



Influencing health policy through public deliberation: Lessons learned from two decades of Citizens'/community juries



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ABSTRACT

Citizens'/community juries [CJs] engage members of the public in policy decision-making processes. CJs can be employed to develop policy responses to health problems that require the consideration of both community values and scientific evidence. Based on the principles of deliberative democracy, recent reviews indicate that findings from CJs have successfully been used to influence health policy decision-making. Despite this evidence of success, there appears to be a gap between the goals of health researchers who organize CJs and the needs of policy actors and decision makers. Drawing on our experiences working with CJs and recent research on CJ methods, we describe a synopsis of the current state of the art organized around four key questions, and informed by insights from deliberative theory and critical policy studies. Our intention is to stimulate further discussion as to the types of health policy questions that can be usefully addressed through public deliberation, and provide guidance on the methodological and political dimensions that need to be considered in deciding whether a CJ is an appropriate approach for informing a policy decision-making process.

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1. Introduction

Public engagement is the process through which stakeholders and publics can contribute to discussions, and influence policy decisions and actions that affect them (Rowe and Frewer, 2005). Engaging different publics on health policy questions is attractive to decision-makers because people's values and beliefs are often central to healthcare debates (Abelson et al., 2012). There are a number of models and methods currently being used, with differing levels of opportunity for the public to contribute to decision-making processes (Mitton et al., 2009; Rowe and Frewer, 2005). Citizens'/community juries [CJs] are an increasingly prominent approach to public engagement that aims to elicit the perspectives and preferences of groups of people who have been educated about, and given time to discuss, how to address a specific

policy problem (Dryzek, 2000; Street et al., 2014). Because CJs emphasize the importance of listening to divergent views and facilitating public deliberation, CJs are appropriate for engaging members of the public in developing solutions to controversial health policy problems that require the consideration of both values and evidence (Abelson et al., 2012; Rychetnik et al., 2013).

The emergence of CJs as a form of policy engagement is part of the 'deliberative turn' in governance, in which those with power seek to step beyond mere consultation by creating active roles for the public within decision-making processes (Barnes et al., 2007; Dryzek, 2000). Formal deliberation is more than a dialogue and not just a debate. In theory, at least, the deliberative process extends the thinking of participants beyond their own interests to think about public goods and the collective needs of the community: the aim is to generate recommendations or other advice on a defined topic (Carson, 2008; Solomon and Abelson, 2012). Health policy researchers have adapted jury methods in a variety of ways (Street et al., 2014), and the increasing use of CJs on health policy issues might suggest an increasing appetite amongst policymakers for this type of 'publicly' generated evidence (Davies et al., 2006). Paradoxically, however, many CJs are not directly connected to policy processes, few are subsequently evaluated, and the vast

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majority fail to have any obvious impact on what becomes 'stated policy' (Abelson et al., 2013; Mitton et al., 2009; Street et al., 2014). The gap between deliberative outcomes (which provide a form of evidence of public values) and measurable policy impact is troubling for many researchers (Boswell et al., 2015; Li et al., 2015) and some, but not all, deliberative theorists and policy-makers (Goodin and Dryzek, 2006; Hendriks, 2005). While what constitutes evidence 'use' and 'uptake' in policy decision-making remains an open question (Daviter, 2015; Li et al., 2015). However at the most basic level, the determinants of a CJs' policy impact appear to be how the CJ is initiated and organized (Abelson et al., 2003), including:

- how participants are recruited;
- what kind of claims of 'representativeness' are being made;
- how the policy issue to be explored is framed as a charge or a question for the jurors to address; and
- the extent to which the project involves policy decision makers, including how decisions are made about CJ content and framing

This last point highlights that CJ projects can be motivated by independent research interests, a desire to influence policy decision-making, or both. There are trade-offs between maintaining research independence and seeking to formally integrate the CJ into established policy processes. Independent research projects can provide valuable insights into otherwise marginal or hidden issues, but they also run the risk of failing to bridge any gaps between the goals of health researchers who organize CJs and the political and evidentiary needs of the relevant policy actors [such as politicians, civil servants, policy advisors, and lobbyists] (Boswell et al., 2015; Williams, 2010). Conversely, projects driven too closely by policymakers' agendas may exclude community interests or values that are not politically palatable, and may be perceived by community members as insufficiently independent, or tainted by conflicts of interest.

