

The Difference Deliberation Makes

A Report on the CaliforniaSpeaks Statewide
Conversations on Health Care Reform

Archon Fung
Harvard University

Taeku Lee
University of California, Berkeley



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EXECUTIVE SUMMARY

On August 11, 2007, some 3,500 Californians gathered in eight cities to take part in a daylong conversation on health care reform. Who participated and what views did they hold on health care reform? What effect did the CaliforniaSpeaks event have on participants' views on health care reform and on government more generally? What effect did the event have on participants' subsequent engagement and action on health care reform? How did participants evaluate their experience with the event?

In this report, we offer answers to these questions by analyzing the results of surveys administered before, during, and after the CaliforniaSpeaks event. We find that:

- Participants represent an “engaged public” that is distinct in key demographic and political respects from the general California public, but with no differences in personal lack of access to health care.
- Participants were more likely to think that California’s health care system was in need of major changes after the discussion; 71% of respondents thought that the state’s health care system was in need of major change after the event compared to 66% who thought so at the beginning.
- Participants reported greater trust in government, especially state and local government, and increased confidence in their own abilities to understand politics after the CaliforniaSpeaks conversations than before.
- Roughly one in two participants changed their views on health care reform and their general political orientation, but these changes did not occur in a specific direction. Thus, in the aggregate, public opinion among participants on health care reform and politics changed only marginally after the CaliforniaSpeaks conversations.
- The CaliforniaSpeaks event did, however, have the effect of catapulting participants to be more likely to take action across a broad range of political acts on health care reform; this activating effect, in some cases, is quite powerful.
- Participants evaluated CaliforniaSpeaks very positively by almost every measure, with one exception: roughly one in four perceived the event as unfair and biased, but this sentiment most likely originates in the initial exclusion of the single payer option from the discussion agenda.

These findings, while a mixed bag in some respects, nonetheless make a clear case for the difference that deliberation can make in activating participants politically. We do stress, however, that this report represents only our initial analysis of a remarkably rich set of data on a unique political event. We plan to follow-up with additional findings from these data in the near future.

INTRODUCTION

As elsewhere in the United States, the politics of health care reform in California has been dominated by well organized groups of provider, employer, insurer, and consumer interests. From time to time, political entrepreneurs advance proposals for systemic policy reform that crash upon the shoals of interest group opposition.

In part to avoid this cycle of frustration, several health care reform proponents attempted to articulate and interject a new perspective into debate about California health policy reform in 2008: the perspective of the citizen. Contrary to the notion that citizens' interests and perspectives are adequately reflected through political representation and interest group action, several political officials — including Governor Arnold Schwarzenegger, Assembly Speaker Fabian Nuñez, Senate President pro Tem Don Perata, Assembly Republican Leader Mike Villines — and charitable foundations supported an effort to convene citizens to directly deliberate about health care reform in California.

Organized by AmericaSpeaks, the effort was no ordinary public hearing or town hall. On Saturday, August 11, 2007, some 3500 Californians gathered in eight cities and regions across California: San Diego County, Humboldt County, Sacramento County, Fresno County, Los Angeles County, San Luis Obispo County, Alameda-San Francisco Counties and Riverside-San Bernardino Counties. The eight sites were linked to one another through video and data connections so that, in a sense, the event was one very large meeting. In another sense, however, the event comprised hundred of small meetings. Participants sat at tables of eight to twelve seats. For most of the day, they discussed health care issues with one another in these small groups.



The organizers of this event also attempted to recruit a representative group of individuals to participate in the CaliforniaSpeaks event. They worked with a survey research firm to construct random sample lists of the populations of the eight California regions. Organizers invited individuals in these lists to participate in the August 11 deliberations. This random sample recruitment was critical to the legitimacy and credibility of the CaliforniaSpeaks event. Politicians, journalists, and other observers already knew the positions and perspectives of various activists and mobilized interests; they hoped that CaliforniaSpeaks would give voice to hitherto silent ordinary Californians. This random-selection method was a novelty for AmericaSpeaks. In the past, they have relied upon targeted selection and recruitment methods in which they attempt to turn-out a sample of participants that is descriptively representative of the general public by reaching out to specific communities — such as those that are socially or linguistically

isolated or economically disadvantaged — in which individuals are less likely to participate in public events.

The CaliforniaSpeaks event provided a unique research opportunity for those interested in public deliberation, health care, participation, or opinion research. Though other deliberative events and projects have employed random selection methods of recruitment, CaliforniaSpeaks is one of the largest scale events of its kind to date. Furthermore, it is one of the first events in which parallel deliberations occurred at multiple sites simultaneously. Finally, this deliberative event was temporally proximate to a live policy decision. In 2007 and early 2008, the Governor announced health care reform as one of his major initiatives and legislative leadership supported reform measures that were close to the Governor's.

Against this background, we sought to understand several large questions about the participants of CaliforniaSpeaks, their perspectives, and their behaviors.

- How much did the participants of CaliforniaSpeaks resemble the broader population of California in demographic terms?
- Did participants views about health care and politics generally mirror those of the broader population before they participated in health care deliberations?
- What effects, if any, did participation in CaliforniaSpeaks have on participants in terms of their: views about health care; views about government generally; knowledge about health care; and their engagement and action on health care issues.
- How did participants assess their experience with the CaliforniaSpeaks event?

METHODS AND DATA

At the invitation of AmericaSpeaks, we collected qualitative and quantitative data from multiple sources – participant observation of the simultaneous conversations, interviews with elites and CaliforniaSpeaks organizers, and surveys conducted prior to, immediately after, and following up on the event. In this report, we offer answers to these questions by analyzing the results of several surveys administered before, during, and after the CaliforniaSpeaks process. The timing of these surveys provides, in the language of social science methodology, an “interrupted time series” research design that allows us to estimate the independent effect of the CaliforniaSpeaks deliberations on the opinions and actions of the town hall meeting participants.

