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Which public and why deliberate? - A scoping review of public deliberation in public health and health policy research

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Publication Details

Degeling, C., Carter, S. M. & Rychetnik, L. (2015). Which public and why deliberate? - A scoping review of public deliberation in public health and health policy research. *Social Science and Medicine*, 131 114-121.

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Keywords

review, research, policy, health, scoping, -, deliberate?, why, which, public, deliberation

Disciplines

Education | Social and Behavioral Sciences

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Postprint

This is a pre-copyedited, author-produced PDF of an article accepted for publication in *Social Science & Medicine* following peer review. The definitive publisher-authenticated version [Degeling C, Carter SM, Rychetnik L. Which public and why deliberate? – A scoping review of public deliberation in public health and health policy research. *Social Science & Medicine* 2015;131(0):114-121.] is available online at <http://www.sciencedirect.com/science/article/pii/S0277953615001458>

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Keywords

Deliberative methods, public health, health policy, public participation, policy making

Introduction

The last decade has seen a convergence by healthcare and public health researchers on deliberative democracy methods as a means to bring people’s opinions and values into health policy processes (Abelson et al., 2003; Street et al., 2014). Deliberative methods offer policymakers the promise of greater transparency and public accountability. Policies formed

through public participation in deliberative processes can be considered to be more legitimate, justifiable, and, therefore, feasible than policies made through more traditional hierarchical modes of governance (Davies et al., 2006; Solomon & Abelson, 2012). What distinguishes deliberative methods from other forms of public engagement is a process of iterative two-way dialogue between representatives of the public and the deliberation sponsor (researchers, government or other agencies). A range of deliberative methods are available to engage citizens in a formal process of information exchange and knowledge-making (Figure 1).

Figure 1. Types of deliberative forum

- **Choicework dialogue** –structured and facilitated method of deliberation where up to 40 randomly selected individuals take a day to address a single policy issue, after reading case materials developed to describe several alternative policy approaches and objectives. Pre- and post-exercise surveys are used to discern informed opinion about the issue – seen as being more stable and valid than traditional public opinion polls.
- **Community or citizens’ juries** –comprise 12-24 individuals recruited by a random selection process to meet for 2-3 days to produce a decision. Community/citizens’ juries receive information, hear evidence, cross-examine witnesses, and then deliberate on the issue at hand.
- **Citizens’ panels** – similar to a community jury but convened as a long-term arrangement to meet regularly to consider different issues or different dimensions of the same issue.
- **Deliberative polling** –incorporate deliberative methods into traditional polling. Large, diverse groups of people are given information and opportunities to discuss a topic and then take a vote. As with traditional polls, the outcomes produced from a deliberative poll are aggregated individual opinions (rather than consensus), but the opinions are shaped by the prior group deliberation.
- **Deliberative public participation meeting** – Generic deliberative method usually consisting of plenary and small groups sessions [usually over a 1 day meeting], where standardized factual information on the issue at hand had is provided to participants [citizens, service users, experts or a mixture thereof]. These meeting are often preceded by systematic reviews, focus groups, or costing exercises, to generate evidence and develop and refine questions for deliberation. The outcomes of deliberation are accessed by a formal vote, ranking exercises or pre- and post-event surveys.
- **Consensus conferences** – members of the public are selected on the basis of socio-demographic criteria from a pool of volunteers who have made written applications in response to advertisements. The participants set the agenda for a public forum in which experts give testimony and are questioned. The lay panel then retires to write a report to synthesize the main findings and formulate recommendations.
- **Deliberative mapping** - uses a combination of citizens’ panels, interviews with specialists and joint workshops (citizens and specialists) to identify possible courses of action. The citizen panel(s) meets on a number of occasions to agree on criteria to judge and score the different options. The specialists also appraise the options, but in individual interviews using multi-criteria mapping techniques. The citizens and specialists then exchange views in joint workshops, which focus on the issues raised in the previous citizen panels. After the joint workshop, the citizen panel and specialists revisit the criteria and re-evaluate the options.
- **Town hall meetings/issues forum** - one-day events involving between 500 and 5,000 people who deliberate on a specific issue. Participant selection procedures vary, but mostly aim to include representative samples of citizens. They operate through moderated small-group discussions at demographically mixed tables of ten to twelve people. Feedback from these tables is collated by the organizers to form the basis for subsequent discussions in which themes emerge and votes are taken to develop recommendations.
- **Structured decision making workshop** – two day events where groups define and clarify the context of the decision issue, then articulate clear decision objectives, then as a group weigh up potential consequences and tradeoffs to make a decision.

It has been proposed that to be considered robust and reliable deliberative processes must (at a minimum):

- (i) provide participants with balanced factual information;
- (ii) ensure that a sufficiently diverse range of potentially conflicting, minority and marginal perspectives are considered; and
- (iii) create opportunities for free and open discussion and debate within and between citizens and researchers or policy actors, or both, to challenge and test competing claims (Blacksher et al., 2012).

As a matter of democratic principle, deliberative forums involve a cross-section of the population; all citizens are meant to have equal opportunity to participate such that no social groups are systematically excluded (Dryzek, 2000). In practice these conditions are difficult to meet for reasons of cost, scale and efficiency.

