An innovative participatory method for newly democratic societies: The “civic groups forum” on national health insurance reform in Taiwan

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Abstract

Echoing the advocates of deliberative methods sensitive to specific socio-political contexts, we designed the “civic groups forum” method and tested it in 2003 in Taiwan. Our goals were to design a participatory method that suited newly democratic countries and to engage people in discussing national health insurance premium reform in Taiwan. This innovative forum emphasized: (1) civic groups as the participants and (2) engaging a moderate number of participants. We combined and modified the methods of the consensus conference and deliberative polling to design the civic groups forum. Comprehensible reading materials, expert lectures, expert testimony, and group discussions were provided to enhance deliberative discussion of policy issues. A total of 74 group representatives from four types of civic groups—health care provider associations, labor unions, social welfare organizations, and patient organizations—participated. We conducted a before-and-after comparison to evaluate the method, using a self-administered questionnaire to collect data on participants’ policy preferences, National Health Insurance policy literacy, comments, and socio-demographic characteristics. We also used in-depth interviews and participant observation to collect complementary information. After the forum, the social welfare and the patient organizations showed increased deliberation skills, empowerment, and confidence in policy involvement compared to the health care provider associations and the labor unions. We also found that when participants are civic group representatives, it is suitable to design an open-structured, early involvement, and participant-controlled format.

Introduction

Although researchers have emphasized the role of context in the design or implementation of deliberative participatory methods (Abelson, 2001; Abelson et al., 2007; Dobrow, Goel, & Upshur, 2004; Thurston et al., 2005), few methods are tailored to newly democratic societies with a rapid proliferation of diverse and often contested civic groups. To fill the gap, we designed an innovative method called the “civic groups forum,” which engages a moderate number of group representatives in deliberative discussion. We classified deliberative participatory methods according to the number of participants (Abelson et al., 2003; Rowe & Frewer, 2000, 2005), with “small” as 30 or fewer, “moderate” as more than 30 but fewer than 100, and “large” as 100 or more. We conducted a before-and-after comparison to empirically evaluate the effects of the civic groups forum in discussing national health insurance (NHI) reform in Taiwan. All the invited groups are used to actively voicing their opinions about NHI policies, but some have been marginalized in the policy-making process.

Taiwan’s policy-makers together with academic scholars, started engaging lay citizens in informed policy deliberations in 2002 (Chen & Wu, 2007). In the beginning, they applied various methods that were developed in advanced democratic societies, such as consensus conference (Joss & Durant, 1995), deliberative polling (Luskin, Fishkin, & Jowell, 2002), and scenario workshop (Andersen & Jæger, 1999). Around the same time, Japan and South Korea also began to promote consensus conferences in making science and technology policy. Japanese scholars held a consensus conference on gene therapy in 1998, and on information technology in 1999 (Kobayashi, 2005). Promoted and organized by a social movement organization, South Korea has initiated three national consensus conferences since 1998, on genetically modified food, human cloning, and nuclear power (Kim, 2002).

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However, public participatory methods like consensus conference and deliberative polling were shaped in a specific social-political context. They were initially developed to respond to criticisms of democratic governance—elites dominance and lack of reasoning and informed discussion among the general public—in well-developed democratic European and North American societies (Gastil & Levine, 2005). This raises questions about whether they are appropriate to other societies or should be modified to better fit the local dynamics of different countries, and if so, how. The “civic groups forum” method was born of such reflections. It aims to help strengthen democratic governance in newly democratic countries like Taiwan, where new institutional arrangements about policy-making are needed to respond to demands for participation from rapidly increasing numbers of civic groups. Examining the effects of the method can provide empirical evidence to advance our understanding of the practice of public participation. In the next sections, we explain why this forum is much needed in Taiwan, introduce the forum, evaluate the effects of the forum, and discuss the implications of our findings.

New group politics and NHI reform in Taiwan

Relationships between civic groups and the state have changed significantly in Taiwan since its democratic transition in the 1980s. Before then, an authoritarian state dictated public participation, allowing only one group for a broad scope of issues (e.g., business, labor, women) in each district. Many groups were the state’s tools for mobilizing political support. Certain groups (e.g., National Medical Association, National Labor Union) were occasionally consulted by the government (Tien, 1987). Hence a limited number of groups did learn to organize themselves and, when allowed, were able to voice their opinions and pursue their interests to a certain extent.

