that they believed they could not deny their patients on ethical grounds (Rosenbach et al., 1997). The Oregon Health Plan experience provides an excellent example of how tensions between formal and informal public input related to resource allocation affect health care policy.

Sponsors of Public Deliberation in Health

Sponsorship is an important consideration because it reflects the demand for deliberation and who is interested in deliberative public input. We identified 67 international studies with applications of deliberative processes in health care, public health, environmental health, or bioethics. Government organizations and universities were the most common sponsors of health-related public deliberations internationally (Exhibit 7-1). Within the United States, primary funders included government organizations, universities, and nonprofit policy or research organizations and foundations (e.g., Kettering Foundation, W.K. Kellogg Foundation, Robert Wood Johnson Foundation, California HealthCare Foundation, and the Commonwealth Fund).

Exhibit 7.1. Sponsors by country for health-related* deliberative processes

Sponsor Type	Non-U.S.**	U.S.	Total
Government	17	12	29
University	9	6	14
Nonprofit policy or research organization	5	5	10
Foundation	3	6	9
Other	2	0	2
Nonprofit organization	0	1	1
Private industry	1	0	1
Total	37	30	67

*Includes bioethics, environmental health, health care, and public health applications

**Includes the United Kingdom, Canada, Australia, Denmark, New Zealand, Italy, Korea, the Netherlands, Tanzania, Taiwan, the United Arab Emirates, Norway, Sweden, Israel, and the WHO Member States

Methods of Public Deliberation in Health

Whereas deliberative methods in general were discussed in Chapter 4, this section specifically focuses on the application of public deliberation to health. We discussed in Chapter 4 that we found 96 articles that described specific examples of deliberative methods applications, with 105 deliberative methods examples discussed within those 96 articles (see Exhibit 4.1 for the frequencies of different deliberative methods among the full set of 105 applications, and Appendix G for the total listing of deliberative methods applications by article author, title, and field of study). As shown in Exhibit 7-2, 67 of these specific deliberative methods applications were related specifically to the health sector, both within and outside the United States. Almost all the applications of health care or public health topics in deliberation, including all those outside the United States, used face-to-face deliberation. Citizens' panels or councils and citizens' juries were the most common types of deliberative methods within and outside the United States (Exhibit 7-2). Abelson and colleagues (2003), writing in Canada, reported that citizens' panels are increasing in popularity (Abelson, Eyles et al., 2003). As was discussed in Chapter 4, many deliberative methods applications are hybrids of multiple methods or modifications of existing deliberative methods, which we classified as "Other" deliberative methods. A large number of the "Other" deliberative methods also characterize the set of health-related deliberative methods applications reflected in Exhibit 7-2.

For the United States, we classified as an Other method one example of a deliberative process that used online asynchronous deliberation. This method was referred to by the study’s authors as “the Dialogue” and was commissioned by the U.S. Office of Management and Budget (OMB), General Services Administration (GSA), and the Federal Chief Information Officers Council (CIOC). On behalf of these organizations, the National Academy of Public Administration (NAPA) used public deliberation to explore how the United States should expand the use of information technology, while protecting personal privacy, to improve health care overall (Reeder, Balutis, Christopherson, Lyles, & Payton, 2009).

Exhibit 7.2. Deliberative methods used in health-related applications* in the United States and abroad

Deliberative Methods	Non-U.S.**	U.S.	Total
Other***	7	14	21
Deliberative focus groups	9	8	17
Citizens' jury	9	1	10
Citizens' council/citizens' panel	8	0	8
Issues forum (includes “Community Forums,” National Issues Forums, “Deliberative Forums”)	2	3	5
Consensus Conference	2	0	2
Town hall (includes 21st Century Town Hall Meetings)	0	2	2
Deliberative polling®	0	1	1
Study circle	0	1	1
Total	37	30	67

*Includes bioethics, environmental health, health care, and public health applications

**Includes the United Kingdom, Canada, Australia, Denmark, New Zealand, Italy, Korea, the Netherlands, Tanzania, Taiwan, the United Arab Emirates, Norway, Sweden, Israel, and the WHO Member States

***“Other” includes Reaching Economic Alternatives that Contribute to Health (REACH), Choosing Healthplans All Together (CHAT), ChoiceWork Dialogue™, and myriad hybrid methods that incorporate elements of the traditional methods.

Purpose of Deliberation in Health

Exhibit 7-3 lists the reasons that health care deliberations were held in the 67 applications of deliberative processes that explicitly described the reason. Most of the health care or public health deliberations were intended to develop directions, guidance, or recommendations for policy (24) or to resolve ethical or values-based dilemmas (15). The distributions are fairly similar inside and outside the United States, except that the development of policy directions, policy recommendations, and tools was proportionally more common outside of the United States and guidance on ethical or values-based dilemmas were proportionally more common in the United States.

Exhibit 7.3. Purpose of deliberation for health-related* applications in United States and abroad

Deliberative Tasks	Non-U.S.**	U.S.	Total
Development of policy directions, policy recommendations, and tools	17	7	24
Priority setting/resource allocation	9	10	19
Guidance on ethical or values-based dilemmas	5	10	15
Risk assessments	5	3	8
Determinations of decision-making authority	1	0	1
Total	37	30	67

*Includes bioethics, environmental health, healthcare, and public health applications

**Includes the United Kingdom, Canada, Australia, Denmark, New Zealand, Italy, Korea, the Netherlands, Tanzania, Taiwan, the United Arab Emirates, Norway, Sweden, Israel, and the WHO Member States

Exhibits 7-4 and 7-5 provide some examples of recent empirical studies that used deliberation for health issues in the United States and elsewhere, respectively. These studies reflect the current state of the practice with respect to the types of health issues addressed by public deliberation. These exhibits reveal a strong concern over ethical dilemmas involving health insurance coverage in the United States and the use of new technology outside the United States, perhaps reflecting that universal access to leading-edge technology is an agreed-on ethic in the United States and universal health insurance coverage is an agreed-on ethic elsewhere, but the reverse is not so in either location.

Exhibit 7.4. Selected public deliberation projects on current health issues in the United States

Health Care Topic/Issue	Sponsor/Funder	Participants	Method	Deliberative Task	Results: How Used?
Pandemic planning (Baum et al., 2009)	University of Michigan	37 adults in southwestern Michigan; 4 focus groups	90-minute, semi-structured, interactive discussion	Development of policy guidance, policy recommendations, and tools	Professional publication, for policy development
Childhood obesity (McCarron et al., 2010)	Shaping America's Youth	Five town meetings, different cities; 2,700 people	21st Century Town Meeting®	Development of policy guidance, policy recommendations, and tools	Results published in professional journal; funds being raised for action plan
National conversation on health care reform (Citizens' Healthcare Working Group, 2006)	Citizens Healthcare Working Group (established by U.S. Congress through the Medicare Prescription Drug, Improvement, and Modernization Act of 2003)	Thousands across the United States in a daylong session	21st Century Town meeting®	Development of policy guidance, policy recommendations, and tools	Report submitted to Congress and the President, who ultimately rejected it

Exhibit 7.4. Selected public deliberation projects on current health issues in the United States (continued)

Health Care Topic/Issue	Sponsor/Funder	Participants	Method	Deliberative Task	Results: How Used?
Exploring ways to cover the uninsured (Goold et al., 2004)	Robert Wood Johnson Foundation (RWJF)	30–40 representative community members in each of three U.S. cities	<i>Choice Dialogue</i> : one 8-hour day for each session	Priority setting/resource allocation	Report submitted to RWJF
Coverage priorities for Medicaid patients (Ginsburg & Glasmire, 2004)	California HealthCare Foundation (CHCF)	132 Medicaid users in California; 12 sessions	Interactive, computer-based simulated coverage design, 3 hours each	Priority setting/resource allocation	Results provided to state leaders during budget crisis
Use of cost-effectiveness analysis for Medicare coverage (Gold, Sofaer, & Siegelberg, 2007)	Agency for Healthcare Research and Quality (AHRQ)	New York City residents, invited from a jury pool; two separate groups of 10–12 each	Two half-day sessions, 2 weeks apart	Priority setting/resource allocation	Professional publication, for policy development
Surrogate consent for research with Alzheimer's patients (Kim, Kim, McCallum, & Tariot, 2005)	University of Michigan/NIH, National Institute on Aging	178 caregivers or decision-makers of those with Alzheimer's disease, assigned to 1 of 6 sessions	Daylong session; divided into small groups; included control group	Guidance on ethical or values-based dilemmas	Demonstration of the impact of deliberative method in sustained change in views

Exhibit 7.5. A sampling of public deliberation projects on current health care issues outside the United States

Health Care Topic	Sponsor/Funder	Participants	Method	Deliberative Task	Results: How Used?
Provision of free mammogram screening for women 40–49 (Paul et al., 2008)	University of Otago, New Zealand	11 women ages 40–49, randomly selected	Citizens' Jury, 1.5 days	Development of policy guidance, policy recommendations, and tools	Test Citizens' Jury model for contemporary policy issue
Regulation and use of biobanks for health research (Secko, Preto, Niemeyer, & Burgess, 2009)	Concordia University, Canada	21 people, demographically stratified	Two weekend-long deliberative sessions	Development of policy guidance, policy recommendations, and tools	Reinforce public deliberation to inform public policy
Principles for telemedicine and telecare (Mort & Finch, 2005)	Lancaster University, United Kingdom	10 delegates at a conference on volunteerism	Daylong group discussions	Development of policy guidance, policy recommendations, and tools	Pilot a citizen perspective on telemedicine

Exhibit 7.5. A sampling of public deliberation projects on current health care issues outside the United States (continued)

Health Care Topic	Sponsor/ Funder	Participants	Method	Deliberative Task	Results: How Used?
Principles for allocating dollars: healthy or sick people (McKie, Shrimpton, Richardson, & Hurworth, 2009)	Monash University, Australia	41 people, demographically mixed but grouped homogeneously	Six semi-structured discussions	Priority setting/ resource allocation	Contribute to public policy regarding allocation of resources
Prioritization of environmental health risks (Willis et al., 2010)	United Arab Emirates (UAE)/ Environment Agency–Abu Dhabi	73 people (mainly government workers) ; five separate groups	Deliberative method of ranking risks	Priority setting/ resource allocation	Shape the strategic plan for the country
Personal health responsibility (Elwood & Longley, 2010)	Cardiff with unrestricted grant from Pfizer, United Kingdom	16 people from general population, no serious health problems	Citizens’ Jury; 3.5 days	Guidance on ethical or values-based dilemmas	Help encourage use of Citizens’ Jury
Moral attitudes about genetic testing (Raz & Schicktanz, 2009)	Ben Gurion University, Israel	48 people, half in Germany, half in Israel	Two-hour focus groups and individual interviews	Guidance on ethical or values-based dilemmas	Examine the role of public engagement in bioethical discourse

Public Deliberation and Comparative Effectiveness Research

We found no studies in our literature search that intended to address the public’s relationship to CER in general. Ten studies, however, reported on deliberation of specific topics that addressed either alternative evidence-based treatments or the comparative cost-effectiveness of service delivery options. We discuss these 10 articles in detail because they are most relevant for informing the design of the Community Forum experiment.

Public Deliberation and Evidence-Based Medicine

Citizens’ Jury in New Zealand on the Government Provision of Free Mammography for Women Ages 40–49

Paul and colleagues (2008) conducted a citizens’ jury in New Zealand to determine what criteria were important to women ages 40–49 in deciding whether the New Zealand government should extend free mammography screening to women in this age range. The public health insurance plan had covered screening mammography starting at age 50, and advocacy and expert organizations had successfully argued to lower the age to 45. However, screening mammography has both risks and benefits, and this study sought the opinions of members of the affected population about the trade-offs. As noted by the authors:

Although expert groups weigh benefits and harms on behalf of and for the ‘good’ of the population, their weightings might be different from those of the people offered screening and so they may come to a different conclusion than the affected population would do if fully informed. Thus, this is a good example of the kind of issue that could be explored related to evidence-based recommendations in CER—namely, does the public agree with expert or policy decisions about what services are good for whom, or, more importantly, do they understand, value, and agree with the underlying decision factors that lead to those policy decisions (p. 315)?

Although at the beginning of deliberation, all 11 participants agreed that mammography should be offered to this age group, at the end of the jury, only 1 retained this opinion, with the rest determining that the screening should not be provided for this age group at public expense. The single deliberator who retained a favorable stance on fully publicly funded screening for women ages 40–49 cited her reason as the value of a single human life, explaining that if a younger person could be saved, all the better. Reasons for not supporting such screening for women 40–49 included lack of accuracy in the test for women in this age group and lack of evidence that screening for this age group really does save lives compared with screening starting at age 50. Despite their opinions at the end of deliberation, provisos included retaining coverage at age 45 (because the age had already been lowered in legislation) so as to not take away any current benefits; providing publicly funded screening to women at high risk; and recommending alternative tests if they are shown to be effective.

The jury also included recommendations for consistent and accurate educational materials for women in the age range of 40–49 who might consider having a mammogram in the private sector. They recommended that the information should be provided from one source and should include evidence from trials, information about the frequency and source of false positives and negatives, and risk information for the radiation levels in the test, in comparison to potential benefits for this age group.

Public Deliberation in the United Kingdom About the Use of Telemedicine and Telecare

In a U.K. study, Mort and Finch (2005) explored the public’s values, ethics, and preferences related to a health service delivery application—telemedicine and telecare. Although telemedicine research had covered the areas of safety, usability, clinical effectiveness, and professional development, citizen input had not yet been included in the debate about possible benefits and problems created for patients, families, and caregivers. Following the distribution of educational materials and expert presentations, a convenience sample of 14 participants debated the following questions:

- What do you think about moving to new systems of practice for receiving health care at a distance? This could involve remote monitoring of a patient’s clinical condition/data, such as blood pressure or blood sugar (e.g., diabetic patients), or expert opinion/diagnosis from a store and forwarded image of a patient supplemented

by online clinical history, or video-based consultations, or telephone-based advice services or consultations.

- What benefits and risks do you think that telemedicine and telecare pose for (a) patients, (b) caregivers, and (c) health care providers?
- Are there circumstances in which telemedicine is particularly appropriate (or inappropriate)?
- Are there certain locations in which telemedicine is particularly appropriate (or inappropriate)?
- What principles would you wish to see underpinning telemedicine developments?

The panel recommended that the following principles and practices be adopted:

- Respect and dignity of the individual
- Input by users, care providers, local caregivers, and family members in the design of telemedicine technologies
- Training for each of these parties, especially where devices would be installed in the home
- Requirement that such services be needs-driven for the benefit and comfort of the patient and not dictated by industry or service-provider convenience or benefit
- Access for marginalized groups
- Continued research on outcomes for such technology
- Recognition of the continued importance of some face-to-face element, especially with a specialist prior to beginning services through telemedicine

Mort and Finch (2005) stressed the importance of not considering new technologies to be “value free” (in the sense of societal and personal impact and implication).

Multistage Public Consultation, Including Deliberative Roundtable Workshop, in the United Kingdom, on Priority Setting for Diabetes Research

In an assessment of deliberative methods as an alternative to traditional focus groups, Evans and Kotchetkova (2009) examined how patients, caregivers, and lay citizens evaluated different treatment options for Type I diabetes. This application was contrived as part of a broader research study of the role of the social science researcher in deliberative group processes versus traditional focus groups; therefore, public input on a topic for deliberation was not an end goal for its own sake. The findings of the study focused on the role of the social science researcher and thus are not applicable to our purposes. Nevertheless, the topic of the session is an example of comparative effectiveness, and deliberation on this topic did occur, so the study is included here. Participants were first interviewed, then convened in focus groups, and finally met for a

one-day deliberative roundtable workshop. In the deliberative session, a hypothetical scenario was established wherein a benefactor was seeking advice on what kinds of diabetes-related research should be supported. Participants were presented with three treatment options that they had learned about in the prior sessions:

- Insulin pump leading to an artificial pancreas that would monitor blood glucose levels and automatically administer insulin when necessary
- Stem cell research leading to replacement beta cells that could be transplanted into patients and enable them to produce their own insulin
- A vaccine that would prevent the autoimmune disorder that destroys pancreatic beta cells from developing

Participants considered the pros and cons of the various options, the social and technological futures that could arise if a particular option was given priority, and what sorts of policy changes would be needed for this future to be realized.

Citizens' Jury in England Regarding Prophylactic Medicine

Elwood and Longley (2010) conducted a citizens' jury of 16 members of the public in England to determine what information and other support people want when assessing the risks and benefits of medicines and what role they feel government and health care professionals should play in informing, advising, and encouraging healthy people on the potential benefits and possible risks of prophylactic medicine. The issue of personal responsibility for health was a key issue in this investigation.

Deliberations on these topics shed light on the extent to which the public desires a role for the government in ensuring that people are well informed—in a balanced and effective manner—about the potential risks and benefits of medicines. Most of the jurors believed that the public should be made aware of possible benefits from medicines used prophylactically; aspirin in the reduction of colon cancer, and possibly in other cancers, was specifically discussed. Some jurors were concerned that such information would raise false hopes about unproven benefits. Jurors supported discussing risks and benefits with a health care provider as part of general preventive services but were concerned about the apparent variation in knowledge and practice of doctors with respect to preventive medicines.

Jurors in this study expressed a great desire for more information on health issues, and they demonstrated an understanding of the data and materials presented to them. They preferred that risk/benefit information be presented in absolute rather than relative terms. Central to the value of personal responsibility for health care, jurors preferred that information on preventive medicines be accompanied by information on lifestyle changes.

These recent studies used several methods of deliberation to consider alternative medicines, treatments, and service delivery approaches. They illustrate the kinds of CER-related topics for which public input is being sought and lend some ideas for the kinds of topics that could be explored in our demonstration study of deliberative processes as applied to CER.

Public Deliberation and Health Insurance Policy

Deliberation on insurance policy issues has typically focused on the cost-effectiveness of new preventive or therapeutic technology and on the inclusion of cost as a consideration in coverage decisions.

Health Technology Assessment and the Role of Public Input

As noted by Docteur and Berenson (2010), countries where government has a regulatory role in health care coverage systems have established institutions charged with undertaking studies such as health technology assessments (HTAs) that explore the medical, economic, social, and ethical implications of the decision to cover innovative services. Canada, France, Germany, the Netherlands, Sweden, and the United Kingdom have all established agencies that obtain public input to inform decisions about coverage of services.

Citizens' Panel in the Netherlands Regarding Attitudes Toward Prenatal Genetic Testing

In a study of participant attitudes toward prenatal genetic testing in the Netherlands, de Cock Buning and colleagues (2008) asked the public whether prenatal genetic testing should be (1) covered for everyone, (2) only for fetuses at risk for a condition with severe consequences, or (3) for fetuses at risk for any condition that can be detected prenatally. Participants reviewed scenarios/vignettes of four hypothetical testing situations and discussed whether and under which conditions pregnant women should have the freedom of choice to undergo prenatal genetic testing at public expense. The invasiveness of the procedure and the severity of the condition that served as the motivation for genetic testing (e.g., detection of sex, club foot, Down syndrome, and cystic fibrosis) were varied in the scenarios. Participants were asked to work through coverage decisions about each scenario and were able to identify a small set of values that were core to decisions about prenatal genetic counseling. In the course of one afternoon, they identified many key ethical or values-based considerations in decision-making regarding the use of prenatal testing (e.g., the risk to the fetus associated with genetic testing; viewing these risks in light of the “benefit” that would be gained by knowing test results; uncertainty of test results). Further, participants generated two new perspectives that were contrary to current government policy on this issue; for example, they believed that financial policy for prenatal genetic testing should be based on cost-efficacy and not be used as a tool to steer moral decisions in the private domain. Because policymakers had designed and implemented this deliberative process, the public input had a direct impact on policy by (1) corroborating the recommendations of the Health Council of the Netherlands, further giving weight to these recommendations; (2) leading to a new provision that the government provide information to all women about noninvasive testing options for Down syndrome; and (3) leading to the new policy that public insurance

coverage include more accurate testing where higher risk is indicated. The study demonstrates that the inclusion of lay citizens and the early involvement of policymakers in a deliberative process can result in societal change.

Standing Deliberative Body as a Research Program Within the United Kingdom's NICE

An example of a standing body as a research program within NICE in the United Kingdom is the Citizens' Council, which develops social value judgments to support clinical guidance and coverage decisions. As part of NICE's and the Citizens' Council's work, in particular, cost-effectiveness is a criterion for determinations of National Health Service (NHS) coverage because "the focus of the Institute on maximizing health gains from a fixed [NHS] budget" (Culyer, 2006, p. 313) requires consideration of cost-effectiveness. Culyer states, "The perspective from which such an analysis is to be done plainly involves major ethical judgments, concerning, as it does, the scope of costs and consequences that are deemed relevant" (p. 312). Docteur and Berenson (2010) note that in places such as the United Kingdom, where the government allocates a fixed budget for services, the population generally accepts that choices must be made and that the value of providing expensive services to extend the life of terminally ill patients must be weighed against the value of financing services, such as hip replacements, that benefit and improve the quality of life of many more people. However, "in the United States, by contrast, coverage expansion results in cost and premium increases that increasingly render insurance unaffordable for some, but there is relatively little social pressure to make decisions that increase the value of efficiency of collective health expenditures" (p.8). Thus, the public can inform these judgments and the boundaries surrounding the use of cost-effectiveness information.

Deliberative Focus Groups to Examine Cost Effectiveness as a Criterion in Medicare Coverage Decisions in the United States

In the United States, cost-effectiveness is a less explicit criterion in coverage decision-making. Two recent efforts in the United States reveal that the public may be open to this information. First, Gold, Franks, Siegelberg, and Sofaer (2007) conducted an explicit study of the public's acceptance and use of cost-effectiveness information as an input into decisionmaking about coverage provisions. Using a sample drawn from the New York County jury rolls, six focus groups (each meeting twice) were educated on topics of costs and coverage (in the United States compared with other countries'); comparative information about rates of uninsurance; life expectancy and infant mortality outcomes; the use of cost-effectiveness analysis; and examples of cost-effective uses of health care dollars. Illustrative examples of ethical and normative issues related to resource allocations were also discussed (e.g., trade-offs between quality of life/quantity of life; personal responsibility; disease severity). Dilemmas in each case example were discussed by the group. At the end of the day, given only information about effectiveness of treatments, participants were asked to "assume the role of social decision maker" (p. 68) and develop priority coverage decisions for about 14 different conditions and their treatments by indicating which 5 treatment-condition pairs they would definitely cover, which 5 they would probably cover, and which 4 they would not cover.

At a second focus group session, these rankings were shared, aggregated, discussed, and then twice reprioritized: (1) first after participants received cost-effectiveness information about each treatment-condition pair and (2) next after they were informed about the numbers of individuals eligible for treatment, the costs, and the impact on the Medicare budget if all clinically eligible persons made use of the treatment.

Cost-effectiveness ratios had been developed by investigators for the condition-treatment pairs. Following information on only the effectiveness of the treatments, there was no difference in the cost-effectiveness ratios associated with lower and higher priority coverage choices. However, following the receipt of information on cost-effectiveness on the second day, the revised priority listings clearly reflected a consideration of cost-effectiveness in the decision scheme: participants prioritized coverage choices for interventions that required less cost to obtain gains in health. Thus, participants appeared to value the cost-effectiveness information as an input in decision-making about coverage and prioritized their coverage preferences accordingly. The number of people eligible for the treatment was also a key decision factor in all three opportunities to rank-order the priorities, with participants consistently prioritizing those interventions that covered the most people. Post-assessment surveys indicate that 95 percent of participants felt that they understood cost-effectiveness “to some extent” or “reasonably well.” Ninety-four percent identified the key factors involved in cost-effectiveness analysis, and 72 percent could accurately perform a calculation about cost-effectiveness analysis. Thus, the public was able to discuss these issues and demonstrated a willingness to consider cost-effectiveness in their decisions. The authors acknowledge that a limitation of this study is that cost-effectiveness was the only criterion considered by participants; further, it was specified by the investigators and did not emerge from the group. As with the de Cock Buning study, the results suggest that the kinds of information that the public would use is not necessarily available to the public.

Public Deliberation to Explore Ethics and Values in Health Care Coverage in the United States

In one study, Sacramento Healthcare Decisions obtained informative results about the impact of value-based considerations on coverage decisions and the ethics and values involved with making coverage decisions in general (2006). Investigators posed three scenarios to 27 focus groups across Northern California. The scenarios included descriptions of (1) a life-saving treatment device for people with severe heart disease; (2) a drug to improve the quality of life of Alzheimer’s patients by slowing disease progression; and (3) a preventive intervention (physical examination) that fostered early detection of many medical problems. Scenarios included information on disease impacts, cost, total number of people who could be helped by the intervention, and total cost to society if all persons affected opted to exercise the benefit. The goal of the discussion was to determine the public’s stance on the following positions: Do consumers believe that a medical treatment can be too expensive compared to the benefit it brings to patients? Should society use a value-based approach (considering the cost of an intervention relative to its clinical benefit) when making decisions about insurance coverage?

Participants initially voted on whether the government should include these among covered options in insurance plans and then deliberated among themselves about their rationale. Participants were next asked to identify the elements of the scenarios that would require a change in order to produce a different decision about covering the service option. Participants generated rich information through their discussions, including proposing values that could inform coverage decisions. Central to the acceptance of any of the three interventions were the following motivations: “you cannot put a price on life”; “this could affect me or my family”; “government wastes money on less important things”; “coverage encourages innovation”; and “it may save money in other areas” (p. 3). This group of participants did not consider cost as a viable factor in making coverage decisions. Among those who opposed covering one or more of the services (i.e., for whom cost was a decision factor), the following motivations emerged: not enough people benefit; it is too expensive; there are better ways to spend the money; the impact isn’t significant enough, it won’t cure the disease; you can’t live forever. Other deliberators could not make a decision, citing internal conflicts over prioritizing the individual over society or vice versa, or they did not want the burden and responsibility of making such a decision. At the end of deliberation, a postevent survey indicated that 80 percent of participants believed that cost-effectiveness was appropriate at least in some situations; however, only 56 percent endorsed the use of cost-effectiveness information when other cost-containment alternatives were presented. Overall, there was a qualified acceptance by most participants of using value-based criteria in coverage decisions. Those with lower income and/or education were less inclined to support this use. Participants who objected most strongly seemed to be concerned about restrictions on life-saving technologies, with preservation of life being a dominant priority.

Several themes emerged from the participants in these studies that are pertinent to deliberation about CER and that shed light on values that factored into decisions about the interventions:

- The role of personal responsibility: An expensive treatment should benefit those who take good care of themselves and should not “rescue” those who ignore (or actively damage) their health.
- Prevalence of the medical problem: As was found in Gold and colleagues (2007), the more people affected by a condition and potentially helped by the intervention, the more support there was for covering it, regardless of other decision factors.
- Availability of other treatments: There was more willingness to accept even marginally effective interventions when there were no or few other treatment options.
- Views about fairness: In denying coverage for expensive treatments that affect few persons, there is potential for inequality in terms of treatment, morbidity, and mortality. In the case of denials of coverage, only the wealthy would be able to afford such options.

Together, the health technology assessment and insurance coverage prioritization literature shed light on the utility of deliberation as a technique for exploring the ethics, values, and preferences underlying health care decisions and demonstrated that the public can understand complex content, weigh information, arrive at a reasoned argument, and generate new solutions that may or may not be consistent with current policy directions established by government.

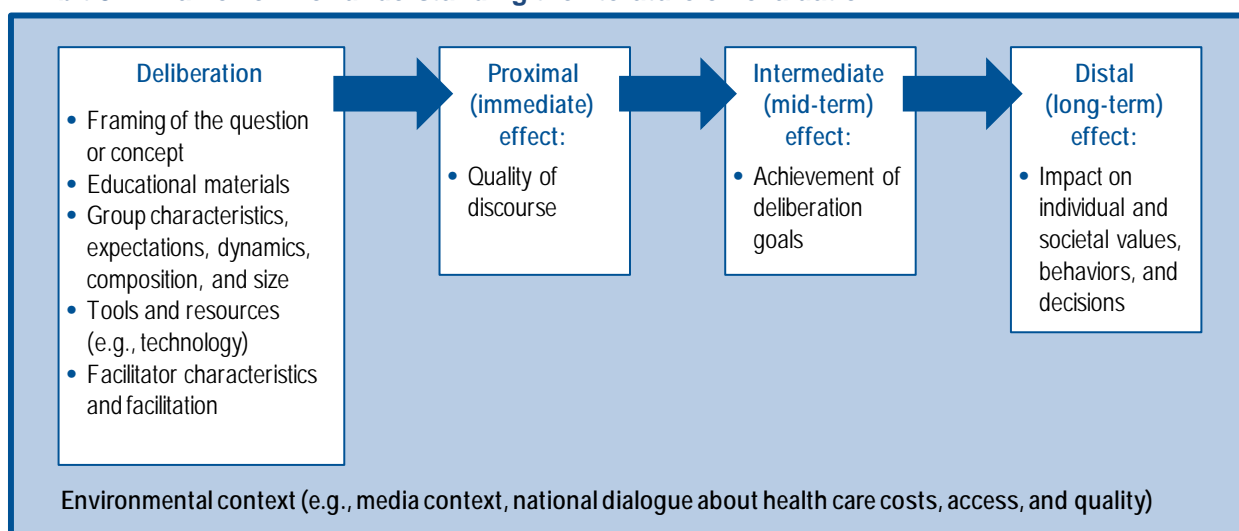
In conclusion, these 10 studies demonstrate that public deliberation can be used for topics that are similar to CER, insofar as the topics include societal-level issues that evoke myriad ethics or values. Participants in these aforementioned deliberative processes demonstrated the capacity for learning apparently complex concepts such as cost-effectiveness, genetic testing and invasiveness, and comparative effectiveness information, among other concepts. Further, some of these studies have indicated that the public can propose new policy options or perspectives on a public health or health care issue. Thus, when participants are asked to consider the trade-offs between alternative options (as they could be asked in applications of public deliberation to CER), myriad forms of information may be important, including cost-effectiveness, the distribution of risks and benefits across society, and access to care.

Chapter 8.

Evaluation of Deliberative Methods

No single agreed-on approach or conceptual framework guides the evaluation of deliberative procedures. Further, no consistent taxonomy of outputs or consistent definition of optimal outcomes exists (Rowe et al., 2008). However, the general conceptual model for this project (presented in Exhibit 2.1) provides a useful framework for organizing the literature on evaluating deliberation. Exhibit 8.1 expands the portion of Exhibit 2.1 that is particularly relevant to the literature on evaluation.