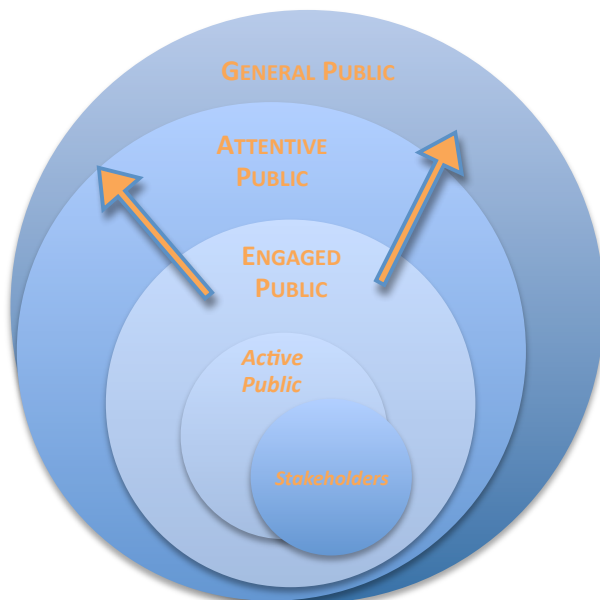
In these surveys, we asked participants about their general demographics, as well as about their political orientations, attitudes toward health care policy and its reform, the frequency and character of their political participation, and their experiences and views of the specific CaliforniaSpeaks health care deliberation (where applicable). We designed four surveys in total, described in the table below by the date of the interview, the target

group, the actual population from which our sample was drawn, the sample size, sampling frame, and response rates. The pre- and post-event surveys were administered by a team of ten graduate students from UCLA, UC-Berkeley, and Stanford. These graduate students also submitted written assessments of their observations at each of the CaliforniaSpeaks sites. The follow-up surveys were administered by NSON Opinion Research, the firm used by AmericaSpeaks to recruit participants to the August 11th event. Two populations were interviewed in these follow-up surveys: event participants and those who initially agreed to participate when asked but were unable to make the event.

To supplement our original data from these four surveys, we also drew upon data from two state-wide health care surveys administered by the Public Policy Institute of California. One was fielded before the CaliforniaSpeaks event in June of 2007 (n=2,003) and the second was fielded at approximately the same time as our follow-up surveys, in January of 2008 (n=2,000).

SURVEY	DATE	POPULATION SAMPLED	SAMPLE SIZE	RESPONSE RATE
Pre-event	8/11/2007 or before	Event participants	2417	71%
Post-event	8/11/2007	Event participants	2442	72%
Follow-up A	1/23 – 2/18/2008	Event participants	1292	66%
Follow-up B	1/23 – 2/18/2008	Individuals who agreed to attend, but who did not come	838	22%

The respondents sampled in these various surveys are, to varying degrees, representative of three distinct target “publics” for health care. The first target group is all adult Californians. Most opinion surveys like the two PPIC polls we draw from (if the survey samples are properly drawn) draw their power from their claim to represent the opinions of this *general public* of all Californians.



The second target group is those adult Californians who follow politics closely enough to have more firmly anchored opinions and a deeper wellspring from which to mobilize those opinions into political action. This *attentive public* may follow politics closely in general or only for a specific issue of interest like health care reform. While CaliforniaSpeaks took great pains to recruit a representation of the general California population – making roughly 120,000 e-mail and telephone contacts, using a

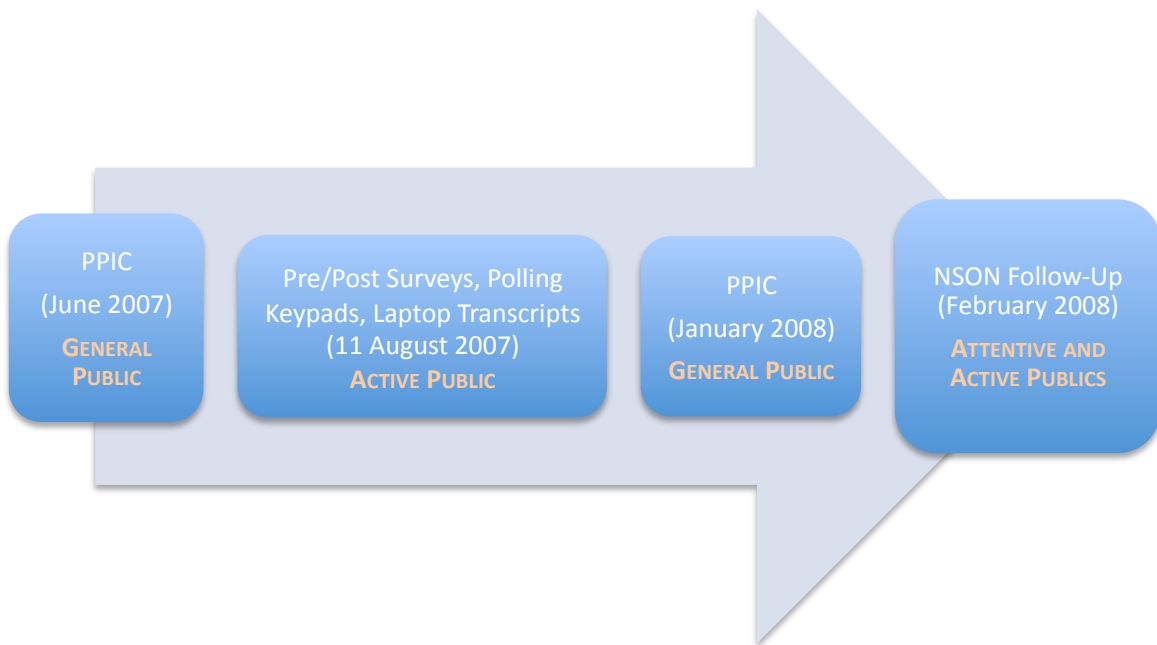
grassroots mobilization effort for traditionally underrepresented groups, following-up with automated phone messages, mailers, and a media campaign – we view the 9,268 Californians contacted who agreed to participate as an attentive public that is likely to be more interested in and active on health care issues, or in public affairs generally than the general public.

