Building a "We" With Deliberative Dialogue in Pursuit of Health for All

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See also Building Common Ground, pp. 1093–1115.

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Health in the United States is characterized by sizable inequalities by race, class, and geography; declining life expectancy; and a "health disadvantage" that makes the nation as a whole less healthy than other high-income countries.[1] Although explanations are multifactorial, numerous studies point upstream to federal and state policies that shape the social, economic, and environmental conditions in which people learn, live, work, play, and age.[1–4] Most Americans are unaware of these facts except as lived realities. We think they should have more meaningful opportunities to learn about and participate in policy decisions that affect their health and longevity.

Although citizens elect officials at state and federal levels to represent their policy preferences and values, voting is only one form of democracy, and often an imperfect one. Policy debate and the politics that shape it may lack credible evidence, be framed to persuade or incite, and reinforce stereotypes and "us" versus "them" narratives. For example, the politicization of COVID-19 vaccines and other mitigation measures generated significant disinformation, distrust, and resistance, helping to fuel the nation's outsized death toll.[5] But studies have also demonstrated that an association between deepening political divisions and state-level variations in health outcomes—life expectancy, infant mortality, and working-age mortality—predate the pandemic.[2–4] Made possible by shifts in power from the federal government to state governments over the last four decades, states have moved toward opposite ends of the political spectrum and remade policies on labor, welfare, guns, health care access, health behaviors (e.g., use of tobacco, marijuana), the environment, immigration, and civil rights, all of which affect residents' health.

A more deliberative democracy would offer a viable supplement to formal political processes of representation, better inform citizens, and serve as an antidote to the nation's polarizing policy and political discourse. In practice, deliberative democracy takes the form of "public deliberations" that convene people of varied backgrounds to learn and talk together about a social problem in search of solutions.[6] Studies have shown that participants gain knowledge, regardless of education level; get insight into others' lives and perspectives; develop trust in fellow participants and society; become more public spirited in reasoning and views; and exhibit less partisan animosity, even in deeply divided societies such as the United States.[7–14] We believe that deliberation designed and operationalized to address worrisome health trends has the potential to build a "we" in the pursuit of a healthier, more equitable nation.

CORE PRINCIPLES AND PRACTICES OF DELIBERATION

Over the last several decades, people working in policy, academic, and civic settings in the United States and around the world have developed models of deliberation to gather well-informed public input on tough value-laden questions for which there is no one right answer and about which people disagree. Although there are various methods of deliberation, they share core principles and practices.[6,15] First, deliberation requires diversity among participants. Meaningful diversity in perspectives can be achieved by recruiting people of varied social, racial, and educational backgrounds, abilities, ages, sexual orientations, genders, and political orientations. Because deliberation tends to attract people with more education, time, and money, organizers typically undertake intentional recruitment efforts to ensure that underserved groups and communities can participate.

Second, deliberations provide balanced information conveyed in plain language and framed for deliberation, not persuasion. Information about the

relevant science comes from credible sources and addresses what is known and, where relevant, unknown. Information about varying philosophies or ethical opinions, if presented, encompasses a wide range of views.

Third, deliberations are value oriented. They pose questions that ask what should be done about an important social challenge. Participants are often asked to develop recommendations or set priorities. Facilitation probes for the reasons, beliefs, values, and experiences that underpin participants' views and priorities. The structure and facilitation of deliberation encourage careful weighing of evidence and a wide range of perspectives and underlying justifications.

Fourth, deliberations support inclusivity and equality among participants and the free exchange of ideas. The use of explicit ground rules and well-trained facilitators who actively moderate discussions can help achieve these ends. Welcoming diverse modes of communication, such as storytelling and testimony, and self-interest as a source of justification for one's views can broaden the range of beliefs, reasons, and values that become part of the discussion.

DELIBERATION IN HEALTH CARE AND PUBLIC HEALTH

Deliberations have been used in the United States and around the world to gather public input on social challenges in many social sectors, such as the environment, education, technology, transportation, and, increasingly, health care and public health.[16] Here are a few examples. Although dormant since 2015, the United Kingdom's National Institute for Health and Care Excellence established a standing citizen's council in 2002 to identify social values that should shape coverage decisions.[17] One issue addressed by the council was how to reduce health inequalities between social classes. A deliberative tool for setting health care priorities has been used in the United States and other countries and adapted to set priorities for public health, patient-centered health research, and the social determinants of health.[8] During the COVID-19 pandemic, online deliberations with diverse New Yorkers gathered views on how to distribute vaccines to essential workers.[18]

