

# The Public Engagement Project on the H1N1 Pandemic Influenza Vaccination Program

Final Report

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## EXECUTIVE SUMMARY

### **Background**

Input from a large and diverse group of citizens and stakeholders can reveal core public values, inform policy making, produce sound decisions or point the way to more innovative solutions. When faced with data gaps, uncertainty and competing values, policy makers can look to public and stakeholder engagement to help them make difficult decisions such as the ones surrounding the proposed plan for a mass vaccination program against H1N1 pandemic influenza. Recognizing this challenge, the Centers for Disease Control and Prevention conducted a series of ten citizen-at-large public meetings, two web dialogues and a stakeholder meeting in August and September 2009 to better inform public health decisions on the H1N1 mass vaccination program. In addition, the CDC anticipated that the project would increase public support for agency decisions, empower citizens to participate more effectively in future policymaking work, and enhance public trust.

### **Methods**

From mid-July through August, 2009, The Keystone Center, a neutral facilitation organization, recruited participants for the ten face-to-face meetings and the stakeholder meeting while WestEd, a nonprofit, public research and development agency, worked to recruit participants for the internet-based dialogues. Keystone and CDC, with subject-matter experts from the Department of Health and Human Services and with other local, state and federal agency staff, conducted the ten meetings (one in each HHS region) from August 8 through August 29. WestEd's web dialogues took place on August 26-27 and August 31-September 1. Finally, Keystone led a stakeholder meeting with representatives from affected sectors on September 10 and 11 in Washington, DC. An independent evaluation of the project was carried out by the University of Nebraska Public Policy Center.



*Photo courtesy of University of Nebraska*

## **Participants and Options**

A total of 1,095 meeting participants at 13 events learned about H1N1 and about vaccination. Participants spent time in small groups discussing the advantages and disadvantages of planning for three different target levels of preparedness using a discussion guide that described the three options:

1. A go-easy target level that relies on the seasonal flu vaccination infrastructure and minimizes the additional effort for H1N1
2. A moderate target level that one can distinguish from the usual level of effort made in planning a seasonal flu campaign, and
3. A full-throttle target level of preparedness with greater education, outreach and volunteer efforts and more vaccination locations than in a seasonal flu program.

The CDC asked participants whether the U.S. should take a full-throttle or a go-easy approach to vaccination against novel H1N1 pandemic influenza, or a moderate approach somewhere in between. After the dialogue and deliberation sessions in each venue, the participants completed an electronic poll by voting their preference among the three target levels of preparedness.

## **Results**

Under the assumption that the severity of the pandemic would be similar to that of seasonal influenza, the majority of public meeting participants (52%) favored a moderate target level of preparedness for a mass vaccination program.

Approximately one quarter of participants favored either the go-easy target level (23%) or the full-throttle target level (25%) under this severity assumption. When asked which option they preferred for a less severe H1N1 outbreak, the number of participants favoring a go-easy approach increased 19 percentage points from 23% to 42%. Conversely, when asked which option they preferred for a more severe outbreak, the number of participants favoring a full throttle approach increased 31 percentage points from 25% to 56%.

Interestingly, stakeholders departed significantly from the citizens-at-large who attended the ten face-to-face meetings and from citizens-at-large and stakeholders participating in the online dialogues. After learning about the results from these earlier meetings, the majority of representatives of stakeholder organizations at the final meeting favored a full-throttle target level of preparedness (57%), with the next largest percentage favoring a moderate approach (40%) and 3% favoring a go-easy approach. Changing the assumptions about severity changed the opinions of the stakeholders in the same directions as the citizens-at-large.

The facilitation team also sought to uncover the possible reasons for preferring one target level of preparedness over another. There was a singular, strong value throughout all of the meetings for protecting the maximum number of persons from getting H1N1 and preventing hospitalization and death from H1N1. Participants also highly valued safety, emphasizing the importance of protecting the public from vaccine side effects. Participants at all of the public meetings expressed a strong preference for individual freedom of choice, agreeing with plans to make the vaccination program voluntary. Another important value to the participants was a strong desire for flexibility in the approach to planning the H1N1 vaccination program. Citizens at large looked to public health agencies to devise a program that can be ramped up or down in response to the actual outbreak, and to modify the program as officials understand whether the outbreak is actually milder than planned for or more severe than expected.

In many of the meetings, the participants made a distinction between different elements within a given approach. For example, many favored a full-throttle target level of effort for education characterized by forthright, plain-language discussion of the known and unknown elements of the vaccination program, but a more moderate or go-easy approach to promoting the actual vaccinations.

### **Evaluation**

The independent evaluation of the project found that the process was generally successful in attracting citizens to participate, in attracting participants from diverse backgrounds and perspectives, and in improving the knowledge of participants so they could engage in informed discussions about national vaccine policy. The evaluation revealed that citizens changed their perspectives and opinions as a result of the deliberative process which was perceived to be of high quality by citizens and evaluators. The in-person process tended to increase trust in local government but decrease trust in federal government. While the evaluation study could not yet assess the uses of the public input, the presence of high-ranking public officials at the meetings led many citizens to conclude that their input will be taken into consideration during future preparations for the vaccination program. Also, citizens agreed that as a result of the process the public would have greater support for the ultimate decision about the vaccination program.

### **Conclusions**

This public consultation involving a large, diverse group of citizens and stakeholders using a series of day-long deliberations provides consistent evidence that what matters most to the public at large about H1N1 vaccination is a program which seeks to protect people from H1N1 illness, hospitalizations, and deaths. Stakeholders shared the same paramount value for protection of the population. A majority of the public at large chose the moderate target level of preparedness as the preferred

means of reaching their goal. This preference was in contrast to stakeholders who chose the full-throttle target level of preparedness as their preferred option. Both the citizen and stakeholder publics recognized severity of the pandemic as a key factor in the choices they made about preferred approaches.

Decision makers should examine both the similarity in values and the dissimilarity of views about the best approach to take in planning for the mass vaccination program and identify the potential for changes to their plans for H1N1 vaccination. Adoption of the public viewpoint to achieve a moderate level of preparedness could reduce the number of persons vaccinated compared to a full-throttle approach. On the other hand, failure to seriously consider the public viewpoint and to launch a full-throttle approach in this circumstance could create pushback and compound the existing reluctance among some members of the public to be vaccinated, consume resources which could be invested in other public health programs with greater benefit, and erode credibility for future programs. Finally, this project gave citizens an opportunity for participatory policymaking and is what the President envisioned in his 2009 memorandum to strengthen collaborative governance through more openness and transparency in government.

## CHAPTER 1: PROCESS

Through discussions internal to the Centers for Disease Control and Prevention, the question for public and stakeholder consideration was refined and given detail. The result of those deliberations was a discussion guide that framed the policy dilemma, focusing on which of three approaches – a go-easy approach to vaccination (with no more vaccination sites than are in place for seasonal flu vaccination, for example) or a moderate approach (with some additional effort to encourage vaccination and increase access to vaccine) or a full-throttle approach (with significant federal, state and local resources dedicated to extensive promotion and widely increased vaccine access) – was more in line with public and stakeholder values. In addition, the CDC worked to produce a thirty-minute video explaining the influenza virus, H1N1 influenza, and influenza vaccine.

As the agency was formulating the question and compiling data for presentation to the public and stakeholders, agency staff began work with The Keystone Center, WestEd and the University of Nebraska to design and evaluate the thirteen meetings.

The Keystone Center took the lead for the ten face-to-face meetings, identifying one location in each of the ten Department of Health and Human Services regions, identifying state and local partners in those locations, securing meeting dates and facilities and beginning recruitment. Keystone staff used these criteria to select the locations:

- Diversity in town/city size
- Diversity in H1N1 case load
- Diversity in demographics – socioeconomic status, race and ethnicity
- Unique circumstance (location on a border of the U.S., for example)
- Prior experience with Keystone and CDC public engagement
- Willingness of state and local partners to help convene the meeting

Keystone selected these sites:

Department of Health and Human Services Region	Selected Town/City
Boston	Somerville, Massachusetts
Philadelphia	Bucks County, Pennsylvania
New York	New York City, New York
Chicago	Vincennes, Indiana
Atlanta	Birmingham, Alabama
Dallas	El Paso, Texas
Kansas City	Lincoln, Nebraska
Denver	Denver, Colorado
San Francisco	Sacramento, California
Seattle	Spokane, Washington

While beginning to recruit members of the general public to attend meetings in these locations, Keystone began work with its two subcontractors on the project, WestEd and the University of Nebraska. WestEd took responsibility for designing two web-based meetings and recruiting participants. The University of Nebraska developed the project’s evaluation program.

The work with local partners resulted in the following meetings schedule:

**Public Meetings in each HHS Region**

- August 8 – Denver, Lincoln
- August 15 – Birmingham, Vincennes, Sacramento
- August 22 – Bucks County, El Paso, New York
- August 29 – Somerville, Spokane

The other elements of the project were scheduled as quickly as possible after the face-to-face meetings in order to produce results before H1N1 program decisions were locked into place. The schedule was:

**Web Dialogue**

- August 26-27
- August 31-Sept 1

**Stakeholder Meeting – Washington, DC – September 10-11**

With a goal of 1000 participants in the ten face-to-face meetings and 500 in each of the two web meetings, Keystone and WestEd recruited participants first through state and local health agencies and then through other civic organizations such as the League of Women Voters. For the face-to-face meetings, Keystone established 800-numbers and registered participants over the phone.

As recruitment progressed, CDC and Keystone staff began drafting meeting agendas and meeting materials. The agendas began with a pre-meeting survey from the University of Nebraska followed by presentations about H1N1 and the level-of-effort dilemma. After presentations and question and answer sessions, the participants moved to small group discussions aimed at identifying advantages and disadvantages of each level-of-effort approach as well as the underlying interest or value beneath the level-of-effort preferences. Subject-matter experts were available to the participants to answer questions during their small-group discussions. The meeting agenda then moved to an electronic polling exercise with three major elements – a level-of-effort preference poll, where participants were asked to express a preference for one level of effort over another and also indicate reasons why they polled the way they did and two polling questions with different assumptions about the severity of the H1N1 outbreak. The meeting ended with a discussion of the polling results and a post-meeting survey from the University of Nebraska.



*Photo courtesy of University of Nebraska*

While the agenda remained the same throughout the ten face-to-face meetings, each weekend of meetings produced insights into the public values and perspectives that the CDC/Keystone team deemed important enough to warrant changes in the polling questions. In the end, Denver and Lincoln participants used one polling exercise, the next three locations used a modified polling exercise and all five of the final face-to-face meetings, the two web meetings and the stakeholder meetings used a final version of the polling exercise. The agenda and all three versions of the polling questions are attached.

Although recruitment efforts produced nearly 1500 registrations, 980 participants attended the face-to-face meetings. In each meeting, the agenda was executed as planned with pre- and post-meeting surveys, data about H1N1, presentation of the framework for discussion, small-group discussion, polling and a final discussion. The summary of each meeting is attached.

The web meetings centered on the same polling exercise at the end of the first day. Prior to the polling, web participants had the opportunity to enter into dialogues focused on understanding N1H1, discussing vaccine safety and reviewing and commenting on the level-of-effort approaches. As with the face-to-face meetings, subject-matter experts were available to answer questions and facilitators directed participants to different areas of the web dialogue. The web meetings concluded with a post-polling discussion.

Finally, Keystone and CDC staff recruited stakeholders for the final project meeting. Participants from each locality and each state where a face-to-face meeting occurred joined representatives from the vaccine-concerned community, vaccination advocates, national-level public health organizations, and minority groups. The meeting included these elements that were the same as the public meetings:

- The same presentation and framework presentations used in the other venues
- Small-group discussion with the same discussion guide used in the face-to-face meetings
- Electronic polling as in the last seven meetings (five face-to-face and two web meetings)
- Discussion of the polling results as in the face-to-face meetings

The stakeholder meeting included these three unique elements:

- Presentation of the results of the twelve public meetings
- A question-and-answer session with Dr. Anne Schuchat from the CDC
- A final discussion on vaccine program implementation

## CHAPTER 2: RESULTS

### Level of Effort Poll

#### Citizen Meetings

Primary Question – H1N1 Vaccination Program Level of Effort		
Which Vaccination program option do you prefer?		
	#	%
Option 1 - Go Easy	242	23%
Option 2 - Moderate Effort	548	52%
Option 3 - Full Throttle	266	25%

#### *Go-Easy – Moderate – Full-Throttle*

1095 participants\* in thirteen meetings expressed a preference for one of the three levels of effort. 242 or 23% of the citizen participants favor a go-easy approach. 548 citizen participants (52% of the total) favor a moderate approach. 266 citizen participants or 25% favor a full-throttle approach. A majority of participants in 6 of 12 citizen meeting venues preferred a moderate approach (with a high of 70% in Vincennes). A plurality of participants in 5 of 12 citizen meetings preferred a moderate approach (40-49% of participants). In only one of the twelve citizen meetings did an approach other than moderate lead the polling; a plurality of participants in 1 of 12 meetings preferred a go-easy approach (New York – 45%).

#### Stakeholder Meeting

Which Vaccination program option do you prefer?		
	#	%
Option 1 - Go Easy	1	3%
Option 2 - Moderate Effort	12	40%
Option 3 - Full Throttle	17	57%

Stakeholder results contrast with citizen results. Fifty-seven percent of the stakeholders selected a full-throttle approach. Forty percent selected a moderate approach and three percent (one participant) chose a go-easy approach.

\*Note: Not all meeting attendees elected to participate in the polling process.

**Severity Poll***Less Severe*

## Citizen Meetings

If the H1N1 outbreak is less severe than expected, which option do you prefer?		
Option 1 - Go Easy	443	42%
Option 2 - Moderate Effort	496	47%
Option 3 - Full Throttle	106	10%

## Stakeholder Meeting

If the H1N1 outbreak is less severe than expected, which option do you prefer?		
Option 1 - Go Easy	4	13%
Option 2 - Moderate Effort	14	45%
Option 3 - Full Throttle	13	42%

A majority of participants in the same 6 of 12 citizen meetings continue to prefer a moderate approach (with a high of 60% in Vincennes). A plurality of citizens in 2 of 12 preferred a moderate approach (Denver and Lincoln). A majority of participants in 4 of 12 citizen meetings preferred a go-easy approach (a high of 76% in Spokane). In the stakeholder session, assuming that the H1N1 outbreak proves to be less severe than anticipated, the plurality support a moderate approach with nearly as many continuing to favor a full-throttle approach. The go-easy approach received twelve percent of the participants' support.

*More Severe*

## Citizen Meetings

If the H1N1 outbreak is more severe than expected, which option do you prefer?		
Option 1 - Go Easy	140	13%
Option 2 - Moderate Effort	325	31%
Option 3 - Full Throttle	583	56%

## Stakeholder Meeting

If the H1N1 outbreak is more severe than expected, which option do you prefer?		
Option 1 - Go Easy	2	6%
Option 2 - Moderate Effort	3	9%
Option 3 - Full Throttle	27	84%

A majority of participants in 8 of 12 public meetings preferred a full-throttle approach (with a high of 69% in Birmingham) under the assumption that the outbreak is more severe than expected. Assuming greater severity, a plurality of participants in 2 of 12 public meetings preferred a full-throttle approach (Denver and New York). A plurality of participants in 2 of 12 preferred a moderate approach (Sacramento and Spokane). These results align with the theme of uncertainty that dominated meeting discussion. If one of the most important variables and greatest areas of uncertainty is removed, the participant preferences are more closely aligned.

Again, the stakeholder results are somewhat at variance with the public meeting results with the stakeholders favoring a full-throttle approach more than the public would. Under the assumption of a more severe outbreak, 2 participants, or six percent of the group, favor a go-easy approach. Ten percent support a moderate level-of-effort under a more-severe assumption. Support for a full-throttle approach grows to 84% of the group should there be a more severe outbreak.

### **Themes**

The following themes reflect significant ideas that emerged in polling results on values as well as during question and answer periods and in small group discussions. In order to be considered significant, a theme had to exhibit both significance in polling (appearing in the top three in most cities when polled) or frequency of mention in question and answer sessions and small group discussions. A complete list of polling results and summaries of table top discussions for all meetings are contained in the appendix to this report.

#### *Protection*

There was a singular, strong preference throughout all of the meetings for protecting the maximum number from getting H1N1 and preventing hospitalization and death from H1N1. In 4 of the first 5 community meetings, protecting people from the risk of getting the virus emerged as the number one reason for participants' program option choices. The goal of protection was also significant for the stakeholders.

#### *Safety*

The drive for protection was in tension with the concern over vaccine safety. In the polling, protecting people from vaccine side effects was a significant reason for picking a particular program option. In small groups and in question and answer sessions, participants raised concerns over the limited time for testing under an emergency use authorization, the potential for some vaccine to include adjuvants such as Squalene, the possibility of side effects from multi-vial preservatives including Thimerosal and suspicions that vaccine companies and the federal

government have incentives to underestimate safety concerns. Many voiced the desire to slow down to allow time for thorough testing and education. Some groups concluded that an increased safety testing and monitoring program would help address concerns while others argued for no program at all as the solution.

### *Education*

There was a strong desire for an education campaign that accurately portrayed the realities of the disease and the vaccine. Educating the population and raising awareness about novel H1N1 virus was a significant reason for choosing a particular program option in all of the cities polled. In small group discussions, participants stressed unbiased information, not persuasive information. They wanted the agency to be forthcoming on the uncertainty surrounding the disease and vaccine, vaccine safety and testing, the severity and the spread of the virus, and measures for preventing disease. Participants expressed a number of reasons why such information was so important. For some, it was so participants could exercise truly informed consent. For others it was so that people could understand the threat associated with the disease. Discussions of information needs revealed a general dissatisfaction with communication regarding H1N1 to date. Attendees at many different locations questioned the use of the media as credible sources of information due to their tendency to sensationalize and some questioned any information coming from the government (including the CDC). The suggestion was made at some meetings to provide information through community groups and doctors instead of the media. Stakeholders also expressed a concern that much of the information on novel H1N1 and the vaccine are not available to the general public.



*Photo courtesy of University of Nebraska*

### *Access*

A theme of many of the meetings was equal access. When polled, having a vaccine program that gives everyone an equal chance of being vaccinated regardless of age or risk status emerged as a significant additional program goal. Protecting subgroups in the population who had been traditionally underserved also emerged as important. This concern for reaching out to the under-served, less-connected, and

at-risk populations was especially prevalent at the stakeholder meeting where there were representatives from these sectors. In the citizen meetings, this concern was directed toward different groups in each city. In Denver much of the concern centered on Hispanic populations; Somerville focused on the Brazilian population. People in El Paso expressed concern for those crossing borders, new immigrants, and poor families. In Sacramento, there was concern about college students, and others living in tight quarters including inner cities. The people in Birmingham expressed concern for the homeless and indigent populations, and the people in Vincennes expressed concern for the Amish and Mennonite populations. In all cases the underlying sentiment seemed to be the same - protecting the vulnerable.

### *Voluntary Vaccination and Freedom of Choice*

Throughout all of the citizen meetings, there was an expressed concern over the truly voluntary nature of the program. The freedom to make my own health care decisions emerged as significant in the two cities where it was polled. After the first round of polling, this option was removed because it was considered irrelevant since the program was voluntary. Despite this fact and continued assurances that the program was voluntary, participants in most cities emphasized that mandatory vaccination would be unacceptable to them and that people must have individual choice as to whether they would get vaccinated. They stressed that the voluntary nature of the program would need to be emphasized continually throughout.

### *Uncertainty*

A common theme that stood out across all of the meetings and all of the subjects discussed was uncertainty. Participants in these meetings grappled with uncertainty about the disease- its spread and severity and the vaccine- the supply, safety, and efficacy. In the face of uncertainty, different members of the public and different stakeholders reacted in different ways. Some preferred a precautionary path – take a go-slow approach until more is known. Others took a preparedness approach to uncertainty – in the face of an unknown level of risk, a full-throttle approach seems the most judicious. Clearly, for most of the public attendees, uncertainty, among other factors, translated into a preference for a moderate approach. 548 participants, 51.89% of the total in all twelve meetings, preferred a moderate approach. This is evidenced by the fact that the desire to have a flexible approach that is easiest to ramp up or down and the desire to have a balanced approach both emerged as significant reasons for choosing a particular option in the polling.

In the small-group discussions, it was clear that the many unknowns surrounding this policy question were making it hard for the participants to find some common ground of opinion. There are many cases where the same idea would be listed as a pro for both the full-throttle and go-slow (e.g. in Denver some groups thought that the go-slow approach would provide maximum individual freedom, while other groups thought that full-throttle, which would increase the availability of the vaccine, would actually be

the best way to provide for individual choice). Many of the responses to the go-slow or full-throttle approach included a caveat for the severity of the pandemic (e.g. go full-throttle to get ahead of the virus or go slow because it may not be as bad). Throughout all of the responses there was a strong desire for continually updated information to ease this uncertainty. The participants want to be informed as the picture relating to the severity of the virus and the safety of the vaccine became clearer.

### *Overselling*

The discussion of education led many people to touch on the idea that H1N1 had become over-promoted. Although no polling questions were directly linked to this theme, it was often mentioned in question and answer periods and small group discussions. For some, this over promotion was problematic because they did not want to feel coerced or pushed into receiving vaccination. For others such over promotion was problematic because they believed that the CDC was over inflating the threat of the disease in order to increase demand for the vaccine. This is directly linked to an impression that CDC, other offices of the federal government and vaccine suppliers are more interested in vaccine-maker profits than in public health. Others were worried about over promotion because they were concerned that vaccine demand would outpace vaccine supply. Some worried that sensationalist reports in the media and a high volume of information coming out of CDC may lead to more people wanting the vaccine than can actually get it. If this is the case, many people are also worried that there could be shortage of supply for second doses of the vaccine, which may leave many vulnerable.

### *Resources and Practical Considerations*

Participants also questioned whether the government would have the resources to go forward with any sort of intensified program, much less a full-throttle vaccination campaign. Although limiting the expenditure of government resources did not emerge as a significant reason why participants chose a particular option, concern over the dedication of scarce governmental resources to an H1N1 vaccination program was expressed in over half of the cities in question and answer sessions and small group discussions. Participants in some cities recognized that with the first vaccine not being available until October and production not ramping up until after that, there may be a limitation on the amount of vaccine available. People in some locations (particularly those experiencing budget shortfalls such as California) also expressed concerns that state funding would be inadequate to a full-throttle or even a moderate approach. Participants in Vincennes, Birmingham, El Paso, and Somerville were worried that limited resources would be taken from other programs and diverted to the H1N1 vaccination program. At the same time, others noted that the costs of an effective vaccine program would be much less than those associated with wide-scale hospitalization.

### *The Impact of Going Full Throttle on Public Attitudes*

Participants in all meetings discussed what the implications of going full throttle on vaccination might be for people's attitudes towards public health. Some thought that going full throttle in a less severe pandemic would reflect poorly on CDC, on the government and on public health. Others, however, thought that a strong response might show that the U.S. is ready and willing to work to protect its citizens.

This subject may divide the public meeting participants from the stakeholders more clearly than any other topic. The public health stakeholders selected a full-throttle approach by a large majority and many of the stakeholders spoke of the need to fulfill a public expectation that health agencies are as prepared as possible and do as much as possible to combat H1N1 influenza. When faced with the public meeting polling results and summary, few were willing to entertain the idea that they should do less than everything in their power to advance a full-throttle approach.

## CHAPTER 3: EVALUATION

Results of the evaluation include the findings:

The process was generally successful in attracting citizens to participate in ten in-person public engagement meetings held across the country. The process was less successful at attracting citizens to participate in two web dialogues. The goal of the project was to attract 100 citizens to each of the in-person meetings for a total of 1000 participants; this goal was nearly met with 980 citizens participating in the meetings. The goal of attracting 1000 citizens to each of the web dialogues was not reached; 330 citizens participated in the two web dialogues.

The process was successful at attracting participants from diverse backgrounds and perspectives. While there were certain groups underrepresented in the meetings (e.g., males) and the characteristics of participants did not exactly match the populations of the participating communities, there appeared to be enough diversity in backgrounds and perspectives to result in meaningful dialogue and exploration of different sides of issues. Healthcare and public health officials were over-represented at the in-person meetings and even more so for the web dialogue. Evaluation results found differences in perspectives across demographic groups and meeting locations, thereby reinforcing the need to include diverse representation in public engagement processes to obtain multiple points of view.

The process was successful in improving the knowledge of participants so they could engage in informed discussions about national vaccine policy. The presentation of information and the opportunity to engage in dialogue about the topic resulted in participants' increasing their understanding of critical information about vaccines and vaccine policy. This was true for both the in-person meetings and the web dialogues. Knowledge increased for all groups regardless of education, income, race/ethnicity, age, gender and geographic location. The process did not result, though, in the same level of knowledge for all participants. The process did result, however, in leveling the knowledge base for persons who are not employed in the healthcare or public health fields.

The evaluation revealed that citizens changed their perspectives and opinions as a result of the deliberative process. By becoming better informed about the topic areas and engaging in discussions about issues related to vaccine policy, participant views about priority areas and social values underlying the priority areas changed significantly from the pre-test to the post-test. This result indicates that citizen deliberations provide a qualitatively different type and level of input from

alternative methods such as public polling or surveys. Contrary to expectations, we did not find the process to result in increased agreement among participants about priority areas and social values. There were significant differences in value ratings across the meeting sites for the in-person citizen meetings; therefore, having multiple meeting locations appears necessary to obtain varied perspectives. The over-representation of health and public health officials at the in-person meetings did not appear to have a major impact since the rating of values was not significantly different than participants who were not health care or public health officials.

The process was perceived to be of high quality by citizens and evaluators. We believe this was true in large part to the level of planning of project organizers and facilitators prior to the meetings. Participants rated the process high on a number of dimensions. For example, citizens and stakeholders thought participants felt comfortable talking in the meeting, the discussion was fair to all participants, and the process helped them understand the types of trade-offs involved in developing priorities for national vaccine policy. Satisfaction with the process was consistent across race, ethnicity, age, gender, and income, and family status, indicating the process did not favor one group over another. Satisfaction did vary by meeting location and meeting format; citizens provided lower ratings for the web dialogue than the in-person meetings.

The in-person process tended to increase trust in local government and decrease trust in federal government. Trust in health departments tended to be higher than government in general across all levels of government. Citizens reported after the meeting that they are more likely to participate in other types of engagement such as volunteering in their community, attending meetings of public boards, donating to charity, contacting elected officials and working on an election campaign.

Citizens generally have an expectation that public officials will use their input from the public deliberations. In addition, the process appeared to increase the probability that citizens would engage in increased civic activity such as volunteering, attending board meetings, and making donations. This public engagement process met most of the principles of the CDC public engagement model. There was a real desire for advice and the decision on the table was real, although a bit ambiguous. There was adequate time in deliberation, although the process could have benefitted from more time to clarify the purpose. Both facts and values contributed to the choices to be made. There was active agency staff and sufficient resources committed to process, although the CDC faced challenges in staffing the meetings with experts who were responding to the pandemic. Both nonpartisan citizens and partisan stakeholders participated in the process, although one of the stakeholder meetings originally envisioned, did not occur. There was a critical mass of citizens participating in the process and there was sufficient diverse participation, although both citizen and stakeholder meeting included

disproportionate representation from health care and public health officials. There was mutual learning through dialogue and thoughtful deliberation by participants. Difficult choices were made and agreed upon recommendations were produced. It is unclear at this point whether the last two principles were met: recommendations receive serious consideration/participants obtain candid feedback about decisions made.



*Photo courtesy of University of Nebraska*

## CHAPTER 4: CONCLUSIONS

This public consultation involving a large, diverse group of citizens and stakeholders using a series of day-long deliberations provides consistent evidence that what matters most to the public at large about H1N1 vaccination is a program which seeks to protect people from H1N1 illness, hospitalizations, and deaths. Stakeholders shared the same paramount value for protection of the population. A majority of the public at large chose the moderate target level of preparedness as the preferred means of reaching their goal. This preference was in contrast to stakeholders who chose the full-throttle target level of preparedness as their preferred option. Both the citizen and stakeholder publics recognized severity of the pandemic as a key factor in the choices they made about preferred approaches.

Decision makers should examine both the similarity in values and the dissimilarity of views about the best approach to take in planning for the mass vaccination program and identify the potential for changes to their plans for H1N1 vaccination. Adoption of the public viewpoint to achieve a moderate level of preparedness could reduce the number of persons vaccinated compared to a full throttle approach. On the other hand, failure to seriously consider the public viewpoint and to launch a full throttle approach in this circumstance could create pushback and compound the existing reluctance among some members of the public to be vaccinated, consume resources which could be invested in other public health programs with greater benefit, and erode credibility for future programs. Finally, this project gave citizens an opportunity for participatory policymaking and is what the President envisioned in his 2009 memorandum to strengthen collaborative governance through more openness and transparency in government.

## **APPENDIX A: POLLING QUESTIONS**

## **Polling Questions Used in the Denver, CO and Lincoln, NE Meetings**

### **THE PUBLIC ENGAGEMENT PROJECT ON THE H1N1 VACCINATION PROGRAM**

#### **Polling Questions**

##### **1. Which option do you prefer**

- I prefer Option 1 – Go slow
- I prefer Option 2 – Moderate Effort
- I prefer Option 3 – Full Throttle

##### **2. What is the top reason for my choice?**

- Protect Maximum Number from the Risk of Getting Novel H1N1 Virus
- Freedom to Make My Own Health Care Decisions
- Protect Maximum Number from Possible Vaccine Side Effects (lack of trust in vaccine safety)
- Limit Expenditure of Government Resources
- Flu Caused by the Novel H1N1 Virus Won't Be as Severe As Predicted
- Even if Flu Caused by the Novel H1N1 Virus is as Severe As Predicted, I Won't Get Sick
- Limit Government Role in Health Care Decisions (lack of trust in government in this arena)

##### **3. Between only these two, I choose:**

- Freedom to Make My Own Health Care Decisions
- Protect Maximum Number from the Risk of Getting Novel H1N1 Virus

##### **4. Between only these two, I choose**

- Protect Maximum Number from Possible Vaccine Side Effects (lack of trust in vaccine safety)
- Protect Maximum Number from the Risk of Getting Novel H1N1 Virus

##### **5. Between only these two, I choose**

- Limit Expenditure of Government Resources
- Protect Maximum Number from the Risk of Getting Novel H1N1 Virus

##### **6. Between only these two, I choose**

- Flu Caused by the Novel H1N1 Virus Won't be as Severe As Predicted
- Protect Maximum Number from the Risk of Getting Novel H1N1 Virus

**7. Between only these two, I choose**

- Even if Flu Caused by the Novel H1N1 Virus is as Severe As Predicted, I Won't Get Sick
- Protect Maximum Number from the Risk of Getting Novel H1N1 Virus

**8. Between only these two, I choose**

- Limit Government Role in Health Care Decisions (lack of trust in government in this arena)
- Protect Maximum Number from the Risk of Getting Novel H1N1 Virus

**Polling Questions Used in the Birmingham, AL, Sacramento, CA, and Vincennes, IN Meetings**

THE PUBLIC ENGAGEMENT PROJECT  
ON THE  
H1N1 VACCINATION PROGRAM

**Polling Questions**

**1. Which option do you prefer?**

- I prefer Option 1 – Go slow
- I prefer Option 2 – Moderate Effort
- I prefer Option 3 – Full Throttle

**2. What is the top/first priority reason for my choice?**

- We should protect maximum number from the risk of getting Novel H1N1 virus
- I want to protect the maximum number from possible vaccine side effects (lack of trust in vaccine safety)
- I want to limit the expenditure of government resources
- Flu caused by the Novel H1N1 Virus Won't Be as Severe As Predicted
- I want time to allow for thorough vaccine testing and thorough education about vaccination
- I lack trust in government sponsored/promoted programs

**3. What is the second priority reason for my choice?**

- We should protect maximum number from the risk of getting Novel H1N1 virus
- I want to protect the maximum number from possible vaccine side effects (lack of trust in vaccine safety)
- I want to limit the expenditure of government resources
- Flu caused by the Novel H1N1 Virus Won't Be as Severe As Predicted
- I want time to allow for thorough vaccine testing and thorough education about vaccination
- I lack trust in government sponsored/promoted programs

**4. What is the third priority reason for my choice?**

- We should protect maximum number from the risk of getting Novel H1N1 virus
- I want to protect the maximum number from possible vaccine side effects (lack of trust in vaccine safety)
- I want to limit the expenditure of government resources
- Flu caused by the Novel H1N1 Virus Won't Be as Severe As Predicted
- I want time to allow for thorough vaccine testing and thorough education about vaccination
- I lack trust in government sponsored/promoted programs

**5. If the H1N1 outbreak is less severe than expected, which option do you prefer?**

- I prefer Option 1 – Go slow
- I prefer Option 2 – Moderate Effort
- I prefer Option 3 – Full Throttle

**6. If the H1N1 outbreak is more severe than expected, which option do you prefer?**

- I prefer Option 1 – Go slow
- I prefer Option 2 – Moderate Effort
- I prefer Option 3 – Full Throttle

**Polling Questions Used in the El Paso, TX, Bucks County, PA, New York City, NY, Somerville, MA, Spokane, WA, Online and Stakeholder Meetings**

THE PUBLIC ENGAGEMENT PROJECT  
ON THE  
H1N1 VACCINATION PROGRAM

**Polling Questions**

**1. Which option do you prefer?**

- I prefer Option 1 – Go slow
- I prefer Option 2 – Moderate Effort
- I prefer Option 3 – Full Throttle

**2. 2009 Vaccination program preference – first choice?**

- I want to avoid as many vaccine side effects as possible
- I want to allow more time for testing larger numbers of people with novel H1N1 vaccine
- I want to spend government resources for other more pressing needs
- I want to avoid unduly alarming the population
- I lack trust in government sponsored programs
- I prefer a balanced approach that includes some of the advantages of the other two approaches
- I prefer an approach that allows some flexibility and is easiest to ramp up or down to be responsive
- I want to prevent the maximum number of deaths and hospitalizations caused by the novel H1N1
- I prefer to be as prepared as possible in advance of the epidemic
- I want to avoid the costs associated with the loss of life and hospitalizations

**3. 2009 Vaccination program preference – second choice?**

- I want to avoid as many vaccine side effects as possible
- I want to allow more time for testing larger numbers of people with novel H1N1 vaccine
- I want to spend government resources for other more pressing needs
- I want to avoid unduly alarming the population
- I lack trust in government sponsored programs
- I prefer a balanced approach that includes some of the advantages of the other two approaches
- I prefer an approach that allows some flexibility and is easiest to ramp up or down to be responsive
- I want to prevent the maximum number of deaths and hospitalizations caused by the novel H1N1
- I prefer to be as prepared as possible in advance of the epidemic
- I want to avoid the costs associated with the loss of life and hospitalizations

**4. 2009 Vaccination program preference – third choice?**

- I want to avoid as many vaccine side effects as possible
- I want to allow more time for testing larger numbers of people with novel H1N1 vaccine
- I want to spend government resources for other more pressing needs
- I want to avoid unduly alarming the population
- I lack trust in government sponsored programs
- I prefer a balanced approach that includes some of the advantages of the other two approaches
- I prefer an approach that allows some flexibility and is easiest to ramp up or down to be responsive
- I want to prevent the maximum number of deaths and hospitalizations caused by the novel H1N1
- I prefer to be as prepared as possible in advance of the epidemic
- I want to avoid the costs associated with the loss of life and hospitalizations

**5. Are there other potential purposes the vaccination program should have? First Choice**

- I want to protect the maximum number of persons from just getting sick from H1N1 in the first place.
- I want a vaccination program that gives everyone an equal chance of being vaccinated regardless of age or risk status.
- I want a vaccination program on a first come first served basis while supply is limited.
- I want to make sure to protect the subgroups in the population who have been traditionally underserved.
- I want to protect our citizens but also conserve vaccine for donation to other poor countries which need vaccine.
- I want to accelerate vaccine availability before all testing is completed.
- I want to allow more time for educating the population and raising awareness about H1N1 virus.
- None of these (If you are opposed to the vaccination program, you can select this one each time.)

**6. Are there other potential purposes the vaccination program should have? Second Choice**

- I want to protect the maximum number of persons from just getting sick from H1N1 in the first place.
- I want a vaccination program that gives everyone an equal chance of being vaccinated regardless of age or risk status.
- I want a vaccination program on a first come first served basis while supply is limited.
- I want to make sure to protect the subgroups in the population who have been traditionally underserved.
- I want to protect our citizens but also conserve vaccine for donation to other poor countries which need vaccine.
- I want to accelerate vaccine availability before all testing is completed.
- I want to allow more time for educating the population and raising awareness about H1N1 virus.
- None of these (If you are opposed to the vaccination program, you can select this one each time.)

**7. Are there other potential purposes the vaccination program should have? Third Choice**

- I want to protect the maximum number of persons from just getting sick from H1N1 in the first place.
- I want a vaccination program that gives everyone an equal chance of being vaccinated regardless of age or risk status.
- I want a vaccination program on a first come first served basis while supply is limited.
- I want to make sure to protect the subgroups in the population who have been traditionally underserved.
- I want to protect our citizens but also conserve vaccine for donation to other poor countries which need vaccine.
- I want to accelerate vaccine availability before all testing is completed.
- I want to allow more time for educating the population and raising awareness about H1N1 virus.
- None of these (If you are opposed to the vaccination program, you can select this one each time.)

