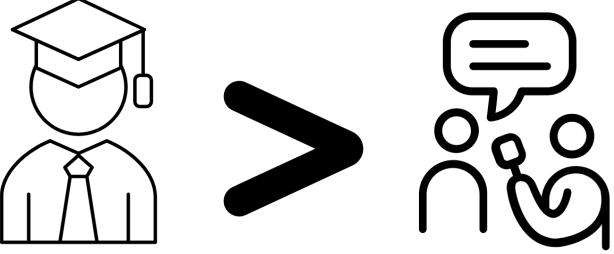


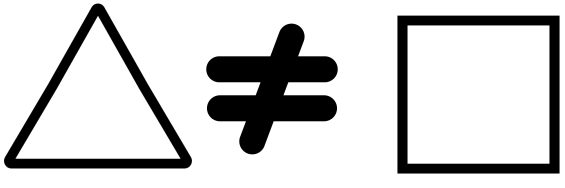
Engaging scientific authority for participatory decision-making: How a rare disorder community uses a social platform

Nastaran Jadidi with Vineet Pandey
nastaran.jadidi@utah.edu, vineet.pandey@utah.edu


The public participates in policy-making but faces challenges



Institutional policies directly impact lives. Typically, policy-making tends to value expert insights over people's experiences



Not considering people's inputs might yield policies that fail to address public needs



Official platforms often limit participation to consultation (Arnstein's ladder)

Our Goal: Design platforms that can facilitate public participation in policy making

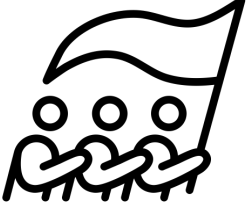
Research Question: What strategies do people use when attempting to participate in policy-making processes using social platforms?

Approach: Study how a community uses a social platform to engage with institutional experts

Patient communities demonstrate a new approach to citizen science

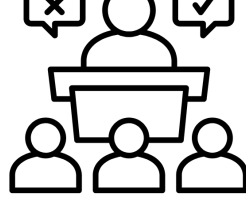
Traditional citizen science work has two separate forms (Ottinger, 2017, The Routledge Handbook of the Political Economy of Science, Chapter 26):

Social movement-based citizen science



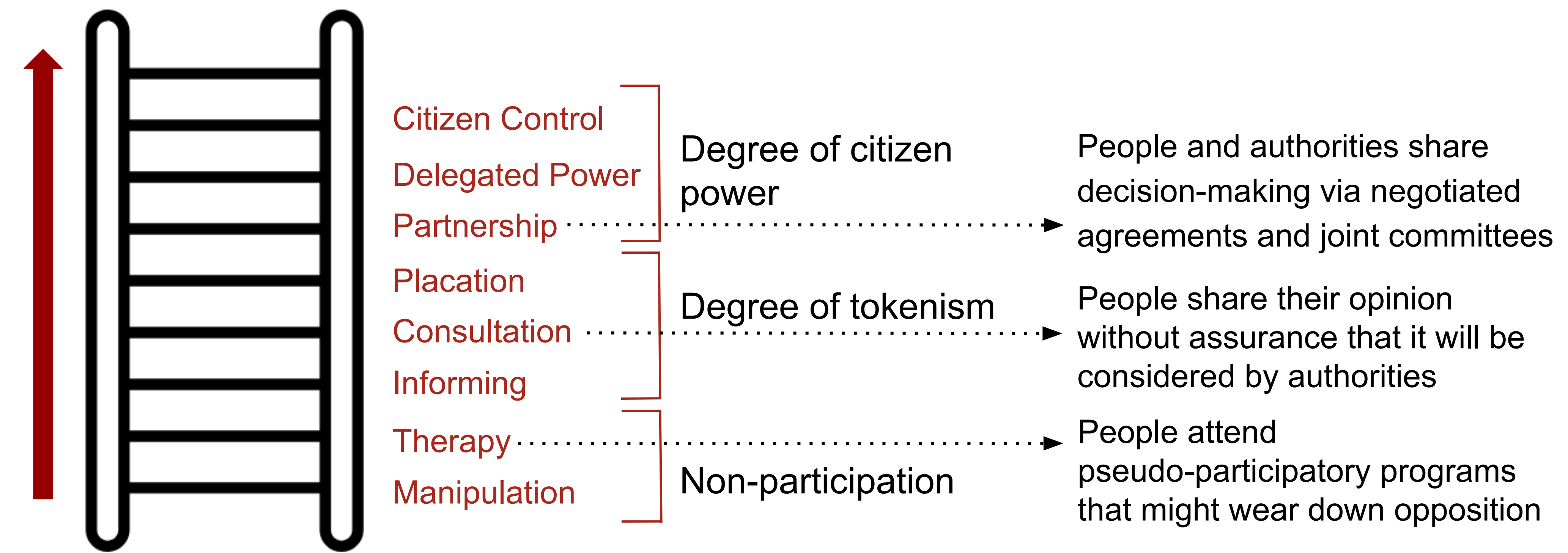
- Communities define questions based on local problems
- Community volunteers gather data based on their priorities
- Community volunteers explicitly aim to change real-world situations

Scientific authority-driven citizen science



- Scientists establish research questions based on “scientifically-important” topics
- Volunteers collect data following experts’ protocols
- Scientists and volunteers focuses on expanding scientific knowledge

Arnstein's ladder is a concept that shows different levels of citizen participation in decision-making processes




Next steps & implications for designing structured, collaborative participatory platforms:


- Investigate other strategies of participation in institutional policy-making across official channels designed for public participation and other social platforms
- Design platforms based on 1) How institutions integrate public input in their policy decisions; and 2) Various strategies that people use to engage in policy-making processes

The ALS community is motivated to participate in policy-making


Amyotrophic lateral sclerosis (ALS)—also known as Lou Gehrig’s disease—is a rare neurodegenerative disorder that affects nerve cells in the brain and spinal cord which impacts physical function.



- Fatal, no cure, limited treatment options
- Treatments approved only via institutional processes & policies



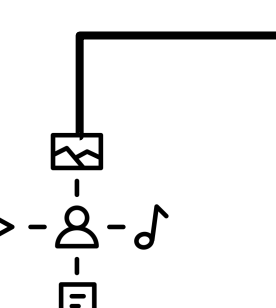
- People organize on official platforms and social platforms to engage with regulators (like FDA)



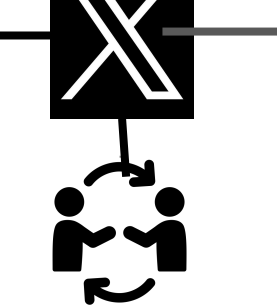
- Increased funding for drug development via the Ice Bucket Challenge
- Prior success influencing institutional policies (ACT for ALS)

The ALS community is motivated to improve access to treatments and organizes on social media to advocate for its needs.