Deliberative methods are not appropriate for all health policy questions. They are best-suited to resolving complex policy issues where people's values are of central importance – either because of the number of people affected or the profound impact on individuals. Deliberative methods are particularly useful for policy questions about: (i) situations involving clear conflicts between ethical imperatives (justice, beneficence, and respect for autonomy for example) – such that the decision entails the unavoidable creation of unlucky or even unjustly treated individuals or populations; and/or (ii) so-called 'hybrid issues'. These are issues where the technical and normative aspects of a question are profoundly interwoven, including when there is significant technical uncertainty or normative conflict (Lehoux et al., 2009; Rychetnik et al., 2013).

In their recent review of the use of the "citizens' jury" method, Street and colleagues (2014), found that this deliberative technique has been applied to a wide range of healthcare and health policy issues. Their study suggests that researchers are adapting 'jury' methods to attempt to meet the needs of policymakers, but because of tension between research aims and deliberative ideals, their success has been limited. Looking beyond the use of citizens' juries, other reviews show that public participation in deliberative events is an increasingly prominent feature of research in healthcare priority setting (Mitton et al., 2009), and, to a lesser extent, health technology assessment [HTA] (Gagnon et al., 2011). Mitton (2009) and Gagnon's (2011) groups found that although the public's perspective added an important dimension to policy work, and governments appear to recognize the benefits of consulting multiple publics there is often poor alignment between deliberative research outcomes and actual policies.

This lack of alignment between deliberative processes and policy outcomes is only one of several common critiques of the use of deliberative methods (Abels, 2007; Abelson et al., 2007; Marres, 2011; Rowe & Frewer, 2004). Concerns are also commonly expressed about: (i) representativeness (i.e. small groups of people may not represent the views and interests of the broader public); (ii) authenticity (participants may lack sufficient expertise to understand, articulate, and form meaningful judgments on the relevant issues); and (iv) democratic credibility (the process may be used merely to legitimate a pre-decided policy outcome) (Abelson et al., 2012; Irwin et al., 2013). And, more broadly, Arnstein (1969) has argued that different techniques for public participation should be distinguished according to the degree to which the participants were empowered in the process.

These complaints revolve around a central concern: who, exactly, is the ‘public’ engaged with in deliberative processes. Abelson and colleagues (2013), in their recent mapping study, reported confusion as to the roles assigned and occupied by the publics in deliberative forums. Many authors agree that, although finding the right ‘public’ and the right mechanism for ‘participation’ in decision-making processes are central to the success of deliberative methods, these are in themselves political exercises (Irwin, 2006; Martin, 2008b).

With this central problem in mind, we reviewed the use of deliberative methods in public health and health policy research from 1996-2013. Our methods are consistent with the tenets of scoping studies. Scoping study methods are various, but their central feature is a focus on the systematic and transparent description of an area of research, rather than an assessment of the quality of the included studies (Arksey & O'Malley, 2005). Scoping methods allow findings from different study designs to be synthesized and then analytically reinterpreted to address questions beyond the scope of the original research (Daudt et al., 2013; Levac et al., 2010). In this study our aim is to survey the extent, range and nature of research activity using deliberative methods in public health and health policy, and characterize how deliberative publics are being constituted and situated within broader policy processes.

In so doing we have drawn on recent studies that have also reviewed deliberative research, albeit with a different focus. For example, Abelson and colleagues (2013) explored how deliberative methods are being used: their purpose was to identify common features of deliberative studies, and to evaluate how well these processes meet current standards and definitions of deliberation. Street and colleagues (2014) reviewed and evaluated how citizen jury methods are being adapted and implemented in health research, with a focus on the detail of methods. Mitton and colleagues (2009) surveyed the intention and methods of public engagement exercises in health priority setting. And Gagnon’s (2011) group focused on the extent of patient and public involvement in health technology assessment. We complement and extend this work by answering the following questions:

1. What types of policy problems and questions are being addressed through deliberative methods?
2. Which deliberative techniques are being used (including and in addition to citizens’ juries)?
3. For what purposes are funders and researchers conducting this research?
4. Which types of ‘publics’ are being constituted in public health and health policy research that uses deliberative processes.

To answer research question four, we draw on critical social science scholarship (Braun & Schultz, 2010; Evans & Plows, 2007; Felt & Fochler, 2010), and recent discussion in health policy literature (Barnes et al., 2007; Litva et al., 2009; Martin, 2012), to examine how subjects of participation are conceptualized as ‘the public’ in deliberative public health and health policy research. It has been proposed that the conception of citizens in health policy research is ontologically shallow (Lehoux et al., 2012). Health-related discourses and practices constitute many types of public, including “service users” of primary healthcare, “in-home carers” of social benefit schemes, “taxpayers” of healthcare reformers, “citizens” of universal healthcare schemes, or special-interest groups (Martin, 2008a). Those who get to be ‘the public’ and how much real say the public has in framing the outcomes of deliberative processes are the two most fundamental concerns about the validity of deliberative methods (Martin, 2012). How a researcher recruits participants and facilitates a

deliberation inevitably—intentionally or otherwise—creates a public that embodies certain institutional ideologies, assumptions, roles and priorities (Barnes et al., 2007). Drawing together key conceptualisations of how publics are positioned in deliberative forums, participatory research and other forms of public engagement exercise, we examine how ‘the public’ is defined, constituted and given a specific role in the use of deliberative techniques in public health and health policy research, and thus how certain speaking positions and roles are made available to them while others are foreclosed.