**8. If the H1N1 outbreak is less severe than expected, which option do you prefer?**

- I prefer Option 1 – Go slow
- I prefer Option 2 – Moderate Effort
- I prefer Option 3 – Full Throttle

**9. If the H1N1 outbreak is more severe than expected, which option do you prefer?**

- I prefer Option 1 – Go slow
- I prefer Option 2 – Moderate Effort
- I prefer Option 3 – Full Throttle

## **APPENDIX B: POLLING RESULTS**

**Summary Results**

***Which vaccination program option do you prefer?***

	Denver, CO		Lincoln, NE		Birmingham, AL	
Go Easy	22	27.85%	20	17.70%	5	5.49%
Moderate Effort	32	40.51%	53	46.90%	61	67.03%
Full Throttle	25	31.65%	40	35.40%	25	27.47%
<b>Totals</b>	<b>79</b>	<b>100%</b>	<b>113</b>	<b>100%</b>	<b>91</b>	<b>100%</b>

	Sacramento, CA		Vincennes, IN		El Paso, TX	
Go Easy	11	15.28%	8	14.04%	31	23.48%
Moderate Effort	41	56.94%	40	70.18%	78	59.09%
Full Throttle	20	27.78%	9	15.79%	23	17.42%
<b>Totals</b>	<b>72</b>	<b>100%</b>	<b>57</b>	<b>100%</b>	<b>132</b>	<b>100%</b>

	Bucks County, PA		New York City, NY		Somerville, MA	
Go Easy	24	30.00%	34	44.74%	25	24.75%
Moderate Effort	39	48.75%	28	36.84%	42	41.58%
Full Throttle	17	21.25%	14	18.42%	34	33.66%
<b>Totals</b>	<b>80</b>	<b>100%</b>	<b>76</b>	<b>100%</b>	<b>101</b>	<b>100%</b>

	Spokane, WA		Online Aug. 26		Online Aug. 31		Stakeholder Mtg.	
Go Easy	30	38.46%	14	14.00%	18	23.38%	1	3.33%
Moderate Effort	35	44.87%	55	55.00%	44	57.14%	12	40.00%
Full Throttle	13	16.67%	31	31.00%	15	19.48%	17	56.67%
<b>Totals</b>	<b>78</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>77</b>	<b>100%</b>	<b>30</b>	<b>100%</b>

	Grand Totals	
Go Easy	243	22.38%
Moderate Effort	560	51.57%
Full Throttle	283	26.06%
<b>Grand Totals</b>	<b>1086</b>	<b>100%</b>

***If the H1N1 outbreak is less severe than expected, which option do you prefer?***

	Denver, CO		Lincoln, NE		Birmingham, AL	
Go Easy	29	36.25%	40	35.09%	16	17.78%
Moderate Effort	38	47.50%	52	45.61%	60	66.67%
Full Throttle	13	16.25%	22	19.30%	14	15.56%
<b>Totals</b>	<b>80</b>	<b>100%</b>	<b>114</b>	<b>100%</b>	<b>90</b>	<b>100%</b>

	Sacramento, CA		Vincennes, IN		El Paso, TX	
Go Easy	24	32.88%	22	38.60%	51	39.23%
Moderate Effort	41	56.16%	34	59.65%	71	54.62%
Full Throttle	8	10.96%	1	1.75%	8	6.15%
<b>Totals</b>	<b>73</b>	<b>100%</b>	<b>57</b>	<b>100%</b>	<b>130</b>	<b>100%</b>

	Bucks County, PA		New York City, NY		Somerville, MA	
Go Easy	42	53.85%	39	53.42%	53	51.96%
Moderate Effort	34	43.59%	20	27.40%	40	39.22%
Full Throttle	2	2.56%	14	19.18%	9	8.82%
<b>Totals</b>	<b>78</b>	<b>100%</b>	<b>73</b>	<b>100%</b>	<b>102</b>	<b>100%</b>

	Spokane, WA		Online Aug. 26		Online Aug. 31		Stakeholder Mtg.	
Go Easy	54	76.06%	38	38.00%	35	45.45%	4	12.90%
Moderate Effort	12	16.90%	55	55.00%	39	50.65%	14	45.16%
Full Throttle	5	7.04%	7	7.00%	3	3.90%	13	41.94%
<b>Totals</b>	<b>71</b>	<b>100%</b>	<b>100</b>	<b>100%</b>	<b>77</b>	<b>100%</b>	<b>31</b>	<b>100%</b>

	Grand Totals	
Go Easy	447	41.54%
Moderate Effort	510	47.40%
Full Throttle	119	11.06%
<b>Grand Totals</b>	<b>1076</b>	<b>100%</b>

***If the H1N1 outbreak is more severe than expected, which option do you prefer?***

	Denver, CO		Lincoln, NE		Birmingham, AL	
Go Easy	18	22.78%	8	7.34%	1	1.11%
Moderate Effort	22	27.85%	30	27.52%	27	30.00%
Full Throttle	39	49.37%	71	65.14%	62	68.89%
<b>Totals</b>	<b>79</b>	<b>100%</b>	<b>109</b>	<b>100%</b>	<b>90</b>	<b>100%</b>

	Sacramento, CA		Vincennes, IN		El Paso, TX	
Go Easy	8	10.96%	6	10.53%	14	10.45%
Moderate Effort	34	46.58%	18	31.58%	47	35.07%
Full Throttle	31	42.47%	33	57.89%	73	54.48%
<b>Totals</b>	<b>73</b>	<b>100%</b>	<b>57</b>	<b>100%</b>	<b>134</b>	<b>100%</b>

	Bucks County, PA		New York City, NY		Somerville, MA	
Go Easy	17	20.73%	23	32.86%	14	13.33%
Moderate Effort	24	29.27%	18	25.71%	23	21.90%
Full Throttle	41	50.00%	29	41.43%	68	64.76%
<b>Totals</b>	<b>82</b>	<b>100%</b>	<b>70</b>	<b>100%</b>	<b>105</b>	<b>100%</b>

	Spokane, WA		Online Aug. 26		Online Aug. 31		Stakeholder Mtg.	
Go Easy	14	19.44%	7	7.00%	10	12.99%	2	6.25%
Moderate Effort	32	44.44%	29	29.00%	21	27.27%	3	9.38%
Full Throttle	26	36.11%	64	64.00%	46	59.74%	27	84.38%
<b>Totals</b>	<b>72</b>	<b>100%</b>	<b>100</b>	<b>100%</b>	<b>77</b>	<b>100%</b>	<b>32</b>	<b>100%</b>

	Grand Totals	
Go Easy	142	13.15%
Moderate Effort	328	30.37%
Full Throttle	610	56.48%
<b>Grand Totals</b>	<b>1080</b>	<b>100%</b>

**Polling Results: Denver, CO and Lincoln, NE Meetings**

***1. Which vaccination program option do you prefer?***

	Denver, CO		Lincoln, NE		Totals	
Go Easy	22	27.85%	20	17.70%	42	21.88%
Moderate Effort	32	40.51%	53	46.90%	85	44.27%
Full Throttle	25	31.65%	40	35.40%	65	33.85%
<b>Totals</b>	<b>79</b>	<b>100%</b>	<b>113</b>	<b>100%</b>	<b>192</b>	<b>100%</b>

***2. What is the top reason for my choice?***

	Denver, CO		Lincoln, NE		Totals	
Protect Maximum Number from the Risk of Getting Novel H1N1 Virus	39	48.15%	67	58.77%	106	54.36%
Freedom to Make My Own Health Care Decisions	13	16.05%	21	18.42%	34	17.44%
Protect Maximum Number from Possible Vaccine Side Effects (lack of trust in vaccine safety)	12	14.81%	10	8.77%	22	11.28%
Limit Expenditure of Government Resources	2	2.47%	4	3.51%	6	3.08%
Flu Caused by the Novel H1N1 Virus Won't Be as Severe As Predicted	2	2.47%	9	7.89%	11	5.64%
Even if Flu Caused by the Novel H1N1 Virus is as Severe As Predicted, I Won't Get Sick	0	0.00%	1	0.88%	1	0.51%
Limit Government Role in Health Care Decisions (lack of trust in government in this arena)	13	16.05%	2	1.75%	15	7.69%
<b>Totals</b>	<b>81</b>	<b>100%</b>	<b>114</b>	<b>100%</b>	<b>195</b>	<b>100%</b>

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**3. Between only these two, I choose:**

	Denver, CO		Lincoln, NE		Totals	
Freedom to Make My Own Health	33	41.77%	37	31.90%	70	35.90%
Protect Maximum Number from the Risk of Getting Novel H1N1	46	58.23%	79	68.10%	125	64.10%
<b>Totals</b>	<b>79</b>	<b>100%</b>	<b>116</b>	<b>100%</b>	<b>195</b>	<b>100%</b>

**4. Between only these two, I choose:**

	Denver, CO		Lincoln, NE		Totals	
Protect Maximum Number from Possible Vaccine Side Effects (lack of trust in vaccine safety)	29	37.18%	25	22.73%	54	28.72%
Protect Maximum Number from the Risk of Getting Novel H1N1	49	62.82%	85	77.27%	134	71.28%
<b>Totals</b>	<b>78</b>	<b>100%</b>	<b>110</b>	<b>100%</b>	<b>188</b>	<b>100%</b>

**5. Between only these two, I choose:**

	Denver, CO		Lincoln, NE		Totals	
Limit Expenditure of Government	22	28.21%	11	9.91%	33	17.46%
Protect Maximum Number from the Risk of Getting Novel H1N1 Virus	56	71.79%	100	90.09%	156	82.54%
<b>Totals</b>	<b>78</b>	<b>100%</b>	<b>111</b>	<b>100%</b>	<b>189</b>	<b>100%</b>

**6. Between only these two, I choose:**

	Denver, CO		Lincoln, NE		Totals	
Flu Caused by the Novel H1N1 Virus Won't Be as Severe As Predicted	23	28.05%	25	22.73%	48	25.00%
Protect Maximum Number from the Risk of Getting Novel H1N1 Virus	59	71.95%	85	77.27%	144	75.00%
<b>Totals</b>	<b>82</b>	<b>100%</b>	<b>110</b>	<b>100%</b>	<b>192</b>	<b>100%</b>

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**7. Between only these two, I choose:**

	Denver, CO		Lincoln, NE		Totals	
Even if Flu Caused by the Novel H1N1 Virus is as Severe As Predicted, I Won't Get Sick	15	20.83%	15	13.39%	30	16.30%
Protect Maximum Number from the Risk of Getting Novel H1N1 Virus	57	79.17%	97	86.61%	154	83.70%
<b>Totals</b>	<b>72</b>	<b>100%</b>	<b>112</b>	<b>100%</b>	<b>184</b>	<b>100%</b>

**8. Between only these two, I choose:**

	Denver, CO		Lincoln, NE		Totals	
Limit Government Role in Health Care Decisions (lack of trust in government in this arena)	27	33.75%	28	25.69%	55	29.10%
Protect Maximum Number from the Risk of Getting Novel H1N1 Virus	53	66.25%	81	74.31%	134	70.90%
<b>Totals</b>	<b>80</b>	<b>100%</b>	<b>109</b>	<b>100%</b>	<b>189</b>	<b>100%</b>

**9. If the H1N1 outbreak is less severe than expected, which option do you prefer?**

	Denver, CO		Lincoln, NE		Totals	
Go Easy	29	36.25%	40	35.09%	69	35.57%
Moderate Effort	38	47.50%	52	45.61%	90	46.39%
Full Throttle	13	16.25%	22	19.30%	35	18.04%
<b>Totals</b>	<b>80</b>	<b>100%</b>	<b>114</b>	<b>100%</b>	<b>194</b>	<b>100%</b>

**10. If the H1N1 outbreak is more severe than expected, which option do you prefer?**

	Denver, CO		Lincoln, NE		Totals	
Go Easy	18	22.78%	8	7.34%	26	13.83%
Moderate Effort	22	27.85%	30	27.52%	52	27.66%
Full Throttle	39	49.37%	71	65.14%	110	58.51%
<b>Totals</b>	<b>79</b>	<b>100%</b>	<b>109</b>	<b>100%</b>	<b>188</b>	<b>100%</b>

**Polling Results: Birmingham, AL, Sacramento, CA, and Vincennes, IN;  
August 15, 2009**

***1. Which vaccination program option do you prefer?***

	Birmingham, AL		Sacramento, CA		Vincennes, IN		Totals	
Go Easy	5	5.49%	11	15.28%	8	14.04%	<b>24</b>	<b>10.91%</b>
Moderate Effort	61	67.03%	41	56.94%	40	70.18%	<b>142</b>	<b>64.55%</b>
Full Throttle	25	27.47%	20	27.78%	9	15.79%	<b>54</b>	<b>24.55%</b>
<b>Totals</b>	<b>91</b>	<b>100%</b>	<b>72</b>	<b>100%</b>	<b>57</b>	<b>100%</b>	<b>220</b>	<b>100%</b>

***2. What is the top/first priority reason for my choice?***

	Birmingham, AL		Sacramento, CA		Vincennes, IN		Totals	
We should protect maximum number from the risk of getting Novel H1N1 virus	53	56.38%	26	34.67%	36	0.6	<b>115</b>	<b>50%</b>
I want to protect the maximum number from possible vaccine side effects (lack of trust in vaccine safety)	11	11.70%	8	10.67%	4	6.67%	<b>23</b>	<b>10.04%</b>
I want to limit the expenditure of government resources	0	0.00%	3	4.00%	3	5.00%	<b>6</b>	<b>2.62%</b>
Flu caused by the Novel H1N1 Virus Won't Be as Severe As Predicted	2	2.13%	4	5.33%	3	5.00%	<b>9</b>	<b>3.93%</b>
I lack trust in government sponsored/ promoted programs	2	2.13%	3	4.00%	12	20.00%	<b>17</b>	<b>7.42%</b>
I want time to allow for thorough vaccine testing and thorough education about vaccination	26	27.66%	31	41.33%	2	3.33%	<b>59</b>	<b>25.76%</b>
<b>Totals</b>	<b>94</b>	<b>100%</b>	<b>75</b>	<b>100%</b>	<b>60</b>	<b>100%</b>	<b>229</b>	<b>100%</b>

<b>3. What is the second priority reason for my choice?</b>									
<b>APPENDIX B</b>		<b>Birmingham, AL</b>		<b>Sacramento, CA</b>		<b>Vincennes, IN</b>		<b>Totals</b>	
	We should protect maximum number from the risk of getting Novel H1N1 virus	22	34.38%	23	46.00%	7	21.21%	<b>52</b>	<b>35.37%</b>
	I want to protect the maximum number from possible vaccine side effects (lack of trust in vaccine safety)	35	54.69%	13	26.00%	20	60.61%	<b>68</b>	<b>46.26%</b>
	I want to limit the expenditure of government resources	5	7.81%	6	12.00%	4	12.12%	<b>15</b>	<b>10.20%</b>
	Flu caused by the Novel H1N1 Virus Won't Be as Severe As Predicted	2	3.13%	3	6.00%	1	3.03%	<b>6</b>	<b>4.08%</b>
	I lack trust in government sponsored/promoted programs	0	0.00%	5	10.00%	1	3.03%	<b>6</b>	<b>4.08%</b>
	I want time to allow for thorough vaccine testing and thorough education about vaccination	27	42.19%	20	40.00%	20	60.61%	<b>67</b>	<b>45.58%</b>
	<b>Totals</b>	<b>64</b>	<b>100%</b>	<b>50</b>	<b>100%</b>	<b>33</b>	<b>100%</b>	<b>147</b>	<b>100%</b>

**4. What is the third priority reason for my choice?**

	Birmingham, AL		Sacramento, CA		Vincennes, IN		Totals	
We should protect maximum number from the risk of getting Novel H1N1 virus	18	19.78%	19	25.68%	6	10.71%	43	19.46%
I want to protect the maximum number from possible vaccine side effects (lack of trust in vaccine safety)	22	24.18%	19	25.68%	9	16.07%	50	22.62%
I want to limit the expenditure of government resources	8	8.79%	9	12.16%	9	16.07%	26	11.76%
Flu caused by the Novel H1N1 Virus Won't Be as Severe As Predicted	9	9.89%	11	14.86%	9	16.07%	29	13.12%
I lack trust in government sponsored/ promoted programs	7	7.69%	4	5.41%	4	7.14%	15	6.79%
I want time to allow for thorough vaccine testing and thorough education about vaccination	27	29.67%	12	16.22%	19	33.93%	58	26.24%
<b>Totals</b>	<b>91</b>	<b>100%</b>	<b>74</b>	<b>100%</b>	<b>56</b>	<b>100%</b>	<b>221</b>	<b>100%</b>

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**5. If the H1N1 outbreak is less severe than expected, which option do you prefer?**

	Birmingham, AL		Sacramento, CA		Vincennes, IN		Totals	
Go Easy	16	17.78%	24	32.88%	22	38.60%	62	28.18%
Moderate Effort	60	66.67%	41	56.16%	34	59.65%	135	61.36%
Full Throttle	14	15.56%	8	10.96%	1	1.75%	23	10.45%
<b>Totals</b>	<b>90</b>	<b>100%</b>	<b>73</b>	<b>100%</b>	<b>57</b>	<b>100%</b>	<b>220</b>	<b>100%</b>

**6. If the H1N1 outbreak is more severe than expected, which option do you prefer?**

	Birmingham, AL		Sacramento, CA		Vincennes, IN		Totals	
Go Easy	1	1.11%	8	10.96%	6	10.53%	15	6.82%
Moderate Effort	27	30.00%	34	46.58%	18	31.58%	79	35.91%
Full Throttle	62	68.89%	31	42.47%	33	57.89%	126	57.27%
<b>Totals</b>	<b>90</b>	<b>100%</b>	<b>73</b>	<b>100%</b>	<b>57</b>	<b>100%</b>	<b>220</b>	<b>100%</b>

**Polling Results: EL Paso, TX; Bucks County, PA; New York City, NY; Somerville, MA; Spokane, WA; and Stakeholder Meetings**

**1. Which vaccination program option do you prefer?**

	El Paso, TX		Bucks County, PA		New York City, NY		Somerville, MA	
Go Easy	31	23.48%	24	31.17%	34	44.74%	25	24.75%
Moderate Effort	78	59.09%	36	46.75%	28	36.84%	42	41.58%
Full Throttle	23	17.42%	17	22.08%	14	18.42%	34	33.66%
<b>Totals</b>	<b>132</b>	<b>100%</b>	<b>77</b>	<b>100%</b>	<b>76</b>	<b>100%</b>	<b>101</b>	<b>100%</b>

	Spokane, WA		Stakeholder		Totals (all 6 meetings)	
Go Easy	30	38.46%	1	3.33%	145	29.35%
Moderate Effort	35	44.87%	12	40.00%	231	46.76%
Full Throttle	13	16.67%	17	56.67%	118	23.89%
<b>Totals</b>	<b>78</b>	<b>100%</b>	<b>30</b>	<b>100%</b>	<b>494</b>	<b>100%</b>

**2. 2009 vaccination program preference – first choice**

	El Paso, TX		Bucks County, PA		New York City, NY		Somerville, MA	
I want to avoid as many vaccine side effects as possible	21	17.50%	17	20.99%	11	15.07%	13	12.38%
I want to allow more time for testing larger numbers of people with novel H1N1 vaccine	17	14.17%	8	9.88%	1	1.37%	6	5.71%
I want to spend government resources for other more pressing needs	3	2.50%	0	0.00%	3	4.11%	0	0.00%
I want to avoid unduly alarming the population	6	5.00%	0	0.00%	5	6.85%	4	3.81%
I lack trust in government sponsored programs	1	0.83%	5	6.17%	14	19.18%	16	15.24%
I prefer a balanced approach that includes some of the advantages of the other two approaches	9	7.50%	7	8.64%	8	10.96%	6	5.71%
I prefer an approach that allows some flexibility and is easiest to ramp up or down to be responsive	10	8.33%	22	27.16%	11	15.07%	20	19.05%
I want to prevent the maximum number of deaths and hospitalizations caused by the novel H1N1	34	28.33%	8	9.88%	14	19.18%	31	29.52%
I prefer to be as prepared as possible in advance of the epidemic	18	15.00%	11	13.58%	5	6.85%	9	8.57%
I want to avoid the costs associated with the loss of life and hospitalizations	1	0.83%	3	3.70%	1	1.37%	0	0.00%
<b>Totals</b>	<b>120</b>	<b>100%</b>	<b>81</b>	<b>100%</b>	<b>73</b>	<b>100%</b>	<b>105</b>	<b>100%</b>

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<b>2009 vaccination program preference – first choice</b>							
<b>APPENDIX B</b>		<b>Spokane, WA</b>		<b>Stakeholder Mtg.</b>		<b>Totals (all 6 meetings)</b>	
	I want to avoid as many vaccine side effects as possible	14	17.28%	2	6.25%	<b>78</b>	<b>15.85%</b>
	I want to allow more time for testing larger numbers of people with novel H1N1 vaccine	7	8.64%	0	0.00%	<b>39</b>	<b>7.93%</b>
	I want to spend government resources for other more pressing needs	3	3.70%	0	0.00%	<b>9</b>	<b>1.83%</b>
	I want to avoid unduly alarming the population	3	3.70%	0	0.00%	<b>18</b>	<b>3.66%</b>
	I lack trust in government sponsored programs	12	14.81%	0	0.00%	<b>48</b>	<b>9.76%</b>
	I prefer a balanced approach that includes some of the advantages of the other two approaches	11	13.58%	4	12.50%	<b>45</b>	<b>9.15%</b>
	I prefer an approach that allows some flexibility and is easiest to ramp up or down to be responsive	17	20.99%	9	28.13%	<b>89</b>	<b>18.09%</b>
	I want to prevent the maximum number of deaths and hospitalizations caused by the novel H1N1	8	9.88%	14	43.75%	<b>109</b>	<b>22.15%</b>
	I prefer to be as prepared as possible in advance of the epidemic	5	6.17%	3	9.38%	<b>51</b>	<b>10.37%</b>
I want to avoid the costs associated with the loss of life and hospitalizations	1	1.23%	0	0.00%	<b>6</b>	<b>1.22%</b>	
<b>Totals</b>	<b>81</b>	<b>100%</b>	<b>32</b>	<b>100%</b>	<b>492</b>	<b>100%</b>	

**3. 2009 vaccination program preference – second choice**

	El Paso, TX		Bucks County, PA		New York City, NY		Somerville, MA	
I want to avoid as many vaccine side effects as possible	20	16.00%	16	20.25%	7	9.46%	12	11.21%
I want to allow more time for testing larger numbers of people with novel H1N1 vaccine	11	8.80%	2	2.53%	6	8.11%	8	7.48%
I want to spend government resources for other more pressing needs	6	4.80%	2	2.53%	4	5.41%	6	5.61%
I want to avoid unduly alarming the population	7	5.60%	9	11.39%	3	4.05%	3	2.80%
I lack trust in government sponsored programs	3	2.40%	6	7.59%	17	22.97%	7	6.54%
I prefer a balanced approach that includes some of the advantages of the other two approaches	7	5.60%	11	13.92%	7	9.46%	13	12.15%
I prefer an approach that allows some flexibility and is easiest to ramp up or down to be responsive	13	10.40%	10	12.66%	7	9.46%	15	14.02%
I want to prevent the maximum number of deaths and hospitalizations caused by the novel H1N1	34	27.20%	11	13.92%	11	14.86%	19	17.76%
I prefer to be as prepared as possible in advance of the epidemic	23	18.40%	8	10.13%	8	10.81%	19	17.76%
I want to avoid the costs associated with the loss of life and hospitalizations	1	0.80%	4	5.06%	4	5.41%	5	4.67%
<b>Totals</b>	<b>125</b>	<b>100%</b>	<b>79</b>	<b>100%</b>	<b>74</b>	<b>100%</b>	<b>107</b>	<b>100%</b>

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<b>2009 vaccination program preference – second choice</b>							
<b>APPENDIX B</b>		<b>Spokane, WA</b>		<b>Stakeholder Mtg.</b>		<b>Totals (all 6 meetings)</b>	
	I want to avoid as many vaccine side effects as possible	11	14.10%	0	0.00%	<b>66</b>	<b>13.33%</b>
	I want to allow more time for testing larger numbers of people with novel H1N1 vaccine	3	3.85%	1	3.13%	<b>31</b>	<b>6.26%</b>
	I want to spend government resources for other more pressing needs	8	10.26%	0	0.00%	<b>26</b>	<b>5.25%</b>
	I want to avoid unduly alarming the population	5	6.41%	0	0.00%	<b>27</b>	<b>5.45%</b>
	I lack trust in government sponsored programs	6	7.69%	0	0.00%	<b>39</b>	<b>7.88%</b>
	I prefer a balanced approach that includes some of the advantages of the other two approaches	4	5.13%	3	9.38%	<b>45</b>	<b>9.09%</b>
	I prefer an approach that allows some flexibility and is easiest to ramp up or down to be responsive	20	25.64%	12	37.50%	<b>77</b>	<b>15.56%</b>
	I want to prevent the maximum number of deaths and hospitalizations caused by the novel H1N1	13	16.67%	9	28.13%	<b>97</b>	<b>19.60%</b>
	I prefer to be as prepared as possible in advance of the epidemic	5	6.41%	7	21.88%	<b>70</b>	<b>14.14%</b>
I want to avoid the costs associated with the loss of life and hospitalizations	3	3.85%	0	0.00%	<b>17</b>	<b>3.43%</b>	
<b>Totals</b>	<b>78</b>	<b>100%</b>	<b>32</b>	<b>100%</b>	<b>495</b>	<b>100%</b>	

<b>4. 2009 vaccination program preference – third choice</b>								
	<b>El Paso, TX</b>		<b>Bucks County, PA</b>		<b>New York City, NY</b>		<b>Somerville, MA</b>	
I want to avoid as many vaccine side effects as possible	14	11.38%	14	17.50%	9	12.33%	12	11.21%
I want to allow more time for testing larger numbers of people with novel H1N1 vaccine	6	4.88%	3	3.75%	6	8.22%	9	8.41%
I want to spend government resources for other more pressing needs	17	13.82%	7	8.75%	5	6.85%	6	5.61%
I want to avoid unduly alarming the population	15	12.20%	9	11.25%	7	9.59%	8	7.48%
I lack trust in government sponsored programs	5	4.07%	5	6.25%	13	17.81%	7	6.54%
I prefer a balanced approach that includes some of the advantages of the other two approaches	12	9.76%	7	8.75%	3	4.11%	10	9.35%
I prefer an approach that allows some flexibility and is easiest to ramp up or down to be responsive	17	13.82%	11	13.75%	6	8.22%	18	16.82%
I want to prevent the maximum number of deaths and hospitalizations caused by the novel H1N1	19	15.45%	14	17.50%	9	12.33%	13	12.15%
I prefer to be as prepared as possible in advance of the epidemic	15	12.20%	7	8.75%	11	15.07%	17	15.89%
I want to avoid the costs associated with the loss of life and hospitalizations	3	2.44%	3	3.75%	4	5.48%	7	6.54%
<b>Totals</b>	<b>123</b>	<b>100%</b>	<b>80</b>	<b>100%</b>	<b>73</b>	<b>100%</b>	<b>107</b>	<b>100%</b>

<b>2009 vaccination program preference – third choice</b>							
<b>APPENDIX B</b>		<b>Spokane, WA</b>		<b>Stakeholder Mtg.</b>		<b>Totals (all 6 meetings)</b>	
	I want to avoid as many vaccine side effects as possible	6	7.69%	1	3.23%	<b>56</b>	<b>11.38%</b>
	I want to allow more time for testing larger numbers of people with novel H1N1 vaccine	6	7.69%	1	3.23%	<b>31</b>	<b>6.30%</b>
	I want to spend government resources for other more pressing needs	7	8.97%	1	3.23%	<b>43</b>	<b>8.74%</b>
	I want to avoid unduly alarming the population	5	6.41%	0	0.00%	<b>44</b>	<b>8.94%</b>
	I lack trust in government sponsored programs	11	14.10%	0	0.00%	<b>41</b>	<b>8.33%</b>
	I prefer a balanced approach that includes some of the advantages of the other two approaches	7	8.97%	4	12.90%	<b>43</b>	<b>8.74%</b>
	I prefer an approach that allows some flexibility and is easiest to ramp up or down to be responsive	11	14.10%	6	19.35%	<b>69</b>	<b>14.02%</b>
	I want to prevent the maximum number of deaths and hospitalizations caused by the novel H1N1	7	8.97%	6	19.35%	<b>68</b>	<b>13.82%</b>
	I prefer to be as prepared as possible in advance of the epidemic	15	19.23%	10	32.26%	<b>75</b>	<b>15.24%</b>
I want to avoid the costs associated with the loss of life and hospitalizations	3	3.85%	2	6.45%	<b>22</b>	<b>4.47%</b>	
<b>Totals</b>	<b>78</b>	<b>100%</b>	<b>31</b>	<b>100%</b>	<b>492</b>	<b>100%</b>	

<b>5. Other potential purposes the vaccination program should have – first choice</b>								
	<b>El Paso, TX</b>		<b>Bucks County, PA</b>		<b>New York City, NY</b>		<b>Somerville, MA</b>	
I want to protect the maximum number of persons from just getting sick from H1N1 in the first place.	24	18.60%	33	42.86%	20	27.03%	48	45.28%
I want a vaccination program that gives everyone an equal chance of being vaccinated regardless of age or risk status.	32	24.81%	14	18.18%	5	6.76%	7	6.60%
I want a vaccination program on a first come first served basis while supply is limited.	2	1.55%	1	1.30%	1	1.35%	2	1.89%
I want to make sure to protect the subgroups in the population who have been traditionally underserved.	3	2.33%	2	2.60%	4	5.41%	7	6.60%
I want to protect our citizens but also conserve vaccine for donation to other poor countries which need vaccine.	13	10.08%	2	2.60%	5	6.76%	4	3.77%
I want to accelerate vaccine availability before all testing is completed.	2	1.55%	2	2.60%	2	2.70%	0	0.00%
I want to allow more time for educating the population and raising awareness about H1N1 virus.	43	33.33%	11	14.29%	20	27.03%	24	22.64%
None of these (If you are opposed to the vaccination program, you can select this one each time.)	10	7.75%	12	15.58%	17	22.97%	14	13.21%
<b>Totals</b>	<b>129</b>	<b>100%</b>	<b>77</b>	<b>100%</b>	<b>74</b>	<b>100%</b>	<b>106</b>	<b>100%</b>

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<b><i>Other potential purposes the vaccination program should have – first choice</i></b>							
<b>APPENDIX B</b>		<b>Spokane, WA</b>		<b>Stakeholder Mtg.</b>		<b>Totals (all 6 meetings)</b>	
	I want to protect the maximum number of persons from just getting sick from H1N1 in the first place.	23	28.75%	22	70.97%	<b>170</b>	<b>34.21%</b>
	I want a vaccination program that gives everyone an equal chance of being vaccinated regardless of age or risk status.	3	3.75%	0	0.00%	<b>61</b>	<b>12.27%</b>
	I want a vaccination program on a first come first served basis while supply is limited.	0	0.00%	1	3.23%	<b>7</b>	<b>1.41%</b>
	I want to make sure to protect the subgroups in the population who have been traditionally underserved.	3	3.75%	3	9.68%	<b>22</b>	<b>4.43%</b>
	I want to protect our citizens but also conserve vaccine for donation to other poor countries which need vaccine.	1	1.25%	1	3.23%	<b>26</b>	<b>5.23%</b>
	I want to accelerate vaccine availability before all testing is completed.	1	1.25%	0	0.00%	<b>7</b>	<b>1.41%</b>
	I want to allow more time for educating the population and raising awareness about H1N1 virus.	33	41.25%	3	9.68%	<b>134</b>	<b>26.96%</b>
	None of these (If you are opposed to the vaccination program, you can select this one each time.)	16	20.00%	1	3.23%	<b>70</b>	<b>14.08%</b>
	<b>Totals</b>	<b>80</b>	<b>100%</b>	<b>31</b>	<b>100%</b>	<b>497</b>	<b>100%</b>

**6. Other potential purposes the vaccination program should have – second choice**

	El Paso, TX		Bucks County, PA		New York City, NY		Somerville, MA	
I want to protect the maximum number of persons from just getting sick from H1N1 in the first place.	24	18.60%	13	18.06%	18	24.66%	22	21.57%
I want a vaccination program that gives everyone an equal chance of being vaccinated regardless of age or risk status.	40	31.01%	16	22.22%	11	15.07%	10	9.80%
I want a vaccination program on a first come first served basis while supply is limited.	4	3.10%	1	1.39%	2	2.74%	5	4.90%
I want to make sure to protect the subgroups in the population who have been traditionally underserved.	4	3.10%	5	6.94%	9	12.33%	30	29.41%
I want to protect our citizens but also conserve vaccine for donation to other poor countries which need vaccine.	13	10.08%	4	5.56%	1	1.37%	6	5.88%
I want to accelerate vaccine availability before all testing is completed.	0	0.00%	3	4.17%	2	2.74%	2	1.96%
I want to allow more time for educating the population and raising awareness about H1N1 virus.	32	24.81%	16	22.22%	13	17.81%	12	11.76%
None of these (If you are opposed to the vaccination program, you can select this one each time.)	12	9.30%	14	19.44%	17	23.29%	15	14.71%
<b>Totals</b>	<b>129</b>	<b>100%</b>	<b>72</b>	<b>100%</b>	<b>73</b>	<b>100%</b>	<b>102</b>	<b>100%</b>

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<b><i>Other potential purposes the vaccination program should have – second choice</i></b>							
<b>APPENDIX B</b>		<b>Spokane, WA</b>		<b>Stakeholder Mtg.</b>		<b>Totals (all 6 meetings)</b>	
	I want to protect the maximum number of persons from just getting sick from H1N1 in the first place.	19	23.75%	8	25.81%	<b>104</b>	<b>21.36%</b>
	I want a vaccination program that gives everyone an equal chance of being vaccinated regardless of age or risk status.	11	13.75%	2	6.45%	<b>90</b>	<b>18.48%</b>
	I want a vaccination program on a first come first served basis while supply is limited.	1	1.25%	2	6.45%	<b>15</b>	<b>3.08%</b>
	I want to make sure to protect the subgroups in the population who have been traditionally underserved.	12	15.00%	16	51.61%	<b>76</b>	<b>15.61%</b>
	I want to protect our citizens but also conserve vaccine for donation to other poor countries which need vaccine.	3	3.75%	1	3.23%	<b>28</b>	<b>5.75%</b>
	I want to accelerate vaccine availability before all testing is completed.	0	0.00%	0	0.00%	<b>7</b>	<b>1.44%</b>
	I want to allow more time for educating the population and raising awareness about H1N1 virus.	13	16.25%	1	3.23%	<b>87</b>	<b>17.86%</b>
	None of these (If you are opposed to the vaccination program, you can select this one each time.)	21	26.25%	1	3.23%	<b>80</b>	<b>16.43%</b>
	<b>Totals</b>	<b>80</b>	<b>100%</b>	<b>31</b>	<b>100%</b>	<b>487</b>	<b>100%</b>

**7. Other potential purposes the vaccination program should have – third choice**

	El Paso, TX		Bucks County, PA		New York City, NY		Somerville, MA	
I want to protect the maximum number of persons from just getting sick from H1N1 in the first place.	23	18.11%	10	13.16%	18	28.13%	8	7.77%
I want a vaccination program that gives everyone an equal chance of being vaccinated regardless of age or risk status.	35	27.56%	10	13.16%	5	7.81%	16	15.53%
I want a vaccination program on a first come first served basis while supply is limited.	4	3.15%	3	3.95%	2	3.13%	5	4.85%
I want to make sure to protect the subgroups in the population who have been traditionally underserved.	12	9.45%	11	14.47%	9	14.06%	17	16.50%
I want to protect our citizens but also conserve vaccine for donation to other poor countries which need vaccine.	16	12.60%	5	6.58%	8	12.50%	15	14.56%
I want to accelerate vaccine availability before all testing is completed.	8	6.30%	6	7.89%	0	0.00%	4	3.88%
I want to allow more time for educating the population and raising awareness about H1N1 virus.	15	11.81%	13	17.11%	5	7.81%	16	15.53%
None of these (If you are opposed to the vaccination program, you can select this one each time.)	14	11.02%	18	23.68%	17	26.56%	22	21.36%
<b>Totals</b>	<b>127</b>	<b>100%</b>	<b>76</b>	<b>100%</b>	<b>64</b>	<b>100%</b>	<b>103</b>	<b>100%</b>

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<b><i>Other potential purposes the vaccination program should have – third choice</i></b>							
<b>APPENDIX B</b>		<b>Spokane, WA</b>		<b>Stakeholder Mtg.</b>		<b>Totals (all 6 meetings)</b>	
	I want to protect the maximum number of persons from just getting sick from H1N1 in the first place.	8	10.26%	3	10.00%	<b>70</b>	<b>14.64%</b>
	I want a vaccination program that gives everyone an equal chance of being vaccinated regardless of age or risk status.	10	12.82%	7	23.33%	<b>83</b>	<b>17.36%</b>
	I want a vaccination program on a first come first served basis while supply is limited.	4	5.13%	2	6.67%	<b>20</b>	<b>4.18%</b>
	I want to make sure to protect the subgroups in the population who have been traditionally underserved.	11	14.10%	6	20.00%	<b>66</b>	<b>13.81%</b>
	I want to protect our citizens but also conserve vaccine for donation to other poor countries which need vaccine.	8	10.26%	4	13.33%	<b>56</b>	<b>11.72%</b>
	I want to accelerate vaccine availability before all testing is completed.	0	0.00%	0	0.00%	<b>18</b>	<b>3.77%</b>
	I want to allow more time for educating the population and raising awareness about H1N1 virus.	12	15.38%	3	10.00%	<b>64</b>	<b>13.39%</b>
	None of these (If you are opposed to the vaccination program, you can select this one each time.)	25	32.05%	5	16.67%	<b>101</b>	<b>21.13%</b>
	<b>Totals</b>	<b>78</b>	<b>100%</b>	<b>30</b>	<b>100%</b>	<b>478</b>	<b>100%</b>