Exhibit 8.1. Framework for understanding the literature on evaluation



The literature on the evaluation of deliberation falls into four broad categories defined by the type of evaluation measure used:

- (1) **Description of the procedural elements of the deliberation as they were implemented.**
- (2) **The quality of the discourse.** This kind of evaluation focuses on the effect of the characteristics of the deliberative session(s) on the performance of the deliberation, in terms of how the participants experience the deliberation. It assumes that high-quality discourse is a necessary, and proximal, effect of the deliberation.
- (3) **Achieving the stated goal of the deliberation.** Assuming that the quality of the discourse is the most proximal effect of the deliberation method, achieving the stated goals and objectives for the deliberation correspond to the intermediate effects. These studies measure the effect of the deliberation on the knowledge and attitudes of the participants.

- (4) **Impact on individual and societal values, behaviors, and decisions.** Ultimately, deliberation is conducted to obtain information that will influence personal and societal decision-making. This is the most distal effect of deliberation and the most difficult to measure, but the most important. Evaluations of these effects are complicated by the impacts of a broad range of other factors, such as the visibility of the deliberation process to those whose behaviors and decisions may be expected to change. A few evaluations have assessed the impact of deliberation at the individual behavior and societal level.

We also characterize the evaluation literature by the evaluation methodology used. Four broad categories of methodology are employed by investigators to study the procedures and effects of deliberation:

- (1) **Descriptive case studies.** These studies are descriptions of deliberative projects by the sponsors, which provide post hoc reports on the implementation process. They may include qualitative or quantitative measures.

This design is summarized by the following diagram:

T_1

Intervention Group: X O_1

where T_1 is the time at which measures were taken, O_1 is the observation of the measures, and X is the deliberation.

- (2) **Evaluative case studies.** These are reports on either single cases or, in a few instances, multiple cases, in which selected measures are compared before and after the deliberation to determine whether the deliberation had an effect. Where these studies report on multiple deliberations (i.e., multiple cases), they do not compare one deliberation with another. Instead they pool the participants and report on the differences among subgroups, defined by personal characteristics such as gender and ethnicity. They differ from the first methodological class by using a pre/post quasi-experimental comparison, but they do not use separate comparison or control groups.

This design is summarized by the following diagram:

T_0 T_1

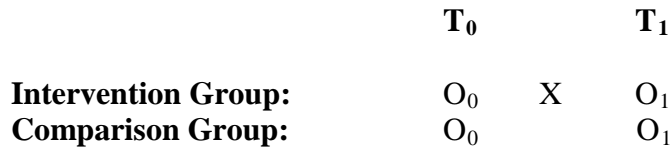
Intervention Group: O_0 X O_1

where T_k is the time at which measures were taken, O_i is the observation of the measures, and X is the deliberation. This is the same design as above with the addition of a pre-intervention baseline (O_0) observation of the measures.

- (3) **Nonrandomized comparisons of alternatives.** Some of these studies test the effect of alternative deliberative methods against each other or against no deliberation. Other studies test alternative features of a single deliberative method against each

other. Compared with the first two methodological classes, this class differs by using comparison groups. In most instances, these are predefined comparison groups, but in one study, the groups were defined from survey data in which some respondents reported that they had participated in deliberation and others reported that they had not.

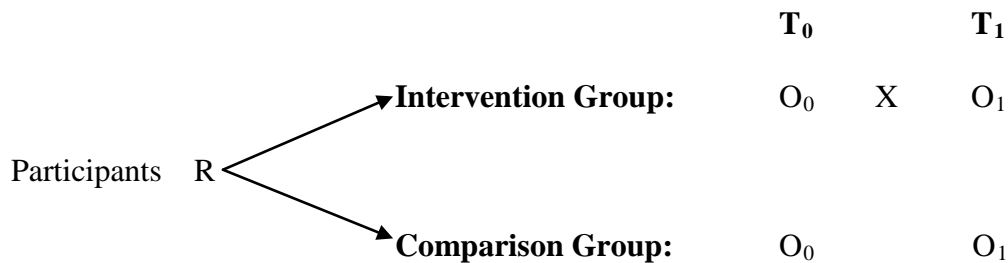
This design is summarized by the following diagram:



where the symbols represent the same factors as above, with the addition of a nonrandomized comparison group that could be an alternative deliberative method or the same deliberative method with an alternative feature.

- (4) **Randomized experiments.** These studies randomize participants to groups that participate in alternative deliberative methods or a non-deliberating comparison group, or groups randomized to receive alternative features of a single deliberative method. The first type—those that compare distinctly different deliberative modes with each other using randomization—are directly analogous to the experiment planned for the Community Forum and are, therefore, the most relevant to the purpose of this literature review.

This design is summarized by the following diagram:



where the symbols represent the same factors as above, with the addition of randomization (R) of participants to the intervention or comparison condition.

Exhibit 8.2 presents the distribution of 29 articles along both dimensions: measurement and method. These 28 articles were selected for inclusion in this chapter because they report the results of either process or outcome evaluation and inform us about the methods and measures employed in evaluation. Although not truly evaluative, the articles in the first measurement class—descriptive case studies—are important to consider because they provide information about how the deliberative methods were implemented.

Except for the first column of unduplicated counts, the cell numbers in Exhibit 8.2 are not necessarily mutually exclusive (although some articles appear in only one cell) because more

comprehensive evaluations use multiple methods and describe the effects of deliberation in terms of multiple kinds of measures (i.e., quality of discourse, goal achievement, and impact on values, behavior, and decisions). We describe below our findings about the methods and measures used in the literature to assess each of the four kinds of measurement listed in Exhibit 8.2.

Exhibit 8.2. Distribution of eligible articles by kinds of measurement and research method

Type of Measurement	Total Unduplicated Number of Studies	Description of Implementation of Procedural Elements	Quality of Deliberative Discourse	Effectiveness in Achieving Immediate Goals of the Deliberation	Impact on Individual and Societal Values, Behaviors, and Decisions
Descriptive case studies	3	1	0	0	2
Evaluative case studies comparing pre-deliberation measures with post-deliberation measures without a comparison group	16	4	4	15	5
Nonrandomized comparisons of alternatives, deliberative modes, or features of modes, using pre/post measures	6	1	1	6	2
Randomized experiments	4	0	2	4	1
All	29	6	7	25	10

Description of Implementation: Methods and Measures To Evaluate the Construction and Implementation of Deliberative Sessions

The studies described in this section focus on the procedural elements of deliberative sessions as the sessions were carried out and experienced by the participants. As such, it focuses on the methods and measures used to evaluate the construction and implementation of deliberative sessions, including the selection of participants and the quality or usefulness of the educational materials, experts, or other aspects of the procedure. These elements are defined or designed ahead of the deliberation but are assessed at the conclusion of the deliberation, usually by soliciting feedback from participants on their experience with the deliberation, the materials, the experts, and so on. In theory, how well these elements are constructed and carried out will contribute to the effect of the deliberation on the other measurement classes defined in Exhibit 8.2: quality of discourse, effectiveness in achieving immediate goals of the deliberation, and impact on the values, behavior, and decisions of the public.

The constructs measured and reported on in these articles include representativeness, independence, early involvement, and transparency. As defined by Webler (1995), representativeness requires that “anyone who considers him- or herself to be potentially affected by the results of the discourse must have an equal opportunity to attend the discourse and participate” (p. 37). An operational definition proposed in Rowe and Frewer (2000) suggests that “public participants should comprise a broadly representative sample of the population of the affected public” and, at minimum, individuals who are directly affected by the issue (p. 12).

Rowe and Frewer (2000) also define independence, early involvement, and transparency. An independent deliberative process should include conveners, managers, and facilitators who are unbiased with respect to the issue being deliberated. Early involvement means that the public should be involved as early as possible in the process once the value judgments to be considered become salient. A deliberation is transparent if the public can see what is going on and how decisions are being made.

Rowe and Frewer (2005) also identify the utility and completeness of the educational materials provided to participants and the quality of the facilitation as important characteristics. They considered accessibility of the provided resources, the extent of focus on decision-making, and the degree of task definition. Resource accessibility was considered to be good if the public participants had access to the appropriate resources needed to fulfill their brief successfully. The deliberative exercise should appropriately structure and display the decision-making task for participants. The nature and scope of the participation task should be clearly defined.

Rowe and Frewer (2005) also identify the use of the results of the deliberation as planned by the organizers and communicated to the participants as an important characteristic. They evaluated this characteristic in terms of participants’ expectations about the influence their deliberations would have on public policy.

Finally, Rowe and Frewer (2000) define cost effectiveness of carrying out the deliberative session as a potentially important characteristic (i.e., the benefit of the results of the deliberation should be considered in light of the cost). However, the literature review did not identify any study of the cost-effectiveness of deliberative procedures.

Quality of Deliberative Discourse

The most common approach to defining quality discourse draws on Habermas’s theory of communicative action as interpreted and “reworked” by Webler (1995, pp. 35–77). Habermas’s ideal speech situation requires the conditions of *fairness* and *competence*. For discourse to be deemed fair, Habermas and Webler agree that all persons affected by the discourse must have an equal chance to influence the process or the formulation of the agreement. That is, anyone may participate, assert validity claims (a position or opinion), challenge validity claims, and influence final determinations of validity. Habermas and Webler differ in their conception of competence.

As conceived by Habermas, competence refers to characteristics of the individual; that is, individuals must be competent to participate in a fair manner in terms of their cognitive and linguistic ability, listening skills, self-reflection, and the knowledge on which they base validity claims. Weblert's conception of competence in deliberative procedures centers on the rules that coordinate the social interaction of the group, including the condition that participants have access to the knowledge needed to make and challenge validity claims.

“Fair and competent” discourse has been defined in evaluations of deliberative procedures as comprising several constructs: equal participation (De Vries et al., 2010; Kim et al., 2009), active participation (Rowe & Frewer, 2005), civil atmosphere (Melville, Willingham, & Dedrick, 2005); opportunity for adequate discussion (Abelson et al., 2007); respect for the opinions of others (De Vries et al., 2010); and awareness of different perspectives (Timotijevic & Raats, 2007). Related to competence, De Vries and colleagues (2010) define “reasoned justification of ideas” in terms of the extent to which participants engage in a collaborative, thoughtful reasoning process (p. 1900). Taking a different approach, Niemeyer (2007) defines “inter-subjective rationality” as the congruence of participants’ values and beliefs and their reported preferences on the deliberative topic (p. 8).

These constructs of discourse quality are usually evaluated through participants’ self-reports of their experience and through researchers’ observations or review of session transcripts. In an evaluation of deliberative procedures carried out in five Canadian regionalized health settings, based on self-report in surveys, Abelson and colleagues (2007) found the deliberative process promoted discussion (98.9%), provided equal opportunity to participate (95.7%), and provided sufficient time to discuss issues (80%). De Vries and colleagues (2010) reported success in achieving equal participation and respect for opinions. Based on a review of transcripts, they also reported that participants provided “reasoned justification of ideas,” that is, a collaborative, thoughtful reasoning process in determining and justifying their opinions (p. 1900). Other authors have reported success in achieving a civil atmosphere (Melville et al., 2005) and active participation (Rowe & Frewer, 2005). Niemeyer (2007) reported greater congruence between deliberative participants’ values and their beliefs and their reported preferences as a result of deliberation.

The measures of discourse quality tend to be universal, in the sense that they are not determined by the specific topic being deliberated.

Achieving the Goals of the Deliberation

This literature addressed change in the measures of knowledge and attitudes (as reported by participants) about the topic of deliberation and change in the generic pattern of attitudes (without regard to the topic).

Changing Knowledge and Attitudes

If we conceive of the quality of the discourse as the most proximal effect of choices about how to deliberate, the ability of the deliberation to achieve its goals is the intermediate effect. Typically, deliberative procedures aim to change participants' knowledge (Abelson, Eyles, et al., 2003; Abelson et al., 2007; Fishkin & Farrar, 2005; Timotijevic & Raats, 2007; Deng & Wu, 2010) and attitudes, including perspectives (including orientation to the community or collective), values, beliefs, opinions, or policy preferences on the deliberative topic (Abelson, Forest et al., 2003; Abelson et al., 2007; Timotijevic & Raats, 2007; Deng & Wu, 2010; Fung et al., 2008; Danis, Goold, Parise, & Ginsburg, 2007; Fishkin & Farrar, 2005; Viewpoint Learning, Inc., 2004, Ginsburg & Glasmire, 2004; Makundi et al., 2007, Dolan, Cookson, & Ferguson, 1999; Farrar et al., 2010). However, changing attitudes may not be the sole goal of deliberative processes, as strengthening of views may also be important. However, the importance of changing knowledge and attitudes is that these changes reflect the changes that arose from the deliberative process. Strengthened views or attitudes could indicate that polarization happened (Siu, 2008).

These studies of deliberative procedures have consistently reported success in changing knowledge as measured through objective pre- and post- knowledge assessments (Abelson, Eyles et al., 2003; Abelson et al., 2007; Timotijevic & Raats, 2007; Deng & Wu, 2010); beliefs, opinions, or values (Abelson, Forest et al., 2003; Abelson et al., 2007; DeVries et al., 2010; Fishkin, 2005; Viewpoint Learning, Inc., 2004); and change in priorities or policy preference (Ginsburg & Glasmire, 2004; Makundi et al., 2007; Danis et al., 2007; Deng & Wu, 2010; Fung et al., 2008).

Among the studies of the effectiveness of deliberation in changing knowledge and attitudes are a number that are particularly relevant to the Community Forum experiment because they used quasi-experimental or experimental comparisons. The literature discusses three types of comparisons: (1) deliberation compared with other public consultation approaches or nothing, (2) deliberative methods or modes compared with each other, and (3) alternative features of deliberative methods or modes.

Studies Comparing Deliberative Processes to Other Public Consultation Approaches or Nothing

Three experimental studies in our review compared participants in deliberative procedures with control participants (i.e., individuals not exposed to a deliberative process) in terms of change in views on the deliberative topic. All three studies found deliberation to be effective at changing views. DeVries and colleagues (2010) experimentally investigated whether participants in a deliberative procedure were more likely than participants randomized to a control group to change attitudes regarding the provision of surrogate consent for dementia patients to take part in clinical research. The study demonstrated that participants in a deliberative procedure were significantly more likely to change their attitudes and opinions than the control group of comparable individuals not taking part in a deliberative process.

Abelson, Eyles, and colleagues (2003) conducted a randomized experiment to compare mechanisms for providing input on priority setting related to health goals. Participants were randomly assigned to take part in a mail survey, a phone survey, or a face-to-face deliberative session (citizens' panel). Members of the deliberative group were significantly more likely to change their ranking of health priorities than the telephone survey group.

Barabas (2004) used a propensity score regression approach to create comparable groups approximating what would be achieved using random assignment to evaluate the effectiveness of deliberative forums convened to deliberate Social Security reform. Compared with a propensity score-matched control group, deliberation participants experienced a significant increase in Social Security knowledge and were significantly more likely to change their policy preference (raising the limit on taxable earnings) as a result of the deliberation. In contrast, the authors conducted a parallel study, using panel survey data, to measure change in opinions on Social Security policy between two survey data collection time points. The respondents in this study self-reported whether or not they discussed Social Security policy. Change in opinion was compared between respondents reporting that they talked about Social Security policy issues and respondents reporting that they did not discuss Social Security policy. The results indicated that without a structured deliberative procedure, merely talking about Social Security did not result in opinion change. The pattern of results in the two studies led the authors to conclude that deliberative processes were superior to ordinary discussion of issues in effecting opinion change.

Studies Comparing Alternative Deliberative Modes to Each Other

Although considerable attention is paid in the literature to the differences in implementation processes or characteristics of particular deliberative methods, our review identified only one study (Min, 2007) that empirically compared the outcomes of different deliberative modes (e.g., online deliberation, face-to-face deliberation, a non-deliberating control group). It appears that the Community Forum experiment will be the second study of this kind and the first to compare more than two deliberative methods with one another.

Min (2007) conducted a well-designed randomized controlled experiment comparing face-to-face deliberation with online deliberation and a nondeliberating control group. The experiment was conducted on a college campus. The topic selected was whether or not students should be allowed to carry handguns on campus. The outcomes studied included change in opinion, issue knowledge, political efficacy, and willingness to become politically involved. Neither the face-to-face nor the online group achieved significant opinion change, possibly owing to the nature of the topic, which is one on which people have strong, likely intransigent, opinions. On the other outcomes, compared with the control group students, students in both deliberative groups increased knowledge, political efficacy, and willingness to become politically involved. The face-to-face and online groups did not differ from each other on these outcomes.

The study also compared the two deliberative groups on ratings of their deliberative experience. Here, the two groups did differ. Both groups gave high ratings to enjoying the discussion, having

an equal opportunity to speak, respecting differing viewpoints, and exchanging rational opinions. However, the face-to-face group scored higher on all these measures. The differences were significant for equal opportunity to speak and respect for differing opinions. So, even though the online group scored high, the face-to-face group scored higher with respect to having a positive deliberative experience. Even though the study was small (n=81), the finding that the online deliberative experience was judged less positively on items that relate to fairness is important for our planned study, considering the growing interest in online forums for deliberation.

Studies Testing Alternative Features of Deliberative Methods

Any element of a deliberative procedure under the evaluator's control, such as the setting, the educational materials, the technology used (e.g., in-person, webinar), or the deliberative topics, can be tested experimentally. Several studies have examined elements of deliberative methods.

A study in rural Kentucky tested the utility of an innovative method for producing an issue guide for a deliberative procedure (referenced in Chapter 4). Two different layouts of the guide were produced: a traditional text-based guide and a guide that supplemented the text with local images and narratives (photovoice). Although the groups were not randomized, the authors found that the photovoice issue guide facilitated participation in local health issues forums (Downey et al., 2009). An analysis of transcripts suggested that participants who used the photovoice issue guide were better able to transition from broad approaches to change to specific action steps than participants in groups using the traditional issue guide. Also, they more easily identified solutions to local health issues.

Farrar and colleagues (2010) tested the hypothesis that saliency of or familiarity with the issue affects variation in the effectiveness of the deliberative procedure. The authors hypothesized that deliberation of less salient issues should result in larger changes in views, whereas deliberation of more salient issues should result in smaller changes because opinions on more salient issues are more likely to be entrenched. Incorporating a randomized experiment into a Deliberative Poll, the authors charged participants with deliberating on two topics, one of high salience and one of low salience. The order of deliberating the two topics was randomly assigned. The authors' purpose was to examine what aspect of the deliberative process caused the change in views. The results confirmed the hypothesis about salience of the deliberative topic. Only minor changes occurred in participants' views on the highly salient issue, whereas the less salient issue saw very large changes in participants' policy preferences.

Davies and Burgess (2004) qualitatively analyzed participants' interactions with experts and reported how participants' experience with and opinions of the experts affected the formation of their opinions regarding the deliberative topic (options to address the shortage of organs for transplantation). They used Deliberative Mapping, a decision-making method that asks participants and specialists to assess the performance of the different treatment options. Four panels of participants were grouped by gender and socioeconomic status. The participants afforded the most credibility and legitimacy to medical professionals. Individuals developing

high-technology options were viewed as less credible. A complementary medicine specialist was rated as having the lowest credibility. The participants' perceptions of the experts were correlated with their change in opinions on the treatment options. Additionally, the authors reported gender differences, but no socioeconomic status differences in how decisions were formed or on participants' preferences for homogeneous groups. Women preferred homogeneous groups, while men preferred mixed-gender groups.

Unlike the measures of discourse quality, the measures of knowledge and attitude change that researchers used in the literature were determined by the deliberative topics and, therefore, will not translate directly to the Community Forum experiment unless the same topics are used. The structure and framing of specific measures used successfully in other research (by our own team members as well as others) will be valuable for creating questions about knowledge and attitudes for the topics that are eventually selected; however, the availability of existing measures of knowledge and attitudes will not be a criterion for the selection of topics.

Changing Attitudinal Patterns

Although change in knowledge and attitudes are topic-specific, changes in the pattern of responses are independent of topic and can be used generically. *Consensus*, *single-peakedness*, *meta-consensus*, and *adoption of a societal view* are four attitudinal patterns discussed in the literature. Consensus is a group-level pattern in which attitudes coalesce around a single preference. Statistically, the development of consensus in a group may be thought of as a narrowing of the variance in attitudes around the mean attitude. Single-peakedness (Luskin, Fishkin, & Jowell, 2002) is an individual-level pattern in which each individual has (1) a most preferred alternative and (2) a [monotonically] decreasing preference for other alternatives as they get more distant in either direction from it (List, Luskin, Fishkin, & McLean, 2007; Farrar et al., 2010). Convergence toward single-peakedness involves movement from a bimodal distribution of attitudes (e.g., a split of participants starting at the extremes of "strongly disagree" and "strongly agree") to a more central collective stance. Meta-consensus refers to a situation in which participants agree on the values, beliefs, and preferences that are relevant to the discussion, but it does not require consensus on the deliberative issue (Niemeyer, 2007). Adoption of a societal view (DeVries et al., 2010) is an individual-level orientation to collective (Jacobs et al., 2009). These constructs are assessed as change between pre- and post-deliberation attitudinal patterns measured with self-reported participant surveys.

Opinions vary about establishing consensus as a goal of deliberation. Some think that consensus minimizes dissent and improves the chances that a proposal will be adopted (List et al., 2007). Some believe that consensus of opinion may reflect a level of coercion or at least may limit exploration of the full range of opinions and views. In the literature we reviewed, achieving consensus is rarely an explicitly stated goal of the deliberation. Instead, evaluators determined whether the deliberation moved the participants in a common direction. Adopting a societal view is often a desired goal of deliberation. Using a randomized experiment comparing deliberation

participants to others who received no intervention, De Vries and colleagues (2010) reported that deliberation increased the number of participants adopting a societal view. Jacobs and colleagues (2009) reported that deliberation helped participants move from an individualistic to a collective perspective.

In summary, measures of achieving the deliberative goals are both specific to the topic (i.e., change in knowledge and attitudes about the topic) and generic (i.e., change in attitudinal patterns among the participants). For the Community Forum experiment, the topic-specific measures cannot be developed until the topics are selected, but the style of knowledge and attitude questions used in other studies can inform the development of questions for studies of deliberation.

Impact on Individual and Societal Values, Behaviors, and Decisions

The impact on individual and societal values, behaviors, and decisions includes outcomes beyond the immediate effects of the deliberative procedure. They are the most distal outcomes in terms of both time from and direct relationship to the deliberative session(s). Thus, they are challenging to measure and to attribute to the deliberation.

Impact on Participants

In terms of impact on individual participants, evaluations using pre/post designs have reported increases in civic-mindedness and capacity (Fishkin, 2005); engagement in the political process (Fishkin & Farrar, 2005); participants' sense of self-efficacy (Fishkin & Farrar, 2005), and empowerment from the perspectives of political efficacy and solidarity enhancement (Deng & Wu, 2010). Others have investigated activism resulting from participation in deliberation. For example, Abelson and colleagues (2007) assessed anticipated post-meeting activity related to deliberation issues and surveyed participants with regard to whether they contacted public officials during the three months following the meeting (follow-up results not reported).

Melville and colleagues (2005) described the deliberative approach employed by the National Issues Forums (NIF) and summarized how the NIF has affected individuals and communities. According to the review, NIF participants broadened their outlooks, improved their listening skills, enhanced their confidence that their opinion matters, changed their conversation habits (to more egalitarian), defined their self-interests more broadly, and moved beyond superficial preferences to considered public judgment. Community-level impacts also were reported for communities that regularly hold forums. It appears that deliberating becomes a civic habit and transforms the way members of the public and officeholders practice politics.

These studies provide evidence that deliberation increases the inclination toward democratic involvement in the short term; however, there is little empirical support for longer term impact on democratic involvement. Jacobs and colleagues (2009) conducted a cross-sectional survey (n=1501) to investigate the association between taking part in deliberative procedures and

subsequent civic involvement (community service, volunteer work). The study found that in addition to level of education and socio-economic status, taking part in deliberative activities was significantly associated with respondents' reports of civic participation after their deliberative experience. The regression models employed accounted for a number of potentially confounding effects (i.e., demographic characteristics, political knowledge, political interest, and political efficacy). Further, the respondents attributed higher levels of civic involvement to their experience in deliberative activities. The study supports the notion that participation in deliberative activities increases civic involvement; however, the cross-sectional nature of the survey prohibits causal links and does not rule out selection bias with regard to differences in individuals who "selected" to take part in deliberative activities and those who did not.

In a longitudinal investigation with a non-randomized comparison group, Jacobs and colleagues (2009) investigated whether participation in a deliberative activity increased knowledge and perceived salience (importance of the topic to the individual) of the deliberative topic and anticipated future political involvement. The study conducted pre- and post- surveys with three groups of citizens—attendees of a deliberative procedure, individuals who were invited but did not attend, and a random sample of individuals from the community—and compared change in salience, knowledge, and anticipated involvement. Individuals who participated in the deliberative activity significantly increased in both salience and knowledge of the deliberative topic compared with invitees and nonattendees. Participation did not increase anticipated future involvement in political activities because attendees reported very high levels of involvement to begin with. This study provides strong evidence of the effect of deliberation on salience and knowledge; however, the findings on anticipated political participation as a result of deliberation may reflect inadequacies in the representativeness of participants in the deliberative methods. That is, participants in the deliberative activities had higher levels of political involvement to start with compared with a random sample of citizens.

Other lines of research inform our understanding of what particular aspects of deliberation may mediate change in participants. They address the question of *how* deliberation effects change in individuals. Gastil (2004) conducted a quasi-experimental study designed to investigate whether a deliberative procedure incorporated into a civic education course affected students' political conversation networks or their conversational behavior. Students enrolled in basic adult literacy (n=120) courses across the United States took part in the study. They enrolled in an adult literacy course without knowing what instructional method would be employed. Students enrolling in the "treatment" classes had one or more class sessions that used a NIF-style deliberation on a current public policy issue. Students in the control classes received standard instruction. At the conclusion of the class, students completed a survey measuring their political conversation habits. Compared with controls, NIF participants had significantly lower self-efficacy, defined as one's perception that he or she can perform political actions competently. However, participation in NIF was significantly positively correlated with the demographic and ideological diversity of participants' conversation networks and negatively correlated with conversational dominance.

The authors did not offer an explanation for the apparent negative effect on self-efficacy. The finding could be spurious or a result of having noncomparable groups. However, it highlights the importance of considering the potential negative effects of deliberation on participants' feelings about their civic involvement or civic capacity. For example, raising people's awareness of an issue without providing a real avenue for effecting change on the issue could conceivably result in feelings of frustration or disenfranchisement because of perceived powerlessness to affect change.

In a noncomparative design, Gastil (2004) investigated whether certain learning-related process elements of a deliberative session—verbal instructions before and after the session (reading the pre-forum issue book and hearing relevant, reinforcing statements from the moderator during the session), democratic conversation modeled by the moderator or other participants, and direct enactment of democratic conversation—were correlated with cognitive or behavioral changes in participants of a NIF deliberative session. From self-report surveys completed after the deliberative procedure, he found that post-forum conversation behaviors (not specified) were significantly correlated with verbal instructions and even more strongly correlated with moderator and group behavior modeling.

Impact on Society

At the societal level, case studies have reported on the specific laws, policies, or practices that were affected by the results of deliberative procedures (Abelson et al., 2007; Einsiedel, Jelsoe, & Breck, 2001; Ozanne et al., 2009). Abelson and colleagues (2007) reported on the impact of deliberative procedures carried out in multiple locations in Canada and found mixed results with respect to implementation of recommendations derived from deliberations:

In Quebec, the “recommended decision” that resulted from the consultation was accepted and implemented by the regional health authority within the study’s follow-up period. In the Ontario and Nova Scotia sites, reports on the consultation outcomes were presented to their respective boards but no discernible actions were identified in the analysis of organizational documents during the study’s follow-up period. In Alberta, the public consultation outcomes served as a catalyst to advance on-going initiatives and to create some new ones as depicted by presentations to the Regional Health Advisory (RHA) board, and documented follow-up activities assessed the impact of a deliberative procedure on decision-makers. (p. 2122)

Einsiedel and colleagues (2001) reported on the impact of a Consensus Conference on the use and labeling of genetically modified foods in a cross-national analysis of three consensus conferences in Denmark, Canada, and Australia. None of the three conferences had a direct influence on government regulation. In Canada, the results of the conference were summarized in a report that was sent to seven federal ministries supervising biotechnology regulation. Policymakers were involved in the conference and circulated the final report to their individual ministries. Although a direct link to the conference cannot be drawn, food producers were

pressured to implement standard labeling on genetically modified and non-genetically modified foods as a result of the intense media coverage of the report's findings.

Rowe and colleagues (2008) reported on the 2003 *GM Nation?* public debate, a large-scale U.K. government public engagement exercise designed to solicit public input on genetically modified (GM) crops:

The U.K. government position that subsequently emerged has been to allow GM crops to be grown commercially after a case-by-case analysis, and this seems to have been largely influenced by legal commitments arising from membership of the European Union. From this perspective, the views of participants do not seem to have had a great or immediate effect on policy—as suspected by a considerable number of the skeptical respondents (p. 437-8).

This experience is an example of legislative or regulatory commitments overriding public deliberation, which recommended a course of action in conflict with legal requirements.

As the last example illustrates, it is challenging to attribute a change in law and policy to a specific deliberation because so many other uncontrolled factors affect the final policy decision. Thus, surveying the decision-makers about their intentions to act as a result of deliberation has been used as a more measurable proxy. Abelson and colleagues (2007) assessed the impact of a deliberative procedure on decision-makers by surveying them about the criteria they would use to judge if the procedure was successful and how they intended to use the results of the deliberation. They reported that:

Decision-maker perspectives on evaluation... varied. When asked how they would determine whether the consultation process had been successful, a range of evaluation criteria were listed that emphasized either procedural (e.g., ensuring good, open discussion with multiple participants; creating a synergy among participants; obtaining good quality input; legitimizing a decision-making process) or outcome (e.g., participant satisfaction; input used in RHA decision making; method used again) elements. The different hopes, apprehensions and evaluation criteria these decision makers shared at different points throughout the study reveal a varied set of expectations that, combined with other elements, signal the vulnerability of the generic public participation approach at the local level. (p. 2122).

Abelson and colleagues (2007) also reported that the decision-makers did not universally support the use of deliberative methods or the results of public deliberation. The mixed findings underscore the importance of considering the role and intent of decision-makers throughout the design of deliberative procedures.

Beyond the impact on policy, Thurston and colleagues (2005) recommended a theoretical framework that connects public engagement to outcomes that would be affected by a policy or change resulting from deliberation (e.g., public participation improves policy decisions and

results in improved health outcomes). While difficult to measure, this framework incorporates the ultimate goal of public engagement: to improve health (or other outcomes) by influencing policy.