Methods

Search strategy

Searches were conducted in June 2014 on *Medline*[®], *Web of Science*[®], *Current Contents Connect*[®] and *Scopus*[®] databases for references containing the term “public health” or “health policy” and one or more of the following words in the title, abstract or keyword fields: "deliberat*" OR "jury" OR "issue forum" OR "citizens' assembl*" OR "public participation". The scope was limited to empirical studies [not reviews, editorials, letters, conference papers], written up in English, published in peer-reviewed journals between 1996-2013. The initial searching returned 8,608 articles; 2855 duplicates were removed leaving a sample of 5753 articles (For search strings and selection process see – Online supp file 1). Titles and abstracts were screened for relevance and further duplicates removed leaving a sample of 682 articles for more detailed analysis.

Inclusion and exclusion criteria

These 682 studies were then subjected to more detailed inclusion/exclusion criteria. We included empirical studies that directly involved members of the public in a deliberative process to inform or address a question of relevance to public health or health policy. We excluded studies about bio-banking and research ethics. We also excluded review articles, commentaries on previous deliberative events (such as the Oregon experiment), studies that describe standing governance arrangements (such as NICE or participatory budgeting), papers focused only on participant experiences, and studies that did not directly involve members of the public, or did not seek to produce policy-relevant conclusions. If there was any uncertainty as to the relevance of a specific paper all three authors discussed its suitability for inclusion until a consensus was reached.

We included only studies in which participants generated a discrete set of deliberative outcomes that they would recognize as theirs – such as a vote (e.g. through a ballot, consensus agreement or survey polling) or a set of recommendations. We excluded studies if the findings were inductively generated by research team rather than generated and endorsed by participants during deliberation. Studies about resource allocation and priority setting for research, rather than the ethics of research processes, were included. We included only studies that allowed participants time to consider and deliberate in-depth the matters presented to them. For example, we excluded studies where the time allowed for deliberation was only 1 hour (Baum et al., 2009; Henderson et al., 2013) We also excluded articles that contained insufficient information to inform our analysis (Button & Mattson, 1999; Scutchfield et al., 2005). Reference lists of all included articles were hand searched to ensure we were not missing relevant papers. A total of 78 articles reporting on 62 unique deliberative events were included in the final review. Ethics approval was not required as there were no human subjects.

Data extraction

All articles were reviewed and the reported information summarized using a standard data extraction form (Online Supp file 1). The categories were established both inductively

through analysis of the articles and deductively from previous reviews of deliberative methods and the critical social science literature. The form was iteratively refined: all authors independently cross-coded a pilot sample (n=5) of the papers to confirm and extend earlier drafts of the coding categories. The lead author then prepared a summary of a further sample of 5 papers, which were reviewed and discussed by all authors to ensure saturation and reliability of the coding scheme.

The final data extraction from each article in the scoping sample was conducted and tabulated by the lead author, and later reviewed critically by second and third authors. The categories included the type of public constituted by the researchers, the purpose of the deliberative event and the nature of the question posed to the participants (Online Supp file 1). All authors met regularly over a period of approximately 10 months to discuss the scoping study categorization and findings. In instances of disagreement, articles were reassessed independently and consensus was reached following group discussion.

Conceptual analysis

In keeping with our critical focus, our analytic strategy paid attention to the ways that publics are created differently and play different roles in different deliberative exercises. Public involvement in decision making in matters related to health has been an area of focus in science and technology studies (Evans & Plows, 2007; Felt & Fochler, 2010; Marres, 2011) and health policy research (Abelson et al., 2003; Evans & Plows, 2007; Felt & Fochler, 2010; Litva et al., 2002; Marres, 2011; Tenbenschel, 2010). While much of this literature focuses on public consultation *per se*, rather than specifically on deliberation, three basic constructions of *the public* are commonly employed (Braun & Schultz, 2010; Charles & DeMaio, 1993; Litva et al., 2009; Martin, 2012). They are: citizens (lay people, the *pure public*), consumers (patients, service users, the *affected public*), and advocates (experts and interest groups, acting as the *partisan public*). We synthesized this broader literature to describe how these discrete publics are composed, the roles they are assigned, and the overall purpose of the deliberative exercises they are involved in (Table 1).

The literature suggests that, when engaged in deliberation, the three types of publics differ on the extent to which:

- (i) participants are disinterested and dispassionate or experienced in the issues at hand and therefore likely to have strong pre-formed opinions;
- (ii) the amount of control participants have over the process and its outcomes; and,
- (iii) whether the aim of convening the deliberative forum is to educate the public with the purpose of allowing them to make informed decisions, or to educate policymakers about the scope and prevalence of experiences, arguments, attitudes, values and preferences that surround a particular issue.

The category of *advocates* can include representatives of expert groups and stakeholders – such as healthcare providers and researchers – who are not intuitively considered to be members of ‘the public’ by many public health and health policy researchers. Claims to expertise are contextual, and the lay-expert divide is often “bridged, blurred or reified” during public consultation events (Kerr et al., 2007, 387). Our analysis highlights that expert advocates such as representatives of consumer groups, scientists and policymakers are often engaged as fully enfranchised participants in deliberative forum in public health and health policy research.