Since the lifting of Martial Law in 1987, the freedom to form civic groups has resumed and many advocacy groups have arisen. The total number of national civic groups increased from 1721 in 1992 to 8074 in 2007. Today, many previously dominant groups still play a major role in society but face competition from newly specialized, rival groups in the policy-making process. Not surprisingly, the state has found it difficult to decide which groups should be consulted or to explain why it invites some groups but not others.

Since 1995, Taiwan has conducted a single-payer NHI program under the jurisdiction of the Department of Health (DOH). The program continues to provide extensive health care services and has a high level of patient satisfaction, but its sustainability has become a concern since 2001 because of foreseeable financial deficits of the program in the near future that have neither generally agreed upon nor politically feasible solutions. At the organizational level, the DOH initiates the NHI Oversight Committee and the NHI Medical Fees Coordinating Committee, which include representatives of payers and health care providers, respectively. These representatives are recommended by supposedly corresponding groups, but other groups require equal participation as well. Under such circumstances, the DOH has had great difficulty in generating general agreements about NHI reform between the government and civic groups, as well as among civic groups themselves.

In summary, group politics in Taiwan after democratic transition demonstrates at least three major challenges to public participation: (1) The state needs to establish new institutional arrangements to fulfill increased demands of civic groups in the policy-making process; (2) Group politics becomes much more complicated because of the rapid proliferation of diverse and often contested civic groups, so that a policy dialogue forum covering a wide range of groups becomes even more needed than before; (3) Civic groups vary significantly not only in access to policy-making avenues but in capacity to deliberate as well. Experienced groups are often superior to newly emerging groups both in organizational capacity and in knowledge of how the government operates. Many new groups are enthusiastic about public affairs but poor in resources and trained skills. To be inclusive, a deliberative participatory method should engage both the experienced and the marginalized groups in policy discourses. It should also provide needed arrangements to help overcome the challenges of inequality in deliberative capacities among groups.

Limitations of individual participants in deliberative participatory methods

As mentioned above, when expanding reasoned policy dialogues among lay citizens during the last decade, Taiwan, together with Japan and South Korea, began with the methods that invited individual citizens. Their learned experiences echo the international literature to reveal the limitations of individual citizen-based participatory methods.

First of all, questions arise as to how much individual citizens can realistically contribute to policy-making, in light of their lack of accountability to the public as well as their “deliberative inequality.” Empirical studies show that, compared to both organized community representatives and advocate groups, individual citizens are less devoted to decision-making, more easily controlled by the inside power, and less able to translate their voices into community action (Abelson et al., 2008; White, 2000). In Taiwan, in a test run of deliberative polling, only 11.1% of 1009 citizens who filled out a pre-deliberation questionnaire were willing to attend the subsequent group meeting (Huang, 2004). This is consistent with a study which shows that randomly selected citizens are less likely than interested citizens to be willing to participate in decision-making (Abelson, Birch, Eyles, Lomas, & Veenstra, 1995). Although deliberative democracy emphasizes that lay citizens can go beyond personal interests to pursue public interests (Davies, Wetherell, Barnett, & Seymour-Smith, 2005), their lack of accountability may make their enthusiasm for public participation vulnerable to becoming relatively passive in form.

Second, citizens’ access to public occasions varies with their socioeconomic status (Young, 2003). Their capacities to comprehend technical issues and to express ideas are not equal. Lin (2006) found that, during the three consensus conferences held in Taiwan, less-educated participants spoke less often and had lower scores on topic literacy tests than did more highly educated ones. Individual participants who systematically accumulate their expertise—be it patients’ bodily knowledge (Little et al., 2002) or farmers’ familiarity with the changing environment (Wynne, 1996)—seem to absorb the substantial knowledge required for deliberative participatory methods more quickly and deeply than other citizens do.

Third, lay citizens may also feel intimidated at a deliberative meeting if there is no tradition of openly expressing opinions in the society (Kobayashi, 2005). For example, Japanese scholars argue that the behavioral norm in Japan appreciates harmonious relationships and deters people from direct conflict, particularly with government authority (Juraku, Suzuki, & Sakura, 2007; Nishizawa, 2005). Thus Japanese citizens prefer to express their opinions in a subtle, implicit, and strategic way, in sharp contrast to the Western style of deliberation, with its open and direct dissidence and even confrontation. Although no specific research on this issue has been done in Taiwan, similar situations may occur there as well.