**8. 2009 vaccination program preference if the H1N1 outbreak is less severe than expected**

	El Paso, TX		Bucks County, PA		New York City, NY		Somerville, MA	
Go Easy	51	39.23%	42	53.85%	39	53.42%	53	51.96%
Moderate Effort	71	54.62%	34	43.59%	20	27.40%	40	39.22%
Full Throttle	8	6.15%	2	2.56%	14	19.18%	9	8.82%
<b>Totals</b>	<b>130</b>	<b>100%</b>	<b>78</b>	<b>100%</b>	<b>73</b>	<b>100%</b>	<b>102</b>	<b>100%</b>

	Spokane, WA		Stakeholder		Totals (all 6 meetings)	
Go Easy	54	76.06%	4	12.90%	<b>243</b>	<b>50.10%</b>
Moderate Effort	12	16.90%	14	45.16%	<b>191</b>	<b>39.38%</b>
Full Throttle	5	7.04%	13	41.94%	<b>51</b>	<b>10.52%</b>
<b>Totals</b>	<b>71</b>	<b>100%</b>	<b>31</b>	<b>100%</b>	<b>485</b>	<b>100%</b>

**9. 2009 vaccination program preference if the H1N1 outbreak is more severe than expected**

	El Paso, TX		Bucks County, PA		New York City, NY		Somerville, MA	
Go Easy	14	10.45%	17	20.73%	23	32.86%	14	13.33%
Moderate Effort	47	35.07%	24	29.27%	18	25.71%	23	21.90%
Full Throttle	73	54.48%	41	50.00%	29	41.43%	68	64.76%
<b>Totals</b>	<b>134</b>	<b>100%</b>	<b>82</b>	<b>100%</b>	<b>70</b>	<b>100%</b>	<b>105</b>	<b>100%</b>

	Spokane, WA		Stakeholder		Totals (all 6 meetings)	
Go Easy	14	19.44%	2	6.25%	<b>84</b>	<b>16.97%</b>
Moderate Effort	32	44.44%	3	9.38%	<b>147</b>	<b>29.70%</b>
Full Throttle	26	36.11%	27	84.38%	<b>264</b>	<b>53.33%</b>
<b>Totals</b>	<b>72</b>	<b>100%</b>	<b>32</b>	<b>100%</b>	<b>495</b>	<b>100%</b>

APPENDIX B

**Polling Results: Online Meetings**

**1. Which vaccination program option do you prefer?**

	Online August 26-27		Online Aug. 31-Sept. 1		Totals	
Go Easy	14	14.00%	18	23.38%	32	18.08%
Moderate Effort	55	55.00%	44	57.14%	99	55.93%
Full Throttle	31	31.00%	15	19.48%	46	25.99%
<b>Totals</b>	<b>100</b>	<b>100%</b>	<b>77</b>	<b>100%</b>	<b>177</b>	<b>100%</b>

**2. 2009 vaccination program preference – first choice**

	Online August 26-27		Online Aug. 31-Sept. 1		Totals	
I want to avoid as many vaccine side effects as possible	8	8.16%	10	13.16%	18	10.34%
I want to allow more time for testing larger numbers of people with novel H1N1 vaccine	5	5.10%	2	2.63%	7	4.02%
I want to spend government resources for other more pressing needs	0	0.00%	0	0.00%	0	0.00%
I want to avoid unduly alarming the population	3	3.06%	4	5.26%	7	4.02%
I lack trust in government sponsored programs	2	2.04%	1	1.32%	3	1.72%
I prefer a balanced approach that includes some of the advantages of the other two approaches	19	19.39%	17	22.37%	36	20.69%
I prefer an approach that allows some flexibility and is easiest to ramp up or down to be responsive	31	31.63%	21	27.63%	52	29.89%
I want to prevent the maximum number of deaths and hospitalizations caused by the novel H1N1	19	19.39%	15	19.74%	34	19.54%
I prefer to be as prepared as possible in advance of the epidemic	10	10.20%	6	7.89%	16	9.20%
I want to avoid the costs associated with the loss of life and hospitalizations	1	1.02%	0	0.00%	1	0.57%
<b>Totals</b>	<b>98</b>	<b>100%</b>	<b>76</b>	<b>100%</b>	<b>174</b>	<b>100%</b>

**3. 2009 vaccination program preference – second choice**

	Online August 26-27		Online Aug. 31-Sept. 1		Totals	
I want to avoid as many vaccine side effects as possible	6	6.38%	4	5.26%	<b>10</b>	<b>5.88%</b>
I want to allow more time for testing larger numbers of people with novel H1N1 vaccine	15	15.96%	8	10.53%	<b>23</b>	<b>13.53%</b>
I want to spend government resources for other more pressing needs	3	3.19%	1	1.32%	<b>4</b>	<b>2.35%</b>
I want to avoid unduly alarming the population	5	5.32%	6	7.89%	<b>11</b>	<b>6.47%</b>
I lack trust in government sponsored programs	3	3.19%	4	5.26%	<b>7</b>	<b>4.12%</b>
I prefer a balanced approach that includes some of the advantages of the other two approaches	18	19.15%	10	13.16%	<b>28</b>	<b>16.47%</b>
I prefer an approach that allows some flexibility and is easiest to ramp up or down to be responsive	11	11.70%	19	25.00%	<b>30</b>	<b>17.65%</b>
I want to prevent the maximum number of deaths and hospitalizations caused by the novel H1N1	15	15.96%	9	11.84%	<b>24</b>	<b>14.12%</b>
I prefer to be as prepared as possible in advance of the epidemic	14	14.89%	12	15.79%	<b>26</b>	<b>15.29%</b>
I want to avoid the costs associated with the loss of life and hospitalizations	4	4.26%	3	3.95%	<b>7</b>	<b>4.12%</b>
<b>Totals</b>	<b>94</b>	<b>100%</b>	<b>76</b>	<b>100%</b>	<b>170</b>	<b>100%</b>

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**4. 2009 vaccination program preference – third choice**

APPENDIX B		Online August 26-27		Online Aug. 31-Sept. 1		Totals	
	I want to avoid as many vaccine side effects as possible	6	6.45%	5	6.76%	11	6.59%
	I want to allow more time for testing larger numbers of people with novel H1N1 vaccine	7	7.53%	9	12.16%	16	9.58%
	I want to spend government resources for other more pressing needs	7	7.53%	8	10.81%	15	8.98%
	I want to avoid unduly alarming the population	12	12.90%	5	6.76%	17	10.18%
	I lack trust in government sponsored programs	3	3.23%	2	2.70%	5	2.99%
	I prefer a balanced approach that includes some of the advantages of the other two approaches	7	7.53%	10	13.51%	17	10.18%
	I prefer an approach that allows some flexibility and is easiest to ramp up or down to be responsive	9	9.68%	5	6.76%	14	8.38%
	I want to prevent the maximum number of deaths and hospitalizations caused by the novel H1N1	16	17.20%	8	10.81%	24	14.37%
	I prefer to be as prepared as possible in advance of the epidemic	13	13.98%	12	16.22%	25	14.97%
I want to avoid the costs associated with the loss of life and hospitalizations	13	13.98%	10	13.51%	23	13.77%	
<b>Totals</b>	<b>93</b>	<b>100%</b>	<b>74</b>	<b>100%</b>	<b>167</b>	<b>100%</b>	

**5. Other potential purposes the vaccination program should have – first choice**

	Online August 26-27		Online Aug. 31-Sept. 1		Totals	
I want to protect the maximum number of persons from just getting sick from H1N1 in the first place.	36	38.30%	27	36.00%	<b>63</b>	<b>37.28%</b>
I want a vaccination program that gives everyone an equal chance of being vaccinated regardless of age or risk status.	11	11.70%	10	13.33%	<b>21</b>	<b>12.43%</b>
I want a vaccination program on a first come first served basis while supply is limited.	1	1.06%	1	1.33%	<b>2</b>	<b>1.18%</b>
I want to make sure to protect the subgroups in the population who have been traditionally underserved.	9	9.57%	11	14.67%	<b>20</b>	<b>11.83%</b>
I want to protect our citizens but also conserve vaccine for donation to other poor countries which need vaccine.	2	2.13%	0	0.00%	<b>2</b>	<b>1.18%</b>
I want to accelerate vaccine availability before all testing is completed.	5	5.32%	0	0.00%	<b>5</b>	<b>2.96%</b>
I want to allow more time for educating the population and raising awareness about H1N1 virus.	21	22.34%	13	17.33%	<b>34</b>	<b>20.12%</b>
None of these (If you are opposed to the vaccination program, you can select this one each time.)	9	9.57%	13	17.33%	<b>22</b>	<b>13.02%</b>
<b>Totals</b>	<b>94</b>	<b>100%</b>	<b>75</b>	<b>100%</b>	<b>169</b>	<b>100%</b>

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**6. Other potential purposes the vaccination program should have – second choice**

APPENDIX B		Online August 26-27		Online Aug. 31-Sept. 1		Totals	
	I want to protect the maximum number of persons from just getting sick from H1N1 in the first place.	25	26.32%	16	21.05%	41	23.98%
	I want a vaccination program that gives everyone an equal chance of being vaccinated regardless of age or risk status.	11	11.58%	14	18.42%	25	14.62%
	I want a vaccination program on a first come first served basis while supply is limited.	3	3.16%	1	1.32%	4	2.34%
	I want to make sure to protect the subgroups in the population who have been traditionally underserved.	13	13.68%	6	7.89%	19	11.11%
	I want to protect our citizens but also conserve vaccine for donation to other poor countries which need vaccine.	10	10.53%	4	5.26%	14	8.19%
	I want to accelerate vaccine availability before all testing is completed.	1	1.05%	4	5.26%	5	2.92%
	I want to allow more time for educating the population and raising awareness about H1N1 virus.	15	15.79%	14	18.42%	29	16.96%
	None of these (If you are opposed to the vaccination program, you can select this one each time.)	17	17.89%	17	22.37%	34	19.88%
	<b>Totals</b>	<b>95</b>	<b>100%</b>	<b>76</b>	<b>100%</b>	<b>171</b>	<b>100%</b>

**7. Other potential purposes the vaccination program should have – third choice**

	Online August 26-27		Online Aug. 31-Sept. 1		Totals	
I want to protect the maximum number of persons from just getting sick from H1N1 in the first place.	12	12.77%	6	8.22%	<b>18</b>	<b>10.78%</b>
I want a vaccination program that gives everyone an equal chance of being vaccinated regardless of age or risk status.	10	10.64%	7	9.59%	<b>17</b>	<b>10.18%</b>
I want a vaccination program on a first come first served basis while supply is limited.	2	2.13%	2	2.74%	<b>4</b>	<b>2.40%</b>
I want to make sure to protect the subgroups in the population who have been traditionally underserved.	16	17.02%	17	23.29%	<b>33</b>	<b>19.76%</b>
I want to protect our citizens but also conserve vaccine for donation to other poor countries which need vaccine.	12	12.77%	8	10.96%	<b>20</b>	<b>11.98%</b>
I want to accelerate vaccine availability before all testing is completed.	5	5.32%	1	1.37%	<b>6</b>	<b>3.59%</b>
I want to allow more time for educating the population and raising awareness about H1N1 virus.	10	10.64%	8	10.96%	<b>18</b>	<b>10.78%</b>
None of these (If you are opposed to the vaccination program, you can select this one each time.)	27	28.72%	24	32.88%	<b>51</b>	<b>30.54%</b>
<b>Totals</b>	<b>94</b>	<b>100%</b>	<b>73</b>	<b>100%</b>	<b>167</b>	<b>100%</b>

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**8. 2009 vaccination program preference if the H1N1 outbreak is less severe than expected**

	Online August 26-27		Online Aug. 31-Sept. 1		Totals	
Go Easy	38	38.00%	35	45.45%	73	41.24%
Moderate Effort	55	55.00%	39	50.65%	94	53.11%
Full Throttle	7	7.00%	3	3.90%	10	5.65%
<b>Totals</b>	<b>100</b>	<b>100%</b>	<b>77</b>	<b>100%</b>	<b>177</b>	<b>100%</b>

**9. 2009 vaccination program preference if the H1N1 outbreak is more severe than expected**

	Online August 26-27		Online Aug. 31-Sept. 1		Totals	
Go Easy	7	7.00%	10	12.99%	17	9.60%
Moderate Effort	29	29.00%	21	27.27%	50	28.25%
Full Throttle	64	64.00%	46	59.74%	110	62.15%
<b>Totals</b>	<b>100</b>	<b>100%</b>	<b>77</b>	<b>100%</b>	<b>177</b>	<b>100%</b>

**Meeting Attendance Data**

Venue	Date	Registered	Attended	Attrition
Lincoln, NE	August 8, 2009	126	167	25%
Denver, CO	August 8, 2009	85	137	38%
Vincennes, IN	August 15, 2009	64	104	38%
Birmingham, AL	August 15, 2009	98	135	27%
Sacramento, CA	August 15, 2009	83	143	42%
Bucks County, PA	August 22, 2009	94	132	29%
El Paso, TX	August 22, 2009	146	191	24%
New York City	August 22, 2009	88	180	51%
Somerville, MA	August 29, 2009	111	147	24%
Spokane, WA	August 29, 2009	85	132	36%
Online Meetings	August 26, 2009 September 1, 2009	194	N/A	N/A

## **APPENDIX C: PUBLIC MEETING SUMMARIES**

**H1N1 Vaccination Program: Public Engagement Meetings  
Summary  
Denver August 8, 2009**

**Introduction**

On August 8, 2009, eighty-five members of the public met in Denver to learn about the H1N1 virus and hear a presentation about the decisions already made about vaccination. At the request of the Centers for Disease Control and Prevention, they discussed a set of decisions that will have to be made in the very near future about the vaccination program. These decisions were encapsulated in three scenarios representing three different levels of effort by public agencies, clinics and service providers in making vaccine available.

**Option 1 – Go Slow**

- A few additional sites added to seasonal flu sites
- Goal to meet an expected low public demand for vaccine
- No rush to vaccinate early on
- Slight increase in communication
- Slight increase in volunteer involvement
- Slight increase in partnerships
- Slight increase in safety, disease, and coverage monitoring

**Option 2 – Moderate Effort**

- Goal to promote vaccination to eligible groups, set up extra vaccination sites beyond those used for a regular flu year, and vaccinate a large number of the eligible groups relatively quickly
- Aim to raise the expected low public demand for vaccine
- Enhanced communication
- Enhanced volunteer involvement
- Enhanced partnerships
- Enhanced safety, disease, and coverage monitoring

**Option 3 – Full Throttle**

- Significant additional federal, state, and local funds invested in creating numerous extra vaccination sites in both the public and private sectors
- Aim to create and respond fully and speedily to significant public demand for vaccination even if the severity of the illness is initially perceived to be low
- Extensive communication activities to stimulate public demand
- Extensive networks of volunteers and partners are identified and ready to spring into action
- Aggressive monitoring of safety, disease, and coverage to collect timely data and take any corrective actions needed to improve the program or protect public safety

## **Public Viewpoints – What matters most to you in connection with a vaccination program?**

The participants were presented with values statements aimed as summarizing different points of view and belief systems about vaccination. Three perspectives dominated this aspect of the discussion:

1. For many of the participants in the small-group discussions, what mattered most was protecting the maximum number of citizens/people from getting H1N1. For many of these, a full-throttle approach is acceptable.
2. The freedom to make ones own healthcare decisions is a dominant value for many of the participants. For those who are concerned that a full-throttle approach is a small step from mandatory vaccination, or that a full-throttle approach represents a kind of government arm twisting, this freedom comes into play. For many of these participants, the importance of freedom to make one's own healthcare decisions aligns best with a government go-slow approach. By going slow, the government leaves members of the public free to exercise their own choices about vaccination. A lack of trust in the motives behind a government-sponsored, full-throttle approach compound the concerns and move participants further toward preferring a go-slow approach. This aligned with limiting the role of government in healthcare decision making.
3. A third, dominant perspective was protecting the maximum number from vaccine side effects. Many of the participants expressed concerns with the limited testing of the H1N1 vaccines, the very brief time between vaccine production and vaccine distribution and the inability to test the vaccine thoroughly in the time before the vaccination program begins.

The tension between 1 and 3 was a part of every small group conversation and in many groups, dominated the deliberation. To balance among these three, many focused on the principles of a truly informed consent – a deep level of education from very credible sources; restraint from the government as a way of demonstrating that there is no bias in favor of vaccine companies or of forced choice; and a forthright, unambiguous declaration of vaccine testing results and side-effects information.

The Denver discussion circled around the idea of a full-throttle informational campaign and availability for those who want to be vaccinated with a go-slow vaccine promotion effort. An assertive promotion campaign by government is inversely associated with public trust in the intervention the government seeks to promote. The discussions focused on improving communication and doing so with a specific emphasis on the elements related to both trust and informed consent in a voluntary vaccination program:

- Clear information about the uncertainties related to the upcoming flu season and the likelihood of a return of the H1N1 flu
- Clear and unbiased information about vaccine testing and safety
- Forthright acknowledgment of the risk-benefit balance in vaccination

- Continued, unambiguous reiteration of the voluntary nature of the vaccination program
- A full-throttle education effort with real restraint in promotion/advocacy
- Non-government, unbiased expertise along side government experts

In addition, speakers focused on providing the larger context around vaccination including ways to prevent infection other than vaccination. Some focused on a learn-as-you-go approach, others on the need for long-term study of vaccination safety and possible vaccine-related health effects. Trust was a major theme and those who spoke to it focused on the relationship between government and vaccine manufacturers and the mistrust that stems from the liability protections government has given to vaccine manufacturers.

### **Electronic Poll**

Participants registered their opinions in an anonymous, electronic poll focused on both the three levels of effort and the underlying values. The moderate level received the most support; this remained unchanged if the outbreak is less severe than expected. The go-slow approach received the lowest level of support in the primary poll. A majority prefer a full-throttle approach if the outbreak is more severe than estimated.

I Prefer Option 1 – Go Slow	22	27.85%
I Prefer Option 2 – Moderate Effort	32	40.50%
I Prefer Option 3 – Full Throttle	25	31.65%
Totals	79	100%

If less severe

I Prefer Option 1 – Go Slow	29	36.25%
I Prefer Option 2 – Moderate Effort	38	47.50%
I Prefer Option 3 – Full Throttle	13	16.25%
Totals	80	100%

If more severe

I Prefer Option 1 – Go Slow	18	22.78%
I Prefer Option 2 – Moderate Effort	22	27.85%
I Prefer Option 3 – Full Throttle	39	49.37%
Totals	79	100%

In the poll of values statements, the results were these:

Protect maximum number from the risk of getting the flu caused by the H1N1 virus	39	48.15%
Freedom to make my own health care decisions	13	16.05%
Protect maximum number from possible vaccine side effects (lack of trust in vaccine safety)	12	14.81%
Limit expenditure of government resources	2	2.47%
Flu caused by the novel H1N1 virus won't be as severe as predicted	2	2.47%
Even if flu caused by the novel H1N1 virus is as severe as predicted, i won't get sick	0	0%
Limit government role in health care decision (lack of trust in government in this arena)	13	16.05%
Totals	81	100%

However, when paired with protect max, the gap between “Freedom” and “Protect max” shrinks significantly.

Freedom to make my own health care decisions	33	41.77%
Protect maximum number from the risk of getting the flu caused by the H1N1 virus	46	58.23%

The only other pairing to produce a large change in preferences and narrow the gap is:

Protect maximum number from possible vaccine side effects (lack of trust in vaccine safety)	29	37.18%
Protect maximum number from the risk of getting the flu caused by the H1N1 virus	49	62.82%

The polling results are consistent with conclusions of the small-group discussions. An expanded statement from the small-group discussions follows:

**Small-group discussion – what are your main concerns related to an H1N1 vaccination program?**

- Information
  - Managing public fears/concerns
  - Ability to get clear, accurate information to people
  - Helping people make informed choices based on risks, needs, options and unknowns
  - Proliferation of inaccurate information
  - Transparency
  - Diverse ways to bring information to reach different parts of the public and reach all audiences
  - Fairness and accuracy are essential
  - Complexity of information stemming from the combination of H1N1 vaccine with the seasonal vaccine
  - Applying the lessons learned from Mexico, the UK and other countries
  - Public access to truthful, correct information that would help an individual make an informed decision
  - Adequacy, accuracy of information about possible side-effects of vaccination
  - Absence of information about side-effects at the start of the vaccination program
  - Need information about vaccination rules, method, process (where, when and how vaccine will be available)
  - Need outreach to different communities (inclusion)
  - Need diverse methods of communicating
  - Need education about ways (other than vaccination) to preventive the flu
  - Need effective methods for presenting information so that everyday people can comprehend it
  - Responding to misinformation
  - Providing enough information to the public
  - Sources, accuracy, and availability of the information (as much as possible)
  - Need for comprehensive communication that speaks to vaccination and other methods of prevention simultaneously (including alternative remedies and healthy lifestyles)
  - Need to encourage personal responsibility—staying home from work when sick, not sending children to school, personal hygiene and other preventative measures
  - Educate about risks and benefits
  
- Infrastructure/logistics
  - Adaptability and readiness of any program, but especially a full-throttle approach
  - Getting vaccine out in a timely manner
  - Distribution to end users
  - Distribution chain efficiency – timelines
  - Sufficient supply: ability to meet maximum demand

- Providing vaccination in schools without interrupting education
- Qualifications and supply of vaccinators
- Have a plan in place so that we are ready for what happens
- Make the plan flexible and adaptable to adjust to public demand and public concerns and changes in the virus
- Government/Governance
  - What are the circumstances or process for making voluntary/mandatory decisions (who makes these) transparent
  - Concern that any program is voluntary
  - Trust in government and pharmaceutical companies
  - Concern that profit is driving vaccination decisions
  - Lack of government and corporate accountability for liabilities/risks
  - Transparency leads to trust
  - Concern that vaccination would be made mandatory
  - Concern that companies could require vaccination for employees
  - Without a mandatory program, school children are at risk
  - Concern that the government is over-reacting, over-stating flu risk
  - Concern that a full-throttle approach, with a mild flu season will damage trust in future government recommendations/vaccination programs
  - Ability of the government to adjust if the strain changes in the midst of the vaccination program
  - Concern that government is not motivated by public health; by politics instead
  - Concern that information is being withheld
  - Concern that the government is using fear to fuel vaccination to support vaccine company profits
  - Who/how are quarantine/closing decisions made; what is the process/system for making those decisions
  - Need full reporting of clinical trials as results are known, particularly those that raise safety concerns
- Biological
  - Ability to adapt vaccine to strain
  - Virulence of strain: does it warrant extraordinary efforts?
  - Geographic migration of virus
  - Virus mutation in the midst of the vaccination plan (or between the two vaccinations)
- Effectiveness
  - Risk that people won't get the second dose for H1N1
  - Concern that culture doesn't allow for people to miss work when sick and not suffer economically
- Health and Safety
  - Need adequate vaccine testing
  - Concern that the vaccine will make people sick

- Risk of simultaneous vaccinations – H1N1 and others
- Need a definitive study of the long-term health effects of vaccination on human health
- Need to study the safety of this H1N1 vaccination program
- Fetal health impacts from vaccination
- Impacts on individuals with existing health conditions
- Tracking side-effects
- Individual rights and liberties
  - Concern that the program could be made mandatory program
  - Concern that individuals would not be permitted to exercise informed consent
- Protection from H1N1
  - Ability to protect family members within the highest risk category
  - Coverage for high-risk populations
  - Protecting children and service providers
  - Risk that a too-slow approach is not protective enough
- Equity
  - Access to vaccine for underserved populations
  - Equal access based on race, geography, income
- International Leadership
  - Impact of our vaccination program on other countries
  - Willingness to share extra vaccine with other countries
- Economic Effects
  - Go-slow approach, if many get sick, could disrupt economic activity
  - Economic impact of wide-spread illness

## **Pros and Cons of a Go-Slow Approach**

### Pros

- Doing it right – slow and steady
- This approach avoids vaccination risks
- This aligns with safety concerns from long-term effects
- Aligns with safety concerns and the desire for more testing of the vaccine and its side effects
- Going slow on vaccination while going full throttle on education is the best approach
- Going slow allows time for education and prevention
- Distrust of government leads to a preference for go slow
- Going slow allows for providing feedback on safety and success as you proceed
- Buys time to study risks of vaccine
- More time to distribute information to public
- Time to consider other and additional ways to protect public when pandemic hits
- With go slow, there is opportunity to test the safety of vaccines

## Cons

- Cost of health care could be high as those with the flu access care
- Disruption if this level of preparation is inadequate to the flu outbreak
- This approach is problematic because go slow means less information reaches the public
- This is a reactive rather than proactive strategy
- Doesn't prepare us if impact is worse than expected and then we can't catch up
- People who would be interested may be left out, even w/in priority groups
- Slower approach could take more time to ramp up and the if the illness spreads quickly, there is concern for people not being able to work
- The downside is that "going easy" may mean we are less prepared if the pandemic is severe
- People may not think that vaccination is important if a go easy approach is used
- People may not be serious enough about to take the vaccination, particularly people at risk like younger people

## Pros and Cons of a Full-Throttle Approach

### Pros

- More individual choice – full-throttle makes it possible to exercise individual choice to be vaccinated or not to be vaccinated
- Prevention saves money
- Being preparedness reduced potential disruption in sectors like the economy, education, healthcare and social systems
- If this approach educates the public of prevention/treatment options, it helps them plan, prepare, protect themselves, understand the options available to handle the situation
- Safety – cover all bases; be prepared
- Action is needed
- It is easier to scale down an approach after the fact than to ramp it up
- It is best to be prepared given the possible health risks
- Peace of mind to know that we came prepared
- Thinking beyond our borders, the extra attention/resources could also help other countries affected by H1N1
- Fast = safe, protects the most people, prevents irreversible outcomes
- In full-throttle approach, media will distribute information and can clarify the relationship between government and corporations
- Highly transmittable, conduct of others affects me, my children are at risk
- There is a solution, use it
- Protect public service providers, school teachers
- Don't let the few jeopardize the safety of the many – the commonwealth of air
- Use triage to distribute vaccine to those most at risk, most exposed
- You may regret you went slow because death is not reversible
- High likelihood of equal access
- The health care arena has to be prepared, has to have the infrastructure in place/available to respond immediately to whatever the outcome

- The reality of our government is that we will shoot for a full throttle approach but end up more in the middle because of resource limitation
- Different arenas will need a different level of approach (i.e. health care and schools need full throttle but maybe more moderate for private agencies)
- There is comfort in knowing that if a full throttle approach is used, we will be best prepared at this level.
- If there is an overproduction of vaccine using this approach, what remains could possibly be shared with other nations which would help us serve a global leadership position
- Full throttle approach would be best because it means we are best prepared

#### Cons

- Concerns that infrastructure wouldn't be in place to get vaccine administered even though they are available
- There is not enough data to go full force; more information should be required before adopting a full-throttle approach
- This strategy could waste money
- Not enough people will be affected to need this possibility
- Resources would be overburdened at all levels
- Use of fear may compromise effective decision-making
- Make/create undue risk or tolerance by giving to those who don't need it
- This feels like one step away from mandatory vaccines
- The vaccine needs to be readily and easily available to those who are at risk and decide to get it
- The government should not pressure people; should not scare people into getting vaccinated
- This approach would take a lot of resources spent on an unknown (the degree of severity of the pandemic) that could possibly detract from other needs that we know exist
- This approach provides us with the least opportunity to evaluate the safety of the vaccine

### **Pros and Cons of an Intermediate Approach**

#### Pros

- Planning how to handle spread of virus in case it becomes an issue which does not seem to be urgent at this point
- Respond to fears with enough information about what would be the best course of action
- This is an adequate response
- Manages limited resources
- Manages for uncertainty
- It would allow for more flexibility.
- Could be acceptable if the virus ended up being more virulent
- Extremes aren't good
- This met the needs for safety and efficient use of our resources
- It balances the pros and cons
- Leaves money for what we know people are needing
- Would reduce government propaganda and allow for more personal choice
- Important to be our brothers' keeper

- The economic disruption and other health concerns posed by the virus mean that people should be protected
- It is also important to protect more vulnerable populations such as the poor, immigrants, and those with chronic illness
- Health departments and schools are good resources to use to connect with at-risk populations and monitor vaccination
- The cost of vaccination is so much less than the cost of an extended hospital stay; this could be an effective use of government resources
- Balances history/known with the unknowns
- Allows for flexibility if impact is less or worse than expected
- Provides motivation for people to take action, but not heavy-handed
- There is still an opportunity to test safety of the vaccines
- There is more protection if the pandemic is severe
- Middle of the road would be best because it balances resources, safety, preparation

Some expressed interest in a wider range of choices, including no vaccination program with a focus instead on alternative measures of prevention and education.

**H1N1 Vaccination Program: Public Engagement Meetings  
Summary  
Lincoln, NE August 8, 2009**

**Introduction**

On August 8, 2009, one hundred and twenty-six members of the public met in Lincoln, NE to learn about the H1N1 virus and hear a presentation about the decisions already made about vaccination. At the request of the Centers for Disease Control and Prevention, they discussed a set of decisions that will have to be made in the very near future about the vaccination program. These decisions were encapsulated in three scenarios representing three different levels of effort by public agencies, clinics and service providers in making vaccine available.

**Public Viewpoints – What matters most to you in connection with a vaccination program?**

The participants were presented with values statements aimed as summarizing different points of view and belief systems about vaccination. Perspectives that dominated this aspect of the discussion included:

1. For many participants in the small group discussions, protecting the maximum number from the risks of getting H1N1 was their top priority and the reason for using a full throttle approach.
2. For others, protecting the maximum number from vaccine side effects was the primary reason for using a go- easy approach. There were concerns expressed about the lack or inadequacy of vaccine testing for H1N1 vaccine.
3. A lack of trust in the government to make the best decisions or provide all the information also influenced participants towards a go-easy approach.

Once it was clarified that the vaccine program was voluntary (freedom to choose was maintained), both small and large group discussions centered on the balance between the two values of protection from getting the virus and protection from vaccine side effects. Some groups balanced the two values with a full-throttle approach for the target groups and the go-easy approach for everyone else.

Almost all groups agreed a key element to any approach to H1N1 is education and dissemination of information to the public - a full throttle approach on education. First start with education on prevention; stop the disease from spreading through education. Second, education on the risks related to taking the vaccine; the public needs the data in order to make informed decisions.

## Electronic Poll

Participants registered their opinions in an anonymous, electronic poll focused on both the three levels of effort and the underlying values. The moderate level received the most support; this remained unchanged if the outbreak is less severe than expected. The go-slow approach received the lowest level of support in the primary poll. A majority prefer a full-throttle approach if the outbreak is more severe than estimated.

I Prefer Option 1 – Go Slow	20	17.7%
I Prefer Option 2 – Moderate Effort	53	46.90%
I Prefer Option 3 – Full Throttle	40	35.40%
Totals	113	100%

If less severe

I Prefer Option 1 – Go Slow	40	35.09%
I Prefer Option 2 – Moderate Effort	52	45.61%
I Prefer Option 3 – Full Throttle	22	19.30%
Totals	114	100%

If more severe

I Prefer Option 1 – Go Slow	8	7.34%
I Prefer Option 2 – Moderate Effort	30	27.52%
I Prefer Option 3 – Full Throttle	71	65.14%
Totals	109	100%

In the poll of values statements, the results were these:

Protect maximum number from the risk of getting the flu caused by the H1N1 virus	67	58.77%
Freedom to make my own health care decisions	21	18.42%
Protect maximum number from possible vaccine side effects (lack of trust in vaccine safety)	10	8.77%
Limit expenditure of government resources	4	3.51%
Flu caused by the novel H1N1 virus won't be as severe as predicted	9	7.89%
Even if flu caused by the novel H1N1 virus is as severe as predicted, I won't get sick	1	.88%
Limit government role in health care decision (lack of trust in government in this arena)	2	1.75%
Totals	114	100%

When "Protect maximum number" was polled in pairs with the other seven values, the smallest gap was with the value of "Freedom" to choose.

Freedom to make my own health care decisions	37	31.90%
Protect maximum number from the risk of getting the flu caused by the H1N1 virus	79	68.10%

The only other pairing to produce a narrow the gap is:

Limit Government Role in Health Care Decisions (lack of trust in government in this arena)	28	25.69%
Protect maximum number from the risk of getting the flu caused by the H1N1 virus	81	74.31%

The polling results are consistent with conclusions of the small-group discussions. An expanded statement from the small-group discussions follows.

### **Small-Group Discussions**

#### **What are your main concerns related to an H1N1 vaccination program?**

- General Education/Lack of Vaccination Knowledge
  - Educate the general public on both general H1N1 and vaccine knowledge to address confusion about medical facts
  - Get information out the best and fastest way possible
  - Educate on prevention and hygiene
  - Prevent mass hysteria through more available information
  - Ensure the quality of information provided to the public: transparent outreach efforts that are not tainted by misinformation
- Safety Concerns
  - Potential Life or Death Issues
  - Long term side effects (?)
  - Lack of data to ensure the vaccine is “safe”, lack of studies re: side effects of flu immunizations
  - Concern that the vaccine might not work as well as everyone expects
  - Safety of children as school starts
- Vaccine distribution process/Manufacturing Issues
  - Accessibility to most vulnerable populations who might not hear about it through traditional channels
  - Costs to administer vaccine will limit number of people getting vaccine
  - Speed of manufacturing may decrease effectiveness
  - Need protocol for concentrated populations – ex: universities, camps, prisons, etc.
  - Emphasis on vaccinating children
  - Ensuring enough vaccines - possible vaccination shortages
  - Managing public demand
  - Ensuring there are enough health care professionals to distribute vaccine
- Government Trust and Funding
  - Level of effort is too much for the limited funds available given current economy
  - Possible creation of panic/fear among public
  - Suspicion/general mistrust of government
  - Possible administrative or infrastructure costs associated with giving vaccine
  - Questioning the best way to spend Government money: Vaccines, education, etc.
  - Ensure emergency preparedness for institutions such as prisons, schools, etc.

## **Which Option do you feel is best? Pros and Cons**

There was no consensus among the small groups on which approach is best. The following list of options (pros and cons) is in order of overall popularity, but not consensus or majority.

### ***Pros and Cons of an Intermediate Approach***

#### Pros

- Flexibility to go downward or upward in effort as needed. This approach gives us time to find out more about the virus, vaccine safety, effectiveness, etc.
- Addresses targeted groups
- Pandemic is not a high mortality rate at this time
- Still allows us the option to go Full Throttle for at risk groups if the situation worsens
- Gives preexisting agencies the chance to deal with the situation before possibly blowing it out of proportion
- Being able to quickly modify based on need: puts the U.S. in the position to ramp up or back off as appropriate

#### Cons

- Need to do a lot of public education
- There is a lack of confidence in the government's ability to implement this

### ***Pros and Cons of a Full-Throttle Approach***

#### Pros

- Proactive
- Aggressive monitoring approach: It is better to protect the community as much as possible
- Because of our population, travel and mobility, it protects the U.S. population, therefore protecting our country; this may help develop a threat infrastructure in rural areas.
- General feeling that we should do everything we can to prevent widespread illness
- Chance for America to be ahead of the curve and head off a preventable illness

#### Cons

- Appears as a reactionary response which means that the public will expect such a response for other threats; currently have a poor public health delivery system in some areas and also have many that are uninsured
- Might cause Panic
- Redirect money set aside for Full Throttle education and partnerships to Moderate approach

### *Pros and Cons of a Go-Slow Approach*

#### Pros

- Provides the best opportunity to collect information about the disease and to provide better public education and prevention
- Emphasis put on education and how to avoid getting the virus. Since the priority groups are covered and education is in place, there is no need for a “Full Throttle” approach
- This would address potential issues with supply/demand
- Preserves personal choice

#### Cons

- It's not enough effort, too light of an approach
- Lag-time for developing immunity – 6+ weeks between 1<sup>st</sup> shot and immunity
- Targets specific group; sets up infrastructure and communication to all (prevention), unused vaccines could be given to other countries

## **APPENDIX A: Demographics of Participants**

**Total:** 126 people

### **Age Range:**

18-30 years	14	11%
31-50 years	31	25%
51 and above	79	64%

### **Gender:**

Male	36	29%
Female	87	71%

### **Ethnicity:**

Asian or Pacific Islander	1	1%
Mixed Race	4	3%
Black (or African American)	8	6%
Hispanic or Latino	1	1%
White	105	85%
Other	7	6%

**H1N1 Vaccination Program Public Engagement  
Summary of Discussion from Table Facilitator Worksheets and Polling  
July 15, 2008  
Birmingham, Alabama**

**OVERVIEW**

**Main concerns about the vaccine:**

The top concern from the table discussions was that there should be adequate and trustworthy information and education provided to the public. The information would be widely disseminated so that all types of citizens would be able to make good decisions regarding the vaccine. The information should also not create panic or false demand for the vaccine.

Concerns over the safety of the vaccine were also a strong component of the small group discussions, mostly related to the amount of time to test the vaccine before it is distributed and the issues around adding Thimerisol and other adjuvant to some of the vaccine.

