

**2015 ASPA General Conference
Abstract**

**Reconsidering the potential of deliberative mini-publics in
health policy settings**

Although mini-publics have been applied to many different areas of public policy, their use in Australian health policy settings is still quite novel and little is known of the citizens' experiences of deliberating and exchanging knowledge in such circumstances. For instance, it is not really known whether an exchange of knowledge even occurs, let alone, whether a just exchange occurs.

This cross-disciplinary, qualitative research reduces this gap in knowledge by demonstrating how the competing rationalities of the health policy process and the product-dominant logic within health service delivery can exacerbate the challenges facing health policy administrators as they grapple with the unfamiliar nature of mini-publics. Many unintentionally disabling consequences for citizens' experiences of exchanging knowledge and expressing their deliberative capacities ensue. Troubling instances of epistemic injustice also become apparent. Viewed holistically, these findings demonstrate why it is important to pay attention to citizens' experiences if mini-publics are to be institutionalised into Australian health policy settings as anything more than simply a promise of their democratic ideal.

Paradoxically, glimpses of the potential for deliberative-practice to create an intersubjective space that facilitates a transformative exchange of knowledge also become apparent. These are evident in such things as improved self-esteem, a greater sense of personal and community empowerment, and increased social capital and health literacy: these factors are known to contribute to people being healthier. In view of these findings, I argue that mini-publics offer a powerful, though currently untapped and undeveloped, resource in public health and wellbeing. By reframing the *unintentionally disabling* factors found, I propose an *intentionally enabling* approach to the exchange of knowledge and deliberative capacity which reconsiders the use of mini-publics as a more substantively equal, empowering, egalitarian, educative, and epistemically just means of health policy development.