Compared to individual participants, therefore, group representatives have advantages for deliberative participatory methods, in terms of increasing accountability, decreasing deliberative inequality, and overcoming possible cultural barriers to openly
expressing opinions. Group politics literature has long argued that civic groups play an important role in democratic governance (see Warren, 2001, pp. 60–93, for an extensive review). Group representatives have stronger motivation to fully engage with the issues concerned, and have more resources for gaining the knowledge base needed to achieve meaningful participation (Cohen & Rogers, 1995). Following these critical reflections, we found it necessary to have a deliberative participatory method with a moderate number of group representatives as the participants in Taiwan. However, among the most well-known methods developed since the 1980s in the Western democratic countries, few methods are designed for a moderate number of group representatives. Among the eight public participatory methods listed by Rowe and Frewer (2005), the majority invite individual citizens, and for those designed to have group representatives as participants, the number of participants tends to be small. Thus we designed the “civic groups forum” with a moderate number of group representatives as participants, to meet the specific need and goal in Taiwan.

The first civic groups forum

In 2001, the executive branch of the government initiated an NHI reform commission to formulate policy proposals on issues of governance structure, financial sustainability, quality of care, and public participation of the NHI. The task force on public participation consisted of scholars (including the authors) in the fields of sociology, social welfare, health economics, and public administration, and began by experimenting with the consensus conference and deliberative polling to involve lay citizens in deliberating on reform issues.

We later combined and modified these two methods to develop the civic groups forum. Although the consensus conference has been highly acclaimed as maximizing deliberation, its small number of participants did not fit in with our design. Thus we mainly adopted the procedures of deliberative polling to set policy options, exchange information, and practice informed discussion through both group discussions and expert panels. At the end of the forum, although we followed the deliberative polling method of gathering a structured aggregation of opinions by having participants choose special options and fill out a questionnaire, we also used an aspect of consensus conference by having each discussion group offer its qualitative rationale for each policy option. Thus we gathered both individual and group levels of information for policy options. To make group conclusions meaningful and representative, we assigned the same types of civic organization to the same discussion groups to help achieve intra-group consensus.

The first forum was held in 2003 with three purposes: (1) seeking informed opinions of civic groups on decision options about NHI premium reform in Taiwan, (2) stimulating deliberative discussion among civic groups that are active in formal and/or informal NHI policy terrains, and (3) evaluating the effects of the forum. Together with our research team, we conducted the forum and did our best to ensure its competence and impartiality. The NHI Bureau sponsored the forum and provided administrative resources.

Participants’ invitation criteria

All the forum’s participants were group representatives. To be inclusive, we invited four types of source groups that are highly relevant to NHI policies and have different policy preferences in Taiwan: (1) health care provider associations, (2) labor unions, (3) social welfare organizations, and (4) patient organizations. Within these four types, we chose specific groups that had voiced their opinions on NHI issues. We paid particular attention to groups that were seldom formally involved in policy-making but that had expressed their ideas through different channels, such as by presenting commentaries in the media. We required each group to have no more than two members attend the forum, and asked that each participant fully understand the policy positions of his or her source group on NHI reform. Almost all groups accepted the invitation. This resulted in 74 group representatives from 54 civic groups—15 health care provider associations, 15 labor unions, 11 social welfare organizations, and 13 patient organizations.

Agenda-setting

Premium reform was a main issue in financial sustainability, and the government sought the reasoned opinions of active groups about this issue. We thus set NHI premium reform as the agenda of the forum. Two major issues were discussed: (1) the basis on which the premiums should be calculated, called “the base issue,” and (2) how to allocate the financial burden of premiums among stakeholders, called “the allocation issue.” Each issue was framed in the form of three policy questions with corresponding decision options (see the notes to Table 1). Participants were required to reveal their preferences about the decision options by answering the six policy questions.