Equally as important as safety issues were concerns over funding and costs to the state and local health agencies and the recipients of the vaccine, and whether this money could be better used to educate the young on ways to avoid the flu or will the funding of the programs take away from other things that are equally or more important.

Many of the small groups brought up concerns around certain populations, mainly the homeless, having access to information and the vaccination. The fear was not only for their health but also the flu spreading to other areas of the population. Other groups that were mentioned were college campuses, teachers, immigrant populations, and healthcare workers.

Finally there was concern in a few groups about the ability of our federal government in the following areas. There was concern over the supply of the vaccine in relation to the demand, especially given that two doses are necessary. There was concern over clear information to the public regarding the difference between the seasonal and the H1N1 flu and the three vaccines.

**Options – Pros and Cons:**

Six of the groups chose the moderate approach with a full throttle approach to education and information. The reason for this choice had to do the balance and flexibility offered if the virus should be less or more severe than expected and would more easily allow us to ramp up or down more quickly. Full throttle was not chosen mainly due to concerns for cost and the safety of the vaccine.

Three of the groups chose the full throttle approach as being the safest and most sensible choice as prevention is the key to public safety. They also recognized the dilemma this approach could create if the vaccine supply was not adequate.

**What Matters Most in a Vaccination Program:**

The groups felt protecting people from the virus and limiting expenditure of government resources were equally important in a vaccination program.

## **What are your main concerns related to an H1N1 vaccination program?**

Concern expressed during small group discussions are organized into the following themes.

### Information and Communication

- Reliable and enough information getting to the community regarding the virus and the vaccine so people can make the right choices
- The entire public must be educated on the virus; Schools, churches, community centers, sporting events, businesses, and agencies
- Enhanced public education with respect to H1N1 (especially avoiding over-reliance on the press)
- Education component in getting right information to the public to allow for informed decisions
- Factual communication & education of the public as early as possible
- Education and communication -- TV, radio, groups working with homeless. Need to empower people to communicate with others. Drs could speak to groups who might be most skeptical or uninformed or miss-informed. Communication should be on safety, side effects, severity, frequency, unknowns, interaction of vaccine with other medications or ongoing health issues, availability or access to the vaccine. Information for those who don't want the vaccine but are at risk of contracting the virus.
- People not having enough information to make an educated decisions
- Education of all segments of the population is essential and should be undertaken as soon as possible. A strong, aggressive approach aimed at reaching people in many locations, such as kiosks in malls, grocery and department stores, schools, churches, community groups, athletic events would be most effective.
- Communicating the facts
- Outreach to everyone

### Prevention and Containment

- Concern about populations such as homeless and college students not getting the information and not getting vaccinated. This is not only out of concern for their health but the possible additional spread of the virus by these populations.
- As quickly as possible the group felt that everyone should get the vaccine as soon as practicable
- Reaching target populations and other that work with target populations (such as teachers) early in the process to mitigate spread of disease
- Education about prevention measures that can be taken
- Not enough vaccine could mean healthcare workers (those who administer vaccines) could get sick
- Adequate vaccine supply
- Freedom to choose to be vaccinated while encouraging personal responsibility to protect themselves and the community.
- May need to require vaccine for school children like other vaccines and having a place in schools to quarantine sick children
- Better to overact than under act

### Resources and Cost

- Costs and resources that are slim at this time
- Possible waste of resources if pandemic is not as severe as expected
- Cost – we need to be good stewards of resources. Funding full throttle may take away from other programs.
- was concern about the funding of administration costs.
- Who will pay the costs?
- Limited money which may be better used in educating 6 mos to 24 years of age in proper cleanliness, etc.
- Whether state and local funds will be affected in other areas of funding (i.e. cuts) of other programs if a full throttle approach is implemented.
- What will the funding cover?
- Who will pay for vaccines if public and private partnerships are created

#### Equity

- Outreach to all classes including middle to low income and the homeless
- Flexibility with setting target groups.
- Concern over sacrificing those of 65 years of age.
- Reaching the homeless populations
- Having enough vaccine for those who want it
- The priorities may mean that the elderly are not able to get the vaccine thus being more vulnerable
- Concern about reaching groups such as the homeless and immigrant populations.
- Will the vaccine accommodate all age groups
- Alternative vaccines should be made available to those allergic to eggs

#### Safety and Health

- Possible negative side effects of a vaccine (particularly if rushed into absence of adequate experience with the vaccine)
- Safety issues associate with the vaccine – what is the worse that can happen?
- Side effects that could be severe and more widespread
- Unknown side effects of the vaccine on children
- Safety (Thimerisol-autism) potential link.
- Side effects
- Safety (rush to production)
- Concerned about possible use of thimerisol and new antigens

#### Uncertainty and Unknowns

- Concerned that CDC has no guidelines
- Do not have adequate knowledge about the virus
- Concern that it's not the right vaccine/not enough is known
- Lack of research

#### Complexity, Confusion and Potential for Over-reaction

- Need to vaccinate against two separate viruses, three total vaccines, and the potential for confusion
- Confusion with seasonal flu vaccine
- With 3 vaccinations available, some may skip 2<sup>nd</sup> H1N1 due to confusion

- Almost hysteria calling it a pandemic. That goes to ease of spreading, not severity.
- There was concern about how news can be sensationalized and that an aggressive education campaign might result in social isolation, disruptions in schools and places of employment, and unruly situations if there is insufficient supply.

#### Government

- Are we being shielded by the decision makers regarding the seriousness of the problem?
- Moving too fast, distrust government
- How involved will the government be?

#### Coverage

- Half of population do not take regular flu shots anyway

### **Small group discussion - Pros and Cons of a Go-Slow Approach**

#### Pros

[none]

#### Cons

- might be a “asleep at the switch” and tantamount to doing nothing
- the option of going slow seems to be past us now

### **Pros and Cons of a Moderate Approach**

#### Pros

- the expanded emphasis on public education
- the recognized efficacy (in several) of vaccines while balancing the risks of negative side effect or possible inefficacy of this particular vaccine. For example, non-responsiveness of a large subset of population to vaccine; virus mutations, or waste of resources should the virus be less severe than expected.
- Could ramp up quickly from this level if necessary
- Strikes a balance between lack of knowledge of the virus and the need to move briskly to constrict its spread and consequences.
- Sufficient for most program features except for education and information

#### Cons

- Insufficient education and information

#### *Other comments participants made regarding the moderate approach:*

- Information should be transparent and trustworthy, not meant to scare people thus creating demand to justify the chosen approach.
- Government credibility concerns should not be on any of the pros/cons lists.
- Should focus time now on education/communication and during the outbreak focus on side effects and severity

## Pros and Cons of a Full Throttle Approach

### Pros

- Most sensible approach
- Contains appropriate levels of information dissemination.
- Prevention is the key – start early
- Because the general public needs the vaccine

### Cons

- Might not be enough resources and volunteers for the education campaign
- Full Throttle is way too fast given the list of concerns regarding funding and safety
- concerns some might overreact
- Safety concerns
- Cost concerns

### *Other comments participants made regarding the full throttle approach:*

- Education should not be aimed to increase demand generally for the vaccine, instead education should help population understand who needs it, when, and why. Some concern that a complete full throttle approach could strain resources, waste resources or cause undue demand or panic.
- Good education and a call for responsible action are essential to making the program work.
- Communication and education had to be strong focused, persistent and wide spread, whereas administration of the vaccine could be handled at a moderate pace
- Focus on components of education (1<sup>st</sup>) safety monitoring(2<sup>nd</sup>)
- Apply federal and state funds
- Create public and private partnerships
- Create credible access to care such as transportation
- Funding should cover everything
- Increase public health systems, involve churches
- Keep vaccination sites open for recall
- Volunteers should be regional

### *Participants had the following general comments regarding the options:*

- Those who had no opinion did not favor one option over the other, but felt there was insufficient information to make an informed judgment.

## **WRITTEN PARTICIPANT THOUGHTS AND QUESTIONS**

When distributing information it is important that major sources present the same information. I.e. CDC, state health officials, local health offices, and media (if possible)

Public Housing Mothers have to make a decision to keep their children home which means days off of work. Think about helping the lowest paid citizens because if they lose their jobs they will eventually not be able to stay in their housing.

The education component as well as the pros to cons of the materials do not mention the most important concern in a pandemic of a virus that is not particularly deadly – the effect on society in general. The economy, social and government systems functioning – the secondary impact on families etc. as people lose jobs, miss school, school closing, the military cannot function, etc. Each case of flu can impact many people in many ways apart from the actual illness. This is also important for the education of the public – business, government agencies need to be prepared for the interruption of society.

## **Compiled Facilitator Notes Small Group Discussions**

1. In some cases, less is more---we're looking for recurring themes and patterns in most responses and not every insight from every member.
  2. Complete this by the end of the day as we need to get started on compilation right after the meeting.
  3. When done, give your completed worksheet and any flip chart notes to a Keystone Center staff person. There will be a short de-brief meeting at the end of the day when you turn these in to the Keystone team.
  4. To the extent participants raise issues that do not fit easily into your report, encourage them to jot those down on the available index cards. Please provide Keystone any filled out index cards given to you when you turn in this sheet.
- 

### **1. What are your main concerns about an H1N1 Vaccination program?**

#### **Table 9**

- Reliable and enough information getting to the community regarding the virus and the vaccine so people can make the right choices.
- Concern about populations such as homeless and college students not getting the information and not getting vaccinated. This is not only out of concern for their health but the possible additional spread of the virus by these populations.
- Concerned that CDC has no guidelines.
- Costs and resources that are slim at this time.

#### **Table 6**

- Do not have adequate knowledge about the virus
  - As quickly as possible the group felt that everyone should get the vaccine as soon as practicable
  - Alternative vaccines should be made available to those allergic to eggs
- The entire public must be educated on the virus; Schools, churches, community centers, sporting events, businesses, and agencies

#### **Table A**

- Enhanced public education with respect to H1N12 (especially avoiding over-reliance on the press)
- Possible negative side effects of a vaccine (particularly if rushed into absence of adequate experience with the vaccine)
- Possible waste of resources if pandemic is not as severe as expected

#### **Table B**

- Concern that it's not the right vaccine/not enough is known
- Education component in getting right information to the public to allow for informed decisions

- Outreach to all classes including middle to low income and the homeless
- Flexibility with setting target groups.
- Safety issues associate with the vaccine – what is the worse that can happen?
- Cost – we need to be good stewards of resources. Funding full throttle may take away from other programs.
- Concern over sacrificing those of 65 years of age.

#### **Table C**

- Factual communication & education of the public as early as possible
- Better to overact than under act
- Reaching target populations and other that work with target populations (such as teachers) early in the process to mitigate spread of disease
- Reaching the homeless populations
- Need to vaccinate against two separate viruses, three total vaccines, and the potential for confusion

#### **Table D**

- Education and COMMUNICATION – TV, radio, groups working with homeless. Need to empower people to communicate with others. Drs could speak to groups who might be most skeptical or uniformed or miss-informed. Communication should be on safety, side effects, severity, frequency, unknowns, interaction of vaccine with other medications or ongoing health issues, availability or access to the vaccine. Information for those who don't want the vaccine but are at risk of contracting the virus.
- Confusion with seasonal flu vaccine
- Education about prevention measures that can be taken.

#### **Table E**

- Having enough vaccine for those who want it
- Side effects that could be severe and more widespread
- The priorities may mean that the elderly are not able to get the vaccine thus being more vulnerable
- Unknown side effects of the vaccine on children
- Not enough vaccine could mean healthcare workers (those who administer vaccines) could get sick
- People not having enough information to make an educated decisions

#### **Table F**

- Adequate vaccine supply
- Are we being shielded by the decision makers regarding the seriousness of the problem?
- Freedom to choose to be vaccinated while encouraging personal responsibility to protect themselves and the community.
- May need to require vaccine for school children like other vaccines and having a place in schools to quarantine sick children

#### **Table G**

- Education of all segments of the population is essential and should be undertaken as soon as possible. A strong, aggressive approach aimed at reaching people in many locations, such as

kiosks in malls, grocery and department stores, schools, churches, community groups, athletic events would be most effective.

- There was concern about how news can be sensationalized and that an aggressive education campaign might result in social isolation, disruptions in schools and places of employment, and unruly situations if there is insufficient supply.
- There was concern about reaching groups such as the homeless and immigrant populations.
- Finally, there was concern about the funding of administration costs.

#### **Table H**

- Moving too fast, distrust government
- Lac of research
- Who will pay the costs?
- Limited money which may be better used in educations 6 mos to 24 years of age in proper cleanliness, etc.
- Safety (Thimerisol-autism) potential link.
- Side effects
- Safety (rush to production)

#### **Table I**

- Half of population do not take regular flu shots
- With 3 vaccinations available, some may skip 2<sup>nd</sup> H1N1 due to confusion
- Almost hysteria calling it a pandemic. That goes to ease of spreading, not severity.
- Concerned about possible use of thimerisol and new antigens

#### **Table J**

- Whether State and local funds will be affected in other areas of funding (i.e. cuts) of other programs if a full throttle approach is implemented.
- Will the vaccine accommodate all age groups?
- Communicating the facts
- What will the funding cover?
- How involved will the government be?
- Who will pay for vaccines id public and private partnerships are created
- Outreach to everyone
- 
- 
- 
- 
- **2. Talk through the pros/cons of each option; ask them if they understand the option, and if there are additional pros/cons. Then, ask---- Which option do you feel is best for the assumptions and circumstances? Why?**

#### **Table 9**

- Strong preference for Option 2 – Moderate with a FULL Throttle approach in regard to information dissemination
- Information should be transparent and trustworthy, not meant to scare people thus creating demand to justify the chosen approach.
- Government credibility concerns should not be on any of the pros/cons lists.

**Table A**

- Among those who had formed an opinion, a majority favored the moderate approach.
- The moderate approach was favored because of the expanded emphasis on public education and the recognized efficacy (in several) of vaccines while balancing the risks of negative side effect or possible inefficacy of this particular vaccine. For example, non-responsiveness of a large subset of population to vaccine; virus mutations, or waste of resources should the virus be less severe than expected.
- Those who had no opinion did not favor one option over the other, but felt there was insufficient information to make an informed judgment.

**Table B**

Option 1 – 2 members of group

Option 2 – 6 members of group (because so little is known about H1N1)

Option 3 - 1 member of group

**Table C**

- Consensus on moderate to full throttle effort with emphasis on education and communication.
- Option 1 – seem to be past that now
- Option 2 – sufficient for most program features exception education and information
  - Should focus time NOW on education/communication
  - During the outbreak focus on side effects and severity
- Option 3 – Focus on components of education (1<sup>st</sup>) safety monitoring(2<sup>nd</sup>)

**Table D**

- Full throttle approach (Option 3)

**Table E**

- Moderate to full throttle approach with full throttle on education and communication
  - Education should not be aimed to increase demand generally for the vaccine, instead education should help population understand who needs it, when, and why. Some concern that a complete full throttle approach could strain resources, waste resources or cause undue demand or panic.
  - Good education and a call for responsible action are key to making the program work.
  - Some “moderate” supporters thought you could ramp up quickly from this level if necessary

**Table F**

- Most of the table favored Option 2 as striking a balance, based on lack of knowledge of the virus, with the need to move briskly to constrict its spread and consequences.

**Table G**

- The group felt that the full throttle approach was the most sensible, although some people felt that communication and education had to be strong focused, persistent and wide spread, whereas administration of the vaccine could be handled at a moderate pace.
- After discussion about the number of vaccination sites and the number of volunteers that would exist with a moderate approach, most people recognized the dilemma that would arise with a full throttle education campaign with only mid-level resources.

**Table H**

- Moderate approach preferred
- Go slow might be a “asleep at the switch” and tantamount to doing nothing
- Full Throttle is way to fast given the list of concerns regarding funding and safety

**Table I**

- Most were for moderate approach because of concerns some might overreact to full throttle. Also safety and cost concerns with full throttle.

**Table J**

- Full Throttle preferred because the general public needs the vaccine
  - Apply Federal and state funds
  - Create public and private partnerships
  - Create credible access to care such as transportation
  - Prevention is the key – start early
  - Funding should cover everything
  - Increase public health systems, involve churches
  - Keep vaccination sites open for recall
  - Volunteers should be regional

**4. What matters most to you in connection with a vaccination program [OR what are your top 3] and why? Are any of your important values missing?**

1. Protect Maximum Number from the Risk of Getting H1N1 Virus **x x x x x x**
2. Protect Maximum Number from Possible Vaccine Side Effects (lack of trust in vaccine safety) **x x x x**
3. Limit Expenditure of Government Resources **x x x x x x x**
4. Flu Caused by the Novel H1N1 Virus Won't Be as Severe As Predicted **x**
5. Lack of trust in government sponsored programs **x x x**

There was some sense that the lack of information (rendering the experts confused) suggest that public comment was sought as political “cover”; this sentiment was particularly strong among those not choosing any option or who were in the healthcare field.

Emphasis on vaccine for teachers, caregivers, and young children

Concern for cost to the federal government given current economic conditions and costs to states and counties

Severity of the side effects

Important to be prepared even if it is not as severe as anticipated.

Dispelling distrust and increasing awareness depends heavily on communication and education. Need to communicate with all segments of society such as homeless and others who do not have a regular doctor.

Overcoming the fear of side effects by keeping people informed as time goes by.

Cost for those without health insurance.

Side effects, wasted resources and the possibility of overreaction were considered, acknowledged as concerns and determined to be at much less relevance at this stage. Full throttle approach was rejected only because of concern that it could be too fast to avoid preventable mistakes and that it could cause demand to exceed supply dramatically and lead to panic.

Ensuring that poor counties in Alabama are not required to underwrite the costs of administering the vaccine in multiple locations (lack of funds)

Protecting indigent, homeless, and immigrant people.

## WRITTEN PARTICIPANT THOUGHTS AND QUESTIONS

When distributing information it is important that major sources present the same information. I.e. CDC, state health officials, local health offices, and media (if possible).

Public Housing mothers have to make a decision to keep their children home which means days off of work. Think about helping the lowest paid citizens because if they lose their jobs they will eventually not be able to stay in their housing.

The education component as well as the pros to cons of the materials do not mention the most important concern in a pandemic of a virus that is not particularly deadly – the effect on society in general. The economy, social and government systems functioning – the secondary impact on families etc. as people lose jobs, miss school, schools closing, the military cannot function, etc. Each case of flu can impact many people in many ways apart from the actual illness. This is also important for the education of the public – business; government agencies need to be prepared for the interruption of society.

Each person should be aware that germs can be picked up from grocery carts, door handles, gas stations etc. People should carry around hand sanitizer and refrain from shaking hands.

I believe everyone should be educated and that everyone should be cared about to know what my reality is and make no man or woman left behind.

People still confuse severity of the disease, which is mild, with how widespread and how quickly it spreads. Make sure the right information that gets out to people lets them know that this virus is mild to moderate, and not deadly to anyone who doesn't have pre-existing conditions, i.e. no worse than the seasonal flu.

During a break I noticed people from our group outside smoking – I think education should involve the fact that people should not expect to be healthy even with the vaccine, if they do not take measures in their everyday life to be healthy i.e. exercise, limiting sugar intake, not smoking, eating fruits and vegetables.

In the video, you need to present more on what will happen if no one is vaccinated – the % who might be sick at one time, how many in ICU's, effect on commerce and business if x% are gone from the food stores, truck lines, schools.

I think that there needs to be more and reliable information assembled to the public concerning the vaccine.

What is being done to further educate the youth and young adults on this issue?

Could we (the public) get a list of all the ingredients in the H1N1 vaccine?

I saw on Dr. Anne Schuchat's press conference on the H1N1 vaccine that thimerisol-free vaccines are being purchased for children age 2 and over. Will thimerisol-free vaccines be available for children 6 months to 2 years, as this is the group most vulnerable to autism?

If you took the flu shot in 1976 and became ill with flu, should you take this new vaccine?

HHS/CDC cannot rely on local and state resources to educate the population for this topic – it's not working!

There should be "roving" HHS/CSC specialists assigned to each state to do one on one (group+ outreach). I volunteer.

A pamphlet should be mailed to every household (less reliance on people self- initiating research).

Thanks for Coming!

Education through the school systems

Education and make vaccine available to the homeless.

Educate-Educate-Educate

When you know better you do better.

Homeless Population

Need to work with various shelters and health agencies that work with homeless populations

Education of the public – churches, schools, and sr. citizens, lay people, jails, and homeless shelters.

The health department, I would not have had any info other than the deaths reported.

If you go full throttle how do you think that you will engage large corps of volunteers in medically underserved areas in rural states?

Guidelines should be in place to deal with any kind of outbreak. It doesn't matter if it's the flu, aids, or any other communicable/spreadable disease or illness. When's it's 10% of the population affected or 50% or more affected response should be at a certain level by agencies ready to react.

I still would like to see more education for homeless people to be told whether it's dangerous or not in case someone gets it they will at least know the importance of having to keep from spreading it.

## Polling Questions

### 1. Which option do you prefer?

- 5 I prefer Option 1 – Go slow
- 61 I prefer Option 2 – Moderate Effort
- 25 I prefer Option 3 – Full Throttle

### 2. What is the top/first priority reason for my choice?

- 53 We should protect maximum number from the risk of getting Novel H1N1 virus
- 11 I want to protect the maximum number from possible vaccine side effects (lack of trust in vaccine safety)
- 0 I want to limit the expenditure of government resources
- 2 Flu caused by the Novel H1N1 Virus Won't Be as Severe As Predicted
- 26 I want time to allow for a thorough vaccine testing and thorough education about vaccination
- 2 I lack trust in government sponsored/promoted programs

### 3. What is the second priority reason for my choice?

- 22 We should protect maximum number from the risk of getting Novel H1N1 virus
- 35 I want to protect the maximum number from possible vaccine side effects (lack of trust in vaccine safety)
- 5 I want to limit the expenditure of government resources
- 2 Flu caused by the Novel H1N1 Virus Won't Be as Severe As Predicted
- 27 I want time to allow for a thorough vaccine testing and thorough education about vaccination
- 0 I lack trust in government sponsored/promoted programs

### 4. What is the top/first priority reason for my choice?

- 18 We should protect maximum number from the risk of getting Novel H1N1 virus
- 22 I want to protect the maximum number from possible vaccine side effects (lack of trust in vaccine safety)
- 8 I want to limit the expenditure of government resources
- 9 Flu caused by the Novel H1N1 Virus Won't Be as Severe As Predicted
- 27 I want time to allow for a thorough vaccine testing and thorough education about vaccination
- 7 I lack trust in government sponsored/promoted programs

### 5. If the H1N1 outbreak is less severe than expected, which option do you prefer?

- 16 I prefer Option 1 – Go slow
- 60 I prefer Option 2 – Moderate Effort
- 14 I prefer Option 3 – Full Throttle

### 6. If the H1N1 outbreak is more severe than expected, which option do you prefer?

- 1 I prefer Option 1 – Go slow
- 27 I prefer Option 2 – Moderate Effort
- 62 I prefer Option 3 – Full Throttle

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Prepared by:  
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**H1N1 Vaccination Program: Public Engagement Meetings  
Summary  
Sacramento, August 15, 2009**

**Introduction**

On August 15, 2009, 83 members of the public met in Sacramento to learn about the H1N1 virus and hear a presentation about the decisions already made about vaccination. At the request of the Centers for Disease Control and Prevention, they discussed a set of decisions that will have to be made in the very near future about the vaccination program. These decisions were encapsulated in three scenarios representing three different levels of effort by public agencies, clinics and service providers in making vaccine available.

**Option 1 – Go Slow**

- A few additional sites added to seasonal flu sites
- Goal to meet an expected low public demand for vaccine
- No rush to vaccinate early on
- Slight increase in communication
- Slight increase in volunteer involvement
- Slight increase in partnerships
- Slight increase in safety, disease, and coverage monitoring

**Option 2 – Moderate Effort**

- Goal to promote vaccination to eligible groups, set up extra vaccination sites beyond those used for a regular flu year, and vaccinate a large number of the eligible groups relatively quickly
- Aim to raise the expected low public demand for vaccine
- Enhanced communication
- Enhanced volunteer involvement
- Enhanced partnerships
- Enhanced safety, disease, and coverage monitoring

**Option 3 – Full Throttle**

- Significant additional federal, state, and local funds invested in creating numerous extra vaccination sites in both the public and private sectors
- Aim to create and respond fully and speedily to significant public demand for vaccination even if the severity of the illness is initially perceived to be low
- Extensive communication activities to stimulate public demand
- Extensive networks of volunteers and partners are identified and ready to spring into action
- Aggressive monitoring of safety, disease, and coverage to collect timely data and take any corrective actions needed to improve the program or protect public safety

## **Public Viewpoints – What matters most to you in connection with a vaccination program?**

The Sacramento discussions tended toward the two outside options – between a set of reasons to go full-throttle and a set of reasons for going slow. For a full-throttle approach, the group begins with overarching goals of preventing flu deaths, controlling infectious disease and protecting the maximum number from the risk of getting H1N1 virus. Those participants who are most inclined to a full-throttle approach included these reasons, among many, for their preference:

- The need for substantial communication, awareness, and information, including combating false information
- Empowering free choice and informed consent
- Educating about ways other than vaccination to prevent the flu
- Protecting the high-risk population
- Increasing the likelihood that those who are vaccinated will receive the booster
- Accessing hard-to-reach populations including non-English speakers and answering social justice and equal access issues

The full-throttle approach was tempered significantly with the group's assessment that California health agencies will be unable to execute a full-throttle approach given extraordinary budget cuts and cost constraints.

The go-slow discussion focused on a set of implementation and vaccine safety concerns, including:

- Vaccine-related side effects and adverse events caused by vaccination
- Uncertainty about the ability of state and local health agencies to apply the necessary resources for anything other than a go-slow approach
- The press of other health issues that are competing for those same limited resources
- Uncertainty about the severity of the outbreak in the coming flu season

In addition, the go-slow discussion moved in each group to the need for education, trustworthy data sources, a wide distribution of credible information that can reach across a very diverse population, and the need to build understanding about all of the issues rather than simply making a case for vaccination.

After the participants deliberated about going slow or moving at a full-throttle pace, most expressed a preference for an intermediate approach. For many, that represents a blended approach of significant data sharing and education with caution about vaccination itself. For some, it represents a full-throttle aspiration tempered with an admission that the implementation constraints make a full-throttle approach unlikely or even impossible. A set of participants held fast to a go-slow approach and a different set held on to a full-throttle; in both cases, this was about ten percent of the participants.

### **Public Viewpoints – What changed your perspective?**

When asked whether they heard something during the day that opened up their thinking or caused them to think differently than what you were thinking before the meeting, four participants offered these observations:

- ◆ Surprised that seniors are not most at risk
- ◆ Impressed by the fact that CDC is holding these meetings and asking for public opinions
- ◆ Surprised at how much of the conversation focused on the complicating factors of culture, race and geography and of the complications posed by these variables
- ◆ Impressed by the level of information in the discussion about risks and side effects

### **Electronic Poll**

Participants registered their opinions in an anonymous, electronic poll focused on both the three levels of effort and the underlying values. The moderate level received the majority of the group's support. The go-slow approach received the lowest level of support in the primary poll.

The majority preference for an intermediate approach remained in place whether the outbreak is presumed to be less severe than expected or to be more severe than expected. Interestingly, 11% of the participants stay with a go-slow approach in a more severe outbreak and 11% stay with a full-throttle approach in a less severe outbreak.

I Prefer Option 1 – Go Slow	11	15%
I Prefer Option 2 – Moderate Effort	41	57%
I Prefer Option 3 – Full Throttle	20	28%
Totals	72	100%

If less severe

I Prefer Option 1 – Go Slow	24	32.88%
I Prefer Option 2 – Moderate Effort	41	56.16%
I Prefer Option 3 – Full Throttle	8	10.96%
Totals	73	100%

If more severe

I Prefer Option 1 – Go Slow	8	10.96%
I Prefer Option 2 – Moderate Effort	34	46.58%
I Prefer Option 3 – Full Throttle	31	42.47%
Totals	73	100%

In the poll of values statements, the results were these:

	First Choice		Second Choice		Third Choice	
Protect maximum number from the risk of getting the flu caused by the H1N1 virus	26	34.67%	23	32.86%	19	25.68%
Protect maximum number from possible vaccine side effects (lack of trust in vaccine safety)	8	10.67%	13	18.57%	19	25.68%
Limit expenditure of government resources	3	4%	6	8.57%	9	12.16%
Flu caused by the novel H1N1 virus won't be as severe as predicted	4	5.33%	3	4.29%	11	14.86%
I want to allow for maximum education and testing	31	41.33%	20	28.57%	12	16.22%
Limit government role in health care decision (lack of trust in government in this arena)	3	4%	5	7.14%	4	5.41%
Totals	75	100%	70	100%	74	100%

### Polling Discussion

The participants offered these reactions to the polling:

- ◆ Despite the fact that the earlier discussion had focused on the serious budget problems facing state and local governments in California, cost was not an important reason for level-of-effort preferences.
- ◆ The prospect of federal resources may have made that difference.

- ◆ There may be a problem in the logic behind a full-throttle on communication and education paired with a go-slow for vaccination: the communication and education will create a demand that will move vaccination away from go slow or will result in a mismatch between a high demand and a low level of infrastructure to meet it.

## **Primary Concerns/Interests**

In their small groups, the participants enumerated these interests/concerns/needs:

### *Public Health and Safety Focus*

- ◆ Need to focus on a societal responsibility for society's health
- ◆ Fulfill a duty to public safety and health
- ◆ Concern about maximizing benefits/saving lives and minimizing risks
- ◆ Some are concerned that those who would want to be vaccinated won't have access and others are concerned that those who don't want to be vaccinated will be coerced into being vaccinated

### *Proportional Response*

- ◆ There is a need for a proportional response (not to overreact to the upcoming flu season)
- ◆ Concern about overhype from media and public health
- ◆ Concern that a full-throttle approach will create an inappropriate level of public concern/fear

### *Resources*

- ◆ The full throttle approach is good for education and communication; however without local resources, full throttle is unlikely
- ◆ Government funding will be limited in Sacramento unless federal funds close the gap
- ◆ Concern over the cost of administration and the inability of some to pay

### *Tradeoffs*

- ◆ Risk of drawing attention away from other health concerns: obesity, smoking, diabetics

### *Communication*

- ◆ Need to avoid scare tactics that cause people to feel coerced into getting the vaccine
- ◆ Full disclosure of data is important – risks and benefits
- ◆ Need to effectively communicate accurate information to target populations, to those with limited English language skills and those with low literacy
- ◆ Important to find approaches that communicate the issues effectively
- ◆ Need for culturally-competent education
- ◆ Challenge of communicating the need for vaccination to the younger, high-priority populations

- ◆ Need to present prevention information (hand washing, etc.)

*Informed Consent/Freedom to make one's own informed decision*

- ◆ Personal choice is essential
- ◆ Need for full disclosure of information
- ◆ As a point of personal accountability, the public should be given all of the information necessary to make their own choices
- ◆ Program goal should be to empower individual decision making

*Trust and Safety*

- ◆ Concern over safety and vaccine side-effects
- ◆ Need to address the lack of trust in information about vaccination
- ◆ Risk/Benefit analysis for vaccine safety seems incomplete or flawed
- ◆ Concern about the credibility of the information that leads to the vaccination program decision making
- ◆ Liability coverage for vaccine companies reduces trust in vaccine safety
- ◆ Full transparency and public access to information is essential

*Access and Fairness*

- ◆ Equal access and availability are important
- ◆ Fairness in communication, in vaccine availability and in vaccine administration are important
- ◆ Need to examine the vaccination program strategies through a social justice lens
- ◆ Some are concerned that those who would want to be vaccinated won't have access and others are concerned that people will be coerced into being vaccinated
- ◆ Need to effectively communicate accurate information to target populations, to those with limited English language skills and those with low literacy
- ◆ Important to find approaches that communicate the issues effectively
- ◆ Need for culturally-competent education

**Program Options – Pros and Cons**

In deliberating on the three levels of effort, the participants enumerated these advantages and disadvantages of each:

**Full Throttle**

- Pros
  - Protects public health/safety
  - Best level of outreach, communication and education to all
  - Combats false information
  - Allows for education about prevention
  - Maximizes community-wide education
  - Protects high-risk populations
  - Increases the likelihood of getting the booster
  - Provides access to hard-to-reach populations

- Increases population-level immunity
  - Reduces deaths
  - Responds appropriately to the risk for most likely to get sick
  - Improves convenience for those wanting the vaccine
  - Increases safety monitoring and disease surveillance
  - Reduces the number of wasted doses
  - Advantages those with limited information
  - Allows for valid information to enter the discussion
  - Standardized/correct information
  - May reduce overall health costs as emergency room visits and hospitalizations are decreased
  - Can reach those who live in communal living spaces (dormitories, etc.)
  - May prevent pandemic
  - May speed up healthcare reform
  - May reduce the numbers of healthcare workers who will miss work due to illness
- Cons
    - Not able to pay for this level of effort
    - Not enough staff to make this happen
    - Could be an overreaction
    - Makes tracking side effects more difficult
    - Could lead to vaccine scarcity
    - May lead to second-dose scarcity
    - May reduce public trust
    - Makes it impossible to conduct a separate educational effort first
    - Could overwhelm public resources due to fear
    - Prevents the opportunity to study the true effects
    - Could create panic
    - Would entail a complicated media campaign
    - Will leave low-priority groups with demand but no supply
    - Will exacerbate the suspicion of government
    - Reduces the opportunity to evaluate the safety of vaccine
    - If done too fast and H1N1 not as severe as predicted, then the public would be more skeptical of government
    - If there are side-effects, there could be backlash as in the 1970s.
    - Increases the risk of using resources unnecessarily
    - Increases the risk of averse effects due to lack of time to insure safety through further research/testing
    - Increases the risk of targeted discrimination for those who refuse the vaccine

#### Moderate

- Pros
  - Is appropriate level of outreach and education
  - Is realistic
  - Allows for education first

- Reduces the likelihood of sensationalism in media
  - Is more flexibility
  - Responds to flu as it happens
  - Allows for the best use of money (allows health agencies to address other health problems)
  - Advocate for resources, volunteers
  - Can lead to an increase in seasonal flu vaccinations
  - Makes it likely that people will get the second dose
  - Allows for the possibility of moving to a full-throttle approach if necessary
  - Eliminates the need to take extreme measures unnecessarily
  - Can lead to a public perception that this is more serious than the seasonal flu
  - Allows for targeting resources to where they are needed most
- Cons
    - Triggers the trust issues
    - Could lead to vaccine side effects
    - Could be too-little-too-late
    - May still cost more than local governments have available
    - May not reach those hardest to reach
    - Could lead to vaccine shortages
    - Run out of vaccine
    - May keep those aged 65 and over from having access
    - May not allow for ramp-up if outbreak is more severe
    - May lead the public to conclude that too little is being done

#### Go Slow

- Pros
  - Responds best to the lack of government resources in California
  - Empowers personal decision making
  - Responds best to the need to monitor side effects
  - Allows for resources to be allocated to other pressing problems
  - Avoids panic, especially among those not at risk
  - Allows for time to craft outreach and education messages
  - Limits to federal spending
  - Allows to evaluate safety of the vaccine
  - Adequate to the need because it uses seasonal flu vaccination site
  - Reduces the risk of negative side effects affecting large populations
  - Reduces the changes of injuries due to side effects
  - Satisfies those who do not want more government involvement in health care
- Cons
  - May not be enough to be effective
  - Would be difficult to respond if a stronger response is needed
  - Is insufficient for the level of education needed
  - Would not be enough if the outbreak is more severe
  - Plays into myths of government conspiracy

- If no contingency is included, could be insufficient
- Would not serve seniors and other non-target groups
- Doesn't allow for correcting misinformation
- Could lead to preventable deaths
- Would not provide population-level immunity
- Would not reach the uninsured, those in congested housing, dorms, etc.
- Could create a public perception that the flu is not serious
- Could miss the window of time to administer the vaccine before the influenza spreads
- Risks an increase in costs and resources for treatment if the flu spreads

**H1N1 Vaccination Program: Public Engagement Meetings**  
**Summary**  
**Vincennes, IN**  
**August 15, 2009**

**Introduction**

On August 15, 2009, sixty-four members of the public met in Vincennes, IN to learn about the H1N1 virus and hear a presentation about the decisions already made about vaccination. At the request of the Centers for Disease Control and Prevention, they discussed a set of decisions that will have to be made in the very near future about the vaccination program. These decisions were encapsulated in three scenarios representing three different levels of effort by public agencies, clinics and service providers in making vaccine available.

**Public Viewpoints – What matters most to you in connection with a vaccination program?**

The participants were presented with value statements aimed at summarizing different points of view and belief systems about vaccination. Perspectives that dominated this aspect of the discussion included:

1. Protecting the maximum number of people from the risk of getting H1N1 was their top priority.
2. For others, protecting the maximum number of people from vaccine side effects or vaccine safety critical to decision making.
3. Allowing additional time for thorough vaccine testing and thorough education about vaccination, also stated as not wanting to do too much too soon if the pandemic is not that severe.

Participants also discussed:

- The tension between doing too much too soon if the pandemic is not that severe and doing enough to get out in front of the disease by putting resources at the front end.
- Regardless of the intensity of the education campaign, there may be a lack of vaccine demand for a full throttle vaccination program.
- Until the vaccine is available, there are limitations to what local officials can do to go full-throttle.
- Vincennes, IN can take a moderate approach now because it has volunteers available if efforts need to be ramped up.
- There are other flu viruses (e.g., avian flu) as well as other public health issues that need attention and funding, and we shouldn't spend our resources all in one place.