Conclusions Regarding Evaluation

We reviewed the literature on evaluating deliberation to inform our choices of research questions, research design, and measures. In the unduplicated counts presented in Exhibit 8.2, we see that 6 of the relevant articles identified fall into the methodological category of nonrandomized comparisons of alternative deliberative modes or features of modes using pre/post designs. These quasi-experiments include studies comparing deliberative modes with each other or with a non-deliberative comparison group, or comparing one feature of a deliberative mode with an alternative feature. Another 4 studies used randomized experiments for the same purpose. The remaining 18 studies were classified as case studies, which used pre-to post-intervention changes (15) or post-intervention measures only (3) to measure the effect of deliberation or describe the characteristics of the deliberation. The last two methods categories in Exhibit 8.2—nonrandomized and randomized comparisons—are the most methodologically rigorous, but all these studies have value for the Community Forum experiment because they identify measures that have been used successfully to demonstrate the effects of deliberation. Nevertheless, our remaining comments focus on the 6 nonrandomized and 4 randomized experiments in the last two categories because they tell us the most about how to conduct the Community Forum experiment.

All 6 of the nonrandomized studies analyzed the effect of deliberation on participants' knowledge, attitudes, or pattern of attitudes. Two of these studies looked at the impact of deliberation on participant or societal behavior, one studied the effect on quality of discourse, and one reported on implementation. All showed favorable effects of deliberation or significant differences between alternative features. All these studies used the classic nonequivalent control group or difference-in-difference design, in which pre/post changes in two groups are compared to see whether the changes in one group differ statistically from the changes in the other group. Short of nonrandomized time-series designs, this design exhibits the fewest threats to validity because it controls fairly well for competing and confounding explanations from observed factors. None of these studies attempted to control for unobserved differences between the comparison groups—selection bias—that could have influenced the observed effects. Thus, selection bias remains an uncontrolled threat.

All 4 of the randomized experiments looked at the effect of deliberation or alternative features of deliberation on participant knowledge, attitudes, and patterns of attitude. Two also studied the effect on quality of discourse and 1 on behavior. We assume that these are the least biased studies because random assignment to groups should control unobserved selection bias.

We also examined outcomes based on the type of deliberative method or task and found no variation in findings based on either deliberative methods or tasks.

The two major conclusions we draw from Exhibit 8.2 are that (1) few randomized experiments of deliberation or its alternatives have been conducted and (2) the well-designed comparative studies of deliberation, whether randomized or nonrandomized, focus on change in participant knowledge, attitudes, and patterns of attitudes as the effects of interest. The value of randomization in controlling for selection bias and the small number of randomized experiments reported in the literature argue forcefully for using a randomized design for the Community Forum study of deliberation. Min (2007) has reported such an experiment, using two alternative deliberative modes, which varied mainly on face-to-face versus online deliberation.

Exhibit 8.3 summarizes the kinds of research questions and measures that were used in the studies counted in Exhibit 8.2, by linking the construct measured to the individual study. The most valuable aspect of Exhibit 8.3 is the linkage it makes between the four measurement domains—procedural characteristics, quality of discourse, achievement of deliberation goals for knowledge and attitudinal change, and impact on participant and societal values, behavior, and decisions; the constructs used to represent each domain; and the methods used by the investigators to collect the data. This list of constructs will be the starting point for our discussions about which constructs to measure in the Community Forum experiment.

Ideally, we would also list the specific measures and scales that were used to represent these constructs by name (e.g., the SF-12). However, the literature does not report the names of the measures that were used, so we are left to believe that investigators usually developed their own questions, measures, and scales rather than use established measures. Nevertheless, several authors reported the individual survey items or observational indicators they used in their studies, so we have substantial fine detail about items that we need to develop our instruments. The list of all the individual items and indicators reported is too long to include in the body of this section. Thus, we have included a table listing them as an appendix (see Appendix H).

Exhibit 8.3. Studies measuring implementation, quality, effectiveness, or impact of deliberative procedures

Mode of Data Collection	Construct	Source
Reports on implementation		
Self-administered questionnaire, descriptive comparison of participants to target population	Representation/ Representativeness	Deng & Wu, 2010; Warburton, 2006; Fishkin & Farrar, 2005; Rowe & Frewer, 2000
Self-administered questionnaire	Early involvement	Rowe & Frewer, 2000
	Independence	Rowe & Frewer, 2000; Deng & Wu, 2010
	Transparency	Warburton, 2006; Rowe & Frewer, 2000
	Lessons for the future	Warburton, 2006
	Trust/willingness to get involved again	Warburton, 2006
	Benefits (and costs) of the process	Warburton, 2006
Self-administered questionnaire or focus groups	Influence	Rowe & Frewer, 2000; Warburton, 2006; Abelson, Forest, Casebeer, & Mackean, & Effective Public Consultation Project Team, 2004
	Procedural - Clarity of task	Abelson et al., 2007
	Procedural – Experts	Kim et al., 2010
	Procedural – Facilitator	Abelson et al., 2007
	Procedural - Information	Abelson et al., 2007; Deng & Wu, 2010; Fishkin & Farrar, 2005; Abelson et al., 2004; Rowe et al., 2005
	Procedural – Structure	Abelson et al., 2007
	Procedural - Structured Dialogue	Rowe et al., 2005
	Procedural - Task Definition	Rowe et al., 2005
	Procedural - Barriers and facilitators to participation	Abelson et al., 2004
Reports on Quality of Deliberative Discourse		
Quantitative self-report participant surveys	Equal participation	De Vries et al., 2010; Kim et al., 2009
	Opportunity for adequate discussion	Abelson et al., 2007
	Respect for the opinions of others	De Vries et al., 2010
	Tolerance of differing perspectives	Jacobs et al., 2009
	Opposing arguments are answered (completeness)	Fishkin & Farrar, 2005
	Information employed is reasonably accurate (information)	Fishkin & Farrar, 2005
	Decisions made based on merits (conscientiousness)	Fishkin & Farrar, 2005
	Fairness	Timotijevic & Raats, 2007
	Intersubjective rationality	Niemeyer, 2007
Qualitative analysis of transcript data Not described	Reasoned justification of ideas Reason-oriented discursive activity	De Vries et al., 2010 Jacobs et al., 2009

Exhibit 8.3. Studies measuring implementation, quality, effectiveness, or impact of deliberative procedures (continued)

Mode of Data Collection	Construct	Source
Reports on the Achievement of Deliberative Goals		
Quantitative self-report participant surveys administered before (pretest) and after (posttest) the implementation of the deliberative procedure	Change in knowledge or attitudes as a result of deliberation	Abelson, Eyles, et al., 2003, Abelson et al., 2007; Timotijevic & Raats, 2007; Deng & Wu, 2010; Fishkin & Farrar, 2005
	Change in attitudes	Fung et al., 2008; Danis et al., 2007
	Change in beliefs and opinions	Abelson, Eyles et al., 2003; Fishkin & Farrar, 2005; Viewpoint Learning, Inc., 2004
	Change in values toward issues under deliberation	Abelson et al., 2007
	Change in priorities regarding resource allocation	Ginsburg & Glasmire, 2004; Makundi et al., 2007
	Change in priorities about the deliberative topic	Danis et al., 2007; Abelson, Eyles, et al., 2003
	Changes in policy preferences	Deng & Wu, 2010; Fung et al., 2008; Barabas, 2004; Davies et al., 2004; Dolan et al., 1999
Change in group identification	Timotijevic & Raats, 2007	
Analysis of attitudinal patterns	Consensus	
	Meta-consensus	Niemeyer, 2007
	Adoption of a societal perspective Orientation to collective versus individualistic perspective Convergence toward a “common shared perspective”	De Vries et al., 2010 Jacobs et al., 2009 Melville et al., 2005
	Single-peakedness	Farrar et al., 2010
Reports on Participant Behavior		
Quantitative self-report participant surveys administered before (pretest) and after (posttest) the implementation of the deliberative procedure	Change in civic-mindedness and capacity	Fishkin & Farrar, 2005; Gastil, 2004
	Engagement in the political process	Fishkin & Farrar, 2005; Melville et al., 2005
	Sense of self-efficacy	Fishkin & Farrar, 2005; Melville et al., 2005
	Empowerment from the perspectives of political efficacy and solidarity enhancement	Deng & Wu, 2010
Measurement methods not described	Broadened outlook	Melville et al., 2005
	Reflection, learning, awareness of similarities	Melville et al., 2005
	Broadened view of self-interest	Melville et al., 2005
	Changed to more egalitarian conversation habits	Melville et al., 2005
	Defined self-interests more broadly	Melville et al., 2005
	Moved beyond superficial preferences to considered public judgment.	Melville et al., 2005
	Deliberating becomes a civic habit	Melville et al., 2005

Exhibit 8.3. Studies measuring implementation, quality, effectiveness, or impact of deliberative procedures (continued)

Mode of Data Collection	Construct	Source
Reports on Societal Behavior		
Case studies	Descriptions of specific law or policy that changed as a result of deliberations	Abelson et al., 2007; Einsiedel et al., 2001; Ozanne et al., 2009
Quantitative self-report participant surveys administered immediately following the deliberative procedure	Anticipated post-meeting activity related to deliberation issues	Abelson et al., 2007
Quantitative self-report participant surveys administered 3 to 4 months after the deliberative procedure	Contact with public officials	Abelson et al., 2007

Chapter 9.

Critical Components To Consider in Designing and Implementing Deliberative Processes

Our literature review was driven by the practical need to design and implement a deliberative demonstration—an empirical study of public deliberation that will inform future strategies to obtain public input on CER-related questions. Accordingly, we paid careful attention to the design and implementation features of deliberative processes described in the articles abstracted. This section presents the key decisions involved in deliberative processes, summarizes the results of the literatures, and highlights trade-offs to consider.

Necessary Conditions for Public Deliberation

Although there is tremendous variety in deliberative methods and approaches, the literature reveals several fundamental conditions needed to foster successful public deliberation:

- Use of accurate, unbiased information to educate the participants and inform the deliberation (Fishkin & Farrar, 2005)
- Conscientiousness, which refers to the extent to which participants engage in the thoughtful exchange of their positions and rely on reason-giving (Fishkin & Farrar, 2005; Jacobs et al., 2009)
- Inclusion of diverse identities and perspectives in the deliberative process (Fishkin & Farrar, 2005; Jacobs et al., 2009)
- Completeness of the process to ensure that the diversity of perspectives are given voice and consideration through equal opportunities to participate and that the proffered arguments are fully answered (Fishkin & Farrar, 2005; Jacobs et al., 2009)

These four conditions undergird implementation considerations such as recruitment strategies, use of educational materials and experts, and facilitation.

Key Implementation Considerations for Public Deliberation

All the deliberative methods share certain elements—the building blocks that together make up the full design of the intervention. These elements include the organizational details (sponsor, funder), the length of the deliberative process (hours/days/weeks), the framing of the question, the study populations, the recruitment strategies, the educational materials, the use of experts, and the role of the facilitator. (The evaluation processes are also key components as discussed in the previous section.) These components also speak to the aspects of deliberation that can undermine or inhibit successful deliberation. Thus, based on this literature review, we provide a

detailed list of these components to inform the design and implementation of deliberative processes.

Sponsor

Sponsoring organizations provide the funding for the deliberative project. Conveners develop (and usually conduct) the public deliberation project; sometimes, sponsors and conveners are one and the same. In the United States, most project sponsors of health care deliberative topics are universities, nonprofit organizations, and local government entities (Exhibit 7.1). Sponsors bring to the deliberative process their own intentions, motivations, and goals for seeking public input on a topic. These goals are closely related to the topic selection, framing, and outcomes that are measured and evaluated.

Deliberative Topic

As discussed in Chapter 3, topics appropriate for public deliberation involve a social issue that

- evokes values, ethics, and principles;
- is salient to the public;
- has the potential for common ground;
- presents an opportunity for participants to make a real, tangible impact on policy in a reasonable timeframe; and
- has the attention of policymakers.

Study Populations

As discussed in Chapter 8, trade-offs exist with each design decision, and one of the most crucial design choices is the study population. The purposes of deliberation should inform the definition and recruitment of the study population (Longstaff & Burgess, 2010).

Group Composition: Homogeneous or Heterogeneous

As has been discussed in Chapter 3, deliberative democracy, the foundation for public deliberation, suggests that deliberation on an issue should include the diverse members of the public, particularly those individuals on whom the issue will have an impact, to generate new ideas and understanding of the issue. This process in turn informs and bolsters public policymaking and decision-making.

Thus, there are great advantages to having a truly heterogeneous group that reflects the diversity of a population and supports the goals of public deliberation—it is in heterogeneous groups that

participants have the opportunity to learn from perspectives they might not otherwise hear or openly receive. Indeed, heterogeneous groups enable members of the majority to hear the perspective of members of minority groups; this exchange is essential for deliberative democracy to achieve its purposes (Kohn, 2000; Jacobs et al., 2009). Because the intent of heterogeneous groups is to expose individuals to views and experiences unlike their own, deliberation can be transformative as participants are exposed to the diversity of others' experiences and worldviews; through this exposure, participants gain a larger sense of community (Gutmann & Thompson, 2004; Fishkin, 2009).

Heterogeneous groups present two concerns: (1) dominance, as identified by Marion Young and Lynne Sanders, among others, and (2) polarization, as identified by Cass Sunstein (Fishkin, 2009). Dominance is likely to occur when conveners assume an atmosphere of equality and equal participation in the deliberative process within the context of a society characterized by inequality—thus, the ability of individuals from traditionally underserved groups to fully articulate and participate in the deliberation in a manner that rivals the members of the majority group is questionable; the majority group members may dominate the discussion because of their ease of conversation, their confidence, and the deference given to them by others in the group (Fishkin, 2009). Polarization occurs when a group with pre-deliberation tendencies toward one side of an issue or a dilemma moves to more extreme positions through the deliberative process (Fishkin, 2009; Siu, 2008). This gravitation emerges from both the tendency of the group to offer arguments that reinforce the group's position and the social comparison in which members of the group who do not feel the same way will feel social pressure to join in the group's direction (Fishkin, 2009).

Much of the literature that has fostered these concerns rests on jury studies, and Fishkin (2009) points out that deliberative processes that do not require consensus may not involve the same pressures. There is some empirical evidence that dominance may be mitigated in heterogeneous groups and that minority groups or traditionally underserved groups will participate as often as or more often than members of majority groups (Fishkin, 2009).

Further, there are ways to mitigate dominance and polarization. Providing balanced educational materials prior to the deliberation requires that participants not rely only on their predeliberation conceptions and positions, offers the opportunity to correct misinformation, and provides an opportunity for participants to have a basic shared starting point for discussion (Siu, 2008). Facilitation can also serve to reduce dominance and polarization by ensuring that there are equal opportunities to participate and that no one participant can dominate the discussion (Siu, 2008). Thus, whereas it is possible for heterogeneous groups to clearly reveal the different viewpoints of minority participants, it requires a very careful structuring of the deliberative process and a highly skilled facilitator to make sure that all voices are heard (facilitation is discussed in more detail below; Jacobs et al., 2009; Lenaghan, 1999; Fishkin & Farrar, 2005). Even then, it can be

difficult for the minority voice to be expressed or heard when its opinion is contradictory to that of the majority (Kohn, 2000; Jacobs et al., 2009).

Alternatively, homogeneous groups may support group cohesion and reduce the presence of social power dynamics, support traditional minority perspectives, and remove tensions introduced by heterogeneous groups (McKie, Shrimpton, Richardson, & Hurwath, 2009). For example, in a 2006 California two-phase project, 800 participants in small groups of 10 to 12 insured individuals first designed a “basic benefits package” with a computer simulation program (Sacramento Healthcare Decisions, 2006). In a second phase, homogeneous groups of uninsured individuals were convened (Ginsburg & Glasmire, 2007). A comparison of the results of the deliberative processes showed notable differences in the coverage plan choices. It is unlikely that these differences would have been visible if the sessions had only been heterogeneous, so having a subset of homogeneous groups within a larger study may provide important insights and serve as a comparator for the heterogeneous groups to ascertain that all perspectives are being heard. The extent to which homogeneous groups reinforce the goals of public deliberation, however, remains uncertain. Further, how well the results of deliberative processes with homogeneous groups would be received by members of the public whose identity does not align with that of the homogeneous group is also unknown and warrants investigation.

Perspectives of Patients Versus Citizens

In addition to demographic characteristics and within the context of deliberation about health care, participants in deliberative processes can also be distinguished on the basis of the perspective they bring to the deliberative process as either “consumer” or “citizen.” The “consumer” lens is that of patient, family member of a patient, or other patient advocate recruited into a deliberative process specifically to represent this perspective. They wear the hat of health care consumer, bringing vested interests related to their condition, circumstances, or caregiver status. This perspective is in contrast to the “citizen” or “member of the public” lens, meaning participants consider not only their personal experiences but also their role in society and how they think society should respond to the deliberative issue. When recruited as consumers, participants are asked to focus on their personal experiences and needs. When recruited as members of the public, they are asked to represent themselves as well as others in the wider community, for example, by assuming the role of social decision-maker (Gold et al., 2007).

This distinction is important to understand and make in the deliberative process. It is also important to understand the lens through which participants make arguments or declare their positions. Lenaghan (1999) states that if the question is specific to patients, such as how to improve service delivery for those with back pain, users of these services should be sought; they are the affected population. Alternatively, if the question is broader, for example, priority setting for funding for a range of health care services that include back pain services, seeking general public input is more appropriate because this question evokes a societal perspective and myriad values, ethics, and preferences. The key informants interviewed to inform the Community Forum

literature review indicated that reinforcing the role of participants as citizens or members of the public, rather than as patients or consumers, is essential to creating an environment that supports a communal sense of responsibility rather than a focus on the individual.

Recruitment Strategies

Few studies provided detail on recruitment methods and their reasoning for employing one method over another. Nevertheless, the literature indicates four primary considerations for recruitment pertaining to the need to specify (1) the study population, (2) recruitment methods, (3) participant screening, and (4) incentives. The recruitment strategy should be informed by the goals of the deliberation and the values of sponsors. For example, Longstaff and Burgess (2010), who sought to recruit a representative sample to deliberate on the issue of biobanks, established key objectives for the deliberative process, two of which directly informed their recruitment strategies: (1) “understanding diverse views” and (2) including “diverse discursive styles and experiences” (p. 216).

Random Selection

Random selection, one of the most common recruitment methods used in public deliberation, is often stratified by social and demographic categories, such as gender, age, social class, and geographic location (Davies et al., 2005). In this way, individuals are selected to “represent” the perspectives and interests of each stratified group in an attempt to reflect the broader composition of society (p. 603).

Although studies state that using random selection can reflect the wider population, random selection often does not achieve representation of hard-to-reach groups (Longstaff & Burgess, 2010; Davies et al., 2005; Gregory et al., 2008). Davies and colleagues (2005) acknowledge that “There is a challenge of getting marginalized communities involved in deliberative processes” (p. 352). Even if financial incentives are provided to make participation more appealing, there are many reasons, such as having lower income, having less education, or being non-English speaking and/or ethnically diverse, that minority populations are unlikely to commit time to a deliberative process. For one, the issues being discussed may not be relevant to their everyday lives. Jacobs and colleagues (2009) found that the deliberative topic has a great deal to do with participants’ willingness to participate in deliberation. Second, competing time demands may preclude participation in deliberative processes that often require significant time investments. Third, minority populations may have a general distrust of the sponsoring organization and its motives. As an example, the Western Australian Electoral Commission recruited but did not obtain demographically and attitudinally representative participation; members of the working class (with less job and time flexibility) were underrepresented (Gregory et al., 2008). In another example, when recruitment methods were being selected for representation in public deliberation on the ethics of biobanks, random digit dialing to “recruit a small sample with only basic filters failed to meet the team’s objective to include diverse discursive styles and experiences”

(Longstaff & Burgess, 2010, p. 6). Thus, the recruitment strategy must define diversity and develop a recruitment strategy that could achieve this diversity.

Self-Selection

Self-selection represents a pragmatic approach to recruitment, in that all individuals who volunteer to take part in a process are included as participants, although they could be further required to meet certain inclusion criteria to participate in the deliberative process (Davies et al., 2005). This approach generates a non-probabilistic sample of the population that may not accurately represent the broader population. It may be perceived as “inclusionary” rather than a selection process (Davies et al., 2005, p. 64). For example, recruitment through advertising (e.g., through newspaper ads) for interested participants and with identifiable groups tends to rely on self-selection, which means that the sample who participates may not represent the wider population, which includes those individuals who either did not see the recruitment ads or were not interested in participating. The NICE Citizens’ Council in Great Britain recruited members first by advertising in newspapers and later by approaching people at shopping malls, resulting in a different composition of participants (Sarah Garner, NICE, personal communication). This approach may ensure a more invested or committed group of participants, which is particularly important when the commitment to public deliberation is ongoing.

Disproportionately Affected

In contrast to recruiting a representative general population sample, it may be easier to identify and recruit participants for studies with selection criteria that target participants who are particularly affected by the deliberative issue. For example, a deliberative project to study the caregivers’ reactions to surrogate decision-making for patients with Alzheimer’s disease recruited 212 participants with relative ease, using mailing lists from local programs serving the Alzheimer’s population, website advertising, and a local newsletter (De Vries et al., 2010). Of these volunteers, 73 percent actually attended the deliberative session. Similar approaches have been used in other projects as well. In a study conducted in Germany and Israel, participants affected by genetic diseases were recruited from self-help and support organizations (Raz & Schicktanz, 2009). In a study that sought to include marginalized youth ages 16–19, researchers relied on methods such as flyers and youth outreach organizations (Iredale et al., 2006). As discussed above, approaches such as flyers or ads rely on self-selection; however, targeting the locations or organizations associated with members of disproportionately affected populations may be a productive strategy.

Hard-To-Reach Populations

Studies that sought one or more predefined groups (e.g., ethnically diverse, women only) often employed professional recruitment firms, which can conduct more complex screening for a diverse range of interests and backgrounds. Using a professional recruitment firm also separates participant recruitment from the research body, “proving vital to the perception of legitimacy of the process” (Lenaghan, 1999, p. 55), an important advantage of this recruitment approach.

Some projects, however, have successfully recruited hard-to-reach populations without using professional recruitment firms. For example, Sacramento Healthcare Decisions (SHD) conducted a 2004 project with adult, disabled Medicaid beneficiaries in California that aimed to learn how Medicaid enrollees would redesign their benefits if state budgets required reductions (Ginsburg & Glasmire, 2004). Recruitment challenges included finding participants who could use a computer and participate in a prioritization process. To achieve its goal of 12 sessions statewide, SHD contacted Independent Living Centers (ILCs) because many of their members met the project criteria. The ILCs agreed to use their centers as the meeting place and were paid a per-person recruitment fee. The participants also received an incentive, a meal, and additional supports such as transportation or childcare. The participants were contacted by the ILC, a known entity for prospective participants, not by SHD. The recruitment process was successful, with few no-shows, which may be explained by (1) the ILCs' support of this project, (2) the location of the meeting in familiar territory, and (3) the timeliness of the topic to a current public policy issue (the state was considering reducing benefits).

A similar approach was used by SHD in another project where low-income and low-education participants were recruited (Ginsburg & Glasmire, 2007). SHD contacted a local homeless shelter with a variety of social service programs. The shelter staff did the recruitment, and the session was held at its facility. Although the shelter and the participants were compensated for their time, the shelter also regarded this as an educational exercise that would benefit its clients by encouraging their sense of being participating members of the community. Thus, partnering with community-based organizations may be an important strategy for both reaching hard-to-reach populations and strengthening their support systems.

One of our key informants mentioned her successful recruitment of a target group of low-income residents in inner city Washington, D.C., noting that a key factor in her recruitment success was that recruiters were known and trusted members of the community. Other factors in the success included holding meetings in locations well known to the participants and having a facilitator from the same background as the participants.

In many cases, a multipronged recruitment strategy has been employed, which incorporates random selection with more targeted efforts to ensure that certain populations are represented. As an example, Gregory and colleagues (2008) describe the recruitment method conducted by the Western Australian Electoral Commission. This recruitment formula included in equal proportions (1) participants who responded to invitations sent to a random sample of residents, (2) participants who responded to invitations to a broad range of relevant stakeholders, and (3) participants who responded to broadly placed advertisements.

Exhibit 9.1 provides additional detail about various example study recruitment procedures to give a sampling of recruitment techniques currently in practice.

Exhibit 9.1. Recruitment strategies described in sampling of reviewed studies

Study	Recruited	Method
Raz & Schickltanz, 2009	35 people in Israel, 85 in Germany; a mix of general population and those affected by genetic disease	<ul style="list-style-type: none"> The general public was recruited through flyers and ads in urban public places. Those affected by genetic diseases were recruited from self-help and support organizations.
Partridge et al., 2009	65 participants from the general public selected on the basis of one-to-one interview criteria	<ul style="list-style-type: none"> Posters, print media, snowballing, and targeted recruitment at a local center on aging were used.
Abelson et al., 2007	Politically and socially active local citizens	<ul style="list-style-type: none"> Participants were recruited through local community organizations on the basis of a stratified random sampling process.
Davies & Burgess, 2004	34 citizens	<ul style="list-style-type: none"> A specialist recruitment agency used a questionnaire for stratified sampling. Stakeholder review of potential participants and snowballing were used.
Longstaff & Burgess, 2010	Randomly selected participants from 5 health regions in the Canadian provinces and a sample group of citizens to enhance diversity	<ul style="list-style-type: none"> Project used random digit dialing based on the 2001 Canadian Census, which included demographic stratification for ethnicity, religion, region, and disability.
de Cock Buning et al., 2008	47 members of the general public	<ul style="list-style-type: none"> Panel members were invited through informal contacts, sport club, and social organizations.
Lenaghan, 1999	16 citizens, with no screening criteria used	<ul style="list-style-type: none"> Census and other demographic data, containing a breakdown of social class, age, gender, ethnic background, and housing tenure, were used. Door-to-door recruiters were used to obtain a jury that matched the relevant profiles. A total of 2,000 letters were sent out to randomly selected residents.

Participant Screening

Screening participants can serve a number of purposes, including avoiding like-minded citizens, participants with extreme views, or stakeholders “who self-consciously represent some particular identity or interest group in society” (von Lieres & Kahane, 2006, p. 140). By screening for participants who are uncommitted with respect to the issues, deliberation will not be restricted by strong or dominant positions (Longstaff & Burgess, 2010). Similarly, competency can be screened for if the deliberation is complex and requires a level of basic understanding from the outset.

Gold and colleagues (2007) recruited participants from the New York County jury pool, obtaining a diverse cross section of the public. People who were called to jury duty and were waiting to be empanelled were solicited with a brief description of the project and the requirements of participation. Individuals who had self-identified as interested were then screened in the jury waiting room through a survey asking for demographic information, health status, and insurance information. Numeracy was also assessed by asking people to solve three simple mathematical problems, because the deliberative topic involved cost-effectiveness analysis. Thirty-five individuals were excluded from the study on the basis of not being able to

answer an arithmetic question. Final selection was based on education, health status, health insurance, and availability.

Participation Incentives

Participation in deliberative forums is often compensated with cash, debit cards, or other financial inducements. Although the amount may be nominal, participants tend to place more value on the money's symbolic meaning than the dollar value itself (Hendriks, 2005). Paying individuals for their time is often a way to motivate individuals to participate. However, participants are more committed and engaged when they know their voice will affect policy. Financial incentives provide individuals with a sign that their contribution is valued by society and the project is a serious political undertaking (Hendriks, 2005).

Although money can influence participation, many individuals voluntarily contribute their time when they know that their input will influence services such as health care or social services. In a study on public perception of prenatal genetic testing, all participants were self-selected and volunteered their time with only travel reimbursement; they were engaged because they knew that the Ministry of Health in the Netherlands was coordinating the deliberation and that their voices would help transform policy on bioethics (de Cock Buning et al., 2008). In the absence of an obvious organization that can respond or listen to participants' views, individuals can have a negative experience in public deliberative processes with or without financial incentives (Lenaghan, 1999).

It is important to keep in mind that hard-to-reach participants are more likely to respond to a financial incentive, and it is naïve to assume that goodwill and a receptive policymaker will be enough to motivate the underserved to participate. Thus, including a financial incentive may be necessary to secure their participation. However, a key consideration is to the extent to which financial incentives serve as the primary motivator for participation and how this motivation will affect participants' level of engagement.

Expectation-Setting and Preparation

An important part of initiating the deliberative sessions is setting expectations with participants regarding how the deliberative process will proceed, their role in the process, and the responsibilities of the conveners to the participants. Further, some evidence indicates that obtaining quality public input starts with assuring participants that their voice will be heard and could influence policy or other decisions related to the deliberative topic (Carson & Hartz-Karp, 2005). As part of setting expectations, clarity regarding the participants' role and tasks is also key, so that they understand what is being asked of them (DeStefano, 2010).

Consensus

An aspect of the deliberative purpose is consensus—whether or not participants will be asked to come to an agreement on the issue, an appropriate course of action, or some set of recommendations. Depending on the deliberative topic and methods, achieving consensus among the participants varies in importance to project planners. In the literature, we found that even those planners or conveners who regarded consensus as an important goal did not want this to interfere with open, uninhibited discussion. In particular, they were aware of the need to identify and respect minority views.

In interviews with key informants, the subject of consensus evoked strong opinions because most informants thought that it was reasonable to pursue but not to the extent of requiring it, which may compromise the diversity of views represented. These researchers seemed more comfortable with concepts such as reaching “tentative working agreements” and that with consensus it is “reasonable to inquire but unproductive to insist.” One informant noted that it was particularly useful to understand the reasons a minority of the participants were not convinced about a decision when others were. Thus, if consensus is desired or a requirement, careful consideration of minority or dissenting views is important to fully understanding how the public feels about the issue—and what potential alternative positions exist.

Role of Participants

Participants should display “conscientiousness” by actively listening with respect to others, considering all perspectives, and putting forth a sincere effort to reason through the deliberative process (Fishkin & Farrar, 2005; Melville et al., 2005; DeVries et al., 2010).

In an analysis of the inclusion of Aboriginal people in deliberations regarding health policy issues in Canada as part of the Romanow Commission, von Lieres and Kahane (2006) identified the following design features related to participants’ roles that affected the outcomes of the process. First, the extent to which the deliberative process is reflexive, meaning that participants have the opportunity to define their participation through activities such as agenda setting, affected the outcomes. Second, the extent to which participants have a say in the process from the beginning to the end—that participation is recursive—also affects outcomes. Finally, the use of separate spaces for members of marginalized groups to be able to reflect on the dynamics of the group—including power, exclusion, language, and so on—is important; in this space, they can consider the common agenda of the participants. Separate spaces could entail parallel deliberative processes or opportunities to caucus within heterogeneous deliberations. Thus, these components can help bolster the engagement of participants in the deliberation and support the inclusion of diverse perspectives.

Information Component (Educational Materials and Use of Experts)

Educational Materials

As mentioned above, the information component is a necessary condition for public deliberation. Public deliberation can be significantly enhanced by infusing high-quality information into the process through educational materials, expert testimony, and case studies (Abelson, Forest et al., 2003; Lukensmeyer & Brigham, 2002). Providing easy-to-understand, nontechnical background information and tailored in-depth knowledge (through experts) can enhance participation in the deliberative process (Church et al., 2002; de Cock Buning et al., 2008; Secko et al., 2009; Longstaff & Burgess, 2010; Bryan, Sofaer, Siegelberg, & Gold, 2009).