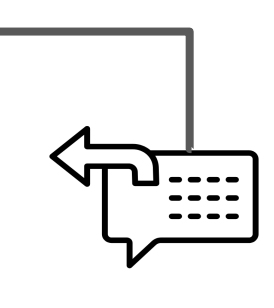
Participation via social media: Stance & engagement on X Platform



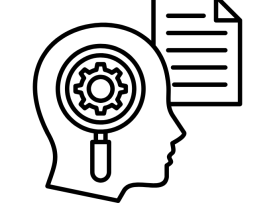
Posts include images, videos




Community members interact with each other



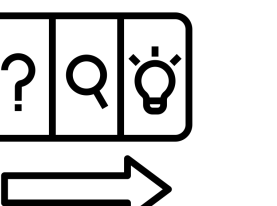
Community responds rapidly to institutional decisions



Coding based on Hyland’s linguistic model of stance and engagement



Digital ethnography to capture contextual aspects of linguistic strategies




Inductive coding based on contextual insights

Findings

The ALS community...

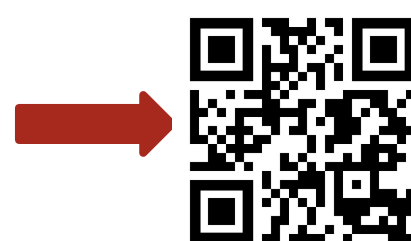
- Attempts to establish partnerships with the FDA by presenting themselves as informed and credible stakeholders
- Demonstrates possessing scientific knowledge of ALS and institutional processes
- Presents its views as representative of broader collective interests
- Shares their lived experience as a form of evidence for their arguments



| Words/Phrases | Category |
|--|-----------------|
| 'Some', 'likely' | Hedge |
| 'Clearly' | Booster |
| 'Should be approved', 'need to do', 'approve it' | Directive |
| 'I', 'me' | Self-mention |
| 'Dying patients' | Attitude Marker |

| Category | Goal: What it does |
|----------------------------|--|
| Stance | |
| Hedge | Indicates the speaker's tentative commitment |
| Booster | Expresses the speaker's certainty |
| Attitude Marker | Indicates the speaker's affective attitude |
| Self-mention | Explicitly references the speaker's presence |
| Engagement | |
| Reader Pronoun | Brings the reader into the discourse |
| Directive | Gives direct instructions or commands |
| Rhetorical Question | Implicitly convey a statement and can attempt to persuade, make arguments, criticize, and express sarcasm or irony |
| Appeal to Shared Knowledge | Constructs inclusion by making the reader recognize something familiar through mentions of: <ul style="list-style-type: none">Institutional Processes: Understanding of institutions' inner workingsScientific Knowledge: Understanding of scientific principlesSpecific Drug/Trial: Awareness of a specific drug or trial |