A third target group – the focus of most of our analysis in this report – is event participants. Not all of those who accepted the invitation from CaliforniaSpeaks actually participated in August 11th event. We might think of those who actually participated in the August 11th event as the *engaged public* – a subset of the attentive public that is sufficiently well-resourced, well-skilled, and well-motivated to actually participate in the CaliforniaSpeaks deliberations.¹ As the arrows pointing outward from the engaged public to the attentive and general public suggest, we do not view the engaged public as a fixed group of deeply entrenched, always active segment of the electorate. Rather, in periods when an issue rises in salience (e.g., during social movements), disengaged spectators can very quickly become mobilized and activated into participants in the making of social and political change. A key question that we tackle in this report is whether the CaliforniaSpeaks event serves to galvanize participants into being politically active in a more sustained way.

It is important to here to also note that individuals who are engaged are distinct from two other segments of the general public: active citizens and stakeholders. Active citizens are those habitual participants in the political process – sometimes specifically on one issue like health care reform and sometimes in a generalized way across a range of issues. Some participants in CaliforniaSpeaks are very likely active in this sense, but from the evidence that we find, most are not. Stakeholders are those persons or groups who directly affect or are directly affected by action and change on a given issue. While some versions of this concept – e.g., theories of “stakeholder society” – would expand the idea of shared ownership to be as inclusive as possible (e.g., all taxpayers affected by health care reform, or Californians needing health care coverage), we think of this group more exclusively as covering allied health care professionals and others whose professions are dedicated to health care (insurance companies, lobbyists, interest groups, pharmaceutical companies, and the like).

A schematic representation of these three publics and when they were interviewed is shown here. The California-Speaks event was timed to coincide with a gubernatorial initiative and legislative deliberations around health care reform in the state and the follow-up survey was in the field at the time that these legislative efforts came to an end.

¹ CaliforniaSpeaks organizers, to be fair, made every effort to ensure that lack of access and resources would not limit participation – ranging from free transportation and free child care to



In addition to our pre-event and post-event surveys, data were also available to track participants' views throughout the event itself. Each participant at the August 11th event was given an electronic polling keypad, which participants used to respond to a variety of questions about health care priorities and attitudes on specific reform proposals. Each table was given a laptop, which was used by a designated scribe at each table to record the substance of small group conversations at that table.

The multiple data sources — from surveys, keypads, and laptops — not only allow us to analyze multiple publics at different points but also allow us to examine the different relevant contexts in which the town hall deliberations may have shaped patterns and changes in public opinion and political action. Specifically, for the engaged public, we can examine whether there are “site-level” effects and “table-level” effects. We can, for example, gauge the extent to which the discussions in Los Angeles may have differed from those in Humboldt County; or for a given site, we can examine the extent to which participants at one table may have been moved by the discussions in a distinct fashion from participants at other tables. Though the following sections focus upon differences between the different publics and aggregate changes following the AmericaSpeaks event, we touch upon the more disaggregated analysis and indicate future research directions throughout.

WHO PARTICIPATED?

Approximately 3,500 people participated in the CaliforniaSpeaks event. Roughly one out of every two participants were recruited through NSON Opinion Research; less than 9 percent were direct recruits from grassroots outreach efforts. Roughly 40% of participants were indirectly recruited. Of this 40 percent, about 21 percent of participants came as a guest, most of them as a guest of a recruit; roughly 19 percent of participants

came through other grassroots organizations who were allocated event entry invitations based upon their capacity to reach underrepresented groups.

SITE	CASPEAKS TARGET	KEYPADCOUNT	% OF TOTAL (ACTUAL)	% OF TARGET
Fresno	500	343	11%	68%
Humboldt County	400	360	12%	72%
Los Angeles	650	536	18%	82%
Oakland	500	529	17%	106%
Riverside	500	225	7%	45%
Sacramento	500	399	13%	80%
San Diego	550	384	13%	70%
San Luis Obispo	400	257	8%	64%
Total	4000	3033	100%	76%

Polling keypad data reflects the following distribution of participants across the eight sites. Note that these counts underestimate total participants because some participants do not respond to the questions using the polling keypads, and some participants were not present when the locational question was asked. Across all eight sites, the actual turnout of participants reached roughly 76 percent of targeted turnout by AmericaSpeaks. Some sites did better than others, with the Oakland/Alameda County site actually exceeding targeted turnout. The lowest participation rate is in Riverside/San Bernardino County, where less than 50 percent of the target size turned out for the event.

We also compared aggregate demographic characteristics of three groups: (1) those individuals who were successfully recruited to participate in the CaliforniaSpeaks event and who attended; (2) those individuals who were recruited but did not make it to the event; (3) the general population in California, as given by 2006 American Community Survey data from the U.S Census. We examine these groups by four key demographic characteristics: gender, age, educational level, and racial/ethnic background.

Compared to California’s general population, participants in the CaliforniaSpeaks event were more female, older, better-educated, and less likely to be Hispanic. These disparities also exist, although to varying lesser degrees when participants are compared to those individuals who had initially agreed to take part in the town hall meetings but did not attend. The gender and age distributions are roughly similar between attendees and non-attendees, especially by comparison to the general California adult population. The disproportionate representation of college-educated among participants is somewhat less so among those who were recruited but did not attend. The underrepresentation of Latinos remains striking, where Latinos comprise 36 percent of the statewide population, but only 13 percent of the attendees and 24 percent of non-attendees.

It is worth noting that some of these disparities between the engaged public, the attentive public, and the general public mirror disparities that are found between those individuals identified by other measures of public engagement and the general public. For instance, there is a long-standing, near-ubiquitous relationship between higher

socioeconomic status – as measured by age, income, educational attainment – and higher rates of political participation across the board from voting to campaigning to contacting public officials. This disparity also holds across racial and ethnic lines, with whites being most inclined to be engaged and immigrant-based groups like Latinos and Asian Americans being least inclined to be engaged.



While these differences between who is engaged, who is attentive, and the statewide population of adult Californians are important to note, we do not view them as a limitation of the CaliforniaSpeaks event. Rather, accurately recognizing who participates clarifies where the vested interests within the general public lies on a given issue. Much like pre-election polls that target the vested interests of “likely

voters” – a substantially different public than the general electorate – politicians and policy-makers need to heed the views of engaged publics. As we will see in this report, the engaged public at the CaliforniaSpeaks conversations are a uniquely important segment of the California public.