Based on a synthesis of our recent research on CJ methods and uses (Degeling et al., (2015a), Street et al., (2014) and Thomas et al. (2016), and our experiences working with this approach to public engagement in different types of research and policy environments (Braunack-Mayer et al., 2010; Degeling et al., 2015b; Hodgetts et al., 2014; Rychetnik et al., 2014), in this paper we aim to describe a concise overview for researchers and health policymakers of the central issues that need to be addressed when convening a CJ. Organized around four key questions, and drawing on insights from deliberative theory and critical policy studies, we provide a basic guide or heuristic for those considering utilizing a CJ to develop policy-relevant evidence. We show that CJ sponsors and organizers need to carefully consider the following four questions:

1. Who is the intended audience for the CJ and how will they interpret the outcome?
2. Where in the policy process can a CJ contribute to solving a health policy problem?
3. What sort of policy problems/questions can be addressed by a jury?
4. Which type of public can speak authoritatively about the problem?

As a group of health social scientists, public health ethicists, critical health policy analysts and experts in research translation and medical decision-making, our intention is to stimulate further discussion as to: (i) the types of health policy questions that can be usefully addressed by bringing the public into deliberation; and (ii) the methodological and political dimensions that need to be considered in deciding whether a CJ is an appropriate approach to develop evidence to inform health policy decision-making

processes.

2. Who is the intended audience for the CJ and how will they interpret the outcome?

As noted in the introduction, the ultimate purpose of convening a CJ can be to answer a research question, to inform or exert some influence on policy decision-making processes, or both. It is important for CJ organizers to be clear whether the primary audience for the outcomes of the exercise are the relevant policy actors, other researchers/academics, advocates, and/or interest groups. If the aim is to inform policy this may be most effectively achieved through initiating the CJ project in partnership with policy decision makers. This is not to say that CJs can not be legitimately done independently as a piece of research only, but any attempt to exert influence on policy may require a successful secondary process of research 'translation'. If the CJ is organized in collaboration with decision-makers as part of the policy process, then exerting influence on policy is not really an issue of translation but rather recognising the value, role and limitations of the evidence produced [jury outcomes] in an overall political process (Woolf et al., 2015).

Measuring the value and impact of public engagement on public policy is difficult (Li et al., 2015), and systematic reviews of deliberative methods in health policy indicate that there is a great deal of uncertainty on how to integrate the results of this type of research with other forms of policy evidence (Mitton et al., 2009). From the perspective of policy decision-makers, the value of public deliberation for addressing a specific health policy question depends on the following dimensions:

- 1) Whether policymakers are prepared to change policy settings, and are working under a regime that will allow change to occur
- 2) Whether the broader community is open, or able to be convinced to be open, to alternative agendas and new ideas

Even if both of these conditions are met, the impact of a deliberative exercise on policy itself is tied partly to the extent to which policy actors are willing to endorse and legitimize the process and its outcomes (Hendriks, 2005). Common objections and concerns about the value of the evidence produced through public engagement exercises include the *representativeness* of the jury's findings (how can small groups of people represent the views and interests of the broader public); and the *authenticity* of jurors' decisions (how can lay-people possess sufficient expertise to understand, articulate, and form meaningful judgements on all of the relevant issues) (Irwin et al., 2013). Objections can also be raised as to how the jury participants were selected; how the question or 'charge' considered by the jury was framed, the extent to which a fair hearing was given to all sides of the debate, which particular experts, perspectives and forms of evidence were presented to the jury, and whether this information was too complex or too superficial to allow jurors to answer the charge in a manner that is consistent with their beliefs and values. Objections and concerns about the *representativeness* or *authenticity* of a specific CJ will raise questions about the legitimacy and democratic credibility of the exercise (Martin, 2008a).

The key message then is that those considering organising a CJ to explore public perspectives on a health problem should make a decision whether their aims are primarily research or policy driven. CJs are a legitimate means of achieving either (sometimes simultaneously), but if the ultimate goal is policy relevance, it may be better to collaborate with decision makers at the outset, rather than seeking to 'translate' the findings of an already-completed jury process. If the intention is to influence policy then it is also important to realize that politics in the broadest sense of the term is

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