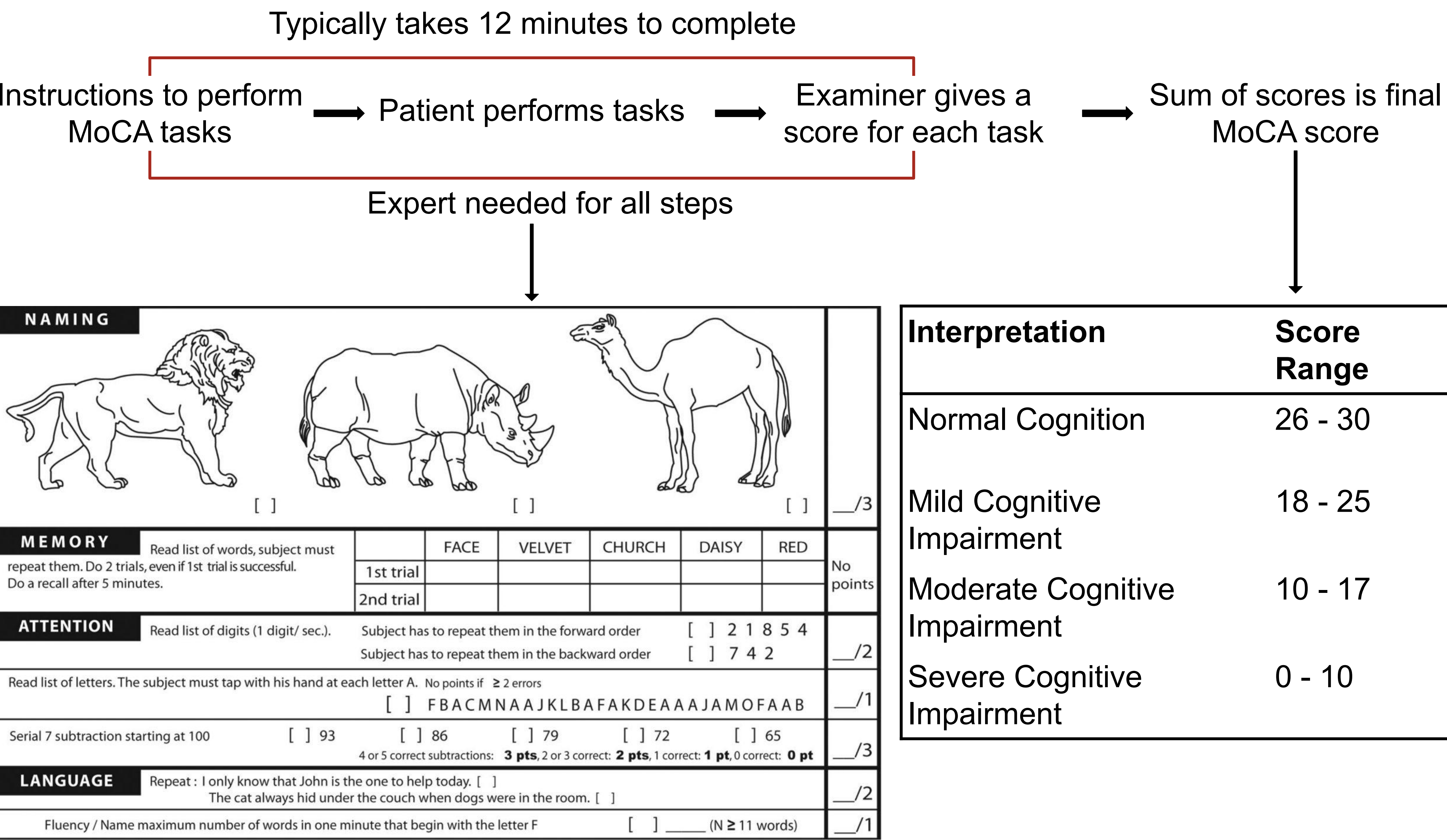
Submitted paper can be found here



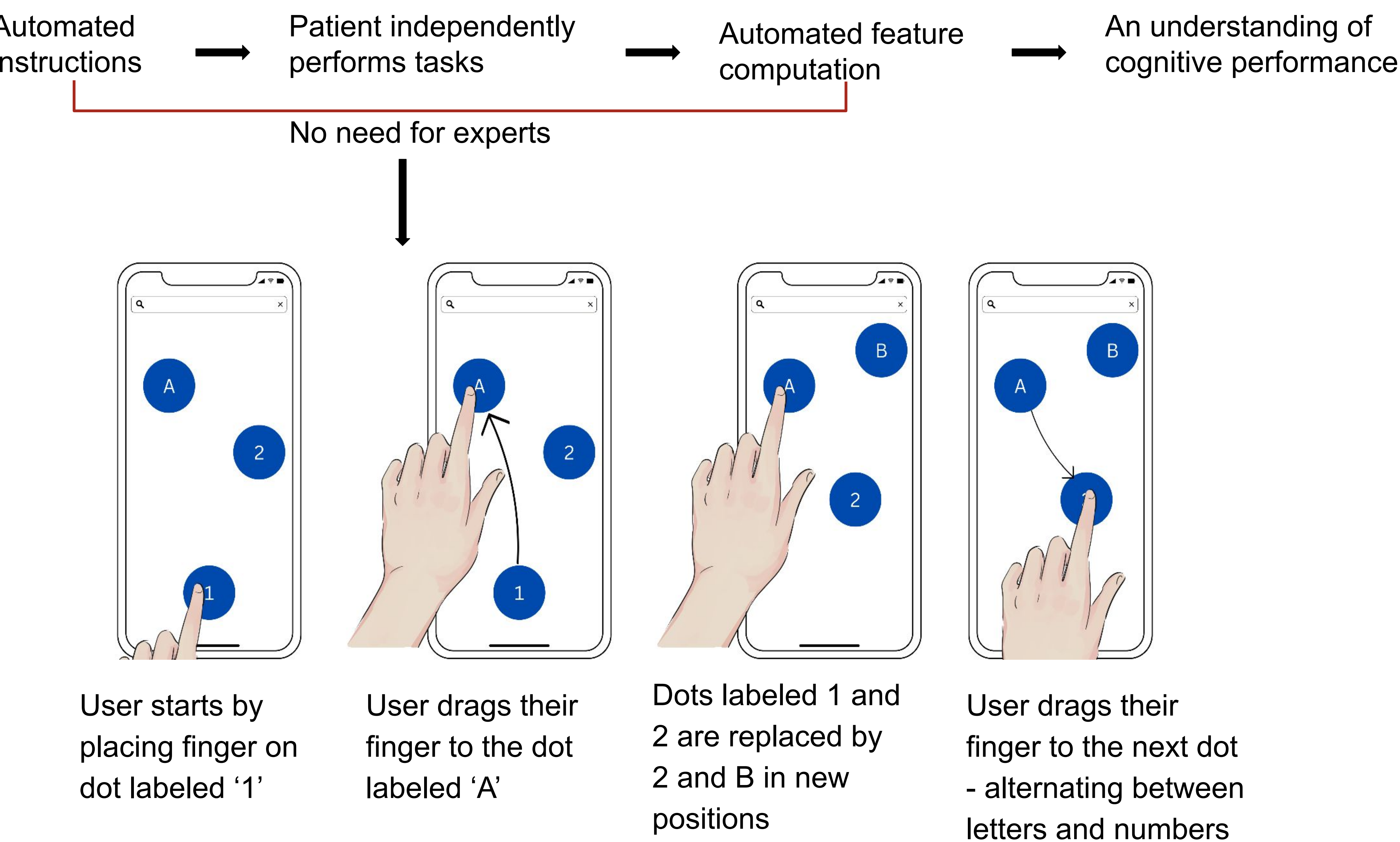
Cognitive Profiles Using Fine-Finger Performance on a Web-Based Task for Touchscreens

Sujit Kumar Kamaraj with Vineet Pandey
sujit.kamaraj@utah.edu

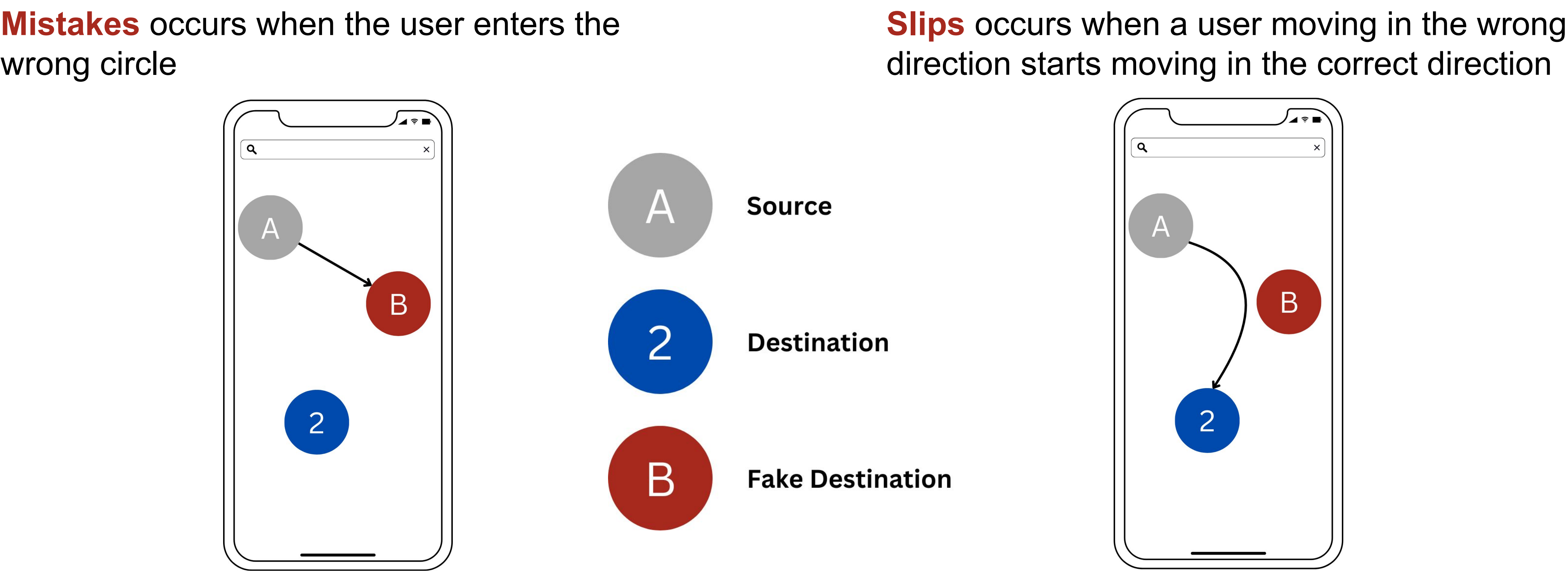
Screening tests–like Montreal Cognitive Assessment (MoCA)–produce basic summative scores and require trained expert time



Touchscreen-based tasks can highlight varying cognitive performance using fine-finger tracking and do not require expert presence