## Electronic Poll

Participants registered their opinions in an anonymous, electronic poll focused on both the three levels of effort and the underlying values. The moderate level received majority support; this remained unchanged, if the outbreak is less severe than expected. If the outbreak is more severe than estimated, a majority prefer a full-throttle approach.

### Preferred Options

I Prefer Option 1 – Go Slow	8	14.04%
I Prefer Option 2 – Moderate Effort	40	70.18%
I Prefer Option 3 – Full Throttle	9	15.79%
Totals	57	100%

### *If less severe*

I Prefer Option 1 – Go Slow	22	38.60%
I Prefer Option 2 – Moderate Effort	34	59.65%
I Prefer Option 3 – Full Throttle	1	1.75%
Totals	57	100%

### *If more severe*

I Prefer Option 1 – Go Slow	6	10.53%
I Prefer Option 2 – Moderate Effort	18	31.58%
I Prefer Option 3 – Full Throttle	33	57.89%
Totals	57	100%

### Value Statements

The value statements that were most often selected as a priority were:

Value Statement: I want time to allow for thorough vaccine testing and thorough education about vaccination – was in the top three for first, second and third priority; 20.34% said first priority (2<sup>nd</sup>), 37.34% said second priority (tied for 1<sup>st</sup>), and 16.07% said third priority (1<sup>st</sup>).

Value Statement: I want to protect the maximum number from possible vaccine side effects (lack of trust in vaccine safety) – was in the top three for first, second and third priority; 6.78% said first priority (3<sup>rd</sup>), 37.74% said second priority (tied for 1<sup>st</sup>) and 16.07% said third priority (tied for 3<sup>rd</sup>).

Value Statement: I want to protect the maximum number from the risk of getting the flu caused by the H1N1 – was in the top three for both first and second priority; 61.02% said first priority (1<sup>st</sup>) and 13.21% said second priority (2<sup>nd</sup>).

### ***First Priority – All***

I want to protect the maximum number from the risk of getting the flu caused by the H1N1 virus	36	61.02%
I want time to allow for thorough vaccine testing and thorough education about vaccination	12	20.34%
I want to protect the maximum number from possible vaccine side effects (lack of trust in vaccine safety)	4	6.78%
I want to limit expenditure of government resources	3	5.08%
Flu caused by the novel H1N1 virus won't be as severe as predicted	3	5.08%
I lack trust in government-sponsored/promoted programs	1	1.69%
Totals	59	100%

### ***Second Priority – Top Three***

I want to protect the maximum number from possible vaccine side effects (lack of trust in vaccine safety)	20	37.74%
I want time to allow for thorough vaccine testing and thorough education about vaccination	20	37.74%
I want to protect the maximum number from the risk of getting the flu caused by the H1N1 virus	7	13.21%

### ***Third Priority – Top Four***

I want time to allow for thorough vaccine testing and thorough education about vaccination	19	33.93%
I want to protect the maximum number from possible vaccine side effects (lack of trust in vaccine safety)	9	16.07%
I want to limit expenditure of government resources	9	16.07%
Flu caused by the novel H1N1 virus won't be as severe as predicted	9	16.07%

The polling results are consistent with conclusions of the small-group discussions. An expanded statement from the small-group discussions follows.

### **Small-Group Discussions**

#### **What are your main concerns related to an H1N1 vaccination program?**

- General Safety of Vaccine
  - The risks of the vaccine versus the risks of the virus
  - Fast tracking vaccinations can lead to lower safety standards
  - The risks to pregnant women
  - Potential side effects of vaccine

- Emergency Preparedness
  - The availability of personnel and resources to handle administrative issues, especially on the local level
  - Ensuring local agencies are prepared for the outbreak
  - Ensuring that the public will be notified of virus outbreak/local vaccine availability
  - Possibility of high vaccine coverage and low virus occurrence
  
- Education
  - General vaccine and H1N1 education
  - Ensuring consistent, yet correct information
  - Greater communication from CDC
  - Outreach to other cultures and populations (Amish, Mennonites, Hispanic, etc)
  
- Availability/Cost of Vaccine Programs
  - 1<sup>st</sup> and 2<sup>nd</sup> dose availability
  - Accessibility of vaccine to target populations
  - Concerns about cost of programs and availability of staff/volunteers to conduct vaccine clinics
  - Concern about spending too much money on this effort at the expense of future efforts
  - Possibility that the flu will not materialize and this preparation will not be worthwhile

### **Which Option do you feel is best? Pros and Cons**

There was no consensus among the small groups on which approach is best; one group favored the go slow approach, two groups were divided between the go slow and intermediate approaches, five groups reached consensus around the intermediate approach, one group favored an intermediate to full throttle approach, and a final group favored the full throttle approach.

The following list of options (pros and cons) is in order of overall popularity, but not consensus or majority.

#### ***Pros and Cons of an Intermediate Approach***

##### **Pros**

- Allows the program to ramp up to full throttle or down to go slow depending on actual severity.
- Is the most realistic; CDC and the media have already put us past the go slow option.
- Addresses values including the desire to educate the public, prevent illness, protect as many people as possible, and provide access to the vaccine.
- Is the most attainable and sustainable approach.
- Reduces unwanted panic.
- Allows for time to find out more about the virus and vaccine safety.

- Allows us to use resources we already have.

Cons

- Doesn't do enough to get out in front of the virus.

***Pros and Cons of a Go-Slow Approach***

Pros

- Addresses concerns about limited state and local funds.
- Allows for more aggressive consumer education without aggressive vaccination; allows people to make informed decisions.
- Allows time to learn more about how the vaccine works and risks of side effects.
- Errs on the side of caution by not doing too much too soon; caution is very important.
- Allows for development of a safe vaccine.
- Take a conservative approach to actual vaccinations.

Cons

- Concern that this will not be enough action.
- Lack of vaccine availability.

***Pros and Cons of a Full-Throttle Approach***

Pros

- Addresses concern of making the vaccine accessible to everyone, including those not in the target groups.
- Provides easy access for consumers to come back for a second dose.
- Allows us to stay ahead of the disease and prevent it from reaching full force.
- Allows us to educate the public about the pros and cons of the vaccine as well as its availability.
- Vaccine would be available sooner and at more vaccination sites.
- Would protect the largest amount of people.

Cons

- Potential cost deficit; don't have the funds.
- Too much effort without knowledge of the actual virus outbreak.
- May not be enough time to stay ahead of disease.
- Would require aggressive educating of public on virus.

## **APPENDIX A: Demographics of Participants**

**Total:** 64 people

### **Age Range:**

18-30 years	2	4%
31-50 years	28	50%
51 and above	26	46%

### **Gender:**

Male	23	39%
Female	36	61%

### **Ethnicity:**

Asian or Pacific Islander	0	%
Mixed Race	0	%
Black (or African American)	1	2%
Hispanic or Latino	3	5%
White	51	93%
Other	0	%

**H1N1 Vaccination Program – Public Engagement  
El Paso, TX  
August 22, 2009**

**Overview: Main concerns about the vaccine**

The greatest concern voiced by the participants in El Paso was whether the level of communication and education provided during the vaccination campaign would be sufficient for people to make the best possible decisions on how best to prepare themselves for the H1N1 influenza. Whereas table discussion groups differed on whether the vaccination program should be “go slow” or “full throttle,” there was overwhelming agreement that accurate, reliable and properly timed information should be disseminated at “full throttle.”

Such information was cited as an antidote for an array of potential concerns, ranging from complacency about a mild influenza, to the risk of panic due to an irresponsible media, and to a waste of financial resources if the campaign is more intensive than is necessary to protect the population.

Moreover, communication and information was also seen as a way to address concerns about the quality, efficacy and availability of the H1N1 vaccine. A substantial number of table groups expressed concerns about the ingredients of the vaccine itself. A number of tables favored an approach that would recommend prevention, social distancing and other methods that might serve those who are unwilling to be vaccinated.

Where the El Paso participants favored a more aggressive approach, there were several key areas. In addition to the priority list already developed by the federal government, the community members favored measures that would be flexible, aimed at preventing deaths and hospitalizations, and with sufficient testing to build confidence in the vaccination program.

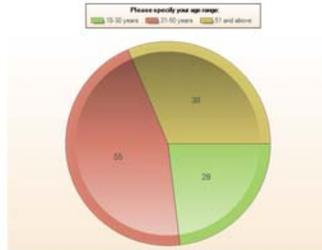
Some table groups favored a vaccination program that would reach as many people as possible through a “full throttle” campaign that would protect the most people.

As expected, border issues also were raised. El Paso is the smaller twin of the metropolis that includes Ciudad Juarez. Table groups said that the vaccination program should take into account that the two cities, although in separate countries, are integrated in many ways through families living on both sides of the border and the daily commuting of tens of thousands of workers in both directions. The group said the United States needs to establish clear border crossing procedures, rules for those in the United States illegally and especially reconcile policies between the United States and Mexico.

**Participant Demographics**

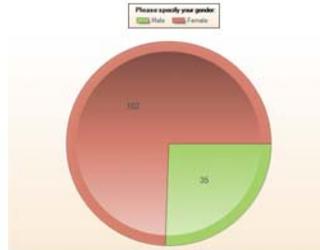
146 participants attended the H1N1 vaccine meeting in El Paso. Of those who chose to respond to questions about demographics, 24 percent were ages 18-30 years, 44 percent were ages 31-50 years, and 31 percent were 51 years and older. 73% of participants were female. 85 percent of participants identified as Hispanic or Latino, 10 percent as White, and one percent identified in each of the following categories Asian or Pacific Islander, Black or African American, or mixed race. The data are summarized in the graphs below.

## AGE



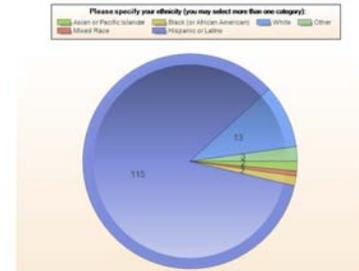
18-30: **30(24%)**  
31-50: **55 (44%)**  
51 and above: **38 (31%)**

## GENDER



Male: **37 (27%)**  
Female: **102 (73%)**

## ETHNICITY



Asian or Pacific Islander: **2 (1%)**  
Mixed Race: **1 (1%)**  
Black or African American: **2 (1%)**  
Hispanic or Latino: **117 (85%)**  
White: **13 (10%)**  
Other: **3 (2%)**

## **Post-Video Question and Answer Session**

During the plenary question and answer session following the CDC video, participants asked questions about the similarities and differences between H1N1 and Spanish influenza, current statistics regarding cases and deaths from H1N1 locally and internationally, how the target groups were identified and whether/when seniors with underlying medical problems could get the vaccine, how many doses would be available, whether other countries are developing an H1N1 vaccine, vaccine safety risks and what is in the vaccine, non-vaccine prevention measures that can/ will be taken, whether the vaccine can be made available more quickly, what testing is being done on the H1N1 vaccine and how it varies from the seasonal flu vaccine, and how special circumstances arising from El Paso's border area and bi-national context will be addressed.

## **Small Group Discussion**

Each of the fourteen breakout groups discussed concerns about the vaccination program and pros and cons of the different approaches. Overall, facilitators reported a general desire for more information and education about the virus, the vaccine, vaccine safety issues, risks and benefits of vaccination, and alternative prevention measures. Cost of the vaccine and stress on human and financial resources were important to many groups, as were access and equity issues and issues specific to international border communities. The summary below highlights key themes emerging from facilitator-provided breakout group worksheets.

### Small Group Discussion: What are your main concerns related to an H1N1 vaccination program?

Main concerns expressed during small group discussions are organized into the following themes

#### Information and Communication

- More information should be provided about alternative prevention methods other than vaccines.
- More information should be provided to at risk groups.
- More information should be provided to the public about the virus and vaccine.
- More information should be provided regarding school and hospital preparedness and emergency response.

- Avoid scare-tactics and media-induced panic.
- Language barriers should be considered in communications.
- Correct information should be provided.

#### Safety and Health

- Vaccine side effects may be dangerous; more information is needed.
- Resources and liability for treating secondary effects should be clarified.
- What are the benefits vs. the risks of the vaccine? A risk analysis is needed.

#### Resources and Cost

- Cost of administration of the vaccine may be a barrier, especially to the uninsured.
- Resource allocation (funding and staffing) to different problems must be considered, especially during these economic times.
- There should be additional investment and involvement from the private sector.

#### Availability, Equity and Prioritization

- Some thought that all should be eligible for the vaccine, including elderly and other non-target groups.
- Others thought the vaccine should be limited to target groups; e.g., children and schools should be the highest priority because they are the most at risk.
- Will there be enough vaccine available to all?
- Some thought that equal access should be provided regardless of social status, economic status, citizenship status, or language.
- Some thought that equal access should not be provided to illegal immigrants.
- Some were concerned that if the vaccine is not mandatory, those who do not get vaccinated increase the risk of spreading the disease to others.

#### International Issues

- Immigration and daily commuting between border cities must be considered in risk analysis and coordination efforts.
- The virus does not know a border; if efforts must be coordinated with Mexico.
- Will the vaccine be provided to illegal immigrants? (some participants thought that it should; others thought that it should not).
- Poor countries should be helped.

#### Uncertainty and Unknowns

- Is the vaccine really needed?
- How severe will the outbreak be?
- What information is being withheld?
- Will the virus mutate?
- Will the vaccine be effective?

#### Trust

- Some lack trust in government and the pharmaceutical industry to provide a safe vaccine and/or correct information.

#### Small Group Discussion: Pros and Cons of a Go-Slow Approach

##### Pros

- Allows time to collect more information about the vaccine and side effects.
- Avoids mass panic.
- Allows time to spread more information to the public, which will alleviate fear and demand for the vaccine.
- Is a better use of resources; promotes fiscal responsibility.

##### Cons

- May not provide enough information or motivation for the public to decide whether to get the vaccine.
- Creates a higher risk for spreading the virus.
- Underestimates the risk of the virus.
- Leaves us unprepared.
- Discriminates against non-target groups.
- It is too late for this approach.

#### Small Group Discussion: Pros and Cons of a Moderate Approach

##### Pros

- Appropriate because it is not known how effective the vaccine will be.
- Provides more information and raises public awareness.
- Increases vaccine access for those who want it.
- Provides better protection for high risk groups.
- Helps control the spread of vaccine.
- Is better than full throttle or going slow; mitigates the extremes.
- Resources are not wasted; better use of resources than full throttle.
- This approach seems to be what Mexico did in April and May and it seemed to work.
- Prepares us in case of an epidemic.
- Allows level of effort to be increased or decreased.

##### Cons

- Does not fully prepare us for a severe outbreak.
- Begins to “push” the vaccine rather than educate about other kinds of prevention.
- Does not achieve full coverage; coverage is too slow.
- Risk of incorrect or inconsistent information.
- Strains resources and infrastructure (funding and staffing).
- The general population should not be targeted.
- Overestimates risk of outbreak.
- Relies on government funding but not the private sector.

#### Small Group Discussion: Pros and Cons of a Full Throttle Approach

##### Pros

- Allows vaccination of more people more quickly in the face of an epidemic.
- Provides more information.
- Provides more coverage and access to the vaccine.
- Will make the population feel more secure.
- Will increase safety monitoring.
- Better to be safe than sorry.

##### Cons

- Will require federal, state, and local funding.
- May compromise other public services due to costs.
- There is uncertainty that the government is actually prepared for this level of effort.
- There is uncertainty that labs can produce enough vaccine.
- Can create panic.
- May result in information overload.
- Is too aggressive.
- May result in wasted resources; not cost-effective and will strain already overburdened resources.
- Will create political tension and mistrust.

- Overestimates the risk of the epidemic.
- Overemphasizes the vaccine above other prevention methods and minimizes side effects.
- Does not allow donation of vaccine to other countries.
- Does not allow enough time to test the vaccine.

### Small Group Report-Outs

Facilitators from each of the fourteen breakout groups reported on their discussions, summarizing the data detailed above. Groups raised the following issues as being important in the deliberation of what approach to take in the vaccination program and in any program in general:

- Information and Communication
  - Public education about the virus and the vaccine, including potential vaccine side effects
  - Education within the school systems
  - Utilization of media outlets
  - Avoidance of public panic
  - Education about non-vaccine prevention strategies
- Safety and Health
  - Identification of vaccine safety risks
  - Thorough testing of the vaccine
  - Differences between Mexican and U.S. vaccines
- Availability, Equity, and Prioritization
  - Vaccine access for non-English speakers and for those without citizenship
  - Affordability of the vaccine
  - Adequate supply to meet demand
    - Access for target groups first VERSUS
    - Access for anyone who wants the vaccine, including those not in target groups
  - Maintenance of a voluntary program
- International Issues
  - Coordination among border communities
  - Exposure risks due to daily migration over the border
  - Potential cultural and economic impacts for border communities
- Role of the private sector in the vaccination program
- Flexibility
  - Ability to ramp up or down depending on severity

### Electronic Polling: Vaccination Program Preferences

The El Paso participants favored the moderate effort approach by a majority, with 59.09 percent of the participants selecting moderate effort. A go easy approach received the support of 23.48 percent of the participants. The full-throttle approach was supported by 17.42 percent of the participants.

I Prefer Option 1 – Go Easy	31	23.48%
I Prefer Option 2 – Moderate Effort	78	59.09%
I Prefer Option 3 – Full Throttle	23	17.42%
Totals	132	100%

Should the H1N1 outbreak prove to be less severe than anticipated, the moderate effort approach is still supported by a majority (54.62 percent). The go easy approach was supported by over one third of the participants, assuming a less severe outbreak. Under this scenario, the full-throttle approach received less support, or 6.15 percent of those responding.

I Prefer Option 1 – Go Easy	51	39.23%
I Prefer Option 2 – Moderate Effort	71	54.62%
I Prefer Option 3 – Full Throttle	8	6.15%
Totals	130	100%

Under the assumption of a more severe outbreak, a majority of participants (54.48 percent) favor the full throttle approach. Roughly a third of the participants continue to support a moderate level-of-effort under a more-severe assumption. Support for a go easy approach decreases to 10.45 percent of the group should there be a more severe outbreak.

I Prefer Option 1 – Go Easy	14	10.45%
I Prefer Option 2 – Moderate Effort	47	35.07%
I Prefer Option 3 – Full Throttle	73	54.48%
Totals	134	100%

In the first round of the polling exercise aimed at uncovering some of the primary reasons for preferring one level of effort over another, the El Paso meeting participants placed preventing the maximum number of deaths and hospitalizations caused by the novel H1N1 virus as their top reason with 34 percent of the votes. Other top-scoring reasons for program preferences included avoiding as many vaccine side effects as possible (17.50 percent), being as prepared as possible in advance of a pandemic (15 percent), and allowing more time for testing larger numbers of people with the novel H1N1 vaccine (14.17 percent). No other reason received double-digit support from the poll takers in the first round.

In the second round, preventing the maximum number of deaths and hospitalizations was again at the top of the poll, with 27.2 percent of the votes. Advanced preparation (18.4 percent) and avoiding side effects (16 percent) once again were chosen among the top three responses. Allowing for flexibility (10.4 percent) also received double-digit support.

In the third round, the percentage range narrows with a high of 15.45 and a low of 2.44%. Preventing the maximum number of deaths and hospitalizations continued to top the poll, with 15.45 percent of votes. Spending government resources for other needs, flexibility, advanced preparation, avoiding unduly alarming the public, and avoiding as many vaccine side effects as possible all received 11 to 14 percent of the votes.

Lack of trust in government sponsored programs and avoiding the costs associated with loss of life and hospitalization were at or near the bottom of the poll in all three rounds.

The table below lists the reasons for preferences in all three rounds.

2009 Vaccination Program Preference	Responses					
	First		Second		Third	
I want to avoid as many vaccine side effects as possible.	21	17.50%	20	16.00%	14	11.38%
I want to allow more time for testing larger numbers of people with the novel H1N1 vaccine	17	14.17%	11	8.80%	6	4.88%
I want to spend government resources for other more pressing public needs.	3	2.50%	6	4.80%	17	13.82%
I want to avoid unduly alarming the population.	6	5.00%	7	5.60%	15	12.20%
I lack trust in government sponsored programs	1	0.83%	3	2.40%	5	4.07%
I prefer an approach that includes some of the advantages of two approaches (full-throttle on some things, go-slow on others).	9	7.50%	7	5.60%	12	9.76%
I prefer an approach that allows some flexibility in response to changing characteristics of the epidemic.	10	8.33%	13	10.40%	17	13.82%
I want to prevent the maximum number of deaths and hospitalizations caused by the novel H1N1 virus.	34	28.33%	34	27.20%	19	15.45%
I prefer to be as prepared as possible in advance of the epidemic.	18	15.00%	23	18.40%	15	12.20%
I want to avoid the costs associated with loss of life and with hospitalizations.	1	0.83%	1	0.80%	3	2.44%
Totals	120	100%	120	100%	120	100%

Working from a list of eight additional goals (including those elements that may not vary as level-of-effort varies), participants registered preferences for a first, second and third choice. In the first of three rounds of polling, exactly one-third of respondents identified as the most important goal “allowing more time for educating the population and raising awareness about the H1N1 virus.” This item received roughly one-quarter and one-tenth of votes in the second and third rounds of polling, respectively. Giving everyone an equal chance of being vaccinated regardless of age or risk status received roughly one-quarter to one-third of votes in each of the three voting rounds. Protecting the maximum number of persons from just getting sick from H1N1 in the first place consistently received 18 percent of votes in each round and was the second or third choice in each round. Protecting our citizens but also conserving vaccine for donation to other poor countries received ten to twelve percent of votes in each round. In each round, seven to eleven percent of respondents selected “none” as a way of registering opposition to the vaccination program.

The table below lists the additional program goal preferences in all three rounds.

<b>2009 Vaccination Program Preference – other goals</b>	<b>Responses</b>					
	<b>First</b>		<b>Second</b>		<b>Third</b>	
I want to protect the maximum number of persons from just getting sick from H1N1 in the first place.	24	18.60%	24	18.60%	23	18.11%
I want a vaccination program that gives everyone an equal chance of being vaccinated regardless of age or risk status.	32	24.81%	40	31.01%	35	27.56%
I want a vaccination program on a first come first served basis while supply is limited.	2	1.55%	4	3.10%	4	3.15%
I want to make sure to protect the subgroups in the population who have been traditionally underserved.	3	2.33%	4	3.10%	12	9.45%
I want to protect our citizens but also conserve vaccine for donation to other poor countries which need vaccine.	13	10.08%	13	10.08%	16	12.60%
I want to accelerate vaccine availability before all testing is completed.	2	1.55%	0	0%	8	6.30%
I want to allow more time for educating the population and raising awareness about H1N1 virus.	43	33.33%	32	24.81%	15	11.81%
None of these (If you are opposed to the vaccination program, you can select this one each time.)	10	7.75%	12	9.30%	14	11.02%
<b>Totals</b>	<b>129</b>	<b>100%</b>	<b>129</b>	<b>100%</b>	<b>127</b>	<b>100%</b>

**H1N1 Vaccination Program: Public Engagement Meetings  
Facilitator Worksheets for Small Group Discussion  
Bucks County, PA  
August 22, 2009**

**Introduction**

On August 22, 2009, ninety-seven members of the public met in Bucks County, PA to learn about the H1N1 virus and hear a presentation about the decisions already made about vaccination. At the request of the Centers for Disease Control and Prevention, they discussed a set of decisions that will have to be made in the very near future about the vaccination program. These decisions were encapsulated in three scenarios representing three different levels of effort by public agencies, clinics and service providers in making vaccine available.

**Public Viewpoints – What matters most to you in connection with a vaccination program?**

Participants spoke most about the need for more information shared with the public on the virus, vaccination risks (including side effects) and prevention methods in simple language. The group stressed the importance of vaccine safety, the lack of time for thorough trials, the need for a reporting system for adverse events and a lack of trust in the government and the pharmaceutical companies that manufacture and test the vaccine. The participants also talked about ensuring that the vaccine is available (without adjuvants) with education on side effects and prevention measures. Lastly the group discussions focused on the need to base vaccination decisions on sound science and not politics.

**Electronic Poll**

Participants registered their opinions in an anonymous, electronic poll focused on both the three levels of effort and their underlying values. The moderate level of effort received the most support. If the outbreak was less severe, the majority preferred the go-slow approach. If the outbreak is more severe than estimated, half supported a full-throttle approach.

**Preferred Options**

I Prefer Option 1 – Go Slow	24	31.17%
I Prefer Option 2 – Moderate Effort	36	46.75%
I Prefer Option 3 – Full Throttle	17	22.08%
Totals	77	100.00%

***If less severe***

I Prefer Option 1 – Go Slow	42	53.85%
I Prefer Option 2 – Moderate Effort	34	43.59%
I Prefer Option 3 – Full Throttle	2	2.56%
Totals	78	100.00%

***If more severe***

I Prefer Option 1 – Go Slow	17	20.73%
I Prefer Option 2 – Moderate Effort	24	29.27%
I Prefer Option 3 – Full Throttle	41	50.00%
Totals	82	100.00%

**Value Statements**

The value statements that were most often selected as a priority were:

“I want to protect the maximum number from possible vaccine side effects (lack of trust in vaccine safety)” was in the top three for first, second and third priority; 20.99% said first priority (2<sup>nd</sup>), 20.25% said second priority (1<sup>st</sup>), and 17.50% said third priority (1<sup>st</sup>).

“I prefer an approach that allows some flexibility and is easiest to ramp up or down to be responsive” was in the top three for first, second and third priority; 27.16% said first priority (1<sup>st</sup>), 12.66% said second priority (3<sup>rd</sup>), and 13.75% said third priority (2<sup>nd</sup>).

“I want to prevent the maximum number of deaths and hospitalizations caused by H1N1” was in the top three for both second and third priority; 13.92% said second priority (tied for 2<sup>nd</sup>) and 13.75% said third priority (2<sup>nd</sup>).

***First Priority – All (in order of preference)***

I prefer an approach that allows some flexibility and is easiest to ramp up or down to be responsive	22	27.16%
I want to avoid as many vaccine side effects as possible	17	20.99%
I prefer to be as prepared as possible in advance of the epidemic	11	13.58%
I want to prevent the maximum number of deaths and hospitalizations caused by the novel H1N1	8	9.88%
I want to allow more time for testing larger numbers of people with novel H1N1 vaccine	8	9.88%
I prefer a balanced approach that includes some of the advantages of the other two approaches	7	8.64%
I lack trust in government sponsored programs	5	6.17%
I want to avoid the costs associated with the loss of life and hospitalizations	3	3.70%
I want to spend government resources for other more pressing needs	0	0%
I want to avoid unduly alarming the population	0	0%
Totals	81	100%

***Second Priority – Top Four (in order of preference; see appendix B for all results)***

I want to protect the maximum number from possible vaccine side effects (lack of trust in vaccine safety)	14	20.25%
I prefer a balanced approach that includes some of the advantages of the other two approaches	11	13.92%
I want to prevent the maximum number of deaths and hospitalizations caused by the novel H1N1	11	13.92%
I prefer an approach that allows some flexibility and is easiest to ramp up or down to be responsive	10	12.66%

***Third Priority – Top Four (in order of preference; see appendix B for all results)***

I want to protect the maximum number from possible vaccine side effects (lack of trust in vaccine safety)	14	17.50%
I want to prevent the maximum number of deaths and hospitalizations caused by the novel H1N1	14	17.50%
I prefer an approach that allows some flexibility and is easiest to ramp up or down to be responsive	11	13.75%
I want to avoid unduly alarming the population	9	11.25%

The polling results are consistent with conclusions of the small-group discussions. An expanded statement from the small-group discussions follows.

**Other Purposes for the Vaccine Program**

Working from a list of eight additional goals, participants registered preferences for a first, second and third choice. The other purposes most often selected as a priority were:

“None of these (if you are opposed to the vaccination program, you can select this on each time)” was in the top three for first, second and third priority; 15.58% said first priority (3<sup>rd</sup>), 19.44% said second priority (3<sup>rd</sup>) and 23.68% said third priority (1<sup>st</sup>).

“I want a vaccination program that gives everyone an equal chance of being vaccinated regardless of age or risk status” was in the top three for first and second priority; 18.18% said first priority and 22.22% said second priority (tied for 1<sup>st</sup>). This purpose tied for 4<sup>th</sup> as the third priority.

“I want to allow more time for educating the populations and raising awareness about H1N1” was in the top second and third priority; 22.22% said second priority (tied for 1<sup>st</sup>) and 17.11% said third priority (2<sup>nd</sup>). This purpose was 4<sup>th</sup> as the first priority.

***Other Purposes - First Priority (in order of preference)***

I want to protect the maximum number of persons from just getting sick from H1N1 in the first place.	33	42.86%
I want a vaccination program that gives everyone an equal chance of being vaccinated regardless of age or risk status.	14	18.18%
None of these (If you are opposed to the vaccination program, you can select this one each time.)	12	15.58%
I want to allow more time for educating the population and raising awareness about H1N1 virus.	11	14.29%
I want to make sure to protect the subgroups in the population who have been traditionally underserved.	2	2.60%
I want to protect our citizens but also conserve vaccine for donation to other poor countries which need vaccine.	2	2.60%
I want to accelerate vaccine availability before all testing is completed.	2	2.60%
I want a vaccination program on a first come first served basis while supply is limited.	1	1.30%
Total	77	100%

***Other Purposes – Second Priority – Top Four (in order of preference; see appendix B for all results)***

I want to protect the maximum number of persons from just getting sick from H1N1 in the first place.	33	42.86%
I want to allow more time for educating the population and raising awareness about H1N1 virus.	16	22.22%
I want a vaccination program that gives everyone an equal chance of being vaccinated regardless of age or risk status.	16	22.22%
None of these (If you are opposed to the vaccination program, you can select this one each time.)	14	19.44%

***Other Purposes – Third Priority – Top Three (in order of preference; see appendix B for all results)***

None of these (If you are opposed to the vaccination program, you can select this one each time.)	18	23.68%
I want to allow more time for educating the population and raising awareness about H1N1 virus.	13	17.11%
I want to make sure to protect the subgroups in the population who have been traditionally underserved.	11	14.47%

## **Small-Group Discussions – What are your main concerns related to an H1N1 vaccination program?**

### ***General Safety***

- Need thorough testing of the vaccine – duration of testing and number or people tested.
- Need more information of what to expect regarding side effects and the 2 doses.
- Vaccine has not been fully tested and the risks are not known.
- Non-pharmaceutical interventions have not been fully promoted or explored.
- Need results from clinical trials; “do no harm” until you know outcome.
- Concerned about being rushed.
- Adverse side effects need to be reported ASAP (mandatory) to healthcare providers and the public.
- Concern about the risks of giving the vaccine to pregnant women.
- Concern of the future possibility of mandatory vaccination; needs to remain personal choice
- Need for thorough individual assessment of individualized pros and cons before proceeding with vaccination (personal responsibility/ choice)

### ***Education***

- Educate people through [medical] community (doctors, etc) to prevent being contaminated in work environment, schools, and public places.
- Educate the public about the virus and vaccines, including the potential side effects.
- Educate physicians and healthcare professionals, including potential risks of vaccines.
- Provide more education on preventions methods.
- Provide more information and ideas other than vaccinations, i.e. making a “flu season recommendation” to employers to make it easier for people to stay home when sick.
- Provide quality and accurate information from independent sources; concerned about the quality of the information itself.
- Demonstrate the actual severity of the virus (i.e. severity beyond the seasonal flu).
- Educate food service industry/ movers to prevent spread.
- Provide public schools with accurate and reliable information about risks, benefits, cost, and agencies involved in the vaccine.
- Make available sufficient information about side effects from clinical trials.
- Use education opportunities to best advantage (other vaccines or viruses, other public safety issues).
- Use media outlets.
- Avoid creating public panic.
- Report adverse events in a timely manner to the public

### ***Preparedness***

- Ability of government to ramp up for a serious outbreak
- False dichotomy between slow and intermediate approaches because it underestimates U.S. ability to be resilient and respond quickly.
- Having enough supply for priority groups.

### ***Distrust***

- Afraid government is pushing too hard, too much hype; there should be more factual info, less hype.
- Distrust of government and of information being provided. Need information to come from independent sources of reliable info (distrust of media reporting, government, drug companies).
- Distrust the pharmaceutical companies sponsoring the vaccine trials
- Distrust the vaccine program will remain voluntary.
- Distrust the vaccines will not include adjuvants; feel there is a very high probability that they will be added.
- Distrust lack of liability on the part of manufacturers of vaccines.
- Liability- given limited testing/ risk information.
- Capacity to deliver- can pediatricians handle it?
- Resources may be there, but administrative structures not sufficient to handle.

### ***Emphasis on Prevention and other aspects***

- Government discounts natural remedies; it should push prevention and alternatives (personal hygiene).
- Money should be dedicated to prevention.
- Balanced education program: prevention, personal responsibility.
- Focus is too much on the pharmaceutical and not enough on the education and non-pharmaceutical.

### ***Other***

- Additional research on shedding should be conducted and shared.
- Provide vaccine for those in the US population before making the vaccine available for other countries.

### **Pros and Cons of Each Alternative**

There was no consensus among the small groups on which approach is best. The following list of options (pros and cons) is in order of overall popularity, but not consensus or majority.

### ***Pros and Cons of an Intermediate Approach***

#### **Pros**

- Allows for time to provide more information and education
- Costs is less than Full Throttle approach (conserves resources)
- Strikes balance between costs and need for information
- More flexibility in regards to preparedness and implementation
- Time for balanced complete education
- Leaves wiggle room for vaccine production if needed
- People don't feel forced – they have a choice

## Cons

- Too slow if outbreak is severe
- State cooperation is needed
- Not enough man power to handle epidemic
- Non-committal
- Vaccine not tested enough

## ***Pros and Cons of a Go-Slow Approach***

### Pros

- Safest Approach because of insufficient testing to date
- Less Expensive
- Avoids mass hysteria. Minimizes possible resentment of public because no one feels pressured or scared
- Lower risk of side effects with an untested vaccine
- The government will be less involved (mistrust of government issues)
- More time to gain knowledge of risks and benefits
- State cooperation not needed

### Cons

- Doesn't immunize enough people soon enough
- May be too little too late
- May not have enough vaccines
- Lack of education provided to public
- Private providers can not purchase the vaccine
- May not be ready for the severity of the disease

## ***Pros and Cons of a Full-Throttle Approach***

### Pros

- Reduce risk of infection in population
- Better to be safe than sorry
- Requires increased education
- Assures target population will receive vaccine

### Cons

- There is more pressure for individuals to receive vaccination if large amount is available
- This approach might go overboard with resources
- There may not enough time to educate before implementation
- Cooperation is needed on local, state and federal levels
- Lack of education on vaccine safety and general H1N1
- Lack of trust of government
- No proof the vaccine is safe (little time for vaccine testing)
- Turns medical problem into political issue
- Possible hysteria and fear with large supply of vaccine being produced.

**APPENDIX A: Demographics of Participants**

**Total:** 64 people

**Age Range:**

18-30 years	8	8%
31-50 years	24	25%
51 and above	63	66%

**Gender:**

Male	46	48%
Female	50	53%

**Ethnicity:**

Asian or Pacific Islander	1	1%
Mixed Race	2	2%
Black (or African American)	3	3%
Hispanic or Latino	1	1%
White	87	92%
Other	6	6%

**Appendix B: Polling result for Values and Other Purposes**

2009 Vaccination Program Preference	Responses					
	First		Second		Third	
I want to avoid as many vaccine side effects as possible.	17	20.99%	16	20.25%	14	17.50%
I want to allow more time for testing larger numbers of people with the novel H1N1 vaccine	8	9.88%	2	2.53%	3	3.75%
I want to spend government resources for other more pressing public needs.	0	0.00%	2	2.53%	7	8.75%
I want to avoid unduly alarming the population.	0	0.00%	9	11.39%	9	11.25%
I lack trust in government sponsored programs	5	6.17%	6	7.59%	5	6.25%
I prefer an approach that includes some of the advantages of two approaches (full-throttle on some things, go-slow on others).	7	8.64%	11	13.92%	7	8.75%
I prefer an approach that allows some flexibility in response to changing characteristics of the epidemic.	22	27.16%	10	12.66%	11	13.75%
I want to prevent the maximum number of deaths and hospitalizations caused by the novel H1N1 virus.	8	9.88%	11	13.92%	14	17.50%
I prefer to be as prepared as possible in advance of	11	13.58%	8	10.13%	7	8.75%

the epidemic.		%		%		
I want to avoid the costs associated with loss of life and with hospitalizations.	3	3.70%	4	5.06%	3	3.75%
Totals	81	100%	82	100%	80	100%

**2009 Vaccination Program Preference – other goals**

**Responses**

	First	Second	Third
I want to protect the maximum number of persons from just getting sick from H1N1 in the first place.	33 42.86 %	13 18.06 %	10 13.16 %
I want a vaccination program that gives everyone an equal chance of being vaccinated regardless of age or risk status.	14 18.18 %	16 22.22 %	10 13.16 %
I want a vaccination program on a first come first served basis while supply is limited.	1 1.30%	1 1.39%	3 3.95%
I want to make sure to protect the subgroups in the population who have been traditionally underserved.	2 2.60%	5 6.94%	11 14.47 %
I want to protect our citizens but also conserve vaccine for donation to other poor countries which need vaccine.	2 2.60%	4 5.56%	5 6.58%
I want to accelerate vaccine availability before all testing is completed.	2 2.60%	3 4.17%	6 7.89%
I want to allow more time for educating the population and raising awareness about H1N1 virus.	11 14.29 %	16 22.22 %	13 17.11 %
None of these (If you are opposed to the vaccination program, you can select this one each time.)	12 15.58 %	14 19.44 %	18 23.68 %
Totals	77 100%	72 100%	76 100%

**H1N1 Vaccination Program: Public Engagement Meetings**  
**Summary**  
**New York, New York – August 22, 2009**

**Introduction**

On August 22, 2009, 85 members of the public met in New York to learn about the H1N1 virus and hear a presentation about the decisions already made about vaccination. At the request of the Centers for Disease Control and Prevention, they discussed a set of decisions that will have to be made in the very near future about the vaccination program. These decisions were encapsulated in three scenarios representing three different levels of effort by public agencies, clinics and service providers in making vaccine available.