<table>
<thead>
<tr>
<th>Policy questions</th>
<th>Source groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health care provider associations</td>
<td>Labor unions</td>
</tr>
<tr>
<td>1</td>
<td>C: taxable salaries with revisions</td>
</tr>
<tr>
<td>2</td>
<td>C: both upper and lower limits</td>
</tr>
<tr>
<td>3</td>
<td>C: no conclusion</td>
</tr>
<tr>
<td>4</td>
<td>M: use a formula</td>
</tr>
<tr>
<td>5</td>
<td>M: health care expenditures per capita</td>
</tr>
<tr>
<td>6</td>
<td>C: salary expenses</td>
</tr>
</tbody>
</table>

C = consensual conclusion; M = majority conclusion.
Policy questions 1–3 cover “the base issue” (the basis on which premiums should be calculated); questions 4–6 cover “the allocation issue” (how to allocate the financial burden of premiums among stakeholders):
1. Should premiums be calculated according to (1) taxable salaries of the insured, or (2) total incomes of the insured?
2. Should an upper and/or a lower limit on premiums be required?
3. Should premiums be measured (1) per capita, (2) per household, or (3) per capita and per household?
4. Should the total financial burden be (1) shared equally among the insured, the employers, and the government or (2) vary among them using a formula?
5. Assuming the government’s share is determined using a formula, which of the following indicators do you most prefer: (1) growth of per capita health care expenditures, (2) revenues from taxes, (3) 50% GDP growth + 50% growth of per capita health care expenditures, or (4) growth of government expenditures?
6. Should employers’ share be based on (1) sale benefits, or (2) salary expenses of business?
Informed discussion

To be sure that all participants were well informed, we provided them with comprehensive reading materials that introduced the NHI in Taiwan, gave background knowledge on the two issues, and outlined the advantages and disadvantages of the decision options posed by each of the six policy questions. We delivered the materials to them two weeks before the forum. We also prepared a summary for convenient use.

The forum lasted two days. The first day began with an ice-breaking activity to promote interaction among participants. This was followed by a presentation about deliberative participatory methods to encourage open and rational discussion. Next, an expert lectured on the base issue, introducing the problems of current NHI premium schemes and comparing the decision options.

Participants were then divided by type of source group for group discussion. Each of the four groups had an experienced moderator, and we ourselves served in this capacity in two of the groups. Participants discussed policy questions and collected concerns that would be raised later at the expert testimony, which consisted of three scholars with different viewpoints on the base issue. The forum organizers chose the experts, who sought a dialogue with, as well as among, participants. Each of the four groups then resumed group discussion to make its concluding report.

On the second day, the same process—expert presentation, group discussion, expert testimony, and further group discussion—took place for the allocation issue. At the end of the forum, each group reported its preferences on the decision options and provided its rationales.

Group conclusions

We used two methods to collect information about participants' conclusions. One method, modified from consensus conferences, required each of the four source groups to present its conclusions about the decision options by policy question and classify them according to the number of participants who supported them: (1) "consensual conclusion" if supported unanimously, (2) "majority conclusion" if supported by a majority, and (3) "minority conclusion" if supported by a minority. The other method, used in deliberative polling, had each participant fill out a (self-administered) questionnaire revealing his or her preferences about the decision options at the end of the forum. These two methods allowed us to compare the viewpoints of the four source groups across concluding reports and aggregated opinions from the questionnaires.

As Table 1 shows, we found three general patterns among the results of the concluding reports. First, there was no consensus among the four source groups on any of the six policy questions. For example, the health care providers preferred that premiums be calculated according to taxable salaries of the insured, whereas the social welfare groups preferred that the calculation be based on total income. And although the social welfare and the patient organizations had similar policy preferences in several cases, the provider associations and the labor unions tended to reach conclusions different from each other. Second, it was not easy to reach consensus even within each source group. Only half of the group conclusions were unanimous within the group, the other half being majority conclusions. Third, even though a multiple-choice format of decision options was provided to each source group, the groups would choose an option after revising it, develop a new one, support one only with prerequisites, or insist on suspending judgment until more information was offered.

Moreover, we found differences between the results from the concluding reports and the post-forum survey among the labor unions. When asked, "Should the total financial burden be (1) shared equally among the insured, the employers, and the government, or (2) vary among them using a formula?" they reached a consensual conclusion for the first option, but two participants chose the second in the post-survey. Moreover, when asked, "Should employers' share be based on (1) sale benefits, or (2) salary expenses of business?" they made a majority conclusion for "up to one third of the total costs of the firm," but six participants—a majority—chose the second in the post-survey. Group dynamics may account for the differences observed; further research is needed.