Gold and colleagues (2007) asked participants to discuss complex health care costs, cost-effectiveness analysis, and ethical issues; because of the complexity and breadth of the topic, participants experienced an extensive educational process that included (1) a simplified overview of cost-effectiveness analysis; (2) nontechnical descriptions of 14 conditions and their associated treatments; (3) more in-depth knowledge provided through presentation and case studies about cost-effectiveness ratios for commonly used services such as cervical cancer screening; and (4) internationally comparative information on life expectancy, mortality outcomes, and insurance rates. Providing participants with a common knowledge base and building on this base ensures that “members of the public can readily engage (in) these discussions and are eager to think about the priorities they hold for health care coverage” (p.70).

In another study, participants were asked to identify key values that should guide a biobank in British Columbia (Longstaff & Burgess, 2010). In the first weekend, participants were introduced to the subject of biobanks through expert and stakeholder presentations; a graphic illustration of biobanks and their connection to research, health care, and communities; an annotated bibliography summarizing relevant articles and media reports; and full articles available on a private website. During the second weekend, after participants were given the opportunity to read the information, pose questions, and obtain online answers (from experts, as coordinated and posted by a dedicated researcher), they deliberated on the topic in small groups to allow everyone to contribute.

In both of these examples, participants were provided with high-quality, in-depth knowledge on a subject with which they previously had no experience. Often background or briefing materials are presented days or weeks before the deliberation, which allows participants the opportunity to digest and scrutinize complex and values-laden issues. In the case of citizens' juries, Lenaghan (1999, p. 54) remarks that “it is vital the jurors have the opportunity to think through the consequences of the decisions which they have been asked to make.” Thus, the provision of educational materials in advance of the deliberative event is an important consideration.

To move from abstract theory to practice, case studies or vignettes can be used to illustrate the need to make trade-offs between competing values (Lenaghan, 1999). Real or imagined scenarios that encourage them to consider others' situations are often presented to participants (Raz & Schicktanz, de Cock Buning et al., 2008; Scully, Banks, & Shakespeare, 2006). Detailed, concrete scenarios provide social and cultural narratives that allow participants to move beyond the science. These narratives allow participants to consider new information they would need to make a judgment and the reasons and motives of others (Raz & Schicktanz, 2009).

As can be seen in Exhibit 9.2, many public deliberation events prepared participants to engage in deliberation by providing briefing materials, often in combination with more in-depth information, terminology, summaries, and other descriptions.

Exhibit 9.2. Sample of education materials and information presented

Study	Type of Deliberation	Information and Education Materials
"Public perception of prenatal genetic testing: Arguments put forward by the public during a participatory policy project in the Netherlands. (de Cock Buning et al., 2008)	Citizens' panel	<ul style="list-style-type: none"> • Background information on genetic testing • Description of technology to be discussed • Four "real world" case studies on prenatal genetic testing
Consensus conferences and planning cells: Lay citizen deliberations (Hendriks, 2005)	Consensus conferences	<ul style="list-style-type: none"> • Briefing materials • Field trips • Presentations from relevant government officials, academics, interest group representatives, and activists
Informed consent in biobank research: A deliberative approach to the debate (Secko et al., 2009)	Deliberative public engagement event	<ul style="list-style-type: none"> • General level information booklet • Expert panel on biobanking • More advanced online background reading
Recruiting for representation in public deliberation on the ethics of biobanks (Longstaff & Burgess, 2010)	Deliberative event	<ul style="list-style-type: none"> • Illustrations of biobanks and their connection to research, health care, and communities • Annotated bibliography summarizing sample articles and media reports available at meeting • Full articles available on private website • Expert and stakeholder panel
Does deliberation make a difference? Results from a citizens' panel of health goals priority setting (Abelson, Eyles et al., 2003)	Citizens' panel	<ul style="list-style-type: none"> • Letter outlining participants' responsibilities • Background information related to the study • Health status report
Patient demands and the development of EHR systems (Zurita & Nohr, 2003)	Citizens' panel	<ul style="list-style-type: none"> • Information material on the topic • Citizens who research the issue and prepare questions • Expert panel with different opinions
Report on NICE Citizens Council Meeting: Inequalities in health (National Institute for Health and Clinical Excellence, 2006)	Citizens' council	<ul style="list-style-type: none"> • Multiple presentations to the citizens on the background, consequences, and difficulties associated with health inequalities. • Experts, professors, and executives who presented varying perspectives, research findings, etc.

Study	Type of Deliberation	Information and Education Materials
Evaluation of two methods of deliberative participation of older people in food-policy development (Timotijevic & Raats, 2007)	Citizens' jury and citizens' workshop	<ul style="list-style-type: none"> <li data-bbox="802 266 1386 321">• Experts who testified in front of the citizens' jury and workshop

Exhibit 9.2. Sample of education materials and information presented (continued)

Study	Type of Deliberation	Information and Education Materials
Promoting prostate-specific antigen (PSA) informed decision-making: Evaluating two community-level interventions (Driscoll et al., 2008)	Moderated group discussions	<ul style="list-style-type: none"> • Physician/study team member presentations at the sessions to give background knowledge • Posters about prostate cancer or men’s health issues given to participants at the session • Video showing men discussing the PSA decision process
Making policy decisions about population screening for breast cancer: The role of citizens’ deliberation (Paul et al., 2008)	Citizens’ jury	<ul style="list-style-type: none"> • Questions to be deliberated on provided in advance • Standard criteria for assessing screening programs • Pamphlets on mammographic screening • Opportunity for participants to clarify the questions • Expert presentations • Published decision aid for screening mammography at 40 years of age
An innovative participatory method for newly democratic societies: The “civic groups forum” on national health insurance reform in Taiwan (Deng & Wu, 2010)	Civic group forums	<ul style="list-style-type: none"> • Comprehensible reading materials that introduced the National Health Insurance (NHI) in Taiwan • Background knowledge on the two issues that outline the advantages and disadvantages • Expert lectures and testimony
Does providing cost-effectiveness information change coverage priorities for citizens acting as social decision makers? (Gold et al., 2007)	Deliberative workshops	<ul style="list-style-type: none"> • Description of the project • Pre-workshop survey • Priority-setting exercise • Nontechnical descriptions of 14 conditions, their associated treatments, and available information about each treatment’s effectiveness
Assessing the quality of democratic deliberation: A case study of public deliberation on the ethics of surrogate consent for research (De Vries et al., 2010)	Deliberative groups	<ul style="list-style-type: none"> • Material on surrogate-based research • Four scenarios regarding such research
Preliminary report: Tough choices in health care (Dirigo Health, 2005)	Statewide focus groups	<ul style="list-style-type: none"> • Discussion guide on health care in Maine
Public impacts: Evaluating the outcomes of the California <i>Speaks</i> statewide conversation on health care reform (Fung et al., 2008)	Online deliberation	<ul style="list-style-type: none"> • Discussion guides with background on the six key policy areas • Video and PowerPoint briefing about major health care reform proposals

Use of Experts

The use of experts during the deliberative session is considered an essential component of citizens’ councils, citizens’ juries, citizens’ panels, consensus conferences, and other deliberative processes that generally take place over longer time periods (more than one day). Many of the studies reviewed (Parkin & Paul, 2011; Secko et al., 2009; Gregory et al., 2008; de Cock Buning et al., 2008; Hendriks, 2005) stressed the importance of presenting diverse viewpoints in order to be as neutral and scientific as possible and to not bias the results. By providing an array of expert or advocate perspectives, participants have the opportunity to gain common knowledge, hear a range of viewpoints, and question the experts, which enhances engagement in the issue (Dryzek

& Tucker, 2008). Further, learning of the positions of experts or advocates may help participants think about alternative options (Arvai, 2003).

Vatn (2009) recommends using experts with different views in order to increase the “capacity of the deliberative process to capture what may be at stake” (p. 68). However, the author warns that experts vary greatly in their ability to “present clear messages and build trust” with public participants (p. 68). It is also the case that a powerful expert for a particular point of view can influence participants unduly (Lenaghan, 1999). Some studies recommend establishing an advisory council to oversee materials development and expert testimonies; the inclusion of an advisory council is an inherent component of citizens’ juries. The advisory council should comprise all key stakeholders to ensure that all sides of an argument are presented fairly (de Cock Buning et al., 2008; Lenaghan, 1999).

Mullen (2008) presented an alternative argument for using experts. If a group of citizens deliberate only by themselves, their conclusions may not sufficiently consider the technical aspects of the topic. Consequently, the decision may be attacked by others as insufficiently informed, thus weakening the decision’s defensibility. The inclusion of experts ensures that participants have sufficient technical understanding and that their conclusions will be informative to target audiences, such as members of the scientific community.

Further, experts are considered essential if the deliberative topic requires an understanding of scientific, technical, or theoretical information that the average member of the public might not have prior to participation in deliberation. Although many deliberative projects do not use experts directly in the sessions, they invariably use them in developing the content of discussion guides and the other tools used to prompt discussion, debate, and decisions. At a minimum, project advisory committees generally provide the range of perspectives—philosophical and technical—needed to ensure that the material is balanced, complete, and accessible to a lay audience.

Framing the Deliberative Question

The goal of framing is to translate the overarching question or purpose motivating public deliberation into a common, grounded issue about which the public feels capable to deliberate. In essence, framing is a purposeful process that sets the stage for how the deliberative process will be conducted, including the step-by-step work of the facilitator and the participants in deliberation. Framing also considers the political landscape. For topics that are particularly controversial, framing takes on special importance. The process of framing must be consistent with the principles inherent in legitimate deliberation, as listed under Necessary Conditions for Public Deliberation above.

The use of framing has been studied in media and political contexts (Callaghan & Schnell, 2005). Although the framing in public deliberation is not analogous to the framing used in media

or politics, it is important to understand what frames exist in the environmental context and how to approach framing an issue. Foremost, framing serves as a mechanism to “prime” members of the public, because “frames subtly and often unconsciously direct which beliefs or information are primed or ‘cued’ (i.e., made accessible psychologically) for subsequent evaluations” (Callaghan & Schnell, 2005, p. 14). Thus, framing elicits the knowledge and experiences (and associated emotional connotations) related to an issue.

Several studies have sought to uncover the role of framing in deliberation. Kadlec and Friedman (2009) and Friedman (2007) explore how the framing of a discussion issue for “persuasion” versus “deliberation” affects group discussion and understanding of the issue. Using eight focus groups, an exercise experimentally manipulated the framing of materials for persuasion (i.e., contrasting two debate-style arguments as would be routinely depicted in media) versus for deliberation (i.e., a nonpartisan introduction providing background to the discussion topic, and three potential approaches to the problem with associated trade-offs for each). Through observation of groups and qualitative analysis of discourse, this study revealed that participants in the deliberatively framed groups—compared with those in the persuasive groups—discussed more specifics and operational considerations and effects related to the topic; displayed more inquisitiveness about the source and nature of the problems surrounding the topic; demonstrated a realistic and pragmatic understanding of the difficult choices faced in the issue; and brainstormed creative solutions. In contrast, discussion within the persuasive framing groups demonstrated ideological generalizations (e.g., the relationship of big government and personal freedom); demonstrated more “venting” than inquisitiveness about the problems that surrounded the topic (e.g., corporate greed, government corruption); created a tendency toward grasping for easy answers versus understanding the nuances of choices and trade-offs; and tended to veer off track or become circular and repetitive. This study’s findings reveal the tacit importance of framing in shaping how participants consider and discuss an issue.

In another study that tested how the use of metaphors affected the public policy solutions participants proposed, Thibodeau and Boroditsky (2011) found that participants do not recognize the role of the metaphor in their reactions. When crime was framed as a wild beast, participants emphasized enforcement strategies; however, when crime was compared to a virus, participants emphasized enforcement strategies less and social reform strategies more. In another study about the issue of individual consent for the use of personal health information in research, Willison and colleagues (2008) iteratively introduced three consent approaches that ranged in terms of participant control over their information from strong personal control to less control. Participants tended to favor opt-in approaches, emphasizing their personal control, and wanted more control over their data when the issue of profitability was introduced. These findings collectively indicate that the choice of framing, through the language used and ideas evoked, can play a significant role in how participants feel about an issue and in the outcomes of deliberation.

Taking into account the role of framing, the manner in which the questions for deliberation are posed to participants should reinforce the overall framing of the deliberative process. Beck (2005) cites Dillon's (1994) characterization that in a participatory democracy, public deliberation addresses the question "What should we do?" Deliberation from Dillon's perspective means that the community experiencing the problem must act on the problem and must live through the consequences of any actions. The initial frame of deliberative issues must conceptualize issues in a way that achieves the statement of the shared problem and the need for action/decision, emphasizes the need for problem-solving and/or idea generation on that decision, and fosters the spirit of reasoned argument by asking participants not just what to do about the issue but "why."

As a tool to frame the issue, illustrative scenarios or vignettes may be used to explore different values, ethics, or principles and to contextualize the deliberative issue in different ways. In these situations, the organizers examine whether different "nuances" in purposefully chosen illustrative examples influence the deliberation and decision outcomes in any way (e.g., Sacramento Healthcare Decisions, 2006). Following the presentation of the issue, the initial frame introduces participants to the conflicting values or priorities inherent in the deliberative topic, often subtly so. Subsequent frames delve deeper or more directly into asking "why," leading to a discussion of the full range of interests, preferences, and priorities of an inclusive group of citizens.

Role of Facilitators

Most of the public deliberation literature refers to the importance and use of highly skilled facilitators who can work with the general public. Facilitators play a key role in ensuring the conditions necessary for successful public deliberation. Although reports of public deliberative processes usually do not go to great lengths to describe the range of needed skills, there are many references to the tasks and qualities that make up good facilitation.

The various descriptions indicate that facilitators should have the following characteristics:

- Be specially trained for the project, following a standard format (Maxwell, Rosell, & Forest, 2003)
- Be impartial (Hendriks, 2005; League of Women Voters of Washington, 2001)
- Probe for possible conflict and promote cooperation (Karpowitz & Mansbridge, 2005)
- Prompt for clarification of statements (Kim et al., 2009)
- Encourage the expression of opposing viewpoints and participation by everyone, and limit domination of discussion by some participants (Kim et al., 2009)

- Encourage an ethos of mutual respect in guiding the decision-making process (Smith & Wales, 2000; Kim et al., 2009)
- Remain vigilant and active procedurally by outlining the ground rules for discussion, keeping the group on task, ensuring that all participants have a chance to participate, and ensuring that experts adhere to their agreed-on presentation and answer the questions that are put to them (Lenaghan, 1999; Kim et al., 2009)

Fishkin and Farrar (2005) note that it is important that the facilitator restrict neither the content of what the participants say nor the kind of speech they use. Further, the facilitator should place no formal limit on how long each person may speak but actively encourage every member to participate.

Although not mentioned often in the literature, there was some discussion of whether facilitators should be knowledgeable about the deliberative topic. Whereas one set of authors believed that it was important for facilitators to prepare for the deliberation by studying the subject being discussed (Sokoloff et al., 2005), others thought that facilitators should not be experts in the topic of deliberation but rather focus on the process and on answering participants' questions (Hendriks, 2005; Melville et al., 2005; Kim et al., 2009). In either case, it is important that facilitators be willing to engage with and learn about the topic (Sarah Garner, NICE, personal communication).

Both approaches have clear pros and cons. Facilitators without knowledge might not know whether witnesses were manipulating participants, while knowledgeable facilitators may allow bias to creep into the proceedings (Lenaghan, 1999). Some researchers found a balance by using complementary facilitators, one being a member of the research team with particular expertise in facilitation and a second moderator with extensive knowledge of the subject being discussed (McKie et al., 2008).

In terms of facilitator training, Kim and colleagues (2009) provided the most detail, referencing an article by Crosby and Nethercut (2005):

Facilitators are asked to review written materials prior to the training session, including the research plan of the project, the presentations that will be used by the experts, detailed description of the session day, and the facilitator guidelines. The training session consists of two parts: the role of the facilitator, list of specific tasks, strategies for dealing with difficult situations, and an annotated guide for leading each of the three small group deliberation sessions scheduled for the day. There is also an in-depth discussion and role play using scenarios collected from analyzing the previous small group sessions. They have identified various points that are potential problems and examples of particularly good facilitation; these are used to demonstrate how to conduct good facilitation and how to navigate through potential group problems. Standardizing the roles for

facilitators is crucial to promoting good deliberation and minimizing unwanted group dynamic effects. (p. 12)

Independence of the Facilitators

At least two articles mentioned the importance of the facilitators being independent (Smith & Wales, 2000; Rawlins, 2005). They discussed the concern that participants may question the objectivity of the facilitators if they are closely affiliated with the sponsoring organization. With an organization as visible and controversial as NICE, having its Citizens Council facilitators be independent contractors seemed a prudent approach. For other groups, however, this concern about appearances may not be indicated. Regardless of whom the facilitators work for, their skill and impartiality are not difficult to judge—by the participants themselves and others who are evaluating the proceedings.

Summary of Considerations To Harness Quality Public Input

Through the literature review, we have identified myriad best practices and considerations for designing deliberative processes that promote quality public input. Exhibit 9.3 describes these prerequisites for successful, high-quality deliberation.

Exhibit 9.3. Promoters of quality public input

Components of the Deliberative Process	Promoters of Quality Public Input
Deliberative topics	<ul style="list-style-type: none"> • Effect on policy and the common good: The topic for deliberation should be an issue about which participants can make a meaningful contribution and affect policymaking within an acceptable timeframe (Lukensmeyer & Brigham, 2002; Chafe et al., 2008a; Carson & Hartz-Karp, 2005; De Stefano, 2010).
Recruitment strategies	<ul style="list-style-type: none"> • Inclusion and “universalism”: The deliberation should be representative and inclusive of diverse viewpoints and allow for equal opportunity to participate (Jacobs et al., 2009, p. 10; Carson & Hartz-Karp, 2005). • Diversity: The deliberation should include multiple perspectives, including those of individuals who are traditionally underserved, unaffiliated, or disenfranchised (Barabas, 2004; Lukensmeyer & Brigham, 2002; Fishkin & Farrar, 2005; von Lieres & Kahane, 2006).
Recruitment screening for desired participant characteristics	<ul style="list-style-type: none"> • Conscientiousness: Participants should listen to others’ arguments and make an effort to use reason through the deliberation (Fishkin & Farrar, 2005). • Respect: Participants should respect the opinions of others (DeVries et al., 2010). • Belief in deliberation: Participants should believe that deliberation is an appropriate mode of conversation (Burkhalter et al., 2002). • Analytic and communication skills: Participant should possess the skills needed for the deliberation, such as numeracy (Burkhalter et al., 2002; Gold et al., 2007). • Motivation: Participants should have sufficient motivation to learn about the topic and participate (Burkhalter et al., 2002).

Exhibit 9.3. Promoters of quality public input (continued)

Components of the Deliberative Process	Promoters of Quality Public Input
Expectation setting and preparation	<ul style="list-style-type: none"> • Strategy: Conveners should decide, “Who are the key decision makers, stakeholders, and communities, and what is the nature of their stake in the issue? How would a deliberation build on previous activity? When would a deliberation be most salient?” (Lukensmeyer & Brigham, 2002). In this way, they are being strategic about how members of the public can influence policy and decisions. • Assurances of influence: Conveners should provide participants with the assurance that their voice will be heard and that the deliberative process will influence policy and decision-making (De Stefano, 2010; Carson & Hartz-Karp, 2005; Jacobs et al., 2009, p. 13). • Clarity: Conveners need to define the participation tasks to manage participants’ expectations and prevent the occurrence of misunderstandings or disputes; the conveners of deliberation should clearly articulate the participants’ tasks and all of the issues that should be addressed (De Stefano, 2010; Chafe et al., 2008a).
Information component	<ul style="list-style-type: none"> • Accuracy: Conveners need to use accurate information in deliberation (Fishkin & Farrar 2005; De Stefano, 2010). • Competence or supporting informed dialogue: Educational material should include appropriate and sufficient context and history on the issues, be balanced and fair to all perspectives, leave room for citizens to create new options, and have credibility with all audiences. This also requires using appropriate procedures to select the knowledge that will be considered in the process (Lukensmeyer & Brigham, 2002, Abelson, Forest et al., 2003).
Process	<ul style="list-style-type: none"> • Transparency: The process should be transparent to multiple stakeholders so that they can access and understand the process. It also important to be transparent in the language used in the process (e.g., through facilitation) so that participants can fully participate in the process (De Stefano, 2010, Kohn, 2000). • Completeness: The process should include balance in arguments offered and answered on either side of the issue (Fishkin & Farrar, 2005). • Fairness: Fairness in the process requires equal distribution of opportunities to act meaningfully, including setting the agenda, establishing procedural rules, selecting the information and expertise to inform the process, and assessing the validity of claims (Abelson, Forest et al., 2003, DeVries et al., 2010; Kohn, 2000).
Public policy/decision makers	<ul style="list-style-type: none"> • Assurances of influence: Conveners should provide participants with the assurance that their voice will be heard and that the deliberative process will influence policy and decision-making (De Stefano, 2010; Carson & Hartz-Karp, 2005; Jacobs et al., 2009, p. 13). • Creating process for systematizing citizen input: Members of the public should have an opportunity to continue to influence policy on the issue; further, topics brought to deliberation must be issues about which policymakers are amenable to public input (Lukensmeyer & Brigham, 2002). • Mutual trust and credibility: Participants and decision makers need to experience trust and credibility through transparency, active participation, and prioritization of the deliberation (Kohn, 2000; Lukensmeyer & Brigham, 2002).

Exhibit 9.3. Promoters of quality public input (continued)

Components of the Deliberative Process	Promoters of Quality Public Input
Facilitation and environment	<ul style="list-style-type: none"> • Open-mindedness: Participants are encouraged to remain open-minded, and there is space to understand and reframe issues (Carson & Hartz-Karp, 2005, Barabas, 2004). • Safe public space: The environment supports a fair and productive dialogue with equal opportunities for participation; also, interests and perspectives of the participants are treated as equally as those of the experts (Lukensmeyer & Brigham, 2002). • Standards of reasonableness: Facilitators emphasize that the arguments posited should appear to be well reasoned; arguments should appeal to others' rationale, and participants should publicly declare the reasoning behind their positions (Kohn, 2000; Jacobs et al., 2009).

Chapter 10.

Implications

A key finding of the literature review is that few well-designed or comparative studies about public deliberation have been conducted, pointing to a research gap that needs to be addressed. Given the very limited number of randomized controlled studies that have been done on public deliberation, a sound internally valid experiment—a deliberative demonstration—can contribute to the body of evidence about deliberative methodology and improve our ability to draw causal inferences about the influence of the deliberative process on outcomes.

The deliberative demonstration involves designing, implementing, and evaluating public deliberation as a means for obtaining public input in AHRQ’s EHC program and CER enterprise. The literature review provides a wealth of information to guide design decisions related to the deliberative demonstration. In addition, the Community Forum Technical Expert Panel (TEP), comprising six experts in public deliberation, CER, or risk communication, provided additional guidance at a meeting held on February 15, 2011, and in subsequent communications. (See Appendix I for the TEP list.) On the basis of the literature review and expert input, we have developed the following implications that inform the deliberative demonstration.

Implications for Designing Public Deliberation on CER Topics

Implication 1. Establish clear intent and goals for the use of public input into CER.

Extensive literature demonstrates the importance of being clear on how the results of the public deliberative process will be used to inform decision-making, public policy, and program directions. It is also clear that sharing these goals and intentions with participants in public deliberation is important to the success of the deliberation—assurances that their input will matter enhances their willingness to participate. Further, follow-up with the participants regarding how their results were used would increase the legitimacy and meaningfulness of the process to participants.

Implication 2. Ensure that the goals for public deliberation inform the deliberative tasks and methods.

Certain deliberative methods may be better suited for some issues over others. The use of experts, educational materials, breakout small-group sessions, interaction between sessions, group size, duration, and mode can affect deliberation. The deliberative methods employ an array of features from which sponsors or conveners can select; many articles abstracted for the literature review were categorized the method as “Other,” indicating that the use of features of deliberative methods is often opportunistic.

Key trade-offs to consider when selecting a method are outlined below.

- ***Influence of group size and duration on quality and feasibility of deliberation.*** The larger the group, the more likely it is to be representative of the population at large. However, large group size may impede the participants' ability to fully deliberate on an issue since each person has less opportunity to contribute; though, breakout sessions in smaller groups can mitigate these concerns. Further, large group size may have a negative effect on feasibility, both in terms of recruitment and cost. Likewise, session length and the overall duration of the deliberative process may be related to the quality of the deliberation, as longer sessions may enable participants to more fully engage in the issue and allow for a diversity of values and perspectives to emerge gradually. Thus, longer sessions may be more appropriate for highly technical, complex, or controversial issues, for instance, than shorter sessions. However, longer sessions may reduce willingness to participate, compromising representativeness, and entail greater expense. Thus, decisions about session length and duration should align with the goals of the deliberation.
- ***Ensure that diversity does not result in dominance.*** In determining the composition of the group, it is important to define diversity vis-à-vis the issue needing public input (e.g., political affiliation, demographic characteristics). Heterogeneous groups support the fundamental goals of deliberation, because participants have the opportunity to learn from and converse with other members of the public with whom they might not have day-to-day interaction. However, without careful structuring of the process and facilitation, heterogeneous groups may result in dominance, which can occur when members of the majority group are able to talk more often and better articulate their positions. Composed of members with a similar identity, homogeneous groups may provide a more supportive environment, particularly for traditionally underserved or hard-to-reach groups. However, they offer less diversity, and members of the majority groups will not hear firsthand the perspectives of the minority groups. Thus, determining the group composition requires weighing these trade-offs.

Implication 3. Ensure transparency of the deliberative process to promote legitimacy and public acceptance.

For both the use of informed, deliberative public input in policymaking and the perceived legitimacy of the deliberative process, it is important to implement a transparent process. Some ways to ensure transparency and the likelihood of acceptance of the process by the public are to ascertain that the conveners or managers of deliberation are independent from the sponsoring organization, and to ensure that participants are engaged early in the process. The latter is especially important when the purpose of deliberation is to inform public policy or a community-based response to an issue.

Implication 4. Adapt recruitment methods to the goals of deliberation and the intended populations.

The literature underscores the need to include members of a group who may be most affected by the deliberative issue. Alternatively, a representative sample is appropriate if the goals of deliberation are to elucidate how the public at large feels and thinks about a certain issue. Recruitment methods to attain a representative sample often use random sampling; however, we observed many instances of multipronged recruitment approaches in which random sampling was coupled with targeted recruitment efforts, e.g. through community-based organizations.

Implication 5. Design, test, and ensure access to balanced, fair, and factually accurate educational materials.

Deliberation, by definition, requires an educational component. The use of balanced, fair, and accurate information is essential for equipping participants with the shared knowledge base they need for deliberation and for ensuring the transparency and legitimacy of the process. Materials should be highly accessible, meaning that they are written in plain language and can be understood by all participants.

Many analogies and frames exist in the media and political context within which deliberation occurs. Prior to developing educational materials and the framing through which the deliberative question or dilemma will be conveyed, undertaking formative research or an environmental scan related to the issue may help conveners anticipate the information that participants are bringing to the group and adapt materials appropriately. This step may be particularly important when developing vignettes or scenarios that serve to concretize the deliberative question or dilemma. Certain frames that exist in the environment may inhibit deliberation if they trigger strong emotional reactions; thus, an awareness of the environment will help inform the development of the materials, facilitation protocol, framing, and vignettes.

Implications for Implementing Public Deliberation on CER Topics

The last two implications developed by the TEP relate to implementation:

Implication 6. Recognize that expert facilitation is central to high-quality discourse.

The role of the facilitator is crucial to the success of deliberation. The facilitator has the challenge of establishing an open, safe atmosphere to foster deliberation. Further, the facilitator has to ensure that participants are being respectful of one another, are practicing reason-giving, and have an equal opportunity to participate. The facilitator also establishes the deliberative task and sets expectations with participants. Given the responsibilities of the role, multiple facilitators should be available for longer sessions to avoid fatigue. Further, facilitators need to reflect the identity of the participants to the extent possible, be knowledgeable about the issue, and be

amenable to the public. Facilitator training should be standard, ensuring that all the facilitators who will be involved in a deliberative process conduct their groups in a consistent manner.

Implication 7. Ensure optimal use of technology within and outside the deliberation, with equal access and ease of use for all parties.

Although educational materials can take multiple forms, it is important to ensure that participants have access to the resources needed before or between groups; otherwise, inequities are created by the process. For instance, if participants need access to a computer and the Internet, conveners may have to limit the study sample to those individuals with Internet connectivity or provide the participants with the necessary equipment.

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Appendixes

Appendix A. Key Informant Interview Participants

Appendix B. Key Informant Interview Protocols

Appendix C. Key Informant Interview Final Report

Appendix D. Literature Review Abstraction Form and Database

Appendix E. Written Guidance for Abstractors

Appendix F. Online Deliberations and Other Innovations

Appendix G. Questions for Deliberation Observed in the Literature

Appendix H. Summary of Deliberative Evaluation Measures

Appendix I. Technical Expert Panel

Appendix A.

Key Informant Interview Participants

Tony Culyer, C.B/E., B.A., Hon DEcon, Hon FRCP, FRSA, FMedSci, University of York and University of Toronto

Marion Danis, M.D., Head in the Section on Ethics and Health Policy, Bioethics Clinical Center at the NIH

Adam Elshaug, M.P.H., Ph.D., Commonwealth Fund Harkness Fellow in Healthcare Policy and Practice Center for Outcomes and Evidence, (AHRQ)

Karen Facey, Interest Group of Patient/Citizen Involvement in HAT, U. of Glasgow

Alan M. Garber, M.D., Ph.D. Professor of Medicine; Director, Center for Primary Care and Outcomes Research and Center for Health Policy

Francois-Pierre Gauvin, Ph.D., Canada's National Collaborating Centre for Healthy Public Policy (NCCHPP)

Susan Dorr Goold, M.D., M.H.S.A/, M.A., Director, Bioethics Program, University of Michigan Medical School

Supriya Janakiraman, M.D., M.P.H., Agency for Health Care Research and Quality

Alison Kadlec, Ph.D., Vice President and Director of the Center for Advances in Public Engagement (CAPE)

Peter Littlejohns, M.B.B.S., National Institute for Health and Clinical Excellence (NICE), U.K.

Michael Neblo, Ph.D., Assistant Professor at Ohio State University.

Kieran O'Doherty, Ph.D., Assistant Professor at the W. Maurice Young Centre for Applied Ethics, University of British Columbia

Ela Pathak-sen, health care consultant, U.K.

Steven D. Pearson, M.D., M.Sc., FRCP, President of the Institute for Clinical and Economic Review (ICER) at Harvard Medical School.