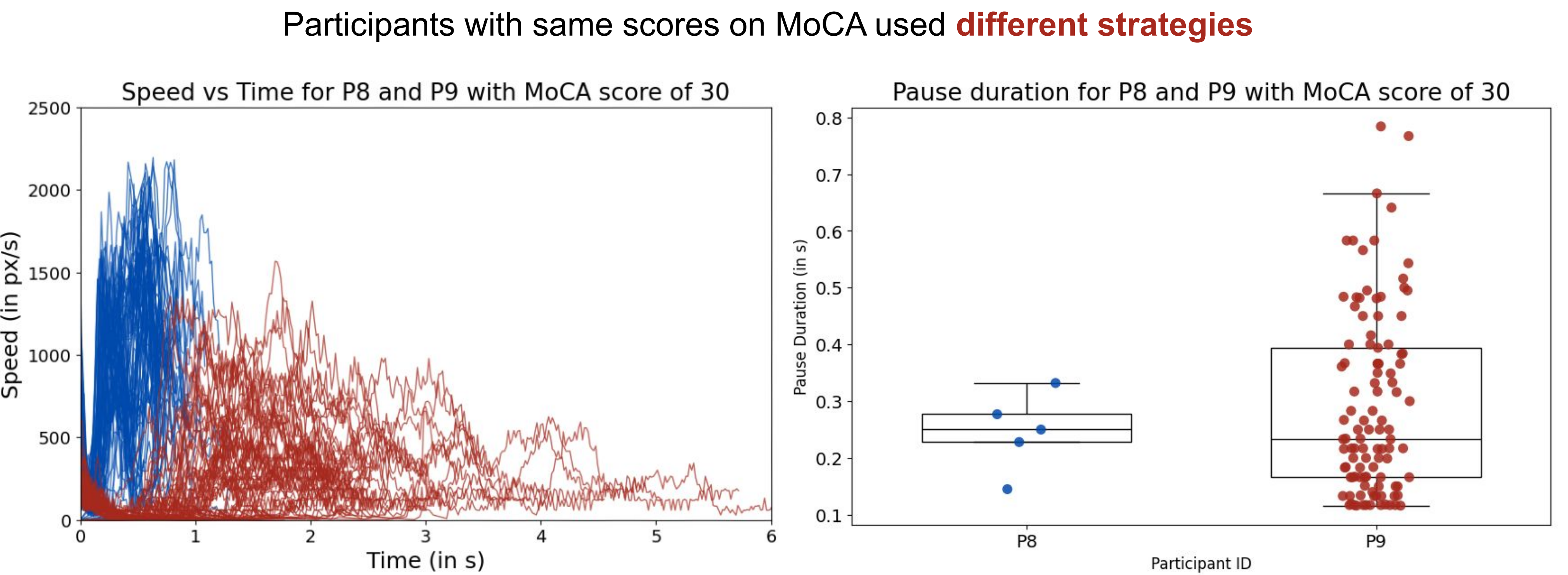
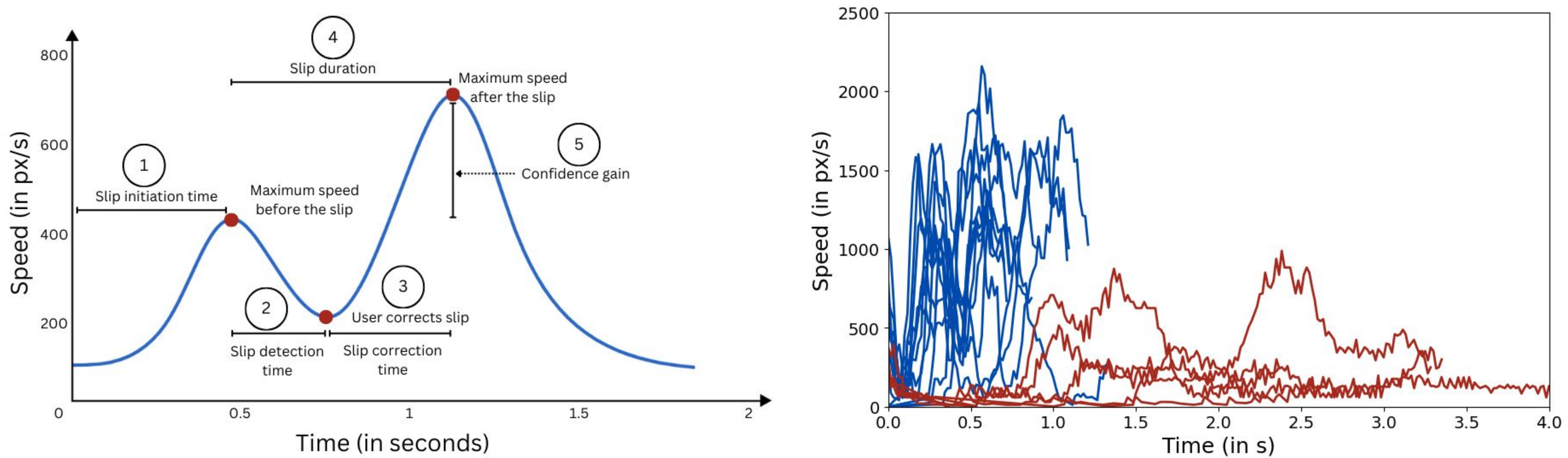


Different stages of error processing provide measures of cognitive performance



Different stages of error processing like **slip identification and correction** is tracked by analyzing change in speed

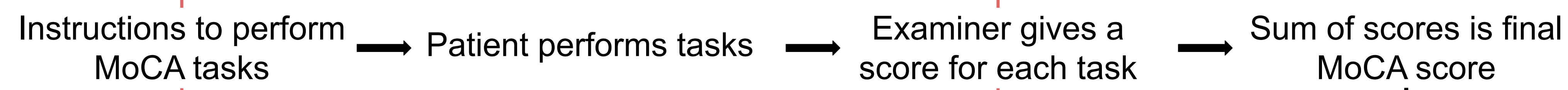
People with MoCA score = 26 moved slower and for longer duration while people with MoCA score = 30 moved faster and for shorter duration