The methods of evaluation

To evaluate the forum, we integrated the frameworks offered by various researchers (Abelson et al., 2003; Abelson & Gauvin, 2006; Beierle, 1999; Rowe & Frewer, 2000; Smith, Nell, & Prystupa, 1997; Webler, 1995) and looked at both processes and outcomes. As Abelson and Gauvin (2006) rightly point out, the evaluation criteria depend on who defines success and what perspectives are prioritized. Rather than pursuing a universal feature for this method, we emphasized the social-political context of Taiwan for evaluation. Since this method is mainly designed for expanding and improving the participation of civic groups in newly democratic societies, our evaluation focuses on (1) process criteria by representation and quality of deliberation, and (2) outcome criteria by knowledge and policy preference change, empowerment, and perceived impacts, mainly from participants' perspectives.

Both before-and-after the forum, we used a self-administered questionnaire to collect data on participants' policy preferences, NHI policy literacy, comments on the forum, and socio-demographic characteristics. We collected a total of 69 pretests and 53 posttests, with 51 participants completing both, for response rates of 97.2%, 74.6%, and 71.8%, respectively. According to the pretest, participants were evenly distributed by gender (34 males, 49.3%; 35 females, 50.7%), and most (56, 81.2%) were educated at or above the college level. Data were coded, keyed in, and stored using Excel. In addition to descriptive statistics, we made before-and-after comparisons using the Wilcoxon matched-pairs signed-ranks test in count data and paired t test in continuous outcomes. The significance level was 0.05. We conducted statistical analyses using Stata 7.0.

We also used in-depth interviews and participant observation to collect complementary information. After-forum interviews were conducted with 20 participants to understand their experiences in and reflections on the deliberations. They were chosen to represent variations in participation. All the interviews were recorded and transcribed.

Most research institutions in Taiwan, including the institutions with which the authors are affiliated, do not have IRBs for social science studies yet, hence, we utilized the protocol of the Common Rule of the U.S Office for Human Research Protections of HHS as a model of international research ethics. As the project involved surveys and interviews, the participants' identities were anonymously coded, and the data analyzed did not involve information that could place participants at risk of any criminal or civil liability or damage their financial standing, employability or reputation. It fell within the category that exempted from IRB review according to the Common Rule (45 CFR 46.101(b)(2) exemption from 45 CFR part 46 requirements). Despite this exemption, we informed all participants the purpose and the procedures of the research and the statement of confidentiality before we conducted surveys and interviews.
Evaluating the civic groups forum

Representation

Researchers (Rowe & Frewer, 2000; Webler, 1995) have argued that how participants represent an affected population is the foremost criterion for evaluating a participatory method. Although we did not have a population-based random sample, we recruited a reasonably large number of participants with diversity in issue positions and participation experiences to represent the broad range of civic groups that are active about NHI policy in Taiwan. This helped increase the representation of the forum, reaching the goal of expanding participation from marginalized civic groups.

Participants were asked which official meetings about NHI their source groups had ever attended. Table 2 lists these meetings from high to low, according to the likelihood that a NHI policy decision can be made there. As Table 2 shows, there were large variations in attendance among the four types of source groups. For example, all the health care provider associations and the labor unions had attended all the types of meetings about which we asked, whereas a large proportion of the social welfare organizations and the patient organizations had not. Also, the percentage of groups that had attended NHI meetings was highest for the provider associations across all types of meetings except public hearings. However, groups of all four types were more likely to participate in NHI open-to-the-public meetings than in the NIH committee and closed-door meetings, where policy decisions are more likely to actually be made.

Participants were also asked how their source groups spoke up about NHI policy. The result shows that the provider associations and the labor unions were more likely than the social welfare and the patient organizations to use the various ways listed to voice their opinions. The labor unions tended to take vigorous action, such as sit-ins or street demonstrations. Only seldom did the social welfare and patient organizations contact NHI officials, seek key persons to affect policy, call for a press conference, comment through the media, or participate in demonstrations. Attending seminars or public hearings was the method used most often by all four types of group.

By including a sizeable sample of groups, the design of the civic groups forum helps remedy the limitations of formal participation, which cannot include a broad representation of the public affected by a given policy decision. Thus a method such as the civic groups forum could help enhance the participatory capacities of Taiwanese civil society.

Deliberation

We assessed the degree of deliberation involved in the 2003 civic groups forum in terms of information usefulness from the participants’ points of view (Rowe & Frewer, 2005). According to the posttest, nearly 90% of participants acknowledged that the lectures and group discussions offered them “very helpful” or “helpful” information about the NHI, and 90% rated the materials “very easy to read” or “easy to read.” A deliberative method is also required to have useful and well-accepted mechanisms to help participants’ reason, exchange viewpoints, and reach conclusions. We thus had moderators to facilitate deliberations in-group discussion. The survey showed that more than three-fourths of respondents had one or more chances to speak up in group discussion, an indicator that this method helps promote a free exchange of ideas.