Jennifer Stromer-Galley, Ph.D., Assistant Professor, Department of Communication, State University of New York, University at Albany

Tom Wakeford, Director of Public Engagement and Co-Inquiry, Policy, Ethics and Life Sciences (PEALS) Research Centre, Newcastle University, U.K.

Tracy Wolff, M.D., M.P.H. Medical Officer and Senior Service Fellow with the U.S. Preventive Services Task Force (USPSTF), AHRQ

Appendix B.
Semi-Structured Interview Protocol

THE INTERVIEW

Introduction

(2 min)

Welcome and purpose of the interview

- Hello. Thank you for taking time to talk with me today. My name is Marge Ginsburg, and I represent the Center for Health Care Decision-making, a subcontractor to the American Institutes for Research, a Washington, D.C.-based not-for-profit research company, on the Community Forum for Comparative Effectiveness Research project, funded by the Agency for Healthcare Research and Quality. [Introduce others if applicable. State your role(s) on the Community Forum project.]
- As described in the invitation letter for this interview, the purpose of the Community Forum for Comparative Effectiveness Research is to develop or refine approaches to eliciting public views as an input to health care decisions, particularly in comparative effectiveness research. We are currently conducting a review of relevant literature on deliberation with members of the public, best practices in deliberative processes, what defines and fosters a deliberative “success,” and the outcomes of deliberation.
- We would like to talk with you today to learn more about your experiences with public deliberation; its intended application by AHRQ to explore comparative effectiveness research; deliberative modalities (e.g., face to face vs. online deliberation), factors that define and foster successful deliberation; and the potential outcomes of public deliberation.

Procedures

- The interview will last about 45 minutes.
- You don’t have to answer every question, and you can stop the interview at any time for whatever reason.
- To protect your confidentiality and privacy, your name will not be included or connected with statements you make during the interview in reports and summaries that result from this project. Your comments will be used to inform the literature review on deliberative methods, as well as support our design, implementation, data collection, and analysis of deliberative processes on the topic of CER.
- The Community Forum project team will handle all information being shared with us today in a confidential manner, and we will not identify the source of comments in any reports or summaries. AHRQ will only know about the general themes that emerge from the interviews and how those affect the deliberative demonstration.
- Ask, “Is it OK if I audiotape this interview today?” {Turn on recording equipment if you are using it.}}

Background on Public Consultation & Deliberation

(10 min)

1. [Warm-up question]: Describe the role that public deliberation plays in your professional life.
Do you think its role will expand in policymaking in this country? If so, what will drive that expansion?
2. To you, what distinguishes deliberative methods from other forms of public engagement? What are the “minimal” criteria needed to label something as “deliberation”?
3. Some people regard public engagement as simply window-dressing. What do you think the average citizen can contribute to the public policy?
4. One of the criticisms of public deliberation is that it does not always capture the voice of those subject to healthcare inequalities. What is your approach to this problem?

Applications of Deliberative Methods

(15 min)

5. There are many different public policy issues. What do you regard as the essential elements of a policy issue that make it ideal for public deliberation?
6. Let’s turn to the topic of CER. Many describe the purpose of CER as providing better information for doctors and patients to use in making treatment decisions, which are personal ones. Yet public deliberation usually focuses on societal decisions. Do you see a conflict here?
 - What issues in CER would benefit from a societal perspective? What specific controversies or priorities could be effectively addressed through deliberation on CER topics?
 - AHRQ particularly has an interest in ethical or values-based perspectives. Do you distinguish ethics and values from other aspects of societal perspectives? Examples? How might these perspectives be relevant to CER?
 - To you, what would be a ‘really good’ outcome from this 3-yr. effort to engage the public in issues related to CER?
7. Part of this project will compare how different methodologies work vis-à-vis CER topics. What knowledge gaps now exist in assessing the effectiveness of one type of deliberative process over another? How could this project address these gaps? Are there certain methodologies that you believe are less or more effective for the kinds of topics we will be exploring?

Deliberative Modes (for relevant participants only)**(15 min)**

8. How have you utilized technology in deliberation?
9. How does technology affect the deliberative process? Probe for participants' experiences, knowledge development, debating, access to experts, etc.
 - What are the effects of synchronous deliberation on group processes and deliberation? On outcomes?
 - What are the effects of asynchronous deliberation on group processes and deliberation? On outcomes?
 - Are there particular topics or environments that are more conducive to one form of technology-based deliberation than other topics or environments? In other words, when we design a technology-based deliberation, what are the criteria we should use for determining whether to use synchronous or asynchronous deliberation?
10. Does the incorporation of technology into deliberation pose a barrier to accessing some populations? In your experiences, are there certain groups that are better able to use technology in deliberation than others? How do you ensure representative participatory opportunities across demographics?

Defining & Achieving Successful Deliberation**(15 min)**

11. I'd like to turn to how one decides if deliberation is successful. In general, what do you consider a "successful" deliberation?
 - For individual participants?
 - For the group?
 - For the sponsor(s) of the deliberation?
 - When all is said and done, what outcomes do you think are most important?
12. In evaluating success, what measures/assessments have you used to evaluate a particular deliberative event or project? (particular methods or tools that you use?)
13. What are the questions that are most important to answer to judge whether a deliberative process was a success or not?
 - Some people focus on the degree of 'deliberation' that took place. What to you is evidence of good deliberation? How do you measure the quality of it?

- Is outcome or impact an important consideration in deciding if a deliberation was successful? Or is it enough to know that the process was legitimate? *Probe for qualitative and quantitative approaches that have been successful.*
14. What do you regard as the most significant barriers to performing deliberative methods studies and doing them successfully?
 15. On a practical note, how have you met the challenges of incorporating the underserved and hard-to-reach populations into deliberations?
 16. Are there special challenges for facilitators in engaging mixed demographic groups? What steps do you take to assure an equal voice? *Probe for implications to recruitment, the role of incentives in recruitment, educational materials, role of the moderator, the role of expert testimony, and group dynamics.*
 17. If you were to name the top three factors that are most important in fostering successful deliberation, what would they be? Probe for moderator characteristics, expectation setting with participants, group composition and dynamics, and educational materials.
 18. Some deliberative processes are oriented to reaching consensus on an issue; others are not. What is your experience with these two approaches and do you feel strongly one way or another about the need to reach consensus?

Wrap up and closing

(3 min)

19. Are there specific sources of grey literature (unpublished) and/or organizations/ individuals you believe we should seek out to supplement what peer reviewed literature offers, especially with respect to the innovators of deliberative methods and/or sound empirical evidence about deliberative practices?
20. Before we end, I want to give you the opportunity to add any other comments you may have about deliberation, the public's input into CER, and the Community Forum for CER project.

Thank you very much for participating in this conversation. On behalf of AHRQ, AIR, and the other key members of the Community Forum team, thank you very much for your time and your input.

Appendix C.

Key Informant Interview Final Report

Key Informants

Summary of Interviews

Purpose

The Community Forum is a complex and unique undertaking. As part of the planning process, the AIR team conducted telephone interviews with 17 key informants, individuals recognized for their knowledge and experience in the fields of public deliberation (PD) or comparative effectiveness research (CER). To augment the literature review, these interviews provide insights in navigating through the variables of deliberation and CER. These candid, first-hand perspectives allowed us to probe into specific aspects that are often beyond the reach of the literature.

Interviewee names were recommended by AHRQ, AIR, and other knowledgeable team members. The interviewees are listed in appendix A.

Recruitment and Interview Process

Prospective interviewees were each emailed a message explaining the AHRQ project and our interest in interviewing them. Between September 19 and December 17, 2010, seventeen interviews were conducted. The interview questions were developed by the AIR team (see appendix B); most of the interviews lasted one hour. Not all questions were asked of each person; this semi-structured process allowed for flexibility as responses often led down new paths of inquiry. This guide was also modified for those whose background was in CER rather than public deliberation. All the interviews were conducted by the Center for Healthcare Decisions (CHCD) staff, Executive Director Marge Ginsburg and Associate Director Kathy Glasmire.

Themes

This was a qualitative process; while there was no need to seek unanimity of viewpoint, it was important to know where there were areas of general agreement and areas of diverse opinion. Key points regarding interviewees' perspectives are grouped into four broad themes:

- (1) The value of the societal voice
- (2) The pursuit of successful deliberation
- (3) Choosing a deliberative method
- (4) The role of public deliberation with CER

1. The Value of the Societal Voice

Many of the interviewees were those who conducted or organized public deliberation for a living, either as academics or practitioners or both. They were universally enthusiastic about the study and practice of PD. Even when PD does not provide a direct link to policy change (what most regard as the pinnacle of ‘success’), these advocates have a strong commitment to the relevance of PD in a democratic society, the standards that must be maintained to call interaction ‘deliberative,’ and the importance of applying the process across local, state, and national policy. For a few, it is a particular policy issue that drives their interest; for most, it is the process itself that brings value and legitimacy to the interface of public policy and civic life.

The elements of and rationale for PD were often expressed in similar ways. While informants used a variety of different terms, the meanings were usually consistent:

- It is the ‘societal’ perspective that makes a deliberative process meaningful. Noted one individual: *it is what we should do as a community; it considers the public good, not the individual good.*
- PD is necessary when the issue cannot be solved with a technical answer. While facts are essential for deliberation, it is the process of wrestling with the meaning of those facts that defines deliberation. It is probing for ‘what we should do’ when faced with appealing (or unappealing) options. *PD is most valuable when it gets people digging deep to find out ‘this is what it really means to me.’*
- The deliberative issue is one that is controversial, timely, and relevant to current public policy; it is expected that policy makers are committed to ‘being informed by’ (if not specifically adhering to) the PD results.
- While PD may be applicable for any controversial topic, it is especially important when the values of policymakers may not necessarily reflect those of the public at large—or particular populations who are especially affected by that policy. *It brings the light of public scrutiny into difficult decisions.*
- Societal values are inherent in discussions about conflicting priorities and trade-offs. While few articulated the distinction between ethical issues and societal values, one informant opined that ethics entailed ‘morals’ and societal values were grounded in ‘culture.’ PD is more focused on what one informant called *social value judgments.*

2. The Pursuit of Successful Deliberation

Not all informants agreed that each aspect was important but all of the following were mentioned multiple times as being essential to successful deliberation: (1) the participants were truly representative of the population being sought; (2) the participants felt that their participation was taken seriously and respected; (3) the experience of deliberation had a meaningful impact on participants; (4) the sponsors (the ‘elites’) learned what they needed to help inform their

decisions on the issue being discussed; (5) the sponsors, in fact, used the results of the PD as promised. In particular, success depends on the following:

- The topic must be framed clearly, specifically, and in a way that is relevant to participants' lives. Framing (translating the topic into questions, format, and process for deliberation) requires careful attention to participants' abilities and interests. The goal of the deliberation—what it is that the sponsors want to learn—must also be clear from the start.
- Participants will raise and discuss disparate views. They show a high level of engagement; their arguments are cogent; they listen to others; and they often change their minds. Participants may not always respond with equal intensity but they all respond.
- The legitimacy of the deliberation rests to a great extent on the demographics of the participants. The best process will not have credibility if the participants are not the ones who 'should be there.' Recruitment of marginalized populations can be very difficult. Even with incentives, it takes skill and know-how to attract individuals who are commonly outside the realm of civic participation. Advocacy group representatives are easy to recruit but they are not a substitute for the marginalized individual.
- The role of the facilitator is key to making the ingredients of PD work together. Since the goal is to learn what participants think about a complex issue, individually and as a group, then the person(s) responsible for uncovering that must be skilled and experienced.
- There are differing views about the importance of reaching consensus. Most informants regard consensus (e.g., on a policy recommendation) as highly desirable, but not reaching it is not failure. Forcing consensus risks losing and alienating the minority view. But without the work required to seek common ground, the discussions are just 'talking,' not deliberation. Noted one informant, *for the decision-maker, it's the collective statement at the end that adds legitimacy and credibility.* Other informants make no attempt to find consensus; their goal is to identify the range of viewpoints and values and to fully understand why individuals resist the majority viewpoint.
- Evaluation processes must be established in advance to capture measurable results pertaining to structure, process, and outcomes. While there are credible quantitative and qualitative methods for assessing a particular project, more work is needed on comparing different PD models and measuring impact on individuals and on public policy.

Noted an informant, *if successful, people can recognize the echo of their voices in output; see their opinions and reasons as being represented; and even understand why they didn't get their way and perhaps the good reasons for not.*

3. Choosing a Deliberative Method

Each type of methodology used—from deliberative polling to Citizens Councils—brings particular pros and cons. Many felt that the best PD required an intensive process: at least a day and often more. Those experienced with shorter processes—from two hours to a half-day—believed that for PD to be available to large numbers of citizens, it must be easily accessible within the framework of people’s daily lives and the capability of sponsoring organizations. The implicit trade-off was clear: one model had small numbers of people deliberating over an extended period on a particularly complex topic that required extensive learning; the other had many people deliberating over an abbreviated period using a highly structured approach without an extensive educational component. Many thought that the nature of the topic should dictate which type of deliberation is used.

Concern about reaching larger numbers of people over a larger geography is driving interest in use of the internet for deliberation. While enthusiastic about the potential of social networking, most informants were wary of abandoning face-to-face interaction, skeptical that one could really achieve that same level of interpersonal connection, collaboration and negotiation through distance deliberation as is possible in person. Noted one, *while I can see never shopping in a store again, I can’t see problem-solving happening in another place*. Others were more open and enthusiastic about the possibilities, especially recognizing that younger people have grown accustomed to virtual interactions. A common conclusion is that there needs to be a combination approach.

4. The Role of Public Deliberation With CER

For all informants, this was the most challenging part of the interview. Although most were quite familiar with CER (some more than others), they often struggled to answer the question: *What issues in CER would benefit from a societal perspective?* Nevertheless, various informants mentioned the following:

- Prioritizing CER topics. This is a ‘classic’ role for public deliberation: if one cannot do everything, then what has priority and why. A related version of this is what goals are most meaningful for a healthy society (e.g., questioning the importance of medical care in relation to other needs, such as public health, education, and other social determinants of health).
- Determining standards of effectiveness. CER is about effectiveness but what does this mean and what should it mean? What constitutes a meaningful benefit of one treatment over another? One informant noted that even the accepted confidence level of $p < 0.05$ is often challenged by advocacy groups; examining the facts about this long-accepted standard could be quite interesting.
- Using the results of CER. Currently, those results are advisory, intended to help inform individual patient and physician decisions. What will assure that this information is accessible to patients? How should it be disseminated? What

obligation do physicians have to use CER results in their treatment recommendations? Should they be more than advisory? Should they be a basis for coverage decisions or value-based insurance design? One noted that public deliberation is most important at the beginning of the work (e.g., priority-setting) and at the end (e.g., how are the results used?).

- Acknowledging finite resources. This issue was mentioned more than any other. Paraphrased, one informant noted, *this doesn't mean that decisions about CER must make cost part of the equation, but to ignore this aspect of reality is intellectually dishonest*. Another noted that some countries consider it unethical to ignore the issue of cost because opportunity costs mean someone else will be harmed. Another suggested that a relevant question would be *what is reasonable for society to pay for?*
- Another suggestion: If the public does not want others (government, health plans, purchasers, physicians) to make decisions about cost v. benefit, are individuals willing to say *no* to treatment whose costs far outweigh the benefit?
- Not raising the cost issue. Two informants believed that we didn't have to raise the issue. If the questions are about risk and benefits, they believe that the public will ask about costs (and presumably, take that into account in their deliberations).
- Assessing risk and benefit. Organizations that evaluate interventions make decisions about risk v. benefit. It would be worthwhile to learn how the public views the balance.
- Conducting CER studies. Is this process fair? Is it transparent?
- Exploring ethical issues. There are other aspects of CER that are especially value-laden, for example, how do citizens view these circumstances:
 - When a condition disproportionately affects a particular group of patients (esp. the disadvantaged), should more resources be devoted to that group?
 - When there is a condition not well-studied because it doesn't affect many people, should it get higher or lower priority?
 - Should we differentiate between the very young and very old?
- Weighing the importance of different outcomes. What individuals want for themselves is not always the same as what they think is important for society. Alternatively, what professionals regard as a worthwhile clinical benefit may not be what the public prioritizes.
- Letting the public define the societal issues. Occasionally, planners use a deliberative process to have the public identify the tensions or controversies that may exist in a complex policy issue; i.e., they use PD as way to map tension points before developing a deliberative process on a specific topic.

The AIR team is grateful to the 17 individuals who willingly and openly shared their experience and perceptions to assist us in developing meaningful ways to bring the societal voice to healthcare decisions.

Appendix D.
Literature Review Abstraction Form
and Database

NOTE 1: Yellow Cells below should be filled out. White cells are not required data entry fields but may be used to provide additional info if needed.
 NOTE 2: Abstraction Field Descriptions and Coding Guidance is provided in Column D.
 NOTE 3: Fields in Column A with "deliberative methods studies" in bold green font are to be abstracted only for articles coded as "single empirical studies" (#5)
 NOTE 4: Fields in Column A with "reviews" in bold orange font are to be abstracted only for meta-analysis and other review articles
 NOTE 5: For abstractor convenience, the Outline of the Task 1 Lit Review is provided on the second tab of this workbook ("Outline")
 NOTE 6: NEW FIELD, since pilot abstraction. See note in column E. -- #10 and #20b

Community Forum Task 1 Literature Review – Abstracting Form

Field	Narrative Abstraction Content	Flag	Abstraction Field Content Description/ Coding notes
1. Title			Article Title
2. Author(s)			Lastname, Firstname; all authors in order
3. Journal			Title of Journal
4. Date of publication			Publication Year
5. Type of article			Use the "Flag" section to select one best descriptor of article type. Use numeric flag of 1, 2, 3, or 4. If "Other", provide description in the Narrative field (e.g., position paper, conference presentation): 1) Meta-analysis (Provides statistical findings that are based on combining evidence across a set of empirical studies) 2) Review article (Synthesis of themes and issues emergent from a set of other sources) 3) Single empirical study (Describes a single study; in our context this will likely be a study of the application of deliberative methods to a particular context (i.e., a single "deliberative methods study") 4) Other
6. Relevance			To what aspects of the literature review does this article/resource seem relevant? In "Flag" section, choose all that apply from the categories below (include numeric flag [1, 2, 3, 4, 5 and/or 6] for each relevant aspect). In narrative section, describe some details that will help indicate to the writing team why this article is relevant to those flagged aspects of the lit review. (Example: abstractor flagged "2", "3", and "5" and summarized relevance as, "This article discusses process factors related to effective facilitation of deliberative sessions—including the facilitator's encouragement of open sharing, trust-building, clear expectations for a decision goal. It also discusses and contrasts two types of deliberative methods: citizens jury and online deliberative polling.") 1) Outline Section I: Why Deliberative Methods? 2) Mode of deliberation (i.e., discussion of online or in-person or both) 3) Process considerations for designing a deliberative methods study or a specific application of deliberative methods 4) Evaluation of deliberative methods 5) Specific deliberative methods types 6) Other
7. Initials of abstractor			Abstractor initials
8. Stakeholders flag			In Flag section, flag this article as "Y" for Yes if it has potential relevance to the Community Forum Task 3 literature review (stakeholder engagement). In Narrative, Flag this article as "Y" for Yes if it states "Comparative Effectiveness Research" or "CER" in its title, abstract, key words, or description of the relevance of its findings or application. In Narrative section describe how this article relates to CER.
9. CER flag			
10. Analytic Methods Used			Indicate Flag for the kind of analytic methods that were used in the article. Select all that apply from the list below: > Flag as "N" for Quantitative > Flag as "L" for Qualitative > Flag as "M" for Meta Analysis > Flag as "E" for Environmental Scan/ Literature review

11. Type of Report		<p>Indicate in the Flag section which type of reporting is described in the article. Code all articles using the options below (1, 2, 3, and/or 4). Example: If it's a review, use the flag to indicate a review of what, e.g., a review of process evaluations (3), or a review of applications of deliberative processes (1). If it is a single study, use the flag to indicate which type of reporting is described in the article about that single study. Focus on the stated purpose of the article, e.g., "the purpose of this article is to describe the results to a democratic deliberative process (DD) on cancer screening" (1); "The purpose of this article is to evaluate how facilitator characteristics, or mode of implementing DD relate to the quality of the deliberation" (2). Indicate Flag (1, 2, 3, and/or 4) for all that apply:</p> <p>1) Report of a deliberative process (Report discusses the content/ input/ issues discussed by participants in a deliberative process. Report may focus solely on describing the content of the deliberation.)</p> <p>2) Process evaluation of a deliberative methods study (Describes process factors that make for successful deliberation. Evaluates the characteristics of the process of "doing" deliberative methods studies or of implementing deliberative sessions.)</p> <p>3) Outcome evaluation of a deliberative methods study-- with comparison group (Discusses "effectiveness" of the deliberative process in terms of defined group outcome measures such as "achieved consensus" or "took on societal (as opposed to individual) viewpoint", and/or in terms of defined individual outcome measures such as change in knowledge, or attitude/opinion change. Some participants in the study sample (i.e., the "control group") do not go through deliberation. Gold standard is randomized controlled trial (described in #10, category 2a).</p> <p>4) Outcome evaluation of a deliberative methods study - with NO comparison group (Discusses "effectiveness" of the deliberative process in terms of defined group outcome measures such as "achieved consensus" or "took on societal (as opposed to individual) viewpoint", and/or in terms of defined individual outcome measures such as change in knowledge, or attitude/opinion change.</p>
12. Purpose of Article/ Study (Introduction/ Problem Statement / Thesis of Argument / Hypothesis of article)		Describe the purpose of the study/review.
13. Does the article describe specific examples/applications of deliberative methods to address a specific deliberative topic/question?		<p>Flag as "Y" (Yes) or "N" for No. If Yes, use Narrative section as follows:</p> <p>For articles that describe a specific study of deliberative methods:</p> <ul style="list-style-type: none"> > list each deliberative topic/question discussed by the participants <p>For review articles:</p> <ul style="list-style-type: none"> > list the deliberative methods case examples that receive significant attention in the review (Author list, year). > list the deliberative topic/question discussed by the participants in each of case examples you reference
13.a. Ethics/Values-based deliberative topic(s)?		If Flag in #13 was "Y" (Yes), use Flag in #13a to indicate whether the deliberative topics/questions involved ethical and/or values-based decision dilemmas.
14. Fields of deliberative methods application(s)		<p>If Flag in #13 was "Y" (Yes), use Flag in #14 to indicate the field(s) of deliberative methods applications that you listed in #13. Use the categories listed below and indicate all that apply (1, 2, 3, 4, 5, 6 and/or 7). If "7" (Other), use the Narrative section to list field(s) not included on this list in which deliberative methods studies in #13 were applied</p> <ol style="list-style-type: none"> 1) Healthcare 2) Environmental studies 3) Education 4) Politics

		<ul style="list-style-type: none"> 5) Military 6) Energy 7) Other
15. Study Sponsor Type—deliberative methods studies		<p>For articles that describe a specific study of deliberative methods, use Flag section to indicate the type of organization that sponsored the deliberative methods study. Select only one sponsor type: 1, 2, 3, 4, 5, 6, or 7. If "7" (Other), use the Narrative section to name the sponsor(s). Note: Sponsor of study often is listed at the end of the article in "acknowledgements", or sometimes in a footnote on the title page.</p> <ul style="list-style-type: none"> 1) Government Agency or other Government-sponsored entity or task force 2) University 3) Private industry 4) Foundation 5) Advocacy Organization 6) Non-profit policy or research organization 7) Other
16. Name the Sponsor of the study—deliberative methods studies		For articles that describe a specific study of deliberative methods, name of the sponsor of the study.
17. Country/ Countries in which study was conducted—deliberative methods studies		For articles that describe a specific study of deliberative methods. Note: if "United States" indicate "US". If not a US study, indicate full name of country where deliberation occurred.
18. Motivational context of the study—deliberative methods studies		<p>For articles that describe a specific study of deliberative methods, describe the context/motivation for conducting the deliberative process (e.g., mandated by government/courts or voluntary undertaking; one-time deliberation or part of ongoing program of informed public input?). Use the Narrative section to provide the author's description of any such context/motivation that led the sponsor to commission the study. Use the Flag section to indicate all of the below that apply:</p> <ul style="list-style-type: none"> > Flag as "M" if Mandated, and/or > Flag as "O" if part of Ongoing/systemic effort to obtain informed public input
19. Discussion of "Why" deliberative methods		<p>Refer to the outline for the deliberative methods literature review, Section I, "Why Deliberative Methods". In the Narrative section, summarize author's position on the purpose of using deliberative methodology to gain informed public input— what value it adds over other methodologies, why sponsors would want to gain informed citizen input on a topic, what it can be used for, and what defines "quality" or valuable/useful citizen input. Name any concepts, philosophies or social/political/theoretical movements that the author lists as a conceptual "precursor" to deliberative methodology. Flag for all of the below that apply:</p> <ul style="list-style-type: none"> > Flag as "V" if there is discussion of Value added > Flag as "U" if there is discussion of how informed public input can be Used (to shape policy, to inform subsequent research, to make the public feel included in policy/program/institutional/governmental decision-making, etc). > Flag as "C" if the article discusses any conceptual "roots" of deliberative methods
20. Target Population(s)		<p>Use Flag to list all of the following under-served groups represented in the study (for articles that describe a specific study of deliberative methods) or discussed by the authors of a review article:</p> <ul style="list-style-type: none"> 1) Elderly 2) Medicare beneficiaries 3) African American 4) Low income 5) Low education 6) Spanish speakers 7) Non-native English speakers 8) Low English literacy

20a. Study population, sampling and recruitment--deliberative methods studies		<p>9) Rural 10) Other:</p> <p>For articles that describe a specific study of deliberative methods, describe in Narrative section the study population and sampling (e.g., representative sample of a population? What population? or was this a convenience sample? Targeted recruitment based on certain selection criteria? specific exclusions?), and screening/recruitment of participants into the study, including any incentives for participation and issues or challenges with recruiting participants. Use Flag section to indicate all of the following that apply:</p> <ul style="list-style-type: none"> > Flag as "R" if participants in study were a Representative sample of a population > Flag as "T" if participants were selected based on any of the characteristics of the Target populations listed in #20 > Flag as "V" if participants were selected based on their Values, Opinions, Attitudes or Knowledge > Flag as "I" if Incentives were used to recruit study participants (i.e., participants were paid or otherwise compensated for their participation) > Flag as "C" if recruitment Challenges are discussed
20b. Sample size, # of deliberative groups, group composition and size-- deliberative methods studies		<p>For articles that describe a specific study of deliberative methods, describe in Narrative section the total sample size, number of deliberative groups, assignment of participants to groups (e.g., randomly assigned?), composition of groups (heterogeneous mix of participants or homogenous on a particular characteristic?), and size of deliberative groups. Use Flag to indicate all that apply:</p> <ul style="list-style-type: none"> > Flag as "Y" (Yes) if any of these issues are discussed in the article > Flag as "R" if participants were Randomly assigned to groups > Flag as "O" if any groups were homogenous (e.g. only women; only elderly) > Flag as "C" if there was a control group (one or more groups that did not receive a "treatment", e.g., did not go through a deliberative session but were given assessments just like participants assigned to groups that went through deliberation)
20c. Discussion of target groups-- reviews		<p>For review articles, summarize in Narrative section any discussion/implications from the article regarding representation of under-served and other target populations of interest, group composition considerations (e.g., heterogeneity; homogeneity), issues of "representativeness" of the full diversity of citizens that includes hard to reach populations (disabled, rural, aged, low literacy, etc). Flag as "Y" if such issues were discussed.</p>
21. Educational Materials or other participant preparation		<p>In Narrative section, summarize any discussion of educational materials and other resources that inform participants in preparation for and/or during the deliberative session. Include any discussion of requirements for "good" or necessary educational materials, best practices in materials development, timing of when these are provided, and mode of delivery to participants (e.g., print, email, online website or portal, other other technological mode of delivery). In Flag section, indicate all of the below that apply:</p> <ul style="list-style-type: none"> > Flag as "Y" (Yes) if participant preparation/education is discussed in the article > Flag as "D" if development of materials (to prepare/inform participants) is discussed, including best practices/ recommendations > Flag as "T" if there is discussion of the timing of materials > Flag as "M" if there is discussion of the mode of delivering educational information to participants > Flag as "E" if there is discussion of experts and/or expert testimony

<p>22. Specific Deliberative Methods</p>	<p>Flag for any and all of the specific methods discussed: 1) Citizens' jury 2) Citizens' council/ citizen's panel 3) Deliberative polling 4) Town meeting 5) Planning cell 6) Consensus Conference 7) Study circle 8) Issues forum 9) Deliberative Focus groups 10) Other _____</p> <p>Flag for Innovation: Does article indicate that the method(s) used/described are particularly innovative or unique?</p> <p>Flag for Core Characteristics of deliberative methods: Does article discuss fundamental/core characteristics or features that are common to all deliberative processes?</p>	<p>Narrative section should include discussion of any specific deliberative methods/ deliberative processes that are described in article: features of each type; anything that is described as "innovative" approach/method; any discussion of when to apply which type of method (e.g., what deliberative method works best with specific kinds of deliberative topics). Flag if article discusses any of the deliberative methods listed in column B by indicating "Y" (Yes) in the yellow Flag area next to each type of method discussed in the article. Flag for "Innovation" and "Core" characteristics of deliberative methods as described in column B by indicating "Y" (Yes) in the yellow Flag area next to those two questions.</p>
<p>23. Mode of deliberation</p>		<p>Summarize in Narrative section any discussion in the article about different deliberative modes (online vs. in-person) including the use of technology to support the deliberative mode and how the deliberative experience may vary for participants experiencing online vs. in-person deliberation. Summarize any pros and cons described with respect to online vs. in-person deliberation. Flag for all of the below that apply:</p> <ul style="list-style-type: none"> > Flag as "Y" (Yes) if variations in the deliberative mode (online vs. in-person) are discussed in the article at all > Flag as "S" if Online—synchronous deliberation is discussed > Flag as "A" if Online—asynchronous deliberation is discussed > Flag as "F" if face-to-face (i.e., in person) deliberation is discussed
<p>24. Characteristics of Deliberative Session</p>		
<p>24.a. Facilitator training, Facilitation strategy and Session "Rules of Order"</p>		<p>In Narrative, describe training of facilitator(s), strategy for facilitation (e.g., openness, fostering trust), and any "Rules of Order" such as facilitator setting an expectation that there is a decision goal that must be met by the group (e.g., consensus or other decision goal/expectation). Flag as "C" if there is an expectation that the group must reach (or at least work toward) consensus in the deliberative session.</p>
<p>24.b. Technology and other tools supporting the deliberative process</p>		<p>In Narrative, describe the use of technology (e.g., website, online portal, webinar, electronic mail, PDAs, keypad voting) and other tools supporting the deliberative process. Flag as "Y" (Yes) if there is a use of such technological tools to implement and support the deliberative process.</p>
<p>24.c. Use of experts</p>		<p>In Narrative, describe the incorporation of experts (expert panel, expert testimony, etc.) in the deliberative process. Flag as "Y" (Yes) if there is a discussion of experts and/or incorporation of experts into a specific deliberative method.</p>
<p>24.d. Framing the deliberative topic/questions</p>		<p>In Narrative, summarize any discussion of how deliberative topics are framed to best enable effective deliberation. Summarize discussion of what characteristics in a deliberative topic/question make it well-suited for deliberation. Flag as "Y" (Yes) if the article discusses the selection and framing of deliberative topics/questions.</p>
<p>24.e. Framing the participant expectations about the importance and use of informed public input</p>		<p>In Narrative, summarize any discussion of whether and how participants are provided with a sense that their deliberation has an importance and relevance for policy, systemic change (e.g., healthcare), and/or other decisions that have a societal/ethical context. Flag as "Y" (Yes) if there is a discussion about expectations participants should be given about the importance and use of informed public input.</p>

25. Assessing the Outcomes of deliberation		<p>Flag as "Y" (Yes) if article discusses assessment of the outcomes of a deliberative method/ deliberative process. Summarize author's discussion about measuring the outcomes or impact of a deliberative process by using the Narrative fields for three types of outcomes: #25a (Individual outcomes); #25b (Group outcomes); and #25c (Program and/or Policy outcomes). List any specific outcome measures described. The focus of #25a-25c is to discuss the assessment of deliberation outcomes; discussion of "results" is the focus of #27. Use Flag for #25a-25c to indicate "Y" (Yes) for each of the outcome types discussed in the article.</p> <p>> Individual outcomes examples: assessment of change in attitude, opinion, and/or knowledge</p> <p>> Group outcomes examples: consensus of the group, degree to which the group considers the position of the "other" (social decision making) in their resolution of the deliberative dilemma</p> <p>> Program/policy outcomes examples: Deliberation results are used to develop guidance that informs policy, sponsor decision-making, etc.; the sponsoring entity institutionalizes the incorporation of informed public input into policy and programmatic decisions</p>
25.a. Individual-level outcomes		
25.b. Group-level outcomes		
25.c. Policy and/or Program-level outcomes		
26. Defining "successful" deliberation		<p>Summarize in Narrative section any criteria the article provides for judging a deliberation to be "successful". Flag as "Y" for Yes if article discusses this issue.</p>
27. Results / Findings/ Conclusions		<p>Summarize in Narrative section the main results, findings, and conclusions described in the article. Flag whether these findings/conclusions relate to any or all of the following (select all that apply):</p> <ol style="list-style-type: none"> 1) Individual/participant-level outcomes 2) Group outcomes 3) Program/ policy-level outcomes/ impacts 4) Characteristics of the deliberative process 5) Tests of statistical significance are reported 6) Other
28. Follow-up with Participants after the deliberative process		<p>Flag as "Y" (Yes) if article discusses any follow-up with participants after the deliberative process. This can be actual, planned, or recommended follow-up. It can be for follow-up assessments (of attitude or opinion change, for example), to disseminate findings to participants, to engage them in a subsequent deliberative effort, or for some other reason. Summarize the details of the actual, planned or recommended follow-up in the Narrative section.</p>
29. Strengths / Weaknesses		<p>Summarize in Narrative section the article's description of strengths and/or weaknesses inherent to deliberative methods studies, deliberative methodology, or the current state of the deliberative methods field. Note any solutions the author suggests for addressing the weaknesses. Flag as "Y" (Yes) if this topic is addressed in the article.</p>
30. Flagging "Leads" to other relevant source documents for deliberative methods lit review		<p>Use Narrative section to provide citation/reference (Author list, Year) for any additional source documents mentioned in the article (and not listed in your response to #13) that seem particularly relevant to our deliberative methods literature review task. Flag for potential relevance to the literature review using the list below (select all that apply):</p> <ol style="list-style-type: none"> 1) Outline Section I: Why Deliberative Methods? 2) Mode of deliberation (i.e., discussion of online or in-person or both) 3) Process considerations for designing a deliberative methods study or a specific application of deliberative methods 4) Evaluation of deliberative methods 5) Specific deliberative methods types 6) Other

Appendix E.