In this regard, the group of Californians who ultimately showed up across all eight sites on August 11, 2007 is not only distinctive with respect to background demographic characteristics, but also with respect to their prior political predispositions and institutional attachments. We support this point by comparing patterns of partisanship and political orientation across three surveys -- the pre-event survey of attendees (representing the “engaged public”), the follow-up survey of those individuals recruited who were not able to attend (representing the “attentive public”), and the Public Policy Institute of California’s general survey of adult Californians leading-up to the town hall meetings (representing the “general public”).² The key points of difference between these three publics is as follows:

- Attendees are slightly more likely to be Democratic in partisanship than non-attendees, and both groups are somewhat more likely to be Democrats than the

² These figures may surprise because the event’s most prominent political sponsor was Republican Governor Arnold Schwarzenegger. Here we note that the PPIC survey is not directly comparable to the surveys of attendees and recruits who did not attend the event. On partisanship, the PPIC survey asks about respondent’s formally registered partisanship, while the pre-event and NSON surveys simply ask respondents which party they identify with, whether or not they are formally registered with that party. On political ideology, the pre-event and the NSON surveys offered respondents the option to indicate that “none of these fits” with respect to the response categories “liberal,” “conservative,” and “moderate,” while the PPIC survey did not offer this option.

general public. Fully 46 percent of attendees self-identified as Democrats while only 33 percent of PPIC respondents did so.

- Attendees and non-attendees are also more likely to be Independents than the general public. This difference, however, is modest.
- Attendees are somewhat less likely to be politically conservative than recruits who did not attend the event and significantly less likely than the general public. Only 18 percent of attendees self-identified as politically conservative, while fully 37 percent of respondents to the PPIC survey identified as conservatives.

On net, the disparities here are neither vast nor destructive of the general aim to achieve a sufficiently diverse cross-section of Californians – both with respect to background demographic characteristics and with respect to political orientation and party attachments – to take the deliberative aims of the event meaningful. There is, however, one key dimension on which participants appear to be quite distinct from the attentive public (non-attendees) and the general public and one key dimension on which they appear quite similar to both publics.

- Attendees are much likelier to report being “very interested” in politics (61%) than are the general public (23% of PPIC respondents). Only 6 percent of CaliforniaSpeaks attendees reported being only “slightly” or “not at all” interested in politics while 36 percent of PPIC respondents did so.
- Attendees are roughly equally likely to have health insurance (85 percent) as non-attendees (83%) and the general public (81%). The type of health care coverage too is approximately similar -- 65% of attendees are covered under a private employer plan compared to 57% of PPIC respondents; 14% of attendees purchased their own coverage compared to 13% of PPIC respondents; 19% of attendees are covered by a government program compared to 25 percent of PPIC respondents.

OPINION CHANGES

Now that we have a sense of who participated in the CaliforniaSpeaks event, we turn to our three key outcome measures of interest:

- Support for different approaches to health care reform, and whether they changed as a result of the CaliforniaSpeaks event.
- General political orientation, and whether it changed as a result of the CaliforniaSpeaks conversations.
- Evaluation of the town hall meetings itself.

For each of these measures of interest, we begin with some descriptive statistics that give a sense of whether the participants as a group changed their views in the aggregate and whether participants individually changed their views.³ The nub of our descriptive analysis on the effect of the town hall meetings is that attendees as a group change their opinions only selectively and rarely dramatically, but that at the individual-level, roughly one in two participants, for most measures we examine, change their views. To dig deeper and get to the root of this seemingly paradoxical result of aggregate stability and individual-level volatility in public opinion, we conducted multivariate statistical analysis to explain which participants changed their views after the town hall meetings. Specifically, for each of these outcome measures, we tested for the independent influence of the following factors:

- Demographic background: Participants' age, educational attainment, family income, employment status, gender, and racial/ethnic identity.
- Town hall site: Controls for each town hall site.
- Political partisanship: Republicans and Independents compared to Democrats.
- Health care background: insurance status, health status, and membership in a group or business working on health care reform.

When our outcome measures compare participants' views before the town hall meetings to their views immediately after the day's deliberations, we also control for participants' evaluations of the meeting itself (a summary index of eight items). Complete details of question wording, model specification, and full results are available upon request.

Approaches to Health Care Reform

First, we asked participants whether they agreed or disagreed with the following approaches to changing California's health care system:

- "Expand coverage by working with employers to cover more working people and families."
- "Fundamental change to insure all Californians through a state-administered system that all Californians and their employers pay into."
- "Limit government's role to providing coverage for the low-income or unemployed, or those who can't get insurance on their own."
- "All Californians should receive a health care voucher or tax credit, to be used to purchase their own coverage."

³ It should be noted that the discussion agenda did not ask people to consider the trade offs between different approaches to health care. Instead, participants were asked to consider the conditions under which they would support an array of reform measures. Thus, the items measured on the survey did not closely track the topics of deliberation.

- “Health insurance companies should be required to offer affordable coverage plans to everyone, regardless of their health condition.”

These questions were asked both before the town hall meetings and at the very end of the day’s deliberations. We show below (in the columns labeled “Pre-Event Opinion” and “Post-Event Opinion”) the average evaluations of these five approaches to health care reform for the pre-event and post-event surveys. The results show an overall trend of very modestly diminished levels of support across all approaches. Thus the implication here is that the town hall meetings did very little to change what participants, as a group, thought about health care reform.

	PRE-EVENT OPINION	POST-EVENT OPINION	PRE-POST DIFFERENCE (ABS VALUE)	% WHO CHANGED PRE-POST
Expand coverage through employers	2.42	2.20	0.77	53.5
State-administered system	2.24	2.00	0.76	50.5
Cover low-income and unemployed	3.46	3.33	0.96	57.4
Health care voucher or tax credit	3.14	3.13	0.82	56.8
Require affordable insurance plans	1.89	1.80	0.71	45.6
“Please tell us how strongly you agree or disagree with each approach to changing our health care system” (5 point scale)				

The story is quite dramatically different in the next two columns, which show the mean shift for all individuals in the sample, labeled “Pre-Post Difference” (shown as the absolute value of the difference) and the percentage of *individuals* who shifted their views on these questions, labeled “% Who Changed Pre-Post” Across all five approaches, roughly one in every two participants changed their answers to these questions about health care reform. On net, most participants who changed their view only shifted by one category (e.g., from “strongly disagree” to “disagree”). In a nutshell, at the individual-level, opinions are volatile between our pre-event and post-event surveys; at the aggregate-level, the mean values on these questions change little.

