

Prospects and Challenges for Local Knowledge in Public Service

June 2010

Prospects and Challenges for Local Knowledge in Public Service: A Public Health Perspective

Presented at the Glen Cove Conference on Strategic Design and Public Policy, June 9–11, 2010¹

by Roz D. Lasker

We've come together for the next few days to explore strategic design processes that tap into crucial local knowledge and put that knowledge to use in social action. At the start, that raises several questions:

- What is this crucial local knowledge?
- Why is it needed?
- What stands in the way of generating this knowledge and putting it to use? (In other words, what barriers does a strategic design process need to overcome?)

My own research and experiences shed some light on these questions, and I'll be sharing some of that with you this afternoon. But before I do, I'd like to mention a psychology experiment, conducted by Daniel Simons and Christopher Chabris a decade ago, that highlights the promise and challenges of what we are trying to do.² Here's how it was described in a book review in the *New York Times* last Sunday.³

In this experiment, subjects are shown a video, about a minute long, of two teams, one in white shirts, the other in black shirts, passing basketballs to one another. They are asked to count the number of passes made by the team wearing white.

¹ This text is presented as received from the author.

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area, or of its authorities, or concerning the delimitation of its frontiers or boundaries.

The views expressed here are the sole responsibility of the author. They do not necessarily reflect the views or opinions of the United Nations, UNIDIR, or its staff members or sponsors.

² Simons DJ and Chabris CF (1999). Gorillas in our midst: sustained inattentive blindness for dynamic events. *Perception* 28:1059-1074.

³ Bloom P (2010). Review of *The invisible gorilla and other ways our intuitions deceive us* by Christopher Chabris and Daniel Simons. *The New York Times Sunday Book Review* June 6, 2010, pg.30

Roz D. Lasker is a professor at the Joseph L. Mailman School of Public Health, Columbia University. Among other positions, Lasker was formerly Director of the Center for the Advancement of Collaborative Strategies in Health at The New York Academy of Medicine. She was a member of the Advisory Group for the Security Needs Assessment Protocol Project.

Halfway through the video, a woman wearing a full-body gorilla suit walks slowly to the middle of the screen, pounds her chest, and then walks out of the frame. If you are just watching the video, it's the most obvious thing in the world. But when asked to count the passes, about half the people miss it.

Why? When you direct your mental spotlight to the basketball passes, it leaves the rest of the world in darkness. Even when you are looking straight at the gorilla (and other experiments find that people who miss it often have their eyes fully on it), you frequently don't see it because it's not what you're looking for. Moreover, we're not aware when we're not seeing what's right in front of us. If we were eye witnesses in a court case, we'd swear there was no gorilla there.

In the 15 years that I and my colleagues have been studying collaboration, public participation, and community problem solving, we've seen this play out repeatedly—with serious consequences. Put simply, we've found that **the people responsible for developing the services, programs, and policies that constitute social action—I'll refer to them as experts here—have a different frame of reference than the people they want to help.** (The experts are counting the passes; the people they want to help are just watching the video.) **This limits the extent to which the experts can actually be of help. It limits what can be achieved through social action and even worse, sometimes leads to serious inadvertent harms.** That's because, while counting passes is important, it's also crucial to deal with the gorilla on the field!

One striking example, which I'll share with you this afternoon, relates to emergency preparedness. We became interested in this topic shortly after 9/11 when the federal government in the United States added billions of dollars in funding to prepare states and local communities to respond to acts of terrorism and other emergencies. In emergency preparedness, the public is the object of concern; they are the people that national, state, and local planners want to help and protect. But emergency strategies and plans were being developed without the public's knowledge. We wanted to know if that was a problem.

To answer this question, we conducted a rigorous national research study as well as local demonstrations in very diverse communities across the United States.⁴ We focused on two emergencies that were receiving a lot of attention at the time: a terrorist-initiated smallpox outbreak and a dirty bomb explosion. In addition to looking at these emergencies from the perspective of emergency planners, we also developed new methods to enable members of the general public—the people who need to be protected in emergencies—to contribute what they know.⁵

Rather than asking people to think about emergencies in the abstract or to provide their opinions of plans or policy options that had already been developed, we used specific and realistic scenarios that enabled them to explore the problems they would face trying to protect themselves and the actions that they and others could take to address those problems. Thousands of people, closely resembling the demographics of the populations involved, participated in this effort.