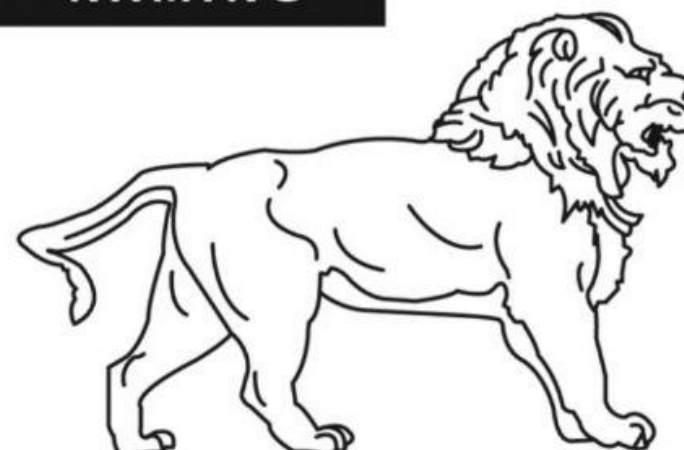
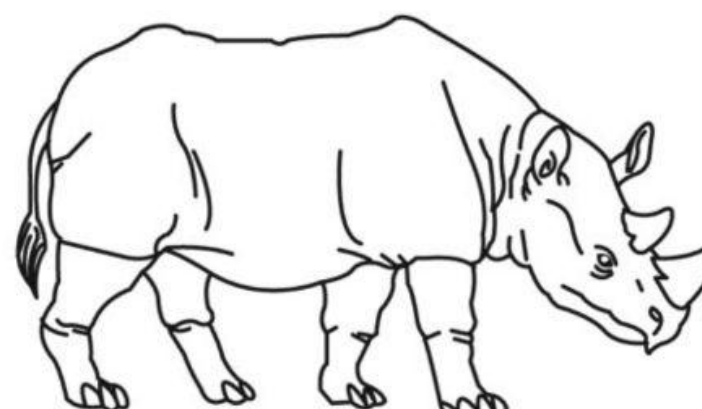
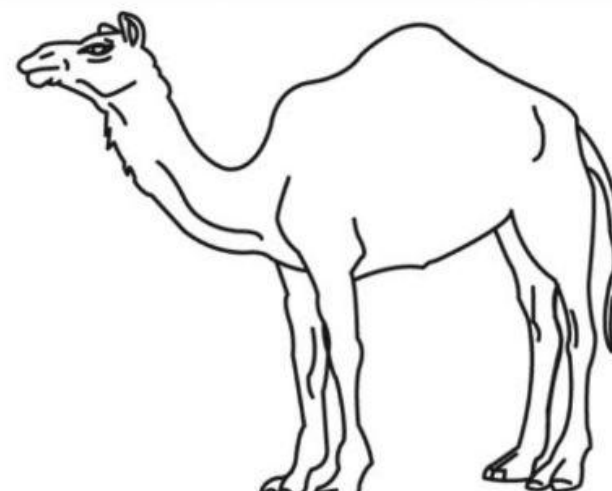
Sujit Kumar Kamaraj with Vineet Pandey
sujit.kamaraj@utah.edu

Screening tests—like Montreal Cognitive Assessment (MoCA)—produce basic summative scores and require trained expert time

Typically takes 12 minutes to complete

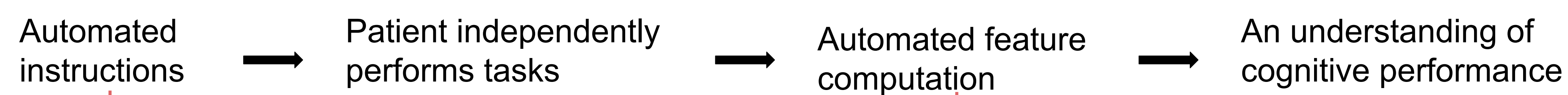


Expert needed for all steps

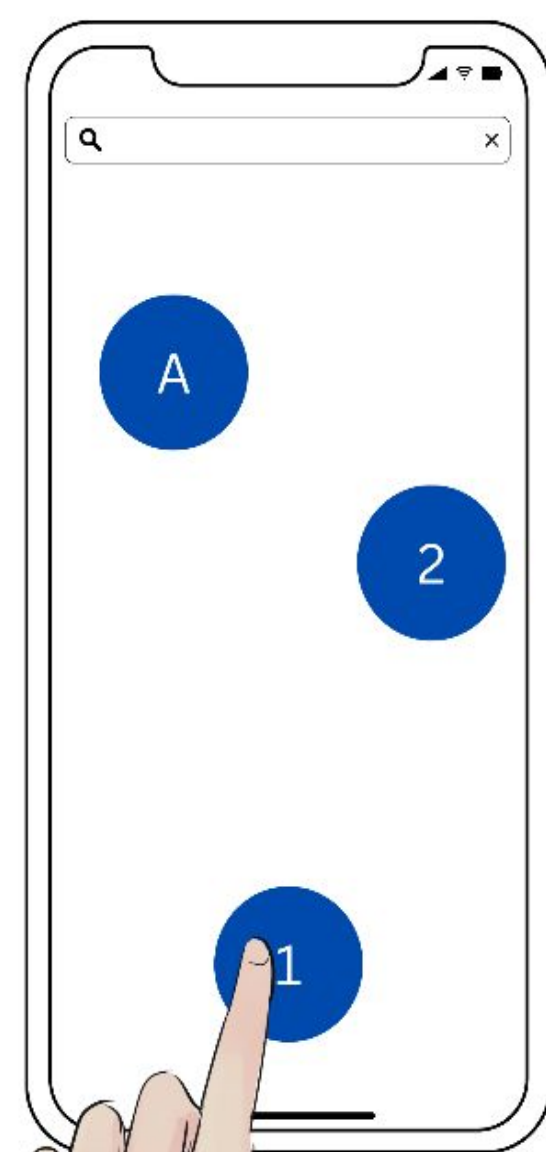
| | | | | | | | | | | |
|--|--|---|------|---|--------|---|-----|------------------|-----|------|
| NAMING | |  | |  | |  | | | | |
| | | [] | | [] | | [] | | /3 | | |
| MEMORY | Read list of words, subject must repeat them. Do 2 trials, even if 1st trial is successful. Do a recall after 5 minutes. | | FACE | VELVET | CHURCH | DAISY | RED | No points | | |
| | | 1st trial | | | | | | | | |
| | | 2nd trial | | | | | | | | |
| ATTENTION | Read list of digits (1 digit/ sec.). | Subject has to repeat them in the forward order | | [] | 2 | 1 | 8 | 5 | 4 | |
| | | Subject has to repeat them in the backward order | | [] | 7 | 4 | 2 | | | |
| Read list of letters. The subject must tap with his hand at each letter A. No points if ≥ 2 errors | | [] | | F B A C M N A A J K L B A F A K D E A A A J A M O F A A B | | | | | /1 | |
| Serial 7 subtraction starting at 100 | [] | 93 | [] | 86 | [] | 79 | [] | 72 | [] | 65 |
| | | 4 or 5 correct subtractions: | | 3 pts, 2 or 3 correct: | | 2 pts, 1 correct: | | 1 pt, 0 correct: | | 0 pt |
| LANGUAGE | Repeat : 1 only know that John is the one to help today. [] The cat always hid under the couch when dogs were in the room. [] | | | | | | | | /2 | |
| Fluency / Name maximum number of words in one minute that begin with the letter F | | [] | | _____ (N ≥ 11 words) | | | | | /1 | |

| Interpretation | Score Range |
|-------------------------------|-------------|
| Normal Cognition | 26 - 30 |
| Mild Cognitive Impairment | 18 - 25 |
| Moderate Cognitive Impairment | 10 - 17 |
| Severe Cognitive Impairment | 0 - 10 |