What, then, explains these individual-level variations in support for the five approaches to health care reform? There are two ways to examine individual-level change in attitudes in this context: we can either examine the direction of change (i.e., respondents who become more supportive or more opposed to a particular approach) or magnitude of change (i.e., respondents who shifted their views by shifting one response category and others who shifted their views more dramatically). On the first of these ways, the multivariate statistical analyses suggest the significance of the following key factors:

- On support for an employer mandated approach, older, more Democratic participants, and participants who held a more positive view of the day’s proceedings were all likely to be more supportive after the town hall meetings.
- On support for a state-run health care program, older participants, those from Oakland/Alameda County, and those who evaluated the day’s event positively were

more supportive after the deliberations; Asian American participants were less supportive after the deliberations.

- On a targeted approach to insure the unemployed or poor, support increased after the town hall meetings among African Americans and participants who self-reported being in excellent health; more highly educated participants and those from Humboldt County were significantly less supportive of this approach after the day's proceedings.
- On a market based approach through the use of vouchers or tax credits, support increased after the deliberations among participants who self-reported being in excellent health; support decreased among more highly educated participants, Democrats, and those from Los Angeles County.
- Finally, on a regulatory approach requiring insurance companies to provide affordable insurance to everyone, support increased after the town hall meetings among participants who already had health insurance, those who reported being in excellent health, and those who evaluated the event very positively.

On the absolute magnitude of opinion change, our analyses suggest the following:

- Older and more educated participants were more likely to shift their views on employer mandates.
- More educated participants, those from San Luis Obispo, Democrats, and participants who belonged to a group working on health care reform were less likely to shift their views on a state-run health program.
- Older participants, African Americans, Asian Americans, participants from Fresno, and respondents who evaluated the event positively were likelier to shift their views on a targeted approach; highly educated participants were significantly less likely to shift their views.
- Latinos and participants with a positive assessment of the event were likelier to shift their views on increasing access through vouchers or tax credits.
- More highly educated participants, those from San Diego and Humboldt County, and those with excellent health status were likelier to shift their views on regulating the insurance industry; wealthier participants and those with a positive evaluation of the town hall meetings were more likely to hold constant.

There are two relevant summary impressions to draw from these results. The first is that there is no overarching pattern to who changes their views on health care reform across the five approaches we ask about. The second is that – contrary to the public opinion literature on self-interest and political sophistication – it is not the case that, across the board, older, more educated, and wealthier participants (correlates of greater political sophistication) are more likely to hold constant views on health care reform. Nor is it the case that, across the board, participants with poor health status, no health insurance, or

those belonging to a group working on health care reform (correlates of greater self-interest) are any less likely to shift their views on health care reform.

Political Attitudes and Orientation

Next is a series of questions about participants’ general political attitudes and orientation. We asked participants whether they agreed or disagreed with the following statements:

- “We can trust our state’s government to do what is right”
- “Elected officials in California don't care what people like me think.”
- “People like me don't have any say about what the state’s government does.”
- “Sometimes California politics and government seem so complicated that a person like me can't really understand what's going on.”
- “State and local governments are more responsive to citizen concerns than our federal government.”

	PRE-EVENT OPINION	POST-EVENT OPINION	PRE-POST DIFFERENCE (ABS VALUE)	% WHO CHANGED PRE-POST
Trust our state’s government to do what is right	1.43	1.70	0.76	55.5
Elected officials don’t care what people like me think	1.99	1.84	0.76	52.2
People like me don’t have any say in California government	1.83	1.62	0.79	51.5
California politics is so complicated that I can’t really understand	2.03	1.87	0.79	51.0
State and local governments are more responsive than federal	2.58	2.67	0.71	50.1
“Please tell us how strongly you agree or disagree with each statement” (5 point scale)				

The basic pattern of responses to these questions shows modest shifts in aggregate public opinion. But there is a discernible pattern. Participants are more likely to report higher levels of political trust and political efficacy. The table here shows a mirror of the pattern seen at the individual-level in respondents’ answers to our questions on approaches to health care reform. About one out of every two individuals changed their views on some basic questions about politics. As before, most individuals who shifted their opinions did so by one response category.

As with the questions on approaches to health care reform, we dug deeper into the individual-level bases of these political orientations. We again examined both the direction of changes in participants’ views and the absolute levels of change. On direction of change, our multivariate analyses suggest the significance of the following key factors:

- Participants who were more educated, women, and held positive evaluations of the

town hall meetings were more likely to increase their trust in state government after the day's deliberations; 90% of participants reported favorable views of the event.

- Republicans and participants in excellent health were less likely to be trusting.
- Participants who were women and held positive evaluations of the event were more likely to believe that elected officials cared about their political views at the end of the day; those who were wealthier and political Independents were less likely to exhibit this increased sense of “external political efficacy” at the day's end.
- Participants who evaluated the town hall meetings very positively were also more likely to believe that they had a personal say in California politics; those who were older and insured were less likely to perceive this increase in “internal political efficacy” after the day's events.
- Participants with positive evaluations of the CaliforniaSpeaks event and those from Riverside were more likely to view state-level government as more responsive to public demands than federal government; Democratic participants were significantly likelier to increase their positive views of state-level responsiveness after the day's deliberations.

In sum, certain demographic groups, especially women, were more likely to hold a more positive political orientation as a result of the town hall meetings. There are also strong partisan effects here, with Democrats becoming more sanguine in their views of politics than Republicans or Independents. Not surprisingly, participants who viewed the town hall meetings in a positive light were more likely to update their assessments of political trust, efficacy, and responsiveness in a positive light as well.