**Option 1 – Go Slow**

- A few additional sites added to seasonal flu sites
- Goal to meet an expected low public demand for vaccine
- No rush to vaccinate early on
- Slight increase in communication
- Slight increase in volunteer involvement
- Slight increase in partnerships
- Slight increase in safety, disease, and coverage monitoring

**Option 2 – Moderate Effort**

- Goal to promote vaccination to eligible groups, set up extra vaccination sites beyond those used for a regular flu year, and vaccinate a large number of the eligible groups relatively quickly
- Aim to raise the expected low public demand for vaccine
- Enhanced communication
- Enhanced volunteer involvement
- Enhanced partnerships
- Enhanced safety, disease, and coverage monitoring

**Option 3 – Full Throttle**

- Significant additional federal, state, and local funds invested in creating numerous extra vaccination sites in both the public and private sectors
- Aim to create and respond fully and speedily to significant public demand for vaccination even if the severity of the illness is initially perceived to be low
- Extensive communication activities to stimulate public demand
- Extensive networks of volunteers and partners are identified and ready to spring into action
- Aggressive monitoring of safety, disease, and coverage to collect timely data and take any corrective actions needed to improve the program or protect public safety

## **Public Viewpoints – What matters most to you in connection with a vaccination program?**

### *Time*

- Having sufficient time to test and to manufacture the vaccine
- Allowing more time for testing larger numbers of people with the novel H1N1 vaccine
- Allowing more time for educating the population and raising awareness about H1N1 Virus
- Having sufficient time to collect information

### *Information*

- Need for sufficient, objective information
- Starting with a full-throttle effort at prevention and information distribution
- Educating people about the efficacy of colloidal silver
- Need for accurate, complete information
- Addressing misinformation through the media
- Need for informed consent
- Disseminating information without hysteria and fear
- Giving people facts
- Transparency
- Preventing panic
- Getting enough information to the people who need it most, including those with language barriers
- Need for a public education campaign about the symptoms and who is at risk, so hospitals are not overwhelmed
- Public education campaign on hygiene for prevention including natural immune boosters
- Avoiding unduly alarming the population
- Accurate, transparent information to make truly informed decisions
- Need for honest, measured, trends as the flu season progresses
- Lack of information to base a decision on
- Government should be prepared; preparation should be based on viable, correct information
- Important to explain to public the risk/benefit so that consent is truly informed
- Transparency and full disclosure of facts/data
- Specifics of Vaccine – who makes it; how effective is it; side effects
- Information provided to the public must be credible
- Concern that a lack of established knowledge about H1N1 will hinder efforts to intervene
- Need for full, honest disclosure concerning adverse effects
- Need for full, honest disclosure concerning efficacy
- Concern that ambiguity lends to complacency
- Need to raise public awareness through CDC, media
- No sense of urgency about the pandemic; there is fear among participants that the US will not be ready for an outbreak

### *Research/Testing*

- Need for more research before producing vaccine
- Demonstrating safety before vaccinating the general public
- Effective vaccine testing
- Safety of vaccine
- Effectiveness of vaccine

- Getting results of trials out quickly, including details – numbers in the trial, numbers who are in high-risk groups; side effects
- Sense that scientific/medical efforts should be directed to prevention (finding root cause) of virus, instead of reacting with vaccine program
- Concern that current trials/testing not sufficient to learn about risks/complications of vaccine

#### *Trust*

- Avoiding unduly alarming the population
- Motives of government and pharmaceutical industry
- Trust in government
- Concern that the voluntary program will become a mandatory one
- Staying with a voluntary approach
- Liability protection for vaccine manufacturers
- Drug companies' profit motive
- Lack of trust – CDC and pharmaceutical companies
- Concern that experts are not unbiased
- Government's failure to address the needs of low-income and minority people
- Concern about being coerced to take vaccines even if the program is voluntary
- Greater trust of doctors and scientists than of politicians

#### *Resources*

- Balancing resources slated for this vaccine programs with other needs or the next crisis
- Concern over lack of infrastructure to support disseminating resources that are allocated to H1N1; resources will not be appropriately allocated or utilized efficiently.

#### *Safety*

- Long-term health impacts from vaccination
- The potential dangers of thimerosal and squalene
- Avoiding as many vaccine side effects as possible
- Demonstrating safety before vaccinating the general public
- Balancing the risks and benefits of vaccination
- Personal and family safety
- Need for people injured by vaccine to be treated at expense of government or vaccine manufacturer

#### *Access*

- The possibility that there is more demand than supply
- Protecting those who are traditionally underserved
- Having sufficient vaccine for the rest of the world
- Concern over selected priority groups – Who, who decided, what criteria they used
- Need for all groups to have access to vaccine, regardless of class, color, citizenship
- Giving everyone an equal chance of being vaccinated regardless of age or risk status

#### *Effective Vaccination Program*

- Need for an effective program including having sufficient resources, enough vaccination sites, a system for vaccine recall, communication, volunteers
- Prevent widespread illness for people who work in the health care industry

- Prevent illness in pregnant women
- Vaccine may be unnecessary
- Coordination between CDC and other government agencies so that the effort is streamlined
- Need for a plan B if vaccination doesn't work
- Stopping the spread of flu and loss of life, labor, and being able to do what you want
- Making vaccination available to those most at risk
- Protecting the maximum number of persons from getting sick from H1N1
- Concern that the vaccine will actually spread viral infection
- Consider mandating health care providers because they can infect patients
- Need for a holistic approach that includes non-pharmaceutical approaches
- Preventing the maximum number of deaths and hospitalizations caused by the novel H1N1 virus
- Being as prepared as possible in advance of the epidemic

#### *Flexibility*

- Allowing some flexibility in response to changing characteristics of the epidemic

#### *H1N1 Severity*

- Credibility of information about the severity and spread of the virus

## Preferences

The New York participants favored the go-easy approach by a plurality, with 44.74 percent of the participants selecting go easy. A moderate effort received the support of more than a third (36.84%) of the participants. The full-throttle approach was supported by 18.42 percent of the participants.

I Prefer Option 1 – Go Easy	34	44.74%
I Prefer Option 2 – Moderate Effort	28	36.84%
I Prefer Option 3 – Full Throttle	14	18.42%
Totals	76	100%

Should the H1N1 outbreak prove to be less severe than anticipated, the go-easy approach is supported by a majority. The moderate level was supported by just over one quarter of the participants, assuming a less severe outbreak. However, the full-throttle approach received support from the same fourteen participants, or 19% of those responding.

I Prefer Option 1 – Go Easy	39	53.42%
I Prefer Option 2 – Moderate Effort	20	27.40%
I Prefer Option 3 – Full Throttle	14	19.18%
Totals	73	100%

Under the assumption of a more severe outbreak, 23 participants, or roughly a third of the group, continue to favor a go-easy approach. Roughly a quarter of the participants support a moderate level-of-effort under a more-severe assumption. Support for a full-throttle approach grows to 41.43% of the group should there be a more severe outbreak.

I Prefer Option 1 – Go Easy	23	32.86%
I Prefer Option 2 – Moderate Effort	18	25.71%
I Prefer Option 3 – Full Throttle	29	41.43%
Totals	70	100%

In the first round of the polling exercise aimed at uncovering some of the primary reasons for preferring one level of effort over another, the New York meeting participants placed a lack of trust in government-sponsored programs and preventing the maximum number of deaths and hospitalizations as their top choices with 19% of the votes for each of these two choices. Wanting to avoid vaccine side effects and allowing for flexibility both received 15% of the votes. No other reason received double-digit support from the poll takers in the first round.

In the second round, the same two items were at the top of the poll. The lack of trust in government-sponsored programs topped the list with 23% of the votes. Preventing the maximum number of deaths and hospitalizations received 14.86% of the votes. Advanced preparation, avoiding side effects,

allowing for flexibility, going easy on some items while going full-throttle on others and allowing time for testing followed closely with 8-11% of the votes for each of these five items.

In the third round, the percentage range narrows with a high of 17.81% and a low of 4.11%. Lack of trust continued to top the poll. Advanced preparation moved up in this round with 15% with preventing deaths and hospitalizations moving down to the third preference, equal to avoiding side effects, at 12.33%. Avoiding alarm moved up to nearly 10% in this round, followed by allowing time for testing and allowing flexibility.

Spending government resources on other more pressing public needs and avoiding the costs associated with the loss of life and hospitalizations were at or near the bottom of the poll in all three rounds.

2009 Vaccination Program Preference	Responses					
		First		Second		Third
I want to avoid as many vaccine side effects as possible.	11	15.07%	7	9.46%	9	12.33%
I want to allow more time for testing larger numbers of people with the novel H1N1 vaccine	1	1.37%	6	8.11%	6	8.22%
I want to spend government resources for other more pressing public needs.	3	4.11%	4	5.41%	5	6.85%
I want to avoid unduly alarming the population.	5	6.85%	3	4.05%	7	9.59%
I lack trust in government sponsored programs	14	19.18%	17	22.97%	13	17.81%
I prefer an approach that includes some of the advantages of two approaches (full-throttle on some things, go-slow on others).	8	10.96%	7	9.46%	3	4.11%
I prefer an approach that allows some flexibility in response to changing characteristics of the epidemic.	11	15.07%	7	9.46%	6	8.22%
I want to prevent the maximum number of deaths and hospitalizations caused by the novel H1N1 virus.	14	19.18%	11	14.86%	9	12.33%
I prefer to be as prepared as possible in advance of the epidemic.	5	6.85%	8	10.81%	11	15.07%
I want to avoid the costs associated with loss of life and with hospitalizations.	1	1.37%	4	5.41%	4	5.48%
Totals	73	100%	74	100%	73	100%

Working from a list of eight additional goals, participants registered preferences for a first, second and third choice. In the section of the poll that focused on other goals (including those elements that may not vary as level-of-effort varies) a steadfast 17 participants selected “none” as a way of registering that they do not support vaccination. In the first of three rounds of polling, 27% of participants identified “protecting the maximum number from getting sick...” as the most important goal. This item received no less than a quarter of the votes in each of the next two rounds and was the most frequently selected item in all three rounds. Allowing time for education also received 27% in the first round; support for this item decreased in each successive round. The only other items to receive double-digit-percentage support in any round are equal access to vaccines, protecting subgroups that are traditionally underserved and conserving vaccine for donation to other countries. The table below lists the preferences in all three rounds.

2009 Vaccination Program Preference – other goals	Responses					
	First		Second		Third	
I want to protect the maximum number of persons from just getting sick from H1N1 in the first place.	20	27.03%	18	24.66%	18	28.12%
I want a vaccination program that gives everyone an equal chance of being vaccinated regardless of age or risk status.	5	6.76%	11	15.07%	5	7.81%
I want a vaccination program on a first come first served basis while supply is limited.	1	1.35%	2	2.74%	2	3.12%
I want to make sure to protect the subgroups in the population who have been traditionally underserved.	4	5.41%	9	12.33%	9	14.06%
I want to protect our citizens but also conserve vaccine for donation to other poor countries which need vaccine.	5	6.76%	1	1.37%	8	12.50%
I want to accelerate vaccine availability before all testing is completed.	2	2.70%	2	2.74%	0	0%
I want to allow more time for educating the population and raising awareness about H1N1 virus.	20	27.03%	13	17.81%	5	7.81%
None of these (If you are opposed to the vaccination program, you can select this one each time.)	17	22.97%	17	23.29%	17	26.56%
Totals	74	100%	73	100%	64	100%

To examine the polling differently, one might give weight to a first-choice selection, a smaller weight to a second-choice selection and no weight to a third-choice selection. If one multiplies the number of first-choice responses by three, the number of second-choice responses by two and applies no weight to the third-choice responses, the results are as follows:

<b>2009 Vaccination Program Preference – Weighted</b>	<b>Weighted First</b>	<b>Weighted Second</b>	<b>Weighted Third</b>	<b>Total</b>	<b>Rank</b>
I lack trust in government sponsored programs	42	34	13	89	1
I want to prevent the maximum number of deaths and hospitalizations caused by the novel H1N1 virus.	42	22	9	73	2
I want to avoid as many vaccine side effects as possible.	33	14	9	56	3
I prefer an approach that allows some flexibility in response to changing characteristics of the epidemic.	33	14	6	53	4
I prefer to be as prepared as possible in advance of the epidemic.	15	16	11	42	5
I prefer an approach that includes some of the advantages of two approaches (full-throttle on some things, go-slow on others).	24	14	3	41	6
I want to avoid unduly alarming the population.	15	6	7	28	7
I want to spend government resources for other more pressing public needs.	9	8	5	22	8
I want to allow more time for testing larger numbers of people with the novel H1N1 vaccine	3	12	6	21	9
I want to avoid the costs associated with loss of life and with hospitalizations.	3	4	4	12	10

Given these weights, ‘lack of trust in government-sponsored programs’ ranks first, followed by ‘preventing the maximum number of deaths and hospitalizations’. ‘Avoiding vaccine side effects’ and ‘maintaining flexibility in the approach’ follow in third and fourth.

2009 Vaccination Program – Other – Weighted	Weighted First	Weighted Second	Weighted Third	Total	Rank
I want to protect the maximum number of persons from just getting sick from H1N1 in the first place.	60	36	18	114	1
None of these (If you are opposed to the vaccination program, you can select this one each time.)	51	34	17	102	2
I want to allow more time for educating the population and raising awareness about H1N1 virus.	60	26	5	91	3
I want a vaccination program that gives everyone an equal chance of being vaccinated regardless of age or risk status.	15	22	5	42	4
I want to make sure to protect the subgroups in the population who have been traditionally underserved.	12	18	9	39	5
I want to protect our citizens but also conserve vaccine for donation to other poor countries which need vaccine.	15	2	8	25	6
I want to accelerate vaccine availability before all testing is completed.	6	4	0	10	7
I want a vaccination program on a first come first served basis while supply is limited.	3	4	2	9	8

‘Protecting the maximum number from getting sick’ ranks first. Opposition to the vaccination program ranks second. ‘Time for education’ and ‘equal access’ follow in third and fourth.

### Pros and Cons – Three Approaches

The participants discussed the three levels of effort, exploring the advantages and disadvantages of each. While some took issue with the assumptions and with the absence of a no-vaccination choice, the small groups did work through the discussion of pros and cons. Their reactions to the three approaches are as follows:

#### Go Slow

##### Pros

- Allows the focus to be on educating the public
- Allows knowledge of alternative approaches to come to the front of the public discussion
- Allows for time to see if vaccine side effects emerge before widening the vaccination program
- Is sufficient for disseminating the necessary information for those at greatest risk
- Provides an adequate level of communication about the disease and the effectiveness of vaccination

- Is fiscally sound
- Matches best the need for freedom of choice
- Allows for health officials to see how severe the flu will be
- Puts resources in the right place
- Will reduce unnecessary hysteria
- Enables other public health concerns to be addressed
- Allows for vaccine availability for those especially at risk
- Provides the ability to inform the public of risks and benefits
- Will allow for information to be based on current information
- Gives more time to inform and educate the public on the results of vaccine trials
- Matches the level of uncertainty and the absence of information
- Matches the level of need
- Prevents fear
- Prevents mobilization of volunteers until the need is demonstrated
- Allows the U.S. to conserve our resources for nations with fewer resources
- Allows a history to be gathered
- Gives people time to digest information as it becomes available
- Will prevent people from rushing to emergency rooms
- Allows for fewer resources and taxpayer money to be used
- Allows time to obtain information, evaluate negative effects of vaccine and assess virus spread
- Promotes informed consent
- Allows more time to collect information
- Allows information about safety from trials to be used in the vaccination program
- Gives manufacturers time to alter vaccine in reaction to southern hemisphere experience

#### Cons

- Risks more people getting sick
- May lead to panic if more people get sick
- Would be irresponsible if the pandemic is severe
- Prevents enough information from getting to people who need it most
- Is insufficient to overcome language barriers
- Prevents citizens who need to get the vaccine from getting the vaccine due to lack of information
- Prevents information from reaching the public
- Prevents a coherent presentation of the necessary information
- May forestall a necessary ramp up if pandemic becomes severe
- Prevents government from preparing properly for a serious epidemic
- Leads to only those who are well connected having access to the small amount of vaccine that is available
- Risks a more serious outbreak/epidemic
- Risks the economy and infrastructure
- Could result in a higher number of flu cases
- Will stress emergency rooms as people who are not vaccinated go there to be treated
- Wastes government resources

## Intermediate

### Pro

- Best of both slow and full throttle approaches
- Balanced approach in the face of so many unknown factors
- There is no way to know, for sure, how widespread or how severe the disease will be or exactly how effective or safe the vaccine is
- Balances interests – time to educate/inform; vaccine readily available; see vaccine safety trials
- Realistic to execute
- Politically expedient
- More monitoring of results
- Without clear expectations, we need to be ready to act
- More likely to reach vulnerable populations
- Allows time for CDC to fine tune their approach by analyzing data.
- Gives more time to think about side effects
- Preserves ability to spring into action
- Allows easy increase or decrease in response to public demand
- Avoids scaring people
- Provides an opportunity for cost/benefit analysis

### Con

- Doesn't allow time to see the effects
- Wishy-washy
- Risks that health care providers will not be vaccinated and will infect patients
- Not enough to prevent pandemic expected based upon historical data
- Is unnecessary/overkill
- Risks side effects
- May not allow for quick ramp-up if pandemic becomes severe
- Too much uncertainty/not enough data to justify this choice

## Full Throttle

### Pros

- Allows for early communication efforts
- Will result in less panic/alarm
- Protects our nation's infrastructure and economy, which are fragile.
- Allows for life-saving level of effort
- Is the safest approach
- Addresses the high risk circumstances
- Allows for quick information dissemination
- Allows for full readiness to prevent a catastrophe
- Would save the maximum number of lives
- Would prevent severe illness
- Allows for more brains and a larger community effort to fight the problem and therefore would be more effective
- Would influence other countries to follow suit
- Allows CDC and the media to provide full communication and education to the public

- Since vaccination is voluntary, all effort can be made to increase the # of sites, improve vaccination recall, increase safety monitoring and improve disease surveillance
- Allows for focus on self quarantine, school closings, social distance, hand sanitizer
- Improves outlook for adult immunization programs, generally
- Allows for learning more about the disease and the vaccine
- Allows for awareness among risk populations of vaccination and of side effects
- Can improve residual immunity to future viruses
- Provides effective education as data becomes available, especially for high risk groups
- Informs members of high risk groups and make experts available to them
- Would decrease hospital stays, loss of time away from work and school and death

#### Cons

- May not be the best use of limited financial resources
- Will still allow people to fall through the cracks
- Would reduce our ability to help other nations
- Could be more coercive than voluntary
- Fails to allow for sufficient time to gather information regarding side effects of vaccine
- Could scare people and cause panic
- Would limit funding and resources for other purposes
- Risks credibility if the outbreak is less severe
- Fuels distrust in government
- Is an intrusion by government
- May use resources without increasing vaccination rates
- Ignores past history
- Is costly
- Would not allow time to discover possible negative effects of vaccination
- May move too quickly to fully understand appropriate dosing
- Risks side effects from multiple vaccinations
- Moves ahead before data about efficacy and side effects are available
- Reduces trust
- Risks oversaturation of the message, leading to public resistance or complacency
- Risks public confusion
- Is a mismatch between the resources required and the reality of the threat posed by the virus

**H1N1 Vaccination Program: Public Engagement Meetings  
Facilitator Worksheets for Small Group Discussion  
Somerville, MA  
August 29, 2009**

**Introduction**

On August 29, 2009, one hundred and eleven members of the public met in Somerville, MA to learn about the H1N1 virus and hear a presentation about the decisions already made about vaccination. At the request of the Centers for Disease Control and Prevention, they discussed a set of decisions about the vaccination program that will have to be made in the very near future. These decisions were encapsulated in three scenarios representing three different levels of effort by public agencies, clinics and service providers in making vaccine available.

**Public Viewpoints – What matters most to you in connection with a vaccination program?**

Participants spoke about the need for more information shared with the public on the virus, vaccination risks (including side effects) and prevention methods; information should be shared in simple language available to non-English speakers. The program must remain voluntary. Participants discussed concerns about vaccine safety and possible side effects; some would prefer there was no vaccination program.

**Electronic Poll**

Participants registered their opinions in an anonymous, electronic poll focused on both the three levels of effort and participants' underlying values. The moderate level of effort received the most support. If the outbreak was less severe, the majority preferred the go-slow approach. If the outbreak is more severe than estimated, half supported a full-throttle approach.

**Preferred Options**

I Prefer Option 1 – Go Slow	25	24.75%
I Prefer Option 2 – Moderate Effort	42	41.58%
I Prefer Option 3 – Full Throttle	34	33.66%
Totals	101	100.00%

***If less severe***

I Prefer Option 1 – Go Slow	53	51.96%
I Prefer Option 2 – Moderate Effort	40	39.22%
I Prefer Option 3 – Full Throttle	9	8.82%
Totals	102	100.00%

***If more severe***

I Prefer Option 1 – Go Slow	14	13.33%
I Prefer Option 2 – Moderate Effort	23	21.90%
I Prefer Option 3 – Full Throttle	68	64.76%
Totals	105	100.00%

**Value Statements**

The value statements that were most often selected as a priority were as follows.

“I prefer an approach that allows some flexibility and is easiest to ramp up or down to be responsive” was in the top three choices for first, second and third priority; 19.05% said first priority (2<sup>nd</sup>), 14.02% said second priority (2<sup>nd</sup>), and 16.82% said third priority (1<sup>st</sup>).

“I want to prevent the maximum number of deaths and hospitalizations caused by H1N1” was in the top three choices for both first, second and third priority; 29.52% said first priority (1<sup>st</sup>), 17.76% said second priority (tied for 1<sup>st</sup>) and 12.15% said third priority (3<sup>rd</sup>).

“I prefer to be as prepared as possible in advance of the epidemic” was in the top three choices for second and third priority; 17.76% said second priority (tied for 1<sup>st</sup>), and 15.89% said third priority (2<sup>nd</sup>).

NOTE: “I want to protect the maximum number from possible vaccine side effects (lack of trust in vaccine safety)” was fourth or fifth for first, second or third priority; 12.38 % said first priority (4<sup>th</sup>), 11.21% said second priority (5<sup>th</sup>), and 11.21% said third priority (4<sup>th</sup>).

***First Priority – All (in order of preference)***

I want to prevent the maximum number of deaths and hospitalizations caused by the novel H1N1	31	29.52%
I prefer an approach that allows some flexibility and is easiest to ramp up or down to be responsive	20	19.05%
I lack trust in government sponsored programs	16	15.24%
I want to avoid as many vaccine side effects as possible	13	12.38%
I prefer to be as prepared as possible in advance of the epidemic	9	8.57%
I want to allow more time for testing larger numbers of people with novel H1N1 vaccine	6	5.71%
I prefer a balanced approach that includes some of the advantages of the other two approaches	6	5.71%
I want to avoid unduly alarming the population	4	3.81%
I want to avoid the costs associated with the loss of life and hospitalizations	0	0%
I want to spend government resources for other more pressing needs	0	0%
Totals	105	100%

***Second Priority – Top Four (in order of preference; see appendix B for all results)***

I want to prevent the maximum number of deaths and hospitalizations caused by the novel H1N1	19	17.76%
I prefer to be as prepared as possible in advance of the epidemic	19	17.76%
I prefer an approach that allows some flexibility and is easiest to ramp up or down to be responsive	15	14.02%
I prefer a balanced approach that includes some of the advantages of the other two approaches	13	12.15%

***Third Priority – Top Three (in order of preference; see appendix B for all results)***

I prefer an approach that allows some flexibility and is easiest to ramp up or down to be responsive	18	16.82%
I prefer to be as prepared as possible in advance of the epidemic	17	15.89%
I want to prevent the maximum number of deaths and hospitalizations caused by the novel H1N1	13	12.15%

The polling results are consistent with conclusions of the small-group discussions. An expanded statement from the small-group discussions follows polling results.

***Other Purposes for the Vaccine Program***

Working from a list of eight additional goals, participants registered preferences for a first, second and third choice. The other purposes most often selected as a priority were:

“None of these (if you are opposed to the vaccination program, you can select this on each time)” was in the top three for first, second and third priority; 13.21% said first priority (3<sup>rd</sup>), 14.71% said second priority (3<sup>rd</sup>) and 21.36% said third priority (1<sup>st</sup>).

“I want to allow more time for educating the population and raising awareness about H1N1” was in the top choices for first and third priority; 22.64% said first priority (2<sup>nd</sup>) and 15.53% said third priority (tied for 3<sup>rd</sup>). This purpose was 4<sup>th</sup> as the second priority.

“I want to protect the maximum number of persons from just getting sick from H1N1 in the first place” was in the top three choices in the first and second priority; 45.28% said first priority (1<sup>st</sup>), 21.57% said second priority (2<sup>nd</sup>).

***Other Purposes - First Priority (in order of preference)***

I want to protect the maximum number of persons from just getting sick from H1N1 in the first place.	48	45.28%
I want to allow more time for educating the population and raising awareness about H1N1 virus.	24	22.64%
None of these (If you are opposed to the vaccination program, you can select this one each time.)	14	13.21%
I want a vaccination program that gives everyone an equal chance of being vaccinated regardless of age or risk status.	7	6.60%
I want to make sure to protect the subgroups in the population who have been traditionally underserved.	7	6.60%
I want to protect our citizens but also conserve vaccine for donation to other poor countries which need vaccine.	4	3.77%
I want a vaccination program on a first come first served basis while supply is limited.	2	1.89%
I want to accelerate vaccine availability before all testing is completed.	0	0%
Total	106	100%

***Other Purposes – Second Priority – Top Three (in order of preference; see appendix B for all results)***

I want to make sure to protect the subgroups in the population who have been traditionally underserved.	30	29.41%
I want to protect the maximum number of persons from just getting sick from H1N1 in the first place.	22	21.57%
None of these (If you are opposed to the vaccination program, you can select this one each time.)	15	14.71%

***Other Purposes – Third Priority – Top Four (in order of preference; see appendix B for all results)***

None of these (If you are opposed to the vaccination program, you can select this one each time.)	22	21.36%
I want to make sure to protect the subgroups in the population who have been traditionally underserved.	17	16.50%
I want a vaccination program that gives everyone an equal chance of being vaccinated regardless of age or risk status.	16	15.53%
I want to allow more time for educating the population and raising awareness about H1N1 virus.	16	15.53%

## **Small-Group Discussions – What are your main concerns related to an H1N1 vaccination program?**

### ***Vaccine Program***

- Need to preserve individual choice, balanced with some limitations; must be voluntary
- Concern that not everyone will get the vaccine
- Concern that there will not be enough vaccine
- Concern about the timing of availability; the vaccine will not prevent illnesses that occur before it is available.
- Concern that the vaccine will not be promoted strongly enough
- Concern that infrastructure for prevention is lacking
- Concern that not enough attention is paid to alternative medicine and preventative measures; wellness programs, non-pharmaceutical options, and immune-building information should be disseminated to the public
- Question of how we can share excess vaccine with other nations?

### ***Mistrust of government sponsored programs***

- Concern that public trust is not good right now
- Concern about the sincerity of this public involvement effort

### ***Funding/Costs***

- Uncertainty regarding where additional funds will come from for the “full-throttle” approach
- Need to have varied and abundant resources available to allow informed decision making
- Question of where this program fits in with the many other “emergencies” in US right now
- Concern that the program will sacrifice money and effort for other disease programs, e.g., HIV
- Question of what the compensation is for gross negligence in giving/taking vaccines?
- Concern that there is not enough money to adequately prepare and have crucial infrastructure or attention on public health
- Concern about costs to the public, e.g., co-pay costs for hospitalization or shots or job loss due to sickness or caring for sick children

### ***Information/Education***

- Need accurate, factual, unbiased and un-hyped information on which to base both public decisions and personal decisions for oneself and one’s family
- Need to get information from trusted sources (doctors, schools)
- Need more emphasis on prevention education, e.g., healthy lifestyles (good nutrition, exercise, and cleanliness and prevention (hand washing and coughing into arm)
- Concern that misinformation on vaccine safety in media and internet will prevent people who would benefit from the vaccine from getting it
- Concern that information will not get to vulnerable populations and non-English-speaking population (language needs)
- Need for the government to educate and inform but not come on too strong.
- Need for candor and forthrightness in all communication
- Concern that vulnerable people in priority populations get the information.

### ***Safety***

- Concern that there is not adequate safety testing of vaccines (different populations, healthy or not, etc)
- Concern about the effectiveness of data collection and analysis regarding adverse reactions to vaccine
- Concern that there is not enough safety information available to the public
- Need quality control on vaccine manufacturing

### ***Other***

- Concern that protester voices will be too strong
- Concern regarding workforce availability
- Concern regarding burden on communities (staying out of school etc)
- Conflicts with religion
- Heightened concern in Latino/ Brazilian populations due to connection/communication with South American and earlier winter season cases
- Concerns regarding legality and constitutionality
- Concerns regarding legislation (S2028) in MA Senate; this would make things beyond full throttle

## **Pros and Cons of Each Alternative**

There was no consensus among the small groups on which approach is best. The following provides pros and cons for each option in no particular order.

### ***Pros and Cons of a Go-Slow Approach***

#### **Pros**

- May not be the crisis everyone fears
- Allows more time for public education, with specific concerns for multi-lingual/multi-cultural populations
- Gives time for safety testing of vaccine to identify the side effects and have time to be able to prepare for them
- Incorporates potential for more safety measures
- Allows more time to develop alternatives
- Is less costly for federal government; if the virus is not widespread, resources will not be wasted
- If there is a problem with the vaccine there will be time to deal with it
- Builds credibility for manufacturers.
- Minimizes panic
- Allows evaluation as time goes on.
- Allow time to address skepticism in the public and to implement communication strategy

## Cons

- Does not allow message to get to the masses quickly enough, may result in more loss of life.
- May result in people not being vaccinated in time to protect them if the pandemic is bad
- May not allow sufficient preparedness in event of severe flu epidemic; if there is a surge, it may overwhelm hospitals
- Results in panic setting in if virus is severe
- Conveys message that disease is not serious
- May not provide sufficient funding to implement vaccination program
- Does not address Latino population's heightened concern due to connection/communication with South America
- Allows less choice because fewer resources are available
- Might further marginalize those who are already
- May result in economic impact on young out of work or those without insurance

## *Pros and Cons of an Intermediate Approach*

### Pros

- Provides good balance:
  - Is Proactive, but not excessive
  - Balances risks of diseases and risks of vaccine
- Allows time:
  - To find what works and doesn't and options
  - To educate for informed decision making
  - For monitoring and feedback
- Is not overwhelming for the public
- Provides most flexibility – prepared but not overboard
- Is less likely to generate backlash
- Rather be safe than sorry
- It gets more resources in place than going slow
- Uses less state/local funding than full throttle
- Is more protective than going slow

### Cons

- Does not provide a faster response for education/information as soon as known and infrastructure for vaccinating target populations
- Is driven by public perception rather than by best medical practices
- May not be sufficient to fight effects of epidemic
- Raises fairness issues of who doesn't get vaccine, where it is available, etc.
- Could cause time to build up tensions between/among groups with diverse opinions
- Could be seen as wishy-washy
- Uses local and state funds (both pro and con)
- Does not address danger of vaccines

## *Pros and Cons of a Full-Throttle Approach*

### Pros

- Protects maximum number of people: vaccinates person and web of people surrounding them
- Prevents spread of disease
- Money spent on prevention is made up for in money saved in treatment
- Provides a proactive approach in face of not knowing the potential severity of pandemic
- Provides easier access to vaccine and vaccination sites is easier; provides better deliverability
- Is better to be safe than sorry (better than to sacrifice life)
- Avoids risk that the virus will shut down economy or infrastructure if it is too severe
- Fulfills government's responsibility to provide ability for all citizens to protect their health and be safe
- Could build trust because government has done all it could
- Could share unneeded excess with poorer nations
- People might learn that their freedoms are being taken away and will act

### Cons

- Might inspire mass hysteria
- Virus might mutate, rendering this plan less effective
- Could undermine credibility of CDC if pandemic is not as severe as expected.
- Results in greater risk of side effects
- Does not provide enough time to study virus and results of vaccine
- Maximizes risk of adverse reaction to vaccine
- Provides a possibly dangerous precedent for the next pandemic
- Is not feasible because public health doesn't have the ability to mobilize and lacks enough infrastructure capacity
- Does not allow time for training
- It is a bad time, economically, to be spending a lot of money on this program
- Is too expensive
- Sacrifices other things to pay for this; could be an excuse to cut other programs
- Will result in more money spent for compensation of side effects
- A strong government voice will exacerbate the anti-vaccination movement
- Alienates/pushes away people who may be cautious about vaccination
- Requires high trust of government and manufacturers
- Requires significant use of local and state funds

## **APPENDIX A: Demographics of Participants**

**Total:** people

### **Age Range:**

18-30 years		%
31-50 years		%
51 and above		%

### **Gender:**

Male		%
Female		%

### **Ethnicity:**

Asian or Pacific Islander		%
Mixed Race		%
Black (or African American)		%
Hispanic or Latino		%
White		%
Other		%

## **Appendix B: Polling result for Values and Other Purposes**

<b>2009 Vaccination Program Preference</b>	<b>Responses</b>					
	<b>First</b>		<b>Second</b>		<b>Third</b>	
I want to avoid as many vaccine side effects as possible.	13	12.38%	12	11.21%	12	11.21%
I want to allow more time for testing larger numbers of people with the novel H1N1 vaccine	6	5.71%	8	7.48%	9	8.41%
I want to spend government resources for other more pressing public needs.	0	0.00%	6	5.61%	6	5.61%
I want to avoid unduly alarming the population.	4	3.81%	3	2.80%	8	7.48%
I lack trust in government sponsored programs	16	15.24%	7	6.54%	7	6.54%
I prefer an approach that includes some of the advantages of two approaches (full-throttle on some things, go-slow on others).	6	5.71%	13	12.15%	10	9.35%
I prefer an approach that allows some flexibility in response to changing characteristics of the epidemic.	20	19.05%	15	14.02%	18	16.82%
I want to prevent the maximum number of deaths and hospitalizations caused by the novel H1N1 virus.	31	29.52%	19	17.76%	13	12.15%
I prefer to be as prepared as possible in advance of the epidemic.	9	8.57%	19	17.76%	17	15.89%
I want to avoid the costs associated with loss of life and with hospitalizations.	0	0.00%	5	4.67%	7	6.54%
<b>Totals</b>	<b>105</b>	<b>100%</b>	<b>107</b>	<b>100%</b>	<b>107</b>	<b>100%</b>

<b>2009 Vaccination Program Preference – other goals</b>	<b>Responses</b>					
	<b>First</b>		<b>Second</b>		<b>Third</b>	
I want to protect the maximum number of persons from just getting sick from H1N1 in the first place.	48	45.28%	22	21.57%	8	7.77%
I want a vaccination program that gives everyone an equal chance of being vaccinated regardless of age or risk status.	7	6.60%	10	9.80%	16	15.53%
I want a vaccination program on a first come first served basis while supply is limited.	2	1.89%	5	4.90%	5	4.85%
I want to make sure to protect the subgroups in the population who have been traditionally underserved.	7	6.60%	30	29.41%	17	16.50%
I want to protect our citizens but also conserve vaccine for donation to other poor countries which need vaccine.	4	3.77%	6	5.88%	15	14.56%
I want to accelerate vaccine availability before all testing is completed.	0	0.00%	2	1.96%	4	3.88%
I want to allow more time for educating the population and raising awareness about H1N1 virus.	24	22.64%	12	11.76%	16	15.53%
None of these (If you are opposed to the vaccination program, you can select this one each time.)	14	13.21%	15	14.71%	22	21.36%
<b>Totals</b>	<b>106</b>	<b>100%</b>	<b>102</b>	<b>100%</b>	<b>103</b>	<b>100%</b>

**H1N1 Vaccination Program Public Engagement  
Spokane WA  
August 29, 2009**

**MEETING SUMMARY**

**Overview**

The Spokane H1N1 public engagement meeting was characterized by a range of perspectives regarding confidence in the vaccination program, the vaccine’s safety, and the ability of the government to properly communicate the risks and benefits in a timely and accurate fashion. The group of approximately 85 participants were reasonably diverse in age and interest. Present were significant blocs of health care professionals not affiliated with the state or local health departments, and individuals with deep distrust of the government, pharmaceutical companies and the media.

Through polling, the participants as a whole settled near the “intermediate” approach with a strong tilt toward the “go slow” approach. Where the groups favored a “full-throttle” approach, the interest was in getting ahead of the epidemic, rather than behind the curve and unable to catch up. Participants also favored a strong, accurate communication and education campaign.

The sentiments of a subset of participants expressing reservations about the government’s interest in vaccination were difficult to quantify, but could be approximated in the table discussion summaries and, in part, questions in the electronic polling during which participants abstained from voting and/or chose an option indicating opposition to a vaccination program.