Table 1. Types of publics constructed through deliberative methods

	Who is in this public	Role of Public	Direction of flow of information	Practices & settings	Designated outcomes
Citizens (the <i>pure public</i>)	Individuals; naïve citizen as subject of education, and then, potentially as decision maker	Provide democratic accountability	From sponsors to the public	Citizens and community juries, consensus conferences, deliberative polling, deliberative public participation meetings (DPPM), town hall meetings	i) Sponsors are educating citizens - demonstrating transformation of naïve citizen into the mature citizen capable of making reasoned judgements on complex issues ii) Citizens are making decisions – informing policymakers of community values and preferences
Consumers (the <i>affected public</i>)	Individuals; participants are the authentic expert	Provide subjects for knowledge exchange	From the public to the sponsors	Citizens and community juries, Consultative panel, deliberative polling, DPPM, town hall meetings, structured decision-making workshops	Consumers are educating the expert, enabling them to reconsider and enlarge their views with first hand knowledge about life under specific conditions
Advocates (the <i>partisan public</i>)	Representatives of interest groups, political organisations – including groups with technical expertise	Provide strategic input as to potential competitors, barriers and enablers to specific policy goals	From the public (which can include technical experts) to the sponsors	Citizens’ panels, deliberative mapping, DPPM, stakeholder consultations, consensus conferences, structured decision-making workshops	Expert consumers and technical experts are imparting knowledge to sponsor about the landscape of potential arguments

There is a range of conceptualizations of how deliberation differs from other forms of stakeholder engagement (Abelson et al., 2012; Dryzek, 2000; Martin, 2008a). In democratic theory, publics are typically defined by their role in decision-making processes about matters of common interest. Therefore publics can be understood as situational entities: they constitute around a problem and organize themselves to address it (Dewey & Rogers, 2012). What this means is that in practice participatory and deliberative publics are not necessarily homogenous but contain variegated positions of expertise, power, commitment

and attentiveness (Kerr et al., 2007). For our purposes, ‘experts’ such as health professionals were considered to be members of *a public* when they were given the same say in the outcome of a deliberative forum as ‘lay’ participants. We contend that these expert advocates are *partisan* publics, in that they are not participating as individuals, but because they have a particular interest or perspective, or represent a strong collective position on the issue under deliberation.

Results

Our scoping review identified 78 publications related to 62 distinct public consultation events that involved deliberative methods. Nineteen of these events were conducted in the UK, fourteen in the USA, eleven in Canada, six in Australia, two each in New Zealand and Tanzania, and one each in Belgium, Israel, Korea, the Netherlands, Spain, Sweden, Thailand and Taiwan. The results of 33 out of the 62 events were published after 2007. The 78 articles describe a heterogeneous sample of publics, and use 10 different techniques for deliberative engagement. Together, they offer rich information on the use of deliberative methods in public health and health policy research. Table 2 (Online Supp file 2) lists the included studies, outlines key results, and distills their implications. The key findings are described below. To aid readers in identifying particular studies, the numbers given in square brackets after each finding below match the row numbers in Table 2.

Policy problems and questions addressed by deliberative methods

Our analysis indicates that deliberative techniques were applied to a number of disparate and overlapping problem domains in health policymaking. These included:

- (i) HTA [1, 10, 11, 23, 46, 49, 56, 58, 62];
- (ii) health priority setting and resource allocation at local [2, 3, 8, 12, 13, 24, 28, 29, 35, 37, 42, 44, 53, 57] and National levels [26, 30, 41, 43, 45, 52, 54];
- (iii) priority setting for health research [21, 27, 32, 36];
- (iv) policies that direct acute clinical activities [7, 16, 18, 33, 40, 55, 59, 61] - especially surrounding triage in pandemic planning and organ donation;
- (v) questions about population health interventions [4, 14, 20, 31, 44, 51, 52, 60] - especially regarding services to address the social determinants of health;
- (vi) questions about access to levels of health insurance coverage [6, 15, 17, 22, 25]; and
- (vii) values-oriented questions about the governance and planning of health services such as, for example, e-Health, privacy and genetic testing, Telecare, xenotransplantation, and point of use water treatment in remote communities [5, 9, 19, 34, 37, 39, 43, 47, 48, 50, 54].

There were few discernable patterns as to the types of problems discussed relative to the deliberative methods used. The one exception was that more established generic deliberative forums (consensus conferences, deliberative public participation meetings [DPPM], panels, juries) were preferred when addressing issues surrounding priority setting. In fact researchers employed a variety of techniques for similar issues: for example, questions about resource distribution during a pandemic were put to *Juries* [18, 55], *Town-hall meetings* [59] and *Dynamic working groups* [40]. Rather than restricting the scope of deliberations to the normative dimensions of these problems, just over a third of researchers asked participants to come to a judgment about the validity or relevance of technical evidence for achieving a stated goal or objective.