One notable change that we note in passing is that the salience of health care as an issue does change as a consequence of the town hall meetings. Those who discussed health care on August 11th were more likely to think that California's health care system was in need of major changes after the discussion. At the end of the day, 71% of respondents thought that the state's health care system was in need of major change compared to 66% who thought so at the beginning of the day.

TAKING ACTION

In the follow up survey that we conducted in January 2008, we asked both engaged citizens (those who participated in the CaliforniaSpeaks Event) and attentive citizens (those who indicated that they would participate, but did not) a battery of questions concerning their interest and political action on health care issues.

Across a broad array of behaviors, including discussing health care reform informally with friends and family, following health care developments in the news, contacting media, officials, attending public meetings, and working for political organizations, those who participated in the CaliforniaSpeaks conversations were much more likely to be engaged

in health care policy issues than those Californians who expressed an intention to take part in CaliforniaSpeaks but were unable to participate (“non-participants”).

	PARTICIPANTS	NON-PARTICIPANTS
Discussed California Health Care with friends, family, co-workers?	95.0%	77.3%
In past five months, following health care “closely” or “very closely”?	84.5	71.2
Anyone contacted you to take action on health care reform?	58.6	18.6
Over the past 5 months, have you engaged in any of the following kinds of activity on the issue of health care?		
Contacted the media	8.3%	2.6%
Contacted state representative or politician or public official?	40.4	12.1
Attended a town hall meeting?	11.2	7.4
Signed or circulated a petition?	12.6	13.0
Worked or volunteered of a political organization?	9.3	4.3
Contributed money to an organization or politician?	9.2	9.4
Engaged in some other kind of activity?	20.1	11.6

The differences here are striking. To underscore some of the more prominent differences, participants were 18 percent more likely to report having discussed California health care with friends, family, and co-workers; 13 percent more likely to report following health care reform closely; 40 percent more likely to have been contacted to take action on health care reform (many of whom were almost certainly contacted by AmericaSpeaks as part of their follow-up activities); 28 percent more likely to have actually contacted a politician or public official. At least three plausible stories account for these differences:

1. Those who participated in CaliforniaSpeaks are more predisposed to take political action and be politically engaged than those who did not participate.
2. Those who participated in CaliforniaSpeaks are more likely to have been contacted and mobilized by third party organizations (including AmericaSpeaks itself), and such contacts might be the principal cause of greater engagement.
3. Experiences of attending CaliforniaSpeaks might have made participants more likely to be engaged in the following months in a direct way.

Through multivariate regression analysis on CaliforniaSpeaks participants, we find that those who report being asked by someone to take action on health care are far more likely to have also contacted a politician or other official. Third parties usually ask individuals to take these kinds of actions. However, participants who report being asked to take action by a third party are *no more* likely than those who have not been contacted to engage in any of the other actions we asked about such as discussing health care with their friends, attending a town hall or other meeting, working on a campaign, or contacting the media.

Therefore, it seems that some aspect of the CaliforniaSpeaks event experience — other than being mobilized later by a third party — did make participants more likely to engage in public actions around health care in the months after the August meeting. We turn now to participants evaluations of the town hall meeting itself.

EVALUATING CALIFORNIA SPEAKS

Finally, in the survey administered at the end of the day of the CaliforniaSpeaks event, we asked a battery of questions that allowed participants to evaluate the event. The table below shows quite clearly that participants overwhelmingly viewed their experience in a positive light. In most instances – being informed by the meeting, respecting each other’s views, being understood, having the opportunity to speak, viewing others’ opinions as reasonable (even if respondents personally disagreed with the point being made), urging decision-makers in Sacramento to take heed of the meeting’s conclusions, and being willing to take part in another event like CaliforniaSpeaks – more than 90 percent of respondents either agreed or strongly agreed with the positive assessment of the town hall meeting.

On a five point scale (1 = strongly disagree, 5 = strongly agree), participants were asked whether they agreed or disagreed with the following statements. Only a very small proportion of respondents indicated strong disagreement with any of these positive assessments -- a finding that is in itself encouraging evidence of the success of the CaliforniaSpeaks event. Thus in the table below, the column labeled “disagree” combines the proportion of respondents who “strongly disagreed” with those who “disagreed” together.

	AGREE STRONGLY	AGREE	NEITHER	DISAGREE
I became more informed	48.5%	44.7%	4.0%	2.9%
We listened to each other respectfully	60.0	37.3	1.4	1.4
Others understood my views	48.8	47.8	2.4	1.0
Meeting was fair and unbiased	30.2	35.1	10.4	24.3
Others reasonable, even if I disagreed	36.0	56.5	5.9	1.7
Everyone had opportunity to speak	49.3	42.4	3.3	5.0
Personally changed views	11.0	24.0	24.3	39.8
Personally agreed with voting results	18.8	44.6	21.2	15.4
Leaders should incorporate these results	52.7	36.5	6.2	4.6
Politics should be more fun, like this	40.2	45.5	11.2	3.1
Would participate in event like this again	54.9	38.5	4.3	2.2
“How much do you agree or disagree with the following statements about today’s meeting?”				

In only one case was there any significant dissent – that was on the question of whether or not respondents had changed their views during the course of the day. Only about 36% of respondents either agreed or strongly agreed that they had in fact changed their opinions. This figure is somewhat ironic given that our pre- and post-event surveys show that on a number of fundamental questions about approaches to health care reform and basic political orientation, roughly 50 percent of our respondents did indeed change their answers to identical questions asked before and after the town hall meetings.

The other notable measure on which there is some measure of dissatisfaction with the town hall meetings is participants' views on whether or not the meetings were fair and unbiased. While 64 percent of participants either "agreed" or "strongly agreed" with this statement, 24 percent disagreed and viewed the meeting as biased. Based on the participant observer notes we received from our graduate student team, one strong possibility as to the basis of this dissatisfaction is that a non-trivial number of participants - especially from the Humboldt County and Oakland/Alameda County sites -- demurred upon finding out that there were no initial plans on the CaliforniaSpeaks agenda to discuss the pros and cons of a single-payer, government-run health care system. Among Oakland participants, fully 50 percent viewed the event as biased and unfair, while only 36 percent agreed that it was fair and unbiased (14 percent neither agreed nor disagreed). Among Humboldt participants, 35 percent disagreed, 54 percent agreed, and 11 percent neither agreed nor disagreed that the event was fair and unbiased.

