

Public Engagement Project on the Vaccination Program for Novel H1N1 Influenza

Roger H. Bernier, Ph.D., MPH

Centers for Disease Control and Prevention

Heather Bergman

The Keystone Center

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Today's Presentation

The policy question

The project design

Preliminary results from 12 public meetings and one stakeholder meeting

Pending decisions where the results of citizen input can receive serious consideration

Decision products (e.g. guidance documents) in which the results of citizen input can be incorporated



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Decision Placed on the Table

Should the US take a “full-throttle” or a “go-easy” approach to vaccination against novel H1N1 or an approach somewhere in between?



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Public Engagement Can Lead To

- Program decision on level-of-effort more in line with public values
- Increased trust in H1N1 effort
- Ways to improve public health communication



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Key Features of the Project

- A values-based decision is pending
- Citizens included in day-long sessions in ten HHS regions of the country and in two web dialogues
- Participants given balanced information
- Neutral facilitation
- Give and take exchanges of views
- Electronic polling after deliberation
- Stakeholder organizations consider results of public deliberation and offer their own views
- Results presented to government decision makers



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Four Phases

July through September, 2009

Framing the Issue – July

Citizen Input – August

Stakeholder Input – September

Final report – September



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Face-to-Face Meetings

- Information session—CDC experts
- Q/A sessions—federal, state, local experts
- Small-group, facilitated discussions and report outs
- Electronic polling
 - On the options
 - On the underlying values
 - On other potential purposes for the program



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The Work of the Citizens

- Learn about
 - H1N1 flu
 - The policy decision
 - The options
 - The pros and cons of each option
- Discuss the pros and cons and weigh the tradeoffs
- Vote on a preferred course of action from a societal perspective
- Give the main reasons for the choices



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Sites and Numbers

980 citizens

■ Lincoln	126	■ Bucks County	94
■ Denver	85	■ El Paso	146
■ Vincennes	64	■ New York	88
■ Birmingham	98	■ Spokane	85
■ Sacramento	83	■ Somerville	111



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Preliminary Results

Demographics

Sought diversity by age, race, ethnicity, and gender

Independent Evaluation:

- Participants more female, older, more educated, and more health professionals than the general population
- Broad diversity of perspectives included
- Participants gave high ratings to the process



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Go Easy-Moderate-Full Throttle

1056 Participants in 12 Meetings
Expressed a Preference

Go Easy – 242 or 22.92%

Moderate – 548 or 51.89%

Full Throttle – 266 or 25.19%



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Go Easy-Moderate-Full Throttle

A Majority of Participants in 6 of 12 Venues Preferred a Moderate Approach (a High of 70% in Vincennes)

A Plurality of Participants in 5 of 12 Preferred a Moderate Approach (40-49% of Participants)

A Plurality of Participants in 1 of 12 Preferred a Go-Easy Approach (New York – 44.74%)



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If Less Severe than Expected

A Majority of Participants in the same 6 of 12 Venues Continue to Prefer a Moderate Approach (a High of 60% in Vincennes)

A Plurality of Participants in 2 of 12 Preferred a Moderate Approach (Denver and Lincoln)

A Majority of Participants in 4 of 12 Preferred a Go-Easy Approach (a High of 76% in Spokane)



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If More Severe than Expected

A Majority of Participants in 8 of 12 Venues Preferred a Full-Throttle Approach (a High of 69% in Birmingham)

A Plurality of Participants in 2 of 12 Preferred a Full-Throttle Approach (Denver and New York)

A Plurality of Participants in 2 of 12 Preferred a Moderate Approach (Sacramento and Spokane)



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Main Reasons for the preferences

- Desire to protect the maximum number of persons to avoid cases, hospitalizations, deaths
- Desire to allow time for maximum education and testing of vaccine
- Desire to protect the maximum number of persons from any vaccine side effects
- Desire to be as prepared as possible in advance of the epidemic
- Lack of trust in government sponsored programs
- Desire to be free to make one's own health care decisions



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Other Possible Goals of the Vaccination Program

- Protect the maximum number of persons from getting sick
- Allow more time for educating the population and raising awareness about H1N1
- Give everyone an equal chance of getting vaccinated
- None—Opposed to the vaccination program



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Web Engagements

August 26-27 and August 31-September 1

- Unlike the face-to-face meetings, preventing hospitalization and death from H1N1 doesn't top the poll. 19.54% of participants in the on-line poll selected this as a first choice.
- Flexibility in the approach (ability to ramp up or down) tops the poll with 29.89% of on-line participants select this as their first choice.
- Balance in the approach (some of the elements of different approaches) polls second with 20.69% of participants making this their first choice.
- Preventing side effects and being prepared poll 4th and 5th as primary choices (with 10.34% and 9.2% respectively)



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Web Engagements

August 26-27 and August 31-September 1

Additional goals:

