The Crosscurrents Dialogue Model: 2019–2023

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The failure to consult with the public in policymaking can result in less sound and supportable policies. The Crosscurrents Dialogue Model (CDM) was developed to explore if Americans with different political perspectives could have useful policy conversations. To date, the CDM participants have addressed 10 separate topics such as health care and immigration and reached agreements each time. CDM provides evidence that the divide between politically diverse Americans can be bridged adequately to agree on specific recommendations for action. (*Am J Public Health*. Published online ahead of print July 27, 2023:e1–e3. https://doi.org/10.2105/AJPH.2023.307359)

The politicization of public health interventions in the United States during the COVID-19 pandemic helped make clear what has always been true but not often acknowledged publicly. Namely, public health is politics.[1] The frequently heard advice for policymakers to just "follow the science" has never been an adequate guide for action because the facts do not just speak for themselves. Behind most public health and other public policy choices are competing social values,[2] and decision-makers in public health have often relied largely on their own values or those of expert committees in making public policy decisions. Since our core values as Americans reside in the body politic, the failure to meaningfully consult with the public on values tradeoffs in arriving at evidence-informed decisions can result in less sound, less values-aligned, and less supportable public policies.

Critiques of the US pandemic response are now calling for more community engagement in developing public health policies.[3,4] However, the deep political polarization that now characterizes American society raises questions about how to effectively engage with populations that harbor diverse and strongly held views, not just on vaccines, masks, and lockdowns but on myriad other topics as well.

INTERVENTION AND IMPLEMENTATION

The Crosscurrents Dialogue Model (CDM) is a small-group problem-solving methodology used to explore whether everyday Americans with different political values could have frank conversations about timely, controversial topics and reach agreement on recommendations for addressing the problems. Both health and nonhealth topics were selected for discussion. CDM overlaps with the use of a charette method, which also involves problem-solving, but most often the charette topics center on planning and design choices rather than public policy options.

PLACE, TIME, AND PERSONS

The CDM was implemented in Beaufort and Aiken counties in South Carolina beginning in 2019. Meetings were carried out in person or via videoconferencing for approximately two hours every two weeks and have continued uninterrupted for three years, including during the pandemic. The group started with two liberal and two conservative persons at a breakfast meeting and has grown to attract an estimated 50 different individuals of different ages, races, and genders with an average of between 10 and 15 members at any given point in time. The membership has consistently included people representing diverse political views. Prerequisites for joining the group are curiosity, the capacity to be open-minded, and an interest in learning from others. During the meetings, the ground rules agreed upon are to avoid dominating the discussion, to be respectful, and, when disagreeing, to do so inoffensively. A member of the group serves as moderator and organizer.

To date, members have met on separate topics of gun control, impeachment, health care reform, election reform, police reform, the

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existence of shared public values, immigration, threats to democracy, civil discourse, and teaching American history. For each topic, members gathered relevant facts from reliable sources, discussed competing values and different points of view, found shared interests or common ground, identified practical solutions, and agreed on recommendations.

PURPOSE

The motivation for the intervention is to provide "proof of concept" that individuals with very diverse political views can have productive dialogues. The goal is achieved by publishing the agreements in local newspapers so that the conversations can serve as an example to other citizens and public officials of what can be accomplished through dialogue.

EVALUATION AND ADVERSE EFFECTS

To date, the CDM has made it possible for diverse Americans to reach 12 separate agreements on 10 different topics. Each agreement has been on a limited set of actions that could be taken to better address the public problem. Each of these agreements has been submitted and published by local newspapers covering four towns in two counties of South Carolina. The publication of the group's agreements has led to the recruitment of new members who have helped to sustain the desired average number of participants. Also, the publicity about the CDM has led to other groups organizing to use the model in new areas. For example, the CDM has been piloted by the Osher Lifelong Learning Institute at the University of South Carolina Beaufort,[5] and a modified version has been carried out by interested dialogue practitioners in Northeastern Ohio.[6] There have been no adverse or unintended consequences associated with CDM.

SUSTAINABILITY

The CDM has been in continuous use for three years and has tackled numerous different topics with a continuous turnover of regular members leaving and new members joining. The new members have been attracted after reading one or more of the published statements and learning about the group. The project demonstrates that there is a public appetite for safe spaces and proven effective methods for exchanging views and learning from other citizens who think differently.