To better understand which participants viewed the event positively and which negatively, we again conducted a multivariate analysis to examine the correlates of these evaluation patterns. Generally speaking,

- Participants were more likely to feel more informed about health care as a result of the town hall meetings if they were African American, Latino, political Independents or reported being in excellent health; they were slightly less likely to feel informed if they were already insured or in the Oakland or Humboldt County meetings.
- Participants were more likely to report that people were respectful of each other's opinion during the discussions if they were Independents or reported being in excellent health; participants from Oakland, San Luis Obispo, and San Diego were less likely to view their fellow participants as respectful.
- Participants were more likely to report that their views were heard and understood if they were from Los Angeles; older and Asian American participants were less likely to feel properly heard and understood.
- Participants were more likely to view the events as fair and unbiased if they were older, female, or non-white (African Americans, Latinos, and Asian Americans alike); they were less likely to see the meeting as fair and unbiased if they were more highly educated or if they participated in the meetings in Oakland or Humboldt.
- Participants felt that the viewpoints of others were reasonable even if they disagreed

with them if they were more highly educated; they were not so tolerant of others' views if they were Asian Americans, Republicans, or participated in the Oakland event.

- Participants agreed that everyone had an equal opportunity to speak if they were older, African American, Latino, or reported being in good health; they did not so agree if they participated in the Oakland or Humboldt meetings.
- Participants who agreed that the event was fun and that politics should more often be like the CaliforniaSpeaks event were older, women, African American, Latino, and took part in the Riverside meeting; they disagreed if they were more educated or participated in the San Diego, Oakland, and Humboldt meetings.
- Similarly, participants indicated their willingness to take part in an event like CaliforniaSpeaks again if they were employed, women, African American, or Latino; they were more reluctant to do so if they participated in the San Diego or Oakland events.
- This general pattern of African Americans, Latinos, and in many cases, Asian Americans, being more positive in their assessments of CaliforniaSpeaks and participants at some sites (San Diego, Oakland, and Humboldt) being more negative is also reflected in who reported changing their opinions as a result of the town hall meetings and who agreed with the votes cast at the end of the meeting.

We close by considering the question of who considered the meeting fair and unbiased in a bit more detail.

Fair and Unbiased

The multivariate analyses thus far confirm our suspicions that something interesting occurred at the Oakland and Humboldt County sites leading to large proportions of respondents viewing the meetings as unfair and biased. We also observed from our multivariate analyses that Whites and younger, more highly educated, and male participants were likelier to see the day's events as unfair and biased. To get a better sense of the source of this disaffection, we re-ran our regression models to test for the effects of three attitude items:

- Participants' pre-event levels of support for a government-run health care system;
- Participants' change in their levels of support for a government-run health care system;
- Participants' views that there was an issue important to them vis-a-vis health care reform that was not brought up and discussed during the state-wide conversations.

We alluded to the rationale for the first two items earlier -- namely, that our graduate students' participant observer notes indicated some frustration with the absence of a planned discussion on a single-payer option for health care reform in California. Here, we wanted to test for two possible ways this frustration might influence perceptions of the

fairness of the event. One way is that individuals who came to the discussions with a strong preference for a single-payer plan may have been frustrated by the day's events. The other way is that individuals who may not have come with strong views on may have been convinced that it was unfair that a single-payer plan was not discussed; if so, these individuals may be especially likely to have become more supportive of a state government-run health care plan at the end of the day than they were coming in to the event. The reasoning behind testing to see if individuals who felt that an issue that was important to them was not discussed were more likely to view the CaliforniaSpeaks event as biased is straightforward enough.

The re-specified model shows that each of these factors has a very strong and very significant effect on participants' views on the fairness of the town hall meetings:

- Participants who supported a state-run system before the event were 11 percent more likely to feel that the event was unfair than those who either opposed a state-run system or had no opinion on the matter.
- Participants who increased their support of a state-run system after the event were 14 percent more likely to view CaliforniaSpeaks as unfair compared to those whose views on this approach to health care reform remained essentially unchanged.
- Finally, participants who felt that a key issue, by their estimation, had gone undiscussed, were 18 percent more likely to object to a perceived bias in the day's events, compared to those who felt that all key issues had been addressed.

One key point to note, however, is that even though these factors help to explain why participants took this negative view of the event, they do not wash away the independent influence of having participated in Oakland or Humboldt County. Participants at the Oakland site were, holding all other factors constant, 33 percent more likely to see some bias in the town hall meetings; those from Humboldt County were 23 percent more likely to do the same. Clearly, there remains an unexplained and strong effect here that may result from some combination of factors such as, possible, table facilitators at these two sites, the political "culture" of these Northern California sites, the kind of grassroots recruitment efforts used in these sites, and so on.

SUMMARY AND CONCLUSIONS

The CaliforniaSpeaks conversations was the first ever set of face-to-face meetings at large run in parallel across eight different sites. As such, it offers a wonderful, indeed unprecedented, opportunity to examine the process and consequences of public deliberation about health care policy. The above discussion shows some of the initial results of that analysis. What we have presented so far perhaps raises as many questions as it answers, and our data are far from fully exploited and analyzed. At the same time, we have become well acquainted with an initial foray into what these rich data have to offer. In this final section, then, we review the main findings of our analysis to date and raise some issues for further investigation.

Who Deliberated?

The process of recruitment to CaliforniaSpeaks utilized random sampling techniques combined with targeted recruitment and activist mobilization. As a result, there are important dimensions on which those who participated in the CaliforniaSpeaks deliberations do not resemble the broader population of California. In demographic background, participants were older, more white, less Hispanic, better educated and somewhat wealthier than Californians in general. In political terms, participants were less likely to be Republicans, but the most striking difference is the very large proportion of participants who report being interested in politics compared to the general California public. Finally, we find no marked differences between participants and non-participants in their health care coverage.



Did the Conversations Change Any Views?