Written Guidance for Abstractors

Agency for Healthcare Research and Quality (AHRQ) Community Forum (CF) Project

Task 1: Deliberative Methods Literature Review

Abstraction Team “Cheat Sheet” and Background

Purpose of Task 1 Literature Review:

Much literature exists on the topic of deliberative methods and their application to decision-making in contexts that require participants (i.e., groups of citizens) to wrestle with, articulate, and debate decision choices that involve an ethical or moral dilemma related to some topic of interest. Resolving the dilemma that is at the heart of a specific deliberation often requires weighing different personal or societal values that may be in conflict in the competing decision alternatives (i.e., decision choices). This literature review aims to summarize the state of the field of deliberative methods, specifically with respect to domestic (U.S.) and international applications of deliberative methodology to healthcare decision-making. The deliberative methods literature review is Task 1 of the AHRQ Community Forum project recently won by AIR’s Health program. In addition to providing a “state of the field” assessment (including types of deliberative methods, applications of deliberative methodology to different questions of interest, applications of deliberative methods in fields beyond healthcare, trends and innovations in deliberative methodology, and evaluations of deliberative methods) the literature review will inform our design and approach to a controlled experiment on deliberative methods as applied to questions (i.e., decision dilemmas) related to comparative effectiveness research (CER). The controlled experiment to demonstrate the application of deliberative methods to CER contexts is Task 2 of the Community Forum project. Together, Task 1 and Task 2 define “Focal Area 1” of the Community Forum project.

In the Literature review, we will explore:

- Different deliberative methods or approaches for obtaining informed public input, particularly to the extent that deliberative methods enable input and engagement from traditionally disadvantaged/disenfranchised groups
 - Deliberative methods specifically related to questions involving comparative effectiveness research (CER) *NOTE: we don’t expect to find many articles that address applications of deliberative methods to CER questions, but should be on the lookout for these wherever they exist.*
 - Deliberative methods in health care (more generally than CER) that involve decision making by participants on issues that require weighing ethical or value-laden issues or decision choices, including varying levels of exposure to

- risk, decisions about resource allocations (e.g., health care coverage decisions), and other decision “dilemmas”
- Deliberative methods in other fields with relevant applications to CER (e.g., ethics-based and values-based dilemmas in other fields beyond healthcare)
- The characteristics of “good” deliberative topics/questions
- How the resolution of the decision dilemma is affected by various processes and approaches to deliberation (e.g., how sponsors or facilitators of deliberation frame the question for deliberation, characteristics of the group and individuals involved in the deliberation, whether the facilitator of the deliberation has the end goal of driving participants to consensus, specific type of deliberative method used, incorporation of “experts” and written or other materials as sources of information to educate participants on the topic)
- The *value* and *use* of input obtained through deliberation—what constitutes valuable, high quality, and relevant citizen input? What unique information does deliberation offer that other methods do not?
- How the public’s input is most optimally and appropriately used
- The use of technology in deliberative methods (i.e., online deliberation)
- What defines a “successful” deliberation? What outcome measures are used to evaluate the effectiveness and/or impact of deliberative methodology?
- What the implications of the use of deliberative methods in other fields are for comparative effectiveness research

Terminology/Definitions:

Comparative effectiveness research (CER): to compare alternative interventions (clinical, delivery of care) to treat the same condition to determine which work best for which patients and which pose the greatest benefits and harms and to whom.

Deliberative method: A way to elicit informed public input—anything from a study circle, to a deliberative focus group, to online deliberative polling. Examples of specific deliberative methods are provided below. Deliberative methodology is a type of group process, i.e., a group (usually a small group) interacts and shares information, opinions and viewpoints related to the topic of interest to the deliberation (i.e., the “deliberative topic”). Deliberative methods have three primary characteristics:

- (1) Input is sought from the **general public** (not “stakeholders”). The distinction between “citizen” and “stakeholder” is described below under “*Terms related to the characteristics of a deliberative session,*” definition for “Participant.”
- (2) Participants are **informed** about the topic of interest (via educational materials, presentations, expert testimony) prior to, and sometimes during the deliberative

session. In this manner, they become “informed” and their input on the topic can be considered “informed public input,” i.e., what the general public would think about something if they were informed about the topic.

- (3) The nature of the topic discussed and framing of the topic is such that it provides participants with a **dilemma** to resolve through decision-making. The dilemma involves evaluating competing arguments or decision alternatives that require participants to weigh personal and societal values and ethics that are inherent to the decision alternatives.

Examples of deliberative methods (i.e., format/technique for deliberation): Below are names of specific kinds of deliberative methods you might see mentioned in the literature you are reviewing

Citizens’ jury:

- A group of randomly selected citizens, gathered in such a way as to represent a microcosm of their community, who meet over several days to deliberate on a policy question;
- They are informed about the issue, hear evidence from witnesses, and cross-examine them;
- They then discuss the matter amongst themselves and reach a decision.¹

Citizens’ council/citizens’ panel:

- Institutional structures to integrate citizens' perspectives in setting public health-care priorities, including councils²
- Randomly selected group of citizens meet routinely (e.g., four times per year) to consider and discuss issues and make decisions
- Often used to guide health resource allocation decision
- Panels act as “sounding boards” for governing authority

Deliberative polling:

- Builds on the opinion poll by incorporating element of deliberation·
- Involves larger numbers than citizens juries and may involve less time;
- Measures what public would think if it was informed and engaged around an issue

¹ Abelson J, Forest P-G, Eyles J, Smith P, Martin E and Gauvin F-P. Deliberations about Deliberation: Issues in the Design and Evaluation of Public Consultation Processes, McMaster University Centre for Health Economics and Policy Analysis Research Working Paper 01-04, June 2001.

² Murphy NJ. Citizen deliberation in setting health-care priorities. Health Expectations, 8, pp.172-181.

Town hall meeting:

- An effort to receive public input from a broad base
- May involve regional planning or issues that affect a community
- May use technology to facilitate deliberation and quickly synthesize opinion³

Planning cell:

- Similar to a citizens' jury in form and function;
- Tends to be sponsored by local or national governing authorities to help with the decision making process;
- Discussions/deliberation take place in cells of about 25 participants in size;
- Results are articulated in a report that is presented to the sponsor, the media, and any other interested group;
- Local/national sponsor has to agree to take decisions into consideration.

Consensus conference:

- A group of citizens with varied backgrounds meets to discuss issues of a scientific and or technical nature
- Consists of 2 stages:
 1. Meetings with experts, discussions, and work toward consensus (involves small group of people);
 2. Conference during which main observations and conclusions are presented to the media and general public

Study circle:

- A small group of people who meet to discuss a particular issue in depth

Issues forum:

- One of the less intensive form of public participation
- Process that seeks to educate the public on particular issue
- Participants' opinions are heard but they may not have input into decision-making⁴

³ Lukensmeyer, C.J. Brigham S. Taking Democracy to Scale: Creating a Town Hall Meeting for the Twenty-First Century. NATIONAL CIVIC REVIEW, vol. 91, no. 4, Winter 2002. pp. 351 – 366.

⁴ Church J, Saunders D, Wanke M, Pong R, Spooner C, Dorgan M. Citizen Participation in Health Decision-Making: Past Experience and Future Prospects. *Journal of Public Health Policy*, Vol. 23, No. 1 (2002), pp. 12-32.

Deliberative focus groups:

- One-time discussion of a particular topic
- Typically involves 6–12 individuals selected to meet specific criteria in order to broadly represent a particular segment of society
- One-time face-to-face meeting
- Structured to be informal to encourage open discussion among participants

Recruitment Terminology

Target group:

- Group, often identified by demographics, whose input is being sought

Screening:

- Usually conducted by professional recruiters who follow a script, it is a process for ascertaining that a potential participant—who either meets some inclusion criteria for the target group or was found via sampling—has the characteristics of the desired target group.

Recruitment incentives:

- Usually monetary and offered to potential participants as compensation for participation; we are particularly interested in learning how financial incentives for participating in deliberative processes have been used among disadvantaged groups.

Modes of Deliberation

Online synchronous:

- Deliberation that occurs online with participants debating/discussing the issue at hand in real-time

Online asynchronous:

- Deliberation that occurs online with participants debating/discussing the issue at hand in which participants post responses/questions to a discussion board within a specified time period (e.g., 24 hours). They are not interacting with each other in real time.

In-person deliberation (i.e., face-to-face):

- Deliberation among the participants occurs with all participants meeting together in one location.

Terms Related to the Characteristics of a Deliberative Session**Sponsor:**

- Individual or entity with topic needing/warranting public input

Participant:

- Public citizen giving informed input on the topic of interest. A member of the general public, or citizen, is not the same thing as a “stakeholder.” For this literature review, we are interested in those articles that deal with deliberations among members of the general public/citizenry. This is distinguished from a “stakeholder” in that a “stakeholder” has some sort of vested interest in the deliberative topic, field, or area of study. For example, in a CER context, a stakeholder might be a healthcare provider, member of an advocacy group, or patient suffering from a particular disease or condition. NOTE: this distinction is important in that there is a second Community Forum literature review that will deal with stakeholder engagement. Thus, we are interested specifically in the deliberative methods literature review in public deliberation, but are “flagging” articles in that specifically mention stakeholders as study participants or subjects of review.

Facilitator:

- Facilitates deliberative process. Sometimes referred to as a “moderator.”

Educational materials:

- Materials provided to the participants by the sponsor in advance of and/or during the deliberative sessions. In some context, “experts” or “expert testimony” is referred to as an educational resource for participants. In the abstraction form, there are separate areas for discussing educational materials and experts. Educational materials and experts are what are used to make the participants the “informed” public, who are then able to give “informed public input” on the topic of interest to the deliberation.

“Rules of Order”:

- Guidelines and expectation-setting with the participants regarding the deliberation process. For example, is the expectation set that all participants will participate, and how; has the moderator set a “decision goal” for the group, e.g., is the group tasked

with reaching consensus on a viewpoint/decision choice? Various other rules of order are possible.

Terms Related to the Outcomes of Deliberation

(Note that we are seeking to learn all of the different outcomes that have been explored in deliberative methods; what criteria for success have been applied to the evaluation of deliberative methods?)

Individual-specific outcomes of deliberative method:

- Examples could include a change in knowledge, attitudes, beliefs, and opinion; better knowledge, understanding, or consideration of the viewpoints of the ‘other’

Group-specific outcomes of deliberative method:

- Examples could include consensus, polarization of viewpoints (i.e., members become more extreme in their viewpoints), group cohesion, sense of community, civic-mindedness of the group (e.g., citizens think about the impact of decision-making on the collective/society)

Policy/program outcomes:

- Examples could include the use of deliberative methodology in a systematic way by a sponsor or program, routine incorporation of public input into policy, specific policy changes that resulted from gaining informed public input on a topic.

Appendix F.

Online Deliberation and Other Deliberative Innovations

Online Deliberation and Other Deliberative Innovations

Incorporating technological advances into the process of deliberation is one of several advances in deliberative process design and implementation in recent years. To streamline the literature review, exploration of some of the issues related to technology and innovation were reserved for the Appendix. Particularly, we explore factors relevant to the design of systems to implement online deliberation, experiential considerations for participants engaging in online deliberation, and other deliberative innovations in recent years.

Designing Online Deliberation

In designing online forms of deliberation, there are several considerations that shape the quality of the deliberative dialogue. These factors correspond to the purposes of the deliberative processes and primarily relate to the technical architecture, governance of the online space, and the nature of the interaction among participants and moderators (Janssen, 2005). Rose and Saebo (2010) offer four considerations for the design of an information system intended to facilitate public deliberation. Conveners must also evaluate and manage the system. The four considerations include:

- (1) stakeholder engagement,
- (2) Web platform design,
- (3) service management, and
- (4) political process reshaping.

Each is considered below.

Stakeholder Engagement

Systems designed to facilitate communication between public officials and citizens must be evaluated foremost on their ability to deliver on that promise (Rose & Saebo, 2010). Because neither officials nor the people they serve are homogenous, some deliberation systems have been designed to reach out to selected demographic groups, such as youth. Computer-mediated communication preferentially serves those with the time, money, skills, and education to take advantage of it. Successful access to online deliberations demands not only considerable start-up

costs, but also the resources to maintain Internet access and keep skills and equipment up-to-date (Rose & Saebo, 2010).

Web Platform Design

While very little research has been conducted on the most effective design for computer-aided political deliberations, extant evidence has provided insights (Rose & Saebo, 2010). Some considerations for designers include:

- (1) Allowing user-defined discussion categories or establishing them a priori;
- (2) Incorporating question and answer formats;
- (3) Creating opportunities for *synchronous* communication (e.g., chat rooms), *asynchronous* (e-mail lists, forums) communication, or both. Asynchronous communication allows for more considered thoughtful communication. Synchronous communication is more likely to host idle chatter and small talk.

We define and discuss consideration for this latter design feature below.

Synchronous Online Deliberation

Synchronous deliberation implies that participants in a deliberative procedure are engaging in dialogue with each other concurrently, at a set, agreed-upon time. Synchronous deliberation gives facilitators control over who can speak and when; and also permits them to monitor and guide the nature and flow of the deliberative conversations (Siu, 2008). In a review of four synchronous online deliberative polls and one in-person deliberative poll, Siu (2008) discussed aspects of polling software that is often used with deliberants. In Siu's study, online polling software ensured that participants did not interrupt one another by allowing only one participant to speak at a time. The facilitators in such settings encouraged equal and respectful participation, directly encouraging participants who were reticent to speak up and removing individuals who were disruptive or rude.

Synchronous online deliberation may mitigate concerns that exist in face-to-face deliberation, such as limiting conversation to one participant at a time. This capacity addresses some of the requirements for fostering successful deliberation, such as equal opportunities to participate (Fishkin & Farrar, 2005).

Asynchronous Online Deliberation

In asynchronous deliberation, participants do not need to participate in real-time with one another. Rather, an online forum or some other information-sharing platform is established that is readily available when users/deliberators want to engage in the process. Asynchronous deliberation may take place over the span of minutes, days, or longer (Dahlberg, 2001).

One practical advantage of asynchronous over synchronous online deliberation is that the former does not carry the burden of coordination (Boyles, 2009). Asynchronous groups, in comparison with synchronous groups, allow for richer, more dynamic, spontaneous interactions and more time to carefully consider their responses before posting. The lag time built into such discussions provides, at least in theory, an opportunity for participants to craft more carefully considered comments than would be possible during synchronous communications, particularly face-to-face dialogue. A conversation comprising shorter posts allows for greater variety of speakers and, presumably, more perspectives on a given topic.

There are some potential disadvantages of asynchronous deliberation. Boyles (2009) found that the participants in an online deliberative session posted repetitive findings, thus the extent to which asynchronous deliberation promotes more thoughtful deliberation may depend on other factors such as accountability or the nature of the topic (Boyles, 2009). Another potential drawback, users could have an affinity for ideas generated early in the deliberative session, referred to as “early submission bias” (Reeder et al., 2009). Conveners of online forums could use staged approaches of idea submission, refinement, and discussion to avoid this bias (Reeder et al., 2009).

Service Management and Facilitation

Service management refers to the degree to which the host of the communication system moderates the conversation, if at all (Rose & Saebo, 2010). The level of oversight can range from marginal, intruding no further than to extract disruptive participants, to a more hands-on approach, in which the moderator or facilitator shapes the nature and direction of the conversation. Some argue that online deliberation does not require facilitation, while others see a place for it. If there is a facilitator, he or she may assume multiple functions. Janssen and Kies (2005) identified two types of facilitation in online settings:

- (1) role of “censor,” in which irrelevant or counter-productive statements are removed from the discussion space, and
- (2) role of “promoter,” in which the facilitator functions in a way that promotes the minority view and the development of synthesis and common ground.

These functions require that the moderator assume different purviews and may depend upon the specific purposes of deliberation. Conveners must determine whether there will be a facilitator and his or her role. Rose & Saebo (2010) note that citizen involvement in the facilitation of an online deliberative space is crucial, as it provides them with a sense of ownership and takes advantage of skills and expertise that may not be available in the government entity hosting the conversation (Rose & Saebo, 2010).

Political Process Reshaping

Online political communication can serve numerous purposes in addition to political change, such as helping citizens use the bureaucracy or facilitating the exchange of ideas between politicians and the electorate (Rose & Saebo, 2010). In fact, open and public deliberation can serve to legitimize the government that sponsors the dialogue. Thus, the purposes of deliberation are closely aligned to the design of the deliberative methods and modes.

Given the professed intent of public officials to reshape the political process with online communications, it perhaps is surprising that very little research suggests that freestanding discussion forums in fact accomplish this task. In addition to fledgling evidence on the utility of online deliberation, the purposes of the deliberative process could be a determining factor in the technical and interactive structure of online deliberation. As an illustrative example, in the fall of 2008, the U.S. National Academy of Public Administration (NAPA) convened a National Dialogue on Health Information Technology and Privacy. As inputs in Web design, four divergent types of public deliberation formats for the structure of the Web portal and discussion forum were considered:

- (1) idea generation and refinement,
- (2) prioritization,
- (3) choice-making, and
- (4) consensus (Reeder et al., 2009).

The platform used for idea generation tends to be an unstructured participant interface, supporting free-flowing thoughts and sharing (Reeder et al., 2009). Intended to guide policymakers, choice-making and prioritization, for example, restrict users to identifying preferences along a spectrum or prioritizing a set of discrete, predetermined options (Reeder et al., 2009). Similarly, if the purpose of deliberation is to harness consensus, the deliberation is structured in a manner similar to choice-making and prioritization with additional steps or efforts taken to build consensus among the group on a particular idea or option, usually through voting (Reeder et al., 2009). Thus, the architecture and organization of the web portal need to be closely aligned with the purposes of the deliberation.

Experiencing Online Deliberation

Individual Characteristics and Online Participation

Just as in face-to-face modes of deliberation, individual characteristics influence online deliberation. While online deliberation removes social pressures that may exist in face-to-face interactions (Min, 2009), the distance offered by online deliberation does not resolve feelings of conflict avoidance among those who do not want to deliberate (Neblo et al., 2009). Further, the more engaged people are in civic life and in following the issues, the more likely they are to be

willing to participate, while those individuals are conflict-avoidant will not (Neblo et al., 2009). If the online deliberative process will be accessible by invitation only, recruitment processes should take into account the differences that may exist among those individuals who are willing to engage in deliberative processes and those who are not, regardless of the mode.

Anonymity or Identification

When designing online deliberative processes, conveners must decide whether participants will be identified or remain anonymous (Janssen & Kies 2005, Boyles 2009, Min 2009). Having participants identify themselves may be of value. In general, participants who are identified may feel more accountable for their responses, taking more time to develop careful, well-reasoned arguments, and thus increasing the quality of the deliberation (Janssen & Kies, 2005; Boyles, 2009; Carson & Hartz-Karp, 2005). Allowing anonymous contribution to an online dialogue lowers the bar to entry but absolves participants of accountability and responsibility. If the fundamental goals of deliberation are to promote well-reasoned public discourse and engender accountability in members of the public, having participants share their identities reinforces these goals.

Accessibility and Connectivity

Conveners of online deliberation must decide how accessible the online deliberative forum will be, e.g., open access (Janssen & Kies, 2005). Oxman, Lewin, Lavis and Fretheim (2009) note that successful online deliberations must overcome many of the challenges of conventional face-to-face deliberations as well as address additional considerations that are unique or pronounced in cyberspace, such as uneven access to Internet service, questionable reliability of online data, and the sheer volume of material available for consumption. One possibility is to host an open forum, allowing anyone to have access; alternatively, conveners could restrict accessibility by requiring an invitation for participation. If an open forum, requiring registration or some form of commitment from participants may increase participants' engagement, in turn, boosting the quality of the deliberation (Karlsson, 2010).

Keys to Fostering Successful Online Deliberation

The Organization for Economic Cooperation and Development provides guidelines for successful online deliberations:

- Start planning early.
- Demonstrate commitment to the online consultation and communicate this clearly.
- Guarantee personal data protection.
- Tailor your approach to fit your target group.
- Integrate online consultation with traditional methods.
- Test and adapt tools (e.g., software, questionnaires).

- Promote your online consultation.
- Ensure that sufficient time, resources and expertise are available to provide thorough analysis of the input received in the course of the online consultation.
- Publish the results of the online consultation as soon as possible and inform participants of the next steps in the policymaking process. Ensure that participants are informed of how the results were used in reaching decisions.
- Evaluate the consultation process and its impacts (Oxman et al., 2009).

These considerations in online deliberation reveal the importance of establishing a process that ensures that expectations are set with the participants and that the nature of the interaction and site architecture are well planned. Further, conveners need to designate who has the authority to set the agenda and generate topics for deliberation; for instance, participants could pose discussion topics and content for deliberation within the online space (Janssen & Kies, 2005). Providing the anticipated structure and level of interaction anticipated in promotional materials for the deliberation are in keeping with the guidelines for successful online deliberations.

Contemporary Practices in Deliberative Methods

As observed in the literature review, there are myriad examples of deliberative methods and how practitioners have selected from among traditional forms of deliberation to create and adapt innovative and unique deliberative processes.

There is no universally agreed-upon definition of what constitutes an innovative or unique deliberative practice. As a practical matter, we define deliberations as “innovative” when they materially expand the involvement of lay citizens in public policy debates (Fung, 2008), rely on computer-mediated communication (Min, 2007), or employ a combination of traditional and technology-dependent tactics (Lukensmeyer & Brigham, 2002).

Creative Approaches

Utilizing Technology

Some examples of mixed modes—in-person and technology tools—are referred to as computer-mediated communication (King et al., 2010). An example of this approach is the 21st Century Town Meeting[®] (Lukensmeyer et al., 2005). In one event held in Washington, D.C., participants sat at small tables with computers and generated content, while the options and themes they produced were shared with the whole room via large screens. Participants then voted using polling keypads on the options they preferred (Lukensmeyer et al., 2005). This deliberative approach can enable large groups—hundreds or thousands—of people to deliberate simultaneously, allowing for greater diversity and representation of minority perspectives (Lukensmeyer et al., 2005). The dual processes of intimate deliberation and collective decision-making, through theme identification and polling, accomplish multiple deliberative objectives at

once—engaging many people, harnessing rich dialogue, and identifying the collective response to an issue (Lukensmeyer et al., 2005). In current deliberative practice, the melding of in-person deliberation and the advances that technology permits is one form of creatively approaching and innovating deliberation.

The sheer scope of reaching large numbers of deliberators, as is made possible by advances in technology including Web 2.0 architecture, is one way in which deliberative processes become increasingly innovative. A week-long debate on privacy concerns in health information technology was convened with a goal of generating “new and interesting ideas and perspectives” rather than achieving consensus (Reeder et al., 2009). During the National Dialogue on Health Information Technology & Privacy, online participants were encouraged to submit ideas and react to, i.e., rate, ideas of others on various topics concerning health information and privacy. Over the course of eight days, the site, www.thenationaldialogue.org, received 4,143 visits from 2,835 visitors who spent an average of 7 minutes, 54 seconds on the site. About 15 percent of visitors registered and contributed 120 unique ideas, concerns, stories, and principles. Discussion threads generated some 500 comments (Reeder et al., 2009).

Frustrated with the limits of traditional risk assessment in environmental sciences, managers of environmental resources also have sought innovative ways to broaden the public debate, in most cases around a proposed project or potential pollutant, where participants may be asked to consider the relative risks associated with the project or pollutant and weigh competing values, e.g., innovation and environmental soundness. Although the deliberations have broadened in recent years to encompass non-point pollutants and other types of environmental concerns, the traditional model of environmental risk assessment nevertheless was seen as constrictive or merely a device to legitimize a decision to stakeholders or society at large (Nelson, Andow, & Banker, 2009). In response, a decision-making strategy known as Problem Formulation and Option Assessment (PFOA) seeks to engage stakeholders in an assessment of the positive and negative attributes of a proposed technology. Originally intended to guide discussion surrounding genetically modified organisms, PFOA is now advanced as a deliberative tool for any bio-safety assessment of a transgenic organism or nanotechnology (Nelson, Andow, & Banker, 2009). In the preliminary phases, regulators chronicle the proposal and decision to pursue a given technology. The PFOA process itself does not necessarily track traditional risk assessment, but instead seeks to broaden the range of alternatives for a given environmental issue (Nelson, Andow, & Banker, 2009). Organizers consider identifying the options available to address the problem, “one of the most creative moments in a PFOA (Nelson, Andow, & Banker, 2009, p. 737).” It is the point at which all stakeholders brainstorm about potential solutions while deferring any critique or evaluation of these ideas for later. While brainstorming is considered an exotic addition to the literature for public deliberation in environmental risk assessment, it can and often is used in a wide variety of deliberative spaces (Nelson, Andow, & Banker, 2009).

Timing

One recent development in public consultation is the use of “rapid assessment,” a combination of research and participatory techniques deployed on an aggressively accelerated time schedule (Rowa-Dewar, Ager, Ryan, Hargan, Hubbard, & Kearney, 2008). In one instance, documentary sources, individual interviews, focus groups, open meetings, and questionnaires were used over an 11-month period in 10 separate rapid assessment projects in Scotland to tap public opinion on cancer and cancer care (Rowa-Dewar et al., 2008). The principles of rapid assessment do not necessarily align with those informing most public deliberations (Rhodes, Stimson, Fitch, Ball, & Renton, 1999 as cited by Rowa-Dewar et al., 2008):

- ***Inductive approach.*** In rapid assessment, early themes articulated by the public help shape the inquiry as the deliberation proceeds. Organizers might revise or expand the questions posed to the public in response to an unanticipated opinion or attitude identified early in the assessment process. Furthermore, findings are fed back to the public, a task that must be carried out carefully, particularly when the topic is sensitive and/or the public officials feel compelled to comment on or “correct” public perceptions.
- ***Triangulation.*** The principle of triangulation suggests that a participatory process should be informed by multiple methods and data sources. While such a multipronged approach allows for a richer and more comprehensive analysis, organizers must be prepared for the logistical challenges of juggling different deliberation processes.
- ***Assessment.*** An integral part of rapid assessment is the process by which outcomes are used to shape ongoing assessment and, ultimately, effect change in public policy or practices.
- ***Priority to participation.*** The model of rapid assessment gives precedence to techniques that involve members of the public as participants in the process, including the design of the deliberation and dissemination of the results (Rowa-Dewar et al., 2008).

Innovations for in-Person Deliberation

Innovative in-person deliberations can distinguish themselves from traditional deliberations simply by the extensive amount and sophisticated structure of the time associated with the process (de Cock Buning et al., 2008). Frequently, organizers will divide the discussion into plenary and group sessions (Lukensmeyer & Brigham, 2002) or guide participants in a single group through a multistage deliberation (McKie et al., 2009, O’Doherty & Hawkins, 2010).

