Organizing and Evaluating Deliberative Dialogues in Canada and Elsewhere

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Overview

Context for organizing and evaluating deliberative dialogues

Organizing deliberative dialogues

Evaluating deliberative dialogues

Lessons learned (in only the most preliminary sense)
Decision-making is influenced by many forces

- Institutional constraints
- Interest group pressure
- Ideas
  - Personal beliefs
  - Values (what ‘should be’)
  - Research evidence (what ‘is’)
- External factors (e.g., recession, election)

Organizations are coming under increasing scrutiny about whether and how they use research evidence to inform decision-making (e.g., WHO, World Bank)
Research evidence can inform many steps in the decision-making process

- Clarifying the problem
- Framing options and describing what is known about their benefits, harms, and costs
- Identifying potential implementation barriers/strategies
- Designing a monitoring and evaluation plan

Systematic reviews -- a summary of research studies addressing a clearly formulated question and using systematic and explicit methods to identify, select, and appraise research studies and to synthesize data from the included studies -- make this feasible
Evidence briefs

Systematic reviews of research

Applied research studies, articles, and reports

Basic, theoretical and methodological innovations
Deliberative dialogues allow research evidence to be brought together with the views, experiences and tacit knowledge of those who will be involved in, or affected by, future decisions about a high-priority issue.

Deliberative dialogues also enable interactions between decision-makers and researchers, which has been found to be one of the factors associated with the use of research evidence in policymaking.
Increasing interest in the use of deliberative dialogues has been fuelled by a number of factors

- Need for locally contextualised ‘decision support’ for decision-makers and stakeholders
- Research evidence is only one input into the decision-making processes of decision-makers and stakeholders
- Many stakeholders can add significant value to these processes
- Many stakeholders can take action to address high-priority issues, and not just decision-makers
Deliberative dialogues can also be seen in the context of broader trends

- Evidence-based medicine → Evidence-informed health systems
- Problem-based learning → Collective problem solving
- Debate → Dialogue (and debate)
### Context for Deliberative Dialogues (7)

<table>
<thead>
<tr>
<th>Debate</th>
<th>Dialogue</th>
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<tr>
<td>Oppositional</td>
<td>Collaborative</td>
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<tr>
<td>Winning</td>
<td>Common ground</td>
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<td>Affirms perspectives</td>
<td>Enlarges perspectives</td>
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<td>Searches for differences</td>
<td>Searches for agreement</td>
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<tr>
<td>Causes critique</td>
<td>Causes introspection</td>
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<td>Looks for weaknesses</td>
<td>Looks for strengths</td>
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<td>Defends assumptions</td>
<td>Re-evaluates assumptions</td>
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<td>Listening for countering</td>
<td>Listening for meaning</td>
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<td>Implies a conclusion</td>
<td>Remains open-ended</td>
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My experiences with deliberative dialogues

- Evidence-Informed Policy Networks in 41 countries (many completed but evaluations just beginning)
- National Collaborating Centre for Healthy Public Policy (4 completed)
- McMaster Health Forum (6 completed in the last six months and 6 more planned for the next six months)
  - We call them ‘stakeholder dialogues’
Organizers of deliberative dialogues face many design decisions, few of which can be informed by available research evidence.

We drew on both the limited available research evidence and our collective experiences with organizing, supporting the organization, and evaluating deliberative dialogues to develop a simple tool to aid in organizing deliberative dialogues (as one of 18 tools in the STP series).
Organizing Deliberative Dialogues (2): Questions (from the STP series)

1. Does the dialogue address a high-priority issue?
2. Does the dialogue provide opportunities to discuss the problem, options for addressing the problem, and key implementation considerations?
3. Is the dialogue informed by a pre-circulated evidence brief and by a discussion about the full range of factors that can influence the policymaking process?
4. Does the dialogue ensure fair representation among those who will be involved in, or affected by, future decisions related to the issue?
5. Does the dialogue engage a facilitator, follow a rule about not attributing comments to individuals, and not aim for consensus?
6. Are outputs produced and follow-up activities undertaken to support action?
Does the dialogue address a high-priority issue?

• Issue has to be on the governmental agenda and be widely perceived by many, if not all, stakeholders as a priority
Does the dialogue provide opportunities to discuss the problem, options for addressing the problem, and key implementation considerations?

- Agenda may include separate deliberations about
  - Problem
  - Each option
  - Implementation considerations
  - Possible next steps for different constituencies

However, organizers could modify this for their local context (e.g., having deliberations about the research evidence contained in the evidence brief)
Is the dialogue informed by a pre-circulated evidence brief and by a discussion about the full range of factors that can influence the policymaking process?

