

Healthcare Dialogue: Constructing Electronic Interaction to Maximize Decision Quality in Deliberations among Citizens, Issue Publics, and Elites

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Introduction

The interplay of mass and elite opinion raises theoretical issues about democratic rule, as well as practical issues surrounding the proper formation and implementation of public policy. Many argue that mass opinion is the product of largely unreflective judgments. When complex or technical issues are at stake, such as those involved in the reform of America's health care system, popular input is often deemed untrustworthy. Better informed and considered opinion – expert or elite viewpoints – may prove a more valid basis for wise policy choices. Participatory democratic theorists, on the other hand, argue strenuously for serious involvement of ordinary citizens in shaping government policies (Dryzek, 1990, 1993; deLeon, 1995; Fishkin, 1995).

Internet technologies permit discussion among geographically dispersed groups, allowing far greater reach and increased representation in public deliberation, and potentially new means for policy elites and ordinary citizens to interact. There are nonetheless some key obstacles to using online deliberation in public policy. Much on-line interaction does not generate serious continuing deliberation, involving instead “drive-by” participants who many not represent the citizenry well. Without careful attention to designing fruitful group exchanges and insuring representative participation, online deliberation may be far from productive. Group discussion, even in face-to-face settings, may not necessarily give greater voice to ordinary citizens. If people are reticent to offer what they perceive as unpopular or unqualified views, or if they defer to others who appear better informed or who are simply more forceful, serious biases may result (Tringali, 1996).

To better understand ways of increasing the effectiveness of on-line deliberations about public policy, a longitudinal experiment is conducted, focused on health care reform, with a nationally representative sample of citizens and a panel of health care policy elites. Project objectives include: (a) examining online deliberation as a means of maximizing public influence in policy making; (b) studying the interaction of policy elites and ordinary citizens in online discussions; (c) developing and testing simple online discussion aids; and (d) testing hypotheses related to group composition and decision quality.

Design

The research involves a multi-group, multi-wave panel design, with baseline surveys in late spring of 2004, followed by a series of follow-up surveys (roughly every other month) over the course of a year, and final end-of-project surveys in late 2005. Panelists also engage in a series of four, structured and moderated online discussions, in groups of ten (120 groups total). All deliberating groups interact synchronously and are polled for their views before and after discussions. All online exchanges are captured electronically for later evaluation. A control group consisting of an additional 300 panelists, selected using the same procedures as the discussion sample, completes the surveys but is never invited to participate in the online group meetings.

Both the discussion sample and the control group are screened and selected according to a stratified sampling plan, such that the realized sample represents three strata: ordinary citizens, age 18 or older (50% of the sample); members of “issue publics” who are highly attentive to health care issues or dealing with a serious health condition (30% of the sample); and a segment of health care policy elites with special experience, knowledge, and influence (20% of the sample). The experimental design calls for discussants to meet four times – twice with their first group and then twice with a different group. Randomly, half of the groups receive decision aids; half do not. Half of the groups are initially homogeneous within strata (elites only, issue-publics only, ordinary citizens only) and are then mixed

across strata after the second round of discussions; half of the groups are initially mixed across strata, and then reconstituted into homogeneous, within-strata groups. The design is thus a 2 (sequence) x 2 (discussion aids) x 4 (meetings) mixed experimental design

Research to Date

The project investigators conducted a year-long, experimental study of 60 online discussion groups that met nine times apiece during the 2000 presidential campaign (Price & Cappella, 2002). Large majorities of discussants rated the experience as both interesting and enjoyable, and these positive reactions did not diminish appreciably over time. Analysis of the discussion transcripts indicated that the citizen discussions, while not especially sophisticated in policy terms, were nonetheless quite substantive, produced reasonable opinion change, and increased civic engagement (voting, community participation, and social trust; Price, Goldthwaite & Cappella, 2002).

The *Healthcare Dialogue* project team has to date prepared policy briefs for posting online; screened and identified health care policy elites for recruitment to the elite panel; designed begun implementing a sampling plan to obtain representative panels of issue-public members and ordinary citizens; and tested the group discussion tools. Baseline surveys are to be implemented by June, 2004.

Contributions

The research aims to make significant theoretical contributions to understanding elite/mass relationships in a democratic society, and at the same time lend practical guidance to those designing deliberative encounters on-line in service of public policy. When public policy deliberations involve significant and serious public investment, the legitimacy of chosen policies is enhanced and the choices anchored in a representative set of public values. Better understanding the barriers to effective conversations across social groups and within the on-line environment will permit regulatory groups and legislative bodies to involve citizens in fruitful deliberations.

The project also aims to produce informational resources about health care policy, which will be made available to the public at large, and to test simplified group deliberation tools for the on-line environment that may prove helpful in other discussion contexts. The project's basic findings concerning citizens' opinions about health care issues and solutions will be disseminated to the policy community, particularly politicians and journalists who have focused on health care.

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