

**H1N1 Vaccination Program: Public Engagement Meetings  
Facilitator Worksheets for Small Group Discussion  
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 at 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%

Preliminary Draft