- Evidence brief has to be circulated at least ten days before the deliberative dialogue and is ‘taken as read’
- Discussion has to address the full range of factors that influence the policymaking process, such as
  - Institutional constraints
  - Interest group pressure
  - Values and beliefs
  - External factors (e.g., economy)
Does the dialogue ensure fair representation among those who will be involved in, or affected by, future decisions related to the issue?

- Stakeholder mapping exercise has to generate a list of decision-makers, stakeholders (e.g., professional and civil society leaders) and researchers who will be involved in, or affected by, future decisions related to the issue.

- Dialogue participants have to be chosen based on explicit criteria, such as the following:
  - Ability to articulate the views and experiences of a particular constituency on the issue, while constructively engaging at the same time with participants drawn from other constituencies and learning from them.
  - Ability to champion the actions that will address the issue within their constituencies.
Does the dialogue engage a facilitator, follow a rule about not attributing comments to individuals, and *not* aim for consensus?

- Facilitator has to be perceived as skilled, knowledgeable, and neutral
- A rule has to be established about whether or not comments can be attributed
  - E.g., Chatham House Rule: “Participants are free to use the information received during the meeting, but neither the identity nor the affiliation of the speaker(s), nor that of any other participant, may be revealed.”
- Goal for the dialogue has to be made clear
  - Aiming for consensus or not (but embracing it if it emerges spontaneously)
Are outputs produced and follow-up activities undertaken to support action?

- Dialogue summary (without attributing comments) has to be produced and disseminated widely.
- Optional
  - Personalized briefings to key policymakers?
  - Media interviews with dialogue participants?
  - Video interviews with dialogue participants (for posting on YouTube)?
  - Year-long evidence service?
  - Journal publication that describes brief, dialogue or both?
Organizing Deliberative Dialogues (9): Other Considerations

Engaging title for the deliberative dialogue

Invitation letter

• Organizers and their affiliations
• Steering Committee members and their affiliations (if applicable)
• Funders
Evaluators of deliberative dialogues face many design decisions, many of which are much more complicated in health system contexts compared to the clinical contexts where most ‘decision support’ interventions have been evaluated.

We drew on both the limited available evaluation literature and our collective experiences to develop a simple formative evaluation tool and to test a possible summative evaluation tool.
Formative evaluation

Issues and context

Design features (→ Outcomes → Impact)

- Questionnaire needs to be adapted so that the questions match the design features of each deliberative dialogue
Examples of design features of policy briefs

- Provided an opportunity to discuss different features of the problem, including (where possible) how it affects particular groups
- Aimed for fair representation among policymakers, stakeholders, and researchers
- Allowed for frank, off-the-record deliberations by following the Chatham House rule
- Did not aim for consensus
Evaluating Deliberative Dialogues (4)

(Moving towards) Summative evaluation

Issues and context

Design features $\rightarrow$ Outcomes ($\rightarrow$ Impact)

- Outcomes are measured using a tool based on the Theory of Planned Behaviour, and validity and reliability testing of the tool is underway
Theory of Planned Behaviour

- Attitudes
- Subjective norms
- Perceived behavioural control

→ Behavioural intentions → Behaviours

Big question is whether we vary exposure to a dialogue or to particular design features....
Critical success factors

- Terms of reference for the evidence brief
- Stakeholder mapping (for key informant interviews and dialogue invitations), including the seniority of the invited policymakers

Challenges

- (For a minority) Lack of research evidence about how the problem/options affect particular groups
- (For a minority) Lack of recommendations in the evidence brief and lack of a consensus goal in the deliberative dialogue
- (For us) Nature of follow-up activities
These are early days in the use of deliberative dialogues to inform health systems decision-making.

Guidance currently available is preliminary at best.

Evaluating deliberative dialogues using a common evaluation framework will aid cross-issue and cross-context learning.

- Our evaluation tools will soon be available in English (thanks to the National Collaborating Centre for Methods and Tools) and in French (thanks to the World Health Organization).


- The STP series will soon be available in French at http://www.support-collaboration.org/ (thanks to CHSRF)
Resources (3)

**Health Systems Evidence** (to find evidence briefs, overviews of reviews, and systematic reviews about health system arrangements and implementation strategies)

- [http://www.healthsystemsevidence.org](http://www.healthsystemsevidence.org) (with the search interface soon available in French thanks to F-P)

**McMaster Health Forum** (to find examples of how we approach evidence briefs and dialogue summaries)

- [http://www.mcmasterhealthforum.org](http://www.mcmasterhealthforum.org)

**Program in Policy Decision-making** (to find our emerging research about deliberative dialogues)

- [http://www.researchtopolicy.org](http://www.researchtopolicy.org)