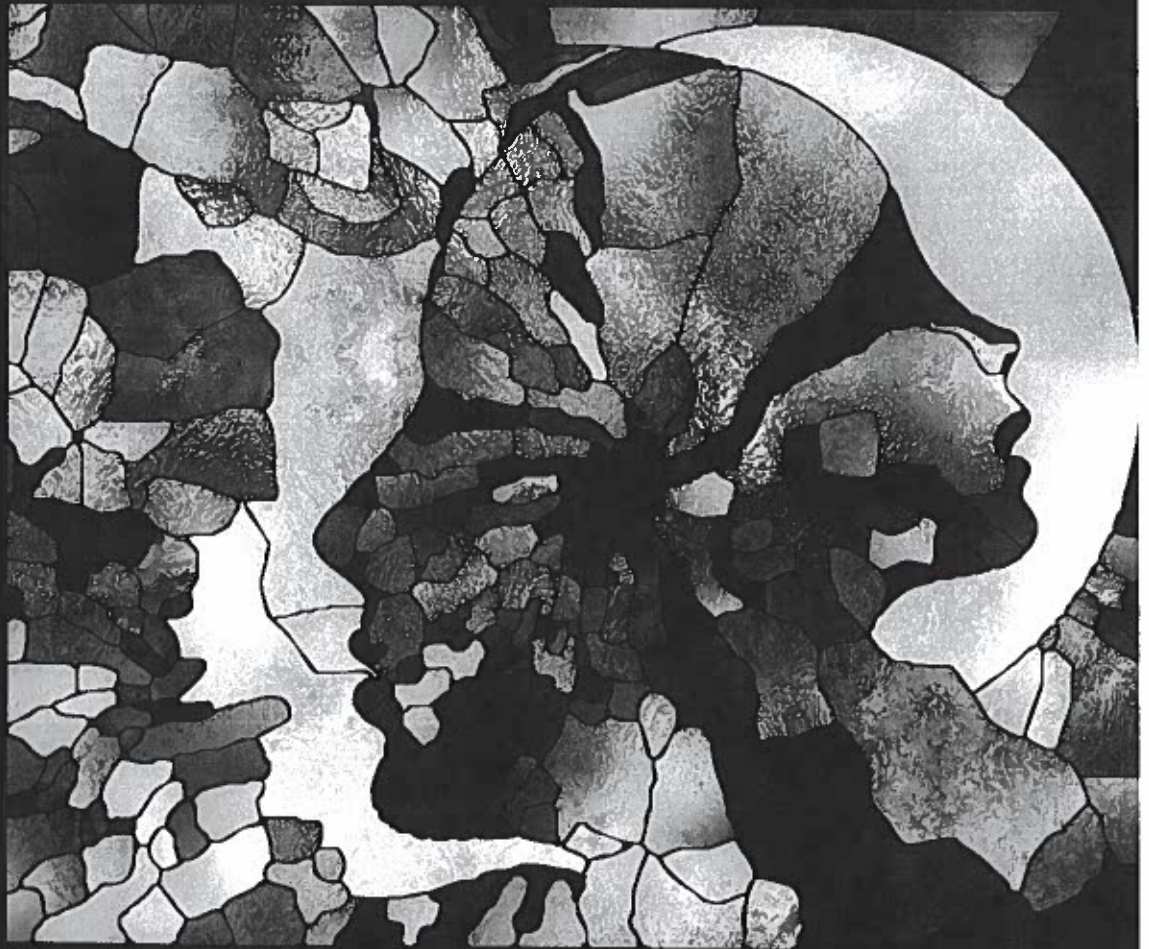


# Research Methods in Health Humanities

*Edited by* Craig M. Klugman and Erin Gentry Lamb



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CRAIG M. KLUGMAN  
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## Community Dialogues

Peggy L. Determeyer and Jerome W. Crowder

### Learning Objectives

After reading this chapter, readers will be able to:

1. Define community dialogues and identify appropriate uses.
2. Apply the steps to conduct community dialogues.
3. Analyze the benefits and limitations in using community dialogues for health humanities research.