Types of deliberative methods and recruitment strategies employed

Community or citizens' juries were the most popular deliberative technique employed by public health and health policy researchers (20 in total). Most of these were 1-2 day events involving a single jury of 9-16 people. Multiple juries were run in a few studies. In these cases researchers sought to address different aspects of the same topic [18, 48, 53, 55] or collect, compare and contrast the views of distinct publics or groups of people [19, 39, 41]. Recruitment of participants for *Community or citizens' juries* typically began with a random sampling frame (e.g. selection from electoral roles or random digit dialing); within this, jury composition was usually purposively stratified to match the demographic mix of the general population. Some studies constructed juries of specific age-groups [33, 60], gender [51], places of residence [37, 39], socioeconomic status [31, 37] or a population with or without a specific set of healthcare experiences [32, 39, 51, 53]. Most recruitment processes involved a professional recruiter or market research company. Other than community juries, the other deliberative techniques employed repeatedly in public health and health policy research in the USA were *CHAT*[®] and *REACH*[®] exercises. These events involve a large number of lay participants (n=400-600) organized into smaller groups of 3-12 people in a form of *Deliberative polling*. Those deliberative processes focused on issues that particularly affect low-SES people – such as the scope of health insurance coverage [4, 22] or the nature of health service provision [14, 52] – tended to oversample low SES people.

All studies using community or citizens' juries and types of deliberative polling involved only members of the 'lay' public (citizens or consumers) in deliberative processes; experts and other stakeholders provided evidence and answered questions but they did not have a determining vote. Researchers who chose to involve experts as part of an advocate or *partisan* public – giving experts and other stakeholders a vote towards shaping the deliberative outcome – adopted methods other than juries or polls. For example, smaller scale studies [typically one or more groups of 5-12 individuals] involving advocates used *Consensus conferences* [36, 44] *Citizens' panels* [7, 29], *Deliberative mapping* [21, 40], *Deliberative public participation meetings* [1, 42, 45, 49, 59], and *Structured decision-making workshops* [5] to establish minimum standards of care and user preferences in health service delivery, and to examine the distribution of limited resources in acute clinical contexts. Larger scale exercises included a variety of stakeholders and 250-1500 participants at a single event. The methods used included *Town hall meetings / Public forum* [35, 61], *Civic group forums* [17] and the Thai government's *National Health Assembly* [54] to deliberate on, respectively, the goals of healthcare reform, how to better distribute organs for transplantation, how to organize and fund universal health insurance in Taiwan, and how to meet the needs of the Thai people through national health policy. Recruitment processes for events that mixed members of the public with experts were almost all by invitation for recognized stakeholder groups and typically involved stratified random sampling for delegates who were there to represent ordinary members of the public.

Purpose of studies, participants' roles and degrees of control

Researchers sought to involve the public in public health and health policy research to provide evidence (either information or decisions) so as to inform policy, to test the suitability of deliberative methods, or a mixture of these two goals. In 24 of the 62 events the researcher's stated purpose was to generate knowledge about a specific policy issue [4, 7-10, 14, 18, 19, 22, 25, 29, 30, 32, 33, 37, 39, 47, 50, 54-56, 58, 59, 61]. Thirteen studies were explicitly designed to generate knowledge about deliberative methods [13, 15, 16, 17, 21, 27, 35, 42, 44, 51, 57, 60, 62], and 24 sought to combine both policy and methodological questions [1-3, 5, 6, 11, 12, 20, 23, 24, 26, 28, 31, 34, 36, 38, 41, 43, 45, 46, 48, 49, 52, 53]. Only one study had a stated purpose of generating a binding decision that instructs

policymakers on how to address a specific issue [40]. Although all of the studies allowed participants to discuss and debate the issues with each other, participating members of the public were given varying amounts of control over the deliberative process. While some events allowed participating publics to frame the questions or have input into the study objectives [5, 8, 11, 31, 37, 48, 56], establish rules and processes [37, 40], or select expert witnesses [37, 53], most only allowed participants to ask questions, confer amongst themselves and make a decision. To some extent these differences were a function of the deliberative method used – citizens tend to be given the most control in citizens’ juries; at the other extreme, participating members of the public were generally given less control in larger scale events or studies that used multiple methods of public engagement.

In their published reports, researchers rarely stated whether they had asked participants to base their decisions on personal preferences (what they want, or think someone like them would want) or community interest (what they think is fair given the needs and interests of the broader community). Nonetheless, the question posed or methods used strongly oriented some studies in the sample towards an expression of individual preferences [4, 5, 21, 32, 36, 39, 52], while others were oriented towards community-mindedness: participants were asked to allocate scarce social [1, 3, 8, 24, 26, 41, 59] or clinical resources [9, 12, 16, 18, 41, 58] to best meet the interests of the broader collective. Some studies asked participants to find a balance between what someone like them would want and the best possible outcome for society in general [11, 25, 37, 40, 43, 51, 53].

Most of studies did not follow up with participants after the event, although there were two notable exceptions. These studies conducted in the UK incorporated follow up meetings where participants received progress reports from policymakers and were given the opportunity to fine-tune their recommendations [31, 37]. These two were among the 28 deliberative events in the sample which had formal links to policy processes. These 28 studies were either sponsored by a decision-making body or designed such that the outcome was introduced directly into policy discussions. They addressed a wide range of problem domains and used different deliberative methods. The remaining 34 events were undertaken by researchers not directly linked to policy processes. There was no observable relationship between whether or not studies had direct links to policy and the type of questions addressed, deliberative methods used, degree of control given to participating members of the public in framing questions, type of evidence presented, or how the outcome was reported.

Types of public constituted in public health and health policy research

Researchers brought ‘disinterested’ members of the public (*citizens*) into deliberation more often than experienced ‘service-users’ (patients or *consumers*). – Of the 62 events, 43 involved *citizens* and 24 *consumers*. Both types of public were asked to consider a wide range of topics, normative and technical questions and policy issues. Both *citizen* and *consumer* publics were also involved in some of the projects that were formally linked to policymaking processes. There was no evidence that a strong link to policymaking inclined researchers to recruit one type of public over another.