Appendix G.
Questions for Deliberation Observed
in the Literature

Author (s)	Title	Year	Question/Topic	Deliberative Method	Sponsor Type	Country	Field
Abelson	Opportunities and challenges in the use of public deliberation to inform public health policies	2009	Obtain information about public values toward social-distancing measures implemented during a pandemic	Deliberative focus groups	University	United States	Health: Public Health
Abelson, Eyles, McLeod, Collins, McMullan, & Forest	Does deliberation make a difference? Results for a citizens panel of health goals priority setting	2003	Participants: 1) reacted to a community health status report that identified health concerns in the specific areas of teen pregnancy, cardiovascular disease, respiratory disease, mental health and injuries; 2) identified and prioritized health concerns requiring action, community strengths for addressing these concerns, and local determinants of health; 3) evaluated methods used to obtain participant views.	Citizens' panel	University	Canada	Health: Healthcare

Author (s)	Title	Year	Question/Topic	Deliberative Method	Sponsor Type	Country	Field
Abelson, Forest, Eyles, Casebeer, Martin, & Mackean	Examining the role of context in the implementation of a deliberative public participation experiment: Results from a Canadian comparative study	2007	Participants were asked to: 1) Prioritize options for addressing two health and wellness issues facing young children in the south of Anderson Road Communities; 2) Prioritize options for the configuration of primary healthcare services for Heartland Health Region's planning process; 3) Provide input on local health planning priorities: local health system monitoring, determinants of health, and older adults; 4) Determine a model for organizing community services for autism and pervasive developmental disorder; or 5) Prioritize options for Capital Health to carry out its commitment to addressing the socio-economic determinants of health.	Other: Public participation method	Government agency or government-sponsored entity	Canada	Health: Healthcare

Author (s)	Title	Year	Question/Topic	Deliberative Method	Sponsor Type	Country	Field
Ali, Roffe, & Crome	What patients want. Consumer involvement in the design of a randomized controlled trial of routine oxygen Supplementation after acute stroke	2006	Involved stroke patients and carers in the design of a study of oxygen supplementation in acute stroke and to obtain their views on the importance of the study, consent issues, relevance, acceptability of the outcome measures, and the preferred method of follow-up. Questions included: "Do you think the stroke related deficits we are measuring at the end of the study reflect your priorities as a stroke patient or carer? What other relevant issues should be asked to reflect the late problems in strokes?"	Deliberative focus groups	University	United Kingdom	Health: Healthcare
Andrews, Hassenzahl, & Johnson	Accommodating uncertainty in comparative risk	2004	Participants were asked to help rank the relative severity of 88 diverse environmental risks faced by the state.	Other: focus groups, questionnaires, newsletters, meetings, web; risk analysis	Government agency or government-sponsored entity	United States	Health: Environmental Health
Arvai & Gregory	Testing alternative decision approaches for identifying cleanup priorities at contaminated sites	2003	Participants were asked to consider how public funds should be allocated for three hypothetical Super Fund sites in the Pacific Northwest, depending on whether only technical information was presented (science-based group) or additional information was presented related to the severity of contamination at each site, in the context of societal values and personal objectives for cleanup (values-based group).	Other: Participants completed 1 of 2 workbook versions	Government agency or government-sponsored entity	United States	Health: Environmental Health

Author (s)	Title	Year	Question/Topic	Deliberative Method	Sponsor Type	Country	Field
Barabas	How Deliberation Affects Policy Opinions	2004	Social Security reform	Deliberative forum	Foundation	United States	Politics
Baum, Jacobson, & Goold	“Listen to the people”: Public deliberation About social distancing measures in a pandemic	2009	Participants were asked: 1) Would you support the closing of schools and daycare centers before the pandemic strikes your community? Your state? Why or why not? Would you support the closing of worksites? Of religious organization meetings? 2) Would you support school/work/religious closings for a sustained period of time (e.g., three weeks)? Why or why not? 3) Would you support encouraging those who have been exposed to the flu but who are not yet sick to stay home from work and school? Why or why not? 4) Would you support quarantine or travel restrictions for those exposed to the flu? Why or why not? 5) What is your advice to policy makers?	Deliberative focus groups	University	United States	Health: Public Health
Brooks, Hardy, Moseley, Myrick, & Jones	Advancing end-of-life care: Lessons learned from a statewide panel	2003	Participants helped to define the most pressing issues for review by the Statewide Panel (e.g., barriers to appropriate pain management for adults; limited applicability of advance directives; regulatory and financial issues).	Other: Statewide Panel	Government agency or government-sponsored entity	United States	Health: Healthcare

Author (s)	Title	Year	Question/Topic	Deliberative Method	Sponsor Type	Country	Field
Bryan, Sofaer, Siegelberg, & Gold	Has the time come for cost-effectiveness analysis in US health care?	2009	Participants (acting as 'social decision makers') ranked condition-treatment pairs prior to and following provision of cost-effectiveness information and discussed obstacles and opportunities for using cost-effectiveness analysis (CEA) in their own organizations. Pre- and post-questionnaires inquired as to obstacles toward implementing CEA, attitudes toward rationing, and views on the use of CEA in Medicare and in private insurance coverage decision-making.	Other: ranking questionnaire	Foundation	United States	Health: Healthcare
Carson & Hartz-Karp	Adapting and combining deliberative designs: Juries, polls, and forums	2005	Participants considered whether the community should adopt a container (bottle) deposit.	Other: Citizens' Jury and "televote"	Government agency or government-sponsored entity	Australia	Environmental Studies
Carson & Hartz-Karp	Adapting and combining deliberative designs: Juries, polls, and forums	2005	Participants were engaged in developing an acceptable and sustainable freight system in the city of Perth.	Consensus forum	Government agency or government-sponsored entity	Australia	Environmental Studies
Casati, Monti, & Bonino	From actors to authors: A first account about the involvement of patients in the informed consent governance of a major Italian translational research hospital	2010	Participants were asked to redesign informed consent procedures in a hospital setting.	Other	Other	Italy	Health: Healthcare

Author (s)	Title	Year	Question/Topic	Deliberative Method	Sponsor Type	Country	Field
Center for Deliberative Democracy	Hard times, hard choices: Michigan citizens deliberate	2010	Participants: 1) deliberated on unemployment, poverty, education, tax, and spending and 2) proposed efforts to address these issues including: raising sales tax, reinventing Michigan's economy, and making Michigan more attractive.	Deliberative Polling®	Foundation	United States	Politics
Cheng & Fiero	Collaborative learning and the public's stewardship of its forests	2005	Participants discussed values and issues related to forest planning in their area. They developed a landscape vision and a mapping process that focused on the desired future condition of the landscape.	Other: Collaborative Learning, used to resolve issues of contention	Government agency or government-sponsored entity	United States	Environmental Studies
Danis, Goold, Parise, & Ginsburg	Enhancing employee capacity to prioritize health insurance benefits	2007	Participants were asked to design health insurance benefits under financial constraints for themselves/families, for employees in a company, and for insured employees in California.	Other: Choosing Healthplans All Together (CHAT)	Non-profit policy or research organization	United States	Health: Healthcare
Davies & Burgess	Challenging the 'view from nowhere': Citizen reflections on specialist expertise in a deliberative process	2004	Participants evaluated six core options for addressing the shortfall of organs for transplantation, including high technology options, reorganizing donor schemes, improving existing transplant services, and preventative approaches.	Citizens' council/citizens' panel	Foundation	United Kingdom	Health: Healthcare
de Cock Buning, Broerse, & Bunders	Public perception of prenatal genetic testing: Arguments put forward by the public during a participatory policy project in the Netherlands	2008	Participants were asked to reflect on four vignettes of hypothetical testing situations and to reflect on questions with respect to whether and under which conditions pregnant women have freedom of choice to undergo prenatal genetic testing.	Citizens' council/citizens' panel	Government agency or government-sponsored entity	Netherlands	Health: Healthcare

Author (s)	Title	Year	Question/Topic	Deliberative Method	Sponsor Type	Country	Field
Deng & Wu	An innovative participatory method for newly democratic societies: The "civic groups forum" on national health insurance reform in Taiwan	2010	Participants were asked six questions addressing premium reform as a main issue in financial sustainability: 1) Should premiums be calculated according to taxable salaries of the insured, or total incomes of the insured? 2) Should an upper and/or a lower limit on premiums be required? 3) Should premiums be measured per capita, per household, or per capita and per household? 4) Should the total financial burden be shared equally among the insured, the employers, and the government or vary among them using a formula? 5) Assuming the government's share is determined using a formula, which of the following indicators do you most prefer: growth of per capita health care expenditures, revenues from taxes, 50% GDP growth, 50% growth of per capita health care expenditures, or growth of government expenditures? 6) Should employers' share be based on sale benefits, or salary expenses of business?	Other: "Civic Groups Forum" (hybrid consensus conference with deliberative poll)	Government agency or government-sponsored entity	Taiwan	Health: Healthcare

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Department for Planning and Infrastructure, Government of Western Australia	Citizens' jury on community engagement and deliberative democracy	2005	The charge to the jury was as follows: 1) To determine if any of the methods of community engagement reviewed might be useful in Western Australia. If so, to make 2-4 suggestions for how these methods might be used, including both a practical suggestion that might be used soon and a more visionary suggestion of how community engagement could be used in the future, rating the suggestions, and explaining the ratings, and 2) To report on any conclusions about ways to engage citizens in water management.	Citizens' jury	Government agency or government-sponsored entity	Australia	Environmental Studies
DeVries, Stanczyk, Wall, Uhlmann, Damschroder, & Kim	Assessing the quality of democratic deliberation: A case study of public deliberation on the ethics of surrogate consent for research	2010	Ethics of surrogate consent for research participation, e.g. "If patients cannot make their own decisions about being in studies like this one [referring to one of four scenarios], should our society allow or not allow their families to make the decision in their place?"; "Why should surrogate consent be allowed or not be allowed?"	Citizens' jury	University	United States	Health: Healthcare
Dirigo Health	Preliminary report: Tough choices in health care	2005	Strategies for health policy reform; participants focused on four strategies: improve health, reduce costs, improve quality and expand access to health insurance coverage	Deliberative focus groups	Foundation	United States	Health: Healthcare

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Dolan, Cookson & Ferguson	Citizen deliberation in setting health-care priorities	2005	Ranking 12 healthcare services; Should doctors establish more nursing clinics to advise clients on on-going health conditions?	Deliberative Focus groups	University	United Kingdom	Health: Healthcare
Downey, Ireson, & Scutchfield	The Use of Photovoice as a Method of Facilitating Deliberation	2009	Health needs and assets, framed potential solutions, and selected possible action steps to improve the local health status	Community Forums, comparing use of photovoice	University	United States	Health: Public Health
Dryzek	Senate Lecture The Australian Citizens' Parliament: A World First	2009	The Australian Citizens' Parliament posed the question: "How can Australia's political system be strengthened to serve us better?"	Consensus Conference; Other (Citizens' Parliament)	Non-profit policy or research organization	Australia	Politics
Einsiedel, Jelsøe, & Breck	Publics at the technology table: The consensus conference in Denmark, Canada, and Australia.	2001	Recommendations regarding policy and regulation of food biotechnology	Consensus Conference	Government entity (Canada), Advocacy Org (Australia), Government entity (Denmark)	Canada, Australia, and Denmark	Environmental Studies

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Elwood & Longley	My health: Whose responsibility? A jury decides	2010	The citizens' jury was charged with addressing five specific questions: 1) What is "illness" and what is "health," and what is the overlap between these? 2) What are my responsibilities, and those of others, in maintaining my health? 3) What help should I expect when making decisions about my health? Who knows best - the public, GPs or hospital specialists, and to what extent, and in what manner, should I, as a member of the general public, be informed? 4) How should the risks and benefits of medicines be balanced in relation to the prevention of disease and the maintenance of health? Who should evaluate this balance and who should make the decision about medicines and behaviors which will help maintain my health? 5) What is the role of the regulatory authorities?	Citizens' jury	Private industry	United Kingdom, Wales	Health: Healthcare
Evans & Kotchetkova	Qualitative research and deliberative methods: Promise or peril?	2009	The workshop was organized in the style of an "upstream" engagement event in which a hypothetical benefactor was seeking advice on which kind of diabetes related research should be supported. Participants were asked to choose between three treatment options: insulin pump development, stem cell research, or a vaccine.	Other	Research Organization	United Kingdom	Health: Healthcare

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Fishkin & Farrar	Deliberative polling: From experiment to community resource	2005	Future of regional airport & sharing property taxes across town lines	Deliberative Poll®	Foundation; Advocacy organization; University	United States	Politics
Fishkin & Farrar	Deliberative polling: From experiment to community resource	2005	Prison overcrowding & Financing of K-12 public schools	Deliberative Poll®	Foundation; Advocacy organization	United States	Politics
Fung, Lee, & Harbage	Public Impacts: Evaluating the outcomes of the CaliforniaSpeaks statewide conversation on health care reform	2008	Health policy reform options; they discussed and then voted on six key health care reform topics: 1) Employer Mandate, 2) Expansion of Public Subsidies and Programs, 3) Changes to Insurers (guaranteed issue and cap on profits), 4) Individual Mandate, 5) Government-Based System (a.k.a. single payer), 6) Cost Controls	Issues forum	Foundations	United States	Health: Healthcare
Furth, Gantwerk, & Rosell	Medicare: It's not just another program	2009	Participants were given four scenarios to discuss how Medicare costs might be improved: 1) Voluntary reductions, 2) Pay for the current system, 3) Set priorities to make the best use of limited resources, and 4) Strengthen personal responsibility and choice.	Issues forum	Non-profit policy or research organization	United States	Health: Healthcare
Gastil	Adult Civic Education through the National Issues Forums: Developing Democratic Habits and Dispositions through Public Deliberation	2004	Current public policy issue	National Issues Forum-style deliberation	Foundation	United States	Politics

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Ginsburg & Glasmire	Making tough choices: Adults with disabilities prioritize their Medi-Cal options	2004	Participants worked to build a Medi-Cal plan based on a prototype and constraints developed by an expert Advisory Committee. They used "markers" to indicate the relative importance of individual plan components.	Other (CHAT)	Non-profit policy or research organization	United States	Health: Healthcare
Gold, Bryan, Ginsburg, & Sofaer	Value Proposition: The Role of Cost-Effectiveness in Coverage Decisions	2009	Assuming perspective of National Health Benefits Committee, participants were asked to consider the role of CEA in decision-making, using the following vignettes: life-extending treatment, quality of life improving intervention, and prevention measure	Deliberative focus Groups	Foundation	United States	Health: Healthcare
Gold, Franks, Siegelberg, & Sofaer	Does providing cost-effectiveness information change coverage priorities for citizens acting as social decision makers?	2007	Groups of citizens learned about and discussed health care costs, cost-effectiveness analysis (CEA) methods, and common ethical issues embedded in CEA. Participants received information about 14 conditions and treatments and were asked to prioritize them for funding by Medicare under assumptions of constrained resources.	Deliberative focus groups	Government agency or government-sponsored entity	United States	Health: Healthcare
Gold, Sofaer, & Siegelberg	Medicare and cost-effectiveness analysis: Time to ask the taxpayers	2007	Can Medicare continue to fund all 'effective' interventions without regard to the effects achieved and their cost? What is fair?	Deliberative focus groups	Government Agency or other Government-sponsored entity	United States	Health: Healthcare

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Goberman, Horwood, & Calnan	Citizens' juries in planning research priorities: Process, engagement and outcome	2008	The original question was: "What are the priorities of the citizens of Bristol for research into the provision of primary health and social care?" It was framed as an open ended opportunity for the jurors to select the topics of the jury sessions.	Citizens' jury	Government agency or government-sponsored entity; University	United Kingdom	Health: Healthcare
Goold, Green, Biddle, Benavides, & Danis	Will insured citizens give up benefit coverage to include the uninsured?	2004	The willingness of insured citizens to trade off their own health benefits to cover the uninsured.	Other	Foundation	United States	Health: Healthcare
Haigh & Scott-Samuel	Engaging communities to tackle anti-social behavior: A health impact assessment of a citizens' jury	2008	The authors conducted a health impact assessment (HIA) of the Netherley Valley Citizens' Jury that was set up to develop recommendations for how anti-social behavior should be addressed in their community.	Citizens' jury	Government agency or government-sponsored entity	United Kingdom	Health: Healthcare
Higgs	Integrating multi-criteria techniques with geographical information systems in waste facility location to enhance public participation	2006	Waste facility location decisions	Other	Government agency or government-sponsored entity; University	United Kingdom	Environmental Studies
Hong, Kim, Suedel, Clarke, & Kim	A decision-analysis approach for contaminated dredged material management in South Korea	2010	Management of hazardous dredged material in S Korea	Other	Government agency or government-sponsored entity	South Korea	Environmental Studies
Iliffe, Lenihan, Orrell, Walters, Drennan, Tai et al.	The development of a short instrument to identify common unmet needs in older people in general practice	2004	To engage older people in the development of a brief, valid, practical, and acceptable instrument to help identify common unmet needs suitable for use in routine clinical practice in primary care.	Consensus Conference with Delphi Process	University	United Kingdom	Health: Healthcare

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Institute for Local Government	Faced with Declining Revenues, Daly City Engages Residents to Identify Community Values and Priorities	2009	Facing decreased tax revenues, the Bay City area convened a deliberative issues forum to learn more about community values regarding funding levels for programs and services provided by the city.	Issues forum	Government agency or government-sponsored entity	United States	Politics
Iredale, Longley, Thomas, & Shaw	What choices should we be able to make about designer babies? A citizens' jury of young people in South Wales	2006	Designer babies: what choices should we be able to make? This Citizens Jury explored designer babies in relation to inherited conditions, savior siblings and sex selection with young people.	Citizens' jury	Foundation	United Kingdom	Health: Bioethics
Jones, Litzelfelner, & Ford	The value and role of Citizen Review Panels in child welfare: Perceptions of citizens review panel members and child protection workers	2003	Role and value of the citizen review panels as perceived by citizen panel members and child protection workers	Evaluation of citizens review panels	University	United States	Health: Healthcare
Judd, Drew, Acharya, Mitchell, Donatuto, Burns et al.	Framing scientific analyses for risk management of environmental hazards by communities: Case studies with seafood safety issues	2005	Three populations that were disproportionately affected by seafood safety concerns (populations that eat more fish than average) underwent deliberative efforts to participate in framing the analysis of environmental health risks in the community	Town meeting	Government Agency or other Government-sponsored entity or task force; Non-profit	United States	Health: Environmental Health
Kadlec & Friedman	Beyond debate: Impacts of deliberative issue framing on group dialogue and problem solving	2009	Social Security reform	Deliberative focus groups	Non-profit policy or research organization	United States	Politics

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Karpowitz & Mansbridge	Disagreement and consensus: The importance of dynamic updating in public deliberation	2005	Parking options in the already congested downtown Princeton area when the construction of a larger library promised parking for residents living outside the borough.	Small group discussions with subsequent town meetings	Advocacy organization	United States	Urban Planning
Kim	Cloning and deliberation: Korean consensus conference	2002	Participants were asked 10 questions related to cloning such as, what cloning is, what are the benefits/harms, what are the research interests, what are the social and ethical issues involved, and what role the religious community plays in the discussion.	Consensus Conference	Government Agency or other Government-sponsored entity or task force; University	Korea	Health: Bioethics
Kim, Wall, Stanczyk, & De Vries	Assessing the public's views in research ethics controversies: Deliberative democracy and bioethics as natural allies	2009	The deliberation was designed to elicit the public's views regarding a policy for surrogate consent for four dementia research scenarios of varying risks and potential benefit: a lumbar puncture study to develop a diagnostic test, a randomized clinical trial of a drug, an efficacy study of a vaccine, and an early phase neurosurgical gene transfer study.	Other (Democratic deliberation)	Government agency or government-sponsored entity	United States	Health: Healthcare
Kinney & Leschine	A procedural evaluation of an analytic-deliberative process: The Columbia River Comprehensive Impact Assessment	2002	Tribal, community, and regulatory agency stakeholders in the eastern Washington region designed a comprehensive risk assessment of the health and environmental risks posed by contaminants from the Hanford Nuclear Reserve to the Columbia River.	Other (meeting, phone interviews)	Other	United States	Environmental Studies

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League of Women Voters of Washington	Citizens jury on the citizens initiative review	2001	Should Washington state adopt a Citizens Initiative Review mechanism to evaluate statewide ballot initiatives?	Citizens' jury	Advocacy organization	United States	Politics
Lenaghan	Involving the public in rationing decisions: The experience of citizen juries	1999	Who should set health care priorities? According to what criteria? What are the most important criteria for setting spending priorities? Should non-clinical factors be taken into account when prioritizing National Health Service resources?	Citizens' jury	Non-profit policy or research organization	United Kingdom	Health: Healthcare
Lenaghan, New, & Mitchell	Setting priorities: Is there a role for citizens' juries?	1996	The jurors developed their own criteria for purchasing health care and debated whether quality was more important than quantity in the context of finite resources, after hearing evidence about single and dual chamber pacemakers in order to help them address the issues.	Citizens' jury	Non-profit policy or research organization	United Kingdom	Health: Healthcare
Lukensmeyer & Brigham	Taking democracy to scale: Creating a town hall meeting for the twenty-first century	2002	How should the area around the World Trade Center be redeveloped?	21st Century Town Meeting™	Advocacy organization; University	United States	Urban Planning

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Makundi, Kapiriri, & Norheim	Combining evidence and values in priority setting: testing the balance sheet method in a low-income country	2007	Participants asked how they would prioritize/rank order the following interventions to be included in an essential health care package: 1) Integrated Management of Childhood Illness (IMCI) 2) Safe water 3) Highly Active Anti-retroviral Therapy for AIDS 4) Voluntary Counseling and Testing (HIV) 5) Single dose Nevirapine (prevention of HIV from mother to child) 6) Community-based DOTS (for patients with TB and HIV) 7) Community-based DOTS (TB only) 8) Intermittent Treatment of Pregnant Mothers (malaria) 9) Impregnated bed nets (malaria)	Deliberative focus groups	University	Tanzania	Health: Healthcare
Martin, Abelson, & Singer	Participation in health care priority-setting through the eyes of the participants	2002	Decide which new chemotherapy drugs should be funded by the New Drug Funding Program, and develop a multi-year plan for stent (tube) volumes and use of Abciximab (a drug used during coronary operations).	Other (committee)	Government agency or government-sponsored entity	Canada	Health: Healthcare
Maxwell, Rosell, & Forest	Giving citizens a voice in healthcare policy in Canada	2003	Participants were asked to accomplish two major tasks during the day: firstly, to create their own vision of the health care system they would like to see in 10 years' time; secondly, to work through the practical choices and tradeoffs required to realize that vision	Other (ChoiceWork dialogue)	Government agency or government-sponsored entity	Canada	Health: Healthcare

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McKie, Shrimpton, Richardson, & Hurworth	Treatment costs and priority setting in health care: A qualitative study	2009	Whether high cost patients should be a lower priority for public health care than low cost patients, other things being equal, in order to maximize health gains from the health budget.	Deliberative focus groups	University	Australia	Health: Healthcare
Melville, Willingham, & Dedrick	A Network of Communities Promoting Public Deliberation	2005	Racial tensions	National Issues Forum	University	United States	Social
Merkle	The national issues convention deliberative poll	1996	Three broad issue areas were selected as the focus of the National Issues Convention (NIC): the family, the economy, and foreign affairs.	Deliberative Polling®	Other	United States	Politics
Min	Online vs. Face-to-Face Deliberation: Effects on Civic Engagement	2007	Considered whether students can carry concealed weapons on campus; they discussed whether they were concerned about crime on campus; whether they believe it is individuals' free choice to carry concealed handguns; whether carrying concealed handguns could be an effective measure to prevent crimes on campus; and what would happen if students were allowed to carry handguns on campus	Deliberative discussion groups	University	United States	Education
Montini, George, Martin-Mollard, & Bero	The role of public participation in public health initiatives: an analysis of the WHO Framework Convention on Tobacco Control	2010	Public hearings in reaction to the Framework Convention on Tobacco Control.	Other (hearings, testimony)	Government Agency or other Government-sponsored entity	WHO Member States	Health: Public Health

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Mort & Finch	Principles for telemedicine and telecare: The perspective of a citizens' panel	2005	What do you think about moving to new systems of practice for receiving health care at a distance? This could involve remote monitoring of a patient's clinical condition/data, such as blood pressure, or blood sugar (e.g. diabetic patients), or expert opinion/diagnosis from a store and forwarded image of a patient supplemented by online clinical history, or video-based consultations, or telephone-based advice services or consultations. What benefits and risks do you think that telemedicine and telecare pose for: (a) patients, (b) carers, (c) healthcare providers? Are there circumstances in which telemedicine is particularly appropriate (or inappropriate)? Are there certain locations in which telemedicine is particularly appropriate (or inappropriate)? What principles would you wish to see underpinning telemedicine developments?	Citizens' panel	Non-profit policy or research organization	United Kingdom	Health: Healthcare
National Institute for Health and Clinical Excellence (NICE)	Report on NICE citizens council meeting: Inequalities in health	2006	Whether NICE should issue guidance that concentrates resources on improving the health of the whole population or trying to improve the health of the most disadvantaged members of society.	Citizens' council/ citizens' panel	Non-profit policy or research organization	United Kingdom, Wales	Health: Healthcare

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Nelson, Andow, & Banker	Problem formulation and option assessment (PFOA) linking governance and environmental risk assessment for technologies: A methodology for problem analysis of nanotechnologies and genetically engineered organisms	2009	Risks associated with genetically engineered organisms and nanotechnology.	Other (workshops)	Government Agency or other Government-sponsored entity or task force	United States	Health: Environmental Health
Nguyen, Cook, & Bero	The decision-making process of US Food and Drug Administration advisory committees on switches from prescription to over-the-counter status: A comparative case study	2006	Nonprescription Drugs Advisory Committee (NDAC) members answered FDA key draft list questions during a proposed switch from prescription to over-the-counter (OTC) status involving 3 cases: nicotine replacement therapy product, 2 statins, and an emergency oral contraceptive. Sample question: "Does the frequency of appropriate self-diagnosis and self-selection support the conclusion that lovastatin 20 mg can be used safely and effectively in the OTC setting?"	Other (committee discussion, voting)	Government agency or government-sponsored entity	United States	Health: Healthcare
Niemeyer	Intersubjective rationality measuring deliberative quality	2007	Deliberated about an environmental issue about the difficulty of constructing a dirt road through what has become World Heritage listed rainforest in the tropical far north of Australia	Citizens' jury	Other	Australia	Environmental Studies
Niemeyer	Intersubjective rationality measuring deliberative quality	2007	Deliberated about the future of a bridge in Western Australia	Deliberative polling	Other	Australia	Environmental Studies

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Niemeyer	Intersubjective rationality measuring deliberative quality	2007	Deliberated about the implementation of energy technologies (Australian energy futures)	Citizens' jury	Other	Australia	Environmental Studies
O'Fallon, Wolfle, Brown, Dearth, & Olden	Strategies for setting a national research agenda that is responsive to community needs	2003	Citizen input on environmental health research priorities covering the following themes/topics during various town meetings nationwide: urban environmental health, health disparities, children's environmental health, breast cancer, neighborhood environmental health, concentrated animal feeding operations, oceans and human health.	Town meeting	Government Agency or other Government-sponsored entity	United States	Health: Environmental Health
Ozanne, Corus, & Saatcioglu	The Philosophy and Methods of Deliberative Democracy: Implications for Public Policy and Marketing.	2009	Create a plan to make Perth the most livable city by 2030	Hybrid: Phase 1: Deliberative focus groups, scenario workshops, regional planning games, and discussion of hypothetical videos; Phase 2: public forums	Government	Australia	Politics

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Parkin & Paul	Public good, personal privacy: A citizens' deliberation about using medical information for pharmaco-epidemiological research	2009	Should researchers contracted by a public body be permitted to use medical information about identifiable people, without their consent, for the following purposes: (i) Routine analysis to identify potential adverse effects of medicines which are newly introduced into New Zealand? (ii) Investigation of emerging concerns about the adverse effects of medicines currently being used by New Zealanders? If so, under what circumstances and with what safeguards, if any? If not, why not?	Citizens' jury	Government agency or government-sponsored entity	New Zealand	Health: Healthcare
Partridge, Underwood, Lucke, Bartlett, & Hall	Ethical concerns in the community about technologies to extend human life span	2009	Identify and describe ethical issues in the use of technologies to extend the human life span.	Deliberative focus groups	University	Australia	Health: Healthcare
Paul, Nicholls, Priest, & McGee	Making policy decisions about population screening for breast cancer: The role of citizens' deliberation	2008	Should the New Zealand government offer free mammography screening to all women aged 40–49 years?	Citizens' council/citizens' panel	University	New Zealand	Health: Healthcare
Pesce, Kpaduwa, & Danis	Deliberation to enhance awareness of and prioritize socioeconomic interventions for health	2011	priority setting for socioeconomic interventions in health and reasons for priority-setting: asked to compose a hypothetical benefit package of social programs that impact health (including usual medical care and SES interventions)	Deliberative groups, using REACH (Reaching Economic Alternatives that Contribute to Health), tool based on CHAT	Government	United States	Health

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Pickard	Citizenship and consumerism in health care: A critique of citizens' juries	1998	First Jury question: Severely mentally ill people live in special accommodation in the community. What services should be provided to make life better for them and their neighbors? Second jury question: Severely mentally ill people live in special accommodation in the community. What services/strategies could be put into place in order to ensure a high quality of life for all users of mental health services and their neighbors? Of the services currently provided by the Health Authority which services are good, which are bad, and which are missing?	Citizens' jury	Government agency or government-sponsored entity	United Kingdom	Health: Healthcare
Rae & Brown	Managing the intractable: Communicative structures for management of hexachlorbenzene and other scheduled wastes	2009	How should toxic waste in Botany in New South Wales, Australia be managed?	Other (Government committees)	Government Agency or other Government-sponsored entity	Australia	Environmental Studies
Reeder, Balutis, Christopherson, Lyles, & Payton	A national dialogue on health information technology and privacy	2010	How should we expand the use of information technology and protect personal privacy to improve health care?	Other (online deliberation called the Dialogue)	Government agency or government-sponsored entity	United States	Health: Healthcare

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Rosell, Furth, & Gantwerk	Beyond wishful thinking: Californians deliberate state budget reform	2008	Four values-based scenarios were used to stimulate discussion about how the state government should make future funding decisions: 1) Stay on present course (e.g., continue to make budget decisions year-by-year, based on the previous year's spending. 2) Bring decision-making closer to home, (e.g., authority will shift from state government to local governments; local governments will have more responsibility for providing programs and services). 3) Focus on value for money, (e.g., state government will focus on getting the most value for tax dollars and will operate more like a business). 4) Invest for the public good, (e.g., the state will make long-term investments in areas like education, health services, environment, public safety and transportation to create a better future for everyone).	Other (Choice-Dialogue™)	Advocacy organization	United States	Politics
Rowa-Dewar, Ager, Ryan, Hargan, Hubbard, & Kearney	Using a rapid appraisal approach in a nationwide, multisite public involvement study in Scotland	2008	Questions covered understandings and views of cancer and cancer care.	Deliberative focus groups within rapid appraisal approach	University	United Kingdom	Health: Healthcare