### Introduction

One of the challenges of human subjects' research is to avoid falling into the trap of using populations to obtain information without researchers providing any tangible benefits to the community in exchange. Co-author Crowder has seen numerous doctoral dissertation studies performed in a major metropolitan area providing evidence of community needs, but these studies' findings were rarely followed-up due to a lack of resources, time, or interest. When this happens, extensive studies become nothing more than documents that gather dust on shelves, and the communities that participated become disillusioned with researchers who promise help, knowledge, or funds but never carry through. *Community dialogues*, a research method that can benefit both researchers and participants, help to avoid this conundrum.

Community dialogues are a method of active information exchange between researchers and participants over time, engaging participants in conversation informed by assigned pre-meeting readings and culminating in values that can be communicated to others. Research becomes a two-way street: researchers and participants both gather information. Researchers collect data about community values and beliefs on a topic. Participants acquire knowledge about the topic to

educate their community and serve as a catalyst for further conversation and social change.

An Agency for Healthcare Research and Quality (AHRQ) study used community dialogues to determine whether this was a good method for educating community members on Patient-Centered Outcomes Research (PCOR) and Comparative Effectiveness Research (CER). Participants from four different community groups participated in dialogues for a total of seven weeks.<sup>1</sup> We use this experience to illustrate the discussions in this chapter as a means of reinforcing the ways in which community dialogues can be used to conduct research in the health humanities.

### Overview of Community Dialogues in Health Humanities

One of the challenges of obtaining good empirical research when examining public perspectives on health policy and practice is ensuring that respondents understand the definition or content of the topic being discussed. Researchers want participants to be informed enough that they can provide meaningful information about their views on the subject. For example, a poll by the *New York Times* demonstrated the lack of public understanding of the Affordable Care Act (ACA): many respondents who disliked “Obamacare” were in favor of the “ACA.” One-third of respondents did not know that the two programs were the same thing (Dropp and Nyhan 2017). In this case, gathering good data about public perceptions of the Affordable Care Act would be challenging since the respondents may not know what it is. The advantage of community dialogues is that participants learn about the topic, which allows them to form or expand their understanding. Thus, when respondents express their views, there is a greater likelihood that the questions are understood and researchers can be more confident in the quality of the data. Another benefit is that participants are empowered to take the information back to their communities. As an example, in the dialogues that we conducted, one of the participants concluded that a community need was for members of her church to know more about the changes that occur when people reach the age of 65; she prepared a booklet to identify the “need to know” items for her community. Another participant who was an assistant manager of a senior apartment complex recognized the need for residents to identify medical decision-makers, and she sponsored a dinner for residents and their families to complete documentation about emergency contacts and healthcare decision-making. There are a variety of issues in the health humanities that are being researched that would benefit from two-way exchanges, with researchers understanding values while participants benefit from gaining information and having a stronger basis for expressing their own opinions on various health matters.

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## Dialogues in Health Humanities

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Community dialogues are an outgrowth of the *deliberative democracy move-  
ment*, in which groups of people gather together to share perspectives regarding  
an issue in an open forum. Features for deliberative democracy encounters vary,  
including participant selection, number of members, and meeting frequency.<sup>2</sup>  
Common components include providing information about the issue under  
consideration with opportunities for open discussion of all sides of an issue prior  
to making a recommendation for action (Fleck 2009). The deliberation pro-  
cess enables a topic to be explored in detail, expressing the community's values,  
identifying various perspectives, and making policy recommendations. Since  
the participants learn about the topic(s) as the discussions proceed, the quality of  
shared information is enhanced.