- Preventing H1N1-related illness tops the list (37% in first-choice poll, then 24% in the second-choice poll and 11% in the third-choice poll)
- Time for education polls at 20, 17 and 11%
- Equal access is the rationale selected by 13, 15 and 10% in first, second and third-choice polls
- Protecting subgroups follows at 12, 11 and 20%
- Having no vaccination program gets significant support (33% in the third-choice poll), more even than in New York and Spokane where this choice polled at 26.56% at the peak in New York and 32% at the peak in Spokane



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Overview/Cross-Cutting Themes

- Communication
 - Should be full throttle even though the mass vaccination program is implemented with a moderate intensity approach
- Education
 - Should be straightforward, deep, and honest - open information without persuasion
- Vulnerable Population
 - Concern about reaching and providing access for those most at risk as well as vulnerable populations
- Resources
 - Concern about appropriately using resources and having adequate personnel and funds to implement the program



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Overview/ Cross Cutting Themes

- Uncertainty
- Hype and Hyperbolic Talk
- Practical Considerations
- Access and Fairness
- Safety
- Freedom of Choice / Informed Consent / Voluntary
- Process



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Stakeholder Meeting

- Full Throttle 57%
- Moderate 40%
- Go Easy 3%



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Additional Priorities Stakeholders

- Protecting the maximum number from getting sick from H1N1
- Protecting subgroups who are traditionally underserved
- Allowing time for education



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Conclusions

There appears to be strong consistency in the judgments of citizens across ten geographic areas of the US and in web engagement that a moderate intensity mass vaccination program against H1N1 influenza virus is the preferred approach

Stakeholders from 8 key sectors (advocacy, minority, professional, federal agencies, local, state, military and manufacturing) prefer a full-throttle approach.



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Conclusions

- For the public and the stakeholders, the most important values are protecting the most people against H1N1 and preventing the most hospitalizations and deaths.
- Because of concerns about potential side effects, the perceived newness of the vaccine, and the lack of trust in government programs, the environment for implementing the program is not the most favorable to rapid and widespread uptake.



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Conclusions

- Given the environment, and the fact that people want to make their own health care decisions, communicating information about H1N1 should be seen as an intervention in its own right.
- There is a tension that needs to be resolved between the public's desire for impartial and complete information and the public health community's implicit goal to vaccinate in a timely way all persons for whom the vaccine is recommended.



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10 Suggestions for Implementation

1. Transparency is vital – communicate what we think we know and what we most certainly don't know
2. Listen at full throttle to the public
3. Make the extra effort to serve medically underserved population with education that is culturally and linguistically appropriate
4. Make it clear that this health need is one of many important health needs.
5. Speak directly to rumors, misinformation and mistrusts



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10 Suggestions for Implementation

6. We need health information from healthcare professionals, not from elected leaders.
7. Continue clear and decisive messaging and continue to know that when CDC speaks people listen. Reiterate re prevention generally -- how public can prevent and what to do if family member is ill, and understanding capacity of the system and know when to do what - go to doc, go to emergency.
8. Share unknowns about the vaccine as studies begin producing information about efficacy and side effects
9. Continue to communicate about prevention – hand washing, etc.
10. Deal with the real disconnect between recommendations about social distancing and the reality that many can't afford to stay home from work or keep their children home from school no matter how many times we say it.



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Discussion

- How to use the reality check results



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Extra Slides



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Options—Go Easy

- Only federal dollars
- No or very few extra vaccination sites
- Vaccination complete by early spring 2010
- Info about second dose given at time of first dose
- Meet public demand for vaccination, respond to inquiries, limited distribution of basic information only
- Few volunteers are lined up to help out
- Few nongovernmental organizations have been approached
- The usual approaches to monitoring of safety, coverage, and disease
- No security at vaccination sites planned for.



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Options--Moderate Intensity

- Limited state and local funds might be used
- Some public clinics, school clinics, or private provider vaccinations being planned
- Vaccination complete by early 2010
- Info about second dose given at time of first dose and to media to remind vaccines
- Stimulate public demand for vaccination, focus on priority groups, provide unsolicited information in printed materials and online
- Some volunteers are lined up to help out
- Several non-governmental organizations have been lined up to help
- New or enhanced approaches to monitoring of safety, coverage, and disease
- Some security at vaccination sites and receiving sites planned for.



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Options—Full Throttle

- Both federal and significant state and local funds might be used
- Numerous public clinics, school clinics, or private provider vaccinations being planned
- Vaccination complete by end of 2009
- Vaccine recall systems are in place
- Government creates campaigns to significantly create public demand for vaccination and persuade citizens to be vaccinated even if severity remains as is now.
- Large corps of volunteers are lined up to help out
- Numerous nongovernmental organizations have been lined up to help
- Very beefed up approaches to monitoring of safety, coverage, and disease
- Security at most vaccination sites and receiving sites planned for.



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Favorite Quote

“When big things are at stake, the danger of error is great. Therefore, many should discuss and clarify the matter together so the correct way may be found.”

- Shotoku Taishi, first Buddhist emperor, **604 AD**



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