Our study showed that plans to respond to these emergencies won't work. In a smallpox outbreak, we found that only 43% of Americans would go to a public site to be vaccinated if some residents in their community and people in other parts of the country became sick with smallpox. In a dirty bomb explosion, only 59% would stay inside the building

4 Lasker RD (2004). *Redefining readiness: terrorism planning through the eyes of the public*. The New York Academy of Medicine (available at www.redefiningreadiness.net).

5 Lasker RD (2009). *With the public's knowledge: a user's guide to the Redefining Readiness small group discussion process*. The New York Academy of Medicine (available at www.redefiningreadiness.net).

they happened to be in if a dirty bomb exploded a mile from where they were and a cloud containing radioactive dust were moving in their direction.

The reason the plans won't work is that **planners are only looking at part of the problem, and the emergency is not the only risk people face. The plans, themselves, create risks that are as great, or even greater, than the emergency itself.** These risks were identified by the public and matter to the public.

In a smallpox outbreak, planners are concerned with the smallpox virus, which is deadly, and with vaccination, which is an effective protective strategy. But going to a public vaccination site is very dangerous for 50 million Americans who are at risk of developing life-threatening complications if they either get the smallpox vaccine or come in contact with someone who has recently been vaccinated. At-risk groups include pregnant women, babies under the age of one, people who have ever had skin diseases like eczema, people taking medications like prednisone that suppress their immune system, people undergoing chemotherapy or radiation for cancer, and people with HIV/AIDS. The planners' strategy was for these people to find out about their risk when they arrive at the public vaccination site. That means they would be told to leave the safety of their own home—a place we found most people *want* to be in a deadly contagious disease outbreak—and go to a place that exposes them to thousands of people who have just been vaccinated and, potentially, to people infected with smallpox.

In a dirty bomb explosion, planners want to protect people in the area from the dust and radiation by having them stay in whatever the building they happen to be in at the time. But we found that under current conditions, sheltering in place can be dangerous for the people inside and for others who depend on them. Many people are likely to be away from home and separated from other family members—at work, in school, or shopping—when a dirty bomb explosion occurs. We found that millions of Americans would feel compelled to leave the buildings they were in if they didn't have needed medications, food, or supplies with them; if they were in a place without adequate ventilation, water or bathroom facilities; or if they were confined with unruly or violent people. Millions more would be unable to stay where they were if protecting themselves by doing so would endanger loved ones—like children or disabled family members—who depend on them but were not with them at the time.

Looking at emergencies from the public's perspective, we learned that **protective strategies create unanticipated problems, which put many people in a terrible bind.** They see no way to protect themselves and the other people they care about because the strategy designed to protect them from the emergency exposes them or their family members to other serious and previously unrecognized dangers.

That's happening because the planning process doesn't incorporate the public's crucial knowledge. **The people who need to be protected in an emergency are the only ones who know the problems they and their family members would face.** Lacking this knowledge, planners are inadvertently developing instructions that aren't feasible or safe for many people to follow.

Consider what happened during Hurricane Katrina in 2005. Everyone in New Orleans was told to evacuate, but many could *not* do so on their own because they or other family members lacked transportation, didn't have enough money for gas and lodging, had impaired mobility, or had serious health problems. Quite a few of these people died. Those who sought shelter in the Super Dome experienced atrocious conditions, which compounded their psychological and physical suffering. Many of those who were eventually evacuated were separated from other members of their family and from their friends, which deprived them of the human supports that people need to deal with crisis situations.

If the problems people face in an evacuation had been identified and addressed beforehand, the outcome could have been very different. For example, school buses (which ended up rusting under water) and military planes (which came in after the fact) could have been mobilized before the storm hit to evacuate disabled residents and those without cars. Payment cards could have been pre-issued to poor residents to use in the event of a disaster. Shelters could have been prepared that would actually keep people safe. Evacuation plans could have been developed to keep families and social networks together.