Community dialogues build on this idea: in addition to providing a space  
for discussion of a topic and of participants' values, researchers gather qualita-  
tive information from which to analyze community perspectives on an issue.  
Qualitative information includes people's thoughts, ideas, and opinions told  
in their own words. Researchers examine the dialogues for concepts, themes,  
and values. Community dialogues differ from standard focus groups, which  
gather a group of 8–12 people and ask about their already-existing opinions on  
a single topic at a particular point in time. Following the deliberative democracy  
model in community dialogues, the topics are more complex, and participants  
meet for a period of several weeks (in our case, five weeks of data collection/  
discussion meetings) to discuss various aspects of the topic. Researchers pro-  
vide participants with educational materials (such as readings, videos, and  
podcasts) to serve as a foundation for the discussions. The actual community  
meetings are a meaningful give-and-take where participants share their personal  
understanding of concepts and policies, explore how these affect their commu-  
nity, and learn from one another. Instead of gleaning a single data point on the  
participants' views, the researchers are able to understand the continuum of how  
views are derived and how they might change through discussion with others.  
Observing the dialogue between participants also allows the researchers to note  
the forms of interaction and to identify the important points that are raised.  
Recording the proceedings supports post-dialogue data analysis.

Community dialogues are a particularly useful methodology for researchers  
who want to gather data from a group whose own background and under-  
standing of the topic of interest may be limited, thus avoiding the confusion cited  
in the opening of the chapter where survey respondents did not understand the  
terminology being used. The longitudinal process allows participants to think  
about the issues over time, change their minds, and become clearer about how  
they feel, especially when contrasted with their neighbors' positions on the same  
topic. Each of the participants acquires new knowledge, and the researchers have  
a better understanding of the range of data that is and is not understood in the

responses. For the former, the observers will see the direction of the discussions and can even ask questions if they arise. The important element of community dialogues is the relational nature of the conversations. Participants use the materials to enhance their own understanding of a particular issue and then discuss and exchange perspectives with others. The method embraces reciprocity between the researchers and the subjects, helping one to learn about a community and topic while assisting the other in efforts to fulfill community needs toward social justice.

### Community Dialogues as a Research Method

Community dialogues are relatively easy to implement. This chapter discusses the 10 main steps in undertaking this sort of project.

1. Determine the parameters for the dialogues, including the topic, participant demographics, timing, and location.
2. Apply for Institutional Review Board (IRB) approval.
3. Identify, invite, and meet with community group participants.
4. Develop curriculum/syllabus and gather all materials.
5. Engage group leadership to select a facilitator, recruit participants, establish meeting calendar, and distribute syllabus and reading materials.
6. Attend weekly dialogue sessions to observe and audio record discussions (Weeks 1 through 5).
7. Assist group to review values identified during the discussions (Week 6).
8. Meet with group to review final report; elicit testimony on learning from dialogue process (Week 7).
9. Assist with report dissemination: publish on web, distribute to community through participants.
10. Analyze data.

#### Step 1. Determine the Parameters

The first step in holding dialogues is to determine the overall parameters, including the topic, the participant demographics, length of time needed to discuss the topic being studied, and location. Typically, four to six weeks should be targeted for discussion, one more week to identify the core values and another week to finalize the written report/summary of the group's values. Building on the summary that was provided earlier in the chapter, the schedule is shown in Table 14.1.

Table 14.1 Summary of activities by week

Week(s)	Activity	Preparation
1	Introductions with facilitator and participants	Facilitator meets with researchers to review
	Make tent cards with names	Participants review materials
	Ask participants to complete pre-dialogue questionnaire, if needed	
	Discuss topic/materials assigned for the week	
2-5	Researchers attend, record session, and take notes	
	After the meeting, researchers summarize values in preparation for Week 6 and discuss progress.	
	Review previous week's discussions and answer any questions	Facilitator meets with researchers to review
	Discuss topic/materials assigned for the week	Participants review materials
6	Researchers attend, record session, and take notes	
	After the meeting, researchers summarize values in preparation for Week 6 and discuss progress.	
	Review and rank the values	Provide values list to facilitator for review
7	Add any other values identified by participants	Provide values list to participants
	Review the participants' draft report	Researchers prepare draft report using value rankings prepared during Week 6
	Elicit qualitative comments regarding experiences with dialogues	
	Have participants complete post-dialogue questionnaire, if being used	