Yet, few deliberations have directly addressed the nation's worsening overall health and health inequalities by race, class, and geography.[19–21] What is known about public opinion on population health comes largely from surveys and focus groups, and their results suggest serious challenges to building broad public support for health-supportive policies. Not only are Americans relatively unaware that social and economic conditions influence human health, but some may reject such facts as biased or mistaken.[22,23] The frameworks and language of population health (e.g., "social determinants of health," "inequalities," "equity," "systems," "structural racism") can make some people uncomfortable, spark partisan tensions, and reduce support for upstream social solutions.[24,25] Some Americans may also react negatively to data sorted by social group categories (e.g., race, gender) and attribute blame for poor health based on biases about certain groups.[26]

These same studies also offer lessons for how to design deliberations that may open up discussion, rather than shut it down. First, information about how social arrangements affect everyone can garner the interest of Americans, regardless of political orientation.[23] Thus, information about the nation's overall poor health, which is most pronounced among minoritized and economically marginalized groups but also affects more advantaged Americans, may stimulate broad curiosity and openness to learning about upstream causes of health.

Second, information about trends over time versus specific incidents can help people think about structural influences on outcomes.[25] This finding suggests that information about the nation's overall poor health and health inequalities, which are population patterns that develop and change over time, may help balance the strong belief among many Americans that health outcomes are attributable primarily to individual choices and behaviors.[22]

Third, an inclusive account of the causes of health—from health behaviors to health care and social, economic, and environmental conditions—can reduce partisan responses to such information.[27] A broad account of health causation may even foster openness to social responsibility, because affirming something Americans generally do believe (i.e., individual behaviors cause health outcomes) may open people's minds to information they are less likely to believe (i.e., social and economic conditions cause health outcomes).[23]

A more difficult issue is how to present information about health inequalities between social groups. Such information is an essential element of inclusive and balanced information about US population health challenges, yet, as noted, such information may hamper discussion. However, presenting such information by multiple social groups (e.g., race, education, gender, rurality) may help differently situated Americans "see"

themselves in health data. When possible, presenting health inequalities by multiple social groups simultaneously—or “intersectionally” (e.g., poor White women, poor Black women)—may also help convey the broad reach of poor health in America.

Racial concordance between experts and facilitators and participants has not, to our knowledge, been studied, but communication science supports the value of racial concordance between those who deliver and those who receive health information.[28] A racially diverse facilitation team and expert panel may help participants from all racial backgrounds feel comfortable sharing their stories in their own words.

OPERATIONALIZING DELIBERATION IN POPULATION HEALTH

Deliberation on questions of population health could have varied purposes at different levels of decision-making (e.g., local, state, federal). For example, at the community level, deliberation could inform the priorities of nonprofit hospital decisions about how best to meet community needs, health department decisions about strategic investments in community health, and extension services' efforts to address the needs of rural communities. These entities already do community outreach, needs assessments, and “deliberation-like” activities, such as community dialogues, and are natural places to embed the skills and resources needed for deliberation. To create a culture of deliberative dialogue and decision-making, it needs to become routine practice at key junctures of health sector decision-making. Having a network of organizations with deliberative expertise could also be operationalized when faced with the next pandemic, which surely is in our future.

CONCLUSION

The nation's declining health and its health inequalities concern health experts. We believe meaningful and informed deliberation among citizens to learn and problem solve together is one promising remedy to our nation's ills. Public deliberation is not cheap, but the costs of a sick and polarized nation are far greater. A serious investment in the nation's civic health just might improve the nation's population health. AJPH

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CONFLICTS OF INTEREST

The authors have no conflicts of interest to disclose.

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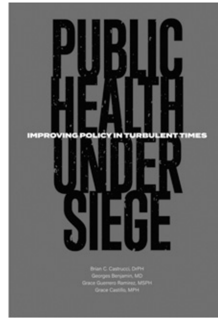

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Public Health Under Siege: Improving Policy in Turbulent Times

Edited by: Brian C. Castrucci, DrPH, Georges C. Benjamin, MD, Grace Guerrero Ramirez, MSPH, Grace Castillo, MPH

This new book focuses on the importance of health policy through a variety of perspectives, and addresses how policy benefits society, evidently through increased life expectancy and improved health. The book describes how detrimental social determinants can be to the overall population health and emphasizes how the nation is centered on policy change to create equal health care opportunities for all sectors of health.