However there were some patterned differences in the types of public and deliberative methods adopted. Although there are exceptions [for example 13, 16, 43, 52, 57, 59], *citizens* were typically constituted as *community or citizens’ juries*; in contrast, *consumers* were convened for processes using all of the deliberative methods in the sample. *Citizens* and *consumers* were also typically asked to take different orientations in their decision making. *Citizens* were asked to deliberate on questions strongly oriented towards

accommodating and promoting community interests. In contrast, *consumers* were asked to make decisions that reflected their personal preferences as current or potential 'service users'. And while both *citizen* and *consumer* publics were constituted to generate new knowledge on a specific issue, *citizen* publics were preferred when the purpose of the exercise was methodological research, that is, to generate knowledge about deliberative methods per se.

With regard to *advocates* (partisan publics), again there was a clear pattern. Excluding a handful of HTA and priority setting exercises, researchers typically recruited technical experts or advocates to deliberate on a question with lay members of the public (*citizens* or *consumers*) when the project was directly linked to policy-discussions or decision-making bodies. While stakeholder groups or *advocates* acted as advisors or 'expert witnesses' in most of the events, delivering information and perhaps being cross-examined, in 21 of the 62 events they also deliberated and voted or otherwise contributed to the outcome. This included five events where the decisions and preferences of *advocates* were compared against or combined with those of *consumers*, and seven where they were compared against or combined with those of *citizens*. Rather than deliberating separately, in six events [17, 29, 36, 40, 44, 61] *advocates* and consumers were brought together in the same forum, in three events advocates were combined with *citizens* [3, 7, 35], and on two occasions all three types of public deliberated together [21, 54].

Discussion

Our findings confirm that public participation in deliberative forums is common in public health and health policy research and that Community or citizens' juries are the favored deliberative technique (Street et al., 2014). It is also clear that decision makers are seeking input from multiple publics on issues other than health priority setting. As Mitton and colleagues' (Mitton et al., 2009) review also highlights, they often combine deliberative and non-deliberative forms of consultation. In our review, researchers sought to involve the public for three basic reasons: to promote democratic accountability; to make sure that diverse and divergent perspectives were introduced into policy discussions; and to test the suitability of different deliberative techniques to generate evidence for policymaking.

In our introduction we noted the recent systematic review of the literature on citizens' juries by Street et al (2014). Implicit in Street and colleague's review was a contrast between biased and unbiased publics, and a commitment to the recruitment of unbiased publics as the only path to deliberative legitimacy. In this review, we have made different assumptions about 'publics', recognizing that the roles created for participating members of the public varied from that of the "positioned, passionate ... active service user" (Martin, 2012, p.1851) to the disinterested *citizen* able to contribute to the creation of the 'wisdom of the crowds' (Surowiecki, 2005). We have shown that different researchers are using these publics for different purposes in deliberative processes. This suggests a need for greater clarity about the roles of *citizen* and *consumer* publics in particular, and further consideration of their respective legitimacy in real policy-making processes (Abelson et al., 2003; Martin, 2012).

Researchers constituted specific types of *consumer* public to fill the role of an active service user. Litva et al. (2009) and Charles and DeMaio (1993) both characterise *consumers* (service users, patients) as providing public engagement exercises with a perspective that reflects the interests of individuals, narrowly defined. Our review indicates that when brought into public deliberation *consumers* are often asked to balance their needs against the community interest – rather than only being asked to decide how to maximize their situation. In public health and health policy research the creation of a *consumer* public capable of deliberating

required that participants receive some information (usually about the context and process of policymaking) and a chance to reflect on and debate the implications. Although this may have changed their perspectives, the aim was not education of the participants for its own sake, but rather to elicit what service users would accept when in possession of something approaching full knowledge of the constraints under which decisions must be made. Notice that the aim in *consumer* deliberation is not to produce decisions that better reflect democratic principles; instead the deliberative process is used to generate and refine a set of discrete positions on decisions that can be subsequently determined by others: largely policymakers. We conclude that, although *consumers* are expected to speak as the authentic expert, the evidence they provide is not taken to be neutral. Rather, it is treated as inherently partial, situated and political (Litva et al., 2009), and therefore in need of interpretation by those drawing on that evidence.

In contrast, *citizens* were typically asked to address questions to meet requirements for justice and fairness in policymaking. The critical literature suggests that this type of disinterested participant is often sought by researchers to avoid the ‘capture’ of issues by special interest groups (Irwin, 2006), but also reflect broader efforts by institutions to articulate citizens as partners in governance (Barnes et al., 2007). The rationale for involving *citizens* rather than *consumers* is to introduce a fresh and objective perspective, which is, on balance, apolitical. The role prescribed for citizens is to draw on some broader notion of the public good and “represent repressed structural interests” (Charles & DeMaio, 1993, 885). Creating this role for citizens anticipates that the public constituted is somehow representative, and the transformation of participants into disinterested, rational and informed decision-makers. The outcomes of these deliberative processes are to be treated as the unmediated reasoning of the ‘public at large’. Contra the role of *consumers*, *citizens* are expected to contribute legitimacy to policy discussions, and, potentially, greater consistency with democratic principles. This is the function of a public that Street et al (2014) focused on in their analysis.