**Demographics**

**Total participants: 86**

**Age:**

18-30	10	12%
31-50	34	40%
51 and above	40	48%

**Gender:**

Male	28	34%
Female	55	66%

**Ethnicity:**

Asian or Pacific Islander	3	4%
Mixed Race	0	0%
Black (or African American)	2	2%
Hispanic or Latino	1	1%
White	72	89%
Other	3	4%

**Post-Video Question and Answer Session**

During the question and answer period following the Centers for Disease Control video presentation, participants raised questions about the ingredients that would be included in the vaccine, the processes for manufacturing the vaccine, and how it may negatively affect different people of varying ages and health conditions and regions of the world. Dr. Jay Butler, director of the H1N1 Task Force, responded to a number of questions posed by participants.

## Small Group Discussion

The table discussions began with participants expressing their concerns about the vaccination program that will be conducted. The participants also indicated their preferences among the three proposed approaches to the vaccination program, and listed pros and cons with each of the three approaches: Go Slow, Intermediate and Full-Throttle.

### Concerns about the vaccination program

#### Safety and Health

- Concern that the vaccine may not be safe because of adjuvant or other ingredients – thimerosal
- Concern that the vaccine may not be safe for some individuals.
- The vaccine may result in side effects.
- Who will document the vaccine and who has received the vaccine.
- Storage and distribution security
- Employers should encourage sick employees, and those with sick children, to stay at home
- Concern that the vaccine will be a greater threat than the H1N1.
- What if the virus shifts and makes the vaccine ineffective?
- What are the effects of the vaccine in future decades

#### Information and Communication

- Too much hype, not enough factual information.
- How to communicate to the groups that are at risk, and how to inform those who are not in a priority group, such as people over 65 years old.
- Will there be an overarching communication and public education plan?
- Providing timely and accurate information to those who need or desire the vaccine.
- How best to educate the 18 to 24 year old age group.
- Full throttle could result in panic.
- Social change is needed to get people to apply prevention – cleanliness, masks, stay at home.
- Accuracy and full disclosure and mode of communication to the public.
- Concern that only certain modes of communication will be used, and other new media will not be used.
- Incomplete information or disinformation regarding the need for the program.
- Concern that people will see vaccination as the only preventive measure and not use other options to strengthen immune system

#### Trust

- Allows vaccine manufacturers to profit and become too powerful.
- Lack of trust in the government.
- Why isn't there a "no vaccine" option offered?
- The vaccination program does not include recommendations for no-vaccination options to protect oneself.
- Reliance on rumors that the vaccine is not safe.

#### Resources and Cost

- Cost of vaccination could affect other services that have more value to society.
- Capacity to deliver the vaccine.
- Understanding the "hidden costs" of the vaccine program.
- Economic impact of pandemic could be significant.

Availability, Equity and Prioritization

- How will at-risk populations be reached if they are isolated?
- That people and children who don't have a health plan will be left out.
- Concern that people not in priority groups should be able to receive the vaccine.

International Issues

- It's not a real pandemic, that designation was forced on the U.S. by the World Health Organization.

Pros and Cons for each Approach

Benefits of the Approach	Disadvantages of the Approach
<p><b>Go Slow</b></p> <ul style="list-style-type: none"> <li>• Gives researchers time to test the vaccine thoroughly.</li> <li>• Gives authorities time to weigh the benefits and the adverse effects of the vaccine.</li> <li>• Allows the health agencies to focus on the high priority populations.</li> <li>• Allows more time to educate the population.</li> <li>• Follows the pace of the virus.</li> <li>• Preserves resources until needed.</li> </ul>	<ul style="list-style-type: none"> <li>• Lacks emphasis and education might encourage apathy.</li> <li>• Potentially misses the boat – too late to respond adequately.</li> <li>• Potentially moves too slowly; the virus will outrun the schedule.</li> </ul>
<p><b>Intermediate Approach</b></p> <ul style="list-style-type: none"> <li>• Provides room for compromise between two extreme approaches.</li> <li>• Allows more sustainable approach.</li> <li>• Allows ramp-up or ramp-down</li> <li>• Allows us to react more quickly to provide access to the community.</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• Raises demand when there are reservation about this.</li> <li>• Is problematic for varying availability of local and state funds.</li> <li>• Starts to divert funds from other important government programs.</li> </ul>
<p><b>Full Throttle Approach</b></p> <ul style="list-style-type: none"> <li>• Allows vaccination of more people more quickly.</li> <li>• Achieves highest level of prevention through vaccination.</li> <li>• Helps stop any sudden increase in the disease, especially for targeted priority groups.</li> <li>• Gets more people involved.</li> <li>• Is better to be safe than sorry.</li> </ul>	<ul style="list-style-type: none"> <li>• May not be necessary.</li> <li>• Could easily create panic.</li> <li>• Potential shortages of vaccine to satisfy demand.</li> <li>• Lack of local and state resources to support the effort.</li> <li>• Creates more difficult logistics.</li> <li>• Creates danger of “crying wolf.”</li> <li>• More questions about the risk of the vaccine.</li> <li>• Does not result in increased vaccination.</li> <li>• Could waste resources with less severity or less demand.</li> </ul>

## Table Discussion Report-Outs

Following small group discussions, facilitators from each of the ten breakout groups summarized their conversations regarding concerns about the vaccination program and pros and cons for each of the three approaches. Overall, groups varied in their preferences.

One group unanimously favored the go-easy approach in order to provide more time to test the vaccine's safety.

- Concerns cited by this group included vaccine safety and the need for testing, the need for clarification of what medical conditions qualify those in the 25-64 age group, making prevention a priority, unknown costs for intermediate and full-throttle approaches, the need to adapt the level of effort based on location, and the loss of individual rights if a vaccine were mandated. Five of nine members thought they wouldn't get either vaccine, one said he would only get the seasonal flu vaccine, and three said they would get both.

One group favored the intermediate approach to provide flexibility.

- Concerns cited by this group included overhype of risks for pregnant women, whether criminal offenders are treated, lack of trust in government, how the vaccine is being tested, long-term effects of vaccines, costs and resources, and how information is being communicated.

Multiple groups favored "hybrid approaches."

- Three groups favored intermediate to go-easy approaches.
  - Main concerns cited by one group included safety, communication with target and non-target populations, including school-age children, economic impacts of lack of preparedness, funding limitations and the potential drain on other programs, and communication of preventative measures.
  - Main concerns cited by the second group, which was "dominated" by people in the medical field, include that the "go-easy" approach is misleading because it is still more than what is typically done for seasonal flu, communication to the "have-nots," need for multiple modes of communications (e.g., facebook, websites), barriers that prevent volunteers from playing a role, over-reliance on vaccines, and the need for other types of prevention.
  - The third group distrusted almost all aspects of the vaccination program and questioned the local health officer about a variety of topics, including definitions of epidemic and pandemic. The group was distrustful of the numbers of potentially affected people and felt the costs of a program were not justified, especially considering other health issues. The group favored a go-easy approach in general but an intermediate approach for safety and communications, including communications about other forms of prevention.
- One group favored a full-throttle approach for target populations a lower effort approach for other audiences. Main concerns cited by this group involved communication of accurate information, communication with special needs and elderly populations, adaptability, costs, and tracking.

One group favored the full-throttle approach in order to "get ahead of the curve."

- This group was "dominated" by healthcare providers and cited the following concerns: cost, too much profit for manufacturers trying to create a market, vaccination tends to diminish importance of other prevention, more effort may not result in more vaccination unless the issue becomes more severe, and too much media hype and not enough factual information.

Three groups did not reach consensus on one approach or a hybrid approach.

- One group concluded that no option is fully adequate. This group stressed the need for the best science available for safety, the need for information and educational programs for vaccination and other types of prevention, and the need to ensure that funding for any program doesn't affect other social service programs.
- One group had diverse opinions about program preferences, ranging from go easy to full throttle. The group cited concerns about how to handle the school systems and the need for the vaccine to be in schools, the amount of time it would take to "move" the program, media inaccuracy, and lack of information.
- One group had many participants that wanted a "no vaccine" option because they did not trust government or the producers of the vaccine and they were concerned about vaccine safety and felt that information about vaccine ingredients and their potential risks were not fairly disclosed. The group also cited concerns that CDC is not promoting other methods of prevention.

## Electronic Polling

### Program Preferences

Using electronic polling technology, participants stated preferences regarding the three vaccination programs. The Spokane participants favored the moderate effort approach by a plurality, with 47.95 percent of the participants selecting this option. A go-easy approach also received a high proportion of the votes, with 41.1 percent of the participants selecting this option. A full throttle approach was favored by only 10.96 percent of respondents. Notably, while as many as 81 respondents polled on other questions, only 73 chose to poll on this question. Roughly ten percent of participants abstained from registering a preference on a vaccination program level of effort; earlier discussions indicated that some participants wanted a fourth "no vaccination program" option and preferred not to vote on any option involving a vaccination program.

I Prefer Option 1 – Go Easy	30	41.10%
I Prefer Option 2 – Moderate Effort	35	47.95%
I Prefer Option 3 – Full Throttle	8	10.96%
<hr/>		
Totals	73	100%

If the H1N1 outbreak proves to be less severe than anticipated, the go-easy approach is supported by a large majority, with 76.06 percent of respondents selecting the go-easy option under this scenario. The moderate level of effort was supported by 16.90 percent and the full throttle option was supported by 7.04 percent of respondents under the "less severe" scenario. As with the question above, a notable minority of participants chose not to respond to this question.

I Prefer Option 1 – Go Easy	54	76.06%
I Prefer Option 2 – Moderate Effort	12	16.90%
I Prefer Option 3 – Full Throttle	5	7.04%
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Totals	71	100%

Under the assumption of a more severe outbreak, 44.44 percent of respondents preferred the moderate approach. The full throttle approach grew in preference to 36.11 percent of respondents while the go-easy approach decreased in preference to 19.44 percent favored. Once again roughly ten percent of participants chose not to vote on this question.

I Prefer Option 1 – Go Easy	14	19.44%
I Prefer Option 2 – Moderate Effort	32	44.44%
I Prefer Option 3 – Full Throttle	26	36.11%
Totals	72	100%

Reasons for Program Preferences

In the first round of the polling exercise aimed at uncovering some of the primary reasons for preferring one level of effort over another, the Spokane meeting participants placed a flexible approach as their top choice, with 20.99 percent of the votes. Second and third choices included avoiding vaccine side effects and lack of trust in government (17.28 percent and 14.81 percent, respectively). Including advantages of the other to approaches was fourth with 13.58 percent of votes.

In the second round, flexibility remained at the top of the poll with 25.64 percent of votes. Preventing the maximum number of deaths and hospitalizations received 16.67 percent of the votes. Avoiding vaccine side effects and spending government resources for other needs rounded out the reasons receiving at least ten percent of votes, with 14.10 percent and 10.26 percent of votes, respectively.

In the third round, advanced preparation received the highest percentage of votes (19.23 percent). Flexibility and a lack of trust in government programs each received 14.10 percent of votes.

Avoiding the costs associated with the loss of life and hospitalizations and avoiding unduly alarming the population were at or near the bottom of the poll in all three rounds.

2009 Vaccination Program Preference	Responses					
		First		Second		Third
I want to avoid as many vaccine side effects as possible.	14	17.28%	11	14.10%	6	7.69%
I want to allow more time for testing larger numbers of people with the novel H1N1 vaccine	7	8.64%	3	3.85%	6	7.69%
I want to spend government resources for other more pressing public needs.	3	3.70%	8	10.26%	7	8.97%
I want to avoid unduly alarming the population.	3	3.70%	5	6.41%	5	6.41%
I lack trust in government sponsored programs	12	14.81%	6	7.69%	11	14.10%
I prefer an approach that includes some of the advantages of two approaches (full-throttle on some things, go-slow on others).	11	13.58%	4	5.13%	7	8.97%
I prefer an approach that allows some flexibility in response to changing characteristics of the epidemic.	17	20.99%	20	25.64%	11	14.10%
I want to prevent the maximum number of deaths and hospitalizations caused by the novel H1N1 virus.	8	9.88%	13	16.67%	7	8.97%
I prefer to be as prepared as possible in advance of the epidemic.	5	6.17%	5	6.41%	15	19.23%
I want to avoid the costs associated with loss of life and with hospitalizations.	1	1.23%	3	3.85%	3	3.85%
Totals	81	100%	78	100%	78	100%

Additional Program Goals

Participants also polled on additional vaccination program goals (including those elements that may not vary as level-of-effort varies). In the first round, 41.25 percent of respondents chose allowing more time for education as their first choice; 28.75 percent chose protecting the maximum number of persons from getting sick.

In the first round, twenty percent of respondents chose “none of these,” presumably indicating opposition to the vaccination program. “None of these” was the top choice in rounds two and three, with 26.25 and 32.05 percent of votes in these rounds, respectively. There is uncertainty in interpreting the increase in popularity of the “none of these” option throughout the rounds. It may be that those choosing “more time for education” in the first round were opposed to the vaccination program in general and thus chose “none of these” to register opposition in later rounds. However, selection of “none of these” may not indicate opposition to vaccination but rather disagreement with the additional program goals listed. In any case, it is noteworthy that the number of respondents selecting “none of these” for this question was two to three times higher than the number of participants choosing not to respond to questions about program preferences.

In rounds two and three, protecting the maximum number of persons from getting sick (23.75 percent, 10.25 percent, respectively), allowing more time for education (16.25 percent, 15.38 percent), protecting traditionally underserved subgroups (15.00 percent, 14.10 percent) and providing an equal chance of being vaccinated regardless of age or risk status (13.75 percent, 12.82 percent) were other high-scoring choices after “none of these.” Also in round three, conserving vaccine for poor countries received ten percent of the vote.

A first come, first serve program and accelerating vaccine availability before all testing is completed were at or near the bottom of the poll in each round.

2009 Vaccination Program Preference – other goals	Responses					
	First		Second		Third	
I want to protect the maximum number of persons from just getting sick from H1N1 in the first place.	23	28.75%	19	23.75%	8	10.26%
I want a vaccination program that gives everyone an equal chance of being vaccinated regardless of age or risk status.	3	3.75%	11	13.75%	10	12.82%
I want a vaccination program on a first come first served basis while supply is limited.	0	0%	1	1.25%	4	5.13%
I want to make sure to protect the subgroups in the population who have been traditionally underserved.	3	3.75%	12	15.00%	11	14.10%
I want to protect our citizens but also conserve vaccine for donation to other poor countries which need vaccine.	1	1.25%	3	3.75%	8	10.26%
I want to accelerate vaccine availability before all testing is completed.	1	1.25%	0	0%	0	0%
I want to allow more time for educating the population and raising awareness about H1N1 virus.	33	41.25%	13	16.25%	12	15.38%
None of these (If you are opposed to the vaccination program, you can select this one each time.)	16	20.00%	21	26.25%	25	32.05%
Totals	80	100%	80	100%	78	100%

## **APPENDIX D: ONLINE MEETING SUMMARIES**

## H1N1 Public Engagement WebDialogues Summary September 7, 2009

### Introduction

The Centers for Disease Control and Prevention (CDC) are working to decide the scope of a voluntary fall vaccination program against the novel H1N1 pandemic influenza virus. To that end, the CDC hosted two two-day WebDialogues for the public to discuss, deliberate, and offer input regarding whether to take a "full-throttle" or a "go-easy" approach to mass vaccination for the novel H1N1 influenza, or a moderate effort approach somewhere in-between.

The dialogues were held:

August 26-27, 2009

<http://www.webdialogues.net/h1n1/aug26>

August 31-September 1, 2009

<http://www.webdialogues.net/h1n1/aug31>

### Agenda

The agenda for both dialogues included the same topics and discussion points. At the end of Day 1, the Informed Preferences Poll was introduced. After participants completed the poll, they could view the results and weigh in with their responses to the collective results during Day 2.

#### Day 1: **Understanding H1N1**

- Understanding the differences between seasonal and novel H1N1 flu
- Assumptions guiding the proposed H1N1 vaccination program approaches
- Questions about vaccine safety and efficacy

#### **Vaccination Program Approaches**

- Pros and cons of a "GO EASY" approach to a vaccination program
- Pros and cons of a "MODERATE EFFORT" approach to a vaccination program
- Pros and cons of a "FULL THROTTLE" approach to a vaccination program

#### Day 2: **Review of Poll Results**

- Exploration of Poll Results
- Implementation issues -- a look into the future

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Summarizer Statement

## Participants

A total of 359 people registered for both dialogues. Excluding project staff, panelists, and evaluators, 330 were actual participants. Registrants hailed from 44 states, one territory, and the District of Columbia. Geographic location of registered participants included city (37%), suburb (31%), small town (15%), and rural (9%).

Health Care	31%	Business	6%	Food industry	1%
Other	17%	Parent or guardian	6%	Media	1%
Education	16%	Researcher	5%	Public utilities	1%
Public health	12%	State government	4%	Agriculture	<1%
Emergency Management	10%	First responder	3%	Hospitality	<1%
Interested individual	9%	Local government	3%	Military	<1%
Social services	7%	Student	2%	Transportation	<1%

## Facilitators

Heather Bergman, Associate, The Keystone Center

Jody Erikson, Associate, The Keystone Center

Michael Hughes, Vice President and Director, Center for Science and Public Policy, The Keystone Center

Johanna Raquet, Associate, The Keystone Center

Julie Shapiro, Associate, The Keystone Center

Douglas Thompson, Senior Associate, The Keystone Center

## Panelists

Beth Bell, Acting Director, National Center for Immunization and Respiratory Diseases (NCIRD), CDC

Roger Bernier, Senior Advisor For Scientific Strategy and Innovation, National Center for Immunization and Respiratory Diseases, CDC

Stephanie Dopson, CDC

Anthony Fiore, Medical Epidemiologist, MD, MPH, Captain, Public Health Service, Influenza Division, Centers for Disease Control and Prevention

John Iskander, Senior Medical Consultant, CDC

Frank Malinoski, President and Principal Partner, TD Consultancy, LLC

Martin Meltzer, Senior Economist and Distinguished Consultant, Division of Emerging Infections and Surveillance Service, CDC

Kelly Moore, Medical Director of the Tennessee Immunization Program, Tennessee Department of Health

Eleanor Peters, Epidemiology Specialist, St. Louis County Department of Health

## Discussion Highlights

### Concerns/Questions/Issues Related to an H1N1 Vaccination Program

#### Availability, Equity, and Prioritization

- Whether the decision about the approach determines the availability of the vaccine in October.
- Clarification of the definitions of health care workers relative to priority groups. Will vaccine be available for transporters of patients, educational staff and teachers, public safety personnel, correctional officers, and infants' caregivers?
- Why individuals over 64 years of age have been excluded from the priority list.
- Why pregnant women are high risk and a priority for immunization? Does the vaccine provide immunity for the baby?
- Where vaccine doses without thimerosal are available.

- Of the hospitalized H1N1 cases, a higher proportion has been among children and young adults, with older adults spared, suggesting a shift to populations that normally do not experience serious complications of influenza.

### **Cost of Vaccine Programs**

- If local county health departments charge an administrative fee to the person receiving the vaccine, those who struggle financially may be deterred from receiving a vaccination.
- What is the cost/return of testing and how much does testing take away from other services that could be rendered? How can we maximize benefits from the resources that we have?

### **Education**

- We need one, clear, concise message that can be repeated through diverse channels to reach as many as possible.
- Communication channels include the media, schools, FBOs, CBOs, healthcare offices, emergency broadcast system, etc.
- A barrier to education is that people are apathetic until the threat becomes real.
- Some believe the public is indifferent toward H1N1 while others believe the public is confused by the conflicting information.
- Education must address the concerns of the reluctant, share credible resources, and tell citizens to make an informed choice.

### **Information Needs**

- To address rumors that say vaccination will be mandatory. Certain employers (e.g., Department of Defense, possibly hospitals) may require vaccination as part of employment. It was noted that in an epidemic of a particularly virulent and deadly pathogen, public health concerns might sometimes trump personal choice.
- To know about incubation periods and how long people shed virus after an infection.
- To identify isolation periods for inmates and homeless people in shelters.
- To know about the use of masks.
- Need a list of co-morbid conditions that warrant vaccination.
- To know if there are provisions for the development of the virus in residential settings other than nursing homes (i.e., assisted living communities, independent living communities).
- To know if influenza differs from a common cold? Is the common cold included in the "influenza like illness" category?
- To know about treatment options: prevention, antiviral products, and vaccine.
- To know about the use of adjuvants in vaccines including possible side effects.
- To know how annual vaccination process occurs and how it is possible to develop a vaccine for a mutating virus, intended for mass delivery, so quickly compared to many medications that take much longer to go through the approval and trial process.
- To know the risks that healthy children may face if given the H1N1 vaccine. Explain if the benefits outweigh the risks and state which form of the vaccine is recommended?
- To inform providers of the vaccine, pregnant women, and parents of young children that thimerosal-free vaccines are available and where to find them.
- To know whether the different vaccines (injectable and live) are considered interchangeable.

- To address the basic assumption about the necessity of vaccination. Maybe there are ways—other than vaccine—to avoid deaths.

### **Research/Testing**

- If the strain of H1N1 that has been used as the basis for the H1N1 vaccine undergoes an antigenic shift or drift causing it to become more virulent, will the vaccine currently being produced and tested offer immunity?
- Is there proof that two flu vaccines will increase immunity to H1N1 and a third shot for the seasonal flu? What are the risks to healthy and at risk individuals who receive three vaccines in a relatively short time?

### **Safety Questions and Needs**

- Which tactic offers greater defense against the H1N1 virus: a vaccine that will not take effect until Thanksgiving after the second shot is given or opting to close schools?
- Are pregnant women at higher risk of complications compared to the overall population because of the probability of complications from the flu virus or the probability of complications from the vaccine?
- Did the 1976 "swine flu" vaccinations actually result in a higher rate of complications than the seasonal vaccines?
- Are there protocols in place that allow local or state health departments to confirm cases of H1N1?
- It is important to be realistic about the safety of H1N1 vaccine in order to help people make informed choices about taking or not taking the vaccine.
- Need to address concerns about
  - Vaccine safety
  - Risks of spreading H1N1 through live-virus vaccine especially when it is administered in school settings
  - Dangers associated with hospitals potentially transferring acute care patients to nursing homes
  - Informing people that they need multiple flu shots this year
  - Raising awareness of those who may have underlying conditions warranting the need for vaccination
  - Addressing socio-economically disadvantaged populations vis a vis vaccination
  - Falsely reassuring the public about the potential health crises
  - Confusion among citizens about why to be concerned about H1N1
  - Injecting pregnant women with mercury at amounts that, for the developing child, exceed the injected-thimerosal safety level by orders of magnitude
  - Lack of full reproductive toxicity testing
  - Cost-effectiveness of a vaccination program
- Given the difficulty of growing the virus in the lab, and the resultant lower/weaker vaccine yields, will impact vaccine efficacy be impacted?
- Need to know about the use and safety of adjuvants (e.g., do they alter the risk of Guillain-Barré syndrome?).
- Are vaccine production facilities secured from terrorist threats?
- Need to address the issue of caregiver compliance to get the vaccine and use masks.
- Need to know if the new H1N1 vaccine will be FDA certified and thus administered under the standard vaccination warnings, or if it will require consent and registration, and how data is collected for the Vaccine Safety Datalink.

- Parents and pregnant women need information about the availability of thimerosal-free vaccines including warnings of the potential relationship between the use of thimerosal in children's vaccines and the belief that this additive may be related to autistic spectrum disorders.

## **Trust**

- A lack of disclosure about the use of adjuvants and risks of mercury (in thimerosal) could jeopardize public trust in the vaccination program.
- Need to trust vaccine makers to prove the safety of the H1N1 vaccines to the standards required.
- If "informed consent" is our standard, parents need to be truly informed regarding H1N1 vaccine.
- Other trust issues included equitable distribution of a limited supply of vaccine, antiviral medication, and ventilators as well as fairness and public confidence.

## **Uncertainty and unknowns**

- What is the basis for the assumption that demand for H1N1 vaccination will be low? Public demand is one of the many uncertainties planners need to contend with. Many speculate about the roles that the severity of the disease, the media, and a communication campaign will have on stimulating demand.

## **Pros and Cons of Vaccination Program Approaches**

### **The Go Easy Approach**

#### *Pros of Go Easy*

- Only the federal dollars received will be applied to the program.
- By keeping our citizens healthy and protected, we are more likely to be in a position to help other countries. This could limit the number of people infected and build some national good will.
- Provide the opportunity to collect and disseminate information about the disease and vaccine.
- Go easy seems the most rational because vaccine development and approval are rushed, and we will be learning about vaccine efficacy and safety once it is on the market.
- I prefer the go easy option where everyone that wants a vaccine can have it, and people who do not want it do not have to take it.
- Regardless of protecting the credibility of public officials, it's best if we do all we can to protect the public if illness severity increases.

#### *Cons of Go Easy*

- The problem with the go easy approach is mitigating the spread of flu strain through the general population and targeted groups. Several risks of the go easy approach were cited:
  - With children returning to school this fall, concerns must be higher than usual regarding children's safety.
  - City dwellers that use public transit are already concerned about infection.
  - Any disease that spreads around the world in a matter of weeks may be impossible to limit.
  - The increased potential for H1N1 to spread rapidly could significantly increase the mortality rate for higher risk groups.
  - Go easy could increase morbidity and mortality rates.
  - If we fail to respond moderately now, we may be unable to respond aggressively later, when we have a clearer picture of what we are dealing with.

- Health programs and providers will be less ready to vaccinate if disease activity or severity increases significantly and public interest in vaccination increases.
- A public health crisis is not the time for our government to go easy. If we go easy and wait, there will be a devastating impact.
- Go easy will breed more distrust in government--particularly for having under-reacted and being ill prepared if disease turns out to be severe.
  - Since government has already committed so much to vaccine development, to treat H1N1 as a step above seasonal influenza will undercut government's perceived competence.
  - If we fail to respond appropriately to this, it could have far more lasting and adverse effects.
- The go easy plan makes it too hard to find and get the flu shot, even for those who want it.
  - It will not provide vaccination to those would want it in time to minimize hospitalization and death. Resources would be stretched beyond capacity and fatalities would increase.
  - Other effective, inexpensive health strategies to enhance immunity (e.g., probiotics, Vitamin D supplementation) have been overlooked. Prevention would go farther than mass vaccinations.
  - Go easy would not provide enough vaccine to meet public demand.
- If the second wave does not materialize this season, we may gain time to test the vaccines more extensively for efficacy and safety before advocating the full throttle approach.
  - If the CDC is not even testing to see if the influenza is seasonal or H1N1, does it make a huge difference how each flu is treated?
  - Use financial and personnel resources wisely by testing and vaccinating individuals who are most vulnerable to novel H1N1.
  - Get preliminary statistics from test populations before aggressively delivering vaccine the targets minors.
- Citizens who need to be vaccinated may not get vaccinated due to lack of information or motivation.
- We need to move forward aggressively on an educational campaign to promote caution and preventive measures and distribute vaccinations to PODs.
- There is disagreement with the assumption that public interest and demand will be low.
- Features not favored about go easy: (1) vaccination seems too late to prevent the spread of flu, (2) vaccination recall--seems too easy for people to skip their second dose, (3) safety and coverage monitoring--data on numbers vaccinated and side effects are valuable for analyzing vaccine effectiveness.
- We need to develop risk stratification schemes for who is likely to develop complications. If we can risk-stratify, we may not need to have a shotgun approach to vaccination.

## **The Moderate Effort Approach**

### ***Pros of Moderate Effort***

- Provides a balanced, credible avenue for dealing with a mild to moderate pandemic.
- Increases communication to inform the public, provides extra vaccination sites to serve those who are at higher risk, and allows time to monitor the disease's scope and the vaccine safety.
- With public opinion varying on the severity of this virus, a moderate effort should be the minimum effort for the vaccination program. Go easy may keep people thinking the risk of infection is low, and full throttle may be too much.
- Public safety is the primary concern. However, faith in our decision-makers facilitates compliance, which, in turn, facilitates public safety. The level of effort chosen should not be based on how public officials are viewed.

- The moderate effort places us in the middle of preparedness making it easiest to respond appropriately to developments. Flexibility is a must.
  - Establishes plans to distribute vaccines that involve multiple local agencies (public and private) that will build a network of "ambassadors" who can spread the trusted truth to constituencies. We should not rely on the media
  - Focuses on preparedness activities such as developing partnerships and lining up volunteers.
  - Putting the infrastructure in place and working at some capacity allows either scaling back or ramping up as the situation unfolds.
  - Moderate effort reasonable and scalable. If the H1N1 mortality rate is more severe in the fall, people will demand vaccine and public health will be motivated by public demand to ramp up to provide the delivery system.
- Public communication should be in line with the current severity of illness, what is likely to occur in the coming months, what will be effective in reducing the overall mortality and morbidity, and the amount of vaccine available.
  - The approach should be somewhat in line with public opinion, but if the public is off in its assessment, more communication is needed.
  - Enhanced communication that provides sufficient, accurate, and timely information so that the public, government, and health care providers can make informed decisions is fundamental, regardless of the approach taken.
  - Communication provides credible, consistent, and non-confusing information that can be distributed with ease and without need for further interpretation.
  - Consider a moderate approach to public education (the media will do the rest as needed...or not).
  - Moderate public outreach educates people and communicates the seriousness of the H1N1 threat without suggesting that people should be panicked.
  - A full throttle approach to communication is needed including a set of streamlined, consistent, clear messages about the pandemic—with vaccines being only one part of a multi-pronged approach—before the public can understand the issues sufficiently to make informed choices about vaccination.
- The moderate approach can provide monitoring via a datalink.
- People who are staunchly against vaccination won't agree to be vaccinated (or have their kids vaccinated) no matter how much time is put into studying vaccine safety and efficacy. Most people will want to know the costs/benefits of the vaccination and will weigh if it's worth taking the risk in a situation where everything can't be known.
- The moderate effort reaches a large number of at risk individuals at risk, includes a significant public health campaign, and addresses the concern that too little was done.
  - Reaches those at risk who can develop serious disease: persons with certain underlying medical conditions (pregnant, lung and breathing problems, obesity, diabetes and other metabolic anomalies, heart conditions, etc.).
  - Offers vaccines as soon as they are available to folks with underlying health conditions. Provides reasonable access.

#### **Cons of Moderate Effort**

- The only real downside to the moderate approach is if demand is really high or the outbreak is more severe than expected and vaccine production has been scaled back.

## **The Full Throttle Approach**

### **Pros of Full Throttle**

- If many people become deathly ill with H1N1 influenza, our health care system will become overwhelmed: not enough hospital care, falling trust in officials, hysteria.
  - We need to build on the Vaccines for Children Program.
- If trust is lost, it may be difficult, if not impossible, to regain it during a mass prophylaxis campaign. As a result, significant social unrest may ensue.
- Features of full throttle that are favored
  - Personnel assistance is secured in advance.
  - Proper screening and training of personnel happens before a crisis.
  - Numerous private providers are signed up in advance.
  - Large corps of volunteers are identified and prepared to spring into action.
  - Vaccine recall system.
  - Safety monitoring.
  - Disease surveillance.
- Universal widespread vaccination makes sense when 30-50% of the population will get H1N1 flu and every household will be affected.
- Public entities have an obligation to protect the public based on rational information.
- The only real positive for full throttle seems to be the rapid response feature to vaccinate the population quickly should the severity increase.
- The H1N1 virus is here to stay. Those who want to vaccinate will, those who don't, won't.
- The economy is a consideration. If 40% of the population is sick, how is the country going to get out of this economic recession?

### **Cons of Full Throttle**

- Those who are unsure of the vaccine's safety will put off getting it until more is known about the dangers.
- Governments are financially strapped, and to require them to staff sites and pay clinicians would be foolhardy.
- If we go full throttle and have a mild flu season with a low rate of morbidity/mortality, we will lose public credibility by "crying wolf."
- Given the short time for vaccine development and testing, risk factors for unforeseen vaccination complications may not surface.
- Any approach that fails to warn the general public about hazards (e.g., injecting mercury into pregnant women and children) is not considering the health and welfare of the whole person.
- We shouldn't go full throttle unless we have the vaccine supply to cover the top tier. Vaccine availability doesn't meet the full throttle approach.
- Increased subjective demand for a vaccine is not necessarily correlated to increased objective need for a vaccine to protect vulnerable people. If the media sensationalizes H1N1, people will not get the information they need to make an informed decision.
- The recent experience with non-severe symptoms, low mortality rate, and last swine flu episode do not support a full throttle approach for the nation.

- We should "plan to react" since Americans cannot all be reached in advance of an incident. We can mitigate the impact of public demand by planning to act when the crisis occurs.

## Review of Poll Results

The Informed Preference Poll yielded the following preferences for the three proposed vaccination program approaches. Fifty-six percent (56%) of dialogue registrants responded to the poll.

Preference	Go Easy	Moderate Effort	Full Throttle
Original expectation	18%	56%	26%
Outbreak is less severe than expected	41%	53%	6%
Outbreak is more severe than expected	10%	28%	62%

The top three vaccination program preferences from the poll are as follows:

Vaccination Program Preference	Percentage of Total
I prefer an approach that allows some flexibility and is easiest to ramp up or down to be responsive.	22.3%
I prefer a balanced approach that includes some of the advantages of the other two approaches.	17.7%
I want to prevent the maximum number of deaths and hospitalizations caused by the novel H1N1.	16.9%

The top three other potential purposes the vaccination program should have are as follows:

Other Potential Purposes of Vaccination Program	Percentage of Total
I want to protect the maximum number of persons from just getting sick from H1N1 in the first place.	26.5%
None of these (If you are opposed to the vaccination program you can select this one each time.)	18.7%
I want to allow more time for educating the population and raising awareness about H1N1 virus.	18.0%

After viewing the Informed Preference Poll results, participants offered the following additional pros and cons for the difference approaches.

### The Go Easy Approach

#### Cons of Go Easy

- The mutability of the virus could compromise the effectiveness of the vaccination.

## **The Moderate Effort Approach**

### **Pro Moderate Effort**

- Permits the ability to "pivot"--meaning to hold the position or scale down if the need is less than expected or scale up if the need is greater than expected.
- Allows the nation to be responsive without "overshoot or panic" with its concomitant burden on cost, the healthcare systems, and the psyche of the population.
- Has a timeline that permits the flexibility to ramp up or down as the situation changes (more or less severe flu). It allows for additional testing and monitoring how the virus changes.
- Is aimed to lower the public need for vaccine.

## **The Full Throttle Approach**

### **Pro Full Throttle**

- It's possible that the full throttle approach might be very cost effective if there is a moderately high hospital admission rate. We would need to compare the projected medical, business, and social costs of not vaccinating for this pandemic to the costs of a full throttle approach.
- The majority of Americans are uninformed about why H1N1 is a problem and how widespread it will be. The crush of "worried well" or mildly ill people who will challenge our already broken health care system is worrisome.
- One participant advocated: (1) intensive education about the pandemic, including the evolving risks, (2) a low threshold for social containment actions, and (3) intensive education on the vaccine, including full disclosure of what we do not yet know.

### **Con Full Throttle**

- Taking a full throttle approach is going to cause panic. Those who thought they had a choice not to vaccinate will have to get vaccinated to protect themselves from those who receive live vaccine.

## **Implementation issues -- a look into the future**

### **Role of the Private Sector**

- Partnerships with schools, employers, community volunteer organizations, faith based organizations, universities, and childcare centers can be used to get the word out about H1N1.
- Employers need plans to help sick employees stay home to avoid infecting others in the workplace with a goal of minimizing the economic impact.
  - Allow employees want to take sick days without penalty or fear of losing their job.
  - Is there legislation that requires employers to comply with CDC guidance when a health emergency is declared? How can employees to report concerns?
- When health care workers are in greater demand, ask for help from recently retired health care workers, who are less susceptible to H1N1.
- Strengthen existing volunteer networks and encourage volunteer participation through communication campaign.
- Establish very low thresholds for closing schools and work places to effect containment. Set up distance learning and working capabilities as a pilot public health measure.
- Limit travel and replace business travel with web-enabled communications.

## Information and Communication

- Establish a Public Information Campaign that is based in fact and repeats the same message clearly and consistently in easy-to-understand language. Communications need to address citizens' concerns in a straightforward way that leaves no room for misunderstanding. The goal is to raise awareness of the H1N1 virus, promote disease prevention and containment, and educate the public to make informed choices. Consider audience, media, and content.
  - The target audience should include, among others, seniors/over 64 years old, young adults (the "bullet proof" generation), parents, pregnant women, adolescents, those at risk for complications, employers, health care workers, families, etc.
  - Select media based on the target audience's typical preferences for receiving information. Some media outlets: radio, TV, FaceBook, Twitter, cell phones, billboards, public signage, the Internet (reputable sources), newspapers, posters, text messaging, MTV, YouTube, and MySpace. Include community organizations such as schools, PTAs, church groups, senior centers, and libraries to deliver the H1N1 message. Use public service announcements, commercials, infomercials, peer-to-peer discussions, and word-of-mouth.
  - Educational content topics include novel H1N1 influenza as it relates to pandemic 1918 influenza, 1957 Asian influenza, 1968 Hong Kong influenza, and their progeny; what the public can do to avoid getting flu; CDC's recommendations to protect health; hand washing; cough hygiene; fear of vaccine side effects; vaccine and virus risks; unknowns; disease shedding; risks of thimerosal and adjuvants; vaccine ingredients and side-effects; absenteeism due to illness; rationale for prioritization of target groups; the need for two H1N1 vaccines and a seasonal vaccine; types of vaccines (live, inactive); availability of thimerosal-free vaccine; personal preparedness; caring for loved ones; caring for children when schools close; utilize "tribes of three" for high-risk children; danger signals that require medical attention; risks of not getting vaccinated; impacts on economy if 30% of the population is ill; and local vaccination strategy based on variable local conditions.
  - Other considerations: images for visual learners, multiple languages.