If more than four to six weeks is needed for the discussion element of the dialogues, it is probably better to break the topic into two separate sessions. In each of the Community Dialogues held in Galveston (Texas), five weeks of discussions culminated in a sixth week, when the group considered all of the values identified and discussed in the preceding weeks and ranked them according to importance (highest priority, middle priority, low priority, or no importance). This work became the basis for the group's final report, which was

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made available to community members and leaders with the prioritization of the various topics that were discussed in the dialogues.

In regards to length of meeting, two to three hours should be allocated for each discussion section. For one topic, PCOR and CER, each session was two hours long. For another topic with a different community group, Mental Health and Seniors, the participants asked the researchers to include a short presentation by an expert on that week's topic, so those sessions were three hours each. If the meeting extends beyond two hours, practical matters such as providing refreshments and break times need to be considered so that the participants' energy does not wane during the session. If a topic is too complex to be covered completely in four to six weeks, consider breaking down the topic into multiple dialogues. If a topic is too complex to be covered in two or three hours during the five-week discussion period, the topic should also be broken down further or simplified.

### Step 2. Apply for Institutional Review Board Approval

As others have noted in this text, any time that human subjects are used in a research project, IRB approval is needed. Since community dialogues are not as well-known as other research methods, the IRB members may need some education on the process. Prepare a primer for them on what makes community dialogues different from other types of qualitative research (e.g., focus groups, structured interviews, observation, or questionnaires). The primer should include a summary of what dialogues are as well as explanation of the process such as is shown in Table 14.1. Remember that community dialogue participants will need to sign two copies of a release (informed consent) to participate: one copy that they can keep and one for the project records. Participants may also need to sign a consent to record, which should specify the extent to which recording devices will be used. For the Galveston dialogues, the IRB allowed us to integrate this into the primary consent so that a separate document was not required. We specified that audio recordings were for research purposes only, not for release to the general public.

### Step 3. Identify and Invite the Community Group

Once the research parameters are defined, identify potential participants. Depending on the demographics that are desired from the study, contacting specific community groups may be useful. As an example, in the Galveston dialogues, we wanted representation (though not proportional) from white,

leaders with the prioritization of the dialogues.

Three hours should be allocated for PCOR and CER, each session was two hours for each community group, Mental Health researchers to include a short presentation, those sessions were three hours each.

Practical matters such as providing transportation should be considered so that the participants' entrance to a topic is too complex to be covered in one session. Breaking down the topic into multiple sessions covered in two or three hours during the dialogues should also be broken down further.

### Review Board Approval

When human subjects are used in a research project, community dialogues are not as simple as some IRB members may need some education on what makes community dialogues different from qualitative research (e.g., focus groups, interviews, questionnaires). The primer should include an explanation of the process such as how to obtain informed consent from community dialogue participants will need to be obtained (one copy of the informed consent records). Participants may also need to specify the extent to which recording of the dialogues, the IRB allowed us to integrate the research data document was not required. We used the research for research purposes only, not for release to

### Identifying the Community Group

To identify potential participants, we first identified those desired from the study, contacting community groups. As an example, in the Galveston area, we sought (though not proportional) from white,

African American, and Latino groups. We contacted a number of different groups and had mixed response rates. In our case, the terms of the grant required that the population be older than 65 years of age. While the parameters did not require proportional demographic representation, we desired perspectives from a number of different ethnicities. When we proceeded to recruit participants to consider PCOR, we contacted the leadership for eight different community groups to solicit interest in sponsoring dialogues and secured four: a free health clinic, a community service organization, an IRB for the African American community, and a Latino group. We met with the leadership from each group separately to explain the purpose of the dialogues and garner their support for the overall project. The different organizations held information sessions and recruited members from the study-specified age range to support individual group dialogues. These community groups also assumed some of the organizational responsibilities, such as finding a place to meet and distributing materials for the discussions.