In our local demonstrations across the United States, we found that most of the barriers people face trying to protect themselves in a smallpox outbreak and dirty bomb explosion can be addressed effectively, too.⁶ In a smallpox outbreak, it is possible to protect the people at risk from the vaccine if steps are taken to make them aware of their risk *before* they leave the safety of their home and if people who *can* safely be vaccinated provide the people who *can't* with the supplies they need to protect themselves by isolating themselves at home. In a dirty bomb explosion, it is possible to enable most people to shelter in place if the work places, shops, schools, and other places they will be prepare in advance to meet the basic and medical needs of the people who would need to stay inside during the emergency and if households and organizations arrange for back-ups to fulfill critical responsibilities in the event of an emergency.⁷

Using the public's knowledge, we developed tools that enable households, work places, schools, and local governments to anticipate critical protection problems that are within their purview to address and to take steps proactively to address those problems.⁸ By doing so, a lot of unnecessary death and suffering can be averted.

Many households around the country have been using these tools, and many people have sought to have their work places, children's schools, and government agencies use them, too. But in spite of the obvious benefits—and serious harms if they are not used—the tools have not been embraced by governmental and organizational planners... which is one of the reasons I believe that the focus of this meeting is so important. Going back to the psychology experiment I mentioned earlier, it's as though our findings and tools are designed to deal with the gorilla on the field, which the planners don't see and don't acknowledge is there.

I know that others who have worked to generate crucial local knowledge have experienced similar resistance putting that knowledge to use. And that's one of the challenges we hope strategic design can address. But the challenges we face are more formidable. **Even when people want to tap into the knowledge of the people they want to help and use that knowledge as a basis for social action, they aren't actually doing what they think they are doing. We know because we conducted the first study that tracked the contribution and use of knowledge directly.**⁹ In that study, we refer to knowledge that is used as a basis for social action as being **influential**.

6 Center for the Advancement of Collaborative Strategies in Health (2007). What makes protection possible? Looking at emergencies through the eyes of community residents in the Redefining Readiness demonstration sites. The New York Academy of Medicine (available at www.redefiningreadiness.net).

7 Lasker RD, Hunter ND, Francis SE (2007). With the public's knowledge, we can make sheltering in place possible. The New York Academy of Medicine (available at www.redefiningreadiness.net).

8 Lasker RD (2007). Preparing to shelter in place: Issues for households to consider; Issues for work places to consider; Issues for schools and early childhood/youth programs to consider; Issues for governments to consider. The New York Academy of Medicine (available at www.redefiningreadiness.net).

9 Lasker RD and Guidry JA (2009). Engaging the community in decision making: case studies tracking participation, voice and influence. McFarland & Company.

We did this work collaboratively with five of the most community-driven partnerships in the United States who had been engaging a broad range of community members in dealing with serious social issues, such as poverty, unemployment, crime and violence, lack of affordable housing, and displacement due to gentrification. The processes they had been using shared many of our objectives in strategic design. But until we developed methods to track the influence of different people's knowledge, it wasn't possible to know how effective these processes actually were.

When we applied these methods, we found that **the people who were most affected by the problems the communities were addressing or who were the focus of the social actions that were being developed had critical knowledge, but their knowledge was much less likely to be contributed and used than the knowledge of other people.** Many barriers stood in the way, which the organizers of these processes had not been aware of. If we benefit from this work during our meeting by keeping these barriers on our radar screen, I think we'll be more effective at what we're trying to do with strategic design.