However, even though many of the *citizen* publics in our study were constituted to generate knowledge about deliberative methods – the point of the exercise being to show that ordinary citizens are capable of reasoned policymaking – the reported outcomes of these events support Graham Martin’s (2008b) assertion that disinterested participants are not ‘un-interested’ participants. Martin argues that *citizens* and *consumer* have something in common: they both need a protected space and sufficient time to become the type of public that the researchers want them to be. To force them into roles that are poorly defined only leads to a shallow articulation of public participation in policymaking processes. Researchers frequently fail to report whether they had directed participants to decide based on personal preference or community interest, and tend to conflate concepts such as representativeness and diversity in participant recruitment processes (Abelson et al., 2013). It is most clearly observed when researchers constitute a citizens public comprised of dis-interested lay people, but do not explicitly direct them to act as citizens. It seems that a key weakness of some deliberative events is a failure to be explicit about the type of public intended by the researchers. This may reveal an implicit assumption that merely convening a public comprised of citizens will ensure that democratic legitimacy emerges, but Martin (2009), Abelson et al. (2013) and our review, consistently suggest otherwise.

Although deliberation sponsors in public health and health policy research combined *advocates* with other publics, they did not generally mix *citizens* and *consumers* in one deliberation. In their study of public engagement in research on new genetic technologies, Braun and Schultz (2010) found that researchers appreciate some types of public and

particular subject positions more strongly than others, endowing special significance mainly to *citizens* [*pure publics*] and *consumers* [*affected publics*] while depreciating contributions from *advocates and partisan* organized stakeholder groups. Contra to Braun and Schultz, we found that public health and health policy researchers frequently involve *advocates* from stakeholder and interest groups as deliberators, especially *when research is most strongly connected to policy making*. This is of particular interest given others' claim that researchers seldom bring together participants whose interests and views are presumed to be conflicting, despite the potential for persistent deliberative disagreement to provide useful and policy-relevant information (Walmsley, 2011). It seems public health and health policy researchers may be attuned to this potential and constitute mixed publics in order to compare and combine different perspectives in deliberation. This adds to previous work by researchers including Street et al. (2014) and Burgess (2014), who have observed that deliberative processes are more likely to influence public policy when decision-makers are directly involved as research collaborators. However, consistent with much of the critical literature on public engagement exercises, very few of these studies suggested how the information generated might be acted upon, or integrated into policy discussions.

In their reviews, Street (2014) and Abelson's (2013) groups both found that deliberation sponsors in the health field tailor their research processes for decision-making and issue contexts. This may help explain why the researchers in our sample rarely trusted public participants with control of the process or gave them resources to undertake independent inquiries or expertise beyond that provided by researchers. Events were generally highly-controlled environments: the publics were essentially formed to become deliberative 'input-output' devices invited to reason and come to a judgement about an issue based only on the evidence presented. Individual researchers may be reflexive about the constructedness of jury processes, but there was seldom any acknowledgement in reporting that different evidence, different publics or different techniques might produce different outcomes (Lehoux et al., 2009).

Strengths and limitations of this review

This scoping review offers a comprehensive critical analysis of almost two decades of published public health and health policy research using deliberative methods. Our work complements that of Street (2014) and Abelson's (2013) groups by offering a unique analysis of the published literature, focusing on how different publics are constructed and for what purpose deliberative events are convened. While our review was comprehensive, by limiting our search to English peer-reviewed literature we—like they—have inevitably missed studies that were unpublished or published elsewhere. Some content relevant to our analysis was omitted or unclear in some of the papers and so could not be coded (e.g. if recruitment strategies were not described). Author one extracted the primary data from the articles and this may have introduced some bias, although the other authors were consulted and came to agreement on ambiguous cases. We also note that deliberative events on health policy questions may also be conducted in non-research settings, and so will be excluded from this review of the peer-reviewed literature.

Conclusions

Successful use of deliberative techniques in public health and health policy research requires the clear articulation of the purpose of the research, the deliberative processes employed, and the choice of public involved (Martin, 2012). Each of these could be improved for deliberative methods employed in health policy research. Although the questions asked in these studies were clear and well-reasoned, the overall purpose of many of the studies was ambiguous, the roles performed by the publics ill-defined, and the reasons for the choice of

public not explained. That said, we observed a commitment by researchers to expose members of the public to complex policy problems, and, on many occasions, faith in the capacity of ordinary citizens to comprehend complicated and sometimes contested scientific evidence and technical information, and form reasoned judgments. While different types of *Community or citizens' jury* are the preferred technique, the heterogeneous range of processes found suggests the field of public health and health policy research is experiencing a period of methodological experimentation and innovation. Although public consultation is purportedly viewed with a degree of suspicion by some health policymakers, researchers and participants seem enthusiastic, and almost half the studies sampled had a formal link to a policy process. Most of these policy-linked studies also involved practitioners, decision-makers or advocates as participants in the deliberation. This suggests deliberative methods offer much that is valued in policy settings. It is the responsibility of researchers to clarify their goals, identify the procedures most useful to participants and policy makers, and to work towards using them in the most effective way possible.