Ideally, the community group will recognize the importance of the topic under study and understand that their membership will benefit from the experience. As an example, a senior center might be willing to assist and sponsor dialogues for a healthcare topic with Medicare-eligible people. If possible, hold an informational community meeting to explain the project and answer questions. Provide a "question and answer" document that addresses likely concerns to introduce prospective participants to the project. Prospective participants need to understand the obligation that they are accepting by participating in the community dialogues. If a stipend is offered, participants will also need to understand the eligibility requirements.

Once groups are identified, it is possible to take advantage of the learning curve in engaging community members by holding new dialogues on subsequent topics that were selected by the participants and engaging the groups in potential dialogues for additional topics. In our case, when a few members dropped out following the completion of the first round of dialogues due to personal reasons, members recruited additional participants from their community organization.

### Step 4. Curriculum and Materials

The resource materials provide the underpinning of the discussions, with background for each of the topics discussed during the dialogues. Be sure that these materials are appropriate for the audience. For our initial foray into community dialogues, we primarily used academic journal articles, but these turned out to be too complex for most participants. For subsequent dialogues, we have sought

materials and case studies that are available on nonacademic websites and prepared for a broader audience. These materials tend to be easier to understand as they contain less jargon and theory while still being factually accurate. Offering three to five readings with 15–30 pages for each session is reasonable; if there are more, they can be included in the topic list as “supplemental readings.” Also, since people have different learning styles, researchers may consider assigning audio or video materials to their participants. For the discussions each week, a case study is also useful as it gives the participants the opportunity to apply the concepts that they have been learning. If a large number of unfamiliar terms is being introduced, consider introducing a glossary as part of the readings. In our case, helping the members to understand the unique language associated with PCOR and CER was challenging. The research team developed a glossary for the dialogues, and this turned out to be a useful tool in managing the participants’ understanding of the readings and other materials. The information provided to support the dialogues is significant: for technologically well-informed groups, it may be feasible to establish a website where participants can sign in and access the resources as well as communicate with one another.

### Step 5. Engage with Group Leadership

Once the neighborhood partner groups are identified, the researchers should meet with their leadership to assure that administrative details (finding a meeting location, facilitator, and ongoing support) are in place. The meeting space should be comfortable and have good acoustics without unnecessary background noise (e.g., noisy equipment or traffic sounds). All participants should be able to see and hear each other. We had one dialogue that the organization held in a favorite Mexican restaurant. However, nobody had considered the noisy air conditioner and ceiling fans in the mix, which impeded the participants’ ability to hear.

The facilitator does not need to be an expert on the topic being discussed, but he or she should be willing to “read ahead” and work with the research team to assure that he or she is comfortable leading the discussions. The facilitator will also work closely with the researchers to assure that all of the research objectives are met in conducting the dialogues and that all key topics are covered. In our dialogues, one group asked the graduate assistant who was working on the project to be the facilitator since he was familiar with the material and they trusted him to be fair and supportive. The facilitator needs to be personable and comfortable managing dynamic group processes and must understand that the role is facilitating the discussion, not teaching the material. Since the dialogues are relational, it is important that the discussions be sufficiently fluid in order to meet the group’s needs and collect research data.

Ongoing administrative support (information about meetings/changes, disseminating resource materials, etc.) from the community group's leadership may be necessary to ensure that responsibilities are understood and the participants can have a successful dialogue experience. Some of the community group leaders may want to participate in the dialogues, while others will prefer a "hands-off" policy. Whether the community group leaders are acting as participants or observers, it is important that they do not attempt to unduly influence the direction of the conversations.