## Trust

- The intent of education is to encourage well-informed decision-making by individuals and care givers. To maintain credibility, the education program must adequately present all of the information to support an informed decision, not just those elements viewed as supporting one desired outcome.

## Summarizer Statement

While these summaries contain highlights from participants' contributions, far more comprehensive information is available in the individual messages.

Thanks to all the enthusiastic participants!

Sally Hedman  
Summarizer  
WestEd

## **APPENDIX E: STAKEHOLDER MEETING SUMMARY**

## **H1N1 Stakeholder Meeting Washington, DC**

**September 10-11, 2009**

### **September 10, 2009**

#### **Opening**

Roger Bernier, Centers for Disease Control and Prevention opened the meeting and gave the group these remarks:

- The President has issued a memorandum to department and agency leaders requiring that they use their office to advance transparency, participation and collaboration and directed the Chief Technology Officer and the Director of the Office of Management and Budget to develop recommendations for an Open Government Directive.  
[http://www.whitehouse.gov/the\\_press\\_office/TransparencyandOpenGovernment/](http://www.whitehouse.gov/the_press_office/TransparencyandOpenGovernment/)
- CDC staff appreciate the commitment to public engagement, to stakeholder collaboration and to transparent decision making
- Roger is personally committed to the principle that the agency will make better decisions if they make those decisions with stakeholders. From participation come better ideas, more integrity to the decision (more alignment with our core public values), a sense of ownership, and trust in both the final decision and the decision maker.

#### **H1N1 – 101**

The stakeholders reviewed the H1N1 overview video with Dr. Beth Bell, CDC and had these questions:

Q: Is a copy of video available?

A: Will be available on the Keystone website

Q: Can others post the video on own website? Is there continuing education credits associated with it?

A: There is some concern that video is becoming outdated as situation is evolving.

Q: Is CDC putting together a brochure for communities without access to video?

A: Printed materials are available from the CDC web site.

Comment:

It is important to understand fully the vaccine safety issues. As an example, it is important to understand the background rate of miscarriages so that as miscarriages occur in pregnant women, one can attempt to distinguish between a vaccine-related health impact and a health problem that occurs coincident with vaccination but not because of vaccination.

#### **Framework for Discussion – Three Levels of Effort in the Vaccination Program**

CDC presented the dilemma with an overview of the assumptions in the discussion guide about severity, the voluntary nature of the vaccination program, safety, supply, cost, and recommended

target groups. The stakeholder group reviewed the three options – the go-easy approach, the moderate approach and a full-throttle approach. These vary by number of vaccination sites, level of resources dedicated to communication, etc.

Finally, the CDC staff indicated that this meeting could advance the following needs:

- Help CDC understand the range of stakeholder perspectives
- Identify important unmet information needs
- Identify important core public values and whether stakeholders are aligned with these
- Help create more consistent messaging across all levels of government
- Help ensure we are clear about the level of effort we are making
- Help in program evaluation because we start with a clearer sense of the program objectives

The discussion about the framework included the following:

- An important objective of this meeting is to give guidance to state and local health agencies through guidance documents, and presentations
- It is important to take information from this meeting forward to agencies that have some role in the level-of-effort question; for example, the National Vaccine Advisory Committee will receive an update on this meeting and the public meetings.
- This project sends a very clear message about preparedness; communities should take comfort from that
- It is hard not to go full throttle if a federal agency gives full-throttle-style messages and provides funding to go full throttle
- The public engagement is truly important to answer some of the unanswered questions
- We are ready at the state and local levels but with seasonal vaccine and H1N1 vaccine aimed at different populations, our job is harder than anticipated.

## **Public meetings**

Keystone staff presented data from the public meetings. (See individual meeting summaries for detail about each location.) The participants asked these questions:

Q: In the pre-meeting survey, did you ask whether people had received flu vaccine in the prior year?

A: The pre-meeting survey was the same in all places as it was today. Yes, that question is on the survey.

Comment: It will be interesting to see if there is any linkage between people who get the flu vaccine annually and how people feel about this issue.

Q: How were people selected?

A: We worked to recruit the general public. Participants were self-selected. As a result, we had more participants with some vested interest than we had hoped.

Comment: Struck most by two things – the questions of trust and the focus on the practical considerations.

Q: Did members of the public tell you whether or not they are able to handle a sick person in their household without taking them to the doctor; did that come up?

A: People wanted trusted sources of information. People were skeptical about news media. People trust church groups, doctors, and NGOs. In response to the question, the public did talk about not being able to afford to miss work, but the groups didn't talk about what they'd do if a member of family got H1N1.

Q: How were webinar participants selected?

A: Public engagement to national organizations--Red Cross, Chambers of Commerce, the service and hospitality industry, Keystone's website and many more. We contacted fifty national organizations and asked them to send information out to their members. We were trying to get variety of people. As with the face-to-face meetings, we had a fair number of healthcare professionals.

Q: Were demographics different? Or was it the vehicle?

A: We don't know why the webinars and in person meeting were different.

Q: The age distribution of people in face-to-face meetings?

A: The meeting participants were older than the larger population and more female than the general population. The ethnicity of the participants was consistent with local demographic patterns. For the web meeting, we also had more female participants and older participants, and a more educated group than the general population.

Q: Number of people who participated

A: For face-to-face meetings, we registered 1500 registered participants and 980 attended. 330 people attended the web meetings.

Comment: The National Vaccine Information Center is a strong supporter of CDC's outreach and public engagement effort. Democracy is messy and these meetings show that. When Mike called me and told me about this project, I decided not to tell my constituency. I wanted to see who would show up if I didn't. I think it's very interesting. What you heard is a fairly good representation of what people care about on this issue.

## **Small groups**

Participants moved into small groups to discuss the framework. Following the discussion, the facilitators presented a summary of the discussion.

### **1. What are your main concerns about an H1N1 vaccination program?**

#### **General Safety Issues:**

##### **Concerns about H1N1 Disease:**

- Serious disease, not to be taken lightly.
- A lot of unknowns.
- Local situations and conditions will determine the level of effort.
- Spread of Disease in high traffic environments (schools/colleges/prisons workplace).

### **Vaccine Safety Issues:**

- The ACIP recommendations are based on non-adjuvanted vaccines.
- Possible testing on immune-compromised people and possible ethical ramifications.
- Risks of vaccine and responsibilities of health care community.
- Voluntary status of vaccine program needs to be communicated.
- Research and tracking of vaccine safety should be independently reviewed
- Increase tracking of long-term health outcomes
- Develop ways to track separation of vaccine administration
- Report independent doses –not just in the aggregate
- Put in a preference for Mercury free vaccine for children and pregnant women.

### **Operational issues:**

#### **Supply/Demand:**

- There is a tightrope to walk where demand meets response
- Grab public's attention while also avoiding panic
- Always important to keep public informed

#### **Costs of administering the vaccine program:**

- Little clarity around what the reimbursement rates costs of administering the vaccine program.

#### **Education**

- Information about vaccines should be simple and easy to read.
- Give out to population at large – not just parents.
- Use trusted local sources to distribute the information.
- Message is “How will the vaccine help you and your community?”

#### **Staffing resources:**

- Diversion of resources from state and local governments
- Staffing of community health centers.

#### **Timing:**

- Hurry up and wait' sense in the air about this.
- Need for flexibility.

#### **Professional responsibility of public health agencies to communities**

- Make sure resources are available for underserved populations
- Address the homeless, prison, and indigent populations.
- Who will reach out to these populations?
- Train technical assistants within and to help migrant populations
  - 40% of migrant population is undocumented, no developed national network
  - From Katrina we know that this group is vulnerable and that traditional communication networks don't reach this population.

### **Criteria for determining target subgroups:**

- Public health agencies are concerned that they may appear to be making arbitrary decisions to their partner agency colleagues who believe they are in the targeted subgroups.
- More specific and transparent guidance in determining some of the more nuanced situations within the targeted subgroups.
- Ensure that the vaccine is delivered to physicians who see the most at risk (or with chronic conditions) for this flu- ensure that mechanisms are in place to do this.
- Some groups treated differently in number of vaccines given – children vs. adults. This can be difficult and confusing to communicate with the public.

### **Communication issues:**

#### **Nature of evolving information and misinformation:**

- Communities need to receive up-to-date information more regularly from CDC so they would have more context than contained in the news articles and can respond accordingly to inquiries.
- Need to ensure that there is a clear picture of what the need is in each community for the delivery of vaccines to the most at risk.
- Give public the tools (factual information) to understand the risks and benefits of vaccine to make their own decisions.
- Concern about the degree of misinformation that exists about the vaccine and general sense that professional stakeholders are not driving the messaging. (i.e., public health agencies know that the vaccine is being developed consistent with the normal process for the seasonal flu but that message is not being communicated to the general public).
- Communication, education and information are keys to the success of any vaccination program at any level.

## **2. Pros and Cons of Each Approach**

### **Go Slow:**

#### **Pros:**

- IF (emphasis on 'if') the prevalence of H1N1 turns out to be milder than expected, such an approach will avoid a 'cry wolf' reaction to our efforts by the public.

#### **Cons:**

- Funding that they currently are counting on may be compromised (i.e., the overtime pay they currently are telling nurses they can count on may not be available)
- There will be fewer distribution sites. Normal distribution sites (i.e., through regular doctors' offices) would not have the vaccine available and people that rely on that distribution mechanism may not make it to alternative sites for a host of reasons (uncertainty, inconvenience, etc) and end up not getting vaccinated at all
- The societal disruption caused by many more people getting sick due [presumably] to fewer people getting vaccinated
- Need to adequately respond if this flu gets worse/shifts- can lose public trust if the virus shifts and we are not adequately prepared

- We are in fast gear already – this option is already inconsistent with what is already happening.
- Can be seen as indecisive
- Concern for overwhelming the healthcare system if not fully prepared

Moderate:

Pro:

- Allows for the greatest flexibility for changing conditions

Full Throttle:

Cons:

- The more intense our communication is, the more push-back there will be from groups with opposing/alternate views, which then requires a second level of communication campaign.

Pros:

- Consistent with the behind-the-scenes planning approach they are always engaged in
- Consistent with their sense of professional responsibility.
- Surveillance will be comprehensive
- Communication should always be in full throttle (the message and specific recommendations will vary)
- Allows them to address fairness and equity concerns through appropriate communication -- by partnering with community groups who know the concerns of subgroups and help tailor messages accordingly.
- Plan for the worst, hope for the best
- Work is already in pipeline-“this is already what we are doing”
- Communication activities should be very aggressive

**3. What matters most to you in connection with a vaccination program and why? Are any of your important values missing?**

- Preventing the maximum number of deaths
- Group members also agreed on the following caveat to the above reason
- Preventing a maximum number of deaths may not be cost effective once efforts reach a certain point [at some point it becomes more costly to prevent additional deaths; there are 36,000 deaths each year from seasonal as it is]. Perhaps the wording should be, getting the biggest bang for the buck and prevent a ‘reasonable’ number of deaths.
- Be prepared as possible, ready to ramp up and save as many lives as possible

**4. What else matters most to you in connection with a vaccination program?**

- Preventing people from getting sick in the first place
- Mitigate the societal impact of the virus [not on list]
- This is an excellent opportunity for good, solid public health messaging -- not fear-based, but focused in on the practices that will not only benefit the H1N1 campaign but broader, consistent public health measures as well.

- Dealing with the sickness
- Help people understand how to care for someone with the flu
- What is the course of the illness?
- When it is appropriate to visit hospitals?

## September 11, 2009

The morning began with a moment of silence.

### **Dr Anne Schuchat, Centers for Disease Control**

Dr. Schuchat addressed the group, giving them up-to-date information about H1N1 as follows:

1. Some things have changed since the video was recorded in July
  - a. We believe that millions in the U.S. have gotten sick since April, and many more globally.
  - b. The first study of the H1N1 vaccine indicates that adults may only need one dose of the vaccine, but studies in pregnant women and children are still underway.
2. We have a lot to do to get ready, and we believe that the public engagement is important to getting that right.
3. It is unclear how many illnesses will there be before the vaccine is fully available.
4. We are working on H1N1 in four ways:
  - a. Surveillance and situational awareness - for example, tracking school system impacts including dismissals
  - b. Mitigation efforts - social distancing
  - c. Communication
  - d. Vaccination
    - i. We have vaccine from 5 companies
    - ii. 195 million doses in different formulations - single-dose, nasal sprays and multi-dose with Thimerosal
    - iii. Vaccination is voluntary
    - iv. The U.S. is allocating federally purchased vaccine to the states through a central distributor to 90,000 sites under the direction of the state and local health departments
    - v. ACIP identified the priority populations
5. We are looking for input here about the decisions that haven't been made and are being made; we have to complete the planning now.

Q: What type of vaccine was tested on adults? Will children need two doses?

A: The test on adults was a one-dose inactivated virus. The pediatric results are not in but we expect that children will need two; we have to wait and see.

Q: When will vaccine be available?

A: Not clear yet; October 15<sup>th</sup> is the launch date and we believe that on October 15<sup>th</sup> we will have sufficient supply to begin vaccination; state and local officials will direct who gets it when; the estimates are in flux.

Q: How long will it take for us to know if H1N1 illness is more severe than expected?

A: We asked states to consider two scenarios – similar to spring and a worse scenario. In the worst case, we would think about preemptive school dismissals and telecommuting. We don't want to have an academic definition that we deal with too late - we will use information systems and look for the indicators that let us act quickly. In areas where there is early disease, we might be able to get some information. We are not expecting a more severe outbreak although circumstances for transmission will increase in the winter.

Q: We are under a declaration of a public health emergency. Australia's data suggests that the outbreak may be less severe than expected. Will you consider taking down that designation?

A: The designation allows the government to take certain actions. This is a lethal illness. Children and pregnant women have died from this influenza. The virus can kill healthy people. Pandemics are defined by the absence of protection and how common the illness will be. In New York this spring, well-child visits to doctors' offices were cancelled; people with strokes and heart problems were not treated as quickly in emergency rooms. The key is communication about what care is appropriate to the circumstance. Sick people should go to the emergency room when they truly need to be there; getting the venue right is important.

Q: It is good to hear that you are testing the vaccine in pregnant women; are you testing in children with compromised immune systems?

A: We are conducting trials in asthmatic children. I don't know if we are conducting trials in children with other health issues; Dr. Fauci will talk about that today. Our desire for information and the need to act don't line up as we would like. In addition, we are studying simultaneous administration of seasonal and H1N1 vaccine, looking for interference and for side effects. We expect that same-day-different-arm administration is going to be OK. We do not intend for two sprays to be given at the same time because it's unlikely to work. Waiting to get a seasonal flu vaccine until the H1N1 vaccine is available is not a good strategy; two visits make sense one now for seasonal flu and one later for H1N1. We don't know if seasonal vaccine and H1N1 vaccine will be given in the same place, so one should expect to have to go to two places at two different times.

Q: Do you know what is likely to happen if someone receives both seasonal and H1N1 vaccine with Thimerosal?

A: The government has procured Thimerisol-free formulation sufficient for all pregnant women. We want communities to know how severe influenza can be and give them options that address their concerns.

Q: Will there be long-term tracking of health outcomes?

A: We are working on a pregnancy registry to track the women and their children. We are planning a multi-sector approach to safety monitoring and working to improve the existing government-wide monitoring system. We are asking ourselves what we don't have in the systems now that we need. GBS identification is one area for improvement. The systems we have had won't find that quickly, but we have changed that and have a new system to quickly identify GBS. The problem is that GBS can follow other illnesses, including influenza. We are trying to create a system that will work for this question and NVAC is looking at our monitoring system and making recommendations for change.

Q: For how long is the vaccine effective once administered?

A: Our influenza experts say that if we start vaccination in September, it will work for the season. Because flu can sneak up early and can have early deaths, we think we start using what we have now.

Q: We're running out of personal protective masks. We have money but can't buy them because they're not available.

A: We're trying to understand the commercial sector landscape out there. What are the best personal protective devices for different circumstances and how can we stretch the supply.

## Polling

The stakeholders completed the same polling exercise as the final five public meetings and the on-line meetings.

### Question 1 – Vaccine program preference

Fifty-seven percent selected a full-throttle approach. Forty percent selected a moderate approach and three percent chose a go-easy approach.

I Prefer Option 1 – Go Easy	1	3.33%
I Prefer Option 2 – Moderate Effort	12	40.00%
I Prefer Option 3 – Full Throttle	17	56.67%
Totals	30	100%

Should the H1N1 outbreak prove to be less severe than anticipated, the plurality support a moderate approach with nearly as many continuing to favor a full-throttle approach. The go-easy approach received twelve percent of the participants' support.

I Prefer Option 1 – Go Easy	4	12.90%
I Prefer Option 2 – Moderate Effort	14	45.16%
I Prefer Option 3 – Full Throttle	13	41.94%
Totals	31	100%

Under the assumption of a more severe outbreak, 2 participants, or six percent of the group, favor a go-easy approach. Ten percent support a moderate level-of-effort under a more-severe assumption. Support for a full-throttle approach grows to 84% of the group should there be a more severe outbreak.

I Prefer Option 1 – Go Easy	2	6.25%
I Prefer Option 2 – Moderate Effort	3	9.38%
I Prefer Option 3 – Full Throttle	27	84.38%
Totals	32	100%

In the first round of the polling exercise aimed at uncovering some of the primary reasons for preferring one level of effort over another, the stakeholder meeting participants placed preventing the maximum number of deaths and hospitalizations as their top choice with 44% of the votes. Allowing some flexibility received support from 28% of the participants in the first-choice poll followed by preferring an approach that includes some of the advantages of two different approaches with 13%. Being as prepared as possible and wanting to avoid vaccine side effects received 9% and 6% of the support, respectively.

In the second round, flexibility (38%), preventing the maximum number of deaths and hospitalizations (28%) and being as prepared as possible (22%) received 88% of the total.

Taking something from different approaches received 9% of the votes. Allowing more time for testing received 3%.

In the third round, the choices widen; in the first two rounds five of the ten choices got no support. Only two received a zero in the third round, and the differences in percentage narrow. Being prepared leads with 32% followed by preventing deaths and hospitalizations (19%), allowing flexibility (19%) and taking something from different approaches (13%). Avoiding cost received 6% of the votes. Avoiding side effects, allowing time for testing and spending resources on other needs each received 3%.

2009 Vaccination Program Preference	Responses					
	First		Second		Third	
I want to avoid as many vaccine side effects as possible.	2	6.25		0	1	3.23
I want to allow more time for testing larger numbers of people with the novel H1N1 vaccine		0	1	3.13	1	3.23
I want to spend government resources for other more pressing public needs.		0		0	1	3.23
I want to avoid unduly alarming the population.		0		0		0
I lack trust in government sponsored programs		0		0		0
I prefer an approach that includes some of the advantages of two approaches (full-throttle on some things, go-slow on others).	4	12.50	3	9.38	4	12.90
I prefer an approach that allows some flexibility in response to changing characteristics of the epidemic.	9	28.13	12	37.5	6	19.35
I want to prevent the maximum number of deaths and hospitalizations caused by the novel H1N1 virus.	14	43.75	9	28.13	6	19.35
I prefer to be as prepared as possible in advance of the epidemic.	3	9.38	7	21.88	10	32.26
I want to avoid the costs associated with loss of life and with hospitalizations.		0		0	2	6.45
Totals	32	100%	32	100%	31	100%

Working from a list of eight additional goals, participants registered preferences for a first, second and third choice. In this section of the poll that focused on other goals (including those elements that may not vary as level-of-effort varies) 71 percent of participants selected protecting the maximum number from getting sick as their first choice. No other choice received more than 10 percent. In the second-choice poll, protecting subgroups received a majority of the votes (52%) with protecting the maximum number from getting sick receiving 26% of the support. In the third-choice poll, the stakeholders divide their support among giving everyone an equal chance of being vaccinated (23%), protecting subgroups (20%) none (17%), conserving vaccine for donation to poorer countries (13%) allowing time for education (10%) and protecting the maximum number from getting sick (10%).

2009 Vaccination Program Preference – other goals	Responses					
	First		Second		Third	
I want to protect the maximum number of persons from getting sick from H1N1 in the first place.	22	70.97	8	25.81	3	10.00
I want a vaccination program that gives everyone an equal chance of being vaccinated regardless of age or risk status.		0	2	6.45	7	23.33
I want a vaccination program on a first come first served basis while supply is limited.	1	3.23	2	6.45	2	6.67
I want to make sure to protect the subgroups in the population who have been traditionally underserved.	3	9.68	16	51.61	6	20.00
I want to protect our citizens but also conserve vaccine for donation to other poor countries which need vaccine.	1	3.23	1	3.23	4	13.33
I want to accelerate vaccine availability before all testing is completed.		0		0		0
I want to allow more time for educating the population and raising awareness about H1N1 virus.	3	9.68	1	3.23	3	10.00
None of these (If you are opposed to the vaccination program, you can select this one each time.)	1	3.23	1	3.23	5	16.67
Totals	31	100%	31	100%	30	100%

## Final Discussion

After polling, the stakeholder group concluded the meeting in a whole-group discussion of the implications of the polling and of their best advice to CDC as the whole project concludes. The discussion included the following:

- 1) Transparency of message – It is essential to help the public understand what we know and what we don't know. We should be forthright in telling them that we are making our plans in the face of large uncertainties.
- 2) Listening to the public – We have to listen at full throttle.
- 3) In the public eye – This is a moment of high awareness of the demands of public health.
- 4) Preparedness – The public expects that if something severe happens, we will be ready. We have to do everything we can to be ready because the public won't accept our not being fully prepared. If it turns out that the outbreak is less severe than expected, we can scale down.
- 5) The underserved – We must make the extra effort to serve medically underserved population both with education and with extra resources. Communication must be culturally and linguistically appropriate for each population.

- 6) Other pressing needs – We should make people aware that this effort is not to the exclusion of other efforts. If something else major happens, H1N1 would move to the back burner.
- 7) Communication – Much of the information about H1N1 is not accessible to the general public. CDC should take the lead in addressing rumors and misinformation as directly and clearly as possible.
- 8) Openness – It is important that CDC continue to be open to hearing from us on this topic and others.
- 9) Messaging – More communication and more culturally appropriate communication are necessary.
- 10) CDC reputation and trust – When CDC officials speak, people pay attention. Therefore, clear and decisive messaging from CDC is essential. Reiterate the need for prevention and for hand washing and speak to the choices people should make if a family member becomes ill. Help the public understand the capacity of the system and know when to go to their doctor and when to go to the emergency room.
- 11) Unknowns – It is vital that CDC share information about the unknowns in this vaccination program so that state and local partners can provide that information to communities.
- 12) Access – Non-traditional vaccine sites are needed.
- 13) Trusted speakers – Clear, concise, consistent messages directed at special groups (incarcerated, migrant workers) from those they would trust is necessary.
- 14) Trusted speakers – Health information should come from people who understand the health issues and not from elected officials
- 15) Safety – Monitoring and communicating about safety is immensely important. This is particularly important given the amount of media attention and the backlash that the hype creates. It is also important given the large numbers of vaccinations and the attempt to target those who typically don't get seasonal flu vaccine.
- 16) Resistance – Deal directly with the resistance through education
- 17) Trust – There is distrust of federal government and of CDC in particular in certain communities. The agency needs to respond to this distrust by acknowledging it and addressing it.
- 18) Social distancing – It is important to go beyond the superficial request for social distancing and look at the real issues – in this recession, and for those who don't have paid sick leave, staying home isn't a choice people can make. Looking at the underlying policy issues will be necessary to solve that problem.

## **APPENDIX F: MEETING AGENDAS**

**THE PUBLIC ENGAGEMENT PROJECT  
ON THE  
H1N1 VACCINATION PROGRAM  
AUGUST, 2009**

Agenda (ANNOTATED)

8:00 a.m. Registration/Continental Breakfast

9:10 Welcome and Opening Remarks Local, State and CDC

- ♦ Project context
- ♦ Local perspective
- ♦ Importance of public involvement

KEYSTONE ASKS PEOPLE TO TAKE THEIR SEATS, THANKS PEOPLE FOR COMING ON A SATURDAY AND GETS THINGS UNDERWAY. LOCAL HEALTH REPRESENTATIVE PROVIDES A WELCOME, AND GIVES A LOCAL CONTEXT/FLAVOR FOR THE MEETING AND CONVEYS WHY THIS ISSUE IS IMPORTANT. CDC STAFF EXPLAIN BRIEFLY THE PROJECT CONTEXT

9:25 Overview of the Day Keystone

- ♦ Meeting goals
- ♦ Agenda review
- ♦ Facilitation team
- ♦ Session guidelines/logistics

ORIENTATION: EXPLAIN ROLES OF VARIOUS PLAYERS (E.G., SUBJECT-MATTER EXPERTS, SMALL GROUP FACILITATORS), WALK THROUGH THE DAY, KEY IN ON CENTRAL OBJECTIVES, REVIEW MEETING GUIDELINES, POINT OUT THE MEETING MATERIALS AND COVER LOGISTICS (E.G. BATHROOMS, LUNCH, STIPENDS, EXITS, ETC)

9:40 Background CDC Video

- ♦ H1N1 – realities to date, projections for flu season
- ♦ Key issues related to vaccine program

H1N1 101 - THIS IS THE EDUCATION PORTION OF THE DAY TO HELP GROUND THE PARTICIPANTS IN A BASIC UNDERSTANDING OF THE ISSUES, DISTINGUISH BETWEEN FACTS AND RUMORS AND EXPLAIN WHY THE ISSUE IS NOT QUITE AS SIMPLE AS IT MIGHT SEEM

10:10 Question and Answers

KEYSTONE WILL FACILITATE A BRIEF Q AND A PERIOD

10:45 Break

ANY SET UP WORK FOR THE SMALL GROUPS THAT COULD NOT BE DONE IN ADVANCE SHOULD OCCUR HERE. EACH TABLE SHOULD HAVE A FACILITATOR WHO WILL ALSO WORK AS THE RECORDER

- 10:55 Framing the Challenge CDC/Keystone
- ◆ Scenario/fact pattern
  - ◆ Assumptions
  - ◆ Charge to small groups (including outcomes desired in report outs)

THIS IS WHERE THE QUESTIONS AND ISSUES GET FRAMED FOR THE MEETING PARTICIPANTS. CDC WILL PRESENT THREE OPTIONS OR FACT PATTERNS TO ILLUSTRATE IN AN INTERESTING AND ENGAGING FASHION THE TYPES OF ISSUES, TRADE-OFFS AND DECISIONS THAT HAVE TO BE MADE BEFORE THE VACCINE IS DISTRIBUTED

- 11:00 Questions and Answers

KEYSTONE WILL FACILITATE ANOTHER BRIEF Q AND A SESSION. BEFORE THE BREAK, KEYSTONE WILL REITERATE THE CHARGE TO THE SMALL GROUPS AND EMPHASIS THE INTENDED FOCI FOR SMALL GROUP DISCUSSION:

1. THE OPTIONS AND THE PROS AND CONS OF EACH
2. REASONS WHY CERTAIN OPTIONS ARE MORE ACCEPTABLE THAN OTHERS

- 11:10 Breakout Groups and Working Lunch:  
Discussion of Vaccine Program Choices Facilitated Groups
- ◆ Exploring options (Facilitator Worksheet Question #1)
  - ◆ Weighting pros and cons (Facilitator Worksheet Question #2)

SMALL GROUPS CONSIDER THE ASSIGNED QUESTIONS AND ISSUES. FACILITATORS WILL BE GIVEN GUIDANCE/WORKSHEETS TO AID IN HOW TO PROMPT THE DISCUSSION AND KEEP IT ON TRACK AS WELL AS WHAT THE DESIRED OUTCOMES ARE FROM THE SESSION. EACH SMALL GROUP WILL GRAB LUNCH AT THEIR OWN TIMING (AFTER IT HAS ARRIVED), RETURN TO THEIR TABLES AND CONTINUE THE DISCUSSION THROUGH THE MEAL. SUBJECT MATTER EXPERTS WILL BE PRESENT AND “FLOAT” TO ADDRESS QUESTIONS AS THEY ARISE BUT WILL NOT PARTICIPATE IN THE DISCUSSIONS DIRECTLY. FLIP CHARTS AND OTHER MATERIALS ARE AVAILBABLE AT EACH TABLE. FACILITATORS WILL GIVE THEIR PARTICIPANTS A BREAK TO GET LUNCH AND COME BACK TO THE TABLE TO CONTINUE THE DISCUSSION

- 12:40 p.m. Break if needed - It is essential that the group have a full hour and a half for deliberation

- 1:00 Small Group Report-Out Facilitators

KEYSTONE ASKS SMALL GROUP FACILITATORS TO RESPOND SUCCINCTLY TO TARGETED QUESTIONS INTENDED TO ELICIT KEY OUTCOMES FROM THE JUST COMPLETED DISCUSSIONS. IN PARTICULAR, FACILITATORS WILL BE ASKED TO REPORT BACK (BRIEFLY!) REGARDING ANY NOTABLE REACTIONS TO THE THREE OPTIONS AND IDENTIFY THE KEY THEMES FROM THE DISCUSSION.

1:30	Return to Small Groups (Facilitator Worksheet Questions #3 and #4) Rating the Options and Considering Why	Facilitated Groups  Individuals at Group Table
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THE DISCUSSION SHOULD HELP PARTICIPANTS LOOK BENEATH THE THREE SCENARIOS INTO THE VALUES, MOTIVATIONS, CONCERNS, INTERESTS AND BELIEFS THAT LEAD THEM TOWARD OR AWAY FROM ANY ONE SCENARIO. WE'RE LOOKING FOR THE ANSWER TO THE 'WHY' QUESTIONS: 'WHY THIS APPROACH AND NOT THAT APPROACH' RATHER THAN A SIMPLE SELECTION FROM AMONG THE FOUR SCENARIOS.

THIS WILL ALLOW PARTICIPANTS, EITHER INDIVIDUALLY AND/OR WITH THE AID OF DISCUSSION AT THE TABLES TO CONSIDER FURTHER THE ISSUE OF SELECTING A PREFERRED OPTION IN LIGHT OF THE SMALL GROUP REPORT OUTS THAT WILL HAVE JUST BEEN HEARD. THEY WILL ALSO IDENTIFY THE INTEREST THAT DRIVES THEIR SELECTION. PARTICIPANTS WILL HAVE IN THEIR PACKETS (FACILITATORS SHOULD HAVE EXTRA COPIES IN CASE...) TALLY SHEETS TO ALLOW PARTICIPANTS TO MAKE NOTES AND ASSIGN SCORES PRIOR TO AND IN PREPARATION FOR THE ELECTRONIC VOTING.

2:00	Break	
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2:15	Electronic Polling	Plenary
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USING THE TURNING POINT TECHNOLOGY, THE FULL GROUP VOTES ELECTRONICALLY. THE POLL SHOULD COVER BOTH THE EXPLICIT POSITIONS (SCENARIO PREFERENCES) AS WELL AS THE UNDERLYING INTEREST/CONCERN/VALUE THAT GIVES RISE TO THE SELECTION. WE WANT BOTH WHAT TO DO AND WHY.

2:35	Final Summary - CDC	CDC
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- ♦ Polling results
- ♦ Implications for CDC Decision Making

CDC STAFF SHOULD REITERATE SOME OF THE KEY THEMES THAT EMERGED (BASED ON THE REPORT OUTS AND THE POLLING ON THE REASONS FOR THE PREFERENCES). REFERENCE COULD ALSO BE MADE ABOUT THE RESULTS FROM PREVIOUS MEETINGS AND THE WAYS IN WHICH THIS MEETING IS THE SAME AND DIFFERENT FROM PREVIOUS MEETINGS. KEYSTONE WILL THEN TURN LEADERSHIP OF THE MEETING FROM CDC TO THE UNIVERSITY OF NEBRASKA.

2:45	Evaluation	University of Nebraska
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PARTICIPANTS WILL BE ASKED TO STAY FOR A BRIEF EVALUATION CONDUCTED BY THE UNIVERSITY OF NEBRASKA.

3:00	Adjourn	CDC/Local/Keystone
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CLOSING THANKS FROM LOCAL SPONSOR, KEYSTONE AND CDC TO THE GROUP AND INSTRUCTIONS FOR RECEIVING STIPENDS. TO THE EXTENT THERE IS INTEREST IN PROVIDING ADDITIONAL FEEDBACK TO PARTICIPANTS (OR FOR THAT MATTER OBTAINING ADDITIONAL FEEDBACK) AFTER THE SESSION THOSE POSSIBILITIES COULD BE IDENTIFIED HERE.

**THE PUBLIC ENGAGEMENT PROJECT ON THE H1N1 VACCINATION PROGRAM**  
**CAPITOL HILTON**  
**SEPTEMBER 10-11, 2009**

Agenda

**Day I - September 10**

12:30	Registration and Pre-meeting Survey	
1:00	Welcome and Opening Remarks <ul style="list-style-type: none"><li>◆ Project context</li></ul>	Roger Bernier-CDC and Keystone
1:15	Overview of the Day <ul style="list-style-type: none"><li>◆ Meeting goals and agenda</li><li>◆ Facilitation team</li><li>◆ Session guidelines/logistics</li></ul>	Keystone
1:30	Background <ul style="list-style-type: none"><li>◆ H1N1 - realities to date, projections for flu season</li><li>◆ Key issues related to vaccine program</li></ul>	Video-Beth Bell-CDC
2:00	Q&A about topics in the video	Roger Bernier-CDC
2:15	Framing the Choices <ul style="list-style-type: none"><li>◆ Presentation of the Discussion Guide<ul style="list-style-type: none"><li>- The question</li><li>- The assumptions</li><li>- The options</li><li>- Side by side descriptions of the options</li></ul></li></ul>	Roger Bernier-CDC
2:30	Q&A – Framing and Discussion Guide	Roger Bernier-CDC
2:45	Presentation Results from the 12 citizen at-large meetings	Michael Hughes-Keystone Jorge Castillo Justin Henceroth Jim Thomas Laurie Maak-WestEd
3:15	Break	
3:30	Discussion <ul style="list-style-type: none"><li>◆ Results of the citizen meetings</li><li>◆ Results of the online dialogues</li></ul>	Plenary
4:00	Discussion <ul style="list-style-type: none"><li>◆ Go Easy - Pros and Cons</li><li>◆ Moderate - Pros and Cons</li><li>◆ Full Throttle - Pros and Cons</li><li>◆ Preparation for Polling on Day II</li></ul>	Facilitated Groups
5:30	Adjourn	

## Day II - September 11

8:00 a.m.	Recap Day I; Agenda Preview Day II	
8:15	Report out of the small group discussions	Small-group Facilitators
9:00	Final Consideration before polling	Ann Schuchat
9:15	Electronic polling	Plenary
9:35	Final discussion on the results of the polling	Plenary
10:00	Break	
10:15	Implementation Discussion Suggestions for public health implementation activities related to the preferred approach	Plenary
12:15	Evaluation Announcement	University of Nebraska
12:20	Closing	Roger Bernier-CDC and Keystone

**APPENDIX G: TRANSPARENCY IN GOVERNMENT  
MEMO FROM PRESIDENT OBAMA**

**MEMORANDUM FOR THE HEADS OF EXECUTIVE DEPARTMENTS AND AGENCIES**

SUBJECT: Transparency and Open Government

My Administration is committed to creating an unprecedented level of openness in Government. We will work together to ensure the public trust and establish a system of transparency, public participation, and collaboration. Openness will strengthen our democracy and promote efficiency and effectiveness in Government.

*Government should be transparent.* Transparency promotes accountability and provides information for citizens about what their Government is doing. Information maintained by the Federal Government is a national asset. My Administration will take appropriate action, consistent with law and policy, to disclose information rapidly in forms that the public can readily find and use. Executive departments and agencies should harness new technologies to put information about their operations and decisions online and readily available to the public. Executive departments and agencies should also solicit public feedback to identify information of greatest use to the public.

*Government should be participatory.* Public engagement enhances the Government's effectiveness and improves the quality of its decisions. Knowledge is widely dispersed in society, and public officials benefit from having access to that dispersed knowledge. Executive departments and agencies should offer Americans increased opportunities to participate in policymaking and to provide their Government with the benefits of their collective expertise and information. Executive departments and agencies should also solicit public input on how we can increase and improve opportunities for public participation in Government.

*Government should be collaborative.* Collaboration actively engages Americans in the work of their Government. Executive departments and agencies should use innovative tools, methods, and systems to cooperate among themselves, across all levels of Government, and with nonprofit organizations, businesses, and individuals in the private sector. Executive departments and agencies should solicit public feedback to assess and improve their level of collaboration and to identify new opportunities for cooperation.

I direct the Chief Technology Officer, in coordination with the Director of the Office of Management and Budget (OMB) and the Administrator of General Services, to coordinate the development by appropriate executive departments and agencies, within 120 days, of recommendations for an Open Government Directive, to be issued by the Director of OMB, that instructs executive departments and agencies to take specific actions implementing the principles set forth in this memorandum. The independent agencies should comply with the Open Government Directive.

This memorandum is not intended to, and does not, create any right or benefit, substantive or procedural, enforceable at law or in equity by a party against the United States, its departments, agencies, or entities, its officers, employees, or agents, or any other person.

This memorandum shall be published in the *Federal Register*.

BARACK OBAMA



# The Keystone Center for Science & Public Policy



*Prepared by The Keystone Center*



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