



Fall/Winter 2009

Researching Deliberation and Opinion about Complex Social Issues: An Interview with Prof. Joseph Cappella

Joseph N. Cappella is an expert in the areas of health and political communication, social interaction, nonverbal behavior, media effects, and statistical methods; he has contributed to more than 100 articles and co-authored three books on these subjects. He holds the Gerald R. Miller Chair at the Annenberg School for Communication at The University of Pennsylvania, where he is Professor of Communication. Dr. Cappella's research efforts have been funded by NIMH, NIDA, NSF, NCI, NHGRI, The Twentieth Century Fund and numerous prestigious foundations. He is a past President and Fellow of the International Communication Association, a distinguished scholar of the National Communication Association, and recipient of the B. Aubrey Fisher Mentorship Award. His most recent book, co-authored with Kathleen H. Jamieson of the University of Pennsylvania, is Echo Chamber: Rush Limbaugh and the conservative media establishment.

A:I/R conducted the following interview with Dr. Cappella in September 2009.



Could you describe the mission and focus of your research center at the Annenberg School for Communication?

There are really two very different lines of work, both related to health. The policy-related research is to try to understand the ways in which new technologies that allow more citizen involvement will affect the way people deliberate about complex social and scientific issues, and the kinds of opinions they carry away. The mission here is one of seeing the way in which citizen participation can affect knowledge and opinion about important social issues – in some way mimicking how public opinion is formed in a kind of speeded up process.

The other mission, with regard to the work that's funded by the National Cancer Institute, is trying to find ways to increase the effectiveness of anti-smoking ads – because as we all know, the one behavior that clearly is related to cancer prevention

in an unequivocal way is the reduction of smoking incidence in the population, and the ability to reduce lung cancer as a result.

Since much of your work is in health research – can you describe a few of your recent studies?

We've been working in two broad areas for the last several years. One is the way in which people perceive and respond to particular kinds of anti-smoking messages – specifically how those messages are processed by smokers. The second is a pretty different line of research – bio-ethical issues in genetics research and genetic testing, as seen by the public at large. That set of studies is still ongoing with Knowledge Networks; the last piece is now going into the field with an end of project survey.

What agencies provide funding for these types of studies?

The bio-ethics study is being funded by the National Human Genome Research Institute, through a sub-branch called Ethical, Legal and Social Implications of genetic testing and genetics research. The first set of studies on smoking and the processing of anti-smoking advertising is being funded by the National Cancer Institute through a grant to Bob Hornik here at the Annenberg School in our Center of Excellence in Cancer Communications Research; it's in its second five-year period of funding.

How has using KnowledgePanel® contributed to your work?

In a lot of different ways. Of course, the quality of the samples is good in comparison to a lot of the experimental and survey research that is going on.

KnowledgePanel® also gives us the ability to present information to people in some pretty diverse ways – video formatting, or text and with various kinds of complex iterations – with inclusion of randomized versions of texts or from different kinds of anti-smoking arguments. KN gives us the ability to do online the kinds of research that gets at complex designs on the one hand, but also representativeness in the sample.

Knowledge Networks has also really helped with the series of bio-ethics research studies that Vince Price and I have been doing since the year 2000. We are now in our third study in which groups come together online in various combinations and deliberate about issues of consequence – whether they are electoral issues in the year 2000 or healthcare reform issues in 2004, or now bio-ethical issues in genetics research and genetic testing.

What kinds of projects do you see in the future for your Center?

We're always thinking about other possibilities for our deliberative models. We're starting to play with one that has to do with participation in clinical trials, particularly in the cancer arena. One of the things that's very clear is that it's difficult to get full participation in clinical trials in the science of cancer research. We're looking into the possibility of using the deliberative formats with which Knowledge Networks has helped us as a way to bring together people who are considering participating in clinical trials. Using these formats, they can air and perhaps alleviate – with one another, and perhaps with a scientific leader – some concerns, and increase their knowledge in a way that would be geared to the

particular type of clinical trial that they would be considering. We think the deliberative formats have the capability of increasing people's knowledge and putting them in a situation in which their trust of the people with whom they're interacting goes up substantially, even though it's not face-to-face and is simply electronic.

The healthcare dialogue study of 2004 that focused on considering healthcare reform issues led us to be fairly upbeat about some of the positive consequences that can come from these deliberative online forums. In particular, we've seen ordinary citizens' opinions about complex issues related to healthcare reform moving in the direction of expert opinion after these deliberative activities, even when there were no experts in their group. This surprised the heck out of us, but was in fact a pretty strong finding; we think it suggests that these deliberative forums have the effect of producing a kind of wisdom beyond that of any individual in the group. So that's part of what's exciting about the deliberative work.

What do you see as the Internet's importance in people's learning about health?