### Step 6. Attend Weekly Dialogue Sessions

During the first dialogue session, the participants, facilitator, and researchers introduce each other, including writing their names on tent cards that can be used for subsequent sessions. After completing the introductions, the facilitator introduces the topic(s) for the week and initiates the discussions. The researchers and facilitators should have discussed in advance what the key topics are, but the actual discussion needs to follow the participants' interests. This is the foundation that the researchers will use in identifying participants' key values. The core discussion belongs to the participants. In the following weeks, the same process is followed, with the addition of an opportunity at the beginning of the session for the participants to ask any questions about the previous week and review any materials or ideas that were unclear.

Some projects may need a "before and after" questionnaire to determine the participants' understanding of the topic before the dialogues begin and after the dialogue ends as well as to support a database of different groups' perceptions about the topic. Such questions should be targeted to the specific topic being discussed in the dialogues. As an example, a dialogue on end-of-life perceptions might warrant a questionnaire specific to those issues (e.g., do respondents know what advance directives are, have directives been prepared, have family members been consulted, etc.).

Supporting community dialogues requires that one or two researchers attend all sessions in order to observe the proceedings and take notes on the key points and values that are raised in the discussions. Ideally, two researchers will be available so that one can take notes and the other can observe the dynamics of the discussions. Occasionally, the researchers may also be asked about one of the issues being discussed, but in general, the researchers should act as silent observers. Researchers should record all sessions from which they will create transcripts, which can be made available to the groups' leadership if desired. Taking handwritten notes of who is speaking can help in accurate transcription and analyzing specific comments made during each session. When conducting

the dialogues in Galveston, we found it useful for the research team and facilitator to review the process immediately following each meeting to identify any additional materials that we should offer or items that needed to be reviewed with the facilitator. Some groups may want to video record the proceedings as well, but this may present additional challenges. In our dialogues, one group asked that the sessions be video recorded in order to share the proceedings with their communities, and we were able to accommodate the request. However, it is difficult to have all participants in frame, and having a videographer move the camera can be disruptive to the dialogues. We believe that audio recordings and researchers' observations are sufficient to allow understanding of the participants' perspectives and interactions.

### Step 7. Review Values Identified During Discussions

One of the researchers creates a list of values from each session and reviews it with the rest of the study team to be fully prepared for the sixth week, when participants vote on the priorities of each of the values. As an example, during the first week of the session on PCOR, one of the groups discussed the different issues that arose during physician visits. From that discussion, the researchers identified several values that were evident in the discussions, such as:

- Patients should be adequately and truthfully informed by their physician.
- Physicians should be allowed and encouraged by the system to spend enough time with patients to communicate fully.
- Patients also have responsibilities. Instead of just doing whatever the doctor says, the patient ought to become informed and participate actively in making choices about treatments. For some, this might mean bringing a patient advocate along on a visit to the physician.

Once we identified the full list of values, we also reviewed it with the facilitator to obtain his or her perspective. The list of values was then presented to all the dialogue participants for ranking; we used a four-point scale (high, medium, low, not important) for each of the values. This information was used to prepare the group's final report.

As researchers, listening to the dialogues provides insight into different points made and to the behaviors of the participants. Comparing notes and observations after each session provides more thorough documentation of what happened (audio cannot capture facial expressions or physical animations) and helps each researcher become more aware of the environment and context for participants' comments. As an example, we found that a case study on

useful for the research team and facilitating following each meeting to identify any error or items that needed to be reviewed or items that needed to be reviewed as important to video record the proceedings as challenges. In our dialogues, one group decided in order to share the proceedings with the facilitator to accommodate the request. However, it was not possible to accommodate the request, and having a videographer move to the next group. We believe that audio recordings are a convenient way to allow understanding of the discussions.

### Facilitated During Discussions

Values from each session and reviews were prepared for the sixth week, when a list of the values. As an example, during one of the groups discussed the different values. From that discussion, the researchers identified in the discussions, such as:

fully informed by their physician. Encouraged by the system to spend time to communicate fully. Instead of just doing whatever the doctor says, be informed and participate actively in the decision. For some, this might mean bringing a second opinion from a physician.

We also reviewed it with the facilitator and the values was then presented to all the dialogues on a four-point scale (high, medium, low, and no information) was used to prepare the report.