One of the most fundamental barriers is that **some of the people with crucial knowledge—the people who are the focus of social actions—may not be considered to be knowledgeable at all.** Cross-cultural issues are important here, but we found that even *within* a community, in processes organized by the community, the people who are considered to be knowledgeable tend to be those with clout, resources, or formal education and training in the particular areas the process is focusing on. The ideas of the people the community is trying to help through social action are often not considered to be of value. Indeed, *empowerment* is often conceptualized as giving people agency by giving them knowledge rather than by making their own ideas and knowledge influential.¹⁰

Clearly, many different kinds of knowledge are needed to identify, understand, and address social issues, and it is not my intention to devalue academic and technical expertise. But **if the organizers of a process don't appreciate what the people who are the focus of social actions know that no one else knows directly, and the critical need for that knowledge in designing and implementing social actions, these people will encounter numerous roadblocks that prevent their crucial knowledge from being contributed or used.** For example, we found:

- They have limited opportunities to participate (instead, their views are sought indirectly through people who are assumed to speak for them).
- They are limited in the kinds of ideas and knowledge they can express (because they aren't asked about what they care about and know, they aren't asked questions in a frame of reference that is meaningful to them, or they use forms of expression that aren't taken seriously by others).
- Their ideas are misinterpreted or reinterpreted (because they aren't articulated clearly and specifically or documented accurately and completely).
- Their ideas are dismissed (because they challenge preconceived notions or assumptions).

Even when a process is successful in generating crucial local knowledge, another fundamental barrier prevents that knowledge from being put to use, and that barrier relates to *change*. The people involved in developing social actions have ideas and knowledge of their own and they see their work in a particular frame of reference. The people who are

¹⁰ See discussion of individual empowerment in Lasker RD and Weiss ES (2003). Broadening participation in community problem solving: a multidisciplinary model to support collaborative practice and research. *Journal of Urban Health* 80:14-47.

the focus of their actions see things differently than these experts do, which is why their knowledge is so valuable. It complements expert knowledge and compensates for what experts don't know.

The problem is that **it's hard to bring different kinds of knowledge together, especially when the new knowledge challenges what experts were previously thinking or doing.** To use that knowledge, they would need to reassess and change what they were initially planning to do. And change is not something that comes easily. That's why we and others have found that **the local knowledge most likely to be influential in these processes is the knowledge that is most closely aligned with what the organizers or experts were already planning to do.** Most of the other knowledge and ideas that people contribute go by the wayside.

Let's go back for a moment, to our work in emergency preparedness. By the time we looked at emergencies through the public's eyes, planners had already invested a lot of effort in developing their preparedness plans. Although we presented strong evidence that the plans won't work and, even worse, put millions of people unnecessarily at risk, and although we showed how the plans could be fixed, planners have not made use of this knowledge.

If we look at this through the planners' eyes, it isn't very surprising. Recognizing that they need to learn from the public in order to protect the public goes counter to their notions of their own expertise and their assumptions about the public. They are the ones who have been trained to develop plans and the responsibility of the public is to follow their instructions. Planners assume that people who don't follow their instructions are ignorant, recalcitrant, or irrational. Consequently, in spite of our findings and tools, they continue to focus on educating the public and communicating with the public rather than using the public's knowledge to fix their plans.

Moreover, changing preparedness plans involves additional time and work and planners are stretched to the limit as it is. Without additional funding for this effort, and without any accountability for developing plans that identify the problems people face trying to protect themselves in an emergency and proactively addressing those problems, they see no compelling reason to change what they are doing.

I think the psychology experiment I mentioned earlier can help us here. It's not possible to change basic human psychology. Emergency planners and other experts have been educated and trained to look at the passes on the field. People with crucial local knowledge see the gorilla. But **what a strategic design process can do—and has to do—is to make each of us aware that we are only seeing part of the picture and that we need what others are seeing in order to be effective.**

UNIDIR RESOURCES

About UNIDIR

The United Nations Institute for Disarmament Research (UNIDIR)—an autonomous institute within the United Nations—conducts research on disarmament and security. UNIDIR is based in Geneva, Switzerland, the centre for bilateral and multilateral disarmament and non-proliferation negotiations, and home of the Conference on Disarmament. The Institute explores current issues pertaining to the variety of existing and future armaments, as well as global diplomacy and local tensions and conflicts. Working with researchers, diplomats, government officials, NGOs and other institutions since 1980, UNIDIR acts as a bridge between the research community and governments. UNIDIR's activities are funded by contributions from governments and donor foundations.