

Constructing Electronic Interactions among Citizens, Issue Publics, and Elites: The *Healthcare Dialogue* project

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ABSTRACT

This paper describes a longitudinal experiment, now in the final stages of data collection, designed to better understand ways of increasing the effectiveness of web-based deliberations about public policy. Focused on health care reform, the project draws from periodic surveys and a series of online group deliberations to examine the interaction of policy elites and ordinary citizens in online settings, and to test hypotheses related to group composition and decision quality.

Categories and Subject Descriptors

H.5.3 [Information Systems]: Group and Organization Interfaces – *computer-supported cooperative work, evaluation/methodology, synchronous interaction, web-based interaction.*

General Terms

Measurement, Design, Reliability, Human Factors, Theory.

Keywords

Digital Democracy, Online Deliberation, Health Care Policy.

1. INTRODUCTION

Many argue that popular opinion on policy issues is often the product of largely unreflective and thus unsound judgments. When complex or technical issues are at stake, such as those involved in reforming America's health care system, popular input is thus 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 [1, 2, 3]. Needed is a *representative* forum that permits *informed* popular opinion to develop through thoughtful

consideration and deliberation [4]. Toward this end, web-based technologies may prove useful allowing far greater reach and increased representation in public deliberation, and potentially a new means for policy elites and ordinary citizens to interact.

Using online deliberation in public policy formation, however, faces important obstacles. For example, if ordinary citizens 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 [6]. Without careful attention to designing fruitful group exchanges and insuring representative participation, online deliberation may be far from effective.

To better understand ways of increasing the effectiveness of online deliberations about public policy, a longitudinal experiment is now being conducted, focused on health care reform, with a nationally representative sample of citizens and a panel of health care policy elites. 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; and (c) testing hypotheses related to group composition, its sequencing, and the quality of deliberations and outcomes.

2. DESIGN

The research involves a multi-group, multi-wave panel design, beginning with a baseline survey conducted in the summer of 2004 ($N=2,497$), followed by a series of follow-up surveys (roughly every other month) over the course of a year, with final end-of-project surveys in summer of 2005. Project participants were screened and selected according to a stratified sampling plan, such that the realized sample represents three strata: ordinary citizens, age 18 or older ($n=1379$ from a general population sample survey); members of "issue publics" who are highly attentive to health care issues or dealing with a serious health condition ($n=804$ from a general population sample survey); and a segment of health care policy elites with special experience, knowledge, and influence ($n=314$ from a purposive sample of expert stakeholders in health care policy debates).

A subset of panelists was asked to engage in a series of four moderated online (web-based) group discussions over the course of the year, in addition to completing the surveys (262 health care policy elites; 461 issue-public members; 768 ordinary citizens). All deliberating groups interact synchronously and are polled for

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their views before and after discussions. Online exchanges are captured electronically for later evaluation [5]. A control group (52 policy elites; 343 issue public members; 611 ordinary citizens) was invited to complete all project surveys but never invited to participate in the online group meetings. Finally, a randomly selected subset of control group subjects was invited to make use of an asynchronous bulletin board to discuss the issues.

The experimental design calls for discussants to meet four times in small online groups of 6-10 people – twice with their first group (in September and November, 2004) and then twice with a different group (in February and April, 2005). 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.

3. RESEARCH TO DATE

3.1 Surveys

Comparisons of the general-population baseline sample (issue-public members and ordinary citizens) with the Census Bureau's Current Population Survey indicate that it closely matches the general U.S. adult population on gender, ethnicity, and age, though it is somewhat better educated than the population at large.

Respondents, both in the general population sample and the elite sample, indicated broad agreement on the baseline survey that the most pressing problems facing the health care system include the rising costs of health insurance, the large number of uninsured Americans, and the rising costs of prescription drugs. These issues thus became the focus of the online deliberations.

A total of 4 follow-up surveys dealing with problems related to health insurance were gathered in September, October, November, and December of 2004. Each was completed by an average of 80 percent of baseline participants.

3.2 Online Discussions

Eighty groups (8 homogeneous elite; 12 homogeneous issue-public; 20 homogeneous general citizen; 40 heterogeneous across strata) met twice in the fall of 2004 to discuss insurance-related issues. A total of 614 project participants (123 elites; 206 issue-public members; 285 general citizens) attended at least one of the two discussions. The subset of 614 fall discussion attendees was then reassigned to 50 new groups for another round of two discussions in the spring of 2005, focusing on prescription drugs.

3.3 Preliminary Findings

Analyses indicated that attendees tended to be significantly older, better educated, more knowledgeable, more engaged in health care issues, and more likely to be white than non-attendees. No significant differences were observed, however, in gender or political leanings. Use of an asynchronous bulletin board, encouraged among a subset of control participants, was far less utilized than the synchronous group meetings.

Impressions of the online group deliberations were very positive, with most attendees indicating that they found the discussions interesting ($M=4.2$, $S.D.=.8$, on a 5-point scale) and enjoyable

($M=4.0$, $S.D.=1.2$) General population participants rated the experience significantly more positively than did health care elites. Groups across all strata expressed high levels of satisfaction with their final choice of a top-priority policy proposal for addressing health insurance (elite $M=3.9$ on a 5-point scale; issue-public $M=3.9$; general citizen $M=4.13$). Following deliberations, discussants were significantly more likely than control participants to identify political feasibility and the reduction of disparities between rich and poor as high priorities in making insurance-related policy decisions; they were less likely than control participants to identify personal costs that might be incurred as a high priority.

More than half of participants reported downloading and reading specially prepared *Healthcare Dialogue* briefing materials prior to discussions using a special project website; and of these, over 80 percent rated them either somewhat or very useful.

4. CONTRIBUTIONS

The research aims to make significant theoretical contributions to understanding elite/mass relationships in a democratic society, and to lend practical guidance for designing deliberative encounters in service of public policy. 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.

5. ACKNOWLEDGMENTS

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