These dialogues provides insight into different perspectives of participants. Comparing notes and having thorough documentation of what was said (through discussions or physical animations) and being aware of the environment and context. For example, we found that a case study on

kyphoplasty (the surgical filling of an injured or collapsed vertebra) used in the first group discussing PCOR confused the participants. We made a note of this and made changes to the case study before the next group met.

### Step 8. Prepare Final Report

Once the list of values for the community dialogue is discussed, ranked (as just explained), compiled, and finalized, a report is prepared that summarizes all of the key themes and issues identified during the discussions. The report contains a discussion of the values that each group identified as key in their dialogues), a compendium of qualitative experiences (participants' reflective writings and oral comments on what participating in the dialogues meant to them), and an appendix with the topics discussed and the readings. The listed values are also clarified if there is any confusion in meaning. In our experience, this has not been a problem. It is important to note that the values are those of the group: when a participant disagrees, refer to this as "one participant thought . . ." or "several commented that . . ." The qualitative comments are quoted as closely as possible without attribution to a particular participant. Thus, confidentiality is maintained on the specific perspectives and attitudes expressed in the dialogues.

The initial draft can either be prepared by one of the group members or by one of the researchers (or both together). In our dialogues, there was no member who was interested in this type of role, so one of the researchers prepared the draft value statement. The report is different from a typical research summary in that it belongs to the group and reflects their views. We found it useful to bring a laptop computer to the session and review the report by paragraph. Any word changes could be made immediately during the session and then provided to all attendees for one final sign-off. In addition, the report should note if there is a significant disagreement over one or more of the values. Complete agreement on all of the priorities is not needed, and areas of disagreement become findings just as important as areas of concurrence. When the group's position on various values is being prepared for the report, the values are divided into areas where most people (more than 85-90%) agreed, areas where more than half agreed, and areas where just a few participants hold the value to be important. Dissenting opinions are encouraged for inclusion if members feel both sides deserve representation in the report. For this meeting, we print out a list of attendees so that they can sign off on the report. Such signatures indicate that each participant approves of the final report and that he or she fully participated in the dialogue. The signature page is included with the final report so all who read it will know its authors. If participants choose not to be included in the report, honor their request.

In addition to the value statements, we included appendices where readers could find the bibliography of the sources used for each week of discussion and the case studies reviewed each week on that specific topic. Such transparency allows the readers to see what was discussed, how it was presented, and who participated.

### Step 9. Disseminate Report

As previously indicated, the report of the dialogue proceedings belongs to the participants, so the primary distribution should be made to individuals or organizations identified by the group. In our experience, groups have provided the reports to their group's leadership, to local officials, and to news outlets. The actual targets will depend on the topic and the information that the group is trying to communicate. The reports may be sent to leaders and policy-makers because they are authentic representations of the views of the signatories. Participants will likely need help in disseminating the report. We have found that representatives of historically underserved communities need encouragement and support in identifying and transmitting the reports to potential recipients, including posting them on websites, attaching them to group emails, or making the rest of the community aware through press releases.

### Step 10. Post-Dialogue Data Analysis

As with any qualitative method, analysis takes place once the research begins and when issues and behaviors are noted and observed. However, once the dialogues are completed and the participants' report prepared, researchers can analyze the entire set of data collected, using themes that came up during initial analysis and following through to see their influence across the set. If a transcript has been prepared, each of the key conversations can be coded for content and viewpoint. This will be tailored for each different type of dialogue conducted. Note that transcribing an audio recording of a dialogue session is extremely difficult because there are too many voices to account for and follow through the time period. It may be more useful to transcribe for certain themes or reactions to questions instead of trying to undertake the entire conversation.

### The Limits of Community Dialogues

The limits to community dialogues relate primarily to the numbers of participants that are reasonable within a particular group. As previously noted,

cluded appendices where readers find for each week of discussion and the specific topic. Such transparency allows what was presented, and who participated.