Whether a forum is implemented independently is associated with participants’ belief in its effective information exchange. Approximately, 70% of participants agreed that the reading materials and expert lectures were “very objective” or “objective.” More than 95% stated that moderators were “very neutral” or “neutral” in facilitating group discussions. But many participants of labor unions viewed the independence of the forum as highly suspect: half of them thought that the reading materials and expert lectures were “biased.” Previous studies have found that labor unions tend not to trust the government in Taiwan (Fan, 2000). Thus it is not surprising that participants from labor unions doubt the neutrality of a forum sponsored by a governmental agency.

Knowledge and policy preference change

Knowledge and policy preference change are important outcome criteria to assess the effects of participatory methods (Abelson & Gauvin, 2006; Luskin et al., 2002). We used 10 multiple-choice questions to compare participants’ literacy levels about NHI policy before and after the forum (this was part of the self-administered questionnaire mentioned earlier). Each question weighed 1 point. Perhaps not surprisingly, the health care provider associations had the highest average NHI policy literacy level before and after the forum. Using the paired t test, we found that the overall average literacy level of representatives of all four types of source groups increased significantly, from 6.4 points before the forum to 7.8 points after it (p < 0.0001). We also found a significant increase in the average NHI literacy of participants from each of the four groups, especially the patient groups (from 5.2 to 7.0, p = 0.001) and the social welfare organizations (from 5.9 to 7.7, p = 0.04).

For policy preference changes, we used an ordinal scale to measure participants’ preferences toward each of the decision options before and after the forum. We found that (1) participants from the social welfare organizations were more likely in the posttest to support calculating the premiums according to the total incomes of the insured (p = 0.048); (2) participants from the patient organizations were more likely in the posttest to support both setting a lower limit on premiums (p = 0.027) and using a formula to determine the allocation of financial burdens among the insured, the employers, and the government (p = 0.025); (3) there were no statistically significant changes in policy preferences among participants from the providers associations or the labor unions. These results may imply that deliberation has a greater

Table 2

The 2003 “civic groups forum” participants’ reports of their source groups’ prior attendance at official meetings about national health insurance (NHI) in Taiwan.

<table>
<thead>
<tr>
<th>Official meetings</th>
<th>Participants N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Health care provider (N − 21)</td>
</tr>
<tr>
<td>NHI committees (high)</td>
<td></td>
</tr>
<tr>
<td>Oversight committee</td>
<td>7 (33.3)</td>
</tr>
<tr>
<td>Medical fees coordinating committee</td>
<td>12 (57.1)</td>
</tr>
<tr>
<td>Global budgeting committee</td>
<td>14 (66.7)</td>
</tr>
<tr>
<td>NHI closed-door negotiation meetings (medium)</td>
<td></td>
</tr>
<tr>
<td>Fees schedule meeting</td>
<td>12 (57.1)</td>
</tr>
<tr>
<td>Pharmaceutical price meeting</td>
<td>15 (71.4)</td>
</tr>
<tr>
<td>NHI open-to-the-public meetings (low)</td>
<td></td>
</tr>
<tr>
<td>Public hearing</td>
<td>16 (76.2)</td>
</tr>
<tr>
<td>Workshop</td>
<td>19 (90.5)</td>
</tr>
<tr>
<td>None of the above</td>
<td>0 (0.0)</td>
</tr>
</tbody>
</table>

Note: The three categories of meetings, from high to low, indicate the level of likelihood that an NHI policy decision can be made in that type of meeting.
potential to lead to policy preference changes among members of civic groups that are less likely to already be actively involved in policy-making at NHI meetings than among members of groups more likely to already be involved.

**Empowerment**

We measured empowerment from the perspectives of political efficacy and solidarity enhancement. Political efficacy consisted of external efficacy and internal efficacy in the questionnaire. We found no change in participants' attitudes about external efficacy after the forum, except that the belief that “in the field of health insurance policies, the government administrators are very concerned with the opinions of the general public” increased from 14.5% to 26.4% ($p = 0.018$), which is still fairly low. On internal efficacy, participants tended to believe that “their opinions are valuable and worth government consideration.” For example, around 80% of respondents agreed or strongly agreed that “the state should take their opinions of NHI into serious consideration.” This level of internal efficacy did not change after the forum, possibly because its high score left almost no room for an incremental increase.