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Rowe, Rawsthorne, Scarpello, & Dainty	Public engagement in research funding: A study of public capabilities and engagement methodology	2010	Participants identified 1) the criteria they felt were used to assess whether a research proposal would be funded, 2) the criteria they felt should be used, and 3) who they thought decided on research funding. Participants voted for the research proposal they would fund from four choices presented by researchers from IFR: 1) reducing salmonella, 2) the role of good bacteria in overcoming allergies, 3) the value of broccoli (and the nutrients) to health, and 4) the effect of burnt meat on the large bowel.	Other	Non-profit policy or research organization	United Kingdom	Research
Sabik & Lie	Priority setting in health care: Lessons from the experiences of eight countries	2008	How should limited health care resources be allocated? What health services should be publicly funded? How should indications for particular interventions be defined?	Issues forum	Government Agency or other Government-sponsored entity	Norway, Sweden, Israel, the Netherlands, Denmark, New Zealand, United Kingdom, and the US	Health: Healthcare
Sacramento Healthcare Decisions	Cost-Effectiveness as a criterion for medical and coverage decisions	2001	What is the role of cost-effectiveness as a criterion in treatment and coverage decisions?	Other	Non-profit policy or research organization	United States	Health: Healthcare
Sacramento Healthcare Decisions	Getting good value	2006	Whether three scenarios of medical interventions should be approved by the federal government for coverage by public insurance (such as Medicare) with the likelihood that private insurance would also adopt these decisions.	Deliberative focus groups	Non-profit policy or research organization	United States	Health: Healthcare

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Schneider	Deliberative success: An analysis of the United States Forest Service and deliberative democracy	2009	Engagement of local communities to create a Community Wildfire Protection Plan (CWPP) for the Apache-Sitgreaves National Forest in Arizona, as mandated by the 2003 Healthy Forests Restoration Act (HFRA).	Other (working group, community action group)	Other	United States	Environmental Studies
Schwinn, Kessler, & Schwinn	Learning democracy centers: Where the public works	2005	Creating measures/indicators of the health of children in a community - what does health mean?	Study Circle	Non-profit organization	United States	Health: Public Health
Schwinn, Kessler, & Schwinn	Learning democracy centers: Where the public works	2005	Address critical, systemic issues in the community such as racism	Study Circle	Non-profit organization	United States	Politics
Schwinn, Kessler, & Schwinn	Learning democracy centers: Where the public works	2005	Research prioritization for studying community problems - citizens are asked to develop method for prioritizing the research needs	Study Committees	Non-profit organization	United States	Research
Scully, Banks, & Shakespeare	Chance, choice and control: Lay debate on prenatal social sex selection	2006	Participants considered a scenario in which a couple had three daughters and wished to use pre-implantation genetic diagnosis to ensure than they had a son. The questions posed: "What is your first reaction to this? Do you think people should be allowed to do this? Can you give a reason?"	Deliberative focus groups	Foundation	United Kingdom	Health: Bioethics

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Secko, Preto, Niemeyer, & Burgess	Informed consent in biobank research: A deliberative approach to the debate	2009	Experts presented on (a) scientific practices in biobanking, (b) privacy and confidentiality, (c) genetic discrimination, (d) aboriginal perspectives and (e) community benefits of biobanks. Participants engaged in group discussions and completed surveys by ranking 38 statements relevant to the spectrum of themes concerning biobanking (e.g., general assessment, consent, governance, discrimination/ethnicity, costs/benefits).	Other (group discussions and pre/post surveys)	Government agency or government-sponsored entity	Canada	Health: Healthcare
Siu	The moderation effect of argument quality on polarization in Deliberative Polls	2008	Health and Education: policy priorities and remedies	Deliberative Polling®	University	United States	Health; Education
Siu	The moderation effect of argument quality on polarization in Deliberative Polls	2008	America's Role in the World" focused on general foreign policy issues such as multilateralism, democracy, and trade	Deliberative Polling®	University	United States	Politics
Siu	The moderation effect of argument quality on polarization in Deliberative Polls	2008	U.S. Primaries	Deliberative Polling®	University	United States	Politics
Siu	The moderation effect of argument quality on polarization in Deliberative Polls	2008	U.S. General Election, related to national security and the global economy	Deliberative Polling®	University	United States	Politics

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Sokoloff, Steinberg, & Pyser	Chapter 13: Deliberative city planning on the Philadelphia waterfront	2005	Who uses Penn's Landing? Who are the past, present, future users? Who isn't at the table? What do people do at Penn's Landing? What other uses would work on that site? What constrains people from engaging in those uses? What principles does the group think ought to guide the development of Penn's Landing?	Issues forum with small-group deliberations	Government agency or government-sponsored entity; University; Advocacy organization	United States	Politics
The Jefferson Center	Citizens jury global climate change	2002	1) What potential impacts of global climate change (positive or negative) are most notable or of most concern? 2) Is it likely or unlikely that global climate change will have significant impacts for humans and/or natural systems? 3) In your opinion, what steps, if any, should be taken to address climate change?	Citizens' jury	Government agency or government-sponsored entity	United States	Environmental Studies
The Jefferson Center	Citizens jury on election recounts	2009	Participants deliberated on how to do a fair and thorough voting recount in elections while reaching a final decision in a timely way at a reasonable cost. Specifically, deliberation focused on: 1) The Role of Political Parties in the Election Recount Process; 2) Absentee Ballots; 3) Timing (Election Certification and Primary Date); 4) Formal Standardized Review Process; 5) Trigger for Automatic Recount	Citizens' jury	Non-profit policy or research organization	United States	Politics

Author (s)	Title	Year	Question/Topic	Deliberative Method	Sponsor Type	Country	Field
Timotijevic & Raats	Evaluation of two methods of deliberative participation of older people in food-policy development	2007	Does food retailing need to change in order to achieve optimal health and diet?	Citizens' jury	Government agency or government-sponsored entity	United Kingdom	Health: Healthcare
Viewpoint Learning, Inc.	Citizen dialogues on covering the uninsured, A report to the Robert Wood Johnson Foundation	2004	Regarding the problem of uninsurance, craft a vision for covering the uninsured and in determine priorities, appropriate steps and acceptable tradeoffs	Other (Choice Dialogues)	RWJF	United States	Health: Healthcare

Author (s)	Title	Year	Question/Topic	Deliberative Method	Sponsor Type	Country	Field
von Lieres & Kahane	Inclusion and representation in democratic deliberations: Lessons from Canada's Romanow Commission	2007	<p>Participants discussed four scenarios for challenges confronted in the Canadian healthcare system:</p> <ol style="list-style-type: none"> 1) More public investment in doctors, nurses and equipment through tax increases or reallocating funds from other government programs. 2) Introducing shared costs and responsibilities (e.g., user fees and co-payments) to discourage overuse of the system and increase government revenue. 3) Increasing private choices via a restructuring of the healthcare system that includes private sector providers. 4) Reorganizing service delivery (e.g., teams of doctors, nurses and other professionals that work together) to improve efficiency and cost-effectiveness. <p>For the aboriginal commission, participants discussed challenges faced by their specific indigenous community.</p>	Other (ChoiceWork Dialogue)	Government agency or government-sponsored entity	Canada	Health: Healthcare

Author (s)	Title	Year	Question/Topic	Deliberative Method	Sponsor Type	Country	Field
Warburton	Evaluation of your health, your care, your say: An independent report commissioned by the Department of Health	2006	Participants were users of services and the general public, who were engaged in health service reforms, so that future proposals could be shaped around their needs and expectations. Questions included: What aspects of community health and social care services work well and less well? How can health and community care services help you take care of yourself and support your family in your daily lives?	Deliberative focus groups (referred to as "Citizens' Summit"); Citizens' panel	Government agency or government-sponsored entity	United Kingdom	Health: Healthcare
Willis, Gibson, Shih, Geschwind, Olmstead, Hu, Curtright, Cecchine, & Moore	Prioritizing environmental health risks in the UAE	2010	Participant ranking of 14 risks that reflected how concerned they were about the risks, (e.g., ambient and indoor air pollution; drinking water contamination; coastal water pollution; soil and groundwater contamination; contamination of fruits, vegetables, and seafood; ambient noise; stratospheric ozone depletion; electromagnetic fields from power lines; health impacts from climate change; and exposure to hazardous substances in industrial, construction, and agricultural work environments).	Other ("ranking risks"; 6-8 hour workshops)	Government agency or government-sponsored entity	United Arab Emirates	Health: Environmental Health

Author (s)	Title	Year	Question/Topic	Deliberative Method	Sponsor Type	Country	Field
Zurita & Nohr	Patient demands and the development of EHR systems	2003	Fundamental issues in developing electronic health records (EHR) were discussed, and citizens asked experts questions related to decentralized versus centralized solutions, EHR patient information and privacy, visions of future EHR, overview of own situation and course of disease, and research and quality assurance.	Citizens' panel	Other	Denmark	Health: Healthcare

Appendix H.
Summary of Deliberative Evaluation Measures

Source	Construct	Measure or Description	Mode/Method of Data Collection
Abelson et al., 2004	Procedural elements Impact on society	<ul style="list-style-type: none"> • General and process-specific participant experiences with public consultation processes. • Citizen impressions of the barriers and facilitators to participation. • Depictions of the role that information sources play in the consultation process. • Perceived effects of public consultation on participant views about policy issues • Impacts of public consultation on decision-makers. • Elements of successful consultation. 	Focus groups
Abelson et al., 2007	Procedural elements: <ul style="list-style-type: none"> • Clarity of communication • Structure • Facilitator • Information 	<ul style="list-style-type: none"> • The meeting facilitator was knowledgeable about the discussion topics • Had enough time to discuss issues in a comprehensive way • Felt that information and the purpose of the meeting was clearly communicated satisfaction with the information provided. 	Self-administered questionnaire
	Opportunity for adequate discussion	Not described.	Self-administered questionnaire
	Change in knowledge or attitudes as a result of deliberation	Not described.	Self-administered questionnaire
	Anticipated post-meeting activity related to deliberation issues	Not described.	Self-administered questionnaire
	Change in values toward issues under deliberation	Not described.	Self-administered questionnaire
Danis et al., 2007	Change in priorities and attitudes	Not described.	Self-administered questionnaire
Deng & Wu, 2010	Degree of deliberation	Information usefulness from the participants' points of view: <ul style="list-style-type: none"> • information was helpful • materials were easy to read 	Self-administered questionnaire
	Independence of the forum	Rating of how neutral the moderator was	Self-administered questionnaire
	Representation	Not described.	Self-administered questionnaire
	Change in knowledge	Not described.	Self-administered questionnaire
	Change in policy preference	Not described.	Self-administered questionnaire

Source	Construct	Measure or Description	Mode/Method of Data Collection
De Vries et al., 2010	Equal participation	Number and length of comments Text volume - total words contributed to the discussion	Transcript review - counting comments and measuring text volume
	Respect for the opinions of others	Not described.	Self-administered questionnaire
	Adoption of a societal perspective	Change from personal preferences with regard to the deliberative topic to preference for social policies governing the use of surrogate consent	Self-administered questionnaire
	Reasoned justification of ideas	Not described.	Transcript review
Fishkin & Farrar, 2005	Diversity	The extent to which those who deliberate represent the diversity of viewpoints in the relevant population.	Not described.
	Information	The extent to which the information that people employ is reasonably accurate	Not described.
	Change in beliefs and opinions	Not described.	Self-administered questionnaire
	Change in beliefs and opinions	Not described.	Self-administered questionnaire
	Completeness	The extent to which arguments offered on one side of an issue are answered by arguments from another side that are then answered in turn	Not described.
	Conscientiousness	The extent to which people participate so as to decide the issue on its merits	Not described.
Fung, Lee & Harbage, 2008	Attitudes about political process	Elected officials don't care what people like me think People like me don't have any say in state government California politics & government are so complicated that I can't really understand what's going on We can trust our state's government to do what is right State and local governments are more responsive than federal	Self-administered questionnaire

Source	Construct	Measure or Description	Mode/Method of Data Collection
Gastil, 2004	Civic beliefs: Valuation of political outcomes	It is very important to me that I help shape the political process, through my own actions and the actions of groups that I belong to. I greatly value my direct and indirect influence on the political world.	Self-administered questionnaire
	Civic beliefs: Political outcome expectancy	Group discussions about politics can affect both the group and the society as a whole. Political action by people like me and the groups that I belong to has no impact whatsoever on society. (REVERSED) The development of people's political opinions can affect the larger society.	Self-administered questionnaire
	Civic beliefs: Duty	As citizens, we have a duty to ensure good government. Citizens have a responsibility to be involved in politics. Citizens should NOT feel responsible for being politically aware and involved. (REVERSED)	Self-administered questionnaire
	Civic beliefs: Community identity	I share a common identity with other members of my community and my country. I feel a bond between myself and other citizens in my community and nation.	Self-administered questionnaire
	Civic beliefs: Self-efficacy	I am capable of participating effectively in group discussions about important political issues. As an individual citizen, I am able to engage in political action. I can't think straight about politics, regardless of how much I read or talk about the issues. (REVERSED)	Self-administered questionnaire
	Civic beliefs: Group efficacy	With a little effort, groups of citizens can think intelligently about politics. Typical groups of people just aren't capable of having intelligent, productive group discussions about important political issues. (REVERSED) Groups of average citizens are capable of effectively organizing and taking actions.	Self-administered questionnaire
	Political conversation network : Network size	How many family members, friends, neighbors, and coworkers do you regularly discuss politics with?	Self-administered questionnaire
	Political conversation network : Conversation frequency	On average, how often do you talk about political topics with your family, friends, neighbors, and coworkers? (7=less than once every four months, 6=once every four months, 5=once every two months, 4=once a month, 3=once a week, 2=once a day, 1=more than once a day)	Self-administered questionnaire
	Political conversation network : Demographic network diversity	I usually discuss politics with people of the same ethnic, social, and economic background as myself. (REVERSED)	Self-administered questionnaire
	Political conversation network : Ideological network diversity	I typically discuss politics with people who have essentially the same political viewpoints as myself. (REVERSED)	Self-administered questionnaire

Source	Construct	Measure or Description	Mode/Method of Data Collection
	Political conversation network : Gender network diversity	I typically discuss politics with people of the same gender as myself. (REVERSED)	Self-administered questionnaire
	Knowledge : Political expertise	Which of the following names, terms or phrases do you recognize from things you have heard or read in the new or in political conversation? (see text for list of items)	Self-administered questionnaire
	Democratic political conversation: Conversation dominance	I dominated the other person. I was a bit overbearing.	Self-administered questionnaire
	Democratic political conversation: Clarity of statements	I beat around the bush a little when expressing my opinions. (REVERSED) I was very explicit about my opinions. I expressed my positions clearly and directly. I was somewhat vague about my views. (REVERSED)	Self-administered questionnaire
	Democratic political conversation: Logic/reasonableness	I presented sensible arguments in support of my views. I backed up my arguments with evidence. I was unreasonable and illogical when stating my point of view. (REVERSED)	Self-administered questionnaire
	Democratic political conversation: Recognizing opposing values	I recognized the values underlying the other person's point of view.	Self-administered questionnaire
	Democratic political conversation: Seeing opposing reasons	I understood the reasons behind the other person's views.	Self-administered questionnaire
	Democratic political conversation: Weighing pros and cons	I had difficulty weighing the pros and cons of different choices. (REVERSED)	Self-administered questionnaire
	Spoken instructions : Outcome valuation	We should value the role we can play in the political process. It is important that citizens discuss political issues with one another. It is very important that citizens play a role in shaping the future of their communities and the country as a whole.	Self-administered questionnaire
	Spoken instructions : Outcome expectancy	We really can make a difference in the world through political action. Political discussions and actions can have powerful effects.	Self-administered questionnaire
	Spoken instructions : Duty	As citizens, we are responsible for taking action to improve our community and nation.	Self-administered questionnaire
	Spoken instructions : Community identity	All people within a community or a nation are politically related and share a common identity.	Self-administered questionnaire
	Spoken instructions : Self-efficacy	Individuals like ourselves can be competent participants in political deliberation and action.	Self-administered questionnaire

Source	Construct	Measure or Description	Mode/Method of Data Collection
	Spoken instructions : Group efficacy	When working together, groups of citizens are capable of engaging in joint political discussion and action.	Self-administered questionnaire
	Spoken instructions : Dominance	Individuals should NOT try to dominate political discussions.	Self-administered questionnaire
	Spoken instructions : Clarity	When discussing politics with others, we should be explicit about our views.	Self-administered questionnaire
	Spoken instructions : Logic	We should back up our opinions with evidence and sound logic.	Self-administered questionnaire
	Spoken instructions : Opposing reasons	When forming opinions, we should listen to others and carefully consider their views.	Self-administered questionnaire
	Read the issue book	Did you get a chance to read the NIF issue book pertaining to the forum topics you discussed?	Self-administered questionnaire
	Participant enactment: Dominance	I dominated the discussion. When I spoke during the forums, I was a bit overbearing.	Self-administered questionnaire
	Participant enactment: Clarity	I expressed my positions clearly and directly. I was very explicit about my opinions. I was somewhat vague about my views. (REVERSED) I beat around the bush a little when expressing my opinions. (REVERSED)	Self-administered questionnaire
	Participant enactment: Logic	When I spoke during the forums, I backed up my arguments with evidence. I presented sensible arguments in support of my views. I was unreasonable and illogical when stating my point of views. (REVERSED)	Self-administered questionnaire
	Participant enactment: Values	I recognized the values underlying other points of view.	Self-administered questionnaire
	Participant enactment: Pros and cons	I understood the reasons behind other views. I had difficulty weighing the pros and cons of different choices. (REVERSED)	Self-administered questionnaire
	Group modeling : Dominance	(Same items as above for enactments, reworded to refer to "group members" instead of oneself.)	Self-administered questionnaire
	Group modeling: Clarity	(as above)	Self-administered questionnaire
	Group modeling: Logic	(as above)	Self-administered questionnaire
	Group modeling: Values	(as above)	Self-administered questionnaire
	Group modeling: Reasons	(as above)	Self-administered questionnaire
	Group modeling: Pros and cons	(as above)	Self-administered questionnaire

Source	Construct	Measure or Description	Mode/Method of Data Collection
	Moderator modeling: Dominance	(Same items as above for enactment, reworded to refer to “the moderator” instead of oneself.)	Self-administered questionnaire
	Moderator modeling: Clarity	(as above)	Self-administered questionnaire
Jacobs et al., 2009	Knowledge	How would you rate your own understanding of what the Social Security program is and what it does? Would you say your understanding of Social Security is excellent, good, only fair, or poor?	Face-to-face interview
	Knowledge	Social Security fact questions	Face-to-face interview
	Knowledge	<i>General level of understanding of Social Security</i>	Interviewer rating
	Political participation	<p>“I’m going to list some things you might possibly do in the future and you tell me how likely you think it is that you would do them.”</p> <ul style="list-style-type: none"> • <i>Contact Congress</i>: “Contact your representative to Congress to express your views on Social Security. Would you say that would be very likely, somewhat likely, somewhat unlikely, or very unlikely?” • <i>Participate in Organization</i>: “Participate in an organization that is committed to discussing the future of Social Security?” • <i>Talk to Family or Friends</i>: “Talk to a family member, friend, or neighbor about Social Security?” 	
Kim et al., 2009	Equal participation	Text length - the number and length of times each participant speaks during small group deliberations.	Transcript review
	Participant’s perceptions of civility and respect, fairness of the process, participant trust	Do you feel that your opinions were respected by your group? Do you feel that the process that led to your group’s responses was fair? How willing are you to abide by the group’s final position, even if you personally have a different view?	Self-administered questionnaire
	Content of deliberations	Qualitative analysis of the following questions: How are disagreements resolved? Are mediation and compromise common? What are the common themes and rationales for the groups’ policy recommendations? Are facts used accurately—and if not, do the participants correct each other? Are the participants keeping to the task? Is there evidence of polarization? Do the comments reflect appeals to a common good perspective or are the reasons given for opinions mostly based on self-interest?	Not described.
Makundi et al., 2007	Change in policy priorities	Compared change in priorities between the initial rank and the final rank before and after deliberation.	Self-report questionnaire.

Source	Construct	Measure or Description	Mode/Method of Data Collection
Melville et al., 2005	Broadened outlook	Not described.	Not described.
	Reflection, learning, awareness of similarities	Not described.	Not described.
	More egalitarian conversation habits	Not described.	Not described.
	Broadened view of self-interest	Not described.	Not described.
	Changed to more egalitarian conversation habits	Not described.	Not described.
	Defined self-interests more broadly	Not described.	Not described.
	Moved beyond superficial preferences to considered public judgment.	Not described.	Not described.
	deliberating becomes a civic habit	Not described.	Not described.
Rowe & Frewer, 2005	Representativeness	I think that the people taking part in this event are a fair cross-section of members of the public	Self-administered questionnaire
	Independence	I feel that the people running the event were not promoting a specific view on the issues around GM	Self-administered questionnaire
	Early Involvement	I think that this event has taken place too late to allow me and the other participants to influence Government policy on GM	Self-administered questionnaire
	Influence	I think that feedback from this event will be taken seriously by the Government	Self-administered questionnaire
	Transparency	I <i>don't</i> think there is any kind of "hidden agenda" behind this event	Self-administered questionnaire
	Resources	The event provided me with all the information I wanted to enable me to contribute as I wished	Self-administered questionnaire
	Resources	The event seemed to provide sufficient time for everyone who wanted to contribute to have their say	Self-administered questionnaire
	Task Definition	It was clear to me what I was supposed to be doing throughout the event	Self-administered questionnaire
	Structured Dialogue	The way the event was run me to have my say	Self-administered questionnaire
	Representativeness	The people who attended the event were fairly typical of the sort of people who would be affected by GM issues	Self-administered questionnaire

Source	Construct	Measure or Description	Mode/Method of Data Collection
	Independence	The event was run in an unbiased way The facilitators were biased by the views of the people who commissioned this event There was too much control by the facilitator over the way the event was run The information that was given participants was fair and balanced	Self-administered questionnaire
	Early Involvement	The event has taken place too late in the policy-making process to be influential	Self-administered questionnaire
	Influence Influence	The people who commissioned this event will not take any action on the views and recommendations made by participants Feedback from this event will be influential on the future of GM food and crops in the U.K.	Self-administered questionnaire
	Transparency	It was not clear how participants in the event were selected It is not clear to me how the results of this event will be used	Self-administered questionnaire
	Resources	There was not enough time to fully discuss all the relevant issues Participants had access to any information they wanted	Self-administered questionnaire
	Task Definition	I was confused at times about what I had to do	Self-administered questionnaire
	Structured Dialogue	All relevant issues were covered I didn't get the chance to say all that I wanted to say I felt there was so much information that it was difficult to assess it all The facilitator encouraged everyone to have their say, no matter how little or how much they knew about the subject The event was well facilitated The event was well organized and structured	Self-administered questionnaire
Timotijevic & Raats, 2007	Representation	The witnesses represented the cross-section of the relevant stakeholders and the available views The participants represented a cross-section of older citizens within our locality	Self-administered questionnaire
	Independence	The group of participants selected were independent of the commissioner The group of participants selected were independent of the organizer	Self-administered questionnaire
	Trustworthiness	Most witnesses were trustworthy citizens Organizers were trustworthy Commissioners were trustworthy	Self-administered questionnaire
	Credibility	Witnesses were a credible source of information	Self-administered questionnaire

Source	Construct	Measure or Description	Mode/Method of Data Collection
	Clarity of the task	The purpose of the event was clear The problems/issues to be discussed were clearly defined The information presented was clear and easy to understand The procedure process was clearly defined The output expected was clearly defined It was clear how we were expected to arrive at a decision It was clear how the decisions were made within the jury	Self-administered questionnaire
	Transparency	The decisions made in the course of the event were open and clear The motives of the commissioner were sufficiently clear The role the participants played was clear The role the participants played matched my expectations	Self-administered questionnaire
	Access to resources	All information needed and requested was provided Enough time was provided for each aspect of the process All the material needed was provided Enough witnesses were provided (citizens' jury only) Sufficient financial support was provided for the participants/stakeholders to be able to engage in the public participation event	Self-administered questionnaire
	Group dynamics	I felt comfortable with the degree of disagreement within our group I endorsed and adopted the points of view that differed from my own Group members were listening to each other allowing everyone to speak I felt that my opinions were in conflict with the opinions of other members of the group	Self-administered questionnaire
	Efficacy of the process	Any conflict that has arisen has been deal with efficiently by the organizers	Self-administered questionnaire
	Fairness	I had opportunities to communicate with all participants within the group There were equal opportunities for all participants to express their views There were equal opportunities for all witnesses to express their views All participants were treated with politeness and respect All witnesses were treated with politeness and respect	Self-administered questionnaire
	Transformation (each item treated separately as categorical data)	Throughout the process my understanding of the issue has (increased/stayed about the same/decreased) Throughout the process my awareness of different points of view has (increased/stayed about the same/decreased) Throughout the process my confidence in the ability to present different points of view has (increased/stayed about the same/decreased) Throughout the process the confidence of all the participants as a group in their ability to present their points of view has (increased/stayed about the same/decreased)	Self-administered questionnaire

Source	Construct	Measure or Description	Mode/Method of Data Collection
	Group identification (each treated separately)	I fell a part of the group now My sense of connection to the group has changed (increased/stayed about the same/decreased)	Self-administered questionnaire
	Task-related outcomes: outcome of the process	The outcome of this event matched my expectations	Self-administered questionnaire
	Task-related outcomes: impact	I feel that my views expressed in this exercise will influence food-policy Older people's views expressed in this exercise will influence food policy	Self-administered questionnaire
	Satisfaction	I would want to participate in other events like this one in the future Older people should be given more opportunity to participate in events like these <ul style="list-style-type: none"> • Participation process was a worthwhile experience • Participation process was enjoyable 	Self-administered questionnaire
Viewpoint Learning, Inc., 2004	Opinion change	In each of the dialogues, participants were surveyed twice, once at the beginning of the day and again at the end. They were asked to rate their response to each choice independently on a scale of 1 to 10, 10 being "totally positive" and 1 being "totally negative." These results were tabulated to determine both the average rating of each scenario and how each individual changed his or her views over the course of the day.	Self-report questionnaire.
Warburton, 2006	Range of people/representation/inclusiveness/fairness	Was there a good mix of people at the event you attended? Were there any types of people that should have been there but weren't? <ul style="list-style-type: none"> • Did you feel everyone there had an equal chance to have their say? • Was there enough information provided in advance and on the day to enable you to take part fully in the discussions? 	Self-administered questionnaire
	Openness/transparency/quality of process/partnership working	Were you clear about how the event you took part in fitted in to the overall development of the White Paper on health and social care? If not, what were you not clear about? <ul style="list-style-type: none"> • Do you think there was anything that was raised in the discussions in your group that was not covered in the polling questions? Can you give any examples? • Was there anything that you felt came out strongly from the event that you attended that was not included in the White Paper and should have been? Examples? • The aims of the consultation included that the public were 'at the centre' of the whole White • Paper process, and that the public were 'working in partnership' with Government on these policy issues? How much do you feel these aims were achieved? Completely/to some extent/not much/not at all. 	Self-administered questionnaire

Source	Construct	Measure or Description	Mode/Method of Data Collection
	Influence and importance of the listening exercise	<ul style="list-style-type: none"> • The process for involving the public in drafting this White Paper was very different from the way Government usually makes policy. What do you think about Government including the public in policy-making in this way? • How much do you think the event you took part in changed or influenced the content of the White Paper? A lot/A little/not much/not at all. • Do you feel you know enough about the final details of the policy that resulted from your involvement? If not, what would you like to have been told, and how? • How much do you think you personally contributed to the content of the White Paper? A lot/A little/not much/not at all. • Are you satisfied with your contribution to the consultation; would you have liked to have done more or contributed differently? 	Self-administered questionnaire
	Benefits (and costs) of the process	<ul style="list-style-type: none"> • Did you learn anything as a result of taking part (e.g. about health issues, about participation, about Government, about policy-making)? Give examples. Did that have any particular value to you? • Did you change your views during/after the listening exercise about any health issues? Give examples. • Did you change your views about the public being involved in policy-making of this sort? Give examples. • Overall, what were the main things that you got out of being involved in the whole process? • At a time when NHS resources are in the news, and this consultation exercise obviously cost quite a lot, do you think this was money well spent, or not? 	Self-administered questionnaire

Source	Construct	Measure or Description	Mode/Method of Data Collection
	Trust/willingness to get involved again	<ul style="list-style-type: none"> • Did you initially trust the listening exercise to be fair and to do what it said it was trying to do? • Did it meet your expectations, or not? Give examples. • Has taking part made any difference to your trust in Government as a whole? If so, what? • Has it made any difference to your view of your own role as a citizen, and how you might get involved in future? If so, what? • Has being involved in this led to you thinking or doing anything differently? Give examples. • Has it made any difference to your view of how the public generally could or should be involved in Government policy discussions? • As a result of your involvement, are you more likely to want to get involved in policy discussions in future, or not? • Do you have any ideas about how you might like to get involved in this type of policy thinking in future? • Would you prefer to be involved in national or local issues in future (or both)? 	Self-administered questionnaire
	Lessons for the future	<ul style="list-style-type: none"> • What do you think worked best in terms of how you were involved? • What do you think worked least well, and should be changed in future similar initiatives? • Was there anything missing from the process; something you think should have happened but didn't? • Are there any specific lessons about involving people that you would like Government to take from this initiative? • Just to check ... has anything happened recently that might have changed your view on this whole process (e.g. contact with the NHS, news stories)? • Is there anything else you would like to say about the whole White Paper process and your involvement with it? 	Self-administered questionnaire

Appendix I.

Technical Expert Panel

The Community Forum Technical Expert Panel (TEP), comprising the following six experts in public deliberation, CER, or risk communication, provided guidance on implications for the design and implementation of public deliberation on CER topics, at a meeting held on February 15, 2011, and in subsequent communications.

Julia Abelson, Ph.D., Professor, Clinical Epidemiology and Biostatistics; Associate Member, Department of Political Science; Member, Centre for Health Economics and Policy Analysis (CHEPA), McMaster University

Tim Carey, M.D., M.P.H., Director, Sheps Center for Health Service Research; Professor, Social Medicine and Medicine, University of North Carolina-Chapel Hill

Scott Y. Kim, M.D., Ph.D., Associate Professor of Psychiatry; Co-Director of Center for Bioethics and Social Sciences in Medicine, University of Michigan

Peter Muhlberger, Ph.D., Director, Center of Communications Research, Texas Tech University

David Ropeik, M.A., Independent Consultant and Instructor, Harvard University

Mark E. Warren, Ph.D., Professor, Harold and Dorrie Merilees Chair in the Study of Democracy, Department of Political Science, University of British Columbia