### Final Report

Dialogue proceedings belongs to the community and should be made to individuals or organizations. Experience, groups have provided the information, and to news outlets. The accumulation of information that the group is trying to achieve is shared with leaders and policy-makers because of the signatories. Participants are encouraged to report. We have found that representatives need encouragement and support to potential recipients, including group emails, or making the rest of

### Data Analysis

place once the research begins and is completed. However, once the dialogues are prepared, researchers can analyze what came up during initial analysis across the set. If a transcript has been prepared, it can be coded for content and view-point of dialogue conducted. Note that dialogue session is extremely difficult to follow and follow through the time for and follow through the time for certain themes or reactions to a particular conversation.

### Community Dialogues

primarily to the numbers of participants in the particular group. As previously noted,

the most people that can be attached to a single group is 12-15 participants. More, and everyone will not be able to participate; fewer, and the group will not be able to engage in sufficient conversation to identify all the issues associated with a topic. Thus, if the goal of the research is to have many responses from a diverse respondent group, community dialogues are not the optimum methodology, and other methods such as a survey or town hall meeting might be more applicable. On the other hand, if the goal is to encourage members of a particular community to engage in detailed conversations about a topic of interest, to have the participants learn and be able to advocate for the community, as well as to enable researchers to gather data on the ways in which participants learn about a topic, identify values, and come to some form of understanding about the different perspectives, then this is a useful method.

Dialogues are also not the proper method to choose if the time period is short and there is little flexibility in the schedule. As dialogues require people and time, issues will inevitably occur that will delay or postpone meetings or attendance. Researchers must make contingency plans for a variety of issues that can arise and be open to changes if necessary.

The challenge with many dialogue topics is finding quality materials that are targeted for community members rather than academics or area specialists. Another challenge is ensuring that participants feel sufficiently empowered to approach policy-makers on needed changes. Thus, the research must go beyond data-gathering and analysis to assisting participants in identifying potential avenues for implementing policy changes.

### Summary

Community dialogues are a powerful means for educating community members while obtaining research perspectives on a wide range of topics. At the end of each session, participants are asked to comment on how much they appreciate knowing more about the material and the importance of the knowledge they gained during the discussion process. In our case, members expressed becoming more empowered to be thoughtful healthcare consumers and to ask questions of their caregivers. Community dialogues provided our participants with an opportunity to discuss key healthcare issues in a safe environment, planting seeds for better understanding of some of the care and policy issues that will affect every member of their larger group. The strongest feature of community dialogues is the bidirectional nature: researchers obtain detailed information on community values about a particular topic while the participants obtain immediate benefit in the form of knowledge and empowerment to share with their families and communities.

### Sample Exercises

1. Select a healthcare topic that you would use to sponsor a community dialogue. Using the timeline provided in Table 14.1, outline the approach that you would take to develop a dialogue. What type of community group(s) would you target? Why? How?
2. Your university hospital has decided to offer a community education program on advance care planning. How would you use community dialogues to promote this project? What are the advantages and disadvantages of using this method?
3. You are preparing an IRB application, and members have asked for an explanation of community dialogues. One member is particularly adamant that this methodology is no different than a focus group. How do you explain community dialogues to neophytes?

### Notes

1. This project was supported by grant number R24HS022134 from the Agency for Healthcare Research and Quality.
2. For more insights on the different forms of deliberative democracy, see *The Deliberative Democracy Handbook: Strategies for Effective Civic Engagement in the Twenty-First Century*, edited by John Gastil and Peter Levine. San Francisco: John Wiley & Sons, 2003, which describes many forms of deliberative democracy with examples.

### Resources

There are various resources for collecting and sorting qualitative research data, including NVivo and HyperResearch. Some of these offerings have sample programs or educational pricing available.

UTMB Sealy Center sponsored the community dialogues in Galveston, Texas. All of the Project #3 reports on community dialogues are available at <https://www.utmb.edu/pcor/>. Accessed May 1, 2019.

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