In terms of overall levels of support for various health care reform proposals the CaliforniaSpeaks conversations appear to change aggregate opinion (what “Californians” want vis-a-vis health care reform) very marginally. However, at the individual level, many participants do appear to change their views. Different groups (e.g., women, Asians, Republicans) waxed and waned in their support of the various health care coverage options. The patterns of opinion change are therefore complex. In the discussion above, we have presented some initial and preliminary findings. We intend to devote more energy to disentangling these patterns and their causes in future research.

As a general matter, participants became slightly more trusting of government and the belief that they could understand and influence the policy process after the CaliforniaSpeaks meetings. However, here too the patterns are complex. For example, women and Democrats became more likely to increase their trust in government and view government positively in other ways, while Republicans and Independents were less likely to shift in this way. Furthermore, those who evaluated the town meeting experience positively (more on this below) were more likely to become more sanguine in their views of government.

Did Participants Take Action After CaliforniaSpeaks?

One of the most striking findings from our research so far is that those who participated in the CaliforniaSpeaks town meeting were far more likely to engage in a range of political acts on the health care issue – such as contacting public officials, volunteering for organizations, signing or circulating petitions, calling in to a radio station, and contacting other media. For one of these acts – contacting public officials – it seems that many participants were asked by some third party to initiate such contact and subsequently did so. For all the other political acts we asked about some other aspect of the CaliforniaSpeaks experience – such as the people they met there, the discussions they

had, or the mere experience of attending – made them more likely to engage in the politics of health care reform.

What Did Participants Think About CaliforniaSpeaks?

By and large, participants evaluated the CaliforniaSpeaks experience very positively. The vast majority of participants thought that they became more informed, that people listened to one another with respect, they they were understood, that others were reasonable, and that everyone had opportunities to speak. More than 80% agreed that the meeting was fun and more than 90% indicated that they would like to participate in such events again if presented with such an opportunity.

On one dimension of assessment, however, there was substantial dissatisfaction. Roughly one in four participants did not think that deliberations in the CaliforniaSpeaks meeting were “fair and unbiased.” Several patterns suggest that the major reason for this negative assessment is that the single-payer option was initially excluded from the agenda of discussion. First, our participant-observers reported that this exclusion became explicit and controversial at the Oakland and Humboldt sites and participants at those sites were more likely to view the meeting as biased and unfair. Furthermore, those who supported the state-run option for health care coverage before or after the town meeting were more likely to regard the discussion as unfair and biased.

Though organizers’ rationale for excluding the single-payer option from the August 11th conversations were sensible and clearly explained to participants, a substantial minority nevertheless rejected this rationale and regarded the initial plans to exclude discussion of a single-payer option as evidence of bias.

Looking Forward

The CaliforniaSpeaks experience was unique as a political phenomenon and as a research opportunity. In future work, we will further analyze the trove of data – table transcripts, polling keypad information, and surveys of participants and comparable groups.

One goal of our research to come will be to understand the puzzling patterns that we have uncovered and discussed above. Though there are not large shifts in policy views or political attitudes across the participants generally, there are many shifts within individuals and those shifts seem to be correlated with demographic variables, prior attitudes, sites of deliberation, and deliberative experiences. We hope to understand more clearly the patterns and causes of these opinion and attitude changes.

The CaliforniaSpeaks deliberation was organized in a nested design – with one big conversation subdivided into eight site-specific deliberations, each organized into dozens of table-specific conversations. In future research, we hope to understand the patterns of opinion, attitude, and behavior across these different levels of deliberation. Through that multi-level analysis, we aim to understand the differences that particular courses of deliberation make at, say, the table or site level for phenomenon such as polarization,

improving coherence and the structure of political views, and subsequent behavior.

We also aim to conduct a more thorough analysis of the follow-up surveys to examine questions such as the stability of opinion and attitude changes over time, across sites and across demographic groups. More generally, our interrupted time series data will enable us to explore many facets of deliberation and behavior over time that have not yet been explored in the research on deliberative processes.

Finally, to enable us to pursue these further questions with rigor and precision, we have also scoured the state-of-the-art literature on statistical methodologies that enable us to account for two key sources of “non-representativeness” in the CaliforniaSpeaks data – (1) the differences between participants and non-participants and (2) non-random participation among August 11th participants in the February 2008 follow-up survey. We believe we have found an ideal statistical method for our needs – the “Generalized Endogenous Treatment” model – and look forward to reporting a more precise set of findings about the extent of opinion change and degree of political activation in response to the CaliforniaSpeaks deliberations.

ABOUT THE AUTHORS

Archon Fung is Professor of Public Policy at the Harvard Kennedy School. His research examines the impacts of civic participation, public deliberation, and transparency upon public and private governance. Recent books include *Full Disclosure: The Perils and Promise of Transparency* (Cambridge University Press, with Mary Graham and David Weil) and *Empowered Participation: Reinventing Urban Democracy* (Princeton University Press). Current projects examine democratic reform initiatives in electoral reform, urban planning, public services, ecosystem management, and transnational governance. He has authored five books, three edited collections, and over fifty articles appearing in journals including *American Political Science Review*, *Public Administration Review*, *Political Theory*, *Journal of Policy and Management*, *Environmental Management*, *American Behavioral Scientist*, *International Journal of Urban and Regional Research*, and *Boston Review*.



Taeku Lee is Professor of Political Science and Visiting Professor of Law at the University of California at Berkeley. His primary research interests are in racial and ethnic politics, public opinion and survey research methods, social movements and political behavior. He is author of *Mobilizing Public Opinion* (2002) awarded the J. David Greenstone Award and the V.O. Key Award. He is also co-editor *Transforming Politics, Transforming America* and co-author of the recently completed *Race, Immigration, and Non(Partisanship) in America*. Lee is presently co-editing the *Oxford Handbook of Racial and Ethnic Politics in the United States*, co-editing *Generating Genuine Demand for Accountability* for the World Bank, and a co-Principal Investigator of the 2008 National Asian American Survey project, the first-ever large national academic survey of Asian American politics. He is also beginning a new book, *Race, Identity, Power, and Method*, on the uses and meanings of "race" and "identity" in the social sciences.