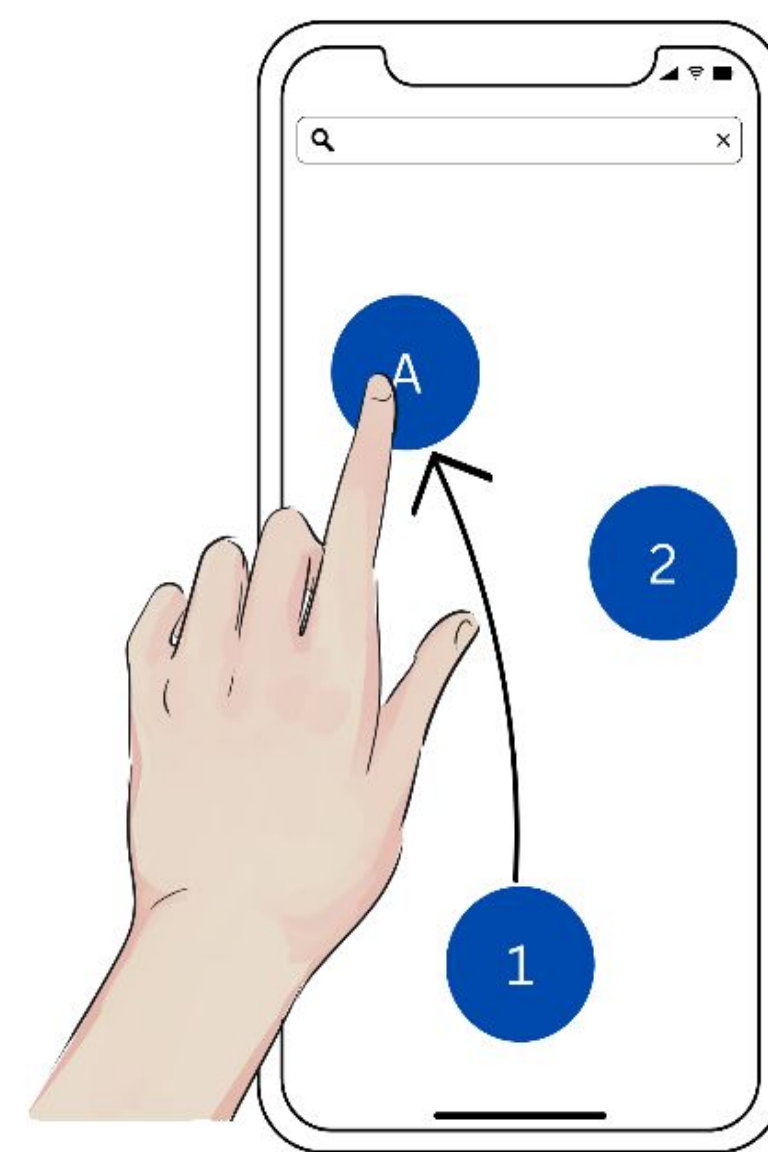
Touchscreen-based tasks can highlight varying cognitive performance using fine-finger tracking and do not require expert presence



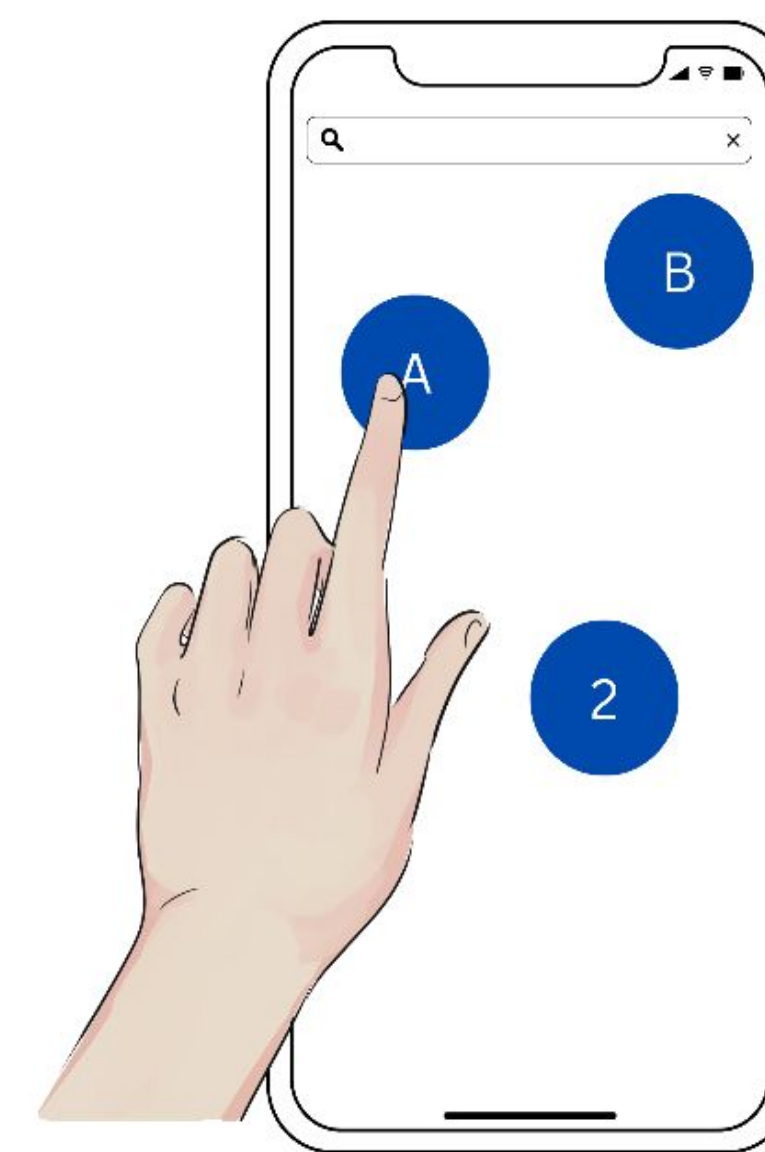
No need for experts



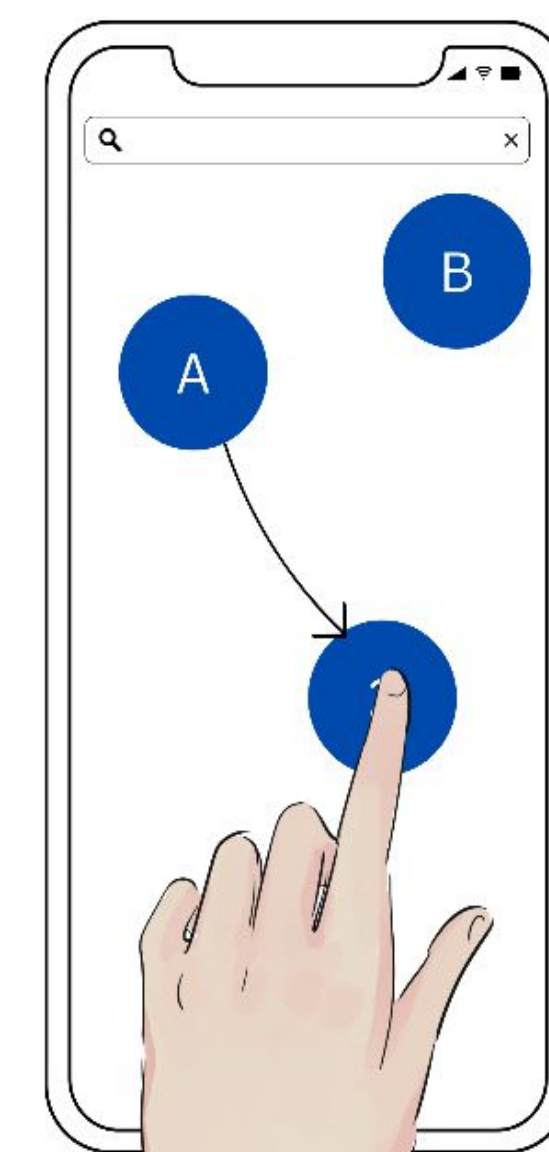
User starts by placing finger on dot labeled '1'



