The AHRQ Community Forum Deliberative Methods Demonstration

The Agency for Healthcare Research and Quality (AHRQ) established the Community Forum under the American Recovery and Reinvestment Act (ARRA). The purpose of the Community Forum is to improve and expand public and stakeholder engagement in the agency’s Effective Health Care (EHC) Program. A primary area of focus for the Community Forum is to advance methods for obtaining input from the general public. As part of this effort, the Community Forum is fielding a Deliberative Methods Demonstration, a trial comparing deliberative methods with one another and with a control intervention, in order to generate evidence on the effectiveness of deliberation and to obtain public input on questions related to the conduct and use of patient-centered outcomes research (PCOR).

The primary objectives of the Community Forum Deliberative Methods Demonstration are to:

(1) **Inform AHRQ research programs on public views regarding the use of research evidence in healthcare decisionmaking.** The Deliberative Methods Demonstration seeks informed public input on questions central to the mission of AHRQ’s research programs regarding appropriate and acceptable ways to use evidence.
Obtain evidence to guide the Agency’s use of deliberative methods to obtain informed public input. The Demonstration is evaluating whether public deliberation is an effective and useful way to obtain considered public input to inform U.S. health care research. The study will also identify a feasible set of choices among deliberative methods, characterizing the strengths and weaknesses of various approaches as well as their relative cost.

What Is Public Deliberation?

Public deliberation convenes members of the public to learn about and discuss a complicated, values-laden issue that cannot be resolved on the basis of technical information alone. The focus is on obtaining informed perspectives and meaningful insights regarding the way people think about a complex topic, similar to those that arise frequently with respect to health care and health research decisions.

In deliberative sessions, participants are provided with information that is intentionally neutral and respectful of the full range of underlying values and experiences. They have the opportunity to debate, learn about others’ views, and refine their own views. Thus, information obtained through public deliberation differs from that collected through surveys or focus groups, which are generally designed to obtain more “top of mind” responses and reactions.

Deliberative Methods Demonstration

Through a randomized controlled experiment with a target sample of 1,296 participants, the Community Forum is eliciting public input on the use of research evidence in health care decisionmaking. This deliberative topic encompasses several themes, including:

1. **Use of evidence to encourage better health care.** Is evidence useful (or, what kind of evidence is useful) to a clinician and a patient who are considering a test or treatment that has been found to be ineffective, less effective than another, riskier than another, or for which effectiveness has not been demonstrated?

2. **Use of evidence to encourage better value.** Is evidence useful (or, what kind of evidence is useful) to a clinician and a patient who are considering a test or treatment that is effective even though an equally effective but less expensive alternative is available?

3. **Decisionmaking when evidence shows more complex trade-offs.** Is evidence useful (or, what kind of evidence is useful) in treatment decisions that involve the balancing of effectiveness, risk, and value?
To assist participants in grappling with a complex topic, we provide specific examples of patient-centered outcomes research to illustrate the issues and promote deliberation. The case studies we developed focus on hospital quality, heart disease, obesity management, and antibiotic use in upper respiratory infections. Materials on these topics, along with an overview of research concepts, are sent 1 week prior to the deliberation. Participants have the chance to reflect, seek additional information on the issues, and communicate informally with friends and family members prior to taking part in the deliberative session.

Participants are randomly assigned to sessions that use one of four deliberative methods. These methods were designed to capture features of deliberative methods that have been used previously in deliberative forums to address health and other issues. The methods vary with respect to several features, including participant burden (from 2 to 24 hours), mode of implementation (online versus in-person), and time between sessions. Although all groups receive educational materials prior to their participation, the methods also vary with respect to the role of content experts.

The four deliberative methods studied in the Deliberative Methods Demonstration are as follows:

**Brief Citizens’ Deliberation:** This method is designed to be the shortest and least burdensome. It is an in-person method, convening groups of 12 individuals, with each session lasting 2.5 hours. No experts take part in these sessions.

**Online Deliberative Polling®:** This method consists of a series of online meetings conducted once a week over a period of four weeks. Each meeting is a 1.25-hour session, convening groups of 12 via a Web site and audio conferencing. During one of the sessions, experts in the field answer questions that participants generate during an earlier session.

**Community Deliberation:** This method consists of 2 in-person 2.5-hour meetings, 1 week apart. Between the sessions, each group of 12 participants is asked to join its group’s online community. A Web site helps to engage participants in further discussions, pose questions to experts in the field, and review further materials.

**Citizens’ Panel:** This method convenes groups of up to 30 participants in a 3-day, in-person session lasting from a Friday through a Sunday. Participants join in small-group exercises and deliberation, listen to and question experts in the field, and deliberate within the group as a whole.

**Control Intervention:** Participants assigned to the control intervention receive, via an email link, the same educational materials as participants in the deliberative sessions. However, they do not convene in groups to deliberate.
Between August and November 2012, the Deliberative Methods Demonstration convened 76 groups in 4 locations: Chicago, Illinois; Sacramento, California; Silver Spring, Maryland; and Durham, North Carolina. The locations chosen for this study were selected to help facilitate recruitment of a diverse sample in terms of racial, ethnic, and socio-demographic background, with specific attention to ensuring inclusion of three AHRQ priority populations, Hispanics, African-American women, and the elderly.

### Number of groups by location

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<thead>
<tr>
<th></th>
<th>Chicago</th>
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<th>Durham</th>
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### Data

The Deliberative Methods Demonstration is collecting both qualitative and quantitative data. The primary study questions are:

- Is public deliberation more or less effective than educational materials alone at changing knowledge and attitudes about the deliberative topic?
- Are specific deliberative methods more effective than other ones, as measured by knowledge and attitudes as well as deliberative experience?
- Does the effectiveness of public deliberation vary by participants’ demographic characteristics?

Data to inform these questions will be collected using two surveys:

**Pre-and-post knowledge and attitude survey:** This survey measures knowledge of and attitudes about the health issues discussed in the deliberations. The pre-survey is administered online to deliberation participants and controls before educational materials are sent. The post-survey is administered within 1 week following the conclusion of the deliberative methods—for both deliberation participants and controls. This survey assesses (1) knowledge of medical research, medical evidence, and health care costs; and (2) attitudes about health care decisionmaking when research findings can provide no support for, or conflict with, patient and provider preferences for particular treatments.
**Deliberative experience survey:** This one-time survey is administered to participants in the deliberative methods, following their participation, to capture their experience, including measures of their perceptions about participation and about elements of the deliberative process. In particular, participants’ experience of levels of *discourse quality* and *implementation quality* are assessed.

In addition to the two surveys, full transcripts of each session are coded and analyzed. Data from transcripts summarize how participants answer the overarching deliberative question related to the use of evidence in health care decisionmaking. Analyses will report on (1) the values and ethical principles participants cite as being relevant to the question and (2) whether the values and ethical principles elicited from participants vary by method.

**Reports**


For more information on the AHRQ Community Forum, please contact Joanna Siegel, Sc.D., in the Center for Outcomes and Evidence at joanna.siegel@ahrq.hhs.gov.

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