That's a really complicated question. Obviously, people are using the Internet more and more for various purposes – for good and for ill. They're being misled, and they're being overwhelmed, and so on. But I'd like to touch on maybe an unusual aspect of the Internet that is becoming more common and changing the way in which we're thinking about messages, if you will, as they occur online. In the days before the Internet, the typical news article was the total message; it presented its factual claims, opinions and interpretations about the world, and we – as media

researchers – tried to assess the impact of that message. But when news articles appear online now, they often have attached to them numerous responses by various and sundry others – people who read the article and decide to react negatively or positively. So in some sense the Internet has fundamentally changed what constitutes a news story. While it's true that not everyone reads all of the commentary all of the time, it's becoming increasingly common for people to read that kind of commentary; so there's no longer a single message. There's actually a message plus its responses. I think, as a consequence, the Web has fundamentally changed the public information environment, and we can no longer assess the effects of news or independent stories apart from the commentaries attached to them.

How have you used video for some of the work that you've done with KN?

We have evaluated a good number of anti-drug and anti-smoking ads using the Knowledge Networks model for presenting videos and getting responses to them. In fact, we have a study in the field right now with KN, which I'm expecting back literally any day, to get more information about the way in which people respond to some anti-smoking advertisements. Our research is dedicated to trying to make sense of their responses in terms of the basic features – the arguments that are made, the structure of the ad, the kinds of appeals that are offered. We appreciate the opportunity to be able to carry out those evaluations with subtle designs, with a large set of anti-smoking advertisements, using a representative population.

In terms of the public's understanding of genetic testing, in which areas do you feel Americans lack knowledge?

We see a lot of disconnect between what physicians, medical geneticists, doctors and the public at large believe about how bio-ethical issues are handled in genetic testing and genetics research. Let me just give you one example of what some of our preliminary data and baseline surveys seem to suggest. When people provide their genetic sample to researchers, so that they can carry out a series of tests to understand the genetic basis for various kinds of common disease or behavioral predispositions, the geneticists in the study understand from the get-go that they really have no responsibility to return information to those who contribute their genetic profile to the study that would indicate the need for medical intervention or for an increased susceptibility to some disease. The public, on the other hand, thinks – and expects in some way – that it should be notified if they have a susceptibility to a particular kind of disease as a part of their role as study participants.

Medical geneticists would say, for example, “Once you’ve agreed to participate and carried out informed consent, that’s like giving blood. It’s essentially no longer yours.” Whereas members of the public think, “But don’t you have a responsibility to get back to me about my susceptibilities to certain kinds of common disease?” The answer, for the most part, is no, they don’t. These kinds of disconnects are actually very common and pretty well established in the data we have acquired. What remains to be seen is how these perceptions might change over the course of some of the discussions that participants in our study will have had with each other about these kinds of issues.

What do you think are the major issues in health policy research for the coming years under the new administration?

I find it hard to answer that question in its broad form. There are narrower questions that I think are going to be interesting in the near future. One that we are confronting a little bit in our work has to do with Internet-based, direct-to-consumer genetic testing, which has produced a fair amount of commentary in the bio-ethical literature by geneticists, by citizen advocates, and by representatives of the industry as well. There are a number of online companies that allow people to get genetic testing done by mail about their genetic susceptibility using state-of-the-art testing procedures. Of course, the consumer pays for this kind of assessment.

There are a variety of issues that arise over these kinds of testing Web sites. A number of people are very concerned about the fact that, for example, there is some help – but not a lot – in interpreting what the results of the studies might mean. Typically when someone goes to their physician for a genetic test or is asked to do a genetic test of a particular kind, that patient then meets with a genetics counselor to have what is sometimes a complex set of information interpreted for them. There may be some help in that way with some of these Web sites, but it’s not the same as having exposure to a genetics counselor who can deal with your specific case and answer specific kinds of questions. The consumer might say, “I’d like to find out whether I have a genetic susceptibility to something” – whether it’s breast cancer or Alzheimer’s or whatever it might be – “and I want to keep that private. So I want to do it not through my hospital or my doctor, where that information is going to be linked to my medical records,

which might be discoverable in some context by my employer or by an insurance company, but through an Internet testing company.”

This is an interesting situation – perhaps putting the consumer at risk and, on the other hand, allowing the consumer to control access to their information in ways that are to the consumer’s advantage. So I think there’s a policy issue that’s related to new developments in genetic testing that pit consumer needs and interests against those of the industry. We’re going to see where that breaks; I think there’s a fair amount of work to be done with a pretty narrow topic – but nevertheless, one that is on the forefront of bio-ethical issues in genetic testing.

What do you make of the media’s role in the current health care debate?

There has been some fear-based and outrageous behavior surrounding this debate. Some of this activity has received a substantial amount of coverage in the broadcast news, as well as in the print press, with the result that the public’s attention to this debate has increased tremendously. I am hopeful that we can get past the emotion, past the hostility, and use the motivation that is now clearly keeping the public interested in this debate to move in the direction of substantive legislative alternatives that can, in fact, get us some reasonable healthcare reform and advance not only healthcare coverage, but also the quality of healthcare.