PUBLIC HEALTH SIGNIFICANCE

Many reports describing lessons learned from the recent pandemic call for greater community engagement to develop more effective and supportable public health interventions.[3,4] Most calls are for the involvement of like-minded stakeholders who already support the public health mission. Few calls for community engagement highlight the need for involvement of citizens with diverse political persuasions. We found no reports that provide convincing evidence that it will be possible for public health officials to bridge the chasm that now separates Americans. Admittedly, the CDM has not produced any major changes in the fundamental political perspectives of participants. However, those unchanged worldviews have not been an obstacle to reaching agreement on specific recommendations to help solve the problem discussed. Thus, the CDM provides compelling evidence that the divide among Americans can be bridged enough to reach agreement on some desirable actions.

The CDM is fundamentally a problem-solving, trust-building methodology with easily recognizable and achievable steps that could be replicated in other geographic areas served by public health. Thus, for any organizations such as state and local health departments or community-based organizations that have authority and responsibility for making public health–related policy decisions, and in the multiple topic areas where competing values are at stake in making those decisions, CDM could be employed. Such topic areas include decisions about the use of nonpharmaceutical interventions during outbreaks or in a pandemic, policy choices aiming at violence prevention and gun control, vaccination policy issues, choices about access to abortion and other medical services, options for improved control of obesity, harm-reduction strategies related to drug addiction and recovery, and many others. Use of CDM in these types of situations could serve to trigger greater use of public participation in public health policymaking overall.

With additional recruiting and design modifications, the model could be scaled up to help bring a larger, unified voice of the public in any given area to the public health policymaking table.[7] Such inclusion of the public has the potential to be a trust-building and transformative strategy for public health. Greater public participation promotes some of the same concepts and principles underlying shared decision-making in clinical practice.[8] In that setting, the provider and patient collaborate to make the best-informed

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decisions aligned with the patient's values. Just as in clinical settings where the goal is a more patient-centered care, the goal for public participation in community settings would be a more population-centered public health where sound decisions are well-aligned with public values. AJPH

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CONFLICTS OF INTEREST

There are no conflicts of interest to declare. No outside funding was used for this work.

HUMAN PARTICIPANT PROTECTION

Human participant protection is not applicable. This practice activity is a case example of dialogue methods and conversations used voluntarily by individuals to reach agreements among themselves on public issues.

REFERENCES

1. Galea S. Debating tradeoffs, sharing ideas. October 22, 2022. Available at: https://sandrogalea.substack.com/p/debating-tradeoffs-sharing-ideas?utm_source=%2Fsearch%2Fpublic%2520health%2520is%2520politics&utm_medium=reader2. Accessed May 26, 2023.
2. Boyle P. Public problems, values, and choices. School of Government University of North Carolina. 2001. Available at: https://www.sog.unc.edu/sites/default/files/articles/article3_8.pdf. Accessed May 26, 2023.
3. Commonwealth Fund. Meeting America's public health challenge. June 21, 2022. Available at: https://www.commonwealthfund.org/publications/fund-reports/2022/jun/meeting-americas-public-health-challenge. Accessed May 26, 2023.
4. DeSalvo K, Hughes B, Bassett M, et al. Public health COVID-19 impact assessment: lessons learned and compelling needs. National Academy of Medicine. April 7, 2021. Available at: https://nam.edu/public-health-covid-19-impact-assessment-lessons-learned-and-compelling-needs. Accessed May 26, 2023.
5. Osher Lifelong Learning Institute, University of South Carolina Beaufort. Curriculum guide. Winter/Spring 2023. Available at: https://www.uscb.edu/lifelong-learning/olli/pdfs/WinterSpring%202023%20Curriculum%20Guide_Online.pdf. Accessed May 26, 2023.
6. Montlake S. In Ohio, one man's quest to get more voters to agree to disagree. November 10, 2022. *Christian Science Monitor*. Available at: https://www.csmonitor.com/USA/Politics/2022/1110/In-Ohio-one-man-s-quest-to-get-more-voters-to-agree-to-disagree. Accessed May 26, 2023.
7. Bernier RH. Lessons learned from implementing a multi-year, multi-project public engagement initiative to better inform governmental public health policy decisions. *Participat Med.* 2014;6:e8. Available at: https://participatorymedicine.org/journal/evidence/case-studies/2014/05/22/lessons-learned-from-implementing-a-multi-year-multi-project-public-engagement-initiative-to-better-inform-governmental-public-health-policy-decisions/. Accessed May 26, 2023.
8. Elwyn G, Frosch D, Thomson R, et al. Shared decision-making: a model for clinical practice. *J Gen Intern Med.* 2012;27(10):1361–1367. https://doi.org/10.1007/s11606-012-2077-6