User drags their finger to the dot labeled 'A'



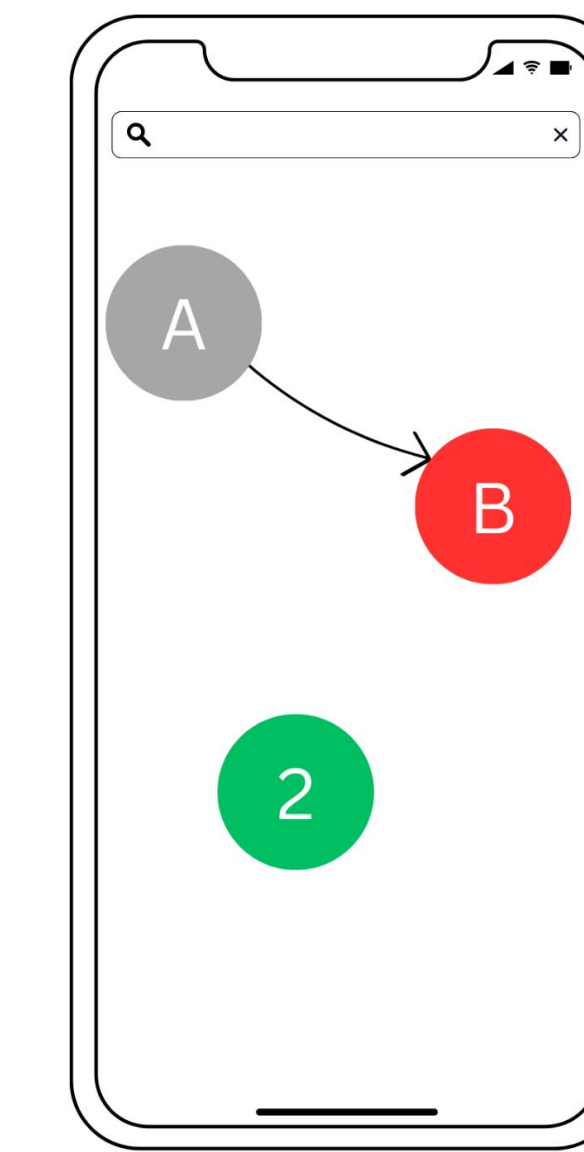
Dots labeled 1 and 2 are replaced by 2 and B in new positions



User drags their finger to the next dot - alternating between letters and numbers

Different stages of error processing provide measures of cognitive performance

Mistakes occurs when the user enters the wrong circle

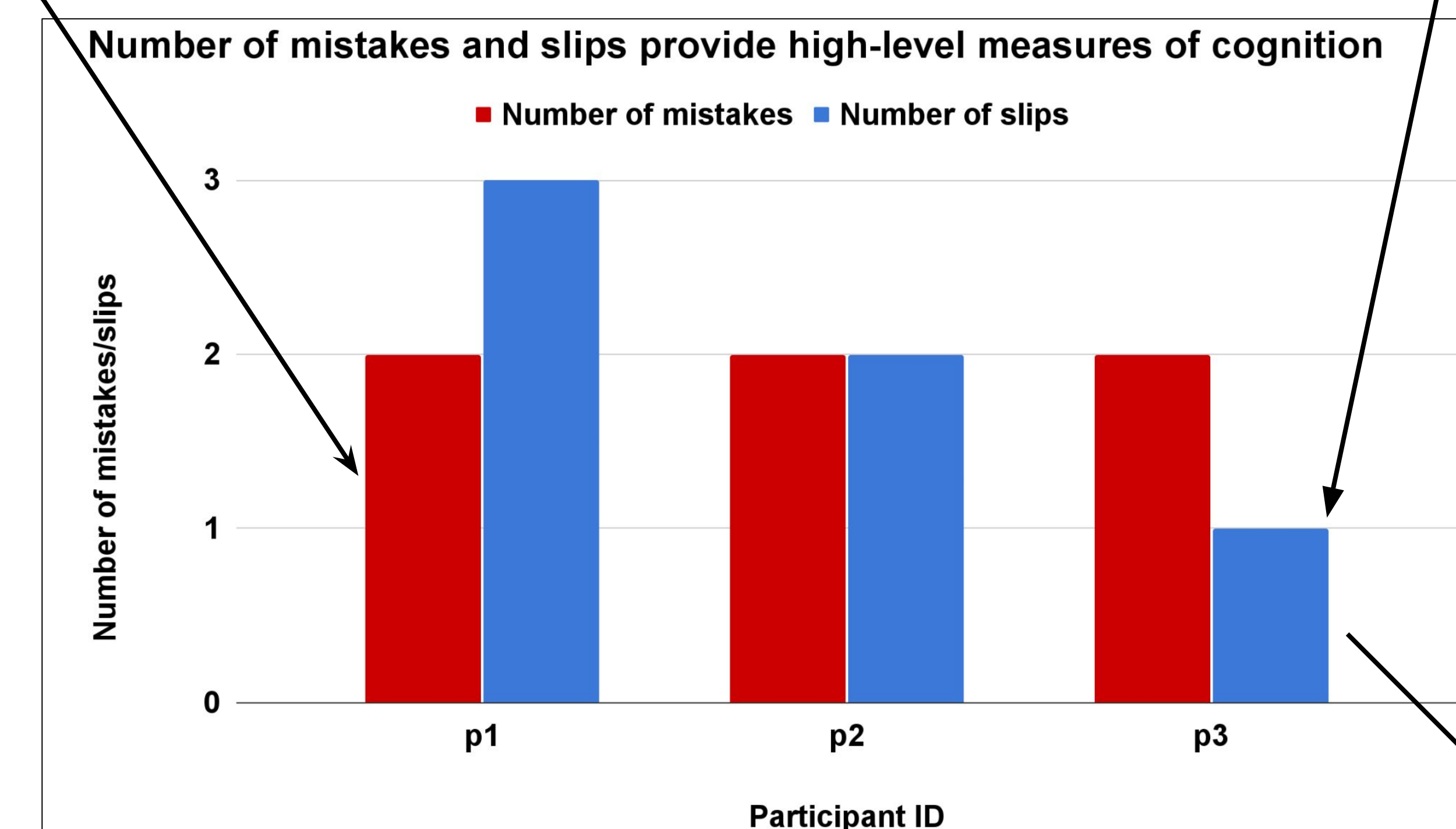
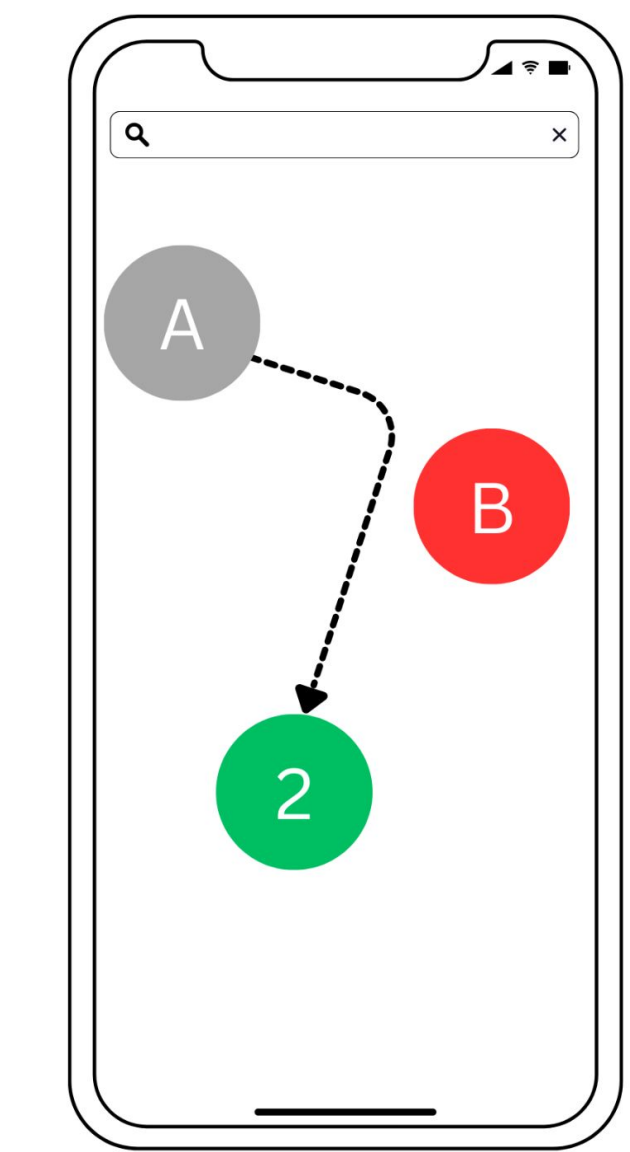