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Appendix - Coding worksheet

1. What was the problem domain or issue for deliberation?
2. What was the nature of the question asked of the public?
 - Direct quote of question (if available)
 - Entirely normative focus so answers a moral question – (should we do something – is it permissible)
 - Or includes technical question(s) so as to include deliberation over choices between distinct processes and procedures in order to achieve a stated goal or objective
3. Which deliberative method was used?
4. How and from where was the public recruited?
 - Geographic, demographic, self selected or invited, random or targeted
5. How much control did participants have over deliberative processes?
 - No control
 - Input into framing deliberative question or objectives
 - Establishing rules / processes
 - Selecting experts
 - Selecting information
 - Drafting the final report of the outcome
6. What was the authors' stated purpose in conducting the research?
 - Generate knowledge about deliberative methods

- Generate knowledge about a specific issue
 - Generate a decision about a specific issue
7. What point of the decision making process were the public involved?
 - in an advisory role with formal links to policy processes
 - in an advisory role with no formal links to policy processes
 8. What evidence was collected from the process?
 - Personal preferences
 - Assessments of the collective interests
 9. Did the article report on any formal follow up with participants post exercise?

Search strings for Scoping Review

Medline[®] , Web of Science[®] , Current Contents Connect[®]	
<p>TOPIC: (deliberative) <i>OR</i> TOPIC: ("citizens' assembl*") <i>OR</i> TOPIC: ("issue forum") <i>OR</i> TOPIC: ("public participation") <i>OR</i> TOPIC: (jury) <i>AND</i> TOPIC: ("health policy")</p> <p>Refined by: [excluding] LANGUAGES: (SLOVENIAN OR NORWEGIAN OR SERBIAN OR GERMAN OR JAPANESE OR POLISH OR SPANISH OR CROATIAN OR TURKISH OR AFRIKAANS OR FRENCH OR SLOVAK OR LITHUANIAN OR BULGARIAN OR PORTUGUESE OR RUSSIAN OR PERSIAN OR ICELANDIC OR CHINESE OR DUTCH OR ESTONIAN OR LATVIAN OR CZECH OR HUNGARIAN OR KOREAN OR ROMANIAN OR ITALIAN) <i>AND</i> [excluding] DOCUMENT TYPES: (EDITORIAL OR NEWS OR CASE REPORT OR MEETING OR BOOK OR ABSTRACT OR UNSPECIFIED OR REVIEW OR REPORT OR LETTER OR BIOGRAPHY OR OTHER OR CLINICAL TRIAL OR CORRECTION OR REFERENCE MATERIAL) <i>AND</i> [excluding] Databases: (CABI OR BIOSIS OR ZOOREC)</p> <p>Timespan: 1996-2013. Search language=Auto</p>	Results: 3385
<p>You searched for: TOPIC: (deliberative) <i>OR</i> TOPIC: ("citizens' assembl*") <i>OR</i> TOPIC: ("issue forum") <i>OR</i> TOPIC: ("public participation") <i>OR</i> TOPIC: (jury) <i>AND</i> TOPIC: ("public health")</p> <p>Refined by: [excluding] DOCUMENT TYPES: (EDITORIAL OR NEWS OR CASE REPORT OR MEETING OR BOOK OR CLINICAL TRIAL OR UNSPECIFIED OR REVIEW OR REPORT OR LETTER OR THESIS DISSERTATION OR OTHER OR ABSTRACT OR CORRECTION OR REFERENCE MATERIAL) <i>AND</i> [excluding] LANGUAGES: (SLOVENIAN OR NORWEGIAN OR POLISH OR PORTUGUESE OR CZECH OR HUNGARIAN OR PERSIAN OR SPANISH OR JAPANESE OR DUTCH OR ESTONIAN OR FRENCH OR SLOVAK OR LITHUANIAN OR SWEDISH OR GERMAN OR RUSSIAN OR KOREAN OR SERBIAN OR CHINESE OR CROATIAN OR AFRIKAANS OR ROMANIAN OR ITALIAN OR TURKISH OR THAI OR ICELANDIC)</p> <p>Timespan: 1996-2013. Search language=Auto</p>	Results: 5009

SCOPUS	
<p>TITLE-ABS-KEY("deliberat*" OR "public participation" OR "jury" OR "citizens assembl?*" OR "Issue forum" AND "public health") AND DOCTYPE(ar) AND SUBJAREA(mult OR medi OR nurs OR vete OR dent OR heal OR mult OR arts OR busi OR deci OR econ OR psyc OR soci) AND PUBYEAR > 2001 AND PUBYEAR < 2013 AND (LIMIT-TO(SUBJAREA, "MEDI")) AND (LIMIT-TO(LANGUAGE, "English")) AND (LIMIT-TO(EXACTKEYWORD, "Public health"))</p>	<p>Results: 167</p>
<p>TITLE-ABS-KEY("deliberat*" OR "public participation" OR "jury" OR "citizens assembl?*" OR "Issue forum" AND "public health") AND DOCTYPE(ar) AND SUBJAREA(mult OR medi OR nurs OR vete OR dent OR heal OR mult OR arts OR busi OR deci OR econ OR psyc OR soci) AND PUBYEAR > 1995 AND PUBYEAR < 2014 AND (LIMIT-TO(SUBJAREA, "MEDI")) AND (LIMIT-TO(LANGUAGE, "English")) AND (LIMIT-TO(EXACTKEYWORD, "health policy"))</p>	<p>Results: 47</p>