Despite no significant change in political efficacy among participants as a whole, we found that those from the patient organizations who agreed that “the general public does not have influence on NHI policy-making” decreased from nearly 80% before the forum to 31% after it ($p = 0.0288$). This may imply that when patient organizations have an opportunity to participate in public deliberations such as the civic groups forum, their confidence about the impact of civic groups on NHI policy is strengthened.

As to solidarity, in general participants agreed that the “civic groups forum helps enhance the solidarity of group members.” A total of 90% agreed that “final reports reflect opinions of group members as a whole,” and 70% felt a sense of we-as-a-community in the forum. However, one third of participants from the health care provider associations did not consider that they could trust each other and felt no sense of community among themselves in the deliberative process. This seems to suggest that participants from a type of civic group that has many ways to participate tend to underestimate the importance of alliance with other groups. Therefore, solidarity with minority groups in the context of the civic groups forum may not interest the provider associations.

**Perceived impacts of decision-making**

Rowe and Frewer (2000, p. 14) have argued that participation methods “often have been perceived as ineffectual, simply being used to legitimate decisions or to give an appearance of consultation without there being any intent of acting on recommendation” (also see Beierle, 1999). Although high-ranking officers of the DOH announced publicly at the 2003 forum that they would seriously consider group conclusions when making related decisions, the mechanism that could turn participants’ voices into policy decisions is not yet institutionalized in Taiwan. Indeed, from the outset of the forum, many participants wondered whether or not their conclusions would have a substantial impact on policy decisions. Some even openly questioned the purpose of the forum. For example, one patient-group participant said:

In the past, when the Department of Health invited us for a negotiation meeting, they only informed us two days before the meeting. How could we prepare well? In the end, I felt that we were invited only to endorse their conclusion. The agenda had been set before the discussion.

[Interviewer: How about the civic groups forum? Is it different from what you experienced before?]

It is different in the sense that the organizer [NHI] is different. However, I suspect that all the conclusions were already made before our participation. They invited so many groups to endorse their policy.

A labor-union group participant doubted the purposes of the forum as well:

The most dissatisfying part for me is choosing among policy options. They are framed rigidly, and we were allowed to choose only one of two options. This made me feel that we were only invited to endorse the government’s policy.

Despite such concerns, more than 90% of the participants in our survey believed that “this forum will help increase the transparency and democratic participation of governmental decisions.” And 95% showed a willingness to attend such a forum again.

**Discussion**

In response to the limitations of individual citizen-based participatory methods and also to the need for institutional arrangements to meet demands of participation from rapidly increasing numbers of civic groups, we developed and implemented this innovative “civic groups forum” method and found important empirical evidence about involving a moderate number of group representatives in deliberating on NHI reform in Taiwan.

Few participatory methods have enrolled a moderate or large number of group representatives as participants. Civic groups may already have diverse institutionalized mechanisms for contributing to policy-making in advanced democratic societies (Church, Sanders, Wanke, Pong, & Spooner, 2002). But this is not the case in newly democratic societies like Taiwan. Incorporating a sufficient number of groups into informed policy deliberations, especially the marginalized, could obviate the limits of formal participation, which often fail to encompass a truly representative sample of the many sectors of the public affected by a given policy. Moreover, European scholars have recently begun to challenge the bias toward invited participation in mainstream scientific governance (Irwin, 2006; Wynne, 2007), arguing that it neglects uninvited engagement, such as that of social movements and activists, in medical and techno-scientific issues. This implies that the improvement of civic engagement through organized citizens should be as important as through individual laypeople.

Our comparative evaluation shows that the civic groups forum may improve representation. Social welfare and patient groups—the sectors of the public most affected by NHI policies—have long been marginal to formal decision-making processes in Taiwan. The very act of inviting them into the 2003 civic groups forum on NHI reform helped close the gap to some extent. In addition, after the forum the social welfare organizations and the patient groups showed greater improvements than the provider associations and the labor unions in deliberative skills, empowerment, and confidence in policy involvement. This demonstrates that the method may provide valuable resources to neglected stakeholders and increase their ability to participate in policy-making.