A Source

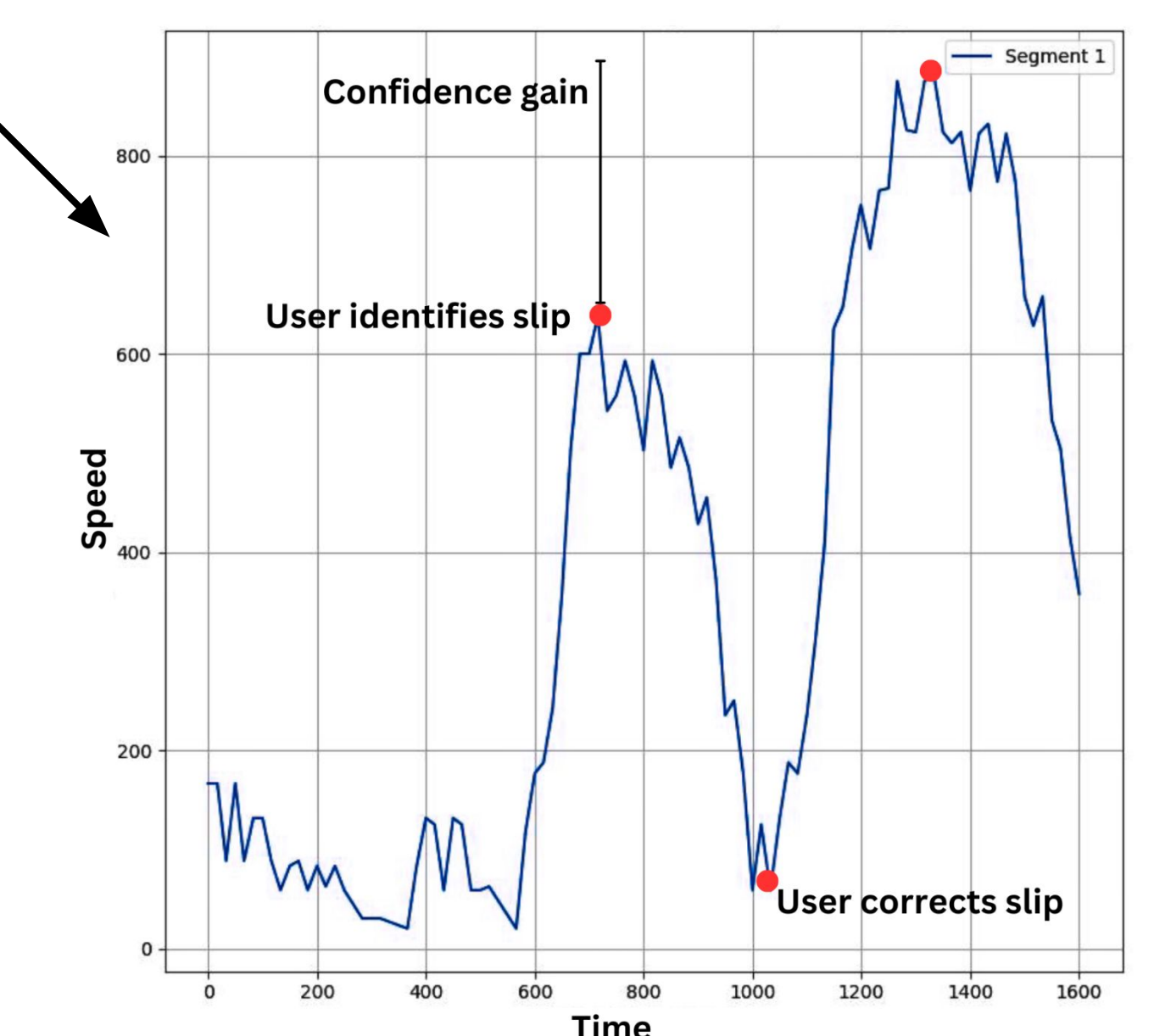
2 Destination

B Fake Destination

Slips occurs when a user moving in the wrong direction starts moving in the correct direction



Different stages of error processing like slip identification and correction is tracked by analyzing change in speed



Confidence gain is the difference between the maximum speed before and after a slip

