FINAL REPORT: THE PUBLIC ENGAGEMENT PROJECT ON THE H1N1 PANDEMIC INFLUENZA VACCINATION PROGRAM

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.

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. Anther 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.