Researchers have argued that resource accessibility and structural decision-making are important for informed public participation (Abelson et al., 2003; Rowe & Frewer, 2000). In Taiwan, many groups are no better informed than lay citizens in terms of relevant knowledge and access to policy information. In the 2003 forum, we provided participants with comprehensible materials, group discussions, lectures, and expert testimony to facilitate policy deliberation. The significant increase in NHI policy literacy found
across all source groups after the forum shows the effectiveness of these informative arrangements, a result that was also found in another study (Chen & Deng, 2007). Moreover, the increases in NHI policy literacy level were greater in formerly less-informed groups. We are aware that the traditional scientific literacy survey has been criticized for assuming the deficiency of lay citizens and adopting a one-way, top-down communication process (Wynne, 1996; cf. Foureze, 1997). However, according to our survey, participants did recognize the usefulness of the provided information, and their increased literacy scores at least partly support its intended effects. Our evaluation reveals three weaknesses of the forum. First, participants were not satisfied with experts. As Abelson et al. (2003, p. 244) have indicated, to evaluate deliberative procedures it is important to ask whether “participants have the opportunity to challenge the information presented.” However, most labor-union participants and a few patient-group participants cast doubts on “phantom participation.” In addition, more than half the participants complained that the experts failed to answer questions sufficiently. This may be attributed to time constraints—90 min only—in the expert testimony. More importantly, group representatives may request more active interactions with experts. Our interviews found that many participants prefer two-way information exchange: they are less likely to be satisfied with top-down discourses. Experts need to have better communication skills and be open to participants’ responses.

Second, participants were very reluctant to be constrained in the dialogue process. Our interviews found that many participants complained about predetermined decision options, partly because the design seriously limited their creative thinking, and partly because they felt they were simply being asked to rubber-stamp the predetermined options. Some participants even dared to not follow the instructions of the forum method. As active, experienced citizens, group representatives may favor “early involvement” (Rowe & Brewer, 2000, p. 14) and “citizen control” (Abelson et al., 2003, p. 245). This may suggest the need to engage civic groups at earlier stages of policy-making, enabling them to express their views about major concerns, and also about preferred or possibly acceptable solutions for given policy questions. Doing so may require additional resources and support. Third, and more obviously, participants of different types of source groups did not have much opportunity to deliberate together, except in the final discussion section. When designing the forum, we focused on facilitating intra-group discussion and felt hesitant to construct groups for discussion made up of participants whose policy positions are often polarized (e.g., labor unions and provider associations). Premium reform inevitably involves many difficult policy decisions about redistribution of benefits and burdens. When experimenting with the forum for the first time, we decided to play it safe. Group discussion with heterogeneous participants is a real test of the value of deliberative public participation methods, and in the interviews we conducted later, participants from patient groups and welfare organizations did often mention their interest in interacting and debating with providers groups. We thus highly recommend incorporating the inter-group form of discussion into use of the forum in the future.

Conclusion

We developed the “civic groups forum” method to respond to specific social-political contextual factors that occur in newly democratic societies like Taiwan. We experimented with the method to involve a moderate number of active civic groups, including both the experienced and marginalized, in debating policy questions about NHI reform in Taiwan. Our before-and-after comparison found that this method may enhance representation, strengthen informed deliberation, and empower the participants, especially among the marginalized, such as patient organizations and social welfare organizations. We also found that when participants are experienced citizens like group representatives, it may be better to enroll them in earlier stages of policy-making and increase their control over the agenda. Our evaluative results provide important empirical evidence that can help us understand the practice of public participation in newly democratic societies—and also stimulate more discussion on deliberative participatory methods.

NHI reform was badly undermined by the executive-legislative conflicts in Taiwan between 2003 and 2008. After 2003, several NHI reform proposals were undertaken that the DOH had the power to unilaterally decide, but none was about premium reform. In fact in Taiwan, there is a lack of systematic evaluation to trace the effects of conclusions made in the policy consultation process, including by various deliberative participatory methods, on further government decisions. However, the DOH did pay a certain amount attention to the “civic groups forum” method: it sponsored use of the forum method for discussion on vaccination against genital human papillomavirus (HPV) in 2008, and on imported beef from the United States in 2009. Because of budget constraints and limited time for preparation, both forums were held within one day. Thus the suggestions that we made to improve the forum method have not yet been tested. Still, we suggest that only by continuing to modify and experiment with deliberative methods can we clarify the mechanisms that will facilitate public participation for newly democratic countries. We hope our experiment will stimulate more discussion on deliberative methods in societies other than advanced democratic countries.

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